



COMMUNITY HEALTH NEEDS ASSESSMENT | 2022

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



ERLANGER MEDICAL CENTER | 975 EAST 3rd STREET | CHATTANOOGA, TN 37403

COMMUNITY HEALTH NEEDS ASSESSMENT

Chattanooga-Hamilton County Hospital Authority

D / B / A

Erlanger Medical Center

Children's Hospital at Erlanger

975 East 3rd Street
Chattanooga, TN 37403

Erlanger East

1755 Gunbarrel Road
Chattanooga, TN 37421

Erlanger North

632 Morrison Springs Road
Chattanooga, TN 37415



AUGUST 2022

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Section A: Hospital Profile

Overview

Erlanger Health System is a non-profit health system that includes six hospitals, four of them in Hamilton County Tennessee. These four Chattanooga-area hospitals work in a coordinated fashion to provide comprehensive care to approximately 300,000 adult and pediatric patients annually.

Erlanger Medical Center is a non-profit, academic teaching hospital affiliated with the University of Tennessee College of Medicine. It is the Chattanooga region's largest and most far-reaching hospital, providing the area's only Level 1 Trauma Center and tertiary services for residents across southeast Tennessee, northwest Georgia, northeast Alabama, and southwest North Carolina.

Erlanger was founded in 1891. Throughout its history, Erlanger has grown to meet diverse needs. It also supports the education and training of physicians, nurses, pharmacists, physical therapists and hospital chaplains. It is now the center of one of the nation's largest non-profit health systems.

Co-located with Erlanger Medical Center is **Children's Hospital at Erlanger** (Children's). Children's provides comprehensive pediatric specialty care on an inpatient and outpatient basis. It also provides Level 1 Trauma Care, surgery, neonatology services, cancer treatment, advanced diagnostics, therapy services, psychological services and more, all focused on the special needs of children. No other facility in the Chattanooga region offers these services. Children's is also affiliated with the UT College of Medicine.

Erlanger East Hospital is the newest hospital in Chattanooga. Its focus is on community-oriented, lifestyle needs such as women's services, labor and delivery, cardiology, orthopedic care, urology, gastroenterology, and emergency care. It is also home to primary care providers, an outpatient imaging center, a center for breast health, outpatient cancer treatment, and more. Among its 113 inpatient beds are eight intensive care beds.

Erlanger North Hospital provides a full-service emergency department along with specialty ambulatory programs, such as an Accredited Sleep Disorders Center, cardiac rehabilitation, mammography, and nuclear medicine. There are no medical-surgical hospital beds in use at Erlanger North. However, as of the date of this assessment, plans are in motion to convert unused facilities to inpatient and outpatient behavioral health services.

Erlanger's other two hospitals, **Erlanger Bledsoe Hospital** and **Erlanger Western Carolina Hospital**, are critical-access hospitals that provide essential services to distinct, rural service areas. These two hospitals each publish their own Community Health Needs Assessments.

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 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 of 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.

With a sample of 700 randomly selected participants, Erlanger's research has a confidence interval of 3.7% at the 95% confidence level.

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

Members of the CHNA committee took the lead to identify and recruit a diverse mix of community leaders and representatives of public health and allied health groups to participate in six town hall focus groups that lasted approximately two hours each. A list of all participants can be found in the appendix of this document

The six groups were as follows:

- Erlanger East (May 19)
- Erlanger Western Carolina Hospital (May 23)
- Erlanger Medical Center (May 25)
- Dodson Avenue Community Health Center (May 26)
- Children’s Hospital at Erlanger (June 2)
- Erlanger Bledsoe Hospital (June 3)

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

Finally, the CHNA work team evaluated all the research and community input and recommended priorities and next steps for 2023 – 2025, as 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
- America’s Health Rankings/americashealthrankings.org

Section C: Update on 2019 Priorities

The Erlanger Community Health Needs Assessment for 2019 identified several areas of need and opportunities for community health improvement. The health system made significant progress, especially in expanding primary care. 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. Meeting the needs of so many critically ill people throughout 2020 and 2021 (and more still in 2022) was our greatest responsibility. Some of our 2019 planning was set aside out of necessity.

Infant Mortality

The 2019 CHNA planning team identified a small, yet serious problem related to infant mortality. Some families experienced an infant death due to inappropriate sleeping arrangements. A parent would put the sleeping child in bed with them and then tragically suffocate them while sleeping.

This problem was identified as more acute among low-income families.

The action plan described in the 2019 CHNA was to provide so-called pack'n'play sleep and play units for families that needed them, and to provide appropriate instruction.

Current Status: The pack'n'play initiative was cancelled because of the COVID-19 pandemic. However, Erlanger took action to increase awareness of the dangers of infants sleeping with parents by:

- Promoting safe sleep habits among new parents.
- Partnering with the Tennessee Department of Health and the Tennessee Hospital Association to reduce infant death in Tennessee. Children's Hospital and Erlanger East were recognized in January 2020 as a Best for Babies provider for their efforts to promote safe infant sleep practices.
- Publishing and promoting educational information through Erlanger Healthy U, the health system's health blog. The information was released in October 2020, was promoted through social media channels, was accessed by at least 319 readers.
- Earning certification as a Gold-level Safe Sleep Champion from the Cribs for Kids® National Infant Safe Sleep Initiative, a nationally recognized effort to reduce sleep-related infant death.

Access to Care

Expanding access to care, particularly primary care, is a priority need across the Erlanger service area. For the 2019 CHNA, Erlanger committed to pursuing approval for a Federally Qualified Health Center (FQHC) in Sequatchie County. Erlanger also committed to study the feasibility for a new FQHC in Red Bank, Tennessee, which is part of Hamilton County.

Current Status: To date Erlanger has not received approval for an FQHC in Sequatchie County and has suspended the effort. Based on the health system's inability to get approvals for Sequatchie County, we also discontinued the effort in Red Bank.

However, Erlanger did increase the number of primary care providers available to residents of both Sequatchie County and Red Bank. 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. In addition, Erlanger completed the construction of a new medical office building to house primary care in Pikeville.

Erlanger also recruited new primary providers for Erlanger Primary Care Northshore, located in the Red Bank/White Oak community.

Community Health Collaboration

Erlanger committed to greater efforts to be proactive in collaboration with community agencies and entities inside and outside the traditional health care sphere. Specifically, Erlanger wanted to be proactive with Hamilton County area schools to provide health information and education.

Current Status: Though it was not anticipated in the 2019 CHNA, the COVID-19 pandemic demanded unprecedented levels of cooperation and collaboration between Erlanger and other health agencies such as the Hamilton County Health Department, the Tennessee Department of Health, city and county governments, regional EMS, and other regional hospitals.

Erlanger joined with traditionally competitive health providers like CHI Memorial Hospital and Parkridge Hospital to coordinate responses to the pandemic and provide information to the public through a joint task force chaired by the executive director of the Chattanooga-Hamilton County Medical Society.

Apart from the pandemic response, Erlanger also--proactively--expanded partnerships with The Howard School, an inner-city high school, to provide health education and to facilitate student interests in future healthcare careers. The result is the continued expansion of the Erlanger Institute of Healthcare and Innovation at The Howard School, which extends student knowledge of the healthcare industry and opportunities in medicine and health care.

Over the past three years Erlanger also was proactive in the following initiatives:

- Working with the Nurse-Family Partnership to establish a new community health program for first-time moms.
- Providing prevention and treatment services for all Hamilton County Department of Education high school sports programs.
- Teamed Children’s Hospital and Safe Kids Tennessee to host Safe Kids at the Zoo health and safety educational event in 2022.
- Organizing annual “Donate Life” events to promote organ donation.
- Hosting a Back to School Bash in 2021 through the Erlanger Community Health Centers. The event was designed to make sure children get needed physicals and immunizations prior to the start of school.
- Ongoing partnerships with area artists through Arts at Erlanger, a creative partnership to provide comfort to hospital patients and visitors through visual arts, music and dance.

Childhood Obesity

Pursuing increased funding and new opportunities to address the problem of obesity among children was part of the 2019 CHNA.

Current Status: Supported in part by contributions from Kohl’s Cares, Coca-Cola, Wal-Mart and the Children’s Hospital Foundation, Children’s Hospital at Erlanger operates the C-HEAL Center at the Kennedy Outpatient Center. C-HEAL helps physicians, families and overweight children identify, manage, and overcome co-morbidities related to obesity.

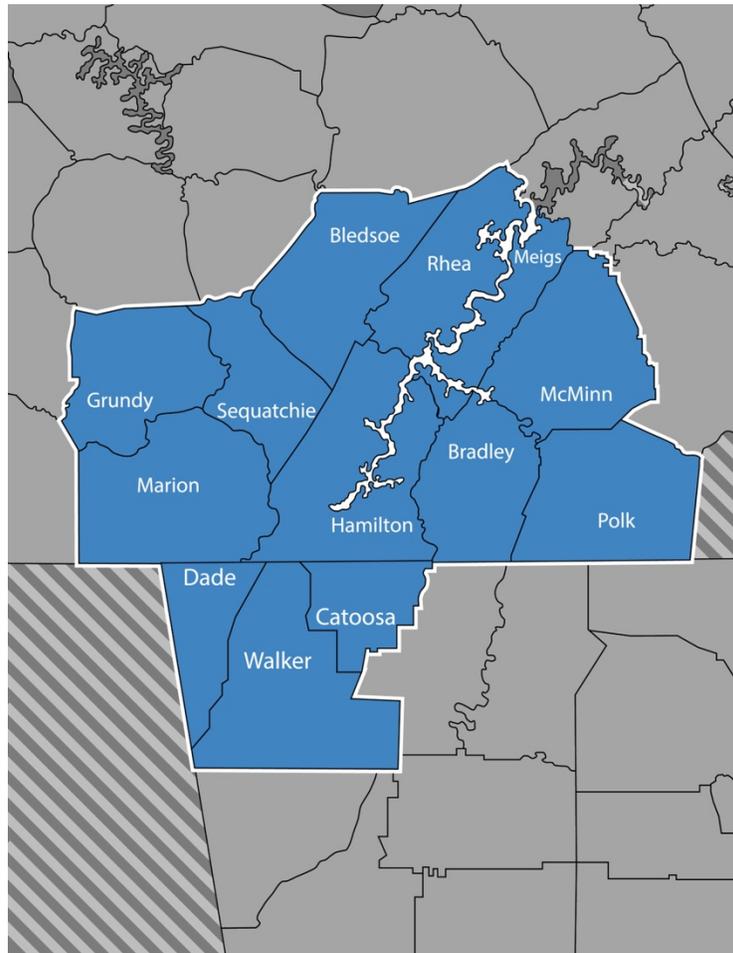
Other Issues

The 2019 CHNA recognized substance abuse, opioid addiction, homelessness, and inadequate transportation as community problems that affect quality of health and impact the health care system. These are major issues that affect the nation as well as the Erlanger service area.

Ultimately, even though Erlanger continues to address these issues daily on a patient-by-patient basis, particularly in the emergency department and community health centers, the health system was unable to focus new resources on the issues, with one exception. Erlanger added expanded social work services in the emergency department at Erlanger Medical Center to help patients and families dealing with homelessness post-discharge.

Section D: Service Area Description

As the anchor of a regional health system, Erlanger Medical Center serves a broad area that covers portions of four states. From a health planning perspective, however, EMC's primary and secondary service area is defined by 13 counties in Tennessee and Georgia. These counties combine to make up approximately 75% of patient encounters for all four of the Erlanger hospitals in Hamilton County.



As shown in the chart on the following page, Hamilton County, TN, accounts for 45.7% of the service area population and 47.3% of inpatient discharges at Erlanger Medical Center, Erlanger East, Erlanger North Hospital, and Children's Hospital at Erlanger. Note that discharges from Erlanger Bledsoe Hospital are not included in this document since it compiles and publishes its own CHNA.

The secondary service area, which is made up of 12 counties, most of them contiguous to Hamilton County, accounts for 33% of discharges.

The remaining 19.3% are from outside this geography, where patients are drawn, or seek, the specialized tertiary services that Erlanger provides.

County	Service Area	2021 Population	Percent of Total Population	*2021 Discharges	Percent of Total Discharges
Tennessee					
Hamilton	Primary	374,679	45.7%	16,177	47.3%
Bradley	Secondary	112,490	13.7%	2,525	7.4%
Marion	Secondary	27,452	3.3%	1,082	3.2%
Grundy	Secondary	14,331	1.7%	311	0.9%
Sequatchie	Secondary	11,819	1.4%	799	2.3%
Bledsoe	Secondary	11,915	1.5%	486	1.4%
Rhea	Secondary	37,236	4.5%	1,023	3.2%
Meigs	Secondary	12,517	1.5%	155	0.5%
McMinn	Secondary	51,669	6.3%	442	0.1%
Polk	Secondary	17,812	2.8%	309	0.1%
Georgia					
Dade	Secondary	18,872	2.3%	589	1.7%
Walker	Secondary	77,932	9.5%	2,013	5.9%
Catoosa	Secondary	51,531	6.3%	1,688	4.9%
All Others	N/A			6,621	19.3%
Totals		820,255	100%	34,220	

* Does not include Erlanger Bledsoe Hospital. Discharges from Erlanger Western Carolina Hospital are not included either. These two hospitals publish their own CHNAs.

Age Profile

Across the Erlanger service area, approximately 26% of residents are under the age of 18, while 20% are over the age of 65. The median age is far younger in more urban counties such as Hamilton and Bradley, and older in the most rural counties, such as Meigs, Polk and Grundy.

Service Area Age Profile

County	0 - 5 Years	6 - 18 Years	19 - 64 Years	65+ Years
Hamilton	5.8%	20.7%	55.6%	17.9%
Bradley	5.8%	21.9%	55.0%	17.3%
Marion	5.7%	21.0%	53.0%	20.3%
Grundy	5.7%	21.3%	52.0%	21.0%
Sequatchie	5.4%	20.6%	53.2%	20.8%
Bledsoe	3.7%	14.5%	63.0%	18.8%
Rhea	6.0%	22.4%	52.8%	18.8%
Meigs	5.3%	20.0%	53.0%	21.7%
McMinn	5.6%	21.2%	53.3%	19.9%
Polk	5.0%	19.1%	54.2%	21.7%
Dade	4.9%	19.2%	55.8%	20.1%
Walker	5.7%	21.5%	53.9%	18.9%
Catoosa	5.3%	22.6%	53.9%	18.2%
AVERAGE	5.38%	20.46%	54.52%	19.65%

Source: US Census Bureau, July 2021

Race/Ethnicity Profile

While Chattanooga and Hamilton County are more racially diverse, the Erlanger service area overall is approximately 89% White.

Service Area Race/Ethnicity

County	<u>Black & African American</u>	<u>American Indian & Alaska Native</u>	<u>Asian</u>	<u>Hispanic or Latino</u>	<u>White (Not Hispanic or Latino)</u>	<u>Two or More Races</u>
Hamilton	19.3%	0.5%	2.2%	6.0%	70.9%	1.9%
Bradley	5.2%	0.6%	1.2%	6.6%	85.1%	2.1%
Marion	4.1%	0.5%	0.7%	2.0%	91.4%	1.6%
Grundy	0.7%	0.7%	0.4%	1.3%	95.8%	1.3%
Sequatchie	0.8%	0.6%	0.5%	3.7%	93.2%	1.7%
Bledsoe	7.7%	0.6%	0.3%	2.8%	87.3%	1.4%
Rhea	2.2%	0.6%	0.7%	5.2%	90.2%	1.9%
Meigs	1.6%	1.0%	0.3%	2.3%	93.8%	1.5%
McMinn	3.9%	0.5%	0.8%	4.5%	88.7%	2.2%
Polk	0.7%	0.6%	0.4%	2.3%	94.7%	1.8%
Dade	1.4%	0.6%	1.1%	2.3%	93.3%	1.5%
Walker	4.4%	0.4%	0.8%	2.5%	90.5%	1.7%
Catoosa	2.9%	0.4%	1.4%	3.2%	90.5%	1.9%
AVERAGE	4.22%	0.58%	0.83%	3.44%	89.65%	1.73%

Source: US Census Bureau, July 2021

Hamilton County is home to the largest share of Black/African American residents in the service area. Hamilton and Bradley County are home to the largest share of Hispanic/Latino residents. The service area includes less than 0.2% of all other races or ethnicities not detailed in the preceding table.

Educational Profile

Urban areas and the suburban areas that surround them tend to have higher percentages of residents who have completed high school and college. That is generally the case in the Erlanger service area.

According to census data, Hamilton County has the highest levels of high school graduates and college graduates among adults 25 and older. Bradley County and Catoosa County also boast higher levels of high school graduation and college graduation among adults aged 25 and older.

The area’s most rural and least populated counties suffer from the greatest high school dropout rates. In Grundy and Bledsoe, greater than 21% of adults over age 25 have not completed high school.

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

County	<u>Less Than High School Graduate (2016-2020)</u>	<u>High School Graduate + (2016-2020)</u>	<u>Bachelor's degree + (2016-2020)</u>
Hamilton	9.7%	90.3%	33.3%
Bradley	12.9%	87.1%	23.5%
Marion	19.0%	81.0%	12.5%
Grundy	21.8%	78.2%	13.4%
Sequatchie	16.8%	83.2%	14.7%
Bledsoe	21.6%	78.4%	11.4%
Rhea	17.5%	82.5%	16.6%
Meigs	16.0%	84.0%	10.2%
McMinn	15.0%	85.0%	17.0%
Polk	18.4%	81.6%	12.6%
Dade	18.5%	81.5%	15.8%
Walker	16.8%	83.2%	19.2%
Catoosa	11.1%	88.9%	23.0%
AVERAGE	16.55%	83.45%	17.17%

Source: US Census Bureau, July 2021

Income Levels

Higher levels of education almost always translate to earning potential. Those with college degrees, for example, tend to earn substantially more than those with only high school educations. And those who finish high school tend to earn more than those who drop out.

As can be seen in the table on the following page, the highest levels of persons living in poverty can be found in Bledsoe County and in Grundy County, the two counties with the largest share of high school dropouts.

The greatest median household income can be found in Catoosa County, an area that includes affluent bedroom communities near Chattanooga.

Per capita income is highest in Hamilton County at \$32,839 in 2021. The percentage of persons living in poverty in Chattanooga is as high or higher than many of its neighboring counties, however. At 13.3%, Hamilton's poverty rate is more than 30% higher than Catoosa County.

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 basic necessities of daily living.

Service Area Income Profile

County	Median Household Income (2015-2019)	Per Capita Income Past 12 Months (2015-2019)	Persons in Poverty
Hamilton	\$55,070	\$32,839	13.3%
Bradley	\$51,331	\$26,655	13.8%
Marion	\$49,432	\$25,467	14.7%
Grundy	\$40,156	\$20,592	18.2%
Sequatchie	\$49,370	\$23,050	16.1%
Bledsoe	\$44,122	\$21,700	20.8%
Rhea	\$42,206	\$22,336	15.0%
Meigs	\$49,167	\$24,525	16.0%
McMinn	\$43,285	\$23,885	14.0%
Polk	\$43,306	\$25,405	12.4%
Dade	\$42,581	\$24,000	13.0%
Walker	\$46,157	\$24,247	14.1%
Catoosa	\$56,235	\$27,308	10.1%
AVERAGE	\$47,109	\$24,770	14.73%

Source: US Census Bureau, July 2021

Observations from Service Area Data

The Erlanger service area is geographically large and diverse, with many rural counties surrounding the more urban and suburban areas of Chattanooga and Hamilton County. Rural counties enjoy many advantages, but also challenges when it comes to health care.

Access to medical care and mental health care are common problems in rural areas. Income levels are lower there, making access to health services and health insurance more difficult as well.

Urban areas present their own benefits and obstacles, including income inequities, homelessness, substance abuse, and street violence.

All of these issues were explored and discussed within the research and community input portions of this CHNA process.

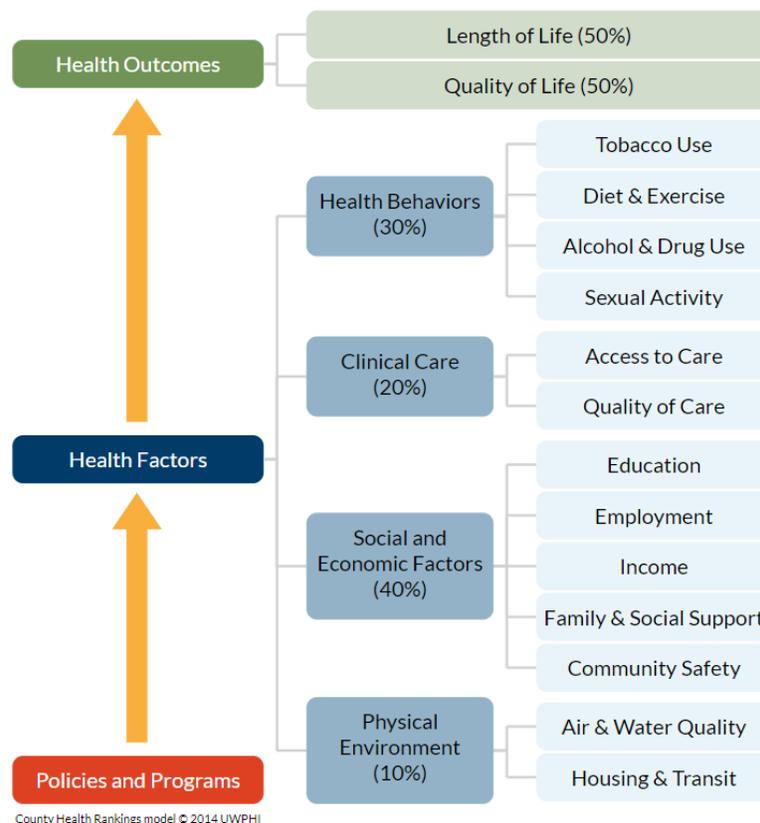
Section E: Community Health Status

Consistent with the diversity of the Erlanger service area by population density, age, education, income, disabilities, and other factors, it is not a surprise that some key indicators of health also vary widely from county to county.

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. The database includes measures of Health Factors and Health Outcomes.

The report shows that among Tennessee's 95 counties, several of the rural counties in the Erlanger service area rank in the bottom half for both Health Outcomes and Health Factors. It is important to note, however, that in Hamilton County and Bledsoe County, two areas where Erlanger operates hospitals, Health Outcomes rank within the top 20.

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
Ceatham	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

Among Georgia's 159 counties, Catoosa and Dade Counties ranked in the top half in both categories, while Walker County ranked a little lower.

2020 County Health Rankings for the 159 Ranked Counties in Georgia

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Appling	94	124	Dade	45	25	Jefferson	141	126	Richmond	129	110
Atkinson	118	145	Dawson	20	9	Jenkins	138	146	Rockdale	56	70
Bacon	111	114	Decatur	121	136	Johnson	93	72	Schley	80	26
Baker	91	149	DeKalb	15	37	Jones	21	22	Screven	104	150
Baldwin	124	102	Dodge	92	105	Lamar	112	60	Seminole	136	85
Banks	60	46	Dooly	108	130	Lanier	66	127	Spalding	143	109
Barrow	32	41	Dougherty	152	122	Laurens	134	88	Stephens	98	43
Bartow	36	59	Douglas	28	44	Lee	17	23	Stewart	156	152
Ben Hill	137	153	Early	153	142	Liberty	62	67	Sumter	154	140
Berrien	139	117	Echols	42	63	Lincoln	70	58	Talbot	55	75
Bibb	131	86	Effingham	27	30	Long	30	53	Taliaferro	123	137
Bleckley	65	89	Elbert	101	120	Lowndes	88	82	Tattnall	82	139
Brantley	126	119	Emanuel	145	151	Lumpkin	37	40	Taylor	105	154
Brooks	72	94	Evans	90	93	Macon	149	155	Telfair	96	156
Bryan	19	14	Fannin	58	17	Madison	46	50	Terrell	127	148
Bulloch	68	61	Fayette	3	3	Marion	76	91	Thomas	85	49
Burke	151	147	Floyd	69	51	McDuffie	135	108	Tift	97	66
Butts	102	99	Forsyth	1	2	McIntosh	83	65	Toombs	133	134
Calhoun	116	144	Franklin	95	68	Meriwether	130	123	Towns	47	10
Camden	23	36	Fulton	13	27	Miller	157	81	Treutlen	63	83
Candler	146	132	Gilmer	51	42	Mitchell	140	116	Troup	84	79
Carroll	53	55	Glascock	64	48	Monroe	48	35	Turner	128	141
Catoosa	22	15	Glynn	74	32	Montgomery	59	104	Twiggs	159	118
Charlton	49	101	Gordon	54	57	Morgan	40	19	Union	14	6
Chatham	43	28	Grady	87	76	Murray	67	92	Upson	117	87
Chattahoochee	44	45	Greene	78	74	Muscogee	122	80	Walker	75	54
Chattooga	120	96	Gwinnett	6	12	Newton	50	71	Walton	41	33
Cherokee	5	5	Habersham	24	24	Oconee	2	1	Ware	113	95
Clarke	57	52	Hall	11	31	Oglethorpe	26	56	Warren	158	131
Clay	142	158	Hancock	147	159	Paulding	9	18	Washington	77	97
Clayton	89	125	Haralson	73	47	Peach	115	115	Wayne	106	90
Clinch	150	138	Harris	7	8	Pickens	25	11	Webster	99	106
Cobb	4	7	Hart	29	39	Pierce	52	73	Wheeler	39	157
Coffee	109	128	Heard	79	64	Pike	16	29	White	18	21
Colquitt	125	133	Henry	38	20	Polk	86	100	Whitfield	31	69
Columbia	8	4	Houston	34	38	Pulaski	81	98	Wilcox	100	135
Cook	107	77	Irwin	148	111	Putnam	33	62	Wilkes	110	107
Coweta	10	16	Jackson	12	13	Quitman	103	103	Wilkinson	114	84
Crawford	71	112	Jasper	61	78	Rabun	35	34	Worth	119	121
Crisp	144	129	Jeff Davis	132	113	Randolph	155	143			

Source: County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute; 2020 Georgia 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 behaviors by county. Obesity continues to be a major issue (see page 21). Between 19% and 28% of adults continue to smoke despite years of warnings and support to help them stop. The rate of alcohol-related driving deaths seems particularly high for Hamilton County, an urban area where traffic accidents are more frequent due to population density.

Service Area Health Issues by County 2022

	Hamilton	Bradley	Marion	Grundy	Sequatchie	Bledsoe	Meigs
Adult Obesity	35%	40%	37%	38%	37%	38%	36%
Physical Inactivity	28%	33%	32%	37%	34%	38%	34%
Adult Smoking	19%	22%	26%	28%	25%	27%	26%
Excessive Drinking	19%	14%	17%	14%	15%	15%	16%
Alcohol-Impaired Driving Deaths	33%	17%	20%	11%	8%	50%	25%
Teen Births per 1,000 females	23	27	40	49	36	40	36
Sexually Transmitted Infections Per 100,000	675.9	461.6	473.9	357.5	299.5	909.5	314.0

	McMinn	Polk	Rhea	Catoosa	Dade	Walker
Adult Obesity	37%	36%	37%	35%	33%	32%
Physical Inactivity	34%	33%	35%	29%	32%	33%
Adult Smoking	27%	25%	25%	20%	23%	23%
Excessive Drinking	15%	15%	15%	19%	20%	18%
Alcohol-Impaired Driving Deaths	18%	38%	14%	28%	28%	16%
Teen Births per 1,000 females	36	41	38	25	22	41
Sexually Transmitted Infections Per 100,000	427.6	213.9	337.7	335.9	322.7	311.1

Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org/2022

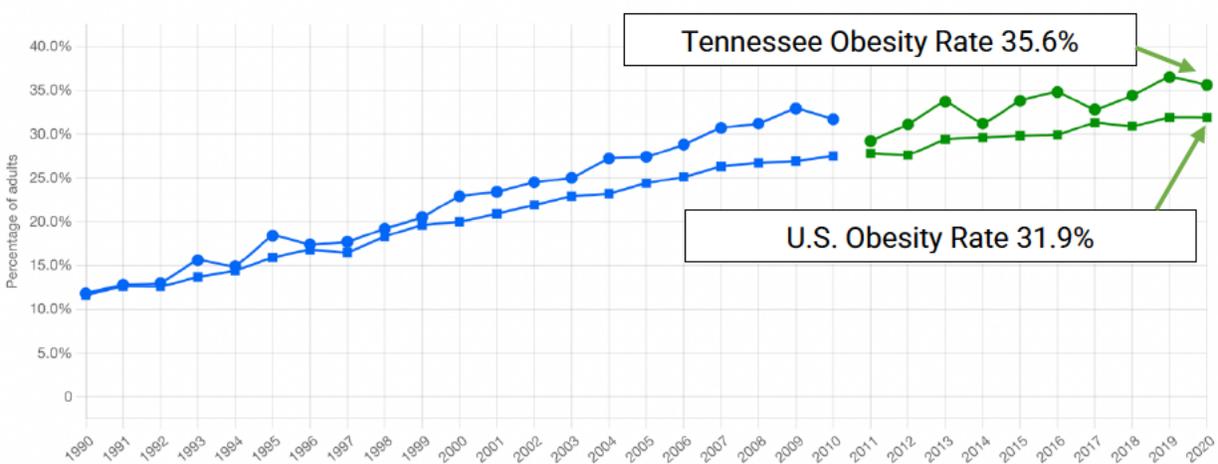
Teenage birth rates tend to be higher in rural counties. The incidences of STIs vary widely across the region, but appear to be more acute in areas closer to Chattanooga. The exception is Bledsoe County, where the rate of infection seems quite high.

Obesity

As seen in the preceding table, over a third of residents in the Erlanger 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 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) estimates that one in four Americans is disabled. However, the age group with the highest levels of disability is the over-65, 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 provide health insurance.

Based on U.S. Census Bureau reporting, over 15% of residents under age 65 within the Erlanger Health System primary and secondary service areas suffers from some type of disability. This is substantially higher than the national average, where, according to the Institute on Disability, about 11% of the under-65 are considered disabled.

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)
Hamilton	10.0%	12.0%
Bradley	13.1%	14.0%
Marion	16.7%	12.2%
Grundy	19.5%	14.2%
Sequatchie	18.1%	12.5%
Bledsoe	23.3%	16.6%
Rhea	18.2%	14.0%
Meigs	14.1%	13.1%
McMinn	14.6%	12.9%
Polk	9.8%	14.5%
Dade	12.8%	16.5%
Walker	13.5%	15.1%
Catoosa	12.4%	12.7%
AVERAGE	15.08%	13.87%

Source: US Census Bureau, July 2021

Again, the rates of poverty and lower income found in the 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 service area, followed closely once again by Grundy County.

Physical and Mental Health

According to the Population Health Institute at the University of Wisconsin, adults in the Erlanger service area experience five to six days a month when they are physically not well, mentally not well, or both. This compares to a statewide average of 5.1 days.

These findings line up with Erlanger’s own research which showed similar results.

As seen in the following table, on average, adults living in rural counties report almost a full day more of poor mental health compared to adults in more urban Hamilton County.

Service Area Health Issues by County 2022

	Hamilton	Bradley	Marion	Grundy	Sequatchie	Bledsoe	Meigs
Poor Physical Health Days in Past 30 Days	4.4	4.9	5.2	5.7	5.2	5.5	5.2
Poor Mental Health Days in Past 30 Days	5.1	5.5	5.9	6.2	5.9	5.9	5.9

	McMinn	Polk	Rhea	Catoosa	Dade	Walker
Poor Physical Health Days in Past 30 Days	5.2	5.2	5.3	4.3	4.8	4.9
Poor Mental Health Days in Past 30 Days	5.8	5.9	5.8	5.3	5.7	5.7

Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org/2022

Access To Care

Providers of care available to treat those with physical and mental issues are concentrated in urban Hamilton County as well.

The table below shows the estimated ratio of persons in the county for every provider practicing in the county. So, in Hamilton County there is one mental health provider for every 420 people, while in Bledsoe County there are 3,810 people per mental health provider.

Ratio of Providers to Population by County 2022

	Hamilton	Bradley	Marion	Grundy	Sequatchie	Bledsoe	Meigs
Primary Care Providers	910/1	2,160/1	2,630/1	N/A	3,010/1	15,060/1	2,070/1
Mental Health Providers	420/1	860/1	3,620/1	2,250/1	5,060/1	3,810/1	6,270/1

	McMinn	Polk	Rhea	Catoosa	Dade	Walker
Primary Care Providers	1,990/1	2,100/1	2,760/1	2,110/1	2,690/1	5,370/1
Mental Health Providers	1,320/1	16,840/1	2,790/1	820/1	2,680/1	1,590/1

Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org/2022

Observations from Community Health Research

Counties and communities within the Erlanger 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.

Our research identifies several key health needs that are important to the Erlanger 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. The rate of automobile crash deaths that involve alcohol seems to be rising, especially in Hamilton County

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.

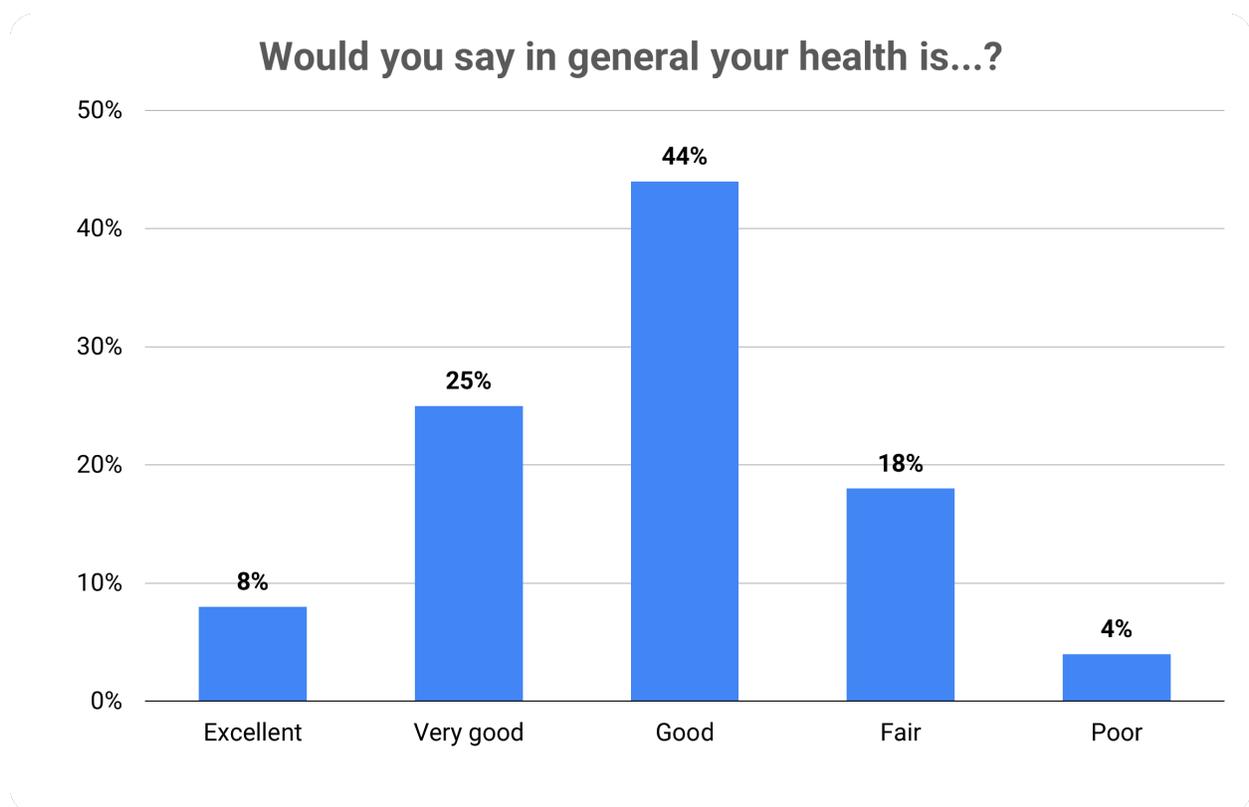
With a sample of 700 randomly selected participants, Erlanger's research has a confidence interval of 3.7% at the 95% confidence level. Simply put, this means, for a 50/50 response, interpretation can be 95% confident that the research result falls between 46.3 and 53.7. For responses where there is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

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

Highlights of the research are provided here. A copy of the questionnaire is in the appendix of this document.

Overall Health

Most adults in the Erlanger service area feel good about their overall health. At least 77% said their health is good, very good or excellent. Only 4% said their health is poor.

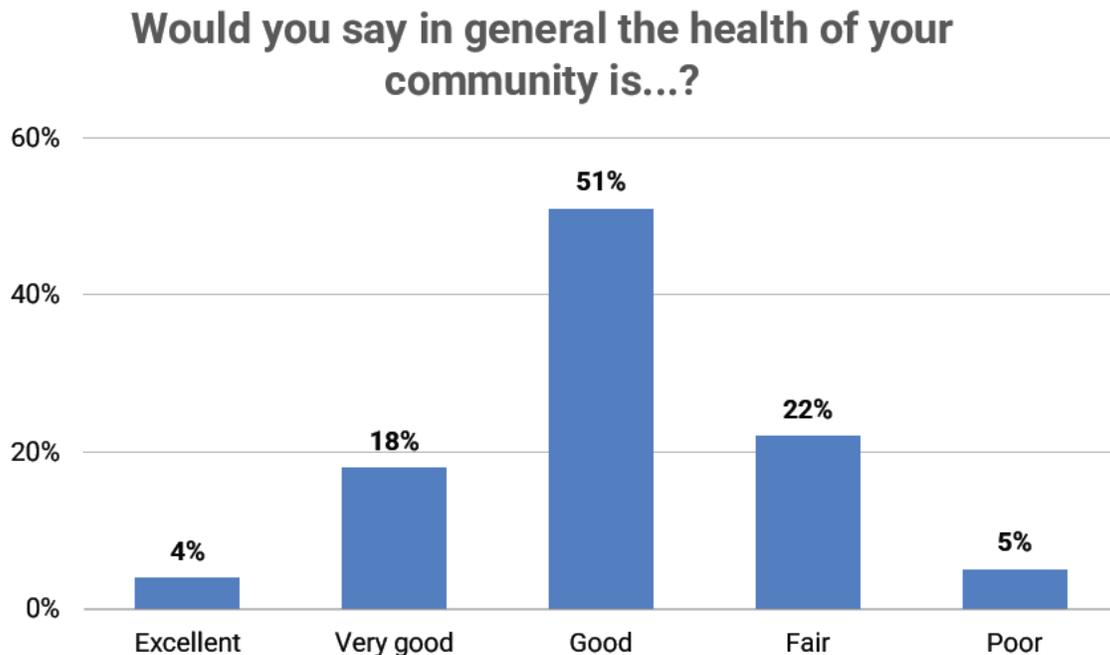


Age and income have less to do with feelings of overall health than one might think. Those under the age of 35 were more likely to report their health as fair or poor than those over age 65. Those who earn more than \$100,000 were more likely to report poor health than those earning less than \$25,000.

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 22% saying the general health is excellent or very good. Those in Walker County Georgia and Hamilton County Tennessee are the most positive about the health of their communities, while rural Grundy County is the most negative.



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.

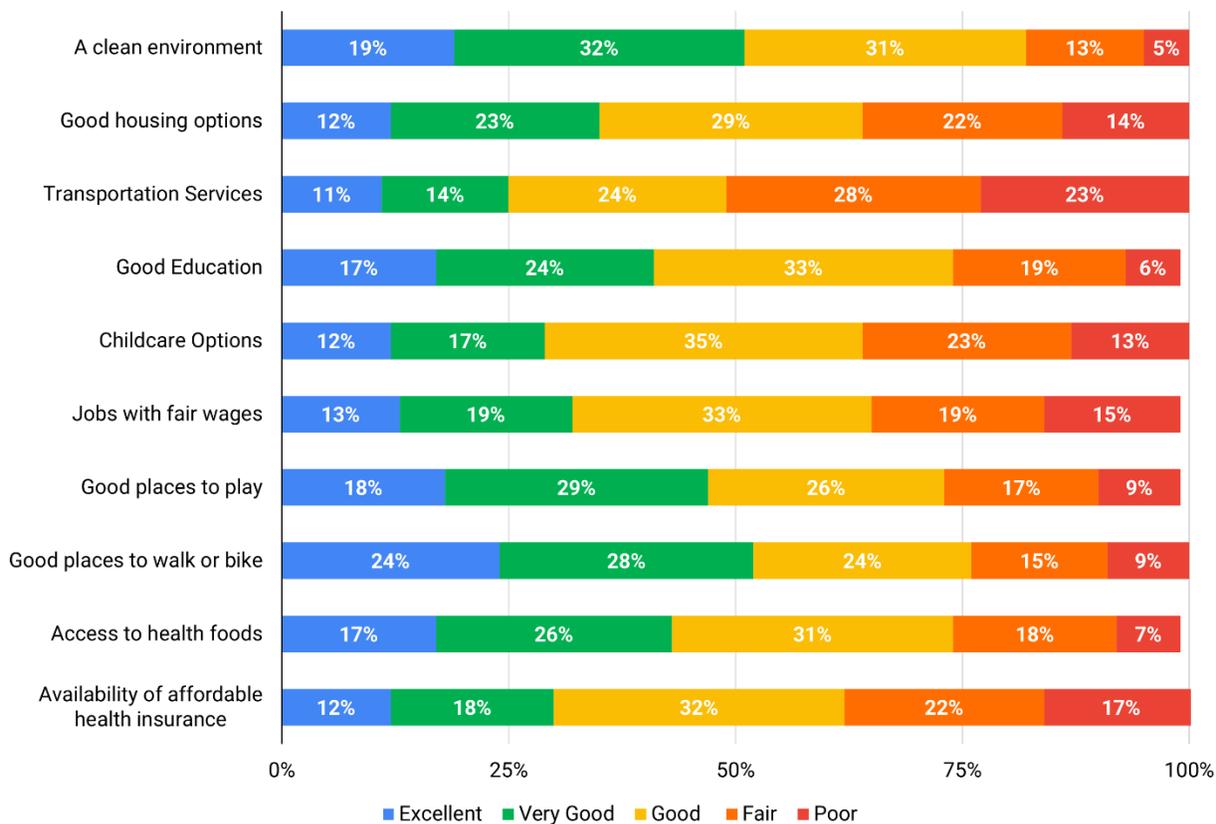
Community Health Ratings

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, our communities

rate most favorably for good places to walk and bike, and for providing a clean environment.

The areas where our communities rate lowest are transportation and availability of affordable health insurance. Transportation concerns are greater in rural counties. Health insurance affordability is a bigger problem among lower-income adults.

How do you rate your community in the following areas?

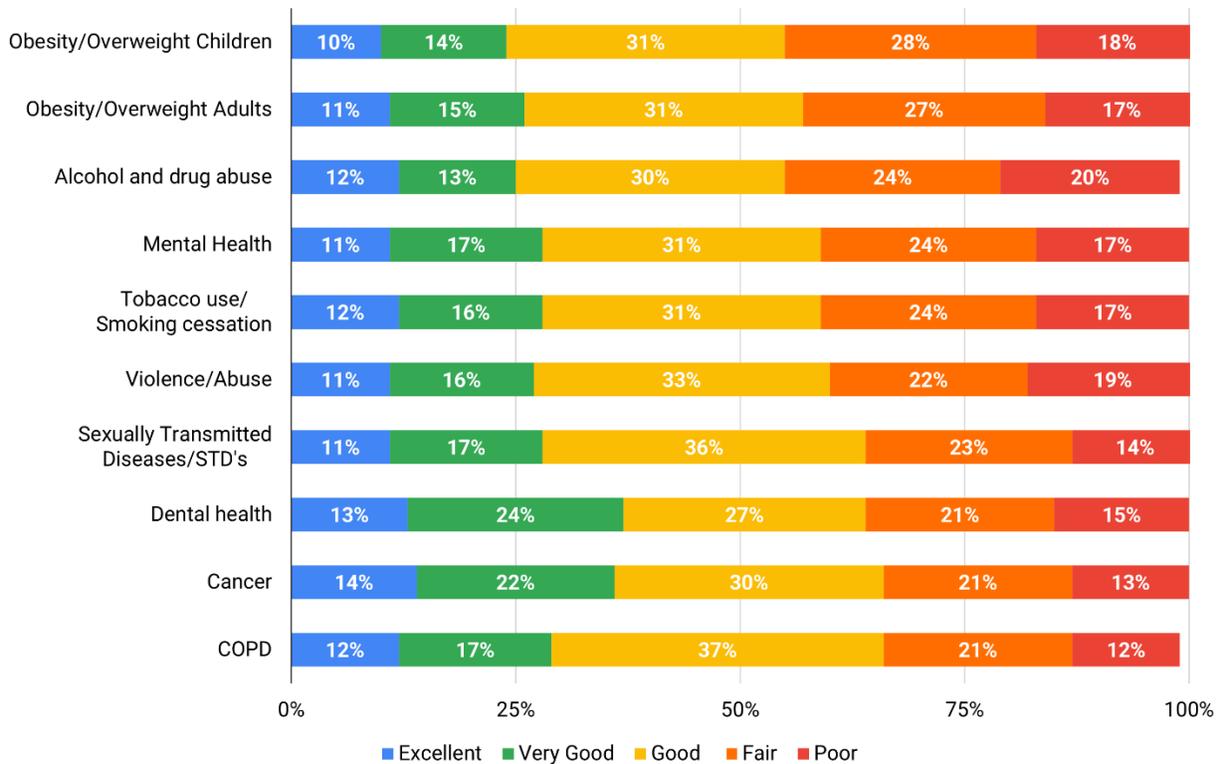


Quality of Support Services

Participants were asked to rate the quality of support services available to their communities. The following chart shows the services they found most lacking.

The top five areas that respondents believe are most lacking in quality of support are services for overweight children and adults, alcohol and drug abuse, mental health, and tobacco cessation.

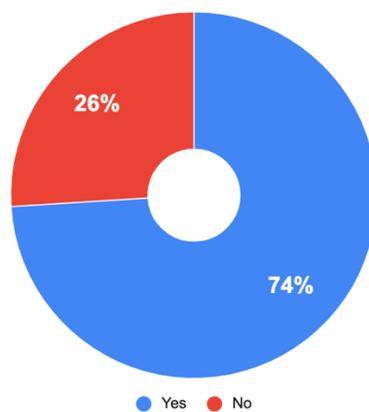
Rate the quality of support services available in the community to meet the following needs:



Access to Care

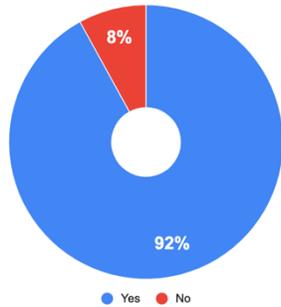
Despite health insurance being a significant concern, most area residents said they have access to a primary care provider. Income is a barrier, however. Among those who earn less than \$25,000, 38% said they lack access to a personal doctor or health care provider. Among those earning from \$25,000 to \$50,000, 30% lack a personal provider.

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

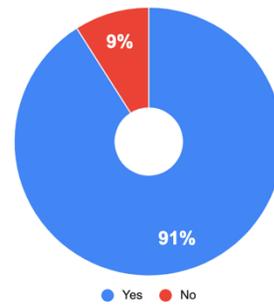


When adults go to the doctor, they generally understand what their provider tells them and the educational handouts the doctor provides. The 8% to 9% who do not always understand tend to be those who are under age 25.

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

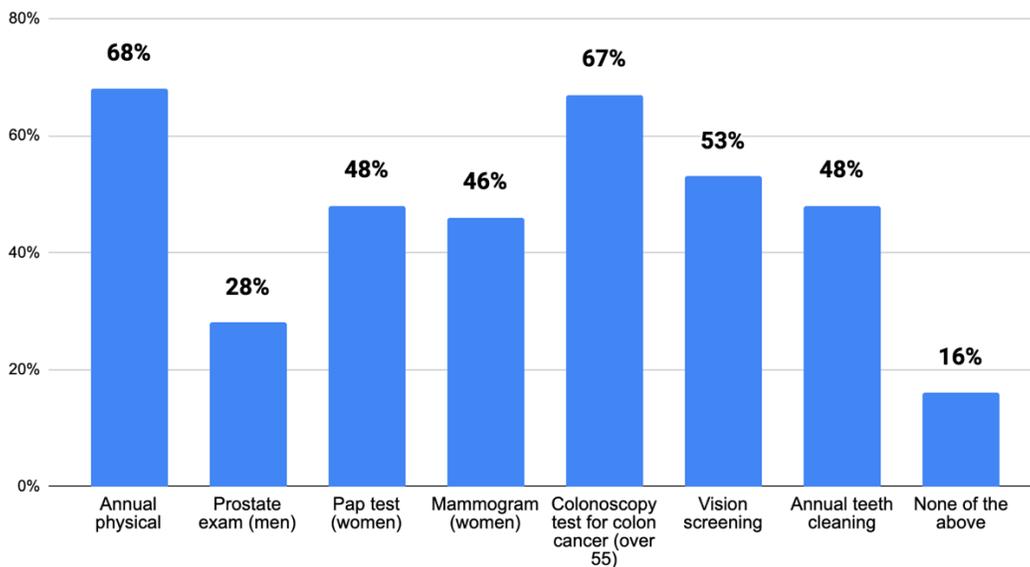


When you visit your doctor/provider, do you generally understand the handouts given to you?



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. Of course, some women are not the targeted age for these services. Looking only at women over age 45, it appears 89% get a mammogram.

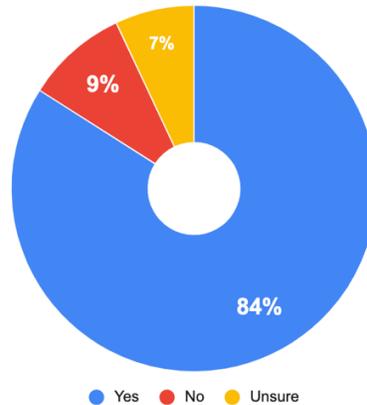
Which of the following is a routine part of your personal health care?



Children's Access to Care

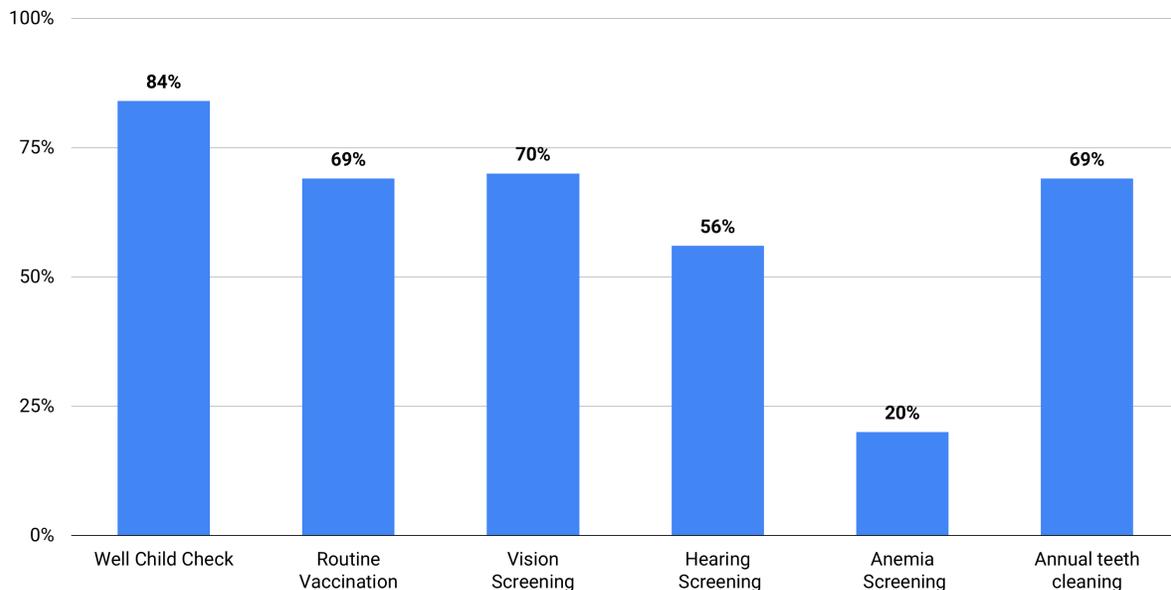
Access to primary care is better for children than for adults. Overall, 84% said their child or children have a personal doctor. Even among the lowest income families, 82% said their children have a personal doctor or health care provider.

Do you have one person you think of as your child/children's personal doctor or provider?



Consistent with the number of parents who said their children have a personal doctor, 84% 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.

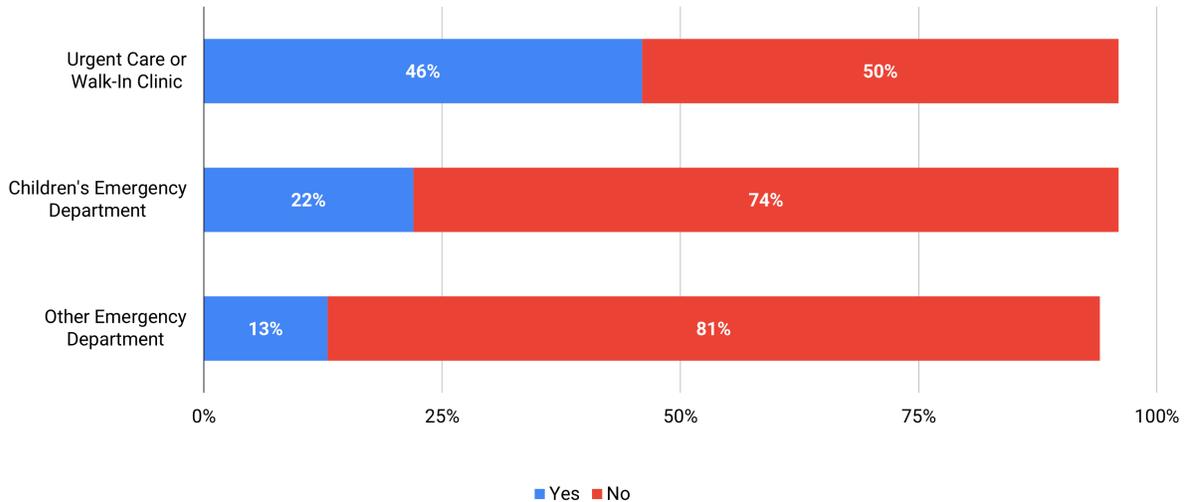
Which of the following tests/screenings are a routine part of your child(ren)'s health care?



In addition to accessing a personal doctor and routine care, almost half of all parents in the research said they have taken a child to an urgent care center or walk-in clinic.

Another 22% said they took their child to a children’s hospital emergency department, most likely Children’s Hospital at Erlanger.

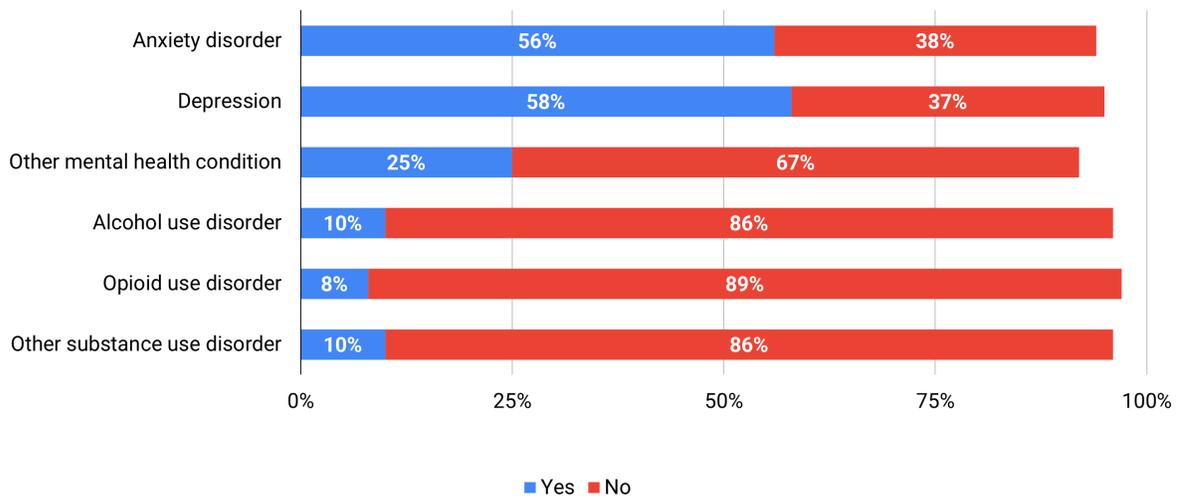
In the past 12 months have you taken your child(ren) to any of the following health services?



Mental Health

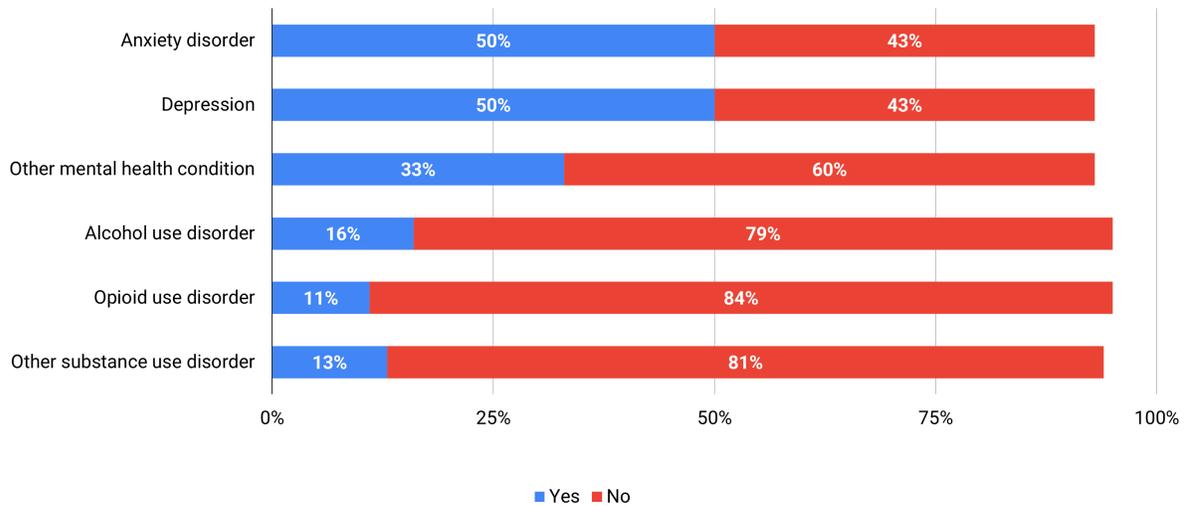
Over half of participants in the research feel they have struggled with some mental health issues at some time in the past. Although there might be no official diagnosis, 56% believe they have had an anxiety disorder and 58% said they have experienced depression. About 10% of respondents said they have had some type of substance misuse disorder.

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



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.

Whether it was diagnosed or not, do you believe someone in your HOUSEHOLD has experienced...?

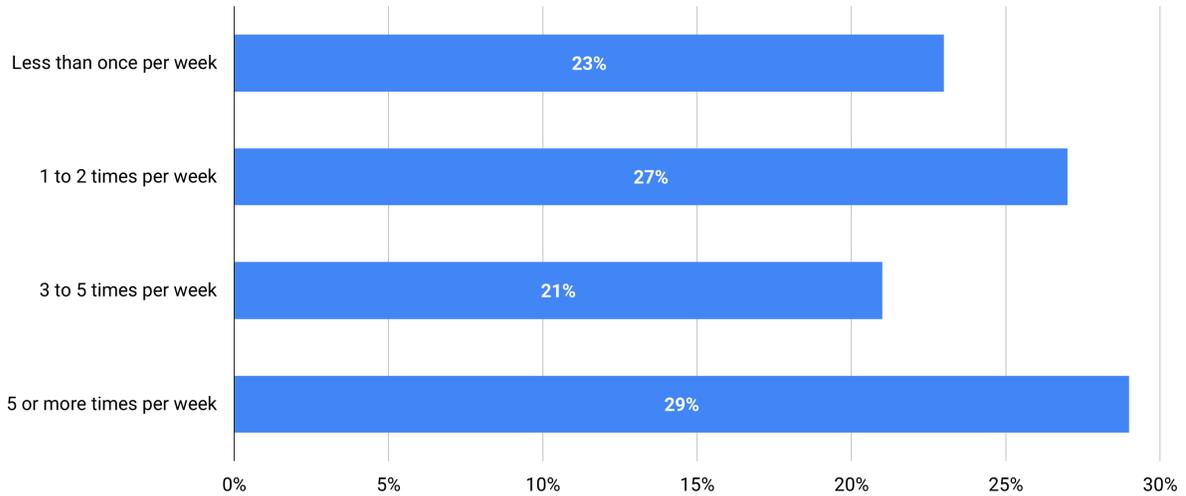


Most adults (58%) in the service area believe they could obtain mental health services if they really needed them, but they are less sure about their ability to pay for those services. When asked how confident they are they could pay for services, only 27% agreed they could.

Isolation

Being isolated or lacking contact with others can contribute to mental health issues. In the Erlanger service area, most adults said they have contact with others at least one or two times per week. The 23% who said they have contact with family or friends less than once per week tend to live in more rural counties. In Meigs County for example, 35% said they see or talk to someone less than once a week.

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)?

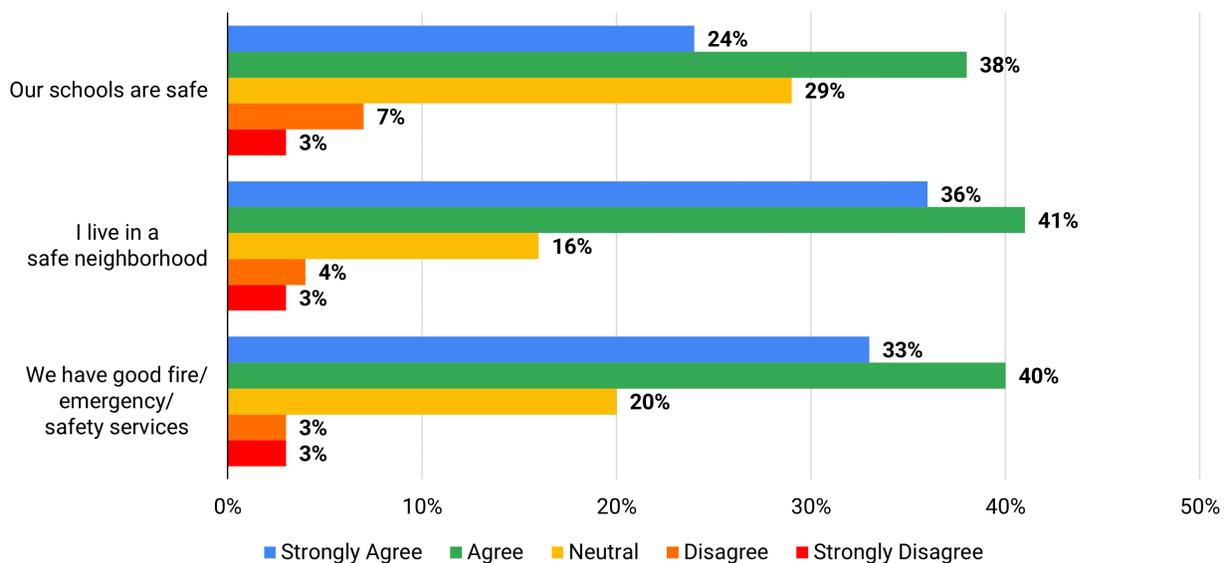


Personal Safety

When asked if they feel physically and emotionally safe where they live, 81% said they do. Those who said they do not feel safe where they live (9%) are more likely to be female, lower income, with less than a high school education.

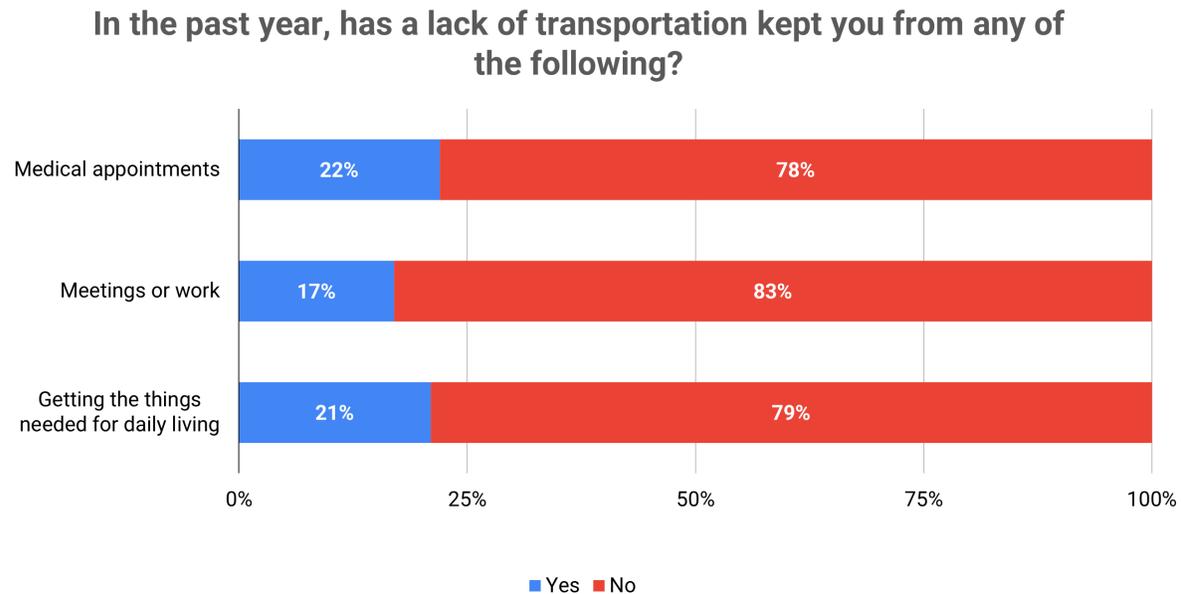
Most residents do agree that their schools and neighborhoods are safe. Further, 73% express confidence in their fire, police, and emergency services. Only 10% or less expressed any level of disagreement about these safety factors.

What is your level of agreement with the following statements?



Transportation

Getting where they need to go is a problem for some. Overall, 22% 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.



It's no surprise that lack of transportation is a greater problem in rural counties, particularly Meigs County, where 45% of respondents said they missed medical appointments.

Access To Basic Services

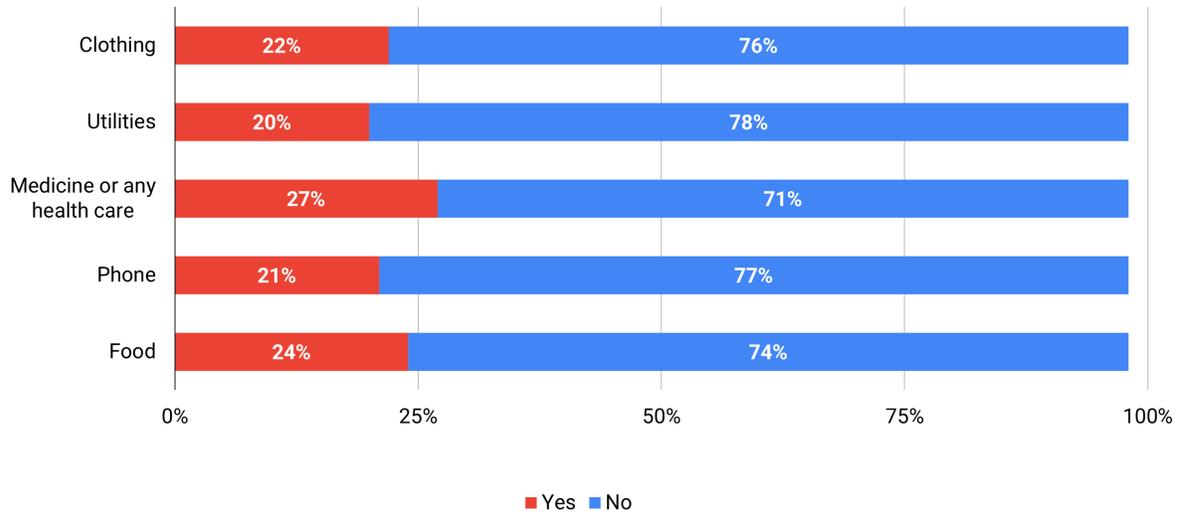
Income levels and the ability to afford basic services like food, housing and medicine are a concern to many in the service area. The research shows that about a quarter of all families in the service area have struggled to fulfill basic needs from time to time.

Among those earning less than \$25,000 annually, 40% have been unable to get medicine or health care when needed at least once in the past year. Within this same lower income group, 35% have been unable to get food.

Those unable to get medicine or healthcare when needed tend to live in counties with more rural populations. In Walker County, an area where CHI Memorial operates a hospital, 42% said they were unable to get medicine or healthcare in the past year. Other counties with elevated difficulties were Meigs (39%), Rhea (37%) and Cherokee (36%). Erlanger operates a hospital in Cherokee County North Carolina.

For contrast, 24% of respondents from Hamilton County said they or a family member have been unable to access medicine or health care in the past year.

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?



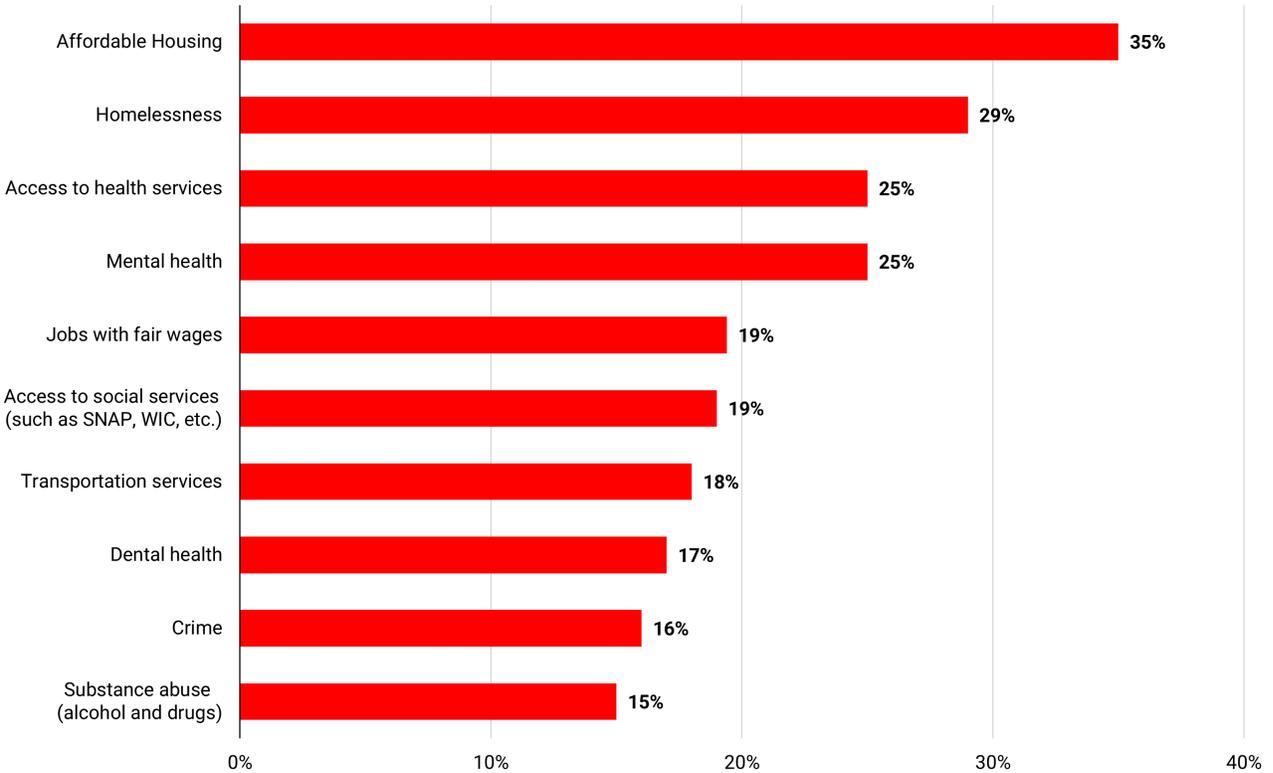
Top 10 Priorities

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 the 700 research participants.

Not all of the top concerns fall within the scope of Erlanger’s historical mission. For example, housing and homelessness are the top issues facing the community, but it would require a fundamental shift in mission for Erlanger to tackle the problem directly.

However, access to health care and mental health care, and also substance abuse, 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

The research identifies that for almost every issue there is about 20% to 25% of the service area that is struggling in some way. Most have a personal primary care provider, but about 25% don't. Most can access health care and medicine when they need it, but about 25% can't. About 20% feel their health is only fair or poor.

Those living in the margins tend to be those who have lower levels of education and lower levels of income.

Residents in the Erlanger service area see these problems, and rank access to health care and mental health 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 community were invited to participate in collaborative discussion groups, or town hall discussions, focused on the community and its health care priorities. In total there were six town hall sessions, each lasting about two hours each. The six sessions were organized to focus on particular assets and interests within Erlanger Health System.

- Erlanger Medical Center -- A diverse group of community leaders focused on community needs related to medical services, wellness and prevention, health education, mental health, community violence and addictions.
- Erlanger East -- This group covered a broad range of health care issues and needs and discussed the need to overcome racial inequities and the need to build trust in the health care system among people of color.
- Children's Hospital at Erlanger -- This large and diverse group had to be split into two discussion pods, but each arrived at similar conclusions. The groups focused on the special health issues related to children and parents with children, including wellness strategies, disease prevention, education, care coordination and mental health.
- Erlanger Community Health Centers -- This group focused on the needs of inner-city neighborhoods, including access to care, food deserts, health education, families in crisis, mental health care and substance abuse.
- Erlanger Bledsoe Hospital -- This group focused on the needs of two rural areas, Bledsoe and Sequatchie counties. Many of the issues identified in this group also apply to other rural communities in the Erlanger service area.
- Erlanger Western Carolina Hospital -- This town hall focused on the needs of three rural North Carolina counties, Cherokee, Clay and Graham. While many the issues discussed by this group apply to other rural counties, this information will be used primarily to inform the EWCH's own Community Health Needs Assessment.

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

Service Area Priorities

All the groups were encouraged to identify and discuss a wide range of issues and ideas. Then after discussion, the groups were asked to identify their top priorities using a facilitated group voting process.

While every issue from every group is potentially important, there are some that generated a lot of discussion in all or most of the groups. Summary descriptions of these larger issues are as follows.

Mental Health

Mental health generated more discussion than any other issue. The primary observation is that there are not enough mental health providers or sources of services within the region, especially to serve those at greatest risk—children and adolescents, the homeless, veterans, the low-income and uninsured, single parents, the elderly, and people of color.

Access to Care

Access can vary depending on where you live. In rural areas, barriers to care more likely to be related to too few primary care and specialty care providers. Transportation is also a more acute issue for those in rural communities. Lack of health insurance is also a barrier.

In the city, where there are more providers and transportation options, financial barriers and lack of insurance are the major obstacles. Cultural barriers, such as educational differences, language, ethnicity, and racial divisions can also be more acute.

Homelessness

Addressing the needs of the homeless was a priority issue from the Erlanger CHNA three years ago. It is complex problem that seems to be getting more acute year after year. Providing housing is outside the mission of Erlanger, but there could be creative approaches and partnerships that could address needs going forward.

Food and Nutrition

As with housing, providing food seems outside the scope of Erlanger's mission. However, there may be opportunities to address this issue consistent with Erlanger's educational purpose and Erlanger's commitment to improving population health.

Wellness and Community Health

This fits well into Erlanger's mission. The complexity here is that wellness and health issues such as obesity, diabetes, lack of fitness, tobacco use, vaping and drunk driving are difficult to address effectively and generate real results.

At-Risk Groups

Participants in each of the groups were asked to consider the people or the groups that are most at risk or the most impacted by the issues they identified. The following is a list of those most at risk as identified in the town hall meetings.

At-Risk People/Groups:

- Unemployed and uneducated, those who have difficulty navigating the healthcare system
- Those who have little education
- Healthcare illiterate
- Large families
- Single-parent homes/Single moms
- Those living in poverty
- People of color
- Those with mental health issues
- Those with borderline dementia
- Those trying to overcome a criminal record
- Families in food deserts
- Elderly with health complications
- Children exhibiting high-risk behavior
- Homeless/homeless veterans
- Disabled
- Children with working parents
- Those without transportation
- Culturally unacclimated
- Uninsured or poorly insured
- People without adequate resources
- Veterans/Individuals with PTSD or who have experienced trauma
- Members of some religious groups
- Those living a high-risk lifestyle
- ALICE* families

**ALICE: Asset Limited, Income Constrained, Employed*

Town Hall Group Voting Results

The following table illustrates the top eight issues for each of the six focus groups, as tabulated following group voting. The issues that generated the most votes across at least four of the groups are shown in bold face.

	EMC	East	EWCH	EBH	Children's Town Hall		
					Grp 1	Grp 2	CHCs
Mental Health / Substance Abuse	1	3	1	3	1	2	1
Violent Crime	2						
Access To Healthcare (Primary & Specialty Care)	3	2	2	1	3	3	
Housing / Homelessness	4	8	6				2
Wellness / Community Health	5		5	4	5		
Under Insured & Uninsured	6						
Transportation	7	5		5			3
Healthy Food Access	8			6		4	6
Patient Education		1					
Care / Service Coordination		4		2			7
Trust Of Medical & Healthcare System		6					
Children's Healthcare		7					
Adverse Childhood Experiences				7			
Elderly Care			3				
Child Daycare / Health / Safety			4		2	2	4
Prenatal Care					4	5	4
Social Services / Family Support				6	7		
Dental Care				7	6		
Early Learning/ Education				8			
Collaboration / Data Sharing						1	

Section H: Community Health Priorities 2023-2025

Based on the entire CHNA process--research, community input, and guidance from the CHNA committee--Erlanger has identified four priorities that the health system is 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 service area. As a result, we propose to:

- Expand behavioral health treatment resources in the area, primarily through partnership with Acadia Health. Expansion opportunities include the conversion of Erlanger North Hospital to a behavioral health facility operated by Acadia, greatly expanding inpatient and outpatient treatment options available in the Chattanooga 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 Erlanger service area.

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 service area, there are still many communities where access can be an issue. The areas with the greatest need include, but are not limited to, rural communities 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, especially in rural communities where Erlanger provides hospital-based services. Specific needs for specialty care identified in the town halls include women's services in Cherokee County.

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

Care Coordination

Every major hospital, and especially those that serve as the public, safety-net provider 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.

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 proposes to engage in community partnerships with potential educational partners like the University of Tennessee at Chattanooga, the University of Tennessee College of Medicine, Chattanooga State, and Hamilton County Schools, as well as clinical partners like the Chattanooga/Hamilton County Medical Society, and even other health systems, 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	Yes	No	DK
Depression	Yes	No	DK
Other mental health condition	Yes	No	DK
Alcohol use disorder	Yes	No	DK
Opioid use disorder	Yes	No	DK
Other substance use disorder	Yes	No	DK

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

Anxiety disorder	Yes	No	DK
Depression	Yes	No	DK
Other mental health condition	Yes	No	DK
Alcohol use disorder	Yes	No	DK
Opioid use disorder	Yes	No	DK
Other substance use disorder	Yes	No	DK

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

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

Medical appointments	Yes	No	DK
Meetings or work	Yes	No	DK
Getting the things needed for daily living	Yes	No	DK

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

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 East - Thursday, May 19, 2022

Monica Jones, MD
Cynthia Johnson
Julia Friedman
Silvia McCray
Skye Clayton
Rachel Coffee
Ternae Jordan
Libby Winks
Shanna Winks
Bill Clossin
Martin McKay
Brandon Gibson
Amanda Dermott
Bill Stiles

Erlanger Medical Center - Wednesday, May 25, 2022

Daniel Lamsey
Shannon Stephenson
Zac McCullough
Chuck Alsobrook
Tara Konrad
Jennifer Fritts
Steve Henson
Carleena Angwin
Janie Burley
Chassity Shaw
Elizabeth Culler, MD
Steve Burkett
Meredith O'Keefe
Steven Fox, MD
Sondra McGinnis
Elizabeth Appling
Carol Talerico
Felicia Wessen
Laura Navarro
Martin McKay
Brandon Gibson
Amanda Dermott
Bill Stiles

Dodson Avenue Community Health Center - Thursday, May 26

Lashala Letisia,
Garcia Sanchez
Victoria Jocsing
Veronica Peoples
Emma Bowling
Taneka Albert
Nikki Miller
Aleeta Rivers
Martin McKay
Amanda Dermott
Brandon Gibson
Bill Stiles

Erlanger Western Carolina - Wednesday, June 1, 2022

Tom O'Brien
Todd Goins
David Badger
Sara Wilson
Beth Booth
Tim Radford
Jessica Orton/Mariano
Robin Caldwell
Danny Clayton
Doug Vuick
Sam Davis
Paul Worley
Jenni Irwin
Latesha Wiggins
Kristen Shuler
Diana Bowleg-Swan
Monique Matheny
Amanda Berry
Teresa Bowleg
Wesley Phillips
Martin McKay
Brandon Gibson
Bill Stiles

Children's Hospital - June 2, 2022

Andrea Goins
Carmen Hutson
Celeste Murphy
Heather Hicks
Jeffrey Bennett, Dr.
Judge Rob Philyaw
Justin Robertson

Karitsa Jones
Katy Spurlock
Kelyse Mauldin
Kristen McCallie
Luise Vincent
Marissa Moyers
Ruben Muriente
Sabrina Novak
Shawn Kurrelmeier-Lee
Stacy Lightfoot
Y Matthews
Lesley Searce
Pam Smith
Ellen Dowling
Laura Navarro
Maranda Clark
Martin McKay
Steve Burkett
Brandon Gibson
Mandy Dermott
Charles Woods, MD
Bill Stiles

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