



# **2025 COMMUNITY HEALTH NEEDS ASSESSMENT**

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## **INTRODUCTION**

For more than 80 years, community leaders and activists have made it a priority to provide healthcare services to residents of the Sylacauga area. During World War II, many people moved into the area because of a local munitions plant and the need for a local medical center to provide health care was great. In response, the only non-military hospital built in the U.S. during World War II, Sylacauga Hospital, opened its doors in April of 1945. From 1963 to 1980, Sylacauga Hospital experienced success and growth which led to three expansions and a name change from Sylacauga Hospital to Coosa Valley Medical Center (hereinafter referred to as CVMC). Baptist Health System purchased the facility in 1995, but the facility returned to local ownership in 2004. Following that, the Hospital expanded again by adding its 120,000 square foot West Wing inpatient facility. Since then, CVMC has continued to grow and prosper in the community. Today the Hospital is a modern, state-of-the-art facility providing the most advanced technology and medical practices. CVMC is a 168-bed licensed acute care hospital with 148 of those beds staffed and operational. It is accredited by The Joint Commission and boasts numerous acknowledgments and honors. CVMC has a 20-bed Senior Behavioral Unit, and an Outpatient Emergency Unit consisting of 13 treatment areas. The facility is a not-for-profit, locally owned hospital governed by the Sylacauga Health Care Authority, which operates under the organizational structure of the State of Alabama Health Care Authority Act.

CVMC is the largest hospital providing comprehensive healthcare services in a five-county area surrounding Sylacauga. According to Hospital patient data, the primary service area for CVMC is Coosa and Talladega counties and the secondary service area is Clay, south Shelby, and Tallapoosa counties. This five-county geographic area is considered the "community" for which CVMC serves. Inpatient and outpatient services provided include:

- 24/7 Emergency Department including neurological telemedicine
- Imaging and scanning to include PET/CT, Digital Mammography, MRI, Nuclear Medicine, Ultrasound, and X-ray
- Cardiac Catheterization Lab
- Cardio/Pulmonary Rehabilitation
- Case Management
- Hematology and Oncology
- Women's Services including labor/delivery, postpartum, and nursery
- Laboratory
- Ophthalmology
- Fitness and wellness center
- Hospice care
- New Vision: Drug and Alcohol Detox Center
- Pain Management
- Pastoral care
- Respiratory care

- Senior Behavioral Health Center (psychiatric care for people aged 65 and older)
- Sleep disorder center
- Surgical care
- Pharmacy
- Wound Care Center
- Physician clinics
- Therapy services including physical, occupational, and speech therapy
- 24-7 Administrator on call
- Hickory Street Café – open to the public

Coosa Valley Medical Center has a team of approximately 490 employees and 40 volunteers. There are also 40 active medical staff members with board-certified specialists and consultants who assist in providing the highest level of care to residents in the area. Medical services provided through the staff include:

- Anesthesiology
- Cardiology
- Ear, Nose, and Throat
- Emergency Medicine
- Family Practice
- Gastroenterology
- General Surgery
- Gynecology
- Internal Medicine
- Obstetrics
- Oncology
- Ophthalmology
- Orthopedics
- Pediatrics
- Psychiatry
- Radiology
- Urology

According to the latest data (2023 to 2024) provided by CVMC to the State Health Planning and Development Agency of Alabama, the Hospital had 3,146 admissions, 311 admissions to the Senior Behavioral Health Unit, 23,191 emergency room visits, and clinical staff performed 7,327 inpatient and outpatient procedures. CVMC strives to provide compassionate, high-quality, and safe care using modern technology and treatment practices for everyone in the CVMC community regardless of their ability to pay. Since the last CHNA conducted in 2022, CVMC has provided the following in charity care:

FY 2022 = \$10,551,287

FY 2023 = \$10,611,795

FY 2024 = \$8,787,052

FY 2025 = \$8,526,473 (through 05/31/2025)

In addition, CVMC has the Coosa Valley Medical Center Foundation which is a public corporation and not-for-profit 501 (c) (3) tax-exempt organization. It is the fundraising entity for the Hospital and actively participates with other partners in the community to prioritize healthcare needs for all citizens.

CVMC's core values include a focus on serving guests first, a commitment to integrity and transparency, excellence in all aspects of service delivery, stewardship, and teamwork to provide solutions that benefit all guests.

### **The Coosa Valley Medical Center Mission:**

**Coosa Valley Medical Center is dedicated to providing our community with the comprehensive health services that enhance the health and wholeness of each individual we serve through medical and spiritual support, while affirming their personal value and dignity.**

### **EXECUTIVE SUMMARY**

In an effort to ensure compliance with the Rules and Regulations of Section 501 (r) of the Affordable Care Act, CVMC engaged SBC Consulting, LLC to facilitate this Community Health Needs Assessment. Key staff members of the Hospital worked with the consulting firm to develop a group of Stakeholders from the community who were dedicated to addressing the health needs of the community and improving the quality of life for all residents served by CVMC. The main task of the group was to identify the issues of health in the community, assist the Hospital in prioritizing those needs, and provide suggestions of action plans to address those needs. The Affordable Care Act requires input from individuals representing the medically underserved, minority, and low-income populations, as well as input from experts in public health. Comments received, if any, from the most recently conducted CHNA are to be considered also. To guarantee the broad interests of the community were taken into consideration, other participants in the Stakeholder group included religious leaders, governmental leaders, educators, and business leaders, and the group reviewed pertinent health-related data provided by national, state, and local entities. This assessment is a three-year follow-up to the CVMC 2022 CHNA.

The Stakeholder group was also tasked with defining the "community" for this assessment. Many factors were considered including the geographic population, demographics, socioeconomic status, behavioral and physical factors, available resources, and of course the overall health needs of the citizens served by CVMC. Patient origin data provided by CVMC confirmed that most patients served by the Hospital originated from the Sylacauga area and the surrounding counties and these patients were very diverse in the characteristics considered by the Stakeholder group. As such, the community was defined as the five-county area including Coosa,

Talladega, Clay, Tallapoosa, and Shelby counties. This definition of community has been consistent in every CHNA conducted by CVMC since 2013.

The facilitator and key staff members from CVMC initiated and conducted meetings and phone interviews with key members of the community to assemble appropriate health data to be used in determining health priorities for CVMC. Many issues of health were identified by interested parties based on their personal and professional experiences and public health and census data was also considered to assist in identifying additional issues of health in the five-county area. The data collected from all sources showed health issues that have been consistent in each county for many years. 2023 County Health Profiles provided by the Alabama Department of Public Health showed the leading causes of death in each of the five counties were heart disease, cancer, stroke, chronic lower respiratory disease (CLRD), diabetes, and Alzheimer's. Cancer of the lungs, trachea, or bronchia was the number one cancer diagnosis. Motor vehicle accidents and poisoning were the top causes of accidental deaths. In addition, data showed that factors contributing to poor health in the community resulted in poor health outcomes in 4 of the 5 counties in the community. Shelby County, which is considered a metropolitan area, is the healthiest county in Alabama. According to the American Diabetes Association, 38.3% of the adult population in Alabama or more than 1.5 million people are considered obese. Obesity is a major contributor to some of the leading causes of death in Alabama including diabetes, stroke, heart disease, high blood pressure, and some cancers. Almost 600,000 adults or 14.9% of the adult population have been diagnosed with diabetes, and each year more than 23,000 additional adults are diagnosed with this costly disease. It should also be noted that every county in the community is considered a medically underserved area. Talladega, Clay, Tallapoosa, and Coosa counties are considered primary care professional shortage areas, especially in low-income areas. Shelby County is not. Clay, Coosa, and Talladega counties are considered mental health professional shortage areas geographically, and Shelby and Tallapoosa counties are considered mental health professional shortage areas in the low-income areas. Shelby county is not considered a dental professional shortage area, but the other four counties are.

Issues of health identified from public health sources as well as through interviews with the Stakeholders include, but are not limited to, the following:

- Substance abuse
- Transportation
- Obesity
- Anxiety/Depression in school-aged children
- Homelessness
- Lack of affordable housing
- Food insecurity
- Need for more women's health services
- Need for more workforce development

- Smoking/Vaping
- Infant mortality – especially among the black population
- Lack of insurance coverage
- Unsafe neighborhoods
- Lack of exercise
- High stress levels
- Insufficient sleep, especially for children
- Sexually transmitted diseases
- Children in poverty
- Childcare costs
- Lack of social and emotional support
- Need for more mental health services/beds
- Social media pressure on children
- Teen pregnancies

CVMC considered all the issues of health identified through this process. Consideration was also given to past priorities, the action plans that were implemented to address those priorities, and the effectiveness of those plans. Stakeholder input, available resources in the community, and the financial soundness of any new implementation plans were also considered. Leadership of CVMC determined that the priorities for this CHNA should be:

1. Mental Health
2. Access to Care
3. Factors and Behaviors that contribute to the leading causes of death

CVMC is unified with other partners in the community in the unwavering commitment to prioritize healthcare and improve the life of all residents served by the Hospital. In most of the interviews conducted with the Stakeholders, participants stated the importance of the Hospital's ability to be a viable partner and to continue to provide necessary healthcare services to residents in the community. Several rural hospitals in Alabama have closed due to financial issues and half of the 52 hospitals in Alabama that are rural are at risk of closing. During the 2025 Alabama Legislative Session, a bill establishing the Rural Hospital Investment Program was enacted. This program has the ability to strengthen the financial stability of rural hospitals by allowing for donations from individuals and businesses who will receive substantial state tax credits based on the amount of their donations. Taxpayers can earn a dollar-for-dollar reduction on state taxes. This tax credit will encourage more community and business involvement and support CVMC and its initiatives. This additional funding will enhance operational stability, improve infrastructure, expand access to vital healthcare services, boost the local economy, improve patient care, and hopefully prevent closure of these crucial providers in our rural communities. Ben Robbins, a member of the Alabama House of

Representatives representing District 33, which encompasses much of the CVMC community, was instrumental in helping CVMC and the Alabama Hospital Association in passing this important legislation. The Program will take effect in 2026, and expectations are high that this will result in improved rural hospital viability and improved ability to provide much needed healthcare services for everyone in rural areas across Alabama. In each CHNA conducted by CVMC, healthcare priorities and objectives have evolved into positive plans that have benefited the community tremendously. Various program marketing material samples can be found in Appendix D. CVMC will continue providing the highest quality of care without regard to race, age, or the ability to pay.

This report will include the following:

- Methodology used to identify health needs
- Public input
- Prioritized needs and plans to address
- Recognized health needs not deemed priorities
- Documenting results/plans to monitor
- Community resources available to meet health needs
- Support data and attachments

## **METHODOLOGY**

CVMC, with the assistance of a facilitator, conducted a CHNA pursuant to the rules and regulations set forth in Section 501 (r) of the Patient Protection and Affordable Care Act. A Stakeholder Committee representative of the five-county area considered the community was convened to assist the Hospital in identifying the health needs of the community, determining those needs which should be prioritized, and developing goals to address those priorities. The Stakeholder committee included experts in public health, governmental leaders, business leaders, educators, religious leaders, and representatives of minorities, low-income groups, and the medically underserved. Over a period of several weeks, CVMC staff and the facilitator group met with Stakeholders deemed to have a true commitment to addressing the most pressing health needs in the community and improving the quality of life for residents in the community. National, state, and local health data provided through various public health sources was considered, as was the personal and professional experiences of the Stakeholders. After reviewing all relevant factors, health priorities were determined from the various health needs identified and goals and action plans were developed. The Stakeholder Committee included the following members of the community:

- Rebecca Chisholm – Supervisor for Talladega and Sylacauga, Alabama Department of Public Health
- Margaret Morton – Executive Director of SAFE, President of the EARTH Foundation – representative of the underserved and low-income
- Chad Joiner – Judge of Probate, Talladega County

- Senator Jerry Fielding – Chairman, Sylacauga Healthcare Authority Board
- Tracey Thomas – Director, B.B. Comer Memorial Library
- Laura Strickland – President/CEO, Sylacauga Chamber of Commerce
- John Mark Freeman – Executive Director, Childersburg Chamber of Commerce
- Michelle Eller – Superintendent, Sylacauga City Schools
- Kimm Wright – Pinhoti Trail Outdoor Center and Past Chairman of the Sylacauga Chamber of Commerce
- Henry Looney – Reverend, Reaching the World Bible Church
- Tara Douglass – D.C., BCO, Broadway Spinal Care & Pilates

## **OBTAINING PUBLIC INPUT**

As per the regulations set forth in Section 501 (r) (3) of the Patient Protection and Affordable Care Act, CVMC and facilitators were required to obtain input from three primary sources within the identified community: 1) experts in public health, 2) representatives of the medically underserved, minority, and low-income populations, and 3) comments received from the most recent CHNA. CVMC conducted their last CHNA in 2022. At the time this report was submitted, no comments had been received. The above referenced sources were indeed included in this CHNA as well as other key community leaders who committed to assist CVMC in addressing and improving the overall health of residents in the community. Following completion of this CHNA, the report will be submitted to the CVMC governing Board for approval. The report will then be made widely available through the CVMC website for public viewing and comments. This section will include a review of the 2022 CHNA, the Stakeholder input, and additional relevant healthcare data used to determine the issues of health in the community.

### **1. 2022 CHNA Review**

The 2022 CHNA conducted by CVMC identified many issues of health in the community consistent with those identified in past CHNAs. Priorities were established by the leadership of the Hospital. New action plans were initiated, and prior action plans were continued based on the success of the strategies. The Sylacauga Health Care Authority Board of Directors approved the CHNA, and the report was made widely available for viewing by the public. The following is a summary of the 2022 CHNA and the efforts made by CVMC to address the health needs of the community:

- Since the original CHNA was conducted in 2013, the Stakeholders have determined that the 5-county area served by CVMC is the most appropriate. In 2022, the Stakeholder group confirmed the community should be consistent with prior CHNAs. The counties include Coosa, Talladega (primary service areas), Clay, Tallapoosa, and south Shelby (secondary service areas).

- Stakeholder discussions and national, state, and local data identified multiple issues of health in the area. Those included:
  - Leading causes of death in the community – heart disease, cancer, stroke, diabetes, accidents, and chronic lower respiratory disease (CLRD)
  - Access to healthcare
  - Housing shortages
  - Mental health/substance abuse
  - Need for specialty services
  - Transportation
  - Food insecurity
  - Obesity
  - Social media pressure for children
  - Vaping among children
  - Health behaviors and social/economic factors that contribute to poor health rankings in the community
  - Need for more workforce development
  - Need for men’s health programs
  - Nursing staff shortages
  - Need for more elderly services
  - Need for free health clinics and screenings to be reinstated following COVID-19
  - Homelessness
  - Unstable home lives for many in the underserved/low-income areas
  - High rate of pregnancies in high school girls

After a review of former priorities and action plans and consideration of resources to address the health needs identified, the following health needs were considered priorities. Action plans to address those needs were implemented or continued based on prior success.

**1. Access to Care** – Action plans to address:

- Explore a partnership with Sylacauga Housing Authority to establish two primary care clinics through grant funding with one clinic located on site at the Housing Authority
- Continue to provide free vaccines to the Community through the CVMC Apothecary
- Continue to promote and assist with Enroll Alabama, a program assisting the uninsured with obtaining health insurance
- Continue to search for resources (dollars) to provide transportation, pharmaceuticals, and other basic needs for the low-income and medically underserved populations
- Continue to provide the CVMC food pantry for the underserved

- Continue to recruit clinical staff to meet the growing demands of the community
- Explore the use of telemedicine
- Provide free health screening through various community venues
- Provide educational healthcare opportunities and free health screenings to students and staff at city and county school events throughout the community

## **2. Health Behaviors/Factors that Contribute to the Leading Causes of Death –**

Action plans to address:

- Continue to grow the Bariatric service line at CVMC, which was started in September of 2022
- Expand the Registered Dietician program for inpatient and outpatient services
- Promote the CVMC Health & Wellness Center personal trainer through social media and health fairs
- Continue the Silver Sneakers Program which provides health and fitness benefits for those aged 55 and older
- Continue to market the wound care service line to support the diabetic population in the community
- Continue to provide education to the CVMC community on disease prevention, proper diet, and the benefits of exercise
- Continue monetary participation in the AUTLIVE campaign for cancer research
- Grow the cancer service line at CVMC
- Continue discounted mammograms and advertise the new state-of-the-art 3D mammography machine for early detection
- Participate in Colon Cancer Awareness Month campaign through social media, Community Links, and various marketing opportunities
- Continue monetary assistance to cancer patients with basic needs to include prescriptions, medical supplies, and transportation
- Continue CVMC Hospice which provides social, emotional, financial, and spiritual needs in end-of-life situations

## **3. Mental Health/Substance Abuse –**

Action plans to address:

- Continue Community Links programs at the library focusing on mental health and substance abuse
- Provide educational materials at various community events focused on mental health and substance abuse

- Partner with New Vision (inpatient unit at CVMC that provides medical stabilization and withdrawal management from drugs, alcohol, or prescription medication abuse) to educate the community
- Expand inpatient mental health care to the community

The health needs of the community deemed priorities have been consistent priorities of CVMC since the first CHNA was conducted in 2013. As new resources have become available to the Hospital, new action plans have been developed, but many of the action plans listed are continuous plans that have been successful in addressing the issues of health identified. It is the goal of CVMC to continue to improve existing action plans and to implement new, financially feasible, and effective strategies that benefit the residents of the community.

## **2. STAKEHOLDER INPUT**

In order to ensure that the broad interests of the community were considered as part of this CHNA, the staff of CVMC and facilitators met with multiple community leaders to discuss local issues of health and potential strategies to address those health needs. The following is a brief synopsis of each meeting held.

### **Rebecca Chisholm, Supervisor, Talladega County, Alabama Department of Public Health**

CVMC Staff member Rosa Butts and facilitator Stephanie Craft met with Ms. Chisholm on July 1, 2025.

Talladega County Department of Public Health has two branches located in the cities of Talladega and Sylacauga. Three nurses, two clinical aides, and one nurse practitioner split time in both facilities. We met with Ms. Chisholm in the Sylacauga branch. She has worked with the Department of Public Health for many years and has extensive knowledge of the issues of health in the community. Her experiences working with residents in the area are crucial in determining which issues of health need attention and how those issues should be addressed. Many local departments of ADPH throughout Alabama have experienced cuts in federal funding, and as such, have lost staff and the ability to provide some services; however, this branch, which serves residents in the Northeastern District of Alabama, provides the Women's, Infants, and Children's (WIC) program, clinical services to include STD testing and treatment, family planning, childhood and other vaccines, and breast and cervical cancer screening. Environmental services and certified copies of important documents such as birth, death, marriage, and divorce certificates are also provided through this health department. Home health services are now provided in the home to acute and/or chronically ill individuals and staff members are on call 24 hours/7 days a week, including holidays. Colorectal cancer screening is also available at a very low cost to anyone age 45 and older. According to Ms. Chisholm, her department sees patients from all socio-economic groups. Major issues of health in the area include mental health and drug abuse, a high rate of STDs in people aged 13 to 40, a high rate of poverty, and access to care due to lack of transportation.

She stated that access to obstetric and gynecology care in the area is also needed. Ms. Chisholm said that she is very appreciative of the collaborative efforts between her department and CVMC to address some of these major issues of health. When needed, ADPH provides vouchers to patients in the area to receive free mammograms at CVMC to help with early detection and diagnosis of breast cancer, and she suggested continued assistance with education on many pressing issues in the area to the public. The department currently works with local colleges in the area to provide education on birth control and STD prevention and she hopes to work with the Hospital through their Community Links program at the library to further educate those in the community who do not have access to this important information. Ms. Chisholm also hopes to continue to offer the WISEWOMAN program funded by the Centers for Disease Control, which is a heart disease and stroke risk factor screening program for low-income, uninsured, and underinsured women aged 40-64.

### **Margaret Morton, Ex Director SAFE/EARTH**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Ms. Morton on July 1, 2025.

Ms. Morton is the Executive Director of SAFE, the President of the EARTH Foundation, and has been a dedicated leader and staunch advocate for the community for many years. She has received numerous achievement awards throughout her years of service and has served on multiple Boards in the community including the Association for Retarded Citizens (ARC), the Sylacauga Literacy Council, the Alabama Network of Family Resource Centers, the Governor's Task Force on Excellence in Reading, the Sylacauga Chamber of Commerce, the Alabama Partnership for Children, Leadership Sylacauga, Alabama Department of Early Childhood Education Birth-to-Five Committee and Home Visitation Advisory Committee, Ending Childhood Hunger Alabama Board, Alabama STEM Advisory Panel, and others. Ms. Morton began her career at SAFE in 1998, two years after it was created, and for the last 27 years, has devoted her time and energy to addressing social and economic issues, specifically for children, facing families in a multi-county area of the community. SAFE provides many services including home visitation programs, mental health intervention programs, after-school and summer programs for children, juvenile diversion programs, workforce development programs, public transportation, relationship and marriage enhancement guidance, family support services, parenting programs, dance and performing arts, and a community garden. The services are far-reaching and are designed to improve the overall quality of life by strengthening and supporting families who need assistance. For fiscal year 2023-2024, SAFE employed 207 people, offered 41 programs, served 8,397 children and adults, provided 40,518 individual services, issued 14,497 referrals to other services in the area, and provided 21,279 transportation rides. The organization is vital for those needing critical family support services in the area. Ms. Morton has also been instrumental in establishing the East Alabama Rural Innovation and Training Hub which, when completed, will be a multi-disciplinary

workforce development system where individuals work together to enhance the community through an improved business, education, and social environment. As part of the EARTH initiative, hospital front-line technician job opportunities will be offered as will culinary art training with the goal of providing access to good, quality food. Ms. Morton stated that food insecurity, available and affordable housing, and mental health are the major issues of health in the population served by SAFE. SAFE has a 5-acre farm that grows food and has training programs to teach families how to grow their own food. She said many families participate. She noted that every child in the SAFE after-school program receives a meal. This is imperative in addressing the lack of food for some of the families served by SAFE. As for housing, the lack of affordable housing is a critical issue in the area, but there are plans in the developmental stage which Ms. Morton hopes will help address this issue. SAFE is considered the "preventive arm" to address the mental health issues that arise within the community, but Ms. Morton stated that it is not enough and hopes additional services can be provided as the mental health crisis continues to grow. CVMC CEO, Glenn Sisk, is currently on the SAFE Board of Directors and the EARTH Foundation Board. The alliance between CVMC and SAFE/EARTH is substantial and crucial to the future success of all the projects and programs needed to address the issues of health facing the community.

### **Chad Joiner – Judge of Probate, Talladega County**

CVMC staff member Rosa Butts, CVMC Foundation Director and facilitator Stephanie Craft met with Mr. Joiner on June 10, 2025.

Mr. Joiner is a native of Clay County, Alabama and has lived in Talladega County for 20 years. Chad started his law enforcement career as an Alexander City Police Officer followed by joining the Alabama State Troopers. During that time, Chad served on the Alabama State Troopers SWAT team, he was a Field Training Officer, as well as the Public Information Officer. In the last 10 years of his 26-year law enforcement career, he was a Detail Leader in Protective Services where he was elected to serve as the Vice-President of the National Governors Security Association Southern Division. As probate judge, his duties include adoptions, conservatorships, guardianships, involuntary commitments, and other pertinent obligations. Mr. Joiner stated mental health as a major issue of health in the area. As probate judge, he considers general medical issues and drug abuse as contributors to adult commitments in Talladega County and most of those commitments are adults aged 25-40. He noted that marijuana use in the area was heavy and homelessness was also an issue. In the low-income populations, he stated food insecurity as an issue of health. He also noted that social media was a contributing factor to anxiety and depression in the student population in the area. He suggested the need for additional monetary contributions to local food banks and suggested more prison ministry through local churches, especially for alcohol and drug abuse. The Talladega Probate office has been a valued partner with CVMC for many years and Mr. Joiner is committed to continuing collaborative efforts with the Hospital and other community partners to improve the quality of life for everyone in the area.

### **Senator Jerry Fielding – Chairman Sylacauga Healthcare Authority Board**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Senator Fielding on June 10, 2025.

Senator Fielding has served on the CVMC governing board for many years including multiple terms as Chairman. During his lengthy career, he was a successful attorney, an Alabama State Senator, the city attorney for two municipalities, and a Talladega circuit judge. He is also an active member of his church in Sylacauga, serves on multiple boards in the area, and has been an active member of the Rotary Club for many years. He understands the need for the Hospital to provide the highest quality of care to residents in the community in a safe, caring, and effective manner and to promote outreach and growth of the Hospital's important services. Throughout his many years as a leader in the community, the Senator has seen many of the same issues of health that have been consistent throughout the years. He said that many in the underserved population are uneducated and as such, fail to seek care – especially preventive care. Many residents simply use the Hospital emergency room for primary care, often resulting in time away from the true emergencies in the ER. He also stated the need for more mental health services, especially within the school systems, because social media was such a large contributing factor. He also noted that students in the area are vaping and consuming energy drinks in high numbers which leads to high blood pressure and other health issues. He suggested the need for more education materials, especially in the low-income and underserved areas. He stated that diabetes was also prevalent in the community but hoped that annual physicals provided by the Hospital, which started back in 2024 following the COVID-19 pandemic, would provide a much-needed forum for education to help curtail this devastating disease. Senator Fielding is committed to improving the health of his community and his support of CVMC is unwavering.

### **Tracey Thomas – Director of BB Comer Memorial Library**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Ms. Thomas on June 10, 2025.

Since 1993, Ms. Thomas has been involved with the BB Comer Memorial Library. She started as the Children's librarian but left her job at the library to stay home with her second son. During that time away, she, along with another family in Alabama, founded RhizoKids International with the hope of finding a cure for RCDP (Rhizomelic Chondrodysplasia Punctata) which afflicted her second son. Now, because of her family's efforts, more than 20 families travel to Alabama each summer to Children's Harbor to visit with the best RCDP doctors in the world. In 2017, she returned to Comer Library to replace Dr. Shirley Spears as the Director. She is continuing the great work of Dr. Spears and has been instrumental in growing the library, updating technology, and providing comprehensive, informative services to a 4-county area. Ms. Thomas has long been an advocate of CVMC and is grateful for the partnership between the Hospital and the library. CVMC provides a nurse in the summer to assist families at the Children's Harbor RCDP summer camp. The

library provides sensory toys for special needs children in the area through a grant. CVMC provides speakers for the Community Links programs offered at the library and these include programs on mental health, healthy food choices, diabetes, and other programs to educate the community. Ms. Thomas noted that there is a need for more women's services in the area. The Hospital works with the library to provide information on available women's health resources and internet access at the library is crucial to disseminate this information, especially for the low-income and underserved populations. Ms. Thomas also stated that she is very grateful for the Senior Behavioral Unit at CVMC, as mental health is another major issue of health in the area. Finally, she noted that a vast number of students in the local school systems are vaping, and more education needs to be made available to educate them on the risks associated with vaping. Ms. Thomas has been a long-time resident in the area and a community leader dedicated to improving the quality of life in her community.

### **Laura Strickland – President/CEO Sylacauga Chamber of Commerce**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Ms. Strickland on June 10, 2025.

Ms. Strickland has been with the Chamber for nine years. The Chamber is made up of businesses and individuals in the community whose purpose is to offer programs and services to enhance the business community. By doing so, the Chamber's outreach enhances the quality of life for every citizen in the community. CVMC is a member of the Chamber, and key leaders of the Hospital are instrumental participants in the Chamber's success. Ms. Strickland said the Sylacauga Chamber is considered a regional chamber and reaches many in Talladega County. The Chamber works with CVMC to provide an annual Women's Services Fair, and the Hospital assists in health sciences programs as part of their Workforce Development Program. She also emphasized the value of specialty care provided by CVMC. She stated that it is crucial in recruiting business and industry to the area. She stated that more primary care services are needed in the community, more housing is needed, and more healthcare needs to be taken to the indigent and low-income areas as well as to the various school communities. Ms. Strickland praised the Hospital and its leadership team. She said the Hospital was very proactive and always strived to be on the cutting edge of technology and innovative ideas. She was very grateful for the relationship between CVMC and the Sylacauga Chamber of Commerce and looked forward to their continued efforts to improve life in the community.

### **John Mark Freeman – Executive Director, Greater Coosa Valley Chamber of Childersburg**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Mr. Freeman on June 10, 2025.

Mr. Freeman has been with the Childersburg Chamber for three years and has lived in the area for nine years. He has been involved in ministry for ten years and, as such, has seen many of the issues of health already noted. He suggested drug prices are unaffordable for some in his area and the recent PBM reform legislation that passed the Alabama Legislature in the 2025 session would help customers who get their medication in local drugstores so that fees passed on from the PBMs to the local pharmacies would not hurt the customer. He also noted that the Highway 280 corridor between Alexander City and Birmingham was a mecca for drugs. He stated mental health and food insecurity as issues of health in the low-income communities. He noted that children in these areas of the community suffer because they are not getting enough food. He applauded a local show on YouTube called "Making Sylacauga Healthy Again" and suggested that his organization could partner with CVMC to provide access to educational materials to improve overall health in the community. He also suggested bringing in local ministers to reach out to the low-income and underserved areas. Mr. Freeman is looking forward to working with CVMC to address the various issues of health facing the community.

### **Michelle Eller – Superintendent, Sylacauga City School Systems**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Dr. Eller on June 27, 2025.

Dr. Eller became Superintendent of the Sylacauga City School Systems in 2021. As an educator, she served as a classroom teacher, instructional coach, administrator, curriculum director, career technical education director, and assistant superintendent prior to being appointed to the superintendent position. During her tenure, the Sylacauga school system has achieved significant improvements in literacy and math testing scores confirming her impact within the school system. Dr. Eller stated that food insecurity is a major issue of health for students in the system. She noted that most of the students in the system live in high poverty areas. According to Dr. Eller, the percentage of students that receive free breakfast and lunch has increased from 50% to 70%. Her school system participates in the Community Eligibility Provision which allows all students to receive free meals regardless of income. She noted that in many of the impoverished areas, these meals are the only meals these children receive. Dr. Eller also noted that in the low-income areas, there are many transient families who are constantly moving in and out of local housing. As such, these families lack basic healthcare services and only seek healthcare when they are very sick. Other issues of health identified through her experiences include mental health and vaping among school students. Dr. Eller stated that CVMC has been an important partner for the Sylacauga school system. Sports physicals have been reinstated (following COVID-19) which has been instrumental in identifying health problems in many of the students including high blood pressure, high cholesterol, and diabetes. The school system also partners with CVMC through their health internship program. Certified Nurse Assistant (CNA) and Patient Care Technician (PCT) certifications are attainable for high school students and once certification is reached, students intern with CVMC. The Hospital serves in an advisory capacity for

the school program and provides necessary equipment for student training. Dr. Eller praised CVMC and its leadership staff for making possible some of the programs implemented in the school system. She sees the need for more education, especially in low-income areas, and looks forward to a continuation of the collaborative efforts between the school system and CVMC to address the health needs of the community and improve the quality of life for all in the area.

**Kimm Wright – Owner of Pinhoti Trail Outdoor Center, Past President of the Sylacauga Chamber of Commerce**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Ms. Wright on June 27, 2025.

Ms. Wright started a business in Sylacauga to assist hikers in navigating the Pinhoti Trail. Her company provides many services for hikers including overall planning, fine tuning packing for efficiency and comfort, shuttle service when needed to supply stations or airports, hostel services, and a store for needed supplies. Through her local work as well as her time on the Chamber of Commerce, Ms. Wright has identified many issues of health within the community. Obesity is an issue of health, and she applauds CVMC for providing the Community Links Lecture Series to educate the public on various health topics such as diabetes and its contributing factors. She noted teen pregnancy and infant mortality as an issue, especially in the rural areas, and this is consistent with data from the Alabama Department of Health. Multiple rural facilities have closed and health services for pregnant women have dwindled in these areas resulting in an increase in infant mortality in Alabama. She also stated that homelessness is an issue – probably more so than most people in the area recognize. She noted that many people in the area are transient and do not have local addresses. As such, they are unable to get jobs leading to homelessness and drug addiction. She also stated the homicide rate is rising, especially in the low-income areas, and those individuals and families in these areas need a safe place to communicate with those who could be of assistance without the fear of retaliation. She said this creates a situational mental health crisis. Ms. Wright also mentioned that Talladega and Coosa counties use the Rapid SOS 911 system and have integrated the Three Words App within that system. This allows EMS to respond quickly to a direct location instead of an area and can save lives through timely and exact response. She intends to contact state leaders in hopes of implementing this in other areas of the state. Ms. Wright commended the Hospital on their excellent work within the community and will continue to work together with CVMC to enhance the quality of life throughout the community.

**Henry Looney – Pastor, Reaching the World Bible Church**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Reverend Looney on June 27, 2025.

Reverend Looney has been a long-time resident of the area and has ministered to countless numbers of individuals and families. His congregation is broad and

includes many families in low-income and underserved areas. Reverend Looney's wife has just retired as a nurse from CVMC. Her career spanned 30 years. Through the years in the area, they have seen numerous issues of health affecting people in the community and according to Reverend Looney, these health problems have been consistent in the area for years. According to Reverend Looney, the three main health issues he has witnessed are access to care, food insecurity, and the lack of affordable housing. He said many families in the area do not have insurance and, as such, do not seek preventive care, but in addition, he stated that some have a "fear" of going to the doctor and avoid seeking care altogether resulting in many untreated issues. He stated transportation as an issue but noted that programs provided through SAFE have somewhat improved the transportation issue. He said there was a need to continue to fund the area food banks, as many in the community rely heavily on those food banks for survival. As for affordable housing, Reverend Looney suggested that affordable housing was scarce in the area and rental rates were extremely high. This issue has been noted by several Stakeholders. Reverend Looney has been a staunch supporter of CVMC for many years and relies on his relationships with key leaders within the Hospital organization to work with him to address these pressing issues of health within the community. His goal is to continue to work with all partners in the community to create a better life for everyone in the community.

### **Tara Douglass – D.C., B CAO**

CVMC staff member Rosa Butts and facilitator Stephanie Craft met with Dr. Douglass on July 1, 2025.

Dr. Douglass grew up in Sylacauga, graduated from Auburn University with a B.S. in Chemistry, followed by a Doctor of Chiropractic in 2004. She received her Board Certification in Atlas Orthogonal technique in 2007 and is also a certified STOTT Pilates instructor. Dr. Tara and her husband Dr. Jonathon Douglas, also a Doctor of Chiropractic, own Broadway Spinal Care in Sylacauga. Most of the patients seen by Dr. Tara and Dr. Jonathon are self-paying patients who prefer the less "traditional" method of treatment for injuries. However, as residents in the community, both doctors note issues of health consistent with information gathered from other Stakeholders interviewed through this process. Dr. Tara has encountered many homeless people as well as those struggling with mental health issues. In fact, she stated the two issues may very well be intertwined. She noted the significant need for healthy food options and shared her husband's "Make Sylacauga Healthy Again" podcast which has been featured on YouTube. She hopes programs like this as well as continued education through other social media venues will reach the population and make an impact, especially on teenagers and young adults to make healthy food choices. Finally, Dr. Tara noted that in rural areas, an integrated discipline of medicine would be very beneficial to patients seeking care in the community. Patients are not always afforded the perfect continuum of care in a rural area and more collaboration among providers would be beneficial and effective in treating those needing health care services. She also stated that she would like to see a

physiatrist in the area to provide non-surgical alternatives for treatment in certain cases. Dr. Tara complimented CVMC, their providers, and the long-term partnerships developed which have positively impacted the residents of the community.

### **3. Relevant Healthcare Data**

Data was collected from multiple sources to support the Stakeholder's input. This additional data can be found in Appendices A, B, and C. The data in the Appendices is the most current available information from the available sources. Sources include the Alabama Department of Public Health, the Robert Wood Johnson Foundation County Ranking and Roadmaps, the US Department of Health and Human Services, the Centers for Disease Control, the Diabetes Association, and other pertinent health resources.

## **PRIORITIES AND ACTION PLANS TO ADDRESS**

The leadership of CVMC considered the national, state, and local data; input from the community stakeholders; and information gathered from prior CHNAs and determined three issues of health should be considered priorities for the Hospital to address. Past priorities and strategies to address those priorities were considered. Effectiveness and costs were also evaluated before a decision was made. In an effort to continue programs that have been effective in addressing the most pressing health issues in the community and working toward improving overall health and quality of life for residents in the community, the leadership of CVMC established the following health needs as priorities:

### **1. Mental Health/Action Plans for Address**

- Continue Community Links program featured at the BB Comer Library focusing on mental health and substance abuse
- Participate in community events to provide educational materials on mental health issues, treatment options, and the New Vision program at CVMC for substance abuse
- Continue to work with other service providers and law enforcement in the area to bring awareness to the drug and alcohol epidemic in the community
- In June of 2025, CVMC was granted an adjustment by the State Health Coordinating Council of Alabama to add 5 beds to the existing Senior Behavioral Psychiatric Inpatient Unit at CVMC and to create a 20-bed adult psychiatric unit at the Hospital. There are significant unmet psychiatric health needs in the area and families must travel many miles to receive appropriate treatment. It is anticipated that this project will take approximately 12 - 18 months to complete and will require substantial financial resources; however, if the expansion of the Senior Behavioral Unit and the new adult psychiatric unit is granted, it will greatly benefit adults, seniors, and families in the community.

## **2. Access to Care**

- Continue partnership with SAFE to provide much needed services to low-income and underserved families in the community and continue to support EARTH which will improve economic growth and opportunities in the community
- Continue to provide vaccines to the Community through the CVMC Apothecary
- Continue partnerships with local Chambers of Commerce in the community to provide education relating to medical care and social and economic assistance
- Continue partnership with the Sylacauga school systems in the Health Internship program to encourage high school students to enlist in CNA and PTA training
- Continue to promote and assist with Enroll Alabama to assist the uninsured in obtaining health insurance
- Continue to assist patients through various community resources provided by our community partners and the CVMC Foundation
- Continue to provide the CVMC food pantry for patients with identified food insecurities
- Continue free health screenings through various community events and through the existing partnership with the school systems in the community
- Continue to recruit physicians to the community to meet health needs identified through the CHNA process: (for example - women's health services)
- Explore expanding the use of telemedicine – CVMC launched TeleStroke through a partnership with the University of Alabama Medicine to provide tele-stroke services in the Emergency Department. Other forms of telemedicine are currently under consideration.

## **3. Factors and Behaviors that Contribute to the Leading Causes of Death**

- Continue to grow the bariatric service line at CVMC through the use of billboards and Community Links presentations – no referral necessary
- Expand the Registered Dietician Program for both inpatient and outpatient services to educate patients on the importance of healthy food choices
- Promote CVMC Health and Wellness Center personal trainer to promote exercise and proper diet within the community
- Continue the Silver Sneakers Program providing health and fitness benefits for community members aged 55 and older
- Continue to promote the wound care center to support the diabetic population in the community
- Continue to provide educational materials to CVMC's inpatient population on disease prevention, proper diet, and the benefits of physical activity
- Continue local health fairs with free screenings for the community to promote healthy lifestyles and disease prevention
- Continue the AUTLIVE Campaign to raise money for cancer research
- Evaluate expansion opportunities for the cancer service line at CVMC

- Continue the partnership with the Alabama Department of Public Health to provide discounted mammograms and free colon cancer screenings to community members
- Continue to participate in Colon Cancer Awareness Month campaign to educate the public
- Continue providing funds to assist cancer patients with basic needs
- Continue the CVMC Hospice program which provides social, emotional, financial, and spiritual support for cancer patients in end-of-life situations

### **OTHER RECOGNIZED HEALTH CARE NEEDS NOT PRIORITIZED**

Many issues of health were identified through Stakeholder interviews and local, state, and national data. These issues which have been identified through the CHNA process have been consistent since the first CHNA was conducted in 2013. Since this process began, strategies to address the various issues of health have been implemented by CVMC and, for the most part, have remained in place due to the success of the plans. The leadership of CVMC determined that mental health, access to care, and factors and behaviors that contribute to the leading causes of death should remain as priorities to address for the next 3-year period. Significant resources have been used to implement action plans over the past 12 years, and the goal remains to improve the overall health and well-being of residents in the 5-county area of the community. These three priorities are broad and may very well encompass other issues of health identified through this process. While CVMC does not have the resources to address every health issue identified through this process, the hope is that the Rural Hospital Investment Program which will begin in 2026 will provide additional financial opportunities so that CVMC can expand its efforts to address other issues of health in the community. CVMC will continue to be an effective partner dedicated to improving the lives of all residents in the community and will strive to deliver the highest quality of care to meet the needs of the community without regard to their ability to pay.

### **DOCUMENTING RESULTS/PLANS TO MONITOR PROGRESS**

This report will be submitted to the governing Board of CVMC for approval - Sylacauga Health Care Authority Board. Upon approval, CVMC will upload the final report to the Hospital website for public viewing. The public will have the opportunity to comment directly on the website. CVMC will implement, in a timely manner, any new strategic plans to address the issues of health prioritized through this process and the CVMC staff will monitor the program of this plan and document all results which will be reported in the next CHNA which will be due in 2028.

## **RESOURCES AVAILABLE TO MEET THE IDENTIFIED HEALTH NEEDS**

Throughout this report, Coosa Valley Medical Center has made efforts to consider the needs of the medically underserved, minority, and low-income populations. Other specific populations were also considered including adolescents, the homeless, and those affected by a particular disease. While CVMC will continue to provide the highest quality of care through services offered at the Hospital, other resources are also available in the community to complement the services provided by CVMC. Resources include, but are not limited to the following:

Alabama Medicaid  
Alabama Department of Mental Health  
Alabama Department of Public Health  
Alabama Department of Senior Services  
Alabama Department of Human Resources  
Alabama Department of Economic and Community Affairs  
Alabama Department of Transportation  
Alabama Emergency Management Agency  
The Alabama Cooperative Extension Services  
The Alabama Rural Health Association  
The Alabama Department of Rehabilitation Services  
The American Red Cross  
Alabama Institute for the Deaf and Blind  
AltaPoint Health  
Alzheimer's Association  
Association of Retired Persons  
East Alabama Regional Planning and Development Commission  
East Alabama Aging Agency  
FEMA  
Public Libraries located in Coosa, Talladega, Clay, Tallapoosa, and Shelby counties  
Senior Activities Centers located throughout the 5-county area  
Social Security Administration  
Supplemental Nutrition Assistance Program  
Sylacauga Alliance for Family Enhancement (SAFE)

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Clay	Home Health Agencies	Clay County Hospital Home Care, LLC
	Hospices	Hospice of Clay County
	Hospitals	Clay County Hospital
	Independent Clinical Laboratories	Clay County Hospital Laboratory The Drug Store
	Nursing Homes	Clay County Nursing Home Lineville Health & Rehabilitation, LLC
Coosa	Hospices	Adoration Hospice Prattville
	Nursing Homes	Goodwater Healthcare Center
	Rural Health Clinics	Pediatric Associates of Alexander City
Shelby	Assisted Living Facilities	Bluffs at Greystone I, The Bungalows at Riverchase Chelsea's Hidden Acres Crossings at Riverchase Assisted Living, The Danberry at Inverness Gardens of Pelham Gardens of Pelham II Maplewood Lane Assisted Living Somerby at St. Vincent's One Nineteen The Ridge at Grandview
	Assisted Living Facilities (Specialty Care)	Crossings at Riverchase Memory Care, The Lakeview Estates Memory Care at Somerby at St. Vincent's One Nineteen Monark Grove Greystone Premier Assisted Living Specialty Care at Danberry at Inverness The Ridge at Grandview SCALF Crossings at Riverchase Memory Care, The Lakeview Estates Memory Care at Somerby at St. Vincent's One Nineteen Monark Grove Greystone

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Shelby	<b>Assisted Living Facilities (Specialty Care)</b>	Premier Assisted Living Specialty Care at Danberry at Inverness The Ridge at Grandview SCALF
	<b>End Stage Renal Disease Treatment Centers</b>	Fresenius Kidney Care Oak Mountain Fresenius Kidney Care Shelby Fresenius Medical Care Montevallo Greystone Dialysis RCG Cahaba Valley
	<b>Home Health Agencies</b>	Aveanna Home Health Centerwell Home Health ProHealth Home Health LLC
	<b>Hospices</b>	Adoration Hospice Birmingham Affinity Hospice – Pelham Aveanna Hospice of Pelham Expect Care Hospice ProHealth Hospice – Central Alabama Southeast Hospice Network (Shelby) SouthernCare New Beacon - Alabaster
	<b>Hospitals</b>	Baptist Health Shelby Hospital Encompass Health Rehabilitation Hospital of Shelby County
	<b>Independent Clinical Laboratories</b>	AEL Alabaster PSC Agile Biodetection American Health Imaging American Health Imaging of Greystone American Health Imaging of Shelby ARCpoint Labs at Greystone Catapult Health Catapult Health CBS Pharmacy #04667 – Pelham, AL CVS Pharmacy #10181, Hoover, AL Cytopath, P.C.

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Shelby	Independent Clinical Laboratories Continued	Golden Point Scientific Labs Health Med, Inc. Labcorp at Walgreens Doug Baker – B’ham, AL Montevallo Family Medicine Neuens Diagnostics, Inc Oak Street Health – Rickwood Field Quest Diagnostics – Shelby Shelby Baptist Medical Center Laboratory The American Nat’l Red Cross – Birmingham The Birmingham Pain Center Laboratory Walgreens #07306 – Birmingham, AL Walgreens #07791 – Hoover, AL Walgreens #09427 – Pelham, AL Walgreens #09951 – Alabaster, AL Walgreens #11099 – Helena, AL Walgreens #11531 – Chelsea, AL Walgreens #11651 – Hooper, AL Walgreens #4589 – Pelham, AL
		Columbiana Health and Rehabilitation, LLC. Healthcare Center at Buck Creek, The Shelby Ridge Nursing Home
		Impact Rehabilitation and Sports Medicine, Inc. Rehab Care
		Fast Pace Medical Clinic, PLLC Fast Pace Health Southern Family Health, LLC
Talladega	Assisted Living Facilities	The Seasons of Talladega #1 The Seasons of Talladega #2 Carillon Oaks - Lincoln, AL Spring Terrace Assisted Living Facility
	Assisted Living Facilities (Specialty Care)	Mt. View Lake Retirement Village Carillon Oaks - Lincoln, AL

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Talladega	<b>End Stage Renal Disease Treatment Centers</b>	Landmark Dialysis Clinic RCG-Sylacauga Sylacauga Dialysis Talladega Dialysis
	<b>Home Health Agencies</b>	Alabama Homecare of Coosa Valley AmedisysHomeHealth Care of Sylacauga Centerwell Home Health Talladega County Home Care Agency
	<b>Hospices</b>	New Beacon – Sylacauga, AL Coosa Valley Hospice- Sylacauga, AL
	<b>Hospitals</b>	Baptist Health Citizens Hospital Coosa Valley Medical Center
	<b>Independent Clinical Laboratories</b>	AEL- Coosa Valley AEL Sylacauga PSC Citizens Baptist Medical Center Laboratory Coosa Valley Medical Center Laboratory Coosa Valley MRI, LLC LabCorp Coosa Valley PSC Quest Diagnostics- Merit Healthcare of Sylacauga POCT Quest Diagnostics- Merit Healthcare of Talladega POCT Walgreen’s #10598 - Sylacauga, AL Walgreen’s #12099 – Talladega, AL
	<b>Nursing Homes</b>	Coosa Valley Healthcare Center Davis/Orman Intermediate Care Facility Strickland/Stringfellow ICF/IID Sylacauga Health and Rehab Services Talladega Healthcare Center, Inc.
	<b>Rural Health Clinics</b>	BBH Primary and Specialty Care Network – Talladega, AL BBH Primary and Specialty Care Network – Lincoln, AL BHC - Talladega Pediatrics Davis Family Medicine, Sylacauga Kids Clinic Pediatric and Adolescent Medicine Nix Family Medicine, Childersburg

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Talladega	Rural Health Clinics – Continued	Pathway Pediatrics, Inc. Pediatric Care Center of Northeast Alabama Smart Care, LLC Sylacauga Pediatric Clinic, LLC
Tallapoosa	Assisted Living Facilities	The Veranda The Verandas at Lake Martin The Willows Assisted Living
	Assisted Living Facilities (Specialty Care)	Chapman Specialty Care Assisted Living Facility
	End Stage Renal Disease Treatment Centers	Dialysis Services of Dadeville Fresenius Medical Care Alexander City
	Federally Qualified Health Centers	Central Alabama Comprehensive Health, Inc Enhabit Home Health, Alexander City
	Home Health Agencies	Lake Martin Home Health
	Hospices	Enhabit Hospice Alexander City Ivy Creek Hospice SouthernCare New Beacon Alexander City
	Hospitals	Lake Martin Community Hospital Russell Medical Center
	Independent Clinical Laboratories	Central Alabama MRI LLC CVS Pharmacy #04943 Lake Martin Community Hospital Laboratory Russell Medical Center Laboratory Walgreens #15614, Alexander City, AL Walgreens #18374, Dadeville, AL
	Nursing Homes	Adams Nursing Home Bill Nichols State Veterans Home Brown Nursing Home Chapman Healthcare Center, Inc Dadeville Healthcare Center

Licensed Health Care Facilities Serving the Community		
County	Type of Facility	Facility
Tallapoosa	Rehabilitation Centers	The Summit Health and Rehabilitation Services - Alexander City, AL
	Rural Health Clinics	Health Partners of New Site Lake Martin Family Medicine Medical Park Family Care Pediatrics Associates of Alexander City

**APPENDIX A**  
**HEALTH PROFILES**

## CLAY 2023 HEALTH PROFILE



SUMMARY	
Total Population	14,111
Births	149
Deaths	203
Median Age	44.5
Life Expectancy at Birth	75.8
Total Fertility Rate per 1,000 Females Aged 15-44	1,889.0
Marriages Issued	92
Divorces Granted	57

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	180	75.4	12	15.9
Births	148	62.1	10	13.2
Induced Terminations of Pregnancy	2	0.8	0	0.0
Estimated Total Fetal Losses	30	---	2	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	149	1	1	8	139
Rate	10.6	2.6	4.5	53.9	57.0
White	136	1	0	8	127
Rate	11.6	3.4	0.0	68.7	62.1
Black and Other	13	0	1	0	12
Rate	5.4	0.0	20.8	0.0	30.5

Rates are per 1,000 females in specified age group.

Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	50	33.8	8	80.0
Low Weight Births	7	4.7	0	0.0
Multiple Births	2	1.4	0	0.0
Medicaid Births	82	55.4	8	80.0

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0

\*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	14,111	6,875	7,236	11,701	5,726	5,975	2,410	1,149	1,261
0-4	780	377	403	591	289	302	189	88	101
5-9	795	395	400	627	314	313	168	81	87
10-14	829	443	386	652	356	296	177	87	90
15-44	4,731	2,347	2,384	3,874	1,906	1,968	857	441	416
45-64	3,892	1,934	1,958	3,300	1,666	1,634	592	268	324
65-84	2,719	1,244	1,475	2,333	1,077	1,256	386	167	219
85+	365	135	230	324	118	206	41	17	24

# CLAY 2023 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	203	104	99	172	84	88	31	20	11
Rate per 1,000 Population	14.4	15.1	13.7	14.7	14.7	14.7	12.9	17.4	8.7

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	52	368.5	29	421.8	23	317.9	41	350.4	11	456.4
Cancer	39	276.4	22	320.0	17	234.9	37	316.2	2	83.0
COVID-19	3	21.3	3	43.6	0	0.0	2	17.1	1	41.5
Stroke	10	70.9	5	72.7	5	69.1	8	68.4	2	83.0
Accidents	5	35.4	3	43.6	2	27.6	3	25.6	2	83.0
CLRD*	14	99.2	6	87.3	8	110.6	13	111.1	1	41.5
Diabetes	2	14.2	1	14.5	1	13.8	2	17.1	0	0.0
Influenza and Pneumonia	8	56.7	4	58.2	4	55.3	6	51.3	2	83.0
Alzheimer's Disease	11	78.0	5	72.7	6	82.9	11	94.0	0	0.0
Suicide	1	7.1	1	14.5	0	0.0	1	8.5	0	0.0
Homicide	1	7.1	0	0.0	1	13.8	1	8.5	0	0.0
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	5	35.4	0	0.0
Motor Vehicle	2	14.2	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	2	14.2	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	1	7.1	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	0	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	203	14.4
0-14	1	0.4
15-44	8	1.7
45-64	36	9.2
65-84	107	39.4
85+	51	139.7

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	39	276.4	22	320.0	17	234.9
Trachea, Bronchus, Lung, Pleura	11	78.0	6	87.3	5	69.1
Colorectal	6	42.5	4	58.2	2	27.6
Breast (female)	1	7.1	---	---	1	13.8
Prostate (male)	1	7.1	1	14.5	---	---
Pancreas	1	7.1	1	14.5	0	0.0
Leukemias	2	14.2	1	14.5	1	13.8
Non-Hodgkin's Lymphomas	2	14.2	0	0.0	2	27.6
Ovary (female)	0	0.0	---	---	0	0.0
Brain and Other Nervous System	1	7.1	0	0.0	1	13.8
Stomach	1	7.1	1	14.5	0	0.0
Uterus and Cervix (female)	1	7.1	---	---	1	13.8
Esophagus	1	7.1	1	14.5	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	11	---	7	---	4	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

# COOSA 2023 HEALTH PROFILE



SUMMARY	
Total Population	10,268
Births	69
Deaths	164
Median Age	51.0
Life Expectancy at Birth	73.7
Total Fertility Rate per 1,000 Females Aged 15-44	1,473.0
Marriages Issued	26
Divorces Granted	29

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	86	58.8	1	2.7
Births	69	47.1	1	2.3
Induced Terminations of Pregnancy	3	2.0	0	0.0
Estimated Total Fetal Losses	14	—	0	—

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	69	0	0	1	68
Rate	6.7	0.0	0.0	10.6	44.5
White	60	0	0	0	60
Rate	8.6	0.0	0.0	0.0	56.8
Black and Other	9	0	0	1	8
Rate	2.7	0.0	0.0	27.5	17.0

Rates are per 1,000 females in specified age group.

Births with unknown age of mother are included in the age group "20+."

SELECTED BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	37	53.6	1	100.0
Low Weight Births	7	10.1	0	0.0
Multiple Births	0	0.0	0	0.0
Medicaid Births	34	49.3	1	100.0

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0

\*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	10,268	5,192	5,076	6,986	3,574	3,412	3,282	1,618	1,664
0-4	445	238	207	296	158	138	149	80	69
5-9	478	246	232	304	156	148	174	90	84
10-14	437	235	202	274	146	128	163	89	74
15-44	3,064	1,600	1,464	1,991	1,008	983	1,073	592	481
45-64	3,103	1,527	1,576	2,089	1,093	996	1,014	434	580
65-84	2,469	1,232	1,237	1,854	936	918	615	296	319
85+	272	114	158	178	77	101	94	37	57

**COOSA 2023 HEALTH PROFILE (Continued)**

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	164	103	61	128	82	46	36	21	15
Rate per 1,000 Population	16.0	19.8	12.0	18.3	22.9	13.5	11.0	13.0	9.0

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	48	467.5	31	597.1	17	334.9	38	543.9	10	304.7
Cancer	27	263.0	18	346.7	9	177.3	20	286.3	7	213.3
COVID-19	4	39.0	2	38.5	2	39.4	3	42.9	1	30.5
Stroke	5	48.7	2	38.5	3	59.1	3	42.9	2	60.9
Accidents	11	107.1	8	154.1	3	59.1	9	128.8	2	60.9
CLRD*	15	146.1	8	154.1	7	137.9	14	200.4	1	30.5
Diabetes	7	68.2	5	96.3	2	39.4	6	85.9	1	30.5
Influenza and Pneumonia	2	19.5	2	38.5	0	0.0	1	14.3	1	30.5
Alzheimer's Disease	6	58.4	2	38.5	4	78.8	5	71.6	1	30.5
Suicide	3	29.2	3	57.8	0	0.0	3	42.9	0	0.0
Homicide	2	19.5	2	38.5	0	0.0	0	0.0	2	60.9
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	11	107.1	1	54.9
Motor Vehicle	4	39.0	1	54.9
Suffocation	0	0.0	0	0.0
Poisoning	4	39.0	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	1	9.7	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	2	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	164	16.0
0-14	1	0.7
15-44	11	3.6
45-64	27	8.7
65-84	90	36.5
85+	35	128.7

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	27	263.0	18	346.7	9	177.3
Trachea, Bronchus, Lung, Pleura	6	58.4	4	77.0	2	39.4
Colorectal	4	39.0	3	57.8	1	19.7
Breast (female)	4	39.0	---	---	4	78.8
Prostate (male)	3	29.2	3	57.8	---	---
Pancreas	0	0.0	0	0.0	0	0.0
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	1	9.7	---	---	1	19.7
Brain and Other Nervous System	1	9.7	1	19.3	0	0.0
Stomach	1	9.7	1	19.3	0	0.0
Uterus and Cervix (female)	0	0.0	---	---	0	0.0
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	7	---	6	---	1	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

## TALLADEGA 2023 HEALTH PROFILE



SUMMARY	
Total Population	81,132
Births	827
Deaths	1,067
Median Age	42.2
Life Expectancy at Birth	73.0
Total Fertility Rate per 1,000 Females Aged 15-44	1,668.5
Marriages Issued	421
Divorces Granted	281

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	1,077	71.8	75	15.7
Births	827	55.1	55	11.5
Induced Terminations of Pregnancy	77	5.1	8	1.7
Estimated Total Fetal Losses	173	---	12	---

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	827	0	9	46	772
Rate	10.2	0.0	6.2	47.5	51.5
White	554	0	6	33	515
Rate	10.6	0.0	7.0	57.4	56.6
Black and Other	273	0	3	13	257
Rate	9.4	0.0	5.1	33.0	43.6

Rates are per 1,000 females in specified age group.

Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	478	57.8	53	96.4
Low Weight Births	64	7.7	3	5.5
Multiple Births	30	3.6	0	0.0
Medicaid Births	451	54.5	47	85.5

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	10	5	5	1	1	0
Rate per 1,000 Births	12.1	9.0	18.3	18.2	25.6	0.0
Postneonatal Deaths	4	3	1	0	0	0
Rate per 1,000 Births	4.8	5.4	3.7	0.0	0.0	0.0
Neonatal Deaths	6	2	4	1	1	0
Rate per 1,000 Births	7.3	3.6	14.7	18.2	25.6	0.0

\*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	81,132	39,456	41,676	52,081	25,519	26,562	29,051	13,937	15,114
0-4	4,364	2,166	2,198	2,471	1,224	1,247	1,893	942	951
5-9	4,362	2,198	2,164	2,622	1,321	1,301	1,740	877	863
10-14	4,700	2,349	2,351	2,831	1,413	1,418	1,869	936	933
15-44	29,917	14,919	14,998	18,135	9,118	9,017	11,782	5,801	5,981
45-64	21,604	10,494	11,110	14,211	7,055	7,156	7,393	3,439	3,954
65-84	14,747	6,808	7,939	10,660	4,967	5,693	4,087	1,841	2,246
85+	1,438	522	916	1,151	421	730	287	101	186

**TALLADEGA 2023 HEALTH PROFILE (Continued)**

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,067	559	508	779	400	379	288	159	129
Rate per 1,000 Population	13.2	14.2	12.2	15.0	15.7	14.3	9.9	11.4	8.5

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	262	322.9	144	365.0	118	283.1	194	372.5	68	234.1
Cancer	182	224.3	110	278.8	72	172.8	132	253.5	50	172.1
COVID-19	26	32.0	16	40.6	10	24.0	20	38.4	6	20.7
Stroke	57	70.3	27	68.4	30	72.0	35	67.2	22	75.7
Accidents	62	76.4	40	101.4	22	52.8	51	97.9	11	37.9
CLRD*	58	71.5	22	55.8	36	86.4	52	99.8	6	20.7
Diabetes	37	45.6	20	50.7	17	40.8	29	55.7	8	27.5
Influenza and Pneumonia	13	16.0	6	15.2	7	16.8	8	15.4	5	17.2
Alzheimer's Disease	29	35.7	7	17.7	22	52.8	21	40.3	8	27.5
Suicide	16	19.7	13	32.9	3	7.2	13	25.0	3	10.3
Homicide	10	12.3	10	25.3	0	0.0	1	1.9	9	31.0
HIV Disease	2	2.5	2	5.1	0	0.0	1	1.9	1	3.4

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	62	76.4	3	16.4
Motor Vehicle	25	30.8	2	11.0
Suffocation	2	2.5	1	5.5
Poisoning	19	23.4	0	0.0
Smoke, Fire and Flames	4	4.9	0	0.0
Falls	3	3.7	0	0.0
Drowning	1	1.2	0	0.0
Firearms	1	1.2	0	0.0
Other Accidents	7	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,067	13.2
0-14	12	0.9
15-44	90	3.0
45-64	248	11.5
65-84	509	34.5
85+	208	144.6

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	182	224.3	110	278.8	72	172.8
Trachea, Bronchus, Lung, Pleura	49	60.4	31	78.6	18	43.2
Colorectal	13	16.0	10	25.3	3	7.2
Breast (female)	16	19.7	---	---	16	38.4
Prostate (male)	8	9.9	8	20.3	---	---
Pancreas	20	24.7	12	30.4	8	19.2
Leukemias	4	4.9	4	10.1	0	0.0
Non-Hodgkin's Lymphomas	2	2.5	1	2.5	1	2.4
Ovary (female)	5	6.2	---	---	5	12.0
Brain and Other Nervous System	3	3.7	3	7.6	0	0.0
Stomach	2	2.5	2	5.1	0	0.0
Uterus and Cervix (female)	2	2.5	---	---	2	4.8
Esophagus	5	6.2	5	12.7	0	0.0
Melanoma of Skin	2	2.5	0	0.0	2	4.8
Other	51	---	34	---	17	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

## TALLAPOOSA 2023 HEALTH PROFILE



SUMMARY	
Total Population	40,677
Births	400
Deaths	587
Median Age	46.4
Life Expectancy at Birth	74.4
Total Fertility Rate per 1,000 Females Aged 15-44	1,813.5
Marriages Issued	222
Divorces Granted	145

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	520	78.2	32	14.5
Births	399	60.1	23	10.4
Induced Terminations of Pregnancy	37	5.6	4	1.8
Estimated Total Fetal Losses	84	—	5	—

Rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	400	0	4	19	377
Rate	9.8	0.0	6.4	45.3	55.8
White	273	0	3	15	255
Rate	9.5	0.0	7.5	56.6	58.0
Black and Other	127	0	1	4	122
Rate	10.6	0.0	4.3	25.9	51.8

Rates are per 1,000 females in specified age group.

Births with unknown age of mother are included in the age group "20+".

SELECTED BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Females	221	55.4	21	91.3
Low Weight Births	50	12.5	2	8.7
Multiple Births	23	5.8	0	0.0
Medicaid Births	208	52.1	16	69.6

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	3	3	0	0	0	0
Rate per 1,000 Births	7.5	11.0	0.0	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	2.5	3.7	0.0	0.0	0.0	0.0
Neonatal Deaths	2	2	0	0	0	0
Rate per 1,000 Births	5.0	7.3	0.0	0.0	0.0	0.0

\*Infant deaths are by race of child; births are by race of mother.

2023 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	40,677	19,879	20,798	28,746	14,246	14,500	11,931	5,633	6,298
0-4	1,930	962	968	1,183	595	588	747	367	380
5-9	2,261	1,147	1,114	1,406	690	716	855	457	398
10-14	2,402	1,243	1,159	1,479	753	726	923	490	433
15-44	13,154	6,514	6,640	8,742	4,482	4,260	4,412	2,032	2,380
45-64	11,094	5,374	5,720	8,131	4,001	4,130	2,963	1,373	1,590
65-84	8,932	4,225	4,707	7,093	3,381	3,712	1,839	844	995
85+	904	414	490	712	344	368	192	70	122

**TALLAPOOSA 2023 HEALTH PROFILE (Continued)**

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	587	298	289	458	227	231	129	71	58
Rate per 1,000 Population	14.4	15.0	13.9	15.9	15.9	15.9	10.8	12.6	9.2

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	159	390.9	90	452.7	69	331.8	119	414.0	40	335.3
Cancer	94	231.1	46	231.4	48	230.8	78	271.3	16	134.1
COVID-19	7	17.2	3	15.1	4	19.2	6	20.9	1	8.4
Stroke	39	95.9	13	65.4	26	125.0	33	114.8	6	50.3
Accidents	31	76.2	20	100.6	11	52.9	20	69.6	11	92.2
CLRD*	30	73.8	10	50.3	20	96.2	26	90.4	4	33.5
Diabetes	16	39.3	12	60.4	4	19.2	11	38.3	5	41.9
Influenza and Pneumonia	11	27.0	4	20.1	7	33.7	9	31.3	2	16.8
Alzheimer's Disease	27	66.4	12	60.4	15	72.1	22	76.5	5	41.9
Suicide	2	4.9	1	5.0	1	4.8	2	7.0	0	0.0
Homicide	7	17.2	6	30.2	1	4.8	1	3.5	6	50.3
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	31	76.2	3	34.1
Motor Vehicle	11	27.0	3	34.1
Suffocation	1	2.5	0	0.0
Poisoning	8	19.7	0	0.0
Smoke, Fire and Flames	2	4.9	0	0.0
Falls	2	4.9	0	0.0
Drowning	1	2.5	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	6	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	587	14.4
0-14	4	0.6
15-44	32	2.4
45-64	118	10.6
65-84	293	32.8
85+	140	154.9

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	94	231.1	46	231.4	48	230.8
Trachea, Bronchus, Lung, Pleura	23	56.5	9	45.3	14	67.3
Colorectal	9	22.1	4	20.1	5	24.0
Breast (female)	7	17.2	---	---	7	33.7
Prostate (male)	9	22.1	9	45.3	---	---
Pancreas	8	19.7	4	20.1	4	19.2
Leukemias	11	27.0	7	35.2	4	19.2
Non-Hodgkin's Lymphomas	1	2.5	1	5.0	0	0.0
Ovary (female)	1	2.5	---	---	1	4.8
Brain and Other Nervous System	2	4.9	2	10.1	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	3	7.4	---	---	3	14.4
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	1	2.5	0	0.0	1	4.8
Other	19	---	10	---	9	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. See the appendices for definitions, formulas, sources of data and other related information.

## **APPENDIX B**

### **STATE OF ALABAMA MEDICAL STATISTIC MAPS**



## PERCENTAGE OF OBESITY BY PUBLIC HEALTH DISTRICTS, ALABAMA 2019

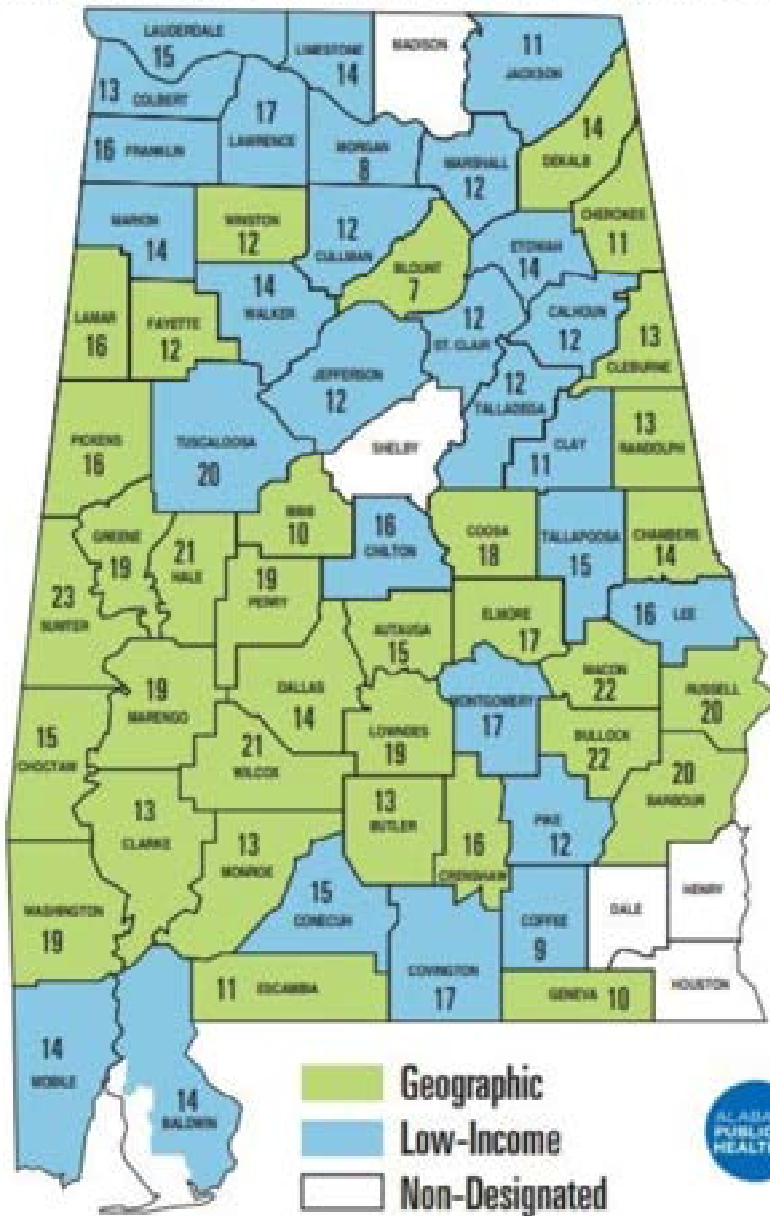
Source: 2019 Alabama Behavioral Risk Factor Surveillance System (BRFSS)



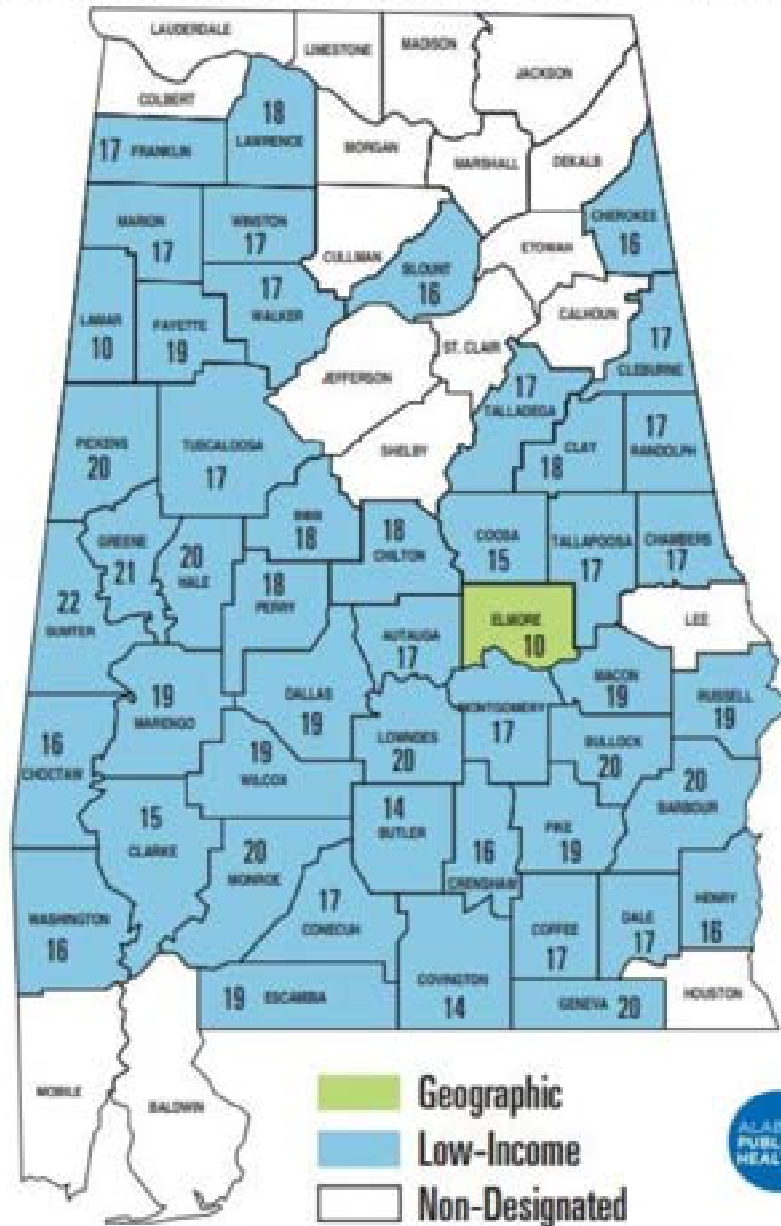
## Medically Underserved Areas/Populations (MUA/Ps)



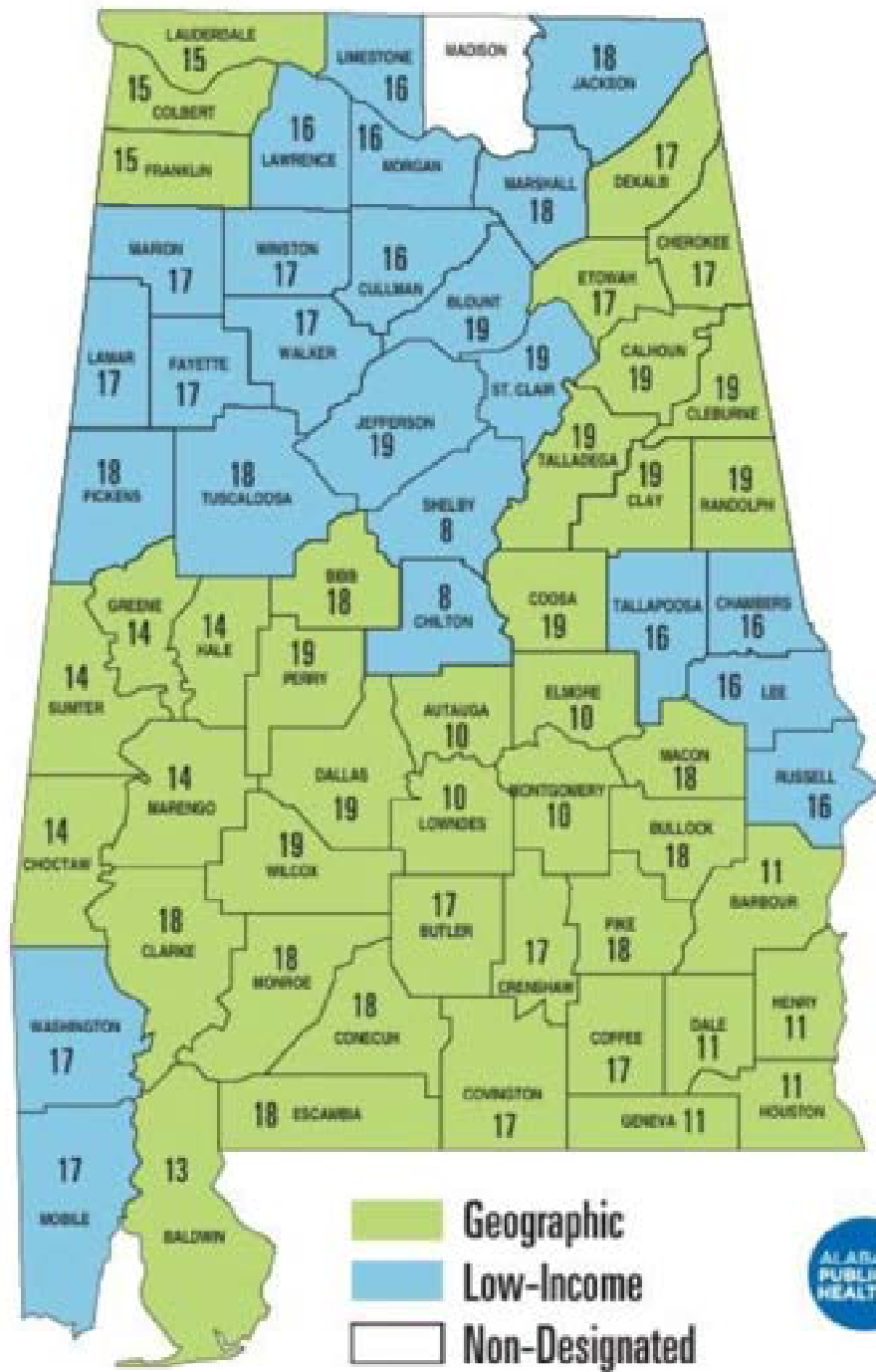
## HEALTH PROFESSIONAL SHORTAGE AREAS - PRIMARY CARE



# HEALTH PROFESSIONAL SHORTAGE AREAS - DENTAL



## HEALTH PROFESSIONAL SHORTAGE AREAS - MENTAL HEALTH



# The Burden of Diabetes in Alabama

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 38 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Alabama.

## Alabama's diabetes epidemic:

- Approximately 614,900 adults in Alabama, or 13.40% of the adult population, have diagnosed diabetes.
- Every year, an estimated 39,000 adults in Alabama are diagnosed with diabetes.

The serious complications of diabetes include heart disease, stroke, amputation, end-stage kidney disease, blindness—and death.

## Diabetes Is Expensive

Americans with diabetes have medical expenses approximately 2.6 times higher than those without. The total estimated cost of diagnosed diabetes in the U.S. was \$412.9 billion in 2022, including \$306.6 billion in direct medical costs and \$106.3 billion in reduced productivity attributable to diabetes.

In Alabama, diagnosed diabetes costs an estimated \$5.5 billion each year. In 2022:

- Total direct medical expenses for diagnosed diabetes in Alabama were estimated to be \$5.4 billion
- In addition, there were \$150 million in estimated indirect costs from lost productivity due to diabetes

- 136 million Americans have diabetes or prediabetes
- 1.2 million Americans are diagnosed with diabetes every year
- About 1 in 3 seniors in the United States has diabetes
- Diabetes contributes to the death of nearly 400,000 Americans annually

## In addition to the work of the American Diabetes Association® to improve lives, prevent diabetes, and find a cure:

In 2024, the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health invested \$3,916,116 in diabetes-related research projects in Alabama.

The Division of Diabetes Translation at the CDC provided \$1,100,000 in diabetes prevention and educational grants in Alabama in 2023.

Sources can be found at [diabetes.org/SFSSources](https://diabetes.org/SFSSources).  
Find more statistics at [diabetes.org/Statistics](https://diabetes.org/Statistics).

## Percent of Diabetes Recipients by County

Source: ADPH - 2020 ALABAMA STATE HEALTH ASSESSMENT

## Percent of Diabetes Recipients by County

Source: ADPH - 2020 ALABAMA STATE HEALTH ASSESSMENT

**Figure 13.1** – This map displays the percent of diabetes recipients by county. Medicare provides insurance to persons over the age of 65 years old. Source: Centers for Medicare and Medicaid Services..

County	Percentage (%)
Autauga	28.7
Caldwell	32.9
Franklin	32.4
Madison	31.5
Lamar	32.6
Wilcox	32.4
Walker	34.7
Wilkes	31.9
Marshall	28.9
Jefferson	34.2
Mobile	30.3
Cherokee	29.8
Blount	31.5
St. Clair	29.7
Calhoun	30.8
Chickasaw	30.7
Barbour	33.9
Tallapoosa	29.7
Baldwin	25.9
Lowndes	30.5
Chilton	28.2
Washington	33.4
Greene	37.9
Henry	38.7
Chambers	32.6
Clay	31.0
Cherokee	29.5
Clarke	30.7
Shelby	28.1
Cherokee	35.0
Jefferson	31.0
Greene	28.8
Madison	35.9
Jefferson	29.3
Mobile	35.1
St. Clair	38.0
Cherokee	34.4
Henry	38.6
Walker	36.5
Lowndes	34.7
Montgomery	29.2
St. Clair	31.8
Madison	32.6
Washington	29.6
Clarke	31.2
Marshall	33.1
Cherokee	32.7
St. Clair	31.1
St. Clair	32.0
Mobile	30.3
Madison	30.9
Lowndes	34.4
Cherokee	33.1
St. Clair	32.0
Mobile	28.0
Mobile	42.5

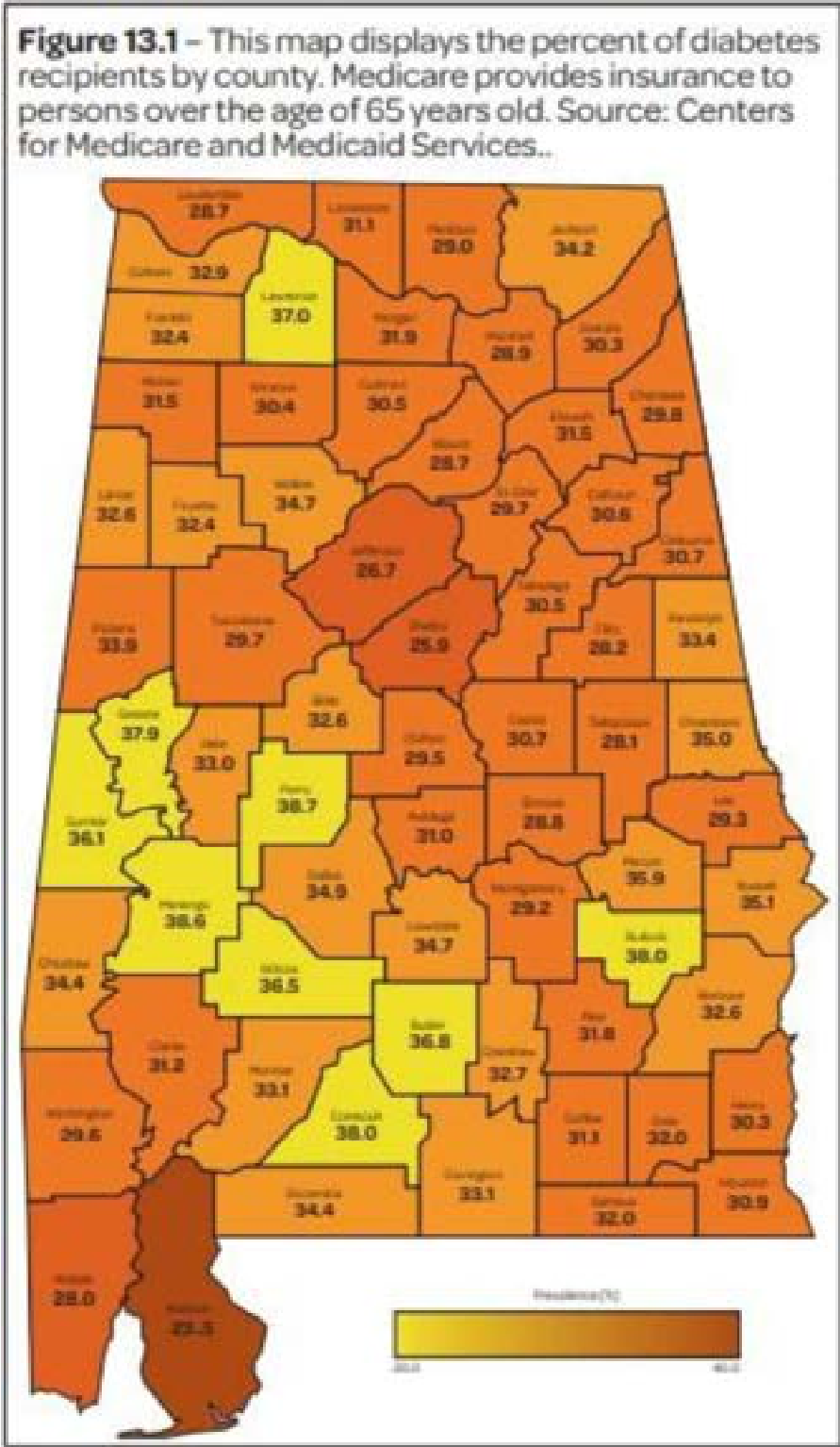


Table 13.1 – Percentage of Adults Ever Told They Have Diabetes, 2019		
	%	95% CI
AL	13.9	(13.0-14.9)
U.S.	10.8	-
<b>Public Health Districts</b>		
Northern	13.5	(11.1-15.9)
Northeastern	12.2	(10.0-14.3)
West Central	13.3	(10.7-16.0)
Jefferson	12.4	(10.1-14.7)
East Central	17.1	(14.2-20.1)
Southeastern	16.4	(13.6-19.3)
Southwestern	14.4	(11.8-17.0)
Mobile	13.5	(11.1-15.9)
<b>Geographic Variation</b>		
N/A	-	-
<b>Sex</b>		
Male	14.1	(12.6-15.6)
Female	13.8	(12.6-15.1)
<b>Race</b>		
White	13.3	(12.2-14.4)
AA/black	17.3	(15.3-19.3)
<b>Household Income</b>		
Less than \$15,000	21.2	(17.5-24.9)
\$15,000-24,999	17.4	(14.7-20.1)
\$25,000-34,999	17.2	(13.4-21.0)
\$35,000-49,999	11.5	(9.2-13.9)
\$50,000-74,999	10.8	(9.5-12.2)
<b>Age (in years)</b>		
35-44	6.5	(4.5-8.6)
45-54	14.7	(12.1-17.2)
55-64	25.3	(22.5-28.2)
65+	25.9	(23.8-27.9)
<b>Education</b>		
Less than high school	19.3	(15.7-22.8)
High school or GED	15.2	(13.5-17.0)
Some college	12.5	(11.0-14.0)
College graduate or higher	11.0	(9.6-12.4)

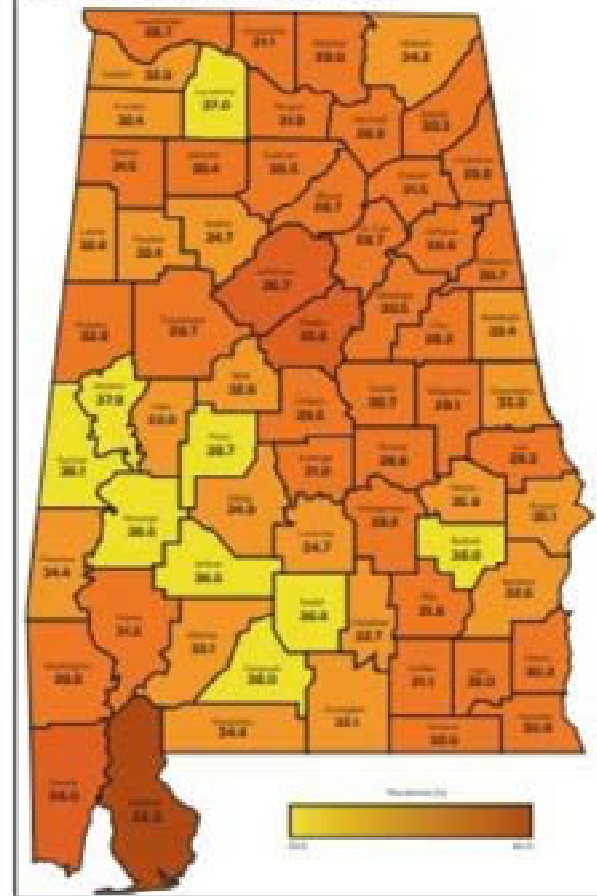
## Diabetes Among Medicare Recipients

Diabetes is an age-related disease, meaning the risk of being diagnosed increases in elderly populations.<sup>1</sup> The state prevalence for diabetes in AL Medicare recipients was 30.2 percent for 2018. In the 2015 CHA, the prevalence was 29.7 percent:

- Perry County had the highest diabetes prevalence (38.7 percent) in Medicare recipients for 2018, followed by Marengo County (38.6 percent), and Conecuh County (38.0 percent).
- Baldwin County had the lowest diabetes diagnosis prevalence, with 23.5 percent of Medicare recipients having been diagnosed.

Additional demographic information was not available.

**Figure 13.1** – This map displays the percent of diabetes recipients by county. Medicare provides insurance to persons over the age of 65 years old. Source: Centers for Medicare and Medicaid Services.



## Diabetes Diagnosis in Medicaid Recipients

AL's Medicaid adult and adolescent populations had 4.1 percent of recipients with diabetes-related diagnoses in AL in 2018:

- The Southwestern public health District had the highest percentage of diabetes diagnoses among their Medicaid recipients at 5.8 percent.
- Of those claims, females were twice as likely to have a diabetes diagnosis compared to males.
- The prevalence of white and AA/black individuals with a diabetes diagnosis, although lower, was similar to 2017.

For the district level, only confirmed county diagnoses were included in the calculation.

Table 13.2 – Percentage of Diabetes Among Medicaid Recipients, 2018		
	Count	%
<b>AL</b>	<b>48,908</b>	<b>4.1</b>
<b>U.S.</b>	<b>-</b>	<b>-</b>
<b>Public Health Districts</b>		
Northern	9,616	4.1
Northeastern	7,184	3.7
West Central	5,862	4.8
Jefferson	4,388	2.7
East Central	6,643	3.5
Southeastern	5,590	4.8
Southwestern	5,508	5.8
Mobile	3,685	3.1
<b>Geographic Variation</b>		
N/A	-	-
<b>Sex</b>		
Female	33,934	-
Male	14,968	-
<b>Race</b>		
White	21,167	-
Asian or Pacific Islander	292	-
AA/black	22,318	-
American Indian/Alaska Native	112	-
Hispanic	497	-
Unknown or other	4,522	-
<b>Household Income</b>		
N/A	-	-
<b>Age (in years)</b>		
Under 21	2,899	-
21 and over	46,009	-
<b>Education</b>		
N/A	-	-

## Blue Cross and Blue Shield Members with Diabetes-related Claims

In 2017, the total direct medical expenses for diagnosed diabetes in AL were estimated at 4.2 billion dollars.\* BCBS is the largest private insurance providers for AL. Roughly, 10 percent of BCBS members had claims related to diabetes management or hospitalizations each year between 2016 and 2019.

The BCBS claim usage has increased steadily since 2016. Diabetes claims include eye exams, statin therapy, lipid test, and A1C testing:

- The West Central Public Health District had the highest percent of BCBS members who had diabetes claims, followed by East Central and Southeastern public health districts in 2019.

Table 13.3 – Percentage of BCBS Members with Diabetes-related Claims, 2016-2019				
	2016	2017	2018	2019
<b>AL</b>	<b>9.4</b>	<b>10.2</b>	<b>10.2</b>	<b>10.4</b>
<b>U.S.</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Public Health Districts</b>				
Northern	8.4	9.1	9.2	9.6
Northeastern	8.7	9.5	9.4	9.6
West Central	10.9	11.2	11.7	11.9
Jefferson	9.0	9.8	9.4	9.4
East Central	10.5	11.4	11.6	11.7
Southeastern	10.4	11.3	11.4	11.7
Southwestern	9.9	10.6	10.7	11.2
Mobile	9.8	10.6	10.7	10.8
<b>Geographic Variation</b>				
Rural	10.0	10.8	11.0	11.3
Urban	9.0	9.7	9.7	9.8
<b>Sex</b>				
N/A	-	-	-	-
<b>Race</b>				
N/A	-	-	-	-
<b>Household Income</b>				
N/A	-	-	-	-
<b>Age (in years)</b>				
N/A	-	-	-	-
<b>Education</b>				
N/A	-	-	-	-

## Diabetes-related Mortality

Diabetes mortality was defined as death due to a diabetes-related illness, not necessarily as an underlying disease. In AL, the diabetes mortality rate was 24.9 deaths per 100,000 persons in 2019:

- East Central Public Health District had the highest rate of diabetes mortality with 43.2 deaths per 100,000 persons.
- Wilcox County (Southwestern Public Health District) had the highest rate of diabetes mortality with 86.8 deaths per 100,000 persons.
- The rate of diabetes mortality in rural areas was 30.4 deaths per 100,000 persons, compared to urban areas 20.8 deaths per 100,000 persons.
- After age of 65 years old, the diabetes crude mortality rate almost triples from the previous age bracket to 92.8 deaths per 100,000 persons.

	Count	Rate per 100,000
<b>AL</b>	<b>1,223</b>	<b>24.9</b>
<b>U.S.</b>	<b>87,647</b>	<b>26.7</b>
<b>Public Health Districts</b>		
Northern	226	20.7
Northeastern	138	17.0
West Central	74	17.1
Jefferson	140	21.3
East Central	306	43.2
Southeastern	124	32.7
Southwestern	121	29.4
Mobile	94	22.7
<b>Geographic Variation</b>		
Rural	641	30.4
Urban	582	20.8
<b>Sex</b>		
Male	705	29.8
Female	518	20.4
<b>Race</b>		
White	747	23.3
AA/black	458	35.3
Hispanic	8	3.6
<b>Household Income</b>		
N/A	-	-
<b>Age (in years)</b>		
25-35	22	3.4
35-44	45	7.6
45-54	110	17.8
55-64	253	38.5
65+	789	92.8

Less than high school	296	-
High school or GED	524	-
Some college	225	-
College graduate or higher	162	-

## Data Sources

**Table 13.1 – Percentage of Adults Ever Told They Have Diabetes, 2019.** ADPH, BRFSS, 2019. Data requested March 2021.

**Figure 13.1 – Diabetes Among Medicare Recipients, 2018.** Centers for Medicare and Medicaid Services, 2019. Data requested December 2020.

**Table 13.2 – Percentage of Diabetes Among Medicaid Recipients, 2018.** AL Medicaid Agency, 2018. Data requested July 2020.

**Table 13.3 – Percentage of BCBS Members with Diabetes-related Claims, 2016-2019.** BCBS, Members Diabetes Claims, 2019. Data requested October 2020.

**Table 13.4 – Diabetes-related Mortality, 2019.** ADPH, Center for Health Statistics Mortality Files, 2019. Data requested March 2021.

## Written Sources

1. CDC, Diabetes Prevention, 2020.
2. ADPH, Diabetes General Information, 2021.
3. CDC, BRFSS Diabetes Module, 2019.
4. American Diabetes Association, "Economic Cost of Diabetes in the U.S. in 2017, 2018."

## Community Resources

### AL Safe at School Diabetic Curriculum

Location: Montgomery County, AL  
Type: Educational Resource

### American Diabetes Association®

Location: Washington, DC Metro  
Type: Non-profit Organization

### Association of Diabetes Care and Education Specialists

Location: Chicago, IL  
Type: Educational Resource

### CDC National Diabetes Prevention Program

Location: Atlanta, GA  
Type: Federal Government Program

### Diabetes Research Institute Foundation

Location: Miami, FL  
Type: Non-profit Organization

### Juvenile Diabetes Federation

Location: New York, NY  
Type: Non-profit Organization

## **APPENDIX C**

### **County Health Rankings & Roadmaps - Compare Counties - 2025 Rankings**

## County Health Rankings & Roadmaps - Compare Counties - 2025 Rankings

	Alabama	Clay	Coosa	Shelby	Talladega	Tallapoosa
<b>Population Health &amp; Well-being</b>						
<b>Length of Life</b>						
Premature Death	11,900	13,300	14,400	6,800	15,300	12,200
Life Expectancy	73.3	71.9	72.2	79.4	70.5	72.8
Premature Age-Adjusted Mortality	570	630	630	330	700	580
Child Mortality	70			40	120	80
Infant Mortality	7			5	9	8
<b>Quality of Life</b>						
Poor Physical Health Days	4.1	5.1	4.8%	3.6	5.1	4.9
Low Birthweight	10%	9%	12%	9%	11%	13%
Poor Mental Health Days	5.8	6.4	6.2	5.5	6.0	6.3
Poor or Fair Health	22%	25%	24%	15%	24%	23%
Frequent Physical Distress	13%	16%	15%	10%	15%	15%
Diabetes Prevalence	14%	13%	13%	10%	14%	13%
HIV Prevalence	344	165	267	179	261	229
Adult Obesity	38%	40%	43%	32%	43%	42%
Frequent Mental Distress	19%	22%	21%	17%	21%	20%
Suicides	16	28		13	18	19
Feelings of Loneliness	33%	36%	36%	33%	34%	35%
<b>Community Conditions</b>						
<b>Health Infrastructure</b>						
Flu Vaccinations	41%	40%	40%	43%	37%	43%
Access to Exercise Opportunities	61%	64%	4%	74%	55%	62%
Food Environment Index	5.3	7.2	7.2	8.2	6.7	7.3
Primary Care Physicians	1,570:1	3,550:1		1,300:1	3,880:1	2,160.1
Mental Health Providers	680:1	4,700:1	5,130:1	760:1	2,390:1	2,540:1
Dentists	2,020:1	7,100:1		1,970:1	2,780:1	3,150.1
Preventable Hospital Stays	3,327	2,579	2,166	2,771	3,315	1,879
Mammography Screening	43%	41%	38%	45%	38%	40%
Uninsured	10%	11%	9%	8%	10%	12%
Limited Access to Healthy Foods	9%	3%	8%	6%	8%	3%
Food Insecurity	17%	18%	16%	13%	18%	18%
Insufficient Sleep	41%	41%	42%	35%	45%	43%
Teen Births	24	32	23	9	26	29
Sexually Transmitted Infections	612.1	401.5	846.0	318.1	622.0	478.3
Excessive Drinking	15%	17%	17%	18%	16%	17%
Alcohol-Impaired Driving Deaths	25%	39%	40%	23%	24%	24%

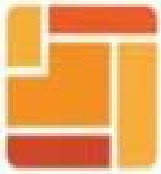
	Alabama	Clay	Coosa	Shelby	Talladega	Tallapoosa
Drug Overdose Deaths	26			25	15	12
Adult Smoking	16%	22%	20%	11%	19%	18%
Physical Inactivity	28%	32%	31%	21%	31%	29%
Uninsured Adults	13%	13%	11%	9%	13%	15%
Uninsured Children	3%	3%	3%	3%	3%	4%
Other Primary Care Providers	810:1	2,820:1	1,710:1	1,330:1	1480:1	870:1
<b>Physical Environment</b>						
Severe Housing Problems	13%	10%	7%	10%	15%	12%
Driving Alone to Work	81%	80%	79%	77%	83%	85%
Long Commute - Driving Alone	36%	40%	43%	51%	36%	38%
Air Pollution - Particulate Matter	8.6	6.8	8.5	10.0	9.1	8.6
Drinking Water Violations		No	No	No	No	No
Broadband Access	86%	78%	80%	94%	86%	82%
Library Access	2	4	2	1	3	3
<b>Social &amp; Economic Factors</b>						
Some College	62%	52%	40%	76%	51%	52%
High School Completion	88%	83%	83%	94%	85%	84%
Unemployment	2.5%	2.4%	2.6%	1.8%	2.8%	2.5%
Income Inequality	5.2	4.9	4.0	3.9	5.5	4.9
Children in Poverty	21%	25%	28%	9%	23%	23%
Injury Deaths	93%	122	108	64	103	94
Social Associations	11.7	10.6	9.8	9.8	11.9	12.7
Child Care Cost Burden	26%	25%	22%	18%	22%	24%
High School Graduation	88%	83%		95%	92%	88%
Reading Scores	2.8	2.6	2.6	3.1	2.7	2.6
Math Scores	2.6	2.4	2.4	2.8	2.4	2.3
School Segregation	0.27	0.01	0.01	0.07	0.11	0.09
School Funding Adequacy	-\$5,074	-\$4,227	-\$8,716	\$1,113	-\$8,647	-\$5,137
Children Eligible for Free/Reduced Price Lunch	60%	74%	64%	42%	73%	57%
Gender Pay Gap	0.75	0.88	0.58	0.76	0.77	0.83
Median Household Income	\$62,200	\$52,100	\$59,700	\$90,300	\$59,500	\$60,600
Living Wage	\$41.22	\$37.53	\$38.54	\$46.72	\$37.29	\$39.20
Child Care Centers	6	8	4	5	6	6
Residential Segregation - Black/White	58	28	56	30	33	40
Homicides	13		14	4	17	9
Motor Vehicle Crash Death	21	37	42	11	30	21
Firearms Fatalities	24	21	25	13	32	23
Disconnected Youth	8%			3%	8%	
Lack of Social & Emotional Support	27%	28%	29%	22%	27%	27%

	Alabama	Clay	Coosa	Shelby	Talladega	Tallapoosa
<b>County Demographics</b>						
% Below 18 Years of Age**	22.1%	20.9%	16.2%	22.5%	20.5%	19.8%
% 65 and Older**	18.3%	21.9%	26.7%	17.5%	19.9%	24.2%
%Female**	51.5%	51.3%	49.4%	51.3%	51.4%	51.1%
%American Indian or Alaska Native**	0.7%	0.6%	0.8%	0.5%	0.4%	0.4%
%Asian**	1.6%	0.3%	0.2%	2.4%	0.7%	0.6%
%Hispanic**	5.7%	3.4%	2.6%	7.6%	2.4%	2.9%
Native Hawaiian or Other Pacific Islander**	0.1%	0.0%	0.2%	0.1%	0.0%	0.1%
% Non-Hispanic Black**	26.2%	13.5%	28.2%	14.4%	32.3%	26.4%
% Non- Hispanic White**	64.1%	80.0%	66.6%	73.8%	62.3%	68.5%
% Disability Functional Limitations**	34%	38%	37%	27%	36%	36%
%Not Proficient in English**	1%	0%	0%	1%	1%	1%
Children in Single-Parent Households**	31%	22%	31%	17%	37%	37%
%Rural	42.3%	100.0%	100.0%	24%	58.7%	78.4%
Population**	5,108,468	14,111	10,268	233,000	81,132	40,677

\*\* Use caution if comparing these data with prior years

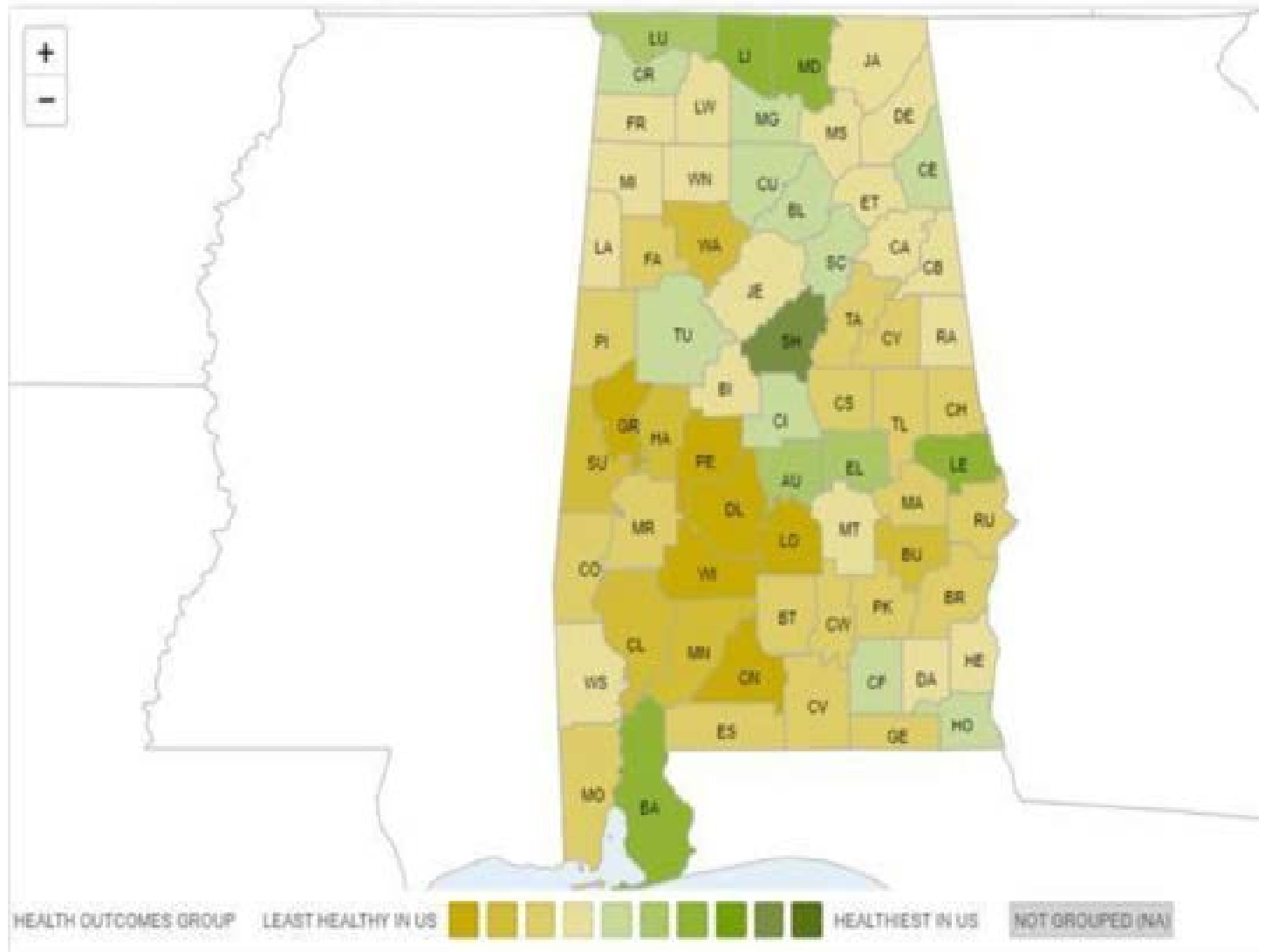
<https://www.countyhealthrankings.org/>

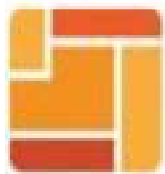
Note: Blank values reflect unreliable or missing data



# County Health Rankings & Roadmaps

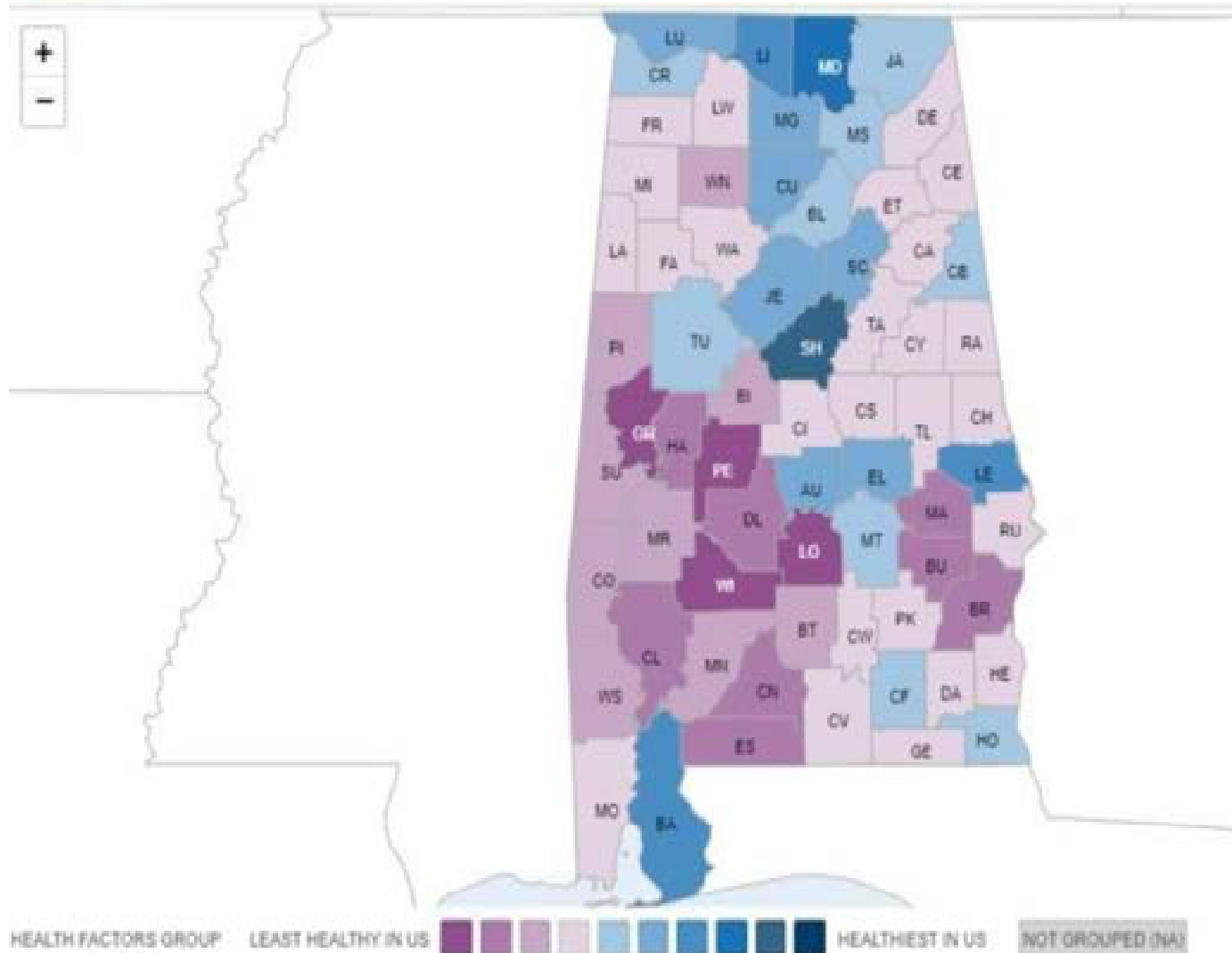
2024 Health Outcomes - Alabama





# County Health Rankings & Roadmaps

2024 Health Factors - Alabama



## **APPENDIX D**

### **Sample Program Marketing Materials**

## MENTAL HEALTH

# Community Links

From First Dose to Last:  
Ensuring Medication Safety  
Every Step of the Way



*Medication safety is critical to achieving the best health outcomes while minimizing risks. From the first prescribed dose to the decision to stop, every step requires careful attention to proper use, potential interactions, and adherence to medical guidance. As part of our ongoing commitment to safe medication practices, Coosa Valley Apothecary now offers a secure Medication Disposal Bin. This new resource provides a safe, convenient way to dispose of unused or expired medications — a crucial step in combating the opioid epidemic that continues to impact communities nationwide.*

**MONDAY**

**APRIL 14, 2025**



**Lunch begins at 11 AM**

**Presentation to begin at 12 PM**

**B.B. Comer Memorial Library**



**R.D. Morris, Pharm. D.**

Director of Pharmacy Services

# Time for a Change?

Are you struggling with an  
Alcohol or Drug addiction?



## *Types of substances New Vision can treat*

- Opioids (Heroin, OxyContin, Percocet)
- Alcohol
- Cocaine
- Benzodiazepines (Xanax, Valium)
- Combined substances
- Methamphetamine

## *Detox service that includes:*

- Individualized and compassionate services
- Comprehensive pre-screening.
- Detox relief with 24 hour monitoring by a doctor, nurses and other care professionals.
- Individualized discharge planning with client involvement.
- Most insurance plans accepted.

*New Vision provides safe, confidential, compassionate and reliable care with a typical stay of 72 hours for adults 18 years and older, who qualify. The service accepts most insurance plans.*

**Call our Intake Coordinator for more information: 256-401-4420**





The Senior Behavioral Unit at Coosa Valley Medical Center

March 3 · 🌐

...

At Coosa Valley Medical Center, we believe that strong community partnerships are the key to better healthcare for everyone.

That's why our Community Links meetings are held each month—to bring together local leaders, organizations, and residents to discuss important health topics, share resources, and find new ways to serve our community.

These meetings foster collaboration, improve access to care, and ensure that we're meeting the needs of the people who rely on us.

Like all, February's meeting was another wonderful opportunity to learn and fellowship.



15

# Nurse Apprenticeship Partnership

*CVMC is excited to join forces with Central Alabama Community College, Alabama Office of Apprenticeship and the Alabama Board of Nursing to meet the high demand for nurses. CVMC has signed Chontanee Combs, Douglas Studdard and Amanda Williams to serve as employees of the medical center and will work alongside experienced nurses.*





# AED & CPR TRAINING

**Be Prepared.  
Learn Lifesaving Skills.**

Join our CPR/AED training course instructed by  
Ryan Reynolds, CSCS to learn life-saving skills in  
just a few hours at no cost to you!

\*Space is limited, call to RSVP.

**Monday,  
December 04  
3PM-6PM**



RSVP by calling (703) 969-7037 or  
email [ryan.reynolds@cvhealth.net](mailto:ryan.reynolds@cvhealth.net)

Training will be held at B.B Comer  
Memorial Libray

**Ryan Reynolds, CSCS**

# Community Links

---

Preventative Care, Lifelong  
Health: A Community  
Approach to Wellness

*Join us as we discuss ways to maintain your health and well-being. Seeing your doctor regularly and having routine screenings contribute to early diagnoses, better outcomes, and a longer lifespan. These screenings typically include blood pressure checks, blood test, bone density test, colonoscopy, mammogram, and **MORE**.*

**MONDAY**  
**OCTOBER 7, 2024**

---

**Lunch begins at 11 AM**  
**Presentation to begin at 12 PM**  
**B.B. Comer Memorial Library**



**Jennie Wheeler, MD**

Board Certified  
Internal Medicine



**Tammy Coker**

Certified Registered Nurse Practitioner  
Family Medicine

# Community Links

Heart to Heart:  
Empowering Heart Care  
with Confidence



*In honor of American Heart Month, join us as we empower individuals to take charge of their heart health. We will cover the essentials of heart disease prevention, the importance of regular testing, and how early detection can save lives and help reduce the risk of the leading cause of death in the US.*

**MONDAY**  
**FEBRUARY 3, 2025**

**Lunch begins at 11 AM**

**Presentation to begin at 12 PM**

**B.B. Comer Memorial Library**



**David Schultz, MD, PhD**

General & Interventional  
Cardiology

# Community Links

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## Empowering Wellness: Understanding Diabetes Beyond the Basics

*In the United States, about 38 million adults have diabetes, which is about 1 in 10 people. Join us as we explore diabetes on a deeper level. We will discuss various medications, medical compliance, routine testing, dietary knowledge, and healthy meal options to help you jumpstart your wellness journey.*

**MONDAY**  
**NOVEMBER 4, 2024**

---

**Lunch begins at 11 AM**  
**Presentation to begin at 12 PM**  
**B.B. Comer Memorial Library**



**Tammy Coker**

Certified Registered Nurse Practitioner  
Family Medicine

## Do You or Someone You Know Need Health Insurance?



*We would like to help you get enrolled in a health insurance program to cover your future medical expenses.*

**2024 Enrollment and Educational Sessions at  
Coosa Valley Medical Center**

**December 18th: 10:00 am until 2:00 pm  
and**

**January 10th: 10:00 am until 2:00 pm**

**Coosa Valley Medical Center**

**Main Lobby of CVMC**

**315 W. Hickory Street**

**Sylacauga, AL 35150**

*Join us on the dates listed above.*

*You may qualify for financial assistance from the federal government to help you buy private health insurance. You may also qualify for additional assistance to help you with co-pays and a deductible when you buy a private health insurance plan.*

**If you are unable to attend one of the events listed above, you can call the Marketplace Call Center at 800-318-2596 to learn more about your insurance option plans.**

# Sports Physicals

*CVMC was proud to offer over 350 sports physicals for the athletes at Sylacauga City Schools, Fayetteville High School, and B.B. Comer High School. Special thanks to Dr. Wheeler, Dr. Davis, Dr. Tropeano and Dr. Overcash for making this possible.*



# Orthopedics is **HERE!**

CALL (256) 401-4196  
FOR APPOINTMENT



COOSA VALLEY  
ORTHOPEDICS  
AND SPORTS MEDICINE  
ANTHONY TROPEANO, MD



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**Coosa Valley Orthopedics is GROWING!**

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**Shey Laurin, CRNP**



Coosa Valley Orthopedics and  
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COOSA VALLEY  
ORTHOPEDICS  
AND SPORTS MEDICINE  
ANTHONY TROPEANO, MD

## FACTORS AND BEHAVIORS



A woman's hand is shown holding a pink breast cancer awareness ribbon. The woman is wearing a black top. The background is a soft, out-of-focus grey.

## REMINDER: SCHEDULE MAMMOGRAM

CVMC's state-of-the-art 3D  
digital mammography  
technology provides an easier,  
more comfortable experience  
with results you can trust.

Early detection saves lives.  
Call to book your appointment at  
**256-401-4024.**



United States Department of Agriculture

**10  
tips**  
Nutrition  
Education Series

# make better beverage choices

## 10 tips to get started



**What you drink is as important as what you eat.** Many beverages contain added sugars and offer little or no nutrients, while others may provide nutrients but too much fat and too many calories. Here are some tips to help you make better beverage choices.

### 1 drink water

Drink water instead of sugary drinks. Regular soda, energy or sports drinks, and other sweet drinks usually contain a lot of added sugar, which provides more calories than needed.



### 2 how much water is enough?

Let your thirst be your guide. Water is an important nutrient for the body, but everyone's needs are different. Most of us get enough water from the foods we eat and the beverages we drink. A healthy body can balance water needs throughout the day. Drink plenty of water if you are very active, live or work in hot conditions, or are an older adult.

### 3 a thrifty option

Water is usually easy on the wallet. You can save money by drinking water from the tap at home or when eating out.

### 4 manage your calories

Drink water with and between your meals. Adults and children take in about 400 calories per day as beverages—drinking water can help you manage your calories.

### 5 kid-friendly drink zone

Make water, low-fat or fat-free milk, or 100% juice an easy option in your home. Have ready-to-go containers filled with water or healthy drinks available in the refrigerator. Place them in lunch boxes or backpacks for easy access when kids are away from home. Depending on age, children can drink  $\frac{1}{2}$  to 1 cup, and adults can drink up to 1 cup of 100% fruit or vegetable juice\* each day.



\*100% juice is part of the Fruit or Vegetable Group. Juice should make up half or less of total recommended fruit or vegetable intake.

### 6 don't forget your dairy\*\*

When you choose milk or milk alternatives, select low-fat or fat-free milk, or fortified soymilk. Each type of milk offers the same key nutrients such as calcium, vitamin D, and potassium, but the number of calories are very different. Older children, teens, and adults need 3 cups of milk per day, while children 4 to 8 years old need 2 $\frac{1}{2}$  cups and children 2 to 3 years old need 2 cups.



### 7 enjoy your beverage

When water just won't do—enjoy the beverage of your choice, but just cut back. Remember to check the serving size and the number of servings in the can, bottle, or container to stay within calorie needs. Select smaller cans, cups, or glasses instead of large or supersized options.

### 8 water on the go

Water is always convenient. Fill a clean, reusable water bottle and toss it in your bag or briefcase to quench your thirst throughout the day. Reusable bottles are also easy on the environment.



### 9 check the facts

Use the Nutrition Facts label to choose beverages at the grocery store. The food label and ingredients list contain information about added sugars, saturated fat, sodium, and calories to help you make better choices.

### 10 compare what you drink

**Food-A-Pedia**, an online feature available at [www.SuperTracker.usda.gov](http://www.SuperTracker.usda.gov), can help you compare calories, added sugars, and fats in your favorite beverages.

\*\* Milk is a part of the Dairy Group. A cup = 1 cup of milk or yogurt, 1 $\frac{1}{2}$  ounces of natural cheese, or 2 ounces of processed cheese.

# Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics

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## 20 Ways to Enjoy More Fruits and Vegetables

Building a healthy plate is easy when you make half your plate fruits and vegetables. It's also a great way to add color, flavor and texture plus vitamins, minerals and fiber. All this is packed in fruits and vegetables that are low in calories and fat. Make 2 cups of fruit and 2 ½ cups of vegetables your daily goal. Try the following tips to enjoy more fruits and vegetables every day.

1. Variety abounds when using vegetables as pizza topping. Try broccoli, spinach, green peppers, tomatoes, mushrooms and zucchini.
2. Mix up a breakfast smoothie made with low-fat milk, frozen strawberries and a banana.
3. Make a veggie wrap with roasted vegetables and low-fat cheese rolled in a whole-wheat tortilla.
4. Try crunchy vegetables instead of chips with your favorite low-fat salad dressing for dipping.
5. Grill colorful vegetable kabobs packed with tomatoes, green and red peppers, mushrooms and onions.
6. Add color to salads with baby carrots, grape tomatoes, spinach leaves or mandarin oranges.\*
7. Keep cut vegetables handy for mid-afternoon snacks, side dishes, lunch box additions or a quick nibble while waiting for dinner. Ready-to-eat favorites: red, green or yellow peppers, broccoli or cauliflower florets, carrots, celery sticks, cucumbers, snap peas or whole radishes.



8. Place colorful fruit where everyone can easily grab something for a snack-on-the-run. Keep a bowl of fresh, just ripe whole fruit in the center of your kitchen or dining table.
9. Get saucy with fruit. Puree apples, berries, peaches or pears in a blender for a thick, sweet sauce on grilled or broiled seafood or poultry, or on pancakes, French toast or waffles.
10. Stuff an omelet with vegetables. Turn any omelet into a hearty meal with broccoli, squash, carrots, peppers, tomatoes or onions with low-fat sharp cheddar cheese.
11. "Sandwich" in fruits and vegetables. Add pizzazz to sandwiches with sliced pineapple, apple, peppers, cucumber and tomato as fillings.
12. Wake up to fruit. Make a habit of adding fruit to your morning oatmeal, ready-to-eat cereal, yogurt or toaster waffle.
13. Top a baked potato with beans and salsa or broccoli and low-fat cheese.
14. Microwave a cup of vegetable soup as a snack or with a sandwich for lunch.
15. Add grated, shredded or chopped vegetables such as zucchini, spinach and carrots to lasagna, meat loaf, mashed potatoes, pasta sauce and rice dishes.
16. Make fruit your dessert: Slice a banana lengthwise and top with a scoop of low-fat frozen yogurt. Sprinkle with a tablespoon of chopped nuts.

17. Stock your freezer with frozen vegetables to steam or stir-fry for a quick side dish.
18. Make your main dish a salad of dark, leafy greens and other colorful vegetables. Add chickpeas or edamame (fresh soybeans). Top with low-fat dressing.\*
19. Fruit on the grill: Make kabobs with pineapple, peaches and banana. Grill on low heat until fruit is hot and slightly golden.
20. Dip: Whole wheat pita wedges in hummus, baked tortilla chips in salsa, strawberries or apple slices in low-fat yogurt, or graham crackers in applesauce.

*\*See "Color Your Plate with Salad" at [www.eatright.org/nutritiontipsheets](http://www.eatright.org/nutritiontipsheets) for more tips on creating healthy salads*

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For a referral to a registered dietitian nutritionist and for additional food and nutrition information visit [www.eatright.org](http://www.eatright.org).



The Academy of Nutrition and Dietetics is the largest organization of food and nutrition professionals. The Academy is committed to improving the public's health and advancing the profession of dietetics through research, education and advocacy.

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This tip sheet is provided by:

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Authored by Academy of Nutrition and Dietetics staff registered dietitian nutritionists.

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# CVMC Community Links Health Fair

## Colorectal Cancer Prevention & Early Detection

Ashley Butler, RN—CVMC Emergency Department  
NRS-425: Health Promotion and Population Health  
College of Nursing and Healthcare Professions, Grand Canyon University



1 out of 3 people over  
the age of 50 skip  
their colon cancer  
screening  
(NCAHL, n.d.)

**Prevention is Key!**  
Ask your doctor  
when screening is  
right for you!

### Resources

American Association for Cancer Research  
(AACR). (2023a, October 25).  
Colorectal Cancer Prevention.  
(2023).  
<https://www.aacr.org/blogs/news/colorectal-cancer-prevention-2023/>

American Association for Cancer Research  
(AACR). (2023b, October 25).  
Colorectal Cancer Screening.  
<https://www.aacr.org/blogs/news/colorectal-cancer-screening-2023/>

American Cancer Society (ACS). (2023).  
ACS. Survival Rates for  
Colorectal Cancer.  
<https://www.cancer.org/cancer/colorectal-cancer/survival/survival-colorectal-cancer.html>

Center for Disease Control and Prevention.  
(CDC). (2024, October 15).  
Screening for Colorectal Cancer.  
<https://www.cdc.gov/colorectal-cancer/screening-for-colorectal-cancer.html>

Mayo Clinic. (2024, December 15).  
Colon  
Cancer.  
<https://www.mayoclinic.org/diseases-conditions/colon-cancer/symptoms-causes/syn-20034666>

Some social behaviors can increase your risk of developing colorectal cancer and should be avoided. These include excessive alcohol intake, tobacco usage, and the lack of proper diet and exercise (AACR, 2023b).

The American Association for Cancer Research (AACR) recommends regular exercise and incorporating aspirin into your routine to help protect against colorectal cancer. Having your doctor remove polyps when possible may also be successfully preventative (AACR, 2023a).

As with most cancers, the earlier colorectal cancer is detected through routine screening the higher the chance of survival. According to the American Cancer Society, colorectal cancer detected in early stages gives patients at least a 90% survival rate, whereas detection in later stages decreases survival by 70% (American Cancer Society, 2025).

## Quick Facts

### What is Colorectal Cancer?

Colorectal Cancer usually begins as benign polyps in the large intestine or rectum that mutate into cancer cells (Mayo Clinic, 2024).

### What are the Warning Signs?

Symptoms are not always present but can include a change in frequency of bowel movements, the presence of blood in bowel movements, and stomach pains unrelieved by medication (Mayo Clinic, 2024).

### What are the Risk Factors?

If you or a close family member has been diagnosed with chronic conditions such as Crohn's, Ulcerative Colitis, or the presence of colorectal polyps or cancer, there is an increased risk. Genetic components such as FAP (familial adenomatous polyposis) or Lynch syndrome may also cause increased risk (CDC, 2024).

### How Can It be Prevented?

The CDC recommends that patients begin screening at the age of 45, but your doctor may recommend earlier screening if any risk factors are present (CDC, 2024).

### What Kind of Screenings Are There?

Some preliminary testing includes different stool tests in which samples are examined for blood, changed DNA, or both (CDC, 2024). Other screening includes CT scans or colonoscopy. Ask your doctor which screening is right for you (CDC, 2024).



## Ring in Hope: Tracy Edwards' Victory Bell Moment

At CVMC Hematology and Oncology Clinic, a moment of triumph echoed through the halls—one filled with joy, gratitude, and the sound of hope. On December 27th, just two days after Christmas, Tracy Edwards became the first patient to ring the Victory Bell, marking the end of her treatment.

The Victory Bell, generously donated by our supporters, stands as a powerful symbol of strength and perseverance for every patient walking through our doors. Dedicated to the Bruce Pearl Family Foundation, a true champion of CVMC's mission to advance wellness in our community, has continuously supported initiatives that uplift patients and provide them with the resources, and encouragement they need on their journey to healing. The bell represents hope, resilience, and the celebration that every survivor deserves.

For Tracy, a woman of incredible strength and unwavering positivity, this moment was more than just a milestone—it was the best Christmas gift she could have ever received.

Tracy has faced every challenge on her journey with grace, never letting the weight of her diagnosis dim her spirit. But through it all, one symbol stood as a beacon of hope—the Victory Bell. From the moment she saw it being installed, Tracy set her sights on the day she would stand before it, ready to celebrate. Every time she walked past it on her way to treatment, she saw more than just a bell—it was a symbol of resilience. A constant reminder that her journey was leading to a moment of triumph, when she would finally stand before it and ring it in celebration.

That day finally came. Surrounded by her loving family, and the dedicated CVMC Hematology & Oncology staff who had cared for her every step of the way, Tracy stood before the Victory Bell, her heart full of gratitude. With three strong rings, she declared her victory:

"Ring this bell three times well to celebrate this day. This course is run, my treatment is done, and I'm on my way."

This special moment was made possible by the generosity of our donors. Thanks to you, the Victory Bell stands as a symbol of resilience and hope for every patient who walks through our doors.

When asked what this moment meant to her, Tracy shared that seeing the bell gave her laser focus—something to push toward, a light at the end of a difficult journey. Now, she hopes that every patient who follows will see the bell and know that their own victory is ahead.

Because of you, moments like these are possible. Because of your generosity, we can celebrate these hard-fought victories.

Every gift you give brings hope, strength, and healing to those who need it most.

Thank you for believing in CVMC. Thank you for giving the gift of hope.

