



# COMMUNITY HEALTH | 20 NEEDS ASSESSMENT | 22

CHATTANOOGA-HAMILTON COUNTY HOSPITAL AUTHORITY **D/B/A**



# **COMMUNITY HEALTH NEEDS ASSESSMENT**

**Chattanooga-Hamilton County Hospital Authority**

**D / B / A**

**Erlanger Bledsoe Hospital**

**Erlanger Bledsoe Hospital**

71 Wheelertown Avenue

Pikeville, TN 37367



**AUGUST 2022**

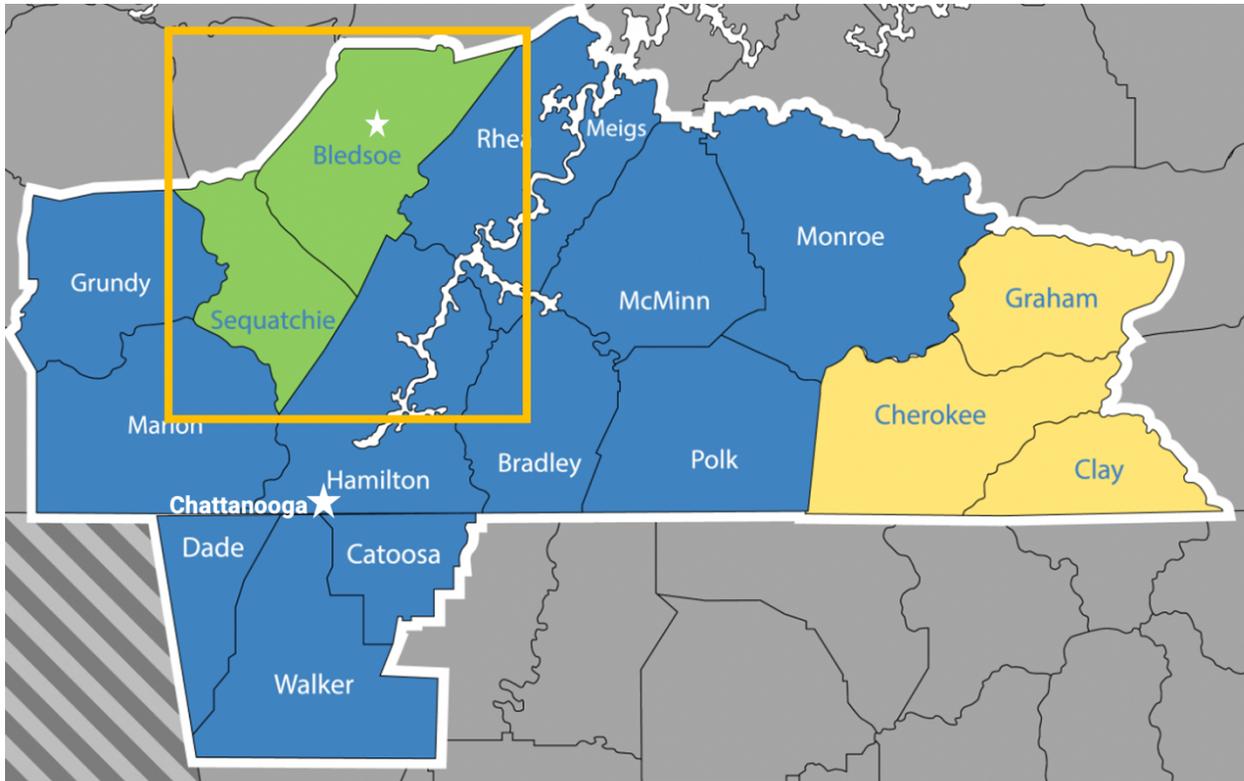
## Table of Contents

Section A: Hospital Profile	Page 3
Section B: CHNA Process, Methods and Information	Page 6
Section C: Update on 2019 Priorities	Page 9
Section D: Service Area Description	Page 10
Section E: Community Health Status	Page 13
Section F: Erlanger Community Health Research	Page 20
Section G: Community Input/Town Hall Results	Page 32
Section H: Community Health Priorities 2023-2025	Page 34
Appendix	Page 37

## Section A: Hospital Profile

### Overview

**Erlanger Health System** is a non-profit health system based in Chattanooga, Tennessee that includes six hospitals—four in the Chattanooga area, one in North Carolina and Erlanger Bledsoe Hospital located in Bledsoe County, Tennessee. All Erlanger hospitals work in a coordinated fashion to provide comprehensive care to approximately 300,000 adult and pediatric patients annually.



**Erlanger Bledsoe Hospital** is a critical access hospital located in Pikeville, Tennessee that provides emergency medical services and a variety of essential inpatient and outpatient services to residents of Bledsoe County and Sequatchie County.

The primary service area consists of major portions of the Sequatchie Valley and Cumberland Plateau. The narrow Sequatchie Valley is unique, over 150 miles long, stretching from Tennessee to Alabama. It is only three to five miles wide, bordered on both sides by the steep walls of the Cumberland Plateau.

The Erlanger Bledsoe Hospital service area covers approximately 40 miles of the valley floor and parallel areas of the plateau. The area is rural, mostly farmland, dotted by two small, incorporated towns—Pikeville in Bledsoe County and Dunlap in Sequatchie County. According to 2020 census counts, Pikeville has a population of 2,465 and Dunlap has a population of 5,159. The two towns are 20 miles apart and connected by US 127, a two-lane highway.

Services provided by Erlanger Bledsoe in Pikeville include 25 inpatient beds, 24/7 emergency services, transitional care beds (swing beds), physical therapy, occupational therapy, cardiac rehabilitation, and imaging services, including 3D mammography. The Pikeville campus features a medical office building offering primary care and weekly specialty clinics in cardiology and women's services.

The hospital also operates a 24/7 freestanding emergency department in Dunlap, TN.

Both locations have helicopter pads that provide fast transport via LIFEFORCE helicopter to Erlanger Medical Center in Chattanooga, which is approximately 40 air-miles from Pikeville and 30 air-miles from Dunlap.

### Mission, Vision and Values

Erlanger's culture for care and community flow from its statements of Mission, Vision & Values, as follows:

#### **Mission**

We compassionately care for people.

#### **Vision**

*Erlanger* is a nationally acclaimed health system anchored by a leading academic medical center. As such, we deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.

#### **Values**

Our values define who we are and how we act as stakeholders, individually and collectively. We believe values in action create the culture we desire.

#### **Excellence**

We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.

#### **Respect**

We pay attention to others, listening carefully, and responding in ways that demonstrate our understanding and concern.

#### **Leadership**

We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.

**Accountability**

We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.

**Nurturing**

We encourage growth and development for our staff, students, faculty and everyone we serve.

**Generosity**

We are giving people. We give our time, talent and resources to benefit others.

**Ethics**

We earn trust by holding ourselves to the highest standards of integrity and professional conduct.

**Recognition**

We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

It is not by accident that our values form **E.R.L.A.N.G.E.R.** Our values represent who we are, what we do, and our aspirations for the future.

Leadership

Erlanger is led by volunteer trustees who devote their time, skills, and experiences to guide the health system forward.

At the time of this CHNA, Erlanger is officially the Chattanooga-Hamilton County Hospital Authority. Six of its trustees are appointed by the County Mayor. The area Legislative Delegation to the Tennessee General Assembly appoints four. The Erlanger Chief of Staff, who is elected by the medical staff, also serves as a trustee.

**Erlanger Board of Trustees:**

Sheila C. Boyington, *Chair*  
Vice Chair (*Currently Vacant*)  
Vicky B. Gregg, *Secretary*  
R. Phillip Burns, MD  
H. Kennedy Conner  
John F. Germ  
Warren McEwen, CPA  
Linda Moss Mines  
Mitchell Mutter, MD  
Christopher Poole, MD  
Lemon Williams

**Appointed by:**

County  
TBD  
County  
County  
County  
Legislative Delegation  
County  
Legislative Delegation  
County  
Chief of Staff  
Legislative Delegation

## Section B: CHNA Process, Methods and Information

### CHNA Leadership

Development of this 2022 Community Health Needs Assessment was led and supported by a team of Erlanger executives and clinicians. We express appreciation to the following team members.

#### **2022 CHNA Committee:**

Amanda Berry, BSN, RN, Quality and Data Analytics Coordinator, Erlanger Western Carolina Hospital

Amanda Dermott, MBA, Administrative Fellow

Andrea Goins, DO, Children's Hospital at Erlanger

Brandon Gibson (\*), Strategic Financial Analyst

Brenda Reece, Executive Assistant, Erlanger Bledsoe Hospital

Charles R. Woods, MD, CEO, Chief Medical Officer, Children's Hospital at Erlanger

Julia Friedman, Pharmacy Manager, Erlanger East Hospital

Kelly Ann Woods (\*), Chief Operating Officer, Community Health Center

Martin McKay, MSH, MBA, Senior Strategic Planner, *CHNA Committee Chair*

Monique Matheny, Accreditation Coordinator, Erlanger Western Carolina Hospital  
Shannon Lamoureux, Administrator Office Supervisor, Erlanger Western Carolina Hospital

Stephanie Boynton, CEO, Erlanger Western Carolina Hospital and Erlanger Bledsoe Hospital

Steve Burkett, Vice President, Planning, Strategy, Business Development,  
Teresa Bowleg, Director of Operations and Associate Chief Nursing Officer,  
Erlanger Western Carolina Hospital

Wynne Brady, Executive Assistant, Children's Hospital at Erlanger

(\* ) *Note – Not employed as of August 31, 2022.*

To provide research, facilitation, and coordination support for the CHNA effort, Erlanger contracted with The Johnson Group, a Chattanooga-based marketing agency with more than 35 years of experience in health care research and strategic planning, and with extensive community health needs assessment experience.

The staff members primarily responsible for working on the Erlanger project were:

Natalie Allen, Account Manager

Tarah Grow, Project Specialist

Nikole Lee Saylor, Research Support

Bill Stiles, Director of Strategy and Research

Erlanger also employed the services of Wilkins Research Services, a Chattanooga-based research and data collection company with 51 years of experience conducting community research for health care organizations and others. WRS is a member of the Market Research Association and is a Certified Women's Business Enterprise.

### CHNA Process and Methods

Completion of the 2022 Erlanger Bledsoe CHNA followed an eight-month process conducted under the supervision of the CHNA Committee.

The assessment process began with the appointment of a core work team that included representatives of the Erlanger Planning Department and The Johnson Group. The first steps were to review prior Erlanger CHNA documents, processes, and outcomes, and the recruitment of the CHNA committee. Martin McKay, a senior strategic planner for Erlanger served as the leader of the project and committee chair.

The committee reviewed and approved a tentative timeline for the CHNA process, and a proposed outline for the CHNA document.

### Research

Members of The Johnson Group began the research effort, collecting current data from Erlanger and from secondary sources (listed below). The research team also drafted a research questionnaire to be fielded in the Erlanger service area. The research questionnaire (included in the appendix) was fielded by Wilkins Research Services among 700 adult residents of the Erlanger service area in April and May 2022.

A total of 86 participants were from the Erlanger Bledsoe service area.

The research included a wide and representative range of ages, counties, living conditions, income levels, races, ethnicities, and educational levels.

Results of the research were summarized and shared with members of the CHNA Committee and with participants in community town hall focus groups.

### Community Input

Leaders at Erlanger Bledsoe Hospital and members of the CHNA committee identified and recruited a diverse mix of Bledsoe and Sequatchie community leaders, including a physician, representatives of public health and allied health groups, public education and community service, to participate in a two-hour town hall focus group on June 3, 2022. A list of all participants can be found in the appendix of this document

Guided by facilitators from Erlanger and The Johnson Group, those in the town halls discussed a wide range of health care issues and then prioritized them through group voting. The results of all the town halls were compiled and reported to the CHNA Committee.

Finally, leaders at Erlanger Bledsoe and members of the CHNA work team evaluated all the research and community input and recommended priorities and next steps for 2023 – 2025. These are described in Section H of this document.

The priority recommendations were reviewed and endorsed by the CHNA committee.

The final CHNA document was submitted to the Erlanger executive leadership team, and ultimately to the Erlanger Board of Trustees for review and approval.

### Information

The following sources of information were used in the development of this CHNA:

- Erlanger Health System
- Tennessee Department of Health
- U.S. Census Bureau
- Centers for Disease Control
- National Institutes of Health
- Behavioral Risk Factor Surveillance System
- U.S. Bureau of Labor Statistics
- United Way of Greater Chattanooga
- Chattanooga Area Chamber of Commerce
- University of Wisconsin Population Health Institute County Health Rankings & Roadmaps/[countyhealthrankings.org](https://countyhealthrankings.org)
- America's Health Rankings/[americashealthrankings.org](https://americashealthrankings.org)

## **Section C: Update on 2019 Priorities**

The Erlanger Bledsoe Hospital Community Health Needs Assessment for 2019 identified several areas of need and opportunities for community health improvement. Erlanger Health System and Erlanger Bledsoe made significant progress, especially in expanding physician access. Leadership and staff at Erlanger worked to make progress in all the areas described below, but in some instances had to redirect attention and resources to more immediate priorities.

The global Coronavirus pandemic that hit the U.S. in early 2020 disrupted business as usual for every health care provider in the nation. As the Chattanooga region's largest health system, Erlanger rose to the challenge and treated more COVID-19 patients than other hospitals in the region. Erlanger Bledsoe Hospital was also on the front lines, treating critically ill people throughout 2020 and 2021 (and more still in 2022). Some of our 2019 plans were affected out of necessity.

### *Primary Care and Medical Office Building*

Expanding access to medical services was the highest priority identified for Bledsoe and Sequatchie Counties in 2019. Erlanger added primary care physicians and advanced-level practitioners to two primary care offices serving the Sequatchie Valley, one located in Dunlap, Tennessee and the other in Pikeville, Tennessee.

The CHNA specifically called for construction of a new medical office building for the Pikeville location. At that time, physician offices were located in mobile structures and there was no room to grow. We are pleased to report that a new, modern and spacious medical office building was opened in late spring 2022.

The hospital continues to evaluate opportunities to expand physician care through a Federally Qualified Health Center (FQHC) in Sequatchie County. An initial application for such an FQHC was denied, and to date Erlanger has not reapplied.

### *Upgraded Imaging*

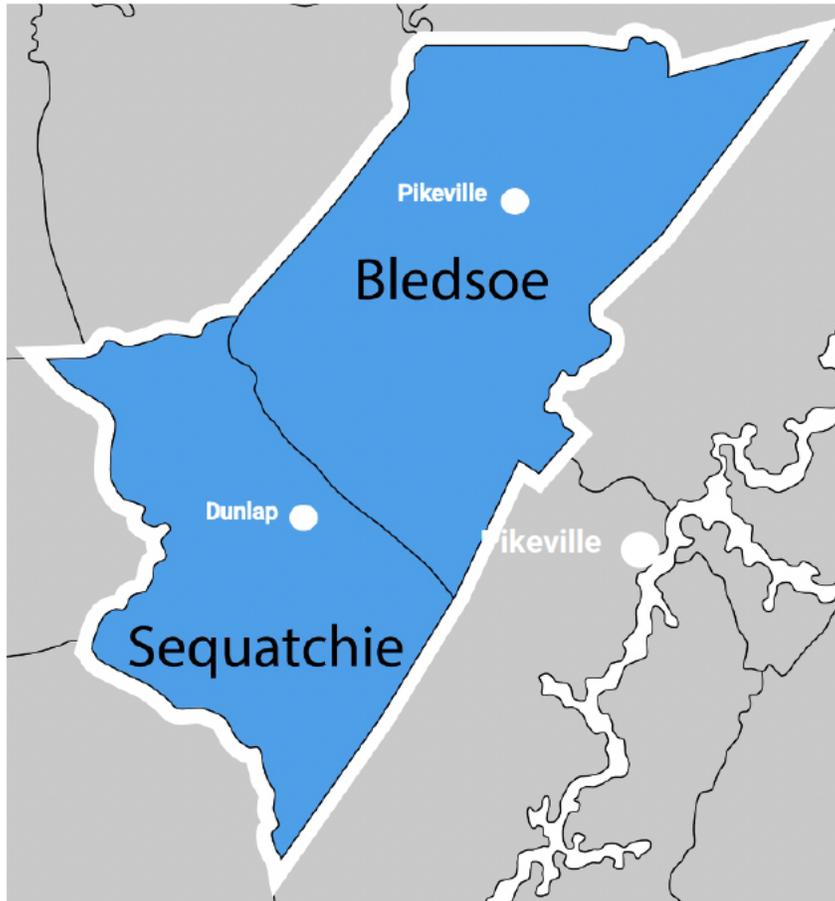
The 2019 CHNA committed to studying needs around imaging. In response, Erlanger Bledsoe Hospital expanded its women's imaging services and added state-of-the-art 3D mammography in 2021.

### *Telehealth*

The CHNA listed expanded telehealth services as a potential vehicle for expanding access to care. During the COVID-19 pandemic, most Erlanger primary care providers quickly expanded access to virtual medical visits, a service that continues to exist today, though in smaller numbers. Erlanger Bledsoe and Erlanger Health System continue to explore new telehealth technologies and evaluate community demand for these services.

## Section D: Service Area Description

As the anchor of a regional health system, Chattanooga’s Erlanger Medical Center serves a broad area that covers portions of four states. Erlanger Bledsoe Hospital serves a tightly defined portion of that service area, specifically Bledsoe County and Sequatchie County.



As shown in the following chart, the two counties are almost equal in terms of total population.

County	Service Area	2021 Population	Percent of Total Population	*2021 Discharges	Percent of Total Discharges
Sequatchie	Primary	11,819	49.8%	40	22%
Bledsoe	Primary	11,915	50.2%	139	78%
<b>Totals</b>		<b>23,734</b>	<b>100%</b>	<b>179</b>	

\* Does not include Bledsoe and Sequatchie patients treated at Erlanger Medical Center, which publishes its own CHNA.

### Age Profile

Similar to surrounding counties in the overall Erlanger service area, approximately 26% of Erlanger Bledsoe area residents are under the age of 18, while 20% are over the age of 65. The median age of Bledsoe County is 43.2 years. The median age for Sequatchie is 44.4.

**Service Area Age Profile**

<b>County</b>	<b><u>0 - 5 Years</u></b>	<b><u>6 - 18 Years</u></b>	<b><u>19 - 64 Years</u></b>	<b><u>65+ Years</u></b>
<b>Sequatchie</b>	5.4%	20.6%	53.2%	20.8%
<b>Bledsoe</b>	3.7%	14.5%	63.0%	18.8%
<b>TN AVERAGE</b>	<b>5.38%</b>	<b>20.46%</b>	<b>54.52%</b>	<b>19.65%</b>

Source: US Census Bureau, July 2021

### Race/Ethnicity Profile

The Erlanger Bledsoe service area overall is predominantly White. The Black/African American population of Bledsoe County is approximately twice the state average, however. Both counties have a significant percentage of residents who are Hispanic or Latino, and potentially Spanish speaking.

**Service Area Race/Ethnicity**

<b>County</b>	<b><u>Black &amp; African American</u></b>	<b><u>American Indian &amp; Alaska Native</u></b>	<b><u>Asian</u></b>	<b><u>Hispanic or Latino</u></b>	<b><u>White (Not Hispanic or Latino)</u></b>	<b><u>Two or More Races</u></b>
<b>Sequatchie</b>	0.8%	0.6%	0.5%	3.7%	93.2%	1.7%
<b>Bledsoe</b>	7.7%	0.6%	0.3%	2.8%	87.3%	1.4%
<b>TN AVERAGE</b>	<b>4.22%</b>	<b>0.58%</b>	<b>0.83%</b>	<b>3.44%</b>	<b>89.65%</b>	<b>1.73%</b>

Source: US Census Bureau, July 2021

### Educational Profile

It is not unusual for rural counties to have lower high school and college graduation rates. Compared to average graduation rates in Tennessee and Sequatchie County, Bledsoe County lags. Bledsoe County's high school dropout rate is among the highest in the Erlanger Health System total service area.

**Service Area Educational Profile  
(Persons 25+)**

<b>County</b>	<b><u>Less Than High School Graduate (2016-2020)</u></b>	<b><u>High School Graduate + (2016-2020)</u></b>	<b><u>Bachelor's degree + (2016-2020)</u></b>
<b>Sequatchie</b>	16.8%	83.2%	14.7%
<b>Bledsoe</b>	21.6%	78.4%	11.4%
<b>TN AVERAGE</b>	<b>16.55%</b>	<b>83.45%</b>	<b>17.17%</b>

Source: US Census Bureau, July 2021

## Income Levels

Lower levels of education almost always translate to lower earning potential. Those without college degrees, tend to earn substantially less than those who have college or post-graduate degrees. Those who decide not to finish high school tend to earn less than those with a high school diploma or equivalency.

As can be seen in the following table, higher than average levels of persons living in poverty can be found in both counties, but especially in Bledsoe County.

**Service Area Income Profile**

<b>County</b>	<b>Median Household Income (2015-2019)</b>	<b>Per Capita Income Past 12 Months (2015-2019)</b>	<b>Persons in Poverty</b>
<b>Sequatchie</b>	\$49,370	\$23,050	16.1%
<b>Bledsoe</b>	\$44,122	\$21,700	20.8%
<b>TN AVERAGE</b>	<b>\$47,109</b>	<b>\$24,770</b>	<b>14.73%</b>

*Source: US Census Bureau, July 2021*

Of course, a person or family does not have to live below poverty levels to struggle financially. The United Way of Greater Chattanooga reports that 32% of families in Tennessee are ALICE families. ALICE stands for Asset Limited, Income Constrained, Employed—people who work and earn more than the poverty level, but who still cannot always afford the necessities of daily living.

If a third of Bledsoe County families are ALICE families, then over half the population struggles to meet basic needs.

## Observations from Service Area Data

The Erlanger Bledsoe Hospital service area is sparsely populated agricultural land with fewer than 24,000 people living within 673 square miles. Rural counties enjoy many advantages when it comes to quality of life, but also many challenges when it comes to health and access to health care services.

Even though Erlanger is making progress increasing the availability of health care providers and services in Bledsoe and Sequatchie, access to medical care and mental health care continue to be a challenge.

This is exacerbated by the lower income levels and higher rates of poverty in the service area, making access to both health services and health insurance more difficult as well.

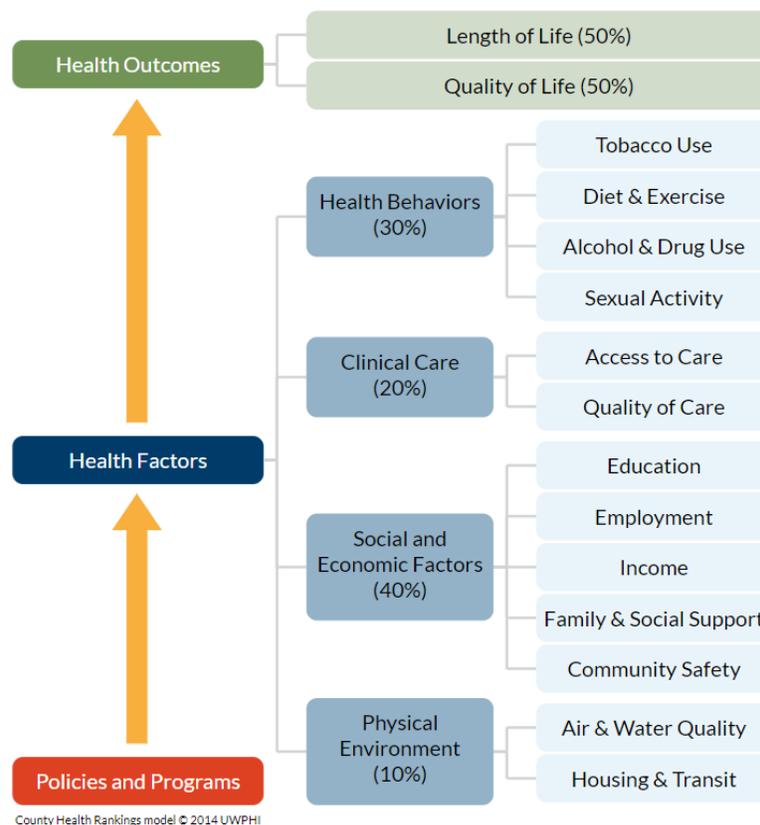
## Section E: Community Health Status

Consistent with their similar rural characteristics, Bledsoe County and Sequatchie County share related health challenges.

Understanding community health and identifying factors that make health better or worse is complex and cannot be restricted to just a few indicators. According to The Population Health Institute at the University of Wisconsin:

*“Health is more than what happens at the doctor’s office. As illustrated in the model below, a wide range of factors influence how long and how well we live from education and income to what we eat and how we move to the quality of our housing and the safety of our neighborhoods. For some people, the essential elements for a healthy life are readily available; for others, the opportunities for healthy choices are significantly limited.”*

The Institute publishes county health rankings based on the following model.



As shown in the model, the factors that influence community health include the environment, social and economic factors (**Health Factors**), and the availability of clinical resources and personal health behaviors (**Health Outcomes**). Health Outcomes are an indicator for both **Quality of Life** and **Length of Life**.

## County Health Rankings

The Population Health Institute at the University of Wisconsin measures and tracks community health factors by state and by county and publishes County Health Rankings and Roadmaps at the website [www.countyhealthrankings.org](http://www.countyhealthrankings.org). The database includes measures of Health Factors and Health Outcomes.

The report shows that among Tennessee's 95 counties, Bledsoe County ranks near the bottom (93<sup>rd</sup>) for Health Factors. However, Bledsoe County ranks near the top (11<sup>th</sup>) for Health Outcomes. This perhaps reflects the impact of Erlanger Bledsoe Hospital and the medical staff on the overall health outcomes for residents of the county.

Sequatchie County ranks near the middle for both Health Outcomes (43<sup>rd</sup>) and Health Factors (49<sup>th</sup>).

### 2020 County Health Rankings for the 95 Ranked Counties in Tennessee

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Anderson	34	17	Fentress	74	67	Lauderdale	89	94	Roane	54	20
Bedford	44	72	Franklin	21	18	Lawrence	60	39	Robertson	8	12
Benton	91	80	Gibson	46	57	Lewis	71	54	Rutherford	4	5
Bledsoe	11	93	Giles	38	56	Lincoln	56	27	Scott	88	78
Blount	13	9	Grainger	53	35	Loudon	15	7	Sequatchie	43	49
Bradley	16	34	Greene	63	36	Macon	73	81	Sevier	24	43
Campbell	90	79	Grundy	92	87	Madison	52	40	Shelby	61	76
Cannon	65	44	Hamblen	39	53	Marion	59	47	Smith	51	30
Carroll	30	52	Hamilton	20	13	Marshall	22	33	Stewart	27	42
Carter	57	66	Hancock	94	92	Maury	14	10	Sullivan	37	15
Cheatham	23	11	Hardeman	84	90	McMinn	62	51	Sumner	5	4
Chester	6	22	Hardin	85	63	McNairy	70	74	Tipton	26	29
Claiborne	77	61	Hawkins	42	58	Meigs	81	60	Trousdale	40	38
Clay	95	86	Haywood	87	91	Monroe	66	45	Unicoi	80	55
Cocke	93	89	Henderson	68	64	Montgomery	10	21	Union	76	85
Coffee	41	31	Henry	47	46	Moore	2	8	Van Buren	72	69
Crockett	58	68	Hickman	50	59	Morgan	83	77	Warren	67	73
Cumberland	31	28	Houston	55	70	Obion	35	82	Washington	25	6
Davidson	7	19	Humphreys	45	41	Overton	33	50	Wayne	36	75
Decatur	32	65	Jackson	69	88	Perry	82	84	Weakley	29	32
DeKalb	75	62	Jefferson	19	14	Pickett	18	25	White	64	26
Dickson	28	16	Johnson	79	37	Polk	48	48	Williamson	1	1
Dyer	78	71	Knox	9	3	Putnam	17	23	Wilson	3	2
Fayette	12	24	Lake	86	95	Rhea	49	83			

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute; 2020 Tennessee State Reports

The rankings underscore the challenges of providing services and influencing health behaviors in all communities, but particularly in rural areas.

The tables below show the incidence of key health issues by county. Obesity continues to be a major issue in the area. Over a quarter of adults continue to smoke despite years of warnings and support to help them stop. Excessive alcohol consumption and related driving deaths are an issue.

**Service Area Health Issue by County 2022**

	Sequatchie	Bledsoe	TN Average
Adult Obesity	37%	38%	37%
Physical Inactivity	34%	38%	29%
Adult Smoking	25%	27%	21%
Excessive Drinking	15%	15%	17%
Alcohol-Impaired Driving Deaths	8%	50%	23%
Teen Births per 1,000 females	36	40	27
Sexually Transmitted Infections Per 100,000	299.5	909.5	601.7

Source: County Health Rankings and Roadmaps, [www.countyhealthrankings.org/2022](http://www.countyhealthrankings.org/2022)

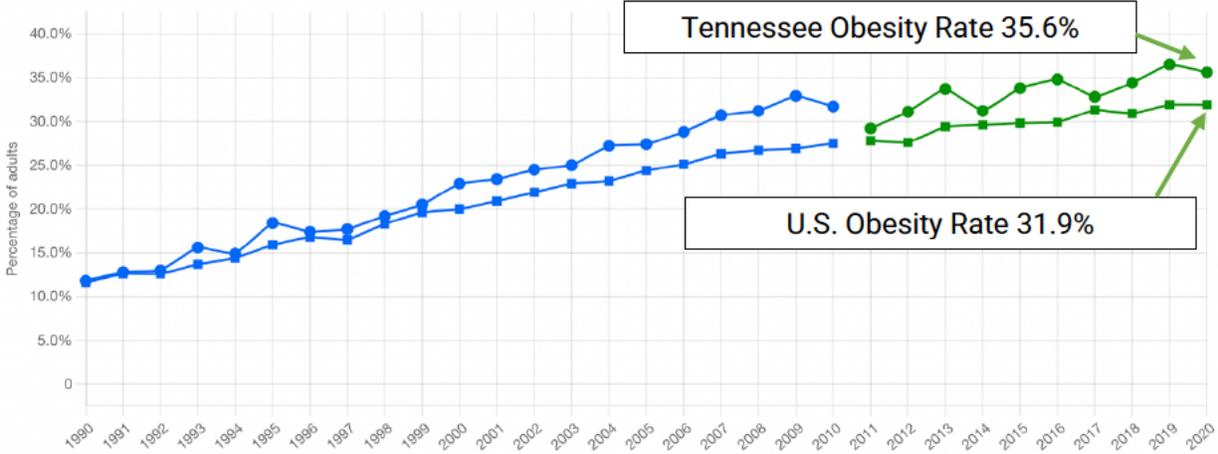
Teenage birth rates tend to be higher in rural counties. The incidences of STIs vary widely across the larger Erlanger region, but appear to be more acute in areas closer to Chattanooga. The exception is Bledsoe County, where the rate of infection seems quite high.

### Obesity

As seen in the preceding table, over a third of residents in the Erlanger Bledsoe service area are considered obese. Rates of obesity for both adults and children continue to rise nationally and in Tennessee, where the statewide average now exceeds 35%. Similar levels of adults rarely or never participate in physical activity.

Recent state-level data from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) confirm the trend that adult obesity rates continue to climb. Obesity is commonly defined in these studies as a Body Mass Index (BMI) of 30 or greater.

Trend: Obesity, Tennessee, United States



Source : America's Health Rankings. Obesity Rates. Tennessee, 2021

### Disabilities and Access to Health Insurance

The Centers for Disease Control (CDC) estimate that one in four Americans is disabled. However, the age group with the highest levels of disability is the over-65 group, most of whom are insured through Medicare.

Disability contributes to several serious health ramifications including mobility, obesity, diabetes, heart disease and ability to provide for oneself, including the ability to maintain health insurance.

Based on U.S. Census Bureau reporting, over 23% of residents under age 65 in Bledsoe County suffer from some type of disability. The rate is also elevated in Sequatchie County. Both counties are substantially higher than the national average of about 11%, and higher than the Tennessee state average as well.

The rate of persons who are without health insurance in the Erlanger service area—13.87%—is also higher than the national average. According to the CDC, 11.5% of Americans under age 65 lack health insurance.

#### Service Area Profile by Key Health Factors (Persons Under 65)

County	Persons with a Disability (2016-2020)	Persons Without Health Insurance (2016-2020)
Sequatchie	18.1%	12.5%
Bledsoe	23.3%	16.6%
<b>TN AVERAGE</b>	<b>15.08%</b>	<b>13.87%</b>

Source: US Census Bureau, July 2021

Again, the rates of poverty and lower income found in most rural counties are connected to disabilities and lack of health insurance. Bledsoe County has the highest disability rates and the lowest levels of health insurance in the entire Erlanger Health System service area.

### Mammograms & Flu Vaccinations

Data show that adults in the Erlanger Bledsoe service area are less likely to access common health screening and prevention services like mammography and flu vaccinations. Both of these services are accessed less often than statewide averages.

**Use of Mammography Screening and Flu Vaccine by County 2022**

	Sequatchie	Bledsoe	TN Average
<b>Mammography</b>	<b>38%</b>	<b>40%</b>	<b>43%</b>
<b>Flu Vaccinations</b>	<b>44%</b>	<b>38%</b>	<b>50%</b>

Source: County Health Rankings and

### Physical and Mental Health

According to the Population Health Institute at the University of Wisconsin, adults in Tennessee experience between four and five days a month when they are physically not well, mentally not well, or both.

As seen in the following table, on average, adults living in Bledsoe and Sequatchie counties report almost a full day more of poor physical and poor mental health compared to adults across the state.

**Service Area Health Issue by County 2022**

	Sequatchie	Bledsoe	TN Average
<b>Poor or Fair Health</b>	<b>25%</b>	<b>28%</b>	<b>20%</b>
<b>Poor Physical Health Days in Past 30 Days</b>	<b>5.2</b>	<b>5.5</b>	<b>4.5</b>
<b>Poor Mental Health Days in Past 30 Days</b>	<b>5.9</b>	<b>5.9</b>	<b>5.1</b>

Source: County Health Rankings and Roadmaps, [www.countyhealthrankings.org/2022](http://www.countyhealthrankings.org/2022)

### Access To Care

Providers of care available to treat those with physical, dental and mental health issues are concentrated in urban areas and are less accessible in rural areas. That is true in the Erlanger Bledsoe service area.

The table below shows the estimated ratio of persons in the county for every provider practicing in the county.

### Ratio of Providers to Population by County 2022

	Sequatchie	Bledsoe	TN Average
Primary Care Providers	3,010/1	15,060/1	1,400/1
Mental Health Providers	5,060/1	3,810/1	590/1
Dentists	5,060/1	7,610/1	1,790/1

Source: County Health Rankings and Roadmaps, [www.countyhealthrankings.org/2022](http://www.countyhealthrankings.org/2022)

It is noted that the PCP ratio for Bledsoe County is unusually high, but this is data provided by *County Health Rankings*. However, we believe the correct PCP ratio is approximately 3,809/1, based on 4 providers in Bledsoe County (i.e.-3 full-time, 2 half-time). Despite some success recruiting new providers to the area, the ratio of population to primary care provider in Bledsoe County is more than 2 times the state average.

In the area of mental health access, both counties lag way behind statewide averages. Mental health providers are most likely to locate in urban areas. For comparison, in Chattanooga and Hamilton County, there is one mental health provider for every 420 people, while in Sequatchie County there are 5,060 people per mental health provider.

There is also a need for dentists, particularly in Bledsoe County where the access ratio is more than four times the state average.

#### Observations from Community Health Research

Counties and communities within the Erlanger Bledsoe service area provide many attractive advantages in terms of quality of life. Yet they also struggle with many of the issues that challenge communities across the country.

Secondary research identifies several key health needs that are important to the Erlanger Bledsoe area. These needs include:

- Improved access to primary care. The high provider to population ratios in some areas shows this is an ongoing need in the region. While some who choose to live in rural areas will always have to travel for many health care services, including primary care, efforts to increase the provider supply and reduce travel times seems important.
- Improved access to mental health care. The shortage of providers in some areas is quite evident. The supply of qualified mental health professionals is limited.
- Reversing trends in obesity. The rates of obese and overweight adults and children continue to climb. It is a national issue that is potentially more acute in Tennessee and in the Erlanger service area.

- Reducing other risky health behaviors, such as binge drinking, drunk driving and smoking is an ongoing issue.
- Increasing use of basic preventive services, such as flu vaccines.

## Section F: Erlanger Community Health Research

To better understand potential health issues in the community, Erlanger conducted a primary research study of 700 adults from across the service area. The research was collected online using a detailed questionnaire that focused on health needs, health habits, access to care, and other meaningful health topics.

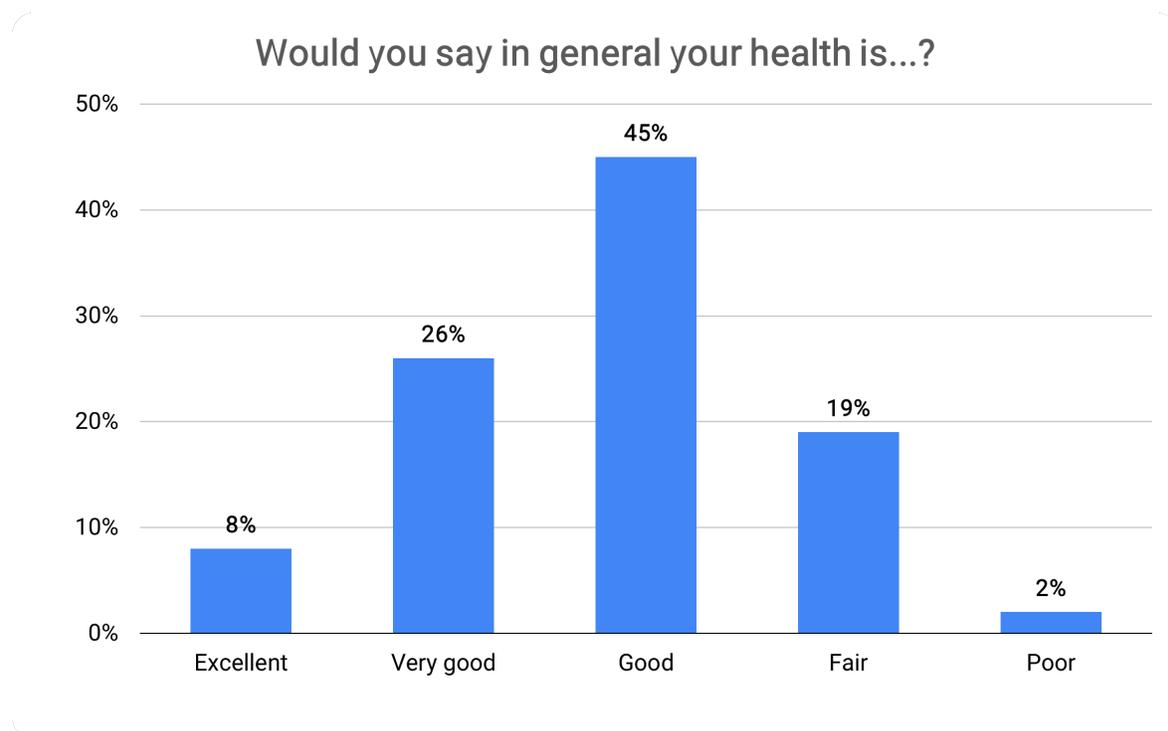
With a sample of 700 randomly selected participants, Erlanger's research has a confidence interval of 3.7% at the 95% confidence level. Simply put, this means, for a 50/50 response, interpretation can be 95% confident that the research result falls between 46.3 and 53.7. For responses where there is stronger agreement than 50/50, the confidence interval gets narrower, meaning levels of confidence grow stronger.

The large sample also allows some evaluation within the Erlanger Bledsoe service area. Data was collected from 86 individuals from Bledsoe and Sequatchie County, and some key results are reported here. Though the Erlanger Bledsoe sample size is smaller, it is consistent with neighboring rural counties, which increases confidence in the results.

A copy of the questionnaire is in the appendix of this document.

### Overall Health

Most adults in the Erlanger Bledsoe service area feel good about their overall health. At least 79% said their health is good, very good or excellent. Only 2% said their health is poor.

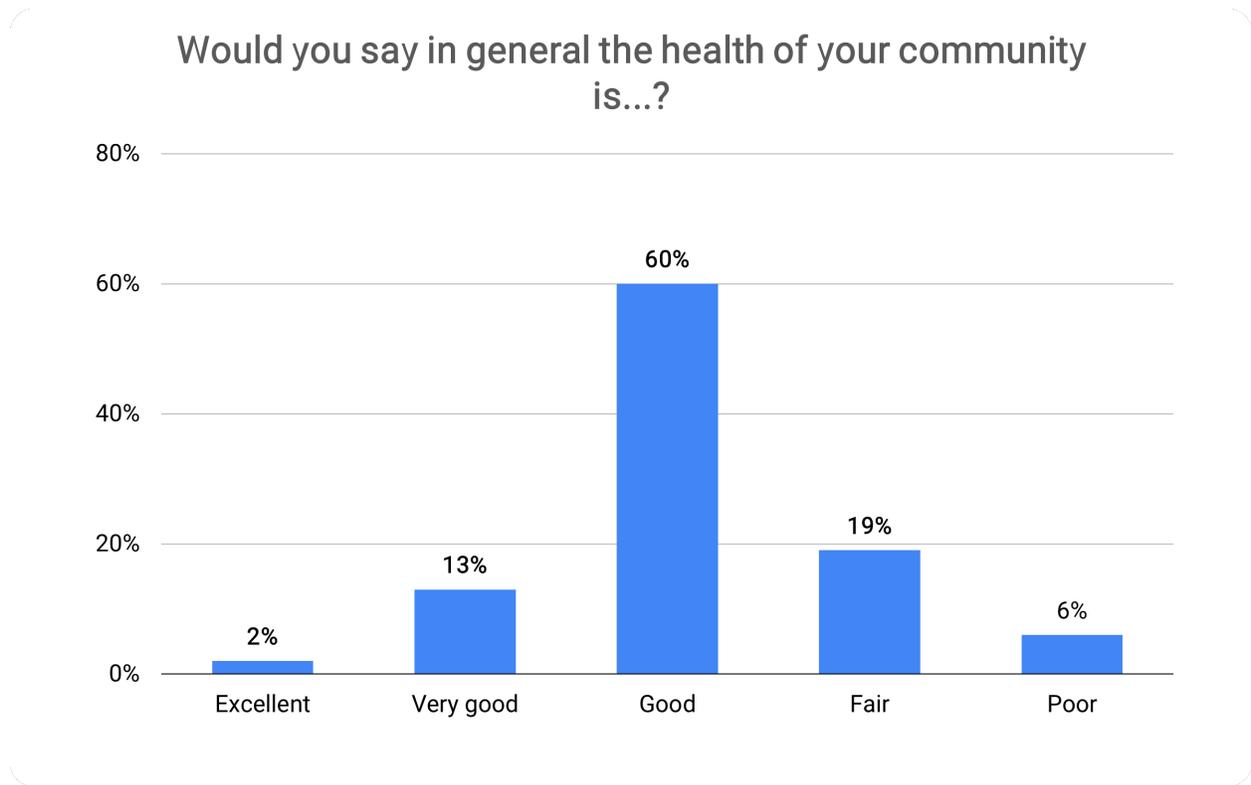


Age and income have less to do with feelings of overall health than one might think. Those under the age of 35 were more likely to report their health as fair or poor than those over age 65. Those who earn more than \$100,000 were more likely to report poor health than those earning less than \$25,000.

The implication seems to be that general feelings of health are tied to other factors, such as a positive attitude and healthier living habits.

### Community Health

Residents in the service area are more ambivalent about the health of their communities, with only 15% saying the general health is excellent or very good. A quarter of respondents said the health of their community is only fair or poor.



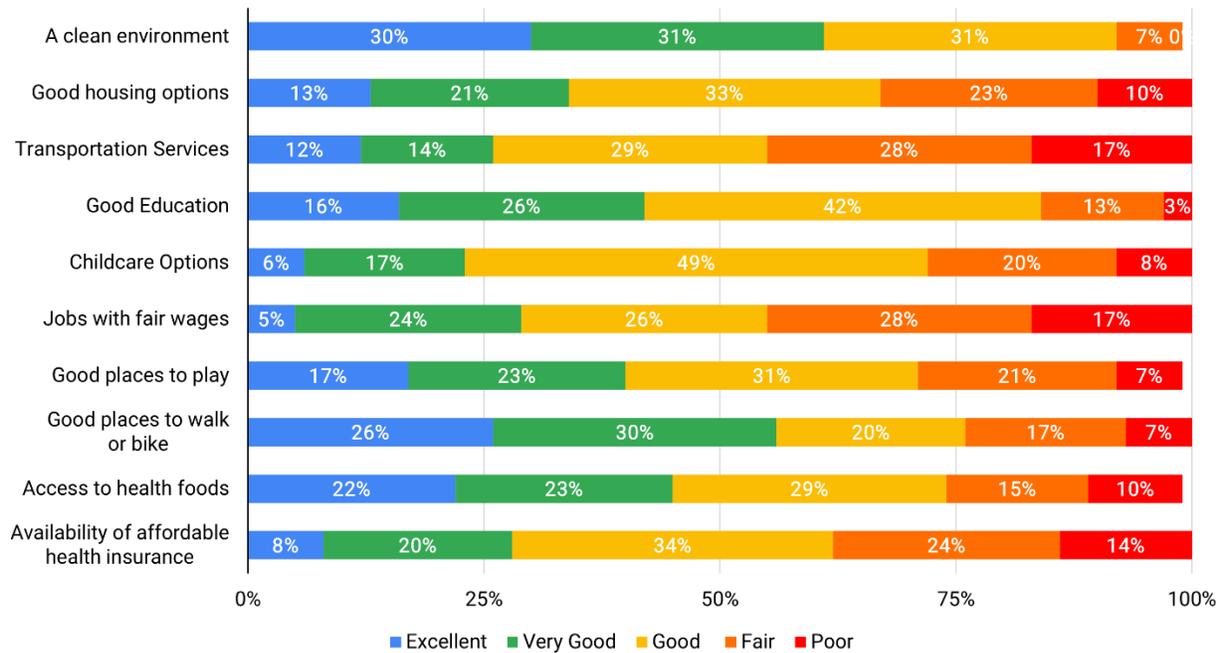
Income levels are a factor in how someone views the health of their community. Those who said they earn less than \$25,000 a year rated the health of the community lower than any other income group.

### Community Health Ratings

Participants in the research were asked to rate their community in 10 areas that can impact health and quality of living. As can be seen in the chart below, communities in the Erlanger Bledsoe service area rate most favorably for providing a clean environment and good places to walk or bike.

The areas where Bledsoe and Sequatchie rate lowest are for providing good jobs with fair wages, for transportation, and for availability of affordable health insurance. Transportation concerns are usually more acute in rural counties. Health insurance affordability is a bigger problem in counties with a lot of lower-income families.

How do you rate your community in the following areas?

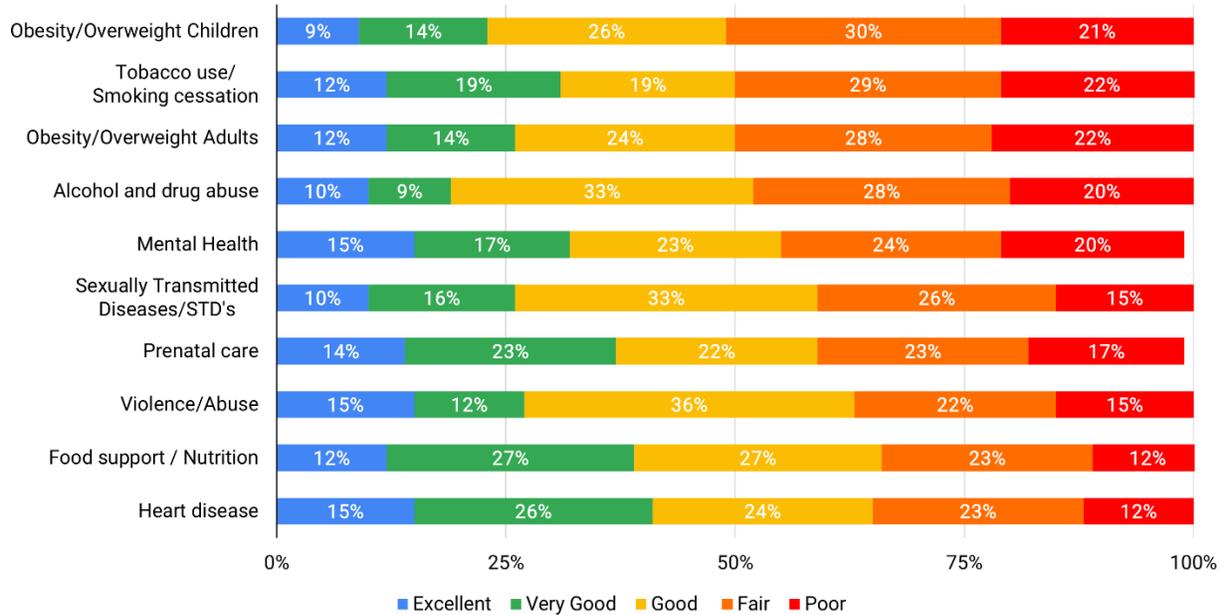


### Quality of Support Services

Participants were asked to rate the quality of support services available to their communities. The following chart shows the services that Bledsoe and Sequatchie residents found most lacking.

The top five most lacking in the service area appear to be support for overweight children and adults, tobacco use and smoking cessation, alcohol and drug abuse, mental health services and sexually transmitted diseases.

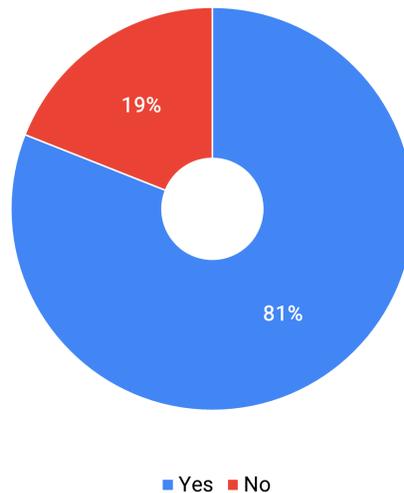
Rate the quality of support services available in the community to meet the following needs:



Access to Care

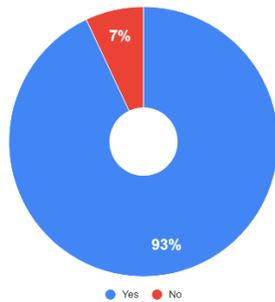
Despite health insurance being a significant concern, most area residents said they have access to a primary care provider. Income is a barrier, however. Among those who earn less than \$25,000, 24% said they lack access to a personal doctor or health care provider. Among those earning from \$25,000 to \$50,000, 26% lack a personal provider.

Do you have one person you think of as your personal doctor or health care provider?

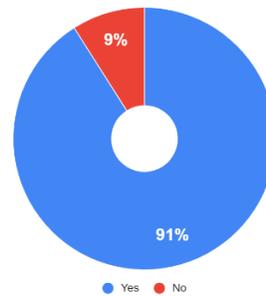


When adults go to the doctor, they generally understand what their provider tells them and the educational handouts the doctor provides. The few who do not always understand tend to be those who are under age 25.

When you visit your doctor/provider, do you generally understand what he/she tells you?

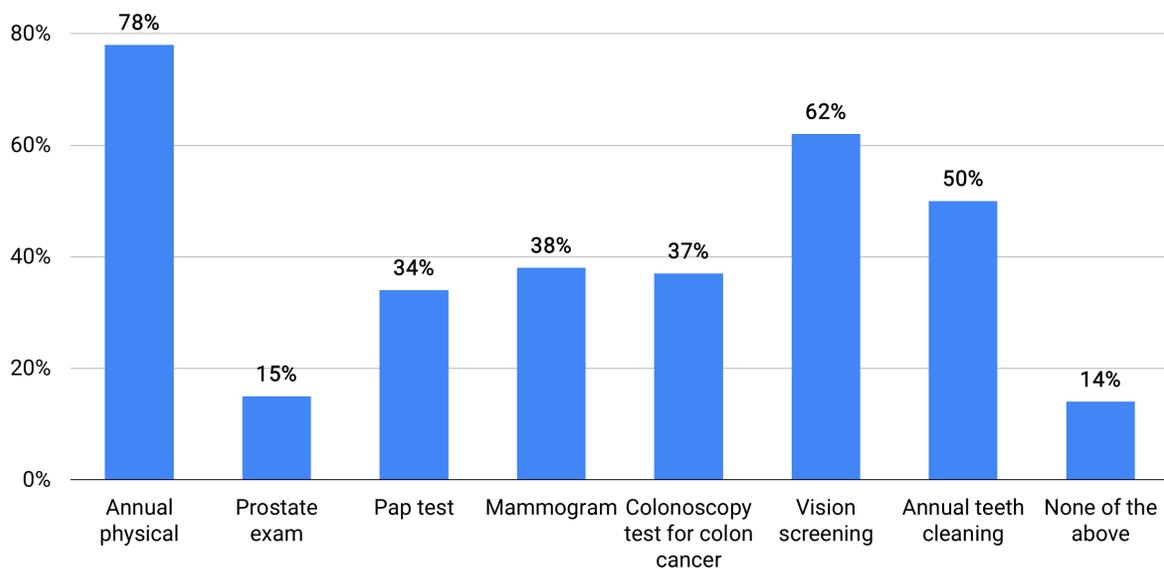


When you visit your doctor/provider, do you generally understand the handouts given to you?



The following chart shows access to health care services that many people consider to be routine. The research shows that most people are getting an annual physical, but in other areas access is lower than it could be. Less than half of all women said a mammogram and pap test are part of their routine.

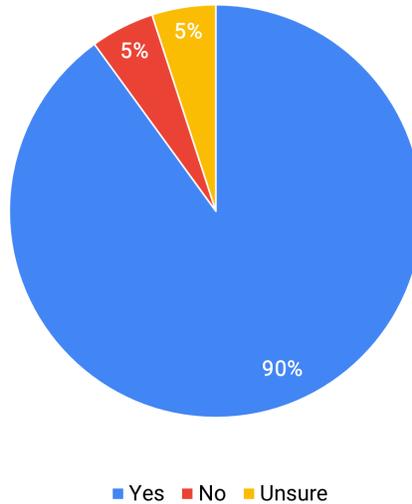
Which of the following is a routine part of your personal health care?



### Children's Access to Care

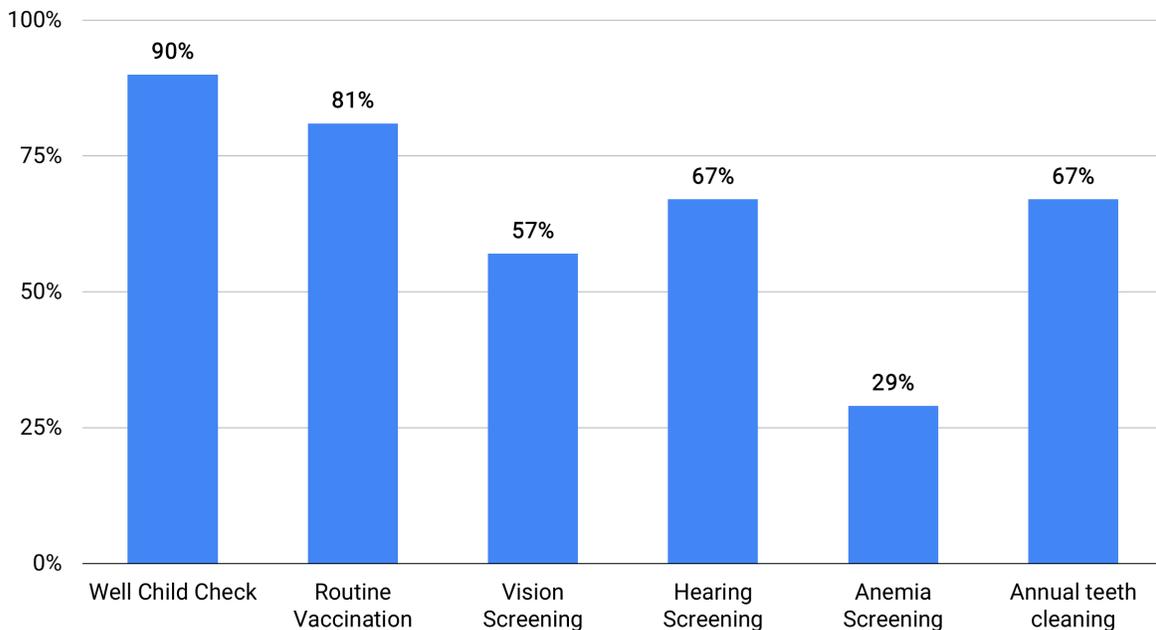
Access to primary care is better for children than for adults. Overall, 90% said their child or children have a personal doctor. Even among the lowest income families, over 90% said their children have a personal doctor or health care provider.

Do you have one person you think of as your child(ren)'s personal doctor or health care provider?

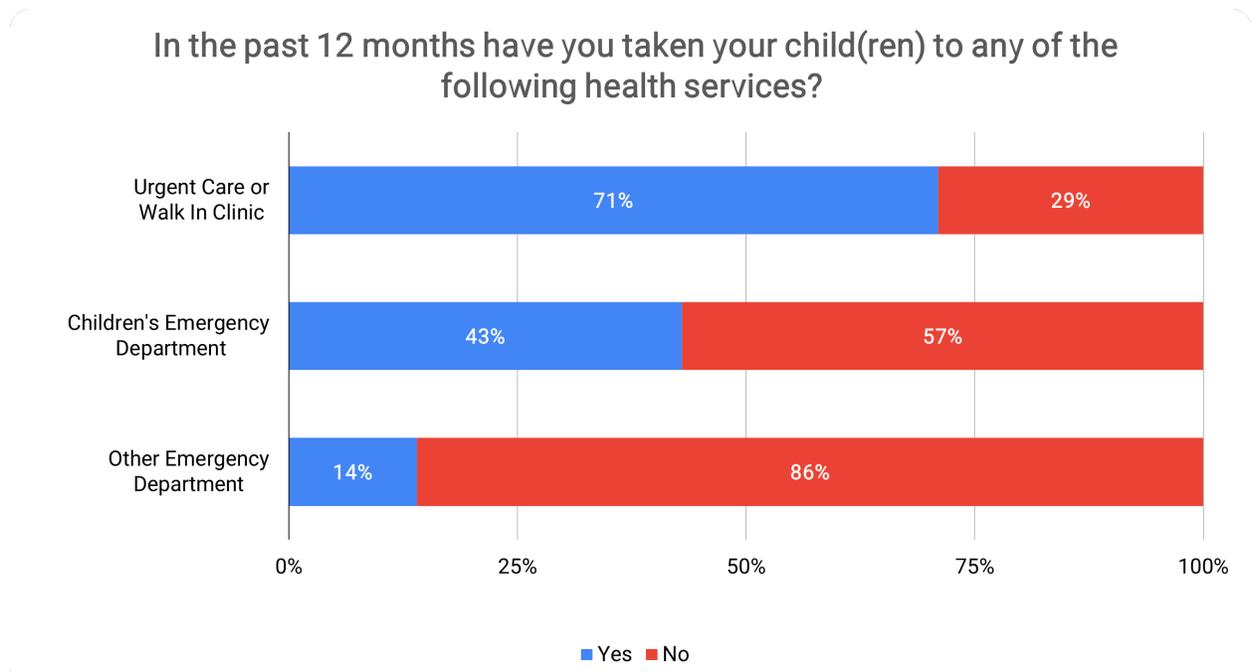


Consistent with the number of parents who said their children have a personal doctor, 90% said their child/children receive an annual well-child checkup as a routine part of their care. However, smaller numbers are reported for vaccinations and screenings.

Which of the following tests/screenings are a routine part of your child(ren)'s health care?

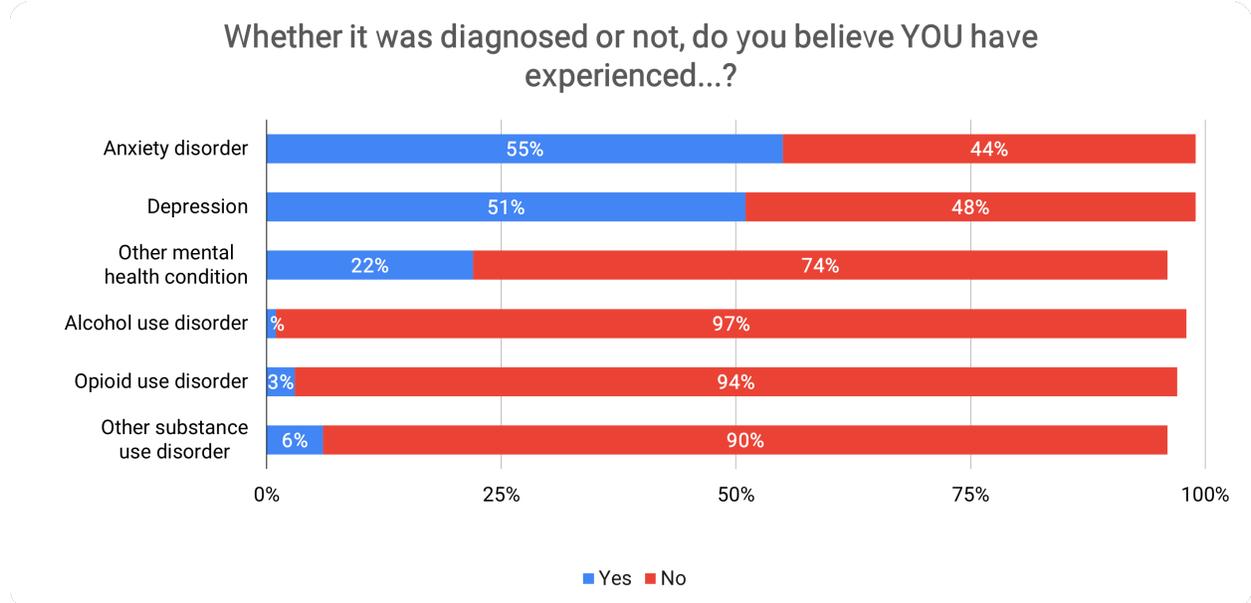


In addition to accessing a personal doctor and routine care, most of the parents in the research said they have taken a child to an urgent care center or walk-in clinic. Another 43% said they took their child to a children’s hospital emergency department, most likely Children’s Hospital at Erlanger.

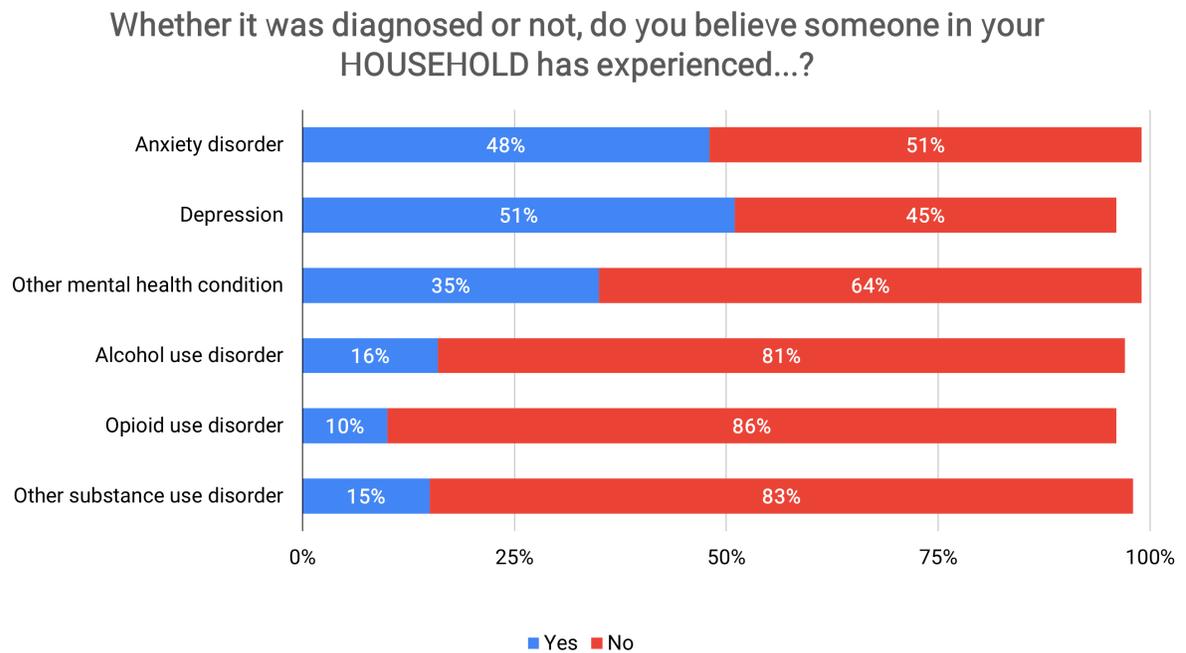


### Mental Health

Over half of participants in the research feel they have struggled with some mental health issues at some time in the past. Although there might be no official diagnosis, 55% believe they have had an anxiety disorder and 51% said they have experienced depression. About 10% of respondents said they have had some type of substance misuse disorder.



A similar profile emerges when participants were asked about others in their households. They were somewhat more likely to report that another person in the household has a problem with abusing alcohol.

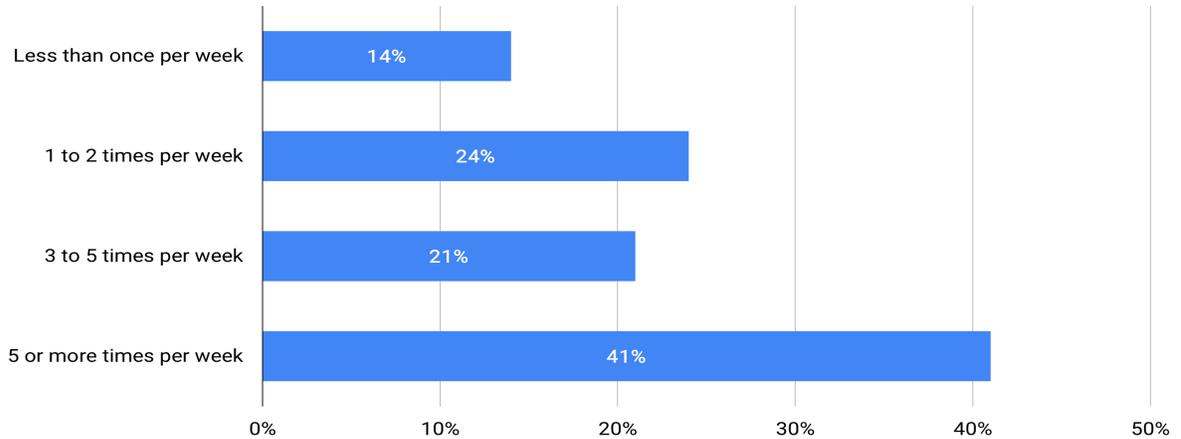


Most adults (59%) in the service area believe they could obtain mental health services if they really needed them, but they are a little less sure about their ability to pay for those services. When asked how confident they are they could pay for services, 43% agreed they could.

### Isolation

Being isolated or lacking contact with others can contribute to mental health issues. In the Erlanger Bledsoe service area, most adults said they have contact with others at least one or two times per week. The 14% who said they have contact with family or friends less than once per week are likely to live in more remote areas.

How often do you see or talk to people you care about and feel close to (such as talking to friends on the phone, visiting with family or friends, going to church or club meetings)?

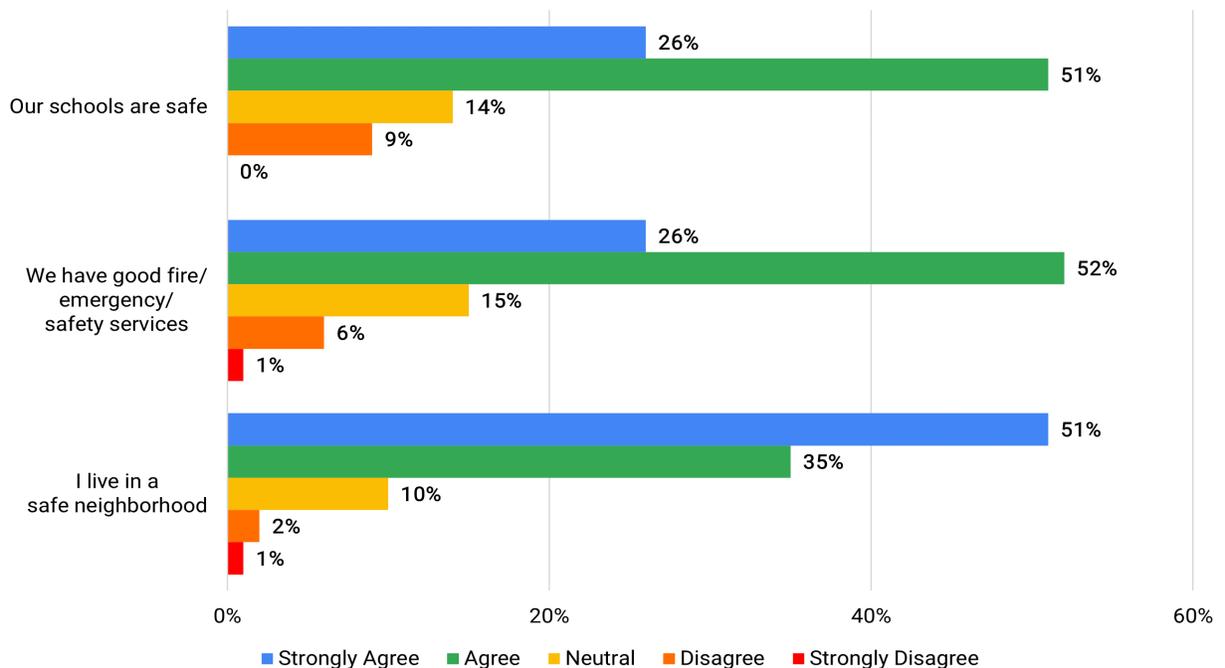


### Personal Safety

When asked if they feel physically and emotionally safe where they live, most said they do. Those who said they do not feel safe where they live are more likely to be female, lower income, with less than a high school education.

Most residents do agree that their schools and neighborhoods are safe. Further, 78% express confidence in their fire, police, and emergency services. Only 10% or less expressed any level of disagreement about these safety factors.

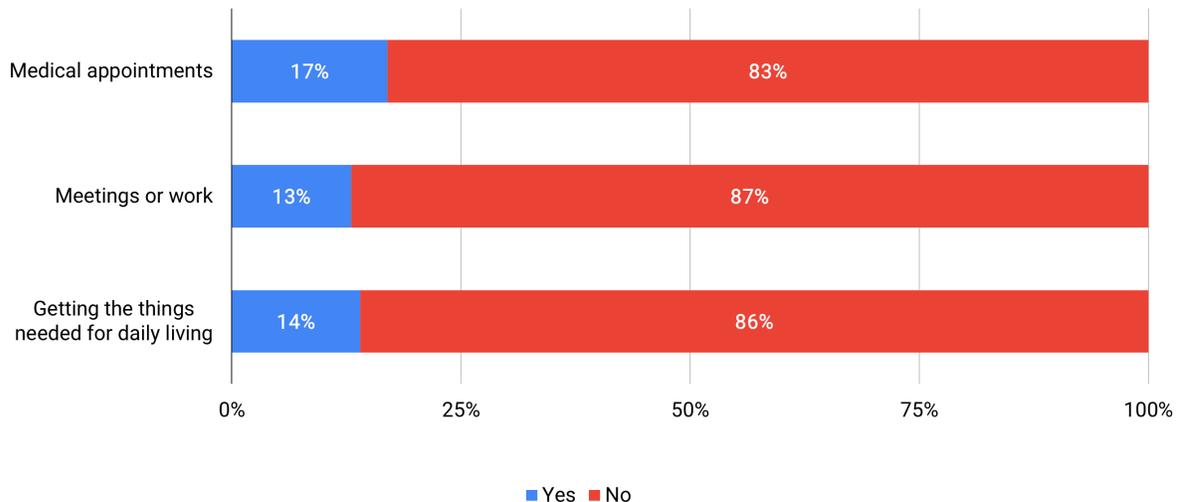
What is your level of agreement with the following statements?



## Transportation

Getting where they need to go is a problem for some. Overall, 17% said that a lack of transportation kept them from a medical appointment. The problems are more acute among younger, lower-income women. Older adults, even those over age 75, have less problems with transportation.

In the past year, has a lack of transportation kept you from any of the following?



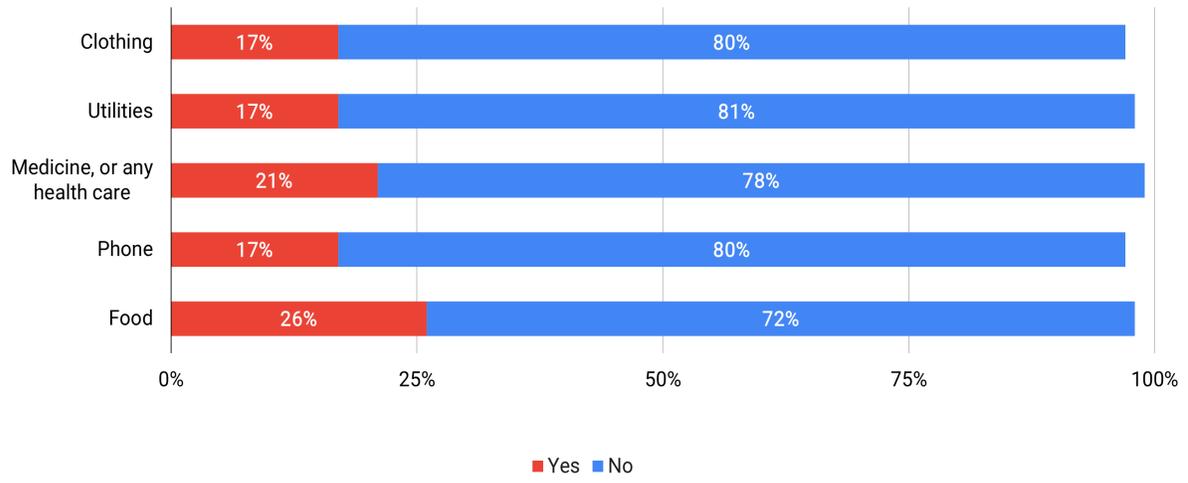
## Access To Basic Services

Income levels and the ability to afford basic services like food, housing and medicine are a concern to many in the service area. The research shows that up to one in five of all families in the service area have struggled to fulfill basic needs from time to time.

Among those earning less than \$25,000 annually, 48% have been unable to get medicine or health care when needed at least once in the past year. Within this same lower income group, 48% have also been unable to get food at least one time in the past year.

Based on the overall Erlanger study, those unable to get medicine or healthcare when needed tend to live in rural counties. For example, in nearby Rhea County, 37% reported they were unable to access medicine or healthcare at some point in the prior year. For contrast, on urban Hamilton County, only 24% said they or a family member were unable to access medicine or health care in the same time period.

In the past year, have you or any family member you live with been unable to get any of the following when it was really needed?



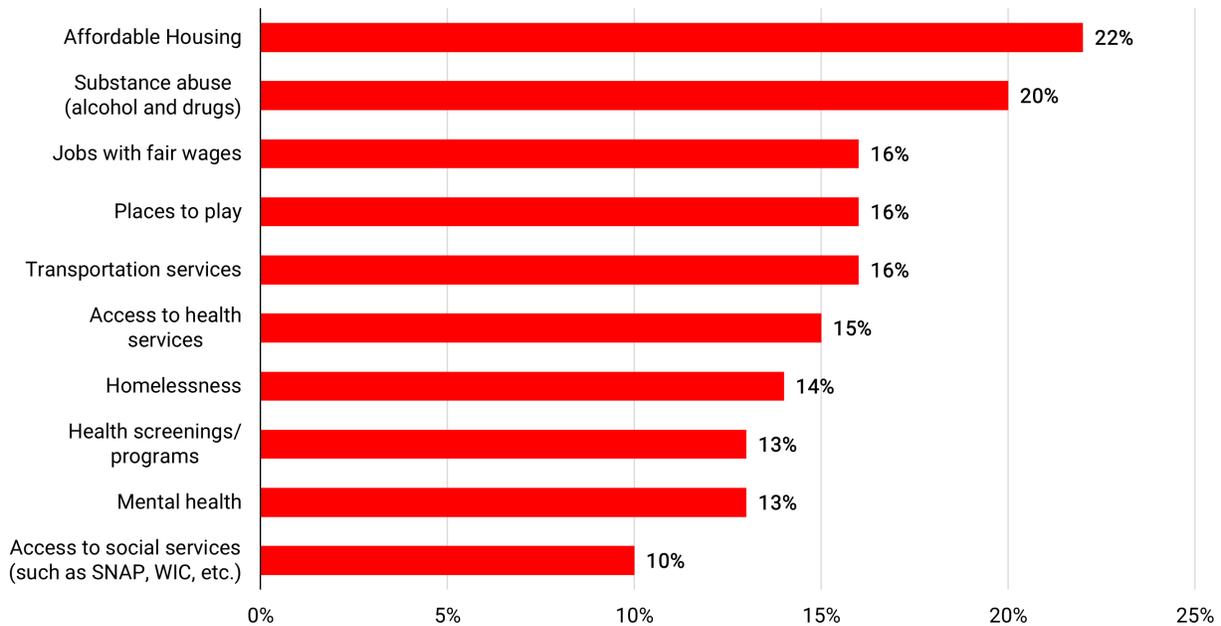
### Top 10 Priorities

Near the end of the research, participants were asked to choose their top priorities that they feel should be addressed in the community. They could choose from a long list or add their own priorities. The chart on the following page shows the top 10 issues identified by research participants from Bledsoe and Sequatchie Counties.

Not all of the top concerns fall within the scope of Erlanger’s historical mission. For example, housing and homelessness may be the top issues facing the community, but addressing them would require a fundamental shift in Erlanger’s health care mission.

However, substance abuse and access to health service are clearly within the scope of Erlanger’s mission.

## What are the TOP 10 PRIORITIES that you believe should be addressed in your community?



### Observations from Erlanger Primary Research

Erlanger's primary research affirms what has been observed through the secondary research, that rural communities tend to struggle more with health and access to essential services, including health care. Many of those who live in the Erlanger Bledsoe service area fit this pattern.

The profile of rural residents displays lower levels of education, and therefore lower levels of income. Less income translates to less access to health insurance and some health care services. It also leads to increased difficulties with transportation, food access, clothing, and utilities. There are also links to higher levels of substance abuse, tobacco use and more.

Residents in the Erlanger Bledsoe service area observe or experience all these problems and rank access to health care and substance abuse services among their top priorities.

One area where those struggling are the majority appears to be the area of anxiety and depression. Over half of all respondents feel they have experienced these problems, and a similar share see others in their families dealing with these issues as well.

## Section G: Community Input/Town Hall Results

Representatives of the Bledsoe and Sequatchie community were invited to participate in a collaborative discussion group, or town hall, focused on the Erlanger Bledsoe service area and its health care priorities. The meeting was held in downtown Pikeville and lasted two hours.

A roster of all town hall participants can be found in the appendix.

Everyone in the group was encouraged to identify and discuss a wide range of issues and ideas. After discussion, all concerns and ideas were grouped into seven major issues as described below. Then those in the group were asked to identify their top priorities using a facilitated group voting process.

Here is a summary of every issue identified in the town hall and that participants ranked in order based on the number of votes received.

### Erlanger Bledsoe Town Hall Results

#### Issue: Access to Healthcare (35 Total Votes)

Ideas/Issues	Votes
Increase specialty access within the county, especially maternal care	17
Promote more positivity around the good health resources we do have	4
School-based healthcare clinics	8
Address technology issues to increase access to telehealth	3
Address lack of pediatric care (especially in Sequatchie County)	2
Increase the number of primary care physicians	1
Lack of coordinated follow-up care after a hospital encounter	0

#### Issue: Care Coordination (23 Total Votes)

Ideas/Issues	Votes
Publish a resource book of medical, dental, and visual health services available in the service area	11
Publish a resource book, or create a website that increases awareness of all community support services	8
Address needs for post-discharge follow-up care or transitional care/Create a hospital discharge clinic	4

**Issue: Mental Health (12 Total Votes)**

Ideas/Issues	Votes
Improve/increase the number of providers and resources for follow-up care within the area	12

**Issue: Vaping/Tobacco Use (10 Total Votes)**

Idea	Votes
Address teenage vaping/Increase and establish more informative programs about the dangers of vaping to break the generational cycle/Research and provide more data and education on risks of vaping/Exposure to unknown, harmful substances in vaping	10

**Issue: Transportation (7 Total Votes)**

Ideas/Issues	Votes
Provide gas cards to increase access to medical appointments	4
Establish county funding for a local bus	3
Address needs of patients that travel or cancel appointments	0

**Issue: Nutrition/Diet (7 Total Votes)**

Ideas/Issues	Votes
Current economy is increasing demand for food bank, but at the same time is also leaving the food bank with less food to meet the demand	4
Promote better understanding of nutrition and healthy eating	2
Establish and promote cooking classes within the community	1
Address food insecurity and food deserts	0

**Issue: Adverse Childhood Experiences (6 Total Votes)**

Ideas/Issues	Votes
Provide access to pediatric mental health services	3
Inform parents/grandparents on available resources for children	2
Identify more resources for crisis intervention/Increase the available teams	1

## Section H: Community Health Priorities 2023-2025

Based on the entire CHNA process—research, community input, and guidance from the CHNA committee—Erlanger Bledsoe Hospital has identified the following priorities that the hospital and the Erlanger Health System are committed to pursue in the three years ahead.

Identifying these priorities was based on four main criteria:

1. **Need.** There must be a clear, documented need that is supported by data, research and community input.
2. **Impact.** Pursuit of the priority must have a meaningful impact on a significant group of people, especially those people who are defined as more at-risk in the community.
3. **Feasibility.** Our priorities must be limited to areas where Erlanger has the ability to act and make a difference.
4. **Mission.** Everything we do must be consistent with Erlanger’s mission, vision and values.

The following priorities pass the test.

### *Expand Access to Behavioral Health Care*

Mental health issues, substance abuse, dysfunctional families and adverse childhood behaviors were identified in research and in the town halls as the issue of greatest importance to the Erlanger Bledsoe service area. As a result, we propose to:

- Expand behavioral health treatment resources in the area.
- Evaluate through the University of Tennessee College of Medicine and, if feasible, pursue the launch of a new Graduate Medical Residency program in psychiatry and behavioral health. A residency program will lead to the expansion of mental health professionals to serve the total Erlanger service area, including Bledsoe and Sequatchie Counties.

It should be noted that creating a residency program is not a quick process, and involves many participants at the table, and may take several years to bring about.

### Expand Access to Primary Care and Specialty Care

Despite the successes in recent years recruiting new primary care to the Erlanger Bledsoe service area, overall access remains an issue. The areas with the greatest need include, but are not limited to, rural communities like Bledsoe County and Sequatchie County where it can be difficult to provide primary care without the supporting resources of an organization like Erlanger.

There is also need to expand the availability of specialty services available to patients the Erlanger Bledsoe service area.

The health system will work to define and update provider recruitment needs and opportunities across the service area.

### Care Coordination

Every major health system, and especially those that serve as the public, safety-net providers like Erlanger, cares for patients who present for services far more often than average. Those who come to the emergency department frequently and those who are admitted to the hospital multiple times per year for the same chronic conditions consume a great deal of resources and yet do not really get better or improve their quality of life.

The town hall focus groups identified care coordination for such patients as a priority. The intent is to improve patient care and outcomes, and at the same time potentially reduce expenses by reducing avoidable readmissions and emergency department visits.

In response to this perceived need, Erlanger will appoint a team to study best practices of similar health systems in the nation and make recommendations for a possible pilot project to test the impact of those practices at Erlanger Bledsoe Hospital.

In addition, Erlanger will evaluate the potential for partnering with local organizations such as Blue Cross Blue Shield of Tennessee and United Way 211, entities that have developed social services that complement and support community care coordination.

To support better care coordination for children, the leadership of Children's Hospital at Erlanger will evaluate the feasibility, purpose and desired outcomes for a children's healthcare summit, an opportunity to bring together all care providers, social services organizations and schools to focus on the particular needs and opportunities to improve community care and the overall health of children, especially those in at-risk situations.

## Healthcare Literacy

The assessment indicates that some people have difficulty understanding, navigating or trusting the health care system. Those lacking in health care understanding or health literacy are often among the most at risk in the community, either because of education, income level, age, ethnicity, or other factors.

A lack of healthcare literacy can lead to some serious complications, such as:

- Lack of health insurance
- Failure or inability to follow after-care instructions
- Lower vaccination rates
- Less access to preventive services
- Care avoidance
- Poor health outcomes
- Avoidable hospital readmissions
- Increased illness
- Early death

Erlanger and Erlanger Bledsoe propose to engage in community partnerships with potential educational partners like the University of Tennessee at Chattanooga, the University of Tennessee College of Medicine, and Bledsoe County Schools, as well as clinical partners like the Bledsoe County Public Health to evaluate opportunities for increased health literacy education for the community.

## Appendix

ERLANGER HEALTH SYSTEM

## Community Health Needs Assessment

Community Survey Questionnaire/Final

The Erlanger Health System is conducting a Community Health Needs Assessment. As part of our study, we are collecting information from a variety of people across our community. We invite you to share your thoughts on issues facing our community by completing the following survey.

We will use this information to better understand the greatest health needs in our community. Your participation is confidential. None of your responses will be used to identify you in any way.

Thank you for helping in this important effort.

[Begin Survey]

1. What is your county of residence?

Hamilton  
Bradley  
Grundy  
Marion  
McMinn  
Meigs  
Polk  
Rhea  
Sequatchie  
Bledsoe  
Catoosa, GA  
Walker, GA  
Dade, GA  
Cherokee, NC  
Clay, NC  
Graham, NC

2. What is your zip code?

**[Enter zip code]**

3. Would you say in general your health is:

**Poor   Fair   Good   Very Good   Excellent**

**Defining Community:** Think of “community” as the place where you spend the most time living, working, playing and worshipping.

4. Would you say in general the health of your community is:

**Poor Fair Good Very Good Excellent**

5. Using a scale of 1 to 5 where 5 means excellent and 1 means poor, how do you rate your community in the following areas?

A clean environment  
Good housing options  
Transportation services  
Good education  
Childcare options  
Jobs with fair wages  
Good places to play  
Good places to walk or bike  
Access to healthy foods  
Availability of affordable health insurance

6. Using a scale of 1 to 5 where 5 means excellent and 1 means poor, how do you rate your community's support for the following groups of people?

Aging adults  
Children  
Families  
Single parents  
Teens  
Racial and ethnic persons  
Veterans  
People whose primary language is not English  
Low-income individuals or families  
LGBTQ+ individuals  
People with disabilities  
People experiencing homelessness  
People with mental illness  
People with alcohol/drug addiction  
Victims of domestic violence  
Victims of violent crime (such as assault, rape)  
People with chronic disease\*\*

*\*\*Chronic disease is defined as sickness lasting 3 months or longer, that cannot be cured by medicine. Examples include asthma, diabetes, chronic obstructive pulmonary disease (COPD).*

7. Using a scale of 1 to 5 where 5 means excellent and 1 means poor, rate the quality of support services available in the community to meet the following needs:

Alcohol and drug abuse  
Asthma  
Cancer  
COPD  
COVID-19 Prevention and Treatment

Dental health  
Diabetes  
Food support/Nutrition  
Heart disease and  
High Blood Pressure/Hypertension  
Stroke  
Infant care  
Mental health  
Obesity/Overweight Adults  
Obesity/Overweight Children  
Prenatal care  
Sexually transmitted diseases/STDs  
Tobacco use/Smoking cessation  
Violence/Abuse

8. Do you have one person you think of as your personal doctor or health care provider?

**Yes No Unsure**

9. When you visit your doctor/provider, do you generally understand what he/she tells you?

**Yes No Unsure**

10. When you visit your doctor/provider, do you generally understand the handouts given to you?

**Yes No Unsure**

11. Which of the following test/screenings is a routine part of your personal health care?

*Check all that apply:*

Annual physical  
Prostate exam (men only)  
Pap test (women only)  
Mammogram (women only)  
Colonoscopy test for colon cancer  
Vision screening  
Annual teeth cleaning  
None of the above

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

**Enter number of days: \_\_\_\_**

**None**

**Don't know/Not sure**

13. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many of the past 30 days was your mental health not good?

**Enter number of days: \_\_\_\_**

**None**

**Don't know/Not sure**

14. Whether it was diagnosed or not, do you believe YOU have experienced . . . ?

Anxiety disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Depression	<b>Yes</b>	<b>No</b>	<b>DK</b>
Other mental health condition	<b>Yes</b>	<b>No</b>	<b>DK</b>
Alcohol use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Opioid use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Other substance use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>

15. Whether it was diagnosed or not, do you believe SOMEONE IN YOUR HOUSEHOLD has experienced . . . ?

Anxiety disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Depression	<b>Yes</b>	<b>No</b>	<b>DK</b>
Other mental health condition	<b>Yes</b>	<b>No</b>	<b>DK</b>
Alcohol use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Opioid use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>
Other substance use disorder	<b>Yes</b>	<b>No</b>	<b>DK</b>

**What is your level of agreement with the following statement?**

16. I could pay for treatment of a medical problem or illness. **SA A N D SD**

17. I could pay for treatment of a mental health illness or substance abuse disorder. **SA A N D SD**

18. In the past year, have you or any family member you live with been unable to get any of the following when it was really needed?

Clothing	<b>Yes</b>	<b>No</b>	<b>DK</b>
Utilities	<b>Yes</b>	<b>No</b>	<b>DK</b>
Medicine, or any health care	<b>Yes</b>	<b>No</b>	<b>DK</b>
Phone	<b>Yes</b>	<b>No</b>	<b>DK</b>
Food	<b>Yes</b>	<b>No</b>	<b>DK</b>
Other [ <i>Describe</i> ]			

19. In the past year, has a lack of transportation kept you from any of the following?

Medical appointments	<b>Yes</b>	<b>No</b>	<b>DK</b>
Meetings or work	<b>Yes</b>	<b>No</b>	<b>DK</b>
Getting the things needed for daily living	<b>Yes</b>	<b>No</b>	<b>DK</b>

20. How often do you see or talk to people you care about and feel close to (such as talking to friends on the phone, visiting with family or friends, going to church or club meetings).

- Less than once per week
- 1 to 2 times per week
- 3 to 5 times per week
- 5 or more times per week

21. Do you feel physically and emotionally safe where you currently live?

- Yes
- No
- Unsure

22. What is your level of agreement with the following statements?

I live in a safe neighborhood	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
Children in my neighborhood have safe places to play	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
Our schools are safe	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
Our streets have good lighting	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
Our sidewalks are safe	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
Our public transportation is safe	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>
We have good fire/emergency/safety services	<i>SA</i>	<i>A</i>	<i>N</i>	<i>D</i>	<i>SD</i>

23. Do you have children under the age of 18 living in your home?

[If so, ask the following]

24. Do you have one person you think of as your child(ren)'s personal doctor or health care provider?

- Yes
- No
- Unsure

25. Which of the following tests/screenings are a routine part of your child(ren)'s health care?

[Check all that apply]

- Well Child Check
- Routine Vaccination
- Vision Screening
- Hearing Screening
- Anemia Screening
- Annual teeth cleaning

26. In the past 12 months have you taken your child(ren) to any of the following health services?

26.1 Urgent Care or Walk In Clinic

Yes  
No  
Unsure

26.2 Children's Emergency Department

Yes  
No  
Unsure

26.3 Other Emergency Department

Yes  
No  
Unsure

27. Choose your TOP 5 PRIORITIES that you believe should be addressed in your community. If you have priorities not on the list, you may add them where indicated.

*Choose up to 5, including those you add*

[Do not read list]

Access to social services (such as SNAP, WIC, etc.)  
Access to health services  
Cancer  
Child abuse  
Community violence (assault, rape, robbery, etc.)  
COVID-19 prevention  
Crime  
Dental health  
Diabetes  
Domestic abuse  
Environment (air, water, litter)  
Food insecurity  
Health education  
Health screenings/programs  
Heart disease/Stroke  
Homelessness  
Affordable Housing  
Infant Health  
Jobs with fair wages  
LGBTQ+ Issues  
Mental health  
Obesity/Chronic disease related to obesity  
People whose primary language is not English  
People with disabilities  
Places to play

Race relations/Ethnic relations  
Teen pregnancy  
Tobacco use  
Transportation services  
Safety  
Senior health  
Sexually transmitted diseases (including HIV/AIDS)  
Substance abuse (alcohol and drugs)

Other Priorities. [*Please specify* ]

## Demographics

Please help us understand and apply our research by answering the following questions.  
*Remember, your responses will NOT be used to identify you in any way.*

D1. How do you identify your gender?

Female  
Male  
Non-Binary  
Prefer to self-describe/Prefer not to answer

D2. Which of the following groups represents your age?

18 to 24  
25 to 39  
40 to 54  
55 to 64  
65 to 74  
75 and older  
Prefer not to answer

D3. Choose the group that best represents you.

American Indian or Alaskan Native  
Asian  
White, Non-Hispanic  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

Prefer to self-describe [ ]  
Prefer not to answer

D4. Are you Hispanic, Latino or Spanish origin?

Yes  
No  
Unsure  
Refused

D5. What is your living situation?

*Check all that apply*

- I own my home
- I rent my home
- I live with family or friends
- I live in temporary housing (such as a shelter, hotel, motel, transitional housing)
- I am homeless
- Other/Prefer not to answer

D6. Are you . . . ?

*Check all that apply*

- Married
- Single
- Divorced/Separated
- Widowed
- Partnered
- Other/Prefer not to answer

D7. Which of the following best describes you?

- Working full time
- Working part time
- Not working, looking for work
- Not working, not looking for work
- Disabled, not able to work
- Retired
- A student, working
- A student, not working

D8. How do you usually pay for health services?

- Private insurance (through an employer or personal purchase)
- Medicare
- Medicaid
- Military or Veterans Benefits
- Pay Cash/Uninsured
- Other [ ]

D9. What is your highest grade or year of school you completed?

- Less than high school diploma
- High school diploma or GED
- Technical school certificate/graduate
- Some college, no degree
- Two-year college degree
- Four-year college degree
- Post-graduate study/degree

Professional degree

D10. Approximately how much is your total combined household income?

\$0 to \$24,999

\$25,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 or more

D11. Do you work providing health care or medical care?

D11.A. [If yes]

Do you work for the Erlanger Health System?

Please use the space below to share any ideas to help Erlanger Health System meet the needs of the community.

[Insert text box]

Thank you!

## **Town Hall Participants**

Erlanger Bledsoe - Friday, June 3, 2022

Michelle Rains  
Molli Sells Tallent  
Jo Ann Britt  
Ginger Housley  
Jan Frechette  
Rhonda Sills  
Dr. Andrew Smith  
Lola Sells  
Stephanie Boynton  
Brenda S. Reece  
Martin McKay  
Brandon Gibson  
Bill Stiles