



Community Health | 20 Needs Assessment | 25

Erlanger Behavioral Health, LLC D/B/A



Erlanger Behavioral Health Hospital | 804 North Holtzclaw Avenue | Chattanooga, TN 37404

COMMUNITY HEALTH NEEDS ASSESSMENT

Erlanger Behavioral Health, LLC

D / B / A

Erlanger Behavioral Health Hospital

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804 North Holtzclaw Avenue
Chattanooga, TN 37404

632 Morrison Springs Rd
Chattanooga, TN 37415



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, 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 Behavioral Health, LLC, is a for profit entity jointly owned with Acadia Healthcare, Inc. ("Acadia"), and operates as Erlanger Behavioral Health Hospital ("EBHH"). Acadia is the majority shareholder in EBHH. The hospital operates 24/7 offering inpatient and emergency Psychiatric & Behavioral Health services.

Mission & Vision

EBHH's culture is to care for the community which we serve and the statements of Mission & Vision, are as follows:

Mission

EBHH is dedicated to transforming the lives of our patients, their families and our community by providing innovative services in a safe, compassionate and supportive environment.

Vision

Increase access to treatment and drive exceptional treatment outcomes for the greater Chattanooga Community.

Leadership

At the time of this CHNA, Erlanger Behavioral Health is governed by a Board of Directors which represent both Erlanger Health, Inc., and Acadia.

Erlanger Behavioral Health - Board of Directors

Paul Andrews, <i>Co-Chair</i>	Acadia
Andrew Vereecka, <i>Co-Chair</i>	Acadia
PaSonna Hope, Corp. Dir.-Quality/Compliance	Acadia
Gran Shinwar, CEO	Erlanger Behavioral Health
Tyler Winks, EVP - COO	Erlanger Health, Inc.
Tom Ramsay, VP – Financial Planning	Erlanger Health, Inc.
Tripp Stephens, VP – Facilities & Construction	Erlanger Health, Inc.
Adam Sheader, VP – Operations	Erlanger Medical Center

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

Completion of the 2025 Erlanger CHNA followed an 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 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 among 620 adult residents of the Erlanger service area in October & November, 2024.

With a sample of 620 randomly selected participants, Erlanger's research has a confidence level of 95% within plus or minus 4% margin of error.

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 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 lasted approximately two hours each. A list of all participants can be found in the appendix of 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 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 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 Trustees for review and approval.

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
- America's Health Rankings / 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

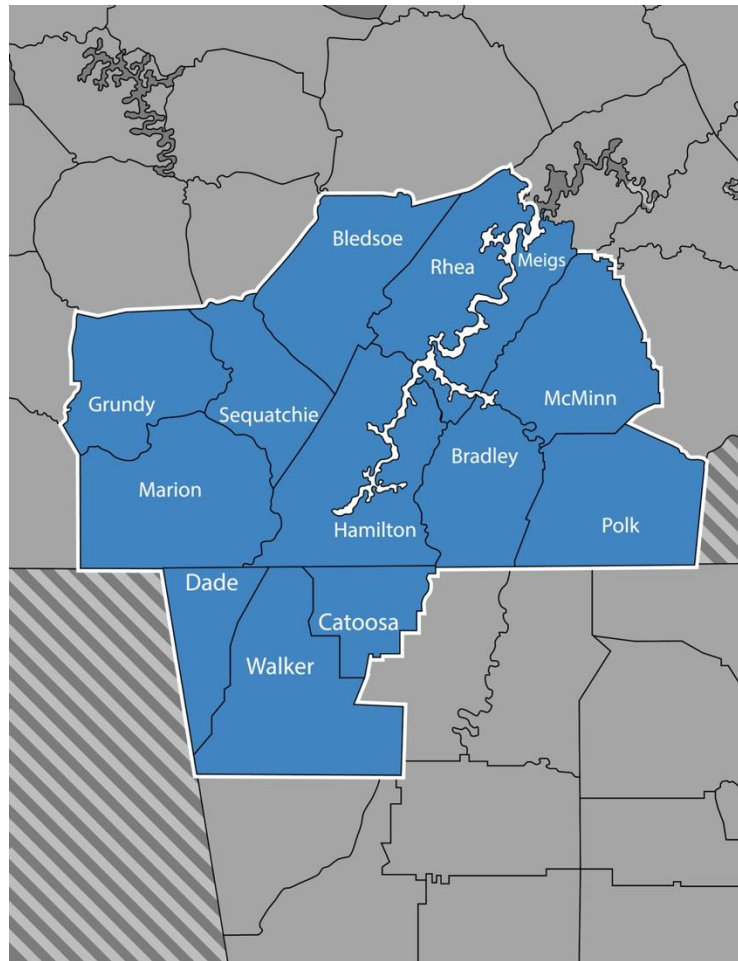
Section C: Update on 2022 Priorities

EBHH is organized as a for profit hospital entity, which is not required by IRS regulations to evaluate community health needs. For this reason, EBHH did not prepare a CHNA in 2022, therefore, no update on priorities for that year need to be addressed.

EBHH is preparing a CHNA in 2025 because Erlanger Health, Inc., converted to a private non-profit healthcare entity on July 1, 2023. Erlanger Health's legal department has interpreted IRS regulations as being applicable to EBHH now that it is affiliated with a non-profit health system.

Section D: Service Area Description

EBHH serves a broad area that covers portions of four states. From a health planning perspective, however, the primary and secondary service area is defined by 13 counties in Tennessee and Georgia. These counties combine to make up approximately 75% of inpatient encounters for EBHH.



As shown in the chart, Hamilton County, TN, which is the primary service area (“PSA”) accounts for 49.6% of inpatient discharges. The secondary service area (“SSA”), which is made up of 12 counties, most of them contiguous to Hamilton County, accounts for 31.0% of discharges at EBHH. The remaining 19.4% is from outside this geography, where patients are drawn, or seek, the specialized tertiary services that Erlanger provides.

**EH -- Inpatient Discharges By Hospital
For CY 2024**

Erlanger Behavioral Health			
<u>County</u>	<u>Discharges</u>	<u>%</u>	
<i>Primary Service Area ("PSA")</i>			
Hamilton	776	49.6%	
<i>Secondary Service Area ("SSA")</i>			
Bradley	152	9.7%	
Marion	29	1.9%	
Grundy	16	1.0%	
Sequatchie	24	1.5%	
Bledsoe	17	1.1%	
Rhea	51	3.3%	
Meigs	10	0.6%	
McMinn	56	3.6%	
Polk	18	1.2%	
Dade	9	0.6%	
Catoosa	50	3.2%	
Walker	51	3.3%	
<i>Sub-Total</i>	1,259	80.6%	
Other	304	19.4%	
<i>Total</i>	1,563	100.0%	

Age Profile

The over-65 population has grown slightly in the Erlanger service area since 2022, consistent with national trends in aging populations. However, a quarter of the service area is under the age of 18.

The median age is younger in more urban counties such as Hamilton (39.5 years) and Bradley (39.3), and older in the most rural counties, such as Meigs (45.5), Polk (46.2), Bledsoe (44.9) and Grundy (42.9).

Service Area Age Profile				
County	<u>0 - 5 Years</u>	<u>6 - 18 Years</u>	<u>19 - 64 Years</u>	<u>65+ Years</u>
Hamilton	5.8%	21.1%	54.4%	18.7%
Bradley	5.4%	21.6%	55.2%	17.8%
Marion	5.2%	20.4%	52.8%	21.6%
Grundy	5.9%	21.5%	51.9%	20.7%
Sequatchie	5.7%	20.1%	52.2%	22.0%
Bledsoe	4.2%	15.4%	68.6%	21.8%
Rhea	5.5%	21.6%	53.1%	19.8%
Meigs	4.9%	20.1%	53.4%	21.6%
McMinn	3.6%	21.3%	53.3%	20.5%
Polk	4.9%	18.7%	54.2%	20.8%

Dade	4.5%	19.5%	54.4%	21.6%
Walker	5.2%	21.1%	53.7%	20.0%
Catoosa	5.0%	21.6%	54.3%	19.1%
AVERAGE	5.01%	20.30%	54.73%	20.46%

Source: US Census Bureau, July 2024

Race / Ethnicity Profile

While Chattanooga and Hamilton County are more racially diverse, the Erlanger service area overall is over 88% White. However, the non-white population is growing slightly across the service area.

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	18.2%	0.7%	2.3%	8.2%	69.5%	2.3%
Bradley	5.4%	0.8%	0.8%	8.6%	82.9%	2.3%
Marion	4.0%	0.6%	0.6%	2.8%	90.3%	2.0%
Grundey	1.4%	0.8%	0.8%	2.2%	93.8%	1.7%
Sequatchie	1.2%	0.6%	0.5%	5.0%	91.3%	1.8%
Bledsoe	5.4%	0.8%	0.3%	3.9%	88.1%	1.7%
Rhea	2.4%	0.7%	0.7%	6.5%	88.4%	2.2%
Meigs	2.3%	0.9%	0.4%	2.6%	92.6%	1.8%
McMinn	4.0%	0.6%	0.8%	4.8%	88.2%	2.5%
Polk	1.0%	0.6%	0.4%	2.3%	94.5%	1.6%
Dade	1.9%	0.7%	1.0%	3.2%	91.8%	1.9%
Walker	4.9%	0.5%	0.5%	3.0%	89.3%	2.0%
Catoosa	3.6%	0.5%	1.6%	4.3%	88.3%	2.2%
AVERAGE	4.28%	0.67%	0.82%	4.41%	88.38%	2.0%

Source: US Census Bureau, July 2024

The counted Hispanic/Latino population increased from 3.44% in 2023 to 4.41% in 2024. That does not include uncounted persons, which could make the total Latino and Hispanic population higher.

Hamilton County is home to the largest share of Black/African American residents in the service area. Hamilton and Bradley Counties 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. However, high school graduation rates

and the share of those earning college or advanced degrees seems to be increasing slowly.

According to census data, Hamilton County has the highest levels of high school graduates (91.1%) and college graduates (37%) among adults 25 and older. Bradley and Catoosa Counties 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, the rate exceeds 20%. In Bledsoe, less than 9% of adults over age 25 have a college degree, according to U.S. Census Bureau data.

Service Area Educational Profile (Persons 25+)			
County	<u>Less Than High School Graduate (2019-2023)</u>	<u>High School Graduate + (2019-2023)</u>	<u>Bachelor's degree + (2019-2023)</u>
Hamilton	8.9%	91.1%	37.0%
Bradley	11.6%	88.4%	24.6%
Marion	17.7%	82.3%	16.5%
Grundy	20.0%	80.0%	12.4%
Sequatchie	18.3%	81.7%	18.9%
Bledsoe	20.4%	79.6%	8.8%
Rhea	15.9%	84.1%	17.4%
Meigs	17.1%	82.9%	12.0%
McMinn	13.3%	86.2%	17.5%
Polk	14.3%	85.7%	14.7%
Dade	18.5%	81.5%	15.8%
Walker	11.6%	88.4%	19.0%
Catoosa	10.2%	89.8%	24.5%
AVERAGE	15.21%	84.75%	18.39%

Source: US Census Bureau, July 2024

Income Levels

According to census data, income levels rose dramatically from 2021 to 2024, with Hamilton County and Catoosa County leading the way. Per capita income in Hamilton County increased from \$32,839 in 2021 to \$43,484 in 2024 data.

The percentage of persons living in poverty in Hamilton County declined from 13.3% in 2021 data to 12.9% in 2024.

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

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 1 in 3 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 basics of daily living.

Service Area Income Profile			
County	Median Household Income (2023 Dollars)	Per Capita Income Past 12 Months (2019-2023)	Persons in Poverty
Hamilton	\$72,568	\$43,484	12.9%
Bradley	\$63,789	\$32,249	15.0%
Marion	\$58,103	\$29,313	15.1%
Grundy	\$45,573	\$24,411	22.8%
Sequatchie	\$52,260	\$26,368	15.1%
Bledsoe	\$49,655	\$23,547	21.6%
Rhea	\$58,133	\$28,160	16.0%
Meigs	\$58,395	\$30,197	15.6%
McMinn	\$59,674	\$30,669	14.9%
Polk	\$60,227	\$33,714	15.0%
Dade	\$58,936	\$32,865	14.1%
Walker	\$55,887	\$30,482	15.1%
Catoosa	\$72,425	\$35,382	10.7%
AVERAGE	\$58,894	\$30,834	15.69%

Source: US Census Bureau, July 2024

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 tremendous 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 also, making access to health services and health insurance a greater challenge as well.

Urban areas have their own inherent benefits and barriers, including income inequities and greater levels of 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

The Erlanger 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 & Mental Health

According to the Population Health Institute at the University of Wisconsin, adults in the EBHH service area experience five to six days a month when they are physically not well, mentally not well, or both. These findings line up with Erlanger’s own research which showed similar results.

Service Area Health Issues by County 2022							
	Hamilton	Bradley	Marion	Grundy	Sequatchie	Bledsoe	Meigs
Percent Reporting Fair/Poor Health	17%	18%	21%	23%	23%	23%	20%
Poor Physical Health Days in Past 30 Days	3.9	4.5	4.7	5.5	4.9	4.9	4.5
Poor Mental Health Days in Past 30 Days	5.5	6.1	6.1	6.7	6.6	4.8	6.1
	McMinn	Polk	Rhea	Catoosa	Dade	Walker	
Percent Reporting Fair/Poor Health	20%	22%	21%	16%	17%	18%	
Poor Physical Health Days in Past 30 Days	5.1	5.3	4.6	3.8	4.0	4.3	
Poor Mental Health Days in Past 30 Days	6.5	6.7	6.2	5.3	5.2	5.9	

Source: County Health Rankings and Roadmaps, www.countyhealthrankings.org/2025

The data indicate that adults in most rural counties report days lost to both physical ailments and mental health issues at a far higher rate than in Hamilton County.

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 370 people, while in Bledsoe there are 2,960 people per mental health provider.

Access to Care Indicators							
Ratio of Providers To Population by County 2025							
	Hamilton	Bradley	Marion	Grundy	Sequatchie	Bledsoe	Meigs
Population to Primary Care Ratio	910/1	2,080/1	2,890/1	N/A	5,470/1	7,620/1	2,610/1
Population to Mental Health Providers Ratio	370/1	730/1	3,230/1	1,740/1	5,640/1	2,960/1	6,640/1
Ratio to Dentists	1,260/1	2,090/1	4,850/1	N/A	5,640/1	7,400/1	13,270/1
Uninsured	12%	13%	12%	14%	14%	18%	12%

	McMinn	Polk	Rhea	Catoosa	Dade	Walker
Population to Primary Care Ratio	2,000/1	2,960/1	2,760/1	1,750/1	3,270/1	5,270/1
Population to Mental Health Providers Ratio	1,240/1	3,610/1	3,370/1	700/1	1,620/1	1,600/1
Ratio to Dentists	2,740/1	2,980/1	3,750/1	4,050/1	3,220/1	6,270/1
Uninsured	12%	13%	13%	13%	14%	15%

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 conducted for the Erlanger CHNA identifies access to dentists as a major concern for many in the region.

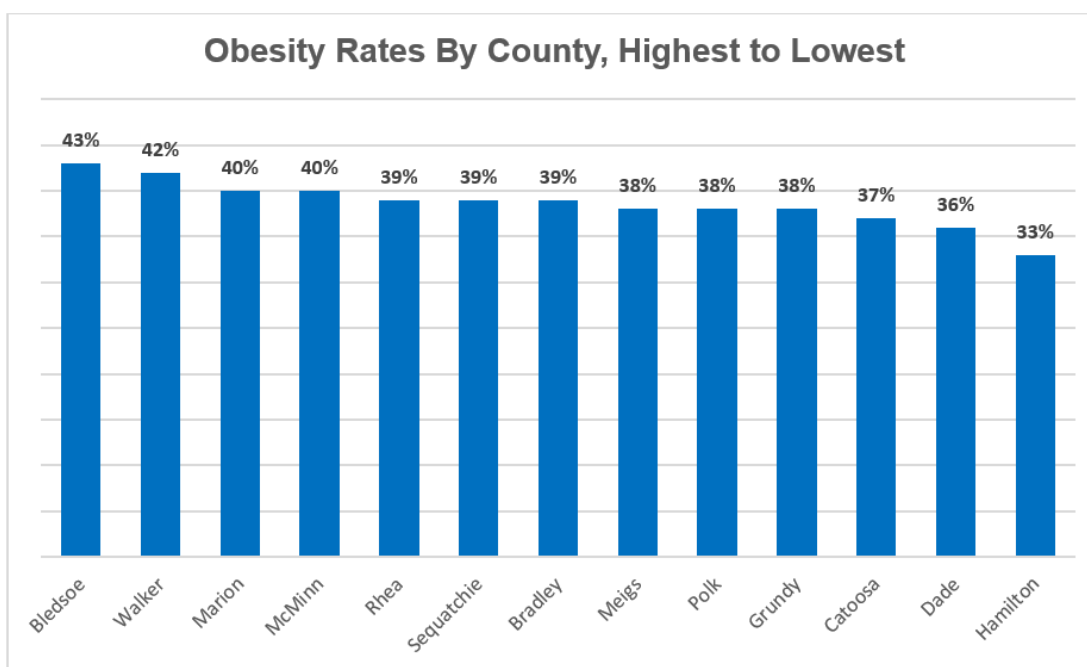
One of the biggest barriers to care is the lack of insurance. The uninsured rate is consistent across most of the service area at 12% to 13%. However, Bledsoe County has a more acute problem with obtaining health insurance than other rural areas.

Obesity

High rates of obesity continue to be a worrisome health outcome, one that is difficult to address effectively. Across the EBHH service area, obesity rates are well above 35% in most areas.

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 and other serious conditions.

The following chart shows the adult obesity rate for all counties in the EBHH service area, from the highest to the lowest, which is Hamilton County.



Source: Centers For Disease Control, 2025

Community Health Status Observations

Counties and communities within the EBHH 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 data points several key health needs that are important to the 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 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 services. The shortage of providers in some areas is representative of a wide service gap. The supply of qualified mental health professionals is limited.

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.

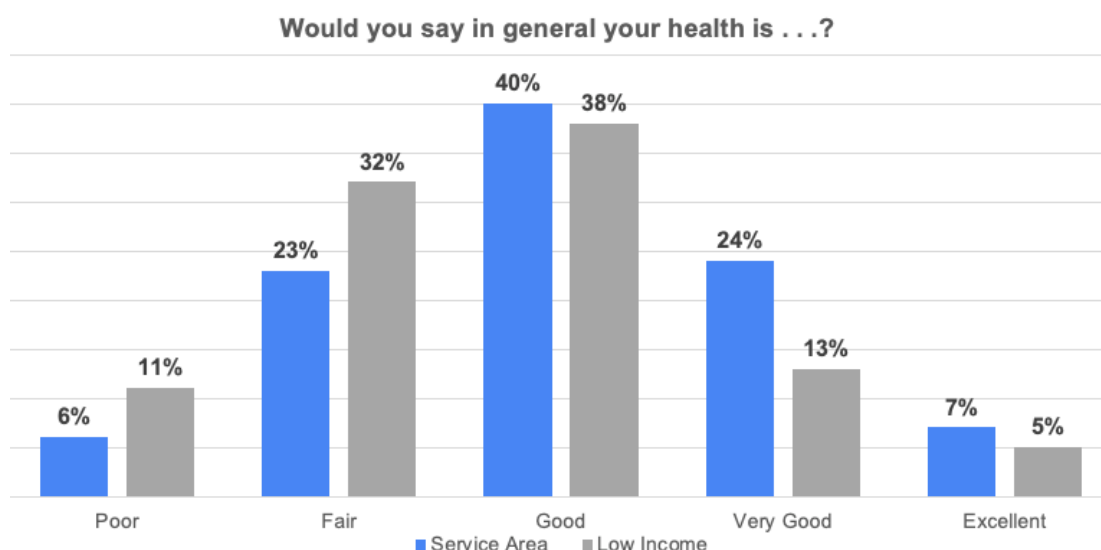
With a sample of 620 randomly selected participants, Erlanger's research has a confidence interval of 3.7% at the 95% confidence level. Simply put, this means, for a 50/50 response, interpretation can be 95% confident that the research result falls between 46.3 and 53.7. For responses where there is stronger agreement than 50/50, the confidence interval gets narrower, meaning levels of confidence grow stronger. More specifically, the survey was controlled to ensure that it was demographically representative of the define service area. These measures are considered to represent a highly reliable study.

The research included wide and representative ranges 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 available in the appendix of this document.

Overall Health & Influence of Poverty

Most adults in the EBHH service area feel positive about their overall health. At least 71% said their health is good, very good or excellent, and only 6% said their health is poor.

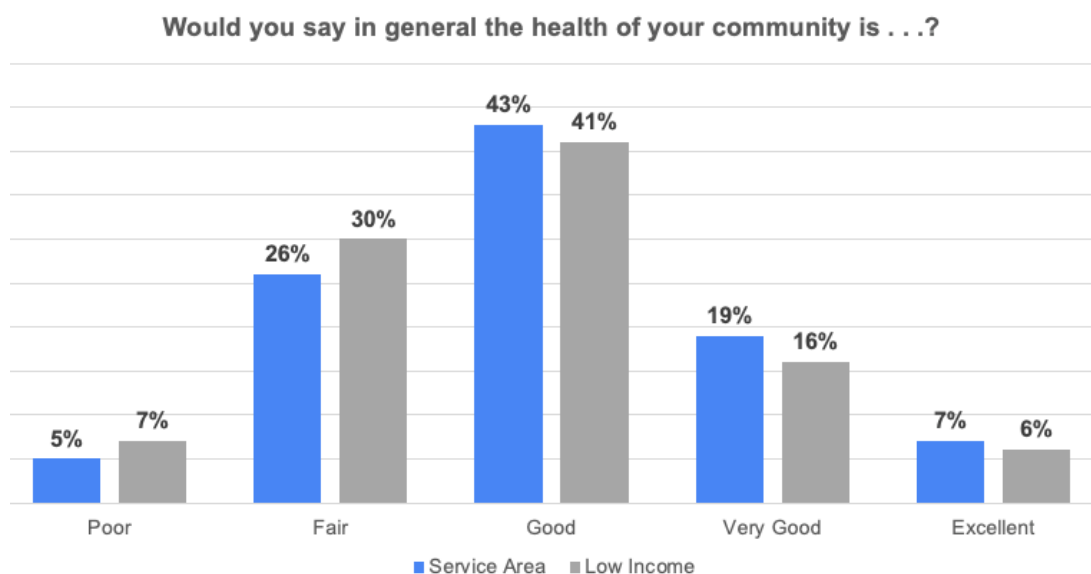


However, if you ask the same question of adults who earn less than \$25,000 per year, the responses are quite different. As seen in the preceding chart, 56% of the low-income respondents rated their personal health as good, very good or excellent. Low-income persons were more than twice as likely to describe their health as poor.

Aging is a factor in how people feel about their health. Yet age seems to have less negative impact than one might expect. Among those 35 to 44, 67% said their health was excellent, very good or poor. Yet among those age 65 to 74, 74% rated their personal health positively, and so did 77% of those over age 75.

Community Health

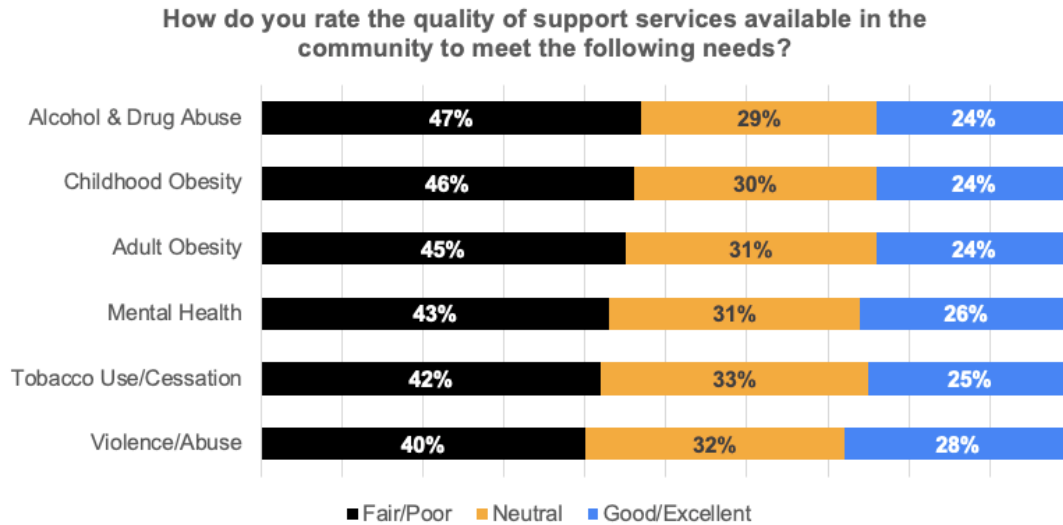
Regardless of income level, residents in the service area seem quite positive about the health of their communities, with 69% rating the health of the community as good, very good or excellent. Ratings among the low-income group were 7 percentage points lower than the overall response.



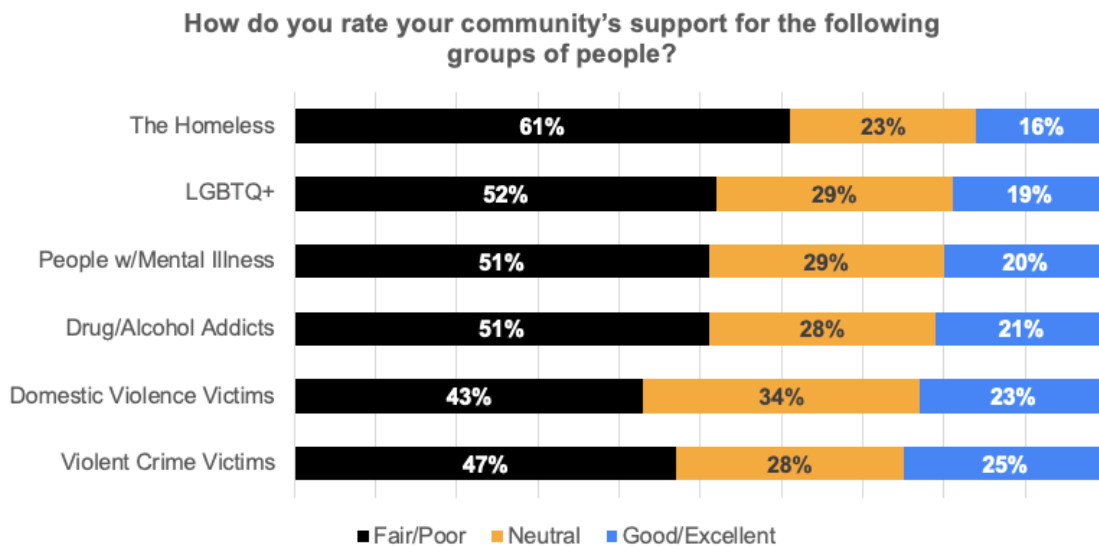
Residents of Hamilton County are among the most positive about community health, but all counties in the area seem to measure their community's health similarly.

Quality Of Support Services & Underserved People Groups

Participants in the research were asked to rate the quality of support available in the community to address major health issues. Participants rated substance abuse and obesity as the needs that seem to be getting only fair to poor support. As can be seen in the chart below, at least 40% of respondents rated the following 6 needs as the areas most lacking help.



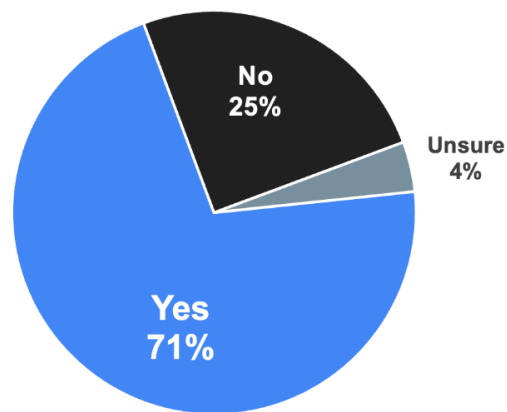
A majority of those responding to the research believe the community is performing at only fair or poor levels for the following 6 groups of people. The homeless group tops the list, with 61% of adults in the survey rating support only fair to poor.



Access to Care

Most area residents said they have access to a primary care provider, though the percentage of those with primary care is less than what was measured in 2022 (74%).

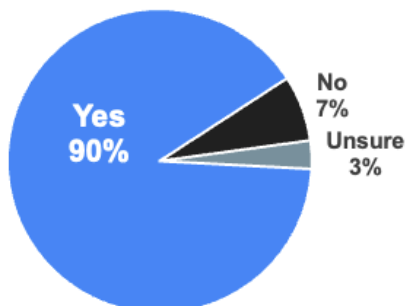
Do you have one person you think of as your personal doctor or healthcare provider?



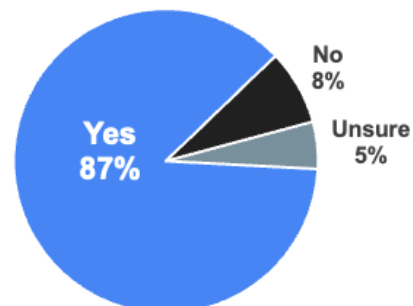
Income continues to be a barrier to primary care. Among those who earn less than \$25,000 annually, 64% report having a primary provider. This compares to 69% among those who earn just a bit more, \$25,000 to \$50,000, and 80% among those who earn \$50,000 to \$75,000.

When adults go to the doctor, they generally understand what their provider tells them and the educational handouts the doctor provides. The 7% to 8% who do not always understand tend to be younger adults, those who are under age 25.

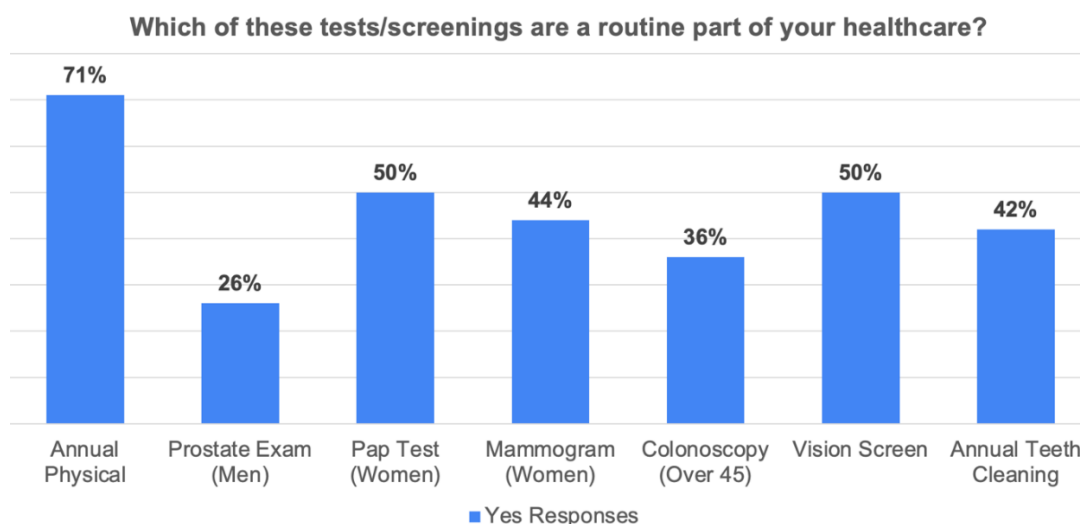
Do you generally understand what your provider tells you?



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 indicates that the same percentage of people who have a primary care doctor are getting an annual physical.



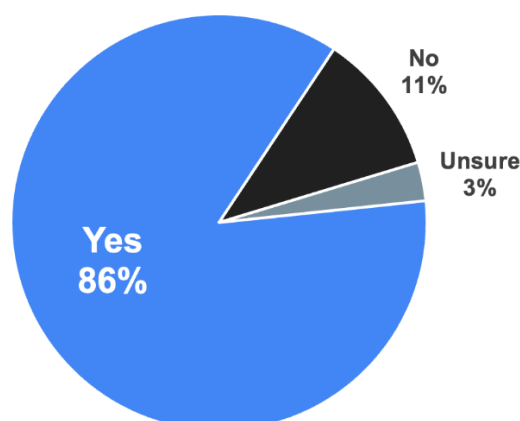
For other services, however, adults have widely varying levels of access. For example, only 13% of men over age 65 reported they have had a prostate exam. Among women over age 45, only 40% get a routine mammogram. Lower income, which is linked to a lack of insurance, is a common barrier to such services. Among women at the lowest income levels, only 27% get a routine mammogram.

Children's Access To Care

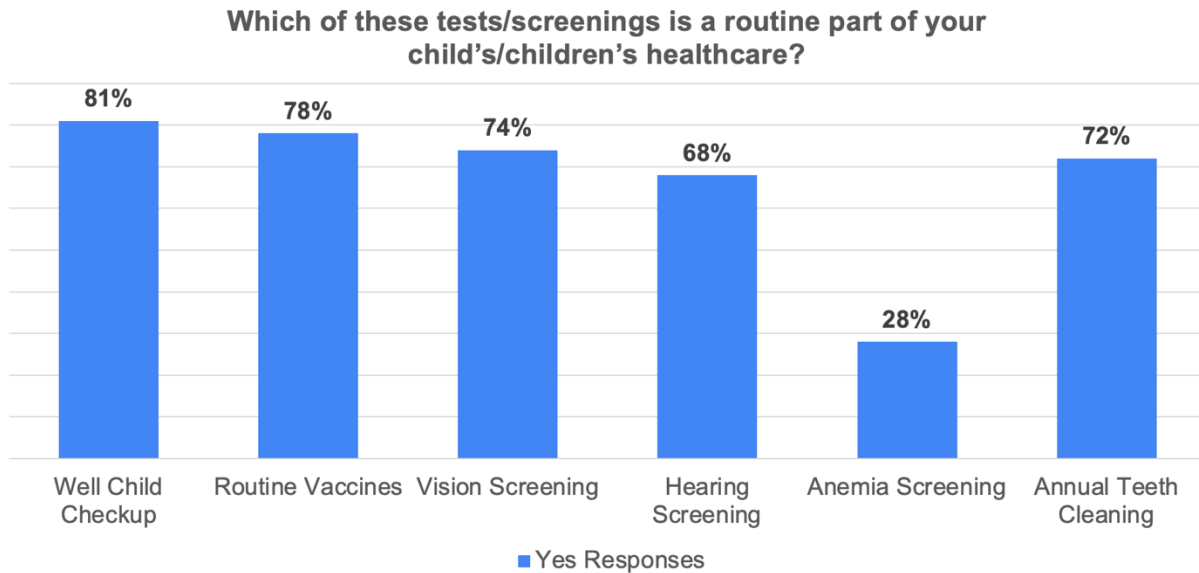
Access to primary care is better for children than for adults. Overall, 86% said their child or children have a personal doctor, up slightly from 84% in 2022. Even among the lowest income families, 89% said their children have a personal doctor or health care provider.

In Hamilton County, 88% of parents reported their child has a doctor or provider. The counties with the lowest rates of children with personal doctors are Rhea County (77%) and Dade County 57%.

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



Consistent with the number of parents who said their children have a personal doctor, 81% said their child/children receive an annual well-child checkup as a routine part of their health care. However, smaller percentages are reported for vaccinations and screenings.



In addition to accessing a personal doctor and routine care, over half of all parents in the research (51%) said they have taken a child to an urgent care center or walk-in clinic. Another 29% said they took their child to a children's hospital emergency department, most likely Children's Hospital at Erlanger.

An additional 13% took their child to a hospital emergency room other than Children's Hospital.

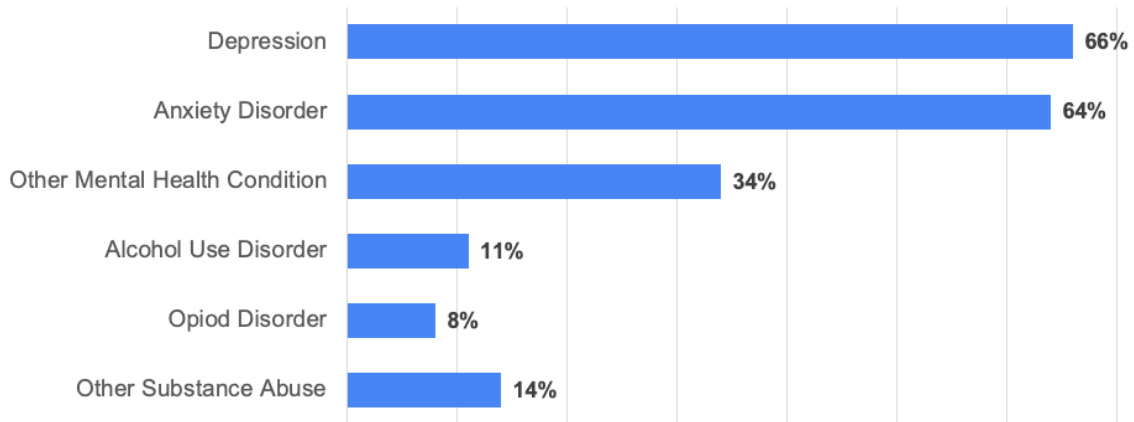
Mental Health

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, 66% said they have experienced depression and 64% said they have suffered from an anxiety disorder.

This indicates a potential negative trend. In 2022, 58% from the region said they have experienced depression while 56% said they have had an anxiety disorder. Further, as can be seen in the chart on the following page, 34% said they have suffered from some other mental health condition.

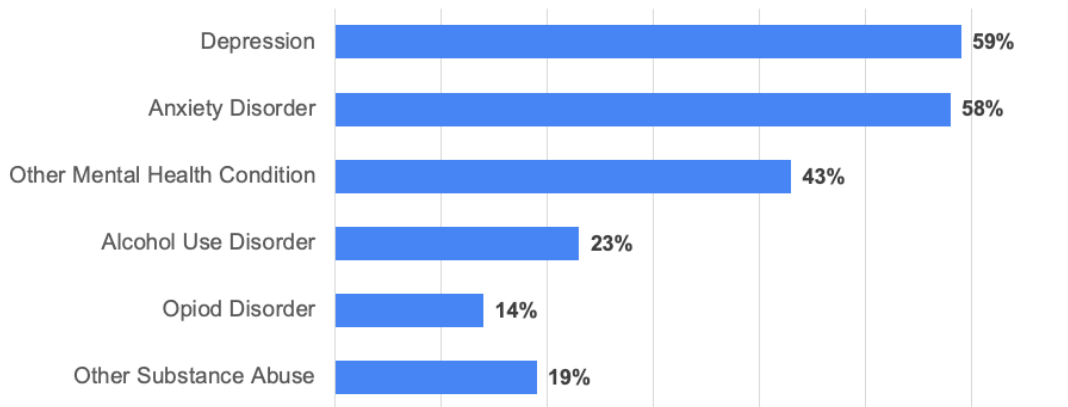
The chart also shows self-reported substance abuse, which seems significant. Between 8% and 14% of respondents were willing to report that they have experienced substance abuse personally.

**Whether diagnosed or not, do you believe
you have experienced . . . ?**



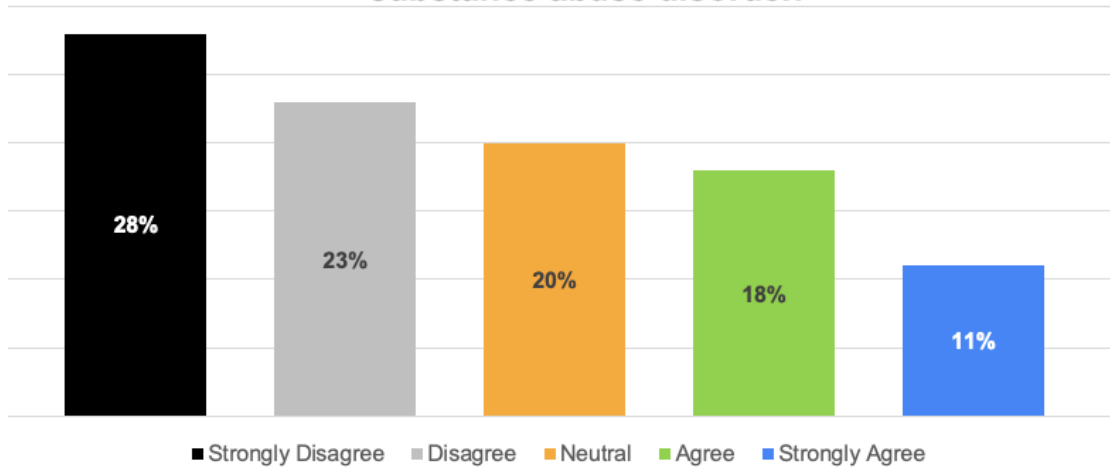
A similar profile emerges when participants were asked about others in their households. Almost 6 in 10 have issues with depression and/or anxiety. Respondents were somewhat more likely to report that another person in the household has a problem with abusing alcohol, opioids or other substances.

**Whether diagnosed or not, do you believe
someone in your home has experienced . . . ?**



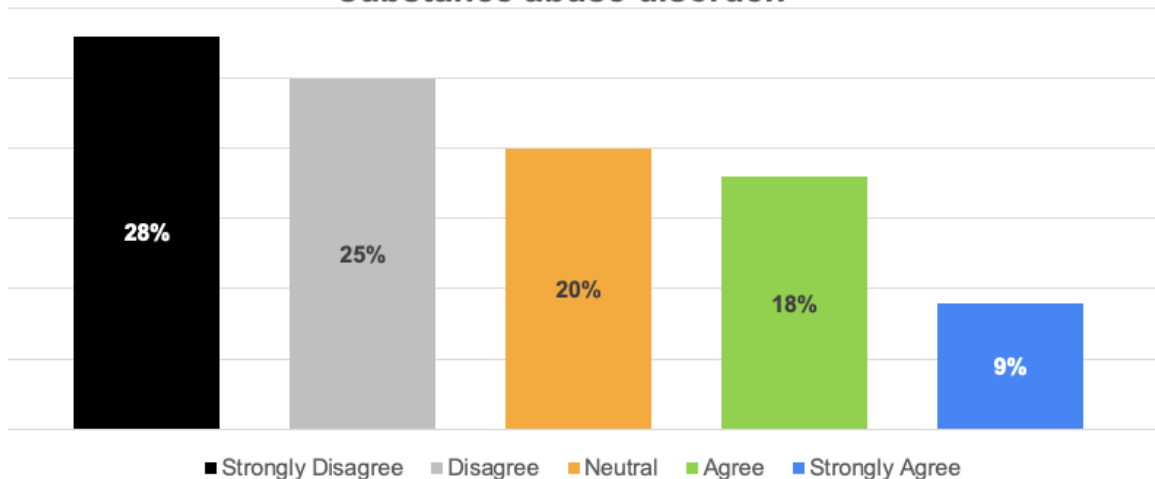
A significant change from prior research is the percentage of adults who believe they could access or pay for mental health care services. In 2022, a majority of adults in the service area, 58%, believed they could obtain mental health services if they really needed them. In 2025, only 29% were as confident.

I could easily obtain treatment for a mental health or substance abuse disorder.



The share of adults who believe they could pay for mental health services is unchanged at 27%. A majority, 53%, disagree with the idea that they could pay for such care. The bottom line seems to be that most residents in the region believe behavioral health care is difficult to access, as well as pay for.

I could pay for treatment for a mental health or substance abuse disorder.

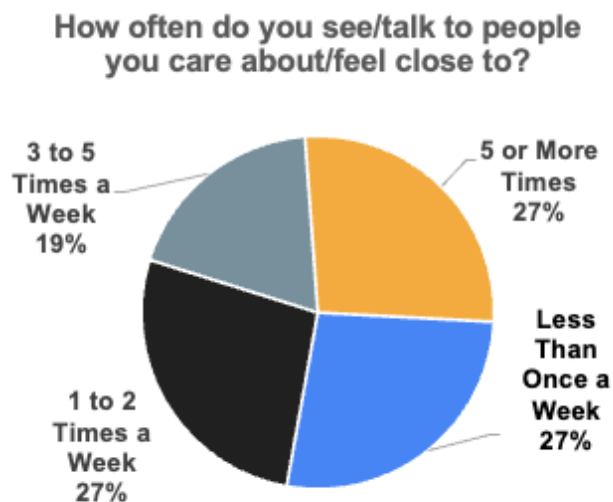


Those in the highest income levels are more likely to believe they could pay for care. In fact, 57% either agree or strongly agree they could pay for mental health care or substance abuse treatment. Affordability is an issue for every other income group. Among those who earn between \$50,000 and \$75,000, 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 region get 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, 27% of adults in the research connect with people they care about 5 or more times per week. However, that same percentage see or talk to people they feel close to less than once weekly.

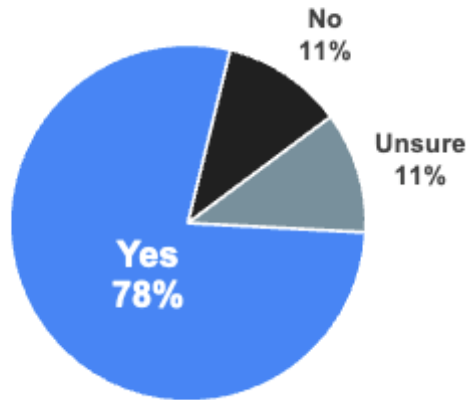


The 23% who have contact with family or friends less than once per week, tend to live in rural areas. For example, in rural Meigs County, 39% said they see or talk to someone less than once a week. In Bledsoe County, 37% indicated the same.

Personal Safety

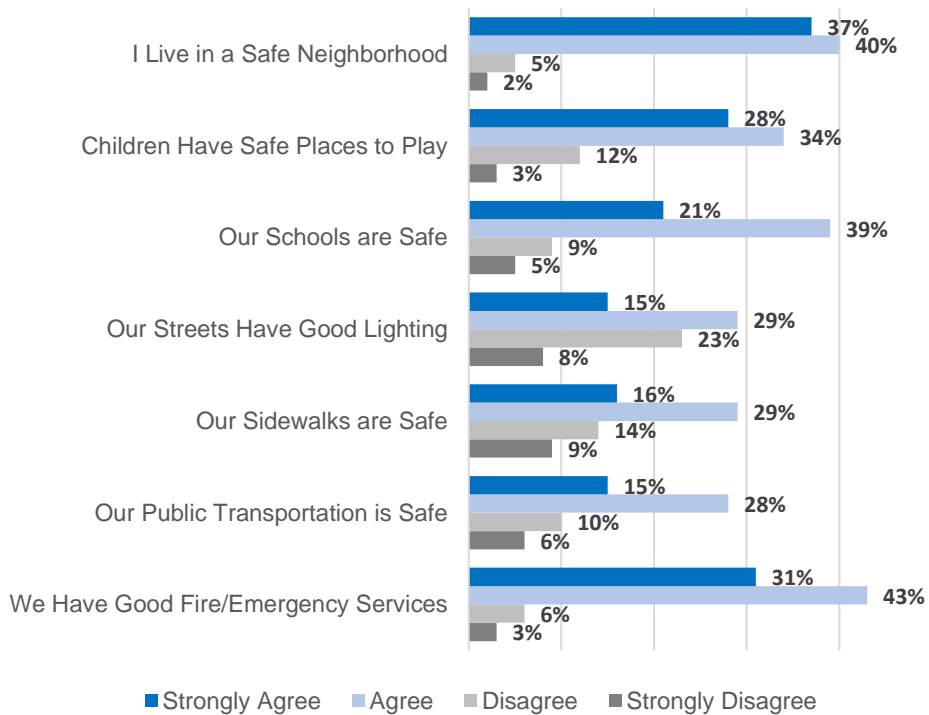
When asked if they feel physically and emotionally safe where they live, 78% said they do. Those who said they don't feel safe or who feel unsure, are more likely to be female, below age 45, and lower income.

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



Most residents agree that their neighborhoods and schools are generally safe, and that public services intended to keep them safe do a good job. Across the region, 77% said they live in a safe neighborhood and 74% express agreement that their fire, police, and emergency services are good.

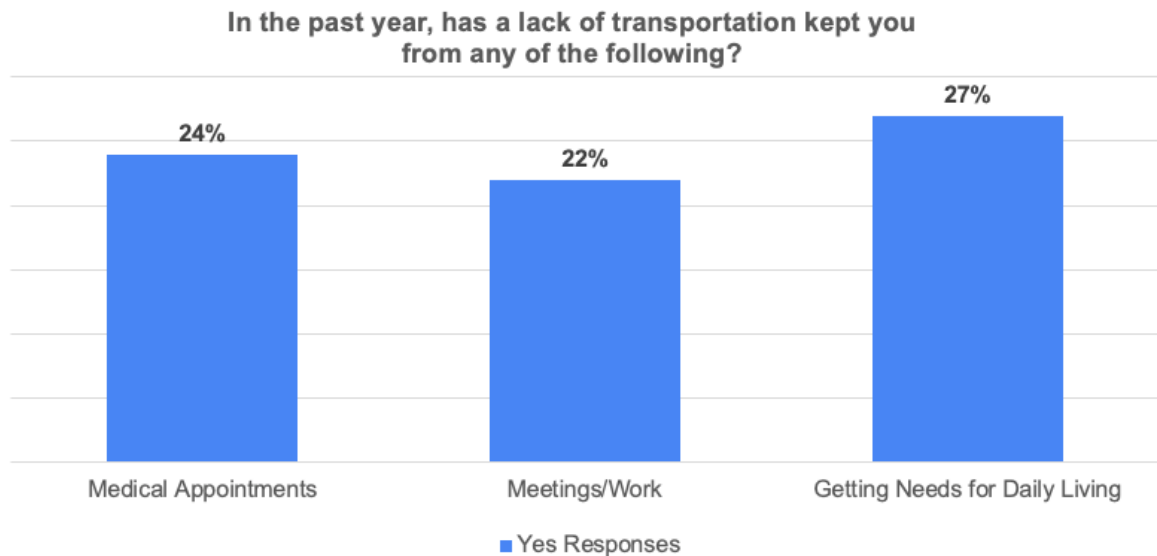
What is your level of agreement with the following statements?



Transportation

Transportation is a barrier for some people, particularly lower income women. Overall, 24% said that a lack of transportation kept them from a medical appointment. Among women, the response rose to 26%, and among those earning less than \$25,000, it rose to 38%.

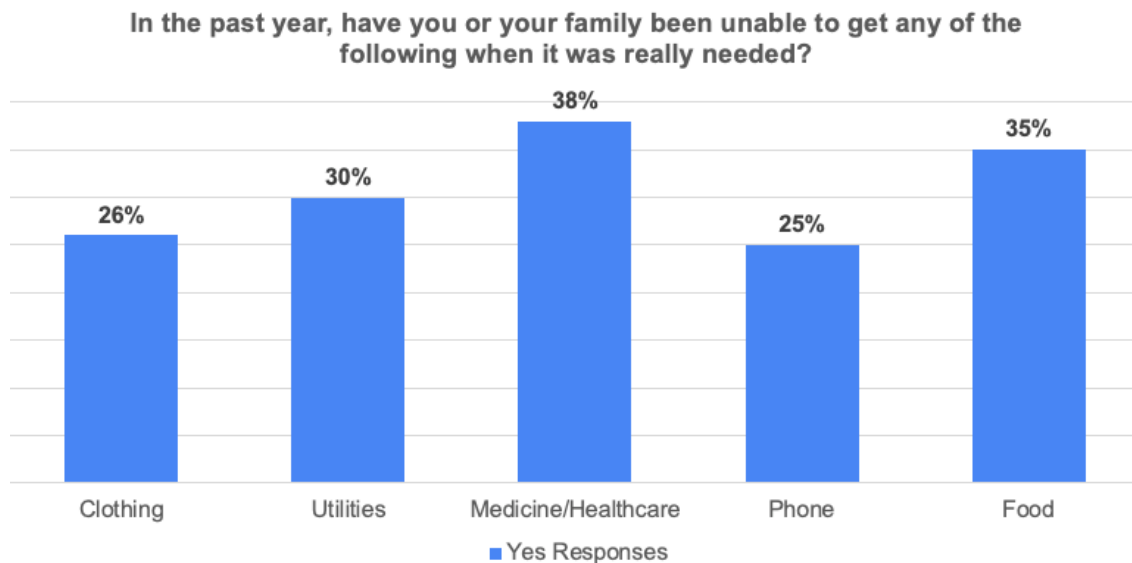
Age is far less a factor, even among those over age 65, only 13% responded that they have experienced difficulty getting to medical appointments or obtaining needs for daily living.



It's no surprise that lack of transportation is a greater problem in rural counties, particularly Meigs County, where 49% of respondents said they missed medical appointments due to a lack of transportation. That compares to just 19% in neighboring Bradley County.

Access To Basic Services

The inability to afford basic services like food, housing and medicine are a concern to many in the EBHH service area. The research shows that about a third (i.e.-33%) of all families in the service area have struggled to fulfill basic needs from time to time. This is a significant increase from the roughly 25% who reported such struggles in 2022.



Among those earning less than \$25,000 annually, 45% reported difficulties paying for utilities in the past year. Over half, 54%, reported being unable to get medicine or health care when needed at least once in the past year. Within this same lower income group, 52% have been unable to get food at times. Who live in rural counties reported the highest levels of difficulty getting medicines at least some of the time. The highest rates of persons struggling to get medicine or healthcare came from:

Areas w/ Highest Rate Struggling To Obtain Medicine Or Healthcare	
<u>County</u>	<u>Percent</u>
Rhea	52%
McMinn	49%
Grundy	48%
Bradley	43%
Meigs	42%

It should be noted that Rhea, McMinn and Bradley are served by hospitals that are not part of Erlanger Health.

Top 10 Community 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 below shows the top 10 issues identified by the 620 research participants.

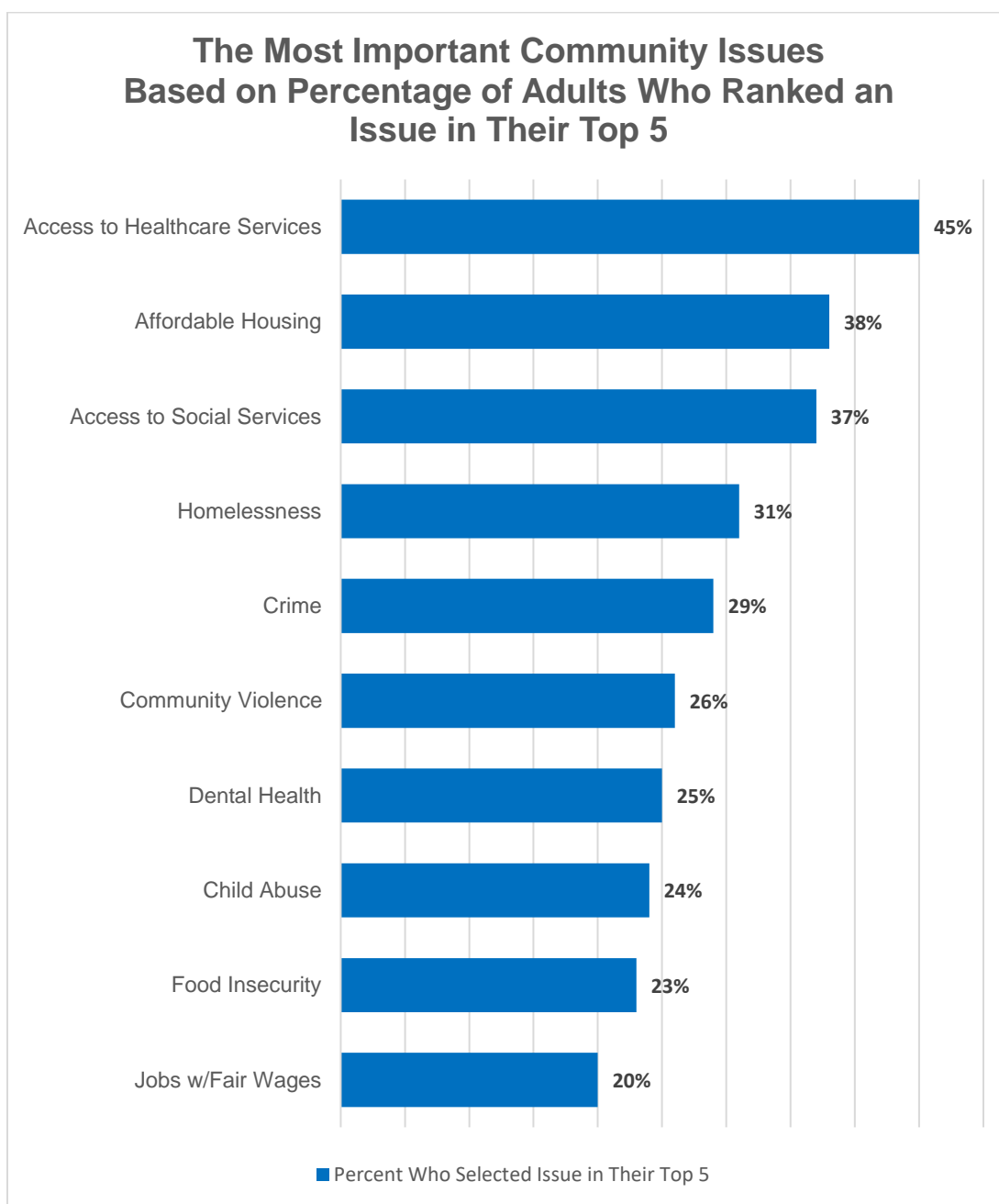
Access to healthcare services is the top priority in the Erlanger region, selected by 45% of survey participants as one of their top 5 issues. Dental health was the only other more traditional health issue to make the top 10. Access to social services, selected by

37% of respondents in their top 5, could be related to a healthcare service or care coordination.

Issues of housing, homeless and food insecurity are among the top-of-mind concerns identified by adults in the study.

Not all of the top issues identified fall within the scope of Erlanger's historical mission. For example, housing and homelessness may be priority issues in the community, but seem inconsistent with Erlanger's mission as a hospital organization. There are other organizations in the service area that are meant to address housing and homelessness, as well as crime.

As the region's trauma center, community violence does relate to Erlanger and its mission. So does child abuse, an issue that is highly important to Children's Hospital at Erlanger.



Observations From Erlanger Primary Research

As the leading regional health and hospital provider in the region, Erlanger confronts the challenge of serving Chattanooga, Tennessee's 4th largest city, plus more than a dozen highly rural counties, some with hospitals of their own and some without. The research shows significant percentages of adults and families in the area are struggling with access to care, affordable medicine, food and other essential services. These problems are greatest among those living in the margins, at low income levels, often in rural communities.

Among the greatest needs are those struggling with 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 the same problems. Further, most feel they would have difficulty accessing behavioral health care and even greater difficulty paying for it.

Yet there is a great deal of encouragement in this research. Most people feel good about their personal health and the health of the community around them. Most feel safe at home and in their neighborhoods. Most make connections with people they care about frequently.

The priorities suggested by the research include addressing basic access to essential health care services such as primary care, prevention services, and screening diagnostics like mammography and prostate exams, especially for those in lower-income families. Other priorities include access to social services and care coordination, and access to affordable behavioral health and mental health services.

Section G: Community Input / Focus Group Results

Representatives of the mental health / behavioral health community were invited to participate in a collaborative discussion focus group, centered on the service area and its health care priorities. The meeting was held in the Administrative Conference Room at EBHH and was approximately two (2) hours in length.

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

Everyone in the group was encouraged to identify and discuss a wide range of issues and ideas. After discussion, all concerns and ideas were grouped into 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 each focus group in the Erlanger service area, as tabulated after group voting. Issues which produced the most votes at least three (3) groups are shown in bold.

Top Issues	Erlanger Service Area Focus Group Locations					
	MAIN	EAST	NORTH	BLED SOE	CHILDREN'S	EBHH
Mental Health/ Substance Abuse		16	15	39		
Pediatric Mental Health/Substance Abuse					83	16
Access To Healthcare/ Care for Uninsured & Undocumented	31	14	26	8	31	21
Dental Care				13		
Homelessness	27					
Transportation		10			23	7
Food Access/ Nutrition / Hungry Children	19			8		
Patient Education / Literacy						
Coordination of Care, Services	16	32				16
Patient Navigation					18	
Children's Healthcare		14				
Children's Mental Health	20					
Social Services & Family Support			11	10		

Define & revitalize hospital's relationship with the community	45	
Community Health Promotion	13	
Vaccination Rates	21	
Intellectual Development Services	8	

Erlanger Behavioral Health Hospital Focus Group

Issue: Housing (5 Total Votes)

Ideas/Actions	Votes
Housing for mental illness	4
Low-income housing	1

Issue: Funding (5 Total Votes)

Ideas/Actions	Votes
Less restrictive funding options	5

Issue: Geriatrics (11 Total Votes)

Ideas/Actions	Votes
Support for grandparents raising children	4
Outpatient therapy covered by Medicare	1
Increase resources for dementia patients	6

Issue: Access/Awareness in Rural Counties (21 Total Votes)

Ideas/Actions	Votes
Lack of emergency rooms in rural areas	10
Lack of other services in rural areas	4
Expand Medicaid in Tennessee	6
Care is too expensive	1

Issue: Coordination of Care (16 Total Votes)

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

Improve hand-offs from one provider to another	10
Help people navigate available resources	3
Isolation on care and funding	2
Organize systems to improve care	1

Issue: Transportation (9 Total Votes)

Ideas/Actions	Votes
Advocate for change of the 72 Hour Rule	1
Make exceptions for families with multiple children	1
Provide Uber vouchers when there are no other options	7

Issue: Children's Issues/Access (16 Total Votes)

Ideas/Actions	Votes
Children don't have full access to private insurance	1
Direct correlation between household income and access to service	1
Treatment options for adolescents with substance abuse	3
No psych latency beds in region	2
Treatment for sexual behavior (8 and older)	2
Psychosexual assessment	4
Put mental health treatment in detention centers	3

Issue: Intellectual Development (8 Total Votes)

Increase resources for those with Autism and IDD	4
Access to testing (Currently 16-month waitlist)	4

Section H: Community Health Priorities 2025-2028

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

Identifying these priorities was based on four main criteria:

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

The following priority meets these criteria.

Community Health Need → Care Coordination

An issue which the EBHH focus group ranked highly is care coordination. A specific issue referenced was a need to better coordinate referrals to other behavioral health providers in the community at the conclusion of inpatient treatment. An effort will be made to develop a program of systematic referrals upon completion of EBHH treatment.

Appendix

Focus Group - Erlanger Behavioral Health Hospital

Tuesday, February 4, 2025

Participants

Brittany Austin
Amy Irvin
Jeffrey Smalley
Amy Yates
Chelsea Jones
Jasmine Ray
Beth Cappechi
Eric Edwards
Gran Shinwar
Shalimar McDaniel

Observers

Martin McKay
Glenn Curry
Bill Stiles
Roberto Garcia

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 worshiping.

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 [Describe]			

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!