Community Health Needs Assessment 2025

Erlanger Health, Incorporated D/B/A

erlanger
Bledsoe Hospital

Erlanger Bledsoe Hospital | 77 Wheelertown Road | Pikeville, TN 37367

COMMUNITY HEALTH NEEDS ASSESSMENT

Chattanooga-Hamilton County Hospital Authority

D / B / A

Erlanger Bledsoe Hospital

Erlanger Bledsoe Hospital
71 Wheelertown Avenue
Pikeville, TN 37367

June 30, 2025

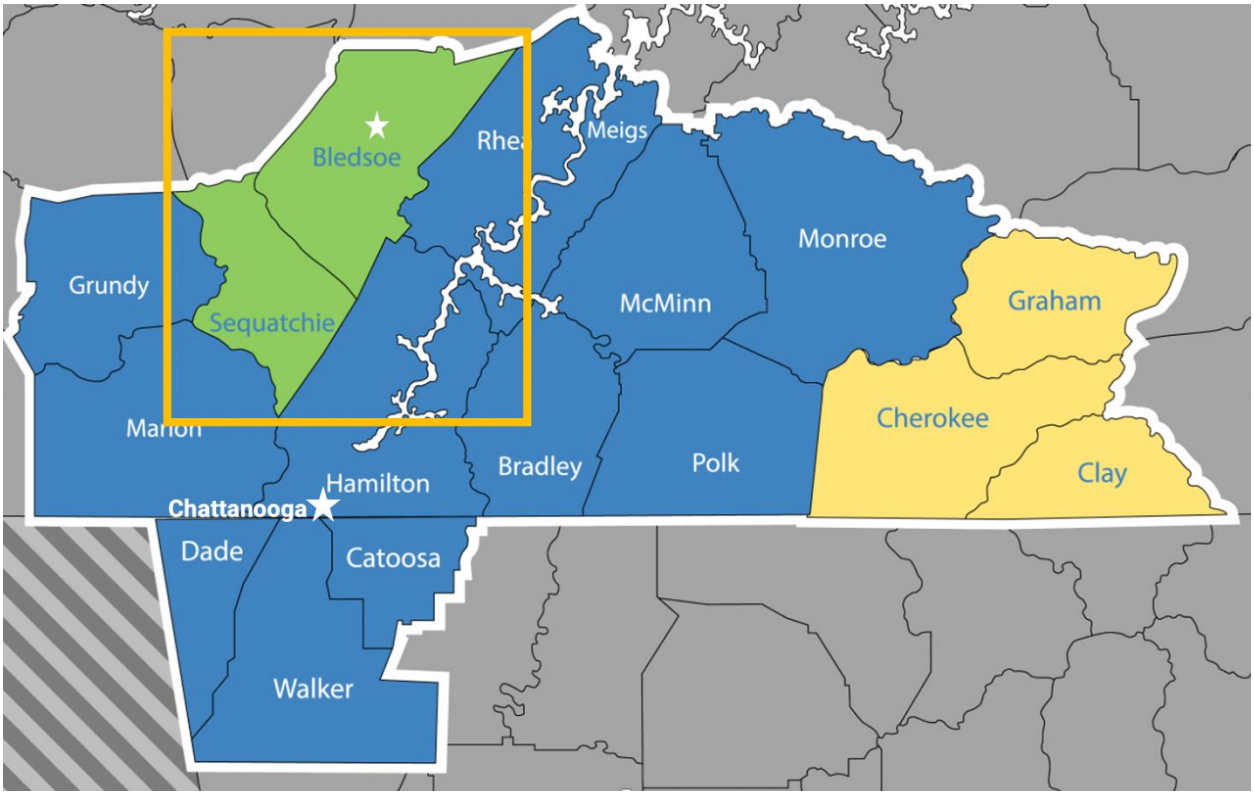
Table of Contents

Section A: Hospital Profile	Page 3
Section B: CHNA Process, Methods and Information	Page 6
Section C: Update On 2022 Priorities	Page 9
Section D: Service Area Description	Page 11
Section E: Community Health Status	Page 14
Section F: Erlanger Community Health Research	Page 18
Section G: Community Input / Focus Group Results	Page 27
Section H: Community Health Priorities 2025-2028	Page 30
Appendix	Page 31

Section A: Hospital Profile

Overview

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



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

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

Erlanger Bledsoe Hospital service area covers approximately 40 miles of the valley floor and parallel areas of the plateau. The area is rural, mostly farmland, dotted by two small, incorporated towns - Pikeville in Bledsoe County and Dunlap in Sequatchie County. The two towns are 20 miles apart and connected by US 127, a two-lane highway.

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

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

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

Mission, Vision and Values

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

Mission
We compassionately care for people.

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

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

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

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

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

***A*ccountability**
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.

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

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

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

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

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

Leadership

Erlanger is led by a volunteer Board who devote their time, skills, and experience to provide guidance to the Health System.

Erlanger Health has, and maintains, a self perpetuating Board of Directors comprised of the following members.

Erlanger Health -- Board of Directors:

Sheila C. Boyington, PE	*Chair*
Vicky B. Gregg	*Vice Chair*
John F. Germ	Member
Warren McEwen, CPA, MBA	Member
Lemon Williams	Member
Debbie Ingram, PT, Ed.D., FAPTA	Member
Barry Large	Member
Lorie S. Runge	Member
Larvizo Wright, CPA, MBA	Member
James M. Sizemore, MD	Member
Chris Poole, MD	Member

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 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 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

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 facility 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 a 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 such as Bledsoe and Sequatchie Counties.

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.

For Erlanger Bledsoe service area, a Primary Care Physician ("PCP") is scheduled to begin at EBH in August, 2025.

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

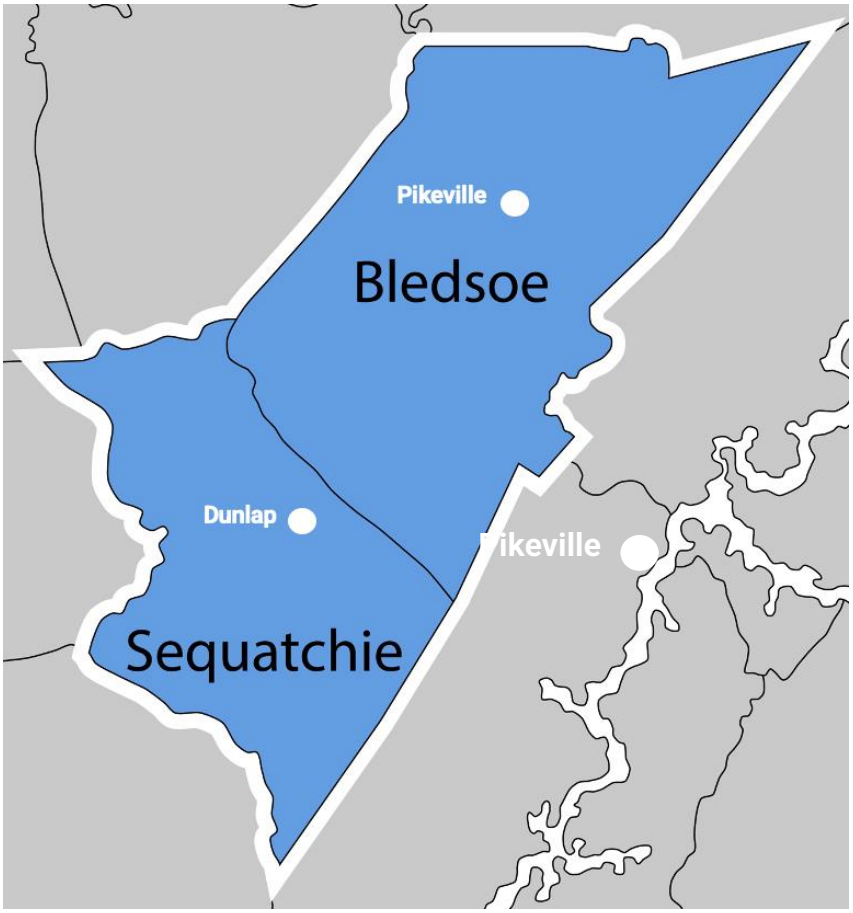
Healthcare literacy … those lacking in health care understanding or health related literacy … are often among the most at risk in the community, either because of education, income level, age, ethnicity or other factors.

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

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



As shown in the following chart, the two (2) counties are almost equal in terms of total population.

County	Service Area	2024 (*) Population	% Of Population	2024 (*) Discharges	% Of Discharges
Bledsoe	Primary	15,591	46.9%	105	71.9%
Sequatchie	Primary	17,620	53.1%	25	17.1%
Other				16	11.0%
Totals		*33,211*	*100.0%*	*146*	*100.0%*

** Source: U.S. Census Bureau - Quick Facts - 2024, and EH internal data.*

** Does not include Bledsoe and Sequatchie patients treated at Erlanger Medical Center, since that facility prepares it's own CHNA.*

Age Profile

Similar to surrounding counties, approximately 11-14% of Erlanger Bledsoe area residents are under age 18, which is less than Tennessee; while 20% are over the age of 65, which is higher than Tennessee.

Service Area Age Profile - 2024

County	0 - 5 Years	6 - 18 Years	19 – 64 Years	65+ Years
Bledsoe	4.2%	11.2%	62.8%	21.8%
Sequatchie	5.7%	14.4%	57.9%	22.0%
State Of Tenn.	**5.8%**	**16.2%**	**60.6%**	**17.4%**

** Source: U.S. Census Bureau - Quick Facts – 2024.*

Race/Ethnicity Profile

The EBH service area is predominantly White and the Black/African American population is significantly less than Tennessee. Other ethnicity classifications are generally less than Tennessee.

Service Area Race/Ethnicity – 2024

County	Black & African American	American Indian & Alaska Native	Asian	Hispanic or Latino	White (Not Hispanic or Latino)	Two or More Races
Bledsoe	5.4%	0.8%	0.3%	3.7%	88.1%	1.7%
Sequatchie	1.2%	0.6%	0.5%	4.6%	91.3%	1.8%
State Of Tenn.	**16.5%**	**0.6%**	**2.1%**	**6.5%**	**72.0%**	**2.3%**

** Source: U.S. Census Bureau - Quick Facts – 2024.*

Educational Profile

Though it's not unusual for rural counties to have lower high school and college graduation rates, generally speaking, Bledsoe and Sequatchie Counties are both significantly less than Tennessee.

Service Area Educational Profile – 2019 - 2023
(Age 25+)

County	< Than HS Graduate	High School Graduate	Bachelor's degree +
Bledsoe	%	79.6%	8.8%
Sequatchie	%	81.7%	18.9%
State Of Tenn.	**%**	**89.6%**	**30.4%**

** Source: U.S. Census Bureau - Quick Facts – 2024.*

Income Levels

Lower levels of education almost always translate to lower earning potential. Those without college degrees, tend to earn substantially less than those who have college or

post-graduate degrees. Those who decide not to finish high school tend to earn less than those with a high school diploma or it's equivalent.

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

Service Area Income Profile – 2019 - 2023

County	Median HH Income	Per Capita Income Past 12 Months	Persons in Poverty
Bledsoe	$49,655	$23,547	21.6%
Sequatchie	$52,260	$26,368	15.1%
State Of Tenn.	**$67,097**	**$37,866**	**14.0%**

** Source: U.S. Census Bureau - Quick Facts – 2024.*

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 30% of families in Tennessee are ALICE families in 2021. ALICE stands for "Asset Limited, Income Constrained, Employed" … people who work and earn more than the poverty level, but who still cannot always afford the necessities of daily living.

Observations From Service Area Data

The Erlanger Bledsoe Hospital service area is a sparsely populated agricultural area with less than 34,000 people living within 673 square miles. Rural counties enjoy many advantages when it comes to quality of life, but also many challenges when it comes to health and access to healthcare services.

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

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

Section E: Community Health Status

Consistent with their similar rural characteristics, Bledsoe and Sequatchie Counties share related health challenges. Understanding community health and identifying factors that make health better or worse is complex and cannot be restricted to just a few indicators. According to The Population Health Institute at the University of Wisconsin:

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

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

Service Area Health Issues By County – 2024

	Bledsoe	Sequatchie	Tennessee	U.S.
Adult Obesity	38%	37%	36%	34%
Physical Inactivity	33%	33%	27%	23%
Adult Smoking	27%	26%	20%	15%
Excessive Drinking	15%	14%	17%	18%
Alcohol-Impaired Driving Deaths	43%	20%	24%	26%
Teen Births Per 1,000 females	40	32	24	17
Sexually Transmitted Infections Per 100,000	879.6	189.1	562.4	495.5

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

Teenage birth rates tend to be higher in rural counties. The incidence of sexually transmitted infections is particularly high in Bledsoe County.

Obesity

As seen in the preceding table, over a third of residents in the EBH service area are considered obese. Rates of obesity for both adults and children continue to rise, where Tennessee is 36% and the U.S. is 34%. Similar levels of adults rarely or never participate in physical activity. Obesity is commonly defined in these studies as a Body Mass Index (BMI) of 30 or greater.

Disabilities & Access To Health Insurance

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

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

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

	Persons with a Disability (2019-2023)	Persons Without Health Insurance (2019-2023)
Bledsoe	18.8%	16.1%
Sequatchie	17.5%	14.9%
Tennessee	**10.7%**	**11.1%**

** Source: U.S. Census Bureau - Quick Facts – 2024*

Those under age 65 that suffer from some type of disability is over 18% in Bledsoe and over 17% in Sequatchie, significantly higher than Tennessee. The rate of persons without health insurance is also significantly higher than Tennessee, with Bledsoe over 16% and Sequatchie almost 15%.

Mammograms & Flu Vaccinations

Women in the EBH service area are more likely to utilize mammography than Tennessee, and adults in both counties are significantly less likely to be vaccinated for influenza (i.e.-the Flu).

Mammography Screening & Flu Vaccine By County – 2024

	Bledsoe	Sequatchie	Tennessee	U.S.
Mammography	**49%**	**43%**	**42%**	**43%**
Flu Vaccinations	**35%**	**39%**	**47%**	**46%**

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

Physical and Mental Health

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

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

Service Area Health Issue By County – 2024

	Bledsoe	Sequatchie	Tennessee	U.S
Poor or Fair Health	23%	23%	18%	14%
Poor Physical Health Days in Past 30 Days	4.9	4.9	4.1	3.3
Poor Mental Health Days in Past 30 Days	5.8	6.6	5.8	5.8

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

Access To Care

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

Ratio Of Providers To Population By County – 2024

	Bledsoe	Sequatchie	Tennessee	U.S.
Primary Care Physicians	7,620 / 1	5,470 / 1	1,440 / 1	1,330 / 1
Other Primary Care Providers	1,480 / 1	1,300 / 1	570 / 1	760 / 1
Mental Health Providers	2,960 / 1	5,640 / 1	530 / 1	320 / 1
Dentists	7,400 / 1	5,640 / 1	1,780 / 1	1,360 / 1

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

It is noted that the PCP ratio for Bledsoe County is unusually high according to *County Health Rankings*. However, this may not be correct as Erlanger Health has several providers based in Bledsoe County. Further, a new primary care physician is scheduled to begin service in August, 2025.

In the area of mental health providers, both counties lag way behind Tennessee and the U.S. Mental health providers are most likely to locate in urban areas. For comparison, in Chattanooga and Hamilton County, there is one mental health provider for every 370 people, while in Sequatchie County there are 5,640 people per mental health provider.

There is also a need for dentists, particularly in Bledsoe County where the access ratio is almost four times that of Tennessee.

Observations from Community Health Research

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

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

- Improved access to primary care, the high provider to population ratios show that this is a continuing need. 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 provider supply and reduce travel time is important.

- Improved access to mental health care. The shortage of providers is quite evident. The supply of qualified mental health professionals is limited.

- Reversing trends in obesity. The rates of obese and overweight adults and children continue to climb. It is a national issue that is potentially more acute in Tennessee and also in the EBH service area.

- Reducing other risky health behaviors, such as binge drinking, drunk driving and smoking is an ongoing issue.

- Increasing use of basic preventive services, such as flu vaccines, is a basic need.

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 using a detailed questionnaire that focused on health needs, health habits, access to care, and other meaningful health topics.

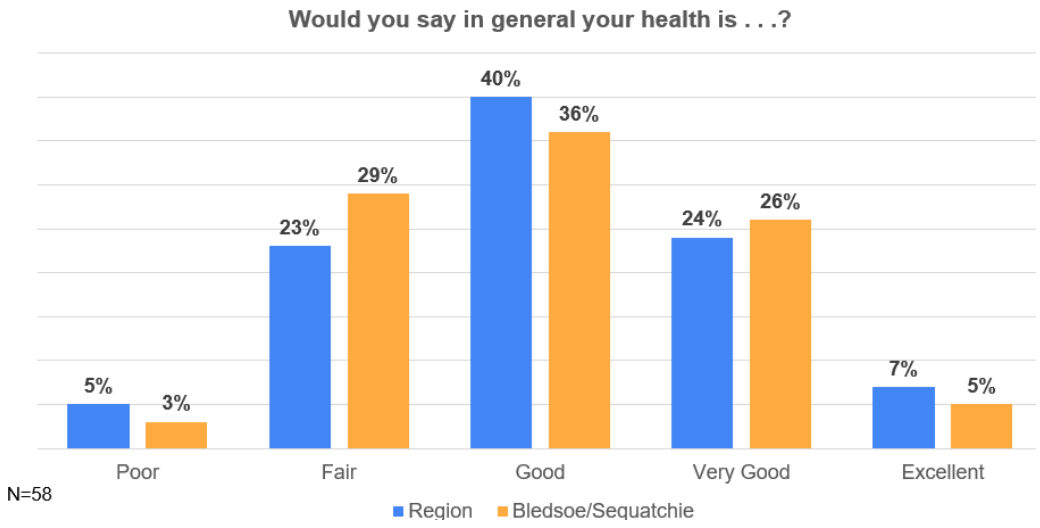
With a sample of 620 randomly selected participants, Erlanger's research has a confidence interval of 3.7% at the 95% confidence level. Simply put, this means, for a 50/50 response, interpretation can be 95% confident that the research result falls between 46.3 and 53.7. For responses where there is stronger agreement than 50/50, the confidence interval becomes narrower, meaning levels of confidence grow stronger.

The large sample also allows some evaluation within the Erlanger Bledsoe service area. Data was collected from 58 individuals in Bledsoe and Sequatchie Counties, and some key results are reported here. Though the EBH sample size is smaller, it is consistent with neighboring rural counties, which increases confidence in the results. However, please note that the data for the 58 adult responses may yield a confidence interval of 13% at the 95% confidence level, when drilling down on the specific EBH service area.

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

<u>Overall Health</u>

Most adults in the Erlanger Bledsoe service area feel good about their overall health. At least 679% said their health is good, very good or excellent. Only 3% said their health is poor.



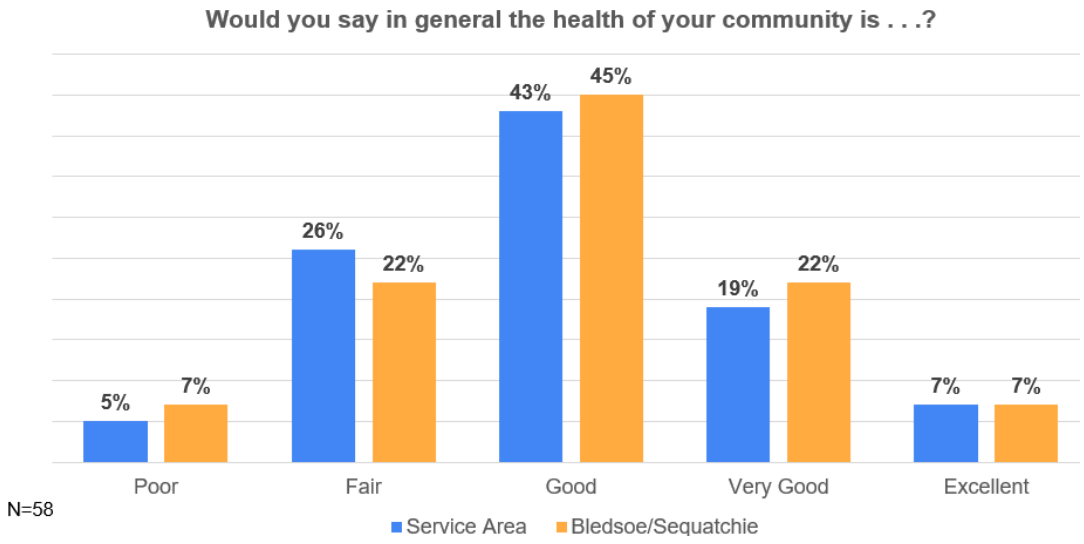
Age and income have less to do with feelings of overall health than one might think. Those under the age of 35 were more likely to report their health as fair or poor than

those over age 65. Those who earn more than $100,000 were more likely to report poor health than those earning less than $25,000.

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

Community Health

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

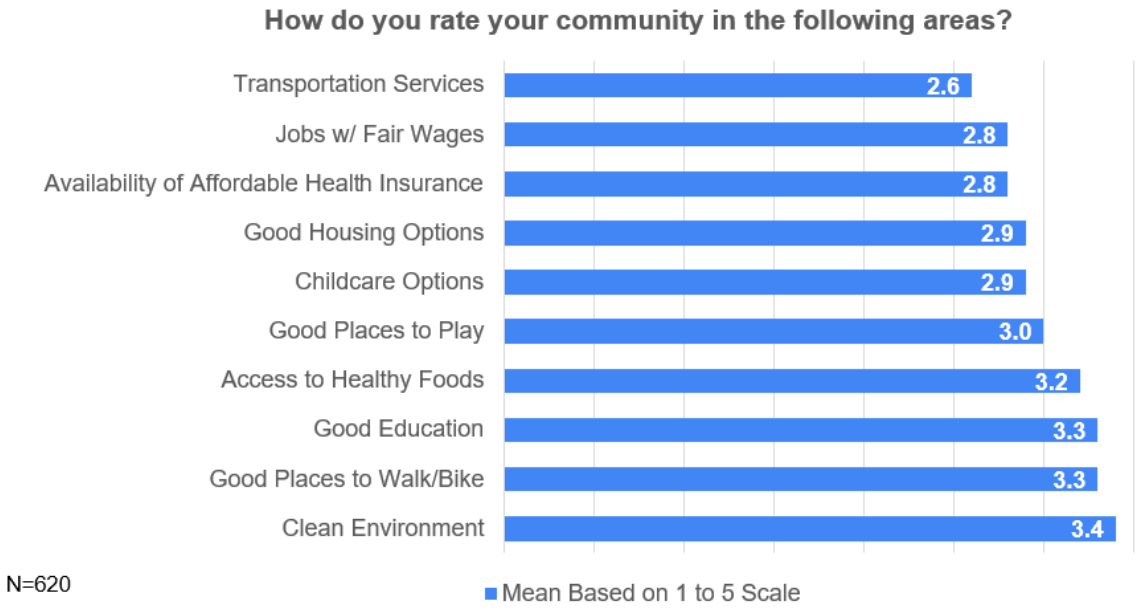


Income levels are a factor in how someone views the health of their community. Those who said they earn less than $25,000 a year rated the health of the community lower than any other income group.

Community Health Ratings

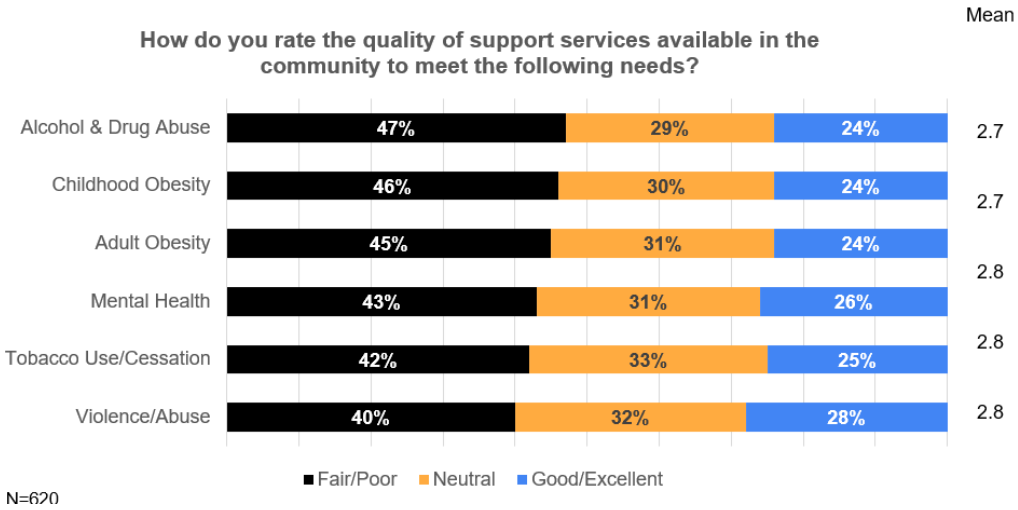
Participants in the research were asked to rate their community in 10 areas that can impact health and quality of life. In the Erlanger regional service area, communities rate most favorably for providing a clean environment, good places to walk or bike, good education and access to healthy food.

The areas rated lowest are transportation, jobs with fair wages, availability of affordable health insurance and good housing options. Transportation concerns are usually more acute in rural counties. Health insurance affordability is a bigger problem in counties with a high proportion of low income families.



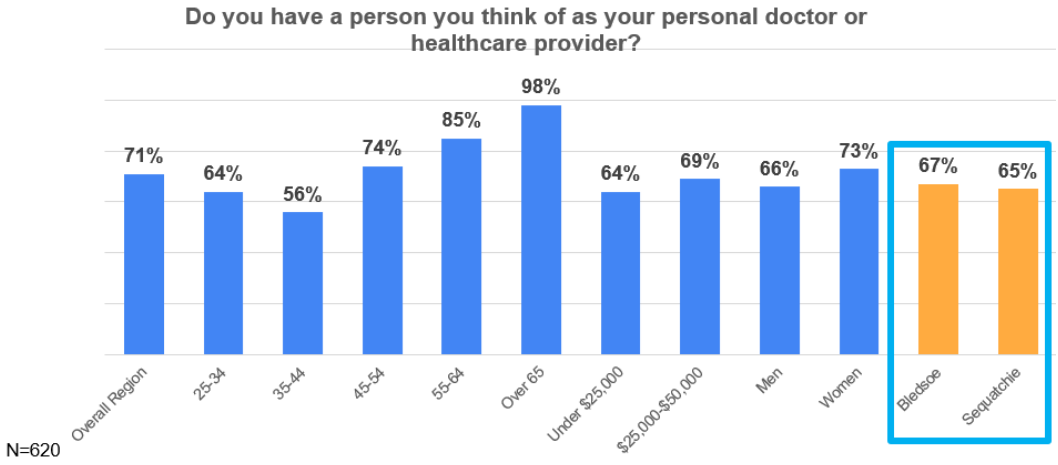
Quality of Support Services

Participants were asked to rate the quality of support services available to their community. The top five most lacking in the service area appear to be support for alcohol & drug abuse, overweight children and adults, mental health services, tobacco use and smoking cessation and violence & abuse.

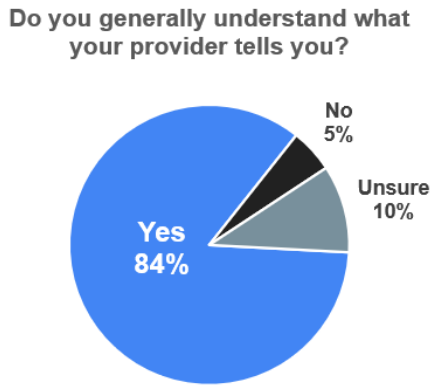


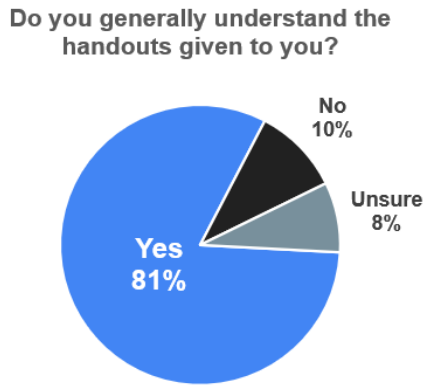
Access to Care

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



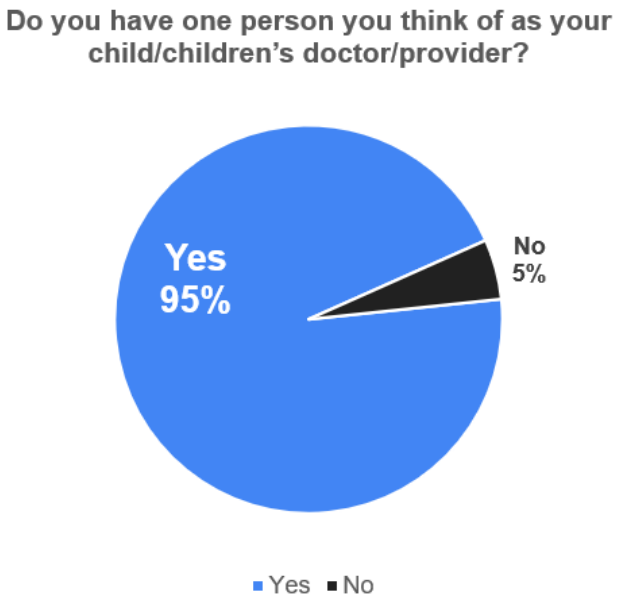
When adults go to the doctor, they generally understand what their provider tells them and the educational handouts the doctor provides. Those who do not usually understand tend to be those who are under age 25.





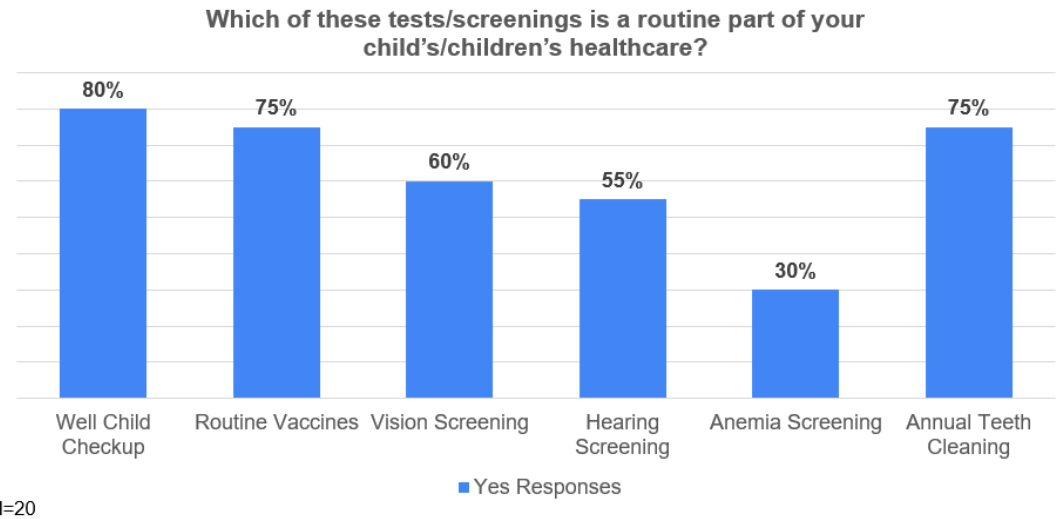
Children's Access to Care

Access to primary care is better for children than for adults. Overall, 95% in Bledsoe & Sequatchie Counties said their child, or children, have a personal doctor. Even among low income families, over 90% said their children have a personal doctor or health care provider.



N=20

Consistent with the number of parents who said their children have a personal doctor, 80% said their child/children receive an annual well-child checkup as a routine part of their care. However, smaller numbers are reported for vaccinations and screenings.



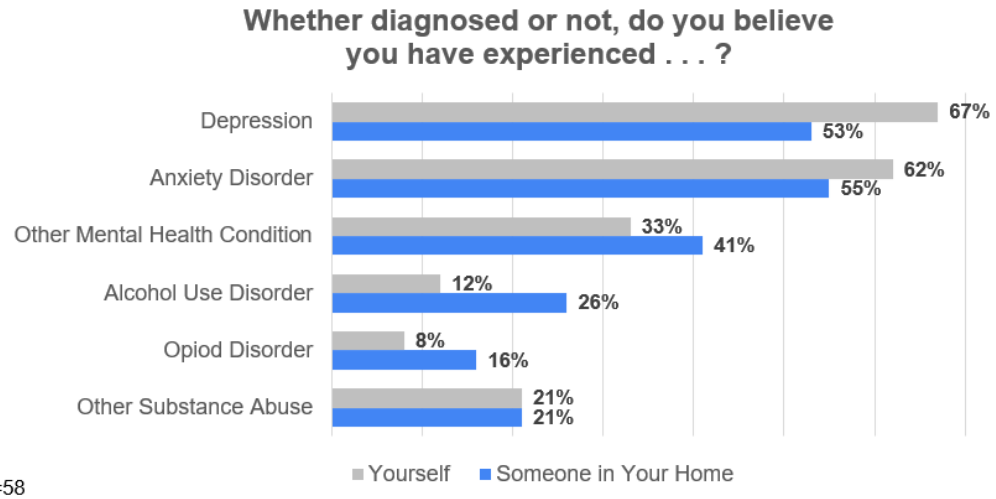
N=20

In addition to accessing a personal doctor and routine care, 60% of parents have taken a child to an urgent care center or walk-in clinic. Another 25% said they took their child to Children's Hospital emergency department, and 20% took a child to an emergency department other Children's Hospital.

Mental Health

Significantly, two thirds (2/3) of respondents feel they have struggled with some mental health issues at some time in the past. Although there may be no official diagnosis, 55% believe they have had an anxiety disorder and 53% said they have experienced

depression. About 21% of respondents said they have had some type of “other” substance abuse.



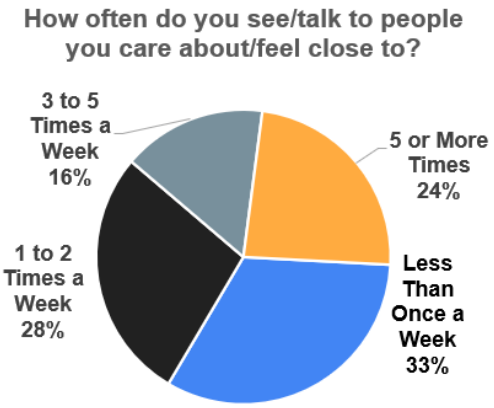
N=58

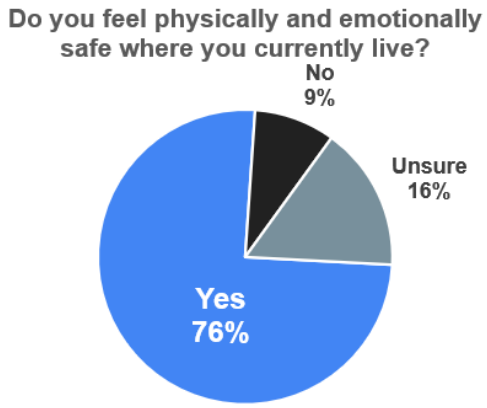
A similar profile emerges when participants were asked about others in their households. They were somewhat more likely to report that another person in the household has a problem with abusing alcohol.

Isolation

Being isolated or lacking contact with others can contribute to mental health issues. In the EBH service area, 67% said they have contact with others at least one or more times per week. The 14% who said they have contact with family or friends less than once per week are likely to live in more remote areas.

Only 9% of respondents in the EBH service area said they don’t feel physically or emotionally safe where they currently live.



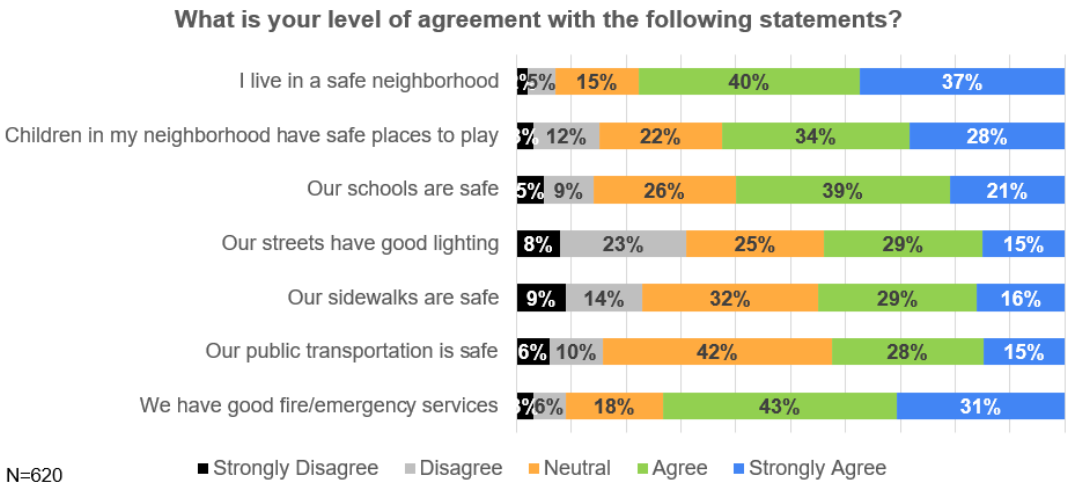


N=58

Personal Safety

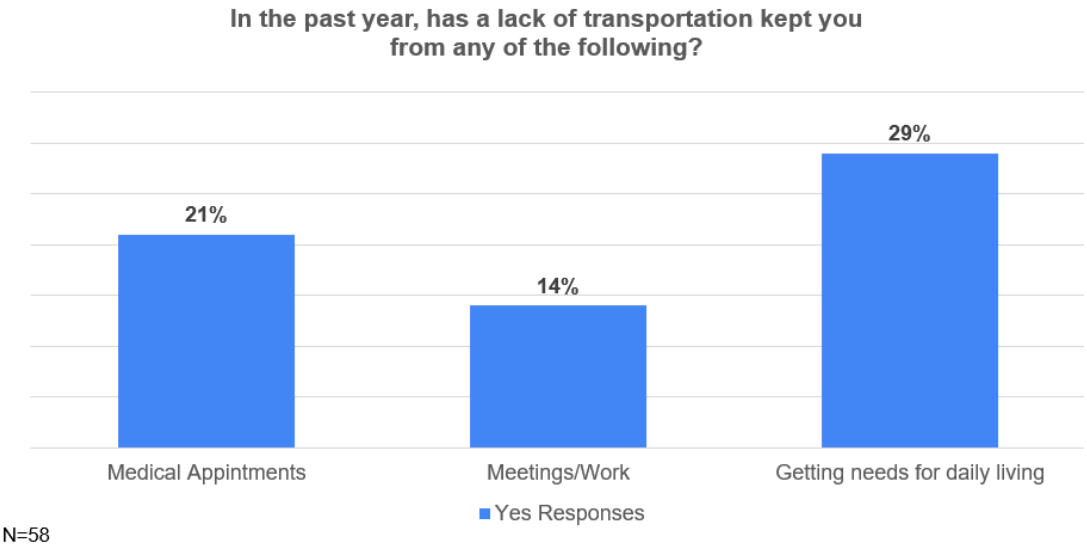
When asked if they feel physically and emotionally safe where they live, most said they do. Those who said they do not feel safe where they live are more likely to be female, lower income, with less than a high school education.

Most residents do agree that their schools and neighborhoods are safe. Further, 74% express confidence in their fire, police, and emergency services. Only 9% or less expressed any level of disagreement about these safety factors.



Transportation

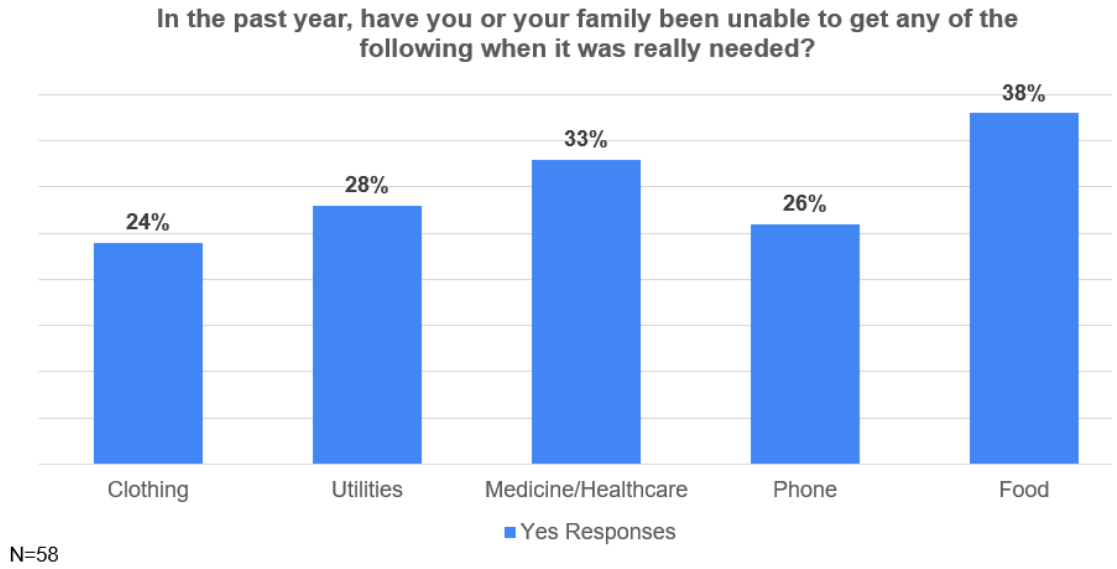
Getting where they need to go is a problem for some. Overall, 64% of respondents in Bledsoe and Sequatchie Counties said that transportation is a problem. Specifically, 21% said that a lack of transportation kept them from a medical appointment, and 29% said it was an issue in obtaining needs for daily living.



Access To Basic Services

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

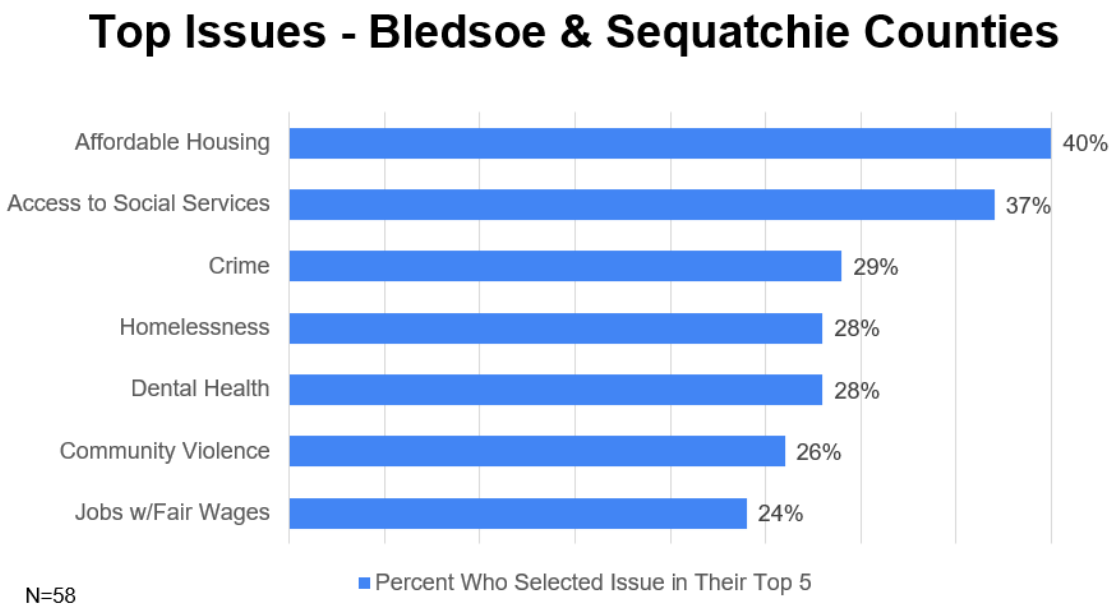
Based on the study, those unable to get medicine or healthcare when needed tend to live in rural counties. However, the EBH service area seems to be doing slightly better pertaining to medicine and healthcare services. For example, the regional service area report 38% had difficulty obtaining needed medicine & healthcare, whereas for the EBH service area it is 33%.



Top Priorities Identified By Community Survey

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

The top concerns do not fall within the scope of Erlanger's historical mission. For example, affordable housing may be the top issue facing the community. However, addressing them would require a fundamental shift in Erlanger's health care mission.



Observations from Erlanger Primary Research

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

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

Residents in the Erlanger Bledsoe service area observe or experience all these problems but have not ranked access to health care and substance abuse services among their top priorities.

One area where those struggling is mental health, more than two thirds (67%) indicated that they struggle with depression, and 53% indicated that they have struggled with anxiety.

Section G: Community Input / Focus Group Results

Representatives of the Bledsoe and Sequatchie community were invited to participate in a collaborative focus group discussion, pertaining to the EBH service area and its health care priorities. The meeting was held in downtown Pikeville and lasted approximately two (2) hours.

A roster of all focus group participants is in the Appendix.

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

The following table illustrates the top five issues for each hospital focus group in the Erlanger service area, as tabulated following group voting. Issues that generated the most votes across at least three of the groups are shown in bold face.

Erlanger Bledsoe – Focus Group Results

Top Issues	**Erlanger Service Area Focus Group Locations**					
	MAIN	EAST	NORTH	BLEDSOE	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 Bledsoe Hospital Focus Group

Issue: Poverty (6 Total Votes)

Ideas/Actions	Votes
Help impoverished people to be motivated to work toward a better future; they are always in survival mode	6

Issue: Drugs/Addiction (13 Total Votes)

Ideas/Actions	Votes
Offer NOT program to families	3
Address lack of drug/addiction help programs , such as AA	3
Encourage church engagement	1
Revamp and restore the Drug Coalition	6

Issue: Provider Access (8 Total Votes)

Ideas/Actions	Votes
Increase specialty access; recruit needed specialists to area	5
Add residency rotations	1
Recruit an OB-GYN	2

Issue: Mental Health (26 Total Votes)

Ideas/Actions	Votes
No Facility in area	15
Emphasize Telehealth	1
Long wait times for youth	1
Volunteer Behavioral	3

Use data to educate, motivate, overcome stigmas and expand access	1
Family Education	1
Share Success Stories	1
Find money to sustain current practices	1

Issue: Home Instability (10 Total Votes)

Ideas/Actions	Votes
Access home grants for qualified candidates.	1
Long wait list for low income housing	9

Issue: Dental Care (11 Total Votes)

Ideas/Actions	Votes
Dental health education	4
Education classes for parents to help educate their children	1
Focus on prevention	6

Issue: Transportation (6 Total Votes)

Ideas/Actions	Votes
Change SETHRA rules so there are fewer limits on access	4
Increase availability	2

Issue: Obesity (6 Total Votes)

Ideas/Actions	Votes
Park expansion	2
Self-motivation/Education	4

Issue: Food Access (8 Total Votes)

Ideas/Actions	Votes
Educational Issues	2
Unclear application process for SNAP funding	3
Eligible candidates not applying for WIC	3

Section H: Community Health Priorities 2023-2025

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

Identifying these priorities was based on four main criteria:

1. Need. There must be a clear, documented need that is supported by data, research and community input.

2. Impact. Pursuit of the priority must have a meaningful impact on a significant group of people, especially those people who are defined as more at-risk in the community.

3. Feasibility. Our priorities must be limited to areas where Erlanger has the ability to act and make a difference.

4. Mission. Everything we do must be consistent with Erlanger's mission, vision and values.

The following priorities pass the test.

Community Health Need → Mental & Behavioral Health

Mental & behavioral health was ranked by the EBH focus group as the highest priority. In this context, EMC is exploring the possibility of a new Graduate Medical Education ("GME") program with the UT College of Medicine for a Psychiatry / Behavioral Health residency program. This may take several years and is possibly subject to not being implemented. However, if the GME program is initiated, EBH would seek to have this included in the community health rotations which have been approved.

Further, EMC is currently seeking to initiate an ambulatory Behavioral Health program for patients not requiring inpatient care and/or treatment. EBH will seek to partner with that initiative.

Appendix

Focus Group - Erlanger Bledsoe Hospital

Tuesday, January 28, 2025

Participants

Beth Blevins
Dr. Lindsay Hathcock
Gregg Ridley
Jan Frecheette
Kristin Billingley
Laura Anderson
Michelle Rains
Molli Sells
Emma Boynton
Becky Ridley
Brittany Friedrich
Michaela Campbell
Stephanie Boynton
Will Rica

Observers

Martin McKay
Glenn Curry
Bill Stiles
Brenda Reece
Patsy Brown

ERLANGER HEALTH SYSTEM

Community Health Needs Assessment

Community Survey Questionnaire/Final

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

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

Thank you for helping in this important effort.

[Begin Survey]

1. What is your county of residence?

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

2. What is your zip code?

[Enter zip code]

3. Would you say in general your health is:

Poor Fair Good Very Good Excellent

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