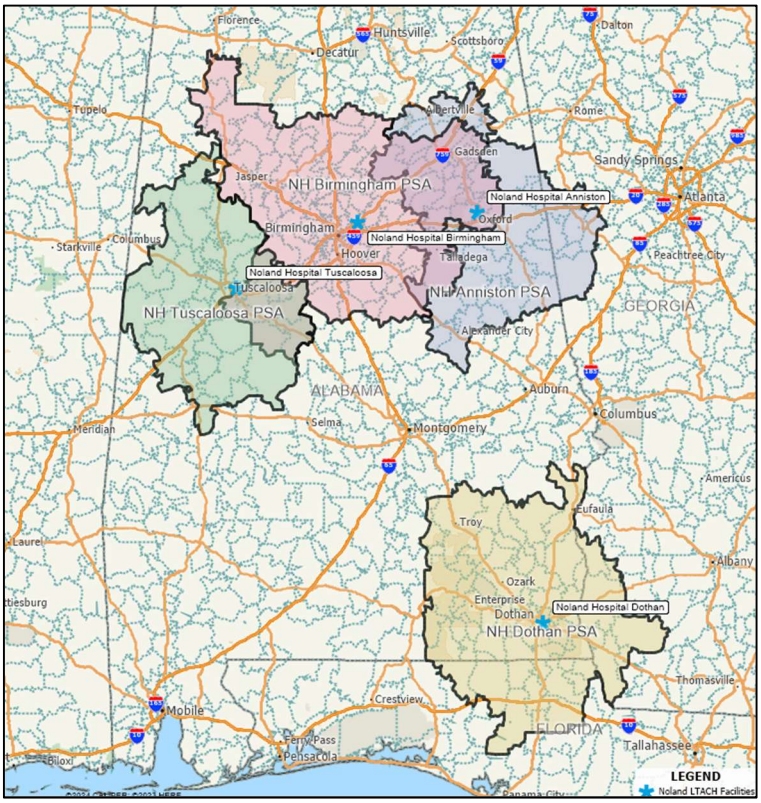
NOLAND HEALTH SERVICES, INC.



Noland Health Services (Noland) MAY 2025
Anniston Market
Community Health Needs Assessment

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Welcome to Noland Health Services (Noland)

Noland Health Services (Noland) is a not-for-profit corporation that operates several Long-Term Acute Care Hospitals ("LTACHs"), and ten senior living communities located in various areas throughout the State of Alabama. Noland has a long and rich history of providing health care services and is the premier post-acute healthcare provider in Alabama. Noland has been a pioneer in the development of programs and services for the elderly and chronically ill since its inception.

Our Mission

Noland Health Services (Noland) is dedicated to identifying and meeting the healthcare needs of the people and communities we serve by providing innovative, high quality health services and senior living options in a compassionate, efficient, and effective manner.

About Us

Through its Hospital Division, Noland Health Services (Noland) specializes in establishing innovative long term acute care regional referral hospitals by partnering with premier general acute care hospitals.

The Senior Living Division develops strategically located, comprehensive multi-level senior living communities offering seniors the security of knowing that additional assistance is available, should their needs change.

Program Overview

Noland Health Services (Noland) LTACHs are regionally based specialty hospitals dedicated to meeting the complex clinical needs of patients who require extended hospital stays. LTACHs are certified by the Centers for Medicare and Medicaid Services ("CMS") and licensed by the state of Alabama as a hospital. Our hospitals are located inside short-term acute care hospitals and are operated as separate legal entities and provide a full array of clinical services.

Noland Hospitals offer comprehensive medical management for medically complex patients. Patients requiring interdisciplinary, acute medical services over an extended period are appropriate for our hospitals.

Interdisciplinary Treatment Teams

Our team of professionals offer an interdisciplinary approach to each patient's care. Meetings are held weekly to collaborate with the interdisciplinary team to project the type of patient care needed and define expected goals. Progress toward goals is monitored, reviewed, and revised based on the patient's condition. Individualized plans and goals are developed according to patient diagnosis, needs of the patient, acute problems, and acceptable discharge plans.

Team members include:

- Physician Advisor
- Case Manager
- Nursing
- Dietary
- Rehab Services
- Pharmacy
- Respiratory
- Wound Care
- Patients and Family

Noland Health Services (Noland) Inventory

There are many services and programs that are already offered by Noland to residents of the service areas of Noland LTACH hospitals.

Specialty Services Offered:

- Ventilator Management/Weaning
- 24/7 Respiratory Therapy
- Daily Physician Visits
- ACLS RN Certified Nursing Staff
- Cardiac Monitoring
- Extensive Wound Management/Wound Vac
- In House Dialysis
- Long-Term IV Antibiotics
- Radiology/Laboratory Services
- TPN/Nutritional Support Services
- Prolonged Surgical Recovery
- Patient and Family Education
- Supplemental Rehabilitation Services (PT, OT, ST)

- Case Management/ Individualized Care Plans
- Discharge Planning

These services include providing treatment for a complete variety of complex medical conditions including, but not limited to:

- Pulmonary Disease
- Infectious Disease
- Congestive Heart Failure
- Uncontrolled Diabetes
- Cardiovascular Disease
- Renal Failure
- Sepsis
- Multi-System Complications
- Spinal Cord Injury
- Head Injury
- Malnutrition
- Wounds
- Neurological Conditions

Source: Nolandhospitals.com

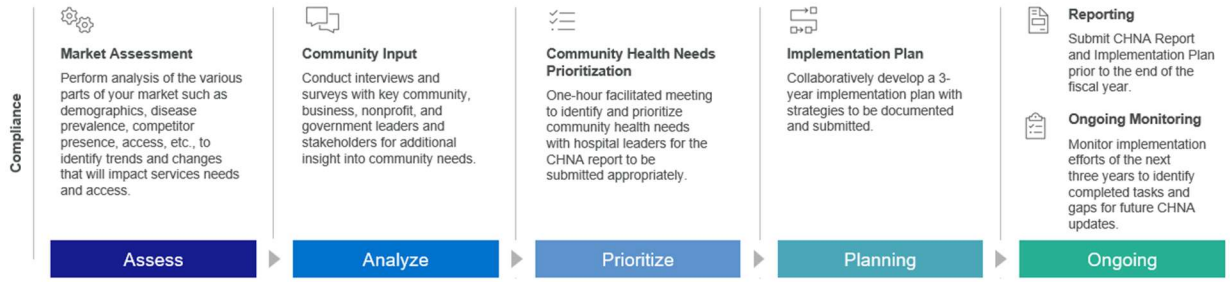
Process and Methodology

Understanding the community's health needs is important to the Noland Health Services (Noland) mission. To that goal, Noland Health Services (Noland) sought outside assistance from Forvis Mazars. Forvis Mazars is ranked as the eighth largest healthcare management consulting firm in the country by Modern Healthcare and has 950 professionals serving a national footprint. Forvis Mazars demonstrated the necessary capabilities and service offerings to assist Noland Health Services (Noland) on this important project. Forvis Mazars provided the project plan, research and organized the secondary data findings, analyzed, and compiled survey input, and provided support and report of the findings.

Noland Health Services (Noland) identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the hospital's Community Needs Assessment Team along with secondary and primary data input using the expertise of Forvis Mazars. The team used several sources of quantitative health, social and demographic data specific to the service area of each facility provided by local public health agencies, health care associations and other data sources. Noland Health Services (Noland) took advantage of this opportunity to collaborate with its administrators, physicians, public health agencies, and local organizations.

Noland sought outside assistance from Forvis Mazars in this process. Forvis Mazars provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The community health needs assessment process consists of five steps pictured below:



The "Community Health Needs Assessment 2025" identifies local health and medical needs and provides a plan to indicate how Noland Health Services (Noland)'s hospitals may respond to such needs. This document suggests areas where other local organizations and agencies might work with Noland to achieve desired improvements and illustrates ways, as a medical community, are meeting our obligations to efficiently deliver medical services.

The data assessment piece was completed during March and April of 2025. In this step, service areas were defined, external data research was completed, and key findings were summarized. As the data assessment was completed, the community input phase was started.

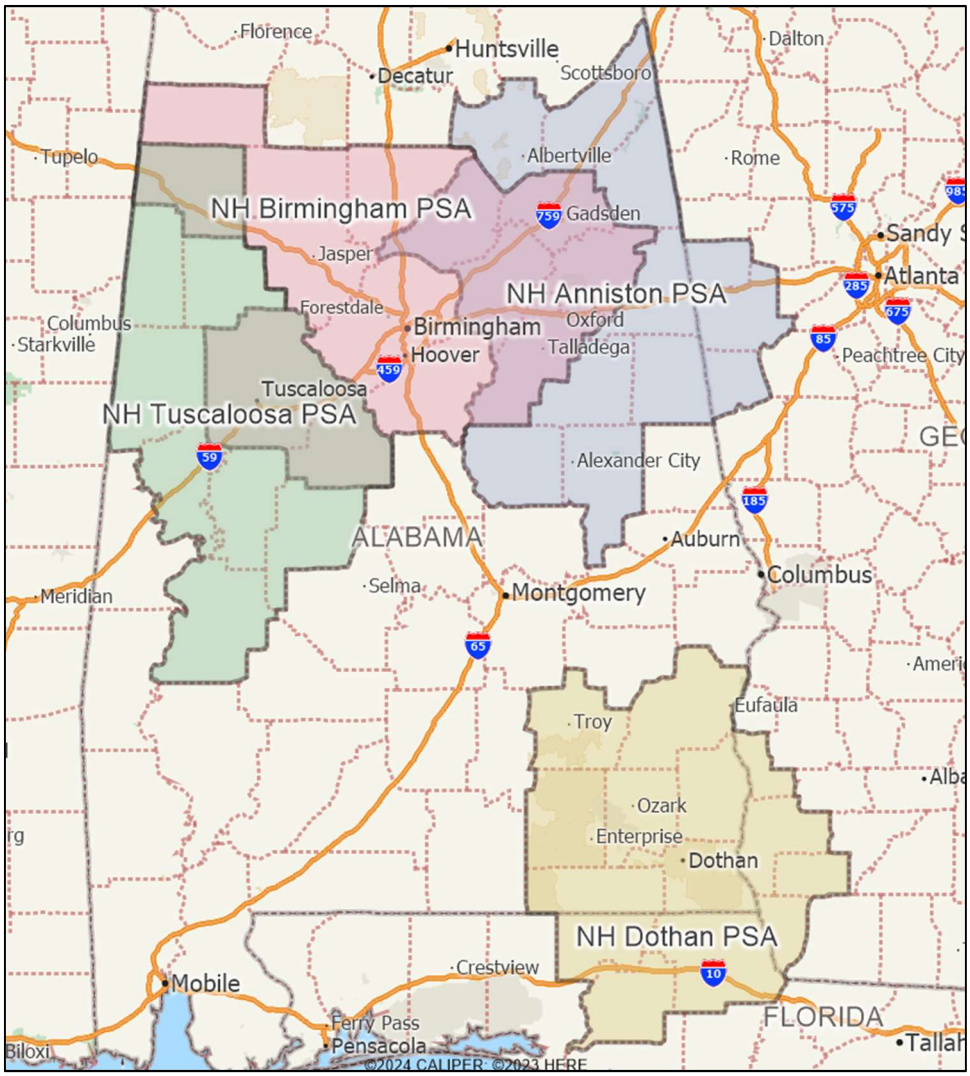
Surveys were distributed among community health professionals, key community members, providers, facility administration, and government representatives. A summary of these findings was created and is included in this report. Prioritization then took place to summarize and overlay data elements with key community input findings.

From this prioritization, health priorities were decided based upon the significance of the need to the service area, and Noland Health Services (Noland)'s ability to impact the need. Based on these priorities, each of the four Noland Hospitals decided on which priorities would be included in their implementation strategy and how Noland plans to address the top health needs of their community. These are compiled in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Noland Health Services (Noland) website.

Community Served

Noland Health Services (Noland) specializes in long term acute care hospitals (LTACH) for patients who require care due to chronic diseases or complex medical conditions. Noland Health Services (Noland) hospitals are in Anniston, Birmingham, Dothan, and Tuscaloosa. Noland is the largest provider of long-term acute care in Alabama. LTACHs are innovative regional referral hospitals dedicated to meeting the complex treatment and clinical education needs of patients and families who require extended (exceeding 25 days) or specialty focused stays in a hospital setting.

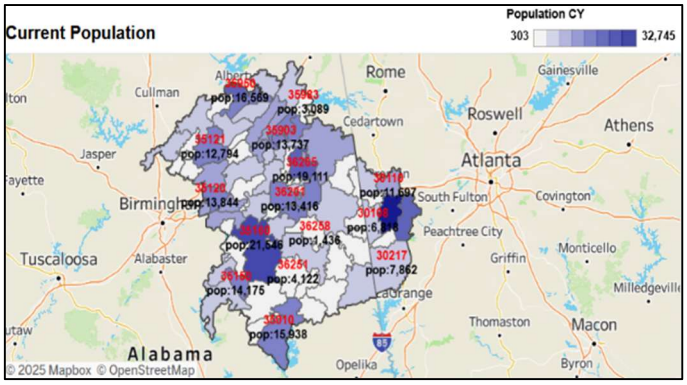
For this assessment, we have used each facility's patient origin of 80% or greater to determine the counties that are included in its service area. Using a county definition as the service area is crucial for our analysis as much of our secondary data sources are county specific and serve as a comparison tool to other counties, the state of Alabama, and the United States.

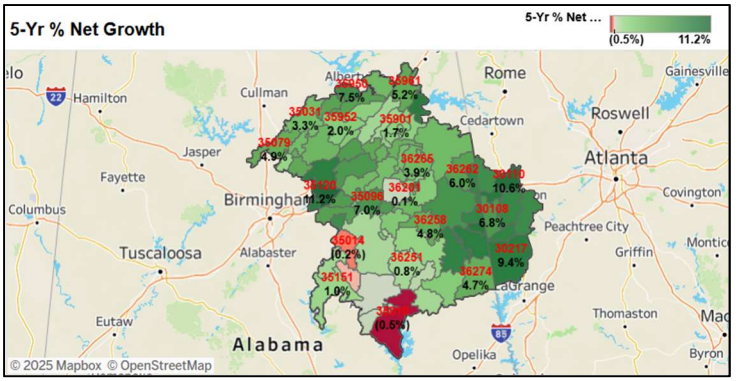


Data Assessment – Secondary Data

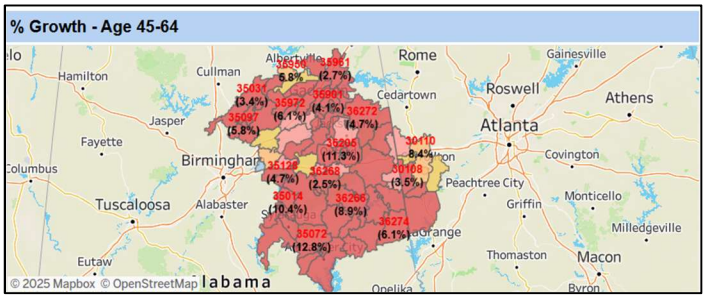
Demographics

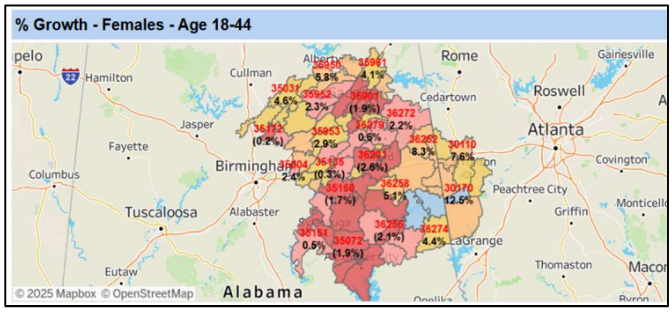
An understanding of the demographics of the residents is a key component of understanding community health. It is also important to understand the differences between the communities. Claritas demographic information was reviewed for each individual county in comparison to the state and national norms. The maps below visual current state of population distribution and future growth areas in the Anniston Market.

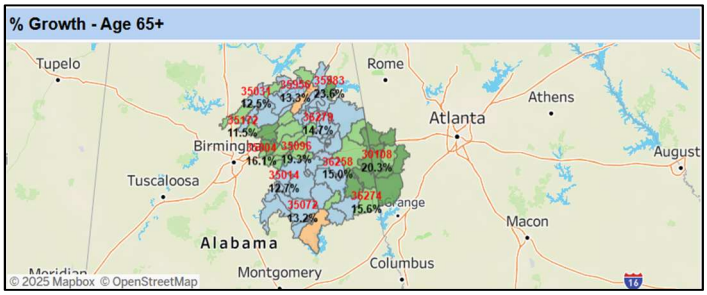




Additionally, the Anniston Market is projected to see steady population growth from 2025 to 2030, with Cherokee County (+8.7%) & Haralson County, GA (+8.3%) experiencing the highest percentage increases. Tallapoosa County & Coosa County are the only counties with population declines, at (-0.3%).

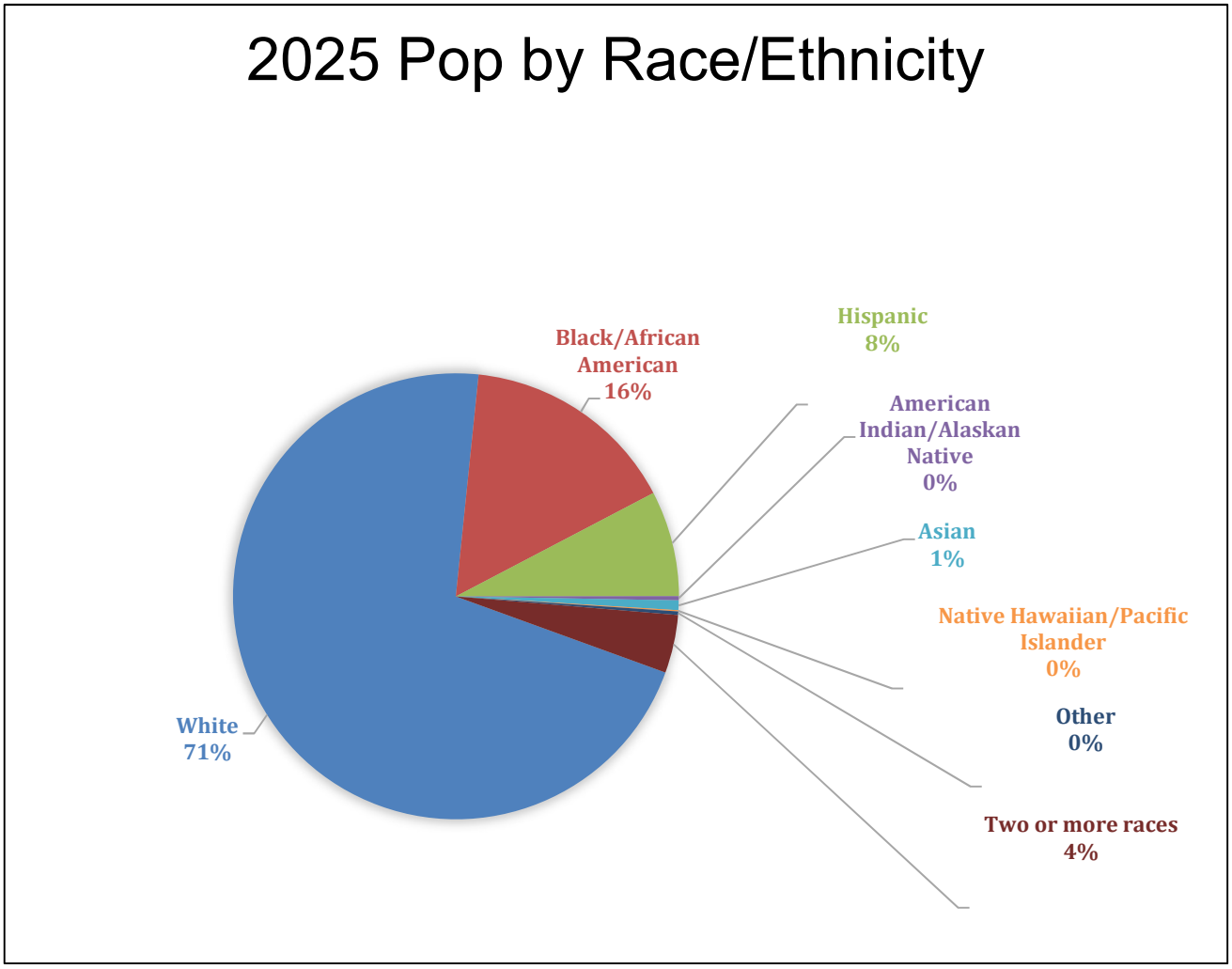






The following table and pie chart display the current and forecasted racial and ethnic diversity in the Anniston Market.

Race / Ethnicity	Population CY	% of Total Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth
Grand Total	708,054	100.0%	734,778	26,724	3.8%
White (non Hisp)	503,214	71.1%	508,610	5,396	1.1%
Black/African American (non Hisp)	111,122	15.7%	115,740	4,618	4.2%
Hispanic	54,291	7.7%	65,192	10,901	20.1%
Two or More Races (non Hisp)	29,948	4.2%	35,047	5,099	17.0%
Asian (non Hisp)	5,051	0.7%	5,446	395	7.8%
American Indian/Alaskan Native (non Hisp)	2,118	0.3%	2,226	108	5.1%
Some Other Race (non Hisp)	1,806	0.3%	1,848	42	2.3%
Native Hawaiian/Pacific Islander (non Hisp)	504	0.1%	669	165	32.7%



In the summary table below, there is a disparity between the average median income and the percent of families below poverty compared to the national average. Alabama's median household income ($64,027) is significantly lower than the U.S. average ($78,770), with a higher poverty rate of 11.8% compared to the national 8.9%. Georgia's median household income is slightly better with a median income of $75,118 and a poverty rate of 9.6%, still above the U.S. average.

Median Household Income by Service Area

Service Area	Med HH Inc. CY	Med HH Inc. 5Yr	Med HH Inc. 5Yr Net Growth	Med HH Inc. 5Yr % Net Growth	% Families < Poverty CY
Alabama	$64,027	$69,761	$5,734	9.0%	11.8%
Georgia	$75,118	$81,266	$6,148	8.2%	9.6%
USA	$78,770	$85,719	$6,949	8.8%	8.9%

In the subsequent table, we see that the 55-64 age group represents the largest percentage of households across most income brackets, including the $150,000 - $199,999 and $200,00+ ranges, showing a concentration of higher-earning households in this population.

Household Income by Householder Age CY (# of HHs)
Service Area (*) - Zip Code (*)

Metric Type: Percent (%)

	25-34	35-44	45-54	55-64	65-74	75-84	85p	Totals
Totals	13.8%	15.9%	17.3%	19.8%	18.6%	11.2%	3.5%	100.0%
<$15,000	13.3%	13.6%	13.1%	21.8%	19.0%	13.6%	5.4%	100.0%
$15,000 - $24,999	9.6%	9.6%	11.4%	17.5%	24.0%	19.8%	8.1%	100.0%
$25,000 - $34,999	12.9%	12.1%	13.6%	18.5%	21.1%	16.3%	5.6%	100.0%
$35,000 - $49,999	16.5%	15.7%	13.1%	16.3%	20.7%	13.7%	4.0%	100.0%
$50,000 - $74,999	15.8%	15.7%	15.9%	18.3%	20.4%	11.2%	2.7%	100.0%
$75,000 - $99,999	16.3%	18.4%	18.8%	20.0%	16.9%	7.8%	1.7%	100.0%
$100,000 - $124,999	14.5%	19.3%	23.4%	22.7%	13.5%	5.5%	1.1%	100.0%
$125,000 - $149,999	13.8%	21.2%	22.8%	21.0%	14.5%	5.5%	1.2%	100.0%
$150,000 - $199,999	10.4%	19.0%	25.9%	23.1%	14.8%	5.5%	1.1%	100.0%
$200,000+	7.6%	19.2%	27.2%	24.4%	14.2%	5.9%	1.4%	100.0%

Other Secondary Data

To present the data in a way that would tell a story of the community needs and identify needs that align with government guidelines, the framework of Healthy People 2030 was selected to guide secondary data gathering and community input. This framework was selected based on its national recognition and governmental relevance.

Within this framework, there are 355 core measurable objectives that were sorted by topic. The five topics have guided discussion and research related to this CHNA. The five topics include Health Conditions, Health Behaviors, Setting and Systems, Social Determinants of Health, and Populations.

Health Conditions

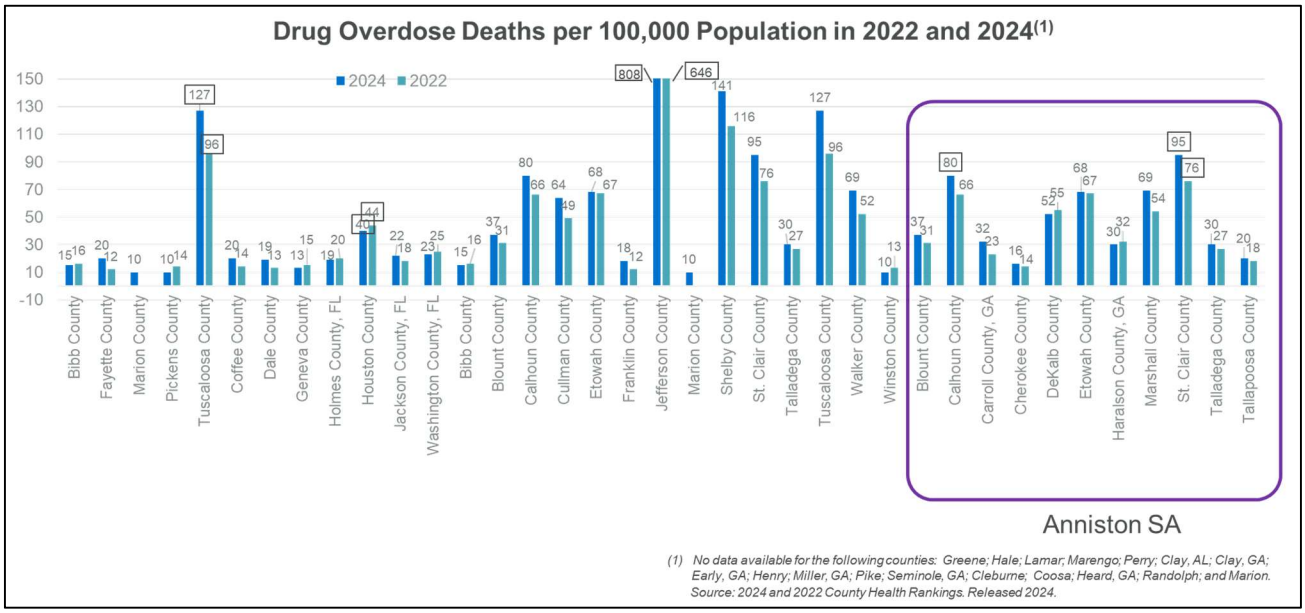
Health Conditions are the prevalent chronic and acute conditions that affect the health of the citizens of the United States. Improvement and achievement of the Healthy People 2030 goals for these conditions will result in the better health of people living with cancer, chronic and mental conditions, infectious diseases, as well as improvement of sexual and reproductive health. The following table displays the Healthy People 2030 measurable. objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Addiction	Heart Disease and Stroke*
Arthritis	Infectious Disease
Blood Disorders	Mental Health and Mental Disorders*
Cancer	Oral Conditions
Chronic Kidney Disease*	Osteoporosis
Chronic Pain	Overweight and Obesity*
Dementias	Pregnancy and Childbirth
Diabetes*	Respiratory Disease
Foodborne Illness	Sensory or Communication Disorders
Health Care – Associated Infections	Sexually Transmitted Infections

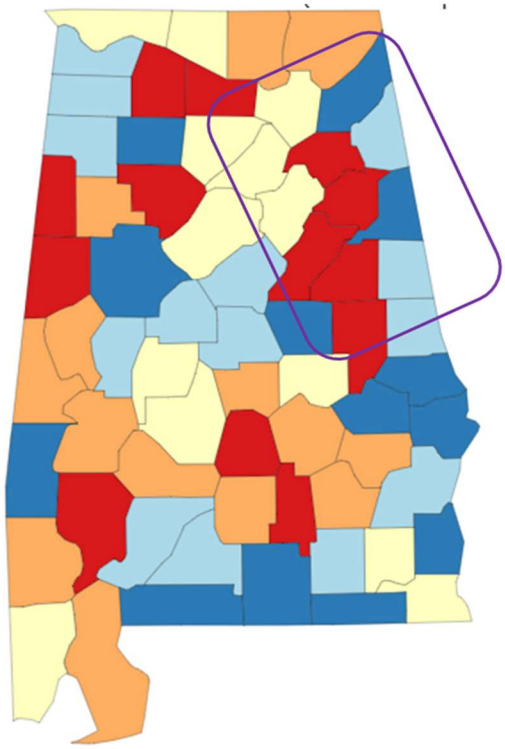
*Objectives that are relevant to Noland Health Services (Noland)' Community feedback will be explored further below.

Addiction: Healthy People 2030 focuses on preventing substance use disorders and helping people with these disorders get treatment. Strategies to prevent drug and alcohol use include increasing non-opioid pain management and interventions to help people with these disorders. In the Anniston market, St. Clair County, AL had the highest drug overdose death rate in both 2022 and 2024, rising from 76 to 95 per 100,000, showing a growing crisis. In contrast, Tallapoosa County, AL had the lowest rates, declining slightly from 21 to 20 per 100,000.



Cancer: Healthy People 2030 focuses on promoting evidence-based cancer screening and prevention strategies — and on improving care and survivorship for people with cancer. The number of cancer cases and deaths for both the Anniston Market and the state has remained high, with many counties in the region exceeding the state average of 394.9 per 100,000 and some even surpassing the national average of 421.1 per 100,000.

Age-Adjusted Annual Incidence Rate (Cases per 100,000) 2017-2021

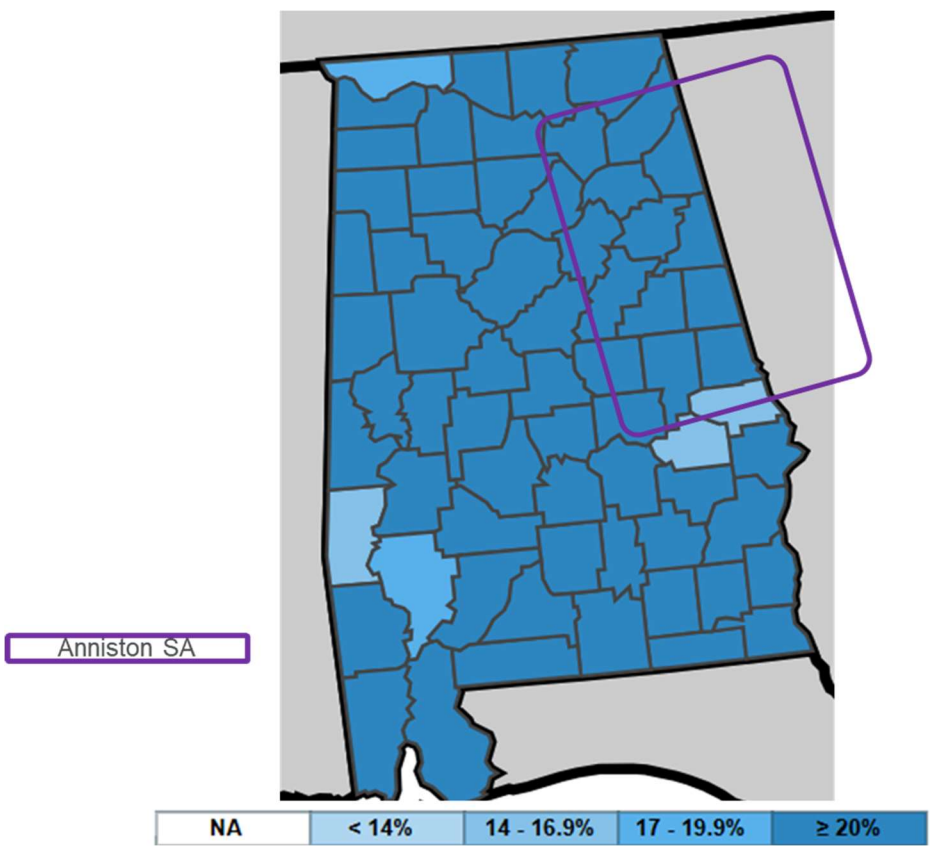


Statecancerprofiles.cancer.gov

Anniston Market		
	Incidence Rate	Mortality Rate
Blount County	394.5	146.7
Calhoun County	441.5	151.3
Carroll County, GA	420.0	134.8
Cherokee County	390.1	163.2
Clay County	441.0	137.9
Cleburne County	350.5	148.7
Coosa County	367.3	120.5
DeKalb County	338.5	136.7
Etowah County	432.3	148.9
Haralson County, GA	451.6	151.5
Heard County, GA	489.4	139.5
Marshall County	397.5	131.1
Randolph County	382.5	123.4
St. Clair County	398.5	123.6
Talladega County	428.2	153.7
Tallapoosa County	451.3	141.9

Top Performers
Low Performers

Chronic Kidney Disease: "More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it" (Healthy People 2030). The average percentage of adults aged sixty-five and over with diagnosed chronic kidney disease in the Noland Markets was 26.3%, with Carroll County, GA (Anniston Market) having the lowest prevalence at 11.8%.

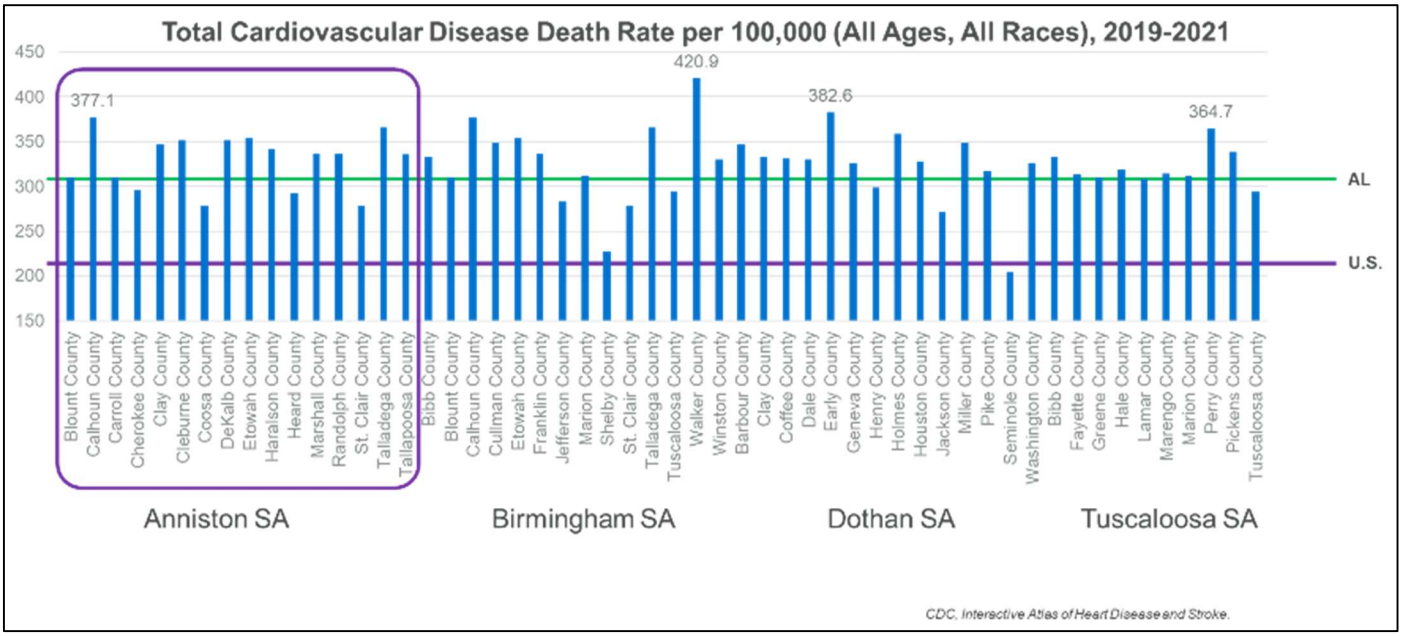


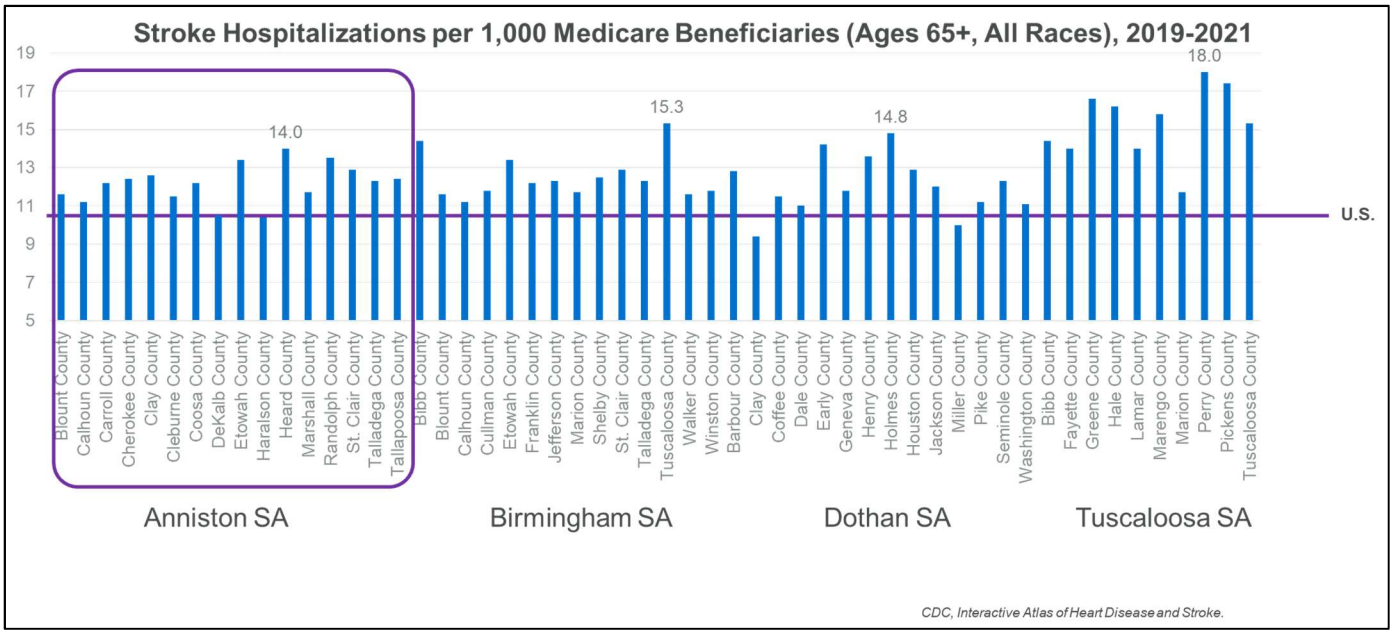
Anniston Market	
County	Percentage
Blount	31.0%
Calhoun	25.1%
Carroll, GA	11.8%
Cherokee	35.2%
Clay	27.9%
Cleburne	27.8%
Coosa	34.7%
Dekalb	30.4%
Etowah	30.1%
Haralson, GA	28.0%
Heard, GA	21.9%
Marshall	28.1%
Randolph	24.6%
St. Clair	27.7%
Talladega	25.2%
Tallapoosa	22.6%

Top Performers
Low Performers

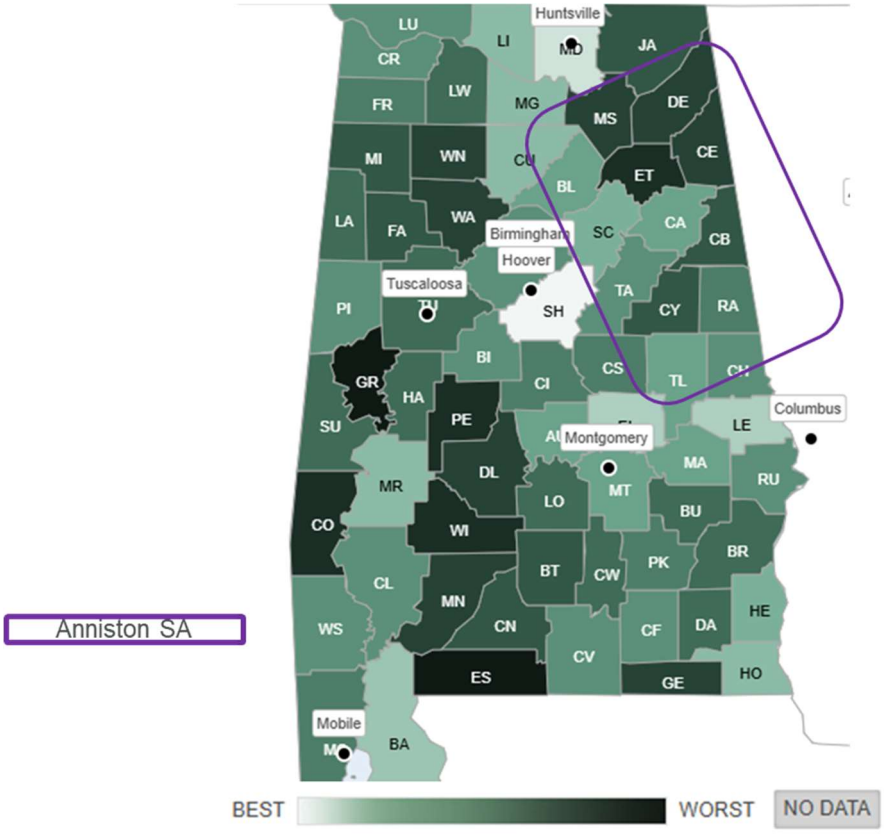
CDC; Kidney Disease Surveillance System, Year of Data Used: 2019.

Heart Disease & Stroke: Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. In the Anniston market, Calhoun County, AL had a significantly higher total cardiovascular disease death rate (377.1 per 100,000) compared to the state rate (306.2) and national rate (223.0) showing a critical area for cardiovascular health intervention. Heard County had a stroke hospitalization rate of 14.0 per 1,000 Medicare beneficiaries – higher than the national rate of 10.7 – showing a greater stroke prevalence among older adults in the Anniston market.





Mental Health and Mental Disorders: About half of all people in the United States will be diagnosed with a mental health disorder at some point in their lifetime. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The average number of mentally unhealthy days reported in the past 30 days across the Anniston market varied. Etowah County reported the highest average at 6.3 days, while Carroll County, GA reported the lowest at 5.4 days.



Anniston Market	
County	Days
Blount	5.7
Calhoun	5.7
Carroll, GA	5.4
Cherokee	6.2
Clay	6.1
Cleburne	6.1
Coosa	5.9
Dekalb	6.2
Etowah	6.3
Haralson, GA	5.7
Heard, GA	5.9
Marshall	6.2
Randolph	5.9
St. Clair	5.6
Talladega	5.8
Tallapoosa	5.7

Top Performers
Low Performers

County Health Rankings; 2024 Annual Data Release, Year of Data Used: 2021.

Health Behaviors

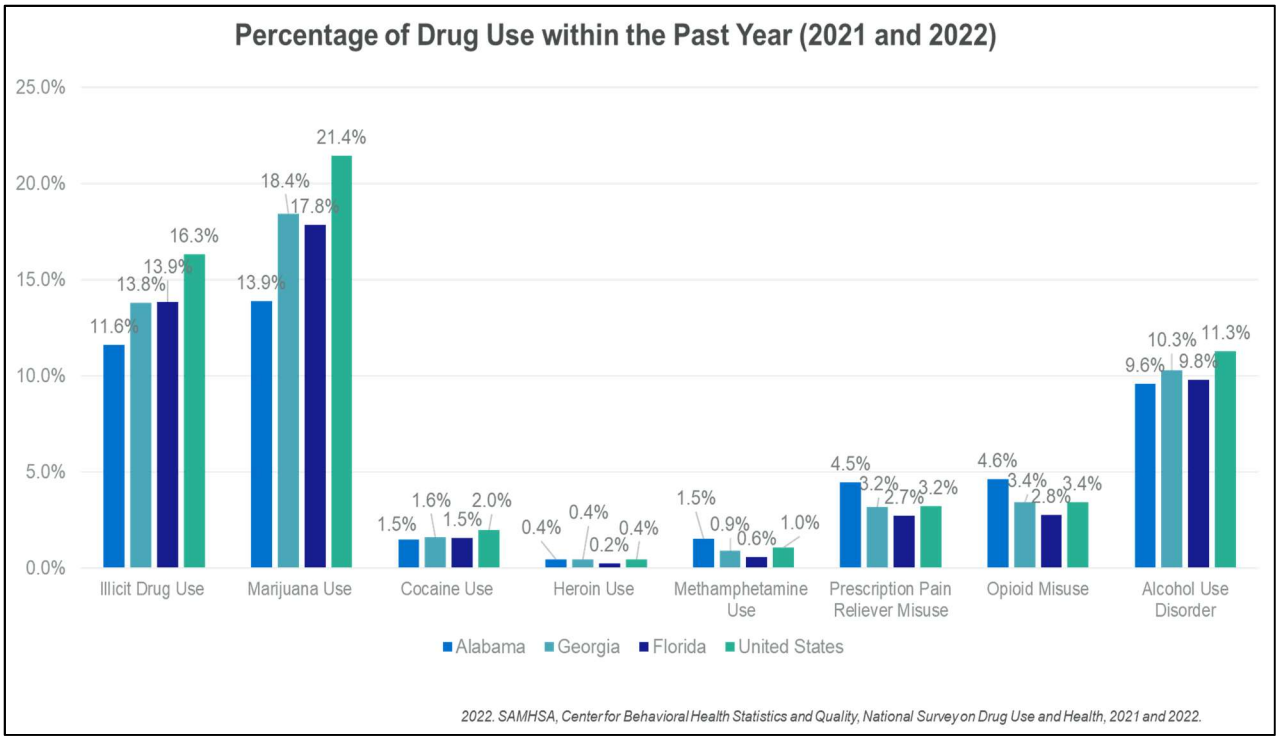
Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

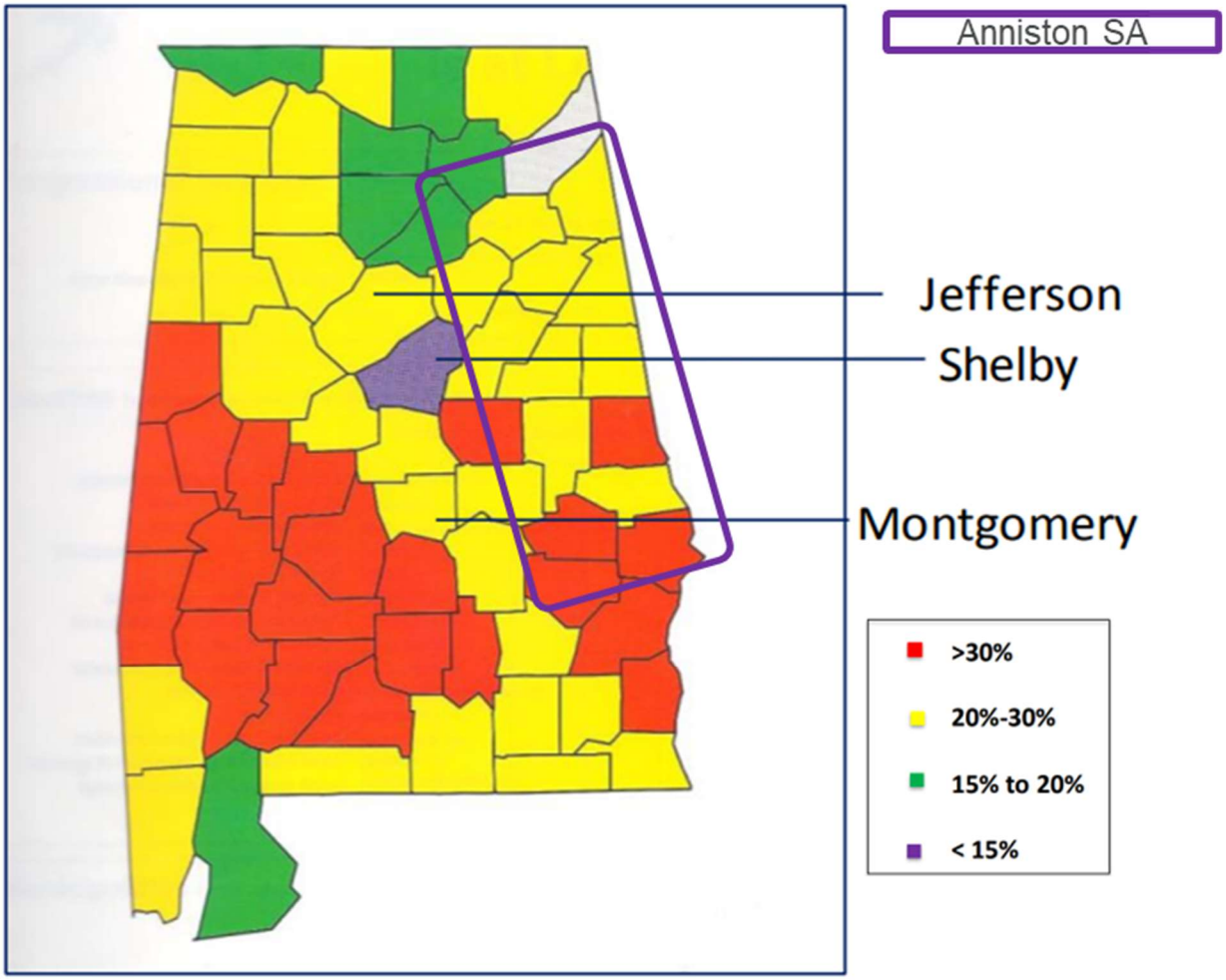
Child and Adolescent Development	Physical Activity*
Drug and Alcohol Use	Preventative Care*
Emergency Preparedness	Safe Food Handling
Family Planning	Sleep
Health Communication*	Tobacco Use
Injury Prevention*	Vaccination
Nutrition and Healthy Eating	Violence Prevention

*Objectives that are relevant to Noland Health Services (Noland)' Community feedback will be explored further below.

Drug and Alcohol Use: Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Alabama had a higher rate of methamphetamine use, prescription pain reliever misuse and opioid misuse compared to the United States in 2021 and 2022. Alabamians use Marijuana, Illicit Drugs, and Alcohol more than any other substance. Alabamians misuse Prescription Pain Relievers, Opioids, and Methamphetamine more than Georgians and Floridians while Georgians and Floridians use Illicit Drugs, Marijuana, and Alcohol more than Alabamians.

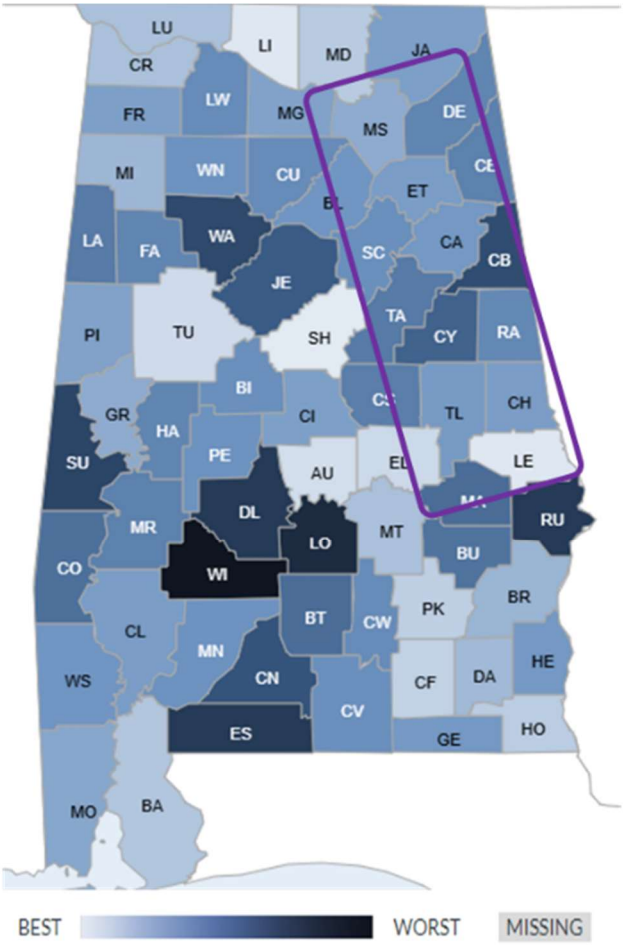


Health Communication: Healthy People 2030 focuses on improving health communication so that people can easily understand and act on health information. In Alabama, 510,000 adults (9.5%) lack basic literacy skills and cannot read. Additionally, 25% of adults do not have a high school degree, and up to 59% suffer from low health literacy. In Georgia, nearly 800,000 adults have low literacy skills, with 1 in 10 adults affected. Improving literacy in Georgia presents an opportunity to enhance outcomes for individuals and families across the state. This map shows that most counties in the Anniston market are in the second highest percentage range (20%-30%) with Level 1 Literacy Skills indicating reading at or below a 5th-grade level.



Alabama Department of Public Health, 2025; The State of Literacy in Georgia and Florida, October 2023.

Injury Prevention: Healthy People 2030 focuses on preventing intentional and unintentional injuries, including injuries that cause death. Heard County, GA had the highest rate of deaths due to injury in the Anniston service area at 125 per 100,000 population, while Marshall County had the lowest at 89.



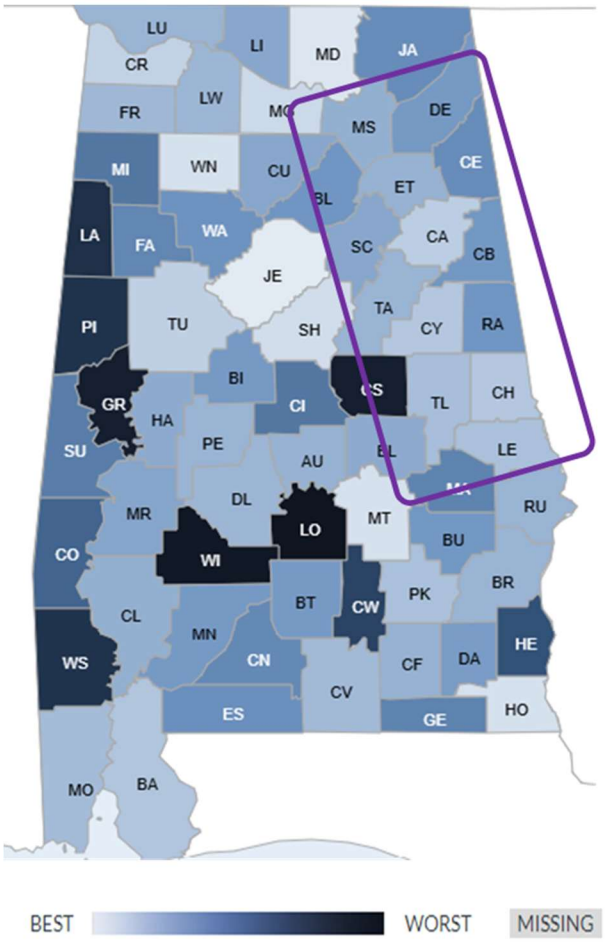
Number of deaths due to injury per 100,000 population., 2017-2021	
Anniston SA	
Blount	98
Calhoun	97
Carroll, GA	92
Cherokee	104
Clay	122
Cleburne	119
Coosa	105
Dekalb	103
Etowah	95
Haralson, GA	114
Heard, GA	125
Marshall	89
Randolph	102
St. Clair	100
Talladega	106
Tallapoosa	96

Top Performers
Low Performers

Anniston SA

County Health Rankings; Years of Data Used: 2017-2021. Released 2024.

Physical Activity: Healthy People 2030 focuses on improving health and well-being by helping people of all ages get enough aerobic and muscle-strengthening activity. Calhoun County, AL led the Anniston service area with the highest percentage (67%) of population having adequate access to locations for physical activity, while Heard County, GA, reported 0%, showing a significant gap in access to active living environments across the Anniston market.

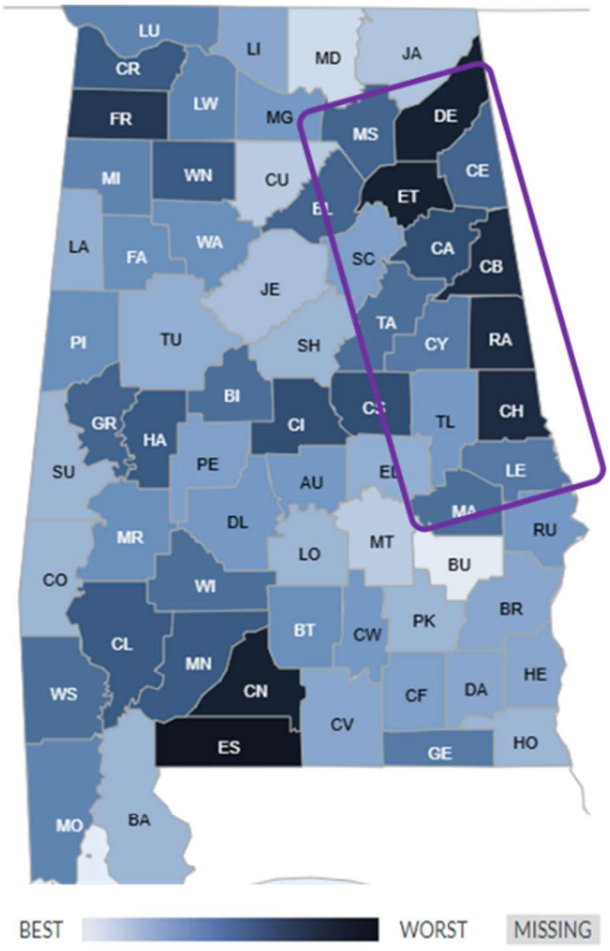


Percentage of population with adequate access to locations for physical activity., 2023, 2022 & 2020	
Anniston SA	
Blount	41%
Calhoun	67%
Carroll, GA	64%
Cherokee	38%
Clay	64%
Cleburne	42%
Coosa	4%
Dekalb	43%
Etowah	54%
Haralson, GA	40%
Heard, GA	0%
Marshall	53%
Randolph	41%
St. Clair	49%
Talladega	55%
Tallapoosa	60%

Top Performers
Low Performers
Anniston SA

County Health Rankings; Years of Data Used: 2023, 2022, & 2020. Released 2024.

Preventative Care: Healthy People 2030 focuses on increasing preventive care for people of all ages. Clay County, AL and St. Clair County, AL led the Anniston service area with the highest mammography screening rates among female Medicare enrollees ages 65-74 at 41%, while Dekalb County, AL and Etowah County, AL had the lowest rates at 29%.



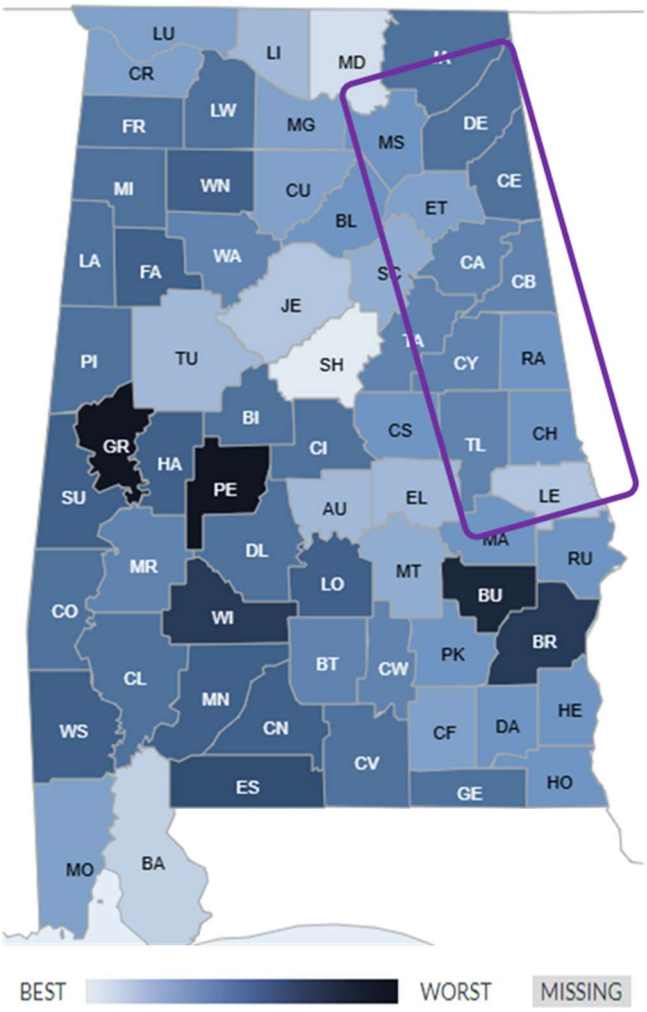
Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening., 2021	
Anniston SA	
Blount	35%
Calhoun	33%
Carroll, GA	36%
Cherokee	35%
Clay	41%
Cleburne	30%
Coosa	33%
Dekalb	29%
Etowah	29%
Haralson, GA	32%
Heard, GA	31%
Marshall	35%
Randolph	30%
St. Clair	41%
Talladega	36%
Tallapoosa	40%

Top Performers
Low Performers

Anniston SA

County Health Rankings; Years of Data Used: 2021. Released 2024.

Tobacco Use: Healthy People 2030 focuses on improving health and wellness by assessing the prevalence of tobacco use, which provides communities valuable information for cessation and tobacco control programs. Adult smoking, including cigarette and tobacco smoke, has been identified as a cause for different respiratory conditions, cancers, cardiovascular diseases, and other adverse health outcomes. Blount County, AL had the highest percentage of adult smokers in the Anniston service area at 25%, while Carroll County, GA and St. Clair County, AL had the lowest rates at 18%, making them top performers in reducing tobacco use in the Anniston Market.



Percentage of adults who are current smokers (age-adjusted)., 2021	
Anniston SA	
Blount	25%
Calhoun	21%
Carroll, GA	18%
Cherokee	22%
Clay	22%
Cleburne	21%
Coosa	20%
Dekalb	22%
Etowah	19%
Haralson, GA	19%
Heard, GA	21%
Marshall	20%
Randolph	20%
St. Clair	18%
Talladega	21%
Tallapoosa	21%

Top Performers
Low Performers

Anniston SA

County Health Rankings; Years of Data Used: 2021. Released 2024.

Setting and Systems

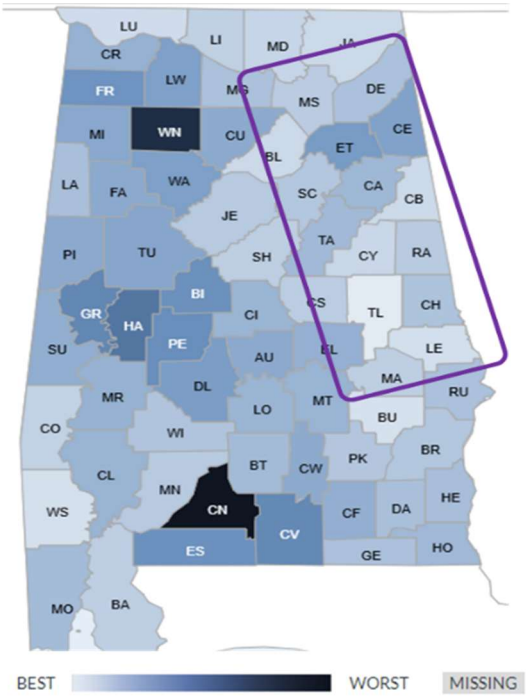
Setting and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings play a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Community	Hospital and Emergency Services*
Environmental Health	Housing and Homes
Global Health	Public Health Infrastructure
Health Care	Schools
Health Insurance*	Transportation*
Health IT*	Workplace
Health Policy	

*Objectives that are relevant Noland Health Services (Noland)' Community feedback will be explored further below.

Hospital and Emergency Services: Healthy People 2030 focuses on reducing preventable hospital visits and improving hospital care, including follow-up services. Heard County, AL had the highest rate of hospital stays for ambulatory-care sensitive conditions in the Anniston service area at 5,006 per 100,000 Medicare enrollees, while Tallapoosa County, AL had the lowest rate at 1,987.



Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees., 2021	
Anniston SA	
Blount	2,499
Calhoun	3,491
Carroll, GA	3,666
Cherokee	4,153
Clay	2,579
Cleburne	2,478
Coosa	2,862
Dekalb	3,215
Etowah	4,350
Haralson, GA	3,388
Heard	5,006
Marshall	2,877
Randolph	2,921
St. Clair	3,045
Talladega	3,432
Tallapoosa	1,987

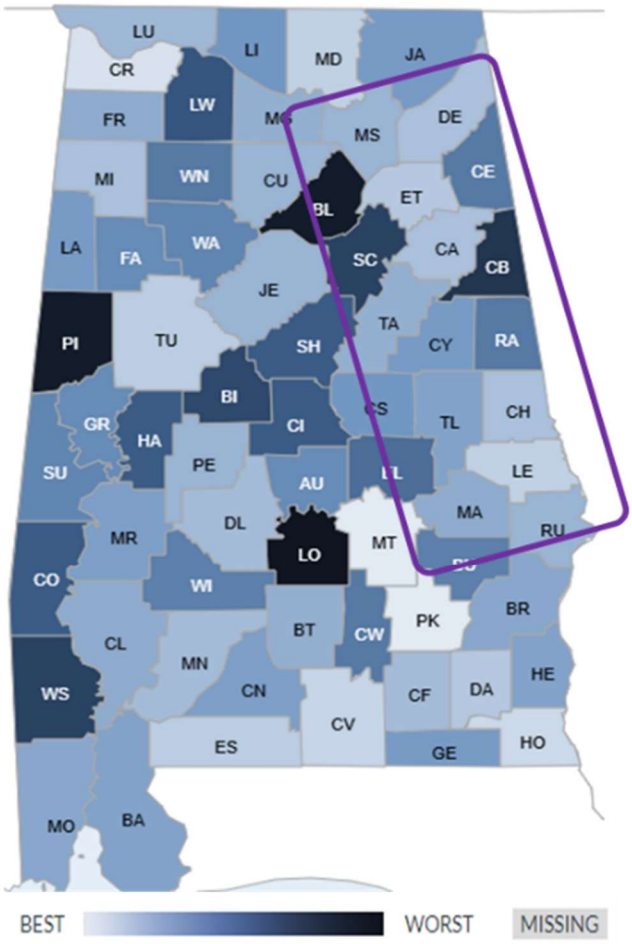
Anniston SA

Top Performers
Low Performers

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

Transportation: Healthy People 2030 focuses on keeping people safe in motor vehicles and promoting the use of other types of transportation. Interventions to increase seat belt and car seat use can reduce deaths from motor vehicle crashes, and people who use motor vehicles less often can help improve their health. In the Anniston service area, Blount County, AL had the highest percentage (61%) of solo drivers commuting more than 30 minutes, while Etowah County, AL had the lowest (29%). Clay and Coosa Counties, AL had the highest motor vehicle crash death rates (38 per 100,000), while Carroll County, GA had the lowest (20 per 100,000). Limited access to reliable transportation also directly impacts a community's ability to access preventative care, chronic disease management, and timely acute care. Transportation barriers may prevent individuals from attending routine appointments, seeking early treatment, or managing ongoing health conditions, further worsening health disparities.



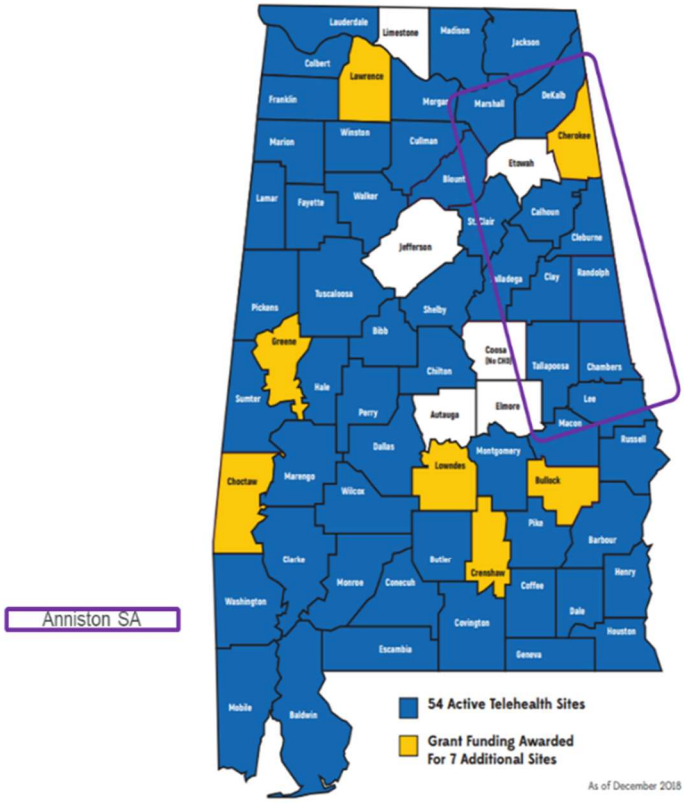
Among workers who commute in their car alone, the percentage that commute more than 30 minutes., 2018-2022	
Anniston SA	
Blount	61%
Calhoun	31%
Carroll, GA	41%
Cherokee	46%
Clay	40%
Cleburne	57%
Coosa	41%
Dekalb	31%
Etowah	29%
Haralson, GA	42%
Heard, GA	58%
Marshall	34%
Randolph	46%
St. Clair	55%
Talladega	35%
Tallapoosa	38%

Anniston SA

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2018-2022. Released 2024.

Health IT: Healthy People 2030 focuses on helping health care providers and patients access health IT and use it more effectively. People who can access electronic health information can better track and manage their health care. Through the AL Department of Public Health, telehealth services are available in fifty-four of the sixty-seven counties. In addition, each county in the PSA in Georgia have active telehealth sites.

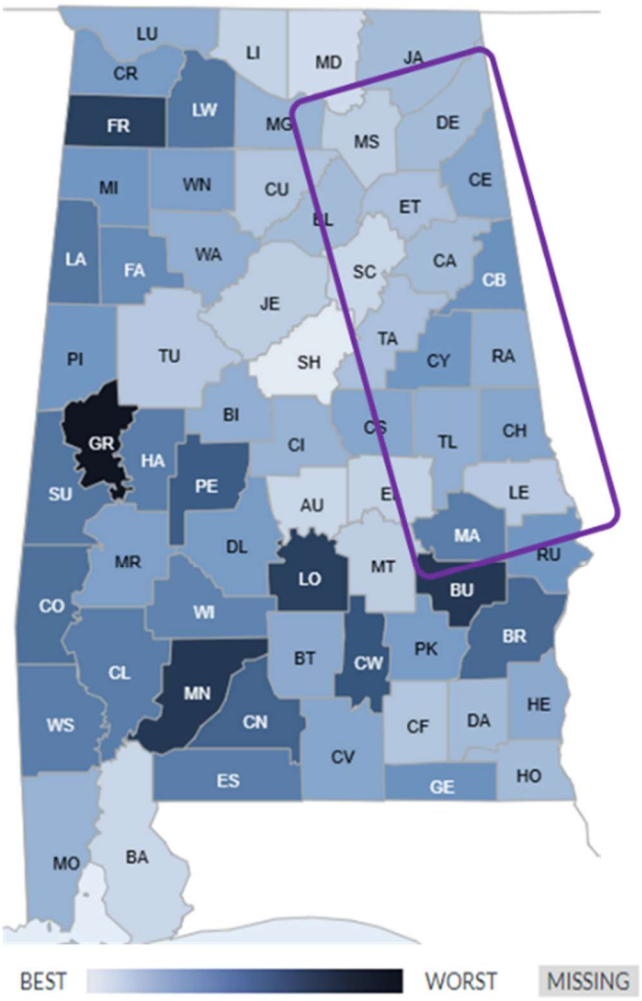


Telehealth Services

- Behavioral Health
- Diabetes Education
- Genetic Counseling
- Maternal Fetal Medicine
- Neurology
- Cardiology
- Family Planning
- HIV/AIDS
- Nephrology
- Rheumatology

AL Public Health Telehealth Network Overview. December 2018; Telehealth.HHS.gov, 2025.

In the Anniston market, Heard County, GA and Cleburne County, AL had the lowest percentage of households with a broadband internet connection at 74%, while St. Clair County, AL had the highest at 89% - which shows the disparities in digital connectivity across the Anniston service area.



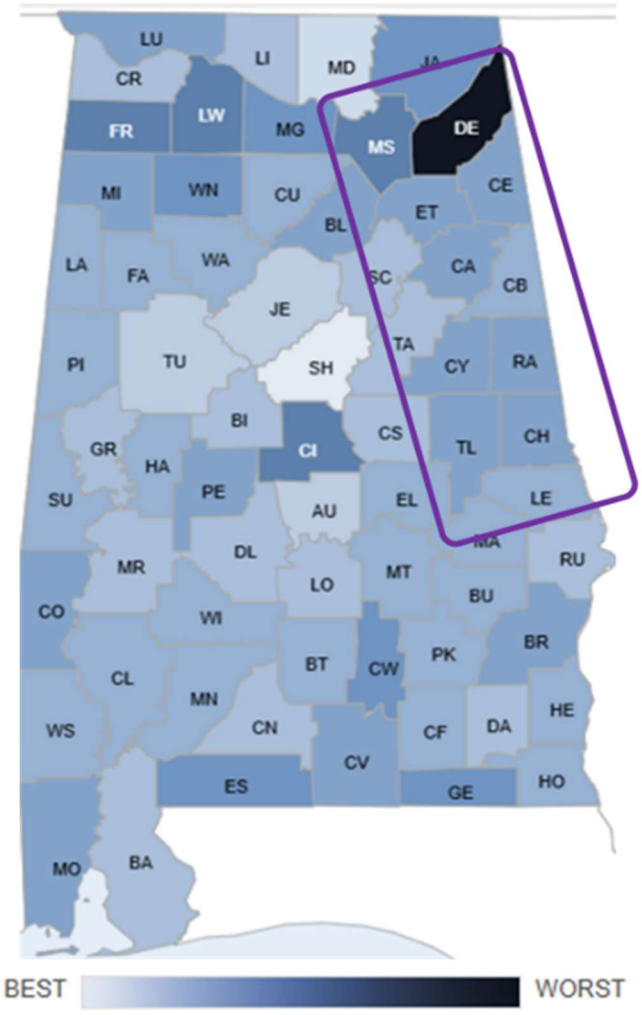
Percentage of households with broadband internet connection., 2018-2022	
Anniston SA	
Blount	83%
Calhoun	83%
Carroll, GA	88%
Cherokee	78%
Clay	75%
Cleburne	74%
Coosa	78%
Dekalb	83%
Etowah	84%
Haralson, GA	84%
Heard, GA	74%
Marshall	87%
Randolph	80%
St. Clair	89%
Talladega	84%
Tallapoosa	80%

Anniston SA

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2018-2022. Released 2024.

Health Insurance: Healthy People 2030 focuses on improving health by increasing medical, dental, and prescription drug insurance coverage. About thirty million people in the United States do not have health insurance and people without insurance are less likely to get the health care services and medications they need. In addition, many individuals who are underinsured face similar barriers due to high out-of-pocket costs or limited coverage. Dekalb County, AL had the highest percentage of population under age 65 without health insurance in the Anniston service area at 20%, while Clay, Coosa, St. Clair, Talladega, and Bibb Counties, AL had the lowest at 11%.



Anniston SA

Percentage of population under age 65 without health insurance., 2021	
Anniston SA	
Blount	13%
Calhoun	13%
Carroll, GA	16%
Cherokee	13%
Clay	11%
Cleburne	12%
Coosa	11%
Dekalb	20%
Etowah	13%
Haralson, GA	15%
Heard, GA	17%
Marshall	15%
Randolph	13%
St. Clair	11%
Talladega	11%
Tallapoosa	13%

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

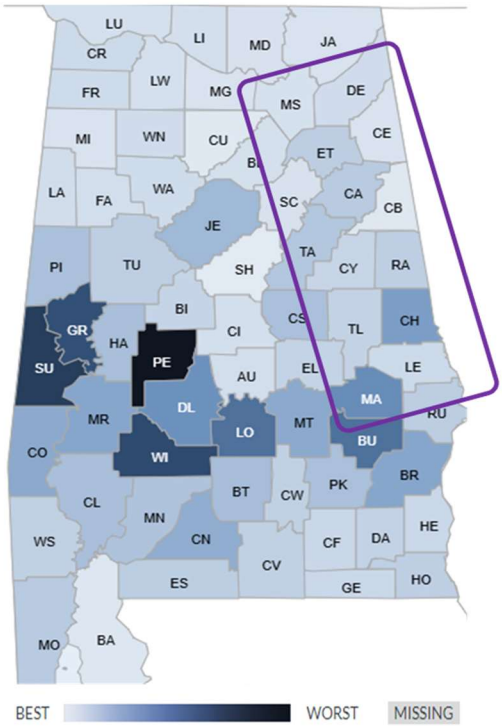
Social Determinants of Health

Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives	
Economic Stability	Neighborhood and Built Environment*
Education Access and Quality*	Social and Community Context
Health Care Access and Quality	

*Objectives that are relevant to Noland Health Services (Noland)' Community feedback will be explored further below

Education Access and Quality: Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents. People with higher levels of education are more likely to be healthier and live longer. Additionally, education access and quality impact the overall health literacy of the community. The average gap in Alabama (-$7,912) is significantly below the U.S. average ($634), indicating underfunding in public school districts statewide. Coosa County, AL had the largest shortfall at -$14,097, while Cleburne County, AL had the smallest gap at -$223, outperforming both the Alabama state and national averages.



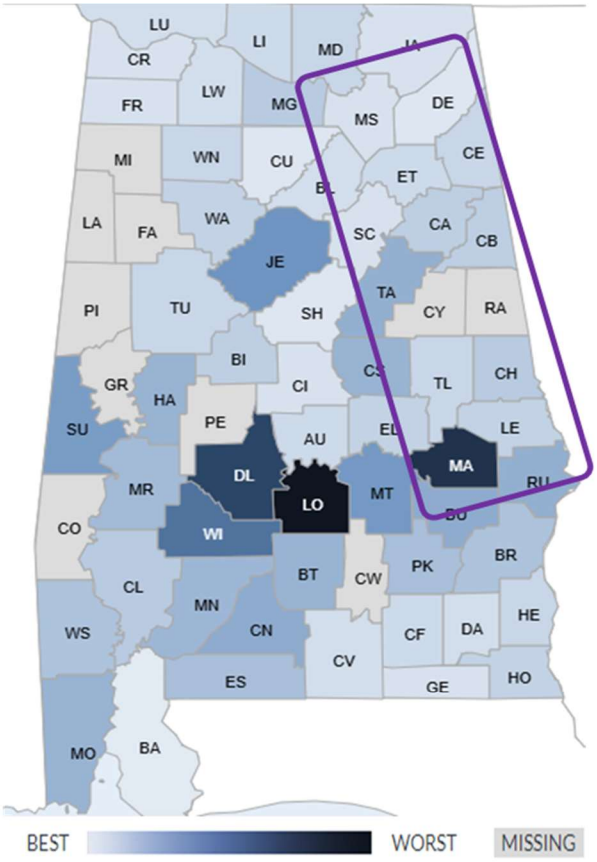
The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district., 2021	
Anniston SA	
Blount	-$2,789
Calhoun	-$10,277
Carroll, GA	-$4,381
Cherokee	-$1,664
Clay	-$6,581
Cleburne	-$223
Coosa	-$14,097
Dekalb	-$4,148
Etowah	-$9,222
Haralson, GA	$819
Heard, GA	-$682
Marshall	-$2,555
Randolph	-$8,928
St. Clair	-$2,112
Talladega	-$11,817
Tallapoosa	-$7,566

Anniston SA

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

Neighborhood and Built Environment: Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play. Talladega County, AL had the highest homicide death rate in the Anniston service area at 18 per 100,000 population, exceeding the U.S. average of fifteen. In contrast, Carroll County, GA and Dekalb County, AL had the lowest rates at 4 per 100,000.



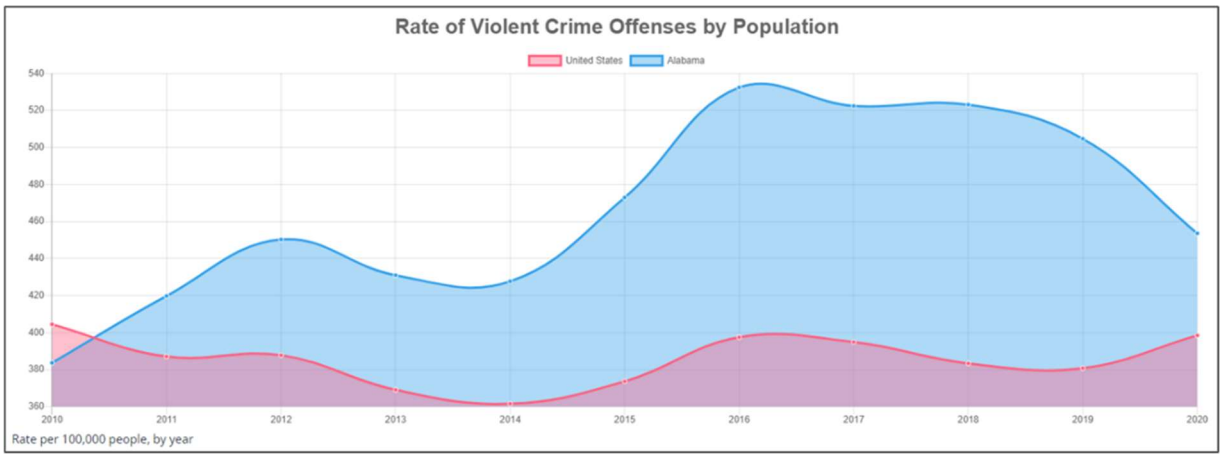
Number of deaths due to homicide per 100,000 population., 2015-2021	
Anniston SA	
Blount	6
Calhoun	10
Carroll, GA	4
Cherokee	8
Clay	Not available
Cleburne	10
Coosa	17
Dekalb	4
Etowah	7
Haralson, GA	9
Heard, GA	Not available
Marshall	5
Randolph	Not available
St. Clair	5
Talladega	18
Tallapoosa	8

Top Performers
Low Performers

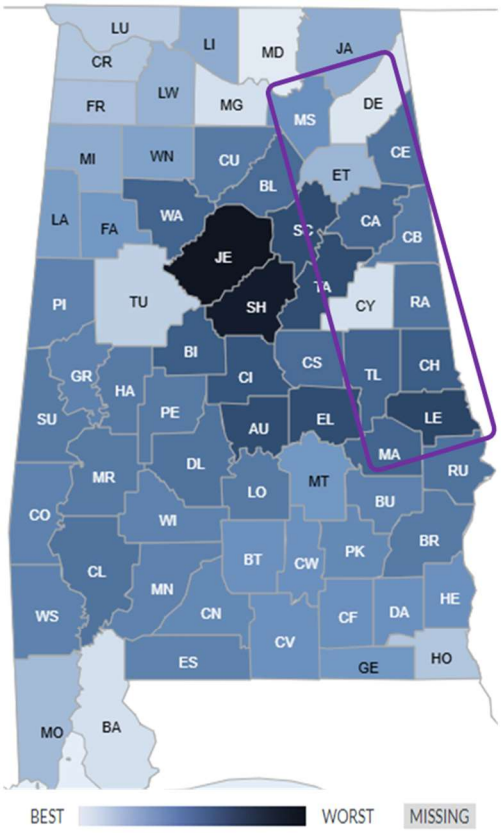
Anniston SA

County Health Rankings; Years of Data Used: 2015-2021. Released 2024.

In 2020, the rate of violent crime in Alabama was 453.6 per 100,000 people, higher than the national rate of 398.5. The 20-29 age group is the most common age of both offenders and victims of violent crimes. Healthy People 2030 have a goal to reduce the rate of minors and young adults committing violent crimes to 199.2 per 100,000. The violent crime rate in Georgia is ~367 incidents per 100,000 residents.



Alabama's average PM2.5 level (9.3µg/m3) is significantly higher than the U.S. average (7.4µg/m3), indicating worse air quality across the state. St. Clair, Talladega, and Tallapoosa Counties, AL had the highest pollution levels at 10.0 µg/m3, while Dekalb County, AL had the lowest at 7.5 µg/m3, closely aligning with the national benchmark.



Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)., 2019	
Anniston SA	
Blount	9.6
Calhoun	9.7
Carroll, GA	9.7
Cherokee	9.5
Clay	7.6
Cleburne	9.4
Coosa	9.6
Dekalb	7.5
Etowah	8.4
Haralson, GA	9.5
Heard, GA	9.4
Marshall	9.1
Randolph	9.5
St. Clair	10.0
Talladega	10.0
Tallapoosa	9.7

Anniston SA

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

Populations

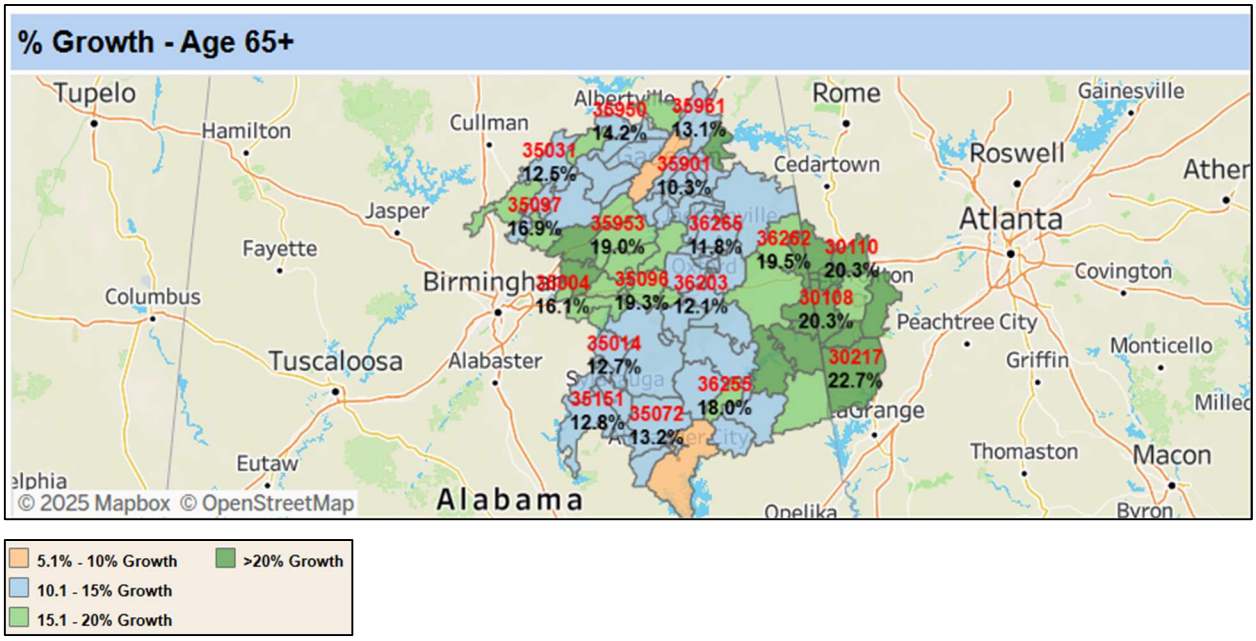
Populations define the populations and demographics that align with other Healthy People 2030 objectives. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Adolescents	Older Adults*
Children	Parents or Caregivers*
Infants	People with Disabilities
LGBT	Women
Men	Workforce

*Objectives that are relevant to Noland Health Services (Noland)' Community feedback will be explored further below

Older Adults: The Healthy People 2030 focuses on reducing health problems and improving quality of life for older adults. The 65+ age group has the highest projected growth of all other age groups. The 65+ age group is projected to grow by 13% across the service area, with the Anniston Market (14.8%) experiencing the highest increase.



65+ Age Group			
	2025 Population	2030 Population	Total 5-YR % Growth
Anniston Service Area	139,662	160,337	14.8%

Parents or Caregivers: Healthy People 2030 focuses on ways parents and caregivers can help keep the people they care for — and themselves — healthy and safe. In 2021, about thirty-eight million family caregivers in the United States provided an estimated thirty-six billion hours of care to an adult with limitations in daily activities. The estimated economic value of their unpaid contributions was approximately $600 billion.

State	State Population	Number of Caregivers	Number of Care Hours *(millions)*	Value per Hour	Economic Value *(millions)*
Alabama	5.05M	700,000	660	$12.66	$8,300
National Estimates (2019), Adjusted to 2019			**Adjusted Number of Caregivers** *(2019)*	**Average Hours per Caregiver per Week**	**Total Adjusted Number of Care Hours**
			41.6M	18	$36.7B

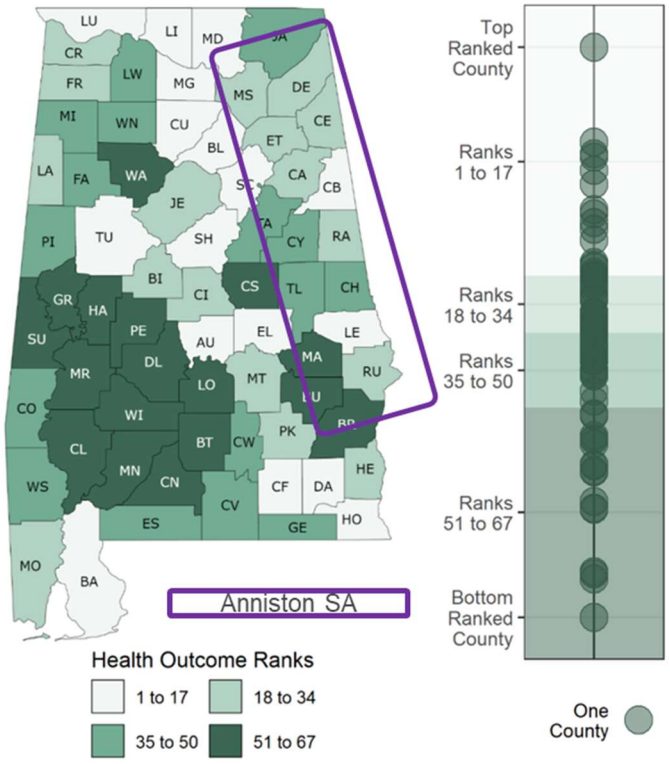
AARP PUBLIC POLICY INSTITUTE. Insight on the Issues 1581602, March 2023.

In Alabama, 700,000 family caregivers provided 660 million hours of unpaid care in 2021, with an estimated economic value of $8.3B at $12.66 per hour, one of the lowest rates in the nation. In Georgia, there are ~1.26 million family caregivers who provide around 1.18 billion hours of care, with an estimated economic value of $16.3 billion.

County Ranking

In addition to reviewing the data, overall county health rankings were utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Measures for this are based on a wide variety of data sources, including the Bureau of Labor Statistics, National Center for Healthcare Statistics, and Behavioral Risk Factor Surveillance System survey data, and other units of the Centers for Disease Control and Prevention, etc. This allows us to understand how each county is performing against another within the state.

Health Outcomes: Healthy People 2030 focuses on health outcomes as a measure of how healthy a county is currently. This measure accounts for numerous factors that reflect mental and physical well-being of the community through metrics that impact both length and quality of life. In Alabama, there are sixty-seven counties—where the healthiest county ranks at #1, and the least healthy county ranks at #67. In Georgia, there are 159 counties—where the healthiest county ranks at #1, and the least healthy ranks at #159.



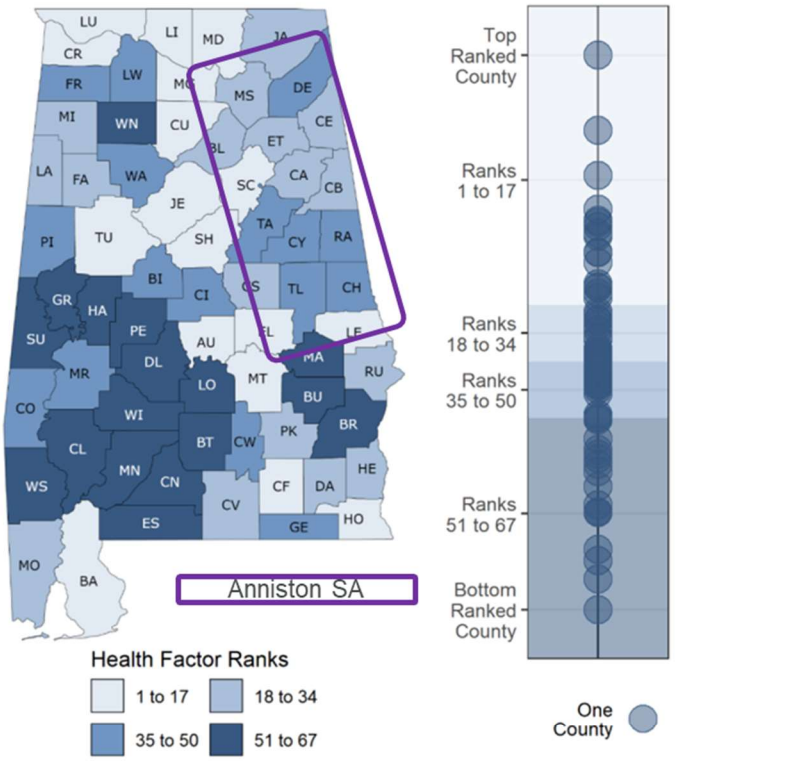
2022 County Health Outcomes Rankings for the 67 Ranked Counties in Alabama.	
Anniston SA	
Blount	15
Calhoun	29
Carroll, GA	55 out of 159
Cherokee	28
Clay	45
Cleburne	17
Coosa	53
Dekalb	30
Etowah	33
Haralson, GA	90 out of 159
Heard, GA	88 out of 159
Marshall	18
Randolph	26
St. Clair	11
Talladega	48
Tallapoosa	47

Top Performers
Low Performers

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: **how long people live and how healthy people feel while alive.**

County Health Rankings; 2022 State Report Alabama, Florida, Georgia.

Health Factors: The overall ranking in health factors represents what influences the health of a county. They are estimates of the future health of the county in comparison to other counties. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.



2022 County Health Factors Rankings for the 67 Ranked Counties in Alabama	
Anniston SA	
Blount	24
Calhoun	22
Carroll, GA	63 out of 159
Cherokee	28
Clay	41
Cleburne	30
Coosa	32
Dekalb	40
Etowah	25
Haralson, GA	79 out of 159
Heard, GA	100 out of 159
Marshall	21
Randolph	44
St. Clair	13
Talladega	42
Tallapoosa	39

Top Performers
Low Performers

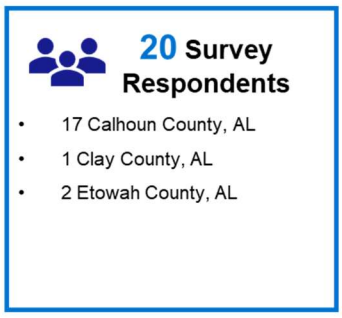
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: **health behaviors, clinical care, social and economic, and physical environment factors.**

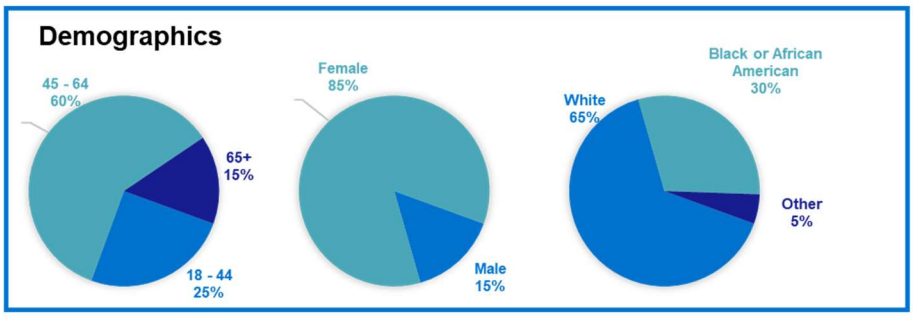
County Health Rankings; 2022 State Report Alabama, Florida, Georgia.

Community Input Findings

The last and most essential element of the Community Needs Assessment is community input. Noland Health Services (Noland) facilitated the distribution of a community health survey shared with key hospital administrators, physicians, community members, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team deployed a survey to gain the community's knowledge.

There were twenty out of sixty-nine survey respondents who completed the survey across the Anniston service area. Below is a summary of the feedback distribution.



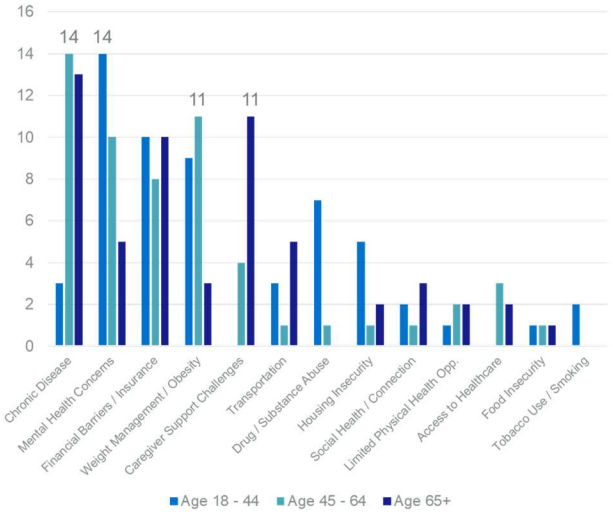


Community Input Findings

On a scale of 1 - 10, how would you rate the overall health of your community?

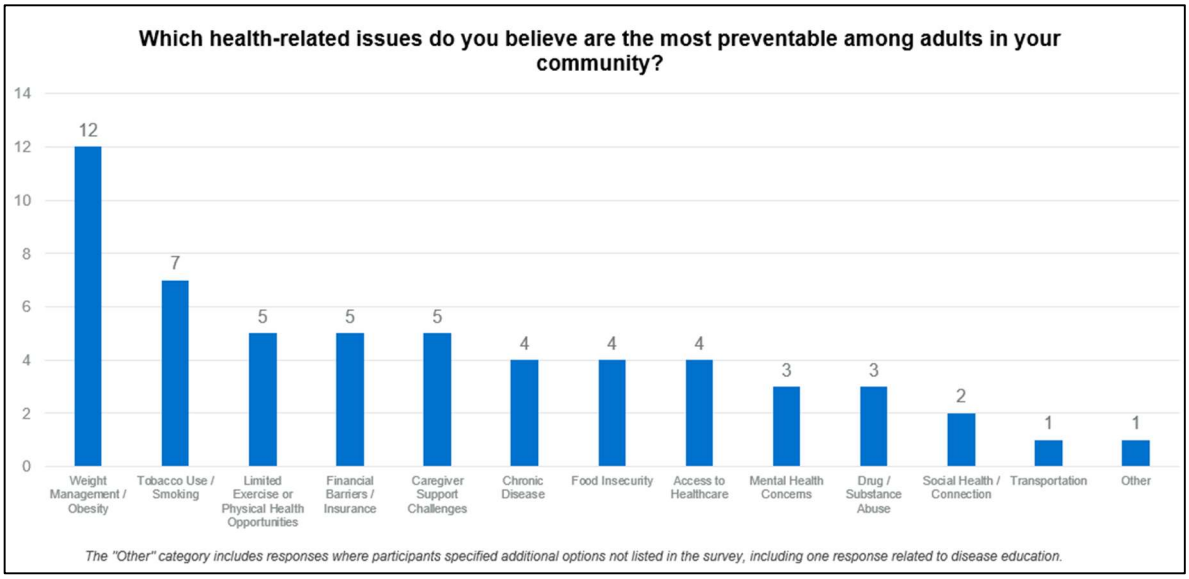
One Word Describing the Health of the Community:

What do you see as the top 3 health or healthcare challenges affecting key ages?



What are the biggest barriers to achieving greater health in the community among adults?

- **Financial & Insurance Barriers:** Includes lack of insurance, high cost of care, prescriptions, or healthy food
- **Access to Healthcare & Services:** Includes availability of healthcare providers, appointments, and resources
- **Transportation Issues:** Especially for elderly or low-income individuals needing rides to care
- **Mental Health Stigma & Availability:** Includes lack of providers and cultural stigma around seeking help
- **Health Literacy & Education Gaps:** Includes lack of knowledge about services, disease prevention, and resources



Respondents were asked what they viewed as the top three health or healthcare challenges affecting key ages facing the Anniston Market and its residents. They were then asked to elaborate on certain barriers and health of the community.

Based on the feedback provided in the Community Input phase of the CHNA, the following barriers and opportunities were identified when evaluating the health of the Anniston service area.

Barriers

- Financial & Insurance Barriers: Includes lack of insurance, high cost of care, prescriptions, or healthy food.
- Access to Healthcare & Services: Includes availability of healthcare providers, appointments, and resources.
- Transportation Issues: Especially for elderly or low-income individuals needing rides to care.
- Mental Health Stigma & Availability: Includes lack of providers and cultural stigma around seeking help.
- Health Literacy & Education Gaps: Includes lack of knowledge about services, disease prevention, and resources.

Most Preventable Health Related Issue

- Weight Management / Obesity
- Tobacco Use / Smoking
- Limited Exercise or Physical Health Opportunities
- Financial Barriers / Insurance
- Caregiver Support Challenges

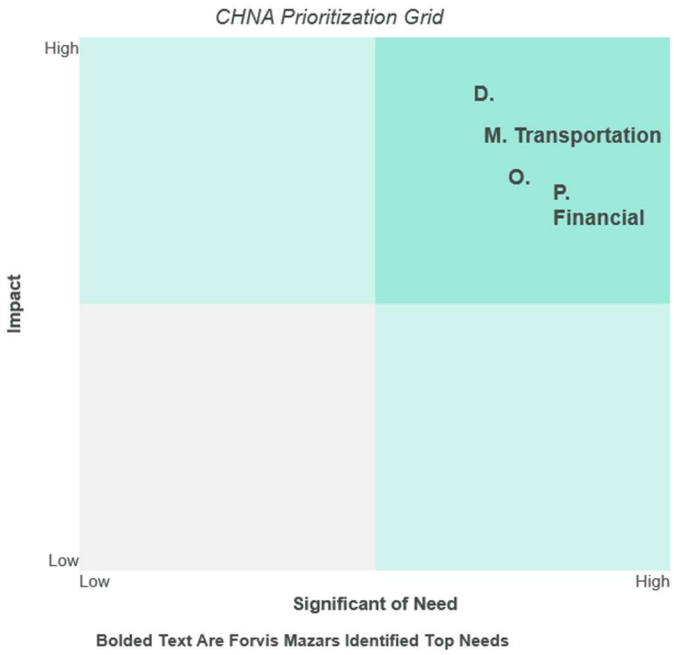
Once the issues/community needs were identified and organized, a prioritization session was held with members of the Community Health Needs Assessment Steering Committee. This session resulted in the development of a Prioritization Table. The priorities were ranked based on significance of the community need, Noland Health Services (Noland)' ability to impact the need, and community perceived need. This process identified the top prioritized health issues for the Anniston Market that Noland Health Services (Noland) feels it has an ability to impact at

certain levels.

Prioritized 2025 Community Health Needs

Anniston Market

	Emerging Community Health Needs
Health Conditions	**A. Cancer**
	B. Drug Use & Abuse
	C. Chronic Disease – Kidney
	D. Chronic Disease – Cardiovascular Disease and Heart Failure
	E. Chronic Disease - Stroke
	F. Mental Health – Suicide & Mental Distress
Health Behaviors	G. Low Exercise Opportunities
	H. Low Health Literacy
	I. Mammography Screenings
	J. Excessive Drinking
	K. Adult Smoking
	L. Injury Related Deaths
Settings & Systems	**M. Access to Care – Transportation**
	N. Broadband Internet Access
	O. Preventable Hospitals Stays
	P. Financial (Insurance & Cost Barriers)
Social Determinants of Health (SDOH)	Q. Violence - Homicide & Violent Crime
	R. School Funding Adequacy
	S. Air Quality
	T. Care Giver Support



From this prioritization table, the Noland Health Services (Noland) team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation.

- **Chronic Disease / Cardiovascular Disease and Heart Failure** – Chronic disease is a prioritized health need because its prevalence is prominent in the Anniston market. The poor physical health practices of individuals have accelerated the development of certain illnesses. Chronic conditions impacting this population include obesity, high blood pressure, diabetes, depression, heart disease, and cancer. Limited access to healthy food, poor lifestyle choices, mental health, and lack of exercise all contribute to the ongoing community health issues seen. Noland Health Services (Noland) seeks to align initiatives around Chronic Disease with the community health prioritize identified by the state of Alabama to maximize impact and align resources.
- **Financial Barriers / Insurance & Cost Barriers** - Financial barriers and insurance play a significant role in the Anniston market resident's ability to access healthcare. Although medical services may be available throughout the county, high unemployment, lower incomes, and a lack of insurance may prohibit people from accessing or using these resources. People who have a low or fixed income are more vulnerable to competing financial priorities. These barriers must be addressed as county and hospital resources are expended to meet the community need.

- **Access to Healthcare / Transportation** – Providing better access points to healthcare in this community is vital to enhancing the quality of life for the Anniston service area citizens. The resources that the community and Noland Health Services (Noland) provide can have a significant impact on population health outcomes. If more resources are available in the community, the social and physical environments within the community will help to promote good health for all. For the Anniston market, the promotion of health education, increased provider access, and insurance literacy will help to improve the overall health of the community.
- **Preventable Hospital Stays** – Preventable hospital stays are a prioritized health need because they often reflect gaps in access to timely, quality outpatient care and chronic disease management. In the Anniston market, high rates of preventable hospitalizations show challenges related to primary care access, patient education, and follow-up care. Contributing factors may include limited transportation, health literacy, and financial barriers, which prevent individuals from seeking early intervention or routine care. Noland Health Services (Noland) aims to reduce preventable hospital stays by promoting care coordination, increasing access to primary and preventive services, and supporting community-based health initiatives that keep individuals well-managed outside of the hospital settings.

Noland Health Services (Noland) Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above. This implementation strategy will be executed in collaboration with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify what other local organization are doing to address the health priority.
- Develop support and participation for these approaches to address the health need.
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Develop detailed work plans.
- Communicate with the assessment team and ensure appropriate coordination with other efforts currently underway to address the issue.

The team will utilize and build upon the monitoring method developed in the conclusion of the prior CHNA to provide status updates and outcome notifications of these efforts to improve community health. Noland Health Services (Noland) is committed to conducting another health needs assessment in three years.

Appendix A – Alabama Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
HEALTH OUTCOMES							
Length of Life	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	6,000	8,000
Quality of Life	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	13%	14%
	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	3.1	3.3
	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	4.4	4.8
	Low Birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2016-2022	6%	8%
HEALTH FACTORS							
HEALTH BEHAVIORS							
Tobacco Use	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	14%	15%
Diet and Exercise	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	5%	Behavioral Risk Factor Surveillance System	2021	32%	34%
	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2021	8.9	7.7
	Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2%	Behavioral Risk Factor Surveillance System	2021	20%	23%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	1%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020	90%	84%
Alcohol and Drug Use	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2.5%	Behavioral Risk Factor Surveillance System	2021	13%	18%
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2.5%	Fatality Analysis Reporting System	2017-2021	10%	26%
Sexual Activity	Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	151.7	495.5
	Teen Births*	Number of births per 1,000 female population ages 15-19.	2.5%	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022	9	17
CLINICAL CARE							
Access to Care	Uninsured	Percentage of population under age 65 without health	5%	Small Area Health Insurance Estimates	2021	6%	10%

		insurance.					
	Primary Care Physicians	Ratio of population to primary care physicians.	3%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2023	230:1	320:1
Quality of Care	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	5%	Mapping Medicare Disparities Tool	2021	1,558	2,681
	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2.5%	Mapping Medicare Disparities Tool	2021	52%	43%
	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2.5%	Mapping Medicare Disparities Tool	2021	53%	46%
SOCIAL & ECONOMIC FACTORS							
Education	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	5%	American Community Survey, 5-year estimates	2018-2022	94%	89%
	Some College	Percentage of adults ages 25-44 with some post-secondary education.	5%	American Community Survey, 5-year estimates	2018-2022	74%	68%
Employment	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	10%	Bureau of Labor Statistics	2022	2.30%	3.70%
Income	Children in Poverty*	Percentage of people under age 18 in poverty.	7.5%	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022	10%	16%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2.5%	American Community Survey, 5-year estimates	2018-2022	3.7	4.9
Family and Social Support	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	2.5%	American Community Survey, 5-year estimates	2018-2022	13%	25%
	Social Associations	Number of membership associations per 10,000 population.	2.5%	County Business Patterns	2021	18	9.1
Community Safety	Injury Deaths*	Number of deaths due to injury per 100,000 population.	5.0%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021	64	80
PHYSICAL ENVIRONMENT							
Air and Water Quality	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2.5%	Environmental Public Health Tracking Network	2019	5	7.4
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the	2.5%	Safe Drinking Water Information System	2022		

		presence of a violation, 'No' indicates no violation.					
Housing and Transit	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2016-2020	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, 5-year estimates	2018-2022	70%	72%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, 5-year estimates	2018-2022	17%	36%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Focus Area	Measure	Description	Source	Year(s)
HEALTH OUTCOMES				
Length of Life	Life Expectancy*	Average number of years people are expected to live.	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
	Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
	Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2021
	Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Natality and Mortality Files	2015-2021
Quality of Life	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
HEALTH FACTORS				
HEALTH BEHAVIORS				
Diet and Exercise	Food Insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2021
	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021
Other Health Behaviors	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
CLINICAL CARE				
Access to Care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2021
	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2021
	Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2023
SOCIAL & ECONOMIC FACTORS				
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2020-2021
	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, 5-year estimates	2018-2022

	Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford Education Data Archive	2018
	Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	Stanford Education Data Archive	2018
	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2022-2023
	School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2021
Income	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as	American Community Survey, 5-year estimates	2018-2022
	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
	Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	The Living Wage Institute	2023
	Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2021-2022
Family and Social Support	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	American Community Survey, 5-year estimates	2018-2022
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Institute; Small Area Income and Poverty Estimates	2023 & 2022
	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
Community Safety	Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021

	Juvenile Arrests+	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	2021
Other Social & Economic Factors	Voter Turnout+	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.	MIT Election Data and Science Lab; American Community Survey, 5-year estimates	2020 & 2016-2020
	Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	Census Operational Quality Metrics	2020
PHYSICAL ENVIRONMENT				
Housing and Transit	Traffic Volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2023
	Homeownership	Percentage of owner-occupied housing units.	American Community Survey, 5-year estimates	2018-2022
	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, 5-year estimates	2018-2022
	Broadband Access	Percentage of households with broadband internet connection.	American Community Survey, 5-year estimates	2018-2022
DEMOGRAPHICS				
All	Population	Resident population.	Census Population Estimates Program	2022
	% Below 18 Years of Age	Percentage of population below 18 years of age.	Census Population Estimates Program	2022
	% 65 and Older	Percentage of population ages 65 and older.	Census Population Estimates Program	2022
	% Non-Hispanic Black	Percentage of population identifying as non-Hispanic Black or African American.	Census Population Estimates Program	2022
	% American Indian or Alaska Native	Percentage of population identifying as American Indian or Alaska Native.	Census Population Estimates Program	2022
	% Asian	Percentage of population identifying as Asian.	Census Population Estimates Program	2022
	% Native Hawaiian or Other Pacific Islander	Percentage of population identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates Program	2022
	% Hispanic	Percentage of population identifying as Hispanic.	Census Population Estimates Program	2022
	% Non-Hispanic White	Percentage of population identifying as non-Hispanic white.	Census Population Estimates Program	2022
	% Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than well.	American Community Survey, 5-year estimates	2018-2022
	% Female	Percentage of population identifying as female.	Census Population Estimates Program	2022
	% Rural	Percentage of population living in a census-defined rural area.	Decennial Census Demographic and Housing Characteristics File	2020

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Appendix B – Georgia Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
HEALTH OUTCOMES							
Length of Life	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	6,000	8,000
Quality of Life	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	13%	14%
	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	3.1	3.3
	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	4.4	4.8
	Low Birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2016-2022	6%	8%
HEALTH FACTORS							
HEALTH BEHAVIORS							
Tobacco Use	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	14%	15%
Diet and Exercise	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	5%	Behavioral Risk Factor Surveillance System	2021	32%	34%
	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2021	8.9	7.7
	Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	2%	Behavioral Risk Factor Surveillance System	2021	20%	23%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	1%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020	90%	84%
Alcohol and Drug Use	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2.5%	Behavioral Risk Factor Surveillance System	2021	13%	18%
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2.5%	Fatality Analysis Reporting System	2017-2021	10%	26%
Sexual Activity	Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	151.7	495.5
	Teen Births*	Number of births per 1,000 female population ages 15-19.	2.5%	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022	9	17
CLINICAL CARE							
Access to Care	Uninsured	Percentage of population under age 65 without health	5%	Small Area Health Insurance Estimates	2021	6%	10%

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	Primary Care Physicians	Ratio of population to primary care physicians.	3%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2023	230:1	320:1
Quality of Care	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	5%	Mapping Medicare Disparities Tool	2021	1,558	2,681
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	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2.5%	Mapping Medicare Disparities Tool	2021	53%	46%
SOCIAL & ECONOMIC FACTORS							
Education	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	5%	American Community Survey, 5-year estimates	2018-2022	94%	89%
	Some College	Percentage of adults ages 25-44 with some post-secondary education.	5%	American Community Survey, 5-year estimates	2018-2022	74%	68%
Employment	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	10%	Bureau of Labor Statistics	2022	2.30%	3.70%
Income	Children in Poverty*	Percentage of people under age 18 in poverty.	7.5%	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022	10%	16%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2.5%	American Community Survey, 5-year estimates	2018-2022	3.7	4.9
Family and Social Support	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	2.5%	American Community Survey, 5-year estimates	2018-2022	13%	25%
	Social Associations	Number of membership associations per 10,000 population.	2.5%	County Business Patterns	2021	18	9.1
Community Safety	Injury Deaths*	Number of deaths due to injury per 100,000 population.	5.0%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021	64	80
PHYSICAL ENVIRONMENT							
Air and Water Quality	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2.5%	Environmental Public Health Tracking Network	2019	5	7.4
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the	2.5%	Safe Drinking Water Information System	2022		

		presence of a violation, 'No' indicates no violation.					
Housing and Transit	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2016-2020	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, 5-year estimates	2018-2022	70%	72%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, 5-year estimates	2018-2022	17%	36%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Focus Area	Measure	Description	Source	Year(s)
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	Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
	Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2021
	Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Natality and Mortality Files	2015-2021
Quality of Life	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Diabetes Prevalence	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
HEALTH FACTORS				
HEALTH BEHAVIORS				
Diet and Exercise	Food Insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2021
	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021
Other Health Behaviors	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
CLINICAL CARE				
Access to Care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2021
	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2021
	Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2023
SOCIAL & ECONOMIC FACTORS				
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2020-2021
	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, 5-year estimates	2018-2022

	Reading Scores*+	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford Education Data Archive	2018
	Math Scores*+	Average grade level performance for 3rd graders on math standardized tests.	Stanford Education Data Archive	2018
	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2022-2023
	School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2021
Income	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as	American Community Survey, 5-year estimates	2018-2022
	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
	Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	The Living Wage Institute	2023
	Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2021-2022
Family and Social Support	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	American Community Survey, 5-year estimates	2018-2022
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Institute; Small Area Income and Poverty Estimates	2023 & 2022
	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
Community Safety	Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021

	Juvenile Arrests+	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	2021
Other Social & Economic Factors	Voter Turnout+	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election.	MIT Election Data and Science Lab; American Community Survey, 5-year estimates	2020 & 2016-2020
	Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	Census Operational Quality Metrics	2020
PHYSICAL ENVIRONMENT				
Housing and Transit	Traffic Volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2023
	Homeownership	Percentage of owner-occupied housing units.	American Community Survey, 5-year estimates	2018-2022
	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, 5-year estimates	2018-2022
	Broadband Access	Percentage of households with broadband internet connection.	American Community Survey, 5-year estimates	2018-2022
DEMOGRAPHICS				
All	Population	Resident population.	Census Population Estimates Program	2022
	% Below 18 Years of Age	Percentage of population below 18 years of age.	Census Population Estimates Program	2022
	% 65 and Older	Percentage of population ages 65 and older.	Census Population Estimates Program	2022
	% Non-Hispanic Black	Percentage of population identifying as non-Hispanic Black or African American.	Census Population Estimates Program	2022
	% American Indian or Alaska Native	Percentage of population identifying as American Indian or Alaska Native.	Census Population Estimates Program	2022
	% Asian	Percentage of population identifying as Asian.	Census Population Estimates Program	2022
	% Native Hawaiian or Other Pacific Islander	Percentage of population identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates Program	2022
	% Hispanic	Percentage of population identifying as Hispanic.	Census Population Estimates Program	2022
	% Non-Hispanic White	Percentage of population identifying as non-Hispanic white.	Census Population Estimates Program	2022
	% Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than well.	American Community Survey, 5-year estimates	2018-2022
	% Female	Percentage of population identifying as female.	Census Population Estimates Program	2022
	% Rural	Percentage of population living in a census-defined rural area.	Decennial Census Demographic and Housing Characteristics File	2020

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Violent Crime Data Sources:

- FBI Crime Data Explorer: https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/crime-trend

Other Health Conditions Data Sources

- CDC: https://nccd.cdc.gov/DHDSPAtlas/?state=County
- State Cancer Profiles: https://statecancerprofiles.cancer.gov/index.html