

2018

Sweetwater Hospital Association

*Community Health Needs
Assessment*



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Sweetwater Hospital Association
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Table of Contents

Purpose Statement	4
Objectives	4
Introduction to the Assessment	4
Community Overview	5
• Cities/Towns	5
• Geography	5
• Climate	5
• Activities	5-6
• Population	6
• Economy	6-7
• Occupations	7-8
• Housing	8
• Education	9
• Politics and Religion	9
• Health Care Providers	9-10
• Health Status	11
○ Monroe County Health Rankings	12-14
○ Tennessee Men’s and Women’s Data	14-15
○ Substance Abuse and Mental Illness Data	16
○ Pregnancy Care Data	16-17
○ Health Screening Data	18-19
○ Youth at Risk Data	19-20
○ Elderly Data	20-21
• Key Community Leader Survey Data	21-24
Community Health Needs Assessment Key Findings.....	25
<u>Top Three Community Health Priorities</u>	
• Substance Abuse	25-26
• Chronic Disease	26
• Nutrition, Obesity, Fitness	26-27
Executive Summary of Assessment Findings	28-30

Data Collection Methodology 31-32

References 33

Appendix A

Key Informant Questionnaire 34

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 key community leadership questionnaire soliciting input regarding their perceptions, observations and experiences with the most pressing community health needs in Monroe County. 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 2015, Sweetwater Hospital Association, in cooperation with other community health agencies, began a review and update of a Community Health Needs Assessment of Monroe County originally conducted by the same in 2012. The updated report provides a current 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

Cities and Towns

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

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 and is the largest county in the East Tennessee Development District.

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.

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.

Activities

Monroe County offers opportunities to camp, hike, picnic, bicycle, 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 as well as Tellico and Watts Bar Lakes. 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

According to the most recent census conducted in 2010, Monroe County experienced a healthy population increase of 14.3% in the decade between 2000 and 2010. As of the census of 2010, there were 44,519 people with Vonore having the largest population gain, increasing by 26.9%; while Sweetwater and Tellico Plains experienced the smallest population gains, increasing by only 2.3% and 5.9% respectively. The population density ranged from a low of 169.4/sq mile in Vonore to a high of 847.6/sq mile in Sweetwater. The density for Monroe County is 70/sq mile.

Population projections for 2015-2030 are as follows:

Monroe	2010	2015	2020	2025	2030
	44,519	52,194	56,281	60,039	63,870

(Population Projections for the State of Tennessee, 2010-2030, Tennessee Advisory Commission and The University of Tennessee, June 2009)

Monroe County has a 4.8% minority population, most of whom are black. Sweetwater has the largest minority population with 9.6%; while Tellico Plains has the smallest with 1.4%.

Females outnumber males in all areas of the county and the median age rose from 36.8 in 2000 to 41.6 in 2010.

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

As of 2013 in Monroe County, 5.3% of the population was under 5 years old, 21.9% was under 18 years old and 18.8% was 65 years of age and over.

(U.S. Census Bureau: State and County QuickFacts. Last revised Tuesday March 31, 2015 at 1800:19 EDT on Census.gov)

In 2012, 24% of Monroe County was considered urban and 76% rural.

(city-data.com – Monroe County, Tennessee 2012)

Economic Growth and General Economic Factors

Between 1999 and 2010, Monroe County had a higher growth rate than the state in all income categories. The median family income growth rate was higher, 28.9% (\$34,902 to \$44,984) than the nations; however, the county growth rate for median household income, 19.4% (\$30,337 to \$36,209) and per capita income, 24.7% (\$14,951 to \$18,651) was slower than the nations.

Community Needs Assessment February 12, 2018

Madisonville had the highest median family income. Sweetwater had the highest median household income, and Vonore had the highest per capita income. Tellico Plains was the lowest in all three income categories. Monroe County's poverty rate was 15.1% with Tellico Plains having the highest family poverty rate at 28.8%, while Vonore had the lowest, with 14.0%.

Monroe County had a higher rate of growth than the state in median family, median household and per capita income between 1999-2010, even though the amount of income in all three categories was lower than the state.

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

The state Sales and Use Tax Rate is 7.0% , but depending on the municipality, the total tax rate can be as high as 9.75%. Monroe Counties total tax rate is 9.25%.

(TaxRates.com 2015 Monroe County Tennessee Sales Tax Rate)

There is no state income tax.

Industry Development and Occupations

In the 1960's the labor force was 7,176 and the leading employer was Manufacturing. The labor force has continued to grow steadily each decade with Manufacturing continuing to be the leading employer until 2000 to 2010. As of the last decade Professional Services has become the leading employer with 30% of the labor force. Manufacturing has dropped to the second leading employer with 28.1% of employment, followed by the trade and finance sector. Between 2000 and 2010, 62.4% of the labor force worked within the county with the Tellico retaining the most employees and Vonore retaining the least due to its close proximity to both Loudon and Blount counties.

Employment by Industry Monroe County 1960-2010

	2010	2000	1990	1980	1970	1960
Agriculture, Forestry, Fisheries and Mining	2.3	3.8	3.8	6.8	10.0	20.3
Construction	9.1	8.6	8.6	8.8	7.8	7.6
Manufacturing	28.1	36.8	39.8	39.3	42.6	31.7
Trade, Finance, Insurance and Real Estate	24.2	14.8	19.1	19.1	16.0	15.1
Professional Services	30.0	30.0	15.2	10.9	11.8	8.8
Public Administration	2.2	2.8	2.1	2.9	2.2	2.4
Other	4.2	3.3	11.6	12.2	9.6	14.2

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

Since 2005 the unemployment rate in Monroe County, Tennessee has ranged from 5.1% in September 2006 to 19.4% in June 2009. The current unemployment rate for Monroe County is 7.1% in June 2015.

Unemployment Rates Monroe County 2010 to 2015

	Monroe Co	Tennessee	National
2010	13%	10%	10%
2011	12.5%	9.5%	9.0%
2012	10.75%	8.5%	8.0%
2013	10.7%	8.0%	7.5%
2014	8.25%	6.5%	6.25%
2015	7.1%	6.0%	5.7%

(Homefacts.com 2015 Monroe County Unemployment Rate Report)

Housing

The decade with the largest housing growth was 1990-1999, with 24.2% of existing homes. Only 6.1% of the houses built in 1939 or earlier are still standing. Vonore had the largest proportion of new housing with 23.9% constructed between 2000-2010. Sweetwater had the largest proportion of very old units (built in 1939 or earlier) with 15.4%.

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

As of July 1, 2014 there were a total of 18,330 households in Monroe County. The average household size was 2.48 and the average family size was 3.0. There were a total of 21,628 housing units with 61.3% owed, 23.5% rented and 15.2% vacant. The average home value was \$167,333.

(Tennessee Home Town Locator, tennessee.hometownlocator.com/tn/monroe/, July 1, 2014)

Peer Comparisons by Rank and Percentile

Variable Description	Rank	Percentile
Total Population	#34	65 th
Population Density	#47	52 nd
Diversity Index	#47	52 nd
Median Household Income	#72	25 th
Per Capita Income	#71	26 th

The table below compares Monroe County to the other 95 counties and county equivalents in Tennessee by rank and percentile using July 1, 2014 data. The location Ranked #1 has the highest value. A location that ranks higher than 75% of its peers would be in the 75th percentile of the peer group.

(Tennessee Home Town Locator, tennessee.hometownlocator.com/tn/monroe/, July 1, 2014)

Education

In 2010, the proportion of the county's adult population that attended less than 9 years of school was 4,030 or 13.3%, almost twice that of the state average of 6.8%. The proportion of the adult population that had either a bachelor's degree, or a graduate or professional degree was 3,151 or 10.4%, less than half the state average of 22.7%. Tellico Plains had the largest proportion of those with less than 9 years of school and Vonore had the largest proportion of those with advanced degrees at 15%.

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

Politics and Religion

Monroe county is predominately republican (70%), Southern Baptist Convention (80%). Sixty four percent of the population is affiliated with a religious congregation.

(city-data.com – Monroe County, Tennessee 2012)

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 44,500.

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
- Patient/Family Education
- Pharmacy
- Radiology
- Rapid Response Team
- Respiratory Therapy
- Social Services
- Therapies: Physical, Speech and Occupational
- Ultrasound
- Pastoral Care

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 (3)

Durable Medical Equipment Suppliers (2)

Health Department (1)

Dental Clinic affiliated with Health Department (1)

Dental Offices (6)

Women's Wellness and Maternity Center (1)

Private Physicians Offices not affiliated with hospital (5)

* NEW Urgent Care Clinics (2)

Pharmacies (10+) None open 24-Hours

Heath Status

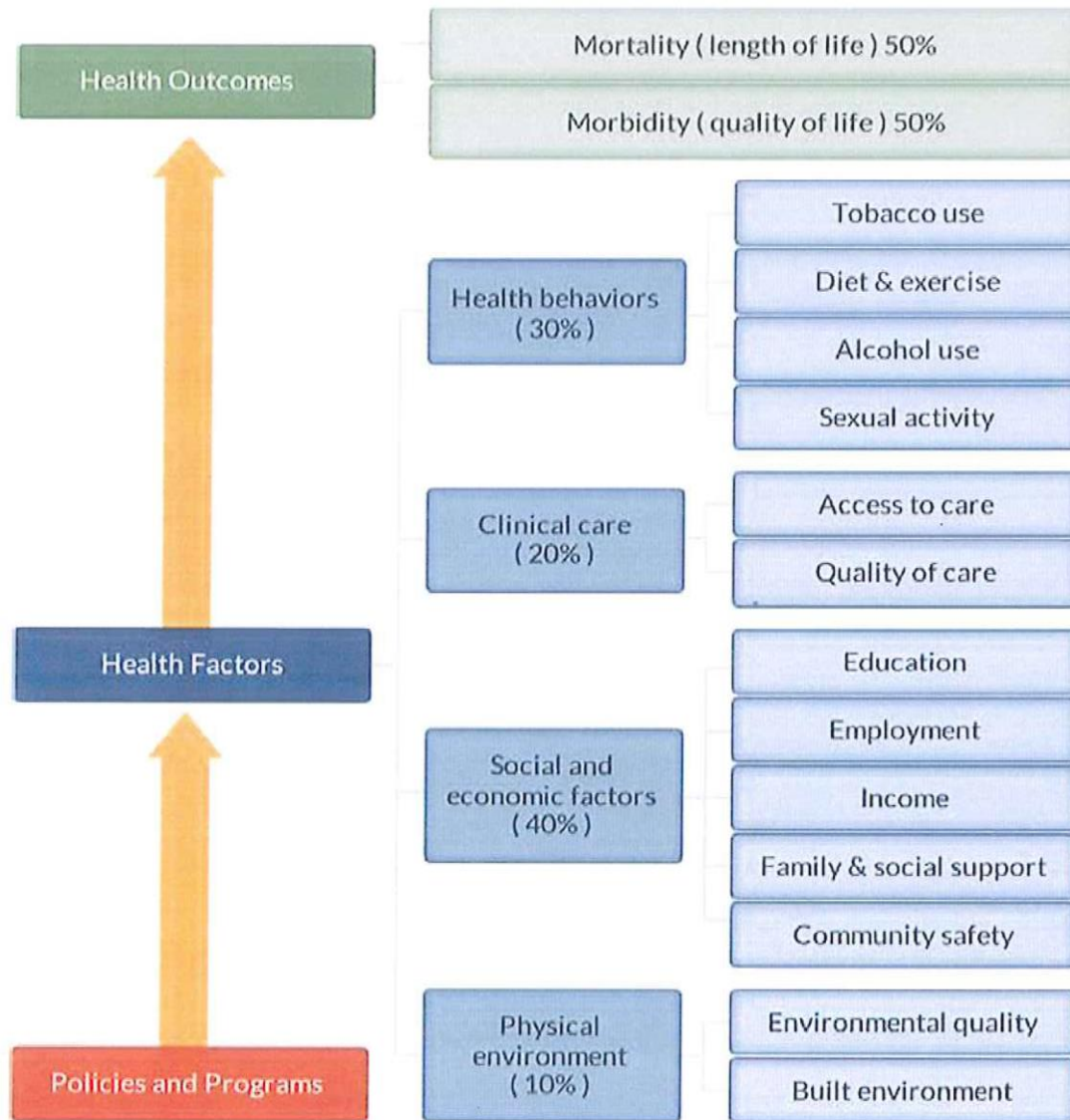
Health status has an impact on both mortality (length of life) 50% and morbidity (quality of life) 50%. The health status of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second hand smoke, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

Health varies greatly across communities, with some places being much healthier than others. We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces, and neighborhoods. Everyone has a stake in community health. Community members need to work together to find solutions.

County Health Rankings

The 2013 *County Health Rankings* report ranks Tennessee counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHI

County Health Rankings and Roadmaps A Healthier Nation, County by County. 2013 Rankings Tennessee. University of Wisconsin Population Health Institute. Robert Wood Johnson Foundation.

Overall, Monroe County ranks 23rd out of 95 counties in health outcomes according to the 2013 County Health Rankings and Roadmaps Report and 84th of 95 in health factors. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. The following is a breakdown of the specific health outcomes and factor measures included in the analysis.

Monroe (MO)

	Monroe County	Error Margin	Top U.S. Performers*	Tennessee	Rank (of 95)
Health Outcomes					
Length of Life					40
Premature death	9,992	8,912-11,073	5,200	8,696	49
Quality of Life					
Poor or fair health	21%	13-32%	10%	19%	27
Poor physical health days	4.5	3.3-5.8	2.5	4.3	
Poor mental health days	3.5	1.9-5.0	2.3	3.4	
Low birthweight	8.3%	7.4-9.2%	5.9%	9.2%	
Health Factors					72
Health Behaviors					87
Adult smoking	36%	27-47%	14%	23%	
Adult obesity	35%	28-42%	25%	32%	
Food environment index	7.4		8.4	6.9	
Physical inactivity	35%	28-42%	20%	30%	
Access to exercise opportunities	73%		92%	70%	
Excessive drinking			10%	9%	
Alcohol-impaired driving deaths	23%		14%	28%	
Sexually transmitted infections	310		138	504	
Teen births	64	59-69	20	47	
Clinical Care					64
Uninsured	19%	17-21%	11%	16%	
Primary care physicians	3,224:1		1,045:1	1,388:1	
Dentists	2,829:1		1,377:1	1,996:1	
Mental health providers	2,515:1		386:1	786:1	
Preventable hospital stays	84	76-92	41	73	
Diabetic monitoring	87%	80-93%	90%	86%	
Mammography screening	57.9%	51.1-64.6%	70.7%	61.8%	
Social & Economic Factors					54
High school graduation	95%			87%	
Some college	41.7%	36.7-46.7%	71.0%	57.7%	
Unemployment	10.7%		4.0%	8.2%	
Children in poverty	30%	23-37%	13%	27%	
Income inequality	4.5	4.0-4.9	3.7	4.8	
Children in single-parent households	28%	22-35%	20%	36%	
Social associations	11.3		22.0	11.5	
Violent crime	402		59	621	
Injury deaths	98	85-111	50	78	
Physical Environment					35
Air pollution - particulate matter	13.5		9.5	13.8	
Drinking water violations	0%		0%	4%	
Severe housing problems	13%	11-15%	9%	15%	
Driving alone to work	86%	82-89%	71%	84%	
Long commute - driving alone	40%	36-45%	15%	32%	

* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015

Monroe (MO)

	Monroe County	Tennessee
Demographics		
Population	45,265	6,495,978
% below 18 years of age	21.9%	23.0%
% 65 and older	18.8%	14.7%
% Non-Hispanic African American	2.1%	16.8%
% American Indian and Alaskan Native	0.6%	0.4%
% Asian	0.5%	1.6%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.7%	4.9%
% Non-Hispanic white	91.7%	74.9%
% not proficient in English	0.9%	1.5%
% Females	50.5%	51.2%
% Rural	76.1%	33.6%
Health Outcomes		
Diabetes	14%	12%
HIV prevalence	80	301
Premature age-adjusted mortality	472.5	429.0
Infant mortality	7.0	8.3
Child mortality	39.5	63.8
Health Behaviors		
Food insecurity	16%	17%
Limited access to healthy foods	2%	8%
Motor vehicle crash deaths	26	18
Drug poisoning deaths	16	16
Health Care		
Uninsured adults	23%	20%
Uninsured children	6%	6%
Health care costs	\$9,931	\$10,159
Could not see doctor due to cost	21%	17%
Other primary care providers	1,509:1	1,059:1
Social & Economic Factors		
Median household income	\$38,061	\$44,268
Children eligible for free lunch	57%	48%
Homicides	6	7

* Data supplied on behalf of state

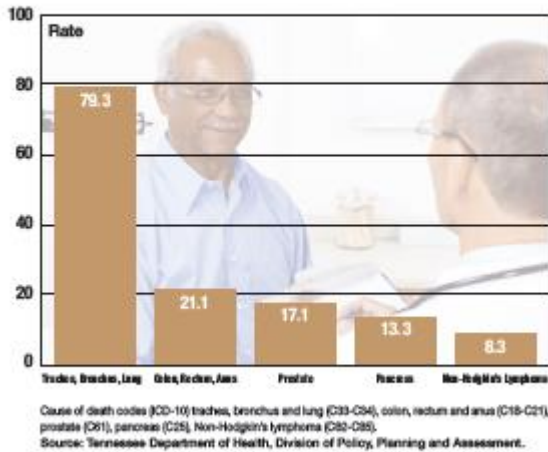
Note: Blank values reflect unreliable or missing data

Leading Causes of Male Deaths (ICD-10 Codes), By Race, with Percentage of Deaths, Resident Data, Tennessee, 2013

Causes	Total	Percent	White	Percent	Black	Percent
Total Deaths	31,875	100.0	27,319	100.0	4,327	100.0
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,799	24.5	6,722	24.6	1,021	23.6
2. Malignant neoplasms (C00-C97)	7,583	23.8	6,561	24.0	974	22.5
3. Accidents (V01-X59, Y85-Y86)	2,093	6.6	1,808	6.6	270	6.2
4. Chronic lower respiratory diseases (J40-J47)	1,827	5.7	1,698	6.2	125	2.9
5. Cerebrovascular diseases (I60-I69)	1,315	4.1	1,084	4.0	225	5.2
6. Diabetes mellitus (E10-E14)	901	2.8	701	2.6	189	4.4
7. Intentional self-harm (X60-X84, Y87.0)	822	2.6	763	2.8	53	1.2
8. Alzheimer's disease (G30)	727	2.3	678	2.5	48	1.1
9. Influenza and pneumonia (J10-J18)	669	2.1	594	2.2	69	1.6
10. Chronic liver disease and cirrhosis (K70, K73-K74)	560	1.8	497	1.8	59	1.4

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

Male Selected Causes of Death for Malignant Neoplasms, with Rates Per 100,000 Population, Resident Data, Tennessee, 2013



Leading Causes of Death for Tennessee Males

- In 2013, diseases of heart and malignant neoplasms accounted for 48.3 percent of all deaths to Tennessee's males, ranking as the first and second causes respectively.
- Accidents ranked third accounting for 6.6 percent of the total male deaths. Chronic lower respiratory diseases accounted for 5.7 percent, while cerebrovascular diseases accounted for 4.1 percent of all male deaths.
- Lifestyle changes are seen as one of the best indicators toward improving the health of the male population. Not smoking, improved physical exercise, a better diet, and safety belt usage could increase quality of life and longevity.

- In 2013, diseases of heart and malignant neoplasms accounted for 42.4 percent of the total resident deaths to Tennessee's women.
- While the leading cause of death for both white and black females was diseases of heart, malignant neoplasms ranked as the second in 2013.
- Chronic lower respiratory diseases ranked third for white females, but cerebrovascular diseases ranked third for black females.
- Diabetes was the cause for 5.1 percent of deaths to black women and 2.6 percent of the deaths for white women.
- Alzheimer's disease ranked as the fourth cause for white females and fifth for black females.

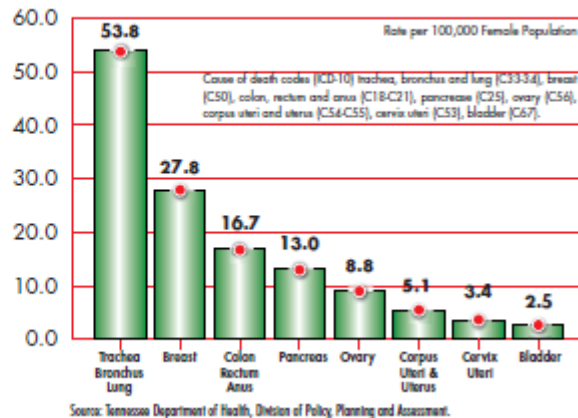
LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES, BY RACE, WITH PERCENTAGE OF DEATHS, RESIDENT DATA, TENNESSEE, 2013

Cause	Total	Percent	White	Percent	Black	Percent
Total Deaths	31,323	100.0	26,803	100.0	4,280	100.0
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	6,924	22.1	5,875	21.9	1,006	23.5
2. Malignant neoplasms (C00-C97)	6,348	20.3	5,310	19.8	979	22.9
3. Chronic lower respiratory disease (J40-J47)	2,069	6.6	1,938	7.2	124	2.9
4. Cerebrovascular diseases (I60-I69)	1,808	5.8	1,511	5.6	282	6.6
5. Alzheimer's disease (G30)	1,799	5.7	1,625	6.1	168	3.9
6. Accidents (V01-X59, Y85-Y86)	1,404	4.5	1,252	4.7	144	3.4
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	305	1.0	267	1.0	37	0.9
7. Diabetes mellitus (E10-E14)	914	2.9	690	2.6	218	5.1
8. Influenza and pneumonia (J10-J18)	882	2.8	786	2.9	90	2.1
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	522	1.7	406	1.5	109	2.5
10. Septicemia (A40-A41)	444	1.4	358	1.3	82	1.9

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

CANCER DEATH RATES FOR FEMALES, FOR SELECTED CAUSES, RESIDENT DATA, TENNESSEE, 2013

- Mortality data collected from Tennessee's death certificates ranks malignant neoplasms as the second leading cause of death for females.
- There were 6,348 cancer deaths reported for resident females in 2013.
- Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate per 100,000 females (53.8) followed by breast cancer (27.8).
- These two causes accounted for 42.8 percent of the total cancer deaths for females in 2013.



Drug and Alcohol and Cigarette Abuse and Mental Illness

Tennessee ranks in the bottom 10 states for the highest prescription drug use among youth, grades 9-12 and young adults ages 18-25, without a doctor's prescription.

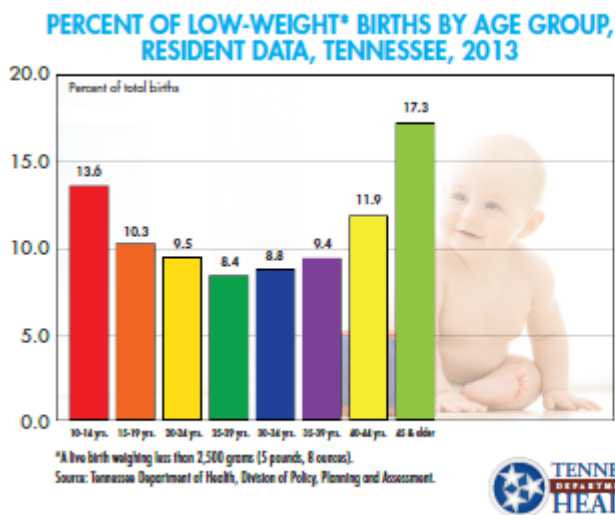
Tennessee ranks in the bottom 20% of states for the highest percentage of youth, grades 9-12, that smoked a cigarette in the past 30 days.

Tennessee ranks in the bottom 10 states for the highest percentage of illicit drug use other than marijuana among young adults, ages 18-25.

Tennessee ranks in the bottom 20% of states for the highest percentage of children, ages 2-17, who have one or more emotional, behavioral, or developmental conditions.

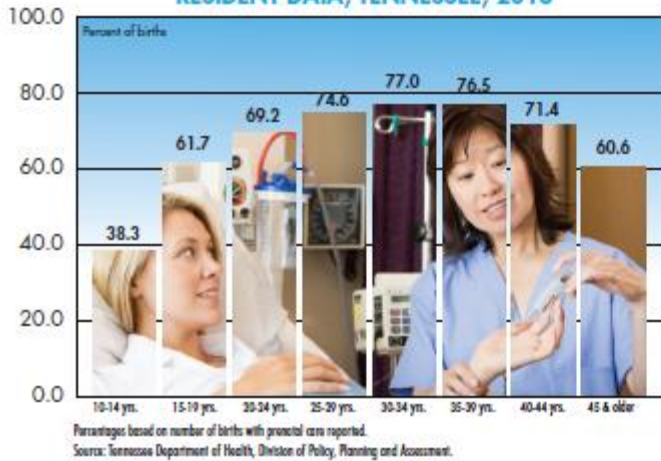
Tennessee ranks in the bottom 10 states with the highest rates of any mental illness among adults, ages 26 and older.

Pregnancy Care



- Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight.
- Of the total 2013 resident births, 7,302 or 9.1 percent of the babies weighed under 2,500 grams.
- The greatest percent of low-weight babies were born to mothers ages 45 years and older (17.3); followed by mothers ages 10 through 14 years (13.6); and mothers ages 40-44 (11.9).
- Of the total low-weight births, 23.5 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (29.6), while black mothers reported a much lower tobacco use percentage (12.7).
- The Healthy People 2020 Objective for low-weight births is 7.8 percent of the total births.

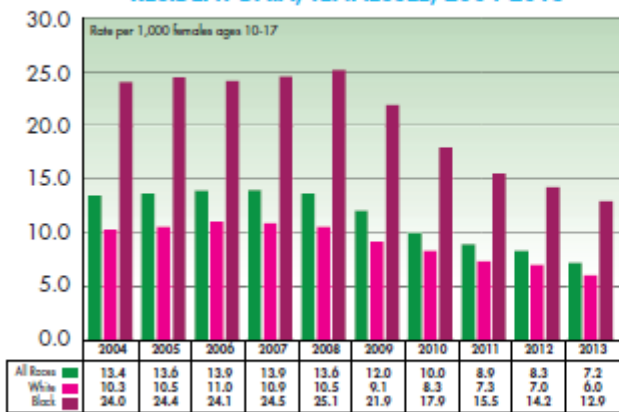
PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2013



- In 2013, of the births to mothers aged 10-14 reporting prenatal care, 38.3 percent began care in the first trimester.
- The percentage of first trimester care by age group increased to a high of 77.0 percent for mothers aged 30-34.
- The total percent of Tennessee resident births that reported care beginning in the first trimester was 72.5.

(Nationally recommended changes to the birth certificate were implemented in Tennessee on January 1, 2004. The collection of prenatal care information changed significantly; thus prenatal care data for 2004 and later years are not comparable to that of earlier years.)

ADOLESCENT PREGNANCY RATES (10-17), BY RACE, RESIDENT DATA, TENNESSEE, 2004-2013



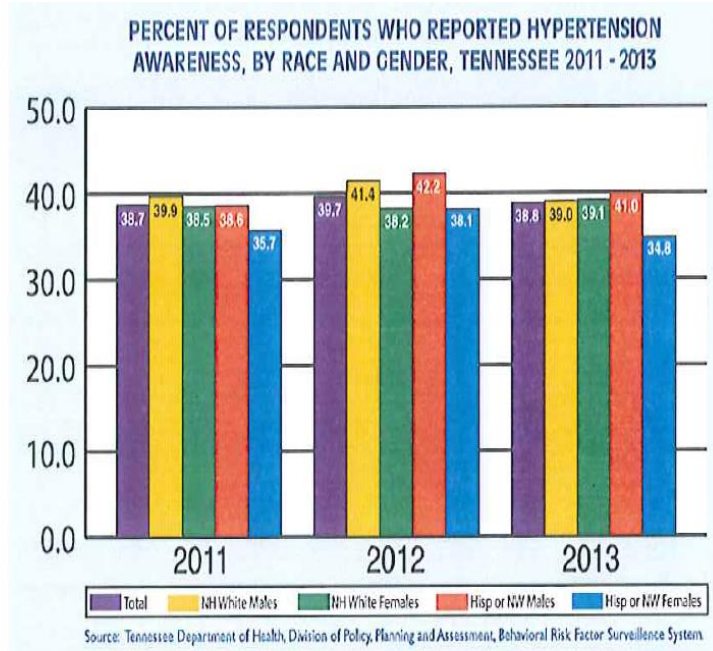
Total includes pregnancies to other racial groups or race not stated.
Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

- Adolescent pregnancies include births, induced terminations, and reportable fetal deaths.
- Overall, the adolescent 10-17 pregnancy rates showed a declining trend from 2004 through 2013.
- The total pregnancy rate for females aged 10-17 declined 46.3 percent from 13.4 pregnancies per 1,000 females of all races in 2004 to 7.2 in 2013.
- The white adolescent pregnancy rate dropped 41.7 percent from 10.3 in 2004 to 6.0 per 1,000 females in 2013.
- The 2004 black rate of 24.0 decreased 46.2 percent to 12.9 pregnancies per 1,000 females in 2013.

Health Screenings

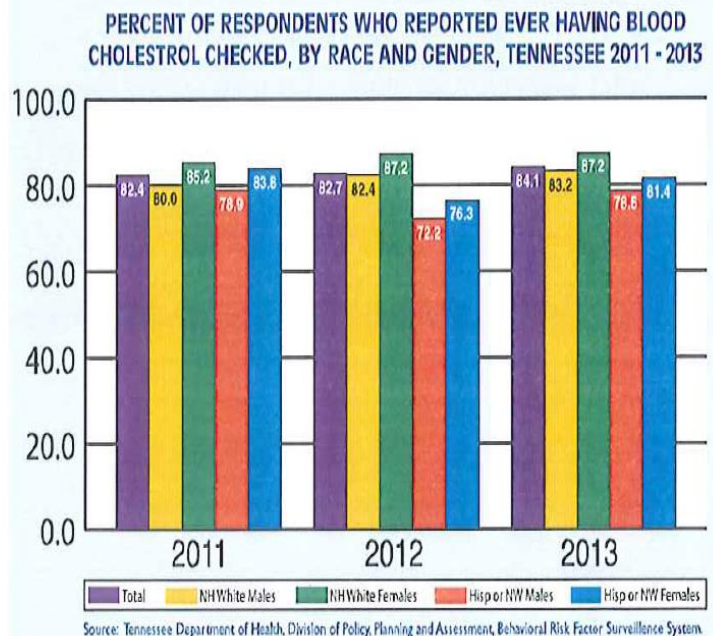
Hypertension

- Uncontrolled hypertension is a well-known risk factor for cardiovascular, cerebrovascular, and end-stage renal diseases.
- According to the Behavioral Risk Factor Surveillance System, Tennessee's total percent of the population aware of hypertension remained fairly constant from 2011 through 2013 with Hispanic or non-white females having the lowest percentages.
- *The Healthy People 2020 Objective* is to reduce the proportion of adults with hypertension to 26.9 percent.

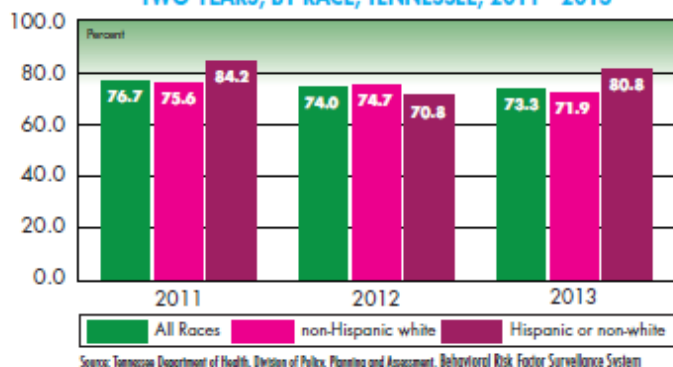


Cholesterol

- High cholesterol is a major contributor to cardiovascular disease and is a leading modifiable risk factor.
- In 2013, the percent of respondents to the Behavioral Risk Factor Surveillance System survey reporting ever having their blood cholesterol checked was 84.1; increasing over the percentages for 2011 and 2012.
- Of the population surveyed, the percentages for non-Hispanic white females were the highest for the race/ethnic categories for 2011-2013.



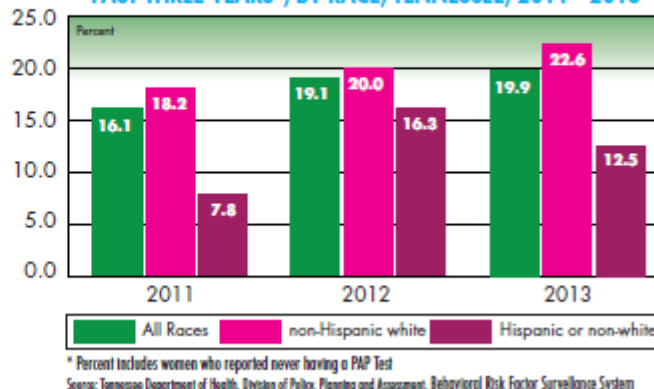
PERCENT OF WOMEN AGED 40 YEARS AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM WITHIN THE LAST TWO YEARS, BY RACE, TENNESSEE, 2011 - 2013



- Breast cancer ranked as the second leading cause of cancer deaths among Tennessee's women.
- Screening for breast cancer can provide early detection and reduce mortality.
- Data from the Tennessee Behavioral Risk Factor Surveillance System provides information by race on the percent of women aged 40 and older who stated they had a mammogram within the last two years.
- Tennessee's 2013 survey showed a decrease from 2011 in the percent of women who stated they had a mammogram within the last two years.

- Mortality from invasive cervical cancer can be reduced with early detection from the Pap test.
- The 2013 Tennessee Behavioral Risk Factor Surveillance System survey results indicated that the total percent of women 18 years and older that did not have a Pap test within the past three years was 19.9 percent, increasing over 2011 and 2012.
- For non-Hispanic white females the 2013 percentage was 22.6, while the percentage for Hispanic or non-white females was 12.5.
- Overall, the 2013 survey indicated an increase in the percentage of females aged 18 years and older reporting not having received a Pap test within the preceding three years.

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP TEST WITHIN THE PAST THREE YEARS*, BY RACE, TENNESSEE, 2011 - 2013



Chronic diseases are the leading causes of death in Tennessee, with diseases of heart and malignant neoplasms (cancer) responsible for almost 50 percent of the total deaths each year.

At Risk Youth

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. These behaviors, often established during childhood and early adolescence, include

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.

The following table highlights the greatest risk factors for high school age youth in the state of Tennessee compared to the United States for the 2013 survey.

Question	Tennessee	United States
Never or rarely wore a bicycle helmet	90%	88%
Did not use any type of birth control during intercourse	90%	91%
Ever had at least one drink of alcohol	60%	66%
Ever had sexual intercourse	48%	47%
Did not use a condom during sexual intercourse	41%	41%
Ever had at least one puff of a cigarette	44%	41%
Did not drink milk in the past 7 days	29%	19%
Were offered, sold or given illegal drug on school property	25%	22%
Played a computer or video game for 3 or more hours per day	36%	41%
Watched television 3 or more hours per day	34%	33%
Did not attend PE class on 1 or more days per week	60%	52%

The Elderly

18.8% percent of all Monroe County residents are the age of 65 or older. 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 also 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

(2010 Census Summary report for Monroe County, East Tennessee Development District, December 2012)

In 2010, there were 253 people in nursing facilities/skilled-nursing facilities in Monroe County.

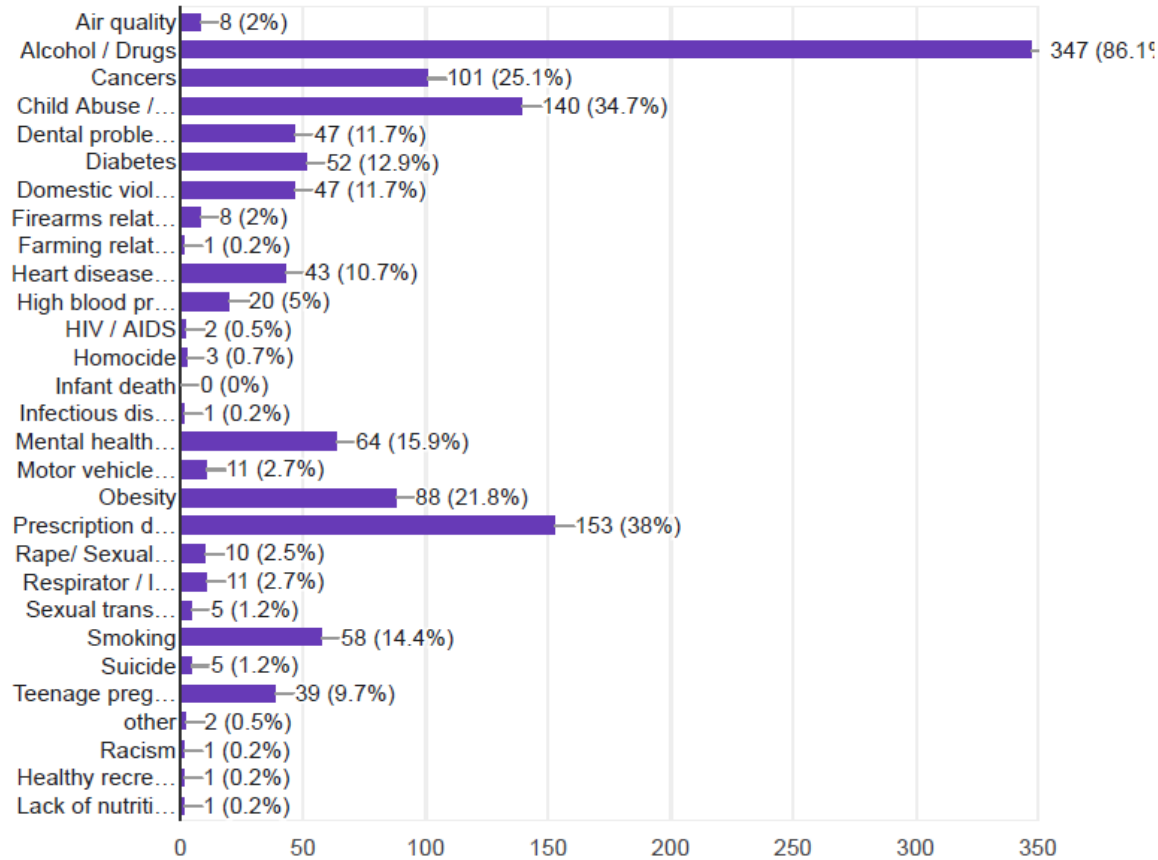
(city-data.com – Monroe County, Tennessee 2012)

See Community Health Needs Assessment for Older Adults, Monroe County, Tennessee, 2017 Brief Report

Top Three Most Important Health Issues in Monroe County from Chota’s Survey:

From the following list, what do you think are the THREE MOST IMPORTANT "health problems" in Monroe County?

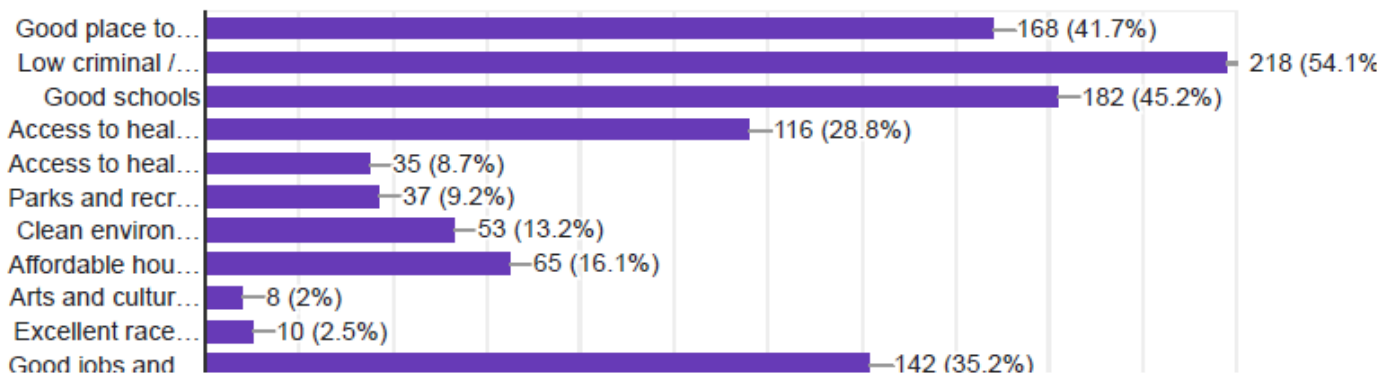
403 responses



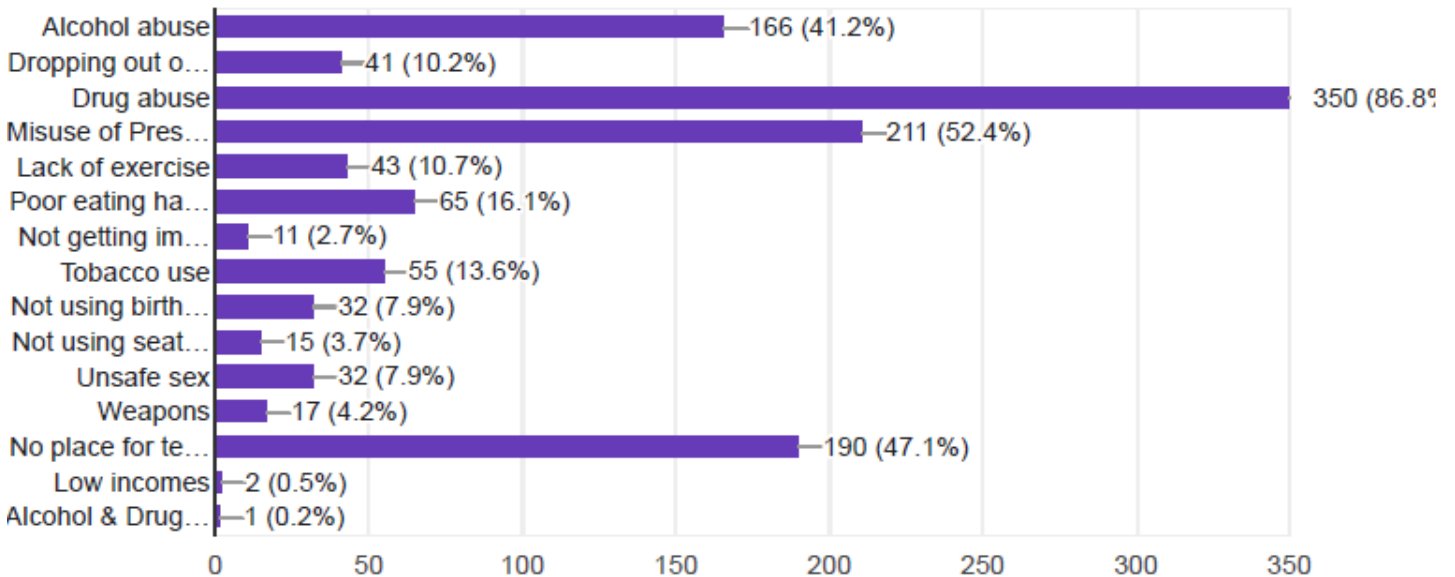
Top Three Most Important Factors for a “Healthy Community”:

PRIORITIZED:

- 1. Low criminal / safe neighborhood 54.1% (218 responses)**
- 2. Good place to raise children 41.7% (168 responses)**
- 3. Good Schools 45.2% (182 responses)**
- 4. Good jobs and healthy economy 35.2% (142 responses)**
- 5. Access to Health Care 28.8% (116 responses)**



From the following list, what do you think are the THREE MOST IMPORTANT “risk behaviors” in our community (Those behaviors that have the greatest impact on overall community health)?



Executive Summary of 2018 Community Needs Assessment Findings
Listed in Descending Order of Priority

<u>Indicator:</u>	<u>Root Causes</u>	<u>Available Community Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Completed Strategies</u>
<p><u>#1 - Substance Abuse (Illicit Drugs, Misuse of Prescription Drugs, Alcohol and Tobacco)</u></p> <p>Smoking Rate – Monroe County -36% Tennessee - 23%</p> <p>Substance Abuse Rates Prescription Rates Alcohol Use Rates</p> <p>Tennessee ranks in the bottom 10 states for the highest prescription drug use among youth, grades 9-12 and young adults ages 18-25, without a doctor's prescription.</p> <p>Tennessee ranks in the bottom 20% of states for the highest percentage of youth, grades 9-12, that smoked a cigarette in the past 30 days.</p> <p>Tennessee ranks in the bottom 10 states for the highest percentage of illicit drug use other than marijuana among young adults, ages 18-25.</p>	<p>Lifestyle ↓ Social acceptance ↓ Low socioeconomic status</p>	<ul style="list-style-type: none"> • Monroe County Prevention & Wellness Coalition- Free • Drop Box Campaigns-Rx Drug Abuse • Monroe County SADD Club Camp- \$20 refundable fee to hold your space • SADD Clubs- Students Against Destructive Decisions- Free • Drop Box Campaigns-Rx Drug Abuse- Free • Project Connect-Teen Tobacco Cessation- Free • Youth Connections Newsletter- Free • NAS Prevention Programming- Free • National Coalition Academy- Free • Parents Who Host Lose The Most Campaign- Free • Ongoing Strategic Development- Free • Alcoholics Anonymous- Powell Reality & First Baptist Church Madisonville- Free • Police Task Forces- Free • TTI-Tennessee Teen Institute (5 Day Camp) (\$-Monroe County Health Council Sponsors) • At Risk Youth Program • CASA- Court Appointed Special Advocate • Speak Up Club 	<p>Community Based Adult and youth education</p> <p>Crisis Services</p> <p>Holding/Boarding services/unit for admission to inpatient psych units</p> <p>Outpatient counselors available at SHA to visit inpatient discharge patient and outpatients in MD offices</p>	<p>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.</p>	<ul style="list-style-type: none"> • Community Mental Health Forum schedule to meet at SHA on September 10th, 2013. This will be a networking opportunity for all mental health providers in Monroe County. • Narcotics Anonymous- Space Provided by SHA- Free-Mondays & Fridays at 8:00 in Conference Room 1 at SHA • SHA posts regularly, on Facebook health tips to educate the community- 2017 • Healthier Tennessee Expo- Feb 11, 2017 • SHA donated 5000.00 to CASA Monroe • SHA's Purchasing Director is on the CASA BOD • Secondary Medical Staff attend CASA Gala which is a \$13,000 value per year • Fall of 2017- New opioid prescribing lows disseminated to local providers, ED physicians, and mid-level staff.

<u>Indicator:</u>	<u>Root Causes</u>	<u>Available Community Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Completed Strategies</u>
<u>#2 Child Abuse/Neglect</u>	<ul style="list-style-type: none"> • Drug abuse • Teen pregnancy 	<ul style="list-style-type: none"> • Health Council-Madisonville, TN 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Reviewed current law and updated SHA abuse and neglect guidelines. • Prevent Child Abuse Tennessee (can take a mom from the moment she finds out she's pregnant until the baby is 3 months. Once enrolled, she can stay with the family until the child is 5 years old.) (free) <ul style="list-style-type: none"> ○ Morgan Ellis- 423-333-6929

<u>Indicator:</u>	<u>Root Causes</u>	<u>Available Community Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Completed Strategies</u>
<p><u>#3 Chronic Disease (Diabetes, Heart and Lung Disease, Cancer, and Obesity)</u></p> <p>Leading Causes of Death for Males and Females in Tennessee: Lung Disease Heart Disease Diabetes CVA Cancer- lung, colon, breast</p> <p><u>Obesity Rate 2013:</u> Monroe County- 35% Tennessee - 32%</p> <p><u>Chronic Disease Death Rate for Tennessee 2013</u> Women 57.7% Men 62.7%</p>	<p>Lifestyle ↕ Hypertension ↕ Smoking, diet, lack of exercise ↕ Social acceptability ↕ Low socioeconomic status ↕ Use of electronics in place of physical activity</p>	<ul style="list-style-type: none"> • UT Extension Monroe County- Rebecca Layman <ul style="list-style-type: none"> ○ Eat Smart- Free ○ Dining with Diabetes- Free ○ Living with Chronic Conditions- Free ○ Take Charge of your Diabetes- Free • Diabetes Support Groups- Free • Little's Drugs Sweet Spot- Free <ul style="list-style-type: none"> ○ One-on-one diabetic training on nutrition and diabetes management ○ Diabetic monthly classes free to the public • Little's Drugs The Beat- Heart Health Education- Free 	<p>Screening</p> <p>Early Childhood Education</p> <p>General community awareness</p>	<p>Health screening fairs</p> <p>Support school based education</p> <p>Offer general community education</p>	<ul style="list-style-type: none"> • Continue to review in future Long Range Planning Committee Meetings. • Darla at Sweetwater Hospital Association hosts Diabetes Education Classes for inpatient and outpatient- Free • Novus Drug Company Rep offering diabetic education at SHA every other Friday afternoon- Free • Specialties offered at SHA: Pulmonology Internal Medicine Oncologist \$ • Recruiting Internal Medicine Provider • SHA posts regularly, on Facebook, health tips to educate the community. • SHA participated in the Monroe County Health Expo March 4th- Heart Healthy • SHA's Project Manager attends Monroe County Health Council Meetings every month. • SHA Donated First Aid Kits to Madisonville Primary School & to Sweetwater Little League Teams • 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. • SHA donated door prizes for the Annual Health Fair at Chota & Paige Longwith, PTA participated in the Health Fair 2016 & 2017 • Shannon Anthony regularly teaches CPR to multiple community groups-2016 & 2017 • SHA donated \$100.00 to the Sweetwater Kiwanis Club to help

					<p>sponsor the Muscadine Wind 5K Trail Run- 2016</p> <ul style="list-style-type: none"> • SHA donated \$300.00 to the Rocky Top Run 5K Race to help fund the Greg Collette Scholarship fund- 2016 • SHA posts regularly, on Facebook, health tips to educate the community-2017 • SHA donates every year to surrounding counties high school sports programs. • SHA has donated \$100 to Sweetwater Merchants and Property Owners Association for the downtown eclipse festival. • \$100 to Kiwanis Muscadine Wind Run • \$100 to Madisonville Primary School's Fun Run and Obstacle Course where all funds raised goes toward purchasing new playground equipment. • Donated \$1,000 to the City of Sweetwater's Independence Day Festival • Donated \$1,000 to the City of Sweetwater's Muscadine Festival • Purchased \$750 worth of tickets benefiting the Boys and Girls Club
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Data Collection Methodology

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

1. A review of existing data already available in the community, region and state.
2. Sweetwater Hospital Association collaborated with Chota to distribute a convenience survey of the following: a social media blast, distributed it in local grocery center parking lots, distributed it company-wide and to other local agencies and requested they pass it along, distributed it to local commodities, and the High Fives and School Supplies event. The survey was distributed via hard copy as well as a Google Doc Survey.

Data Collection Tool

No significant information gaps were identified.

The survey instrument is presented herein as Appendix A.

Review of Secondary Data

This report relies on data compiled from both primary and secondary sources. The secondary data was collected and reviewed by Chota employees. Data was compiled from local, regional, state and national sources. These sources are documented in the report.

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[U. S. Census Bureau Demographic and Socioeconomic Data for Monroe County 2010](#)