

SOUTHEAST HEALTH



COMMUNITY HEALTH NEEDS ASSESSMENT

NOVEMBER 2025

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MESSAGE FROM THE CEO



We are continually working to expand access to care at Southeast Health through physician recruitment, service line growth, medical education programs and strategic partnerships designed to meet the evolving needs of our community.

Several initiatives have been launched during the past year aimed at improving health and healthcare across the region. Cardiovascular and cancer services have been expanded to ensure more people have access to life-saving care close to home. New programs have been focused on enhancing quality and improving health outcomes.

We recognize remaining unmet needs, and we are deeply committed to making healthcare better, more accessible, and more responsive to the people we serve.

As part of this commitment, we periodically conduct a Community Health Needs Assessment (CHNA) to better understand the health issues that matter most to our community. This helps us focus our efforts in key areas such as chronic disease management, mental health and access to care.

Community input is essential to this work. By listening to your experiences and perspectives, we gain valuable insights and build stronger relationships. This allows us to design health programs that make a difference.

The information gathered through the CHNA enables us to develop targeted services, identify gaps in care and allocate resources more effectively. All with the goal of improving health outcomes for everyone.

Our mission at Southeast Health is clear: "We exist to promote healing, prevent disease, educate medicine's brightest minds, and bring wellness and prosperity to the region." The CHNA is a vital part of how we fulfill this mission, and we are committed to using what we learn to better serve you.

Thank you for your continued support and trust in Southeast Health. Together, we can build a healthier, stronger future for all.

Sincerely,

Rick Sutton, MS, FACHE

*Chief Executive Officer, Southeast Health;
President, Alabama College
of Osteopathic Medicine (ACOM)*



|| OVERVIEW OF SOUTHEAST HEALTH

Southeast Health is an academic community-based health system serving 460,000 residents in southeast Alabama, southwest Georgia, and the Florida Panhandle.

The organization includes **Southeast Health Medical Center**, a 420-bed hospital with the **region's largest medical group of primary and specialty care** and the **Alabama College of Osteopathic Medicine (ACOM)**, the first osteopathic medical school in the state. The philanthropic arm of the organization is the **Southeast Health Foundation**, and its population health division is **Southeast Health Statera Network**.

In fiscal year 2024 from October 1, 2023, to September 30, 2024 Southeast Health Medical Center provided \$24.9 million in uncompensated care, of that \$20.7 million was designated as charity care.

Providing charity care is one of the many ways we fulfill our mission to serve the community ensuring everyone, especially the uninsured or underinsured, has access to essential medical services.

III | COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

We followed a structured and intentional process to conduct our 2025 Community Health Needs Assessment (CHNA). Each step was essential in ensuring that our evaluation was thorough, inclusive and impactful. This approach enabled us to systematically identify and address health needs, engage the community meaningfully and allocate resources effectively.

Here's how we approached the CHNA:

1. Defined the Community

We focused on our primary service area, Houston and Henry counties, to ensure the assessment reflected the unique needs of our population.

2. Collected and Analyzed Data

We gathered health statistics, conducted surveys and held interviews to gain a comprehensive understanding of the community's health status and challenges.

3. Identified and Engaged Stakeholders

We connected with key stakeholders, including residents, healthcare providers and public health officials through one-on-one conversations and surveys to gather diverse perspectives.

4. Selected Priority Health Issues

Using data and stakeholder input, we identified the most pressing health concerns, considering factors such as severity, prevalence and potential for impact.

5. Planned Improvement Strategies

We developed targeted action plans to address these priority issues, setting measurable goals and collaborating with local organizations to drive change.

6. Documented and Communicated Results

We compiled our findings into a comprehensive report to share with the community at public meetings and our website to promote transparency and accountability.

This process empowered us to make informed decisions and implement strategies to improve health outcomes. By following these steps, Southeast Health ensured our CHNA was effective and responsive to the needs of our community.

NEXT STEPS

We are now moving into the implementation phase: Activating our improvement plans, coordinating with stakeholders and providing regular updates to the community on our progress.

COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

Southeast Health's Community Health Needs Assessment (CHNA) was led by the Marketing and Planning Division, with guidance and input from a steering committee composed of representatives from across the organization. This committee played a vital role in shaping the development of the CHNA by offering strategic direction and insight throughout the process.

The steering committee members included the following individuals:

Claudia Hall, MBA	Vice President, Marketing and Strategic Planning
Eric Hartigan, RN, MSN, MBA	Vice President, Ancillary Services
Gloria Biddings	Community Health Education Coordinator
Amy Bunting	Director, Southeast Health Foundation
Tiffany Dease, RN, BSN	Chest Pain Coordinator
Shannon Elkins, RN, MSN, SCRNP	Stroke Coordinator
Daniel Grantham, RT (R)(MR), MBA	Director, Cancer Services
Cheyenne Howell, BSN, MBA	Director, Behavioral Health Services
Lara McCall, RN, BSN, CCM	Director, Case Management
Joseph McNeal, RN, MBA	Director, Emergency Services
Adrian Nedelcut, MD	Director, Quality and Regulatory Programs
Chris Senn	Marketing Outreach Manager
Nick Stakelum	Senior Graphic Designer
Mark Stewart	Director, Marketing



IV | SERVICE AREA DEMOGRAPHIC ANALYSIS

Southeast Health Medical Center is 420-bed acute care hospital in Dothan, Alabama. As a not-for-profit organization, the Medical Center is dedicated to improving the health and quality of life of the surrounding community.

In fiscal year 2024, the hospital provided care for nearly 19,000 inpatients. More than 90 percent are residents of a 13-county service area in Alabama, Florida and Georgia. Of these, 53 percent originate from the Primary Service Area (PSA) of Houston and Henry counties.

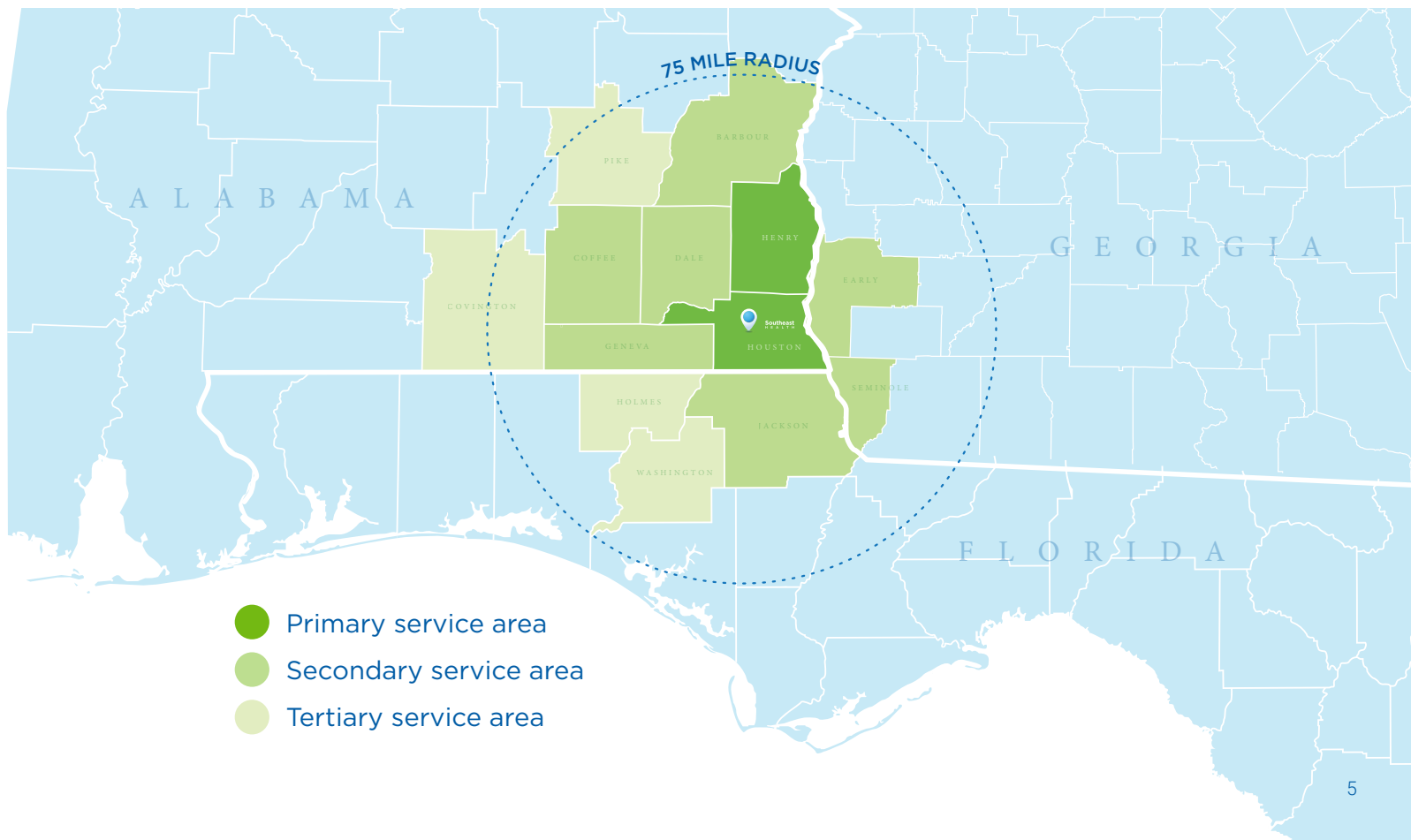
For the 2025 CHNA, Southeast Health identified a geographic area to serve during the next cycle. This Community Benefit Service Area (CBSA) was selected based on hospital patient utilization data, proximity to the hospital, and/or a presence of services within these communities.

Houston County, in southeast Alabama, spans approximately 580 square miles, with Dothan as its major city and county seat. This area, part of the Wiregrass, is known for its pine forests and agricultural land.

Directly north, Henry County covers around 562 square miles, with Abbeville and Headland as its major cities. Both counties are included in the Dothan Metropolitan Statistical Area. While Dothan provides an urban center, much of Houston County remains rural, characterized by agricultural land, forests, and smaller communities.

SOURCES:

Houston County, Alabama - Census Bureau Profile
Henry County, Alabama - Census Bureau Profile
Henry County, Alabama - Wikipedia
Houston County, Alabama - Wikipedia



A | POPULATION OVERVIEW

From 2020 to 2023, Houston County experienced a population growth rate of 1.2 percent, while Henry County saw a slower increase. In comparison, the state as a whole grew by 1.7 percent. This indicates that Houston and Henry counties are growing, but at a slower pace than the state average. Houston County’s growth is closer to the state rate, whereas Henry County’s growth is more modest. Overall, Alabama is experiencing a higher rate of population increase compared to these individual counties.

SOURCES:
U.S. Census Bureau QuickFacts: Houston County, Alabama
Houston County, AL - Data USA
U.S. Census Bureau QuickFacts: Henry County, Alabama
Henry County, AL - Data USA
U.S. Census Bureau QuickFacts: Alabama

Region	Population 2023 Estimate	Population 2020 Census	Population Growth (2020–2023)
Houston County	108,462	107,202	1.2%
Henry County	17,282	17,165	0.7%
Alabama	5,108,468	5,024,294	1.7%

B | AGE DISTRIBUTION

The PSA of Houston and Henry counties have relatively older populations compared to the state and national levels. Houston County has a median age of 40.4 years, which is slightly higher than the state’s median age of 39.4 years and the national median age of 39.2 years.

Henry County stands out with an even higher median age of 44.6 years, indicating an older population compared to both Houston County and the broader averages for Alabama and the United States.

Region	Median Age
Houston County	40.4 years
Henry County	44.6 years
Alabama	39.4 years
United States	39.2 years

SOURCES:
U.S. Census Bureau QuickFacts: Alabama
Median age of the U.S. population 2023 - Statista

This is highlighted further when the age distribution is compared. Both counties have higher percentages of residents 65 and older compared to the state and national average, with Henry County having a slightly higher percentage than Houston County.

The percentage of Houston County residents under 15 years old and ages 15 to 29 are higher than those in Henry County. This is similar to trends in state and national populations.

Age Group	Houston County	Henry County	Alabama	United States
Under 15 years	19.1%	17.5%	18.2%	18.6%
15 – 29 years	19.8%	15.9%	20.1%	20.1%
30 – 64 years	42.3%	44.3%	44.3%	43.6%
65 – 84 years	16.5%	20.1%	15.6%	15.7%
85 years and older	2.3%	2.3%	1.7%	2.0%

SOURCES:

2023 Population Estimates by Age and Sex - Census.gov
U.S. Census Bureau QuickFacts: Alabama

C | RACE DISTRIBUTION

Southeast Health serves a diverse population in its PSA. White alone is the largest racial group in all areas, with Houston County at 68.1 percent, Henry County at 72.6 percent and the U.S. at 61.6 percent. Black or African American alone is the second largest, Henry and Houston counties have a higher percentage of Black or African American residents than the national average, while the U.S. has a more diverse racial composition with higher percentages of Asian and Hispanic or Latino residents.

Race / Ethnicity	Houston County	Henry County	Alabama	United States
White alone	68.1%	72.6%	65.1%	61.6%
Black or African American alone	27.7%	24.3%	26.8%	12.4%
American Indian and Alaska Native	0.6%	0.6%	0.7%	1.1%
Asian alone	1.2%	0.6%	1.6%	6.0%
Native Hawaiian and Other Pacific Islander	0.1%	--	0.1%	0.2%
Two or more races	2.3%	1.9%	2.6%	2.9%
Hispanic or Latino	3.9%	2.3%	5.0%	18.9%

SOURCES:

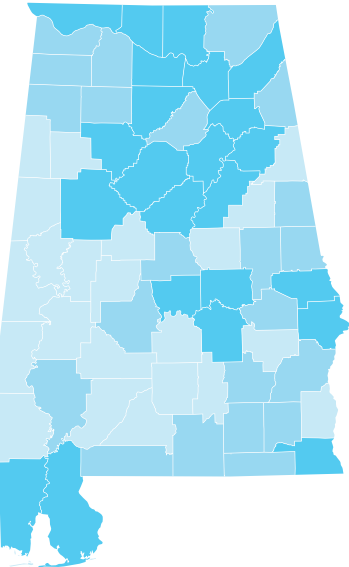
U.S. Census Bureau QuickFacts: Houston County, Alabama; Henry County
U.S. Census Bureau QuickFacts: Henry County, Alabama

D | GENDER DISTRIBUTION

Females slightly outnumber males in Southeast Health’s PSA with the United States showing the most balanced gender distribution.

There are around 23,500 women ages 15-44 in Houston and Henry counties combined, according to the March of Dimes. This represents an estimated 19 percent of the total population in the PSA.

SOURCES:
U.S. Census Bureau QuickFacts: Houston County, Alabama; Henry County
Henry County, AL population by year, race, & more | USAFacts
Population of women 15-44 years: Alabama, 2023 | PeriStats | March of Dimes



Population of women 15–44 years in Alabama – 2023

Over 10,980 3,697-10,980 Under 3,697

Region	Male (%)	Female (%)
Houston County	48.0	52.0
Henry County	48.6	51.4
Alabama	48.4	51.6
United States	49.2	50.8

E | EDUCATION LEVEL DISTRIBUTION

Education is a key factor in health outcomes. In Houston County, 12.6 percent of adults lack a high school diploma, slightly above state and national averages. Henry County shows a greater gap at 17.76 percent. Both counties have similar rates of high school graduates, exceeding the national average, but they fall short in higher education. Only about 22 percent of residents in each county hold a bachelor’s degree or higher, compared to 28.89 percent statewide and 36.16 percent nationally. These gaps may impact employment, income and overall community health.

Age Group	Less than High School (%)	High School Graduate or Equivalent (%)	Some College or Associate Degree (%)	Bachelor’s Degree or Higher (%)
Houston County	12.60	32.09	32.54	22.76
Henry County	17.76	32.38	28.18	21.68
Alabama	10.86	30.08	30.17	28.89
United States	10.22	25.93	27.68	36.16

REFERENCES: United States Demographics - Population, Race, Income, & More

F | HOUSEHOLD INCOME

Household income levels in Houston and Henry counties are generally lower than state and national averages. The median household income in Houston County is approximately \$57,500, while Henry County reports a median of \$60,100. These figures fall below Alabama's median of \$62,200 and the national median of \$77,700. Both counties have a higher proportion of households earning less than \$50,000 annually compared to the state and national levels.

Region	Median Household Income (\$)
Houston County	57,500
Henry County	60,100
Alabama	62,200
United States	77,700

SOURCES:

What is the income of a household in Houston County, AL? | USAFacts

What is the income of a household in Henry County, AL? | USAFacts

What is the income of a US household? | USAFacts

What is the income of a household in Alabama? | USAFacts

G | LABOR FORCE CHARACTERISTICS

The labor force in Houston and Henry counties is primarily concentrated in healthcare, retail, manufacturing and education sectors. Houston County has a labor force participation rate of 56.4 percent, while Henry County's rate is 55.4 percent, both are slightly below the state average of 57.9 percent. Unemployment rates are comparable to state levels, with Houston County at 2.8 percent and Henry County at 2.9 percent.

Region	Participation Rate (%)	Unemployment Rate (%)
Houston County	56.4	2.8
Henry County	55.4	2.9
Alabama	57.9	3.0
United States	62.3	4.2

SOURCES:

LFPRCountyMap.pdf

map.pdf

Labor Force Participation Rate (CIVPART) | FRED | St. Louis Fed

H | INSURANCE COVERAGE

Insurance coverage in the PSA closely aligns with broader state patterns. In Houston County, approximately 10 percent of residents are uninsured, while Henry County reports a slightly higher rate of 12 percent. These figures are comparable to Alabama's statewide uninsured rate of 11 percent and remain above the national average of 8.6 percent. Public insurance programs such as Medicaid and Medicare are essential in supporting vulnerable groups, particularly children and older adults. A standout success is Alabama's ALL Kids CHIP program, which has helped reduce the uninsured rate among children under 19 to just 3.9 percent. Despite these improvements, Alabama continues to trail many other states, largely because Medicaid has not been expanded, which limits access for many low-income adults.

Region	Uninsured Rate (%)
Houston County	10.0
Henry County	12.0
Alabama	11.0
United States	8.6

SOURCES:

Health Data | Alabama Department of Public Health (ADPH)

Explore Uninsured in Alabama | AHR

FastStats - Health Insurance Coverage

Alabama — Children's Health Coverage Report Card

ALL Kids | Alabama Department of Public Health (ADPH)

V | GENERAL HEALTH RANKINGS

A | ALABAMA'S HEALTH RANK

On an annual basis, the United Health Foundation publishes *America's Health Rankings*, a report that provides a comprehensive overview of the nation's health and the health status of each individual state.

America's Health Rankings serves as a benchmark for comparing states by ranking them from 1 to 50 across a variety of health and socioeconomic measures. A lower ranking indicates better health outcomes for a specific metric, while a higher ranking reflects poorer performance.

Alabama's 2024 Health Rank

Measure	Rank
Overall	45
Social and Economic Factors	43
Physical Environment	21
Clinical Care	43
Behaviors	48
Health Outcomes	45

Alabama faces several health challenges, including a high premature death rate, a significant prevalence of multiple chronic conditions, and an elevated homicide rate. However, the state also demonstrates strengths such as a low prevalence of excessive drinking, high per capita public health funding, and a low percentage of households experiencing severe housing problems.

Many of the measures from *America's Health Rankings* will be referenced throughout this report to explore community health, access to care, and health disparities as part of Southeast Health's Community Health Needs Assessment.



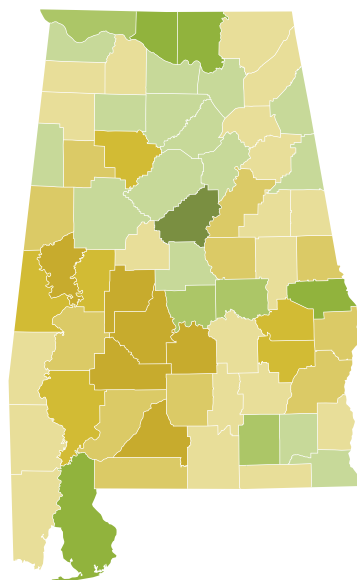
Scan this QR code
to view a detailed report

B | COUNTY HEALTH RANKINGS

Each year, the University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, publishes the *County Health Rankings & Roadmaps* report. This resource provides a comprehensive overview of health across all U.S. states and counties, ranking each county within its state based on health outcomes and contributing factors. The program's mission is to measure and rank health indicators, highlight disparities, and support communities in advancing health equity. Rankings are derived from a broad set of health-influencing domains, including health behaviors (e.g., smoking, diet, physical activity), clinical care (e.g., access and quality), social and economic conditions (e.g., education, income, employment), and the physical environment (e.g., air and water quality, housing).

Population Health and Well Being

Population health and well-being reflect the collective conditions that enable individuals and communities to thrive, extending beyond the absence of illness. This concept includes physical, mental, spiritual, and social wellness, as well as overall quality of life and the capacity to contribute meaningfully to society. The *County Health Rankings & Roadmaps* program ranks counties within each state from least to most healthy based on these dimensions.

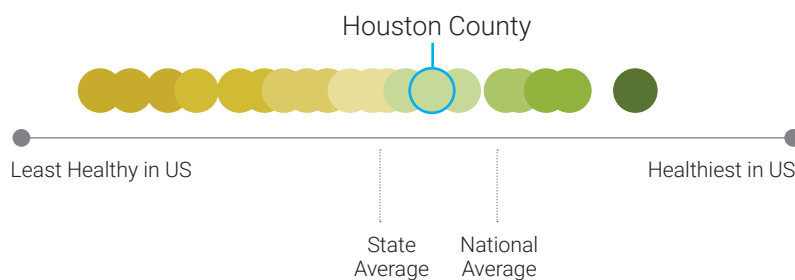


SOURCE

County Health Rankings & Roadmaps

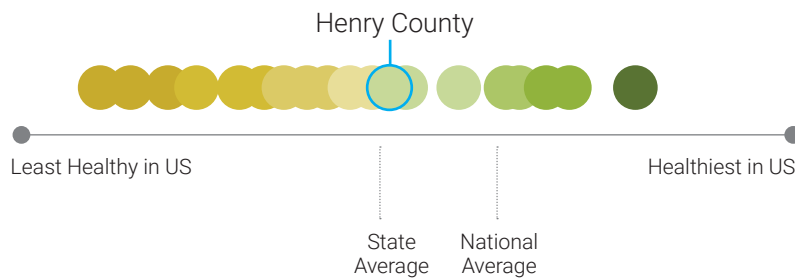
Houston County Population Health and Well Being – 2025

Houston County is faring slightly better than the average county in Alabama for Population Health and Well Being, and slightly worse than the average county in the nation.



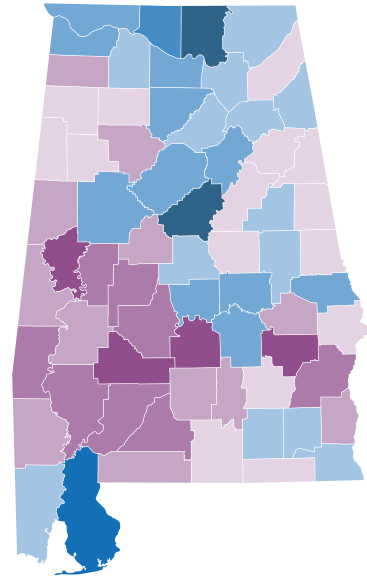
Henry County Population Health and Well Being – 2025

Henry County is faring about the same as the average county in Alabama for Population Health and Well Being, and worse than the average county in the nation.



Community Conditions

Community conditions, also known as social determinants of health, refer to the social, economic, environmental, and health infrastructure factors that shape people's lives from birth through aging. These include the places where individuals live, learn, work, play, worship, and grow older, and they play a critical role in influencing overall health outcomes across a population.

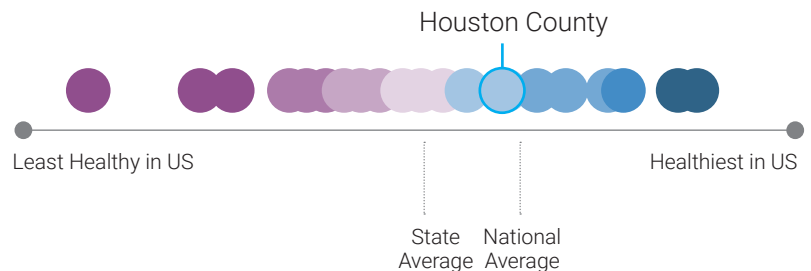


SOURCE

County Health Rankings & Roadmaps

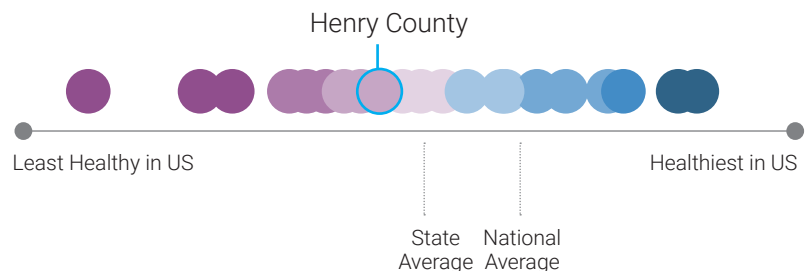
Houston County Community Conditions – 2025

Houston County is faring slightly better than the average county in Alabama for Community Conditions, and slightly worse than the average county in the nation.



Henry County Community Conditions – 2025

Houston County is faring slightly worse than the average county in Alabama for Community Conditions, and worse than the average county in the nation.



Comprehensive data can be found by scanning these QR codes.

Houston County



Henry County



VI | MORTALITY

Mortality measures help reveal the leading causes of death within a population. For this assessment, data is sourced from the Centers for Disease Control and Prevention's repository, CDC WONDER, which provides detailed mortality statistics for Southeast Health's Primary Service Area (PSA), defined at the county level as Houston and Henry counties.

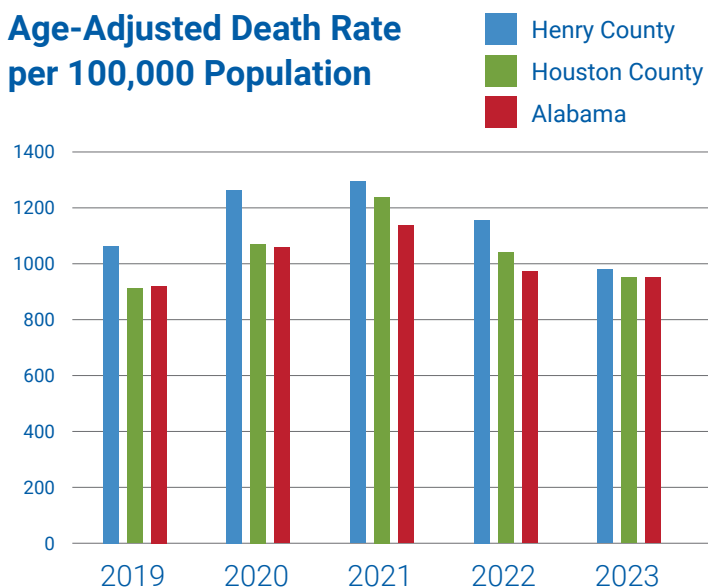
Throughout this report, outcomes for the PSA counties are compared to those of the state of Alabama to provide broader context. The most recent available data is from 2023.

While CDC WONDER includes mortality data broken down by race and ethnicity, it does not provide information by income, limiting the scope of socioeconomic analysis in this section.

A | AGE-ADJUSTED DEATH RATE

Mortality refers to the number of deaths within a population. The age-adjusted death rate accounts for differences in age distribution across populations by applying a weighted average of age-specific mortality rates. This adjustment ensures that comparisons between geographic areas are not skewed by variations in age demographics. The age-adjusted death rate is expressed as the number of deaths per 100,000 people.

Age-Adjusted Death Rate per 100,000 Population

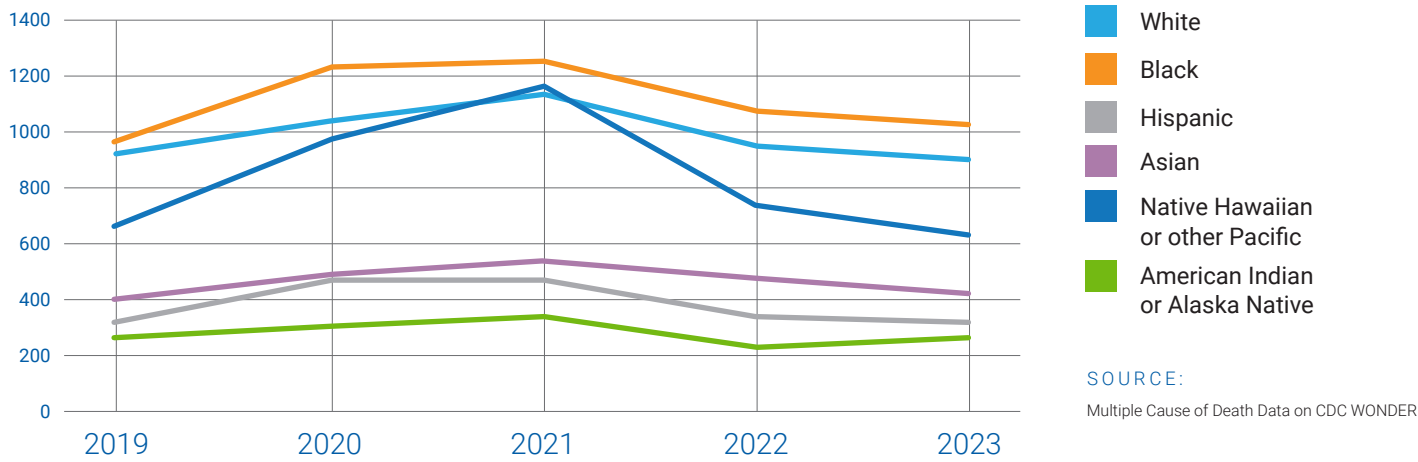


In 2023, Houston County reported an age-adjusted death rate of 938 per 100,000, closely aligning with the Alabama state average of 939 per 100,000. In contrast, Henry County's rate was significantly higher at 1,127 per 100,000. During the last five years, the age-adjusted death rate among the comparison group has fluctuated, ranging from 892 to 1,134 deaths per 100,000 population annually.

SOURCE:

Multiple Cause of Death Data on CDC WONDER

Age-Adjusted Death Rate by Race and Ethnicity



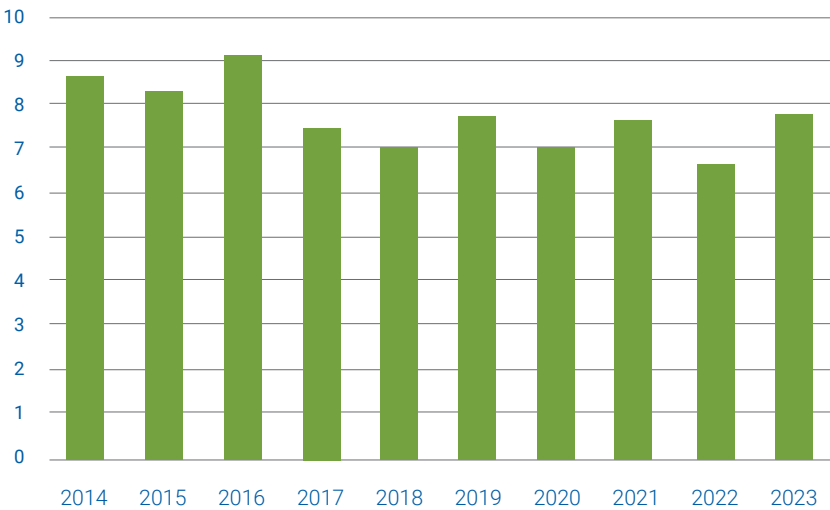
In both Houston and Henry counties, more than 95 percent of the population identifies as either black or white. Among these groups, the age-adjusted death rate per 100,000 population for black residents consistently exceeds that of other racial and ethnic groups within the PSA. During the last five years, the age-adjusted death rate peaked in 2021, but it has shown a downward trend in subsequent years.

B | INFANT MORTALITY RATE

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is an important marker of the overall health of society. According to the CDC, in 2023, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births. The five leading causes of death were birth defects, preterm and low weight birth, sudden infant death syndrome, unintentional injuries and maternal pregnancy complications.

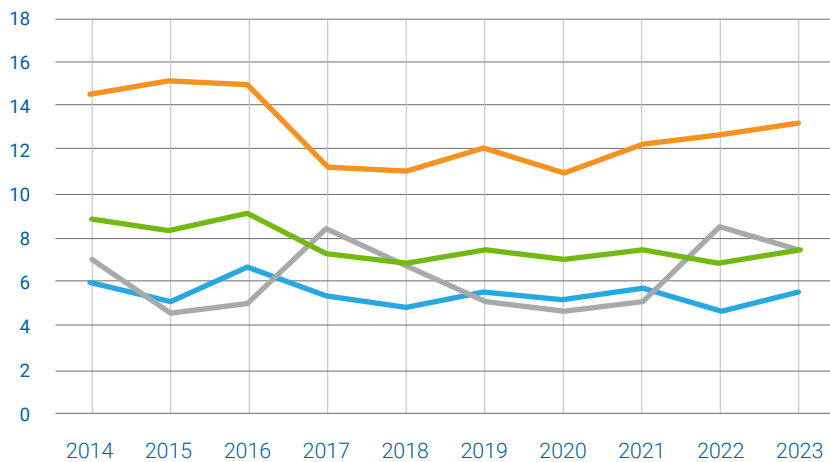
The infant mortality rate in Alabama was 7.8 in 2023, considerably higher than the national rate.

Alabama infant mortality rate per 1,000 live births

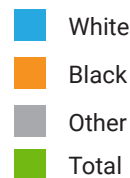


Alabama infant mortality by race

(rate per 1,000 live births)



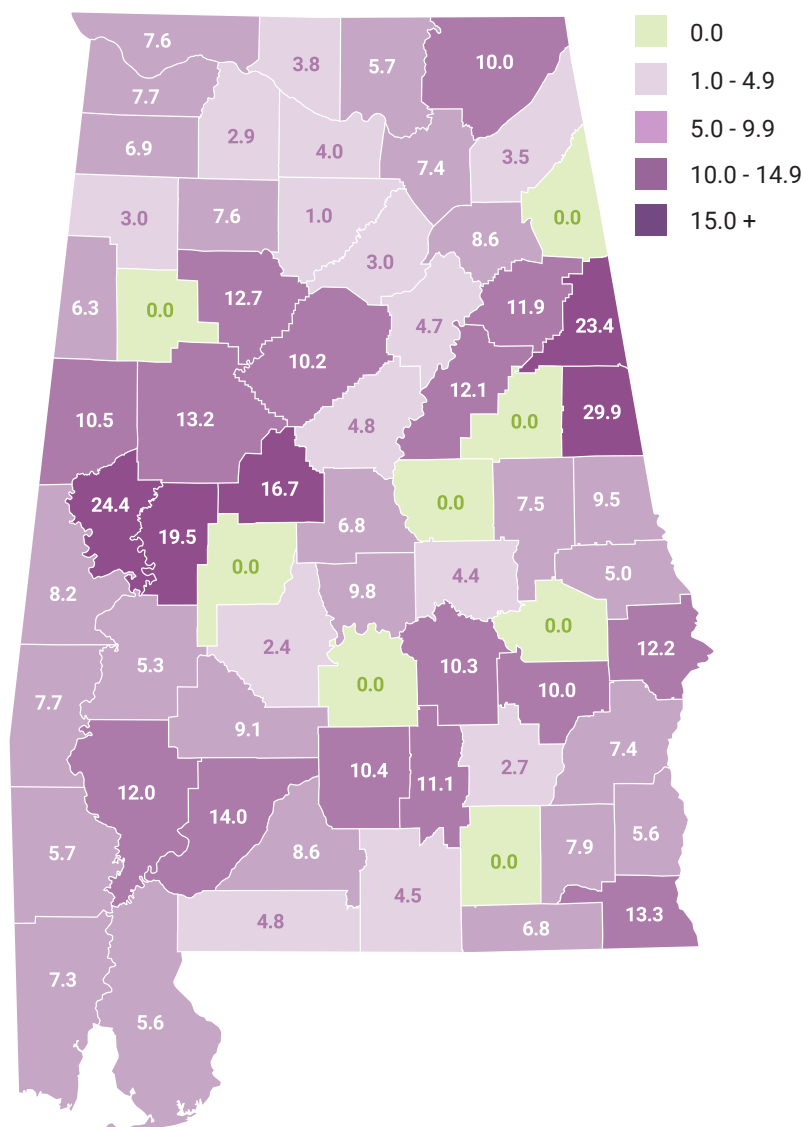
In the same period, the infant mortality rate for black residents in Alabama exceeded the infant mortality rate for other races.



Alabama infant mortality by county of residence

(rate per 1,000 live births)

In Houston County, the infant mortality rate was 13.3 deaths per 1,000 live births, significantly higher than the national average. In contrast, Henry County reported a rate of 5.6 deaths per 1,000 live births, which aligns more closely with national benchmarks.



SOURCES:

Infant Mortality | Stats of the States | CDC
Alabama Department of Public Health

C | AGE-ADJUSTED DEATH RATE BY CAUSE

Understanding the leading causes of death and age-adjusted death rates provides critical insight into community health. Age adjustment accounts for differences in population age structure, allowing fair comparisons across counties, states, and national benchmarks. According to CDC WONDER data, these measures reveal patterns in chronic disease, injury, and other health outcomes that influence life expectancy and guide public health priorities.

In Southeast Health's PSA counties, major cardiovascular diseases and cancer had the highest age-adjusted death rates per 100,000 population in 2023. These two categories also ranked highest statewide, with rates significantly exceeding those of other disease groups.

To illustrate local and state comparisons, **causes of death are highlighted in pink when PSA rates exceed Alabama averages** and **green when they are lower**.

Main causes of death

Age adjusted death rate
2023 rate per 100,000 population

	SEH PSA	Alabama
Major Cardiovascular Diseases	232.7	231.3
Cancer	192.3	167.6
Unintentional Injuries	40.4	57.3
Strokes	48.7	50.8
COPD	43.3	49.5
Alzheimer's Disease	47.4	37.1
Diabetes	21.7	22.8
Kidney Diseases	23.9	20.7
Sepsis	17.2	17.6
Hypertension	23.7	13.8
Suicide	16.4	13.8

SOURCE:
Multiple Cause of Death Data on CDC WONDER

VII | MORBIDITY

Morbidity measures provide insight into quality of life and how healthy people are while they are alive. These measures include overall health status, physical health, mental health, and low birth weight for infants. *County Health Rankings & Roadmaps* reports quality of life indicators at the county level using data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and other sources.

Quality of Life Comparison	Houston County	Henry County	Alabama	United States
Poor or Fair Health	22%	26%	22%	17%
Poor Physical Health Days	4.5	4.9	4.1	3.9
Poor Mental Health Days	6.1	6.2	5.8	5.1
Low Birth Weight	11%	12%	10%	8%

Poor or Fair Health

The BRFSS survey asks adults to rate their health as excellent, very good, good, fair or poor. In Houston County, 22 percent of adults reported fair or poor health, matching Alabama's overall rate. Henry County was higher at 26 percent, and both counties exceed the national rate of 17 percent.

Poor Physical Health Days

The BRFSS survey tracks the number of days in the past 30 when physical health was "not good." Adults in Houston County reported 4.5 days, and Henry County reported 4.9 days, both higher than Alabama's average of 4.1 days and the national average of 3.9 days.

Poor Mental Health Days

The BRFSS survey measures the number of days in the past 30 when mental health was "not good," including stress, depression and emotional challenges. Adults in Houston County averaged 6.1 days, and Henry County averaged 6.2 days, both exceeding state and national averages of 5.8 and 5.1 days, respectively.

Low Birth Weight

Low birth weight (<2,500 grams) is a key indicator of maternal health and socioeconomic conditions. It increases infant mortality risk by about 20 times and can lead to long-term issues such as impaired development and chronic disease. From 2017–2023, Houston County reported 11 percent of live births as low birth weight, and Henry County reported 12 percent, both higher than Alabama's average of 10 percent and the national average of 8 percent.

SOURCES:

Houston, Alabama | *County Health Rankings & Roadmaps*
Henry, Alabama | *County Health Rankings & Roadmaps*

VIII | GENERAL HEALTH MEASURES

A | OBESITY

Obesity remains a significant public health concern in southeast Alabama, with adult obesity rates in both Houston and Henry counties at 38 percent. These figures match the statewide average for Alabama and exceed the national average of 34 percent. According to *America's Health Rankings*, Alabama ranks 44th out of 50 states for adult obesity prevalence, highlighting the severity of the issue across the region. Nationally, more than two in five adults and one in five children and adolescents have obesity, and many others are overweight.

The CDC identifies obesity as a serious, common, and costly chronic disease that is closely linked to other health conditions: 58 percent of U.S. adults with obesity also have high blood pressure, and approximately 23 percent have diabetes. Obesity also increases the risk of heart disease, stroke and certain types of cancer.

Healthy People 2030 emphasizes the importance of helping individuals eat healthy and engage in regular physical activity to reach and maintain a healthy weight. Culturally, appropriate programs and public health interventions that promote nutritious eating and physical activity can play a vital role in reducing obesity and improving health outcomes.

Percentage of adults with BMI ≥ 30	
Houston County	38
Henry County	38
Alabama	38
United States	34

REFERENCES:

Adult Obesity Facts | Obesity | CDC
Compare Counties | County Health Rankings & Roadmaps
Explore Health Measures and Rankings in Alabama | AHR
Overweight and Obesity - Healthy People 2030 | odphp.health.gov

B | SMOKING AND TOBACCO USE

High rates of smoking and tobacco use are a concern in the state and Southeast Health's primary service area. According to *America's Health Rankings*, Alabama ranks 36th out of 50 states for smoking prevalence, with 14.2 percent of adults reporting tobacco use. E-cigarette use in the state stands at 9.5 percent, ranking 42nd nationally.

Locally, adult smoking rates are notably higher: Houston County reports a rate of 19 percent, and Henry County 22 percent, both exceeding the state average of 16 percent and the national average of 13 percent.

The Centers for Disease Control and Prevention (CDC) highlights that cigarette smoking contributes to more than 480,000 deaths annually in the U.S. and affects nearly every organ in the body. It is a leading cause of cancer, heart disease, stroke, chronic lung conditions such as COPD, and type 2 diabetes. Importantly, quitting smoking significantly reduces the risk of early death and smoking-related illnesses.

Healthy People 2030 reports that tobacco use in adults is declining and recommends population-level interventions such as media campaigns, price increases, and smoke-free policies to reduce further usage.

SOURCES:

Reduce current tobacco use in adults – TU 01 - Healthy People 2030 | odphp.health.gov
Cigarette Smoking | Smoking and Tobacco Use | CDC
Compare Counties | County Health Rankings & Roadmaps
Explore Health Measures and Rankings in Alabama | AHR

Percentage of adults who smoke	
Houston County	19
Henry County	22
Alabama	16
United States	13

C | **CARDIOVASCULAR DISEASE**

Cardiovascular disease (CVD), also referred to as heart disease, encompasses a range of conditions affecting the heart and blood vessels. It is a leading contributor to heart attacks, chest pain and stroke.

According to the Centers for Disease Control and Prevention (CDC), heart disease was the leading cause of death in the United States in 2023, accounting for 680,981 deaths, or 1 in every 5 deaths (22 percent). Stroke was the fourth leading cause of death, responsible for 162,639 deaths in the same year.

In the 2024 *America’s Health Rankings*, Alabama ranked 47th out of 50 states for cardiovascular disease. This ranking is based on the percentage of adults who reported being told by a health professional that they had angina, coronary heart disease, a heart attack (myocardial infarction) or a stroke. In Alabama, 12.4 percent of adults reported such a diagnosis, compared to the national average of 8.5 percent.

Cardiovascular Disease Risk Factors

The primary risk factors for heart disease and stroke include:

- ▶ High blood pressure
- ▶ High cholesterol
- ▶ Smoking

According to the CDC, 47 percent of Americans have at least one of these three major risk factors. Additional contributing factors include:

- ▶ Diabetes
- ▶ Obesity
- ▶ Physical inactivity
- ▶ Unhealthy diet
- ▶ Excessive alcohol use

Prevalence of Cardiovascular Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) collects data on cardiovascular risk factors by surveying adults about diagnoses and treatment for conditions such as heart disease, stroke, high blood pressure, and high cholesterol.

According to data from PLACES: Local Data for Better Health, the age adjusted prevalence of these conditions in Houston County, Henry County and the United States is as follows:

	Coronary Heart Disease Adults (%)	Stroke (%)	High Blood Pressure (%)	High Cholesterol (%)
Houston County	7.2	3.9	39.2	31.2
Henry County	7.6	4.3	38.2	32.6
United States	5.7	3.6	29.6	30.4

These figures highlight that Houston and Henry counties exceed national averages in all four categories, indicating a higher burden of cardiovascular risk factors in the local population.

Healthy People 2030 aims to improve cardiovascular health and reduce deaths from heart disease and stroke, which remain among the leading causes of death in the United States. The initiative emphasizes prevention and treatment by targeting modifiable risk factors such as high blood pressure and high cholesterol. It also promotes timely care for cardiovascular emergencies like heart attacks and strokes to reduce long-term disability and mortality. A key focus is educating the public to recognize symptoms early and seek appropriate care. By setting measurable objectives and encouraging evidence-based interventions, *Healthy People 2030* supports efforts to enhance cardiovascular outcomes across all populations.

SOURCES:

Explore Health Measures and Rankings in Alabama | AHR
Explore Cardiovascular Diseases in Alabama | AHR
FastStats - Deaths and Mortality
PLACES: Local Data for Better Health
County Compare Measure | PLACES DTM Open Data
americashealthrankings.org
cdc.gov
odphp.health.gov

D | CANCER

Cancer encompasses a group of diseases characterized by the uncontrolled division of abnormal cells that can invade surrounding tissues and spread throughout the body. More than 100 distinct types of cancer have been identified. According to the National Cancer Institute, nearly 40 percent of men and women in the United States will be diagnosed with cancer at some point in their lives. In 2023, cancer was the second leading cause of death nationwide, accounting for 613,352 deaths, as reported by the Centers for Disease Control and Prevention (CDC). The American Cancer Society projects that in 2025, more than 2 million new cancer cases will be diagnosed in the U.S., with more than 618,000 cancer-related deaths. In Alabama alone, approximately 30,030 new cancer cases are expected in 2025.

Encouragingly, the national cancer death rate has declined by an average of 1.7 percent per year over the past decade. This progress is largely attributed to reductions in smoking, advances in treatment, and improvements in early detection—particularly for the four most common cancers: lung, colorectal, breast and prostate. Despite these gains, a significant portion of cancer cases remain preventable. Excluding non-melanoma skin cancers, an estimated 40 percent of newly diagnosed cancers in U.S. adults – approximately 811,000 cases in 2025 – are considered potentially avoidable. Key contributing factors include cigarette smoking (19 percent), excess body weight (8 percent), and alcohol consumption (5 percent).

	Colorectal Cancer Screening (%)	Cervical Cancer Screening (%)	Mammogram (%)
Houston County	61.1	75.5	74.6
Henry County	57.7	75.5	74.1
United States	54.1	76.5	76

Modifiable risk factors such as physical inactivity, poor nutrition, obesity, and tobacco use play a major role in cancer development. Addressing these lifestyle factors can help reduce the incidence of several types of cancer. In addition, cancer screenings are a critical tool for early detection and improved outcomes. Screenings for colorectal, cervical, and breast cancer are widely recommended and tracked through the Behavioral Risk Factor Surveillance System (BRFSS).

According to 2022 BRFSS data, colorectal cancer screening rates among adults aged 45–75 in Houston and Henry counties were both higher than the national rate of 54.1 percent. Cervical cancer screening rates in both counties were slightly below the national rate of 76.5 percent. Mammography use among women aged 50–74 was also slightly below the national rate of 76 percent.

While county-level data for lung cancer screening is limited, national estimates suggest that only 16 percent of eligible adults (ages 50–80 with a significant smoking history) receive recommended screenings. *Healthy People 2030* has set ambitious goals to increase the proportion of eligible individuals receiving evidence-based cancer screenings, reduce cancer-related mortality, and address disparities in access and outcomes.

Healthy People 2030 outlines national objectives to increase the proportion of eligible individuals receiving evidence-based cancer screenings, reduce cancer-related deaths, and address disparities in access and outcomes—particularly among underserved populations. These goals emphasize the importance of early detection and equitable access to preventive care.

These benchmarks serve as a guide for public health efforts and clinical quality improvement initiatives nationwide.

Target screening rates for key cancers include:

- ▷ **Breast Cancer: 80.5%**
- ▷ **Cervical Cancer: 84.3%**
- ▷ **Colorectal Cancer: 74.4%**

SOURCES:

Cancer Facts & Figures 2025
FastStats - Leading Causes of Death
Cancer Statistics - NCI
County Compare Measure | PLACES DTM Open Data
bphc.hrsa.gov

E | RESPIRATORY DISEASE

Respiratory diseases include a range of conditions such as asthma, chronic obstructive pulmonary disease (COPD), lung cancer, pneumonia, and tuberculosis. Among these, asthma and COPD are particularly significant public health concerns.

According to the Centers for Disease Control and Prevention (CDC), approximately 25 million Americans—both children and adults—have asthma. Additionally, 16 million Americans have been diagnosed with COPD. In 2023, chronic lower respiratory disease was the 5th leading cause of death in the United States, accounting for 145,357 deaths. COVID-19 ranked as the 10th leading cause of death, with 49,932 deaths.

The Behavioral Risk Factor Surveillance System (BRFSS) survey assesses the prevalence of respiratory diseases by asking respondents whether they have been diagnosed with or are receiving treatment for conditions such as asthma and COPD.

Based on BRFSS data, the age-adjusted prevalence of asthma and COPD in Southeast Health’s primary service area is higher than the national average:

	Asthma (%)	COPD (%)
Houston County	11.2	9.6
Henry County	11.4	12.5
United States	9.9	6.8

Improving respiratory health is a national priority reflected in the objectives of *Healthy People 2030*, which aims to reduce the burden of conditions such as asthma, COPD, and lung cancer. These goals include lowering mortality rates, decreasing emergency department visits, and increasing access to preventive care and early diagnosis. Southeast Health’s

primary service area where asthma and COPD prevalence exceeds national averages aligns with these national efforts, underscoring the importance of targeted interventions, community education, and enhanced access to care to improve respiratory outcomes locally.

SOURCES:

County Compare Measure | PLACES DTM Open Data2
Asthma | Chronic Disease Indicators | CDC
Respiratory Disease - Healthy People 2030 | odphp.health.gov

F | DIABETES

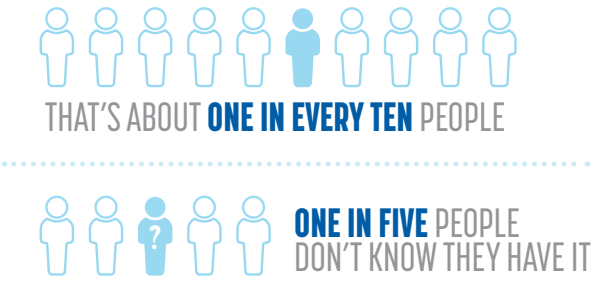
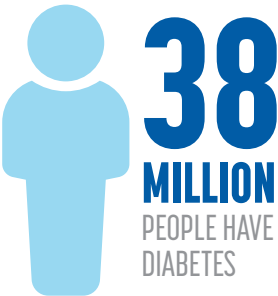
Diabetes affects millions of Americans and places a substantial burden on communities across the country, including those in southeast Alabama. It is the eighth leading cause of death in the United States and the primary cause of kidney failure, lower-limb amputations, and adult blindness. Alabama ranks 45th out of 50 states for adult diabetes prevalence, with 15.7 percent of adults reporting a diagnosis from a health professional, excluding prediabetes and gestational diabetes. In Henry County, the adult diabetes prevalence rate stands at 16 percent, which is notably higher than both Houston County and the Alabama state average of 13 percent, and exceeds the national average of 12 percent.

Nationally, an estimated 38 million adults have diabetes, and 1 in 5 are unaware of their diagnosis. Type 2 diabetes accounts for 90–95 percent of all diagnosed cases, while type 1 diabetes comprises 5–10 percent. During the last two decades, the number of adults diagnosed with diabetes has more than doubled, and the medical costs for individuals with diabetes are more than twice as high as for those without the condition.

The Centers for Disease Control and Prevention (CDC) reports that 1 in 3 adults nationwide has prediabetes, and more than 80 percent are unaware of their condition. Prediabetes is marked by elevated blood sugar levels that are not yet high enough for a type 2 diabetes diagnosis, but it significantly increases the risk of developing type 2 diabetes, heart disease, and stroke. While type 2 and gestational diabetes can often be prevented through lifestyle changes, there is currently no known prevention for type 1 diabetes.

Diabetes Prevalence (%)	
Houston County	13
Henry County	16
Alabama	13
United States	12

Diabetes continues to pose a serious public health challenge in southeast Alabama, particularly in Henry County where prevalence rates exceed state and national averages. *Healthy People 2030* emphasizes a national commitment to reducing the burden of diabetes through evidence-based strategies. Key recommendations include lowering the number of new diabetes diagnoses, improving disease management to prevent complications such as kidney failure and vision loss, and increasing access to diabetes self-management education. The initiative also highlights the importance of early detection, routine screening for prediabetes, and promoting healthy behaviors – such as improved nutrition, physical activity, and weight management – to prevent type 2 diabetes. Addressing disparities among racial and ethnic minorities and underserved populations is central to achieving these goals.



SOURCES:

Diabetes - Healthy People 2030 | odphp.health.gov

Compare Counties | County Health Rankings & Roadmaps

Explore Health Measures and Rankings in Alabama | AHR

Diabetes Basics | Diabetes | CDC

odphp.health.gov

G | MENTAL HEALTH

Behavioral health is a vital component of overall well-being, encompassing mental distress, mental health conditions, suicidal thoughts and behaviors, and substance use. According to the Centers for Disease Control and Prevention (CDC), nearly half (49 percent) of individuals who die by suicide have a history of diagnosed mental health conditions. Substance use often serves as a coping mechanism for stress or trauma and can lead to substance use disorders (SUDs) and serious outcomes such as overdose.

Frequent Mental Distress

Defined as experiencing poor mental health for 14 or more days per month (age-adjusted). Local counties report higher distress than state and national averages:

Frequent Mental Stress (%)	
Houston County	21
Henry County	22
Alabama	19
United States	16

Feelings of Loneliness

Percentage of adults who always, usually, or sometimes feel lonely. Loneliness is more prevalent locally than state and national levels:

Feelings of Loneliness (%)	
Houston County	36
Henry County	37
Alabama	33
United States	33

Suicide Deaths

Age-adjusted deaths per 100,000 population. Henry County has the highest suicide rate among the compared regions:

Suicide Deaths	
Houston County	18
Henry County	21
Alabama	16
United States	14

Excessive Drinking

Age-adjusted percentage of adults reporting binge or heavy drinking in Houston County is below national averages and is equivalent to State averages. Henry County is slightly higher and mid-range between State and national percentages.

Excessive Drinking (%)	
Houston County	15
Henry County	17
Alabama	15
United States	19

Drug Overdose Deaths

Deaths per 100,000 population. Houston County reports fewer deaths than state and national averages:

Drug Overdose Deaths	
Houston County	16
Henry County	n/a
Alabama	26
United States	31

Alabama Behavioral Health Indicators

Behavioral health is a critical aspect of overall well-being, encompassing mental distress, mental health conditions, suicidal behaviors, and substance use. Local data show higher rates of frequent mental distress compared to state and national averages. Suicide deaths and loneliness are exceeding state and national levels.

Statewide, Alabama ranks mid-range nationally for suicide and drug misuse, with a drug death rate of 29.4 per 100,000. *Healthy People 2030* emphasizes prevention, early screening, treatment access, and addressing social determinants to reduce suicide, substance use, and improve mental health outcomes.

	2024 Value	Rank Among US States
Drug Deaths per 100,000	29.4	18
Excessive Drinking	14.6%	7
Frequent Mental Distress	15.9%	29
Non-Medical Drug User (past year)	14.9%	20
Suicide per 100,000	16.8	25

SOURCES:

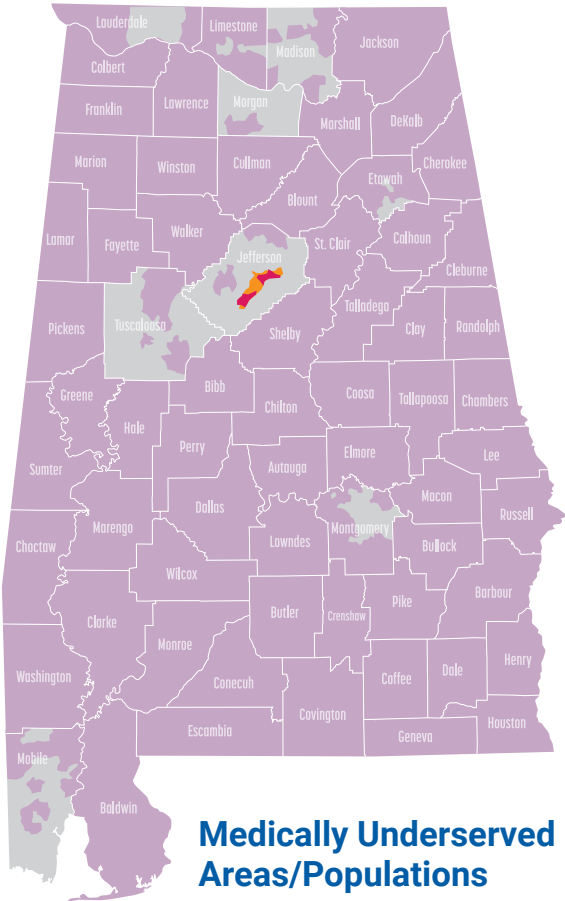
About Behavioral Health | Mental Health | CDC
Mental Health and Mental Disorders - Healthy People 2030 | odphp.health.gov
Explore Health Measures and Rankings in Alabama | AHR
Compare Counties | *County Health Rankings & Roadmaps*
odphp.health.gov

IX | HEALTH CARE ACCESS

Access to comprehensive, high-quality health care services is fundamental to individual and community well-being. *Healthy People 2030* identifies improving access to care as a national priority, emphasizing timely care, preventive services, and effective management of chronic conditions. However, nearly one in ten Americans remain uninsured, creating significant barriers to care and contributing to poorer health outcomes.

Barriers such as lack of insurance, transportation challenges, and provider shortages often lead to delayed care and missed preventive screenings. Addressing these issues is critical to advancing health equity and improving population health. Within the Southeast Health PSA, uninsured rates exceed national averages, highlighting the need for targeted strategies to expand coverage, enhance telehealth, and reduce geographic barriers.

The U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) works to improve access for uninsured, medically vulnerable, and isolated populations. HRSA designates Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs)—regions or groups facing shortages of health services or barriers such as economic, cultural, or linguistic challenges. These designations may apply to entire counties, groups of counties, or specific census tracts. Both Houston County and Henry County have been designated as MUAs, underscoring the need for focused interventions to improve access and reduce disparities.



Medically Underserved Areas/Populations

- Not Designated
- Medically Underserved Area
- Medically Underserved Population
- Medically Underserved Area and Population

SOURCE:
<https://www.alabamapublichealth.gov/ruralhealth/assets/muapmap.pdf>

A | COVERAGE

According to *County Health Rankings & Roadmaps*, approximately 10 percent of Americans lack health insurance. Individuals without coverage are less likely to seek care and often delay or forgo treatment due to cost, increasing their risk of mortality. In Alabama, 10 percent of residents are uninsured, matching the national average. In 2022, the uninsured rates for the Southeast Health PSA are listed to the right.

Uninsured (%)	
Houston County	12
Henry County	11
Alabama	10
United States	10

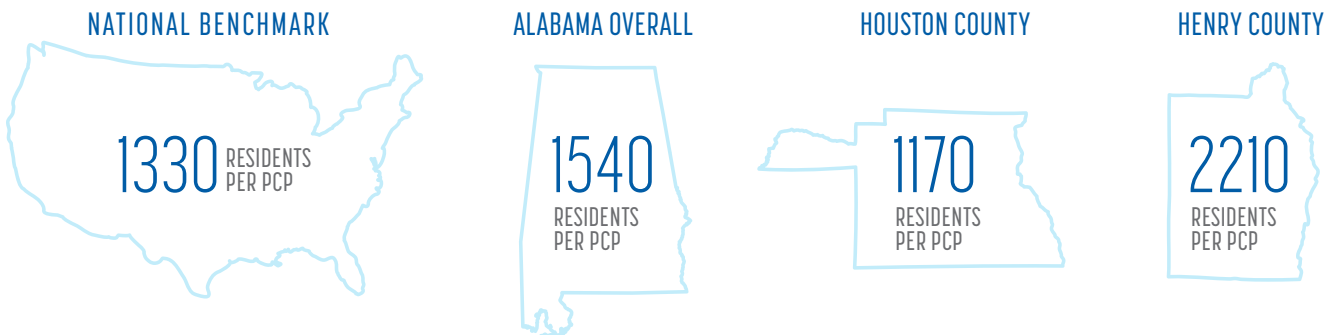
B | WORKFORCE AND TIMELINESS

Primary Care Providers

Primary care physicians (PCPs) include providers specializing in general practice, family medicine, internal medicine, pediatrics, and obstetrics/gynecology. The availability of PCPs is a key indicator of access to health care services within a community.

According to *America's Health Rankings 2024*, Alabama ranks 45th out of 50 states for the number of primary care physicians and advanced practice providers, with 241 PCPs per 100,000 population.

Another important measure is the population-to-PCP ratio, which reflects how many residents are served by each primary care provider. Based on 2022 data reported by *County Health Rankings & Roadmaps*:

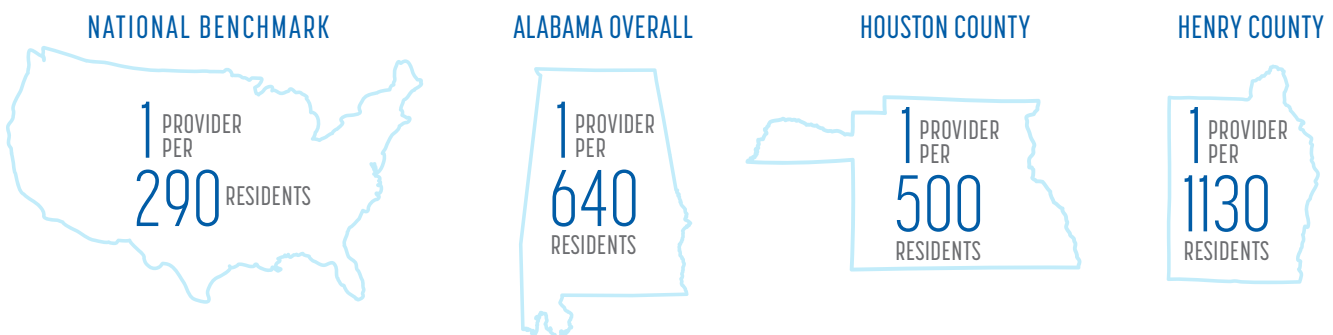


These figures highlight significant disparities, particularly in Henry County, where access to primary care is far below state and national benchmarks.

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, social workers, psychiatric nurse specialists, marriage and family therapists, and qualified professionals who treat substance use disorders. The population-to-provider ratio is a key indicator of mental health care availability.

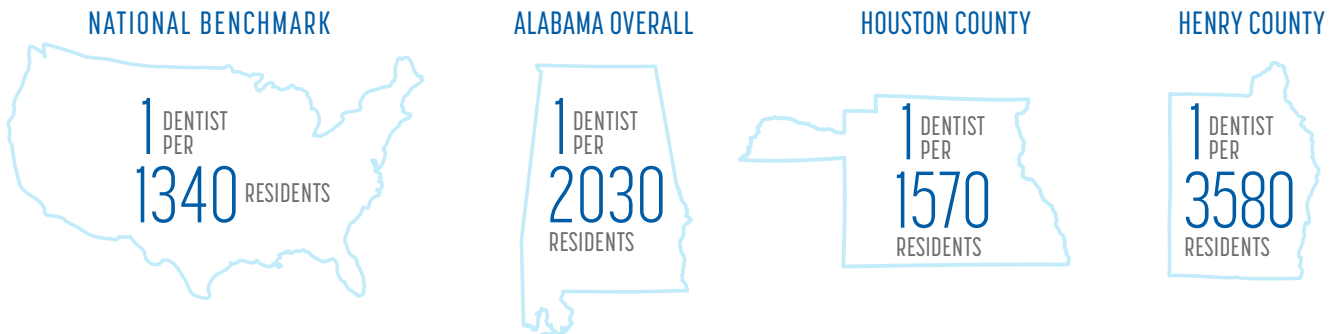
According to *County Health Rankings & Roadmaps*:



These figures reveal significant disparities, particularly in Henry County, where access to mental health services is far below state and national benchmarks.

Dental Health Providers

The availability of dental care is measured by the population-to-provider ratio. According to *County Health Rankings & Roadmaps*:



Henry County is designated as a Health Professional Shortage Area (HPSA) for Dental Health, based on low-income service area criteria. This designation underscores the need for targeted strategies to improve access to oral health services.

Hospital Resources

Access to hospital services is a critical component of community health. The Southeast Health PSA includes a range of facilities that support diverse health needs, including:

- ▶ **Acute care hospitals** for emergency and inpatient services.
- ▶ **Inpatient psychiatric and behavioral health** care services for children and adults.
- ▶ **Long-term acute care facilities** for patients requiring extended medical treatment.
- ▶ **A rehabilitation hospital** to support recovery and restore functional independence.

This variety of hospital resources helps ensure comprehensive care across the continuum, though geographic and capacity challenges may still impact timely access for some populations.

SOURCES:

Houston, Alabama | County Health Rankings & Roadmaps

Henry, Alabama | County Health Rankings & Roadmaps

Shortage Area Designations | Alabama Department of Public Health (ADPH)

Key Facts about the Uninsured Population | KFF

X | SUMMARY OF STAKEHOLDER SURVEY DATA

Community leaders from government, health care, and social services roles provided candid feedback on the most pressing health challenges facing the region. They consistently identified chronic diseases, mental health concerns and barriers to accessing care as urgent issues. Many pointed to a lack of education about disease management, socioeconomic hardships and insurance limitations as root causes.

Transportation emerged as a major barrier, especially for rural residents and those needing frequent medical visits, while shortages of providers (particularly in mental health and specialty care) were also highlighted. Respondents described unmet social needs such as affordable housing, food assistance, elder care, and veteran services, noting that financial hardship and limited resources often prevent people from accessing necessary support.

Solutions suggested included implementing reliable and affordable transportation systems, expanding health education, increasing the provider workforce, and fostering stronger community partnerships. Overall, leaders emphasized the importance of collaboration, proactive approaches, and investment in infrastructure and integrated care models to improve health outcomes and address the complex social determinants affecting their communities.

COMMUNITY STAKEHOLDERS

Summers Bell

Adult Service Supervisor,
Department of Human Resources

Marc Cronin

Executive Director, Wiregrass 211

Richard Byrd

Battalion Chief of EMS
Dothan Fire Department

Samuel Crawford

Chief Executive Officer, Dothan Housing

Kimberly Falkner

Executive Director, Southern Alabama
Regional Council on Aging

Sean Gibson

Executive Director,
Southeast Alabama EMS Council

Walter Hill

Chief Executive Officer,
Wiregrass United Way

Nancy McDonald, RN

Houston County Health Department

Adrian Nedelcut, MD

Parish Council Chairperson,
Saint Michael the Archangel
Orthodox Church

Altha Newman

Executive Director, Hawk Houston
Youth Enrichment Center

Niel Rasmussen, MD

Headland Family Medicine

Mark Saliba

Mayor, City of Dothan

Victoria Trouant

Renal Social Worker, Dialysis Clinic, Inc.

Lori Wilcoxon

Chief Operating Officer,
Dothan Area Chamber of Commerce

MAJOR THEMES FROM STAKEHOLDER FEEDBACK

Most Pressing Health Issues

- ▶ **Chronic Diseases** (diabetes, cancer, cardiovascular, renal, obesity).
- ▶ **Mental & Brain Health** (including substance abuse, dementia, and Alzheimer's).
- ▶ **Access to Care** (difficulty accessing treatments, diagnostic testing, and specialty care).
- ▶ **Preventive Healthcare** (delay in seeking treatment, lack of screenings, immunizations, and preventive therapies).

Common Causes Identified

- ▶ **Lack of Education** about disease management and healthy lifestyles.
- ▶ **Socioeconomic Challenges** (poverty, low income, unemployment).
- ▶ **Insurance Barriers** (high costs, lack of coverage, prior authorizations).
- ▶ **Provider Shortages** (especially in mental health, pediatric and specialty care).
- ▶ **Lifestyle Factors** (poor nutrition, lack of physical activity, stress and cultural influences).

Barriers to Access

- ▷ **Transportation** (especially for rural residents and those needing frequent medical visits)
- ▷ **Financial Hardship** (copays, deductibles, inability to pay for treatments)
- ▷ **Limited Resources** (few providers, outpatient centers, and support services)
- ▷ **Insurance Restrictions** (coverage limitations, delays due to authorizations)
- ▷ **Technological Challenges** (elderly population not technologically savvy)

Unmet Social Needs

- | | |
|---|-----------------------|
| ▷ Transportation | ▷ Elder Care |
| ▷ Affordable Housing | ▷ Veteran Care |
| ▷ Food Assistance and Food Deserts | ▷ Homelessness |
| | ▷ Childcare |

Suggested Solutions

- ▷ **Implement Reliable, Affordable Transportation Systems** (vouchers, expanded ride programs, public transit)
- ▷ **Increase Health Education** (community programs, schools, churches and local organizations)
- ▷ **Expand Provider Workforce** (especially mental health and specialty care)
- ▷ **Strengthen Community Partnerships** (collaboration among government, nonprofits, businesses)
- ▷ **Invest in Infrastructure** (community gardens, broadband access, local learning hubs)
- ▷ **Support Integrated Care Models** (combining mental and physical health services)
- ▷ **Increase Funding for Direct Services** (mental health, primary care, food assistance)

TOP PRIORITIES IDENTIFIED

- ▷ **Transportation** (most frequently cited as the single most important issue)
- ▷ **Economic Stability**
- ▷ **Mental Health Access**
- ▷ **Veteran Services**
- ▷ **Education**

NOTABLE STAKEHOLDER COMMENTS

- ▷ Many respondents emphasized the need for **community collaboration** and **proactive approaches** rather than reactive ones.
- ▷ There is a strong call for **education** at all levels – individual, family, school, and community.
- ▷ **Financial literacy** and **job training** are seen as foundational to improving health outcomes.
- ▷ **Community paramedicine** and **in-home care** programs are suggested to reduce ER visits and hospital readmissions.

SOURCES:

Community Health Needs Assessment Community Member Survey
Community Health Needs Assessment Stakeholder Survey

XI | SERVICE AREA HEALTH PRIORITIES

Drawing on qualitative data, stakeholder input, and community survey feedback, the Steering Committee identified and prioritized key health needs within Southeast Health's Primary Service Area through collaborative discussion:

PRIORITY HEALTH NEEDS

- ▶ **Improve access to care in high-demand specialty areas** by strengthening recruitment efforts. The region's strong medical education infrastructure, which include the Alabama College of Osteopathic Medicine, residency programs, and partnerships with community organizations – provides significant opportunities to address provider shortages and enhance care.
- ▶ **Reduce barriers to care through collaboration with community organizations** to tackle challenges such as transportation, insurance access, health disparities and support for at-risk populations.
- ▶ **Advance health equity and community wellness** by promoting healthy behaviors, preventive care, and disease management programs. These initiatives aim to increase awareness of available resources, reduce disparities, and improve overall health outcomes.

Southeast Health has developed implementation strategies to address these priorities with input from the Steering Committee. The plan and supporting data will be presented to the Houston County Health Care Authority for approval and adoption.

XII | IMPLEMENTATION STRATEGY

The following strategies outline actions Southeast Health will take over the next three years to address the identified priority health needs:

MAJOR ACTIONS	SUB-ACTIONS
Address Shortage of Health Professionals and Expand Access to Care	<ul style="list-style-type: none"> ○ Recruit additional specialty care providers in alignment with the Medical Staff Development Plan. Priority areas identified include Neurology, Urology, Endocrinology and Rheumatology. ○ Continue training the next generation of physicians through ACOM and Graduate Medical Education programs. ○ Recruit additional primary care providers to preserve and expand access. ○ Partner with area high schools to encourage students to pursue health careers. ○ Collaborate with the Wiregrass Area Health Education Center to provide educational programs and encourage medical students to consider careers serving rural markets and underserved communities. ○ Launch a pharmacy residency program to increase the number of clinical pharmacists in the region.
Reduce Cost of Care to the Patient	<ul style="list-style-type: none"> ○ Develop a Heart Failure Clinic at the Cardiovascular Institute to reduce readmissions. ○ Collaborate with Southeast Health Statera Network to implement evidence-based protocols and best practices that standardize care, prevent hospitalization and reduce patient costs.
Increase Access to Care	<ul style="list-style-type: none"> ○ Expand emergency services and add additional inpatient beds to address capacity related issues in the region. ○ Provide free screenings at health events and churches. ○ Utilize the Medical Center Clinic to support patients at high risk of missing post-discharge care. ○ Collaborate with nonprofit organizations that support the unhoused. Expand Graduate Medical Education residency outreach efforts to increase access to care.
Mental Health, Substance Abuse, and Suicide	<ul style="list-style-type: none"> ○ Collaborate with Southeast Health Foundation, ACOM and area EMS providers to expand education and access to NARCAN across the service area. ○ Enhance Emergency Department capacity and establish a dedicated, secure environment for Behavioral Medicine patients to ensure care tailored to their unique needs.
Expand Access to Cancer Screenings, Education and Care	<ul style="list-style-type: none"> ○ Partner with the Skin Cancer Foundation to offer free skin cancer screenings. ○ Partner with media outlets, the Alabama Department of Public Health, and community organizations to raise awareness about cancer prevention, screening milestones, and eligibility for free screenings through the Breast and Cervical Care Screening Program and other charity care programs. ○ Implement a communication plan to create awareness about lung cancer screening criteria.

MAJOR ACTIONS	SUB-ACTIONS
Expand and Enhance Stroke Awareness and Education	<ul style="list-style-type: none"> ○ Host the annual Stroke Symposium to educate providers on treatment options and best practices. ○ Launch an educational campaign to raise awareness of stroke signs using the BEFAST acronym. ○ Maintain Comprehensive Stroke Center certification and Level I Stroke Center Designation by ADPH. ○ Promote preventive care and stroke awareness during Stroke Month through expert interviews, BEFAST education and free screenings. ○ Coordinate post discharge care through the stroke follow up clinic to help patients prevent future strokes, manage risk factors and coordinate rehabilitation and help patients recover. ○ Expand appointment availability for outpatient neurology care. ○ Provide specialized rehabilitation and wellness programs for patients with neuromuscular disorders and those recovering from stroke. ○ Collaborate with rural hospitals through the Stroke Care Network to provide stroke education and awareness and improve outcomes.
Provide Health Education Programs related to Preventive Care, Disease Management and Healthcare Access	<ul style="list-style-type: none"> ○ Partner with First United Methodist Church Respite Care Ministry to host a Brain Health and Alzheimer's education event. ○ Collaborate with the Parkinson's Foundation and UAB to offer educational events on prevention and treatment. ○ Collaborate with the Southeast Health Foundation, area EMS and ACOM Students to implement Stop The Bleed programs and provide tourniquets. ○ Partner with the Dothan Area Chamber of Commerce to provide community awareness programs regarding the State of Healthcare.
Collaborate with Community Partners to Reduce Barriers to Care and Promote Healthy Lifestyles	<ul style="list-style-type: none"> ○ Address transportation, insurance, and financial hardship challenges by partnering with the Southeast Health Foundation and community/state organizations. ○ Increase education and awareness around prevention and healthy living, emphasizing healthy weight maintenance, tobacco cessation, diabetes and cancer care and prevention.
Address Fetal Mortality through Community Partnerships and Access	<ul style="list-style-type: none"> ○ Offer childbirth education classes and postpartum depression support groups. ○ Provide patient education on breastfeeding and healthy sleep habits. ○ Create awareness of Level III NICU service and patient transfer process. ○ Collaborate with the Exchange Center for Child Abuse Prevention (Baby Whisper program).
Expand and Enhance Cardiovascular Disease Awareness, Education and Programs	<ul style="list-style-type: none"> ○ Expand access to AEDs and hands-only CPR education through the HeartSafe program in Houston County. ○ Promote preventive care and cardiovascular health during Heart Month through expert interviews, care tips, and free screenings. ○ Maintain certifications that promote clinical excellence, such as Chest Pain Center designation.



Southeast

H E A L T H