2025-2028

Community Health Needs Assessment

Carroll, Haralson, and Heard Counties, GA

Tanner Medical Center/Carrollton
Tanner Medical Center/Villa Rica
Higgins General Hospital

Tanner Health

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

Perspective / Overview

About Tanner Health

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

About this report

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

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

This is a system-level CHNA for:

- Tanner Medical Center/Carrollton in Carroll County, GA – 705 Dixie Street, Carrollton, GA 30117
- Tanner Medical Center/Villa Rica in Villa Rica in Carroll County, GA – 601 Dallas Highway, Villa Rica, GA 30180
- Higgins General Hospital in Bremen in Haralson County, GA – 200 Allen Memorial Drive, Bremen, GA 30110

These hospitals share the same service area and assess the community together and will implement health improvement initiatives together.

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Creating a Culture of Health in the Community

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

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

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

2025 Community Health Needs Assessment

Collaborators

Tanner Health, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based out of Nashville, Tennessee, provided analysis of community health data, community surveys, facilitated the focus groups, and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

Making the CHNA Widely Available to the Public

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

Board Approval

Tanner Health's board of directors approved this assessment on June 9, 2025.

Key Findings and Timeline

Most Significant Health Priorities

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, and surveys, the summit participants prioritized the following significant health needs to be the focus of the work of community over the next three years. There is a complete summary of findings with prioritization criteria on page 35.

1. Mental health services
2. Access to affordable healthcare
3. Chronic diseases (tie with affordable, healthy housing)
4. Affordable, healthy housing
5. Access to affordable health insurance (tie with substance misuse)
6. Substance misuse
7. Healthy eating/active living for healthy weight

Methods and Timeline

In January 2025, Tanner Health began a Community Health Needs Assessment for Carroll, Haralson, and Heard counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in January 2025.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on January 14 and 16, 2025.
- An online survey of community members was conducted January 17 through February 16, 2025.
- A Community Health Summit was conducted on March 19, 2025, with community stakeholders. The participants consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.
- The Tanner Health Board of Directors approved the CHNA at their meeting on **DATE, 2025.**
- The community health improvement plan is in a separate document and will be posted late 2025.

Community Input and Collaboration

Participation by Those Representing the Broad Interests of the Community

Thirty-four people from 25 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Carroll, Haralson, and Heard counties. The four-month process centered on gathering and analyzing data, as well as receiving input from people who represented the broad interests of the community, to provide direction for the community and hospitals to create a plan to improve the health of the communities.

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

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

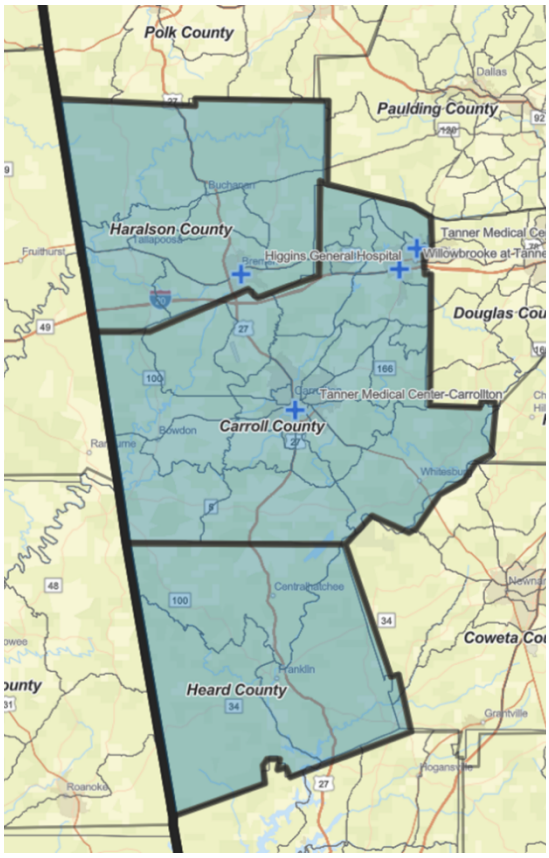
Input of Those with Expertise in Public Health

The Carroll and Heard counties Health Departments participated in the focus groups and summit and in the selection of the most significant health priorities.

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

Tanner Health did not receive any written comments on its most recent CHNA or implementation strategy.

Process and Methods Used



Community Served

Carroll, Haralson, and Heard counties were the primary focus of the CHNA due to the service area of Tanner Health. Used as the study area, Carroll, Haralson, and Heard counties provided 88.37% of inpatient discharges from July 1, 2023 to September 30, 2024. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Tanner Health draws their patients.

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

Data and Other Information Used in the Assessment

Primary methods included:

- Focus groups with community members
- Online community survey
- Community Health Summit

Secondary methods included:

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

Information Gaps

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

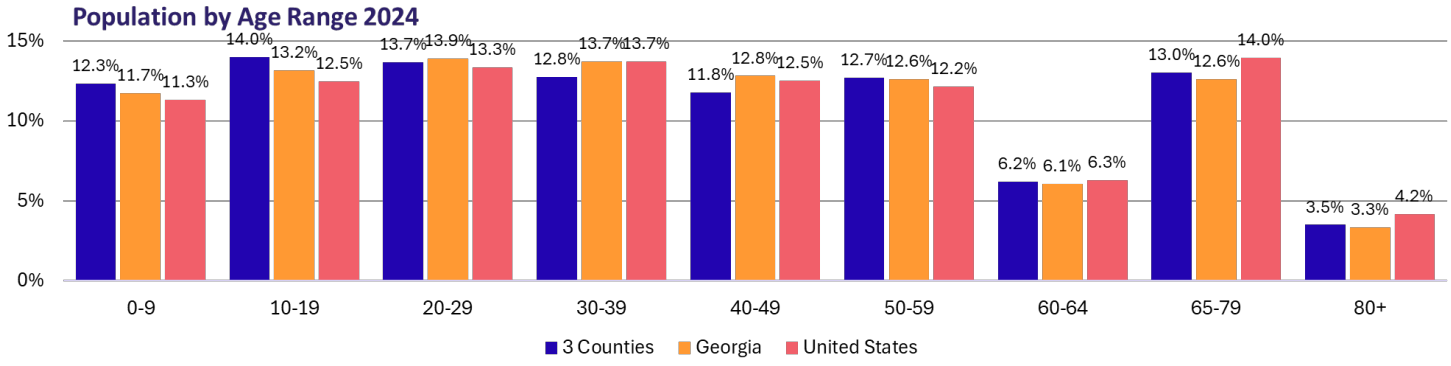
Description of the Communities Served

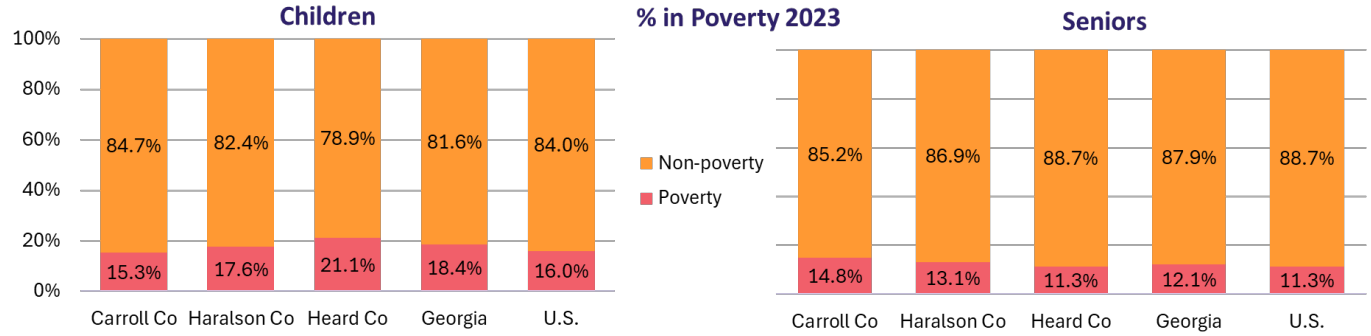
Demographics Indicators

The tables below show the demographic summary of Carroll, Haralson, and Heard counties compared to Georgia and the U.S.

	3-Counties	Carroll	Haralson	Heard	GA	USA
Population 2024	169,130	125,939	31,638	11,553	11,128,319	338,440,954
Population 2029	172,685	128,394	32,825	11,466	11,473,775	344,873,411
% Population Change 2024-2029	4.1%	4.5%	4.3%	**0.1%**	3.1%	1.9%
Percent of Population below 18	22.9%	**22.9%**	22.7%	22.8%	22.0%	21.0%
Percent of Population 18-64	60.6%	61.1%	59.1%	59.6%	62.0%	60.8%
Percent of Population 65+	16.5%	**16.0%**	**18.2%**	17.6%	15.9%	18.1%
Racial and Ethnic Make-up						
Non-Hispanic White	71.2%	65.8%	**88.8%**	82.7%	48.2%	56.3%
Non-Hispanic Black	15.7%	**19.1%**	4.6%	8.5%	30.9%	12.1%
Non-Hispanic Asian	0.9%	1.0%	0.7%	0.5%	4.9%	6.3%
Native American/Alaska Native/ PI	0.2%	0.2%	0.2%	0.4%	0.3%	0.9%
Two or More Races	4.4%	4.6%	3.5%	**4.8%**	3.8%	4.3%
Other Race	0.4%	0.4%	0.3%	0.3%	0.5%	0.5%
Hispanic Origin	7.1%	**8.8%**	1.9%	2.9%	11.2%	19.6%

Source: Esri





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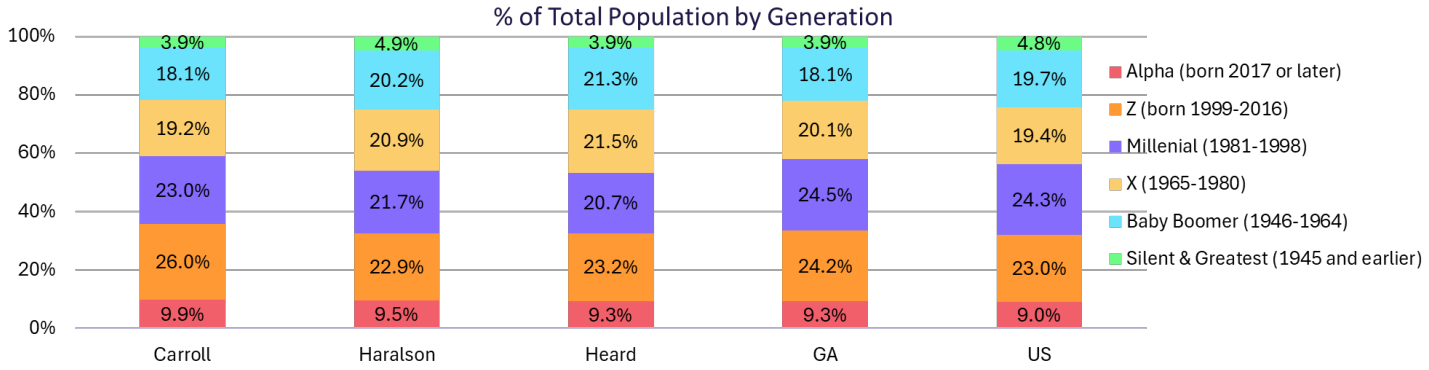
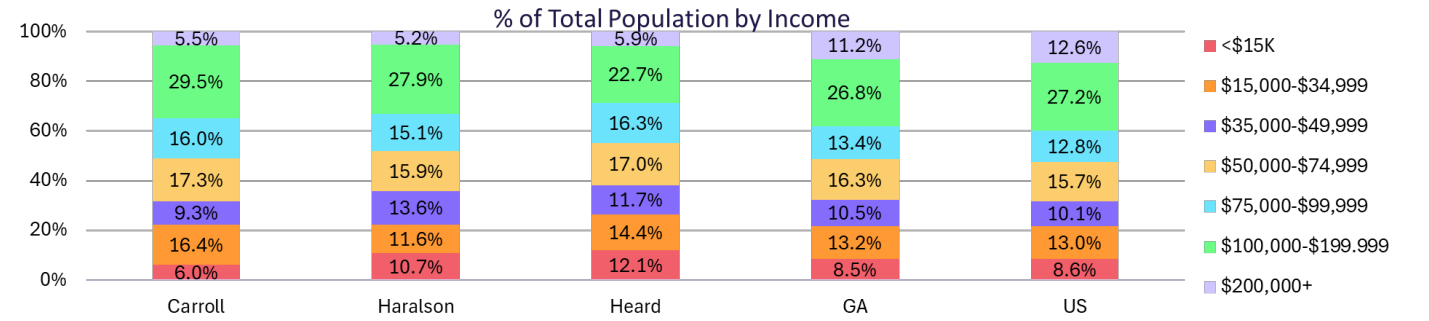




Socioeconomic Indicators

	3-Counties	Carroll	Haralson	Heard	GA	USA
Median Age 2023	36.8	**35.8**	39.2	**40.7**	37.9	39.2
Median Household Income	$70,168	**$71,891**	$65,940	**$62,965**	$74,632	$77,719
Percent with Incomes Below the Federal Poverty Guideline	13.7%	13.2%	**15.1%**	14.9%	13.5%	11.5%
Percent of Asset Limited, Income Constrained, Employed (ALICE) households		**38%**	**27%**	32%	35%	29%
% of Income for Mortgage	22.5%	23.6%	20.2%	16.7%	26.1%	25.6%
Population Receiving SNAP Benefits	16.0%	15.3%	17.7%	**19.1%**	12.5%	12.5%
Percent Unemployed – 2024		4.5%	3.6%	4.7%	4.0%	4.2%
Percent Uninsured	14.0%	13.8%	14.4%	**14.6%**	12.9%	9.3%
Percent with a Disability >age 65		11.5%	11.6%	**18.3%**	12.7%	8.9%
% of Pop 25+ with < high school education	13.1%	13.0%	13.4%	**13.5%**	9.4%	35.5%
% of Pop 25+ with bachelor's degree or higher	21.3%	**22.8%**	19.2%	**12.5%**	9.4%	36.8%

Source: Esri

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

- The population of Carroll, Haralson, and Heard counties is projected to increase 4.1% from 2024 to 2029. Georgia is projected to increase 3.1%. The U.S. is projected to increase 1.9%.
    - Carroll is projected to increase 4.5% from 2024-2029
    - Haralson is projected to increase 4.3%
    - Heard is projected to increase 0.1%
- In Carroll, Haralson, and Heard counties the percentage of the population 65 and over was 16.5%, higher than Georgia at 16.0%, and lower than the U.S. population 65 and over at 18.1%. Carroll County had 16.0% and Haralson had 18.2% of the population 65 and over.
- Carroll, Haralson, and Heard counties had a similar median age (36.8 median age) to Georgia (37.9) and lower than the U.S. (39.2). Carroll had the lowest median age at 35.8, while Heard had the oldest at 40.7.
- Carroll, Haralson, and Heard counties median household income was $70,168 which was lower than Georgia ($74,632) and the U.S. ($77,719). Haralson had the highest income at $71,891 while Heard had the lowest at $62,965.
- The percent with incomes below poverty in Carroll, Haralson, and Heard counties was 13.7% which was slightly higher than Georgia (13.5%) and the U.S. (12.5%). Haralson had the highest percentage of poverty at 15.1% while Carroll had the lowest at 13.2%.
- The household income distribution of Carroll County is 35% higher income, over $100,000, 22.4% lower income, less than $35,000, and 42.6% middle income between $35,000 and $99,999. Haralson County has slightly lower higher income than Carroll at 33.1%, 22.3% lower income, and 44.6% middle income. Heard County has 28.6% higher income, 26.5% lower income, and 44.9% middle income.
- The racial and ethnic make-up of Carroll, Haralson, and Heard counties was 71.2% Non-Hispanic White, 15.7% Non-Hispanic Black, 7.1% Hispanic origin, 4.4% more than one race, 0.9% Asian, 0.2% Native American/Alaska Native and 0.4% other.
- The percentage of Carroll, Haralson, and Heard counties incomes spent on their mortgage was 22.5% compared to Georgia at 26.1% and the U.S at 25.6%.
- Carroll, Haralson, and Heard counties' percentage of the population receiving SNAP benefits was 16.0% compared to Georgia and the U.S. at 12.5%.
- The percent uninsured of the three counties was 14.0% compared to Georgia at 12.9% and the U.S. at 9.3%.

Business Profile

67% percent of employees in Carroll, Haralson, and Heard counties were employed in:

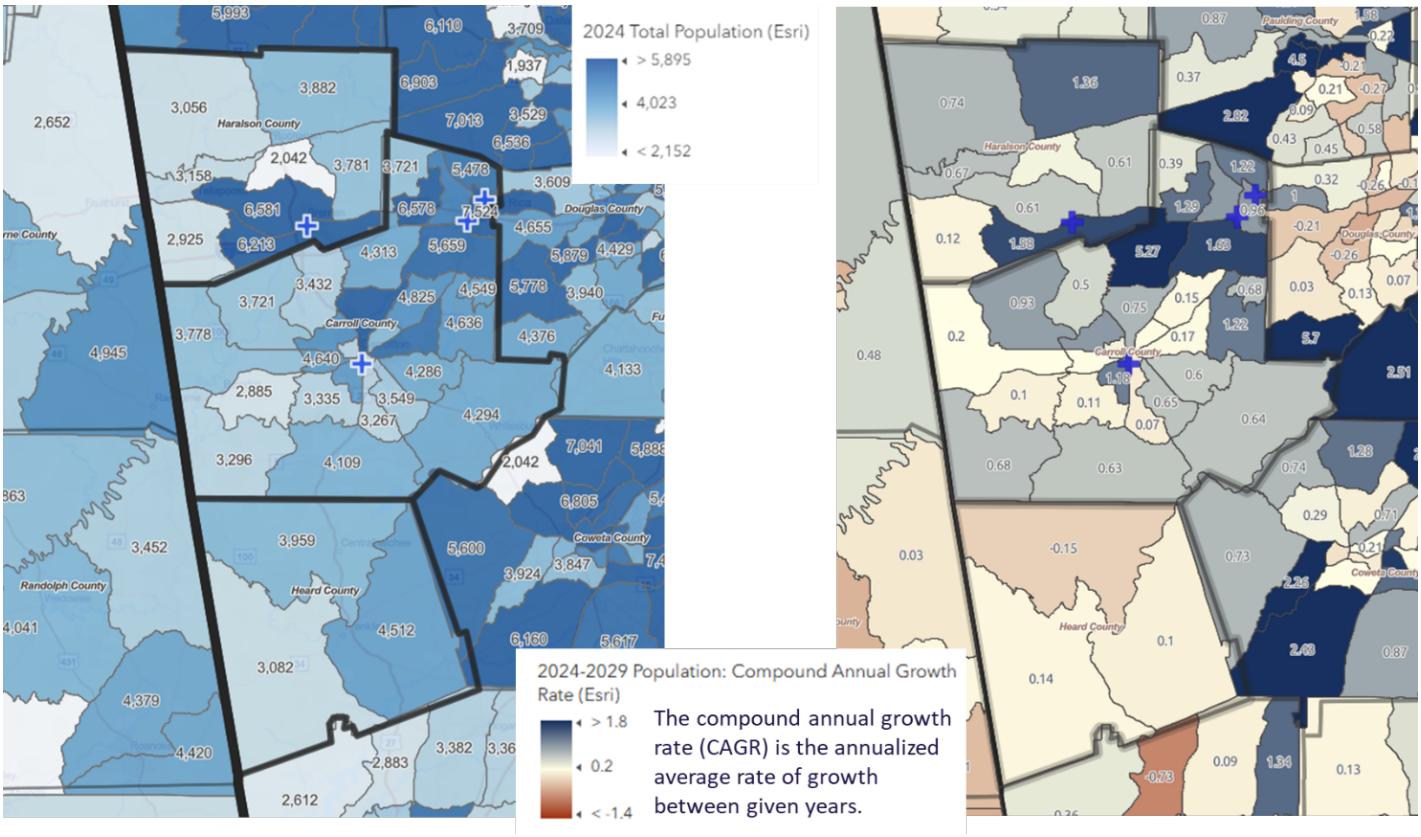
- Educational Services, Health Care & Social Assistance (25.1%)
- Manufacturing (12.2%)
- Professional, scientific, management, administrative, and waste mgt services (10.1%)

- Construction (9.9%)
- Retail Trade (9.6%)

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

Source: Esri

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

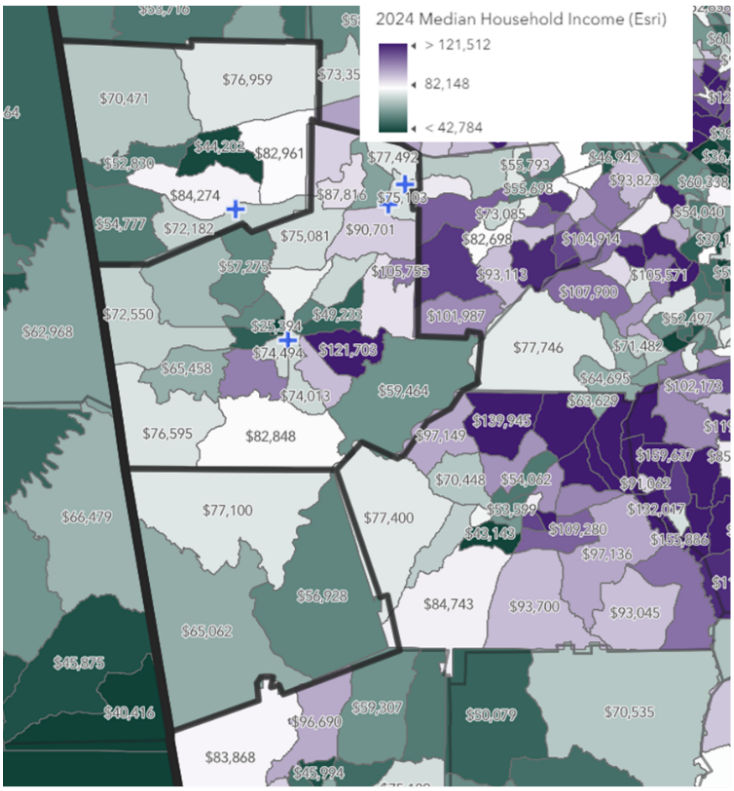


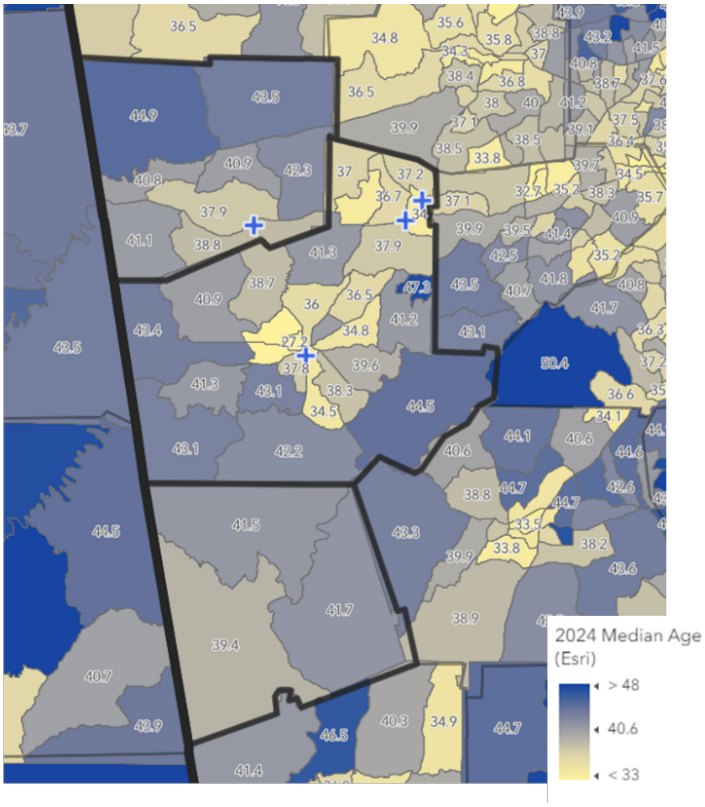
Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. This is observed by looking at the tract in southeast Carroll County with 4,294 population and the tract directly north of Tanner Carrollton with 6,581 population.

The majority of Carroll, Haralson, and Heard counties have a compound annual growth rate ranging from 5.2 to -0.15%. The highest growth census tract is in northern Carroll County with 5.2 growth projected from 2024-2029. Heard County is projected to have flat growth.

2024 Median Income, Median Age





The top two maps depict median income and median by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. Health needs may be very different in the census tract in northwestern Haralson County with a higher median age (44.9) than the tract north of Tanner Carrollton with a median age of 27.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The census tract east of Tanner Carrollton with a higher median household income of $121,703 will most likely have different needs than that of the tract in which the hospital resides of $74,494.

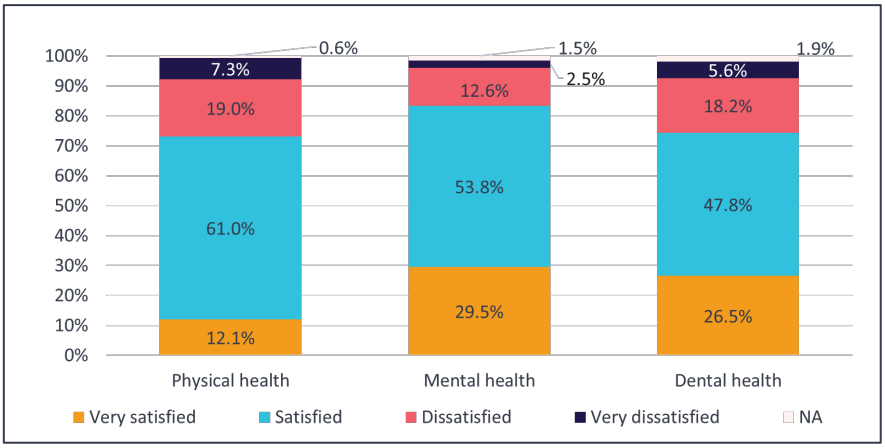
Community Survey Summary

Tanner Medical Center and StrategyHealth conducted an online community survey in Carroll, Haralson, and Heard counties. 320 surveys were completed from January 17 through February 16, 2025. Full survey results may be found in the appendices. Below are the highlights of the survey.

Demographics of Participants	Geography	Ages
	Carroll – 264 (75.6%) Haralson – 6 (17.2%) Heard – 25 (7.2%) **TOTAL: 349**	2% under 25 23% 25-41 29% 42-57 24% 58-69 20% 70 or older
Race	**Gender**	**Ethnicity**
87% White 8% Black 2% more than one race 2% other	78% female 19% male .3% transgender 2.2% declined	97% not Hispanic or Latinx 2.2% Hispanic or Latinx 1.3% don't know
Insurance coverage	**Employment**	**Income**
65% private insurance 25% Medicare 4% uninsured 1% Medicaid 2% dual Medicare/Medicaid 4% declined	52% are employed full-time 29% retired 8% part-time 6% not working by choice or circumstances 2% unemployed and looking	31% less than $50,000 50% over $50,000 16% declined

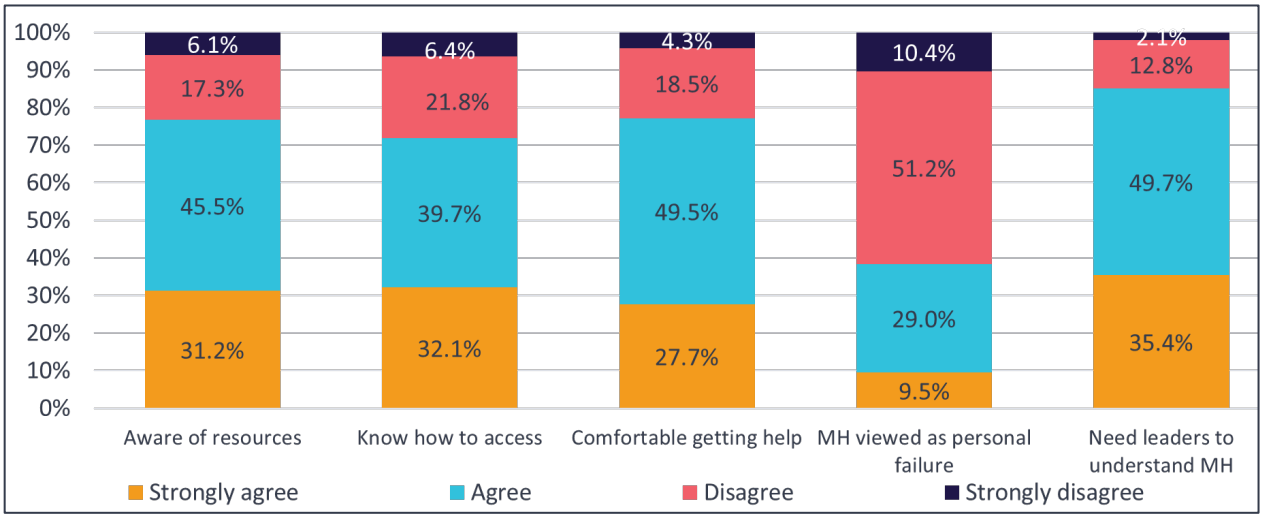
Satisfaction with their health

73% of respondents were very satisfied or satisfied with their physical health. More were very satisfied with their mental health and dental health than their physical health.



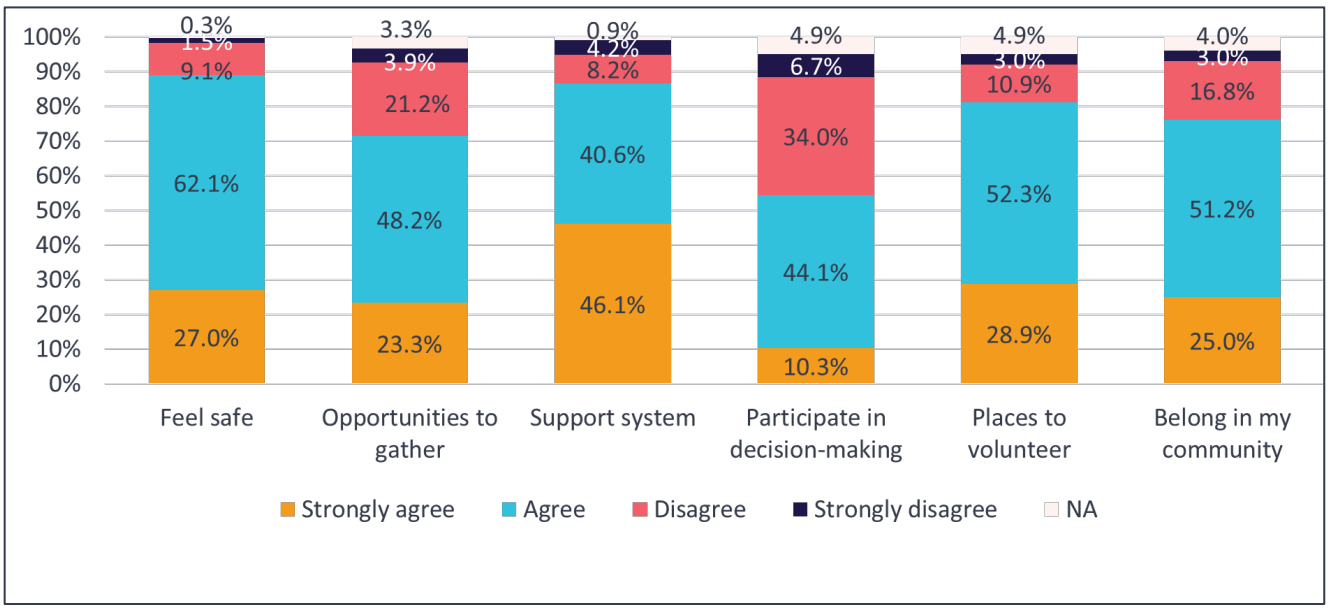
Mental Health

Most respondents are aware of community resources, know how to access them, and are comfortable getting help. Mental health is not viewed as a personal failure by 61.6%, and 85% need community leaders to understand more about mental health needs.



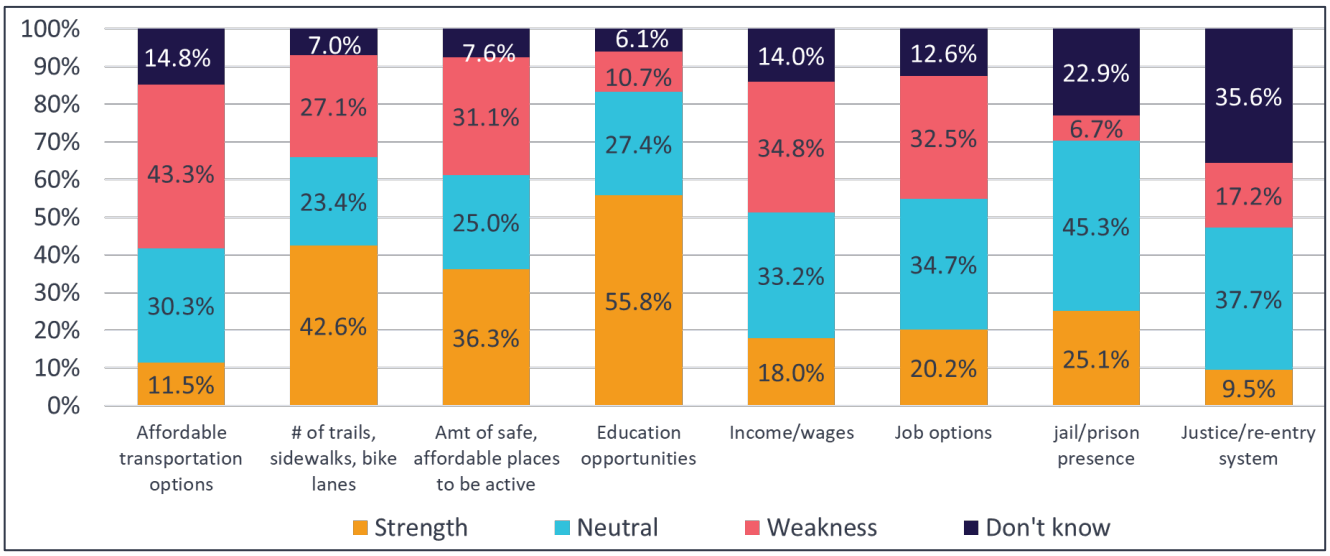
Belonging and Support System

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

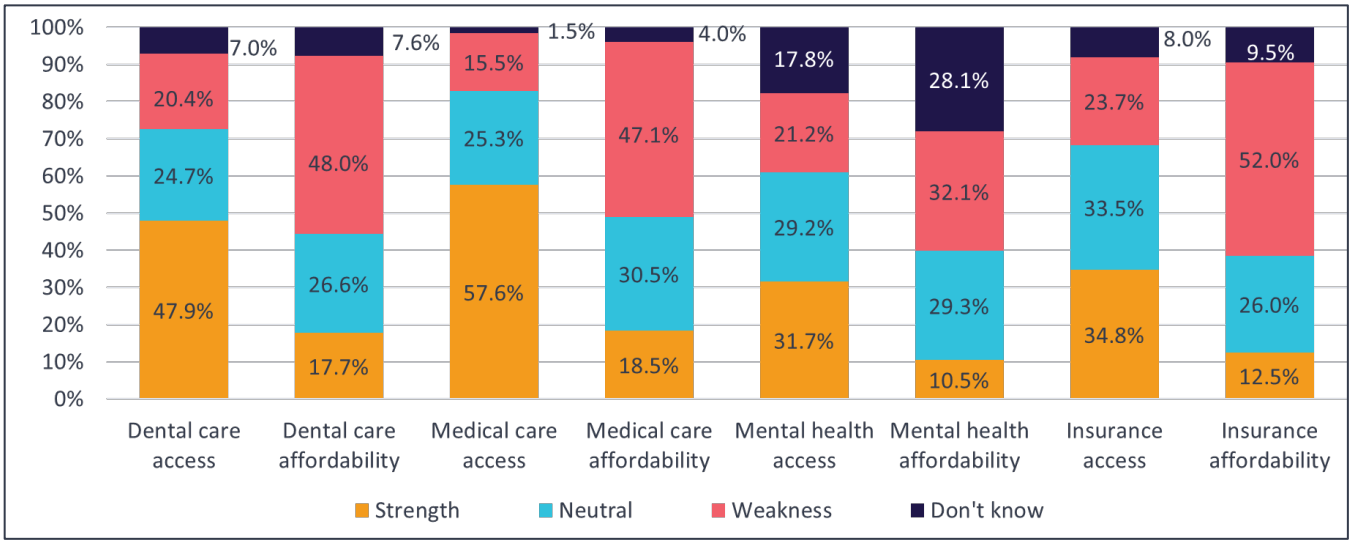


Strengths and Weaknesses

The weaknesses in the community were affordable transportation options and income/wages. The strengths were education opportunities, number of trails, sidewalks and bike lanes connected to where they live and where they want to go.



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



Health Needs

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

- Healthcare resources for the uninsured or poor (47%)
- Affordable healthcare (46%)
- Affordable insurance (43%)
- Nutrition or diet education (34%)
- Preventive services (34%)
- Wellness programs (34%)

When asked, what were the top three issues in your community that impact people's health? The top responses were:

Affordable health insurance	39.4%
Affordable healthcare	37.9%
Affordable, quality housing	19.9%
Dental health services	17.4%
Available and affordable services and programs for individuals with disabilities and special needs	17.1%
Availability of doctors – office hours, not accepting insurance	16.5%
Transportation	15.8%
Living wage jobs	14.6%
Available and affordable fresh/natural foods	14.3%
Mental health & behavioral health services	14.0%
Health services for seniors	12.1%
Healthy weight/obesity	12.1%
More urgent care or walk-in clinics, after-hours care	11.2%
Prevention/wellness	10.9%
Lack of primary care professionals	10.6%
Lack of subspecialty physicians such as cardiology, neurology, etc.	10.6%

Focus Group Summary

> "There is no safety net except the ER. Insurance is not about prevention; people are a cog in the machine, not people with health needs."

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on January 14 and 16, 2025, for their input into the community's health. Community participation in the focus groups represented a broad range of interests and backgrounds. Below is a summary.

The participants defined health as physical, mental, emotional, social, financial, and spiritual wellbeing; the overall wellbeing of a person; and optimal functioning in the environment and conditions.

The most significant health issues for the communities were (in no order):

- Affordable healthcare, dental care, and insurance
- Substance misuse/addiction services
- Mental health resources
- Health literacy
- More services locally
- Safe, affordable housing
- Food insecurity
- Knowledge of resources available
- Affordable childcare
- Care for children
- Reestablish trust in the medical care system

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

- Involve churches and the faith community in health improvement efforts
- Recruit mental health professionals for good salaries (also bilingual)
- Provide a group home with meals provided and a place to get off the streets for those homeless who will never be able to pay rent, handle money, or live on their own (may have lower mental capacity)
- Build multigenerational programs to build community
- Way to match volunteers and needs for volunteers

- Facility where all resources are together, one-stop-shop for resources with navigators to connect people with resources
- Employee wellness programs – walking, running clubs, step challenges, healthy recipes, CEO commitment
- Get information and services out into the community not concentrated in Carrollton
- Break classes into digestible chunks some people can't figure out a 12-week course
- Add more physicians to the county
- Add a geriatric-focused physician
- Teach coping skills to children
- Remove all drugs
- Remove the stigma of mental health and addiction
- Reenergize Healthy Haralson

Public Health Department District 4 Priorities

Miranda Helms, Senior Manager – Accreditation/Quality Improvement/Community Health with District 4 Public Health presented the priorities resulting from their Community Health Assessment.

Public Health's priorities are:

- Access to care
- Behavioral and mental health
- Wellness and prevention
- Social drivers of health

Health Status Data and Comparison

Health Status Data

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

County Health Rankings and Roadmaps suggested the areas to explore for improvement (opportunities) in Carroll, Haralson, and Heard counties were:

Opportunities

Carroll County	Haralson County	Heard County
Higher adult smoking	Higher adult smoking	Higher adult smoking
Higher percentage of adult obesity	Higher percentage of adult obesity	Higher percentage of adult obesity
Lower food environment index: access to healthy foods & food insecurity	Higher uninsured	Low access to exercise opportunities
Higher uninsured	Higher preventable hospital stays	Higher uninsured
Higher preventable hospital stays	Lower mammography screening	Higher population to primary care physician
Lower mammography screening	Lower high school completion	Higher preventable hospital stays
Lower high school completion	Higher injury deaths	Lower mammography screening
Higher single-parent households		Lower high school completion
		Lower percentage of some college
		Lower social associations
		Higher injury deaths
		Higher long commute-driving alone

Strengths

Carroll County	Haralson County	Heard County
Lower alcohol-impaired driving deaths	Lower alcohol-impaired driving deaths	Lower alcohol-impaired driving deaths
Low unemployment	Low unemployment	Lower sexually transmitted infections
Lower children in poverty	Lower children in single-parent households	Low unemployment

When analyzing the health status data, local results were compared to Georgia, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). For additional perspective, Georgia was ranked the 37th healthiest state out of the fifty states. (Source: 2023 America's Health Rankings; lower rank is better)

Georgia's challenges were:

- High homicide rate
- High prevalence of avoiding care due to cost
- High incidence of chlamydia

The strengths were:

- Low prevalence of excessive drinking
- Low prevalence of cigarette smoking
- Low percentage of housing with lead risks

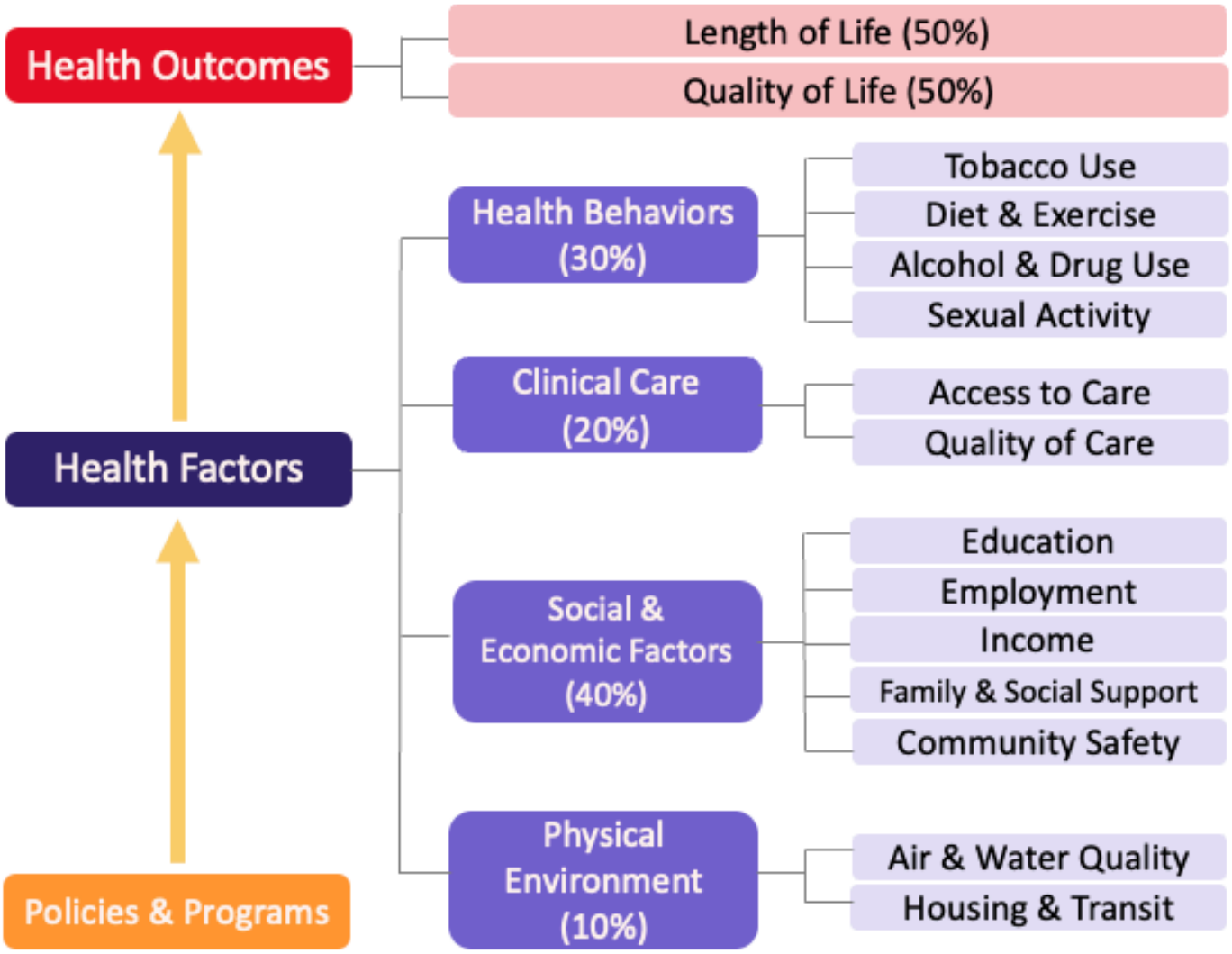
Highlights:

- Drug deaths were up 29% between 2020 and 2021.
- Smoking was down 17% between 2020 and 2021.
- Firearm deaths were up 15% between 2020 and 2021.

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed was causes of death, cancer incidence, COVID vaccinations, violent crime, demographics, socioeconomics and primary research. To prevent strengths from becoming opportunities for improvement, it is important to continually focus on them in addition to improving opportunities.

Rankings and Comparisons of Health Status

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



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

Health Outcomes (Length of Life and Qualify of Life)

Health Outcomes are a combination of length of life and quality of life measures. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

Indicators	Trend	Carroll	Haralson	Heard	GA	U.S.	Description
Length of Life							
Premature death		11,179	11,673	12,784	8,921	8,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2019-2021
Life expectancy		73.4	72.3	72.9	76.1	77.6	Average number of years people are expected to live. 2019-2021
Infant mortality		7.0	8.0	NA	7.0	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2015-2021
Child mortality							Number of deaths among residents under age 20 per 100,000 population. 2018-2021
Quality of Life							
Physical Health							
Poor or fair health		18%	17%	20%	18%	14%	Percentage of adults reporting fair or poor health (age-adjusted). 2021
Poor physical health days		4.0	4.2	4.4	3.6	3.3	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2021
Low birthweight babies							Percentage of live births with low birthweight (<2,500 grams or 5.5 lbs.)
Frequent physical distress		12.6%	12.4%	13.7%	10.9%	10.0%	Percentage of adults reporting 14 + days of poor physical health per month (age-adjusted). 2021
Diabetes prevalence		11.3%	10.1%	11.5%	11.3%	10.0%	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). 2021
HIV prevalence		274	130	174	657	382	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2021

Cancer incidence		485.1	502.6	499.0	468.9	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021
Mental Health							
Poor mental health days		5.4	5.7	5.9	4.8	4.8	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2021
Frequent mental distress		17.2%	17.9%	18.7%	15.0%	15.0%	Percentage of adults reporting 14 + days of poor mental health per month (age-adjusted). 2021
Suicide rate		20.2	24.2	25.1	14.4	14.0	Number of deaths due to suicide per 100,000 population (age-adjusted). 2017-2021

Health Factors or Determinants

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

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

Indicators	Trend	Carroll	Haralson	Heard	GA	U.S.	Description
Health Behaviors							
Substance Misuse							
Excessive drinking		17%	17%	16%	17%	18%	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2021
Adult smoking		18%	19%	21%	16%	15%	Percentage of adults who are current smokers (age-adjusted). 2021
Alcohol-impaired driving deaths		21%	20%	19%	20%	26%	Percentage of driving deaths with alcohol involvement. 2017-2021
Drug overdose deaths		31.9	29.8	NA	18.1	27.0	Number of drug poisoning deaths per 100,000 population. 2019-2021
Healthy Eating/Active Living							
Adult obesity		35%	34%	36%	34%	34%	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2021
Physical inactivity		26%	26%	29%	23%	23%	Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). 2021
Access to exercise opportunities		64%	40%	NA	74%	84%	Percentage of population with adequate access to locations for

							physical activity. 2023,2022 & 2020
Food environment index		6.4	7.7	7.2	6.4	7.7	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2021
Food insecurity		11.7%	12.0%	16.5%	10.7%	10.0%	Percentage of population who lack adequate access to food. 2021
Limited access to healthy foods		19.5%	6.2%	1.1%	10.0%	6.0%	Percentage of population who are low-income and do not live close to a grocery store. 2019
Others							
Insufficient sleep		35%	34%	36%	34%	34%	% of adults who report fewer than 7 hrs. of sleep on avg., age adjusted. 2020
Teen birth rate	↘	26%	26%	29%	23%	23%	# of births per 1,000 female population ages 15-19. 2016-2022
Sexually transmitted infections		64%	40%	NA	74%	84%	chlamydia rate per 100,000 population. 2021

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

Indicators	Trend	Carroll	Haralson	Heard	GA	U.S.	Description
Clinical Care – Access to Care and Insurance							
Access to Care							
Primary care physicians		1,967	2,352	5,783	1,517	1,330	Ratio of population to primary care physicians. 2021
Dentists		2,897	4,477	NA	1,856	1,360	Ratio of population to dentists. 2022
Mental health providers		530	1,649	2,931	559	320	Ratio of population to mental health providers. 2023
Other primary care providers		865	1,567	2,345	735	760	Ratio of population to primary care providers other than physicians. 2023
Mammography screening		36%	32%	31%	41%	43%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2021
Flu vaccines		40%	36%	39%	43%	46%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2021
Preventable hospital stays		3,666	3,388	5,006	3,076	2,681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2021
COVID vaccines		39.5%	34.4%	29.5%	57.5%	70%	Percentage of fully vaccinated recipients. May 2023
Insurance							
Uninsured		16%	15%	17%	15%	10%	Percentage of population under age 65 without health insurance. 2021
Uninsured children		6.6%	6.9%	8.3%	6.6%	5.0%	Percentage of children under age 19 without health insurance. 2021
Uninsured adults		20.0%	18.9%	21.0%	18.0%	12.0%	Percentage of adults under age 65 without health insurance. 2021

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

Indicators	Trend	Carroll	Haralson	Heard	GA	U.S.	Description
Social & Economic Factors							
Economic Stability							
Median HH income		$71,891	$65,940	$62,965	$74,632	$77,719	The income where half of households earn more, and half of households earn less. 2024

Unemployment		4.5%	3.6%	4.7%	4.0%	4.2%	Percentage of population ages 16 and older unemployed but seeking work. 2023
Poverty		13.2%	15.1%	14.9%	13.5%	11.5%	Percentage of population living below the federal poverty line. 2023
Children in poverty		17.2%	19.3%	21.2%	17.2%	16.0%	Percentage of people under age 18 in poverty. 2022 & 2018-2022
Income inequality		4.7	4.8	4.8	4.8	4.9	Ratio of HH income at the 80th percentile to income at the 20th percentile. 2018-2022
Educational Attainment							
High school completion		84.5%	84.1%	84.1%	88.7%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent. 2018-2022
Some college		55.1%	54.3%	46.6%	65.3%	68.0%	Percentage of adults ages 25-44 with some post-secondary education. 2018-2022
3rd grade math scores		3.1	3.1	3.0	2.9	3.0	Avg. grade level performance on math standardized tests
3rd grade reading level		3.2	3.1	3.4	3.0	3.1	Avg. grade level performance on English language arts standardized tests
Family & Social Engagement							
Children in single-parent HH		32.8%	18.7%	25.7%	30.6%	25.0%	Percentage of children that live in a household headed by a single-parent. 2018-2022
Social associations		10.0	8.8	5.2	8.9	9.7	Number of membership associations per 10,000 population. 2021
Voter turnout		63%	64%	60%	67%	68%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election. 2020 & 2016-2020
Community Safety							
Homicide rate		4.0	8.7	NA	8.5	6.0	Number of deaths due to homicide per 100,000 population. 2015-2021
Firearm fatalities		14.8	23.4	25.4	13.0	13.0	Number of deaths due to firearms per 100,000 population. 2017-2021

Motor vehicle crash deaths		20.5	28.9	36.5	15.1	12.0	Number of motor vehicle crash deaths per 100,000 population. 2015-2021
Violent crime	↘	167.1	155.7	88.1	319.4	379.3	Number of violent crimes per 100,000 population. 2022
Injury deaths		92.4	113.7	125.3	72.9	80.0	Number of deaths due to injury per 100,000 population. 2017-2021

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

Indicators	Trend	Carroll	Haralson	Heard	GA	U.S.	Description
Physical Environment							
Drinking water violations		No	Yes	Yes			Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2022
Air pollution particulate matter		9.7	9.5	9.4	9.4	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2019
FEMA Community Resilience Indicator		Medium	Medium	High			Community Resilience Indicator Analysis. Composite of 22 indicators. 2018-2022
Broadband access	↗	87.7%	83.6%	74.3%	87.8%	88.0%	Percentage of households with broadband internet connection. 2018-2022
Childcare centers							Number of childcare centers per 1,000 population under 5 years old. 2010-2022
Long commute-driving alone		41.2%	42.0%	58.4%	42.2%	36.0%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2018-2022
Traffic volume		27.0	12.2	3.7	104.1	108.0	Average traffic volume per meter of major roadways in the county. 2023
Housing							
Severe housing burden	↘	14.1%	12.0%	10.5%	13.9%	14.0%	Percentage of households that spend 50% or more of their household income on housing. 2018-2022
Severe housing problems		14.1%	12.7%	11.3%	15.2%	17.0%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2016-2020
Home ownership		68.2%	72.5%	71.4%	65.0%	65.0%	Percentage of owner-occupied housing units. 2018-2022

Summary of Primary and Secondary Data – Most Significant Health Needs

The table below summarizes all the data and information analyzed to determine the most significant health needs and was utilized in the ranking of the health needs. These are listed in no particular order.

(C=Carroll, Ha = Haralson, He = Heard)

2022 Health Needs	Secondary Data	Focus Groups	Surveys
Access to care	Smoking (all)	Safe, affordable housing	Affordable healthcare & health insurance
Mental/behavioral health services	Obesity (all)	Health literacy	Affordable, quality housing
Chronic disease education, prevention & management	Access to exercise opportunities (He)	Access to healthcare – specialties, affordable healthcare, dental care	Dental health services
Health & Nutrition Education	Food Environment index (C)	Mental health services	Available, affordable services & programs for individuals with disabilities or special needs
Substance Misuse	Uninsured (all)	Substance misuse/addiction services	Availability of doctors/lack of primary & specialty care
Social Determinants of Health	Lack of primary care physicians (He)	Food insecurity	Transportation
	Preventable hospital stays (all)	Children's care	Living wage jobs
	Mammography screening (all)		Available & affordable fresh foods
	High school completion (all) and "some college" (He)		Mental health services
	Children in single-parent HH (C)		Health and in-home services for seniors
	Low social associations (He)		Healthy eating/active living, healthy weight
	Injury deaths (Ha, He)		More urgent care, walk-in, or after-hours care
	Long commute-driving alone (He)		Prevention/wellness

Results of the CHNA: Prioritized Health Needs

Prioritization Criteria

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

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

Most Significant Community Health Needs – Prioritized

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three votes and selected their top three health needs using Mentimeter application to capture the voting.

- Mental health services – 14 votes
- Access to affordable healthcare – 9 votes
- Chronic diseases – 8 votes (tie with affordable, healthy housing)
- Affordable, healthy housing – 8 votes
- Access to affordable health insurance – 7 votes (tie with substance misuse)
- Substance misuse - 7 votes
- Healthy eating/active living for healthy weight – 6 votes

Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the table groups discussed what might be done to improve the health issue. Below are notes from the brainstorming.

Significant Health Need 1: Mental Health

Goal 1 – Increase communication of resources we have in the community

- Action 1 – Distribute information via ambulance and in hospitals
- Action 2 – Distribute to police in the 3 counties to be given out to community members

Significant Health Need 2: Access to affordable healthcare and health insurance (combined these two issues)

Goal 1 – Increase the availability of low-cost or free healthcare services for uninsured or underinsured by 20% in the next year

- Action 1 – Provide health fairs, mobile clinics and testing, Willowbrooke services
- Action 2 – Build awareness of insurance availability by providing a navigator to walk through the Marketplace choices

Goal 2 – Implement a community-based telehealth program to improve access to care for rural and underserved populations within 6 months

- Action 1 – Implement telehealth
- Action 2 – Seek grants and partnerships

Significant Health Need 3: Affordable, healthy housing

Goal 1 – Improve quality of existing housing

- Action 1 – Repair existing houses
    - *Resources /Collaborators Needed: Volunteers, money for repairs*
- Action 2 – Conduct basic education classes on how to take care of homes
    - *Resources/Collaborators Needed: Habitat for Humanity, Technical College, Ag Ed-schools, College-Career Academy, Adulting 101*

Goal 2 – Increase availability of housing

- Action 1 – Provide tax incentives to encourage new housing starts
    - *Resources/Collaborators Needed: Local governments. State*
- Action 2 – Develop creative housing options with locations near work opportunities and retail
    - *Resources/Collaborators Needed: Developers, local governments*

Significant Health Need 3: Chronic diseases

Goal 1 – Increase awareness and engagement with community supports for chronic diseases

- Action 1 – Identify sources of data such as number of participants
- Action 2 – Create tactics to drive engagement

Goal 2 – Reduce prevalence of chronic disease by 3%

- Action 1 – Select KPIs
- Action 2 – Use evidence-based interventions

Significant Health Need 4: Substance misuse

Goal 1 – Create a Heard County Recovery Community Organization (RCO)

- Action 1 – Identify an organization to take ownership of the RCO
    - *Resources/Collaborators Needed: Tanner, Family Connections*

Goal 2 – Increase Al-Anon and family support systems

- Action 1 – Identify sites
- Action 2 – Identify facilitators

Significant Health Need 7: Healthy eating/active living for healthy weight

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Impact of 2022 CHNA and Implementation Plan

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

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

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

The tables in appendix 5 describe the goals for each priority with activities and results and impacts of each activity. FY 2025 will not be completed by the time this report is published, therefore additional actions may be taken after publication.

Conclusion

The 2025-2028 Community Health Needs Assessment for Carroll, Haralson, and Heard Counties provides a comprehensive analysis of the health needs and priorities in west Georgia. Through extensive data collection, stakeholder engagement, and community input, seven significant health priorities have been identified for the next three years:

- Mental health services
- Access to affordable healthcare
- Chronic diseases
- Affordable, healthy housing
- Access to affordable health insurance
- Substance misuse
- Healthy eating/active living for healthy weight

This assessment reflects Tanner Health's ongoing commitment to understanding and addressing community needs through collaborative partnerships. The most recent implementation plan (2022-2025) has already made significant progress in expanding access to care, enhancing mental health services, increasing chronic disease management resources, promoting health education, addressing substance misuse, and tackling social determinants of health.

Moving forward, the collaborative strategies developed at the Community Health Summit will guide Tanner Health and community partners in their efforts to improve health outcomes across the region. By focusing on these priority areas and building on previous successes, Tanner Health demonstrates its dedication to creating healthier communities and reducing health disparities in Carroll, Haralson, and Heard Counties.

Appendices

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

Community Survey

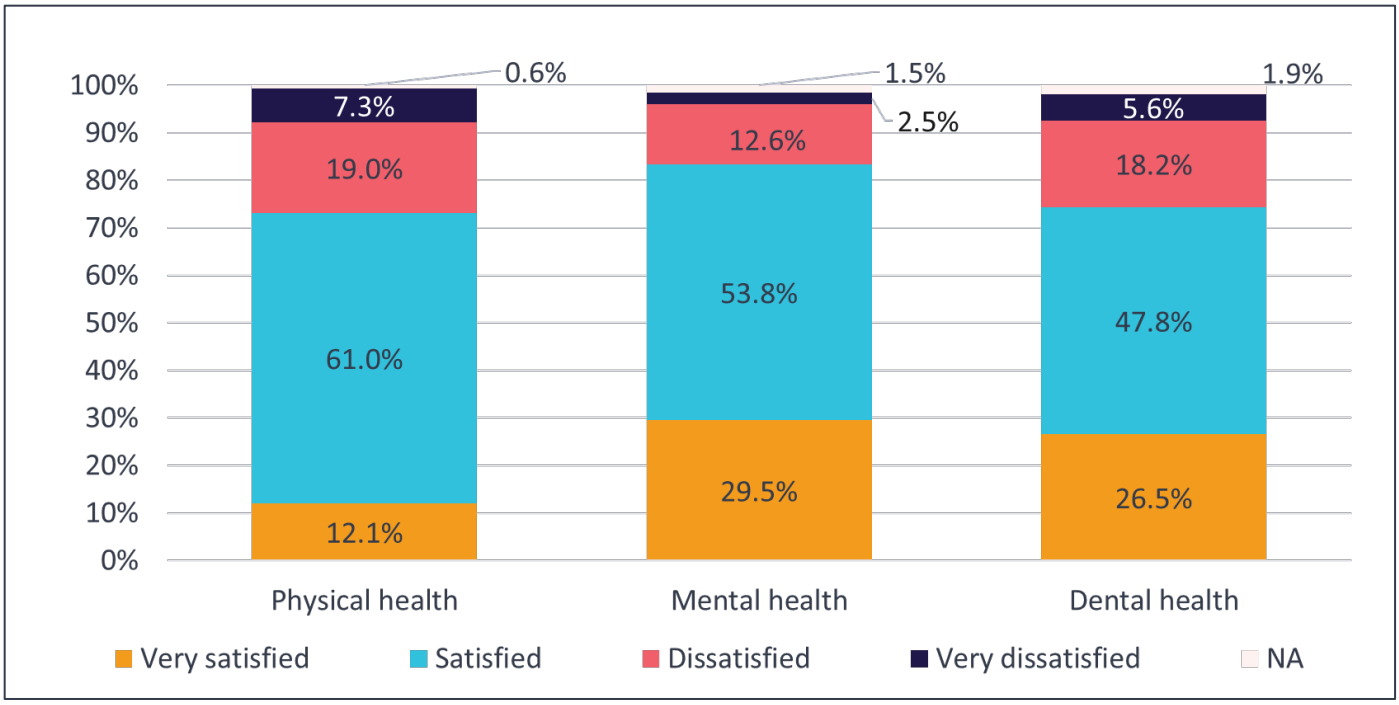
Tanner Health and StrategyHealth conducted an online community survey in Carroll, Haralson, and Heard counties. StrategyHealth combined and analyzed the results. 320 surveys were completed via online surveys from January 16 through February 17, 2025.

Demographics

Demographics of Participants	**Geography** Carroll – 264 (75.6%) Haralson – 6 (17.2%) Heard – 25 (7.2%) TOTAL: 349	**Ages** 2% under 25 23% 25-41 29% 42-57 24% 58-69 20% 70 or older
Race 87% White 8% Black 2% more than one race 2% other	**Gender** 78% female 19% male .3% transgender 2.2% declined	**Ethnicity** 97% not Hispanic or Latinx 2.2% Hispanic or Latinx 1.3% don't know
Insurance coverage 65% private insurance 25% Medicare 4% uninsured 1% Medicaid 2% dual Medicare/Medicaid 4% declined	**Employment** 52% are employed full-time 29% retired 8% part-time 6% not working by choice or circumstances 2% unemployed and looking	**Income** 31% less than $50,000 50% over $50,000 16% declined

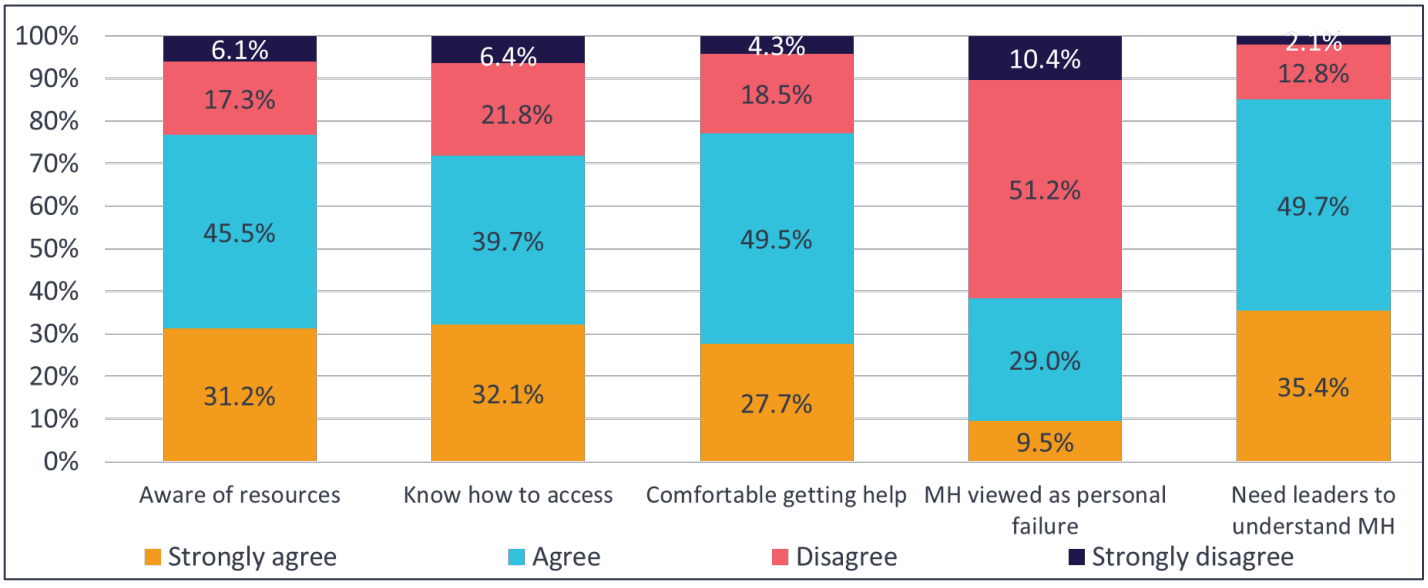
Satisfaction with their health

73% of respondents were very satisfied or satisfied with their physical health. More were very satisfied with their mental health and dental health than their physical health.

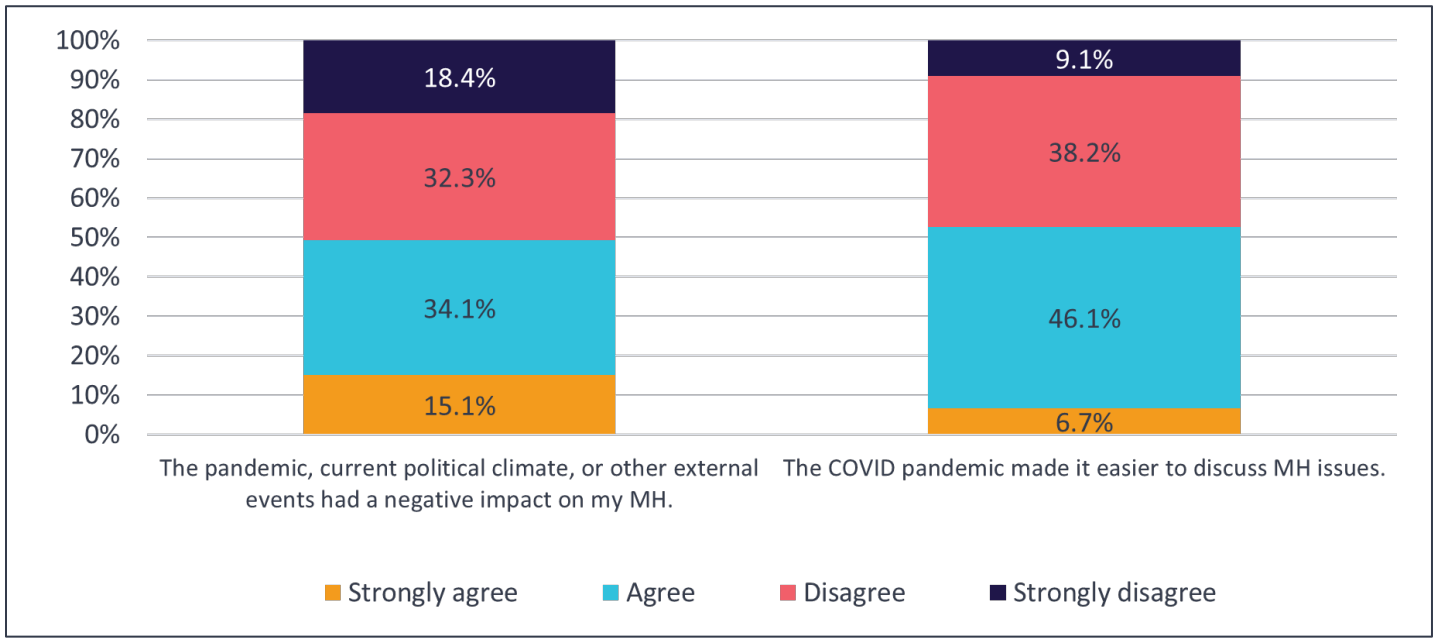


Mental Health

Most respondents are aware of community resources, know how to access them, and are comfortable getting help. Mental health is not viewed as a personal failure by 61.6%, and 85% need community leaders to understand more about mental health needs.

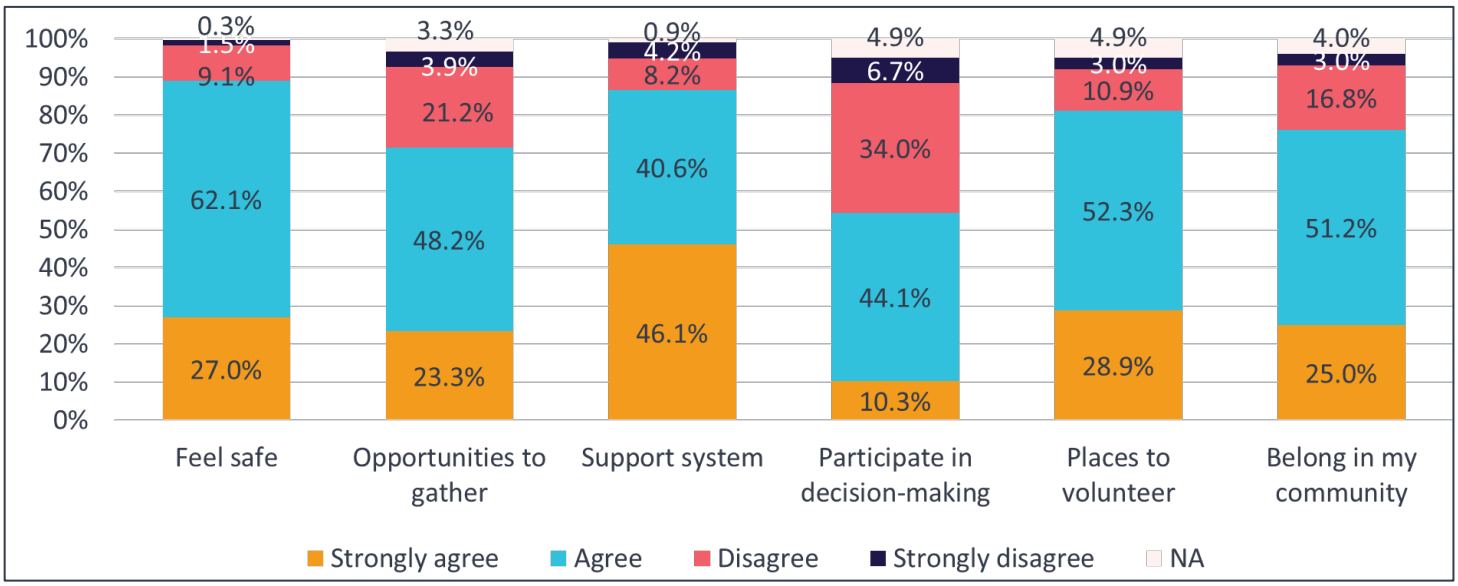


The community was split about the pandemic, current political climate or other external event having a negative impact on mental health. The respondents were also split on whether the COVID pandemic made it easier to discuss mental health issues.



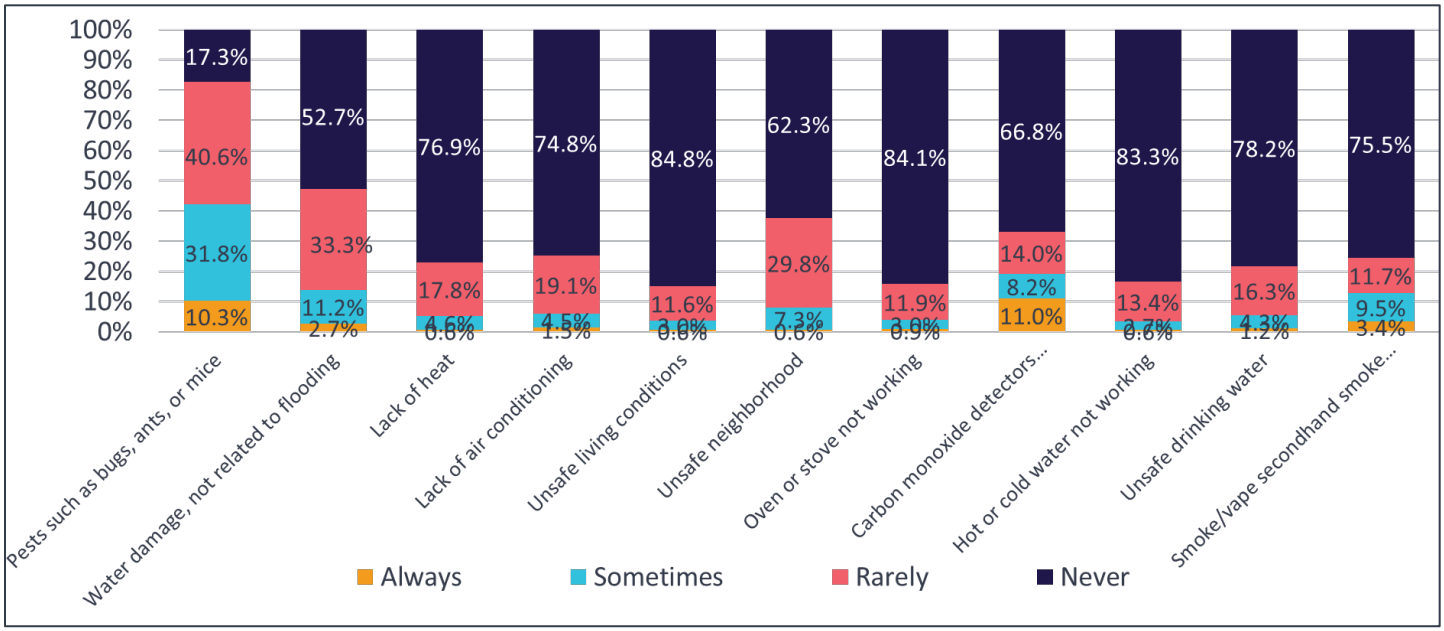
Belonging and Support System

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

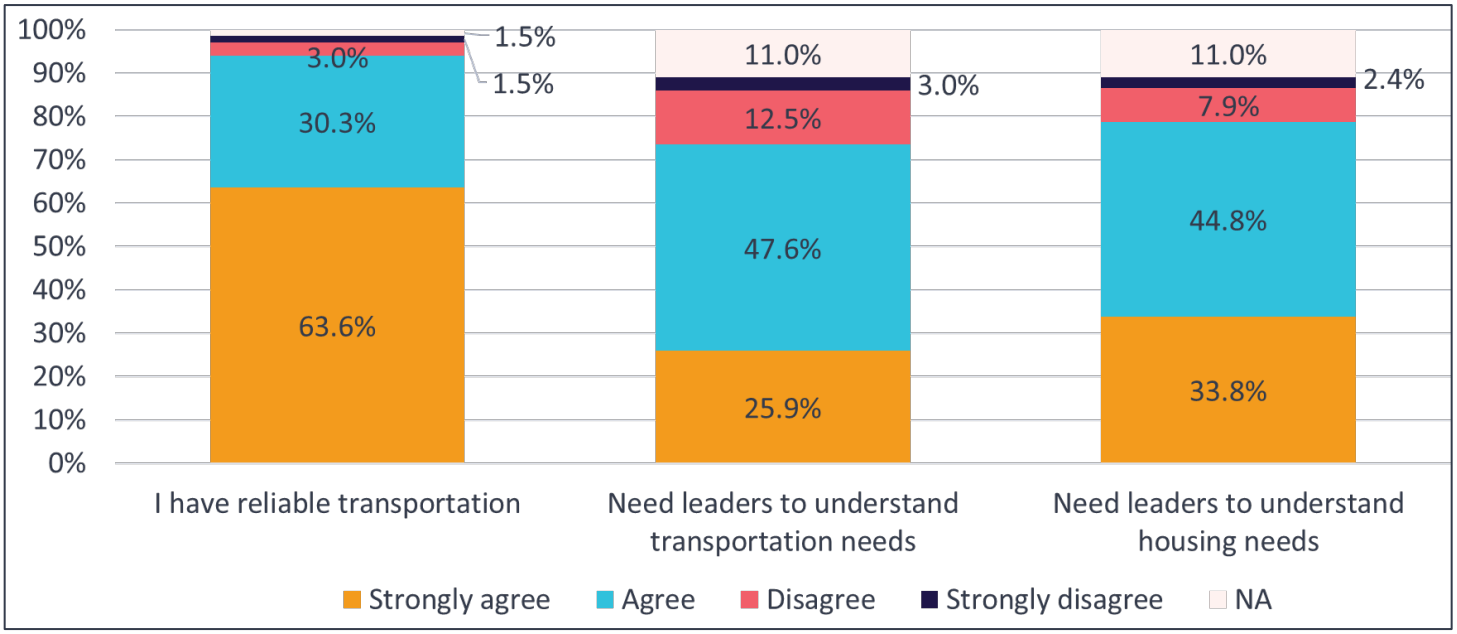


Environmental Health

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

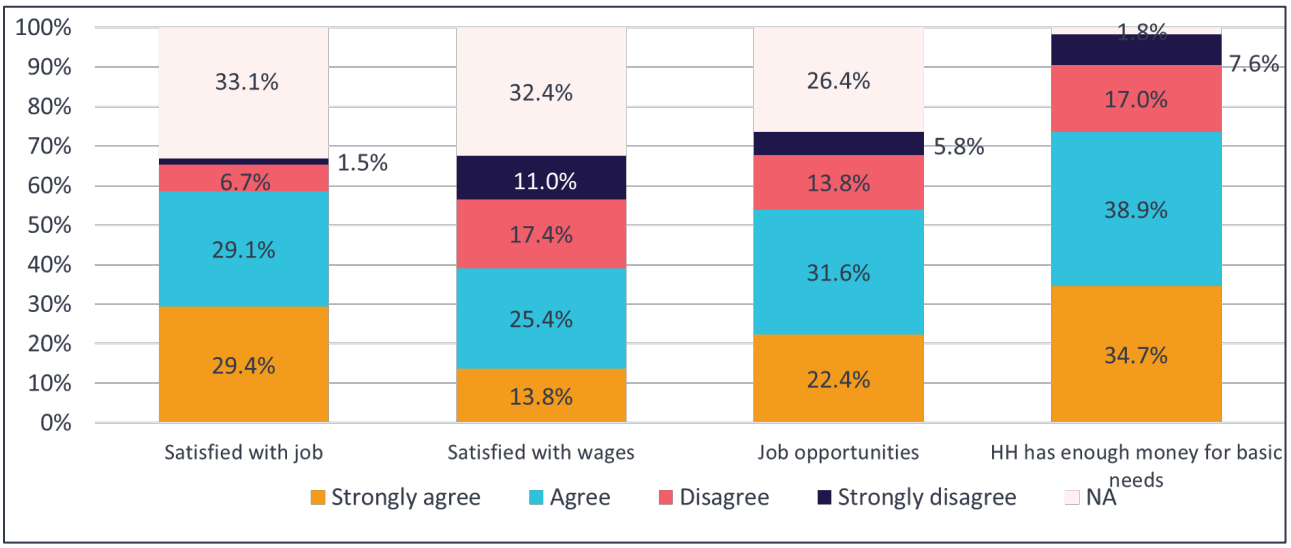


94% of respondents agreed they had reliable transportation. They also agreed they need community leaders to understand more about transportation and housing needs.



Socioeconomics

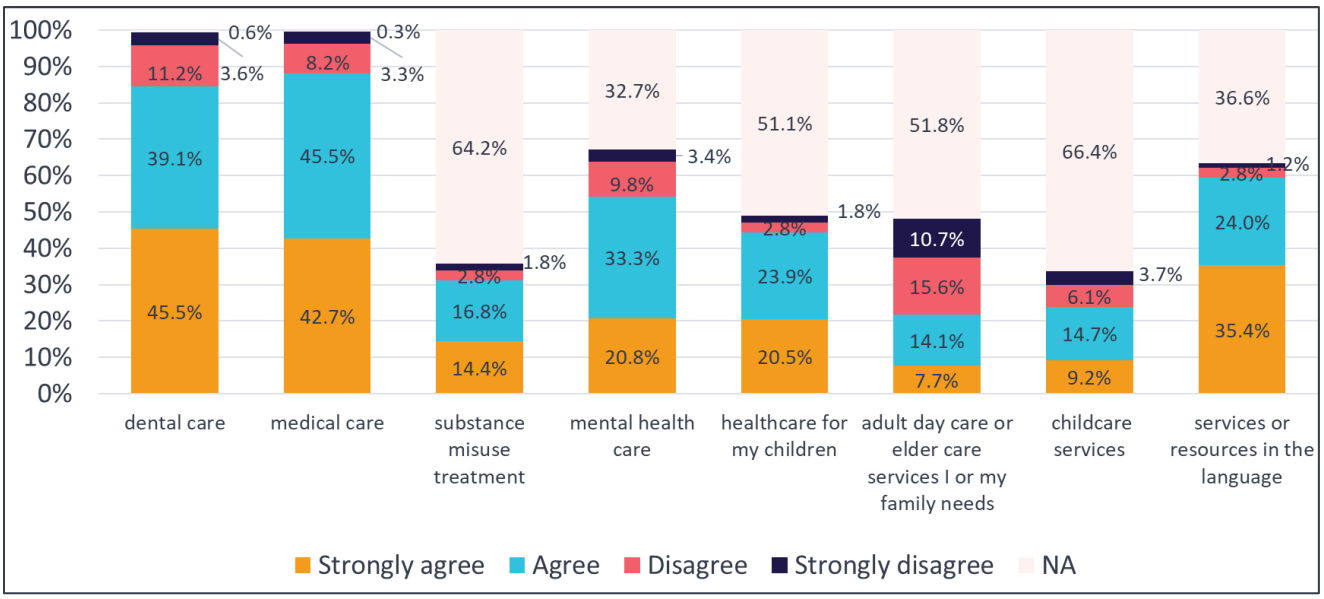
59% of respondents agree they're satisfied with their job, whereas 40% agreed they were satisfied with their wages while 37% were not. 54% agreed there were job opportunities for their skill, education, and experience, and 74% of households had enough money to pay for basic needs like food, clothing, and housing and 24% did not.



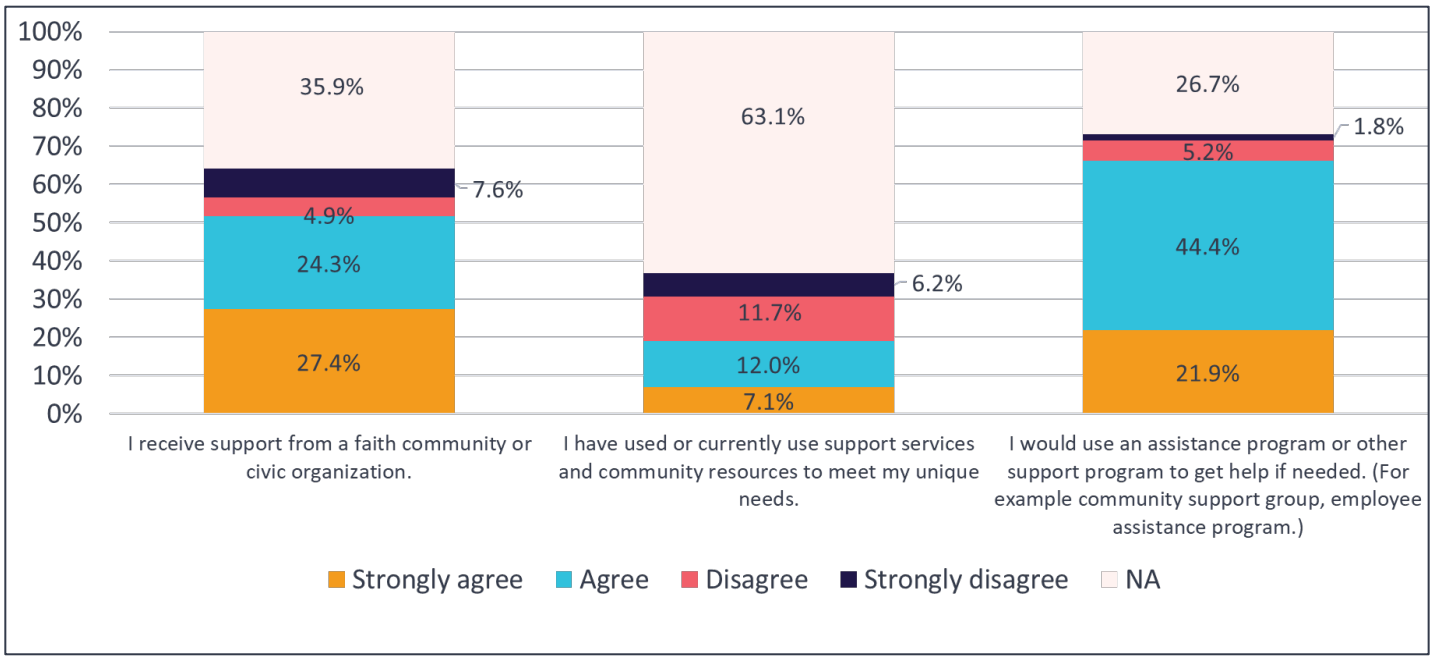
Access to Care and Services

Most respondents agree they can receive dental and medical care they need. The service respondents disagree they receive when they need it is adult day care or elder care services. Childcare was also noted.

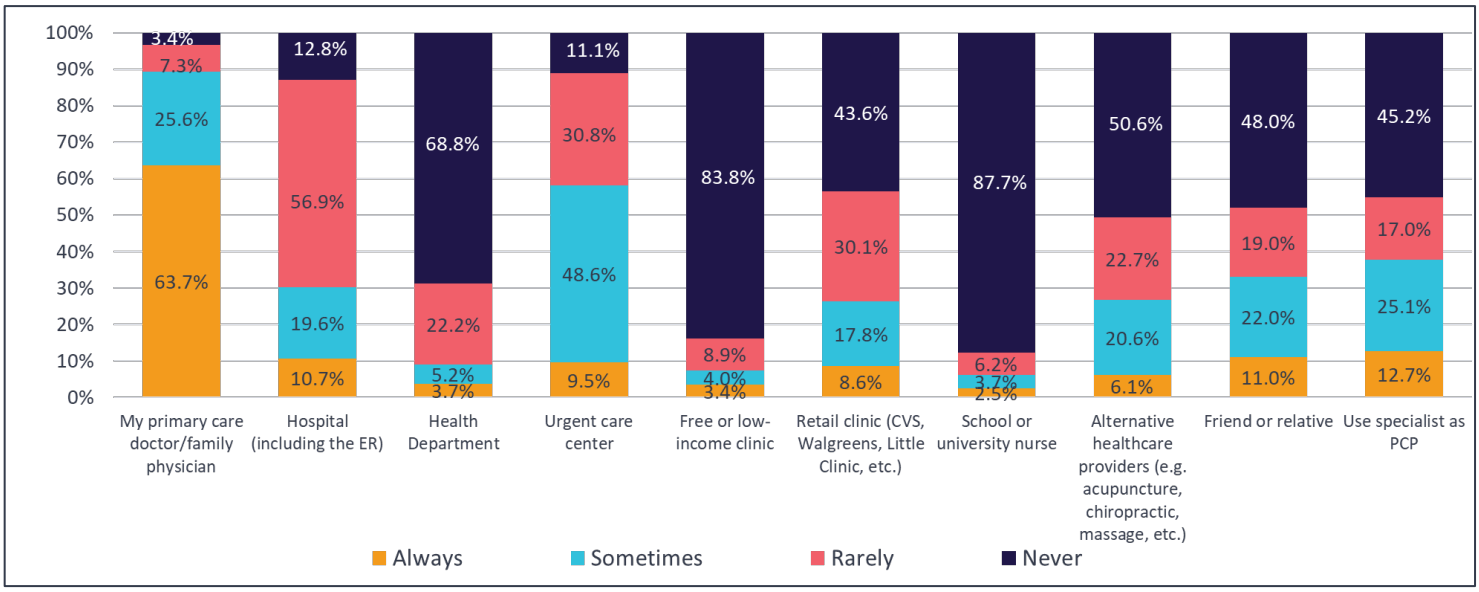
I get the _____ services I need.



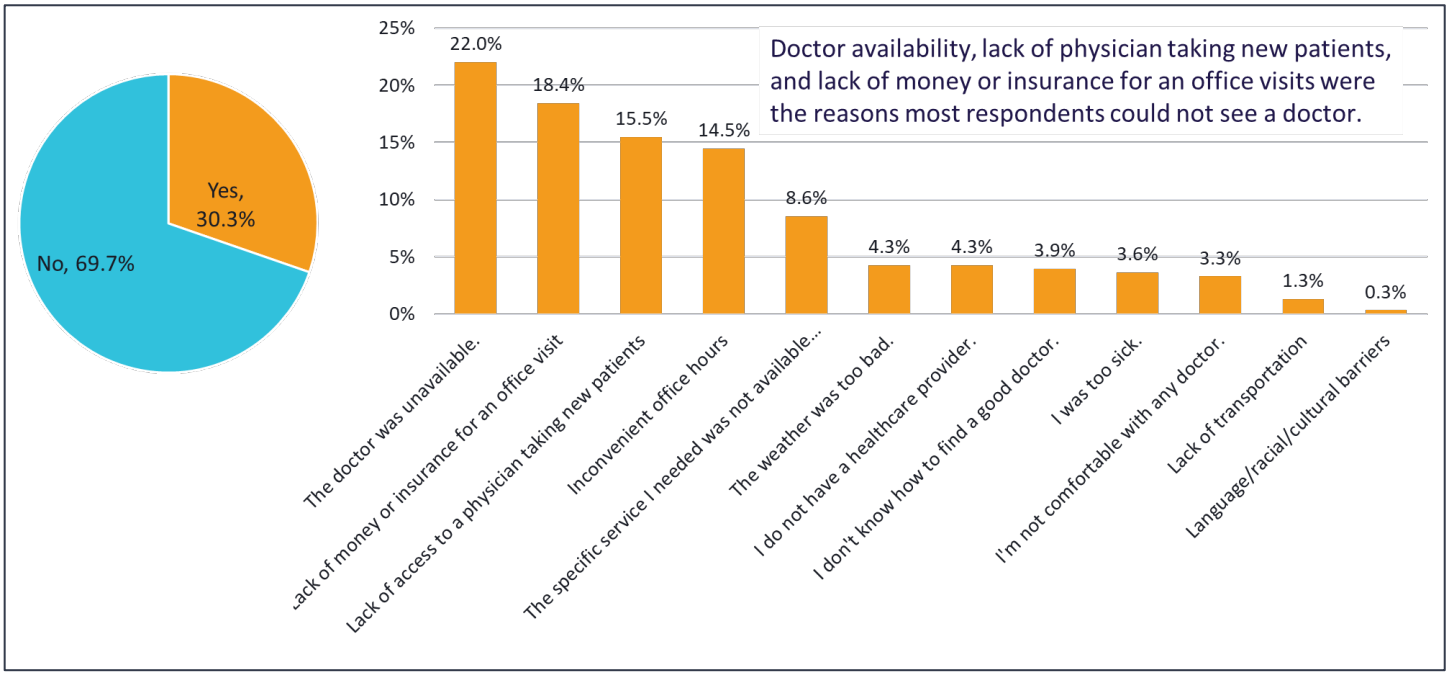
51% receive support from a faith community or civic organization and most would use an assistance program if needed.



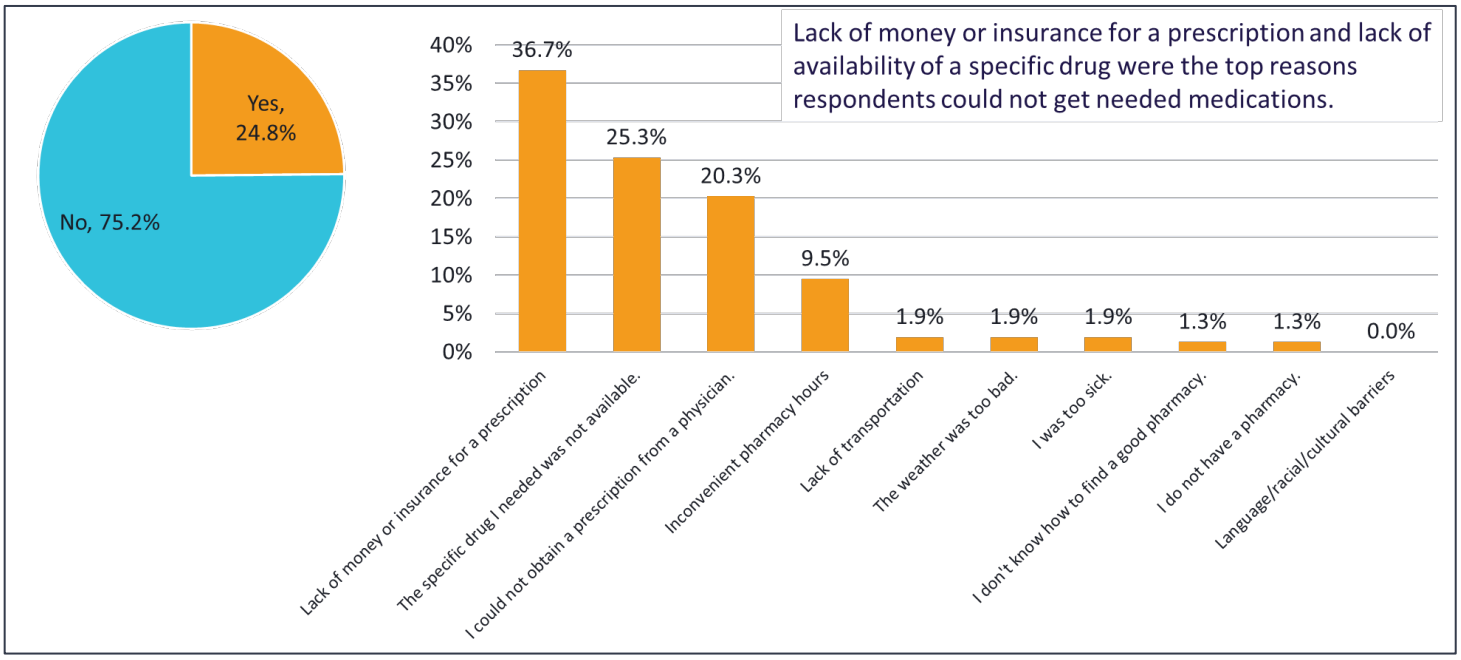
Most respondents turn to their primary care doctor for healthcare needs. Urgent care is second followed by use a specialist as primary care, and friend or relative.



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

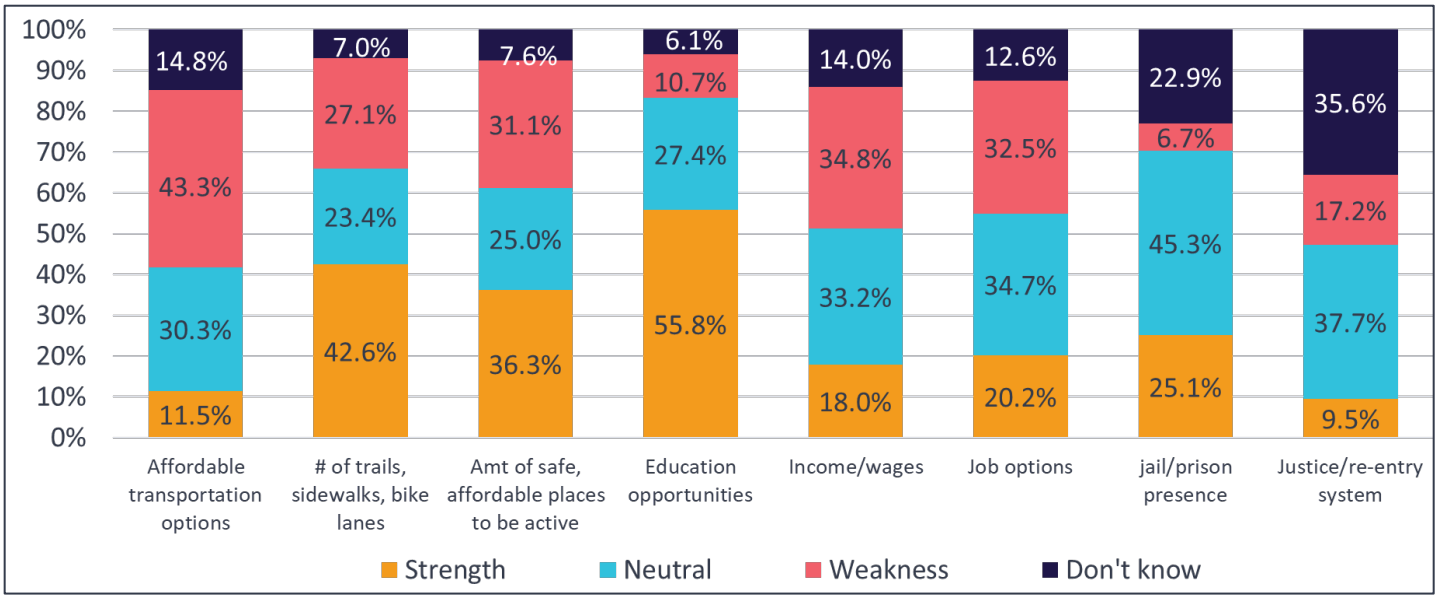


The same question was asked about needed medications.

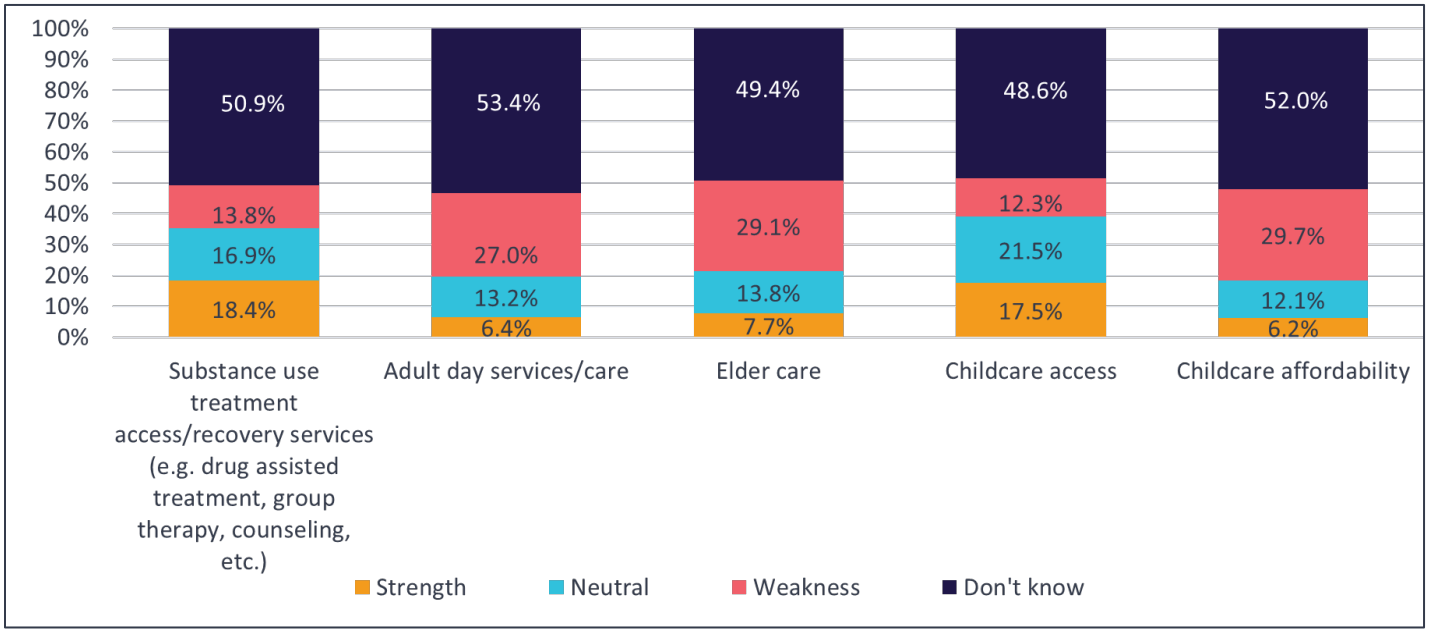


Strengths and Weaknesses

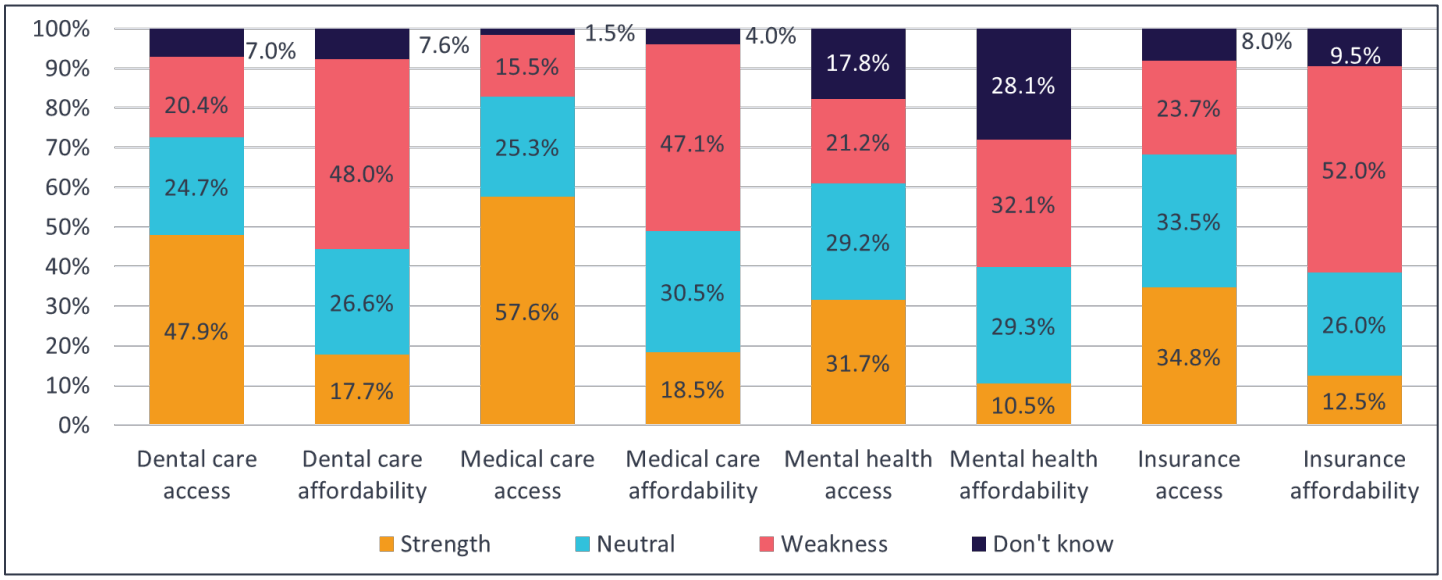
The weaknesses in the community were affordable transportation options and income/wages. The strengths were education opportunities, number of trails, sidewalks and bike lanes connected to where they live and where they want to go.



Aside from people not knowing about these issues, childcare affordability, adult day services/care and elder care were weaknesses.

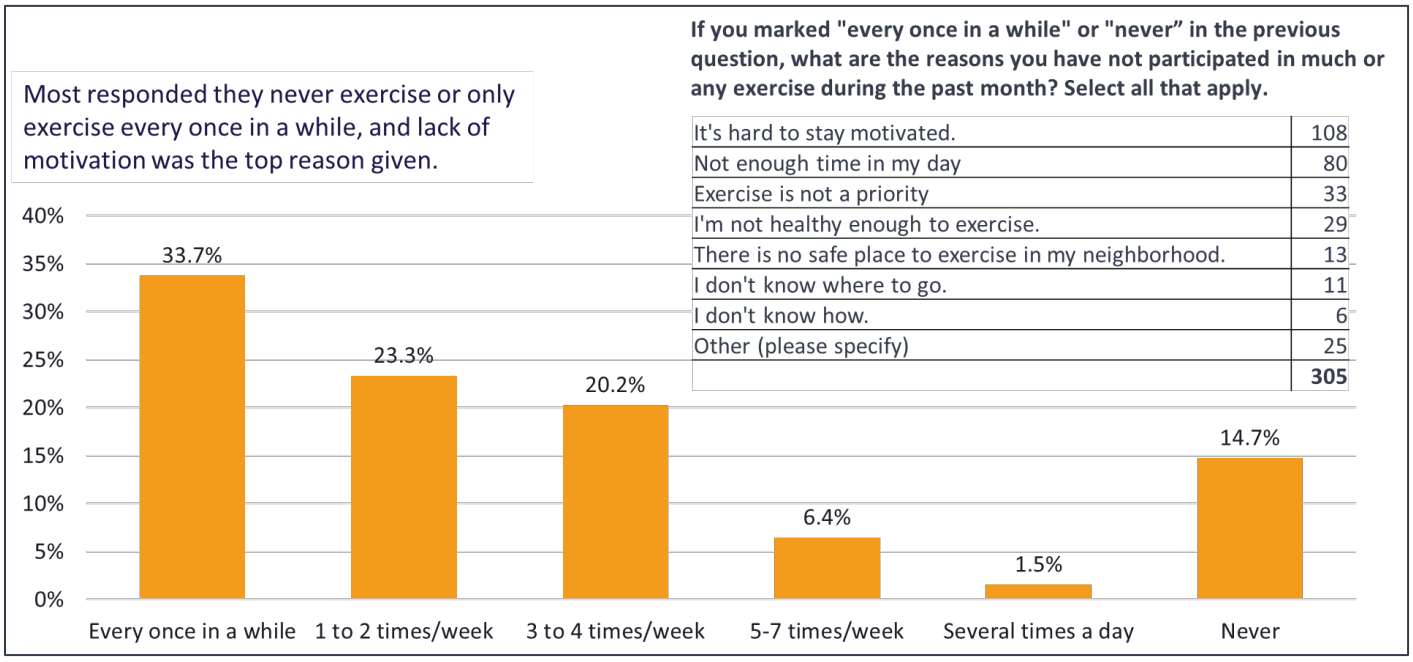


The strengths in the community are medical and dental care access. However, the weaknesses are the affordability of medical and dental care as well as affordability of mental health and insurance. The highest percentage access weakness is insurance.



Physical Activity

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

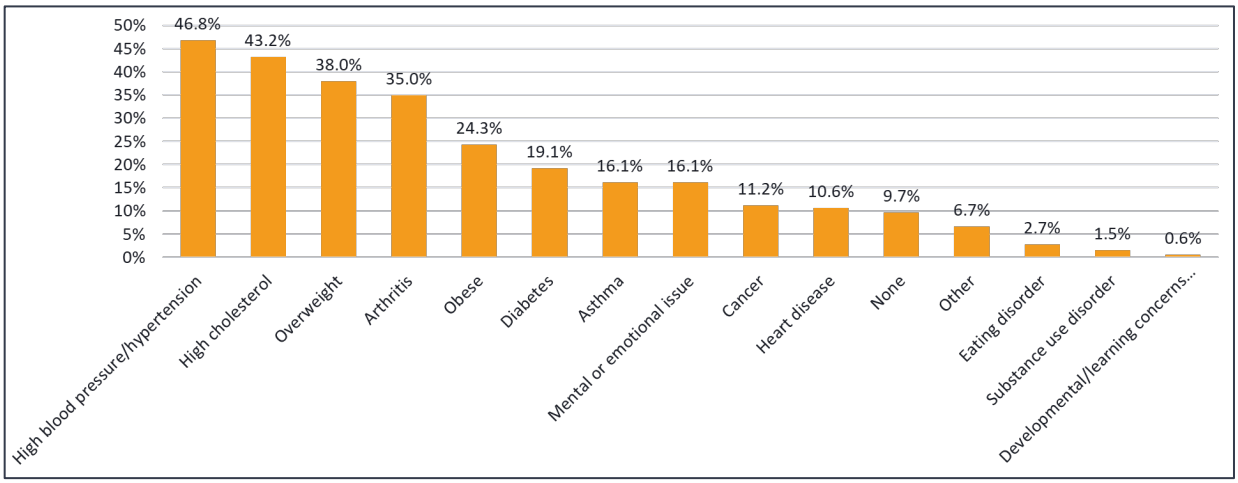


If you marked "every once in a while" or "never" in the previous question, what are the reasons you have not participated in much or any exercise during the past month? Select all that apply.

It's hard to stay motivated.	108
Not enough time in my day	80
Exercise is not a priority	33
I'm not healthy enough to exercise.	29
There is no safe place to exercise in my neighborhood.	13
I don't know where to go.	11
I don't know how.	6
Other (please specify)	25
	305

Chronic Diseases

Respondents indicated they had 2.8 conditions each. Only 10% did not have a condition. High blood pressure, high cholesterol, overweight and arthritis were the most common conditions.



Health Needs

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

- Healthcare resources for the uninsured or poor (47%)
- Affordable healthcare (46%)
- Affordable insurance (43%)
- Nutrition or diet education (34%)
- Preventive services (34%)
- Wellness programs (34%)

When asked, what were the top three issues in your community that impact people's health? The top responses were:

Affordable health insurance	39.4%
Affordable healthcare	37.9%
Affordable, quality housing	19.9%
Dental health services	17.4%
Available and affordable services and programs for individuals with disabilities and special needs	17.1%
Availability of doctors – office hours, not accepting insurance	16.5%
Transportation	15.8%
Living wage jobs	14.6%
Available and affordable fresh/natural foods	14.3%
Mental health & behavioral health services	14.0%
Health services for seniors	12.1%

Healthy weight/obesity	12.1%
More urgent care or walk-in clinics, after-hours care	11.2%
Prevention/wellness	10.9%
Lack of primary care professionals	10.6%
Lack of subspecialty physicians such as cardiology, neurology, etc.	10.6%

The top health concerns for children were physical activity, responsible and involved parents, obesity, healthy diet/nutrition and mental health services.

Physical activity	35.9%
Responsible, involved parents	30.5%
Obesity	26.5%
Healthy diet/nutrition	26.2%
Mental health services	22.1%
Abuse/neglect	17.1%
School lunch programs	14.8%
Child-care/day care options	12.4%
Responsible sexual behavior	12.4%
Substance misuse	10.7%
Access to pediatricians/primary care	10.4%

Focus Group Results

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on January 14 and 16 in Carroll and Heard counties for their input into the community's health. Community participants in the focus groups represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

How do you define health?

- Physical, mental, emotional, social, financial, spiritual wellbeing
- Overall wellbeing of a person
- Optimal functioning in the environment and conditions
- Mental health should be a part of regular health screenings
- For older adults, the ability to take care of themselves and to be independent is health
- Access to resources

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

- Healthcare Organizations
    - Tanner Health – food as medicine program, chronic disease programs
    - Rapha Clinic
    - 3:16 Health Care
    - Western Georgia University mobile unit help with vaccinations
    - Help a Child Smile Dental Bus
    - Highland River Behavioral Health
    - Your Haven – peer counseling program
    - Health Department
    - Schools/Universities
    - Bremen City schools have a licensed professional counselor as well as a social worker
    - School nurses
    - College and Career Academy
    - Source of Strength at Central High School teaches protective factors
    - University of West Georgia
    - West Georgia Technical College

- Not-for-profit and service organizations
    - The Connector
    - Community Foundation of West Georgia
    - Open Hands
    - Food pantries
    - Senior Centers
    - Giving Hearts
    - Extension Office
    - Bremen Food and Clothing Bank
    - Rotary and Lions Club
- Faith community
    - Churches
    - Community Christian Council
    - Haralson County ministries
- Community safety and partnerships
    - Crisis Response Team (HCCRT) – peer support and sheriff partnership for those with mental health and/or addiction issues
    - Haralson County Watch partnership with schools and sheriff to care for kids whose parents get arrested
- Opportunities for exercise
    - New sidewalks in Bremen
    - Walking trail at Blue Devil family park
    - New amphitheater with walking trail

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

- Access to care
    - Care for the uninsured and those on Medicaid
    - Access to insurance, cost of insurance
    - Long waits for specialist appointments
    - Dental care for the uninsured
- More mental health services
- Economics, jobs, wages, education
- Many living in survival mode and can't prioritize wellness

- If one is on assistance and gets a job, loses assistance and can't make ends meet
- Some have full time and part time jobs and can't make ends meet
- Can't afford to seek care
- Kids coming out of foster care have few resources
- Being homeless
- Culture, habits, language
- Belief systems
- Familial habits, smoking, diet
- Language barriers
- Nutrition
- Food deserts
- Access to high quality foods
- Being able to afford healthy foods or knowing what is healthy
- Access to exercise opportunities
- Don't have strategic walkability
- Access to parks, trails, and swimming pool easier in the city, not in rural areas
- Knowledge of resources
- Connect people to resources
- Transportation
- Safe, affordable housing
- Child and teen issues
- STDs, teen pregnancy
- Access to vapes and marijuana
- Personal motivation and time
- Provide services out in the community not at one central location
- Day care access
- Stigma asking for help and assistance

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

- Food insecurity
- Safe, affordable housing
- Access to healthcare
- Affordable dental care

- Substance misuse resources
- Mental health services
- Affordable childcare
- Education/health literacy
- Access to activities locally and build community
- Resources for grandparents raising grandchildren

What progress has been made in the last few years?

- Mental health services have improved – mobile crisis unit, increased funding for school counselors, students talk more about mental health than adults
- Substance misuse services have improved – Fentanyl summit, drug settlement funds, Narcan training, Your Haven
- Get Healthy Live Well has made progress
- Made progress serving special needs population
- Generally, doing better on all of these, but still progress to be made

If you had a magic wand, what improvement activities should be a priority for the counties to improve health?

- Involve churches heavily in health improvement
- Recruit mental health providers with good salaries and bilingual
- Provide housing for the homeless population who will never be able to live on their own, pay rent or handle money. They need a group home with meals.
- Get more information into Haralson County, not just Carroll County
- Start multigenerational programs to build community
- Facility where all resources are together, a one-stop-shop for resources with navigators to connect people with resources
- Match volunteers with volunteer needs
- Initiate employee wellness programs with walking, running clubs, step challenges, healthy recipes, CEO commitment
- Recruit more physicians to the counties, one with geriatric focus
- Add transportation
- Add an adaptive behavior clinic for early pediatrics and young children
- Provide coping skills to kids
- Remove the stigma of mental health and addiction

- Remove all the drugs

Health Status Data Trended

Comparisons of Health Status

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

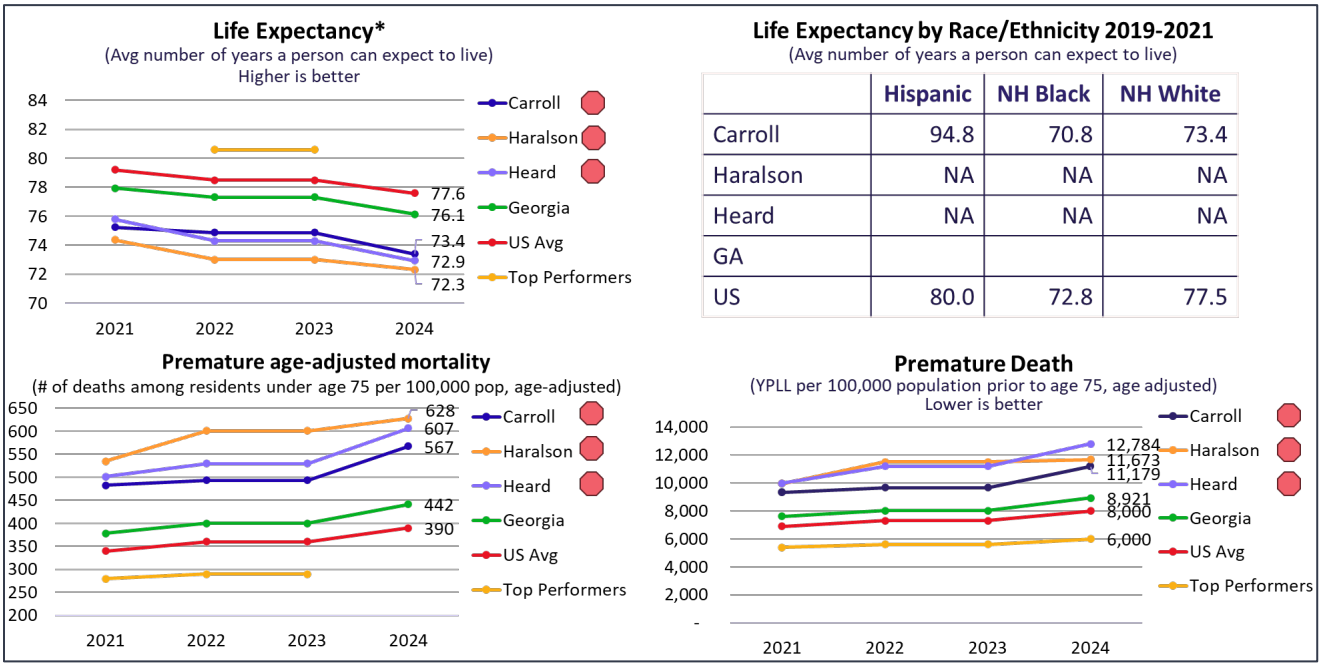
Health Outcomes (Length of Life and Qualify of Life)

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

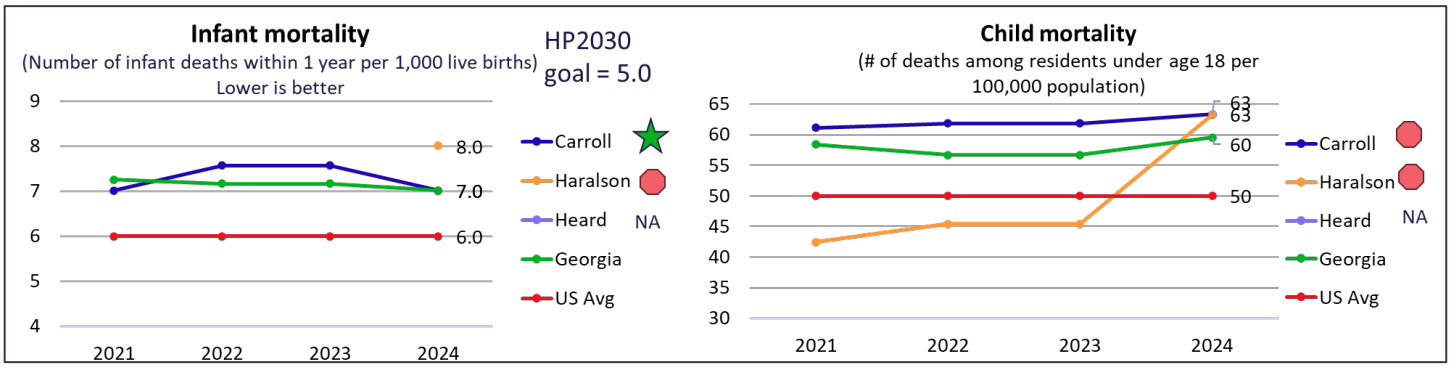
Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. All three counties have lower life expectancy than Georgia and the U.S. Carroll, Haralson and counties' residents can expect to live 4.2, 4.7, and 5.3 years less than the average U.S. resident.

All three counties have higher years of potential lost life per 100,000 population than Georgia and the U.S. Carroll County's infant mortality was equal to Georgia's and Haralson's was higher. Child mortality was higher in Carroll and Haralson than Georgia and the U.S. There was not enough data for Heard County.



	Hispanic	NH Black	NH White
Carroll	94.8	70.8	73.4
Haralson	NA	NA	NA
Heard	NA	NA	NA
GA			
US	80.0	72.8	77.5



Source: Life expectancy, child mortality, & premature death – CHR, 2024; National Center for Health Statistics – Mortality File 2019-2021
Source: Infant mortality – CHR, 2024; National Center for Health Statistics – Mortality File 2015-2021

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

Cause of Death	Carroll	Haralson	Heard	Georgia	US
Heart Disease	242.8	316.4	249.6	199.8	210.2
Cancer	173.0	240.5	207.0	167.4	182.4
COVID-19	112.7	165.8	124.8	75.4	90.7
Accidents (Unintentional injuries)	78.5	87.8	119.1	56.7	67.9
Cerebrovascular Diseases	53.5	57.4	73.7	46.8	49.4
Chronic Lower Respiratory Disease	66.3	87.8	99.3	44.2	43.6
Alzheimer's Disease	49.7	50.9	NA	41.3	36.0
Diabetes	23.6	NA	NA	26.1	30.7
Nephritis	23.1	28.2	NA	20.9	16.7
Septicemia	27.4	29.3	NA	16.7	13.4
Suicide	17.7	21.7	NA	14.8	14.7
Liver Disease	18.5	22.8	NA	14.4	16.7

Ranked by cause of death in Georgia

Rates in red had death rates higher than Georgia. The leading causes of death in Carroll, Haralson, and Heard counties were heart disease, cancer, COVID-19, chronic lower respiratory disease, cerebrovascular diseases (stroke), and Alzheimer's disease.

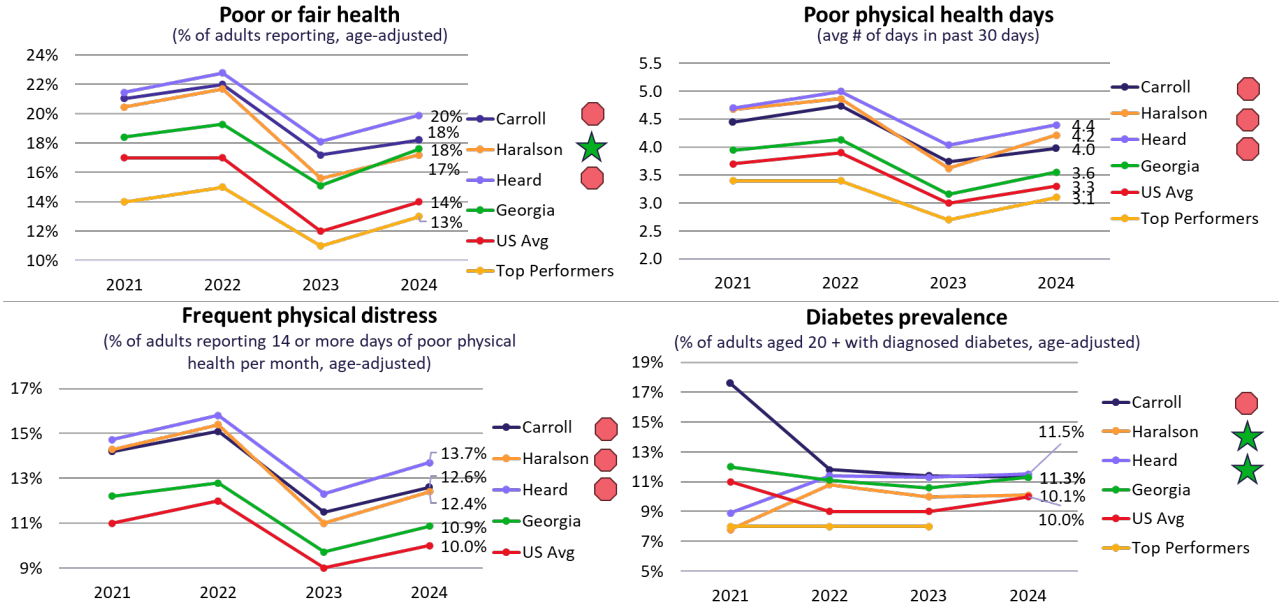
Source(s): Wonder CDC.gov (2020-2022) Crude rates per 100,000 population.

Quality of Life

Physical Health

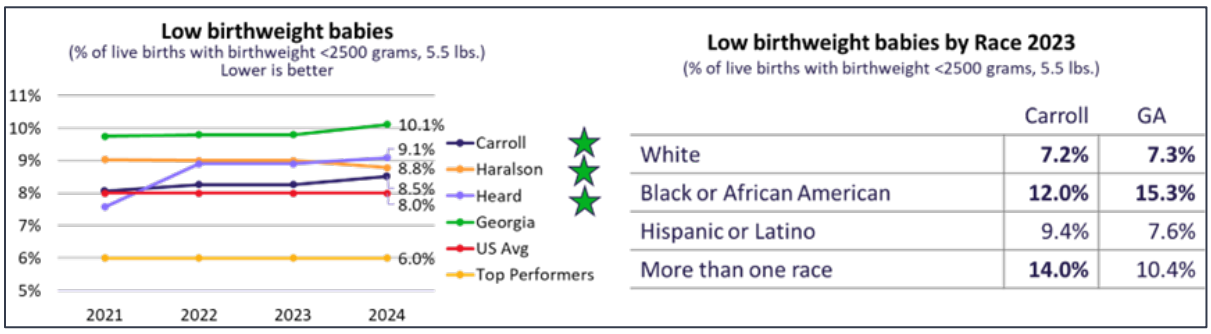
Quality of Life represents the wellbeing of a community. It underscores the importance of physical, mental, social and emotional health from birth to adulthood. (County Health Rankings, 2024)

Carroll and Heard had higher percentages of poor or fair health and diabetes prevalence than Georgia and the U.S. All three counties had a higher average of poor physical health days in the past 30 days and frequent physical distress than Georgia and the U.S.



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

All three counties had fewer low birthweight babies than Georgia and the U.S. There was a difference in percentage of low birthweight babies in Carroll County and Georgia based on race and ethnicity.



Low birthweight babies by Race 2023
(% of live births with birthweight <2500 grams, 5.5 lbs.)

	Carroll	GA
White	**7.2%**	**7.3%**
Black or African American	**12.0%**	**15.3%**
Hispanic or Latino	9.4%	7.6%
More than one race	**14.0%**	10.4%

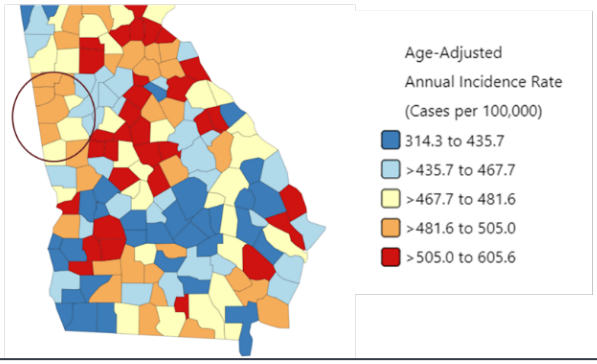
Source: Low birthweight babies – CHR, 2024; National Center for Health Statistics – Natality files (2016-2022)

All three counties had higher cancer incidence rate than Georgia and the U.S. However, all three counties had a lower HIV prevalence than Georgia and the U.S.

Cancer incidence rates

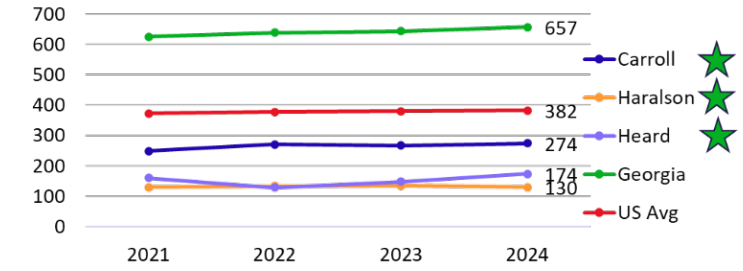
(All cancer sites, age-adjusted cases per 100,000 population)

	2017-2021	Trends
Carroll	485.1	↔
Haralson	502.6	↘
Heard	499.0	↔
Georgia	468.9	↔
U.S.	444.4	↔



HIV prevalence

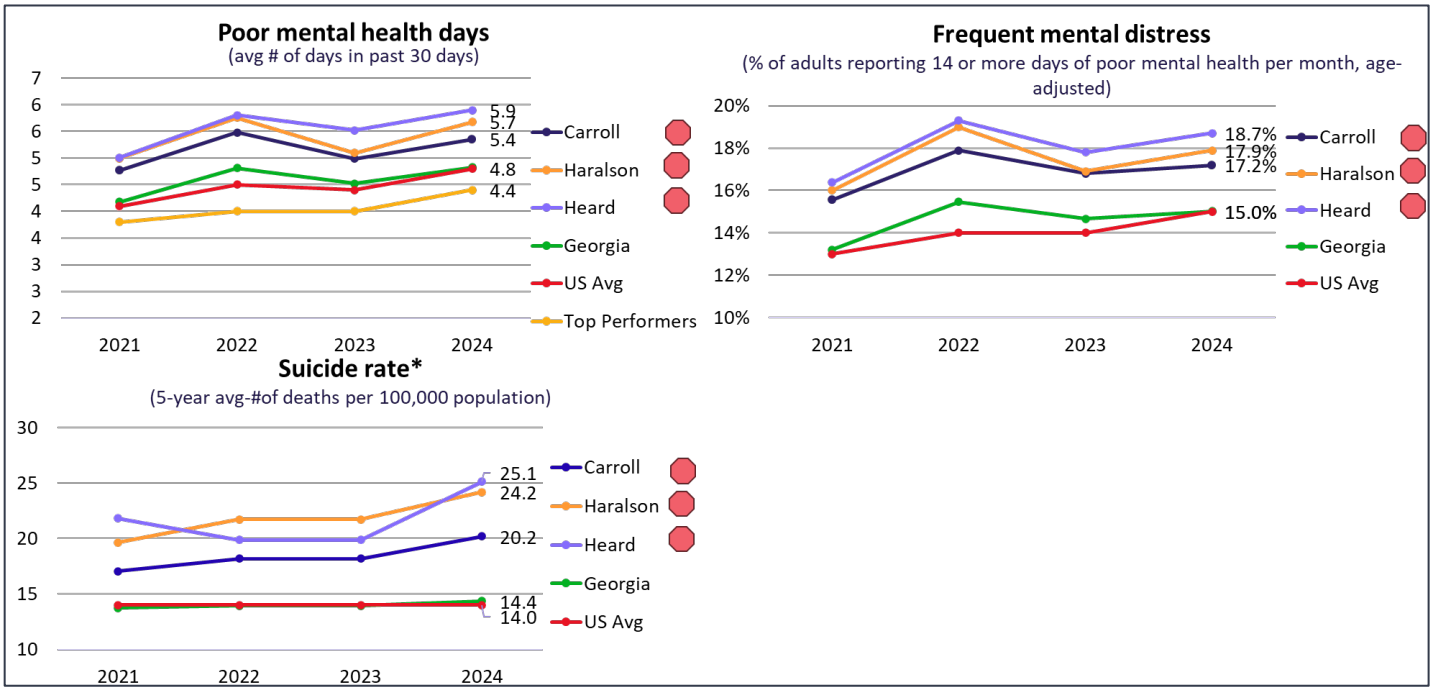
(# of people aged 13+ living with a diagnosis of HIV infection per 100,000 population)



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

Mental Health

All three counties had higher poor mental health days on average in the past 30 days, more mental distress and higher suicide rates than Georgia and the U.S. These metrics were also trending up.



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

Health Factors or Determinants

Health factors or determinants are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%) and physical environment (10%). All three counties are faring worse than the average county in Georgia for Health Factors, and worse than the average county in the nation. (County Health Rankings, 2024)

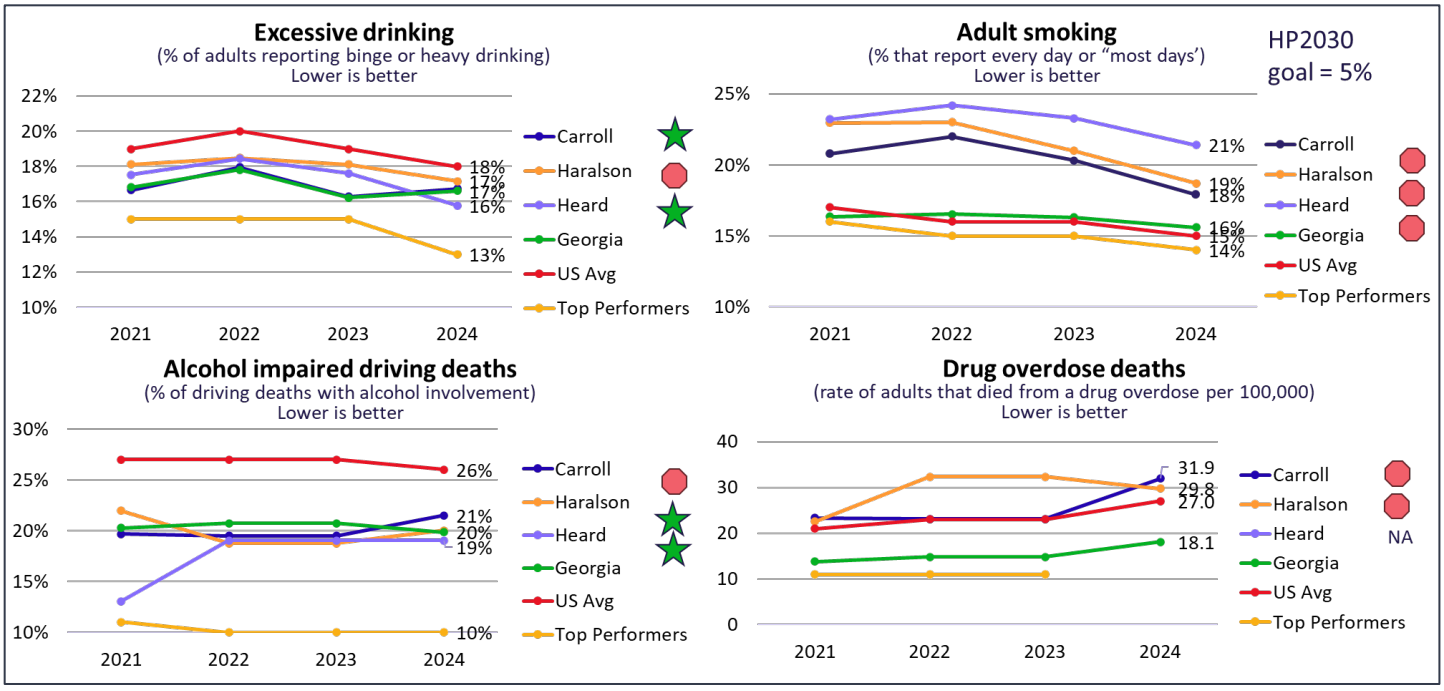
Health Behaviors

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

Substance Misuse

Carroll and Heard binge drink less than Georgia and the U.S., while Haralson drank more. However, all three smoke more and Carroll County had a higher percentage of alcohol-related driving deaths.

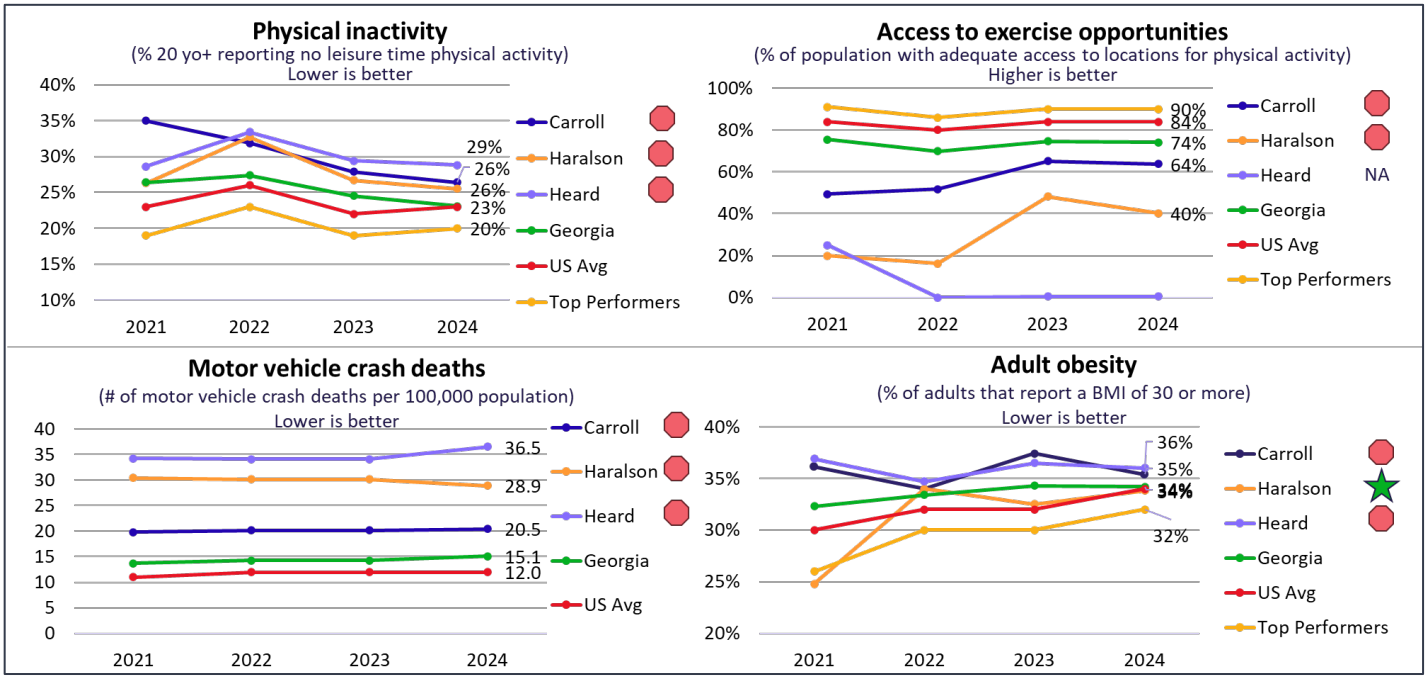
There was not enough data for Heard County for drug overdose deaths, but Carroll and Haralson's drug overdose deaths were higher than Georgia and the U.S. Drug overdose deaths were trending upward.



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

Healthy Living

All three counties had higher physical inactivity, less access to exercise opportunities (insufficient data for Heard County) and higher motor vehicle crash deaths. Haralson had lower adult obesity than Georgia and the U.S., while Carroll and Haralson had higher obesity.

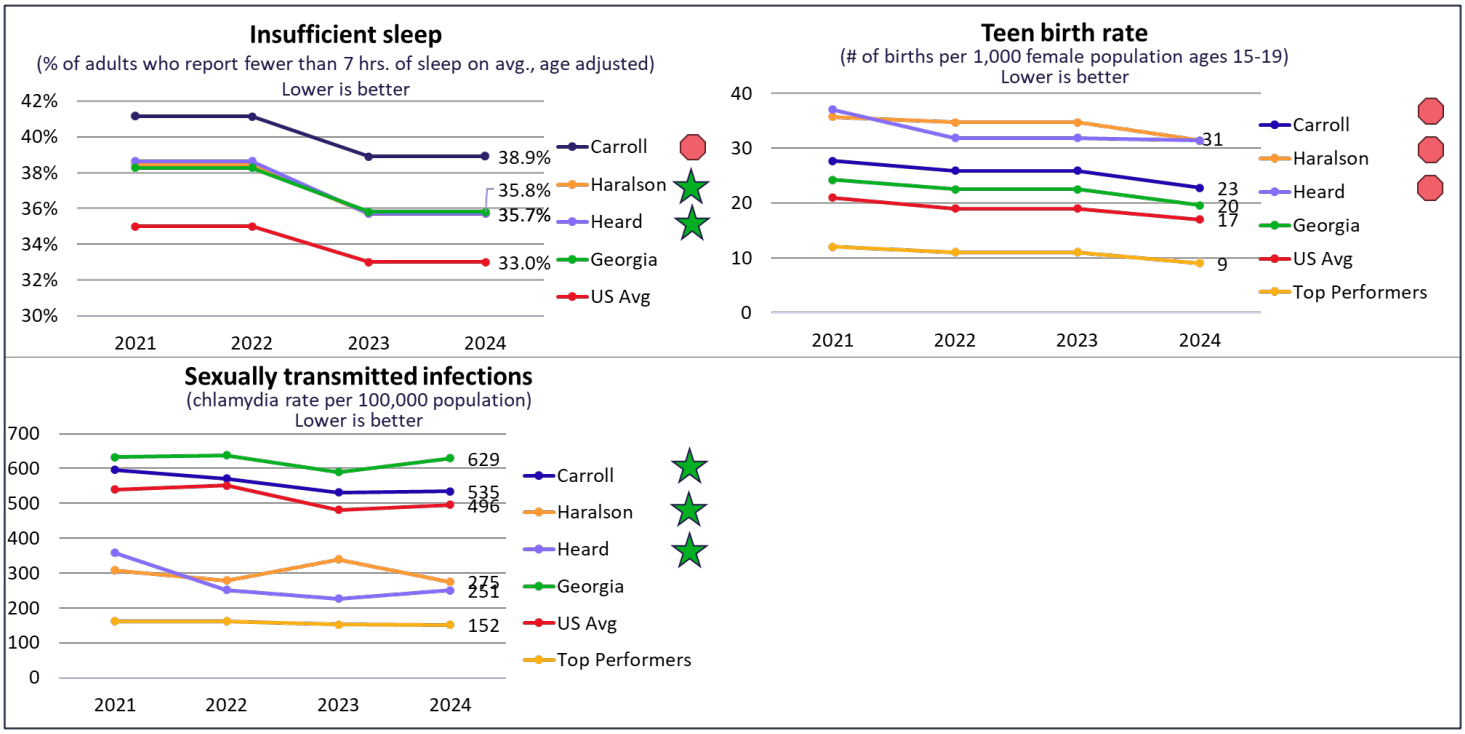


Source: Obesity & Physical Inactivity – CHR,2024; BRFSS, 2021
Source: Access to exercise opportunities – CHR 2024, Esri ArcGIS Business Analyst and ArcGIS Online; YMCA; & US Census Tigerline Shapefiles 2023, 2022& 2020. Measures the percentage of individuals in a County who live reasonably close to a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

Healthy Habits

Carroll County residents may not be getting enough sleep. All three counties have lower sexually transmitted infections measured in chlamydia rate per 100,000 population than Georgia, but Carroll is higher than the U.S.

The counties have higher teen pregnancy rates than Georgia and the U.S., but the rate is trending downward.

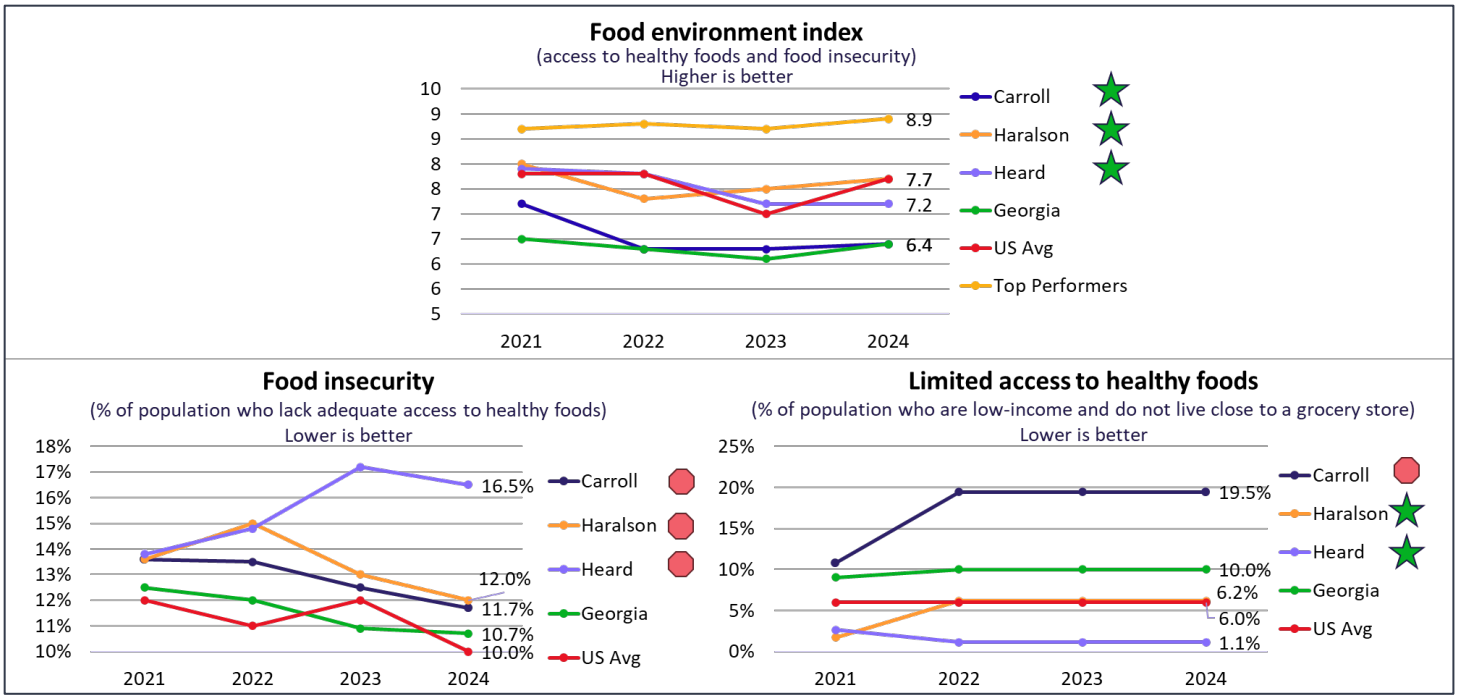


Source: Insufficient sleep – CHR, 2024; BRFSS, 2020
Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2016-2022
Source: STIs – CHR, 2024; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2021

Access to Healthy Foods

All three counties had better food environment index than Georgia. The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity.

Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



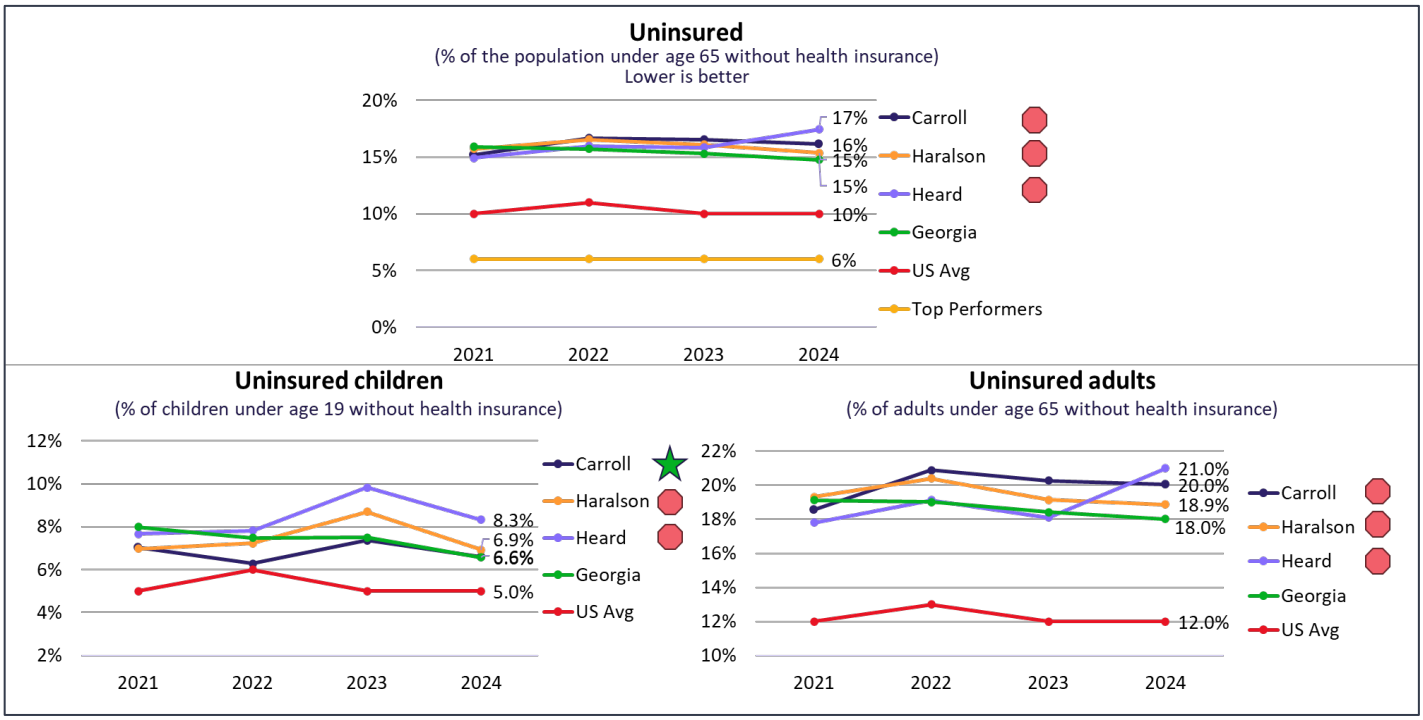
Source: Food environment index: Index of both measures below
Source: Food insecurity: CHR, 2024; Map the Meal Gap from Feeding America, 2021
Source: Limited access to healthy foods: CHR, 2024; USDA Food Environment Atlas, 2019

Clinical Care

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

Clinical Care – Access to Insurance/Uninsured

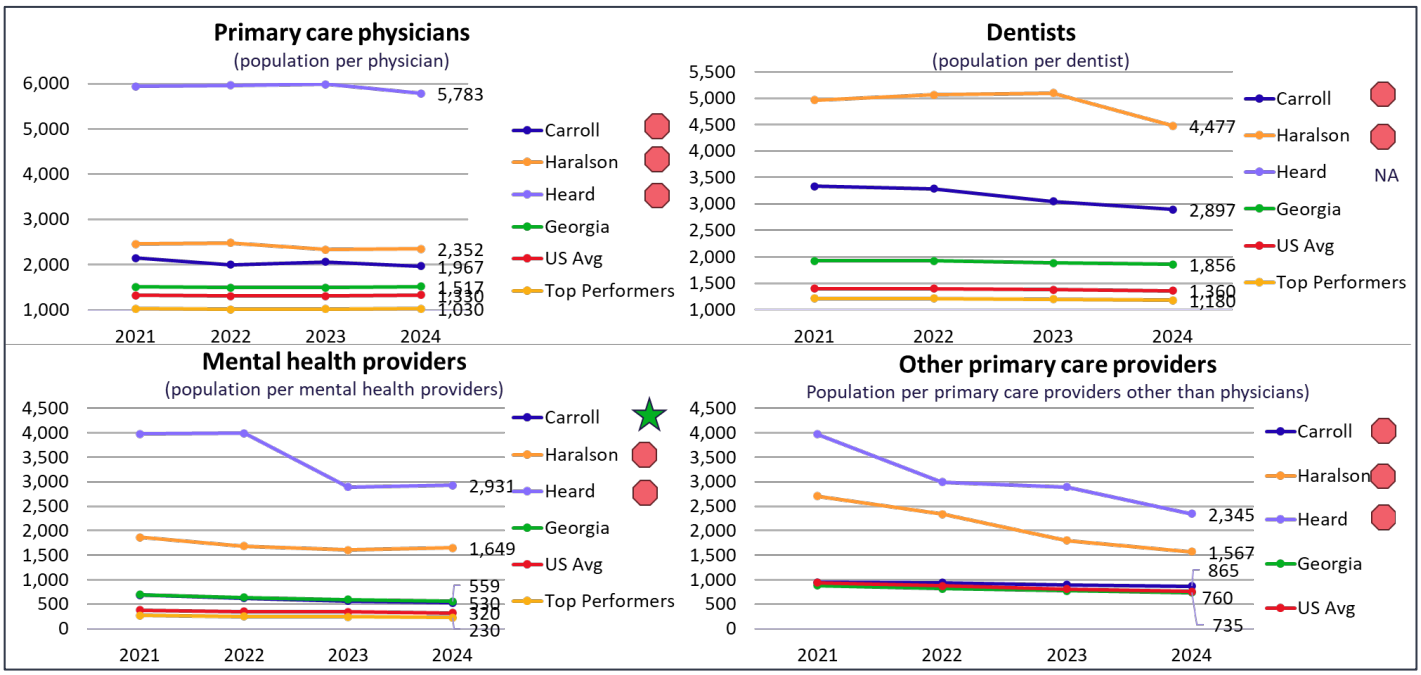
The three counties have higher total uninsured and uninsured adults. Haralson and Heard had higher uninsured children than Georgia and the U.S. Lack of insurance can keep people from seeking healthcare.



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

Clinical Care – Access to Providers

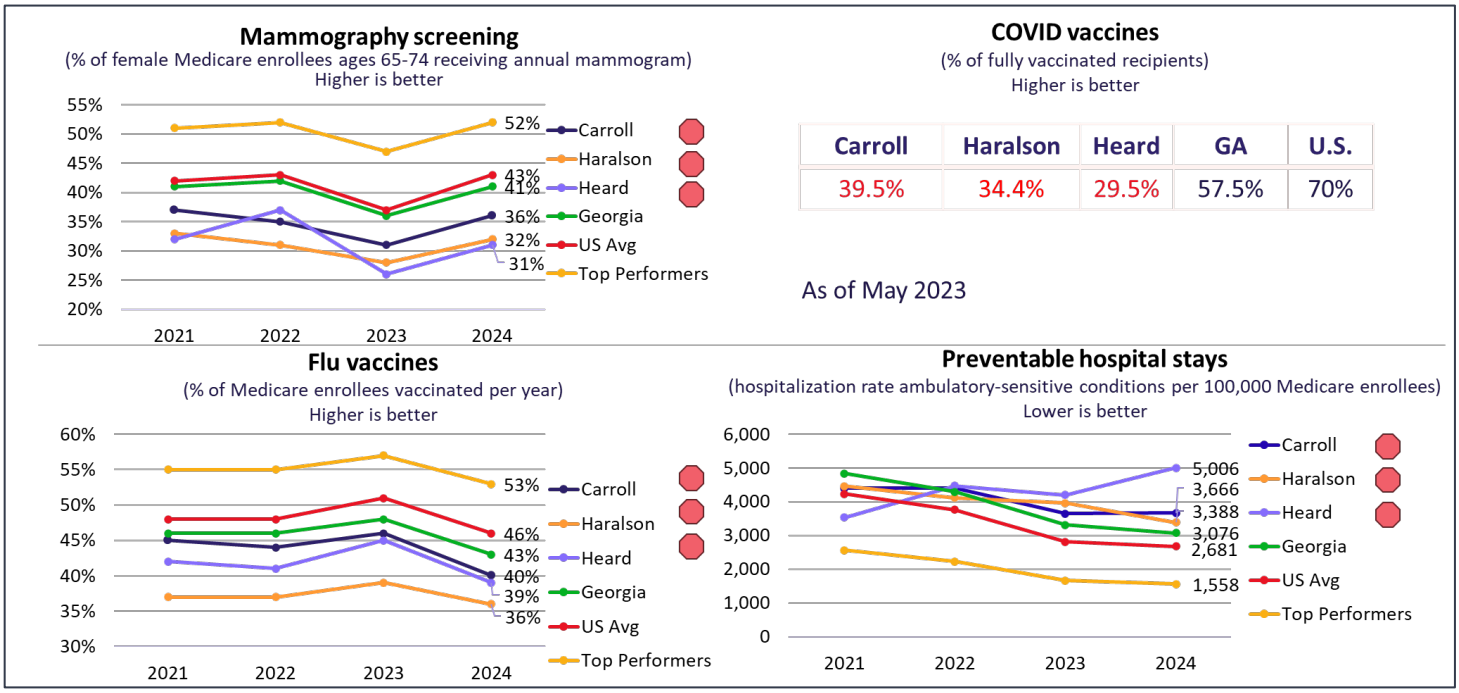
The three counties had a higher population per primary care physician, dentists (insufficient data for Heard County), and other primary care providers such as physician assistants and nurse practitioners. Carroll had a lower population per mental health provider.



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

Clinical Care – Prevention & Preventable Hospital Stays

The three counties had prevention indicators worse than Georgia and the U.S. for preventative measures like mammography screening, flu and COVID vaccinations. They also had higher preventable hospital stays which is an indicator of delayed care.



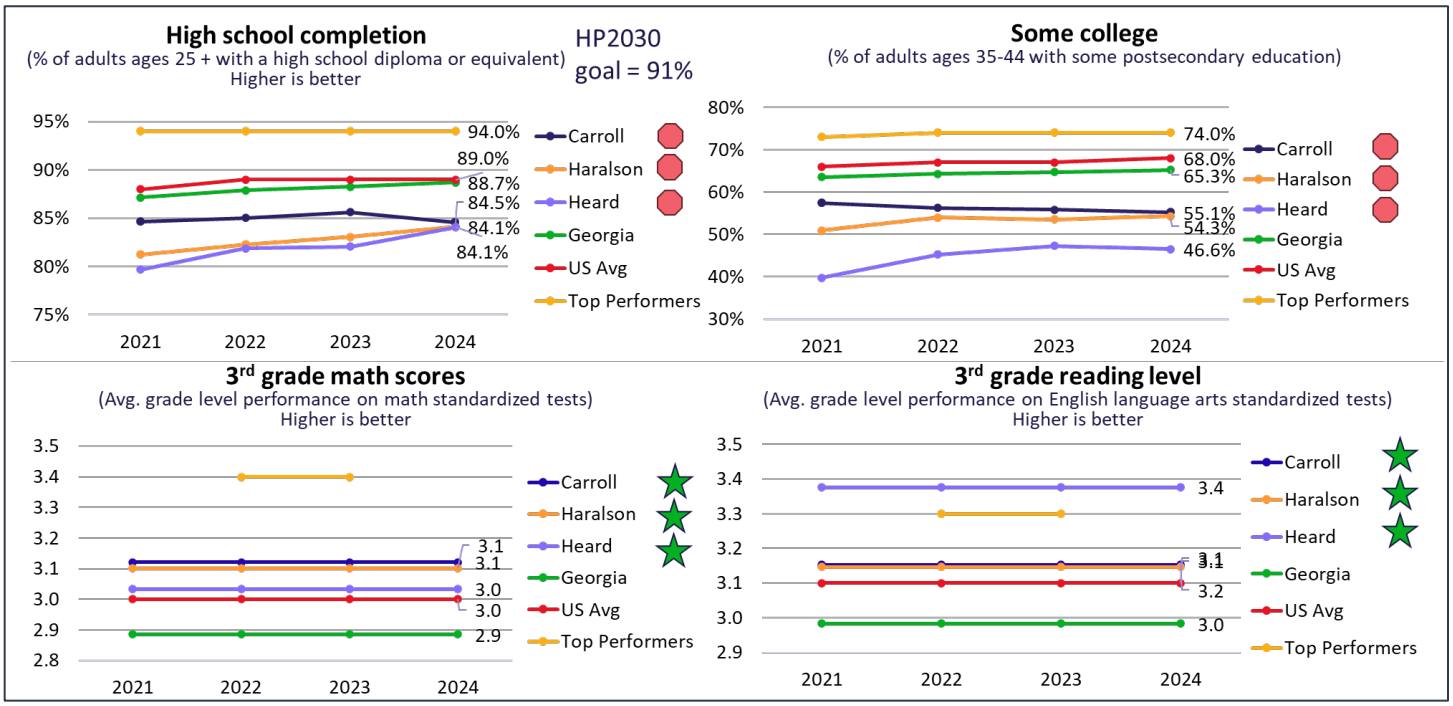
Source: Mammography screening, flu vaccines, and preventable hospital stays – CHR, 2024; Mapping Medicare Disparities Tool, 2021
Source: COVID vaccines – CDC, 2023

Social and Economic Factors

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

Educational Attainment

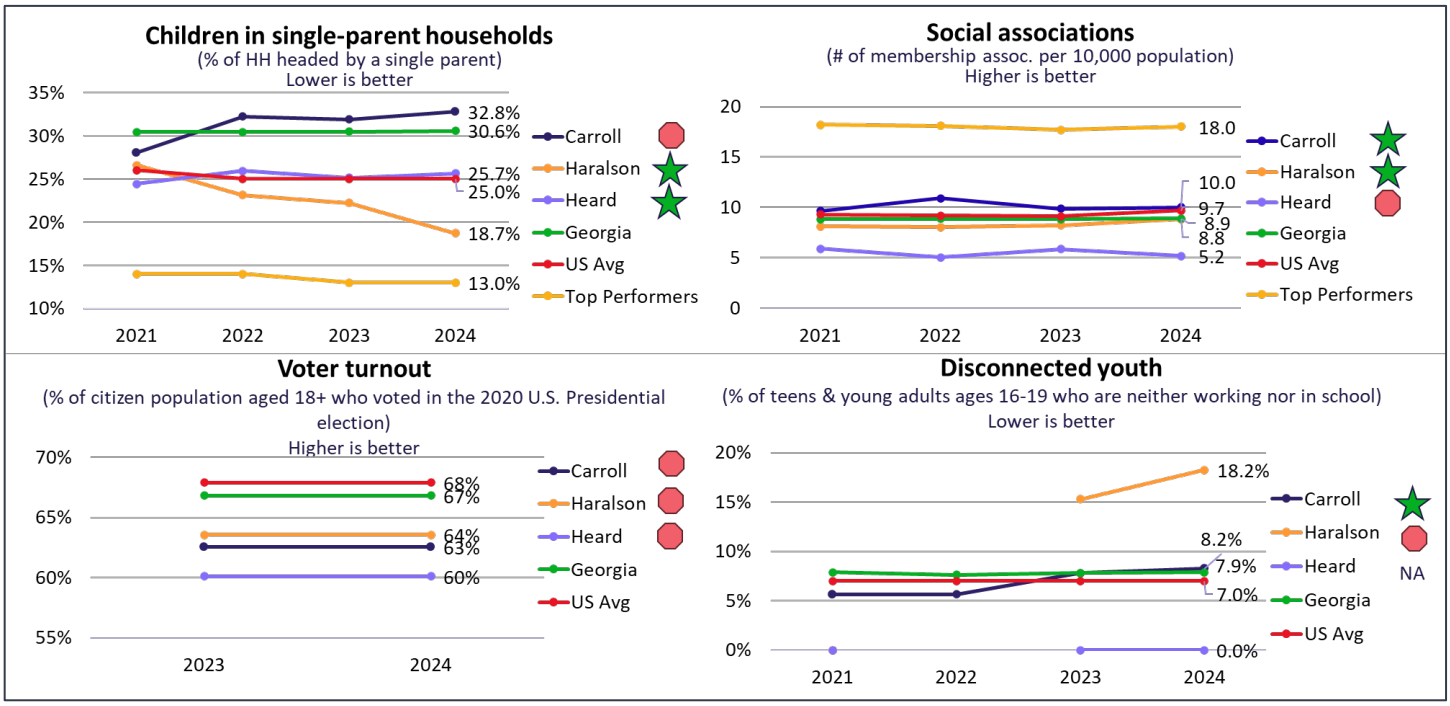
The three counties had two education metrics worse than Georgia and the U.S., high school completion and adults with some college, and two that were higher, 3rd grade math scores and 3rd grade reading levels.



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

Family and Social Engagement

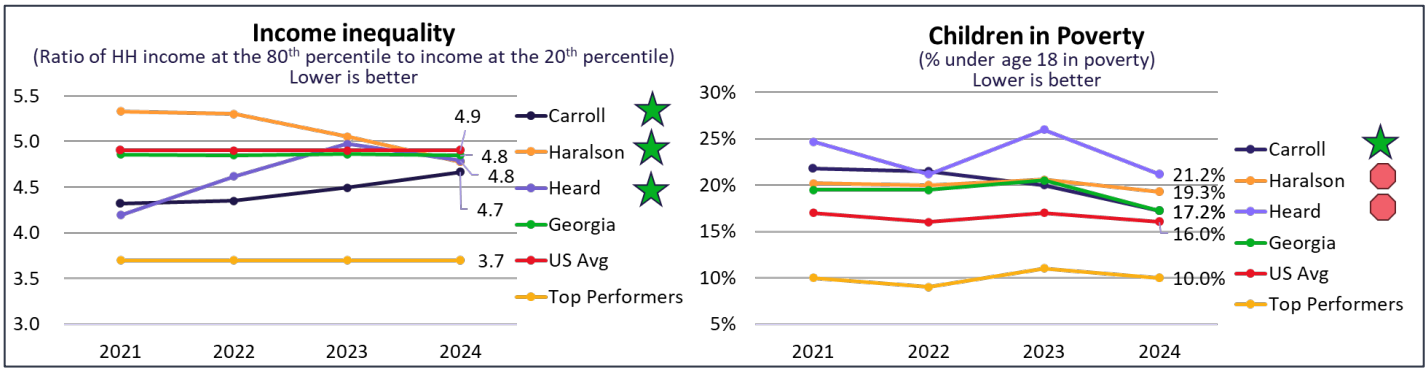
Carroll County had a higher percentage of single-parent households. Heard County had a lower rate of social associations. All three counties had lower voter turnout. Haralson County had a higher percentage of disconnected youth. Social associations and voter turnout are indicators of community involvement and engagement, which are both healthy activities.



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

Economic Stability

The three counties had less income inequality than Georgia. Carroll County was equal to Georgia for percentage of children in poverty and Haralson and Heard had higher percentage of children in poverty.

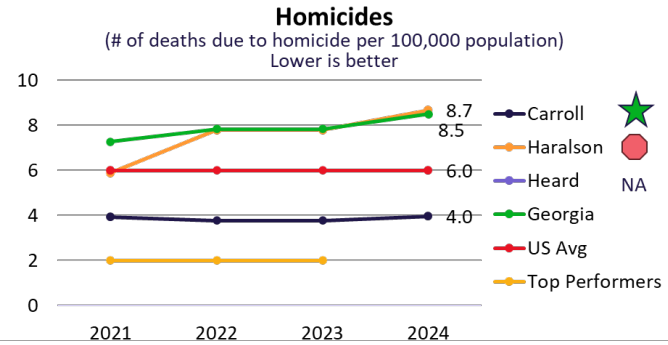


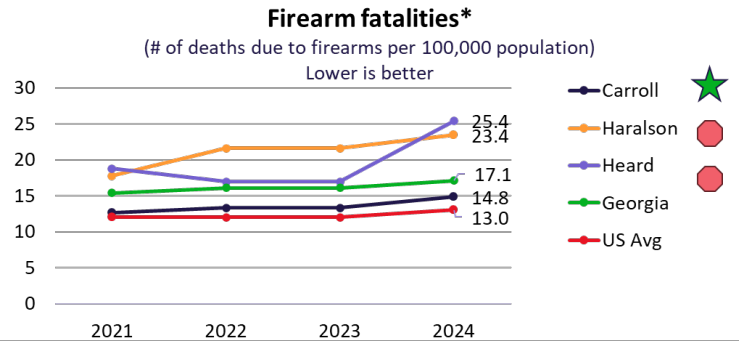
Source: Income inequality – CHR, 2024; American Community Survey, 5-year estimates, 2018-2022
Source: Children in poverty – CHR, 2024; U.S. Census, Small Area Income and Poverty Estimates, 2022 &2018-2022

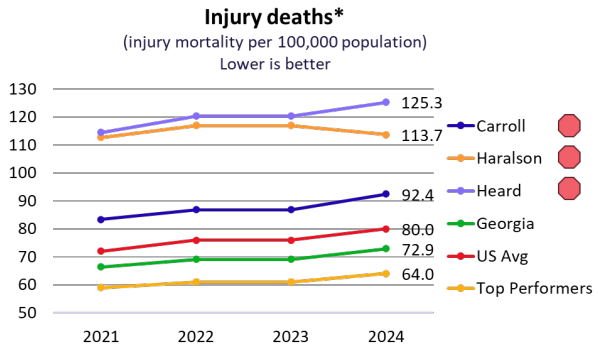
Community Safety

Haralson County had slightly higher homicide rate than Georgia and the U.S. Haralson and Heard counties had higher firearm fatalities than Georgia and the U.S. All three counties had higher injury deaths than Georgia and the U.S.

Violent crime is lower than Georgia and the U.S.







Violent crime

(# of violent crimes per 100,000 population)
Lower is better

	2022	2023
Carroll	238.7	167.1
Haralson	193.3	155.7
Heard	79.2	88.1
GA	367.8	319.4
US	397.7	379.3
Total 3 Counties	**219.2**	**159.6**

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

Physical Environment

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

Over the last three years all counties had drinking water violations with Heard County having violations all three years.

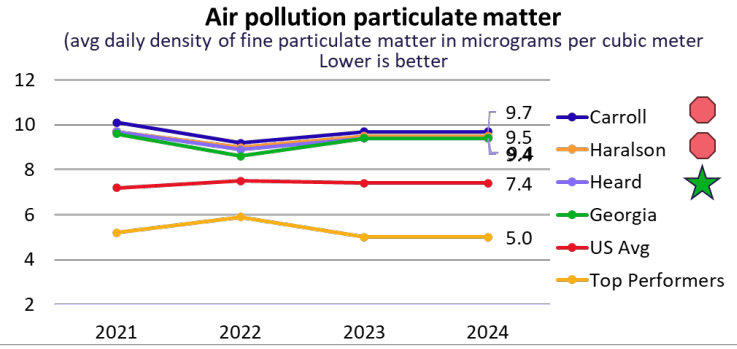
Air pollution metrics were very close together with Carroll and Haralson slightly higher than Georgia.

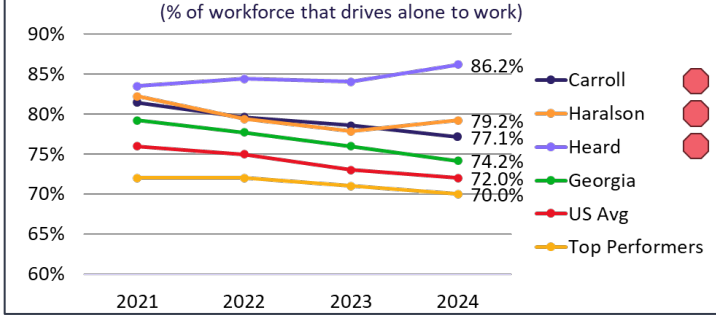
Heard County had a high percentage of workers commuting alone over 30 minutes.

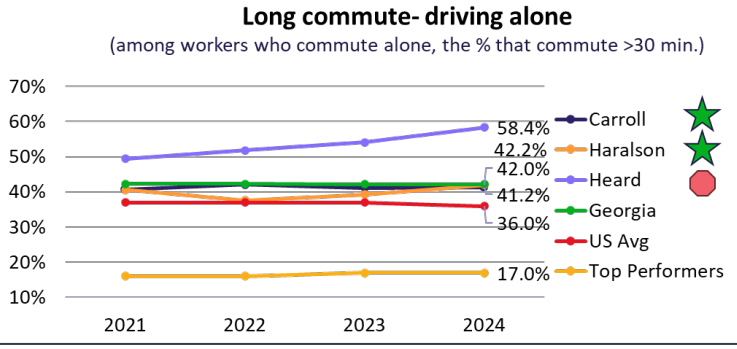
Drinking water violations

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

	2020	2021	2022
Carroll	No	Yes	No
Haralson	No	Yes	Yes
Heard	Yes	Yes	Yes





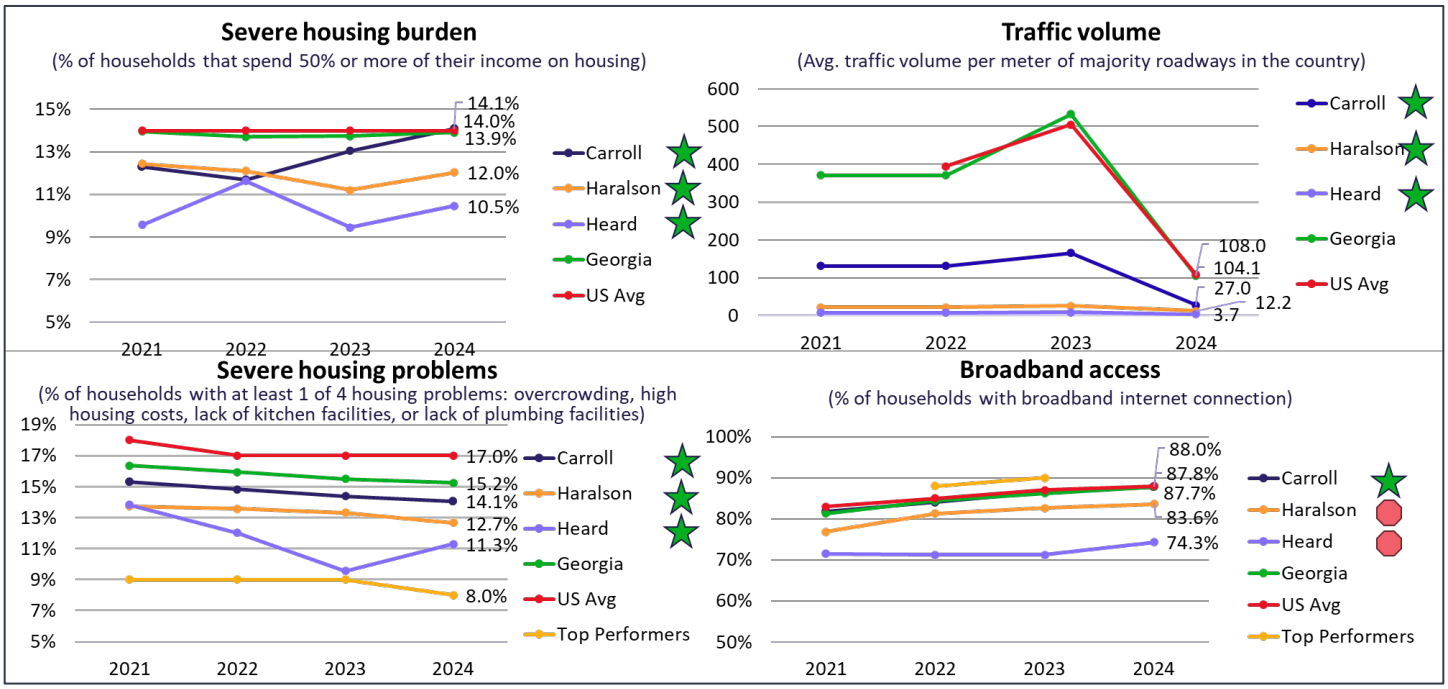


Source: Drinking water violations – CHR, 2024; EPA, Safe Drinking Water Information System, 2022
Source: Air pollution – CHR, 2024: CDC National Environmental Health Tracking Network, 2019
Source: Driving alone to work & long commute – CHR, 2024: American Community Survey, 5-year est, 2018-2022.

All three counties had a lower percentage of households that spent 50% or more of their income on housing than Georgia and also had lower severe housing problems.

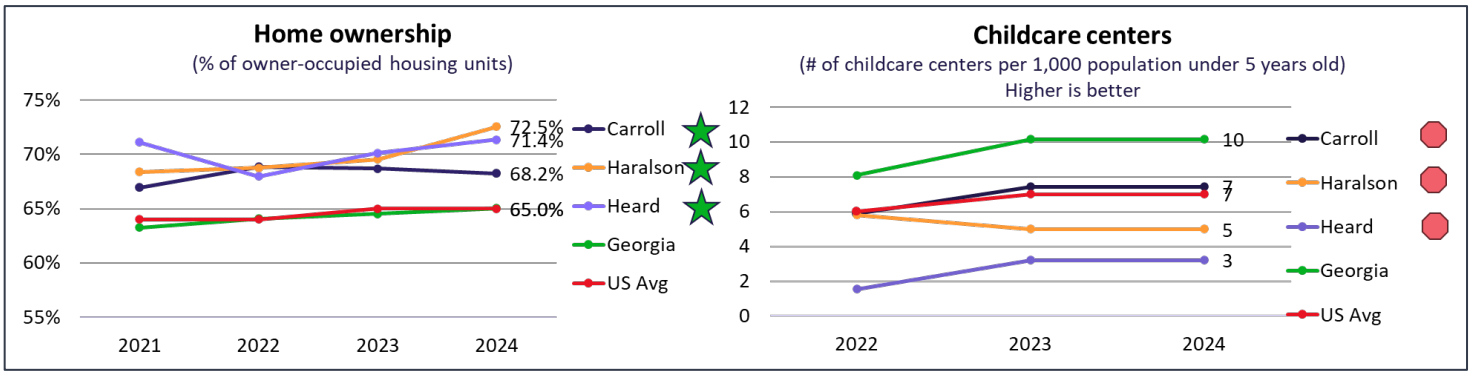
Traffic volume was lower for the counties.

Broadband was lower than Georgia for Haralson and Heard counties.



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

All three counties had a higher percentage of home ownership than Georgia. All three counties had a lower number of childcare centers per population under 5 years old than Georgia. Heard and Haralson were also lower than the U.S.



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

Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on pages 49 and 50 of the Community Health Needs Assessment.

Community Resource Guides

- Carroll County: https://carrollcountyfamilyconnection.org/resources-guide
- Haralson County: https://www.tanner.org/get-healthy-live-well/healthy-haralson/resource-guide
- Heard County: https://heard.gafcp.org/wp-content/uploads/sites/48/2021/10/community-Resource-directory-edit.pdf

Mental health services

Statewide resources

- Georgia Crisis & Access Line, 1-800-715-4225
- GA CARES Warm Line, 1-844-326-5400
- Suicide and Crisis Lifeline, 988
- National Alliance for Mental Illness, 770-234-0855, Namiga.org

Carroll County

- Willowbrooke at Tanner - Carrollton, 101 Doctors Dr., Carrollton, GA 30117, 770-812-3266, https://www.tanner.org/behavioral-health-care
- Willowbrooke Counselling Center - Carrollton and Villa Rica, 770-812-8863 https://www.tanner.org/willowbrooke-counseling-center
- Willowbrooke Psychiatric Center – Carrollton, 100 Professional Place, Carrollton, GA 30117, 770-812-3530, https://www.tanner.org/willowbrooke-psychiatric-center
- Willowbrooke Psychiatric Center - Villa Rica, 101 Quartz Dr., Villa Rica, GA 30180, https://www.tanner.org/willowbrooke-psychiatric-center
- Carroll County Mental Health Advocates (CMHA), 770-830-2048, 118 S White St., Carrollton, GA 30117 https://ccmhadvocates.org/
- National Alliance for Mental Illness meets at CMHA
- Pathways Carroll County, 770-836-6678, https://www.pathwayscsb.org/carroll-county

- Carrollton City Schools Mental Health Counselling Services, 770-832-9633, 106 Trojan Drive, Carrollton, GA 30117, https://www.carrolltoncityschools.net/about-us/student-support/health-and-wellness-resources/mental-health-other-counseling-services
- Phoenix Resource Center, https://phoenixresourcecenter.org/ 85 Tyus, Carrollton Rd., Carrollton, GA 30117, 770-834-0021

Haralson County

- Highland Rivers Behavioral Health, 800-729-5700, 1449 Temple Rd., Bremen, GA 30110, https://highlandrivers.org/

Heard County

- Pathways Center 1206 Franklin Pkwy., Franklin, GA 30217, 706-675-6399,
- Heard County Community Partnership Family Connection Resource Center, https://heard.gafcp.org/resources/

Access to affordable healthcare

Carroll County

- Tanner Medical Center/Carrollton, 705 Dixie St., Carrollton, GA 30117, https://www.tanner.org/tanner-medical-center-carrollton
- Tanner Medical Center/Villa Rica, 601 Dallas Highway, Villa Rica, GA 30180, https://www.tanner.org/tanner-medical-center-villa-rica
- Carroll County Health Department 1004 Newnan Rd., Carrollton, GA 30116, 770-836-6667, https://www.district4health.org/locations/carroll-county/
- Rapha Clinic of West Georgia 253 East Highway 78, Temple, GA 30179, https://www.raphaclinic.org/
- YourTown Health Community Health Center, 202 Croft St., Carrollton, GA 30117, 770-834-2255, https://www.yourtownhealth.com/
- Mt. Zion Primary Health Care, 4248 Mount Zion Rd., Carrollton, GA 30117, 770-836-2255
- US MedClinic, 714 Cedar St., Carrollton, GA 30117, 678-974-1240, https://usmedclinic.com/
- US MedClinic, 414 Old Stone Rd., Villa Rica, GA 30180, 678-271-3335, https://usmedclinic.com/
- Carroll County Family Connection
- Peachtree Immediate Care - Carrollton, 1131 Bankhead Hwy., Carrollton, GA 30116, 678-890-7648, https://www.peachtreemed.com/location/carrollton/
- Tanner Urgent Care for Kids - Carrollton, 706 Dixie St., Carrollton, GA 30117, 708-812-8825, https://www.tanner.org/tanner-urgent-care-for-kids

- Tanner Urgent Care/Carrollton, 1480 Hwy. 27S, Carrollton, GA 30117, 770-812-9445, https://www.tanner.org/urgent-care/wait-times
- Tanner Urgent Care/Villa Rica, 101 Quartz Drive, Carrollton, GA 30180, 770-812-9445, https://www.tanner.org/urgent-care/wait-times
- Tanner Imaging Center, 706 Dixie St., Carrollton, GA 30117, 770-812-5979, https://www.tanner.org/imaging

Haralson County

- Higgins General Hospital, 200 Allen Memorial Drive, Bremen, GA 30110, 770-812-2000, https://www.tanner.org/higgins-general-hospital
- Haralson County Health Department, 133 Buchanan Bypass, Buchanan, GA 30113, 770-646-5541, https://www.haralsoncountyga.gov/health-department.cfm
- Tanner Urgent Care/Bremen, 100 Tanner Dr., Bremen, GA 30110, 770-812-9445, https://www.tanner.org/urgent-care/wait-times
- Buchanan Medical Clinic, 2908 Business 27, Buchanan, GA 30113, 770-646-8281, https://www.tanner.org/buchanan-medical-clinic
- Tallapoosa Family Healthcare, 25 West Lyon St., Tallapoosa, GA 30176, https://www.tanner.org/tallapoosa-family-healthcare
- Northwest Georgia Oncology Center-Bremen, 204 Allen Memorial Dr., Bremen, GA 30110, 770-333-2220, https://www.tanner.org/northwest-georgia-oncology-centers
- Tanner Heart & Vascular Specialists-Bremen, 204 Allen Memorial Dr., Bremen, GA 30110, 770-812-9326, https://www.tanner.org/tanner-heart-and-vascular-specialists
- Carrollton Surgical Group-Bremen, 204 Allen Memorial Dr., Bremen, GA 30110, 770-537-4702, https://www.tanner.org/carrollton-surgical-group
- Tanner Healthcare for Children-Bremen, 204 Allen Memorial Dr., Bremen, GA 30110, 770-812-2430, https://www.tanner.org/tanner-healthcare-for-children
- Primary Care of Bremen, 204 Allen Memorial Dr., Bremen, GA 30110, 770-537-6500, https://www.tanner.org/primary-care-of-bremen

Heard County

- Franklin Primary Health Care Clinic 1236 Franklin Parkway, Franklin, GA 30217, 706-675-8669
- Heard County Dental Clinic, 1191 Franklin, Parkway, Franklin GA, 706-675-3456
- Heard County Health Department, Old Hwy. 27, Franklin, GA 30217, 706-675-3456
- Tanner Family Healthcare of Franklin, 2906 Franklin Parkway, Franklin, GA 30217, 706-675-6949, https://www.tanner.org/tanner-family-healthcare-of-franklin

Chronic disease management

See Access to Affordable Healthcare.

Statewide Resources

- American Heart Association - https://www.heart.org/en/
- National Kidney Foundation - https://www.kidney.org/
- American Cancer Society - https://www.cancer.org/
- Center for Chronic Illness - https://www.thecenterforchronicillness.org/
- American Liver Foundation - https://liverfoundation.org/

Affordable, healthy housing

Carroll County

- Housing Authority of the City of Carrollton, https://carrolltonhousingauthority.com/
- Villa Rica Housing Authority, 770-456-4946
- Bowdon Housing Authority, 770-258-7030
- West GA Habitat for Humanity, 301 Bradley Street, Carrollton, GA, https://westgahabitat.org/

Haralson County

- Haralson County Housing Authority - https://www.haralsoncountyga.gov/low-income-housing.cfm
- Tallapoosa Housing Authority, 770-524-2207
- Bremen Housing Authority, 770-537-4020
- Buchanan Housing Authority, 770-646-3775

Heard County

- Franklin Housing Authority, 706-675-6060

Access to affordable health insurance

U.S.

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

State of Georgia

- Georgia Access, 888-687-1503, https://georgiaaccess.gov/
- Medicaid, 404-657-5468, https://medicaid.georgia.gov/

- PeachCare for Kids, 877-427-3224, https://dch.georgia.gov/peachcare-kids
- Georgia Pathways to Coverage, https://pathways.georgia.gov/

Carroll County

- Financial Assistance at Tanner Health
- YourTown Health - Community Health Center for uninsured with a sliding fee scale.
- Health Markets ACA health plans near Carrollton, GA, https://www.healthmarkets.com/plans/aca-health/georgia/carrollton/

Haralson County

- https://www.healthmarkets.com/plans/aca-health/georgia/

Heard County

- https://www.healthmarkets.com/plans/aca-health/georgia/

Substance misuse

Statewide resources

- Georgia Council on Substance Abuse, gasubstanceabuse.org, 1-800-326-5400
- SAMHSA's National Hotline, 800-662-4357

Carroll County

- Willowbrooke at Tanner/Villa Rica,770-812-3266, 20 Herrell Road, Villa Rica, GA 30180, https://www.tanner.org/behavioral-health-care/what-we-offer/addiction-services
- Pathways Carroll County, 770-836-6678, https://www.pathwayscsb.org/carroll-county

Haralson County

- Highland Rivers Behavioral Health, 800-729-5700, 1449 Temple Rd., Bremen, GA 30110, https://highlandrivers.org/
- Georgia Hope, community-based mental health services including substance misuse, https://gahope.org/our-services/

Heard County

- Pathways Heard County, 706-675-6399, https://www.pathwayscsb.org/heard-county

Healthy eating/active living for healthy weight

Carroll County

- Carroll County Parks - https://www.carrollcountyga.gov/288/Parks
- Carroll County Recreation - https://www.carrollcountyga.gov/345/Sports
- City of Carrollton Parks and Recreation - https://carrolltonparksandrec.com/city-parks/
- City Station, 2115 Maple St., Carrollton, GA 30117, 470-729-5433
- Get Healthy, Live Well, 148 Clinic Ave Suite A, Carrollton, GA 30117
- Orangetheory Carrollton, 2235 Maple St., Carrollton, GA 30117, 478-804-2562
- Sportsplex fitness Center, 106 Somerset Pl., Carrollton GA 30116, http://www.plex.fitness/
- Southwire Fitness Center, 1128 S Park St., Carrollton, GA 30017
- Club Fitness, 830 Maple St., Carrollton, GA 30117
- Temple Recreation Department, 240 Carrollton St., Temple, GA 30179, https://www.templega.us/recreation
- West Georgia Strength and Fitness, 104 W Perennial Dr., Temple, GA 30179, https://westgeorgiastrengthfitness.com/
- CrossFit 770, 40 Villa Rosa Rd., Temple, GA 30179, http://crossfit-770.com/
- Food Talk - SNAP Ed, https://foodtalk.org/en/attend-class
- Open Hand Atlanta - https://www.openhandatlanta.org/get-meals/

Haralson County

- Get Healthy, Live Well, 148 Clinic Ave Suite A, Carrollton, GA 30117
- Haralson County Recreation Department - https://www.haralsoncountyga.gov/recreation-department.cfm
- Haralson County Parks - https://www.visitharalson.org/parks
- City of Tallapoosa Parks - https://www.tallapoosaga.gov/parks/
- Bremen Parks and Recreation - https://www.bremenrec.org/
- Bremen Health Club, 770-537-2020, 519 Pacific Ave., Bremen, GA 30110
- Ladies Way Fitness, 678-922-9424, 1135 Pacific Ave., Bremen GA 30110
- Transformation Station Fitness, 3339 GA-100 S, Tallapoosa, GA 30176

- Open Hand Atlanta - https://www.openhandatlanta.org/get-meals/

Heard County

- Franklin Gym, 137 Court Square, Franklin, GA 30217, 770-253-4663
- Franklin Fitness, 202 Davis St., Franklin, GA 30217
- Get Healthy, Live Well, 148 Clinic Ave Suite A, Carrollton, GA 30117
- Heard County Parks and Recreation - https://heardrecreation.com/
- Open Hand Atlanta - https://www.openhandatlanta.org/get-meals/

Change Form

To update or add information, complete the form below

Name of Organization: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Email: _____

Web page: _____

Mailing Address: _____

_____

List services: _____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

Submit updated information to: gethealthy@tanner.org

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

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

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

The tables below describe the goals for each priority with activities and results and impacts of each activity. FY 2025 will not be completed by the time this report is published, therefore additional actions may be taken after publication.

Significant Health Need Identified in Preceding CHNA	Improve Access to Care
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Expand the continuum of care	
Develop new clinical programs at Tanner Health System to expand treatment capabilities and ensure full continuum coverage and optimal disease management including but not limited to:	
Cardiac surgery, electrophysiology, interventional cardiology	Cardiac services were substantially enhanced with the launch of cardiac surgery in FY2023, the hiring of a third interventional cardiologist at Villa Rica in FY2024, and ongoing recruitment for a second CT surgeon and EP physician scheduled to start July 1, 2025.
Expand thoracic surgery capacity	Thoracic surgery capacity was expanded with an additional cardiothoracic surgeon who began March 1, 2025, with a focus on thoracic procedures and robotics.
Orthopedics and spine	For orthopedics and spine care, an ambulatory surgery center was opened in FY2023, providing greater access to orthopedic, spine, and pain management services.
Active and independent living	No action steps taken
Assisted living and memory care	Senior care services were enhanced with the addition of assisted living and memory care at The Birches on Maple in FY2024.
Innovative outpatient care models	As part of our commitment to innovative, patient-centered care, Tanner Health System has partnered with CareTrack, a trusted local provider, to implement a Remote Patient Monitoring (RPM)

	service that allows clinical teams across our entire health system to seamlessly refer patients for real-time tracking of vital signs and health metrics. This program focuses on supporting patients with congestive heart failure (CHF) and other high-risk individuals who are more susceptible to hospital readmissions. By enabling earlier intervention and proactive care between visits, RPM is helping improve outcomes, reduce emergency department utilization, and enhance the overall patient experience. Following the successful launch of a pilot program in early April, Tanner is planning a future-state project that will integrate RPM results directly into Epic, ensuring providers have easy access to actionable data within their existing workflows.
Site specific cancer programs	Cancer programs saw meaningful improvements with the addition of more 3-D digital breast tomosynthesis to support growing breast cancer screening, the remodeling and expansion of image-guided radiation therapy with a new Varian TrueBeam, and the addition of a fourth medical oncologist in 2024.
Expansions of primary care in the region	Primary care access was substantially increased with the recruitment of 19 primary care providers (12 MDs and 7 APPs) over the last two years, resulting in a net growth of 4 MDs and 2 APPs. This expansion was supported by enlarging the Villa Rica (Mirror Lake) primary care location, adding a clinic adjacent to the Birches on Maple in Carrollton, and beginning construction on a new primary care clinic integrated into the Carrollton Urgent Care location to serve as a bridge for complex hospital discharge patients.
Others - Neurosurgery	Neurosurgical capabilities were introduced in FY2023 through collaboration with Legacy Brain & Spine.
Expand access to surgical services across the region	Surgical services were expanded across the region with increased robotic surgical capacity in FY2023 by converting an Si robot to an updated Xi, and extended hours of robotic availability in Villa Rica during FY2024.
Prepare and launch cardiac surgery while expanding electrophysiology and interventional cardiology	Cardiac capabilities were significantly enhanced with the launch of cardiac surgery in FY2023, the hiring of a third interventional cardiologist for Villa Rica in FY2024, and the planned addition of a second CT surgeon and EP physician starting July 1, 2025.
Open a new ASC in Carrollton, Georgia, to provide greater access to orthopedic and spine services	A new ambulatory surgery center was opened in Carrollton, Georgia in FY2023 to provide greater access to orthopedic, spine, and pain management services for the surrounding community.
Launch a gynecologic oncology surgical services program	No action steps taken.

Develop and implement plans for patient bed expansion at Tanner Medical Centers Carrollton and Villa Rica to support service line growth and access to care for the growing region	To accommodate service line growth and improve access to care for the growing region, construction began on June 3, 2024, for a new patient tower adding 97,000 square feet and 50 additional inpatient beds, with completion expected in 24 months.
Support and increase in the number of physicians and healthcare professionals in the region through recruitment and medical education support	
Continue to provide medical and nursing scholarships to students, ensuring Tanner will have a qualified pool of talent available for future recruitment	Tanner Health continues to provide medical and nursing scholarships to students, ensuring a qualified pool of talent for future recruitment. The Carrollton Auxiliary awarded $5,000 in scholarships in 2023 and $2,000 in 2024. Additionally, Tanner Health awarded multiple scholarships totaling $9,000 in FY23, $14,000 in FY24, and $11,000 in FY25 to provide financial assistance for medical students and Advanced Practice Providers (APPs) and to enhance future recruitment opportunities. In FY2023, 5 students received scholarships. In FY2024, 2 students received scholarships. The Future of Healthcare Scholarships were distributed to 2 Medical Students and 3 APPs in FY2023, 4 Medical Students and 2 APPs in FY2024, and 2 Medical Students and 5 APPs in FY2025.
Continue to connect senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program with Tanner Get Healthy, Live Well (GHLW) to help them increase knowledge and gain skills in community health work	Tanner Health continues to connect senior nursing students at the University of West Georgia to a variety of community health opportunities in west Georgia through a preceptorship program with Tanner Get Healthy, Live Well (GHLW). This program helps students increase knowledge and gain skills in community health work. GHLW staff provides senior nursing students with an orientation to the preceptorship program every Fall and Spring semester. Following orientation, students begin registering for community outreach classes and events at which they volunteer, including assisting with evidence-based class instruction, senior center activities, assisted living resident activities, community health screenings, and many more. Prior to graduation, each nursing student must complete a minimum of 10 volunteer hours with GHLW to fulfill program requirements. In FY2023, 170 students participated in the program, followed by 150 participants in FY2024, and 154 participants in FY2025.
Continue to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs	Tanner Health continues to develop and expand health career mentoring and internship programs, including Tanner Connections and Tanner Teen Institute programs. The Tanner Teen Institute serves up to 50 students each summer, providing both a volunteer opportunity and leadership training course that gives students a clear understanding of the career paths within

	the healthcare field. The program also teaches valuable job skills such as resume building, interview tips, and other soft skills necessary for professional development. To date, participants have contributed 4,000 total donated hours to the community through this initiative.
Decrease barriers to care through patient transportation services	
Continue the implementation of Tanner Cancer Care's Cancer Patient Transportation Program	No action steps have been taken to continue implementation of this initiative during this reporting period.
Continue to provide indigent patient transportation services to area residents who have been discharged home from the hospital, supported by Tanner Medical Foundation's Indigent Taxi Fund	The Tanner Medical Foundation has continued to provide indigent patient transportation services to area residents discharged from the hospital. During FY2023 (July 1, 2022 to June 30, 2023), the Foundation provided 39 patients with transportation assistance, resulting in 117 trips to and from medical appointments, treatments, and other healthcare services. In FY2024, the Tanner Medical Foundation provided 7 patients with gas cards to help address transportation needs.
Work in partnership with public safety, local government, transportation agencies, etc. to achieve convenient, low-cost transportation options	In terms of partnerships with public safety, local government, and transportation agencies to achieve convenient, low-cost transportation options, Tanner Health currently has no support for transportation in the community for those without payment outside of west Georgia.
Increase access to care for the uninsured and underinsured	To increase access to care for the uninsured and underinsured, Tanner Health made significant improvements to the financial assistance application process in 2023. The entire application process, from start to finish including document uploading, can now be completed electronically through MyChart, making it easier for patients to apply for financial assistance.
Continually evaluate and broadly communicate financial assistance and self-pay discount policies and practices to ensure optimal access for qualifying patients	Tanner Health has also focused on evaluating and communicating financial assistance and self-pay discount policies to ensure optimal access for qualifying patients. When sharing estimates or amounts due with uninsured patients, staff clearly communicate the automatic discount these patients will receive. The financial assistance policy, which is publicly posted, reflects this uninsured discount, and the uninsured balance due statements show the self-pay discount that reduces total billed charges.
Continue to provide support to local community-based indigent clinics	
Continue partnership with a national nonprofit to provide low-cost medications to low-income individuals	Project continues with this community health improvement plan.

Utilize health information technology to improve population health outcomes and healthcare quality	
Maximize Epic's potential for enhancing patient care, outcomes and clinician-user experience	Tanner Health maximized Epic's potential by implementing MyChart Bedside in FY2024, enhancing the patient care experience by providing bedside access to health information. The same fiscal year saw the launch of MyChart Care Companion to support pregnancy care, giving expectant mothers tools to track their pregnancy journey and communicate with their care team. Best Practice Advisories were also implemented in FY2024 to enhance patient outcomes by providing clinicians with evidence-based recommendations at the point of care. Healthy Planet and Compass Rose Epic were deployed to improve population health management capabilities, allowing for better tracking and intervention for at-risk populations. Epic quality metrics implementation improved quality measurement and reporting capabilities. In FY2025, enhanced Epic MyChart tools gave patients immediate access to their health information and resources to manage health issues, while improving communication with their care team via MyChart messaging.
Leverage Epic tools to improve end-user efficiency and patient engagement	To improve end-user efficiency and patient engagement, Tanner Health implemented ambient listening with Abridge in FY2024, enhancing patient experience by allowing clinicians to focus on the patient rather than documentation. This technology decreased provider burnout and cognitive load, creating more efficient workflows that improved patient access by opening up additional appointment availability. Asynchronous e-visits were implemented in FY2024 to enhance patient access to care without requiring in-person visits. That same year, Tanner Health deployed texting capabilities for surgery patients to receive preparation instructions and family updates, as well as for Emergency Department patients to improve efficiency and experience while waiting for triage.
Expand use of Epic's behavioral health module.	Tanner Health expanded the use of Epic's behavioral health module when Epic conducted an immersion site visit in FY2024 to identify opportunities for enhancement. Abridge ambient listening was implemented with many behavioral health

	providers, improving workflow efficiency and consequently increasing access for patients seeking mental health services.
Complete open heart Epic build and configuration.	The complete open heart Epic build and configuration was accomplished, with Tanner Health going live with open heart surgery on January 30, 2023, after completing all the necessary Epic build elements. This included perfusion workflows, orders, notes, ambulatory follow-up, point of care labs, and other essential components to support this advanced cardiac care service.
Increase myChart activation for purpose of connecting patients to Tanner Medical Group to improve access to care	To increase MyChart activation and connect patients to Tanner Medical Group for improved access to care, Tanner Health implemented MyChart in FY2019 and created instructional videos distributed across social media platforms, newsletters, and Tanner@Work, Tanner's intranet portal. Provider email promotions and messaging within MyChart highlighted key features to users. A contest among Tanner Medical Group practices encouraged activations. In-person activation assistance and multiple community presentations helped educate patients on the benefits. A comprehensive public social advertising campaign raised awareness, complemented by on-hold messaging, direct mail, print ads, best practices scripting for team members, bedside promotion, print collateral, website headers, and blogs.
Increase awareness of existing resources	
Utilize educational outreach and enhanced networking/ partnerships to raise awareness of services and resources in the community to overcome barriers to care	In fiscal year 2023, Tanner Health expanded nutrition and chronic disease classes to reach more community members, including the Heard County Senior Center and Willowbrooke Outpatient in Carrollton. The organization also increased virtual class offerings to improve accessibility for those unable to attend in-person sessions. These educational outreach efforts helped serve 913 people in 2023, representing a significant increase from the 640 individuals who attended similar classes in 2022. In fiscal year 2024, Tanner Health integrated community resource guides into the Epic electronic health record system, creating a powerful tool to match patients with resources based on their specific identified needs. This technological enhancement streamlined the referral process and ensured healthcare providers could easily connect patients with appropriate community services.

	Despite a slight decrease in class attendance to 717 people in 2024, other awareness initiatives were implemented to reach community members. Tanner Health also developed and distributed information cards featuring the web address and hotline for the Healthy Haralson Resource Guide. These cards were strategically placed in all Tanner Medical Group clinics serving Haralson County residents. Additionally, the distribution network extended beyond medical settings to include first responders, libraries, post offices, and various community partners throughout the county. A total of 2,000 information cards were distributed, significantly expanding awareness of available healthcare resources throughout the service area.
Establish Quality Journey to High Reliability Organization (HRO) to ensure continued delivery of quality care effectively, efficiently, and predictably.	
Conduct HRO and Serious Safety event training	Tanner Health began its journey toward becoming a High Reliability Organization (HRO) by implementing comprehensive training and adopting the HPI Serious Safety Event classification system. This initiative started with training for Executives, Directors and Managers in 2022 and 2023. A significant milestone was reached when a Just Culture Core Team of six members became certified to implement the program, with all team members completing their certification by July 2024. By fiscal year 2024, Tanner Health had successfully educated departmental leadership, integrated the system into event review processes, and established plans for ongoing training to ensure new leaders would receive proper orientation to these critical safety practices.
Conduct Just Culture training and Culture of Safety Survey	The organization demonstrated its commitment to safety culture development by conducting a comprehensive Culture of Safety Survey in fiscal year 2023. Following the survey, Tanner Health promptly communicated results to staff and completed action planning based on the findings. In fiscal year 2024, Just Culture training was assigned to all leaders, case study training was completed, and necessary algorithms were distributed throughout the organization.

	This sustained focus on safety culture has yielded measurable improvements, with Press Ganey Safety Culture scores steadily increasing from 4.01 in FY2023 to 4.04 in FY2024, and further improving to 4.13 in FY2025, placing Tanner Health in the 74th percentile compared to peer organizations.
Enhance Ambulance Services throughout the region.	
Enhance emergency ambulance services	Tanner Health significantly enhanced emergency ambulance services beginning in FY2021 with the acquisition of West Georgia Ambulance, followed by substantial improvements in FY2025. These improvements included increasing the number of Emergency 911 Contract ambulances from six to seven, installing Stretcher Power Lift devices in five of the seven current 911 trucks to provide a much safer loading process for patients and EMS personnel, purchasing three new ambulances to replace current 911 units, replacing all 800 MHz portable radios for all personnel, and increasing salaries to market level while adding staff.
Expand patient transport services between Tanner facilities	To expand patient transport services between Tanner Health facilities, in FY2025 the organization began the process of upgrading all Non-Emergency Trucks (NET) from Basic Life Support (BLS) to Advanced Life Support (ALS) and shifted their focus to Inter Facility Transport (IFT) trucks, allowing for more comprehensive care during patient transfers between facilities.
Expand Paramedic Home Visitation Program	Tanner Health expanded its Paramedic Home Visitation Program, implementing the Community Paramedic Home Visitation Program in FY2024 and reorganizing it in FY2025 to focus on the discharged patient population, including those with CHF and other chronic illnesses where there was a high percentage of readmission. During FY2025, the program saw 108 patient referrals with 51 initial visits and 148 follow-up visits, while only 7 patients refused participation. Importantly, the program achieved a 34% rate of no readmissions for participating patients, demonstrating its effectiveness in reducing hospital returns.

Significant Health Need Identified in Preceding CHNA	Promote mental/behavioral health in the community
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Increase access to mental/behavioral health services and support in the community	
Focus on rapid mental health access and specialized psychiatric services	Tanner Health has focused on rapid mental health access and specialized psychiatric services with impressive results. The Behavioral Health Urgent Care opened in FY2024 and served 5,339 patients that fiscal year. The momentum has continued with 2,934 patients seen in FY2025 year-to-date, demonstrating the critical need for these services in our community.
Develop additional rapid mental health access points	To develop additional rapid mental health access points, Tanner Health expanded hours in FY2025 to include weekend access on both Saturday and Sunday. This expansion ensures that community members experiencing mental health concerns have options for care even outside traditional business hours, reducing barriers to timely intervention.
Establish specialized access points for care at each campus	Tanner Health has established specialized access points for care at each campus, most notably opening a Behavioral Health Urgent Care at the Villa Rica campus in FY2025. This strategic placement of services ensures that mental health resources are geographically accessible across the service area.
Identify opportunities to expand Willowbrooke at Tanner’s inpatient and outpatient services	Identifying opportunities to expand Willowbrooke at Tanner's inpatient and outpatient services has been a priority. In FY2024, 12 new providers were added, and 12 new offices were opened in Villa Rica for outpatient care. This significant expansion increases the capacity to serve patients with varying levels of mental health needs.
Utilize telemedicine-psych to enhance access for better and faster patient care	Tanner Health has utilized telemedicine-psych to enhance access for better and faster patient care, adding 11 new providers specifically for the telehealth service. This technology-enabled approach helps overcome transportation barriers, provides flexibility in scheduling, and extends the reach of specialized providers.
In partnership with area school systems, continue Willowbrooke at Tanner’s school-based behavioral health therapy services and expand to additional schools within the region	In partnership with area school systems, Tanner Health continues Willowbrooke at Tanner's school-based behavioral health therapy services and has expanded to additional schools. In FY2025, contracts were established to service each individual school within both the Carroll County school district and the Carrollton City school district, ensuring that youth have access to mental health support where they spend much of their time.

Recruit additional providers for the Cartersville, Carrollton and Villa Rica campuses	Recruitment of additional providers for various campuses has been strategic. During FY2024 and the beginning of 2025, Tanner Health closed the Cartersville location and moved physicians to Villa Rica, while adding 10 new providers overall. This consolidation and growth strategy optimizes resources while expanding the provider network.
Continue development of specialized psychiatric services	FY2025 started specialized services for college student psychiatric, healthcare workers, cancer care, women's services, neuro-psychiatric, child and adolescent services, addiction services, and immediate care clinic.
Expand child & adolescent inpatient access	Expanding child and adolescent inpatient access has been achieved in FY2025 by expanding bed access to full capacity. The average daily census increased from 13.9 in FY2024 to 15.7 in FY2025 year-to-date, reflecting both the need for and availability of these critical services for young people.
Expand outpatient clinics	Outpatient clinics have seen significant expansion. On February 3, 2025, Tanner Health opened newly renovated and expanded clinics for the Counseling Center and Psychiatric Center in Mirror Lake, as well as newly expanded clinics/services at 101 Doctors Drive and the new Immediate Care Clinic at 20 Herrell Road. These physical space improvements enhance the environment of care and allow for increased patient volume.
Continue to expand services through Willowbrooke Psychiatric Center & Willowbrooke Counseling Center	Tanner Health continues to expand services through Willowbrooke Psychiatric Center and Willowbrooke Counseling Center, with ongoing further integration into 2025. All locations have expanded physical office space for use, ensuring that facilities can accommodate the growing demand for mental health services across the continuum of care.

Establish Department of Women's Mental Health	
Identify dedicated psychiatric providers specializing in Women's Mental Health Services	Tanner Health has successfully identified and recruited dedicated psychiatric providers who specialize in Women's Mental Health Services. During fiscal year 2024, specialized mental health services for women were introduced in Carroll County, with the addition of five new providers who bring expertise specifically tailored to address women's unique mental health needs. This strategic staffing expansion demonstrates Tanner Health's commitment to addressing the identified community need for specialized women's mental healthcare.
Partner with Tanner Medical Group's OB/GYN practices and Oncology Services to expand access to these services	Tanner Health has established meaningful partnerships with Tanner Medical Group's OB/GYN practices and Oncology Services to expand access to women's mental health services. During fiscal year 2024, these collaborative relationships were formalized, creating an integrated care approach that recognizes the interconnected nature of women's physical and mental health. These partnerships enable more streamlined referrals and coordinated care for women experiencing mental health challenges related to reproductive health, cancer diagnosis, treatment, and survivorship.
Integrate behavioral health and primary care	
Continue expansion of and integration of behavioral health providers within Tanner Medical Group's primary care Patient-centered Medical Home (PCMH) practices	As of fiscal year 2024, every Tanner Medical Group primary care office now screens for depression and suicide risk. This universal screening protocol represents a significant advancement in early identification of mental health concerns, allowing for timely intervention and appropriate referrals when needed, ultimately improving patient outcomes through proactive care. Tanner Health has focused on providing education to both the community and healthcare providers regarding specialized psychiatric services and rapid mental health access. This educational initiative increases awareness of available resources and helps reduce stigma surrounding mental health treatment, making it more likely that patients will seek care when needed.
Provide education to the community and providers on specialized psychiatric services and rapid mental health access	Dr. Heather Ford regularly meets with OB/GYNs to ensure proper coordination of care for patients requiring both obstetric/gynecological and psychiatric services. These collaborative discussions help address the unique mental health needs of women throughout various life stages, particularly during pregnancy and postpartum periods when psychiatric support may be especially critical.

	Dr. Kenneth Genova maintains ongoing meetings with subspecialty service line leaders to assure access to mental health services as needed. This interdisciplinary approach ensures that patients receiving specialized medical care can also access appropriate psychiatric support, creating a more seamless healthcare experience and preventing mental health concerns from being overlooked in complex medical cases.
Reduce stigma of mental illness in the community	
Advocate for change to stigma surrounding mental illness in the community through continued educational media initiatives, awareness campaigns and community outreach efforts	Tanner Health has been advocating for change to stigma surrounding mental illness in the community through continued educational media initiatives, awareness campaigns and community outreach efforts. These multifaceted approaches aim to normalize conversations about mental health, provide accurate information, and create supportive environments where community members feel comfortable seeking help. As part of an ongoing improved media plan, Tanner Health has hired a communications and marketing strategist. This strategic staffing decision demonstrates the organization's commitment to addressing mental health stigma through professional communication and outreach strategies tailored to behavioral health needs.
Increase the mental health literacy and capacity of adults who interact with adolescents to identify and respond to the behavioral health issues of adolescents through the implementation of Youth Mental Health Mental/Behavioral Health Services Promote Mental/Behavioral Health in the Community First Aid (YMHFA) trainings to a diverse group of youth serving adults throughout the region	Tanner Health had previously increased the mental health literacy and capacity of adults who interact with adolescents through Youth Mental Health First Aid (YMHFA) trainings. These trainings equipped a diverse group of youth-serving adults throughout the region with skills to identify and respond appropriately to behavioral health issues in young people. However, as of fiscal year 2025, Tanner Health is no longer contracted to provide these services.
Implement a pilot peer-monitoring program within local schools	No action steps have been taken at this time.
Strengthen the linkage and referral system between behavioral health providers and other service organizations	
Continue to collaborate and communicate with local service agencies, such as area juvenile/truancy courts, Department of Family and Children's Services, Department of Juvenile Justice,	Tanner Health continues to foster robust collaborations with local service agencies, including area juvenile/truancy courts, Department of Family and Children's Services, Department of Juvenile Justice, physician offices and schools.

physician offices, schools, etc., to further identify and respond to gaps in behavioral health services and supports in the community	These partnerships are essential for identifying and addressing gaps in behavioral health services and supports throughout the community. By maintaining open lines of communication with these organizations, Tanner Health ensures a coordinated approach to meeting the behavioral health needs of the population they serve. In fiscal year 2024, Tanner Health implemented neuro-psychiatric services specifically designed to support their neurosurgical service line. This strategic addition enhances the comprehensive care available to neurosurgical patients who may experience mental health challenges related to their conditions or treatments. The integration of neuro-psychiatric capabilities represents an important expansion of specialized behavioral health services at Tanner Health.

Significant Health Need Identified in Preceding CHNA	Increase Access to and Utilization of Clinical and Community-based Services for Chronic Disease Prevention, Risk Reduction and Management
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Increase access to community-based chronic disease preventive services and self-management programs in organizational or institutional settings (e.g., faith-based organizations, worksites and community-based organizations)	
Develop Population Health Management Services Organization to focus on improvement of clinical health outcomes through improved care coordination and patient engagement	Major investments in Epic modules Healthy Planet and Compass Rose have been made to provide a robust suite of tools that can assist in obtaining advanced reporting and guiding our workflows. Additionally, the Chronic Care Management program for Tanner Medical Group patients has been expanded. The enrollment has increased from 200 to over 600 patients, with the goal of reaching 1000 patients enrolled by July 2025.
Expand the Diabetes and Hypertension Food As Medicine and Healthy Food Farmacy Programs to include education and healthy food distribution to patients with other chronic diseases.	The Food As Medicine and Healthy Food Farmacy Programs have been expanded to include education and healthy food distribution for patients with various chronic diseases. In FY2024, Tanner Health launched Food as Medicine for CHF patients, and in FY2025, they expanded these programs for diabetes and hypertension to Haralson County and Villa Rica, serving 215 referrals in FY2024 and 123 referrals in FY2025.
Expand health coaching to better equip patients to manage their chronic conditions and teach them how to set realistic goals for themselves	Health coaching services have been expanded to better equip patients to manage their chronic conditions and set realistic goals. In FY2024, Tanner Health launched health coaching at the CHF clinic, providing one-on-one coaching during treatment. This program was further expanded to Villa Rica and Bremen in FY2025, reaching more patients across the service area.
Establish new programs to provide education for seniors on how to manage chronic conditions and live healthier, more active lives	New educational programs for seniors on managing chronic conditions and living healthier, more active lives have been established. In FY2024, these programs expanded to Heard County Senior Center and The Birches at Villa Rica, and in FY2025 to the Birches on Main. These initiatives served 582 participants in FY2024 and 668 participants in FY2025, showing steady growth in community engagement.
Improve or enhance organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction and management in worksites	Tanner Health has improved organizational policies and practices to increase opportunities for chronic disease prevention, risk reduction, and management in worksites. From FY2023 to FY2025, they expanded the Get Healthy Live Well-Care Management team and Chronic Care Management program, focusing on eligible patients through telemedicine. Tanner also implemented the

	Transitional Care Management program for proactive outreach to discharged patients, and in FY2025, added inpatient diabetes education at bedside prior to discharge. The Chronic Care Management and Transitional Care Management programs have shown impressive growth in patient services. In FY2023, Tanner served 1,392 TCM and 561 CCM patients. By FY2024, these numbers shifted to 977 TCM and 1,284 CCM patients. In FY2025, Tanner reached 647 TCM and 2,668 CCM patients, demonstrating a strategic shift toward chronic care management. Additionally, Tanner provided 1,346 outpatient diabetes consults from FY2023 to FY2025.
Conduct screening health assessments within worksites with feedback plus health education, including employee referral to services that align with their health needs	Tanner Health has conducted screening health assessments within local worksites, providing feedback and health education, including employee referral to appropriate services. In FY2023, health assessments were completed at several local organizations including the City of Villa Rica, Greystone Power Corporation, Carroll EMC, Pilgrim's Pride, Carroll County Water Authority and Georgia Power. The number of assessments completed has steadily increased from 1,893 in FY2023 to an estimated 2,086 in FY2025, which includes Tanner employee health assessments. Get Healthy Live Well has provided an increasing number of wellness education seminars, classes, and health fairs. These educational offerings have grown from 9 seminars and classes in FY2023 to 18 in FY2025, showing Tanner Health's commitment to expanding health education in the community.
Provide training and technical assistance to worksites in the development and implementation of policy, systems and environmental (PSE) modification strategies that promote chronic disease prevention, risk reduction and management	From FY2023 to FY2025, Tanner Health has provided training and technical assistance to worksites in developing and implementing policy, systems, and environmental modification strategies that promote chronic disease prevention, risk reduction, and management. Tanner implemented an employee wellness tracking and education application for all City of Villa Rica employees, providing access to general health and chronic disease prevention and management education, reaching 135 people.
Continue to cultivate a healthier workforce at Tanner Health System through programs like Health Bridge/chronic disease management, health coaching and the Tanner Health Source gyms	Tanner Health has continued to cultivate a healthier workforce through programs like Health Bridge/chronic disease management, health coaching and the Tanner Health Source gyms. In FY2023, Tanner increased access to health coaching by providing virtual coaching and added group fitness programs.

	In FY2024, Tanner expanded Tai Chi for Health by implementing three additional instructors providing classes in Villa Rica and Carrollton at various times to accommodate staff schedules. Tanner also implemented the American Lung Association's Freedom to Quit smoking cessation program, available both virtually and in-person, and expanded the Diabetes Prevention Program and Tai Chi to Higgins to increase access for Tanner employees.
Increase the number of healthcare providers providing referrals to community-based resources and services for chronic disease prevention, risk reduction and management	
Continue to educate and engage area healthcare providers in the development and implementation of new or improved processes and systems (i.e., EPIC 2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY 4EMR) regarding referrals to Get Healthy, Live Well's community-based chronic disease programming (e.g., National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids, Tai Chi) and other community resources through clinical and community linkages	Tanner Health continues to educate and engage area healthcare providers in the development and implementation of new or improved processes and systems regarding referrals to Get Healthy, Live Well's community-based chronic disease programming and other community resources through clinical and community linkages. This includes utilizing EPIC EMR to streamline the referral process for programs such as the National Diabetes Prevention Program, Living Well Workshop, Living Well with Diabetes, Freshstart tobacco cessation, Fit Kids and Tai Chi. During fiscal year 2025, Tanner Health conducted presentations to all providers at each TMG clinic stakeholder meeting, providing information on Get Healthy, Live Well classes and programs, along with instructions on referring patients through EPIC. These presentations were designed to increase awareness and facilitate the referral process for community-based resources. In fiscal year 2025, Tanner Health engaged inpatient diabetes nurses with tours of Get Healthy, Live Well facilities and presentations of classes and programs to increase awareness and encourage referrals upon patient discharge. This initiative helps ensure continuity of care as patients transition from inpatient to outpatient settings. Throughout fiscal years 2024 and 2025, Tanner Health delivered presentations to community clinics to expand the network of providers familiar with Get Healthy, Live Well resources. These presentations helped increase the reach of chronic disease prevention and management programs beyond Tanner Health's immediate network. The efforts to increase healthcare provider referrals have shown significant results. In fiscal year 2023, 184 physicians referred

	patients to Get Healthy, Live Well programs. This number increased to 261 physicians in fiscal year 2024, demonstrating growing engagement from the provider community. As of January 21, 2025, in the current fiscal year, 239 physicians have already referred patients to Get Healthy, Live Well programs. This robust participation early in the fiscal year suggests continued growth in provider engagement with community-based resources for chronic disease prevention, risk reduction, and management.
Provide outreach to increase use of clinical preventive services by the population	
Hold community screening opportunities (i.e., cholesterol, blood pressure, diabetes, prostate cancer, etc.) to ensure underserved individuals are aware of and have access to available screenings	Tanner Health has extensively provided community health screenings throughout our service area, including blood pressure, cholesterol and blood glucose screenings at faith-based organizations, senior centers and community health fairs. Our Get Healthy, Live Well (GHLW) initiative conducted 444 total screenings in FY2023, which included 224 blood pressure screenings, 28 BMI screenings for Diabetes Prevention Program participants, 137 diabetes and hypertension screenings for FAM program participants and 55 biometric screenings at senior centers. In FY2024, Tanner expanded our reach to 608 community member screenings, including 200 blood pressure screenings at Greystone Power Co-op member Health Fair and 150 screenings at the NAACP Community Resource/Health Fair. For FY2025 through January 21, GHLW has already conducted 310 screenings, including 58 biometric screenings at the Veterans Day community health fair, 150 blood pressure screenings at UWG staff/faculty health fair, and 110 faith-based biometric screenings, with two additional faith-based screenings planned for an estimated 200 more community members. Tanner's oncology department has also been active, hosting three prostate screenings in FY2023 for 58 community members and one in FY2024 for 53 participants, with two more planned for FY2026.
Tanner's "Mammography on the Move" digital mammography unit to provide mammograms and bone density screenings throughout the community	Tanner Health's "Mammography on the Move" digital mammography unit has been a vital resource for providing accessible mammograms and bone density screenings throughout the community. The mobile unit has been temporarily out of service since February 2024 due to necessary truck repairs. During this downtime, we're making significant upgrades to the equipment, including installing a new 3D mammography unit and

	bone density scanner. The truck is expected to return to service by May 2025 with a new Tanner Health logo wrap, ready to continue its mission of bringing essential preventive screenings directly to the communities Tanner serves.
Expand targeted and culturally appropriate media and education efforts through a variety of communication channels and formats to raise awareness of health information and services in the community, empower individuals to take an active role in their health and health care and overcome barriers to care	Tanner Health has expanded targeted and culturally appropriate media and education efforts through various communication channels to raise awareness of health information and services in our communities. Tanner has leveraged paid search and social media platforms to target audiences based on age and zip code, while making a concerted effort to ensure our creative content represents diverse audiences across ages, cultures, abilities, and family structures. Tanner's CRM tool and marketing automation provider help us send targeted email communications with follow-up capabilities. Tanner has also strengthened partnerships with community organizations such as Carroll County Family Connection, Pregnancy Resource Center, Heard County Family Partnership and business and industry partners to share information about classes, programs, and screening events. These collaborative efforts ensure messaging reachs groups who may not be active on social media or who need improved access to the services we offer, helping community members overcome barriers to care and take a more active role in their health.

Significant Health Need Identified in Preceding CHNA	Promote Health and Nutrition Education
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Increase accessibility and availability of health and nutrition education throughout the community	
Expand community-wide nutrition education and healthy food cooking courses to include more online classes	Tanner Health has significantly expanded online nutrition education and healthy food cooking courses, increasing from 26 online classes in FY2023 to 32 in FY2024, with a target of 40 classes in FY2025. These classes are promoted through paid search, social media targeting based on age and zip code, email communications via CRM tools, and partnerships with community organizations such as Carroll County Family Connection, Pregnancy Resource Center, Heard County Family Partnership and local businesses to ensure broad reach across diverse populations.
Expand Food as Medicine education programs	The innovative Food as Medicine program was launched for congestive heart failure patients in FY2024, and subsequently expanded in FY2025 to include diabetes and hypertension programs in Haralson County, as well as extending services to Villa Rica. Referrals to these programs have grown substantially, with 114 referrals in FY2024 and already 120 referrals by January 2025 in the current fiscal year, demonstrating the community's growing engagement with these specialized nutrition services.
Provide food skills education to pregnant women, parents, and caregivers of children 0-5; Provide OB-GYNs, pediatricians, and primary care providers with QR codes linking nutrition education and recipes for their patients	Cooking Matters programming has been instrumental in providing food skills education to pregnant women, parents, and caregivers of children aged 0-5. The initiative included QR codes on flyers and wall clings in medical facilities, linking users to health education resources and text messaging with nutrition education content. The program reached over 296,000 community members, with class offerings increasing from 3 in FY2023 to 6 in FY2024, and a projected 8 classes in FY2025.
Develop weekly nutrition education to be delivered via texts	In FY2023, Tanner Health partnered with Bright by Text (now called Lantern) to implement a comprehensive text message campaign providing cooking videos, nutrition education, recipes, and budget-friendly healthy eating tips. During the 6-month campaign period, 53 text messages with health education content were created and delivered to 218 subscribers, offering convenient access to nutrition information for community members.
Develop videos with registered dietitians to provide nutrition tips for expectant and new moms	Multiple educational videos featuring registered dietitians were produced in FY2023, providing specialized nutrition tips for expectant and new mothers. These videos were part of GHLW's healthy cooking content initiative, making expert nutritional

	guidance accessible to those who might not be able to attend in-person consultations or classes.
Provide links in Tanner public e-newsletter to link to Cooking Matters video content	Tanner Health embedded links in their public e-newsletter directing subscribers to GHLW's Food and Family Matters landing page, where comprehensive nutrition education resources and programs are available. This digital strategy proved effective, generating 4,413 landing page views during the campaign period and extending the reach of nutrition education beyond traditional in-person settings.
Continue Cooking Matters classes to increase nutrition education and access to healthy, affordable foods	For over a decade, GHLW has partnered with Cooking Matters to provide nutrition education and cooking instruction to low-income families and individuals in west Georgia. During FY2023-FY2024, six-week classes were conducted both on-site at the teaching kitchen and online, reaching 93 people. On-site participants received weekly wellness boxes containing ingredients from cooking demonstration recipes along with additional produce and healthy foods, with a total of 56 wellness boxes distributed.
Develop cardiac nutrition education curriculum	Specialized cardiac nutrition education curricula have been developed, including Food As Medicine for Hypertension (launched in FY2022) and Food As Medicine for CHF (launched in FY2024). Both programs feature virtual and on-site class options to increase community access. Additionally, in FY2025, the CHF Clinic began offering one-on-one health coaching to patients during treatment, which includes education on nutrition for congestive heart failure. The coaching program has shown steady growth, from 97 patients coached in FY2023 to 114 in FY2024, with a target of 125 patients in FY2025.

Increase nutrition education opportunities for youth	
Continue comprehensive nutrition education curricula through Kids 'N the Kitchen with a focus on hands-on learning and cooking demonstrations	Tanner Health's Get Healthy, Live Well initiative has continued its comprehensive nutrition education curricula through Kids 'N the Kitchen, emphasizing hands-on learning and cooking demonstrations. The program provides seven area elementary schools with mobile kitchen carts equipped with age-appropriate kitchen utensils and small appliances for classroom use. Teachers and staff receive curriculum materials to incorporate into their lesson planning. This healthy nutrition and cooking skills education reaches over 1,000 students monthly throughout each school year cycle during fiscal years 2023-2025.
Continue Power of Produce (POP) Club nutrition education at local farmers markets	The Power of Produce (POP) Club nutrition education program has maintained its presence at the Cotton Mill Farmers' Market in Carrollton and expanded to Villa Rica in fiscal year 2023. In fiscal year 2024, Tanner Health partnered with the University of West Georgia to provide students in the health and wellness program with volunteer opportunities throughout the summer semester. These students created activities, educational content, and programs for the POP club at both the Cotton Mill and Villa Rica farmers' markets. Over 300 children and families have been served through this Community Health Improvement Plan initiative during the fiscal years 2023-2025.
Increase accessibility, availability, affordability, and identification of healthy foods in the community	
Continue to engage Get Healthy, Live Well's West Georgia Regional Food System Collaborative committee to work on understanding the systemic infrastructure, policy issues and economic concerns that must be addressed to make healthy food more viable in west Georgia	No action steps taken.
Increase awareness about food insecurity	Tanner Health has made significant progress in increasing awareness about food insecurity through presentations to civic organizations, faith-based organizations, school system leadership and community coalition task forces. The reach of these presentations has been substantial, with 210 attendees in FY2023, 328 attendees in FY2024 and 306 attendees in FY2025 (as of January 23, 2025).
Continue partnership with UGA Extension to provide education to local farmers	The partnership between Tanner Health and UGA Cooperative Extension continues to provide vital education to local farmers. Tanner's Get Healthy, Live Well supports and sponsors the annual

	Journeyman Farmer program through awareness campaigns, new farmer recruitment, supplying course curriculum for participants, and sponsoring farmer mentorships. This program reached 16 attendees in FY2023 and 14 attendees in FY2024.
Continue to promote the purchase of fruits, vegetables, and other healthy foods through local farmers markets.	Tanner Health promotes the purchase of fruits, vegetables and other healthy foods through local farmers markets by collaborating with the UGA Cooperative Extension Service of Carroll County to produce the annual Food and Farm Resource Guide. This comprehensive guide provides detailed information on locations, products, and services available to community members, including location and contact information for participating farmers and farmers markets. These guides are distributed across multiple community sites and organizations and are available online to help residents find local, healthy food while supporting local farms and neighbors. In FY2023, 2,000 guides were produced, which increased to 5,000 guides in FY2024. The FY2025 guides are in production.

Significant Health Need Identified in Preceding CHNA	Prevent and treat substance misuse
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Enhance substance misuse treatment in the community	
Continue to promote and expand substance misuse services through Regain at Willowbrooke, an outpatient substance misuse treatment program for working professionals	Willowbrooke launched acampaign to highlight Regain, Tanner's outpatient substance abuse treatment program specifically designed for working professionals. The program offers flexible scheduling to accommodate work commitments while providing comprehensive addiction treatment services. Regain uses evidence-based approaches including individual counseling, group therapy, and medical support to address substance use disorders. The program focuses on helping professionals maintain their careers while receiving the treatment they need, with options for evening sessions and intensive outpatient care. Regain's specialized approach recognizes the unique challenges faced by professionals seeking recovery while balancing workplace responsibilities.
Reduce Barriers and Bridge Gaps Between Residents, Emergency Personnel and Substance Misuse Prevention and Treatment Programs through Education and Resource Linkages	
Provide education to schools and business/industry regarding e-cigarette use	Tanner Health has provided education to schools and business/industry regarding e-cigarette use through "The Dangers and Risks of Vaping" program. This initiative reached faculty, staff, parents and over 1,200 8th-12th grade students at Haralson County Middle and High School in Spring 2022 and Fall 2024. The program was also delivered to employees in the business community at Carroll EMC, Carroll County Water Authority and the City of Villa Rica throughout fiscal years 2023, 2024 and 2025. The total impact has been significant, reaching over 2,000 faculty, staff, parents and students in schools, as well as over 400 employees in business and industry settings.
Reduce amount of unused and expired prescription and non-prescription medications available for misuse through safe and effective home disposal methods and drug take-back opportunities	To reduce the amount of unused and expired prescription and non-prescription medications available for misuse, Tanner Health implemented safe and effective home disposal methods and drug take-back opportunities. A key partnership was established with the Carroll County Sheriff's Office and the University of West Georgia Police Department to install drug disposal units in their

	lobbies, providing convenient and secure locations for community members to safely dispose of potentially dangerous medications.
Implement community outreach activities to educate community on critical substance misuse issues (i.e. opioid/prescription medication misuse, dangers of e-cigarettes, etc.) and increase awareness of existing substance misuse resources and services	Tanner Health has implemented community outreach activities to educate the community on critical substance misuse issues, including opioid/prescription medication misuse and the dangers of e-cigarettes. These initiatives also focus on increasing awareness of existing substance misuse resources and services available to residents. Outreach activities have continued in this area, with recent participation in the community Fentanyl Summit serving as a platform to further engage and educate community members on these critical health issues.

Significant Health Need Identified in Preceding CHNA	Reduce Inequities caused by the Social Determinants of Health
Goals for significant need improvement	**Results of Activities to Address Health Needs Identified**
Build awareness, understanding, capacity and ability to address poverty	
Foster cultural competencies about poverty among partners and community residents through training and dialogue	No action steps have been taken.
Identify key windows of opportunity to develop programs and policies for the most effective change to address barriers to economic mobility	No action steps have been taken.
Continue to increase awareness of existing resources by providing a Community Resource Guide to partners and local residents	In fiscal year 2024, significant progress was made to continue increasing awareness of existing resources by providing a Community Resource Guide to partners and local residents. Links to the community resource guide were installed in EPIC, providing Tanner Health staff and providers with easy access to community resources for patients. Additionally, cards with the web address and hotline were distributed to Tanner clinics, local libraries, senior centers, community task force members, first responders, post offices, and other organizations throughout the communities.
Develop innovative approaches to address the socioeconomic determinants of health	
Continue Fresh Food Farmacy program to provide low income, food insecure patients with chronic diseases free, nutritious food and comprehensive suite of diabetes, social and environmental services.	Tanner Health has continued its successful Fresh Food Farmacy program, providing low-income, food insecure patients with chronic diseases access to free, nutritious food and a comprehensive suite of diabetes, social, and environmental services. This vital program has seen significant expansion, with the launch of Food as Medicine for Congestive Heart Failure in FY2024, followed by expansion of Food as Medicine for Diabetes and Hypertension programs to Haralson County in FY2025, and further expansion of Food as Medicine to Villa Rica also in FY2025.
Continue work with local pantries to expand safety net available for residents living in poverty	Tanner Health has strengthened its partnerships with local food pantries to expand the safety net available for residents living in poverty. In FY2024, cooking demonstrations were provided at two local food pantries, offering practical nutrition education to community members. From FY2023 through FY2025, Get Healthy, Live Well worked with soup kitchens to provide nutritious soups during winter months, addressing seasonal food insecurity. Looking forward, FY2025 plans include implementing Food As Medicine classes at local pantries, further integrating nutrition education with food assistance.

Continue to expand referrals to non-profit pharmacy dedicated to getting people the medications they need at an affordable price, regardless of insurance status	Tanner Health continues its referral program to a non-profit pharmacy dedicated to helping people obtain needed medications at affordable prices, regardless of insurance status. While this initiative was implemented during the last Community Health Improvement Plan (CHIP) and continues to operate, there have been no significant changes or expansions to the program since the previous CHIP assessment period.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