Community Health Needs Assessment

Chattanooga-Hamilton County Hospital Authority

D / B / A

Erlanger Bledsoe Hospital
71 Wheelertown Ave.
Pikeville, TN 37367

Erlanger Health System

2019

COMMUNITY HEALTH NEEDS ASSESSMENT

Chattanooga-Hamilton County Hospital Authority

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71 Wheelertown Ave.
Pikeville, TN 37367

ERLANGER HEALTH SYSTEM
Chattanooga, Tennessee

June 30, 2019

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Section A

EXECUTIVE SUMMARY

Section A: EXECUTIVE SUMMARY

Erlanger Bledsoe Hospital ("*EBH*") is a critical access hospital and a vital component of *Erlanger Health System* ("*EHS*"). This *Community Health Needs Assessment* ("*CHNA*") has been prepared for the community which is served by *EBH*. We also utilize the *CHNA* of *Erlanger Medical Center* ("*EMC*") in addressing identified needs since the service area for *EMC* also encompasses the area served by *EBH*.

The need in the primary care specialties in these rural counties appears to have remained consistent since the 2016 *CHNA*. The greatest need remains in the specialties of *General Pediatrics*, even though the need in this discipline has remained essentially the same. Further, we are currently in the process of re-applying to the *Bureau of Primary Health Care*, within the *U.S. Health Resources & Services Administration*, for approval and funding of a new *FQHC* in Sequatchie County, Tennessee, to be co-located within the same premises as *SVED* in Dunlap, Tennessee. The initial application in 2016 was not approved.

It is clear from our analysis that Marion County, Tennessee, has the highest need in the service area, followed by Sequatchie County, Tennessee, and then Bledsoe County, Tennessee. Both the *Community Commons* information as well as the *Community Need Index* from *Dignity Health* show this need, when weighted appropriately by population.

EBH has experienced an increase in negative perception within the service area, most likely due to the replacement hospital and ED projects not being implemented as planned. It appears that emergency patients may be out-migrating from the service area to hospitals in Chattanooga, Tennessee, in Bledsoe and Sequatchie counties. However, there is an indication that community health has improved somewhat for Sequatchie County. In 2014 *EHS* established a free standing Emergency Dept. in *Sequatchie County*, through it's affiliate *Erlanger Bledsoe Hospital*. With the free standing ED, the overall health rank for *Sequatchie County* improved to a rank of 33 in 2019 out of 95 Tennessee counties, from a rank of 52 in 2016, and from a rank of 91 in 2013, according to *County Health Rankings*. It is noted that in 2019, the rank for *Bledsoe County* is 12 and for *Marion County* is 66.

The high priority needs are to upgrade the imaging technology (CT, Ultrasound & Mammography) at EBH, as well as upgrade and renovate the physical plant of the hospital. These items, as well as a new medical office building in cooperation with Bledsoe County, should help improve the negative perception of the community toward the hospital … and hopefully, help improve the health status of the community.

We will study the possibility of upgrading the imaging technology at *EBH*, as well as the possibility of making improvements to the physical plant of the hospital. The imaging technology question may include evaluation of mobile imaging equipment.

Section B

HOSPITAL PROFILE

Section B: HOSPITAL PROFILE

Erlanger Bledsoe Hospital (*"EBH"*) is a "critical access" community hospital and a vital component of *Erlanger Health System* (*"EHS"*). *EBH* brings academic medical expertise to residents of the *Cumberland Plateau* and *Sequatchie Valley*, including the Dunlap and Crossville communities. *EBH* has a 25 bed inpatient unit, an Emergency Dept. ("*ED*") open 24/7 with a private trauma room; radiology, mammography, CT and Lab. Inpatient and outpatient physical, speech and respiratory therapy, as well as a hospital-based whirlpool for hydrotherapy. Teleradiology and telemedicine are available to assist with *ED* patient assessments via the Trauma Center at *Erlanger Medical Center* ("*EMC*").

EBH also offers the Sequatchie Valley's only Cardiac Rehab program. There is an on-site helipad to facilitate *Life-FORCE* air ambulance transport to *EMC*, if necessary. The *EHS* physician practice network has an office located at *EBH*, and weekly clinics staffed by board-certified physicians in Primary Care, Cardiology and Women's services (OB/GYN). *EBH* has a management contract with the *Bledsoe County Nursing Home*. The hospital and nursing home are facilities which are physically attached and jointly share common services such as Dietary and Environmental Services.

EBH also operates a free standing *ED* in Dunlap, Sequatchie County, Tennessee ("*SVED*"). This facility opened in 2014. Additionally, the *EHS* physician practice network has an office located at *SVED*, and weekly clinics staffed by board-certified physicians in Primary Care, Cardiology, OB/GYN, and Orthopedics.

EBH has a complement of twenty-five (25) licensed beds. Some acute care beds are used interchangeably as "swing" beds. This means that *EBH* can temporarily accommodate skilled nursing patients (i.e.-less than acute care).

Erlanger wishes to be transparent and make known that it currently has contracts in place with a broad range of payors. So the public will know and be able to access our facilities and services, these contracts are listed in an attachment to this *CHNA*. Erlanger serves all patients regardless of their ability to pay and does not discriminate on the basis of race or origin.

Erlanger has centered its culture and entire patient care effort around its *Mission, Vision & Values*, as follows.

Mission

We compassionately care for people.

Vision

Erlanger is a nationally acclaimed health system anchored by a leading academic medical center. As such, we deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and

growth, we will sustain our success and spark economic development across the Chattanooga region.

Values

Our values define who we are and how we act as stakeholders, individually and collectively. Values in action create a culture.

***E*xcellence**

We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.

***R*espect**

We pay attention to others, listening carefully, and responding in ways that demonstrate our understanding and concern.

***L*eadership**

We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.

***A*ccountability**

We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.

***N*urturing**

We encourage growth and development for our staff, students, faculty and everyone we serve.

Generosity

We are giving people. We give our time, talent and resources to benefit others.

***E*thics**

We earn trust by holding ourselves to the highest standards of integrity and professional conduct.

***R*ecognition**

We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

It is not by accident that our values form ***E.R.L.A.N.G.E.R.*** It is who we are and what we do.

Erlanger is governed by a *Board of Trustees* consisting of eleven (11) members who serve without compensation. The County Mayor appoints six (6) Trustees with the approval of a majority of the County Commissioners. The Tennessee General Assembly appoints four (4) Trustees by majority vote. The Chief Of Staff for Erlanger also serves as a Trustee. Trustees are appointed for an initial term of four years and may serve for no more than eight consecutive years.

Following are the current *Trustees*, as of June, 2019.

Trustee	***Appointing Body***
Michael J. Griffin, Chair	County
Philander K. Smartt, Jr., Vice-Chair	Legislative Delegation
Linda Moss-Mines, MA, Secretary	Legislative Delegation

James P. Bolton, M.D.	Chief of Staff
Steven R. Angle, Ph.D.	County
Blaise Baxter, M.D.	County
Sheila C. Boyington, P.E.	County
R. Phillip Burns, M.D.	County
Henry A. Hoss, C.P.A.	Legislative Delegation
James F. Sattler	County
Gerald Webb, III	Legislative Delegation

Section C

COMMUNITY SERVED BY ERLANGER BLEDSOE HOSPITAL

Section C: COMMUNITY SERVED

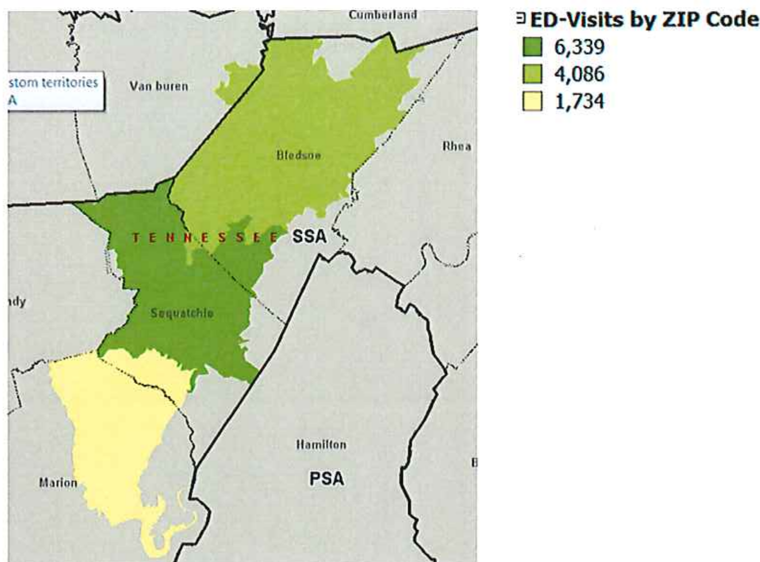
As a community hospital located in Pikeville, Bledsoe County, Tennessee, the community served by *EBH* is represented by the county in which it is located as well as Sequatchie County, Tennessee. This area comprised 95% of *EBH*'s emergency department visits during the calendar year ended December 31, 2018.

Typically, from a health planning perspective, a hospital's general service area is traditionally defined as that geography which accounts for approximately 75% of its business. The primary service area is that geography which generally accounts for 50% and the secondary service area is that geography which generally accounts for 25%. Once 75%, or so, of a hospital's patient origin is explained in this manner, this is generally held to be the service area which a facility "plans" to meet the needs of those served.

As shown below, Sequatchie County, Tennessee, accounts for 43% of ED visits, Bledsoe County, Tennessee, accounts for 27% of ED visits, and Marion county, Tennessee, accounts for 12% of ED visits. Together, these counties represent 82%% of *EBH's* total ED visits. The remaining 18% of ED visits are from outside this geography.

Zip-Code	County	ED-Visits	%	Cum-Total	Cum-%
37327	Sequatchie, TN	6,339	43.2%	6,339	43.2%
37367	Bledsoe, TN	4,086	27.8%	10,425	71.0%
37397	Marion, TN	1,734	11.8%	12,159	82.8%

This may be seen graphically on the following map based on percentage of ED visits.



Section D

REVIEW OF

COMMUNITY HEALTH NEEDS ASSESSMENT

FOR 2016

Section D: REVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2016

Summary Of Needs Identified In 2016

For Bledsoe and Sequatchie counties, the community health needs identified in 2016, may be summarized as follows.

- Infant mortality – seek to reduce
- Primary care providers – seek to increase
- Tobacco use – seek to reduce
- Lung cancer – seek to reduce
- Heart disease – seek to reduce

Discussion Of Needs Identified In 2016

Pertaining to the need for additional primary care providers, in 2016 the need for primary care practitioners and mid-level providers in the service area was:

Analysis Of Medical Professional Need In 2016 -- Primary Care

	Sequatchie	Bledsoe	Total
Family / General Practice	-0.6	0.9	0.3
Internal Medicine	3.0	-1.4	1.6
Obstetrics / Gynecology	1.8	1.5	3.3
Pediatrics - General	1.9	0.6	2.5
Total	6.1	1.6	7.7

This need was determined by internal analysis from *EHS*. In 2019, we have used the need determined by *Community Commons* ("*CC*") data. *CC* data indicates that there is a slight decline in primary care providers (per 100,000) for Sequatchie County, decreasing from 20.8 in 2016 to 20.4 in 2019, and for Bledsoe County, it was 15.6 in 2016 with no data reported for 2019. Compared to Tennessee, in 2016 there were 72.1, and in 2019 there are 83.0.

For infant mortality, in 2016 there were 9.2 deaths (per 1,000 live births) in Sequatchie County and 10.7 in Bledsoe County, compared to 8.2 for Tennessee, as reported by *CC*. There rates were unchanged in 2019.

For tobacco use, in 2016 it was 30.7% for Sequatchie County and 37.8% for Bledsoe County, with no change reported by *CC* in 2019. In Tennessee, it was 22.8% in both 2016 and 2019.

For heart disease mortality, *CC* reported in 2016 the mortality (per 100,000) for Sequatchie County was 199.6 and 225.9 for Bledsoe County, compared to Tennessee in 2016, was 209.2. In 2019, CC reports mortality of 177.2 for Sequatchie County and 224.6 for Bledsoe County,

compared to 203.9 for Tennessee. Pertaining to prevalence of heart disease, *CC* reported 20.5% for Sequatchie County and 8.4% for Bledsoe County, compared to 6.1% for Tennessee, for both 2016 and 2019.

For lung disease mortality, *CC* reported 65.3 (per 100,000) for Sequatchie County and 65.8 for Bledsoe County in 2016, compared to 52.7 for Tennessee. In 2019, *CC* reported 71.9 for Sequatchie County and 59.6 for Bledsoe County, compared to 53.4 for Tennessee. Pertaining to incidence of lung cancer, in 2016 *CC* reported 98.4 for Sequatchie County and 81.5 for Bledsoe County, compared to 77.5 for Tennessee. In 2019, *CC* reports 101.4 for Sequatchie County and 91.7 for Bledsoe County, compared to 75.9 for Tennessee.

Generally speaking, it is clear that much work needs to be done to improve the general health of these rural counties.

Erlanger Bledsoe - Replacement Hospital

As noted, the counties west of *Hamilton County* have significant health needs, and *EHS* has been able to alleviate this burden and improve the health status to a certain extent as evidenced by the noted improvement for *Sequatchie County* by the presence of the free standing ED in Dunlap, Tennessee.

While *Erlanger Bledsoe Hospital* ("*EBH*") is still operating in Pikeville, Bledsoe County, Tennessee, it is noted that this facility is 48 years old, is out of date with current building codes and in need of replacement. In this regard, *EHS* sought to relocate *EBH* to Dunlap, Sequatchie County, Tennessee, where a new replacement hospital would be located. We obtained a *Certificate of Need* ("*CON*") from the *Tennessee Health Services & Development Agency* ("*HSDA*") to replace *EBH* with a new critical access hospital to be located in Dunlap, Tennessee. Further, we also obtained a *CON* from the *HSDA* to relocate the free standing ED in Dunlap, Tennessee, to Pikeville, Bledsoe County, Tennessee. These CON's were approved by the *HSDA* at its regular meeting on December 13, 2017.

Essentially, the current hospital and free standing ED would "switch locations", and the new hospital would serve as *Erlanger Sequatchie County Regional Hospital* ("*ESVRH*"), serving the healthcare needs of three (3) counties in the rural regional service area. Since *EBH* currently has low utilization, and the replacement critical access hospital would have much higher utilization of approximately 80%, it was determined that the rural counties west of Hamilton County would be much better served by this arrangement.

However, after approval of these projects by the *HSDA*, and subsequent discussions with the counties involved on project financing, in October, 2018, it was determined that these projects were no longer viable. In short, certain details of the proposed financing arrangement had changed after approval of the CON's. *EHS* will continue to look for ways to better serve the healthcare needs of this rural area.

Section E

PROCESS, METHODS & INFORMATION

Section E: PROCESS, METHODS & INFORMATION

Information & Data

Our process began with collection of data from *Community Commons*, a website designed to facilitate data gathering for hospitals and other organizations which prepare *CHNA* analyses. The next step was to collect and review data from available public health sources such as the Tennessee Dept. of Health ("*TDOH*"), as well as the *Community Need Index* ("*CNI*") from the *Dignity Health* website. In addition, in 2019 we conducted an online survey to seek direct input from the community at large, as to their understanding of health needs in the community where they reside. All of this information was then presented in summary form to a community based focus group, and they were asked to prioritize the health needs of the service area. The results of the focus group will be discussed in summary as a component element of this *CHNA*.

Community Health Status Indicators -- Community Commons

We utilized health status indicators and data from *Community Commons*.(1) From it's internet site, the purpose for *Community Commons* is as follows ...

> "*Community Commons* is a place where data, tools, and stories come together to inspire change and improve communities. We provide public access to thousands of meaningful data layers that allow mapping and reporting capabilities so you can thoroughly explore community health."

The health status indicators which were selected from *Community Commons* for the 2019 *CHNA*, are similar to the indicators which were evaluated in 2016. The indicators selected for the 2019 *CHNA*, are as follows ...

Category	Indicator
Demographic	Population w/ Any Disability
Social & Economic	Public Assistance Income
	No HS Diploma (Age 25+)
	Teen Births (per 1,000 females 15-19)
Physical Environ.	Assisted Housing (per 10,000 HH)
	Liquor Store Access (per 100,000)
	Grocery Store Access (per 100,000)
	Fast Food Restaurants (per 100,000)
Clinical Care	Population Living In HPSA
	No Dental Exam (Adult)

1 *Community Commons* internet site is ... www.CommunityCommons.org.

	Diabetes Management – Hemoglobin A1c
	Primary Care Providers (per 100,000)
	FQHC's
Health Behaviors	Tobacco Use (Current Smokers)
	Tobacco Use (Quit Attempt)
	Walk Or Bike To Work
	Physical Inactivity
Health Outcomes	Cancer Incidence - Breast (per 100,000)
	Cancer incidence - Colon (per 100,000)
	Cancer Incidence - Lung (per 100,000)
	Chlamydia Incidence (per 100,000)
	Ghonorrhea Incidence (per 100,000)
	HIV Prevalence (per 100,000)
	Diabetes (Adult)
	Heart Disease (Adult)
	Low Birth Weight (Of Total Births)
	Mortality - Infant (per 1,000 Births)
	Mortality - Suicide (per 100,000)
	Mortality - Heart Disease (per 100,000)
	Mortality - Lung Disease (per 100,000)

These indicators were evaluated by comparing them to the State average, plus or minus five percent (5%) for the state in which each county is located. Where an indicator value is higher than the range of 5% of the State average, a marker*(2)* was assigned to that item in the analysis where a higher value is not desirable (i.e.-Population w/ Any Disability). Where an indicator value is within the range of 5% of the State average, no marker was assigned to that item in the analysis. Where an indicator value is lower than the range of 5% of the State average, a marker was assigned to that item in the analysis where a lower value is not desirable (i.e.-Physical Inactivity).

All markers were then tallied to identify which counties have the most need after evaluation of all indicators.

Community Survey & Focus Group

We conducted an online survey of the service area in an effort to ascertain health needs directly from community input. We conducted our survey of the community by placing the survey on the internet in an electronic format for both *Erlanger* employees and members of the community to

2 A "marker" simply means that a particular community health indicator has been "flagged" as being an item of concern pertaining to the health status of that county. Then the number of markers are totaled to determine a score for that county.

complete over a two (2) week period. For those employees and community members which completed the survey, their responses have been evaluated and are discussed later in this *CHNA*.

Additionally, we conducted a community focus group which represent the interests of the service area pertaining to community health. *EBH* draws which a significant portion of it's patients from the medically underserved, low income and minority populations. Upon presentation of all the information, the focus group was divided into sub-groups of 3-4 participants, to independently discuss the community health needs for the service area. Upon independent discussion, each sub-group identified community health needs and prioritized them into categories, as follows … 1.) High Priority, 2.) Important, and 3.) Nice To Have. When each sub-group had completed this process, the entire focus group was brought back together to review the health needs and priority of each sub-group. Where multiple sub-groups identified similar community health needs, these are the items which were automatically highlighted, and some additional items were identified by the entire focus group through general discussion among all participants. Upon conclusion of the process, a list of community health needs was identified and prioritized with general consensus among the participants.

Further, the rules which govern development of this *CHNA*, require that we consider any comments received from the community over the period of the last three (3) years regarding the *CHNA* which was prepared in 2016. After adoption of our *CHNA* in 2016, we did not receive any comments pertaining to the findings.

Community Need Index – Dignity Health

We accessed the *Community Need Index* ("*CNI*") tool which is made available to the public by *Dignity Health*.(3) The *CNI* accounts for the underlying economic and structural barriers that affect overall health rather than relying solely on public health data. Using a combination of research, literature, and experiential evidence, *Dignity Health* identified five prominent barriers that enable them to quantify health care access in communities across the nation. These barriers include income level, culture/language, education, insurance and housing, which otherwise may be commonly known as "social determinants of health". Using this data, a score is assigned to each barrier (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final *CNI* score (each barrier receives equal weight in the average). A score of 1.0 indicates the lowest socio-economic barriers, while a score of 5.0 represents the highest socio-economic barriers.

3 The *Community Need Index* tool is offered by *Dignity Health* and may be accessed at the following website … http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508/. It is noted that *Dignity Health* partnered with Truven Health Analytics for development of this project. *Truven Health* has now been acquired by *IBM – Watson Health Group*.

Section F

INFORMATION FROM COMMUNITY SOURCES

Section F: COMMUNITY INFORMATION

For the *CHNA* in 2019 we utilized indicators and data from *Community Commons.(4)* Most of the indicators which were selected for evaluation in this *CHNA* are similar to the indicators which were evaluated in 2016. A few indicators were replaced in the 2019 *CHNA*, because they are no longer available with *Community Commons*.

In 2018, the *Division of Health Planning* of the *Tennessee Dept. of Health*, issued an update to the *Tennessee State Health Plan: 2017-2018 Edition* (" the Plan"). The *Plan* puts forth several goals, and certain aspects will be broadly discussed in this *CHNA*.

Between March 1-18, 2019, we conducted an online survey for public input to our *CHNA*. With this survey, a total of 68 useable responses were received from the service area. It is noted that a significant number of people "logged on" to the survey, but did not answer any of the questions, therefore, only those which answered at least 1 question have been included in our survey results.

On April 5, 2019, we conducted a community based focus group, and asked the participants to prioritize the health needs of the service area. The results of these focus groups will be discussed in summary as a component element of this *CHNA* for the service area, as it pertains to *Erlanger Bledsoe Hospital*.

4 *Community Commons* internet site is … www.communitycommons.org.

Section G

COMMUNITY HEALTH NEEDS

Section G: COMMUNITY HEALTH NEEDS

The value of assessing and improving community health is evident when looking at life expectancy. Health improvements are directly responsible for the thirty (30) year increase in life expectancy from 1900 to the present time. "The *Centers for Disease Control & Prevention* ("*CDC*"), estimated in 1999, that 25 of the 30 years of increased life expectancy in the United States in the 20th Century was attributable to advances in public health. McKinlay & McKinlay calculated that only 3.5 of the total mortality decline between 1900 and 1970 could be 'ascribed to medical matters'. Bunker calculated that clinical prevention and therapeutic interventions could be credited with five and a half of the thirty-year increase that occurred in the United Kingdom from 1900 to 2000. Hence, public health interventions and improved social conditions can take most of the credit for the increase in life expectancy experienced since the mid-1800's."(5)

Community Commons Health Status Indicators

In evaluating community health needs at the county level utilizing data from *Community Commons,* the analysis indicates that Marion County has the greatest need (i.e.-*Weighted Population Indicators*), Sequatchie County has the second greatest need, and Bledsoe County has the lowest need of these three (3) rural counties. This is highlighted in the following table.

County	Total Comm. Commons Indicators	Population 2019	Pop. Ratio	Total Weighted Pop. Indicators
Marion, TN	20	28,479	48.6%	30
Sequatchie, TN	16	14,914	25.4%	20
Bledsoe, TN	15	15,243	26.0%	19
Total	51	58,636	100.0%	69

The *Community Commons* indicators were evaluated by comparing them to the State average, plus or minus five percent (5%), for the state in which each county is located. Where an indicator value is higher than the range of 5% of the State average, a marker was assigned to that item in the analysis where a higher value is not desirable (i.e.-Population w/ Any Disability). Where an indicator value is within the range of 5% of the State average, no marker was assigned to that item in the analysis. Where an indicator value is lower than the range of 5% of the State average, a marker was assigned to that item in the analysis where a lower value is not desirable (i.e.-Lack Of Prenatal Care).

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5 Lindsay, Gordon B., Merrill, Ray M., and Hedin, Riley J. *The Contribution of Public Health & Improved Social Conditions to Increased Life Expectancy: An Analysis of Public Awareness* . Abstract, published October 31, 2014. Retrieved from - https://www.omicsonline.org/open-access/the-contribution-of-public-health-and-improved-social-conditions-to-increased-life-expectancy-an-analysis-of-public-awareness-2161-0711-4-311.php?aid=35861.

The markers were then tallied to identify which counties have the most need after evaluation of all indicators. Finally, in consideration of the need by population, the *Total Indicators* were weighted to take this element into account for the analysis, and the *Weighted Population Indicators* have been used to determine the rank order for the counties in the defined service area.

For the counties in the service area, the top community health needs are:

<u>*Community Needs*</u>

1.) Population living in HPSA
2.) Primary care providers (per 100,000)
3.) Population with any disability
4.) Tobacco use (current smokers)
5.) Cancer incidence – Lung (per 199,000)
6.) Heart disease (adult)
7.) Mortality – infant (per 1,000 births)
8.) Mortality – Lung disease (per 100,000)
9.) Mortality – Suicide (per 100,000)
10.) Grocery store access (per 100,000)
11.) No HS Diploma (Age 25+)
12.) Teen Births (per 1,000 females 15-19)

For these counties, among the community needs are primary care providers, heart disease and related mortality, tobacco use / mortality from lung disease, and suicide. Other indicators include no high school diploma and percent of the population living with a disability. The data pertaining to the *Community Commons* health status indicators are attached to this *CHNA*.

<u>Erlanger Online Community Survey</u>

As stated previously, we conducted an online survey for the service area to seek direct community input to our *CHNA*. For the service area, there were a total of 78 useable responses and the top community needs identified, are as follows:

<u>*Community Needs*</u>

1.) Chronic conditions
2.) Access to / Affordable care
3.) Primary care
4.) Basic services (i.e.-common cold, dental, etc.)
5.) Allergies / Respiratory
6.) Substance / Mental Health
7.) Cardiovascular
8.) Cost of healthcare
9.) Oncology / Cancer

In this summary, we can see some commonalities with the *Community Commons* data. For instance, heart disease, cancer, and mental health are all chronic conditions which should be addressed. Obesity is also a chronic condition in this category. Primary care and basic services, or more precisely, a general shortage of primary care providers, is identified as being a need. Of interest here, is that the survey indicates that allergies and respiratory conditions are also a top community health need.

The survey indicates that ER care is available, and immunizations and vaccinations seem to be readily available. Combined with the need for primary care providers, there may need to be a more concerted effort to provide sufficient *General Pediatric* providers. From the survey results, 44% of respondents cited children's doctors aren't available in the community.

Dignity Health – Community Need Index

The purpose of referencing the *Community Need Index* ("*CNI*") from *Dignity Health*, is an effort to compare our findings under the *Community Commons* methodology, with an independent source of information. Here the *CNI* ranking has been weight adjusted for population, in the same manner as the *Community Commons* data.

County	Dignity Health CNI	Population 2019	Pop. Ratio	Weighted Pop. Adj. CNI
Marion, TN	3.9	28,479	48.6%	5.8
Sequatchie, TN	4.0	14,914	25.4%	5.0
Bledsoe, TN	4.0	15,243	26.0%	5.0
Total	4.0	58,636	100.0%	5.3

With the *CNI* methodology, Marion County is ranked with the highest need, Sequatchie County with second highest need, and Bledsoe County with the lowest need of the service area. The *CNI* obtained from *Dignity Health*, when adjusted for population size, results in essentially the same ranking as that derived from the *Community Commons* indicators.

Focus Group -- Erlanger Bledsoe Hospital

All of the information which has been reviewed and discussed in this *CHNA*, was presented to a community based focus group. The focus group consisted of several staff members from *EBH*, along with community based organizations with specific knowledge of low income, minority and ethnically diverse populations. A list of the specific participants in the focus group is attached to this *CHNA*.

The focus group for *Erlanger Bledsoe Hospital* was a total of 9 participants. Upon conclusion of the process outlined previously, the following list of community health needs were identified for the defined service area.

Community Health Needs – High Priority

Upgrade campus facility (hospital bldg., no. of Sequatchie ED beds)
Imaging technology (CT, Ultrasound & Mammography)
Community perception of *EBH*

Community Health Needs – Important

Specialty care (dialysis, cardiology, neurology)
Pediatrics - General
Extended hours for primary care (Peds) & Urgent care
Substance / Mental health

Community Health Needs – Nice To Have

Gastrointestinal procedure rooms
Community meeting space (for education), walking track
Transportation

For community health needs which are *High Priority*, the focus group agreed that since the replacement facilities for the hospital and free standing ED were not successful (discussed previously), the current facilities should be upgraded. Also, that the community perception of the hospital has been negatively impacted by the final outcome of the proposed replacement facilities. This seems to be supported somewhat, by the data below which indicates that there seem to be an increasing number of patients out-migrating to hospitals in Chattanooga. All three (3) counties are experiencing a decrease in total ED visits, as shown by the following table.

Emergency Visits By County Of Patient Origin

	2017	2018	Change	%
Marion	13,864	12,659	-1,205	-8.7%
Sequatchie	16,977	16,511	-466	-2.7%
Bledsoe	7,064	6,804	-260	-3.7%
Group	37,905	35,974	-1,931	-5.1%

However, the number of emergency patients out-migrating to hospitals in Chattanooga, Tennessee, seems to be increasing for two (2) of the three (3) counties, as shown by the following table.

Emergency Visits Going to Chattanooga

	2017	2018	Change	%
Marion	4,440	4,000	-440	-9.9%
Sequatchie	5,065	5,097	32	0.6%
Bledsoe	1,039	1,084	45	4.3%
Group	10,544	10,181	-363	-3.4%

Marion County ED visits out-migrating decreased by 9.9%, which is consistent with their decrease in total ED visits of 8.7%. However, Bledsoe County out-migration increased 0.6% while total ED visits decreased 3.7%, and Sequatchie County out-migration increased 4.3% while total ED visits decreased by 2.7%.

It would appear that community health in the service area may be negatively impacted by the inability to successfully conclude the replacement facility projects. Stated otherwise, if patients are willing to bypass the local healthcare delivery mechanism (even emergency patients), then this does not bode well for general health of the community. This may explain why several of the community health needs identified in 2016 do not show an improvement in 2019.

However, with these things being said, there is also an indication that community health has improved, at least for Sequatchie County. In 2014 *EHS* established a free standing Emergency Dept. in Sequatchie County, through it's affiliate *Erlanger Bledsoe Hospital*. *EBH* is a critical access hospital serving the needs of Bledsoe County. The free standing ED in *Sequatchie County* is a division of *Erlanger Bledsoe Hospital*. With the free standing ED, the overall health rank for *Sequatchie County* improved to a rank of 33 in 2019 out of 95 Tennessee counties, from a rank of 52 in 2016, and from a rank of 91 in 2013.*(6)* It is noted that in 2019, the rank for Bledsoe County is 12 and for Marion County is 66.

As to imaging technology as a high priority item, it was noted by the focus group that the imaging equipment at *EBH* is quite old by technology standards, and needs to be replaced. It was felt that this is essentially a standard of care issue, and that this may in fact also contribute to the community perception issue for *EBH*.

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6 *Sequatchie County* health outcomes rank as published by www.CountyHealthRankings.org.

Section H

HEALTHCARE FACILITIES & RESOURCES AVAILABLE IN THE COMMUNITY SERVED

Section H: COMMUNITY FACILITIES & RESOURCES

EBH operates a twenty-five (25) bed critical access hospital in Bledsoe County along with somewhat limited services available from the Bledsoe County Health Dept. (i.e.-vaccinations & routine screenings, etc.).

EBH also operates *SVED* in Dunlap, Sequatchie County, Tennessee, the free standing *ED*, with somewhat limited services available from the Sequatchie County Health Dept. (i.e.-vaccinations & routine screenings, etc.).

Also, *ORH* operates an *FQHC* in Pikeville, Bledsoe County, Tennessee. This facility provides primarily adult services with limited *Pediatric* and *Obstetric* services. No Dental or Mental health services are offered.

Section I

NEXT STEPS / IMPLEMENTATION STRATEGY

Section I: Next Steps

EBH is a community hospital (i.e.-25 licensed beds) and is a member facility of *Erlanger Health System* ("*EHS*") but does not have the broad resources available as does *Erlanger Medical Center* ("*EMC*"). Therefore, for purposes of trying to address the community health needs identified in this *CHNA*, we will refer to some of the plans as outlined in *EMC*'s *CHNA*.

Through our analysis of community health indicators for the *EBH* service area, we have identified needs for *General Pediatrics*, *Cardiology* and *Neurology*.and for these rural counties.

Pertaining to plans to address some of these high priority needs, we will seek to develop in cooperation with Bledsoe County, a medical office building designed to accommodate some of the clinics and medical specialties identified in the important category (i.e.-cardiology and general pediatrics). Also, we will explore the possibility of extended hours for primary care. As to the need for more beds at the free standing ED in Sequatchie County, we are in the process of developing plans for this. We will also explore the possibility of upgrading the imaging equipment at *EBH*.

Further, concerning the need for primary care, we are currently in the process of re-applying to the *Bureau of Primary Health Care*, within the *U.S. Health Resources & Services Administration*, for approval and funding of a new *FQHC* in Sequatchie County, Tennessee, to be co-located within the same premises as the free standing ED in Dunlap, Tennessee. The initial application in 2016 was not approved.

It is noted that for the issue of negative community perception, this will not be easy to overcome. However, given time to address some of the isues discussed in this CHNA, we are hopeful that this issue will also be turned around.

There is potential opportunity to enhance health status by leveraging *EMC*'s *Tele-Health* capability in the provision of primary and specialty care service in these rural communities, collaborating with other *FQHC* providers, school health clinics, providers and programs.

It is not known at this time whether or not these strategies will be successful. For all of these strategies, there is the potential for issues beyond our control to influence whether they are fully realized.

Section J

ATTACHMENTS

TABLE OF ATTACHMENTS

List Of Acronyms

List Of Payor Contracts

Community Commons Health Need Indicators By County

EBH Focus Group - List Of Participants

Community Health Survey Form

List Of Acronyms

- ACA	Patient Protection & Affordable Care Act
- CDC	Centers For Disease Control
- Children's	Children's Hospital @ Erlanger
- CHNA	Community Health Needs Assessment
- C-MSA	Chattanooga - Metropolitan Statistical Area
- EHS	Erlanger Health System
- EMC	Erlanger Medical Center
- EE	Erlanger East Hospital
- EN	Erlanger North Hospital
- EBH	Erlanger Bledsoe Hospital
- ECHC	Erlanger Health Centers
- EWCH	Erlanger Western Carolina Hospital
- ED	Emergency Department
- SVED	Sequatchie Valley Emergency Department
- FQHC	Federally Qualified Health Center
- HCHD	Hamilton County Health Department
- IRS	Internal Revenue Service
- NICU	Neonatal Intensive Care Unit
- ORH	Ocoee Regional Health
- PHCC	Primary Health Care Centers
- PCP	Primary Care Practitioner
- EHC	Erlanger Health Centers
- TDOH	Tennessee Dept. of Health
- UT-COM	University of Tennessee - College of Medicine

List Of Payor Contracts

A. TennCare Managed Care Organizations

-- BlueCare
-- TennCare Select
-- AmeriGroup Community Care
-- United Healthcare Community Plan

B. Georgia Medicaid Managed Care Organizations

-- AmeriGroup Community Care
-- CareSource
-- Peach State Health Plan
-- WellCare of Georgia

C. Commercial Managed Care Organizations

-- Ambetter (TN and GA)
-- Blue Cross / Blue Shield of Tennessee
  - Blue Network P
  - Blue Network S
  - Cover Kids
  - AccessTN
  - Blue Advantage
-- Blue Cross of Georgia (HMO & Indemnity)
-- Baptist Health Plan
-- CIGNA Healthcare of Tennessee, Inc.
  (includes LocalPlus & SureFit)
-- Cigna-HealthSpring (Medicare Advantage)
-- CIGNA Lifesource (Transplant Network)
-- UNITED Healthcare of Tennessee, Inc.
  (Commercial & Medicare Advantage)
-- Aetna Health
  (commercial, Medicare Advantage, First Health Network)
-- Employers Health Network
-- Health Value Management D/B/A Choice Care Network
  (Commercial & Medicare Advantage)
-- HUMANA
  (Choicecare Network, HMO, PPO, POS & Medicare Advantage)
-- HUMANA Military
-- WellCare Medicare
-- Olympus Managed Health Care, Inc.
-- TriWest (VAPC3 & Veteran's Choice)

D. Alliances

-- Health One Alliance

E. Networks

-- Multi-Plan (includes Beech Street & PHCS)
-- MCS Patient Centered Healthcare
-- National Provider Network
-- NovaNet (group health)
-- USA Managed Care Corp.
-- MedCost
-- Alliant Health Plan
-- Crescent Preferred Provider Organization
-- Evolutions Healthcare System
-- Prime Health Services
-- Galaxy Health Network
-- Integrated Health Plan
-- HealthSCOPE Benefits, Inc.
-- HealthCHOICE (Oklahoma State & Education Employees Group Insurance Board)

F. Other

-- Alexian Brothers Community Services (PACE)
-- Point Comfort Underwriters
-- OccuNet
-- BlueCare Plus (SNP)
-- United HealthCare Dual Complete (SNP)
-- PruittHealth Premier (I-SNP)
-- Simpra Advantage (I-SNP & D-SNP)

EBH Focus Group - List Of Participants

Steve Standefer, Board Chair
Erlanger Bledsoe Hospital

Kristin Billingsley, Paramedic Supervisor
Bledsoe County EMS

Amanda Keener, Radiology Technologist
Erlanger Bledsoe Hospital

Cathy Swofford, Community Member
Pikeville, Bledsoe County, Tennessee

Gregg Ridley, Mayor
Bledsoe County, Tennessee

Emma Boynton, Register of Deeds
Bledsoe County, Tennessee

Stephanie Boynton, CEO
Erlanger Bledsoe Hospital

Jennifer Terry, Director of Schools
Bledsoe County, Tennessee

Lulu Sells, Community Member
Bledsoe County, Tennessee

Erlanger Health System
Community Health Needs Assessment -- 2019

Thank you for participating in Erlanger's Community Health Needs Assessment. The only required information is the zip code of residence and whether you are an Erlanger employee, all other information is voluntary. We need the zip code of residence, so that we will be able to tally the responses and align our health needs assessment to general areas of interest.

If you would like to provide your name and occupation, we would welcome this information to add clarity to our assessment of the health needs for the service area.

Zip Code of Residence (required) ______________

Are you an Erlanger employee ? (required) ☐ Yes ☐ No

Name ______________________________
First Last

What is your primary occupation ? ______________________________

1.) In general terms, does the community have health insurance coverage ?

☐ Yes ☐ No ☐ Not Sure

2.) In general terms, how would you rate the health status of the community ?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

3.) Generally speaking, are you aware of whether or not members of the community have had the following preventive health services in the past year ?

☐ Mammogram ☐ Pap Smear ☐ Glaucoma Test ☐ Flu Shot
☐ Colonoscopy ☐ Blood Pressure Check ☐ Blood Sugar Check
☐ Cholesterol Screen ☐ Prostate Screening ☐ Vision Screening
☐ Hearing Screening ☐ Cariovascular Screening ☐ Dental Cleaning / X-Rays
☐ Screening For Sexually Transmitted Diseases

4.) Where do members of the community receive routine healthcare ?

☐ Physician Office ☐ Hospital Emergency Room ☐ Urgent Care Center
☐ Health Dept. Clinic ☐ Health Center ☐ Other

5.) Are members of the community able to visit a doctor, or practitioner, when they need to ?

☐ Always ☐ Most Of The Time ☐ Sometimes ☐ Never

6.) For members of the community that have children, are they able to visit a Pediatrician when they need to ?

☐ Always ☐ Most Of The Time ☐ Sometimes ☐ Never

7.) What are the three (3) most significant health issues in the community ?

____

8.) What do you think would reduce the use of the Emergency Room for non – emergencies ?

____

9.) Generally speaking, what do you believe should be the health goals for the community ?

____

10.) Please select the Erlanger locations where you have been a patient.

☐ Baronness Erlanger Hospital (Main – Adult)
☐ Children's Hospital @ Erlanger
☐ Erlanger East Hospital
☐ Erlanger North Hospital
☐ Erlanger Bledsoe Hospital
☐ Erlanger Carolina Hospital
☐ Erlanger Behavioral Health Hospital
☐ Erlanger – Premier Health Center
☐ Erlanger – Southside Health Center
☐ Erlanger – Dodson Avenue Health Center

Erlanger Health System

Community Health Needs Assessment -- 2019

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
Immunizations & vaccinations are available in my community.	☐	☐	☐	☐	☐
Emergency care is available in my community.	☐	☐	☐	☐	☐
There are enough primary care doctors in my community.	☐	☐	☐	☐	☐
There are enough specialty care doctors in my community.	☐	☐	☐	☐	☐
There are enough children's doctors in my community.	☐	☐	☐	☐	☐
Doctor's can see children in a timely manner.	☐	☐	☐	☐	☐
Dental care is available in my community.	☐	☐	☐	☐	☐
Mental health services are available in my community.	☐	☐	☐	☐	☐
Children are safe from abuse and neglect in my community.	☐	☐	☐	☐	☐
There are adequate opportunities for children's fitness in my community.	☐	☐	☐	☐	☐
My community makes a good effort to prevent drug & alcohol abuse by children.	☐	☐	☐	☐	☐