

2012

Sweetwater Hospital Association

Community Health Needs Assessment

Author:
Melissa Harris, MSN

Sweetwater Hospital Association
304 Wright Street
Sweetwater, Tennessee 37874
865-213-8399
865-213-8476 Fax
performanceimprovement@sweetwater
hospital.org



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Tennessee Department of Health, Division of Health Statistics – Population Projections 2010- 2020

Tennessee Department of Health, Division of Health Statistics – Tennessee Adolescent Pregnancy Summary 2010

Tennessee Department of Health, Division of Health Statistics – Sexually Transmitted Disease Statistics 2009

Tennessee Department of Health, Division of Health Statistics – The Health of Tennessee’s Women 2011

Tennessee Department of Health, Division of Health Statistics – The Health of Tennessee’s Men 2010....

Tennessee Department of Health, Division of Health Statistics – Behavioral Risk Factor Surveillance System 2009-2010

Tennessee Department of Health, Division of Health Statistics – Youth Risk Behavior Survey Results 2011

Tennessee Department of Health, Division of Health Statistics – Behavioral Risk Factor Surveillance System 2010

Tennessee Department of Health, Vanderbilt Institute for Medicine and Public Health – Women’s Health Research- Tennessee Women’s Health Report Card 2009

Monroe County, Tennessee Government – Community Health Status Report July 2000

Dashboard of Behavioral Health Indicators Report Tennessee vs. United States 8/16/2012.....

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Purpose Statement

A Community Health Needs Assessment is the key to understanding the health problems and priorities of a population. The process used by Sweetwater Hospital Association allows participants to complete a health assessment tool using indicator-based methods. The author constructed a set of health indicators from a variety of domains, including both real and potential problems. The final report makes recommendations on the health priorities for the identified significant community based health issues related to underlying behavioral risk factors.

The goal of public health is to improve the health of a population. A Community Health Needs Assessment involves obtaining and interpreting information to determine the health status of a specific community in order to determine areas for improvement. Once community health needs are identified, public health interventions can be developed and their effectiveness evaluated using a similar approach. Information necessary for performing a Community Health Assessment, for example, data on mortality rates or behavioral risk factors such as smoking, is available from various sources.

Objectives

- Perform a Community Health Needs Assessment
- Identify sources and limitations of population based data
- Select and appraise the utility of standards including Healthy People 2010
- Identify specific health indicators to assess the health status of a community
- Describe the priority health issues of a community
- Relate priority health issues to behavioral, social, and environmental health determinants
- Make recommendations for action to address the priority health issues identified
- Incorporate recommendations into short and long term strategic planning activities
- In conjunction with other community agencies, work toward improving the health of the citizens of our community

Introduction to the Assessment

In 2012, Sweetwater Hospital Association, in corporation with other community health agencies, began a Community Health Needs Assessment of Monroe County. The following report provides an overview of the community, the data collection methodologies and findings, and the priority areas identified. The key findings of this assessment focus on opinions and perceptions of those individuals willing to participate in the process.

Community Overview

Geography

Monroe County is located in the south eastern portion of the State of Tennessee in the foothills of the Smoky Mountains. The county has a total area of 653 square miles (1,690 km²), of which, 635 square miles (1,644 km²) of it is land and 18 square miles (46 km²) of it (2.71%) is water. Monroe County ranks as the sixth largest in land area among Tennessee's 95 counties.

There are eight adjacent counties including Loudon County (north), Blount County (northeast), Graham County, North Carolina (east), Cherokee County, North Carolina (southeast), Polk County (southwest), McMinn County (west).

Monroe County is predominately rural and as such has an abundance of rolling farmland, beautiful rivers, mountains, valleys, streams and lakes. A portion of the county is included in the Cherokee National Forest which includes the National Scenic Byway, the Cherohala Skyway leading through the Cherokee and Nantahala National Forests, all the way from Tellico Plains, Tennessee to Robinsville, North Carolina.

Activities

Monroe County offers opportunities to camp, hike, picnic, bicycling, kayak or swim. Motorcyclist enjoy the 99 plus curves and switchbacks of the Dragons Tail roadway as well as the Cherohala Skyway run. Fishermen seek reward with the wild and stocked fish of Tellico, Bald, Citico, and North Rivers. The area is a rich and diverse natural habitat for an amazing variety of birds, wild animals, and vegetation - over 20,000 species of plants, mammals, reptiles, and fish.

Population

As of the census of 2000, there are 38,961 people, 15,329 households, and 11,236 families residing in the county. The population density is 61 people per square mile (24/km²). There are 17,287 housing units at an average density of 27 per square mile (11/km²). The racial makeup of the county is 94.87% White, 2.27% Black or African American, 0.36% Native American, 0.36%

Asian, 0.02% Pacific Islander, 0.86% from other races, and 1.26% from two or more races. 1.76% of the population is Hispanic or Latino of any race.

There are 15,329 households out of which 32.10% have children under the age of 18 living with them, 59.40% are married couples living together, 10.00% have a female householder with no husband present, and 26.70% are non-families. 23.30% of all households are made up of individuals and 9.40% have someone living alone who is 65 years of age or older. The average household size is 2.51 and the average family size is 2.94.

In the county, the population is spread out with 24.70% under the age of 18, 8.70% from 18 to 24, 28.60% from 25 to 44, 24.80% from 45 to 64, and 13.20% who are 65 years of age or older. The median age is 37 years. For every 100 females there are 97.20 males. For every 100 females age 18 and over, there are 93.90 males.

Thirty-five percent of all Monroe County residents are over the age of 65. There are three nursing homes in the county all of which stay relatively full. Several out of county nursing homes are often utilized to accommodate the needs of Monroe County residents for this service. There are also three (3) assisted living facilities which also stay close to maximum capacity the majority of the time.

The elderly population is served by the following additional services in the county:

Cora Veal Senior Center for transportation, meals and activities

Meals on Wheels program for regular nutritional support

ETHRA and SETHRA for transportation needs

Occupations

2000 Employment by Industry

Accommodation and food services	5.10%
Administrative and support and waste management service	2.60%
Agriculture forestry fishing and hunting	3.60%
Arts entertainment and recreation	0.60%
Construction	8.60%
Educational services	7.00%
Finance and insurance	1.80%
Health care and social assistance	7.60%
Information	1.10%
Management of companies and enterprises	0.00%
Manufacturing	36.70%
Other services (except public administration)	3.30%
Professional scientific and technical services	1.50%
Public administration	2.80%
Real estate and rental and leasing	1.10%
Retail trade	10.20%
Transportation and warehousing	3.40%

Utilities	1.10%
Wholesale trade	1.70%

2000 Employment by Occupation

Aircraft and traffic control occupations	18
Architects surveyors cartographers and engineers	84
Arts design entertainment sports and media occupation	113
Building and grounds cleaning and maintenance occupat	515
Business operations specialists	98
Community and social services occupations	174
Computer and mathematical occupations	55
Construction trades workers	1,024
Drafters engineering and mapping technicians	105
Education training and library occupations	809
Extraction workers	0
Farmers and farm managers	204
Farming fishing and forestry occupations	253
Financial specialists	116
Fire fighting prevention and law enforcement workers	108
Food preparation and serving related occupations	699
Health diagnosing and treating practitioners and tech	316
Health technologists and technicians	236
Healthcare support occupations	236
Installation maintenance and repair occupations	981
Legal occupations	70
Life physical and social science occupations	89
Management occupations except farmers and farm manage	621
Material moving workers	691
Motor vehicle operators	558
Office and administrative support occupations	1,810
Personal care and service occupations	210
Production	4,229
Protective Service Occupations	107
Rail water and other transportation occupations	50
Sales and related occupations	1,424
Supervisors construction and extraction workers	190
Supervisors transportation and material moving worker	11

Education

Educational Attainment (2000)

Population Age 25+	25,955
< Grade 9	4,606
Grade 9-12 (no diploma)	4,028
High School	9,655
Some College	3,902
Associate Degree	1,151
Bachelor Degree	1,630
Graduate Degree	983

Educational Enrollment (2000)

Preschool	352
Kindergarten	504
Elementary school (grades 1-8)	4,568
High school (grades 9-12)	2,045
College or graduate school	1,196

Cities and Towns

- Madisonville (County Seat)	city	Incorporated Area
- Sweetwater (Largest)	city	Incorporated Area
- Tellico Plains	town	Incorporated Area
- Vonore	town	Incorporated Area

Climate

- Four distinct seasons
- Spring typically lasts from March - June
- Fall typically lasts September - December
- Average annual high temperature 68.9 degrees Fahrenheit
- Average annual low temperature 46.3 degrees Fahrenheit
- Average annual precipitation of 56 inches
- Average of 11 inches of snow annually
- The area is attractive to retirees from both the north and south, due to mild weather, and the beautiful outdoor environment.

Economy

In recent years, Monroe County has experienced tremendous growth, yet the tax rate remains one of the lowest in the State and land prices are still a great value. Monroe County has several major housing developments along the Tellico Lake area. The county also offers a strong industrial base with approximately 65 industries located in the industrial parks.

However, despite the industrial base the unemployment rate in Monroe County is one of the highest in the state and access to affordable health insurance, when not provided by an employer, is virtually impossible. The lack of jobs is a barrier for young people that need to make a living.

The median income for a household in the county is \$30,337, and the median income for a family is \$34,902. Males have a median income of \$29,621 versus \$21,064 for females. The per capita income for the county is \$14,951. 15.50% of the population and 12.00% of families are below the poverty line. Out of the total population, 19.40% of those under the age of 18 and 17.70% of those 65 and older are living below the poverty line.

There is no state income tax.

With comfortable year-round temperatures, a low cost of living, and easy access to urban amenities, Monroe County is a desirable place to live, retire, getaway, and run a business. Real estate costs are relatively low; commercial and residential properties are available, as are beautiful tracts of land. In recent decades, many energetic, creative individuals have left the rat race behind, happily relocating here - embracing a lifestyle which balances making a living with enjoying life.

Households and Income (2000)

Number	15,324
Median Household Income	30,343
Less than \$10,000	2,236
\$10,000 to \$14,999	1,286
\$15,000 to \$24,999	2,788
\$25,000 to \$34,999	2,509
\$35,000 to \$49,999	2,788
\$50,000 to \$74,999	2,466
\$75,000 to \$99,999	620
\$100,000 to \$149,999	466
\$150,000 to \$199,999	80
\$200,000 or more	85

Health Concerns/Lifestyles

While the majority of Americans reside in metropolitan areas, our nation's public health challenges and concerns are certainly not confined to large urban centers. Nearly 20% of the U.S. population resides in non-metropolitan areas and are not immune to many of the same challenges. In fact, some of the distinctive cultural, social, economic, and geographic characteristics which define rural America place rural populations at greater risk for a myriad of diseases and health disorders.

Health Care Providers

Sweetwater Hospital Association (SHA) is a 59-bed acute care not-for-profit corporation which was chartered by the state of Tennessee in 1936. It is a unique organization in that no stock has ever been issued, nor can be issued in the future. Since there are neither owners nor stockholders, any money generated in excess of operational funds is dedicated by law and resolution of the Board of Directors to perpetual use for improving health care delivery to the people served by Sweetwater Hospital Association. There are approximately thirty-six active medical staff members affiliated with Sweetwater Hospital Association.

Sweetwater Hospital Association is located in rural East Tennessee and proudly serves parts of Meigs County, McMinn County, Roane County, Loudon County, and Monroe County. It is the only hospital located in Monroe County which has a population of approximately 38,000.

Physician Specialties include:

- Anesthesiology
- Emergency Medicine
- Family Practice
- Gastroenterology
- General Surgery
- Geriatrics
- Internal Medicine
- Nephrology
- Obstetrics and Gynecology
- Oncology
- Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Podiatry
- Pulmonology
- Sleep Medicine
- Urology
- Vascular Surgery

Patient Care Services include:

- Bone
- Densitometry
- CT
- Dietary and Nutritionist Consultations
- Home Care
- Infection Control
- Mammography
- Medical Laboratory
- MRI
- Nuclear Studies
- Nursing
- Pastoral Care
- Patient/Family Education
- Pharmacy
- Radiology
- Rapid Response Team
- Respiratory Therapy
- Social Services
- Therapies: Physical, Speech and Occupational
- Ultrasound

Non-Patient Care Departments include:

- Environmental Services
- Facility Maintenance/Construction
- Fiscal Services
- Health Information Management
- Medical Staff Services
- Performance Improvement
- Purchasing
- Risk Management

Non-Hospital Services Located in Monroe County (Not an all inclusive listing)

Outpatient Mental Health Service Agencies (2)

Inpatient Mental Health Referral Services (1)

Home Health Care Agencies (4)

Nursing Home Centers (3)

Assisted Living (4)

Durable Medical Equipment Suppliers (5)

Health Department

Dental Clinic affiliated with Health Department

Dental Offices (4)

Women's Wellness and Maternity Center

Private Physicians Offices not affiliated with hospital (5)

Pharmacies (10+) None open 24-Hours

Data Collection Methodology

The Community Health Needs Assessment was based on three specific data sources:

1. A review of existing data already available in the community, region and state.
2. An in person survey of 300 county residents (surveyed while at Sweetwater Hospital Association includes patients, family and visitors).
3. A convenience survey of the following knowledgeable Key Community Informant Groups. Survey Population as of 10/11/12 –
 - 10- Department Leaders
 - 10- Physicians
 - 3- Kiwanis Members
 - 6- SHA Board of Directors Members
 - 12- Local Emergency Planning Committee Members
 - 8- United Way Board Members
 - 44 - Monroe County School Principals and Teachers
 - 93 Total

Key Informant Groups

1. Long Range Planning Committee
2. SHA Board of Directors
3. SHA Medical Staff Members
4. SHA Department Leaders
5. SHA Discharge Planning Group
6. Kiwanis Group
7. United Way Board
8. Local Emergency Planning Committee
9. Monroe County Health Department Director
10. Monroe County School Superintendent
11. Principals of each school in Monroe County
12. Ministerial Association
13. Monroe County Mayor
14. City Mayors
15. Monroe County Chamber of Commerce

A list of 16 potential interviewee groups was identified by Community Health Needs Assessment project leaders. Knowledgeable community members were asked to participate in the assessment. Key individuals were given a paper survey to identify current attitudes and perceptions pertaining to health and health-related issues. The individuals who agreed to complete the survey were asked to respond to 13 open-ended questions about the health status of the county. They were also asked to rank the top five health care priorities for the county.

Sweetwater Hospital Association Community Health Assessment Leaders and hospital volunteers identified county residents at the time of inpatient and outpatient visits. Patients, family and visitors of 18 years and older were eligible to participate.

In general, the key informants/residents have lived and/or worked in Monroe County for many years and may have participated in a previous community health needs assessments. All interviews were conducted in 2012.

Data Collection Tool

The Sweetwater Hospital Association Key Informant/Resident Questionnaire data collection tool was adapted from the EPI Tool initially designed by the US Centers for Disease Control and Prevention (CDC).

The survey instrument used to collect information from Monroe County citizens was designed to collect an individual's opinions and perceptions about health status indicators in Monroe County. These health indicators included:

- Health and Human Services (6)
- Physical Environment (1)
- Safety and Transportation (3)
- Communication (2)
- General Option regarding Health Care (1)
- Ranking of Top 5 Health Priorities in the County (23 possible selections)

Survey responses were collected in the summer/fall of 2012 by Community Health Assessment Leaders. Potential survey respondents were any Monroe County resident 18 years and older who were willing to complete the survey and Key Community Informants as noted above.

Data was collected, assimilated by the author and forwarded to the Sweetwater Hospital Association Long Range Planning Committee for review, prioritization and development of implementation strategies.

No significant information gaps were identified.

The survey instrument(s) are in Appendix B.

Review of Secondary Data

This report relies on data compiled from both primary and secondary sources. The secondary data was collected and reviewed by the principal author of the report, Melissa Lyn Harris, RN, MSN. Data was compiled from local, regional, state and national sources. These sources are documented in the report and/or contained in the appendices.

Community Health Needs Assessment Key Findings

The Community Health Needs Assessment Key Findings were based on the data obtained from the key informant and resident surveys and the relevant data available at the local, regional, state and national levels. The identification of the key findings of the data is subjective and the reader may reach other conclusions about the findings after reviewing the data.

Key Community Leaders – Top Three Community Health Needs

#1 – Nutrition and Obesity

Poor nutrition was ranked as the #1 Health Priority by 12% of key community informant survey respondents. It was the most frequently reported health need wanted by Monroe County residents surveyed. Additionally, Nutrition and Obesity was the most wanted health education topic by resident survey respondents with 37% of all requests being related to this topic. Nutrition, exercise and diabetes topics were three (3) of the top five (5) health education topics requested by Monroe County residents.

Fifty-seven (57) or twenty-two percent (22%) of key community informant survey responses indicated Monroe County needs more affordable preventative care and fitness options. While there were positive comments regarding programs, such as, Go Red, Boys and Girls Club, organized youth sports leagues and Zumba, many respondents would like to see a greater variety in free and low cost exercise options including, club membership, city parks, bike and walking paths.

One individual wrote on the survey, “Many residents can’t afford the exercise programs.”, “We need a place for kids to ride their bikes.”, “Each city needs a public swimming pool.”, “Our community needs more health fairs.”

Key Community Informants indicated the following sources could be better utilized to provide the community with information about the fitness options available in the community:

Newspaper ads

Literature in physician offices and the Monroe County Health Department

Television ads

Internet

Direct Mailings

Radio ads

Billboards

Health Fairs

Lifestyle changes are seen as one of the best indicators toward improving the health of the population. Not smoking, improved physical exercise, and a better diet, could increase quality of life and longevity.

Lack of exercise has been linked to obesity, high cholesterol, depression, high blood pressure and coronary heart disease. Tennessee females report a higher level of physical activity than males. There is a decline for both genders with increasing age. The Healthy People 2010 goal for inactivity is 20% of the total population.

Many health concerns can be directly attributed to obesity. A 10-year study conducted from 2001 – 2010 indicated an increasing trend in the number of overweight and obese males (The Health of Tennessee’s Men 2010). This upward trend could be a risk factor for hypertension, cerebrovascular diseases, heart disease, diabetes and other chronic respiratory diseases.

The Healthy People 2010 Objective set by the federal government recommends that the target percentage for adults aged 20 years and older to be at a healthy weight is 60 %.

Overweight/obese is defined to include all individuals with a computed body mass index greater than or equal to 25. The prevalence of obesity has increased 12% in Tennessee’s total population within the past 10 years predominately in the white population.

Tennessee Statistics

- Obesity Rates – 2009
 - 69% of the Total Population
- Physical Activity – Percent Reporting No Physical Activity 2009
 - 29% of Total Population
- High Blood Pressure – 2009
 - 33% of Total Population
- Diabetes – 2009
 - 10% of Total Population

#2 – After Hours Access to Care

After Hours Access to Care was ranked as the #1 Health Priority by 17% of key community informant survey respondents. It was the second most frequently reported health need wanted by Monroe County residents surveyed.

Thirty-four (34) or thirteen percent (13%) of key community informant survey responses indicated Monroe County needs more access to afterhours care at a reduced cost or no cost rate.

The following percentages reflect Key Community Leaders view of general accessibility of care:

61% Ranked accessibility as **good**

23% Ranked accessibility as **fair**

14% Ranked accessibility as **poor**

2% Ranked accessibility as **unknown**

Some specific comments regarding accessibility to care included, “Accessibility is adequate if you can afford it.”, “Accessibility is good unless specialty care is needed.”, “Care is very accessible.”, “There are not enough doctors in town.”, and “Need more health care clinics for faster service.”.

The majority, eighty-four percent (84%), of respondents indicated fair to good accessibility to health care in Monroe County. Of the fourteen percent (14%) who ranked accessibility as poor, the two most common reasons for the poor ranking was lack of afterhours access to care, including after hours prescription fills, and no or limited access due to lack of insurance or cash to secure a provider visit.

The two most commonly cited reasons for self limiting of access to care were identified as:

Lack of any or adequate insurance coverage (affordability – including medications)

Geographic – Travel distance too far or no transportation source at all

Health care is accessible for those with health insurance either provided by the government (Medicare, Medicaid, CHP+, etc.) or private organizations. Lack of access to health care for the underinsured and the uninsured has been and will continue to be an issue for the county in the future. It is known that the number of individuals without insurance increases in tough economic times. It is also anticipated that health care costs in the United States will continue to spiral upward. It is unknown how the State of Tennessee, which is experiencing budget constraints, will be able to pay its share of the Medicaid expense as the demand for insurance coverage increases. At the local level, more individuals will have difficulty paying for health care and will delay getting needed care which may mean that when they finally obtain care the condition may be more serious and thus, costly. These factors all combine to put a financial strain on health care providers – physicians, pharmacists, hospitals, communities, etc. as uncompensated costs rise.

Individuals have limited options for obtaining health insurance. In the United States, health insurance benefits are generally not offered to individuals in low paying jobs. Since the average cost of health insurance for a family is \$12,000 annually, purchasing health insurance is not affordable for most families. An employee facing the prospect of losing job-based insurance coverage can continue coverage by paying the full health insurance premium themselves, purchasing private insurance or seeking public coverage. Paying the full health insurance premium is not an option for many families who are losing their jobs or having their work hours reduced. In Tennessee, public insurance is limited to all children who meet Tennessee eligibility requirements, and to adults with severe disabilities. The effect of this limitation, compounded by the fact that the unemployment rate in Monroe County is one of the highest rates in the State of Tennessee, is that more adults will become uninsured.

In Monroe County the Latino community has particular difficulty accessing health care and many families are without health coverage, but there is no data to document the extent of this problem. These patients are often seen in the Emergency and Obstetrical Departments. Latino maternity patients may present in labor without prior prenatal care.

To date the only options for afterhours care in Monroe County are the Sweetwater Hospital Association Emergency Department and one after hour's clinic conducted by an Internal Medicine Specialist which is open to the general public. A cash copayment is required to be seen in the Internal Medicine office.

The only option for free or reduced care is the Monroe County Health Department and patients must show proof of low income to qualify. The health department does not offer after hour's visits at this time.

The Women's Wellness and Maternity Center, a freestanding birthing clinic operated predominately by Certified Nurse Midwives, offers free and reduced cost maternity and newborn care including vaginal deliveries. This center serves the poor, indigent and Latino population of Monroe County.

Sweetwater Hospital Association (SHA) takes all patients regardless of ability to pay and does not require co-payment in advance of any type of emergency or inpatient care. SHA provides over three million dollars (\$3,000,000) in indigent care each year.

Additional components related to access to care are:

The availability of provider specialist and specialty care: Two of the most commonly requested additional services in Monroe County requested by residents are Cardiology and Oncology (treatment). Cardiology (providers and treatment) was the most frequently requested additional health service needed in Monroe County based on resident surveys, and Oncology (treatment) was the third most frequently requested service. Cardiac and Cancer Care were both in the top five (5) Health Education Topics wanted by Monroe County residents. Access to specialty providers and treatments has been increased in recent years including, Thompson Cancer Center Oncologists and two Dialysis Clinics opening an office in Sweetwater. The Women's Wellness and Maternity Center also offers telemedicine services with perinatologist via the regional STORK program.

The accessibility of Mental Health Services: Thirty nine percent (39) of key community leader respondents indicated access to mental health services was poor to nonexistent. They noted specifically the need for psychologist and psychiatrics to treat mental health patients not just social workers to provide counseling including treatment options for adolescents.

Transportation: Respondents also had concerns regarding transportation to care with fifty percent (50%) of those key community informants responding to the survey with an option stating transportation assistance availability in Monroe County is poor to non-existent. Respondents commented, "Patients frequently are unable to make appointments or get home due to transportation needs.", "Need more transportation options for the elderly." and "Bus services to Athens, Loudon and Knoxville would be helpful." It was noted that ETHRA and SETHRA transportation programs are helpful in meeting the community needs.

Dental Services: Eighty-nine percent (89%) of Key Community Informants surveyed rated the availability pediatric dental services as fair to good. These services are available through the Monroe County Health Department on reduced and no costs

basis. These same providers go into the school systems of all towns in the county and provide dental screenings, sealants and transportation to the dental clinic for additional treatments if warranted and permitted by the parents.

Some additional comments regarding access to care include:

“The public needs to be more informed about the services currently available in the county.”

“The county needs more early am and late pm clinic hours.”

“Need to expand the Health Department hours.”

“Need more transportation options.”

“Need health insurance options.”

“Wait times are too long in the provider offices. Need more providers.”

“Provider offices need better customer service skills.”

“Need more providers who are committed to keeping patients well.”

#3 - Substance Abuse

Substance Abuse was ranked as the #3 Health Priority by key community informant survey respondents. Eleven percent (11%) of total responses noted substance abuse as a community concern. Twelve (12%) percent of total respondents noted substance abuse as a concern.

As the research continues on the effects of substance abuse on the individual, the family and the community, there is an increased awareness of the consequences of substance abuse. It is recognized that smoking contributes to many health diseases; that alcohol and drug abuse may affect brain development in the adolescent and young adult; and that the younger an individual is when he or she starts to drink, the higher the chances are he or she will have alcohol-related problems later in life.

Monroe County has a substance abuse problem. The results of the Key Community Informant Survey support the selection of substance abuse as a key finding of the community assessment. Using alcohol is part of the community’s culture which contributes to the use among the youth population.

Tobacco use was a problem in the county for ninety (7%) percent and substance abuse (drugs/alcohol) for 11% of the respondents.

Forty-two (42) percent of the respondents indicated that the acceptability of alcohol and drug use among adults contributed to the problem. Other contributing factors of importance were: lack of resources for people seeking treatment; lack of enforcement of existing laws; lack of education in schools about alcohol and other drugs and the rural nature of Monroe County.

Many individual organizations in the county have addressed the problem of substance abuse and are working to solve the problem. However, there needs to be a coordinated community

(parents, schools, government, all organizations that interact with youth and youth themselves) effort to recognize the problem and develop action steps to tackle the problem of underage drinking. One of many comments received from survey respondents, “alcohol is the major drug problem, and should be viewed as such...” and a key informant wrote that Monroe County has a “very alcohol based culture.”

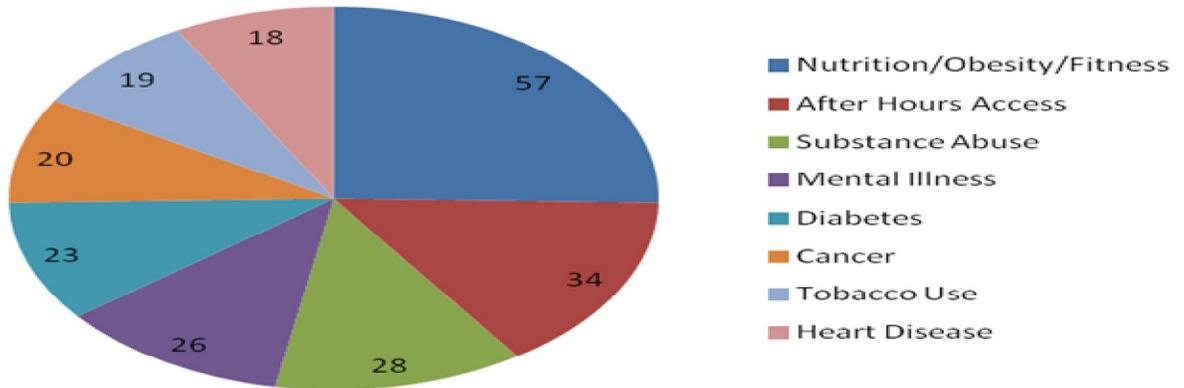
There is a general lack of services available for substance abusers and no detoxification facility in the county. It is limited to social services and NA meetings.

Additional Assessment Findings

Top Health Needs Identified by Key Community Informants

- #1 Nutrition/Obesity/Fitness
- #2 After Hours Access
- #3 Substance Abuse
- #4 Mental Illness
- #5 Diabetes
- #6 Cancer
- #7 Tobacco Use
- #8 Heart Disease

Top Health Needs Identified by Community Leaders

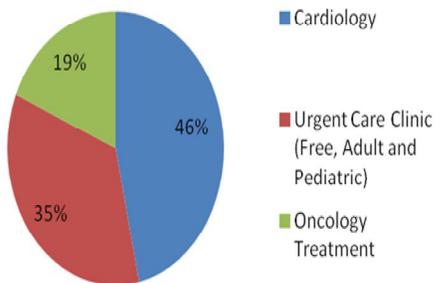


Data from Department Leaders, Physicians and Key Community Leaders 2012

Most Requested Additional Services by Residents

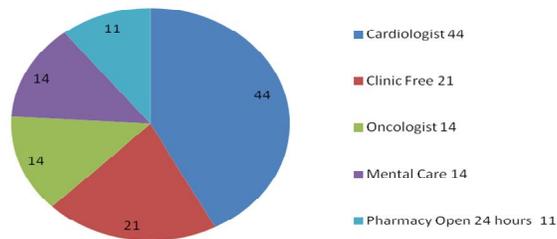
- #1 Cardiology
- #2 Urgent Care Clinic – Adult and Pediatric- preferable with reduced or free services
- #3 Oncology
- #4 Mental Health Services
- #5 24 Hour-Pharmacy

Additional Health Services Wanted by Monroe County Residents



Only included services with at least five

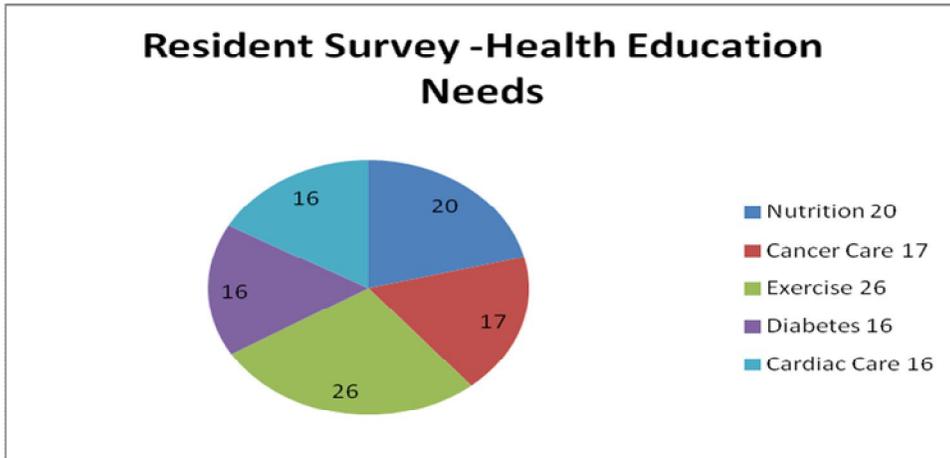
Resident Survey - Top Health Needs



***233 completed surveys as of Feb 25th,

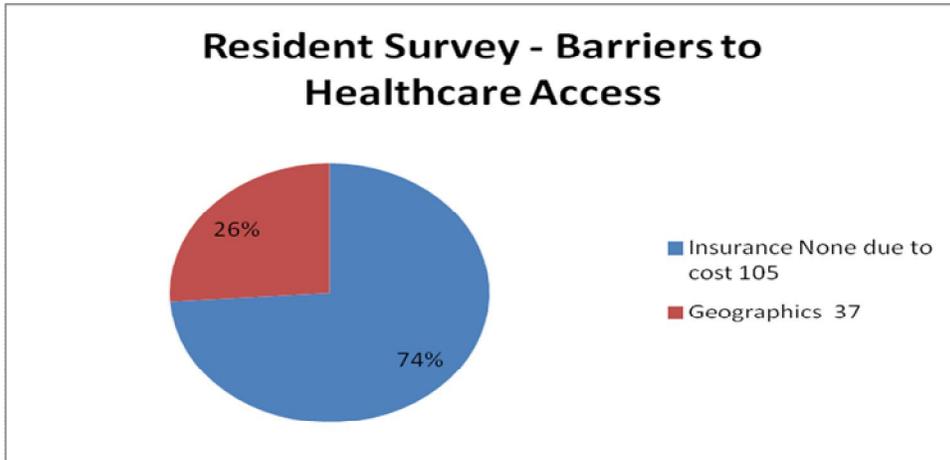
Most Requested Health Education Needs by Residents

- #1 Nutrition
- #2 Cancer Care
- #3 Exercise
- #4 Diabetes Care
- #5 Cardiac Care



Main Reasons Residents Don't Seek Care

- #1 Lack of insurance – affordability
- #2 Lack of transportation – geographic



Emergency Preparedness

Key informants and survey respondents were asked to comment on the county's ability to respond to any type of disaster. The responses to this question were varied. When respondents were asked about the adequacy of disaster response plans by the emergency response leaders in the county, thirty-two (32%) percent did not know. Seventy-four percent (74%) of respondents, with knowledge of the topic, ranked the adequacy of emergency preparedness as fair to good while twenty-six percent (26%) ranked the county at poor to no preparedness.

Monroe County has a very active Local Emergency Planning Group that coordinates the distribution of grant funds, arranges emergency responder and public education, develops and approves county wide emergency response plans and conducts annual community wide disaster drills. This group also serves as a networking opportunity for all county emergency responders. Each meeting has a state level TEMA and Tennessee Department of Health Representative in attendance.

Health Information Sources

Survey respondents specified an array of methods for obtaining health information. The most frequently used medium for obtaining information were health care providers, friends and family, local newspapers, the internet and TV news. Respondents also obtained health information by word of mouth via church and school. Suggestions to better disseminate information, included more information on websites, community flyers, use of social media and email, notices in monthly utility bills and county wide phone alerts.

Health Related Comments

When Key Community Informants were asked if there was anything else they would like to discuss about the health needs in Monroe County that were not addressed in the survey, they gave the following responses:

- Monroe County needs to focus more on preventative care rather than exclusively on care after disease has developed. Need more education on prevention in the schools beginning with primary grades and continuing through high school seniors.
- Need healthier lifestyle options in all Monroe County towns. Paved bicycle paths/walking trails for exercise and beautification. Plan community events to discuss healthy eating, effective exercise, better food choices in schools, churches, grocery stores. Community indoor pool and offer swimming lessons through the year.
- More oncology services in our community so patients who are very sick do not have to travel out of the county for treatment.
- Oncology physician should be more involved with the cancer patients. They only get involved when the patient is admitted locally.

- General health of the population is poor. Need more health related education.
- There is nowhere for students to go in the summer while parents are working.
- Each town needs bike trails and a public swimming pool.
- Free diet counseling.
- Health insurance cost is too high.
- Would like to see a cardiac rehabilitation center in the county.
- County needs for mental health services.
- Need a public park with playground equipment including equipment for special needs children.
- Needs to be a county plan for moving the county forward into the future which would include plans to recruit businesses and quality services.

Physical Environment Concerns

Motorcycle accidents

Smoking

Meth Labs

Secondary Source Data Findings

Leading Causes of Death

In Tennessee the leading causes of death for both males and females include:

Heart Disease

Lung Disease

Cancer – Lung, Colon and Breast

CVA – Stroke

Accidents

Directly attributing to the above chronic illnesses are Tennessean's high rates of obesity and smoking.

Obesity – 69% of the population Healthy People 2010 Goal is 40%

Smoking – 22% of the population Healthy People 2010 Goal is 12%

Key Community Informants, Residents and Secondary Data support this as a top health priority either in terms of services and/or education provided.

- Leading Causes of Death for Females in Tennessee – 2010
 - Diseases of the Heart
 - Cancer – #1 Lung, #2 Breast
 - CVA
 - Chronic Lung Disease
 - Alzheimer's Disease
 - Accidents
 - Diabetes Mellitus
 - Influenza and Pneumonia
 - Kidney Disease
 - Septicemia
- Leading Causes of Death for Males in Tennessee – 2010
 - Diseases of the Heart – (#1 for white males)
 - Cancer - #1 Lung, #2 Colon (#1 for black males)

- Accidents
- Chronic Lung Disease
- CVA
- Diabetes Mellitus
- Suicide
- Alzheimer's Disease
- Influenza and Pneumonia
- Chronic Liver Disease and Cirrhosis
- High Blood Pressure – 2009
 - 33% of Total Population
- Diabetes – 2009
 - 10% of Total Population

Life Style Factors

- Smoking Rates – 2009
 - 22% of Total Population
- Obesity Rates – 2009
 - 69% of the Total Population
- Physical Activity – Percent Reporting No Physical Activity 2009
 - 29% of Total Population

Preventative Healthcare

- Health Screening – 2009 & 2010
 - Men Reporting Having Had Cholesterol Checked – 83%
 - Men 40 Years & Up with PSA Test in the Past Two Years – 61%
 - Men 50 Years & Up who have had a Colon Screening Exam – 61%
 - Women 50 Years & Up with Mammogram in past two year – 80%
 - Women 18 Years & Up with PAP Smear in Past Three Years – 82%
 - Women 18 Years & Up ever having Clinical Breast Exam – 88%
 - Women 18 Years & Up to Dentist in Past 12 Months – 68%

- Women 18 Years & Up with Flu Shot in the past year – 42% (2009)
- Men 18 Years & Up with Flu Shot in the past year – 70% (2010)
- Reproductive Health – 2009
 - Percentage of Women Who Smoked During Pregnancy – 18%
- Sexually Transmitted Infections – 2009
 - Chlamydia – 825/100,000 (Women)
 - Syphilis – 24/100,000 (Men and Women)
 - HIV/AIDS – 23/100,000 (Men)

Family Planning

- The teen pregnancy rate in Monroe County ages 10-19 for 2010 was 37% which is only 3% less than it was in 2001 and still well above the state rate of 27%. Despite these statistics, less than one (1) percent of the respondents identified reproductive health services as a priority health problem in the county.

Barriers to Healthcare

Men & Women 18+ years

- Lack of Health Insurance Coverage – 82%
- Living in Poverty – 15%
- Unemployment Rate – 19%

Mental Illness/Substance Abuse

From the “Dashboard of Behavioral Health Indicators” Report Tennessee vs. United States 8/16/2012. Items listed below are those for which Tennessee scored in the bottom ten of all states.

Child and Youth Indicators

1. Nonmedical Use of Prescription Drugs 20% Rank (26 of 33) NR: 21%

Adult Indicators

- 1. Any Mental Illness in person 26+ yo 20% Rank (44) NR: 18%
- 2. Any Mental Illness in person 18+ yo 22% Rank (42) NR: 20%

3. Suicide Deaths (All ages)	15% Rank (41)	NR: 13%
4. Primary Opioids Prescription	23% Rank (47)	NR: 9%
5. Pregnant Women Opioid Prescriptions	35% Rank (45)	NR: 12%
6. Mental Health per capita spending	\$78.31 Rank (35)	NR: \$124.00
7. A & D per capita spending	\$2.90 Rank (43)	NR: \$7.10

Executive Summary of Community Needs Assessment Findings
Listed in Descending Order of Priority

<u>Indicator:</u>	<u>Available Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Timeline</u>	<u>Completed Strategies</u>
<p><u>Nutrition/Obesity/Physical/Activity</u></p> <p>#1 Health Concern of Key Community Leaders</p> <p>#1 Health Education Need Identified by Residents</p> <p>Obesity Rate – 69%</p> <p>No Physical Activity- 29%</p>	<p>Natural outdoor activities</p> <p>City sponsored sports</p> <p>City Parks</p> <p>Health Department sponsored “Get With It” Program</p> <p>Local Fitness Clubs (3)</p> <p>Zumba Classes</p> <p>Gymnastics</p> <p>Competitive Cheer</p> <p><u>Education</u></p> <p>School Based</p>	<p>Community Based Fitness Opportunities</p> <p>Nutrition Education</p> <p>Risk of Obesity</p> <p>Importance of Exercise</p>	<p>Sponsor <u>community based</u> fitness projects</p>	<p>As projects become available</p>	<p>Donation of \$10,000 to the City of Sweetwater to complete funding for community outdoor park at the Recreational Complex. Project Completed on April 27th 2013.</p>
<p><u>Access to Health Care</u></p> <p>No After Hours Urgent Care available besides the local Emergency Room</p> <p>Primary Barrier to Access is lack of health insurance coverage</p> <p>Lack of Transportation to</p>	<p>Local Emergency Department</p> <p>Emergency Department provides care regardless of ability to pay</p> <p>Physician Offices, some with afterhours service at least for their current patients</p>	<p>Low Cost After Hours Urgent Care</p>	<p>Continue to provide high quality care in an efficient manner to all patients who present to the ED regardless of the level of complaint or ability to pay.</p>	<p>Ongoing</p>	<p>Providing ED care for non-urgent, urgent and emergency care patients.</p>

Care Providers Specialty Providers located in distance towns	Urgent Care Clinic in surrounding towns	Specialty services offered within Monroe County	Increase awareness of the availability of specialty providers already practicing within Monroe County	Ongoing	Referred to Marketing Committee
<u>Substance Abuse</u> Smoking Rate – 22% Substance Abuse Rates Prescription Rates Alcohol Use Rates Available Resources Ability to Effect Outcomes	Local NA meetings School based education Police Task Forces	Community Based Adult and youth education Crisis Services	Network with other community agencies to increase internal awareness of services already available in the community and to develop a community based action plan as appropriate. Representative from SHA to take the lead on organizing this meeting.	2013	Community Mental Health Forum schedule to meet at SHA on September 10 th , 2013. This will be a networking opportunity for all mental health providers in Monroe County.
<u>Mental Health</u> Incidence of Mental Illnesses Available Resources Ability to Effect Outcomes	In County Services: Hiwassee Mental Health Mobile Crisis		Network with other community agencies to increase internal awareness of services already available in the community and to develop a community based	2013	Community Mental Health Forum schedule to meet at SHA on September 10 th , 2013. This will be a networking opportunity for all mental health providers in Monroe

			action plan as appropriate. Representative from SHA to take the lead on organizing this meeting.		County.
<u>Chronic Diseases (including Cancer)</u> Leading Causes of Death for Males and Females in Tenn: Lung Disease Heart Disease Diabetes CVA Cancer- lung, colon, breast	<u>In County Services:</u> Pulmonology Internal Medicine Oncologist <u>Education:</u> Provider based only	Cardiology Endocrinology Neurology	Analyze the need for additional specialty services in within the county.	2013	Continue to review in future Long Range Planning Committee Meetings.