RWJF Culture of Health Community Portrait

Mobile, Alabama
ABOUT THIS REPORT
The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Mobile, Alabama and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Mobile, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, a review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 12 unique respondents were interviewed during spring 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semistructured interview guides, tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.”

Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available data sets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far have revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on cultureofhealth.org.
Table of Contents

Introduction 1

EMPLOYABILITY, EDUCATION, CHRONIC HEALTH CHALLENGES

EDUCATION ADVOCATES, VOLUNTEER GROUPS, NONPROFITS COLLABORATE

Developing a Culture of Health 3

CIVIC ENGAGEMENT KEY IN REVITALIZING CITY AND EDUCATION EFFORTS

FILLING SAFETY-NET GAPS BY STRENGTHENING PROVIDER NETWORKS

Summary of Mobile’s Efforts to Build a Culture of Health 5

FACILITATORS TO A CULTURE OF HEALTH

BARRIERS TO A CULTURE OF HEALTH

References 8
Introduction

In our Snapshot report of Mobile, Alabama, we described a series of events, including devastating hurricanes, oil spills, and fiscal mismanagement, which collectively have crippled Mobile's quality of life over the past decade. These events hurt Mobile's economy and its environment, while accentuating long-standing tensions between residents. In 2013, a pivotal mayoral race culminated in the election of a new mayor, who campaigned under a “One Mobile” platform that pledged to unite the city’s factions. His vision for the future and leadership of Mobile has sparked an economic resurgence and a much-needed upgrading of the city’s dated infrastructure. In this report, we examine Mobile’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems—within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Mobile’s stakeholders and residents are working to shape a healthier future that acknowledges previous racial, social, and economic inequities; creates a unified vision for the city; and builds a stronger foundation for its youth.
EMPLOYABILITY, EDUCATION, CHRONIC HEALTH CHALLENGES
Dubbed the city of “perpetual potential” by even its strongest supporters, Mobile, Ala., is showing signs that it finally may be realizing some of its promise. The 2013 election (and re-election in 2017) of a new mayor, William S. “Sandy” Stimpson, accelerated efforts to rebuild the city’s aging infrastructure, improve quality of life, and attract major new employers. Campaigning on a pledge to continue Mobile’s redevelopment, he captured 57 percent of the vote, compared with 42 percent for his opponent and former Mobile Mayor Sam Jones. Home to 195,000 residents, Mobile’s population is slightly more than half black, about 44 percent white, and 3 percent Hispanic. The seaport city is Alabama’s third largest city and is nestled in Mobile Bay, an inlet of the Gulf of Mexico. Being a seaport city provides jobs in shipbuilding, fishing, and tourism, but also makes Mobile vulnerable to weather-related and environmental threats, such as heavy rains, hurricanes, oil spills, and an unstable watershed.

Attracting good-paying jobs to the Mobile region remains a top priority. Since 2013, the city has attracted major new employers to the area—such as Airbus, an aerospace company; and Austal, a shipbuilding firm that produces ships for the U.S. Navy. In addition, the Carnival Cruise Line recently began excursions from the Port of Mobile to the Gulf of Mexico, bringing another source of employment for residents.

“THE MAIN THING WE HEAR FROM EMPLOYERS ABOUT THEIR CHALLENGES WITH THE YOUNGER WORKFORCE IS THE WORK ETHIC OR THE HABIT OF BEING ON TIME AND READY TO WORK FIVE DAYS A WEEK.”
BUSINESS SECTOR RESPONDENT

However, new jobs in these industries do not necessarily translate to greater job opportunities for long-term and young residents of Mobile, who often lack the skills these jobs require. Jobs in the city’s manufacturing sector, which include aviation and shipbuilding, as well as steel production and oil and gas drilling, require technical competence for even entry-level jobs. Employers worry that younger residents lack not only technical skills but also the work habits needed to succeed. “The main thing we hear from employers about their challenges with the younger workforce is the work ethic or the habit of being on time and ready to work five days a week,” according to one respondent from the business sector. The second concern is the prevalence of drug use, which leads to applicants failing pre-employment drug screenings. Nearly 60 percent of Mobile’s 12th graders report using alcohol, and more than half of these students use marijuana.

With one-quarter of its population under the age of 18, Mobile’s future depends greatly on the success of educating its youth and preparing them for college or the workforce. Some respondents point to the uneven track record of the Mobile County public school system as a major reason young people struggle to succeed after high school. With more than 57,000 students enrolled in 2014, Mobile County is the largest public school system in Alabama. Only 37 percent of high school graduates from Mobile County Public Schools enrolled in a public college or university in Alabama in 2014. However, more than 50 percent of the graduates from the predominantly white school districts that broke away from the county public school system are enrolled in Alabama’s public colleges and universities. According to several respondents from the business and educational sectors, students who leave Mobile for colleges in other Southern cities appear to want to remain there after graduating. They seek job opportunities and residences that offer a better quality of life. “We fear we are losing our best and brightest,” said one respondent from the educational sector.

“WE ARE DEALING WITH HERITAGE—THIS IS HOW MY FAMILY HAS BEEN—I GREW UP IN THE SOUTH, AND THIS IS HOW WE EAT.”
HEALTH CARE SECTOR RESPONDENT

Historic patterns of racial and economic segregation sustain income inequality and gaps in educational attainment of black residents compared with those of other ethnicities. Between 2011 and 2015, the percentage of black students who attained a bachelor’s degree or higher decreased from 14 percent to 13 percent, compared with the four-year period between 2006 and 2010. During those same two time periods, the percentage of white students attaining a bachelor’s degree rose from 36 percent to 39 percent.

In addition to challenges in employment and higher education, Mobile faces a high incidence of preventable chronic diseases. Fourteen percent of adults have been diagnosed with diabetes, compared with 12 percent in Alabama and 9 percent nationally. Other chronic conditions, notably obesity, high blood pressure, and cardiovascular disease, are widespread in Mobile. More than one-third (38%) of Mobile’s adult population is considered obese, compared with 34 percent of adults in Alabama and 29 percent of adults nationally. Forty-three percent of adults in Mobile have high blood pressure, compared with 38 percent in Alabama and 30 percent nationally. Nearly 8 percent of adults in Mobile and Alabama have coronary heart disease, compared with 6 percent of adults nationally. Some of these conditions could be mitigated by healthier diet and lifestyle changes, but a strong pride in local cooking traditions that favor fried foods remains. “We are dealing with heritage—we grew up in the South, and this is how we eat,” said one respondent from the health care sector.

Getting the medical care needed to manage chronic conditions can be extremely challenging for Mobile residents. Mobile County has a shortage of primary care providers and mental health professionals, particularly in areas serving low-income populations. Alabama poses nearly insurmountable barriers to individuals who might qualify for Medicaid benefits in other states. Tied with Texas for the nation’s most stringent eligibility criteria, Alabama grants Medicaid benefits only to those families with incomes at or below 18 percent of the federal poverty level, a monthly income of $3,675 for a family of three. Because Alabama did not expand Medicaid under the Affordable Care Act (ACA), approximately 300,000 low-income adults, half of whom are working,
are ineligible for health coverage. This lack of expansion also forfeited the state’s opportunity to receive about $6 billion in federal subsidies. Additionally, several respondents from the health care sector cited transportation as a challenge for many patients seeking care, as the city’s public transportation has limited routes and hours of operation.

Mobile and other cities and counties in Alabama do not have the legislative authority to pass public health ordinances unless the state gives them the authority to do so. The authority for Mobile’s tobacco-free ordinance stems from the 2003 statewide Clean Indoor Air Act, which granted local governments the authority to enact these directives. Currently, Mobile is in the midst of a multiyear effort to overhaul its zoning ordinances, which had been largely untouched for decades and led to outdated infrastructure with resulting poor watershed drainage, inadequate sidewalks, and commercially barren areas. Following the goals set in the Map for Mobile, Mayor Stimpson’s redevelopment plan for the city, the new zoning ordinances promote a built environment with pedestrian-friendly, walkable settings; new sidewalks and trails; and landscaping and other features to mitigate storm water run-off in certain flood-prone neighborhoods.

Over the past decade, representatives from Mobile’s key sectors have moved from reacting to—or even ignoring—its long-term challenges to better understanding and addressing them. To boost the economy and improve quality of life, Mobile’s city government has deliberately sought community input and data to quantify assets, identify needs, and gain consensus about approaches. Representatives from the educational sector have formed cross-sector partnerships with local, state, and national foundations, as well as with Mobile County’s health, housing, and juvenile court systems. A strong tradition of volunteerism provides ongoing involvement in health and youth issues, and nonprofit organizations provide a safety net for residents who would otherwise be unable to afford health care services.

**EDUCATION ADVOCATES, VOLUNTEER GROUPS, NONPROFITS COLLABORATE**

Seeking to improve the educational opportunities for students of Mobile’s public schools, education advocates have formed relationships with an increasingly wide range of cross-sector partners. They include local, state, and national foundations, as well as the county’s health department, housing authority, and juvenile court system. The array of cross-sector partners suggests an understanding of the multitude of socioeconomic factors that play a role in shaping educational achievement, and an awareness of the daily realities of some of Mobile’s high-need students.

Collaborative efforts have been spearheaded by the Mobile Area Education Foundation (MAEF), a countywide partnership of citizens; businesses; the Mobile County public school system; and public agencies that work on behalf of children. MAEF partners with a wide array of school, civic, and business leaders to improve students’ opportunities for high school graduation, college readiness, and careers. In 2015, MAEF received a grant from the Lumina Foundation to improve college attainment strategies and community collaboration.

Mobile has a strong tradition of volunteerism and community service, according to most respondents. Support for volunteerism, especially faith-based efforts to address health and youth issues, connects individuals and community-based organizations across a wide spectrum.

The umbrella organization for this effort is Mobile United, which serves as a connecting hub for many of the city’s community-based groups. In a city with limited resources, having an organization that focuses on connecting people and building collaborations can prevent duplication of efforts. In addition, Mobile United focuses on cultivating youth volunteer leaders in the city by connecting them from an early age to like-minded community organizations. The youth receive mentorship and the opportunity to hone leadership skills, and the community receives the energy and new ideas of its young members. Mobile United ensures that youth participants are drawn from every high school in the city.

Victory Health Partners, a faith-based, nonprofit health care facility, opened its doors in 2003 to serve low-income, uninsured adults who do not qualify for Medicaid. The clinic does not accept insurance or government funding and was founded by volunteers. Its work is supported by local foundations; churches; United Way; community residents; and the many medical specialists who volunteer their time to care for patients.

With an uninsured rate of 15 percent, and many residents working in jobs that do not provide health insurance, Mobile relies heavily on a patchwork of free clinics, hospitals that serve the uninsured, and federally qualified health centers. Providence Hospital, a Catholic-owned facility serving Mobile, is part of the largest nonprofit hospital system in the country (Ascension Health) and serves a large volume of uninsured and underinsured patients. It also offers outreach activities through the city and Mobile County to people who experience barriers in accessing care. Despite the clear need for coordination between health and social services to better serve residents’ needs, efforts to collaborate are not highly visible.

---

**Developing a Culture of Health**

Mobile remains in the early stages of its efforts to create a healthier, more equitable community. Residents have expressed a strong interest in well-being and a better quality of life. This interest is expressed by their support of the Map for Mobile plan that prioritizes greater access to green spaces, bicycle and walking trails, and the distinct characteristics of neighborhoods. In addition, civic engagement—through traditional community meetings and live-streamed presentations—is a consistent feature of city planning that extends beyond tourist destinations and wealthier business corridors to include low-income, long-neglected neighborhoods. Cross-sector collaborations to address the shortcomings in Mobile’s educational achievement have provided much-needed baseline data to drive improvement. Early-stage collaborations to address the root cause of disparities—such as
generational poverty and racism—reflect an emerging awareness of tailoring solutions to meet the realities of people’s lives.

CIVIC ENGAGEMENT KEY IN REVITALIZING CITY AND EDUCATION EFFORTS

Mobile’s city government has provided the structure and leadership for revitalizing the city amid its economic, fiscal, and racial challenges. Map for Mobile is Mayor Stimpson’s signature effort to revitalize his city. This comprehensive plan, adopted by the city council in 2015, is guiding current and future development in the city. Before its development and adoption, individual neighborhoods—typically well-organized neighborhoods with higher incomes—advocated for their own needs and concerns. But issues that required the consensus of the city—such as changes to zoning ordinances, modernizing the city’s aging infrastructure, and creating more bicycle- and pedestrian-friendly streets and sidewalks—required a more comprehensive approach. A community-wide conversation about policies that affect all residents, especially those in Mobile’s poorest communities, is an early but integral step in creating a shared vision for the city’s future.

“THE LEVEL OF INPUT CAME FROM FOLKS THAT SIMPLY HAVE NOT BEEN HEARD FROM FOR A NUMBER OF YEARS."

CITY GOVERNMENT RESPONDENT

Civic engagement of community residents has been a hallmark of the Map for Mobile planning process. In addition to the mayor’s office, the planning and development effort was led by the Mobile Planning Commission and Mobile City Council members. Along with hundreds of community members engaged from the plan’s inception, approximately 50 community organizations representing local government; health care; education; nonprofits; and environmental organizations have joined to develop and implement the Map for Mobile plan. Two local foundations provided funding support to develop the plan. Mobile won significant funding from the U.S. Department of Transportation to begin implementation, starting in some of the city’s poorest neighborhoods.

Civic engagement was incorporated at several stages of the process. More than 700 residents attended initial and follow-up workshops, and a public website was launched to spread awareness and get input from residents who were unable to attend meetings. The final presentation was live-streamed to encourage ongoing participation, and it is archived on the city’s YouTube® channel. One city government respondent noted “the level of input came from folks that simply have not been heard from for a number of years,” adding that residents across the city shared many of the same goals: better infrastructure and more convenient access to schools, parks, and retail amenities. To encourage civic engagement, the City of Mobile live streams meetings from the city council and planning commission.

Residents’ input was reflected in the final version of Map for Mobile’s “foundational values” that will frame current and future plans. Principles include strong neighborhoods with amenities within walking distance; a vibrant downtown with pedestrian-friendly streets and tourist attractions; and more opportunities to enjoy natural and recreational assets—given Mobile’s proximity to waterfront and riverfront locations. The city recently broke ground on the first phase of Mobile Greenway, a multimodal pathway that will link neighborhoods, businesses, and residents. Map for Mobile acknowledges the importance of promoting widespread opportunities for physical activity. Several respondents from the health care sector cited a growing awareness of the city’s aim to create more walkable, safe parks that give all community members the opportunity to become active, and they described Mobile’s new parks as an investment in a healthier community.

Early evidence of the plan’s implementation includes new parks developed across Mobile’s neighborhoods and extensive revisions made to the city’s zoning codes in early 2017. The zoning code revisions reflect many of the goals described in Map for Mobile, including protection of historic districts and provisions for open space.

Mobile’s growing business economy has brought jobs that require an educated workforce. Aware of long-standing concerns about the quality of its public school system and its disproportionate impact on low-income students, advocates for the city’s public schools are working with a wide array of cross-sector partners that span civic, business, health, housing, and educational sectors. They include local, state, and national foundations, as well as Mobile County’s Health Department, Housing Authority, and Juvenile Court System. The array of cross-sector partners underscores how critical a sound education system is to Mobile’s future. The partners acknowledge the role that socioeconomic factors play in shaping students’ educational achievement and the need for a holistic approach that addresses their life circumstances.

Many of the partnerships and interventions in the public schools are facilitated by MAEF. The educational foundation uses data to monitor pre- and post-graduate student performance to determine which types of interventions are needed and to advocate for education policy changes at the state level. MAEF partners with the Annie E. Casey Foundation and Mobile County’s Housing Authority, Health Department, and Juvenile Court on a data- and evidence-based approach to promote child development and academic success. Called Evidence2Success, the approach encourages collaboration between public system leaders and community residents to gather local data on needs and strengths of youth, to use the data to gain consensus on outcomes of improvement, and to alter public funding to meet those goals through evidence-based prevention programs. Efforts in Mobile will initially focus on three predominantly low-income neighborhoods: 1) Maysville; 2) the Martin Luther King Jr. corridor; and 3) the lower Dauphin Island Parkway.

MAEF’s partnership with the Mobile County Public Schools also takes a highly individualized approach to improving educational outcomes for Mobile’s most vulnerable students. This approach also addresses factors outside of the school environment that affect a student’s performance. The new, tuition-free charter school, Acceleration (Accel) Day and Evening Academy, is the first of its kind in Alabama. It opened in the summer of 2017. The academy serves students from grades 9 through 12 from Mobile and two neighboring counties.
It offers flexible class times, allowing students to take classes in the evening and on weekends to accommodate their work schedules. The school also can connect students with social services to obtain help with caregiving for an infant or a disabled family member. According to a respondent from the education sector, the academy is modeled on a similar program MAEF developed several years ago that saw an 83 percent high school graduation rate among participants.

Not all programs that aim to advance student performance include MAEF programming. Funded by the U.S. Army and hosted by Mobile County Public Schools—the Junior Reserve Officers Training Corps (JROTC) offers for-credit courses in Mobile’s high schools and fulfills the state requirement that students take a career preparedness course. The goal of JROTC is to build leadership skills and to broaden future career opportunities for local youth, although most of its graduates do not join the military. The program introduces students to college life and to the local business community. One program, the Science, Technology, Engineering, and Math (STEM) Leadership Academy, which also receives support from local businesses and universities introduces minority students to STEM careers, in which they have been traditionally underrepresented.

Despite the ambitious nature of the countywide partnership and individual efforts to improve Mobile’s schools, the number and extent of cross-sector partners to improve educational outcomes for Mobile’s students could be a cause for concern if partners are unable to coordinate efforts and generate positive results.

**FILLING SAFETY-NET GAPS BY STRENGTHENING PROVIDER NETWORKS**

Mobile faces major challenges in access to health care insurance and availability of health providers—factors that complicate the ability to address the community’s high incidence of chronic disease. To address this complex challenge, health professionals have created a patchwork system of free or low-cost safety-net clinics to provide health care services to those who otherwise would need to use expensive emergency rooms or go without treatment.

One such clinic, Victory Health Partners, sees about 19,000 uninsured patients each year. A health sector respondent describes the patients treated there as “the person who is going to dig your grave, or the person who does your hair.” In short, these patients are Mobile’s working-class community. Fees are based on family income and size, with co-payments capped at $45. Starting as a two-person medical clinic, Victory Health Partners has developed referral relationships with co-payments capped at $45. Starting as a two-person medical clinic, Victory Health Partners has developed referral relationships with local businesses and universities, introduces minority students to STEM careers, in which they have been traditionally underrepresented.

Despite the ambitious nature of the countywide partnership and individual efforts to improve Mobile’s schools, the number and extent of cross-sector partners to improve educational outcomes for Mobile’s students could be a cause for concern if partners are unable to coordinate efforts and generate positive results.

Mobile maintains a strong commitment to maintaining a health care safety net, despite the lack of state and federal resources that could reduce the size of its uninsured population. Although these clinics serve an undisputed need, their resources are no match for the prevalence of chronic conditions among residents that require ongoing, not episodic or emergency, intervention.

Several unmet needs remain in Mobile, despite the efforts led by the city government and volunteer agencies. Improving the quality of public education and the city’s aging infrastructure will not, on its own, fully address the need for a strong workforce to meet the demands of new employers, create widely available opportunities for physical activity, and shore up health care services to tackle the prevalence of chronic disease. The city’s umbrella organization, Mobile United, has a long history of bringing together residents and organizations across multiple sectors to identify and address these and other unmet needs. Its youth leadership program connects youth from the city’s public high schools with community organizations that provide mentorship and leadership-development skills.

Mobile United’s health services task force has partnered with other organizations, including the Mobile County Health Department, to advocate for health policy changes, such as the city’s tobacco-free ordinance. The task force is collaborating with Providence Hospital and the Mobile County Health Department on a pilot program to increase cancer and diabetes screenings in areas of the city with large health disparities. The health department also has sponsored organized neighborhood walks to promote physical activity, and it plans to focus its efforts on how the built environment can affect the health of its residents.

**Summary of Mobile’s Efforts to Build a Culture of Health**

Based on the Culture of Health Framework used to guide Sentinel community data collection and monitoring in Mobile, evidence indicates that the city is Making Health a Shared Value through its commitment to civic engagement to enhance the public good. In particular, its ongoing involvement of residents in the planning, refinement, and implementation of Map for Mobile has laid the foundation for a stronger sense of community, which previously had been divided along racial and economic lines. Residents’ sense of community also appears to be strengthened by the recent 13-point margin of victory for Mayor

© 2018 Robert Wood Johnson Foundation | Culture of Health Community: Mobile, Alabama
Use of technology to establish performance benchmarks. Although it is a relatively small city, Mobile has modeled the practices of larger cities, embracing technology to engage residents in collective input and decision-making about plans that will affect their neighborhoods. The city created a public website to spread awareness and get residents’ input on the Map for Mobile. The city also live streamed the final presentation to encourage participation among residents who could not attend in person. Data comparing the performance of Mobile’s public schools with their counterparts have bolstered community efforts to assess current initiatives, benchmark progress, and develop alternatives to reach high-need students. Data from high-need neighborhoods are also being used in cross-sector collaborations to identify students’ needs and strengths and to gain consensus on improvement. Likewise, health data have allowed Mobile United to pilot a targeted intervention to increase screenings for cancer and diabetes.

Leadership with deep history and loyalty to community. Mobile also possesses an intangible advantage, but one that serves as a strong motivator for collaboration and engagement: many of its leaders were both born and raised in the city or have returned to it. Therefore, they have a strong interest in seeing Mobile and its residents prosper. As the most prominent example, the current mayor was elected after a 40-year career in his family’s lumber manufacturing business. Most respondents described their long-term ties to the city and to their organizations and expressed hope that the current optimism would produce long-lasting results.

Support for voluntary activities and collaborative efforts. Mobile residents support and take part in a wide range of volunteer efforts, many of which are faith-based, to promote the community’s well-being. From establishing and staffing free medical clinics—to ongoing youth mentoring and leadership programs—voluntary participation in activities that can improve the lives of residents serves as tangible evidence of the community’s commitment to each other.

Stimpson. The city’s redevelopment plan, which continues to move from the drawing board into action, aims to build social cohesion by enhancing and preserving the distinct qualities of the city’s diverse, historic neighborhoods. Building on these assets, Mobile may be well-positioned to make additional investments in initiatives to promote health and well-being in the future.

Progress toward a Culture of Health is highly visible in the Fostering Cross-Sector Collaboration to Improve Well-Being area, where efforts among multiple sectors will be critical in improving the educational outcomes of students in Mobile’s public schools. Multiple organizations spanning civic, business, health, housing, and educational sectors are working together to enhance students’ chances for success. Local, state, and national foundations are also represented in these efforts, providing a source of steady financial support over a longer period. Mobile has devoted a significant amount of effort to Creating Healthier, More Equitable Communities by creating more walkable neighborhoods, bicycle trails, and other improvements. In addition, the community’s long-standing tradition of voluntarism and community service includes initiatives that help to increase access to health services by providing needed medical care at an affordable cost—efforts that can help residents live healthier lives. Nonetheless, these efforts are not an equal match for the enormous need to Strengthen Integration of Health Services and Systems to better serve the primary and preventive care needs of residents.

Mobile’s history of racial and economic segregation and disparities in access to health care services and quality education has created a web of interrelated challenges to health and well-being for the community at large. The boosts in the city’s economy because of the arrival or expansion of new businesses, led in part by a business-savvy mayor, have restored confidence in Mobile’s future among most respondents and community members. The community engagement efforts that defined the Map for Mobile spurred residents from across diverse city neighborhoods to realize that many people wanted the same things: access to jobs; upgraded infrastructure; and better access to schools, parks, and shopping.

At the same time, a sober assessment of the shortcomings in Mobile’s schools has led local, state, and national partners to hone in...
on solutions that acknowledge students’ challenges while maintaining high expectations for their futures. Ongoing engagement with residents has been a hallmark of both Mobile revitalization and education improvement efforts, but enthusiasm for these efforts may diminish if major goals are not implemented.

The impact of Mobile’s efforts to create a Culture of Health will be shaped to a large degree by the outcome of current events and by the motivation and ability to confront deep-seated, long-term trends. The progress that Mayor Stimpson’s administration and supporters have realized through Map for Mobile’s civic engagement process appears likely to continue. Should the investment of political and economic resources in this effort remain, Mobile appears to be well-positioned for ongoing improvements to its public parks, aging infrastructure, and local economy through the addition of new businesses.

The city’s first new charter school provides an option for students who have struggled in its public schools and may gain academic success in smaller, more individualized settings. Trends to monitor closely include the degree to which residents, especially those in underserved neighborhoods, will benefit by Mobile’s redevelopment; whether new jobs can be filled by current residents; and whether the opening of the new charter school will spark momentum to improve Mobile’s public schools. Whether Mobile’s current redevelopment efforts will protect low-income neighborhoods that have suffered disproportionately from extreme weather conditions, such as hurricanes and floods, is another issue that warrants careful attention.

In the longer term, Mobile’s health and well-being will depend on its ability to offer opportunities to measurably improve residents’ health, which is disproportionately affected by chronic conditions that impair quality of life and shorten life expectancy. Outreach and programmatic efforts to enhance health, especially among residents of Mobile’s most disadvantaged neighborhoods, could strengthen the fragile level of trust that appears to exist between residents and the city’s health sector. It will be important to examine the impact of early programmatic efforts in this area, as well as efforts to coordinate social services, which appear to operate independently of each other. Additional areas that merit ongoing attention include the effectiveness of newly implemented screening programs, the sustainability of Mobile’s health care safety network, and the impact of improvements to the city’s infrastructure on the health of its citizens.
References


