2025-2028

Community Health Needs Assessment

Cleburne and Randolph Counties, AL

Tanner Medical Center / East Alabama

Tanner Health

Paper copies of this document may be obtained by phone by calling 770.812.9687 or via the hospital website at www.tanner.org.

Perspective /Overview

About Tanner Health

Tanner Health is a nonprofit healthcare organization serving the west Georgia and east Alabama regions. As a community-focused healthcare provider, Tanner Health is committed to understanding and addressing the health needs of the communities it serves through comprehensive healthcare services and community wellness initiatives.

About this report

The Community Needs Assessment Report is conducted every three years as required by the Patient Protection and Affordable Care Act for nonprofit hospitals. This assessment serves as a vital tool for Tanner Health to identify priority health issues, evaluate available resources, and develop strategic implementation plans to improve the overall health and wellbeing of community members.

By systematically collecting and analyzing data on health indicators, demographics, and social determinants of health, this report enables Tanner Health to align its services and outreach programs with the most pressing needs of the community, ultimately working toward creating healthier communities and reducing health disparities in the region.

Tanner Medical Center/East Alabama CHNA Report

This is a single hospital CHNA for:

- Tanner Medical Center/East Alabama in Randolph County, Alabama – 1032 South Main Street, Wedowee, AL 36278, 256-357-2111

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Creating a Culture of Health in the Community

Action Cycle Source: Robert Wood Johnson Foundation's County Health Rankings website: http://www.Countyhealthrankings.org/roadmaps/action-center

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Cleburne and Randolph counties, Alabama.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2025 Community Health Needs Assessment

Collaborators

Tanner Medical Center/East Alabama, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based in Nashville, Tennessee, provided analysis of community health data, community surveys and facilitated the focus group to receive community input into the priorities to improve health.

Making the CHNA Widely Available to the Public

Starting on June 10, 2025, this report is made widely available to the community via Tanner Health's website at Tanner.org. Paper copies are available free of charge by calling (770) 812-9687.

Board Approval

Tanner's board of directors approved this assessment on June 10, 2025.

Key Findings and Timeline

Most Significant Health Priorities

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, Tanner leadership prioritized the following significant health needs to be the focus of the work of community over the next three years. There is a complete summary of findings with prioritization criteria on page 34.

- Mental health
- Access to affordable healthcare
- Substance misuse
- Healthy eating active living
- Chronic diseases
- Transportation

Methods and Timeline

In January 2025, Tanner Medical Center/East Alabama began a Community Health Needs Assessment for Cleburne and Randolph counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in January 2025.
- Community members participated in focus groups for their perspectives on community health needs and issues on January 15, 2025.
- An online survey of community members was conducted January 17 through February 16, 2025.

The Tanner Health Board of Directors approved the CHNA at their meeting on DATE, 2025.

The community health improvement plan is in a separate document and will be posted in late 2025.

Community Input and Collaboration

Participation by Those Representing the Broad Interests of the Community

12 individuals collaborated during a focus group to identify and define significant health needs, issues, and concerns of Cleburne and Randolph counties. The three-month process centered on gathering and analyzing data, as well as receiving input from people who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

In some cases, several representatives from each organization participated.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews, focus groups, surveys and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups.

Input of Those with Expertise in Public Health

The Randolph County Department of Human Resources participated in the focus groups and in the selection of the most significant health priorities.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

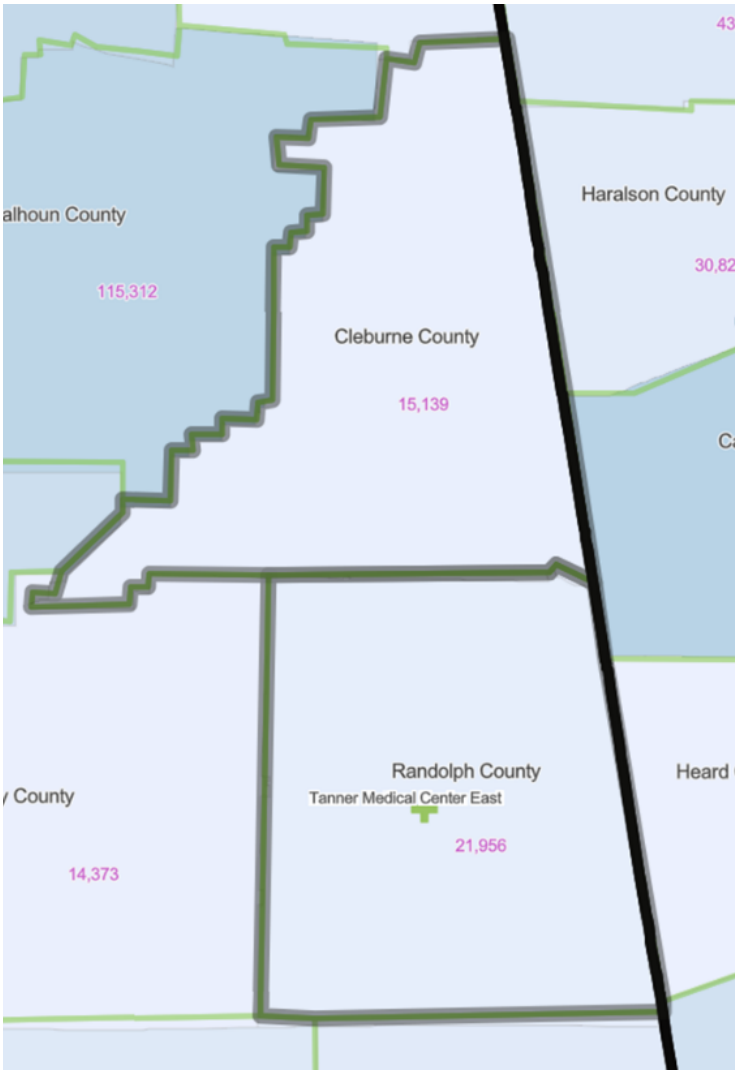
Tanner Medical Center/East Alabama did not receive any written comments on its most recent CHNA or implementation strategy.

Process and Methods Used

Community Served

Cleburne and Randolph counties were the primary focus of the CHNA due to the service area of Tanner Medical Center/East Alabama. Used as the study area, Cleburne and Randolph counties provided 89.5% of July 1, 2023 to September 30, 2024 inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Tanner Medical Center/East Alabama draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Tanner Health's Financial Assistance Policy.



Data and Other Information Used in the Assessment

Primary methods included:

- Focus groups with community members
- Online community survey

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

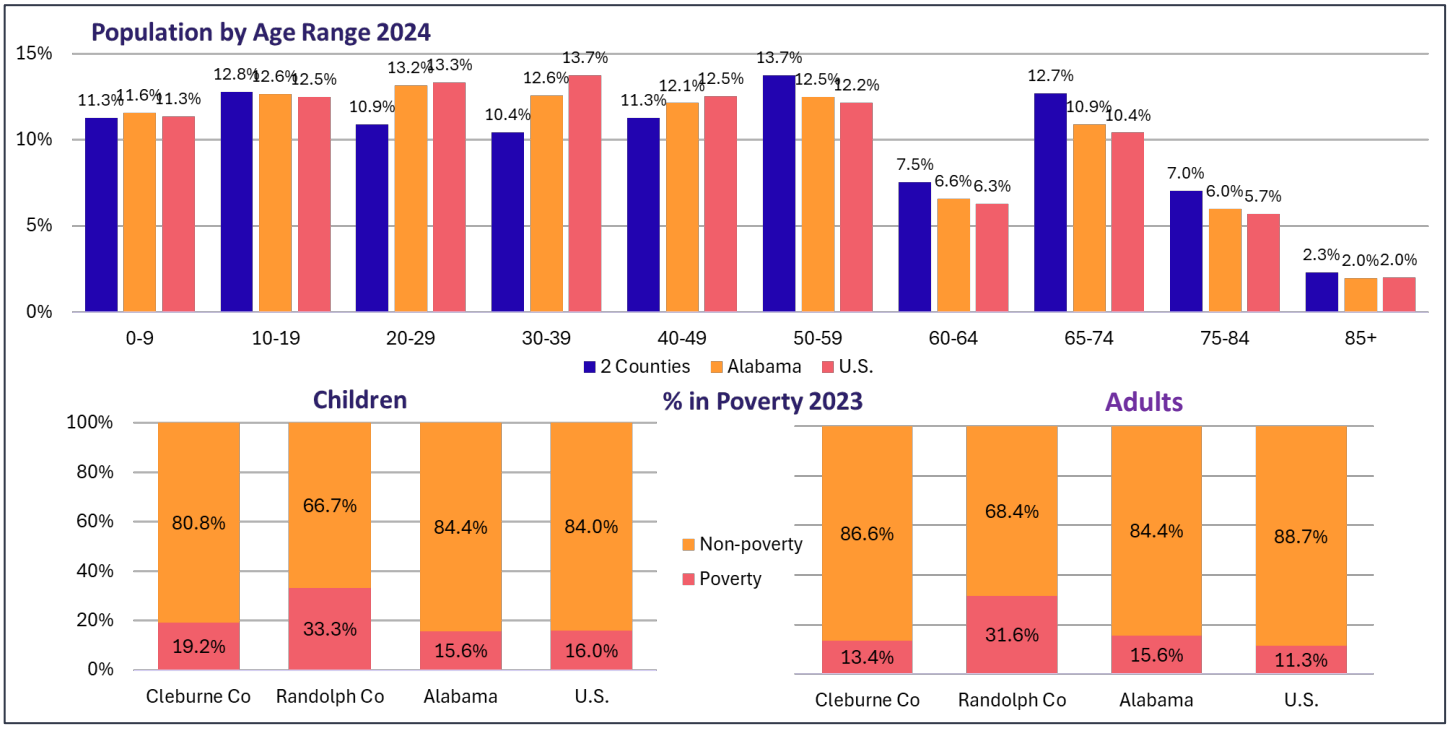
Description of the Communities Served

Demographics Indicators

The tables below show the demographic summary of Cleburne and Randolph counties compared to Alabama and the U.S.

	2 Counties	Cleburne	Randolph	AL	USA
Population 2024	37,475	15,248	22,227	5,133,182	338,440,954
Population 2029	37,573	15,362	22,211	5,212,281	344,873,411
% Population Change 2024-2029	0.3%	0.7%	**-0.1%**	1.5%	1.9%
Percent of Population 65+	22.0%	21.1%	22.7%	18.9%	17.8%
Percent of Population below 18	21.2%	21.8%	20.8%	21.2%	21.6%
Percent of Population 18-64	56.7%	57.1%	56.5%	59.9%	60.6%
Racial and Ethnic Make-up					
Non-Hispanic White	81.7%	90.7%	75.5%	62.2%	56.3%
Non-Hispanic Black	11.4%	3.1%	**17.1%**	25.7%	12.1%
Non-Hispanic Asian	0.4%	0.2%	0.5%	1.6%	6.3%
Native American/Alaska Native/PI	0.2%	0.2%	0.2%	0.6%	0.9%
Two or More Races	3.6%	3.7%	3.5%	3.9%	4.3%
Other Race	0.2%	0.1%	0.2%	0.3%	0.5%
Hispanic Origin	2.5%	1.8%	2.9%	5.7%	19.6%

Source: Esri



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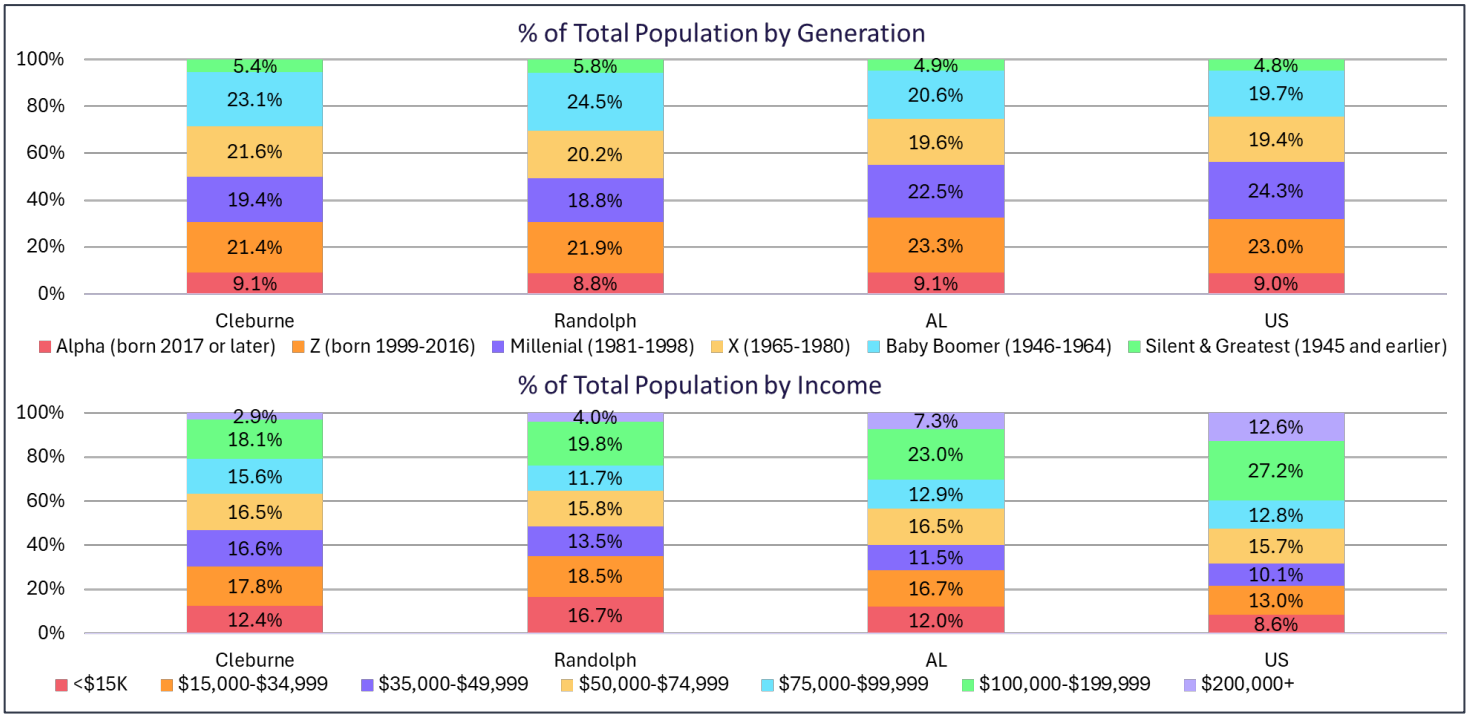


Socioeconomic Indicators

	2 Counties	Cleburne	Randolph	AL	USA
Median Age 2023	40.4	**42.2**	39.0	39.6	39.2
Median Household Income 2023	$52,231	$53,319	**$51,551**	$62,072	$78,538
Percent with Incomes Below the Federal Poverty Guideline	18.4%	12.9%	28.1%	15.6%	12.5%
Percent of Asset Limited, Income Constrained, Employed (ALICE) households 2022		34%	28%	30%	29%
% of Income for mortgage 2024	24.0%	21.9%	25.5%	20.7%	25.6%
Population Receiving SNAP Benefits	19.9%	17.0%	**21.9%**	15.0%	12.5%
Percent Unemployed – 2024	3.8%	3.7%	3.9%	3.8%	4.2%
Percent Uninsured	12.6%	12.4%	12.7%	10.6%	9.3%
Percent with a Disability >age 65	13.9%	16.0%	12.4%	11.6%	8.9%

Source: Esri

The median is the value at the midpoint *of a frequency. There is an equal probability of falling above or below the median.*

- The population of Cleburne and Randolph counties is projected to increase 0.3% from 2024 to 2029. Alabama is projected to increase 1.5%. The U.S. is projected to increase 1.9%.
- Cleburne is projected to increase 0.7% from 2024-2029.
- Randolph is projected to decrease 0.1%.

- In Cleburne and Randolph counties the percentage of the population 65 and over was 22.0%, higher than Alabama at 18.9%, and higher than the U.S. population 65 and over at 17.8%. Cleburne County had 21.1% and Randolph had 22.7% of the population 65 and over.
- Cleburne and Randolph counties had a similar median age (40.4 median age) to Alabama (39.6) and higher than the U.S. (39.2). Randolph had the lowest median age at 39.0.
- Cleburne and Randolph counties median household income was $52,231 which was lower than Alabama ($56,129) and the U.S. ($72,603). Cleburne had the higher income at $53,383 of the two counties studied.
- The percent with incomes below poverty in Cleburne and Randolph counties was 18.4% which was higher than Alabama (15.6%) and the U.S. (12.5%). Randolph had the highest percentage of poverty at 28.1% while Cleburne was lower at 12.9%.
- The household income distribution of Cleburne County is 21% higher income, over $100,000, 30.0% lower income, less than $35,000, and 48% middle income between $35,000 and $99,999. Randolph County had a slightly higher, higher income than Cleburne at 23.8%, higher lower income at 36.2% lower income, and 40.0% middle income.
- The racial and ethnic make-up of Cleburne and Randolph counties was 81.7% Non-Hispanic White, 11.4% Non-Hispanic Black, 2.5% Hispanic origin, 3.6% more than one race, 0.4% Asian, 0.2% Native American/Alaska Native/Pacific Islander and 0.2% other.
- The percentage of Cleburne and Randolph counties' incomes spent on their mortgage was 24.0% compared to Alabama at 15% and the U.S at 25.6%.
- Cleburne and Randolph counties' percentage of the population receiving SNAP benefits was 20% compared to Alabama at 15% and the U.S. at 12.5%.
- The percent uninsured of the two counties was 12.6% compared to Alabama at 10.6% and the U.S. at 9.3%.

Business Profile

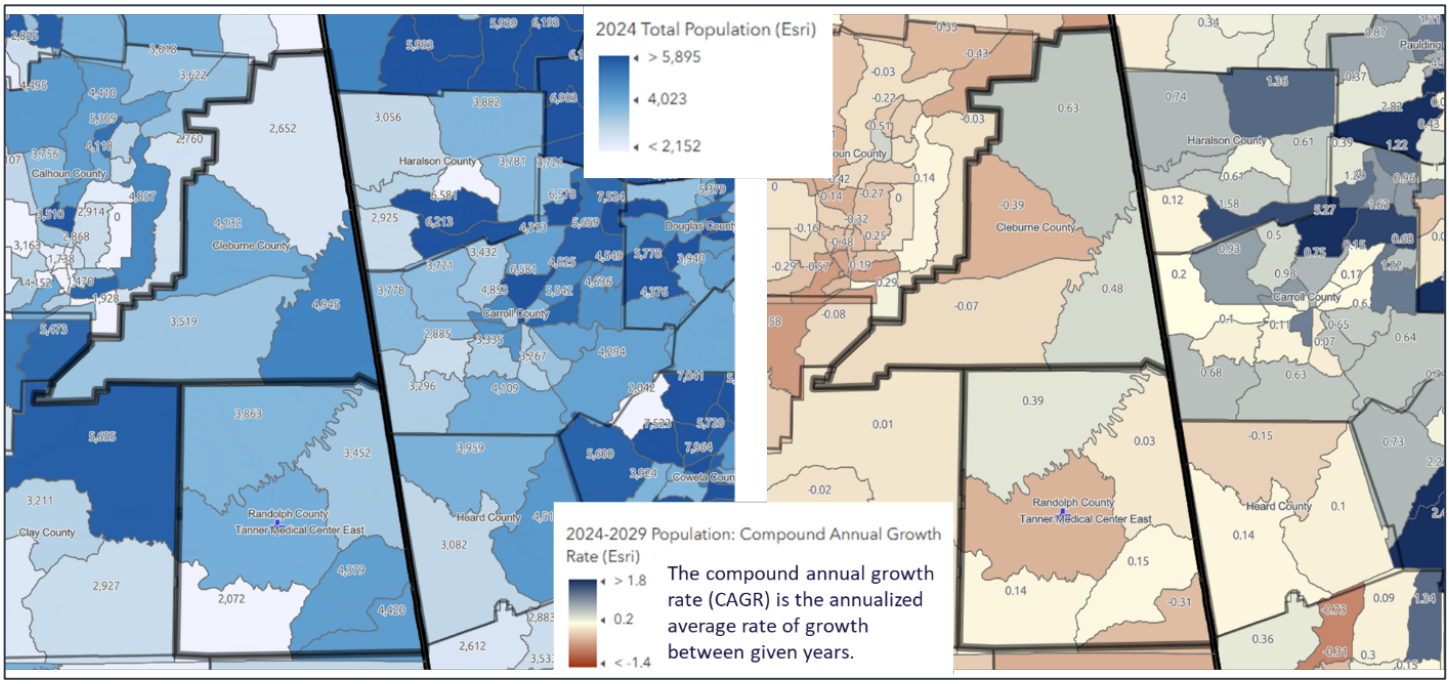
67% percent of employees in Cleburne and Randolph counties were employed in Cleburne, Randolph:

- Educational Services, Health Care & Social Assistance (17.2%, 21.2%)
- Manufacturing (19.4%, 23.9%)
- Retail Trade (9.8%, 13.3%)
- Professional, scientific, management, administrative, and waste mgt services (6.5%, 3.7%)
- Construction (13.4%, 7.2%)

Source: Census Bureau, Alabama Dept of Labor

Retail, accommodation, and food services offer health insurance at a lower rate than healthcare, manufacturing and educational services.

2024 Population by Census Tract and Projected Change (2024-2029)



Source: Esri

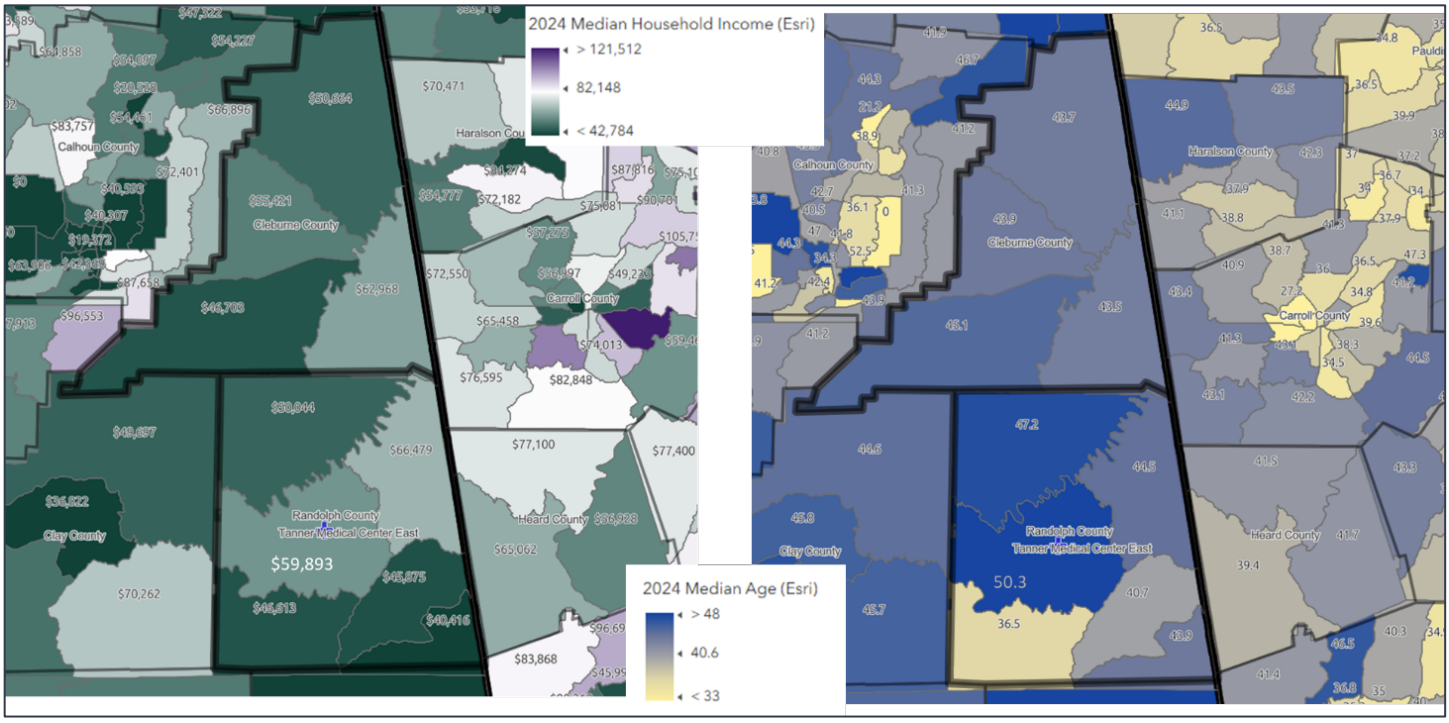
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography.

The majority of Cleburne and Randolph counties have a compound annual growth rate ranging from 0.2 to -1.4 %.

The highest growth census tract is in northern Cleburne County with .63 growth projected from 2024-2029. It is the lowest populated census tract.

Randolph County is projected to have larger growth in one northern census tract, .39.

2024 Median Income, Median Age



The top two maps depict median income and median by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in central Randolph County with a higher median age (50.3) than the tract in the southwest corner of Randolph County with a median age of 36.5.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The census tracts in the east of both counties with a higher median household income of $62,968 and $66,479 will most likely have different needs than that of the tracts in the south of the counties with median incomes of $46,000.

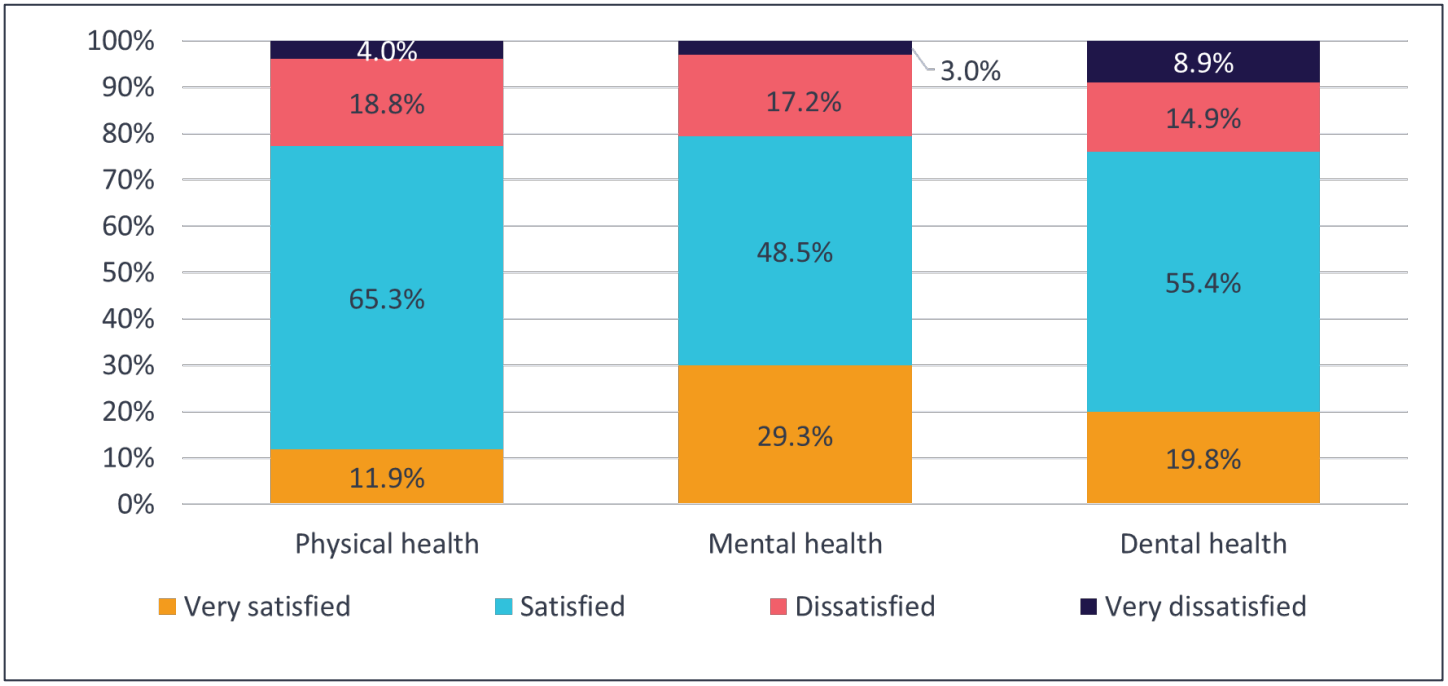
Community Survey Summary

Tanner Medical Center/East Alabama and StrategyHealth conducted an online community survey in Cleburne and Randolph counties. 100 responses were received via online surveys from January 17 through February 16, 2025. Full survey results may be found in the appendices.

Demographics of Participants	**Geography** Cleburne – 59 (57.8%) Randolph – 43 (42.2%) TOTAL:102	**Ages** 1% under 25 14% 25-41 26% 42-57 38% 58-69 18% 70 or older
Race 94% White 1% more than one race 5% declined	**Gender** 81% female 15% male 4.2% declined	**Ethnicity** 97% not Hispanic or Latinx 1% Hispanic or Latinx 2.1% don't know
Insurance coverage 63% private insurance 29% Medicare 2% uninsured 0% Medicaid 2% dual Medicare/Medicaid 3% declined	**Employment** 45% are employed full-time 36% retired 6% part-time 6% not working by choice or circumstances 1% unemployed and looking	**Income** 25% less than $50,000 54% over $50,000 20% declined

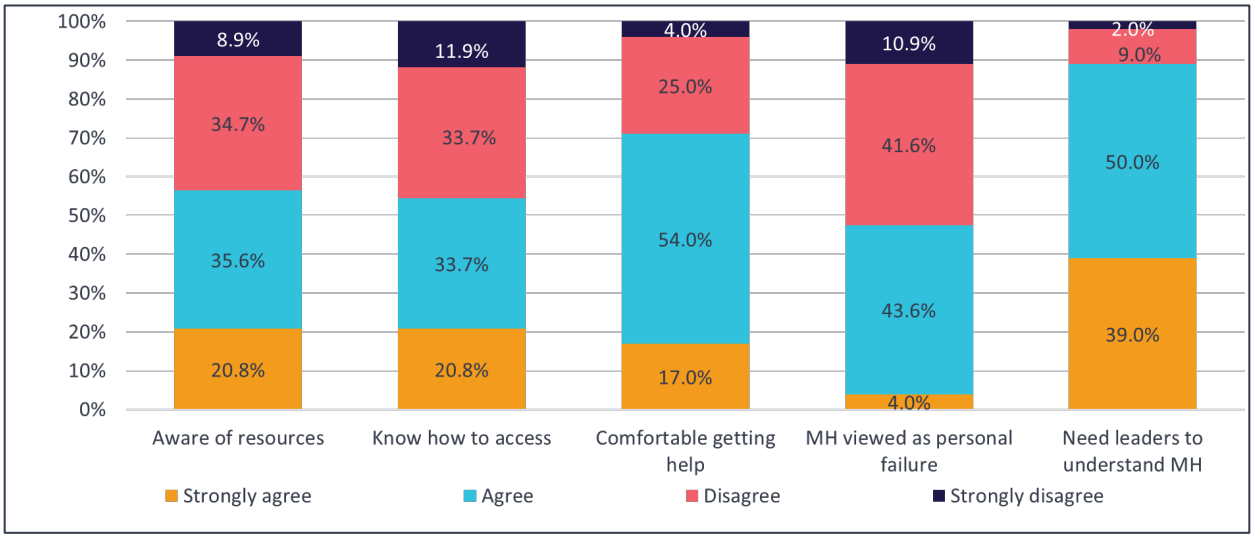
Satisfaction with their health

77% of respondents were very satisfied or satisfied with their physical health. More were very satisfied with their mental health and dental health than their physical health. However, 9% were very dissatisfied with their dental health.



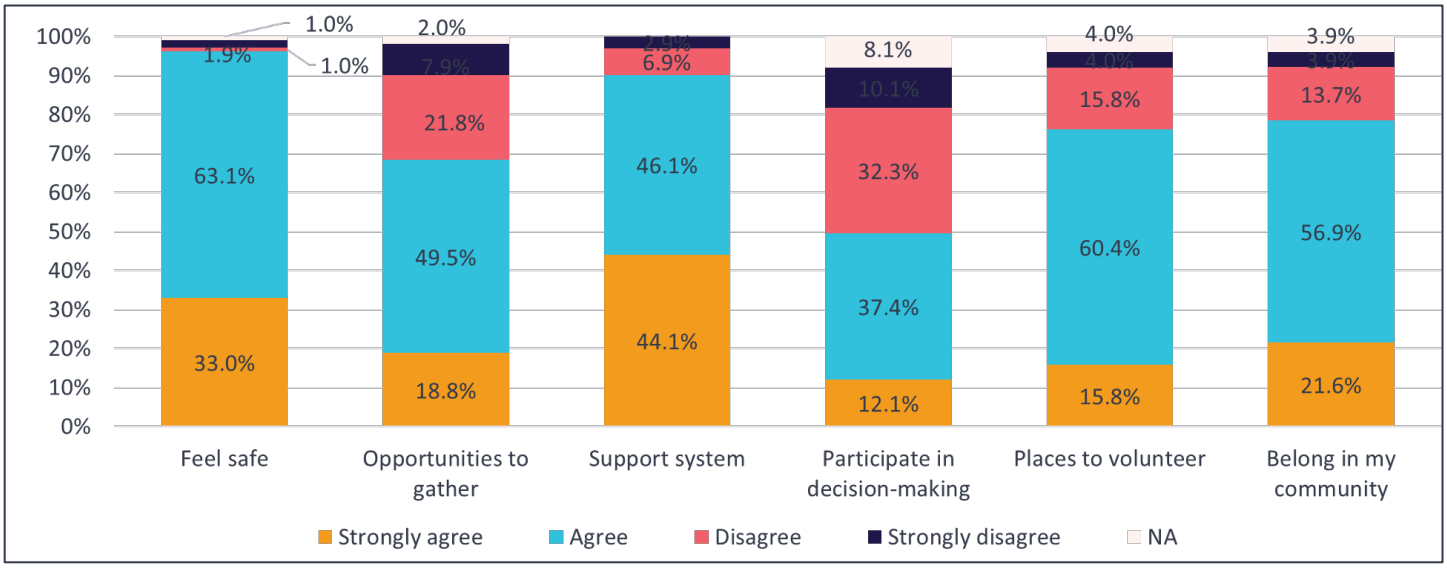
Mental Health

Most respondents are aware of community resources, know how to access them, and are comfortable getting help. Mental health is not viewed as a personal failure by 52%, and 89% need community leaders to understand more about mental health needs.



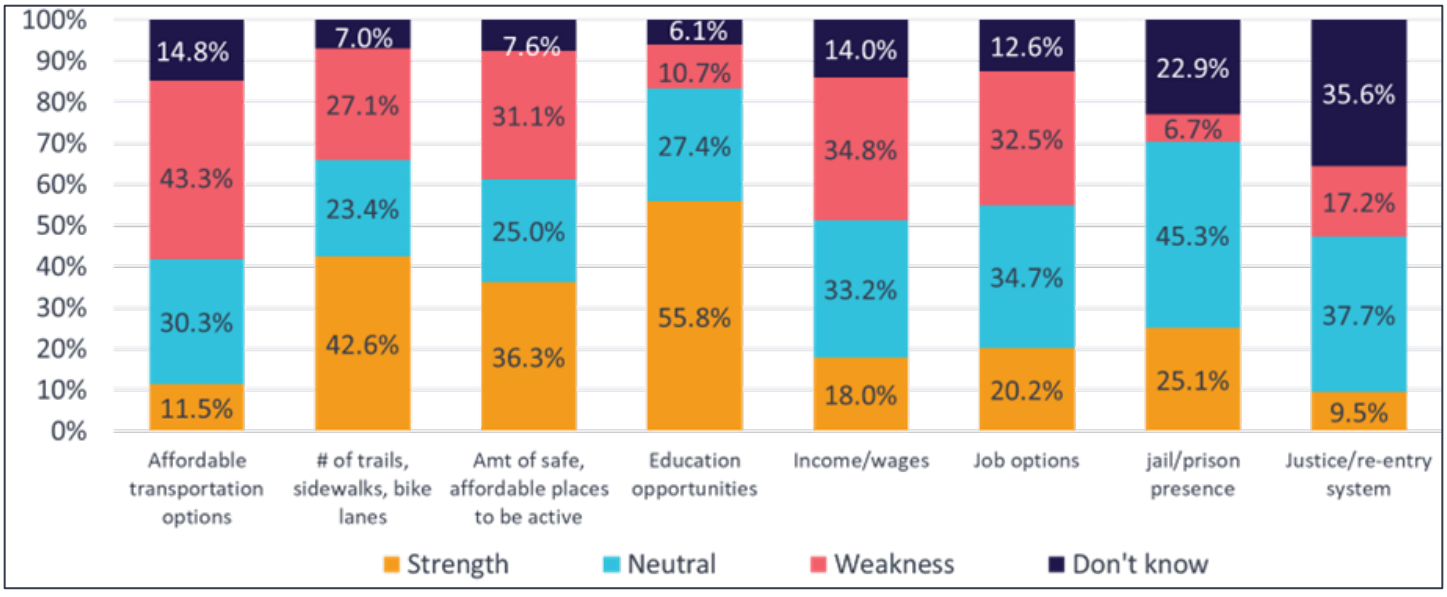
Belonging and Support System

Most respondents feel safe in their community, have places to gather, and have a support system. They are in less agreement about the decisions in the community being made with resident participation. Most agree there are places to volunteer, and most feel they belong in their community.

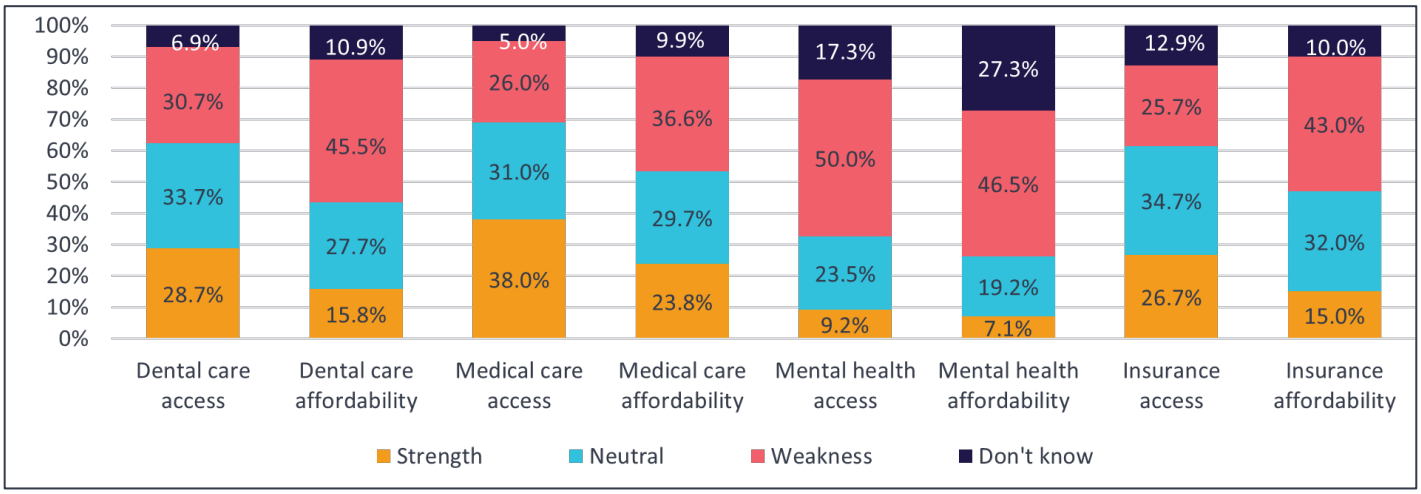


Strengths and Weaknesses

The weaknesses in the community were affordable transportation options, job options, income and wages and justice/re-entry system Strengths include education opportunities and number of trails, sidewalks, and bike lanes.



The strengths in the community are medical, dental care, and insurance access. However, the weaknesses are the affordability of medical and dental care as well as affordability of mental health and insurance. The highest percentage weakness is mental health access.



Health Needs

The most important healthcare, health education, or public health services or programs that respondents wanted to see in their community were:

- Healthcare resources for the uninsured or poor (51%)
- Exercise resources such as a fitness center (43%)
- Affordable healthcare (39%)
- Senior care services (38%)
- Preventative services (37%)
- Affordable insurance (37%)
- Mental/behavioral health services (37%)

Respondents believed the most significant health issues in Cleburne and Randolph counties were:

Affordable healthcare	33.7%
Affordable health insurance	31.6%
Mental health & behavioral health services	29.6%
Lack of subspecialty physicians such as cardiology, neurology, etc.	24.5%
Dental health services	22.4%
Lack of primary care professionals	17.3%
Available and affordable services and programs for individuals with disabilities and special needs	15.3%
Transportation	15.3%
Availability of doctors – office hours, not accepting insurance	14.3%
Substance use disorder treatment services	14.3%

Walking/bike paths and trails	14.3%
More urgent care or walk-in clinics, after hours care	13.3%
Vision health services	13.3%
Anxiety	13.3%
Health services for seniors	12.2%
Prevention/wellness	11.2%
Affordable, quality housing	11.2%
Safe/affordable/access places to exercise	11.2%
Healthy weight/obesity	11.2%
Health care services	10.2%
Living wage jobs	10.2%
Substance use disorder	10.2%
Senior in home care	10.2%

Focus Group Summary

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in a focus group on January 15, 2025, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

> "In order to make progress on mental health and drug use, there has to be commitment, resources and support, and would take everyone in the community."

The participants defined health as physical, mental, and social health to include access, education, nutrition, lifestyle, fitness and mental acuity.

The most significant health issues for the communities were:

- Mental health
- Substance use
- Nutrition
- Transportation

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Local drug rehabilitation to recover from addiction
- Chemical dependency unit
- Outpatient mental health and addiction services
- Improve access to mental health providers both via telemedicine and in person
- Increase transportation
- Resources for the unhoused population
- Organize a connector/convener of all the not-for-profit groups and organizations, apply for grants, create a resource directory, coordinate efforts and meet regularly

Health Status Data

Much of the secondary health data was sourced from the County Health Rankings and Roadmap study performed by the Robert Wood Johnson Foundation and the University of Wisconsin. Health outcomes are comprised of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment. To become the healthiest community in Alabama and eventually the nation, Cleburne and Randolph counties must close several lifestyle gaps.

County Health Rankings and Roadmaps suggested the areas to explore for improvement in Cleburne and Randolph counties were:

Opportunities

Cleburne County	Randolph County
Higher adult smoking	Higher adult smoking
Higher percentage of adult obesity	Higher percentage of adult obesity
Higher uninsured	Higher uninsured
Higher population per primary care provider	Higher population per primary care provider
Lower mammography screening	Lower mammography screening
Lower high school completion	Lower high school completion
Higher injury deaths	Lower flu vaccinations
Higher long commute-driving alone	Lower food environment index, less access to healthy foods and more food insecurity
Lower adults with some college	Higher alcohol-impaired driving deaths
	Higher physical inactivity
	Lower adults with some college

Strengths

Cleburne County	Randolph County
Lower excessive drinking	Lower excessive drinking
Low preventable hospital stays	Low unemployment
Lower unemployment	Lower % of severe housing problems

When analyzing the health status data, local results were compared to Alabama, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). For additional perspective, Alabama was ranked the 46th healthiest state out of the 50 states. (Source: 2023 America's Health Rankings; lower ranking is better)

Alabama's challenges were:

- High premature death rate
- High prevalence of multiple chronic conditions
- High homicide rate

The strengths were:

- Low prevalence of excessive drinking
- High prevalence of colorectal cancer screening
- Low average number of health-based drinking water violations

Highlights:

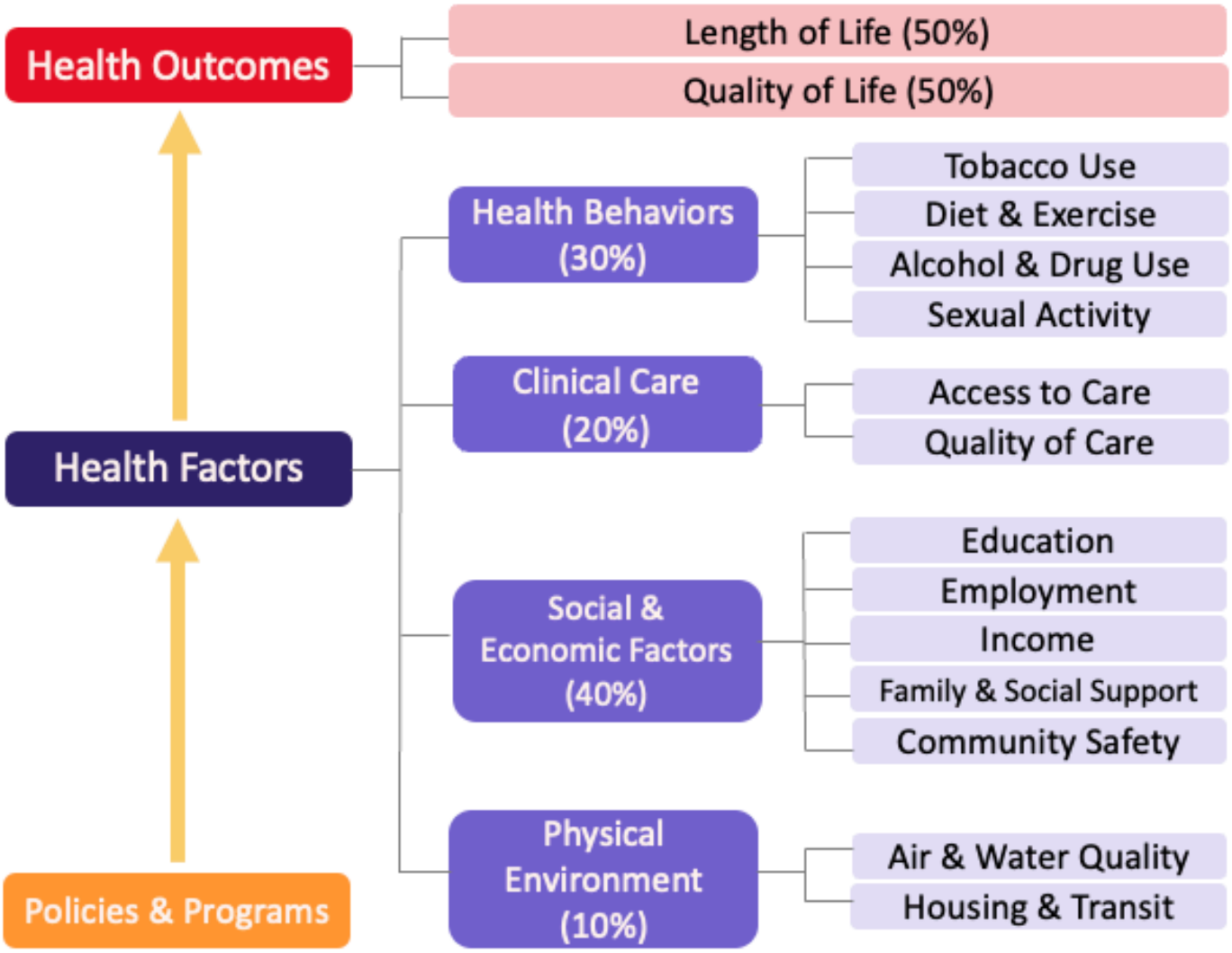
- Mental health providers increased 51% between 2018 and 2023
- Drug deaths per 100,000 increased 34% between 2020 and 2021
- Firearm deaths per 100,000 population increased 13% between 2020 and 2021

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed was causes of death, cancer incidence, COVID vaccinations, violent crime, demographics, socioeconomics and primary research.

If a measure was better than Alabama's measure, it was identified as a strength, and where an indicator was worse than Alabama, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

Rankings and Comparisons of Health Status

Although not all the health status data was derived from County Health Rankings, the data is organized using the following model with policies and programs contributing to health factors such as behaviors, clinical care, social & economic factors and physical environment leading to health outcomes measured by length of life and quality of life.



The following tables compare the study area counties to Alabama and the U.S. for health outcomes and health factors. The trend column indicates whether the trend is increasing or decreasing, green indicates improvement in the measure, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 3.

Health Outcomes (Length of Life and Qualify of Life)

Health Outcomes are a combination of length of life and quality of life measures. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive. NA indicates data not available due to small sample size.

Indicators	Trend	Cleburne	Randolph		AL	U.S.	Description
Length of Life							
Premature death		12,867	12,461		11,416	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2019-2021
Life expectancy		72.0	73.0		73.7	77.6	Average number of years people are expected to live. 2019-2021
Infant mortality		NA	NA		7.0	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2015-2021
Child mortality		87	89		73	50	Number of deaths among residents under age 20 per 100,000 population
Quality of Life							
Physical Health							
Poor or fair health		19.8%	20.8%		18%	14%	Percentage of adults reporting fair or poor health (age-adjusted). 2021
Poor physical health days		4.4	4.3		3.9	3.3	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2021
Low birthweight babies		7.9%	9.4%		10.5%	8.0%	Percentage of live births with low birthweight (<2,500 grams or 5.5 lbs.)
Frequent physical distress		13.6%	13.4%		12.4%	10.0%	% of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2021
Diabetes prevalence		11.0%	12.0%		13.3%	10.0%	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). 2021
HIV prevalence		87	102		340	382	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2021
Cancer incidence		435.9	431.4		431.4	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021

Mental Health							
Poor mental health days		6.1	5.9		5.9	4.8	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2021
Frequent mental distress		19.9%	19.9%		19.6%	15.0%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2021
Suicide rate		19	25		16	14.0	Number of deaths due to suicide per 100,000 population (age-adjusted). 2017-2021

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. “Health factors represent those things we can improve to live longer and healthier lives.” County Health Rankings & Roadmaps.

Health behaviors are practices such as diet, exercise, choosing to smoke, drink or take drugs. “Not everyone has the money, access and privilege needed to make healthy choices.” County Health Rankings & Roadmaps. Food insecurity and access to exercise opportunities can help determine where people may be living without the resources they need to make healthy choices.

Indicators	Trend	Cleburne	Randolph		AL	U.S.	Description
Health Behaviors							
Substance Misuse							
Excessive drinking		14.6%	13.4%		14%	18%	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2021
Adult smoking		21%	20%		18%	15%	Percentage of adults who are current smokers (age-adjusted). 2021
Alcohol-impaired driving deaths		24%	53%		25%	26%	Percentage of driving deaths with alcohol involvement. 2017-2021
Drug overdose deaths		NA	NA		18.1	27.0	Number of drug poisoning deaths per 100,000 population. 2019-2021
Healthy Eating/Active Living							
Adult obesity		36%	41%		61%	34%	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2021
Physical inactivity		32%	35%		30%	23%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). 2021
Access to exercise opportunities		42%	41%		74%	84%	Percentage of population with adequate access to locations for physical activity. 2023,2022 & 2020

Food environment index		7.3	6.4		5.4	7.7	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).2019 & 2021
Food insecurity	↘	15.5%	14.5%		14.8%	10.0%	Percentage of population who lack adequate access to food. 2021
Limited access to healthy foods		2.0%	13.2%		8.8%	6.0%	Percentage of population who are low-income and do not live close to a grocery store. 2019
Other Health Behaviors							
Insufficient sleep		39.2%	36.9%		39.2%	33%	Percentage of adults who report fewer than 7 hrs. of sleep on avg., age adjusted
Teen birth rate	↘	30	31		25	23	Number of births per 1,000 female population ages 15-19
Sexually transmitted infections		252	541		625	496	Chlamydia rate per 100,000 population

Clinical care is related to availability and utilization of preventative care as well as availability of health insurance and healthcare providers.

Indicators	Trend	Cleburne	Randolph		AL	U.S.	Description
Clinical Care – Access to Care and Insurance							
Access to Care							
Primary care physicians	↘	3,776	3,665		1,571	1,330	Ratio of population to primary care physicians. 2021
Dentists	↗	NA	11,240		2,016	1,360	Ratio of population to dentists. 2022
Mental health providers	↘	1,918	3,211		740	320	Ratio of population to mental health providers. 2023
Other primary care providers		7,673	1,183		770	760	Ratio of population to primary care providers other than physicians. 2023
Mammography screening		30%	30%		41%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2021
Flu vaccines		36%	34%		39%	46%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2021
Preventable hospital stays	↘	2,478	2,921		3,280	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2021
COVID vaccines		29.6%	34.3%		53.3%	70%	Percentage of fully vaccinated recipients. May 2023
Insurance							
Uninsured		12%	13%		12%	10%	Percentage of population under age 65 without health insurance. 2021
Uninsured children	↗	5.4%	4.5%		4.1%	5.0%	Percentage of children under age 19 without health insurance. 2021

Uninsured adults		15.1%	15.6%		14.6%	12.0%	Percentage of adults under age 65 without health insurance. 2021

Social and economic factors include factors such as income, education, community safety, employment and social support. "These factors can have a greater impact on health than strategies that target individual behaviors." County Health Rankings & Roadmaps A living wage influences opportunities for housing, education, childcare, food and medical care.

Indicators	Trend	Cleburne	Randolph		AL	U.S.	Description
Social & Economic Factors							
Economic Stability							
Median HH income	↗	$53,319	$51,551		$62,027	$78,538	The income where half of households earn more, and half of households earn less. 2024
Unemployment	↘	3.7%	3.9%		3.8%	4.2%	Percentage of population ages 16 and older unemployed but seeking work. 2023
Poverty		12.9%	28.1%		21.8%	12.5%	Percentage of population living below the federal poverty line. 2023
Children in poverty		21.7%	27.6%		17.2%	16.0%	Percentage of people under age 18 in poverty. 2022 & 2018-2022
ALICE HH		34%	28%		30%	29%	Percent of asset limited, income constrained, employed HH, 2022
Income inequality		4.4	5.6		5.2	4.9	Ratio of household income at the 80th percentile to income at the 20th percentile. 2018-2022
Educational Attainment							
High school completion		82.5%	82.0%		87.7%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent. 2018-2022
Some college		43.2%	49.1%		61.6%	68.0%	Percentage of adults ages 25-44 with some post-secondary education. 2018-2022
Family & Social Engagement							
Children in single-parent HH	↗	23.2%	28.4%		30.6%	25.0%	Percentage of children that live in a household headed by a single-parent. 2018-2022
Social associations		8.6	9.6		11.7	9.7	Number of membership associations per 10,000 population. 2021
Voter turnout		63.1%	61.0%		62.6%	67.9%	Percentage of citizen population aged 18 or older

							who voted in the 2020 U.S. Presidential election. 2020 & 2016-2020
Community Safety							
Homicide rate		NA	9.5		12.1	6.0	Number of deaths due to homicide per 100,000 population. 2015-2021
Firearm fatalities		28	25		23	13.0	Number of deaths due to firearms per 100,000 population. 2017-2021
Motor vehicle crash deaths		20.5	28.9		15.1	12.0	Number of motor vehicle crash deaths per 100,000 population. 2015-2021
Violent crime	↘	112.3	218.6		409.1	380.7	Number of violent crimes per 100,000 population. 2022
Injury deaths	↗	118.9	101.7		90.4	80.0	Number of deaths due to injury per 100,000 population. 2017-2021

Physical environment includes factors such as clean air, water, housing and transportation.

Indicators	Trend	Cleburne	Randolph		AL	U.S.	Description
Physical Environment							
Drinking water violations		No	No				Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2022
Air pollution particulate matter		9.4	9.5		9.3	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2019
FEMA CRIA		Medium	Medium High				Community Resilience Indicator Analysis. Composite of 22 indicators. 2018-2022
Broadband access		73.9%	79.9%		83.8%	88.0%	Percentage of households with broadband internet connection. 2018-2022
Childcare centers		8	5		6	7	Number of childcare centers per 1,000 population under 5 years old. 2010-2022
Long commute-driving alone		57.0%	46.1%		36.0%	36.0%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2018-2022
Traffic volume		11	6		67	108.0	Average traffic volume per meter of major roadways in the county. 2023
Housing							
Severe housing burden		6.6%	11.1%		12.3%	14.0%	Percentage of households that spend 50% or more of their household income on housing. 2018-2022
Severe housing problems		9.0%	12.4%		13.1%	17.0%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2016-2020
Home ownership		78.0%	79.2%		69.7%	65.0%	Percentage of owner-occupied housing units. 2018-2022

Summary of Primary and Secondary Data – Most Significant Health Needs

The table below summarizes all of the data and information analyzed to determine the most significant health needs and was utilized in the ranking of the health needs.

C = Cleburne

R = Randolp

2022 Health Needs	Secondary Data	Focus Group	Surveys
Access to Care	Adult Smoking (C,R)	Mental health	Affordable healthcare
Mental/Behavioral Health Services	Adult Obesity (C,R)	Substance misuse	Affordable health insurance
Chronic Disease Education, Prevention & Management	Physical Inactivity (R)	Nutrition	Mental health & behavioral health services
Health and Nutrition Education	Higher alcohol-impaired driving deaths (R)	Transportation	Dental health services
Substance Misuse	Uninsured (C,R)		Access to primary care
Social Determinants of Health	Pop per primary care physicians (C,R)		Available & affordable services and programs for individuals w/ disabilities & special needs
	Mammography screening (C,R)		Transportation
	Flu vaccinations (R)		Exercise resources such as fitness centers
	High school completion (C,R)		
	Some college (C,R)		
	Injury deaths (C)		
	Long commute-driving alone (C)		
	Food environment index (R)		

Results of the CHNA: Prioritized Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs – Prioritized

The following needs were prioritized by Tanner Medical Center/East Alabama leadership using the information from the focus groups, secondary data and the community survey.

1. Mental health
2. Access to affordable healthcare
3. Substance misuse
4. Healthy eating active living
5. Chronic diseases
6. Transportation

Impact of 2022 CHNA and Implementation Plan

Tanner Health's previous CHNA implementation plan addressed the priority needs of:

- Access to Care
- Mental/Behavioral Health Services
- Chronic Disease Education, Prevention and Management
- Health and Nutrition Education
- Substance Misuse
- Social Determinants of Health

The previous CHNA and implementation plan were made available and open for comment on the website https://www.tanner.org/upload/docs/Community%20Impact/2022-CHNA-Tanner-Health-System.pdf.

The tables in appendix 5 describe the goals for each priority with activities and results and impacts of each activity.

FY 2025 will not be completed by the time this report is published, therefore additional actions may be taken after publication.

Conclusion

This Community Health Needs Assessment (CHNA) for Tanner Health's East Alabama service area provides a comprehensive analysis of health needs in Cleburne and Randolph counties. Through rigorous data collection, community input, and careful analysis, five priority health needs have been identified for 2025-2028:

- Mental health
- Access to affordable healthcare
- Substance misuse
- Healthy eating and active living
- Chronic diseases

The assessment demonstrates Tanner Health's commitment to understanding and addressing community health challenges through a collaborative, data-driven approach. Significant progress has been made on the priorities identified in the 2022 CHNA, including expanded access to care through new specialty services, enhanced chronic disease management programs, and initiatives to address mental health needs.

This CHNA will guide Tanner Health's strategic planning and resource allocation for the next three years, with implementation plans being developed to address these priority areas. By working together with community partners and stakeholders, Tanner Health aims to create healthier communities and improve health outcomes for all residents of Cleburne and Randolph counties.

The complete implementation plan will be available on Tanner Health's website, and this assessment will be used as a roadmap to improve the health and well-being of the East Alabama community through 2028.

Appendices

- Community Survey
- Focus Group Summary
- Health Status Trended Data
- Community Asset Inventory
- Impact of 2022 CHNA and Implementation Plan

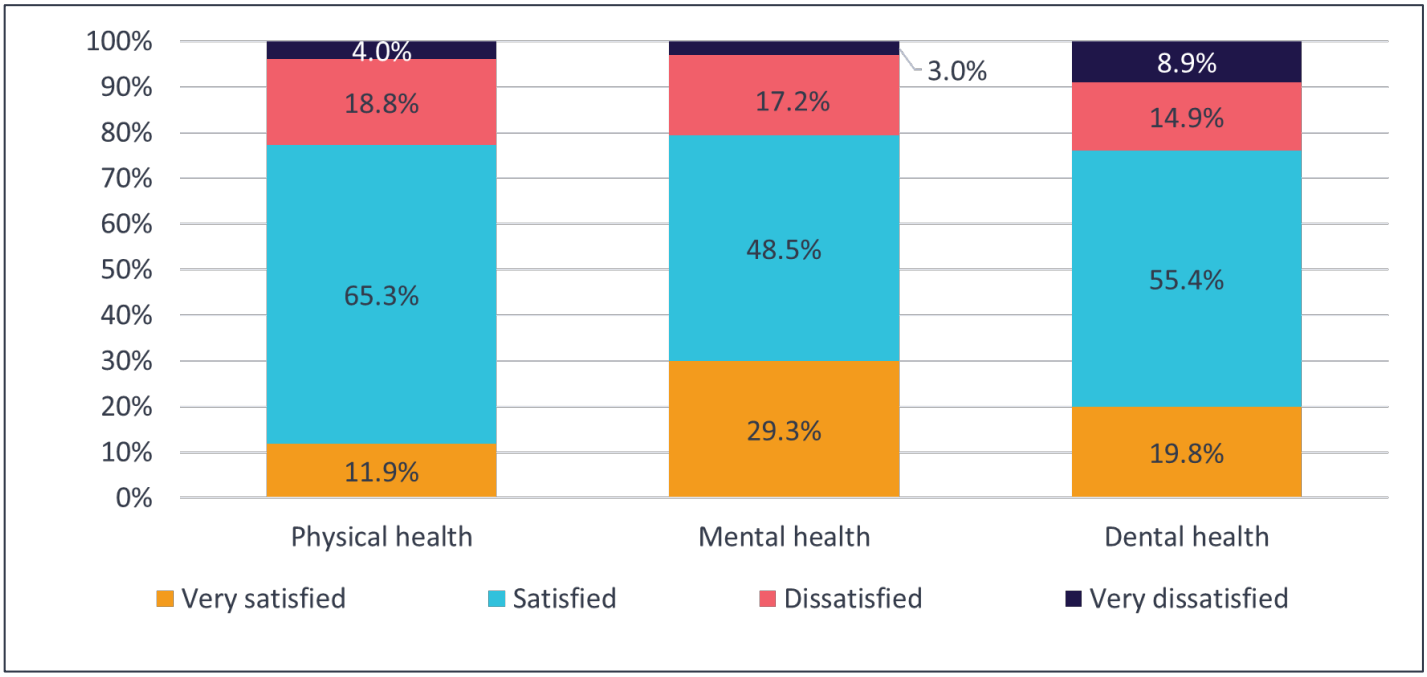
Community Survey

Tanner Medical Center/East Alabama and StrategyHealth conducted an online community survey in Cleburne and Randolph counties. StrategyHealth combined and analyzed the results. 100 surveys were completed via online surveys from January 16 through February 17, 2025.

Demographics of Participants	**Geography** Cleburne – 59 (57.8%) Randolph – 43 (42.2%) TOTAL:102	**Ages** 1% under 25 14% 25-41 26% 42-57 38% 58-69 18% 70 or older
Race 94% White 1% more than one race 5% declined	**Gender** 81% female 15% male 4.2% declined	**Ethnicity** 97% not Hispanic or Latinx 1% Hispanic or Latinx 2.1% don't know
Insurance coverage 63% private insurance 29% Medicare 2% uninsured 0% Medicaid 2% dual Medicare/Medicaid 3% declined	**Employment** 45% are employed full-time 36% retired 6% part-time 6% not working by choice or circumstances 1% unemployed and looking	**Income** 25% less than $50,000 54% over $50,000 20% declined

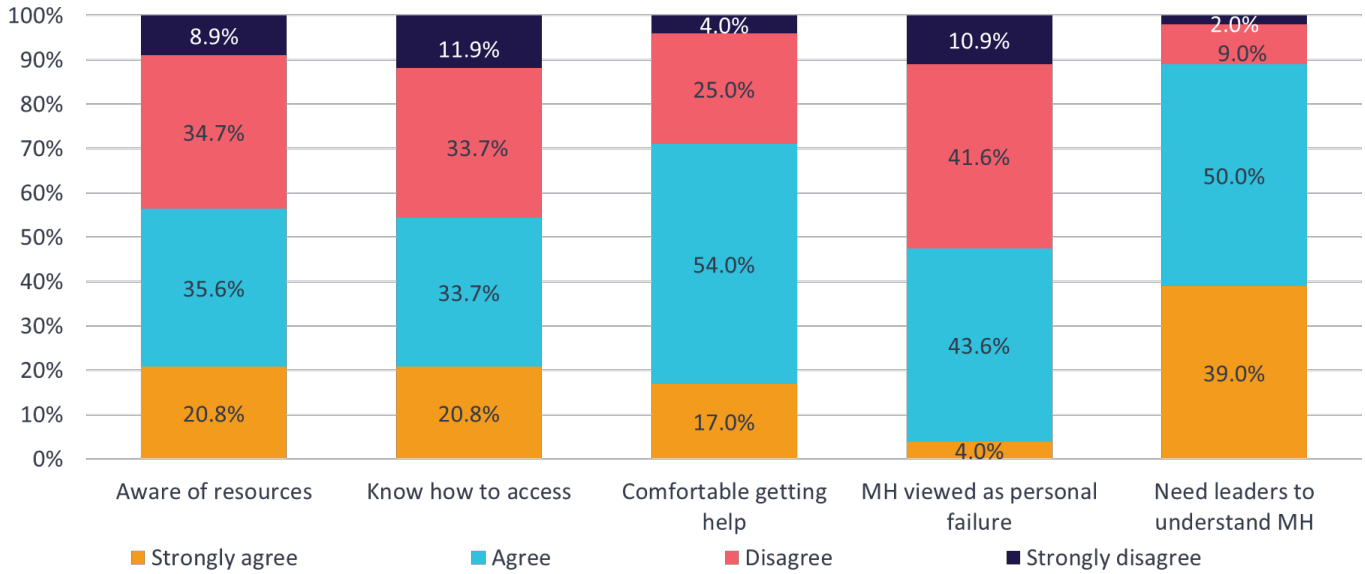
Satisfaction with their health

77% of respondents were very satisfied or satisfied with their physical health. More were very satisfied with their mental health and dental health than their physical health. However, 9% were very dissatisfied with their dental health.

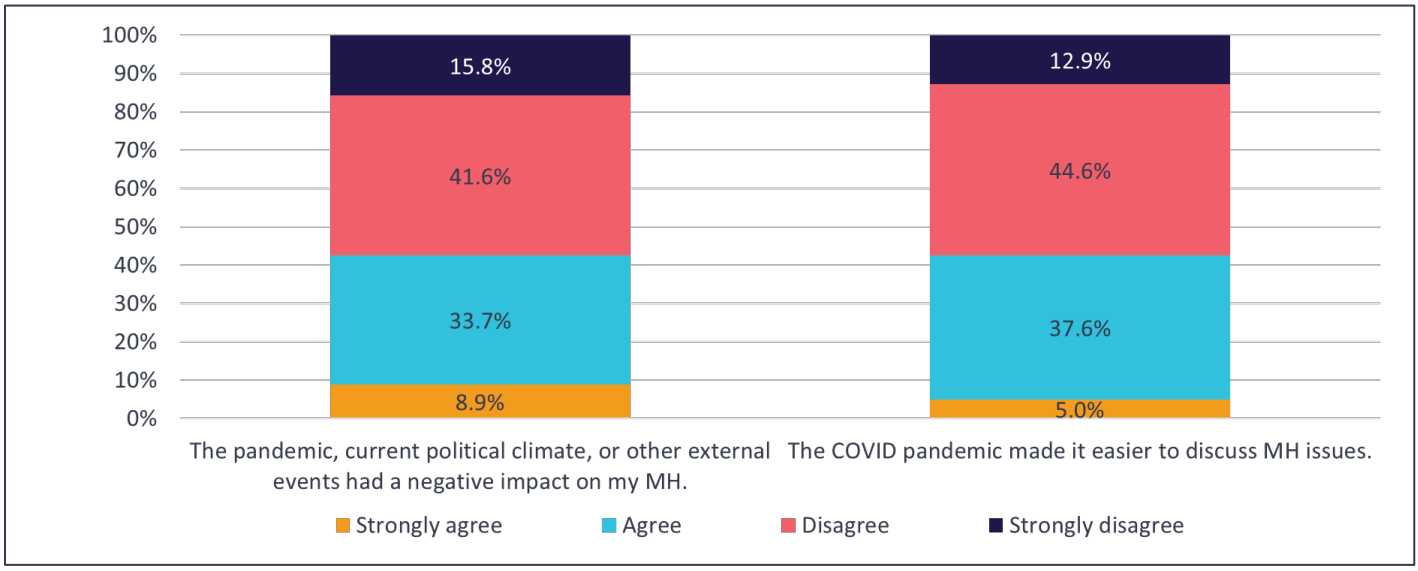


Mental Health

Most respondents are aware of community resources, know how to access them, and are comfortable getting help. Mental health is not viewed as a personal failure by 52%, and 89% need community leaders to understand more about mental health needs.

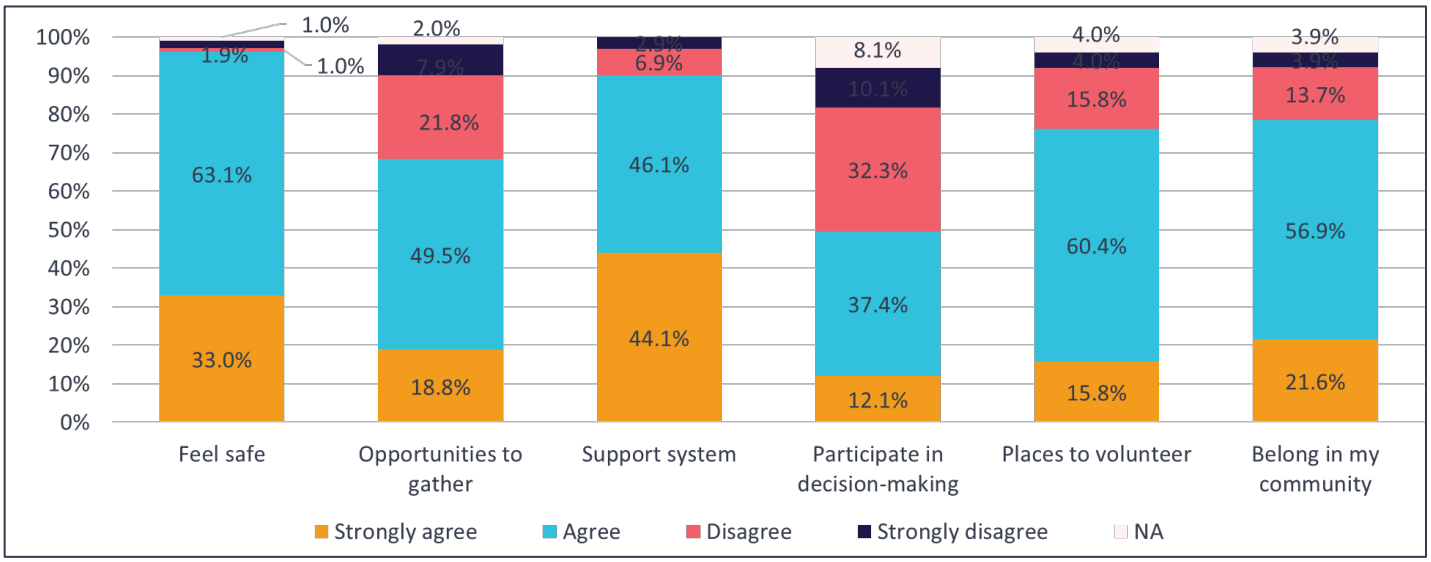


The community was split about the pandemic, current political climate or other external event having a negative impact on mental health. The respondents are also split on whether the COVID pandemic made it easier to discuss mental health issues, with the majority disagreeing with the statements.



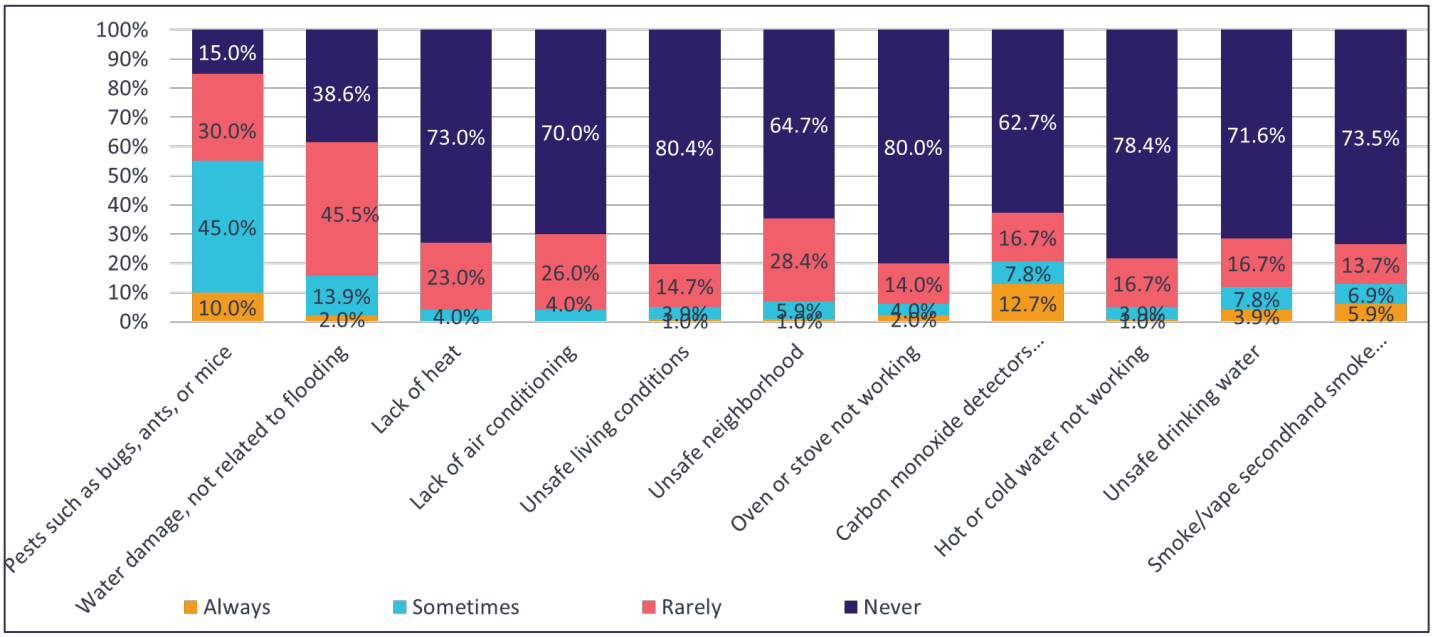
Belonging and Support System

Most respondents feel safe in their community, have places to gather, and have a support system. They are in less agreement about the decisions in the community being made with resident participation. Most agree there are places to volunteer, and most feel they belong in their community.

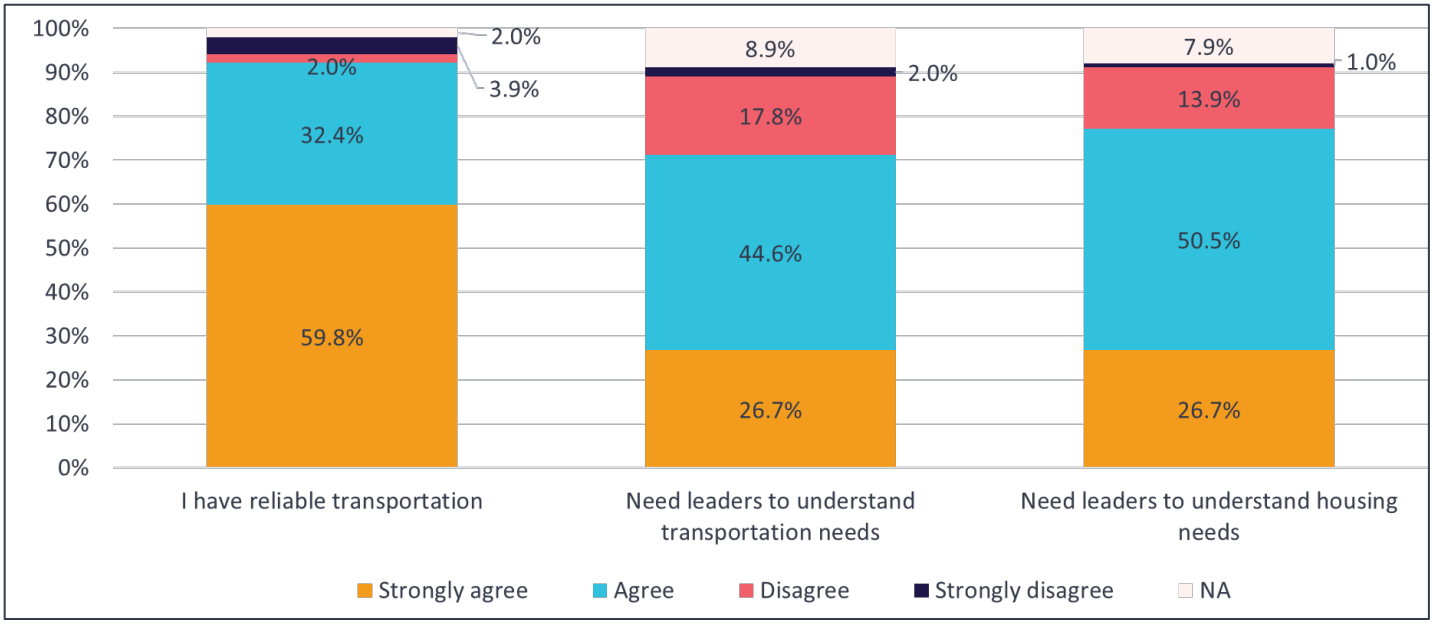


Environmental Health

When asked about where they live, the biggest issues were pests, and carbon monoxide detectors missing or not working.

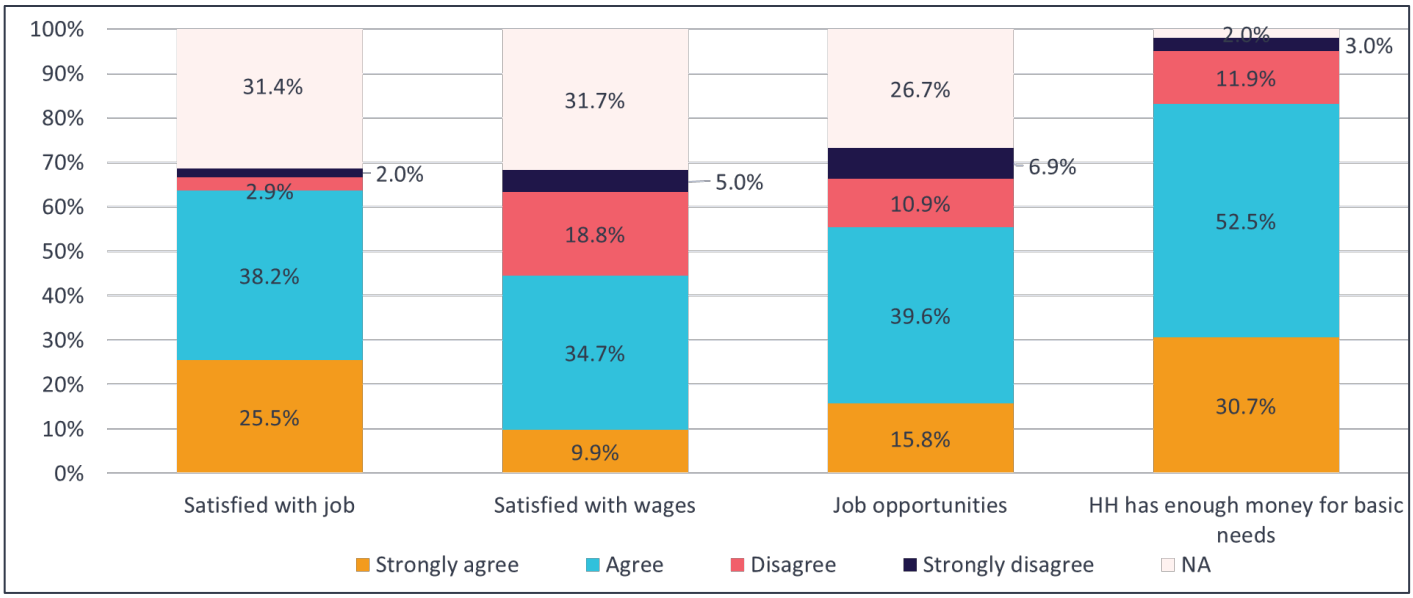


92% of respondents agreed they had reliable transportation. They also agreed they need community leaders to understand more about transportation and housing needs.



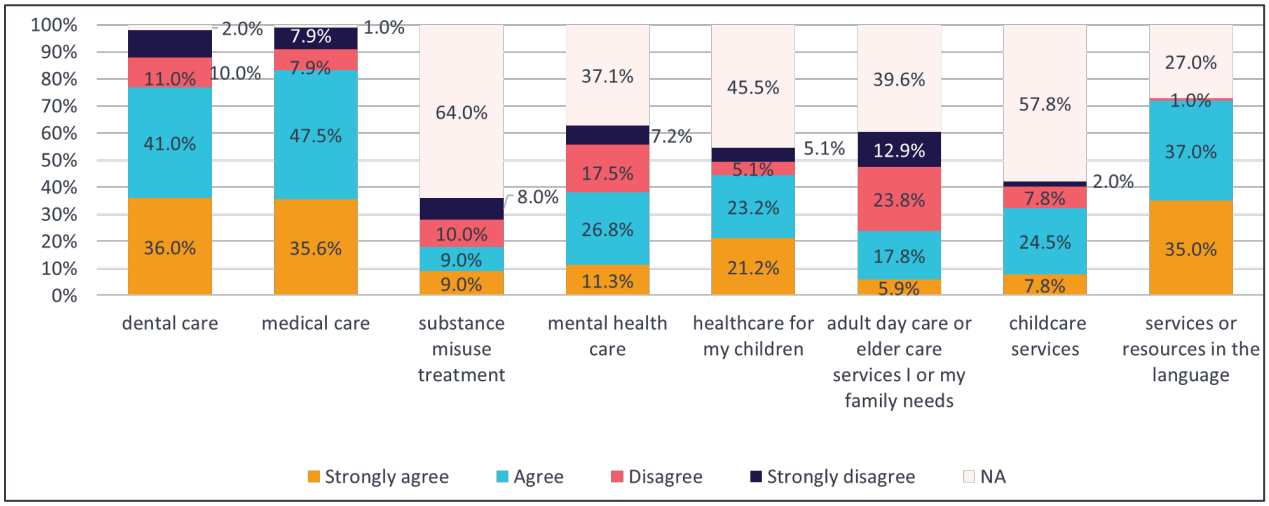
Socioeconomics

64% of respondents agree they're satisfied with their job, whereas 45% agreed they were satisfied with their wages while 24% were not. 55% agreed there were job opportunities for their skill, education, and experience, and 83% of households had enough money to pay for basic needs like food, clothing, and housing and 15% did not.

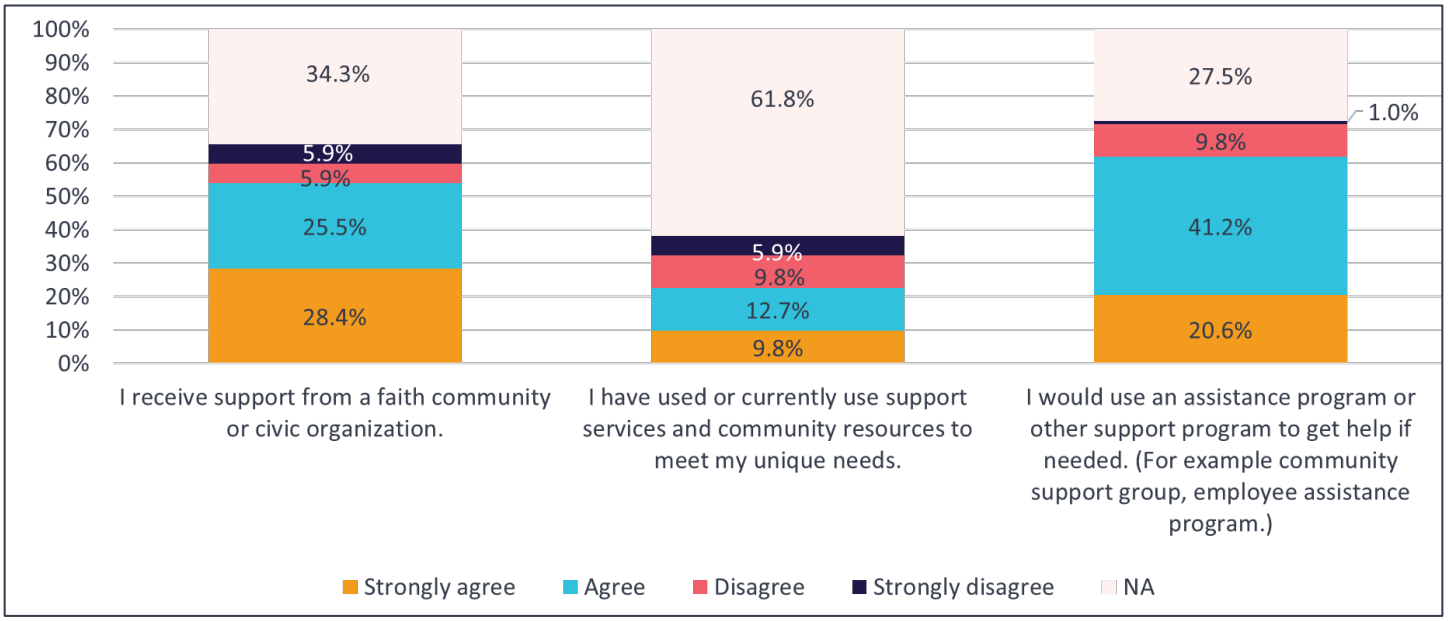


Access to Care and Services

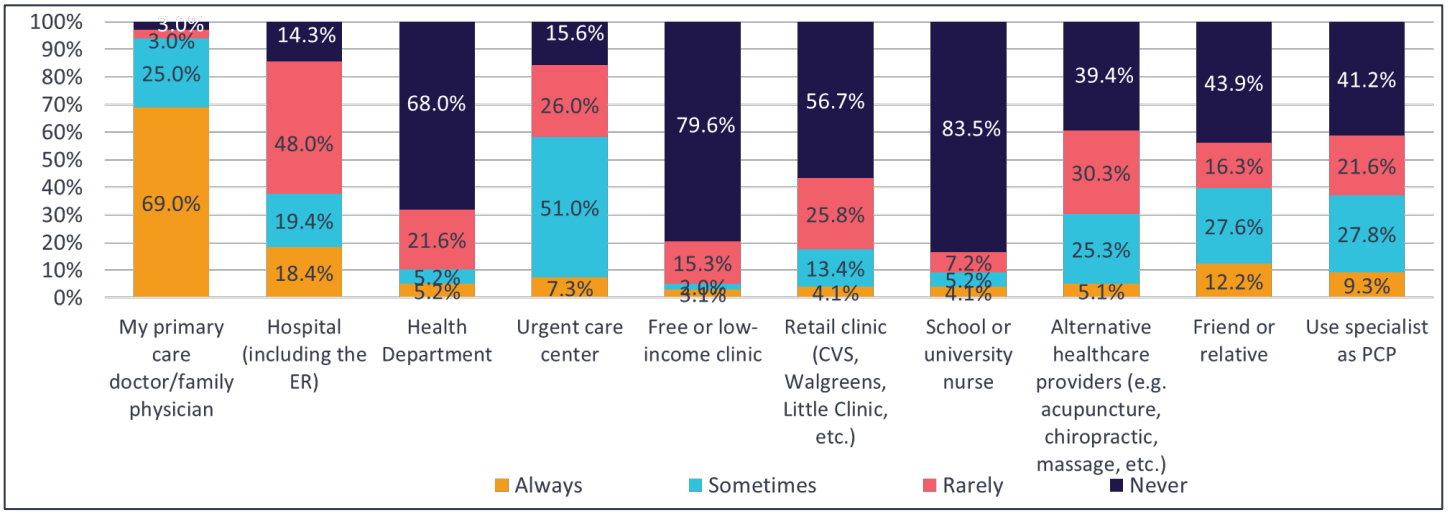
Most respondents agree they can receive dental and medical care they need. When responding to the question "I get the _____ services I need." the respondents noted that they do not receive adult day care or elder care services when they need it.



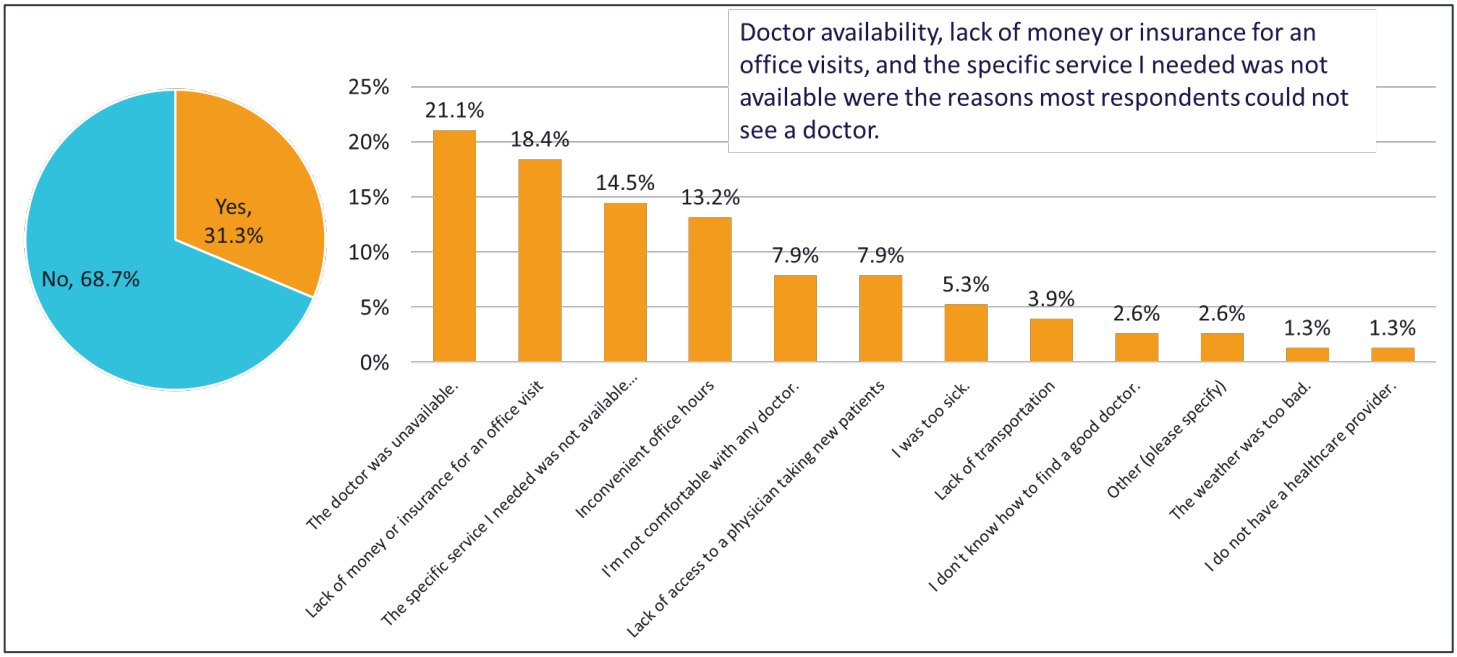
54% receive support from a faith community or civic organization and most would use an assistance program if needed.



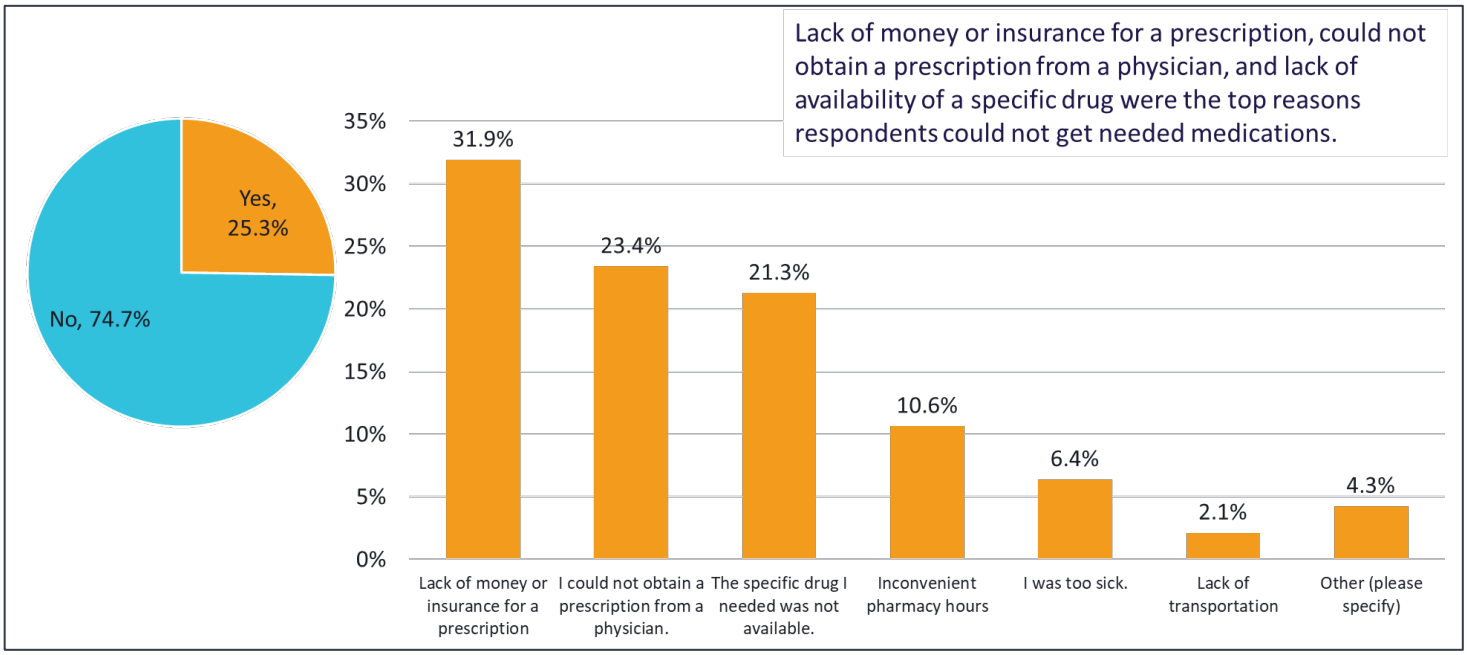
Most respondents turn to their primary care doctor for healthcare needs. Urgent care is second followed by friend or relative.



When asked if there was a time in the past 12 months when you needed to see a doctor but could not and what are some of the reasons you could not see a doctor, the responses were:

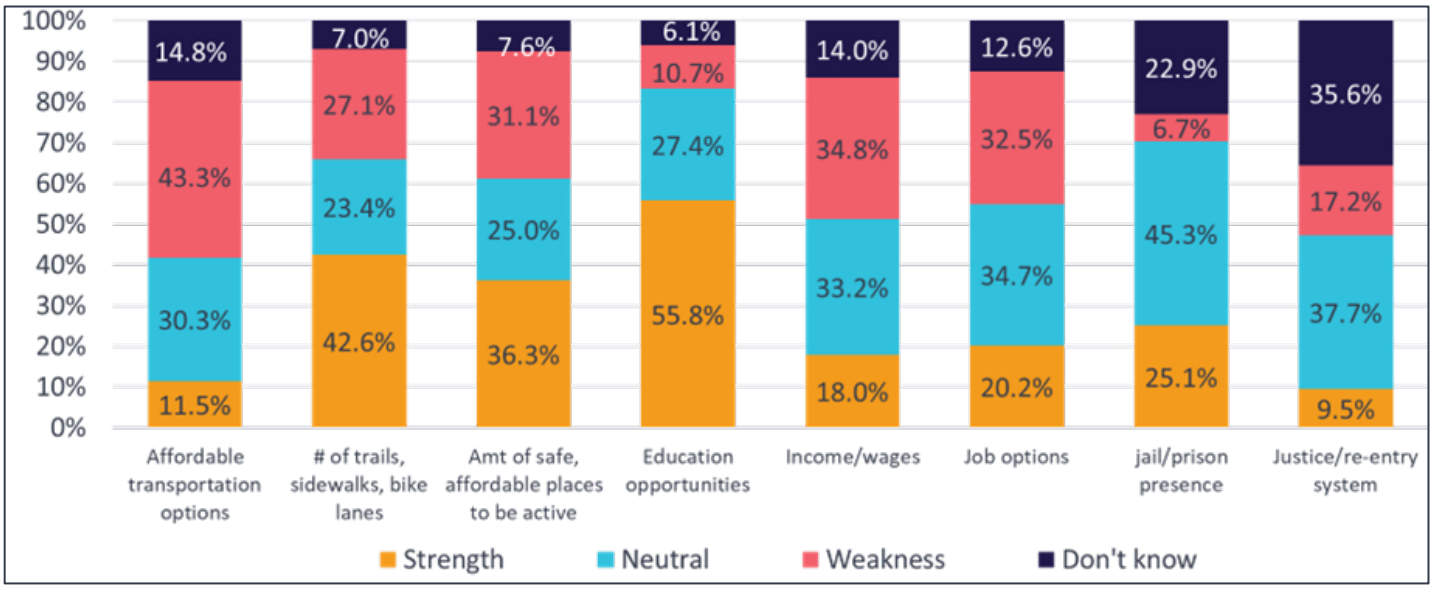


The same question was asked about needed medications.

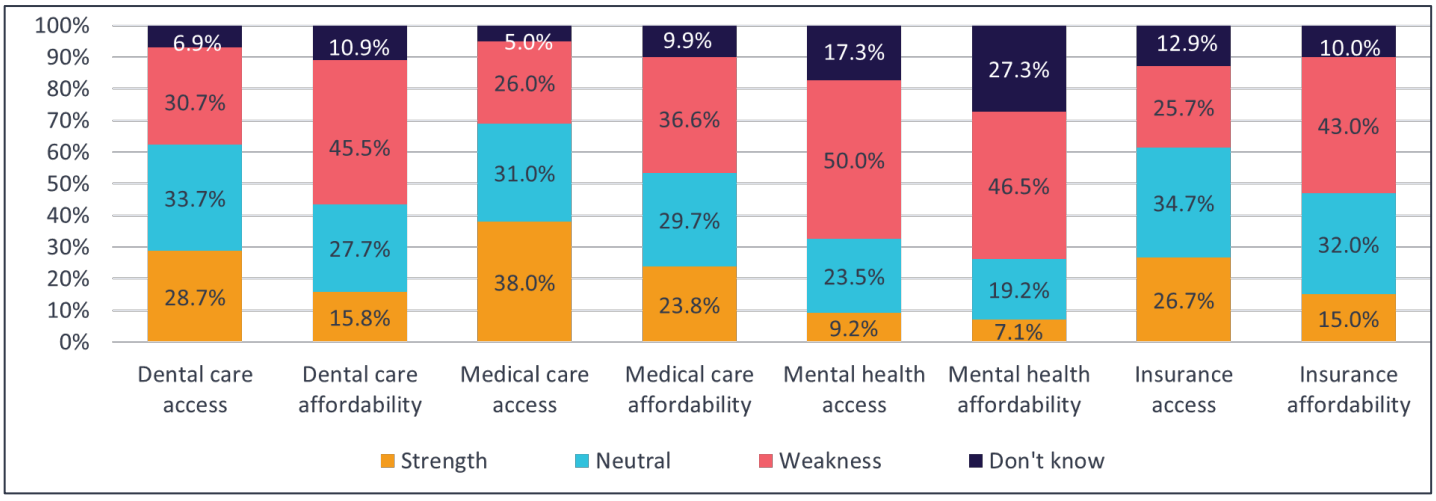


Strengths and Weaknesses

The weaknesses in the community were affordable transportation options, number of trails, sidewalks, and bike lanes, and job options. The strengths were education opportunities, jail or prison presence.



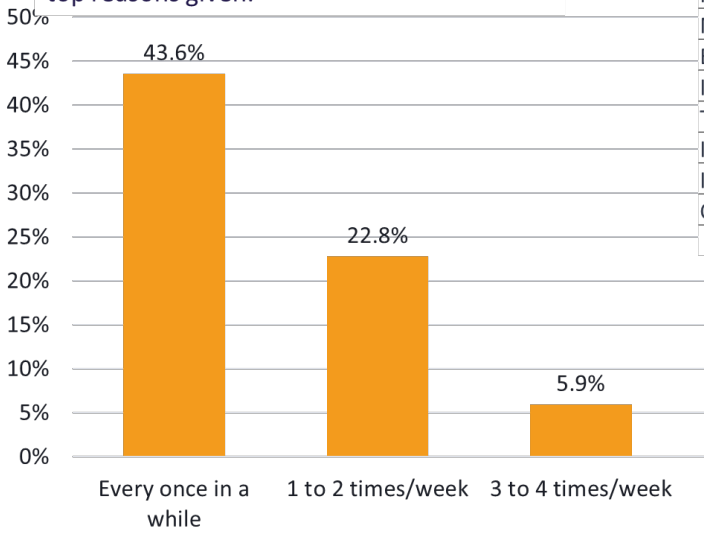
The strengths in the community are medical, dental care, and insurance access. However, the weaknesses are the affordability of medical and dental care as well as affordability of mental health and insurance. The highest percentage access weakness is mental health.



Physical Activity

During the past month, other than on your regular job, how often did you participate in any physical activities or exercise such as fitness walking, running, weightlifting, team sports, etc.?

Most responded they never exercise or only exercise every once in a while, and lack of motivation and not enough time were the top reasons given.

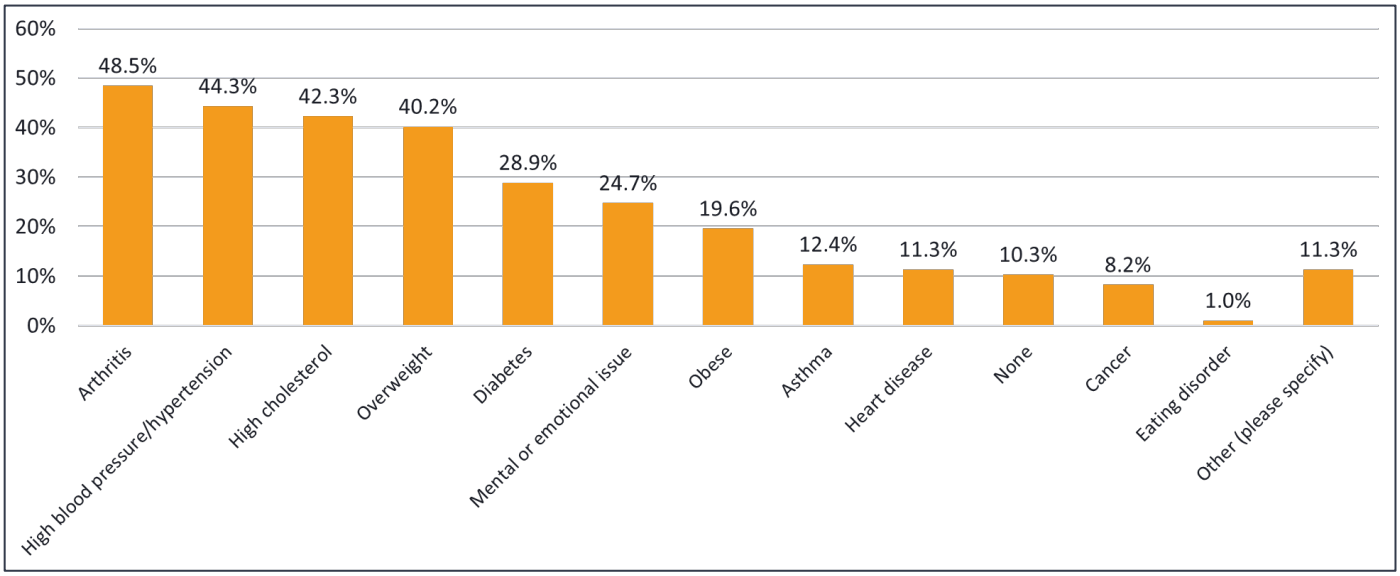


If you marked "every once in a while" or "never in the previous question, what are the reasons you have not participated in much or any exercise during the past month? Select all that apply.

It's hard to stay motivated.	33
Not enough time in my day	30
Exercise is not a priority	13
I'm not healthy enough to exercise.	12
There is no safe place to exercise in my neighborhood.	9
I don't know where to go.	2
I don't know how.	1
Other (please specify)	25
	125

Chronic Diseases

Respondents indicated they had 3 conditions each. Only 10% did not have a condition. Arthritis, high blood pressure, high cholesterol and being overweight were the most common conditions.



Health Needs

The most important healthcare, health education, or public health services or programs that respondents wanted to see in their community were:

- Healthcare resources for the uninsured or poor (51%)
- Exercise resources such as a fitness center (43%)
- Affordable healthcare (39%)
- Senior care services (38%)
- Preventative services (37%)
- Affordable insurance (37%)
- Mental/behavioral health services (37%)

Respondents believed the most significant health issues in Cleburne and Randolph counties were:

Affordable healthcare	33.7%
Affordable health insurance	31.6%
Mental health & behavioral health services	29.6%
Lack of subspecialty physicians such as cardiology, neurology, etc.	24.5%
Dental health services	22.4%
Lack of primary care professionals	17.3%
Available and affordable services and programs for individuals with disabilities and special needs	15.3%
Transportation	15.3%
Availability of doctors – office hours, not accepting insurance	14.3%
Substance use disorder treatment services	14.3%
Walking/bike paths and trails	14.3%
More urgent care or walk-in clinics, after hours care	13.3%
Vision health services	13.3%
Anxiety	13.3%
Health services for seniors	12.2%
Prevention/wellness	11.2%
Affordable, quality housing	11.2%
Safe/affordable/access places to exercise	11.2%
Healthy weight/obesity	11.2%
Health care services	10.2%
Living wage jobs	10.2%
Substance use disorder	10.2%
Senior in home care	10.2%

Respondents believed the most significant health concerns for children in their community were:

Responsible, involved parents	35.6%
Physical activity	25.6%
Mental health services	25.6%
Healthy diet/nutrition	23.3%
Access to pediatricians/primary care	16.7%
Abuse/neglect	14.4%
Obesity	13.3%
Child-care/day care options	12.2%
Dental health services	12.2%

Substance misuse	12.2%
School lunch programs	7.8%
Children's health education	6.7%
Responsible sexual behavior	4.4%
Immunizations/Vaccinations	3.3%
Don't Know	26.7%
Other (please specify)	1.1%

Focus Group Results

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in individual interviews and focus groups on January 15, 2025, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

How do you define health?

- Physical, mental, social health, lifestyle, education, whole wellbeing
- Good nutrition, fitness, places to walk and be active
- Caring
- Availability and access to services and resources

What services are available to improve health? What are the assets/strengths in the community?

- Access to medical care and clinics
- Long-term medical providers and employees who are vested in the community
- Tanner Health – initiating compassion closets
- The Extension offers health, food, finance, expectant mom, gardening classes
- The Chamber of Commerce holds education sessions, mental health awareness
- Schools – mental health available in schools, provide internet access and technology, provide food
- Circle of Care
- Faith community – food pantries
- Recreation Center
- Senior Center
- Community resource guides
- Parks and Recreation Department
- Walking trails in Wedowee and Roanoke

What affects the ability to be healthy? What are the barriers to being healthy?

- Lacking mental health care; mental health desert
- Drug use and addiction
- Few places to send people for addiction services
- Crime is very related to drug use
- Negative stigma about mental health
- Transportation

- Ability to afford medication
- Inconsistent Internet availability
- Some people need food, but don't qualify for the food pantries. Need food with no qualifying or strings attached.

What are the three most significant health needs of the county?

- Mental health
- Substance misuse
- Transportation
- Nutrition – food pantries, churches, big needs

What progress has been made on the 2022 priorities?

- In order to make progress on mental health and drug use, there has to be commitment, resources and support and would take everyone in the community.
- Insurance issues and being uninsured hinder access to care
- Tanner has added specialty services – oncology, GI, nephrology, general surgery, women's services, cardiology
- The hospital is collecting social determinants of health data now, asking questions of patients
- Get Healthy, Live Well is focused on education and prevention
- The most prevalent chronic diseases are diabetes, hypertension, cancer and kidney failure. We need to figure out how people can find out more about their conditions after their diagnosis as doctors can't spend time with education.

If you had a magic wand, what would you implement to improve community health?

- It would be nice to have some place to rehab locally and work and be able to recover from addiction; a chemical dependency unit here would be beneficial
- Outpatient mental health and addiction services would be good until we get a comprehensive plan.
- Improve access to mental health providers; provide access through telemedicine, but remembering some people need fact to face.
- Transportation
- Collaboration among all in the county to solve the important issues
- Need resources for the unhoused population; they get discharged back to the streets
- Organize a not-for-profit organization that is the connector/convener of all the groups and apply for grants, make a resource directory, coordinate efforts, and meet regularly. Could be Family Connections or United Way.

Health Status Data Trended

Comparisons of Health Status

In most of the following graphs, Cleburne County will be green, Randolph will be dark blue, Alabama will be dark red, and U.S. will be red and the 90th percentile of counties in the U.S. will be gold. If a metric was equal to or better than Alabama, it is designated by a green star. If a measure was worse than Alabama, it is designated by a red octagon. The asterisks indicate the method for calculating the indicator changed in 2022. Most of the changes are regarding the metrics associated with the Behavioral Risk Factor Surveillance System. Use caution when comparing to other years.

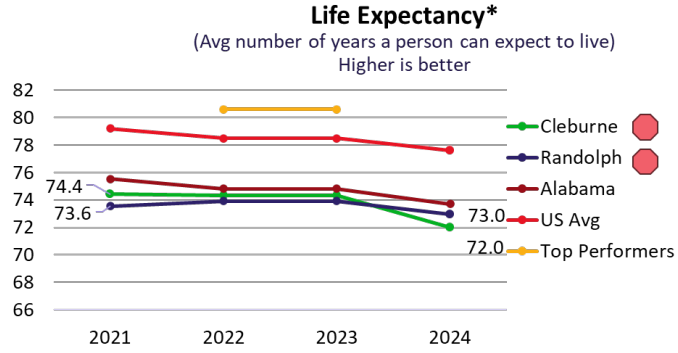
Health Outcomes (Length of Life and Qualify of Life)

Health Outcomes are a combination of length of life and quality of life measures.

Length of Life

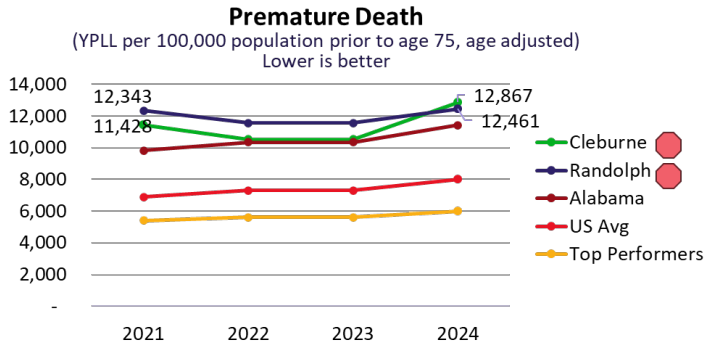
Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Cleburne County lost 12,867 years of potential life, and Randolph County lost 12,461 years of potential life per 100,000 population which was higher than Alabama and the U.S. Child mortality was higher in both counties than Alabama and the U.S.

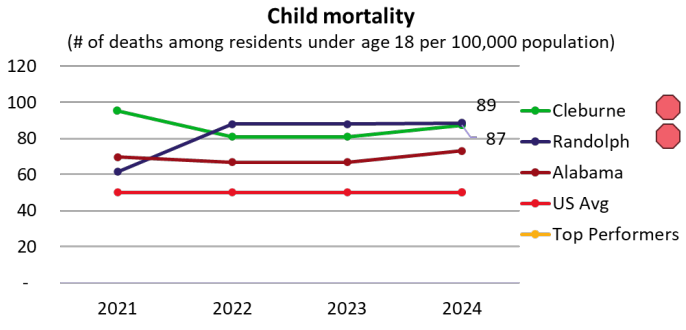
Cleburne and Randolph counties' residents can expect to live 4.6 and 5.6 years less than the average U.S. resident.



Life Expectancy by Race/Ethnicity 2019-2021 (AL 2018)
(Avg number of years a person can expect to live)

	Hispanic	NH Black	NH White
Cleburne	NA	NA	NA
Randolph	NA	70.2	73.2
AL	79.1	72.9	76.0
US	80.0	72.8	77.5





Source: Life expectancy, child mortality, & premature death - National Center for Health Statistics – Mortality File 2019-2021

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Cleburne	Randolph	AL	US
Heart Disease	436.0	451.1	298.4	210.2
Cancer	275.2	228.5	207.6	182.4
COVID-19	162.9	200.3	130.4	90.7
Cerebrovascular Diseases	61.7	68.3	66.8	49.4
Accidents (Unintentional injuries)	68.3	65.3	66.6	67.9
Chronic Lower Respiratory Disease	90.3	81.6	65.6	43.6

Ranked by cause of death in Alabama

Rates in red had death rates higher than Alabama. The leading causes of death in Cleburne and Randolph counties were heart disease, cancer, COVID-19, cerebrovascular diseases (stroke), accidents and chronic lower respiratory disease.

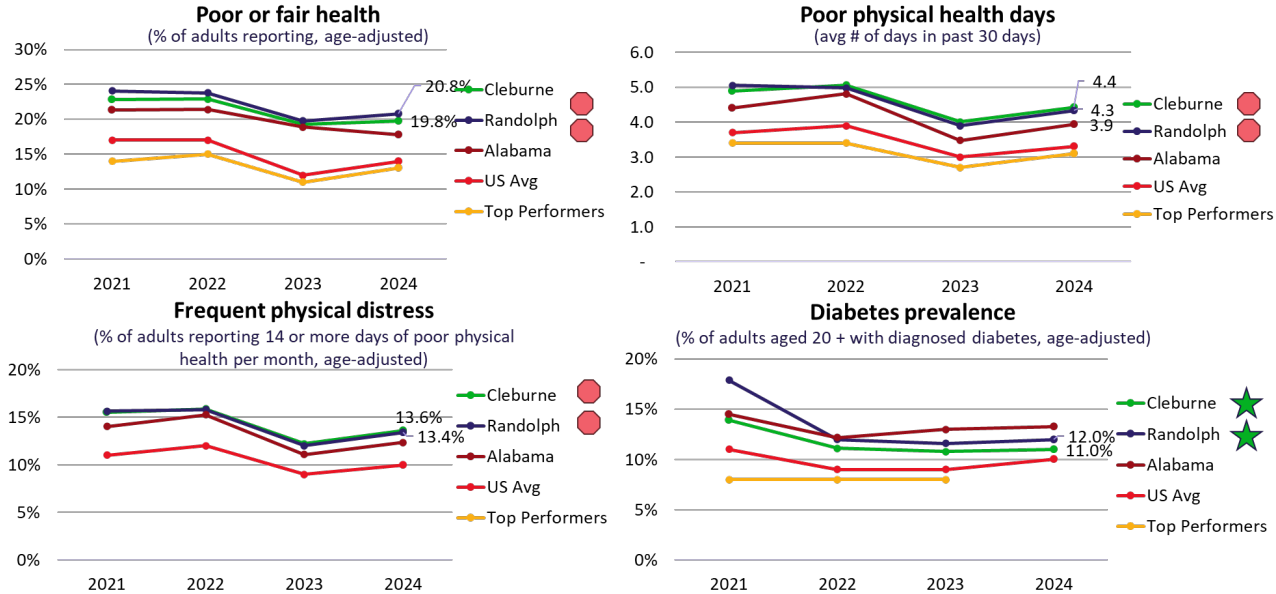
Source(s): Wonder CDC.gov (2020-2022) Crude rates per 100,000 population.

Quality of Life

Physical Health

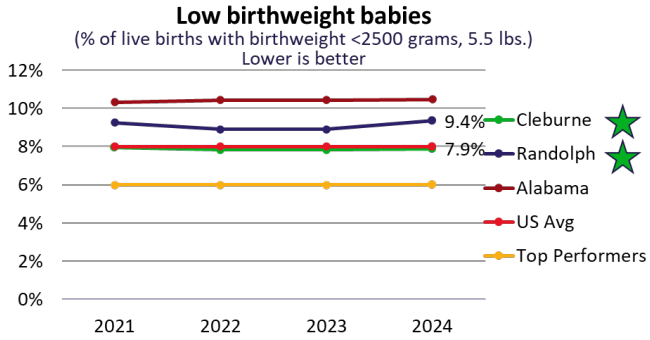
Quality of Life represents the well-being of a community. It underscores the importance of physical, mental, social and emotional health from birth to adulthood. (County Health Rankings, 2024)

The counties had higher percentages of poor or fair health and frequent physical distress than Alabama and the U.S. The counties also had a higher average of poor physical health days in the past 30 days. However, the counties had lower diabetes prevalence than Alabama, but higher than the U.S.



Source: Poor or fair health – County Health Rankings (CHR), 2024; Behavioral Risk Factor Surveillance System (BRFSS) 2021
Source: Poor physical health days, frequent physical distress and diabetes prevalence – CHR, 2024; BRFSS, 2021

Both counties have lower low birthweight babies than Alabama and the U.S. There was a difference in percentage of low birthweight babies in Alabama based on race and ethnicity.



Low birthweight babies by Race 2021
(% of live births with birthweight <2500 grams, 5.5 lbs.)

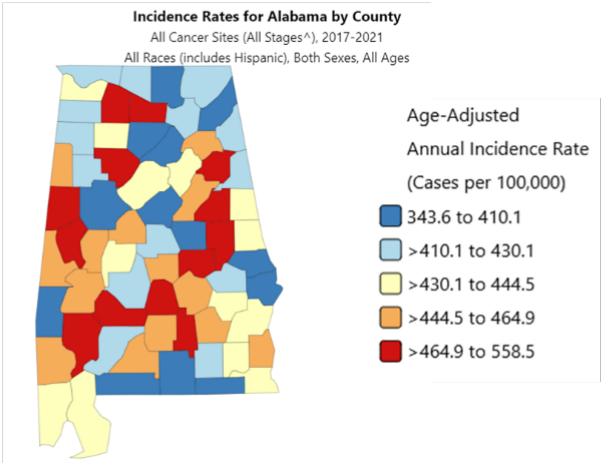
	AL
White	**8.1%**
Black or African American	**16.0%**
Hispanic or Latino	8.2%
More than one race	**14.0%**

Source: Low birthweight babies - National Center for Health Statistics – Natality files (2016-2022)

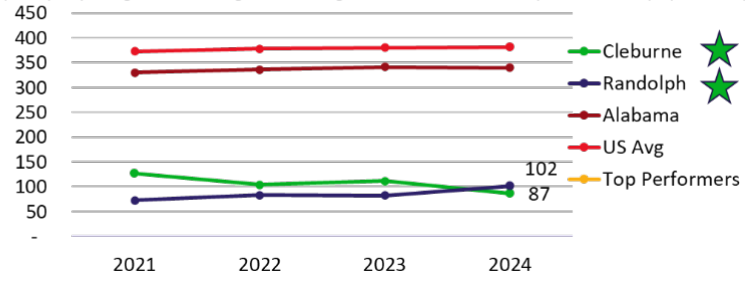
Cleburne County had slightly higher cancer incidence rate than Alabama, but lower than the U.S. Randolph's rate was the same as Alabama's and lower than the U.S. Both counties had lower HIV prevalence than Alabama and the U.S.

Cancer incidence rates
(All cancer sites, age-adjusted cases per 100,000 population)

	2017-2021	Trends
Cleburne	435.9	↔
Randolph	431.4	↔
Alabama	431.4	↘
U.S.	444.4	↘



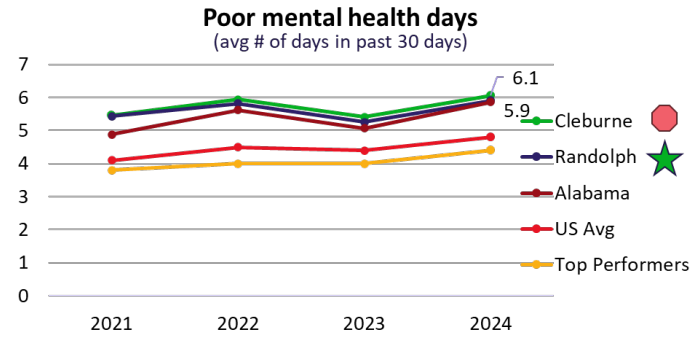
HIV prevalence
(# of people aged 13+ living with a diagnosis of HIV infection per 100,000 population)

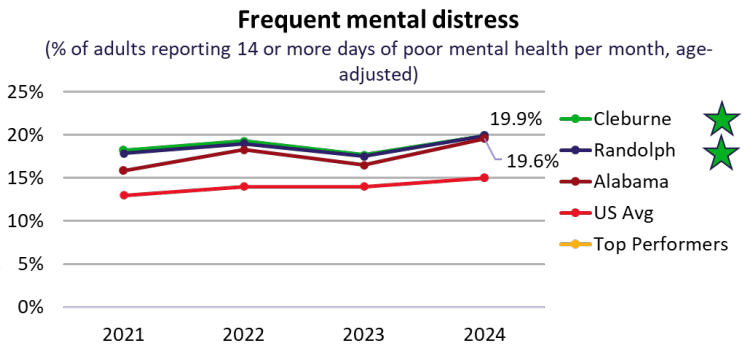


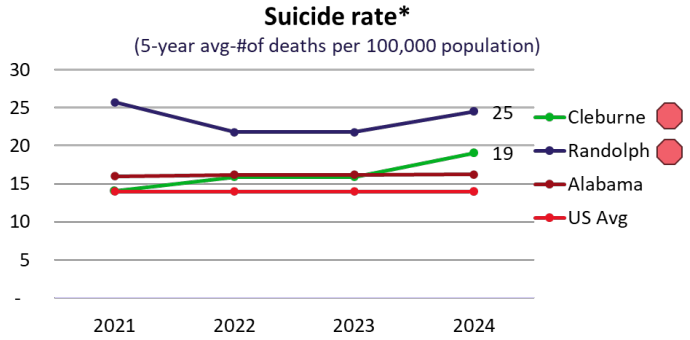
Source: Cancer incidence - NIH, CDC State Cancer Profiles, 5-yr. average, 2017-2021
Source: HIV prevalence – CHR, 2024; National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention, 2021

Mental Health

Cleburne County had higher poor mental health days on average in the past 30 days than Alabama and the U.S. Randolph County had the same number of poor mental health days as Alabama, but more than the U.S. Both counties had similar percentages of frequent mental distress as Alabama, but higher than the U.S. Both counties had higher suicide rates than Alabama and the U.S.







Source: Poor mental health days – CHR, 2024; BRFSS, 2021
Source: Frequent mental distress – CHR, 2024; BRFSS, 2021
Source: Suicide rate – CHR, 2024; National Center for Health Statistics – Mortality files, 2017-2021

Health Factors or Determinants

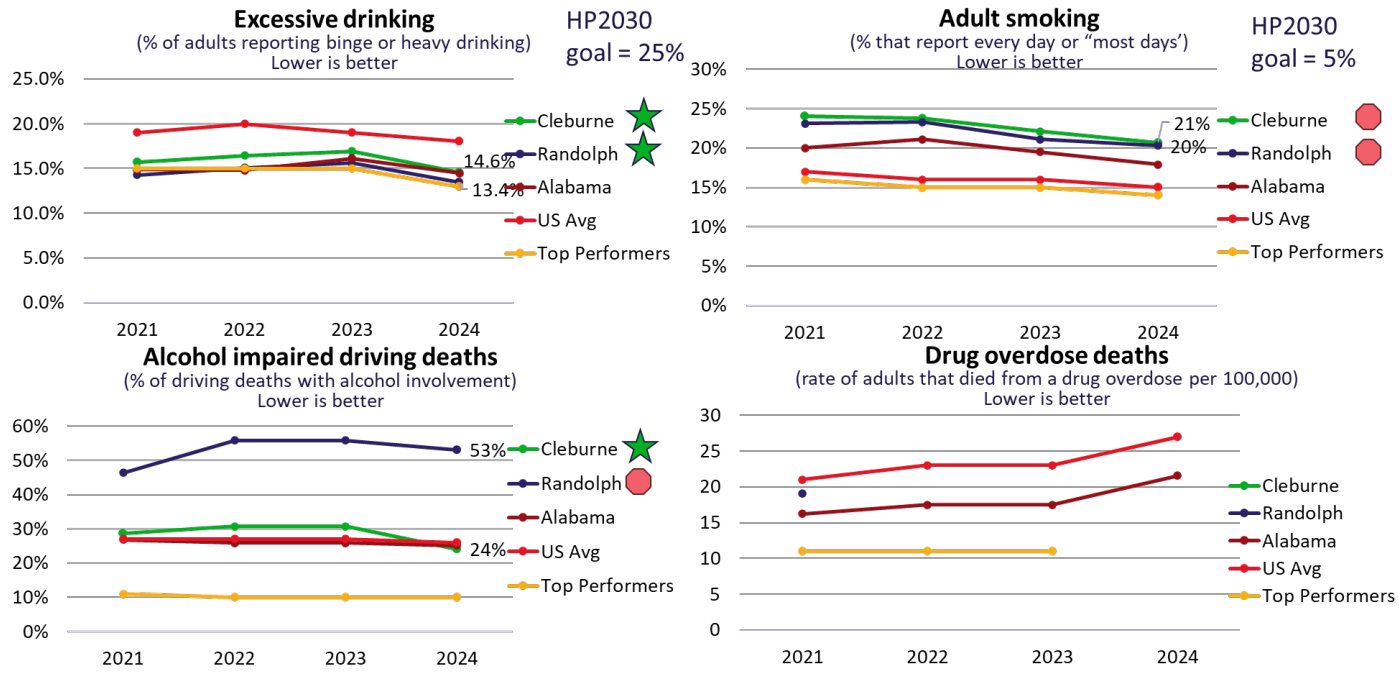
Health factors or determinants are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%) and physical environment (10%). Cleburne County is faring about the same as the average county in Alabama for Health Factors while Randolph County is faring worse than the average county in Alabama. Both counties are worse than the average county in the nation. (County Health Rankings, 2024)

Health Behaviors

Health behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health behaviors are determined by the choices available in the places where people live, learn, work and play. (County Health Rankings, 2024)

Substance Misuse

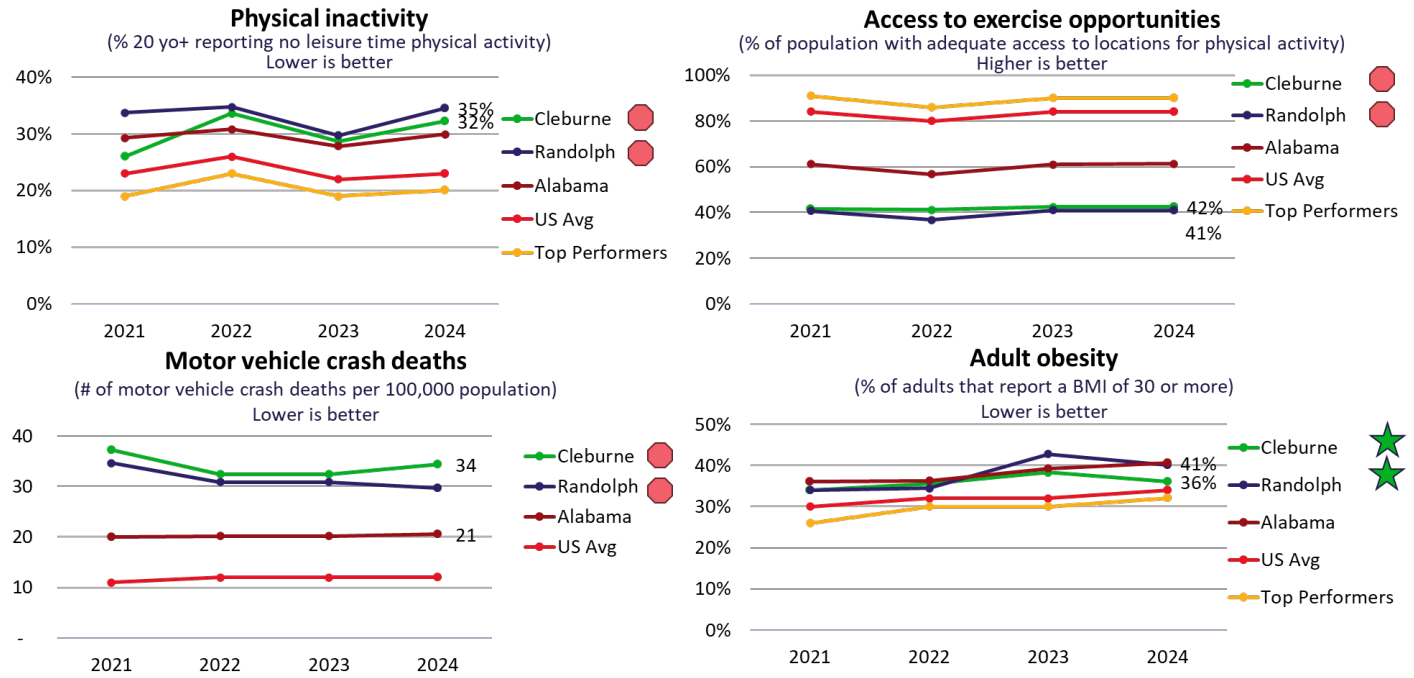
The two counties binge drink less than Alabama and the U.S. However, they smoke more, and Randolph County had a higher percentage of alcohol-related driving deaths. There was not enough data for the two counties for drug overdose deaths, but the deaths in Alabama and the U.S. increased.



Source: Excessive drinking – CHR, 2024; BRFSS, 2021
Source: Adult Smoking - CHR, 2024; BRFSS, 2021
Source: Alcohol-impaired driving deaths – CHR, 2024; Fatality Analysis Reporting System, 2017-2021
Source: Drug overdose deaths – CHR, 2024; National Center for Health Statistics, 2019-2021

Healthy Living

Cleburne and Randolph counties had higher physical inactivity, less access to exercise opportunities and higher motor vehicle crash deaths, but higher adult obesity rates than Alabama and the U.S.



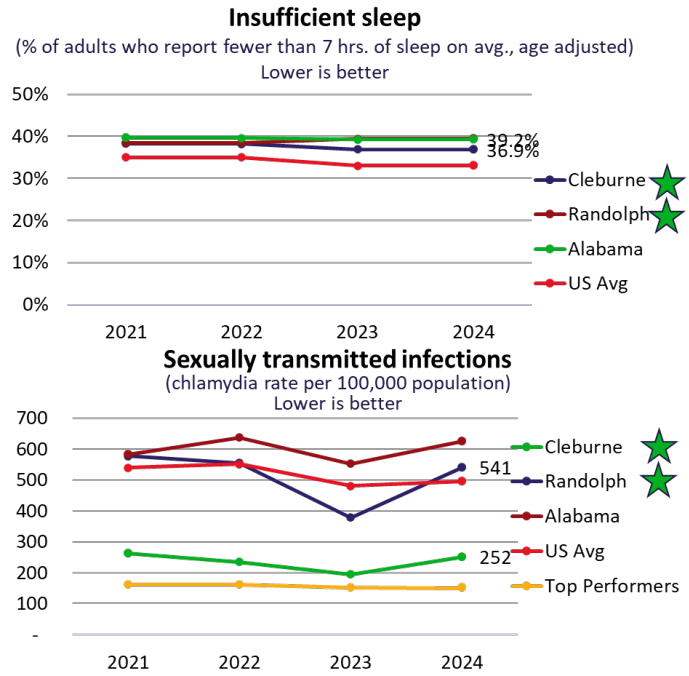
Source: Obesity & Physical Inactivity – CHR,2024; BRFSS, 2021
Source: Access to exercise opportunities – CHR 2024, Esri ArcGIS Business Analyst and ArcGIS Online; YMCA; & US Census Tigerline Shapefiles 2023, 2022& 2020. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)
Source: Motor vehicle crash deaths – CHR, 2024; National Center for Health Statistics-Mortality Files, 2015-2021

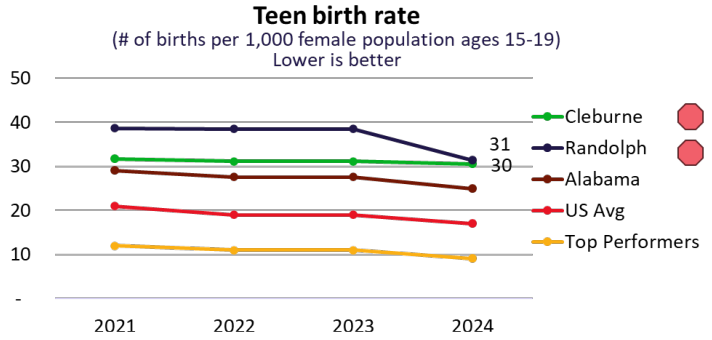
Healthy Habits

Randolph and Cleburne had slightly lower metrics for insufficient sleep.

The counties had lower rates for sexually transmitted infections measured in chlamydia rate per 100,000 population than Alabama, but Randolph is higher than the U.S. average.

The counties have higher teen pregnancy rates than Alabama and the U.S.





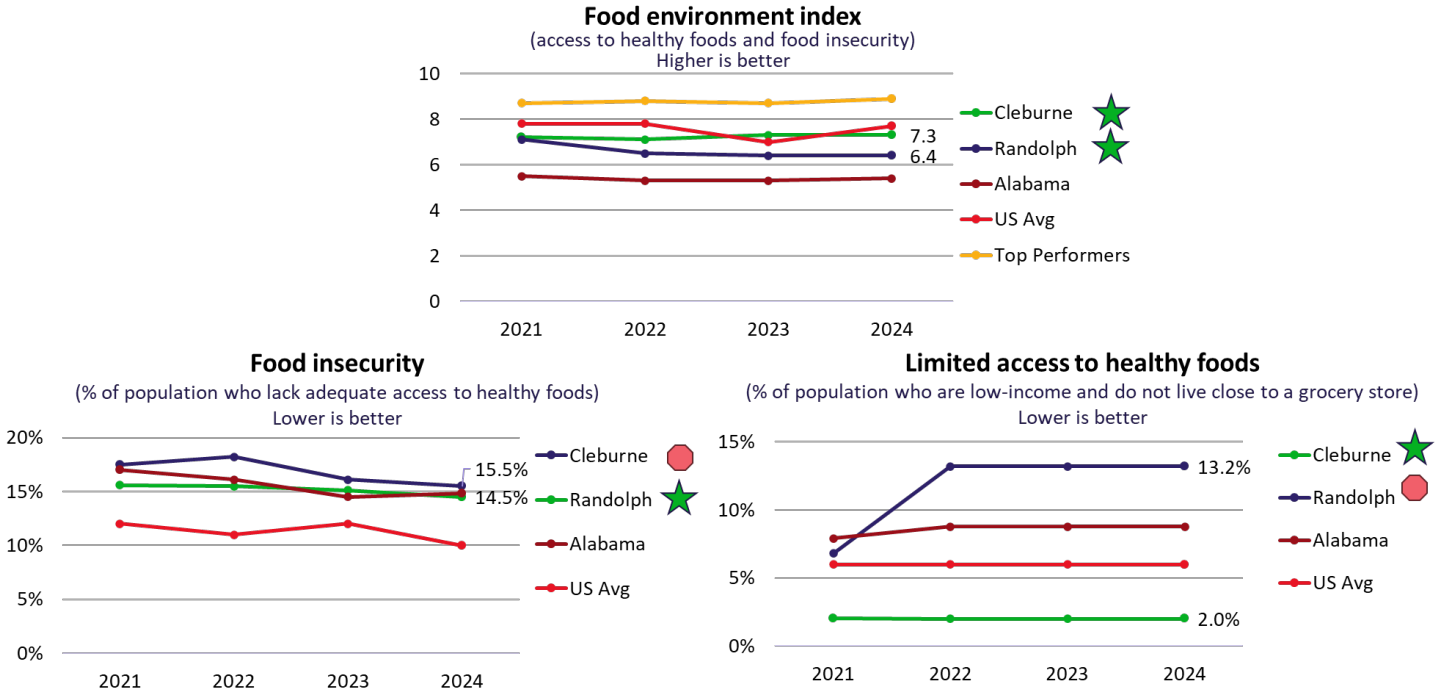
Source: Insufficient sleep – CHR, 2024; BRFSS, 2020
Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2016-2022
Source: STIs – CHR, 2024; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021

Access to Healthy Foods

Cleburne and Randolph counties had better food environment index than Alabama. Both are lower than the U.S. average. The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity.

Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store.

Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Source: Food environment index: Index of both measures below
Source: Food insecurity: CHR, 2024; Map the Meal Gap from Feeding America, 2021
Source: Limited access to healthy foods: CHR, 2024; USDA Food Environment Atlas, 2019

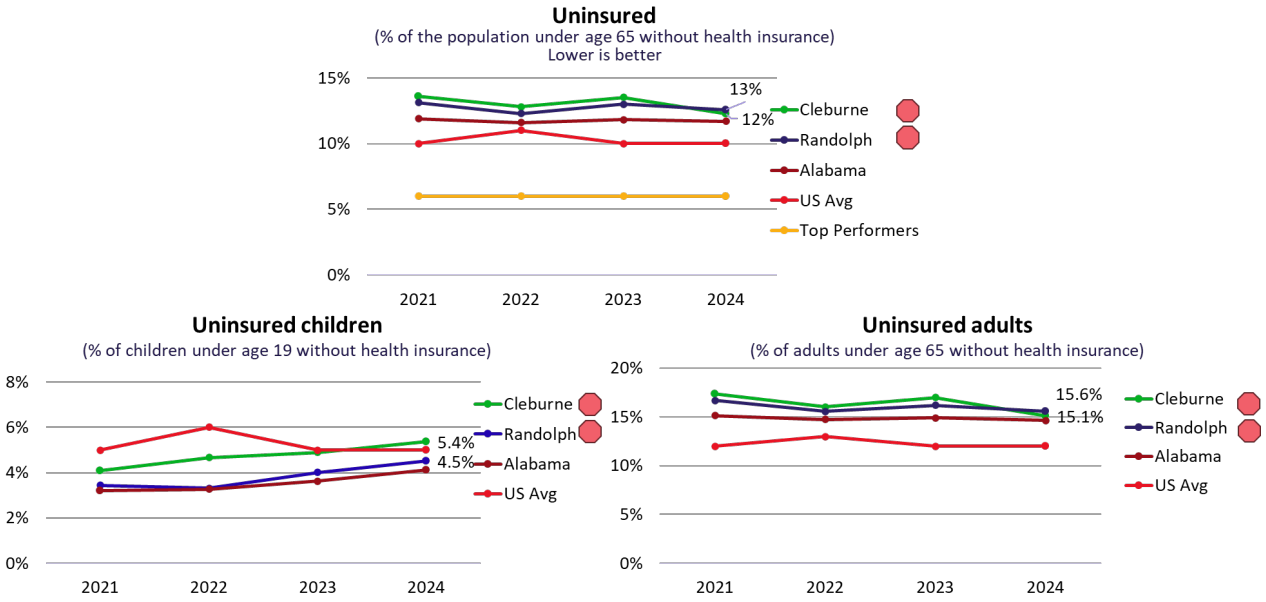
Clinical Care

Clinical Care is anything relating to the direct medical treatment or testing of patients. Access to affordable, quality health care can prevent disease and lead to earlier disease detection. Communities are living longer lives because of breakthroughs in clinical care, such as advancements in vaccinations, surgical procedures and preventative screenings. (County Health Rankings, 2024)

Clinical Care – Access to Insurance/Uninsured

Cleburne has a higher percentage of uninsured children than both the Alabama and U.S. averages. Randolph has a higher rate of uninsured children than Alabama but lower than the U.S. average.

Both counties have higher averages of uninsured adults than both Alabama and the U.S.



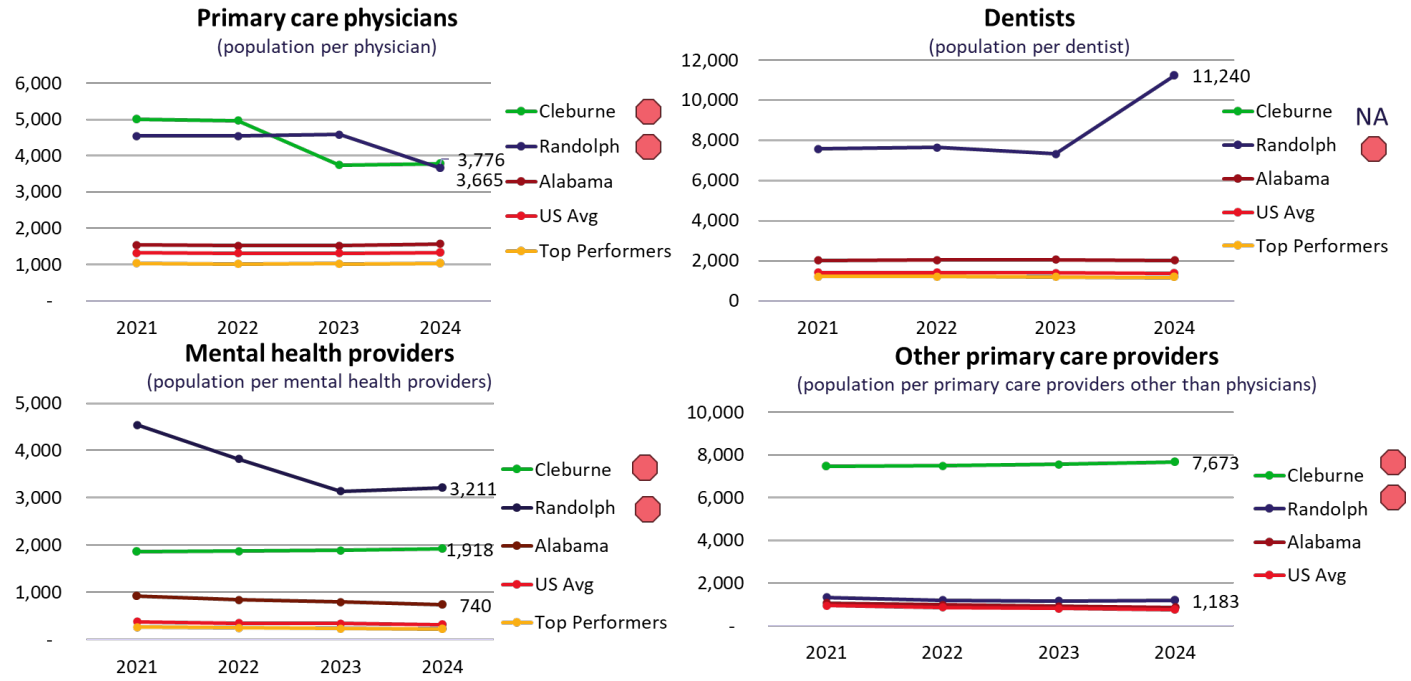
Source: Uninsured – CHR, 2024; Small Area Health Insurance Estimates, 2021

Clinical Care – Access to Providers

The two counties had a higher population per primary care physician, mental health providers, and other primary care providers such as physician assistants and nurse practitioners.

Randolph had a higher population per dentist.

There was insufficient data for Cleburne County dentists.

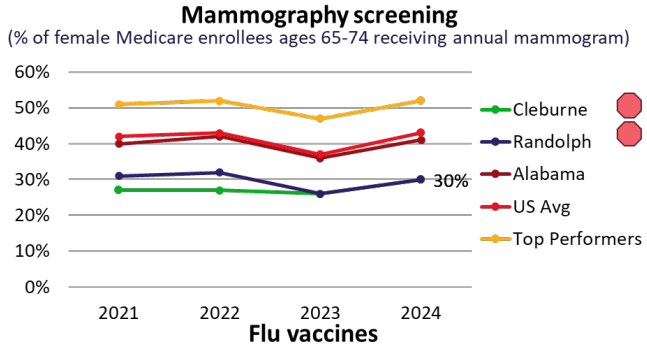


Source: Pop to PCP – CHR, 2024; Area Health Resource File/American Medical Association, 2021
Source: Pop to Dentists – CHR, 2024; Area Health Resource File/National Provider Identification file, 2022
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR, 2024; CMS, National Provider Identification, 2023
Source: Other primary care providers - CHR, 2024; CMS, National Provider Identification, 2023

Clinical Care – Prevention & Preventable Hospital Stays

The two counties had prevention indicators worse than Alabama and the U.S. for prevention measures like mammography screening, flu and COVID vaccinations.

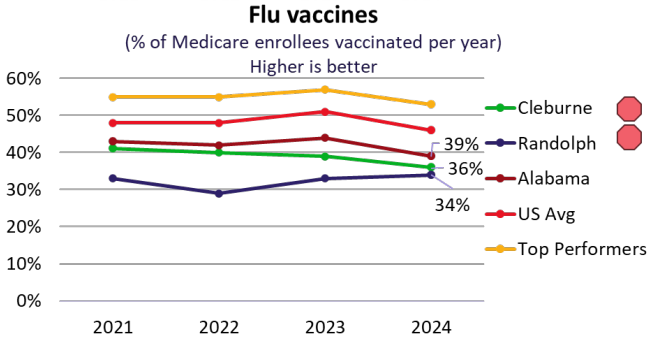
Both have high preventable hospital stays which is an indicator of delayed care.

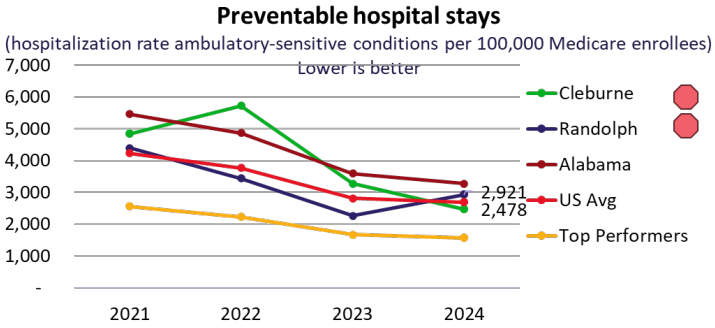


COVID vaccines
(% of fully vaccinated recipients age >11)
Higher is better

Cleburne	Randolph	AL	U.S.
29.6%	34.3%	53.3%	70%

As of May 2023





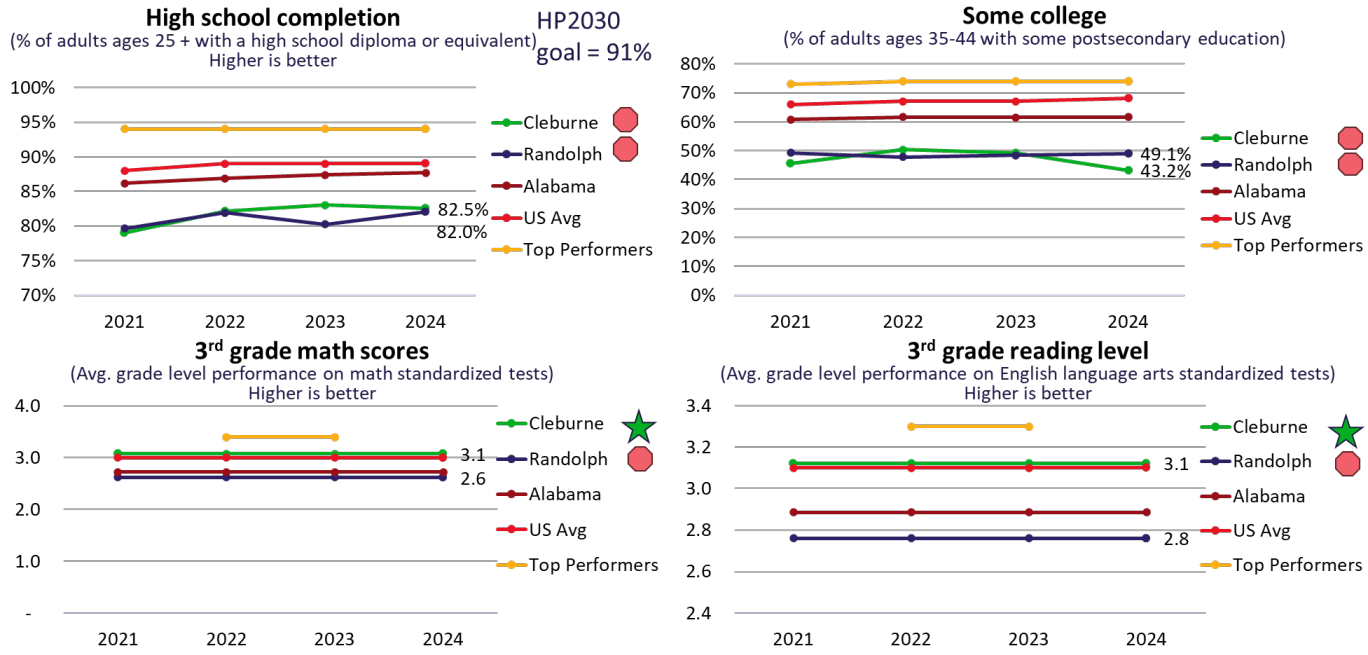
Source: Mammography screening, flu vaccines, and preventable hospital stays – CHR, 2024; Mapping Medicare Disparities Tool, 2021
Source: COVID vaccines – CDC, 2023

Social and Economic Factors

Social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress. (County Health Rankings, 2024)

Educational Attainment

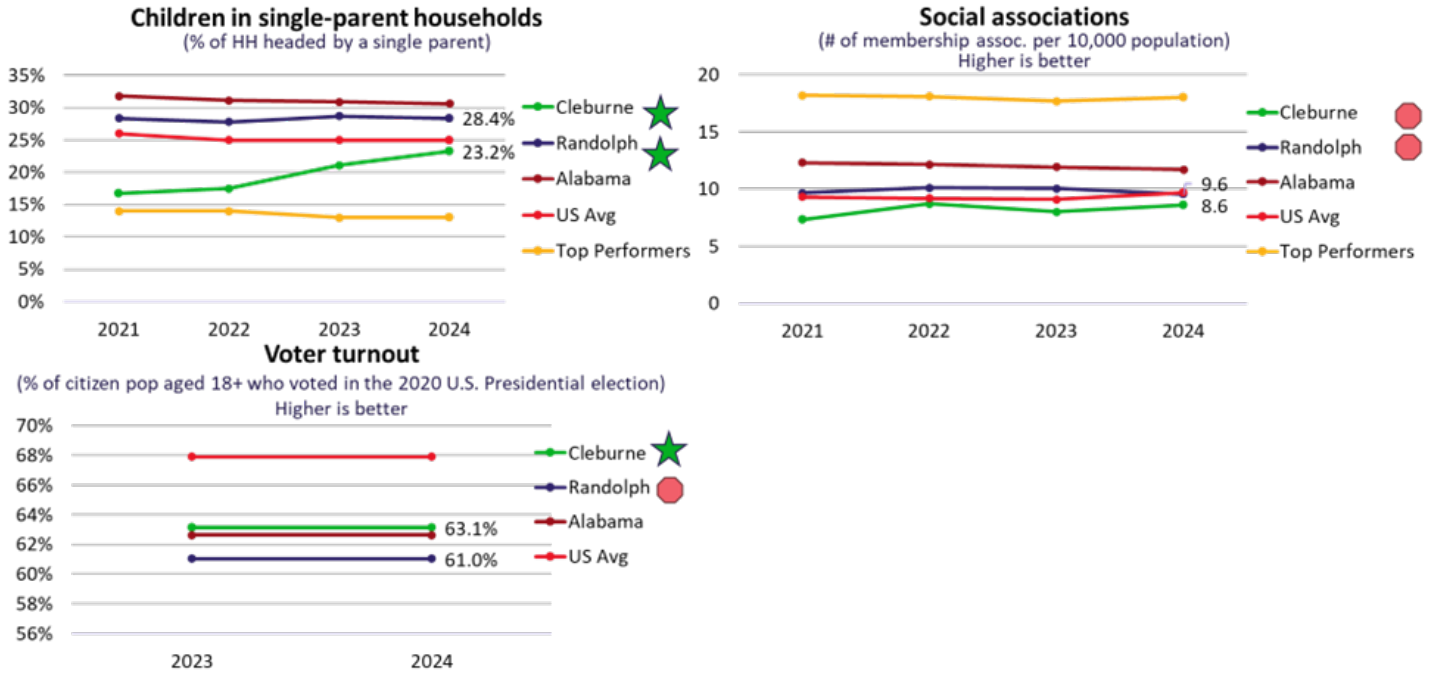
The two counties had two education metrics worse than Alabama and the U.S. high school completion and adults with some college. However, Cleburne had higher 3rd grade math scores and 3rd grade reading levels.



Source: High school completion– CHR, 2024, American Community Survey, 5-yr estimates, 2018-2022
Source: Some college CHR, 2024; American Community Survey, 5-year estimates, 2018-2022.
Source: 3rd grade math and reading levels – CHR, 2024; Stanford Education Data Archive, 2018

Family and Social Engagement

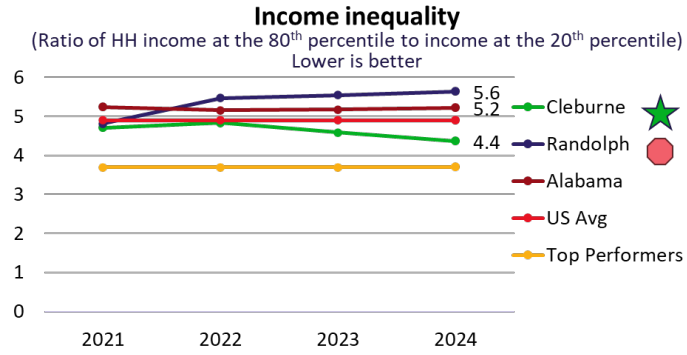
The two counties had a lower percentage of single-parent households, which is good, but lower rates of social associations. Randolph had lower voter turnout and Cleburne had higher. Social associations and voter turnout are indicators of community involvement and engagement, which are both healthy activities.

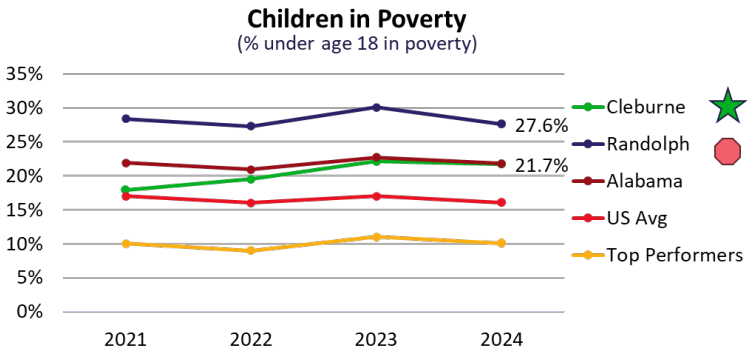


Source: Children in single-parent households – CHR, 2024; American Community Survey, 5-year estimates 2018-2022
Source: Social associations – CHR, 2024; County Business Patterns, 2021
Source: Voter turnout – CHR, 2024; MIT Election Data and Science Lab; American Community Survey, 5-year estimates, 2020 & 2016-2020

Economic Stability

Cleburne County had less income inequality and lower percentage of children in poverty. Randolph had worse income inequality and a higher percentage of children in poverty.

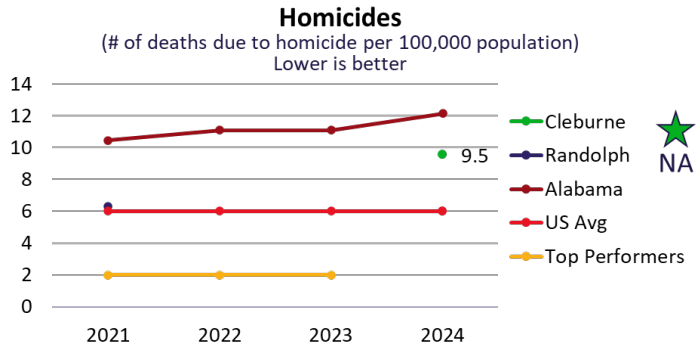


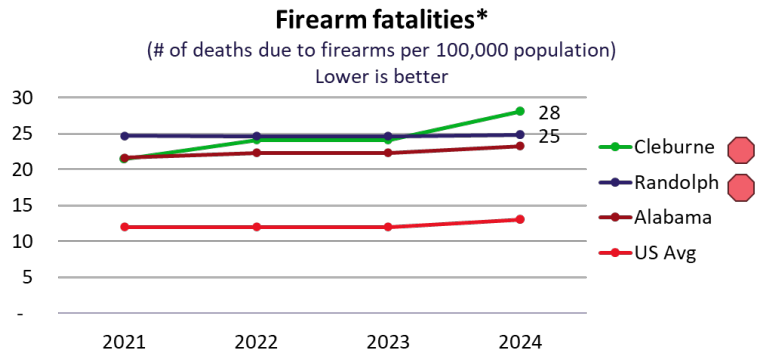


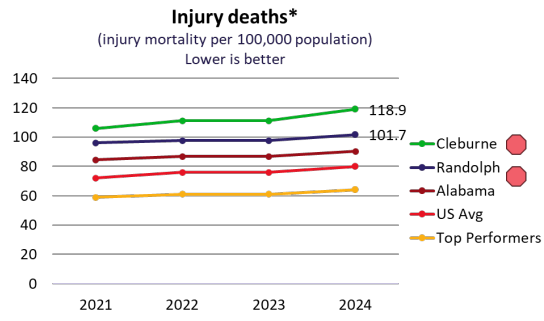
Source: Income inequality – CHR, 2024; American Community Survey, 5-year estimates, 2018-2022
Source: Children in poverty – CHR, 2024; U.S. Census, Small Area Income and Poverty Estimates, 2022 & 2018-2022

Community Safety

The two counties had higher firearm fatality rates and injury deaths. Cleburne County had lower homicide rates than Alabama, but there was insufficient data for Randolph County. Violent crimes in both counties were lower than Alabama and the U.S.







Violent crime -2022
(# of violent crimes per 100,000 population)
Lower is better

Cleburne	Randolph	AL	U.S.
112.3	218.6	409.1	380.7

Source: Homicides – CHR, 2024; National Center for Health Statistics - Mortality Files, 2015-2021
Source: Firearm fatalities – CHR, 2024; National Center for Health Statistics - Mortality Files, 2017-2021
Source: Injury deaths - CHR, 2024; National Center for Health Statistics - Mortality Files, 2017-2021
Source: Violent crime - Uniform Crime Reporting – FBI, 2022

Physical Environment

The physical environment is where individuals live, learn, work and play. People interact with their physical environment through the air they breathe, the water they drink, the homes in which they live and the transportation they use. (County Health Rankings, 2024)

Both counties had no drinking water violations in the three years 2020 through 2022.

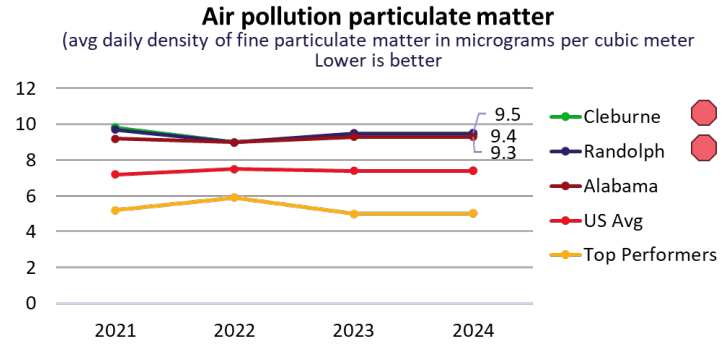
Air pollution was slightly above Alabama and higher than the U.S.

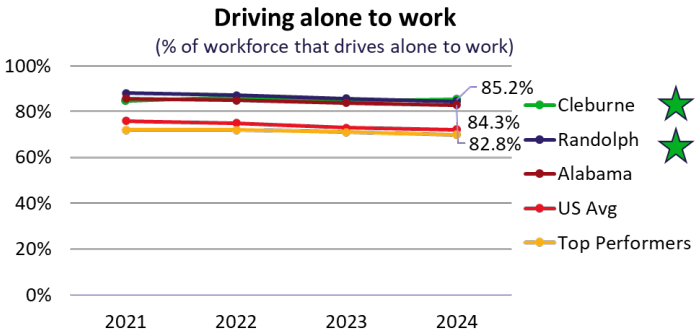
Long commute driving alone was higher than Alabama and the U.S.

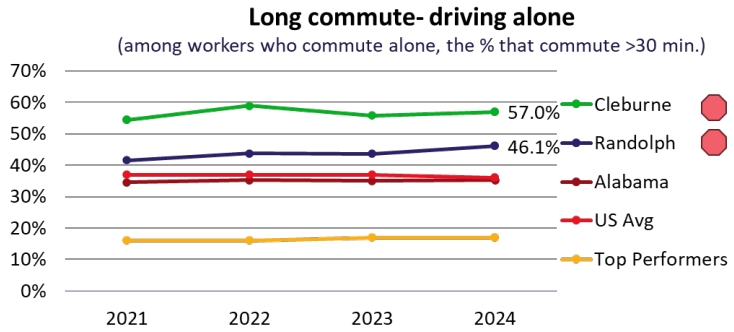
Drinking water violations

(indicator of the presence of health-related drinking water violations)

	2020	2021	2022
Cleburne	No	No	No
Randolph	No	No	No





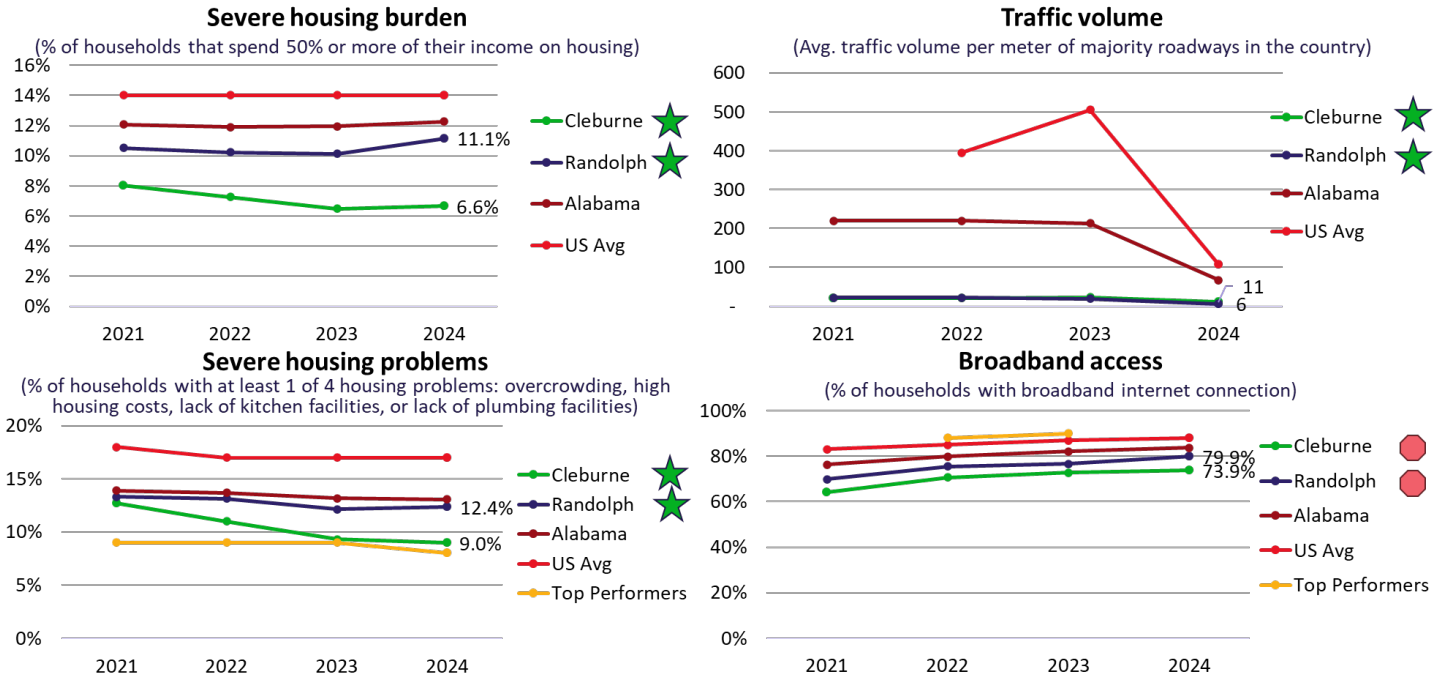


Source: Drinking water violations – CHR, 2024; EPA, Safe Drinking Water Information System, 2022
Source: Air pollution – CHR, 2024: CDC National Environmental Health Tracking Network, 2019
Source: Driving alone to work & long commute – CHR, 2024: American Community Survey, 5-year est., 2018-2022.

Both counties had a lower percentage of households that spent 50% or more of their income on housing than Alabama and had less severe housing problems.

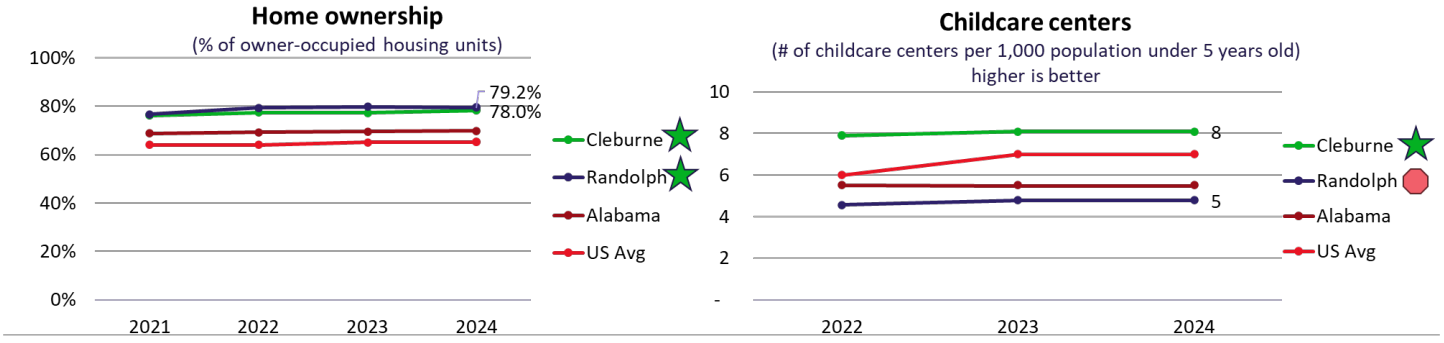
Traffic volume was lower for the two counties.

Broadband was lower than Alabama for both counties.



Source: Severe housing burden - CHR, 2024; American Community Survey, 5-yr estimates, 2018-2022
Source: Severe housing problems – CHR, 2024; HUD Comprehensive Housing Affordability Strategy data, 2016-2020
Source: Broadband access – CHR, 2024; American Community Survey, 5-yr estimates, 2018-2022

Both counties had a higher percentage of home ownership than Alabama. Cleburne had a higher number of childcare centers per population under 5 years old, and Randolph had lower childcare centers per 1,000 population under 5 years old than Alabama.



Source: Home ownership - CHR, 2024; American Community Survey, 5-yr estimates, 2018-2022
Source: Childcare centers – CHR, 2024; Homeland Infrastructure Foundation-Level Data, 2010-2022

Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on page 48 of the Community Health Needs Assessment.

Mental health services

Statewide resources

- Alabama Department of Mental Health provider directory, https://mh.alabama.gov/providers-search/
- Alabama Mental Health, https://www.alabamamentalhealth.org/
- Suicide and Crisis Lifeline, 988
- National Alliance for Mental Illness, 800-950-6264, https://namialabama.org/resources/
- Vital, https://vitalalabama.com/resources/helpful-information/mental-health/

Cleburne County

- Cleburne County Schools, https://www.cleburneschools.net/domain/144
- Highland Health Systems Board, https://www.annistonal.gov/highland-health-systems-board/
- Highland Health Systems 331 East 8th St., Anniston, AL 36207, 256-236-3403, https://highlandhealthsystems.org/
- Quality of life Health Services, Inc., 64 Giles St., Heflin, AL 36264, 256-463-2021, https://qolhs.org/cleburne-quality-health-care
- Willowbrooke at Tanner/Villa Rica,770-812-3266, 20 Herrell Road, Villa Rica, GA 30180
- https://www.tanner.org/behavioral-health-care/what-we-offer/addiction-services
- Stepping Up initiative – case manager in county jail.

Randolph County

- Quality of Life Health Services, Wadley Cornerstone Clinic, 203 Tallapoosa St. Wadley, AL, 256-395-4157, https://qolhs.org/wadley-cornerstone-clinic
- AltaPointe Health, 706 Main St., Roanoke, AL 36274, 251-450-2211, https://altapointe.org/locations/randolph-county-outpatient/
- Willowbrooke at Tanner/Villa Rica, 770-812-3266, 20 Herrell Road, Villa Rica, GA 30180 https://www.tanner.org/behavioral-health-care/what-we-offer/addiction-services

Access to affordable healthcare

U.S.

- ACA Marketplace Plans, Https://www.healthcare.gov/

Cleburne County

- Quality of Life Health Services, Inc., 64 Giles St., Heflin, AL 36264, 256-463-2021, https://qolhs.org/cleburne-quality-health-care

- Cleburne County Health Department, 90 Brockford Rd., Heflin, AL 36264, 256-463-2296 https://www.alabamapublichealth.gov/about/locations.html

Randolph County

- Quality of Life Health Services, Wadley Cornerstone Clinic, 203 Tallapoosa St. Wadley, AL, 256-395-4157, https://qolhs.org/wadley-cornerstone-clinic
- Randolph County Health Department, 320 Main St., Roanoke, AL 36174, 334-863-8981 https://www.alabamapublichealth.gov/about/locations.html
- Tanner Medical Center/East Alabama, 1032 Main St. S, Wedowee, AL 36278, 256-357-2111, https://www.tanner.org/tanner-medical-center-east-alabama
- Tanner Primary Care of Wedowee, 1030 South Main St., Wedowee, AL 36278, 256-357-2188, www.primarycarewedowee.org
- Tanner Primary Care of Roanoke, 965 Highway 431, Roanoke, AL 36274, 334-863-2141, www.primarycareroanoke.org
- Woodland Family Healthcare, 76 County Rd. 64, Woodland, AL 36280, 256-449-2001, www.woodlandfamilyhealthcare.org

Substance misuse

See mental health resources

Statewide resources

- Agency for Substance Abuse Prevention, 1128 Edmar St., Oxford, AL 36203, 256-831-4436, www.asaprev.com
- Alabama Department of Mental Health, https://mh.alabama.gov/division-of-mental-health-substance-abuse-services/substance-abuse-treatment-services/

Cleburne County

- Highland Health Systems 331 East 8th St., Anniston, AL 36207, 256-236-8003, https://highlandhealthsystems.org/
- Willowbrooke at Tanner/Villa Rica, 770-812-3266, 20 Herrell Road, Villa Rica, GA 30180 https://www.tanner.org/behavioral-health-care/what-we-offer/addiction-services

Randolph County

- AltaPointe Health, 706 Main St., Roanoke, AL 36274, 251-450-2211, https://altapointe.org/locations/randolph-county-outpatient/
- Willowbrooke at Tanner/Villa Rica, 770-812-3266, 20 Herrell Road, Villa Rica, GA 30180 https://www.tanner.org/behavioral-health-care/what-we-offer/addiction-services

Healthy eating/Active living

Statewide resources

- Alabama Department of Public Health – MyPlate tool https://www.alabamapublichealth.gov/npa/myplate.html
- Supplemental Nutrition Assistance Program (SNAP) – Alabama Dept of Human Resources, (833) 822-2202

Cleburne County

- Cleburne County Health Department's WIC program, 256-463-2296 https://www.alabamapublichealth.gov/cleburne/wic.html
- Farmer's Market Nutrition Program
- Feeding Cleburne 21393 Main St. Ranburne, AL 36273, 256-201-0264
- Community Food Bank of Central AL, 888-421-1266
- Ranburne Senior Citizen Center – meal program
- Fruithurst Senior Center, 48 School St., Fruithurst, AL 36262, 256-579-2105
- Heflin Senior Center, 1228 Coleman St., Heflin, AL 36264, 256-463-5434
- Cahulga Creek Park, 343 Mountain St, Heflin, AL 36264, community restorative garden and dog run
- McIntyre Park, Evans St, Heflin, AL 36264
- Choccolocco Park, 954 Leon Smith Pkwy., Oxford, AL 36203, 256-342-0174
- Heflin Spur Trailhead, hiking
- Rocky Creek Waterfall-Pinhoti Trail
- Heflin Recreation Center, 1228 Coleman St., Heflin, AL 36264
- Deacon Park, 279 M.L.K., Jr. Dr., Heflin, AL 36264
- Ross Park, 939 Ross St., Heflin, AL 36264
- Talladega National Forrest, 9901 AL-5, Brent, AL 35034
- Cheaha State Park, 19644 AL-281, Delta, AL 36258
- Heflin Fitness 934 Ross Street, Heflin, AL, 256-201-1116

Randolph County

- Roanoke Senior Center, 602 West Point Street, Roanoke, AL 36274, 334-863-4217
- Wedowee Senior Center, 24 N. Main St., Wedowee, AL 36278
- Woodland Senior Center, 646 Co. Road 51, Woodland, AL 36280, 256-449-2639
- Randolph County Health Department WIC program
- Randolph County School System, resource list https://www.randolph.k12.al.us/m/pages/index.jsp?uREC_ID=354837&type=d&termREC_ID=&pREC_ID=684187
- Flat Rock Park, 7115 Co. Rd. 870, Lineville, AL 36266, 256-396-2338
- French Park, Wedowee, AL
- Kiwanis Park, Wedowee, AL
- Kids Town Park, Roanoke, AL 36274
- Lake Wedowee, 797Q+3H, Lineville, AL 36266

Chronic diseases

See access to care

Statewide resources

- Alabama Public Health, https://www.alabamapublichealth.gov/chronicdisease/

Randolph County

- Tanner Medical Center/East Alabama, 1032 Main St. S, Wedowee, AL 36278, 256-357-2111, https://www.tanner.org/tanner-medical-center-east-alabama

Transportation

Cleburne County

- Heflin Senior Center Bus – 850 Ross St., Heflin, AL, 256-463-2290, https://www.cityofheflin.org/departments/senior-programs
- East Alabama Regional Development & Planning Commission rural public transit system, 256-463-2271, https://www.cleburnecounty.us/_files/ugd/5cc16c_33ecfc4ceec747a0aa3fbfefaff14f12.pdf

Change Form

To update or add information, complete the form below

Name of Organization: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Email: _____

Web page: _____

Mailing Address: _____

_____

List services: _____

_____

_____

_____

_____

_____

Please describe your organization's purpose, services, etc. _____

_____

_____

_____

_____

Submit updated information to: gethealthy@tanner.org

Evaluation of the impact of the actions that were taken to address the significant health needs identified in the 2022 CHNA

Tanner Health's previous CHNA implementation plan addressed the priority needs of:

- Access to Care
- Mental/Behavioral Health Services
- Chronic Disease Education, Prevention and Management
- Health and Nutrition Education
- Substance Misuse
- Social Determinants of Health

The previous CHNA and implementation plan were made available and open for comment on the website https://www.tanner.org/upload/docs/Community%20Impact/2022-CHNA-Tanner-Health-System.pdf.

The following summary describes how Tanner has addressed each priority.

FY 2025 will not be completed by the time this report is published, therefore additional actions may be taken after publication.

Tanner Health 2025 Community Health Needs Assessment: Implementation Results

Access to Care

Expanding the Continuum of Care

Tanner Health has made significant progress in expanding its continuum of care for the East Alabama community. Since July 2023, general surgery has been implemented with 38 procedures completed to date. Oncology and nephrology services are now available at the Wedowee primary care location.

Additionally, a partnership with Willowbrooke has been established to provide mental health services via telemedicine in the Emergency Department on specific days, with plans to expand these services to the primary care location.

Specialist coverage has been extended at Tanner Medical Center/East Alabama and the Tanner/East Alabama medical office building. Women's Care Services will continue with Emily Shelton, MD serving gynecology patients in Wedowee twice monthly in FY25.

Primary Care Expansion

Tanner Medical Group has significantly expanded primary care services across East Alabama by establishing new clinics, increasing healthcare provider numbers, and enhancing comprehensive care access. This strategic placement of services in underserved areas aims to improve overall health outcomes and provide more convenient access to primary care. The integration of the Epic electronic health records system ensures seamless care coordination and better patient management.

The focus on patient-centered medical homes has enhanced care quality and patient satisfaction by providing comprehensive, coordinated, and accessible healthcare tailored to patients' needs. Through fostering strong patient-provider relationships and utilizing advanced care management tools, Tanner ensures continuous and holistic care. Multidisciplinary teams of physicians, nurses, and support staff deliver personalized care plans and proactively manage chronic conditions through dedicated Care Management programs.

Financial Accessibility

To increase access for uninsured and underinsured patients, Tanner Health communicates its hospital financial assistance program through multiple channels, including the website, billing statements, consents, estimates and MyChart. When patients indicate financial concerns, staff offer financial assistance verbally and provide application instructions. In 2023, the application process was simplified by offering electronic submission in MyChart. For uninsured patients, automatic discounts are applied to estimates and statements, reducing total billed charges.

Technology Enhancements

Tanner Health is maximizing Epic's potential to enhance patient care, outcomes and clinician experience through ongoing initiatives such as:

- Implementation of MyChart Bedside and expansion of MyChart tools
- Development of MyChart Care Companion for Pregnancy
- Implementation of Abridge ambient listening scribe functionality for TMG, ED and Behavioral Health physicians
- Enhancement of clinical decision support tools
- Implementation of Healthy Planet and Compass Rose Epic applications for Population Health and Ambulatory Care Management
- Utilization of Epic quality metrics and alerts to close care gaps

Patient engagement tools within Epic's MyChart remain an ongoing focus, with online scheduling and electronic check-in enhancing the patient experience. Ambient listening scribe technology Abridge brings provider focus back to the patient, while tools such as Secure Chat and Rover improve communication efficiency. MyChart activation and engagement are continuously monitored by the Innovation Pillar team.

Community Awareness

Educational outreach and enhanced networking/partnerships have raised awareness of services and resources in the community. The swing bed coordinator follows up with patients transferred from Tanner Medical Center/East Alabama emergency department for higher level of care to share rehabilitation service information.

Get Healthy, Live Well (GHLW) has increased partnerships with local libraries, senior centers, and churches by providing on-site health education and physical activity classes.

Community engagement has included the 1st annual Randolph County Community Resource and Health Fair in March 2024, serving approximately 100 community members, and the Fall on Main Festival in Roanoke in October 2024, where health education and disease management resource information reached over 1,000 residents.

Chronic Disease Education, Prevention and Management

Clinical and Community-based Services

Tanner Health is increasing access to chronic disease preventive services and self-management programs in the community. Plans are underway to implement outpatient nutrition counseling and diabetes self-management education (DSMES), with group education classes targeted to launch virtually in Spring 2025 along with a virtual Diabetes Support Group.

Virtual health education programs have expanded significantly:

- FY22: 6 Carb Counting sessions (128 participants), 5 Diabetes 101 sessions (82 participants), and 3 Fresh Start Smoking Cessation sessions (8 participants)
- FY23: Expanded to 9 Carb Counting sessions, 9 Diabetes 101 sessions, 5 Fresh Start sessions, plus new programs including Nutrition for Diabetes, Food Talk BetterU, and Cooking Matters, with total engagement increasing to 329 participants
- FY24 to date: Further expanded to 13 Carb Counting sessions, 12 Diabetes 101 sessions, and 11 Nutrition for Diabetes sessions, with total engagement of 210 participants

The Cooking Matters program has promoted healthy cooking and nutrition through QR codes on flyers, wall clings with links to health education and text messaging to residents in the Tanner Medical Center/East Alabama service area, providing online nutrition education, webinars, videos, recipes and tips for buying healthy foods on a budget.

Population Health Management

Through Get Healthy Live Well programs, Tanner Medical Group has developed a Population Health Management Services Organization to improve clinical health outcomes through enhanced care coordination and patient engagement. This multifaceted approach includes:

- Enhanced care coordination across specialties and primary care
- Patient engagement through education, personalized care plans and digital tools
- Proactive chronic disease management with targeted interventions
- Emphasis on preventive care services
- Community outreach through health education programs and wellness workshops

Preventive Services and Community Education

Tanner Health has provided community screening opportunities, including three prostate cancer screenings (two in FY23 and one in FY24) that served 101 community members.

Community-wide CPR education was offered at Tanner Medical Center East Alabama in January 2022, engaging over 30 community members, and East Alabama residents were invited to additional CPR trainings in the west Georgia area, engaging 543 community members across multiple dates.

In-person health education seminars at Annie L. Awbrey Library in Roanoke during Spring 2023 engaged 63 community members, while Tai Chi for Health provided at Wedowee First United Methodist Church in FY24 saw 33 community members participate in three series of 8-week sessions.

Collaborative partnerships have been developed at local, regional, and statewide levels to address chronic disease and environmental factors that contribute to health risks. In March 2024, GHLW partnered with community leaders for the 1st annual Randolph County Community Resource Fair, providing over 75 community members with health education on chronic disease, nutrition, stroke education, kitchen supplies and program information.

Additional plans include education on the Risks and Dangers of Vaping for middle and high school students, Food As Medicine programs, additional Tai Chi and health education classes, community resource fairs and corporate wellness seminars.

In FY24, Tanner Health Foundation pursued several opportunities to support east Alabama residents:

- $193,316.13 received (November 2023) from State of Alabama for Telehealth/TeleStroke
- $16,083.34 received (May 2024) from Community FND NEA for GHLW Programming
- $20,000 awarded (June 2024) from Daniel Foundation for GHLW Programming

In FY25, the Foundation hosted two community engagement and education events in partnership with the Randolph County Chamber of Commerce:

- August 28, 2024: Chamber Luncheon featuring the Remarkable Paws Pet Therapy Program
- February 12, 2025: Wedowee Community Luncheon on Cancer Care at Tanner/Cancer prevention/Awareness

Mental/Behavioral Health Services

Expanded Access to Services

Tanner Health currently serves Alabama residents through various services, including child, adolescent, adult, geriatric, and addiction services. Efforts to create new access points include:

- Expansion of tele-psychiatric services into Alabama (currently operational)
- Recruitment and licensure of a psychiatrist in Alabama

- Recruitment and Alabama licensure of a psychiatric Nurse Practitioner
- Application for licensure by a second psychiatrist
- Identification of a physical, external clinic location for psychiatric care on the Tanner Medical Center/East Alabama campus (payer credentialing in progress)
- First phase planning for offering psychiatric consultation to the Tanner Medical Center/East Alabama emergency department.

A specialized Psychiatric Women's Services program launched in September 2023 out of the Carrollton Campus and serves Alabama citizens. While there are no immediate plans to expand this new service to the satellite Tanner Healthcare for Women location in Wedowee, comprehensive establishment at existing locations (Carrollton, Villa Rica, and Cartersville) is the current focus and available to the Alabama community.

Reducing Stigma and Treating Substance Misuse

Tanner Health continues to advocate for changing the stigma surrounding mental illness through educational media initiatives, awareness campaigns, and community outreach efforts. Substance misuse treatment is being enhanced through promotion and expansion of services through Regain at Willowbrooke, an outpatient substance misuse treatment program for working professionals.

Community outreach activities are being implemented to educate the community on critical substance misuse issues (such as opioid/prescription medication misuse and dangers of e-cigarettes) and increase awareness of existing substance misuse resources and services.

Tanner Health

StrategyHealth