

2021

## *Sweetwater Hospital Association*

# *Community Health Needs Assessment*



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**SHA**  
**Sweetwater Hospital Association**  
*Your Health... Our Mission.*

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## **Purpose Statement**

A Community Health Needs Assessment is the key to understanding the health problems and priorities of a population. The process used by Sweetwater Hospital Association allows participants to complete a key community leadership questionnaire soliciting input regarding their perceptions, observations and experiences with the most pressing community health needs in Monroe County. The final report makes recommendations on the health priorities for the identified significant community-based health issues related to underlying behavioral risk factors.

The goal of public health is to improve the health of a population. A Community Health Needs Assessment involves obtaining and interpreting information to determine the health status of a specific community in order to determine areas for improvement. Once community health needs are identified, public health interventions can be developed and their effectiveness evaluated using a similar approach. Information necessary for performing a Community Health Assessment, for example, data on mortality rates or behavioral risk factors such as smoking, is available from various sources.

## **Objectives**

- Perform a Community Health Needs Assessment
- Identify sources and limitations of population based data
- Select and appraise the utility of standards including Healthy People 2010
- Identify specific health indicators to assess the health status of a community
- Describe the priority health issues of a community
- Relate priority health issues to behavioral, social, and environmental health determinants
- Make recommendations for action to address the priority health issues identified
- Incorporate recommendations into short and long term strategic planning activities
- In conjunction with other community agencies, work toward improving the health of the citizens of our community

## **Introduction to the Assessment**

In 2021, Sweetwater Hospital Association, in cooperation with other community health agencies, began a review and update of a Community Health Needs Assessment of Monroe County originally conducted by the same in 2018. The updated report provides a current overview of the community, the data collection methodologies and findings, and the priority areas identified. The key findings of this assessment focus on opinions and perceptions of those individuals willing to participate in the process.

## Community Overview

### Cities and Towns

- Madisonville (County Seat)	city	Incorporated Area
- Sweetwater (Largest)	city	Incorporated Area
- Tellico Plains	town	Incorporated Area
- Vonore	town	Incorporated Area

### Geography

Monroe County is located in the south eastern portion of the State of Tennessee in the foothills of the Smoky Mountains. The county has a total area of 653 square miles (1,690 km<sup>2</sup>), of which, 635 square miles (1,644 km<sup>2</sup>) of it is land and 18 square miles (46 km<sup>2</sup>) of it (2.71%) is water. Monroe County ranks as the sixth largest in land area among Tennessee's 95 counties and is the largest county in the East Tennessee Development District.

There are eight adjacent counties including Loudon County (north), Blount County (northeast), Graham County, North Carolina (east), Cherokee County, North Carolina (southeast), Polk County (southwest), McMinn County (west).

Monroe County is predominately rural and as such has an abundance of rolling farmland, beautiful rivers, mountains, valleys, streams and lakes. A portion of the county is included in the Cherokee National Forest which includes the National Scenic Byway, the Cherohala Skyway leading through the Cherokee and Nantahala National Forests, all the way from Tellico Plains, Tennessee to Robinsville, North Carolina.

### Climate

- Four distinct seasons
- Spring typically lasts from March - June
- Fall typically lasts September - December
- Average annual high temperature 68.9 degrees Fahrenheit
- Average annual low temperature 46.3 degrees Fahrenheit
- Average annual precipitation of 56 inches
- Average of 11 inches of snow annually
- The area is attractive to retirees from both the north and south, due to mild weather, and the beautiful outdoor environment.

## Activities

Monroe County offers opportunities to camp, hike, picnic, bicycle, kayak or swim. Motorcyclist enjoy the 99 plus curves and switchbacks of the Dragons Tail roadway as well as the Cherohala Skyway run. Fishermen seek reward with the wild and stocked fish of Tellico, Bald, Citico, and North Rivers as well as Tellico and Watts Bar Lakes. The area is a rich and diverse natural habitat for an amazing variety of birds, wild animals, and vegetation - over 20,000 species of plants, mammals, reptiles, and fish.

## Unemployment Rates Monroe County 2010 to 2020

	<b>Monroe Co</b>	<b>Tennessee</b>	<b>National</b>
2010	13%	10%	10%
2015	7.1%	6.0%	5.7%
2020	5.9%	6.2%	6.3%

*(Homefacts.com 2015 Monroe County Unemployment Rate Report)*

## Health Care Providers

Sweetwater Hospital Association (SHA) is a 59-bed acute care not-for-profit corporation which was chartered by the state of Tennessee in 1936. It is a unique organization in that no stock has ever been issued, nor can be issued in the future. Since there are neither owners nor stockholders, any money generated in excess of operational funds is dedicated by law and resolution of the Board of Directors to perpetual use for improving health care delivery to the people served by Sweetwater Hospital Association. There are approximately thirty-six active medical staff members affiliated with Sweetwater Hospital Association.

Sweetwater Hospital Association is located in rural East Tennessee and proudly serves parts of Meigs County, McMinn County, Roane County, Loudon County, and Monroe County. It is the only hospital located in Monroe County which has a population of approximately 46,000.

### Physician Specialties include:

- Anesthesiology
- Emergency Medicine
- Family Practice
- Gastroenterology
- General Surgery
- Geriatrics
- Internal Medicine
- Nephrology
- Obstetrics and Gynecology
- Oncology
- Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Podiatry
- Pulmonology
- Sleep Medicine
- Urology
- Vascular Surgery

Patient Care Services include:

- CT
- Dietary and Nutritionist Consultations
- Home Health Care
- Infection Control
- Mammography
- Medical Laboratory
- MRI
- Nuclear Studies
- Nursing
- Patient/Family Education
- Pharmacy
- Radiology
- Rapid Response Team
- Respiratory Therapy
- Social Services
- Therapies: Physical, Speech and Occupational
- Ultrasound
- Pastoral Care

Non-Hospital Services Located in Monroe County (Not an all-inclusive listing)

Outpatient Mental Health Service

Home Health Care Agencies

Nursing Home Centers

Assisted Living

Durable Medical Equipment Suppliers

Health Department

Dental Clinic affiliated with Health Department

Dental Offices

Private Physicians Offices not affiliated with hospital

\* NEW Urgent Care Clinics

Pharmacies None open 24-Hours

Social Determinants of Health

Health status has an impact on both mortality (length of life) 50% and morbidity (quality of life) 50%. The health status of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second hand smoke, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

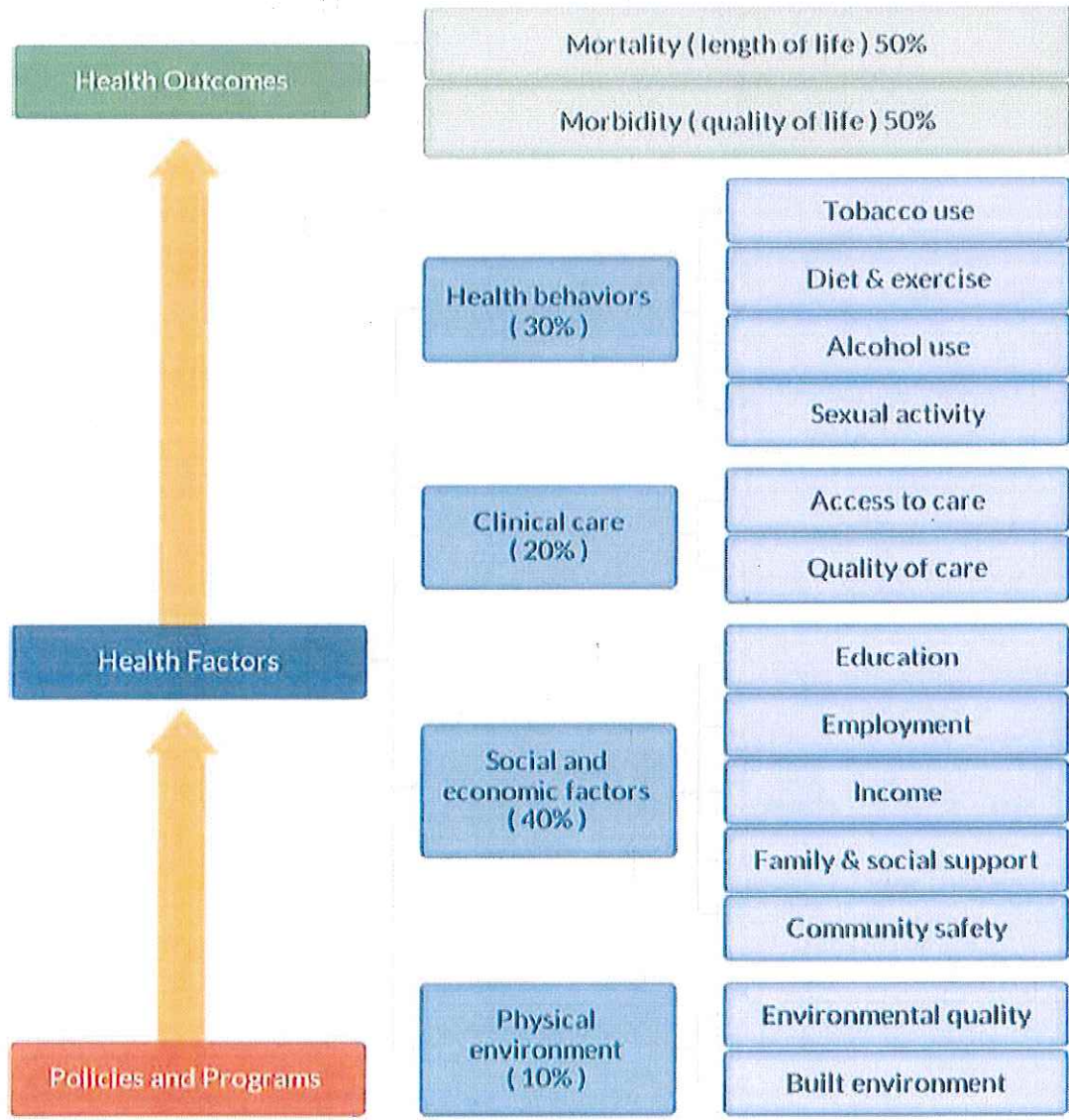
Health varies greatly across communities, with some places being much healthier than others. We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces, and neighborhoods. Everyone has a stake in community health. Community members need to work together to find solutions.



## County Health Rankings

The 2013 *County Health Rankings* report ranks Tennessee counties according to their summary measures of health outcomes and health factors. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary health outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHH

*County Health*

*Rankings and Roadmaps A Healthier Nation, County by County. 2013 Rankings Tennessee. University of Wisconsin Population Health Institute. Robert Wood Johnson Foundation.*

Overall, Monroe County ranks 23rd out of 95 counties in health outcomes according to the 2013 County Health Rankings and Roadmaps Report and 84<sup>th</sup> of 95 in health factors. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. The following is a breakdown of the specific health outcomes and factor measures included in the analysis.

## Monroe (MO)

	Monroe County	Error Margin	Top U.S. Performers*	Tennessee	Rank (of 95)
<b>Health Outcomes</b>					
Length of Life					40
Premature death	9,992	8,912-11,073	5,200	8,696	49
Quality of Life					27
Poor or fair health	21%	13-32%	10%	19%	
Poor physical health days	4.5	3.3-5.8	2.5	4.3	
Poor mental health days	3.5	1.9-5.0	2.3	3.4	
Low birthweight	8.3%	7.4-9.2%	5.9%	9.2%	
<b>Health Factors</b>					
<b>Health Behaviors</b>					
Adult smoking	36%	27-47%	14%	23%	87
Adult obesity	35%	28-42%	25%	32%	
Food environment index	7.4		8.4	6.9	
Physical inactivity	35%	28-42%	20%	30%	
Access to exercise opportunities	73%		92%	70%	
Excessive drinking			10%	9%	
Alcohol-impaired driving deaths	23%		14%	28%	
Sexually transmitted infections	310		138	504	
Teen births	64	59-69	20	47	
<b>Clinical Care</b>					
Uninsured	19%	17-21%	11%	16%	64
Primary care physicians	3,224:1		1,045:1	1,388:1	
Dentists	2,829:1		1,377:1	1,996:1	
Mental health providers	2,515:1		386:1	786:1	
Preventable hospital stays	84	76-92	41	73	
Diabetic monitoring	87%	80-93%	90%	86%	
Mammography screening	57.9%	51.1-64.6%	70.7%	61.8%	
<b>Social &amp; Economic Factors</b>					
High school graduation	95%			87%	54
Some college	41.7%	36.7-46.7%	71.0%	57.7%	
Unemployment	10.7%		4.0%	8.2%	
Children in poverty	30%	23-37%	13%	27%	
Income inequality	4.5	4.0-4.9	3.7	4.8	
Children in single-parent households	28%	22-35%	20%	36%	
Social associations	11.3		22.0	11.5	
Violent crime	402		59	621	
Injury deaths	98	85-111	50	78	
<b>Physical Environment</b>					
Air pollution - particulate matter	13.5		9.5	13.8	35
Drinking water violations	0%		0%	4%	
Severe housing problems	13%	11-15%	9%	15%	
Driving alone to work	86%	82-89%	71%	84%	
Long commute - driving alone	40%	36-45%	15%	32%	

\* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015

## Monroe (MO)

	Monroe County	Tennessee
<b>Demographics</b>		
Population	45,265	6,495,978
% below 18 years of age	21.9%	23.0%
% 65 and older	18.8%	14.7%
% Non-Hispanic African American	2.1%	16.8%
% American Indian and Alaskan Native	0.6%	0.4%
% Asian	0.5%	1.6%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.7%	4.9%
% Non-Hispanic white	91.7%	74.9%
% not proficient in English	0.9%	1.5%
% Females	50.5%	51.2%
% Rural	76.1%	33.6%
<b>Health Outcomes</b>		
Diabetes	14%	12%
HIV prevalence	80	301
Premature age-adjusted mortality	472.5	429.0
Infant mortality	7.0	8.3
Child mortality	39.5	63.8
<b>Health Behaviors</b>		
Food insecurity	16%	17%
Limited access to healthy foods	2%	8%
Motor vehicle crash deaths	26	18
Drug poisoning deaths	16	16
<b>Health Care</b>		
Uninsured adults	23%	20%
Uninsured children	6%	6%
Health care costs	\$9,931	\$10,159
Could not see doctor due to cost	21%	17%
Other primary care providers	1,509:1	1,059:1
<b>Social &amp; Economic Factors</b>		
Median household income	\$38,061	\$44,268
Children eligible for free lunch	57%	48%
Homicides	6	7

\* Data supplied on behalf of state

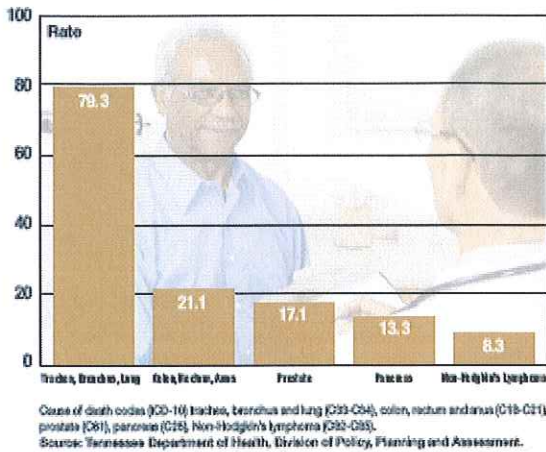
Note: Blank values reflect unreliable or missing data

### Leading Causes of Male Deaths (ICD-10 Codes), By Race, with Percentage of Deaths, Resident Data, Tennessee, 2013

Causes	Total	Percent	White	Percent	Black	Percent
<b>Total Deaths</b>	<b>31,875</b>	<b>100.0</b>	<b>27,319</b>	<b>100.0</b>	<b>4,327</b>	<b>100.0</b>
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,799	24.5	6,722	24.6	1,021	23.6
2. Malignant neoplasms (C00-C97)	7,583	23.8	6,561	24.0	974	22.5
3. Accidents (V01-X59, Y85-Y86)	2,093	6.6	1,808	6.6	270	6.2
4. Chronic lower respiratory diseases (J40-J47)	1,827	5.7	1,698	6.2	125	2.9
5. Cerebrovascular diseases (I60-I69)	1,315	4.1	1,084	4.0	225	5.2
6. Diabetes mellitus (E10-E14)	901	2.8	701	2.6	189	4.4
7. Intentional self-harm (X60-X84, Y87.0)	822	2.6	763	2.8	53	1.2
8. Alzheimer's disease (G30)	727	2.3	678	2.5	48	1.1
9. Influenza and pneumonia (J10-J18)	669	2.1	594	2.2	69	1.6
10. Chronic liver disease and cirrhosis (K70, K73-K74)	560	1.8	497	1.8	59	1.4

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

### Male Selected Causes of Death for Malignant Neoplasms, with Rates Per 100,000 Population, Resident Data, Tennessee, 2013



### Leading Causes of Death for Tennessee Males

- In 2013, diseases of heart and malignant neoplasms accounted for 48.3 percent of all deaths to Tennessee's males, ranking as the first and second causes respectively.
- Accidents ranked third accounting for 6.6 percent of the total male deaths. Chronic lower respiratory diseases accounted for 5.7 percent, while cerebrovascular diseases accounted for 4.1 percent of all male deaths.
- Lifestyle changes are seen as one of the best indicators toward improving the health of the male population. Not smoking, improved physical exercise, a better diet, and safety belt usage could increase quality of life and longevity.

- In 2013, diseases of heart and malignant neoplasms accounted for 42.4 percent of the total resident deaths to Tennessee's women.
- While the leading cause of death for both white and black females was diseases of heart, malignant neoplasms ranked as the second in 2013.
- Chronic lower respiratory diseases ranked third for white females, but cerebrovascular diseases ranked third for black females.
- Diabetes was the cause for 5.1 percent of deaths to black women and 2.6 percent of the deaths for white women.
- Alzheimer's disease ranked as the fourth cause for white females and fifth for black females.

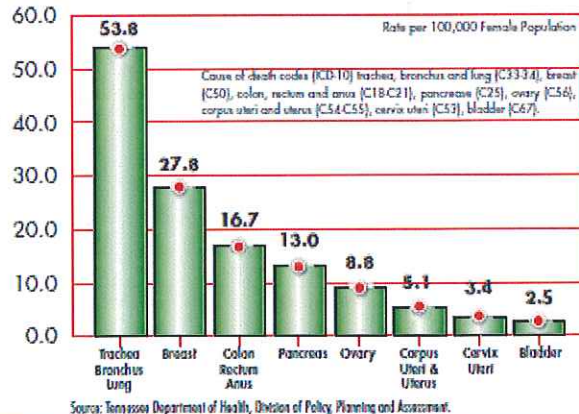
### LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES, BY RACE, WITH PERCENTAGE OF DEATHS, RESIDENT DATA, TENNESSEE, 2013

Cause	Total	Percent	White	Percent	Black	Percent
<b>Total Deaths</b>	<b>31,323</b>	<b>100.0</b>	<b>26,803</b>	<b>100.0</b>	<b>4,280</b>	<b>100.0</b>
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	6,924	22.1	5,875	21.9	1,006	23.5
2. Malignant neoplasms (C00-C97)	6,348	20.3	5,310	19.8	979	22.9
3. Chronic lower respiratory disease (J40-J47)	2,069	6.6	1,938	7.2	124	2.9
4. Cerebrovascular diseases (I60-I69)	1,808	5.8	1,511	5.6	282	6.6
5. Alzheimer's disease (G30)	1,799	5.7	1,625	6.1	168	3.9
6. Accidents (V01-X59, Y85-Y86)	1,404	4.5	1,252	4.7	144	3.4
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	305	1.0	267	1.0	37	0.9
7. Diabetes mellitus (E10-E14)	914	2.9	690	2.6	218	5.1
8. Influenza and pneumonia (J10-J18)	892	2.8	786	2.9	90	2.1
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	522	1.7	406	1.5	109	2.5
10. Septicemia (A40-A41)	444	1.4	358	1.3	82	1.9

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

### CANCER DEATH RATES FOR FEMALES, FOR SELECTED CAUSES, RESIDENT DATA, TENNESSEE, 2013

- Mortality data collected from Tennessee's death certificates ranks malignant neoplasms as the second leading cause of death for females.
- There were 6,348 cancer deaths reported for resident females in 2013.
- Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate per 100,000 females (53.8) followed by breast cancer (27.8).
- These two causes accounted for 42.8 percent of the total cancer deaths for females in 2013.



## Drug and Alcohol and Cigarette Abuse and Mental Illness

Tennessee ranks in the bottom 10 states for the highest prescription drug use among youth, grades 9-12 and young adults ages 18-25, without a doctor's prescription.

Tennessee ranks in the bottom 20% of states for the highest percentage of youth, grades 9-12, that smoked a cigarette in the past 30 days.

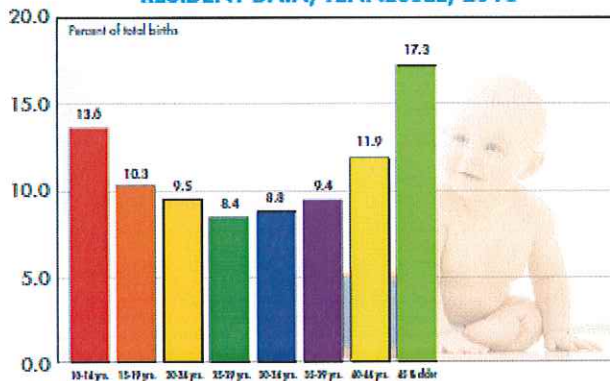
Tennessee ranks in the bottom 10 states for the highest percentage of illicit drug use other than marijuana among young adults, ages 18-25.

Tennessee ranks in the bottom 20% of states for the highest percentage of children, ages 2-17, who have one or more emotional, behavioral, or developmental conditions.

Tennessee ranks in the bottom 10 states with the highest rates of any mental illness among adults, ages 26 and older.

## Pregnancy Care

**PERCENT OF LOW-WEIGHT\* BIRTHS BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2013**

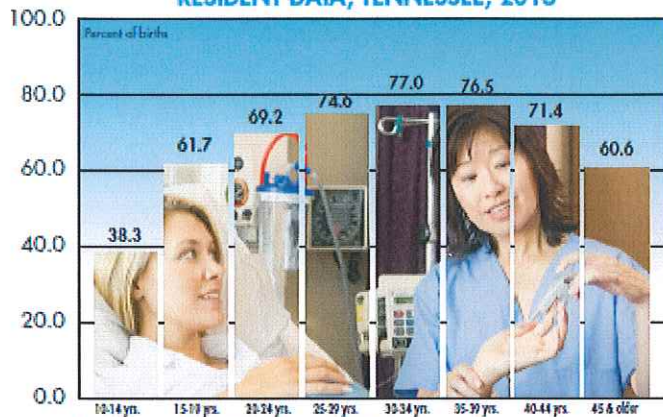


\*A low birth weighting less than 2,500 grams (5 pounds, 8 ounces).  
Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.



- Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight.
- Of the total 2013 resident births, 7,302 or 9.1 percent of the babies weighed under 2,500 grams.
- The greatest percent of low-weight babies were born to mothers ages 45 years and older (17.3); followed by mothers ages 10 through 14 years (13.6); and mothers ages 40-44 (11.9).
- Of the total low-weight births, 23.5 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (29.6), while black mothers reported a much lower tobacco use percentage (12.7).
- *The Healthy People 2020 Objective* for low-weight births is 7.8 percent of the total births.

**PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2013**

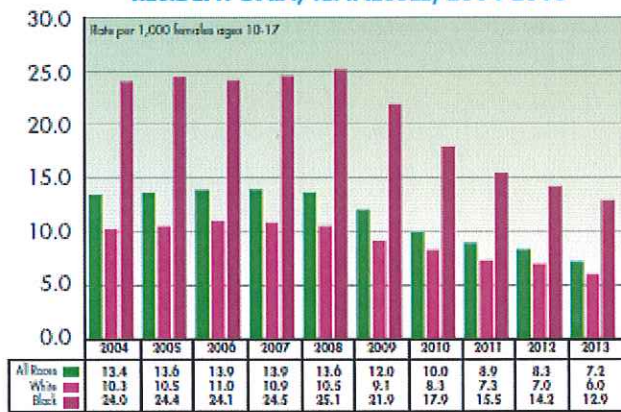


Percentages based on number of births with prenatal care reported.  
 Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

- In 2013, of the births to mothers aged 10-14 reporting prenatal care, 38.3 percent began care in the first trimester.
- The percentage of first trimester care by age group increased to a high of 77.0 percent for mothers aged 30-34.
- The total percent of Tennessee resident births that reported care beginning in the first trimester was 72.5.

(Nationally recommended changes to the birth certificate were implemented in Tennessee on January 1, 2004. The collection of prenatal care information changed significantly; thus prenatal care data for 2004 and later years are not comparable to that of earlier years.)

**ADOLESCENT PREGNANCY RATES (10-17), BY RACE, RESIDENT DATA, TENNESSEE, 2004-2013**



Total includes pregnancies to other racial groups or race not stated.  
 Source: Tennessee Department of Health, Division of Policy, Planning and Assessment.

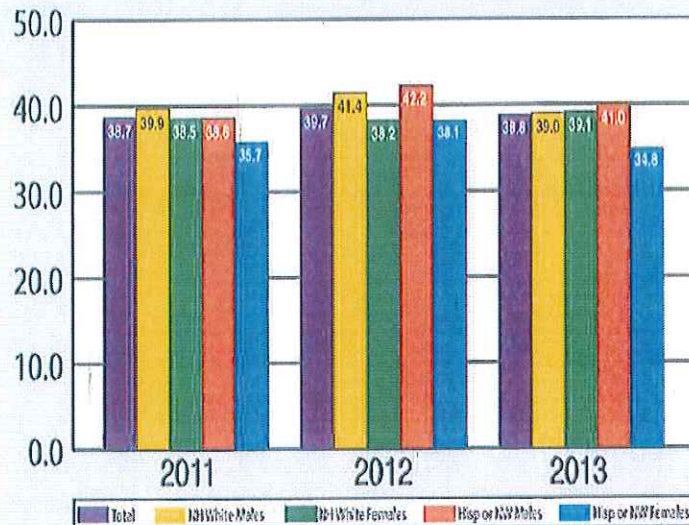
- Adolescent pregnancies include births, induced terminations, and reportable fetal deaths.
- Overall, the adolescent 10-17 pregnancy rates showed a declining trend from 2004 through 2013.
- The total pregnancy rate for females aged 10-17 declined 46.3 percent from 13.4 pregnancies per 1,000 females of all races in 2004 to 7.2 in 2013.
- The white adolescent pregnancy rate dropped 41.7 percent from 10.3 in 2004 to 6.0 per 1,000 females in 2013.
- The 2004 black rate of 24.0 decreased 46.2 percent to 12.9 pregnancies per 1,000 females in 2013.

## Health Screenings

### Hypertension

- Uncontrolled hypertension is a well-known risk factor for cardiovascular, cerebrovascular, and end-stage renal diseases.
- According to the Behavioral Risk Factor Surveillance System, Tennessee's total percent of the population aware of hypertension remained fairly constant from 2011 through 2013 with Hispanic or non-white females having the lowest percentages.
- The *Healthy People 2020 Objective* is to reduce the proportion of adults with hypertension to 26.9 percent.

PERCENT OF RESPONDENTS WHO REPORTED HYPERTENSION AWARENESS, BY RACE AND GENDER, TENNESSEE 2011 - 2013

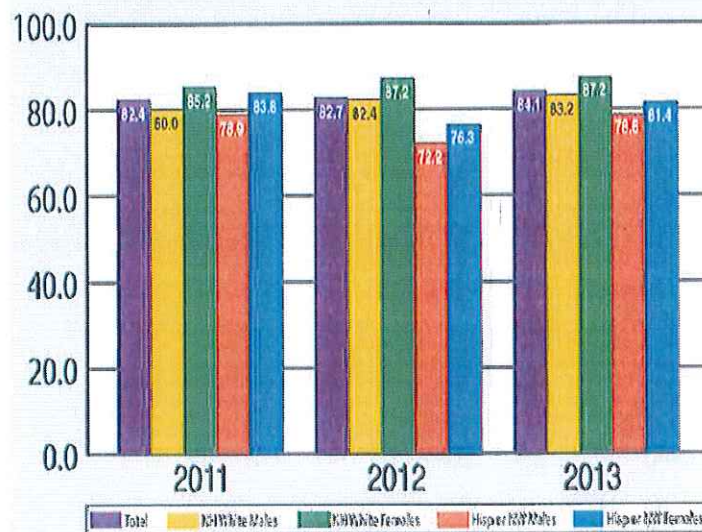


Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Behavioral Risk Factor Surveillance System

### Cholesterol

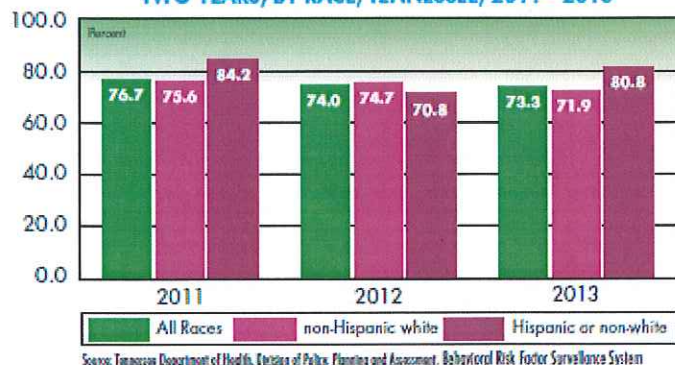
- High cholesterol is a major contributor to cardiovascular disease and is a leading modifiable risk factor.
- In 2013, the percent of respondents to the Behavioral Risk Factor Surveillance System survey reporting ever having their blood cholesterol checked was 84.1; increasing over the percentages for 2011 and 2012.
- Of the population surveyed, the percentages for non-Hispanic white females were the highest for the race/ethnic categories for 2011-2013.

PERCENT OF RESPONDENTS WHO REPORTED EVER HAVING BLOOD CHOLESTROL CHECKED, BY RACE AND GENDER, TENNESSEE 2011 - 2013



Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Behavioral Risk Factor Surveillance System

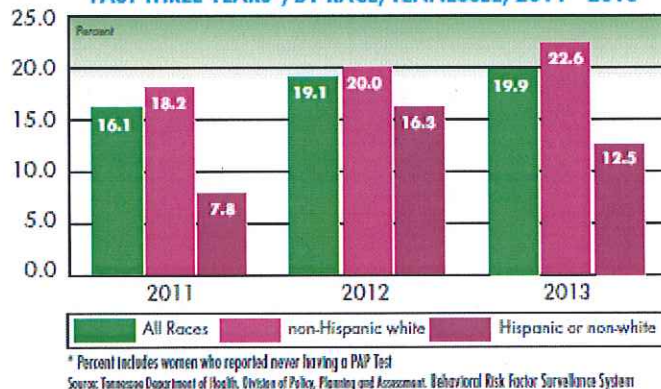
**PERCENT OF WOMEN AGED 40 YEARS AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM WITHIN THE LAST TWO YEARS, BY RACE, TENNESSEE, 2011 - 2013**



- Breast cancer ranked as the second leading cause of cancer deaths among Tennessee's women.
- Screening for breast cancer can provide early detection and reduce mortality.
- Data from the Tennessee Behavioral Risk Factor Surveillance System provides information by race on the percent of women aged 40 and older who stated they had a mammogram within the last two years.
- Tennessee's 2013 survey showed a decrease from 2011 in the percent of women who stated they had a mammogram within the last two years.

- Mortality from invasive cervical cancer can be reduced with early detection from the Pap test.
- The 2013 Tennessee Behavioral Risk Factor Surveillance System survey results indicated that the total percent of women 18 years and older that did not have a Pap test within the past three years was 19.9 percent, increasing over 2011 and 2012.
- For non-Hispanic white females the 2013 percentage was 22.6, while the percentage for Hispanic or non-white females was 12.5.
- Overall, the 2013 survey indicated an increase in the percentage of females aged 18 years and older reporting not having received a Pap test within the preceding three years.

**PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP TEST WITHIN THE PAST THREE YEARS\*, BY RACE, TENNESSEE, 2011 - 2013**



Chronic diseases are the leading causes of death in Tennessee, with diseases of heart and malignant neoplasms (cancer) responsible for almost 50 percent of the total deaths each year.

At Risk Youth

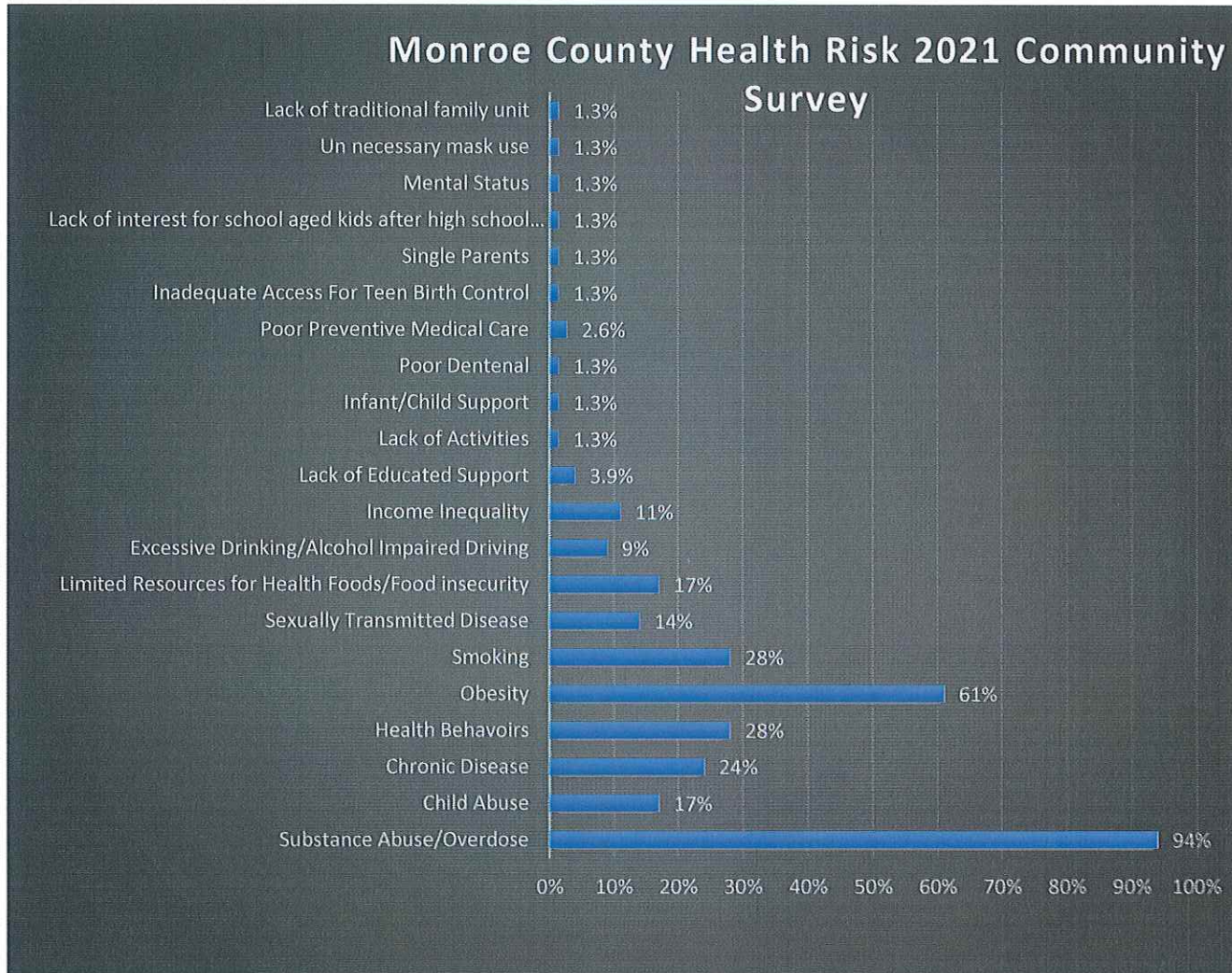
The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States. These behaviors, often established during childhood and early adolescence, include

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.



Top Three Most Important Health Risk in Monroe county from Sweetwater Hospital Association Survey:

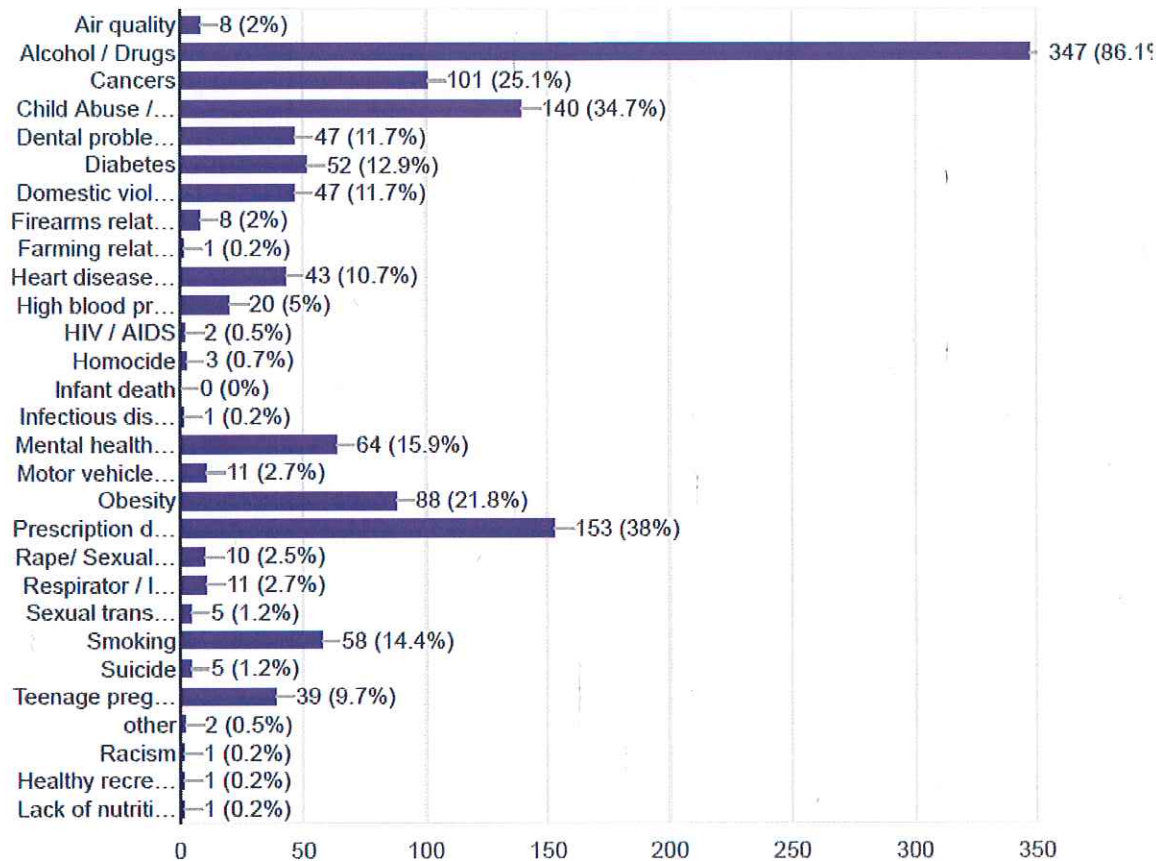
1. What in your opinion, are the three (3) greatest health risk in Monroe County



Top Three Most Important Health Issues in Monroe County from Chota's Survey:

From the following list, what do you think are the THREE MOST IMPORTANT "health problems" in Monroe County?

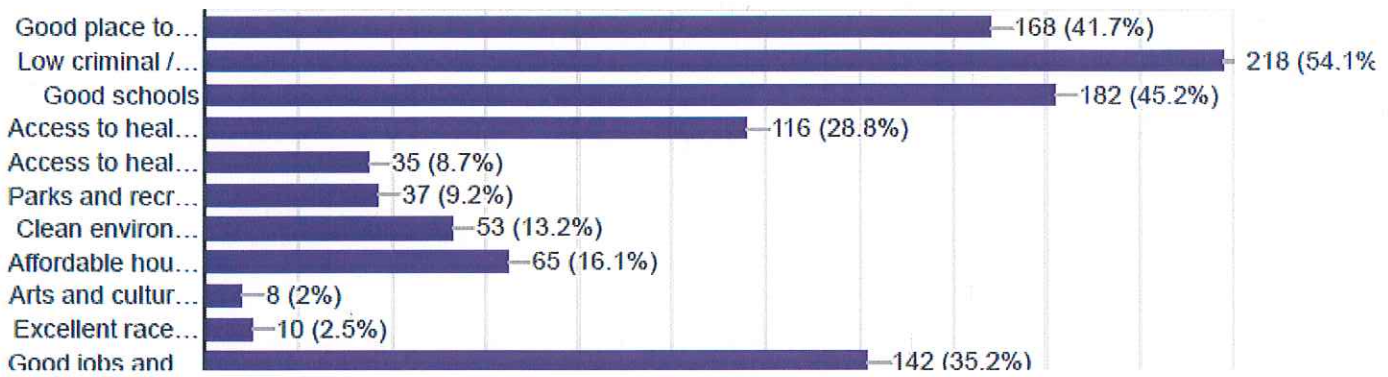
403 responses



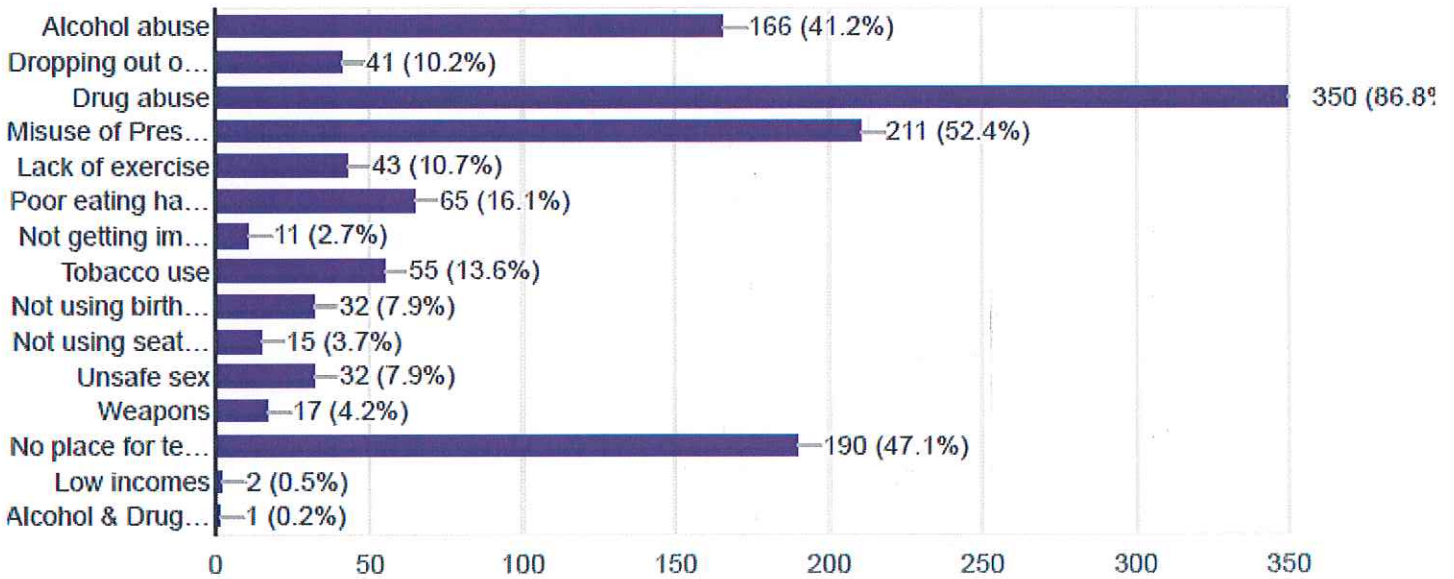
Top Three Most Important Factors for a "Healthy Community":

**PRIORITIZED:**

- 1. Low criminal / safe neighborhood 54.1% (218 responses)**
- 2. Good place to raise children 41.7% (168 responses)**
- 3. Good Schools 45.2% (182 responses)**
- 4. Good jobs and healthy economy 35.2% (142 responses)**
- 5. Access to Health Care 28.8% (116 responses)**



From the following list, what do you think are the THREE MOST IMPORTANT “risk behaviors” in our community (Those behaviors that have the greatest impact on overall community health)?



# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Monroe (MO)  
2020 Rankings

+

					State
Population P					46,357 6,770,010
% below 18 years of age					21.1% 22.2%
% 65 and older					21.2% 16.4%
% Non-Hispanic Black					2.0% 16.7%
% American Indian & Alaska Native					0.6% 0.5%
% Asian					0.5% 1.9%
% Native Hawaiian/Other Pacific Islander					0.1% 0.1%
% Hispanic					4.7% 5.6%
% Non-Hispanic White					90.8% 73.7%
% not proficient in English					0% 2%
% Females					50.2% 51.2%
% Rural					76.1% 33.6%
		Trend Error Margin	Top U.S. Performers ^	Tennessee	Rank (of 95)
Health Outcomes					66
Length of Life					57
Premature death	10,600	9,500-11,700	5,500	9,300	
Quality of Life					66
Poor or fair health **	23%	22-24%	12%	20%	
Poor physical health days **	4.7	4.5-4.9	3.1	4.2	
Poor mental health days **	4.8	4.6-5.1	3.4	4.4	
Low birthweight	9%	8-10%	6%	9%	
Additional Health Outcomes (not included in overall ranking) +					
Life expectancy	74.8	74.0-75.7	81.1	76.0	
Premature age-adjusted mortality	500	460-530	270	450	
Child mortality	60	30-80	40	60	
Infant mortality	7	4-10	4	7	
Frequent physical distress	15%	14-15%	9%	13%	
Frequent mental distress	15%	15-16%	11%	14%	

					State
Diabetes prevalence	11%	7-16%	7%	13%	
HIV prevalence	95		41	290	
Health Factors					45
Health Behaviors					31
Adult smoking **	23%	22-23%	14%	23%	
Adult obesity	33%	25-40%	26%	33%	
Food environment index	8.1		8.6	6.4	
Physical inactivity	25%	19-32%	20%	27%	
Access to exercise opportunities	75%		91%	70%	
Excessive drinking **	12%	12-13%	13%	14%	
Alcohol-impaired driving deaths	30%	23-37%	11%	25%	
Sexually transmitted infections	218.4		161.4	522.4	
Teen births	46	42-51	13	31	
Additional Health Behaviors (not included in overall ranking) +					
Food insecurity	13%		9%	14%	
Limited access to healthy foods	2%		2%	8%	
Drug overdose deaths	35	26-47	10	26	
Motor vehicle crash deaths	23	18-29	9	15	
Insufficient sleep	35%	34-36%	27%	36%	
Clinical Care					52
Uninsured	12%	10-14%	6%	11%	
Primary care physicians	4,620:1		1,030:1	1,400:1	
Dentists	3,090:1		1,240:1	1,860:1	
Mental health providers	2,320:1		290:1	660:1	
Preventable hospital stays	5,909		2,761	5,320	
Mammography screening	43%		50%	41%	
Flu vaccinations	47%		53%	49%	
Additional Clinical Care (not included in overall ranking) +					
Uninsured adults	15%	13-17%	7%	14%	
Uninsured children	5%	3-6%	3%	4%	
Other primary care providers	1,405:1		665:1	717:1	
Social & Economic Factors					54
High school graduation	91%		96%	90%	
Some college	39%	34-44%	73%	61%	
Unemployment	3.7%		2.6%	3.5%	
Children in poverty	23%	15-31%	11%	22%	
Income inequality	4.7	4.1-5.2	3.7	4.8	
Children in single-parent households	32%	26-39%	20%	35%	
Social associations	9.3		18.4	11.3	
Violent crime	475		63	621	
Injury deaths	109	96-123	58	89	
Additional Social & Economic Factors (not included in overall ranking) +					
Disconnected youth	11%	4-17%	4%	7%	

					State
Reading scores			3.4		3.0
Math scores			3.4		3.0
Median household income	\$45,600	\$39,700- 51,400	\$69,000		\$52,400
Children eligible for free or reduced price lunch			32%		
Residential segregation - Black/White	54		23		66
Residential segregation - non-white/white	23		14		58
Homicides	4	2-7	2		7
Suicides	21	15-28	11		16
Firearm fatalities	14	10-20	8		17
Juvenile arrests					
Physical Environment					80
Air pollution - particulate matter **	10.7		6.1		10.0
Drinking water violations	No				
Severe housing problems	13%	11-15%	9%		15%
Driving alone to work	85%	83-88%	72%		83%
Long commute - driving alone	43%	38-48%	16%		35%
Additional Physical Environment (not included in overall ranking) +					
Traffic volume	54				209
Homeownership	76%	74-78%	81%		66%
Severe housing cost burden	10%	8-13%	7%		12%

^ 10th/90th percentile, i.e., only 10% are better.

\*\* Data should not be compared with prior years

Note: Blank values reflect unreliable or missing data

	Monroe (MO)	Error Margin	Top U.S. Performers	Tennessee	Rank (of 95)
Dentists	3,090:1		1,240:1	1,860:1	
Mental health providers	2,320:1		290:1	660:1	
Preventable hospital stays	5,909		2,761	5,320	
Mammography screening	<u>43%</u>		50%	41%	
Flu vaccinations	<u>47%</u>		53%	49%	

Additional Clinical Care (not included in overall ranking) +

Social & Economic Factors

54

High school graduation	91%		96%	90%	
Some college	39%	34-44%	73%	61%	
Unemployment	3.7%		2.6%	3.5%	
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Violent crime	475		63	621	
Injury deaths	109	96-123	58	89	

Additional Social & Economic Factors (not included in overall ranking) +

Physical Environment

80

Air pollution - particulate matter	10.7		6.1	10.0	
Drinking water violations	No				
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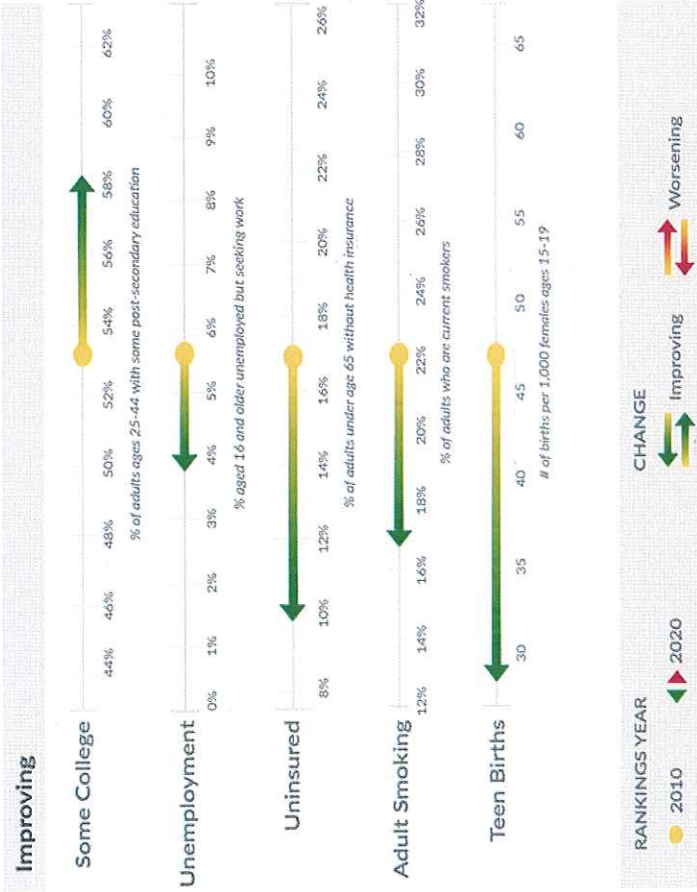
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+

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# Signs of Change in Health Factors (Rankings 2010 to 2020)\*



countyhealthrankings.org

**Executive Summary of 2021 Community Needs Assessment Findings  
Listed in Descending Order of Priority**

<b><u>Indicator:</u></b>	<b><u>Root Causes</u></b>	<b><u>Available Community Resources:</u></b>	<b><u>Community Needs:</u></b>	<b><u>Proposed Strategy</u></b>	<b><u>Completed Strategies</u></b>
<p><b><u>#1 - Substance Abuse (Illicit Drugs, Misuse of Prescription Drugs, Alcohol and Tobacco)</u></b></p>	<p>Lifestyle ↑ ↓ Social acceptance ↑ ↓ Low socioeconomic status</p>	<ul style="list-style-type: none"> <li>• Monroe County Prevention &amp; Wellness Coalition- Free</li> <li>• Drop Box Campaigns-Rx Drug Abuse</li> <li>• SADD Clubs- Students Against Destructive Decisions- Free</li> <li>• Project Connect-Teen Tobacco Cessation</li> <li>• Youth Connections Newsletter</li> <li>• NAS Prevention Programming</li> <li>• National Coalition Academy</li> <li>• Parents Who Host Lose The Most Campaign</li> <li>• Alcoholics Anonymous</li> <li>• Police Task Forces</li> <li>• TTI-Tennessee Teen Institute (5 Day Camp) (\$-Monroe County Health Council Sponsors)</li> <li>• CASA- Court Appointed Special Advocate</li> <li>• Blended Recovery-Madisonville</li> </ul>	<p>Community Based Adult and youth education  Crisis Services  Counselors available at SHA to visit inpatient discharge patient and outpatients in MD offices  Social Services at SHA</p>	<p>Network with other community agencies to increase internal awareness of services already available in the community and to develop a community based action plan as appropriate.</p>	<ul style="list-style-type: none"> <li>• SHA's Chief Resource Officer is on the CASA Board of Directors</li> <li>• \$2,000 Child Advocacy Court System – Advocate Training</li> <li>• \$5,000 CASA Winter Gala – Child Court Advocacy Training</li> <li>• \$3,785 Boys and Girls Club Event</li> <li>• \$1,000 United Way of Monroe County</li> <li>• \$1,000 Tennessee Physician's Peer Assistance Program</li> <li>• Hired Full-Time Social Worker for Hospital and Home Health</li> </ul>

						<ul style="list-style-type: none"><li>• \$7,500 Revitalization of the downtown Madisonville area</li></ul>
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<u>Indicator:</u>	<u>Root Causes</u>	<u>Available Community Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Completed Strategies</u>
<p><u>#2 Wellness Healthy Lifestyles</u></p> <p><u>Obesity Rate 2021:</u>  Monroe County- 35%  Tennessee - 32%</p>	<ul style="list-style-type: none"> <li>Lack of education</li> <li>Poor nutrition</li> <li>Inactivity</li> </ul>	<ul style="list-style-type: none"> <li>Monroe County Health Council-</li> </ul>	<ul style="list-style-type: none"> <li>Education Nutrition and Wellness</li> <li>Fitness Options</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Social Media</li> <li>Printed Materials</li> <li>Counselors available at SHA</li> <li>Funding for fitness projects</li> </ul>	<ul style="list-style-type: none"> <li>\$10,000 Sweetwater Fitness Court Goal</li> <li>\$550 Morning Pointe Nursing Scholarship</li> <li>\$750.00 Olympic Level Sponsor 5K</li> <li>Starting Employee Wellness and Activity Calendar January 2022 which will expand into large scale community events in 2022</li> <li>Hired and placed Athletic Trainers in two of the counties three high schools to support the athletic programs at no cost to the school</li> </ul>

<u>Indicator:</u>	<u>Root Causes</u>	<u>Available Community Resources:</u>	<u>Community Needs:</u>	<u>Proposed Strategy</u>	<u>Completed Strategies</u>
<p><b>#3 Chronic Disease (Diabetes, Heart and Lung Disease, Cancer, and Obesity)</b></p> <p>Leading Causes of Death for Males and Females in Tennessee: Lung Disease Heart Disease Diabetes CVA Cancer- lung, colon, breast</p> <p><b>Chronic Disease Death Rate for Tennessee 2021</b> Women 57.7% Men 62.7%</p>	<p>Lifestyle ↑ Hypertension ↑ Smoking, diet, lack of exercise ↑ Social acceptability ↑ Low socioeconomic status ↑ Use of electronics in place of physical activity</p>	<ul style="list-style-type: none"> <li>• UT Extension Monroe County- Rebecca Layman <ul style="list-style-type: none"> <li>◦ Eat Smart- Free</li> <li>◦ Dining with Diabetes- Free</li> <li>◦ Living with Chronic Conditions- Free</li> <li>◦ Take Charge of your Diabetes- Free</li> </ul> </li> <li>• Diabetes Support Groups- Free</li> <li>• Little's Drugs Sweet Spot- Free <ul style="list-style-type: none"> <li>◦ One-on-one diabetic training on nutrition and diabetes management</li> </ul> </li> </ul>	<p>Screening Early Childhood Education General community awareness</p>	<p>Health screening fairs Support school based education Offer general community education</p>	<ul style="list-style-type: none"> <li>• Dietician at Sweetwater Hospital Association hosts Diabetes Education Classes for inpatient and outpatient- Free</li> <li>• Specialties offered at SHA: Pulmonology Internal Medicine Oncologist</li> <li>• Recruiting Internal Medicine Provider</li> <li>• SHA posts regularly, on Facebook, health tips to educate the community.</li> <li>• \$550 Morning Pointe Nursing Scholarship</li> <li>• Offered many avenues for Covid and Flu vaccines throughout the year from large community events to daily appointment at the hospital</li> </ul>

<ul style="list-style-type: none"> <li>• Opened Urgent Care Clinic in Vonore, a section of Monroe County without ready access to urgent healthcare</li> </ul>					
<ul style="list-style-type: none"> <li>• Opened Primary Care office in Vonore, a section of Monroe County without access to physician based healthcare. This physician is employed by the hospital.</li> </ul>					
<ul style="list-style-type: none"> <li>• Upgraded Mammography from 2D to 3D.</li> </ul>					
<ul style="list-style-type: none"> <li>• Added Dexascan to our services offered.</li> </ul>					
<ul style="list-style-type: none"> <li>• Developing 340b outpatient drug program for the community to access lower cost drugs</li> </ul>					
<ul style="list-style-type: none"> <li>• \$25,000 Construction and programing for Our Place Adult Dementia Daycare</li> </ul>					

## Data Collection Methodology

The Community Health Needs Assessment was based on two specific data sources:

1. A review of existing data already available in the community, region and state.
2. Sweetwater Hospital Association collaborated with Chota to distribute a convenience survey of the following: a social media blast, distributed it in local grocery center parking lots, distributed it company-wide and to other local agencies and requested they pass it along, distributed it to local commodities, and the High Fives and School Supplies event. The survey was distributed via hard copy as well as a Google Doc Survey.

### Data Collection Tool

No significant information gaps were identified.

The survey instrument is presented herein as Appendix A.

### Review of Secondary Data

This report relies on data compiled from both primary and secondary sources. The secondary data was collected and reviewed by Chota employees. Data was compiled from local, regional, state and national sources. These sources are documented in the report.

## References

[Census.gov: State and County Quick Facts, Monroe County, Tennessee](#)

[Centers for Disease Control and Prevention – Online Youth High School Youth Risk Behavior Survey Tennessee 2013](#)

[City-Data.com: Monore County, Tennessee](#)

[County Health Rankings, and Roadmaps: A Healthier Nation, County by County, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, Tennessee 2013 Rankings](#)

[Healthypeople.gov/2020](#)

[Sweetwaterhospital.org: About Sweetwater Hospital Association](#)

[Tennessee Department of Health, Division of Health Statistics – Behavioral Risk Factor Survey 2013](#)

[Tennessee Department of Health, Division of Health Statistics – Population Projections 2010- 2030](#)

[Tennessee Department of Health, Division of Health Statistics – Sexually Transmitted Disease Statistics 2014](#)

Tennessee Department of Health, Division of Health Statistics – Tennessee Adolescent Pregnancy Summary 2013

Tennessee Department of Health, Division of Health Statistics – The Health of Tennessee’s Men 2013

Tennessee Department of Health, Division of Health Statistics – The Health of Tennessee’s Women 2013

Tennessee Department of Health, Vanderbilt Institute for Medicine and Public Health – Women’s Health Research- Tennessee Women’s Health Report Card 2013

Tennessee Department of Mental Health and Substance Abuse Services: Behavioral Health Indicators for Tennessee and the United States 2014 Data Book

Tennessee.hometownlocator.com/tn/Monroe/: Monroe County, Tn Data and Demographics (as of July 1, 2014)

U. S. Census Bureau Demographic and Socioeconomic Data for Monroe County 2010