



COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY 2016

Wedowee Hospital is committed to understanding, assessing and addressing the healthcare needs of its communities. The first step in meeting community health needs is "taking the pulse" of the community to discover what local and health-related issues are most important. To that end, Wedowee Hospital uses both formal and informal methods to listen and learn, including the collection and analysis of public health data and reports and community surveys. Taking into consideration that a wide-range of community needs and health issues need to be tackled, the hospital assesses the information gathered from the Community Health Needs Assessment to develop a Community Health Implementation Strategy.

Wedowee Hospital

Wedowee Hospital is a 34-bed acute care hospital located in Randolph County, Alabama. The hospital provides its community with a variety of inpatient, outpatient and emergency medical services, including: occupational therapy services, outpatient surgery services, physical therapy services, respiratory therapy, respite care, skilled nursing and other long-term care and a 24-hour emergency department.

Community Served

Wedowee Hospital's primary service area—the focus of this Community Health Needs Assessment—consists of Randolph and Cleburne counties, covering 1,150 square miles of predominately rural area (89% rural) with a population density of about 33 people per square mile and total population of 37,885. See Table 1 for U.S. Census Bureau demographics of Randolph and Cleburne counties.

TABLE 1 POPULATION DEMOGRAPHICS			
	Randolph County	Cleburne County	Alabama
Total Population, 2010	22,913	14,972	4,779,736
Rural Population	81.34%	100%	40.96%
Age, 2014 estimate			
> Persons under 5 years	5.7%	5.7%	6.1%
> Persons under 18 years	22.0%	23.3%	22.8%
> Persons 65 years and over	19.6%	18.4%	15.3%
> Female Persons	51.4%	50.4%	51.5%
Racial Mix, 2014 estimate			
> White (not Hispanic or Latino)	75.0%	92.2%	66.2%
> Black	20.2%	3.6%	26.7%
> Hispanic	2.9%	2.5%	4.1%
> Other	1.9%	1.7%	3.0%
High School graduates, 2010-2014	74.5%	75.3%	83.7%
Bachelor's degree or higher 2010-2014	12.4%	10.6%	23.1%
Median Household Income 2010-2014	\$36,498	\$37,008	\$43,511
Persons per household, 2010-2014	2.47	2.63	2.55
Persons below poverty level, 2014	20.4%	17.0%	19.3%
Children in Poverty (under 18 years)**	30%	25%	27%
Unemployment**	6.9%	6.7%	6.8%
Disability, 2010-2014 (under 65 years)	11.5%	14.3%	11.7%

Source: US Census Bureau, **2016 County Health Rankings

Assessment Methodology and Process

The assessment process was conducted in two phases: Phase One, which consisted of the collection and review of secondary quantitative data from existing public health data and reports; and Phase Two, which included the collection of primary, qualitative data through community surveys. Multiple public health data sources were analyzed during Phase One of the assessment process, including national, state and local demographic and community health

databases. Vital statistics of the leading causes of death were examined utilizing the Alabama Department of Public Health Center for Health Statistics. Additional sources include the US Census Bureau, Centers for Disease Control and Prevention’s (CDC) databases, Healthy People 2020, 2016 County Health Rankings and more. For Phase Two, community surveys were distributed to a broad-range of community stakeholders, including individuals from a wide range of public and private organizations and high-risk groups in Randolph and Cleburne counties.

Wedowee Hospital’s Community Health Needs Assessment will be made widely available to the public by being posted for download on Wedowee Hospital’s Web site, www.wedoweehospital.org. Additionally, copies will be disseminated to the hospital’s board and leadership, community stakeholders who contributed to the assessment, and multiple community leaders, volunteers and organizations that could benefit from the information. Copies will also be made available for distribution upon request from the hospital.

Data Gaps

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information, data gaps exist. Due to the lack of available public health data at the zip-code level, county-level public health data was utilized throughout the assessment to provide a measure of comparability to qualitative data gathered. Several data sources used include significant gaps in time between the current year and available statistics; to provide more valid measures, data was aggregated over multi-year spans of time when possible.

Secondary Data Key Findings

Wedowee Hospital collected and analyzed secondary data from multiple sources, with key data sources and findings presented below in Table’s 2 and 3. The data resources include figures related to disease prevalence, mortality, socio-economic factors and behavioral risk factors. Data is benchmarked against state and national trends where applicable.

County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute, provides health rankings for over 3,000 counties in the United States. Through the analysis of multiple public health data sources, County Health Rankings provide a snapshot of the overall health of communities by taking into account the determinants of health (health factors) that impact health outcomes. Counties receive ranks for health outcomes (including mortality and morbidity) and health factors (including health behaviors, clinical care, social and economic factors and the physical environment). Those having the highest ranks (e.g., 1 or 2) are estimated to be the “healthiest.” Randolph and Cleburne counties are ranked against the 67 counties in Alabama.

Table 2: County Health Rankings 2016 (of 67 counties)	Randolph County	Cleburne County	Alabama	National
Health Outcomes	36	21		
Mortality (Length of Life)	46	41		
Premature death	11,000	10,800	9,500	5,200
Morbidity (Quality of Life)	34	5		
Poor or fair health	22%	18%	22%	12%
Poor physical health days	5.0	4.3	4.6	2.9
Poor mental health days	4.7	4.4	4.7	2.8
Low birth weight	10%	9%	10%	6%
Health Factors	43	21		

Table 2: County Health Rankings 2016 (of 67 counties)	Randolph County	Cleburne County	Alabama	National
Health Behaviors	24	13		
Adult smoking	20%	19%	21%	14%
Adult obesity	33%	30%	34%	25%
Food Environment Index	7.0	7.9	6.6	8.3
Physical inactivity	31%	33%	29%	20%
Access to exercise opportunities	27%	40%	63%	91%
Excessive drinking	13%	14%	13%	12%
Alcohol-impaired driving deaths	24%	30%	30%	14%
Sexually transmitted infections	471.9	323.6	611.0	134.1
Teen births	47	57	44	19
Clinical Care	61	54		
Uninsured	19%	17%	16%	11%
Primary care physicians	2,840:1	3,750:1	1,570:1	1,040:1
Dentists	7,510:1	15,080:1	2,200:1	1,340:1
Mental Health Professionals	3,760:1	2,510:1	1,200:1	370:1
Preventable hospital stays	74	64	65	38
Diabetic screening	84%	82%	85%	90%
Mammography screening	51%	49%	63%	71%
Social & Economic Factors	33	15		
High school graduation	83%	93%	81%	93%
Some college	47%	50%	58%	72%
Unemployment	6.9%	6.7%	6.8%	3.5%
Children in poverty	30%	25%	27%	13%
Income inequality	4.9	5.3	5.2	3.7
Social Associations	9.7	9.3	12.5	22.1
Children in single-parent households	37%	29%	38%	21%
Violent crime rate	308	224	418	59
Injury deaths	98	95	74	51

Table 2: County Health Rankings 2016 (of 67 counties)	Randolph County	Cleburne County	Alabama	National
Physical Environment	57	45		
Drinking water violations	Yes	Yes	N/A	No
Air pollution-particulate matter	13.0	13.0	12.8	9.5
Severe housing problems	17%	14%	15%	9%
Driving alone to work	79%	77%	85%	71%
Long commute-driving alone	46%	50%	33%	15%

Mortality/Morbidity

TABLE 3: Local Mortality/Morbidity Rates compared to State Rates and National Healthy People 2020 Objectives

	Randolph	Cleburne	State	Year	Healthy People 2020
CANCER					
Age-Adjusted Mortality Rate per 100,000 pop. for All Cancer Sites	230.7	245.4	212.1	2014	160.6
Age-Adjusted Mortality Rate per 100,000 pop. for Breast Cancer	8.9	6.6	13.8	2014	20.6
Age-Adjusted Mortality Rate per 100,000 pop. for Colorectal Cancer	35.5	26.5	18.1	2014	14.5
Age-Adjusted Mortality Rate per 100,000 pop. for Lung Cancer	48.8	86.2	64.3	2014	45.5
Age-Adjusted Mortality Rate per 100,000 pop. for Prostate Cancer	4.4	6.6	9.6	2014	21.2
Age-Adjusted Incidence Rate per 100,000 pop. for All Cancer Sites	465.9	460.7	461.1	2008-2012	
Age-Adjusted Incidence Rate per 100,000 pop. for Breast Cancer	111.2	95.1	119.5	2008-2012	
Age-Adjusted Incidence Rate per 100,000 pop. for Colorectal Cancer	25.8	32.4	38.2	2008-2012	38.6
Age-Adjusted Incidence Rate per 100,000 pop. for Lung Cancer	58.0	71.9	54.2	2008-2012	
Age-Adjusted Incidence Rate per 100,000 pop. for Prostate Cancer	148.4	115.5	146.1	2008-2012	
DIABETES					
Age-Adjusted Mortality Rate per 100,000 pop. for Diabetes	35.5	39.8	26.3	2014	
Diagnosed Diabetes Percentage of pop.	14.9%	12.6%	12.9%	2013	
CARDIOVASCULAR DISEASE					
Age- Adjusted Mortality Rate per 100,000 for Heart Disease	448.1	371.4	256.5	2014	
Age-Adjusted Mortality Rate per 100,000 pop. for Stroke	57.7	39.8	54.6	2014	33.8
OBESITY					
Adult Incidence Rate per 100,000 pop. for Obesity	33.0	30.0	34.0	2012	30.6
SUICIDE					
Age-Adjusted Mortality Rate per 100,000 pop. for Suicide	13.3	19.9	14.7	2014	10.2

Green shading indicates the county rates are better than or equal to the state average; red shading indicates the county rates are worse than the state average; no color indicates inadequate comparison data is available. Green shading in the Healthy People 2020 column denotes that all counties have met the goal; red shading indicates that all counties have not met the goal; no shading indicates there is no goal for the estimate.

Sources: *Cancer Mortality Data: Alabama Department of Public Health Center for Health Statistics, 2014; Cancer Incidence Data: CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) and SEER, 2008- 2012; Diabetes Incidence Data: National Diabetes Surveillance System, CDC 2013; Diabetes Mortality Data: Alabama Department of Public Health Center for Health Statistics; Heart Disease and Stroke Mortality Data: Alabama Department of Public Health Center for Health Statistics Obesity Incidence Data: Behavioral Risk Factor Surveillance System, CDC 2012.*

Summary of Key Secondary Findings

The leading causes of death in Randolph and Cleburne counties, in order, are heart disease, cancer and stroke, according to the latest data from the Alabama Department of Public Health. Because heart disease accounts for substantial morbidity and mortality, reduction of risk factors is of particular importance in improving the health of the community. The major risk factors are associated with lifestyle; they include elevated blood pressure, high blood cholesterol levels, obesity, smoking, diabetes and a sedentary lifestyle. Furthermore, extensive research from the National Cancer Institute indicates that nearly two-thirds of cancer deaths can be linked to modifiable risk factors such as tobacco use, diet, obesity and lack of physical activity.

Obesity prevalence has reached epidemic proportions both locally and nationally. According to a 2016 Trust for America's Health Report, Alabama is the 2nd most obese state in the nation for adults, and the 11th most obese for children. County area figures, based on the 2016 County Health Rankings report (Table 2), reveal that Randolph County has an adult obesity rate of 33 percent and Cleburne County a rate of 30 percent—both lower than the state rate of 34 percent, but highly exceeding the national benchmark of 25 percent. Additional data (Table 2) indicate that the percentages of adults who report getting insufficient leisure physical activity—such as walking and other recreation—are higher than state and national figures in both Randolph and Cleburne counties.

According to a 2016 Trust for America's Health Report, Alabama ranks 3rd in the nation for the prevalence of diabetes. Throughout Wedowee Hospital's primary service area, Randolph County has an adult diabetes rate of 14.9 percent and Cleburne County a rate of 12.6 percent, with Randolph County exceeding the state rate of 12.9 percent. Diabetes complications are debilitating, costly, deadly and are most prevalent among underserved populations—leading to increased emergency room utilization and acute care hospitalization. Concernedly, the preventable hospital stays rates (Table 2) in Cleburne and Randolph counties highly surpass national statistics. The preventable hospital stays rate indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

According to the National Institute of Mental Health, one in four adults across the nation experience a mental health disorder in any given year. It is estimated that 45 percent of those with a diagnosed mental disorder suffer from two or more disorders; co-occurring mental health and substance abuse disorders are common among this population. A 2014 Behavioral Health Barometer report from SAMSHA states that about 165,000 adults aged 18 or older (4.5 percent of all adults) in Alabama had a serious mental illness (SMI) within the year prior to being surveyed. Additionally, data from the Center for Mental Health Services indicate that approximately two thirds of young people in the U.S. with psychiatric disorders are not getting the help they need, as a result of a myriad of factors often relating to financial and physical access and increased societal stigmas. State figures second these discouraging figures, as a 2015 Commonwealth Fund State Scorecard report reveals that Alabama ranks 42nd in the nation for the percentage of children (ages 2-17) with emotional, developmental or behavioral problems who received needed mental health services, with only 54 percent receiving those services. Suicide is a significant and preventable public health problem. Rates of suicide (Table 3) in Randolph (13.3) and Cleburne (19.9) counties exceed the Healthy People 2020 goal (10.2).

Lack of access to medical care services is a significant problem for many east Alabamians. The 2016 County Health Rankings report (Table 2) estimates that the combined number of uninsured individuals in Randolph and Cleburne counties is 6,898, representing 18 percent of the total population, far exceeding the 11 percent national benchmark. Evidenced from 2014 Census data, poverty rates in Randolph (20.4 percent) and Cleburne (17.0 percent) counties surpass the national rate (14.8 percent). Having access to care requires not only having financial coverage but also access to providers. Distressingly, the 2016 County Health Rankings data (Table 2) indicate that Randolph and Cleburne counties significantly surpass state and national rates for the population per primary care physician and the population per mental health professional. A 2015 report from the Association of American Medical Colleges ranks

Alabama the 6th state in the nation with the fewest physicians. Supplementary data from the U.S. Department of Health and Human Services Administration reveal that Randolph and Cleburne counties, in their entirety, are designated as Medically Underserved Areas (MUA's).

Primary Research Findings

Community Surveys

In order to gather quantitative data that were not provided by secondary sources and to understand public perceptions around health issues, a brief 23-item community survey was developed and administered (online and by paper) to residents in Randolph and Cleburne counties. The survey explored key health concerns of community residents as well as their primary priorities for services and programming. Overall, 133 individuals completed the survey. On average, survey respondents were middle-aged, white/Caucasian, female and more educated (some college or more). Following is a summary of the key findings from the survey.

1.) How would you describe your overall health? (n=132)

	Very Healthy	Healthy	Fairly Healthy	Not Healthy	Very Unhealthy
Responses	11.36%	57.58%	28.03%	2.27%	0.76%

2.) Please select the top three health issues you face. (n=133)

Answer Choices	Responses
Blood Pressure	39.10%
Overweight/obesity	39.10%
Joint/back pain	36.84%
Sleep issues	24.06%
Arthritis	21.05%
Depression/mental health	15.79%
Other (please specify)	13.53%
None of the above	12.03%
Diabetes/blood sugar	11.28%
Heart Disease	8.27%
Cancer	6.77%
Stroke	2.26%
Lung disease	1.50%
Drug/alcohol abuse	0.75%

3.) Which of the following preventive procedures have you had in the past 12 months? (Select all that apply) (n=131)

Answer Choices	Responses
Blood pressure check	81.68%
Dental cleaning/X-rays	63.36%
Cholesterol screening	58.02%
Flu shot	56.49%
Vision screening	55.73%
Diabetes/blood sugar check	44.27%
Physical exam	37.40%
Pap test (if female)	37.40%
Mammogram (if female)	36.64%
Glaucoma test	19.85%
Colonoscopy or occult blood test for colon cancer	15.27%
Skin cancer screening	14.50%
Bone density test	13.74%
Heart disease screening	10.69%

Hearing screening	8.40%
Prostate cancer screening (if male)	7.63%
STI (sexually transmitted infection) screening	3.82%
None of the above	2.29%

4.) On what health issues would you like more education about? (Select all that apply) (n=121)

Answer Choices	Responses
Weight loss	44.63%
Exercise/physical activity	33.06%
Stress reduction	31.40%
Nutrition/how to prepare healthy meals	26.45%
None of the above	20.66%
Sleep problems	19.01%
How to manage your health condition	19.01%
Blood pressure	18.18%
Cancer	17.36%
Depression/mental health	14.88%
Cholesterol	14.05%
Heart disease	14.05%
Emergency preparedness	11.57%
Diabetes/blood sugar	10.74%
Eating disorders	9.92%
Falls prevention in the elderly and adults with disabilities	8.26%
Utilizing technology to track health	5.79%
Smoking and/or tobacco cessation	5.79%
Disease outbreaks	4.96%
Vaccination/immunizations	4.13%
Drug/alcohol abuse	4.13%
Prenatal care	4.13%
Suicide prevention	3.31%
Dental screenings	2.48%
Other (please specify)	0.83%
HIV/sexually transmitted infections	0.83%

5.) In your opinion, how would you rate the health of your family and neighbors? (n=125)

	Very Healthy	Healthy	Fairly Healthy	Not Healthy	Very Unhealthy
Responses	3.20%	46.40%	45.60%	4.80%	0.00%

6.) In your opinion, what is the health-related issue that affects most people in your community? (Select only one) (n=125)

Answer Choices	Responses
Overweight/obesity	29.60%
Blood pressure	18.40%
Heart disease	14.40%
Cancer	12.00%
Diabetes/blood sugar	10.40%
Tobacco use	4.00%
Drug/alcohol abuse	3.20%

None of the above	2.40%
Asthma/lung disease	2.40%
Stroke	2.40%
Depression/mental health	0.80%
Dental health	0.00%

7.) In your opinion, what types of health screenings and/or services are important to keep your family and neighbors healthy? (Select up to five) (n=126)

Answer Choices	Responses
Blood pressure	76.98%
Diabetes/blood sugar	60.32%
Cancer	59.52%
Cholesterol	49.21%
Heart disease	46.83%
Weight loss	42.06%
Exercise/physical activity	34.13%
Nutrition	26.98%
Stress reduction	26.98%
Depression/mental health	18.25%
Drug/alcohol abuse	15.87%
Dental screenings	14.29%
Falls prevention in the elderly and adults with disabilities	12.70%
Smoking and/or tobacco cessation	11.90%
Sleep problems	11.11%
Emergency preparedness	11.11%
Vaccination/immunizations	6.35%
Prenatal care	6.35%
Eating disorders	5.56%
HIV/sexually transmitted infections	4.76%
Suicide prevention	3.17%
Disease outbreaks	2.38%
None of the above	0.00%

8.) What current strengths exist in your community to help you and your family be more healthy and active? (n=60)

A sampling of responses:

- Local gyms and walking trails
- Access to medical services
- Safe places to be active
- Senior center
- A local hospital
- Primary Care Clinics

Existing Healthcare Facilities and Resources to Address Needs

Wedowee hospital recognizes that there are additional healthcare resources within the community that are available to respond to the health needs of residents, including but not limited to:

Tanner/East Alabama: In May 2013, Tanner Health System opened Tanner/East Alabama, a new 26,000-square-foot, two-story medical office building in Wedowee, AL that houses Tanner Primary Care of Wedowee, a Tanner Medical Group practice that provides preventive care, health screenings, acute and chronic illness care, DOT and sports physical exams, men's and women's wellness, chronic disease management, including hypertension, diabetes and weight management, immunizations and more. The second floor of Tanner/East Alabama includes space for various specialists from Tanner's medical staff—including cardiologists, cancer specialists, obstetrics and gynecology specialists and others—to rotate through on a limited basis, bringing specialties to east Alabama that have not previously been available.

Woodland Family Healthcare: A Tanner Medical Group practice, Woodland Family Healthcare combines experience, compassion and comprehensive medical care for the whole family. Services include: general medical care, minor surgery, screenings for depression and other behavioral disorders; women's wellness; men's wellness; sick visits; children's care; geriatric care.

Social Service, Faith-Based, And Other Community-Based Organizations: Faith-based organizations, community centers, senior centers, schools and other social services are just some of the organizations that will continue to be a major asset for the community as safety net providers working to reach out and engage communities in primary care and other needed health promotion services.

Additional nearby Hospitals include: Tanner Medical Center/Carrollton, Carrollton, GA; Regional Medical Center, Anniston, AL; East Alabama Medical Center, Opelika, AL; and West Georgia Medical Center, LaGrange, GA.

A few short years ago, Randolph County had two regional hospitals. When Randolph Medical Center closed three years ago (one of 10 Alabama hospitals to close in the past five years), that left Wedowee Hospital as the only hospital left in the county. Wedowee Hospital has an ongoing financial deficit with no opportunity for growth in their current location. The hospital has been propped up by significant subsidies provided by Tanner Health System, which has understood how important it is that its neighbors in the region continue to have hospital services close to home.

Evaluation of Impact

Three years ago, Wedowee Hospital conducted a Community Health Needs Assessment (CHNA) survey to better understand the community's health concerns and needs. Wedowee Hospital utilized these findings to further its partnerships to address these needs, focused on access to care; chronic disease education, prevention and management; and mental health. With the critical realization that Wedowee Hospital is not sustainable with its current financial deficits and its inability to recruit physicians to the area, the hospital sought partners to ensure residents of east Alabama continue to have a local hospital to serve the health needs of its community. The Wedowee Hospital board of directors held public forums, interviewed potential partners and completed a request for proposal (RFP) process with these prospects. Local citizens formed a "Hearts for a Hospital" advocacy group to raise awareness of the dire situation faced by the hospital and to educate residents that local hospital services were in danger of closing. "Hearts for a Hospital" rallied the community to come together to save the hospital by backing a referendum for a 1 percent sales tax increase to finance the construction of a new replacement hospital. Upon approval of the referendum, the board was now in a position to build a new hospital facility and select a long term partner. The board selected Tanner Health System located in Carrollton, GA as its long term partner to stabilize the current medical services, provide strategic vision and capital to expand services for the future, recruit physicians, provide leadership and oversight, and manage the daily operations of the new state-of-the-art hospital facility.

Community Health Implementation Strategy

With dire options confronting them, Wedowee Hospital's administrative team and board of directors prioritized keeping medical care services available to the citizens of the region as its number one mission. They have enlisted the support of Tanner Health System, which is under contract to equip and operate the new hospital once built, to ensure the health needs of the communities it serves are met for generations to come.

Wedowee Hospital, as it stands today, is small, outdated and dangerously far from being up to modern building codes for medical facilities or even Americans with Disabilities Act (ADA) compliance. Parking is scarce and there's no helipad to transport the most acute patients to Anniston, Birmingham or Carrollton. Further, at a time of physician shortages nationwide, efforts to recruit additional providers to serve the existing Wedowee Hospital are efforts lost. Any attempt to make the improvements the facility needs is hampered by cost. Removing the dangerous asbestos from the building alone would have to be done before any large-scale improvements could be made, and even then the site itself limits any potential future expansion.

The healthcare needs of residents of Randolph County are best served with state-of-the-art facilities that anticipate the growing demands of the aging population and improve the ability to recruit physicians, while making it less complicated for residents of the service area to access hospital services. Medical facilities are also a boost to the local economy—both in the jobs they themselves provide and the demand for support services they create in the surrounding community, along with serving as an aid to recruit new employers to the region where access to quality medical services is necessary for recruiting and maintaining their workforce.

A referendum to support a 1 percent sales tax increase to finance the construction of a new hospital in Randolph County received wide support among voters in August 2015, with 86 percent of Randolph County voters supporting the new hospital. The new hospital, to be called Tanner Medical Center/East Alabama, will be the fifth in the Tanner System once completed in Fall 2017, joining the 201-bed acute care Tanner Medical Center/Carrollton, the 40-bed acute care Tanner Medical Center/Villa Rica, the 25-bed critical access Higgins General Hospital in Bremen and the 82-bed inpatient behavioral health facility Willowbrooke at Tanner in Villa Rica.

The more than 50,000-square-foot, three-story modern hospital facility is under construction adjacent to the Tanner/East Alabama medical office facility located on South Main Street in Wedowee. The hospital will provide 24-hour emergency care, critical care support, inpatient and observation beds, a state-of-the-art surgical suite and advanced diagnostic imaging services. Through Wedowee Hospital's partnership with Tanner Health System, the replacement hospital (Tanner Medical Center/East Alabama) will remain committed to improving the community's health, not only through daily patient care activities but also outreach, prevention, education and wellness opportunities.