2022

Hamblen County Community Health Needs Assessment



Special Thanks

The 2022 Hamblen County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 410 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 Hamblen County will require a collaborative community approach by all public health partners. Morristown-Hamblen Healthcare System wishes to thank all those involved in the 2022 Hamblen County Community Health Needs Assessment, particularly our partners, Hamblen County Health Department and Hamblen County Health Council. 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 Hamblen County home.





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About Morristown-Hamblen Healthcare System

Founded in 1895, Morristown-Hamblen Healthcare System has provided more than 100 years of care within its community, serving an eight-county region in the Lakeway Area of East Tennessee. It is currently the only hospital in Hamblen County and is licensed for 167 beds.

Morristown-Hamblen includes seven centers of excellence: the Heart, Lung and Vascular Center; Women's Center; Breast Center; Morristown Regional Cancer Center; Outpatient Surgery Center; Emergency Department, and Critical Care Unit.

In 2021, the hospital saw 114,258 patients. Of these, 107,101 were outpatients and 7,157 were inpatients. Even though the hospital serves an eight-county region, in 2021, 47 percent of its total inpatients and 40 percent of its outpatients were from Hamblen County. The 2022 CHNA is limited to Hamblen County since the largest percent of the hospital's patients are from its home county.



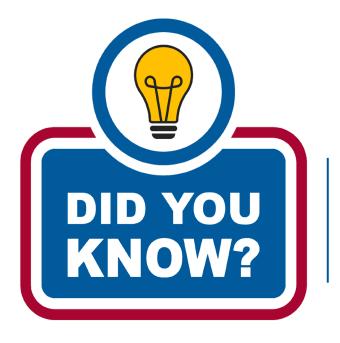


Assessment Perspective

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.



Top 5 Leading Causes of Death in Hamblen County in 2020

HEART DISEASE CANCERS CHRONIC RESPIRATORY DISEASES COVID-19 ALZHEIMER'S DISEASE



Assessment Partners

The role of Morristown-Hamblen Healthcare System in the assessment process was one of facilitation. Members of public health agencies, together with Morristown-Hamblen Healthcare System, convened over a period of five months to complete the community health needs assessment. The target population of the 2022 assessment was Hamblen County residents, with special emphasis on those 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 the community survey instrument; 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:

- Morristown-Hamblen Healthcare System (2)
- Hamblen County Health Department (2)
- Hamblen County Health Council
- Citizen Tribune (local news)
- Hamblen County Coordinated School Health
- Morristown Fire Department

- Morristown Parks and Recreation Department
- Senior Citizen Center
- Several community volunteers
- Smoky Mountain Home Health and Hospice
- Stepping Out, Inc.
- Tennessee Voices

In 2021, 17% of Tennessee's population was 65 years or older, while in Hamblen County nearly 19% of the population was 65 years or older. The Hispanic and Latino population make up 12% of Hamblen County's population.





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.

- Morristown-Hamblen Healthcare System (2)
- Hamblen County Health Department (2)
- Hamblen County Coordinated School Health
- Community volunteers (2)

- Morristown Parks and Recreation
- Morristown Task Force on Diversity
- Senior Citizen Center
- UT Extension Office

Morristown Fire Department

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)
- Tennessee Department of Public Health, Nashville
- Hamblen County Health Department

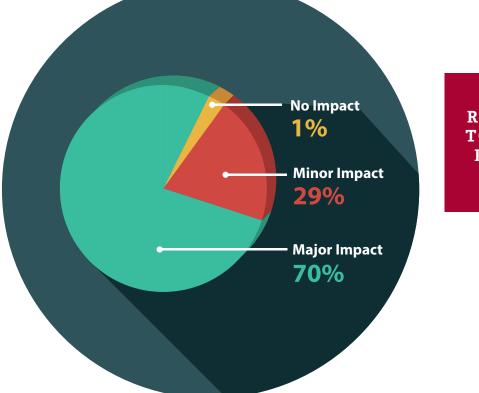


CHART SHOWS RESPONDENTS' ANSWERS TO QUESTION ABOUT THE IMPACT OF COVID-19 ON THEIR COMMUNITY.



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, Hamblen 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, 407 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 Hamblen 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 they 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

- Morristown-Hamblen Healthcare System (3)
- Hamblen County Health Department (2)
- Chamber of Commerce
- Cherokee Health System
- Hamblen County School Health Coordinator
- Helping Hands Clinic
- McNabb Center
- Men of Vision
- Morristown Parks and Recreation Department
- Morristown Police Department

- Morristown Task Force on Diversity
- Morristown Utility Company
- NAACP
- Pregnancy Crisis Center
- Reunion of Ages
- Senior Citizen Center
- Smoky Mountain Home Health and Hospice
- Tennessee Voices
- United Way of Hamblen County
- Walters State Community College

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 responses 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:

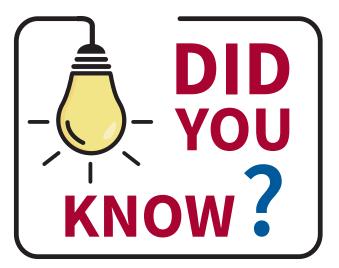
- Is the impact limited to a few or a larger portion of those affected?
- Does the intervention address the root cause of the health issue?
- Are interventions broadly available to those affected?



The answers to 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 Hamblen County based on responses to the 2022 Community Health Survey:

- 1. SUBSTANCE ABUSE DRUGS AND ALCOHOL
- **2.** LACK OF AFFORDABLE HOUSING
- **3.** MENTAL ILLNESS
- 4. POVERTY
- **5.** YOUTH TOBACCO AND VAPING
- 6. DISTRACTED DRIVING
- 7. SUICIDE
- 8. LACK OF PHYSICAL ACTIVITY9. ACCESS TO MENTAL HEALTH CARE10. PHYSICAL AND CYBER BULLYING





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 Hamblen County and their respective local resources are as follows:

SUBSTANCE ABUSE DISORDERS 1.

Community Resources:

- Alcohol and drug intensive outpatient programs
 Law enforcement
- Drug take-back events
- Hamblen County Substance Abuse Coalition
- Hospital navigators

MENTAL HEALTH ACCESS 2.

Community Resources:

- Cherokee Health
- Community mental health trainings
- Crisis Stabilization Unit, McNabb Center
- Jail-to-Work program
- Local churches

- Ministerial Association temporary shelter
- Recovery centers in Morristown

- Senior Behavioral Health
- Telehealth
- TennCare Counseling
- Tennessee Safety Net
- Tennessee Voices



3. CANCER

Community Resources:

- Hamblen County Health Department
- Hospital lung-cancer screenings

4. OBESITY

Community Resources:

- Boys and Girls Club
- Farmers' Market vouchers
- Gyms and fitness programs
- Hamblen County Health Department
- Hamblen County Health Council
- Healthy Hamblen Initiative
- League sports
- Morristown Community Center
- Morristown Parks and Recreation Department

5. TOBACCO USE AND VAPING

Community Resources:

- Baby & Me Tobacco Free program
- Behavioral Health consultants
- Coordinated School Health programs
- Free nicotine patches
- Hamblen County Health Department
- Morristown employee incentive program

- Just Ask campaign
- Morristown Regional Cancer Center
- Peer Wellness coaches and nutritionist
- Physicians
- Recreation Center fitness classes
- School system
- Upward Bound
- UT Extension
- Walters State Community College
- WIC

- No smoking policy in public parks and city-owned properties
- Primary care doctors



2022 Hamblen County Community Health Assessment Data

Appendices A-E



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APPENDIX A: Hamblen County Demographics

Hamblen County Demographics

Population Comparison Estimates July 2018 & July 2021

Population	July 2018	July 2022
Populations estimates, July 2018	64,569	64,468
Population, percent change		0.0%
Population, Census 2010 / 2020	62,544	64,499
Age and Sex		
Persons under 5 years, percent	6.1%	6.0%
Persons under 18 years, percent	23.1%	23.0%
Persons 65 years and over, percent	18.3%	18.5%
Female persons	51.1%	51.1%
Race and Hispanic Origin		
White alone, percent	91.5%	91.3%
Black or African American, percent	4.4%	4.5%
American Indian, and Alaska native	0.8%	0.9%
Asian, percent	1.0%	1.0%
Two or more races, percent	2.0%	2.0%
Hispanic or Latino percent	11.9%	12.1%
White alone, not Hispanic or Latino	81.3%	81%

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

2020 Top 10 Leading Causes of Death in Hamblen County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the heart	207	317.9
2. Cancers	165	253.4
3. Chronic Lower Respiratory Diseases	109	167.4
4. COVID-19	79	121.3
5. Alzheimer's Disease	67	102.9
6. Accidents and Adverse Effects	51	78.3
7. Cerebrovascular diseases	47	72.2
8. Diabetes	45	69.1
9. Pneumonia and Influenza	25	38.4
10 Liver Disease and Cirrhosis	19	29.2

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 Hamblen County Community Health Assessment 2022



Total responses

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



Most Severe Problem		Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
	Substance abuse-drugs and alcohol	71.0%	28.5%	3.7
	Lack of affordable housing	62.2%	26.3%	3.4
	Mental illness	59.6%	16.5%	3.8
	Poverty	56.5%	14.5%	3.6
	Youth tobacco use and vaping	54.2%	6.4%	3.0
	Distracted driving	51.1%	6.4%	2.4
	Suicide	47.8%	8.8%	3.7
	Lack of physical activity	45.8%	4.2%	3.2
	Access to mental health care	45.6%	20.1%	3.5
	Physical bullying and cyber-bullying	44.2%	5.4%	3.2
	Domestic violence	44.1%	6.1%	3.4
	Child abuse or neglect	42.5%	11.5%	3.4
	Diabetes	39.7%	5.9%	2.8
	Heart disease	39.0%	4.4%	3.0
	Adult tobacco use	36.1%	1.0%	2.4
	Asthma and other respiratory diseases	35.3%	3.2%	3.5
	Lack of good paying jobs	34.2%	7.4%	2.9
	Reliable and affordable transportation	33.9%	4.4%	3.0
	Access to health care	29.7%	12.0%	3.3
	Access to dental care	27.0%	9.3%	2.9
	Children not getting recommended vaccines or immunizations	26.7%	1.2%	3.1
	Dementia or Alzheimer's disease	26.2%	3.4%	2.6
	Access to healthy food	25.8%	5.9%	3.0
	Lack of prenatal care	18.1%	0.5%	2.5
	Sexually transmitted diseases or infections	15.6%	1.0%	2.3
	Access to flu shots	2.7%	0.0%	1.8

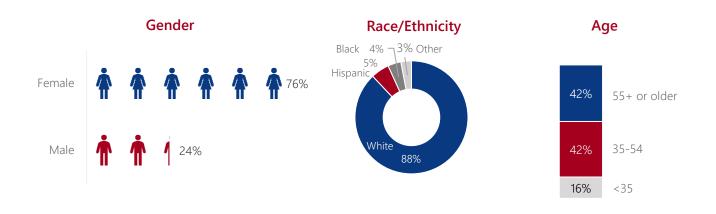
Least Severe Problem

Satisfaction with current efforts to address problem

Least Satisfied	1	2	2	3	4	5
Lack of prenatal ca	re	1.5				
Distracted drivin	ig	1.7				
Access to mental health car	re	1.8				
Lack of good paying job	os	1.8				
Lack of affordable housin	g	1.9				
Child abuse or negle	ct	1.9				
Access to healthy foo	d	2.0				
Suicic	le	2.0				
Youth tobacco use and vapin	g	2.0				
Adult tobacco us	se	2.0				
Mental illne	SS	2.0				
Substance abuse-drugs and alcoh	ol	2.0	I			
Access to dental ca	re	2.1				
Physical bullying and cyber-bullyin	ig	2.1				
Pover	ty	2.1				
Diabete	es	2	.2			
Access to health ca	re	2	2			
Reliable and affordable transportation	n		2.3			
Asthma and other respiratory disease	es		2.4			
Dementia or Alzheimer's diseas	se		2.6			
Children not getting recommended vaccine	es	_	2.6			
Domestic violence	ce		2.7			
Lack of physical activi	ty		2.7			
Heart diseas			2.8			
Sexually transmitted diseases or infectior	าร		3.0			
Extremely Satisfied						

Hamblen County Community Health Assessment 2022

Who responded to our community survey?



Education Household Income 57% 21% <\$25k 000 17% 17% \$25k-\$75k 0000000000000 41% 5% \$75k+ 0000000000 42% Less than high High school Bachelor's degree Vocational or school associate's or higher Residence Health Insurance



Appendix D

Focus Group Research

Four focus groups were completed with Hamblen County community leaders for the Hamblen County Community Needs Assessment on March 22nd and 24th. The purpose of the focus groups was to revisit the health issues identified in 2019 facing residents, including vulnerable populations; to assess how the COVID-19 pandemic has impacted the identified health issues; to reflect on currently available resources and what additional resources may be needed to address these health issues; and to identify new community health needs that have emerged. A total of 24 people participated in these focus group discussions, and slightly more than half 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.

Obesity

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

Focus group participants assigned a letter grade of C to efforts to combat obesity, citing many factors play a role in addressing this health issue. Two frequently mentioned subjects related to physical activity and food. Focus group participants noted that Hamblen County has many parks and physical activity programs available, but opportunities are not being fully utilized. Discussions also highlighted that fast-food options are growing and unhealthy foods become an easy choice when compared to the time and money required to make healthy food.

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

Focus groups mentioned COVID-19 had increased inactivity and unhealthy eating patterns. Many programs and events encouraging healthy living were canceled or difficult to offer due to COVID-19, yet organizations still made efforts to share information about lifestyle choices and risk factors associated with COVID-19.

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

- Healthy Hamblen
 - Upward Bound
- Health Department
- UT Extension

- Physicians
- Health Council
- School system

- Walter State
 Community College
- Peer wellness coaches and nutritionists
- Parks and Recreation Department
- Farmers' market vouchers
- Recreation center fitness classes
- Community center
 coming to
 Morristown
- Gyms and fitness

Boys and Girls Club

- programs
- WIC

Monday Mile walks
 League sports

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

Focus group participants mentioned several organizations offer community outreach for obesity, sharing information about healthy choices and events or classes for the community to attend. Hours, location, and affordability were cited as barriers to fitness program access and lack of access to providers and affordable healthy foods were cited as barriers to nutrition. There is a need to increase availability and access to fitness programs, specifically free programs open to the public or targeting specific groups.

Tobacco Use and Vaping

How would you grade efforts to address tobacco use and vaping in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of F to tobacco use and vaping, citing that efforts to address this health issue are ongoing, but struggle to show positive outcomes, especially in areas where it has been a part of the culture. Discussion highlighted that education on the issue is improving and that schools provide awareness education, yet vaping is common among youth. Smoking cessation methods are available but many people still smoke, and the issue does not appear to be improving. Availability of vaping and cigarette stores make tobacco and vaping items easy to get yet hard to regulate.

Focus group participants noted the COVID-19 pandemic increased stress, isolation, and boredom which increased coping habits like tobacco use and vaping. It was also emphasized that prevention and cessation programs were limited or canceled and many postponed cessation efforts.

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

- Health Department • "No smoking" signs Baby and Me Tobacco Free
- Smoking prohibited in public parks
 Morristown employee and city-owned property
 - incentive program
- Behavioral health consultants
- Primary care doctors • Free nicotine patches

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

Focus group participants emphasized that many awareness programs are in place for youth, but similar programs are lacking for older adults. Discussions also mentioned youth programs could do more to reach youth earlier to make a lasting change. Additionally, cost and access to care prevent people from quitting.

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 assigned a letter grade of C to substance abuse, citing strong efforts to address the issue despite its pervasiveness. Discussion highlighted daily overdoses, increasing instances of illegal possession, and associated health issues for both youth and adults. Funding and time were mentioned as essential for addressing the issue, especially related to insurance and detox programs.

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

Focus group participants noted substance abuse increased during the COVID-19 pandemic due to stress, isolation, and grief. Groups indicated programs and resources decreased, were canceled, or had low turnout during the pandemic, stating virtual methods did not provide the same level of support. Additionally, since the start of the pandemic, Narcan use has increased.

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

- Hamblen County Substance
 Drug take-back events
 Ministerial Association Temporary Shelter
- Recovery centers in
 Law enforcement
 Morristown
- Alcohol and drug intensive outpatient programs
- Helen Ross McNabb
 Hospital navigators

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

Focus group participants shared that some organizations help educate youth about substance abuse, but efforts could be stronger. County commissioners are working on efforts to obtain longer-term assistance for rehab, which would help because there is significant need for more inpatient detox options, especially for those without insurance or stable housing.

Access to Mental Health Services

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

Focus group participants assigned a wide range of letter grades, from A to F, to access to mental health services but the grade with the most votes was an F. Discussion emphasized little access to inpatient facilities, mental health provider shortages, and a growing mental health crisis among youth.

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

The COVID-19 pandemic increased the overall need for mental health services while simultaneously lowering the accessibility of mental health services. While the pandemic increased funding, ostensibly allowing organizations to offer more therapy and outpatient services, in practice this did not necessarily happen due to lack of available providers and staff. Participants are hopeful, however, that collaborations between agencies will lead to increased availability of services in the future.

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

Tennessee Voices •

trainings

Tennessee Safety Net

Ross McNabb

- Churches offer counseling Community mental health
 Crisis Stabilization Unit, Helen
 Telehealth
- Cherokee Health
- Senior Behavioral Health

Jail to work program

TennCare counseling

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

Several organizations offer outpatient mental health services but lack providers, especially in rural areas, which causes long waitlists. Telehealth has helped but there is a need for better internet access to increase accessibility of mental health services. Inpatient care is lacking, as many people travel great distances for care. Advertising for county mental health services could be better, particularly to reach those lacking access to internet and transportation.

Health Literacy and Education for Chronic Diseases

How would you grade efforts to address health literacy and education for chronic diseases in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of B to health literacy and education for chronic diseases, citing information and translated materials are available but barriers like lack of insurance and inability to see specialists keep people from taking advantage of available information and services to manage their chronic health conditions.

How has the COVID-19 pandemic affected health literacy and education for chronic diseases and efforts to address it in your county?

Focus group participants stated stronger health literacy and education outreach had been planned but COVID-19 prevented those efforts, as people became harder to reach and efforts shifted to education on the pandemic rather than on chronic diseases. Due to the COVID-19 pandemic many stopped visiting physicians which resulted in self-management of chronic diseases, while others lost jobs and insurance, which made it difficult to access health education from medical professionals.

What organizations and community resources are specifically available to address health literacy and education for chronic diseases in your county?

- Health Council
- Healthy Hamblen
- Health Department
- Task Force on Diversity

- Career and health fairsGirls Inc.
- HOLA LakewayBoys and Girls Club
- How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Print materials are offered at community events, but reach is limited due to low attendance. Translated resources are available but the county would benefit from increased health education in both English and Spanish. The county is doing a better job of sharing health information, but targeted outreach and education is needed, with greater proactive involvement from health organizations.

Cancer

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

Focus group participants assigned a letter grade of B to cancer, citing cancer screening and funds for early cancer detection have increased but some cancer screenings are still difficult to access.

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

Focus group participants noted an increase in late-stage cancers as people were unable to see physicians for early detection and treatment or had reduced or no cancer treatment due to COVID-19.

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

- Hospital lung cancer screenings
- Just Ask campaign
- Health Department

 Morristown Regional Cancer Center

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

The county has many options for cancer screenings but would benefit from greater access to screenings that are more difficult to obtain, like colonoscopies. A current campaign encourages physicians to talk with and educate patients about cancer related to smoking, but the community may benefit from general increased access to education about cancers.

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 four main topics: access, education, supports, and development.

Access to affordable housing, dental care, and medical care

- The county needs more affordable housing, particularly for older adults with a set limited income.
- Dental care is difficult to obtain. Many places have long waitlists and even those with insurance have trouble finding services.
- Expand funding for medical services and care for those without insurance and those new to the community, especially community members who speak a language other than English.

Increased Community Support for Parents and Minorities

- Increase availability and affordability of childcare.
- Addressing the needs, particularly health needs, of an increasingly diverse community.

Workforce and Infrastructure Development

- Rural areas need stronger workforce development and incentives to bring new graduates to the area to increase the number of healthcare providers and reduce waitlists.
- Continued development of transportation options to reach those who need it.

APPENDIX E - Select Secondary H				• •		1	
2022 Hamblen County Co							
	Hamblen	Hamblen		United States		Year	Data Source
Community Drivers of Health	2019	2022	2022	2022			
Inemployment rate	3.8%	3.4%	3.2%	3.6%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
							tn.chalkbeat.org/2021/11/23/22799137/tennessee-high-school-
Graduated high school	82%	92.2 / 89%	88.7%	86%	High school graduation rate (Morristown East High/Morristown West High	2021	graduation-rate-
ome college	42.0%	46.0%	62%	65%	% of adults ages 25-44 with some post-secondary education	2020	American Community Survey
achelor degree or higher	16.4%	18.1%	28%	33%	% of persons 25 years+ with bachelor degree	2020	U.S. Census Bureau
Poverty rate (all residents)	19.8%	17.1%	15.30%	12.8%	% of residents living in households who's income does not cover basic needs	2020	United States Census
hildren in poverty	25%	21%	18	14.4%	% of children under 18 in poverty	2019	County Health Rankings
hildren in single-parent homes	33%	30%	28%	23%	% of children that live in a household headed by single parent	2020	American Community Survey
lispanic and latino population	11.9%	12.1%	5.9%	18.5%	% of the population identifying as hispanic or latino	2021	U.S. Census Bureau
evere housing cost burden	13%	12%	12%	7%	% of households that spend 50% or more of their income on housing	2020	American Community Survey
Median household income	\$42,042	\$48,047	\$54,833	\$64,994	Median household income	2020	U.S. Census Bureau
Access to Healthcare	13.9%	20.0%	15%	7%	% of population under age 65 without health insurance	2020	U.S. Census Bureau
Children without health insurance	4%	6%	5%	3%	% of children under age 19 without health insurance	2020	County Health Rankings 2022
Persons with a disability	13.5%	13.1%	15.5%	12.7%	% of population disabled	2020	U.S. Census Bureau
Aental health providers	660:1	540:1	590:1	250:1	ratio of population to mental health providers	2020	CMS, National Provider Identification file
Primary care physicians	1,590:1	1,750:1	1,400:1	1,010:1	ratio of population to primary care physicians	2020	Area Health Resource File/American Medical Association
Other primary care providers	636:1	520:1	640:1	580:1	ratio of population to other non physician primary care providers	2020	County Health Rankings 2022
	1,690:1	1,510:1	1,790:1	1,210:1		2020	
Dental providers	1,090.1	1,510.1	1,790.1	1,210.1	ratio of population to dentist	2020	County Health Rankings 2022
mmunizations Flu vaccine rate elderly	47.9%		64%	70%	% 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%	70%	Vaccine rates: 24 months	2019	Immunization Status Survey of 24 month children
	40.2%			05.20%			
louseholds with Broadband Internet		79%	81.5%	85.20%	% of households with broadband internet subscription	2020	U.S. Census Bureau
Active and Healthy Living							
ife expectancy	75.0	74.1	75.3	77	Average number of years a person can expect to live	2020	www.cdc.gov/nchs/fastats/life-expectancy.htm
Physical inactivity	34%	35%	29%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	78%	48%	62%	84%	% of population with adequate access for physical activity	2020	2022 County Health Rankings
ood insecurity	13%	15%	13%	13%	% of population who lack adequate access to food	2020	2022 County Health Rankings
imited access to healthy food	19%	15%	9%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	33%	38%	37.0%		% of adults that report a BMI> 30	2019	CDC Diabetes Interactive Atlas
Overweight/Obese youth	45.6%	47.0%	39.5%		Overweight or obesity prevalence among TN public school students	2018-19	Coordinated School Health
Behavioral Health					Number of deaths from Suicide per 100,000 total population		
uicide rates	15.6	32.8	17.3	13.9	5 year average- number of deaths from suicide per 100,000 total populations	2015-19	Death Statistics: VRS
requent mental distress	15%	19%	16%	10%	% of adults reporting 14 or more days of poor mental health per month.	2019	Behavioral Risk Factor Surveillance System
oor mental health days	4.8	5.7	5.1		Average number of mentally unhealthy days reported in past 30	2019	County Health Rankings
Chronic Disease							
Cancer death rate	245.80	227.90	210.6	185.4	Number of deaths from malignant neoplasms per 100,000 population	2019	Death Statistics: VRS
Diabetes	15%	10.8%	12.2%	9%	% of adults age 20 and over with diagnosed diabetes	2013	CDC Diabetes Interactive Atlas
leart disease death rate	256.70	298.80	246.2	168.2	Number of deaths from diseases of the heart per 100,000 population	2018	2022 County Health Rankings and Kaiser Family oundation

	Hamblen	Hamblen	Tennessee	United States		Year	Data Source
njury and Violence							
njury deaths	98	94	100	84.5	# of deaths due to injury per 100,000 population	2020	CDC WONDER Mortality data
Homicides	3	2	11.5	5.4	# of deaths due to homicide per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Firearm fatalities	15	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	35.8	Suppressed	10.2		Number of reported NAS cases per 1,000 live births	2020	https://datacenter.kidscount.org/data/tables/8288-
Low birth weight	8%	8%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2020	National Center for Health Statistics - Natality files
Reproductive and Sexual Health		ļļ					
Sexually transmitted Infections	279	299	602	497	# of newly diagnosed chlamydia cases per 100,000 population	2019	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	40.0	35	29.4	15.4	# of births per 1,000 female population ages 15-19	2020	National Center for health statistics-Natality files
HIV prevalence	97	127	307	365.5	# of persons living with a diagnosis of HIV per 100,000	2019	Kaiser Family Foundation
Substance Use and Abuse		ļļ					
Alcohol impaired driving deaths	28%	14%	23%	33%	# of driving deaths with alcohol involvement	2019	Fatality Analysis Reporting System
Excessive drinking	13%	15%	17%	18%	% of adults reporting binge or heavy drinking	2020	Behavioral Risk Factor Surveillance system
Adult smoking	24%	24%	21%	17%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	16,766	12,543	1,219,915		Number of patients receiving opioids for pain	2021	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,436	830	944	587	Number of Opioid prescriptions per 1000 population	2020	CDC.gov/drugoverdose/maps
All drug overdose deaths	26	19	3,032	70,237	Total number of reported deaths from overdoses, *includes alcohol	2000	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	9	12	2,388	42,981	Total number of reported deaths from opioid drug overdoses	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdoses outpatient visits	135	147	18,733		Non fatal drug overdoses outpatient visits	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	74	65	7,063		Non fatal drug overdose inpatient stays	2020	Tennessee Drug Overdose Dashboard
COVID-19							
_eading cause of death		4th	3rd	3rd	Leading causes of death	2022-Apri	
Deaths from COVID-19		353	26,170	1,000,000+	Total COVID-19 deaths from inception through April 2022		tn.gov/health
Number of Cases		19,727	2,031,533	81,888,182	Total COVID-19 cases from inception through April 2022		tn.gov/health
Number of Hospitalizations		373	48,296	318,734	Total COVID-19 hospitalizations from inception through April 2022	2022-Apri	tn.gov/health & gis.cdc.gov/grasp/COVIDNet/COVID19
Vaccinated		/					
% of residents with at least one dose		50.2%	62.0%	77.8%	COVID-19 vaccinations through April 2022		https://covid19.tn.gov
% of residents who are fully vaccinated		45.4%	54.0%	63%	COVID-19 vaccinations through April 2022		https://covid19.tn.gov
% of residents who received a booster		17.5%	24.0%		COVID-19 vaccinations through April 2022	2022-Apri	https://covid19.tn.gov
Comparable data not found							
Top U.S. Performers (not U.S. average)		ļ					