

Roane County

COMMUNITY HEALTH NEEDS ASSESSMENT



Covenant Health Roane
Roane County Health Department

2025

Photo Source: Covenant Health Roane



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Perspective/Overview

ABOUT COVENANT HEALTH ROANE

Located in Harriman, Tennessee, Covenant Health Roane is making first-rate healthcare local, accessible, and welcoming. Our team is committed to treating each patient with the careful attention and expertise they deserve.

In 2008, Covenant Health Roane joined Covenant Health, becoming the sixth acute-care hospital in the organization (which now includes nine acute-care hospitals). In 2013, Covenant Health Roane opened a new hospital facility in Harriman. The hospital featured expanded surgical and imaging services, emergency facilities, and patient amenities, and was Covenant Health's first totally "wired" hospital.

As a member of Covenant Health's non-profit integrated healthcare delivery enterprise, our mission is to serve our community by improving the quality of life through better health. When members of our community need support on their healthcare journey, Covenant Health Roane provides convenient, comprehensive treatment and resources.

Covenant Health Roane is dedicated to providing cutting-edge healthcare services. Our facility employs highly trained staff and advanced technologies to offer medical, surgical, emergency, and critical care services. Covenant Health Roane also offers diagnostic imaging, rehabilitation programs, cardiac and pulmonary support, women's services, sleep clinics, and more. We are proud to serve our community with high-quality care, close to home.

Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and provides an open and transparent process to listen and truly understand the health needs of Roane County, Tennessee.

The Action Cycle shows how to create healthy communities. The metrics later in this document assist in understanding the many aspects of a healthy community.

2025 Community Health Needs Assessment

COLLABORATORS

Covenant Health Roane, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based in Nashville, Tennessee, provided analysis of community health data, facilitated the focus groups, and analyzed the survey. StrategyHealth also facilitated a community health summit to receive input regarding priorities and to brainstorm goals and actions the community could take to improve health.

Covenant Health Roane and Roane County Health Department were partners in the Community Health needs Assessment.

MAKING THE CHNA WIDELY AVAILABLE TO THE PUBLIC

Starting on **December 15, 2025**, this report is made widely available to the community via Covenant Health Roane's website <https://www.covenanthealth.com/roane/chna/>. Paper copies are available free of charge at Covenant Health Roane, 8045 Covenant Health Roane Drive., Harriman, TN 37748 or by phone, 865-316-1000.

BOARD APPROVALS

- As delegated by the board, Covenant Health's Executive Leadership Team approved this assessment on **December 10, 2025**.

Roane County's population in 2024 was 54,496.

The population of Roane County is projected to increase 1.2% from 2024 to 2029. Tennessee is projected to increase 3.6%.

The U.S. is projected to increase 1.9%.



Key Findings

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants’ prioritization exercise, the steering committee selected the following as the most significant health needs in Roane County for the next three years. A complete summary of findings with prioritization criteria is on page 33.

1. Healthy eating/active living and education to prevent chronic diseases such as diabetes, heart disease, and cancer
2. Mental/behavioral health
3. Substance use disorder
4. Increase access to care
 - Transportation
 - Primary care
 - Subspecialists
 - Dental resources
5. Safe, affordable housing
6. Poverty, living wages

(Focus on caring for the unhoused population throughout these priorities.)

Community Input and Collaboration

METHODS AND TIMELINE

In February 2025, the partners began a Community Health Needs Assessment for Roane County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred January through April 2025.
- A steering committee made up of community stakeholders was formed and met on July 17, 2025, to plan, implement, and finalize the CHNA process. They also met on August 25, 2025, to finalize the list of most significant health priorities.
- A data committee was formed from the steering committee to review the secondary data and focus group results prior to the summit. They met on July 28, 2025.

- Community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on July 17, 2025.
- An online survey of community members was conducted July 11 through August 1, 2025.
- A Community Health Summit was conducted on August 5, 2025, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

PARTICIPANTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Twenty-four individuals from 18 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Roane County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities. In some cases, several representatives from each organization participated.

Participants

Organization	Represented	Participation
Tennessee College of Applied Technology (TCAT)	Students, young adults	Focus Group, Summit
Michael Dunn Center	Children and adults with developmental disabilities	Focus Group, Summit
United Way	All	Focus Group, Summit
Mid-east Community Action Agency	Low income, seniors, children	Focus Group
Roane County Youth Leadership and TACL Board Member	Youth, All	Focus Group
Roane County Anti-Drug Coalition	All, Substance use disorder	Focus Group, Summit
Roane County Health Department	All	Focus Group, Summit
Covenant Health Roane	All	Focus Group, Summit
Covenant Health	All	Focus Group, Summit

Input From Medically Underserved, Low-Income, and Minority Populations

Input from medically underserved, low-income and minority populations was received through the focus groups, community survey, and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The community survey represented various facets of the community..

Input From Those With Expertise in Public Health

The Roane County Health Department Director, Laura Conner, was a key participant serving on the steering committee and the data committee, and attending the focus group and the summit. The Health Department was involved in creating the community needs list and prioritizing the most significant community needs.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Covenant Health Roane did not receive any written comments regarding its 2022 CHNA or implementation strategy.

Process and Methods Used

COMMUNITY SELECTED FOR ASSESSMENT

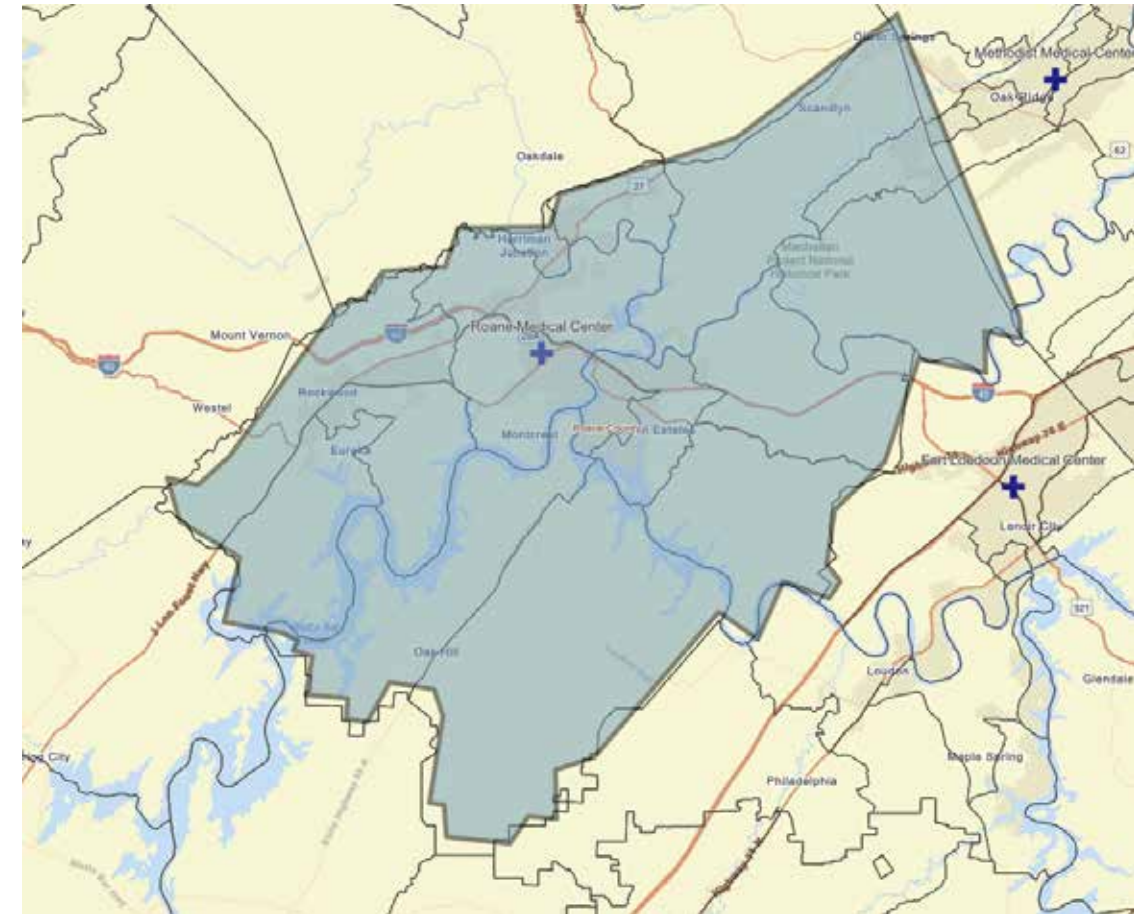
Roane County was the primary focus of the CHNA based on the service area of Covenant Health Roane. As the study area, Roane County provided 80% of inpatient discharges from January 1, 2024, through December 31, 2024. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Covenant Health Roane draws patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Covenant Health Roane’s Financial Assistance Policy.



The rate of poverty in Roane County was 13.4% which was slightly lower than TN (13.5%) and higher than the U.S. (11.5%). The percent of asset-limited, income-constrained, and employed (ALICE) households in Roane County was 28%, which was lower than TN at 30% and the U.S. at 29%.

CHNA STUDY AREA – 2025



DATA AND OTHER INFORMATION USED IN THE ASSESSMENT

Primary methods included:

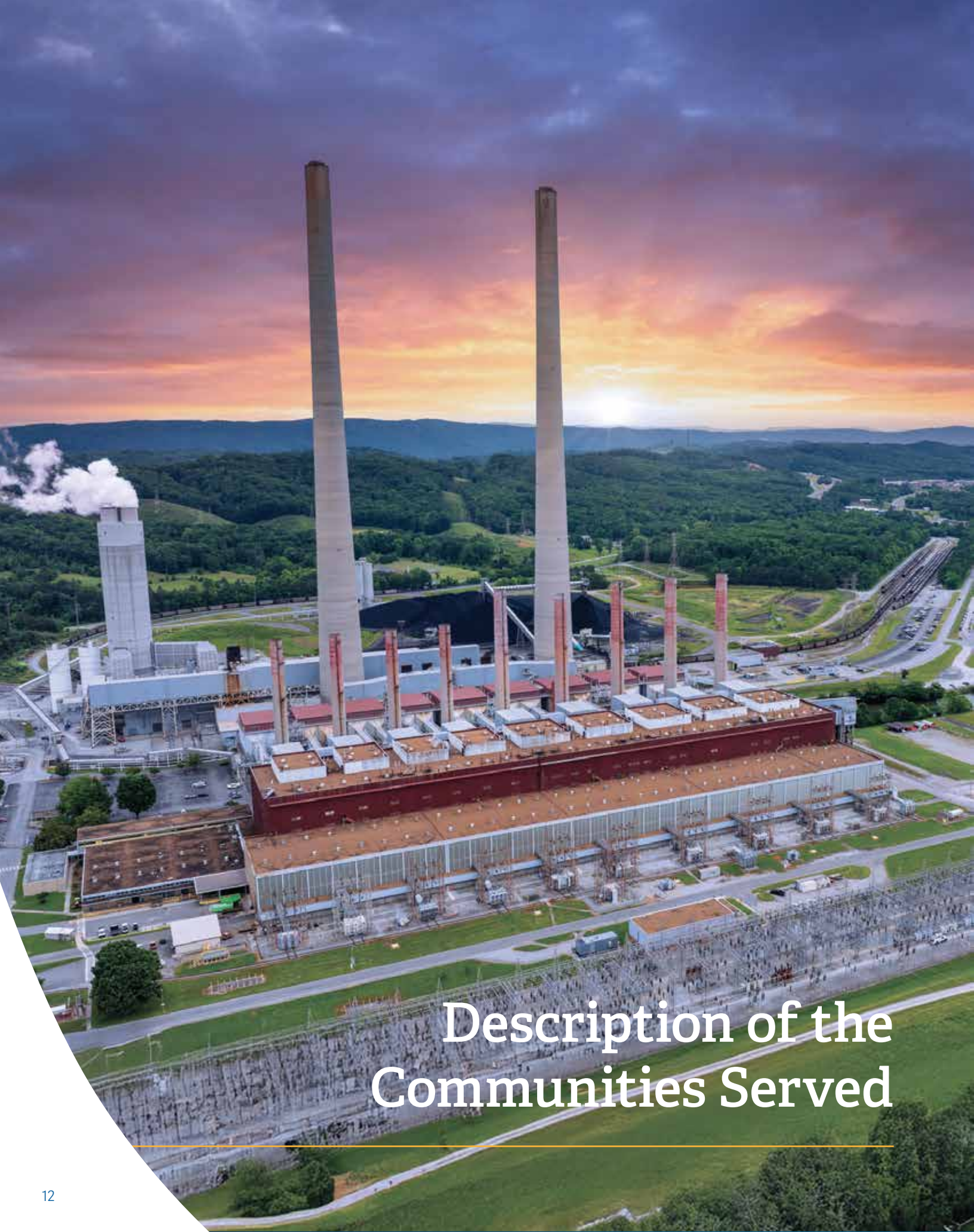
- Focus groups with community members and stakeholders
- Online community survey
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community’s health needs.



Description of the Communities Served

Demographic Indicators

The following tables and graphs summarize the demographics of Roane County compared to Tennessee and the U.S.

	Roane County	TN	USA
Population 2024	54,493	7,204,409	338,440,954
Population 2029	55,141	7,465,737	344,873,411
% Population Change 2024-2029	1.2%	3.6%	1.9%
Percent of Population Over 65	25.4%	18.3%	18.1%
Percent of Population Under 18	18.7%	21.3%	21.0%
Percent of Population 18-64	55.9%	60.4%	60.8%
Racial and Ethnic Makeup			
Non-Hispanic White	89.3%	70.0%	56.3%
Non-Hispanic Black	2.5%	15.5%	12.1%
Non-Hispanic Asian	0.7%	2.1%	6.3%
Native American/Alaska Native	0.3%	0.2%	0.7%
Pacific Islander	0.0%	0.1%	0.2%
Two or More Races	4.5%	4.1%	4.3%
Other Race	0.3%	0.3%	0.5%
Hispanic Origin	2.4%	7.6%	19.6%

Source: Esri.

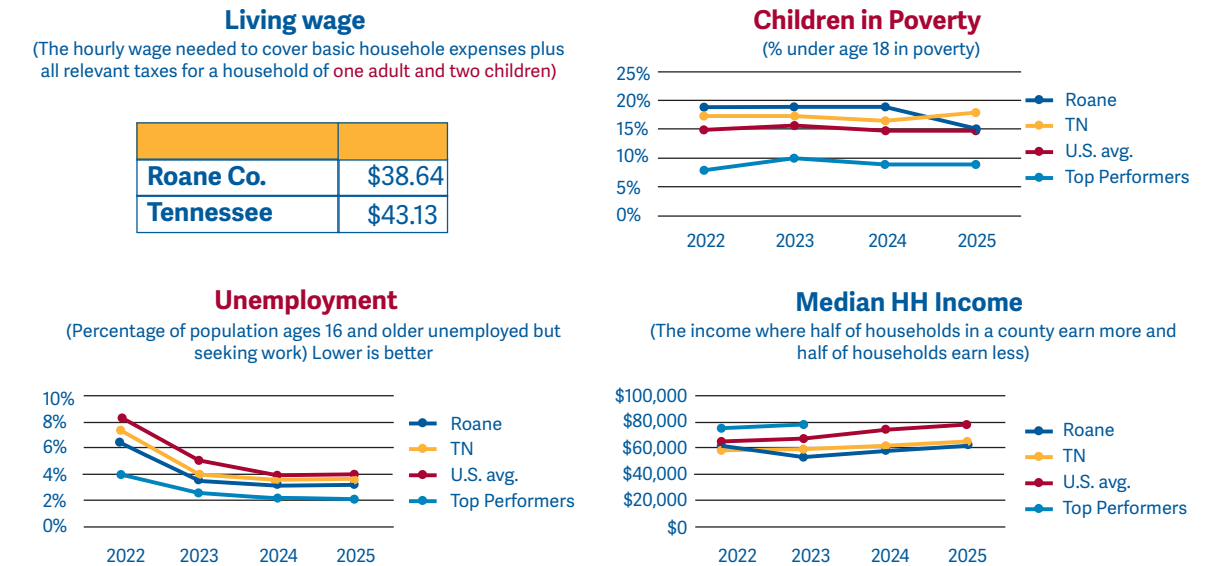
Socioeconomic Indicators

	Roane County	TN	USA
Median Age 2024	48.0	40.3	39.1
Median Household Income 2024	\$70,737	\$64,035	\$75,149
Percentage With Incomes Below the Federal Poverty Guideline	13.4%	13.5%	11.5%
Percent of Asset-Limited, Income-Constrained Employed (ALICE) Households	28%	30%	29%
Percentage Speaking a Language Other Than English	2.8%	7.8%	21.7%
Percentage of Income for Mortgage	20.1%	25.2%	25.6%
Population Receiving SNAP Benefits 2022	11.3%	10.0%	12.5%
Percent Unemployed - 2024	4.7%	4.0%	4.2%
Percent Uninsured	8.9%	12%	10%
Percent W a Disability <age 65	12.5%	10.9%	8.9%

Source: Esri, Census Bureau, United Way. The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

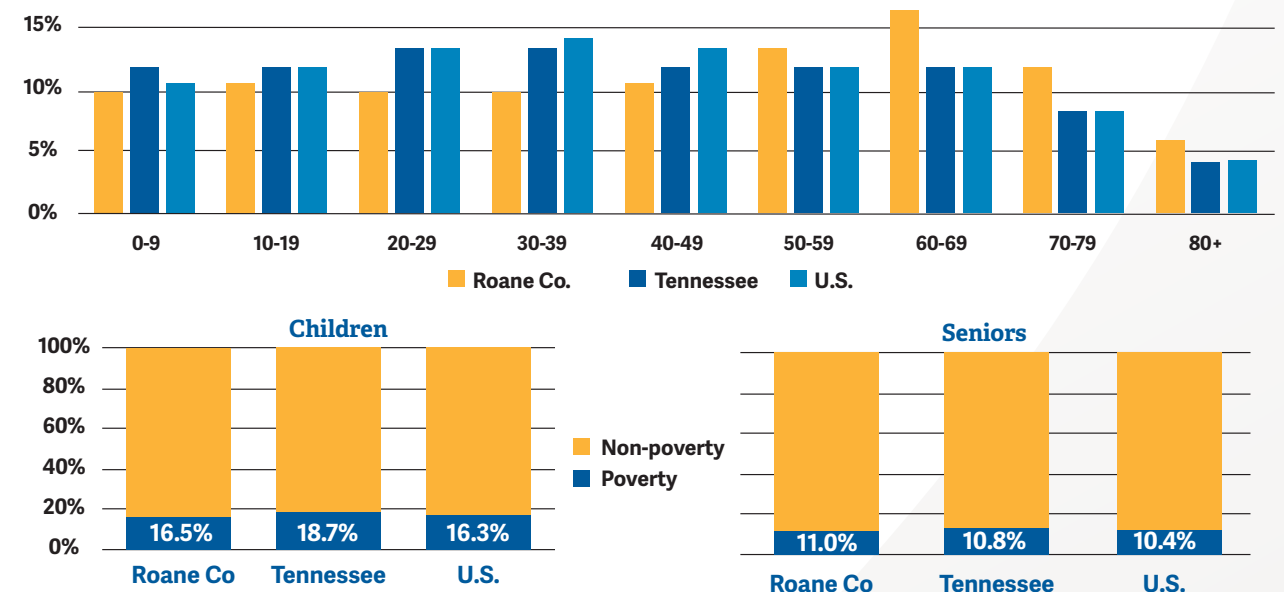
- Roane County’s population in 2024 was 54,496.
- The population of Roane County is projected to increase 1.2% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.
- Roane County had a higher median age (48) than TN (40.3) and the U.S. (39.1). In Roane County, the percentage of the population 65 and older was 25.4%, higher than the TN and U.S. 65+ populations, which are 18.3% and 18.1% respectively.
- Roane County median household income at \$70,737 was higher than TN (\$64,035) but lower than the U.S. (\$75,149).
- The rate of poverty in Roane County was 13.4% which was slightly lower than TN (13.5%) and higher than the U.S. (11.5%). The percent of asset limited, income constrained, and employed (ALICE) households in Roane County was 28%, which was lower than TN at 30% and the U.S. at 29%.
- The household income distribution of Roane County was 35.9% higher income (over \$100,000), 39% middle income, and 25.4% lower income (under \$35,000).

- The racial and ethnic make-up of Roane County was 89% Non-Hispanic White, 2.5% Non-Hispanic Black, 2.4% Hispanic origin, 4.5% more than one race, and 1.3% other.
- Roane County’s 2024 unemployment was 4.7% compared to 3.5% for Tennessee and 3.5% for the U.S.
- 11.3% of Roane County received SNAP benefits compared to 10% of Tennessee in 2022.



Source: Living wage – Living Wage Institute, Inc. 2025. Source: Children in poverty and median household income – Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023. Source: Unemployment – Bureau of Labor Statistics, 2023

POPULATION BY AGE RANGE 2024



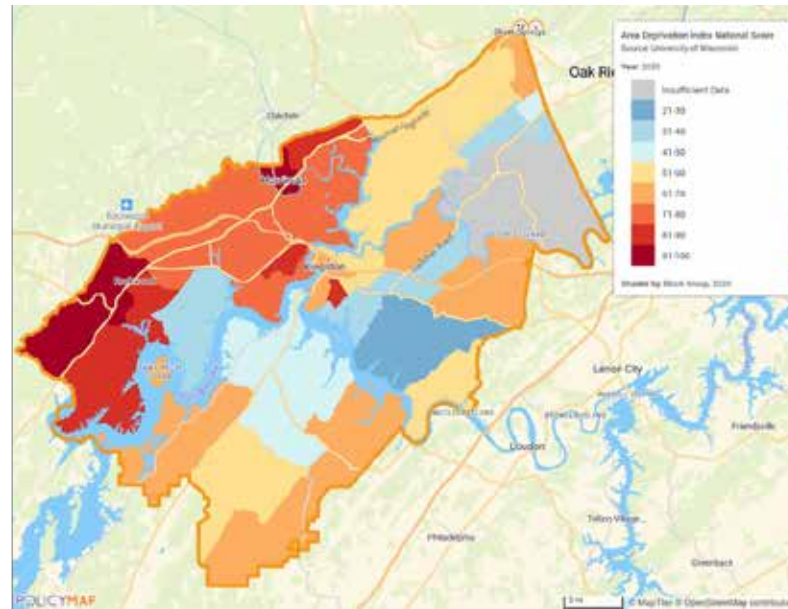
Source: Esri, American Community Survey, 2023 5-year estimates

AREA DEPRIVATION INDEX (BY BLOCK GROUP)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment, and housing quality. The block groups in the red are the most disadvantaged (Harriman, Rockwood and southwest, and two tracts in Kingston) and would be a priority location for health improvement activities.

Ranks Census block groups based on socioeconomic disadvantage in the areas of

- Income
- Education
- Employment
- Housing quality



Source: PolicyMap University of Wisconsin, 2020

BUSINESS PROFILE

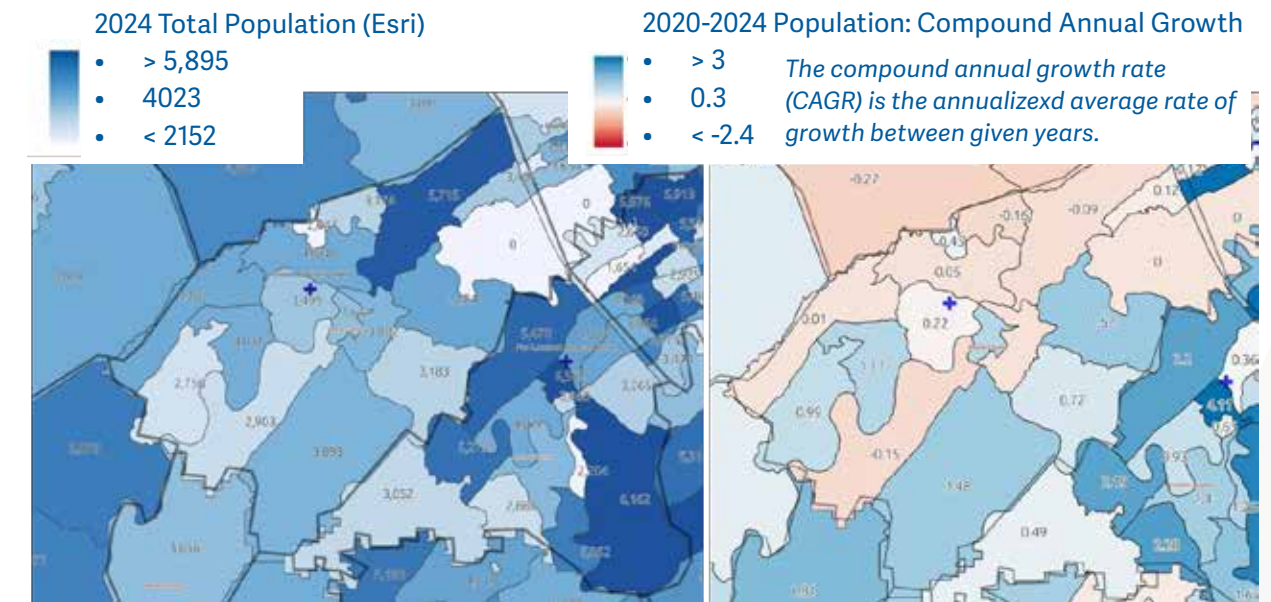
Fifty-three percent of employees in Roane County were employed in:

- Healthcare and Social Assistance (13.6%)
- Manufacturing (11.7%)
- Retail Trade (10.8%)
- Education (8.6%)
- Construction (8.0%)

Source: ACS, 2023

Retail jobs offer health insurance at a lower rate than healthcare, manufacturing, and educational services. The positive employment profile could account for the lower uninsured.

2024 POPULATION BY CENSUS TRACT AND POPULATION CHANGE (2020-2024)



Source: Esri

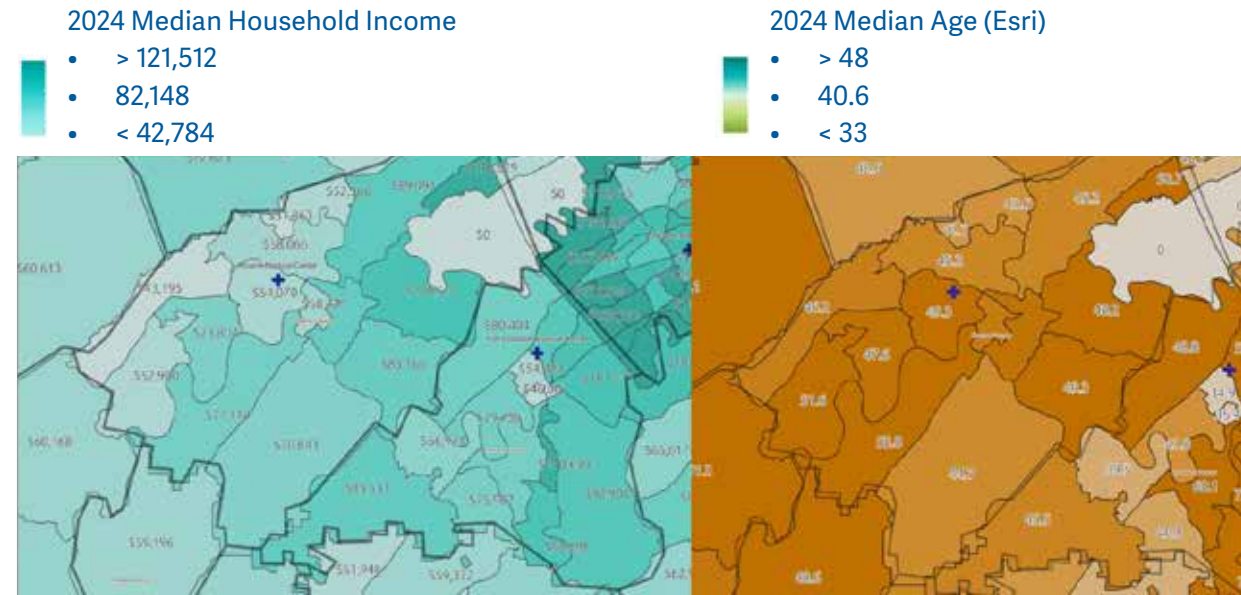
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher-populated census tracts are smaller geographically, and the less-populated census tracts are larger in geography. This can be seen by looking at the large northeastern tract with a population of 5,715 and the smaller tracts around Kingston that have a population of 3,500-3,800.

There were two census tracts that grew, ranging from 48% to 52% per year. There were six census tracts that declined in population (darker pink on the map).



Roane County median household income at \$70,737 was higher than TN (\$64,035), but lower than the U.S. (\$75,149).

2024 MEDIAN HOUSEHOLD INCOME AND AGE



Source: Esri

The two maps depict median household income and median age by census tract. Looking at age and income by census tract is helpful to demonstrate that all areas of a county are not the same and will therefore have differing health needs. Looking at median household income by census tract also gives insight into health status. The lower-income areas may require more focus than the higher-income tracts. The census tract Harriman with a lower median household income of \$31,863 and the tract in the southwest with a median household income of \$43,195 will probably have different needs than that of the tract north of the National Historical Park (making \$116,629 median household income) and the tract southwest of the National Historic Park with a median household income of \$100,612.

The health needs may be very different in the dark orange census tracts with higher median ages (48 to 56) than the tracts in light orange with lower median ages (42 to 45).

Community Survey Summary

Covenant Health Roane and StrategyHealth conducted an online community survey in Roane County. From July 11 – August 1, 2025, 141 online surveys were completed. The survey demographics are in appendix 2.

Participants were given a list of 45 potential community health needs or issues to determine if these were “not a problem,” “minor problem,” or a “major problem.” Afterward, for the issues they selected as “major problems,” respondents were to list the three they felt were the most serious in the county. The table on the next page is ranked by percentage who thought the issue was a “major problem” and includes the percentage who ranked the issue in the top three.

Issues	Not a Problem	Minor Problem	Major Problem	In Top 3
Substance use disorder - drugs or alcohol	11.4%	9.8%	78.8%	7%
Poverty	9.1%	18.2%	72.7%	6%
Mental or behavioral health issues	12.3%	16.2%	71.5%	7%
Access to jobs providing a living wage	11.3%	17.3%	71.4%	8%
Access to safe, affordable housing	11.9%	18.7%	69.4%	8%
Adult tobacco use and vaping	10.6%	20.5%	68.9%	1%
Youth tobacco use and vaping	10.9%	21.7%	67.4%	2%
Access to mental health care	11.5%	21.5%	66.9%	11%
Access to affordable childcare	11.1%	23.0%	65.9%	1%
Care for the unhoused population	13.6%	22.0%	64.4%	3%
Affordable health insurance	10.1%	27.1%	62.8%	2%
Reliable, affordable transportation	12.0%	25.6%	62.4%	3%
Marijuana and or THC use	17.1%	23.3%	59.7%	1%
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	15.4%	25.0%	59.6%	3%
Anxiety	13.2%	27.9%	58.9%	1%
Depression	11.6%	30.2%	58.1%	1%
Distracted driving	11.5%	30.5%	58.0%	3%
Understanding healthcare/health literacy	12.0%	31.6%	56.4%	0%
Access to specialty care such as cardiology, orthopedics	15.3%	28.5%	56.2%	6%
Aging population/ services for the elderly	11.4%	32.6%	56.1%	2%
Lack of physical activity	19.4%	27.6%	53.0%	0%

The household income distribution of Roane County was 35.9% higher income (over \$100,000), 39% middle income, and 25.4% lower income (under \$35,000).



The 79 respondents indicating that chronic diseases were a major problem were asked which chronic diseases they were most concerned about. Diabetes and heart disease were the top chronic diseases.

Chronic Disease	Check Box
Heart disease	86%
Diabetes	78%
Cancer	77%
Asthma or respiratory disease	51%
Kidney disease	42%
Lung disease	38%
Liver disease	30%



Roane County assets, according to focus groups' feedback, include: "Great hospital in the community" and "Collaboration and partnerships -- groups work together to address larger issues."

Respondents were then asked about their satisfaction with current efforts to address the problem. Below is a table showing the least satisfied to the most satisfied. The scale ranges from 1 to 5, with 1 being "very dissatisfied" and 5 being "very satisfied." The highest ranked issue, adult tobacco use and vaping, had a mean score of 2.75 (between a 2, "dissatisfied" and a 3, "neither satisfied nor dissatisfied"). The table includes all issues with more than four responses. The lowest mean score was child abuse or neglect at 1.0 ("very dissatisfied").

Top three issues of concern	Mean	N=
Child abuse or neglect	1.00	6
Access to prenatal care	1.14	7
Reliable, affordable transportation	1.18	11
Access to jobs providing a living wage	1.20	30
Physical or cyber bullying	1.20	5
Access to affordable childcare	1.20	5
Access to safe, affordable housing	1.29	31
Aging population/ services for the elderly	1.33	9
Access to mental health care	1.35	40
Mental or behavioral health issues	1.40	25
Availability of primary care	1.40	10
Affordable healthcare	1.41	22
Access to specialty care such as cardiology, orthopedics	1.42	24
Access to dental care	1.50	14
Youth tobacco use and vaping	1.50	6
Access to services for children with disabilities or special needs	1.50	4
Substance use disorder - drugs or alcohol	1.54	28
Care for the unhoused population	1.55	11
Poverty	1.62	21
Distracted driving	1.70	10
Access to women's health services, such as birth control, obstetrics, gynecologist, etc.	1.77	13
Affordable health insurance	1.83	6
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	1.92	12
Adult tobacco use and vaping	2.75	4

Focus Groups Summary

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations, participated in focus groups on July 17, 2025, for their input into the community's health. Participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

The participants defined health as overall physical, mental and emotional health. They believe health in the county differs depending on resources and the desire to be healthy

• The most significant health issues for the communities were:

- Housing
- Socioeconomics, education
- Healthy eating/food insecurity
- Reliable, cost-effective transportation
- Obesity and chronic illness
- Mental health
- Substance use disorder
- Access to care – primary care, subspecialists, dentists
- Unhoused population
- Racial and ethnic disparities
- Vaping
- Senior issues – fraud, falls, income, lack of long-term care, caregiver support

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Small community to house the homeless with resources available for those with mental illness, multiple chronic conditions, and veterans
- Day center for unhoused with laundry, showers and snacks and water
- Free dental clinic, dental insurance that covers dental work, more dental access
- Health care providers who provide care for a sliding scale based on income and who take Medicare and TennCare
- More providers
- Make it easier to be happy and healthy
- Provide behavioral health in the county both inpatient and outpatient, more mental health care and follow-up, use vacant buildings in town for mental health treatment
- Need multifamily housing, apartments
- Funds for seniors to receive in-home care a few hours a week
- Transportation



Health Status Data and Comparisons

Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², analyzes community conditions such as health infrastructure, physical environment, and social and economic factors. The study looks at how these factors contribute to health outcomes or population health and well-being as measured by length and quality of life. To become the healthiest community in Tennessee and eventually the nation, Roane County must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Roane County were:

- Higher preventable hospital stays (indicative of access-to-care issues)
- Lower numbers of adults with some college education
- Higher rate of injury deaths

The strengths were:

- Higher rate of flu vaccinations
- Lower uninsured
- Lower severe housing problems
- Lower childcare cost burden

When analyzing the health status data, county results were compared to TN, the U.S., and the top 10% of counties in the U.S. (90th percentile) (where available). For additional perspective, TN was ranked the 44th healthiest state out of the 50 states. (Source: 2024 America’s Health Rankings; lower number is better)

Tennessee challenges were:

- High premature death rate
- High prevalence of multiple chronic conditions
- High occupational fatality rate

The strengths were:

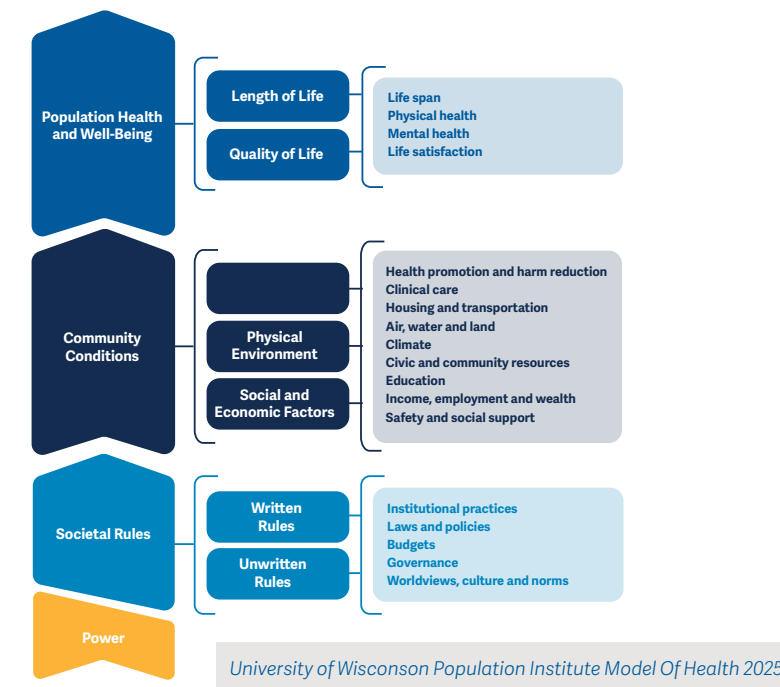
- Low prevalence of excessive drinking
- High number of primary care providers per 100,000
- Low average number of health-based drinking water violations

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other

public health data. Other analyzed data are referenced below, such as causes of death, demographics, socioeconomic, and primary research. If a measure was better than TN, it was identified as a strength. Where an indicator was worse than TN, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them.

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Tennessee’s counties every year since 2003.

Although not all the health status data were derived from County Health Rankings, the data are organized using the following model. The model focuses on community conditions such as health infrastructure, physical environment, and social and economic factors, and their contribution to population health and well-being as measured by length and quality of life.



Rankings and Comparisons of Health Status

The following tables compare Roane County to Tennessee and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing-green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 4.

HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE)

Health Outcomes include measures for length of life and quality of life. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

Indicators	Trend	County	TN	U.S.	Description
Length of Life					
Premature death	↗	13,431	11,636	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022
Life expectancy	↘	72.6	73.5	77.1	Average number of years people are expected to live. 2020-2022
Infant mortality		n/a	6.8	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022
Child mortality		65.5	65.7	50.0	Number of deaths among residents under age 20 per 100,000 population. 2019-2022
Quality of Life					
Physical Health					
Poor or fair health	↗	19.3%	19.2%	17.0%	Percentage of adults reporting poor or fair health (age-adjusted). 2022
Poor physical health days	↗	4.9	4.7	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent physical distress		14.1%	14.6%	12.0%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022
Low birthweight babies		9.1%	9.1%	8.0%	Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz). 2017-2023
Diabetes prevalence		11.3%	13.0%	10.0%	Percentage of adults ages 20 and older with diagnosed diabetes (age-adjusted). 2022
Adult obesity		39.4%	38.1%	34.0%	Percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2022
HIV prevalence		114.4	324.2	387.0	Number of people ages 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022
Cancer incidence	↘	460.7	457.3	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021
Sexually transmitted infections		223	562	496	Number of newly diagnosed chlamydia cases per 100,000 population. 2022
Mental Health					
Poor mental health days	↗	6.6	6.3	5.1	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent mental distress	↗	21.1%	21.3%	16%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022
Suicide rate	↘	21.0	16.9	14.0	Number of deaths by suicide per 100,000 population (age-adjusted). 2018-2022
Feelings of loneliness		36%	34%	33%	Percentage of adults reporting that they always, usually, or sometimes feel lonely. 2022

Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

Indicators	Trend	County	TN	U.S.	Description
Health Infrastructure					
Substance Misuse					
Excessive drinking		18.6%	18.1%	19%	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022
Adult smoking	↘	19.3%	19.2%	13.0%	Percentage of adults who are current smokers (age-adjusted). 2022
Alcohol-impaired driving deaths		27.3%	24.6%	26.0%	Percentage of driving deaths involving alcohol. 2018-2022
Drug overdose deaths	↗	56.8	51.0	31.0	Number of drug poisoning deaths per 100,000 population. 2020-2022
Healthy Eating/Active Living					
Physical inactivity		27.0%	26.5%	23.0%	Percentage of adults ages 18 and older reporting no leisure-time physical activity (age-adjusted). 2022
Access to exercise opportunities	↗	69.7%	67.9%	84.0%	Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020
Food environment index		7.5	6.4	7.4	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022
Food insecurity		15.1%	14.0%	14.0%	Percentage of population who lack adequate access to food. 2022
Limited access to healthy foods		6.2%	8.9%	6.0%	Percentage of population who are low-income and do not live close to a grocery store. 2019
Insufficient sleep		40%	40%	37%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church, and school. These are three excellent places to reach people to create a culture of health.



Indicators	Trend	County	TN	U.S.	Description
Health Infrastructure					
Access to Care					
Primary care physicians		2347	1437	1330	Ratio of population to primary care physicians. 2021
Dentists		2040	1779	1360	Ratio of population to dentists. 2022
Mental health providers	↘	1558	500	300	Ratio of population to mental health providers. 2024
Other primary care providers		890	542	710	Ratio of population to primary care providers other than physicians. 2024
Uninsured	↘	8.9%	11.1%	10.0%	Percentage of population under age 65 without health insurance. 2022
Uninsured children		4.2%	5.3%	5.0%	Percentage of children under age 19 without health insurance. 2022
Uninsured adults	↘	17%	13%	11%	Percentage of adults under age 65 without health insurance. 2022
Prevention					
Mammography screening		50%	44%	44%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022
Flu vaccinations		54%	49%	48%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022
Preventable hospital stays	↘	3540	2828	2666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022
COVID vaccinations		45.5%	55%	70%	Percentage of fully vaccinated recipients. May 2023
Teen births	↘	26	23	16	Number of births per 1,000 female population ages 15-19. 2017-2023
Physical Environment					
Drinking water violations		yes	No	No	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023
Air pollution particulate matter		6.8	7.0	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020
Broadband access	↗	87.1%	87.4%	90.0%	Percentage of households with broadband internet connection. 2019-2023
Childcare centers		12.4	9.0	7.0	Number of childcare centers per 1,000 population under 5 years old. 2010-2022
Long commute, driving alone		46.2%	36.4%	37.0%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023
Access to parks		2%	26%	51%	Percentage of the population living within a half-mile of a park. 2024 & 2020
Housing					
Severe housing burden		9.4%	12.3%	15.0%	Percentage of households that spend 50% or more of their household income on housing. 2019-2023
Severe housing problems		10.5%	13.3%	17.0%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021
Home ownership		78%	67%	65%	Percentage of owner-occupied housing units. 2019-2023

Indicators	Trend	County	TN	U.S.	Description
Social & Economic Factors					
Economic Stability					
Median household income	↗	\$55,878	\$64,035	\$75,149	The income where half of households earn more, and half of households earn less. 2024
Unemployment	↘	3.6%	3.3%	3.6%	Percentage of population ages 16 and older unemployed, but seeking work. 2024
Poverty		13.4%	13.5%	11.5%	Percentage of population living below the federal poverty line. 2023
ALICE household		28%	30%	29%	Percentage of households that are asset-limited, income-constrained, employed. 2022
Children in poverty		16.5%	18.9%	16.0%	Percentage of people under age 18 in poverty. 2023 & 2019-2023
Seniors in poverty		11.0%	10.8%	10.4%	Percentage of people 65 and older in poverty. 2023
Income inequality		5.0	4.6	4.9	Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)
Living wage		\$38.64	\$43.13		The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024
Children cost burden		22%	22%	28%	Number of childcare centers per 1000 pop. under age 5
Educational Attainment					
School funding adeq.		-\$524	-\$999	-\$1411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
3rd grade math scores		3.0	3.0	3.0	Average grade-level performance for 3rd graders on math standardized tests. 2019
3rd grade reading level		2.9	3.0	3.1	Average grade-level performance for 3rd graders on English Language Arts standardized tests. 2019
High school completion		89.3%	89.6%	89.0%	Percentage of adults ages 25 and older with a high school diploma or equivalent. 2019-2023
Some college		51.4	63.4%	68.0%	Percentage of adults ages 25-44 with some post-secondary education. 2019-2023
Family & Social Engagement					
Children in single-parent households		19%	27%	25%	Percentage of children who live in a household headed by a single parent. 2019-2023
Social associations		11.1	11.0	9.1	Number of membership associations per 10,000 population. 2022
Lack of social & emotional support		27%	28%	25%	Percentage of adults reporting they sometimes, rarely, or never get the social and emotional support they need. 2022
Voter turnout		60.2%	60.1%	67.9%	Percentage of citizen population ages 18 or older who voted in the 2020 U.S. presidential election. 2020 & 2016-2020
Census participation		63.0%		65.2%	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone). 2020
Community Safety					
Homicide rate		3.7	9.6	7.0	Number of deaths due to homicide per 100,000 population. 2016-2022
Firearm fatalities		18.2	20.3	13.0	Number of deaths due to firearms per 100,000 population. 2018-2022
Motor vehicle crash deaths		20.5	17.2	12.0	Number of motor vehicle crash deaths per 100,000 population. 2016-2022
Violent crime		558.6	621.4	377.1	Number of violent crimes per 100,000 population. 2022
Injury deaths	↗	162.6	115.5	84.0	Number of deaths due to injury per 100,000 population. 2018-2022

Sources: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org. CDC, FBI Crime Data Explorer, American Community Survey 5-year estimates, ESRI, MIT Living Wage Calculator, NIH, CDC State Cancer Profiles

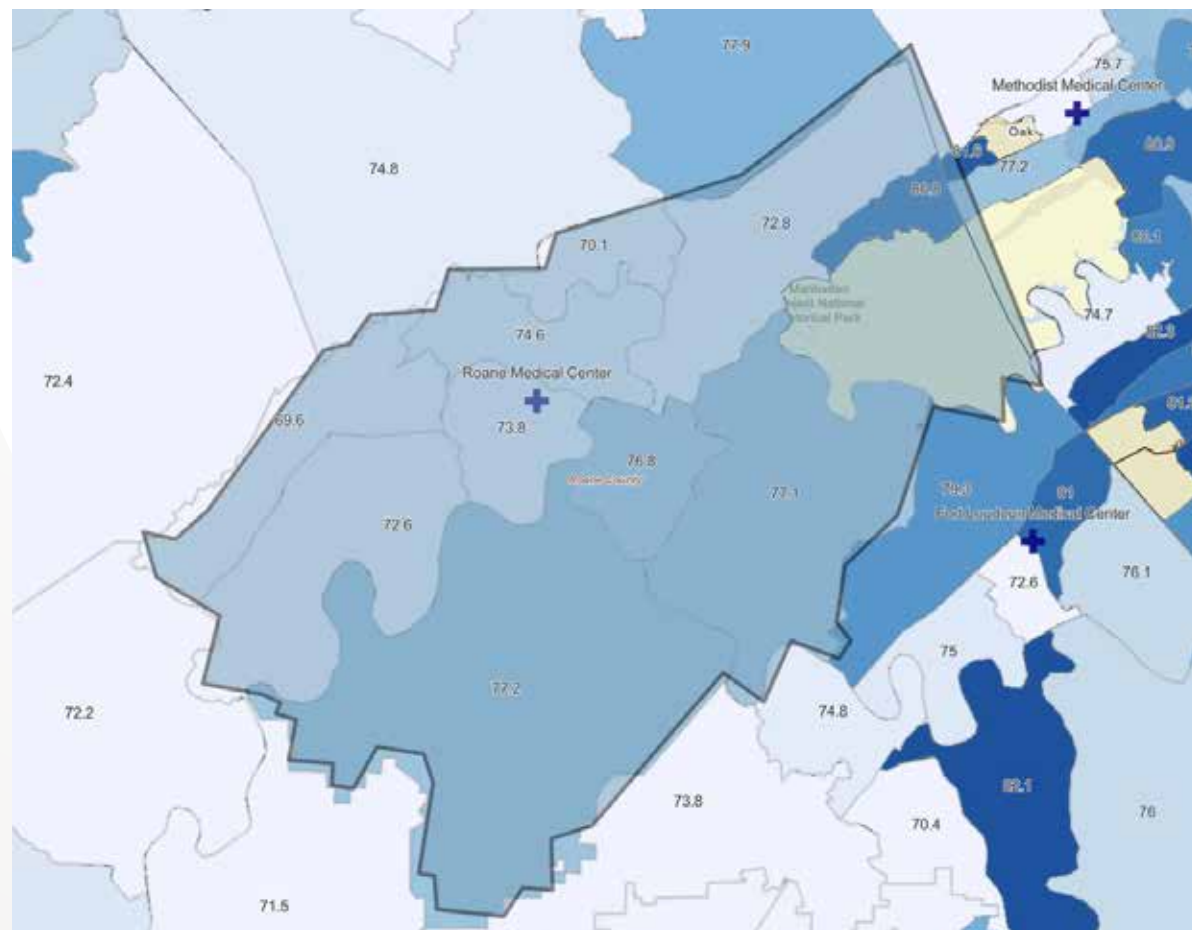
Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county, and it is beneficial to see differences by geographic location to enact local solutions.

LIFE EXPECTANCY AT BIRTH

The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment (such as living conditions and access to healthcare), and genetics. (Source: [University of Florida, Department of Physiology & Aging](#), March 27, 2024)

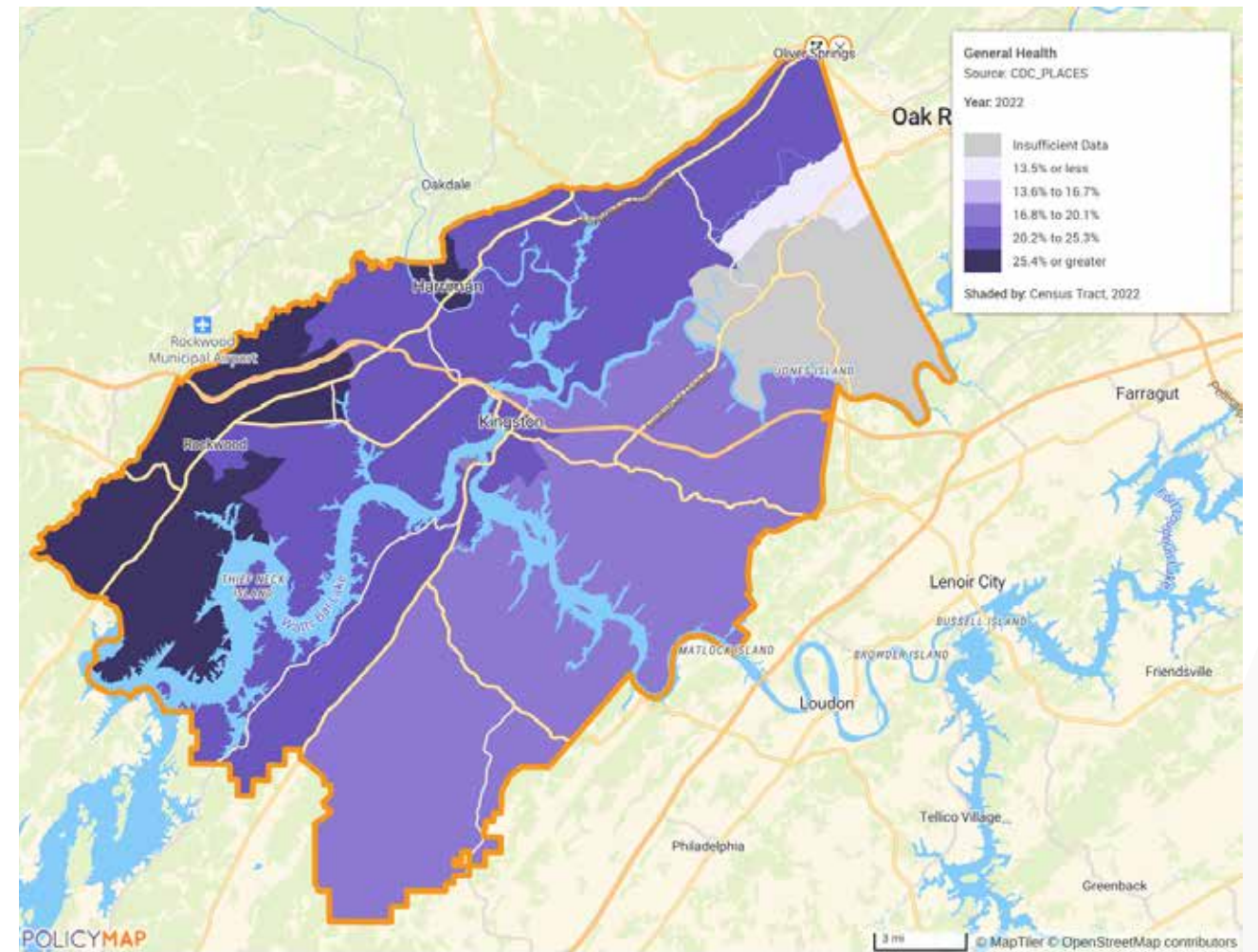
The life expectancy was higher in the tract northwest of the National Historic Park (81 years) compared to life expectancy in Harriman (70.1 years).



Source: CDC, Census Bureau, 2010-2015

PERCENTAGE IN FAIR OR POOR HEALTH (BY CENSUS TRACT)

The darker the color, the larger the percentage of adults self-reporting poor or fair health. The census tracts in the northwest of the county reported 25.4% or greater in poor or fair health.



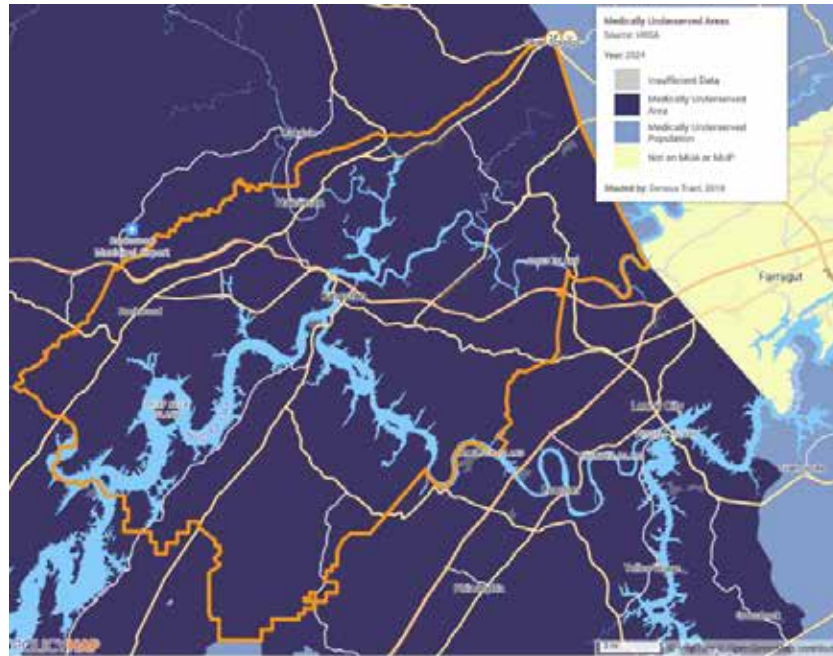
Source: PolicyMap; CDC, Places, 2022

11.3% of Roane County received SNAP benefits compared to 10% of Tennessee in 2022.

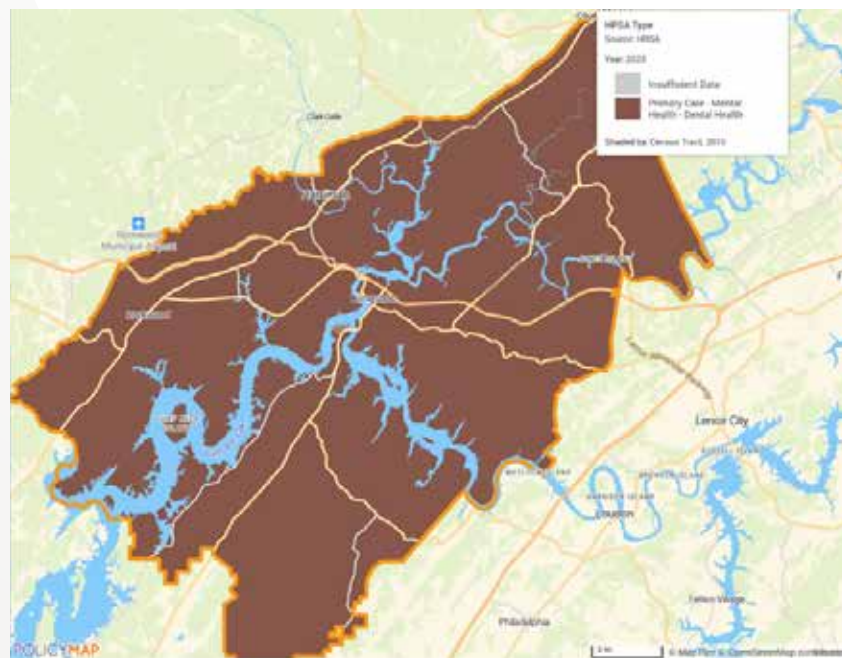


MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS

Roane County is a medically underserved area, according to Health Resources and Services Administration of the Department of Health and Human Services.



Roane County is also designated as a primary care, mental health, and dental health shortage area by the same department.

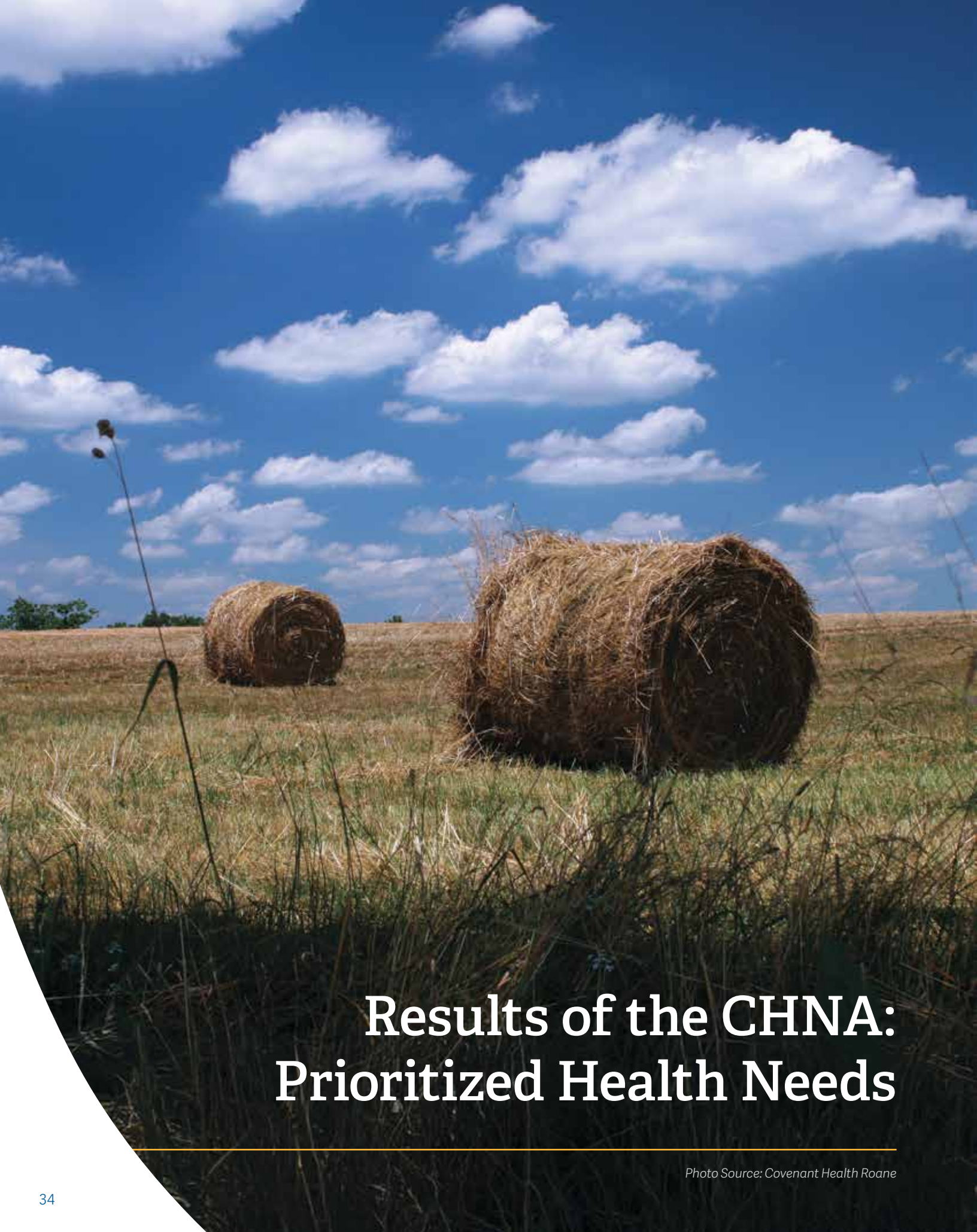


Source: PolicyMap; HRSA, 2024 & 2023

Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all the primary and secondary data revealing the significant health needs in the community. This information was used to create a list for summit participants to use in prioritizing the most significant health needs.

2022 Health Needs	Secondary Data	Focus Groups	Surveys	State/County Health Dept
Substance use disorders	Adult smoking	Housing	Substance use disorder	Nutrition security
Mental health access	Adult obesity	Poverty/socioeconomics	Poverty	Maternal and infant health
Health education for chronic diseases	Injury deaths	Food insecurity/healthy eating	Mental/behavioral health	Chronic conditions
Improve access to care	Some college education	Reliable, cost-effective transportation	Access to jobs providing a living wage	Older adults
	Preventable hospital stays	Obesity and chronic illness	Access to safe, affordable housing	Transportation
		Mental health	Adult and youth tobacco use and vaping	Cancer screenings
		Substance use disorders	Access to mental health care	Workforce
		Access to care	Access to affordable childcare	Access to dental care
		Unhoused population	Care for the unhoused population	
		Racial & ethnic disparities	Affordable health insurance	
		Physical activities – kids	Reliable, affordable transportation	
		Vaping		
		Senior issues – fraud, lack of long-term care,, falls, support, income		



Results of the CHNA: Prioritized Health Needs

Photo Source: Covenant Health Roane

PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees reviewed community health information and used the criteria below to prioritize the community’s health needs.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community’s capacity to address it?

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS FROM SUMMIT

Based on the secondary data, community focus groups, and community survey using the criteria above, community stakeholders selected the following significant health needs in the counties. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

1. (tie) Mental/behavioral health (4 votes)
1. (tie) Poverty (4 votes)
2. Obesity and chronic diseases (3 votes)
3. (tie) Substance use disorder (2 votes)
3. (tie) Access to care – primary care, specialists, dentists (2 votes)
3. (tie) Access to safe, affordable housing (2 votes)

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS - FINAL

Based on the previous CHNA priorities, Tennessee Department of Health priorities, secondary data, focus groups, surveys, and the summit participants prioritization exercise, the steering committee selected the following as the most significant health needs in Roane County for the next three years.

The steering committee combined healthy eating and active living and education with preventing chronic diseases and added examples from the chronic diseases receiving the most concern in survey results. For clarity, the committee also added examples of access to care. They also added caring for the unhoused population, which was an underlying concern and focus of all priorities

1. Healthy eating/active living and education to prevent chronic diseases such as diabetes, heart disease, and cancer
2. Mental/behavioral health
3. Substance use disorder
4. Increase access to care – e.g., transportation, primary care, subspecialists, dental
5. Safe, affordable housing
6. Poverty, living wages

(Focus on caring for the unhoused population throughout these priorities.)

Impact of 2022 CHNA and Implementation Plan

The IRS requires an evaluation of the impact of actions that were taken to address the significant health needs identified in the immediately preceding Community Health Needs Assessment. The Impact report lists the actions taken to address identified health issues, including, where available, metrics to measure the impact of the actions.

Covenant Health Roane engaged in numerous initiatives to help address the identified significant health needs from the CHNA conducted in 2022.

2022 Prioritized Significant Identified Health Needs:

1. Substance Abuse Disorders
2. Mental Health Access
3. Health Education for Chronic Diseases
4. Improving Access to Health Care

IMPLEMENTATION ACTIVITIES TO ADDRESS COMMUNITY NEEDS

Issue 1: Substance Abuse Disorders

- Peer Navigator hired through Roane County Anti-Drug Coalition and opioid settlement funding
 - Provides support for patients with both behavioral health and substance use needs
 - Ensures coordinated resources and post-discharge follow-up
 - Since October 2024, the navigator has seen 284 patients and helped 40 access treatment at rehab facilities
- Substance abuse reduction success (CDC Annual Report)
 - 48% decrease in overdose deaths from 2023 to 2024
 - Three Peer Navigators (hospital, health department, school system) coordinated via County Drug Abatement Committee
 - Unified approach to locate and assist individuals with drug dependency

Issue 2: Mental Health Access

- Telehealth behavioral health consults for ED and in-patient medical/surgical units
 - Enables earlier medication adjustments to speed stabilization or facilitate inpatient placement
 - Supports quicker discharge for outpatient treatment when appropriate

Issue 3: Health Education for Chronic Diseases

- Stroke education programs
 - Community education to increase prevention, early recognition and treatment of stroke included:
 - Outreach at Harriman High School
 - Networking with Roane County Sheriff's Office and Roane County senior-adult providers
 - Stroke education during YouTube broadcasts of Rivalry Thursday high school football games
 - BE FAST stroke symptom education displayed at Covenant Health Roane
 - Hospital stroke coordinator works with local groups and events to provide education about signs, symptoms, and early detection of stroke
 - Patient and Family Stroke Support Group offers recovery information and peer connection
- Pritikin cardiac and pulmonary rehab program
 - Integrates exercise, diet, and healthy lifestyle education
 - Includes inpatient pulmonary patient assessments for rehab readiness and quality-of-life improvements

Issue 4: Improving Access to Health Care

- Expanded provider network and specialty services
 - Two new primary care providers added in 2024
 - Second full-time general surgeon added in 2024
 - Additional part-time general surgeon arriving end of 2025 to expand endoscopic services and support women's services with breast surgery capability
 - Orthopedic surgeon joining staff at end of 2025; will perform total joint procedures (hip, knee, shoulder)
 - Breast Navigator Nurse added in 2025 to assist local residents who are facing breast cancer diagnoses and starting treatment locally
- Expanded hospital services
 - Advances in chronic disease care, critical care, and stroke services
 - Record numbers of stroke patients treated in 2024 (132) and YTD August 2025 (68), the highest since stroke program began in 2017)
 - Telehealth intensivist program supports bedside care so ICU patients can receive care locally
 - Inpatient dialysis for local kidney disease admissions
 - 4-bed Intermediate Care Unit opened in 2024 to expand high-acuity capacity



- Transportation partnerships
 - Partnership with Roane County EMS for expanded patient transport
 - For patients who don't meet ambulance criteria or can't afford service
 - Improves safe discharges, and continuum of care for SNF and LTAC needs
 - Contract with local taxi company for patients without transportation and for substance abuse patients entering rehab programs outside the county (via Peer Navigator)
 - Total number of transports in 2024 and YTD October 2025: 11 trips totaling \$1,927.50
- Workforce development
 - Launching LPN Apprenticeship Program with TCAT in fall 2025, four students currently enrolled
 - Designed to attract and train healthcare professionals for bedside care
 - Addresses growing rural provider recruitment and retention needs
 - Potential catalyst for other critical healthcare workforce needs
- Partnership with Segue Health
 - Supports patients in first 30 days post-discharge
 - Ensures follow-up care, assistance, and resource access including primary care provider connection
- Continued partnership with Oak Ridge Free Medical Clinic
 - Provides uninsured, low-income individuals with access to labs, diagnostic imaging, and minor surgery at no charge
 - Covenant Health Roane services available when referred by clinic healthcare providers
 - Includes pharmacy advocate for maintenance drug needs
 - Covenant Health Roane assisted at Remote Area Medical Event that included dental services at Roane State Community College
- Covenant Health Roane offers annual vascular, cardiac, and hypertension screenings to hospital staff



Appendices

Community Health Summit Brainstorming

Community Survey

Focus Group Summary

Health Status Trended Data

Community Asset Inventory

Photo Source: Covenant Health Roane

1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, they selected two top issues to brainstorm steps to improve the issues. Below are notes from the brainstorming. We encourage other community organizations to use this list when deciding on projects and initiatives.

SIGNIFICANT HEALTH NEED 1: MENTAL/BEHAVIORAL HEALTH

Goal 1: Increase access to mental health services

Action 1 – Increase telehealth access to providers

Resources/collaborators needed – Volunteer Behavioral Health, Ridgeview, Covenant Health- Peninsula

Action 2 – Increase primary care providers with the ultimate goal of providing mental health and physical health services. In the short term, have enough primary care providers to prescribe medications.

Resources/collaborators needed – Covenant Health Roane, Covenant Health

Goal 2: Reduce stigma attached to mental health through education and awareness

Action 1 – Increase awareness and education

Resources/collaborators needed – Health Department, Health Council, NAMI, Chamber, TCAT

Action 2 – Conduct a mental health awareness campaign for mental health month (May)

Resources/collaborators needed – Health Department, Health Council, NAMI, Chamber, TCAT

Additional Comments:

- Conduct lunch-and-learn sessions on mental health in local businesses
- Use churches as locations to discuss mental wellness
- Increase access to talk therapists
- Add more services for children. They're having issues earlier and earlier.
- Have a "guidance" class in elementary school periodically to discuss mental wellness and self-care techniques.

SIGNIFICANT HEALTH NEED 2: OBESITY AND CHRONIC DISEASES

Goal 1: Incentivize participation in health, nutrition, and chronic disease education in high-impact areas

Action 1 – Hold outreach events and classes; meet people where they are

Action 2 – Provide incentives to attend all classes, such as crockpots or other cooking items

Resources/collaborators needed – Community centers, libraries, hospital, Health Dept., Free Medical Clinic

Goal 2: Provide nutrition education and food access

Action 1 – Partner with food banks and other community food resources to provide education and food awareness

Resources/collaborators needed – Food pantries, United Way, Second Harvest, Housing Authority parks.

Action 2 – Increase access to healthy foods through healthy food drives, community gardens and incentives.

Resources/collaborators needed – Community gardens, food drives, incentives such as cooking items

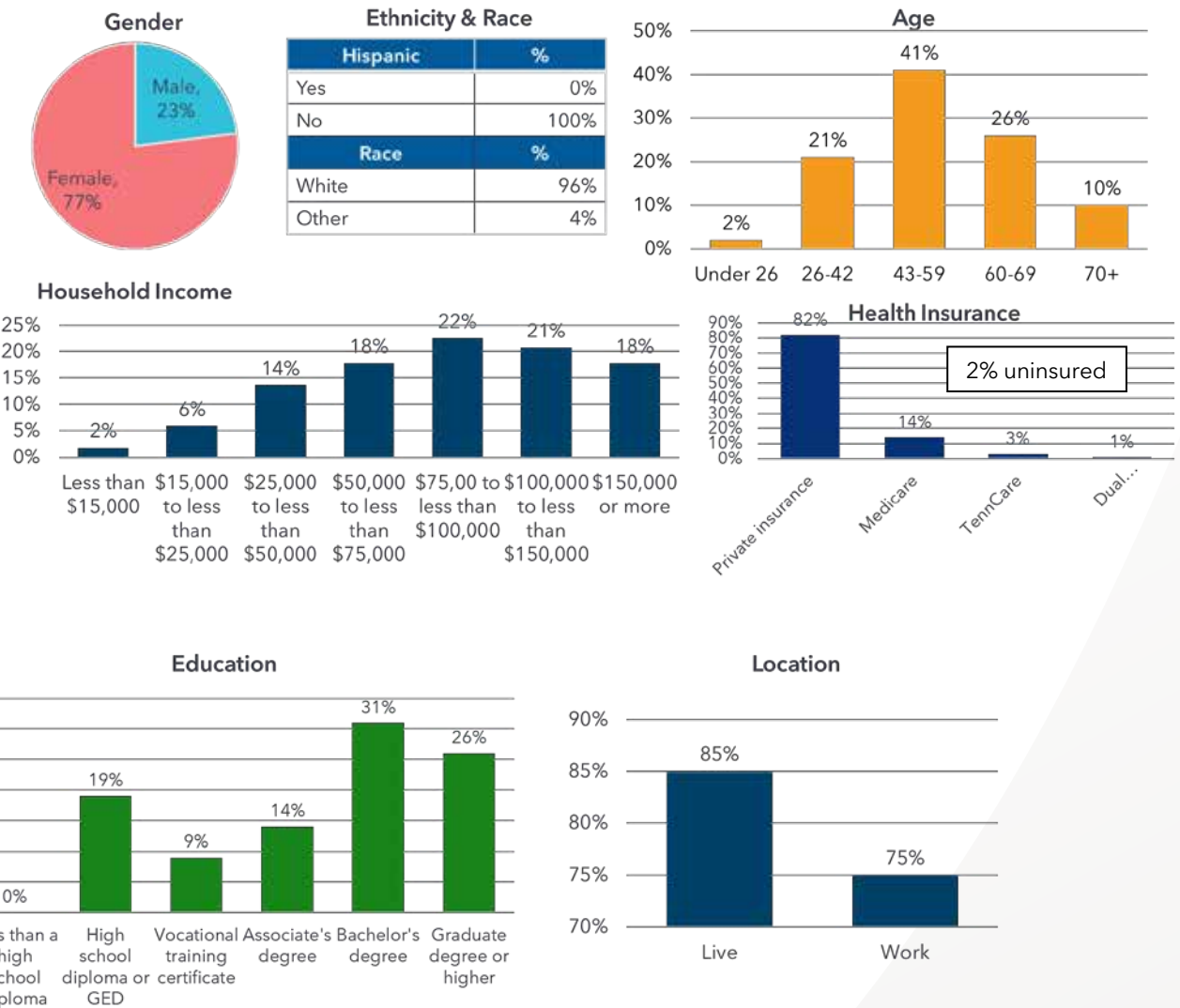
Additional Comments

- Make healthy food less expensive
- There is a link between mental health, obesity and physical activity.
- Hold community-wide hiking activities
- Utilize Roane leadership to work on these issues

2. Community Survey

Covenant Health Roane and StrategyHealth conducted an online community survey in Roane County. StrategyHealth combined and analyzed the results. From July 11 through August 1, 2025, 141 online surveys were completed. Below are the demographics of the survey. The results are on page 17.

Demographics



3. Focus Group Results

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations participated in focus groups on July 17, 2025, for their input into the community's health. Below is a summary of the focus groups' feedback.

1. HOW DO YOU DEFINE HEALTH?

- Overall physical and mental health
- Whole body
- Emotional, physical, quality of life, holistic

2. FOR THE PURPOSES OF THIS CHNA, THE COMMUNITY IS HAMBLEN COUNTY. GENERALLY, HOW WOULD YOU DESCRIBE THE COMMUNITY'S HEALTH?

- Differs between those who have resources and those who do not
- Varies – very good to very poor
- Depends on whether you want to be healthy and have the resources

3. WHAT ARE THE BIGGEST HEALTH NEEDS, CONCERNS OR ISSUES FOR THE COMMUNITY TODAY?

- Housing
- Social determinants of health and how they impact health
 - Socioeconomics – education, poverty
 - Seniors relying on Social Security only are moving into ALICE household categories or poverty
- Food insecurity/healthy eating
 - Expensive to eat healthy
- Reliable, cost-effective transportation
 - Lack of transportation to doctors
- Obesity and chronic illnesses, particularly in seniors and children. It affects seniors' mobility and for kids, goes hand-in-hand with poverty and poor diet. Also linked to higher incidence of asthma
 - Obesity – diabetes, heart disease
 - Chronic illnesses – COPD, diabetes, CHF, hypertension
- Mental health

- Substance use disorders
 - Vaping- especially in younger people
 - Smoking
 - Cellulitis and issues related to substance use
- Access to care
 - Long wait times to get in to see providers
 - Growth of population and resulting shortage of doctors, retiring doctors
 - Due to the lack of subspecialists we put a lot on PCPs
 - Need endocrinology, neurology – takes months to get an appointment and must leave the county
 - Dental care
- Bedbug infestations
- Adverse Childhood Experiences (ACEs) and early childhood development
- Lack of infrastructure
- We're going to have to rethink some things due to changes in the funding landscape

4. WHAT ARE THE MOST IMPORTANT HEALTH ISSUES FACING VARIOUS POPULATIONS?

- **Low-income populations, medically underserved:**
 - Access to affordable care
 - Access to and affordable dental care
 - Cost of prescription medication
 - Lack of insurance, which leads to lack of care
 - Mental health
 - Mental health and ability to maintain prescriptions
 - Lack of mental health care for outpatients
 - Low income adds stressors, making mental health worse
- Unhoused population
 - The homeless population has grown in recent years. They used to have communities, but due to the criminalization of homelessness, they have scattered. They have no place to gather or bathe. The hospital struggles with discharge plans. The latest point-in-time count for the county was 109. The schools also count homeless students. The last count was 250 or 300 homeless children, some staying with friends.

- Lack of affordable housing, high rental costs. People are moving here from other areas.
- Substance use
- Awareness of resources – Free clinic, Health Department
- Prioritizing other people’s health – kids, parents
- No access to mental health
- **Minority populations:**
 - Very small minority groups; lack of exposure to minorities
 - Lack of representation in leadership levels; people need good examples
 - Largest minority group is African-American. There are racial and ethnic disparities
- **Children/youth:**
 - Access to care
 - Most kids have TennCare and providers are not taking TennCare
 - No dentists taking TennCare
 - Lack of pediatric specialists
 - Cycle of poverty and how to get out
 - Lack of trauma-informed care
 - Mental health concerns
 - Parents working and not supervising kids
 - Kids living with grandparents
 - Immunization rates are declining and threat of measles
 - Vaping
 - Lack of exercise and activity – it is expensive to participate in sports
 - Chronic diseases
- **Seniors:**
 - Not enough food
 - Using Cash Express to buy food
 - Limited budgets
 - Fraud and scams
 - One assisted living and one nursing home shut down in the last few years; not enough long-term care
 - Insurance – Medicaid is so daunting to try to qualify for long-term care
 - Living alone

- Isolation-Increase deaths due to COVID isolation
- Falls
- Lack of air conditioning
- Medication costs
- Transportation
- Roane County is marketed as a retirement community, but lacking some support services
- Caregiver support

5. WHAT PROGRESS HAS BEEN MADE ON THE 2022 PRIORITIES?

- **Substance use disorder**
- **Mental health access**
- **Health education for chronic diseases**
- **Improving access to health care providers – primary care, behavioral health, and dentistry**
 - Good list
 - Missing the lack of women’s care in the county
 - Lack of health and digital literacy
 - Lots of work going on with substance abuse; 37 deaths last year (2024) only 12 deaths year to date this year (2025). Drug use is still present, but there are fewer deaths. There’s also cellulitis, endocarditis resulting from drug use. Youth drug use is down based on the Tennessee Together survey.
 - Mental health is still a huge issue. We have some resources, but still stigma, and lack of knowledge of resources. Some don’t take their medications, and resources/ treatment is not as available as other places.

6. WHAT ENVIRONMENTAL FACTORS HAVE THE BIGGEST IMPACT ON COMMUNITY HEALTH?

- Great parks and are scattered throughout the county
- New exercise park in Kingston
- City has expanded sidewalks and made crosswalks safer
- Nice T-ball fields
- There are some areas where substance use occurs and people stay out of those areas
- Some people have well water with no fluoride in it
- Low walkability in the neighborhoods
- Transportation

7. WHAT DO YOU THINK THE BARRIERS WILL BE TO IMPROVE HEALTH IN THE COMMUNITIES?

- Funding cuts
 - Impending Federal cuts in Medicaid, Medicare, student loan caps
 - SNAP education funding was cut
- Not enough population to have public transportation
 - Transportation
- Little League and other types of activities are not free
- Knowing what resources are available
- Long wait list at homeless shelters
- Motivation
- Culture
- Generational role models, no examples to follow

8. WHAT COMMUNITY ASSETS SUPPORT HEALTH AND WELL-BEING?

- RAM has free care, including dental
- Free Medical Clinic – adding mental health and dental care
- Health Department – has dental care
- Hospital – great hospital in the community
- Collaboration and partnerships – groups work together to address larger issues, all know and support each other
- Mideast has done a lot for seniors
- Local food pantries
- Good local churches helping with food and the homeless
- Family Promise – helps transition homeless to housed
- Mobile Units
- There is a great trash system in the County – keeps the county clean
- Lakes
- Good cooperation between organizations, work well together. When a need is identified, always work together
- Strong agencies, Drug Coalition, Mideast, etc.
- High community engagement
- Opioid abatement council
- Increasing awareness with county commission

9. IF YOU HAD A MAGIC WAND, WHAT IMPROVEMENT ACTIVITIES SHOULD BE A PRIORITY FOR THE COUNTIES TO IMPROVE HEALTH?

- Small community to house the homeless with resources available – for those with mental illness, multiple chronic conditions, and veterans
- Healthcare providers who have a sliding scale based on income who take Medicare and TennCare
- Free dental clinic
- Dental insurance that covers dental work, particularly for seniors
- Expand dental care access
- Would create a day center for the unhoused population where they can do their laundry and bathe and receive snacks and drinks
- Make it easier to be happy and healthy
- Provide behavioral health in the county, inpatient and outpatient
- Need multi-family housing, apartments
- Money and funds for seniors, to provide in-home care a few hours a week to relieve caregivers – sitter or companion
- Paid drivers to drive seniors based on needs
- Need transportation for everyone, not just seniors. Include moms with kids, anyone who doesn't have transportation
- Affordable daycare. Some people can't work because they don't have daycare.
- Fill the gaps in substance use with sober-living housing
- More mental health treatment and follow-up
- There are several vacant buildings in the county with kitchens that could be used for mental health treatment. Harriman Care and Rehab is empty
- Get doctors into rural areas.

4. Health Status Trended Data

Rankings and Comparisons of Health Status

In most of the following graphs, Roane County will be blue, TN will be orange, U.S. will be red and the 90th percentile of counties in the U.S., if available, will be gold.

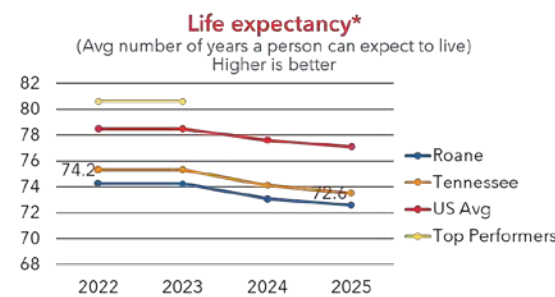
Health Outcomes (Length of Life and Quality of life)

Health Outcomes are a combination of length of life and quality of life measures.

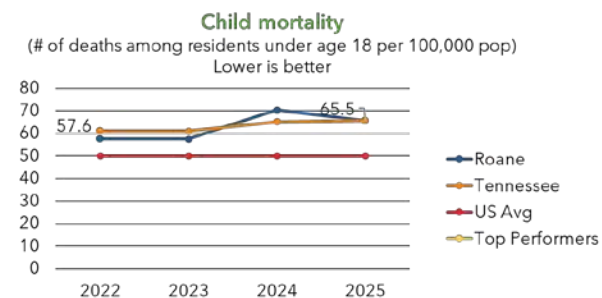
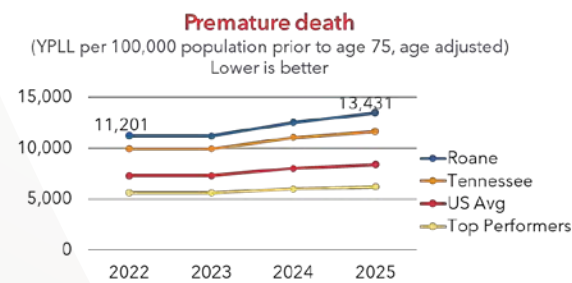
Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Roane County lost 13,647 years of potential life per 100,000 population, which was higher than TN and the U.S.

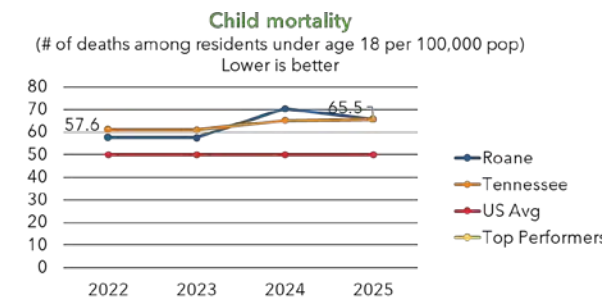
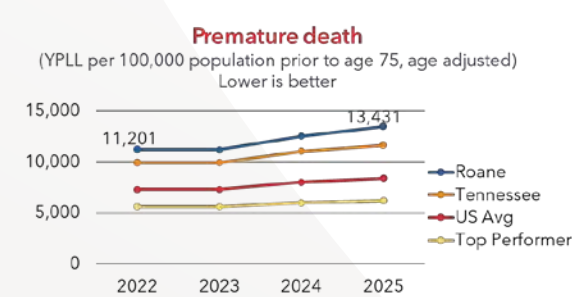
Roane County residents can expect to live six years less than the average U.S. resident.



	Hispanic	NH Black	NH White	Males	Fem
TN		72.3	75.6	70.7	77.0
US	80.0	72.8	77.5	74.2	79.9



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2020-2022



Source: CHR; National Center for Health Statistics – Natality & Mortality File 2016-2022
Child Mortality: CHR; National Center for Health Statistics – Mortality files; Census 2019-2022

Leading Causes of Death: Crude Rate per 100,000 Population

Cause of Death 2021-2022	Roane	TN	US
Heart Disease	342.7	258.7	207.1
Cancer	258.1	208.7	182.8
Accidents (Unintentional injuries)	179.0	98.8	67.3
Cerebrovascular Diseases	70.2	54.0	49.1
Chronic Lower Respiratory Disease	81.0	60.4	43.8
COVID-19	68.4	48.0	35.4
Alzheimer's Disease	37.8	39.8	35.0
Diabetes	54.0	37.2	29.4
Nephritis	23.8	18.4	16.9
Liver Disease	31.5	18.9	16.0
Suicide	28.8	17.8	14.8
Influenza and Pneumonia	22.5	18.4	13.8
Septicemia	24.3	13.5	12.6
Parkinson's Disease	18.9	13.6	12.0

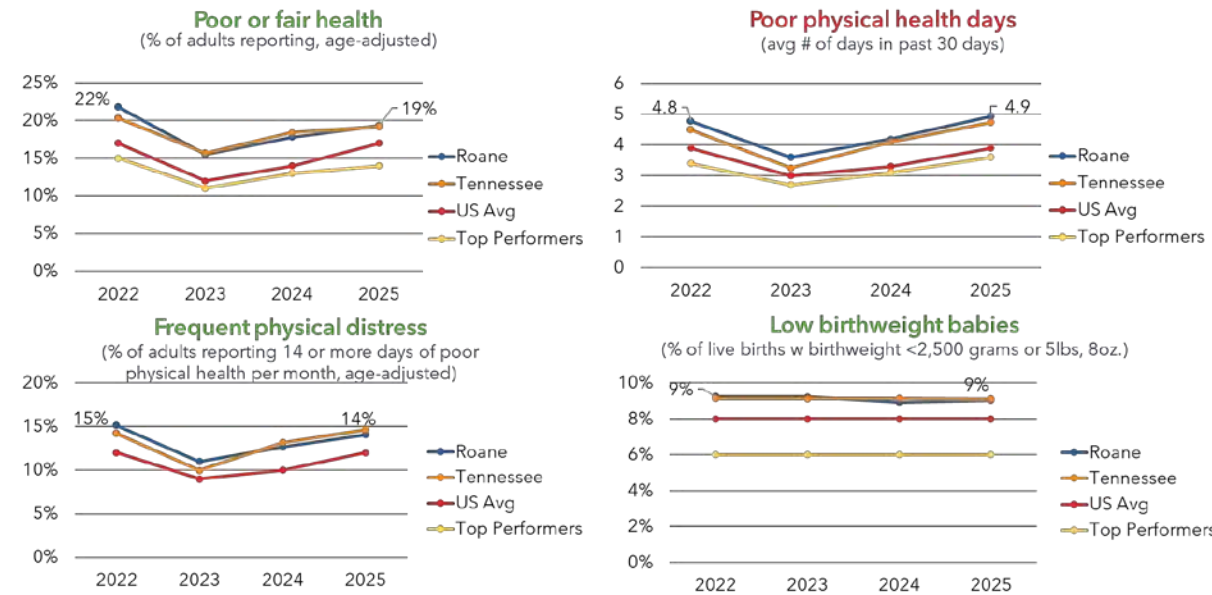
Rates in red had death rates higher than TN. The leading causes of death in Roane County were heart disease, cancer, accidents, chronic lower respiratory disease, and cerebrovascular disease, followed by COVID-19.

Source: Wonder CDC.gov (2021-2022) Age-adjusted rates per 100,000 population.

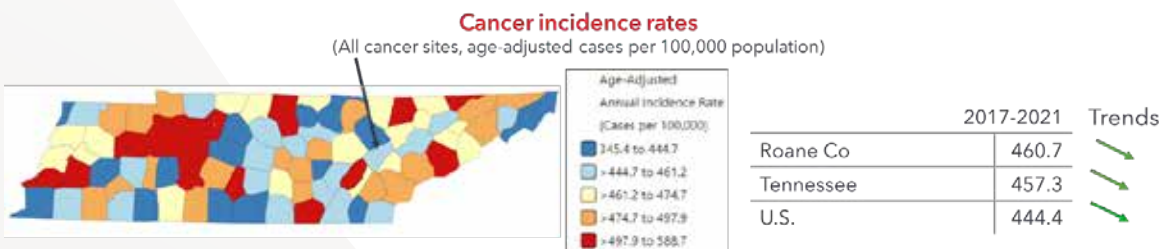
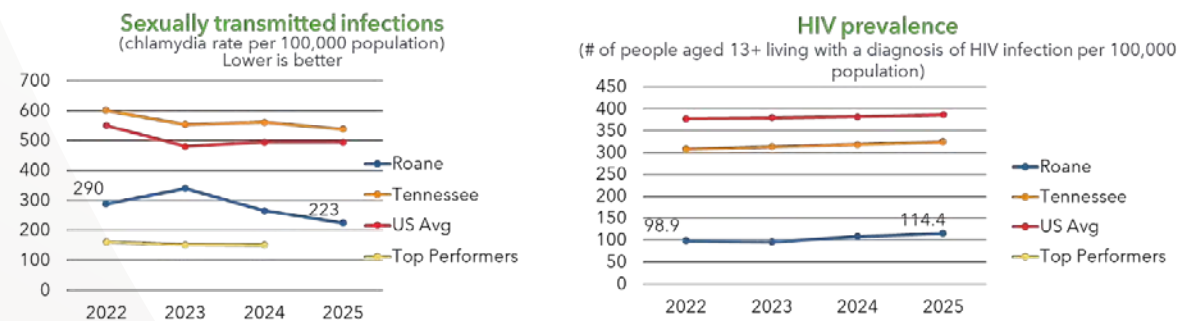
Quality of Life

Physical Health

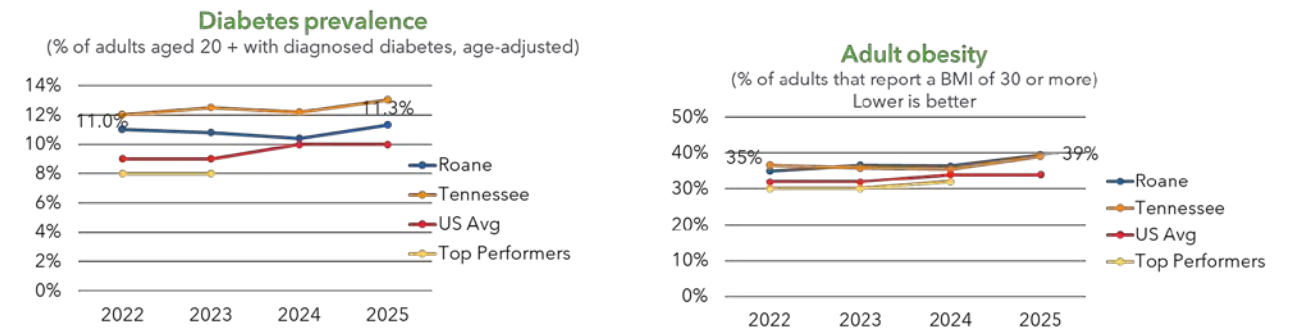
Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)



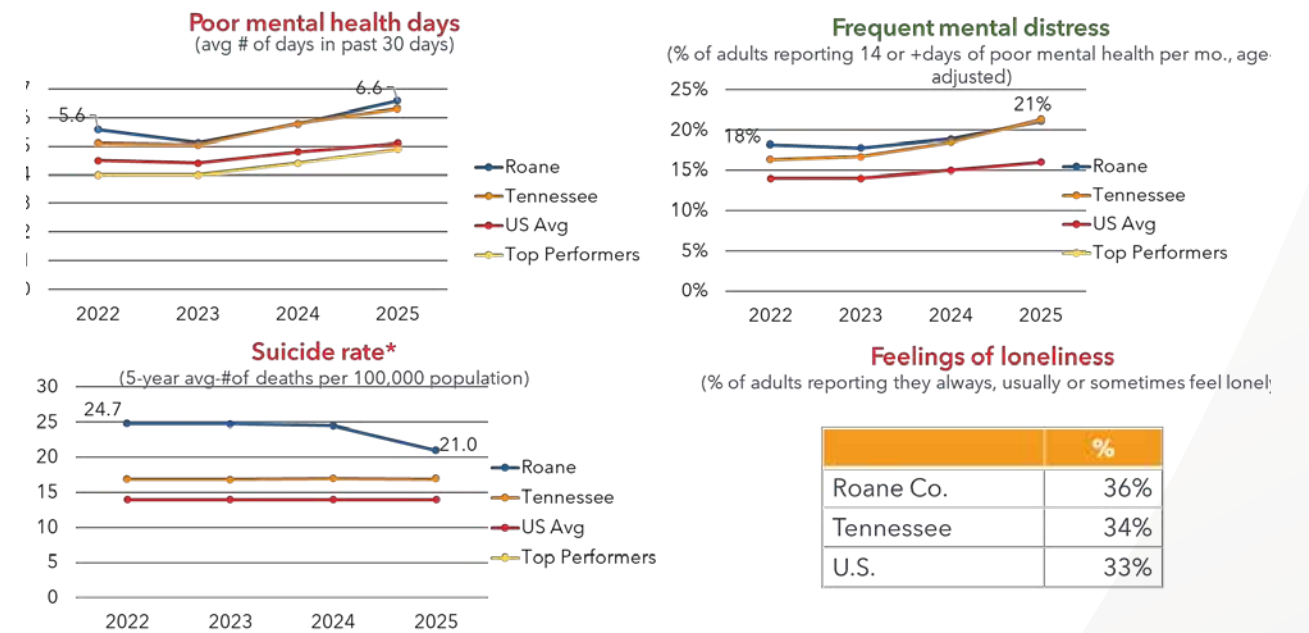
Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

Mental Health

Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Mortality files (2018-2022)

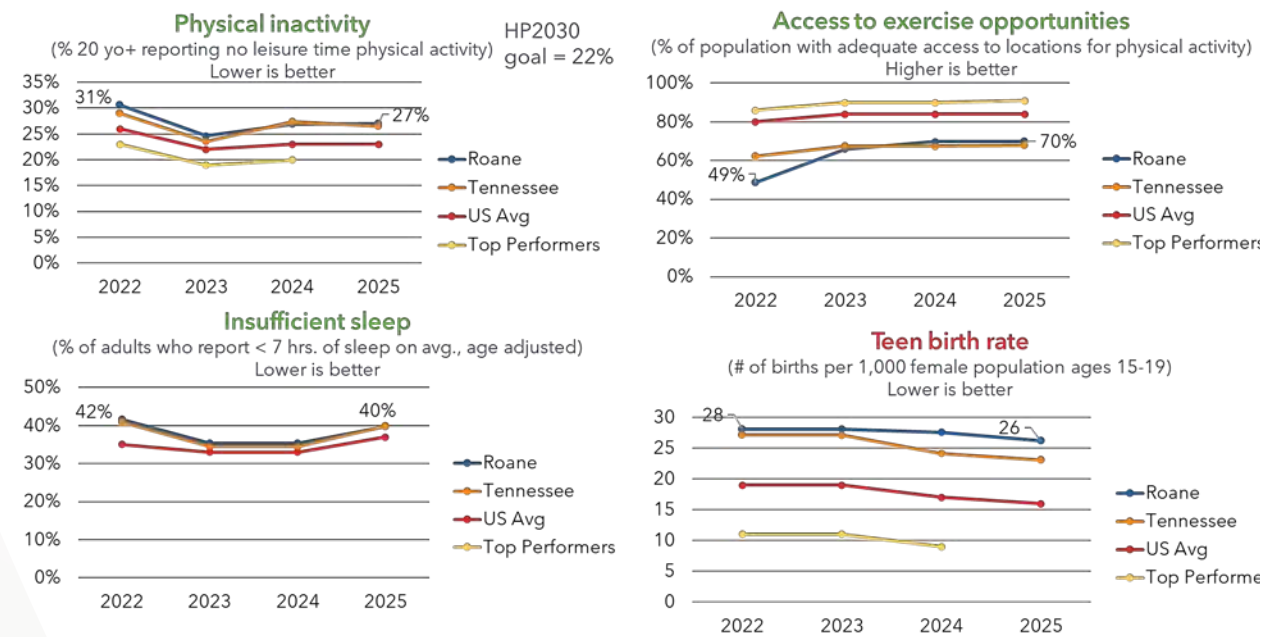
COMMUNITY CONDITIONS

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

Health Infrastructure

Health infrastructure includes prevention, healthy eating and active living, substance misuse, and clinical care.

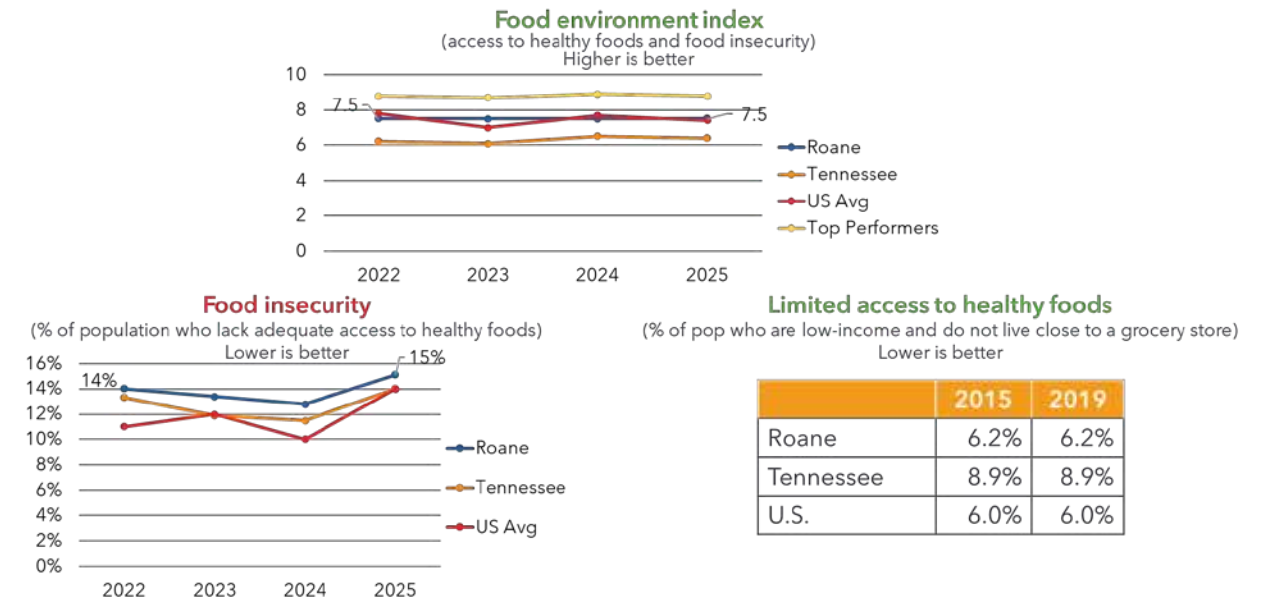
Healthy Living



Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022
 Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a county who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios, and pools, based on SIC codes)
 Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022
 Source: Teen birth rate – CHR, National Center for Health Statistics-Nativity Files; Census Population, 2017-2023

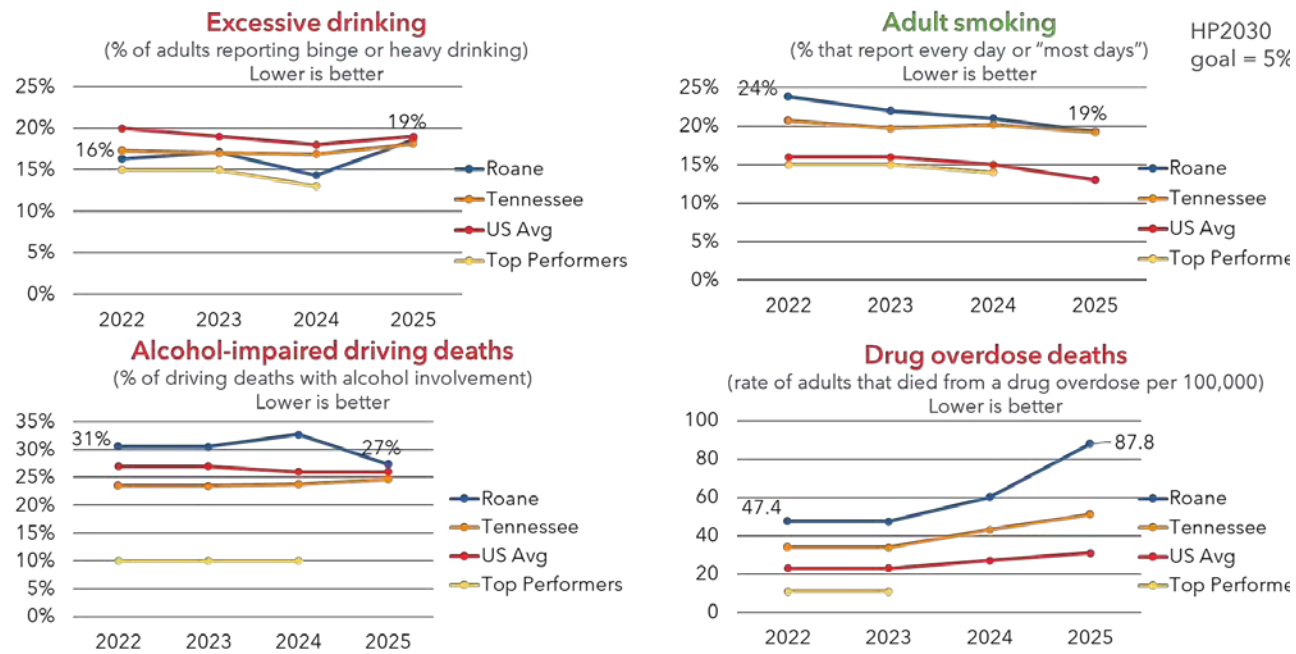
Access to Healthy Foods

The food environment index includes the percentage of the population with limited access to healthy foods and the percentage of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022 | Source: Food insecurity – Map the Meal Gap, 2022
 Source: Limited access to healthy foods – USDA Food Environment Atlas, 2019

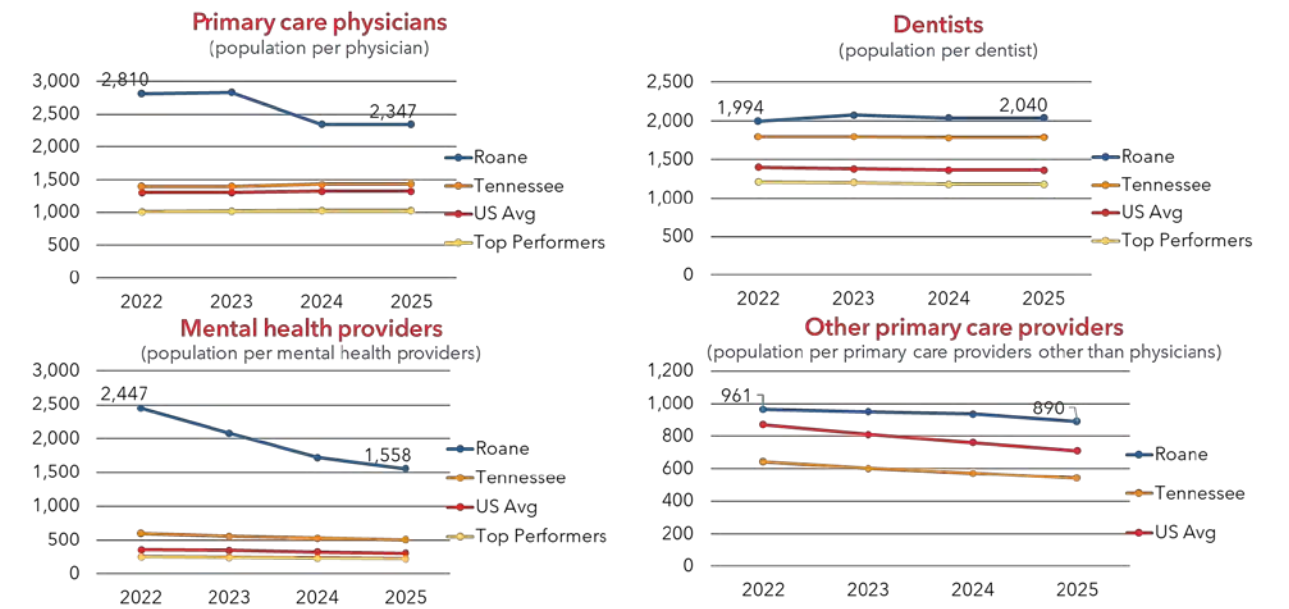
Substance Misuse



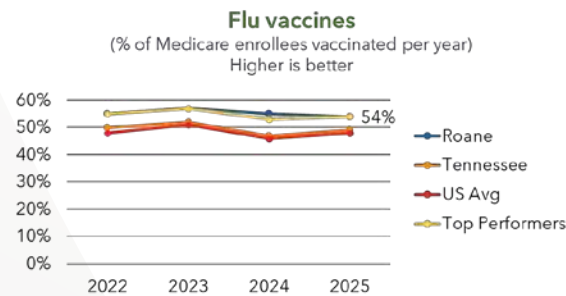
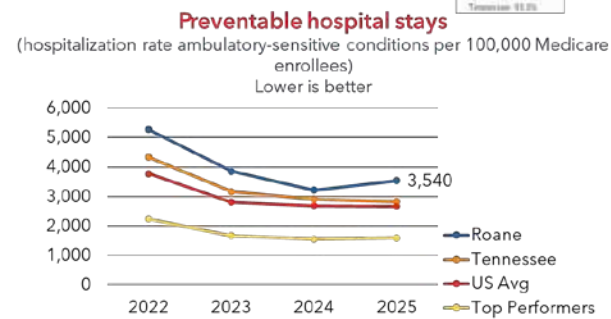
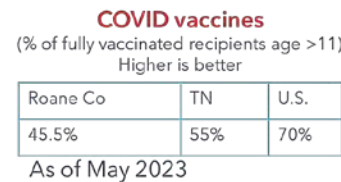
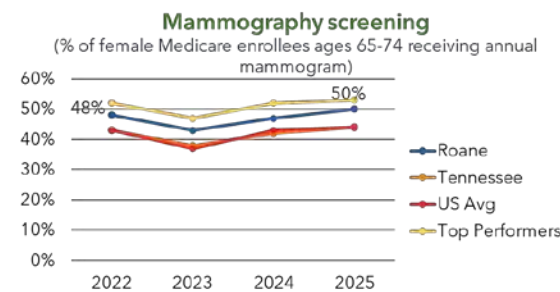
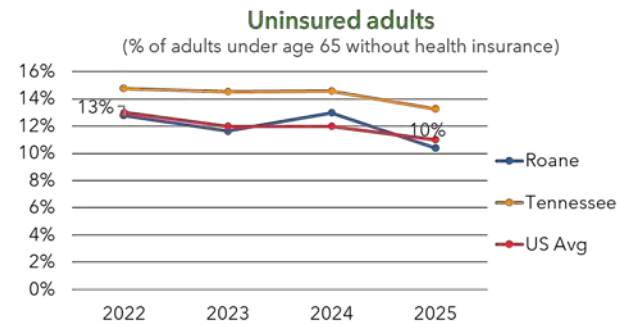
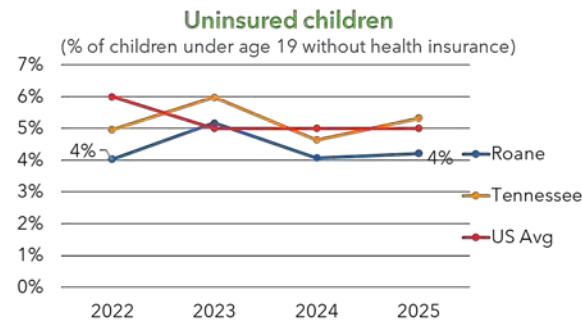
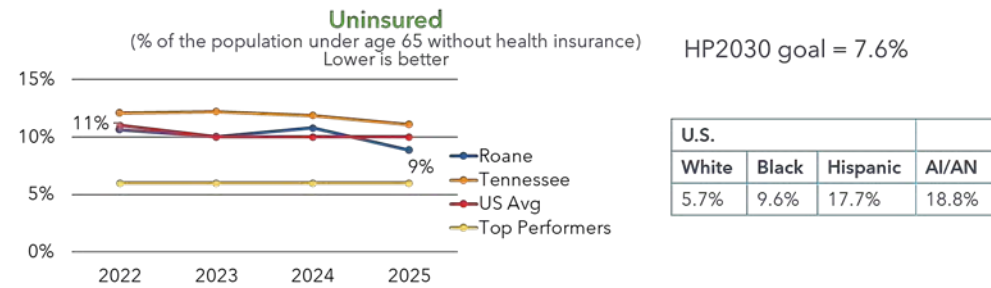
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
 Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
 Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022
 Source: Drug overdose deaths - National Center for Health Statistics - Mortality Files, Census Population, 2020 - 2022

Clinical Care

Clinical care is made up of access-to-care measures of population per primary care physicians, dentists, mental health providers, and other primary care providers, along with uninsured and prevention measures.



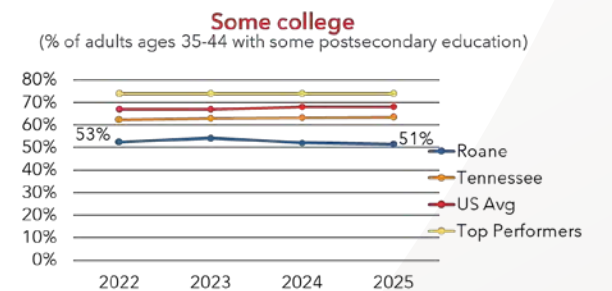
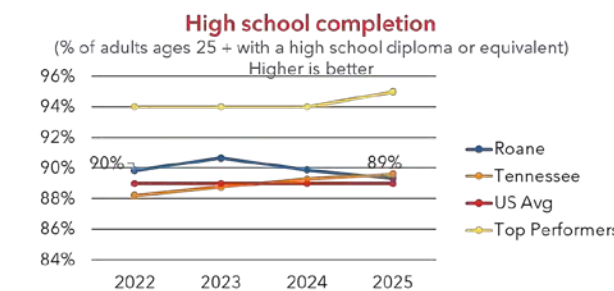
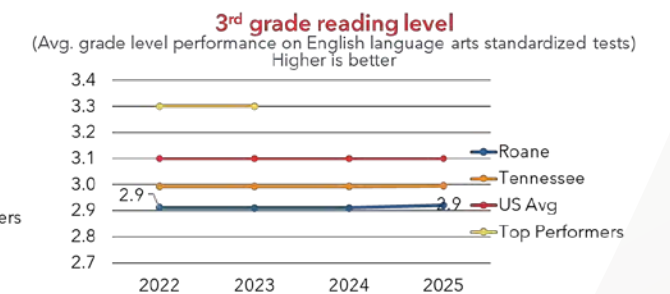
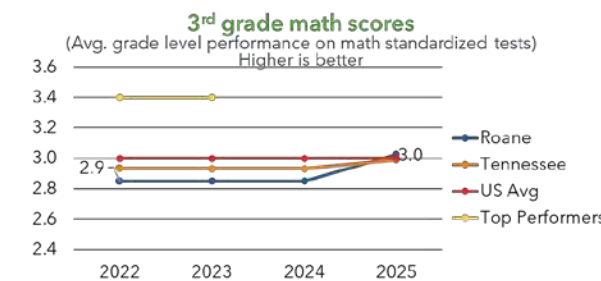
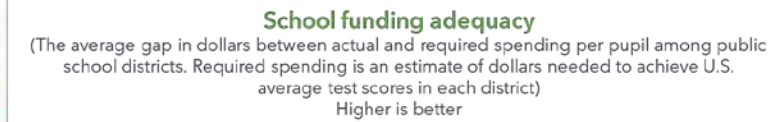
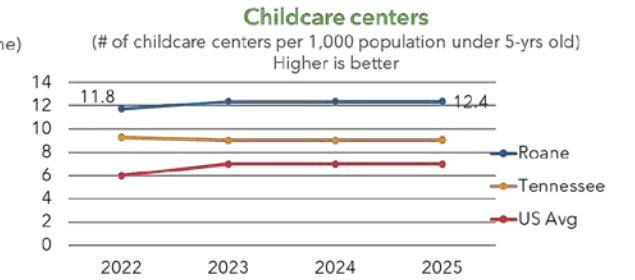
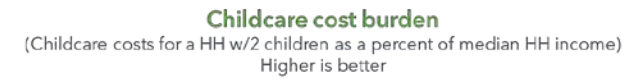
Source: Population to PCP - CHR; Area Health Resource File/American Medical Association, 2021
 Source: Population to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2022
 Source: Population to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CMS, National Provider Identifier File, 2022
 Source: Population to other primary care providers - CHR; CMS, National Provider Identification, 2024
 Source: Diabetes prevalence - Behavioral Risk Factor Surveillance System, 2019



Social and Economic Factors

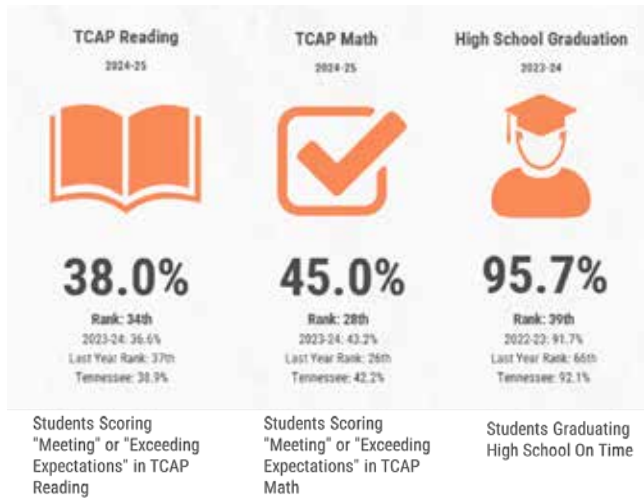
Social and economic factors include education, income, employment and wealth, social support, and safety.

Childcare and Education

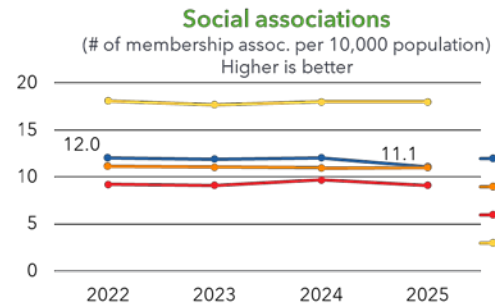
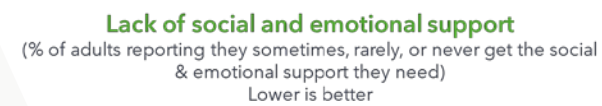
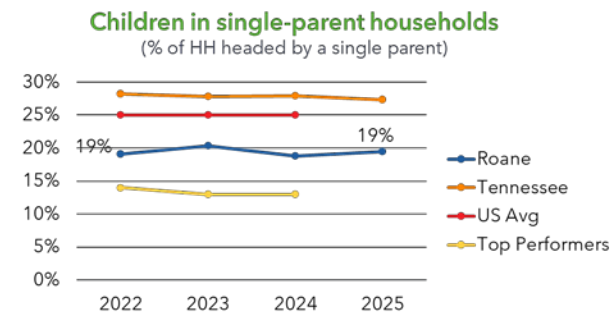


Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022
 Source: Preventable hospital stays, mammography screening, flu vaccinations - CHR, CMS Mapping Medicare Disparities Tool, 2022
 Source: COVID-19 Vaccinations - CDC May 2023

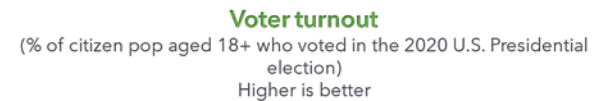
Source: School funding adequacy - CHR; School Finance Indicators Database, 2022
 Source: Childcare Cost Burden - The Living Wage Institute; Small Area Income and Poverty Estimate, 2024
 Source: Childcare centers - CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022
 Source: Reading and Math scores - CHR Stanford Education Data Archive, 2019
 Source: High school completion - CHR, American Community Survey, 5-yr estimates, 2019-2023
 Source: Some college - CHR; American Community Survey, 5-year estimates, 2019-2022



Family and Social Engagement

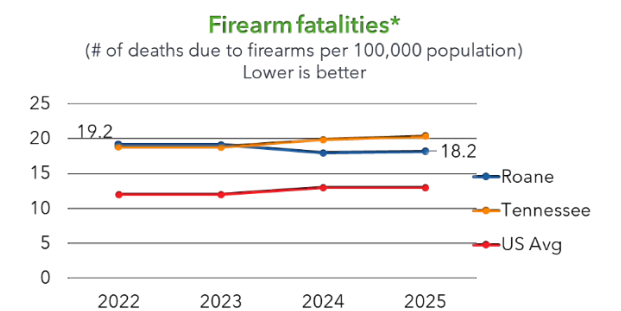
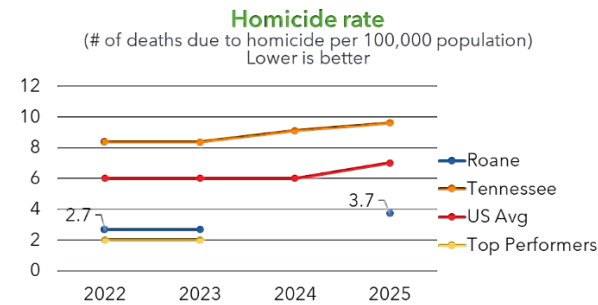


Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020
 Sources: Social associations - CHR-County Business Patterns, 2022
 Sources: Lack of social & emotional support - CHR, Behavioral Risk Factor Surveillance System, 2022



Source: Census participation - CHR; Census Operational Quality Metrics, 2020
 Source: Voter turnout - CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020

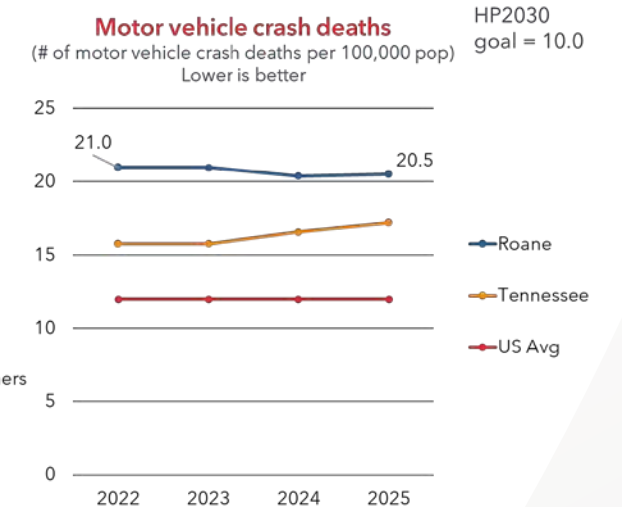
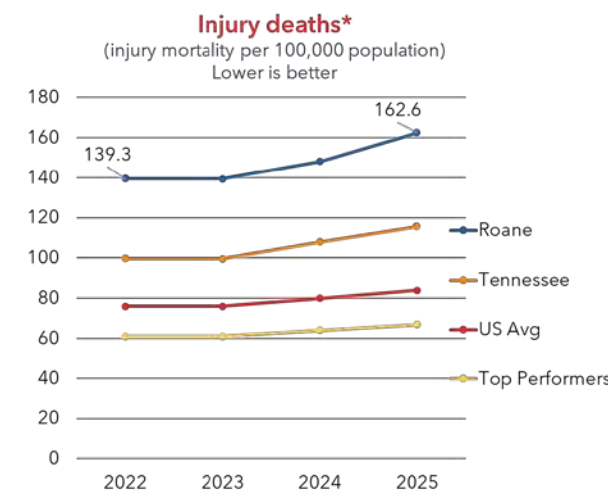
Community Safety



Violent crime 2023
(# of violent crimes per 100,000 population)
Lower is better

Roane Co	Tennessee	U.S.
238.6	621.6	377.1

Violent crime in Tennessee peaked during 2020 at 673 and has been declining.



HP2030 goal = 10.0

Source: Homicide rate & Firarm fatalities-CHR; National Center for Health Statistics - Mortality files; Census population, 2016-2022
 Source: Violent crime- FBI Crime data explorer, 2022
 Source: Injury deaths - CHR; National Center for Health Statistics - Mortality files; Census population, 2018-2022
 Source: Motor vehicle crash deaths - CHR, National Center for Health Statistics - Mortality Files, Census population, 2016-2022

Physical Environment

Physical environment encompasses housing and transportation, air, water, land, and civic and community resources.

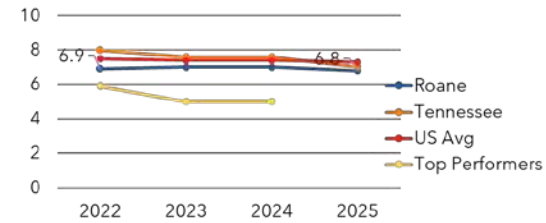
Drinking water violations

(indicator of the presence of health-related drinking water violations)

	2021	2022	2023
Roane	No	Yes	Yes

Air pollution particulate matter

(avg daily density of fine particulate matter in micrograms per cubic meter)
Lower is better



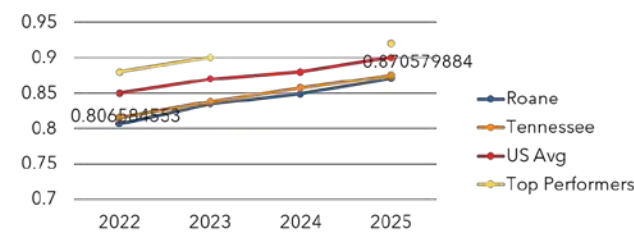
Access to parks

(Percentage of the population living within a half mile of a park)

Entity	Percentage
Roane Co.	2%
Tennessee	26%
U.S.	51%

Broadband access

(% of households with broadband internet connection)



Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023

Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023

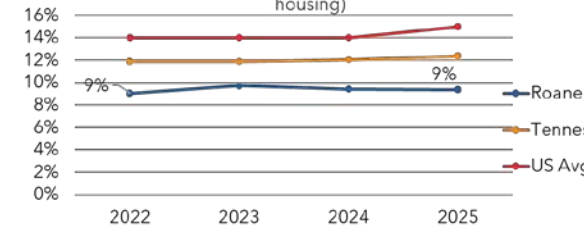
Source: Driving alone to work and long commute – CHR; American Community Survey, 5-year estimates, 2019-2023

Source: Access to Parks – ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020.

Housing

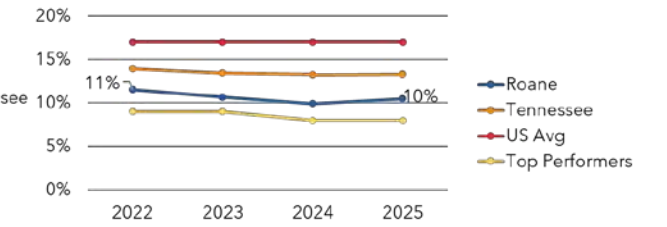
Severe housing burden

(% of households that spend 50% or more of their income on housing)



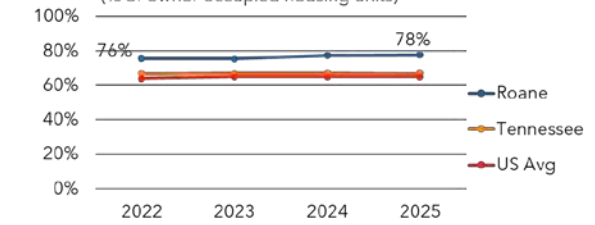
Severe housing problems

(% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)



Home ownership

(% of owner-occupied housing units)



Source: Severe housing cost burden & home ownership – CHR; American Community Survey, five-year estimates, 2019-2023
Source: Severe housing problems – CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

5. Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on page 48 of the Community Health Needs Assessment.

Mental/Behavioral Health		
Organization/Service	Website	Phone
Ridgeview Behavioral Health Services	https://www.ridgeview.com/	865-882-1164
The McNabb Center	https://mcnabbcenter.org/mental-health-care/	1-800-255-9711
Camelot of East TN (clarvida)	https://www.clarvida.com/tennessee/	865-481-3972
Tennessee Mental Health Crisis Services	https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html	855-274-7471
Suicide and Crisis Lifeline		988
HOPE of East Tennessee	https://www.hopeofet.org/services/	865-482-4826
Poverty		
Organization/Service	Website	Phone
American Job Center	https://www.tn.gov/workforce/jobs-and-education/job-search1/find-local-american-job-center.html	423-317-7060
Tennessee Reconnect	https://tnreconnect.gov/	
HC Excell	https://www.hcexcell.org/	423-581-5334
TORCH (TN outreach center for homeless)	https://oakridgetorch.org/	865-318-4788
ADFAC Household assistance program	https://www.oakridgetn.gov/440/ADFAC	865-483-6028
Food Pantry - Highland View Church of Christ	https://highlandviewchurch.snappages.site/	
Food Pantry - Grace Lutheran Church	https://www.graceor.org/ministries/	865-483-3787
Obesity and Chronic Diseases (see also Access to Care)		
Organization/Service	Website	Phone
Weigh to go Weight Loss Center (Kingston)	https://weightogoweightloss.com/	865-376-1307
Bain Recovery and Weight Loss Center (Harriman)	https://www.portlandwellness.center/	865-440-3529
Premier Weight Management and Esthetics	https://www.premierweightmgmt.com/oliversprings-weight-loss-clinic	865-435-4815
Roane Medical Center	https://www.covenanthealth.com/roane/	865-374-0411
Nutritious Foundations (Oak Ridge)	https://www.nutritiousfoundations.com/	865-332-8758
Roane County Health Department	https://business.roanechamber.com/list/member/roane-county-health-department-474	865-354-1220

Free Medical Clinic TN	https://www.fmcor.org/	865-483-3904
Hand in Hand With You	https://rayitodeesperanzapr.org/programas/	787-553-2469
Substance Use Disorder		
Organization/Service	Website	Phone
Ridgeview Behavioral Health - Inpatient Services	https://www.ridgeview.com/treatments/inpatient-services	800-870-5481
Ridgeview Behavioral Health - Outpatient Therapy	https://www.ridgeview.com/	865-482-1076
Crossroads Treatment Center of Oak Ridge	https://www.crossroadstreatmentcenters.com/center/crossroads-of-oak-ridge-tn-suboxone-clinic/	866-698-8864
Groups Recover Together	https://locations.joiningroups.com/tn/oakridge/groups-recover-together-oak-ridge-tn-grt860.html	865-378-6929
HOPE of East Tennessee	https://www.hopeofet.org/	865-482-4826
ReVIDA Recovery Centers	https://www.revidarecovery.com/locations/oak-ridge-tn/?utm_campaign=gmb&utm_medium=referral&utm_source=gmb	865-328-4587
Roane County Anti-Drug Coalition	https://www.roaneantidrug.org/	865-224-0205
TN REDLINE	CALL OR TEXT	1-800-889-9789
Narcotics (find Meetings)	https://www.narcotics.com/na-meetings/tennessee/oak-ridge/	800-861-9372
Free Medical Clinic TN	https://www.fmcor.org/	865-483-3904
Sober Sidekick (Nationwide app)	https://apps.apple.com/us/app/sober-sidekick-quit-addiction/id1448251580?mt=8	888-301-6231
Access to care - primary care, specialty care, dentists		
Organization/Service	Website	Phone
Roane County Free Medical Clinic	https://www.fmcor.org/roane-social-resources	865-483-3904
Choices Resource Center	https://choicesresource.com/	865-344-1362
Free Medical Clinic	https://www.fmcor.org/	865-483-3904
Roane State Community Dental Clinic	https://www.roanestate.edu/?6718-Community-Dental-Clinic	865-481-2000
Roane State Community Pop-up Clinic (CHECK WEBSITE FOR AVAILABILITY)	https://www.ramusa.org/events/harriman-tn-2025/	
Dayspring Health	https://dayspringhealth.org/	865-577-6212
AFC Urgent Care Oak Ridge	https://www.afcurgentcare.com/oak-ridge-tn/	865-413-0185
Free Medical Clinic of Rockwood	https://www.fmcor.org/	865-234-6053
Covenant Medical Group - Kingston Family Practice	https://www.covenanthealth.com/kingston-family-practice/	865-376-3406
ExacCare Kingston	https://www.exaccare.com/?utm_source=gmb_auth	865-248-8680

Summit Medical Group	https://www.summitmedical.com/locations/bhavana-vora	865-882-0105
Roane Medical Center	https://www.covenanthealth.com/roane/	865-316-1000
Kingston Health Associates	814 N Kentucky St, Kingston, TN, 37763	865-717-1121
Access to safe, affordable housing		
Organization/Service	Website	Phone
Nineline (statewide)	https://teenlineonline.org/yyp/covenant-house-nineline/	800-999-9999
Tennessee Valley Coalition for Homeless (statewide)	https://tvchomeless.org/get-help/	888-556-0791
Low-Income Housing - Roane County	https://www.lowincomehousing.us/cty/tn-roane	
East Tennessee Human Resource Agency	https://www.ethra.org/locations/20/roane-county	865-376-3319
Housing Authority	https://www.affordablehousing.com/housing-authority-roane-county-tn/	
Operation Finally Home (nationwide)	https://www.operationfinallyhome.org/	
Home Ownership Program - Clinch River Habitat for Humanity	https://clinchriverrhf.org/homeownership/	865-483-5433
HUD Public Housing Program - Harriman	924 Sewanee Street, Harriman, TN 37748	865-882-9636
HUD Public Housing Program - Oliver Springs	131 Brittain Village, Oliver Springs, TN 37840	865-435-1711
HUD Public Housing Program - Oak Ridge	10 Van Hicks Road, Oak Ridge, TN 37830	865-482-1006 ext. 122
ADDITIONAL RESOURCES		
HelpTN	https://www.helpn.com/county/roane	
United Way of Roane County	https://unitedwayroane.org/where-your-money-goes/	865-882-7711

Change Form

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Covenant Health Roane Marketing Department
8045 Covenant Health Roane Drive
Harriman, TN 37748

865-316-2150

or email to marketingcommunications@covhlth.com

Roane County

COMMUNITY HEALTH NEEDS ASSESSMENT

Completed in partnership with:

