

## RWJF Culture of Health 5-Year Community Landscape Report

# Mobile, Alabama



## About the Sentinel Communities Surveillance Project

The [Sentinel Communities Surveillance project](#) began in 2016 and has been monitoring activities related to how a [Culture of Health](#) has been developing in each of 29 diverse communities around the country. The purpose of the project is to learn more about how each community is working within its own history and current landscape to message about health and well-being, develop systems that promote health, and address health equity. Information on each Sentinel Community's work is summarized in community [reports](#), as well as cross-community [insights reports](#) on emerging themes, such as the role of [anchor institutions](#), the experience of [small and rural communities](#), and how communities are promoting [health equity](#).

This community landscape report follows from a [snapshot report](#)<sup>1</sup> (released in 2017) and a [community portrait](#)<sup>2</sup> (released in 2018) for Mobile, Ala. and provides a summary of the community's journey toward health, well-being, and equity over the past five years. The report is not intended to comprehensively describe every organization or action underway in Mobile, but rather focuses on key insights, opportunities, and challenges.

## About this Report

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, 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 in the community representing several organization types (for example, grassroots, government, for-profit) working in a variety of sectors (for example, health, business, education, faith-based, and environment). 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 other individuals to speak with to supplement important organizations or perspectives not included in the original sample.

A total of 25 interviews were conducted between late 2016 and summer 2021 for this report, with nine interviews conducted in December 2016-2017, another nine in 2021, and the remaining interviews conducted intermittently as part of check-in, brief updates in the intervening years. All interviews (each about 60 minutes long) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviews conducted after spring 2020 also covered the impact of COVID-19 on the community and the community's response. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, rather 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 datasets, including the American Community Survey (ACS); Behavioral Risk Factor Surveillance System (BRFSS); County Health Rankings (CHR); and other similar federal, state, and local data sources.

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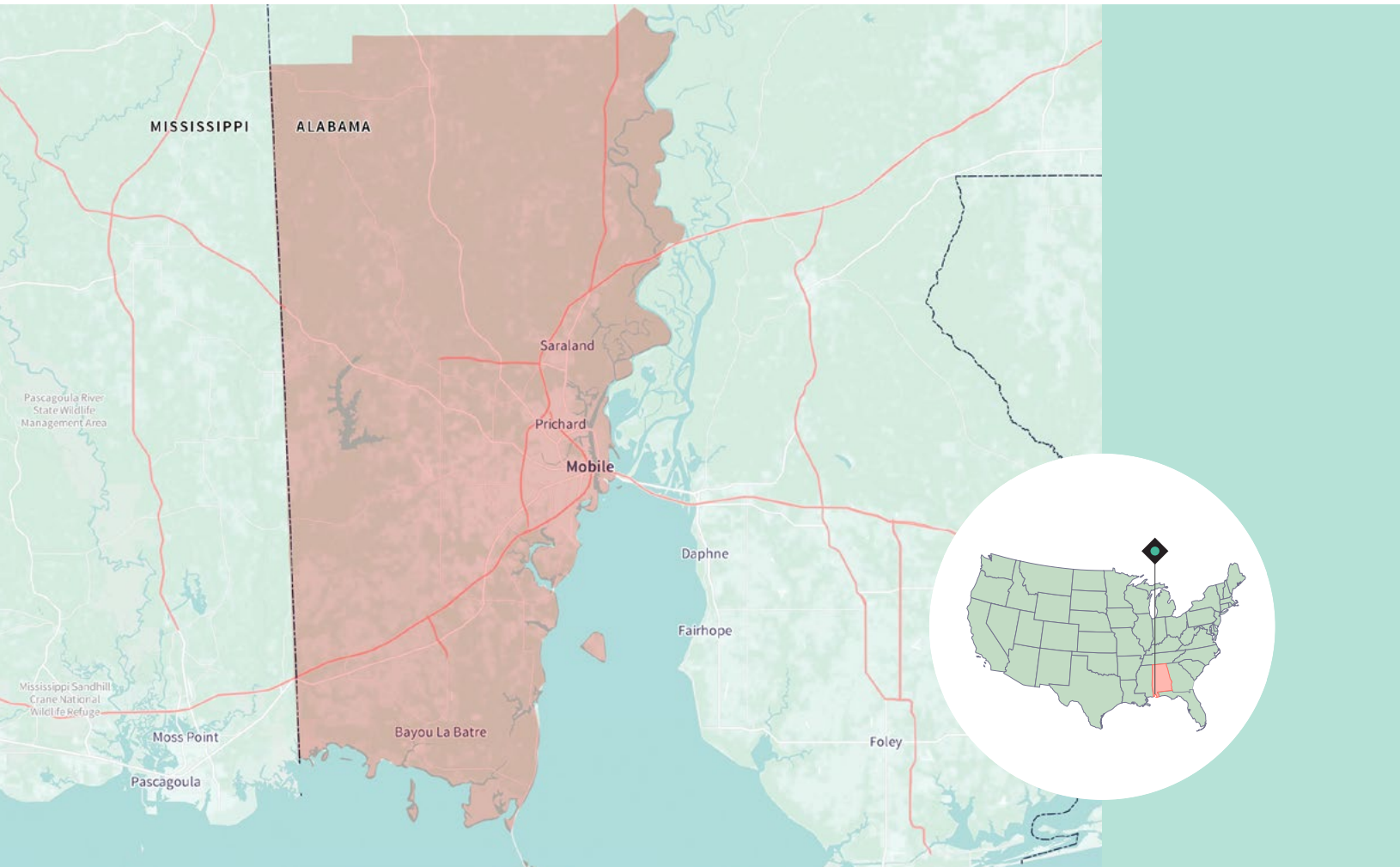
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## Introduction

Mobile, the third-largest city in the state of Alabama, has been characterized by significant action in the past few years to rebuild the city's aging infrastructure, attract new businesses, and improve the quality of life among residents. Of note, Mobile has made strong investment in education. While education is a key driver of health outcomes, those education-to-health links are not always explicitly made through local programs and policies. The city has made some progress in health through an active public health department, but Mobile still grapples with high rates of chronic disease and issues that hampered some of the efforts to effectively address COVID-19 across all populations. Many of the local initiatives and

research on health and well-being are driven by external funding, through government grants or philanthropy. There is less coherence about health priorities due to limited political will at the local government level to advance those health actions, a trend that seems consistent with where Mobile was in 2017. There has been some progress to examine issues of health disparities between populations. However, the health equity discussions are still relatively nascent with respect to the role of systemic racism in health. Some community organizations are actively working to expand those discussions.

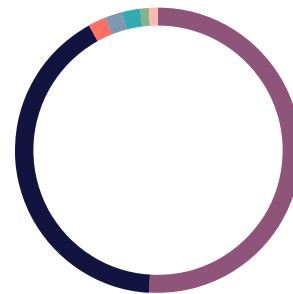
## Community Overview

The historic City of Mobile sits at the head of the Mobile Bay, an inlet of the Gulf of Mexico. As the 12th largest port in the United States, the Port of Mobile has been an economic engine for the area since it was first established as a trading center between the French and American Indians in the 1700s.<sup>4</sup> Today, the port continues to supply a significant amount of job opportunities within the fishing, shipbuilding, and tourism industries. The city's economy has historically been driven by manufacturing, steel production, and oil and gas drilling.

Similar to the state of Alabama, the City of Mobile is politically conservative, which tends to sway much of the city leadership's decision-making. Having elected Sandy Stimpson in 2013, and again in 2017, Mobile's political divisiveness has not shifted much despite Mayor Stimpson's pledge to "unite Mobile." Diabetes and hypertension continue to be key health issues for residents, with significant impacts in Mobile's Black population. Furthermore, Mobile is still reeling from the explosion of the Deepwater Horizon oil rig on the Alabama Coast in 2010. Though some Mobile County residents feel as though the county did not receive ample compensation,<sup>5</sup> the community has begun to utilize some of the settlement funding from BP. With some funding at the state level to continue through at least 2033, Mobile has the opportunity to invest in determining environmental needs and undertaking essential conservation projects that would normally be unachievable due to high cost.<sup>6</sup>

**FIGURE 1. POPULATION CHARACTERISTICS FOR MOBILE, ALABAMA<sup>3</sup>**

POPULATION 188,710



■ BLACK*	51.5%
■ WHITE	41.8%
■ LATINO	2.5%
■ TWO OR MORE RACES	2.1%
■ ASIAN	1.9%
■ SOME OTHER RACE	0.7%
■ AMERICAN INDIAN / ALASKAN NATIVE	0.2%
■ NATIVE HAWAIIAN / PACIFIC ISLANDER	0%

MEDIAN INCOME \$42,321

**6.2%**  
UNEMPLOYMENT  
RATE

**33.3%**  
CHILDREN IN  
POVERTY

**10.2%**  
UNINSURED

\* Percentages of population by race/ethnicity may add up to more than 100 percent because categories are not mutually exclusive.

Data as of 2019.



## Mobile's Journey to Promote Health, Well-Being, and Equity

### COMMUNITY CAPACITY

Mobile is home to a few well-established organizations that are pivotal for the provision of healthcare services to city residents. However, Mobile faces challenges in its ability to make broader strides in advocating for public health policies and programs. This is due in part to limited community capacity outside of the health sector to focus on health and health equity. Furthermore, while cross-sector collaboration among some institutions has continued to grow over the past five years, difficulties remain in bringing various groups together, specifically to improve health and well-being.

**Some healthcare organizations, which are long-standing community leaders, continue to play a crucial role in the provision of health services, especially to vulnerable populations.**

- Within the health sector specifically, Victory Health Partners continues to act as a safety net for the uninsured as well as the community's network of federally qualified health centers (FQHCs).
- Providence Hospital, a Catholic hospital part of Ascension Health System, remains a stalwart institution within Mobile, providing healthcare to residents and partnering with local community-based organizations, such as Dumas Wesley, to distribute the COVID-19 vaccine.
- Infirmity Health and Mobile Infirmity Hospital continue to play a key role in the provision of healthcare services to the Mobile community.
- During COVID-19, Mobile County Health Department (MCHD) was a leader in collaborating with various entities. For example, the department has been working with Dumas Wesley Community Center on maintaining transitional housing for people experiencing homelessness. However, MCHD generally still takes relatively minimal lead action in setting the health priorities for Mobile.

**Large national and regional organizations increased their impact in the community and took part in COVID-related collaborations.**

- The Community Resource Network came together as a way for organizations to be in contact with one another and share resources regarding community needs. Through this coalition, infrastructure was put in place for a health-policy group to meet regularly in order to address issues of equity and inclusion.
- Feeding the Gulf Coast expanded its reach and influence over the past few years, taking on a more holistic approach to health and wellness. Through its mobile food pantry, backpack program, and its existing food pantry, the organization is partnering with schools for the establishment of an initiative called School Pantry. Feeding the Gulf Coast established a Hub and Spoke Model, where it has identified eight agencies in underserved communities to provide food resources.

- During COVID-19, some businesses and nonprofits provided essential funding and resources to assist organizations working on the ground, such as Austal USA and the Downtown Mobile Alliance.
  - » Community Foundation of South Alabama partnered with the City of Mobile to establish the Mobile Area Disaster Relief Fund.
  - » United Way of South Alabama has been an influential provider of social services, particularly through its 211 hotline. During the pandemic, the organization joined forces with University of South Alabama Office of Community Engagement, Spring Hill College, Albert S. Foley Community Service Center, and S.J. Community Service Center to create the Community Resource Network.

**Mobile's capacity to advance equity, health, and well-being is spearheaded by long-standing institutions in the community that continue to bring in external funding for research, community initiatives, and supports for individuals and families in need.** The investments in Mobile's health sector are changing, yet there remains a need for efforts dedicated to minority health.

- Multiple organizations including Housing First and Penelope House received funding from Emergency Solutions Grant to provide funding for rental and eviction assistance, health services, and legal services to families impacted by the pandemic.
- Lifelines Counseling Services was awarded a Community Capacity Grant through the National Academies of Science, Engineering, and Medicine from the Deepwater Horizon oil spill funding.

**Over the past five years, the University of South Alabama (USA) contributed significantly to research projects as well as local programs that seek to improve the health and well-being of Mobile residents, though funding has been mixed.**

- USA's Center for Healthy Communities conducted a qualitative study in early 2020 and published its findings in a report in early 2021 called *Perceptions, Needs, Challenges and Insights of an Underserved Community in the COVID-19 Pandemic*.
- The Community Health Advocates Program, which is based out of USA's Center for Healthy Communities, convenes volunteers who advocate for the good health of communities.
- USA Medicine's Center for Minority Health lost funding and had to place its work on hold.

**The American Rescue Plan Act (ARPA) provides more investment in the community, though it is uncertain how the funding will be applied.**

- Mobile received a total of \$58.2 million to be evenly disbursed in two phases: May 2021 and May 2022.
- Through Mayor Sandy Stimpson's "People First Plan," these funds will be distributed at varying levels, with the largest portion of funding (\$27.1 million) going towards affordable-housing developments.

- Remaining funds will be allocated to: premium pay for essential workers, gun violence initiatives, small-business assistance, rental and utility assistance, social services assistance, tourism and marketing, down-payment assistance, broadband infrastructure.<sup>7</sup>

#### MAJOR INITIATIVES FOR HEALTH AND WELL-BEING

Though there are few new large-scale initiatives that specifically focus on health, there are several ongoing initiatives that persist in Mobile to address well-being. Many organizations in the community are looking to expand their current programs or exploring grant opportunities to continue programs or initiate new research.

#### **Anchor institutions within the education sector collaborate on efforts to address gaps in educational attainment in Mobile County Public Schools and local colleges and universities.**

The Mobile Area Education Foundation (MAEF) has led various initiatives to address low-graduation rates and educational opportunities. Funded by the Lumina Foundation, MAEF's 75K Degrees initiative is a community-wide collaborative designed to increase post-secondary attainment by bringing together Mobile's K-12, higher education, business, and community partners.<sup>8</sup> Another initiative by MAEF, called 15 to Finish, brings together local institutions to promote taking 15 credits per semester to finish college on time, especially for students who are first generation, Black, and Pell grant-eligible. USA, Bishop State, and Coastal Alabama Community College are partners in this effort. These initiatives paved the way for a significant jump in the number of transfers from community colleges to universities through the Pathways USA program. In 2020, 100 students transferred to a university compared with 30 students during the previous year.

In addition, MAEF has been integral in bringing the Ignite Powered by Pack Education Initiative to Mobile in partnership with the Alabama Power Foundation, Ratliff Charitable Foundation, Regions Foundation, and the Alabama Community College System. The program utilizes an innovative approach that involves enhanced support for students who may be at risk for dropping out through an infrastructure for one-on-one engagement.

#### **There are several initiatives that focus on expanding conversations around equity and diversity.**

Mobile United has been at the forefront of these efforts at the community level through its initiatives such as One Table, Mobile in Black and White, and its Diversity and Inclusion Committee. One Table is a space for people from different backgrounds to come together and share a meal while breaking down barriers. Mobile United partnered with University of South Alabama and the History Museum of Mobile to produce a video series that spotlights race in Mobile in the 21st century in conjunction with conversations about race. Mobile United's Diversity and Inclusion Committee is initiating additional conversations about race in Mobile. At the city level, Mayor Stimpson created an Equity Task Force that is evaluating policies in five city departments and plans to make recommendations for improvements.



#### SPOTLIGHT ON 75K DEGREES

*In an effort to address the growing educational divide in Mobile County, the Mobile Area Education Foundation (MAEF) and the Lumina Foundation created the 75K Degrees collaborative to achieve the goal of community members attaining 75,000 post-secondary degrees by the year 2030. Fueled by the statistic that Mobile County requires 75,000 degreed citizens to meet its workforce needs,<sup>9</sup> the initiative supports local efforts to educate more people through the use of data, commitment of shared resources and responsibility, and transparently reporting progress.<sup>8</sup>*

*As part of this initiative, Pathway USA was formed as a transfer agreement between the University of South Alabama, Bishop State Community College, and Coastal Alabama Community College. Data has shown that the partnership has led to an increase in average GPAs among Black and Pell-eligible students who take more credit hours, increased persistence rates, increased co-requisite passage rates, and increased completion/transfer student rates.<sup>8</sup>*

*During the COVID-19 pandemic, MAEF and 75K Degrees launched "Ignite Powered," a virtual academic coaching pilot that supports students at the two community colleges and the University of South Alabama. The initiative establishes crucial infrastructure to enhance support for students who may be at high-risk of dropping out through one-on-one engagement.<sup>10</sup>*

#### **A diverse array of stakeholders has implemented holistic approaches to addressing health and well-being in Mobile.**

Project THRIVE, an initiative spearheaded by the Mobile Police Department, brings together community partners such as Mobile County Public Schools and the University of South Alabama to link individuals who have experienced a traumatic event with the services they need to recover. Since its inception, the organization has grown to include more institutions that can uniquely contribute to the initiative. For example, with the programming through victim advocates and dollars from the Crime Victim Funds secured by the department, people are receiving services that they might not have otherwise known about. Other initiatives include Project Homeless Connect hosted by Housing First, Inc. in partnership with the University of South Alabama Medical School and Nursing School to provide a number of services to the homeless such as legal assistance, health and dental screenings, benefit applications, housing resources, employment resources, and veteran resources.

Project THRIVE has demonstrated impact both on the lives of community members and through its ability to generate new grant funding and change policy. MCHD received an opioid grant that aims to provide services related to opioid use. The collaborative secured an R01 grant from the Centers for Disease Control and Prevention on gun-injury prevention. Project THRIVE was linked to a change in state law requiring reporting gunshot victims. This led to a jump in gunshot-wound reporting from 0

percent to most gunshot wounds being reported, which helps to identify victims of violent retaliation and increase public safety.

#### HEALTH PRIORITIES AND NARRATIVE

How stakeholders in a community think and talk about health and well-being, including ways in which health is promoted as a shared value, undergirds the types of approaches leaders and organizations use to promote these issues. Mobile's limited community capacity and minimal impetus to address issues related to health is reflected in its lack of set priorities around health and well-being. In recent years, walkability and improvements in the built environment have been key focus areas; however, there is minimal leadership and community-wide consensus on the establishment of a fuller set of health priorities going forward.

#### Health Narrative in 2017

Early on in his tenure, Mayor Stimpson implemented the Map of Mobile plan, which set in motion a revamp of natural areas of Mobile as well as the establishment of new zoning ordinances. A renewed interest in walking, biking, and spending time outdoors stemmed from the renovation of many parks, trails, and other outdoor spaces as a result of this plan. There are some exercise programs that were created in conjunction with the new parks and outdoor spaces. However, many community members did not necessarily connect health with these changes in the built environment.

Stakeholders outside of the health system and local government have played a small role in setting priorities and determining health priorities in Mobile. For instance, the Mobile County Police Department in partnership with Mobile County Public Schools and the University of South Alabama has begun to highlight the issues of Adverse Childhood Events (ACEs) and trauma.

#### Evolution of the Health Narrative

There is a lack of leadership and will within city government to establish priorities or a broad-based commitment to health. Since the city adopted the Map of Mobile initiative in 2015, there have not been many other city-wide efforts to advance health in Mobile. Some respondents noted that there should be greater empowerment from community and governmental leaders surrounding the promotion of health and well-being, yet city leaders assume that this will happen at a grassroots level. When health initiatives do take place at the grassroots level, leaders tend to need a high level of social and economic capital. Notably, MCHD and the healthcare sector are largely missing from conversations around how residents might prioritize and maintain their health. In addition, there are few new cross-sector collaborations forming to address health issues, which some community members have attributed to organizations being very siloed as well as a lack of trust among organizations. Cross-sector collaboration around health is further stymied by the fact that there are four healthcare systems in the area, and some organizations believe that they must choose only one with which to work.

Community members take pride in the renovations to the built environment and the new level of walkability in Mobile, but there are no specific initiatives to promote health for adults. Any focus on health improvement in the Black community is largely lacking. As more of the responsibility around health is shifted to individuals, many residents find that they are unable to make health a priority as people are working multiple jobs and trying to pay their bills. Perceptions about health and maintaining one's health remain mainly an individualistic concept. At the same time, some residents of Mobile have shifted their views of personal responsibility around health due to the pandemic and have gained a greater awareness of their health, particularly as it relates to chronic diseases, such as diabetes and hypertension. During the pandemic, local walking groups were formed and there has been an increased emphasis on prevention as individuals came to grips with the possibility of their mortality.

In general, White and more affluent groups tend to have greater access and ability to turn their attention to health and preventive measures. According to respondents, there is a prevalent notion that people do not need a primary care doctor, which further contributes to the area's poor health outcomes.

Mental health and housing have emerged as priority issues for Mobile residents. Prior to the pandemic, the state recognized that each district would benefit from a mental health coordinator and implemented this across the state. Given the pandemic, social service organizations observed a marked increase in the need for mental healthcare, which has spurred mental health services bill, now moving through the state legislature. In addition to efforts around mental health, community members have raised concerns about the issue of housing. Though it has been a long-term barrier for the city to provide enough affordable housing, new investments demonstrate that there is legitimate action towards addressing the issue. With \$27.1 million from the ARPA<sup>7</sup> and more than \$2 million from an Emergency Solutions Grant<sup>11</sup> as well as \$12.4 million provided to Mobile County,<sup>12</sup> the region has the opportunity to make significant strides in providing affordable, quality housing for residents.



#### SPOTLIGHT ON COVID-19

*During the COVID-19 pandemic, the Mobile County Health Department stepped up to lead the charge in the city's response. Building on existing collaborations, the Mobile County Health Department, the City of Mobile, the Mobile County Commission, and Mobile County Emergency Management Agency developed a unified command structure which allowed them to organize an approach to respond to COVID-19. Many local stakeholders praised the health department for its swift response and ability to keep everyone informed about the spread of the virus and how organizations could work together to protect the community.*



### MOBILE'S APPROACH TO HEALTH EQUITY

In brief, health equity is the concept that everyone has a fair and just opportunity to be as healthy as possible, though community perspectives and approaches often can vary. Through the lens of health equity, communities shape and form values about who has access to health promoting resources and how health is prioritized for population subgroups. Mobile's approach to health equity has been progressing slowly over the past five years and mostly through the nonprofit and academic sectors. However, more effort is needed to center health equity policy in city government.

#### Health Equity in 2017

Health equity has not been consistently discussed in Mobile, and in some cases avoided. Many in Mobile have not considered health equity a priority nor have they pursued discussions on the topic. Typically, when health equity has come up, the conversation has focused on access to and knowledge about health services or treatment and less on upstream drivers of health. There is recognition that there are health disparities and a presumption that Black residents will be treated differently when seeking healthcare compared to their White counterparts. But, when examining the more nuanced issues of health equity (e.g., fairness and justice), Mobile leaders tend to focus on equal access to treatment rather than considering historical or structural factors that can impede that access. Further, health equity discussions have explored issues of class, which are important yet tend to downplay the role of race in influencing health outcomes.

In general, equity-related conversations around race have been happening in the educational setting. Mobile County Public Schools and MAEF worked to address racial disparities in educational outcomes by taking a highly individualized approach that includes strategies such as flexible school schedules and linkages to social services in the school setting. Despite this focus in education, in 2017, there generally remained a lack of clear understanding of what equity is and how it manifests among different constituents in the community. Thus, equity and health equity specifically, had not been a priority for Mobile leaders.

#### Evolution of Approach to Health Equity

While discussions of equity are still evolving in Mobile, and health equity analysis are only emerging, there has been progress in the last five years, in part due to the events of 2020. These events catalyzed engagement of MCHD in conversations to address issues of racism, diversity, and inclusion in Mobile. These efforts primarily include facilitated discussions with the community, an important first step in a community that historically has not engaged in addressing health equity. According to one respondent, a critical aspect to achieving health equity in Mobile would involve "having a clear understanding of what [health equity] is and coming to a consensus on what the issues and priorities are."

In the broader context of equity in opportunity, the City of Mobile is providing more contracts aimed at women- and minority owned businesses. An Equity Task Force was established by the city in 2020. The task force reviewed policies and practices across many aspects of local government, including the Mobile Police Department, Human Resources, Finance, Business Procurement, and Community Development. The objectives of the task

force were to provide recommendations about use of force by the police department, to aid the implementation of implicit-bias training across all city departments, and to conduct a review of city policies for racial or biased language. The city also intended to conduct a citizens' survey and focus on economic opportunities in underrepresented communities.

While government is still primarily focused on economic and educational equity, there are some groups that have a deep understanding of health equity and are continuing the health conversations in the community. This includes nonprofit leaders, social service providers, and academics. For instance, as noted earlier, USA Medicine's Center for Healthy Communities released a report "Perceptions, Needs, Challenges and Insights of an Underserved Community in the COVID-19 Pandemic," which highlights the inequality experienced in Mobile as well as the supports needed for the community's historically underserved populations<sup>13</sup> This was an important step in outlining some of the key issues confronting underserved and often underrepresented populations in the city. Further, Lifelines Counseling Center received a grant in conjunction with University of South Alabama to conduct race and equity conversations in the community, with a focus on health.

## Factors That Influenced Mobile's Journey

Mobile continues to capitalize on various facilitators, such as external funding and has become increasingly resilient through the years. There are some bright spots in terms of partnerships and efforts that are facilitating health progress in Mobile. Yet, significant barriers remain with respect to health promotion and healthcare access, as well as social issues among different subgroups in the community.

#### FACILITATORS

- Some partnerships and collaborations have been in place for a long time and were further leveraged effectively to respond to the pandemic. For example, Dumas Wesley Community Center and its partnership with United Way and others within the private sector has been long-standing. The Mobile County Health Department, the City of Mobile, the Mobile County Commission, and Mobile County Emergency Management Agency had created a command structure prior to the COVID-19 pandemic, which was eventually used to organize an approach to respond to COVID-19.
- The external funding and expertise that Mobile draws in health can help to push past local barriers to address health equity.
- Though conversations about equity are not happening on a large scale within the community, many nonprofit and community-based organization leaders are including an equity lens in their work.
- There is an increased focus on disaster resilience, including by political leadership in Mobile, which can have benefits on health, even if indirectly. A resilience officer was appointed for Mobile.

## BARRIERS

- While there is some progress in health equity, generally it has been difficult for health leaders from public health and healthcare to embrace roles outside of “traditional” health promotion/prevention and healthcare delivery, pushing health leaders into discussions about social determinants of health and working with other sectors that influence health.
- Policies to improve healthcare access often have minimal support. Efforts to expand Medicaid continue to fail despite a multi-year push by the local Hospital Association and Democratic legislators.
- There are data-access issues, which can impede coordination of social, educational, and health services for many organizations. Although some organizations, such as MAEF, have good access to data, some local sources of data are no longer available due to lack of funding.
- Other areas of social inequity persist. The economic gap between residents with higher incomes and those with low incomes continues to widen, with a shrinking middle class, especially for Black residents. The city continues to face a shortage of housing and many individuals are struggling to pay rent and mortgages. This concern has become even more resonant in the wake of the lifting of pandemic-eviction moratoriums.
- The political and cultural heritage around race relations and the role of government in that history hampers efforts to discuss equity and increase government funding on equity.
- Issues of power and community-resident voice in local decisionmaking remains a challenge. Though there has been some improvement in civic engagement (e.g., community advisory boards) in the last five years, the pandemic may have set some of that progress back as residents had to focus on traditional basic needs. Further, there are varying levels of mistrust within the community—sometimes among different organizations and sometimes with respect to the role of government.

## Conclusion

As Mobile recovers from the devastation of the pandemic, the story of community health transformation is mixed. The pandemic led to some shifts in health interest and mindset with more Mobile community members taking responsibility for their health, particularly with respect to the burden of managing chronic disease. However, local leaders are still trying to help residents understand the importance of routine primary care while many residents balance seemingly more acute economic needs. Mobile’s capacity to promote health, health equity, and well-being is limited, though there are stakeholders committed to improving this, particularly as universities and community-based organizations are bolstered by external funding that supports health research and programming. This commitment—in conjunction with the various collaborations among these stakeholders—demonstrates that Mobile has the potential to make significant advances in health and well-being if there is clear local guidance around health priorities. While relatively modest community transformation has taken place, specifically with respect to health equity, efforts such as the Map of Mobile and the walkability of the city are key advancements.

Mobile’s journey to promote health, well-being, and equity underscores how difficult it is to move political will and policy changes in a community, requiring consistent focus on health objectives and coordinated efforts among government and nonprofit, academic, and other sectors. The new conversations that are happening on equity among pockets of Mobile community leaders along with the potential to link disaster resilience to health offers a window of opportunity to accelerate local health actions. Other communities can learn from Mobile’s approaches on this health and disaster linkage, as well as the challenges Mobile has encountered, to inform their own journeys. Future research could consider whether this new momentum around discussions of health equity translates to sustained government action and investment across Mobile.

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