



2023

Claiborne County

COMMUNITY HEALTH
NEEDS ASSESSMENT



Special Thanks

The 2023 Claiborne County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 400 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 Claiborne County will require a collaborative community approach of all public health partners. Claiborne Medical Center wishes to thank all involved in the 2023 Claiborne County Community Health Assessment, particularly our co-partners, Claiborne County Health Department and the Claiborne 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 Claiborne County home.



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About Claiborne County

Claiborne County is located in upper East Tennessee and was home to the area known as Cumberland Gap, where Tennessee, Virginia and Kentucky meet. Claiborne is a rural community located approximately 50 miles from the metropolitan Knoxville area. The 2022 population of Claiborne County was 32,431, with nonwhite residents making up 5.6%. The percentage of the population 65 and older is 20.5%. Youth under 18 years of age make up 19.4% of the population. For this group, 32% live in poverty and 22% live in single-parent homes. The largest employers are manufacturers of furniture, healthcare supplies and manufactured homes. Unemployment was 7.0% in 2022.

Claiborne Medical Center is the only hospital in the county. In 2022, Claiborne County residents accounted for 47% of the inpatient and 71% of the outpatient encounters at Claiborne Medical Center. The county also benefits from a not-for-profit organization called Servolution Health Services. Servolution provides care for children, including medical care, dental services and spiritual counseling.

According to the 2023 County Health Rankings Report, Claiborne is ranked among the least healthy counties in Tennessee when considering factors related to length and quality of life. In 2023 Claiborne County was ranked 79th out of 95 ranked counties in Tennessee.



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 2023, Covenant Health facilitated this process in three 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 2023 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 CLAIBORNE COUNTY IN 2020

- Heart Disease
- Cancer
- Chronic Respiratory Diseases
- Accidents and Adverse Effects
- COVID-19

Did You
Know



Assessment Partners

The role of Claiborne Medical Center in the assessment process was one of facilitation. Members of public health agencies, together with Claiborne Medical Center, convened over a period of five months to complete the Community Health Needs Assessment. The target population of the 2023 assessment was Claiborne 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:

- Claiborne Medical Center (2)
- Claiborne County Health Department (2)
- Servolution Health Services
- Live Free Claiborne
- UT Extension Service
- Claiborne County Health Council
- Claiborne Board of Education

According to countyhealthrankings.org, when considering health outcomes, length of life and quality of life, in 2023 Claiborne County ranked among the least healthy counties in Tennessee (79th out of 95 ranked counties).

**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.

- Claiborne Medical Center (2 team members)
- Claiborne County Health Department (2 team members)
- Claiborne Board of Education
- Claiborne County Family Justice Center
- Life Free Claiborne
- Servolution Health Services
- Stand in the Gap Coalition
- UT Extension Service

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

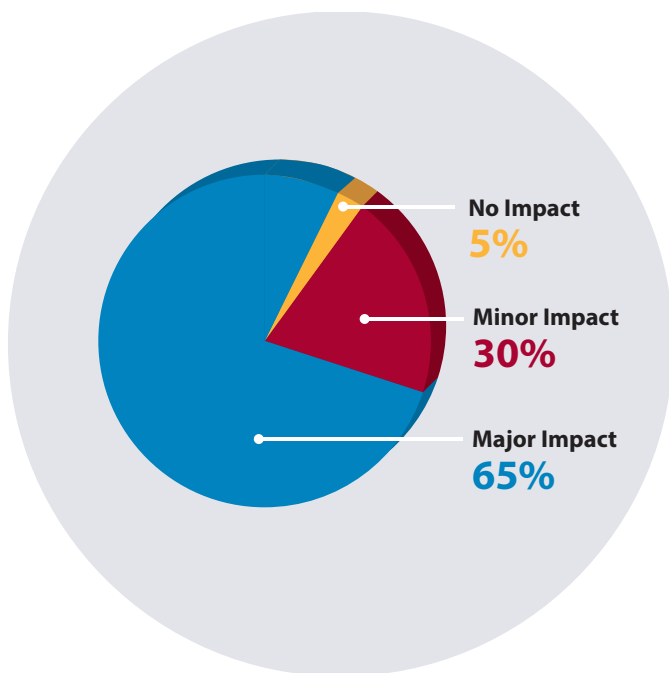


Chart shows respondents' answers to question about the impact of COVID-19 on their community.

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. This 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 re-validated 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 2023 CHNA builds upon the 2020 CHNA findings.

The 2023 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 2023, Claiborne County was coming out of three intense years of COVID-19. The Steering Committee wanted to use the community survey to gauge the impact of COVID-19 since the 2020 assessment. The survey questions used in 2020 would remain the same for 2023, but the respondents' answers to each question were filtered through a “COVID-19 lens.” For statistical significance, 340 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)



Take Our Healthy Claiborne 2023 Survey!

What does a healthy community look like to you? We need your input on the challenges we face in Claiborne county. Scan the QR code or visit ClaiborneMedicalCenter.com/survey to participate in a short and completely anonymous survey beginning February 27th. Your answers will help us improve the health of our community.




COMMUNITY SURVEY

The Steering Committee was very intentional about making sure the most vulnerable groups in Claiborne 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 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 2020 were the focus of discussion, and determining 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

- Claiborne Medical Center
- Claiborne County Health Council
- Claiborne County Health Department
- Buchanan Place Health and Rehabilitation
- Chamber of Commerce
- Cherokee Health System
- Claiborne Board of Education
- Claiborne County Schools
- Claiborne Emergency Medical Services
- Claiborne Health and Rehabilitation Center
- Coordinated School Health Program
- County Mayor
- Family Justice Center
- Harrogate Senior Center
- Live Free Program
- Servolutions Health Services
- Stand in the Gap Coalition
- UT Extension Service
- Walters State Community College

For 2023, the Steering Committee elected to use the same secondary health indicators that were used in the 2020 assessment. The indicators were updated to include the most current data points available. Additionally, COVID-19 statistics were included that did not exist in 2020. (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 2023 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 2020 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 was 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 1 and 2 having 37.5% weight each, and questions 3 and 4 weighted at 12.5% 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 2020 CHNA also were discussed for potential inclusion.

IN RANK ORDER, THE TOP 10 MOST SEVERE PROBLEMS FACING CLAIBORNE COUNTY BASED ON RESPONSES TO THE 2023 COMMUNITY HEALTH SURVEY:

1. Drug abuse
2. Overweight adults
3. Vaping
4. Lack of jobs paying a livable wage
5. Overweight youth
6. Tobacco use by adults
7. Diabetes
8. Access to mental health care
9. Tobacco use by youth
10. Domestic violence



Most Significant Health Priorities and Related Resources

Largely due to COVID-19, the Data Team consensus was to continue the four health priorities of the 2020 CHNA. Data Team members felt each priority area of the 2020 assessment has worsened. Communities were faced with increased uncertainty and stress, many community resources were paused and healthcare organizations were pushed to a breaking point. Overall, the demand for health and human resources far outweighed the supply. The 2023 most significant health priorities for Claiborne County and their respective local resources are as follows:

1. SUBSTANCE ABUSE DISORDERS

Community Resources:

- AA meetings at Shiloh Church
- Boys and Girls Club
- Claiborne County Justice Center - Drug Take-back Program
- Live Free Claiborne and The Hill Church
- Living Waters Rehabilitation Center
- McNabb Center mobile bus
- Moccasin Bend (Chattanooga)
- School Resource Officers
- Stand in the Gap Coalition

2. MENTAL HEALTH ACCESS

Community Resources:

- AA meetings at Shiloh Church
- Boys and Girls Club
- Cherokee Health System
- Family Justice Center
- Live Free Claiborne and The Hill Church
- Living Waters Rehabilitation Center
- McNabb Center
- Peninsula (tele-health)
- Servolution Health Services

3. DIABETES

Community Resources:

- Change Claiborne
- Claiborne County Health Department
- Claiborne Emergency Medical Services
- Claiborne Medical Center
- Community gardens at schools and health facilities
- Live Free needle exchange
- Primary Care providers
- School system / Coordinated School Health
- Servolution Health Services
- UT Extension Service

4. OBESITY

Community Resources:

- Boys and Girls Club
- Change Claiborne
- Claiborne County Schools nutrition supervisor
- Doctors' offices
- East Tennessee Human Resource Agency (ETHRA)
- Farmers' markets in Harrogate and Cumberland Gap
- Gyms
- Local business that sell fresh produce
- Senior Center gyms
- UT Extension Service
- Walk Across Tennessee
- Wellness Center



2023

Claiborne County

COMMUNITY HEALTH
ASSESSMENT DATA

APPENDICES A-E

APPENDIX A- Claiborne County Demographics

Claiborne County Demographics

Population Comparison Estimates July 2019 & July 2022

Population	July 2019	July 2022
Populations estimates	31,959	32,431
Population, percent change	-1%	+1%
Population, Census 2010 / 2020	32,213	32,040
Age and Sex		
Persons under 5 years, percent	5.0%	5.1%
Persons under 18 years, percent	19.1%	19.4%
Persons 65 years and over, percent	19.9%	20.5%
Female persons	51.1%	50.6%
Race and Hispanic Origin		
White alone, percent	96.4%	95.9%
Black or African American, percent	1.2%	1.2%
American Indian, and Alaska native	0.4%	0.4%
Asian, percent	0.7%	0.9%
Two or more races, percent	1.4%	1.5%
Hispanic or Latino percent	1.3%	1.6%
White alone, not Hispanic or Latino	95.3%	94.6%

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

APPENDIX B – 2020 Claiborne County Mortality Data

2020 Top 10 Leading Causes of Death in Claiborne County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the Heart	141	440.4
2. Malignant Cancers	89	278.0
3. Chronic Lower Respiratory Diseases	28	87.5
4. Accidents and Adverse Effects	27	84.3
5. COVID-19	24	75.0
6. Cerebrovascular Disease	18	56.2
7. Alzheimer's Disease	14	43.7
8. Pneumonia and Influenza	14	43.7
9. Nephritis, Nephrosis (Kidney Diseases)	12	37.5
10. Suicide	*	*

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.

*Figure is not displayed according to the Tennessee Department of Health guidelines for release of aggregate data to the public.

Appendix C

Claiborne County Community Health Assessment 2023

Community survey responses



340

Total responses

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



Issues ranked by major problem

Most Severe Problem	Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
Drug abuse	73.9%	36.8%	3.6
Overweight adults	67.1%	4.1%	3.4
Vaping	67.0%	14.1%	3.2
Lack of jobs paying a livable wage	61.3%	18.2%	3.4
Overweight youth	59.7%	6.2%	3.3
Tobacco use by adults	59.5%	1.8%	3.0
Diabetes	54.7%	6.2%	2.9
Access to mental health care	54.1%	19.1%	3.3
Tobacco use by youth	53.6%	2.6%	3.0
Domestic violence	52.6%	9.1%	3.4
Lack of physical activity	49.4%	4.4%	3.3
Heart disease	49.1%	3.8%	3.0
Cancer	48.3%	4.7%	2.7
Alcohol abuse	47.9%	7.9%	3.2
Access to indoor physical activities	47.0%	3.5%	3.2
Access to dental care	43.4%	15.3%	3.0
Dementia or Alzheimer's disease	43.2%	3.2%	2.7
Suicide	42.4%	6.2%	3.3
Access to healthy food	39.8%	7.9%	3.1
Elder abuse and neglect	35.7%	2.9%	3.1
Teen pregnancy	34.6%	1.2%	2.8
Access to health insurance	33.8%	4.7%	2.7
Access to health care	31.1%	9.1%	3.1
Babies not living to their first birthday	13.0%	0.0%	2.3
Least Severe Problem			

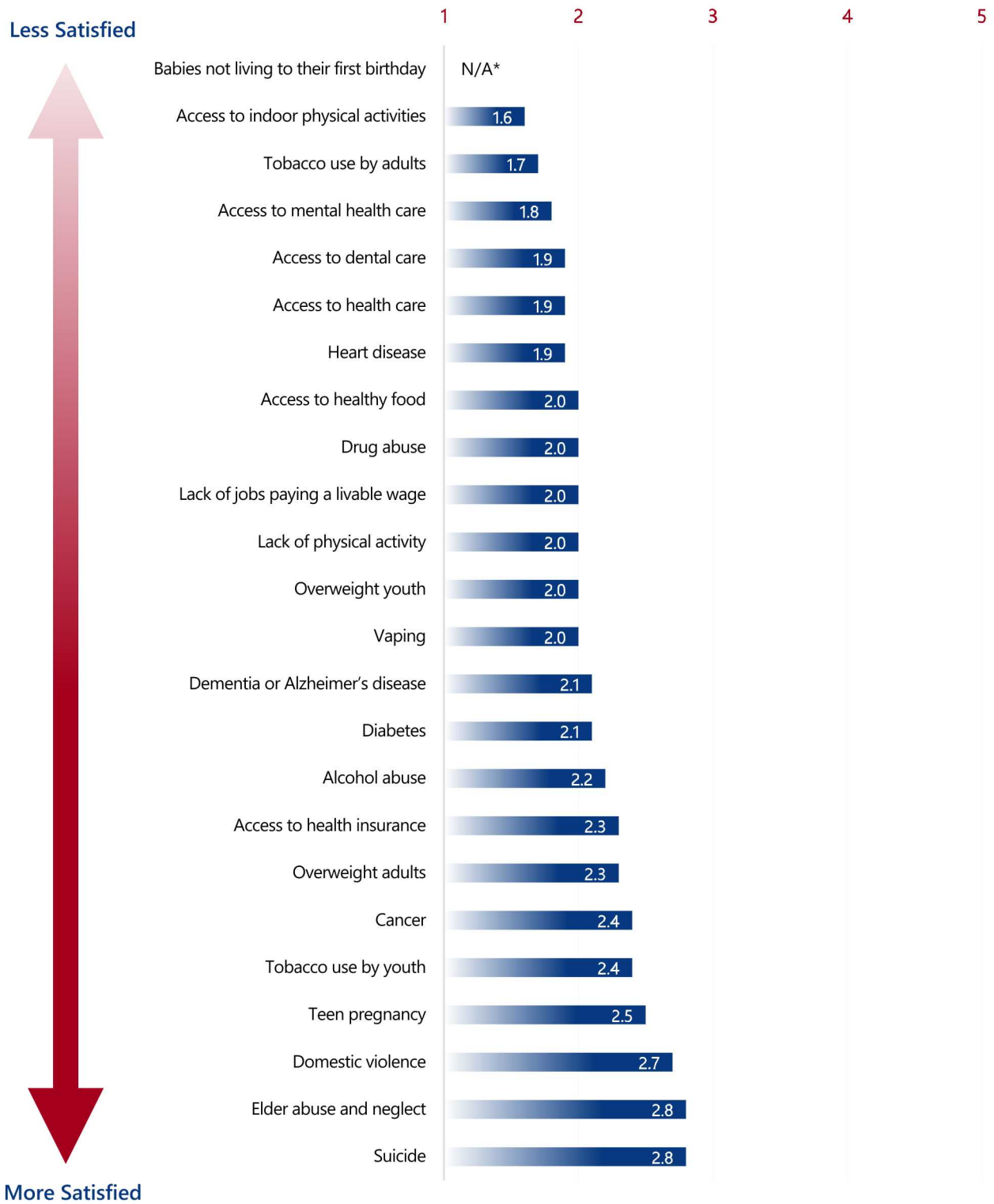
Claiborne County Community Health Assessment 2023

Issues ranked by COVID-19 influence

Top 10 issues identified as a major problem are highlighted.

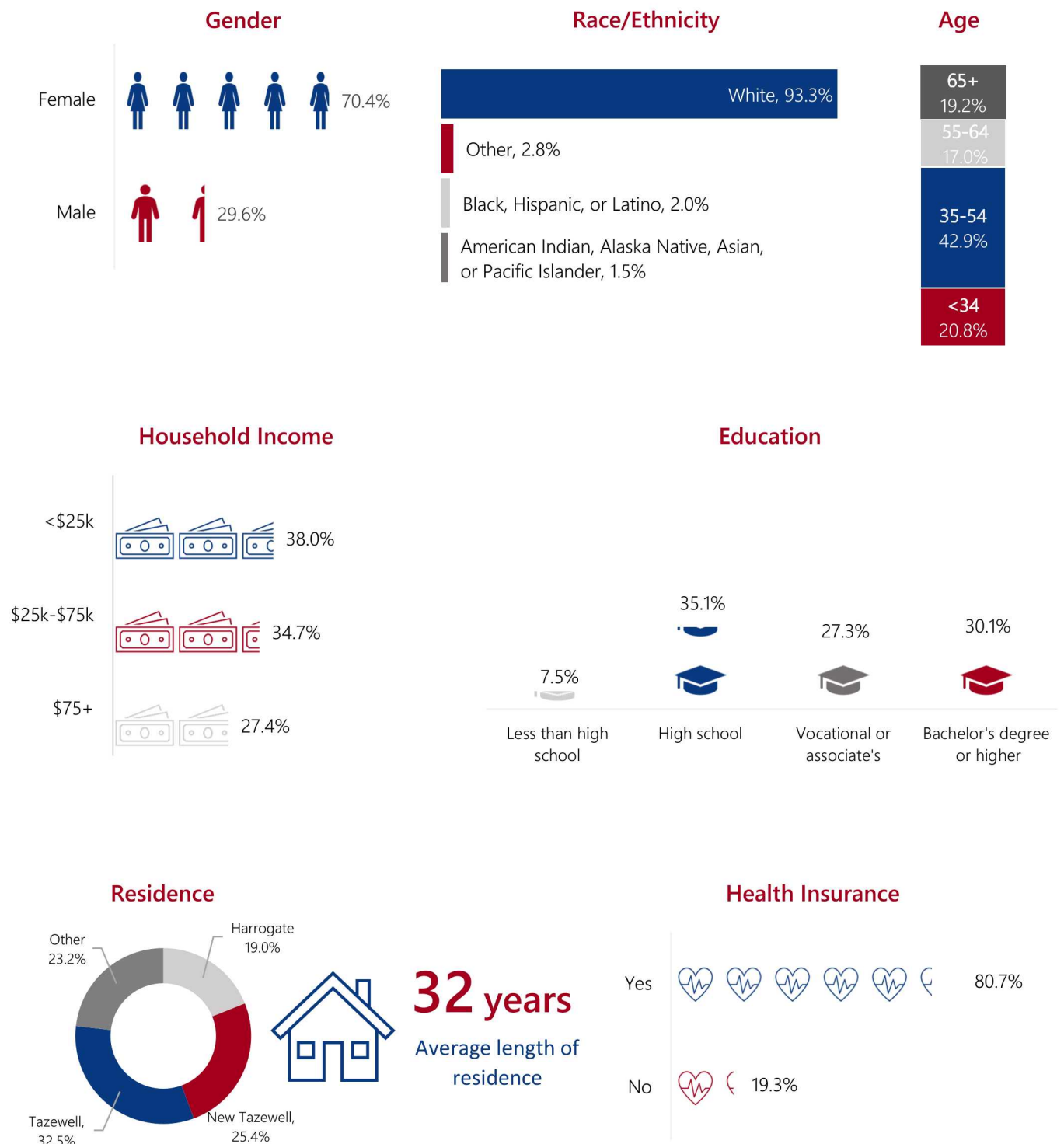
Most Severe Problem	Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
Drug abuse	73.9%	36.8%	3.6
Overweight adults	67.1%	4.1%	3.4
Lack of jobs paying a livable wage	61.3%	18.2%	3.4
Domestic violence	52.6%	9.1%	3.4
Overweight youth	59.7%	6.2%	3.3
Access to mental health care	54.1%	19.1%	3.3
Lack of physical activity	49.4%	4.4%	3.3
Suicide	42.4%	6.2%	3.3
Vaping	67.0%	14.1%	3.2
Alcohol abuse	47.9%	7.9%	3.2
Access to indoor physical activities	47.0%	3.5%	3.2
Access to healthy food	39.8%	7.9%	3.1
Elder abuse and neglect	35.7%	2.9%	3.1
Access to health care	31.1%	9.1%	3.1
Tobacco use by adults	59.5%	1.8%	3.0
Tobacco use by youth	53.6%	2.6%	3.0
Heart disease	49.1%	3.8%	3.0
Access to dental care	43.4%	15.3%	3.0
Diabetes	54.7%	6.2%	2.9
Teen pregnancy	34.6%	1.2%	2.8
Cancer	48.3%	4.7%	2.7
Dementia or Alzheimer's disease	43.2%	3.2%	2.7
Access to health insurance	33.8%	4.7%	2.7
Babies not living to their first birthday	13.0%	0.0%	2.3
Least Severe Problem			

Satisfaction with current efforts to address problem



*No survey respondents listed "Babies not living to their first birthday" as a top three issue.

Who responded to our community survey?



APPENDIX D

Claiborne County Focus Group Results

Four focus groups were completed with Claiborne County community leaders for the county's Community Health Needs Assessment on April 11th and 13th, 2023. Community leaders represented local government, health and mental health care, public health, education, nonprofits, churches, and services for older adults. Many participants were selected for their insight into the needs of vulnerable populations, such as individuals with substance use disorder, uninsured persons, and older adults. The purpose of the focus groups was to revisit the health issues identified in 2020 facing residents of Claiborne County; 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 21 people participated in these focus group discussions; about half had also participated in groups held in 2020. This report summarizes and synthesizes the content of these discussions; findings are presented using the moderator guide questions as headings.

Mental health

How would you grade efforts to address mental health in your county since 2020 and why did you choose that grade?

Participants rated efforts to address mental health in Claiborne County as a C or a D. They stated that while the resources and organizations with focus on mental health are good, there simply aren't enough resources to address the county's high levels of need. As one participant said, *"I think what [the county is] doing is good and it's a really good start. But, Lord, we just got big, big, big mountains to climb."* Many recognized that there are several nonprofit organizations and safety-net clinics that provide outpatient mental health services or support groups. However, there are not enough resources for everyone who needs mental health care, and patients encounter long wait times for resources that do exist. There are no inpatient mental health facilities in the county, so patients must travel or be transported to other locations in East and Middle Tennessee. When patients visit the emergency room for acute mental health crises, they are evaluated via telehealth by psychiatrists at facilities outside Claiborne County. If patients require inpatient care, they sometimes spend several days in one of the county's few ER beds while waiting for an inpatient psychiatric or substance use treatment bed to open in another county's hospital. The county's rurality, geographic isolation, and transportation issues pose barriers to accessing care even if available in other counties. One participant noted that it is easier to find mental health resources for clients since Covenant bought the hospital. At the same time, the group reflected on workforce and funding issues having worsened the situation for mental health. The county relies on grants to bring services to underserved communities, but in at least one situation, the county couldn't accept a funded grant because of an inability to find the necessary staff. A participant explained that some grant mechanisms will only fund one grant at a time for the county, which limits the amount of funding available at any given time to address mental health. Participants also mentioned that residents sometimes don't know about the mental health resources that do exist. Ultimately, some people resort to substance abuse to self-medicate untreated mental health issues. Community leaders pointed out also that poor mental health contributes to substance use and criminal justice problems in the county.

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

Focus group participants stated that the pandemic increased mental health issues such as anxiety and depression by isolating individuals from their support networks, and fear of COVID-19 infection contributed to worsening mental health. As one participant noted, people needed even more support from family and friends to deal with pandemic stressors—but, instead, they had to isolate away from their loved ones. Children, seniors, and those with substance use disorder were mentioned as populations whose mental health seemed most affected by the pandemic. Elders living in nursing homes were deeply affected because when their facilities went on lockdown, their families could only visit them through the window—even when the elder was dying. Tensions over how to react to the pandemic, including whether to wear masks, created additional stress. Participants reported that, early in the pandemic, people avoided mental health care out of fear of contracting the virus. As a result, people are now entering care with worse mental health than if they had accessed care sooner. In the wake of the pandemic, increased cost of living and financial stress contribute to continued poor mental health, substance abuse, and domestic violence. One participant noted that young people are now less likely to ask for help because of the isolation and lack of social interaction during the pandemic.

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

- Cherokee Health System
- McNabb Center (Mobile Bus and social worker at Claiborne High School)
- Family Justice Center
- Cherokee day program (not yet open)
- Servolution Health Services
- Living Waters rehab facility
- Boys and Girls Club
- Live Free Claiborne and the Hill Church
- Peninsula (telehealth)
- AA meeting at Shiloh Church

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

Focus group participants were unsure to what extent current efforts to address mental health in the county are effective. They identified many resources that are currently lacking in the county. While there are support groups within the county, especially for people in substance abuse recovery, there are only a few providers available for individual psychotherapy. In addition, the county has only one psychiatrist, and participants were not sure whether she is currently taking a full client caseload. Participants identified children and incarcerated people as populations who had the most limited access to mental health supports. The school system has two social workers to serve all 4,000 children who attend public schools in the county, and few outpatient mental health providers serve children. Community leaders stated that the county needs “a brick-and-mortar facility,” which is currently in the works. The need that was mentioned most often by group participants was in-patient care and

residential care for people with severe mental health and substance abuse issues. One nursing home in the county has a secure “locked” unit for people with severe mental illness or dementia, but that facility doesn’t have enough room for all the people who need services. Because there are no inpatient facilities in the county, EMS is sometimes called to transport patients either to the ER or from the ER to facilities out of county. However, EMS lacks training in mental health. Finally, one participant stated that there is a need for greater awareness of the seriousness of mental health struggles and how mental health impacts individuals and communities.

Substance Abuse

How would you grade efforts to address substance abuse in your county since 2020 and why did you choose that grade?

Participants gave Claiborne County a higher grade for substance abuse services than for mental health, with many giving the county a B for efforts in this area. There are many organizations working to address substance abuse, and these organizations have joined forces to address the problem together. The county recently formed an opioid advisory board to allocate opioid lawsuit settlement funds to address substance use in the county. The county addresses substance abuse prevention by offering education about substance abuse for youth, and the Boys and Girls Club now provides safe places for youth to stay after school. A local nonprofit provides medication lock boxes and drug test kits for parents and grandparents to prevent and detect substance abuse in youth. The nonprofit also coordinates with outside organizations to bring in a “Stashed Away” trailer that teaches parents where youth are likely to hide drugs in their bedrooms. Despite these resources, participants stated that substance abuse and overdose rates have increased in the county, as they have increased at the national level. The main resources for substance abuse help in Claiborne County are peer support groups. Community leaders recognized these groups as an important resource that must be complemented with inpatient and outpatient mental health and substance abuse treatment, which are limited in the county. Among Tennessee counties, Claiborne County is leader in substance abuse harm reduction. A nonprofit harm reduction program provides pre-recovery services, needle exchange, and recovery support groups. The county also has a juvenile justice diversion program for youth who have been cited for substance abuse; the organization that runs this program also serves adults who have drug-related misdemeanors. Medication-assisted therapy (MAT) has also become available in the county recently, although participants shared concerns about potential abuse of the opioid antagonists used in MAT. Some participants also mentioned the need to educate people about the risks of synthetic substances sold at gas stations, as well as the risks of marijuana use and vaping.

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

Focus group participants stated that substance abuse increased during the pandemic, following a similar pattern to mental health. They noted increases in the number of people participating in the county’s needle exchange program, the number of patients requiring medical intervention for IV drug use, the number of arrests for substance use, and the number of fatal overdoses in the county. Participants were concerned that lockdowns increased the risk of substance abuse by youth who were at home full-time with parents who use illegal substances. It was reported that many people who were in recovery

relapsed because they were isolated during the pandemic and because in-person support groups had to stop meeting during lockdowns. One participant described substance abuse as *“where people have turned to something else for assistance and help to make it through hard times.”*

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

- | | | |
|---|---|--------------------------------|
| • Live Free Claiborne and the Hill Church | • AA meeting at Shiloh Church | • Living Waters rehab facility |
| • Stand in the Gap | • Helen Ross McNabb – mobile bus, program for formerly-incarcerated women | • Boys and Girls Club |
| • Moccasin Bend (Chattanooga) | • Drug takeback boxes at Claiborne County Justice Center and Tazewell Police Department | • School Resource Officers |

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

Focus group participants were very positive about existing efforts in the county and recognized the importance of the county’s recovery groups and harm reduction efforts. Participants expect needle exchange services to reduce HIV and Hepatitis C transmission, injection-site infections, endocarditis, and drug-related hospital visits. A participant said that they wished that people in the community better understood the benefits of harm reduction and more strongly supported the county’s harm reduction services. One church in the county is involved in substance abuse recovery and harm reduction; participants would like to see additional churches involved in substance abuse prevention and treatment. The county does not have inpatient care for substance abuse treatment, apart from one new rehab facility that recently opened in the county that serves eight men at a time. As with mental health, county residents must travel to other parts of East and Middle Tennessee for treatment. When residents can find treatment, programs may be limited in duration. Group participants noted that after completing inpatient programs, individuals return to Claiborne County early in their recovery and are exposed to the same environment that contributed to their substance use originally. Participants identified halfway houses and similar residential programs as a major need in the county. Two such residential recovery homes have recently opened in the county, but these homes only have room for four to eight people each. Community leaders also identified gaps in services for incarcerated and formerly-incarcerated individuals. Many children in the county are being raised by their grandparents or other caregivers because their parents have lost custody or died as a result of substance abuse. Schools were mentioned as a common site of public health and health education interventions for a range of issues, including substance abuse. However, there isn’t always enough time to provide as much education as is needed in schools.

Diabetes

How would you grade efforts to address diabetes in your county since 2020 and why did you choose that grade?

Focus group participants assigned a grade of B- / C to Claiborne County's efforts to address diabetes since 2020. The county has many organizations working in diabetes education, related to both prevention and disease management. The school system coordinates with community partners to offer programs that address healthy eating, teach children how to cook healthy foods, and encourage physical activity. However, participants felt that there could be even more efforts to provide prevention education and resources for children. The hospital has a dietician who, in addition to monitoring meals at the nursing home and hospital, can provide nutrition education to hospitalized patients who are newly diagnosed with diabetes. Recently, organizations in the county have begun community gardens for school children and mental health clients. Only a few participants knew about these garden programs; other participants who were learning about them for the first time were excited and enthusiastic to learn about them.

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

When pandemic lockdowns started, community education programs had to shut down or move classes online. While some diabetes education classes did go remote, focus group participants considered online groups to be less effective and less accessible than in-person classes. Some of the more popular classes that involved cooking and eating healthy foods couldn't run at all during the pandemic. Participants also noted that people avoided accessing medical care out of fear of catching the virus, which has led to worse blood sugar control and health outcomes among diabetic patients. Individuals are sicker when they show up in the emergency room now, compared to pre-pandemic. Although most people have resumed going to the doctor, they may still experience long-lasting effects from having delayed care.

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

- | | | |
|--------------------------|--------------------------------------|--|
| • UT Extension | • Change Claiborne | • School system / coordinated school health |
| • Servolution | • Live Free needle exchange | • Claiborne Medical Center |
| • Claiborne County EMS | • Claiborne County Health Department | • Community gardens at schools and health facilities |
| • Primary care providers | | |

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

Participants said that they, their relatives, and other people they knew had positive experiences with diabetes education classes in the county. One participant added that they know people with type 2 diabetes who attended the classes and have been able to go off of their medications after making

lifestyle changes. In general, there is also a need to make sure people in the community know about existing resources. One participant believed that UT Extension could expand the reach of diabetes education classes even further by involving volunteers. Another participant suggested that articles be published in the newspaper on a regular basis to educate people about chronic disease prevention and management. Participants suggested that educational efforts should be supplemented with additional supports such as walking groups. Affordability is an issue, as many people can't afford to join gyms, eat healthy, or pay for their diabetic supplies and medications. The senior centers do have gyms that are free to use. The substance abuse harm reduction needle exchange helps address affordability of medical supplies by allowing diabetics to come exchange needles, and EMS could be an additional resource to help distribute syringes and needles. Having said that, as one focus group participant stated pre-diabetic people have a hard time accessing services because insurance won't pay for some services until they are diagnosed with diabetes. Participants also discussed resources which the county previously had, but which no longer exist. These included a Diabetes Center at Claiborne Medical Center, as well as community centers with exercise facilities.

Obesity

How would you grade efforts to address obesity in your county since 2020 and why did you choose that grade?

Focus group conversations about obesity echoed those for diabetes. Participants noted that several organizations in the county provide education about healthy eating, with a particular emphasis on children and seniors. Claiborne County schools addresses obesity and chronic disease prevention by providing healthy food at school, after school, and during the summer; conducting health screenings; and providing physical activity at school. The school system's nutrition supervisor has been ranked in the top 10 nutrition supervisors in Tennessee because of her work to ensure children have access to healthy foods. Participants identified the Boys and Girls Club as an important partner in helping children develop healthy habits and preventing obesity because the Club gets kids moving after they've been sitting in class all day. Senior Centers provide congregate meals to seniors weekly, and ETHRA helps with meal delivery for seniors who can't leave their homes. In addition to three local businesses in the county that sell fresh produce, the county has farmer's markets in Harrogate and Cumberland Gap.

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

Focus group participants felt that the pandemic had increased obesity among county residents. They stated that stress, isolation, and pandemic-related fear led to overeating and lack of exercise. Community meetings and classes related to healthy eating and exercise had to stop meeting during the pandemic, stalling obesity prevention efforts. Even after organizations started having in-person groups again, some county residents were afraid to attend. Participants stated that by now, most groups are back up and running, and people are attending groups in-person.

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

- Walk Across Tennessee
- Boys and Girls Club
- Senior Center gyms
- Local businesses that sell fresh produce
- Change Claiborne
- Doctors' offices
- Gyms
- Claiborne County Schools nutrition supervisor
- UT Extension
- Wellness Center
- Farmer's Markets in Harrogate and Cumberland Gap
- ETHRA

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

Focus group participants said that the county needed more free and low-cost opportunities for physical activity. While there are membership-based gyms in the county, not all residents can afford or are comfortable attending the gym. Participants would like to see physical activity programs for children and adults to encourage people to engage in exercise. They noted that obesity prevention programs for children need to involve entire families, but getting parents and caregivers to come to the schools for programming may be challenging. Although the county has several sources of healthy foods mentioned above, there are large areas of the county without easy access to healthy foods, and healthy food is often more expensive than unhealthy food.

Are there other significant issues that have arisen since 2020 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 vaping, dental care, specialist care, and affordable housing. Participants also mentioned the need to encourage residents to use the medical services that do exist in Claiborne County. Specifically, focus group participants mentioned:

1. Vaping: It was noted that nicotine, THC, and Delta 8 are all easy to access in the county. The school system is working to address vaping through health education in middle and high schoolers, but there is also a need to educate younger children because many children start vaping before middle school.
2. Dental care: Since TennCare started covering adult dental services in January 2023, the dental providers have been unable to keep up with demand for services. The county needs more dental care providers who accept TennCare.
3. Specialist care: The county has made great strides recently in improving access to primary care, as several practices staffed by nurse practitioners and physician's assistants have opened in the county. However, the county has limited specialist care, and residents travel to Knoxville or Morristown to see neurologists, urologists, and other specialists.

4. Affordable housing: Housing costs have increased in the county in recent years, and even greater housing cost increases are expected in coming years.

Finally, focus group participants reflected on workforce development, as the conversation below illustrates. Many health care professions lack adequate resources to meet community needs because many workers nationwide left the health care workforce during the pandemic. Focus group participants shared resources available to address the shortage. The state, local EMS, and the community college are working to recruit more adults into health care. In addition, the Boys and Girls Club and the community college run health care camps to encourage youths' interest in health care professions. Participants felt that workforce development needs to happen "close to home" in order to train local residents who want to stay in the area.

APPENDIX E - Select Secondary Health Statistics						
2023 Claiborne County Community Health Assessment						
	Claiborne	Tennessee	United States		Year	Data Source
Community Drivers of Health						
Unemployment rate	4.1%	4.3%	3.5%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
Graduated high school	82%	89.0%	89%	Percent of adults age 25 and older with high school diploma or equivalent	2017-21	County Health Rankings
Some College	56.0%	63%	67%	% of adults ages 25-44 with some post-secondary education	2017-21	American Community Survey
Bachelor degree or higher	18.3%	31%	54%	% of persons 25 years+ with bachelor degree	2022	U.S. Census Bureau
Poverty rate (all residents)	23.1%	15%	11.6%	% of residents living in households who's income does not cover basic needs	2021	United States Census
Children in poverty	32%	21%	17.0%	% of children under 18 in poverty	2021	American Community Survey
Children in single-parent homes	22%	28%	25%	% of children that live in a household headed by single parent	2021	American Community Survey
Hispanic and latino population	1.5%	6.1%	19.0%	% of the population identifying as hispanic or latino	2022	U.S. Census Bureau
Severe housing cost burden	12%	11%	14%	% of households that spend 50% or more of their income on housing	2021	American Community Survey
Median household income	\$43,300	\$59,700	\$69,700	Median household income	2021	U.S. Census Bureau
Access to Healthcare						
Adults without health insurance	14.0%	15%	12%	% of population under age 65 without health insurance	2020	U.S. Census Bureau
Children without health insurance	5%	6%	5%	% of children under age 19 without health insurance	2020	County Health Rankings 2022
Persons with a disability	18.4%	29.0%	26.0%	% of population disabled	2021	Center for Disease Control and Prevention
Mental health providers	4,610:1	560:1	340:1	ratio of population to mental health providers	2022	CMS, National Provider Identification file
Primary care physicians	1,600:1	1,400:1	1,310:1	ratio of population to primary care physicians	2022	Area Health Resource File/American Medical Association
Other primary care providers	510:1	600:1	810:1	ratio of population to other non physician primary care providers	2022	County Health Rankings 2022
Dental providers	4,610:1	1,790:1	1,380:1	ratio of population to dentist	2022	County Health Rankings 2022
Immunizations						
Flu vaccine rate elderly	41.0%	52%	51%	% of Medicare enrollees that had an annual flu vaccination	2020	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	56.4%	51.3%	NA	Vaccine rates: 24 months	2020	Immunization Status Survey of 24 month children
Households with Broadband Internet	68%	84.0%	87.00%	% of households with broadband internet subscription	2021	U.S. Census Bureau
Active and Healthy Living						
Life expectancy	73.1	75.3	78.5	Average number of years a person can expect to live	2020	www.cdc.gov/nchs/fastats/life-expectancy.htm
Physical inactivity	28%	24%	22%	% of adults age 20 and over reporting no leisure time physical activity	2020	CDC Diabetes Interactive Atlas
Access to exercise opportunities	32%	68%	84%	% of population with adequate access for physical activity	2022	2022 County Health Rankings
Food Insecurity	18%	13%	12%	% of population who lack adequate access to food	2020	2022 County Health Rankings
Limited access to healthy food	4%	9%	6%	% of population that are low-come and who do not live close to grocery store	2019	USDA Food Environment Atlas
Adult obesity	36%	36.0%	32.0%	% of adults that report a BMI> 30	2020	CDC Diabetes Interactive Atlas
Overweight/Obese youth	47.1%	39.7%	NA	Overweight or obesity prevalence among TN public school students	2019-20	Coordinated School Health
Behavioral Health						
Suicide rates	21	17	14	Number of deaths due to suicide per 100,000 population (age-adjusted).	2020	Death Statistics: VRS
Frequent mental distress	19%	17%	14%	% of adults reporting 14 or more days of poor mental health per month.	2020	Behavioral Risk Factor Surveillance System
Poor mental health days	5.6	5.0	4%	Average number of mentally unhealthy days reported in past 30	2020	County Health Rankings
Chronic Disease						
Cancer death rate	278.0	164.4	144	Number of deaths from malignant neoplasms per 100,000 population	2020	Death Statistics: VRS
Diabetes	12.0%	13.0%	9%	% of adults age 20 and over with diagnosed diabetes	2020	CDC Diabetes Interactive Atlas
Heart disease death rate	440.40	212	209.6	Number of deaths from diseases of the heart per 100,000 population	2020	2022 County Health Rankings and Kaiser Family oundation
Injury and Violence						
Injury deaths	109	100	76	# of deaths due to injury per 100,000 population	2020	CDC WONDER Mortality data
Homicides	NA	8	6	# of deaths due to homicide per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Firearm fatalities	20	19	12	# of deaths due to firearms per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Maternal and Child Health						
Neonatal Abstinence Syndrome	13 /42.4	539 / 6.6	NA	Number of reported cases / Cases per 1000 live births	2021	https://datacenter.kidscount.org/data/tables/8288-
Low birth weight	9%	9%	8.0%	% of live births with low birthweight (<2500 grams)	2020	National Center for Health Statistics - Natality files
Reproductive and Sexual Health						

2023 Claiborne County Community Health Assessment						
	Claiborne	Tennessee	United States		Year	Data Source
Sexually transmitted Infections	235	555.1	481.3	# of newly diagnosed chlamydia cases per 100,000 population	2020	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	29	27	19	# of births per 1,000 female population ages 15-19	2020	National Center for health statistics-Nativity files
HIV prevalence	50	314	380	# of persons living with a diagnosis of HIV per 100,000	2020	Kaiser Family Foundation
Substance Use and Abuse						
Alcohol impaired driving deaths	16%	23%	27%	# of driving deaths with alcohol involvement	2019	Fatality Analysis Reporting System
Excessive drinking	16%	17%	19%	% of adults reporting binge or heavy drinking	2020	Behavioral Risk Factor Surveillance system
Adult smoking	27%	20%	16%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	6,414	1,154,475	NA	Number of patients receiving opioids for pain	2021	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,040	620	NA	Number of Opioid prescriptions per 1000 population	2022	CDC.gov/drugoverdose/maps
All drug overdose deaths	9	3,814	NA	Total number of reported deaths from overdoses, *includes alcohol	2021	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	3	3,043	NA	Total number of reported deaths from opioid drug overdoses	2021	Tennessee Drug Overdose Dashboard
Non fatal drug overdoses outpatient visits	97	20,485	NA	Non fatal drug overdoses outpatient visits	2021	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	29	7,008	NA	Non fatal drug overdose inpatient stays	2021	Tennessee Drug Overdose Dashboard
COVID-19						
Leading cause of death	5th	3rd	4th	Leading causes of death	2022-April	CDC.org
Deaths from COVID-19	215	29,522	1,124,063	Total COVID-19 cases from inception through April 2023	2023-April	tn.gov/health
Number of Cases	11,366	2,539,120	103,266,404	Total COVID-19 cases from inception through April 2023	2023-April	tn.gov/health
Number of Hospitalizations	169	53,991	NA	Total COVID-19 hospitalizations from inception through April 2023	2023-April	tn.gov/health & gis.cdc.gov/grasp/COVIDNet/COVID19
Vaccinated						
% of residents with at least one dose	NA	57.8%	NA	COVID-19 vaccinations through April 2023	2023-April	https://covid19.tn.gov
% of residents who are fully vaccinated	38.9%	45.9%	NA	COVID-19 vaccinations through April 2023	2023-April	https://covid19.tn.gov
% of residents who received a booster	5.0%	6.2%	NA	COVID-19 vaccinations through April 2023	2023-April	https://covid19.tn.gov
Comparable data not found						