

**THE HEALTH CARE
AUTHORITY OF THE
CITY OF ANISTON**



RMC
HEALTH SYSTEM



2026

COMMUNITY HEALTH NEEDS ASSESSMENT

PREPARED BY:

crescendo | 

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Executive Summary

In June 2026, The Health Care Authority of the City of Aniston, Regional Medical Center Health System (RMCHS) contracted Crescendo Consulting Group to conduct a Community Health Needs Assessment (CHNA), as required by the Affordable Care Act (ACA). The ACA mandates that not-for-profit hospitals complete a CHNA every three years to evaluate community health needs and access to services. Using both quantitative and qualitative data, the CHNA will inform Implementation Strategy Plans (ISP) and other local and regional initiatives.

Purpose and Goals

The Community Health Needs Assessment (CHNA) is a key process for improving community health and advancing equity. By combining data analysis with stakeholder input, it provides a foundation for understanding local health status, identifying challenges and resources and prioritizing strategies to address the most pressing needs.

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Methodology Overview

The RMCHS CHNA had a comprehensive methodology that included a mixed-methods approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included two focus group discussions and six key stakeholder interviews.
- **Survey Research:** The community survey engaged 93 respondents and provided insights by county on the breadth of key CHNA issues.
- **Needs Prioritization Process:** This prioritization process was conducted on September 10, 2026, with RMCHS leadership and Crescendo Consulting Group to prioritize the most significant health needs for RMCHS. The meeting was divided into three sections: presentation of collected data, discussion of needs and needs prioritization voting.

The Community Health Needs Assessment uses primary and secondary data to evaluate community health. RMCHS and Crescendo prioritized inclusive community engagement to ensure diverse voices were heard. While the report incorporates the most current data available, some sources may be slightly outdated.

Secondary Research

Secondary data provides critical insights into community health, including sociodemographic, social drivers and risk factors, to guide effective strategies. Data were drawn from the U.S. Census Bureau, CDC and Alabama Department of Public Health, with all sources cited. For this CHNA, data were collected prior to July 1, 2026, though some may not be publicly available.

Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

+/- shows changes in the indicator over time	
	The health issue or problem is improving compared to the previous dataset
	The health issue or problem is worsening compared to the previous dataset
	There is no change compared to the previous dataset
	No comparison available for the baseline year

Additional secondary data tables, charts and maps are included in the Secondary Research section of the report.

Calhoun County, Alabama Demographic Overview

Total
Population
116,090

Population by Age



Under 18
21.4%



18 to 64
60.3%



65 +
18.2%



Median Age
39

Population Change



2014
117,186

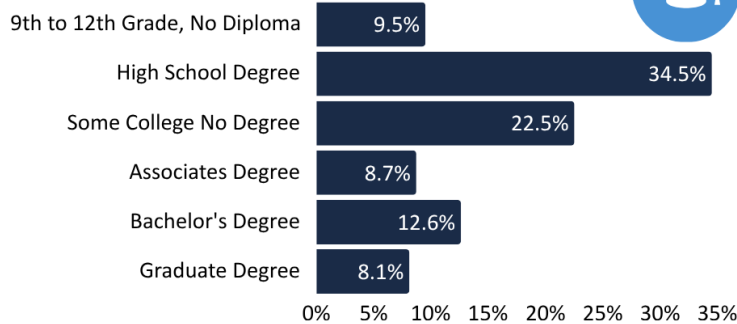
-0.9%

2024
116,090

-1.2%

2029
114,649

Education



9.5% of Calhoun County residents **do not have a high school diploma.**



Economic Wellbeing



Median Household
Income
\$55,029



Households Below
Poverty Level
18.3%



Unemployment Rate
3.2%



Households
Receiving SNAP
Benefits
17.9%

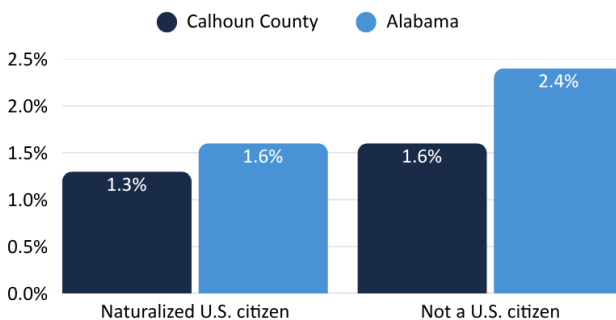
Race and Ethnicity

70.4% White
4.6% Hispanic or Latino
4.3% Two or More Races
21.9% Black or African American

29.6% of the population is considered a minority

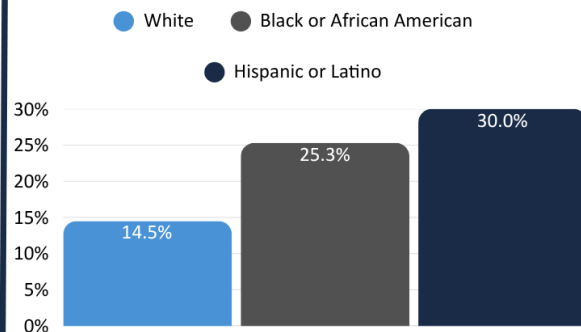


Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



Cleburne County, Alabama Demographic Overview

Total
Population
15,426

Population by Age



Under 18
22.0%



18 to 64
57.9%



65 +
20.1%



Median Age
43

Population Change



2014
14,990

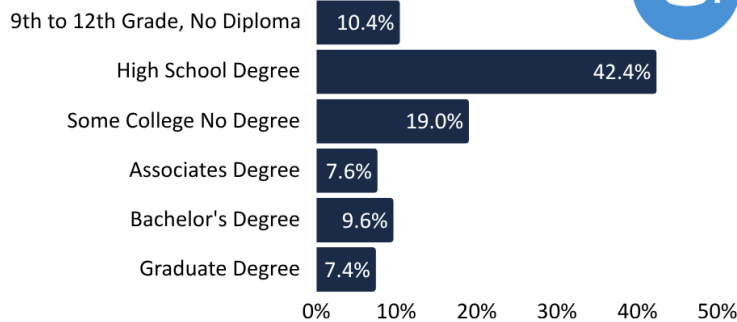
+2.9%

2024
15,426

+1.3%

2029
15,634

Education



10.4% of Cleburne County residents **do not have a high school diploma.**



Economic Wellbeing



Median Household
Income
\$55,345



Households Below
Poverty Level
16.7%

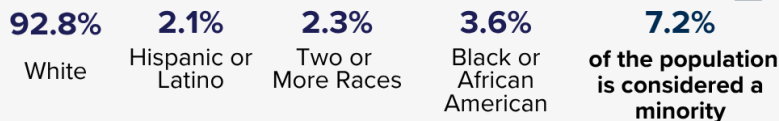


Unemployment Rate
2.6%



Households
Receiving SNAP
Benefits
14.5%

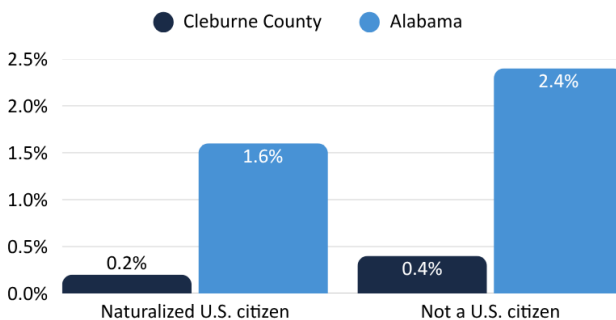
Race and Ethnicity



7.2%
of the population
is considered a
minority

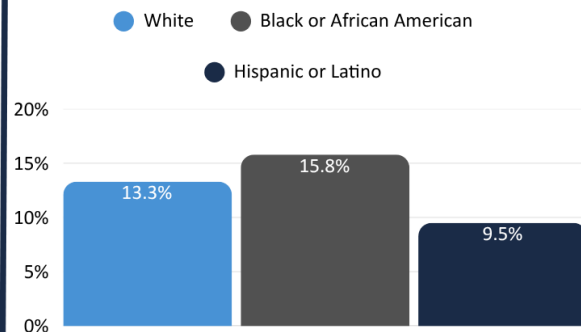


Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



Talladega County, Alabama Demographic Overview

Total
Population
81,021

Population by Age



Under 18
20.6%



18 to 64
60.0%



65 +
19.4%



Median Age
42

Population Change



2014
81,673

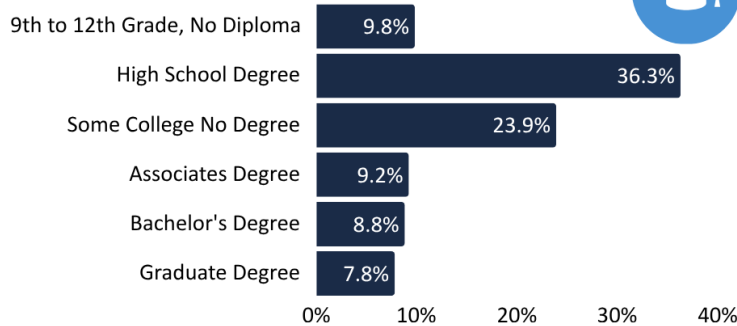
-0.8%

2024
81,021

-1.0%

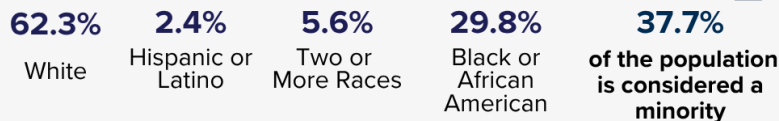
2029
80,245

Education



9.8% of Talladega County residents **do not have a high school diploma.**

Race and Ethnicity



Economic Wellbeing



Median Household
Income
\$57,776



Households Below
Poverty Level
18.8%

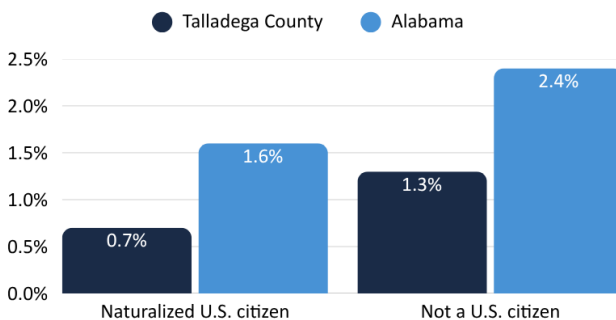


Unemployment Rate
3.2%



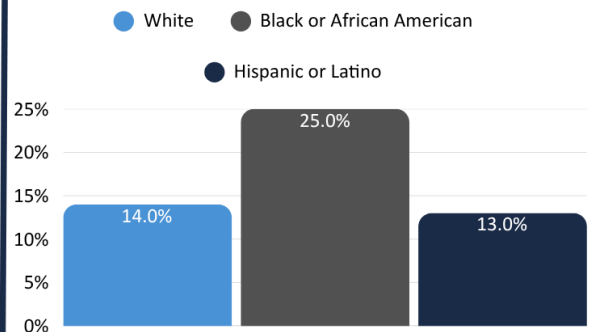
Households
Receiving SNAP
Benefits
17.0%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



Secondary Data Key Findings

Healthcare Access and Quality

- Since 2021, fewer residents are uninsured in all three counties. Calhoun County dropped from 11.2% to 10.2%, Cleburne County dropped from 11.0% to 8.8% and Talladega County dropped from 9.8% to 8.1%. Hispanic and Latino residents are still much more likely to lack insurance, with over a quarter uninsured in Cleburne County (26.3%) and Calhoun County (24.5%), compared to 17.6% in Talladega County.
- About one in four residents are enrolled in Medicaid in Calhoun County (25.1%) and Talladega County (24.9%), both above the state percentage of 20.0%. Cleburne County is close behind at 19.7%.
- Between 2020 and 2025, Talladega County gained more healthcare providers in almost every specialty, including primary care doctors, nurse practitioners, geriatric care and OB-GYNs, though it still has fewer providers than the state average.

Health Status and Outcomes

- Cleburne County's overall mortality rate is the highest of the three counties at 14.3 deaths per 1,000 people, compared to 13.7 in Calhoun County and 14.0 in Talladega County, all higher than Alabama's rate of 11.4.
- In Alabama and all three counties, the top causes of death are heart disease and cancer, followed by chronic lower respiratory disease. Calhoun County has the highest heart disease rate at 438.0 deaths per 100,000 people, well above the state rate of 285.1.
- In all the counties, the top three chronic diseases were high blood pressure, high cholesterol and obesity. In Talladega County, almost half of residents have high blood pressure, higher than all other counties and the state figure.

Behavioral Health

- The percentage of adults diagnosed with depression also rose across all three counties between 2021 and 2022, then declined in 2023. Cleburne County remained above the state percentage throughout the period, reaching 27.0% in 2022 compared to Alabama's 24.6%.
- All three counties face a shortage of behavioral healthcare providers, and Cleburne and Talladega Counties have no child and adolescent psychiatrists at all. Between 2020 and 2025, access to mental health providers improved in Calhoun and Talladega Counties but worsened in Cleburne County, where the ratio grew from 5,048 to 5,142 people per provider.

Social Drivers of Health

- To afford a two-bedroom home at Fair Market Rent, an individual would need to earn between \$15.73 and \$18.10 per hour across Calhoun, Cleburne and Talladega counties, yet Alabama's minimum wage is just \$7.25 per hour.
- Child food insecurity increased across all three counties from 2023 to 2024, with about one in four children in all three counties and the state experiencing food insecurity. Given the federal SNAP funding reductions enacted in 2025, these figures may underestimate the current level of food insecurity in the community.
- In the service area, when examining the highest level of education among residents, a high school diploma was the most common highest level of attainment across all three counties. The second most common level of attainment was some college with no degree. This suggests there may be barriers in place that hinder residents from completing a degree and accessing higher education.
- Median household income increased across all counties and the nation from 2014 to 2024. Talladega County saw the largest percentage increase in the service area, at 61.0%, followed by Cleburne (49.5%) and Calhoun (34.5%). Despite these gains, all three counties remained below both the state and national median household income in 2024.
- In Cleburne County, more than one in five households (21.5%) do not have internet access, more than double the state figure. Calhoun County and Talladega County also have higher percentages of households without internet access than the state, with more than one in 10 households lacking internet access.
- Across the service area, roughly one in four to one in three adults age 65 and over live alone, with percentages ranging from 25.6% in Talladega County to 34.9% in Cleburne County.

Primary Qualitative Research Key Findings

Community Considerations

- **Rural Community:** Strong social ties support word-of-mouth awareness of resources but can create gaps for socially isolated residents.
- **Funding and Trust:** Limited and uncertain funding restricts organizations' ability to meet the full extent of community need, while eroded trust in the few organizations tied to certain resources can prevent community members from seeking the care they need.

Strengths

- **Close-Knit Community:** Participants described the area as tight-knit with strong social ties through family, friends and social groups, along with a "small town feel" and natural beauty.
- **Collaboration:** Organizations work well together toward shared community goals, though some siloing exists among smaller groups.
- **Recreation:** Nearby recreational opportunities, including bike trails, hiking and youth activities, add value to the community.

Community Needs

- **Behavioral Healthcare:** Mental health and substance use resources are limited, with long wait times for providers, especially psychiatrists, and existing services are often saturated. Individuals with substance use disorder often rely on the ER for care and face stigma that prevents them from receiving appropriate treatment.
- **Healthcare Access:** A lack of providers, especially specialty care such as OBGYN, along with financial barriers, limits community members' ability to receive timely, high-quality care. Participants also emphasized the importance of well-staffed centers and providers who can spend adequate time with patients.
- **Social Drivers of Health:** A growing cost of living limits residents' ability to afford healthcare, housing and food. Affordable housing is scarce and difficult to find, food insecurity has grown due to recent policy changes limiting access to programs like SNAP, and a lack of adequate transportation between communities limits access to jobs, education and healthcare.

Primary Quantitative Community Survey

The purpose of the community survey was to enable a greater share of people living throughout the service area to share their perspectives on the greatest needs affecting their community. The community survey was available online and in print (English and Spanish) and included demographic and need-specific questions. Invitations were shared via community partners, flyers, email and other channels.

There were 93 valid survey responses included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

The community survey results provided insight into a wide range of focus areas:

- Health Status
- Health Behaviors
- Social Drivers
- Community Health and Needs

Additional community survey tables and charts are included in the Primary Quantitative Community Survey section of the report.

Needs Prioritization Process

The CHNA identified 14 community needs. On September 10, 2026, RMCHS leadership prioritized these needs in a one-hour session using a modified Hanlon Method. Needs were ranked by magnitude, severity and feasibility, with scores guiding the hospital's Implementation Strategy. The lowest score indicates the highest priority.

Top Community Needs

Rank	Community Need	Priority Score
1	Cancer screening and treatment	8.0
2	Diabetes/high blood sugar prevention and management	11.0
3	Heart disease prevention and management	12.4
4	Primary care provider recruitment and retention	15.3
5	Opioid/substance use prevention, intervention, and treatment programs	19.9
6	Specialty care provider recruitment and retention	20.0
7	Mental health outpatient and inpatient care, especially for children/adolescents	20.0
8	Medication health literacy	20.8
9	Access to affordable, healthy food	24.4
10	Affordable prescription medications	24.5
11	Obstetrics and Gynecology provider recruitment and retention	26.1
12	Insurance and safety net program navigation and supports	27.4
13	Transportation access and options for rural, spread-out communities	37.2
14	Affordable housing supports	43.7

Introduction

Beginning in June 2026, The Health Care Authority of the City of Aniston, Regional Medical Center Health System (RMCHS) contracted with Crescendo Consulting Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r).

A CHNA is a report based on quantitative and qualitative data methodology to assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP) and other strategic initiatives.

Purpose and Goals

The Community Health Needs Assessment (CHNA) represents a vital step in the broader initiative to enhance community health and promote equitable opportunities for well-being. This comprehensive process involves gathering and analyzing community data while actively engaging stakeholders in both assessment and implementation efforts. The resulting document serves as a foundational reference for understanding and discussing the community's health status. Through a collaborative approach, the CHNA identifies key health challenges, barriers and resources and guides the prioritization of strategies to address the most pressing needs.

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

RMCHS is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the service area.

Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference.

Letter from RMCHS Leadership

At Regional Medical Center Health System, our mission is grounded in providing state-of-the-art healthcare with integrity, while strengthening the communities we are privileged to serve. We believe healthier communities are built through collaboration, understanding local needs, and working together to create meaningful opportunities for better health and well-being.

We are pleased to present the 2026 Community Health Needs Assessment (CHNA), the result of an extensive process of data analysis, community engagement, stakeholder input, and collaboration across our region. This assessment provides an opportunity to better understand the health of the communities we serve, recognize existing strengths and resources, and identify the challenges that have the greatest impact on the health and quality of life of our neighbors.

The findings of this assessment will help guide Regional Medical Center Health System as we continue to focus our efforts and resources where they can have the greatest community impact. From access to healthcare and behavioral health to chronic disease prevention, health education, and the social and economic factors that influence health, the CHNA provides a framework for identifying opportunities to work alongside community partners to address shared priorities.

We extend our sincere appreciation to the residents, healthcare providers, community organizations, public health leaders, and other stakeholders who contributed their time, experience, and perspectives throughout this process. Their voices are essential to understanding the unique needs and strengths of our communities and to developing solutions that are responsive, collaborative, and sustainable.

As we move forward, Regional Medical Center Health System remains committed to listening, collaborating, and taking action. The 2026 CHNA will serve as an important foundation for our continued community benefit efforts and the development of strategies that support healthier individuals, stronger families, and a healthier region.

Together with our community partners, we look forward to building on this work and advancing better health for the communities we are honored to serve—today and for generations to come.

Warmly,

Keith Parrott

Chief Executive Officer

Regional Medical Center Health System

About RMCHS

Regional Medical Center Health System (RMCHS) in Anniston, Alabama, is a trusted leader in healthcare, serving Northeast Alabama with integrity, skill, and compassion. With more than 1,800 employees, 300+ volunteers, and over 200 physicians across a broad range of specialties, RMCHS provides comprehensive, state-of-the-art care to the community. The hospital is accredited by the American College of Surgeons' Commission on Cancer (CoC), has earned Blue Distinction Center+ status for Orthopedic® and Maternity Care® from Blue Cross Blue Shield of Alabama, and received the 2026 Commitment to Quality Award from the American Heart Association (AHA). RMCHS was also the first Baby-Friendly designated birthing facility in the state of Alabama and was recently accredited by the Institute of Healthcare Improvement (IHI) as an Age-Friendly Health System.

Methodology Overview

RMCHS CHNA had a comprehensive methodology that included a mixed-methods approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included two focus group discussions and 6 key stakeholder interviews.
- **Survey Research:** The community survey engaged nearly 93 respondents and provided insights by county on the breadth of key CHNA issues.
- **Needs Prioritization Process:** This prioritization process was conducted on September 10, 2026, with RMCHS leadership and Crescendo Consulting Group to prioritize the most significant health needs for RMCHS. The meeting was divided into three sections: presentation of collected data, discussion of needs and needs prioritization voting.



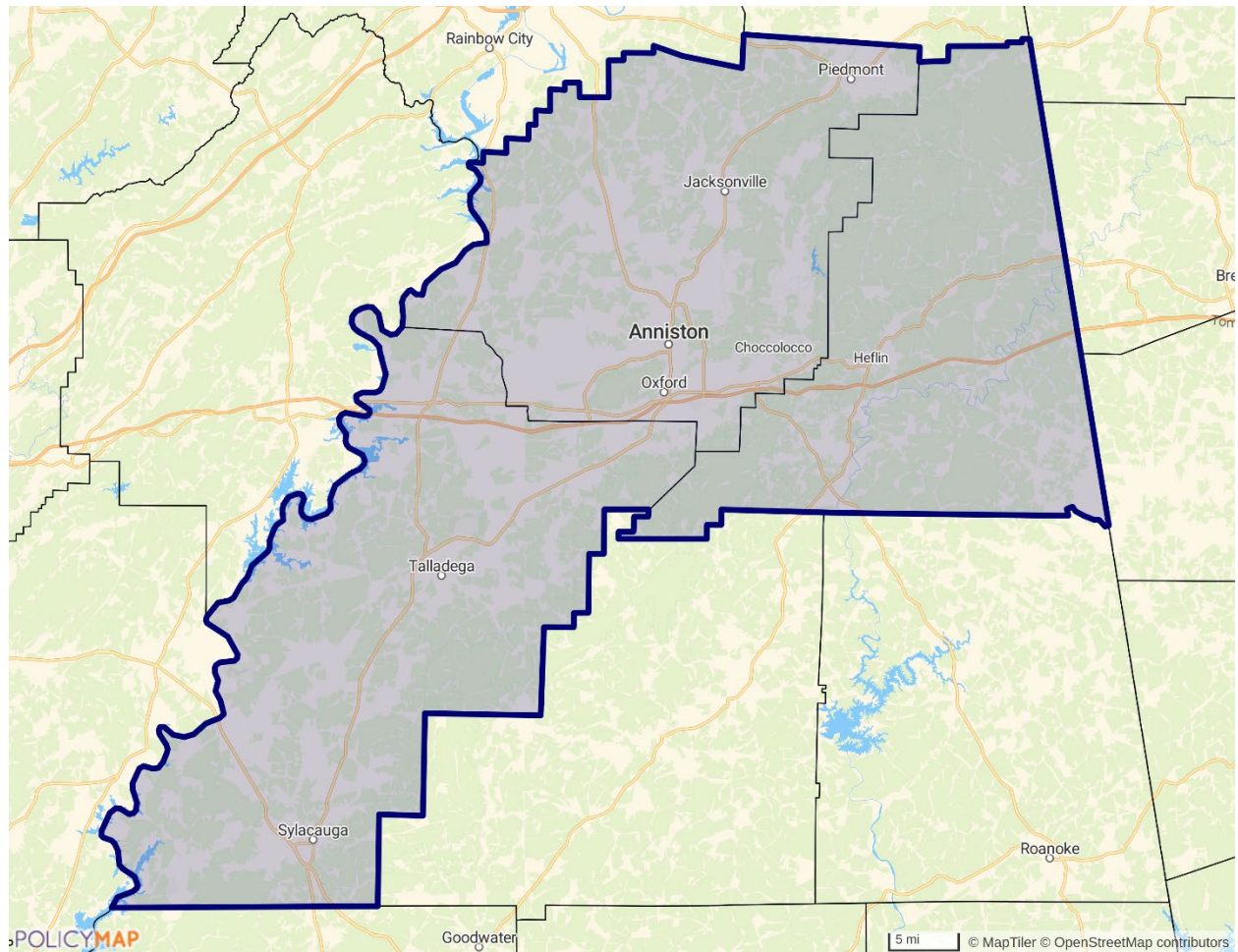
Data Limitations and Details

A Community Health Needs Assessment is a systematic assessment of the community using both primary and secondary quantitative and qualitative data. RMCHS and Crescendo aimed to be inclusive and intentional with community engagement to ensure the voices of the communities served could participate in whatever form they felt comfortable and have their voices heard. Additionally, while Crescendo included the most current secondary data sources within the report, several data sources may be slightly outdated and no new data updates were available at the publication of this report.

RMCHS Service Area

Most patients served by RMCHS are located in Calhoun County, Cleburne County and Talladega County. RMCHS defines its community as Calhoun, Cleburne and Talladega counties, the hospital's primary service area.

EXHIBIT 1: MAP OF RMCHS SERVICE AREA



Secondary Research Introduction

The following report section contains the high-level secondary data findings. Secondary data provides an essential framework for better understanding the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to guide the development of effective strategies further to meet evolving needs.

The following data were primarily gathered from the United States Census Bureau American Community Survey Five-year Estimates, Centers for Disease Control and Prevention and the Alabama Department of Public Health.

Please note: All secondary data for the RMCHS Community Health Needs Assessment was pulled from their original sources prior to July 2026. All data is cited for readers to view the original data in its source if they choose.

American Community Survey: Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data estimates.

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source:

<https://www.census.gov/data/developers/data-sets/acs-5year.html>

Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

	The health issue or problem is improving compared to the previous dataset
	The health issue or problem is worsening compared to the previous dataset
	There is no change compared to the previous dataset
	No comparison available for the baseline year

Additional secondary data tables and graphics are located in Appendix A.

The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the United States Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state quality assurance data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.¹

For example, during a public health emergency, such as a pandemic, the SVI score of a particular region can be instrumental in guiding response efforts. Using SVI data, targeted interventions can be implemented, including providing multilingual public health messaging, offering financial assistance to vulnerable households and deploying mobile units to isolated areas with high-risk individuals, such as the elderly. Tailoring responses through the lens of SVI allows the specific needs of at-risk communities to be met, fostering resilience and reducing health disparities.

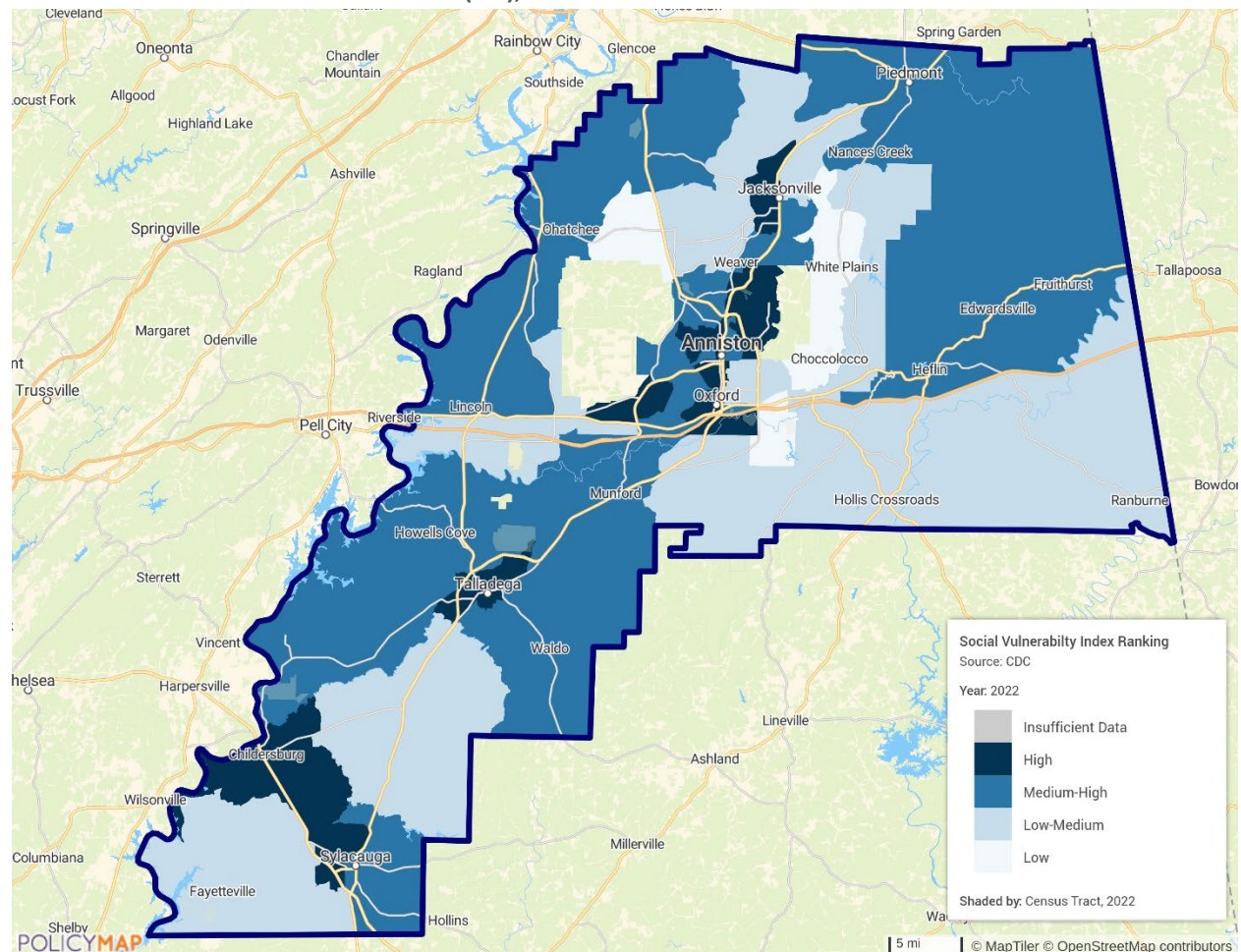
The SVI measures are grouped into four major categories:

SOCIOECONOMIC STATUS	Population Living in Poverty Unemployed Population Population with No High School Diploma
HOUSEHOLD COMPOSITION & PEOPLE LIVING WITH A DISABILITY	Age 65 & Over Age Below 18 Population Living With a Disability Single-Parent Households
MINORITY POPULATION & LANGUAGE	Minority Population Population Who Speaks English Less than Very Well
HOUSING & TRANSPORTATION	Multi-Unit Housing Structures Mobile Homes Crowding Population With No Vehicle

¹ Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>

The map below indicates the SVI rank of each census tract in the RMCHS service area. A few census tracts, concentrated around the city of Anniston, Talladega, and Childersburg have high SVI rankings, indicating that the residents living in these census tracts may be more vulnerable than others in the service area.

EXHIBIT 2: SOCIAL VULNERABILITY INDEX (SVI), 2022

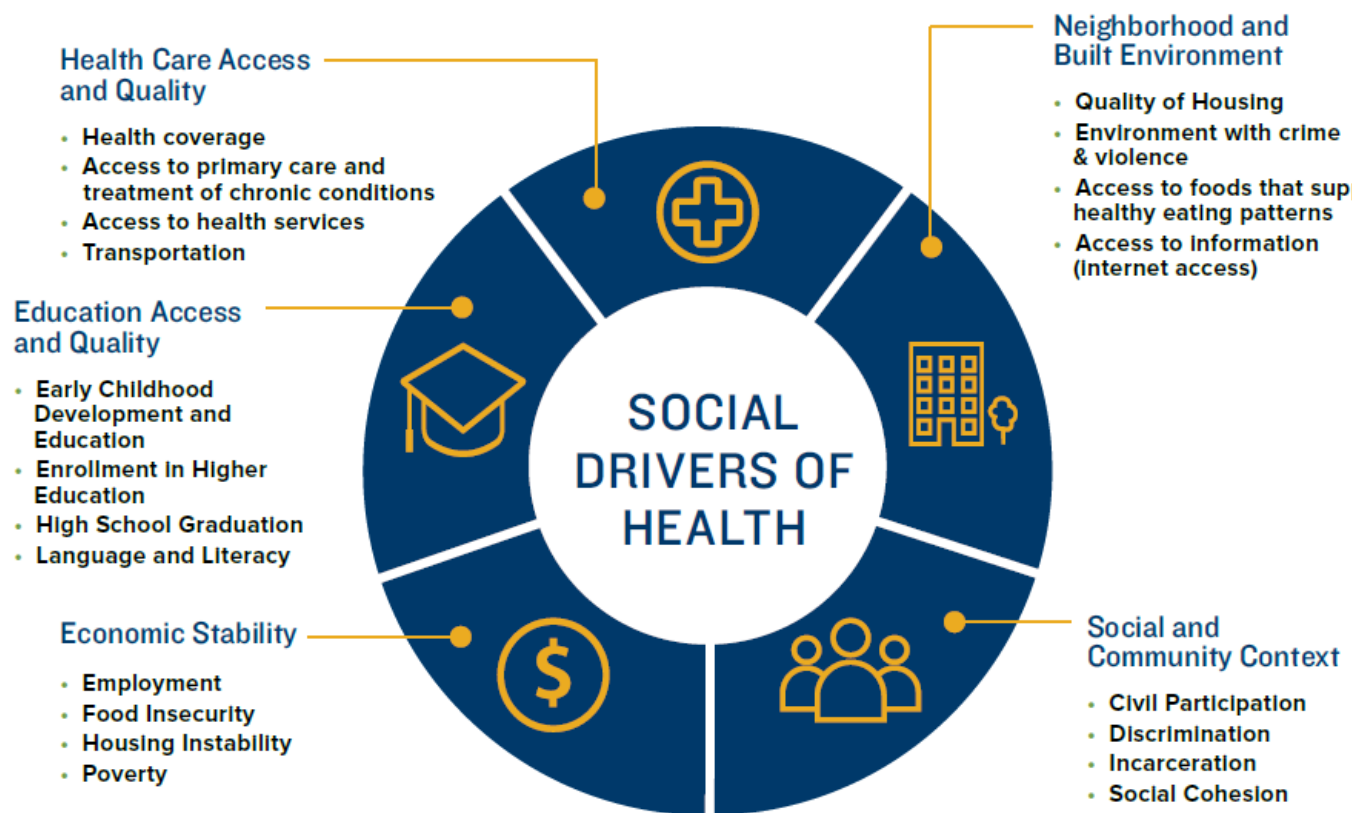


Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, 2022

Social Drivers of Health Overview

Social Drivers of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals.² The following report highlights the impact that Social Drivers of Health have on access to services and resources and the health outcomes of people at the individual and community level. A study published in the American Journal of Preventive Medicine estimates that social drivers of health impact nearly 80.0% of our health outcomes while clinical care only impacts 20.0%.³

EXHIBIT 3: SOCIAL DRIVERS OF HEALTH FRAMEWORK



Source: Healthy People 2030

² Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

³ Hood et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. <https://www.sciencedirect.com/science/article/abs/pii/S0749379715005140>

Demographics

Between July 2022 and July 2023, Alabama's population grew by 34,000, reaching 5.1 million people, driven mostly by domestic and international migration. Despite ranking 15th in growth rate and 11th in total population gain, the state still trails faster-growing neighbors like Florida and Georgia. Most of the growth was attributed to people moving in from other states, as well as a slight increase in international migration.⁴

Population trends vary across the three counties in the service area. Between 2014 and 2024, Cleburne County experienced population growth of 2.9%, while Calhoun County and Talladega County experienced slight population declines. Population projections suggest these trends will continue through 2029, with continued growth in Cleburne County and modest declines in Calhoun County and Talladega County.

EXHIBIT 4: TOTAL POPULATION, PERCENT CHANGE 2014-2029

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	116,090	15,426	81,021	5,086,768	334,922,499
2014	117,186	14,990	81,673	4,817,678	314,107,084
Percent Change (2014-2024)	-0.9%	+2.9%	-0.8%	+5.6%	+6.6%
Total Population, 2029	114,649	15,634	80,245	5,249,807	349,554,291
Percent Change (2024-2029)	-1.2%	+1.3%	-1.0%	+3.2%	+4.4%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Since 2014, the median age has increased in Cleburne County, Talladega County and Alabama while the median age in Calhoun County has remained stable. In 2024, the median age ranged from 39 years in Calhoun County to 43 years in Cleburne County, indicating an aging population in parts of the service area.

EXHIBIT 5: MEDIAN AGE PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	39	43	42	39	39
2014	39	41	40	38	37
Percent Change (2014-2024)	0.0%	+4.9%	+5.0%	+2.6%	+5.4%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁴ Public Affairs Research Council of Alabama. Alabama's Population Growth Accelerating, 2024. <https://parcalabama.org/alabamas-population-growth-accelerating/>

Statewide, the population of older adults aged 65 and over increased from about 861,000 in 2020 to nearly 956,000 in 2024 (11.0%) according to the United States Census Bureau, indicating that the older adult population is outpacing the child population (under 18), which has remained relatively the same since 2020.⁵ Older adults face a higher risk of chronic conditions like dementia, heart disease, type two diabetes and arthritis, often requiring specialized care. Barriers such as provider shortages in rural areas, transitioning to Medicare and high out-of-pocket costs can delay care and lead to preventable emergencies.⁶

In Calhoun, Cleburne and Talladega counties, children and older adults make up a large share of the population. More than 20.0% of residents are under age 18, while approximately one in five residents are age 65 or older. This age distribution may increase the need for services and resources tailored to children, older adults and their caregivers.

EXHIBIT 6: PERCENT OF POPULATION BY AGE GROUP, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 18	21.4%	22.0%	20.6%	22.2%	22.0%
18 to 64	60.3%	57.9%	60.0%	60.0%	60.8%
65 and Over	18.2%	20.1%	19.4%	17.8%	17.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁵ U.S. Census Bureau, State Population by Characteristics: 2020-2024. <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>

⁶ Office of Disease Prevention and Health Promotion, Social Determinants of Health and Older Adults. <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults>

Calhoun County, Alabama Demographic Overview

Total
Population
116,090

Population by Age



Under 18
21.4%



18 to 64
60.3%



65 +
18.2%



Median Age
39

Population Change



2014
117,186

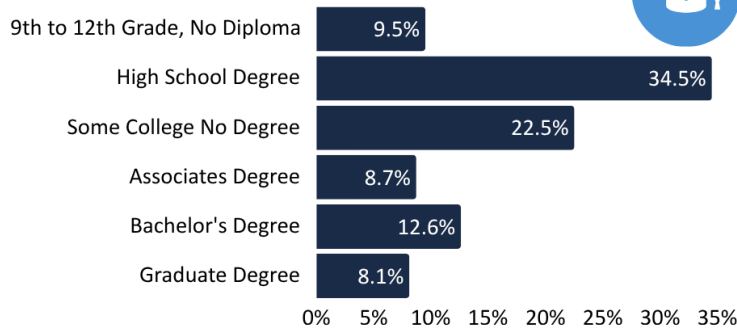
-0.9%

2024
116,090

-1.2%

2029
114,649

Education



9.5% of Calhoun County residents **do not have a high school diploma.**



Economic Wellbeing



Median Household
Income
\$55,029



Households Below
Poverty Level
18.3%



Unemployment Rate
3.2%



Households
Receiving SNAP
Benefits
17.9%

Race and Ethnicity

70.4%
White

4.6%
Hispanic or
Latino

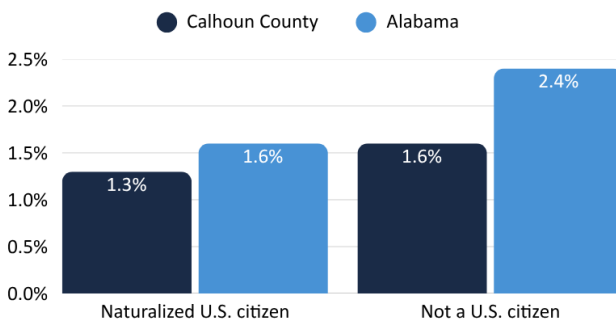
4.3%
Two or
More Races

21.9%
Black or
African
American

29.6%
of the population
is considered a
minority

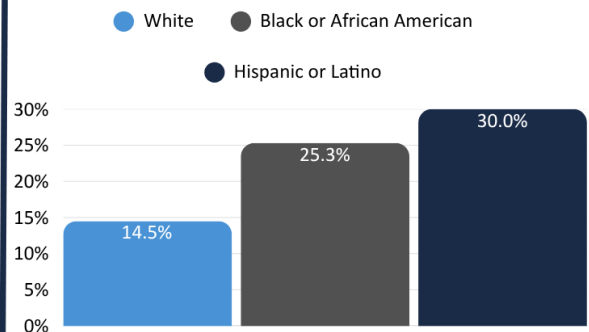


Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



Cleburne County, Alabama Demographic Overview

Total
Population
15,426

Population by Age



Under 18
22.0%



18 to 64
57.9%



65 +
20.1%



Median Age
43

Population Change



2014
14,990

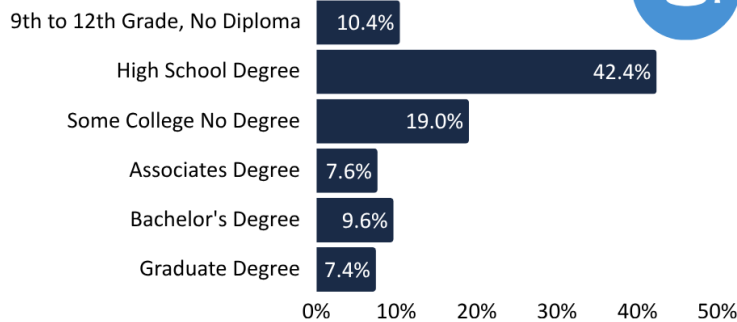
+2.9%

2024
15,426

+1.3%

2029
15,634

Education



10.4% of Cleburne County residents **do not have a high school diploma.**



Economic Wellbeing



Median Household
Income
\$55,345



Households Below
Poverty Level
16.7%

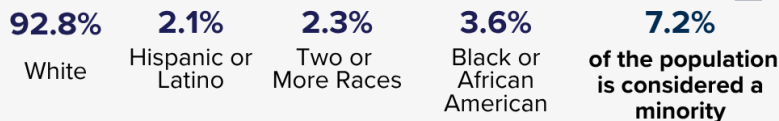


Unemployment Rate
2.6%



Households
Receiving SNAP
Benefits
14.5%

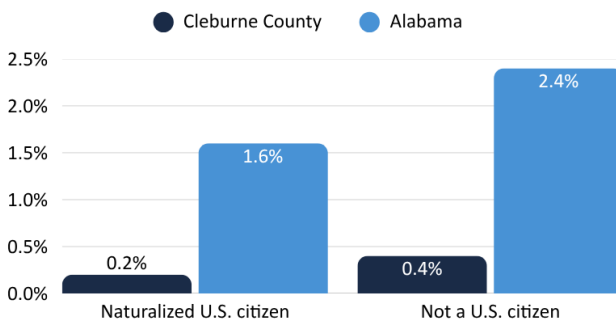
Race and Ethnicity



7.2%
of the population
is considered a
minority

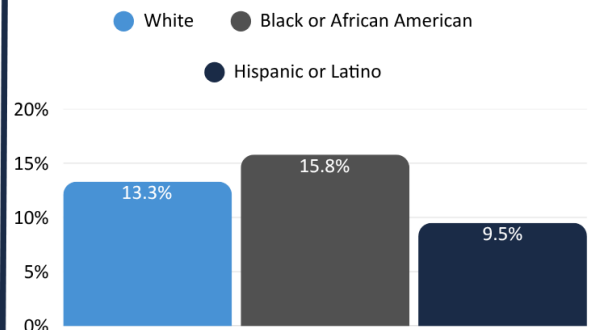


Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



Talladega County, Alabama Demographic Overview

Total
Population
81,021

Population by Age



Under 18
20.6%



18 to 64
60.0%



65 +
19.4%



Median Age
42

Population Change



2014
81,673

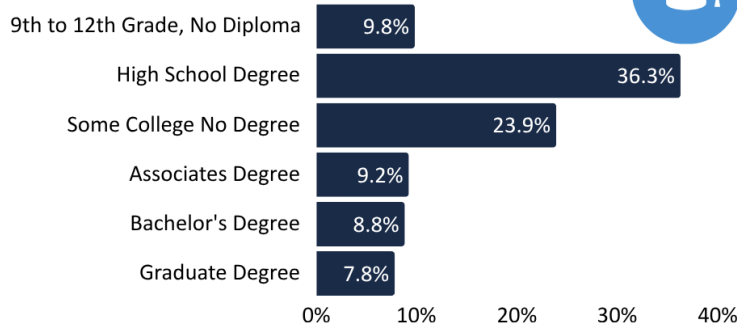
-0.8%

2024
81,021

-1.0%

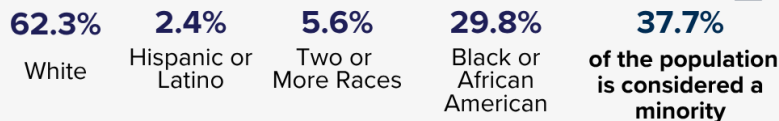
2029
80,245

Education



9.8% of Talladega County residents **do not have a high school diploma.**

Race and Ethnicity



Economic Wellbeing



Median Household
Income
\$57,776



Households Below
Poverty Level
18.8%

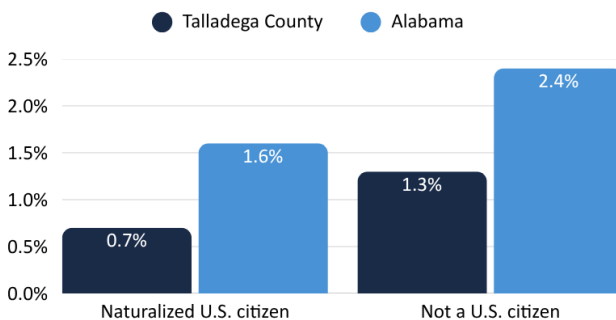


Unemployment Rate
3.2%



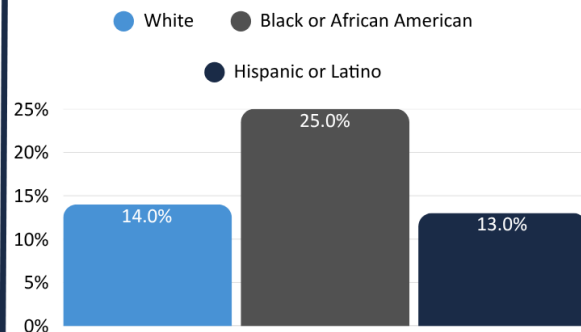
Households
Receiving SNAP
Benefits
17.0%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Trend of Population Living in Poverty



People Living with a Disability

People living with seen and unseen disabilities are at higher risk for health disparities and secondary conditions like pain, fatigue, obesity and depression. They often face barriers to healthcare access and are more susceptible to preventable health issues that reduce quality of life.⁷

Approximately one in five residents in Calhoun, Cleburne and Talladega counties is living with a disability, a higher percentage than Alabama and the United States overall. The share of population with a disability increases with age, with more than half of adults ages 75 and older in each county reporting a disability.

EXHIBIT 7: PERCENT OF POPULATION LIVING WITH DISABILITY BY AGE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Population living with a disability	20.5%	19.7%	20.5%	16.2%	13.1%
Under 5	1.1%	3.0%	0.0%	0.7%	0.7%
5 to 17	7.4%	2.0%	10.9%	6.9%	6.3%
18 to 34	10.3%	8.6%	11.3%	9.1%	8.1%
35 to 64	24.1%	22.0%	23.0%	17.3%	12.5%
65 to 74	39.1%	43.0%	37.1%	30.1%	24.0%
75 and Over	55.5%	53.7%	51.6%	50.8%	46.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Ambulatory difficulty is the most common type of disability in Calhoun, Cleburne and Talladega counties, followed by cognitive difficulty. Ambulatory difficulty is defined as having serious difficulty walking or climbing stairs, while cognitive difficulty is defined as having difficulty remembering, concentrating or making decisions because of a physical, mental or emotional problem.⁸

EXHIBIT 8: PERCENT OF POPULATION LIVING WITH DISABILITY BY TYPE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Vision difficulty	3.8%	6.7%	4.9%	3.2%	2.5%
Hearing difficulty	5.9%	8.9%	5.3%	4.4%	3.6%
Cognitive difficulty	8.3%	6.3%	8.4%	6.4%	5.3%
Ambulatory difficulty	11.2%	10.0%	11.7%	8.5%	6.3%
Independent living difficulty	7.8%	7.2%	7.1%	5.7%	4.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁷ U.S. Centers for Disease Control and Prevention, Disability and Health. <https://www.cdc.gov/disability-and-health/about/disability-and-health-information-for-healthcare-providers.html>

⁸ U.S. Census Bureau, Disability Glossary. <https://www.census.gov/topics/health/disability/about/glossary.html>

Healthcare Access and Quality

Healthcare Access and Quality is one of the five social drivers of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary healthcare services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.⁹

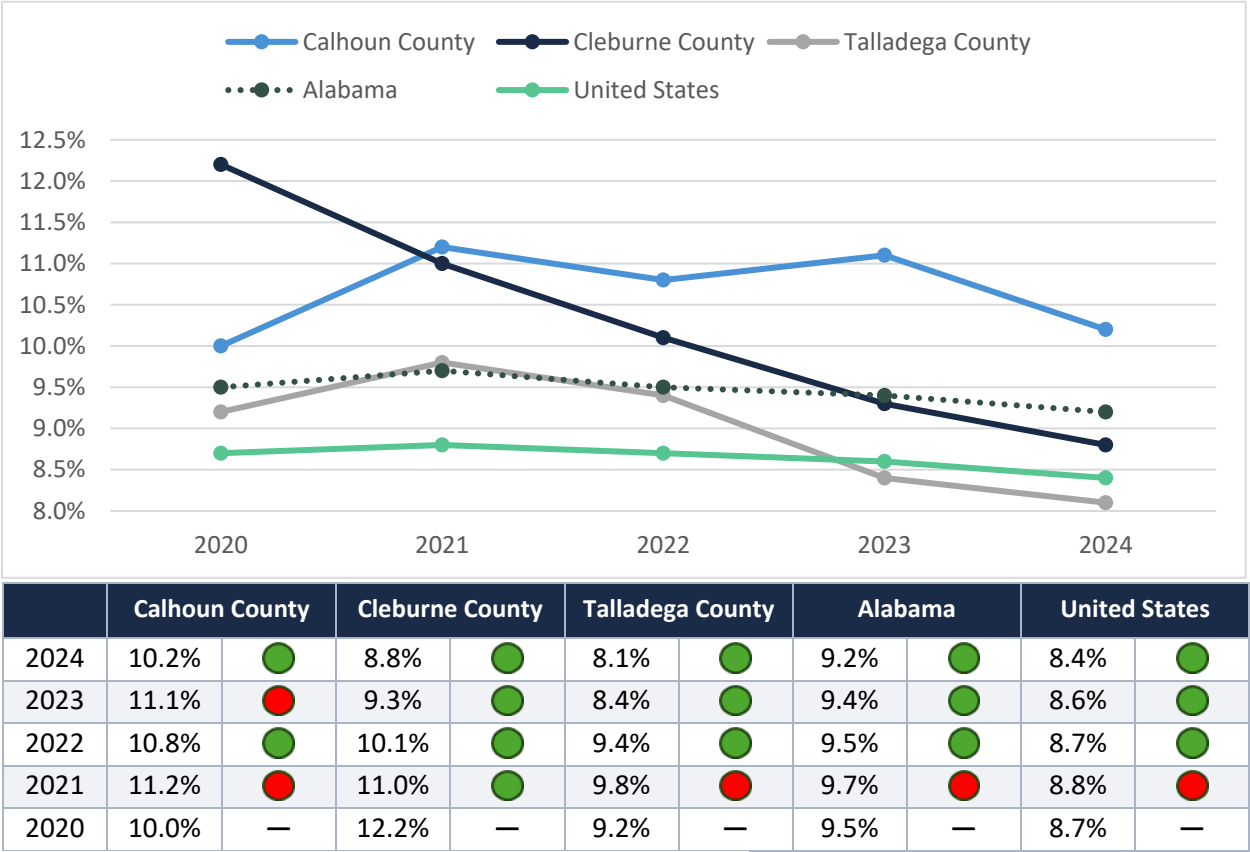
Since the Affordable Care Act's Medicaid expansion began in 2014, Alabama is one of 10 states that have not adopted it. Expansion increases coverage to adults with incomes up to 138.0% of the federal poverty level. This expansion has played a key role in reducing the uninsured rate for people under age 65 to historically low levels. Uninsured rates are nearly double in states that have not expanded Medicaid compared to those that have (14.1% vs. 7.6%). Uninsured individuals face greater barriers to care, nearly one in four went without needed medical treatment in 2023 due to cost and are less likely to receive preventive services or treatment for serious health conditions.¹⁰

⁹ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). *Healthy People 2030: Healthcare Access and Quality*. U.S. Department of Health and Human Services. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

¹⁰ KKF. How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion? 2025. <https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>

As shown in Exhibit 9, the percentage of people without health insurance shifted across the five areas from 2020 to 2024. Most areas saw an increase in 2021, though Cleburne County declined that year. Percentages then dropped in 2022 and continued falling steadily through 2024, aside from Calhoun County, which ticked up slightly in 2023 before resuming its decline.

EXHIBIT 9: TREND OF TOTAL POPULATION WITHOUT HEALTH INSURANCE, 2020-2024¹¹

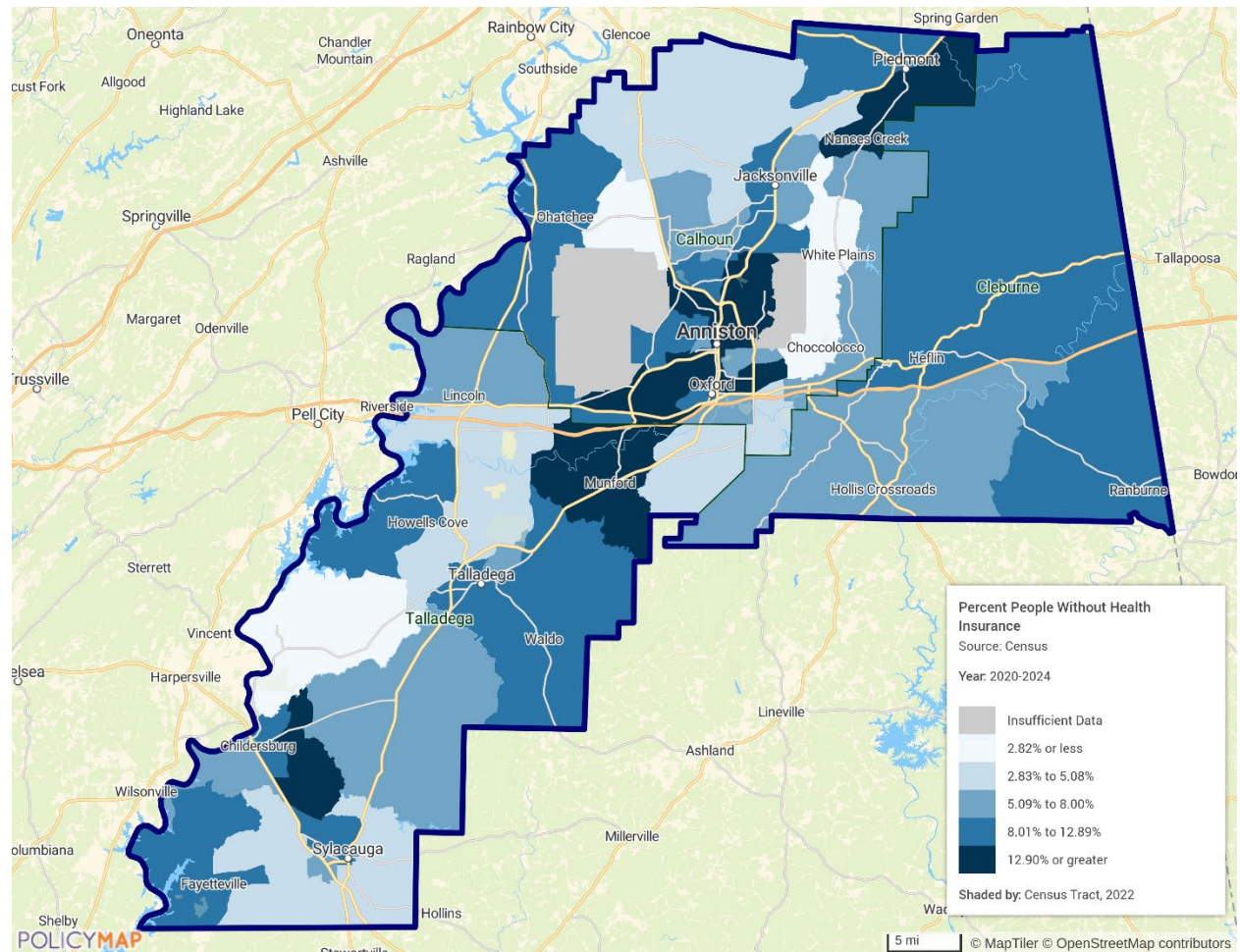


Source: U.S. Census Bureau American Community Survey Five-year Estimates

¹¹ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

The maps below indicate the estimated percentage of all people without health insurance in Calhoun, Cleburne and Talladega counties by census tract. In Calhoun County, around Anniston, there are pockets of uninsured residents, with at least one census tract where over 30.0% of the population does not have health insurance.

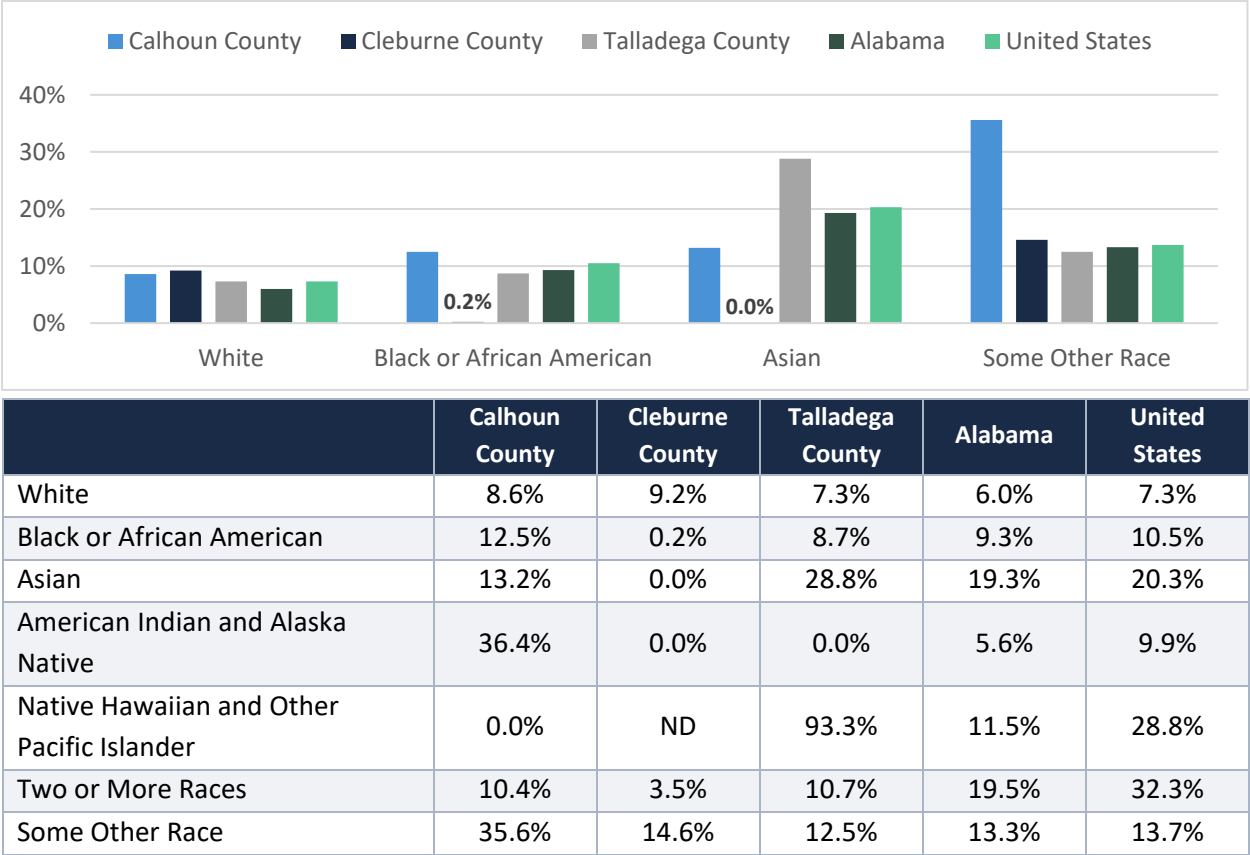
EXHIBIT 10: POPULATION WITHOUT HEALTH INSURANCE BY CENSUS TRACT, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Differences were seen by race for those uninsured through the service area. For white residents, all three counties were above the state figure of 6.0%. American Indian and Alaska Native residents in Calhoun County had the highest uninsured percentage among all groups, at 36.4%. Talladega County also stood out, with 93.3% of Native Hawaiian and Other Pacific Islander residents uninsured, though this group makes up a small share of the county's population.

EXHIBIT 11: PERCENT OF UNINSURED POPULATION BY RACE, 2024¹²



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Over 26.0% of the Hispanic or Latino population in Cleburne County and in Alabama overall does not have insurance. Calhoun County follows closely at 24.5%, while Talladega County and the United States have lower percentages, at 17.6% and 17.3%.

EXHIBIT 12: PERCENT OF UNINSURED POPULATION BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	24.5%	26.3%	17.6%	26.6%	17.3%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

¹² This dataset provides a count of people who are Asian Alone, White Alone, Black or African American Alone, American Indian and Alaska Native Alone, Native Hawaiian and Other Pacific Islander Alone, Other Race Alone or Two or More Races. Each of the seven race categories include both people who identify as Hispanic or Latino as well as people who identify as not Hispanic or Latino. When combined, these seven categories equal the total population. <https://www.census.gov/glossary/?term=Race>

The Alabama Department of Public Health administers Alabama Kids (ALL Kids), the state's standalone Children's Health Insurance Program (CHIP), which provides low-cost health insurance coverage to eligible children under 19 years of age who reside in Alabama. ALL Kids serve children in families with incomes above Medicaid eligibility levels but who may not have access to affordable private health insurance. To qualify, children must meet income guidelines, be Alabama residents, be U.S. citizens or eligible immigrants, have no other health insurance coverage, not reside in an institution and not be eligible for Medicaid. Covered benefits include preventive care, immunizations, physician visits, prescription medications, vision and dental services, hospitalization and mental health and substance use treatment. Medicaid for Children (MCHIP) provides free or very low-cost health coverage for children in families with very low incomes and is administered through Alabama's Medicaid program. Unlike MCHIP, ALL Kids require an annual premium based on household income, generally ranging from \$50 to \$100, as well as modest copayments for certain services, such as physician visits and prescription medications. Although both programs require applicants to be under 19 years of age, Alabama residents and U.S. citizens or eligible immigrants, children cannot be enrolled in both programs simultaneously.¹³

As shown in Exhibit 13, ALL Kids enrollment increased across all three counties and the state from 2022 to 2026, with Calhoun County seeing the largest gain, from 1,468 to 2,381 children. Over the same period, MCHIP enrollment declined across the board, falling from 116,244 to 84,722 children statewide.

EXHIBIT 13: TREND OF THE NUMBER OF CHILDREN ENROLLED IN ALABAMA KIDS (ALL KIDS), 2022-2026¹⁴

	Calhoun County		Cleburne County		Talladega County		Alabama	
	ALL Kids	MCHIP	ALL Kids	MCHIP	ALL Kids	MCHIP	ALL Kids	MCHIP
January 2026	2,381	1,993	321	305	1,676	1,449	107,140	84,722
January 2024	1,578	2,631	236	352	1,005	1,937	73,838	110,450
January 2022	1,468	2,747	237	356	1,083	2,073	73,438	116,244

Source: Alabama Department of Public Health, Alabama Kids Insurance for Children Enrollment Data

¹³ Alabama Department of Public Health, ALL Kids Insurance. <https://www.alabamapublichealth.gov/allkids/index.html>

¹⁴ ALL Kids - 146-317% FPL MCHIP - Medicaid/CHIP Expansion - 100-145% FPL

In Calhoun and Talladega counties, the population aged 65 and over with Medicare was similar to state figures, around 96.7%. In contrast, Cleburne County had a figure lower than the state figure at 94.9%.

EXHIBIT 14: PERCENT OF POPULATION AGE 65 AND OVER WITH MEDICARE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Population 65 and Over	18.2%	20.1%	19.4%	17.8%
With Medicare	96.6%	94.9%	97.9%	96.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates.

Medicaid is medical coverage for families with children, dependents, the elderly, blind and disabled who are in financial need and meet the qualifications. In Calhoun and Talladega counties, nearly one in four residents had Medicaid, higher than the state figure of one in five residents with Medicaid, but similar to Cleburne County at 19.7% of residents with Medicaid.

EXHIBIT 15: PERCENT OF POPULATION WITH ALABAMA MEDICAID, 2024¹⁵

	Calhoun County	Cleburne County	Talladega County	Alabama
Population with Medicaid	25.1%	19.7%	24.9%	20.0%

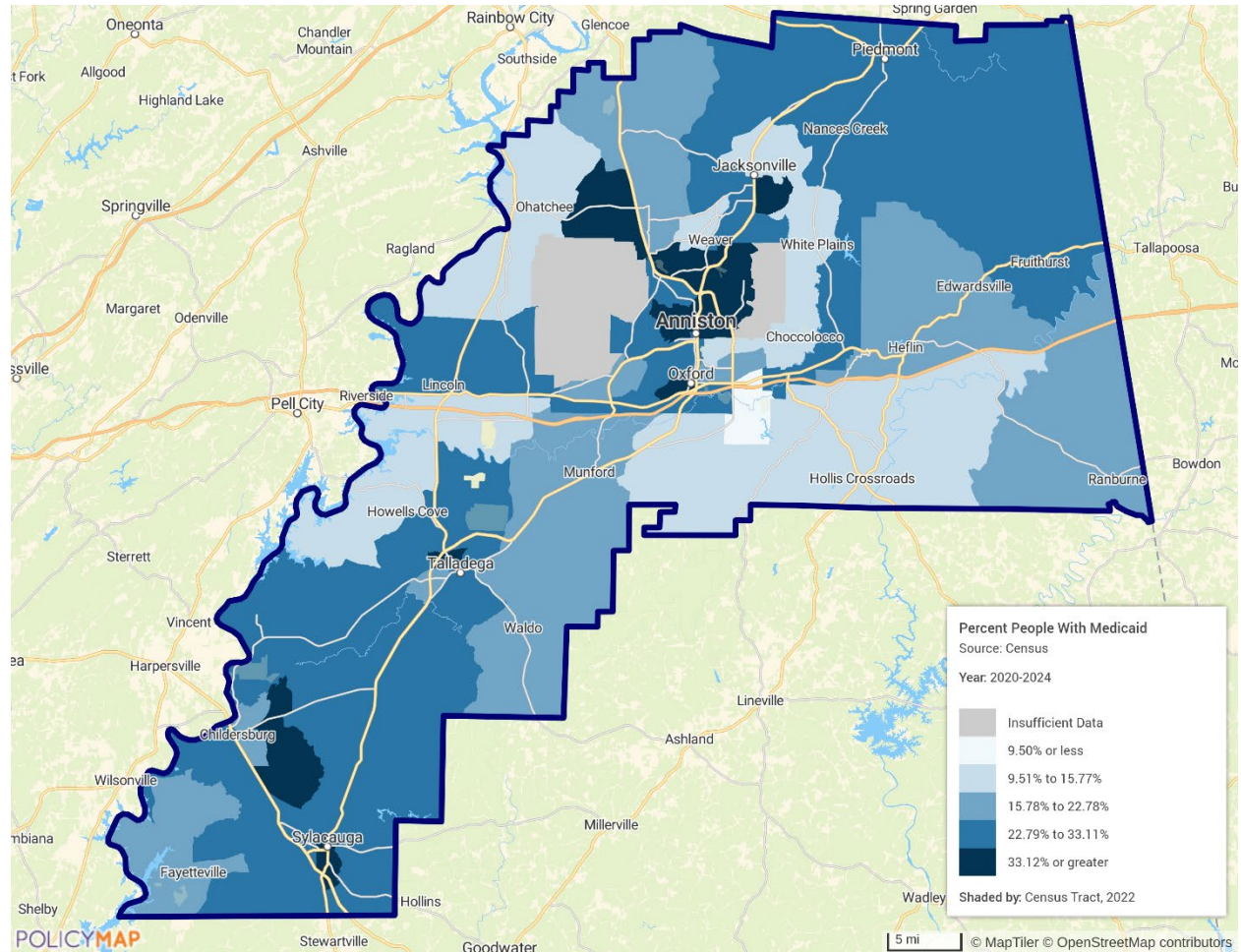
Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates.

¹⁵ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

The map below displays the estimated percentage of the population enrolled in Medicaid by census tract in Calhoun, Cleburne and Talladega counties by census tract.

In the service area, there are multiple pockets of the population with Medicaid. Specifically, around the city of Anniston in Calhoun County, the highest census tract has over 46.0% of residents with Medicaid. This indicates that a substantial portion of residents in this area may face barriers to accessing consistent health coverage without public assistance.

EXHIBIT 16: POPULATION WITH MEDICAID BY CENSUS TRACTS, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

According to the Alabama Office of Healthcare Workforce Status Report of the Alabama Primary Care Physician Workforce in 2024, access to care was identified as the top health priority, with the most widespread barrier being limited access to primary care physicians. The report states that as of 2025, Alabama requires 263 additional primary care physicians, each seeing an average of 20 patients per day, five days a week, for 48 weeks a year, strategically placed across 55 specific population centers to address the state's primary care shortage.¹⁶

Healthcare provider ratios indicate the number of people per one provider type practicing in each geography, with lower numbers meaning better access. Alabama and Talladega County saw gains across every provider type. However, in the rest of the service area, Calhoun and Cleburne counties saw access to geriatric care decline, falling well below the state ratio. Cleburne County's access to primary care physicians and geriatric care also weakened between 2020 and 2025, most notably for primary care physicians, where availability dropped to just one provider for every 15,426 residents.

This means that in 2025, residents had access to far fewer physicians than they did in 2020. Calhoun County saw a similar pattern for dentists and geriatric care. Talladega County moved in the opposite direction, with access improving across every category, though it still lagged behind the state. For example, the county had just one OBGYN for every 5,954 residents.

EXHIBIT 17: HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2020-2025

	Calhoun County			Cleburne County			Talladega County		
	2020	2025	+/-	2020	2025	+/-	2020	2025	+/-
Primary Care Physician	1,636:1	1,382:1	●	15,144:1	15,426:1	●	2,385:1	1,976:1	●
Primary Care Nurse Practitioners	1,659:1	1,018:1	●	15,144:1	7,713:1	●	2,192:1	1,653:1	●
Dentist	1,760:1	1,843:1	●	ND	ND	—	3,379:1	2,794:1	●
Geriatric Care Provider	3,466:1	3,526:1	●	2,974:1	3,103:1	●	7,533:1	5,233:1	●
Pediatrician	1,447:1	1,082:1	●	ND	ND	—	2,795:1	2,785:1	●
Obstetrics Gynecology OBGYN ¹⁷	11,995:1	6,657:1	●	ND	ND	—	6,953:1	5,954:1	●
Midwife and Doula	ND ¹⁸	19,972:1	—	ND	ND	—	ND	41,678:1	—

¹⁶ Alabama Office of Healthcare Workforce. Status Report of the Alabama Primary Care Physician Workforce, 2024. <https://aohw.org/2024-health-workforce-brief>

¹⁷ The denominator represents the female population within the geographic area.

¹⁸ No Data Available

	Alabama			United States		
	2020	2025	+/-	2020	2025	+/-
Primary Care Physician	1,318:1	982:1	●	1,000:1	740:1	●
Primary Care Nurse Practitioners	1,415:1	851:1	●	1,547:1	929:1	●
Dentist	2,534:1	2,100:1	●	1,685:1	1,362:1	●
Geriatric Care Provider Ratio	2,400:1	1,777:1	●	2,098:1	1,499:1	●
Pediatrician	1,112:1	783:1	●	815:1	584:1	●
Obstetrics Gynecology OBGYN ¹⁹	5,302:1	4,057:1	●	3,812:1	2,882:1	●
Midwife and Doula	69,786:1	26,168:1	●	18,256:1	7,079:1	●

Source: National Plan & Provider Enumeration System NPI

¹⁹ The denominator represents the female population within the geographic area.

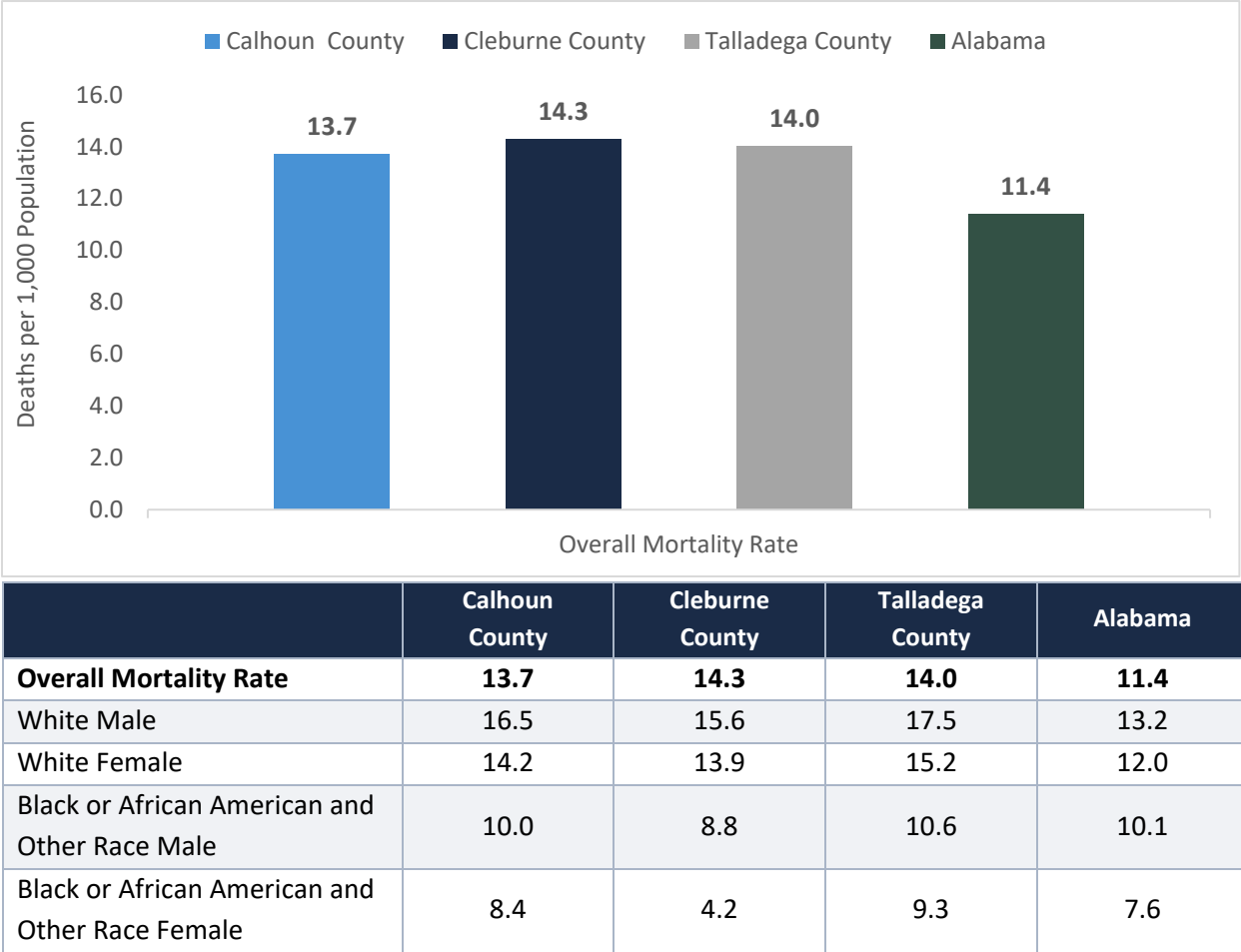
Health Status and Outcomes

Mortality and Morbidity

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval. Mortality data answers critical questions to help healthcare organizations and providers understand how many people are dying and why.²⁰

The overall mortality rate ranged from 13.7 to 14.3 among the service area counties. Cleburne County had the highest mortality rate compared to the other counties and the state, with a rate of 14.3 deaths per 1,000 population. The mortality rate for the White population was higher than the rates for Alabama and for the Black or African American population in all counties.

EXHIBIT 18: MORTALITY RATE PROFILE (DEATHS PER 1,000 POPULATION), 2024

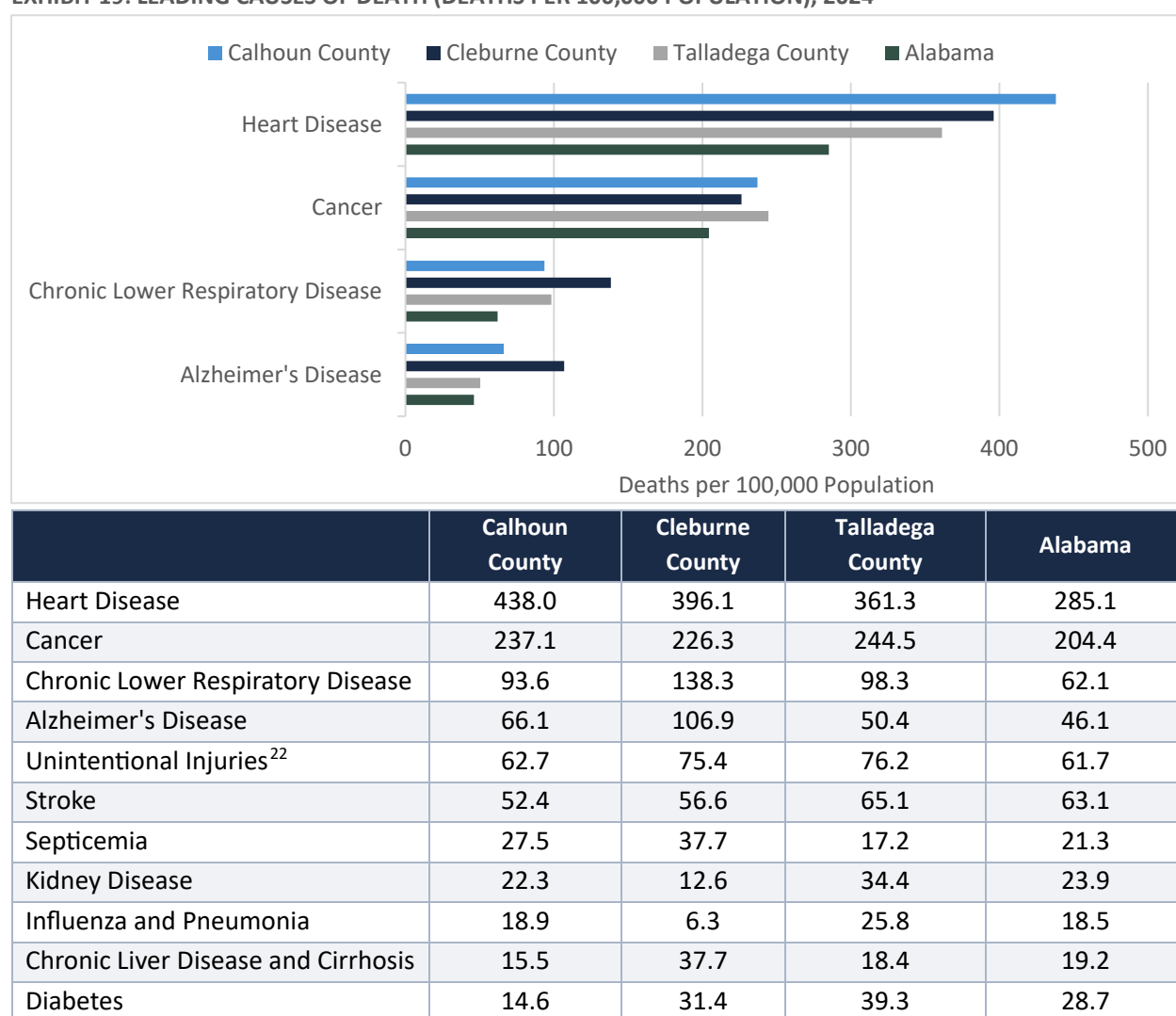


Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

²⁰Deputy Director for Public Health Science and Surveillance. Center for Surveillance, Epidemiology and Laboratory Services, Division of Scientific Education and Professional Development. <https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html>

In Alabama and the service area counties, the top causes of death are heart disease and cancer, followed by chronic lower respiratory disease. Calhoun County had the highest death rate for heart disease at 438.0 deaths per 100,000 population, a figure higher than the state rate. As for the fourth-leading cause of death, this varied by county. In Cleburne and Calhoun, Alzheimer's disease ranked fourth, with levels particularly elevated in Cleburne at 106.9 deaths per 100,000 population, more than double the state figure. In Talladega, unintentional injuries had the highest figure of all the counties and the state. Unintentional injuries include poisonings, including drug overdose, motor vehicle crashes, falls, drowning, suffocation, unintentional firearm injuries, fires and burns and injuries involving a person being struck by or against an object.²¹

EXHIBIT 19: LEADING CAUSES OF DEATH (DEATHS PER 100,000 POPULATION), 2024



Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, (2024)

²¹ Rural Health Information Hub. <https://www.ruralhealthinfo.org/toolkits/unintentional-injury/1/overview>

²² ICD-10 Codes (V01-X59): <https://icd.who.int/browse10/2019/en#/V01-X59>, (Y85-Y86): <https://icd.who.int/browse10/2019/en#/Y85>

General and Preventative Health

Receiving preventive care helps lower the risk of disease, disability and premature death, yet millions of Americans still do not receive the recommended preventive health services. Raising awareness about the value of preventive care is essential to increasing participation. In addition, changes in laws and policies can improve access to these vital services for more individuals.²³

The estimated annual percentage of adults aged 18 and over who self-reported their general health status as fair or poor increased in all counties as well as the state from 2020 to 2023, as shown in Exhibit 20 by the red indicators, with the highest percentage seen in Calhoun County at 18.4%.

EXHIBIT 20: SELF-REPORTED POOR OR FAIR HEALTH AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
16.3%	18.4%	●	16.3%	18.1%	●	16.9%	17.7%	●	16.5%	17.5%	●

Source: Centers for Disease Control and Prevention, PLACES

During this period, the estimated annual percentage of adults aged 18 and over who self-reported 14 or more poor physical-health days in the past 30 days increased in all counties and the state, as shown in Exhibit 21. Similarly, the estimated annual percentage of adults who reported no leisure-time physical activity in the past month increased in Calhoun County and the state, with nearly one in three residents reporting no physical activity. In Talladega County, this percentage decreased yet remained the highest of all counties and the state, as shown in Exhibit 22.

EXHIBIT 21: SELF-REPORTED POOR PHYSICAL HEALTH DAYS AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
12.9%	15.3%	●	13.6%	15.9%	●	14.1%	15.8%	●	12.0%	14.5%	●

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 22: SELF-REPORTED NO LEISURE-TIME PHYSICAL ACTIVITY AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
29.1%	31.9%	●	30.5%	30.5%	↔	33.1%	32.6%	●	28.1%	29.1%	●

Source: Centers for Disease Control and Prevention, PLACES

²³ Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care>

The estimated annual prevalence rate of adults aged 18 and over who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness or condition) in the previous year in all counties increased between 2020 and 2023.

EXHIBIT 23: SELF-REPORTED ANNUAL CHECK UP IN THE PAST YEAR AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
74.6%	79.3%	●	75.1%	79.2%	●	77.0%	81.7%	●	75.7%	80.4%	●

Source: Centers for Disease Control and Prevention, PLACES

Chronic Disease

Areas affected by the high prevalence of multiple chronic diseases face a variety of socioeconomic and environmental barriers to achieving good health. Many risk factors for chronic disease are likely beyond the individual's control and require large-scale policy change.²⁴ In both counties, the most prevalent chronic diseases are obesity, arthritis and diabetes. Arthritis is most prevalent in southern states, including Alabama, where it is linked to higher rates of activity limitations, severe joint pain, social participation restrictions, poor physical and mental health, obesity and physical inactivity, along with lower rates of leisure-time walking among adults with arthritis.²⁵

In all counties, the top three chronic diseases were high blood pressure, high cholesterol and obesity. In Talladega County, almost half of residents have high blood pressure, higher than all other counties and the state figure.

EXHIBIT 24: CHRONIC DISEASE PREVALENCE, 2023

	Calhoun County	Cleburne County	Talladega County	Alabama
Arthritis	31.6%	33.1%	32.2%	30.4%
Asthma	10.6%	10.0%	10.6%	10.2%
Cancer	8.2%	9.7%	8.3%	8.2%
Chronic Obstructive Pulmonary Disease	8.9%	9.8%	9.4%	8.3%
Coronary Heart Disease	7.7%	8.4%	8.3%	7.4%
Diagnosed Diabetes	14.8%	14.6%	17.2%	14.9%
High Blood Pressure	44.8%	42.9%	48.2%	43.2%
High Cholesterol	40.4%	43.2%	42.1%	40.6%
Obesity	38.6%	37.4%	45.6%	39.6%
Stroke	4.2%	4.3%	4.8%	4.2%

Source: Centers for Disease Control and Prevention, PLACES

²⁴ National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area, February 2024. https://www.cdc.gov/pcd/issues/2024/23_0267.htm#:~:text=Areas%20affected%20by%20a%20high,require%20large%2Dscale%20policy%20change.

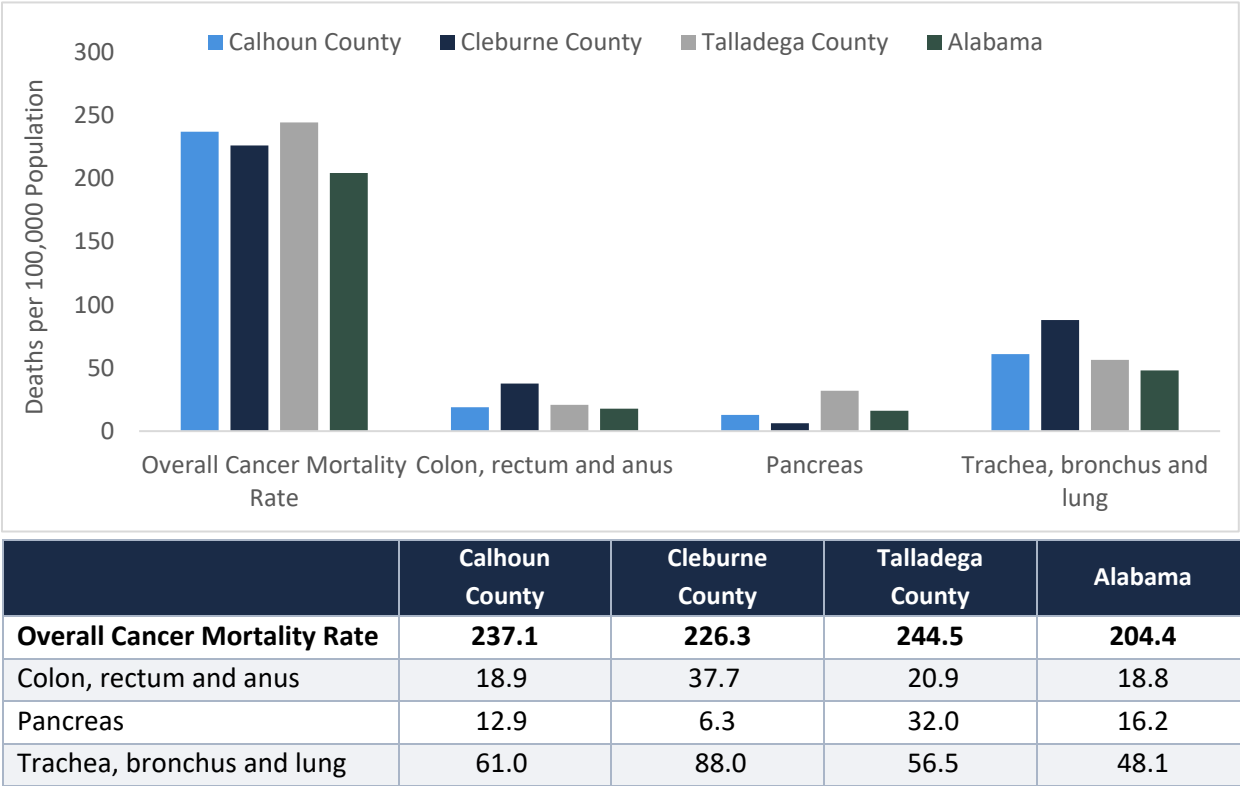
²⁵ Barbour KE, Moss S, Croft JB, Helmick CG, Theis KA, Brady TJ, Murphy LB, Hootman JM, Greenlund KJ, Lu H, Wang Y. Geographic Variations in Arthritis Prevalence, Health-Related Characteristics and Management - United States, 2015. MMWR Surveillance Summary. 2018 Mar 16;67(4):1-28. doi: 10.15585/mmwr.ss6704a1. PMID: 29543787; PMCID: PMC5857191. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5857191/#abstract1>

Cancer

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells that can result in death if not treated. Although the causes of cancer are not completely understood, numerous factors are known to increase risk, including many that are potentially modifiable (e.g., tobacco use and excess body weight) and those that are not (e.g., inherited genetic mutations). These risk factors may act simultaneously or in sequence to initiate and / or promote cancer growth.²⁶

Cancer is the second-leading cause of death in Alabama. Talladega County has the highest overall cancer mortality rate at 244.5 deaths per 100,000 population, compared to Calhoun County (237.1), Cleburne County (226.3) and Alabama (204.4).

EXHIBIT 25: LEADING CANCER MORTALITY RATE BY TYPE (DEATHS PER 100,000 POPULATION), 2024



Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

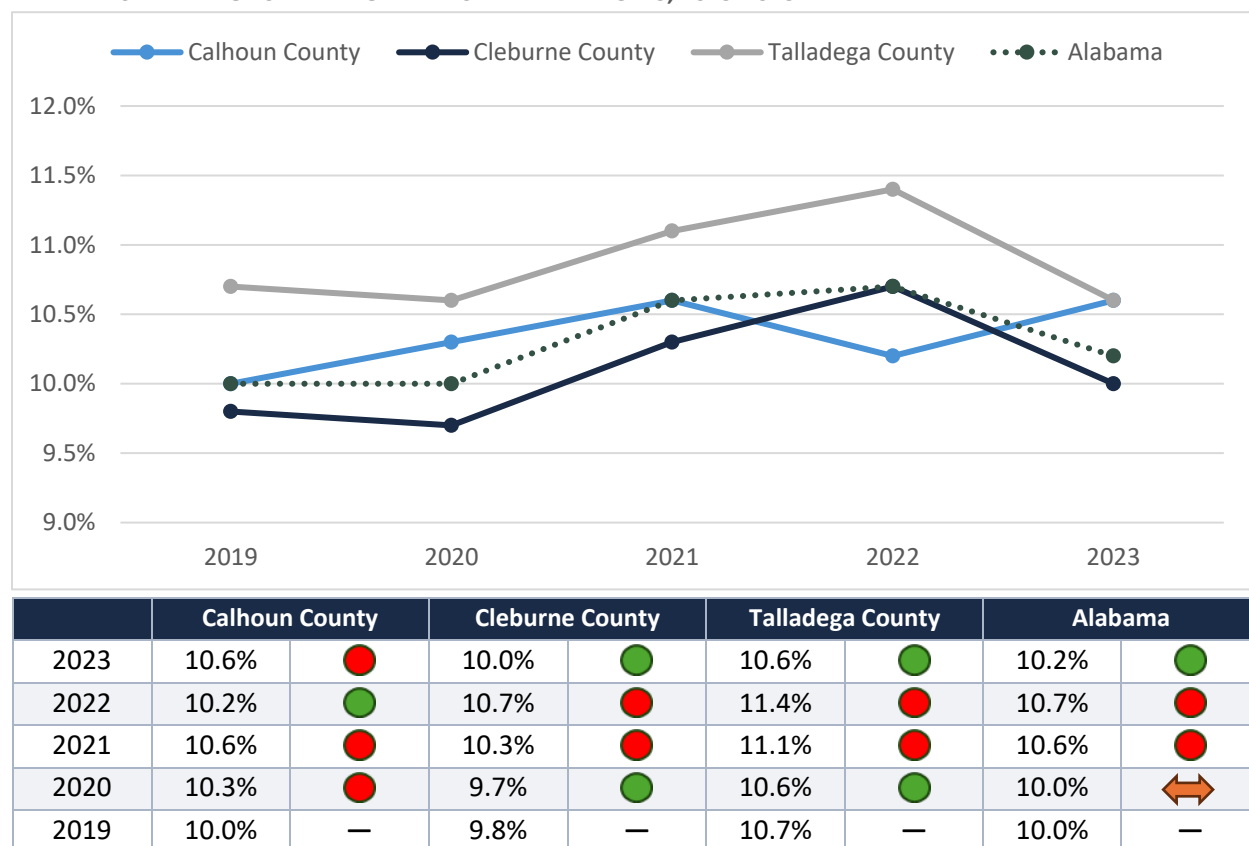
²⁶ American Cancer Society. Cancer Facts and Figures 2023. Atlanta: American Cancer Society; 2023

Asthma

Asthma is a condition that causes airway swelling and narrowing, making it hard to breathe. Flare-ups or asthma attacks can range from mild to life-threatening. While there's no cure, it can be managed with medication and lifestyle changes.²⁷

Since 2019, the estimated annual percentage of adults aged 18 and over who report currently having asthma and who also reported previously being told by a doctor, nurse or other health professional that they had asthma, has increased the most in Calhoun County, from 10.0% of adults in 2019 to 10.6% in 2023. In Talladega County, the percentage peaked at 11.4% in 2022 before decreasing to 10.6% in 2023.

EXHIBIT 26: TREND OF SELF-REPORTED ASTHMA IN ADULTS, 2019-2023²⁸



Source: Centers for Disease Control and Prevention, PLACES

²⁷ Alabama Public Health, Alabama Asthma Program. <https://www.alabamapublichealth.gov/asthmacoalition/assets/asthmaadult.pdf>

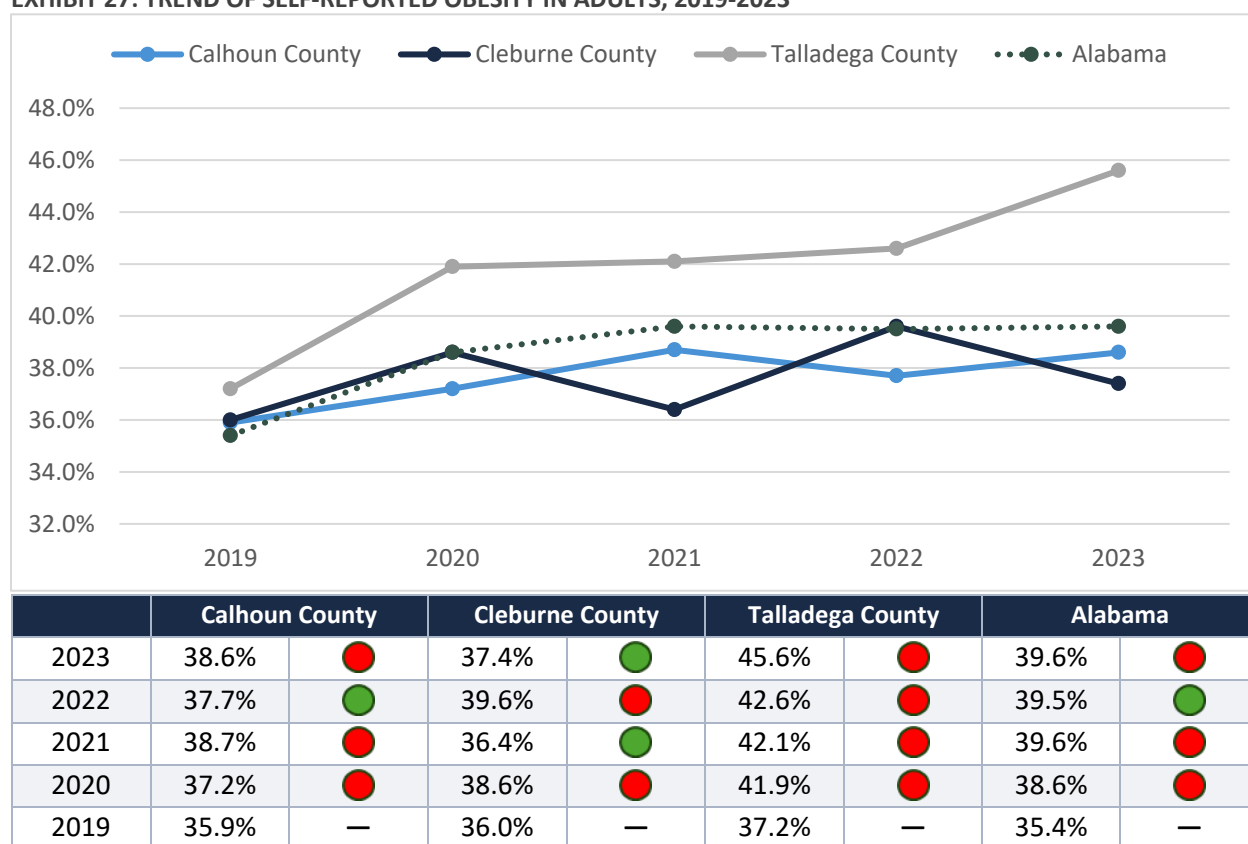
²⁸ In the BRFSS survey, these estimates include individuals who answered "yes" to both of the following questions: "Have you ever been told by a doctor, nurse or other health professional that you have asthma?" and "Do you still have asthma?"

Obesity

Obesity is a complex and costly chronic disease influenced by many factors. These factors include health behaviors, stress, health conditions and medications, genes and people's environment. Knowing the risk factors can help individuals and communities take steps to prevent and reduce obesity.

In 2023, Talladega County had the highest percentage of adults with obesity (45.6%), exceeding Calhoun County, Cleburne County and Alabama overall. Although Calhoun County and Cleburne County experienced some year-to-year decreases, the overall trend since 2019 has been an increase across the service area.

EXHIBIT 27: TREND OF SELF-REPORTED OBESITY IN ADULTS, 2019-2023



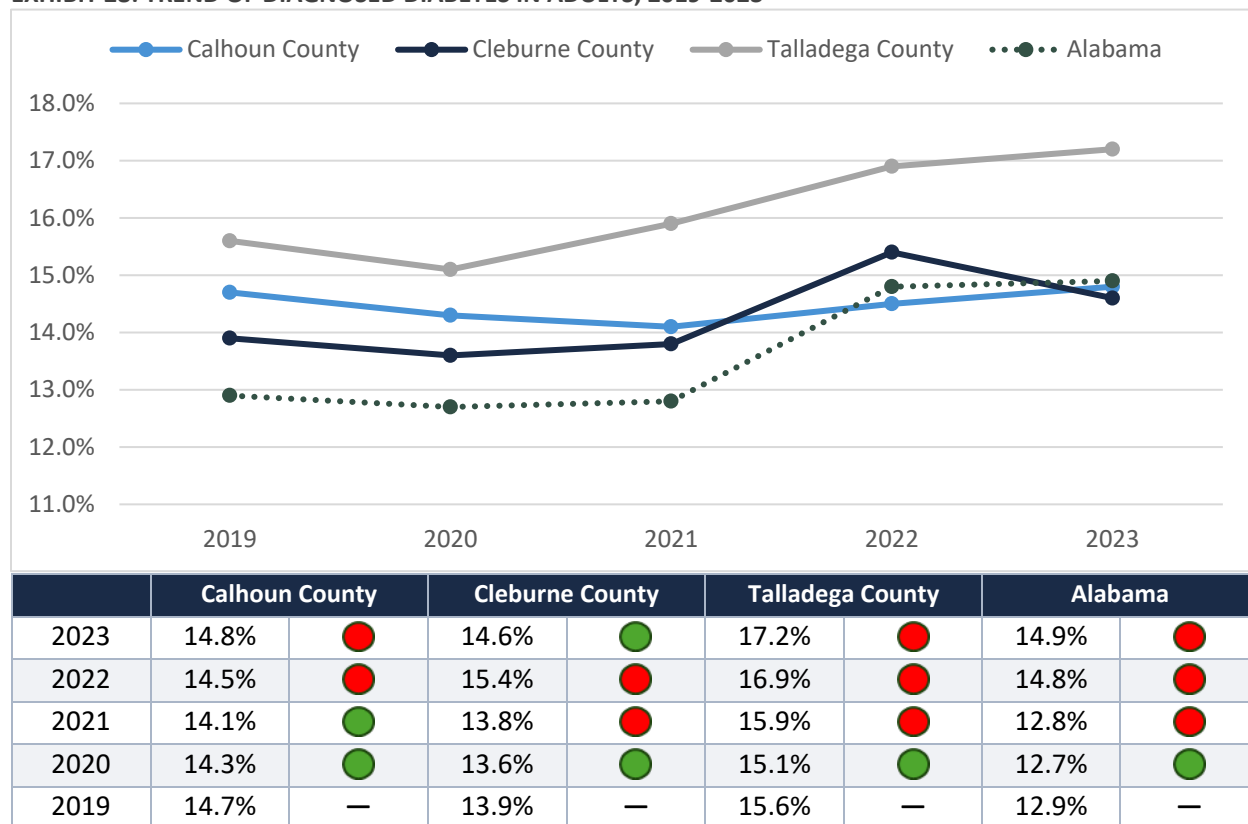
Source: Centers for Disease Control and Prevention, PLACES

Diabetes

Many people can manage diabetes with a healthy diet and regular exercise if caught early. However, low screening and limited access to care often lead to late diagnoses. Diabetes is closely linked to obesity, inactivity and conditions like heart disease and vision problems and can lead to serious outcomes such as limb amputation and dialysis.²⁹

The estimated annual prevalence of adults aged 18 and older who report ever being told by a doctor, nurse or other health professional that they have diabetes (excluding diabetes during pregnancy) increased across all counties between 2019 and 2023. Talladega County consistently showed higher prevalence compared with the state and Calhoun and Cleburne counties throughout the period.

EXHIBIT 28: TREND OF DIAGNOSED DIABETES IN ADULTS, 2019-2023³⁰



Source: Centers for Disease Control and Prevention, PLACES

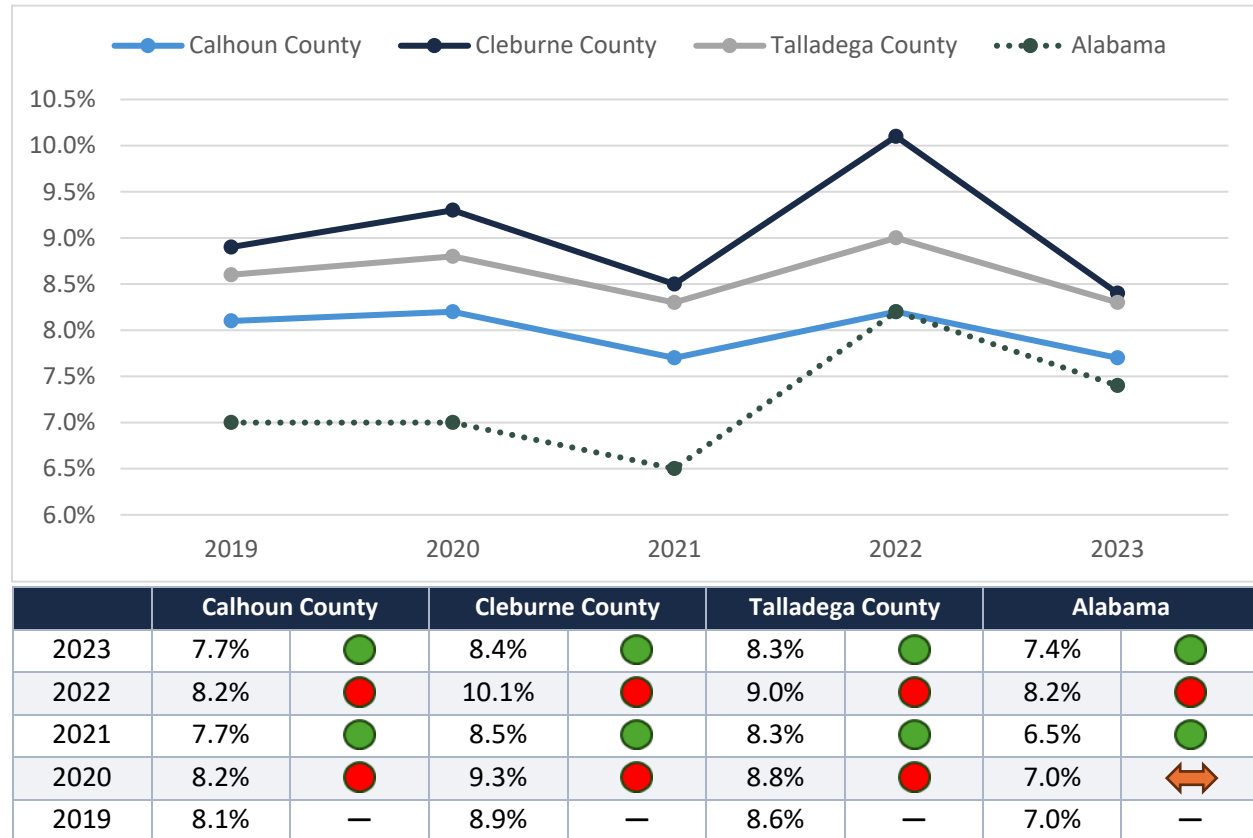
²⁹ U.S. CDC, Diabetes Basics. <https://www.cdc.gov/diabetes/about/>

³⁰ Estimated annual prevalence rate of adults aged 18 and over who report having ever been told by a doctor, nurse or other health professional that they have diabetes other than diabetes during pregnancy. https://www.cdc.gov/places/measure-definitions/health-outcomes.html#cdc_data_surveillance_section_11-diagnosed-diabetes-among-adults

Heart Disease

The estimated annual prevalence rate of adults aged 18 and over who report ever having been told by a doctor, nurse or other health professional that they had angina or coronary heart disease is highest in Cleburne County through 2019-2023.

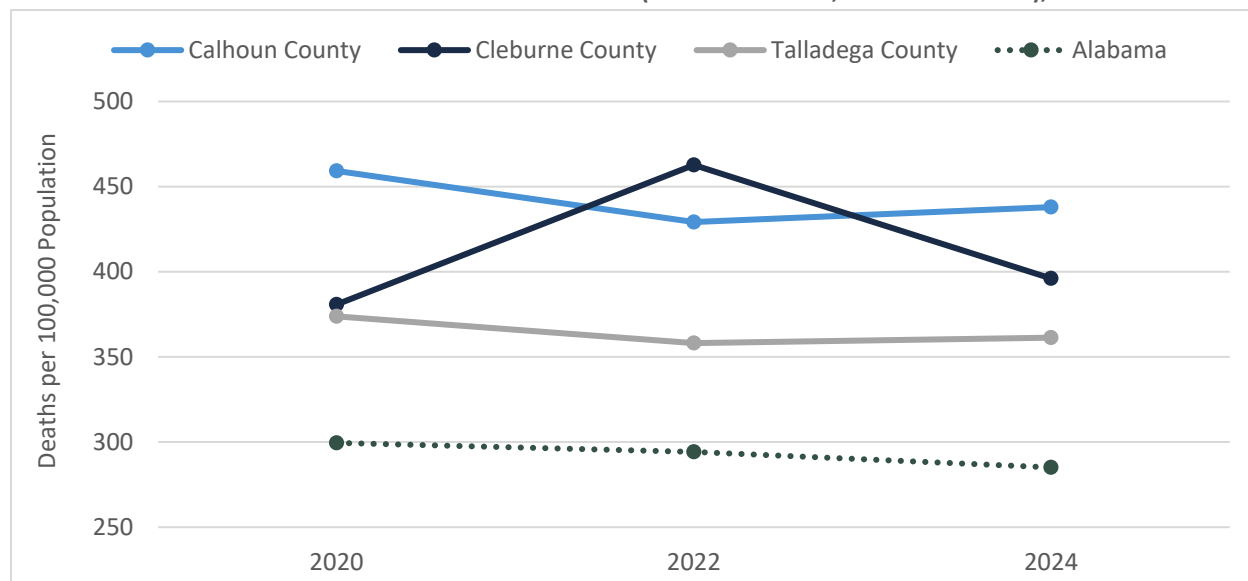
EXHIBIT 29: TREND OF HEART DISEASE IN ADULTS, 2019-2023



Source: Centers for Disease Control and Prevention, PLACES

Heart disease is the leading cause of death in Alabama and across all counties. Between 2020 and 2024, heart disease mortality rates fluctuated across the counties, with overall decreases observed in Calhoun County, Talladega County and Alabama. In contrast, Cleburne County experienced an increase with a sharp rise in 2022 followed by a decrease in 2024.

EXHIBIT 30: TREND OF HEART DISEASE MORTALITY RATE (DEATHS PER 100,000 POPULATION), 2020-2024



	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	438.0	●	396.1	●	361.3	●	285.1	●
2022	429.2	●	462.7	●	358.1	●	294.2	●
2020	459.2	—	380.8	—	373.8	—	299.5	—

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex

EXHIBIT 31: HEART DISEASE MORTALITY RATE PROFILE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Heart Disease Mortality Rate	438.0	396.1	361.3	285.1
White Male	533.5	470.4	445.9	342.4
White Female	430.7	371.7	389.3	296.2
Black or African American and Other Race Male	333.3	0.0	255.0	246.8
Black or African American and Other Race Female	309.7	0.0	269.2	178.3

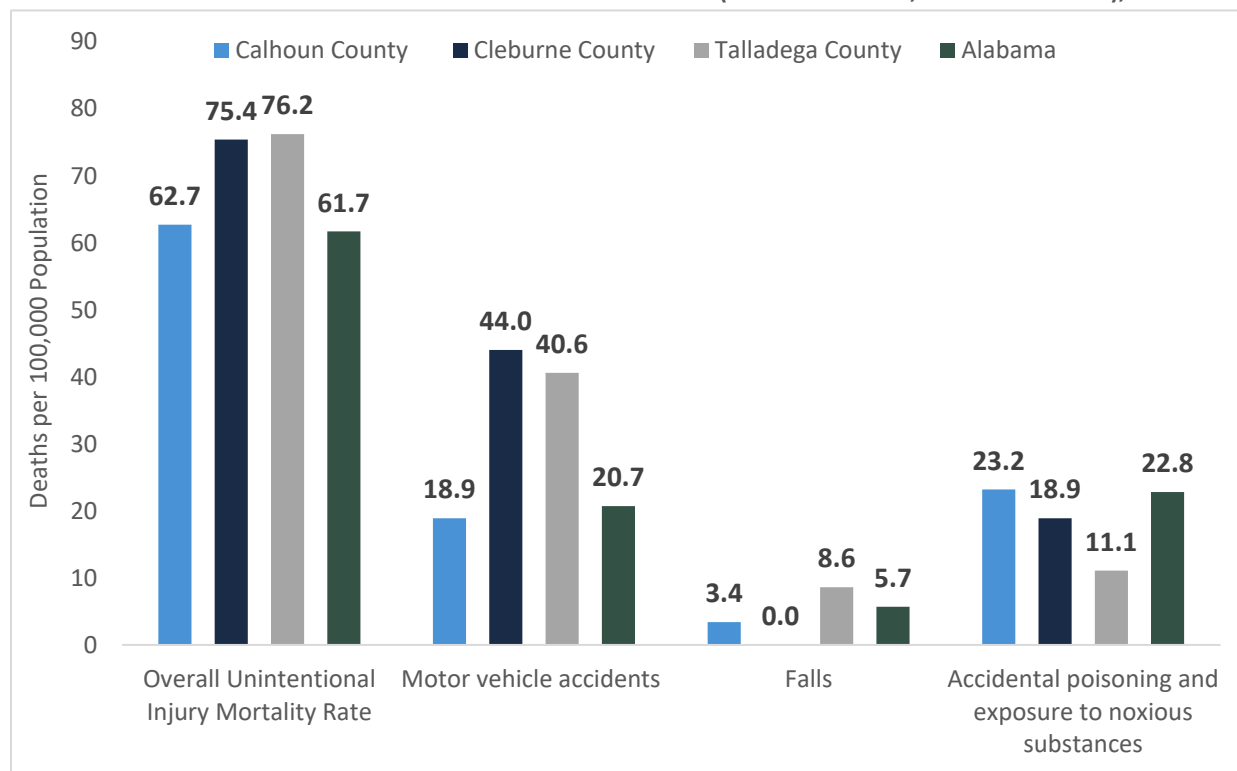
Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

Unintentional Injuries

Unintentional injuries are the fifth leading cause of death in Alabama. Injuries are not accidents; they can be prevented. Injuries are not random, uncontrollable events but rather predictable and preventable incidents with identifiable causes. Unintentional injuries are events that happen that are not deliberate or done with purpose.³¹

Unintentional injuries include poisonings, including drug overdose, motor vehicle crashes, falls, drowning, suffocation, unintentional firearm injuries, fires and burns and injuries involving a person being struck by or against an object.³² In 2024, unintentional injury mortality was highest in Talladega County and Cleburne County, exceeding Calhoun County and the state figure.

EXHIBIT 32: UNINTENTIONAL INJURY MORTALITY RATE BY TYPE (DEATHS PER 100,000 POPULATION), 2024



Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

³¹ Alabama Public Health, Injury Prevention. <https://www.alabamapublichealth.gov/injuryprevention/unintentional-injuries.html>

³² Rural Health Information Hub: [Overview of Unintentional Injuries in the U.S. - RHIhub Toolkit](#)

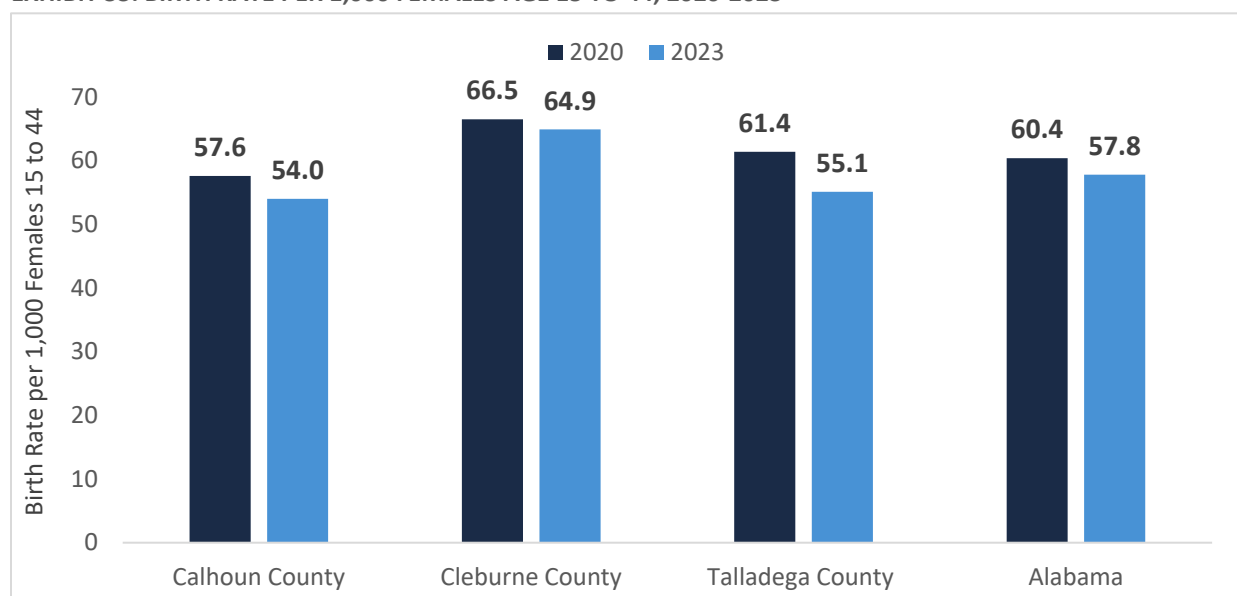
Maternal Health

Maternal health refers to women's health and well-being during pregnancy, childbirth and postpartum (after childbirth). The United States is experiencing a maternal health crisis as it has one of the highest maternal mortality rates among high-income nations, increasing rates of complications from pregnancy or childbirth and persistent disparities in such outcomes.³³

Since 2020, Alabama has experienced more deaths than births, despite overall population growth. This trend raises concerns about the state's shrinking workforce and the challenges new industries face in filling jobs.³⁴

Between 2020 and 2023, the birth rate among females aged 15 to 44 decreased in all the counties and the state.

EXHIBIT 33: BIRTH RATE PER 1,000 FEMALES AGE 15 TO 44, 2020-2023



Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
57.6	54.0	●	66.5	64.9	●	61.4	55.1	●	60.4	57.8	●

Source: Alabama Department of Public Health, Alabama County Health Profile

³³ U.S. Government Accountability Office, Maternal Health: HHS Should Improve Assessment of Efforts to Address Worsening Outcomes (2024). <https://www.gao.gov/products/gao-24-106271#:~:text=The%20U.S.%20is%20experiencing%20a,such%20outcomes%2C%20according%20to%20HHS.>

³⁴ Alabama faces a 'demographic cliff' as deaths surpass births, 2025. <https://www.al.com/news/2025/01/alabama-faces-a-demographic-cliff-as-deaths-surpass-births.html>

Social drivers of health, including race, poverty, education, geographic location, environmental conditions, and access to resources play an important role in maternal and infant health outcomes in Alabama. Infant mortality is often influenced by multiple interconnected factors rather than a single cause. In 2024, birth defects were the leading cause of infant mortality in Alabama, followed by preterm birth and low birth weight. Addressing these medical and social factors is essential to improving health outcomes for mothers, infants, and families across the state.³⁵ Infant mortality rose sharply in Calhoun and Cleburne counties between 2020 and 2023, far outpacing the statewide increase, while Talladega was the only county in the service area to see a slight improvement. The increase was especially steep among Black or African American infants in both counties, a pattern that stands out compared to other groups and warrants closer attention.

EXHIBIT 34: INFANT MORTALITY RATE BY RACE AND ETHNICITY (DEATHS PER 1,000 LIVE BIRTHS), 2020-2023³⁶

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall Infant Mortality Rate	3.2	11.9		6.1	23.4		12.9	12.1	
White	3.5	0.0		0.0	0.0		7.6	0.0	
Black or African American ³⁷	3.0	34.5		0.0	2,000.0		21.0	18.7	
Hispanic or Latino ³⁸	0.0	0.0		200.0	0.0		0.0	0.0	
Other ³⁹	0.0	428.6		0.0	0.0		0.0	1,250.0	

	Alabama		
	2020	2023	+/-
Overall Infant Mortality Rate	7.0	7.8	
White	4.8	1.0	
Black or African American	10.9	12.9	
Hispanic or Latino	7.2	1.8	
Other	8.5	180.7	

Source: Voices for Alabama's Children

³⁵ Alabama Public Health, State Perinatal Program. Bureau of Family Health Services, Infant Mortality (April 2, 2026).

<https://www.alabamapublichealth.gov/perinatal/infant-mortality.html>

³⁶ Number of deaths under one year of age.

³⁷ Calhoun County reported only one infant death that was identified as Black or African American in 2020 and nine in 2023. Cleburne County reported no infant deaths that was identified as Black or African American in 2020 and four in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases. <https://datacenter.aecf.org/data/tables/5759-infant-mortality-by-race?loc=2&loc=5#detailed/5/126,133,178/false/2545,574/107,3,4,6283/12371,12372>

³⁸ Cleburne County reported only one infant death that was identified as Hispanic in 2020 and none in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases.

³⁹ Talladega County reported no infant deaths identifying as Other in 2020 and five in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases.

As shown in Exhibit 35, low birth weight varies across counties and by race and ethnicity. From 2020 to 2023, Calhoun and Talladega counties saw a decrease in low-birth-weight figures, while Cleburne County saw an increase, from 8.5% to 11.1%. Across racial and ethnic groups, Black or African American infants had higher rates of low birth weight than their White counterparts. Notably, in Cleburne County in 2023, all racial and ethnic groups except White had a figure of 0.0%.

EXHIBIT 35: PERCENT OF BIRTHS WITH LOW BIRTH WEIGHT BY RACE AND ETHNICITY, 2020-2023⁴⁰

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall	9.7%	8.9%		8.5%	11.1%		13.0%	7.7%	
White	8.5%	7.4%		8.6%	11.6%		8.9%	6.4%	
Black or African American	13.7%	14.6%		14.3%	0.0%		19.2%	10.9%	
Hispanic or Latino	6.3%	7.3%		0.0%	0.0%		6.7%	0.0%	
Other	10.0%	7.1%		0.0%	0.0%		0.0%	25.0%	

	Alabama		
	2020	2023	+/-
Overall	10.8%	10.5%	
White	8.3%	8.1%	
Black or African American	16.3%	16.6%	
Hispanic or Latino	7.8%	8.2%	
Other	9.8%	11.5%	

Source: Voices for Alabama's Children

EXHIBIT 36: PERCENT OF MEDICAID BIRTHS, 2020-2023⁴¹

Calhoun County		Cleburne County		Talladega County		Alabama	
2020	2023	2020	2023	2020	2023	2020	2023
59.3%	56.4%	51.2%	50.3%	57.9%	54.5%	50.2%	44.7%

Source: Alabama Department of Public Health, 2023 Alabama County Health Profile.

⁴⁰ Percentage of all live births recorded as low birth weight (under 5.5 pounds).

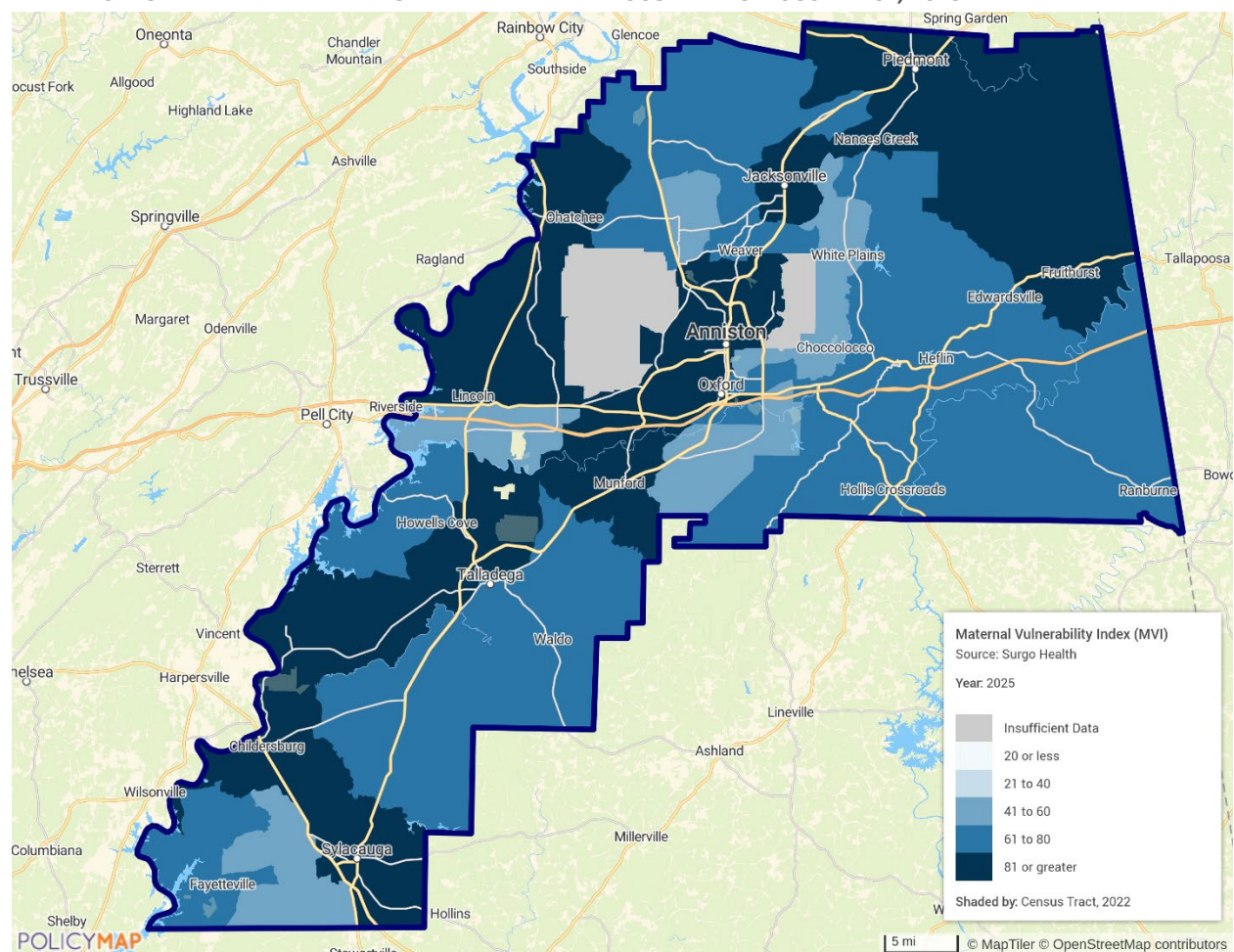
⁴¹ Number of births wherein Medicaid was the principal source of payment for the delivery expressed as a percentage of all births. This number is expressed as a percentage of all births.

The Maternal Vulnerability Index (MVI) ranks geographies on overall vulnerability to poor pregnancy outcomes and vulnerability across six themes:

- The Reproductive Healthcare
- The Physical Health
- The Mental Health and Substance Abuse
- The General Healthcare
- The Socioeconomic Determinants
- The Physical Environment

0 = the least vulnerable and 100 = the most vulnerable. A higher score indicates greater vulnerability to adverse maternal outcomes. In the service area, there are a large number of census tracts where the SVI score is 81 or greater.

EXHIBIT 37: OVERALL MATERNAL VULNERABILITY INDEX SCORE BY CENSUS TRACT, 2025



Source: Surgo Ventures, 2025.

Alabama has one of the highest rates of maternity care deserts in the United States, especially in rural areas, where many women lack access to essential obstetrical services. The number of rural counties with hospitals offering maternity care has dropped from 45 in 1980 to just 16 in 2025. Women now travel an average of 17.4 miles for delivery. Hospital closures and service reductions driven by financial strain and the state’s decision not to expand Medicaid has further limited access to care.⁴²

First trimester prenatal care refers to the percentage of births where the mother began prenatal care during the first three months of pregnancy. From 2020 to 2023, the share of pregnant women receiving prenatal care in the first trimester increased in all counties. Calhoun, Cleburne and the state each had roughly three in four pregnant women receiving this care, while Talladega lagged behind at 68.9%. Differences also emerged by race and ethnicity. Black or African American women had lower figures than White women across the counties. Hispanic women saw mixed trends across the counties. Talladega and Cleburne both saw sharp declines, while Calhoun saw an increase.

EXHIBIT 38: PERCENT OF WOMEN RECEIVING PRENATAL CARE IN THE FIRST TRIMESTER BY RACE AND ETHNICITY, 2020-2023

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall	74.8%	75.9%		74.8%	75.9%		66.0%	68.9%	
White	76.2%	77.4%		75.5%	82.1%		69.4%	71.3%	
Black or African American	74.1%	71.7%		42.9%	50.0%		61.4%	67.2%	
Hispanic or Latino	61.9%	75.0%		80.0%	60.0%		66.7%	36.4%	
Other ⁴³	60.0%	64.3%		100.0%	0.0%		62.5%	33.3%	

	Alabama		
	2020	2023	+/-
Overall	73.3%	74.7%	
White	77.4%	79.5%	
Black or African American	69.8%	71.2%	
Hispanic or Latino	56.7%	56.6%	
Other	73.7%	74.0%	

Source: Voices for Alabama's Children

⁴² Alabama Arise. The Alabama Maternal Health Toolkit, 2025. <https://alarise.org/resources/the-alabama-maternal-health-toolkit/#Maternity>

⁴³ Cleburne County reported only one individual receiving first-trimester prenatal care in 2020 and none in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases. <https://datacenter.aecf.org/data/tables/9505-females-receiving-adequate-adequate-plus-prenatal-care-by-race?loc=2&loct=5#detailed/5/133/true/2545,574/4/18668,18669>

Behavioral Health

In 2022, the United States recorded nearly 50,000 suicides, the highest number on record and more than during World War II, according to the Centers for Disease Control and Prevention. Risk factors include psychiatric and substance use disorders, previous suicide attempts, psychiatric hospitalization and social isolation. In 2023, one in five high school students seriously considered suicide. Teen mental health has declined over the past decade, driven by concerns about violence, safety, persistent sadness and suicidal thoughts.⁴⁴ According to 2023 provisional data from the Centers for Disease Control and Prevention, U.S. suicides remained at about the highest level in the nation's history.⁴⁵

Mental Health

The Centers for Disease Control and Prevention defines mental health as emotional, psychological and social well-being. It is a crucial part of overall health and affects how people think, feel and act. Poor mental health can impact physical health and mental health conditions, like depression and can increase the risk for other health problems like diabetes and heart disease.⁴⁶

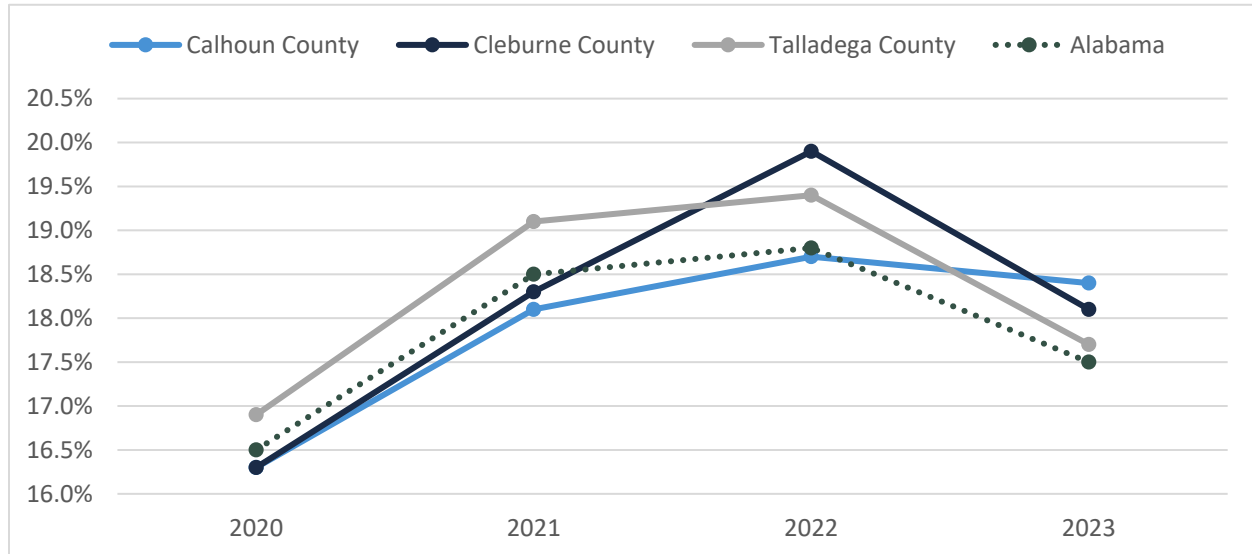
⁴⁴ Yale School of Medicine, Youth Suicide Is on the Rise: Yale Aims to Save Lives (2024). <https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/>

⁴⁵ Stobbe. (2024, September 26). US suicides held steady in 2023 - at a very high level. AP News. <https://apnews.com/article/us-suicide-rate-cdc-c57bb0852adfb4d85b3670d465a8b890>

⁴⁶ U.S Centers for Disease Control and Prevention. About Mental Health, 2024 https://www.cdc.gov/mental-health/about/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/learn/index.htm

The estimated percentage of adults aged 18 and over who reported 14 or more days of poor mental health during the past 30 days increased in all three counties and the state between 2020 and 2022 then declined in 2023.

EXHIBIT 39: SELF-REPORTED POOR MENTAL HEALTH AMONG ADULTS, 2020-2023

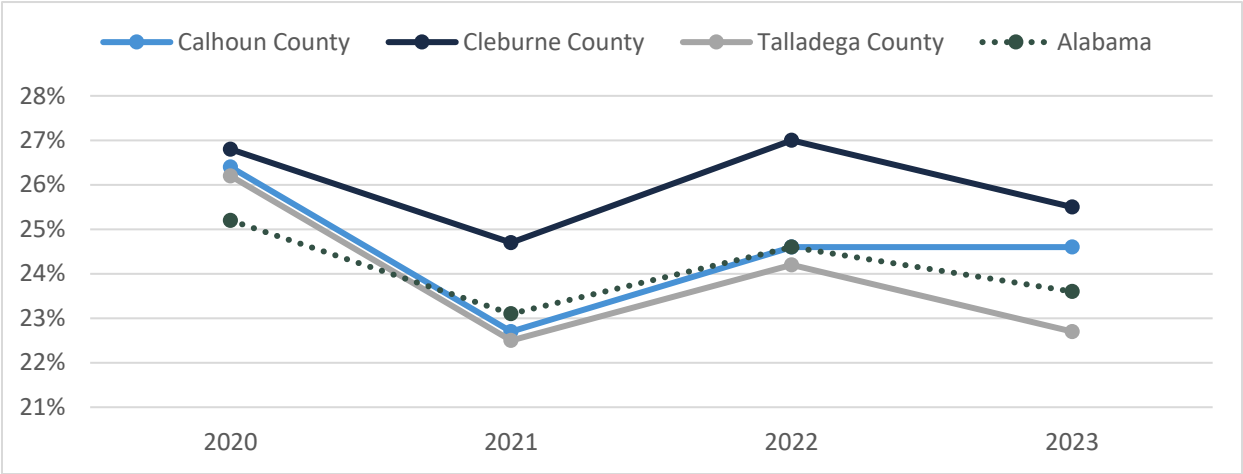


	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	18.4%	●	18.1%	●	17.7%	●	17.5%	●
2022	18.7%	●	19.9%	●	19.4%	●	18.8%	●
2021	18.1%	●	18.3%	●	19.1%	●	18.5%	●
2020	16.3%	—	16.3%	—	16.9%	—	16.5%	—

Source: Centers for Disease Control and Prevention, PLACES

The estimated percentage of adults aged 18 and over who report having ever been told by a doctor, nurse or other health professional that they had a depressive disorder increased in all three counties between 2021 and 2022 then declined in 2023, though Cleburne County remained above the state throughout the period.

EXHIBIT 40: SELF-REPORTED DIAGNOSED DEPRESSION AMONG ADULTS, 2020-2023



	Calhoun County			Cleburne County		Talladega County		Alabama	
2023	24.6%	↔		25.5%	●	22.7%	●	23.6%	●
2022	24.6%	●		27.0%	●	24.2%	●	24.6%	●
2021	22.7%	●		24.7%	●	22.5%	●	23.1%	●
2020	26.4%	—		26.8%	—	26.2%	—	25.2%	—

Source: Centers for Disease Control and Prevention, PLACES

In 2024, the suicide mortality rate was higher than the state rate in both Calhoun and Cleburne counties, while Talladega County's rate was slightly below the state.

EXHIBIT 41: SUICIDE MORTALITY RATE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Suicide Mortality Rate	30.9	37.7	16.0	16.2
Suicide by discharge of firearms	24.0	25.1	11.1	12.0
Suicide by other and unspecified means and their sequelae	6.9	12.6	4.9	4.1

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, (2024)

Alabama faces a critical behavioral health workforce shortage, particularly in rural areas where access to specialized care is limited. This crisis is worsened by high poverty rates, limited trauma-informed services and significant barriers to care.⁴⁷ Mental healthcare providers treat and diagnose behavioral and mental health concerns and include a wide range of fields such as counseling, therapy, psychiatry and psychology. Clinical social workers provide support to both patients and families coping with illness. Clinical social workers specifically can diagnose and treat illness or provide counseling, unlike a standard social worker.

The data below indicates the ratio of people per one provider type practicing in the geography.

EXHIBIT 42: BEHAVIORAL HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2020-2025

	Calhoun County			Cleburne County			Talladega County		
	2020	2025	+/-	2020	2025	+/-	2020	2025	+/-
Mental Health Provider	2,151:1	1,569:1	●	5,048:1	5,142:1	●	13,518:1	5,787:1	●
Clinical Social Worker	8,936:1	5,047:1	●	3,786:1	3,085:1	●	11,586:1	4,501:1	●

	Alabama			United States		
	2020	2025	+/-	2020	2025	+/-
Mental Health Provider	2,067:1	1,248:1	●	721:1	469:1	●
Clinical Social Worker	5,099:1	2,733:1	●	1,590:1	1,009:1	●

Source: National Plan & Provider Enumeration System NP

Child and adolescent psychiatrists are physicians who specialize in the diagnosis and treatment of mental, behavioral and developmental disorders in children and adolescents. Rates between 18.0 to 46.0 indicate a high shortage of child and adolescent psychiatrists. Rates one to 17.0 indicate a severe shortage of child and adolescent psychiatrists.

Data indicates there is a severe shortage of child or adolescent psychiatrists in Calhoun County and in Alabama. Provider data was not available for Cleburne and Talladega counties.

EXHIBIT 43: CHILD AND ADOLESCENT PSYCHIATRIC CARE PROVIDER RATE (PROVIDERS PER 100,000 CHILDREN), 2020-2023⁴⁸

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
14.5	4.0	●	0.0	ND	—	0.0	ND	—	26.9	7.2	●

Source: National Plan and Provider Enumeration System (NPPEs)

⁴⁷ Jackson State University, Jacksonville State University Receives \$2.4 Million HRSA Grant to Build Trauma-Informed Rural Mental Health Workforce (2025). <https://www.jsu.edu/news/articles/2025/07/jacksonville-state-university-receives-2.4-million-hrsa-grant-to-build-trauma-informed-rural-mental-health-workforce.html#:~:text=Alabama%20faces%20one%20of%20the,significant%20barriers%20to%20accessing%20care.>

⁴⁸ Any provider with the following taxonomy codes was counted: 364SP0807X - Child & Adolescent, Psychiatric/Mental Health Clinical Nurse Specialist, 2084P0804X - Child & Adolescent Psychiatry Physician, 163WP0807X - Child & Adolescent Psychiatric/Mental Health Registered Nurse

Substance Use

Drug overdose deaths in Alabama fell by 18.2% between July 2023 and July 2024, according to CDC data. Although opioid prescriptions have dropped by about 50.0% since 2012, Alabama still had the second-highest dispensing rate in the U.S. in 2023. Contributing factors to past high overdose rates include poverty, limited healthcare access and low education levels. State officials credit expanded treatment, prevention efforts and improved access to life-saving interventions for the recent decline.⁴⁹

Overdose-related EMS incidents declined in Calhoun County between 2021 and 2023, while Talladega County saw an increase over the same period. Cleburne County's counts remained in single digits throughout.

EXHIBIT 44: TREND OF NUMBER OF OVERDOSE-RELATED EMERGENCY MEDICAL SERVICES (EMS) INCIDENTS, 2020-2023

	Calhoun County		Cleburne County		Talladega County	
2023	301		<10	—	90	
2022	311		<10	—	74	
2021	324		<10	—	117	
2020	283	—	<10	—	90	—

Source: the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data

Overall, overdose-related ER visits increased in Calhoun and Talladega counties between 2020 and 2023, while Cleburne County saw a decline in 2021, then increased over the same period.

EXHIBIT 45: TREND OF NUMBER OF OVERDOSE-RELATED EMERGENCY ROOM (ER) VISITS, 2020-2023

	Calhoun County		Cleburne County		Talladega County	
2023	586		25		311	
2022	523		20		241	
2021	477		17		280	
2020	378	—	27	—	256	—

Source: the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data

⁴⁹ Alabama Reflector. Alabama sees a significant drop in overdose deaths, CDC data shows, 2025.
<https://alabamareflector.com/2025/01/02/alabama-sees-significant-drop-in-overdose-deaths-cdc-data-shows/>

Neighborhood and Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds and the chances for recreational opportunities.⁵⁰

Housing

Alabama faces a shortage of affordable rental homes for extremely low-income households, many of whom spend over half their income on housing. This severe cost burden often forces them to forgo essentials like food and healthcare and increases their risk of housing instability and eviction.⁵¹

In general, the Fair Market Rate (FMR) for an area is the amount that would be needed to pay the gross rent (shelter rent plus utilities) of privately owned, decent and safe rental housing of a modest (nonluxury) nature with suitable amenities.⁵² It is important to note that FMR might not be the same as true market rent.

To afford a two-bedroom home at Fair Market Rent, an individual would need to earn between \$15.73 and \$18.10 per hour across Calhoun, Cleburne and Talladega counties, yet Alabama's minimum wage is just \$7.25 per hour. At minimum wage, an individual would need to work more than two full-time jobs to afford a two-bedroom home, making it difficult for many residents to secure affordable housing. Depending on the county, the annual income needed to afford a two-bedroom home ranges from \$32,720 to \$37,640.

EXHIBIT 46: NATIONAL LOW-INCOME HOUSING COALITION, HOUSING COSTS, 2025

	Calhoun County	Cleburne County	Talladega County	Alabama
Hourly wage necessary to afford a two-bedroom Fair Market Rate	\$18.10	\$15.92	\$15.73	\$20.61
Annual income needs to afford a two-bedroom at Fair Market Rate	\$37,640	\$33,120	\$32,720	\$42,869
Full-time jobs at minimum wage to afford a two-bedroom at Fair Market Rate	2.5	2.2	2.2	2.8

Source: National Low Income Housing Coalition. Alabama Out of Reach Report, 2025

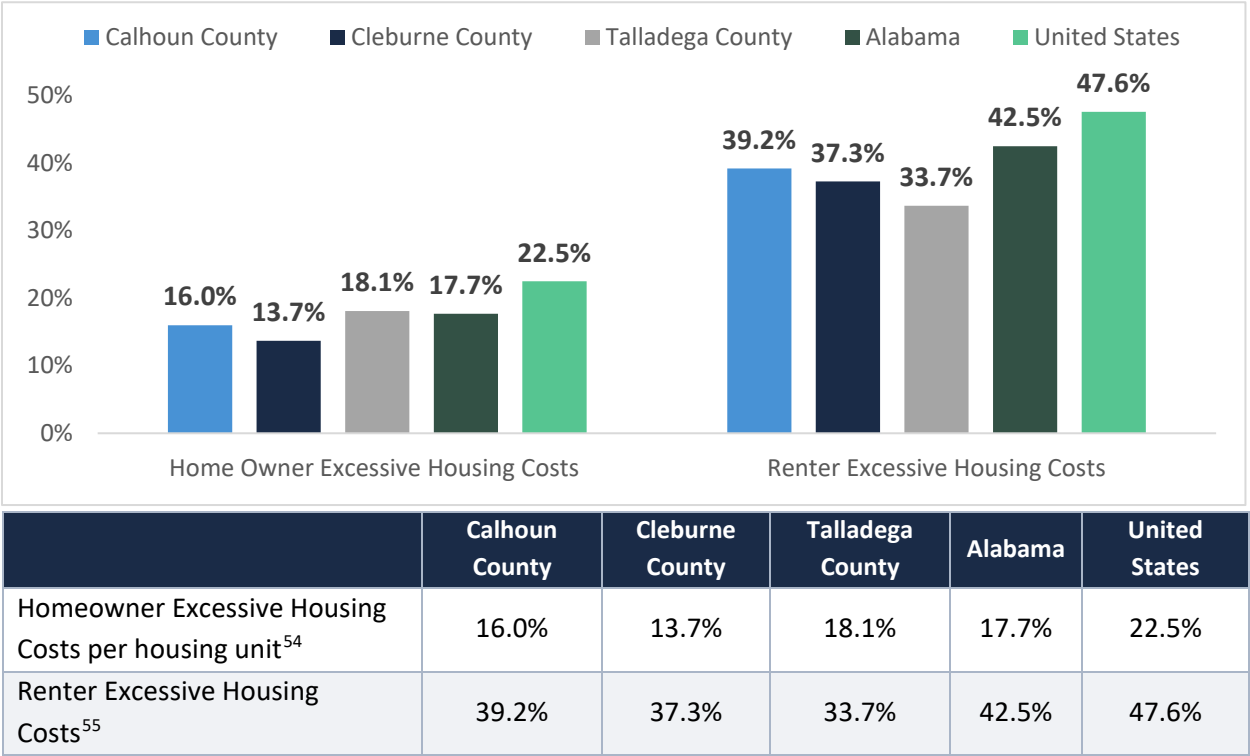
⁵⁰ KFF. Beyond Healthcare: The Role of Social Determinants in Promoting Health and Health Equity (2018). <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/view/footnotes/>

⁵¹ The National Low Income Housing Coalition, Housing Needs by the State. <https://nlihc.org/housing-needs-by-state/alabama>

⁵² National Low Income Housing Coalition. Explanation of Fair Market Rent. https://nlihc.org/sites/default/files/oor/OOR2014_AppendixB.pdf

According to the National Low Income Housing Coalition⁵³, approximately 30.0% of Alabama residents are renters. Housing is generally considered unaffordable when a household spends more than 30.0% of its income on housing costs. Across the service area, renter households are more likely than homeowner households to experience excessive housing costs. Between 33.7% and 39.2% of renter households spend more than 30.0% of their income on housing, compared with 13.7% to 18.1% of homeowner households.

EXHIBIT 47: PERCENT OF OCCUPANTS WITH EXCESSIVE HOUSING COSTS, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁵³ National Low Income Housing Coalition. Alabama Out of Reach Report, 2025

⁵⁴ The selected monthly ownership costs as a percentage of household income. The data values are the count of owner-occupied housing units. The Census Bureau defines selected monthly ownership costs as a percentage of income as "the computed ratio of selected monthly owner costs to monthly household income" and is calculated only for owner-occupied housing units.
<https://www.census.gov/glossary/?term=Selected+Monthly+Owner+Costs+As+A+Percentage+of+Income>

⁵⁵ The gross rent as a percentage of household income in the past 12 months. The Census Bureau defines gross rent as a percentage of income as "a computed ratio of monthly gross rent to monthly household income."
<https://www.census.gov/glossary/?term=Gross+rent+as+a+percentage+of+income>

In rural areas in Alabama where transportation options are limited, residents often experience longer travel times to healthcare providers, especially specialists, potentially leading to missed or delayed non-emergency treatment. Adults with no vehicle at home and with poor public transit access are more likely to miss healthcare than those with good access to public transportation.⁵⁶

Cleburne County has the longest average travel time to work in the service area, at 35.3 minutes, exceeding both the state and national figures. The majority of residents own a vehicle and commute by driving alone. However, with public transit commuting at less than one percent residents who do not own a vehicle may face barriers to transportation where public transit is limited.

EXHIBIT 48: TRANSPORTATION, 2024

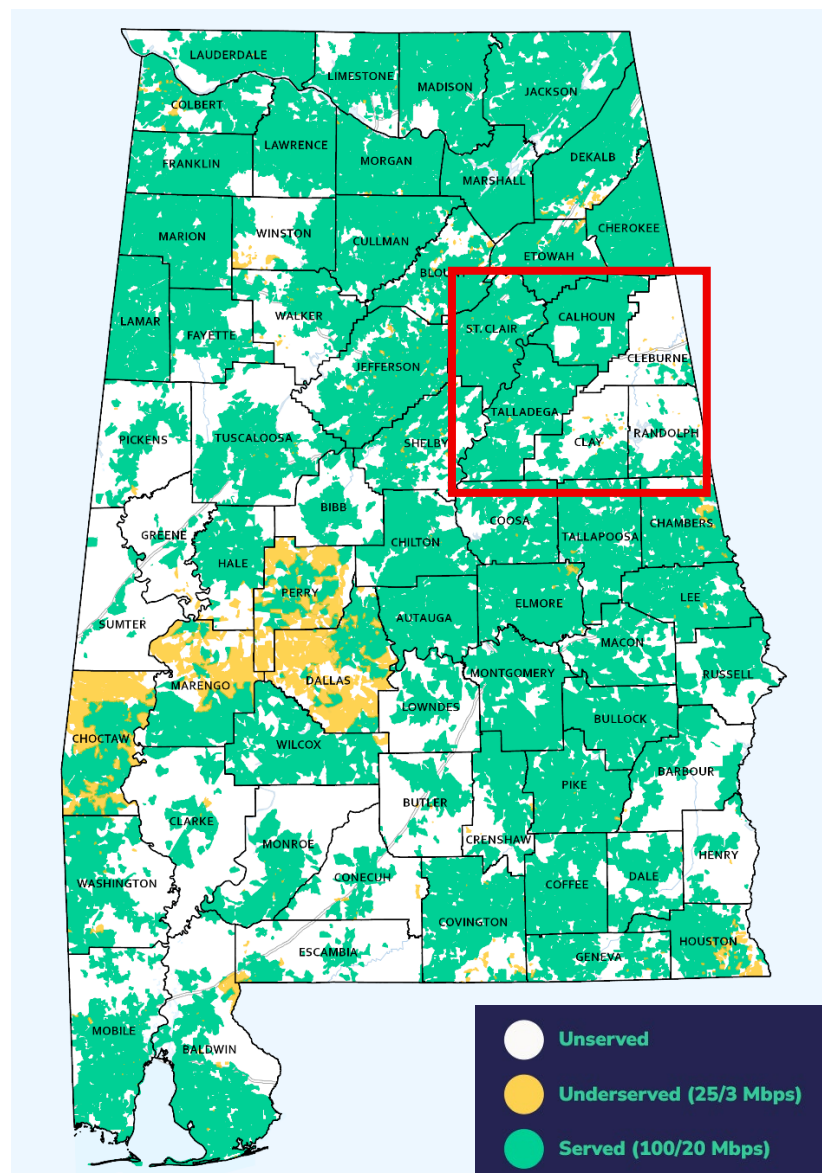
	Calhoun County	Cleburne County	Talladega County	Alabama	United States
No Vehicles Available	5.4%	4.9%	6.0%	4.6%	7.5%
Mean Travel Time to Work (in minutes)	25	35	28	26	26
Commute Transportation by Drive Alone	85.1%	85.2%	84.8%	80.6%	68.8%
Commute Transportation by Public Transit	0.2%	0.3%	0.1%	0.3%	3.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁵⁶ Robert Wood Johnson Foundation. More than One in Five Adults with Limited Public Transit Access Forgo Healthcare Because of Transportation Barriers, 2023. <https://www.rwjf.org/en/insights/our-research/2023/04/more-than-one-in-five-adults-with-limited-public-transit-access-forgo-healthcare-because-of-transportation-barriers.html>

Residents in rural counties in Alabama have faced slow or nonexistent internet connections, limiting their access to education, employment and healthcare.⁵⁷ Limited broadband access in rural areas reduces economic opportunities and restricts access to healthcare. As a key driver of health, broadband influences education, employment and overall well-being. The digital divide continues to isolate rural residents, contributing to poverty and poor health outcomes.⁵⁸

EXHIBIT 49: BE LINKED BROADBAND MAP COVERAGE



As shown in Exhibit 49, Be Linked Alabama is Alabama's statewide initiative to expand access to affordable, reliable high-speed internet. The broadband coverage map identifies areas that are served, underserved and unserved based on available internet speeds.⁵⁹ Within the RMCHS service area, much of Calhoun County is served by broadband at speeds of at least 100/20 Mbps. In contrast, large portions of Cleburne County remain unserved, while Talladega County contains a mix of served and unserved areas. These differences in broadband availability may affect residents' access to telehealth, education, employment opportunities and other online resources.

Source: Be Linked Alabama, <https://broadband.alabama.gov/>

⁵⁷ University of West Alabama. UWA bridges the digital divide in west Alabama through broadband access, 2025.

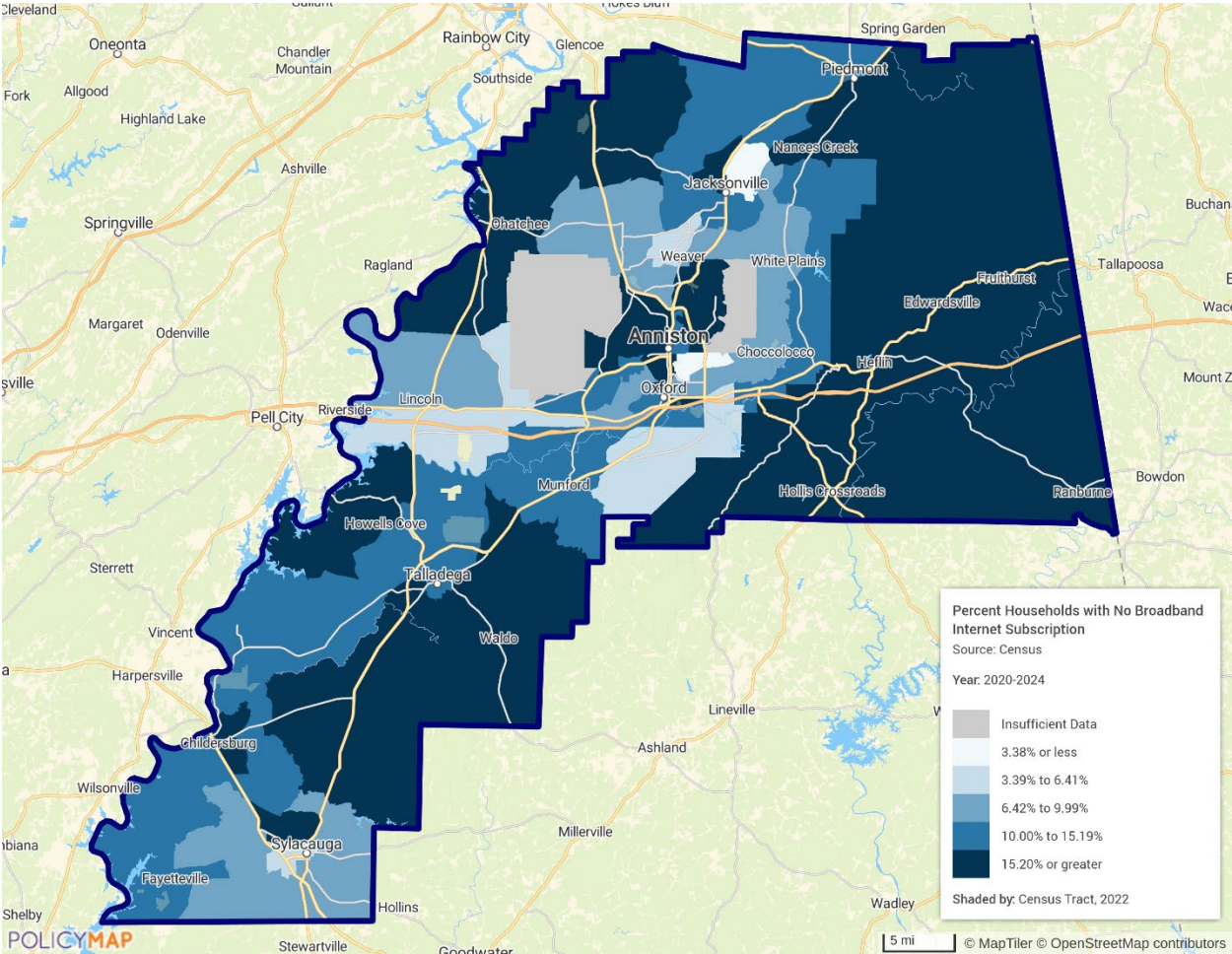
<https://www.uwa.edu/news/uwa-bridges-the-digital-divide-in-west-alabama-through-broadband-access/>

⁵⁸ National Rural Health Association Policy Brief. Healthcare's role in rural economic development: How broadband can improve health outcomes, 2023. [https://www.ruralhealth.us/getmedia/37253b20-f865-4a84-bed5-bded40f5c2c8/NRHA-Policy-Brief-Final-Draft-Healthcare-s-Role-in-Rural-Economic-Development-\(Broadband\)-\(3\).pdf](https://www.ruralhealth.us/getmedia/37253b20-f865-4a84-bed5-bded40f5c2c8/NRHA-Policy-Brief-Final-Draft-Healthcare-s-Role-in-Rural-Economic-Development-(Broadband)-(3).pdf)

⁵⁹ Alabama Department of Economic and Community Affairs. (n.d.). Be Linked Alabama. <https://broadband.alabama.gov/>

Internet access varies across the service area, as shown in Exhibit 50. In Cleburne County, more than one in five households (21.5%) do not have internet access, more than double the state figure. Calhoun County and Talladega County also have higher percentages of households without internet access than the state, with more than one in 10 households lacking internet access. At the census tract level, some areas experience even greater connectivity challenges. In Cleburne County, all census tracts have more than 15.2% of households without internet access. In Talladega County, some census tracts have levels as high as 36.5%, while in Calhoun County, several census tracts exceed 15.0%, with the highest reaching 40.1%.

EXHIBIT 50: HOUSEHOLDS WITHOUT INTERNET ACCESS BY CENSUS TRACT, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 51: CONNECTIVITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Household Without Internet Access	10.3%	21.5%	11.1%	9.7%	6.5%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Food Insecurity

Food insecurity impacts both the physical and mental health of individuals across all age groups. Many households facing food insecurity includes members living with chronic conditions such as high blood pressure or diabetes. The additional stress from poverty and inadequate nutrition can make managing these diseases more difficult. Additionally, the financial and time demands of treating chronic illnesses often further limit a household’s food budget, creating a cycle that can worsen health and deepen food insecurity. Inadequate nutrition during pregnancy and early childhood is especially concerning, as it can lead to birth defects, anemia, low birth weight, preterm birth and other developmental issues.⁶⁰

In 2024, households receiving Supplemental Nutrition Assistance Program (SNAP) benefits ranged from 14.5% in Cleburne County to 17.9% in Calhoun County, both higher than the state figure of 13.7% and the national figure of 12.1%. It is important to note that this data reflects 2024 estimates. Federal legislation enacted in July 2025 reduced SNAP funding nationally by an estimated \$186 billion over 10 years⁶¹, with the potential to affect food access for families across Alabama in the coming years.⁶²

EXHIBIT 52: PERCENT OF HOUSEHOLDS RECEIVING SNAP BENEFITS, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Household Receiving SNAP Benefits	17.9%	14.5%	17.0%	13.7%	12.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Food insecurity is a concern in the service area, as shown in Exhibit 53 and Exhibit 54, with overall food insecurity ranging from 17.8% to 19.7% of the population in 2024.

EXHIBIT 53: TREND OF FOOD INSECURITY, 2019-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	19.7%		18.9%		19.0%		17.8%	
2023	18.6%		17.3%		18.6%		17.5%	
2021	15.6%		15.5%		15.6%		14.8%	
2019	17.2%	—	18.2%	—	16.8%	—	16.1%	—

Source: Feeding America. Map the Meal Gap

⁶⁰ Alabama Department of Public Health. Food Insecurity and Chronic Disease, n.d.
https://www.alabamapublichealth.gov/npa/assets/foodinsecurity_chronicdisease.pdf

⁶¹Harvard Kennedy School, 2025. Understanding the SNAP program—and what cuts to these benefits may mean

⁶²Feeding America, n.d.. Cuts to SNAP: Nearly 6 Billion Meals at Risk.

Children are especially affected, with all three counties seeing an increase in child food insecurity from 2023 to 2024, with about 1 in 4 children in all three counties and the state experiencing food insecurity. Given the federal SNAP funding reductions enacted in 2025, these figures may underestimate the current level of food insecurity in the community.

EXHIBIT 54: TREND OF CHILD FOOD INSECURITY, 2019-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	27.1%		24.3%		27.9%		24.4%	
2023	24.0%		18.8%		26.4%		22.2%	
2021	18.7%		14.4%		21.8%		18.3%	
2019	22.6%	—	21.8%	—	23.4%	—	21.2%	—

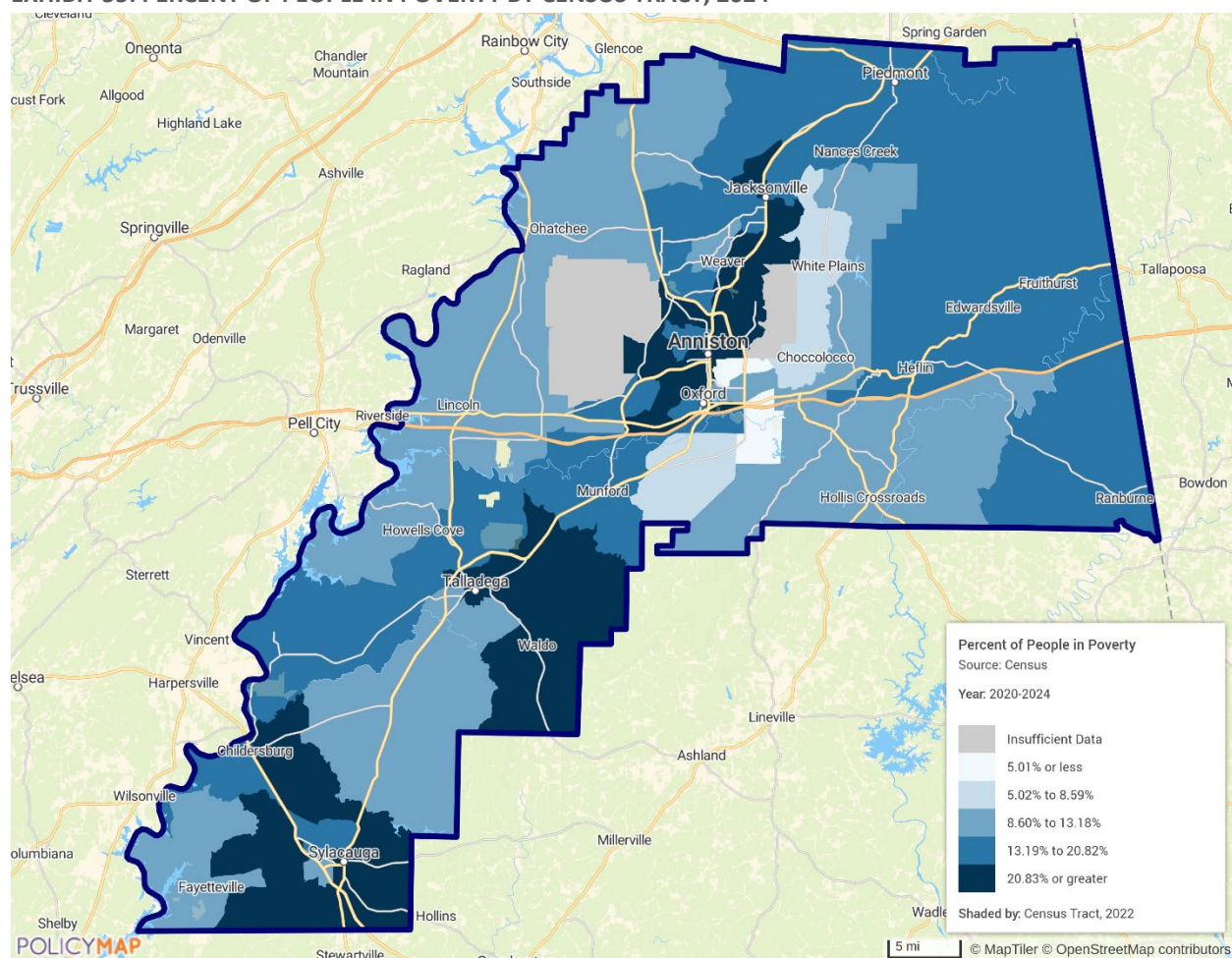
Source: Feeding America. Map the Meal Gap

Economic Stability

People living in poverty are less likely to have access to healthcare, healthy food, stable housing and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates and other poor health outcomes.⁶³

In Alabama, 15.6% of people live below the poverty level. Within the service area, Calhoun County and Talladega County have higher rates, with about one in six people living in poverty, above both the state and national figures. Cleburne County has lower figures at 13.7%. Geographic differences were also evident within the service area, as shown in the map below, there are pockets of dark blue shaded areas where 20.0% or more of the population lives below the poverty level.

EXHIBIT 55: PERCENT OF PEOPLE IN POVERTY BY CENSUS TRACT, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁶³ American Academy of Family Physicians, Poverty and Health. The Family Medicine Perspective, April 2021.
<http://www.aafp.org/about/policies/all/poverty-health.html>

From 2014 to 2024, poverty declined across Calhoun, Cleburne and Talladega County, consistent with trends in Alabama and the United States. However, Cleburne County's decline was much slower, falling just 2.3% over the decade compared to declines of over 12.0% in the rest of the counties, state and national figures.

EXHIBIT 56: PERCENT OF HOUSEHOLDS LIVING IN POVERTY PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	18.3%	16.7%	18.8%	16.0%	12.6%
2014	20.8%	17.1%	22.3%	18.2%	14.4%
Percent Change, 2014-2024	-12.0%	-2.3%	-15.7%	-12.1%	-12.5%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

As shown in Exhibit 57, poverty in the population varies by race, ethnicity and age. By race and ethnicity, those who are two or more races in Cleburne County and Talladega County have the highest poverty rate. In Calhoun County, American Indian and Alaska Native residents have the highest rate, though this group makes up less than one percent of the county's population. By age, those under 18 in all three counties experience the highest poverty rate, following patterns similar to the state and national figures.

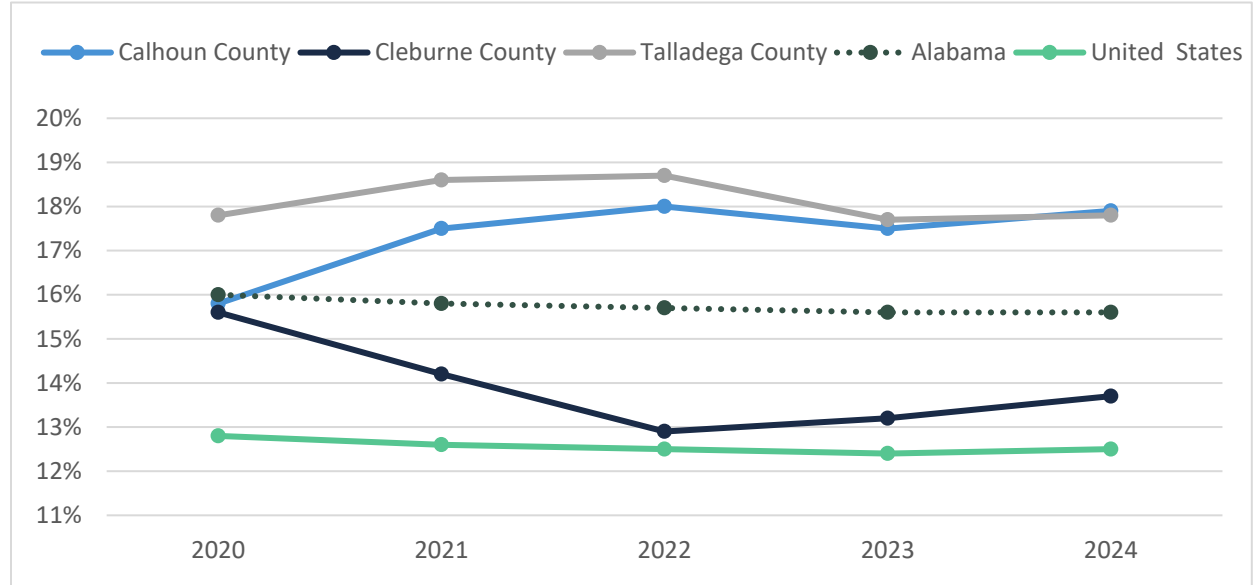
EXHIBIT 57: PERCENT OF POPULATION LIVING IN POVERTY PROFILE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
People Below Poverty Level	17.9%	13.7%	17.8%	15.6%	12.5%
Race					
White	14.5%	13.3%	14.0%	11.3%	9.7%
Black or African American	25.3%	15.8%	25.0%	25.0%	21.2%
American Indian and Alaska Native	56.0%	0.0%	3.4%	19.2%	21.1%
Asian	10.4%	0.0%	0.0%	11.2%	9.9%
Native Hawaiian and Other Pacific Islander	0.0%	ND	0.0%	22.3%	16.8%
Some Other Race	37.8%	23.4%	17.5%	28.0%	18.2%
Two or More Races	25.1%	25.7%	25.3%	19.0%	14.6%
Ethnicity					
Hispanic or Latino	30.0%	9.5%	13.0%	24.2%	16.7%
Age					
Under 18	23.9%	22.1%	25.7%	21.3%	16.1%
18 to 64	17.5%	9.2%	17.0%	14.6%	11.6%
65 and Over	12.0%	17.5%	11.8%	12.0%	10.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Data from 2020 to 2024 shows that poverty in Calhoun, Cleburne and Talladega County followed a similar trend to Alabama and the United States, with a slight increase from 2023 to 2024.

EXHIBIT 58: TREND OF PERCENT OF POPULATION LIVING IN POVERTY, 2020-2024



	Calhoun County		Cleburne County		Talladega County		Alabama		United States	
2024	17.9%	🔴	13.7%	🔴	17.8%	🔴	15.6%	↔️	12.5%	🔴
2023	17.5%	🟢	13.2%	🔴	17.7%	🟢	15.6%	🟢	12.4%	🟢
2022	18.0%	🔴	12.9%	🟢	18.7%	🔴	15.7%	🟢	12.5%	🟢
2021	17.5%	🔴	14.2%	🟢	18.6%	🔴	15.8%	🟢	12.6%	🟢
2020	15.8%	—	15.6%	—	17.8%	—	16.0%	—	12.8%	—

Source: U.S. Census Bureau American Community Survey Five-year Estimates

In 2024, according to the Federal Poverty Level (FPL), 16.0% of Alabama households were financially insecure, yet this measure failed to account for an additional 29.0% of households that were also experiencing financial hardship. These households are classified as ALICE: Asset-Limited, Income-Constrained, Employed households that earn above the FPL but not enough to cover the basic cost of living in their community, including housing, child care, food, transportation and health care.⁶⁴

In the service area, approximately one in three households in Calhoun and Cleburne County fall into the ALICE category, meaning they are above the poverty level but still struggle to meet basic needs. Because their income exceeds eligibility thresholds, these households often do not qualify for public assistance programs despite ongoing financial strain. Talladega County has a lower figure at 27.0%, falling below the statewide ALICE figure of 29.0%, while Calhoun and Cleburne County exceed it.

EXHIBIT 59: ASSET-LIMITED INCOME-CONSTRAINED EMPLOYED (ALICE) HOUSEHOLDS, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Households living above the ALICE threshold of financial survival ⁶⁵	48.0%	51.0%	53.0%	55.0%
Households living above the federal poverty level but below ALICE threshold of financial survival ⁶⁶	33.0%	32.0%	27.0%	29.0%
Households living below the federal poverty level	19.0%	17.0%	20.0%	16.0%

Source: United Way. United for ALICE, 2024

⁶⁴ United for ALICE, Alabama. <https://unitedforalice.org/introducing-ALICE/alabama>

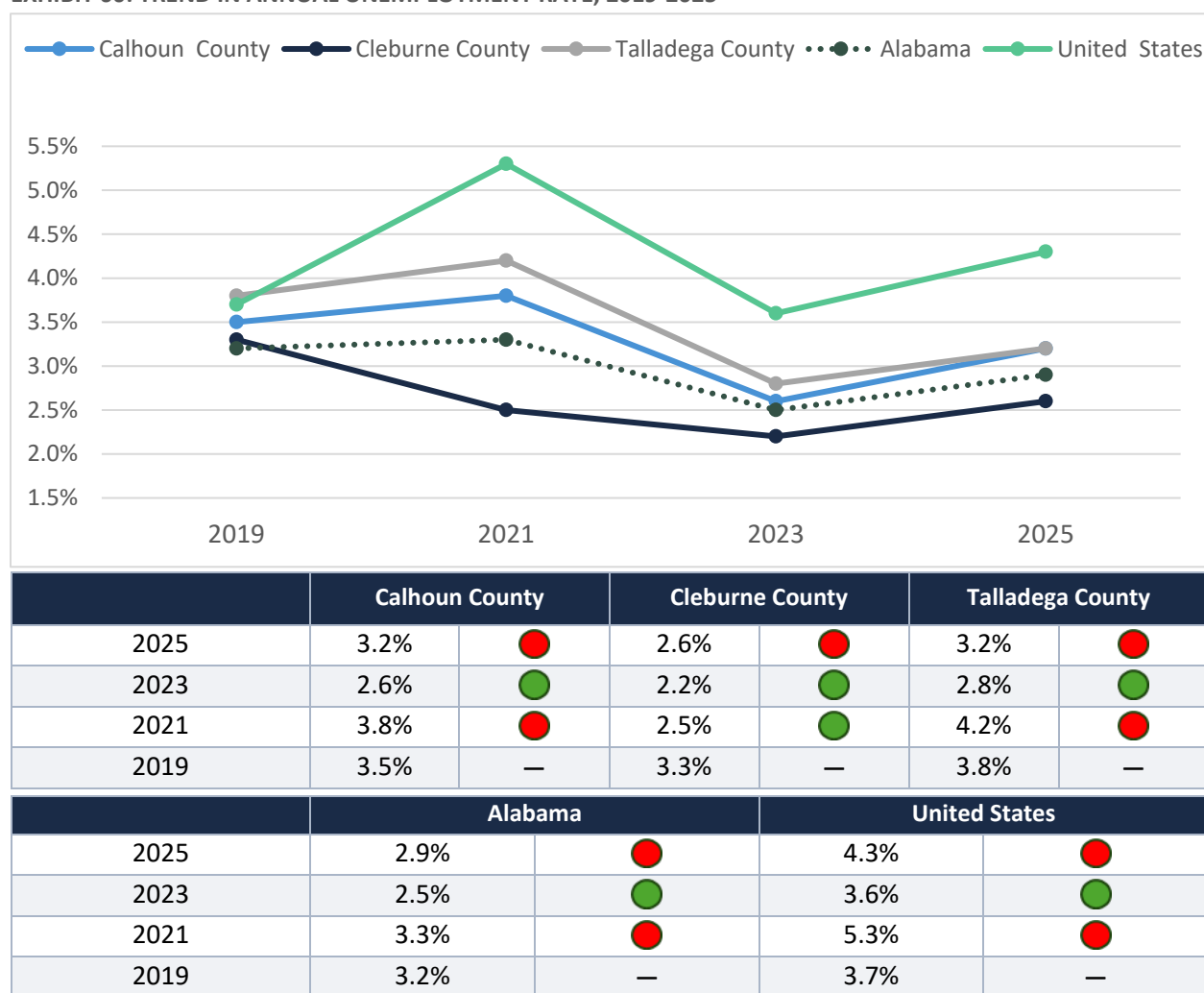
⁶⁵ The percentage of households living above the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, healthcare and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.

⁶⁶ The percentage of households living above the federal poverty level but below the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, healthcare and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.

Employment and Income

Multiple aspects of employment, including job security, the work environment, financial compensation and job demands may affect health. This summary describes how several of these aspects of employment influence health. Educational attainment is also linked to disparities in employment because it affects the type of work people do, the working conditions they experience and the income they earn.⁶⁷ In Calhoun, Cleburne and Talladega County, as well as across the United States, unemployment rose sharply in 2020 due to the COVID-19 pandemic. As of 2025, Calhoun County and Talladega County had higher annual unemployment compared to Cleburne County and Alabama.

EXHIBIT 60: TREND IN ANNUAL UNEMPLOYMENT RATE, 2019-2025⁶⁸



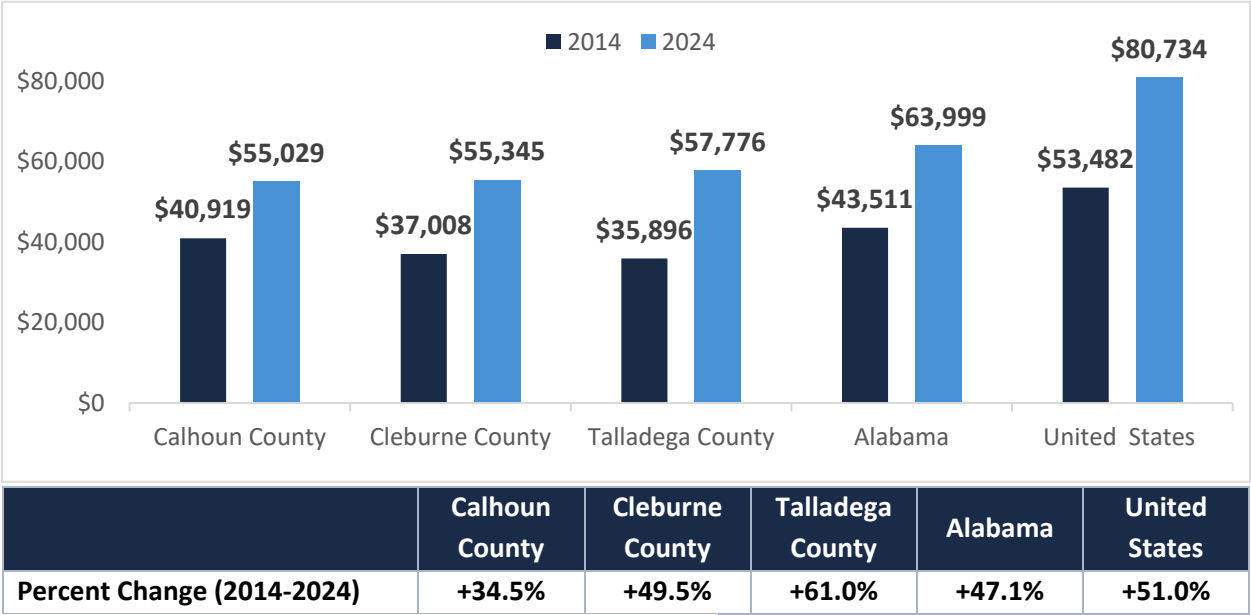
Source: US Department of Labor. Bureau of Labor Statistics, Local Area Unemployment Statistics

⁶⁷ Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>

⁶⁸ The unemployment rate is defined as the number of unemployed as a percent of the total labor force. A person is classified as unemployed if they had no employment during the survey week of reference, were available to work and had made efforts to find employment in the four weeks prior to the survey. <https://www.bls.gov/lau/lauov.htm>

Median household income increased across all counties and the nation from 2014 to 2024. Talladega County saw the largest percentage increase in the service area, at 61.0%, followed by Cleburne (49.5%) and Calhoun (34.5%). Despite these gains, all three counties remained below both the state and national median household income in 2024.

EXHIBIT 61: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2014-2024



Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Differences also occurred by race and ethnicity, as shown in Exhibit 62 and Exhibit 63. In Cleburne and Talladega, residents who identify as Black or African American had the lowest median household income, with Cleburne at \$24,387, about half the state figure. In Calhoun, however, American Indian and Alaska Native residents had the lowest median income at \$34,196, though this group accounts for only 0.4% of the county's population.

EXHIBIT 62: MEDIAN HOUSEHOLD INCOME BY RACE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	\$59,743	\$60,129	\$62,040	\$73,812	\$86,271
Black or African American	\$41,658	\$24,387	\$43,409	\$44,035	\$55,157
American Indian and Alaska Native	\$34,196	ND	ND	\$62,769	\$62,420
Asian	\$69,231	ND	\$63,250	\$89,784	\$116,503
Native Hawaiian and Other Pacific Islander	ND	ND	ND	\$77,643	\$81,811
Two or More Races	\$57,958	ND	\$60,365	\$63,418	\$75,660
Other Race	\$62,917	\$52,833	\$85,541	\$52,799	\$67,563

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 63: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	\$47,828	ND	\$82,860	\$58,702	\$71,415

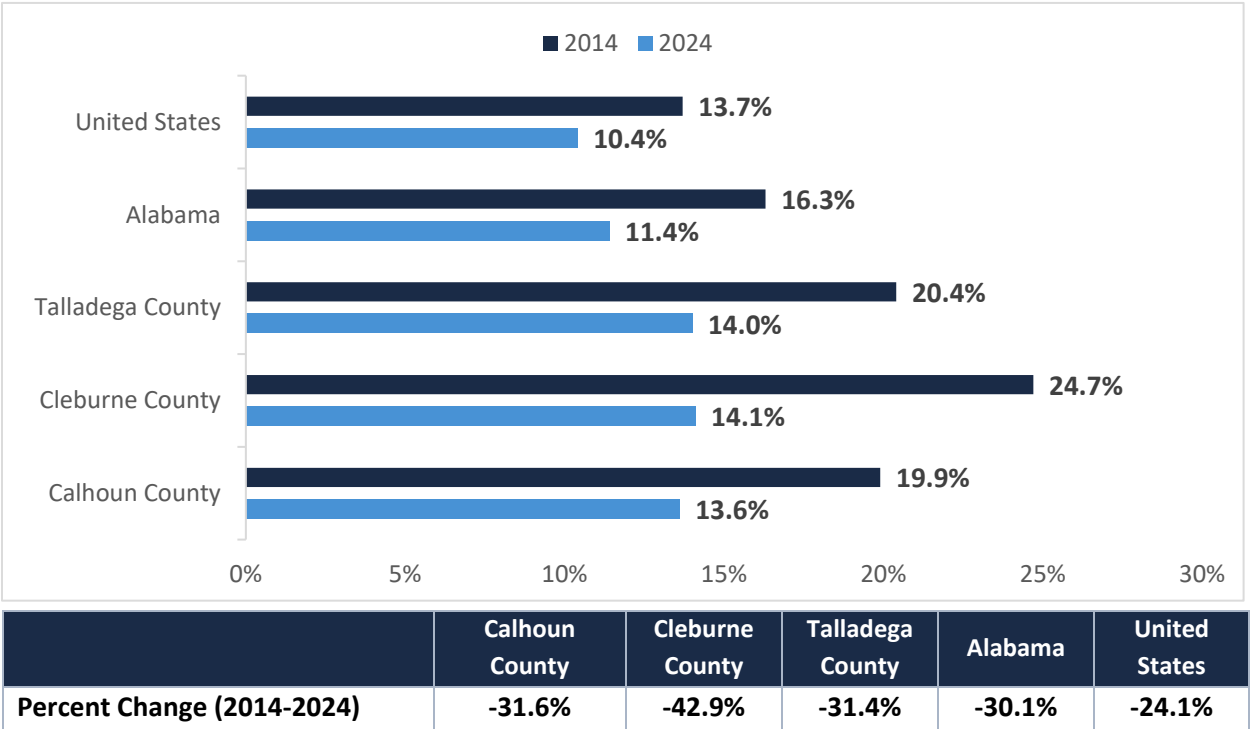
Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Education Access and Quality

Education access and quality is a key social driver of health, with the ability to shape health outcomes. Individuals with higher levels of education typically have greater access to income, employment opportunities and community resources. Adults with less education may experience reduced access to jobs, healthcare and health information, which can negatively affect long term health.⁶⁹

As shown in Exhibit 64, the percentage of the population without a high school diploma declined across all geographies from 2014 to 2024. By 2024, percentages in the service area ranged from 13.6% to 14.1%, remaining higher than both the state and national levels. Cleburne County saw the largest improvement over the ten-year period, with a 42.9% decrease, compared to declines seen in Calhoun County and Talladega County.

EXHIBIT 64: POPULATION WITHOUT HIGH SCHOOL DEGREE PERCENT CHANGE, 2014-2024



Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁶⁹ Zajacova & Lawrence, 2018

The data below indicates the percentage of students who graduated from public high schools with regular, advanced and/or credit-based diplomas out of the total number of students who enrolled as first-year freshmen four years earlier.

From 2020 to 2024, overall there has been an increase in all three counties, with percentages above the state for 2024 graduation.

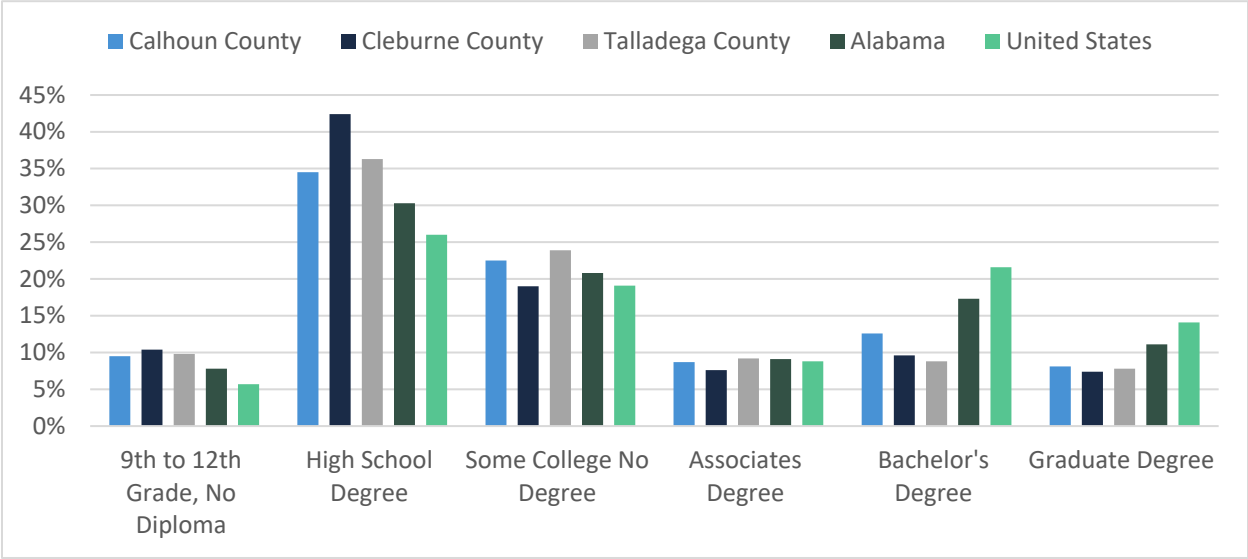
EXHIBIT 65: TREND OF HIGH SCHOOL GRADUATION, 2020-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	94.3%	●	97.0%	●	93.6%	●	91.6%	●
2023	93.3%	●	81.4%	●	92.1%	●	90.0%	●
2022	91.8%	●	95.0%	●	91.5%	●	88.2%	●
2021	92.2%	●	96.5%	●	93.2%	●	90.7%	●
2020	91.4%	—	94.7%	—	92.6%	—	90.6%	—

Source: Voices for Alabama's Children

In the service area, when examining the highest level of education among residents, a high school diploma was the most common highest level of attainment across all three counties. In Cleburne County, 42.4% of residents' highest level of education was a high school diploma, higher than both the state and national levels. The second most common level of attainment was some college with no degree, ranging from 19.0% in Cleburne County to 23.9% in Talladega County, with Calhoun County at 22.5%. This suggests there may be barriers in place that hinder residents from completing a degree and accessing higher education.

EXHIBIT 66: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2024



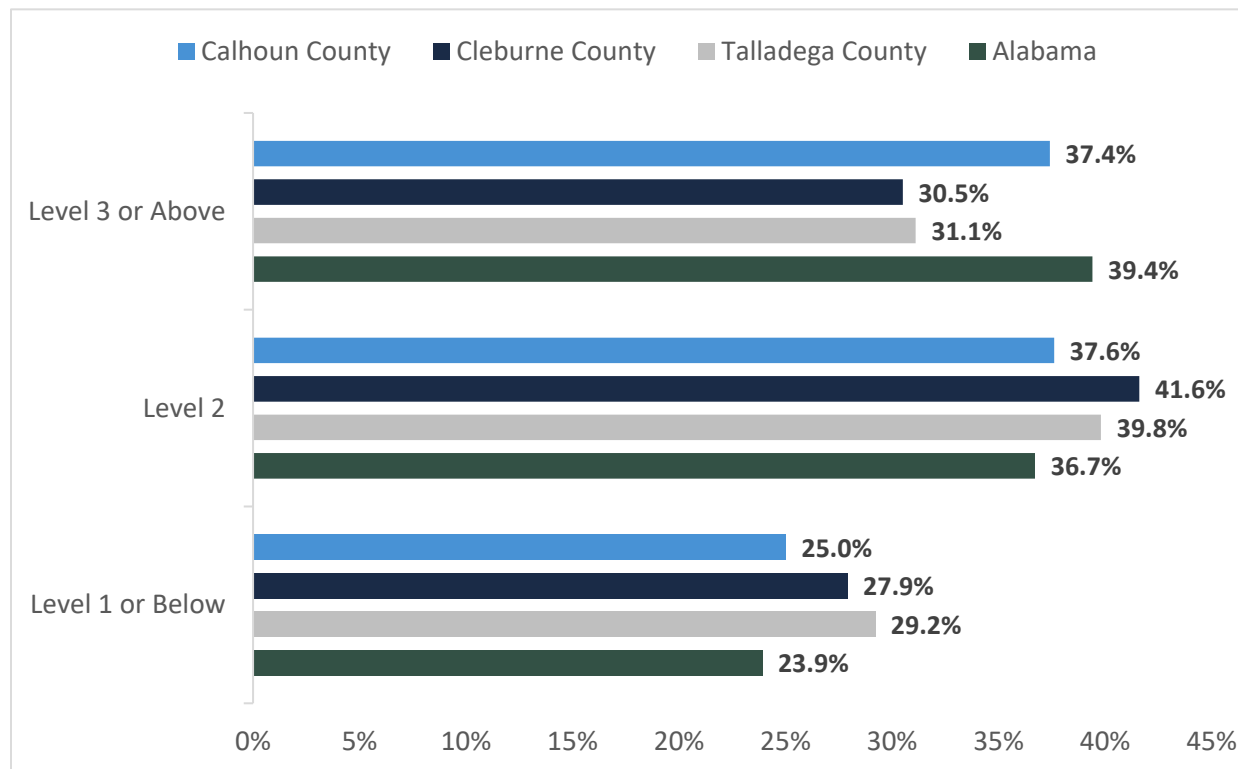
	Calhoun County	Cleburne County	Talladega County	Alabama	United States
9 th to 12 th Grade, No Diploma	9.5%	10.4%	9.8%	7.8%	5.7%
High School Degree	34.5%	42.4%	36.3%	30.3%	26.0%
Some College No Degree	22.5%	19.0%	23.9%	20.8%	19.1%
Associates Degree	8.7%	7.6%	9.2%	9.1%	8.8%
Bachelor's Degree	12.6%	9.6%	8.8%	17.3%	21.6%
Graduate Degree	8.1%	7.4%	7.8%	11.1%	14.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Limited literacy can make it more difficult for individuals to follow medication instructions, communicate with healthcare providers and understand health information, all of which may negatively affect health outcomes.⁷⁰ One way literacy is measured is through the Program for the International Assessment of Adult Competencies (PIAAC), also known as the Survey of Adult Skills, a large-scale international study of key cognitive and workplace skills among adults. In the United States, PIAAC data is collected from adults ages 16 to 74.⁷¹

In the service area, all three counties have a higher percentage of residents with a PIAAC score at Level 1 or below compared to the state level of 23.9%. Talladega County has the highest percentage at 29.2%, followed by Cleburne County at 27.9% and Calhoun County, where about one in four residents fall into this category. Level 1 or below means that residents in this category may be functionally illiterate, unable to determine the meaning of sentences or considered to have low literacy skills.

EXHIBIT 67: POPULATION OF ADULTS WITHOUT BASIC LITERACY SKILLS⁷²



Source: Barbara Bush Foundation for Family Literacy, Literacy Gap Map, based on combined 2012, 2014, and 2017 PIAAC data and 2013–2017 American Community Survey data

⁷⁰ U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy#:~:text=Individuals%20with%20limited%20literacy%20face,may%20adversely%20affect%20their%20health>

⁷¹ The Program for the International Assessment of Adult Competencies (PIAAC). <https://nces.ed.gov/surveys/piaac/>

⁷² Adults who lack proficiency in literacy are defined as those who score level 2 or below on the PIAAC (Program for the International Assessment of Adult Competencies). Grade level equivalents are estimated, as the PIAAC proficiency levels do not specifically correspond to K-12 grade levels. <https://map.barbarabush.org/>

EXHIBIT 68: PROFICIENCY LEVEL AND SCORE RANGE

Proficiency level and score range	Task descriptions
Below level 1 (0–175 points)	Respondents are considered functionally illiterate, or unable to determine the meaning of sentences.
Level 1 (176–225 points)	Respondents are considered to have low literacy levels. They can identify basic vocabulary words and can determine meaning within sentences and paragraphs.
Level 2 (226–275 points)	Respondents can paraphrase or make low-level inferences.
Level 3 (276–325 points)	Respondents can evaluate information at varying levels of inference, determine meaning from larger selections of text, and disregard information that's irrelevant to the prompt.
Level 4 (326–375 points)	Respondents are more likely to use background knowledge to complete tasks, apply non-central or conditional information to evaluations, and discern correct information from competing information.
Level 5 (376–500 points)	Respondents can evaluate arguments, process dense texts, apply logical reasoning to draw conclusions, and determine whether certain sources are valid sources of information.

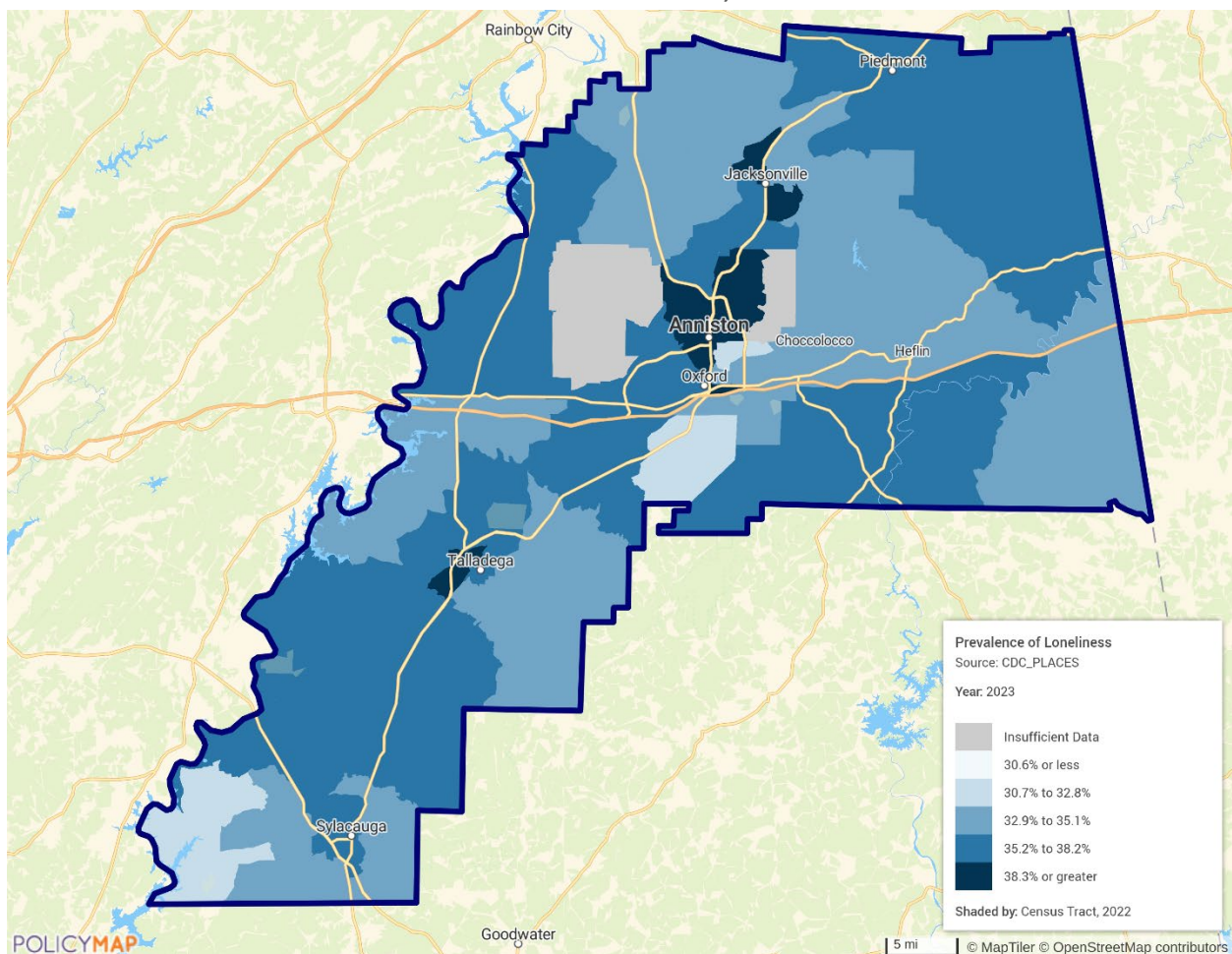
Source: National Center for Education Statistics

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control such as unsafe neighborhoods, discrimination or trouble affording the things they need. This can have a negative impact on health and safety throughout life.⁷³

The map below indicates the percentage of adults who self-reported feeling socially isolated always, usually or sometimes in Calhoun, Cleburne and Talladega counties. Variations are seen across the service area, with pockets of areas that experience social isolation at rates of 38.2% or greater.

EXHIBIT 69: POPULATION IN SOCIAL ISOLATION BY CENSUS TRACT, 2023



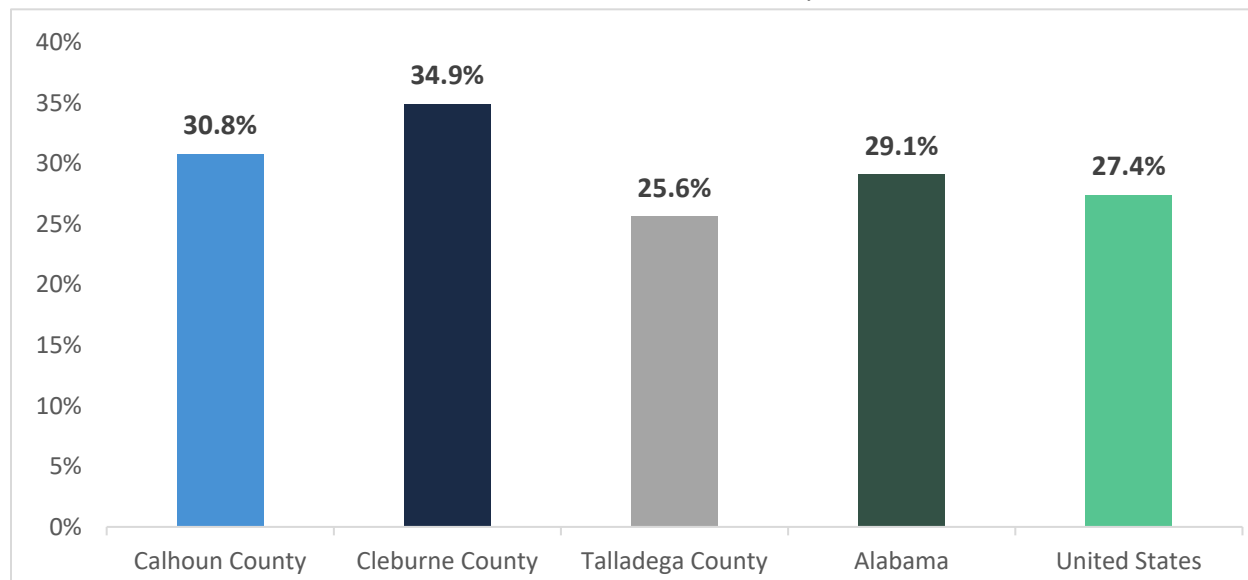
Source: Centers for Disease Control and Prevention, PLACES, 2023

⁷³ U.S. Department of Health and Human Services. Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-anddata/browse-objectives/social-and-community-context>

Older adults living alone are at increased risk for social isolation, which has been linked to cognitive decline, including dementia, depression and loneliness, as well as physical health conditions such as high blood pressure, heart disease and obesity. ⁷⁴

Across the service area, roughly one in four to one in three adults age 65 and over live alone, with percentages ranging from 25.6% in Talladega County to 34.9% in Cleburne County.

EXHIBIT 70: PERCENT OF POPULATION AGE 65 AND OVER LIVING ALONE, 2024



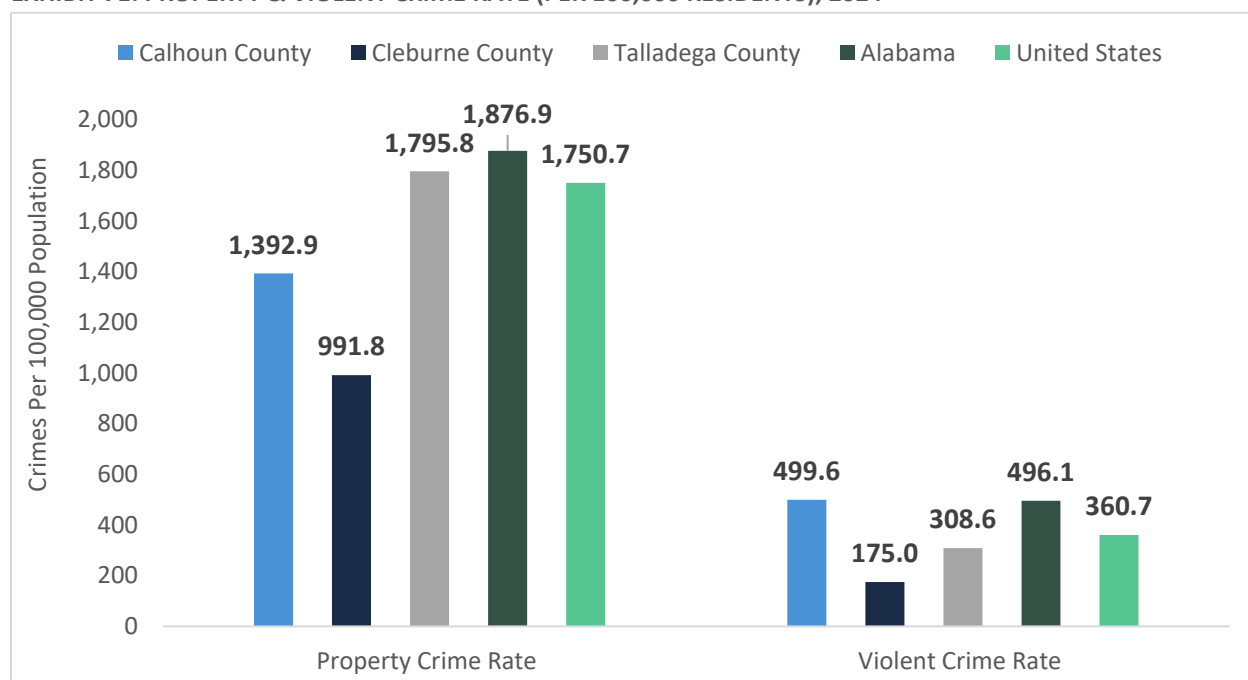
Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁷⁴ NIA, 2024. Loneliness and Social Isolation — Tips for Staying Connected.
<https://www.bing.com/ck/a?!&&p=299ff8fa6be5da344c5e1e7039336de3dbddf84ac687facee5a1b44f0b937568JmItdHM9MTc4NTcxNTIwMA&pn=3&ver=2&hsh=4&fclid=08c20a52-f884-6313-0f9a-1dcaf96e6201&psq=NIA%2c+2024.+Loneliness+and+Social+Isolation+%e2%80%94+Tips+for+Staying+Connected.&u=a1aHR0cHM6Ly93d3cubmIhLm5paC5nb3YvaGVhbHRoL2xvbmVsaW5lc3MtYW5kLXNvY2lhbC1pc29sYXRpb24vbG9uZWxpbmVzcy1hbmQtc29jaWFsLWlzb2xhdGlubi10aXBzLXN0YXlpbmctY29ubmVjdGVk>

Any person can be affected by crime and violence either by experiencing it directly or indirectly, such as witnessing violence or property crimes in their community or hearing about crime and violence from other residents. Exposure to violence can also lead to poor health outcomes. For example, women exposed to intimate partner violence have an increased risk of physical health issues such as injuries and mental disorders such as disordered eating, depression and suicidal ideation. Addressing exposure to crime and violence as a public health issue may help prevent and reduce the harms to individual and community health and well-being.⁷⁵

Property crime rates were higher than violent crime rates across the service area, showing similar trends to the state. Talladega County had the highest property crime rate among the three counties, at 1,795.8 crimes per 100,000 residents. As for violent crime, Calhoun County reported the highest rate, at 499.6 crimes per 100,000 residents.

EXHIBIT 71: PROPERTY & VIOLENT CRIME RATE (PER 100,000 RESIDENTS), 2024



Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

75 Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>

As shown in Exhibit 72, jail incarceration rate trends increased in Calhoun and Talladega counties, while in Cleburne there was a positive trend, with a decrease in jail incarceration rate to 570 people incarcerated per 100,000 residents aged 15 to 64.

EXHIBIT 72: JAIL INCARCERATION RATE (PER 100,000 RESIDENTS AGE 15-64), 2020-2024

Calhoun County			Cleburne County			Talladega County		
2020	2024	+/-	2020	2024	+/-	2020	2024	+/-
665	732		629	570		432	640	

Source: Vera Institute of Justice

Primary Qualitative Research

Methodology

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included one-on-one key informant interviews conducted virtually and focus groups conducted virtually. Key informant interviews and focus groups were conducted with individuals who work closely with populations that may have unique or significant needs. Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one key informant interviews provided an opportunity for in-depth discussions regarding the health-related assets and gaps in the community. Focus groups allowed participants to provide their first-hand experience and to identify areas of consensus and discordance with other community members regarding community needs.

ATLAS.ti software was used to code and analyze the data. Thematic analysis⁷⁶ was conducted using a deductive coding approach to extrapolate themes from the focus group and key informant interview data. These themes were categorized into four sections:

Community Considerations are contextual factors that allow for a deeper understanding of the community so that needs are met in a way that is responsive to its culture and identity.

Strengths are assets within the community that can be leveraged to address the needs identified.

Community Needs are the underlying factors and conditions that drive the most pressing challenges, barriers, and concerns faced in the community.

These four concepts are intertwined and considering them holistically can inform future efforts to improve the well-being of the community and its members. Quotes from participants have been selected to represent themes identified throughout the data.

⁷⁶ Ahmed, S. K., Mohammed, R. A., Nashwan, A. J., Ibrahim, R. H., Abdalla, A. Q., M. Ameen, B. M., & Khedhir, R. M. (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 6, 100198. <https://doi.org/10.1016/j.glmedi.2025.100198>

Community Considerations

Rural Community

The rural nature of the community was a consistent undercurrent in discussions about the strengths and needs in the community. It creates a “small town” feel that fosters strong social ties, but it also limits the resources available to meet the needs of community members. The strong social ties allow for easy communication by word of mouth, which can allow for greater awareness of resources and feedback on the quality of the resources themselves. Participants also identified that this word-of-mouth communication can create gaps in awareness for the socially isolated who may have heightened needs because of this.



Funding

Key informants frequently identified funding challenges that act as a barrier to meeting the extent of need in the community. This was echoed on the consumer side, with participants emphasizing the importance of free and low-cost resources for community members who lack insurance or other financial means to seek resources or healthcare. A lack of funding and uncertainty about future funding opportunities impact community members' access to resources to meet their basic needs, including healthcare and behavioral health treatment.

“I think there are community resources here that want to make an impact and want to make a difference and address some of the needs that we're talking about, along with working with the RMC to do so. It's a matter of breaking down some of those barriers, breaking down some walls, and of course, unfortunately, finding some funding to help us do those things.

- Key Informant

Trust

Key informants and focus group participants identified trust as a key factor that impacts community members' interaction with resources. The strong social ties within the community can quickly impact community members' perception of organizations and their willingness to seek services from them. Because some resources are limited to one or two organizations in the

"Someone will have a bad or negative occurrence, [...] it blows up on the internet and on Facebook immediately, and then it grows,[...] It's like the telephone game [...] by the time it reaches the 10th person, it's something larger, and that's not true."

- Focus Group

area, eroded trust in these organizations can inhibit community members' ability to receive the care they need.

Strengths

Close-Knit Community

Participants described the area as tight-knit with strong social ties among community members through friends, family, and social groups. They valued the “small town feel” and highlighted the natural beauty of the area.

“Some of the things I love about our community is family, connections, and a lot of, just community groups that you can connect with. There's a lot that are there, out there, that are offered.”

“I like the community involvement – There are a lot of activities that are available to take part in.”

- Focus Group Discussion

Collaboration

Participants discussed how well organizations work together and the value this brings to the community. People are invested in the community and work together toward shared goals. While some noted that “silo-ing” does exist among smaller organizations, there is a motivation to collaborate to best serve community members.

Recreation

The nearby recreational opportunities were identified as a strength. Participants noted that bike trails, hiking opportunities, and youth recreational activities are all available in the community and add value to the community.

“I would say just getting out in the community, partnering with people, getting to know them and their needs. [...] just getting out and doing those things, like parks, falls, things like that.”

- Key Informant

Community Needs

Healthcare Access

Physical Access

Key informants and focus group participants identified multiple concerns that are barriers to community members receiving high-quality, timely care. A lack of providers in the area, especially for specialty care services including Obstetrics and Gynecology (OBGYN) providers, requires community members to travel to access these services. They noted that transportation outside of the community can be challenging, adding another barrier to reaching care.

Financial Access

Participants also identified financial barriers that limit healthcare access, specifically for individuals who are low-income or lack insurance. Participants shared stories of community members who could not afford medications or were only able to utilize the emergency room for care because of their financial limitations. They discussed how these factors encourage community members to delay care, which often amplifies their health needs.

If there was one issue that you personally could change about community health in your area, what would it be?

“Affordable healthcare. Everyone - if they’re sick or they need to see a doctor - everyone deserves to have a chance at getting better.”

- Key Informant

Quality of Care

Participants emphasized the importance of providing high-quality care. They noted that when insurance dictates who you can and cannot seek care from, it impedes their ability to find a provider that is able to meet their needs. They also discussed the impact that staffing shortages can have on the quality of care patients receive and the importance of ensuring providers have enough time to explain services or medications in a manner that aligns with the patients' health literacy. Quality of care was identified as a key component that ensures community members feel safe seeking care locally.

Quality care looks like...



Patient-centered education



Providers spending time with patients



Well staffed health centers

Mental and Behavioral Healthcare Access

Participants identified a need for better mental healthcare access in the area, including preventative, crisis and substance use resources. They discussed how preventative services and resources like mental health first aid are lacking in the community, which can allow relatively minor mental health challenges to grow into crises. They noted that long wait times for providers, especially psychiatrists, are common for residents seeking mental healthcare.

Though key informants recognized ongoing efforts to improve access to mental health services in the community, these resources are often saturated.

Substance Use

Key informants shared concerns about substance use in the community and the impact this has on the health and well-being of community members. Individuals with substance use disorder often end up in the ER when experiencing a crisis, which cannot always provide the appropriate mental or behavioral health-related care. These populations also face stigma within the community and the medical field that further prevents them from accessing care or receiving high-quality care.

"I've seen a huge increase in our population that we're serving that are struggling with mental illness. It's not being addressed. So a lack of services for people who are struggling with mental illness, which I think leads to a lot of the physical health issues, because if they are not mentally capable or mentally stable enough, they're not addressing their other physical needs that need to be addressed as well."

- Key Informant

"Some of the vulnerable populations are automatically assumed that there is something else going on, especially those who are struggling with substance misuse. They come in having issues or pain and they're automatically assumed that they're just drug seeking and are sometimes dismissed. Our clients don't always get the medical care that they need [...] they're going into the emergency room or they're going into urgent cares and they're just kind of being pushed through to get them out as quick as they can. And I think that they're missing that opportunity to get good quality health care in some cases. Not all places do that, but I have seen it happen where if I go as an advocate with them, their care is completely different than it is if they go by themselves."

- Key Informant

Basic Needs

Participants reported that a growing cost of living has limited community members' ability to afford some of their most basic needs, including healthcare, housing, and food. Local employment opportunities often do not offer wages that allow them to afford these resources independently, increasing the reliance on free or low-cost resources in the community.

Food Security

Key informants and focus group participants noted that there are resources in the community that aim to address food insecurity, including sending children home with food from school and food pantries. However, they identified that the need for these programs seems to be growing due to recent policy changes that limit access to public programming such as the Supplemental Nutrition Assistance Program (SNAP), previously known as food stamps. One participant shared that this has been particularly impactful on vulnerable groups that cannot meet SNAP work requirements, such as those with mental health challenges.

If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind?

"Food security with snap benefits changes- it has doubled the amount of people we have seen."

- Key Informant

Affordable Housing

Participants shared that access to housing that is affordable is difficult to find in the area. One participant shared that this issue is not limited to those with low income, but impacts middle income workers as well, such as those working for the hospital. Resources to assist community members with accessing stable housing are often overwhelmed with need.

"I think the number one [challenge] is the lack of resources for people struggling with mental illness. The number two would be the lack of affordable housing. And it may be that those need to be flipped, that the number one would probably be the lack of affordable housing that allows the client not to have the resources to be able to focus on their mental health. So if they're struggling with mental illness and they're constantly worried about where they're sleeping tomorrow night, those two things are kind of run hand in hand."

- Key Informant

Transportation

A lack of adequate public transportation both within and between the communities of Anniston and Oxford. This barrier limits community members' ability to reach resources necessary for the health and well-being of the community members. Participants noted that many resources are spread out, making it difficult to access multiple when needed. They also noted that the lack of transportation limits community members' access to strong job opportunities, higher education, and healthcare.

"This [organization] is here and it's five miles from that one. And if there's transportation issues, you can't get to one or the other, whether one's providing food services and one providing behavioral health services, and then one's providing homeless services or free clinic services, they're all spread out and not working together."

Key Informant

Primary Quantitative Community Survey

Methodology

The community survey was made available online and via print copies in English and Spanish. Invitations to participate were distributed through internal promotions as well as by community partners through channels including community partners, social media, flyers and email listservs among other methods.

There were 93 valid survey responses included in this analysis. To ensure valid responses, only participants who answered at least one question beyond basic demographics were included in the analysis. The survey was carefully designed to reduce potential sources of bias, such as how questions were worded or ordered.

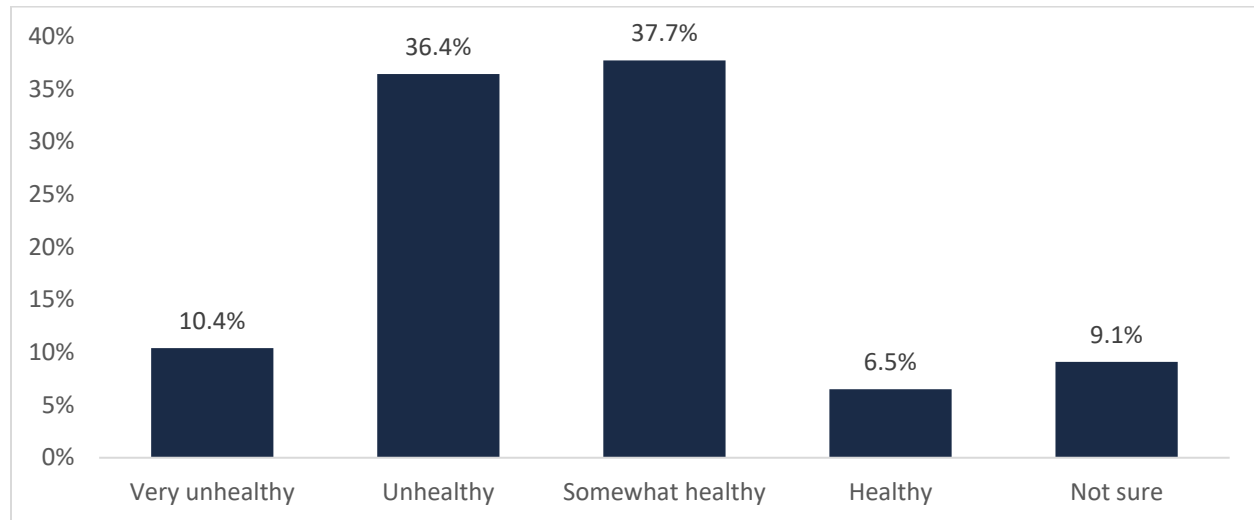
While the survey served as a practical tool for capturing insights of individuals across Calhoun, Cleburne and Talladega counties, this was not a random sample. Findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are too small to be representative of their respective subgroupings. Differences in responses have not been tested for statistical significance as part of this assessment.

See Appendix B for the survey instrument.

Health Status

Respondents were divided in their perceptions of community health. Nearly half (46.8%) rated their community as unhealthy or very unhealthy, while 44.2% considered it somewhat healthy or healthy (Exhibit 73). Notably, no respondents rated the community as very healthy. Overall, the findings suggest considerable concern about the community's health, even among respondents who did not characterize it as unhealthy.

EXHIBIT 73: OVERALL, HOW DO YOU RATE THE HEALTH OF THE COMMUNITY WHICH YOU LIVE IN?



Concerns about substance use and behaviors associated with chronic disease dominated respondents' perceptions of harmful behaviors in the community. Illegal drug use or misuse of prescription medications was selected most often (61.0%), followed by poor eating habits (55.8%) and tobacco or electronic vapor product use (50.6%), as presented in Exhibit 74. These findings suggest that respondents see both behavioral health and preventable chronic disease risks as important threats to community health.

EXHIBIT 74: PLEASE READ THE LIST OF RISKY BEHAVIORS LISTED BELOW. WHICH 3 DO YOU BELIEVE ARE THE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

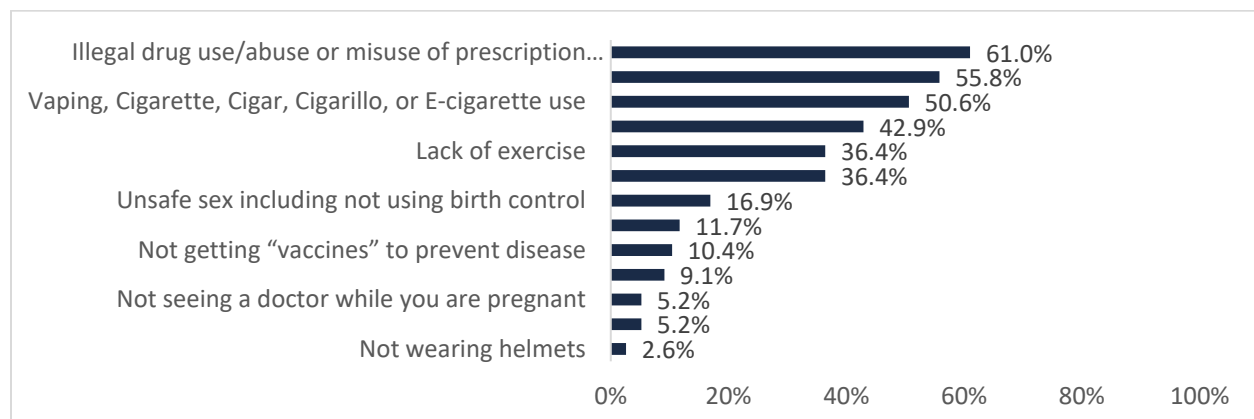
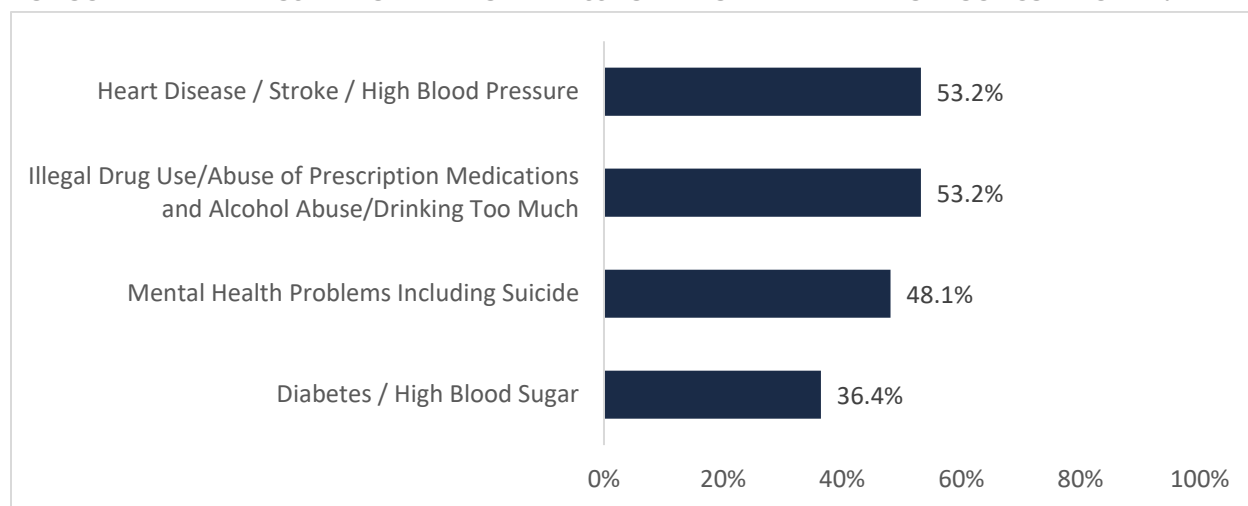


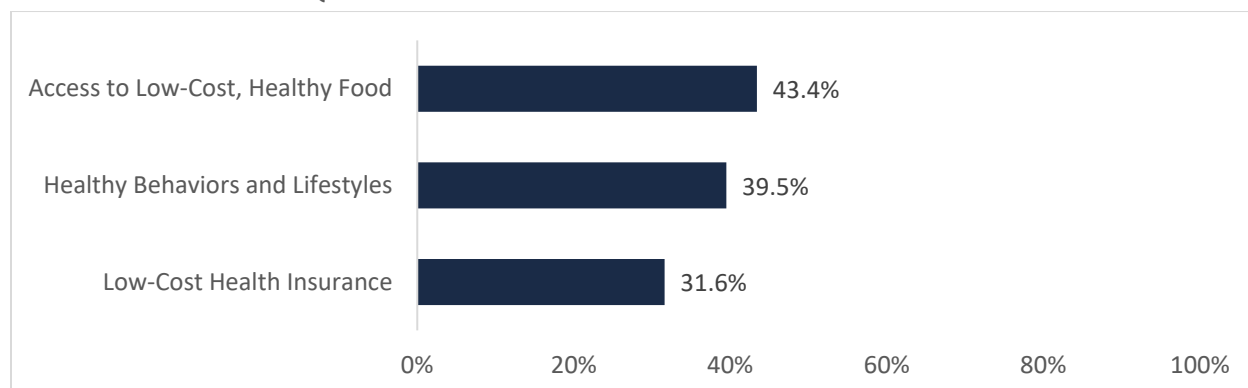
Exhibit 75 asked respondents to choose three health problems that need to be addressed to improve the health of the community from a list of 21 issues. Heart disease, stroke, or high blood pressure and substance use were tied as the most frequently selected concerns, at 53.2% each. Mental health problems, including suicide, followed closely at 48.1%, while more than one-third selected diabetes or high blood sugar (36.4%). Together, these findings point to a need for community health efforts that address physical and behavioral health concerns rather than treating them as entirely separate issues.

EXHIBIT 75: READ THE LIST OF HEALTH PROBLEMS AND THINK ABOUT YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?



Affordability and access emerged as important parts of improving community quality of life. Access to low-cost, healthy food was selected most often (43.4%), followed by support for healthy behaviors and lifestyles (39.5%) and access to low-cost health insurance (31.6%), as detailed in Exhibit 76. Exhibit 76 These priorities suggest that respondents recognize that healthy choices depend partly on whether necessary food, coverage, and other resources are financially accessible.

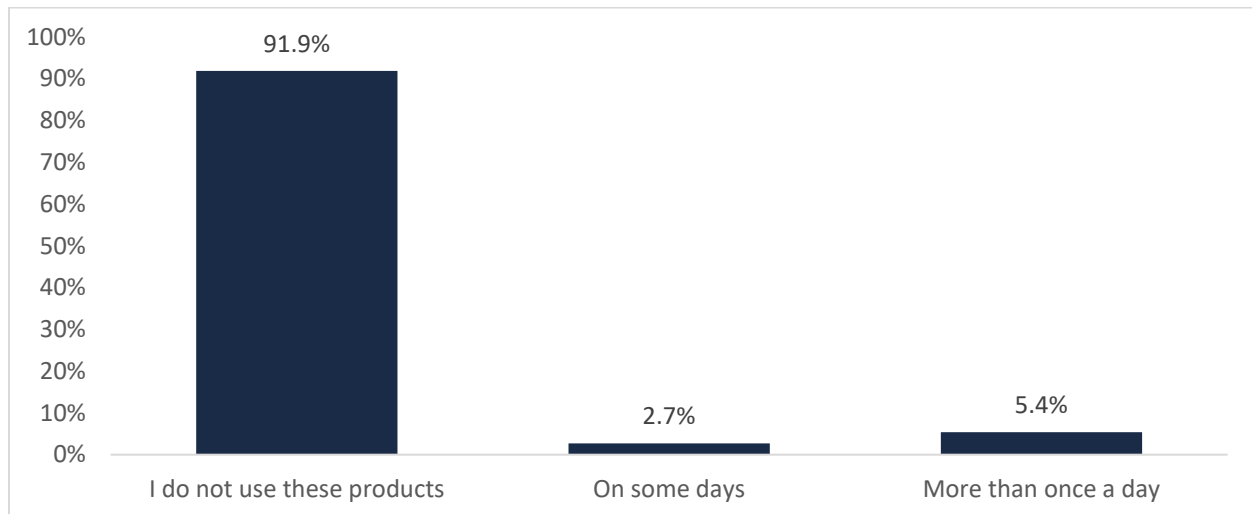
EXHIBIT 76: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 3 MOST IMPORTANT FACTORS NEEDED TO IMPROVE THE QUALITY OF LIFE IN YOUR COMMUNITY?



Health Behaviors

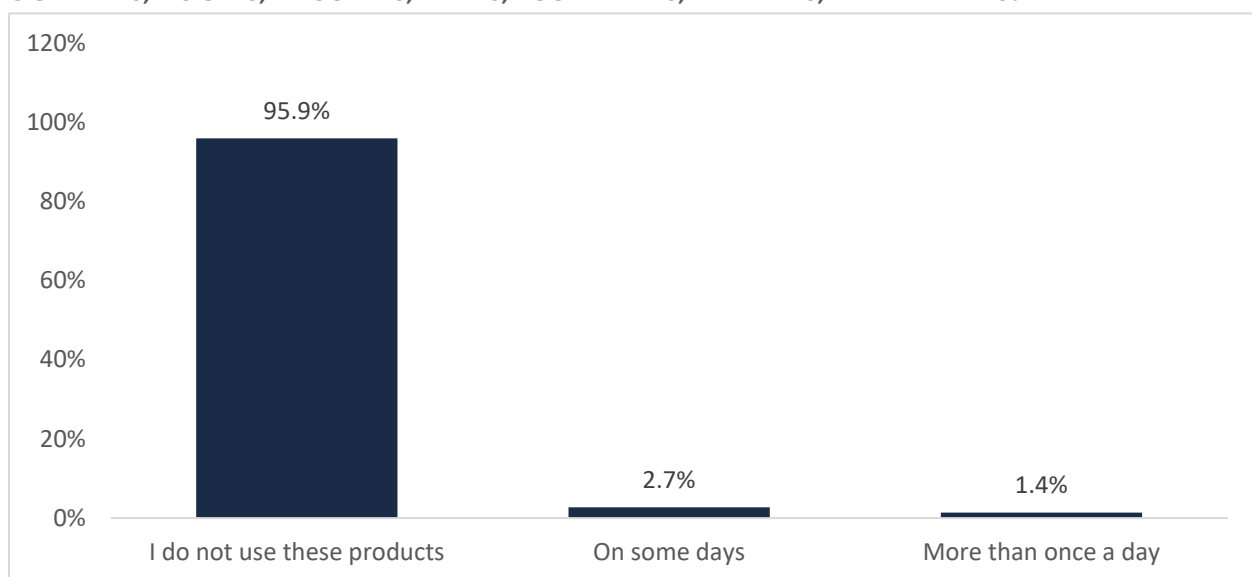
As shown in Exhibit 77, most respondents (91.9%) reported that they did not use any chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars. A small portion of respondents use these products either on some days (2.7%) or more than once a day (5.4%).

EXHIBIT 77: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUF, DIP, CIGARETTES, CIGARS OR LITTLE CIGARS?



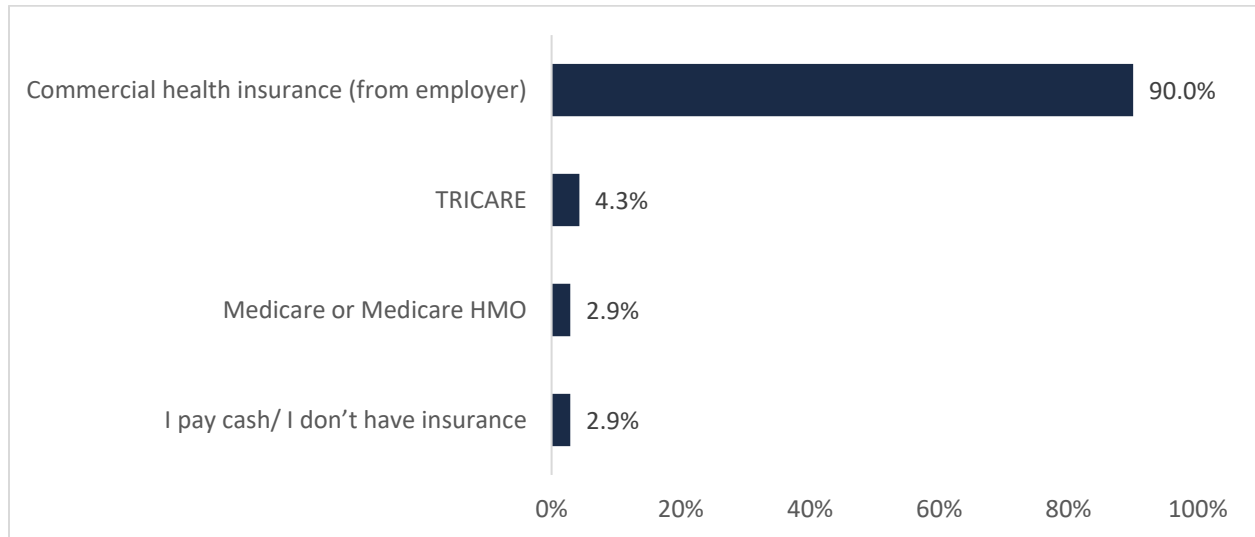
As shown in Exhibit 78, most respondents (95.9%) do not use any e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, or vape pens. The remaining respondents use these products either on some days (2.7%) or more than once a day (1.4%).

EXHIBIT 78: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING ELECTRONIC VAPOR PRODUCTS: E-CIGARETTES, E-CIGARS, E-HOOKAHS, E-PIPES, HOOKAH PENS, VAPE PIPES, AND VAPE PENS?



As shown in Exhibit 79, most respondents who answered the question paid for their health care using commercial health insurance from an employer (90.0%). Smaller percentages used TRICARE (4.3%) or Medicare or a Medicare HMO (2.9%), while 2.9% paid cash because they did not have insurance

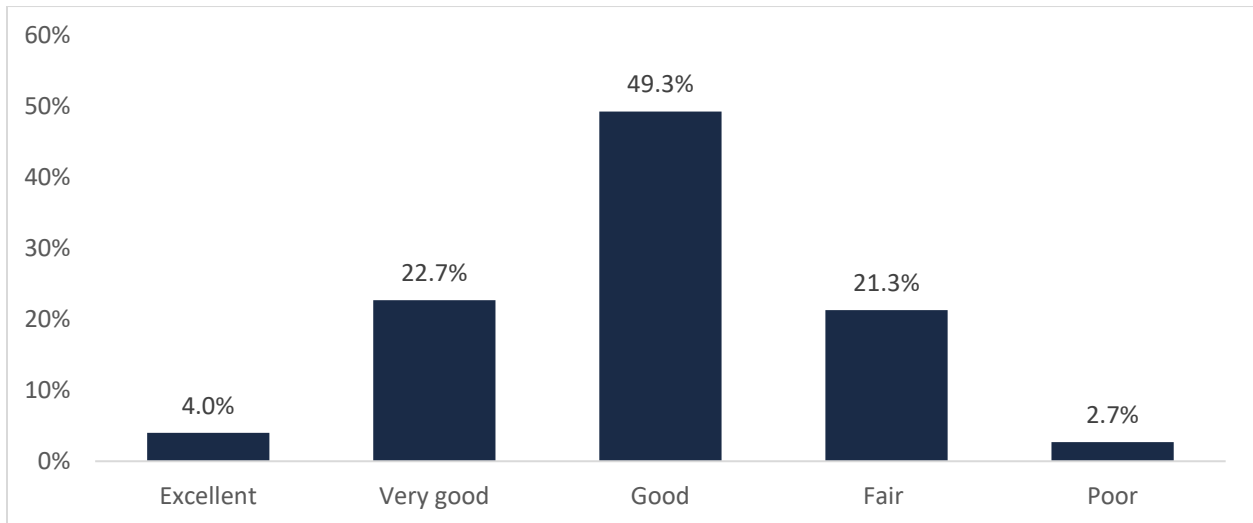
EXHIBIT 79: HOW DO YOU PAY FOR MOST OF YOUR HEALTH CARE?



Personal Health

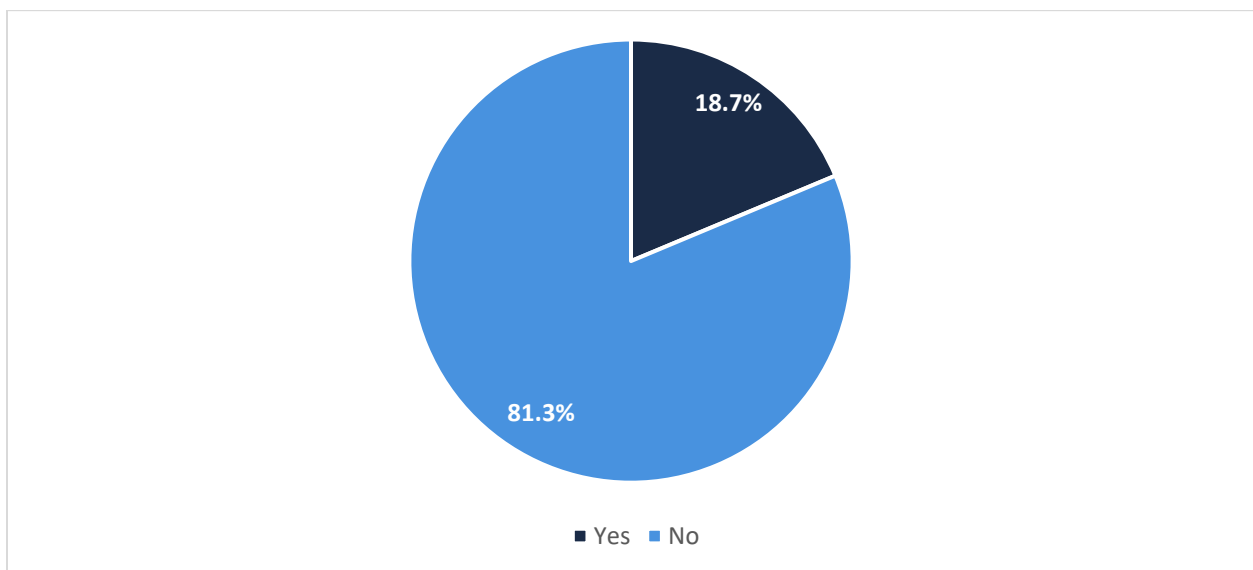
As shown in Exhibit 80, most respondents reported their personal health to be excellent (4.0%), very good (22.7%), or good (49.3%). Together, these categories accounted for 76.0% of respondents. However, nearly one-quarter (24.0%) rated their health as fair or poor.

EXHIBIT 80: OVERALL, HOW DO YOU RATE YOUR OWN PERSONAL HEALTH?



Nearly one in five respondents (18.7%) reported that there have been one or more occasions during the past year when they needed medical care but could not get it.

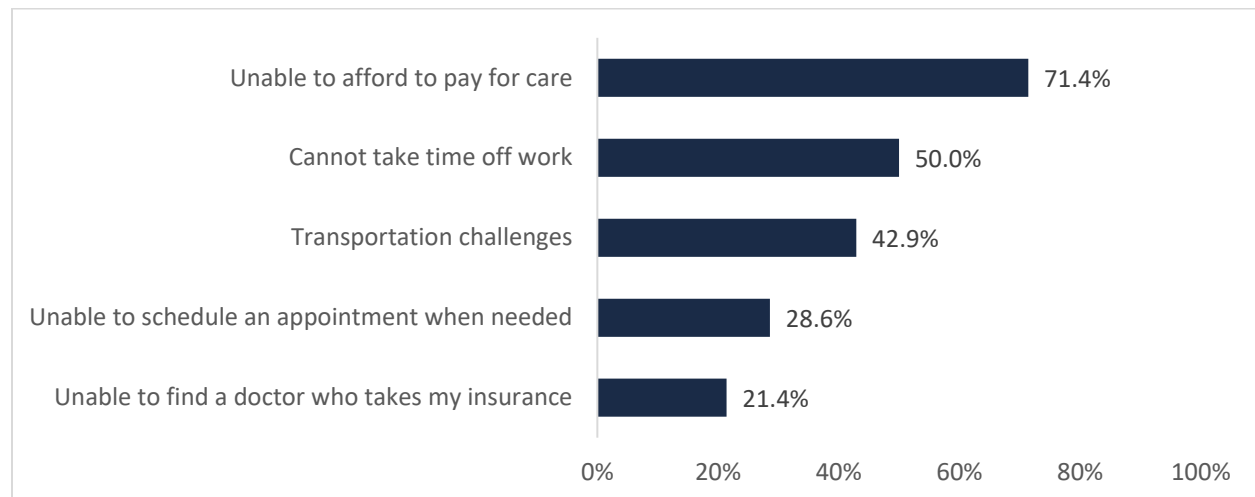
EXHIBIT 81: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MEDICAL CARE BUT COULD NOT GET IT?



Yes=14

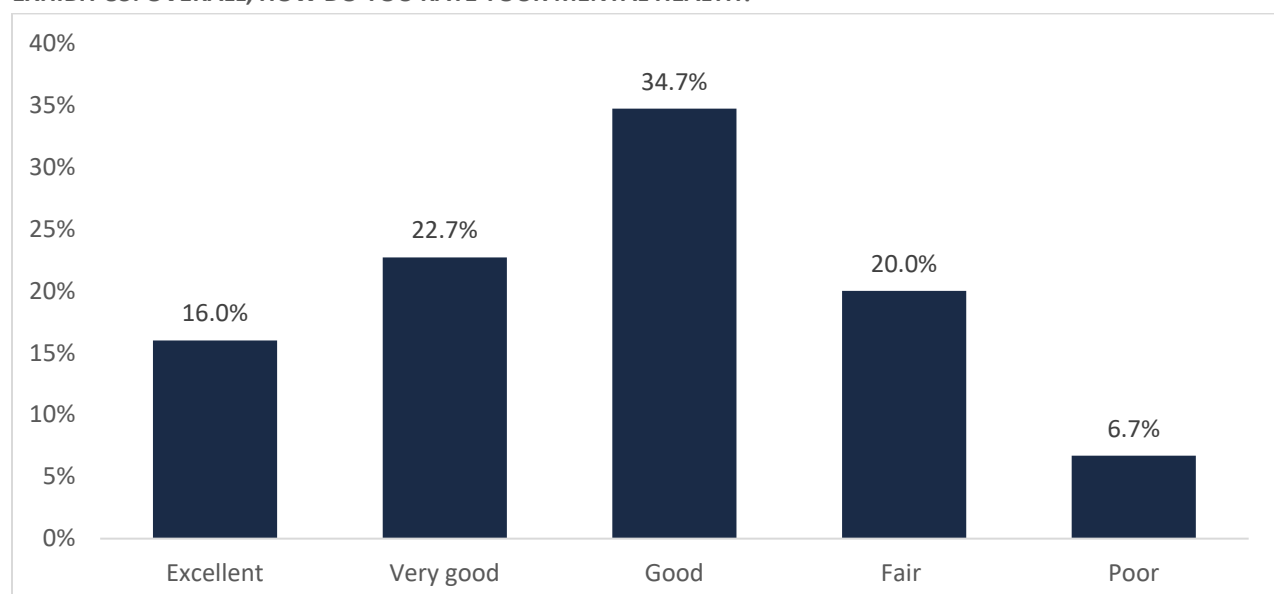
Among the 14 respondents who could not obtain needed medical care, the most commonly reported barrier was being unable to afford care (71.4%). As shown in Exhibit 82, other reasons included being unable to take time off work (50.0%), transportation challenges (42.9%), difficulty trying to schedule an appointment when needed (28.6%), and inability to find a doctor who accepted their insurance (21.4%). These findings indicate that cost, work constraints, transportation, and appointment availability can create barriers even among people with health insurance.

EXHIBIT 82: WHAT KEPT YOU FROM ACCESSING MEDICAL CARE SERVICES WHEN YOU NEEDED THEM?



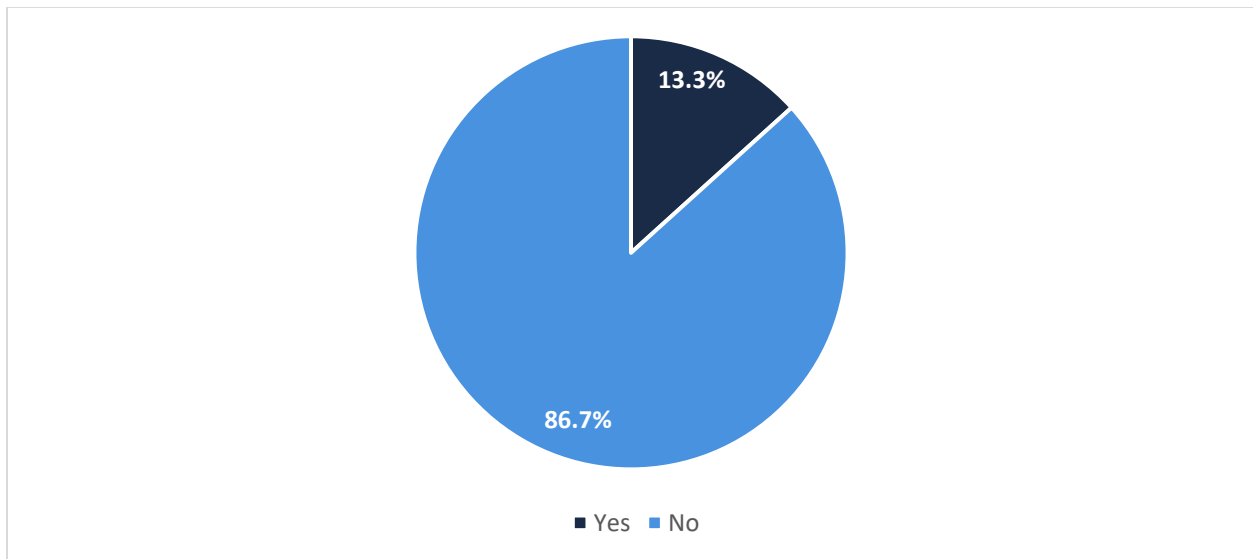
As shown in Exhibit 83, most respondents reported their mental health to be excellent (16.0%), very good (22.7%), or good (34.7%). Combined, these categories accounted for 73.4% of respondents. However, more than one-quarter (26.7%) rated their mental health as fair or poor.

EXHIBIT 83: OVERALL, HOW DO YOU RATE YOUR MENTAL HEALTH?



As shown in Exhibit 84, nearly one in seven respondents (13.3%) reported that there had been one or more occasions in the past year when they needed mental health or substance use services but could not access them.

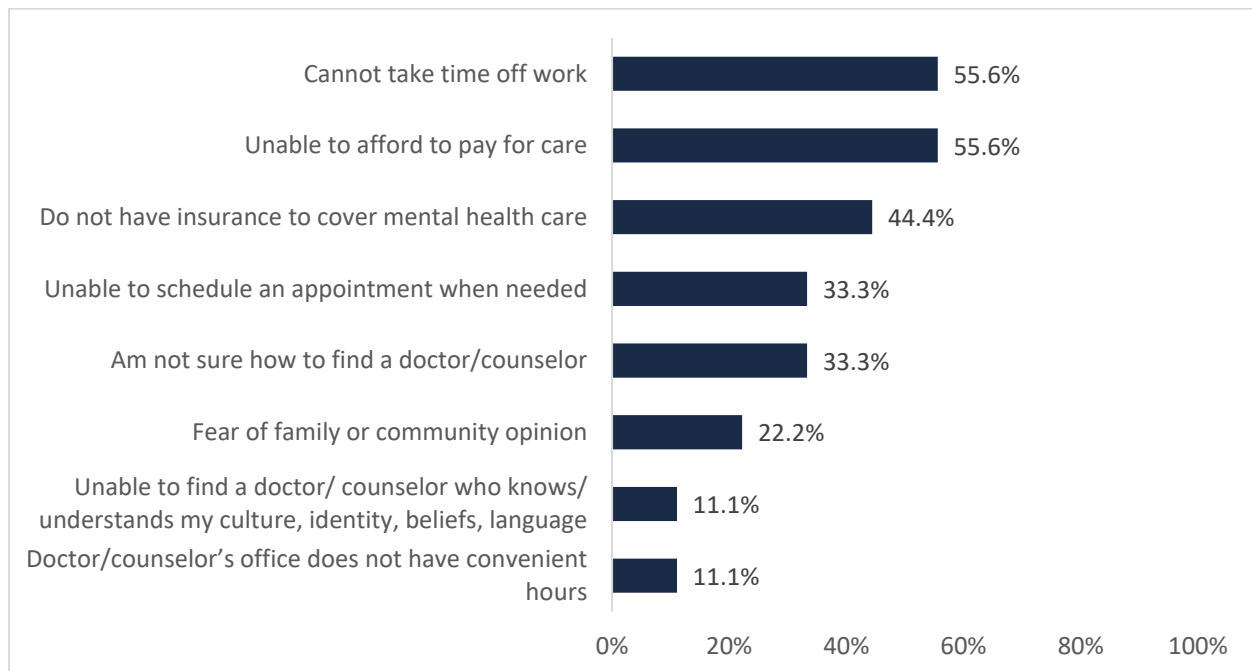
EXHIBIT 84: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES BUT COULD NOT ACCESS IT?



Yes=10

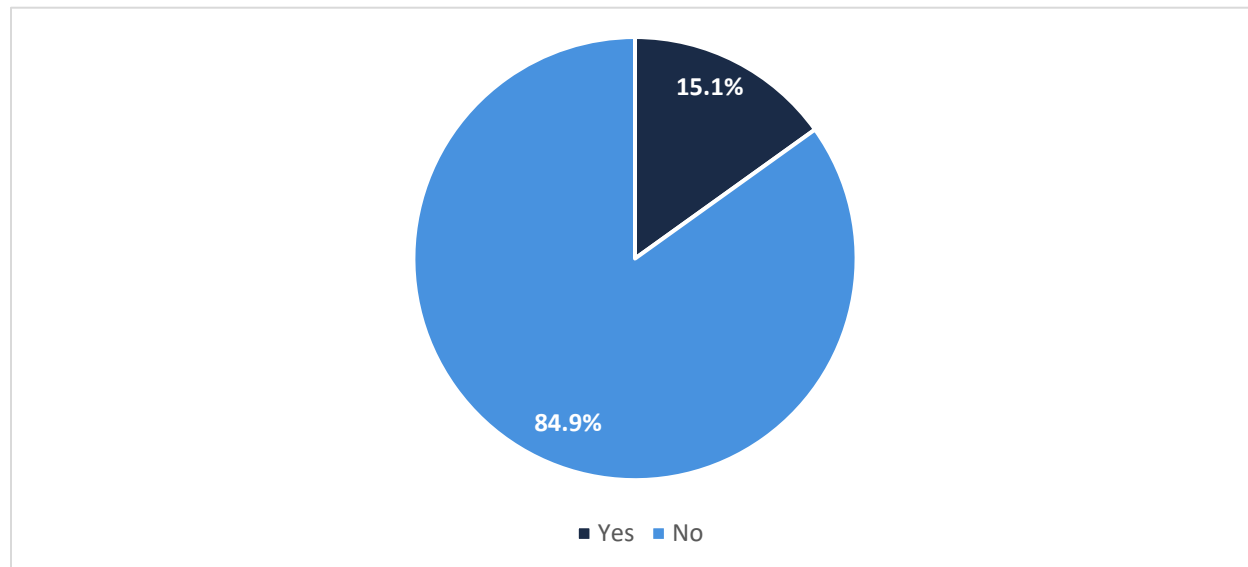
Nine of the 10 respondents with an unmet need answered the follow-up question about barriers. As shown in Exhibit 85, inability to take time off work and inability to afford care were each reported by five respondents (55.6%), while four (44.4%) lacked insurance coverage for mental health care. Difficulty scheduling an appointment and uncertainty about how to find a provider were each reported by three respondents (33.3%). Overall, the most common barriers were related to affordability, insurance, work schedules, and navigating access to care.

EXHIBIT 85: WHAT KEPT YOU FROM ACCESSING MENTAL HEALTH OR SUBSTANCE USE SERVICES WHEN YOU NEEDED IT?



As shown in Exhibit 86, nearly one in seven respondents (15.1%) reported there have been one or more occasions in the past year when they needed dental care but could not access it.

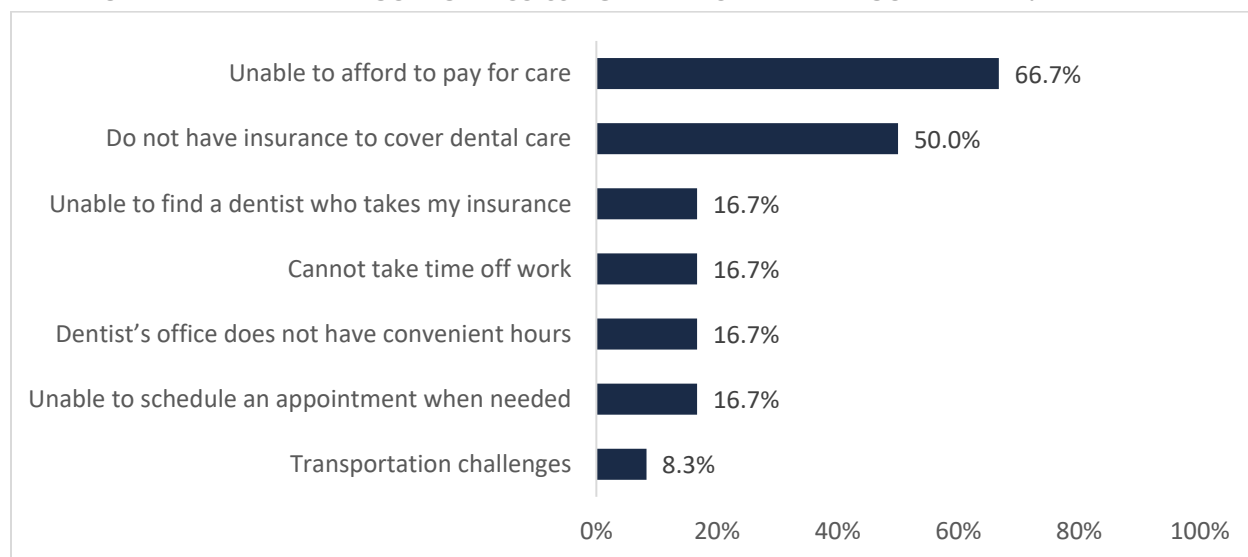
EXHIBIT 86: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED DENTAL CARE BUT COULD NOT ACCESS IT?



Yes=11

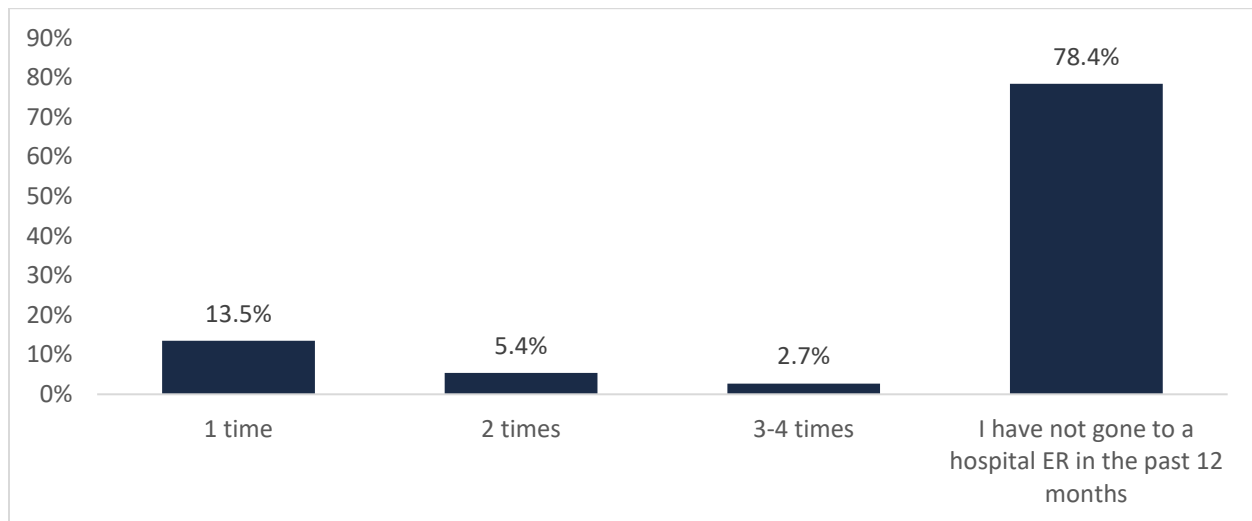
Among respondents who answered the follow-up question, being unable to afford care was the top reason for not accessing needed dental care (66.7%). Other reasons included not having insurance coverage for dental care (50.0%), being unable to find a dentist who accepts their insurance (16.7%), being unable to take time off work (16.7%), the dentist's office not having convenient hours (16.7%), unable to schedule an appointment when needed (16.7%), and transportation challenges (8.3%).

EXHIBIT 87: WHAT PREVENTED YOU FROM ACCESSING DENTAL CARE WHEN YOU NEEDED IT?



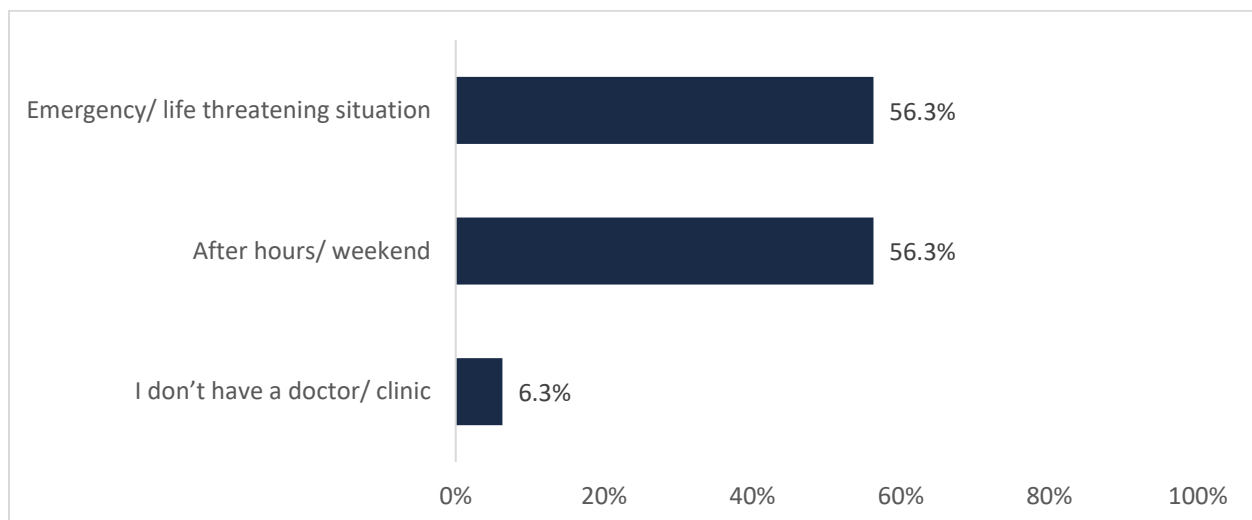
As shown in Exhibit 88, most respondents (78.4%) had not gone to the ER during the past year. About one in seven respondents (13.5%) reported one ER visit, while 8.1% reported two or more visits during the year. Overall, approximately one in five respondents had visited the ER at least once.

EXHIBIT 88: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO A HOSPITAL EMERGENCY ROOM ABOUT YOUR OWN HEALTH?



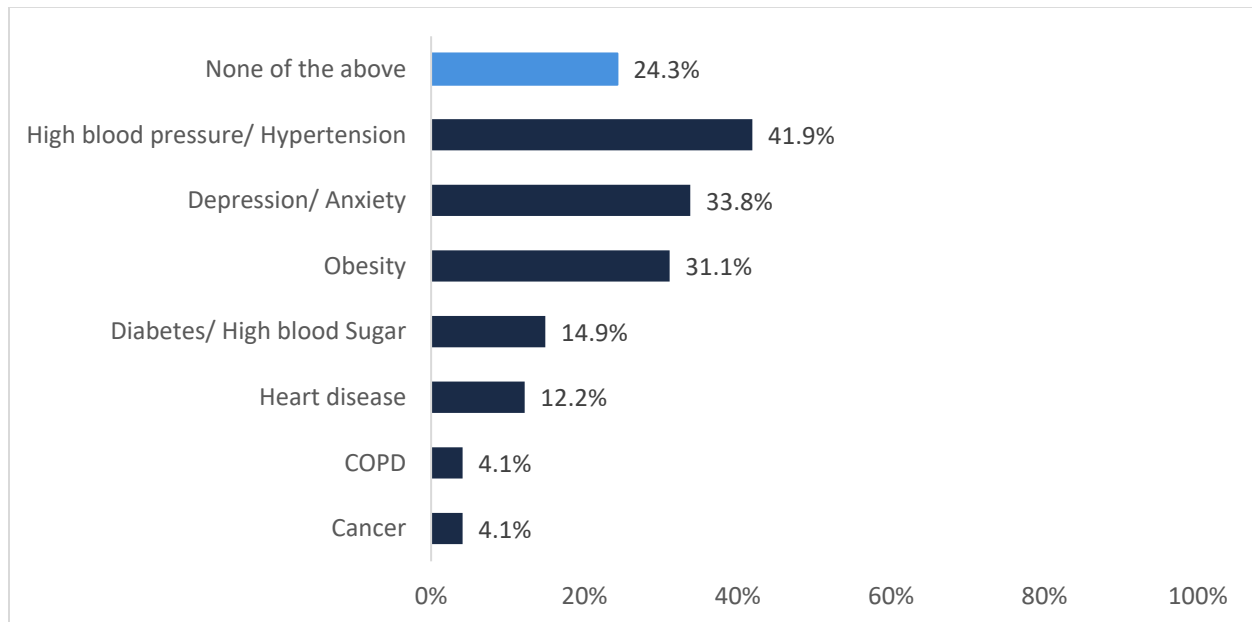
The main reasons respondents visited the ER in the past year were an emergency or life-threatening situation and needing care after hours or on a weekend, each reported by nine of the 16 respondents (56.3%). One respondent (6.3%) reported not having a doctor or clinic. The frequency of after-hours and weekend needs suggests that access to care outside regular office hours may contribute to some ER visits.

EXHIBIT 89: WHY DID YOU GO TO A HOSPITAL EMERGENCY ROOM?



When respondents were asked about health conditions diagnosed by a doctor or other medical provider, the most commonly reported conditions were high blood pressure or hypertension (41.9%), depression or anxiety (33.8%), and obesity (31.1%).

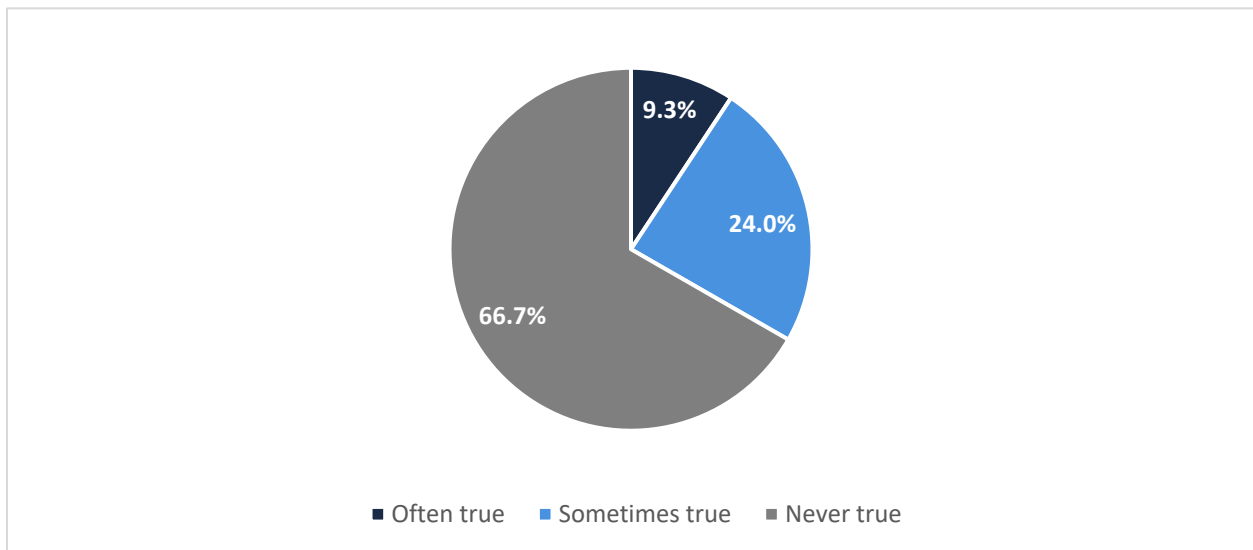
EXHIBIT 90: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?



Social Drivers

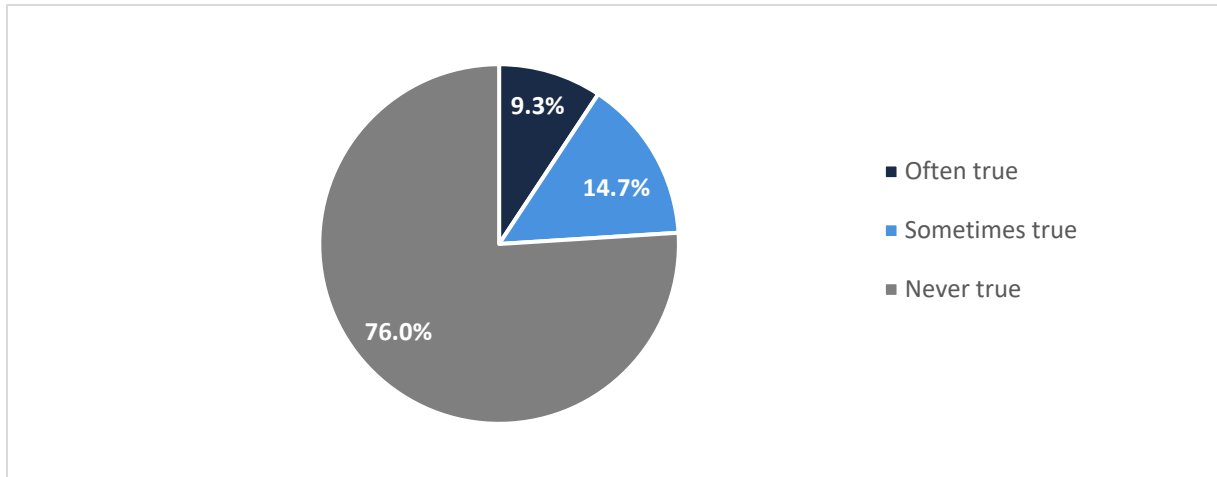
Food affordability was a concern for one-third of respondents. As shown in Exhibit 91, nearly one in ten respondents (9.3%) often worry about their food would run out before they have money to buy more. Nearly one in four respondents (24.0%) sometimes worry about whether their food would run out before having money to buy more. Together, these findings indicate that one in three respondents experienced at least some uncertainty about having enough money for food during the past 12 months.

EXHIBIT 91: IN THE PAST MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE?



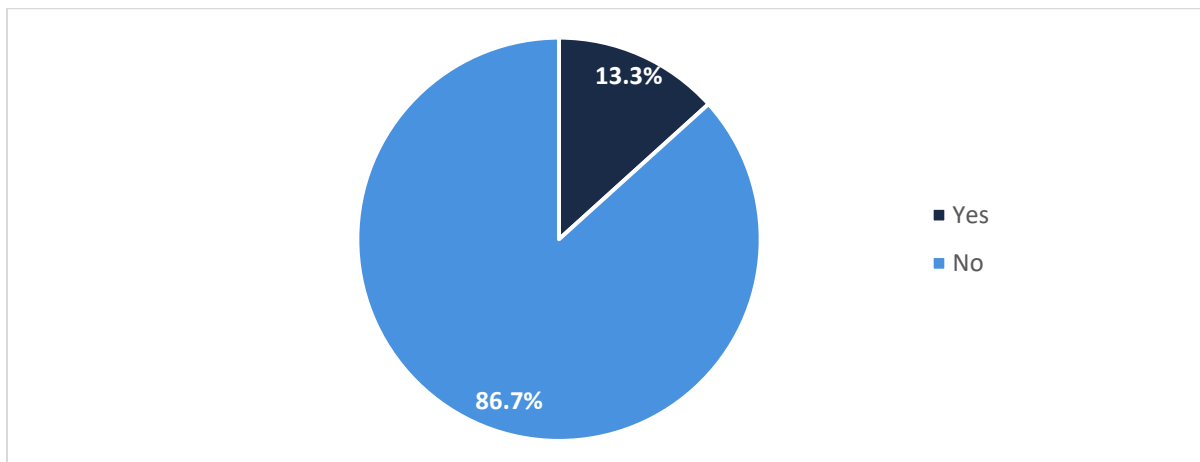
Nearly one-quarter of respondents experienced a direct sign of food insecurity. As shown in Exhibit 92, nearly one in ten respondents (9.3%) reported that it is often true that the food they bought did not last and they did not have more money to get more. About one in seven respondents (14.7%) reported it is sometimes true. Together with the worry reported in Exhibit 91, this suggests that some respondents experienced food shortages, not only concern that food might run out.

EXHIBIT 92: IN THE PAST MONTHS, THE FOOD WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE



About one in seven respondents (13.3%) reported that they or someone living in their home received emergency food from a church, food pantry, food bank, or ate in a soup kitchen in the past 12 months (Exhibit 93). This provides another indication that some surveyed households had difficulty consistently meeting their food needs.

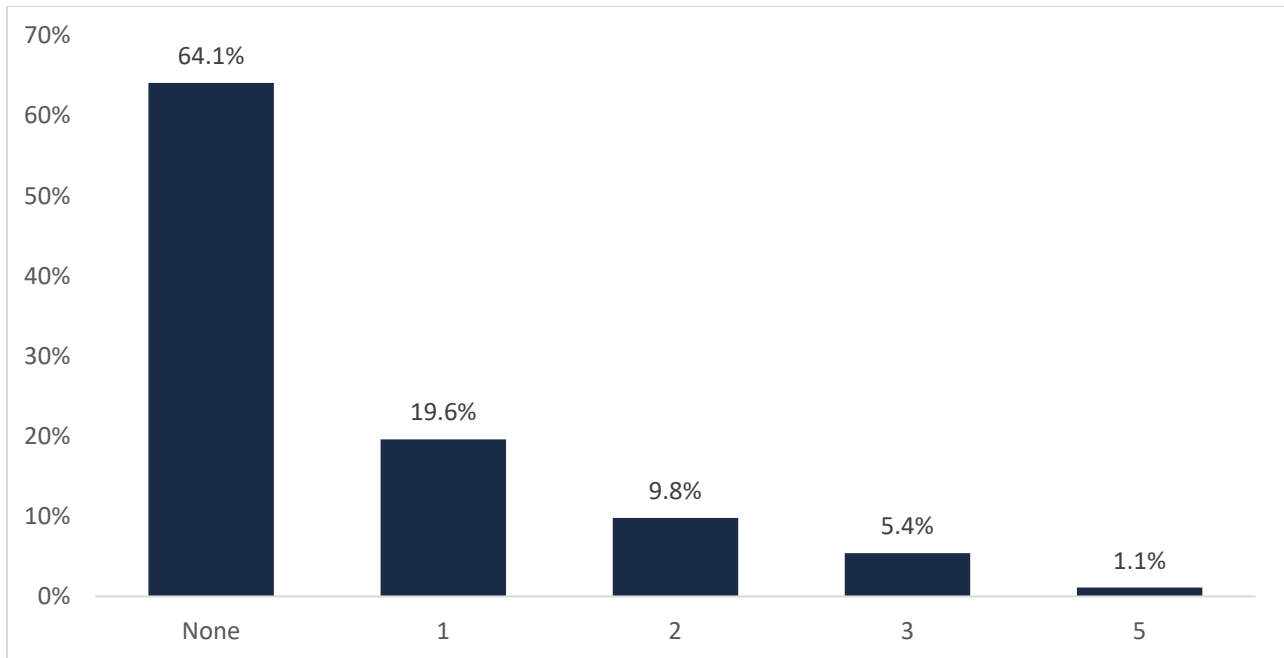
EXHIBIT 93: IN THE PAST MONTHS, DID YOU OR ANYONE LIVING IN YOUR HOME EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK OR EAT IN A SOUP KITCHEN?



Children's Section

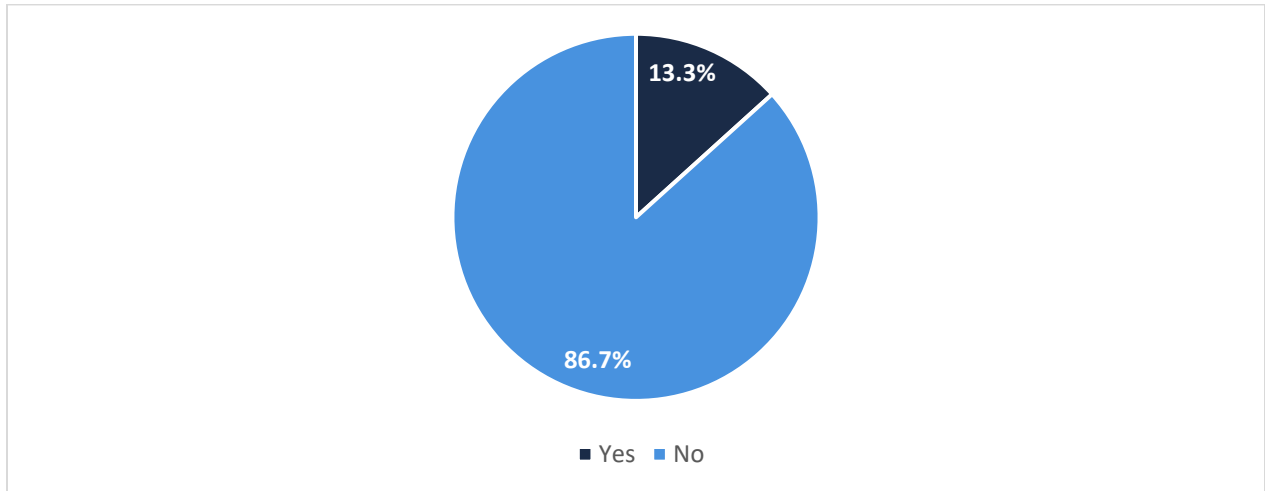
As shown in Exhibit 94, nearly two-thirds of respondents (64.1%) did not have children living in their homes. The remaining 35.9% had at least one child in the household and formed the primary respondent group for the child health questions that follow.

EXHIBIT 94: HOW MANY CHILDREN CURRENTLY LIVE IN YOUR HOME?



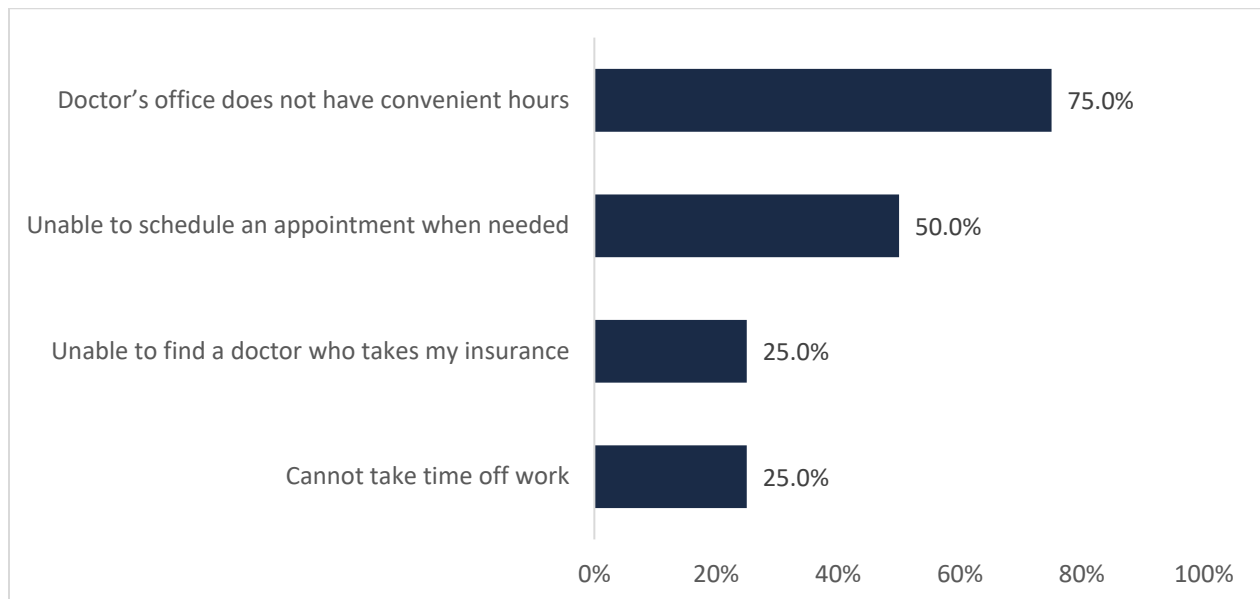
Among respondents who answered the child health questions, nearly one in eight respondents (13.3%) reported there was a time when child needed medical care but did not get the care in the past 12 months, as shown in Exhibit 95. Although most respondents reported no unmet need, this finding indicates that some families experienced barriers to obtaining necessary medical care for their children

EXHIBIT 95: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE THEY NEEDED?



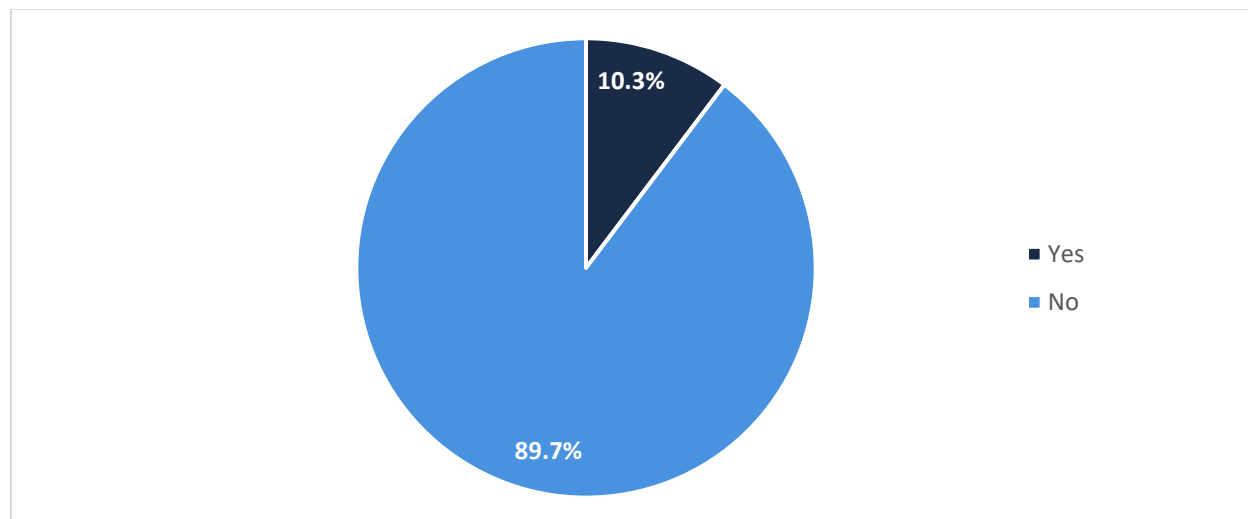
As shown in Exhibit 96, among the four respondents who reported that a child did not receive needed medical care, three (75.0%) cited inconvenient office hours and two (50.0%) cited difficulty scheduling an appointment. One respondent each (25.0%) cited being unable to find a doctor who accepted their insurance, being unable to take time off work, and the distance to the doctor's office. Although the number of respondents was small, their responses primarily point to difficulties obtaining conveniently located and timely care.

EXHIBIT 96: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MEDICAL CARE THEY NEEDED?



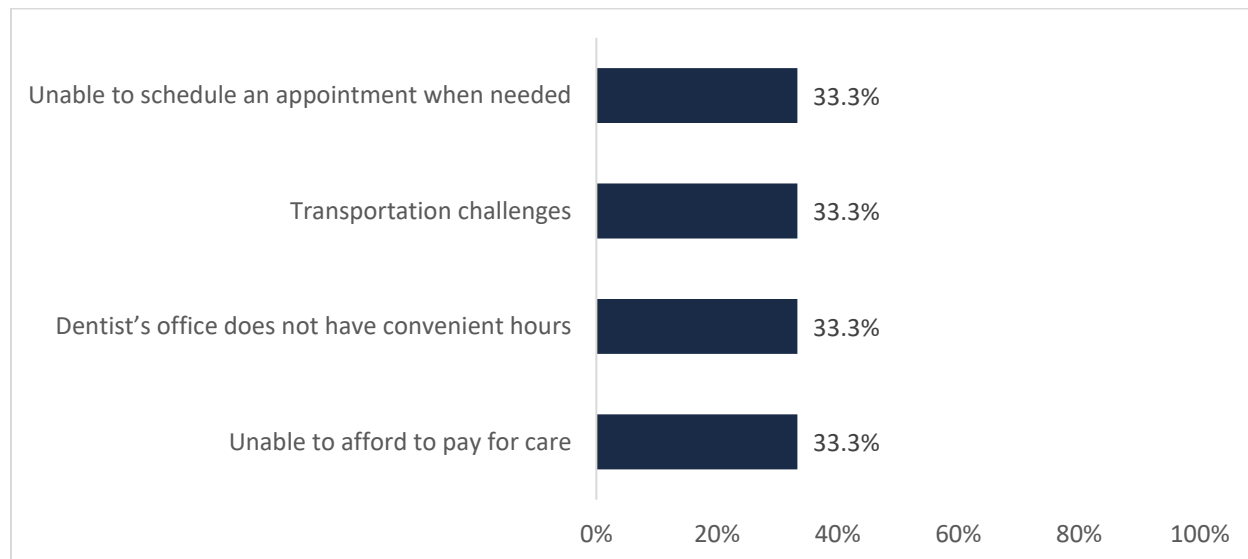
Unmet dental-care needs were reported by three of the 29 respondents (10.3%) who answered the child dental-care question (Exhibit 97). These respondents indicated that a child in their home needed dental care but did not receive it during the past 12 months.

EXHIBIT 97: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?



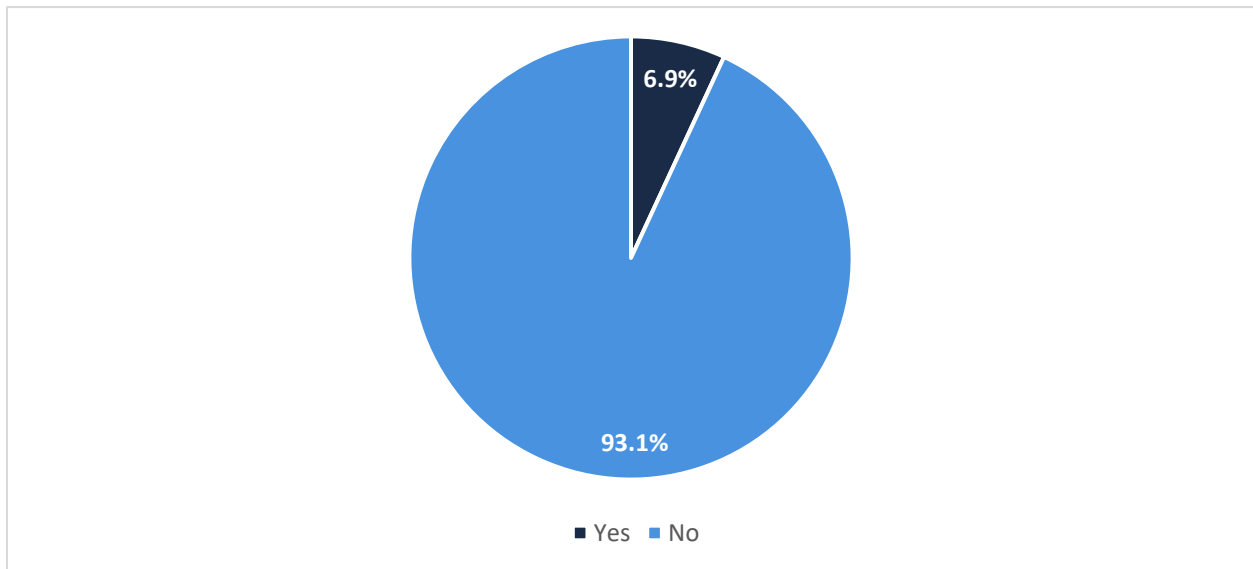
Among these three respondents, no single barrier to obtaining dental care was most common. As detailed in Exhibit 98, one respondent each (33.3%) cited difficulty scheduling an appointment, transportation challenges, inconvenient office hours, and inability to afford care. Although the number of respondents was small, together, these responses suggest that both the availability of dental services and families' ability to reach and afford those services may affect access.

EXHIBIT 98: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?



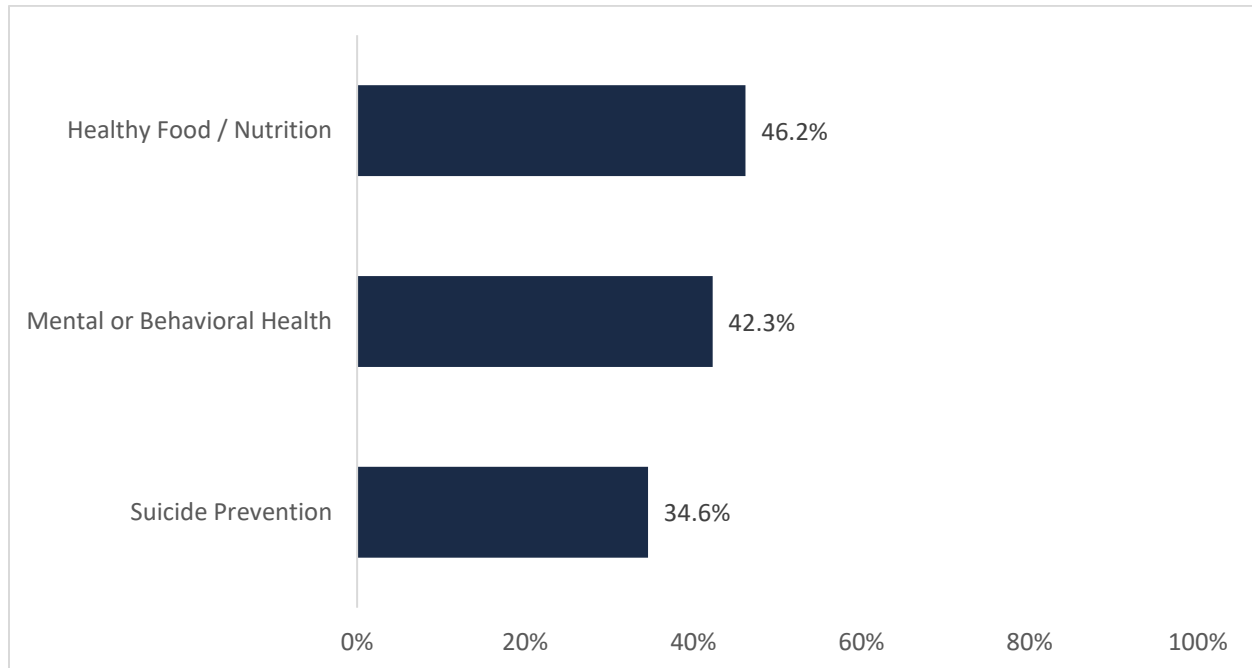
As shown in Exhibit 99, a small portion of respondents (6.9%) reported that children in their home needed mental or behavioral care but did not receive the care they needed in the past 12 months.

EXHIBIT 99: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL AND/OR BEHAVIORAL HEALTH CARE BUT DID NOT GET THE CARE THEY NEEDED?



The priorities presented in Exhibit 100 point to both nutrition and behavioral health as important areas of concern for children. Healthy food and nutrition was selected most often (46.2%), followed closely by mental or behavioral health (42.3%). Suicide prevention was also selected by more than one-third of respondents (34.6%), reinforcing the importance respondents placed on children’s behavioral health and emotional wellbeing.

EXHIBIT 100: WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT THE TOP 3 MOST IMPORTANT HEALTH NEEDS TO ADDRESS. IF YOU THINK OF A HEALTH CONCERN THAT IS NOT LISTED HERE, PLEASE WRITE IT IN UNDER “OTHER”?



Needs Prioritization Process

As part of the Community Health Needs Assessment, 14 top community needs were identified throughout the RMCHS service area (Calhoun, Cleburne, and Talladega Counties). On September 10, 2026, RMCHS leadership participated in a one-hour prioritization session facilitated by Crescendo Consulting Group. The session included a data presentation, discussion of the magnitude, severity and barriers related to each need and prioritization voting. Using a modified Hanlon Method.⁷⁷

The table below contains the list of 14 community needs that were identified during the community health needs assessment research and voted on during the prioritization session. Participants ranked the needs by magnitude, severity and feasibility. Priority scores were then assigned and shared with the health system to inform the hospital's Implementation Strategy. The lowest score indicates the highest priority.

EXHIBIT 101: FINAL PRIORITIZED LIST OF NEEDS

Rank	Community Need	Priority Score
1	Cancer screening and treatment	8.0
2	Diabetes/high blood sugar prevention and management	11.0
3	Heart disease prevention and management	12.4
4	Primary care provider recruitment and retention	15.3
5	Opioid/substance use prevention, intervention, and treatment programs	19.9
6	Specialty care provider recruitment and retention	20.0
7	Mental health outpatient and inpatient care, especially for children/adolescents	20.0
8	Medication health literacy	20.8
9	Access to affordable, healthy food	24.4
10	Affordable prescription medications	24.5
11	Obstetrics and Gynecology provider recruitment and retention	26.1
12	Insurance and safety net program navigation and supports	27.4
13	Transportation access and options for rural, spread-out communities	37.2
14	Affordable housing supports	43.7

⁷⁷ NACCHO. *Guide to Prioritization Techniques*. <https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf>

EXHIBIT 102: TOP COMMUNITY NEEDS BY SOCIAL DRIVER OF HEALTH

Priority Area	Community Needs
Health Outcomes	• Cancer treatment and screening • Heart disease prevention and management • Diabetes/high blood sugar prevention and management • Mental health outpatient and inpatient care, especially for children/adolescents • Opioid/substance use prevention, intervention, and treatment programs
Healthcare Access and Quality	• Primary care provider recruitment and retention • Obstetrics and Gynecology provider recruitment and retention • Specialty care provider recruitment and retention • Affordable prescription medications • Medication health literacy • Insurance and safety net program navigation and supports
Neighborhood and Built Environment	• Transportation access and options for rural, spread-out communities
Economic Stability	• Affordable housing supports • Access to affordable, healthy food

Appendix A: Secondary Data Tables

Demographics

EXHIBIT 103: TOTAL POPULATION, PERCENT CHANGE 2014-2029

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	116,090	15,426	81,021	5,086,768	334,922,499
2014	117,186	14,990	81,673	4,817,678	314,107,084
Percent Change (2014-2024)	-0.9%	+2.9%	-0.8%	+5.6%	+6.6%
Total Population, 2029	114,649	15,634	80,245	5,249,807	349,554,291
Percent Change (2024-2029)	-1.2%	+1.3%	-1.0%	+3.2%	+4.4%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 104: PERCENT OF POPULATION BY SEX, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Males	48.4%	50.3%	48.6%	48.6%	49.5%
Females	51.6%	49.7%	51.4%	51.4%	50.5%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 105: MEDIAN AGE PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	39	43	42	39	39
2014	39	41	40	38	37
Percent Change (2014-2024)	0.0%	+4.9%	+5.0%	+2.6%	+5.4%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 106: PERCENT OF POPULATION BY AGE GROUP, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 5	5.6%	5.8%	5.4%	5.8%	5.6%
Under 18	21.4%	22.0%	20.6%	22.2%	22.0%
18 to 64	60.3%	57.9%	60.0%	60.0%	60.8%
65 and Over	18.2%	20.1%	19.4%	17.8%	17.2%
5 to 9	5.7%	6.2%	5.6%	6.0%	6.0%
10 to 14	6.2%	6.0%	5.9%	6.5%	6.4%
15 to 19	7.7%	5.6%	5.7%	6.8%	6.6%
20 to 24	7.2%	5.0%	5.7%	6.6%	6.5%
25 to 34	12.2%	12.8%	13.1%	12.9%	13.7%
35 to 44	12.4%	11.3%	12.5%	12.4%	13.2%
45 to 54	11.9%	12.9%	12.9%	12.2%	12.2%
55 to 59	6.6%	6.4%	6.1%	6.3%	6.2%
60 to 64	6.3%	7.8%	7.9%	6.7%	6.4%
65 to 74	11.1%	11.9%	11.8%	10.7%	10.2%
75 to 84	5.4%	5.8%	6.0%	5.4%	5.1%
Over 85	1.7%	2.5%	1.5%	1.7%	1.9%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 107: PERCENT OF POPULATION BY RACE, 2024⁷⁸

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	70.4%	92.8%	62.3%	64.6%	61.0%
Black or African American	21.9%	3.6%	29.8%	25.8%	12.2%
Asian	0.8%	0.1%	0.6%	1.5%	6.0%
American Indian and Alaska Native	0.4%	0.3%	0.1%	0.5%	0.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.1%	0.2%
Two or More Races	4.3%	2.3%	5.6%	5.3%	12.6%
Some Other Race	2.1%	0.9%	1.6%	2.3%	7.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁷⁸ This dataset provides a count of people who are Asian Alone, White Alone, Black or African American Alone, American Indian and Alaska Native Alone, Native Hawaiian and Other Pacific Islander Alone, Other Race Alone or Two or More Races. Each of the seven race categories include both people who identify as Hispanic or Latino as well as people who identify as not Hispanic or Latino. When combined, these seven categories equal the total population. <https://www.census.gov/glossary/?term=Race>

EXHIBIT 108: PERCENT OF POPULATION BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	4.6%	2.1%	2.4%	5.6%	19.3%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 109: PERCENT OF BLACK, INDIGENOUS AND PEOPLE OF COLOR, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Black, Indigenous and people of color	30.7%	7.8%	38.2%	36.6%	42.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 110: PERCENT OF LANGUAGE SPOKEN AT HOME (POPULATION AGE FIVE AND OVER), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
English Only	96.1%	98.8%	96.6%	94.0%	77.7%
Spanish	2.7%	0.8%	2.3%	3.9%	13.6%
Other Indo-European	0.5%	0.4%	0.5%	0.8%	3.9%
Asian-Pacific Islander	0.5%	0.0%	0.5%	0.9%	3.6%
Other	0.2%	0.0%	0.1%	0.4%	1.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 111: PERCENT OF POPULATION WITH THE ABILITY TO SPEAK ENGLISH LESS THAN VERY WELL, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Ability to speak English less than very well	1.6%	0.3%	1.1%	2.4%	8.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 112: PERCENT OF FOREIGN-BORN POPULATION, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Naturalized U.S. citizen	1.3%	0.2%	0.7%	1.6%	7.4%
Not a U.S. citizen	1.6%	0.4%	1.3%	2.4%	6.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 113: PERCENT OF VETERAN POPULATION (POPULATION OVER AGE 18), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Veteran population	7.6%	7.6%	7.0%	7.7%	6.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Population Living With a Disability**EXHIBIT 114: PERCENT OF POPULATION WITH DISABILITY, 2024⁷⁹**

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Population living with a disability	20.5%	19.7%	20.5%	16.2%	13.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 115: PERCENT OF POPULATION LIVING WITH DISABILITY BY TYPE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Vision difficulty	3.8%	6.7%	4.9%	3.2%	2.5%
Hearing difficulty	5.9%	8.9%	5.3%	4.4%	3.6%
Cognitive difficulty	8.3%	6.3%	8.4%	6.4%	5.3%
Ambulatory difficulty ⁸⁰	11.2%	10.0%	11.7%	8.5%	6.3%
Independent living difficulty ⁸¹	7.8%	7.2%	7.1%	5.7%	4.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 116: PERCENT OF POPULATION LIVING WITH DISABILITY BY AGE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 5	1.1%	3.0%	0.0%	0.7%	0.7%
5 to 17	7.4%	2.0%	10.9%	6.9%	6.3%
18 to 34	10.3%	8.6%	11.3%	9.1%	8.1%
35 to 64	24.1%	22.0%	23.0%	17.3%	12.5%
65 to 74	39.1%	43.0%	37.1%	30.1%	24.0%
75 and Over	55.5%	53.7%	51.6%	50.8%	46.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁷⁹ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

⁸⁰ Ambulatory Difficulty: Having serious difficulty walking or climbing stairs.

https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_952582087

⁸¹ Independent Living Difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping. https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_952582087

EXHIBIT 117: PERCENT OF POPULATION LIVING WITH DISABILITY BY RACE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	22.3%	20.5%	22.3%	17.0%	14.3%
Black or African American	18.5%	7.9%	20.0%	17.0%	14.8%
Asian	12.8%	0.0%	13.2%	7.1%	8.2%
American Indian and Alaska Native	6.4%	0.0%	23.7%	18.2%	15.6%
Native Hawaiian and Other Pacific Islander	84.0%	ND	0.0%	14.3%	13.2%
Some Other Race	12.9%	13.8%	11.3%	7.6%	10.4%
Two or More Races	13.0%	25.4%	19.7%	14.3%	11.0%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 118: PERCENT OF POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	11.4%	2.2%	9.8%	9.0%	10.3%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Healthcare Access and Quality

EXHIBIT 119: TREND OF TOTAL POPULATION WITHOUT HEALTH INSURANCE, 2020-2024⁸²

	Calhoun County		Cleburne County		Talladega County		Alabama		United States	
2024	10.2%		8.8%		8.1%		9.2%		8.4%	
2023	11.1%		9.3%		8.4%		9.4%		8.6%	
2022	10.8%		10.1%		9.4%		9.5%		8.7%	
2021	11.2%		11.0%		9.8%		9.7%		8.8%	
2020	10.0%	—	12.2%	—	9.2%	—	9.5%	—	8.7%	—

Source: U.S. Census Bureau American Community Survey Five-year Estimates

EXHIBIT 120: PERCENT OF UNINSURED POPULATION BY AGE GROUP, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 6	1.7%	3.1%	4.4%	2.9%	4.6%
6 to 18	3.7%	2.2%	3.9%	3.9%	5.8%
19 to 64	16.1%	13.8%	12.1%	14.1%	11.7%
65 and Over	0.4%	2.1%	0.6%	0.5%	0.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 121: PERCENT OF UNINSURED POPULATION BY RACE, 2024⁸³

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	8.6%	9.2%	7.3%	6.0%	7.3%
Black or African American	12.5%	0.2%	8.7%	9.3%	10.5%
Asian	13.2%	0.0%	28.8%	19.3%	20.3%
American Indian and Alaska Native	36.4%	0.0%	0.0%	5.6%	9.9%
Native Hawaiian and Other Pacific Islander	0.0%	ND	93.3%	11.5%	28.8%
Two or More Races	10.4%	3.5%	10.7%	19.5%	32.3%
Some Other Race	35.6%	14.6%	12.5%	13.3%	13.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁸² The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

⁸³ This dataset provides a count of people who are Asian Alone, White Alone, Black or African American Alone, American Indian and Alaska Native Alone, Native Hawaiian and Other Pacific Islander Alone, Other Race Alone or Two or More Races. Each of the seven race categories include both people who identify as Hispanic or Latino as well as people who identify as not Hispanic or Latino. When combined, these seven categories equal the total population. <https://www.census.gov/glossary/?term=Race>

EXHIBIT 122: PERCENT OF UNINSURED POPULATION BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	24.5%	26.3%	17.6%	26.6%	17.3%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 123: PERCENT OF UNINSURED POPULATION WITH DISABILITY BY AGE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
18 and under	6.2%	0.0%	0.6%	2.7%	4.2%
19 to 64	15.7%	25.5%	14.6%	13.1%	9.9%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 124: TREND OF THE NUMBER OF CHILDREN ENROLLED IN ALABAMA KIDS (ALL KIDS), 2022-2026⁸⁴

	Calhoun County		Cleburne County		Talladega County		Alabama	
	ALL Kids	MCHIP	ALL Kids	MCHIP	ALL Kids	MCHIP	ALL Kids	MCHIP
January 2026	2,381	1,993	321	305	1,676	1,449	107,140	84,722
January 2024	1,578	2,631	236	352	1,005	1,937	73,838	110,450
January 2022	1,468	2,747	237	356	1,083	2,073	73,438	116,244

Source: Alabama Department of Public Health, Alabama Kids Insurance for Children Enrollment Data

EXHIBIT 125: PERCENT OF POPULATION AGE 65 AND OVER WITH MEDICARE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Population 65 and Over	18.2%	20.1%	19.4%	17.8%
With Medicare	96.6%	94.9%	97.9%	96.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates.

EXHIBIT 126: PERCENT OF POPULATION WITH ALABAMA MEDICAID, 2024⁸⁵

	Calhoun County	Cleburne County	Talladega County	Alabama
Population with Medicaid	25.1%	19.7%	24.9%	20.0%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates.

⁸⁴ ALL Kids - 146-317% FPL MCHIP - Medicaid/CHIP Expansion - 100-145% FPL

⁸⁵ The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements. <https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population>

EXHIBIT 127: HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2020-2025

	Calhoun County			Cleburne County			Talladega County		
	2020	2025	+/-	2020	2025	+/-	2020	2025	+/-
Primary Care Physician	1,636:1	1,382:1	●	15,144:1	15,426:1	●	2,385:1	1,976:1	●
Primary Care Nurse Practitioners	1,659:1	1,018:1	●	15,144:1	7,713:1	●	2,192:1	1,653:1	●
Dentist	1,760:1	1,843:1	●	ND	ND	—	3,379:1	2,794:1	●
Geriatric Care Provider	3,466:1	3,526:1	●	2,974:1	3,103:1	●	7,533:1	5,233:1	●
Pediatrician	1,447:1	1,082:1	●	ND	ND	—	2,795:1	2,785:1	●
Obstetrics Gynecology OBGYN	11,995:1	6,657:1	●	ND	ND	—	6,953:1	5,954:1	●
Midwife and Doula	ND	19,972:1	—	ND	ND	—	ND	41,678:1	—

	Alabama			United States		
	2020	2025	+/-	2020	2025	+/-
Primary Care Physician	1,318:1	982:1	●	1,000:1	740:1	●
Primary Care Nurse Practitioners	1,415:1	851:1	●	1,547:1	929:1	●
Dentist	2,534:1	2,100:1	●	1,685:1	1,362:1	●
Geriatric Care Provider Ratio	2,400:1	1,777:1	●	2,098:1	1,499:1	●
Pediatrician	1,112:1	783:1	●	815:1	584:1	●
Obstetrics Gynecology OBGYN	5,302:1	4,057:1	●	3,812:1	2,882:1	●
Midwife and Doula	69,786:1	26,168:1	●	18,256:1	7,079:1	●

Source: National Plan & Provider Enumeration System NPI

Mortality and Morbidity

EXHIBIT 128: MORTALITY RATE (DEATHS PER 1,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Mortality Rate	13.7	14.3	14.0	11.4
White Male	16.5	15.6	17.5	13.2
White Female	14.2	13.9	15.2	12.0
Black or African American and Other Race Male	10.0	8.8	10.6	10.1
Black or African American and Other Race Female	8.4	4.2	9.3	7.6

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

EXHIBIT 129: LEADING CAUSES OF DEATH (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Alzheimer's Disease	66.1	106.9	50.4	46.1
Cancer	237.1	226.3	244.5	204.4
Chronic Liver Disease and Cirrhosis	15.5	37.7	18.4	19.2
Chronic Lower Respiratory Disease	93.6	138.3	98.3	62.1
Diabetes	14.6	31.4	39.3	28.7
Heart Disease	438.0	396.1	361.3	285.1
Influenza and Pneumonia	18.9	6.3	25.8	18.5
Kidney Disease	22.3	12.6	34.4	23.9
Septicemia	27.5	37.7	17.2	21.3
Stroke	52.4	56.6	65.1	63.1
Unintentional Injuries ⁸⁶	62.7	75.4	76.2	61.7

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, (2024)

⁸⁶ ICD-10 Codes (V01-X59): <https://icd.who.int/browse10/2019/en#/V01-X59>, (Y85-Y86): <https://icd.who.int/browse10/2019/en#/Y85>

General and Preventive Health

EXHIBIT 130: SELF-REPORTED POOR OR FAIR HEALTH AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
16.3%	18.4%		16.3%	18.1%		16.9%	17.7%		16.5%	17.5%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 131: SELF-REPORTED POOR PHYSICAL HEALTH DAYS AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
12.9%	15.3%		13.6%	15.9%		14.1%	15.8%		12.0%	14.5%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 132: SELF-REPORTED NO LEISURE-TIME PHYSICAL ACTIVITY AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
29.1%	31.9%		30.5%	30.5%		33.1%	32.6%		28.1%	29.1%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 133: SELF-REPORTED ANNUAL CHECK UP IN THE PAST YEAR AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
74.6%	79.3%		75.1%	79.2%		77.0%	81.7%		75.7%	80.4%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 134: SELF-REPORTED ADULTS EVER TOLD BY A HEALTH PROFESSIONAL THEY HAVE HIGH BLOOD PRESSURE, 2019-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
44.2%	44.8%		42.7%	42.9%		46.1%	48.2%		40.2%	43.2%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 135: SELF-REPORTED CHOLESTEROL SCREENING AMONG ADULTS, 2019-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
87.6%	84.7%		87.2%	85.2%		87.8%	85.8%		87.6%	85.6%	

Source: Centers for Disease Control and Prevention, PLACES

Chronic Disease

EXHIBIT 136: CHRONIC DISEASE PREVALENCE, 2023

	Calhoun County	Cleburne County	Talladega County	Alabama
Arthritis	31.6%	33.1%	32.2%	30.4%
Asthma	10.6%	10.0%	10.6%	10.2%
Cancer	8.2%	9.7%	8.3%	8.2%
Chronic Obstructive Pulmonary Disease	8.9%	9.8%	9.4%	8.3%
Coronary Heart Disease	7.7%	8.4%	8.3%	7.4%
Diagnosed Diabetes	14.8%	14.6%	17.2%	14.9%
High Blood Pressure	44.8%	42.9%	48.2%	43.2%
High Cholesterol	40.4%	43.2%	42.1%	40.6%
Obesity	38.6%	37.4%	45.6%	39.6%
Stroke	4.2%	4.3%	4.8%	4.2%

Source: Centers for Disease Control and Prevention, PLACES

Cancer

EXHIBIT 137: LEADING CANCER MORTALITY RATE BY TYPE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Cancer Mortality Rate	237.1	226.3	244.5	204.4
Breast (female)	12.0	6.3	14.7	14.8
Cervical	2.6	0.0	1.2	1.9
Colon, rectum and anus	18.9	37.7	20.9	18.8
Esophagus	8.6	6.3	7.4	5.1
Lymphoid, hematopoietic and related tissue ⁸⁷	19.8	0.0	9.8	17.3
Meninges, brain and other parts of central nervous system	10.3	6.3	7.4	6.0
Ovary (female)	6.0	0.0	4.9	3.9
Pancreas	12.9	6.3	32.0	16.2
Prostate (male)	12.0	12.6	17.2	10.6
Skin	6.0	6.3	3.7	2.8
Stomach	4.3	0.0	2.5	3.4
Trachea, bronchus and lung	61.0	88.0	56.5	48.1

⁸⁷ Lymphoid, hematopoietic and related tissue is commonly referred to as blood cancers or hematologic malignancies (a group of cancers that affect the blood, bone marrow, lymph, and lymphatic system).

	Calhoun County	Cleburne County	Talladega County	Alabama
Uterine	2.6	0.0	6.1	3.1

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

Asthma

EXHIBIT 138: TREND OF SELF-REPORTED ASTHMA IN ADULTS, 2019-2023⁸⁸

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	10.6%		10.0%		10.6%		10.2%	
2022	10.2%		10.7%		11.4%		10.7%	
2021	10.6%		10.3%		11.1%		10.6%	
2020	10.3%		9.7%		10.6%		10.0%	
2019	10.0%	—	9.8%	—	10.7%	—	10.0%	—

Source: Centers for Disease Control and Prevention, PLACES

Obesity

EXHIBIT 139: TREND OF SELF-REPORTED OBESITY IN ADULTS, 2019-2023

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	38.6%		37.4%		45.6%		39.6%	
2022	37.7%		39.6%		42.6%		39.5%	
2021	38.7%		36.4%		42.1%		39.6%	
2020	37.2%		38.6%		41.9%		38.6%	
2019	35.9%	—	36.0%	—	37.2%	—	35.4%	—

Source: Centers for Disease Control and Prevention, PLACES

Diabetes

EXHIBIT 140: TREND OF DIAGNOSED DIABETES IN ADULTS, 2019-2023⁸⁹

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	14.8%		14.6%		17.2%		14.9%	
2022	14.5%		15.4%		16.9%		14.8%	
2021	14.1%		13.8%		15.9%		12.8%	
2020	14.3%		13.6%		15.1%		12.7%	
2019	14.7%	—	13.9%	—	15.6%	—	12.9%	—

Source: Centers for Disease Control and Prevention, PLACES

⁸⁸ In the BRFSS survey, these estimates include individuals who answered "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and "Do you still have asthma?"

⁸⁹ Estimated annual prevalence rate of adults aged 18 and over who report having ever been told by a doctor, nurse or other health professional that they have diabetes other than diabetes during pregnancy. https://www.cdc.gov/places/measure-definitions/health-outcomes.html#cdc_data_surveillance_section_11-diagnosed-diabetes-among-adults

Heart Disease

EXHIBIT 141: TREND OF HEART DISEASE IN ADULTS, 2019-2023

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	7.7%		8.4%		8.3%		7.4%	
2022	8.2%		10.1%		9.0%		8.2%	
2021	7.7%		8.5%		8.3%		6.5%	
2020	8.2%		9.3%		8.8%		7.0%	
2019	8.1%	—	8.9%	—	8.6%	—	7.0%	—

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 142: TREND OF HEART DISEASE MORTALITY RATE (PER 100,000 POPULATION), 2020-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	438.0		396.1		361.3		285.1	
2022	429.2		462.7		358.1		294.2	
2020	459.2	—	380.8	—	373.8	—	299.5	—

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex

EXHIBIT 143: HEART DISEASE MORTALITY RATE PROFILE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Heart Disease Mortality Rate	438.0	396.1	361.3	285.1
White Male	533.5	470.4	445.9	342.4
White Female	430.7	371.7	389.3	296.2
Black or African American and Other Race Male	333.3	0.0	255.0	246.8
Black or African American and Other Race Female	309.7	0.0	269.2	178.3

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

Unintentional Injuries

EXHIBIT 144: UNINTENTIONAL INJURY MORTALITY RATE BY TYPE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Unintentional Injury Mortality Rate⁹⁰	62.7	75.4	76.2	61.7
Motor vehicle accidents	18.9	44.0	40.6	20.7
Falls	3.4	0.0	8.6	5.7
Accidental discharge of firearms	0.0	0.0	0.0	0.3
Drowning and submersion	2.6	6.3	3.7	2.0
Exposure to smoke, fire and flames	3.4	6.3	1.2	1.8
Accidental poisoning and exposure to noxious substances ⁹¹	23.2	18.9	11.1	22.8

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

EXHIBIT 145: UNINTENTIONAL INJURY MORTALITY RATE PROFILE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
White Male	88.9	121.0	148.6	89.0
White Female	55.0	39.8	49.1	43.0
Black or African American and Other Race Male	61.2	0.0	56.7	84.7
Black or African American and Other Race Female	18.2	0.0	19.7	24.9

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

EXHIBIT 146: TREND OF UNINTENTIONAL INJURY MORTALITY RATE (PER 100,000 POPULATION), 2020-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	62.7		75.4		76.2		61.7	
2022	91.5		32.6		58.2		68.8	
2020	56.4	—	80.2	—	57.5	—	61.1	—

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex

⁹⁰ ICD-10 Codes (V01–X59, Y85–Y86): <https://icd.who.int/browse10/2019/en#/V01-X59>

⁹¹ ICD-10 Codes (X40–X49): <https://icd.who.int/browse10/2019/en#/V01-X59>

Maternal and Child Health

EXHIBIT 147: TREND OF MATERNAL MORTALITY PER 100,000 LIVE BIRTHS, 2015-2023

	Alabama			United States		
2019-2023	35.1			23.5		
2018-2022	38.6			23.2		
2017-2021	41.9			22.4		
2016-2020	38.7			19.3		
2015-2019	34.3		—	17.8		—

Source: U.S. DHHS, CDC, National Center for Health Statistics, National Vital Statistics System via Health Resources and Services Administration, Maternal and Child Health Bureau, Federally Available Data (FAD) Resource Document

EXHIBIT 148: BIRTH RATE PER 1,000 FEMALES AGE 15 TO 44, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
57.6	54.0		66.5	64.9		61.4	55.1		60.4	57.8	

Source: Alabama Department of Public Health, Alabama County Health Profile

EXHIBIT 149: BIRTH RATE PER 1,000 FEMALES BY RACE (ALL AGES), 2023

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall Birth Rate	11.1	10.8		11.0	10.9		11.6	10.2	
White	10.8	11.4		11.1	11.4		10.6	10.6	
Black/African American and Other Race	12.0	9.2		9.1	2.3		13.6	9.4	

	Alabama		
	2020	2023	+/-
Overall Birth Rate	11.7	11.3	
White	11.0	11.5	
Black/African American and Other Race	13.2	10.9	

Source: Alabama Department of Public Health, Alabama County Health Profile

EXHIBIT 150: TEEN BIRTH RATE BY RACE AND ETHNICITY (BIRTHS PER 1,000 FEMALES AGE 15 TO 17), 2020-2023

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall	7.6	11.5		4.0	10.9		14.6	5.6	
White	7.4	13.6		4.1	11.1		18.4	5.5	
Black or African American	4.1	6.0		0.0	0.0		10.6	5.6	
Hispanic	38.5	10.6		0.0	0.0		0.0	20.4	
Other	0.0	ND	—	ND	0.0	—	ND	0.0	—

	Alabama		
	2020	2023	+/-
Overall	10.1	9.1	
White	6.3	5.9	
Black or African American	14.7	11.5	
Hispanic	31.7	28.9	
Other	0.8	ND	—

Source: Voices for Alabama's Children

EXHIBIT 151: PERCENTAGE OF WOMEN RECEIVING PRENATAL CARE IN THE FIRST TRIMESTER BY RACE AND ETHNICITY, 2020-2023

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall	74.8%	75.9%		74.8%	75.9%		66.0%	68.9%	
White	76.2%	77.4%		75.5%	82.1%		69.4%	71.3%	
Black or African American	74.1%	71.7%		42.9%	50.0%		61.4%	67.2%	
Hispanic	61.9%	75.0%		80.0%	60.0%		66.7%	36.4%	
Other ⁹²	60.0%	64.3%		100.0%	0.0%		62.5%	33.3%	

	Alabama		
	2020	2023	+/-
Overall	73.3%	74.7%	
White	77.4%	79.5%	
Black or African American	69.8%	71.2%	
Hispanic	56.7%	56.6%	
Other	73.7%	74.0%	

Source: Voices for Alabama's Children

EXHIBIT 152: PERCENTAGE OF MEDICAID BIRTHS, 2020-2023⁹³

Calhoun County		Cleburne County		Talladega County		Alabama	
2020	2023	2020	2023	2020	2023	2020	2023
59.3%	56.4%	51.2%	50.3%	57.9%	54.5%	50.2%	44.7%

Source: Alabama Department of Public Health, 2023 Alabama County Health Profile.

⁹² Cleburne County reported only one individual receiving first-trimester prenatal care in 2020 and none in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases. <https://datacenter.aecf.org/data/tables/9505-females-receiving-adequate-adequate-plus-prenatal-care-by-race?loc=2&loc=5#detailed/5/133/true/2545,574/4/18668,18669>

⁹³ Number of births wherein Medicaid was the principal source of payment for the delivery expressed as a percentage of all births. This number is expressed as a percentage of all births.

EXHIBIT 153: INFANT MORTALITY RATE BY RACE AND ETHNICITY (DEATHS PER 1,000 LIVE BIRTHS), 2020-2023⁹⁴

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall Infant Mortality Rate	3.2	11.9		6.1	23.4		12.9	12.1	
White	3.5	0.0		0.0	0.0		7.6	0.0	
Black or African American ⁹⁵	3.0	34.5		0.0	2,000.0		21.0	18.7	
Hispanic ⁹⁶	0.0	0.0		200.0	0.0		0.0	0.0	
Other	0.0	428.6		0.0	0.0		0.0	1,250.0	

	Alabama		
	2020	2023	+/-
Overall Infant Mortality Rate	7.0	7.8	
White	4.8	1.0	
Black or African American	10.9	12.9	
Hispanic	7.2	1.8	
Other	8.5	180.7	

Source: Voices for Alabama's Children

EXHIBIT 154: PERCENT OF BIRTHS WITH LOW BIRTH WEIGHT BY RACE AND ETHNICITY, 2020-2023⁹⁷

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall	9.7%	8.9%		8.5%	11.1%		13.0%	7.7%	
White	8.5%	7.4%		8.6%	11.6%		8.9%	6.4%	
Black or African American	13.7%	14.6%		14.3%	0.0%		19.2%	10.9%	
Hispanic	6.3%	7.3%		0.0%	0.0%		6.7%	0.0%	
Other	10.0%	7.1%		0.0%	0.0%		0.0%	25.0%	

	Alabama		
	2020	2023	+/-
Overall	10.8%	10.5%	
White	8.3%	8.1%	

⁹⁴ Number of deaths under one year of age.

⁹⁵ Calhoun County reported only one infant death that was identified as Black or African American in 2020, and nine in 2023. Cleburne County reported no infant deaths that was identified as Black or African American in 2020, and four in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases. <https://datacenter.aecf.org/data/tables/5759-infant-mortality-by-race?loc=2&loc=5#detailed/5/126,133,178/false/2545,574/1577,6283/12371,12372>

⁹⁶ Cleburne County reported only one infant death that was identified as Hispanic in 2020, and none in 2023. Estimates for these years should be interpreted with caution due to the very small number of cases.

⁹⁷ Percentage of all live births recorded as low birth weight (under 5.5 pounds).

	Alabama		
Black or African American	16.3%	16.6%	
Hispanic	7.8%	8.2%	
Other	9.8%	11.5%	

Source: Voices for Alabama's Children

Infectious Diseases

EXHIBIT 155: HIV MORTALITY RATE (DEATHS PER 100,000 POPULATION), 2020-2024

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2024	+/-	2020	2024	+/-	2020	2024	+/-	2020	2024	+/-
0.9	0.0		0.0	0.0		0.0	1.2		1.7	1.6	

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex

EXHIBIT 156: SEXUALLY TRANSMITTED DISEASE NUMBER OF CASES, 2024

Number of Cases	Calhoun County	Cleburne County	Talladega County	Alabama
Chlamydia	680	28	517	3,229
Gonorrhea	158	11	132	721
Primary and Secondary Syphilis Cases	12	<5	15	92

Source: Alabama Department of Public Health Division of STD Control and Prevention. Alabama Sexually Transmitted Diseases Report, January 2021 to March 2025

Behavioral Health

EXHIBIT 157: SELF-REPORTED MENTAL HEALTH AMONG ADULTS, 2022-2023

	Calhoun County			Cleburne County			Talladega County		
	2022	2023	+/-	2022	2023	+/-	2022	2023	+/-
Social isolation or loneliness	33.1%	36.8%		33.3%	34.6%		33.1%	35.4%	
Lack of social and emotional support	24.2%	25.2%		25.4%	23.7%		26.3%	26.1%	

	Alabama		
	2022	2023	+/-
Social isolation or loneliness	33.5%	35.5%	
Lack of social and emotional support	25.9%	24.9%	

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 158: SELF-REPORTED POOR MENTAL HEALTH AMONG ADULTS, 2020-2023

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	18.4%		18.1%		17.7%		17.5%	
2022	18.7%		19.9%		19.4%		18.8%	
2021	18.1%		18.3%		19.1%		18.5%	
2020	16.3%	—	16.3%	—	16.9%	—	16.5%	—

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 159: SELF-REPORTED DIAGNOSED DEPRESSION AMONG ADULTS, 2020-2023

	Calhoun County		Cleburne County		Talladega County		Alabama	
2023	24.6%		25.5%		22.7%		23.6%	
2022	24.6%		27.0%		24.2%		24.6%	
2021	22.7%		24.7%		22.5%		23.1%	
2020	26.4%	—	26.8%	—	26.2%	—	25.2%	—

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 160: SUICIDE MORTALITY RATE (DEATHS PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
Overall Suicide Mortality Rate	30.9	37.7	16.0	16.2
Suicide by discharge of firearms	24.0	25.1	11.1	12.0
Suicide by other and unspecified means and their sequelae	6.9	12.6	4.9	4.1

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, (2024)

EXHIBIT 161: BEHAVIORAL HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2020-2025

	Calhoun County			Cleburne County			Talladega County		
	2020	2025	+/-	2020	2025	+/-	2020	2025	+/-
Mental Health Provider	2,151:1	1,569:1	●	5,048:1	5,142:1	●	13,518:1	5,787:1	●
Clinical Social Worker	8,936:1	5,047:1	●	3,786:1	3,085:1	●	11,586:1	4,501:1	●

People Per Provider	Alabama			United States		
	2020	2025	+/-	2020	2025	+/-
Mental Health Provider	2,067:1	1,248:1	●	721:1	469:1	●
Clinical Social Worker	5,099:1	2,733:1	●	1,590:1	1,009:1	●

Source: National Plan & Provider Enumeration System NP

EXHIBIT 162: CHILD AND ADOLESCENT PSYCHIATRIC CARE PROVIDER RATE (PROVIDERS PER 100,000 CHILDREN), 2020-2023⁹⁸

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
14.5	4.0	●	0.0	ND	—	0.0	ND	—	26.9	7.2	●

Source: National Plan and Provider Enumeration System (NPPES)

Substance Use**EXHIBIT 163: SELF-REPORTED REGULAR SMOKING AMONG ADULTS, 2020-2023**

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
20.0%	16.3%	●	21.1%	17.8%	●	21.5%	17.7%	●	19.4%	15.7%	●

Source: Centers for Disease Control and Prevention, PLACES

EXHIBIT 164: SELF-REPORTED BINGE DRINKING AMONG ADULTS, 2020-2023

Calhoun County			Cleburne County			Talladega County			Alabama		
2020	2023	+/-	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
13.7%	14.3%	●	14.1%	14.6%	●	13.1%	13.2%	●	14.8%	14.2%	●

Source: Centers for Disease Control and Prevention, PLACES

⁹⁸ Any provider with the following taxonomy codes was counted: 364SP0807X - Child & Adolescent, Psychiatric/Mental Health Clinical Nurse Specialist, 2084P0804X - Child & Adolescent Psychiatry Physician, 163WP0807X - Child & Adolescent Psychiatric/Mental Health Registered Nurse

EXHIBIT 165: TREND OF NUMBER OF OVERDOSE-RELATED EMERGENCY ROOM VISITS, 2020-2023

	Calhoun County		Cleburne County		Talladega County	
2023	586		25		311	
2022	523		20		241	
2021	477		17		280	
2020	378	—	27	—	256	—

Source: the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data

EXHIBIT 166: TREND OF NUMBER OF OVERDOSE-RELATED EMERGENCY MEDICAL SERVICES (EMS) INCIDENTS, 2020-2023

	Calhoun County		Cleburne County		Talladega County	
2023	301		<10	—	90	
2022	311		<10	—	74	
2021	324		<10	—	117	
2020	283	—	<10	—	90	—

Source: the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data

EXHIBIT 167: TREND OF NUMBER OF RESIDENTS ENROLLING IN TREATMENT FOR A SUBSTANCE USE DISORDER, 2018-2023

	Calhoun County	Cleburne County	Talladega County	Alabama
2023	857	43	288	21,525
2022	553	47	228	21,527
2021	599	33	301	21,741
2020	601	39	211	20,914
2019	762	50	285	26,212
2018	1,026	57	276	27,935

Source: the Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data

Neighborhood and Built Environment

Housing

EXHIBIT 168: NATIONAL LOW-INCOME HOUSING COALITION, HOUSING COSTS, 2025

	Calhoun County	Cleburne County	Talladega County	Alabama
Hourly wage necessary to afford a two-bedroom Fair Market Rate	\$18.10	\$15.92	\$15.73	\$20.61
Annual income needs to afford a two-bedroom at Fair Market Rate	\$37,640	\$33,120	\$32,720	\$42,869
Full-time jobs at minimum wage to afford a two-bedroom at Fair Market Rate	2.5	2.2	2.2	2.8

Source: National Low Income Housing Coalition. Alabama Out of Reach Report, 2025

EXHIBIT 169: NATIONAL LOW-INCOME HOUSING COALITION, RENTER COSTS, 2025

	Calhoun County	Cleburne County	Talladega County	Alabama
Estimated hourly mean renter wage	\$14.23	\$16.05	\$15.44	\$17.19
Monthly rent affordable at mean renter wage	\$740	\$835	\$803	\$894
Work hours per week at mean renter wage needed to afford two-bedroom at Fair Market Rent	51	40	41	48

Source: National Low Income Housing Coalition. Alabama Out of Reach Report, 2025

EXHIBIT 170: PERCENT OF OCCUPANTS WITH EXCESSIVE HOUSING COSTS, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Home Owner Excessive Housing Costs per housing unit ⁹⁹	16.0%	13.7%	18.1%	17.7%	22.5%
Renter Excessive Housing Costs ¹⁰⁰	39.2%	37.3%	33.7%	42.5%	47.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

⁹⁹ The selected monthly ownership costs as a percentage of household income. The data values are the count of owner-occupied housing units. The Census Bureau defines selected monthly ownership costs as a percentage of income as "the computed ratio of selected monthly owner costs to monthly household income" and is calculated only for owner-occupied housing units.

<https://www.census.gov/glossary/?term=Selected+Monthly+Owner+Costs+As+A+Percentage+of+Income>

¹⁰⁰ The gross rent as a percentage of household income in the past 12 months. The Census Bureau defines gross rent as a percentage of income as "a computed ratio of monthly gross rent to monthly household income."

<https://www.census.gov/glossary/?term=Gross+rent+as+a+percentage+of+income>

EXHIBIT 171: HOUSING INDICATORS, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Owner occupied housing mobile homes	15.1%	21.8%	25.5%	12.0%	5.7%
Renter housing mobile homes	13.6%	34.2%	20.3%	10.3%	3.9%
Homeowner vacancy rate	1.3%	0.9%	0.9%	1.1%	0.9%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 172: PERCENT OF POPULATION IN GROUP QUARTERS, 2024¹⁰¹

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Population in group quarters	3.7%	1.0%	4.2%	2.7%	2.4%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 173: POINT-IN-TIME COUNTS BY CONTINUUM OF CARE TREND, 2018-2025

Continuum of Care	Alabama	
2025	4,137	
2024	3,589	
2023	3,304	
2022	3,752	
2021 ¹⁰²	2,556	
2020	3,351	
2019	3,261	
2018	3,434	—

Source: United States Department of Housing and Urban Development, CoC Homeless Populations and Subpopulations Reports

¹⁰¹ The Census Bureau "classifies all people not living in housing units as living in group quarters. A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents" <https://www.census.gov/glossary/?term=Group+Quarters+%28GQ%29>

¹⁰² The 2021 Point in Time Count numbers are not comparable to the previous or current years' counts. Typically, CoCs conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID – 19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.

Food Insecurity

EXHIBIT 174: TREND OF FOOD INSECURITY, 2019-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	19.7%		18.9%		19.0%		17.8%	
2023	18.6%		17.3%		18.6%		17.5%	
2021	15.6%		15.5%		15.6%		14.8%	
2019	17.2%	—	18.2%	—	16.8%	—	16.1%	—

Source: Feeding America. Map the Meal Gap

EXHIBIT 175: TREND OF CHILD FOOD INSECURITY, 2019-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	27.1%		24.3%		27.9%		24.4%	
2023	24.0%		18.8%		26.4%		22.2%	
2021	18.7%		14.4%		21.8%		18.3%	
2019	22.6%	—	21.8%	—	23.4%	—	21.2%	—

Source: Feeding America. Map the Meal Gap

Transportation and Connectivity

EXHIBIT 176: TRANSPORTATION, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
No Vehicles Available	5.4%	4.9%	6.0%	4.6%	7.5%
Mean Travel Time to Work (in minutes)	25.2	35.3	28.0	25.5	26.4
Commute Transportation by Drive Alone	85.1%	85.2%	84.8%	80.6%	68.8%
Commute Transportation by Public Transit	0.2%	0.3%	0.1%	0.3%	3.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 177: CONNECTIVITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Household Without Internet Access	10.3%	21.5%	11.1%	9.7%	6.5%
Number of Internet Providers	8	8	11	64	2,106

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2024 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Economic Stability

EXHIBIT 178: TREND OF PERCENT OF POPULATION LIVING IN POVERTY, 2020-2024

	Calhoun County		Cleburne County		Talladega County		Alabama		United States	
2024	17.9%		13.7%		17.8%		15.6%		12.5%	
2023	17.5%		13.2%		17.7%		15.6%		12.4%	
2022	18.0%		12.9%		18.7%		15.7%		12.5%	
2021	17.5%		14.2%		18.6%		15.8%		12.6%	
2020	15.8%	—	15.6%	—	17.8%	—	16.0%	—	12.8%	—

Source: U.S. Census Bureau American Community Survey Five-year Estimates

EXHIBIT 179: PERCENT OF HOUSEHOLDS LIVING IN POVERTY PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	18.3%	16.7%	18.8%	16.0%	12.6%
2014	20.8%	17.1%	22.3%	18.2%	14.4%
Percent Change, 2014-2024	-12.0%	-2.3%	-15.7%	-12.1%	-12.5%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 180: PERCENT OF POPULATION LIVING IN POVERTY BY AGE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 5	29.1%	28.1%	27.5%	24.3%	17.3%
Under 18	23.9%	22.1%	25.7%	21.3%	16.1%
18 to 64	17.5%	9.2%	17.0%	14.6%	11.6%
65 and Over	12.0%	17.5%	11.8%	12.0%	10.8%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 181: PERCENT OF POPULATION LIVING IN POVERTY BY RACE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	14.5%	13.3%	14.0%	11.3%	9.7%
Black or African American	25.3%	15.8%	25.0%	25.0%	21.2%
American Indian and Alaska Native	56.0%	0.0%	3.4%	19.2%	21.1%
Asian	10.4%	0.0%	0.0%	11.2%	9.9%
Native Hawaiian and Other Pacific Islander	0.0%	ND	0.0%	22.3%	16.8%
Some Other Race	37.8%	23.4%	17.5%	28.0%	18.2%
Two or More Races	25.1%	25.7%	25.3%	19.0%	14.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 182: PERCENT OF POPULATION LIVING IN POVERTY BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	30.0%	9.5%	13.0%	24.2%	16.7%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 183: PERCENT OF HOUSEHOLDS RECEIVING SNAP BENEFITS, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Household Receiving SNAP Benefits	17.9%	14.5%	17.0%	13.7%	12.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 184: AVERAGE MONTHLY WOMEN, INFANTS AND CHILDREN (WIC) CASE LOAD

Calhoun County			Cleburne County			Talladega County		
2020	2024	+/-	2020	2024	+/-	2020	2024	+/-
2,748	2,570	●	404	389	●	2,058	1,925	●

Alabama		
2020	2024	+/-
116,056	111,702	●

Source: Voices for Alabama's Children

Employment and Income

EXHIBIT 185: TREND IN ANNUAL UNEMPLOYMENT RATE, 2019-2025¹⁰³

	Calhoun County		Cleburne County		Talladega County		Alabama		United States	
2025	3.2%		2.6%		3.2%		2.9%		4.3%	
2023	2.6%		2.2%		2.8%		2.5%		3.6%	
2021	3.8%		2.5%		4.2%		3.3%		5.3%	
2019	3.5%	—	3.3%	—	3.8%	—	3.2%	—	3.7%	—

Source: US Department of Labor. Bureau of Labor Statistics, Local Area Unemployment Statistics

EXHIBIT 186: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	\$55,029	\$55,345	\$57,776	\$63,999	\$80,734
2014	\$40,919	\$37,008	\$35,896	\$43,511	\$53,482
Percent Change (2014-2024)	+34.5%	+49.5%	+61.0%	+47.1%	+51.0%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

¹⁰³ The unemployment rate is defined as the number of unemployed as a percent of the total labor force. A person is classified as unemployed if they had no employment during the survey week of reference, were available to work and had made efforts to find employment in the four weeks prior to the survey. <https://www.bls.gov/lau/lauov.htm>

EXHIBIT 187: MEDIAN HOUSEHOLD INCOME BY RACE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	\$59,743	\$60,129	\$62,040	\$73,812	\$ 86,271
Black or African American	\$41,658	\$24,387	\$43,409	\$44,035	\$ 55,157
American Indian and Alaska Native	\$34,196	ND	ND	\$62,769	\$ 62,420
Asian	\$69,231	ND	\$63,250	\$89,784	\$116,503
Native Hawaiian and Other Pacific Islander	ND	ND	ND	\$77,643	\$ 81,811
Two or More Races	\$57,958	ND	\$60,365	\$63,418	\$ 75,660
Other Race	\$62,917	\$52,833	\$85,541	\$52,799	\$ 67,563

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 188: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	\$47,828	ND	\$82,860	\$58,702	\$71,415

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 189: GINI INDEX¹⁰⁴

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Income Inequality	0.5	0.4	0.5	0.5	0.5

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 190: PERCENT OF POPULATION 16 AND OVER PARTICIPATING IN THE LABOR FORCE, 2024¹⁰⁵

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Labor Force Participation Rate	56.1%	49.7%	52.6%	58.3%	63.5%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 191: EMPLOYMENT BY INDUSTRY, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Management	8.2%	11.6%	8.5%	9.8%	11.5%
Sales	10.0%	8.3%	8.1%	9.6%	9.1%

¹⁰⁴ The Census Bureau defines the Gini Index as an "index of income concentration, is a statistical measure of income inequality ranging from 0 to 1. A measure of 1 indicates perfect inequality, i.e., one household having all the income and rest having none. A measure of 0 indicates perfect equality, i.e., all households having an equal share of income" <https://www.census.gov/glossary/?term=Gini+Index>

¹⁰⁵ The Census Bureau defines labor force as "all people classified in the civilian labor force, plus members of the U.S. Armed Forces (people on active duty with the United States Army, Air Force, Navy, Marine Corps, or Coast Guard). The civilian labor force consists of people classified as employed or unemployed" <https://www.census.gov/glossary/?term=Labor+force>

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Production	12.4%	11.9%	12.2%	8.3%	5.3%
Education, Training and Library	5.6%	4.2%	5.9%	6.3%	6.3%
Construction and Extraction	3.8%	9.2%	6.1%	5.1%	4.9%
Food Preparation and Serving	6.3%	4.4%	4.2%	5.0%	5.1%
Business and Finance	3.2%	3.2%	3.9%	4.8%	6.1%
Health Diagnosis and Treating Practitioners	5.2%	5.0%	4.2%	4.8%	4.5%
Material Moving	5.7%	1.5%	6.9%	4.5%	3.9%
Transportation	3.2%	5.1%	4.1%	4.0%	3.7%
Installation, Maintenance and Repair	4.3%	6.0%	5.6%	3.9%	3.0%
Building, Grounds Cleaning and Maintenance	3.9%	2.1%	3.2%	3.4%	3.3%
Architecture and Engineering	2.1%	0.9%	1.1%	2.7%	2.3%
Computer and Mathematical	1.4%	3.7%	0.6%	2.7%	3.8%
Healthcare Support	3.1%	4.5%	4.1%	2.7%	3.3%
Health Technologist and Technicians	2.7%	3.2%	2.0%	2.3%	1.9%
Personal Care and Service	1.2%	2.8%	2.0%	2.2%	2.5%
Office and Administrative Support	10.5%	7.0%	10.8%	10.6%	10.5%
Community and Social Service	2.1%	1.5%	2.2%	1.7%	1.8%
Arts, Design, Entertainment, Sports and Media	1.3%	0.2%	0.7%	1.3%	2.1%
Fire Fighting and Prevention	1.6%	0.8%	1.2%	1.2%	1.2%
Law Enforcement	1.0%	1.4%	1.1%	1.0%	0.9%
Legal	0.4%	0.3%	0.4%	0.9%	1.2%
Life, Physical and Social Science	0.2%	0.3%	0.5%	0.8%	1.2%
Farming, Fishing and Forestry	0.5%	0.9%	0.3%	0.4%	0.6%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Educational Attainment

EXHIBIT 192: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
9 th to 12 th Grade, No Diploma	9.5%	10.4%	9.8%	7.8%	5.7%
High School Degree	34.5%	42.4%	36.3%	30.3%	26.0%
Some College No Degree	22.5%	19.0%	23.9%	20.8%	19.1%
Associates Degree	8.7%	7.6%	9.2%	9.1%	8.8%
Bachelor's Degree	12.6%	9.6%	8.8%	17.3%	21.6%
Graduate Degree	8.1%	7.4%	7.8%	11.1%	14.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 193: POPULATION WITHOUT HIGH SCHOOL DEGREE PERCENT CHANGE, 2014-2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	13.6%	14.1%	14.0%	11.4%	10.4%
2014	19.9%	24.7%	20.4%	16.3%	13.7%
Percent Change (2014-2024)	-31.6%	-42.9%	-31.4%	-30.1%	-24.1%

Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 194: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE (POPULATION AGE 25 AND OVER), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	22.9%	17.0%	17.9%	31.3%	38.8%
Black or African American	13.7%	11.4%	13.8%	20.0%	25.5%
Asian	29.0%	100.0%	26.5%	55.3%	57.7%
American Indian and Alaska Native	11.3%	0.0%	64.4%	17.3%	16.4%
Native Hawaiian and Other Pacific Islander	0.0%	ND	0.0%	24.8%	19.0%
Some Other Race	8.0%	22.3%	9.2%	16.5%	16.2%
Two or More Races	15.3%	19.5%	12.6%	26.7%	28.2%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 195: EDUCATIONAL ATTAINMENT OF BACHELOR’S DEGREE OR HIGHER BY ETHNICITY (POPULATION AGE 25 AND OVER), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Hispanic or Latino	8.6%	11.8%	8.6%	20.8%	20.5%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 196: TREND OF HIGH SCHOOL GRADUATION, 2020-2024

	Calhoun County		Cleburne County		Talladega County		Alabama	
2024	94.3%		97.0%		93.6%		91.6%	
2023	93.3%		81.4%		92.1%		90.0%	
2022	91.8%		95.0%		91.5%		88.2%	
2021	92.2%		96.5%		93.2%		90.7%	
2020	91.4%	—	94.7%	—	92.6%	—	90.6%	—

Source: Voices for Alabama’s Children

EXHIBIT 197: POPULATION OF ADULTS WITHOUT BASIC LITERACY SKILLS¹⁰⁶

PIAAC Literacy Score	Calhoun County	Cleburne County	Talladega County	Alabama
Level 1 or Below	25.0%	27.9%	29.2%	23.9%
Level 2	37.6%	41.6%	39.8%	36.7%
Level 3 or Above	37.4%	30.5%	31.1%	39.4%

Source: Barbara Bush Foundation for Family Literacy, Literacy Gap Map, based on combined 2012, 2014, and 2017 PIAAC data and 2013–2017 American Community Survey data

EXHIBIT 198: CHILDCARE PRICE HOME BASED, 2022

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Infant Home-Based Childcare Price	\$5,386	\$5,380	\$5,386	\$7,050	ND
Preschool Home-Based Childcare Price	\$5,386	\$5,380	\$5,386	\$6,725	ND
School-Age Home-Based Childcare Price	\$5,487	\$5,481	\$5,487	\$6,105	ND
Toddler Home-Based Childcare Price	\$5,386	\$5,380	\$5,386	\$6,744	ND

Source: Women’s Bureau, National Database of Childcare Prices, 2022

¹⁰⁶ Adults who lack proficiency in literacy are defined as those who score level 2 or below on the PIAAC (Program for the International Assessment of Adult Competencies). Grade level equivalents are estimated, as the PIAAC proficiency levels do not specifically correspond to K-12 grade levels. <https://map.barbarabush.org/>

Social and Community Context

EXHIBIT 199: HOUSEHOLD COMPOSITION, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Household with Children	28.9%	28.6%	30.1%	29.0%	29.5%
Households with Grandparents Responsible for Grandchildren (Total Household)	1.9%	2.2%	1.7%	2.0%	1.2%
Households with Grandparents Responsible for Grandchildren (Grandparents Household)	52.1%	46.5%	37.3%	50.4%	33.1%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 200: PERCENT OF POPULATION AGE 65 AND OVER LIVING ALONE, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
People Age 65 and Over who Live Alone	30.8%	34.9%	25.6%	29.1%	27.4%

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

EXHIBIT 201: TREND OF PERCENTAGE OF CHILDREN WITH ADVERSE CHILDHOOD EXPERIENCES (AGES 17 AND UNDER)

	Alabama		United States	
2023-2024	18.4%		14.1%	
2022-2023	15.5%		14.2%	
2021-2022	17.9%		14.2%	
2020-2021	20.3%	—	14.0%	—

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health

EXHIBIT 202: TREND OF PERCENTAGE OF CHILDREN WHO HAVE EXPERIENCED A PARENT OR GUARDIAN SERVE TIME IN JAIL (AGES 17 AND UNDER)

	Alabama		United States	
2023-2024	9.7%		5.8%	
2022-2023	7.7%		6.0%	
2021-2022	8.3%		6.2%	
2020-2021	9.0%	—	6.4%	—

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health

EXHIBIT 203: TURNOUT RATE AMONG VOTER-AGE POPULATION (AGE 18 AND OVER) IN THE 2024 U.S. PRESIDENTIAL ELECTION.

	Calhoun County	Cleburne County	Talladega County	Alabama
Turnout Rate	53.2%	62.5%	52.3%	58.3%

Source: US Election Atlas

EXHIBIT 204: PROPERTY CRIME RATE (CRIMES PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Property Crime Rate	1,392.9	991.8	1,795.8	1,876.9	1,750.7
Violent Crime Rate	499.6	175.0	308.6	496.1	360.7

Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

EXHIBIT 205: CRIME RATE BY TYPE (CRIMES PER 100,000 POPULATION), 2024

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Aggravated Assault	438.9	ND	253.1	398.0	243.8
Burglary	277.4	ND	312.1	298.9	219.6
Larceny	1,008.4	ND	1,286.6	1,358.8	1,197.7
Murder	6.0	ND	6.1	13.1	4.9
Rape	33.5	ND	29.5	34.1	35.4
Robbery	19.8	ND	18.4	44.1	58.5
Vehicle Theft	103.1	ND	189.2	193.4	245.9

Source: US Department of Justice (DOJ), Federal Bureau of Investigation (FBI). Uniform Crime Reporting (UCR) Program, 2024

EXHIBIT 206: JAIL INCARCERATION RATE (PER 100,000 RESIDENTS AGE 15-64), 2020-2024

Calhoun County			Cleburne County			Talladega County		
2020	2024	+/-	2020	2024	+/-	2020	2024	+/-
665	732		629	570		432	640	

Source: Vera Institute of Justice

Appendix B: Community Survey Tables

EXHIBIT 207: RESPONDENTS DEMOGRAPHICS

	PERCENT
GENDER	
Female	83.8%
Male	12.2%
None of the above	0.0%
Prefer not to answer	4.1%
AGE	
18 to 24	6.8%
25 to 34	16.2%
35 to 44	10.8%
45 to 54	32.4%
55 to 64	21.6%
65-74	12.2%
75 or older	0.0%
RACE	
More than one race	2.7%
American Indian or Alaska Native	0.0%
Asian	0.0%
Black or African American	16.2%
Middle Eastern or North African	0.0%
Native Hawaiian or Other Pacific Islander	0.0%
White	75.7%
I identify in another way	0.0%
I don't want to answer	5.4%
ETHNICITY	
Hispanic or Latino	0.0%
Not Hispanic or Latino	93.2%
I prefer not to share	6.8%

EXHIBIT 208: RESPONDENTS EDUCATION AND INCOME

	PERCENT
EDUCATION	
Less than high school	0.0%
Some high school, but no diploma	0.0%
Highschool diploma or GED	14.9%
Some college, no degree	17.6%
Vocational/ technical school	5.4%
Associate degree	16.2%
Bachelor's degree	27.0%
Master's degree. Graduate or professional degree or higher	17.6%
Prefer not to answer	1.4%
INCOME	
\$0 to \$9,999	0.0%
\$10,000 to \$19,999	1.4%
\$20,000 to \$29,999	8.1%
\$30,000 to \$39,999	10.8%
\$40,000 to \$49,999	6.8%
\$50,000 to \$59,999	2.7%
\$60,000 to \$69,999	1.4%
\$70,000 to \$79,000	4.1%
\$80,000 to \$89,999	5.4%
\$90,000 to \$99,999	6.8%
\$100,000 to \$124,999	12.2%
\$125,000 to \$149,999	9.5%
\$150,000 or more	16.2%
Prefer not to answer	14.9%

EXHIBIT 209: IN WHICH COUNTY DO YOU LIVE?

Calhoun	85.9%
Cleburne	7.1%
Talladega	7.1%
Other	0.0%

EXHIBIT 210: HOW MANY CHILDREN CURRENTLY LIVING IN YOUR HOME?

None	64.1%
1	19.6%
2	9.8%
3	5.4%
4	0.0%
5	1.1%
6 or more	0.0%

Children's Section

EXHIBIT 211: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

Yes	13.3%
No	86.7%

Yes=4; No=26

EXHIBIT 212: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MEDICAL CARE THEY NEEDED?

Am not sure how to find a doctor	0.0%
Unable to afford to pay for care	0.0%
Cannot take time off work	25.0%
Unable to find a doctor who takes my insurance	25.0%
Cannot take child out of class	0.0%
Do not have insurance to cover medical care	0.0%
Doctor's office does not have convenient hours	75.0%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	50.0%
Unable to find a doctor who knows or understands my culture, identity, beliefs, or language	0.0%
Other (please specify)	25.0%

EXHIBIT 213: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

Yes	10.3%
No	89.7%

Yes=3; No=26

EXHIBIT 214: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?

Am not sure how to find a dentist	0.0%
Unable to afford to pay for care	33.3%
Cannot take time off work	0.0%
Unable to find a dentist who takes my insurance	0.0%
Cannot take child out of class	0.0%
Do not have insurance to cover dental care	0.0%
Dentist's office does not have convenient hours	33.3%
Transportation challenges	33.3%
Unable to schedule an appointment when needed	33.3%

Unable to find a dentist who knows or understands my culture, identity, beliefs, or language	0.0%
Other (please specify)	0.0%

EXHIBIT 215: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL AND/OR BEHAVIORAL HEALTH CARE BUT DID NOT GET THE CARE THEY NEEDED?

Yes	6.9%
No	93.1%

Yes=2; No=27

EXHIBIT 216: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL AND/OR BEHAVIORAL HEALTH CARE THEY NEEDED?

Am not sure how to find a doctor/counselor	0.0%
Unable to afford to pay for care	0.0%
Cannot take time off work	0.0%
Afraid of what people might think	0.0%
Do not have insurance to cover mental health care	0.0%
Cannot take child out of class	0.0%
Unable to schedule an appointment when needed	0.0%
Transportation challenges	0.0%
Doctor/counselor's office does not have convenient hours	0.0%
Unable to find a doctor/counselor who takes my insurance	0.0%
Unable to find a dentist who knows or understands my culture, identity, beliefs, or language	0.0%
Other (please specify)	100%

EXHIBIT 217: WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT THE TOP 3 MOST IMPORTANT HEALTH NEEDS TO ADDRESS. IF YOU THINK OF A HEALTH CONCERN THAT IS NOT LISTED HERE, PLEASE WRITE IT IN UNDER "OTHER".?

Accidents and Injuries	11.5%
Asthma	3.8%
Respiratory Health Other than Asthma (RSV, cystic fibrosis)	11.5%
Dental Care	11.5%
Diabetes	7.7%

Drug or Alcohol Use	15.4%
Eye Health (vision)	7.7%
Healthy Pregnancies and Childbirth (not teen pregnancy)	7.7%
Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)	11.5%
Infectious Diseases (including COVID-19)	0.0%
Special Needs (Physical / Chronic / Behavioral / Developmental / Emotional)	30.8%
Medically Complex	3.8%
Attention-Deficit/Hyperactivity Disorder (ADHD)	30.8%
Mental or Behavioral Health	42.3%
Healthy Food / Nutrition	46.2%
Obesity	30.8%
Physical activity	19.2%
Safe Sex Practices and Teen Pregnancy	7.7%
Sexual Identity of Child	7.7%
Suicide Prevention	34.6%
Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use	11.5%

Community Health

EXHIBIT 218: OVERALL, HOW DO YOU RATE THE HEALTH OF THE COMMUNITY WHICH YOU LIVE IN?

Very unhealthy	10.4%
Unhealthy	36.4%
Somewhat healthy	37.7%
Healthy	6.5%
Very healthy	0.0%
Not sure	9.1%

EXHIBIT 219: PLEASE READ THE LIST OF RISKY BEHAVIORS LISTED BELOW. WHICH 3 DO YOU BELIEVE ARE THE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	36.4%
Dropping out of school	5.2%
Illegal drug use/abuse or misuse of prescription medications	61.0%
Lack of exercise	36.4%
Poor eating habits	55.8%
Not getting “vaccines” to prevent disease	10.4%
Not wearing helmets	2.6%
Not using seat belts/not using child safety seats	9.1%
Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use	50.6%
Unsafe sex including not using birth control	16.9%
Distracted driving (texting, eating, talking on the phone)	42.9%
Not locking up guns	11.7%
Not seeing a doctor while you are pregnant	5.2%

EXHIBIT 220: READ THE LIST OF HEALTH PROBLEMS AND THINK ABOUT YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?

Aging Problems (for example: difficulty getting around, dementia, arthritis)	14.3%
Cancers	22.1%
Child Abuse / Neglect	6.5%
Clean Environment / Air and Water Quality	3.9%
Climate Change	1.3%
Dental Problems	5.2%
Diabetes / High Blood Sugar	36.4%
Domestic Violence / Rape / Sexual Assault / Human Trafficking	18.2%
Gun-Related Injuries	6.5%
Being Overweight	35.1%
Mental Health Problems Including Suicide	48.1%
Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much	53.2%
Heart Disease / Stroke / High Blood Pressure	53.2%
HIV/AIDS / Sexually Transmitted Diseases (STDs)	7.8%
Homicide	3.9%
Infectious Diseases Like Hepatitis, TB, and COVID-19	2.6%
Motor Vehicle Crash Injuries	5.2%
Infant Death	2.6%
Respiratory / Lung Disease	7.8%
Teenage Pregnancy	5.2%
Maternal Mortality / Maternal Health	3.9%

EXHIBIT 221: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 3 MOST IMPORTANT FACTORS NEEDED TO IMPROVE THE QUALITY OF LIFE IN YOUR COMMUNITY?

Good Place to Raise Children	9.2%
Low Crime / Safe Neighborhoods	25.0%
Good Schools	23.7%
Access to Health Care	23.7%
Parks and Recreation	2.6%
Clean Environment / Air and Water Quality	17.1%
Low-Cost Housing	14.5%
Arts and Cultural Events	1.3%
Low-Cost Health Insurance	31.6%
Tolerance / Embracing Diversity	2.6%
Good Jobs and Healthy Economy	25.0%
Strong Family Life	23.7%
Access to Low-Cost, Healthy Food	43.4%
Healthy Behaviors and Lifestyles	39.5%
Sidewalks / Walking Safety	3.9%
Public Transportation / Community transportation	10.5%
Religious or Spiritual Values	19.7%
Disaster Preparedness	2.6%
Emergency Medical Services	18.4%
Access to Good Health Information	10.5%
Strong Community/Community Knows and Supports Each Other	11.8%

Food Security

EXHIBIT 222: IN THE PAST MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE?

Often true	9.3%
Sometimes true	24.0%
Never true	66.7%

EXHIBIT 223: IN THE PAST MONTHS, THE FOOD WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE

Often true	9.3%
Sometimes true	14.7%
Never true	76.0%

EXHIBIT 224: IN THE PAST MONTHS, DID YOU OR ANYONE LIVING IN YOUR HOME EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK OR EATING IN A SOUP KITCHEN?

Yes	13.3%
No	86.7%

Personal Health

EXHIBIT 225: OVERALL, HOW DO YOU RATE YOUR OWN PERSONAL HEALTH?

Excellent	4.0%
Very good	22.7%
Good	49.3%
Fair	21.3%
Poor	2.7%

EXHIBIT 226: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MEDICAL CARE BUT COULD NOT GET IT?

Yes	18.7%
No	81.3%

Yes=14; No=61

EXHIBIT 227: WHAT KEPT YOU FROM ACCESSING MEDICAL CARE SERVICES WHEN YOU NEEDED THEM?

Unable to schedule an appointment when needed	28.6%
Am not sure how to find a doctor	0.0%
Unable to find a doctor who takes my insurance	21.4%
Unable to afford to pay for care	71.4%
Transportation challenges	42.9%
Do not have insurance to cover medical care	7.1%
Cannot take time off work	50.0%
Unable to find a doctor who knows or understands my culture, identity, beliefs, or language	7.1%
Other (please specify)	7.1%

EXHIBIT 228: OVERALL, HOW DO YOU RATE YOUR MENTAL HEALTH?

Excellent	16.0%
Very good	22.7%
Good	34.7%
Fair	20.0%
Poor	6.7%
Not sure	0.0%

EXHIBIT 229: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED MENTAL HEALTH OR SUBSTANCE USE SERVICES BUT COULD NOT ACCESS IT?

Yes	13.3%
No	86.7%

Yes=10; No=65

EXHIBIT 230: WHAT KEPT YOU FROM ACCESSING MENTAL HEALTH OR SUBSTANCE USE SERVICES WHEN YOU NEEDED IT?

Am not sure how to find a doctor/counselor	33.3%
Unable to afford to pay for care	55.6%
Unable to schedule an appointment when needed	33.3%
Transportation challenges	0.0%
Do not have insurance to cover mental health care	44.4%
Cannot take time off work	55.6%
Fear of family or community opinion	22.2%
Unable to find a doctor/counselor who takes my insurance	0.0%
Doctor/counselor's office does not have convenient hours	11.1%
Unable to find a doctor/ counselor who knows/ understands my culture, identity, beliefs, language	11.1%
Other (please specify)	0.0%

EXHIBIT 231: IN THE PAST YEAR, HAVE THERE BEEN ONE OR MORE OCCASIONS WHEN YOU NEEDED DENTAL CARE BUT COULD NOT ACCESS IT?

Yes	15.1%
No	84.9%

Yes=11; No=62

EXHIBIT 232: WHAT PREVENTED YOU FROM ACCESSING DENTAL CARE WHEN YOU NEEDED IT?

Unable to schedule an appointment when needed	16.7%
Am not sure how to find a dentist	0.0%
Do not have insurance to cover dental care	50.0%
Unable to afford to pay for care	66.7%
Dentist's office does not have convenient hours	16.7%
Transportation challenges	8.3%

Unable to find a dentist who takes my insurance	0.0%
Cannot take time off work	16.7%
Unable to find a dentist who takes my insurance	16.7%
Unable to find a dentist who knows or understands my culture, identity, beliefs, or language	0.0%
Other (please specify)	16.7%

EXHIBIT 233: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO A HOSPITAL EMERGENCY ROOM ABOUT YOUR OWN HEALTH?

1 time	13.5%
2 times	5.4%
3-4 times	2.7%
5-9 times	0.0%
10 or more times	0.0%
I have not gone to a hospital ER in the past 12 months	78.4%

EXHIBIT 234: WHAT WERE THE REASONS FOR THE DIFFICULTY?

After hours/ weekend	56.3%
I don't have a doctor/ clinic	6.3%
Long wait for an appointment with my regular doctor	0.0%
Cost	0.0%
Emergency/ life threatening situation	56.3%
I don't have insurance	6.3%
Other	12.0%

EXHIBIT 235: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?

None of the above	24.3%
Cancer	4.1%
Heart disease	12.2%
Depression/ Anxiety	33.8%
High blood pressure/ Hypertension	41.9%
Diabetes/ High blood Sugar	14.9%
Obesity	31.1%
HIV/ AIDS	0.0%
Stroke	0.0%
COPD	4.1%

EXHIBIT 236: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUS, DIP, CIGARETTES, CIGARS OR LITTLE CIGARS?

I do not use these products	91.9%
On some days	2.7%
Once a day	0.0%
More than once a day	5.4%

EXHIBIT 237: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING ELECTRONIC VAPOR PRODUCTS: E-CIGARETTES, E-CIGARS, E-HOOKAHS, E-PIPES, HOOKAH PENS, VAPE PIPES, AND VAPE PENS?

I do not use these products	95.9%
On some days	2.7%
Once a day	0.0%
More than once a day	1.4%

EXHIBIT 238: HOW DO YOU PAY FOR MOST OF YOUR HEALTH CARE?

I pay cash/ I don't have insurance	2.9%
TRICARE	4.3%
Medicare or Medicare HMO	2.9%
Indian Health Services	0.0%
Commercial health insurance (from employer)	90.0%
Veteran's Administration	0.0%
Marketplace insurance plan	0.0%
County health plan	0.0%
I pay another way	0.0%

Appendix C: Key Informant Interview Guide

RMCHS Community Health Needs Assessment

Key Informant Interview Guide

Welcome and Consent

Greetings. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Regional Medical Center Health System to conduct a Community Health Needs Assessment.

The purpose of this conversation is to learn more about the community's strengths and resources and collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights into equal access to health care and other services across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals, is it ok if I use quotes from this interview in our final report? **Please consider what you say in our conversation to be confidential.**

[IF RECORDING] Is it ok if I record and transcribe this meeting using an AI-based note taker?

Do you have any questions for me before we start?

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? *Probe: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity*
3. What does a “healthy” community look like to you? How does this compare to your community right now?
4. How has the health of your community changed in the past three years (good or bad)?

5. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *Probe: behavioral health, access to care, housing*

Access to Care and Delivery of Services

6. What, if any, healthcare services are difficult to find and/or access? And why? *Probes:*
- *Distance traveled for care*
 - *Quality primary care (Services for adults, children & adolescents).*
 - *Specialty care services*
 - *Maternal and prenatal care for expectant mothers Other OB/GYN services*
 - *Labs/imaging*
 - *Immunizations and preventative testing*
 - *Senior Services (Probe: hospice, end-of-life care, specialists, etc.).*
 - *Post-COVID-19/impacts of COVID-19 care*
 - *Dental*
7. What health-related resources are available or working well in your community?

Behavioral Health

8. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? *Probe: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services.*
9. What behavioral health resources are available or working well in your community? *Probe: Treatment (IP & OP), Crisis, Recovery*

Health Equity, Vulnerable Populations, Barriers

10. Would you say health care services are equally available to everyone in your community regardless of gender, race, age or socioeconomics? What populations are especially vulnerable and/or underserved in your community? *Probe: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities*

11. What barriers to services and resources exist, if any? *Probe: based on economic, race/ethnicity, gender or other factors?*
12. Do community health care providers care for patients in a culturally sensitive manner?
13. What types of stigma, if any, exist when it comes to seeking treatment for healthcare, including mental health care or substance use treatment?

Social Determinants, Neighborhood & Physical Environment

14. From your perspective what are the top three non-health-related needs in your community and why? *Probes:*
 - *Affordable housing*
 - *Services for people experiencing homelessness*
 - *Food insecurity and access to healthy food*
 - *Childcare*
 - *Transportation*
 - *Internet and technology access*
 - *Employment and job training opportunities*
 - *Others*

Enhancing Outreach & Disseminating Information

15. How do individuals generally learn about access to and availability of services in your area? *Probe: Social media, Text WhatsApp, word of mouth*
16. In what way is health literacy in the community an advantage or challenge?
17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
18. What is your perception of the interconnectedness of our community resources? *Probes: Siloing of programs, are we establishing partnerships where able?*

Magic Wand

19. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation

Appendix D: Focus Group Guide

Focus Group Guide

Welcome & introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Regional Medical Center Health System to conduct a community health needs assessment of the community.

Explain the general purpose of the discussion

The purpose of this meeting today is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Explain the necessity for notetaking and recording

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why?
PROBE List (As needed): Quality primary care (Services for adults, children & adolescents), Specialty care services, Maternal and prenatal care for expectant mothers Other OB/GYN services, Labs/imaging, Immunizations and preventative testing, Senior Services (PROBE: hospice, end-of-life care, specialists, etc.), Post-COVID-19/impacts of COVID-19 care, Dental
6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?
PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.
8. What behavioral-health resources are available in your community?
PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

11. How can we improve the overall health of your community?

12. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community?

[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, parents/stress of raising children]

13. What barriers to services and resources exist, if any?

PROBE: based on economic, race/ethnicity, gender, or other factors?

Do community health care providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why?

PROBE LIST AS NEEDED: Affordable housing, Services for people experiencing homelessness, Food insecurity and access to healthy food, Childcare, Transportation, Internet and technology access, Employment and job training opportunities, Others

Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

PROBE: Social media, Text WhatsApp, word of mouth, etc.

To what degree is health literacy in the community an advantage or challenge?

17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix E: Community Survey

RMCHS 2026 CHNA Community Survey

Regional Medical Center Health System is doing a Community Health Needs Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help us to learn about health needs, ways to seek services, services that may not be easy for you to get, and any issues you face in seeking health so that we can better meet the needs of your community.

Please help us by taking this survey. There are about 30 survey questions, and it will take about 10 minutes to complete.

If you would like the chance to be entered into a drawing for a gift card, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at jmorrissey@crescendocg.com

Your responses are confidential.

1. In which county do you live? (Please choose only one)

☐ Calhoun

☐ Talladega

☐ Cleburne

☐ Other (Specify)

2. In which ZIP code do you live? (Please write in) _____

3. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

☐ None **(Skip to question 15)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

--Begin Children's Section --

4. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 7)

5. What are some reasons that kept them from getting the medical care they needed?
(Choose all that apply)

- | | |
|---|--|
| ☐ Am not sure how to find a doctor | ☐ Doctor's office does not have convenient hours |
| ☐ Unable to afford to pay for care | ☐ Transportation challenges |
| ☐ Cannot take time off work | ☐ Unable to schedule an appointment when needed |
| ☐ Unable to find a doctor who takes my insurance | ☐ Unable to find a doctor who knows or understands my culture, identity, beliefs, or language |
| ☐ Cannot take child out of class | ☐ Other (please specify) |
| ☐ Do not have insurance to cover medical care | |

6. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 10)

7. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

- | | |
|--|---|
| ☐ Am not sure how to find a dentist | ☐ Dentist's office does not have convenient hours |
| ☐ Unable to afford to pay for care | ☐ Transportation challenges |
| ☐ Cannot take time off work | ☐ Unable to schedule an appointment when needed |
| ☐ Unable to find a dentist who takes my insurance | ☐ Unable to find a dentist who knows or understands my culture, identity, beliefs, or language |
| ☐ Cannot take child out of class | ☐ Other (please specify) |
| ☐ Do not have insurance to cover dental care | |

8. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral health care but did NOT get the care they needed?

- ☐ Yes ☐ No **(skip to question 13)**

9. What are some reasons that kept them from getting the mental and/or behavioral health care they needed? (Choose all that apply)

- | | |
|--|--|
| ☐ Am not sure how to find a doctor/counselor | ☐ appointment when needed |
| ☐ Unable to afford to pay for care | ☐ Transportation challenges |
| ☐ Cannot take time off work | ☐ Doctor/counselor's office does not have convenient hours |
| ☐ Afraid of what people might think | ☐ Unable to find a doctor / counselor who takes my insurance |
| ☐ Do not have insurance to cover mental health care | ☐ Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs, or language |
| ☐ Cannot take child out of class | ☐ Other (please specify) |
| ☐ Unable to schedule an | |

The goal of the next question (Question 13) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

10. When you think about the most important HEALTH needs for children in your community, please select the top 3 most important health needs to address. If you think of a health concern that is not listed here, please write it in under “other”. (Please choose only 3)

<u>Please choose only 3</u>	
☐	Accidents and Injuries
☐	Asthma
☐	Respiratory Health Other than Asthma (RSV, cystic fibrosis)
☐	Dental Care
☐	Diabetes
☐	Drug or Alcohol Use
☐	Eye Health (vision)
☐	Healthy Pregnancies and Childbirth (not teen pregnancy)
☐	Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
☐	Infectious Diseases (including COVID-19)
☐	Special Needs (Physical / Chronic / Behavioral / Developmental / Emotional)
☐	Medically Complex
☐	Attention-Deficit/Hyperactivity Disorder (ADHD)
☐	Mental or Behavioral Health
☐	Healthy Food / Nutrition
☐	Obesity
☐	Physical activity
☐	Safe Sex Practices and Teen Pregnancy
☐	Sexual Identity of Child
☐	Suicide Prevention
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
☐	Other:

--End Children's Section --

These next questions are about your view or opinion of the community in which you live.

11. Overall, how would you rate the health of the community in which you live? (Please choose only one)

☐ Very unhealthy

☐ Healthy

☐ Unhealthy

☐ Very healthy

☐ Somewhat healthy

☐ Not sure

12. Please read the list of risky behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community? (Please choose only 3)

<u>Please choose only 3</u>	
☐	Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
☐	Dropping out of school
☐	Illegal drug use/abuse or misuse of prescription medications
☐	Lack of exercise
☐	Poor eating habits
☐	Not getting “vaccines” to prevent disease
☐	Not wearing helmets
☐	Not using seat belts/not using child safety seats
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
☐	Unsafe sex including not using birth control
☐	Distracted driving (texting, eating, talking on the phone)
☐	Not locking up guns
☐	Not seeing a doctor while you are pregnant

13. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 3)

<u>Please choose only 3</u>	
☐	Aging Problems (for example: difficulty getting around, dementia, arthritis)
☐	Cancers
☐	Child Abuse / Neglect
☐	Clean Environment / Air and Water Quality
☐	Climate Change
☐	Dental Problems
☐	Diabetes / High Blood Sugar
☐	Domestic Violence / Rape / Sexual Assault / Human Trafficking
☐	Gun-Related Injuries
☐	Being Overweight
☐	Mental Health Problems Including Suicide
☐	Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much
☐	Heart Disease / Stroke / High Blood Pressure
☐	HIV/AIDS / Sexually Transmitted Diseases (STDs)
☐	Homicide
☐	Infectious Diseases Like Hepatitis, TB, and COVID-19
☐	Motor Vehicle Crash Injuries
☐	Infant Death
☐	Respiratory / Lung Disease
☐	Teenage Pregnancy
☐	Maternal Mortality / Maternal Health

14. Please read the list below. Which do you believe are the 3 most important factors needed to improve the quality of life in your community? (Please choose only 3)

<u>Please choose only 3</u>	
☐	Good Place to Raise Children
☐	Low Crime / Safe Neighborhoods
☐	Good Schools
☐	Access to Health Care
☐	Parks and Recreation
☐	Clean Environment / Air and Water Quality
☐	Low-Cost Housing
☐	Arts and Cultural Events
☐	Low-Cost Health Insurance
☐	Tolerance / Embracing Diversity
☐	Good Jobs and Healthy Economy
☐	Strong Family Life
☐	Access to Low-Cost, Healthy Food
☐	Healthy Behaviors and Lifestyles
☐	Sidewalks / Walking Safety
☐	Public Transportation / Community transportation
☐	Religious or Spiritual Values
☐	Disaster Preparedness
☐	Emergency Medical Services
☐	Access to Good Health Information
☐	Strong Community/Community Knows and Supports Each Other

15. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

☐ Often true ☐ Sometimes true ☐ Never true

16. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)

☐ Often true ☐ Sometimes true ☐ Never true

17. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

☐ Yes ☐ No

These next questions are about your personal health and your opinions about getting health care in your community.

18. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

19. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?

☐ Yes ☐ No **(Skip to question 30)**

20. What are some reasons that kept you from getting medical care? (Choose all that apply)

- | | |
|---|---|
| ☐ Unable to schedule an appointment when needed | ☐ Convenient hours |
| ☐ Am not sure how to find a doctor | ☐ Transportation challenges |
| ☐ Unable to find a doctor who takes my insurance | ☐ Do not have insurance to cover medical care |
| ☐ Unable to afford to pay for care | ☐ Cannot take time off work |
| ☐ Doctor's office does not have | ☐ Unable to find a doctor who knows or understands my culture, identity, |

beliefs, or language

☐ Other (please specify)

21. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)

☐ Excellent

☐ Fair

☐ Very good

☐ Poor

☐ Good

☐ Not Sure

22. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?

☐ Yes

☐ No **(Skip to question 35)**

23. What are some reasons that kept you from getting mental health care? (Choose all that apply)

☐ Am not sure how to find a doctor / counselor

☐ Fear of family or community opinion

☐ Unable to afford to pay for care

☐ Unable to find doctor/counselor who takes my insurance

☐ Unable to schedule an appointment when needed

☐ Doctor/counselor office does not have convenient hours

☐ Transportation challenges

☐ Unable to find a doctor/counselor who knows/understands my culture, identity, beliefs, language

☐ Do not have insurance to cover mental health care

☐ Cannot take time off work

☐ Other

24. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

- ☐ Yes ☐ No **(Skip to question 37)**

25. What are some reasons that kept you from getting dental care? (Choose all that apply)

- | | |
|--|---|
| ☐ Unable to schedule an appointment when needed | ☐ Transportation challenges |
| ☐ Am not sure how to find a dentist | ☐ Unable to find a dentist who takes my insurance |
| ☐ Do not have insurance to cover dental care | ☐ Cannot take time off work |
| ☐ Unable to afford to pay for care | ☐ Unable to find a dentist who knows or understands my culture, identity, beliefs, or language |
| ☐ Dentist office does not have convenient hours | ☐ Other _____ |

26. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? (Please choose only one)

- | | |
|------------------------------------|--|
| ☐ 1 time | ☐ 10 or more times |
| ☐ 2 times | ☐ I have not gone to a hospital ER in the past 12 months (Skip to question 39) |
| ☐ 3-4 times | |
| ☐ 5-9 times | |

27. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- | | |
|--|---|
| ☐ After hours / Weekend | ☐ Emergency / Life-threatening situation |
| ☐ I don't have a doctor / clinic | ☐ I don't have insurance |
| ☐ Long wait for an appointment with my regular doctor | ☐ Other |
| ☐ Cost | |

28. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

Cancer	☐
Depression / Anxiety	☐
Diabetes / High Blood Sugar	☐
HIV / AIDS	☐
COPD	☐

Heart disease	☐
High blood pressure / Hypertension	☐
Obesity	☐
Stroke	☐
None of These	☐

29. How often do you use any of the following products? (Please choose only one response per row)

	I do not use these products	On some days	Once a day	More than once a day
Chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars	☐	☐	☐	☐
E-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens	☐	☐	☐	☐

About You

30. What is your age? (Please choose only one)

☐ 18 to 24

☐ 25 to 34

☐ 35 to 44

☐ 45 to 54

☐ 55 to 64

☐ 65 to 74

☐ 75 or older

31. What is your gender?

☐ Male

☐ Female

☐ Prefer not to answer

32. Are you of Hispanic or Latino origin or descent? (Please choose only one)

☐ Yes, Hispanic or Latino
to answer

☐ No, not Hispanic or Latino

☐ Prefer not to answer

33. Which race best describes you? (Please choose only one)

☐ More than one race

☐ African American or Black

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific

Islander

☐ White

☐ I identify in another way:

☐ Prefer not to answer

34. What is the highest level of school that you have completed? (Please choose only one)

- | | |
|---|---|
| ☐ Less than high school | ☐ Associate degree |
| ☐ Some high school, but no diploma | ☐ Bachelor's degree |
| ☐ High school diploma or GED | ☐ Master's/Graduate or professional degree or higher |
| ☐ Some college, no degree | ☐ Prefer not to answer |
| ☐ Vocational/Technical School | |

35. How much total combined money did all people living in your home earn last year? (Please choose only one)

- | | |
|---|---|
| ☐ \$0 to \$9,999 | ☐ \$70,000 to \$79,000 |
| ☐ \$10,000 to \$19,999 | ☐ \$80,000 to \$89,999 |
| ☐ \$20,000 to \$29,999 | ☐ \$90,000 to \$99,999 |
| ☐ \$30,000 to \$39,999 | ☐ \$100,000 to \$124,999 |
| ☐ \$40,000 to \$49,999 | ☐ \$125,000 to \$149,999 |
| ☐ \$50,000 to \$59,999 | ☐ \$150,000 or more |
| ☐ \$60,000 to \$69,999 | ☐ Prefer not to answer |

36. How do you pay for most of your health care? (Please choose only one)

- | | |
|--|--|
| ☐ I pay cash / I don't have insurance | ☐ Commercial health insurance (from Employer) |
| ☐ TRICARE | ☐ Veteran's Administration |
| ☐ Medicare or Medicare HMO | ☐ Marketplace insurance plan |
| ☐ Indian Health Services | ☐ County health plan |
| | ☐ I pay another way: |

Appendix F: Needs Prioritization Process



2026 Community Health Needs Assessment

Needs Prioritization Meeting

September 10, 2026

Community Health Needs Assessment

What is a Community Health Needs Assessment?

- All non-profit hospitals are mandated by the Affordable Care Act (ACA) to conduct a CHNA every three years.
- The process provides a way for communities to identify and prioritize health needs and to plan and act upon unmet community health needs.
- The results will be used to complete an implementation plan, describing how RMC will address the top prioritized needs.

Methodology Overview



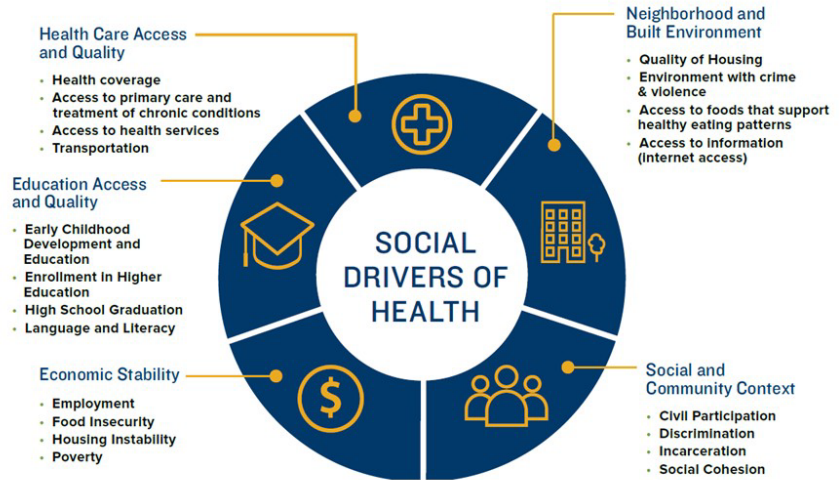
Review Process

- Review key data findings
- Discuss the magnitude, feasibility and severity of addressing a set of community health needs
- Vote on each need in terms of magnitude, feasibility and severity to come up with a priority score

Social Drivers of Health

Social Drivers of Health (SDoH) are the conditions in the environments where people live that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDoHs can contribute to health disparities and inequities.



Source: Healthy People 2023

Demographics

Total Population, Percent Change 2014-2029



	Calhoun County	Cleburne County	Talladega County	Alabama	United States
2024	116,090	15,426	81,021	5,086,768	334,922,499
2014	117,186	14,990	81,673	4,817,678	314,107,084
Percent Change (2014-2024)	-0.9%	+2.9%	-0.8%	+5.6%	+6.6%
Total Population, 2029	114,649	15,634	80,245	5,249,807	349,554,291
Percent Change (2024-2029)	-1.2%	+1.3%	-1.0%	+3.2%	+4.4%

Percent of Population by Age Group, 2024



	Calhoun County	Cleburne County	Talladega County	Alabama	United States
Under 5	5.6%	5.8%	5.4%	5.8%	5.6%
Under 18	21.4%	22.0%	20.6%	22.2%	22.0%
18 to 64	60.3%	57.9%	60.0%	60.0%	60.8%
65 and Over	18.2%	20.1%	19.4%	17.8%	17.2%

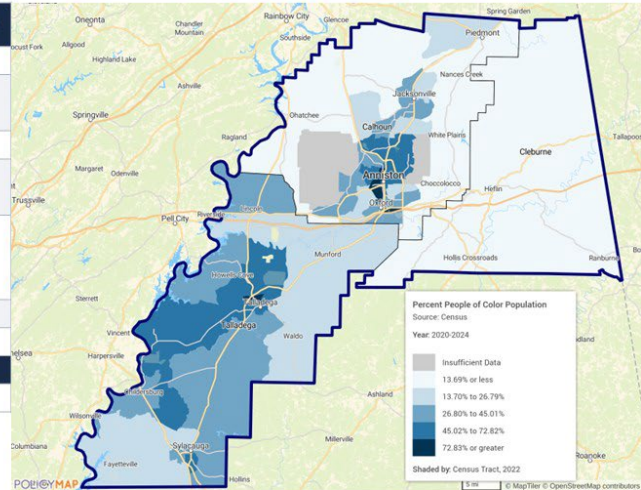
Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Demographics

Percent of Population by Race and Ethnicity, 2024

	Calhoun County	Cleburne County	Talladega County	Alabama
White	70.4%	92.8%	62.3%	64.6%
Black or African American	21.9%	3.6%	29.8%	25.8%
Asian	0.8%	0.1%	0.6%	1.5%
American Indian and Alaska Native	0.4%	0.3%	0.1%	0.5%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.1%
Two or More Races	4.3%	2.3%	5.6%	5.3%
Some Other Race	2.1%	0.9%	1.6%	2.3%
Hispanic or Latino	4.6%	2.1%	2.4%	5.6%

Black, Indigenous and People of Color, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Economic Stability

Median Household Income By Race, 2024

Median Household Income

Calhoun County	Cleburne County	Talladega County
\$55,029	\$55,345	\$57,776
Alabama: \$63,999		

ALICE Households

Calhoun County	Cleburne County	Talladega County
33.0%	32.0%	27.0%
Alabama: 29.0%		

Household Receiving SNAP Benefits

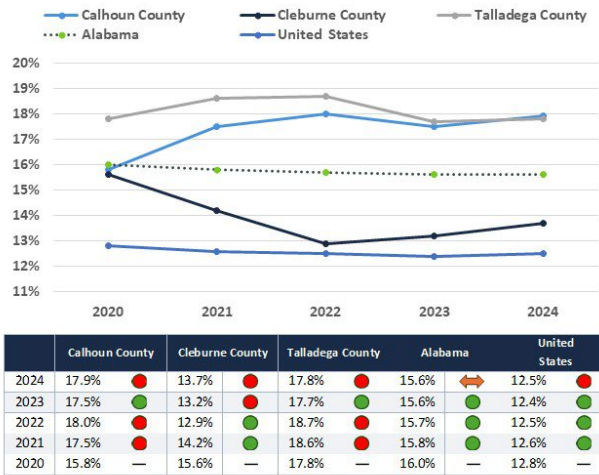
Calhoun County	Cleburne County	Talladega County
17.9%	14.5%	17.0%
Alabama: 13.7%		

	Calhoun County	Cleburne County	Talladega County	Alabama	United States
White	\$59,743	\$60,129	\$62,040	\$73,812	\$86,271
Black or African American	\$41,658	\$24,387	\$43,409	\$44,035	\$55,157
American Indian and Alaska Native	\$34,196	ND	ND	\$62,769	\$62,420
Asian	\$69,231	ND	\$63,250	\$89,784	\$116,503
Native Hawaiian and Other Pacific Islander	ND	ND	ND	\$77,643	\$81,811
Two or More Races	\$57,958	ND	\$60,365	\$63,418	\$75,660
Other Race	\$62,917	\$52,833	\$85,541	\$52,799	\$67,563
Hispanic or Latino	\$47,828	ND	\$82,860	\$58,702	\$71,415

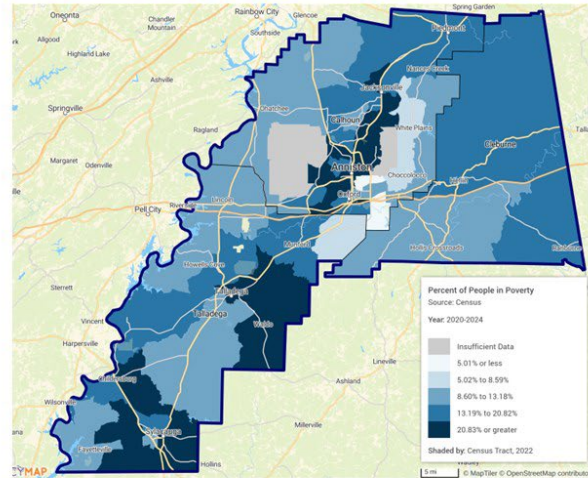
Source: U.S. Census Bureau American Community Survey 2010-2014 Five-year Estimates | U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Economic Stability

Trend Of Percent Of Population Living In Poverty, 2020-2024



Percent Of People In Poverty, 2024



Source: U.S. Census Bureau American Community Survey Five-year Estimates

Access to Health Care & Quality



Population with Medicaid

Calhoun County **25.1%** Cleburne County **19.7%** Talladega County **24.9%**
Alabama: 20.0%



Primary Care Physician Provider Ratio

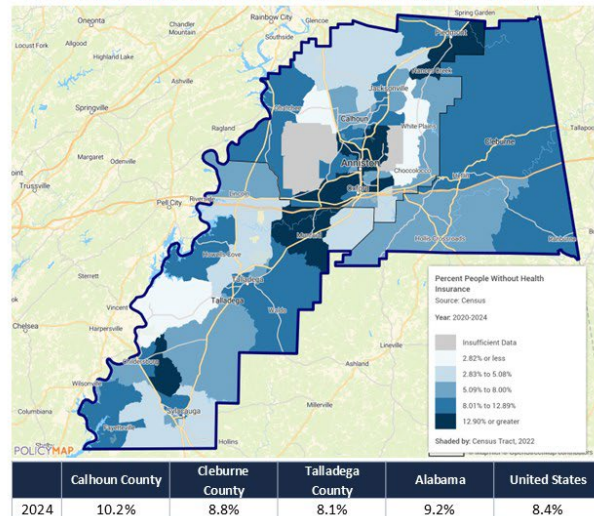
Calhoun County **1,382:1** Cleburne County **15,426:1** Talladega County **1,976:1**
Alabama: 982:1



Obstetrics Gynecology (OB/GYN) Provider Ratio

Calhoun County **6,657:1** Cleburne County **ND** Talladega County **5,954:1**
Alabama: 982:1

Percent of Population Without Health Insurance, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates | National Plan & Provider Enumeration System NPI

Access to Health Care & Quality

The 3 Most Important Factors Needed To Improve The Quality Of Life In Your Community



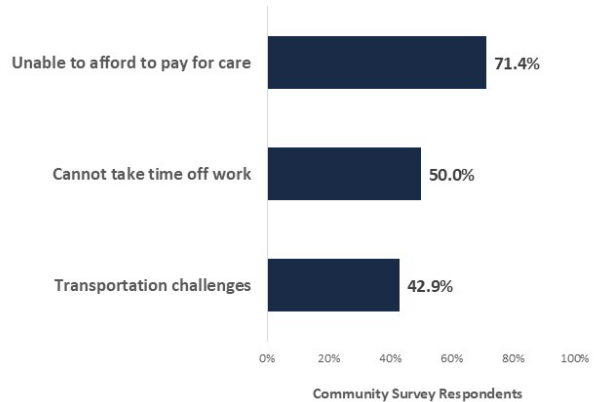
31.6%

of community survey respondents identified **LOW-COST HEALTH INSURANCE** as the **THIRD** most important factors needed to improve the quality of life in your community.

Top 3 Factors

1. Access to Low-Cost, Healthy Food
2. Healthy Behaviors and Lifestyles
3. Low-Cost Health Insurance

What Kept You From Accessing Medical Care Services When You Needed Them?



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Chronic Disease & Health Status

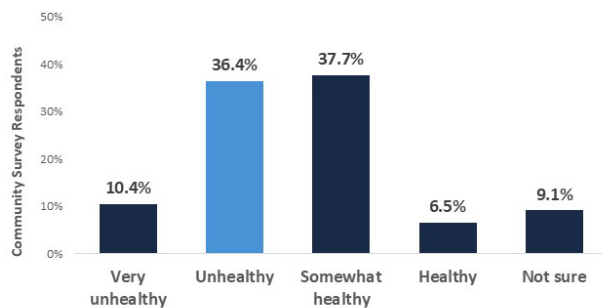
Most important to address to improve the health of your community



53.2%

of community survey respondents identified **HEART DISEASE, STROKE, OR HIGH BLOOD PRESSURE** as the **LEADING** most important factors that need to be addressed to improve the quality of life in the community.

Overall, how do you rate the health of the community which you live in?



Top 3 Chronic Diseases, 2023

	Calhoun County	Cleburne County	Talladega County	Alabama
High Blood Pressure	44.8%	42.9%	48.2%	43.2%
High Cholesterol	40.4%	43.2%	42.1%	40.6%
Obesity	38.6%	37.4%	45.6%	39.6%

Source: Centers for Disease Control and Prevention, PLACES

Maternal Health

Infant Mortality Rate By Race And Ethnicity (Deaths Per 1,000 Live Births), 2020-2023

	Calhoun County			Cleburne County			Talladega County		
	2020	2023	+/-	2020	2023	+/-	2020	2023	+/-
Overall Infant Mortality Rate	3.2	11.9	●	6.1	23.4	●	12.9	12.1	●
White	3.5	0.0	●	0.0	0.0	↔	7.6	0.0	●
Black or African American ³⁶	3.0	34.5	●	0.0	2,000.0	●	21.0	18.7	●
Hispanic or Latino ³⁷	0.0	0.0	↔	200.0	0.0	●	0.0	0.0	↔
Other ³⁸	0.0	428.6	●	0.0	0.0	↔	0.0	1,250.0	●

	Alabama		
	2020	2023	+/-
Overall Infant Mortality Rate	7.0	7.8	●
White	4.8	1.0	●
Black or African American	10.9	12.9	●
Hispanic or Latino	7.2	1.8	●
Other	8.5	180.7	●

What, if any, healthcare services are difficult to find and/or access? And why?

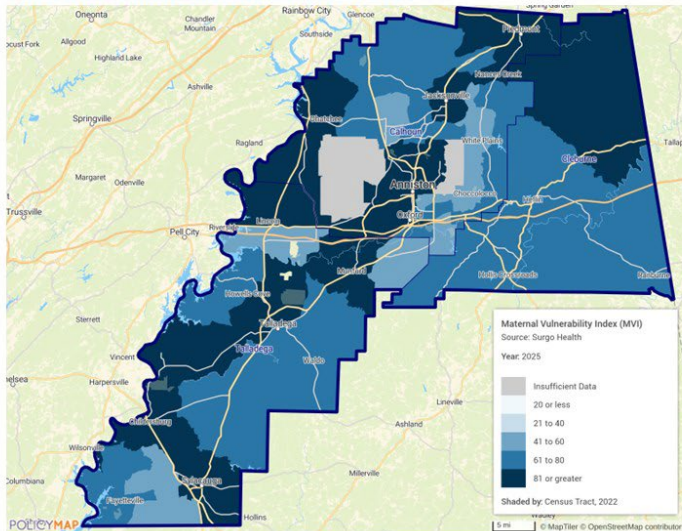
"OB/GYN for sure. In our area, we only have one hospital that does deliveries. So a lot of people do have to travel an hour or so, 45 minutes to an hour. If they didn't want to see the physicians we do have here."

Key Informant

Source: Voices for Alabama's Children

Maternal Health

Maternal Vulnerability Index Score, 2025



Source: Surgo Ventures, 2025

The Maternal Vulnerability Index (MVI) ranks geographies on overall vulnerability to poor pregnancy outcomes and vulnerability across six themes:

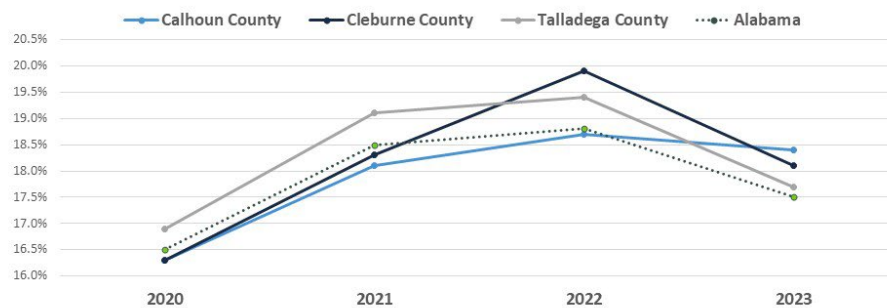
- The Reproductive Healthcare
- The Physical Health
- The Mental Health and Substance Abuse
- The General Healthcare
- The Socioeconomic Determinants
- The Physical Environment

Behavioral Health

Trend of Number of Overdose-related ER Visits, 2020-2023

	Calhoun County		Cleburne County		Talladega County	
2023	586	●	25	●	311	●
2022	523	●	20	●	241	●
2021	477	●	17	●	280	●
2020	378	—	27	—	256	—

Self-reported Poor Mental Health Among Adults, 2020-2023



"I've seen a huge increase in our population that we're serving that are struggling with mental illness. It's not being addressed. So, a lack of services for people who are struggling with mental illness, which I think leads to a lot of the physical health issues, because if they are not mentally capable or mentally stable enough, they're not addressing their other physical needs that need to be addressed as well."

Key Informant

Source: The Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Data, Centers for Disease Control and Prevention, PLACES

Behavioral Health

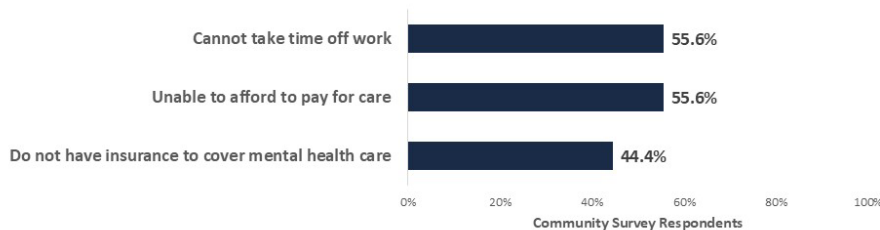
Which three risky behaviors do you believe are the most harmful to the overall health of your community?



61.0%

of community survey respondents identified **ILLEGAL DRUG USE/ABUSE OR MISUSE OF PRESCRIPTION MEDICATIONS** as the **LEADING** risky behavior that is harmful to the overall health of their community.

What kept you from accessing mental health or substance use services when you needed it?



"It seems like there's a shortage of psychiatrists that can prescribe medications. So we may be able to get them in to see a counselor quickly, but then it's a three month or six month wait to be able to see a psychiatrist. You need to be able to address everything at one point. And sometimes if you wait three to six months, they've decided this is not really something they want to pursue and you have to start the whole process over again."

Key Informant

Neighborhood & Built Environment



Hourly Wage to Afford 2-Bedroom at Fair Market Rent

Calhoun County **\$18.10** Cleburne County **\$15.92** Talladega County **\$15.73**

Alabama: \$20.61

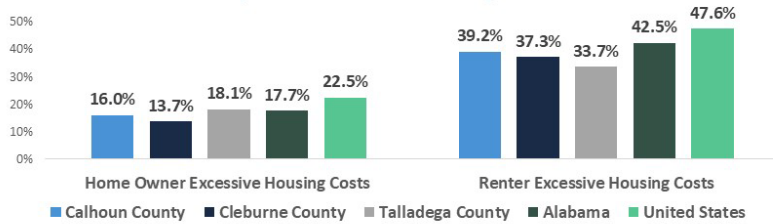


Households with No Vehicle Available

Calhoun County **5.4%** Cleburne County **4.9%** Talladega County **6.0%**

Alabama: 4.6%

Percent Of Occupants With Excessive Housing Costs, 2024



"It's next to impossible to be able to get clients to the point that they're making enough money to be able to pull themselves back up. And so I think not having a house and then not having transportation to get to employment affects their ability to have a good job or to be able to afford a home of their own. So, it's that trickling effect."

Key Informant

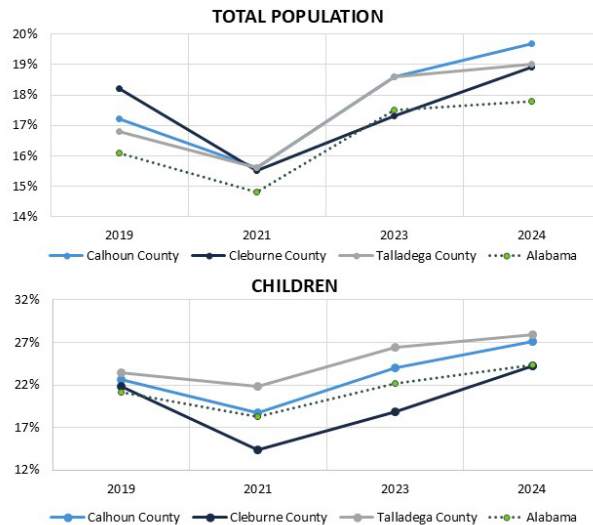
"The number two [top need] would be the lack of affordable housing that stops the client from having the resources to be able to focus on their mental health. If they're struggling with mental illness and they're constantly worried about where they're sleeping tomorrow night, those two things kind of run hand in hand."

Key Informant

Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates

Neighborhood & Built Environment

Trend of Food Insecurity, 2019-2024



If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind?

"Food insecurity right now, with the new SNAP benefits, the program and the changes in it. We've seen at least double the number of people that were helping food-wise right now in the last three to four months, but the trend is edging upward."

Key Informant

Source: Feeding America. Map the Meal Gap

Neighborhood & Built Environment

When you think about the most important health needs for children in your community, please select the top 3 most important health needs to address.



46.2%

of community survey respondents identified **HEALTHY FOOD/NUTRITION** as the **MOST IMPORTANT** health needs for children in their community.

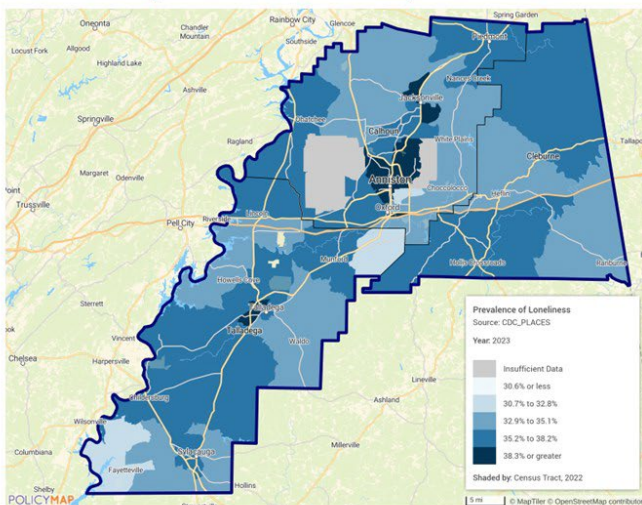


24.0%

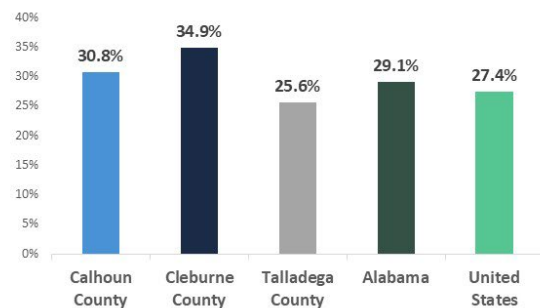
of community survey respondents sometimes worry about whether their **food would run out** before having money to buy more.

Social & Community Context

Population In Social Isolation, 2023



Population Age 65 And Over Living Alone, 2024



Source: U.S. Census Bureau American Community Survey 2020-2024 Five-year Estimates, Centers for Disease Control and Prevention, PLACES

Discussion #1: Data Discussion

- What surprises you about the data?
- What factors might explain the patterns we're seeing?
- Do the findings align with your knowledge of your community?

Community Needs 2023

Health Care Access

- Access to Primary Medical Care and Behavioral Health Care

Health Equity

- Achieve health equity for all community residents

Unhealthy Behaviors

- Enhance the physical and social environment to support health, well-being and reduce unhealthy behaviors

Community Needs

Priority Area	Community Needs
Health Outcomes	• Cancer treatment and screening • Heart disease prevention and management • Diabetes/high blood sugar prevention and management • Mental health outpatient and inpatient care, especially for children/adolescents • Opioid/substance use prevention, intervention, and treatment programs
Healthcare Access and Quality	• Primary care provider recruitment and retention • Obstetrics and Gynecology provider recruitment and retention • Specialty care provider recruitment and retention • Affordable prescription medications • Medication health literacy • Insurance and safety net program navigation and supports
Neighborhood and Built Environment	• Transportation access and options for rural, spread-out communities
Economic Stability	• Affordable housing supports • Access to affordable, healthy food

Discussion #2: Severity and Feasibility

- What is the magnitude (size) and severity of this need in the community?
- What are the potential outcomes if we don't address this need in the community?
- What are some potential barriers to addressing the need in the community?

Survey

Link: https://www.research.net/r/RMC_CHNA_NP_2026

Rank each need on the list three times in terms of:

Magnitude: How big is the problem in the community?

Feasibility: Is addressing the problem possible based on resources, capacity, funding, current laws, etc.??

Severity: How serious will the problem become if we do nothing?



- **1 is the most/highest (magnitude, feasibility, or severity)**
- **5 is the least/lowest (magnitude, feasibility, or severity)**

Results

Rank	Community Need	Priority Score
1	Cancer screening and treatment	8.0
2	Diabetes/high blood sugar prevention and management	11.0
3	Heart disease prevention and management	12.4
4	Primary care provider recruitment and retention	15.3
5	Opioid/substance use prevention, intervention, and treatment programs	19.9
6	Specialty care provider recruitment and retention	20.0
7	Mental health outpatient and inpatient care, especially for children/adolescents	20.0
8	Medication health literacy	20.8
9	Access to affordable, healthy food	24.4
10	Affordable prescription medications	24.5
11	Obstetrics and Gynecology provider recruitment and retention	26.1
12	Insurance and safety net program navigation and supports	27.4
13	Transportation access and options for rural, spread-out communities	37.2
14	Affordable housing supports	43.7

Thank You

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Appendix G: IRS Form 990, Schedule H Compliance Listing

IRS Requirement	See Report Page
A definition of the community served by the hospital facility and a description of how the community was determined.	Page 19
A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs.	Page 18
A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.	Page 112-113
A description of the resources potentially available to address the significant health needs identified through the CHNA.	Page 203-204
An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s).	Page 198-202
Board approval or equivalent	Approved on or before September 30, 2026

Appendix H: Progress and Input Since Prior CHNA

Previous Need	Evidence Since Last CHNA
Access to Care	Jacksonville Freestanding ED, ION Bronchoscopy, Opening of Post-Acute Care Clinic, Orlando Health investment (if appropriate to include)
Behavioral Health	Psychiatric NP integration, ED behavioral health workflow improvements
Chronic Disease	Diabetes education, cancer services, pulmonary diagnostics, heart care
Elderly	Age-Friendly designation, orthopedic and cardiac programs
Health Education	Diabetes classes, maternity education, pediatric MRI education
Social Determinants	Project SEARCH, workforce scholarships, long-term health system investment

Access to Primary Medical Care & Behavioral Health

ION Robotic Bronchoscopy Program (2026)

This is probably the largest new clinical service that directly addresses an unmet regional need.

RMCHS announced the addition of an **ION robotic bronchoscopy program**, allowing earlier diagnosis of suspicious lung nodules and expanding advanced pulmonary care locally rather than requiring patients to travel to Birmingham or elsewhere.

CHNA connection

- Improves access to specialty care
- Earlier lung cancer diagnosis
- Reduces travel burden
- Improves rural access

Behavioral Health Improvements in Emergency Department

Following consolidation of emergency services, RMCHS implemented:

- Psychiatric Nurse Practitioner daily rounding
- Behavioral health coordination
- Improved transfer processes
- Patient Advocate Program

These changes were specifically noted as improving behavioral health patient flow.

CHNA connection

- Behavioral health access
 - Care coordination
 - Crisis stabilization
 - Reduced ED delays
-

Post-Acute Care Clinic – opened in January 2026

The Post-Acute Care Clinic (PACC) at Regional Medical Center Health System (RMCHS) is designed to bridge the gap between hospital discharge and ongoing primary care. It offers timely follow-up for patients who cannot quickly see their primary care provider or who do not yet have one, helping to prevent complications and reduce avoidable readmissions

Jacksonville Freestanding Emergency Department

RMCHS announced continued progress on the Jacksonville partnership to develop a freestanding emergency department.

CHNA connection

Although not primary care, this significantly improves:

- Geographic access
 - Rural emergency access
 - Faster evaluation
 - Reduced transportation barriers
-

System to Reduce Socioeconomic Stressors

This priority has fewer direct clinical announcements, but several initiatives indirectly support social determinants.

Project SEARCH

RMCHS continues Project SEARCH. This nationally recognized workforce development program prepares individuals with disabilities for competitive employment.

CHNA connection

- Employment
 - Economic stability
 - Disability inclusion
-

Jacksonville State University Scholarship Program

RMCHS announced an employee scholarship partnership with JSU. This strengthens the healthcare workforce pipeline.

CHNA connection

- Workforce development
 - Local talent retention
 - Economic opportunity
-

Orlando Health Partnership

The acquisition announced includes significant investment in:

- Facilities
- Equipment
- Technology
- Electronic medical record system
- Physician growth
- Regional access expansion

This supports long-term healthcare access and system sustainability.

3. Healthcare Education, Prevention & Wellness

Diabetes Education Classes

RMCHS continues offering recurring diabetes education classes.

These directly support:

- Diabetes prevention
- Self-management
- Nutrition education
- Chronic disease prevention

Baby-Friendly Maternity Program

RMCHS continues promoting:

- Concierge maternity
- Baby-friendly designation
- Breastfeeding support
- Prenatal education
- Low C-section rates

These support maternal and infant health.

Pediatric MRI Education Program

The new LEGO MRI education initiative helps reduce anxiety among pediatric imaging patients. While small, it demonstrates innovation in patient education.

4. Healthcare Services for Chronic Conditions

This area has seen the greatest growth.

ION Bronchoscopy launched in early 2026.

Supports:

- Lung cancer
 - COPD evaluation
 - Pulmonary nodules
 - Earlier diagnosis
 - Chronic respiratory disease
-

Comprehensive Cancer Services

RMCHS continues promoting expanded cancer care and Commission on Cancer accreditation.

Diabetes Education

Supports one of the region's highest prevalence chronic diseases.

Heart & Vascular

Heart & Vascular continues to be emphasized as a major service line.

Emergency Department Performance Improvements

Operational improvements included:

- 28% faster provider evaluation
- 40% faster bed placement
- 19% shorter length of stay
- 33% fewer patients leaving without being seen
- 114% improvement in patient recommendation score

These improvements benefit patients with chronic disease exacerbations.

5. Healthcare Services for the Elderly

Age-Friendly Health System

RMCHS is recognized as an Age-Friendly Facility. This directly aligns with the previous CHNA priority.

Orthopedic Services

Continued emphasis on orthopedic care supports:

- Joint replacement
 - Falls
 - Mobility
 - Osteoarthritis
-

Cardiac Services

Continued cardiovascular services remain especially important given the aging population.

Appendix I: Community Resource List

Organization	Address	Phone Number
Basic Needs & Emergency Assistance		
Family Services Center	150 West 15th Street, Anniston, AL	256-231-2240
Heart's House Community Outreach Agency	129 Almon Street, Heflin, AL	256-453-1020
Jacksonville Christian Outreach	208 Frances St, Jacksonville, AL	256-453-1891
Community Action Agency	1427 Wilmer Avenue, Anniston, AL	256-237-4414
Interfaith Ministries	1431 Gurnee Avenue, Anniston, AL	256-237-1472
All Saints Center of Concern	1513 Noble Street, Anniston, AL	256-236-7793
United Way of East Central Alabama	1505 Wilmer Avenue, Anniston, AL	*211
Talladega First Family Services	130 Westgate Apartments, Talladega, AL	256-362-7254
Calhoun County DHR	415 West 11th Street, Anniston, AL	256-240-2021
Community Enabler	104 East F Street, Anniston, AL	256-237-6144
Community Action Agency Piedmont	206 Lea Street, Piedmont, AL	256-447-6563
Piedmont Benevolence Center	20222 AL Highway 9, Piedmont, AL	256-447-2220
Healthcare Clinics		
Salam Clinic	1823 McCall Drive, Anniston, AL	256-419-2041
St. Michael's Clinic	1005 West 18th Street, Anniston, AL	256-236-0221
Anniston Quality of Life	601 Leighton Avenue, Anniston, AL	256-741-9455 or 256-236-0221
Cleburne Quality of Life	64 Giles Street, Heflin, AL	256-463-2001
Talladega Quality of Life	110 North Spring Street, Talladega, AL	256-315-1697
Interfaith Ministries Dental Clinic	1431 Gurnee Avenue, Anniston, AL	256-237-1473
Insurance Eligibility Information		
Anniston Social Security Office	801 Quintard Avenue, Anniston, AL	1-800-624-8286
Gadsden Medicaid Office	200 West Meighan Blvd, Gadsden, AL	256-594-7700
VA Administration Calhoun County	1702 Noble Street, Anniston, AL	256-241-2950
Homeless Assistance / Housing		
The Right Place	105 West 18th Street, Anniston, AL	256-238-6231
Second Chance Shelter (Domestic Violence)		256-236-7233
Anniston Housing Authority	500 Glenaddie Avenue, Anniston, AL	256-236-1575
Jacksonville Housing Authority	895 Gardner Drive, South East, Jacksonville, AL	256-436-2485
Talladega Housing Authority	151 Curry Court, Talladega, AL	256-362-5010
Piedmont Housing Authority	17 Craig Avenue, Piedmont, AL	256-447-6734, 256- 447-8541
Miscellaneous		
East Alabama Planning Commission (Transportation, Medication)	1130 Quintard Avenue, Anniston, AL	256-237-6471

Organization	Address	Phone Number
Assistance, Caregiver Support Services)		
Hope Family Services (Resources for Expectant Mothers, Parenting Classes)	1412 Leighton Avenue, Anniston, AL	256-237-6471
Anniston Soup Bowl	301 West 15th Street, Anniston, AL	256-236-6794
Meals on Wheels		256-237-4538
Substance Abuse / Mental Health Treatment		
New Directions	1640 Coleman Road, Anniston, AL	256-236-8300
Bradford Health Services	Bradfordhealth.com	205-236-1975
Self-Recovery Detox		866-255-3350
ROSS - Recovery Organization of Support Specialists		844-307-1760
Highland Mental Health	331 East 8th Street, Anniston, AL	256-236-3403

Appendix J: Participating Organizations

Organization	Participation	Sector Representation
Regional Medical Center Health System (RMCHS)	Key Informant Interview	Hospital
Calhoun County Health Department	Key Informant Interview	Health department
The Right Place for Housing and Support	Key Informant Interview	Non-profit business
Community Foundation of Northeast Alabama	Key Informant Interview	Non-profit business
St. Michael's Medical Clinic	Key Informant Interview	Indigent care clinic
Hearts of Cleburne Family Resource Center	Key Informant Interview	Non-profit business
United Way of East Central Alabama	Focus Group	Non-profit business
Calhoun County Schools	Focus Group	Education
Senior Center	Focus Group	Social/senior services
Hearts of Cleburne	Focus Group	Non-profit business
2 nd Chance Inc.	Focus Group	Non-profit business (social services)
ECAUCP	Focus Group	Non-profit business (disability services)
The Right Place Inc.	Focus Group	Non-profit business
East AL Commission	Focus Group	Government/elected office
EARPDC	Focus Group	Government/regional planning
Rod Lemon Foundation	Focus Group	Non-profit business
Regional Medical Center Health System (RMCHS)	Focus Group	Hospital
Community Foundation	Focus Group	Non-profit business
St. Michael's Medical Clinic	Focus Group	Indigent care clinic