Rhea Medical Center

Rhea County, Tennessee

2025

Community Health Needs Assessment

Approved by Board: *June 16th, 2025*

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Executive Summary

Rhea Medical Center ("RMC" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 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 was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs in Rhea County identified by this assessment are:

- Behavioral Health
- Health Prevention and Education
- Access to Healthcare Services

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

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

CHNA Process

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. 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 community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report, with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Human Resources & Services Administration – HRSA
- Tennessee Department of Health

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public 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 economic, racial, and geographically diverse population. Fifty-three (53) survey responses from community members were gathered between January and February 2025, and 28 local experts participated in focus groups in February 2025.

Community Input

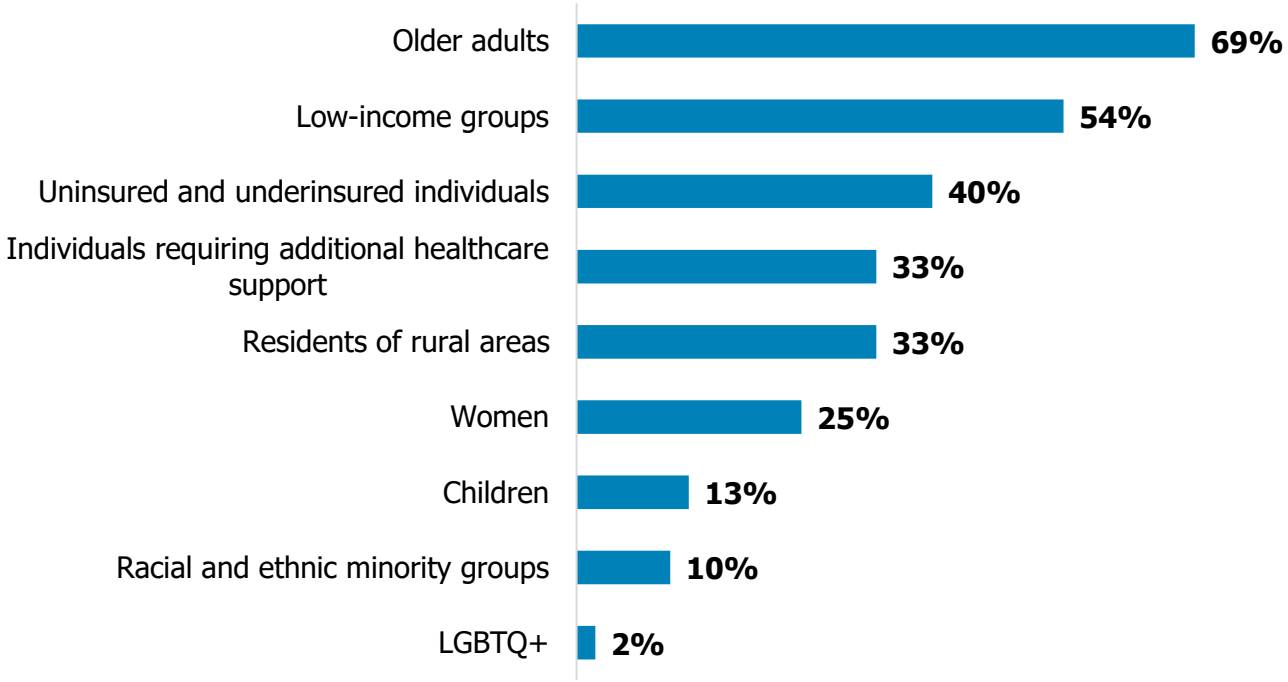
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age and race/ethnicity to ensure a diverse range of responses were collected. Local Experts from a range of community organizations also participated in focus groups to discuss the top health challenges and priorities in Rhea County. Twenty-eight individuals from the following groups participated in focus groups:

- Bryan College
- Clyde W. Roddy Public Library
- Dayton Chamber of Commerce
- Dayton City Government
- Erlanger
- Rhea County Community Center (RC3)
- Rhea County
    - Government (Executive, Judge)
    - Health Department
    - Department of Tourism
- Rhea County United Way
- Rhea Economic Tourism Council
- Rhea Herald News
- Local parishes and religious organizations
- Other local industry and employer representatives

Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

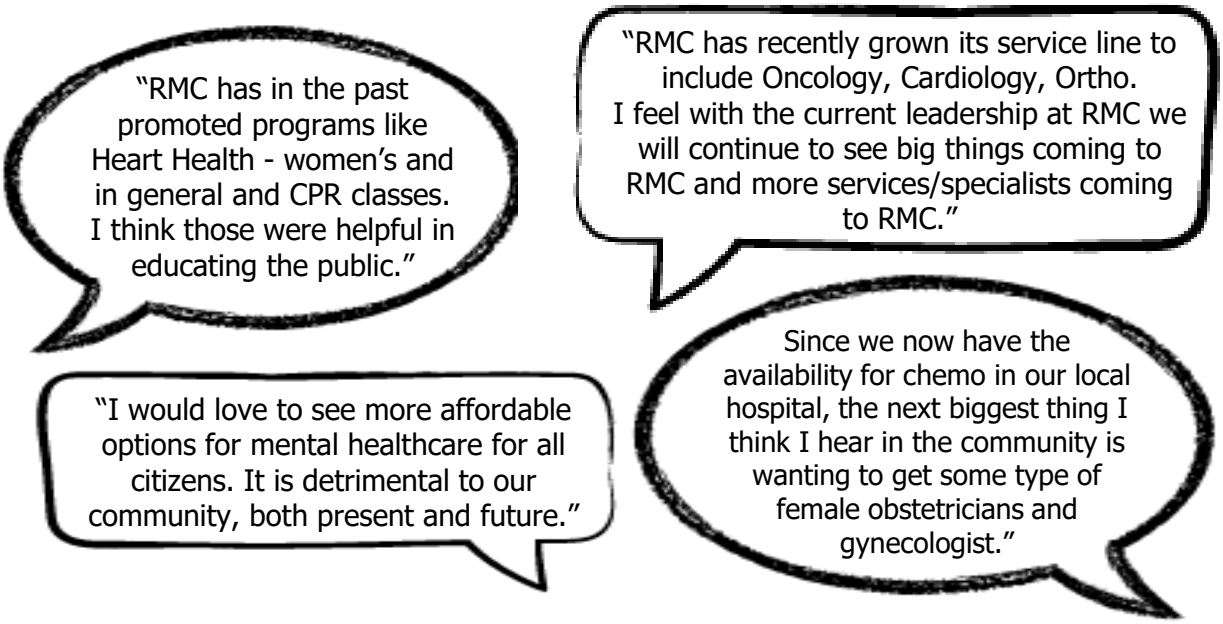
- The top three priority populations identified were older adults (65+), low-income groups, and uninsured/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Mental Health | Lack of Transportation | Access to Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by RMC since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below, along with a selection of survey responses.

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



Impact of Actions to Address the 2022 Significant Health Needs

- Cancer Center opened in 2024 to provide local access to Medical Oncology services, so patients no longer need to travel for care.
- RMC staff and providers work with local schools and employers to provide free or discounted physicals and vaccinations onsite.
- RMC hosts a range of community education and wellness events including participating in Spring Family Fun Day, the county fair, Strawberry Festival, and community Health Fair.

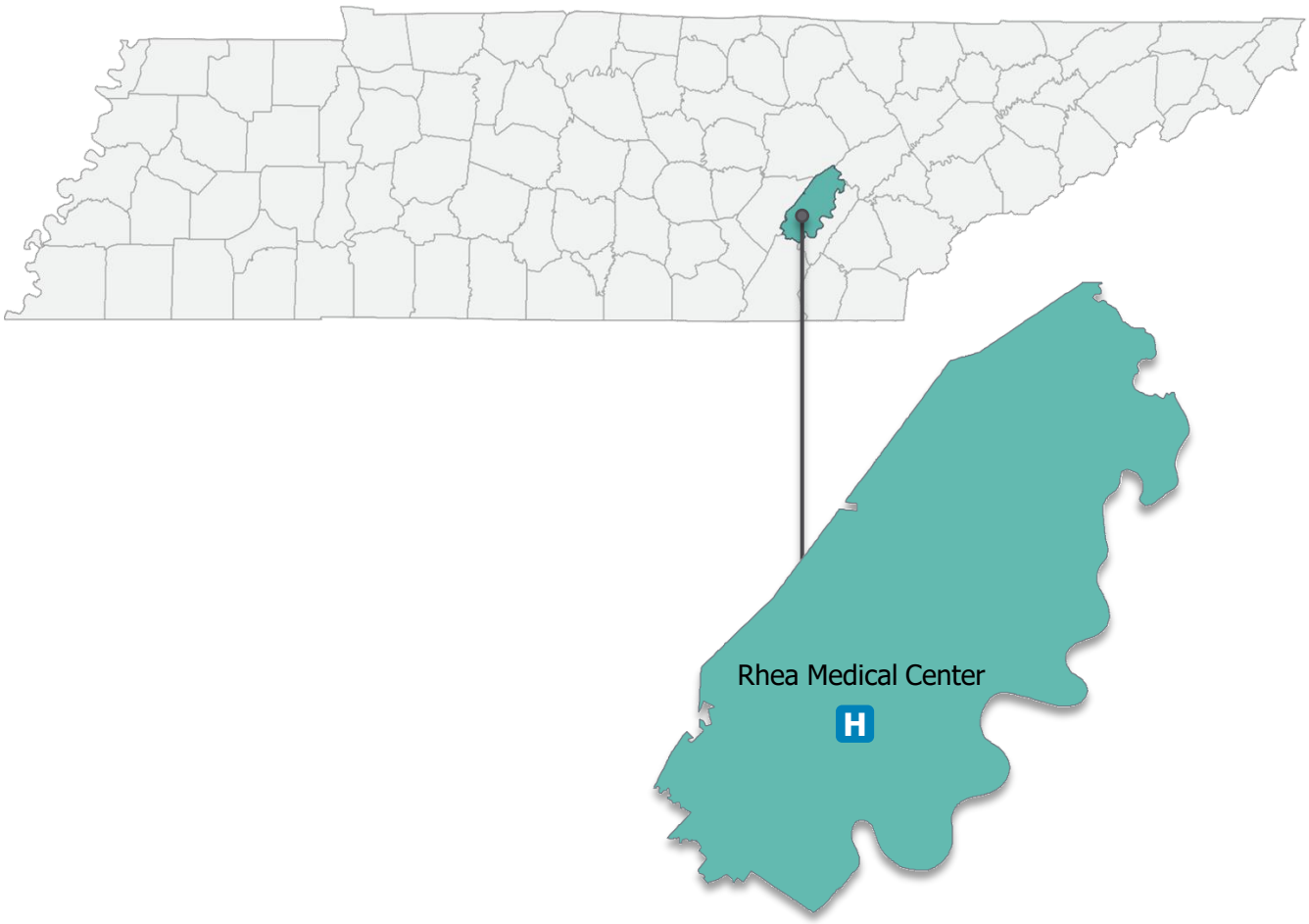
Community Served

The service area in this assessment is defined as Rhea County, Tennessee. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, RMC is centrally located within Rhea County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

Service Area

Rhea County, Tennessee

Total Population: **33,924**



Source: County Health Rankings 2025 Report

Service Area Demographics

	Rhea County	Tennessee
Demographics		
Total Population	33,924	7,126,489
Age		
Below 18 Years of Age	21.6%	22.0%
Ages 19 to 64	58.6%	60.5%
65 and Older	19.8%	17.4%
Race & Ethnicity		
Non-Hispanic White	88.4%	72.0%
Non-Hispanic Black	2.1%	16.1%
American Indian or Alaska Native	0.7%	0.6%
Asian	0.7%	2.1%
Native Hawaiian or Other Pacific Islander	0.1%	0.1%
Hispanic	6.5%	7.5%
Gender		
Female	50.2%	51.0%
Male	49.8%	49.0%
Geography		
Rural	70.5%	33.8%
Urban* (Non-Rural)	29.5%	66.2%
Income		
Median Household Income	$57,682	$67,651

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

53 surveys completed by community members

28 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

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. 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 prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

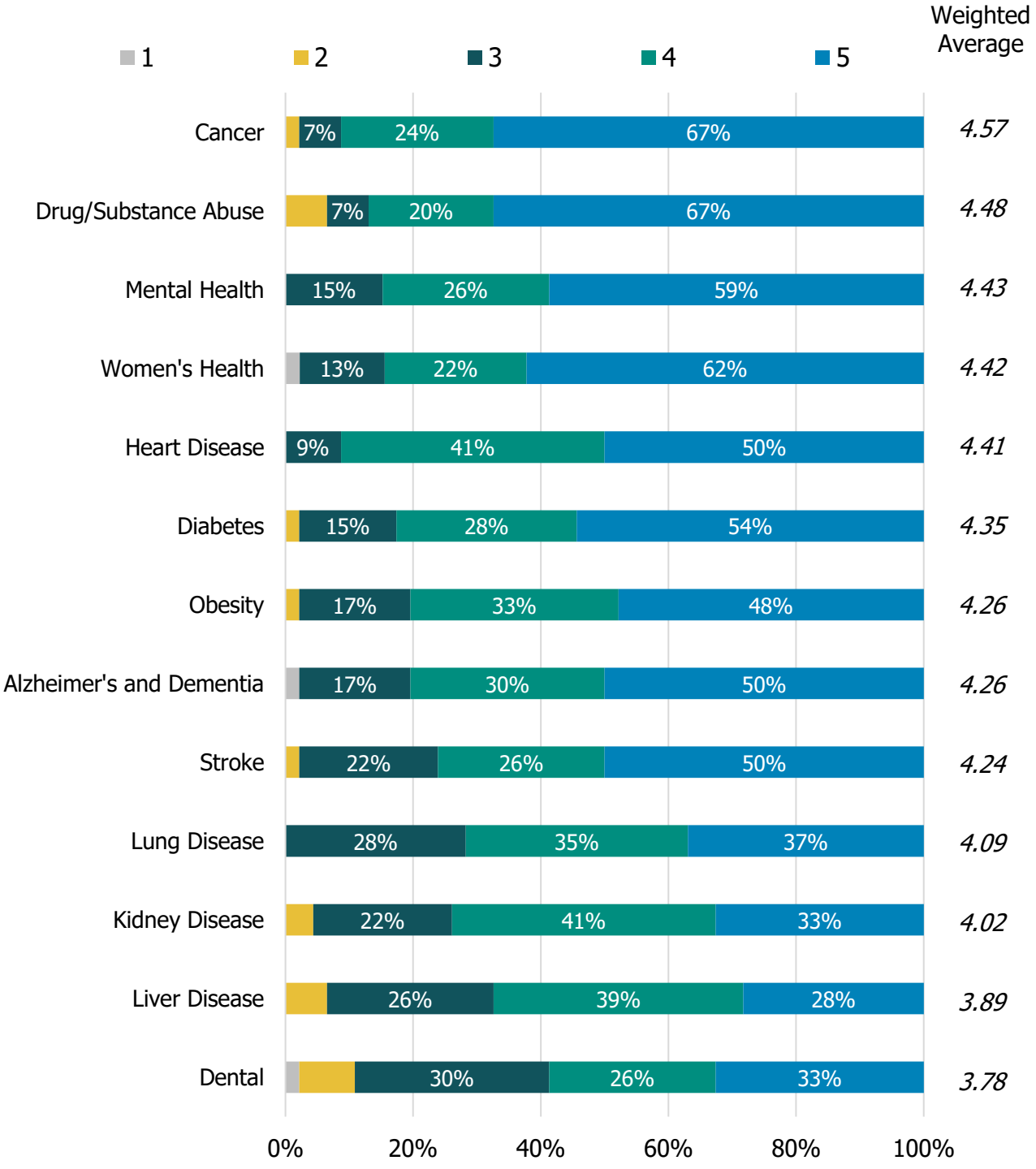
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

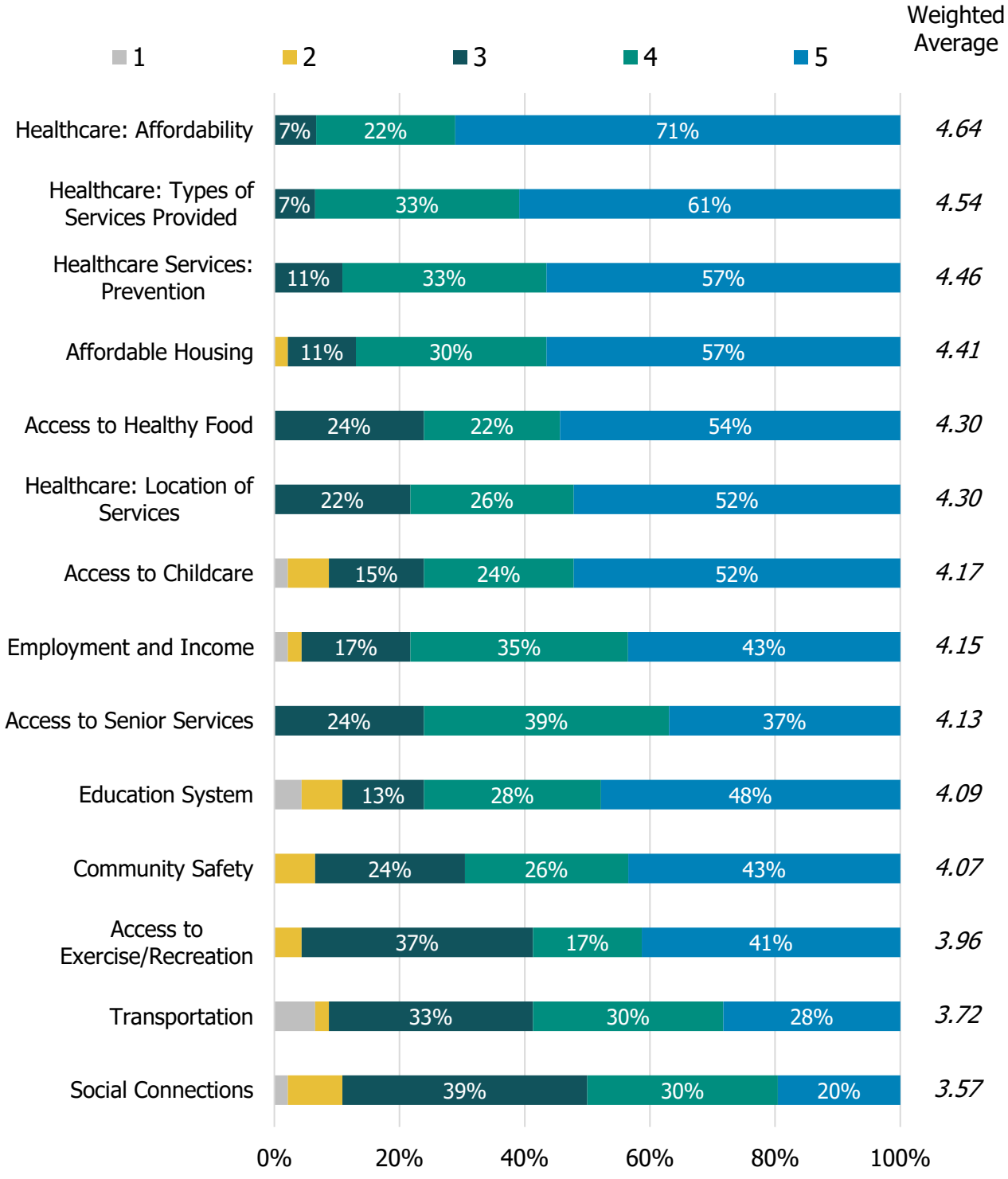
Health Factors

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



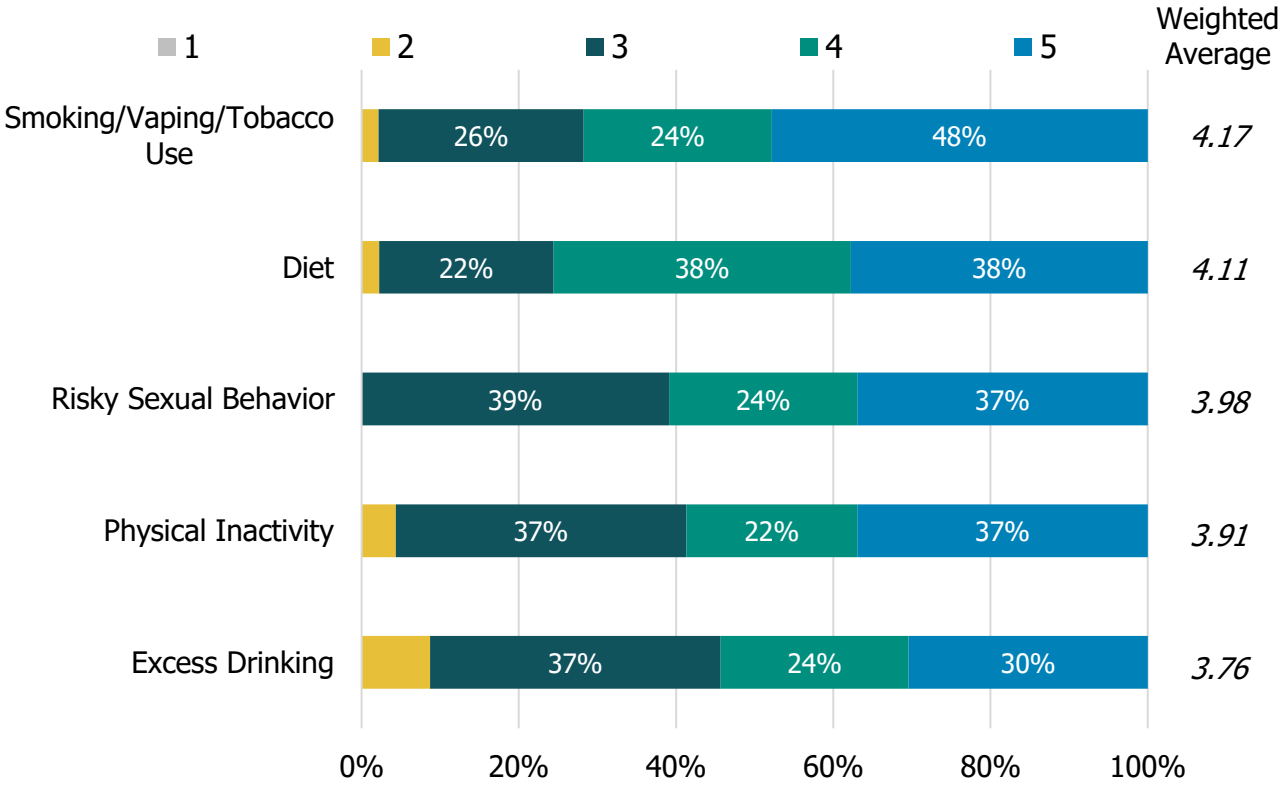
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.64	93.3%
Cancer	4.57	91.3%
Healthcare: Types of Services Provided	4.54	93.5%
Drug/Substance Abuse	4.48	87.0%
Healthcare Services: Prevention	4.46	89.1%
Mental Health	4.43	84.8%
Women's Health	4.42	84.4%
Heart Disease	4.41	91.3%
Affordable Housing	4.41	87.0%
Diabetes	4.35	82.6%
Healthcare: Location of Services	4.30	78.3%
Access to Healthy Food	4.30	76.1%
Alzheimer's and Dementia	4.26	80.4%
Obesity	4.26	80.4%
Stroke	4.24	76.1%
Access to Childcare	4.17	76.1%
Smoking/Vaping/Tobacco Use	4.17	71.7%
Employment and Income	4.15	78.3%
Access to Senior Services	4.13	76.1%
Diet	4.11	75.6%
Lung Disease	4.09	71.7%
Education System	4.09	76.1%
Community Safety	4.07	69.6%
Kidney Disease	4.02	73.9%
Risky Sexual Behavior	3.98	60.9%
Access to Exercise/Recreation	3.96	58.7%
Physical Inactivity	3.91	58.7%
Liver Disease	3.89	67.4%
Dental	3.78	58.7%
Excess Drinking	3.76	54.3%
Transportation	3.72	58.7%
Social Connections	3.57	50.0%

Focus Group Feedback

Community focus groups were held in February 2025 with local experts and community leaders to gather qualitative insights into the most pressing health needs, challenges, and barriers to care in Rhea County. These discussions provided an opportunity to capture diverse perspectives, identify emerging trends, and validate quantitative data findings. The feedback from these sessions informed the prioritization of health needs, resource allocation, and targeted interventions that align with the unique needs of the community.

Summary of Focus Group Top Priorities

- Behavioral Health – mental health and drug/substance abuse are both major community problems. They are enhanced by limited access to services and long wait times for inpatient care. More focus can be put on developing collaborations among community organizations to tackle behavioral health challenges with a focus on prevention and stigma reduction.

- Health Prevention and Education – many populations in the community lack education and awareness of how to access local services, healthy behaviors, and understanding diagnosis and treatment plans. A focus should be put on additional outreach opportunities in community spaces including the library, food banks, and local churches. Important topics to address include nutrition, exercise, and what healthcare services are provided locally.

- Access to Local Healthcare Services – there is an importance of continuing to provide local healthcare services including a range of specialty care options to limit patients need to travel for care. Transportation is seen as a large barrier for elderly and rural residents to leave the county for services. Women's health was identified as a top service line that needs to be expanded locally as mothers and women are often leaving the county or delaying care.

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Rhea County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Rhea County to that of Tennessee can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #6 community-identified health priority with 85% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Rhea County is 15.7 which is lower than the Tennessee average (CDC Final Deaths).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to 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 County	Tennessee
Suicide Mortality Rate per 100,000 (2022)	15.7	17.0
Poor Mental Health Days past 30 days (2022)	6.7	6.3
Population per 1 Mental Health Provider (2024)	2,827:1	500:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #4 priority with 87% of survey respondents rating it as an important factor to address in the community. Additionally, 54% of respondents think excessive drinking and 72% think that smoking and tobacco use are major issues in the community.

Rhea County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is similar to Tennessee's (18%) and its smoking rate is higher than the state's (24% and 19% respectively).

	Rhea County	Tennessee
Drug-Related Overdose Deaths per 100,000 (2020-2022)	45.9	51.0
Excessive Drinking (2022)	17.6%	18.1%
Alcohol-Impaired Driving Deaths (2018-2022)	17.9%	24.6%
Adult Smoking (2022)	24.4%	19.2%

Source: County Health Rankings 2025 Report

Chronic Diseases

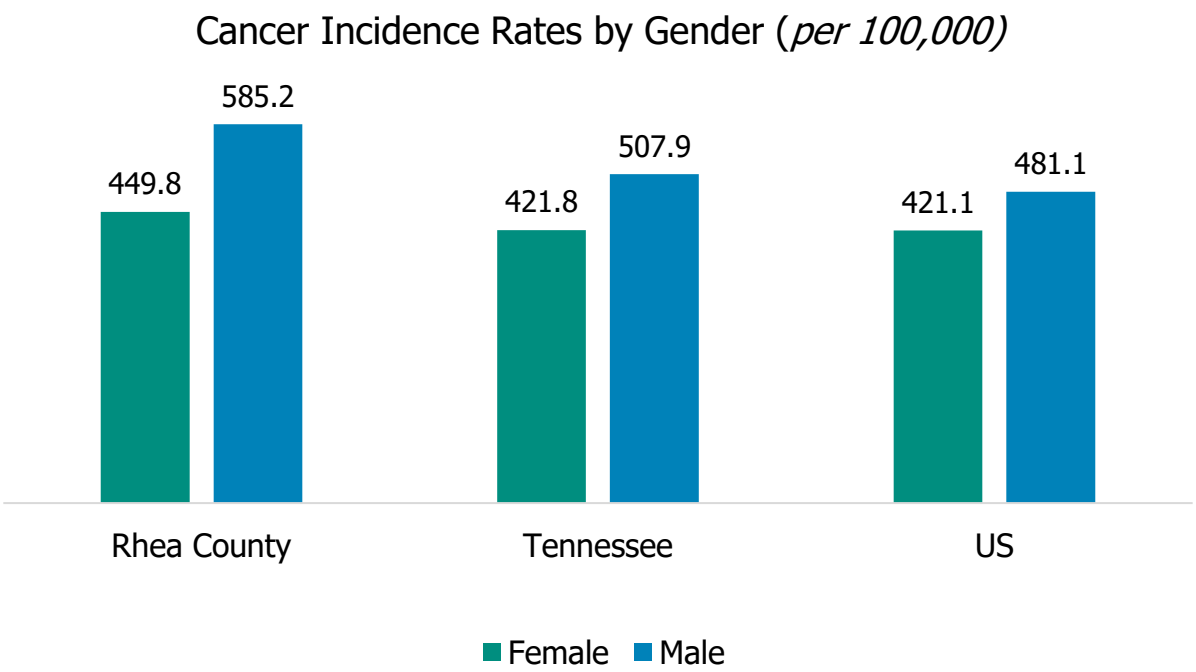
Cancer

Cancer was identified as the #2 community health issue with 91% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Rhea County (CDC Final Deaths). Additionally, 33% of survey respondents said they would like to see additional access to cancer care in Rhea County.

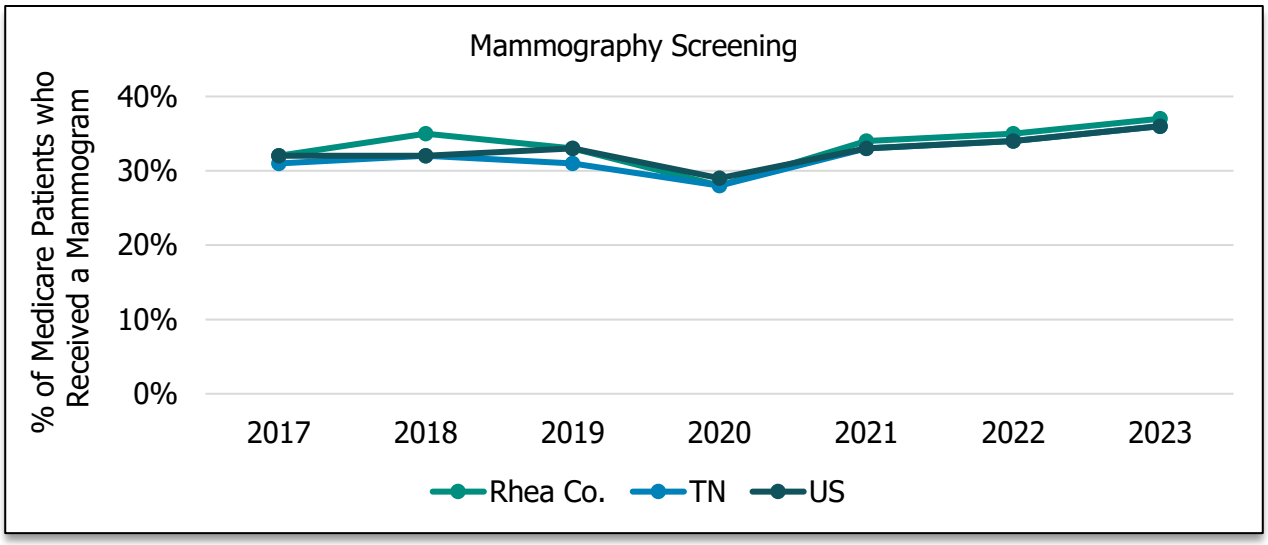
When looking across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors, including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

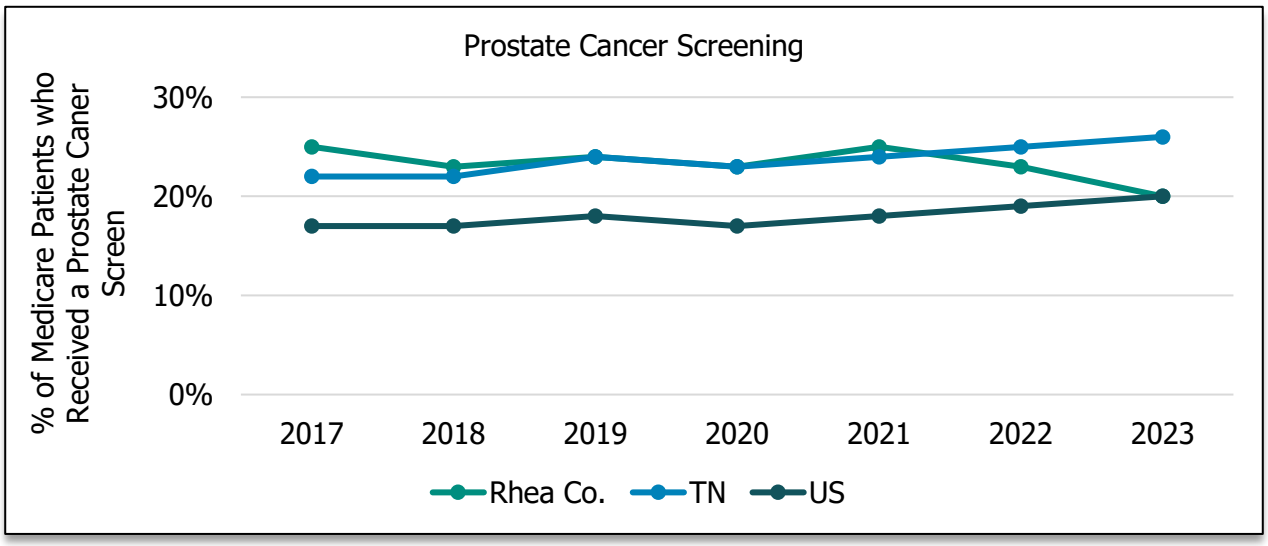
	Rhea County	Tennessee
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	509.3	457.3
Cancer Mortality Rate per 100,000 (2022)	207.7	166.3

Source: CDC, National Cancer Institute



The rate of Medicare enrollees (women age 65+) in Rhea County who have received a mammogram in the past year similar to the Tennessee and US averages. These rates have been increasing in recent years after a downward dip in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Rhea County has had a lower prostate cancer screening rate in the past year compared the state with rates decreasing in recent years.



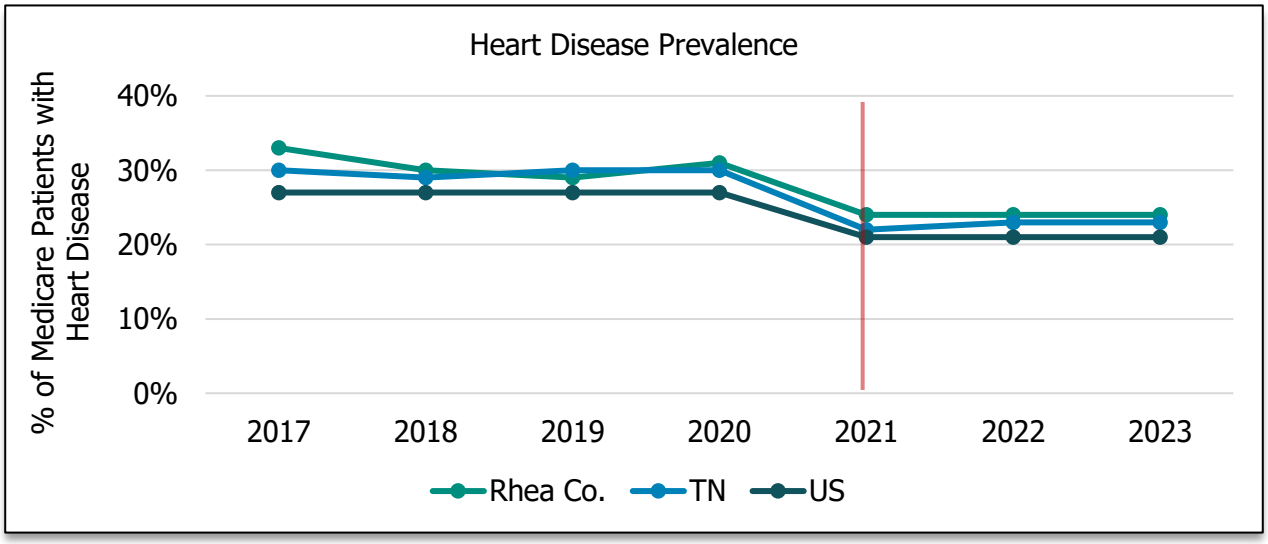


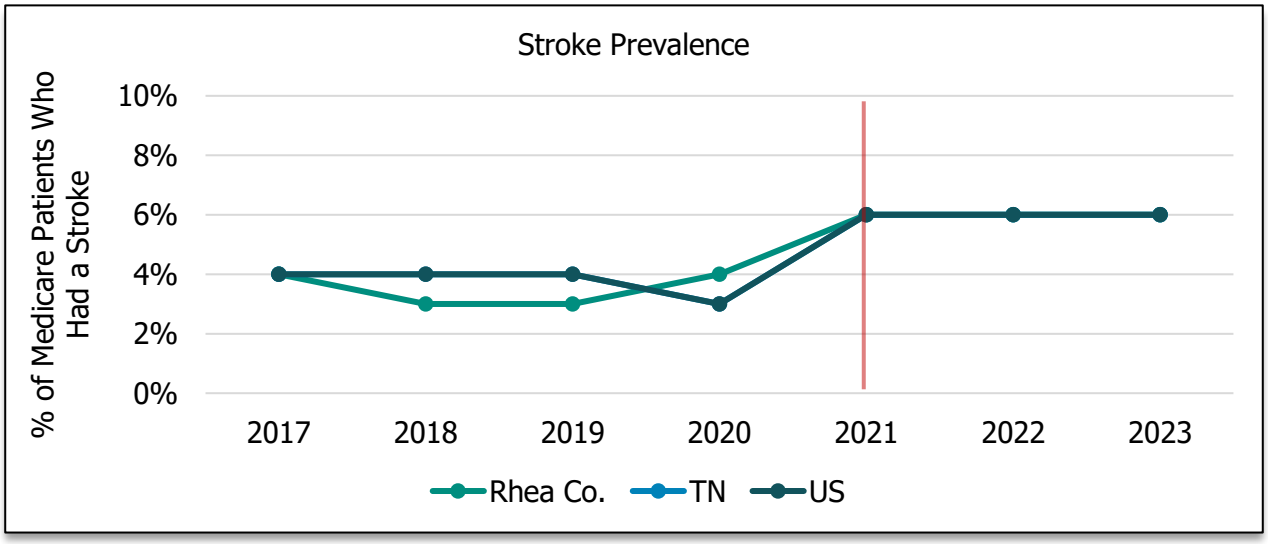
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Rhea County and the county has a mortality rate higher than the state (251.2 compared to 223.8 per 100,000 respectively) (CDC Final Deaths). Stroke is the 5th leading cause of death in Rhea County with a mortality rate of 52.3 per 100,000 compared to 46.2 in the state (CDC Final Deaths).

In the Medicare population, Rhea County has a similar prevalence of both heart disease and stroke as Tennessee. In the community survey, 30% of respondents said they would like to see additional cardiology services available in Rhea County.





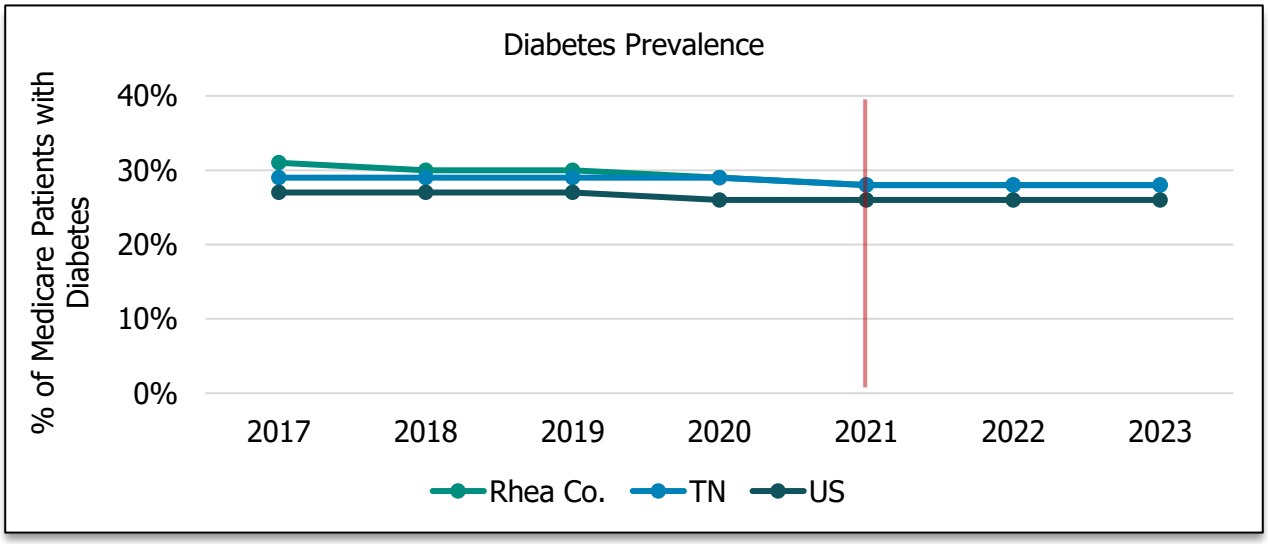
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Rhea County is similar to Tennessee, though the county sees a diabetes mortality rate higher than the state (CDC Final Deaths). When evaluating the Medicare population, Rhea County has a similar prevalence of diabetes compared to the state though rates have remained stable over the past decade.

	Rhea County	Tennessee
Diabetes Mortality Rate per 100,000 (2022)	39.6	31.4
Diabetes Prevalence (2022)	13.3%	13.0%

Source: CDC Final Deaths, County Health Rankings 2025 Report



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Rhea County, adults have similar rates of obesity as Tennessee on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as limited access to health foods. This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Rhea County	Tennessee
Adult Obesity (2022)	39.3%	39.1%
Limited Access to Healthy Foods (2019)	11.6%	8.9%
Physical Inactivity (2022)	31.9%	26.5%
Access to Exercise Opportunities (2024)	45.8%	67.9%

Source: County Health Rankings 2025 Report

Healthcare Access

Access & Affordability

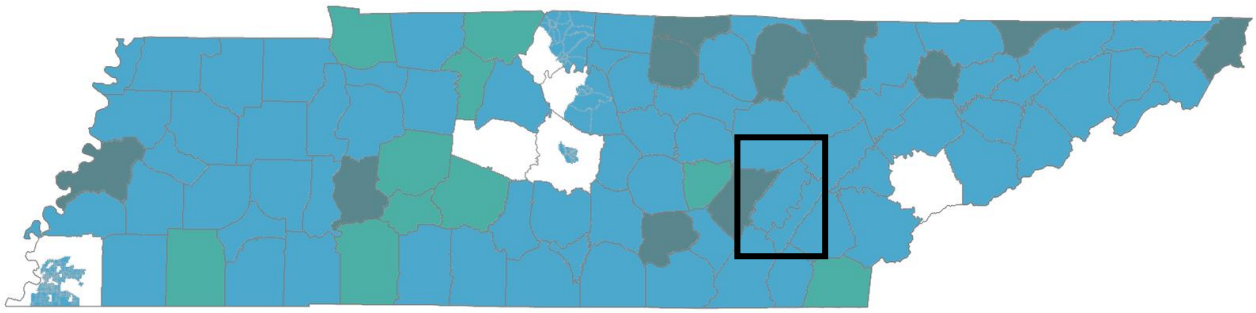
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Rhea County has a lower household income than the Tennessee average and also has a higher uninsured population than the state. Additionally, Rhea County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Rhea County	Tennessee
Uninsured Population (2022)	15.9%	13.2%
Population per 1 Primary Care Physician (2021)	2,761:1	1,437:1
Population per 1 Primary Care Provider (APP) (2024)	969:1	542:1
Population per 1 Dentist (2022)	3,748:1	1,779:1

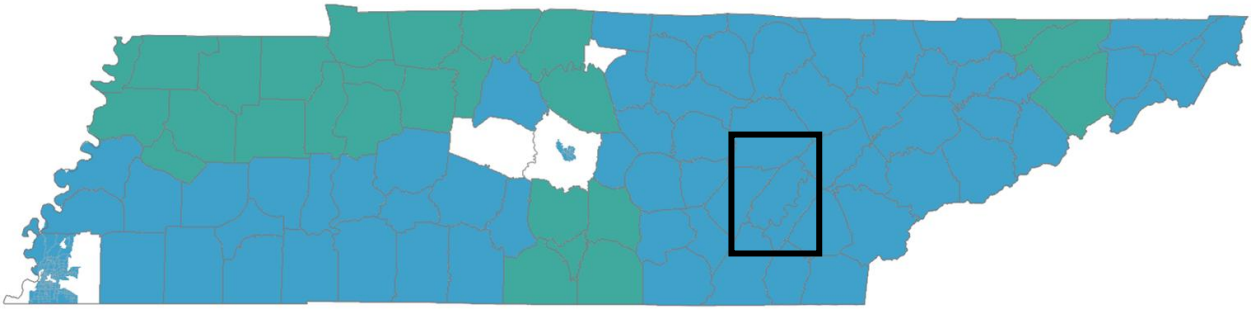
Source: County Health Rankings 2025 Report

Tennessee Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



HPSA Population: *a shortage of services for a specific population subset within an established geographic area*

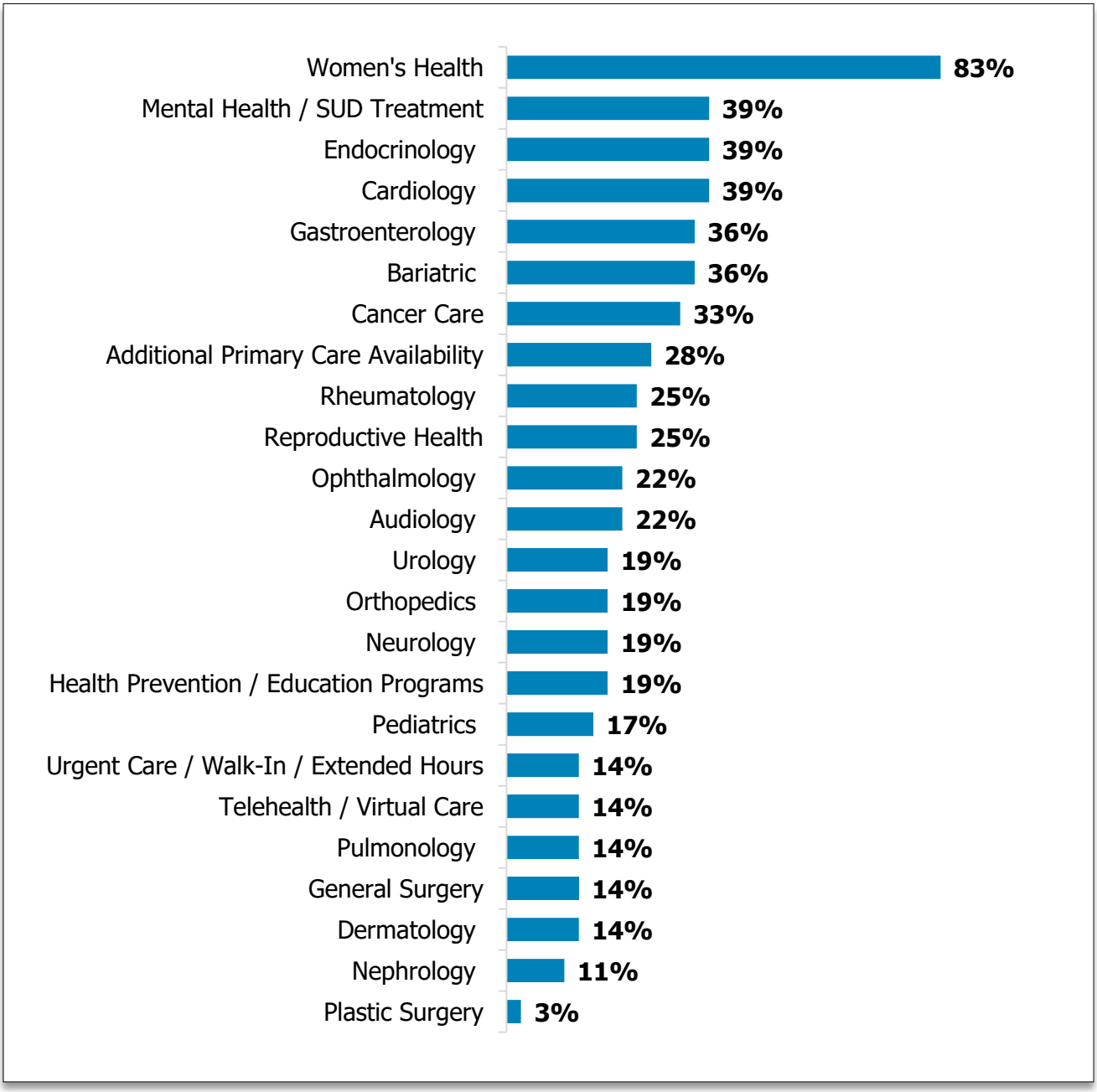
Geographic HPSA: *a shortage of services for the entire population within an established geographic area*

High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

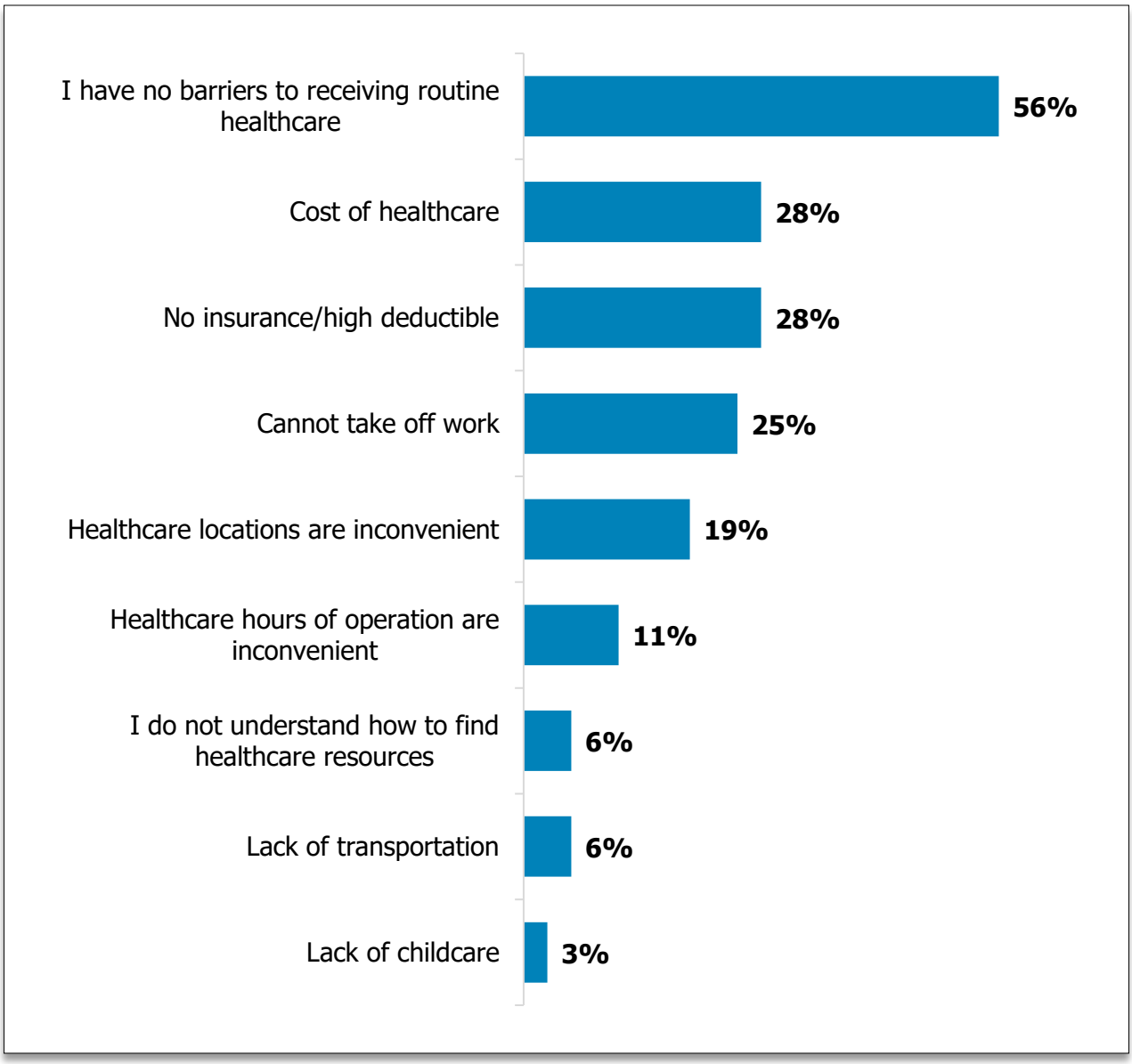
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Women's Health was the top identified service need with 83% of respondents saying they would like to see it available in Rhea County followed by Mental Health/Substance Abuse Treatment (39%), Endocrinology (39%) and Cardiology (39%).

Survey Question: What additional services/offerings would you like to see available in Rhea County? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare and no insurance/high deductible were the top barriers identified by 28% of respondents. The majority of respondents (56%) reported that they had no barriers to receiving routine healthcare.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



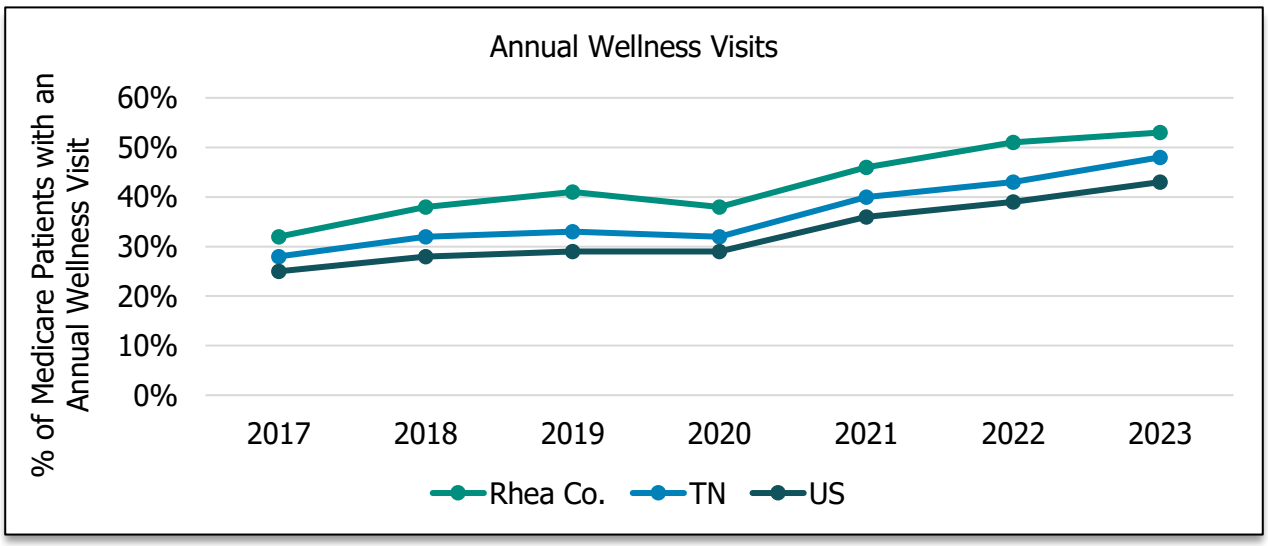
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 19% of respondents said they would like to see additional health prevention and education programs available in the community.

Rhea County has lower annual mammography screening and lower flu vaccine adherence rates than the state and also sees lower rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). The rate of annual wellness visits in the Medicare population is higher in Rhea County than in the state, and rates have been increasing in recent years.

	Rhea County	Tennessee
Preventable Hospital Stays per 100,000 (2022)	2,302	2,828
Mammography Screening (2022)	42.0%	44.0%
Flu Vaccination (2022)	40.0%	49.0%

Source: County Health Rankings 2025 Report



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

Women's Health

Rural communities face significant barriers to women's health, including provider shortages, long travel distances, and financial constraints, which limit access to preventive care, maternity services, and chronic disease management. This lack of access contributes to poorer health outcomes, such as higher rates of late-stage cancer diagnoses, maternal complications, and untreated chronic conditions. Strengthening women's health services improves maternal and infant health while also supporting the local workforce and promoting long-term community sustainability.

	Rhea County	Tennessee
Female Population (2023)	50.2%	51.0%
Low Birthweight Births per 1,000 Live Births (2018-2022)	54	89
Preterm Births per 1,000 Live Births (2018-2022)	79	110
Cesarean Births per 1,000 Live Births (2018-2022)	289	320

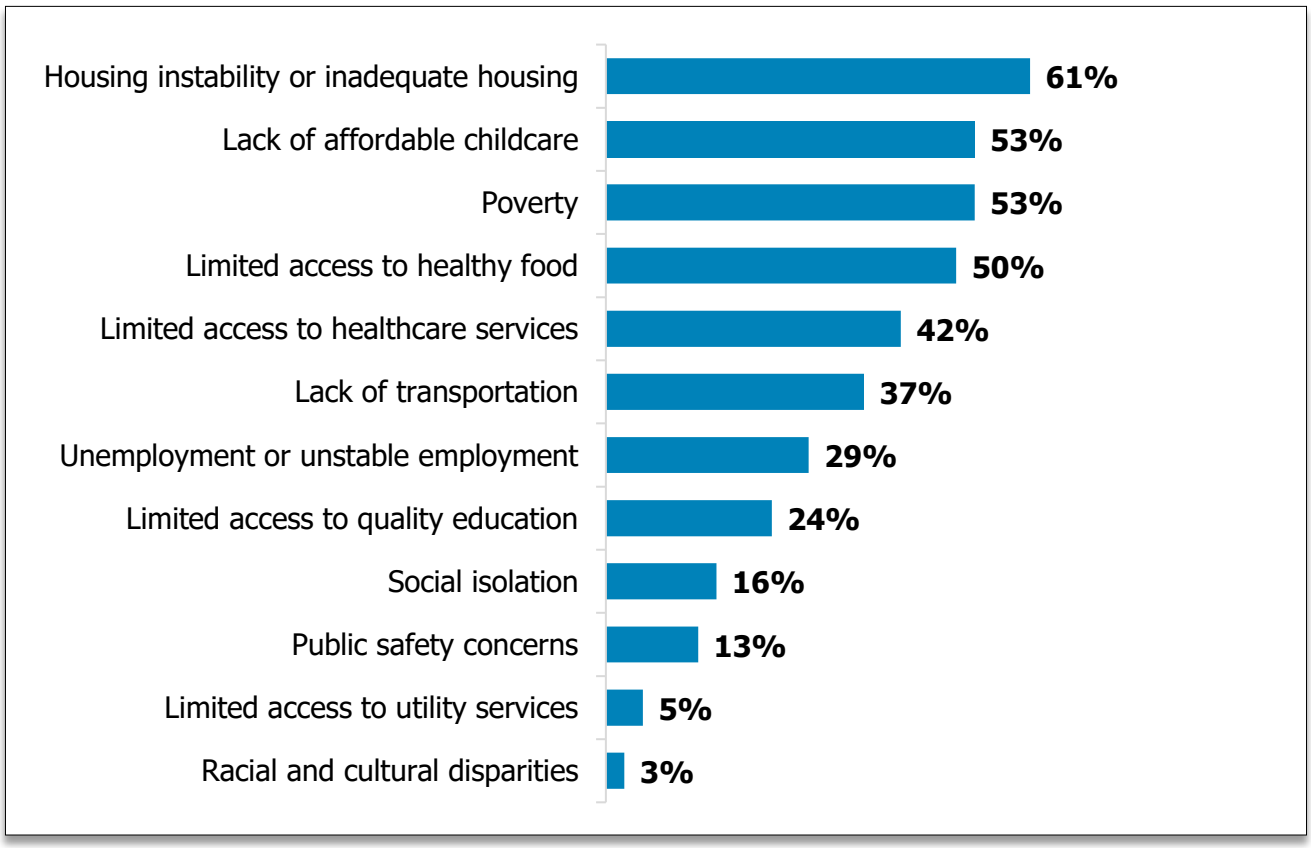
Source: County Health Rankings 2025 Report, TN Department of Health

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Rhea County. The top SDoH identified was housing instability or inadequate housing with 61% of survey respondents identifying it as negatively impacting the community's health followed by lack of affordable childcare, poverty, and limited access to healthy food.

Survey Question: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Rhea County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 10% of Rhea County residents spend 50% or more of their household income on housing.

	Rhea County	Tennessee
Severe Housing Problems (2017-2021)	10.2%	13.3%
Severe Housing Cost Burden (2019-2023)	10.3%	12.3%
Broadband Access (2019-2023)	88.9%	87.4%

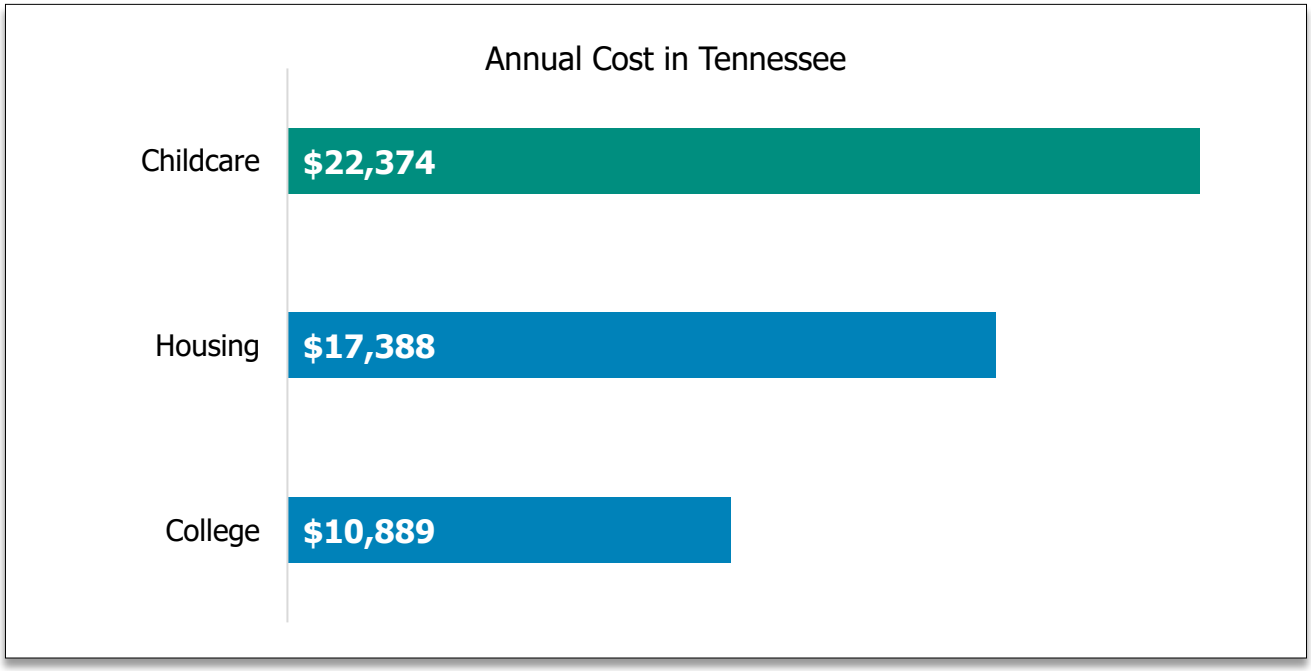
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in Tennessee is $11,985. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Rhea County, 22% of household income is required for childcare expenses and there are 5 childcare centers for every 1,000 children under age 5 in the county compared to 9 in the state.

	Rhea County	Tennessee
Children in Single-Parent Households (2019-2023)	28.0%	27.3%
Child Care Cost Burden - % of HHI used for childcare (2024)	21.7%	22.4%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	5.3	9.0

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Rhea County	Tennessee
Median Household Income (2023)	$57,682	$67,651
High School Completion (2019-2023)	84.1%	89.6%
Some College – includes those who had and had not attained degrees (2019-2023)	42.1%	63.4%
Unemployment (2023)	4.5%	3.3%
Children in Poverty (2023)	21.4%	18.9%

Source: County Health Rankings 2025 Report

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 U.S. averages

Identified by the Community

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

Feasibility of Being Addressed

Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Equity

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

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Healthcare: Affordability	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Healthcare: Types of Services Provided	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare Services: Prevention	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Women's Health		✓	✓	✓
Heart Disease	✓	✓	✓	✓
Affordable Housing		✓		✓
Diabetes	✓	✓	✓	✓

Implementation Strategy

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, RMC identified three top community health priorities: Behavioral Health, Health Prevention and Education, and Access to Healthcare Services. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals, objectives, and summarizes existing programs and services that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes. RMC has focused this action plan on the healthcare needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and transportation.

Behavioral Health

Relevant Needs Addressed:

- Drug/Substance Abuse
- Mental Health
- Healthcare: Types of Services Provided
- Healthcare Services: Prevention

Health Prevention and Education

Relevant Needs Addressed:

- Healthcare Services: Prevention
- Cancer
- Heart Disease
- Diabetes

Access to Healthcare Services

Relevant Needs Addressed:

- Women's Health
- Healthcare: Affordability
- Healthcare: Types of Services Provided

Behavioral Health

RMC Services and Programs Committed to Respond to This Need

- Telepsychiatry: Crisis services are available via virtual care for patients in need of immediate behavioral health support.
- Community Collaboration: RMC participates in the community behavioral health coalition with other local organizations to address share priorities.
- Connection to Care: Staff and providers coordinate referrals to behavioral health services and community resources for patients when needed.
- Education and Awareness: RMC shares articles and educational materials on their website and social media during Mental Health Awareness Month to inform patients of the signs and symptoms of mental health concerns in themselves and others.
- Advocacy: Leadership at RMC is working at the state level to advocate for better mental health policy.
- Pain Management: The Pain Management Center at RMC provides comprehensive pain treatment programs for patients with chronic pain with a focus on safe medication management, storage, and disposal.

Goals and Future Actions to Address this Significant Health Need

Goal: Improve behavioral health outcomes through care coordination and community partnerships.

- Enhance pathways for emergency and crisis behavioral healthcare to connect with telepsychiatry services and community resources to reduce emergency department holds and improve patient outcomes.
- Strengthen community collaboration and support to build partnerships and ensure patients can access resources.
- Continue to implement community education campaigns focused on mental health awareness, early intervention, and stigma reduction.

Other Local Organizations Available to Respond to This Need

- Civic Partners: United Way, Rotary, Chamber of Commerce, Churches, Food Bank
- Rhea Mental Health Center
- Southeast Tennessee Human Resource Agency (SETHRA)
- The Care Center

Health Education and Prevention

RMC Services and Programs Committed to Respond to This Need

- Educational Outreach: Quarterly newsletter with healthy recipes and fitness tips distributed to households. Local education sessions like Healthy Kids Day, Farm/City Day, heart-healthy eating classes, and diabetes management classes. Diabetic education classes and outpatient nutritional counseling. Health awareness articles and prevention information included on hospital website.
- Wellness and Screening Services: Physicals and vaccines provided at local industries and schools. Regular screening services offered by primary care providers, including breast, cervical, prostate, and colorectal cancer screenings. State-of-the-art screening technology including PET scans, nuclear medicine, infusion therapy, and cardiopulmonary services for early disease detection and management.
- Community Partnerships and Support: Sponsorship of local events and educational events with Rhea County Community Center (RC3). Collaboration with local health departments to leverage grants for cancer screenings and outreach.
- Specialized Programs and Services: Comprehensive heart program including EKG, stress testing, cardiopulmonary services, echocardiography, and respiratory therapy. CPR training program for community members. Pain management services for chronic conditions. Cancer Center provides medical oncology services.

Goals and Future Actions to Address this Significant Health Need

Goal: Promote healthier lifestyles and health literacy in Rhea County through targeted education and coordinated prevention efforts within the community.

- Expand community health education and awareness through hosting education session, classes, and developing digital engagement campaigns.
- Strengthen preventative health screening and early detection through continuous enhancement of technologies and outreach to the community.

Other Local Organizations Available to Respond to This Need

- Civic Partners: United Way, Rotary, Chamber of Commerce, Churches, Food Bank
- RC3
- Rhea Medical Healthcare Foundation
- The Care Center

Access to Healthcare Services

RMC Services and Programs Committed to Respond to This Need

- Specialty Care: RMC offers a range of specialty care services locally, including Cardiology, Medical oncology, Orthopedics, Pain Management, and more.
- Primary Care: RMC offers primary care services in both Dayton and Spring City. Providers offer a wide range of services including wellness visits, screening exams, diabetes management, nutritional services, women's health care, and more.
- Rhea Medical Center Foundation: The RMC Foundation provides support to enhance the level of services provided at RMC including the Hologic Selenia Dimensions Digital Mammography Unit, Digital Bone Mineral Density Scanner, Neoprobe 2000 Gamma Detection System, and C-Arm Fluoroscope.
- Financial Assistance: A financial assistance program is available for RMC patients up to 300% of the federal poverty line. Financial Counselors are available to answer billing questions, help patients apply for financial assistance, and provide insurance guidance.
- Medical Technology: RMC offers state-of-the-art surgical services locally in Rhea County utilizing the Mako SmartRobotics Total Knee and Hip Replacmenet Robot.

Goals and Future Actions to Address this Significant Health Need

Goal: Ensure that community members have access to quality healthcare services close to home.

- Continuously recruit medical staff to expand access to appointments and specialty services to limit patients need to travel for care.
- Explore sustainable options to expand local access to women's health services.
- Continue to leverage the RMC Foundation and community partners to provide high quality services, technologies, and prevention services.

Other Local Organizations Available to Respond to This Need

- Erlanger Health System
- Rhea Medical Healthcare Foundation
- The Care Center

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the 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's mortality rates are compared to the Tennessee state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Rhea County	Tennessee	U.S.
Heart Disease	251.2	223.8	173.8
Cancer	207.7	166.3	146.6
Lung	71.7	51.3	34.7
Accidents	70.4	100.5	64.7
Stroke	52.3	46.2	41.1
Diabetes	39.6	31.4	25.4
Alzheimer's	39.0	37.7	31.0
Flu - Pneumonia	26.7	14.9	10.5
Kidney	15.9	14.9	13.6
Suicide	15.7	17.0	14.1
Liver	13.7	17.2	14.5
Hypertension	11.4	13.1	10.7
Blood Poisoning	10.1	12.5	10.2
Parkinson's	9.9	10.8	9.8
Homicide	3.6	12.2	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Rhea	Tennessee	US Overall
Length of Life			
Premature Death*	**13,334**	11,636	8,400
Life Expectancy*	**71**	74	77
Quality of Life			
Poor or Fair Health	**25%**	19%	17%
Poor Physical Health Days	**5.4**	4.7	3.9
Poor Mental Health Days	**6.7**	6.3	5.1
Low Birthweight*	**7%**	9%	8%
Health Behaviors			
Adult Smoking	**24%**	19%	13%
Adult Obesity	**39%**	39%	34%
Limited Access to Healthy Foods	**12%**	9%	6%
Physical Inactivity	**32%**	27%	23%
Access to Exercise Opportunities	**46%**	68%	84%
Excessive Drinking	**18%**	18%	19%
Alcohol-Impaired Driving Deaths	**18%**	25%	26%
Drug Overdose Deaths*	**46**	51	31
Sexually Transmitted Infections*	**329**	538	495
Teen Births *(per 1,000 females ages 15-19)*	**32**	23	16
Clinical Care			
Uninsured	**16%**	13%	10%
Primary Care Physicians (MDs & DOs)	**2761:1**	1437:1	1,330:1
Other Primary Care Providers (APPs)	**969:1**	542:1	710:1
Dentists	**3748:1**	1779:1	1,360:1
Mental Health Providers	**2827:1**	500:1	300:1
Preventable Hospital Stays*	**2,302**	2,828	2,666
Mammography Screening	**42%**	44%	44%
Flu Vaccinations	**40%**	49%	48%
Social & Economic Factors			
High School Completion	**84%**	90%	89%
Some College	**42%**	63%	68%
Unemployment	**5%**	3%	3.6%
Children in Poverty	**21%**	19%	16%
Children in Single-Parent Households	**28%**	27%	25%
Injury Deaths*	**109**	115	84
Child Care Cost Burden *(% of HHI used for childcare)*	**22%**	22%	28%
Child Care Centers *(per 1,000 under age 5)*	**5**	9	7
Physical Environment			
Severe Housing Problems	**10%**	13%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	**37%**	36%	37%
Severe Housing Cost Burden *(50% or more of HHI)*	**10%**	12%	15%
Broadband Access	**89%**	87%	90%

***Per 100,000 Population**

Key (Legend)

- Better than TN
- Same as TN
- Worse than TN

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	May 2025	2013-2022
CDC Final Deaths	Top 15 causes of death	May 2025	2022
Bureau of Labor Statistics	Unemployment rates	May 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	May 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	May 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	May 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	May 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	May 2025	2025
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	May 2025	2023
TN Department of Health	Maternal and infant health outcomes	May 2025	2022
Center for Housing Policy	Impacts of affordable housing on health	May 2025	2015
Child Care Aware	Childcare costs	May 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	May 2025	2022

Survey Results

Based on 53 survey responses gathered between January and February 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	55.77%	29
Healthcare Professional	40.38%	21
Government Employee or Representative	13.46%	7
Representative of Chronic Disease Group or Advocacy Organization	1.92%	1
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	1.92%	1
Public Health Official	0.00%	0
	Answered	52
	Skipped	1

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	98.08%	51
Hispanic or Latino	3.85%	2
Black or African American	0.00%	0
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Other (please specify)	0.00%	0
	Answered	52
	Skipped	1

Q3: Age group

Answer Choices	Responses	
18-24	5.77%	3
25-34	13.46%	7
35-44	17.31%	9
45-54	23.08%	12
55-64	21.15%	11
65+	19.23%	10
	Answered	52
	Skipped	1

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
37321	39.0%	39
37381	5.0%	5
37332	2.0%	2
37322	1.0%	1
37338	1.0%	1
37367	1.0%	1
37373	1.0%	1
38327	1.0%	1
38572	1.0%	1
	Answered	52
	Skipped	1

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Older adults	68.75%	33
Low-income groups	54.17%	26
Uninsured and underinsured individuals	39.58%	19
Residents of rural areas	33.33%	16
Individuals requiring additional healthcare support	33.33%	16
Women	25.00%	12
Children	12.50%	6
Racial and ethnic minority groups	10.42%	5
LGBTQ+	2.08%	1
	Answered	48
	Skipped	5

What do you believe to be some of the needs of the groups selected above?

- Lack of specialized care in several health care areas; older adults lack family support to access healthcare
- There is extremely low accessibility to primary care doctors right now, so a lot of people resort to the emergency room for treatment of primary care issues, taking up space for people who are experiencing emergencies.
- Mental healthcare is also lacking in this area, so a lot of patients who require extra support mentally have nowhere to go other than simple therapy which isn't very helpful alone in more severe cases.
- Practicing OBGYN office in the county that sees patients full time.
- Transportation to and from medical appointments and paying for procedures.
- Affordable health care
- Elderly people understanding their insurance and having the ability to get transportation to and from visits.
- Basic medical attention and routine of medical needs established at an earlier date in their life, the older generation in our community seems to lack the knowledge, and they want to of preparing the children to get in a routine of check ups, dental appointments, etc.

Q6: 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
Cancer	0	1	3	11	31	46	4.57
Drug/Substance Abuse	0	3	3	9	31	46	4.48
Mental Health	0	0	7	12	27	46	4.43
Women's Health	1	0	6	10	28	45	4.42
Heart Disease	0	0	4	19	23	46	4.41
Diabetes	0	1	7	13	25	46	4.35
Alzheimer's and Dementia	1	0	8	14	23	46	4.26
Obesity	0	1	8	15	22	46	4.26
Stroke	0	1	10	12	23	46	4.24
Lung Disease	0	0	13	16	17	46	4.09
Kidney Disease	0	2	10	19	15	46	4.02
Liver Disease	0	3	12	18	13	46	3.89
Dental	1	4	14	12	15	46	3.78
Other (please specify)						0	
						Answered	46
						Skipped	7

Q7: 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
Healthcare: Affordability	0	0	3	10	32	45	4.64
Healthcare: Types of Services Provided	0	0	3	15	28	46	4.54
Healthcare Services: Prevention	0	0	5	15	26	46	4.46
Affordable Housing	0	1	5	14	26	46	4.41
Healthcare: Location of Services	0	0	10	12	24	46	4.30
Access to Healthy Food	0	0	11	10	25	46	4.30
Access to Childcare	1	3	7	11	24	46	4.17
Employment and Income	1	1	8	16	20	46	4.15
Access to Senior Services	0	0	11	18	17	46	4.13
Education System	2	3	6	13	22	46	4.09
Community Safety	0	3	11	12	20	46	4.07
Access to Exercise/Recreation	0	2	17	8	19	46	3.96
Transportation	3	1	15	14	13	46	3.72
Social Connections	1	4	18	14	9	46	3.57
Other (please specify)						0	
						Answered Skipped	46 7

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Smoking/Vaping/Tobacco Use	0	1	12	11	22	46	4.17
Diet	0	1	10	17	17	45	4.11
Risky Sexual Behavior	0	0	18	11	17	46	3.98
Physical Inactivity	0	2	17	10	17	46	3.91
Excess Drinking	0	4	17	11	14	46	3.76
Other (please specify)						0	
						Answered Skipped	46 7

Q9: Please provide feedback on any actions you've seen taken by RMC to address the 2022 significant health needs in your community and what additional actions you would like to see.

- RMC does a great job with the resources provided.
- Introduction of Cancer center is a great addition.
- I think the greatest need to be focused on is access and education on healthy eating and physical activity. Then providing women's healthcare specifically OB and GYN services.
- RMC has in the past promoted programs like HeartHealth - women's and in general and CPR classes. I think those were helpful in educating the public.
- RMC has recently grown its service line to include Oncology, Cardiology, Ortho.
- I feel with the current leadership at RMC we will continue to see big things coming to RMC and more services/specialists coming to RMC.
- Need to provide more urgent care services, it would really help the community to implement them.
- Behavioral and mental health are extremely serious topics, and mental illnesses are very prevalent among youth. It certainly contributed to the drug and violence problems often cited in the local news. These people need help, and they don't have many accessible options.

Q10: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	60.53%	23
Poverty	52.63%	20
Lack of affordable childcare	52.63%	20
Limited access to healthy food	50.00%	19
Limited access to healthcare services	42.11%	16
Lack of transportation	36.84%	14
Unemployment or unstable employment	28.95%	11
Limited access to quality education	23.68%	9
Social isolation	15.79%	6
Public safety concerns	13.16%	5
Limited access to utility services	5.26%	2
Racial and cultural disparities	2.63%	1
Other (please specify)	5.26%	2
	Answered	38
	Skipped	15

Comments:

- Lack of OB/GYN
- Homelessness

Q11: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
I have no barriers to receiving routine healthcare	55.56%	20
No insurance/high deductible	27.78%	10
Cost of healthcare	27.78%	10
Cannot take off work	25.00%	9
Healthcare locations are inconvenient	19.44%	7
Healthcare hours of operation are inconvenient	11.11%	4
Lack of transportation	5.56%	2
I do not understand how to find healthcare resources	5.56%	2
Lack of childcare	2.78%	1
Other (please specify)	0.00%	0
	Answered	36
	Skipped	17

Q12: What additional services / offerings would you like to see available in Rhea County? (select all that apply)

Answer Choices	Responses	
Women's Health	83.33%	30
Cardiology (Heart)	38.89%	14
Endocrinology (Hormone and Diabetes)	38.89%	14
Mental Health / Substance Abuse Treatment	38.89%	14
Bariatric (Weight Loss)	36.11%	13
Gastroenterology (Digestive System/Stomach)	36.11%	13
Cancer Care	33.33%	12
Additional Primary Care Availability	27.78%	10
Reproductive Health	25.00%	9
Rheumatology (Arthritis and Autoimmune Disease)	25.00%	9
Audiology (Hearing Specialist)	22.22%	8
Ophthalmology (Eye)	22.22%	8
Health Prevention / Education Programs	19.44%	7
Neurology (Brain and Nervous System)	19.44%	7
Orthopedics (Bone and Joint)	19.44%	7
Urology (Urinary System and Male Reproductive)	19.44%	7
Pediatrics (Children's Doctor)	16.67%	6
Dermatology (Skin)	13.89%	5
General Surgery	13.89%	5
Pulmonology (Lung and Breathing)	13.89%	5
Telehealth / Virtual Care	13.89%	5
Urgent Care / Walk-In / Extended Hours	13.89%	5
Nephrology (Kidney)	11.11%	4
Plastic Surgery	2.78%	1
Other (please specify)	2.78%	1
	Answered	36
	Skipped	17

Comments

- Programs that reach out to the school age children

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	88.24%	30
Website/Internet	44.12%	15
Family or Friends	26.47%	9
Social Media	17.65%	6
Word of Mouth	17.65%	6
Newspaper/Magazine	14.71%	5
Hospital	11.76%	4
Workplace	8.82%	3
School/College	2.94%	1
Television	2.94%	1
Radio	0.00%	0
Other (please specify)	5.88%	2
	Answered	34
	Skipped	19

Comments:

- As a RN, I get my information from continuing education
- Medical journals
- I am a provider