



# Community Health | 20 Needs Assessment | 25

Chattanooga-Hamilton County Hospital Authority **D/B/A**



#### **Southside**

3800 Tennessee Ave, Ste. 124  
Chattanooga, TN 37409

#### **Dodson Avenue**

1200 Dodson Ave.  
Chattanooga, TN 37406

#### **Premier Health**

251 N. Lyerly St, Ste. 300  
Chattanooga, TN 37404

# **COMMUNITY HEALTH NEEDS ASSESSMENT**

**Chattanooga-Hamilton County Hospital Authority**

**D / B / A**

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**June 30, 2025**

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## Section A: Hospital Profile

### Overview

**Erlanger Health, Inc.** is a non-profit health system that includes six hospitals in Tennessee and North Carolina. Four of Erlanger's hospitals are located in Hamilton County, Tennessee. These include the region's only academic medical center, **Erlanger Medical Center**, which is affiliated with the University of Tennessee College of Medicine.

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.

Erlanger's **Community Health Centers (EHC)** operate as a three-site, Federally Qualified Health Center (FQHC) that provide essential primary care, specialty medicine, and other essential health services on a sliding fee scale to medically underserved residents of the Chattanooga area. Services are provided regardless of a patient's ability to pay. On July 1, 2023, Erlanger Health, Inc., became a private non-profit healthcare organization and EHC became an independent entity which continues to operate under the Chattanooga-Hamilton County Hospital Authority, which operates with its own independent Board of Trustees.

The core services of the EHC are provided by a team of board-certified or board-eligible pediatricians, internal medicine physicians, as well as nurse practitioners and dentists who focus on comprehensive primary care and specialty services. The medical team also facilitates access to emergency care and hospitalization at Erlanger Medical Center.

Providers also provide same-day appointments and telemedicine services to meet urgent health care needs.

EHC also provides social support services such as insurance counseling and the Women, Infant and Children's (WIC) Program. They provide onsite pharmacy services in cooperation with CVS. EHC also provides programs like disease management which include diabetes management, wellness programs, smoking cessation, COVID-19 testing, dental care, and more.

### 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

In accordance with Section 330(k)(3)(H) of the Public Health Service Act, ECHC is governed by its own Board of Trustees. The Community Health Centers' board must consist of at least nine members, of which the majority must be patients. Non-patient board members must be representative of the community served by the health centers and must be selected by their expertise in relevant subject areas.

<b>ECHC Board of Trustees</b>	<b>Representation</b>
Ken Jones - Board Chairman	Community
Rosemary Geiger - Board Vice-Chair	Community
Quintin Alford, Secretary	Community
Tracy England	Community
Gregg Gentry	Community
Cihan Johnson	Community
Afton Jones	Community
Cheril Varghese	Community
Mitch Mutter, MD	Erlanger Health
Lemon Williams	Erlanger Health
Catherine Spruce	Community

## **Section B: CHNA Process, Methods and Information**

### CHNA Leadership

Development of this 2025 Community Health Needs Assessment was led and supported by a team of Erlanger executives and clinicians. We express appreciation to the following team members.

#### **2025 CHNA Committee**

Tyler Winks, MBA, EVP & COO – Erlanger Health  
Teresa Bowleg, MSN, RN, Administrator - Erlanger Western Carolina Hospital  
Deborah Spielman, VP & CEO, Children's Hospital @ Erlanger  
Tom Basco, MD, VP & Medical Director, Children's Hospital @ Erlanger  
Stephanie Boynton, VP & Market CEO, Erlanger Western Carolina Hospital & Erlanger Bledsoe Hospital  
Rita Bunch, MPH, CEO – Erlanger East & North Hospitals  
Monica Jones, MD, VP & Medical Director - Erlanger East & North Hospitals  
Glenn Curry, MHA, Director – Innovation & Strategy  
Mark Stafne, MBA, VP – Chief Growth Officer, Erlanger Health  
Richard Oldacre, MS, COO, Erlanger Community Health Centers  
Martin McKay, MSH, MBA, Senior Strategic Planner, *CHNA Committee Chair*  
Ellen Dowling, Director – Business Development, Children's Hospital @ Erlanger  
Shawna Dailey, Administrative Office Supv., Erlanger Western Carolina Hospital  
Brenda Reece, Executive Assistant, Erlanger Bledsoe Hospital  
Wynne Brady, Executive Assistant, Children's Hospital @ Erlanger

To provide research, facilitation, and coordination support for development of its CHNA, Erlanger contracted with 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.

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

Bill Stiles, Director of Strategy and Research  
Haley Johnson, Account Director  
Ben Macgowan, Project Specialist

Erlanger also employed Wilkins Research Services, a Chattanooga-based research and data collection company with more than 50 years of experience conducting community research for health care organizations and other industries. WRS is a member of the Market Research Association and is a Certified Women's Business Enterprise.

## CHNA Process and Methods

The completion of the 2025 Erlanger CHNA followed a six-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 620 adult residents of the Erlanger service area in April and May, 2022. A total of 202 Hamilton County residents were included in the overall sample

With a sample of 620 randomly selected participants, Erlanger's research has a confidence interval of 4% at the 95% confidence level. For Hamilton County only, a sample of 202 yields a confidence interval of 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 eight (8) focus groups that were approximately two (2) hours in duration. A list of all participants can be found in the appendix to this document.

The eight groups were as follows:

- |                                  |                             |
|----------------------------------|-----------------------------|
| • Erlanger Medical Center        | Tuesday, January 21, 2025   |
| • Children's Hospital @ Erlanger | Wednesday, January 22, 2025 |
| • Erlanger Bledsoe Hospital      | Tuesday, January 28, 2025   |



- Erlanger Western Carolina Hospital Thursday, January 30, 2025
- Erlanger North Hospital Monday, February 3, 2025
- Erlanger Behavioral Health Hospital Tuesday, February 4, 2025
- Erlanger East Hospital Wednesday, February 5, 2025
- Erlanger Community Health Centers Thursday, February 20, 2025

Guided by facilitators from Erlanger and The Johnson Group, those in the focus groups discussed a wide range of health care issues and priorities and then prioritized them through group voting. The results of all the focus group 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 2025 - 2028, 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 Directors for review, approval and adoption.

### Information

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

- Erlanger Health
- Tennessee Department of Health
- Public Health Department, Hamilton County, Tennessee
- U.S. Census Bureau
- Centers for Disease Control
- National Institutes of Health
- 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 / [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- America's Health Rankings / [www.americashealthrankings.org](http://www.americashealthrankings.org)
- Sg2 ("Claritas") Demographic Profile Data
- Western North Carolina Health Network ("WNCHN") 2024 Health Data Book
- Western North Carolina Health Network ("WNCHN") → Healthy Impact Community Health Survey

## Section C: Update on 2022 Priorities

### Identified Health Need – No. 1 – Expansion Of Mental & Behavioral Health Resources

- (1) Expand behavioral health treatment resources in the area, primarily through partnership with Acadia Health.
- (2) Evaluate launch of a new Graduate Medical Residency Program in Psychiatry & Behavioral Health, with UT College of Medicine.

#### Response

- (1) Leased Erlanger North Hospital faculty to Acadia Health, adding 48 Inpatient behavioral health beds to the service area.
- (2) Creation of new Psychiatry / Behavioral Health service line which includes 2 full time Psychiatrists (1 Pediatric) and 2 licensed counselors. Currently developing a Transitional Care Clinic for ambulatory care.
- (3) Phase I of development for new Graduate Medical Residency Program is currently in process. This will be a multi-year development effort with the University of Tennessee – College of Medicine. However, future circumstances beyond Erlanger's control may influence ultimate implementation.

### Identified Health Need – No. 2 – Expand Access To Primary & Specialty Care

Despite success in recent years recruiting new primary care providers to the Erlanger service area, there are still communities where access can be an issue. The areas with the greatest need include, but are not limited to, rural communities.

#### Response

Over the last 2 FY's (2023 & 2024), Erlanger has recruited ...

- (1) Total 65 providers ... 18 physicians & 47 mid-level providers.
- (2) Primary care 26 providers ... 9 physicians & 17 mid-level providers.
- (3) Specialty care 39 providers ... 9 physicians & 30 mid-level providers.

### Identified Health Need – No. 3 – Care Coordination

Safety net hospitals like Erlanger care for patients who present for services far more often than average, usually through the Emergency Department, and are admitted multiple times per year for the same chronic condition. Unequal resources are consumed and yet do not provide improvement in ambulatory care management or quality of life. The 2022 focus groups identified care coordination for such patients as a priority.

Response

We contacted twenty-one (21) health systems around the country with only two (2) responding. Approximately .075% of net revenue seems to be a benchmark for a Community Health Dept. For Erlanger, this would be approximately \$825,000 per year.

Erlanger Case Mgmt. Dept. has hired approximately 8 new Social Workers over the last 2 years. For a referred case, the Dept. spends approximately 0.5 hour performing SDOH activity ... thus, approximately 1.3 FTE's in CY 2024. Further, the Erlanger Quality & Population Health Dept. has ten (10) Patient Centered Medical Home ("PCMH") Care Coordinators, 4 of which concentrate solely on patients with chronic conditions.

Identified Health Need – No. 4 – Healthcare Literacy

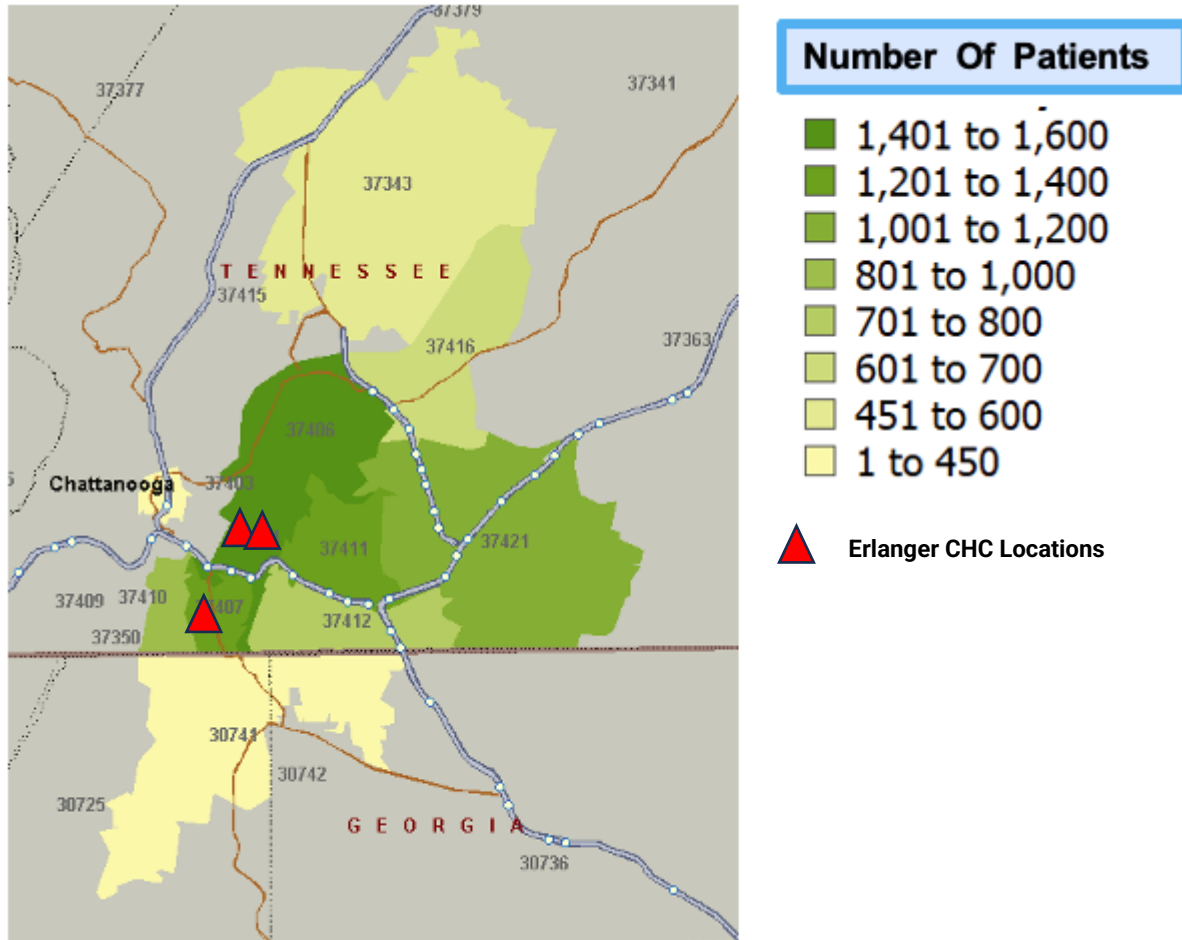
Healthcare literacy ... those lacking in health care understanding or health related literacy ... are often among the most at risk in the community, either because of education, income level, age, ethnicity or other factors.

Response

Erlanger conducted over 400 education events for community groups in regional service area (primary service area & secondary service area) during CY 2024. Prior year data on this activity is sparse.

## Section D: Service Area Description

According to Census reporting, the 2025 population of Hamilton County was 374,679. The greatest concentration of the county's population lives in and around the urban areas of Chattanooga. Several urban zip codes are populated by families with lower income. The map below illustrates 2024 patient origin from zip codes in and around Hamilton County.



For FY 2024, Erlanger Community Health Centers cared for 13,345 patients, most of them from neighborhoods near central Chattanooga and southern Hamilton County. As the table below illustrates, a majority of ECHC patients come from five major zip codes.

## Patient Origin By Zip Code

Zip Code	Description	Patients		%	
		2021	2024	2021	2024
37406	East Chattanooga	1,990	1,559	12.7%	11.7%
37404	East Chattanooga	1,647	1,403	10.5%	10.5%
37411	Brainerd	1,551	1,339	9.9%	10.0%
37407	South Chattanooga	1,448	1,399	9.2%	10.5%
37421	East Brainerd	1,260	1,115	8.0%	8.4%
37410	Alton Park	1,034	986	6.6%	7.4%
37412	East Ridge	834	768	5.3%	5.8%
37416	Harrison / Hwy 58	723	619	4.6%	4.6%
37343	Hixson	574	521	3.7%	3.9%
30741	Rossville	433	418	2.8%	3.1%
37402	Chattanooga / Downtown	482	411	3.1%	3.1%
	<i>Sub - Total</i>	11,976	10,538	76.3%	79.0%
	Other	3,718	2,807	23.7%	21.0%
	<i>Total</i>	15,694	13,345	100.0%	100.0%

Source: Erlanger Internal Data

Patients do come from surrounding counties, however. The following table illustrates that 13% of CHC patients travel from contiguous counties seeking care.

## Patient Origin By County

County	Patients		%	
	2023	2024	2023	2024
Hamilton	12,532	11,714	87.2%	87.8%
Bradley	206	202	1.4%	1.5%
Marion	128	99	0.9%	0.7%
Rhea	73	73	0.5%	0.5%
Walker	619	599	4.3%	4.5%
Catoosa	235	194	1.6%	1.5%
Dade	135	111	0.9%	0.8%
Whitfield	182	138	1.3%	1.0%
Other	264	215	1.9%	1.7%
<i>Total</i>	14,374	13,345	100.0%	100.0%

Source: Erlanger Internal Data

## Insurance Coverage/Payer Mix

The table also shows that for 2025 ECHC patients are projected to be almost evenly divided between patients who are covered by commercial insurance plans, and those covered by Medicare, Medicaid or by plans provided through the healthcare marketplace. Just under 9% are not covered by insurance at all.

Estimated Insurance Coverage CY 2025				
Claritas Payor Class	Hamilton County		Top Zip Codes	
	Population	%	Population	%
Commercial	36,439	9.3%	20,477	8.8%
Commercial / Managed Care	138,626	35.5%	86,112	36.8%
Medicare	83,627	21.4%	49,990	21.4%
Uninsured	33,538	8.6%	21,537	9.1%
Other / Unknown	12,528	3.2%		0.0%
Medicaid / Insurance Marketplace	85,991	22.0%	55,862	23.9%
Total	390,749	100.0%	233,978	100.0%

Source: Sg2 / Claritas Data

## Age Profile

The age profile of the ECHC service area is generally the same as Hamilton County overall. In the county, approximately 28% of residents are under the age of 18, while almost 19% are over the age of 65.

The median age in Hamilton County is 39.5 years.

Service Area Age Profile				
	Age Cohort			
	0 - 5	6-18	19 - 64	65 +
Hamilton County	5.8%	21.8%	53.7%	18.7%
Tennessee Avg.	5.4%	22.0%	54.5%	17.4%

Source: US Census Bureau, July 2024

## Race and Ethnicity

Hamilton County is more racially diverse than other counties in the Erlanger service area. The top 11 zip code areas served by the Community Health Centers are even more diverse, as illustrated in the following table.

### Race / Ethnicity Comparison -- CY 2024

Race / Ethnicity	Hamilton County		Top Zip Codes	
	Population	%	Population	%
White - Non-Hispanic	257,458	65.9%	137,577	56.5%
Black Non-Hispanic	63,046	16.1%	60,100	24.7%
Hispanic	32,799	8.4%	27,350	11.2%
Asian / Pacific Islander	9,126	2.3%	5,901	2.4%
All Other	28,320	7.3%	12,578	5.2%
<i>Total</i>	390,749	100.0%	243,506	100.0%

Source: Sg2 / Claritas Data

Almost 44% of those living the CHC's top 11 zip codes are persons of color and/or of Hispanic ethnicities. This compares to about 33% of the county overall.

### Income

The areas served by the Community Health Centers tend to be lower in average income than Hamilton County overall. The estimated median household income for Hamilton County for 2025 is \$73,611.

The following table shows that the top zip codes from which CHC patients come have more lower-income households and fewer upper-income households. For example, 44% of CHC patients from its top 11 zip codes earn less than \$50,000 annually, and 60% earn less than \$75,000.

The United Way of Greater Chattanooga estimates that 1 in 3 households in Hamilton County are ALICE families, which stand for Asset Limited, Income Constrained, Employed. ALICE families work—often in multiple jobs—yet still do not earn enough to provide for needs of daily living. It is estimated that over 39,000 households in the county fall into this vulnerable category.

### Household Income Comparison -- CY 2024

<u>Household Income</u>	<u>Hamilton County</u>		<u>Top Zip Codes</u>	
	<u>Population</u>	<u>%</u>	<u>Population</u>	<u>%</u>
< \$ 25 K	26,971	17.3%	21,222	21.1%
\$ 25 - 50 K	30,895	19.8%	22,684	22.6%
\$ 50 - 75 K	24,540	15.7%	16,053	16.0%
\$ 75 - 100 K	20,393	13.1%	12,500	12.5%
\$ 100 - 200 K	38,376	24.6%	21,642	21.6%
> \$ 200 K	14,776	9.5%	6,235	6.2%
<i>Total</i>	155,951	100.0%	100,336	100.0%

*Source: Sg2 / Claritas Data*

### Educational Attainment

According to census data, Hamilton County has the highest levels of high school graduates and college graduates within the Erlanger service area. This is not necessarily true of the ECHC service area, however. Lower incomes are often associated with lower educational attainment, and that pattern appears to be reflected in the CHC patient data.

The following table illustrates that CHC patients from the zip codes that provide the most CHC patients have higher levels of those who did not finish high school and lower levels of those earning a Bachelor Degree or higher.

However, the rate of those attending college and/or earning an associates degree is virtually equal with Hamilton County overall.



### Educational Attainment -- CY 2024

<b>Education Level</b>	<b>Hamilton County</b>		<b>Top Zip Codes</b>	
	<b>Population</b>	<b>%</b>	<b>Population</b>	<b>%</b>
Less Than High School	26,032	9.7%	22,028	12.7%
High School Diploma	66,006	24.5%	48,528	28.0%
Associate Degree / Some College	88,463	32.9%	57,559	33.3%
Bachelor Degree Or Higher	88,560	32.9%	44,937	26.0%
<i>Total</i>	269,061	100.0%	173,052	100.0%

Source: Sg2 / Claritas Data

(\*) Note --> Includes > 25 years of age.

### Observations from Service Area Data

The Erlanger Community Health Centers service area is concentrated on inner city communities and includes at-risk neighborhoods that are characterized by lower income and lower levels of education.

However, the service area data also show that the CHC are attracting patients from a wider area than just Chattanooga's inner city. Significant numbers of patients come to the CHC's from suburban and rural zip codes. Most of them, 91%, have some form of insurance coverage.

So, the CHC service area is complex, and it might undergo change spurred by factors such as the aging population, the Affordable Care Act, and lower unemployment.

## Section E: Community Health Status

The ECHC service area is diverse in population density, age, education, income, disabilities, and other measures. The region is also diverse in terms of key health indicators and health improvement priorities.

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 ... 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.”*

### 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. The findings for Hamilton County are more positive but are still high enough to spark concern.

	Hamilton
<b>Percent Reporting Fair/Poor Health</b>	<b>17%</b>
<b>Poor Physical Health Days in Past 30 Days</b>	<b>3.9</b>
<b>Poor Mental Health Days in Past 30 Days</b>	<b>5.5</b>

Source: County Health Rankings and Roadmaps, [www.countyhealthrankings.org/2025](http://www.countyhealthrankings.org/2025)

### Access To Care

Providers of care available to treat those with physical and mental issues are concentrated in urban Hamilton County, which is a positive for the CHCs.

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 370 people, which is considerably better than some of the rural contiguous counties.

	Hamilton
<b>Population to Primary Care Ratio</b>	<b>910/1</b>

<b>Population to Mental Health Providers Ratio</b>	<b>370/1</b>
<b>Ratio to Dentists</b>	<b>1,260/1</b>
<b>Uninsured</b>	<b>12%</b>

Sources: American Community Survey, 2025 and County Health Rankings and Roadmaps, 2025

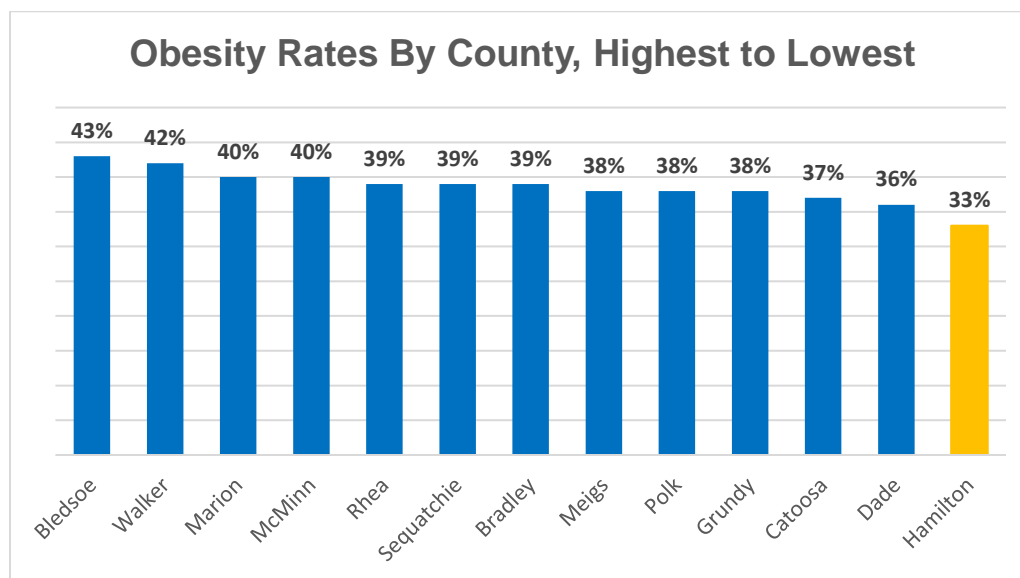
Access to dental care can be equally difficult without travel to a population center. Consumer research identifies access to dentists is a major concern for many in the region.

One of the biggest barriers to care is the lack of insurance. The uninsured rate is consistent across most of the service area at 12% to 13%.

### Obesity

High rates of obesity continue to be a worrisome health issue in Hamilton County and across the region. Obesity rates are lower in Hamilton, but are still considered high. At least a third of those in the Erlanger primary service area are obese, and many more are overweight.

Obesity is commonly defined in these studies as a BMI of 30 or greater. Obesity leads to reduced mobility and quality of life. It also contributes to early death related to heart disease, stroke, cancer, diabetes and other serious conditions.



Source : Centers for Disease Control, 2025

The Hamilton County Public Health Department Annual Report for 2023 reported that Type 2 Diabetes levels exceeded 22% among Black residents in the county, considerably higher than other races measured in their research. Also among Black residents, 58.7% reported high blood pressure, a rate 20 percentage points higher than White residents.

Though broader in scope to include more social issues, Health Department research parallels much of the data collected by Erlanger on Hamilton County health priorities. For its 2023 report, the Health Department identified the following top 10 major community problems:

**Hamilton County Health Department  
Top 10 Major Problems Overall / 2023**

1. Access to affordable housing
2. Availability of affordable childcare
3. Gun safety
4. Substance abuse
5. Litter and dumping
6. Access to medical health care
7. Racism
8. Access to transportation
9. Climate
10. Access to good paying jobs

Community Health Status Observations

Communities within the ECHC service area struggle with many of the issues that challenge communities across the country.

Our survey data survey points to several key health needs that are important to the ECHC service 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 broader Erlanger service area. 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 services. The shortage of providers in some areas create a wide service gap. The supply of qualified mental health professionals is limited.
- Addressing the growing issue of adult obesity which contributes to more chronic illness, more health visits, increased hospitalizations and early death.

## Section F: Erlanger Community Health Research

To better understand potential health issues in the community, Erlanger conducted a primary research study of 620 adults from across the service area. The research was collected online and via telephone using a detailed questionnaire that covered a wide range of health issues such as community health, access to care and health care literacy. The research included wide and representative ranges of ages, counties, living conditions, income levels, races, ethnicities, and educational levels.

With a sample of 620 randomly selected participants, Erlanger's research has a confidence interval of 4% at the 95% confidence level.

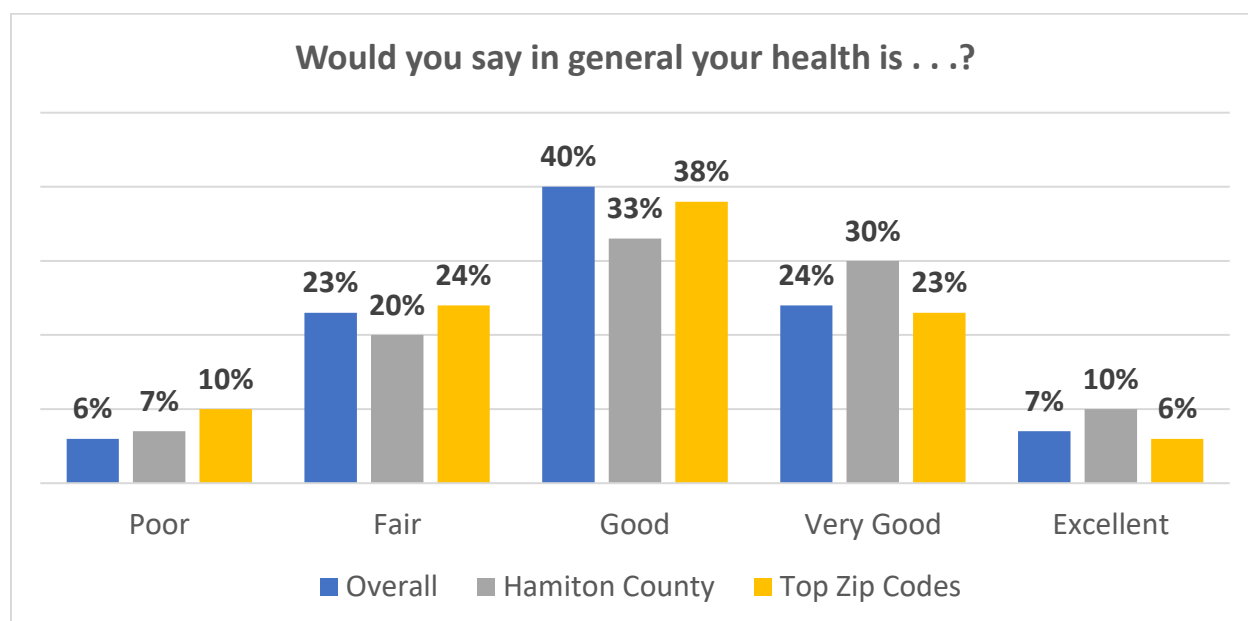
For the purposes of the Community Health Centers, however, we are focusing on the 202 adult interviews completed in Hamilton County. A sample of 202 yields a confidence interval of 7% at the 95% confidence level.

The research also collected 155 interviews from the top 11 zip codes served by ECHC. That sample size yields a confidence interval of 8%. All of these measures indicate a highly reliable and usable study.

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

### Overall Health

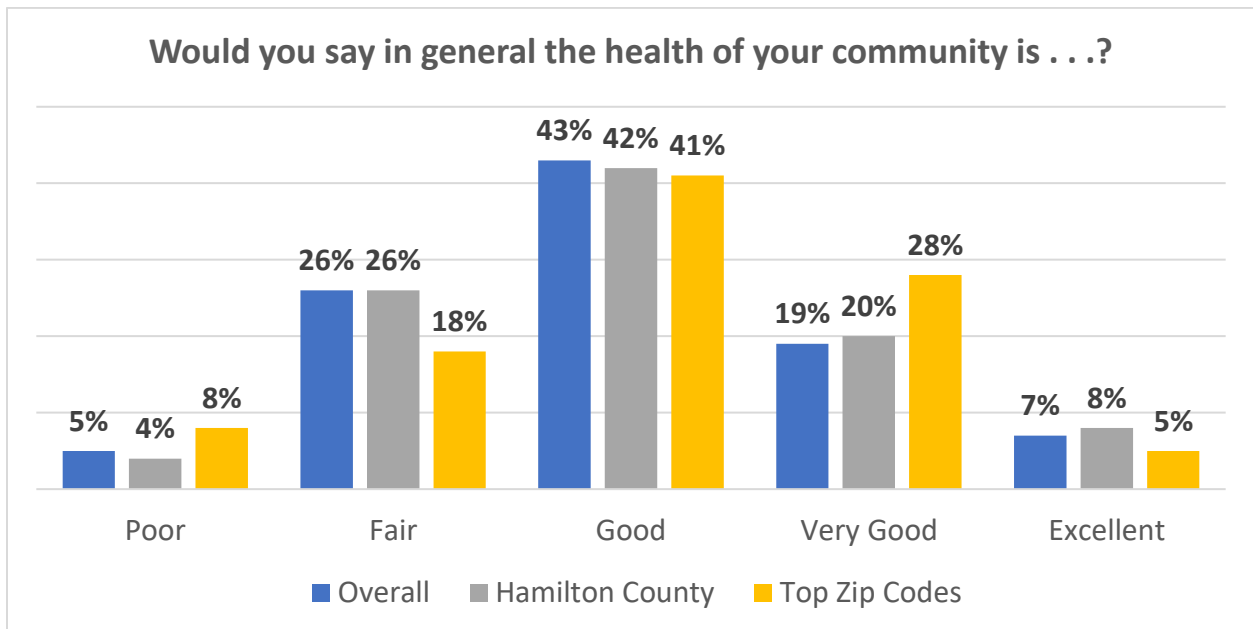
Most adults in the Erlanger and CHC service areas feel positive about their overall health. Within Hamilton County, 73% described their health as good, very good or excellent, and only 7% said their health is poor.



The health of those living in ECHC's top 11 zip codes seem less positive, as least on the extreme ends of the chart. Only 6% of those from the top 11 zip codes said their health is excellent while 10% categorized their health as poor.

### Community Health

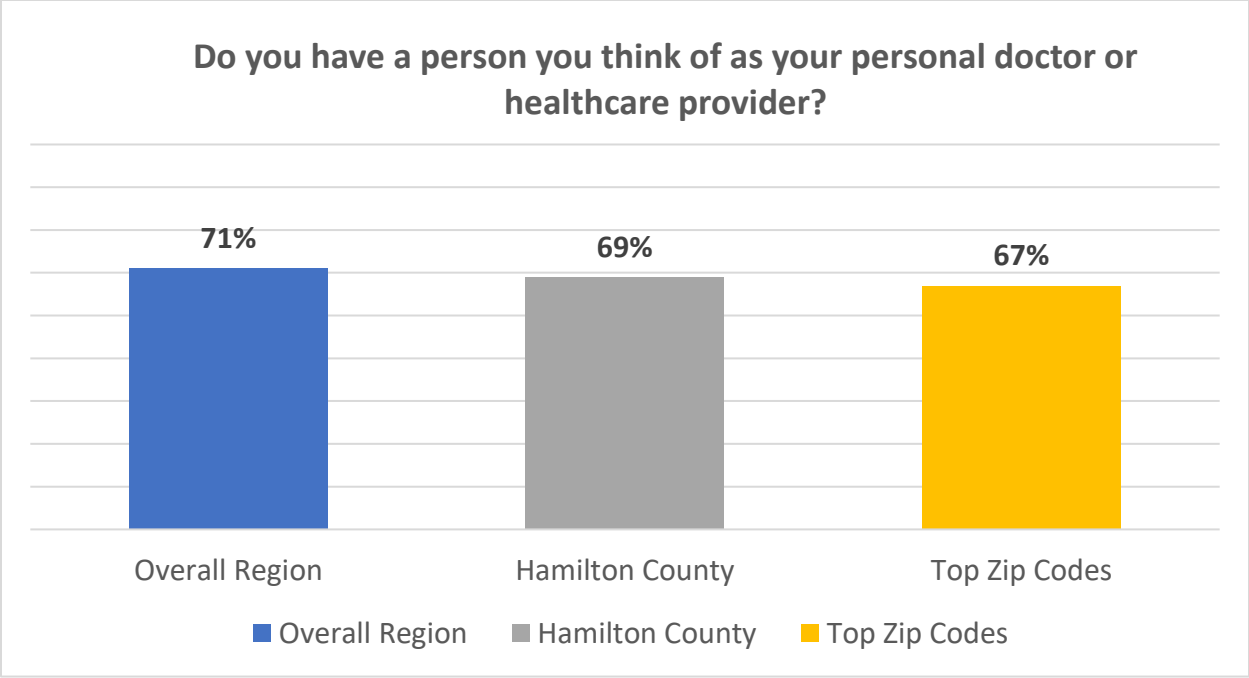
Those living in ECHC's top 11 zip code service areas seem to be quite positive about the health of their communities, slightly more positive than Hamilton County overall. In fact, one-third (33%) said the health of their community is very good or excellent, compared to 28% among all responses from Hamilton County, and 26% from the region.



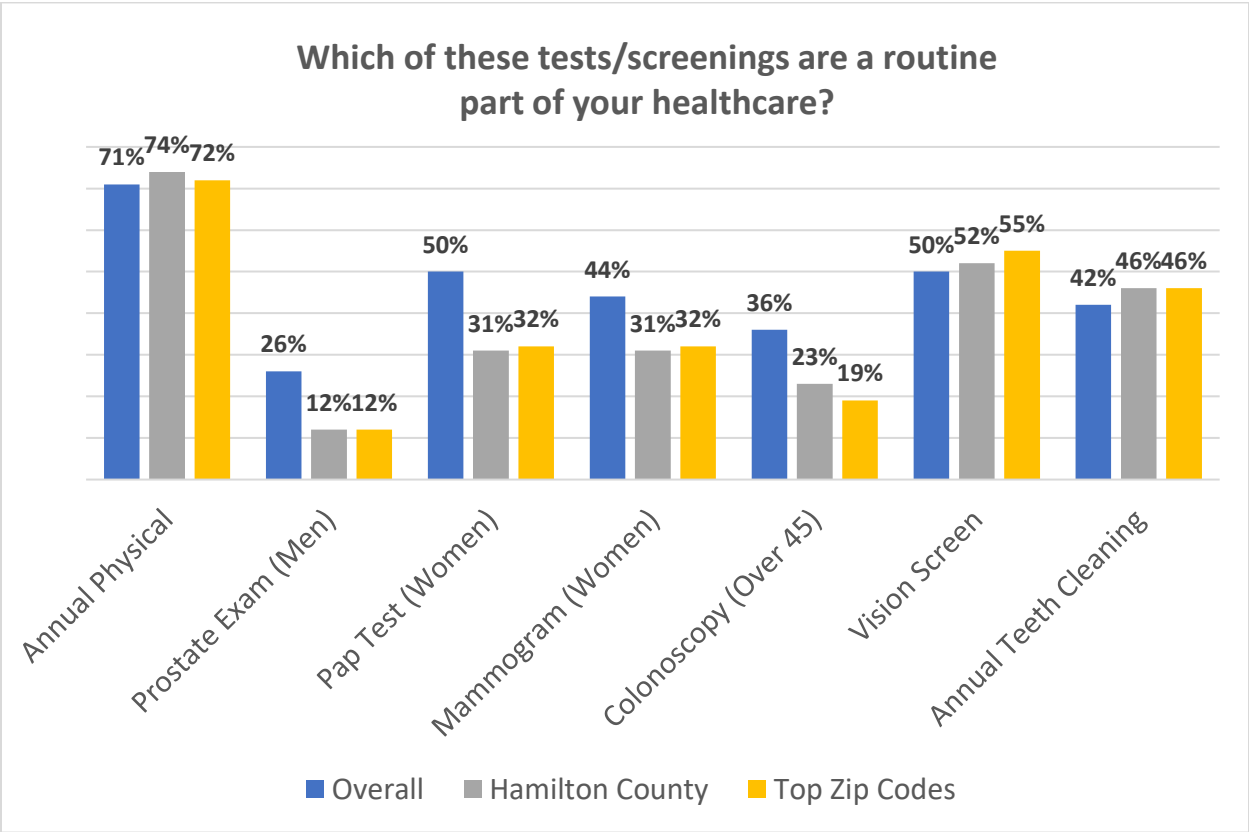
### Access to Providers

Adults living in ECHC's top 11 zip code areas report having access to health care providers at rates similar to the county and the region overall, albeit a bit lower.

Just over two thirds of respondents from the top 11 zip codes report having a personal doctor or healthcare provider, compared to 69% across Hamilton County. Of course, that means that a third of adults in ECHC's main service area may not have a routine provider.



Having access to a routine, primary care provider is often key to accessing other medical and health care services, including preventive or wellness services. As can be seen in the chart below, adults in Hamilton County and in ECHC's top 11 zip codes appear to access some important services less often than the region overall.

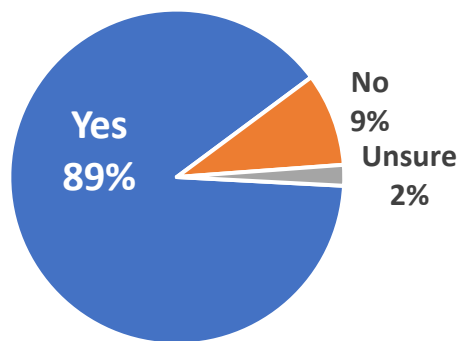


The rates of mammography and colonoscopy for eligible adults seems to be curiously low compared to the more rural region. It could be important to study and monitor these services to determine if there are barriers to care.

### Understanding Of Health Information

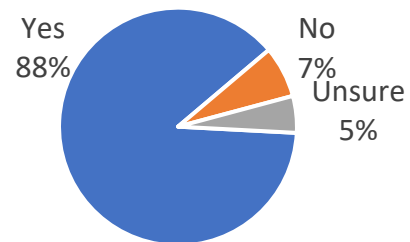
When adults in the service area do go to the doctor, they tend to understand the information and instruction they receive, or at least they think they do. Only 9% of respondents from ECHC's top 11 zip codes said they do not understand what their provider tells them. This compares favorably to the larger regional study where 90% said they understand their providers and 7% said they do not.

**Do you generally understand what your provider tells you?**



N=155

**Do you generally understand the handouts given to you?**



N=155

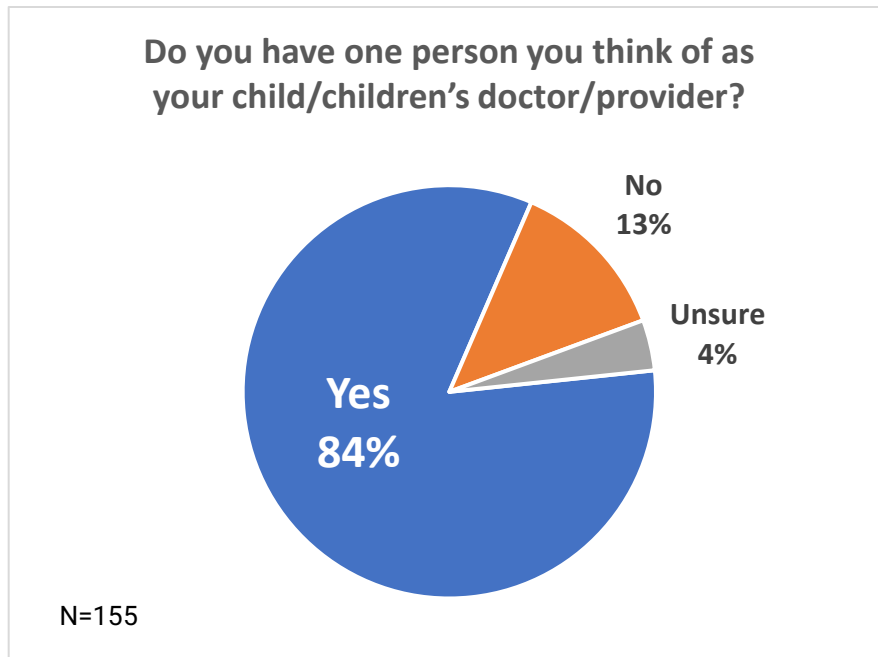
Most of those responding to the research from the top CHC zip codes also understand the handouts that are provided to them by their providers. A similar majority, 88%, said they understand the handouts they get, while 7% said they do not understand.

### Access to Children's Healthcare

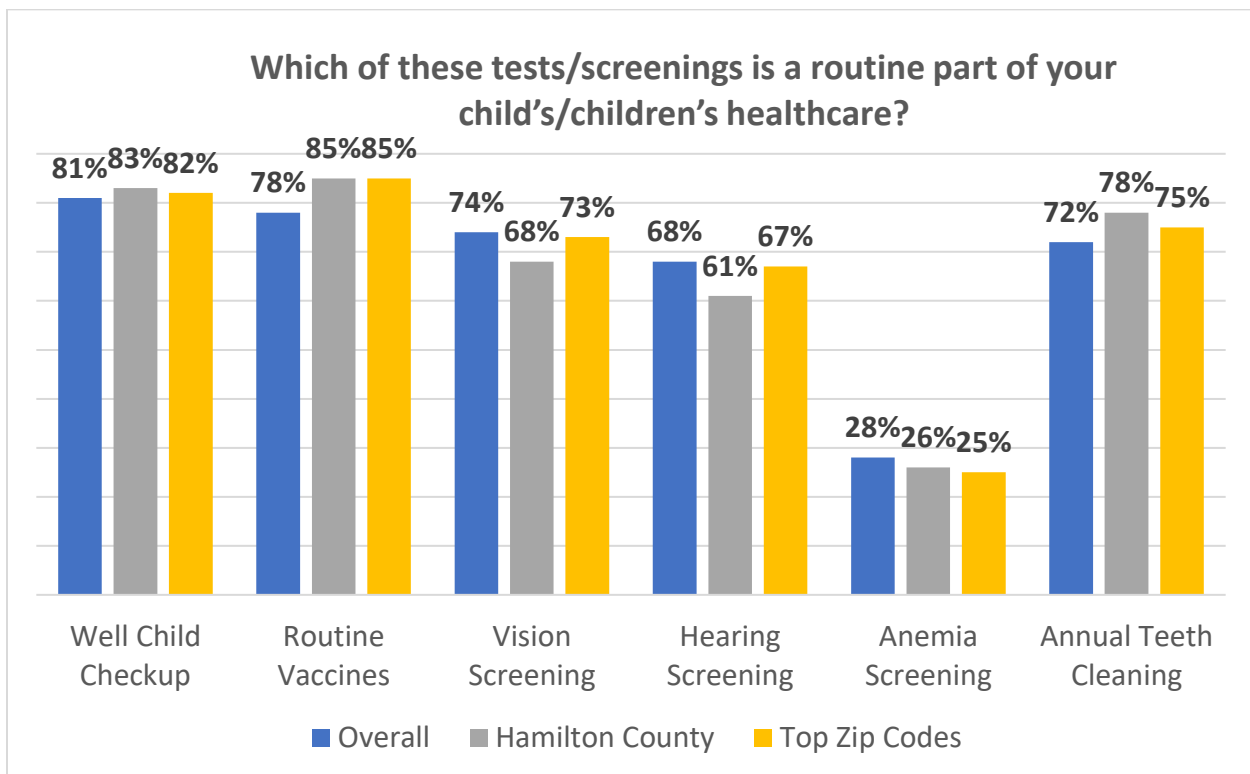
There were 55 persons from within ECHC's top 11 zip codes who said they have children under age 18 living in their homes. Based on that sample, it appears that children have greater access to a provider than their parents do. Where 67% of adults in the top 11 zip codes reported having a provider of their own, 84% of children do.

However, those reporting their children lack a personal provider increased to 13% and another 4% said they were unsure.





Children's access to key medical and health care services seems consistent with their access to personal providers, with 82% getting an annual well child checkup and 85% getting their routine vaccines.

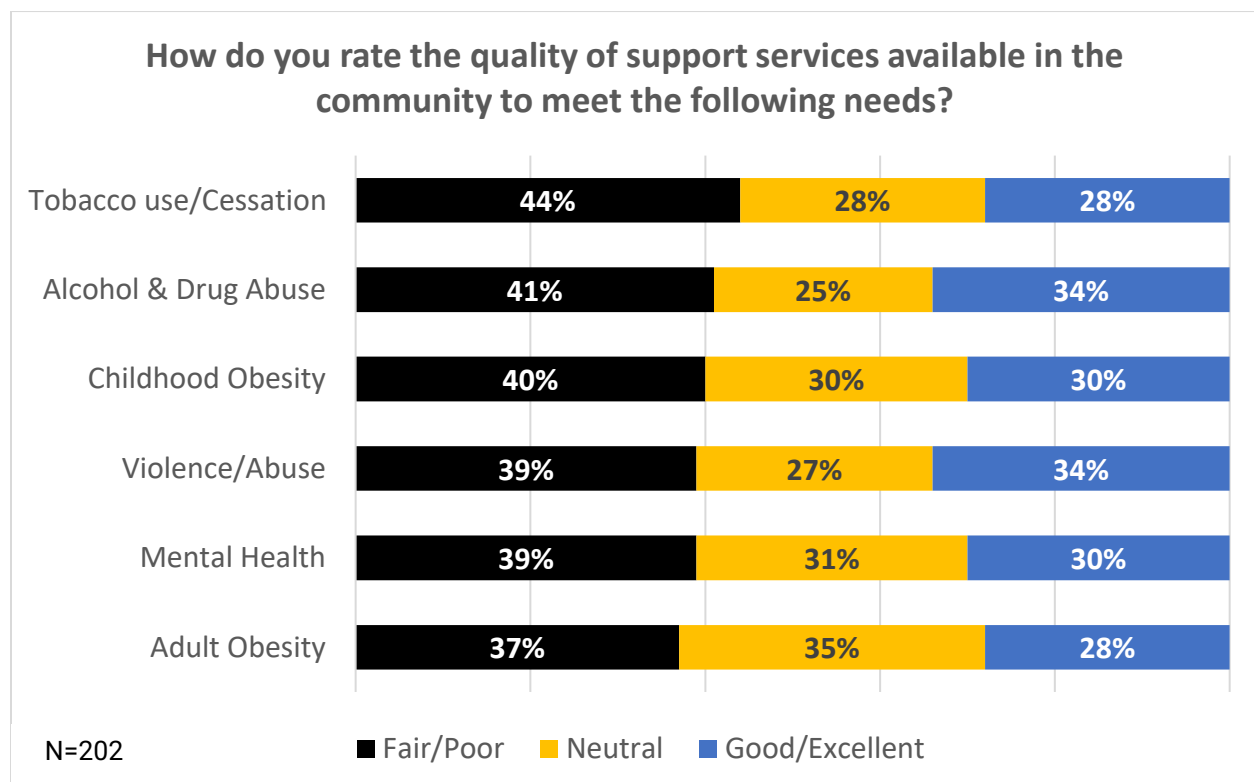


Children in ECHC's top 11 zip codes appear to be less likely to get an annual teeth cleaning than children across Hamilton County, though the margin is not large. They appear to be more likely to get their vision and hearing checked.

### Quality of Community Support Services

Research participants were asked to rate the quality of support services available to them and their communities using a 1 to 5 scale. The chart below shows the services that earned the lowest or most negative ratings within the 11 zip codes in the ECHC service area.

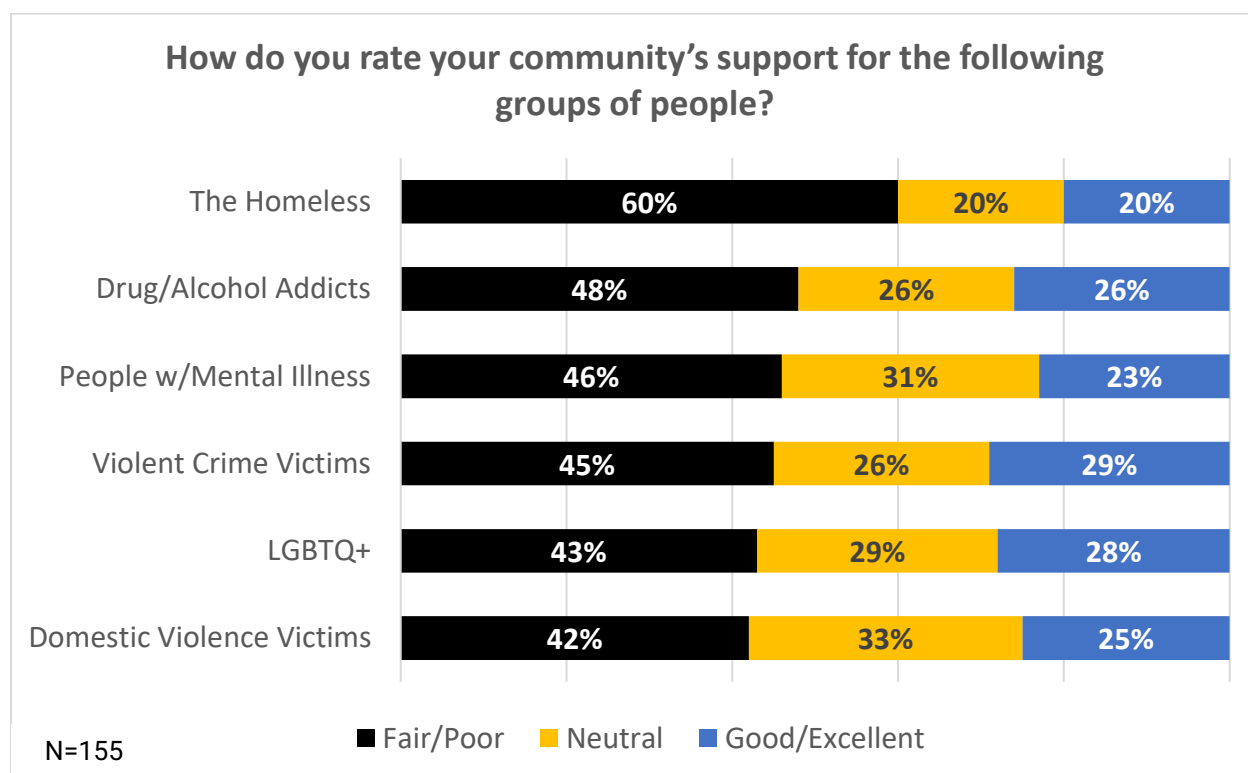
Participants feel most negative about tobacco cessation services and alcohol and drug abuse abatement programs. Both adult and childhood obesity also earned lower ratings. Mental health services also merit more negative than positive ratings.



Using the same 5-point scale participants were asked to rate the quality of support for at-risk people groups. From a much longer list, the chart that follows depicts the lowest or most negative rating.

Services for the homeless receive the most negative ratings by a sizable margin. Only 20% of those in the 11 zip codes provided a positive rating.

Those in the 11-zip code area express more negativity about services for those suffering from mental health issues and violent crime than do their counterparts in Hamilton County or across the region.



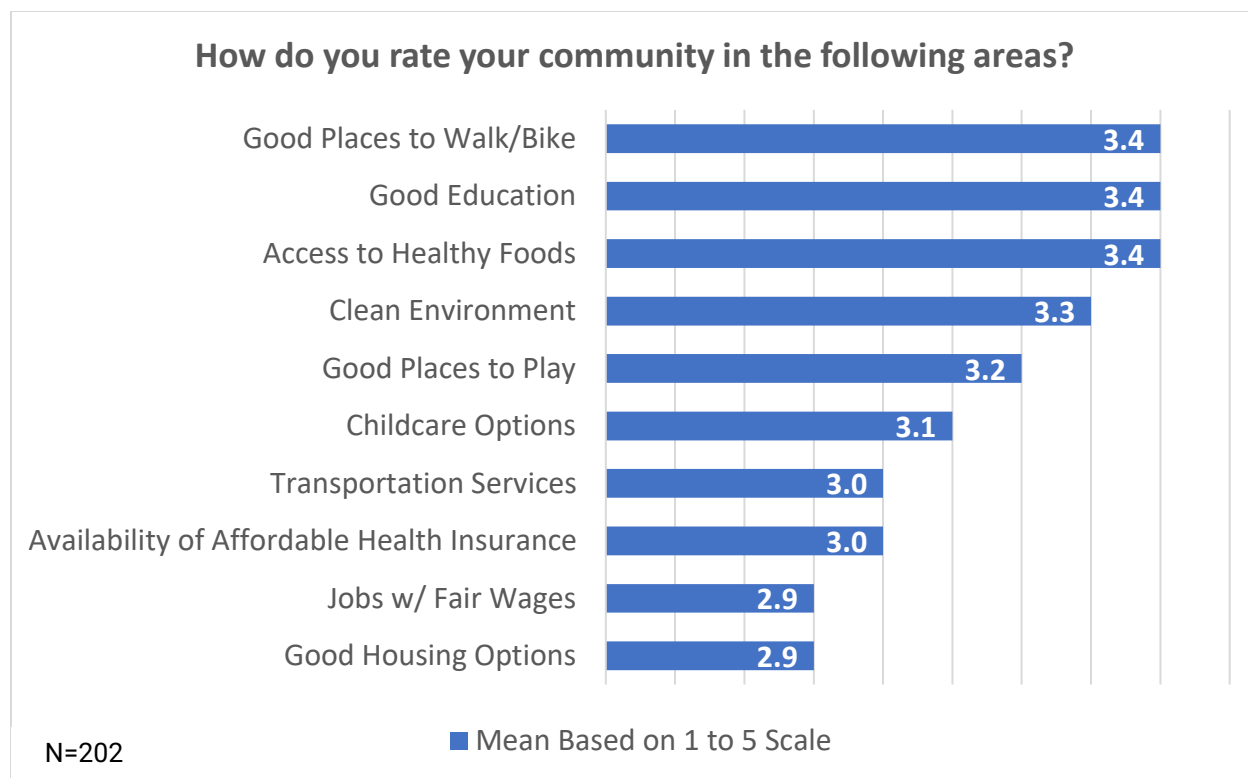
The City of Chattanooga and Hamilton County have emphasized parks and recreational opportunities over that past 30 years, but inner-city adults might not yet see many benefits. Most in the 11-zip code ECHC service area provided positive to neutral ratings for places to walk or bike. On the 5-point scale, places to walk or bike earned a middling 3.4.

That 3.4 rating is lower than the Hamilton County response of 3.6.

Those from the key 11 zip codes provided similar 3.4 ratings for the quality of schools and their access to healthy foods.

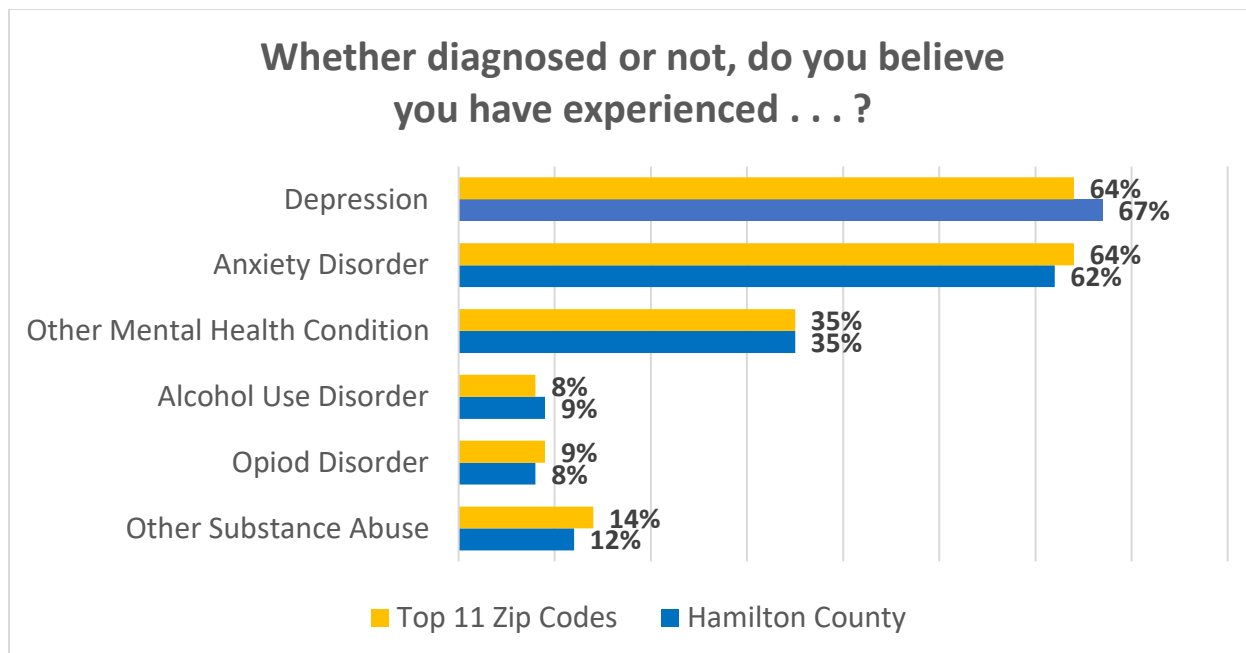
There appear to be differences in ECHC's 11-zip codes and Hamilton county overall in the way they appraise the environment, another Chattanooga priority. Across the county, research respondents provided a 3.5 rating for a clean environment. This compares to 3.3 from those in the 11-zip code area.

On the least positive end of the spectrum were the community's resources for jobs and affordable housing, each of which rated 2.9 on the 5-point scale.



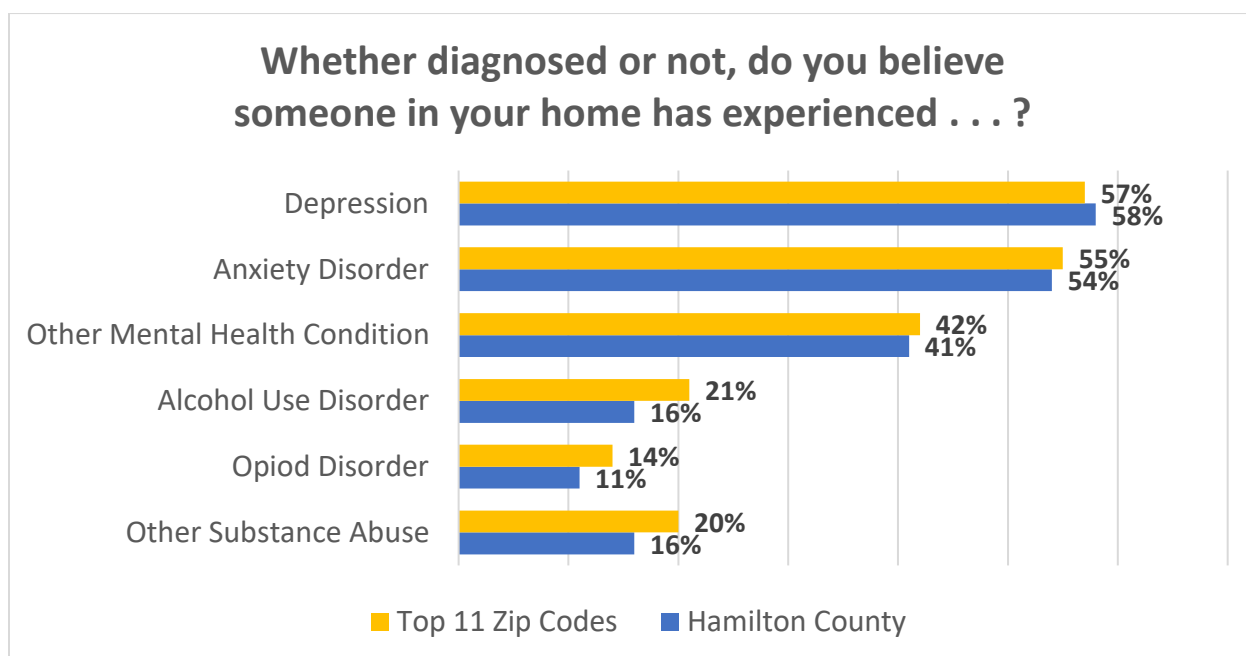
### Mental Health

Two thirds of participants in the research feel they have struggled with some mental health issues at some time in the past. Whether diagnosed or not, 67% of those in Hamilton County said they have experienced depression and 62% said they have suffered from an anxiety disorder. Responses from the 11 top CHC zip codes are similar.

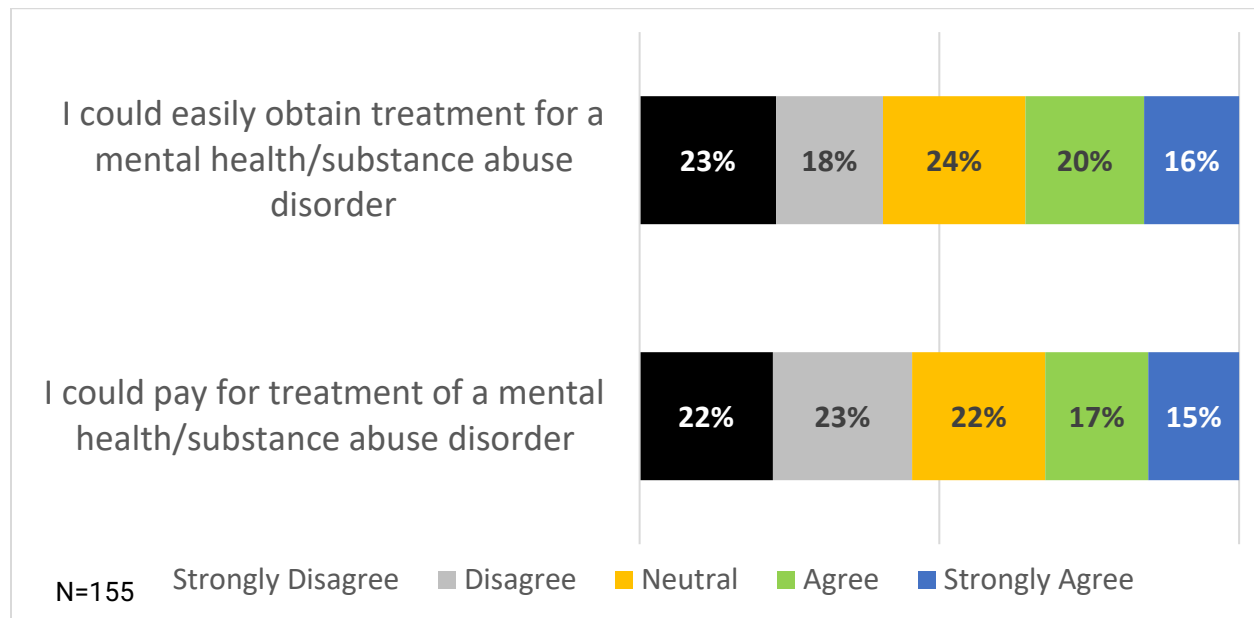


The chart also shows self-reported substance abuse, which seems significant. Between 8% and 14% of respondents were willing to report that they have experienced substance abuse personally.

Personal experience is only part of the story. Significant percentages of adults report that someone in their home suffers similarly from depression, anxiety and substance abuse. When the question is posed this way, the rate of alcohol abuse rose to 21%, and other substance abuse was 20% in ECHC's 11 zip code service area.



At the same time, few in the research said they could obtain care or could pay for care if they received it. The following chart shows responses from ECHC's top 11 zip codes.



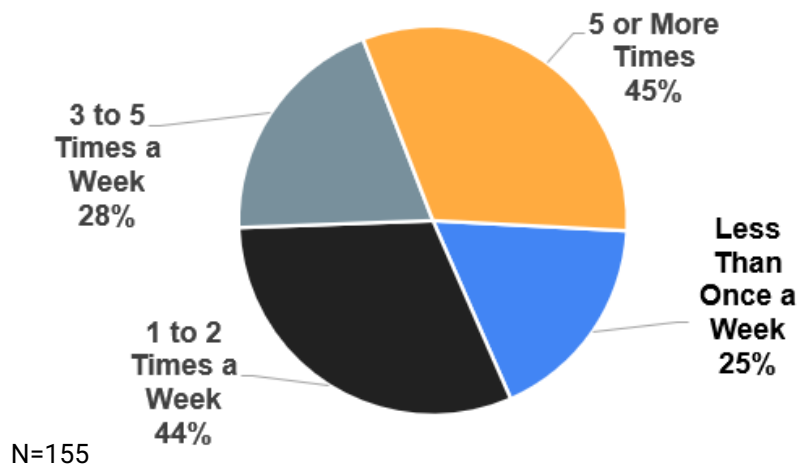
Affordability of behavioral health care is an issue for all income classifications, but especially for those who earn less than the median income. Regionally, among those who earn between \$50,000 and \$75,000, only 39% agree they could pay for care. Confidence declines to 30% among those who earn from \$25,000 to \$50,000, and to only 15% among those earning less than \$25,000 per year.

### Community Connections

An important component of mental health is a feeling of connectedness with neighbors, friends and family. The 2025 research shows that most in the research, and those in ECHC's top 11 zip codes, tend to see and talk to people they feel close to at least once a week and usually more.

As can be seen in the following chart, 45% of adults in the top 11 zip codes connect with people they care about 5 or more times per week. However, one quarter of respondents see or talk to family or close friends less than once a week.

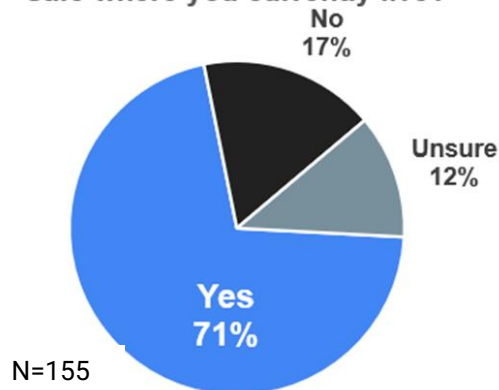
**How often do you see / talk to people  
you care about / feel close to?**



**Personal Safety**

When asked if they feel physically and emotionally safe where they live, 76% of those in Hamilton County said that they do. In ECHC's top 11 zip, those who feel safe declines to 71%.

**Do you feel physically and emotionally  
safe where you currently live?**

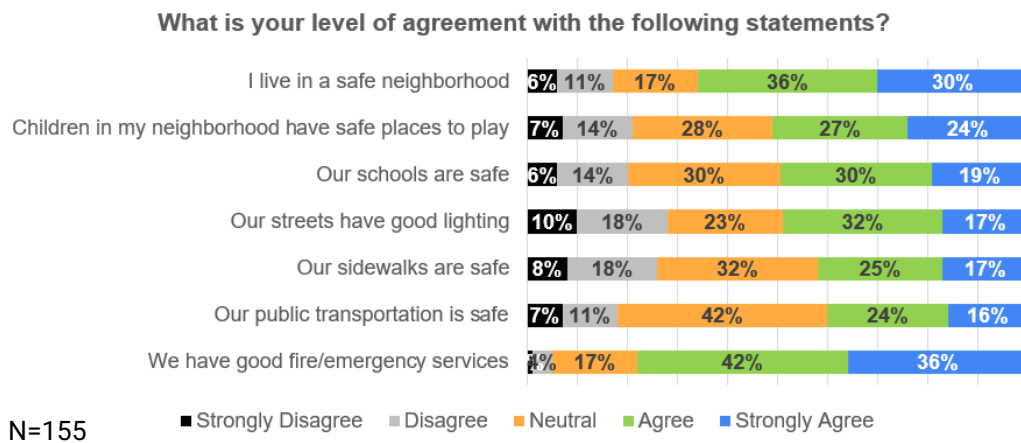


The overall research indicates that those who do not feel safe, or who feel unsure are more likely to be female, below age 45, and lower in household income.

Most residents agree that their neighborhoods and schools are generally safe, and that public services intended to keep them safe do a good job.

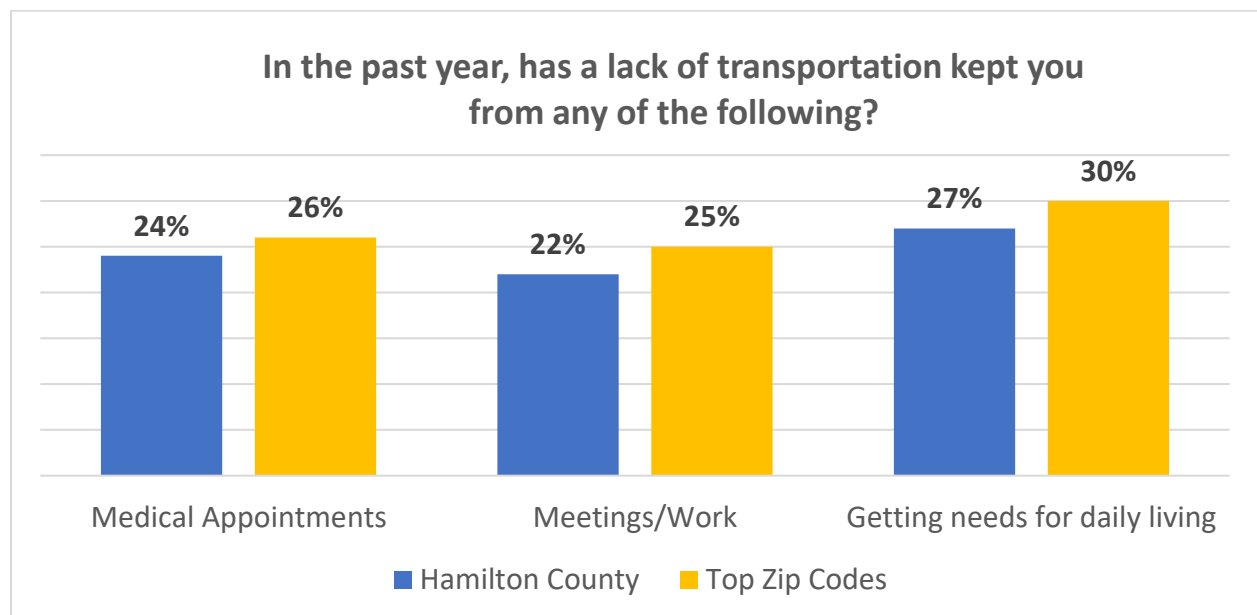
Within the top 11 zip codes, street lighting and sidewalks draw the more negative ratings, with 28% providing negative ratings for lighting and 26% for sidewalks. Further,

20% of respondents in the top 11 zips provide negative ratings about safe places for children to play.



## Transportation

Transportation is a barrier for some people, particularly lower-income women. Overall, 24% of those in Hamilton County, and 26% of those in ECHC's top 11 zip codes said that a lack of transportation kept them from a medical appointment at some point in the past year. Similar percentages said lack of transportation kept them from work. Similar percentages said lack of transportation kept them from work.

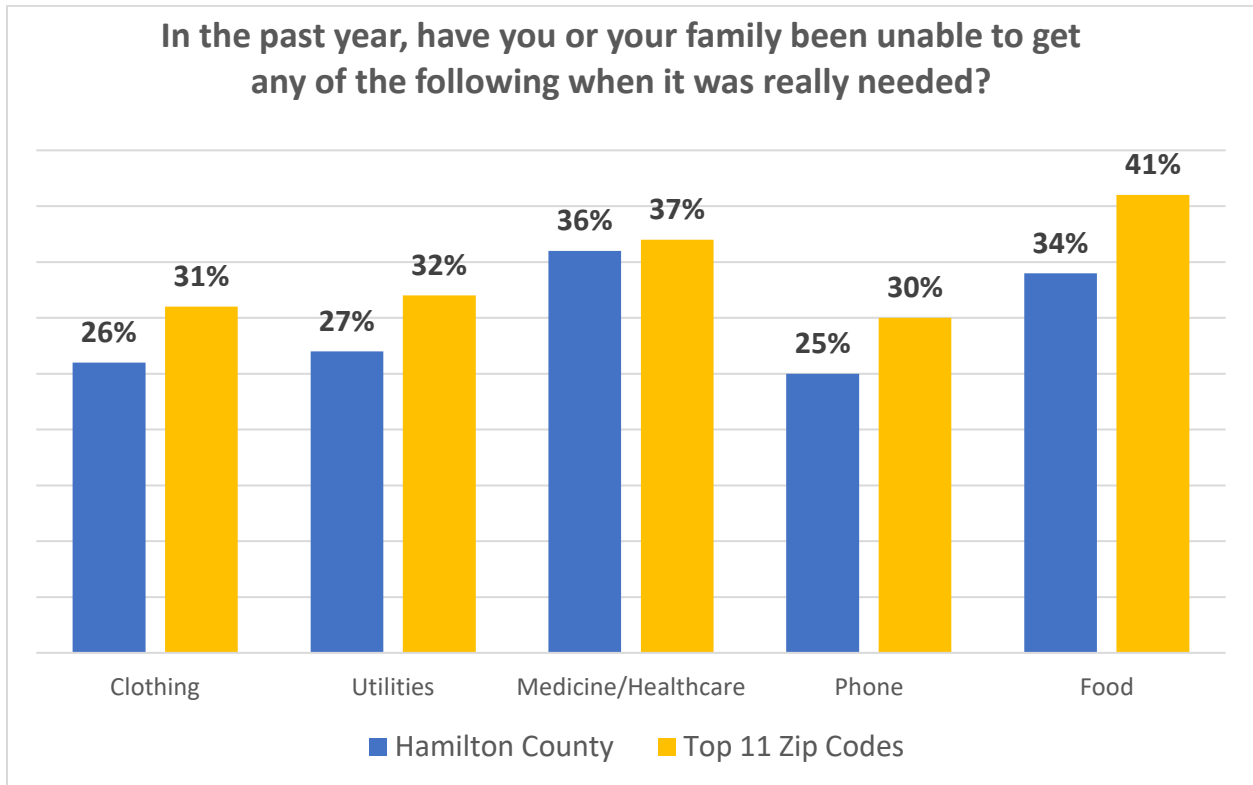


The most significant transportation problem within the top 11 zip codes seems to be getting needs for daily living, such as groceries and medicines. Those reporting problems were 30%.

## Access To Basic Services



Affording food and medicine are also a problem for about a quarter of those in Hamilton County, but for more than a third in ECHC's main zip codes. As can be seen in the following chart, 41% of participants from the top 11 zip codes had problems accessing food in the past year. Almost as many, 37% had difficulty getting health care and/or medicine.

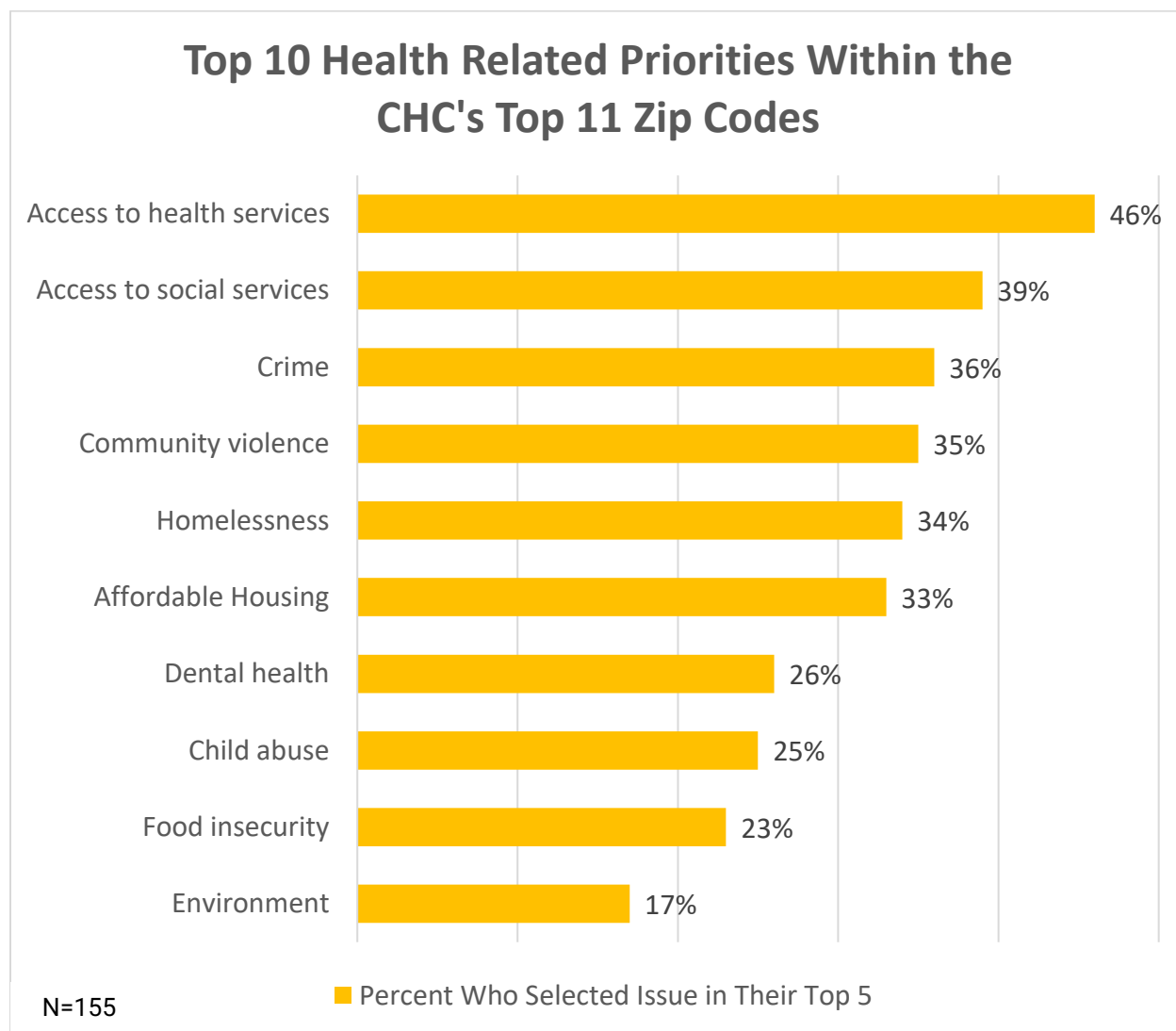


The research shows that those at the lowest income levels report the greatest levels of struggle to obtain basics for daily living.

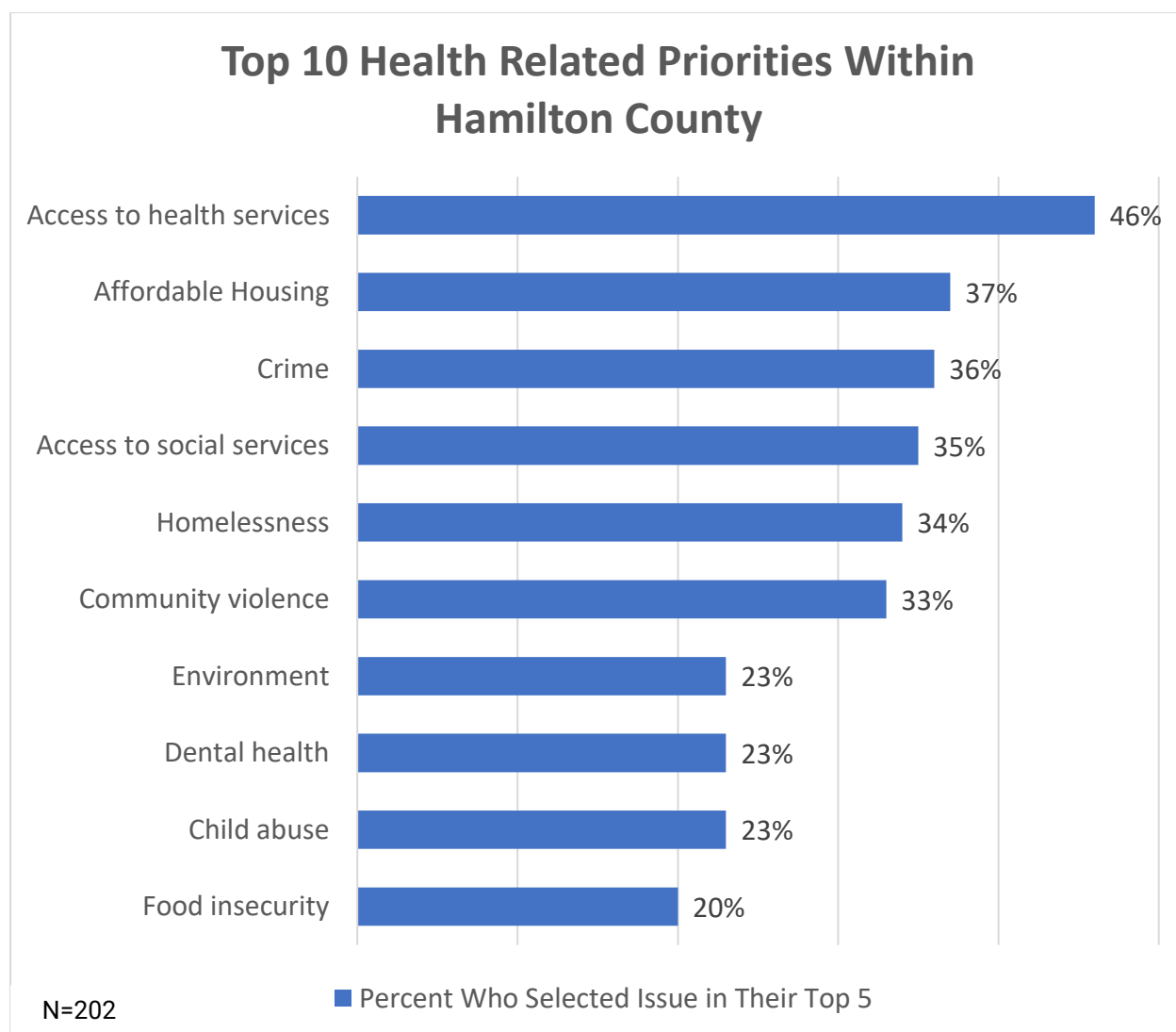
### Top 10 Community Priorities

Near the end of the research questionnaires, respondents were given a long list of issues and were asked to select their top 5 priorities on that list.

The chart that follows shows the top 10 community priorities based on responses from ECHC's top 11 zip codes. Access to health services and to social services are the top priorities, followed by crime, violence and homelessness.



The list of priorities from Hamilton County is quite similar, almost the same list and percentages. Adults in Hamilton County see access of health and social services as their biggest issues, with crime, violence and homelessness also near the top of their lists.



#### Observations From Erlanger Primary Research

The Community Health Centers are providing critically important services to people with great needs. The research tells us that those within Hamilton County, and especially those who live in ECHC's top 11 zip codes in terms of patient origin, need increased access to care and social support services.

The research shows that significant percentages of adults and families in the area are struggling with accessing care, paying for medicine & affording medicine, food and other essential services. Incomes are rising across Hamilton County, but those in the top 11 zip codes tend to earn less household income than the county average.

Among the greatest needs are those struggling with anxiety and depression. Well over half of all respondents feel they have experienced these problems. Further, they see others in their families dealing with the same problems. Most feel they would have difficulty accessing behavioral health care and even greater difficulty paying for it.

Yet there is a great deal of optimism in this research. Most people feel good about their personal health and the health of the community around them. Most feel safe at home. Most make connections with family or with people they care about frequently, promoting a sense of community and preventing isolation.

In the middle of it all, the Community Health Center's seem well positioned to address some of the needs identified in the research, particularly issues of access and social support.

## Section G: Community Input / Focus Group Results

The group was encouraged to identify and discuss a wide range of issues and ideas. After discussion, the group identified their top priorities using a facilitated group voting process. While every issue is potentially important, there are some that generated a greater interest and votes of support.

A list of focus group participants may be found in the Appendix.

### Summary Of Top 5 Issues

Representatives of the community were invited to participate in a collaborative discussion group at the Community Health Centers. The discussion identified a number of potential priorities and areas of concerns, which focused on the following topics:

- Patient Engagement and Patient Navigation
- Provider Access
- Access to Medications
- Access to Transportation
- The Mental Health Cycle
- Patient Healthcare Literacy
- Childcare
- Food and Nutrition
- Employer and Community Engagement
- Housing and Homelessness

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 major issues as described below. Then those in the group were asked to identify their top priorities using a facilitated group voting process. A summary of every issue was identified in the focus group and participants ranked them in order based on the number of votes received.

The following table shows the top five (5) issues for ECHC's service area, as tabulated after group voting. The following five (5) issues garnered the most votes.

<b>Top Five (&amp; Tied) Community Issues</b>	<b>Total Votes</b>
<b>Patient Engagement &amp; Patient Navigation</b>	30
<b>Provider Access/Access to Care</b>	14
<b>The Mental Health Care Cycle</b>	14
<b>Food &amp; Nutrition</b>	13
<b>Access to Transportation</b>	10
<b>Patient Healthcare Literacy</b>	10

## Community Health Centers Focus Group

### Issue: Patient Engagement/Patient Navigation (30 Total Votes)

Ideas/Actions	Votes
Hire a social worker at each clinic to engage patients and increase follow-through with care and prescription recommendations	12
Hire more, qualified, community health workers, a new model of care	5
Be proactive in offering language interpretation services	4
Study the drivers and causes of low patient engagement and follow-through	2
Develop peer mentors to encourage and advise patients	2
Track patients who fall off the grid	2
Develop a one-page information sheet listing all available support services	2
Monitor online reviews and follow up on reports of bad experiences	1

### Issue: Access to Medications (9 Total Votes)

Ideas/Actions	Votes
Expand sources of medication samples to help patients get what they need; recruit more pharmaceutical representatives to participate	8
Encourage use of online resources like needymeds.com	1

### Issue: Access to Transportation (10 Total Votes)

Ideas/Actions	Votes
Engage with ride-share programs like Uber to help get people to care	8
Educate patients on the transportation services that are available to them	2

### Issue: Provider Access (14 Total Votes)

Ideas/Actions	Votes
Provide services after hours and on weekends	8
Recruit more providers to Chattanooga	5
Collect reliable data on patient over-utilization of emergency departments for non-emergency needs.	1

### Issue: The Mental Health Cycle (14 Total Votes)

Ideas/Actions	Votes
Implement an integrated model of care	7
Reverse the stigma associated with seeking mental health care	4
Improve patient understanding of medications and their purposes and impact; start the education in provider offices	3

### Issue: Patient Healthcare Literacy (10 Total Votes)

Ideas/Actions	Votes
---------------	-------

Make sure we use language that is at a level everyone can understand; test it among clients and in the community	6
Increase awareness of who is accessing our clinics; this can change over time	3
Provide education, such as videos or one-pagers, that increase the use of MyChart; target those who struggle with digital tools	1

#### **Issue: Childcare (5 Total Votes)**

Ideas/Actions	Votes
Secure access to funds to pay for after-school care and before-school care	4
Advocate for more subsidized childcare among employers	1
Add playgrounds and play areas to community health centers	0

#### **Issue: Food and Nutrition (13 Total Votes)**

Ideas/Actions	Votes
Develop more partnerships with the Chattanooga Area Food Pantry	6
Help people grow more of their own food	4
Encourage more places and sources of healthy foods	1
Promote community gardens	1
Provide nutrition education that includes helping people learn to cook and prepare healthier foods	1

#### **Issue: Employer and Community Engagement (7 Total Votes)**

Ideas/Actions	Votes
Innovate and change employee benefits to enable workers to have sick days	4
Increase resources, such as pay and benefits, that allow people to afford care	3
Educate employers on the issues of income and benefits and worker issues accessing health services and childcare	0
Encourage more donations to youth programs	0
Promote more supportive childcare benefits	0

#### **Issue: Housing/Homelessness (8 Total Votes)**

Ideas/Actions	Votes
Encourage every Chattanooga-area agency to get on the roster of the Regional Homeless Coalition	8

#### Potential Priorities

Based on the discussions and subsequent group voting, the top four priority issues defined by the CHC focus group are these:

### Number One: Patient Engagement and Navigation

The group believes that patients could access the health care system more productively and confidently if they could be assigned a patient navigator, someone who could engage with patients directly and proactively.

A navigator would be able to identify language and cultural barriers, as well as potential transportation barriers, insurance coverage issues and other factors that frustrate patients and providers and disrupt care.

### Number Two: Provider Access and Access to Care

The idea here is to pursue more access, including but not limited to, recruiting more providers, extending hours of operation and taking care out into the neighborhoods served by the CHC's. The group also endorses sharing data between providers in order to eliminate redundancy and waste.

### Number Three: The Mental Health Care Cycle

The demand for mental health services continues to climb and the support system cannot keep up. One of the issues is that some mental health patients get better and relapse again due to a lack of understanding among providers, employers, family members and the patients themselves.

The group anticipates that earlier and more effective education could be a partial solution that helps break the mental health cycle.

### Number Four: Food and Nutrition

Too many families do not eat well. Access to food is one issue. Education and knowing how to prepare healthier foods at home is another. The group suggests that partnering with resources in the community, including organizations like the Food Bank or others, developing more community gardens, and teaching people how to prepare nutritious meals at home could help people control their body weights and live healthier lives.



## Section H: Community Health Priorities 2025-2028

Based on the entire CHNA process--research, community input, and guidance from the CHNA committee - Erlanger has identified priorities for the 2025 – 2028 CHNA cycle.

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.

### Community Health Need → Patient Engagement

An issue which the ECHC focus group ranked highly is patient navigation. A specific issue referenced was a need to better coordinate referrals with other healthcare providers in the community. An effort will be made to develop a program of systematic coordination to include hiring a Social Worker that will focus on working with the most vulnerable ECHC patients (i.e.=multiple chronic conditions, etc.).

### Community Health Need → Food & Nutrition

An issue of significance is those ECHC patients which have difficulty obtaining necessary food and other general grocery items needed for activities of daily living. A specific suggestion was made for ECHC to enter into a formal contractual arrangement with the Chattanooga & Hamilton County Area Food Bank to provide needed grocery items for patients who have difficulty with transportation and/or other requisite components required to facilitate acquisition of needed food staples.

### Community Health Need → Expand Medical Office Hours

An issue of significance is those ECHC patients which have difficulty making a scheduled medical appointment during standard business hours. To this end, ECHC management will evaluate with a critical eye the possibility of expanding medical service hours on evenings and/or weekends.

## Appendix

## **Focus Group - Erlanger Community Health Centers**

**Thursday, February 20, 2025**

### **Participants**

Yeeto Maharay  
Allen Harrington  
Andrew Hardy  
Layra Navarro  
Martinal Harris  
Nam Dang  
Ken Jones  
Lynnette Moreland  
Chaathel Yonnz, M.D.  
Richard Oldacre  
Roger Williams  
Angel Moore

### **Observers**

Martin McKay  
Glenn Curry  
Bill Stiles

## Community Health Needs Assessment

### Community Survey Questionnaire/2025

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 [Describe                      ]			

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

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!