2022

Anderson County Community Health Needs Assessment

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Special Thanks

The 2022 Anderson County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 300 residents who participated in surveys, focus groups and meetings. The significant findings of this assessment are rooted in complex interrelationships of economics, education, behaviors, access, environment and social circumstances. The solutions are just as complex; no institution or organization by itself can measurably change the trajectory of progress. These significant health challenges facing Anderson County will require a collaborative community approach by all public health partners. Methodist Medical Center and Ridgeview Behavioral Health Services wish to thank all those involved in the 2022 Anderson County Community Health Needs Assessment, particularly our partner, Anderson County Health Department. We hope this information can be a catalyst for change as we seek to improve the health circumstances of all who live in and call Anderson County home.

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About Our Organizations

Methodist Medical Center is an acute-care hospital located in Oak Ridge, Tennessee, that has served Anderson County and surrounding area for more than 75 years. Methodist Medical Center was a founding member of Covenant Health in 1996.

Methodist first opened as an Army hospital in 1943. Today, the medical center is a 301-bed facility that employs approximately 1,000 people and serves more than 200,000 citizens in Anderson, Roane, Morgan, Campbell and Scott counties. The hospital is accredited as an Advanced Primary Stroke Center and provides medical specialties ranging from cardiology and orthopedics to oncology and wound care.

Ridgeview Behavioral Health Services is a community behavioral health center with an acute psychiatric hospital for adults located in Oak Ridge, Tennessee, and has served Anderson County and the surrounding area for 60 years. Ridgeview employs approximately 275 people and serves nearly 8,000 citizens each year. The agency is accredited by The Joint Commission and provides a wide range of outpatient mental health and substance use disorder services, including psychiatric crisis services, community-based programming and school-based therapy.

Even though the health care market footprint for Methodist Medical Center and Ridgeview Behavioral Health Services is based in five counties, the 2022 CHNA is limited to Anderson County because the largest percentage of both facilities' patients come from Anderson County.

Assessment Perspective

Every three years, not-for-profit hospitals across the country are required to conduct a Community Health Needs Assessment for their respective communities. In 2022, Covenant Health facilitated this process in four of its member hospitals' home counties.

The Community Health Needs Assessment process is more than an academic exercise in data collection. It is an opportunity for the hospital to work with members of the larger public health system to identify the challenges and opportunities facing local residents, inventory community resources and explore collaborative solutions.

The 2022 assessment cycle is the fourth such undertaking since the first assessment in 2013. This particular assessment period is notable because it occurred in the midst of the COVID-19 pandemic. As the research will demonstrate, COVID-19 left few aspects of life untouched. It impacted community health improvement efforts and access to services, affected school attendance, isolated residents, challenged the work environment and was a leading cause of death, both locally and nationally.

DID YOU KNOW?
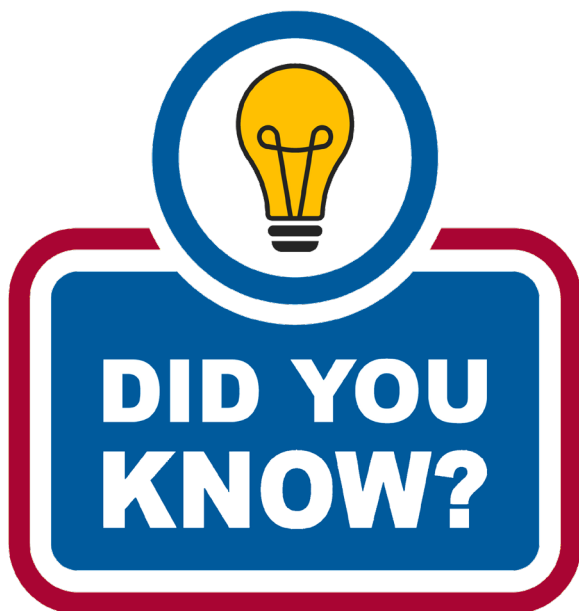
Top 5 Leading Causes of Death in Anderson County in 2020

DISEASES OF THE HEART

CANCERS

ACCIDENTS AND ADVERSE EFFECTS

COVID-19

CEREBROVASCULAR DISEASES

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Assessment Partners

The role of Methodist Medical Center and Ridgeview Behavioral Health in the assessment process was one of facilitation. Members of public health agencies convened over a period of five months to complete the Community Health Needs Assessment. The target population for the 2022 assessment was Anderson County residents, with special emphasis on those who are most vulnerable including senior adults, those who are chronically ill, those who are uninsured and those with low incomes. Partnership selection was especially sensitive to organizations that serve the most at-risk populations.

STEERING COMMITTEE PARTICIPANTS

The Steering Committee's purpose was to determine the scope of the assessment; research methods; assist in the design, distribution and collection of community surveys; select focus group participants; gather primary and secondary health data; produce data notebooks and recruit data team members. The members of the Steering Committee consisted of one to two members of the following organizations:

- Methodist Medical Center (2)
- Anderson County Health Department (2)
- Ridgeview Behavioral Health Services (3)
- Aid to Distressed Families of Appalachian Counties (ADFAC)
- ASAP of Anderson
- Children's Advocacy Center
- Free Medical Clinic of Oak Ridge

- National Alliance on Mental Illness
- Oak Ridge Ministerial Association
- Oak Ridge Parks and Recreation
- Oak Ridge Schools
- Roane State Community College
- Tennessee Out-Reach Center for Homeless (TORCH)
- United Way of Anderson County

In 2021, 17% of Tennessee's population was 65 years or older, while in Anderson County 20% of the population was 65 years or older.

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DATA TEAM PARTICIPANTS

The Data Team convened during the final steps of the assessment process. The purpose of the Data Team was to take all the data compiled by the Steering Committee and identify the most significant health challenges facing the communities.

- Methodist Medical Center (2)
- Ridgeview Behavioral Health Services (2)
- Anderson County Health Department
- ASAP of Anderson

- Children's Advocacy Center
- Coordinated School Health
- Free Medical Clinic of Oak Ridge
- United Way of Anderson County

RESEARCH PARTNERS

The research partners' role was to provide expertise on survey design, focus group facilitation, community survey data collection and data analysis.

- University of Tennessee –Social Work Office of Research and Public Service (UT-SWORPS)
- Anderson County Health Department

- Tennessee Department of Public Health, Nashville

No Impact
3%

Minor Impact
31%

Major Impact
66%
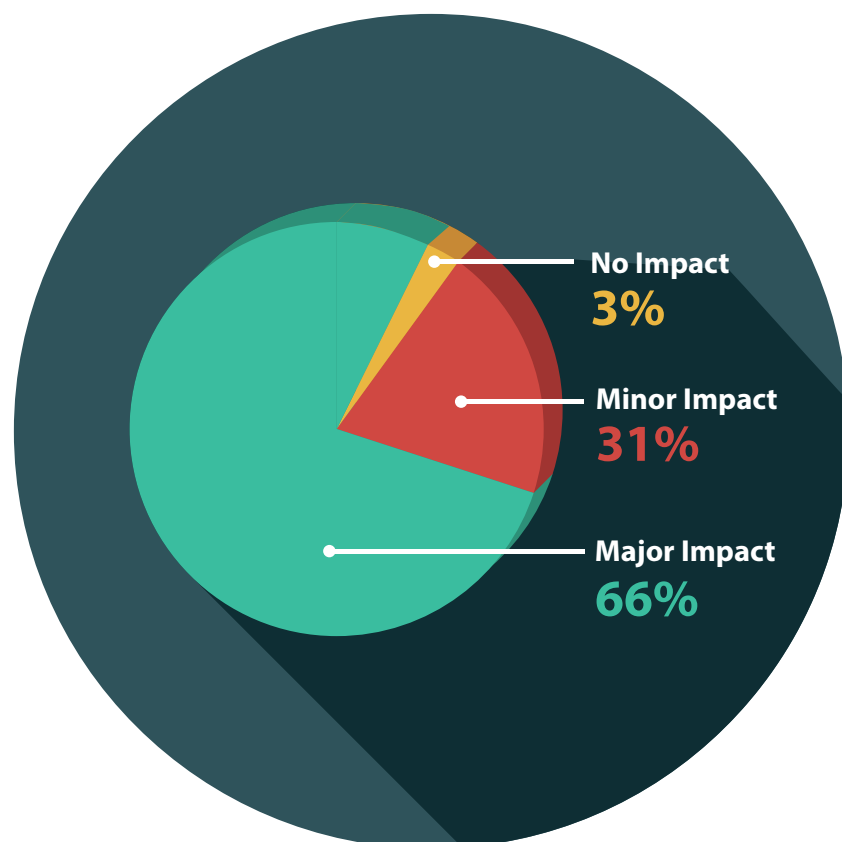
CHART SHOWS RESPONDENTS' ANSWERS TO QUESTION ABOUT THE IMPACT OF COVID-19 ON THEIR COMMUNITY.

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Our Process

When it was time for hospitals to conduct their second CHNA, the Internal Revenue Service gave hospitals the option of replicating the first assessment process or allowing hospitals to build upon their previous assessment. The second option resonated with Covenant Health hospitals because of the health priorities that were determined to be the most significant. The top health priorities were generational issues including mental health access, substance abuse, transportation and tobacco use, to name a few. Improvements in these areas would be complicated and slow to change.

Covenant Health has adopted this format for its tri-annual assessment schedule. Every other assessment cycle "builds upon" the previous assessment findings. This approach allows the priorities to be revalidated after three years and changed if necessary, while staying true to issues that continue to have a significant impact on the health and quality of life in our communities. The 2022 CHNA is building upon the 2019 CHNA findings.

The 2022 CHNA process began in February with the formation of the Steering Committee. The Steering Committee was the decision-making body for the assessment and was instrumental in building a diverse team of partners to ensure input from residents and community leaders was heard.

The primary research for the assessment centered on a household survey and several focus groups. In 2022, Anderson County was emerging from two intense years of COVID-19. The Steering Committee wanted to use the community survey to gauge the impact of COVID-19 since the 2019 assessment. The survey questions used in 2019 remained the same for 2022, but the respondents' answers to each question were filtered through a "COVID-19 lens." For statistical significance, nearly 290 surveys were collected through an online link and paper surveys. Once the survey data was analyzed by UT-SWORPS, a report was provided to the Steering Committee. (See Appendix C)
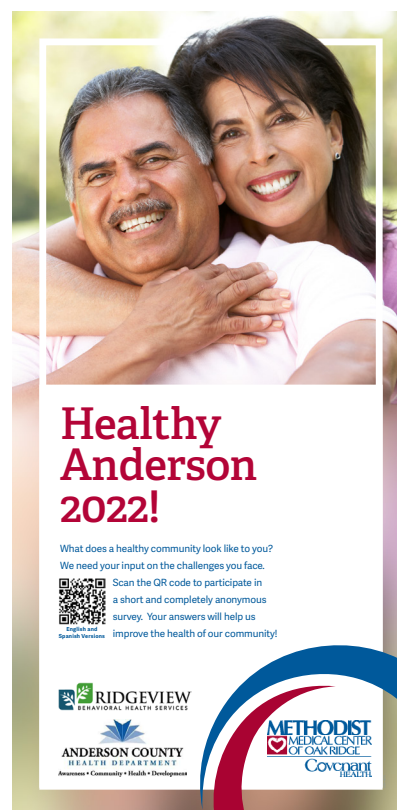
COMMUNITY SURVEY

The Steering Committee was very intentional about making sure the most vulnerable groups in Anderson County – the chronically ill, those who are uninsured and minority populations -- had a voice in the assessment process. The focus groups were designed to recruit community leaders who directly serve these populations and who are most familiar with the daily challenges these at-risk individuals face. Focus group participants were long-term residents of the county and represented various cities in the county. Four focus groups of six to eight participants each were facilitated by UT-SWORPS. The most significant health priorities of 2019 were the focus of discussion, in order to determine whether the priorities should be continued or replaced by another issue that may have emerged with more importance. UT-SWORPS provided a written report once the responses were analyzed. (See Appendix D)

ORGANIZATIONS PARTICIPATING IN FOCUS GROUPS

- Methodist Medical Center (3)
- Ridgeview Behavioral Health Services (2)
- Anderson County Health Department (2)
- ADFAC
- Anderson County United Way
- ASAP of Anderson
- Chamber of Commerce
- Community Church
- Free Medical Clinic
- Oak Ridge City Council
- Oak Ridge Schools Coordinated School Health (2)
- Oak Ridge Senior Center
- School nursing coordinator
- TORCH

For 2022, the Steering Committee elected to use the same secondary health indicators that were used in the 2019 assessment. The indicators were updated to include the most current data points available. Additionally, COVID-19 statistics were included that did not exist in 2019. (Appendix E) Data notebooks were compiled with updated demographics, leading causes of death, community survey results, focus group analysis and secondary data for dozens of health indicators. These were used by the Data Team members to determine the most significant health priorities for the 2022 assessment cycle.

Determining the Priorities

Once members of the Data Team received their data notebooks, they reviewed the data and discussed the most significant issues. The primary focus was to determine whether the 2019 CHNA significant issues should be continued, modified or replaced. The methodology used to assist in the prioritization process was adapted from the Hanlon Method. Each health priority under consideration was filtered by using four questions, and each question's response were rated on a scale of zero to five.

QUESTION 1 – HOW SIGNIFICANT IS THIS ISSUE?

Guiding considerations:

- What percentage of the population has this problem?
- What populations, if any, are disproportionately affected (race, age, ethnicity, gender)?

QUESTION 2 – HOW SERIOUS IS THIS ISSUE?

Guiding considerations:

- What is the economic impact?
- What is the impact on quality of life for those affected?
- What is the medical cost of this health issue?

QUESTION 3 – HOW FEASIBLE ARE THE INTERVENTIONS?

Guiding considerations:

- How aware of this issue is the community as a whole?
- What local resources are already designated or potentially available to address the issue?
- What work is already underway?

QUESTION 4 – HOW EFFECTIVE ARE THE INTERVENTIONS?

Guiding considerations:

- Is the impact limited to a few or a larger portion of those affected?
- Does the intervention address the root cause of the health issue?
- Are interventions broadly available to those affected?

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The answers for these four questions were weighted by the research partner with questions one and two having 37.5 percent weight each, and questions three and four weighted at 12.5 percent each. The composite weighted score from the Data Team members input became the starting point for discussion. New issues that may have emerged since the 2019 CHNA also were discussed for potential inclusion.

In rank order, the top 10 most severe problems facing Anderson County based on responses to the 2022 Community Health Survey:

1. LACK OF AFFORDABLE HOUSING
2. SUBSTANCE ABUSE – DRUGS AND ALCOHOL
3. POVERTY
4. MENTAL ILLNESS
5. YOUTH TOBACCO USE AND VAPING
6. ACCESS TO MENTAL HEALTH CARE
7. RELIABLE AND AFFORDABLE TRANSPORTATION
8. LACK OF PHYSICAL ACTIVITY
9. DIABETES
10. LACK OF GOOD-PAYING JOBS

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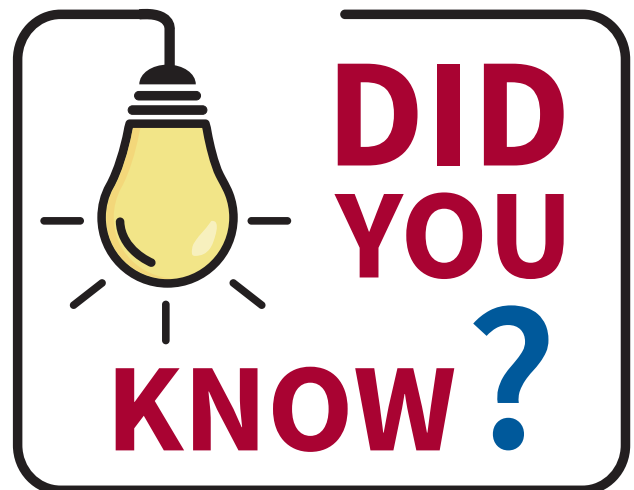
Most Significant Health Priorities and Related Resources

Largely due to COVID-19, the Data Team consensus was to continue the five health priorities of the 2019 CHNA. Data Team members felt each priority area of the 2019 assessment has worsened. Communities were faced with increased uncertainty and stress, many community resources were paused and health care organizations were pushed to a breaking point. Overall, the demand for health and human resources far outweighed the supply. The 2022 most significant health priorities for Anderson County and their respective local resources are as follows:

1. SUBSTANCE ABUSE DISORDERS

Community Resources:

- Alcoholics Anonymous and Narcotics
- Anonymous
- ASAP of Anderson
- Calvary Baptist Church Road to Recovery team program
- Hope of East Tennessee
- JourneyPure
- Methodist Medical Center Emergency Department
- McNabb Center
- Mothers and Infants Sober Together program
- Recovery House of East Tennessee
- Ridgeview Behavioral Health Services
- Walk-in Clinics

2. MENTAL HEALTH ACCESS

Community Resources:

- Behavioral Health of Oak Ridge
- Cherokee Health System
- Family Resource Center of Anderson County Schools
- Free Medical Clinic of Oak Ridge
- McNabb Center
- Mental Health Association of East Tennessee – Mental Health 101 classes
- Methodist Medical Center Emergency Department
- NAMI Oak Ridge's Family-to-Family program
- Ridgeview Behavioral Health Services
- School counselors
- School system mentoring
- Telemedicine
- TORCH
- Walk-in clinics

3. TOBACCO USE AND VAPING

Community Resources:

- ASAP of Anderson
- CATCH My Breath program
- Coordinated School Health programs
- Free Medical Clinic of Oak Ridge
- Girls Inc.
- Kick It! program
- Nicotine patches and smoking cessation materials at hospitals
- Methodist Medical Center anti-smoking program
- Ridgeview health and wellness coaches
- Tennessee Tobacco Quit Line
- U.S. Department of Education's "Too Good for Drugs" program

4. LACK OF PHYSICAL ACTIVITY AND OBESITY

Community Resources:

- Anderson Parks and Recreation walking trails and parks
- Farmers Market vouchers
- Food pantries
- School health assessments
- The Hollingsworth Foundation
- "Walk with a Doc," Methodist Medical Center

2022

Anderson County Community Health Assessment Data

Appendices A-E

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APPENDIX A- Anderson County Demographics

Anderson County Demographics

Population Comparison Estimates July 2018 & July 2021

Population	July 2018	July 2021
Populations estimates, July 2018	76,482	77,576
Population, percent change		1.4%
Population, Census 2010 / 2020	75,129	77,123
Age and Sex		
Persons under 5 years, percent	5.4%	5.4%
Persons under 18 years, percent	21.2%	21.2%
Persons 65 years and over, percent	19.8%	20.3%
Female persons	51.3%	51.3%
Race and Hispanic Origin		
White alone, percent	91.7%	91.6%
Black or African American, percent	4.1%	4.1%
American Indian, and Alaska native	0.5%	0.5%
Asian, percent	1.6%	1.5%
Two or more races, percent	2.2%	2.3%
Hispanic or Latino percent	2.9%	3.2%
White alone, not Hispanic or Latino	89.2%	88.9%

Source: www.census.gov/quickfacts/fact/table/andersoncountytennessee

2020 Top 10 Leading Causes of Death
in Anderson County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the heart	232	299.2
2. Cancers	176	226.9
3. Accidents and Adverse Effects	87	112.1
4. COVID-19	69	88.9
5. Cerebrovascular diseases	64	82.5
6. Chronic lower Respiratory diseases	60	77.4
7. Alzheimer's Disease	54	69.6
8. Diabetes	46	59.3
9. Liver Disease and Cirrhosis	24	30.9
10. Pneumonia and Influenza	17	21.9

SOURCE: TENNESSEE DEATH STATISTICAL FILE, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS AND STATISTICS. RATES CALCULATED BASED ON TOTAL POPULATION COUNTS FROM THE TENNESSEE POPULATION ESTIMATES PROGRAM, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POPULATION HEALTH ASSESSMENT.
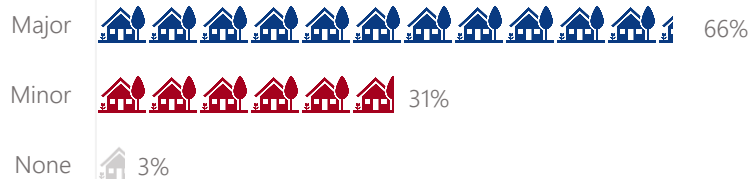
Appendix C
Anderson County Community Health Assessment 2022

297
Total responses

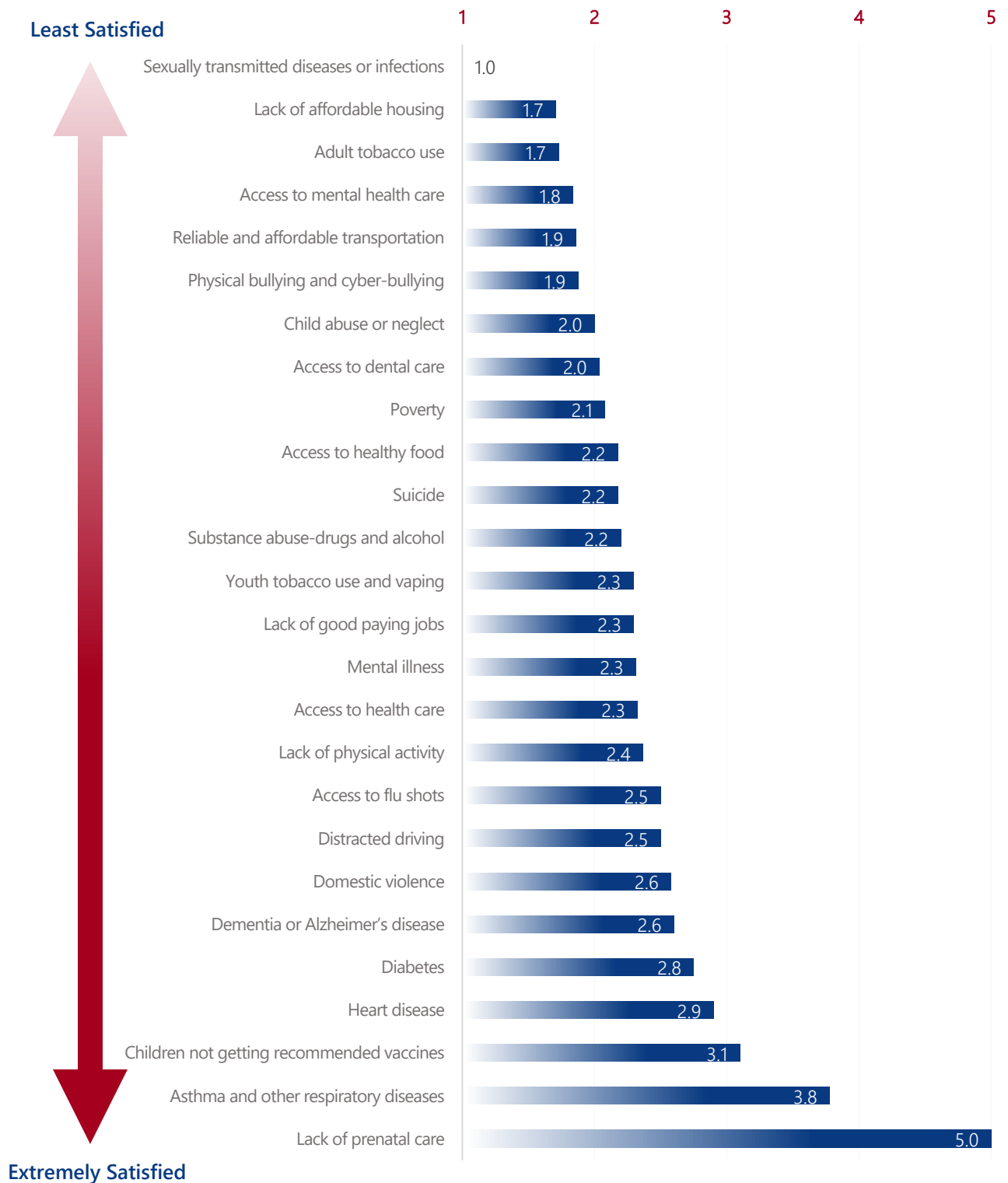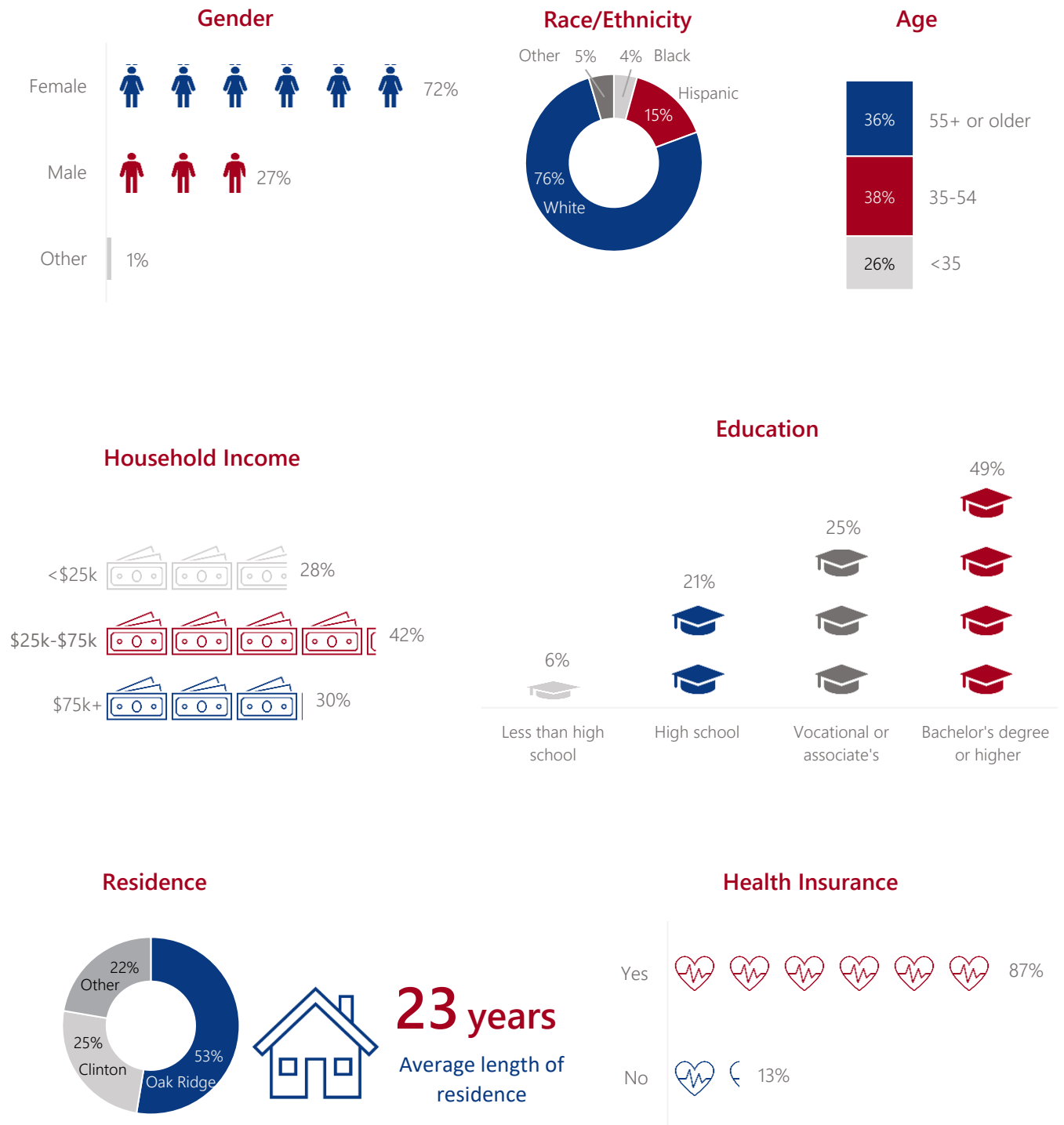How much of an impact has the COVID-19 pandemic had on your community?

Major		66%
Minor		31%
None		3%

Most Severe Problem

	Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
Lack of affordable housing	66.7%	25.9%	3.8
Substance abuse-drugs and alcohol	65.2%	32.7%	3.7
Poverty	61.6%	17.2%	3.7
Mental illness	58.9%	12.5%	3.8
Youth tobacco use and vaping	54.1%	5.7%	3.1
Access to mental health care	51.2%	26.3%	3.6
Reliable and affordable transportation	49.1%	7.4%	3.3
Lack of physical activity	46.3%	6.4%	3.2
Diabetes	45.6%	4.4%	2.9
Lack of good paying jobs	45.2%	13.1%	3.3
Access to health care	45.1%	16.8%	3.5
Suicide	44.5%	12.5%	3.5
Domestic violence	44.3%	6.7%	3.4
Child abuse or neglect	42.2%	5.1%	3.3
Adult tobacco use	41.7%	4.0%	2.7
Physical bullying and cyber-bullying	41.0%	5.4%	3.1
Heart disease	39.1%	3.4%	3.1
Access to dental care	39.0%	10.1%	3.1
Asthma and other respiratory diseases	37.9%	3.0%	3.3
Distracted driving	37.1%	3.0%	2.4
Access to healthy food	32.0%	6.1%	3.1
Children not getting recommended vaccines or immunizations	29.8%	3.4%	3.1
Lack of prenatal care	26.2%	1.3%	2.8
Dementia or Alzheimer's disease	25.9%	3.4%	2.6
Sexually transmitted diseases or infections	20.4%	0.7%	2.4
Access to flu shots	7.8%	0.7%	2.2

Satisfaction with current efforts to address problem

Least Satisfied

	1	2	3	4	5

Sexually transmitted diseases or infections — 1.0

Lack of affordable housing — 1.7

Adult tobacco use — 1.7

Access to mental health care — 1.8

Reliable and affordable transportation — 1.9

Physical bullying and cyber-bullying — 1.9

Child abuse or neglect — 2.0

Access to dental care — 2.0

Poverty — 2.1

Access to healthy food — 2.2

Suicide — 2.2

Substance abuse-drugs and alcohol — 2.2

Youth tobacco use and vaping — 2.3

Lack of good paying jobs — 2.3

Mental illness — 2.3

Access to health care — 2.3

Lack of physical activity — 2.4

Access to flu shots — 2.5

Distracted driving — 2.5

Domestic violence — 2.6

Dementia or Alzheimer's disease — 2.6

Diabetes — 2.8

Heart disease — 2.9

Children not getting recommended vaccines — 3.1

Asthma and other respiratory diseases — 3.8

Lack of prenatal care — 5.0

Extremely Satisfied

Anderson County Community Health Assessment 2022

Who responded to our community survey?

Gender

Female 72%

Male 27%

Other 1%

Race/Ethnicity

Other 5%
Black 4%
Hispanic 15%
White 76%

Age

36% — 55+ or older
38% — 35-54
26% — <35

Household Income

<$25k 28%

$25k-$75k 42%

$75k+ 30%

Education

6% — Less than high school

21% — High school

25% — Vocational or associate's

49% — Bachelor's degree or higher

Residence

22% Other
25% Clinton
53% Oak Ridge

23 years
Average length of residence

Health Insurance

Yes 87%

No 13%

Appendix D

Focus Group Research

Four focus groups were completed with Anderson County community leaders for the Anderson County Community Needs Assessment on April 5th and 7th, 2022. The purpose of the focus groups was to revisit the health issues identified in 2019 facing residents of Anderson County, including residents from vulnerable populations; to assess how the COVID-19 pandemic has impacted those previously identified health issues; to reflect on what resources are currently available and what additional resources may be needed to address these health issues; and to reflect on additional community health needs that have emerged. A total of 23 people participated in these focus group discussions, and most had not participated in the 2019 focus groups. This report summarizes and synthesizes the content of these discussions; findings are presented using the moderator guide questions as headings.

Substance Abuse

How would you grade efforts to address substance abuse in your county since 2019 and why did you choose that grade?

Focus group participants discussed how the community has expanded efforts related to substance use treatment, as well as for awareness and prevention education; however, despite these efforts, substance use is increasing. Employers are noting issues with drug use, particularly in the manufacturing industry. Group participants shared that there are not enough staff or treatment options to address the growing need, resulting in long waitlists and limited access to recovery housing. Emergency departments are also seeing many patients with substance-related issues, including overdoses. Difficulties with transportation and obtaining medications were highlighted as two issues impacting treatment, particularly for underserved, remote areas which already have limited access to services.

How has the COVID-19 pandemic affected substance abuse and efforts to address it in your county?

Focus group participants noted that the COVID-19 pandemic has both increased substance abuse and drawn efforts away from addressing the issue, as the pandemic became the focus for healthcare providers. The county saw an increase in overdoses and daily use of Narcan. Increased isolation, anxiety, stress, and instability were listed as contributing factors to this issue. One organization noted a 137% increase in substance abuse referrals and an 80% increase in opioid use since the start of the pandemic. On the positive side, participants shared that the pandemic increased funding for treatment services, as well as the use of telemedicine, which helped address needs quicker and increased access to providers. At the same time, substance abuse awareness education paused during the pandemic and misinformation about COVID-19 impacted how people approached healthcare services. Patients needing services were often routed to emergency departments for COVID-19 testing to receive medical clearance for treatment, which put greater strains on hospitals.

What organizations and community resources are specifically available to address substance abuse in your county?

- Ridgeview Behavioral Health Services
- ASAP of Anderson
- Helen Ross McNabb Center
- Alcoholics Anonymous & Narcotics Anonymous

- Recovery House of East Tennessee
- HOPE of East Tennessee
- Calvary Baptist Church's Road 2 Recovery Team program
- Emergency departments

- Mothers and Infants Sober Together (MIST) program
- Walk-in clinics
- JourneyPure

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants shared that the county has a continuum of services, including recovery housing, and that intensive outpatient programs have been successful. Groups noted many patients have co-occurring disorders which need to be treated together but often are not. Participants highlighted the need for more long-term treatment options offering robust services, including transitional services like job placement help and sober living facilities. They also shared that patients often can't receive treatment when it's needed and more in-county options are critical, especially options with transportation to provide easier access to services. Participants also indicated that better service coordination may help ensure all available treatment spots are filled. Another need that was mentioned was more non-faith-based community resources that would fit a greater variety of clients' life circumstances. A variety of educational needs was shared, including community education to address stigma and biases, prevention education for youth, and family and community engagement. Groups also shared a need for increased funding to keep counselors in the profession.

Mental Health

How would you grade efforts to address mental health in your county since 2019 and why did you choose that grade?

Focus group participants discussed how major provider shortages have impacted availability of mental health services. Additionally, the mental health provider workforce is taking on more cases and facing greater levels of burnout, leading to increased staff turnover. This presents many challenges to meet the needs of clients since, as focus group participants noted, increases in mental health funding only helps if there are sufficient providers to offer the services. Local services have long waitlists causing people to travel great distances for treatment, and resources are not available to everyone due to cost and transportation. There have been improvements to service access through telemedicine and it has gotten easier to refer clients for mental health treatment; however, only short-term services are currently available. Walk-in clinics have also increased access to resources. Group participants noted increases in

youth suicidal ideation, sharing that mental health services in schools do not currently have enough resources to address the issue.

How has the COVID-19 pandemic affected mental health and efforts to address it in your county?

Focus group participants shared the COVID-19 pandemic has increased anxiety, depression, burnout, and grief, which in turn worsened preexisting conditions and the current climate continues to exacerbate mental health issues. Group participants noted the pandemic increased funding for services, but mental health provider shortages hinder service accessibility. They also noted that the pandemic increased the need for assessments and care through hospitals, putting stress on emergency departments. Hospitals also experienced greater levels of aggressive behavior, as certain people became increasingly frustrated with pandemic restrictions. Schools tried to increase contact with youth during COVID-19 shutdowns by providing meals to families. School volunteer programs paused during the pandemic, and many expressed a desire for those services to return. Schools also noted student difficulties with returning to school, including being around large groups and separation anxiety. Group participants expressed virtual options were difficult for younger clients and did not work as well as in-person services.

What organizations and community resources are specifically available to address mental health in your county?

- Walk-in clinics
- Oak Ridge TORCH
- NAMI Oak Ridge's Family -to-Family program
- School counselors
- Helen Ross McNabb Center

- Anderson County Schools Family Resource Center
- Ridgeview Behavioral Health Services
- Telemedicine
- Mental Health Association of East Tennessee's Mental Health 101 classes
- Cherokee Health System

- Free Medical Clinic of Oak Ridge
- Behavioral Health of Rocky Top
- Emergency department
- School system mentoring

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants cited a lack of long-term care in the county and a general need for more mental health services. More affordable services and greater accessibility to transportation and treatment medications were also mentioned. Due to provider shortages, groups highlighted the need for funding and resources to increase workforce retention. Participants noted the need for more year-round mental health options for youth, as funding impacts how long students can receive services at school, resulting in minimal mental health services in spring and summer. It was also mentioned that school-based therapy would be more accessible if a wider variety of insurances were accepted. Groups shared the

need for more community mental health education, and that it may be helpful to develop a coping and support skills program to be implemented through first contact with those experiencing substance abuse and mental health concerns in places like an emergency department.

Toxic Stress

How would you grade efforts to address toxic stress in your county since 2019 and why did you choose that grade?

Focus group participants noted toxic stress hasn't improved since 2019 and it appears to be an increasing, cyclical issue. Some organizations are offering safe spaces for people to talk about stressors and provide stress relief programs. Groups shared concern that toxic stress is making all mental and physical health issues worse and expect to see continued increases in toxic stress from dealing with traumas related to the pandemic. Counselor trainings are helping provide better care and services within the school system, and response teams and school-based therapy has increased since 2019. Additionally, the county has several programs to bring awareness and coping skills to the community.

How has the COVID-19 pandemic affected toxic stress and efforts to address it in your county?

Focus group participants shared that the COVID-19 pandemic has been hard to navigate, placing new burdens in people's lives that required learning new coping strategies, as many resources people normally used to cope were unavailable. During school shutdowns, students who would have benefitted from being in school to help cope with toxic stressors were often the students missing class. The pandemic made teaching more challenging, intensifying stressors for both educators and students. Groups cited skewed reporting of abuse while students were not in school and noted a probable increase of neglect and domestic abuse during COVID-19 shutdowns. Participants shared the pandemic opened community conversations about toxic stress and COVID funds helped purchase curriculum and resources for schools to build skills around emotional well-being and coping.

What organizations and community resources are specifically available to address toxic stress in your county?

- CharacterStrong curriculum
- Community Coordinated Response Team
- Advancing Wellness and Resiliency Education (AWARE)
- Cherokee Health System

- Employee Assistance Programs
- School-based therapy
- Building Strong Brains trainings
- Trauma-Informed Schools designation

- Girls, Inc.
- Teen Suicide Prevention Network (TSPN)
- NAMI Ending the Silence program

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants highlighted an increased need for stress relief and coping skills. Groups shared the need for more community education about adverse childhood experiences and better ways to

engage and educate parents and caregivers. Connecting people with accessible services and stronger continuity of programs were also noted as critical for managing toxic stress in the county.

Tobacco Use and Vaping

Focus group participants stated vaping is a significant and growing issue among youth in the county. Overall, cigarette use seems to have decreased. There has been increased prevention education in schools and vaping detectors installed in bathrooms, but students have learned in which areas they can avoid detection. The Prevention Coalition has helped with anti-vaping education in schools, and vaping education classes are required by some schools for those caught vaping. Hospitals see less tobacco use since transitioning to tobacco free campuses but still must remind people not to smoke. The county also has anti-smoking programs offered by the hospitals for adults and youth. Tobacco-specific resources are available in the county that offer education about smoking through telehealth, as well as where to get free nicotine patches. Some employee assistance programs also offer nicotine patches and smoking cessation help.

How has the COVID-19 pandemic affected tobacco use and vaping and efforts to address it in your county?

Focus group participants indicated youth attribute increased use of vaping products to boredom during the COVID-19 pandemic shutdowns. Groups also shared that some parents and caregivers gave vaping supplies to their children to cope with the stress of the pandemic, assuming that they are safe for their children to use. Due to school shutdowns, prevention education was difficult to share. Some participants mentioned the likelihood that both tobacco use and vaping have increased due to COVID-19 but home isolation have made them less visible.

What organizations and community resources are specifically available to address tobacco use and vaping in your county?

- ASAP of Anderson
- Free Medical Clinic of Oak Ridge
- Vaping detectors
- Nicotine patches & smoking cessation materials at hospitals
- Kick It! program

- Coordinated school health programs
- Tennessee Tobacco QuitLine
- Methodist Medical Center anti-smoking program
- CATCH My Breath program

- Girls, Inc.
- Tobacco-free hospital campuses
- Ridgeview health and wellness coaches
- US Department of Education's Too Good for Drugs program

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants shared the need for increased education and prevention programs for all ages. Groups stated a desire for more parent and caregiver education, citing many seem to think vaping is safer than smoking, and generational cycles of use are difficult to break. Participants noted that in addition to strong educational programs in schools, they would like to see more robust, coordinated efforts, particularly to address prevention as they see many students continue using vaping as a coping strategy.

Lack of Physical Activity and Obesity

How would you grade efforts to address the lack of physical activity and obesity in your county since 2019 and why did you choose that grade?

Focus group participants stated lack of physical activity and obesity as a health concern that is still an issue despite efforts to address it. Groups noted that recent price increases, including food, make it increasingly difficult to buy healthy foods. Vouchers and EBT acceptance at farmers' markets increase access to seasonal fresh fruits and vegetables. Still, many rural areas in the county do not have access to fresh foods. It was noted that a city manager in the county is applying for a grant to put a grocery store in an underserved area where access to fresh foods is currently minimal. Other food sources are available like food pantries and food boxes offered through schools and churches. Schools conduct health assessments to track student physical health and report children's BMIs are increasing in middle and high school. It was mentioned a school is applying for a grant to increase nutrition literacy. Groups shared that the county is full of trails and parks, but walkability of towns and cities is an issue.

How has the COVID-19 pandemic affected the lack of physical activity and obesity and efforts to address it in your county?

Focus group participants shared experiences of observed rising obesity and inactivity because of the COVID-19 pandemic, as people spent more time sedentary at home. Schools have slowly cut physical activity and will likely see further deceases as schools try to make up for learning losses due to the pandemic. During shutdowns, communities could access parks and other outdoor activities but some options like gym memberships were restricted. Physicians saw an increase in statin prescriptions to manage risk of cardiovascular disease and the county began offering Walk with a Doc to increase education and socialization while staying distanced.

What organizations and community resources are specifically available to address the lack of physical activity and obesity in your county?

- Walk with a Doc
- School health assessments
- Farmers' market vouchers
- Food pantries
- Anderson Parks and Recreation walking trails & parks
- The Hollingsworth Foundation

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants communicated the need for more awareness education on ways to be physically active in the county, as it seems opportunities are not fully utilized. Groups shared the desire

to make the county, and Oak Ridge in particular, more walkable, as lack of built environment is often referenced in grant applications. Participants also mentioned the need to increase access to fresh foods and grocery options. Farmers' market vouchers were commended but groups highlighted the lack of education on how to prepare and cook fresh foods, citing a need for demonstration classes.

Are there other significant issues that have arisen since 2019 that need to be considered as priorities for action over the next three years?

Focus group participants were asked to share additional issues they felt may need to be prioritized. Discussions highlighted a variety of issues relating to housing, transportation, workforce development, access to healthcare, and the continued effects of the COVID-19 pandemic. More specifically, suggestions included:

- Expanded services to provide safe, affordable housing, including temporary and long-term transitional housing.
- Workforce development and more resources to keep staff.
- Address access to medical care, especially related to healthcare costs and transportation to appointments. The county is rural, has little public transportation, and the transportation that is available is often unreliable. Transportation should also address mobility needs for disabled residents, so everyone has access.
- The COVID-19 pandemic itself will be an ongoing concern and other community needs will need to be managed against the backdrop of COVID-19 and social determinates of health.
- Find additional ways for the community to get involved.

APPENDIX E- Select Secondary Health Statistics

2022 Anderson County Community Health Assessment

	Anderson	Anderson	Tennessee	United States	Data Description	Year	Data Source
Community Drivers of Health	**2019**						
Unemployment rate	3.8%	3.2%	3.2%	3.6%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
Graduated high school	85.9%	95.7/94/91%	88.7%	86%	High School graduation rate: Anderson Co. High /Clinton High/ Oak Ridge High	2021	tn.chalkbeat.org/2021/11/23/22799137/tennessee-high-school-graduation-rate-
Some college	58.0%	62.0%	55%	65%	% of adults ages 25-44 with some post-secondary education	2019	American Community Survey
Bachelor degree or higher	23.8%	22.8%	28%	33%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2020	U.S. Census Bureau
Poverty Rate (all residents)	16.4%	13.3%	15.30%	12.8%	% of residents living in households who's income does not cover basic needs	2020	United States Census
Children in poverty	22%	18%	18	14.4%	% of children under 18 in poverty	2019	County Health Rankings
Children in single-parent homes	38%	28%	28%	23%	% of children that live in a household headed by single parent	2020	American Community Survey
Severe housing cost burden	12%	11%	12%	7%	% of households that spend 50% or more of their income on housing	2020	American Community Survey
Median household income	$47,206	$52,338	$54,833	$64,994	Median household income	2020	U.S. Census Bureau
Access to Healthcare							
Adults without health insurance	10.3%	15.0%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	3%	5%	5%	4%	% of children under age 19 without health insurance	2016	County Health Rankingss 2019
Persons with a disability	14.4%	16.4%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017	2017	U.S Census Bureau
Mental health providers	1,111:1	990:1	700:1	310:1	ratio of population to mental health providers	2021	CMS, National Provider Identification file
Primary care physicians	1,650:1	2,140:1	1,390:1	1,050:1	ratio of population to primary care physicians	2019	Area Health Resource File/American Medical Association
Other primary care providers	897:1	710:1	787:1	726:1	ratio of population to other non physician primary care providers	2021	County Health Rankingss 2019
Dental providers	1,390:1	1,340:1	1,880:1	1,260:1	ratio of population to dentist	2020	County Health Rankingss 2019
Immunizations							
Flu vaccine rate elderly	61.4%	8.5%	64%	69.8%	% of Medicare enrollees that had an annual flu vaccination	2019	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	40.2%	56.4%	51.3%		Flu vaccine percentages 24 month olds	2020	Immunization Status Survey of 24 month children
Households with broadband internet		84%	82%		% of homes with internet service account	2020	2022 County Health Rankings
Active and Healthy Living							
Life expectancy	76.1	74.7	75.3	77	Average number of years a person can expect to live	2020	www.cdc.gov/nchs/fastats/life-expectancy.htm
Physical inactivity	28%	32%	29%	22%	% of adults age 20 and over reporting no leisure time physical activity	2019	CDC Diabetes Interactive Atlas
Access to exercise opportunities	66%	64%	62%	84%	% of population with adequate access for physical activity	2020	2022 County Health Rankings
Food insecurity	13%	15%	13%	13%	% of population who lack adequate access to food	2020	2022 County Health Rankings
Limited access to healthy food	9%	3%	9%		% of population that are low-come and who do not live close to grocery store	2019	USDA Food Environment Atlas
Adult obesity	32%	35%	37.0%		% of adults that report a BMI> 30	2019	CDC Diabetes Interactive Atlas
Overweight/Obese youth	39.7%	43.1%	39.5%		Overweight or obesity prevalence among TN public school students	2018-19	Coordinated School Health
Behavioral Health							
Suicide rates	14.4	17.2	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2019	Death Statistics: VRS
Frequent mental distress	14%	18%	16.0%	10.0%	% of adults reporting 14 or more days of poor mental health per month.	2019	Behavioral Risk Factor Surveillance System
Poor mental health days	5	5.6	5.1		Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2019	County Health Rankings
Chronic Disease							
Cancer death rate	250.4	250.7	210.6	185.4	Number of deaths from malignant neoplasms per 100,000 population	2019	Death Statistics: VRS
Diabetes	12%	9%	12.2%	9%	% of adults age 20 and over with diagnosed diabetes	2019	CDC Diabetes Interactive Atlas

2022 Anderson County Community Health Assessment

	Anderson	Anderson	Tennessee	United States	Data Description	Year	Data Source
Heart disease death rate	300.30	298.8	246.2	168.2	Number of deaths from diseases of the heart per 100,000 population	2020	Death Statistics: VRS
Injury and Violence							
Injury deaths	107	121	100	84.5	# of deaths due to injury per 100,000 population	2020	CDC WONDER Mortality data
Homicides	3	3	11.5	5.3	# of deaths due to homicide per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Firearm fatalities	14	15	21.3	13.6	# of deaths due to firearms per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Maternal and Child Health							
Neonatal abstinence syndrome	28.2	24.4	10.2		Number of reported NAS cases per 1,000 live births	2020	datacenter.kidscount.org/data/tables/8288
Low birth weight	9%	9%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2020	National Center for Health Statistics - Natality files
Reproductive and Sexual Health							
Sexually transmitted Infections	347	370	601	497	# of newly diagnosed chlamydia cases per 100,000 population	2019	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	33.5	26.8	25.2	16.7	# of births per 1,000 female population ages 15-19	2019	National Center for health statistics-Natality files
HIV prevelance	141	128	307	365.5	# of persons living with a diagnosis of HIV per 100,000	2019	Kaiser Family Foundation
Substance Use and Abuse							
Alcohol impaired driving deaths	30%	24%	23%	33%	# of driving deaths with alcohol involvement	2019	Fatality Analysis Reporting System
Excessive drinking	14%	14%	17%	18%	% of adults reporting binge or heavy drinking	2020	Behavioral Risk Factor Surveillance system
Adult smoking	21%	23	21%	17%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	21,285	15,962	1,219,915		Number of patients filling a prescription for Opioids	2021	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,301	862	684	587	Rate of opioid prescriptions per 1,000 residents filled at least one prescrption	2021	CDC.gov/drugoverdose/maps
All drug overdose deaths	47	60	3,032	70,237	Total number of reported deaths from overdoses, *includes alcohol	2000	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	37	41	2,388	42,981	Total number of reported deaths from opioid drug overdoses	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	221	263	18,733		Non fatal drug overdoses outpatient visits	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	104	104	7,063		Non fatal drug overdose inpatient stays	2020	Tennessee Drug Overdose Dashboard
COVID-19							
Leading cause of death		4th	3rd	3rd	Leading causes of death	2022-April	CDC.org
Deaths from COVID-19		334	26,170	1,000,000+	Total COVID-19 deaths from inception through April 2022	2022-April	tn.gov/health
Number of Cases		22,228	2,031,533	81,888,182	Total COVID-19 cases from inception through April 2022	2022-April	tn.gov/health
Number of Hospitalizations		373	48,296	318,734	Total COVID-19 hospitalizations from inception through April 2022	2022-April	tn.gov/health & gis.cdc.gov/grasp/COVIDNet/COVID19
Vaccinated							
% of residents with at least one dose		60.6%	62.0%	77.8%	COVID-19 vaccinations through April 2022	2022-April	https://covid19.tn.gov
% of residents who are fully vaccinated		55%	54.0%	63%	COVID-19 vaccinations through April 2022	2022-April	https://covid19.tn.gov
% of residents who received a booster		24.5%	24.0%		COVID-19 vaccinations through April 2022	2022-April	https://covid19.tn.gov
Comparable data not found							
Top U.S. Performers (not U.S. average)							