

Anderson County

COMMUNITY HEALTH NEEDS ASSESSMENT

Methodist Medical Center
Ridgeview Behavioral Health Services

2025

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Perspective/Overview

ABOUT METHODIST MEDICAL CENTER

Methodist Medical Center of Oak Ridge is a leading hospital with nationally recognized honors, committed to providing our patients with high-quality care, technology, and service. Our facilities offer patients all the benefits of medical expertise and innovation while still embodying the convenience of a hometown medical center that is close to the support of family and friends.

At Methodist, our team is dedicated to providing excellent healthcare in our community so that everyone can enjoy a better quality of life.

ABOUT RIDGEVIEW BEHAVIORAL HEALTH SERVICES

Ridgeview is a community mental health organization providing mental health care and treatment for adults, children, and families in Anderson, Campbell, Morgan, Roane, Fentress, Pickett, Union and Scott Counties in Tennessee.

Recovery is achievable. We are partners in the recovery process, providing those we serve with compassion, hope, and quality care, regardless of the ability to pay. Your health matters most. The road to recovery includes a healthy mind and a healthy body, and our services promote both these goals.

Ridgeview is a private, not-for-profit community mental health center. We first opened our doors in Oak Ridge in 1957. Then named the Mental Health Center of Anderson and Roane Counties Inc., it was founded to meet the mental health needs of adults and children in the community. In 1969, a newly constructed 22-bed inpatient hospital opened at 240 W. Tyrone Road. The hospital operates as our primary facility to this day. Since then, we have added numerous outpatient clinics and services to meet the needs of East Tennessee.

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 Anderson County, Tennessee.

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

2025 Community Health Needs Assessment

COLLABORATORS

Methodist Medical Center, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based out of Nashville, Tennessee, provided analysis of community health data and facilitated the focus groups. 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.

Methodist Medical Center and Ridgeview Behavioral Health Services were partners in the Community Health Needs Assessment. They are located on adjacent campuses and serve the same service area. Throughout the report, they will be referred to as "the partners."

MAKING THE CHNA WIDELY AVAILABLE TO THE PUBLIC

Starting on **December 15, 2025**, this report is made widely available to the community via Methodist Medical Center's website <https://www.covenanthealth.com/methodist/chna/>. Paper copies are available free of charge at Methodist Medical Center, 990 Oak Ridge Turnpike, Oak Ridge, TN 37831 or by phone, 865-835-1000.

Starting on **June 30, 2025**, this report is made widely available to the community via Ridgeview Behavioral Health Services' website <https://www.ridgeview.com/patient-resources/community-resources/community-health-needs-assessment-2022>. Paper copies are available free of charge at Ridgeview Behavioral Health, 240 West Tyrone Road, Oak Ridge, TN 37830 or by phone, 865-482-1076.

BOARD APPROVALS

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

Anderson County's population in 2024 was 78,977.

The 2024 daytime population of Anderson County was 93,028 due to large employers in the county.



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 Anderson County for the next three years. There is a complete summary of findings with prioritization criteria later in the document.

1. Access to safe, affordable housing
2. Mental/behavioral health, including anxiety and depression
3. Substance use disorder
4. Healthy eating/active living and food security
5. Tobacco and vaping by youth and adults

Community Input and Collaboration

METHODS AND TIMELINE

In February 2025, the partners began a Community Health Needs Assessment for Anderson 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 March 20, April 22, and May 19, 2025, to plan, implement, and finalize the CHNA process.
- A data committee was formed from the steering committee to review the secondary data and focus group results prior to the summit.
- Community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on April 1, 2025.
- An online survey of community members was conducted March 1 through May 15, 2025.
- A Community Health Summit was conducted on April 30, 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

Approximately 30 individuals from 17 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Anderson 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. This input helped provide direction for the community and hospitals to create a plan to improve the health of the communities. In many cases, several representatives from each organization participated.

Participants

Organization	Population Represented (children, low income, minorities, those w/o access)	How Involved
YWCA	Domestic violence victims/mental health	Focus Group, Summit
Ridgeview Behavioral Health	Mental/behavioral health	Steering Committee, Focus Group, Summit
League of Women Voters	All	Focus Group, Summit
ASAP of Anderson County	Youth/adult substance prevention	Focus Group, Summit
Community Advocates	Disabled, mental health, and LGBTQIA communities, retired RN	Focus Group, Summit
Anderson County Health Department	All	Steering Committee, Focus Group, Summit
NAMI Oak Ridge	Mental/behavioral health	Focus Group
Aid to Distressed Families of Appalachian Counties (ADFAC)	Low-income	Focus Group
United Way of Anderson County	Youth, low income, seniors	Steering Committee, Focus Group, Summit
Emory Valley Center	Disabled community	Steering Committee, Focus Group
Child Advocacy Center	Children who have been abused	Focus Group
Anderson County EMS	All	Steering Committee, Focus Group
Senior Citizen Advisory Committee	Elderly	Summit
AC FJC	All	Summit
Methodist Medical Center	All	Summit
Anderson County Family Justice	Low income, women, children, minorities	Summit
Hope of East TN	Adults	Summit
Covenant Health	All	Steering Committee, 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 Anderson County Health Department Director, Charles Turner, was a key participant. Mr. Turner served on the steering committee, the data committee, and attended 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

Methodist Medical Center and Ridgeview did not receive any written comments about the 2022 CHNA or implementation strategy.

Process and Methods Used

COMMUNITY SELECTED FOR ASSESSMENT

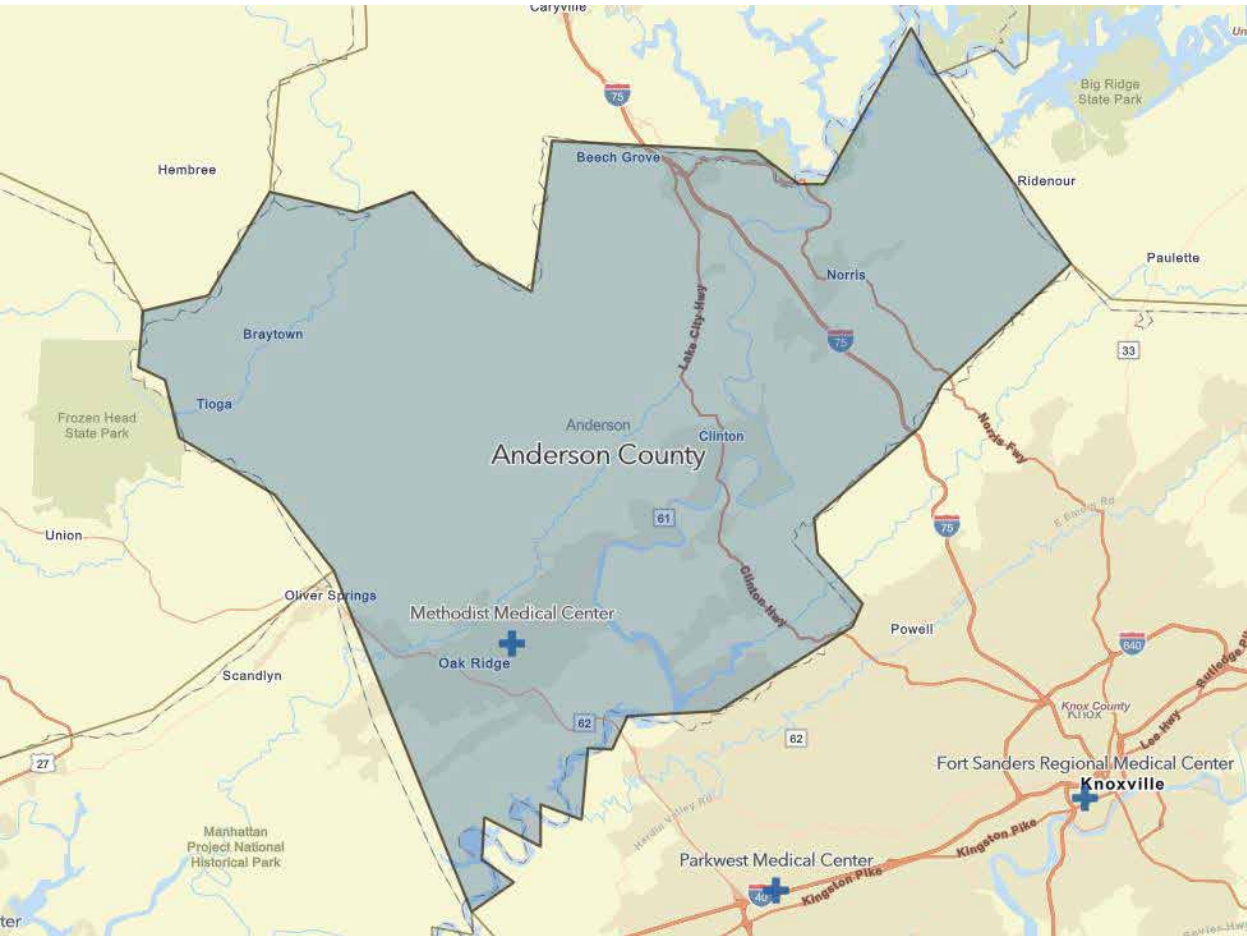
Anderson County was the primary focus of the CHNA based on the service area of Methodist Medical Center and Ridgeview Behavioral Health Services. As the study area, Anderson County provided 47% of January 1, 2024, through December 31, 2024, inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Methodist Medical Center draws patients.

Patient demographics were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Methodist Medical Center’s Financial Assistance Policy.



The population of Anderson County is projected to increase 1.7% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.

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 socioeconomic – 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

Photo courtesy of Ridgeview, used by permission

Demographic Indicators

The following tables and graphs summarize the demographics of Anderson County compared to TN and the U.S.

	Anderson Co.	TN	USA
Population 2024	78,977	7,204,409	338,440,954
Population 2029	80,294	7,465,737	344,873,411
% Population Change 2024-2029	1.7%	3.6%	1.9%
Percent of Population below 18	20.2%	21.3%	21.0%
Percent of Population 18-64	57.9%	60.4%	60.8%
Percent of Population 65+	21.9%	18.3%	18.1%
Racial and Ethnic Make-up			
Non-Hispanic White	84.8%	70.0%	56.3%
Non-Hispanic Black	3.7%	15.5%	12.1%
Non-Hispanic Asian	1.4%	2.1%	6.3%
Native American/Alaska Native	0.3%	0.2%	0.7%
Pacific Islander	0.1%	0.1%	0.2%
Two or More Races	5.3%	4.1%	4.3%
Other Race	0.4%	0.3%	0.5%
Hispanic Origin	4.2%	7.6%	19.6%

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

Socioeconomic Indicators

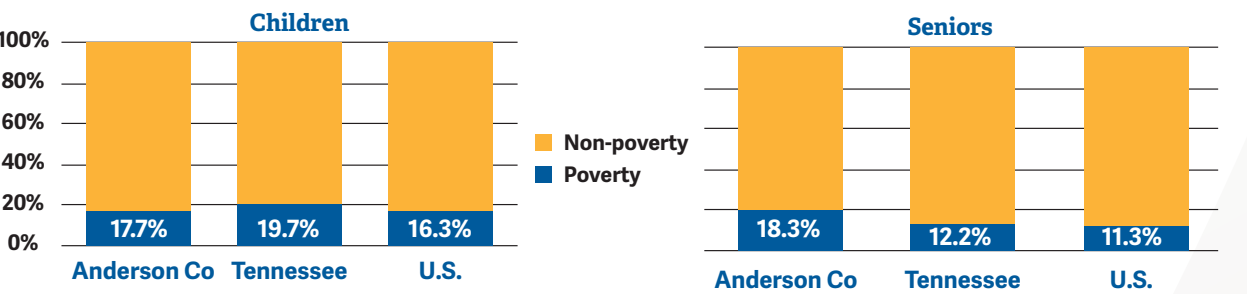
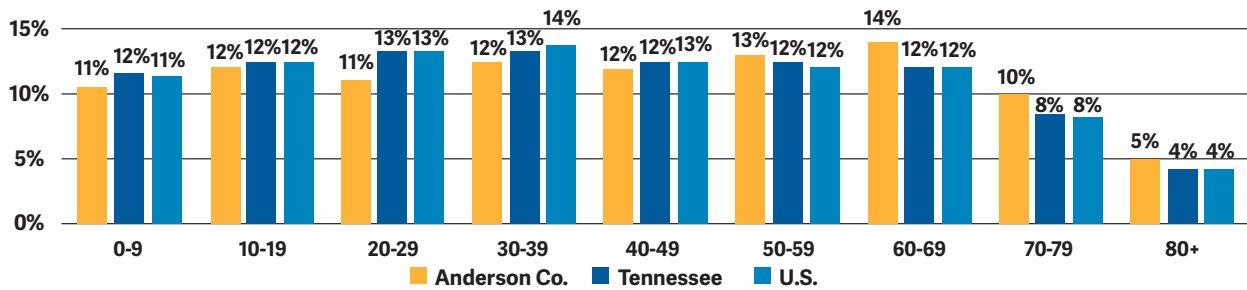
	Anderson Co.	TN	USA
Median Age	43.0	40.3	39.1
Median Household Income	\$77,123	\$64,035	\$75,149
Percentage Speaking a Language Other Than English	4.4%	7.8%	21.7%
% of Income for Mortgage	25.3%	25.2%	25.6%
% in Poverty	13.1%	13.5%	11.5%
% ALICE Households	27%	30%	29%
Population Receiving SNAP Benefits 2022	12.0%	10.0%	12.5%
Percent Unemployed - 2024	4.4%	4.0%	4.2%
Percent Uninsured	12.1%	12%	10%
Percent with a Disability <age 65	15.5%	10.9%	8.9%
Percent Rural	35.0%	33.8%	20.0%

Source: Esri, Census Bureau, United Way

- Anderson County’s population in 2024 was 78,977. The 2024 daytime population of Anderson County was 93,028 due to large employers in the county.
- The population of Anderson County is projected to increase 1.7% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.
- Anderson County had a higher median age (43) than TN (40.3) and the U.S. (39.1). In Anderson County the percentage of the population 65 and over was 21.9%, higher than TN and the U.S. 65+ populations, which are 18.3% and 18.1% respectively.
- Anderson County median household income at \$77,123 was higher than TN (\$64,035) and the U.S. (\$75,149).
- The rate of poverty in Anderson County was 13.1% which was lower than TN (13.5%) but higher than the U.S. (11.5%). The percent of asset-limited, income-constrained and employed (ALICE) households in Anderson County was 27%, which was less than TN at 30% and the U.S. at 29%.

- The household income distribution of Anderson County was 32.7% higher income (over \$100,000), 43% middle income, and 24% lower income (under \$35,000).
- The racial and ethnic make-up of Anderson County was 85% Non-Hispanic White, 4% Non-Hispanic Black, 4% Hispanic origin, 5% more than one race, 1.7% Asian/Pacific Islander, and .4% other.
- Anderson County’s 2024 unemployment was 4.4% compared to 4.0% for Tennessee and 4.2% for the U.S.
- 12.0% of Anderson County received SNAP benefits compared to 10% of Tennessee in 2022.

POPULATION BY AGE RANGE 2024



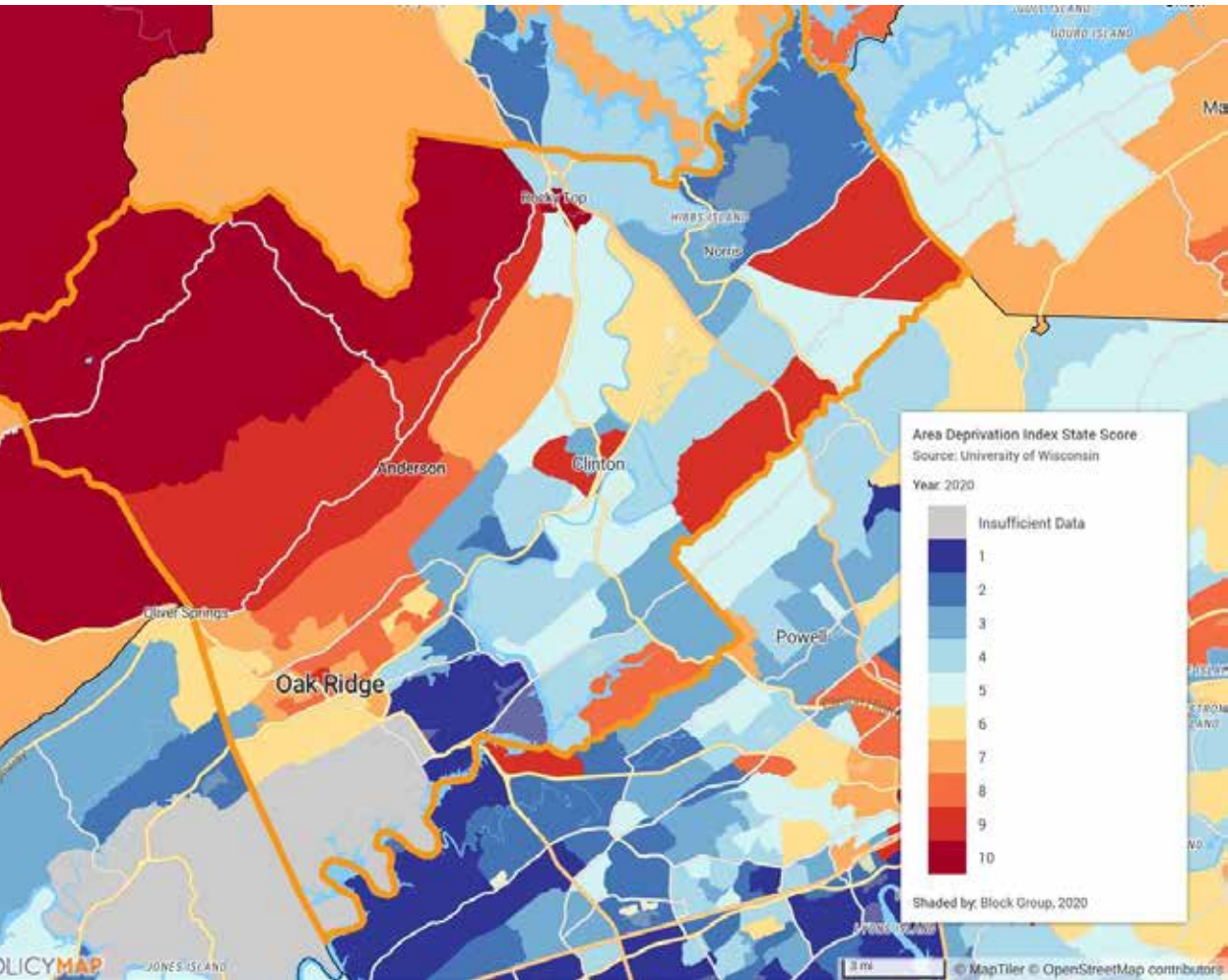
Source: Esri

The rate of poverty in Anderson County was 13.1%, which was lower than TN (13.5%) but higher than the U.S. (11.5%).



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 and would be a priority location for health improvement activities.



BUSINESS PROFILE

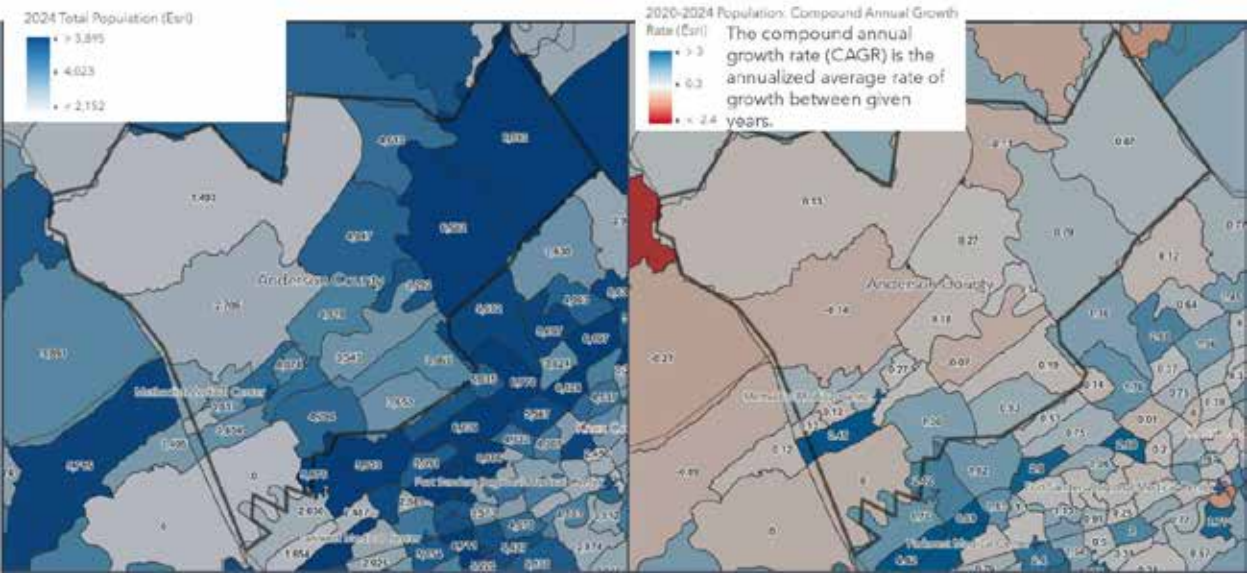
65% percent of employees in Anderson County were employed in:

- Education, healthcare, and social assistance (19.6%)
- Professional, scientific, management, administrative, and waste management (12.0%)
- Arts, entertainment, recreation, accommodation, and food services (11.6%)
- Retail trade (10.9%)
- Manufacturing (10.1%)

Source: ACS, 2023

Retail, accommodation, and food service offer health insurance at a lower frequency rate than healthcare, professional, scientific, management, and educational services.

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



Source: Esri

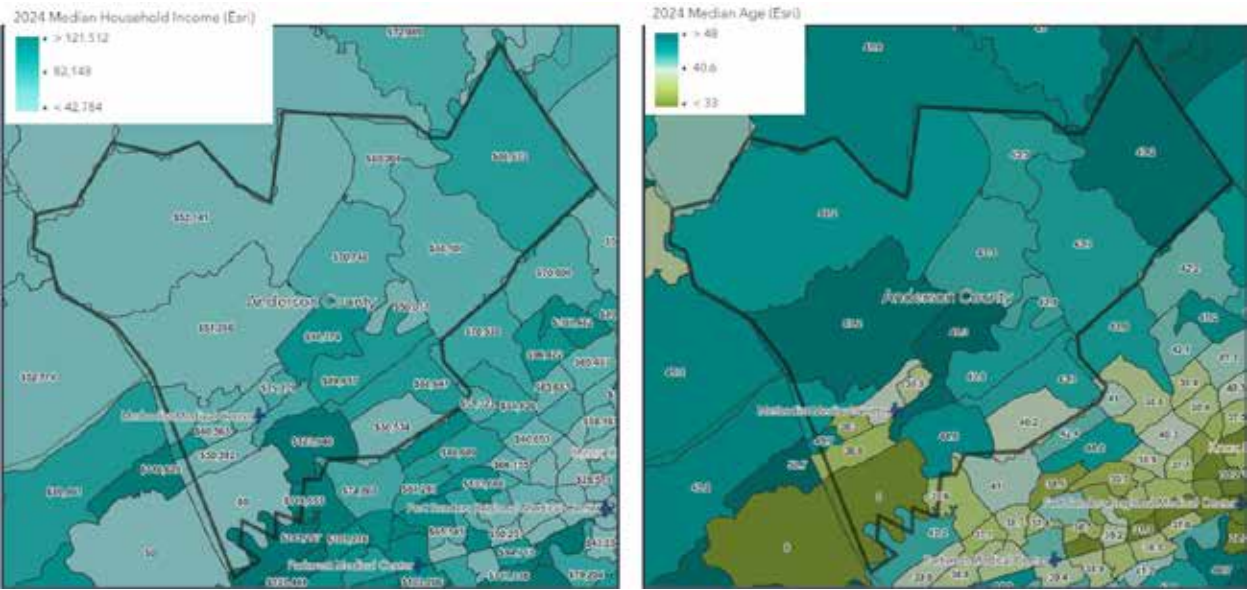


The majority of Anderson County had growth ranging from .13% - 1% per year.

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 southwestern tracts around Oak Ridge, with populations of 3,857 and 4,074, compared to the northwestern tract with a population of 1,493.

The majority of Anderson County had growth ranging from .13% - 1% per year. There were three census tracts that declined in population (dark pink on the map).

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 all areas of a county are not the same and will therefore have differing health needs. The health needs may be very different in the dark green census tracts with higher median ages (47 and 49) than the tracts closer to Oak Ridge with median ages of 36 and 38.

Looking at median household income by census tract also gives insight into health status. The lower-income areas may require more resources than the higher-income tracts. The census tract southeast of Oak Ridge with a higher median household income of \$123,946 will probably have different needs than that of the tract north of Oak Ridge earning \$51,286 median household income.



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.

Community Survey Summary

The partners and StrategyHealth conducted an online community survey in Anderson County. From March 1 - May 19, 2025, 126 online surveys were completed. The survey demographics are in the appendix.

Participants were given a list of 45 potential community health needs or issues to determine if these were “not a problem,” “a 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 below is ranked by perceptions of problem levels for each issue and includes the percentage who ranked the issue in the top three concerns for community health needs.

Issues	Not a Problem	Minor Problem	Major Problem	In Top 3
Access to safe, affordable housing	6%	14%	80%	26%
Affordable health insurance	6 %	14 %	80 %	12 %
Access to affordable childcare	6 %	15 %	79 %	5 %
Mental or behavioral health issues	7 %	17 %	76 %	14 %
Reliable, affordable transportation	6 %	18 %	76 %	15 %
Substance use disorder - drugs or alcohol	7 %	18 %	75 %	23 %
Poverty	5 %	20 %	75 %	15 %
Care for the unhoused population	6 %	20 %	74 %	20 %
Anxiety	4 %	23 %	73 %	2 %
Affordable healthcare	8 %	20 %	72 %	23 %
Access to jobs providing a living wage	5 %	24 %	71 %	11 %
Depression	4 %	27 %	69 %	3 %
Youth tobacco use and vaping	5 %	26 %	69 %	12 %
Adult tobacco use and vaping	6 %	25 %	69 %	0 %
Access to mental health care	15 %	19 %	66 %	17 %
Understanding healthcare/health literacy	7 %	27 %	66 %	4 %
Loneliness and or isolation	8 %	31 %	61 %	0 %
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	17 %	23 %	60 %	9 %

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
Diabetes	82%
Heart disease	82%
Cancer	72%
Asthma or respiratory disease	48%
Liver disease	35%
Kidney disease	33%
Lung disease	33%



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 had a mean score of 2.42, between a 2 (“dissatisfied”) and a 3 (“neither satisfied nor dissatisfied”).

Top three issues of concern and satisfaction with current efforts to address	Mean
Neighborhood safety	1.00
Access to services for children with disabilities or special needs	1.00
Distracted driving	1.17
Gun violence	1.20
Access to affordable childcare	1.20
Access to specialty care such as cardiology, orthopedics	1.25
Suicide	1.25
Access to women’s health services, such as birth control, obstetrics, gynecologist, etc.	1.33
Depression	1.33
Reliable, affordable transportation	1.33
Access to jobs providing a living wage	1.36
Access to medications	1.40
Poverty	1.40
Child abuse or neglect	1.40
Modern technology over use such as social media, video games, chat rooms	1.40
Access to dental care	1.41
Affordable healthcare	1.43
Physical or cyber bullying	1.50
Access to safe, affordable housing	1.58
Affordable health insurance	1.58
Substance use disorder - drugs or alcohol	1.65
Care for the unhoused population	1.65
Access to healthy food	1.67
Domestic violence	1.71
Understanding healthcare/health literacy	1.75
Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc.	1.78
Access to mental health care	1.88
Mental or behavioral health issues	2.07
Youth tobacco use and vaping	2.42

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 April 1, 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.



Health is relative. Depends on means - health can be great if you have means and poor if you don’t.

- Focus Group comment

The participants defined health physical, mental and emotional health, and overall well-being. They believe it is relative based on resources.

The most significant health issues for the communities were:

- Access to care
- Mental health
- Substance use disorder
- Children’s developmental needs
- Social drivers of health – socioeconomics, transportation, housing
- Healthy eating and active living

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

- Improve housing – affordable housing, new zoning, universal design
- Repair/fix “the system” – enact fair taxation, free photo IDs, free mailboxes for low income, medical-related debt not counted toward credit rating, ability to expunge evictions
- Improve access to care and health literacy – make care affordable, help navigate the health system
- Help families – parental involvement, mentorship, affordable childcare, strengthen all types of families
- Increase funding for schools and not-for-profits



Health Status Data and Comparisons

Photo courtesy of Explore Oak Ridge, used by permission

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, Anderson County must close several community condition gaps.

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

- Higher adult smoking
- Higher adult obesity
- Higher injury deaths

The strengths were:

- Higher flu vaccinations
- Lower population per dentist
- Low preventable hospital stays
- Higher high school completion
- Higher social associations

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. (the 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 is better)

Tennessee challenges were:

- High prevalence of frequent mental distress
- High prevalence of multiple chronic conditions
- High prevalence of cigarette smoking

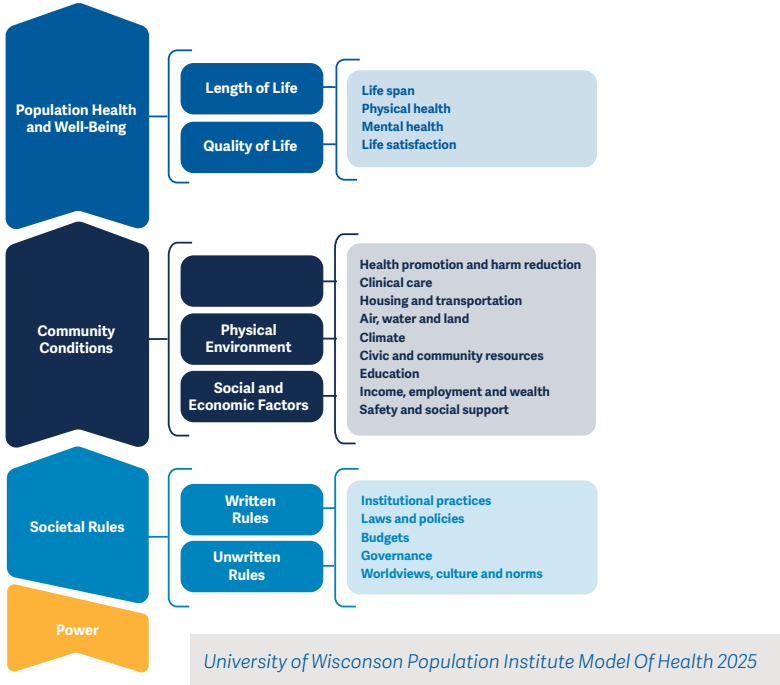
The strengths were:

- Low prevalence of excessive drinking
- Low income inequality
- Low percentage of households experiencing severe housing problems

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.

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, socioeconomics, 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.

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 Anderson 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		12,679	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		7.7	6.8	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022
Child mortality		57.1	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		18%	19%	17%	Percentage of adults reporting poor or fair health (age-adjusted). 2022
Poor physical health days		5.1	4.7	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent physical distress		14%	15%	12%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022
Low birth-weight babies		9%	9%	8%	Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz). 2017-2023
Diabetes prevalence		12%	13%	10%	Percentage of adults ages 20 and older with diagnosed diabetes (age-adjusted). 2022
Adult obesity		38%	38%	34%	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		126	324	387	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		465.3	457.3	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021
Sexually transmitted infections		294.0	538.1	495.0	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		19%	21%	16%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022
Suicide rate		19.8	16.9	14.0	Number of deaths by suicide per 100,000 population (age-adjusted). 2018-2022
Feelings of loneliness		37%	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 %	18 %	19 %	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022
Adult smoking		17 %	19 %	13 %	Percentage of adults who are current smokers (age-adjusted). 2022
Alcohol-impaired driving deaths		17 %	25 %	26 %	Percentage of driving deaths involving alcohol. 2018-2022
Drug overdose deaths		97	51	31	Number of drug poisoning deaths per 100,000 population. 2020-2022
Healthy Eating/Active Living					
Physical inactivity		25 %	27 %	23 %	Percentage of adults ages 18 and older reporting no leisure-time physical activity (age-adjusted). 2022
Access to exercise opportunities		66 %	68 %	84 %	Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020
Food environment index		7.6	6.4	7.4	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022
Food insecurity		17 %	14 %	14 %	Percentage of population who lack adequate access to food. 2022
Limited access to healthy foods		3 %	9 %	6 %	Percentage of population who are low-income and do not live close to a grocery store. 2019
Insufficient sleep		37 %	40 %	37 %	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022

Indicators	Trend	County	TN	U.S.	Description
Health Infrastructure					
Access to Care					
Primary care physicians		1990	1440	1330	Ratio of population to primary care physicians. 2021
Dentists		1321	1780	1360	Ratio of population to dentists.2022
Mental health providers		840	500	300	Ratio of population to mental health providers. 2024
Other primary care providers		570	540	710	Ratio of population to primary care providers other than physicians. 2024
Uninsured	↘	11 %	11 %	10 %	Percentage of population under age 65 without health insurance. 2022
Uninsured children		4 %	5 %	5 %	Percentage of children under age 19 without health insurance. 2022
Uninsured adults	↘	13 %	13 %	11 %	Percentage of adults under age 65 without health insurance. 2022
Prevention					
Mammography screening		49 %	44 %	44 %	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022
Flu vaccinations	↗	58 %	49 %	48 %	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022
Preventable hospital stays	↗	2198	2828	2666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022
COVID vaccinations		57.6 %	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
Indicators	Trend	County	TN	U.S.	Description
Physical Environment					
Drinking water violations		No	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		7.7	7.0	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020
Broadband access		88%	87%	90%	Percentage of households with broadband internet connection. 2019-2023
Childcare centers		12	9	7	Number of child care centers per 1,000 population under 5 years old. 2010-2022
Long commute, driving alone		40%	36%	37%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023
Access to parks		29%	26%	51%	Percentage of the population living within a half mile of a park. 2024 & 2020
Housing					
Severe housing burden		12%	12%	15%	Percentage of households that spend 50% or more of their household income on housing. 2019-2023
Severe housing problems		12%	13%	17%	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		71%	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	↗	\$77,123	\$64,035	\$75,149	The income where half of households earn more, and half of households earn less. 2024
Unemployment	↘	4.4%	4.0%	4.2%	Percentage of population ages 16 and older unemployed, but seeking work. 2024
Poverty		13.1%	13.5	11.5%	Percentage of population living below the federal poverty line. 2023
ALICE household		27%	30%	29%	Percentage of households that are asset-limited, income-constrained, employed. 2022
Children in poverty		18%	19%	16%	Percentage of people under age 18 in poverty. 2023 & 2019-2023
Seniors in poverty		18.3%	12.2%	11.3%	Percentage of people 65 and older in poverty. 2023
Income inequality		4.9	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		\$42.76	\$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
Educational Attainment					
3rd grade math scores		2.9	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		91%	90%	89%	Percentage of adults ages 25 and older with a high school diploma or equivalent. 2019-2023
Some college		64%	63%	68%	Percentage of adults ages 25-44 with some post-secondary education. 2019-2023
Family & Social Engagement					
Children in single-parent households		29%	27%	25%	Percentage of children who live in a household headed by a single parent. 2019-2023
Social associations		15.2	11.0	9.1	Number of membership associations per 10,000 population. 2022
Lack of social & emotional support		28%	10%	10%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. 2022
Voter turnout		60.3%	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		69.2%		65.2%	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone). 2020
Community Safety					
Homicide rate		2.6	9.1	6.0	Number of deaths due to homicide per 100,000 population. 2016-2022
Firearm fatalities		15.6	19.9	13.0	Number of deaths due to firearms per 100,000 population. 2018-2022
Motor vehicle crash deaths		13.3	17.2	12.0	Number of motor vehicle crash deaths per 100,000 population. 2016-2022
Violent crime		409.0	621.4	377.1	Number of violent crimes per 100,000 population. 2022
Injury deaths	↗	146.3	115.5	84.0	Number of deaths due to injury per 100,000 population. 2018-2022

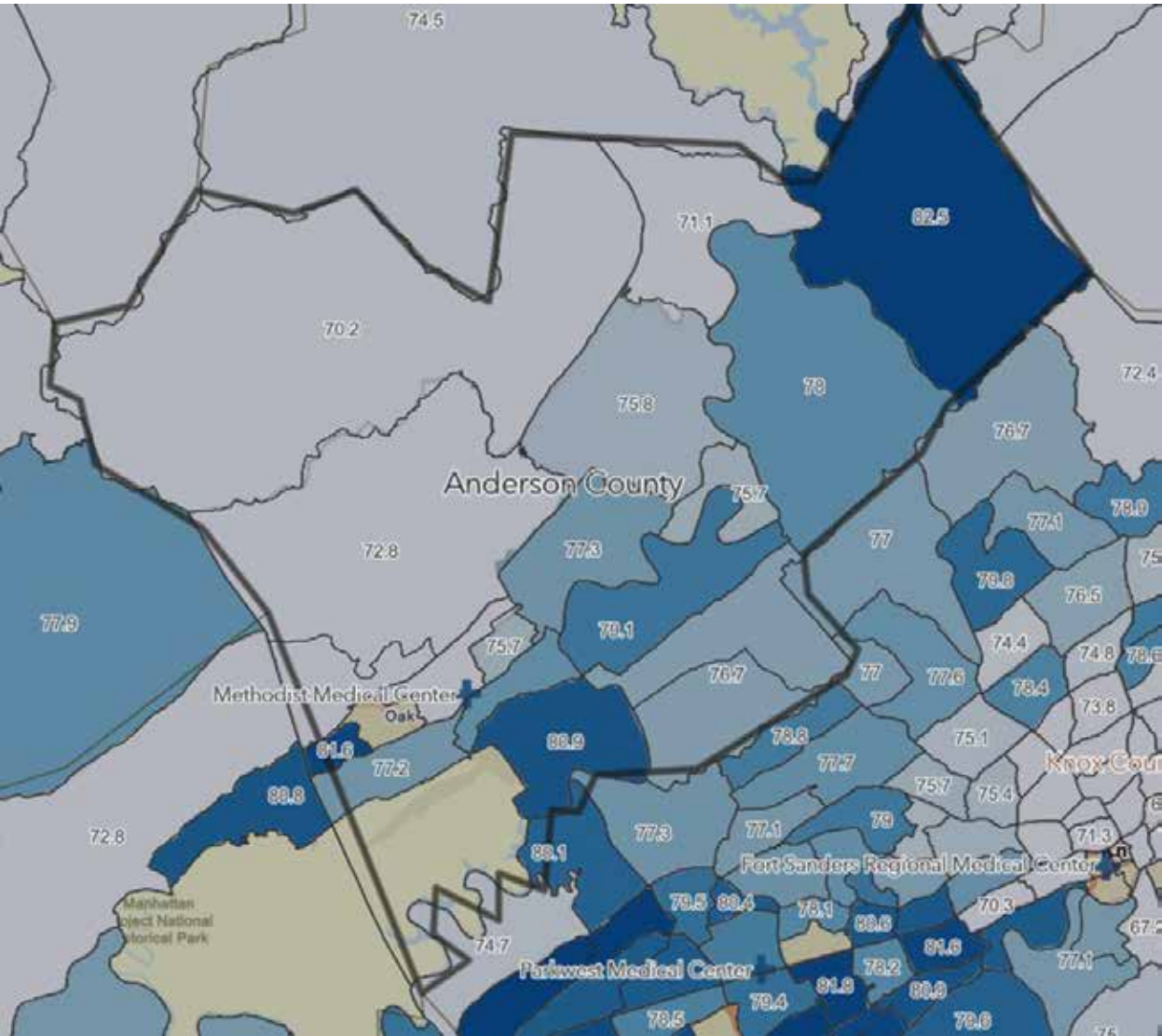
Sources: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org. CDC, FBI Crime Data Explorer, American Community Survey 5-year estimates, ESRI, MIT Living Wage Calculator, NIH, CDC State Cancer Profiles

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

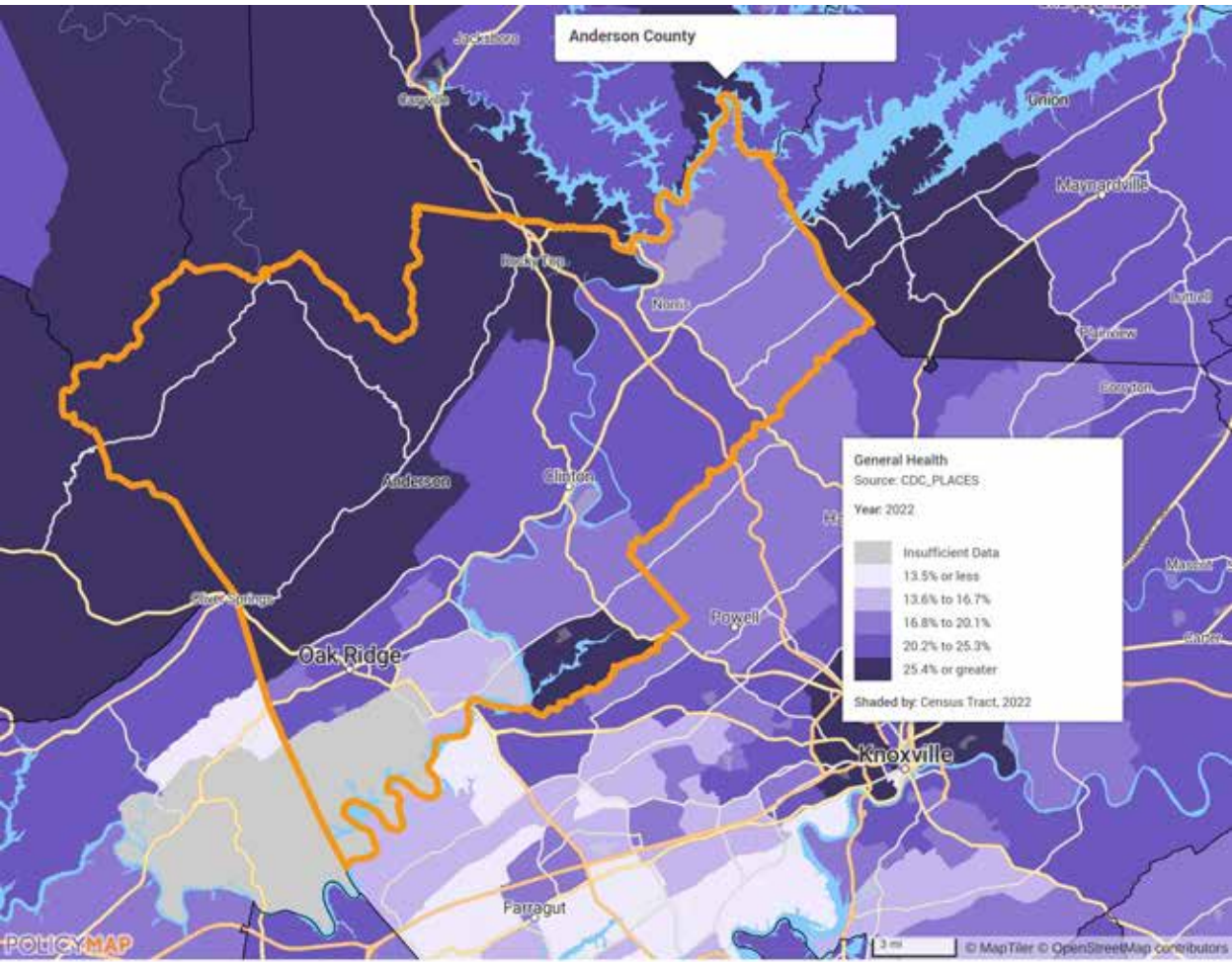
The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment such as living conditions and access to healthcare, and genetics. (Source: [University of Florida, Department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



Source: CDC, Census Bureau, 2010-2015

PERCENTAGE IN FAIR OR POOR HEALTH (BY CENSUS TRACT)

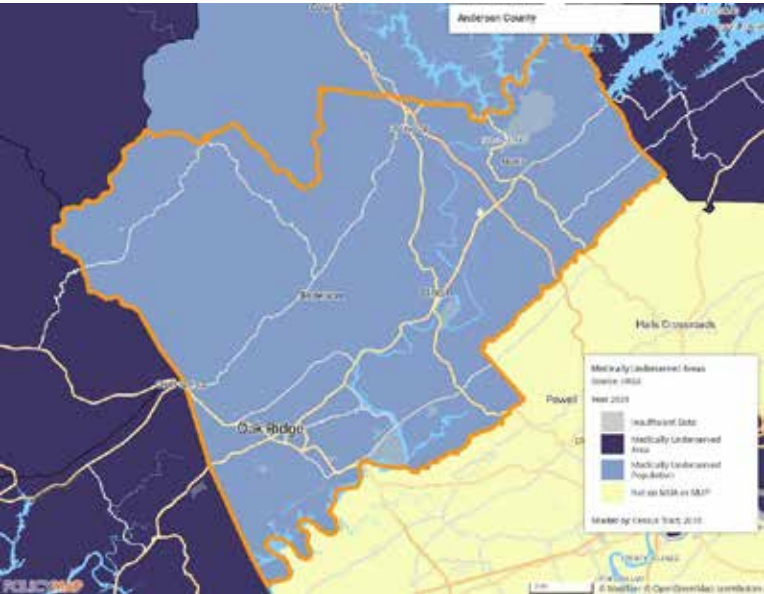
The darker the color, the larger the percentage of adults self-reporting poor or fair health. There are three census tracts in the northwest part of the county and one in the southeast that reported 25.4% or greater in poor or fair health.



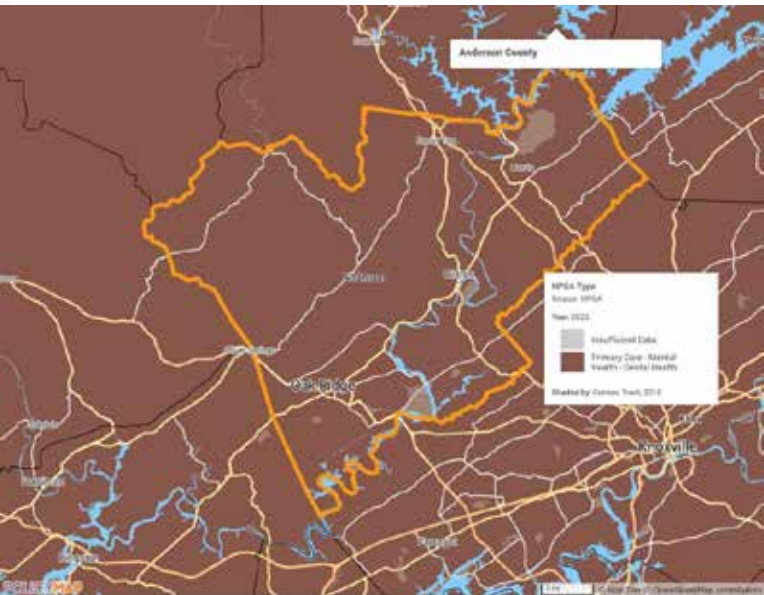
Source: PolicyMap; CDC, Places, 2022

MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS

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



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

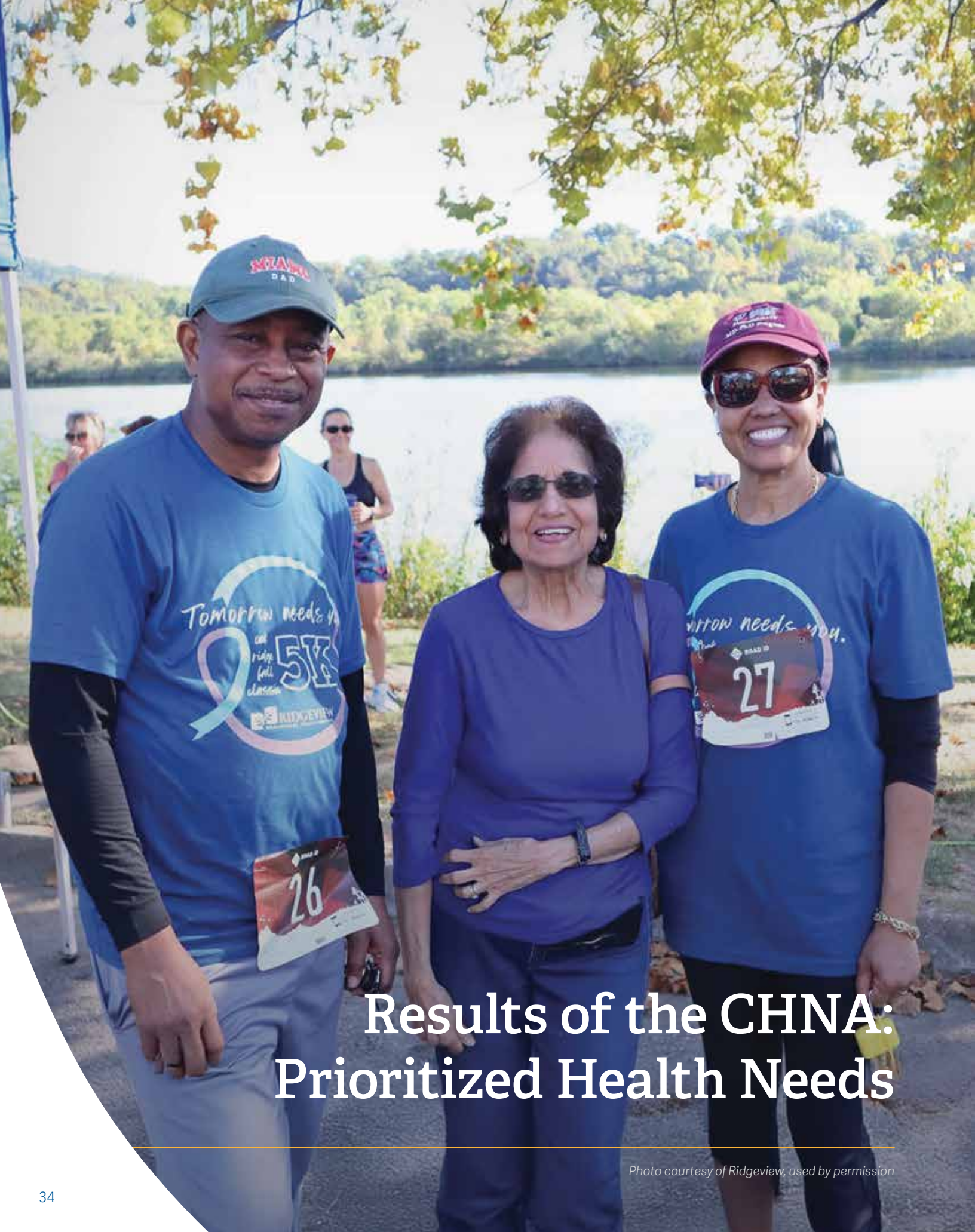


Source: PolicyMap; HRSA, 2024 & 2023

Summary of Primary and Secondary Data – Most Significant Health Needs

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

2022 Health Needs	Community Health Summit	Secondary Data	Focus Groups	Surveys	State/County Health Dept
Substance use disorders	Access to safe, affordable housing (10)	Adult smoking	Access to care and insurance	Access to safe, affordable housing	Nutrition security
Mental health access	Mental/behavioral health (anxiety, depression) (8)	Adult obesity	Dental care	Affordable health insurance	Maternal & infant health
Tobacco use and vaping	(tie) Substance use disorder (6)	Injury deaths	Mental health	Access to affordable childcare	Chronic conditions
Lack of physical activity & obesity	(tie) Healthy eating/active living & food insecurity (6)		Substance use disorders	Mental or behavioral health issues	Older adults
	Access to jobs providing a living wage (5)		Children's developmental needs	Reliable, affordable transportation	Transportation
	Youth tobacco use and vaping (4) and adults (1)		SDOH: socioeconomic, transportation, housing	Substance use disorder	Cancer screenings
	(tie) Affordable healthcare (4)		Healthy eating/active living	Poverty	Workforce
	(tie) Reliable, affordable transportation (4)		Generational cyclical patterns	Anxiety, depression	Access to dental care
				Affordable healthcare	
				Access to jobs providing a livable wage	
				Youth tobacco use & vaping	
				Access to mental health healthcare	



Results of the CHNA: Prioritized Health Needs

Photo courtesy of Ridgeview, used by permission

PRIORITIZATION CRITERIA

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

Magnitude	How big is the problem? How many individuals does
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 county. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

- Access to safe affordable housing (10)
- Mental/behavioral health (anxiety, depression) (8)
- (tie) Substance use disorder (6)
- (tie) Healthy eating/active living and food insecurity (6)
- Access to jobs providing a living wage (5)
- Youth tobacco use and vaping (4) and adult tobacco use and vaping (1)
- (tie) Affordable healthcare (4)
- (tie) Reliable, affordable transportation (4)

MOST SIGNIFICANT COMMUNITY HEALTH NEEDS -FINAL

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 Anderson County for the next three years.

- Access to safe, affordable housing
- Mental/behavioral health, including anxiety and depression
- Substance use disorder
- Healthy eating/active living and food insecurity
- Tobacco and vaping by youth and adults

Impact of 2022 CHNA and Implementation Plan

The IRS requires an evaluation of the impact of any 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 the identified health issues, including, where available, metrics to measure the impact of the actions.

Methodist Medical Center engaged in numerous initiatives to help address the identified significant health needs from the CHNA conducted in 2022.

2022 Most Significant Health Needs:

- 1. Substance Use Disorders
- 2. Mental Health Access
- 3. Tobacco Use and Vaping
- 4. Lack of Physical Activity and Obesity

Goal A: Leverage medical experts to provide health and wellness education to a wide community demographic

- Developed and hosted a variety of event series which provided education and support related to prioritized health needs:

Physical Activity, Nutrition/Obesity, Mental/Emotional Health

- Walk with a Doc** offered 13 sessions featuring a physician-led topic, followed by a group walk at either the Civic Center or Melton Lake facilities. Speakers included cardiologists, family practitioners, and community experts. Topics included exercise, healthy eating habits, blood pressure management, and others. Walk with a Doc maintained an active mailing list of more than 50 subscribers; numbers of participants varied by program.
- BodyWorks** offered over 80 community exercise classes including, cardio, strength training, and flexibility sessions, held locally at First Baptist Church in Clinton.
- Take on Cancer Together** offered 10 sessions (live and virtual) on topics ranging from nutrition during treatment and recovery to emotional health for patients and caregivers. This programming was done in partnership with the Cancer Support Community of East Tennessee. Speakers included dietitians, licensed clinical social workers, and other community resources. The programs had a total of 80 attendees.
- MED Talk** offered 8 physician-led presentations geared specifically to senior adults and was hosted at the Oak Ridge Senior Center. Speakers included medical residents from Methodist’s new Family Medicine Residency program. Topics included healthy habits related to nutrition and regular exercise, as well as cognitive health and chronic disease management. Total attendance for the presentations was 95.

Tobacco Use and Vaping

- Freedom from Smoking** offered 16 quarterly sessions to help participants identify tobacco use triggers and develop health alternatives. The program was free to participants who completed all six classes.
- Victory Over Vaping** was a special event provided by nursing educators and pharmacists at Methodist in partnership with Oak Ridge City Schools. The week-long event reached approximately 1,500 middle and high school students.

Goal B: Publish relevant health content in a variety of forums including traditional print advertising, website articles and social media

- Throughout the implementation period for the 2022 CHNA, Methodist Medical Center created print advertising, news articles, blogs, and social media posts related to mental and physical health, including the prioritized significant health needs.

Goal C: Connect with community partners to help provide additional health resources

- Oak Ridge Senior Center** - Methodist Medical Center sponsors the health and fitness room at the Senior Center.
- Free Medical Clinic** provides 2,000 free tests and procedures each year to community members in need
- Tennessee Chapter of the American Academy of Pediatrics (mental health focus)** - Methodist co-sponsored a special community event to help build awareness and encourage open dialogue around gun safety and the prevalence of youth firearm suicide

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

Goal A: Implement educational programming and a media strategy focusing on mental illness, substance use, existing available services, and the recovery process

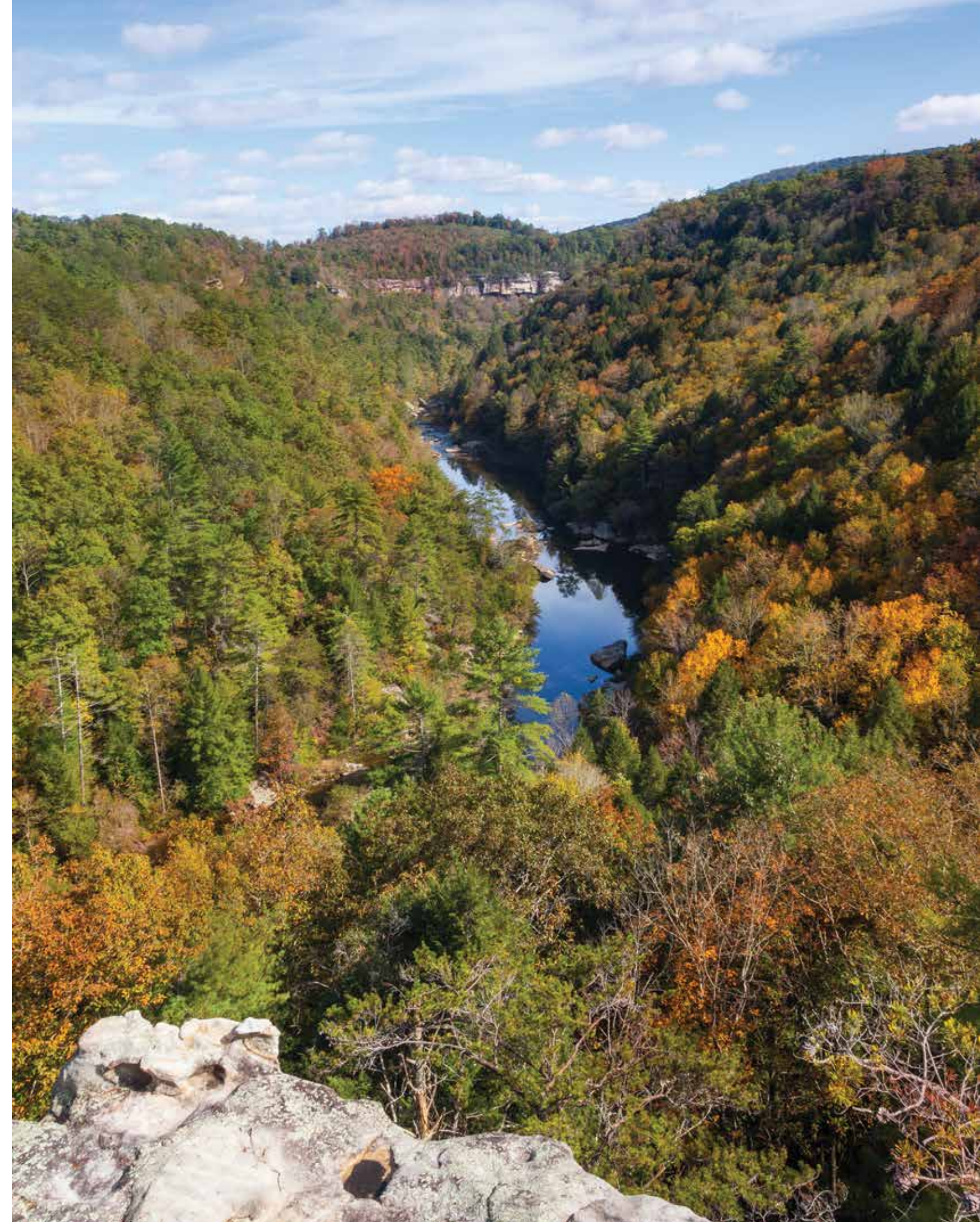
- Developed and hosted presentations for the community, e.g., Recovery Opportunities, Neonatal Abstinence Syndrome, Living Your Best Life, Question | Persuade | Refer (suicide prevention training), keynotes for community functions, Telehealth in Rural Communities, and published nearly 100 Ridgeview Video Podcasts on a myriad of mental health/ substance use-related topics.
- Ridgeview has authored 38 press releases, Op-Eds, and guest columns for numerous media outlets, including the Mental Health Minute on WATE’s Living East Tennessee segment.
- Certified Peer Wellness Recovery Coaches expanded programming to address tobacco use, vaping, and lack of physical activity.

Goal B: Ridgeview will have routine contact with community partners to provide up-to-date information, mental health & substance use programming, and how referral sources can access these services

- Ridgeview is a member of over 20 local community groups with regular participation and provides in-service training to agencies, school personnel, and community groups/action boards (CABs) regarding timely access.
- Ridgeview shares findings of the Anderson County CHNA on agency website.

GOAL C: Ridgeview will monitor, pursue, and apply for any local, state, or federal substance use grant-funded programs that will enhance and/or complement its existing mental health and substance use continuum of care

- Ridgeview has been awarded over 10 grants, e.g., HRSA R-CORP, SAMHSA Re-Entry, TDH Rural Fatherhood, F&A TN Strong Families, TDMHSAS Mobile Health Clinic, several C&Y infrastructure grants, Anderson & Roane United Way grants, and COVID ARPA & Mitigation grants.





Appendices

- Community Health Summit Brainstorming
- Community Survey
- Focus Group Summary
- Health Status Trended Data
- Community Asset Inventory

Photo courtesy of Explore Oak Ridge, used by permission

1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the table groups discussed what might be done to improve each issue. 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: ACCESS TO SAFE, AFFORDABLE HOUSING

Goal 1: Increase physical housing structures that are close to resources such as grocery stores, healthcare, other resources

- Action 1** – Increase knowledge about the need for more housing
- Action 2** – Evaluate different models of increasing housing such as intergenerational housing, cohousing, continuum of housing
- Action 3** – Evaluate types of housing for different types of populations such as temporary, transitional housing for unhoused populations, elderly housing, re-entering post-incarceration, physical disabilities, recovery housing.

Resources/collaborators needed – Housing model experts, city management, chamber of commerce

SIGNIFICANT HEALTH NEED 2 AND 3: MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS

Goal 1: Increase community education about existing mental health resources and expand capacity of existing mental health resources

- Action 1** – Add mental health workforce to meet the demand in existing mental health programs
- Action 2** – Provide community education program on mental health and connect to resources

Resources/collaborators needed – Ridgeview, additional community-based mental health organizations, churches

Goal 2: Uncover the root causes of the youth vaping

- Action 1** – Begin a youth treatment program
- Action 2** – Provide community education

Additional comments – Don't forget churches as opportunities for people to get mental health care as long as the specific need isn't too severe.

Give people the resources to self-treat their mental health – exercise, mindfulness, nutrition

SIGNIFICANT HEALTH NEED 4: HEALTHY EATING/ACTIVE LIVING

Goal 1: Increase access to healthy food

Action 1 – Provide education about healthy food and how to prepare it using online recipes, dietician Q & As, in person demonstrations, social media

Action 2 – Utilize primary care providers as distribution network

Resources/collaborators needed – Food banks, UT Extension, churches, Health Department, OB/gyns, pediatricians, family practice providers. SNAP, WIC

Goal 2: Increase awareness of existing opportunities to be active

Action 1 – Increase education on free and public opportunities to be active, such as walking, parks, tennis courts, swimming pools

Action 2 – Improve the built environment, making dense environments more walkable and adding sidewalks and green space

SIGNIFICANT HEALTH NEED 5: AFFORDABLE HEALTHCARE

Goal 1: Increase focus and emphasis on prevention, e.g., primary care, and increasing health literacy to avoid healthcare if at all possible

Action 1 – Improve awareness and understanding of disease processes

Action 2 – Begin teaching healthy habits early in life at school

Resources/collaborators needed – primary care providers, schools, health educators

Goal 2: Help people navigate the health system

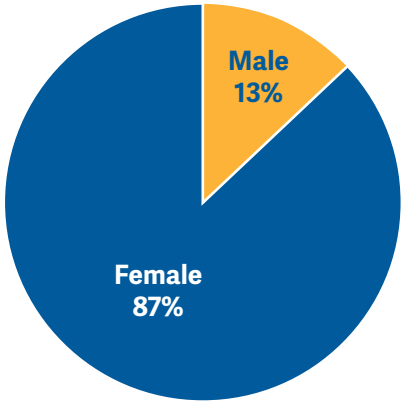


2. Community Survey

Methodist Medical Center and StrategyHealth conducted an online community survey in Anderson County. StrategyHealth combined and analyzed the results. From February 15 through May 9, 2025, 126 online surveys were completed. Below are the demographics of the survey. Results are summarized on pp. 19-21.

Demographics

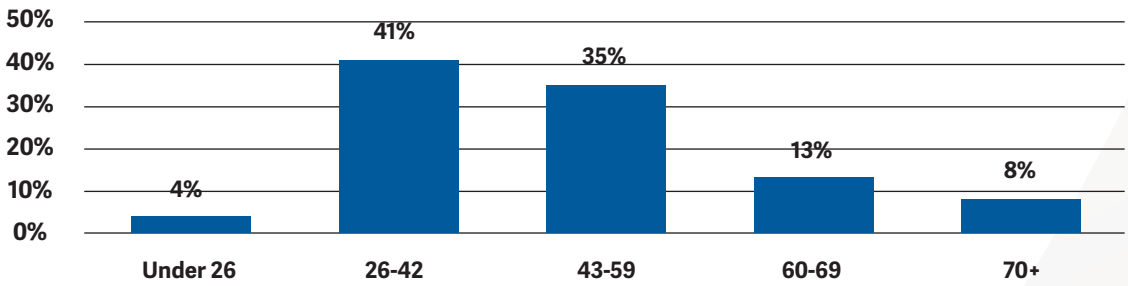
Gender



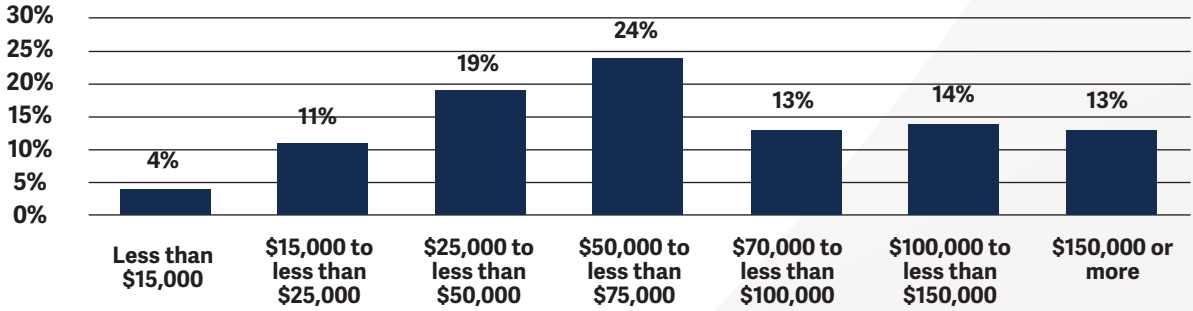
Ethnicity & Race

Hispanic	%
Yes	3%
No	97%
Race	%
White	89%
Black	2%
More than one race	3%
Other	5%

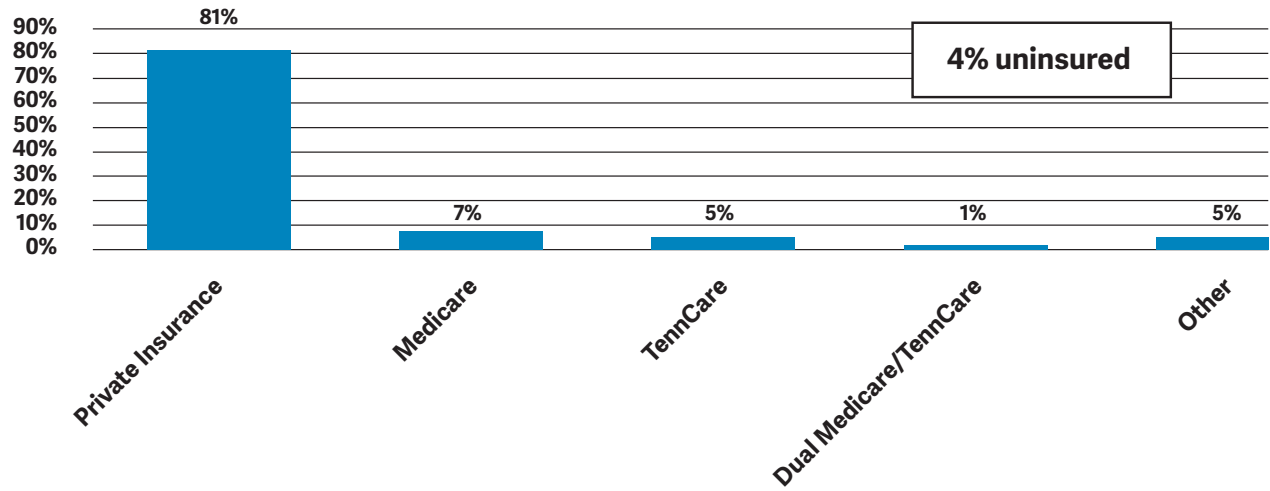
Age



Household Income



Health Insurance



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 April 1, 2025, for their input into the community’s health. Below is a summary of the focus groups’ feedback.

1. HOW DO YOU DEFINE HEALTH?

- Physical, emotional, and mental health
- Environmental health
- Overall well-being
- Functional health in the lifestyle you want to live
- Having social structures
- Infrastructure in the community that allows them to thrive
- Access to care
- Absence of illness or disorders
- Wholistic wellness, preventive care
- To be our best selves and best performance
- Safe place to live, work and play
- Having needs addressed

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

- Fair, great resources, but some don’t participate
- If you have economic resources, then you have access to care
- Relative, depends on means – great if you have means, poor if you don’t
- It depends on which community and their access to good healthcare, acceptance and diverse
- Rural and town more family-focused, handed down generations, how you were raised and beliefs, e.g., smoking is not problematic
- Also depends on which era you were born in – who is still using white cards (medical benefits identification card issued by the U.S. Department of Labor’s Office of Worker’s Compensation Division of Energy Employees Occupational Illness Compensation)
- Technology has increased, so health is hopefully better
- Health is a product of choices, sometimes other people’s, such as drug-dependent babies

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

- **Access to care**
 - Transportation, insurance for care, mental, physical and prevention
 - Why is there separate insurance for “health” and then dental and vision? Are these not part of our body? Health insurance should cover everything
 - Access to care - When Remote Area Medical (RAM) has an event, there’s huge demand for care
- **Mental health**
 - Stress, anxiety, depression
 - Mental health/illness
 - Stigma of mental health; don’t talk about it
 - Acknowledge mental health because people medicate their issues with drugs and then mental health issues become legal issues
 - Social isolation – so many kids don’t have friends but have “friends” online they don’t even know in person; seniors are also isolated
 - In 2023, the surgeon general identified loneliness as a public health issue and the prescription was community
 - Significant rise in school mental health and developmental disorders
 - Screens

- **Substance use disorder**
 - Substance use disorder coexists with mental health
 - Drug use
 - Vaping, tobacco use
- **Children’s developmental needs**
 - Rise in learning disabilities, ADHD, ability to launch
 - Children’s developmental needs untreated, especially for low income
 - There’s a gap for those with intellectual disabilities with mental health issues
- **Social drivers of health – socioeconomic, transportation, housing**
 - Cost of living
 - Safe, affordable housing; safe place to be discharged
 - Transportation – programs exist, but not enough to meet all the needs
 - Housing instability, rising rents, and evictions stay on record making it more difficult to get housing
- **Healthy eating/active living**
 - Nutritional food that’s affordable
 - Physical inactivity
 - Nutrition – revenue in restaurants surpassing grocery stores; whole generation that doesn’t know how to cook, 20- to 30-year-olds have life skills gaps; need to make healthier choices
 - Exercise and nutrition affect physical as well as mental health
- **People fear “systems” - systems are limiting and oppressive**
- **Lifecycle affects health – your needs and issues at 16 are very different than at 65 years old**
- **Increase in riskier behaviors such as vaping and cutting. Kids don’t recognize the consequences**
- **Generational cyclical patterns**

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

- **Low-income populations, medically underserved?**
 - Nutrition and lifestyle wellness
 - Dental care - TennCare now provides dental coverage, but no dentist takes TennCare

- Nothing is worse than the illusion of false security, thinking you have something you don’t
- Hard to update resources, understand the systems, update information
- Prescription access
- Mental health
- **Minority populations:**
 - “What minorities?,” point being there are few minorities in Anderson County
 - Grossly underserved and underrepresented in the county
 - Undocumented population
 - Undocumented population have a fear of accessing services, won’t go to an ER, trying to medicate at home, too scared to talk to someone who doesn’t look like them. Their medical issues go untreated until it is an emergency
 - Lack of trust – especially now with socioeconomic and political issues; they’re afraid they will be turned in to ICE
 - Undocumented students in schools are scared and have trust issues
 - Even legal immigrant population and LGBTQ+ are scared
 - People of color
 - The African American community has the perception of racial discrimination (based on history). They have a sense of “taking care of their own.” Haven’t gotten much participation in support groups from them. There is an historic distrust of medicine, wariness. There are different rules for black youth, e.g., 16-year-old can’t have a BB gun
 - There is discrimination against people of color regarding substance use care. Have seen a difference when they seek care alone versus with an advocate who is white
 - There is a lack of representation of minorities in the medical field
- **Children/youth:**
 - Home isn’t a positive experience for everyone
 - Substance use because of mental health issues of stress, anxiety, depression using THC, vaping and alcohol. These are marketed to kids
 - Technology – bullying online. Do what they see adults do.
 - Childhood development – don’t have a trusted adult of stable homelife, generational trauma. They get their safety and security from school and sports.
 - Food insecure – parents aren’t feeding kids. Access to healthy foods is expensive, so eating more processed foods
 - Parents working multiple jobs and not having time for the kids
 - Public schools are the hub for kids, but don’t have the resources to be the hub they could/should be

- Kids getting bullied in school, uptick in middle-schoolers hurting themselves or suicide who are not in a high-risk group
- It seems as if youth need drama in their lives, a diagnosis, a problem they can discuss; online influencers have the same diagnosis and issues, but not seeing productive discussion
- **What progress has been made on the 2022 priorities?**
 - Substance use disorder
 - Mental health access
 - Tobacco use and vaping
 - Obesity
 - Access to care increased due to telehealth
 - Addiction to technology and devices continues to worsen
- **What environmental factors have the biggest impact on community health?**
 - Food deserts
 - Housing authority and section 8 housing have waiting lists
 - Access to healthcare providers that take your insurance
 - Coal ash ponds
 - Y-12, ORNL could impact air and water
 - Oak Ridge feels like its own county and then there's the rest of Anderson County. There is tension between the two. Some people in the county would rather travel to Knoxville than go to Oak Ridge, a company town
 - Lack of walkability, being able to get around
 - The economy is built around the automobile. When a car breaks down, it's a crisis
 - Seniors who can't drive need transportation
 - Decline in awareness of outdoor activities in investment in public spaces and parks. The Aspire Park in Clinton was privately funded, not public funding
 - Anderson County has parks, trails, hiking, but people don't take advantage of it
 - Planning has been how do we move more vehicles and not how do we move people
- **What do you think the barriers will be to improve health in the communities?**
 - Community culture
 - There's a fear in the community that if we provide a service, "they" will come here. They don't understand that they're already here
 - Not in my backyard (NIMBY) homeless shelter
 - No homeless shelter
- No domestic abuse shelter
- How to get people to be responsible people
- There's a stigma around getting help
- Everyone is doing too much, too busy, but not engaged
- State government
 - Tennessee did not expand Medicaid
 - We live in a political state where resources aren't going to be provided
 - Changes in the state regarding rights to get health services, transgender population and women's reproductive health
- Lack of resources
 - Money – we're the richest country in the world, and this is preposterous. There is too much reliance on not-for-profits to fill gaps
 - Healthcare workforce issues – finding staff, demand has gone up, but supply has gone down.
 - Those who don't have internet or technology
- Transportation
- People moving in paying cash for houses increases housing costs
- Some are committed to recovery but if someone has a criminal record, they don't qualify for housing assistance, can't get their kids back, can't get a job, so circular issues and may lose the will to stay in recovery
- Need more positive role models; parents' model how they want their kids to act but doesn't always happen if a parent works two jobs or doesn't model positive behavior
- There is a fragmented healthcare system, hard to navigate, people are using emergency department as primary care
- The proliferation of vape stores, accessibility of vape devices
- **What community assets support health and well-being?**
 - Boys and Girls Clubs
 - Churches – although attendance is down and some don't get touched by church
 - Parks, trails
 - Free medical clinic
 - Robust health system – specialists, mental health
 - Good quality of life – lots of collaboration and non-profit agencies wanting to help each other
 - Senior Centers
 - Health Department helping with immunizations

- ASAP of Anderson conducting substance use prevention, Naloxone
- ETHRA transportation
- The child protection investigations team
- **If you had a magic wand, what improvement activities should be a priority for the counties to improve health?**
 - Housing
 - Build a homeless shelter
 - Build adequate affordable housing
 - Build a tiny-house community with mental health support that has universal design; reduce zoning restrictions
 - All public housing has universal design (environments and experiences that are usable by all people, regardless of their age, size, ability, or disability, focusing on equitable use, flexibility, simplicity, and more)
 - Repair/fix “the system”
 - Enact fair taxation
 - Make a photo ID free of charge
 - Access to a free mailbox for the low-income
 - Ensure medical-related debt doesn’t count against credit rating
 - Have the ability to expunge evictions
 - Improve access to care and health literacy
 - Make care affordable, (high copays)
 - If a person gets ACA insurance for physical care, then they lose access to the mental health safety net, a Catch-22
 - Close the health literacy gap such as explaining how to take medications
 - Providing funding for school and education to get staff into healthcare
 - Invest in showing people how to best navigate the healthcare system. Instead of telling people to stay out of the emergency department, adapt the emergency department to take care of their low-acuity, walk-in needs. Change the people or change the system or both
 - Help families
 - Increase parental involvement in schools
 - Mentorship programs
 - Add affordable childcare
 - Strengthen families – there are different kinds of families, ensure people are not alone and have other people they can depend on

- Increase funding
 - Fund schools in ways they need to be funded
 - Increase the helpers, fund resources for not-for-profits
- Have more diverse interactions with people
- We need a way to listen to people to find out if they are getting what they need.
- Increase capacity of the workforce – provide workers with support, living wages, increase minimum wage
- Add micro transit
- Increase access to healthy food
- Mute some inputs – news, social media, devices
- Decrease stress levels



4. Health Status Data Trended

Rankings and Comparisons of Health Status

In most of the following graphs, Anderson County will be blue, Tennessee will be orange, U.S. will be red, and the 90th percentile of counties in the U.S. will be gold.

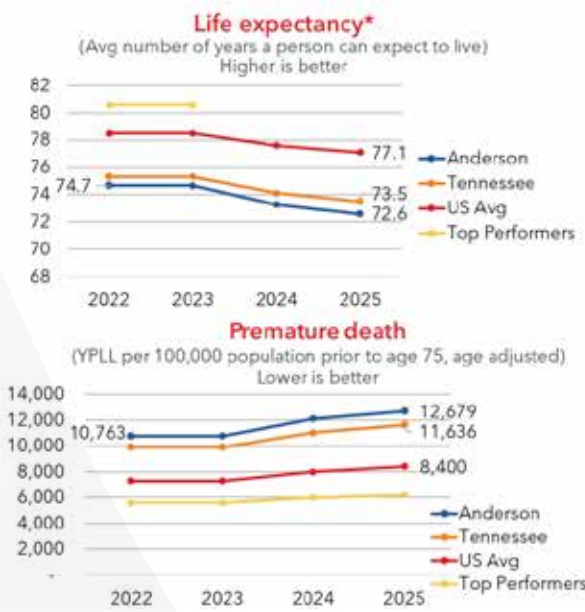
Health Outcomes (Length of Life and Quality of life)

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 (YPLL) 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. Anderson County lost 12,103 years of potential life per 100,000 population, which was higher than TN and the U.S.

Anderson County residents can expect to live 4.5 fewer years than the average U.S. resident.



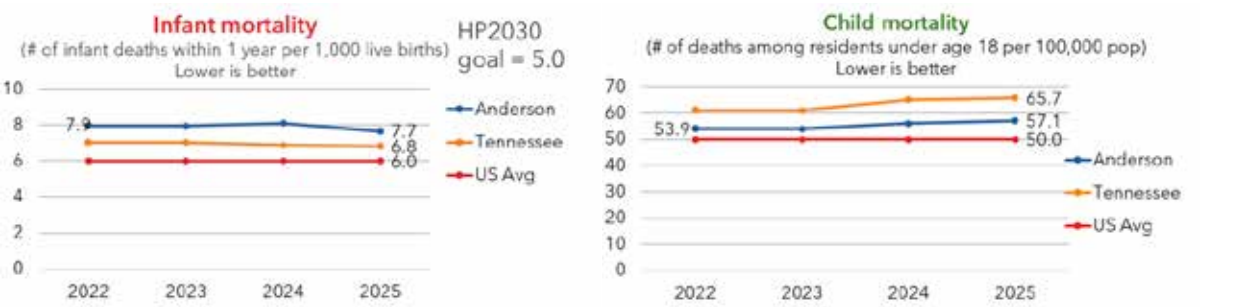
Life Expectancy by Race/Ethnicity 2019-2021
(Avg number of years a person can expect to live)

	Hispanic	NH Black	NH White	Males	Fem
Anderson	90.0	70.9	73.0		
TN		72.3	75.6	70.7	77.0
US	80.0	72.8	77.5	74.2	79.9

Premature death
(YPLL per 100,000 population prior to age 75, age adjusted)
Lower is better

	Hispanic	NH Black	NH White
Anderson	NA	13,100	12,500
TN	5,599	13,606	10,661
US	5,321	11,581	8,069

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: Age-Adjusted Death Rates per 100,000 Population

Cause of Death 2021-2022	Anderson	TN	US
Heart Disease	311.8	265.2	210.2
Cancer	259.4	207.5	182.4
COVID-19	136.1	123.4	90.7
Accidents (Unintentional injuries)	159.1	101.2	67.9
Cerebrovascular Diseases Chronic Lower Respiratory Disease	54.3	55.1	49.4
Chronic Lower Respiratory Disease	78.0	61.7	43.6
Alzheimer’s Disease	60.7	41.4	36.0
Diabetes	47.3	38.5	30.7
Nephritis	23.0	17.7	16.9
Suicide	20.4	17.6	14.7
Liver Disease	31.3	18.2	13.4
Parkinson’s Disease	19.8	15.1	12.9
Hypertension & Hypertensive Renal Disease	18.5	14.4	12.6
Influenza & Pneumonia	25.6	13.0	11.8

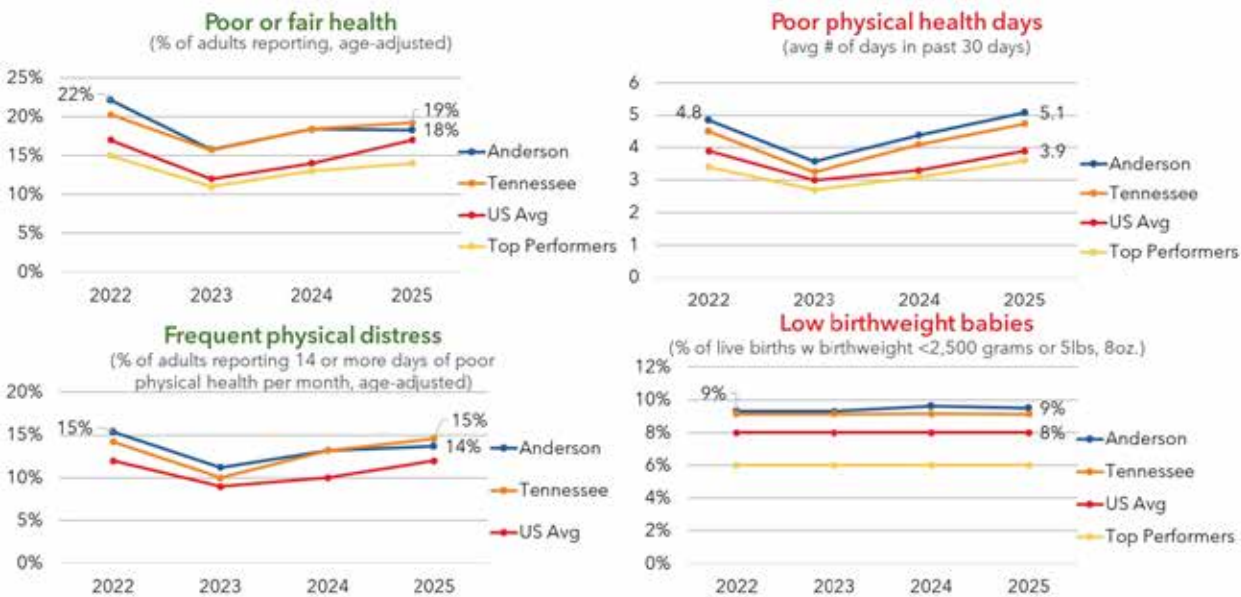
Rates in red had death rates higher than TN. The leading causes of death in Anderson County were heart disease, cancer, accidents, COVID-19, followed by respiratory diseases and Alzheimer’s Disease.

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

Quality of Life

Physical Health

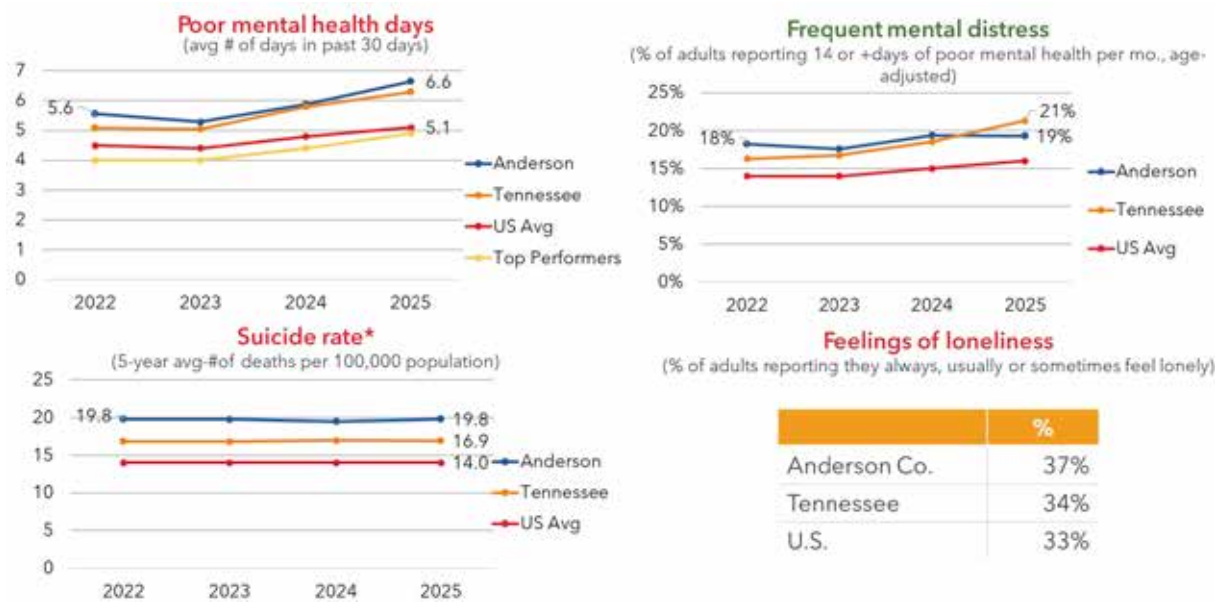
Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



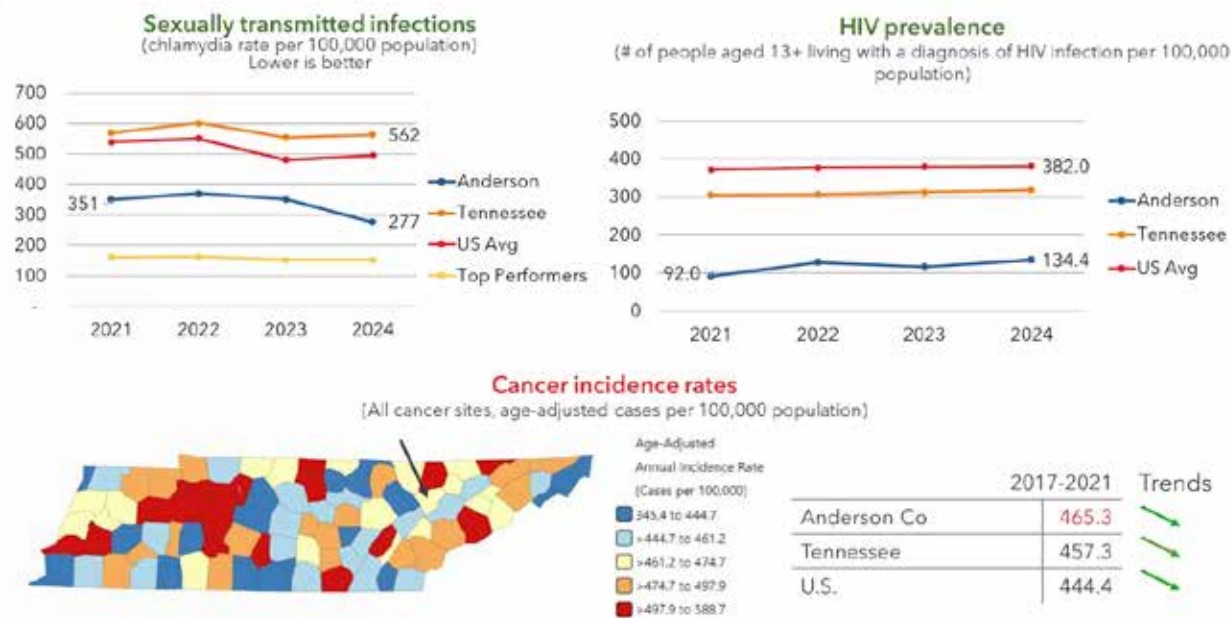
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)

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)



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

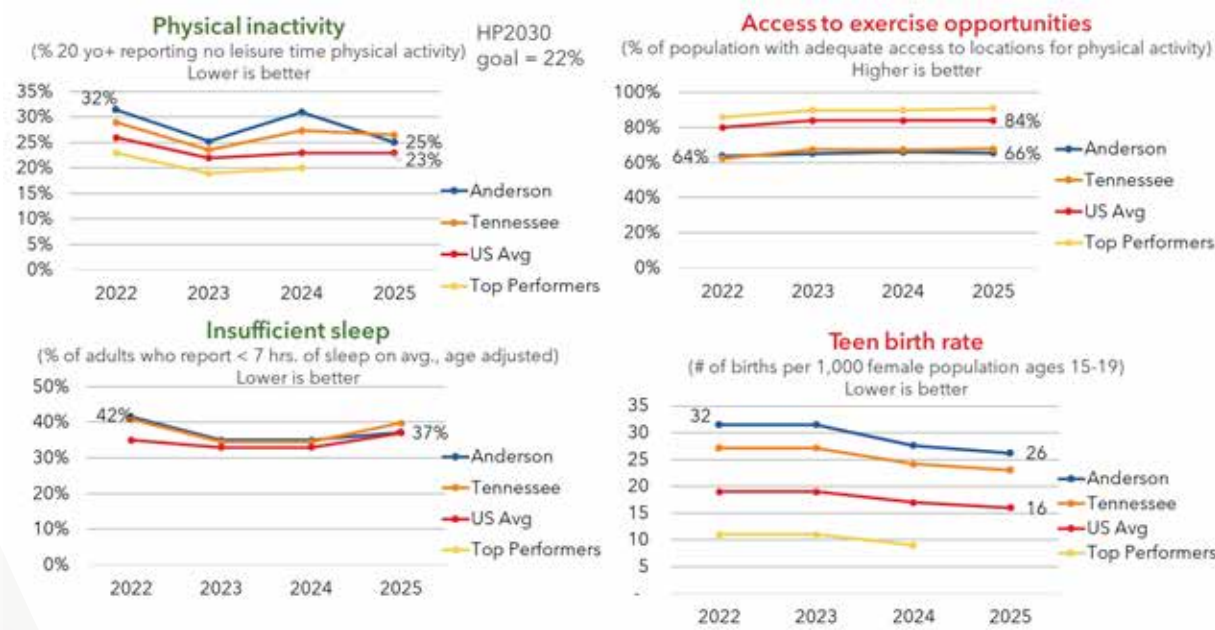
COMMUNITY CONDITIONS

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)

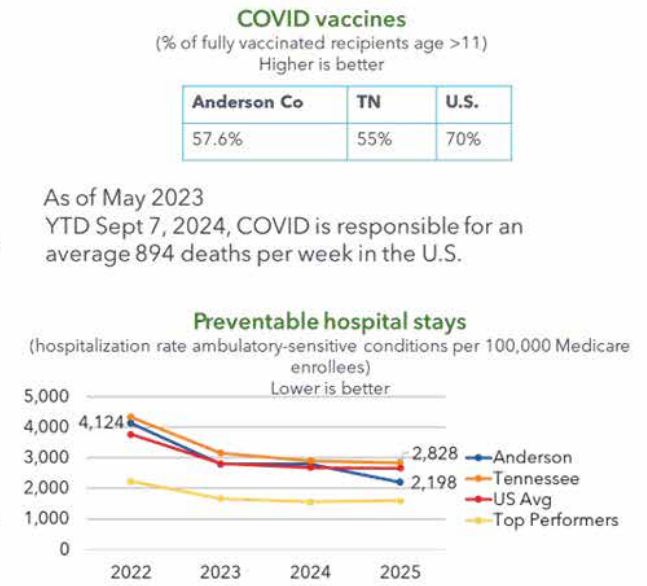
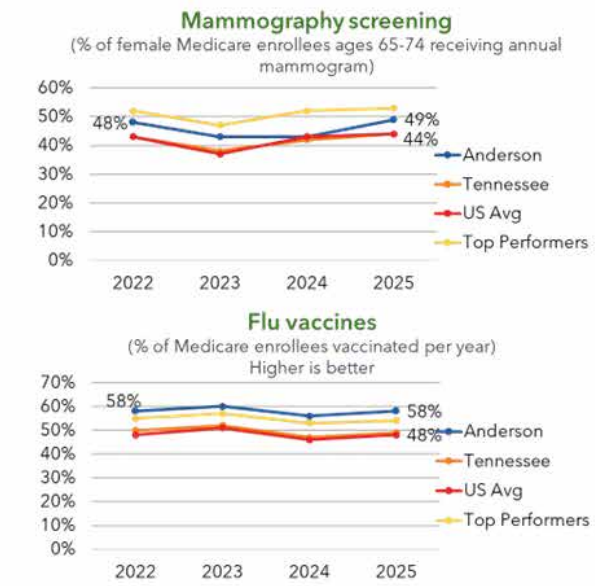
Health Infrastructure

Health infrastructure is comprised of prevention, healthy eating and active living, substance misuse, and clinical care.

Healthy Living

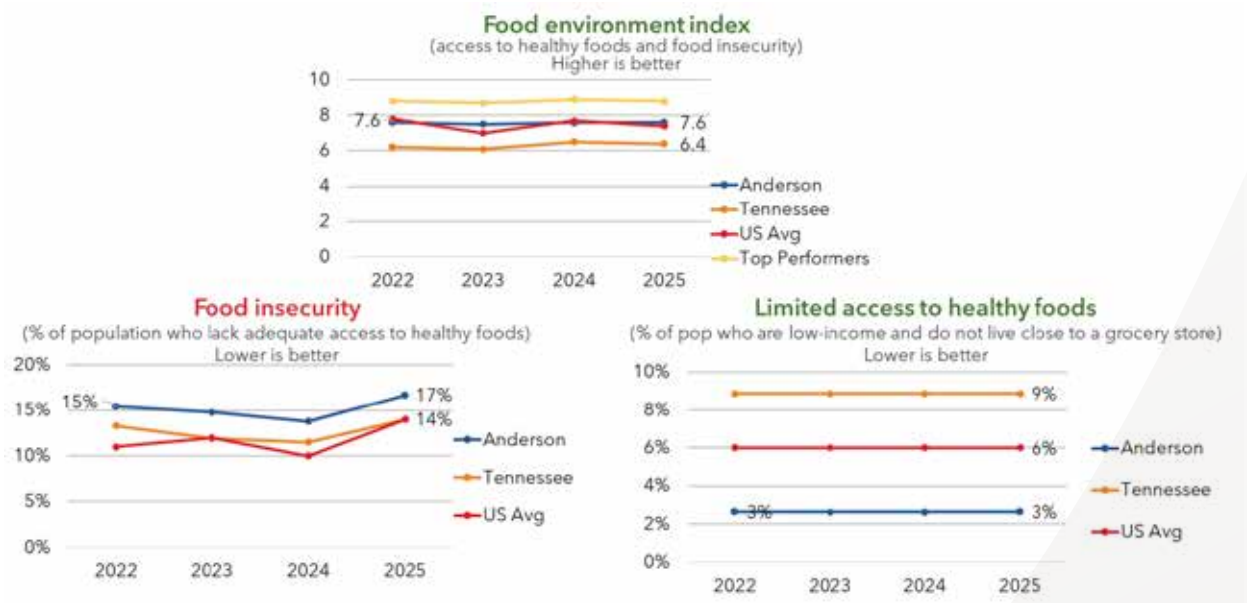


Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022
Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a county who live reasonably close to a location 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-Natality Files; Census Population, 2017-2023



Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2022 | Source: COVID-19 Vaccinations – CDC May 2023

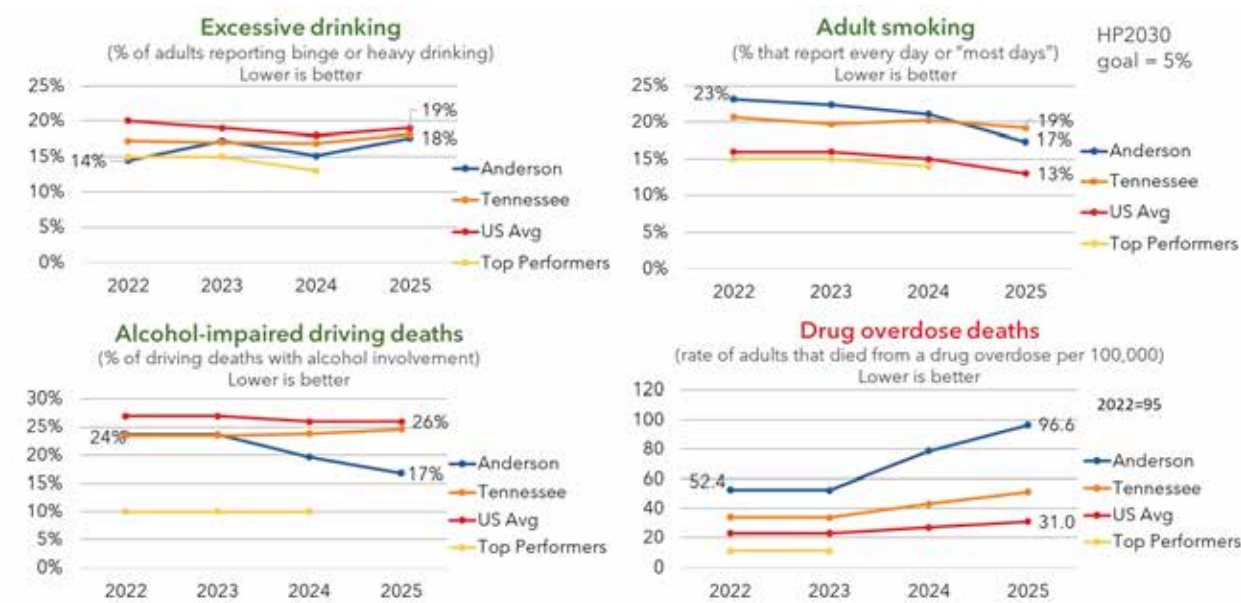
Access to Healthy Foods



The food environment index is comprised of % of the population with limited access to healthy foods and % 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

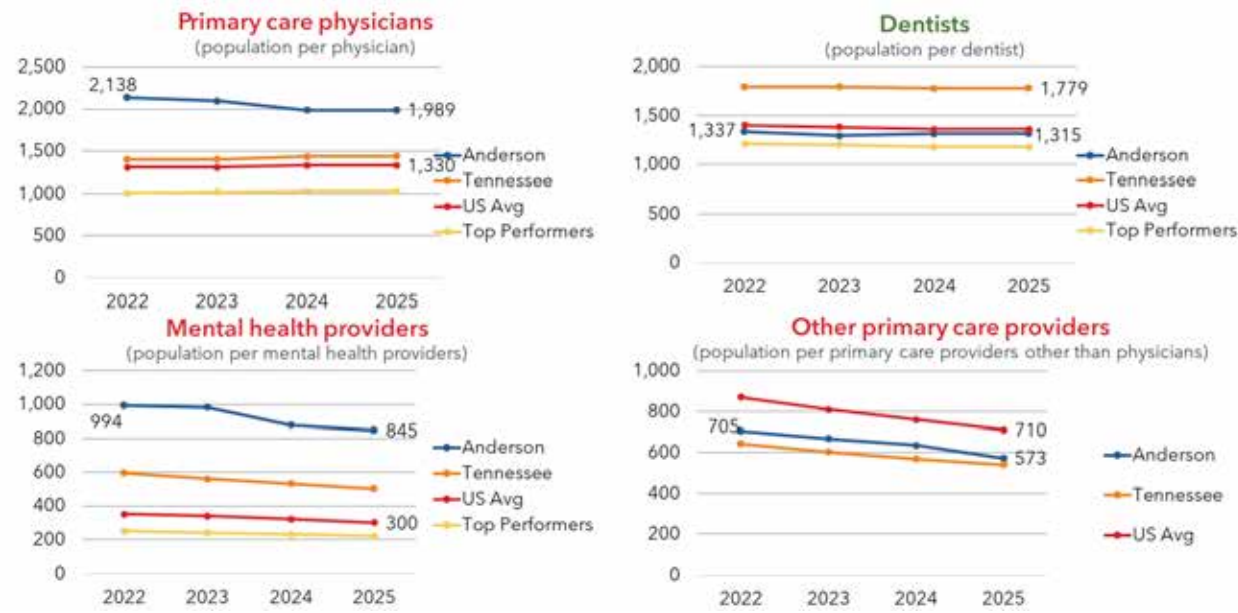
Substance Misuse



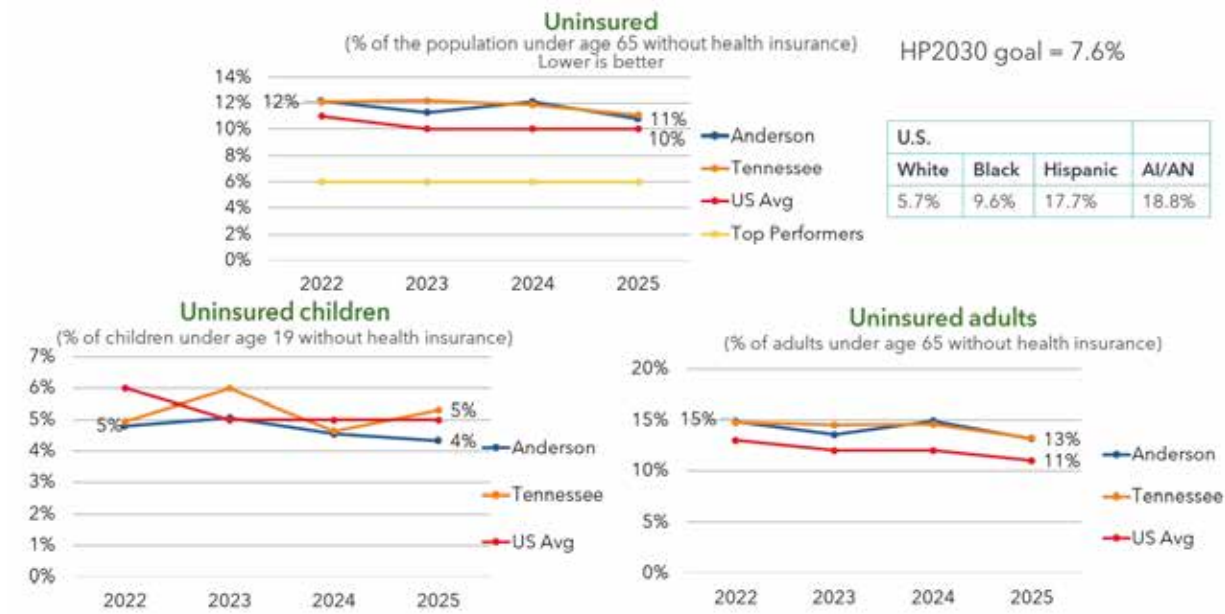
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022
Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022
Source: Drug overdose deaths - National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

Clinical Care

Clinical care ranking is made up of population per primary care physicians, dentists, mental health providers and other primary care providers.



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

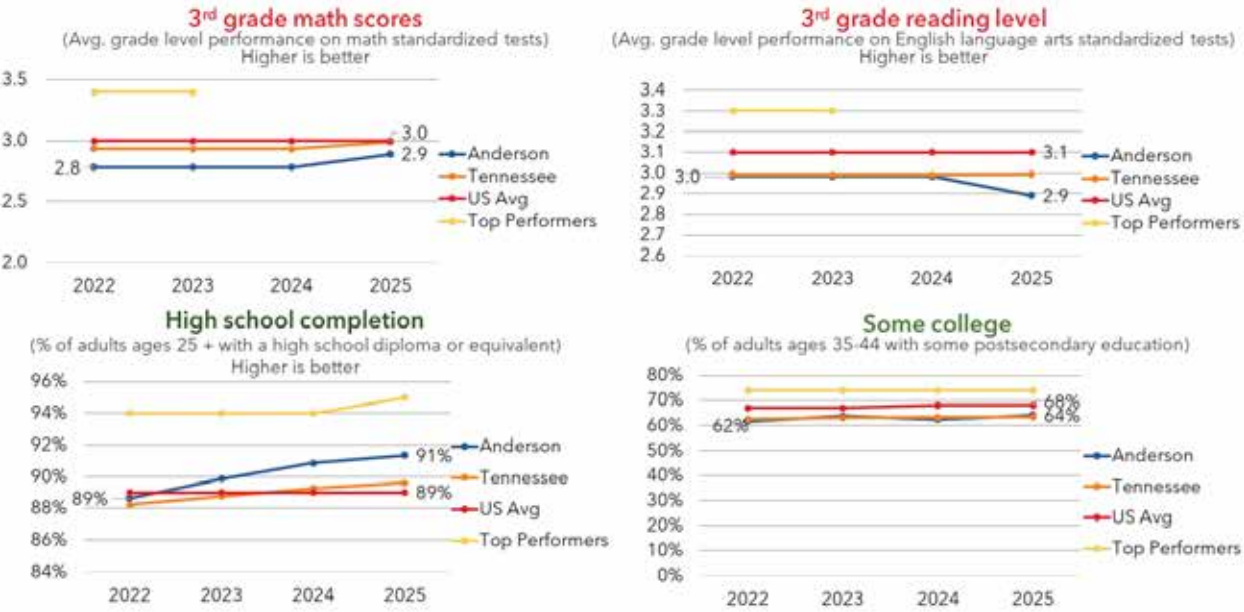


Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022
 Source: Preventable hospital stays, mammography screening, flu vaccinations –
 CHR, CMS Mapping Medicare Disparities Tool, 2019

Social and Economic Factors

Social and economic factors are comprised of education, income, employment and wealth, social support, and safety.

Education



Source: Rading 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
 Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020
 Source: Social associations - CHR; County Business Patterns, 2019

School funding adequacy

(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)
Higher is better

Anderson Co.	\$771
Tennessee	-\$999
U.S.	\$1,411

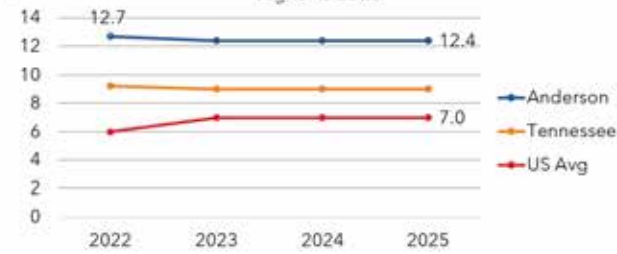
Childcare cost burden

(Childcare costs for a HH w/2 children as a percent of median HH income)
Higher is better

	%
Anderson Co.	27%
Tennessee	22%
U.S.	28%

Childcare centers

(# of childcare centers per 1,000 population under 5-yrs old)
Higher is better



Census participation

(% of HH that self-responded to the 2020 census)
Higher is better

Anderson Co.	69.2%
U.S.	65.2%

Lack of social and emotional support

(% of adults reporting they sometimes, rarely, or never get the social & emotional support they need)
Lower is better

Anderson Co.	28%
Tennessee	10%
U.S.	10%

Voter turnout

(% of citizen pop aged 18+ who voted in the 2020 U.S. Presidential election)
Higher is better

Anderson Co.	60.3%
Tennessee	60.1%
U.S.	67.9%

Source: Census participation - CHR; Census Operational Quality Metrics, 2020

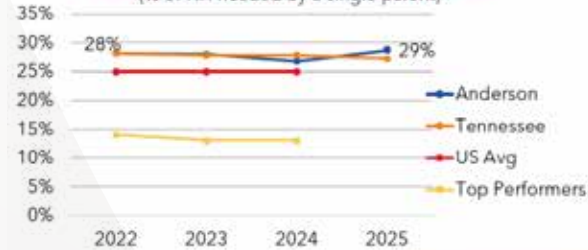
Sources: Lack of social & emotional support - CHR; Behavioral Risk Factor Surveillance System, 2022

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

Social Support

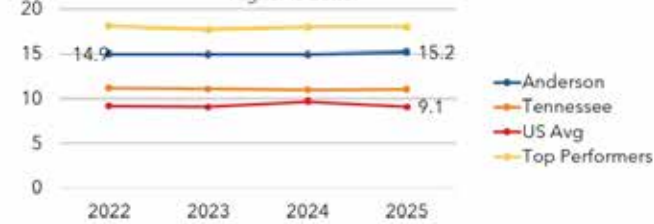
Children in single-parent households

(% of HH headed by a single parent)



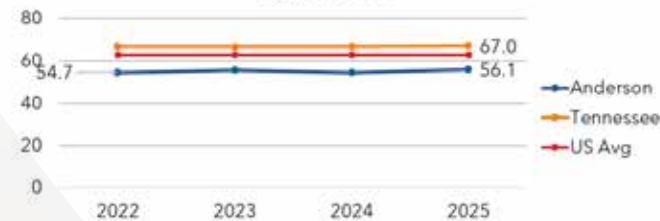
Social associations

(# of membership assoc. per 10,000 population)
Higher is better



Residential segregation - Black/White

(index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents)
Lower is better

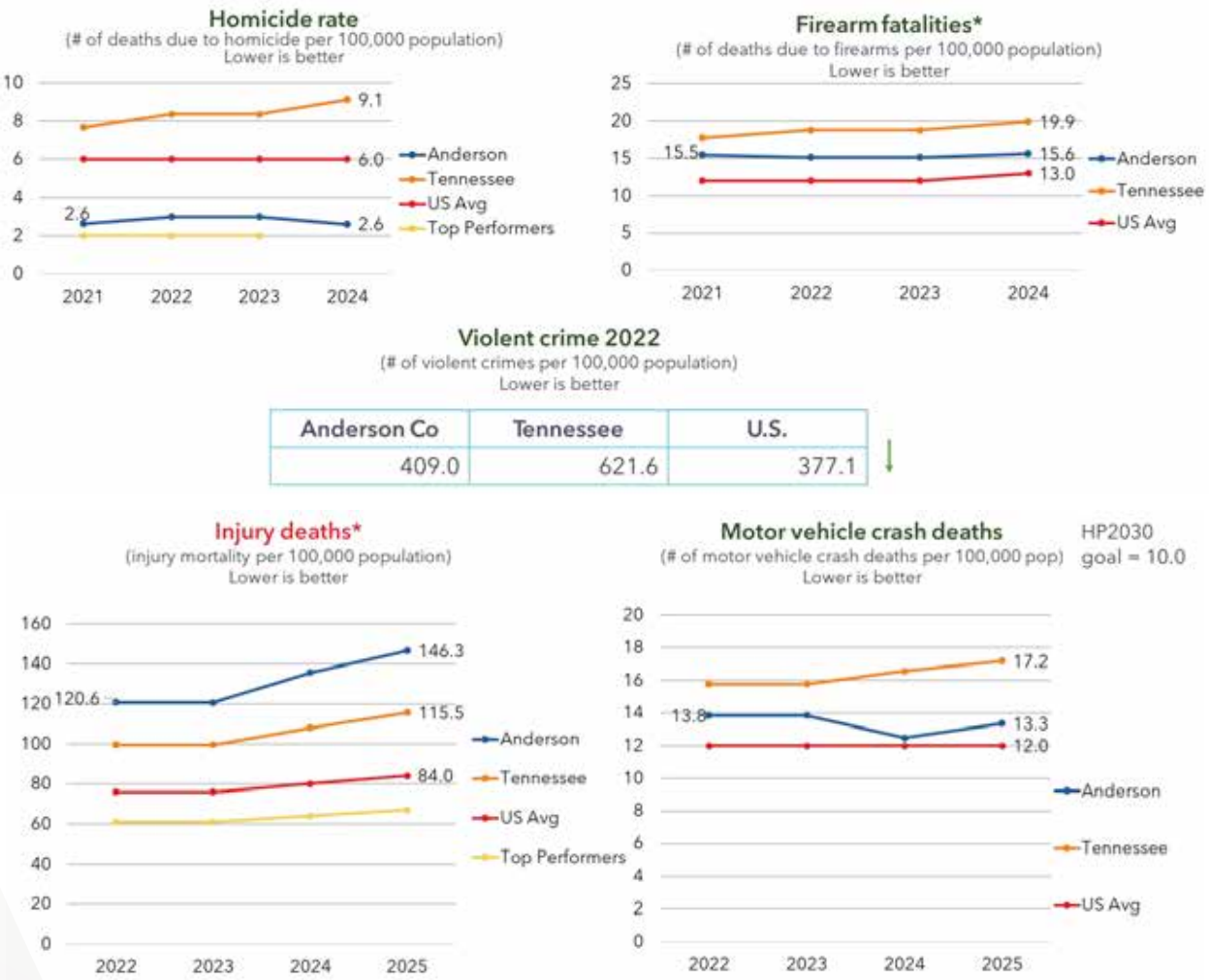


Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020

Sources: Social associations - CHR; County Business Patterns, 2022

Source: Residential segregation Black/White - CHR; American Community Survey, 5-yr. est., 2019-2023

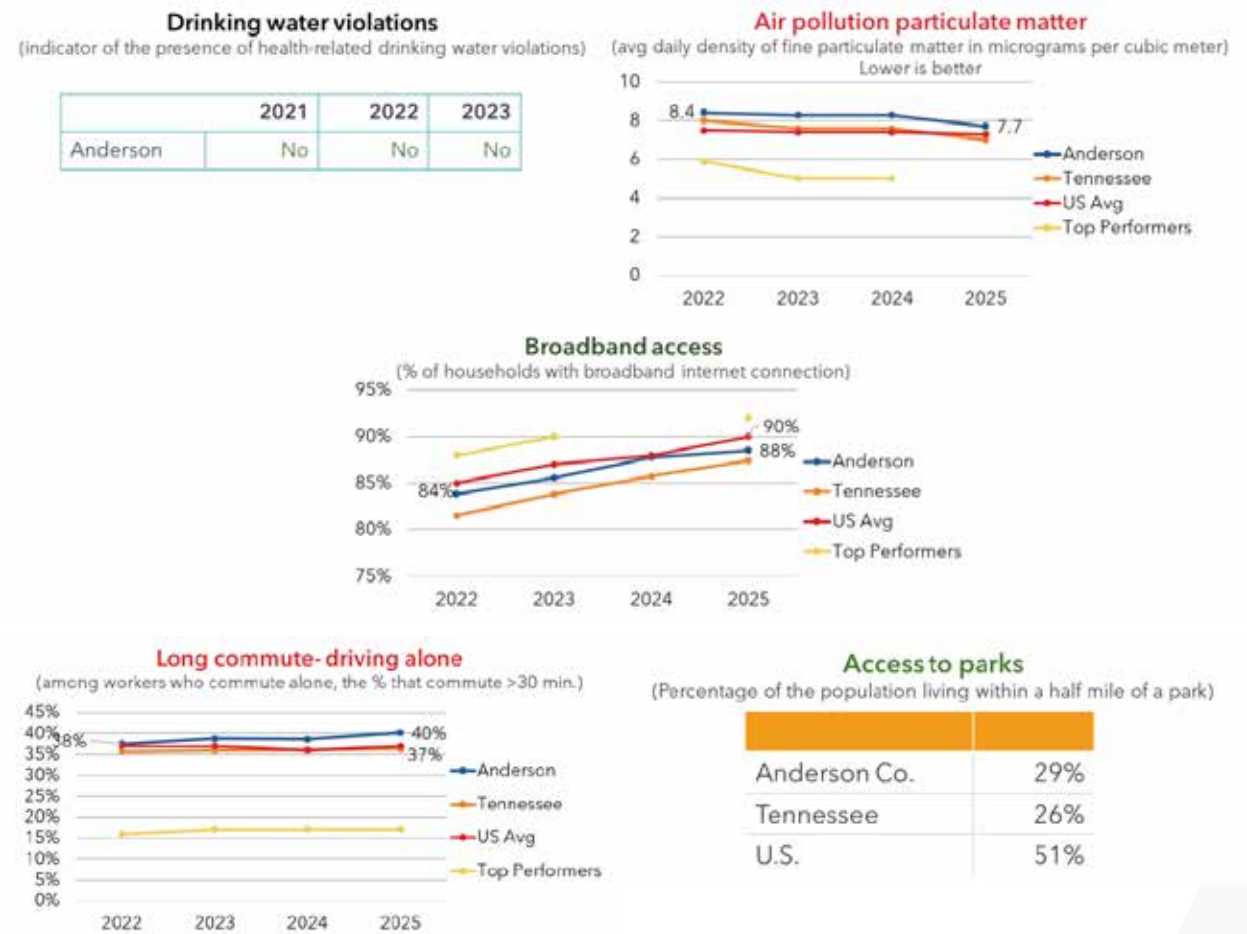
Community Safety



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

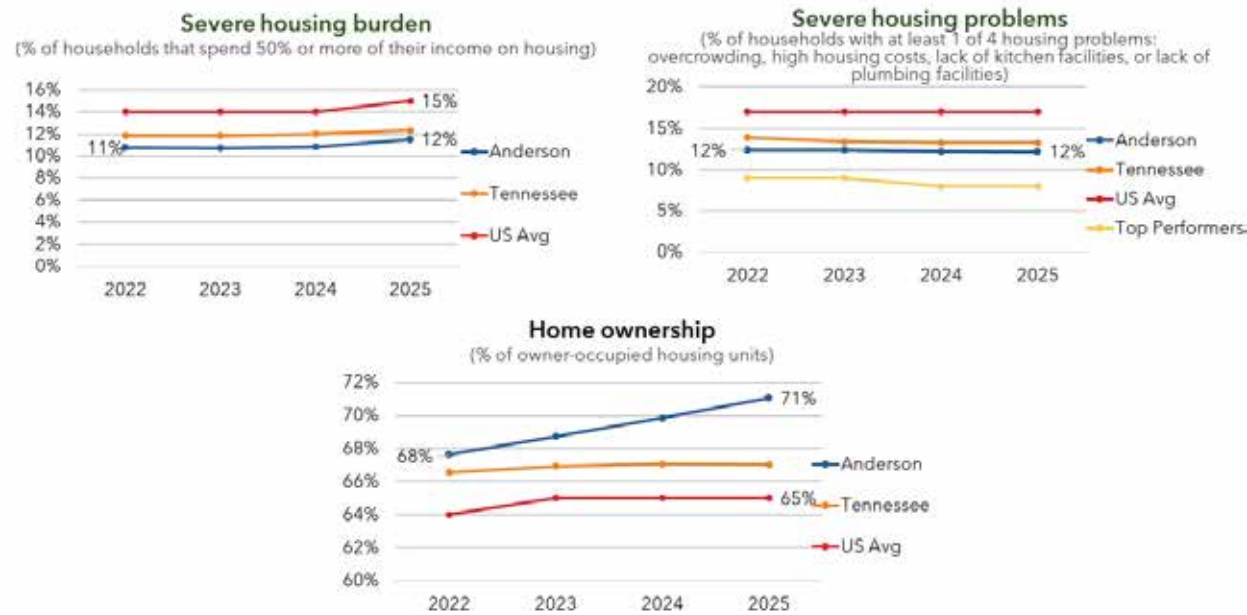
Physical Environment

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



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



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 pp.49-50 of the Community Health Needs Assessment.

Anderson County Resource Manual - United Way	https://uwayac.org/wp-content/uploads/2025/04/Resource-Manual-2024-2.pdf	
Safe, Affordable Housing		
Organization/Service	Website	Phone
Anderson County Community Action	https://andersoncac.org/	865-457-5500
Oak Ridge Housing Authority	https://orha.net/housing-programs/housing-choice-vouchers	865-482-1006
Tennessee Housing Development Agency	https://thda.org/	800-228-THDA
FindHelp	https://www.findhelp.org/housing/help-pay-for-housing--clinton-tn	
Mental/Behavioral Health		
Organization/Service	Website	Phone
TN Dept of Mental Health & Substance Abuse Services	https://www.tn.gov/behavioral-health	800-560-5767
Ridgeview Behavioral Health Services	https://www.ridgeview.com/	800-834-4178
McNabb Center	https://mcnabbcenter.org/locations/anderson/	865-483-7743
NAMI Oak Ridge/Anderson County	https://www.namioakridge.org/	865-466-1234
Anderson County Schools	https://www.acs.ac/566310_3	865-463-2800
River Valley Health	https://www.rvh.org	865-934-6150
Suicide and Crisis Lifeline		988
Substance Use Disorder		
Organization/Service	Website	Phone
See above mental health resources		
ASAP of Anderson County	https://www.asapofanderson.org/	865-457-3007
New Purpose	https://www.newpurposetn.com/	865-264-4455
Alcoholics Anonymous	https://www.etiaa.org/	
Narcotics Anonymous	https://www.narcotics.com/	
Healthy Eating/Active Living & Food Insecurity		
Organization/Service	Website	Phone
Univ of TN Extension (SNAP-Ed)	https://anderson.tennessee.edu/	865-457-6246
United Way Anderson, Campbell, Morgan & Scott	https://uwayac.org/resources	865-483-8431
Covenant Health	https://www.covenanthealth.com/patients-visitors/community-resources/food/	865-374-0411

East Tennessee 211	https://easttn211.communityos.org/	211
Oak Ridge Senior Center	https://orrecparks.oakridgetn.gov/senior-center/	865-425-3450
Methodist Medical Center of Oak Ridge	https://www.covenanthealth.com/methodist/classes-and-events/	865-835-1000
Norris Dam State Park	https://tnstateparks.com/parks/norris-dam	
Boys & Girls Clubs of the TN Valley	https://bgctnv.org/north-anderson-county/	865-232-1234
Anderson County Park	https://www.andersoncountypark.com/	
Marlow Park	https://www.andersoncountypark.com/other-parks/marlow-park/	
Gibbs Ferry Park	https://www.andersoncountypark.com/other-parks/gibbsferry/	
Lost Bottom Park	https://www.andersoncountypark.com/other-parks/lostbottompark/	
Kid's Palace	https://www.andersoncountypark.com/other-parks/kids-palace/	
Adventure Anderson County (hiking trails)	https://adventureanderson.com/hit-the-trails/	
Norris Lake Trail System	https://norrislakeproject.com/nats/	
City of Oak Ridge Parks & Recreation Greenways	https://orrecparks.oakridgetn.gov/wp-content/uploads/2023/10/oakridgegwymap2021-pdf.pdf	
Windrock Bike Park	https://windrockbikepark.com/	
Loyston Bike Trails	https://ambcknox.org/trail/loyston/	
Tobacco and Vaping in Youth and Adults		
Organization/Service	Website	Phone
Tennessee Tobacco Quitline		800-784-8669
Anderson County Health Department	https://andersoncountyttn.gov/health-department/	865-425-8800
Pregnancy Smoking Cessation	https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program/pregnancy-smoking-cessation.html	
Tennessee Tobacco Use Prevention & Control Program	https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program.html	
ASAP of Anderson County	https://www.asapofanderson.org/	865-457-3007

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:

Marketing Department
Methodist Medical Center
990 Oak Ridge Turnpike
Oak Ridge, TN 37831

865-835-4405

or email information to marketingcommunications@covhlth.com

Anderson County

COMMUNITY HEALTH NEEDS ASSESSMENT

Completed in partnership with:

