UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

December 6, 2013
10:30 a.m.

A meeting of the University of South Alabama Board of Trustees was duly convened by Dr. Steve Furr, Chair *pro tempore*, on Friday, December 6, 2013, at 10:33 a.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Trustees Tom Corcoran, Steve Furr, Cecil Gardner, Sam Jones, Bettye Maye, Christie Miree, Arlene Mitchell, Bryant Mixon, John Peek, Jimmy Shumock, Ken Simon, Steve Stokes and Jim Yance.
Members Absent:	Trustees Robert Bentley, Tommy Bice and Scott Charlton.
Administration and Others:	Acting President Dr. John Smith; Drs. Joe Busta, Angela Coleman, Phil Carr/Julie Estis/Doug Marshall/ Kelly Woodford (Faculty Senate), Joel Erdmann, Ron Franks, Charlie Guest, Krista Harrell, David Johnson, Arnold Luterman, Kimberly Littlefield, Mike Mitchell, Sam Strada and Mark Weaver; Messrs. Keith Ayers, Owen Bailey, Jo Bonner, Brian Catlin, Wayne Davis, Ker Ferguson, Stan Hammack, Jason Kelly, Don Langham, Mark Lauteren, Bob Lowry, Daniel McCarthy, Abe Mitchell, James Palomo, Steve Simmons, Craig Stephan and Ben Tipton; and Mss. Beth Anderson, Donna Ayers, Lynne Chronister, Riley Davis (SGA), Joanne Luterman, Ann Sirmon (NAA) and Jean Tucker.
Press:	Messrs. Blake Brown (WKRG) and Chris Hobden (WPMI); and Mss. Christian Jennings (WPMI), Sally Ericson (*Press-Register*/al.com) and Samantha Andrews (*Vanguard*).

Upon the call to order, Chairman Furr quoted the late Nelson Mandella. He called for adoption of the revised agenda. On motion by Mr. Peek, seconded by Mr. Shumock, the revised agenda was approved unanimously. Chairman Furr called for approval of **ITEM 1**, the minutes of the Board of Trustees meetings held during 2013 on September 13, 19 and 28; October 3 and 28; and November 6; as well as the minutes of a Committee of the Whole meeting on September 12 and an *ad hoc* Bylaws Committee meeting on September 13. On motion by Ms. Mitchell, seconded by Mr. Corcoran, the minutes were approved unanimously.

Chairman Furr called upon President Smith for presentation of **ITEM 2**, the President's Report. President Smith introduced Faculty Senate President Dr. Doug Marshall, Student Government Association President Ms. Riley Davis, and former U. S. Congressman Jo Bonner, who he thanked publicly for donating his collection of congressional papers to USA's McCall Library, which will relocate to the Marx Library. As part of his remarks, Mr. Bonner noted a parallel

between his work in Congress and the University's mission. Dr. Busta commented on the significance of Mr. Bonner's gift. President Smith discussed the reorganization of USA's Web Services under the management of the Computer Services Center, as well as the redesign of the University's home page. A sample of the new design was viewed. President Smith called upon Ms. Chronister to give an update on the USA Coastal Innovation Hub, an incubator for start-up technology businesses, which opened on November 6, and on collaborative meetings between Airbus leaders and USA faculty, which Ms. Chronister described as the beginning of a productive relationship. Concerning the Coastal Innovation Hub, she reported that seven tenants occupy 10,000 square feet of office space adjacent to Building III of USA's Technology & Research Park complex. President Smith stated that Dr. Jean Botti, Chief Technical Officer of EADS, would deliver the address at Spring Commencement on May 10, 2014.

President Smith introduced Ms. Ann Sirmon, President of the National Alumni Association (NAA), who announced that, in honor of the late President *Emeritus* Gordon Moulton, the NAA Board of Directors passed a resolution designating the Distinguished Service Award in the non-alumni category as the *V. Gordon Moulton Distinguished Service Award*, to be presented at the Distinguished Alumni and Service Awards ceremony on March 7, 2014.

President Smith noted that Trustees had toured the Laboratory of Infectious Diseases prior to the Board meeting. A photo of the structure was shown.

President Smith reported on *Celebrate Hope*, the Mitchell Cancer Institute's premiere annual fundraising event held on November 21. He said event proceeds would be used towards the purchase of a mass spectrometer for the early detection of cancer. He congratulated Dr. Busta and the Development staff for the success of Celebrate Hope, and for the 50th Anniversary Campaign, which ended on September 30 with more than 55,000 gifts pledged over a three-year period. He recognized Dr. Busta for his appointment by Mayor Jones to serve on the Mobile/Baldwin Task Force to End Chronic Homelessness.

President Smith remarked on the Holiday Concert held at the Mitchell Center the evening of December 5. He thanked Dr. Greg Gruner, Chair of the Music Department, the music students, Ms. Frances Henson, Special Events Coordinator, and Mr. Bob Lowry, Interim Director of Public Relations, for their hard work on the event. He said the annual tree lighting ceremony at Children's and Women's Hospital would take place on December 10.

President Smith updated Board members on athletics activities, noting that the Jags would face the University of Louisiana at Lafayette on December 7 for the final home football game of the season, and that a win would allow USA to be bowl eligible. He complimented Head Football Coach Joey Jones and the team for an exciting year on the field. He advised that the Lady Jags won their first Sun Belt Soccer Championship, but lost to Florida State in the first round of NCAA competition. He called upon Dr. Erdmann for a report on USA's academic progress rate (APR). As Trustees viewed a graph showing marked improvements over a five-year period

ending 2011-2012, Dr. Erdmann discussed USA's approach to an NCAA directive to improve academic success among athletes in all sports. He conveyed pride that USA athletes earned the second highest scores among Sun Belt Conference schools this year. He introduced Mr. Daniel McCarthy, Assistant Athletics Director for Compliance and Student Services, and Mr. Jason Kelly, Director of Athletic Academic Services, and he credited this positive momentum to their dedicated efforts.

President Smith stated that Mr. Abe Mitchell would be the keynote speaker at Fall Commencement on December 14.

Chairman Furr called upon Judge Simon, Chair of the Presidential Search Committee (PSC), for an update on the search process, **ITEM 3**. Judge Simon advised that, with the first phase of search activities complete, on November 6, the Board of Trustees directed the PSC to continue the search for the purpose of identifying additional candidates. He said that, going forward, the PSC would focus on the University's identity and culture, and seek knowledge from the vice presidents on the presidential attributes needed in a candidate to assure a good match with the University. Chairman Furr thanked the PSC for their dedication to the process.

Chairman Furr presented **ITEM 4** as follows (for copies of policies and other authorized documents, refer to **APPENDIX A**). He noted that, on December 5, the Committee of the Whole agreed unanimously to recommend approval by the Board of Trustees. He called for a vote, and the resolution was approved unanimously:

RESOLUTION
AMENDMENTS TO BYLAWS OF THE BOARD OF TRUSTEES
AND TO CHAPTER 55 OF THE CODE OF ALABAMA

WHEREAS, Article VII of the Bylaws of the University of South Alabama Board of Trustees provides that "the bylaws may be amended or repealed at any meeting of the Board by eight members of the Board voting in favor of same, but no such action shall be taken unless notice of the substance of such proposed adoption, amendment or repeal shall have been given at a previous meeting or notice in writing of the substance of the proposed change shall have been served upon each member of the Board at least thirty (30) days in advance of the final vote upon such change," and

WHEREAS, a copy of the proposed amended bylaws (a copy of which is attached hereto as Exhibit A and incorporated by reference herein) was mailed or hand delivered to each member of the Board on November 6, 2013, and

WHEREAS, the proposed amended bylaws having been presented for consideration with the above-referenced mailing, and presented for deliberation and a vote of the Board at its meeting on this day, December 6, 2013, a vote of eight members being necessary to adopt such amendments, and

WHEREAS, the foregoing actions comply with the requirements of Article VII, pertaining to amendment of the bylaws, and

WHEREAS, because the proposed amendments to the Bylaws outlined in Exhibit A concern previous statutory provisions regarding the University, the Board will seek legislative revision to certain sections of Chapter 55 of the Code of Alabama to be consistent with these proposed amendments, as illustrated on Exhibit B (attached hereto and incorporated by reference herein), and

WHEREAS, the Board, after due consideration and deliberation, has determined that the proposed amendments are in the best interest of the efficient operation of the Board in carrying out its role and responsibilities to the University,

THEREFORE, BE IT RESOLVED that the Board of Trustees approves the amendments to the Bylaws as set forth on Exhibits A and B that are attached, which are subject to the corresponding amendments being made to Chapter 55 of the Code of Alabama.

Chairman Furr called for a report of health affairs items. Dr. Stokes, Chair of the Health Affairs Committee, moved approval of **ITEM 5** as follows. Mr. Peek seconded and the resolution was approved unanimously:

RESOLUTION
USA HOSPITALS MEDICAL STAFF APPOINTMENTS AND REAPPOINTMENTS
FOR SEPTEMBER AND OCTOBER 2013

WHEREAS, the Medical Staff appointments and reappointments for September and October 2013 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.

Dr. Stokes presented **ITEM 6** as follows, and moved approval. Mr. Peek seconded and the resolution was approved unanimously:

RESOLUTION
USA HOSPITALS MEDICAL STAFF BYLAWS
REVISION OF OCTOBER 29, 2013

WHEREAS, the revision to USA Hospitals Medical Staff Bylaws approved at the October 29, 2013, Medical Staff meeting and attached hereto, is recommended for approval by the Medical Staffs 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 revision as submitted.

Dr. Stokes moved approval of **ITEM 7** as follows. Mr. Peek seconded and the resolution was approved unanimously:

RESOLUTION
USA HOSPITALS GENERAL MEDICAL STAFF MEETING
NOMINATION OF OFFICERS - CALENDAR YEARS 2014 - 2015

WHEREAS, the following slate of officers approved at the General Medical Staff meeting on October 29, 2013, are recommended for approval by the General Medical Staff and the Executive Committee of the University of South Alabama Hospitals,

USA Children's and Women's Hospital:	
Chair, Medical Executive Committee	D. Lynn Dyess, M.D.
Chair-elect/Secretary, Medical Executive Committee	C. Eric McCathran, M.D.
USA Medical Center:	
Chair, Medical Executive Committee	William O. Richards, M.D.
Chair-elect/Secretary, Medical Executive Committee	Clara V. Massey, M.D.

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

Dr. Stokes presented **ITEM 8** as follows. Consequent to the unanimous agreement of the Committee of the Whole on December 5 to recommend approval by the Board of Trustees, a vote was called and the resolution passed unanimously. Judge Simon commended the Medical Center community and Ms. Beth Anderson, Hospital Administrator, for the Medical Center's designation by The Joint Commission as a *Top Performer on Key Quality Measures* for 2012, which is earned for exemplary performance in the application of evidence-based clinical processes to improve care. Ms. Anderson attributed this achievement to the outstanding physicians and leaders of the Medical Center. She explained the value-based care concept for which the Hospital was recognized for excellence in the areas of heart failure, heart attack, pneumonia and surgical care. She gave examples of other honors earned that reflect the Hospital's high performance standards, including the selection of six USA physicians to appear in the June issue of *U.S. News and World Report*'s "Top Doctors Directory." She added that all components of the USA Health System work together to improve patient care.

RESOLUTION
USA HOSPITALS 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, the USA Hospitals have conducted the above-referenced assessment for 2013, and

WHEREAS, the USA Hospitals have developed implementation strategies based on the findings of the 2013 community health needs assessment, and

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

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

Dr. Stokes called for presentation of **ITEM 9**, a report on the activities of the USA Health System and the Division of Health Sciences. Echoing the strength of the hospital management team, Mr. Hammack stated that information systems is a major component of hospital operations, and introduced Mr. Mark Lauteren, Chief Information Officer for the USA Health System. Dr. Franks remarked on the prestige of the Medical Center's *Top Performer* distinction. He stated a search is underway for a Director of the Mitchell Cancer Institute and added that USA's relationship with UAB continues to strengthen. He called upon Dr. Strada for a report on the 40th anniversary of the College of Medicine. Dr. Strada presented a visual history of USA's medical school, which has produced 2,336 physicians and 200 scientists. Mayor Jones complimented the College's commemorative publication.

With regard to **ITEM 12** as follows, artist renderings of the proposed facility and an aerial map showing the location were shown. Consequent to the unanimous agreement of the Committee of the Whole on December 5 to recommend approval by the Board of Trustees, a vote was called and the resolution was approved unanimously:

RESOLUTION
AUTHORIZATION FOR CONSTRUCTION CONTRACT FOR PHYSICIAN OFFICE BUILDING

WHEREAS, the University of South Alabama Board of Trustees, at its meeting on June 7, 2013, approved the plans for a Physician Office Building to be located near its Spring Hill Avenue Campus, Mitchell Cancer Institute and Children's & Women's Hospital, and

WHEREAS, this approval was preceded by the selection of an architect for this facility at the March 8, 2013, Board meeting, and

WHEREAS, the Physician Office Building will house the College of Medicine's and the University of South Alabama Health Services Foundation's outpatient clinics for pediatrics, family medicine, obstetrics/gynecology, orthopedics, neurology, pediatric surgery and neurosurgery, and

WHEREAS, it is the intent of the University that the construction of this facility be completed by February 28, 2016, and

WHEREAS, the University is preparing bid documents for the construction of this project which meet all requirements of the Alabama bid law,

THEREFORE, BE IT RESOLVED that the Board of Trustees of the University of South Alabama hereby authorizes the President to award the construction bid to the lowest qualified, responsible and responsive bidder for the Physician Office Building project, pursuant to the bid process as required by applicable Alabama law, subject to this bid being within the budgeted funds available for this project.

Mr. Wayne Davis addressed **ITEM 10**, a report on the USA Mitchell Cancer Institute. He advised that the Administration is currently assessing space needs and options for future expansion. He added that property west of the existing MCI structure is being considered as a possible site for new facilities.

Chairman Furr called for consideration of academic and student affairs items. Ms. Miree, Chair of the Academic and Student Affairs Committee, called upon Dr. Johnson to present **ITEM 13**, a report on the activities of the Division of Academic Affairs. He introduced Dr. Angela Coleman, Associate Vice President for Institutional Effectiveness, and Dr. Charlie Guest, Associate Vice President for Academic Affairs. He stated an announcement from the Southern Association of Colleges and Schools on the reaffirmation of the University's accreditation is expected within the week. He reported that *Affordable Colleges Online*, a national organization that evaluates online educational programs, has ranked USA seventh in terms of offering high-quality, reasonably-priced programs. The University of South Alabama is the only school in Alabama to be recognized. Dr. Johnson discussed the Innovation in Learning Center, which provides professional development support to faculty with an emphasis on electronic learning. He reported that, in a National Science Foundation survey, USA's Department of Earth Sciences was recognized as one of the top 25 programs that produce the highest number of graduates in the sciences. He gave an update on efforts to increase enrollment through newspaper and televised ads in all major markets in Alabama, and in Biloxi and Pensacola, and through the addition of recruiters. He said applications received to date exceed those received this time last year. A video featuring a 360-degree virtual tour of campus was shown. Dr. Johnson introduced USA student Mr. James Palomo, creator of this recruitment tool that is posted to the University Web site.

Ms. Miree moved approval of **ITEM 14** as follows. Mr. Corcoran seconded, and the resolution was approved unanimously:

RESOLUTION
SABBATICAL AWARDS

WHEREAS, in accordance with University policy, proposals for Sabbatical Awards have been reviewed and recommended by the respective faculty committees, Departmental Chair, College Dean, and by the Senior Vice President for Academic Affairs and President,

THEREFORE, BE IT RESOLVED that the University of South Alabama Board of Trustees approves said Sabbatical Awards on this date, December 6, 2013, for the 2014-2015 academic year.

NAME	DISCIPLINE	TIME PERIOD
Dr. Martha Jane Brazy	History	Spring 2015
Dr. Isabel Brown	Foreign Languages & Literatures	Spring 2015
Dr. Philip Carr	Sociology, Anthropology, Social Work	Spring 2015
Dr. David Forbes	Chemistry	Spring 2015
Ms. Carolyn Haines	English	Academic Year 2014-15
Dr. Juan Mata	Biology	Fall 2014

Dr. Elizabeth Rivenbark	Visual Arts	Spring 2015
Dr. Harry Louis Roddy	Foreign Languages & Literatures	Spring 2015
Dr. Justin St. Clair	English	Academic Year 2014-15
Dr. Rebecca Williams	History	Spring 2015

With regard to **ITEM 15**, a report on innovation and entrepreneurship, Ms. Chronister said a strong foundation for innovation and entrepreneurship began a decade ago with establishment of the USA Technology & Research Park. She detailed a chart of current programs, and introduced Mr. Ker Ferguson, Assistant Vice President for Research and Industry Liaison, and Dr. Mark Weaver, Ben May Chair of Entrepreneurship at the Mitchell College of Business and Director of the Melton Center for Entrepreneurship and Innovation. Dr. Weaver shared information about the program and answered questions. Graphics featuring USA's Coastal Innovation Hub, Melton Center and Student Hatchery were viewed. Judge Simon inquired about the potential for a partnership with Bishop State Community College. Dr. Weaver stated USA is willing to consult with any party that expresses interest. Ms. Chronister added that the University is active in seeking opportunities to collaborate.

Ms. Miree called upon Dr. Krista Harrell, Assistant Dean of Students, for presentation of **ITEM 16**, a report on Title IX, a legislative edict prohibiting sexual discrimination in educational programs operated by recipients of federal funding. President Smith stated that the report to the Board is in response to an Association of Governing Boards' directive. Dr. Harrell, as USA's Title IX Coordinator, outlined Title IX provisions, as well as USA's process for training, investigation and enforcement. President Smith stressed that the University takes complaints very seriously. Dr. Harrell added all individuals share in the responsibility to uphold Title IX principles.

Ms. Miree called upon Dr. Mitchell to address **ITEM 17**, a report on the activities of the Division of Student Affairs. Accompanied by logo graphics and photos, Dr. Mitchell reported that the University Bookstore has become an authorized retailer of Apple computer products. He discussed the Bookstore's *JagTECH* program and introduced Mr. Brian Catlin, Bookstore Manager. He announced that the Marx Library is the site of a full-service Starbucks cafe. For his role in bringing Starbucks to campus, he recognized Mr. Craig Stephan, Director of Dining Services. Judge Simon remarked on the extraordinary customer service offered by the staff of the Bookstore.

Regarding **ITEM 18** as follows, consequent to the unanimous agreement of the Committee of the Whole on December 5 to recommend approval by the Board of Trustees, a vote was called and the resolution passed unanimously:

RESOLUTION
DEMOLITION OF DELTA 2 RESIDENCE HALL

WHEREAS, Delta 2 Residence Hall was constructed in 1983 and has served as a student housing facility for thirty years, and

WHEREAS, the University evaluated the option of renovating the building to provide improved housing accommodations, but deemed the cost to renovate and repair prohibitive, and

WHEREAS, the site of future residence hall construction is on the Delta 2 Residence Hall location, and

WHEREAS, the estimated cost of $50,000 for the demolition of Delta 2 Residence Hall and temporary landscaping will be funded by the Department of Housing, and

WHEREAS, overall campus housing capacity will not be reduced by the demolition of Delta 2 Residence Hall,

THEREFORE, BE IT RESOLVED that the University of South Alabama Board of Trustees approves the demolition of Delta 2 Residence Hall during summer 2014 and the site to be temporarily landscaped after demolition.

Chairman Furr called for consideration of budget and finance items. Mr. Corcoran, Budget and Finance Committee Chair, introduced **ITEM 19**, a report on the exterior restoration of the Chemistry Building. Mr. Simmons reported that deterioration of the mortar is causing bricks to fall off the exterior wall. He stated that the facility, constructed in 1982, will soon need a new roof as well, and that repairs may include the replacement of windows. He said President Smith has given authority to proceed with repairs, and he noted that the color of the new brick will be red, following University standards for uniformity.

Ms. Chronister presented **ITEM 20**, an annual review of research activity. She introduced Dr. Kimberly Littlefield, who was recruited from the University of Washington to serve as Assistant Vice President for Research Development and Learning. Dr. Littlefield will work with the faculty to enhance competitiveness in seeking federal extramural dollars. Ms. Chronister summarized a handout detailing sponsored activity. She pointed out that, while most universities have lost funding due to decreases in federal assistance from Washington, D.C., USA has experienced a slight gain in funded assistance.

Concerning **ITEM 21** as follows, consequent to the unanimous agreement of the Committee of the Whole on December 5 to recommend approval by the Board of Trustees, a vote was called and the resolution was approved unanimously:

RESOLUTION
AUTHORIZATION TO EXPLORE FEASIBILITY OF SELLING REFUNDING BONDS THROUGH A COMPETITIVE PROCESS

WHEREAS, the University heretofore issued its $51,080,000 University Tuition Revenue Refunding and Capital Improvement Bonds, Series 2004, dated March 15, 2004 (the "Series 2004 Bonds"), which are presently outstanding in the aggregate principal amount of $41,690,000, and

WHEREAS, the Series 2004 Bonds bear interest at fixed rates and may be redeemed and prepaid by the University anytime on or after March 15, 2014, 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 Series 2004 Bonds with a series of variable rate bonds containing the same current outstanding principal amortization schedule as the Series 2004 Bonds (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,

THEREFORE, BE IT RESOLVED that the Vice President for Financial Affairs of the University is hereby authorized and directed to explore the feasibility of selling the Refunding Bonds to one or more financial institutions through a competitive process, provided that the sale of Refunding Bonds shall be subject to approval and authorization by the Board of Trustees.

With regard to the dual role served by the Budget and Finance Committee as the Audit Committee, Mr. Corcoran, Audit Committee Chair, advised that information on the **ITEM 22** report titled *Monthly Fund Financial Reports for July, August and September 2013*, and **ITEM 23**, the KPMG audit reports and letter for the year ended September 2013, was delivered to the Committee of the Whole on December 5.

Mr. Corcoran called upon Mr. Simmons for presentation of **ITEM 24**, a report on internal audit activities. Mr. Simmons introduced Mr. Ben Tipton, Executive Director of USA's Office of Internal Audit. Mr. Tipton discussed briefly the role of Internal Audit. He stated there were no items that need to be brought to the Board's attention at this time. He added that the Internal Audit Department has a separate fiduciary responsibility to the Board of Trustees. This responsibility includes reporting anything discovered, in audits or otherwise, that should be brought to the Board's attention.

Chairman Furr called for a report from Mr. Yance, Chair of the Development, Endowment and Investments Committee. Mr. Yance stated that a report of endowment and investment performance, **ITEM 25**, was delivered to the Committee of the Whole on December 5.

Regarding **ITEM 26** as follows, Mr. Yance stated that the Committee of the Whole agreed unanimously to recommend approval by the Board of Trustees. A vote was called and the resolution was approved unanimously:

RESOLUTION
EVALUATION OF THE UNIVERSITY'S ENDOWMENT AND NON-ENDOWMENT INVESTMENT POLICIES

WHEREAS, the Southern Association of Colleges and Schools (SACS) requires that investment policies must be evaluated regularly, and

WHEREAS, the Board of Trustees has previously approved the University's endowment funds policies and guidelines and the University's non-endowment cash pool investment policy,

THEREFORE, BE IT RESOLVED that the Board of Trustees of the University of South Alabama hereby acknowledges the current year annual evaluation of both policies by the Endowment and Investments Committee.

Mr. Yance called upon Dr. Busta to discuss **ITEM 26.A** as follows. Dr. Busta stated that the owner, an alumnus, inherited a lot on Dog River that he desires to donate to the University. President Smith said approval of the resolution would give authority to the University President to sell the land. On motion by Mr. Yance, seconded by Mr. Corcoran, the resolution was approved unanimously:

RESOLUTION
ACCEPTANCE OF A GIFT OF REAL ESTATE

WHEREAS, the University of South Alabama is actively engaged in a campaign to raise scholarship gifts to meet the Mitchell-Moulton Scholarship Initiative, and

WHEREAS, Mr. and Mrs. Sean Price wish to create an endowed scholarship utilizing the matching gift funds available through the program to endow a scholarship in accounting, and

WHEREAS, in order to fund the scholarship, Mr. and Mrs. Price wish to give to the University of South Alabama a residential lot with a request that it be sold by the University and the proceeds used to fund said scholarship, and

WHEREAS, as outlined on the memorandum attached hereto and incorporated by reference herein, the President of the University believes it to be economically justified and in the best interest of the University and the State of Alabama to place the property with a duly licensed real estate broker as provided for in the Code of Alabama as well as the University's Land Sale/Lease Policy and Procedure,

THEREFORE, BE IT RESOLVED, the University of South Alabama's Board of Trustees, on recommendation of its Development, Endowment and Investment Committee, completion of appropriate due diligence and approval of the President, authorizes the University to accept the gift of real estate for this purpose, and

BE IT FURTHER RESOLVED, the University of South Alabama Board of Trustees hereby ratifies the President's approval of the use of a duly licensed real estate broker for the sale of this real estate as being economically justified and in the best interest of the State of Alabama and the University, and

BE IT FURTHER RESOLVED, the University of South Alabama Board of Trustees expresses its deep appreciation to Mr. and Mrs. Price for this gift to endow a scholarship to support Accounting students in the Mitchell College of Business.

Joined by numerous colleagues and friends, Dr. Arnold Luterman, retired Ripps-Meisler Professor of Surgery and former Director of USA's Regional Burn Center, and his wife, Mrs. Joanne Luterman, were asked to stand for the reading of **ITEM 27** as follows by Mr. Hammack. On motion by Mr. Corcoran, seconded by Ms. Mitchell, the resolution was approved unanimously. Dr. Luterman conveyed thanks to the Board for creating an environment befitting the accomplishments achieved under his leadership. He recognized the College of

Medicine leadership and introduced the team that would carry on the mission of the *Arnold Luterman Regional Burn Center*. Mr. Yance said he saw firsthand the incredible dedication to patients who, without the care of the Regional Burn Center, would not have survived their injuries:

RESOLUTION
NAMING OF THE USA MEDICAL CENTER REGIONAL BURN CENTER

WHEREAS, Dr. Arnold Luterman has demonstrated servant leadership through his steadfast dedication to the University of South Alabama over the past three decades, and

WHEREAS, Dr. Luterman was instrumental in developing the Level I Trauma Center at the USA Medical Center and served as its first director from 1981-1985, and

WHEREAS, Dr. Luterman served as chief of surgery at USA Medical Center and chair of the Department of Surgery at the USA College of Medicine from 1994-2002, and

WHEREAS, Dr. Luterman played a significant leadership role as surgery post-graduate training program director and assistant dean for graduate medical education in the USA College of Medicine, and

WHEREAS, Dr. Luterman has been honored 20 times with a Red Sash Faculty award, which is given to outstanding faculty members by graduating medical students, and

WHEREAS, Dr. Luterman, a nationally-known expert on the treatment of burn injuries, played a major role in developing the Regional Burn Center and served as its director until 2012, and

WHEREAS, Dr. Luterman has served diligently, contributing in multiple ways to the advancement of the USA College of Medicine and USA Medical Center on a national, regional and community level,

THEREFORE, BE IT RESOLVED that, due to the many achievements and contributions by Dr. Arnold Luterman to the USA Health System and the College of Medicine, and, particularly, the vital role he has played in the care of burn patients in our region, the University of South Alabama's Board of Trustees declares the USA Medical Center's Regional Burn Center will now be known as the ***Arnold Luterman Regional Burn Center***, and

BE IT FURTHER RESOLVED that the Board of Trustees, administration, faculty, staff, alumni and students of the University of South Alabama express sincere gratitude to Dr. Arnold Luterman for his devotion to the University's College of Medicine and Health System.

Mr. Keith Ayers, retired Director of Public Relations, and his wife, MRs. Donna Ayers, were asked to stand for the reading of **ITEM 28** as follows by Mr. Bob Lowry. On motion by Mr. Peek, seconded by Ms. Miree, the resolution was approved unanimously. President Smith recognized the mark of Mr. Ayers on the face of the University, noting his service in the trenches. He congratulated Mr. Ayers on his retirement. Mr. Ayers shared heartfelt remarks about his tenure and the people with which he had served. He recognized the staff of the Office of Public Relations, and thanked Mrs. Ayers for her support:

RESOLUTION
COMMENDATION OF MR. KEITH AYERS

WHEREAS, the University of South Alabama seeks to honor exceptional administrators who have devoted a substantial part of their careers to serving others and who have distinguished themselves through their professional contributions, and

WHEREAS, Mr. Franklin Keith Ayers has provided nearly 15 years of dedicated service to the University of South Alabama since his appointment as public relations director, and

WHEREAS, Mr. Ayers was appointed to his position in March 1999 by President V. Gordon Moulton, bringing needed stability during a time of transition for the new administration, and

WHEREAS, enhancing the University's public image was instrumental in growing enrollment and increasing USA's community, philanthropic and political support, and

WHEREAS, Mr. Ayers was both passionate and resolute in promoting the University's many accomplishments, including faculty, staff, student, and alumni achievements; building projects; enhanced health care; the formation of the Jaguar NCAA Division I football and marching band programs; enrollment that topped 15,000; the awarding of USA's 75,000th degree; and USA's 50th Anniversary, and

WHEREAS, Mr. Ayers was a trusted advisor to President Moulton and his wife, Geri; faculty; administrators; and members of the Board of Trustees, and

WHEREAS, Mr. Ayers has an impressive 30-year history of raising awareness, appreciation and support for higher education in Alabama, and

WHEREAS, the impressive body of work performed by Mr. Ayers and his staff will benefit the University for years to come,

THEREFORE, BE IT RESOLVED that the Board of Trustees expresses its appreciation to Mr. Keith Ayers for his many contributions to the University of South Alabama and offers its best wishes upon his retirement from the Institution and in all future endeavors.

There being no further business, the meeting was adjourned at 12:25 p.m.

Attest to:

James H. Shumock, Secretary

Respectfully submitted:

S. Furr, M.D.

Steven P. Furr, M.D., Chair *pro tempore*

APPENDIX A

BYLAWS
OF THE BOARD OF TRUSTEES
OF THE UNIVERSITY OF SOUTH ALABAMA

PREAMBLE

The Legislature of the State of Alabama has vested full management and control over the University of South Alabama in a Board of Trustees pursuant to Act No. 157, Acts of Alabama, 1963, Secondary Extraordinary Session; the Legislature has stated: "The Governor and the State Superintendent of Education, by virtue of their respective offices, and the [T]rustees appointed from the senatorial districts of the state, enumerated in Section 16-55-2, are constituted a public body corporate under the name of the University of South Alabama to carry into effect the purposes expressed in this article and to establish a state institution of higher learning."(Code of Alabama, 1975, Section 16-55-1). For the purpose of providing a definitive and orderly form of governance, and in order to continue to carry out the purposes required of the Board of Trustees of the University of South Alabama, in the establishment and continuation of a state institution of higher learning, the Board of Trustees hereby does promulgate and adopt these Bylaws.

ARTICLE I
THE BOARD OF TRUSTEES

The entire management and control over the University of South Alabama (hereinafter referred to as the "University") shall be vested in the Board of Trustees of the University of South Alabama (hereinafter referred to as the "Board"); however, upon general or specific authorization or delegation made or provided for in these Bylaws, the Board may exercise such management and control through the officers, officials, committees and agents as it may deem fit and appropriate, all in accordance with state law. The Board acts as a body politic and no individual member of the Board shall have the authority to act for the Board or for the University.

Section 1. **Composition of Board.** The Board consists of ~~two~~ **one** *ex officio* members, the Governor ~~and the State Superintendent of Education~~, by virtue of the office; ~~s that they hold,~~ **three** members who are residents of ~~from~~ Mobile County; ~~three~~ **five** members at large who are residents of ~~from~~ the State ~~at large~~; **two** members at large who are residents of the United States of America; ~~and~~ and **one** member who is a resident from each of the following State senatorial districts, or combinations thereof, as defined at the time of legislative enactment in 1963: 16th District and 17th District (Monroe and Wilcox Coutnies and Butler, Conecuh, and Covington Counties, respectively); 19th District and 20th District (Choctaw, Clark, and Washington Counties, and Marengo and Sumter Counties, respectively); 21st District (Baldwin and Escambia Counties); 23rd District, 25th District, and 30th District ~~25th District, and, 30th District (comprised of~~ Dale and ~~,~~ Geneva Counties, Coffee~~,~~ and Crenshaw Counties, and Dallas and~~,~~ Lowndes Counties, respectively); ~~; and the 35th District, comprised of Henry and Houston Counties~~. and 35th District (Henry and Houston Counties).

Section 2. **Election and Term of Office.** *Ex officio* Trustees serve their terms of office in correspondence with their respective offices held in the State of Alabama. In accordance with the statute regarding ~~creating~~ the University of South Alabama, the Trustees are appointed by the Governor, by and with the advice and consent of the State Senate, and, for those appointed or reappointed after 2012, hold office for a term of ~~twelve~~ six years, ~~or~~and until their successors shall be appointed and qualified. All Trustees appointed to twelve year terms before

2013 will continue to serve their current twelve-year term and upon expiration of same, those positions will be appointed to six year terms, continuing until all Trustees are appointed for six-year terms. There are three classes of board members, so that after the transition to all Trustees serving six-year terms one-third of the members of the Board is appointed every ~~four~~ two years. Vacancies occurring in the office of Trustee, from death or resignation, and the vacancies regularly occurring by expiration of the term shall be filled by the Governor, and the appointee holds office until the next meeting of the Legislature. Successors to those Trustees whose terms expire during an interim shall hold office for a full term, unless they are rejected by the Senate. Neither the existence nor continuation of a vacancy in the office of the Trustee shall serve to impair or hinder any provisions of these Bylaws or the validity of the operation and actions by the Board by virtue of that vacancy alone.

Section 3. **Compensation of Trustees.** No Trustee shall receive any pay or emolument other than his or her actual expenses incurred in the discharge of duties as a Trustee; such expenses shall be paid or reimbursed from University funds, upon the authorization of the President of the University (hereinafter referred to as the "President").

Section 4. **Primary Functions of the Board.** The Board acts as a public body corporate, and no individual member of the Board has the authority to act for the Board or the University. Communications to the Board shall be directed to the Board through the President or Chair *pro tempore*, except as otherwise provided herein. The Board of Trustees, as a public body corporate, has all rights, privileges, and authority necessary to promote the purpose of its creation, which is to establish and provide for the maintenance and operation of a state university in Mobile County. In accordance with such powers, the Board of Trustees shall have the power to organize the institution by appointment of instructors and faculty members, and such executive and administrative officers and employees, as may be necessary to operate the University, which the Board hereby delegates to the President; the Board may remove any faculty members or employees in its discretion, and shall have the power and authority to fix salaries or compensation, increase or reduce same at its discretion, all of which duty the Board hereby delegates to the President. The Board may prescribe courses of instruction, rates of tuition and fees, confer such academic and honorary degrees as are usually conferred by institutions of like character, and may do all else necessary and considered in the best interest of the institution to carry out the purposes of the institution.

Section 5. **Emeritus Status.** The Board, in its sole discretion, may recognize any Trustee who has served with distinction as Trustee Emeritus following said Trustee's term of service. Any Trustee so recognized as Trustee Emeritus shall have no voting rights and will remain Trustee Emeritus at the pleasure of the Board of Trustees. Such designation shall confer no responsibilities, duties, rights, or privileges as such but shall constitute recognition of service and experience and will publicly acknowledge that person as particularly suited for counsel and advice to the Board. The Board encourages the availability of those who have been awarded Trustee Emeritus status for such counsel and advice and may request special services of them.

Section 6. **Removal of a Trustee.** Under the laws of the State of Alabama, the Board of Trustees has no power to remove one of its members. Section 60 of the Constitution of Alabama, which provides that "[no] person convicted of embezzlement of the public money, bribery, perjury, or other infamous crime, shall be eligible to the legislature, or capable of holding any office of trust or profit in this state" sets forth the constitutional grounds and procedure for removing a Trustee.

ARTICLE II
MEETINGS OF THE BOARD OF TRUSTEES

Section 1. **Annual and Regular Meetings.** The Board shall hold a regular annual meeting each year at the University on the first Monday in June, unless the Board, in regular session, shall determine to hold its annual meeting at some other time and place. Each year at the annual meeting, the Board shall schedule its regular meetings to be held during the ensuing year, and may designate one such meeting as the annual meeting of the Board. This schedule of meetings then will be recommended to the Governor for approval. The Chair *pro tempore* may cancel or change the date, place or time of a scheduled regular or annual meeting. The President will provide advance notice of such changes or cancellation. In any event, the Board shall meet at least once in each year.

Section 2. **Special Meetings.** In addition, other than the annual and regularly scheduled meetings of the Board, special meetings of the Board may be assembled, as follows: Special meetings may be called by the Chair *pro tempore* or the Governor by written notice

mailed to each Trustee at least ten (10) days in advance of the date of the meeting; a special meeting shall be called by the Chair *pro tempore* or the Governor upon application in writing of any three or more members of the board. No special meeting shall be held on a date less than ten (10) days subsequent to the Chair *pro tempore* or Governor's notice of the meeting, except in case of an emergency, which the Chair *pro tempore* or Governor shall specify in his or her notice to the Board of Trustees.

Section 3. **Adjourned Meetings.** At any meeting, the Board may continue in session as long as it may deem proper for the welfare of the institution. Any session may be adjourned, as provided in *Roberts Rules of Order*, as last revised, and continued at a future time with proper notice to all members.

Section 4. **Quorum.** Seven members of the Board of Trustees shall constitute a quorum, but a smaller number may adjourn from day to day until a quorum is present. A majority of those present shall govern unless a greater number is required hereunder. Members of the Board of Trustees may participate in a meeting of the Board or committee by means of telephone conference, video conference, or similar communications equipment by means of which all persons participating in the meeting may hear each other at the same time. Participation by such means shall constitute presence in person at a meeting for all purposes. However, a majority of a quorum of the members of the Board of Trustees, or, in the event of a meeting of only the executive committee, a majority of a quorum of the executive committee of the Board of Trustees, must be physically present at the location noticed and called for the meeting in order to conduct any business or deliberation. Members of the Board of Trustees and any committees of the board may not utilize electronic communications or otherwise conduct meetings except as in compliance with the Alabama Open Meetings Act. No Trustee for whom a conflict of interest exists shall vote on such matter before the Board.

Section 5. **Agenda.** The President shall mail to each member of the Board notice of the time and place of any meeting, which shall include an agenda for the meeting, at least ten (10) days prior to the time of meeting. The development and preparation of the agenda for Board meetings shall be vested in the President, who shall place such items on the agenda as are needed for the on-going operation of the institution and/or that require the approval of the Board. Members of the Board desiring to place any item or items on the agenda for meetings shall

inform the President in writing not less than fifteen (15) days prior to the meeting concerning such items, and the President shall include the items in the agenda to be mailed out to the members of the Board in accordance with the foregoing. Any item not included on the agenda mailed to members prior to a meeting may be considered upon the approval of a majority of those present and voting; provided, however, that any discussion or action upon the election of officers of the Board and/or the appointment and/or termination, including a contract renewal, of the President of the University, must be specifically identified on the agenda that was mailed at least ten (10) days prior to the time of meeting. The agenda that is approved by the Board at the commencement of the Board meeting shall be considered the official agenda. The omission of an item from the official agenda shall not invalidate otherwise valid actions by the Board.

Section 6. **Minutes.** Minutes of all meetings of the Board and its committees shall be prepared and distributed promptly to all members of the Board under the direction of the Secretary of the Board. Upon approval by the Board or committee, such minutes shall be recorded in substantially bound books retained in the Office of the President under the direction of the Secretary of the Board.

Section 7. **Public Admission to Meetings.** All meetings of the Board of Trustees shall be open to the public, except that the Board may declare an executive session as authorized by law. Formal action by the Board resulting from any executive session discussions shall be taken by the Board in an open meeting and made a part of the official minutes.

Section 8. **Rules of Order.** Rules of order shall be in accordance with *Robert's Rules of Order*, as last revised, which are the normal governing parliamentary procedure rules. The Chair of the meeting will determine all questions concerning such rules.

Section 9. **Meeting Attendance.** Inasmuch as the Board of Trustees has determined that meeting attendance is crucial to the most efficient management of the University and operation of the Board, the names of all Trustees who do not attend at least half the meetings scheduled each Board year will be reported to the Chair *pro tempore* at the next annual meeting of the Board, and the Chair *pro tempore* will then take the actions he or she deems appropriate.

ARTICLE III

OFFICERS

The Board shall have the following officers and any other officers it may elect from time to time. Such officers shall have the powers and shall perform the duties as are set forth herein, together with those which may be authorized and delegated by the Board from time to time. The terms of office for the Chair *pro tempore*, Vice Chair, and Secretary will be three years, with elections held at the annual meeting of the Board corresponding with the expiration of those terms. If a vacancy occurs during the term of any such office, an election to complete the term of that office will be held at the next meeting of the Board.

Section 1. **Chair of the Board.** The Governor of the State of Alabama shall be *ex officio* President of the Board as well as *ex officio* Chair of the Board. The Chair shall preside at all Board meetings which he or she attends and shall call special meetings of the Board upon the conditions set forth herein.

Section 2. **Chair *Pro Tempore*.** Upon adoption of these Bylaws and thereafter, the Board of Trustees shall elect from its membership a Chair *pro tempore* for a three-year term, commencing ~~with the meeting~~ immediately following the annual meeting at which the election is held. Such officer may not be elected for successive terms. He or she shall preside at all Board meetings in the absence of the Governor and call special meetings of the Board upon the conditions set forth herein. The Chair *pro tempore* shall serve as chair of the Executive Committee, and shall appoint such committees as may be authorized by the Board, or as he or she may deem desirable, fill vacancies which will occur on such committees, and give final approval to the agenda for the Board meeting.

Section 3. **Vice Chair.** Concurrent with the time of election of the Chair *pro tempore* for the term set forth for the Chair pro tempore in Section 2, the Board shall elect from its membership a Vice Chair. In the absence of both the Governor and the Chair *pro tempore*, the Vice Chair shall assume those duties. The Vice Chair shall serve on the Executive Committee.

Section 4. **The Secretary.** Concurrent with the time of election of the Chair *pro tempore* and for the term set forth for the Chair pro tempore in Section 2, the Board shall elect a

Secretary. Through the Office of the President of the University, the Secretary shall be responsible for the preparation and distribution of notices of Board meetings and agendas. In addition, he or she shall attend Board meetings and make, record, and retain complete records and minutes of all official actions of the Board and its committees. The Secretary shall be the custodian of the corporate seal and affix the seal to documents as executed on behalf of the Board and shall attest to the same and certify any action of the Board. The Secretary shall serve on the Executive Committee.

Section 5. **Removal from Office.** Any officer of the Board may be removed from his or her office for cause by a two-thirds vote of the full Board of Trustees.

ARTICLE IV
COMMITTEES

Organization. The Board may create such committees as it deems proper, and may assign to such committees any authority, duty or responsibility desired by the Board; provided, however, that all committees, except the Executive Committee, are advisory to the full Board. The committees of the Board shall consist of the standing committees created herein and other committees created by the Board from time to time. The standing committees shall have the powers, duties and responsibilities set forth herein, or subsequently assigned by the Board through adoption and approval of amendments to these Bylaws. Vacancies in committee memberships shall be filled in the same manner as when appointments originally were made. Committee members and the chair and the vice chair of the committees shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*.

Method of Operation. The committees and subcommittees shall meet upon the call of the President, the Chair *pro tempore*, or the chair of the committee or subcommittee. Unless otherwise provided, actions taken by such committees are not binding upon the Board, but shall be advisory, except those actions undertaken by the Executive Committee, as authorized in Article IV, Section I, herein. All recommendations and actions of the committees shall be reported to the Board of Trustees.

Section 1. **Executive Committee.** The Chair *pro tempore* 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 majority of the Executive Committee -constitutes a quorum. With notice from the President or the Chair *pro tempore*, the Executive Committee may meet at any time. The Executive Committee has the power to transact all business of the Board in the interim between meetings of the Board and may perform all duties and transact all business necessary for the well-being of the University, including, but not limited to, matters related to real estate, personnel issues, investments and athletics. However, action by the full Board is required to amend these Bylaws, remove officers from the University, select or remove the President of the University, issue bonded indebtedness on behalf of the University, or as otherwise determined by the full Board. Minutes of the Executive Committee shall be submitted to all members of the Board.

Section 2. **Budget and Finance Committee.** The Budget and Finance Committee shall be responsible for the review and study of budget requests; recommending comprehensive budgets; review and study of required audits; and submitting such reports and recommendations to the Executive Committee of the Board and/or the full Board, as deemed necessary and appropriate.

Section 3. **Long Range Planning Committee.** 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.

Section 4. **Health Affairs Committee.** The Health Affairs Committee shall be responsible for providing guidance to and receiving reports from staff and administrative personnel responsible for the University of South Alabama Hospitals and Clinics. It will consider and make recommendations requiring Board action relating to the Hospitals and Clinics and the College of Medicine. In addition to committee members designated as provided in these Bylaws, the committee includes, as non-voting *ex officio* members, the President, the Vice President for Health Sciences, 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 Health Systems.

Section 5. **Academic and Student Affairs Committee.** 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.

Section 6. **Development, Endowment and Investments Committee.** The Development, Endowment and Investments Committee shall be responsible for establishing policies and guidelines to oversee University 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 full Board of Trustees, as deemed necessary and appropriate.

Section 7. **Committee Participation.** The President of the University is vested with the responsibility of providing notice of all committee meetings to the members of the committees. The Chair *pro tempore* will serve as an *ex officio* member on each committee. The President and the Chair *pro tempore* may participate in all meetings but shall have no vote, except that the Chair *pro tempore* shall have a vote when he or she~~the Chair *pro tempore*~~ is a member of the committee. All committees assist and support the Board, President, faculty, and staff in carrying out their responsibilities. Committees may request through the Office of the President any information necessary or appropriate to their deliberations. All committee reports and recommendations shall be submitted for consideration and are advisory in nature until they have been approved by the full Board. Any Board member may attend any committee meeting.

ARTICLE V
PRESIDENT AND DUTIES

Appointment of the President of the University as Chief Executive Officer of the Institution. The President shall be selected by the Board of Trustees and serve at the pleasure of the Board but may be removed only by a vote of eight members of the Board. The Board of Trustees is responsible for conducting periodic evaluations of the performance of the President.

The President is the chief educational and administrative officer of the University. Unless excused by the Chair, he or she shall attend and participate in all meetings of the Board and may make recommendations on matters before the Board. The President does not vote on Board matters. The President shall be responsible for the execution of the policies of the Board and the Executive Committee and performing all those matters necessary to carry out the ends and purposes for which the University was established. The President shall have all authority necessary to conduct the programs of the University, including the authority to award degrees, add officers to the University which he or she deems necessary, delegate authority among subordinates and all other authority which shall, from time to time, be delegated by the Board of Trustees to the President. Prior to appointment of vice presidents, the President shall notify the Board of his or her intention to appoint such officers to the University. The President reports to the Board on the current operations of the University and directs, coordinates and implements the planning, development and appraisal of all activities of the University of South Alabama.

ARTICLE VI
CONFLICT OF INTEREST

Members of the Board of Trustees ("Trustees") of the University of South Alabama ~~("USA")~~ have an affirmative obligation to act at all times in the best interests of the University~~SA~~. This policy serves to define the term "conflict of interest," to assist members of the Board in identifying and disclosing such conflicts, and to minimize the impact of such conflicts on the actions of the University~~SA~~ whenever possible.

Fiduciary duty. Each Trustee has a fiduciary duty to conduct himself or herself without conflict to the interests of the University~~SA~~. When acting within his or her capacity as a Trustee , he or she must subordinate personal, business, third-party, and other interests to the welfare and best interests of the University~~SA~~.

Conflict of interest. A "conflict of interest" is any transaction or relationship which presents, or may present, a conflict between a Trustee's obligations to the University~~SA~~ and his or her personal, business, or other interests. A conflict of interest may arise in any circumstance that may compromise the ability of a Trustee to make unbiased and impartial decisions on behalf

of the UniversitySA. Such circumstances may involve family relationships,[1] business transactions, professional activities, or personal affiliations.

Further, Alabama Code §13A-10-62 (1975) provides:

(a) A public servant commits the crime of failing to disclose a conflict of interest if he exercises any substantial discretionary function in connection with a government contract, purchase, payment or other pecuniary transaction without advance public disclosure of a known potential conflicting interest in the transaction.

(b) A "potential conflicting interest" exists, but is not limited to, when the public servant is a director, president, general manager or similar executive officer, or owns directly or indirectly a substantial portion of any non-governmental entity participating in the transaction.

(c) Public disclosure includes public announcement or notification to a superior officer or the attorney general.

(d) Failing to disclose a conflict of interest is a Class A misdemeanor.

Disclosure. The Board of Trustees recognizes that conflicts of interest are not uncommon, and that not all conflicts of interest are necessarily harmful to the UniversitySA. However, the Board requires full disclosure of all actual and potential conflicts of interest. Each Trustee shall disclose any and all facts that may be construed as a conflict of interest, both through an annual completion of a Statement of Disclosure, and completion of an amended Statement of Disclosure whenever such actual or potential conflict occurs.

Process. Any actual or potential conflicts which are presented in a Statement of Disclosure or amended Statement of Disclosure will be evaluated for action, as needed, by the Chair p*ro tempore* of the Board of Trustees. The Chair *pro tempore*, or Vice Chair if evaluating a possible conflict of the Chair *pro tempore,* of the Board may either handle the evaluation on his or her own or refer it to the Board for further consideration. Additional information from a Trustee may be sought at any time. A Trustee whose potential conflict is under review may not debate, vote, or otherwise participate in the evaluation of the conflict. If a conflict is being evaluated or has been found to exist, the Trustee shall recuse himself or herself from any discussion or voting regarding transactions involving the area of conflict.

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[1]Family relationships include spouse, child, grandchild, parent, grandparent, sibling, niece, nephew, aunt, uncle, cousin, in-laws and step relations, as well as any person living in the household of a Trustee.

Resolution. If it is determined that an actual or potential conflict of interest does exist, an appropriate remedy shall be determined. Such remedy may include, but is not limited to, the following:

- Waive the conflict of interest as unlikely to affect the Trustee's ability to act in the best interests of the organization.

- Determine that the Trustee should be recused from all deliberation and decision-making related to the particular transaction or relationship that gives rise to the conflict of interest.

Policy regarding Trustees doing business with the University~~SA~~. A conflict of interest exists any time a Trustee seeks to enter into a business relationship with the University~~SA~~. Similar conflicts may arise through family members or through organizations in which a Trustee serves in a leadership, employment, or ownership capacity.

Such conflicts do not necessarily preclude business relationships with the University~~SA~~. The following procedure is designed to resolve conflicts of interest whenever a Trustee or a member of his or her family (see footnote number 1) has an ownership interest in, is a director, officer, or key individual of an entity which intends to enter into a business relationship with the University~~SA~~:

- The Trustee must promptly disclose the intent to enter into a business relationship with the University~~SA~~ to the Chair *pro tempore* of the ~~USA~~ Board of Trustees.

- The Trustee must recuse himself or herself from all deliberation, debate and voting related to the contemplated business relationship.

- The Chair *pro tempore* or the Board if the issue is referred by the Chair, must determine without the presence or participation of the Trustee under review that the transaction is fair and in the best interest of the University~~SA~~.

- If the business relationship under consideration is approved, the Trustee may not participate in any process by which his or her performance as a vendor or recipient is evaluated, or in any such evaluation of a related party.

Notwithstanding the foregoing, contracts, or proposals for purchases of goods, property, or services will not be awarded to organizations in which a Trustee either:

1) holds an interest of ten percent (10%) or greater, or

2) serves as a director or senior executive officer,

if a substantial part of the contract or proposal involves the quality of performance (i.e. possibly requiring enforcement of a performance bond or filing suit for non-performance). Also, no Trustee shall advocate or attempt to influence the employment by the University of any member of his or her family.

ARTICLE VII
SEAL

Section 1. **Official Corporate Seal.** The official corporate seal of the University of South –Alabama shall be circular in form, encircled as follows:

ARTICLE VIII
AMENDMENT OR REPEAL OF BYLAWS

After the adoption of these Bylaws, they may be amended or repealed at any meeting of the Board by eight members of the Board voting in favor of same, but no such action shall be taken unless notice of the substance of such proposed adoption, amendment or repeal was given at a previous meeting or notice in writing of the substance of the proposed change was served upon each member of the Board at least thirty (30) days in advance of the final vote upon such

change. However, by unanimous consent of the entire Board, the requirements for such notice may be waived. The Chair *pro tempore* may appoint an ad hoc committee which may meet from time to time to consider Bylaw amendments.

§16-55-2. Board of trustees; generally.

The board of trustees shall consist of three members from Mobile County, ~~three~~ five members from the state at large, two members from the United States of America at large; ~~the State Superintendent of Education,~~ the Governor, who shall be ex officio president of the board, and one each from each of the following state senatorial districts, or combinations thereof, as defined at the time of legislative enactment in 1963: sixteenth and seventeenth districts comprising Monroe and Wilcox Counties and Butler, Conecuh and Covington Counties, respectively; nineteenth and twentieth districts comprising Choctaw, Clark and Washington Counties and Marengo and Sumter Counties, respectively; twenty-first district comprising Baldwin and Escambia Counties; twenty-third, twenty-fifth, and thirtieth districts comprising Dale and Geneva Counties, Coffee and Crenshaw Counties, and Dallas and Lowndes Counties, respectively; ~~nineteenth district comprising Choctaw, Clark and Washington Counties, twentieth district comprising Marengo and Sumter Counties, sixteenth district comprising Monroe and Wilcox Counties, thirtieth district comprising Dallas and Lowndes Counties, seventeenth district comprising Butler, Conecuh and Covington Counties, twenty-fifth district comprising Coffee and Crenshaw Counties, twenty-third district comprising Dale and Geneva Counties~~ and the thirty-fifth district comprising Henry and Houston Counties. The trustees shall be appointed by the Governor, by and with the advice and consent of the State Senate, and all trustees appointed after 2012 shall hold office for a term of ~~12~~6 years, and until their successors shall be appointed and qualified. All Trustees appointed to twelve-year terms before 2013 will continue to serve their current twelve-year term and upon expiration of same, those positions will be appointed to six-year terms, continuing until all Trustees are appointed for six-year terms. The board shall be divided into three classes, as nearly equal as may be, so that one-third may be chosen ~~quadrennially,~~ as provided in Section 16-55-5. Vacancies occurring in the office of trustee from death or resignation, and the vacancies regularly occurring by expiration of the term shall be filled by the Governor, and the appointee shall hold office until the next meeting of the Legislature. Successors to those trustees whose terms expire during an interim shall hold office for the full term unless they are rejected by the Senate. No trustee shall receive any pay or emolument other than his actual expenses incurred in the discharge of his duties as a trustee.

§ 16-55-5. Trustees; classification.

The trustees of the University of South Alabama, other than the ex officio members of the board, shall be grouped into three classes as provided in Section 15-55-2. The members constituting the first class shall first be appointed for terms expiring September 30, 1965; the members of the second class shall be first appointed for terms expiring September 30, 1969; and the members of the third class shall be first appointed for terms expiring September 30, 1973. Their successors having been~~shall be~~ appointed for terms of 12 years each, shall, with the appointments made after 2012, be appointed for terms of 6 years each. Those positions with 12-year appointments (those appointed before 2013) shall continue until such terms of appointment are completed at which time those positions will be appointed for terms of six years, with the last transition to 6-year terms being those positions whose 12-year appointments expire in 2021.

§ 16-55-6. Meetings.

Seven members of the board of trustees shall constitute a quorum, but a smaller number may adjourn from day to day until a quorum is present. The board shall hold a regular annual meeting each year at the university on the first Monday in June, unless the board shall, in regular session, determine to hold its meeting at some other time and place. Special meetings of the board may be assembled by either one of the two methods outlined as follows: Special meetings may be called by the Chair *pro tempore* of the board of trustees or the Governor by written notice mailed to each trustee at least 10 days in advance of the date of the meeting; a special meeting shall be called by the Chair *pro tempore* or the Governor upon application in writing of any three or more members of the board. No special meeting shall be held on a date less than 10 days subsequent to the date of the Chair *pro tempore* or Governor's notice of the meeting, except in case of emergency, which the Chair *pro tempore* or the Governor shall specify in his notice to the trustees.

Community Health Needs Assessment

of Mobile County, Alabama

University of South Alabama Hospitals 2012 – 2013

A collaboration between:

University of South Alabama Medical Center & University of South Alabama Children's & Women's Hospital

Assessment Team:

Denise M. Anderson, RN, MSN, CPHQ
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Director, Care Management / Social Services

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Introduction

On March 23, 2010, Congress approved the Patient Protection and Affordable Care Act. The Act included a Community Health Needs Assessment mandate for not-for-profit hospitals. According to the mandate, the CHNA must be conducted once every three years and it must include input from persons who represent the broad interests of the community, as well as those with public health expertise.

Hospitals across the United States are conducting Community Health Needs Assessments (CHNA) of their local service areas. This effort was a result of the need for hospitals to have formalized, organized and systematic approaches for meeting the healthcare needs of the populations they serve. An analysis of community health needs is especially relevant in light of growing momentum and increased scrutiny around how hospitals are making a measurable contribution to community health.

The University of South Alabama has a long history of providing healthcare services to the citizens of Mobile County and the surrounding region. The University works in partnership with numerous community health and social service organizations to provide treatment and preventive health services to the community.

The CHNA allows hospitals to better understand the health needs of vulnerable, at-risk, underserved and low income populations; and, subsequently, develop a plan that will guide future community benefit programming. The approach used incorporates best practice standards that have been published by recognized leaders in the field such as the American Public Health Association, the Association for Community Health Improvement, and the Catholic Health Association.

The CHNA is based on extensive analysis of data from local, state and national sources. The cornerstone of the effort, however, is the input from citizens, stakeholders and community leaders. We are indebted to them for their contributions to this effort.

All statistics reported are for the latest year available (unless otherwise stated).

Community

The first step in completing a community health needs assessment is to determine the "community" to be assessed. USA Hospitals provide tertiary care over a broad expanse of Alabama and Mississippi; however, because over 80% of the patients admitted to the USA Medical Center and to the USA Children's & Women's Hospital reside in Mobile County, that was the obvious choice of the community to assess.

Mobile County is the second largest county by population in the state. It is located in the extreme southwest corner of the state on the Gulf of Mexico. The city of Mobile is the largest city in Mobile County with a population of 195,111. The other cities in the county are Prichard (22,659), Saraland (13,405), Satsuma (6,618), Chickasaw (6,106), Citronelle (3,905), Semmes (3,115), Bayou La Batre (2,558), Creola (1,926), Dauphin Island (1,238) and Mount Vernon (816). Approximately 156,000 county residents live in unincorporated areas.

The majority of the healthcare facilities and providers in the county are located in the city of Mobile (shown in red on the county map at left).

The land area of the county is 1,229 square miles. At its widest points, the county runs 57 miles from north to south and 29 miles from east to west.

Mobile County is a regional center of manufacturing, tourism, transportation, healthcare and higher education. The county public school system, with an enrollment of over 63,000, is the largest system in the state. An additional 25,000 K-12 students are enrolled in private, parochial and smaller public systems.

Hospitals

Both hospitals included in the University of South Alabama Health System are safety net hospitals and have long traditions of providing healthcare to low-income, underserved, and vulnerable members of the local community.

USA Children's & Women's Hospital is the region's only hospital dedicated specifically to the healthcare needs of children and women, offering unique services for neonatal and pediatric intensive care, pediatric oncology, sickle cell treatment, and high-risk obstetrical care. With more than 2,600 births annually, Children's & Women's is the area's leader in deliveries. A major expansion doubling the size of USA Children's & Women's Hospital has recently been completed. This new space enables the hospital to continue to meet the needs of a varied and growing population.

USA Medical Center is an acute care facility serving as a major referral center for southern Alabama, southeast Mississippi and portions of northwest Florida. It offers the region's only Level I trauma center, and also centers for burns, stroke, cardiovascular disease, and sickle cell disease. USA Medical Center is the first facility in Mobile to receive the Gold Plus Performance Achievement Award from the American Heart Association/American Stroke Association. As a key teaching and research facility for the USA College of Medicine, the USA Medical Center plays a major role in the development of new technology and the training of tomorrow's physicians and other essential health care professionals.

Summary of Findings

The public health system has a basic duty to assure the public's health. In order to do this, periodic assessment of the community's health problems and needs is required. This assessment was undertaken specifically to identify unmet health needs in Mobile County.

The population of Mobile County according to the 2010 Census was 412,992. Of this total, 195,111 reside in the city of Mobile. The rest of the county's residents reside in the smaller cities (61,896) or in the unincorporated areas (155,985)

The population distribution in the county by sex is 52% female and 48% male. By age, the distribution is 28% below 20 years of age, 13% above age 65, and 59% in the middle. These distributions are in line with state and national averages. The population distribution by race shows that the percentage of African American residents in the county (35%) is much higher than the national average (14%).

The median household income in the county is $42,187 compared to the national median household income of $52,762. The percentage of the county population living below 100% of the Federal Poverty Level is 19% and the percentage of the county's children living in poverty is 28%. The corresponding national averages are 15% (all ages) and 22% (children). Significant levels of unmet health needs exist in inner city ZIP code areas with high levels of poverty and high percentages of African American residents.

Access to healthcare is directly related to who is covered by private health insurance, who is covered by government-sponsored health insurance, and who is not covered by health insurance. Additionally, certain persons who are covered by health insurance may have a limited scope of coverage or have such high levels of deductibles or co-pay amounts that they effectively fall into the underinsured category. In the county, 22% of the population is covered by Alabama Medicaid, 17% by Medicare, 44% by other types of health insurance, and 17% have no health insurance coverage.

Socio-economic factors such as levels of educational attainment and family status have been shown to have a strong influence on the quality of the community's health. The county has a low high school graduation rate and a low proportion of residents who have completed a bachelors degree or higher. The proportion of children in the county living in a single parent household is 42%, and over 51% of the births in the county are to mothers who are unmarried at the time of the child's birth. Births to teenage mothers make up 15% of the births in the county.

The main causes of death in the county are heart disease (24%), cancer (23%), stroke (5%), accidents (5%), chronic lower respiratory disease (5%), Alzheimer's disease (3%), and diabetes mellitus (3%). Of the deaths caused by cancer in the county, the leading sites are lung (32%), colon (9%), breast (7%), pancreas (5%) and prostate (4%).

In addition to the death rates in the county, the quality of the population's health is equally reflected in the residents who have to deal with chronic diseases over long periods of time. Two-thirds of the county's adult population is overweight or obese (and one-third of the children). Mental illness issues affect 19% to 20% of adults and 13% to 14% of children. The county has high levels of hypertension, diabetes, asthma, and arthritis.

The health needs faced by Mobile County can be summarized in seven key areas:

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

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.

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.

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

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.

6. Many people in the county do not have affordable access to oral health services.

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

Approach/Methodology

The assessment involved research and data analysis from secondary data sources; a review of other reports and assessments reviewing health status in Mobile County; interviews with community leaders; and a survey to prioritize available strategies for improving community health.

Research and Data Analysis from Secondary Sources

Extensive data concerning state and county health is available from a variety sources. A partial listing of the sources from which data was obtained for analysis includes:

- United States Census Bureau
  United States Department of Commerce

- National Center for Health Statistics
  Centers for Disease Control and Prevention
  United States Department of Health and Human Services

- Alabama Center for Health Statistics
  Alabama Department of Public Health

- Mobile County Health Department

- Center for Healthy Communities
  University of South Alabama

- State Health Facts (www.statehealthfacts.org)
  The Henry J. Kaiser Family Foundation

- 2013 County Health Rankings and Roadmaps
  Robert Wood Johnson Foundation

- Kids Count Databook
  The Annie E. Casey Foundation

Other Reports Assessing Health Status in Mobile County

Various agencies and organizations have previously assessed the status of public health in Mobile County. In addition, other entities have put forth health improvement strategies and goals that set reasonable targets for communities to aspire to. Copies of these reports were reviewed and information from them has been incorporated into this assessment. A partial list of the reports reviewed includes:

- Rapid Community Health Needs Assessment Report
  Gulf Region Health Outreach Program:
  Primary Care Capacity Project
  Louisiana Public Health Institute; December, 2012

- Community Capacity Inventory
  University of South Alabama Center for Healthy Communities;
  December, 2009

- Using Zip Code-Level Mortality Data as a Local Health Status
  Indicator in Mobile, Alabama
  University of South Alabama Center for Healthy Communities;
  January, 2008

- The Building Blocks for a Better Community
  United Way of Southwest Alabama
  September, 2010

- Healthy People 2020
  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services

- Community Need Index Report
  Dignity Health / Thomson Reuters
  December, 2010

- Community Health Needs Assessment
  Mobile Infirmary Medical Center
  March, 2013

- Community Health Needs Assessment
  Providence Hospital
  June, 2013

- Better Living Mobile Guidelines
  Mobile United
  January, 2013

Interviews with Community Leaders

In formulating this assessment an effort was made to take into account input from persons who represent the broad interests of the community served by the hospitals, including those with special knowledge of or expertise in public health. Special emphasis was placed on those individuals who have knowledge of the unmet health needs of vulnerable, at-risk, underserved and low-income populations in the county. Community leaders from governmental entities, healthcare providers, educational institutions, social service agencies, and philanthropic groups provided input for this information gathering process and they are listed below:

Andrew Ackland	Mobile ARC Program Director
Dr. Martha Arrieta	University of South Alabama Center for Healthy Communities Director of Research
Julie Bellcase	AltaPointe Health Systems, Inc. Chief Operating Officer
Henry H. Caddell, Esq.	Franklin Primary Health Center Board Member
Honorable Jerry Carl	Mobile County Commission Commissioner

Dr. Errol D. Crook	University of South Alabama College of Medicine Chair, Department of Internal Medicine
Lorissa Dickinson	Mobile County Public School System Homeless Education Social Worker
Dr. Bernard Eichold	Mobile County Health Department County Medical Officer
Sandra J. Forbus	Mobile United Executive Director
Dr. Ronald Franks	University of South Alabama College of Medicine Chair, Department of Psychiatry Vice-president for Health Sciences
Dr. David Gremse	University of South Alabama College of Medicine Chair, Department of Pediatrics
Dr. Wanda Hannon	Mobile County Public School System Director of Health and Social Services
Randy Henry	Goodwill Easter Seals Director of Community Resources
James A. Holland	Mostellar Medical Center Chief Executive Officer
Honorable Connie Hudson	Mobile County Commission Commissioner
Honorable Sam Jones	City of Mobile Mayor

Dr. Deborah Lafky	University of South Alabama Center for Strategic Health Innovations Director
Christopher L. Lee	The J. L. Bedsole Foundation Executive Director
Dr. David Lewis	University of South Alabama College of Medicine Chair,Department of Obstetrics/Gynecology
Honorable Merceria Ludgood	Mobile County Commission President
Emily Martin	Area Agency on Aging Outreach Nurse
Julie McGee	Area Agency on Aging Director
Dr. Allen Perkins	University of South Alabama College of Medicine Chair, Department of Family Medicine Alabama Academy of Family Physicians President Alabama Rural Health Association President
J. Tuerk Schlesinger	AltaPointe Health Systems, Inc. Chief Executive Officer
Susan Stiegler	Mobile County Health Department Director, Family Health Clinical Services
Tonie Ann Torrans	Penelope House Family Violence Center Executive Director

Bobbie Jo Trammell	Alabama Childrens Rehabilitation Services District Supervisor
Alan J. Turner II	United Way of Southwest Alabama President & Chief Executive Officer
Charles White	Franklin Primary Health Center President & Chief Executive Officer
Joshua Willis	15th Place Assistance Director

Strategy Survey of Health and Community Leaders

A variety of health and community leaders were surveyed using an instrument consisting of 42 health improvement strategies that have been shown to improve public health in communities that have adopted them. The purpose of the survey was to prioritize the 42 strategies into segments representing:

- Strategies that would have a high favorable impact and should be implemented immediately.

- Strategies that would have moderate favorable impact relative to the "high impact" group. These strategies should be implemented after the "high impact" strategies.

- Strategies that would have a low favorable impact relative to the "high" and "moderate" groups. While desirable, these strategies would have the lowest priority for community-wide emphasis.

The strategies that were identified by the survey results as the ten highest priority were:

- Change personal behaviors related to increased levels of obesity and overweight

- Change personal behaviors related to reduction of risk factors for heart disease

- Change personal behaviors to reduce the risk factors for diabetes

- Change personal behaviors to reduce tobacco use

- Change personal behaviors to reduce risk factors for cancer

- Change personal behaviors to increase the level of physical activity

- Change personal behaviors to decrease risk factors and increase prevention of chronic diseases
- Change personal behaviors related to prenatal care and prenatal care education
- Improve access to health services to the uninsured and underinsured
- Improve access to health services for the elderly

Note: The survey instrument is reproduced in its entirety on pages 53 to 56.

Demographic Profile

Population by Age and Sex

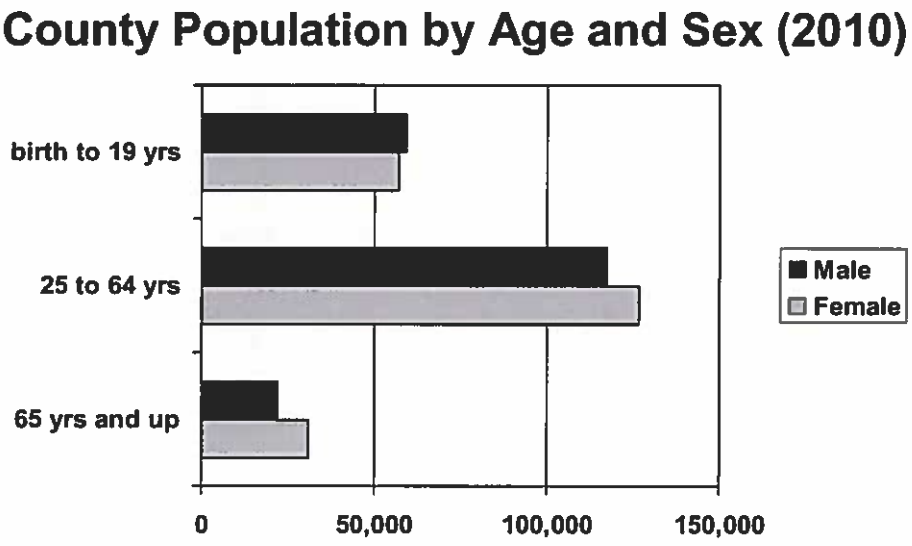
The population of the county according to the 2010 Census was 412,992. The estimate for 2012 is 413,936.

By sex, the distribution was 198,374 males (48%) and 214,618 females (52%).

By age, there were 115,728 residents aged from birth to 19 years (28%); 243,943 aged from 25 to 64 years (59%); and 53,321 aged 65 years and up (13%).

The population distribution by both sex and age are very similar to the sex and age distributions for Alabama as a whole and for the nation.

Detailed population data is shown in Table 1 on page 57.



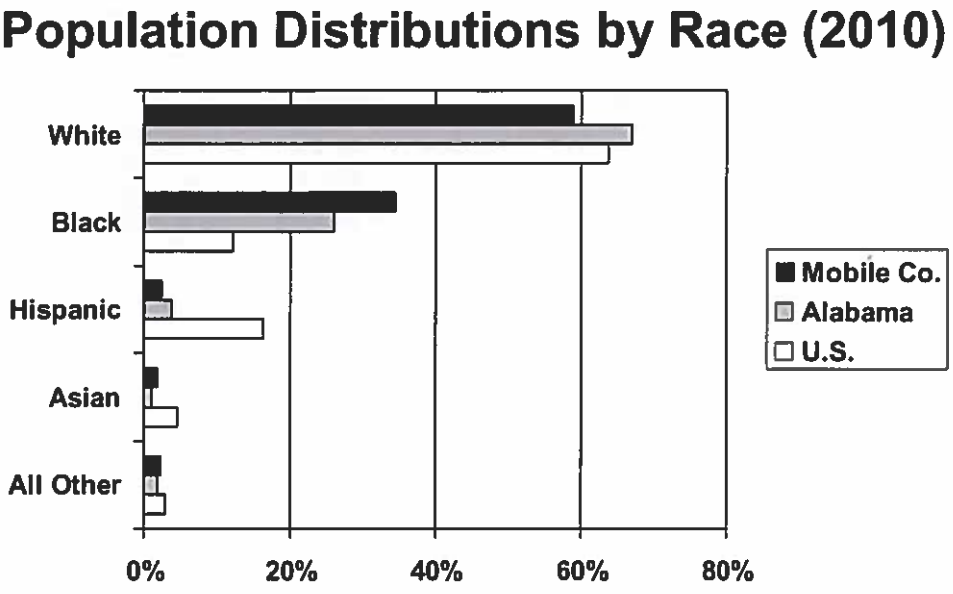
Population by Race

The study of disease has shown that specific racial groups are more susceptible to certain diseases and conditions. This makes the racial composition of a population very important when evaluating the status of the public health in a community.

The 2010 population of the county according to the 2010 Census was 412,992. Of this total, 243,904 were white, 142,272 were black, 9,936 were Hispanic, 7,507 were Asian, and 9,373 were from all other races listed by the Bureau of the Census.

The population distribution by race for Mobile County is different than that for Alabama as a whole and very different from that for the United States as shown in the figure at the bottom of this page.

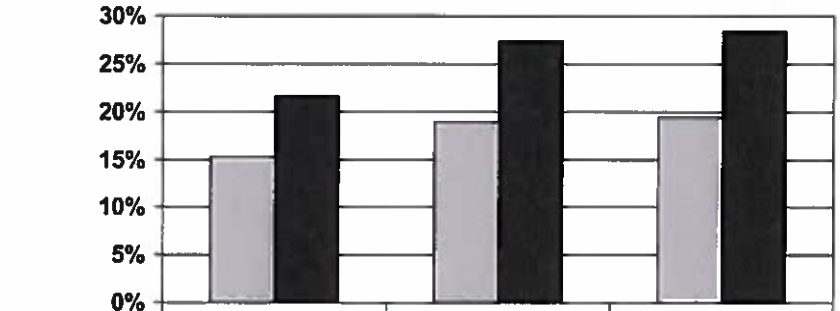
More detailed information on racial distribution for the county, state and nation is shown in Table 2 on page 58 at the end of this report.



Poverty

Each year the federal government changes the dollar ceiling amounts which define the Federal Poverty Level (FPL) for families of different sizes. For 2013, the FPL ceiling for a single person is $11,170 and $23,050 for a family of four.

Population in Poverty (100% FPL)



	U.S.	Alabama	Mobile County
All Ages	15.3%	18.9%	19.4%
Children	21.6%	27.4%	28.4%

While this is the basic standard for poverty in a community, research has shown that 100% of the FPL is not sufficient to meet basic needs for housing, food, transportation, healthcare and child care. This research estimates that the level of income that is sufficient to meet basic needs is approximately 200% of FPL. In the United States, 44% of children live in families with income below 200% of FPL and in Mobile County 45% to 50%.

Poor adults are more likely to be in poor health, to be uninsured, and to die at a younger age than adults who are not poor.

Growing up in poverty is one of the greatest threats to healthy child development. It raises children's risk for poor health, school failure, and teenage pregnancy. Poverty and financial stress have been shown to impede

children's cognitive development and their ability to learn. It can contribute to behavioral, social, and emotional problems. The poverty rate among African American children is three times the rate for non-Hispanic whites.

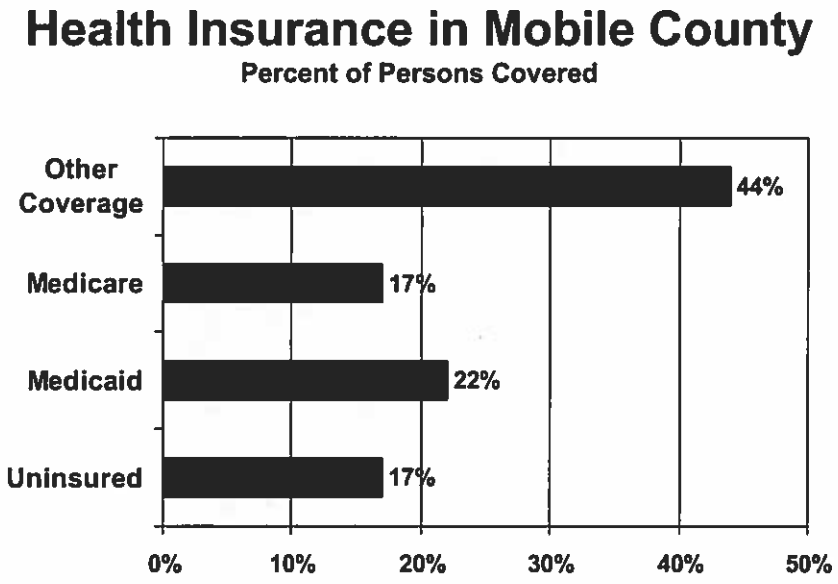
Several reports reviewed by the assessment team for this report indicated that certain ZIP code areas in Mobile County had high levels of unmet health needs or health disparities. Many of these high need areas were also areas with high levels of residents living in poverty. These high need areas included Downtown Mobile, Midtown Mobile, Prichard, Crichton, Whistler, Toulminville, Dauphin Island Parkway, Chickasaw, and Bayou La Batre.

Health Insurance Status

One of the main determinants of adequate access to health care is whether or not the person is covered by health insurance. Mobile County has a very significant portion of the population (17%) which is not covered by any type of health insurance. The county also has a high percentage of the population which is covered by Alabama Medicaid. Because of limitations on the scope of care and the levels of reimbursement, Medicaid coverage does not provide the same levels of access to care as Medicare or full-coverage commercial health insurance policies.

When individuals have no health insurance or have insurance with limited coverage or with high deductibles or co-payments they often engage in negative health behaviors including:

- Foregoing prescriptions
- Failure to seek care
- Sporadic care for chronic diseases
- Overuse of the emergency room for primary care



Births

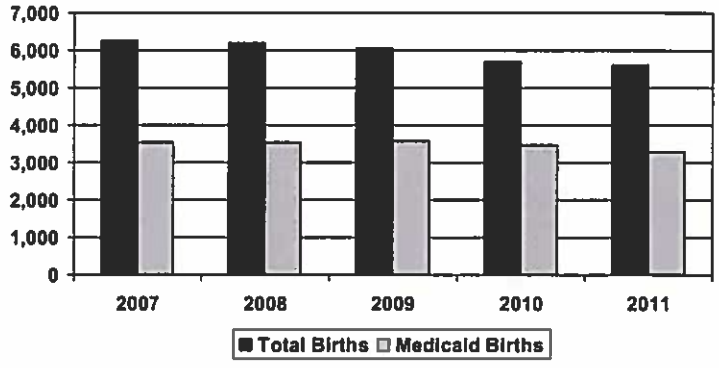
Both crude birth rates and fertility rates declined steadily in Alabama and the nation from 1950 through 1975 and have declined at a more gradual pace since that time. The birth rate is the number of live births per 1,000 population. Birth rates for selected years were:

	United States	State of Alabama
1950	23.6	26.9
1970	18.4	19.6
1990	16.7	15.7
2010	13.0	12.5

These same trends were reflected in the data for Mobile County, with the last five years showing a slow but steady decrease in both total births and Medicaid births.

Detailed birth data is shown in Table 7 on page 62.

Resident Births in Mobile County by Year



Teen Childbearing

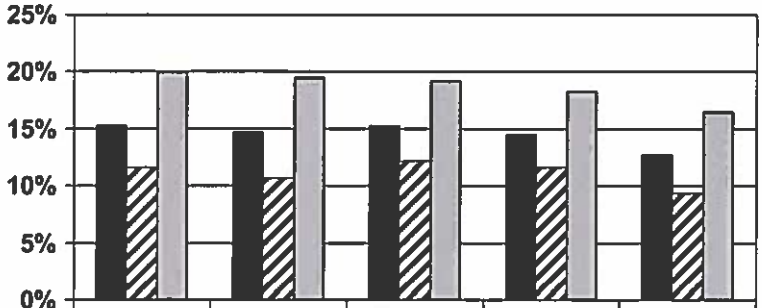
Births to teenagers (those aged 10 to 19) in the United States rose from 13.9% of all live births in 1960 to 18.9% in 1975. After that year, the rate has continued to decline to its current (2010) level of 9.3%. Rates in Alabama have shown a similar pattern.

Teenage childbearing can have long-term negative effects for both the mother and the newborn. Babies born to teen mothers are at a higher risk of being low-birthweight and preterm. They are also far more likely to be born into families with limited educational and economic resources. All of these combine to function as barriers to future healthy success.

Of the overall births to teenage mothers, roughly 70% represent births to 18 and 19-year olds and the remainder represent births to mothers under 18 years of age.

Detailed data on teenage childbearing is shown in Table 8 on page 63.

Percent of Live Births to Teenagers
Mobile County



	2007	2008	2009	2010	2011
Combined	15.3%	14.7%	15.3%	14.5%	12.7%
White	11.6%	10.7%	12.2%	11.6%	9.4%
Black & Other	19.9%	19.5%	19.2%	18.3%	16.5%

Unmarried Mothers

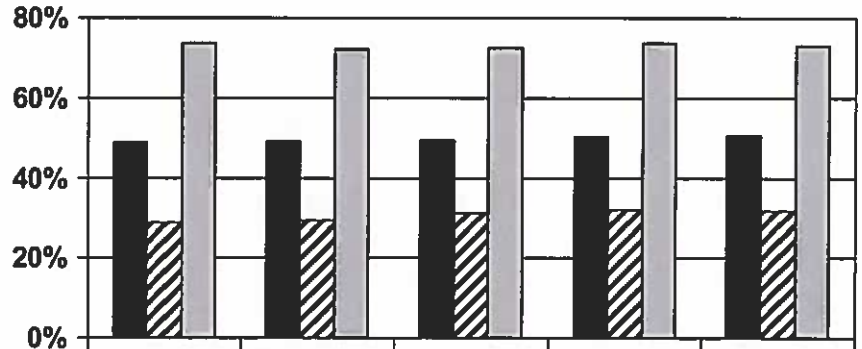
In the United States, the percentage of live births to unmarried women has increased from 26.4% in 1970 to well over 50% today.

In Alabama for the same period, the rate has gone from 14.6% to 42.1% today.

For Mobile County, the rate has been holding steady for the last 5 years at around 50%.

Detailed data on unmarried mothers is shown in Table 9 on page 64.

Percent of Live Births to Unmarried Women
Mobile County



	2007	2008	2009	2010	2011
Combined	48.8%	49.0%	49.3%	50.4%	50.6%
White	28.8%	29.3%	31.2%	32.1%	31.9%
Black & Other	73.7%	72.2%	72.4%	73.8%	73.2%

Specifically, compared with children who grow up in stable, two-parent families, children born outside marriage reach adulthood with less education, earn less income, have lower occupational status, are more likely to be idle

(that is, not employed and not in school), are more likely to have a non-marital birth (among daughters), have more troubled marriages, experience higher rates of divorce, and report more symptoms of depression.

It is estimated that about one-third of unmarried mothers are living with the child's father at the time of birth. Although these households may resemble a household with two married parents, cohabiting parents tend to be more disadvantaged than married parents. They often have less education, earn less income, report poorer relationship quality, and experience more mental health problems. These considerations suggest that children living with cohabiting parents are often worse off, in terms of a nurturing environment that promotes good health, than children living with two married biological parents.

Family Status

The proportion of familes consisting of two parents and their own children has continued to decline over the years. Now the proportion of familes consisting of a single parent and children in the home has reached historically high levels.

Having only a single parent in the home (and a single wage-earner) creates problems that can affect the health of all persons in the household.

Children growing up in single-parent families typically do not have the same economic or human resources available to those growing up in two-parent families. In 2010, 36% of single-parent families had incomes below the poverty line, compared with 8% of married-couple families with children. Compared to children in married-couple families, children raised in female-headed households are more likely to drop out of school or to have or cause a teen pregnancy.

Family Status of Children in the United States

	All Races	White	Black
Living with 2 Parents	69%	74%	38%
Living with 1 Parent	27%	23%	54%
Living with no Parent	4%	3%	8%

The percent of children in Mobile County living in two-parent households is approximately 58%.

Educational Attainment

Research has shown a correlation between educational attainment and health status and life expectancy.

Mobile has experienced a low level of high school graduation on schedule (60% to 65%) and low levels of high school graduates and college graduates. This contributes to lowering the health status in the community.

- Women with less than a bachelor's degree are 60% more likely to be obese.
- Adults with a high school diploma or less are more than three times as likely to be current smokers.
- Average life expectancy at age 25 is lower for those with a high school diploma (9.3 years lower for men; 8.6 years lower for women) than for those with a bachelor's degree.

Educational Attainment	U.S.	Alabama	Mobile County
Less than 9th Grade	6.1%	6.1%	4.7%
9th to 12th Grade, no diploma	8.5%	12.0%	12.4%
High school graduate (includes equivalency)	28.6%	31.4%	33.6%
Some college, no degree	21.0%	21.5%	21.7%
Associate's degree	7.6%	7.0%	7.5%
Bachelor's degree	17.7%	14.0%	13.2%
Graduate or professional degree	10.5%	8.0%	6.9%
Percent high school graduate or higher	85.4%	81.9%	82.9%
Percent bachelor's degree or higher	28.2%	22.0%	20.1%

Note: For population 25 years and older

Health Profile

Causes of Death

The leading causes of death in the United States in order are heart disease, cancer, stroke, chronic lower respiratory diseases, and accidental deaths. The leading causes in Alabama and in Mobile County are the same except that stroke and chronic lower respiratory diseases trade places.

Mortality statistics reflect that 84% of deaths are for individuals over the age of 54 and 51% are for those over the age of 74.

The standard measure of death rates is the number of deaths per 100,000 population. As shown in the chart below, the death rates for Alabama and/or Mobile County are higher than the national rates with few exceptions.

Detailed data on deaths is shown on pages 59, 60 and 61.

Mobile County Cause of Death, 2011
With Comparative Data for Alabama and for the United States

	Number of Deaths	Rate per 100,000		
		County	State	U.S.
Diseases of the Heart	986	239.0	247.4	191.4
Malignant Neoplasms (cancer)	864	209.4	211.4	184.6
Cerebrovascular Diseases (mainly stroke)	228	55.3	52.8	41.4
Chronic Lower Respiratory Diseases	222	53.8	60.2	46.0
Accidents	187	45.3	54.1	39.4
Alzheimer's Disease	129	31.3	30.6	27.2
Diabetes Mellitus	120	29.1	26.1	23.5
Influenza and Pneumonia	82	19.9	19.6	17.2
Nephritis, Nephrotic Syndrome and Nephrosis	72	17.4	21.8	14.7
Intentional Self-harm (Suicide)	70	17.0	13.3	12.3
Septicemia	68	16.5	18.8	11.4
Homicide	61	14.8	7.9	5.1
Chronic Liver Disease and Cirrhosis	40	9.7	11.4	10.8
Parkinson's Disease	34	8.2	7.7	7.4
Human Immunodeficiency Virus	18	4.4	2.6	2.5
Viral Hepatitis	15	3.6	2.0	2.5
All Other Causes	925	224.1	218.3	169.1
Total	4,121	998.8	1006.0	806.5

Cancer Rates

Cancer is the second leading cause of death in Mobile County with 850 to 950 deaths each year. In addition, an estimated 2,400 new cancer cases are diagnosed in the county annually.

The ten leading causes of cancer death in Mobile County for 2011 were:

Trachea, Bronchus & Lung	274	31.7%
Colorectal	80	9.3%
Breast	57	6.6%
Pancreas	43	5.0%
Prostate	37	4.3%
Leukemias	32	3.7%
Non-Hodgkin Lymphoma	32	3.7%
Stomach	27	3.1%
Esophagus	24	2.8%
Brain & Other Nervous System	21	2.4%

The National Cancer Institute reports that Mobile County cancer rates are above the national average in 9 categories:

For women - Breast, Ovary, Leukemia, Lung & Bronchus

For men - Colorectal, Pancreas, Lung & Bronchus, Prostate, Oral Cavity & Pharynx

In addition to the cancer mortality statistic, another important measure of the cancer burden in the community is the incidence rate for new cancer diagnoses. The estimate of new cancer diagnoses each year in the county is 2,400. This estimate of new cases by site is:

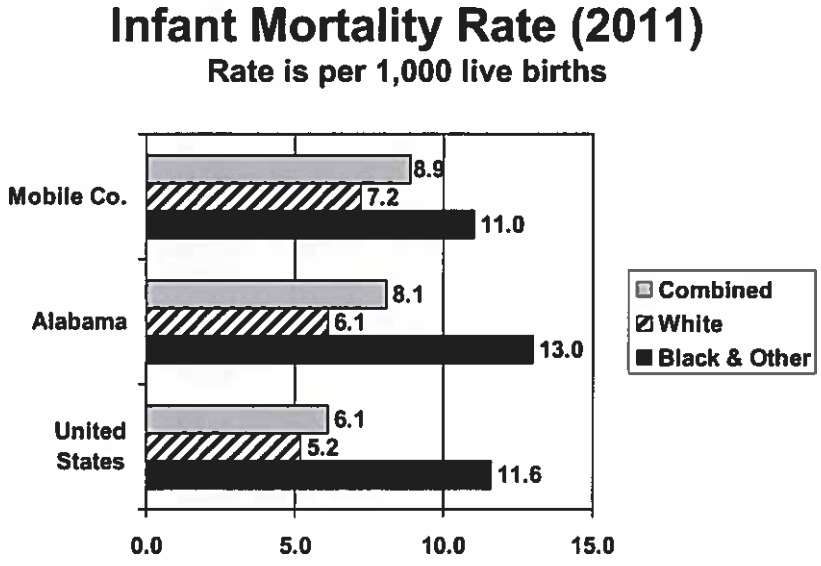
Trachea, Bronchus & Lung	404	16.8%
Prostate	351	14.6%
Female Breast	314	13.1%
Colorectal	231	9.6%
Melanoma of the Skin	99	4.1%
Urinary Bladder	96	4.0%
Non-Hodgkin Lymphoma	91	3.8%
Uterus	74	3.1%
Leukemias	57	2.4%
All Other Sites	683	28.5%

Infant Mortality

Infant mortality is a measure of the infants who die during their first year of life. It is further divided into neonatal mortality and post-neonatal mortality. Roughly two-thirds of infant mortality is neonatal and one-third is post-neonatal.

Neonatal mortality is death before the 28th day of life. Neonatal mortality is generally related to short gestation and low birth weight, congenital malformations, and conditions originating in the perinatal period, such as maternal complications related to pregnancy or complications experienced by the newborn resulting from birth. Post-neonatal mortality is death between the 28th day of life and the first birthday. Post-neonatal mortality is generally related to Sudden Infant Death Syndrome (SIDS), congenital malformations, and unintentional injuries.

The U.S. infant mortality rate is higher than that of many other industrialized nations. The higher rate of preterm births in the United States overall has a significant impact on the infant mortality rate. Mobile County rates have improved over the years but are still high (see details on page 66).

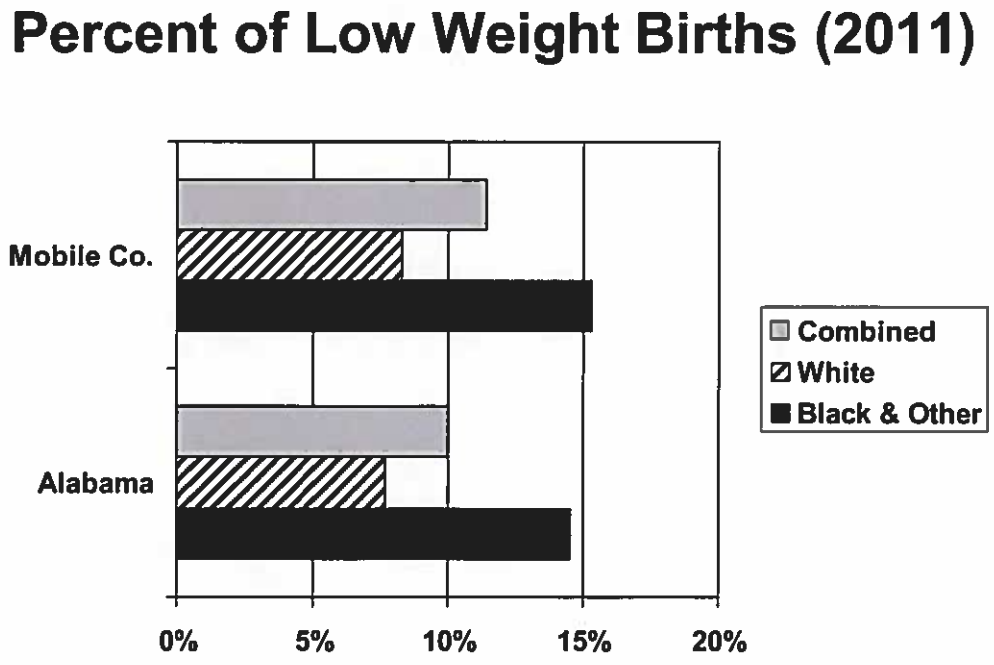


Low Birth Weight

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). Low birth weight infants are more likely to experience physical and developmental health problems later in life or die during the first year of life than are infants of normal weight.

Low birth weight is defined as less than 2,500 grams (5 pounds, 8 ounces). In the United States, approximately 8.3% of all babies are born at low birth weight.

Detailed population data is shown in Table 10 on page 65.



Chronic Disease

Other than mortality, the most significant health burden on the population of the county is those persons who have to deal for long periods of time with the effects of chronic diseases. Chronic diseases are defined as those that are either persistent or recurring. Obviously, this type of condition places demands on the individuals, their families, and the community's healthcare system.

Chronic disease affects all age groups in the population as well as individuals at all income levels. It has been estimated that over 50% of the adult population deals with one or more chronic disease and one-third of poor adults deal with two chronic diseases or more. Over one in five children have at least one chronic disease (and the ratio is higher for children living in poverty).

Some examples include:

For Children	For Adults	For Senior Adults
asthma	hypertension	cataracts
sickle cell anemia	arthritis	depression
learning disabilities	migraine headaches	osteoporosis
diabetes	AIDS/HIV	glaucoma
ADD/ADHD	orthopedic impairments	enlarged prostate
cystic fibrosis	kidney disease	Parkinson's disease
consequences of pre-maturity	hearing impairments	dementia

Obesity

For the last 40 years, the United States has been confronted with a steadily rising trend in the percentage of the population of both adults and children who are overweight or obese. Dietary habits, inactivity, genetic factors, and environmental and health conditions all contribute to obesity. Obesity is a gateway condition which is related to a broad spectrum of diseases including heart attack, stroke, hypertension, diabetes, certain cancers, degenerative joint disease, metabolic syndrome, liver disease, sleep apnea, gall bladder disease, gastroesophageal reflux disease, asthma, depression and other conditions.

The rates of obesity in Alabama are the fifth highest in the nation (following West Virginia, Mississippi, Arkansas and Louisiana).

Body mass index (BMI) is the ratio of weight to height, which is used to define whether an individual is overweight or obese. The standard calculation of BMI is the weight in kilograms divided by the square of the height in meters.

In adults, persons with a BMI of 25 but less than 30 are considered to be overweight. Adults with a BMI of 30 or above are considered to be obese. The obese category for adults is further broken down into Grade 1 Obesity (BMI from 30 to 34.9); Grade 2 Obesity (BMI from 35 to 39.9); and Grade 3 Obesity (BMI of 40 or higher). An adult BMI table is included in an appendix to this report (Table 12, page 67).

In children, BMI is used in conjunction with age and weight, since both of these factors affect body composition. Children who fall between the 85th and 94th percentile of Standard BMI for age are considered overweight. Children who are in the 95th percentile or above are considered obese.

Obesity is a serious health problem for children. Obese children are more likely to have risk factors for cardiovascular disease such as high blood pressure, high cholesterol, and type 2 diabetes. Obese children are also at increased risk for obesity in adulthood. Overweight and obesity are more prevalent among children living in poor and near poor families.

Among boys and girls from 2 to 19 years of age, obesity rates decreased with increasing levels of educational attainment by the head of the household.

Overweight and Obese in Alabama

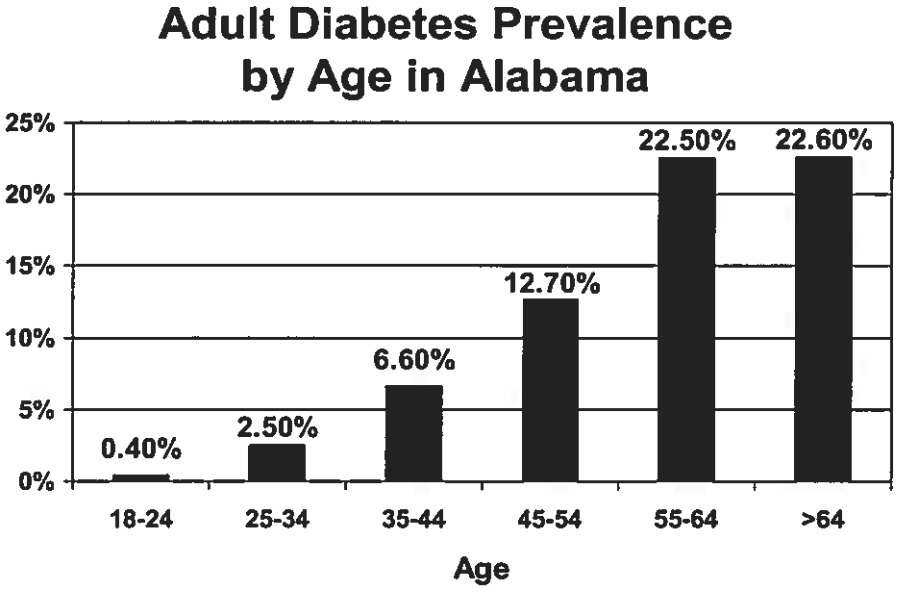
	Overweight	Obese	Combined
Adults	33%	35%	68%
Children	17%	18%	35%

Diabetes

According to data recently released by the U.S. Centers for Disease Control and Prevention, approximately 435,000 people currently living in Alabama have been diagnosed with diabetes. Thousands more (approximately 6% of the population) are unaware that they have the disease. Alabama ranks among the top five states in the nation for prevalence of diabetes (12.2%), surpassing the national average (8.3%). Diabetes is the seventh leading cause of death in the nation, in the state, and in Mobile County. It directly contributes to the incidence of heart disease and stroke. It is also the primary cause of kidney failure, non-trauma related limb amputations and adult onset blindness.

In addition, 18.5% of the population experiences a borderline diabetic condition known as "pre-diabetes". Of all persons with pre-diabetes, over 40% will develop diabetes within 2 to 6 years.

Combining the prevalence rates indicates that 37% of Alabamians have either diagnosed diabetes, undiagnosed diabetes, or pre-diabetes. For Mobile County, this translates to 153,000 people.



Mental Illness

In addition to assessing the physical health of the population of the county, an attempt has also been made to assess the status of the community's mental health.

Adults with serious mental illness make up 4% to 5% of the population of Mobile County, and one-quarter of those with serious mental illness also have co-occurring substance dependence or abuse.

Of persons receiving treatment for mental illness from a mental health professional, approximately 15% are inpatients and 85% are outpatients. A significant proportion of those treated for mental illness received prescriptions for antidepressant, antianxiety, antipsychotic, antimanic, or anticonvulsant medications. Many people with mental illness do not receive treatment of any sort.

It has been pointed out that the number of mental health professionals in the state and in the county is not adequate to meet the needs of the population. The per capita numbers of psychiatrists, psychologists, and social workers in Alabama are all at least 30% below the national average. It is estimated that there are 168 mental health professionals in the county. This includes psychiatrists, psychologists, and licensed clinical social workers. This number of mental health professionals has to deal with high demand for services as shown below.

Incidence of Mental Illness

	Any Illness	Serious Illness
Adults	**19 - 20%**	**4 - 5%**
Children	**13 – 14%**	**3 – 4%**

Oral Health

Dental disease is one of the great preventable public health challenges of the 21st century. Labeled a "silent epidemic" by the U.S. Surgeon General, dental disease ranks high in prevalence among chronic health conditions. It is universally prevalent, but a number of sub-populations are particularly vulnerable, including seniors, children and adolescents, low-income people, minority groups, and people with special health care needs.

While dental disease is itself a discrete health concern, like many other chronic diseases it has broader health impacts. Poor oral health has been linked to increased risk for cardiovascular disease, diabetes, and other chronic conditions. Among adults who have lost their natural teeth, studies have shown that there is a significant impact on nutritional intake, resulting in the consumption of few if any fresh fruits and vegetables. Poor oral health also exacerbates other underlying chronic diseases. For example, diabetic patients with periodontitis are six times more at risk for worsening glycemic control and are at increased risk for other diabetic health complications.

Dental disease has a number of broader implications. Poor oral health in children has been shown to result in decreased academic performance and can adversely affect behavioral and social development.

Poor and near poor children are less likely to have received dental care in the past year and are more likely to have unmet dental needs.

A standard measure of dental professional resources is the number of dentists for each 10,000 residents in an area. This statistic is 6.0 for the United States, 4.4 for the State of Alabama, and 4.1 for Mobile County.

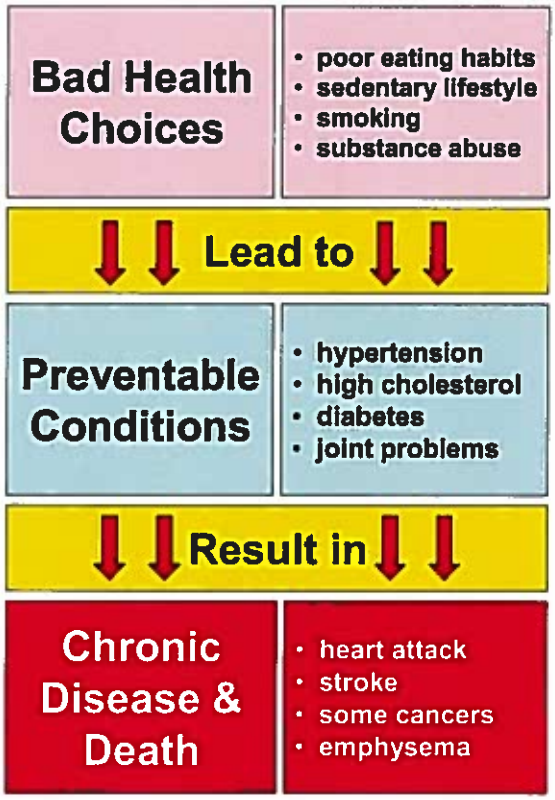
The U.S. Department of Health and Human Services has designated the low-income population of Mobile County as a Health Professional Shortage Area for dentists and has calculated that Mobile County needs 36 more dental professionals to serve the needs of this population.

Lifestyle Issues

Too often, we make ourselves sick.

Individuals make unhealthy decisions that result in behaviors that ultimately bring about undesirable health outcomes.

Smoking is perhaps the best example. For decades, the harmful effects of smoking have been widely known. Cigarette manufacturers have been forced to pay for magazine ads and television commercials that warn about the harm cigarettes can cause. Each pack of cigarettes is required to have a warning label. In spite of all of this, over 20% of the national population continue to smoke cigarettes.



As shown in the diagram on this page, bad health choices often lead to preventable health conditions. Ultimately, the preventable health conditions result in chronic disease or death.

People know the health behaviors that are causing them to experience chronic diseases or even death, and yet they are unwilling or unable to change their behaviors.

In Mobile County 24% of the residents smoke cigarettes. Over 60% do not get vigorous exercise each week. Binge drinking is reported by 23% of the population and illicit drug use by 8%.

At least partially as a result, the local rate for high blood pressure tops 30%; high cholesterol is over 27%; and the diabetes rate is one of the highest in the nation.

To break this cycle, a means must be found to change the unhealthy behaviors. First, education must be made available that makes people fully aware of the links between their poor health choices and the resulting poor health outcomes. Secondly, a means must be identified to motivate each individual to actually change their behavior.

Healthcare Resources

Access to healthcare services is directly affected by the medical professionals and healthcare facilities available in the community.

Provider Resources

Hospitals	
Number of Acute Care Hospitals	5
Total Licensed Beds	1,863
Total Staffed Inpatient Beds	1,312
Inpatient Admissions	71,998
Total Inpatient Days of Service	372,995
Outpatient Visits	586,736
Emergency Room Visits	161,240
Long-term Care Hospital	1
Specialty Psychiatric Hospital	1
Physicians	1,050
Dentists	168
Psychiatrists	32
Federlly Qualified Health Clinics	3
Service Locations	22
Nursing Homes	17
Home Health Agencies	17

Health Professional Shortage Areas

The U. S. Department of Health and Human Services designates geographical areas that do not have enough health professionals to adequately serve the needs of the local population. One of the designations is Health Professional Shortage Area (HPSA). HPSA designations are granted in three disciplines: primary medical care, dental care, and mental

health care. Primary medical care HPSAs are designated if there is an established shortage of primary care physicians for the population. Dental care HPSAs are granted if there is an established shortage of general dentists and pedodontists (also giving consideration to dental auxiliaries) for the population. Mental health care HPSAs are granted if there is an established shortage of psychiatrists, psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists for the population.

In addition to HPSAs, the U.S. Department of Health & Human Services also designates certain areas or populations as being Medically Underserved (MUA or MUP).

Mobile County has HPSA status for the low-income population for primary care, dental and mental health. Various census tracts (primarily in areas with high numbers of persons living in poverty) are also designated as MUAs.

A shortage of primary care physicians affects Mobile County just as it does the nation as a whole. Primary care physicians serve on the front line of care and meet the greatest volume of healthcare demand both in terms of scope of disease and frequency of encounters. Primary care physicians also serve the important function of referring patients to more specialized care based on condition.

For economic and professional reasons, many physicians choose to train and practice in specialties and sub-specialties that are outside the realm of primary care (i.e. family practice, pediatrics, obstetrics & gynecology, internal medicine). Of the 1,050 physicians practicing in Mobile County, only 35% are in primary care.

Community Resource List

Acute Care Hospitals

Mobile Infirmary Medical Center
Providence Hospital
Springhill Medical Center
University of South Alabama Children's & Women's Hospital
University of South Alabama Medical Center

Specialty Hospitals

BayPointe Children's Hospital
Mobile Infirmary Long Term Acute Care Hospital

Federally Qualified Health Clinics

Franklin Primary Health Centers
Mobile County Health Department Clinics
Mostellar Medical Center

Nursing Homes

Allen Memorial Home
Ashland Place Health & Rehabilitation
Citronelle Convalescent Home
Crowne HealthCare of Mobile County
Crowne HealthCare of Springhill
Gordon Oaks Convalescent Center
Grand Bay Convalescent Home
Gulf Coast Health & Rehabilitation
Kindred Transitional Care and Rehab
Little Sisters of the Poor Sacred Heart Residence
Lynwood Nursing Home
North Mobile Health & Rehabilitation Center
Mobile Nursing & Rehab Center
Palm Gardens Health & Rehabilitation
Sea Breeze Health Care Center
Spring Hill Manor Nursing Home
Springhill Senior Residence
Twin Oaks

Hospice Services

Coastal Hospice
Infirmary Hospice Care
Gentiva Hospice
Mercy Medical Home Care & Hospice
Odyssey Health Care
Saad's Hospice Services
Southern Care Hospice
Springhill Home Care & Hospice
Veterans Affairs Outpatient Clinic

Home Health Agencies

Amedisys
Care Staff
Infirmary Home Care of Mobile
Maxim Health Care Services
Mercy Medical Home Health Care
Oxford Health Care Services
Saad's Healthcare Services
Springhill Home Health and Hospice

Social Service Agencies

AltaPointe Health Systems
American Red Cross
Bay Area Food Bank
Boys & Girls Club of South Alabama
CASA Mobile
Catholic Social Services
Child Advocacy Center
Child Day Care Association
Crittendon Youth Services
Dearborn YMCA
Drug Education Council
Dumas Wesley Community Center
E. A. Roberts Alzheimer Center
Emma's Harvest Home
Epilepsy Foundation of Alabama
Goodwill Easter Seals of the Gulf Coast

GRCMA Early Childhood Directions
Habitat for Humanity in Mobile County
Handson South Alabama
Home of Grace for Women
Homeless Coalition Housing First
Lifelines Family Counseling Center
MARC Mobile
Mission of Hope
Mobile Community Action
Mulherin Custodial Home
Oznam Charitable Pharmacy
Penelope House Family Violence Center
Preschool for the Sensory Impaired
Serenity Care
Sickle Cell Disease Association of American
South Alabama CARES
South Alabama Volunteer Lawyers Program
St. Mary's Home
The Salvation Army
United Cerebral Palsy of Mobile
Via! Senior Citizens Services
Victory Health Partners
Volunteers of America
Waterfront Rescue Mission
Wilmer Hall Children's Home
Wings of Life
YWCA of Greater Mobile

Appendix A

Abstracts of Other Reports

Abstracts of Other Reports and Assessments

Rapid Community Health Needs Assessment Report
Gulf Region Health Outreach Program:
Primary Care Capacity Project
Louisiana Public Health Institute; December, 2012

This program was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court in New Orleans. The ultimate goal of the Outreach Program is to ensure that residents are fully informed about their own health and have access to an adequate system of healthcare services. This specific report is intended to establish a baseline of community health status, healthcare needs, and assets and barriers to care in Mobile and Baldwin counties.

For Mobile County, the report identifies 10 health status/outcomes priorities:

Hypertension / diabetes
Chronic mental health
Depression / anxiety
Heart disease / COPD
Obesity
Suicide
Teenage pregnancy
Cancer
Drug / alcohol abuse
Oral health

The report also identified four issues related to access to care and healthcare capacity:

Shortage of primary health providers
Transportation to providers
Shortage of behavioral/mental health providers
Access to health care for youth

Community Capacity Inventory
University of South Alabama Center for Healthy Communities;
December, 2009

The goal of this initiative was to identify service areas in which community needs are not being met, in order to seek necessary resources to meet those needs.

One section of the report addressed human service needs such as day care, education, and social skills support.

The section of the report devoted to health service needs addressed medical care in general, mental health, disabilities, nutrition needs, and health promotion.

The three key observations noted in the health service needs area were:

1. The services with the greatest need for additional capacity are mental health services and services for children and youth with disabilities.

2. Promoting good nutrition, proper diet, exercise, and good sleep habits are important not only for good health, but also for learning and intellectual development.

3. Federally qualified health clinics in the county point out that the greatest obstacle they face in reaching more patients is residents lack of awareness of the services available from these clinics.

Using ZIP Code-Level Mortality Data as a Local Health Status Indicator in Mobile, Alabama
University of South Alabama Center for Healthy Communities;
January, 2008

The objective of this study was to determine if ZIP code information could be used to identify areas in the community where health disparities existed.

The study area population included the ZIP codes for downtown Mobile (36603), Prichard (36610), Toulminville (36617), Dauphin Island Parkway (36605), Crichton (36607), midtown Mobile (36604), Whistler (36612), Bienville Square (36602), and the Loop area (36606). These ZIP codes all had significantly higher proportions of persons living below the federal poverty level and persons identifying themselves as African American when compared to the control group of ZIP codes.

The study data revealed that health disparities did in fact exist in the study population when compared to the control population for certain diseases, conditions or other causes of mortality including:

human immunodeficiency virus (HIV)
homicide
hypertensive heart and renal disease
nephrosis
nephrotic syndrome
nephrosclerosis
cancer mortality (particularly prostate)
hypertension-related disorders
stroke

The Building Blocks for a Better Community
United Way of Southwest Alabama
September, 2010

The objective of this report was to "identify collective, focused action that will produce what matters most in our region – results that change people's lives and better our community."

The report identified four key areas for actions:

Meeting educational needs

Meeting immediate and basic needs during times of crisis and personal challenges

Meeting financial stability needs

Meeting health needs

In the Meeting Health Needs area, the report recommended three focus areas:

Prevention: programs and services that assist children and adults to received timely, regular preventive healthcare and health education (examples: health education, health screenings & immunization, and prenatal care)

Intervention: support services designed to promote successful, healthy living (examples: addiction counseling, treating mental disorders, and providing services for individuals with special needs)

Health maintenance: assist children and parents to live a healthy life and avoid risky behaviors (examples: proactive wellness education for children and adults, physical fitness and exercise programs)

Healthy People 2020
Centers for Disease Control and Prevention
United States Department of Health and Human Services

Healthy People provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels

Healthy People 2020 is a system of health indicators, measures, and goals in many different but related areas aimed at achieving four overarching objectives:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

Community Need Index Report
Dignity Health / Thomson Reuters
December, 2010

Dignity Health (formerly Catholic Health West) and Thomson Reuters have created a rating system that creates an index number (CNI) that measures the unmet health need in each ZIP code area in the United States. The rating system goes from 1 to 5 (with 5 indicating the highest level of unmet health need).

The ZIP codes in Mobile county with the highest levels of unmet health needs and their rating on the CNI scale are:

Downtown Mobile	5.0
Crichton	5.0
Prichard	5.0
Whistler	5.0
Toulminville	5.0
Bayou La Batre	4.8
Bienville Square	4.8
Midtown Mobile	4.8
Dauphin Island Parkway	4.8
Chickasaw	4.6

Community Health Needs Assessment
Mobile Infirmary Medical Center
March, 2013

This study was conducted to comply with the requirements of the Affordable Care Act.

The assessment team prioritized the community health needs as follows:

Good nutrition / Obesity Prevention
Diabetes-related Education and Support
Decrease Unemployment
Free/Subsidized Healthcare for Uninsured and or poor
Cardiac Health
Mental Health-related Education and Support

Community Health Needs Assessment
Providence Hospital
June, 2013

This study was conducted to comply with the requirements of the Affordable Care Act.

The assessment team prioritized the community health needs as follows:

Good nutrition / Obesity Prevention
Diabetes
Free/Subsidized Healthcare Services
Heart & Vascular Health
Mental Health

Live Better Mobile Guidelines
Mobile United
January, 2013

Live Better Mobile is an initiative of community networking organization Mobile United, that seeks to achieve greater collective impact in Mobile County in our community-wide efforts to:

1) achieve a healthy weight,

2) prevent teen pregnancy, and

3) quit tobacco.

Live Better Mobile's efforts are focused on facilitating the access to and connection of our community with evidence-based health and wellness providers working in these areas, as well as those providers to one another, so that we can achieve success. By focusing our attention on prevention, nutrition and exercise, we can choose to live better, Mobile.

Appendix B

Community Survey

Community Health Needs Assessment

University of South Alabama Hospitals

The University of South Alabama Hospitals are conducting an assessment of the status of community health needs in Mobile County, Alabama. The objective is to both identify the current status of the health of county residents and to prioritize strategies to make improvements.

We are asking that individuals who are knowledgeable about the community's health status and related unmet health needs participate in the assessment. The attached survey is designed to prioritize strategies for improving the health status of all of the residents of the county.

INSTRUCTIONS

1. **The survey lists 42 health improvement strategies that other communities have used to improve community health status.**
2. **Please review the informational materials included and then choose a priority for each of the strategies listed. Those strategies marked "highest" are those which would produce the largest favorable impact in Mobile County if adopted and implemented first.**
3. **Please circle one answer for each strategy.**
4. **Space is provided at the end of the survey for your comments. We are especially interested in comments about underserved, vulnerable, and low-income populations.**
5. **The completed survey (including this cover page, please) may be returned to the University Hospitals in the postage-paid envelope included. Thank you very much.**

Please provide the identifying information below so that we may establish which organizations, groups, and segments of the county population have provided input for the assessment.

Name _____

Title / Position _____

Community Health Needs Assessment

		Impact on community health		
1	Reduce the rate of motor vehicle accidents in the community	Low	Moderate	High
2	Change personal behaviors to reduce risk factors for cancer	Low	Moderate	High
3	Reduce injuries related to motor vehicle accidents caused by distracted driving	Low	Moderate	High
4	Change personal behaviors to reduce abuse of alcohol in the general population	Low	Moderate	High
5	Change personal behaviors to increase the level of immunizations among adults	Low	Moderate	High
6	Improve access to health services to the uninsured and underinsured	Low	Moderate	High
7	Improve access to health services for the elderly	Low	Moderate	High
8	Change personal behaviors to increase the level of physical activity	Low	Moderate	High
9	Change personal behaviors related to prenatal care and prenatal care education	Low	Moderate	High
10	Improve access to health services related to poverty and socioeconomic status	Low	Moderate	High
11	Improve access to health services related to the availability of transportation	Low	Moderate	High
12	Change personal behaviors related to the spread of sexually transmitted diseases and HIV	Low	Moderate	High
13	Protect the community by increaseing the levels of education and prevention related the spread of flu and pneumonia	Low	Moderate	High
14	Change personal behaviors to increase early detection and prompt treatment of breast cancer	Low	Moderate	High
15	Increase access to health services related to providers and facilities for substance abuse and behavioral health	Low	Moderate	High

Community Health Needs Assessment

		Impact on community health		
16	Change personal behaviors related to increased levels of obesity and overweight	Low	Moderate	High
17	Change personal behaviors to reduce abuse of controlled substances in the youth population	Low	Moderate	High
18	Change personal behaviors to increase awareness of health resources in the community	Low	Moderate	High
19	Reduce accidental injuries in the community	Low	Moderate	High
20	Improve access to health services related to the availability of hospitals, clinics and other facilities	Low	Moderate	High
21	Improve access to health services by increasing recruitment and retention of health care workers	Low	Moderate	High
22	Change personal behaviors to reduce tobacco use	Low	Moderate	High
23	Increase the availability of facilities and programs in the community related to physical activity	Low	Moderate	High
24	Improve access to health services by removing economic barriers	Low	Moderate	High
25	Change personal behaviors related to improving mental health in the youth of the community	Low	Moderate	High
26	Change personal behaviors to reduce abuse of controlled substances in the general population	Low	Moderate	High
27	Protect the community from the spread of infectious diseases by increasing pandemic surge capacity in healthcare facilities	Low	Moderate	High
28	Improve access to health services for maternal care and childrens health care	Low	Moderate	High
29	Change personal behaviors related to family planning and family planning education	Low	Moderate	High
30	Change personal behaviors related to improving mental health in the community	Low	Moderate	High

Community Health Needs Assessment

		Impact on community health		
31	Change personal behaviors to decrease risk factors and increase prevention of chronic diseases	Low	Moderate	High
32	Change personal behaviors to reduce the risk factors for diabetes	Low	Moderate	High
33	Reduce injuries by lowering the levels of domestic violence and sexual abuse	Low	Moderate	High
34	Change personal behaviors related to reduction of risk factors for heart disease	Low	Moderate	High
35	Change personal behaviors to reduce risk factors for colorectal cancer	Low	Moderate	High
36	Change personal behaviors to reduce use and abuse of alcohol in the youth population	Low	Moderate	High
37	Improve access to health services related to availability of dental health providers and services	Low	Moderate	High
38	Change personal behaviors to increase the level of immunizations among children	Low	Moderate	High
39	Reduce injuries by increasing suicide awareness and suicide prevention	Low	Moderate	High
40	Improve access to health services related to availability of mental health providers and services	Low	Moderate	High
41	Reduce injuries by improving child safety and reducing child abuse	Low	Moderate	High
42	Reduce injuries related to falls in the community	Low	Moderate	High

Appendix A

Abstracts of Other Reports

Table 1
2010 County, State and National Population by Age
Source: U.S. Census Bureau

	Mobile County	%	Male	Female
Under 5 years	28,159	6.82%	14,316	13,843
5 to 9 years	27,943	6.77%	14,208	13,735
10 to 14 years	28,824	6.98%	14,753	14,071
15 to 19 years	30,802	7.46%	15,613	15,189
20 to 24 years	29,130	7.05%	14,055	15,075
25 to 29 years	27,657	6.70%	13,248	14,409
30 to 34 years	25,974	6.29%	12,587	13,387
35 to 39 years	25,565	6.19%	12,388	13,177
40 to 44 years	25,852	6.26%	12,386	13,466
45 to 49 years	29,546	7.15%	14,161	15,385
50 to 54 years	30,429	7.37%	14,648	15,781
55 to 59 years	26,672	6.46%	12,925	13,747
60 to 64 years	23,118	5.60%	10,959	12,159
65 to 69 years	17,066	4.13%	7,812	9,254
70 to 74 years	12,919	3.13%	5,710	7,209
75 to 79 years	9,605	2.33%	4,016	5,589
80 to 84 years	7,355	1.78%	2,671	4,684
85 years and over	6,376	1.54%	1,918	4,458
Total	412,992	100.00%	198,374	214,618
			48.03%	51.97%

	Alabama	%	Male	Female
Under 5 years	304,957	6.38%	155,265	149,692
5 to 9 years	308,229	6.45%	157,340	150,889
10 to 14 years	319,655	6.69%	163,417	156,238
15 to 19 years	343,471	7.19%	175,151	168,320
20 to 24 years	335,322	7.02%	167,520	167,802
25 to 29 years	311,034	6.51%	153,716	157,318
30 to 34 years	297,888	6.23%	146,424	151,464
35 to 39 years	308,430	6.45%	151,078	157,352
40 to 44 years	311,071	6.51%	152,707	158,364
45 to 49 years	346,369	7.25%	169,103	177,266
50 to 54 years	347,685	7.27%	168,725	178,760
55 to 59 years	311,906	6.53%	149,633	162,273
60 to 64 years	276,127	5.78%	131,603	144,524
65 to 69 years	209,637	4.39%	97,893	111,744
70 to 74 years	160,864	3.37%	72,143	88,721
75 to 79 years	122,836	2.57%	51,927	70,909
80 to 84 years	88,711	1.86%	33,684	55,087
85 years and over	75,684	1.58%	22,859	52,825
Total	4,779,876	100.00%	2,320,188	2,459,548
			48.54%	51.46%

	United States	%	Male	Female
Under 5 years	20,201,362	6.54%	10,319,427	9,881,935
5 to 9 years	20,348,657	6.59%	10,389,638	9,959,019
10 to 14 years	20,677,194	6.70%	10,579,862	10,097,332
15 to 19 years	22,040,343	7.14%	11,303,666	10,736,677
20 to 24 years	21,585,999	6.99%	11,014,176	10,571,823
25 to 29 years	21,101,849	6.83%	10,635,591	10,466,258
30 to 34 years	19,962,099	6.47%	9,996,500	9,965,599
35 to 39 years	20,179,642	6.54%	10,042,022	10,137,620
40 to 44 years	20,890,964	6.77%	10,393,977	10,496,987
45 to 49 years	22,708,591	7.36%	11,209,085	11,499,506
50 to 54 years	22,298,125	7.22%	10,933,274	11,364,851
55 to 59 years	19,664,805	6.37%	9,523,648	10,141,157
60 to 64 years	16,817,924	5.45%	8,077,500	8,740,424
65 to 69 years	12,435,263	4.03%	5,852,547	6,582,716
70 to 74 years	9,278,166	3.01%	4,243,972	5,034,194
75 to 79 years	7,317,795	2.37%	3,182,388	4,135,407
80 to 84 years	5,743,327	1.86%	2,294,374	3,448,953
85 years and over	5,493,433	1.78%	1,789,679	3,703,754
Total	308,745,538	100.00%	151,781,326	156,964,212
			49.16%	50.84%

Table 2
Population Classified by Race and Ethnicity
Source: 2010 Census, U.S. Bureau of the Census

	Mobile County	State of Alabama	United States
Race			
Total Population	412,992	4,779,736	308,745,538
One Race	406,970	4,708,485	299,736,465
White	248,647	3,275,394	223,553,265
Black	142,992	1,251,311	38,929,319
American Indian or Native Alaskan	3,681	28,218	2,932,248
Asian	7,561	53,595	14,674,252
Native Hawaiian or other Pacific Islander	204	3,057	540,013
Some Other Race	3,885	96,910	19,107,368
Two or More Races	6,022	71,251	9,009,073
Ethnicity			
Hispanic or Latino	9,936	185,602	50,477,594
White Alone	4,743	70,992	26,735,713
Black Alone	720	6,874	1,243,471
American Indian or Native Alaskan Alone	140	2,311	685,150
Asian Alone	54	658	209,128
Native Hawaiian or other Pacific Islander Alone	47	1,081	58,437
Some Other Race Alone	3,457	92,880	18,503,103
Two of More Races Alone	775	10,806	3,042,592

Note: "Hispanic or Latino" was not listed as a race on the Census form. Persons who designated themselves as "Hispanic or Latino" also had to select one of the listed racial groups.

Table 3
Resident Deaths and Death Rates by Race
State of Alabama for Selected Years

	ALL RACES			WHITE			BLACK & OTHER		
	NUMBER	RATE	U.S. RATE	NUMBER	RATE	U.S. RATE	NUMBER	RATE	U.S. RATE
1960	30,304	9.3	9.5	18,988	8.3	9.5	11,316	11.5	10.1
1965	32,520	9.7	9.4	21,260	8.8	9.4	11,260	11.9	9.7
1970	33,693	9.8	9.5	23,071	9.1	9.5	10,622	11.7	9.4
1975	33,629	9.1	8.8	23,745	8.7	8.9	9,884	10.2	8.2
1980	35,305	9.0	8.8	24,942	8.6	8.9	10,363	10.1	7.9
1985	37,531	9.0	8.7	27,198	8.8	9.0	10,333	9.6	7.4
1990	39,335	9.7	8.6	28,685	9.6	8.9	10,650	10.0	7.4
1995	42,321	10.3	8.8	31,317	10.3	9.1	11,004	10.1	7.3
2000	44,967	10.1	8.7	33,998	10.7	9.2	10,969	8.5	6.8
2005	46,797	10.3	8.3	35,491	10.9	8.7	11,306	8.7	6.3
2006	46,259	10.1	8.1	35,049	10.7	8.6	11,210	8.5	6.1
2007	45,983	9.9	8.0	34,968	10.6	8.5	11,015	8.2	6.0
2008	47,601	10.2	8.1	36,290	11.0	8.6	11,311	8.4	6.0
2009	47,278	10.0	7.9	36,141	10.8	8.4	11,137	8.1	5.8
2010	47,897	10.0	8.0	36,724	11.2	NA	11,173	7.4	NA
2011	48,318	10.1	NA	37,078	11.0	NA	11,240	7.8	NA

MOBILE COUNTY DATA

2007	4,075	10.0		2,679	10.7		1,396	9.1	
2008	4,053	10.0		2,669	10.6		1,384	8.9	
2009	4,064	9.9		2,730	10.8		1,334	8.5	
2010	4,052	9.8		2,749	11.1		1,303	7.9	
2011	4,121	10.0		2,801	11.2		1,320	8.2	

Rate is per 1,000 population for specified group

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 31 and 32

Table 4
Mobile County Cause of Death, 2011
With Comparative Data for Alabama and for the United States

	Number of Deaths	Rate per 100,000		
		County	State	U.S.
Diseases of the Heart	986	239.0	247.4	191.4
Malignant Neoplasms (cancer)	864	209.4	211.4	184.6
Cerebrovascular Diseases	228	55.3	52.8	41.4
Chronic Lower Respiratory Diseases	222	53.8	60.2	46.0
Accidents	187	45.3	54.1	39.4
Alzheimer's Disease	129	31.3	30.6	27.2
Diabetes Mellitus	120	29.1	26.1	23.5
Influenza and Pneumonia	82	19.9	19.6	17.2
Nephritis, Nephrotic Syndrome and Nephrosis	72	17.4	21.8	14.7
Intentional Self-harm (Suicide)	70	17.0	13.3	12.3
Septicemia	68	16.5	18.8	11.4
Homicide	61	14.8	7.9	5.1
Chronic Liver Disease and Cirrhosis	40	9.7	11.4	10.8
Parkinson's Disease	34	8.2	7.7	7.4
Human Immunodeficiency Virus	18	4.4	2.6	2.5
Viral Hepatitis	15	3.6	2.0	2.5
All Other Causes	925	224.1	218.3	169.1
Total	4,121	998.8	1006.0	806.5

Source for National Data

Deaths: Preliminary Data for 2011, National Vital Statistics Reports, Vol. 61, No. 6, October 10, 2012. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics

Table 5
Cancer Deaths in Mobile County
Selected Years

SITE	2007	2008	2009	2010	2011
All Sites	853	870	971	934	864
Trachea, Bronchus, Lung, Pleura	254	284	297	308	274
Colorectal	85	83	82	83	80
Breast	63	59	70	56	57
Pancreas	62	52	57	47	43
Prostate	63	38	47	44	37
Leukemias	24	37	38	34	32
Non-Hodgkins Lymphoma	33	23	34	34	32
Stomach	12	20	13	15	27
Esophagus	17	20	23	21	24
Brain and Other Nervous System	17	19	23	19	21
Uterus & Cervix	10	15	15	24	20
Ovaries	26	19	28	25	14
Melanoma of Skin	6	10	15	10	11
All Other	181	191	229	214	192

Table 6
Accidental Deaths in Mobile County
Selected Years

SITE	2007	2008	2009	2010	2011
All Accidents	265	223	197	210	187
Motor Vehicle	129	98	68	80	80
Suffocation	14	11	14	13	14
Poisoning	53	59	51	39	40
Smoke, Fire & Flames	6	4	6	14	1
Falls	21	20	24	17	20
Drowning	7	10	7	11	5
Firearms	0	0	1	1	0
Other Accidents	35	21	26	35	27

Table 7
Resident Births by Race of Mother
State of Alabama for Selected Years

	TOTAL	WHITE	BLACK AND OTHER
1950	82,566	49,640	32,926
1955	81,867	49,810	32,057
1960	80,955	50,849	30,106
1965	70,589	44,689	25,900
1970	67,570	45,479	22,091
1975	57,922	37,565	20,357
1980	63,405	40,624	22,781
1985	59,663	39,042	20,621
1990	63,420	41,072	22,348
1995	60,264	39,660	20,604
2000	63,166	41,946	21,220
2005	60,262	40,895	19,376
2006	62,915	42,369	20,546
2007	64,180	42,986	21,194
2008	64,345	42,897	21,448
2009	62,476	41,963	20,513
2010	59,979	40,193	19,786
2011	59,322	39,770	19,552

MOBILE COUNTY DATA

2007	6,262	3,467	2,795
2008	6,203	3,364	2,839
2009	6,057	3,404	2,653
2010	5,700	3,182	2,518
2011	5,617	3,072	2,545

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 1 and 2

Table 8
Births to Teenagers as a Percent Of All Births by Race of Mother State of Alabama for Selected Years

	TOTAL		U.S.	WHITE		BLACK & OTHER	
	NUMBER	PERCENT	RATE	NUMBER	PERCENT	NUMBER	PERCENT
1960	15,608	19.3%	13.9%	8,938	17.6%	6,670	22.2%
1965	15,243	21.6%	15.9%	8,703	19.5%	6,540	25.3%
1970	15,834	23.4%	17.6%	8,734	19.2%	7,100	32.1%
1975	14,906	25.7%	18.9%	7,737	20.6%	7,169	35.2%
1980	13,048	20.6%	15.6%	6,730	16.6%	6,318	27.7%
1985	10,689	17.9%	12.7%	5,625	14.4%	5,064	24.6%
1990	11,552	18.2%	12.8%	5,905	14.4%	5,647	25.3%
1995	11,175	18.5%	13.1%	5,674	14.3%	5,501	26.7%
2000	9,916	15.7%	11.8%	5,338	12.7%	4,578	21.6%
2005	7,903	13.1%	10.2%	4,434	10.8%	3,469	17.9%
2006	8,670	13.8%	10.4%	4,825	11.4%	3,845	18.7%
2007	8,776	13.7%	10.5%	4,899	11.4%	3,877	18.3%
2008	8,567	13.3%	10.4%	4,742	11.1%	3,825	17.8%
2009	8,365	13.4%	10.0%	4,769	11.4%	3,596	17.5%
2010	7,446	12.4%	9.3%	4,196	10.4%	3,250	16.4%
2011	6,697	11.3%		3,799	9.6%	2,898	14.8%

MOBILE COUNTY DATA

2007	955	15.3%		401	11.6%	554	19.9%
2008	914	14.7%		359	10.7%	555	19.5%
2009	925	15.3%		415	12.2%	510	19.2%
2010	829	14.5%		368	11.6%	461	18.3%
2011	711	12.7%		290	9.4%	421	16.5%

Teenagers are considered to be persons aged 10 to 19 years

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 17 and 18

Table 9
Births to Unmarried Women and Percent of Births
State of Alabama for Selected Years

	TOTAL		WHITE		BLACK & OTHER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1960	9,271	11.6%	859	1.7%	8,412	28.2%
1965	9,145	13.1%	1,070	2.4%	8,075	31.6%
1970	9,794	14.6%	1,546	3.4%	8,248	37.6%
1975	11,476	19.8%	1,811	4.8%	9,665	47.5%
1980	14,033	22.1%	2,401	5.9%	11,632	51.1%
1985	14,876	24.9%	3,133	8.0%	11,743	57.0%
1990	19,099	30.1%	4,902	11.9%	14,197	63.5%
1995	20,782	34.5%	6,598	16.6%	14,184	68.9%
2000	21,663	34.3%	7,556	18.0%	14,107	66.5%
2005	21,549	35.8%	8,595	21.0%	12,954	66.9%
2006	23,144	36.8%	9,461	22.3%	13,683	66.6%
2007	24,616	38.4%	10,278	23.9%	14,338	67.7%
2008	25,667	39.9%	10,910	25.4%	14,757	68.8%
2009	25,561	40.9%	11,324	27.0%	14,237	69.4%
2010	25,127	41.9%	11,086	27.6%	14,041	71.0%
2011	24,946	42.1%	11,102	27.9%	13,844	70.8%

MOBILE COUNTY DATA

2007	3,058	48.8%	997	28.8%	2,061	73.7%
2008	3,037	49.0%	987	29.3%	2,050	72.2%
2009	2,984	49.3%	1,062	31.2%	1,922	72.4%
2010	2,874	50.4%	1,020	32.1%	1,854	73.8%
2011	2,841	50.6%	979	31.9%	1,862	73.2%

Data for 1960 to 1985 are by race of child

Low weight birth is less than 2,500 grams (5 pounds, 8 ounces)

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 7 and 8

Table 10
Low Weight Births and Percent of Low Weight Births by Race of Mother State of Alabama for Selected Years

	TOTAL		WHITE		BLACK & OTHER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1960	6,840	8.5%	3,462	6.8%	3,378	11.2%
1965	6,276	8.9%	3,124	7.0%	3,152	12.2%
1970	6,045	9.0%	3,119	6.9%	2,926	13.3%
1975	4,886	8.4%	2,414	6.4%	2,472	12.1%
1980	4,985	7.9%	2,273	5.6%	2,712	11.9%
1985	4,785	8.0%	2,323	6.0%	2,462	11.9%
1990	5,331	8.4%	2,546	6.2%	2,785	12.5%
1995	5,448	9.0%	2,815	7.1%	2,633	12.8%
2000	6,154	9.7%	3,242	7.7%	2,912	13.7%
2005	6,428	10.7%	3,527	8.6%	2,901	15.0%
2006	6,616	10.5%	3,523	8.3%	3,093	15.1%
2007	6,695	10.4%	3,535	8.2%	3,160	14.9%
2008	6,716	10.6%	3,478	8.3%	3,238	15.3%
2009	6,472	10.4%	3,436	8.2%	3,036	14.8%
2010	6,183	10.3%	3,299	8.2%	2,884	14.6%
2011	5,908	10.0%	3,071	7.7%	2,837	14.5%

MOBILE COUNTY DATA

2007	720	11.5%	296	8.5%	424	15.2%
2008	742	12.0%	296	8.8%	446	15.7%
2009	730	12.1%	326	9.6%	404	15.2%
2010	693	12.2%	287	9.0%	406	16.1%
2011	643	11.4%	254	8.3%	389	15.3%

DATA FOR 1960 TO 1985 ARE BY RACE OF CHILD

Low weight birth is under 2,500 grams (5 pounds, 8 ounces)

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 14 and 15

Table 11
Infant Deaths and Infant Mortality Rates
State of Alabama for Selected Years

	ALL RACES			WHITE			BLACK & OTHER		
	NUMBER	RATE	U.S. RATE	NUMBER	RATE	U.S. RATE	NUMBER	RATE	U.S. RATE
1950	3,004	36.4	29.2	1,475	29.7	26.8	1,529	46.4	44.5
1955	2,623	32.0	26.4	1,223	24.6	23.6	1,400	43.7	42.8
1960	2,603	32.2	26.0	1,258	24.7	22.9	1,345	44.7	43.2
1965	2,165	30.7	24.7	1,031	23.1	21.5	1,134	43.8	40.3
1970	1,628	24.1	20.0	838	18.4	17.8	790	35.8	30.9
1975	1,130	19.5	16.1	553	14.7	14.2	577	28.3	24.2
1980	960	15.1	12.6	472	11.6	11.0	488	21.4	19.1
1985	752	12.6	10.6	405	10.4	9.3	347	16.8	15.8
1990	689	10.9	9.2	338	8.2	7.6	351	15.7	15.5
1995	592	9.8	7.6	282	7.1	6.3	310	15.0	12.6
2000	594	9.4	6.9	274	6.5	5.7	320	15.1	11.4
2005	561	9.3	6.9	293	7.2	5.7	268	13.8	10.9
2006	569	9.0	6.7	284	6.7	5.6	285	13.9	10.6
2007	641	10.0	6.8	345	8.0	5.6	296	14.0	10.6
2008	612	9.5	6.6	324	7.6	5.6	288/	13.4	10.2
2009	513	8.2	6.4	254	6.1	5.3	259	12.6	11.1
2010	522	8.7	6.1	265	6.6	5.2	257	13.0	NA
2011	481	8.1	NA	242	6.1	NA	239	12.2	NA

MOBILE COUNTY DATA

2007	65	10.4		31	8.9		34	12.2	
2008	43	6.9		15	4.5		28	9.9	
2009	44	7.3		19	5.6		25	9.4	
2010	43	7.5		14	4.4		29	11.5	
2011	50	8.9		22	7.2		28	11.0	

Rate is per 1,000 live births for specified group

Source: *Alabama Vital Statistics*, Alabama Center for Health Statistics, Alabama Department of Public Health, Tables 60 and 63

Table 12
Body Mass Index Table

Height	Body Weight (pounds)															
4 ft. 10 in.	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191
4 ft. 11 in.	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198
5 ft. 0 in.	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204
5 ft. 1 in.	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211
5 ft. 2 in.	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218
5 ft. 3 in.	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225
5 ft. 4 in.	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232
5 ft. 5 in.	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240
5 ft. 6 in.	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247
5 ft. 7 in.	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255
5 ft. 8 in.	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262
5 ft. 9 in.	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270
5 ft. 10 in.	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278
5 ft. 11 in.	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286
6 ft. 0 in.	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294
6 ft. 1 in.	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302
6 ft. 2 in.	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311
6 ft. 3 in.	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319
6 ft. 4 in.	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328
	Overweight					Obese										
BMI	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

Instructions: Find your weight in the row corresponding to your height. Your Body Mass Index (BMI) is in the same column as you weight at the bottom of the table

Implementation Strategies

USA Medical Center

And

USA Children's & Women's Hospital

Community Health Needs Assessment

Fiscal Year 2012-13

Implementation Strategies

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

Opportunities for the hospitals to directly change the level of poverty in the community are 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

Importantly, as the health emphasis shifts to accountable care, the hospitals 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 hospitals have partnered with University of South Alabama College of Nursing as well as other community outreach programs including, but not limited to:

Implementation Strategies

15th Place Wellness Center The wellness center provides health promotion and wellness activities for the poor and homeless population of the community.

Dumas Wesley Community Outreach The outreach provides blood pressure, health, and functional screenings along with health education to the adult and senior population.

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.

Think First for Kids and Teens An educational program that is designed to prevent brain, spinal cord and other traumatic injuries by identifying high risk behaviors and highlighting the consequences of poor decision making.

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 University's hospitals have a long and ongoing tradition of filling the role of safety net healthcare providers for the Mobile region.

USA Hospitals assist 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 University's hospitals have partnered with various community organizations to provide access to care to those with limited or no income. These organizations include but are not limited to the following:

The Center for Healthy Communities It represents the University's dedication to its communities through research and education to empower citizens to lead healthier lives.

Our Neighborhood Healthcare Clinic The clinic is staffed by board certified nurse practitioners, registered nurses, case managers and other integrated primary healthcare providers to deliver accessible healthcare to the community.

Victory Health Partners The clinic provides access to healthcare for adults who do not have access to quality affordable healthcare.

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.

The hospitals will partner with public health officials, community-based organizations, and other diverse stakeholders to develop and implement a multi-pronged approach to addressing these issues.

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 hospitals have 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 hospital resources with the resources in the community to create better interfaces between community-based prevention and hospital-based intervention. Examples include the USA Mitchell Cancer Institute and the USA Physicians Group offering free take-home colorectal cancer screening tests; 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.

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

The hospitals, 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.

In addition to training board certified physicians in all of the primary care fields, the hospitals participate in the training programs for physician extenders in the local area. These physician extenders include physician assistants, nurse practitioners and clinical nurse specialists.

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.**

The hospitals 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.

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.

6. Many people in the county do not have affordable access to oral health services.

Currently the only oral health services provided by the hospitals 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 hospitals currently partner with federally qualified health centers, such as Franklin Primary Health Center, which provide 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.

7. There is limited collaboration and coordination between healthcare providers and other social service organizations serving older adults. This can have dramatic impacts on the health and well-being of these adults, especially those who are frail, 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 hospitals will be participating in regional care organizations in Alabama to assist in the networking and coordination of healthcare for Medicaid patients.

The hospitals have also partnered with several community organizations to assist in providing care to older adults including but not limited to the following:

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.

Healthy Gulf Coast Communities and the Continuum of Care Network Focuses on health care quality and coordination of care services to ensure appropriate discharge planning and transition needs to reduce hospital readmission rates.

Patient Care Networks Focus on engaging individuals in the management of their health conditions and medications to improve health outcomes.

MEMORANDUM

UNIVERSITY OF SOUTH ALABAMA

Declaration of Best Interest

To: **USA Board of Trustees**

From: **John W. Smith, Ed.D., Acting President**

Re: **Use of Real Estate Broker in Sale of Land**

Date: **December 6, 2013**

The University of South Alabama (USA) has been offered land by Mr. and Mrs. Sean Price desiring that the proceeds from the sale of same would be used to create an endowed scholarship utilizing the matching funds available through the Mitchell-Moulton Scholarship Initiative to endow a scholarship in accounting. Should the Board of Trustees elect to accept the property and after due diligence and I approve same, given the parcel and its location I further approve the placement of the land with a duly licensed real estate broker as economically justified and in the best interest of the State of Alabama and the University in order to achieve the most economically advantageous and expeditious sale possible. I would, therefore, recommend the Board ratify my approval, as the agent of the Board, of this method of sale.