

EAST ALABAMA

# Community Health Needs Assessment

**GET HEALTHY  
LIVE WELL**



# Table of Contents

<b>Part 1: Introduction</b>	<b>4</b>	<b>Chronic Disease Education, Prevention and Management</b>	<b>17</b>
Executive Summary	4	Increasing Access to Clinical and Community-Based Services	17
CHNA Approach and Process	6	Increasing Access to Chronic Disease Preventive Services and Self-Management Programs	17
Prioritization Process and Criteria	6	Helping the Community Get Healthy and Live Well	17
<b>Part 2: Community Impact</b>	<b>8</b>	Increasing Outreach to Preventive Services	17
Evaluation of Impact Since Previous CHNA	8	Women’s Health Screenings	17
Responding to the Pandemic	8	Made Easier at Tanner Breast Health	17
Adapting Programs, Evolving Care in a New Age	8	Better Birth Days	18
COVID-19 Response	9	<b>Part 3: Community Served</b>	<b>19</b>
<b>Access to Care</b>	<b>11</b>	Geographic Area Served	19
Improving Access to Care	11	County Health Profiles	20
Expanding the Continuum of Care	11	Randolph County	20
Grant Helping Tanner Expand Telehealth During COVID-19 Pandemic	11	Cleburne County	26
Bringing Health Care Home With RPM	12	Summary of Key Secondary Findings	32
Increasing Access to Patient-Centered Medical Homes	13	Existing Healthcare Facilities and Resources to Address Needs	33
Whitney Hudman, MD, Joins Woodland Family Healthcare	13	<b>Part 4: Community Input</b>	<b>34</b>
Tanner Healthcare for Women	13	Key Informant Interviews and Focus Group	34
Opens New Office in Wedowee	14	Interview and Focus Group Participants	34
Emily Shelton, MD, Joins Tanner Healthcare for Women, Expands Gynecology Care to East Alabama	14	Key Health Issues and Concerns	35
Other Concerns	35	Community Survey	36
Using Information Technology to Improve Population Health Outcomes and Healthcare Quality	15	<b>Part 5: Significant Health Needs</b>	<b>39</b>
Patients Benefit as Tanner Electronic Health Record Expands to Include Independent Practices	15	Prioritized Description of Significant Health Needs	39
Increasing Access to Care for the Uninsured and Underinsured	16	Moving Forward	39
Increasing Access to Existing Resources	17		





# Part 1: Introduction

## EXECUTIVE SUMMARY

Tanner Health System is a not-for-profit, community-based health system providing a continuum of high-quality healthcare services within our resource capabilities, leading a collaborative effort with the community to provide health education, support services and care for all of our neighbors.

Tanner was established more than 70 years ago when a forward-thinking group of community leaders in west Georgia gathered and sought to provide their neighbors and loved ones with the best healthcare services close to home. Since 1949, Tanner has grown from a single community hospital to a regional comprehensive healthcare provider that services a nine-county area of more than 600,000 people in west Georgia and east Alabama.

The health system's facilities include:

- ♦ The 181-bed acute care Tanner Medical Center/Carrollton
- ♦ The 53-bed acute Tanner Medical Center/Villa Rica
- ♦ The 25-bed critical access Higgins General Hospital in Bremen
- ♦ The 92-bed inpatient behavioral health facility Willowbrooke at Tanner in Villa Rica
- ♦ The 15-bed critical access Tanner Medical Center/East Alabama\*
- ♦ The 64-unit senior living community The Birches at Villa Rica

\* The focus of this Community Health Needs Assessment report

Tanner also operates Tanner Medical Group, one of metro Atlanta's largest multi-specialty physician groups, with about 40 medical practice locations serving the region. More than 400 physicians representing 34 distinct specialties make up the health system's medical staff, from allergies and asthma to urology and vascular surgery.

At Tanner Health System, we understand that a person's health is linked to the health of their community. We help our patients thrive under our care, as well as outside our hospital and clinic walls. A person's health is influenced by various factors, including physical, social and economic factors like employment, housing and transportation.

As a regional healthcare leader, we are committed to advancing health and partnering with others to facilitate community health improvement. Our efforts are primarily guided by the findings of our Community Health Needs Assessment (CHNA), which we conduct every three years.

Tanner's CHNA uses a methodical, organized and systematic approach to identify and address the needs of underserved communities across Tanner's geographic region. The CHNA guides the development and implementation of a comprehensive plan to improve health outcomes for those disproportionately affected by illness, as well as social, environmental and economic barriers to health.

The CHNA also informs the creation of a strategy for future community health programming and how to allocate

## PART 1: INTRODUCTION

community benefit resources for fiscal years 2023-2025 across Tanner's hospitals. As a not-for-profit organization, Tanner Health System is required by the Internal Revenue Service (IRS) to conduct a CHNA every three years.

Our CHNAs align with the Affordable Care Act guidelines and comply with IRS requirements. Using public health and healthcare utilization data, each hospital identified its geographic area of focus, called a Community Benefit Service Area (CBSA). Tanner Medical Center/East Alabama's CBSA, the focus of the CHNA report, is identified as its primary service area of Randolph and Cleburne counties.

The CBSA serves as the geographic target area for the CHNA and for executing the strategies to address the health needs identified. The CHNA will serve as a roadmap for targeted health promotion strategies conducted in the CBSA.

The impact of Tanner Medical Center/East Alabama's efforts in its CBSA will be tracked and evaluated over the next three years.

Tanner Medical Center/East Alabama opened in November 2017, serving as a replacement hospital for Wedowee Hospital. With dire options confronting them — including the critical realization that Wedowee Hospital was not sustainable with its current financial deficit and its inability to recruit physicians to the area — Wedowee Hospital's administrative team and board of directors prioritized keeping medical care services available to the citizens of the region as its number one mission.

A referendum to support a 1% sales tax increase to finance the construction of a new hospital in Randolph County received wide support among voters in August 2015, with 86% of Randolph County voters supporting the new hospital. Local leaders enlisted the support of Tanner Health System to equip and operate the new hospital to ensure the health needs of the communities it serves are met for generations to come.

Tanner has a national reputation as a leader in quality care and patient satisfaction and a unique understanding of the vital role that community hospitals serve in our region. This relationship also gives Tanner Medical Center/East Alabama patients access to Tanner's medical staff of more than 400 physicians, including primary care and specialists.

Tanner Medical Center/East Alabama's more than 50,000-square-foot, three-story modern hospital facility provides:

- ◆ 24-hour emergency care
- ◆ Critical care support
- ◆ Inpatient and observation beds
- ◆ A state-of-the-art surgical suite
- ◆ Advanced diagnostic imaging services, including computed tomography (CT), mammography, nuclear imaging, ultrasound and digital X-rays

Since its opening in the fall of 2017, the hospital has received critical access hospital designation status, launched new service lines (urology, ophthalmology, podiatry, gastrointestinal, sleep lab), and created leadership synergy across multiple areas.

Tanner Medical Center/East Alabama's CHNA process involved residents, community partners and stakeholders, along with hospital leadership.

These representatives used population-level data and feedback from a community focus group and key informant interviews and online and paper surveys to create recommendations for the hospital's health priorities, potential implementation strategies and to identify key partners. Fourteen people were involved in the CHNA process through participation in a focus group or key informant interview.

Upon review, analysis and prioritization of the CHNA findings, the priority areas to be addressed during Tanner Medical Center/East Alabama's fiscal years 2023-2025 Implementation Strategy include:

- ◆ Access to care
- ◆ Chronic disease education, prevention and management
- ◆ Mental/behavioral health services
- ◆ Substance misuse/drugs
- ◆ Community health education

The CHNA report is available to the community on Tanner's website: [tanner.org](http://tanner.org). Additionally, copies will be disseminated to the hospital's board and executive leadership; the assessment team; community stakeholders who contributed to the assessment; and multiple community leaders, volunteers and organizations that could benefit from the

information. Other communication efforts will include presentations of assessment findings throughout the community. Copies will also be made available for distribution upon request from the hospital. This final CHNA report for Tanner Medical Center/East Alabama was approved by the Tanner Medical Center, Inc. Board of Directors in June 2022.

## CHNA APPROACH AND PROCESS

### CHNA Methodology and Data Collection

The CHNA's data came from three primary sources: quantitative secondary population-level data, hospital healthcare utilization data, qualitative community group input sessions and key informant interviews. The data was used to broaden the types of information gathered and to engage a diverse group of internal and external stakeholders to inform the CHNA process and deliverables. The types of information collected for each data source were as follows:

- ◆ **Secondary Data:** National, state, local health and disparity data, Core Indicators: Secondary data was gathered primarily through Community Commons, a publicly available dashboard of multiple health indicators drawn from several national data sources and the Alabama Center for Health Statistics 2019 County Health profiles. U.S. Census American Community Survey Data was also consulted for demographic, education and income statistics. Other data sources are noted in the county health profiles (as seen in Part III).
- ◆ **Hospital Utilization Data:** Patient healthcare utilization data was used to identify the hospital's CBSA and geographic areas of focus for needs assessment and strategy implementation.
- ◆ **Community Input Session Discussions:** Tanner Medical Center/East Alabama facilitated community discussions with a diverse group of community stakeholders and employed online surveys to identify the most critical community health issues. Guided discussion areas included topics related to community health and wellness, access to care and services and the social determinants of health.

Combined information from all of the above sources was used to:

- ◆ Prioritize identified needs
- ◆ Determine the appropriate hospital role in addressing the health issues prioritized
- ◆ Establish system, regional, and hospital-specific approaches and outcome measures

This information was then used to develop Tanner Medical Center/East Alabama's Implementation Strategy for the next three years.

### Prioritization Process and Criteria

Identification of health priorities was shaped by an understanding of the public health priorities, needs assessment data and the hospital's strengths within the context of the system's priorities. Tanner Medical Center/East Alabama considered additional criteria such as existing partnerships and programming when selecting the final targeted health priorities. These components were used to identify priority areas.



# Part 2: Community Impact

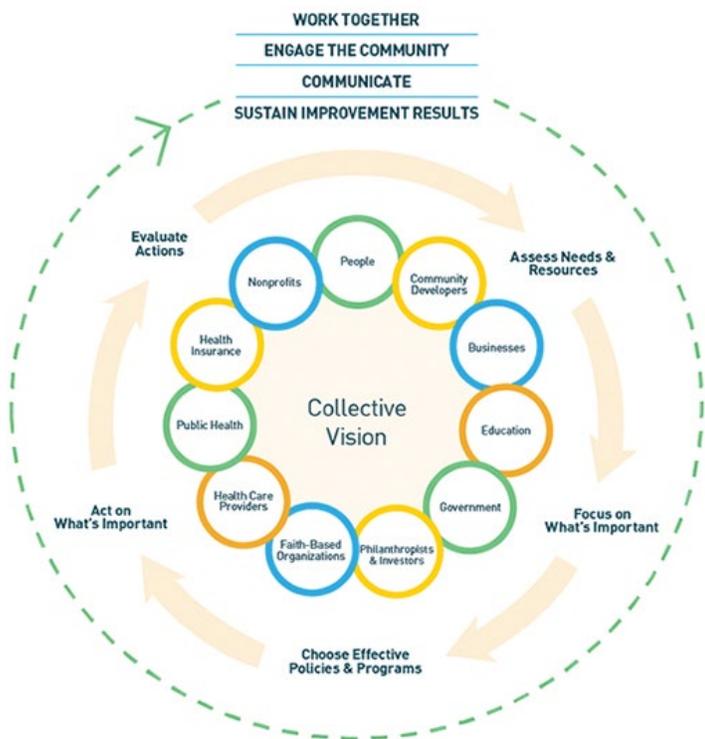
## EVALUATION OF IMPACT SINCE PREVIOUS CHNA

The following pages provide information on Tanner’s commitment to helping residents access the healthcare and community health programs and resources they need. Three years ago, Tanner conducted a CHNA to learn more about the community’s health concerns and needs. With this information, an action plan was developed to help improve the health of local community members.

The CHNA process should be viewed as a three-year cycle, with a major component being revisiting the progress made on priority health topics outlined in the previous CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact of those actions in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Tanner Health System’s priority health topics, for Tanner Medical Center/East Alabama, for fiscal years 2020–2022 were:

1. Access to Care
2. Chronic Disease Education, Prevention and Management



Each of the above health topics correlates well to the priority health topics selected for the current CHNA, and Tanner will be building upon previous years’ efforts.

Community feedback on Tanner’s CHNA and implementation strategy was collected in a variety of ways, including the ongoing monitoring and evaluation of Tanner’s community benefit activities and programs through pre-and post-surveys; ongoing dialogue among community partners and volunteers; a dedicated community benefit committee of the Tanner Medical Center, Inc. Board of Directors; and through comments from key informant interviews and community focus group participants.

Tanner’s long-standing commitment to the community is deeply rooted in its mission. The organization remains committed to improving the community’s health, not only through daily patient care activities but also through outreach, prevention, education and wellness opportunities.

These activities and opportunities continued as much as possible even while the health system grappled with the devastating effects of the COVID-19 pandemic. Tanner’s community health programs and resources continue to play an essential role in our local communities now and into the future as we strive to address evolving health needs and challenges.

## RESPONDING TO THE PANDEMIC Adapting Programs, Evolving Care in a New Age

The COVID-19 pandemic has drastically altered the way we deliver and continue care.

Education and aftercare are cornerstones of our approach to medicine. Rather than episodic care, we focus on empowering our residents to control their disease with programs and education. But COVID-19 limited our ability to meet in person and challenged our resources in unprecedented ways.

From launching new clinical programs — like telehealth and remote health monitoring — to respond to the pandemic to flexing our programs to ensure the safety and accessibility of participants, we’ve drastically changed our approach to care and education.

While some healthcare organizations have paused their outreach efforts, we've adapted ours with new online offerings and lower class sizes to keep our residents safe and well as they pursue a better level of health for themselves and their loved ones.

## COVID-19 RESPONSE

On March 13, 2020, Governor Kay Ivey declared COVID-19 a public health emergency for Alabama.

Tanner's efforts to respond to the COVID-19 public health emergency in fiscal years 2020 and 2021 included various activities to help ensure the highest quality of care for our communities and safe work environments for our employees. These activities were clear changes to operational and clinical norms targeted to identify, isolate, assess, transport and treat patients with COVID-19 or persons under investigation for COVID-19.

Tanner Health System employed a variety of emergency protective measures due to the COVID-19 pandemic, with a variety of activities at each of its hospital facilities related to the management, control and reduction of the pandemic's immediate threat to public health and safety. Many of these interventions were headquartered at Tanner Medical Center/Carrollton and served the region.



These activities include:

- ◆ Establishing a fully-activated emergency operations center (EOC) from March 16, 2020, through May 8, 2020, to serve as a hub for the coordination and control of COVID-19 response efforts to respond quickly and more efficiently to needs as they arise (i.e., staffing and labor pool, supplies, technology, equipment) related to COVID-19 and disseminate critical information to Tanner leadership, physicians, clinical staff, employees and the community. The EOC moved to a partial activation on May 9, 2020, and fully deactivated on March 31, 2022.
- ◆ Employing marketing and communications efforts to share key information to the public, providing warnings, updates and guidance on the COVID-19 pandemic.
- ◆ Hosting community education calls with physicians.
- ◆ Establishing a call center specific to COVID-19 for information, referrals and screening resources.
- ◆ Purchasing food and covering temporary lodging costs for front-line healthcare providers who were triaging and caring for potential and positive COVID-19 patients as these providers were working such abnormal and long hours that going home or going out to get food was not possible.
- ◆ Increasing security operations to support COVID-19 response efforts to ensure policy compliance and safety of the public (i.e., visitor restrictions, temporary facility access, testing centers, etc.).
- ◆ Increasing disinfection efforts at Tanner's facilities specifically to combat the risk of spreading COVID-19.

Being a part of a larger health system has allowed Tanner Medical Center/East Alabama to have access to specialty services, including several emergency medical care activities Tanner implemented in response to the pandemic.

These activities include:

- ◆ Purchasing and distributing COVID-19 diagnostic tests and personal protective equipment (face shields, gloves, masks, gowns, scrubs) for staff.
- ◆ Leasing additional respiratory equipment (oxygen, respirators, BIPAP) to treat COVID-19 patients.
- ◆ Retrofitting separate areas to screen and treat individuals with suspected COVID-19 infections, including establishing temporary exterior patient care facilities outside its emergency departments to assess potentially large numbers of persons under investigation for COVID-19 infection.
- ◆ Establishing drive-thru testing centers and acute hospital testing centers at Tanner Medical Center/Carrollton.
- ◆ Retrofitting existing hospital rooms to become negative pressure rooms at each hospital facility.
- ◆ Transferring COVID-positive patients to acute care.
- ◆ Renting additional hospital beds to increase capacity to treat COVID-19 patients.
- ◆ Increasing medical waste disposal services and cleaning/disinfection costs of scrubs, masks, linen bags and gowns.
- ◆ Expanding telehealth technologies to further support physical distancing efforts to reduce virus transmission and ensure care availability to those who need it most by triaging low-risk urgent care.
- ◆ Providing follow-up appointments for chronic disease and behavioral health patients who may require routine check-ins.

In addition, Tanner was one of almost 2,200 health care systems across the country that joined the Mayo Clinic Expanded Access Program to test the efficacy of convalescent plasma from someone who has overcome COVID-19 to help other sick patients survive the disease and recover faster. Tanner also quickly assessed its inventories of critical infection prevention supplies and chemicals, including pandemic-designated supplies from its emergency preparedness efforts.

Personal protective equipment (PPE) such as face masks, shields and gowns — as well as cleaning and disinfecting materials — were at the top of not only Tanner's list but also that of many consumers and other hospital systems. For those high priority needs when supplies were difficult to find, Tanner found support close to home from its community, including individuals and corporate citizens.

Thousands of cloth face masks were hand or machine-stitched and donated by volunteers throughout the region for use by patients and staff. Dozens of neighbors volunteered to make special plastic face shields for Tanner staff to protect patients from respiratory droplets associated with COVID-19, which are known to carry the disease.

In addition, thousands of meals were donated from the community to support front-line healthcare workers.

Since the first COVID-19 vaccine approvals in December 2020, Tanner has been committed to following guidance from the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (DPH) to take a leadership role in vaccinating the community.

After inoculating its healthcare team, the health system began making the vaccine available to those 65 and older. Tanner administered three vaccines that received emergency use authorization from the Food and Drug Administration (FDA) and biotech firms Moderna, Pfizer-BioNTech and Janssen Pharmaceutical Companies of Johnson & Johnson. The Moderna and Pfizer vaccines required two doses to achieve 95% effectiveness. The Johnson & Johnson vaccine required one dose to achieve 66.3% effectiveness.

Tanner implemented multiple vaccination clinics for residents of west Georgia and east Alabama as doses of the vaccine arrived at multiple locations in west Georgia, catalyzing regional partnerships to provide venues for vaccine administration, including area churches. The health system established an online form for patients and caregivers and community members to provide their information to be signed up for vital COVID-19 information, including upcoming vaccination clinics.

As of May 2022, the health system has administered over 27,000 doses of the COVID-19 vaccine.

Tanner Health System led or participated in a range of community-focused activities to share expertise and updates on patient activity – from infection rates to patient deaths – with key leaders and the community. These included a weekly meeting of community coalition members from schools, emergency response and local government officials and periodic virtual panel presentations by physicians and school officials to update the community and address questions about the pandemic and vaccines.

Tanner’s marketing department also sent out a daily e-newsletter with the latest COVID-19 updates to keep the public and employees informed during the pandemic. The goal was to provide timely, accurate and helpful information in a format that was easy to digest. As COVID-19 cases decreased, the newsletter transitioned to a weekly publication schedule. During the height of the pandemic, the newsletter had over 70,000 subscribers.

Tanner’s response to the COVID-19 pandemic is one example of the health system’s long-standing commitment to collaborative community health efforts. Building on years of experience working with partners to improve population health, Tanner is uniquely positioned to continue playing a vital role in the community’s response to the pandemic and other challenges facing west Georgia and east Alabama.

## Access to Care

### IMPROVING ACCESS TO CARE

Lack of access to care is a significant barrier to good health.

People who have difficulty accessing care are more likely to have poor health outcomes, including increased morbidity and mortality rates. Improving access to care can help address some of the health disparities among different population groups.

### EXPANDING THE CONTINUUM OF CARE

#### Grant Helping Tanner Expand Telehealth During COVID-19 Pandemic

In 2020, Tanner Health System received an \$879,520 grant to help implement and expand telehealth services in west Georgia and east Alabama.



The Federal Communications Commission’s Wireline Competition Bureau grant helps healthcare providers fund telehealth services during the pandemic.

Tanner used the grant for technology through InTouch Health to expand the presence of specialist providers, such as neurologists and psychiatrists, and provide access to [Tanner Medical Group clinics](#). The health system also used the grant to implement a remote monitoring system through Vivify Health for patients who leave the hospital after receiving care for complex chronic conditions.

All technology is integrated with Tanner’s electronic health record, Epic. Tanner utilizes its telehealth platform to expand inpatient, outpatient and post-acute care services to all patients throughout the community.

Tanner’s inpatient teams use robots and tablets integrated into the telehealth platform, allowing remote specialists to consult patients for complex conditions. These conditions include those relating to psychiatry, maternal-fetal medicine, internal medicine and emergency medicine. All Tanner Medical Group practices can complete patient visits via telehealth.

Inpatient and Ambulatory Care Management can now assign patients a remote monitoring kit as patients discharge for hospital care to ensure close tracking of vital signs as patients heal in their homes. The Intouch platform and devices integrate, allowing Tanner’s teams to schedule and launch visits out of Epic for improved clinician workflows.

The integration provides an added layer of security to ensure the visits are tied to a specific patient. The remote

patient monitoring technology from Vivify also integrates with Epic to allow for patient information to flow across for registration into the Vivify system.

Tanner's expansion of telehealth supports physical distancing efforts to reduce COVID-19 transmission and ensure care availability to those who need it by triaging low-risk urgent care. It also provided follow-up appointments for chronic disease and behavioral health patients who require routine check-ins.

By reducing unnecessary visits to health care environments, Tanner's expanded telehealth platform aims to curb the exposure to and transmission of infectious diseases while helping to keep our front lines safe and ensure they have the resources needed to take on the challenges presented by COVID-19.

Learn more: [tanner.org/telehealth-at-tanner](https://tanner.org/telehealth-at-tanner).

### Bringing Health Care Home With RPM

When the pandemic struck, Tanner launched a remote patient monitoring (RPM) pilot program to empower patients to bring their health care home, equipping them with the tools and resources they need to better manage their health from wherever they reside.



### REVVING UP HEALTH CARE WITH RPM

Remote patient monitoring (RPM) offers a way for patients – and their caregivers – to easily manage health issues and monitor chronic conditions virtually. RPM gives patients and providers a greater ability to manage health conditions and reduces the need for frequent visits to the doctor’s office.

RPM helps closely monitor symptoms and chronic illnesses, including hypertension, diabetes, chronic obstructive pulmonary disease (COPD), heart disease, cancer, COVID-19 symptoms and more. This is accomplished by using digital health monitoring devices like digital glucometers, scales, blood pressure cuffs, finger blood oxygen meters and others.

RPM also empowers patients to take a more active role in managing their healthcare, providing a simple and convenient way to track symptoms, medications and appointments with the touch of a button.

### EASY-TO-USE RPM KITS

RPM kits are designed to be easy to use for all patients right out of the box.

Each kit is sent directly to the patient’s home with all the necessary equipment and instructions, and patients even have access to quick instructional videos on how to use the items in each kit. Now more than ever, programs like RPM and telehealth are revolutionizing the health care Tanner delivers, empowering patients and expanding access to a host of healthcare services further throughout the region.

A total of 450 patients have used the RPM program to date. The pilot program, which launched with limited access, has expanded to include patients referred at discharged from hospitalization.

Learn more:

[tanner.org/News/Bringing-Health-Care-Home-With-RPM](https://tanner.org/News/Bringing-Health-Care-Home-With-RPM)

### Increasing Access to Patient-centered Medical Homes

During fiscal years 2020-2022, the Patient-Centered Medical Home (PCMH)/Patient-Centered Specialty Practice (PCSP)/Patient-Centered Connected Care (PCCC) models were expanded to more practices throughout west Georgia and east Alabama, furthering the ability of patients

with greater medical needs to manage their care in an outpatient setting.

Accredited Tanner Medical Group practices now include:

- ◆ Infectious Diseases of West Georgia
- ◆ Tanner Healthcare for Women – Carrollton
- ◆ Tanner Healthcare for Women – Villa Rica
- ◆ Comprehensive Breast Care Center
- ◆ West Georgia Center for Plastic Surgery
- ◆ Carrollton Surgical Group – Carrollton
- ◆ Carrollton Surgical Group – Villa Rica
- ◆ Carrollton Surgical Group – Bremen

Patient-Centered Connected Care (PCCC)

- ◆ Tanner Urgent Care – Carrollton
- ◆ Tanner Urgent Care – Villa Rica
- ◆ Tanner Urgent Care – Bremen

Patient-Centered Medical Home (PCMH)

- ◆ Tanner Primary Care at Mirror Lake
- ◆ Tanner Primary Care of West Paulding
- ◆ Tanner Primary Care of Carrollton
- ◆ Tanner Primary Care of Bremen
- ◆ Tanner Healthcare for Children
- ◆ Villa Rica Family Medicine
- ◆ Tallapoosa Family Healthcare
- ◆ Buchanan Medical Clinic
- ◆ Tanner Primary Care of Wedowee
- ◆ Woodland Family Healthcare

### Whitney Hudman, MD, Joins Woodland Family Healthcare

Access to primary care services for the entire family is growing as Whitney Hudman, MD, joins Woodland Family Healthcare, a Tanner Medical Group practice.



Dr. Hudman earned her medical degree from the University of Alabama at Birmingham School of Medicine and completed her residency at Cahaba Medical Care, a community-based Patient-centered Medical Home in Alabama. She earned a master’s in public health – and another in human and environmental sciences – from the

University of Alabama at Birmingham. She also earned a bachelor's in psychology and minored in chemistry and Spanish.

Dr. Hudman is a family physician passionate about providing community-based health care in rural and underserved communities. At Woodland Family Healthcare, Dr. Hudman joins the medical team of Jeff Stewart, MD, and Kevin Hart, PA-C.

Learn more at [WoodlandFamilyHealthcare.org](http://WoodlandFamilyHealthcare.org).

### **Tanner Healthcare for Women Opens New Office in Wedowee**

Tanner Healthcare for Women is expanding the region's access to a range of gynecology and women's care services with its newest office in Wedowee, Alabama, with [Hector Caceres, MD](#), and [Emily Shelton, MD](#).



The new practice is located at 1030 South Main Street, Suite 201, in the Tanner/East Alabama Medical Office Building. Dr. Caceres and Dr. Shelton are part of Tanner's compassionate women's care specialists who offer a complete range of women's services — from pelvic exams, well-woman check-ups, breast health exams, heart care, chronic disease management and more — for women of all ages. To schedule an appointment, call 770-214-2121.

In addition to Wedowee, Tanner Healthcare for Women has practices located in Carrollton and Villa Rica.

Learn more about Tanner Healthcare for Women at [TannerHealthcareforWomen.org](http://TannerHealthcareforWomen.org).

### **Emily Shelton, MD, Joins Tanner Healthcare for Women, Expands Gynecology Care to East Alabama**

[Emily Shelton, MD](#), is joining Tanner Healthcare for Women's patient care team in Carrollton — and expanding the practice with a new location in Wedowee, Alabama.

Dr. Shelton earned her medical degree from the University of Alabama at Birmingham School of Medicine and completed her internship and residency in obstetrics and gynecology at the University of Tennessee Medical Center in Knoxville. She earned her bachelor's in physical chemistry at Jacksonville State University in Jacksonville, Alabama, graduating magna cum laude.



Dr. Shelton also works as a contract vocalist and often volunteers her musical talents for charity fundraisers, nursing homes and other opportunities.

With Tanner Healthcare for Women, Dr. Shelton joins Hector Caceres, MD; Shannon Couvreur, D.O.; Ryan Davis, MD; Amy Goss, MD; Megan Grilliot, MD; David Helton, MD; Jennifer Marshalek, D.O.; Tiffany Stanfill, MD; Emily Turney, MD; and Joan Zeller, MD. Along with Carrollton and the forthcoming location in Wedowee, Tanner Healthcare for Women also has a location in Villa Rica. The practice provides maternity care and surgical care at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica.

Learn more about [Tanner Healthcare for Women](#) now.

## USING INFORMATION TECHNOLOGY TO IMPROVE POPULATION HEALTH OUTCOMES AND HEALTHCARE QUALITY

### Patients Benefit as Tanner Electronic Health Record Expands to Include Independent Practices

More patients in west Georgia and east Alabama will benefit from Tanner's 2019 investment in its Epic "one patient, one record" electronic health record (EHR) as independent physician practices are now invited to sign on, too.

Through Community Connect, independent physicians can share Tanner's Epic software for their own practice, improving operations in their clinics and care for their patients. Epic, the No. 1 platform of its kind in the United States, allows for a single, comprehensive medical record that follows the patient from the clinic to the hospital bedside, operating suite, emergency department or wherever a patient seeks care within the Tanner system.



Tanner implemented the health record platform at its nearly 40 Tanner Medical Group practice locations and five hospitals last year. Now, independent medical practices can join the platform, ensuring seamless care between the practice and the health system.

Three practices — Primary Care of West Georgia, West Georgia Internal Medicine and Children's Heart Specialists of Georgia — went live on Tanner's Epic platform during Summer 2020. Primary Care of West Georgia launches on June 22, and the other two practices are set to launch in August.

About 400 independent physicians with privileges at Tanner hospitals completed training on the Epic platform so they, too, could use the new system while providing inpatient care at Tanner hospitals. These providers currently use the new Epic-based system while at Tanner and another system in their practices.

The move includes giving patients access to Tanner MyChart – the 24/7 secure patient portal that lets patients manage their healthcare information and routine tasks like requesting prescription results, checking lab results and paying bills online.

Each implementation will take about three months from preparation to Go-Live on the new system. Other practices are reviewing the opportunity and will be able to sign on in the future.

Discussions are underway with other practices on how they can participate in Community Connect, and implementations are expected to continue through 2022.

### **Increasing Access to Care for the Uninsured and Underinsured**

To ensure optimal access, Tanner continually evaluates financial assistance and self-pay discount policies and practices. Patients are provided with information about the organization's charity/indigent program at registration and on Tanner's website. Any self-pay or under-insured patients must meet the criteria for indigent care to have the cost of their care written off by the health system.

Patients are interviewed, and financial statements are prepared. Patients who meet the criteria for Medicaid eligibility are referred to an outside vendor for assistance. A patient with a family income up to 200% (2 times) of the Federal Poverty Guidelines (FPG) based on family size receives a 100 percent discount for medically necessary services.

Patients with large, medically necessary medical bills which have created a financial hardship are considered for a sliding scale discount. The lower the patient's discretionary income and the higher the healthcare bills allow more charity allowances. Patients whose family income exceeds two times the applicable FPG may also qualify for sliding scale discounts on medically necessary services.

Translation assistance is provided for patients as needed.

Learn more: [tanner.org/community-impact/health-of-our-system/indigent-and-charity-care](https://tanner.org/community-impact/health-of-our-system/indigent-and-charity-care)



## INCREASING ACCESS TO EXISTING RESOURCES

Tanner continues to utilize educational outreach and enhanced networking/partnerships to raise awareness of services and resources in the community to overcome barriers to care.

On Jan. 18, 2021, Tanner hosted a CPR event in Wedowee. We also offer the following chronic disease prevention and management classes online:

- ◆ Carb Counting
- ◆ Diabetes 101
- ◆ Freshstart

## Chronic Disease Education, Prevention and Management

### INCREASING ACCESS TO CLINICAL AND COMMUNITY-BASED SERVICES

For people to lead healthier lives, they must have access to high-quality clinical and community-based services that can help them prevent or manage chronic diseases.

Our goal is to provide high-quality, evidence-based services that are available and accessible to all. When people have the knowledge and tools they need to manage their health, they are more likely to stay healthy and out of the hospital.

### INCREASING ACCESS TO CHRONIC DISEASE PREVENTIVE SERVICES AND SELF-MANAGEMENT PROGRAMS

#### Helping the Community Get Healthy and Live Well

Two threats are increasingly affecting individual quality of life and overall community health in east Alabama: unhealthy lifestyles and the growth of chronic disease.

Both pose many challenges, and no solutions are simple. But those challenges can be overcome through prevention and management.

To address the community's healthcare needs, we are working to increase access to education, prevention and management programs. The increased prevalence

of chronic disease in Cleburne and Randolph counties has led Tanner to take the lead in improving the region's health status.

To help residents take charge of their health, Get Healthy, Live Well continues its efforts to increase access to community-based preventive services and self-management programs by hosting several online classes and events, including:

- ◆ Carb Counting
- ◆ Diabetes 101
- ◆ Freshstart tobacco cessation program
- ◆ Living Well Education Series events
- ◆ Living Well With Diabetes
- ◆ Living Well Workshop
- ◆ Move It Mondays
- ◆ Red for a Reason women's heart health awareness events

### INCREASING OUTREACH TO PREVENTIVE SERVICES

#### Women's Health Screenings Made Easier at Tanner Breast Health

With important women's preventive imaging — like mammograms and bone density — back on the calendar at Tanner, many women are getting their first look at the new Tanner Breast Health location at Tanner Health Pavilion, across Dixie Street from Tanner Medical Center/Carrollton.

And, with Tanner's Mammography on the Move mobile unit resuming its trek across west Georgia and east Alabama in July to provide convenient access to patients in outlying areas, it's twice as easy to check these essential screenings off your to-do list.



In 2019, almost 20,000 screenings were done within the Tanner system, utilizing state-of-the-art digital mammography and 3-D mammography for routine mammograms, bone density tests and diagnostic mammograms for when a potential issue has been detected and more information is needed. Mammograms are offered in the new outpatient center at Tanner Breast Health locations inside the Tanner Health Pavilion, on the campus of Tanner Medical Center/Villa Rica, at Higgins General Hospital in Bremen and on Tanner's Mammography on the Move mobile unit.

Tanner also provides breast ultrasound, an additional imaging process recommended for women with dense breast tissue that makes it difficult to detect cancer or for more information on a detected mass. In addition, breast magnetic resonance imaging (MRI) — which uses a large magnet, radio waves and a computer — is available in the inpatient imaging center inside Tanner Medical Center/Carrollton.

You can discuss what's best for your personal needs with your doctor.

In addition to donations, the fund is generously supported by Tanner team members and the community through activities including the annual mammogram T-shirt sale and Wedowee's Bingo for Boobies. Patient safety is Tanner's priority every day and with every patient. Infection prevention practices have been increased due to COVID-19.

You'll notice:

- ◆ Pre-screening of patients before appointments for symptoms and potential COVID-19 exposure
- ◆ Required facial coverings for everyone — staff, patients, visitors — at all Tanner facilities
- ◆ Hand sanitizing stations at all entries, exits and other critical areas
- ◆ Social distance accommodations during patient flow, including appointment scheduling
- ◆ Rigorous and frequent cleaning and sanitizing of Tanner facilities, equipment and surfaces throughout the system
- ◆ Personal protective equipment (PPE) and hand hygiene protocols, established by the Centers for Disease Control and Prevention (CDC) for all healthcare staff

- ◆ One visitor was permitted in the patient care area for special needs only
- ◆ And daily monitoring of all healthcare staff for illness.

Learn more: [tanner.org/cancer-care/what-we-offer/breast-cancer/mammography](https://tanner.org/cancer-care/what-we-offer/breast-cancer/mammography)

## Better Birth Days

In May 2021, Tanner Women's Care and several community partners launched a new effort to keep moms and their babies safe and healthy.

The public awareness campaign, "Better Birth Days," provided education on the potentially life-threatening health risks and complications for moms during pregnancy, delivery and postpartum — especially among Black and Latina women.

Tanner partnered with the Carroll County Health Department, the Pregnancy Resource Center, first responders and the faith-based Black and Latina communities — among other organizations — to reach more at-risk moms and their loved ones to build awareness of these risks and the importance of immediate medical intervention to save lives.

The outreach leverages Tanner's extensive care footprint in the region, the expertise and passion of its medical team for caring for moms and their babies, and an extensive network of existing community relationships established through Tanner's Get Healthy, Live Well to improve health outcomes in the communities Tanner serves.

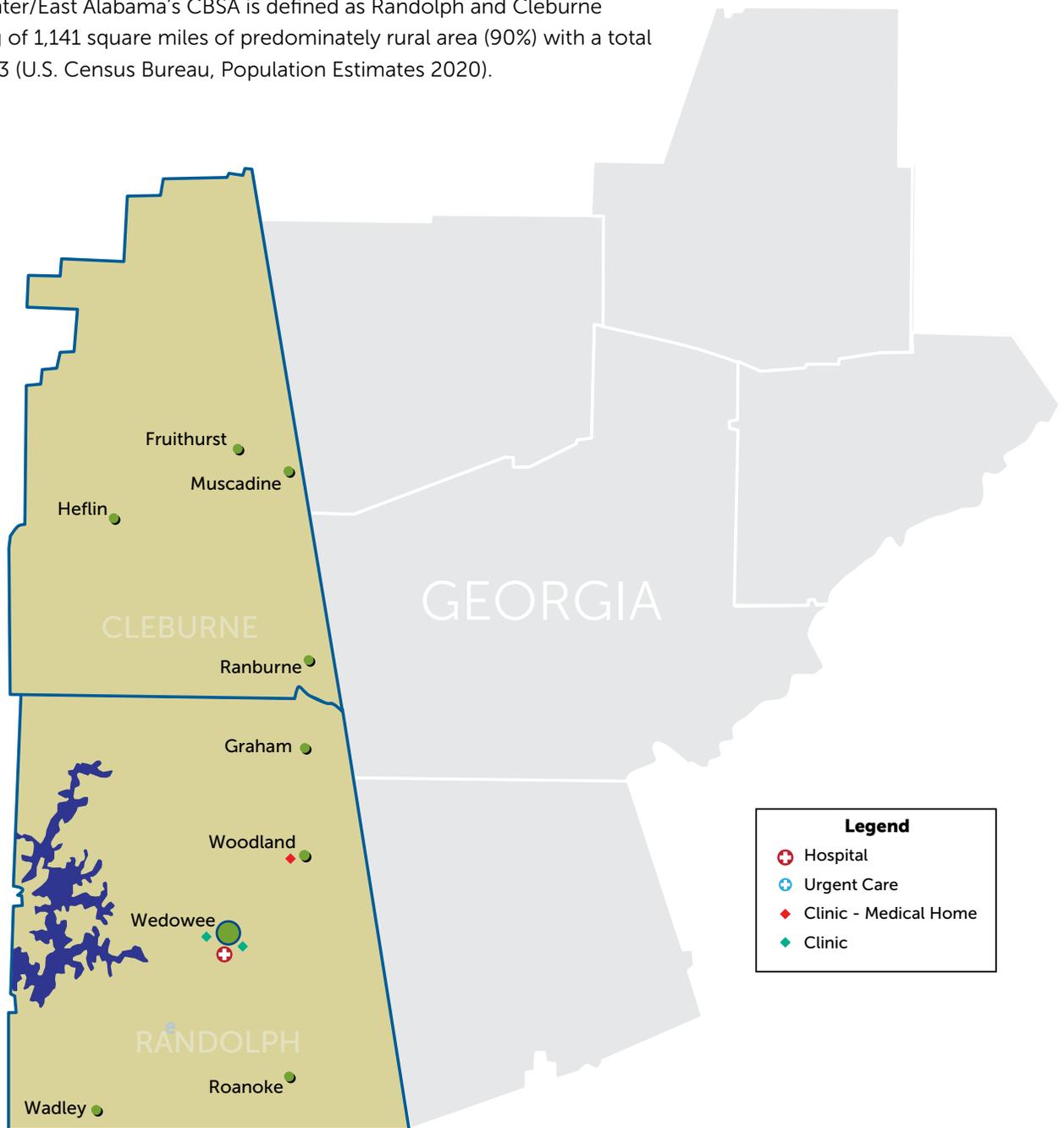
The campaign included local media coverage, blog articles, social media promotion, the creation of a dedicated webpage, education classes and a radio show appearance. The Carroll County Health Department and Pregnancy Resource Center provide Better Birth Days rack cards to every woman visiting who has a positive pregnancy test. The campaign has reached more than 200,000 residents in west Georgia and east Alabama.

# Part 3: Community Served

## GEOGRAPHIC AREA SERVED

For the 2022 CHNA, Tanner Medical Center/East Alabama identified a geographic area to serve over the next three-year CHNA cycle. This Community Benefit Service Area (CBSA) was selected based on hospital patient utilization data; proximity to the hospital, and/or an existing presence of programs and partnerships within these communities.

Tanner Medical Center/East Alabama's CBSA is defined as Randolph and Cleburne counties, consisting of 1,141 square miles of predominately rural area (90%) with a total population of 37,023 (U.S. Census Bureau, Population Estimates 2020).

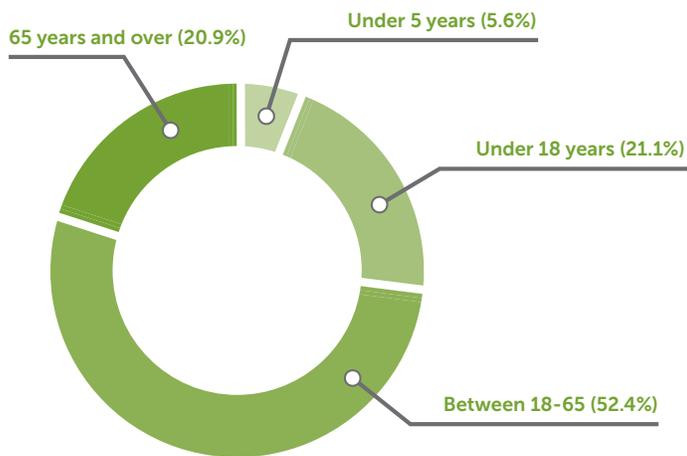


# Randolph County

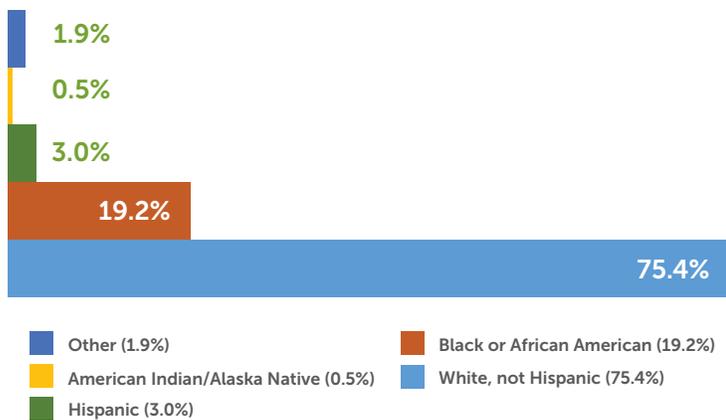
26  
of 67

## Population by Age<sup>1</sup>

Randolph County Total Population: 21,967



## Population by Race<sup>1</sup>



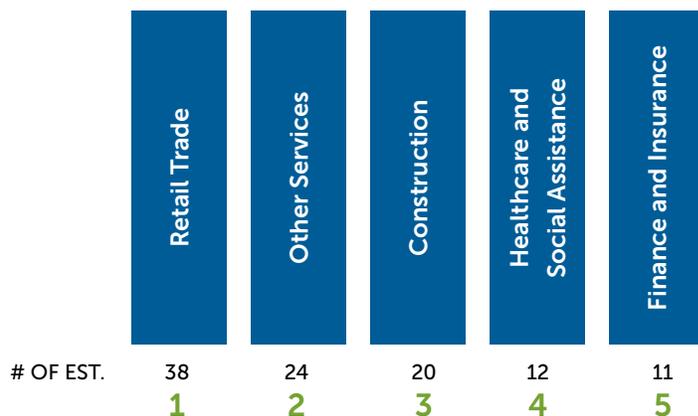
### POPULATION

The population of Randolph County was estimated at 21,967 by the 2020 U.S. Census Bureau, reflecting a 4.21% population decrease since the 2010 Census. The population is spread out over 581 square miles, translating into a population density of 37.8 persons per square mile. Approximately 18,638 residents (81.3%) live in rural areas of the county. In 2020, Randolph County residents 65 years or older were 20.9% of the population, exceeding the state average (17.3%). White people (75.4%) make up the majority of the population, followed by Black people (19.2%).

## County Health Rankings<sup>3</sup>

	Rank (of 67)
<b>Health Outcomes</b>	<b>26</b>
Mortality (Length of Life)	38
Morbidity (Quality of Life)	20
<b>Health Factors</b>	<b>44</b>
Health Behaviors	40
Clinical Care	48
Social and Economic Factors	37
Physical Environment	44

## Top 5 Industries<sup>5</sup>



### ECONOMY

Randolph County's median household income, of \$45,141 is significantly lower than the state median income of \$52,035.<sup>2</sup> The unemployment rate (1.8%) is slightly higher than the state average (2.1%).<sup>7</sup> The county's percentage of children (30.3%), adults (16.9%) and seniors (12.1%) living in poverty exceeds the state average in all three indicators.<sup>2</sup>

<sup>1</sup>U.S. Census Bureau, Population Estimates, 2020

<sup>2</sup>U.S. Census Bureau, American Community Survey, 2016-2020

<sup>3</sup>County Health Rankings, 2022

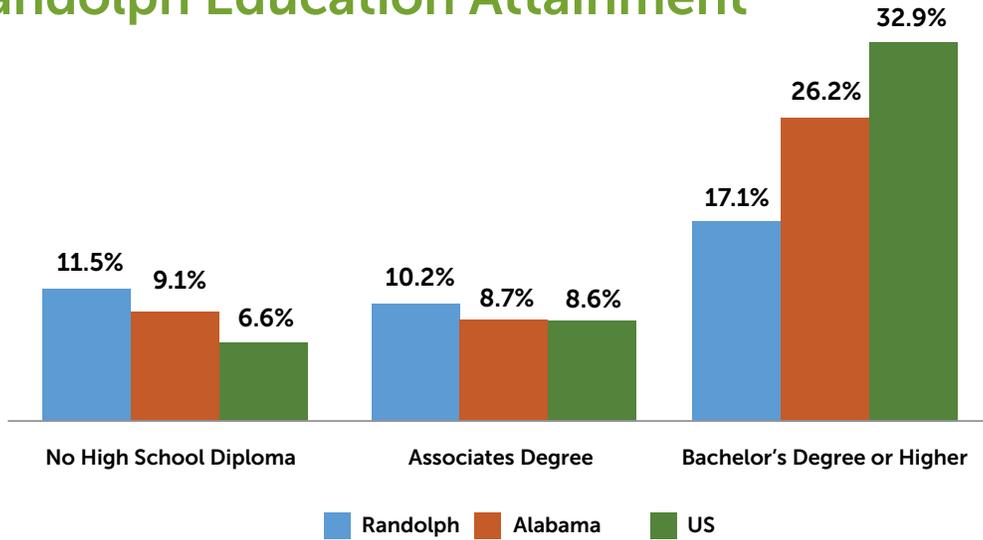
<sup>4</sup>US Department of Labor, Bureau of Labor Statistics, 2022-March

<sup>5</sup>Carroll County Business Patterns, 2019

<sup>6</sup>Georgia Department of Public Health, OASIS, 2016-2020

<sup>7</sup>U.S. Department of Labor, Bureau of Labor Statistics, 2022-March 2022

# Randolph Education Attainment



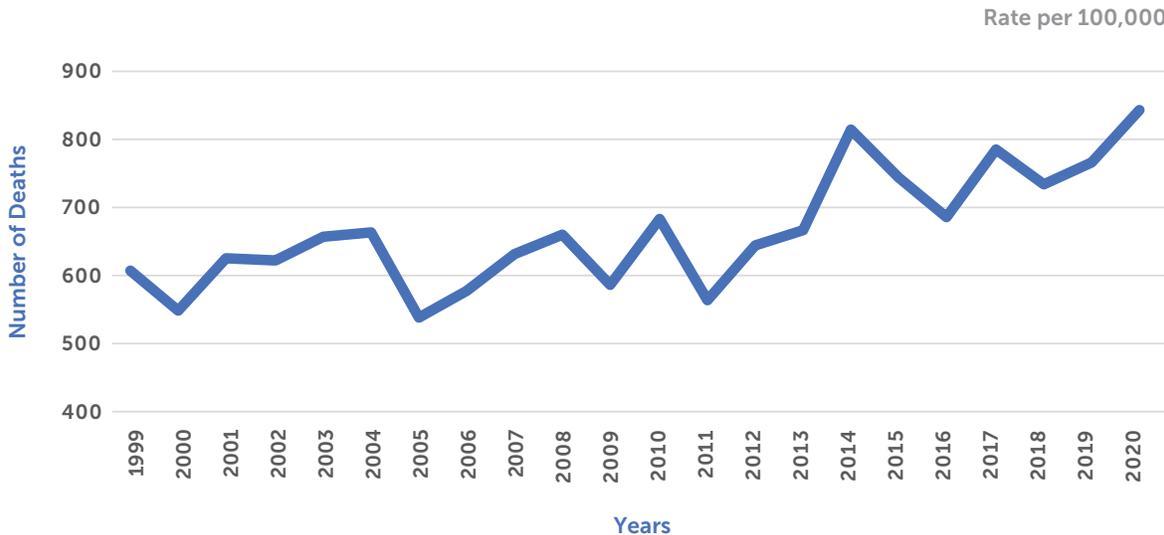
## EDUCATION

Poverty, unemployment and lack of educational attainment affect access to care and a community’s ability to engage in healthy behaviors. Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive. The population age 25+ in Randolph County with no high school diploma (11.5%) exceeds state and national figures.<sup>2</sup> Concurrently, the population age 25+ in Randolph County with an associate’s degree (10.2%) is higher than state and national figures. The population age 25+ with a bachelor’s degree or higher (17.1%) falls significantly below state and national figures.

## TOP 10 CAUSES OF DEATH<sup>6</sup>

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease
4. Accidents
5. Stroke
6. Alzheimer’s Disease
7. Influenza and Pneumonia
8. Suicide
9. Homicide
10. Diabetes

# Premature Death Rate for Randolph County



# Randolph County Health Profile

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Social and Economic Indicators</b>					
Unemployment	<b>1.80%</b>	2.10%	3.60%	Percentage of population 16 years or older that is unemployed	U.S. Department of Labor, Bureau of Labor Statistics April 2022
Population Receiving SNAP Benefits	<b>16.4%</b>	13.4%	11.4%	Percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	U.S. Census 2020; American Community Survey 2016-2020
Adults in Poverty	<b>16.9%</b>	15.1%	12.1%	Percentage of adult population aged 18 to 64 years old living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Seniors in Poverty	<b>12.1%</b>	10.2%	9.3%	Percentage of population aged 65 or older living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Children in Poverty	<b>30.3%</b>	22.7%	17.5%	Percentage of population aged 0 to 17 years old living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Population With No High School Diploma	<b>11.5%</b>	9.1%	6.6%	Percentage of population 25 years and older without a high school diploma or equivalency (GED)	U.S. Census 2020; American Community Survey 2016-2020
High School Dropout Rate	<b>5%</b>	8%	n/a	Percentage of ninth-grade cohort that graduates in four years.	County Health Rankings 2022, EDFacts 2018-2019
No Access to a Vehicle	<b>4.7%</b>	5.9%	8.5%	Percentage of occupied households with no motor vehicle	U.S. Census 2020; American Community Survey 2016-2020
Income Inequality (GINI Index)	<b>0.46</b>	0.47	0.48	GINI Index score that represents "a statistical measure of income inequality ranging from 0 to 1 where a measure of 1 indicates perfect inequality and a measure of 0 indicates perfect equality." Based on the total number of households for county and state values. National value measures GINI Index income inequality ranging from 0 to 100.	U.S. Census 2020; American Community Survey, 2016-2020
Premature Death Rate	<b>11,600</b>	10,400	5,600	Years of potential life lost before age 75 per 100,000	County Health Rankings 2022, National Center for Health Statistics 2018-2020

Red numbers indicate parameters worse than the national average. Green numbers indicate parameters better than the national average.

PART 3: COMMUNITY SERVED

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Diabetes and Obesity</b>					
Diabetes Prevalence	<b>12%</b>	12%	n/a	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted)	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019
Obesity	<b>35%</b>	36%	30%	Percentage of population 20 years or older with a self reported BMI greater than 30	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019
Physical Inactivity	<b>35%</b>	31%	23%	Percentage of population 20 years or older that self reported no leisure time for physical activity	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019.
Population With Low Food Access	<b>13%</b>	9%	n/a	Percentage of population who are low-income and do not live close to a grocery store	County Health Rankings 2022; USDA Food Environment Atlas
Food Insecurity	<b>16%</b>	16%	n/a	Percentage of population that experienced food insecurity in a designated year	County Health Rankings 2022; Map the Meal Gap, Feeding America 2019
<b>Maternal and Infant Health</b>					
Teen Births	<b>38</b>	28	11	Number of births per 1,000 female population ages 15-19	County Health Rankings 2022; National Center for Health Statistics 2014-2020
Low Birth Weight	<b>9%</b>	10%	6%	Percentage of live births with low birthweight (< 2,500 grams)	"County Health Rankings 2022; CDC National Center for Health Statistics 2014-2020"
Infant Mortality	<b>n/a</b>	8	n/a	Number of infant deaths (within 1 year) per 1,000 live births	County Health Rankings 2022, National Center for Health Statistics - Mortality Files
Child Mortality	<b>17</b>	70	n/a	Number of deaths among residents under age 18 per 100,000 population	County Health Rankings 2022; National Center for Health Statistics - Mortality Files 2017-2020
Premature Births	<b>12.3%</b>	12.5%	10.1%	Percent of births before 37 weeks of gestation	National Center for Health Statistics 2020
<b>Cardiovascular Health</b>					
Heart Disease Mortality Rate	<b>374.6</b>	270.8	213	Age-adjusted rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population	CDC, National Center for Health Statistics. National Vital Statistics System, Mortality: Compressed Mortality File 1999-2016
Stroke Mortality Rate	<b>73</b>	61.3	47.5	Age-adjusted rate of death due to Cerebrovascular disease (stroke)	CDC, National Center for Health Statistics. National Vital Statistics System, Mortality: Compressed Mortality File 1999-2016
<b>Respiratory Health</b>					
Air Pollution-Particulate Matter	<b>9</b>	9	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	"County Health Rankngs 2022; CDC National Environmental Public Health Tracking Network 2018"
Adult Smoking	<b>23%</b>	21%	15%	Percentage of adults who are current smokers (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019.

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Mental Health and Substance Misuse</b>					
Suicides	<b>28</b>	16	n/a	Number of deaths due to suicide per 100,000 population (age-adjusted)	County Health Rankings 2022; National Vital Statistics System - Mortality Data (2020) via CDC Wonder
Poor Mental Health Days	<b>5.8</b>	5.6	4	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Frequent Mental Distress	<b>19%</b>	18%	n/a	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Excessive Drinking	<b>15%</b>	15%	15%	Percentage of adults reporting binge or heavy drinking (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Alcohol-Impaired Driving Deaths	<b>56%</b>	26%	10%	Percentage of driving deaths with alcohol involvement	"County Health Rankings 2022; Fatality Analysis Reporting System 2016-2020"
<b>Cancers</b>					
Breast Cancer Deaths	<b>19.6</b>	21.4	19.9	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Breast Cancer Incidence	<b>94.3</b>	121.4	126.8	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018
Colorectal Cancer Deaths	<b>16.6</b>	15.2	13.4	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Colorectal Cancer Incidence	<b>45.7</b>	42.8	38	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018
Prostate Cancer Deaths	<b>n/a</b>	20.6	18.9	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019.
Prostate Cancer Incidence	<b>97.9</b>	121.9	106.2	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018

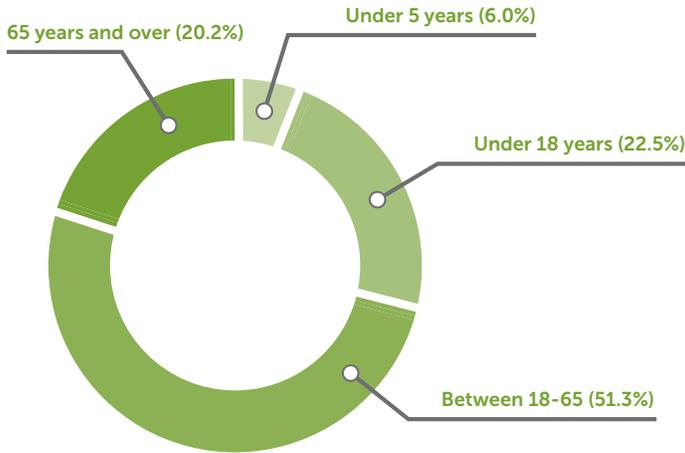
INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
Lung Cancer Deaths	<b>59.8</b>	62.6	36.7	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Lung Cancer Incidence	<b>58.8</b>	63.7	57.3	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018.
<b>Injury Prevention and Safety</b>					
Firarm Fatalities	<b>28</b>	22	n/a	Number of deaths due to firearms per 100,000 population	County Health Rankings 2022; National Center for Health Statistics 2016-2020
Violent Crime	<b>196</b>	480	63	Number of reported violent crime offenses per 100,000 population	County Health Rankings 2022, Uniform Crime Reporting - FBI 2012-2014
Child Abuse and/or Neglect	<b>17.3</b>	11.00	n/a	Children with Indication of abuse or neglect (rate per 1,000)	VOICES for Alabama's Children's 2020 Alabama Kids Count County Data Profiles
Motor Vehicle Crash Deaths	<b>49</b>	20	n/a	Number of motor vehicle crash deaths per 100,000 population	County Health Rankings 2022, National Center for Health Statistics, 2014-2020
<b>Access to Care</b>					
Uninsured Adults	<b>16%</b>	15%	n/a	Percentage of adults under age 65 without health insurance	"County Health Rankings 2022, US Census Bureau Small Area Health Insurance Estimates 2019"
Uninsured Children	<b>3%</b>	3%	n/a	Percentage of children under age 19 without health insurance	"County Health Rankings 2022, US Census Bureau Small Area Health Insurance Estimates 2019"
Primary Care Physicians	<b>4,540:1</b>	1,520:1	1,010:1	Ratio of population to primary care physicians	County Health Rankings 2022, Area Health Resource File/ American Medical Association 2020
Dentists	<b>7,640:1</b>	2,030:1	1,210:1	Ratio of population to dentists	County Health Rankings 2022, Area Health Resource File/ American Medical Association 2020
Mental Health Providers	<b>3,820:1</b>	850:1	250:1	Ratio of population to mental health providers	County Health Rankings 2022, CMS, National Provider Identification, 2021
Other Primary Care Providers	<b>1,210:1</b>	990:1	n/a	Ratio of population to primary care providers other than physicians	"County Health Rankings 2022, Area Health Resource File/American Medical Association, 2019"
Preventable Hospital Stays	<b>3,445</b>	4,875	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	County Health Rankings 2022, Mapping Medicare Disparities Tool, 2019

# Cleburne County

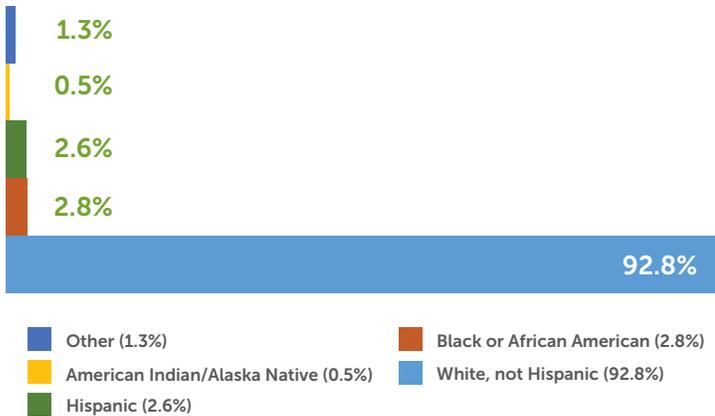
**17**  
of 67

## Population by Age<sup>1</sup>

Cleburne County Total Population: 15,056



## Population by Race<sup>1</sup>



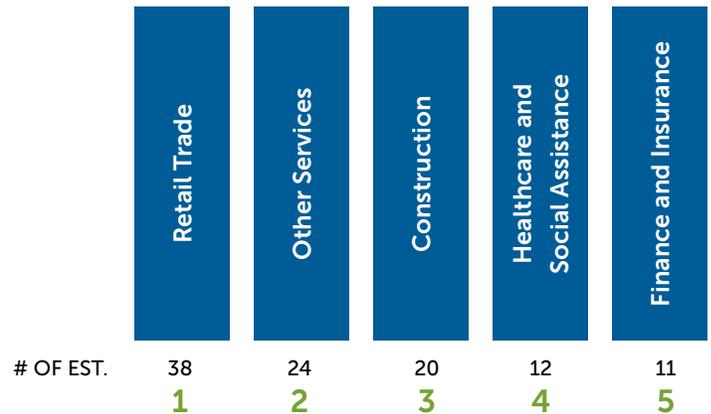
### POPULATION

The population of Cleburne County was estimated at 15,056 by the 2020 U.S. Census Bureau, reflecting a 0.5% population increase since the 2010 Census. The population is spread out over 560 square miles, translating into a population density of 26.8 persons per square mile. Cleburne County is designated as a 100% rural county. In 2019, Cleburne County residents 65 years or older were 20.2% of the population, exceeding the state average (17.3%). White people (92.8% make up the majority of the population, followed by Black people (2.8%).

## County Health Rankings<sup>3</sup>

	Rank (of 67)
<b>Health Outcomes</b>	<b>17</b>
Mortality (Length of Life)	20
Morbidity (Quality of Life)	17
<b>Health Factors</b>	<b>30</b>
Health Behaviors	26
Clinical Care	60
Social and Economic Factors	21
Physical Environment	41

## Top 5 Industries<sup>5</sup>



### ECONOMY

Cleburne County's median household income, of \$46,320 is slightly lower than the state median income of \$52,035.<sup>2</sup> The unemployment rate (1.7%) is slight lower than the state average (2.1%).<sup>4</sup> The county's percentage of children (30.3%), adults (16.9%) and seniors (12.1%) living in poverty exceeds the state average in all three indicators.<sup>2</sup>

<sup>1</sup>U.S. Census Bureau, Population Estimates, 2020

<sup>2</sup>U.S. Census Bureau, American Community Survey, 2016-2020

<sup>3</sup>County Health Rankings, 2022

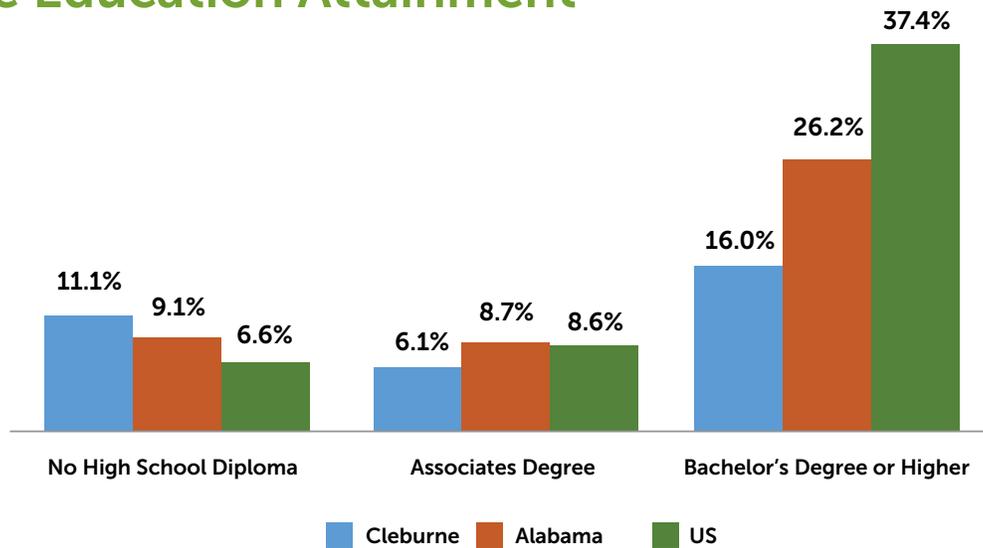
<sup>4</sup>US Department of Labor, Bureau of Labor Statistics, 2022-March

<sup>5</sup>Carroll County Business Patterns, 2019

<sup>6</sup>Georgia Department of Public Health, OASIS, 2016-2020

<sup>7</sup>U.S. Department of Labor, Bureau of Labor Statistics, 2022-March 2022

# Cleburne Education Attainment



## EDUCATION

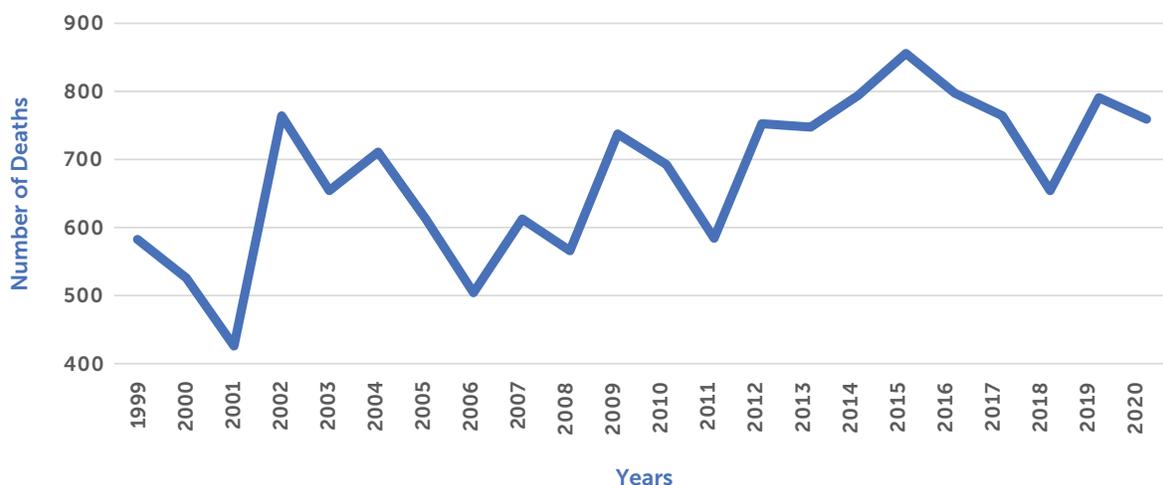
Poverty, unemployment and lack of educational attainment affect access to care and a community's ability to engage in healthy behaviors. Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive. The population age 25+ in Cleburne County with no high school diploma (11.1%) exceeds state and national figures.<sup>2</sup> Concurrently, those 25+ with an associates degree (6.1%) and Bachelor's Degree or higher (16.0%) fall significantly below state and national figures.

## TOP 10 CAUSES OF DEATH<sup>6</sup>

1. Heart Disease
2. Cancer
3. Alzheimer's Disease
4. Chronic Lower Respiratory Disease
5. Accidents
6. Influenza and Pneumonia
7. Suicide
8. Homicide
9. Stroke
10. Diabetes

# Premature Death Rate for Cleburne County

Rate per 100,000



# Cleburne County Health Profile

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Social and Economic Indicators</b>					
Unemployment	1.7%	2.1%	3.6%	Percentage of population 16 years or older that is unemployed	U.S. Department of Labor, Bureau of Labor Statistics, April 2022
Population Receiving SNAP Benefits	12.6%	13.4%	11.4%	Percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	U.S. Census 2020; American Community Survey 2016-2020
Adults in Poverty	16.9%	15.1%	12.1%	Percentage of adult population aged 18 to 64 years old living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Seniors in Poverty	12.1%	10.2%	9.3%	Percentage of population aged 65 or older living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Children in Poverty	30.3%	22.7%	17.5%	Percentage of population aged 0 to 17 years old living below the poverty line	U.S. Census 2020; American Community Survey 2016-2020
Population With No High School Diploma	11.1%	9.1%	6.6%	Percentage of population 25 years and older without a high school diploma or equivalency (GED)	U.S. Census 2020; American Community Survey 2016-2020
High School Dropout Rate	2%	8%	n/a	Percentage of ninth-grade cohort that graduates in four years	County Health Rankings 2022, ED Facts 2018-2019
No Access to a Vehicle	6.1%	5.9%	8.5%	Percentage of occupied households with no motor vehicle	U.S. Census 2020; American Community Survey 2016-2020
Income Inequality (GINI Index)	0.46	0.47	0.48	GINI Index score that represents "a statistical measure of income inequality ranging from 0 to 1 where a measure of 1 indicates perfect inequality and a measure of 0 indicates perfect equality." Based on the total number of households for county and state values. National value measures GINI Index income inequality ranging from 0 to 100.	U.S. Census 2020; American Community Survey, 2016-2020
Premature Death Rate	10,500	10,400	5,600	Years of potential life lost before age 75 per 100,000	County Health Rankings 2022, National Center for Health Statistics 2018-2020

Red numbers indicate parameters worse than the national average. Green numbers indicate parameters better than the national average.

PART 3: COMMUNITY SERVED

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Diabetes and Obesity</b>					
Diabetes Prevalence	<b>11%</b>	12%	n/a	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted)	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019
Obesity	<b>36%</b>	36%	30%	Percentage of population 20 years or older with a self-reported BMI greater than 30	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019
Physical Inactivity	<b>34%</b>	31%	23%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted)	County Health Rankings 2022; CDC, Behavioral Risk Factor Surveillance System 2019
Population With Low Food Access	<b>2%</b>	9%	n/a	Percentage of population who are low-income and do not live close to a grocery store	County Health Rankings 2022; USDA Food Environment Atlas
Food Insecurity	<b>18%</b>	16%	n/a	Percentage of population that experienced food insecurity in a designated year	County Health Rankings 2022; Map the Meal Gap, Feeding America 2019
<b>Maternal and Infant Health</b>					
Teen Births	<b>31</b>	28	11	Number of births per 1,000 female population ages 15-19	County Health Rankings 2022; National Center for Health Statistics 2014-2020
Low Birth Weight	<b>8%</b>	10%	6%	Percentage of live births with low birthweight (< 2,500 grams)	"County Health Rankings 2022; CDC National Center for Health Statistics 2014-2020"
Infant Mortality	<b>n/a</b>	8	n/a	Number of infant deaths (within 1 year) per 1,000 live births	County Health Rankings 2022, National Center for Health Statistics - Mortality Files
Child Mortality	<b>11</b>	70	n/a	Number of deaths among residents under age 18 per 100,000 population	County Health Rankings 2022; National Center for Health Statistics - Mortality Files 2017-2020
Premature Births	<b>10.4%</b>	12.5%	10.1%	Percent of births before 37 weeks of gestation	National Center for Health Statistics 2020
<b>Cardiovascular Health</b>					
Heart Disease Mortality Rate	<b>336.4</b>	270.8	213	Age-adjusted rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population	CDC, National Center for Health Statistics. National Vital Statistics System, Mortality: Compressed Mortality File 1999-2016
Stroke Mortality Rate	<b>49.6</b>	61.3	47.5	Age-adjusted rate of death due to Cerebrovascular disease (stroke)	CDC, National Center for Health Statistics. National Vital Statistics System, Mortality: Compressed Mortality File 1999-2016
<b>Respiratory Health</b>					
Air Pollution-Particulate Matter	<b>9</b>	9	5.9	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	"County Health Rankngs 2022; CDC National Environmental Public Health Tracking Network 2018"
Adult Smoking	<b>24%</b>	21%	15%	Percentage of adults who are current smokers (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
<b>Mental Health and Substance Misuse</b>					
Suicides	13	16	n/a	Number of deaths due to suicide per 100,000 population (age-adjusted)	County Health Rankings 2022; National Vital Statistics System - Mortality Data (2020) via CDC Wonder
Poor Mental Health Days	5.7	5.6	4	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Frequent Mental Distress	19%	18%	n/a	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Excessive Drinking	16%	15%	15%	The percentage of adults reporting binge or heavy drinking (age-adjusted)	County Health Rankings 2022; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Alcohol-Impaired Driving Deaths	31%	26%	10%	Percentage of driving deaths with alcohol involvement	"County Health Rankings 2022; Fatality Analysis Reporting System 2016-2020"
<b>Cancers</b>					
Breast Cancer Deaths	n/a	21.4	19.9	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Breast Cancer Incidence	104.1	121.4	126.8	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018
Colorectal Cancer Deaths	19.1	15.2	13.4	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Colorectal Cancer Incidence	60	42.8	38	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018
Prostate Cancer Deaths	n/a	20.6	18.9	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Prostate Cancer Incidence	93.5	121.9	106.2	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018

PART 3: COMMUNITY SERVED

INDICATOR	COUNTY	STATE	NATIONAL	UNITS	SOURCE
Lung Cancer Deaths	57.5	62.6	36.7	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2015-2019
Lung Cancer Incidence	73.8	63.7	57.3	Age-adjusted death rate, deaths per 100,000	National Institutes of Health, National Cancer Institute Surveillance, Epidemiology and End Results Program. State Cancer Profiles, 2014-2018
<b>Injury Prevention and Safety</b>					
Firarm Fatalities	18	22	n/a	Number of deaths due to firearms per 100,000 population	County Health Rankings 2022; National Center for Health Statistics 2016-2020
Violent Crime	103	480	63	Number of reported violent crime offenses per 100,000 population	County Health Rankings 2022, Uniform Crime Reporting - FBI 2012-2014
Child Abuse and/or Neglect	26.8	11.00	n/a	Children with Indication of abuse or neglect (rate per 1,000)	VOICES for Alabama's Children 2020 Alabama Kids Count County Data Profiles
Motor Vehicle Crash Deaths	34	20	n/a	Number of motor vehicle crash deaths per 100,000 population	County Health Rankings 2022, National Center for Health Statistics, 2014-2020
<b>Access to Care</b>					
Uninsured Adults	16%	15%	n/a	Percentage of adults under age 65 without health insurance	"County Health Rankings 2022, US Census Bureau Small Area Health Insurance Estimates 2019"
Uninsured Children	5%	3%	n/a	Percentage of children under age 19 without health insurance	"County Health Rankings 2022, US Census Bureau Small Area Health Insurance Estimates 2019"
Primary Care Physicians	4,970:1	1,530:1	1,010:1	Ratio of population to primary care physicians	County Health Rankings 2022, Area Health Resource File/ American Medical Association 2020
Dentists	n/a	2,030:1	1,210:1	Ratio of population to dentists	County Health Rankings 2022, Area Health Resource File/ American Medical Association 2020
Mental Health Providers	1,870:1	850:1	250:1	Ratio of population to mental health providers	County Health Rankings 2022, CMS, National Provider Identification, 2021
Other Primary Care Providers	7,480:1	990:1	n/a	Ratio of population to primary care providers other than physicians	"County Health Rankings 2022, Area Health Resource File/American Medical Association, 2019"
Preventable Hospital Stays	5,732	4,875	2,233	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	County Health Rankings 2022, Mapping Medicare Disparities Tool, 2019

## SUMMARY OF KEY SECONDARY FINDINGS

The leading causes of death in Randolph and Cleburne counties, in order, are heart disease and cancer, according to the latest data from the Alabama Department of Public Health.

Because heart disease accounts for substantial morbidity and mortality, reducing risk factors is important in improving the community's health. The major risk factors are associated with lifestyle.

They include:

- ◆ A sedentary lifestyle
- ◆ Diabetes
- ◆ Elevated blood pressure
- ◆ High blood cholesterol levels
- ◆ Obesity
- ◆ Smoking

Furthermore, extensive research from the National Cancer Institute indicates that nearly two-thirds of cancer deaths can be linked to modifiable risk factors such as tobacco use, diet, obesity and lack of physical activity. Obesity prevalence has reached epidemic proportions both locally and nationally.

According to a 2021 Trust for America's Health Report, Alabama is the 3rd most obese state in the nation for adults. And it's the 5th most obese for children, according to a Robert Wood Johnson Foundation report. Based on the 2022 County Health Rankings report, county area figures reveal that Randolph and Cleburne counties have an adult obesity rate of 35% and 36%, respectively, exceeding the national benchmark of 30%.

Additional data indicate that the percentages of adults who report insufficient leisure physical activity —such as walking and other recreation — are higher than state figures in Randolph and Cleburne counties.

The 2021 Trust for America's Health Report also shows that Alabama ranks second in the nation for the prevalence of diabetes. Based on the 2022 County Healthy Rankings report, Randolph County has an adult diabetes rate of 12% and Cleburne County a rate of 11%, with Randolph County matching the state rate of 12%.

Diabetes complications are debilitating, costly, deadly, and most prevalent among underserved populations, increasing emergency room utilization and acute care hospitalization.

Concernedly, according to 2022 County Health Rankings data, the preventable hospital stays in Cleburne (5,732) and Randolph (3,445) counties highly surpass national (2,233) statistics. The preventable hospital stays rate indicator reports the rate of hospital stays (per 100,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS).

ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

According to the National Institute of Mental Health, nearly one in five adults live with a mental illness (52.9 million in 2020). A 2020 Behavioral Health Barometer report from SAMSHA states that about 231,000 adults aged 18 or older (6.2% of all adults) in Alabama had a serious mental illness (SMI) within the year before being surveyed.

Additionally, according to Mental Health America, approximately two-thirds of young people in the U.S. with psychiatric disorders are not getting the help they need due to many factors often relating to financial and physical access and increased societal stigmas.

State figures second these discouraging figures, as a 2020 Commonwealth Fund State Scorecard report reveals that Alabama ranks 13th in the nation for the percentage of children (ages 2-17) with emotional, developmental or behavioral problems who did not receive needed mental health services. Suicide is a significant and preventable public health problem. Rates of suicide in Randolph County (28) and Cleburne (13) counties exceed the Healthy People 2030 goal (12.8).

Lack of access to medical care services is a significant problem for many east Alabamians. The 2022 County Health Rankings report notes that uninsured rates for adults (16%) and children (5%) in Cleburne County exceed state figures (15% and 3%, respectively). While the uninsured rate for adults in Randolph County exceeds the state rate, the uninsured rate for children (3%) is the same as the state.

Having access to care requires not only having financial coverage but also access to providers. Distressingly, the 2022 County Health Rankings data indicate that Randolph and Cleburne counties significantly surpass state rates for the population per primary care physician and the population per mental health professional.

A 2020 report from the Association of American Medical Colleges ranks Alabama the 43rd in the nation with the fewest physicians. Supplementary data from the U.S. Department of Health and Human Services Administration reveal that Randolph and Cleburne counties, in their entirety, are designated as Medically Underserved Areas (MUAs).

## EXISTING HEALTHCARE FACILITIES AND RESOURCES TO ADDRESS NEEDS

Tanner Medical Center/East Alabama recognizes that there are additional healthcare resources within the community that are available to respond to the health needs of residents, including but not limited to:

- ◆ Tanner/East Alabama: In May 2013, Tanner Health System opened Tanner/East Alabama, a 26,000-square-foot, two-story medical office building in Wedowee, Alabama, that houses Tanner Primary Care of Wedowee, a Tanner Medical Group practice that provides:
  - Preventive care
  - Health screenings
  - Acute and chronic illness care
  - DOT and sports physical exams
  - Men’s and women’s wellness
  - Chronic disease management, including hypertension, diabetes and weight management, immunizations

The second floor of Tanner/East Alabama includes space for various specialists from Tanner’s medical staff — including cardiologists, cancer specialists, obstetrics and gynecology specialists and others — to rotate through on a limited basis, bringing specialties to east Alabama that have not previously been available.

- ◆ Woodland Family Healthcare: A Tanner Medical Group practice, Woodland Family Healthcare combines experience, compassion and comprehensive medical care for the whole family. Services include:
  - General medical care
  - Minor surgery
  - Screenings for depression and other behavioral disorders
  - Men’s and women’s wellness
  - Sick visits
  - Children’s care
  - Geriatric care
- ◆ Tanner Primary Care of Roanoke: A Tanner Medical Group practice, Tanner Primary Care of Roanoke provides a wide range of primary care services, including:
  - Chronic disease management
  - Cardiac testing
  - Wellness appointments
  - Employment and sports physicals
  - Health screenings
  - Weight management
  - Services and worker’s compensation services
- ◆ Tanner Healthcare for Women: A Tanner Medical Group practice, Tanner Healthcare for Women provides a wide range of gynecology and women’s care services, including:
  - Pelvic exams
  - Well-woman check-ups
  - Breast health exams
  - Heart care
  - Chronic disease management
- ◆ Social service, faith-based and other community-based organizations: Faith-based organizations, community centers, senior centers, schools and other social services are just some of the organizations that will continue to be a major asset for the community as safety net providers working to reach out and engage communities in primary care and other needed health promotion services.
- ◆ Additional nearby hospitals: Tanner Medical Center/Carrollton, Carrollton, Georgia; Regional Medical Center, Anniston, Alabama; East Alabama Medical Center, Opelika, Alabama; and West Georgia Medical Center, LaGrange, Georgia.



# Part 4: Community Input

## KEY INFORMANT INTERVIEWS AND FOCUS GROUP

Qualitative data were gathered during one focus group (12 participants) and two key informant interviews (2 participants) conducted with community leaders in Wedowee, Alabama, at Wedowee City Hall on March 16, 2022. Participants were identified and recruited by Tanner Health System's Community Benefit (CB) Department.

### Interview and Focus Group Participants

- ♦ Seven women, seven men. Sectors: Business, county and city government, education, economic development, healthcare, public safety and non-profit.
- ♦ The majority of the CHNA participants have lived in east Alabama for 10+ years.

The focus group and key informant interviews were conducted by a Georgia Health Policy Center (GHPC) representative using discussion guides drafted by GHPC and reviewed by Tanner Health System's CB Department. Participants were informed about the Internal Revenue Service requirement for non-profit health systems to conduct a community health needs assessment every three years, noting this would be the second such assessment for Tanner Medical Center/East Alabama.

The purpose of the project was explained to participants noting that Tanner is seeking input from community leaders on the ways to improve the health of residents in the community. More than just determining what the problems are, it was noted that Tanner wants to hear what solutions the leaders have to address the needs and what they would be willing to support in terms of new initiatives or opportunities.

Two key informant interviews were conducted with community leaders. One focus group was conducted with 12 diverse community leaders representing education, healthcare, city and county government, public safety and private business. The leaders were from different geographic areas of Randolph and Cleburne counties.

Interviewees and focus group participants completed an informed consent approved by the Institutional Review Board of Georgia State University. Focus group participants were provided a meal. Each interview lasted approximately 60 minutes. The focus group lasted just over 90 minutes.

Both interviewees and focus group members expressed appreciation to Tanner Health System for working with

community leaders to establish a hospital and primary care office in Randolph County. They also commented on the outpouring of support from residents who voted to support the construction of the hospital. Additionally, they expressed appreciation for the expanded services provided by Tanner and how important the hospital is to the community.

### Key Health Issues and Concerns

Key informants and focus group participants identified several health issues or challenges that need to be addressed in Randolph County and the area served by the Tanner Medical Center/East Alabama. Bulleted below are the key health issues and concerns impacting residents in the region.

- ◆ **Behavioral/Mental Health Services:** The 2022 County Health Rankings show that 16-19% of adults were experiencing physical and mental distress. The lack of mental health service providers in the county and surrounding areas was a critical concern. Focus group participants noted a lack of psychiatric inpatient beds or residential care. Specific contributing factors included substance misuse/drug abuse, poverty, social media, stigma and lack of state funds for mental health care. Possible solutions include recruiting more providers to the region, communicating about mental health care options and engaging youth with physical activity and sports opportunities. Participants also suggested prioritizing the continued expansion of mental health services in schools and offering community education about COVID's impact on kids, including information on how to relieve anxiety and trauma.
- ◆ **Chronic Diseases Education, Prevention and Management:** While there has been an expansion of chronic disease management education and services, focus group members discussed multiple barriers, including poverty, lack of health insurance, medical costs and limited availability of physical activity spaces. They expressed an interest in Tanner offering more chronic disease prevention and management classes in east Alabama. They also expressed interest in health screenings.
- ◆ **Substance Misuse/Drugs:** Focus group participants noted that substance misuse and drug abuse were critical concerns for the area. Among their priorities is having additional Narcan (Naloxone) for first responders. This includes providing access to Narcan in every patrol car. There was a discussion of possibly replicating Haralson County, Georgia's model of having it in ambulances.

### Other Concerns

- ◆ **Community health education:** There is a need for more community health education on preventative care, CPR training, nutrition and available resources. Providing crisis training for school teachers and bus drivers was also suggested.
- ◆ **Lack of physical activity spaces for the community:** Expanding physical activity opportunities at senior centers will help address the lack of spaces for the community to be active. Partnering with school systems and churches to allow the community to utilize facilities for physical activity will also help.
- ◆ **Access to primary, dental and vision care:** While access to healthcare services has improved with the expansion of primary care providers in Roanoke, access to care remains a concern for focus group participants. Residents will often wait until their condition worsens before accessing care to avoid missing work or because they can't afford the co-payment or deductible. This became even more prevalent during the pandemic when preventative care took a backseat to COVID.
- ◆ **Access to and affordability of medicines:** Focus group participants named the availability and affordability of medications as a contributing factor to chronic disease. The development, expansion and promotion of a community resource guide was among the proposed solutions to address this problem.
- ◆ **Elder care:** Operating hours at the senior center have been expanded, and there has been an increase in health screening events and classes. But the focus group noted an opportunity to promote the engagement of older adults in the Silver Sneaker program and expand nutrition classes and health screenings.

What's causing these health conditions and concerns? According to the participant feedback, the root causes for these health concerns and challenges include:

1. **Poverty/limited income** – Poverty continues to be considered the key cause of many health issues plaguing Randolph County residents. This social determinant impacted certain areas of the county.
2. **Lack of access to mental health care, nutrition education and chronic disease prevention/education** – Better access to these services is crucial to improving the health of residents in east Alabama.
3. **Poor diet quality and physical inactivity** – To address the lack of access to healthy, affordable food, focus

group members proposed the expansion of farmers' markets. They also suggested social media promotion for cooking classes. To address physical inactivity, they suggested promoting physical activity and recreational activities at available greenspaces like the Roanoke football field and Hammond Park.

## COMMUNITY SURVEY

The 255 respondents ranged in age from 18 to 93 and 40% (n=101) of survey respondents fell into the 40-69 years age category.

Eighty percent (80%) of the respondents were female. Most respondents (85%) indicated they were White/Caucasian, reflecting the region's population prevalence. Just over 100 respondents (43%) were not working or retired and 39% (n=98) worked full-time.

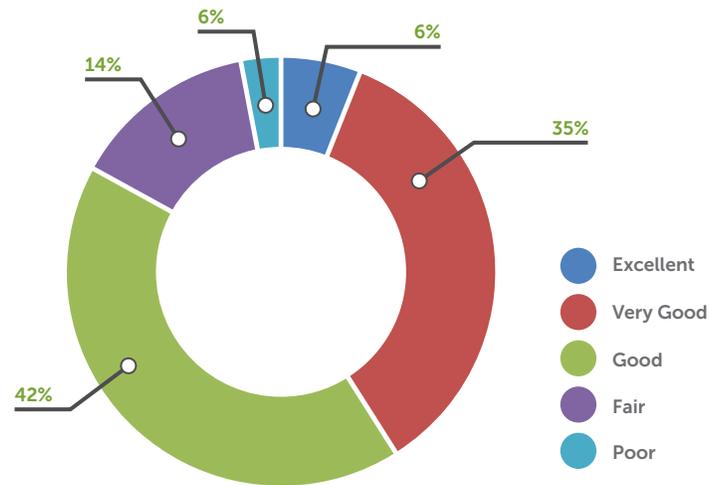
**Table 1. Tanner Health CHNA Community Survey Demographics**

Category	Summary	Quantity
Gender n=255	Female	200
	Male	45
	Other	5
Age Range n=250	Total Range 18-93 years	
	18-29	23
	30-39	27
	40-49	37
	50-59	45
	60-69	56
	70-79	41
	80+	21
Work Status n=251	Full-Time	98
	Part-Time	22
	Not Working, Retired	108
	Seasonal	2
	Unemployed	21
Racial Ethnic Group n=250	Asian	2
	Black or African American	26
	Latino or Hispanic American	2
	White or Caucasian	213
	Multiple races	7

Respondents were asked, "Would you say your general health is...?" Response options were: Excellent, Very Good, Good, Fair, or Poor.

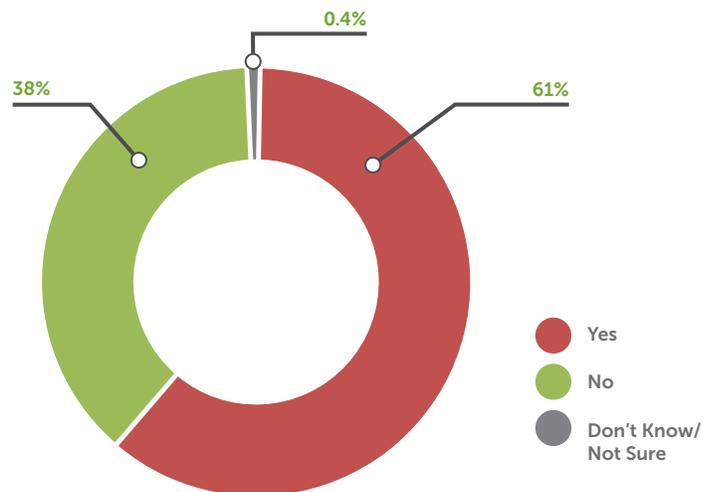
More than 75% of respondents indicated their general health is good or very good. Only 3% indicated their general health was poor.

### Would you say your general health is...?



Respondents were asked about their chronic conditions or disease diagnoses.

### Chronic Condition Diagnosis, Percent



The question was, "Has a doctor, nurse or other health professional ever told you that you have a chronic condition such as diabetes, heart disease, high blood pressure, arthritis, lupus, cancer or fibromyalgia?"

Answer options were: Yes, no, don't know/not sure. Just over 60% of individuals indicated a positive chronic condition diagnosis.

The table below summarizes responses to the question, “In your opinion, what are the 3 most important health issues that need to be addressed in your community?”

Responses are summarized according to concern (#1, #2, and #3), with the number of respondents indicating that response category.

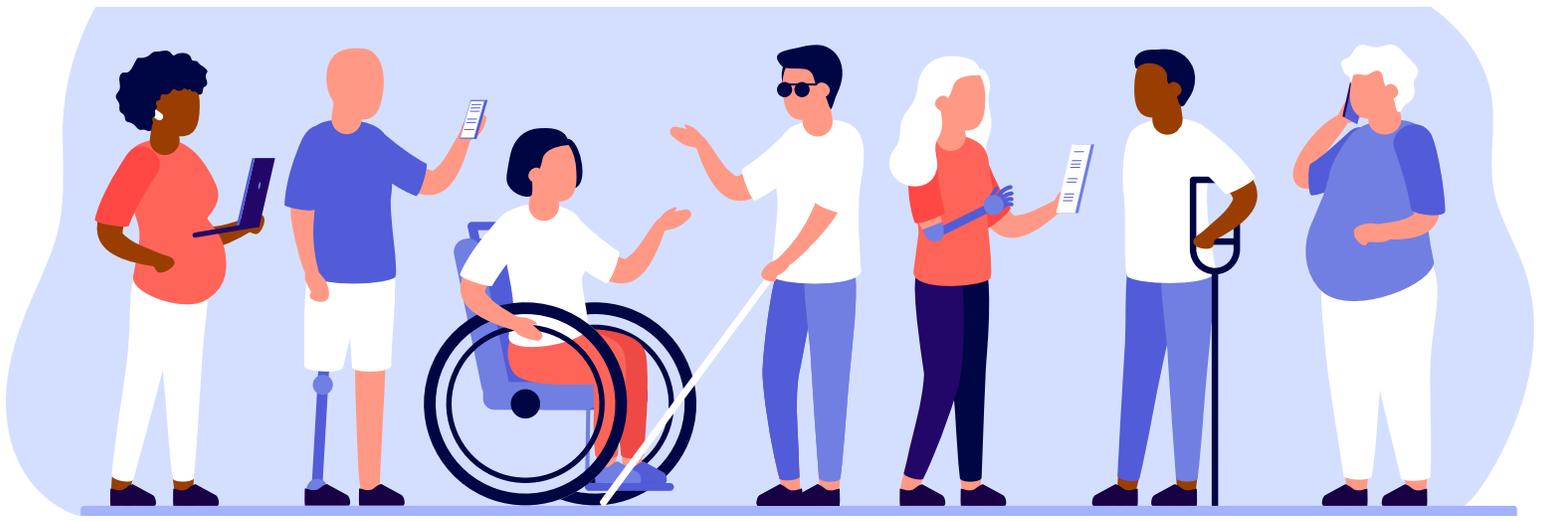
The most important concerns, according to the survey respondents, are:

- ♦ **Chronic diseases and conditions:** Diabetes and heart disease were the most frequently named conditions in this concern area.
- ♦ **Access and affordability of healthcare (all types: physical, mental, oral and vision care):** This concern includes prescription cost and access, and those indicating concerns regarding a lack of Insurance

which limits their access to care. Notably, respondents identified the need for specialty care as a priority. The two categories would make this priority concern #2 across all responses.

- ♦ **Mental health:** Mental healthcare is the third most important concern to respondents, including mental health services, counseling, anxiety management, depression, stress, and substance and alcohol use disorders.
- ♦ **Healthy lifestyles, nutrition and physical activity:** These categories are presented separately in the table, but, collectively, comments from respondents suggest healthy lifestyles, including support for nutrition education, cooking, gardening, wellness, physical activity support and exercise opportunities are important.

#1 Concern	Qty	#2 Concern	Qty	#3 Concern	Qty
Chronic Diseases/Conditions:	55	Chronic Diseases/Conditions:	59	Chronic Diseases/Conditions:	49
Heart Disease/Cardiac Health		Heart Disease/Cardiac Health			
High Blood Pressure/HTN		High Blood Pressure/HTN			
Diabetes/Arthritis/Chol		Diabetes/Arthritis/Chol			
Access/Affordability of Healthcare/Rx; Lack of Insurance	26	Access/Affordability of Healthcare/Rx; Lack of Insurance	28	Exercise/PA/Fitness/Recreation/Prevention/Wellness/Screenings/Education	27
Mental Health	26	Food/Nutrition/Diet	20	Access/Affordability of Healthcare/Rx; Lack of Insurance	25
Obesity	25	Exercise/PA/Fitness/Recreation/Prevention/Wellness/Screenings/Education	16	Mental Health	20
Specialty Care	15	Obesity	16	Food/Nutrition/Diet	13
Food/Nutrition/Diet	14	Mental Health	13	Specialty Care	12
Exercise/PA/Fitness/Recreation/Prevention/Wellness/Screenings	13	Specialty Care	12	Obesity	11
COVID	9	Cancer	11	Substance Use/Drugs/Addiction	8
Cancer	7	Substance Use/Drugs/Alcohol/Addiction	10	COVID	7
Substance Use/Drugs	7	COVID	4	Cancer	7
Transportation	1	Transportation	3	Transportation	4



# Part 5: Significant Health Needs

## PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS

The identification of health needs was shaped by an awareness of public health concerns, assessment data and each hospital’s strengths in the context of the system’s priorities.

Additionally, when selecting final targeted health priorities, Tanner considered additional variables such as the availability of evidence-based solutions as well as existing partnerships and programming. These components were used to identify priority areas.

Focus groups participated in a prioritization exercise that involved classifying and ranking identified needs and assets. It also involved discussing what current or new initiatives and partners should be included in the hospital’s three-year implementation plans.

The goal was to determine how to best support the highest prioritized needs while leveraging community assets and resources. Through this process of evaluation, five priority health issues were selected from the broader list of priorities identified in the CHNA as specific areas of focus for Tanner Medical Center/East Alabama’s Community Health Implementation Strategy, including:

- ◆ Access to Care
- ◆ Chronic Disease Education, Prevention and Management

- ◆ Mental/Behavioral Health Services
- ◆ Substance Misuse/Drugs
- ◆ Community Health Education

Tanner Medical Center/East Alabama will follow the implementation strategy, which will be presented in a separate document over the next three years (fiscal years 2023-2025). Plans will concentrate on implementing programming for identified priority areas, then systematically measuring and tracking program effectiveness.

It will also focus on reporting progress and outcomes relative to internal measures as well as local and national public health goals.

## MOVING FORWARD

Through the CHNA process, Tanner has identified the most urgent health issues in Randolph and Cleburne counties.

This will assist the health system in ensuring its resources are appropriately allocated toward clinical program development, education, outreach, prevention services and wellness opportunities where the greatest impact can be made. Now that the community’s health needs have been identified, implementation strategies will be developed to help people in Tanner’s service area get and stay healthy.



**GET HEALTHY**  
**LIVE WELL**

