



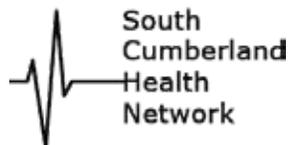
## Community Health Needs Assessment

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# Southern Tennessee Regional Health System – Sewanee and South Cumberland Health Network

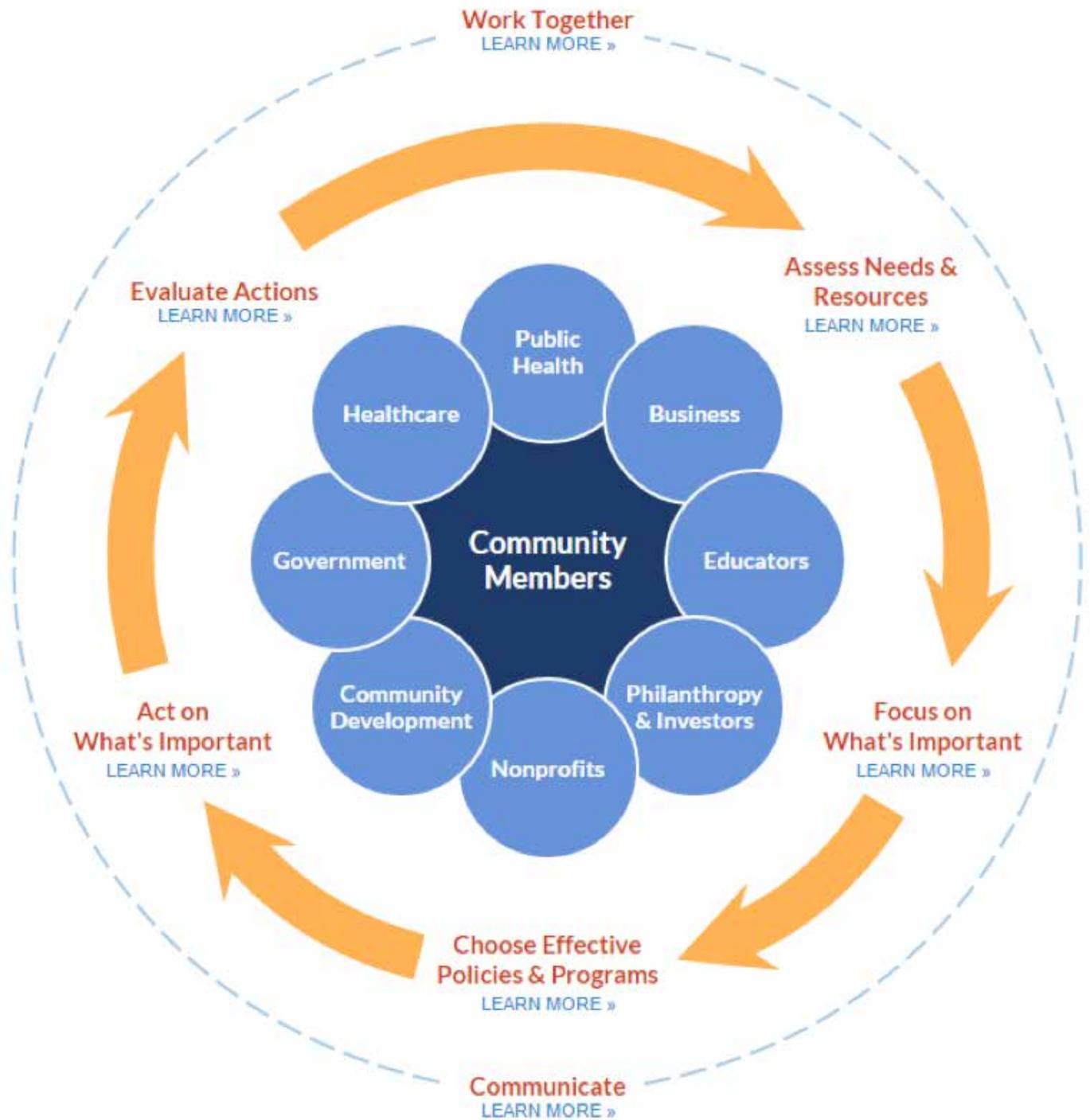
Franklin, Grundy and Marion Counties, Tennessee

Southern Tennessee Regional Health System  
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hospital website: [SouthernTNSewanee.com](http://SouthernTNSewanee.com).



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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

# Perspective / Overview

*Creating a culture of health in the community*



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



# 2018 Community Health Needs Assessment

Southern Tennessee Regional Health System – Sewanee and South Cumberland Health Network as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm community assets and how they might assist with the top priorities.

This CHNA assesses health in Franklin, Grundy, Marion Counties, the service area of Southern Tennessee Regional Health System – Sewanee.

Starting on March 1, 2019, this report is made widely available to the community via Southern Tennessee Regional Health System – Sewanee’s website [SouthernTNSewanee.com](http://SouthernTNSewanee.com) and paper copies are available free of charge at Southern Tennessee Regional Health System – Sewanee, 1260 University Avenue, Sewanee, TN 37375 or by phone 931.598.5691.

## Project goals

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“The goals of this Community Health Needs Assessment were to assess the health and needs of the community and energize a coalition to address those needs. This process has been collaborative and thorough and hopefully will benefit the communities.” said Russ Spray, CEO, Southern Tennessee Regional Health System – Sewanee.

“The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support implementation plans,” added Jim Peterman, Chair of the South Cumberland Health Network.





# Community Input and Collaboration

## Data Collection and Timeline

In June 2018, Southern Tennessee Regional Health System – Sewanee began a Community Health Needs Assessment for Franklin, Grundy, Marion Counties. Southern Tennessee Regional Health System – Sewanee sought input from persons who represent the broad interests of the community using several methods:

- A kick-off meeting was held with the South Cumberland Plateau Health Network to receive their input into the process and to invite them to participate in the focus groups and community health summit on April 27th.
- 85 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), health providers (hospital, long-term care, mental health), local businesses and clergy, participated in focus groups for their perspectives on community health needs and issues on June 22, 27 and 28, 2018.
- Information gathering, using secondary public health sources, occurred in June 2018.
- An online community survey was conducted June 20 – Sept 14, 2018 and had 69 participants completing the survey.
- An online hospital employee and provider survey was conducted between July 1 and September 17, 2018. Forty-one hospital employees and 5 community providers completed the survey.
- A Community Health Summit was conducted on September 28, 2018 with 36 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations and other community members.

## Participants

Two hundred thirty-six people participated in the above-mentioned activities related to gathering input into the Community Health Needs Assessment. Ninety-five individuals from sixty-seven community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Franklin, Grundy, Marion Counties. The five-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 community.

Participation in the focus groups and at the Community Health Summit creating the Franklin, Grundy, Marion Counties Community Health Needs Assessment and Improvement Plan included:

Organization	What/When	Population Represented (kids, low income, minorities, those w/o access)
A Step Ahead - long-term, reversible birth control	Focus Group June 22	All
Altamont Baptist/All American Enterprises	Focus Group June 28	
AmeriCorps VISTA	Focus Group June 22, Summit	
Americorps VISTA/GSCC	Summit	Healthy futures (opioid crisis)
Arcadia at Sewanee	Focus Group June 22, Summit	Elderly
Attorney	Focus Group June 22	
Beersheba Springs Medical Clinic	Focus Group June 22, Summit	All, those without healthcare
Bonner Leaders & Civic/Global Leadership	Summit	Student
Chattanooga Area Food Bank	Focus Group June 22	
Coffee County Schools	Focus Group June 22	
Community Volunteer	Focus Group June 22	All
Concerned citizen running for office	Focus Group June 28	
Cumberland Teaching Gardens	Focus Group June 22, 27, Summit	All
Discover Together	Focus Group June 22	Promotes resiliency in young families through integrated literacy and place-based educational programs
DuBose Conference Center	Focus Group June 28	
Family Resource Center	Summit	
Folks at Home - continuing a dignified and comfortable lifestyle	Focus Group June 22, 27	Elderly
Former school nurse - now VA	Focus Group June 28	Grundy Local community
Grundy County	Summit	
Grundy County Commission	Summit	
Grundy County Commission Chairman	Focus Group June 28	
Grundy County Coordinated School Health	Focus Group June 28	
Grundy County Health Council	Focus Group June 27	
Grundy County Mayor	Summit	
Grundy County Mayors Office	Focus Group June 22, 27	
Grundy County Schools	Focus Group June 22, Summit	Kids
Grundy County Sheriff's Office	Focus Group June 27	
Grundy County VISTA Health Council	Summit	All
Grundy Dept of Edu VISTA	Focus Group June 22	
Grundy EMS	Focus Group June 28, Summit	
Grundy Housing Authority	Focus Group June 28	
Grundy Reversing Diabetes Seminars	Summit	People who are at risk for diabetes or have been diagnosed with diabetes
Grundy Safe Communities Coalition	Focus Group June 22, 27, Summit	Drug & Alcohol Prevention - All Ages
Head Start	Summit	High risk children & families
Life Paths Appalachian Research Center	Focus Group June 22	Rural/urban, low-income
Life Paths Appalachian Research Center/Psych	Focus Group June 22	All
Mountain T.O.P. (Tennessee Outreach Project)	Focus Group June 22, 27, Summit	All, Kids, low-income
MTSU	Summit	
Myers Hill First Congregational Methodist	Focus Group June 28	
Observers	Focus Group June 22	
OCE Volunteer	Summit	
Pelham Resident	Focus Group June 28	
Prevent Child Abuse TN	Focus Group June 22	
Retired Teacher, Grundy Housing Authority Board	Focus Group June 28	
S Double A Ranch - Life Recovery Program	Focus Group June 22	
Safe Baby Court	Focus Group June 22	
Saint Thomas Health/Ascension	Focus Group June 22	All
Sequatchie Valley Head Start	Focus Group June 22, 28	low-income, at risk families
Sewanee/Volunteer	Focus Group June 22	All
Shelter Insurance Company	Focus Group June 28	
South Cumberland Community Fund	Focus Group June 27, Summit	Those w/o access
South Cumberland Plateau VISTA Project Leader	Focus Group June 27	
Southern TN Regional Health System - Sewanee	Focus Group June 22, 28, Summit	All
Southern TN Regional Health System Board	Summit	
TN Department of Health	Focus Group June 22, Summit	ALL
TN Dept of Children's Services	Focus Group June 22	
Tower Community Bank	Focus Group June 28	
Tracy City Head Start/Early Head Start	Focus Group June 28, Summit	
Tracy First United Methodist Church	Focus Group June 28	
University Farm	Focus Group June 27	
University of the South	Focus Group June 22, 28, Summit	Grundy, Marion, and Franklin County
University of the South/STRHS Board	Summit	every neighbor on the plateau
UT Extension	Focus Group June 22, Summit	
VISTA - Cumberland Teaching Gardens	Summit	All; Mostly kids
VISTA - University Farm	Focus Group June 22	Kids, low-income
Vista/Grundy County Health Council	Focus Group June 22, 28, Summit	
Volunteer Behavioral Health Care System	Focus Group June 22, Summit	Grudy, Marion, Sequatchie, Franklin

## Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus groups and Summit.

## Input of Those with Expertise in Public Health

Representatives from the Tennessee Department of Health attended focus groups as well as spoke at the Community Health Summit. They are leaders of the Grundy County Health Council as well as members of the South Cumberland Health Network. They are and will continue to be intimately involved in community health improvement in the region.

## Community Engagement and Transparency

Many members of the community participated in the focus groups and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Franklin, Grundy, Marion Counties. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Southern Tennessee Regional Health System – Sewanee.



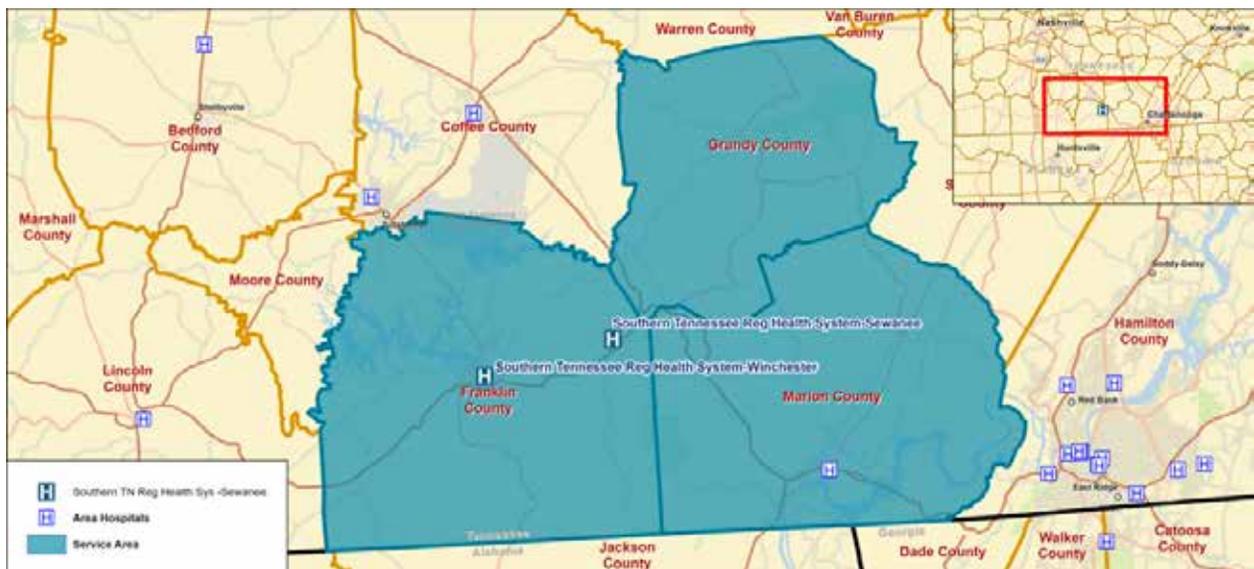


# Community Selected for Assessment

Franklin, Grundy, Marion Counties was the primary focus of the CHNA due to the service area of Southern Tennessee Regional Health System – Sewanee. Used as the study area, Franklin, Grundy, Marion Counties provided 75% of inpatient discharges. The area under focus was the South Cumberland Plateau which covers portions of these three counties.

The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Southern Tennessee Regional Health System – Sewanee draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Southern Tennessee Regional Health System – Sewanee’s Financial Assistance Policy.

### Southern Tennessee Regional Health System Service Area





# Key Findings of the Community Health Assessment

Based on the primary and secondary data collected, the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. Access to care
2. Obesity – healthy eating/active living
3. Socioeconomics
4. (tie) Substance abuse and
4. (tie) Health literacy
6. Preventive care
7. Mental health

### **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 of the community's health needs. For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English) were not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

### **Process and Methods**

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus groups
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics – behavior measured by spending and media preferences

Using the primary and secondary data as guidance, the participants at a community health summit prioritized the community health needs. They then brainstormed community health resources to assist with the highest priorities. The community will use this information to create a community health improvement plan (available in a separate document).

## Demographics of the Community 2017 – 2022

The table below shows the demographic summary of Franklin, Grundy, Marion Counties compared to Tennessee and the U.S.

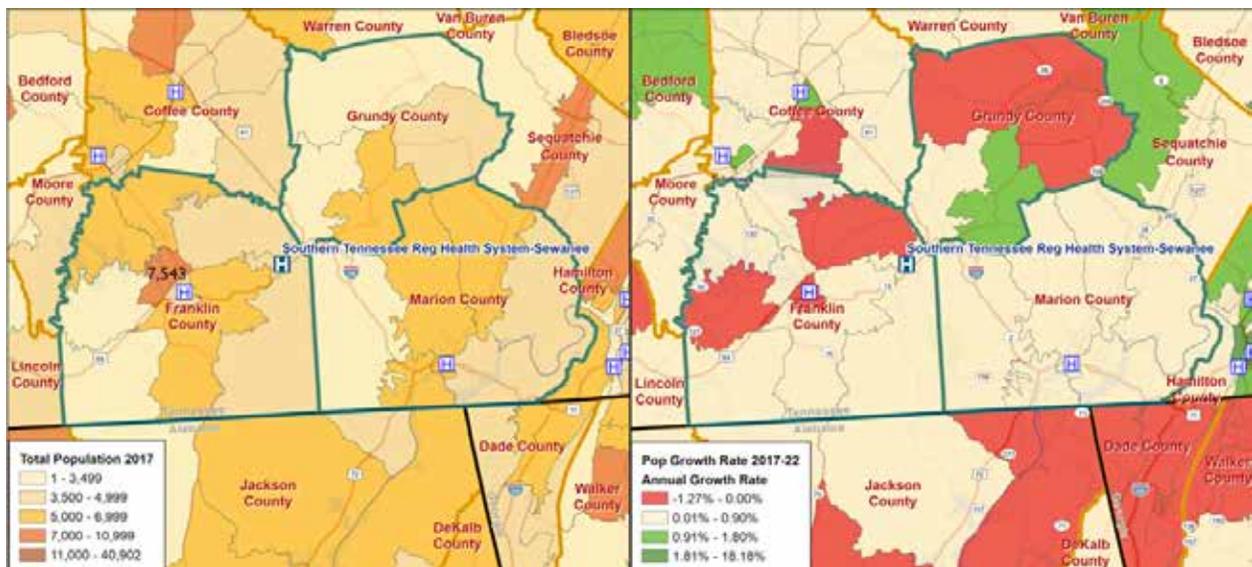
	Franklin	Marion	Grundy	Tennessee	USA
<b>Population</b>	42,048	29,334	14,109	6,766,460	327,514,334
<b>Median Age</b>	42.9	44.2	43.2	39.3	38.2
<b>Median Household Income</b>	\$42,608	\$42,850	\$27,994	\$48,049	\$56,128
<b>Annual Pop. Growth (2017-2022)</b>	0.32%	0.56%	0.44%	0.90%	0.83%
<b>Household Population</b>	16,433	11,863	5,576	2,645,517	123,158,887
<b>Dominant Tapestry</b>	Rooted Rural (10B)	Rooted Rural (10B)	Rural Bypasses (10E)	Rooted Rural (10B)	Green Acres (6A)
<b>Businesses</b>	1,266	918	476	231,788	11,611,226
<b>Employees</b>	18,193	8,391	3,034	3,199,720	152,829,200
<b>Medical Care Index*</b>	89	90	68	89	100
<b>Average Medical Expenditures</b>	\$1,731	\$1,746	\$1,317	\$1,735	\$1,941
<b>Total Medical Expenditures</b>	\$28.5 M	\$20.7 M	\$7.3 M	\$4.6 B	\$239.0 B
<b>Racial and Ethnic Make-up</b>					
<b>White</b>	90%	92%	97%	76%	70%
<b>Black</b>	5%	4%	0%	17%	13%
<b>American Indian</b>	0%	0%	1%	0%	1%
<b>Asian/Pacific Islander</b>	1%	1%	0%	2%	6%
<b>Mixed Race</b>	2%	1%	0%	3%	7%
<b>Other</b>	2%	2%	1%	2%	3%
<b>Hispanic Origin</b>	3%	2%	1%	6%	18%

Source: Esri \*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

- The population of Franklin County was projected to increase .32% per year from 2017 to 2022. Marion was projected to increase .56% per year and Grundy .44% per year. Tennessee was projected to increase .90% per year. The U.S. was projected to increase .83% per year. These are slower growing counties.
- Franklin County had a higher median age (42.9 median age) compared to TN, 39.3 and the U.S. 38.2. Marion's median age was 44.2 and Grundy was also higher at 43.2. Franklin County's percentage of the population 65 and over was 20.2%, higher than the US population 65 and over at 15.6%. Marion's 65 and over population was 19.8% of total and Grundy's was 20.2%.
- Franklin and Marion had lower median household incomes at \$42,608 and \$42,850 than TN (\$48,049) and the U.S. (\$56,128). Grundy County's median household income was significantly lower than the comparative geographies at \$27,994. The rate of poverty in Franklin County was 15% which was lower than TN (16.7%) but higher than the U.S. (14.7%). Marion County's poverty percentage was higher than Franklin's at 19% and Grundy the highest at 26.1%.
- The household income distribution of Franklin County was 14% higher income (over \$100,000), 59% middle income and 28% lower income (under \$24,999). The U.S. distribution was 23% higher incomes, 55% middle incomes and 22% lower incomes. Marion County was very similar to Franklin at 28% lower incomes, 57% middle incomes and 15% higher incomes. Grundy was 46% lower incomes, 47% middle incomes and 7% higher incomes.

- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Franklin County was 89, indicating 14% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits). Marion County's index was 90, 10% lower than the average U.S. household and Grundy's index was 68, 32% lower than the average U.S. household. The lower indices could be due to lower cost healthcare as well as less utilization.
- The racial and ethnic make-up of Franklin County was 90% white, 5% black, 1% Asian/Pacific Islander, 2% mixed race, 2% other, and 3% Hispanic Origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.) Marion County was comprised of 92% white, 4% black, 1% Asian/Pacific Islander, 1% mixed race, 2% other and 2% Hispanic. Grundy County was 97% white, 1% American Indian, 1% other and 1% Hispanic. These counties are fairly homogeneous.

### 2017 Population by Census Tract and Population Change 2017-2022



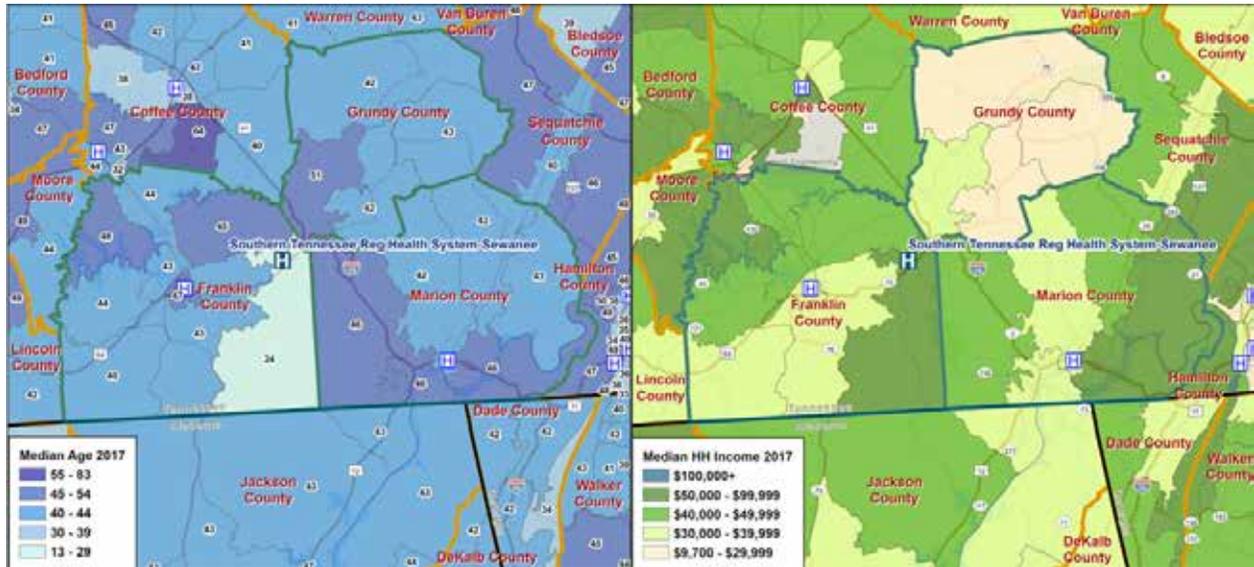
Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There was one higher population census tract, 7,000-10,999 in Winchester in Franklin County, just north of STRHS - Winchester. The entirety of central Marion County from Griffith Creek to Jasper, Tracy City and Coalmont in Grundy County, and areas north and south of Winchester had the next highest populated tracts with 5,000 to 6,999 people. A few tracts in each county had 3,500 to 4,999 population, and the remainder of the counties had fairly low population with up to 3,499 people in those census tracts.

The three counties population is projected to increase slightly from 2017 to 2022. Three census tracts in Franklin County were projected to decline. Central and northern Grundy County was projected to decline. The southern tract in Grundy County was projected to increase more than TN at .91% per year.

## 2017 Median Age

## Median Income



Source: Esri

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The southeast corner of Franklin County is the youngest with a median age of 24. The University of the South is located in this census tract. The oldest tract is located in southwest Grundy County with a median age of 51. The remainder of tracts vary from median age of 40 to 48.

Looking at median household income by census tract, there were three higher income census tracts from \$50,000 to \$99,999, two in Franklin County in the southeast and in the northwest, and one in southeast Marion County. Grundy County had one tract with \$30,000 to \$39,999 and the remainder was \$9,700 to \$29,999.

Additionally, Franklin County's March 2018 preliminary unemployment was 3.5%, compared to 3.4% for Tennessee and 3.9% for the U.S., which is a large decline in unemployment since 2012. Marion County's unemployment was 4.6% and Grundy was 4.2%. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce (Bureau of Labor Statistics, 2018).

## Business Profile

Seventy-eight percent of employees in Franklin County were employed in:

- Public Administration (25.9%)
- Manufacturing (21.6%)
- Retail Trade (11.2%)
- Health Care & Social Assistance (10.0%)
- Educational Services (9.7%)

Sixty-eight percent of employees in Marion County were employed in:

- Retail Trade (18.1%)
- Accommodation & Food Services (14.5%)
- Manufacturing (12.8%)
- Health Care & Social Assistance (12.7%)
- Educational Services (9.4%)

Sixty-eight percent of employees in Grundy County were employed in:

- Health Care & Social Assistance (19.1%)
- Public Administration (13.2%)
- Retail Trade (12.0%)
- Manufacturing (11.9%)
- Educational Services (11.6%)

Retail, accommodation & food service jobs offer health insurance at a lower rate than healthcare, manufacturing and educational services jobs.

Many residents leave the counties for retail shopping, thus harming the counties' ability to build retail/dining, which could make leaving for healthcare easier.

Franklin County loses 4,687 net commuters per day commuting outside the county for work, with 2,246 commuting into the county and 6,933 commuting out of the county. Marion County loses 3,969 net commuters per day commuting outside the county for work, with 2,201 commuting into the county and 6,170 commuting out of the county. Grundy County loses 2,161 net commuters per day commuting outside the county for work, with 509 commuting into the county and 2,670 commuting out of the county.

## **Tapestry Segmentation**

Studying the Tapestry Segments in the study area help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions.

The dominant Tapestry Segments in the three counties were Rooted Rural (36%), Rural Bypasses (18%), and Southern Satellites (10%). The map below demonstrates the dominant Tapestry Segment by census tract. The map is colored by LifeMode. All three Tapestry Segments are in the Rustic Outposts LifeMode. There is a very brief description of the segments on the right of the map and on the next two pages. There is much more information on Tapestry Segments at [doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm](http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm).

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 64% of the three counties' populations are included in these three Tapestry Segments.

The map is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.



Source: Esri



LifeMode Group: Rustic Outposts

## Rooted Rural

**10B**

**Households:** 2,430,900

**Average Household Size:** 2.48

**Median Age:** 45.2

**Median Household Income:** \$42,300

### WHO ARE WE?

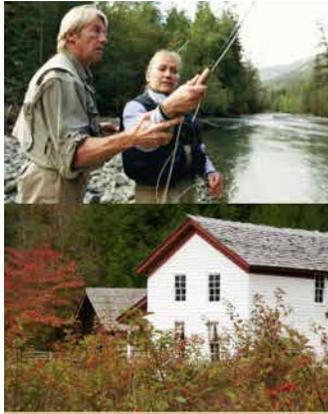
Rooted Rural is heavily concentrated in the Appalachian mountain range as well as in Texas and Arkansas. Employment in the forestry industry is common, and Rooted Rural residents live in many of the heavily forested regions of the country. Nearly 9 of 10 residents are non-Hispanic whites. This group enjoys time spent outdoors, hunting, fishing, or working in their gardens. Indoors, they enjoy watching television with a spouse and spending time with their pets. When shopping, they look for American-made and generic products. These communities are heavily influenced by religious faith, traditional gender roles, and family history.

### OUR NEIGHBORHOOD

- This market is dominated by married couples, few with children at home.
- 80% of homes are owner occupied: primarily single family (73%) or mobile homes (24%).
- Nearly one in five housing units are vacant, with a high proportion for seasonal use.
- Home values are very low—almost half of owned homes are valued under \$100,000.

### SOCIOECONOMIC TRAITS

- Thrifty shoppers that use coupons frequently and buy generic goods.
- Far-right political values on religion and marriage.
- Do-it-yourself mentality; grow their own produce and work on their cars and ATVs.
- Pay bills in person and avoid using the Internet for financial transactions.
- Often find computers and cell phones too complicated and confusing.
- Clothes a necessity, not a fashion statement; only buy new clothes when old clothes wear out.



LifeMode Group: Rustic Outposts  
**Rural Bypasses**

10E

**Households:** 1,646,400  
**Average Household Size:** 2.55  
**Median Age:** 40.4  
**Median Household Income:** \$33,000

**WHO ARE WE?**

Open space, undeveloped land, and farmland characterize *Rural Bypasses*. These families live within small towns along country back roads and enjoy the open air in these sparsely populated neighborhoods. Their country lifestyle focuses on the outdoors, gardening, hunting, and fishing. They are more likely to own a satellite dish than a home computer. Although a majority of households do have a connection to the Internet, their use is very limited. Those who are not yet retired work in blue collar jobs in the agriculture or manufacturing industries.

**OUR NEIGHBORHOOD**

- An older market, with more married couples without children and single households, the average household size is slightly lower at 2.55.
- Most residents own single-family homes, or mobile homes (Index 504).
- Most housing was built from 1970 to 1989; vacancy rates are higher due to seasonal housing.
- Residents live in very rural areas, almost entirely in the South.

**SOCIOECONOMIC TRAITS**

- Education is not a priority in this market. Almost 25% have not finished high school; only 11% have a bachelor's degree or higher.
- Unemployment is very high at 9% (Index 161); labor force participation is low at 47% (Index 76).
- Income is primarily derived from wages; however, dependence on Social Security and Supplemental Security Income is above average.
- Religion, faith, and traditional values are central in their lives.
- Many have a pessimistic outlook of their household's financial well-being.
- They rely on television to stay informed.



LifeMode Group: Rustic Outposts  
**Southern Satellites**

10A

**Households:** 3,856,800  
**Average Household Size:** 2.67  
**Median Age:** 40.3  
**Median Household Income:** \$47,800

**WHO ARE WE?**

*Southern Satellites* is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically nondiverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects.

**OUR NEIGHBORHOOD**

- About 78% of households are owned.
- Married couples with no children are the dominant household type, with a number of multigenerational households (Index 112).
- Most are single-family homes (67%), with a number of mobile homes (Index 509).
- Most housing units were built in 1970 or later.
- Most households own 1 or 2 vehicles, but owning 3+ vehicles is common (Index 144).

**SOCIOECONOMIC TRAITS**

- Education: almost 40% have a high school diploma only (Index 140); 45% have college education (Index 73).
- Unemployment rate is 6%, slightly higher than the US rate.
- Labor force participation rate is 59.1%, slightly lower than the US.
- These consumers are more concerned about cost rather than quality or brand loyalty.
- They tend to be somewhat late in adapting to technology.
- They obtain a disproportionate amount of their information from TV, compared to other media.

## Primary Research: Focus Groups, Surveys

### Focus Group Results

Eighty-five community stakeholders representing the broad interests of the community participated in three focus groups on June 22, 27 and 28, 2018 for their input into the community's health. Community participation in the focus groups represented a broad range of interests and backgrounds. Below is a summary of the three 90-minute focus group discussions.

1. How do you define health?

- Being able to do what you want to do
- Wholistic, mental, emotional and physical health
- Healthy lifestyle – healthy eating, exercise, not smoking, social engagement, not drinking excessively
- Absence of disease, not being sick
- Healthy environment – pollutants, stress, carcinogens

2. Generally, how would you describe the community's health?

- Varied – different socioeconomically
- Good, but needs improvement
- Some have the desire to be healthy, but not the knowledge
- Grundy is poor both in health and economics
- Franklin is the healthiest, but still has many of the same issues as Grundy
- Marion has poorer health on the mountain than off the mountain

3. What are the most important health issues facing Franklin, Grundy, Marion Counties now?

- Poverty
- Access to:
  - Insurance
  - Dental care
  - Primary care
  - Specialty care
  - Healthy food
  - Places to exercise
- Drug addiction
- Transportation
- Lack of preventive care
- Mental health services
- Obesity
- Tobacco use
- Knowledge/education
- Prevention
- Birth control
- How to eat healthy
- Healthcare
- Care of children and elderly

4. What has the community changed the most related to health status in 3 years?

• Improved

- General health awareness
- More walking trails
- Schools more involved in health – vision, telehealth
- More programming, education, and organizations focused on health
- Increased number of outdoor activities
- New attitudes among powerful people on health issues

• Worse

- Opioid epidemic
- Resurgence in Methamphetamine
- Chronic diseases
- Immigrant families afraid to access

5. What behaviors have the most negative impact on health?

- Drug use
- Adverse childhood experiences – abuse, neglect, household dysfunction
- Poor diet
- Complacency
- Culture of self-reliance
- Lower activity levels
- Tobacco use

6. What environmental factors have the biggest impact on community health?

- Poor housing conditions
- Dangerous work environments
- Living in poverty – stress
- Poor water quality
- Lack of supermarkets
- Limited sidewalks
- Little recycling
- Parks not kept up
- Not much traffic on roads so can walk and ride bikes

7. What were the barriers to improving health in the last 3 years and going forward?

- Resources – time and money
- Poverty – lack of jobs
- Participation
- Transportation
- Stigma around mental health
- Culture of dependency

8. What community assets support health and wellbeing?

- Sewanee Hospital
- Grundy Community Clinic
- Mountain Medical Clinic
- Beersheba Clinic
- Medical Missions
- VISTA program
- State Parks, natural areas
- Gyns in Grundy
- Mountain T.O.P.
- Tennessee Promise
- Food Banks
- Health Network, Health Council
- Grundy Safe Communities Coalition
- Reversing Diabetes seminars – Steve & Karen Wickham
- UT Extension
- Life Paths
- Cumberland Teaching Gardens
- Thrive – school garden program
- Mountain Goat Trail
- South Cumberland Community Fund
- The University
- University Farm
- Folks at Home
- Faith-based communities
- Senior Centers
- SAA ranch
- Blue Monarch
- Head Start
- Camp Discover
- Food hub – farmer’s market
- Social service agencies

9. Where do members of the community turn for basic healthcare needs?

- Grundy Community Clinics
- Beersheba Clinic
- Various private practices
- Medical Missions (Saint Thomas)
- Emergency Room in Sewanee
- Church
- Health Departments
- Family and friends
- Facebook/Internet
- Volunteer Behavioral Health
- Telemedicine in schools
- UT Extension office
- Sewanee Hospital

10. What does the community need to manage health conditions or to stay healthy?

- Healthier food
- Tobacco-free spaces
- County officials and leaders focusing on health
- Positive places for kids
- More healthcare providers
- Transportation
- Focus on prevention more than intervention
- Addiction recovery
- Patient advocates to help navigate the system
- Law enforcement to deal with drugs
- Coordination of care and resources

11. What priority health improvement action should Franklin, Grundy, Marion Counties focus on?

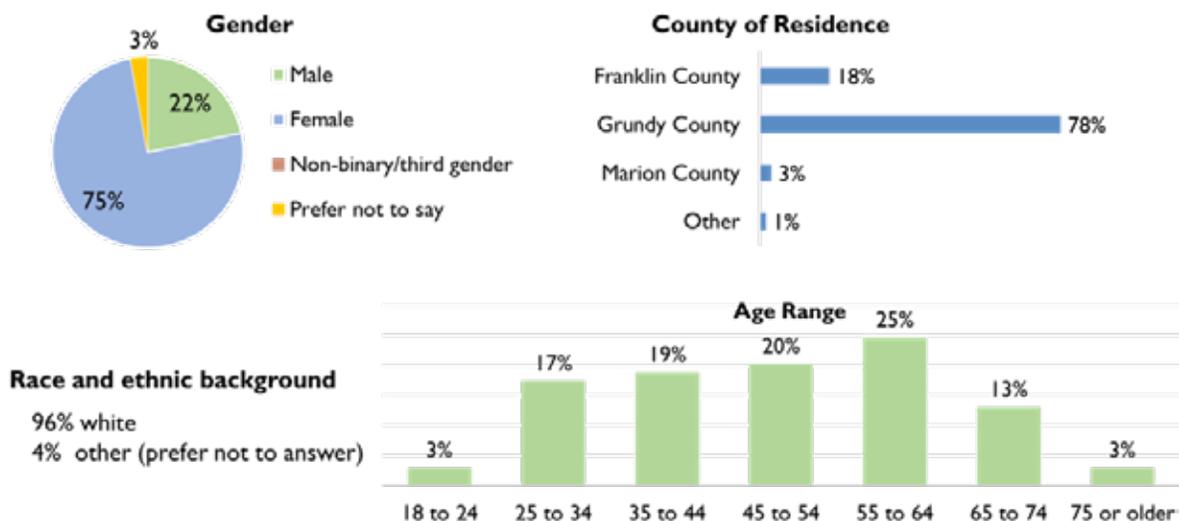
- Food and exercise
- Transportation
- Engaging parents and children in health education
- Clean water
- Positive places for youth
- More health care providers embedded in the community
- Break down barriers, work together, focus

## Survey Results

A survey was placed on Survey Monkey and community members were encouraged to complete the on-line survey. The link was placed on the hospital website and e-mailed. The survey was opened on June 20, 2018 and closed on September 14, 2018. Sixty-nine surveys were completed.

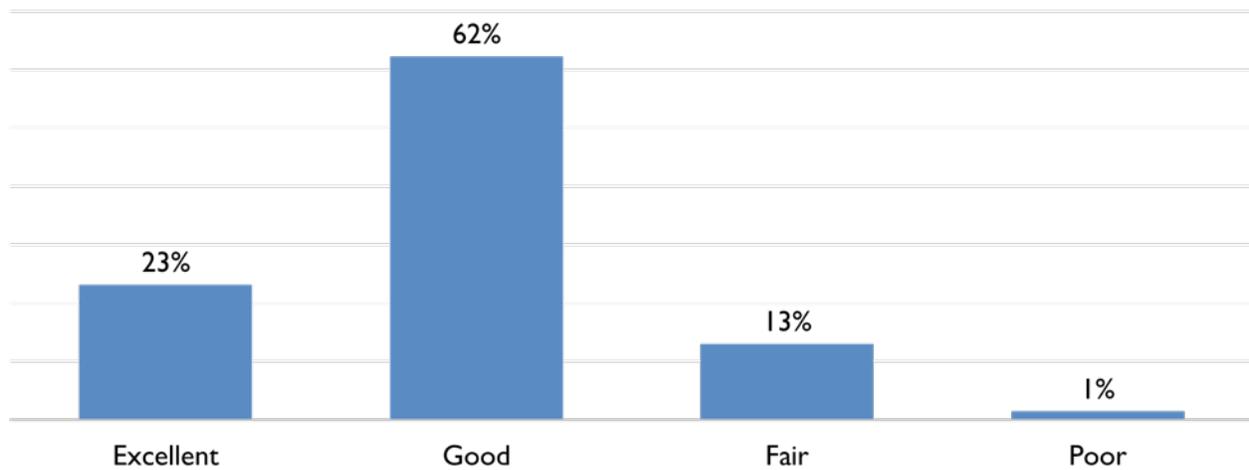
## Demographics of the Survey

The survey skewed female with 75% female responders. Most respondents were from Grundy County and were white. The ages were representative of the community.



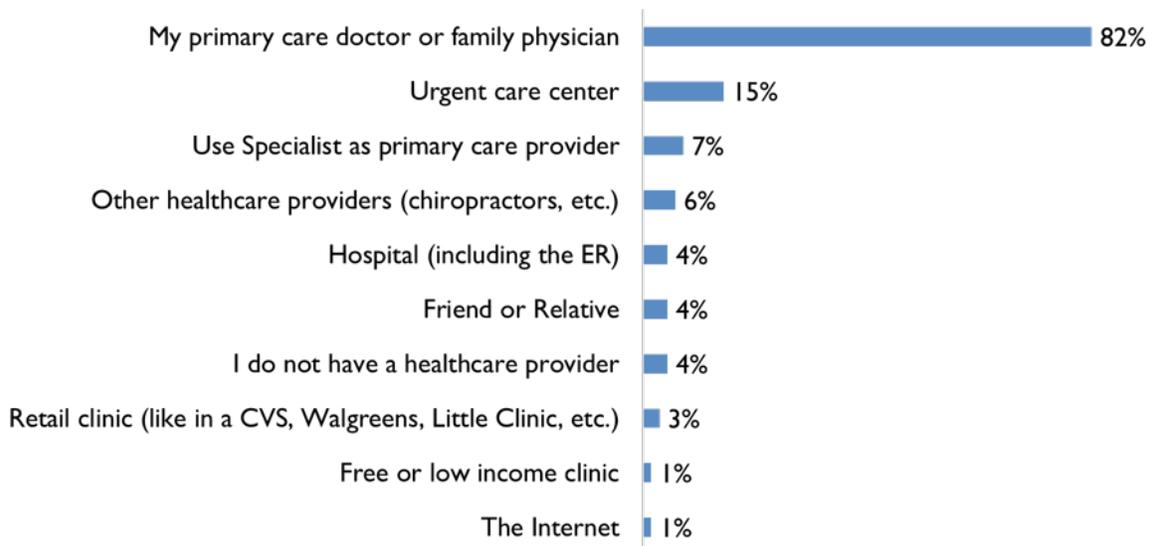
## Health Status

When asked to describe their health, the responses were:



## Turn for Healthcare Needs

When asked where they turn for basic healthcare needs, the responses were:



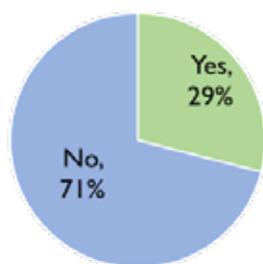
Most turn to primary care physicians for care followed by urgent care centers.

## Access

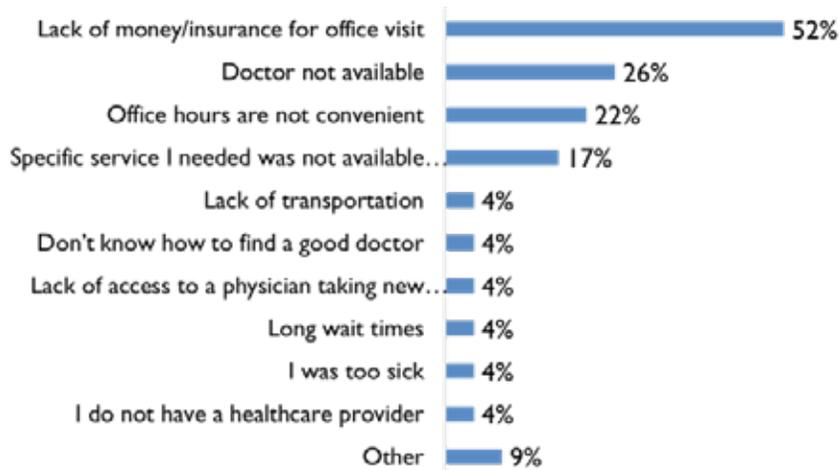
### Doctors

Twenty-nine percent indicated there was a time they needed to see a doctor but could not. This percentage is much higher than other communities surveyed nationwide. The primary reason was lack of money/insurance for office visit at 52% followed by doctor not available 26%.

**Was there a time you couldn't see a doctor?**



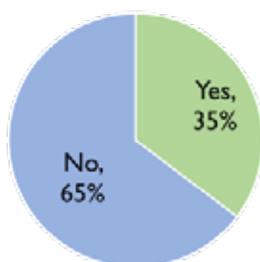
**What are some reasons why you could not see a doctor?**



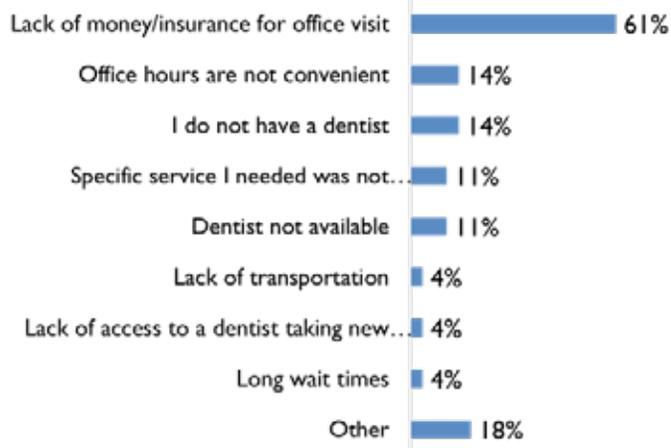
### Dentists

Thirty-five percent indicated there was a time they could not see a dentist. This percentage is much higher than other communities surveyed nationwide. Lack of money/ insurance for the office visit was the primary reason given.

**Was there a time you couldn't see a dentist?**



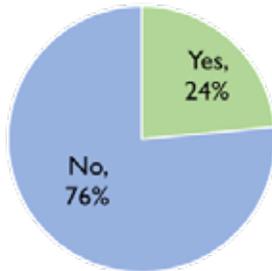
**What are some reasons why you could not see a dentist?**



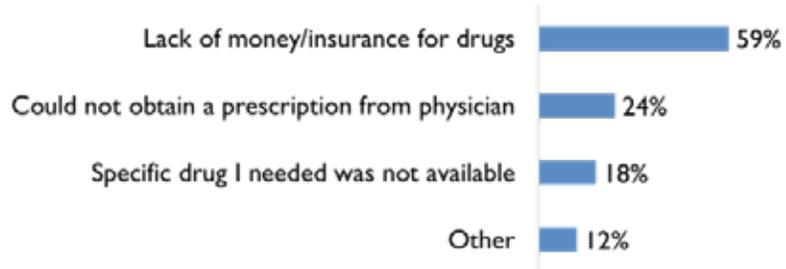
## Medications

Twenty-four percent indicated there was a time they could not obtain medications. Lack of money/insurance for drugs was the primary answer given.

**Was there a time you couldn't obtain medications?**



**What are some reasons why you could not obtain medications?**

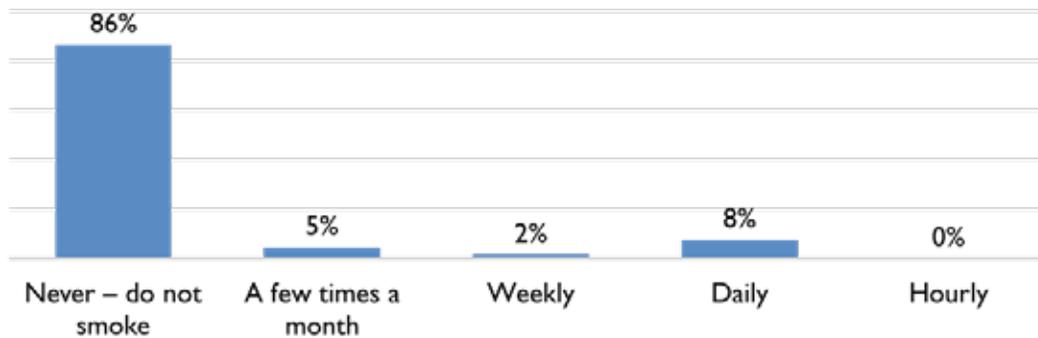


**Other:**

- Nearest real pharmacy is 20 miles away
- Cannabis is illegal still in TN

## Tobacco Use

86% of respondents do not smoke, meaning that 15% do smoke. Most smoke less than a pack a day, however 11% responded they smoke more than a pack a day.



**How many per day?**

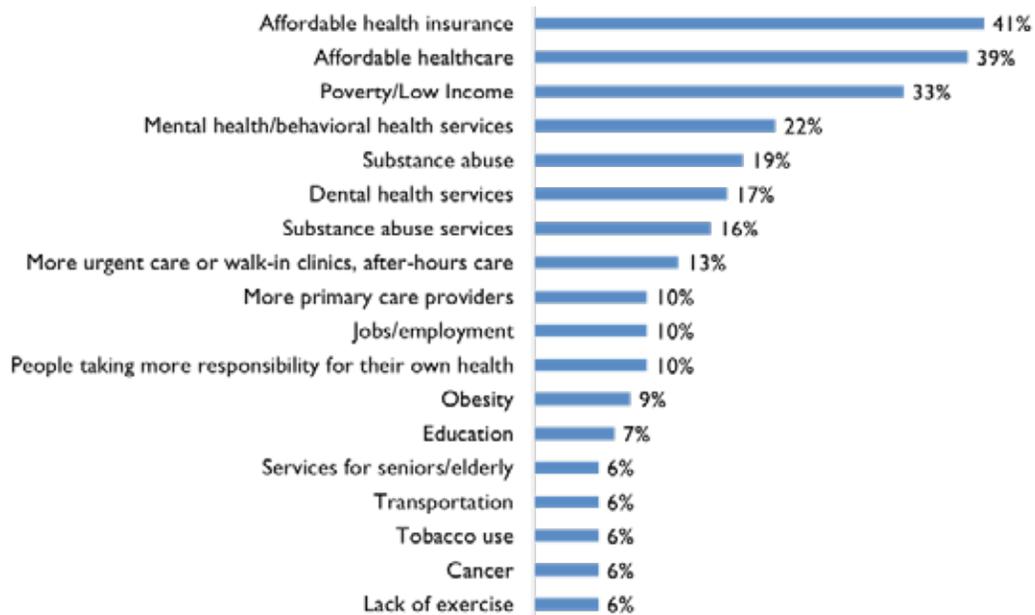


**Other tobacco products used:**

- Chewing tobacco
- Dip
- Vaping

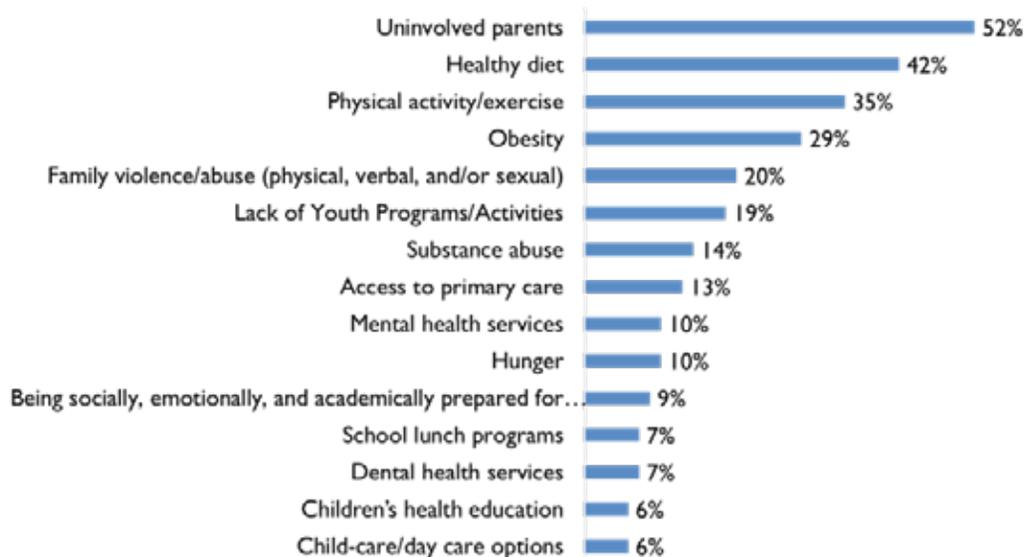
### Top Three Issues that Impact Health

Respondents said the top issues that impact people’s health were affordable health insurance (41%), affordable healthcare (39%), then poverty/low income (33%) were the top three issues impacting health.



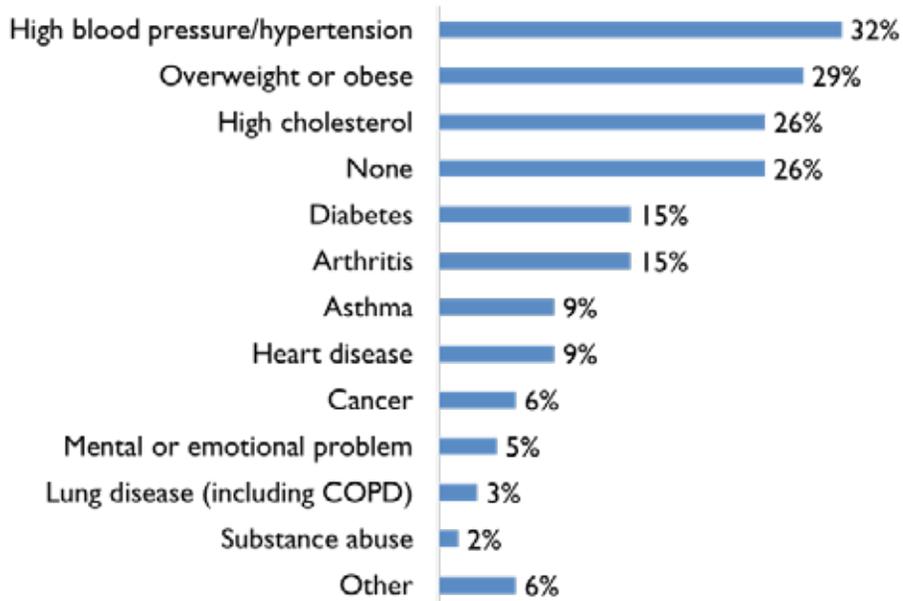
### Top Health Concerns for Children

The top health concerns for children were uninvolved parents (52%), healthy diet (42%) and physical activity/exercise (35%).

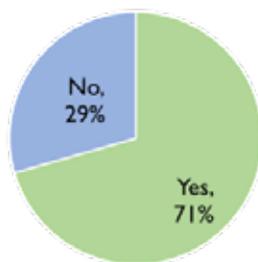


## Disease Prevalence

When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 74% responded affirmatively. The most prevalent issues were high blood pressure, overweight or obese and high cholesterol. 71% felt they had all they need to manage their health condition(s) and 29% did not, which is higher than in other markets surveyed.



### Do you have all you need?



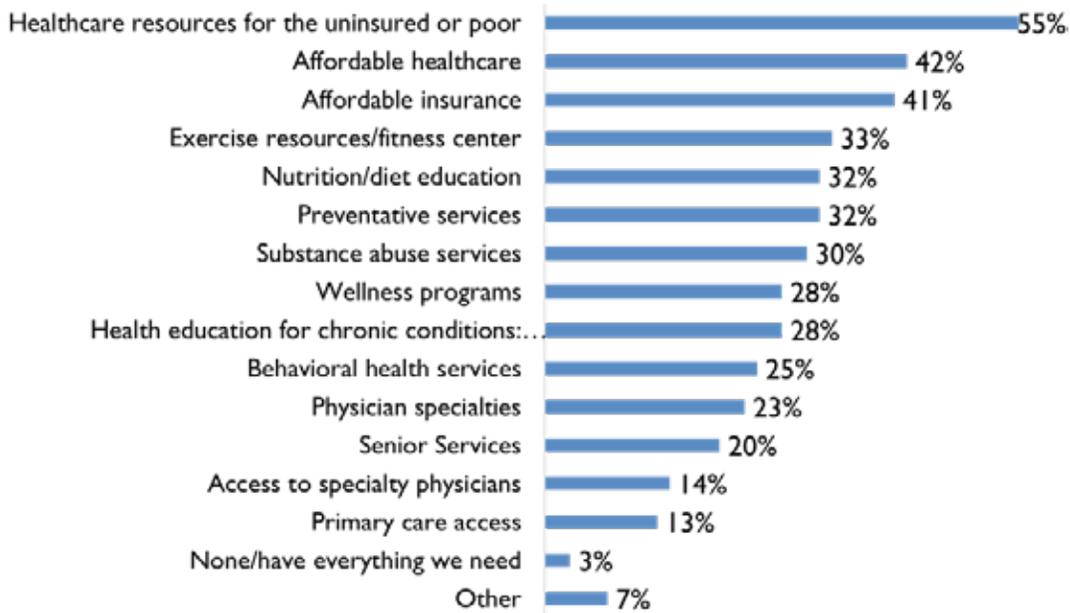
### What do you need?



Other = self motivation, a place to walk/walking trail, access to recreational/fitness center

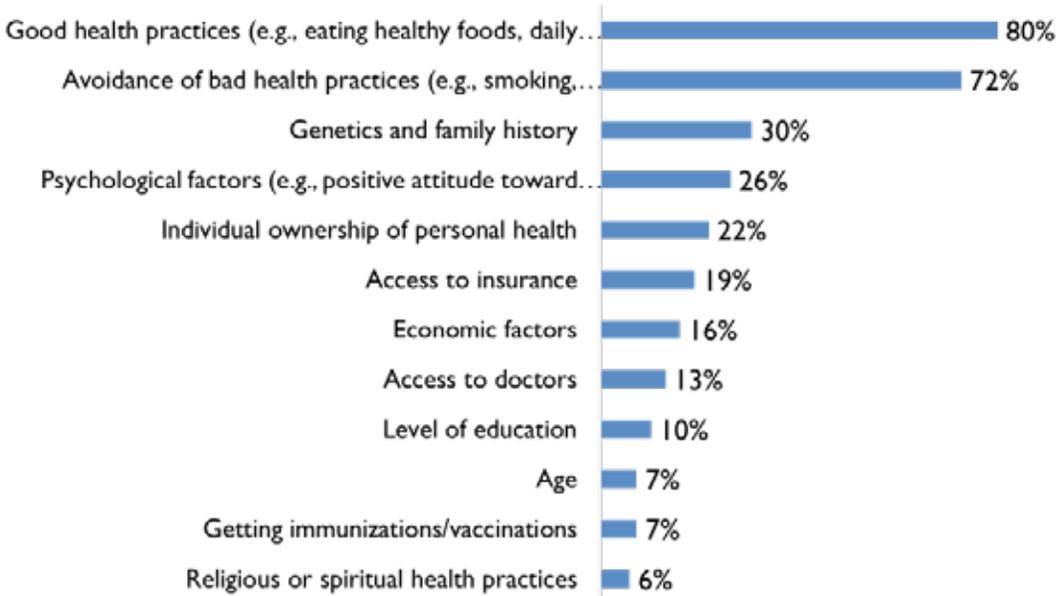
## Programs or Services Like to See Offered

When asked about programs they'd like to see offered, most responded healthcare resources for the uninsured or poor (55%), affordable healthcare (42%) and affordable insurance (41%).



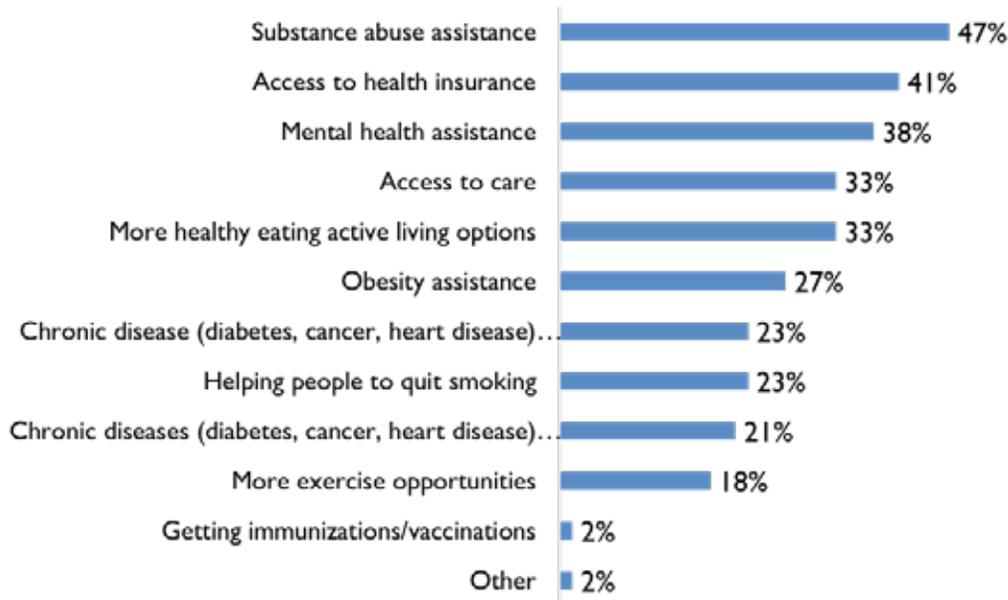
## Factors that Influence Health

When asked what factors most influence how healthy a person is, the responses were good health practices and avoidance of bad health practices.



## Top Three Health Needs

The top three health needs in the community were substance abuse assistance, access to health insurance and mental health assistance.

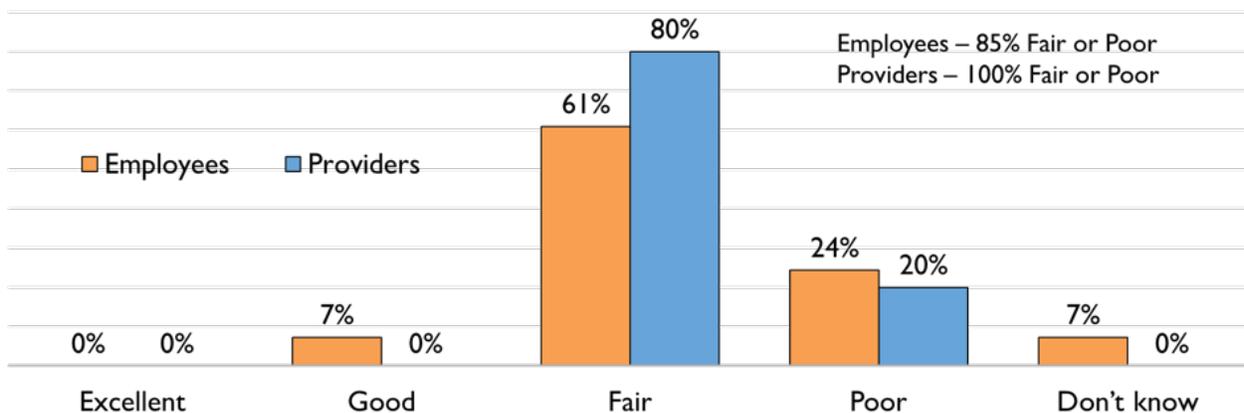


## Southern TN Regional Health System – Sewanee Employees and Community Healthcare Provider Surveys

41 of STRHS – Sewanee employees and 5 community physicians and providers responded to an on-line survey regarding their perspectives on community health status and needs in the three counties from July 1 through September 17, 2018. Most of the STRHS employees and physicians are members of the local community and have unique insight into the health status of the community.

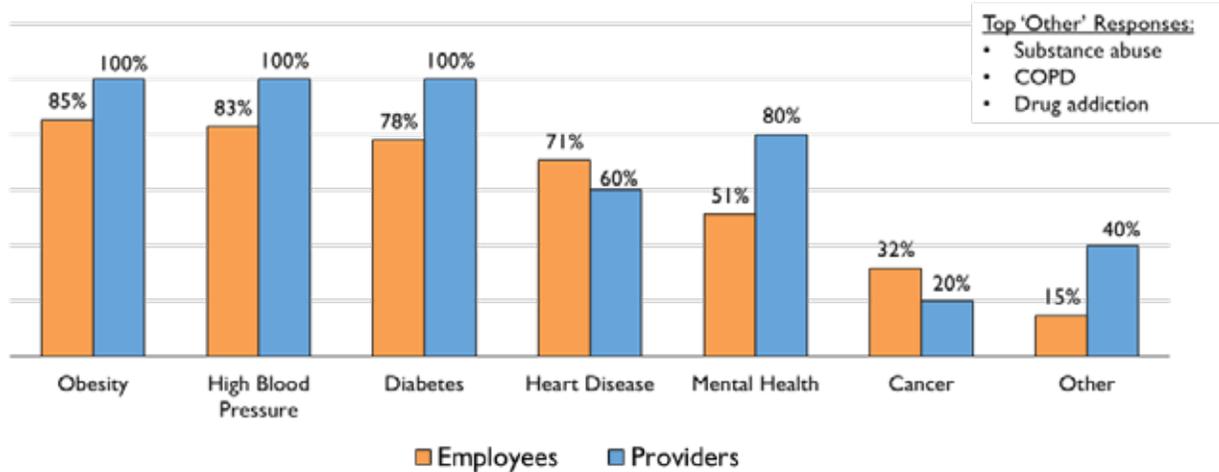
### How would you describe the overall health status of the citizens of Marion, Franklin and Grundy Counties?

No one responded the community’s health was excellent, 7% of employees responded “good”, 61% “fair” and 24% responded “poor”. 7% didn’t know. These results were compared to the physician’s responses to the same question in their survey. 80% of providers responded “fair” and 20% “poor”.



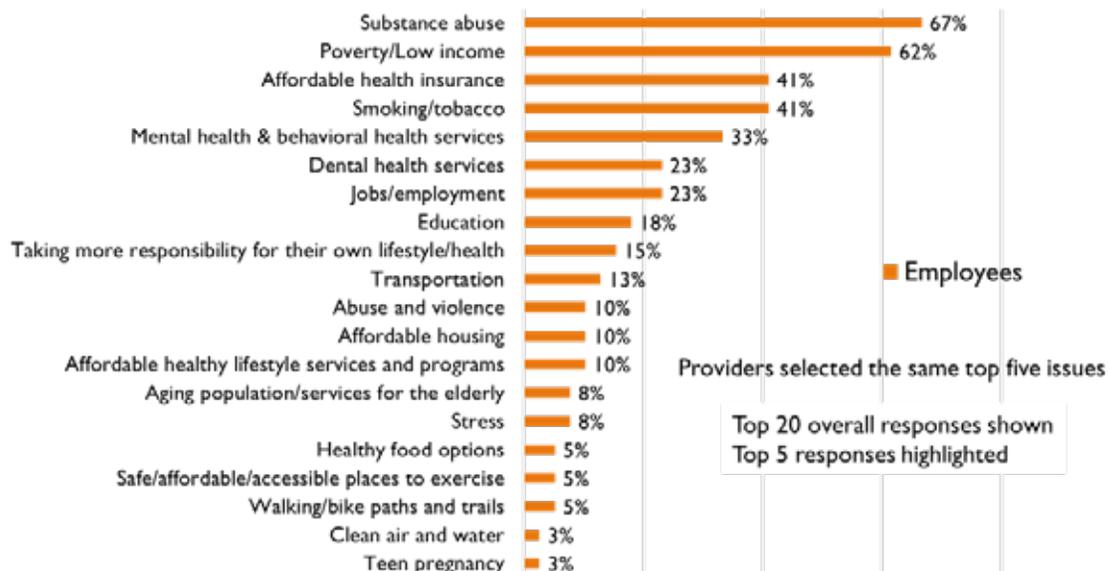
## What are the most prevalent chronic diseases in your communities?

85% of employees believed obesity was the most prevalent chronic disease followed by high blood pressure (83%), diabetes (78%), heart disease (71%), and mental health (51%). Physicians believed the most prevalent conditions were obesity, high blood pressure, diabetes, mental health and heart disease.



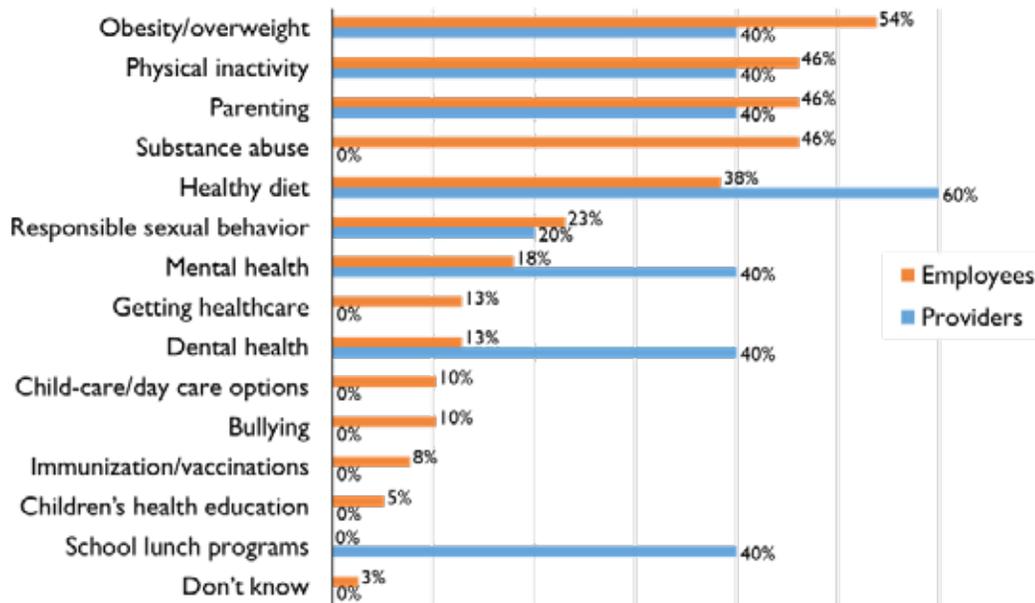
## What are the top 3 issues that need to be addressed in your community that impact people's health?

When asked about the top three issues impacting people's health, employees ranked substance abuse (67%), poverty/low income (62%), and affordable health/insurance and smoking/tobacco (both at 41%) as the top four.



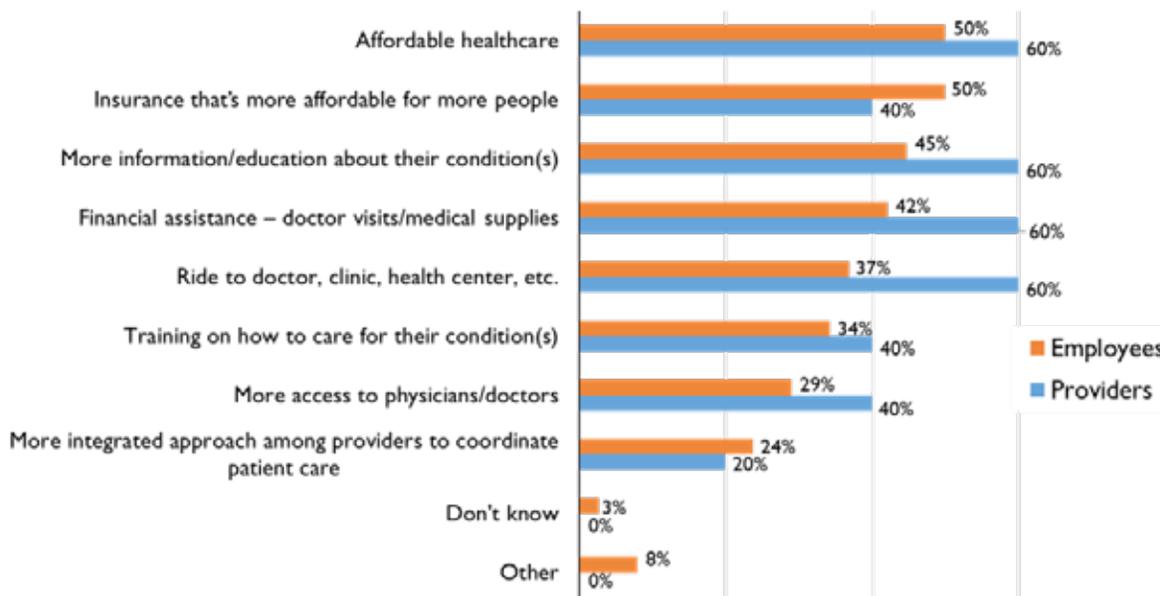
### What are the top 3 concerns for children in your community?

For employees, the top health concerns for children were: obesity/ overweight (54%), physical inactivity (46%) and parenting (46%).



### What, if anything, do you think people in the counties need in order to manage their health more effectively?

Affordable healthcare (50%), insurance that's more affordable for more people (50%) and more information/ education about their condition(s) (45%) were seen as most needed by people in the community in order to manage their health more effectively by employees.



## Health Status Data, Rankings and Comparisons

### Health Status Data: Comparisons and Rankings of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to other data such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and interviews. These data are organized by the County Health Rankings categories.

When analyzing the health status data, county results were compared to Tennessee, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where the counties' results were worse than TN and U.S., groups and individuals have an opportunity to act and improve these community measures.

Where the data indicated strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red stars, and strengths were denoted with green stars for easy interpretation. County Health Rankings performed by the Robert Wood Johnson Foundation and the University of Wisconsin suggest areas to explore for improvement and areas of strength as well. These County Health Ranking indicators are noted in the lists of strengths and opportunities.

The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs. The trends of the data were also analyzed.

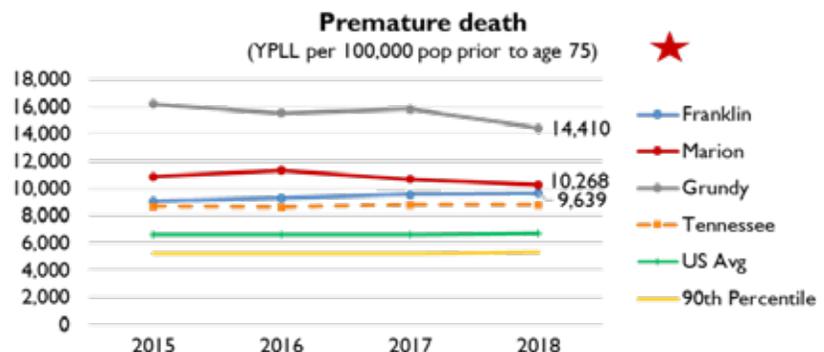
In most of the following graphs, Franklin County will be blue, Marion County will be red and Grundy County will be the gray line. Tennessee (TN) will be orange, U.S. green and the 90th percentile of counties in the U.S. gold.

### Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are an equal combination of length of life and quality of life measures. Franklin County ranked 30th in Health Outcomes out of 95 Tennessee counties. Marion County ranked 61st in Health Outcomes, and Grundy County ranked 95th.

#### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Franklin County ranked 44th, Marion County 58th and Grundy County 95th in length of life in TN. Franklin County lost 9,639 years of potential life. Marion County lost 10,268 and Grundy County lost 14,410 years of potential life. All of which are higher than TN and the U.S. and the red star indicates this as an opportunity for improvement for all three counties.



Source: County Health Rankings; National Center for Health Statistics, National Vital Statistics System – Mortality File 2014-2016

## Leading Causes of Death: Age-adjusted deaths per 100,000

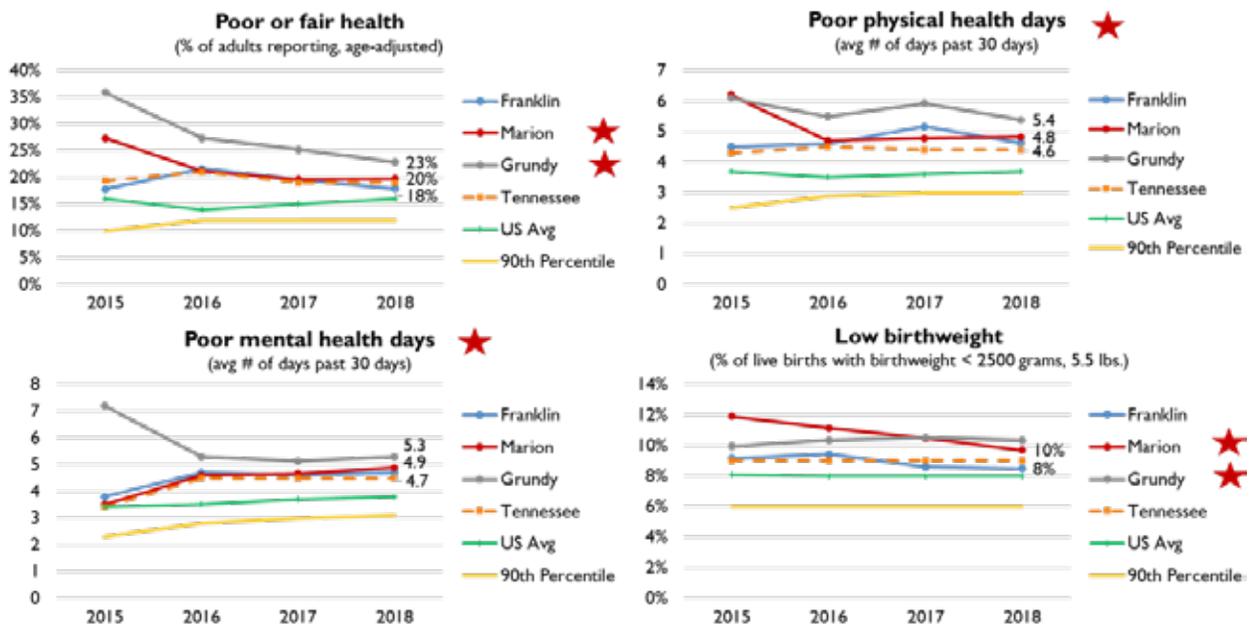
Cause of Death	Franklin County	Marion County	Grundy County	TN	US
	2016	2016	2015-2016	2016	2016
Heart diseases	211.6	240.3	298.8	198.8	196.6
Cancer	190.3	206.5	235.4	179.9	185.1
Stroke	35.7	--	--	46.0	44.0
Respiratory diseases	63.9	101.5	70.7	54.7	47.8
Accidents (unintentional injuries)	59.5	--	73.4	61.1	49.9
Alzheimer's disease	42.9	74.6	--	44.2	35.9

Source(s): wonder.cdc.gov; CDC (2018)

Red numbers had death rates higher than the state. The leading causes of death in the three counties were heart disease followed by cancer, like TN and the U.S. Lagging as causes of death were respiratory diseases, stroke, accidents and Alzheimer's disease. All three counties had higher rates of death for heart disease, cancer and respiratory diseases than TN and the U.S.

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Franklin County ranked 22nd in Tennessee for quality of life, Marion 66th and Grundy 92nd.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016

Source: County Health Rankings; National Center for Health Statistics, National Vital Statistics System– Natality files (2010-2016)

\*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 forward cannot be compared to previous year results.

## Strengths

- Franklin County had a lower percentage of adults reporting poor or fair health at 18% than TN but higher than the U.S.
- 8% of Franklin County births were less than 5.5 lbs., or considered low birthweight which is lower than TN and the same as the U.S.

## Opportunities

- All three counties had higher rates of death for heart disease, cancer and respiratory diseases than TN and the U.S.
- Franklin County lost 9,639 years of potential life. Marion County lost 10,268 and Grundy County lost 14,410 years of potential life.
- Marion and Grundy Counties had a higher percentage of adults reporting poor or fair health at 20% and 23% than TN and the U.S.
- Franklin, Grundy and Marion Counties had higher average numbers of poor physical health days than TN and the U.S. with 4.6, 4.8 and 5.4 poor physical health days out of the past 30 days.
- Franklin, Grundy and Marion Counties had lower average numbers of poor mental health days than TN and the U.S. with 4.7, 4.9 and 5.3 poor mental health days out of the past 30 days.
- Marion and Grundy Counties had higher percentages of low birthweight babies than TN and the U.S. with 10%.



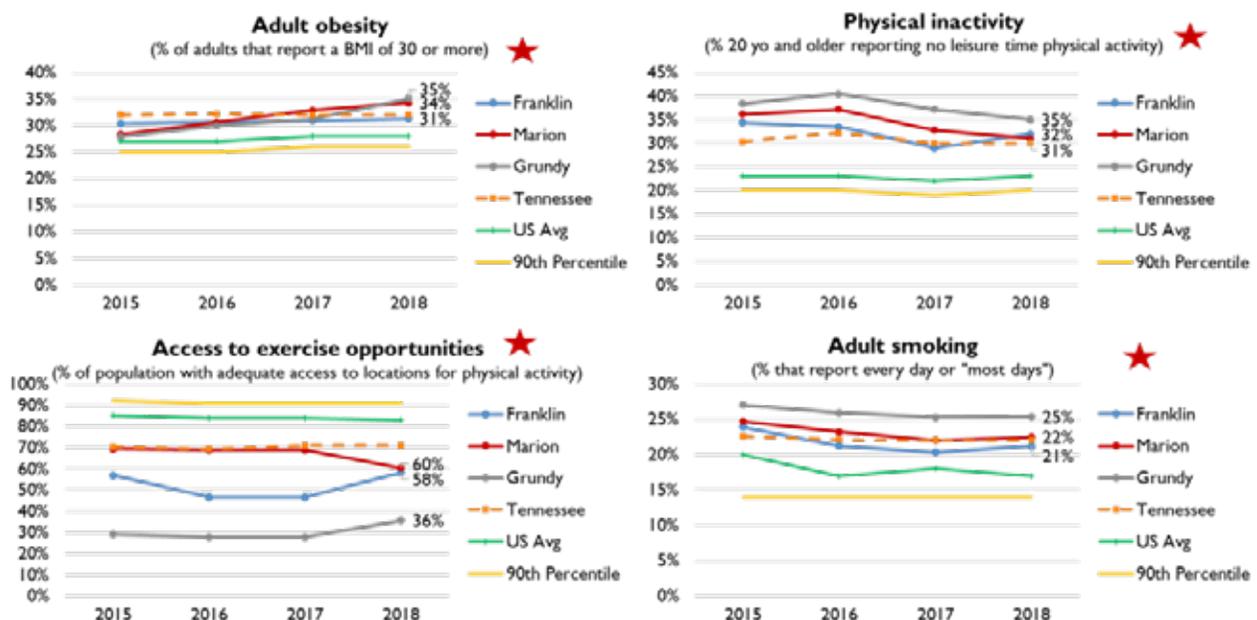


## Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. Franklin County ranked 19th, Marion County ranked 69th and Grundy County ranked 92nd out of 95 TN counties for Health Factors.

## Health Behaviors

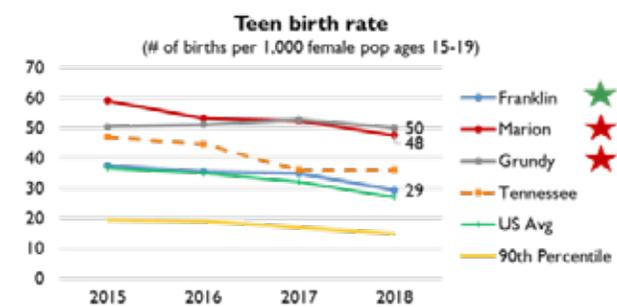
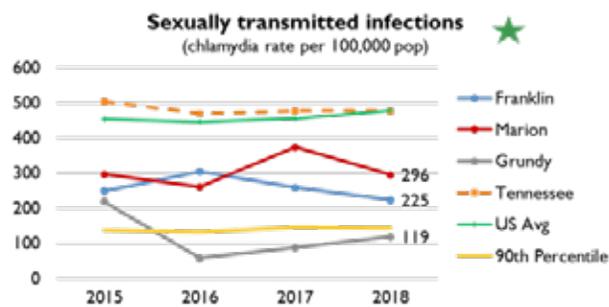
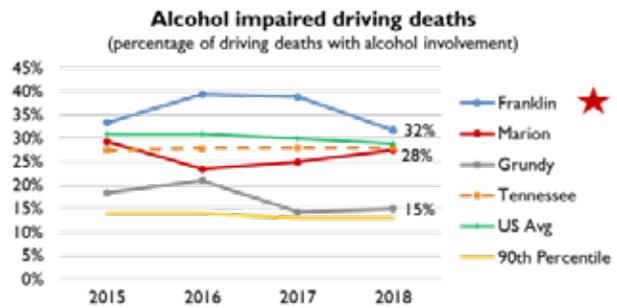
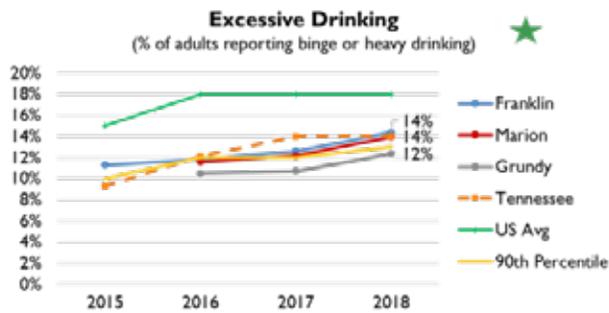
Health behaviors are made up of nine measures and account for 30% of the county rankings. Franklin County ranked 14th, Marion ranked 58th and Grundy ranked 86th out of 95 counties in Tennessee.



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS, 2014

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2016. 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)

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

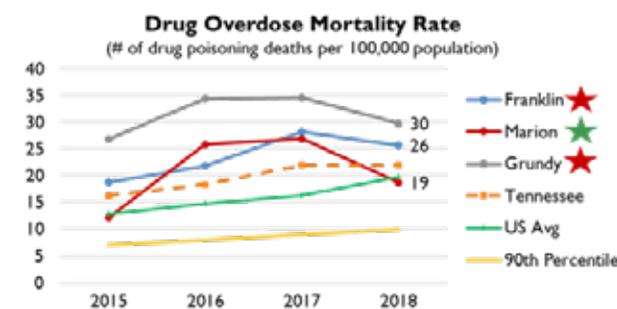
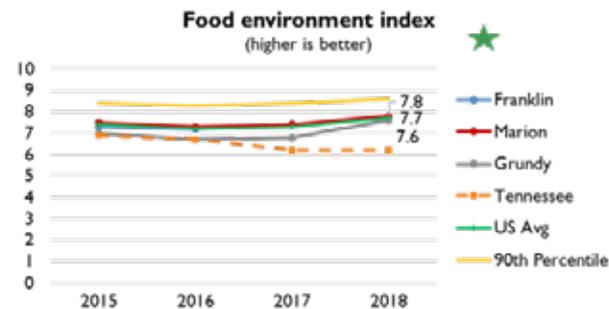


Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2012-2016

Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015

Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2010-2016



The food environment index is a 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: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015

Source: County Health Rankings; CDC WONDER mortality data, 2014-2016

### Strengths

- Excessive drinking was lower in Grundy County than TN and the U.S. at 12%, lower than the top 10% of counties in the U.S. However, the trend is increasing. Franklin and Marion were at the TN percentage at 14% and all three were far below the U.S. percentage of 18%. County Health Rankings indicated excessive drinking as a strength in Marion and in Grundy Counties.

- The percentage of driving deaths with alcohol involved in Grundy County was 15%, lower than TN and the U.S. approaching the top 10% of all counties in the U.S., and the trend is declining. County Health Rankings indicated alcohol-impaired driving deaths was a strength in Grundy County.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Grundy County than TN and the U.S. at 119 approaching the top 10% of U.S. counties. Franklin and Grundy were also lower than TN and the U.S. County Health Rankings determined lower sexually transmitted infections in Grundy County was a strength.
- The teen birth rate was lower in Franklin County than TN and the U.S. with 29 births per 1,000 females age 15 to 19. County Health Rankings indicated teen births as a strength in Franklin County.
- The drug overdose mortality rate at 19 per 100,000 population was lower in Marion County than TN and the U.S.
- The food environment index is higher (better) in the three counties than TN and equal to the U.S. The food environment index is comprised of the percent of the population with limited access to healthy foods and percent of the population with food insecurity.

## Opportunities

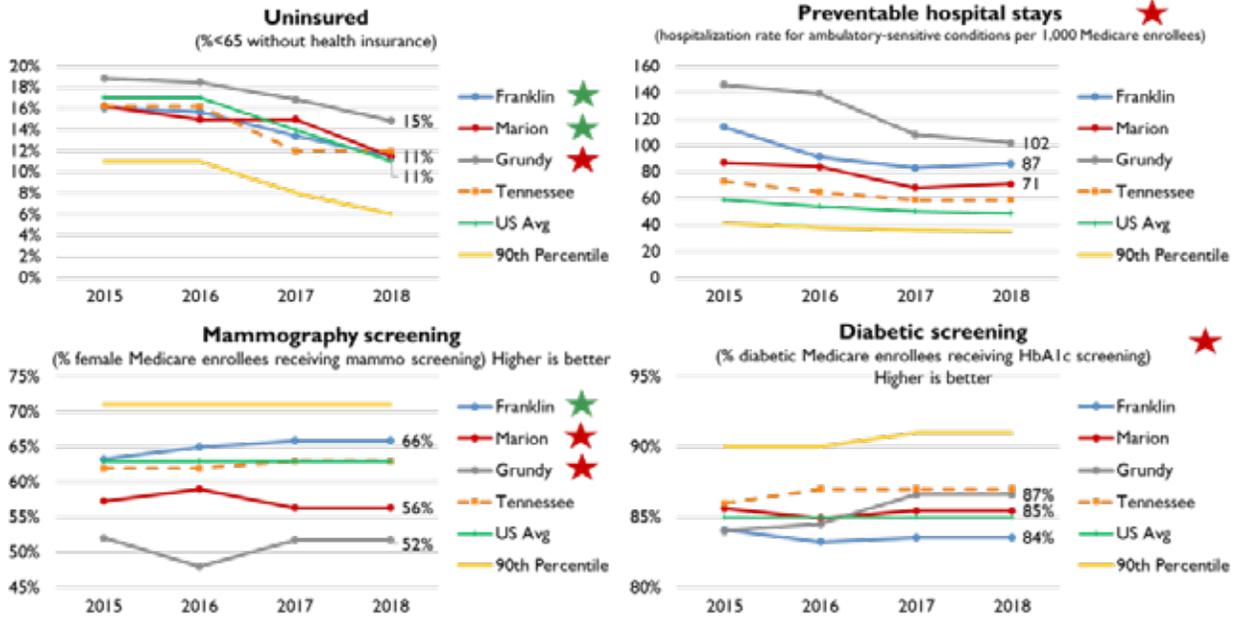
- Although adult obesity in Franklin County (31%) was minutely lower than TN, it was higher than the U.S. Marion and Grundy Counties were higher than TN at 24% and 35%, respectively. Obesity in Marion and Grundy County, Tennessee and the U.S. continues to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes. Obesity was an opportunity for improvement in County Health Rankings in Marion, Franklin and Grundy Counties.
- Adult smoking in Grundy County was higher than TN and the U.S. percentage at 25%. Marion and Grundy were at the TN percentage. All three counties' smoking percentage has been steadily declining. However, each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes. Smoking was an opportunity for improvement in County Health Rankings in Marion, Franklin and Grundy Counties.
- Physical inactivity was higher in all three counties (Franklin, 32%, Marion 31% and Grundy 35%) than TN and the U.S. County Health Rankings indicated physical inactivity as an area to explore for improvement in Grundy County.
- Access to exercise opportunities was lower in all three counties than TN and the U.S. (Franklin, 58%, Marion 60% and Grundy 36%) County Health Rankings indicated access to exercise opportunities was an area to explore for improvement in Grundy County.

- The teen birth rate was higher in Marion and Grundy Counties than TN and the U.S. with 48 and 50 births per 1,000 females age 15 to 19. County Health Rankings indicated teen births as an area to explore for improvement in Grundy County.
- The drug overdose mortality rate at 26 and 30 per 100,000 population was higher in Franklin and Grundy Counties than TN and the U.S.
- The rate of neonatal abstinence syndrome was higher in Grundy County than Franklin or Marion and in the second highest quintile in the state.



## Clinical Care

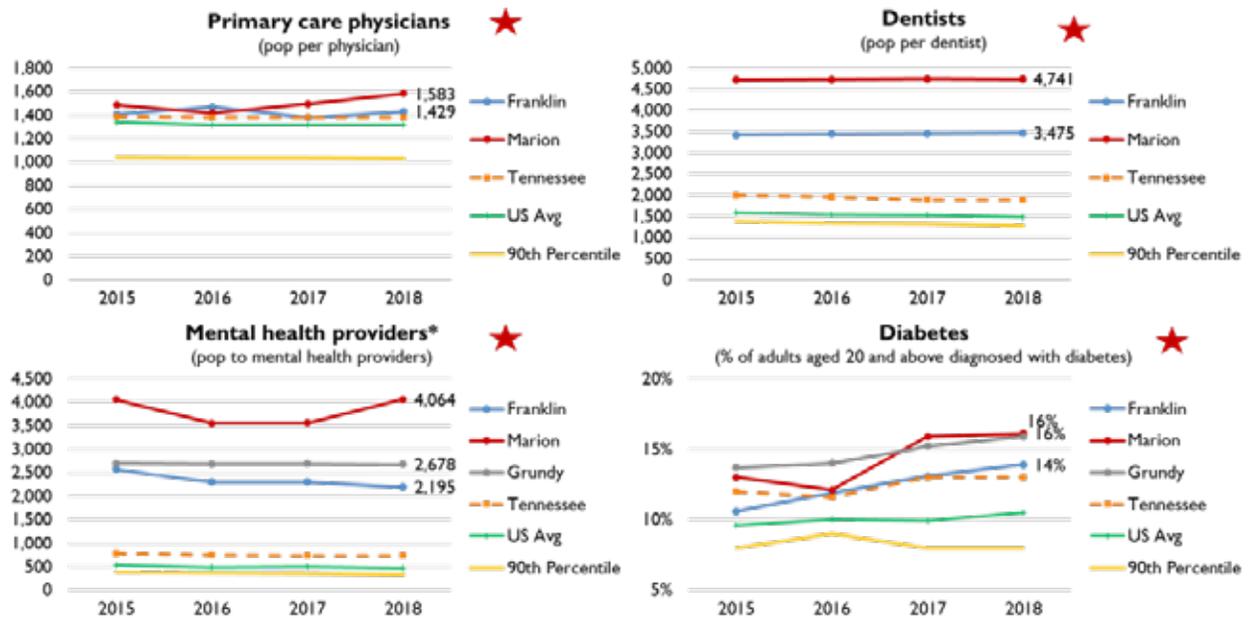
Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Franklin County ranked 40th, Marion 43rd and Grundy 87th out of 95 Tennessee counties in clinical care. There was no data for Grundy County on primary care physicians or dentists.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2015

Source: Diabetes Prevalence: County Health Rankings; CDC Diabetes Interactive Atlas, 2014

Source: Mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2015

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2016

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2017

## Strengths

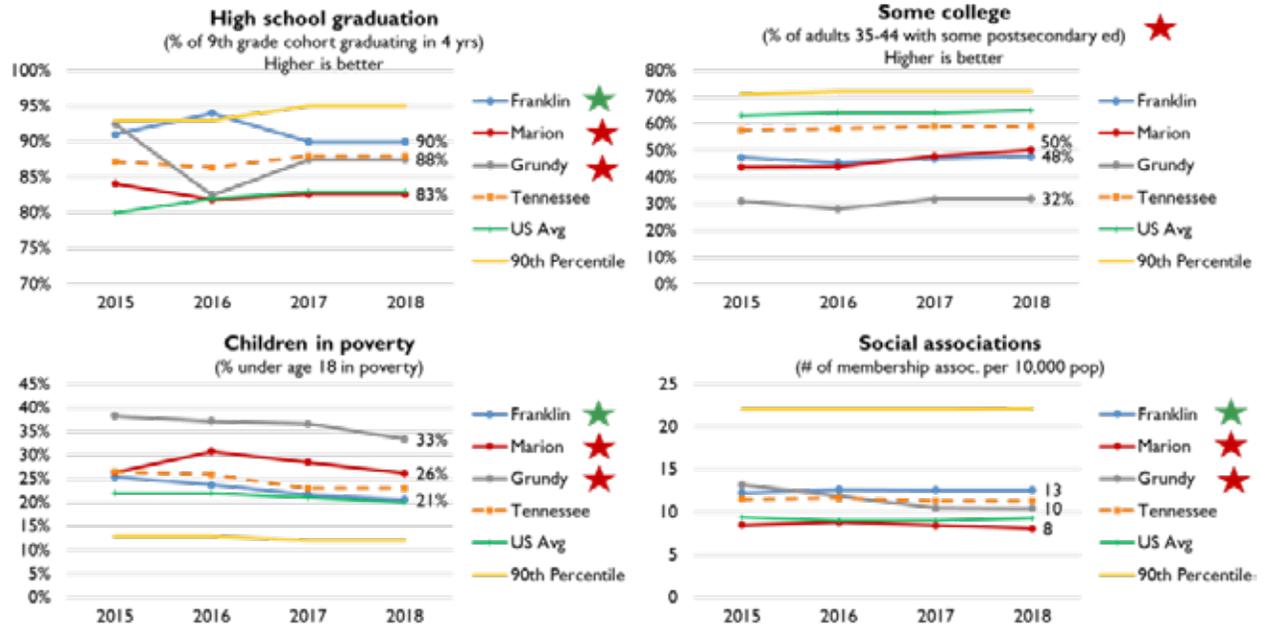
- The percent of population under sixty-five without health insurance in Franklin and Marion Counties was slightly lower than TN and the U.S. at 11%. County Health Rankings indicated uninsured in Marion County was a strength.
- Mammography screening in Franklin County at 66% was higher than TN and the U.S.
- The cancer incidence in Grundy County is lower than the other two counties and TN.

## Opportunities

- The percent of population under sixty-five without health insurance in Grundy County was higher than TN and the U.S. at 15%. County Health Rankings indicated percent uninsured as an area to explore for Grundy County.
- Preventable hospital stays, the hospitalization rate for ambulatory sensitive conditions for Medicare enrollees was higher than TN and the U.S. for all three counties (Franklin, 87, Marion 71 and Grundy 102). County Health Rankings indicated preventable hospital stays as an area to explore for improvement in Grundy and Franklin Counties.
- Mammography screening in Marion and Grundy Counties at 56% and 52% was lower than TN and the U.S.
- The percent of diabetic Medicare enrollees receiving diabetic screening was lower than TN for all three Counties (Franklin 84%, Marion 85% and Grundy 87%). Grundy and Marion were higher than the U.S. and Franklin was lower.
- The population per primary care physician was higher in Franklin and Marion Counties than TN and the U.S. at 1,429 and 1,583 people per primary care physician. There was no data on Grundy County.
- The population per dentist was higher in Franklin and Grundy Counties than TN and the U.S. at 3,475 and 3,741 population per dentist. No information was available for Grundy County.
- The population per mental health provider was higher in all three counties than TN and the U.S. at 2,195 for Franklin, 4,064 for Marion and 2,678 for Grundy population per mental health provider.
- The percent of adults over 20 who had been diagnosed with diabetes was higher than TN and the U.S. and trending significantly upward. (Franklin 14%, Marion and Grundy 16%)
- Franklin, Marion and Grundy are all designated health professional shortage areas. Franklin and Marion are designated medically underserved populations and Grundy is a medically underserved area.
- Cancer incidence is higher in Marion County than the other two Counties and TN.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Franklin County ranked 23rd, Marion 74th and Grundy ranked 92nd out of 95 Tennessee counties.

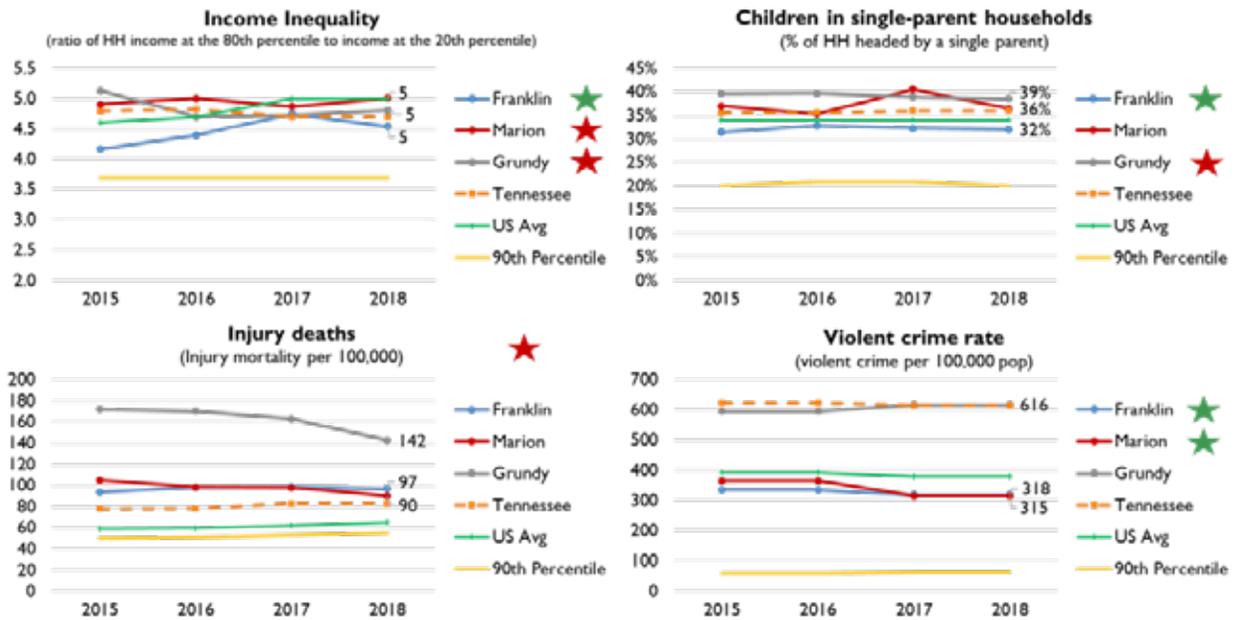


Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2014-2015

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2016

Source: Social associations - County Health Rankings; County Business Patterns, 2015



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2012-2016

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2012-2016

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2012 - 2014

## Strengths

- High school graduation was higher than TN and the U.S. at 90% in Franklin County. County Health Rankings indicated high school graduation as a strength in Franklin County.
- The percentage of children in poverty was lower in Franklin County (21%) than TN and at the U.S. percentage.
- Social associations were higher in Franklin County than TN and the U.S. at 13 memberships per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- At 4.5, income inequality was lower in Franklin County than in TN and the U.S.
- The percentage of children in single-parent households was lower than TN and the U.S. in Franklin County at 32%.
- Violent crime per 100,000 population was lower in Franklin and Marion Counties at 318 and 315 violent crimes per 100,000 population than in TN and the U.S.
- The poverty rate for Franklin County at 15% was lower than TN.

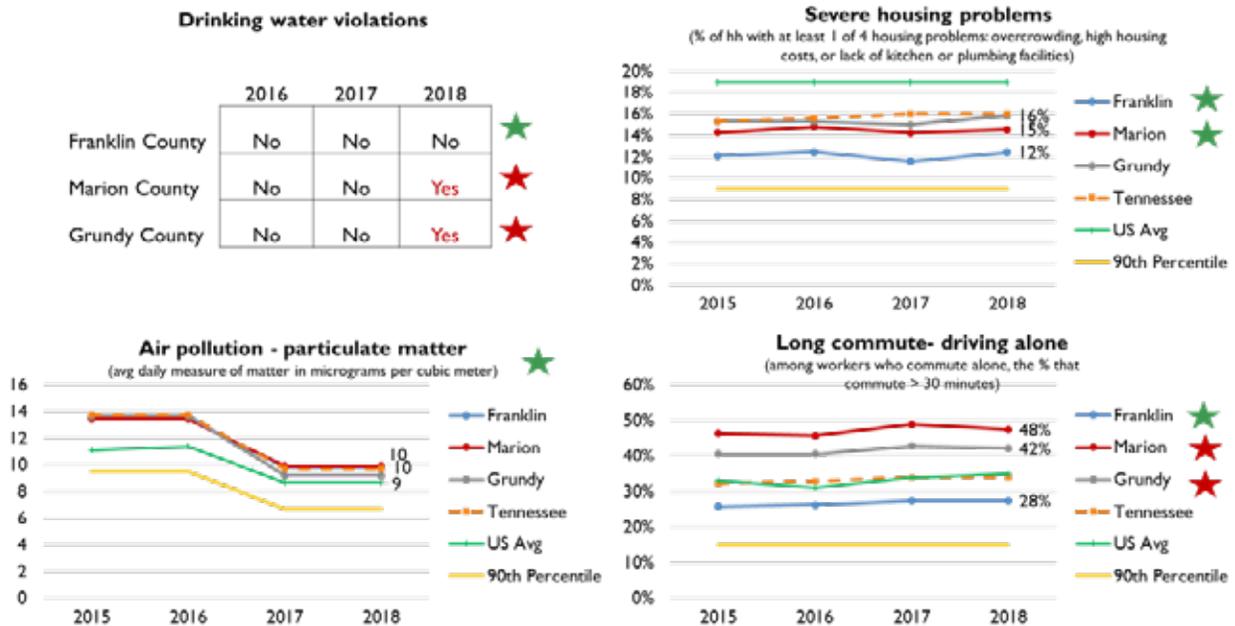
## Opportunities

- High school graduation was lower in Grundy at 88% and Marion at 83% than TN. County Health Rankings indicated high school graduation was an area to explore for improvement in Marion County.
- The percentage of adults 35-44 years old with some postsecondary education was lower than TN and the U.S. (Franklin 48%, Marion 50%, Grundy 32%) County Health Rankings indicated some college as a strength in Marion County, but as areas to explore for improvement in Franklin and Grundy Counties.
- The percentage of children in poverty was higher in Marion and Grundy Counties at 26% and 33% than TN and the U.S. County Health Rankings indicated children in poverty as an area to explore for improvement in Grundy County.
- Social associations were lower in Marion and Grundy Counties than TN and the U.S. at 8 and 10 memberships per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality was higher in Marion and Grundy Counties at 5.0 and 4.8 than TN.

- Children in single-parent households was higher in Grundy County at 39% than TN.
- Injury deaths were higher in all three counties (Franklin, 97 per 100,000, Marion, 90 and Grundy 142 per 100,000 population) than TN and the U.S. County Health Rankings designated injury deaths as an area to explore for improvement in Grundy County.
- The poverty rates for Marion and Grundy at 19% and 26% were higher than TN and the U.S.
- The median household incomes for all three counties were lower than TN and the U.S. (Franklin \$42,608, Marion \$42,850 and Grundy \$27,994) were lower than TN and the U.S.
- Unemployment was higher for Franklin, 3.5%, Marion 4.6% and Grundy 4.2% than TN at 3.4%. County Health Rankings indicated low unemployment was a strength in Franklin County, but an area to explore for improvement in Marion and Grundy Counties. (CHR used 2016 unemployment data)
- Grundy County's violent crime rate was equal to TN, and higher than the U.S. at 616. County Health Rankings designated violent crime as an area to explore for improvement in Grundy County.

## Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Franklin County ranked 10th, Marion 85th and Grundy 73rd out of 95 Tennessee counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2016. Based on the 2018 Saline County Water Department report, there were no violations in 2017.

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2010-2014

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2012-2016

Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2012. Saline County's measure 11.2 in 2014 (monitored and modeled)

## Strengths

- Franklin County had no drinking water violations in the last three years.
- Franklin and Marion had lower percentages of severe housing problems than TN and the U.S. at 12% and 15%. Grundy was at the U.S. percentage of 16%.
- The average daily measure of matter in micrograms per cubic meter was lower than TN and the U.S. (Franklin and Marion 10 and Grundy 9) Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.
- 28% of Franklin County commutes alone over 30 minutes which is lower than TN and the U.S.

## Opportunities

- Marion and Grundy Counties had drinking water violations last year.
- 48% of Marion County and 42% of Grundy workers who commute alone commute over 30 minutes which is higher than TN and the U.S.





# Significant Community Health Issues from Various Sources

A summary of significant health issues was presented at the summit to assist with the prioritization of the community health needs. The issues were color coded across sources to assist with ease of reading.

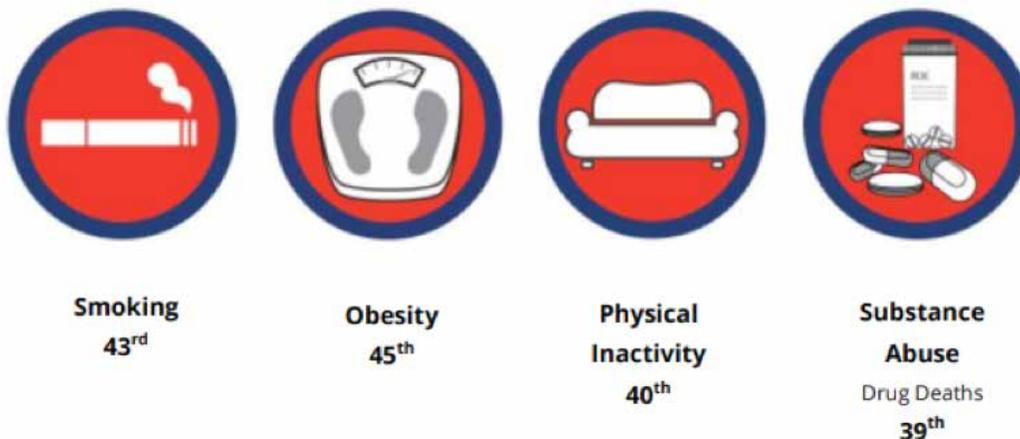
Secondary Data	Employee/Provider Survey	Focus Group/Interviews	Rural Healthy People 2020	Community Survey
<ul style="list-style-type: none"> <li>• Adult smoking</li> <li>• Adult obesity</li> <li>• Some college</li> <li>• Violent crime</li> <li>• Premature death</li> <li>• Drug deaths</li> <li>• Teen births</li> <li>• Children in poverty</li> <li>• Lack of primary care, dentists, mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Abuse</li> <li>• Poverty/low income</li> <li>• Affordable health insurance</li> <li>• Smoking/Tobacco</li> <li>• Mental &amp; Behavioral health</li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Access to: <ul style="list-style-type: none"> <li>• Insurance</li> <li>• Dental care</li> <li>• Primary care</li> <li>• Specialty care</li> <li>• Healthy food</li> <li>• Places to exercise</li> </ul> </li> <li>• Drug addiction</li> <li>• Transportation</li> <li>• Lack of preventive care</li> <li>• Mental health services</li> <li>• Obesity</li> <li>• Tobacco use</li> <li>• Knowledge/education <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Birth control</li> <li>• How to eat healthy</li> <li>• Healthcare</li> </ul> </li> <li>• Care of children/elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Access to quality health services</li> <li>• Nutrition and weight status</li> <li>• Diabetes</li> <li>• Mental health and mental disorders</li> <li>• Substance abuse</li> <li>• Heart disease and stroke</li> <li>• Physical activity and health</li> <li>• Older adults</li> <li>• Maternal, infant and child health</li> <li>• Tobacco use</li> <li>• Cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Mental Health assistance</li> <li>• Access to healthy foods</li> <li>• More healthy eating active living options</li> <li>• Access to care</li> <li>• Obesity</li> <li>• Chronic diseases treatment</li> <li>• Smoking cessation</li> </ul>

### Health Department Priorities

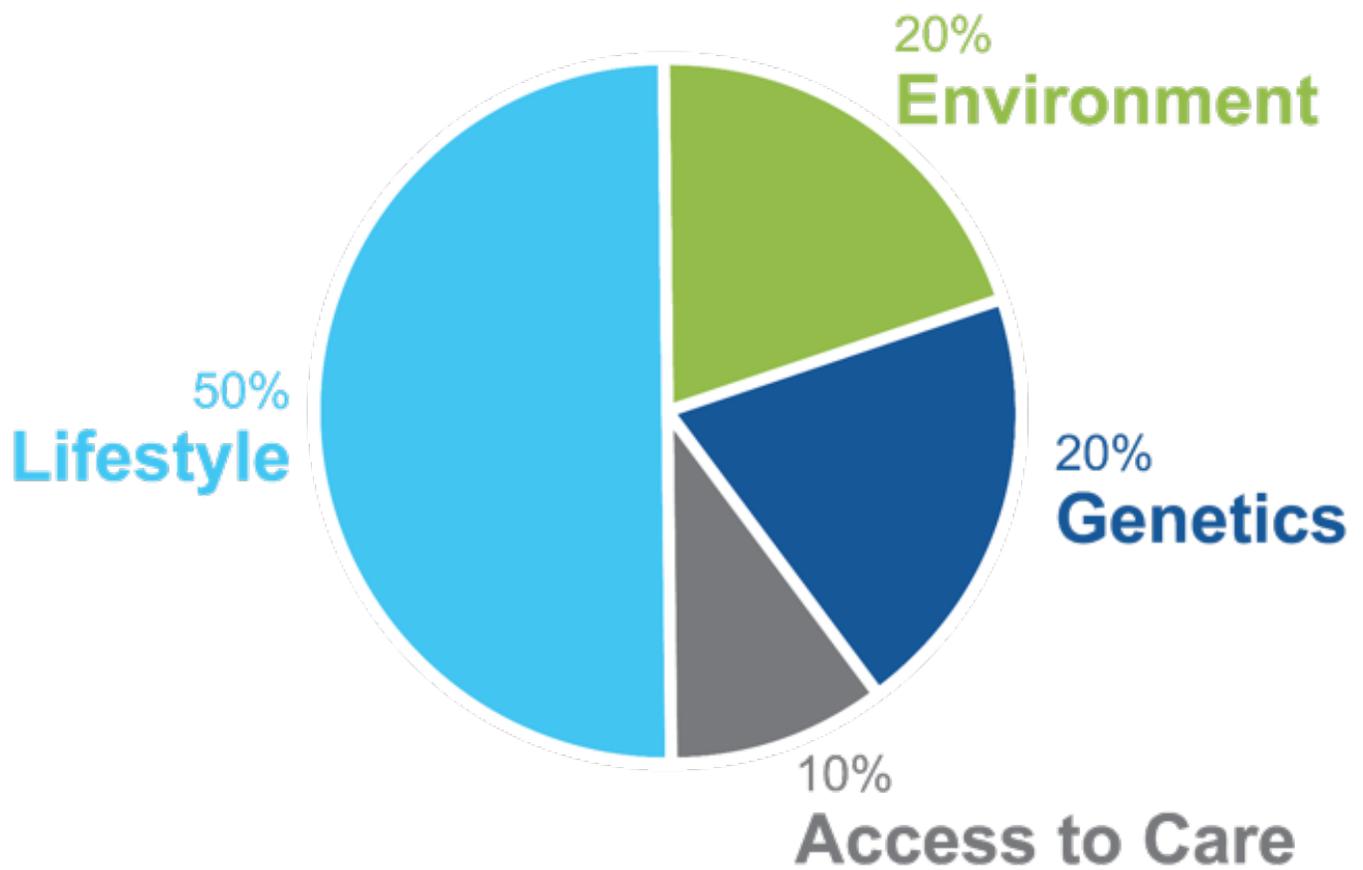
Glenn Czarnecki, the Regional Director of the State of Tennessee Department of Health presented at the summit and discussed the State of Tennessee’s top four priorities as well as programs and progress around each of the top four priorities.

#### ***2017 Health Status of Tennessee: The Big Four***

In the 2014 Edition to the State Health Plan, the state identified the key factors, titled “The Big Four,” that drive improvements to Tennessee’s poor health status. These factors impact all of the top 10 leading causes of death in the state. These factors are 1) tobacco use and nicotine addiction, 2) excessive caloric intake (obesity), 3) physical inactivity, and 4) substance abuse. According to America’s Health Rankings 2017 Annual Report, Tennessee ranks 45<sup>th</sup> in the nation for overall health.<sup>3</sup> The 2017 rankings for The Big Four are as follows:



Source: America’s Health Rankings 2017



Source: Dr. Lanz, CDC

# Major Impacts on Health

Lifestyle contributes 50% to health. Lifestyle is behaviors, what food to eat, to exercise, to smoke, to take drugs or not. Through public policy and individual action, the environment may be somewhat controlled and has a 20% impact on health. Access to care, the best doctors and hospitals only contributes 10% to health. Genetics cannot be controlled but contributes 20% to health. According to the World Health Organization, social determinants of health (SDH) are the complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices.

World Health Organization. Closing the gap in a generation: Health equity through action on the social determinants of health. Report from the Commission on Social Determinants of Health. 2008. Available at: [who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://who.int/social_determinants/thecommission/finalreport/en/index.html).

Research suggests that income and education are drivers of health. The three counties had both lower income and education than the remainder of TN. However, Grundy County is particularly challenged in income. There are several peer counties to the three counties identified in County Health Rankings. Comparable counties to Grundy County were Harlan County KY, Mingo WV and Breathitt, KY. When compared to these counties, Grundy County had better measures in the following indicators than all three peer counties:

- Lower percentage of poor or fair health
- Lower preventable hospital stays
- Lower poor physical health days
- Higher mammography screening
- Lower percentage of low birthweight babies
- Lower unemployment
- Lower obesity percentage
- Lower percentage of children in poverty
- Lower alcohol-impaired driving deaths
- Lower income inequality
- Lower teen birth rate
- Lower air pollution – particulate matter



# Results of the CHNA: Community Health Summit Needs, Goals and Actions

## Prioritization Criteria

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

Magnitude	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of the Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

1. Access to care
2. Obesity – healthy eating/active living
3. Socioeconomics
4. (tie) Substance abuse and
4. (tie) Health literacy
6. Preventive care
7. Mental health

### 1. Access to care (24 sticky notes)

- Access to education re: health
- Ability to pay for care; or lack of free care
- Fall reduction (& health) among the elderly
- Transportation; transportation- affordable, reliable; transportation to care services
- Accessibility to quality healthcare
- Access to affordable healthcare (3); Affordable healthcare (5)
- Politicians at the table – affordability
- Knowledge of services available
- Access to care (2)
- Availability and access to primary care providers
- Access to services – available providers and screenings
- Access to specialized care in rural environments (i.e., Grundy, Marion, Franklin)
- Access to health services; access to insurance/care

## 2. Obesity – healthy eating, active living (22 sticky notes)

- Obesity (5)
- Diabetes (4)
- Exercise; Lack opportunities for exercise
- Inactivity
- Motivation
- Insufficient built environment, infrastructure (e.g., sidewalks)
- Obesity – lack of fresh foods (fruits and vegetables)
- Access to healthy food (2)
- Nutritionist activity – weight status
- Lack of access to affordable, health food and lack culture around health eating
- Access to affordable, convenient fresh fruit and vegetables
- Food security
- Good examples by leadership/health

## 3. Socioeconomics (16 sticky notes)

- Low income (3)
- Poverty (4); Poverty – socioeconomic opportunity
- Socioeconomics
- Economic depression
- Unemployment
- Lack of job opportunities, not enough stores or industry jobs in nearby areas
- Lack of industry
- Economic development
- Access and improvements in education and pipeline to college
- Substandard housing – multigenerational temporary homes (trailers), access and education about home maintenance, building codes – regulations

## 4. (tie) Substance abuse (12 sticky notes)

- Opioid abuse – methamphetamine; Opioid addiction
- Substance abuse/mental health
- Drug abuse and misuse – Doctors not finding other alternatives to pain management. Opioids are not always the best choice.
- Drugs; Illegal drug use
- Substance abuse; opioids/alcohol/smoking; mostly opioids and methamphetamines
- Smoking (2); Tobacco cessation

#### 4. (tie) Health literacy – (12 sticky notes)

- Lack of education and understanding of health-related issues
- Overall health literacy; lack of health literacy
- Choices
- Education and support for environmental, health, nutrition improvement
- Cultural tendencies
- Educating younger generation
- Awareness, affordable education, and availability of prevention healthcare options/practices
- Positive health seeking behavioral (e.g., choosing healthy foods & exercising)
- Education
- Low health literacy – education
- Health education = cooking, smoking, chronic diseases. Education TV. Facebook live. Newspaper – calendar – who pays?

#### 6. Preventive care – (8 sticky notes)

- Dental; Dental care
- Preventative healthcare
- Access to affordable preventative health services
- Improving child health
- Children's health prevention education
- More support of young families
- Culture of preventative care

#### 7. Mental Health – (6 sticky notes)

- Depression; Mental Health
- Poor Mental Health Support
- Lack of Access to Mental Health Care
- Generational Depression
- Stigmas concerning mental health

### Community Health Summit Brainstorming – Community Assets and How They Can Help

The most significant health needs coalesced into seven categories. The table groups then brainstormed the community assets available and how that asset could improve the priority health needs listed above and what assets were missing. These assets from the community have been organized below.

## Significant Health Need 1: Access to care

Resource / Outlet	How they can help
Have clinics that appear to be underutilized. Beersheba Springs Medical Clinic	No charge
Mountain Medical Clinic - Monteagle	Appears undervalued
Health Department	Serve ages 19-64 with no insurance, underutilized due to transportation
FQHC	Provide primary care in underserved areas
Dr. Val – Monteagle Dr. McKeown - Palmer	RX outreach through Dr. Val
Health Ambassadors	Health curriculum, education, resource guide to make small changes in your church or workplace. Health lay people specializing in certain areas. Caroline Todd with Vista needs volunteers.
EMS	Could provide lower level treatment in the community
Southern TN Regional Health System – Sewanee	Valuable to community

### Missing Resources:

- Nothing 24/7
- Critical care close by
- Need a Beersheba clinic in every town  
-40 people a day at Beersheba, 2 providers
- Transportation assistance – create a community Uber using volunteers
- Dentists

## Significant Health Issue 2: Obesity – healthy eating, active living

Resource / Outlet	How they can help
Activ8 Grundy	Provides initiatives, resource Parks
Schools – reaching kids and parents	Communicate to parents, health tips, remove sodas (Sun Drop soda) and junk food from schools, particularly high schools. Running tracks provide exercise opportunities and running during school hours.
Churches – reaching families	Provide health programs in churches; encourage Health Ambassadors
Parks/Friends of South Cumberland	Play opportunities
Grocery stores – reaching families	Provide better health food choices and discounts. Piggly Wiggly, Dollar General, Save a Lot
State Government	Remove sales tax on healthy foods
Work places – reaching employers	Reward good, healthy behaviors
Ministries Men’s Group	Meets Monday p.m. in Altamont. Take health message back to churches.
SCP Parks/Playgrounds	Play, engaging children. Teach socialization and physical education outside, away from electronics.
UT Extension, Discover Together (Co-Op), Health Department	Cooking classes, Cooking Matters, classes to engage adults and teach them how to cook healthy food.

Newspaper/media outlets	Advertise for healthy community events, e.g. runs, weekend friendly competitions (which school gets most families in weekend)
School and community gardens (Cumberland Teaching Gardens)	Bringing educational awareness to children on health foods, portions and nutrition.

Missing Resources:

- County Recreation Department Leader/ Coordinator – Coordinate events, publicize events, competitions, park rangers, friends.
- Grundy County Health Educator – Need a full-time educator for the county. Expand to include Monteagle and Sewanee Plateau. Needs much greater in Grundy County than other areas.
- PTO sort of organization engaging parents and families on child’s health, events, etc.
- Newsletters
- Cheap, healthy foods – cheaper to eat at the McDonald’s dollar menu than healthy food

**Significant Health Issue 3: Socioeconomics**

Resource / Outlet	How they can help
Leadership Grundy	Leadership (civic), maybe fund sustainable projects in future, support job opportunities
Better fi	Funding (microloans), education
County Governments	Support, policy, work with state/fed level departments (orgs, funding)
State Parks	Biggest tourism pull; could expand tourist industry
SETHRA	Helps with substandard housing - Emergency repairs, plumbing
Mountain T.O.P.	Helps with substandard housing - Roofing (seasonal), some weatherization, education (home workshops)
I-24	Connects Chattanooga, Plateau, and Nashville

Missing Resources:

- Potential of business incubator
- Potential of tech industry?
  - Seeing increases in coding/programming hires in Hazard (Perry Co), KY
  - Need high speed internet, transportation not as relevant
- No building codes or any enforcement – don’t know how many substandard houses there are.

## Significant Health Issue 4 (tie): Substance abuse

Resource / Outlet	How they can help
Grundy Safe Communities Coalition (GSCC)	Prevention of tobacco, underage binge drinking, Rx drug abuse/misuse, opioid overdose prevention.
Activ8 Grundy (Health Department and Health Council; Healthier TN)	Tobacco settlement \$ and programs that help prevent and reduce substance abuse among different populations. Activ8 has tobacco cessation initiatives as a priority as Healthier TN group. Health Dept has self-management workshops.
Regional Overdose Prevention Specialists (ROPSs)	Access to knowledge and data about overdose prevention and recovery. NARCAN!
Grace Recovery	They are building a recovery community to provide wrap around services to individuals in recovery in Grundy County.
SAA Ranch	Recovery agency who have been established for several years provide work and housing for persons in recovery.
Grundy County Sheriff's Office (GCSO)	Providing re-entry programs and other programs for individuals in jail.
Schools (Discover Together – Head Start)	Have access to families and can link them with resources listed above.
VISTA	Capacity building and service
Law enforcement/Sheriff's office	Health literacy offered to released inmates
Churches	Have access to youth and families. Some have transportation.
Media	Can use their outlets to highlight necessary education and refer to resources.
Mountain T.O.P.	Have access to youth and families. Could provide education and Lockboxes in homes.
University of the South	Professors have access to projects that benefit community. Also community students to do service scholarship.
Senior citizen centers	Have access to senior citizens
Southern TN Regional Health System – Sewanee	Could host community engagement and educational resources or implement practice or procedure for hospital and doctors that promotes prevention and recovery.
Hotlines	Lifeline coordinators who link people addicted and in recovery
Department of mental health and substance abuse services	
Alcoholics Anonymous, Narcotics Anonymous, Al-Anon	

### Missing Resources:

- Look at substance abuse and mental health together and treat together with a collaborative approach with integrated care
- Recovery beds and opportunities in Grundy County

## Significant Health Issue 4 (tie): Health literacy

Resource / Outlet	How they can help
Churches	Able to reach many people in the community; Ministerial group; health information dissemination
Beersheba Springs Medical Clinic	Provide education to clients in a way they can understand
Grundy Food Bank	Provide blood pressure screening or blood sugar screening when people come
EMS	Provide screening, education and referrals; provides food, transports Diabetic patients; increasing health literacy and building relationships
Schools	Use children to reach parents – provide information to kids to get back to parents
Senior Center	Able to reach elderly in the community
Health Council/Health Network	Able to reach many people from youth to older
RxOutreach	Helping people get needed medications

### Missing Resources:

- Transportation
- Funding
- Manpower
- Dialysis treatment – closest is Winchester
- Healthy vending machines
- Medicine mobile like the book mobile
- Health education kiosks at the reading level of most residents around town
- Clearing house for resources available
- Cultural understanding and communication skills, example asking, “did you have the opportunity to learn to read” as opposed to “can you read?” makes a difference in communication. Many in the population don’t do social media and read at a third-grade level. If people can’t understand what is being communicated to them, they can’t change.
- Provide follow-up phone calls to patients to make sure they understand

## Significant Health Issue 6: Preventive care

Resource / Outlet	How they can help
County recreation/events coordinator	
Folks at Home	Provides transportation, running preventative health programs within the service area – Walk with ease, Campaign with Balance, Public education on trip hazards, etc.
Grundy Reversing Diabetes Seminar	Web-based, lots of information; how to get people access who don’t have the Internet
RHC Mountain Medical	Primary care, cash pricing options, access to literature
Sav-a-Lot	Has salads, fresh vegetables
Telemedicine in the schools	Provides care to kids
Dental care one day per week	Provides dental care

Missing Resources:

- Churches – How can they help? Running Balance Programs – Fall Reduction
- Community farm
- Transportation SETHRA – 3 days in advance, difficult to use, long waits
- Rx outreach = Mountain Medical; Dr. Tenzing IM
- Anti-drug coalition > substance abuse
- Health literacy – to released inmates
- Project Basic – Tracy City
- Bullying Program – in all schools

**Significant Health Issue 7: Mental health**

Resource / Outlet	How they can help
VBHCS/HRSA Grant	Increase access to telehealth
Camelot/CCFT	In-home counseling
Centerstone/School based TennCare	School based counseling
Youth Villages/CCFT Childcare Crisis	Assist families
School system/Trauma Training	Trauma/Capable of addressing child issues
Blue Monarch	Women's services
S Double A Ranch	Equine Recovery
UT – Extension	Education crises
Tracy City Office/Crisis/Jail	Safety net insurance
Safe baby court	Preserving families/addressing addiction

Missing Resources:

- Health Department – Prevention/HUGS (Help Us Grow Successfully) knows how to handle mental health issues/New Staff
- Project BASIC
- Youth Mental Health First Aid
- School system – Training to community and schools/ Psychiatric services
- School system – Community provider that
- Education about stigma

The closing comments during the summit indicated that perhaps the communities are asset rich, but not asset smart. The community will put together a targeted, focused plan, not to do everything, but a plan to do something using collective impact.

Many expressed the thoughts that the issues revolve around the culture of the community and historic behaviors. There may be a limit providing services can make until the culture changes.

## Acknowledgements

Thank you to a large, diverse, collaborative group of citizens who came together during the assessment and continue to make changes in the community to improve health.

## Community Assets and Resources

A list of community assets and resources for each county are included in a separate document.

