Rhea Medical Center 2022

Community Health Needs Assessment

Approved by Board on August 15, 2022[1]

RHEA MEDICAL CENTER

[1]Response to Schedule H (Form 990) Part V B 4 & Part V B 9

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Executive Summary

Rhea Medical Center (“RMC” or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

1) a definition of the community served by the hospital facility and a description of how the community was determined;
2) a description of the process and methods used to conduct the CHNA;
3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;
4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, focus groups were held to evaluate the findings of the community survey and to determine the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Rhea County are:

- Behavioral Health: Mental Health and Drug/Substance Abuse
- Chronic Disease Management: Heart Disease, Cancer
- Healthy Living: Access to Healthy Foods, Diabetes, Obesity

In the Implementation Strategy section of the report, RMC addresses these areas through identified programs, resources, and services provided by RMC, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- Stratasan
- www.countyhealthrankings.org
- www.worldlifeexpectancy.com
- Bureau of Labor Statistics
- SAMHSA, Behavioral Health Barometer. Tennessee, Volume 6
- Tennessee Department of Health
- NAMI
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- Centers for Disease Control and Prevention
- National Cancer Institute

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the community to gain input on local health needs and the needs of priority populations. Focus groups were then conducted with Local Expert Advisors to determine the significant health needs for the Hospital to focus on. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Survey input from 25 identified Local Expert Advisors and 17 community members were received and 25 community members participated in focus groups. Survey responses started in February 2022 and ended in March 2022. Focus groups were held in May 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

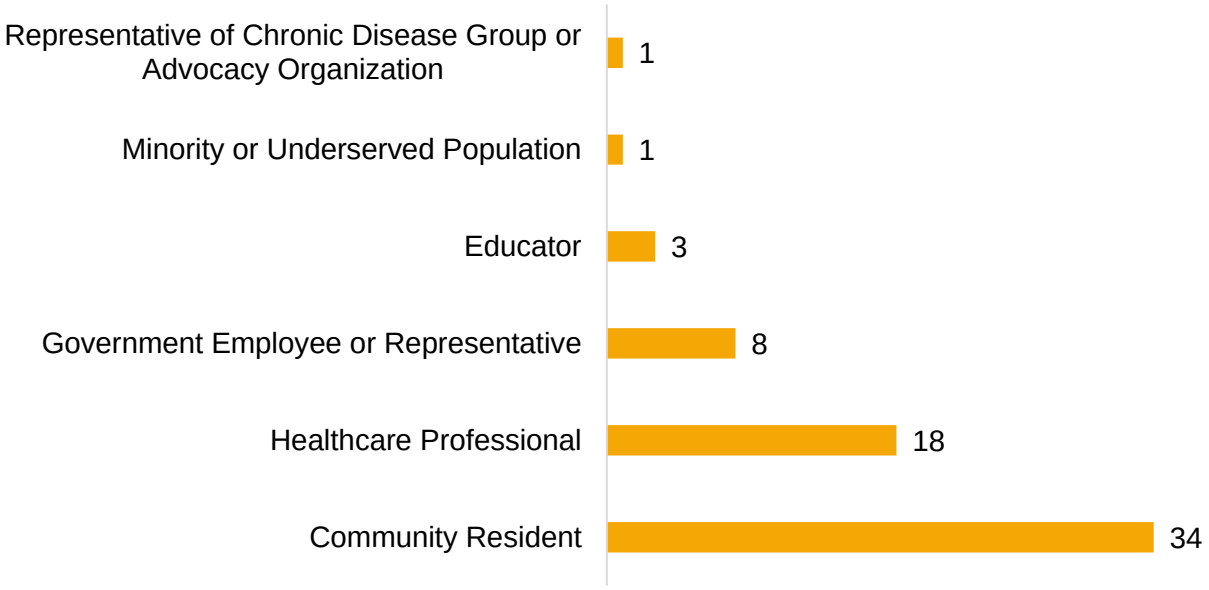
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.

The "Significant Needs" were presented for discussion during focus groups with Local Expert Advisors. The Local Expert Advisors validated if the significant health needs identified from the community survey were the most important needs in the community. From this process, the survey respondents and Local Expert Advisors participating in focus groups agreed on the top health priorities for the county. The Hospital then analyzed the most significant health needs and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Written comment participants self-identified into the following classifications:

Survey Question: Please select which roles apply to you (n=42)



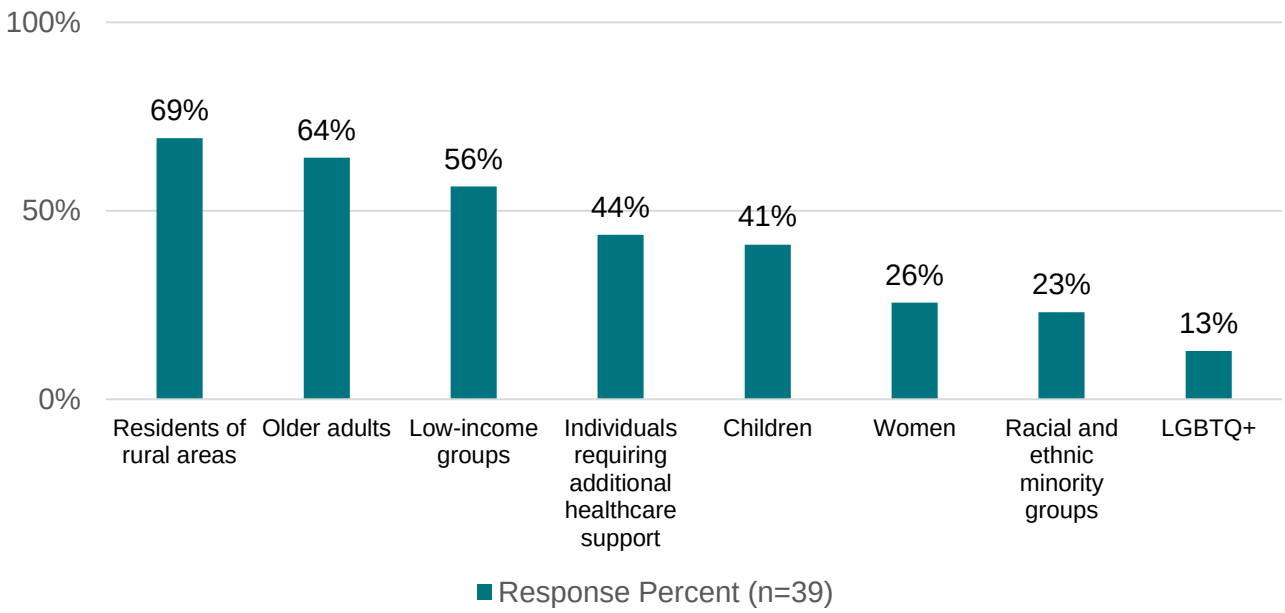
Additionally, the Hospital solicited feedback from Local Expert Advisors through in-person community focus groups. Participants in these focus groups were stakeholders in the following roles and organizations:

- Public Health/Community Health Council
- Law Enforcement
- Parks and Recreation
- Healthcare Professional/Retired Healthcare Professional
- Community Organizations
- City/Local Government
- Local Industry

Input on Priority Populations

Information analysis augmented by local opinions showed how Rhea County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, what needs to be done to improve the conditions of these groups.

Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, were abstracted in the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were residents of rural areas, older adults, and low-income groups.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Chronic diseases
    - Access to specialty services
    - Access to quality healthcare

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to RMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

- Affordability/Access to Care
- Smoking/Tobacco Use
- Drug/Substance Abuse
- Obesity/Overweight
- Cancer
- Women's Health
- Mental Health/Suicide

Community Served

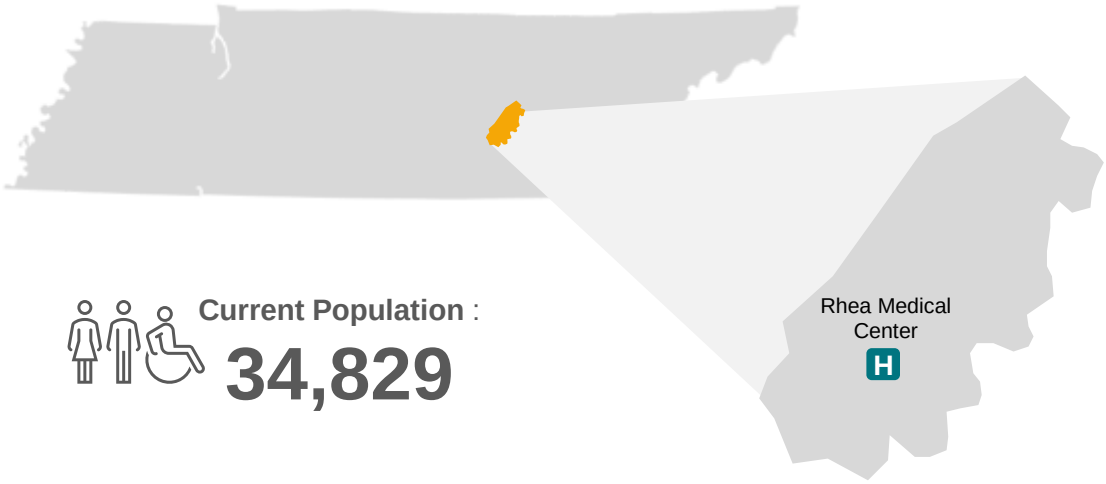
For the purpose of this study, Rhea Medical Center defines its service area as Rhea County in Tennessee which includes the following Zip codes:

37321 – Dayton 37332 – Evensville 37337 – Grandview 37338 – Graysville

37381 – Spring City

During 2021, RMC received 79% of its Medicare inpatients from this area.

Rhea County Demographics



Current Population :

34,829

Race/Ethnicity

	Rhea County	Tennessee
White	*91.4%*	*75.4%*
Black	*2.0%*	*16.8%*
Asian & Pacific Islander	*0.6%*	*2.1%*
Other	*6.0%*	*5.7%*
Hispanic*	*5.4%*	*6.1%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

	Rhea County	Tennessee
0 – 17	*21.0%*	*21.2%*
18 – 44	*32.6%*	*35.0%*
45 – 64	*26.0%*	*25.8%*
65 +	*20.3%*	*18.0%*

Education and Income

	Rhea County	Tennessee
Median Household Income	*$46,567*	*$55,276*
Some High School or Less	*18.2%*	*11.8%*
High School Diploma/GED	*36.2%*	*31.2%*
Some College/ Associates Degree	*26.9%*	*27.5%*
Bachelor's Degree or Greater	*18.6%*	*29.5%*

Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Rhea County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
40	**28%**	**28%**	**40%**	**21%**	**15%**
TN: 38	*TN: 25%*	*TN: 35%*	*TN: 37%*	*TN: 14%*	*TN: 15%*

Quality of Life

Suicide Rate: 17

Per 100,000
Compared to 17 in TN

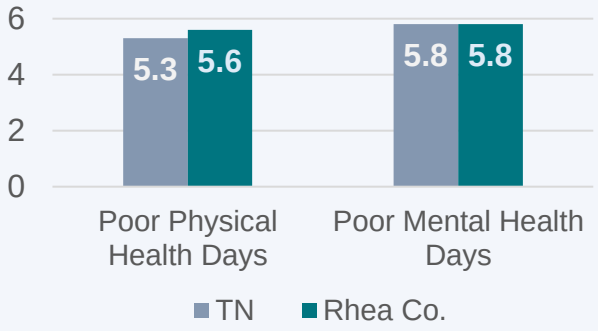
Poor or Fair Health: 26%

Compared to 25% in TN

Low Birthweight: 8%

Compared to 8% in TN

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2022 Report

Socioeconomic Factors

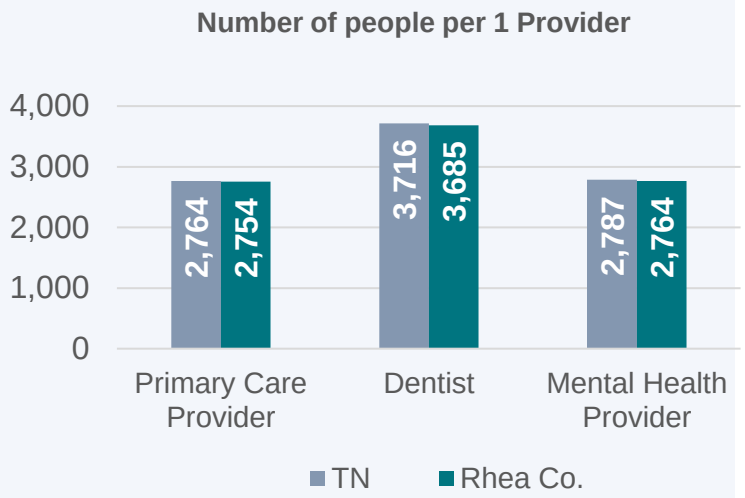
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
4.9	**4.8%**	**29%**	**23%**	**280**	**96**
TN: 4.5	*TN: 4.3%*	*TN: 33%*	*TN: 20%*	*TN: 280*	*TN: 95*

Access to Health

Uninsured: 11%
Compared to 10% in TN

Preventable Hospital Stays: 4,599
Per 100,000
Compared to 3,191 in TN

Access to Exercise Opportunities: 64%
Compared to 54% in TN



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
9.4	**11%**	**85%**	**80%**
TN: 7.9	*TN: 12%*	*TN: 83%*	*TN: 82%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics, Stratasan, ESRI
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

42 surveys completed by community members

25 local experts participated in focus groups

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Heart Disease	4.65
Cancer	4.62
Diabetes	4.58
Obesity	4.58
Mental Health	4.54
Alzheimer's and Dementia	4.31
Stroke	4.31
Women's Health	4.27
Dental	4.15
Kidney Disease	4.15
Lung Disease	4.12
Liver Disease	3.92
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Access to Healthy Food	4.62
Healthcare Services: Physical Presence	4.52
Healthcare Services: Affordability	4.48
Healthcare Services: Prevention	4.46
Affordable Housing	4.42
Education System	4.38
Employment and Income	4.35
Access to Childcare	4.27
Access to Senior Services	4.27
Access to Exercise/Recreation	4.15
Community Safety	4.08
Transportation	4.04
Social Isolation	3.96
Social Support	3.92
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.75
Smoking/Vaping/Tobacco Use	4.52
Diet	4.48
Physical Inactivity	4.32
Livable Wage	4.31
Excess Drinking	4.17
Employment	4.12
Risky Sexual Behavior	3.80
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Drug/Substance Abuse	4.75
Heart Disease	4.65
Cancer	4.62
Access to Healthy Food	4.62
Diabetes	4.58
Obesity	4.58
Mental Health	4.54
Healthcare Services: Physical Presence	4.52
Smoking/Vaping/Tobacco Use	4.52
Healthcare Services: Affordability	4.48
Diet	4.48
Healthcare Services: Prevention	4.46
Affordable Housing	4.42
Education System	4.38
Employment and Income	4.35
Physical Inactivity	4.32
Alzheimer's and Dementia	4.31
Stroke	4.31
Livable Wage	4.31
Women's Health	4.27
Access to Childcare	4.27
Access to Senior Services	4.27
Excess Drinking	4.17
Dental	4.15
Kidney Disease	4.15
Access to Exercise/Recreation	4.15
Lung Disease	4.12
Employment	4.12
Community Safety	4.08
Transportation	4.04
Social Isolation	3.96
Liver Disease	3.92
Social Support	3.92
Risky Sexual Behavior	3.80

Evaluation & Selection Process

Worse than Benchmark Measure

Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages

Identified by the Community

Health needs expressed in the online survey and/or mentioned frequently by community members in focus groups

Feasibility of Being Addressed

Growing health needs where interventions by the hospital are feasible and could make an impact

Impact on Health Disparities

Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

RMC Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Drug/Substance Abuse	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Access to Healthy Food	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓

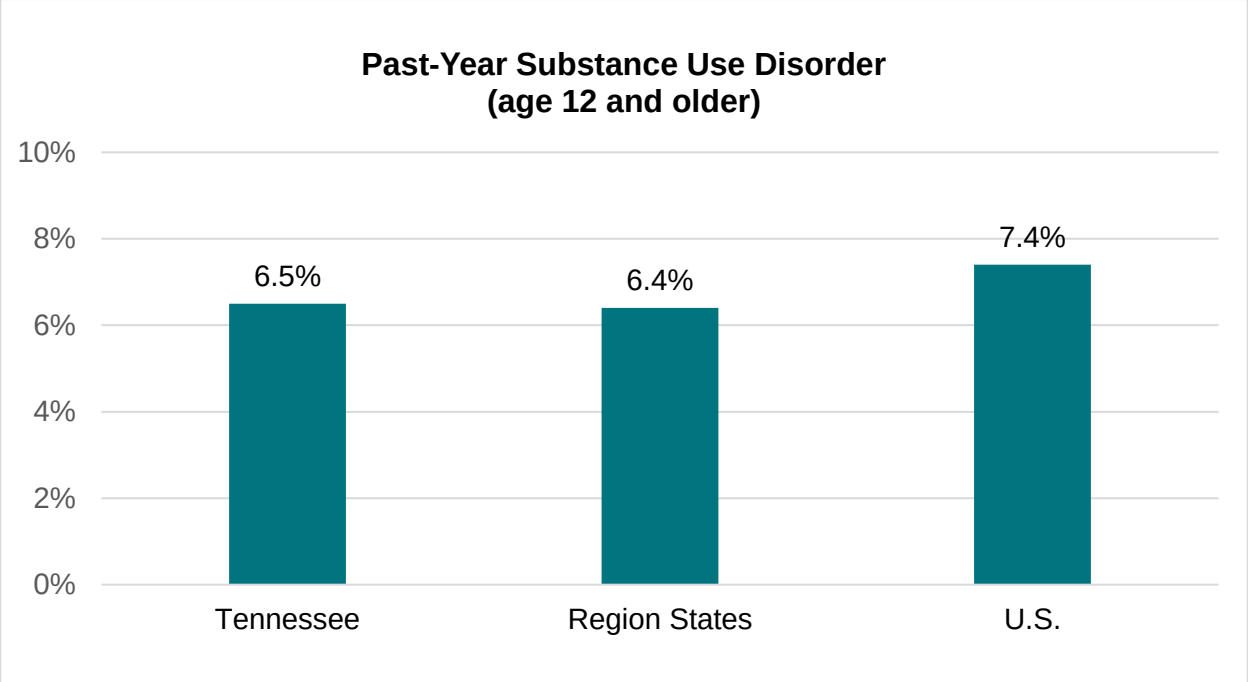
Overview of Priorities

Drug/Substance Abuse

Drug and substance abuse was identified as the #1 health priority with 19 survey respondents (n=24) rating it as extremely important to be addressed. Drug and substance abuse was the most cited community health priority in the local expert focus groups. Drug/substance abuse was identified as the #3 health priority in 2019. Rhea County has a lower drug overdose death rate than Tennessee but a higher rate of nonfatal drug overdoses. Compared to other regional states, Tennessee has a similar past-year substance use disorder rate.

	Rhea Co.	Tennessee
Drug overdose death rate (*per 100,000*)	35	46
Inpatient stays involving a drug overdose (*per 100,000*)	105	100

Source: Tennessee Department of Health



Source: SAMHSA, Behavioral Health Barometer. Tennessee, Volume 6
Note: Region States include Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

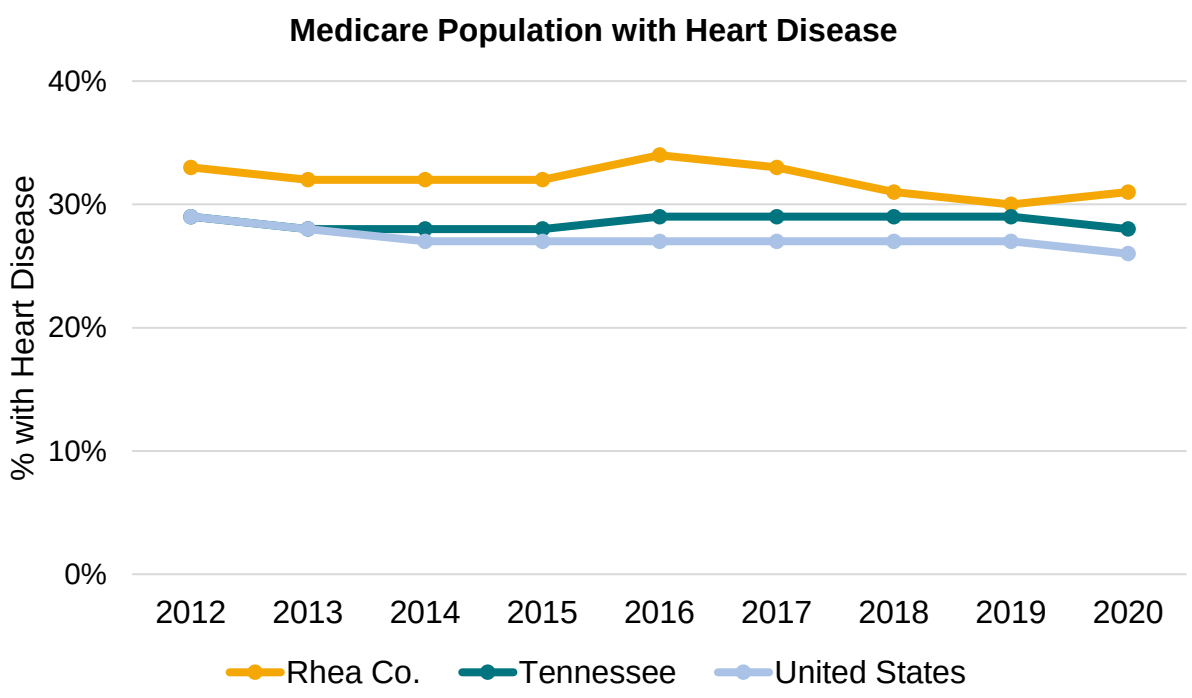
Heart Disease

In the community survey, heart disease was identified as the #2 health priority with 18 (n=26) respondents rating it as extremely important to address. Heart disease was not identified as a top health priority in the 2019 CHNA report.

Rhea County has a higher death rate from heart disease than Tennessee and the United States. In the Medicare population, Rhea County has a higher prevalence of heart disease than both Tennessee and the U.S. When it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).

	Rhea Co.	Tennessee	United States
Heart disease death rate (*per 100,000*)	246.0	212.0	168.2

Source: worldlifeexpectancy.com



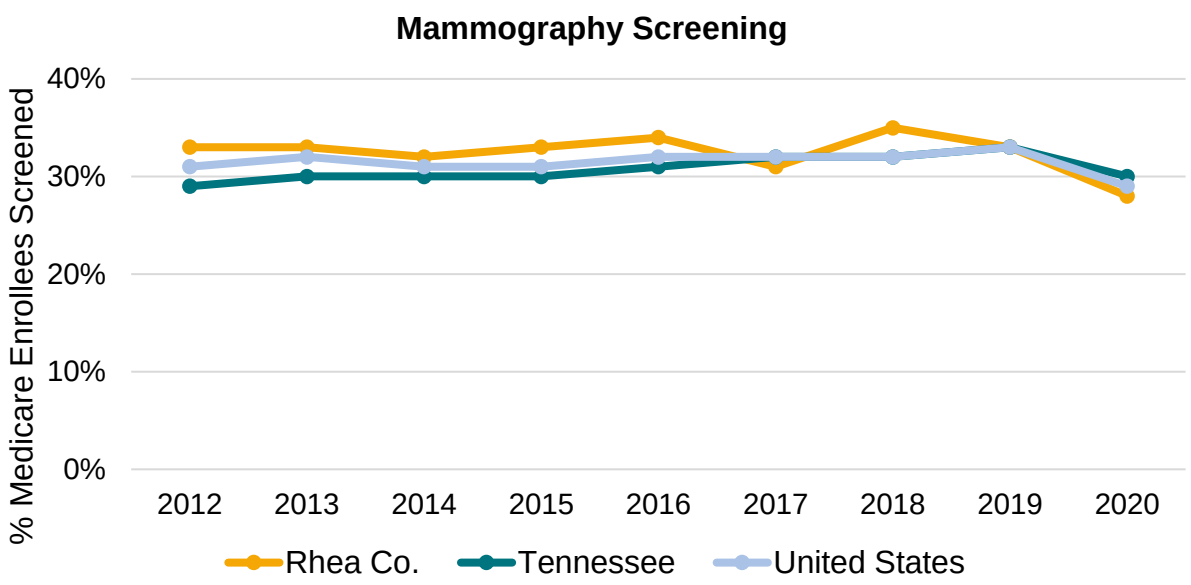
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cancer

Cancer was identified as the #3 health priority with 18 (n=26) survey respondents rating it as extremely important to be addressed. Cancer was identified as the #5 health priority in 2019. Cancer is the 2nd leading cause of death in Rhea County and ranks 37th out of 95 counties (with 1 being the worst in the state) in Tennessee for cancer death rate (World Life Expectancy). Rhea County has a similar mammography screening rate as Tennessee.

	Rhea Co.	Tennessee
Cancer death rate (*per 100,000*)	205.9	212.0
Cancer incidence rate (*per 100,000*)	515.7	466.0
Mammography screening rate	42%	43%

Source: County Health Rankings, worldhealthranking.com, National Cancer Institute



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Healthy Food

Access to healthy food was identified as the #4 health priority with 17 (n=26) survey respondents rating it as extremely important to address in the community. Diet was not identified as a top health priority in the 2019 CHNA report but is useful in understanding risk factors of obesity in the community (#4 health priority in 2019).

Diabetes

Diabetes was identified as the #5 health priority with 16 (n=26) respondents rating it as extremely important to address. Diabetes was not identified as a health priority in the 2019 CHNA report. Diabetes is the 7th leading cause of death in Rhea County. Rhea County has a higher rate of diabetes mortality than Tennessee.

Obesity

Obesity was identified as the #6 health priority in the community-wide survey with 18 (n=26) respondents rating it as extremely important to address. Obesity was identified as the #4 health priority in 2019. Rhea County has higher rates of obesity and physical inactivity than Tennessee.

In focus groups with local experts, healthy eating and exercise habits were some of the most cited health concerns in the community.

	Rhea Co.	Tennessee
Limited access to healthy foods	12%	9%
Adult obesity	37%	37%
Physical inactivity	35%	29%
Access to exercise opportunities	54%	62%
Diabetes death rate (*per 100,000*)	38.6	30.1

Source: County Health Rankings, worldhealthranking.com

Mental Health

Mental health was the #7 community-identified health priority with 19 respondents (n=26) rating it as extremely important to be addressed in the community. In focus groups with local experts, mental health was frequently cited as a top health concern in the community. Mental Health was ranked as the #7 health priority in the 2019 CHNA report. Suicide is the 10th leading cause of death in Rhea County and ranks 57th out of 95 counties (with 1 being the worst in the state) in Tennessee for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Rhea Co.	Tennessee
Average number of mentally unhealthy days (past 30 days)	5.8	5.1
Number of people per 1 mental health provider	2,787	594
Suicide death rate (per 100,000)	16.2	17.2

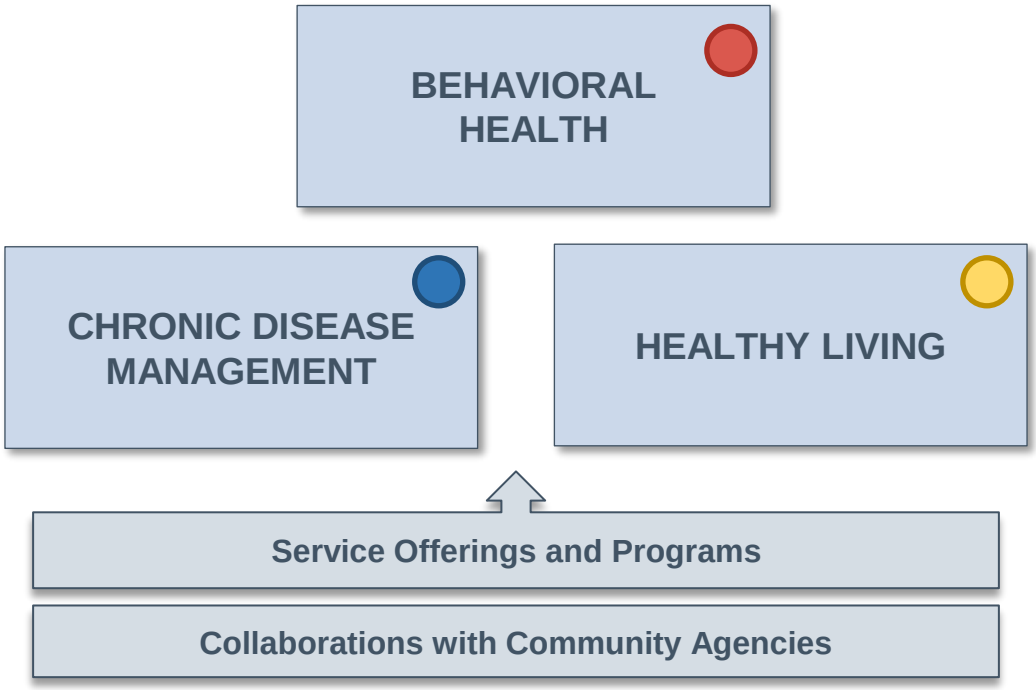
Source: County Health Rankings, worldlifeexpectancy.com

Source: Tennessee Department of Health

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- Drug/Substance Abuse
- Heart Disease
- Cancer
- Access to Healthy Foods
- Diabetes
- Obesity
- Mental Health



Implementation Plan Strategy

Behavioral Health

Statistics:

- People per 1 mental health provider: **2,764:1** (*TN: 2,787:1*)
- Suicide death rate*: **16.2** (*TN: 17.2*)
- Fatal drug overdose death rate*: **35** (*TN: 46*)
- Non-fatal drug overdose rate*: **105** (*TN: 100*)

**Per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- RMC provides pain management services.
- Telepsychiatry crisis services are available.
- RMC participates in a community behavioral health coalition with other local community organizations.
- RMC provides resources and referrals to behavioral health services.
- RMC provides support and space for Alcoholics Anonymous group meetings.

Impact of actions taken since the immediately preceding CHNA:

- Leadership at RMC is working at the state level to advocate for better mental health policy.
- Nurses at RMC are working to attain Sexual Assault Nurse Examiner (SANE) certification.

Additionally, The Hospital plans to take the following steps to address this need:

- Explore collaborating with local law enforcement on adding a medication drop box at RMC.
- Continue to advocate for advancements in mental health policy at the state level.
- Look into suboxone training for providers.
- Explore hiring substance use disorder (SUD) navigators.
- Leverage community partnerships to increase outreach and education.

Identified measures and metrics to progress:

- Psychiatric hold times in the emergency department (ED)
- Number of overdose-related ED visits

Partnership organizations that may also address this need:

Organization	Contact/Information
Rhea Mental Health Center	423-570-0077 https://www.vbhcs.org/locations/dayton/
City of Dayton – Parks and Rec Department	Nathan Fort, Programs Coordinator 423-664-0685
Southeast Tennessee Human Resource Agency (SETHRA)	https://sethra.us/
Civic Partners: United Way, Rotary, Lions Club, Chamber of Commerce	https://www.rheaunitedway.org/ https://daytontnchamber.org/
Local Churches	
The Care Center	423-775-0019 https://www.thecarecentertn.org/

Chronic Disease Management

Statistics:

- Heart disease death rate*: **246.0** (*TN: 212.0*)
- Cancer death rate*: **205.9** (*TN: 164.4*)
- Cancer incidence rate*: **515.7** (*TN: 466.0)*

**Per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- Infusion therapy center including transfusion services.
- Nuclear Medicine scans available.
- PET Scanner available.
- Local outpatient laboratory for follow-up testing.
- Primary care providers available for regular screening services.
- Promotion of Breast Cancer Awareness Month through the Hospital's newsletter, free t-shirts, and pink décor.
- PSA screening performed as part of local industry wellness screenings.
- Screenings provided for colonoscopies and endoscopies.
- Posted awareness articles in the Hospital's newsletter (quarterly).
- Collaboration with Health Department to use available grants for breast and cervical cancer screenings.
- CPR training program.
- RMC provides pain management services.
- Comprehensive heart program including:
    - EKG or stress test, cardiopulmonary services, echocardiography, respiratory therapy.

Impact of actions taken since the immediately preceding CHNA:

- Cardiology clinic growing to be available 5 days a week.
- RMC held free COVID-19 vaccine clinics.
- Increased community outreach for mammography services and other screening services.

Additionally, The Hospital plans to take the following steps to address this need:

- Evaluate potential partnerships for an oncology program.
- Begin participating in lunch and learn programs with the Chamber of Commerce to provide education on service line offerings at RMC.

- Upgrade echocardiogram (echo).
- Increase awareness of infusion therapy center.
- Begin using new computer tomography angiography (CTA).

Identified measures and metrics to progress:

- Number of infusions and transfusions performed
- Number of screenings performed: CTA, echo

Partnership organizations that may also address this need:

Organization	Contact/Information
RC3	https://www.rc3dayton.com/
Civic Partners: United Way, Rotary, Lions Club, Chamber of Commerce	https://www.rheaunitedway.org/ https://daytontnchamber.org/
Erlanger Health System	https://www.erlanger.org/
Rhea Richland Senior Neighbors	https://rhearichlandseniors.com
Southeast Tennessee Area Aging and Disability Agency	https://www.setaaad.org/www
Rhea Medical Healthcare Foundation	Amanda Sneed 423-775-8580 amandasneed@rheamedical.org

Healthy Living

Statistics:

- Diabetes death rate*: **38.6** (*TN: 30.1*)
- Obesity rate: **37%** (*TN: 37%*)
- Physical inactivity: **35%** (*TN: 20%*)
- Limited access to healthy food: **12%** (*TN: 9%*)
- Access to exercise/recreation: **54%** (*TN: 62%*)

**Per 100,000*

Hospital services, programs, and resources available to respond to this need include:

- Quarterly newsletter distributed to households across the county and adjoining areas that includes healthy recipes and articles on healthy living (exercise, fitness, etc.).
- Occupational health provides wellness assessments at local industries.
- Local education sessions (Healthy Kids Day, Farm/City Day, heart-healthy eating classes, diabetes management classes) focusing on nutrition and exercise.
- Sponsorship of local events benefitting Rhea County Community Center (RC3).
- Provide water as an alternative to sugary drinks at local events.
- Diabetic education classes available.
- RMC provides sports physicals to local student athletes.
- RMC offers outpatient nutritional education and counseling.

Impact of actions taken since the immediately preceding CHNA:

- RMC conducts quarterly lunch and learns in partnership with RC3.
- RMC is implementing a senior health hair to offer screenings and education.
- RMC collaborates with local churches to provide healthy food to the community.

Additionally, The Hospital plans to take the following steps to address this need:

- Add an external agency/organization highlight to the Hospital's newsletter to help connect patients to community resources.
- Utilize Facebook and social media more to promote resources and increase education.
- Begin participating in lunch and learn programs with the Chamber of Commerce to provide education on service line offerings at RMC.

Identified measures and metrics to progress:

- Number of annual physicals performed
- Number of occupational health visits

Partnership organizations that may also address this need:

Organization	Contact/Information
RC3	https://www.rc3dayton.com/
Civic Partners: United Way, Rotary, Lions Club, Chamber of Commerce	https://www.rheaunitedway.org/ https://daytontnchamber.org/
Local Churches	
Relay for Life	
Local Area Employers	
Rhea County School District	423-775-7812 https://www.rheacounty.org/

Appendix

Community Data

Community Demographics

Demographic Profile

	Rhea County				Tennessee				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	***34,829***	***35,758***	***2.7%***	***100.0%***	***7,025,037***	***7,343,345***	***4.5%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	7,330	7,507	*2.4%*	*21.0%*	1,490,562	1,551,102	*4.1%*	*21.2%*	*2.4%*	*21.7%*
18 - 44	11,359	11,146	*-1.9%*	*32.6%*	2,461,630	2,508,348	*1.9%*	*35.0%*	*2.7%*	*36.0%*
45 - 64	9,055	9,046	*-0.1%*	*26.0%*	1,811,721	1,816,093	*0.2%*	*25.8%*	*-2.2%*	*25.0%*
65+	7,085	8,059	*13.7%*	*20.3%*	1,261,124	1,467,802	*16.4%*	*18.0%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	6,225	6,179	*-0.7%*	*17.9%*	1,341,560	1,372,571	*2.3%*	*19.1%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	31,840	32,318	*1.5%*	*91.4%*	5,297,151	5,447,377	*2.8%*	*75.4%*	*1.4%*	*69.2%*
Black	686	703	*2.5%*	*2.0%*	1,183,219	1,248,975	*5.6%*	*16.8%*	*4.9%*	*13.0%*
Asian & Pacific Islander	224	267	*19.2%*	*0.6%*	145,965	174,855	*19.8%*	*2.1%*	*13.6%*	*6.1%*
Other	2,079	2,470	*18.8%*	*6.0%*	398,702	472,138	*18.4%*	*5.7%*	*10.0%*	*11.7%*
Hispanic*	1,889	2,280	*20.7%*	*5.4%*	426,857	511,045	*19.7%*	*6.1%*	*10.9%*	*18.9%*
Households										
Total Households	13,498	13,862	*2.7%*		2,765,495	2,893,011	*4.6%*			
Median Household Income	$ 46,567	$ 52,160			$ 55,276	$ 61,464			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*18.2%*				*11.8%*		*11.1%*
High School Diploma/GED				*36.2%*				*31.2%*		*26.8%*
Some College/Associates Degree				*26.9%*				*27.5%*		*28.5%*
Bachelor's Degree or Greater				*18.6%*				*29.5%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Tennessee's Top 15 Leading Causes of Death are listed in the tables below in Rhea County's rank order. Rhea County was compared to all other Tennessee counties, Tennessee state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in TN (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Rhea County Compared to U.S.)
TN Rank	Rhea Rank	Condition		TN	Rhea	
1	1	Heart Disease	53 of 95	212.0	246.0	***Higher than expected***
2	2	Cancer	37 of 95	164.4	205.9	***Higher than expected***
4	3	COVID-19	29 of 95	80.3	106.4	***Higher than expected***
5	4	Lung	15 of 95	51.2	70.7	***Higher than expected***
3	5	Accidents	41 of 95	86.5	68.6	***Higher than expected***
7	6	Stroke	61 of 95	43.6	51.1	***Higher than expected***
8	7	Diabetes	11 of 95	30.1	38.6	***Higher than expected***
6	8	Alzheimer's	32 of 95	44.4	38.1	***Higher than expected***
9	9	Flu - Pneumonia	42 of 95	18.5	26.4	***Higher than expected***
10	10	Suicide	57 of 95	17.2	16.2	***As expected***
12	11	Kidney	17 of 95	12.4	16.0	***As expected***
11	12	Liver	29 of 95	16.2	13.3	***As expected***
13	13	Hypertension	16 of 95	12.2	11.0	***As expected***
16	14	Blood Poisoning	64 of 95	10.4	9.6	***As expected***
14	15	Parkinson's	12 of 95	12.1	9.2	***As expected***
15	16	Homicide	81 of 95	11.5	3.6	***As expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

County Health Rankings

	Rhea	Tennessee	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***48/95***			
- Premature Death*	**10,743**	9,913	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***36/95***			
- Poor or Fair Health	**25%**	20%	17%	12%
- Poor Physical Health Days	**5.3**	4.5	3.9	3.1
- Poor Mental Health Days	**5.8**	5.1	4.2	3.4
- Low Birthweight	**8%**	9%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***44/95***			
- Adult Smoking	**25%**	21%	17%	14%
- Adult Obesity	**37%**	37%	33%	26%
- Physical Inactivity	**35%**	29%	27%	20%
- Access to Exercise Opportunities	**54%**	62%	66%	91%
- Excessive Drinking	**15%**	17%	18%	13%
- Alcohol-Impaired Driving Deaths	**14%**	23%	28%	11%
- Sexually Transmitted Infections*	**337.7**	601.7	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**38**	27	28	13
Clinical Care				
Overall Rank *(best being #1)*	***46/95***			
- Uninsured	**14%**	12%	11%	6%
- Population per Primary Care Provider	**2,764**	1,401	2,070	1,030
- Population per Dentist	**3,716**	1,794	2,410	1,240
- Population per Mental Health Provider	**2,787**	594	890	290
- Preventable Hospital Stays	**3,191**	4,331	4,710	2,761
- Mammography Screening	**42%**	43%	41%	50%
- Flu vaccinations	**47%**	50%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***80/95***			
- High school graduation	**83%**	88%	90%	96%
- Unemployment	**9.8%**	7.5%	3.9%	2.6%
- Children in Poverty	**20%**	18%	20%	11%
- Income inequality**	**4.5**	4.7	4.4	3.7
- Children in Single-Parent Households	**33%**	28%	32%	20%
- Violent Crime*	**280**	621	205	63
- Injury Deaths*	**95**	100	84	58
- Median household income	**$45,724**	$56,962	$50,600	$69,000
- Suicides	**19**	17	17	11
Physical Environment				
Overall Rank *(best being #1)*	***23/95***			
- Air Pollution - Particulate Matter (µg/m³)	**7.9**	8	9.4	6.1
- Severe Housing Problems***	**12%**	14%	14%	9%
- Driving to work alone	**83%**	82%	81%	72%
- Long commute - driving alone	**34%**	36%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than TN
- The same as TN
- Worse than TN

Source: County Health Rankings 2022 Report

Detailed Approach

Rhea Medical Center ("RMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents. This study is designed to comply with the standards required of a not-for-profit hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

RMC partnered with QHR Health ("QHR") to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility and a description of how the community was determined;*

2) *a description of the process and methods used to conduct the CHNA;*
3) *a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
4) *a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health
2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	January 2022	2021
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	May 2022	2013-2019
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	May 2022	2019
Bureau of Labor Statistics	Unemployment rates	May 2022	2020
SAMHSA, Behavioral Health Barometer. Tennessee, Volume 6	Drug use statistics	June 2022	20200
Tennessee Department of Health	Drug overdose data dashboard	June 2022	2020
Tennessee Department of Health	Mental health provider shortage map	June 2022	2018
NAMI	Statistics on mental health rates and services	June 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	June 2022	2020
Centers for Disease Control and Prevention	Adult heart disease statistics	June 2022	2019, 2021
National Cancer Institute	Cancer incidence rate	June 2022	2014-2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and the community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically diverse population. Community input from 42 survey respondents was received. Survey responses started on February 25th, 2022, and ended on March 18th, 2022.
- The "Significant Needs" were presented for discussion during focus groups with Local Expert Advisors. The Local Expert Advisors validated if the significant health needs identified from the community survey were the most important needs in the community. From this process, the survey respondents and Local Expert Advisors participating in focus groups agreed on the top health priorities for the county. Focus groups were conducted on May 24th and 25th, 2022 and there were 25 local expert participants including input from a public health official.
- Information analysis augmented by local opinions showed how Rhea County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Having taken steps to identify potential community needs, the survey respondents and focus group participants then participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the RMC process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

Survey Results

All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	80.95%	34
Healthcare Professional	42.86%	18
Government Employee or Representative	19.05%	8
Educator	7.14%	3
Minority or Underserved Population	2.38%	1
Representative of Chronic Disease Group or Advocacy Organization	2.38%	1
	Answered	42
	Skipped	0

Q3: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)

Answer Choices	Responses	
Residents of rural areas	69.23%	27
Older adults	64.10%	25
Low-income groups	56.41%	22
Individuals requiring additional healthcare support	43.59%	17
Children	41.03%	16
Women	25.64%	10
Racial and ethnic minority groups	23.08%	9
LGBTQ+	12.82%	5
	Answered	39
	Skipped	3

Unique or pressing needs of the above selected groups:

- Selecting all makes your jobs complicated but additional education and resources need to be given to our community members, especially those at higher risk or with bigger obstacles to resources.
- Language barriers, cultural barriers that we may not be aware of. Variety of issues with insurance being taken and resources for those folks. Transportation problems, money problems

- It is often more expensive to eat a variety of healthy foods when you are on a limited income. Often low-income, rural, and older individuals are not aware of many healthy foods and what they really should be eating. Opioids are still a major problem! Our county will be receiving a limited amount of money to help fight/treat this problem. The medical community should definitely be a part of crafting a plan to most effectively use this money. As always, these groups face affordability issues.
- Everyone is important
- Affordable healthcare & medicine
- Paying for care Navigating access to health care, especially referrals to specialists
- Homeless or those without insurance that need medical care.
- I think it is unfair to prioritize healthcare for any group at the expense of another. However, I believe women's health to be neglected in this county, specifically well-woman and prenatal care. When you couple the lack of local women's care with the fact that there are many low-income people in this area, you run into women not receiving proper care annually, AND pregnant women not receiving prenatal care due to the burden of travel. This impacts generations.
- I feel there is a need for all of the above groups, but especially those of the rural and low income groups. Many of the above groups will fall into the rural and low income groups.

Q3: Please share comments or observations about the actions RMC has taken to address Affordability/Access to Care.

- Due to poverty levels in Rhea, all efforts to increase affordability and access to care are very beneficial. Bringing in additional tests and specialists helps many people have access to appropriate care near home.
- Good work so far! Keep seeking ways to help with this problem! The cost of prescription drugs is still a major problem. Perhaps work with legislators to attempt to provide relief in this area.
- Made efforts to serve the community
- I think RMC has taken some good steps to address affordability and for regular services and specialty healthcare needed
- Operating clinics
- RMC has opened up new facilities providing access to more doctor care.

- RMC’s largest source of income two-fold is the state and federal government. Your only interest is to remain compliant with the governmental guidelines to sustain operations. RMC does not operate or have the ability to control accessibility/access to care.
- Positive outlook
- They have posted the cost of tests on their website
- I think this is great but there is still a need for more action. Wonderful job so far!
- Great effort has been made to recruit more primary care physicians to Rhea County
- Doing a good job
- Not aware
- I have not observed any actions. It does not mean actions have not been taken. I just haven't seen them. I know the RAM clinic is returning, and I think that is a great service to this community.
- I like the planned strategies to address Affordability/Access to Care. In my opinion, communication is going to be the key. No matter how many strategies are in place, they are useless if the community does not have the knowledge as to what is available to them.
- N/A

Q4: Please share comments or observations about the actions RMC has taken to address Smoking/Tobacco Use.

- I appreciate that you were one of the leading organizations to promote tobacco cessation and have a tobacco-free campus.
- unknown
- RMC has done well to discuss smoking, but it still continues to be an issue in the community.
- They are a smoke free campus, which I like
- Don't know of anything done.
- RMC has heightened awareness thru education and programs
- RMC does not have control
- Need more. Dangerous and addicting as much as a drug

- They have designated areas for people who smoke to do so away from those who do not
- Another great job.
- Smoking cessation is included in all patient education
- Good job
- Not aware
- N/A
- I see that RMC lists statistics related to the severity of the effects of smoking in Rhea County. I, also, see the planned strategy, but I think that in order to reach people in this area, these strategies will need to be on a more personal level such as setting up a booth at WalMart and Food City; even reaching out to employers to distribute information. The majority of affected people will not seek the information on their own. It needs to be taken to them; make it easier to get the information into their hands. However, it should serve low income consumers yyuand be easily accessed.
- N/A

Q5: Please share comments or observations about the actions RMC has taken to address Drugs/Substance Abuse.

- I don't know enough about these efforts to comment.
- Work with county officials to effectively use money from opioid settlement.
- unknown
- RMC has done okay with addressing drug use. This seems to be a problem bigger than RMC and will take more community partners to fix. It seems like more MAT treatments are needed closer to home.
- Don't think I've seen anything done in community.
- RMC has heightened awareness thru education and programs
- Stop prescribing narcotics
- Great job but this is still a huge issue in our community.
- Drug\alcohol use is part of patient assessment, referral to treatment facilities as appropriate
- Not so sure. Drug abuse in this area has increased dramatically and they seem to be out of site and out of the minds of health care facilities and law enforcement.
- Not aware of any and know patients with issues and no assistance was given

- I feel this is still a very underserved group in our county. Substance abuse is rampant, but I am not aware of any steps taken by RMC. Again. Does not mean it isn't happening. Just means it maybe isn't promoted well.
- Again, strategies are great, but drug and substance abuse affects our low income communities as well as others. The plan does not address low income and does not indicate removal of barriers, especially with school children and young adults.
- N/A

Q6: Please share comments or observations about the actions RMC has taken to address Obesity/Overweight.

- Your nutrition education classes have benefited many community members. I appreciate that you partnered with UT Extension and Health Council to promote your efforts.
- Perhaps work more with County Extension office to provide classes at senior centers and other venues introducing foods (healthy grains, lesser-known fruits and vegetables, etc.) and inexpensive and creative ways to prepare them.
- Nutrition information
- RMC has done a good job providing education on obesity, and managing weight, but other organizations need to assist with providing access to healthy foods.
- They do offer a diabetic class. They need to address this issue and offer maybe some weight classes
- Don't know of anything.
- RMC has heightened awareness thru education and programs
- RMC does not have any authoritative directives to change this individualized mindset.
- Not enough. Need weight loss program
- Great job for RMC but still a great issue in the community.
- Patient education (healthy eating classes), counseling by RMC providers to obese patients
- Not much
- Not aware
- There is a huge problem with obesity. Student athletes, who usually not obese, are targeted via the athletic trainer; what about other students? Are you reaching out to wellness classes to reach non-athletes? We have so many obese students on Rhea County! I like the fact that RMC is working with industries.
- N/A

Q7: Please share comments or observations about the actions RMC has taken to address Cancer.

- I like that you have added updated mammography, and other services, and other specialists to aid our community members.
- Very good idea to continue increasing the possibility of receiving chemotherapy treatments locally!
- Is looking at cancer treatment options at the hospital instead of going out of county
- I think RMC has done a better job with providing in house treatment for cancer patients and other specialty surgeries.
- Info in newsletter.
- RMC represents the community in emergency healthcare needs. Individuals with Cancer, should be transferred to an appropriate cancer facility.
- Infusion center is fantastic
- Wonderful job!
- Many efforts have been made to develop a partnership with Chattanooga providers to bring cancer treatment to Rhea County.
- Pretty good
- New specialty physicians in the community
- Same.
- I would add education for our high school students regarding what to anticipate and look for as young adults. Cancer affects all ages. Educate our students on symptoms, screenings, etc. this is important for them, but also gets the information into their homes. This is huge outreach for RMC!
- N/A

Q8: Do you believe the above data accurately reflects your community today? (Data presented in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	85.19%	23
No, the data does not reflect my community today	14.81%	4
Answered		27
Skipped		15

Comments:

- It is comparable to RWJ's County Health Ranking.
- We must find ways to make our area more enticing to health care providers. I know of multiple dentists who are having problems finding qualified hygienists, assistants, and partner dentists who want to come to Rhea County to live.
- I believe These numbers are off some
- Suicide rate breaks my heart
- We need more providers in all categories - primary care, dentistry and mental health
- I don't feel there are enough services for the medical needs of the homeless or for those without insurance.
- I do not know if data is correct.
- We are an underserved community.
- Not having access to the way the data was collected, I would have to assume it’s correct.

Q9: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Heart Disease	0	0	1	7	18	26	4.65
Cancer	0	1	0	7	18	26	4.62
Diabetes	0	0	1	9	16	26	4.58
Obesity	1	0	0	7	18	26	4.58
Mental Health	1	0	2	4	19	26	4.54
Alzheimer's and Dementia	0	1	4	7	14	26	4.31
Stroke	0	0	1	16	9	26	4.31
Women's Health	0	0	4	11	11	26	4.27
Dental	0	1	5	9	11	26	4.15
Kidney Disease	0	1	7	5	13	26	4.15
Lung Disease	0	0	8	7	11	26	4.12
Liver Disease	0	1	10	5	10	26	3.92
Other (please specify)						0	
						Answered	26
						Skipped	16

Q10: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Access to Healthy Food	0	0	1	8	17	26	4.62
Healthcare Services: Physical Presence	0	0	3	6	16	25	4.52
Healthcare Services: Affordability	0	0	3	7	15	25	4.48
Healthcare Services: Prevention	0	0	2	10	14	26	4.46
Affordable Housing	0	1	1	10	14	26	4.42
Education System	0	0	6	4	16	26	4.38
Employment and Income	0	0	5	7	14	26	4.35
Access to Childcare	1	0	3	9	13	26	4.27
Access to Senior Services	0	0	4	11	11	26	4.27
Access to Exercise/Recreation	0	1	3	13	9	26	4.15
Community Safety	0	2	5	8	11	26	4.08
Transportation	0	1	6	10	9	26	4.04
Social Isolation	0	3	3	11	8	25	3.96
Social Support	0	2	5	10	7	24	3.92
Other (please specify)						0	
						Answered	26
						Skipped	16

Q11: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	0	0	1	4	19	24	4.75
Smoking/Vaping/Tobacco Use	0	1	3	3	18	25	4.52
Diet	0	0	2	9	14	25	4.48
Physical Inactivity	0	0	3	11	11	25	4.32
Livable Wage	0	0	4	10	12	26	4.31
Excess Drinking	0	2	3	8	11	24	4.17
Employment	0	0	4	15	7	26	4.12
Risky Sexual Behavior	0	3	6	9	7	25	3.8
Other (please specify)						0	
						Answered	26
						Skipped	16

Q12: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, does not change daily behavior	34.78%	8
Noticeable impact, planning for changes to daily behavior	34.78%	8
Significant daily disruption, reduced access	26.09%	6
No impact, no change	4.35%	1
Severe daily disruption, immediate needs unmet	0.00%	0
	Answered	23
	Skipped	19

Q13: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Employment	73.91%	17
Social support systems	73.91%	17
Education	60.87%	14
Food security	47.83%	11
Access to healthcare services	39.13%	9
Childcare	39.13%	9
Poverty	30.43%	7
Housing	30.43%	7
Nutrition	26.09%	6
Public safety	21.74%	5
Transportation	8.70%	2
Racial and cultural disparties	8.70%	2
Other (please specify)	0.00%	0
	Answered	23
	Skipped	19

Q14: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	36.36%	8
Elective care (planned in advance opposed to emergency treatment)	36.36%	8
None of the above	31.82%	7
All types of healthcare services	9.09%	2
Specialty care (care and treatment of a specific health condition that require a specialist)	9.09%	2
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	9.09%	2
Urgent care/Walk-in clinics	4.55%	1
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	0.00%	0
Other (please specify)	4.55%	1
	Answered	22
	Skipped	20

Q15: How can healthcare providers, including Rhea Medical Center, continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	85.71%	18
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	76.19%	16
Offering alternatives to in-person healthcare visits via telehealth or virtual care	66.67%	14
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	61.90%	13
Sharing local patient and healthcare providers stories and successes with the community	23.81%	5
Other (please specify)	0.00%	0
	Answered	21
	Skipped	21

Q16: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	68.18%	15
Smartphone app to communicate with a healthcare provider	63.64%	14
Patient portal feature of your electronic medical record to communicate with a healthcare provder	59.09%	13
Virtual triage/screening option before coming to clinic/hospital	45.45%	10
Telephone visits with a healthcare provider	40.91%	9
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	31.82%	7
Other (please specify)	0.00%	0
	Answered	22
	Skipped	20

Q17: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	77.27%	17
Mental health	77.27%	17
Substance abuse services	68.18%	15
Specialty care	54.55%	12
Elder/senior care	50.00%	11
Women's health	45.45%	10
Chronic disease management programming	45.45%	10
Pediatrics/children's health	36.36%	8
EMS/Paramedic Service	27.27%	6
Urgent care/Walk-in clinics	22.73%	5
Emergency care	22.73%	5
Other (please specify)	4.55%	1
	Answered	22
	Skipped	20

Comments:

- County managed EMS/Paramedic Service

Q18: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

- None that you are not currently doing.
- Correct, reliable information
- Continue to build strategic partnerships with other organizations and nonprofits, school systems. Continue to prioritize the health services offered at RMC. Evaluate best practices and listen to community organizations.
- Continued education and outreach for COVID vaccinations, widely available free COVID testing
- Knowing what Rhea Medical can provide
- Our local and state dashboards have been helpful. Phone medical visits have been helpful. Requiring masks in medical facilities have, I hope, helped in preventing the spread of the virus. Overall, I feel our community has done an outstanding job with its responses.

- More mental health counselors available in school settings. Substance abuse programs aimed towards teens.
- Better and more concise local information sharing would be most beneficial. Thank you
- Address misinformation.