



2023

# Sevier County

COMMUNITY HEALTH  
NEEDS ASSESSMENT





# Special Thanks

The 2023 Sevier County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 500 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 Sevier County will require a collaborative community approach of all public health partners. LeConte Medical Center wishes to thank all involved in the 2023 Sevier County Community Health Assessment, particularly our co-partners, Sevier County Health Department and the Sevier County Health Improvement 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 Sevier County home.



# Table of Contents

4	<b>ABOUT</b>
5	<b>ASSESSMENT PERSPECTIVE</b>
6	<b>ASSESSMENT PARTNERS</b>
8	<b>OUR PROCESS</b>
10	<b>DETERMINING PRIORITIES</b>
12	<b>MOST SIGNIFICANT HEALTH PRIORITIES AND RELATED RESOURCES</b>
14	<b>SEVIER COUNTY COMMUNITY HEALTH ASSESSMENT DATA</b>
	<b>APPENDIX A - DEMOGRAPHICS</b>
	<b>APPENDIX B - LEADING CAUSES OF DEATH</b>
	<b>APPENDIX C - COMMUNITY SURVEY</b>
	<b>APPENDIX D - FOCUS GROUPS</b>
	<b>APPENDIX E - SELECT COMMUNITY HEALTH INDICATORS</b>





# About Sevier County

Sevier County, Tennessee, is known as the gateway to the Great Smoky Mountains National Park, the most visited national park in the country. It is also home to nearly 100,000 people. Located less than an hour's drive from downtown Knoxville, Sevier County includes the three most popular cities in the state: Pigeon Forge, Gatlinburg and Sevierville. Today, tourism supports the county's economy. Over 10 million visitors choose Sevier County each year to enjoy great shopping, world-class theme parks, theaters and live entertainment, local festivals and events. As of the 2020 United States census, there were 98,380 people, 37,933 households, and 26,538 families residing in the county.

Sevier County is the primary market for LeConte Medical Center, the only hospital located in the county. According to internal hospital data for 2022, 68.5% of the inpatient and 60% of outpatient encounters were residents of Sevier County.

According to the 2023 County Health Rankings Report, Sevier County is ranked among the healthiest counties in Tennessee when considering factors related to length and quality of life. Sevier County is currently ranked 22nd 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 its 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 SEVIER COUNTY IN 2020

- Diseases of the Heart
- Cancers
- COVID-19
- Accidents and Adverse Effects
- Respiratory Diseases

Did You  
Know



# Assessment Partners

The role of LeConte Medical Center in the assessment process was one of facilitation. Members of public health agencies, together with LeConte Medical Center, convened over a period of five months to complete the Community Health Needs Assessment. The target population of the 2023 assessment was Sevier 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 Steering Committee consisted of one to two members of the following organizations:

- LeConte Medical Center Chief Administrative Officer
- LeConte Medical Center Marketing Manager
- LeConte Medical Center Manager of Quality Care
- Sevier County Health Department, Director
- Sevier County Health Department Health Educators (2)
- Sevier County Health Improvement Council Chairperson
- Sevier County Office of Alcohol and Drug Programs (2)
- Sevier County Schools Director of Nurses
- Great Smokies Family Medicine
- LeConte Cardiology Associates
- Mountain Hope Clinic (2)

According to [countyhealthrankings.org](https://countyhealthrankings.org), when considering health outcomes, length of life and quality of life, Sevier County ranks among the healthiest counties in Tennessee (22nd 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.

- LeConte Medical Center Chief Administrative Officer
- LeConte Medical Center Chief Nursing Officer
- LeConte Medical Center Chief Financial Officer
- LeConte Medical Center VP of Support Services
- Sevier County Health Department Director
- Sevier County Health Department Health Educator
- Sevier County Health Improvement Council
- Sevier County Coordinated School Health
- Sevier County Office of Alcohol and Drug Programs
- Sevier County Schools Director of Nurses
- McNabb Center
- Mountain Hope Clinic (2)
- Sevier United (2)

## 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)
- Sevier County Health Department
- Tennessee Department of Public Health, Nashville

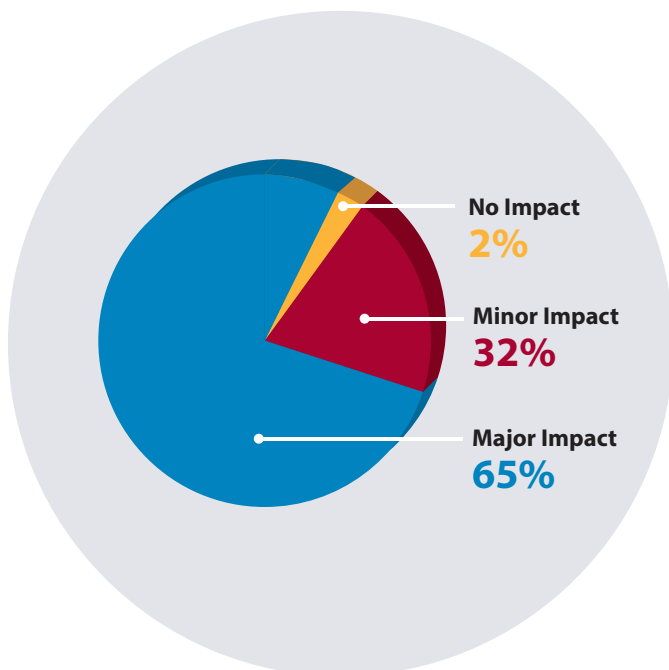


Chart shows respondents' answers to question about the impact of COVID-19 on their community.



## 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 the 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 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 could be heard.

The primary research for the assessment centered on a household survey and several focus groups. In 2023, Sevier County was coming out of three intense years of COVID-19. The Steering Committee wanted to use the community survey to gauge what impact COVID-19 had 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, 469 surveys were collected through an online link and paper surveys. Once the survey data were analyzed by UT-SWORPS, a report was provided to the Steering Committee. (See Appendix C)



**Healthy Sevier 2023!**

**What does a healthy community look like to you?**

We need YOUR input on the challenges we face in Sevier County. Go to [LeConteMedicalCenter.com/survey](https://LeConteMedicalCenter.com/survey) or scan the QR code to participate in a short and completely anonymous survey. Your answers will help us to improve the health needs of our community.

 English and Spanish Versions

 **TN** Department of Health

 **Covenant** HEALTH  
LeConte

**COMMUNITY SURVEY**



The Steering Committee was very intentional about making sure the most vulnerable groups in Sevier 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 6-8 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

- LeConte Medical Center
- Sevier County Health Department
- Sevier County Health Improvement Council
- Sevier County Family Resource Center
- Sevier County Office of Alcohol and Drug Programs
- Sevier County Schools
- East Tennessee State University
- Faith Community
- McNabb Center
- Mountain Hope Clinic
- Senior Housing Program
- Sevier United
- Sheriff's Office
- St. Mary's Legacy Clinic

For 2023, the Steering Committee elected to use the same secondary health indicators as were used in the 2020 assessment. These 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 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 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 11 MOST SEVERE PROBLEMS FACING SEVIER COUNTY BASED ON RESPONSES TO THE 2023 COMMUNITY HEALTH SURVEY:**

1. Lack of affordable housing
2. Substance abuse – drugs and alcohol
3. Affordable health care
4. Access to mental health care
5. Adult obesity
6. Skilled and work-ready workforce
7. Heart disease, stroke, high blood pressure
8. Lack of physical activity
9. Youth nicotine use
10. Youth obesity
11. 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 and add a fifth priority: transportation. 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 Sevier County and their respective local resources are as follows:

## 1. SUBSTANCE ABUSE DISORDERS

### Community Resources:

- Botvin Lifeskills Training
- Drug Court
- East Tennessee State University
- English Mountain Recovery
- House of Hope
- JourneyPure
- Kingdom Recovery Center
- Landmark Recovery
- Lifeline Coordinator
- McNabb Center
- Prevention Coordinators
- Recovery Trail
- Restoration House
- ROPES Coordinator
- Sevier County Coalition for Addiction Recovery & Education Services (CARES)
- Sevier County Schools
- Sevier County Sheriff's Office re-entry program
- Smoky Mountain Area Rescue Ministries
- Tennessee Lifeline
- True Purpose Ministry

## 2. MENTAL HEALTH ACCESS

### Community Resources:

- Camelot Care Centers
- Cherokee Health
- House of Hope
- LeConte Medical Center
- McNabb Center
- McNabb crisis and 24/7 phone lines
- Mobile Crisis
- Mountain Hope Good Shepherd Clinic
- Peninsula Behavioral Health
- Rural Medical Services
- Sevier County Health Department
- Sevier County Schools
- Tennessee Voices



### 3. ADULT AND CHILDHOOD OBESITY

#### Community Resources:

- Area churches
- Area gyms
- Boys and Girls Clubs
- McNabb Healthlink
- Parks, walking tracks, greenways
- Sevier County Community Centers
- Sevier County Food Ministry
- Sevier County Health Department
- Sevier County Health Improvement Council
- Sevier County Schools
- Walking programs
- Youth Council

### 4. HEALTH EDUCATION

#### Community Resources:

- A Step Ahead Foundation of East Tennessee
- Area medical clinics
- Coordinated School Health
- Family Resource Center
- Health fairs
- LeConte Medical Center
- Libraries
- Recreation Centers
- Sevier County Health Department
- Sevier United
- St. Mary's Legacy Clinic
- UT Extension

### 5. TRANSPORTATION

#### Community Resources:

- East Tennessee Human Resource Agency (ETHRA)
- Gatlinburg Trolley
- My Ride Sevier County
- Pigeon Forge and Sevierville Trolley



2023

# Sevier County

COMMUNITY HEALTH  
ASSESSMENT DATA

APPENDICES A-E



## APPENDIX A- Sevier County Demographics

### Sevier County Demographics

#### Population Comparison Estimates July 2019 & July 2022

Population	July 2019	July 2022
Populations estimates	98,250	99,244
Population, percent change	9.5%	1.1%
Population, Census 2010 / 2020	89,889	98,380
Age and Sex		
Persons under 5 years, percent	5.4%	5.4%
Persons under 18 years, percent	20.6%	20.3%
Persons 65 years and over, percent	19.8%	20.5%
Female persons	51.1%	50.4%
Race and Hispanic Origin		
White alone, percent	95.2%	94.5%
Black or African American, percent	1.3%	1.6%
American Indian, and Alaska native	0.6%	0.7%
Asian, percent	1.3%	1.4%
Two or more races, percent	1.5%	1.7%
Hispanic or Latino percent	6.3%	7.1%
White alone, not Hispanic or Latino	89.7%	88.5%

Source: [www.census.gov/quickfacts/fact/table/seviercountytennessee](https://www.census.gov/quickfacts/fact/table/seviercountytennessee)

## APPENDIX B – 2020 Sevier County Mortality Data

### 2020 Top 10 Leading Causes of Death in Sevier County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the Heart	286	288.2
2. Malignant Cancers	251	252.9
3. COVID-19	85	85.7
4. Accidents and Adverse Effects	84	84.6
5. Chronic Lower Respiratory Diseases	71	71.5
6. Alzheimer's Disease	53	53.4
7. Cerebrovascular Disease	40	40.3
8. Diabetes	37	37.3
9. Suicide	26	26.2
10. Chronic Liver Disease and Cirrhosis	25	25.2

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

### Sevier County Community Health Assessment 2023

#### Community survey responses



**464**

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)
Lack of affordable housing	82.3%	43.1%	3.6
Substance abuse – drug, alcohol	73.9%	23.9%	3.6
Affordable healthcare	67.1%	18.1%	3.1
Access to mental health care (anxiety and depression)	67.0%	34.1%	3.7
Adult obesity	62.8%	10.1%	3.3
Skilled and work ready workforce	62.0%	12.5%	3.6
Heart disease, stroke, high blood pressure	60.3%	3.9%	3.1
Lack of physical activity	59.3%	2.6%	3.2
Youth nicotine use (smoking, vaping, smokeless)	57.7%	10.6%	3.1
Youth obesity	56.8%	12.7%	3.2
Affordable dental care	56.7%	8.8%	2.7
Child abuse or neglect	56.0%	8.6%	3.1
Domestic violence – child or adult	53.8%	6.5%	3.2
Reliable and affordable transportation	53.5%	9.1%	3.0
Diabetes	53.2%	4.7%	2.8
Cancer	52.4%	6.5%	2.6
Distracted driving	52.3%	5.0%	2.4
Adult nicotine use (smoking, vaping, smokeless)	51.9%	3.9%	3.0
Babies born drug dependent	49.0%	3.9%	2.7
Bullying – physical, emotional and cyber	49.0%	6.5%	3.1
Unhealthy relationships	46.2%	1.7%	3.0
Knowledge of community resources	45.6%	2.8%	2.8
Asthma, COPD and other respiratory diseases	43.8%	0.6%	3.3
Dementia or Alzheimer's disease	43.3%	3.4%	2.6
Suicide	42.8%	5.2%	3.4
Elder abuse – physical or financial	42.5%	1.9%	3.0
Year-round employment	40.9%	4.7%	3.1
Knowledge about healthy choices and behaviors	38.5%	1.5%	2.8
Teen pregnancy	29.6%	0.6%	2.7
Babies not living to their first birthday	14.1%	0.4%	2.1
Least Severe Problem			



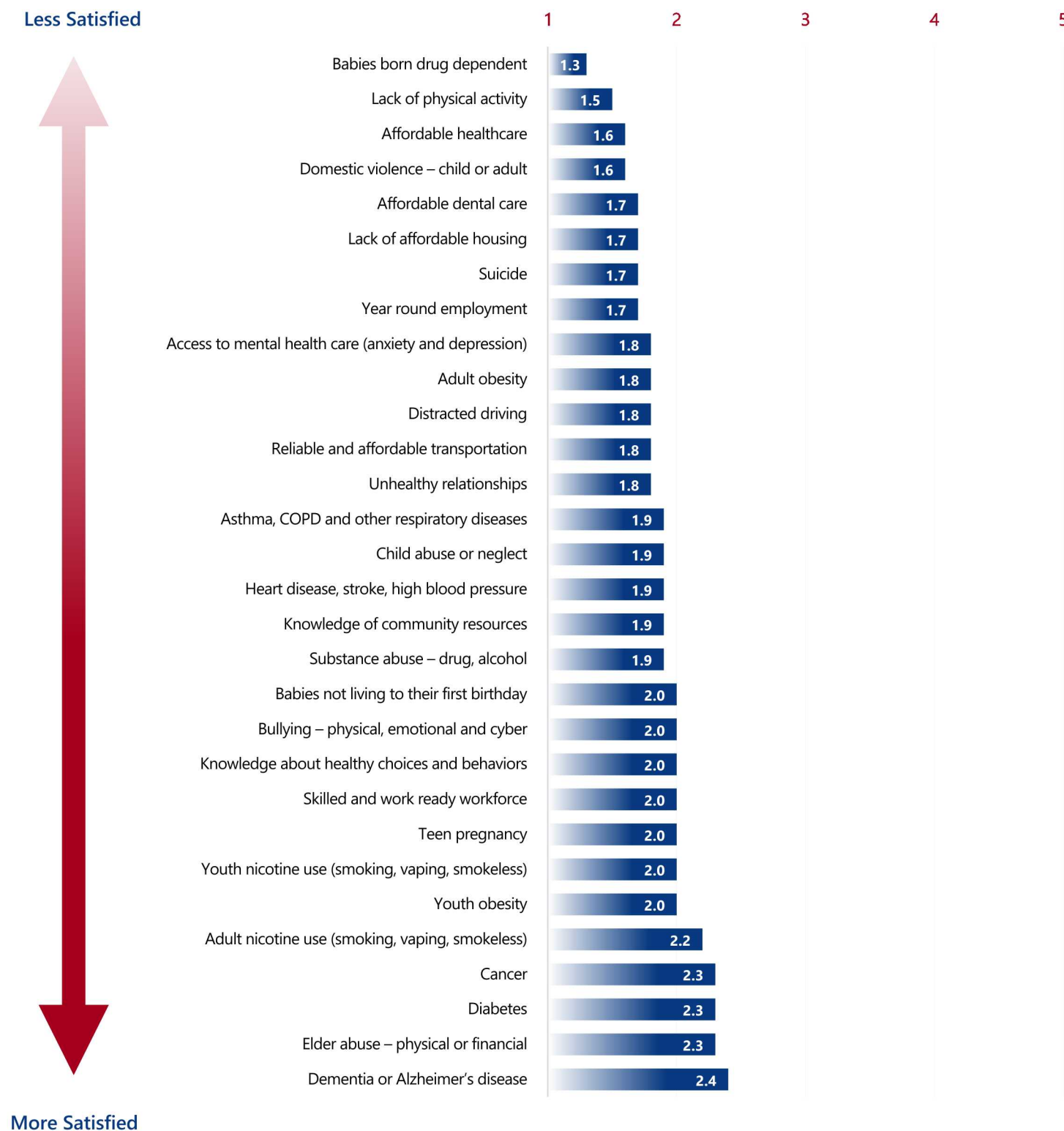
# Sevier County Community Health Assessment 2023

## Issues ranked by COVID-19 influence

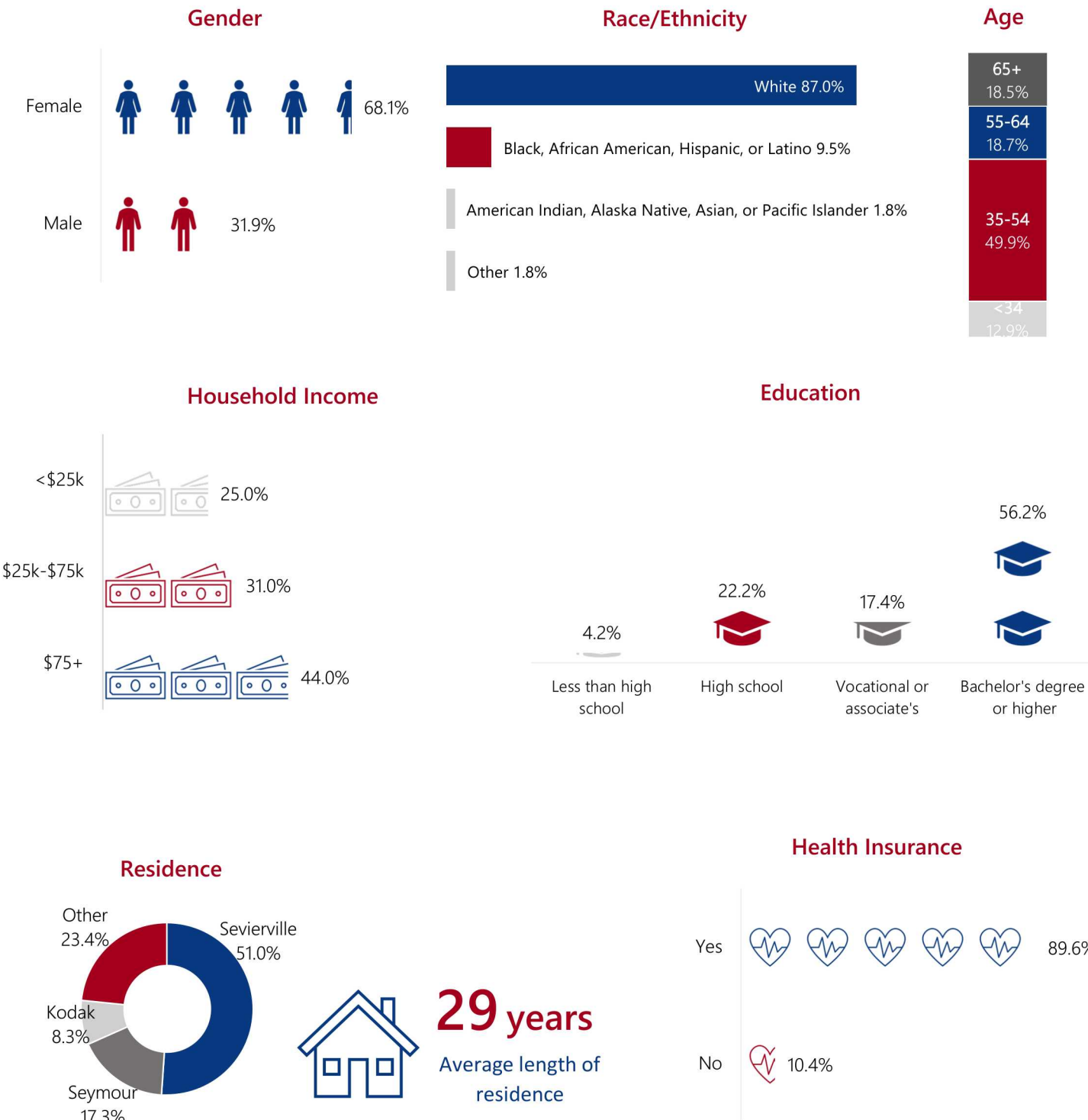
Top 10 issues identified as a major problem are highlighted.

Most Severe Problem		Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
	Access to mental health care (anxiety and depression)	67.0%	34.1%	3.7
	Substance abuse – drug, alcohol	73.9%	23.9%	3.6
	Lack of affordable housing	82.3%	43.1%	3.6
	Skilled and work ready workforce	62.0%	12.5%	3.6
	Suicide	42.8%	5.2%	3.4
	Asthma, COPD and other respiratory diseases	43.8%	0.6%	3.3
	Adult obesity	62.8%	10.1%	3.3
	Lack of physical activity	59.3%	2.6%	3.2
	Youth obesity	56.8%	12.7%	3.2
	Domestic violence – child or adult	53.8%	6.5%	3.2
	Child abuse or neglect	56.0%	8.6%	3.1
	Affordable healthcare	67.1%	18.1%	3.1
	Bullying – physical, emotional and cyber	49.0%	6.5%	3.1
	Year-round employment	40.9%	4.7%	3.1
	Youth nicotine use (smoking, vaping, smokeless)	57.7%	10.6%	3.1
	Heart disease, stroke, high blood pressure	60.3%	3.9%	3.1
	Reliable and affordable transportation	53.5%	9.1%	3.0
	Adult nicotine use (smoking, vaping, smokeless)	51.9%	3.9%	3.0
	Unhealthy relationships	46.2%	1.7%	3.0
	Elder abuse – physical or financial	42.5%	1.9%	3.0
	Diabetes	53.2%	4.7%	2.8
	Knowledge about healthy choices and behaviors	38.5%	1.5%	2.8
	Knowledge of community resources	45.6%	2.8%	2.8
	Affordable dental care	56.7%	8.8%	2.7
	Babies born drug dependent	49.0%	3.9%	2.7
	Teen pregnancy	29.6%	0.6%	2.7
	Cancer	52.4%	6.5%	2.6
	Dementia or Alzheimer's disease	43.3%	3.4%	2.6
	Distracted driving	52.3%	5.0%	2.4
	Babies not living to their first birthday	14.1%	0.4%	2.1
Least Severe Problem				

## Satisfaction with current efforts to address problem



Who responded to our community survey?





## 2023 Sevier County Focus Group Report

Four focus groups were completed with Sevier County community leaders for the Sevier County Community Needs Assessment. The purpose of the focus groups was to reassess the health issues identified in 2020 facing residents of Sevier County, especially residents from vulnerable populations; to identify how 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 identify additional community health needs. A total of 23 people participated in these focus group discussions, and over two-thirds did not participate in the 2020 focus groups. 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?

Focus groups gave grades ranging from A to F for mental health and efforts to address it. The most frequently mentioned grade was C. Participants said that while the county has great resources and has made efforts to obtain more, there is not enough capacity within current mental health services to address the level of demand. There is mental health outreach and education taking place, but those initiatives are limited by the shortage of resources in the county. Participants shared that there are long waitlists for mental health appointments, and that some appointments may be scheduled out months or even years despite an increase in the number of counselors and therapists in the county. Resources are mostly concentrated in Sevierville and Seymour, so residents of Gatlinburg and rural areas of the county have poor access to mental health services, especially if they do not have reliable transportation. Discussions highlighted that adults seem to have better access to mental health resources and appointments than youth. Focus group participants representing the county's migrant populations said that migrant children face challenges to their mental health at school, like lack of acceptance and bullying. Migrants face language and insurance barriers, and without insurance, resources are difficult to access, especially for those who are not United States citizens. Participants' responses to mental health efforts can be summed up as, *"I just don't think there's enough [mental health resources] out there for everyone in the community."*

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

Focus groups said that COVID-19 negatively impacted mental health by increasing isolation, and they stated that youth were particularly affected. Those representing the migrant populations said that online school was an added stressor because the virtual platforms were new and challenging for families. COVID-19 led to a rise in telehealth and other innovative ways of meeting with clients and providing outreach in the county, but older adults, Hispanic populations, and rural areas may not

have equitable access to telehealth services. Some said that COVID-19 increased funding for mental health, and that organizations increased education about mental health because they knew it was a rising concern, but resources are still limited. Participants noted that the pandemic increased stressors, especially for migrants, as some had no food, work, or income to survive, and they were not eligible for the tax incentives resulting from the pandemic. It was also noted that domestic violence and child abuse increased, and that there were fewer ways to check in on children, which minimized safety and advocacy efforts.

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

• Helen Ross McNabb	• Mountain Hope Good Shepard Clinic	• Cherokee Health
• Peninsula	• Mobile Crisis	• McNabb crisis and 24/7 phone lines
• Camelot Care Centers	• Tennessee Voices	• Hospitals
• Schools	• Health Department	• House of Hope
• Rural Medical Services	•	•

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

Focus groups said that organizations share information and educate the community, but understaffing is a barrier to accessing mental health resources. Some said that there has been an increase in funding to hire additional staff, but there are not enough people to fill the vacancies. It was also noted that several professionals have left their positions at organizations for private practice, which pays a better wage. Between understaffing and a high demand for mental health care, some organizations are not taking on new patients because they are full, and resources are coming in from other counties to help fill the need. Participants highlighted that the high demand for mental health care will likely continue to grow due to the increase in threats at schools and other social issues taking a toll on peoples' mental health. It was pointed out that the county would benefit from a mental health crisis unit, and while the county has a mobile stabilization unit, long-term care options are needed. Some also highlighted that the county lacks appropriate places to send people experiencing mental health issues. Specifically, people who arrive at an emergency department in crisis lack places to go for treatment, and people are being incarcerated because they lack access to mental health resources or are unable to access resources on their own. Focus groups noted that many people in the county lack transportation to get to available

resources, and that care is difficult to access without insurance. There is a need for more on-site resources in schools and workplaces, and employers should address stigma associated with using employee assistance programs. Participants highlighted the need for more mental health resources for older adults as well as the potential for abuse or lack of care, as some older adults face increasingly complex mental health concerns in combination with other health issues like dementia. Participants said that some, but not all, mental health organizations have interpreters; however, the county lacks Spanish-speaking counselors and there is a general need for more bilingual staff. Furthermore, there is a need for more education on migrant assimilation within the community and in schools to help support understanding of cultural differences. There is also a need for more counselors and therapists who have a better understanding of other cultures and encourage cultural awareness and responsiveness.

## Adult and Childhood Obesity

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

Focus groups gave grades ranging from A to F for adult and childhood obesity and efforts to address it. The most frequent grade given was D. Participants said that initiatives like Community Center expansion and the addition of greenways to the county have helped improve this issue, but people generally seem to be unaware of efforts and opportunities available to them. Those working in clinics said that obesity is frequently an issue they see and that they offer nutrition classes and walking clubs. It was noted that schools are doing what they can to address obesity and that the school system is forming a physical education advisory council to help provide physical education teachers with resources and classroom teachers with ways to include physical activity in lessons. Some participants also said it would be beneficial to help youth understand why they are being educated about behaviors associated with their health and how it will impact their long-term health. The health department works with schools to promote health, and they offer programs to the community to address diabetes prevention, heart health, and healthy eating. While focus groups highlighted the importance of education, they also acknowledged that eating healthy and accessing physical activity opportunities can be costly, and unhealthy options are often more affordable. Undereating is also a concern, as some students cannot pay for their school food accounts and go without eating. It was noted that this can cause unhealthy food behaviors that lead to a need for therapist intervention and for more therapists who specialize in eating disorders. Focus group participants representing the county's migrant populations said that culturally appropriate food distribution is lacking, and while some organizations try to include culturally appropriate foods when available, there is a need for more Spanish foods and preferences like grains and items that are not canned. Participants' thoughts on adult and childhood obesity can be summed up as, *"We're giving it a good shot, but I would say that we're not there yet. Obesity is a problem in several different health areas, so it would be great to have a better handle on it."*

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

Focus groups said that COVID-19 limited organizations' abilities to address obesity. The health department and other agencies had to focus on the pandemic, making it harder to address other health initiatives. COVID-19 caused education and appointments to go to virtual platforms, and not seeing patients in person led people to follow though less frequently with health recommendations. Participants felt it was harder to show people how to do activities and make connections through virtual programs. People were generally less active at the height of the pandemic, which may have increased the prevalence of obesity, while others who had access to resources may have benefitted from cooking more at home and getting more rest. Focus groups shared that the pandemic impacted access to food and that there were more requests for hot meals. Participants also said the pandemic highlighted that it is difficult to address obesity when you have little control over the food you can access.

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

• Community Centers	• Parks, walking tracks, greenways	• Churches
• Health Department	• Walking program	• Boys and Girls Clubs
• Schools	• WIC	• Health Council
• McNabb Healthlink	• Sevier County Food Ministry	• Youth Council
• Gyms		

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

Focus groups said that the county has Community Centers in each major city, as well as several workout facilities and new walking trails at Mills Park. However, several barriers to accessing these resources were discussed, such as cost and transportation. Some said the county needs more sidewalks to promote walkability and that bike lanes would be beneficial if there were effective barriers between cars and the people biking. Rural areas may have a harder time accessing resources in the larger cities and the Kodak area in particular lacks access to low-cost physical fitness opportunities. Participants shared that churches often act as a community center in rural areas and that there may be room for partnership and growth between churches and health organizations to offer health promotion and fitness opportunities to rural residents. Several organizations said they offer education and fitness classes, and that people seem to want structure and support to address challenges and meet their goals. However, understaffing makes it difficult to fully implement educational efforts. Participants mentioned that youth have access to health programs through places like the Boys and Girls Clubs as well as school, but schools are limited in the amount of time they are given for student physical education. The need



for better nutrition standards in foster homes was also emphasized. Focus groups said there is a need for more food pantries and healthy food options, especially in rural areas, and that the county would benefit from offering bilingual health classes.

## Substance Abuse

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

Focus groups gave a grade of C and F to substance abuse and efforts to address it. Participants said that local organizations are doing all they can to address substance abuse, but the problem is growing too rapidly to control. Understaffing impacts the amount of treatment and education that can be offered. There has been an increase in substance abuse in high schools, and vaping is on the rise among youth. Participants shared that the average age of first substance use in Sevier County is 10.5 years, which is younger than the national average. Prevention education is taking place in schools, and a class is being developed with the juvenile court system for youth with a substance use offence. However, some said they would like to see more preventative education in elementary schools and awareness education for families with children. Organizations in the county offer training, education, Narcan and fentanyl test strip distribution, and connection to treatment. The County Mayor's Office has allocated resources and staff to address substance abuse through the Sevier County Office of Alcohol and Drug Programs. Through this office, as well as the Coalition for Addiction Recovery & Education Services (CARES), the county provides substance abuse education; referral to substance abuse treatment and mental health resources; and peer counseling. CARES also helps coordinate organizations supporting substance abuse prevention and treatment in both government and private sectors. Participants said that a large portion of the people seeking substance abuse treatment are court ordered, and some intensive outpatient groups are only available for those who have insurance or have been court ordered due to grant restrictions. Many substance abuse treatment resources are only available outside of the county, which makes quickly addressing substance abuse issues difficult. Participants' comments on substance abuse can be summed up as, *"I think we're trying to meet the need, but it's a slippery slope in substance abuse. There're so many areas we could improve on, but we're doing our best."*

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

Focus groups emphasized the connection between the isolation, stress, and boredom caused by COVID-19 and the increase in mental health issues and substance abuse as a coping mechanism. Participants said that the pandemic hindered efforts to address substance abuse, and the amount of understaffing since the pandemic started has made it difficult to provide community-wide education. COVID-19 caused organizations to offer services remotely and community events that were typical outlets for prevention education were closed.

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

• Restoration House	• Smoky Mountain Area Rescue Ministries	• Landmark Recovery
• Botvin LifeSkills Training	• Helen Ross McNabb	• ROPES Coordinator
• Lifeline Coordinator	• Prevention Coordinator	• JourneyPure
• Tennessee Lifeline	• Sevier County Coalition for Addiction Recovery & Education Services (CARES)	• Drug court
• True Purpose Ministry	• English Mountain Recovery	• House of Hope
• Schools	• Kingdom Recovery Center	• Recovery Trail
• East Tennessee State University (ETSU)	• Sevier County Sheriff's Office reentry program	•

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

Focus groups said they would like to see more partnerships between substance abuse treatment resources and faith-based entities. Faith-based leaders may be unaware of potential partnerships and may benefit from having a community resource list available to them. The county now has a few inpatient options, but most people are still sent out of the county for treatment, and treatment can be difficult to access without insurance. Focus groups also noted that both substance abuse and mental health resources for the homeless population are lacking and that community acceptance of rehabilitation efforts could be improved. Some also pointed out that improving efforts to provide the appropriate treatment resources helps reduce recidivism. Participants shared that they would like to see efforts to collect county-specific substance abuse data. Schools are doing what they can to address tobacco use and vaping, but businesses need to be held accountable for selling substances to underage people. Focus group participants representing the county's migrant populations said that access to substance abuse treatment is limited to begin with, and language and cultural barriers make it even harder for migrants to access. Organizations can usually get an interpreter but bilingual counselors for intensive outpatient groups are difficult to find.

## Health Education

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

Focus group participants gave grades ranging from A to C for health education and efforts to address it. Overall, participants said that county efforts to provide health education were strong, as many organizations are providing outreach, literature, and resources on health topics. Some raised concern

over youth physical and health education and said it would be beneficial to have more time in schools dedicated to health education. Outreach and education are limited for some organizations due to funding constraints. Focus group participants representing the county's migrant populations said that people move here from different cultures and ways of living and are therefore accustomed to different health practices. Participants said organizations need to be more willing to reach out to these families without fear of offending them, stating that it is not about asking people to change their culture, but to bring awareness to health practices in the United States and helping people understand societal rules or expectations.

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

COVID-19 changed the priorities of health education which impacted the level of information being shared about other health topics. Participants shared that the pandemic made it difficult to conduct health fairs, and preventative health screenings that used to be offered more frequently at health promotion events have decreased due to understaffing. It has been difficult to re-start health initiatives since the pandemic, and funding as well as staff turnover determines the number of services that can be offered.

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

• Health Department	• Family Resource Center	• Schools (Coordinated School Health)
• Hospitals	• Health Fairs	• UT Extension
• Clinics	• Libraries	• Recreation Centers
• Sevier United	• A Step Ahead Foundation of East Tennessee	• St. Mary's Legacy Clinic

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

Focus groups said there are many organizations offering community health education, and that schools benefit from having Coordinated School Health. However, some said they would like to see stronger health education for students because educating children at school can lead to transmission of knowledge from youth to parents and families. Organizations are being affected by staff retiring without replacements, staff turnover, and lack of funding, which negatively impacts continuity and momentum of health education efforts.

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. Participants emphasized that cost of living and affordable housing are growing issues and that public transportation for residents of the county needs to improve, as most of the current public transportation serves the tourism industry. It was suggested that the county look proactively at how other communities with growing tourism have managed significant industrial growth while also supporting and providing for community needs. It was also suggested that there needs to be an increase in shelter options for individuals who are homeless, and it was pointed out that the 2016 fires caused a large loss of rental units that were never replaced, prompting rent prices to drastically increase. People may also move to the area because of tourism jobs but cannot find a place to live, which can lead to too many people living in the same space, causing unsafe conditions. Some shared their concern about the growing number of older adults raising their grandchildren and the isolation and reliance on limited public assistance experienced by many in older adulthood. Participants also noted that childcare is becoming increasingly expensive and has long waitlists. Focus groups discussed the rising cost of health care and the lack of specialists in the county, and again shared the need for more bilingual staff and interpreters to support quicker access to health care. Some noted the need for safe places for people to go who are trying to escape domestic violence or human trafficking, and that educating the community on the signs of human trafficking would be beneficial. Participants also raised concern about the overwhelmed foster care system and said that there is a need for more foster homes. Those representing the migrant populations said that an increase in Hispanic families in the area has led to an increase in the number of Hispanic children in the foster care system whose families may not understand what is happening, causing trauma for children and parents. Some also said that there may need to be more education efforts among migrant populations on the misconceptions about giving birth in the United States and gaining citizenship, as well as trying to sell children. Participants representing the migrant populations said that noncitizens lack access to contraception and family planning, women's health, and other health care, and out of pocket options are too expensive. Some services require a verifiable social security number, and clinics that have fewer requirements are already overwhelmed. Noncitizens who need free or low-cost family planning services now must travel to Newport to access birth control through the Step Ahead Foundation, which can also provide transportation to Newport. However, many Sevier County migrants are unaware of this resource. People are putting off care due to limited access and this causes health issues to worsen and become a crisis that poses greater burdens on places like emergency departments.



APPENDIX E - Select Secondary Health Statistics						
2023 Sevier County Community Health Assessment						
	Sevier	Tennessee	United States		Year	Data Source
<b>Community Drivers of Health</b>						
Unemployment rate	3.9%	4.3%	3.5%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
Graduated high school	87%	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	18.8%	31%	54%	% of persons 25 age years+ with Bachelor degree or higher	2021	U.S. Census Bureau
Poverty rate (all residents)	13.2%	15%	11.6%	% of residents living in households who's income does not cover basic needs	2021	United States Census
Children in poverty	19%	21%	17.0%	% of children under 18 in poverty	2021	American Community Survey
Children in single-parent homes	23%	28%	25%	% of children that live in a household headed by single parent	2021	American Community Survey
Hispanic and latino population	7.1%	6.1%	19.0%	% of the population identifying as hispanic or latino	2022	U.S. Census Bureau
Severe housing cost burden	9%	11%	14%	% of households that spend 50% or more of their income on housing	2021	American Community Survey
Median household income	\$51,800	\$59,700	\$69,700	Median household income	2021	U.S. Census Bureau
<b>Access to Healthcare</b>						
Adults without health insurance	21.0%	15%	12%	% of population under age 65 without health insurance	2020	U.S. Census Bureau
Children without health insurance	7%	6%	5%	% of children under age 19 without health insurance	2020	County Health Rankings 2022
Mental health providers	1,310:1	560:1	340:1	ratio of population to mental health providers	2022	CMS, National Provider Identification file
Primary care physicians	2,920:1	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	690:1	600:1	810:1	ratio of population to other non physician primary care providers	2022	County Health Rankings 2022
Dental providers	2,690:1	1,790:1	1,380:1	ratio of population to dentist	2022	County Health Rankings 2022
Immunizations						
Flu vaccine rate elderly	49.0%	52%	51%	% of Medicare enrollees that had an annual flu vaccination	2020	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	48.2%	51.3%	NA	Vaccine rates: 24 months	2022	Immunization Status Survey of 24 month children
Households with Broadband Internet	82%	84.0%	87.00%	% of households with broadband internet subscription	2021	U.S. Census Bureau
<b>Active and Healthy Living</b>						
Life expectancy	75.4	75.3	78.5	Average number of years a person can expect to live	2020	<a href="http://www.cdc.gov/nchs/fastats/life-expectancy.htm">www.cdc.gov/nchs/fastats/life-expectancy.htm</a>
Physical inactivity	27%	24%	22%	% of adults age 20 and over reporting no leisure time physical activity	2020	CDC Diabetes Interactive Atlas
Access to exercise opportunities	65%	68%	84%	% of population with adequate access for physical activity	2022	2022 County Health Rankings
Food Insecurity	15%	13%	12%	% of population who lack adequate access to food	2020	2022 County Health Rankings
Limited access to healthy food	8%	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%	32%	% of adults that report a BMI> 30	2020	CDC Diabetes Interactive Atlas
Overweight/Obese youth	38.2%	39.7%	NA	Overweight or obesity prevalence among TN public school students	2019-20	Coordinated School Health
<b>Behavioral Health</b>						
Suicide rates	23	17	14	Number of deaths due to suicide per 100,000 population (age-adjusted).	2020	Death Statistics: VRS
Frequent mental distress	18%	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	5.1	5.0	4%	Average number of mentally unhealthy days reported in past 30	2020	County Health Rankings
<b>Chronic Disease</b>						
Cancer death rate	252.9	164.4	144	Number of deaths from malignant neoplasms per 100,000 population	2020	Death Statistics: VRS
Diabetes	11%	13%	9%	% of adults age 20 and over with diagnosed diabetes	2020	CDC Diabetes Interactive Atlas
Heart disease death rate	288.2	212	209.6	Number of deaths from diseases of the heart per 100,000 population	2020	2022 County Health Rankings and Kaiser Family oundation
<b>Injury and Violence</b>						
Injury deaths	111	100	76	# of deaths due to injury per 100,000 population	2020	CDC WONDER Mortality data
Homicides	1	8	6	# of deaths due to homicide per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Firearm fatalities	17	19	12	# of deaths due to firearms per 100,000 population	2020	FBI-gov/crime-in-the-usa.
<b>Maternal and Child Health</b>						
Neonatal Abstinence Syndrome	15 / 14.0	559 / 6.6	NA	Number of reported NAS cases / Number of NAS cases per 1,000 live births	2021	<a href="https://datacenter.kidscount.org/data/tables/8288-">https://datacenter.kidscount.org/data/tables/8288-</a>
Low birth weight	8%	9%	8%	% of live births with low birthweight (<2500 grams)	2020	National Center for Health Statistics - Natality files
<b>Reproductive and Sexual Health</b>						
Sexually transmitted Infections	316	555.1	481.3	# of newly diagnosed chlamydia cases per 100,000 population	2020	National Center for HIV/AIDS, Viral Hepatitis/STD

2023 Sevier County Community Health Assessment						
	Sevier	Tennessee	United States		Year	Data Source
Teen births	30	27	19	# of births per 1,000 female population ages 15-19	2020	National Center for health statistics-Natality files
HIV prevalence	145	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	22%	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	23%	20%	16%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	18,042	1,154,475	NA	Number of patients receiving opioids for pain	2022	Tennessee Drug Overdose Dashboard
Opioid prescriptions	588	620	NA	Number of Opioid prescriptions per 1000 population	2022	CDC.gov/drugoverdose/maps
All drug overdose deaths	72	3,814	NA	Total number of reported deaths from overdoses, *includes alcohol	2022	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	62	3,043	NA	Total number of reported deaths from opioid drug overdoses	2022	Tennessee Drug Overdose Dashboard
Non fatal drug overdoses outpatient visits	304	20,485	NA	Non fatal drug overdoses outpatient visits	2022	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	65	7,008	NA	Non fatal drug overdose inpatient stays	2022	Tennessee Drug Overdose Dashboard
COVID-19						
Leading cause of death	3rd	3rd	4th	Leading causes of death	2020	CDC.org
Deaths from COVID-19	454	29,522	1,124,063	Total COVID-19 cases from inception through April 2023	2023-April	tn.gov/health
Number of Cases	36,998	2,539,120	103,266,404	Total COVID-19 cases from inception through April 2023	2023-April	tn.gov/health
Number of Hospitalizations	542	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		57.8%	NA	COVID-19 vaccinations through April 2023	2023-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
% of residents who are fully vaccinated	44.1%	45.9%	NA	COVID-19 vaccinations through April 2023	2023-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
% of residents who received a booster	5.3%	6.2%	NA	COVID-19 vaccinations through April 2023	2023-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
Comparable data not found						