



2022

Roane
County
Community
Health Needs
Assessment

Roane Medical Center
Covenant
HEALTH

Special Thanks

The 2022 Roane 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 Roane County will require a collaborative community approach by all public health partners. Roane Medical Center wishes to thank all those involved in the 2022 Roane County Community Health Needs Assessment, particularly our partner, Roane 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 Roane County home.



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About Roane Medical Center

Roane Medical Center, located in Harriman, Tennessee, has served the community as part of Covenant Health since 2008 after previously operating as a county hospital. A new, state-of-the-art facility opened in February 2013. Roane Medical Center benefits from the collaboration among Covenant Health's affiliated organizations to promote quality improvement, patient safety and efficient delivery of care for the communities it serves.

Roane Medical Center is a 54-bed hospital offering quality medical, surgical and critical care; emergency services; rehabilitation support; diagnostic imaging and health education. The medical center's dedicated staff provides specialized care in cardiac and pulmonary rehabilitation, women's services, inpatient/outpatient rehabilitation and sleep services.

In 2021, the hospital treated nearly 60,000 patients. Even though the hospital serves multiple counties, in 2021, 75 percent of the inpatients and 69 percent of the outpatients resided in Roane County. The 2022 CHNA is limited to Roane County since the vast majority of the hospital's patients are Roane County residents.

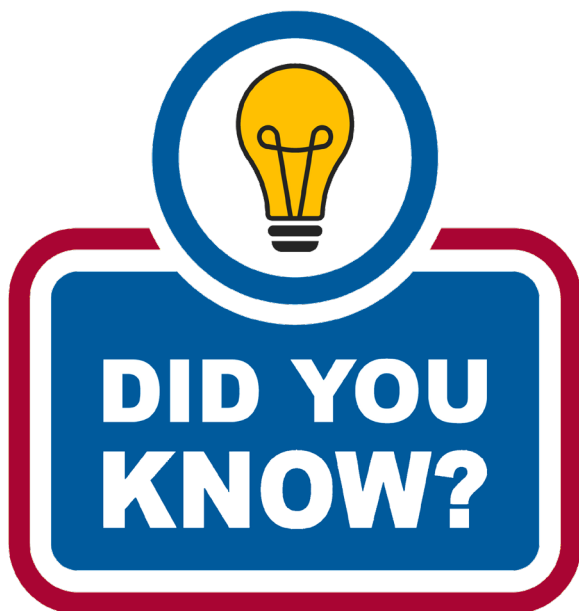


Assessment Perspective

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 Roane County in 2020

- DISEASES OF THE HEART
- CANCERS
- ACCIDENTS AND ADVERSE EFFECTS
- COVID-19
- CHRONIC LOWER RESPIRATORY DISEASE

Assessment Partners

The role of Roane Medical Center in the assessment process was one of facilitation. Members of public health agencies, together with Roane Medical Center, convened over a period of five months to complete the community health needs assessment. The target population of the 2022 assessment was Roane 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 the community survey instrument; assist in the 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:

- Roane Medical Center (2)
- Roane County Health Department (3)
- Free Medical Clinic
- Ridgeview Behavioral Health
- Roane Alliance
- Roane County Anti-Drug Coalition
- Roane County Health Council
- Roane County Senior Networking Group
- Roane County School Nurse
- UT Extension

In 2021, 17% of Tennessee's population was 65 years or older, while in Roane County 23% of the population was 65 years or older.

**DID
YOU
KNOW**



DATA TEAM PARTICIPANTS

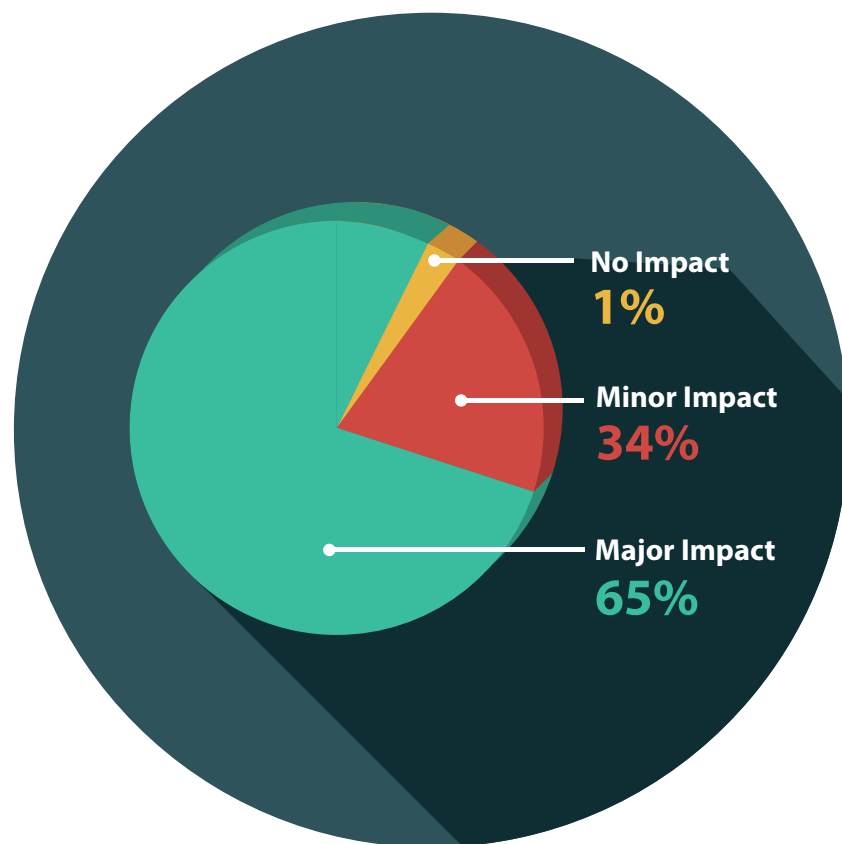
The Data Team convened during the final steps of the assessment process. The purpose of the Data Team was to take all the data compiled by the Steering Committee and identify the most significant health challenges facing the communities.

- Roane Medical Center (2)
- Roane County Health Department (3)
- Free Medical Clinic
- Mid-East Community Action Committee
- Ridgeview Behavioral Health
- Roane County Anti-Drug Coalition
- Roane Health Council
- UT Extension

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



**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 of 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, Roane 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 Roane 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, and determining 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

- Roane Medical Center (2)
- Roane County Health Department (3)
- Leadership Roane
- Local pastor
- Mid-East Community Action Committee
- Ridgeview Behavioral Health Services
- Roane County Anti-Drug Coalition
- Roane Alliance
- Roane County Health Council
- Roane County Mayor's Office
- Roane County Schools
- Rotary Club
- Senior advocate
- UT Extension

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?

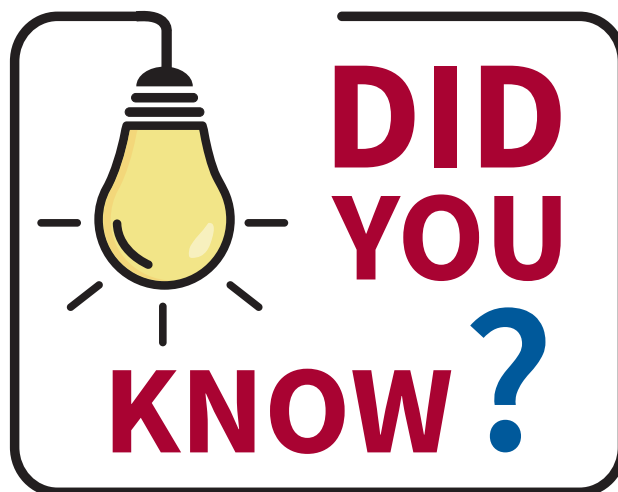
Guiding considerations:

- 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 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 Roane County based on responses to the 2022 Community Health Survey:

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



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 Roane County and their respective local resources are as follows:

1. SUBSTANCE ABUSE DISORDERS

Community Resources:

- Behavioral health agencies
- DARE
- Drug take-back events
- Faith-based community
- Grove Church – Celebrate Recovery programs
- Harm Reduction Navigator
- Narcan kits
- Narcotics Anonymous and Alcoholics Anonymous groups
- Positive peer pressure clubs
- Prom Promise
- Recovery/reentry program with the local jail
- Ridgeview Behavioral Health Services
- Roane County Anti-Drug Coalition
- Roane County Health Department
- Student and family support workers
- Training for law enforcement
- WestCare

2. MENTAL HEALTH ACCESS

Community Resources:

- Crisis Help Lines
- Health Council
- Meals on Wheels
- Mental health first-aid training
- Mobile Crisis
- Office on Aging
- Question, Persuade, Refer (QPR) training
- Ridgeview Behavioral Health Services
- School support teams
- Telehealth video conferencing
- Volunteer Behavioral Health Care System
- Volunteer Clinic in Rockwood
- Volunteer Chaplaincy at Roane Medical Center
- WestCare

3. HEALTH EDUCATION FOR CHRONIC DISEASES

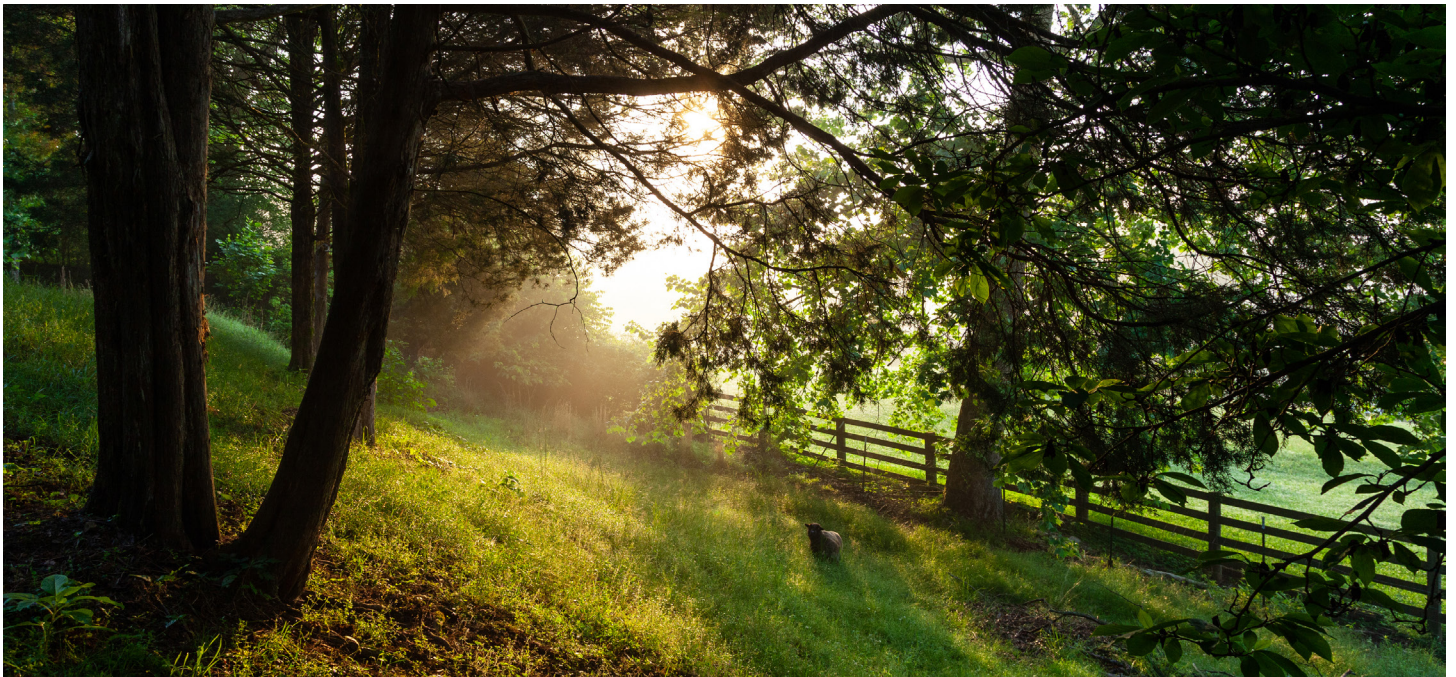
Community Resources:

- Coordinated School Health
- Community Centers
- Covenant Medical Group physician practices
- Free Medical Clinic in Harriman
- Health Council
- Mid-East Community Action Agency
- Office on Aging
- Roane Medical Center
- UT Extension

4. IMPROVING ACCESS TO HEALTH CARE PROVIDERS – PRIMARY CARE, BEHAVIORAL HEALTH AND DENTISTRY

Community Resources:

- Dispatch Health
- Faith-based community
- Free Medical Clinic
- Mid-East Community Action Agency
- Roane County Health Department
- Round About Roane
- Telehealth expansion



2022

Roane County Community Health Assessment Data

Appendices A-E

APPENDIX A – Roane County Demographics

Roane County Demographics

Population Estimates Comparison July 2018 & July 2021

Population	July 2018	July 2021
Populations estimates, July 2018	53,140	53,992
Population, Percent Change		1.4%
Population, Census 2010/ 2020	54,181	53,404
Age and Sex		
Persons under 5 years, percent	4.5%	4.6%
Persons under 18 years, percent	19.0%	18.6%
Persons 65 years and over, percent	22.5%	23.2%
Female persons	51.2%	50.9%
Race and Hispanic Origin		
White alone, percent	94.4%	94.2%
Black or African American, percent	2.7%	2.7%
American Indian, and Alaska native	0.4%	0.5%
Asian, percent	0.6%	0.6%
Two or more races, percent	1.8%	1.9%
Hispanic or Latino percent	1.9%	2.0%
White alone, not Hispanic or Latino	92.8%	92.5%

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

APPENDIX B – 2020 Roane County Mortality Data

2020 Top 10 Leading Causes of Death in Roane County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the Heart	216	401.2
2. Malignant Cancers	142	263.7
3. Accidents & Adverse Effects	66	122.6
4. COVID-19	54	100.3
5. Chronic Lower Respiratory Disease	54	100.3
6. Cerebrovascular diseases	36	66.9
7. Alzheimer's Disease	31	57.6
8. Diabetes	22	40.1
9. Nephritis, Nephrotic Syndrome – Kidney Diseases	15	27.9
10 Pneumonia and Influenza	13	24.1

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

Roane County Community Health Assessment 2022



287

Total responses

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

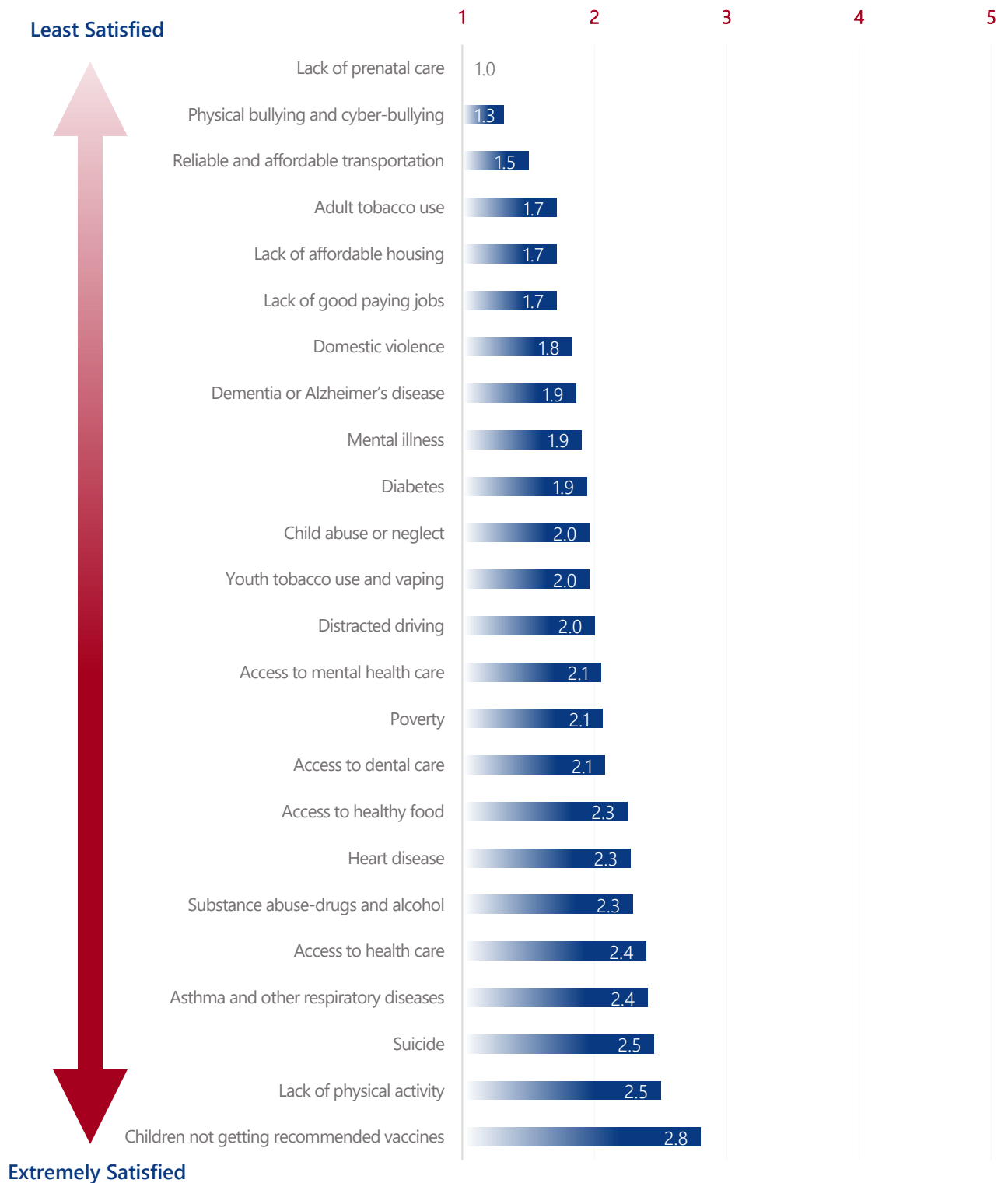


Most Severe Problem



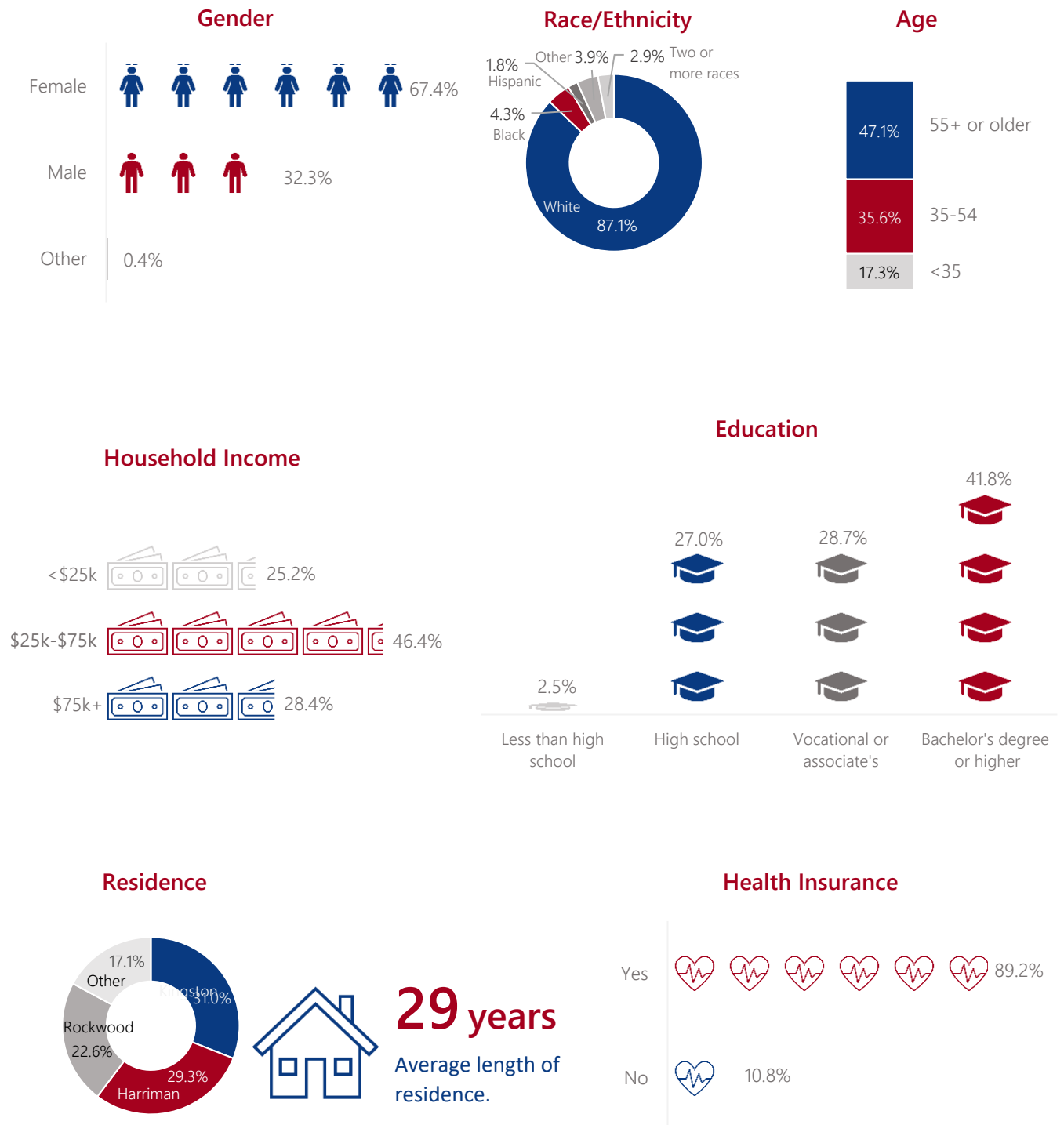
	Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
Substance abuse-drugs and alcohol	78.5%	45.3%	3.7
Poverty	69.0%	19.2%	3.7
Lack of affordable housing	67.4%	25.8%	3.6
Mental illness	66.2%	10.5%	3.7
Youth tobacco use and vaping	57.5%	10.8%	2.8
Reliable and affordable transportation	56.0%	12.5%	3.3
Lack of good paying jobs	55.3%	14.6%	3.2
Access to mental health care	54.1%	27.5%	3.6
Lack of physical activity	47.2%	2.1%	2.9
Heart disease	46.5%	5.2%	2.9
Suicide	46.2%	8.0%	3.5
Adult tobacco use	45.4%	3.1%	2.6
Diabetes	44.1%	5.9%	2.7
Asthma and other respiratory diseases	44.0%	3.5%	3.4
Child abuse or neglect	44.0%	9.8%	3.5
Domestic violence	40.2%	4.2%	3.4
Physical bullying and cyber-bullying	38.3%	4.5%	3.1
Access to dental care	37.2%	9.8%	3.1
Distracted driving	36.4%	2.8%	2.2
Access to healthy food	31.3%	5.6%	3.2
Access to health care	31.2%	11.8%	3.3
Dementia or Alzheimer's disease	29.0%	3.1%	2.8
Lack of prenatal care	24.2%	0.7%	2.4
Children not getting recommended vaccines or immunizations	22.4%	1.7%	3.0
Sexually transmitted diseases or infections	14.3%	0.3%	2.4
Access to flu shots	6.4%	0.0%	2.1

Satisfaction with current efforts to address problem



Roane County Community Health Assessment 2022

Who responded to our community survey?



Appendix D

Focus Group Research

Three focus groups were completed with Roane County community leaders for the Roane County Community Needs Assessment. The purpose of the focus groups was to reassess the health issues identified in 2019 facing residents of Roane County, especially residents from vulnerable populations; to reflect on ways the COVID-19 pandemic has impacted the identified health issues; to identify 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 may have emerged. A total of 19 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.

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 variety of letter grades ranging from A to D, with C receiving the most votes. Participants shared that there are substance abuse prevention programs for youth but resources for adults are lacking. Discussions highlighted the need for more staff and resources to provide stronger recovery support.

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

Focus group participants shared that COVID-19 made substance abuse issues worse. Participants mentioned overdose deaths increased while programs providing prevention education and recovery groups decreased.

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

- | | | |
|--------------------------------------|------------------------------|--------------------------------------|
| • Roane County Anti-Drug Coalition | • Health Department | • Harm Reduction Navigator |
| • Drug take-back events | • Narcan kits | • Training for Officers |
| • Student and family support workers | • Prom Promise | • Ridgeview |
| • Faith-based community | • Behavioral health agencies | • Recovery/reentry program with jail |

- Positive peer pressure clubs
- West Care
- Outpatient programs
- Grove Church Celebrate Recovery program
- DARE
- Narcotics Anonymous and Alcoholics Anonymous groups

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

Focus group participants shared that need is greater than the current capacity of resources despite several county programs and collaborations working to address the issue. Specifically, organizations need more funding and staff to adequately address county needs for this issue. Focus group participants also highlighted the need for more local treatment facilities.

Suicide

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

Focus group participants assigned a letter grade of C to D, noting that suicide rates are high and continue to grow despite a decrease in suicides in the county in 2020. Participants shared that it is difficult to get help within the county for this issue, but prevention training and cultural shifts have aided in destigmatizing suicide and seeking help.

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

Focus group participants shared the COVID-19 pandemic increased the number of people needing treatment for this issue across all age groups. Discussions noted the pandemic caused isolation and depression, but also led to an increase in awareness and training for suicide prevention.

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

- Ridgeview
- UT Extension
- Office on Aging
- Crisis helplines
- School student support teams
- Mental Health First Aid training
- QPR training
- Health Council
- Volunteer Behavioral Health Care System

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

Focus group participants emphasized that *Question, Persuade, Refer* (QPR) training has increased and stigma has decreased, but there is still work to be done to destigmatize suicide. Participants shared that need is greater than current capacity of resources for this issue, and that many lack transportation to

services. Participants mentioned the need for more community socializing opportunities to decrease isolation and for more promotion of available resources.

Health Education for Chronic Diseases

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

Focus group participants assigned a letter grade of C to D, citing many organizations offer health education programs, but the services are understaffed and need more promotion.

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

Participants noted that focus of efforts had to shift to other needs during the pandemic. Discussions highlighted that health programs slowed or stopped, and virtual options were difficult for those without internet access. Participants also mentioned chronic disease is on the rise among all age groups.

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

- Office on Aging
- UT Extension
- Roane Medical Center
- Coordinated school health
- Health Department
- Community Centers
- Community Action
- Free medical clinic in Harriman
- Covenant Medical
- Health Council

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

Participants mentioned there are many health education resources in the county, but more programs delivered outside workday hours would be helpful. Participants again noted that limited internet access restricts participation for virtual education options and shared that in-person programs are slow to return.

Mental Health Services

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

Focus group participants assigned grades ranging from A to C, citing good efforts being made toward mental health services, but noting the county still lacks enough services to address the amount of need. Participants also shared issues with insurance can be a barrier to accessing mental health services.

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

Participants discussed how the COVID-19 pandemic impacted availability of programs, staffing shortages, and shifts to telehealth. Focus group participants also noted seeing increases in patients needing mental health care, as well as healthcare staff needing increased mental health care for themselves. They also noted effects of adjustments to social service programs that were necessitated by COVID and how these adjustments affected community mental health.

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

- Ridgeview
- Volunteer clinic in Rockwood
- Mobile Crisis
- West Care
- Volunteer Chaplaincy program at Roane Medical Center
- Meals on Wheels

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

Focus group participants shared the need for more permanent in-county services to increase access to mental health care, especially for youth. Participants also noted the need for more staff to provide services, improved internet access to increase telehealth availability, and more training and efforts to reduce stigma around mental health care. Insurance and transportation were cited as barriers to access,

Access to Healthcare

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

Focus group participants were reluctant to assign a letter grade to this topic. Participants mentioned that staffing shortages are preventing services from reaching goals, but telehealth has helped increase access to healthcare.

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

Focus group participants stated that services were paused during the COVID-19 pandemic and were further impacted by staffing shortages. Participants also mentioned that patients experienced long waitlists and services were drained of their resources.

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

- Health Department
- Free medical clinic
- Round About Roane
- Dispatch Health
- Faith-based community
- Telehealth
- Mid-East Community Action

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

Participants mentioned that free medical clinics provide needed care, as healthcare is often not affordable, and transportation creates major barriers to access. Participants again shared that telehealth has helped those who can access it. A need for better care options for the uninsured as well as better dental care options were also highlighted.

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 health concerns such as diabetes, obesity, and vaping and tobacco use, as well as a need for prevention education and healthy living resource promotion. Trauma resulting from the COVID-19 pandemic and building trust among community members were also highlighted.

APPENDIX E- Select Secondary Health Statistics							
2022 Roane County Community Health Assessment							
	Roane	Roane	Tennessee	United States	Data Description	Year	Data Source
Community Drivers of Health	2019						
Unemployment rate	4.1%	3.0%	3.2%	3.6%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
Graduated high school	86.7%	89.8%	88.7%	86%	High school graduation rate, Stone Memorial 89.2 / The Phoenix 81.3	2021	tn.chalkbeat.org/2021/11/23/22799137/tennessee-high-school-graduation-rate-
Some college	48.3%	53.0%	55%	65%	% of adults ages 25-44 with some post-secondary education	2019	American Community Survey
Bachelor degree or higher	19.3%	19.1%	28%	33%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2020	U.S. Census Bureau
Poverty Rate (all residents)	15.4%	13.8%	15.30%	12.8%	% of residents living in households who's income does not cover basic needs	2020	United States Census
Children in poverty	21%	19%	18	14.4%	% of children under 18 in poverty	2019	County Health Rankings
Children in single-parent homes	22%	19%	28%	23%	% of children that live in a household headed by single parent	2020	American Community Survey
Severe housing cost burden	11%	9%	12%	7%	% of households that spend 50% or more of their income on housing	2020	American Community Survey
Median household income	\$45,407	\$53,367	\$54,833	\$64,994	Median household income	2019	U.S. Census Bureau
Access to Healthcare							
Adults without health insurance	12.0%	13.0%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	3%	4%	5%	4%	% of children under age 19 without health insurance	2016	County Health Rankings 2019
Persons with a disability	15.8%	12.6%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017	2017	U.S Census Bureau
Mental health providers	2,210:1	2,450:1	700:1	310:1	ratio of population to mental health providers	2021	CMS, National Provider Identification file
Primary care physicians	2,780:1	2,810:1	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	1,128:1	960:1	787:1	726:1	ratio of population to other non physician primary care providers	2021	County Health Rankings 2019
Dental providers	1,960:1	1,990:1	1,880:1	1,260:1	ratio of population to dentist	2020	County Health Rankings 2019
Immunizations							
Flu vaccine rate elderly	56.4%		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%	56.5%	51.3%		Flu vaccine percentages at 24 months of age	2020	Immunization Status Survey of 24 month children
Households with broadband internet		81%	82%		% of homes with internet service account	2020	2022 County Health Rankings
Active and Healthy Living							
Life expectancy	75.0	74.2	75.3	77	Average number of years a person can expect to live	2020	www.cdc.gov/nchs/fastats/life-expectancy.htm
Physical inactivity	24%	31%	29%	22%	% of adults age 20 and over reporting no leisure time physical activity	2019	CDC Diabetes Interactive Atlas
Access to exercise opportunities	65%	49%	62%	84%	% of population with adequate access for physical activity	2020	2022 County Health Rankings
Food insecurity	13%	14%	13%	13%	% of population who lack adequate access to food	2020	2022 County Health Rankings
Limited access to healthy food	9%	6%	9%		% of population that are low-income and who do not live close to grocery store	2019	USDA Food Environment Atlas
Adult obesity	35%	35%	37.0%		% of adults that report a BMI> 30	2019	CDC Diabetes Interactive Atlas
Overweight/Obese youth	38.7%	41.0%	39.5%		Overweight or obesity prevalence among TN public school students	2018-19	Coordinated School Health
Behavioral Health							
Suicide rates	33.9	28.3	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	4.9	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	294.2	299.7	210.6	185.4	Number of deaths from malignant neoplasms per 100,000 population	2019	Death Statistics: VRS
Diabetes	16%	9%	12.2%	9%	% of adults age 20 and over with diagnosed diabetes	2019	CDC Diabetes Interactive Atlas
Heart disease death rate	343.20	378.40	246.2	168.2	Number of deaths from diseases of the heart per 100,000 population	2020	Death Statistics: VRS

2022 Roane County Community Health Assessment							
	Roane	Roane	Tennessee	United States	Data Description	Year	Data Source
Injury and Violence							
Injury deaths	127	139	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	19	19	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	50.2	22.3	10.2		Number of reported NAS cases per 1,000 live births	2020	datacenter.kidscount.org/data/tables/8288
Low birth weight	10%	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	245	294	601	497	# of newly diagnosed chlamydia cases per 100,000 population	2019	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	29.9	38.6	25.2	16.7	# of births per 1,000 female population ages 15-19	2019	National Center for health statistics-Natality files
HIV prevelance	70	99	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	27%	31%	23%	33%	# of driving deaths with alcohol involvement	2019	Fatality Analysis Reporting System
Excessive drinking	14%	16%	17%	18%	% of adults reporting binge or heavy drinking	2020	Behavioral Risk Factor Surveillance system
Adult smoking	21%	24%	21%	17%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	15,819	11,961	1,219,915		Number of patients filling a prescription for Opioids	2021	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,423	934	684	587	Rate of opioid prescriptions per 1,000 residents filled at least one prescrtption	2021	CDC.gov/drugoverdose/maps
All drug overdose deaths	22	35	3,032	70,237	Total number of reported deaths from overdoses, *includes alcohol	2000	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	16	24	2,388	42,981	Total number of reported deaths from opioid drug overdoses	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	181	175	18,733		Non fatal drug overdoses outpatient visits	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	98	74	7,063		Non fatal drug overdose inpatient stays	2020	Tennessee Drug Overdose Dashboard
COVID-19							
Leading cause of death		Tied for 4th	3rd	3rd	Leading causes of death	2022-April	CDC.org
Deaths from COVID-19		234	26,170	1,000,000+	Total COVID-19 deaths from inception through April 2022	2022-April	tn.gov/health
Number of Cases		15,839	2,031,533	81,888,182	Total COVID-19 cases from inception through April 2022	2022-April	tn.gov/health
Number of Hospitalizations		296	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		57.2%	62.0%	77.8%	COVID-19 vaccinations through April 2022	2022-April	https://covid19.tn.gov
% of residents who are fully vaccinated		53%	54.0%	63%	COVID-19 vaccinations through April 2022	2022-April	https://covid19.tn.gov
% of residents who received a booster		23.60%	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)							