Community Health Needs Assessment 2025

Erlanger Health, Incorporated D/B/A

erlanger

Erlanger Medical Center | 975 East 3rd Street | Chattanooga, TN 37403

COMMUNITY HEALTH NEEDS ASSESSMENT

Erlanger Health, Inc.

D / B / A

Erlanger Medical Center

Children's Hospital @ Erlanger
975 East 3rd Street
Chattanooga, TN 37403

Erlanger East
1755 Gunbarrel Road
Chattanooga, TN 37421

Erlanger North
632 Morrison Springs Road
Chattanooga, TN 37415

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 17
Section F: Erlanger Community Health Research	Page 21
Section G: Community Input / Focus Group Results	Page 36
Section H: Community Health Priorities 2025-2028	Page 40
Appendix	Page 42

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

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

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

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

Erlanger North Hospital provides a full-service emergency department along with specialty ambulatory programs, such as an Accredited Sleep Disorders Center, cardiac rehabilitation, mammography, and nuclear medicine. There are no medical-surgical hospital beds in use at Erlanger North. However, the inpatient component has been leased to Erlanger Behavioral Health Hospital, LLC, and 48 inpatient psychiatric / behavioral health beds have been implemented at this facility.

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

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 and 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 were approximately two (2) hours in duration. A list of all participants can be found in the appendix to this document.

The eight groups were as follows:

- Erlanger Medical Center — Tuesday, January 21, 2025
- Children's Hospital @ Erlanger — Wednesday, January 22, 2025
- Erlanger Bledsoe Hospital — Tuesday, January 28, 2025
- Erlanger Western Carolina Hospital — Thursday, January 30, 2025
- Erlanger North Hospital — Monday, February 3, 2025

- Erlanger Behavioral Health Hospital Tuesday, February 4, 2025
- Erlanger East Hospital Wednesday, February 5, 2025
- Erlanger Community Health Centers Thursday, February 20, 2025

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

Finally, the CHNA work team evaluated all the research and community input and recommended priorities and next steps for 2025 - 2028, as described in Section H of this document. The priority recommendations were reviewed and endorsed by the CHNA committee.

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

<u>Information</u>

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

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

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

Response

Over the last 2 FY's (2023 & 2024), Erlanger has recruited …
(1) Total 65 providers … 18 physicians & 47 mid-level providers.
(2) Primary care 26 providers … 9 physicians & 17 mid-level providers.
(3) Specialty care 39 providers … 9 physicians & 30 mid-level providers.

Identified Health Need – No. 3 – Care Coordination

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

Response

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

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

Identified Health Need – No. 4 – Healthcare Literacy

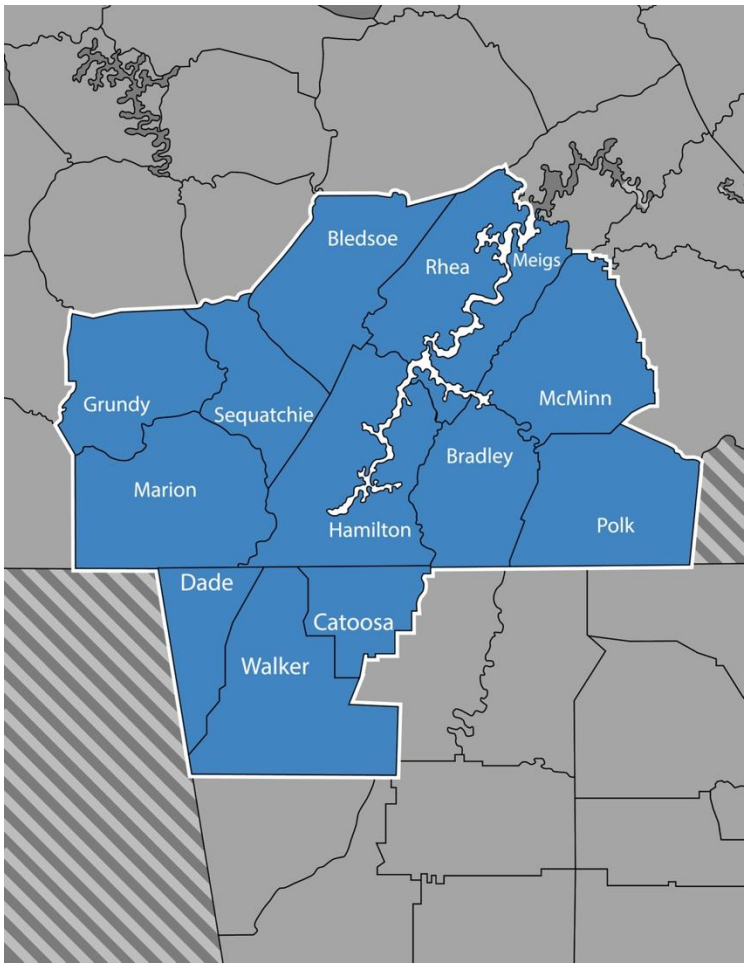
Healthcare literacy … those lacking in health care understanding or health related literacy … are often among the most at risk in the community, either because of education, income level, age, ethnicity or other factors.

Response

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

Section D: Service Area Description

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



As shown in the chart on the following page, Hamilton County, TN, accounts for 41.9% of inpatient discharges at Erlanger Medical Center and Children's Hospital @ Erlanger, and 60.4% for Erlanger East Hospital. Note that discharges from Erlanger Behavioral Health Hospital and Erlanger Bledsoe Hospital are not included in this CHNA document since separate CHNA's are published for those facilities. Erlanger North Hospital has been re-purposed from acute medical/surgical services to acute Psychiatric & Behavioral Health Services.

The secondary service area, which is made up of 12 counties, most of them contiguous to Hamilton County, accounts for 33.8% of discharges at Erlanger Medical Center and Children's Hospital @ Erlanger, and 22.5% of discharges at Erlanger East Hospital.

The remaining 24.3% and 17.1% respectively, are from outside this geography, where patients are drawn, or seek, the specialized tertiary services that Erlanger provides.

EH -- Inpatient Discharges By Hospital
For FY 2024

County	Erlanger Medical Ctr Discharges	%	Children's Hospital Discharges	%	Total -- Main Campus Discharges	%	Erlanger East Hospital Discharges	%
Primary Service Area ("PSA")								
Hamilton	8,836	42.7%	1,648	38.2%	10,484	41.9%	4,810	60.4%
Secondary Service Area ("SSA")								
Bradley	1,614	7.8%	407	9.4%	2,021	8.1%	819	10.3%
Marion	709	3.4%	127	2.9%	836	3.3%		
Grundy	230	1.1%	41	0.9%	271	1.1%		
Sequatchie	514	2.5%	52	1.2%	566	2.3%		
Bledsoe	352	1.7%	37	0.9%	389	1.6%		
Rhea	669	3.2%	109	2.5%	778	3.1%		
Meigs	109	0.5%	16	0.4%	125	0.5%		
McMinn	327	1.6%	36	0.8%	363	1.5%		
Polk	211	1.0%	54	1.3%	265	1.1%		
Dade	350	1.7%	55	1.3%	405	1.6%		
Catoosa	776	3.8%	143	3.3%	919	3.7%	533	6.7%
Walker	1,216	5.9%	299	6.9%	1,515	6.1%	441	5.5%
Sub-Total	15,913	76.9%	3,024	70.1%	18,937	75.7%	6,603	82.9%
Other	4,777	23.1%	1,292	29.9%	6,069	24.3%	1,366	17.1%
Total	20,690	100.0%	4,316	100.0%	25,006	100.0%	7,969	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	**0 - 5 Years**	**6 - 18 Years**	**19 – 64 Years**	**65+ Years**
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	**Black & African American**	**American Indian & Alaska Native**	**Asian**	**Hispanic or Latino**	**White (Not Hispanic or Latino)**	**Two or More Races**
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%
Grundy	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	Less Than High School Graduate (2019-2023)	High School Graduate + (2019-2023)	Bachelor's degree + (2019-2023)
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 Erlanger 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 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 7,620 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.

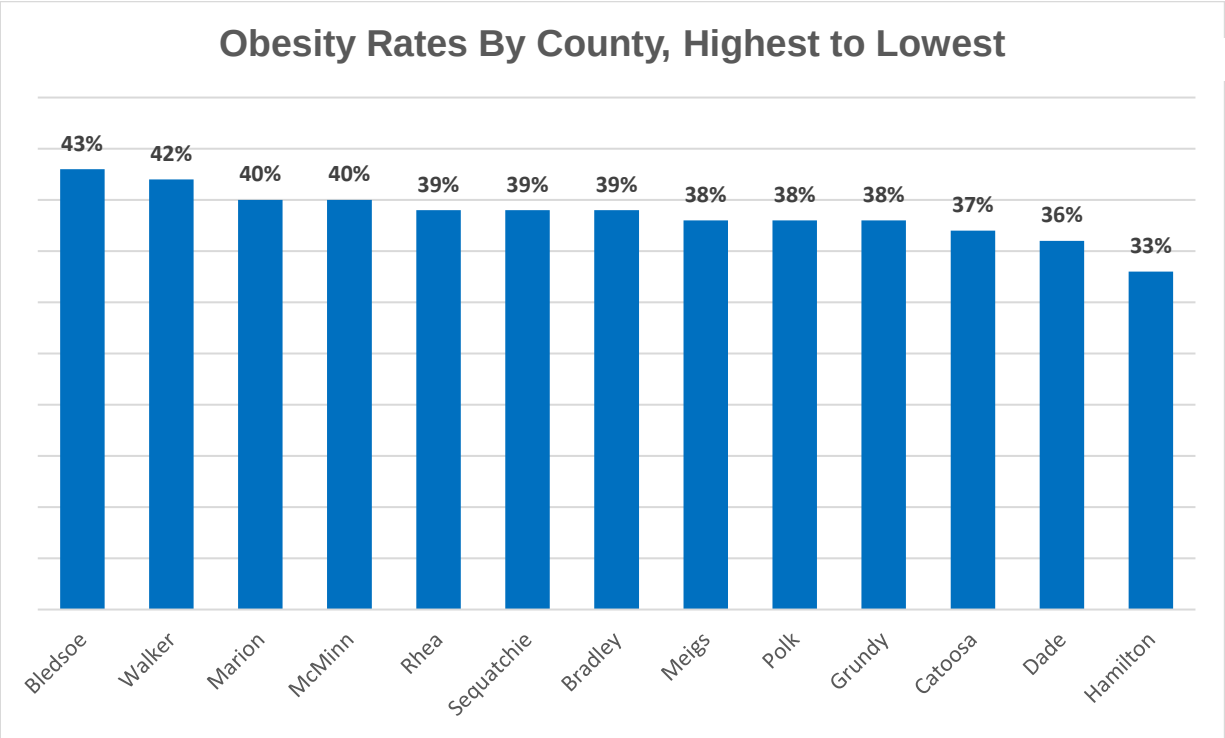
One of the biggest barriers to care is the lack of insurance. The uninsured rate is consistent across most of the service area at 12% to 13%. Bledsoe County has a more acute problem with obtaining health insurance that other rural areas, however.

Obesity

High rates of obesity continue to be a worrisome health outcome, one that is difficult to address effectively. Across the Erlanger 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 chart below displays the county adult obesity rate for all counties in the Erlanger service area, from the highest rate to the lowest, which is Hamilton County.



Source : Centers for Disease Control, 2025

Community Health Status Observations

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

Our survey points to several key health needs that are important to the Erlanger area. These needs include:

- Improved access to primary care. The high provider to population ratios in some areas shows this is an ongoing need in the region. While some who choose to live in rural areas will always have to travel for many health care services,

including primary care, efforts to increase the provider supply and reduce travel times seems important.

- Improved access to mental health care services. The shortage of providers in some areas create 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.

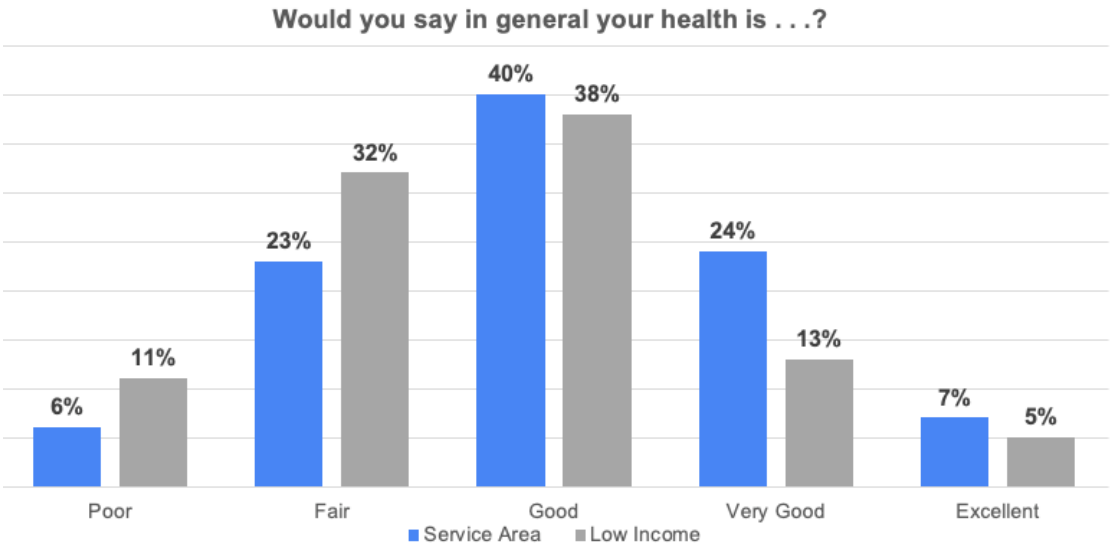
With a sample of 620 randomly selected participants, Erlanger's research has a confidence interval of % at the 95% confidence level. Simply put, this means, for a 50/50 response, interpretation can be 95% confident that the research result falls between 46 and 54. For responses where there is stronger 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.

<u>Overall Health & Influence of Poverty</u>

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.



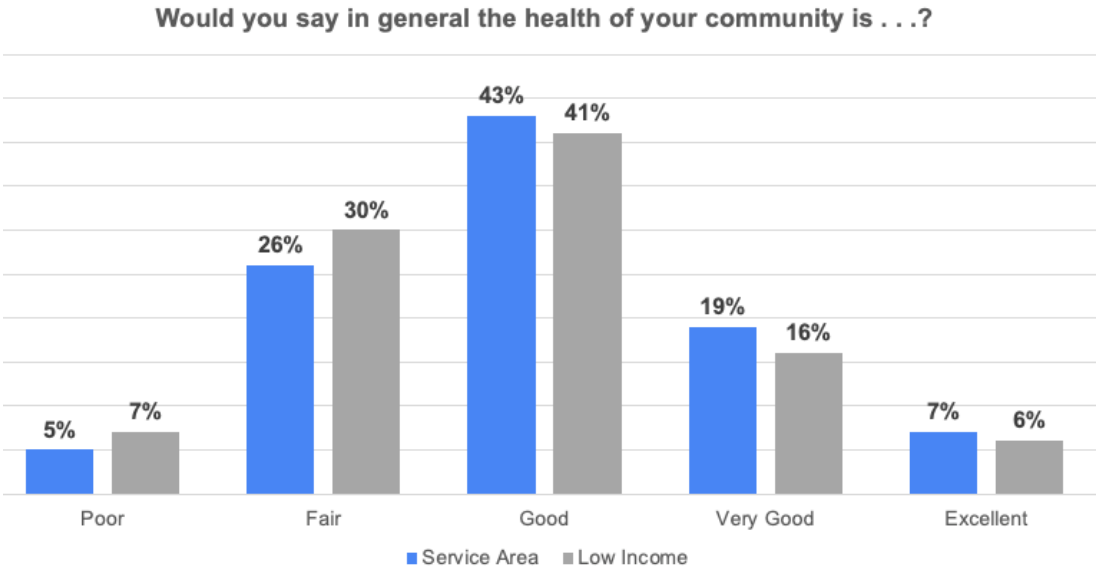
However, if you ask the same question of adults who earn less than $25,000 per year, the responses are quite different. As seen in the preceding chart, 56% of the low-income

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

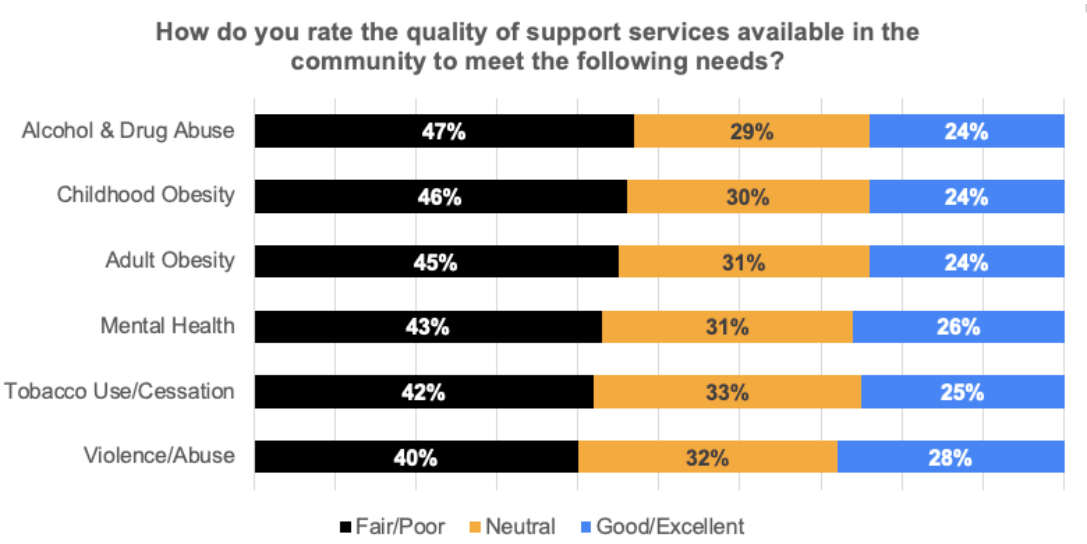
Regardless of income level, residents in the service area seem quite positive about the health of their communities, with 69% rating the health of the community as good, very good or excellent. Ratings among the low income group were 7 percentage points lower than the overall response.



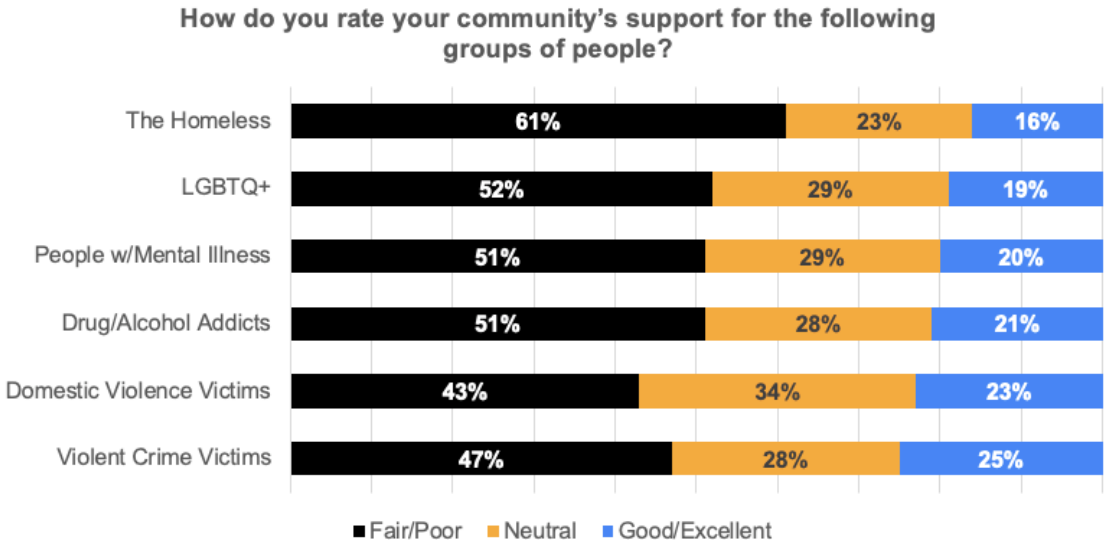
Residents of Hamilton County are among the most positive about community health, but all counties in the area seem to measure their community's health similarly.

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.

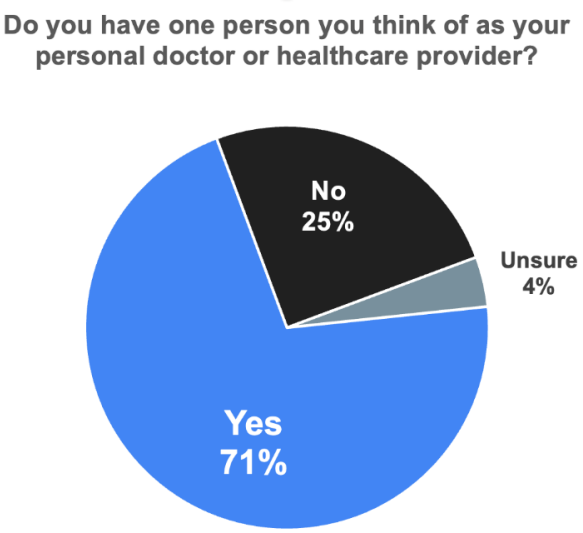


A majority of those responding to the research believe the community is performing at only fair or poor levels for the following 6 groups of people. The homeless group tops the list, with 61% of adults in the survey rating support only fair to poor.



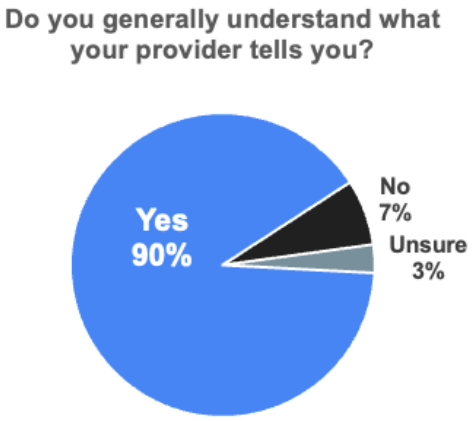
Access To Care

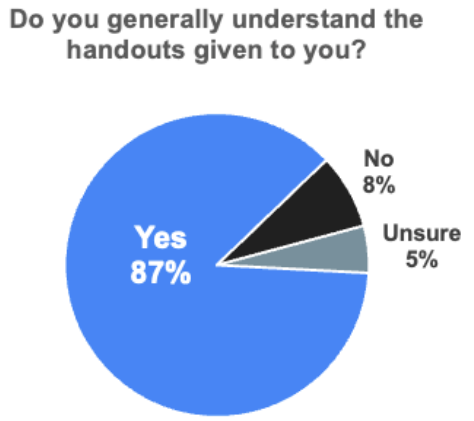
Most area residents said they have access to a primary care provider, though the percentage of those with primary care is less than what was measured in 2022 (74%).



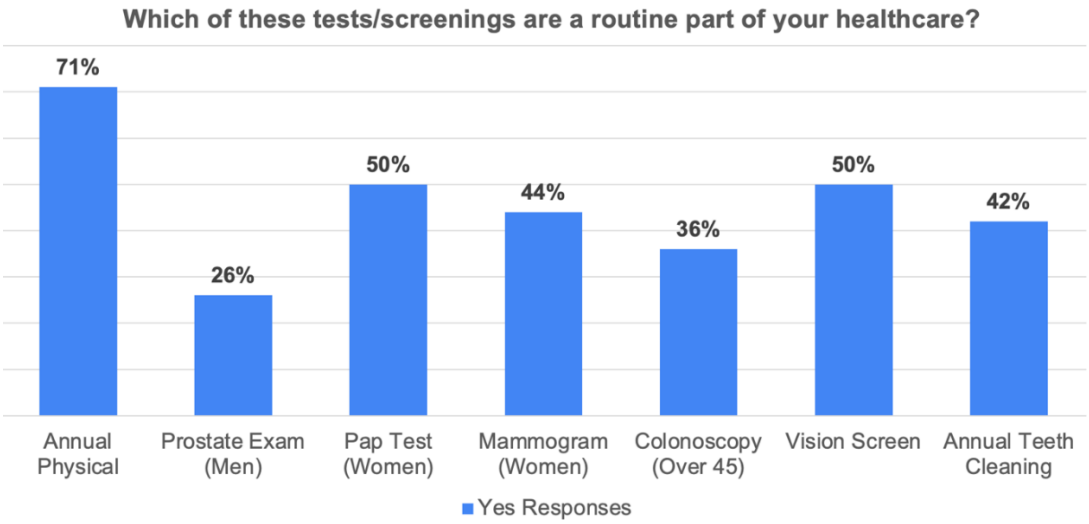
Income continues to be a barrier to primary care. Among those who earn less than $25,000 annually, 64% report having a primary provider. This compares to 69% among those who earn just a bit more, $25, 000 to $50,000, and 80% among those who earn $50,000 to $75,000.

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.





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.

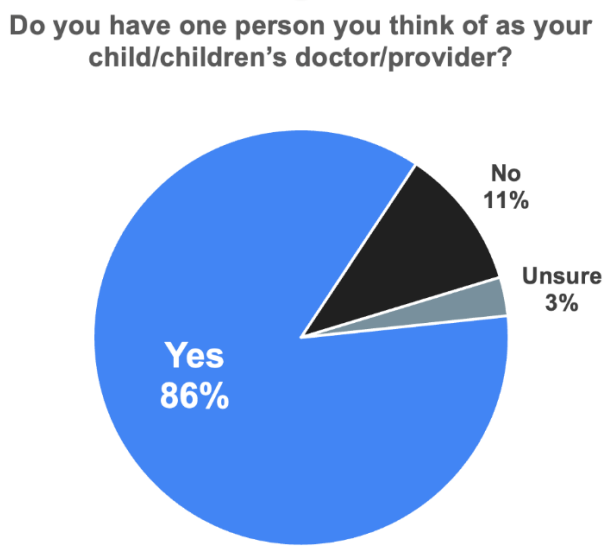


For other services, however, adults have widely varying levels of access. For example, only 13% of men over age 65 reported they have had a prostate exam. Among women over age 45, only 40% get a routine mammogram. Lower income, which is linked to a lack of insurance, is a common barrier to such services.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

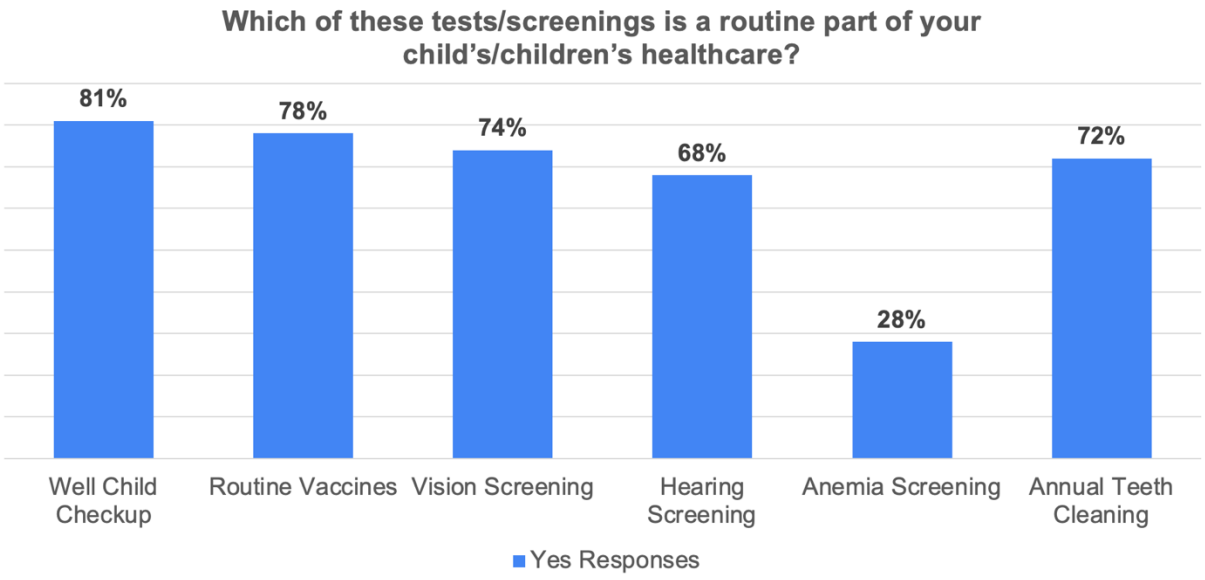
Children's Access To Care

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%.



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.

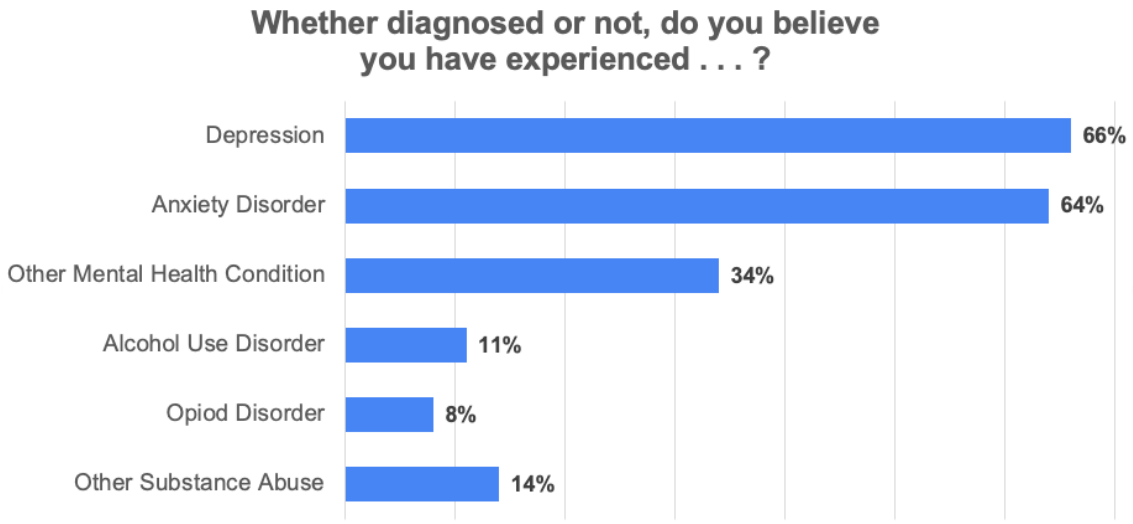
An additional 13% took their child to a hospital emergency room other than Children's Hospital.

Mental Health

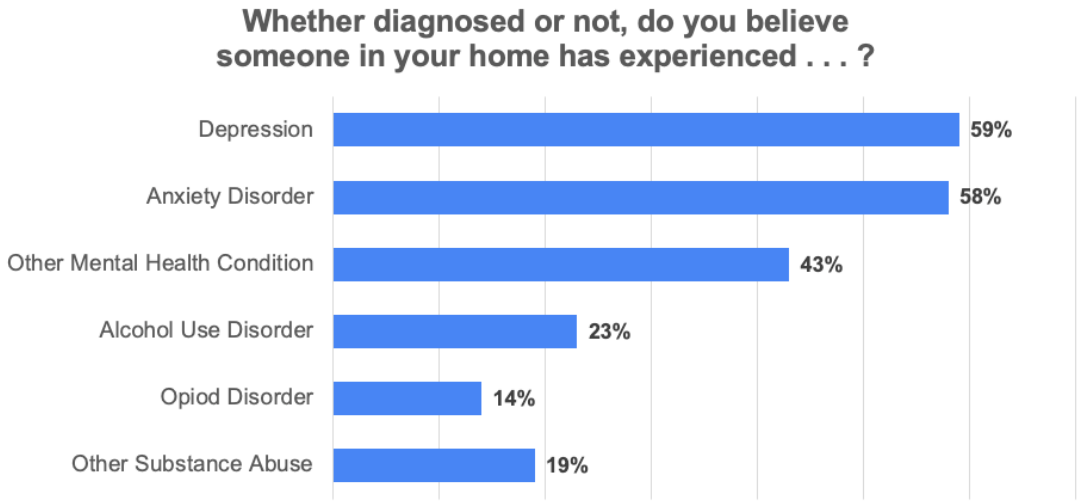
Two thirds (2/3) of participants in the research feel they have struggled with some mental health issues at some time in the past. Whether diagnosed or not, 66% said they have experienced depression and 64% said they have suffered from an anxiety disorder.

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.

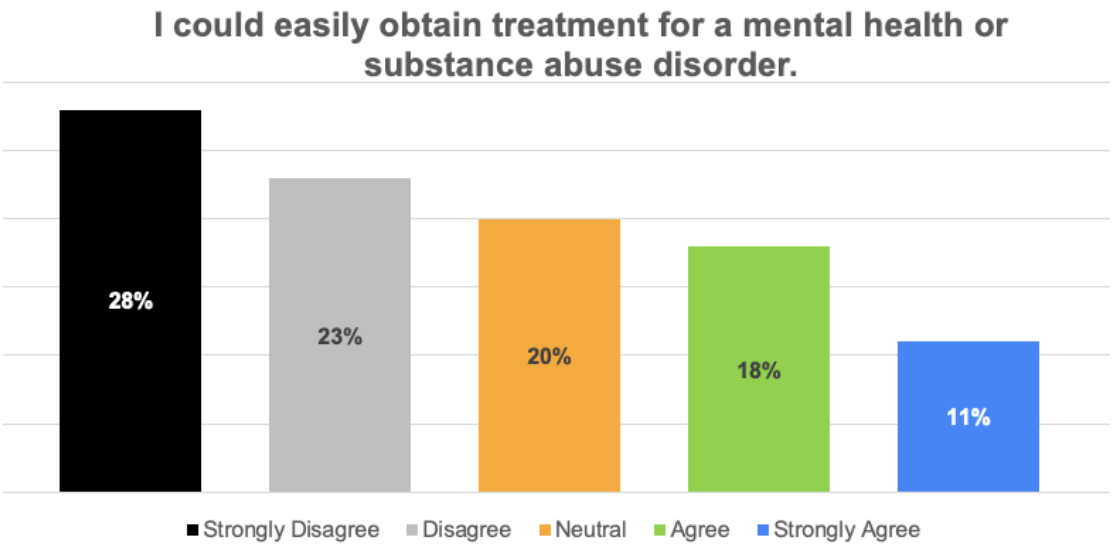
The chart also shows self-reported substance abuse, which seems significant. Between 8% and 14% of respondents were willing to report that they have experienced substance abuse personally.



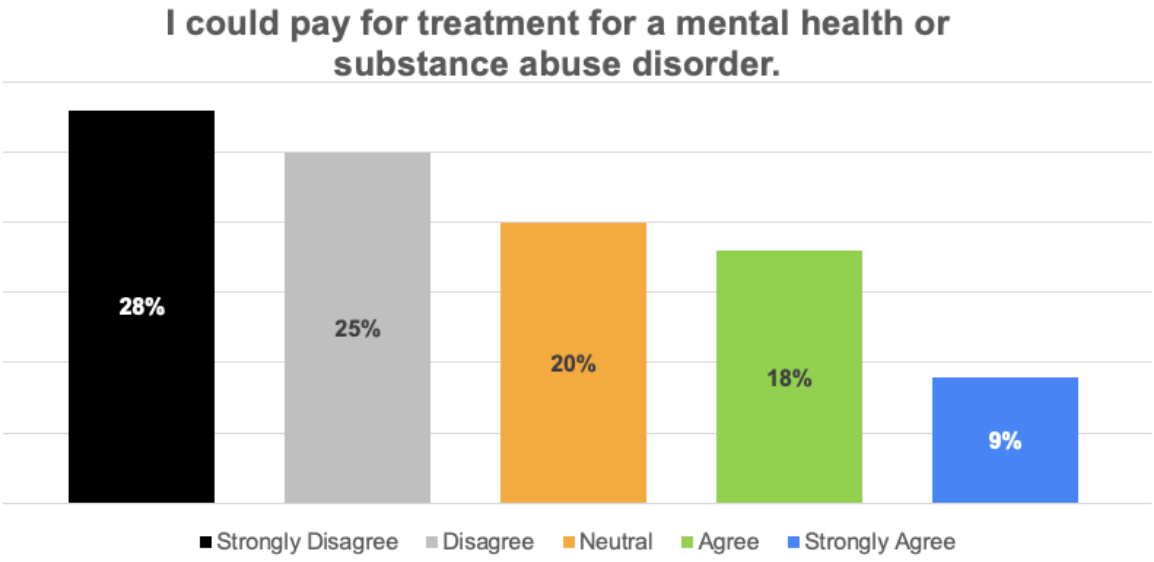
A similar profile emerges when participants were asked about others in their households. Almost 6 in 10 have issues with depression and/or anxiety. Respondents were somewhat more likely to report that another person in the household has a problem with abusing alcohol, opioids or other substances.



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.



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.

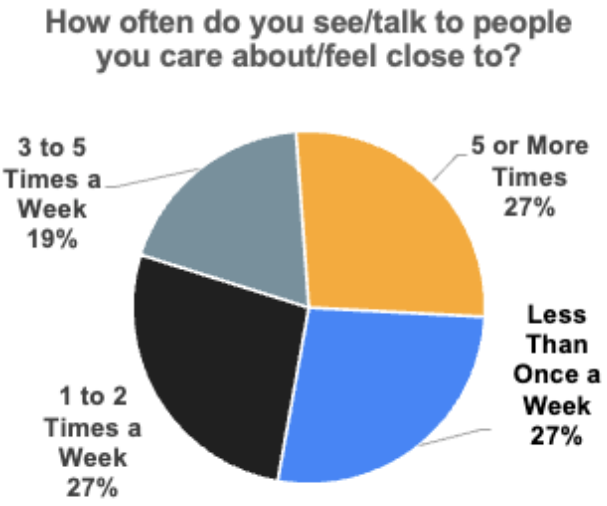


Those in the highest income levels are more likely to believe they could pay for care. In fact, 57% either agree or strongly agree they could pay for mental health care or substance abuse treatment. Affordability is an issue for every other income group. Among those who earn between $50,000 and $75,000, 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 two at least once a week and usually more.

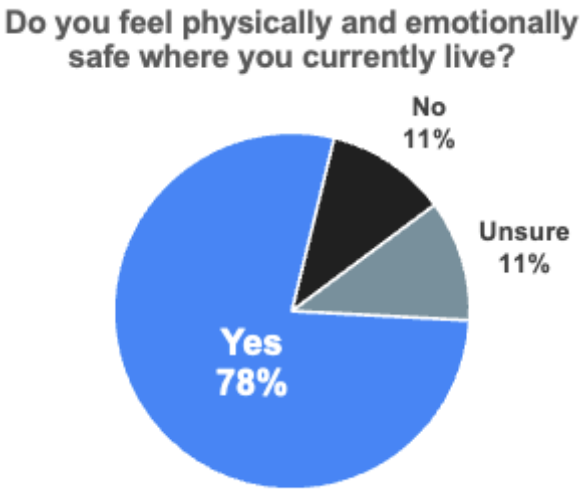
As can be seen in the following chart, 27% of adults in the research connect with people they care about 5 or more times per week. However, that same percentage see or talk to people they feel close to less than once weekly.



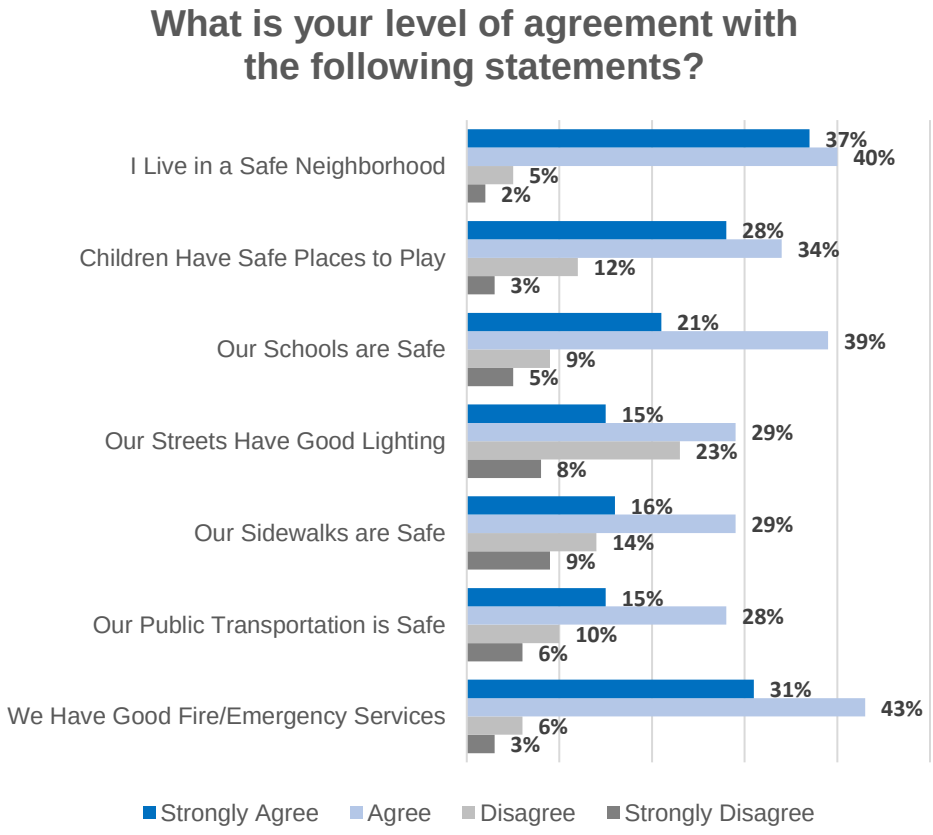
The 23% who have contact with family or friends less than once per week, tend to live in rural areas. For example, in rural Meigs County, 39% said they see or talk to someone less than once a week. In Bledsoe County, 37% indicated the same.

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.



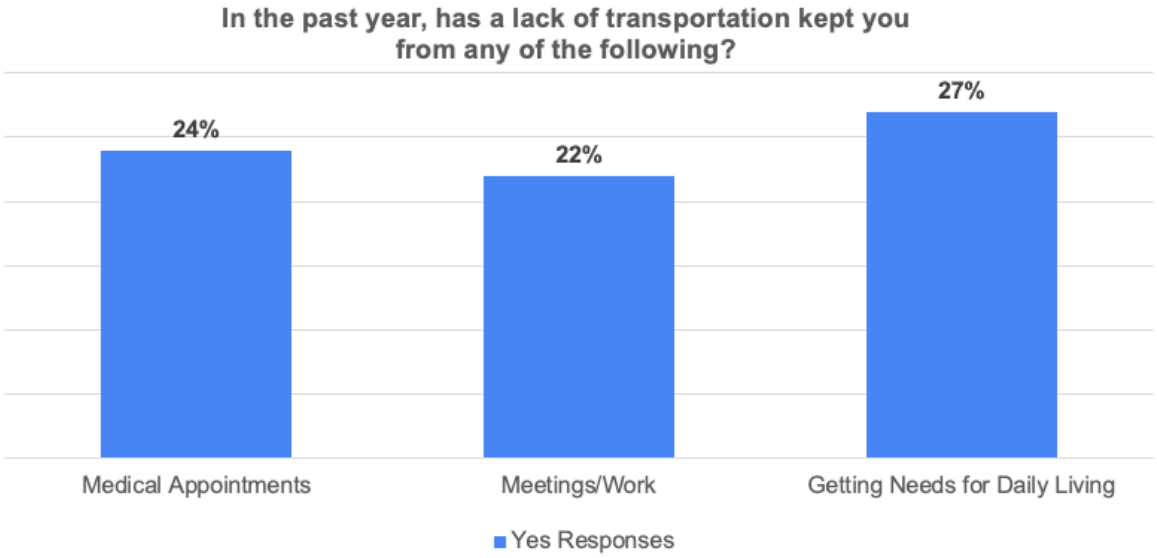
Most residents agree that their neighborhoods and schools are generally safe, and that public services intended to keep them safe do a good job. Across the region, 77% said they live in a safe neighborhood and 74% express agreement that their fire, police, and emergency services are good.



<u>Transportation</u>

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%.

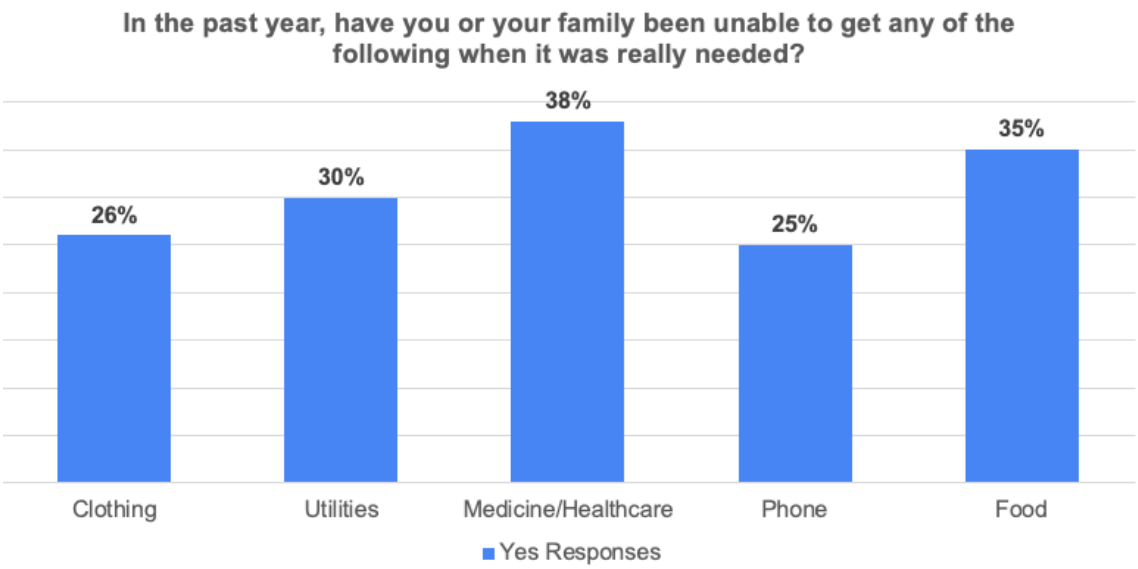
Age is far less a factor, even among those over age 65, only 13% responded that they have experienced difficulty getting to medical appointments or obtaining needs for daily living.



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

County	Percent
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.

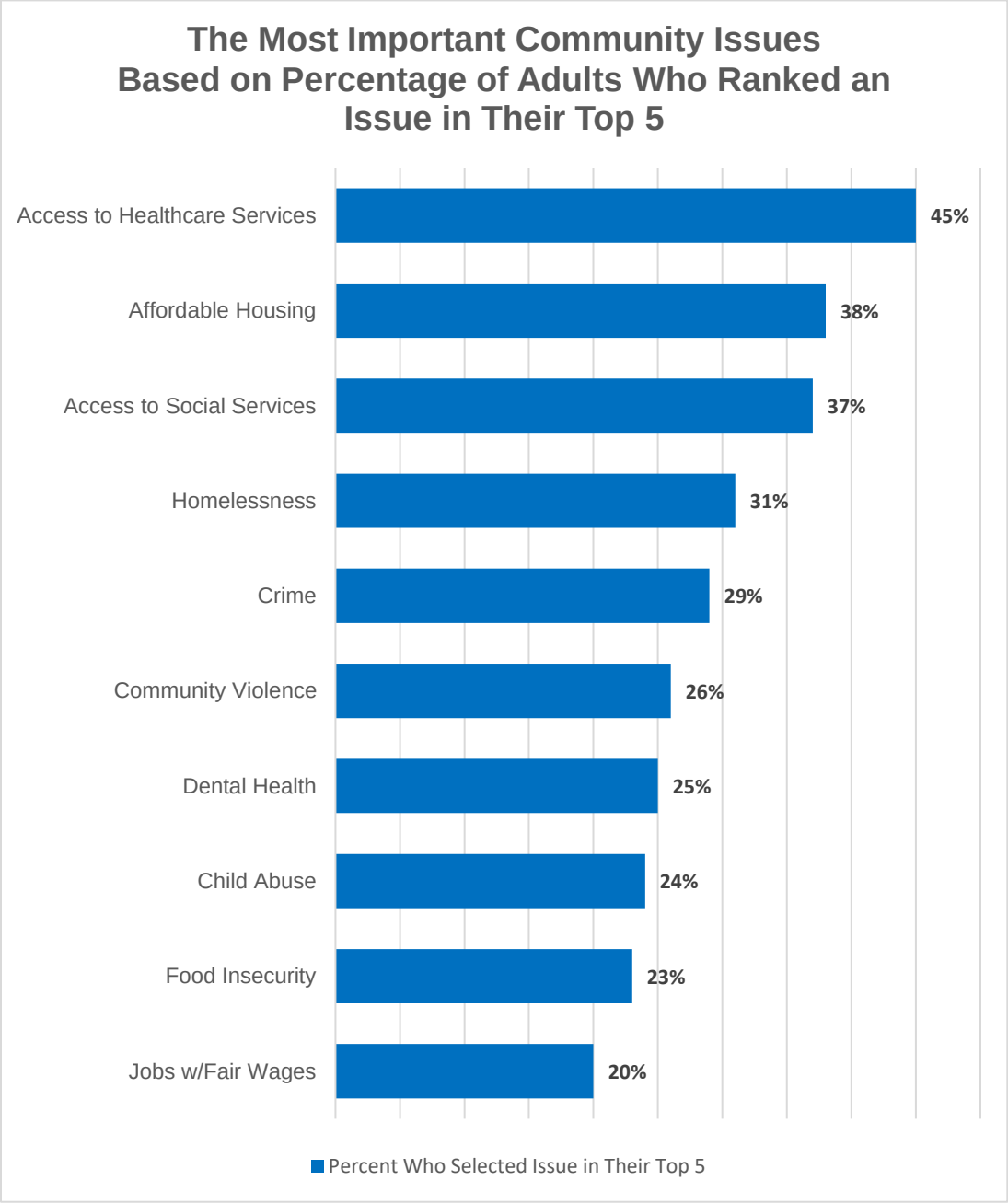
Access to healthcare services is the top priority in the Erlanger region, selected by 45% of survey participants as one of their top 5 issues. Dental health was the only other more traditional health issue to make the top 10. Access to social services, selected by

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 community were invited to participate in collaborative discussion groups, or focus groups discussions, focused on the community and its health care priorities. There were eight (8) focus groups, each was approximately two (2) hours in duration.

The focus groups were organized to encourage wide-ranging conversation about health, wellness and quality of life issues across the Erlanger primary and secondary service area.

- Erlanger Medical Center -- A diverse group of community leaders focused on community needs related to access to medical services, coordination of healthcare services, and access to mental health services for adults and children.

- Erlanger East -- This group covered a broad range of health care issues but focused most on improving care coordination and disease prevention strategies.

- Erlanger North – This group included representatives of city government, public schools, fire personnel and key hospital leaders. The focus was on creating new and stronger connections between the hospital and the Red Bank community.

- Children's Hospital at Erlanger -- This diverse group focused on the special health issues related to children and parents, particularly those struggling with pediatric behavioral health. This group was also interested in expanding access to social workers to help facilitate access to medical and behavioral health resources.

- Erlanger Bledsoe Hospital -- This group discussed the complications of poverty and access in this rural area. They focused on transportation and access to behavioral health services, which is lacking in the county.

- Erlanger Behavioral Health Hospital – This group of behavioral health specialists focused on the needs of children and the difficulty accessing treatment for child victims of sexual abuse and trauma. They also focused on regional transportation and the importance of getting patients from rural areas to behavioral health resources in Chattanooga.

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

Service Area Priorities

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

Summary descriptions of these larger issues are as follows.

Mental Health Care & Substance Abuse/Adult

Mental health and the lack of affordable and accessible resources generated more discussion than any other issue. The primary observation is that there are not enough mental health providers or services in the region, especially in rural areas.

Mental Health Care & Substance Abuse/Pediatric

There is a dearth of resources available to diagnose and treat emotional and behavioral health issues among children, adolescents and teens. There is no local treatment source for inpatient eating disorders. There is no local resource for childhood latency issues. Finding care for victims of child sexual abuse is very difficult.

Access To Care & Transportation

Every group arrived at the same conclusion, despite the expansion of primary care providers across the region, problems with access remain, especially in rural areas. Transportation is a barrier (see below). A lack of insurance is also an issue. Fear and language barriers keep some undocumented residents from obtaining care. Many in the focus groups advocated for the expansion of Medicaid in Tennessee.

Transportation

Across Erlanger's broad service area many rural residents cannot access care as effectively or easily as they need. There is a regional transportation service, but it suffers from a lack flexibility for quick pick-ups and does not carry parents with more than one child. Volunteer programs, some of them run through churches, cannot keep up with needs.

Care Coordination / Navigation

Multiple groups expressed frustration with a lack of coordination between healthcare providers. The feeling is that there are resources to help people, but accessing them, or even finding out they exist, is difficult for patients. They would like to see more social workers and care coordinators helping patients find the care they need.

Summary Of Top 5 Issues

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.

A list 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	BLEDSOE	CHILDREN'S	EBHH
Mental Health/ Substance Abuse	**20**	**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				
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

Section H: Community Health Priorities 2025-2028

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

Identifying these priorities was based on four main criteria:

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

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

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

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

The following priorities pass the test.

Community Health Need → From 2022 CHNA → Mental Health

A significant community need identified in the 2022 CHNA was mental health. Please see Section C of this CHNA document for a discussion of how that was addressed. The activity to address that community need is currently ongoing, and includes development of an ambulatory behavioral health clinic to serve ED and IP patients post. Further, discussion is underway with the University of Tennessee – College of Medicine – Chattanooga Unit ("UT-COM"), to develop a Graduate Medical Education program for Psychiatry & Behavioral Health. This program is being addressed, however, it is not a committed project, as such, because EH is unable to develop the program without UT-COM.

Community Health Need → Re-Connect With Community Partners

An issue of significant community need that was identified is for EH to re-connect with partner organizations in the community and broader regional service area. This effort will be designed to provide information as to services which EH has initiated in recent years as well as engagement for development and evaluation of potential new services.

Community Health Need → Transportation

An issue of significant community need that was identified is transportation for patients which need assistance to get to medical appointments and health related services. EH will hire a grant writer in an effort to focus on seeking out available grant funding from

various charitable sources. If successful, this funding will be used to acquire and potentially develop an alternative transportation option specifically pertaining to medical appointments and associated healthcare services.

Community Health Need → Care Coordination

An issue of significant community need that was identified is care coordination pertaining to mental health services for Pediatric patients upon discharge from either ED or IP treatment. This should be to facilitate referral for these patients to enable successful re-entry to the community.

Community Health Need → Pediatric Trauma → Non-Accidental

An issue of significant community need is identification of children which have experienced non-accidental trauma (i.e.-child abuse). This effort should be to seek to identify children before they come to the ED for treatment. Further, to support their continued care in the community through enhanced focus on training and education of our staff to identify, track and care for children experiencing non-accidental trauma in partnership with our community experts. EH will evaluate this issue and attempt to develop a programmatic response, however, the type and nature of what such a response would be, is currently unknown.

Appendix

Focus Group - Erlanger Medical Center

Tuesday, January 21, 2025

Participants

Crystal Howard
Angie Gonzales
Garry Allison
Chuck Alsobrook
Chassity Shaw
Shauna Wooten
Jonathan Bryant
Justin Gomes
Katie Duffy
Ashley Cofield
Laura Haisen
Donna McBride

Observers

Martin McKay
Glenn Curry
Bill Stiles

++

Focus Group – Children's Hospital @ Erlanger

Wednesday, January 22, 2025

Participants

Allen Bible
Denise Cook
Don Mueller
Elizabeth Cotellese
Hannah Hytken
Kristen Pavlik McCallie
Regina McDevitt
Rob Philyaw
Roberto Garcia
Robin Moss
Rosalind Connor
Ruthanne Higgins
Deborah Spielman
Ellen Dowling
Katie Wilson
Michael Sigsworth, M.D.
William Basco, M.D.
Chelsea Jones

Ashton Kleekamp
Stacy Cook

Observers

Martin McKay
Glenn Curry
Bill Stiles
Mark Stafne

++

Focus Group - Erlanger East Hospital

Wednesday, February 5, 2025

Participants

Carmen Quezada Hutson
Jennifer Waxenberg
Katie Duffy
Lorri Lipsky
Staci Graham
Pastor Ternae Jordan
Thera Beaman
Rita Bunch
Rita Bunch
Angie Johnson
Monica Jones, M.D.
Angel Sims

Observers

Martin McKay
Glenn Curry
Bill Stiles

++

Focus Group - Erlanger North Hospital

Monday, February 3, 2025

Participants

Chris Tillett
Gregory Tate
Stefanie Dalton
Andrew Wood
Roberto Garcia

Christa Hendershot
Rita Bunch
Angie Johnson
Monica Jones, M.D.
Ashley Cofield
Jason Skinner

Observers

Martin McKay
Glenn Curry
Bill Stiles

ERLANGER HEALTH SYSTEM

Community Health Needs Assessment 2025

Community Survey Questionnaire

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

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!