



# Community Health Needs Assessment



# CHI Memorial

## May 2022

CHI Memorial Chattanooga

CHI Memorial Hixson

CHI Memorial Georgia

- Hamilton and Bradley Counties, TN -

- Catoosa, Dade, and Walker Counties, GA -

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# Executive Summary

## CHNA Purpose Statement and CommonSpirit Health Commitment and Mission

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Memorial Hospital Chattanooga, CHI Memorial Hospital Hixson and CHI Memorial Hospital Georgia. The priorities identified in this report help to guide the hospitals’ community health improvement programs and community benefit activities, as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

In keeping with our mission of caring for all in the community, CHI Memorial dedicates significant resources for programs and services that increase access to health care for the poor and uninsured and improve the health of our community.

The hospital’s dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission.

### Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Values

Compassion | Inclusion | Integrity | Excellence | Collaboration



## Community Collaborators

Ninety-three individuals from 56 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of the communities. The four-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

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

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

### **Input of those with Expertise in Public Health**

The Tennessee and Georgia Departments of Health participated in the focus groups and interviews and attended the summit, where they assisted with the prioritization of the most significant issues.

## Community Definition

Five counties were the primary focus of the CHNA due to the service area of CHI Memorial. Used as the study area, Hamilton, Bradley, Catoosa, Dade and Walker Counties provided 81% of July 1, 2020, through June 30, 2021, inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which CHI Memorial draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under CHI Memorial's Financial Assistance Policy.

## Input and Collaboration

### **Data Collection and Timeline**

In August 2021, CHI Memorial began a Community Health Needs Assessment for the five-county service area and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in September 2021.
- A community telephone survey was conducted January 3-31, 2022.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on January 27, 2022.
- A Community Health Summit was conducted on February 17, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.

## Assessment Process and Methods

Both primary and secondary data sources were used in the CHNA.

### Primary methods included:

- Focus groups and individual interviews with community members
- Community survey – 400 random sample landline, cell, and online surveys
- Community Health Summit

### Secondary methods included:

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



Photo Credit: CHI Memorial

## Process and Criteria to Identify and Prioritize Significant Health Needs

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

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

Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.



## List of Prioritized Significant Health Needs

### Results

Based on the previous CHNA priorities, secondary data, community survey, focus groups, and interviews the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Access to affordable healthcare and insurance (41 post-its)
2. Mental/behavioral health (31)
3. Affordable, healthy housing (24)
4. Substance Use Disorder (tie) (15)
5. Prevention and Education (tie) (15)
6. Violence (12)
7. Obesity (11)
8. Food insecurity (10)
9. Chronic diseases (5)



Photo Credit: CHI Memorial

## Resources Potentially Available

A list of available resources relating to each prioritized health need listed above is available in appendix 5. Each of the five counties is represented in the asset inventory beginning on page 55. The list is not exhaustive and at the end is a change form where organizations may submit changes/additions to the inventory.

## Report Adoption, Availability, and Comments

This document and process is a collaborating hospital system Community Health Needs Assessment (CHNA) for CHI Memorial system hospitals:

- CHI Memorial Chattanooga
- CHI Memorial Hixson
- CHI Memorial Georgia

These hospitals define their service area to be the same.



This CHNA report was adopted by the CHI Memorial's community board on May 17, 2022.



This report is widely available to the public on the CHI Memorial web site <https://www.memorial.org> and a paper copy is available for inspection upon request at CHI Memorial, 2525 De Sales Ave, Chattanooga, TN 37404 or by phone 423.495.2525. Written comments on this report can be submitted to CHI Memorial at the address above or via e-mail to [Marketing@memorial.org](mailto:Marketing@memorial.org).

# Creating a Culture of Health

## Action Cycle for Improving Health



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Hamilton and Bradley Counties in TN and Catoosa, Dade and Walker Counties in GA. The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

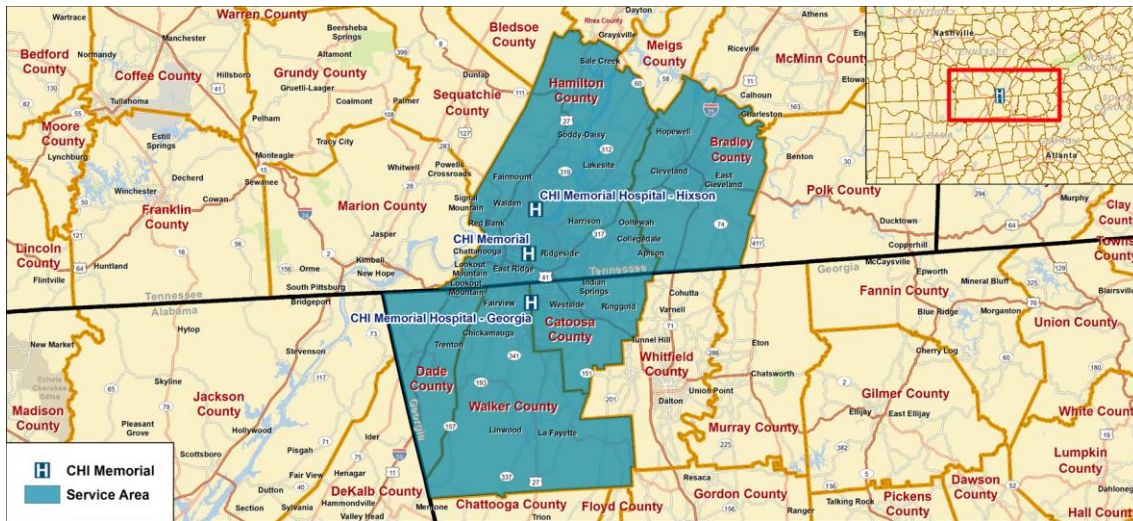
## PROJECT GOALS

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



# Description of the Communities Served

## Community Definition



Below are the ZIP codes included in the 5-County service area.

County	ZIP Code	County	ZIP Code	County	ZIP Code
Catoosa	30707	Bradley	37310	Hamilton	37401
Catoosa	30726	Bradley	37311	Hamilton	37402
Catoosa	30736	Bradley	37312	Hamilton	37403
Catoosa	30739	Bradley	37320	Hamilton	37404
Catoosa	30741	Bradley	37323	Hamilton	37405
Catoosa	30742	Bradley	37336	Hamilton	37406
Catoosa	30755	Bradley	37353	Hamilton	37407
Dade	30731	Bradley	37362	Hamilton	37408
Dade	30738	Bradley	37364	Hamilton	37409
Dade	30750	Hamilton	37302	Hamilton	37410
Dade	30752	Hamilton	37304	Hamilton	37411
Dade	30757	Hamilton	37308	Hamilton	37412
Dade	35958	Hamilton	37311	Hamilton	37414
Walker	30707	Hamilton	37315	Hamilton	37415
Walker	30725	Hamilton	37336	Hamilton	37416
Walker	30728	Hamilton	37338	Hamilton	37419
Walker	30731	Hamilton	37341	Hamilton	37421
Walker	30736	Hamilton	37343	Hamilton	37422
Walker	30738	Hamilton	37350	Hamilton	37424
Walker	30739	Hamilton	37351	Hamilton	37450
Walker	30740	Hamilton	37353		
Walker	30741	Hamilton	37363		
Walker	30746	Hamilton	37373		
Walker	30747	Hamilton	37377		
Walker	30750	Hamilton	37379		
Walker	30753	Hamilton	37384		

Five counties were the primary focus of the CHNA due to the service area of CHI Memorial. Used as the study area, Hamilton, Bradley, Catoosa, Dade and Walker Counties provided 81% of July 1, 2020 through June 30, 2021 inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which CHI Memorial draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under CHI Memorial’s Financial Assistance Policy.



*Photo Credit: CHI Memorial*

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## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community’s health needs.

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## Demographics

The table below shows the demographic summary of Hamilton & Bradley Counties in TN and Catoosa, Dade and Walker Counties in GA compared to Tennessee, Georgia and the U.S.

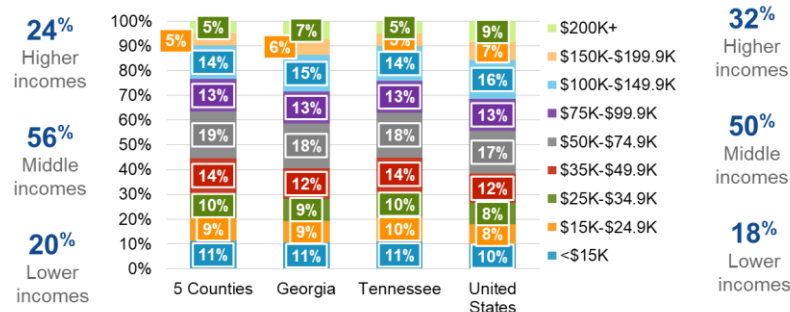
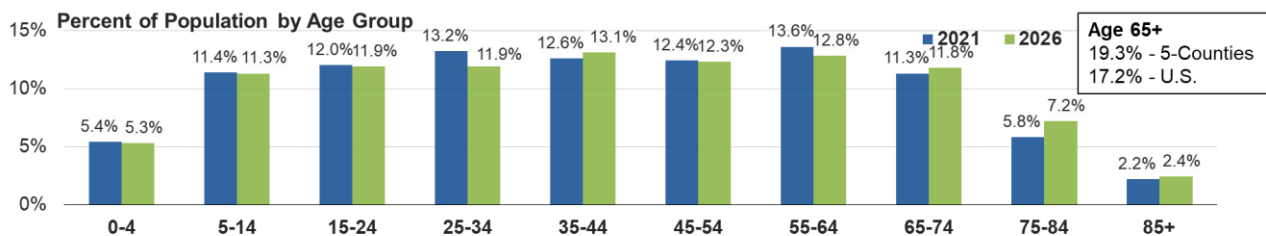
	5-Counties	Tennessee	Georgia	USA
Population	645,783	7,025,037	10,815,378	333,934,112
Median Age	41.3	40	37.2	38.8
Median Household Income	\$55,259	\$55,276	\$60,605	\$64,730
Annual Pop. Growth (2021-2026)	0.86%	0.89%	1.05%	0.71%
Household Population	256,110	2,765,537	4,013,721	126,470,675
Dominant Tapestry	Southern Satellites (10A)	Rooted Rural (10B)	Southern Satellites (10A)	Green Acres (6A)
Businesses	20,294	217,448	353,744	12,013,469
Employees	312,080	3,129,625	4,675,136	150,287,786
Health Care Index*	88	91	97	100
Average Health Expenditures	\$5,496	\$5,663	\$6,026	\$6,237
Total Health Expenditures	\$1.4 B	\$15.7 B	\$24.2 B	\$788.8 B
<b>Racial and Ethnic Make-up</b>				
White	80%	75%	56%	69%
Black	13%	17%	32%	13%
American Indian	0%	0%	0%	1%
Asian/Pacific Islander	2%	2%	5%	6%
Other	3%	3%	5%	7%
Mixed Race	2%	2%	3%	4%
Hispanic Origin	6%	6%	10%	19%

Source: Esri

\*The Health Care Index is household-based and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

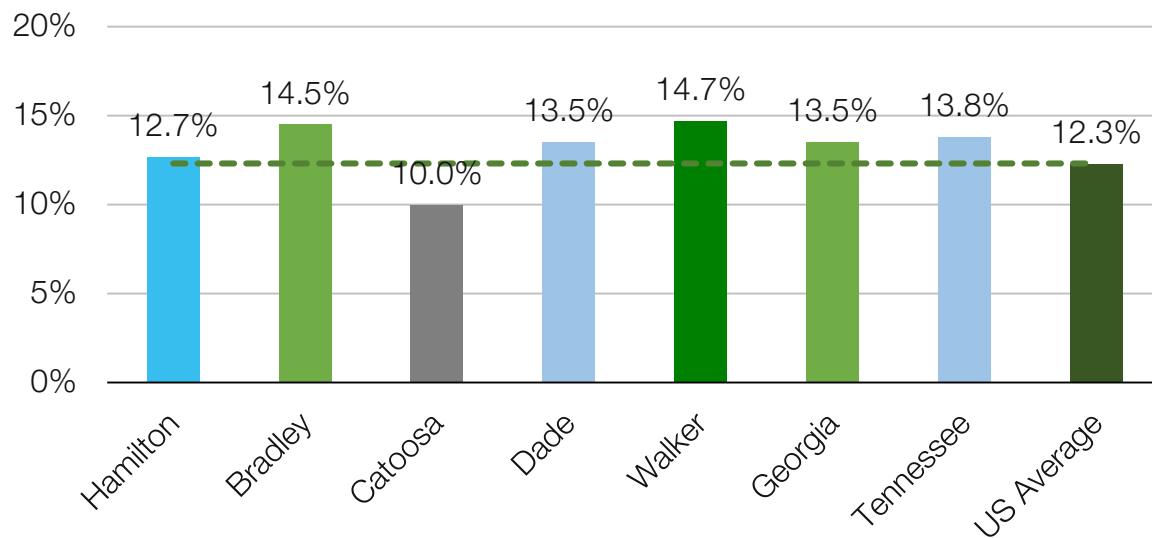
## Five Counties





## Demographics, cont.

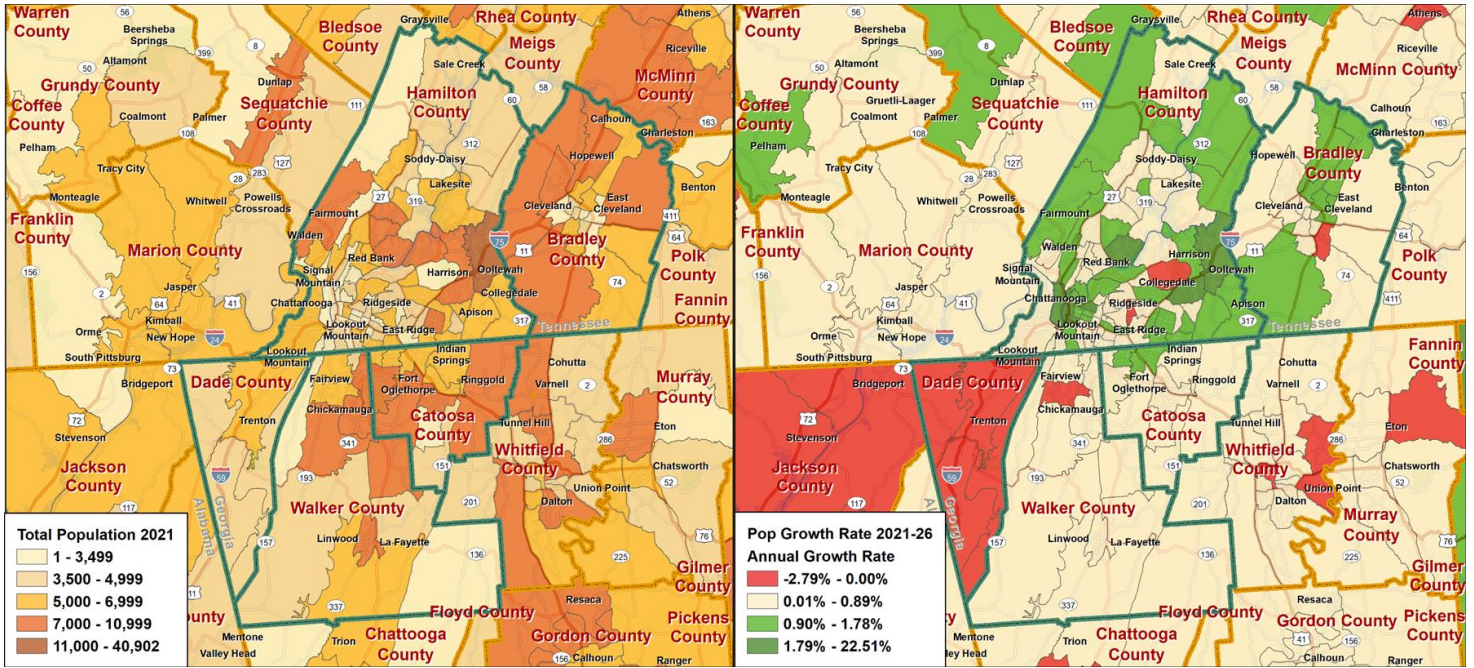
### Poverty Estimates, 2019



Source: US Census Bureau, small area income and poverty estimates (SAIPE)

- The population of the five counties is projected to increase from 2021 to 2026 (.86% per year). Tennessee is projected to increase 0.89% and Georgia is projected to increase 1.05% per year. The U.S. is projected to increase 0.71% per year.
- The five counties had a higher median age (41.43median age) than TN (40.0) and GA (37.2) and the U.S. (38.8). In the five counties the percentage of the population 65 and over was 19.3%, higher than the U.S. population 65 and over at 17.2%.
- The 5-counties median household income at \$55,253 was lower than TN (\$55,276) and GA (\$60,605), and the U.S. (\$64,730). The rate of poverty in each county was higher than the U.S. except Catoosa.
- The household income distribution of the five counties was 24% higher income (over \$100,000), 56% middle income, and 20% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. The five counties was 88, indicating 12% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of the five counties was 80% White, 13% Black, 6% Hispanic Origin, 2% mixed race, 2% Asian/Pacific Islander, and 3% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

## 2021 Population by Census Tract and Change (2021-2026)



Source: Esri

Red is population decline  
 Yellow is positive up to the TN growth rate  
 Green is greater than the TN growth rate  
 Dark Green is twice the TN growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

TN was selected as the comparative in the maps above because TN's growth is slightly lower than GA's.

The higher growth is occurring in Hamilton and Bradley Counties and Fort Oglethorpe. Dade County is projected to decline in population.

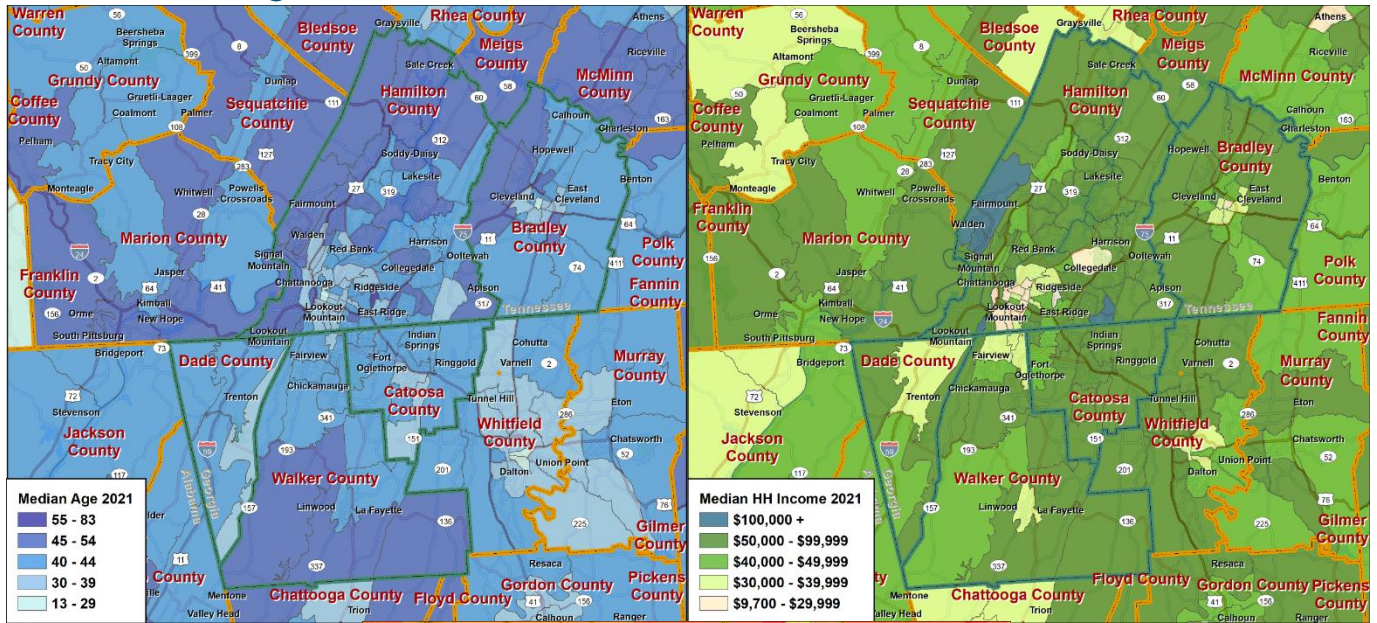
The populations of each county is below:

County	Population
Hamilton	377,460
Bradley	110,048
Catoosa	69,125
Dade	16,939
Walker	72,211

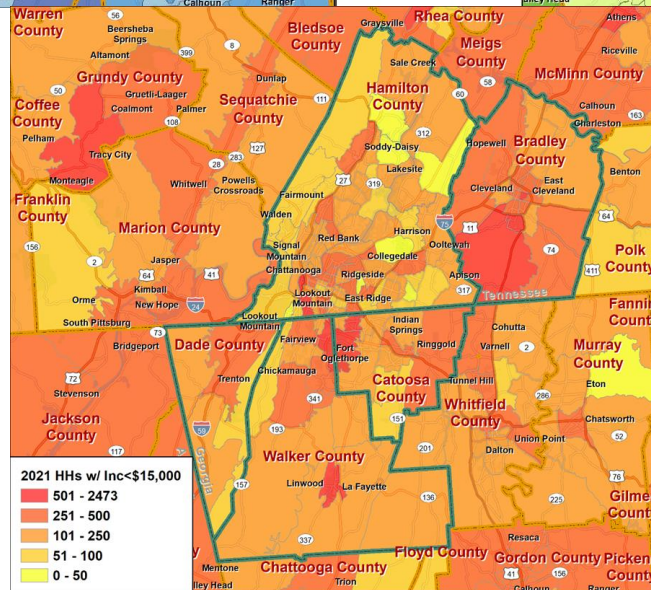
Source: Esri



## 2021 Median Age & Income



Source: Esri



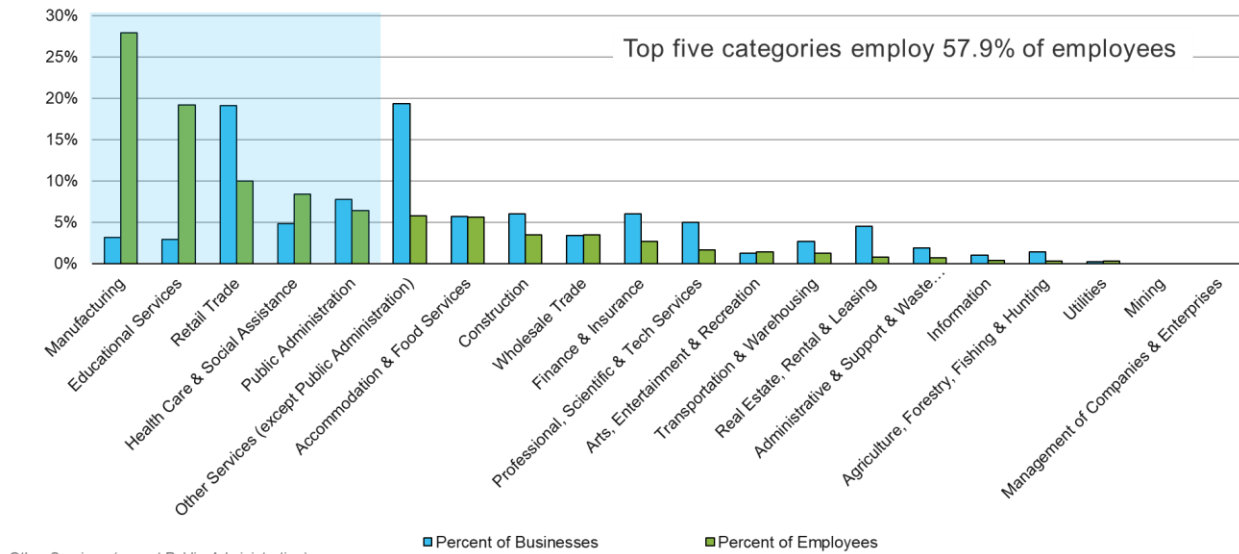
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract near downtown with a median age in the 20s compared to southern Walker County.

Looking at median household income by census tract also gives insight into health status. The lower income areas may have lower health status than higher income tracts. The lower income census tracts may be areas of health inequality.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the counties that may have lower health status



## Business Profile



Other Services (except Public Administration): Establishments in this sector are primarily engaged in activities, such as equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.

Source: Esri

Fifty eight percent of employees in the five counties were employed in:

- Manufacturing (27.9%)
- Education Services (19.2%)
- Retail Trade (10.0%)
- Health Care & Social Assistance (8.4%)
- Public Administration (6.4%)

Retail trade offers health insurance at a lower rate than healthcare, public administration and educational services.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

November 2021 preliminary unemployment percentages were:

County	Unemployment
Hamilton	3.0%
Bradley	2.9%
Catoosa	1.6%
Dade	1.6%
Walker	1.8%

Source: Bureau of Labor Statistics

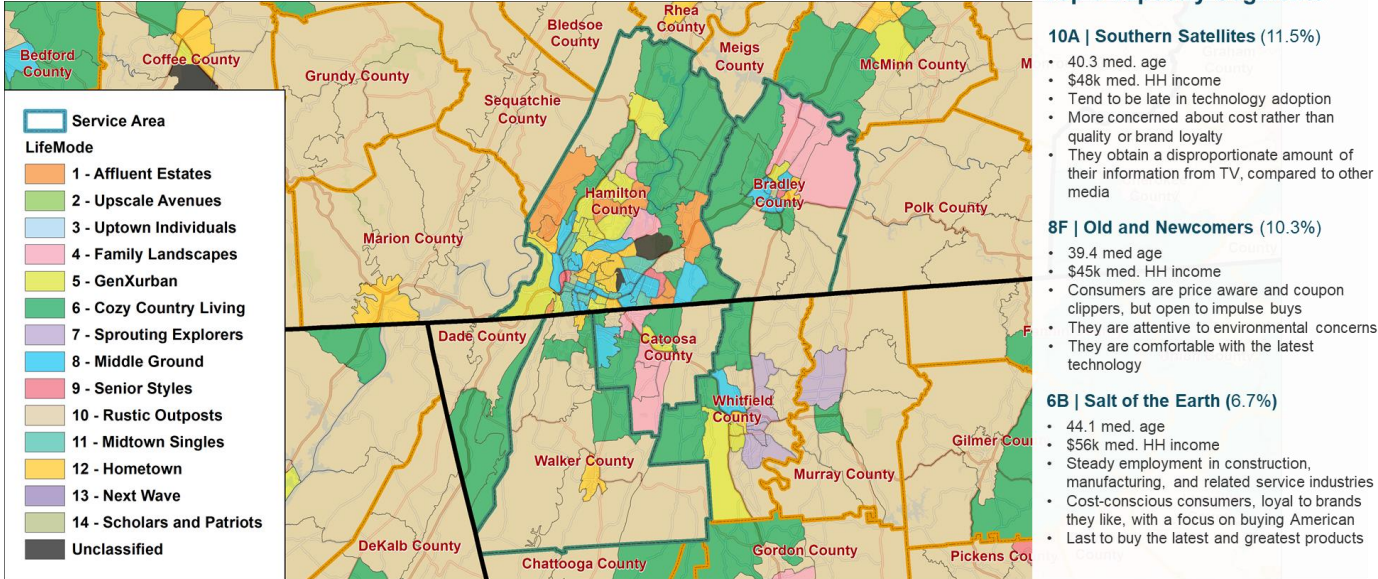
# Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Twenty-nine percent of the five counties are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the 5-counties were Southern Satellites (11.5%), Old and Newcomers (10.3%), and Salt of the Earth (6.7%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 28.5% of total households.



Source: Esri

# Assessment Process and Methods

## Data and Information Used

Public health statistics, demographic, psychographics, focus groups and interviews, and a community survey were used. Below is a list of secondary data used.

1. Length of Life
  - a. Premature death (length of life)
  - b. Alcohol impaired driving deaths
  - c. Injury deaths
  - d. Suicides
  - e. Causes of death (including Covid deaths), infant mortality
2. Quality of Life and Behaviors
  - a. BRFSS data as available:
    - i. Poor or fair health
    - ii. Poor physical and health days
    - iii. Adult smoking
  - b. Excessive drinking
  - c. Low birthweight babies
  - d. Adult obesity
  - e. Physical inactivity
  - f. Sexually transmitted infections
  - g. Teen birth rate
  - h. YRBS data if available
3. Health Care and Access
  - a. Immunization trends
  - b. Chronic disease trends
  - c. Access to healthcare - Medically underserved area, Health Professional Shortage Area
  - d. Diabetes
  - e. Mammography and diabetic screening
  - f. Primary care physician, dentists and mental health providers - population per provider
4. Psychographics behavior at the census tract level based on psychographics
  - a. Use of high blood pressure medication
  - b. Use of antidepressants
  - c. Use of cholesterol medications
  - d. Use of insulin for diabetes
  - e. Smoking and vaping purchasing
  - f. Health habits
  - g. Communication preferences
  - h. Healthcare spending and insurance spending
5. Demographics of the population at the county, ZIP code and/or census tract level (Esri Demographics)
  - a. Population (total and by census tract or block group)
  - b. Household population
  - c. Population change
  - d. Median household income, age
  - e. Education level
  - f. Race and ethnicity
  - g. Uninsured
6. Social determinants of health and equity
  - a. Poverty rate
  - b. School lunch program participation
  - b. Employment percentages
  - c. Socioeconomics
  - d. Cost of living analysis including housing, utilities
  - e. High school graduation and some college
  - f. Children in poverty
  - g. Social associations
  - h. Income inequality
  - i. Children in single-parent households
  - j. Violent crime rate
7. Environmental issues
  - a. Drinking water violations
  - b. Air pollution
  - c. Severe housing problems
  - d. Long-commute - driving alone
  - e. Access to exercise opportunities
8. Health and healthcare spending by census tract
  1. Prescription Drugs
    1. Insulin
    2. High blood pressure
    3. Cholesterol
    4. Anti-depressant
  2. Healthcare spending

## Methods of Collecting and Analyzing Data

Internet research was primarily used for secondary data gathering. Primary research included focus groups and interviews as well as a community survey. The focus groups and interviews were conducted January 27, 2022, in North Georgia and in Chattanooga. A summary is included in the appendix.

Wilkins Research Services in Chattanooga conducted 400 surveys in the five counties in order to glean input from a broader segment of the communities. The surveys were conducted from January 17 to January 31, 2022. There were 241 online, 50 cell phones and 109 landline surveys completed. The 2022 results were compared to the 2019 survey where possible. The results are included in the appendix.

## Input Solicited

### Public Health

The Tennessee and Georgia Departments of Health participated in the focus groups and interviews and attended the summit, where they assisted with the prioritization of the most significant issues.

### Medically-Underserved, Low Income and Minority Populations Solicited

Agencies and organizations representing the medically-underserved, low income and minority populations were solicited to participate in the focus groups/interviews and the community health summit. Below is a sampling of the organizations that participated:

- Brainerd Community Food Pantry
- Urban League
- Chattanooga Area Food Bank
- Chattanooga Housing Authority
- Chattanooga Regional Homeless Coalition
- Council for Alcohol and Drug Abuse Services
- Family Justice Center
- Glenwood Neighborhood Association
- Homeless Health Center
- CHI Memorial Equality and Diversity Board
- The Samaritan Center
- Tri State Food Pantry
- FQHCs
- Northwest GA Area Agency on Aging

### Broad Interest in the Community Solicited

400 surveys were conducted of community members. These participants were selected at random to receive input from other people in the community than those identified as stakeholders above.

### Written Comments Received

CHI Memorial invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

### Documentation of Input

In August 2021, CHI Memorial began a Community Health Needs Assessment for the five-county service area and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in September 2021.
- A community telephone survey was conducted January 3-31, 2022.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues in TN and GA on January 27, 2022. Twenty-four people from twenty-two organizations participated.
- A Community Health Summit was conducted on February 17, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.

### Consultants

CHI Memorial as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

# Assessment Data and Findings

## Data and Findings

### Health Status Data

Based on the 2021 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, the table below shows rankings for health outcomes (1= the healthiest; 95 = unhealthiest in TN and 159 in GA), and for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County	Health Factors	Health Outcomes
Catoosa	18	14
Dade	41	54
Walker	61	78
Bradley	26	16
Hamilton	8	18

When analyzing the health status data, local results were compared to Georgia and Tennessee, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where the studied counties' results were worse than GA, TN and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest communities in GA and TN and eventually the nation, the counties must close several lifestyle gaps. For additional perspective, Georgia was ranked the 38<sup>th</sup> healthiest state out of the 50 states, and TN was ranked 41<sup>st</sup>. (Source: 2019 America's Health Rankings; lower is better)

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### Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and interviews. If a measure was better than GA or TN, it was identified as a strength, and where an indicator was worse than GA or TN, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

<sup>2</sup> The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of TN and GA's counties every year since 2003.



## Comparisons of Health Status

In most of the following graphs, the five counties were compared to TN, GA, the U.S. as well as the top 10% of counties in the U.S. Where a measure was better than the State, the measure is green in color, when the measure was worse than the State the measure is red in color.

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

Health Outcomes are a combination of length of life and quality of life measures. Rankings are listed below. Tennessee has 95 counties and Georgia has 159 ranked counties.

#### Length of Life

	2018	2019	2020	2021
Hamilton	6	15	12	10
Bradley	15	11	8	9
Catoosa	27	51	37	18
Dade	124	62	48	56
Walker	113	100	109	91

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75.

#### Life Expectancy

(Average number of years a person can expect to live)

	2021
Hamilton	77.3
Bradley	76.6
Catoosa	78.3
Dade	76.4
Walker	75.4
Tennessee	76.0
Georgia	77.9
US Avg*	78.8
90 <sup>th</sup> Percentile	81.1

\*US is 2019 data, 2017-2019 counties; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

#### Life Expectancy 2021

(Average number of years a person can expect to live)

	Black	White	Hispanic
Hamilton	73.6	77.8	95.0
Bradley	75.7	76.4	94.5
Catoosa	88.4	77.9	NA
Dade	NA	NA	NA
Walker	73.2	75.4	NA
Tennessee	73.6	76.1	91.0
Georgia	76.1	78.0	89.8
US	74.7	78.8	81.8

#### Premature death

(YPLL per 100,000 pop prior to age 75)

	2018	2019	2020	2021
Hamilton	7,689	8,303	8,534	8,534
Bradley	8,256	8,153	8,125	8,450
Catoosa	7,455	8,472	7,805	7,029
Dade	10,515	8,826	8,513	8,619
Walker	10,181	10,205	10,285	9,824
Tennessee	8,800	9,100	9,285	9,355
Georgia	7,500	7,700	7,703	7,616
US Avg	6,700	6,900	6,900	6,900
90 <sup>th</sup> Percentile	5,300	5,400	5,500	5,400

#### Premature death 2021

(YPLL per 100,000 pop prior to age 75)

	Black	White	Hispanic
Hamilton	12,100	3,800	8,000
Bradley	10,300	8,600	NA
Catoosa	NA	NA	NA
Dade	NA	NA	NA
Walker	11,300	9,900	NA
Tennessee	12,200	9,100	4,800
Georgia	9,600	7,400	3,800
US	10,352	6,684	4,915

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

## Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Hamilton	Bradley	Catoosa	Dade	Walker	TN	GA	US
Heart Disease	250.9	306.9	220.2	361.6	394.2	249.8	187.3	204.2
Cancer	192.0	221.1	202.0	252.1	239.4	209.7	166.4	182.9
Accidents (Unintentional Injuries)	63.5	63.0	42.9	53.7	65.5	75.4	45.5	54.9
Respiratory Diseases	77.8	80.3	96.6	97.1	102.3	67.0	45.7	47.6
Strokes	57.7	55.3	60.1	80.6	64.5	51.8	43.7	46.5
Alzheimer's	62.3	80.6	58.1	66.1	59.2	50.5	42.4	38.4
Diabetes	35.5	24.7	33.0	NA	21.0	33.1	24.1	27.9
Kidney disease	14.0	15.7	13.8	NA	15.3	15.9	19.4	15.8
Influenza and Pneumonia	13.6	17.9	13.3	NA	13.4	22.1	13.8	16.5
Suicide	14.6	17.9	21.2	NA	13.9	17.6	14.6	14.4
Liver disease	16.5	20.1	12.8	NA	20.5	17.3	12.2	14.1
Sepsis	10.3	16.4	9.9	NA	12.4	13.0	16.4	12.1
Covid-19*	69.1	66.0	88.2	NA	89.9	99.3	88.3	106.5

Age-adjusted rates per 100,000 population.  
TN, GA, US data from 2018 - 2020.  
\*Covid-19 data from 2020 not age adjusted

Total Covid Deaths Jan 1, 2020-Jan 7, 2022  
Hamilton County: 904  
Bradley County: 321

Catoosa County: 125  
Dade County: 22  
Walker County: 176

Source: [Wonder.cdc.gov](https://wonder.cdc.gov). Age-adjusted rates per 100,000 population. \*Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than their state. The leading causes of death in all five counties were heart disease and cancer.

### Suicide Rate (per 100,000 Population)

	2018	2019	2020
Hamilton	14.6	16.1	14.3
Bradley	14.5	15.4	16.7
Catoosa	17.7	19.3	21.6
Dade	NA	NA	NA
Walker	15.1	12.7	14.0
Tennessee	16.5	16.8	17.0
Georgia	13.8	14.3	14.3
US	13.9	14.1	13.9

Years of data utilized:  
2020: 2018-2020  
2019: 2017-2019  
2018: 2016-2018

Age-adjusted rates per 100,000 population.  
Age Adjustment Uses 2000 Standard Population.

The suicide trend increased in Catoosa County which was higher than GA and the other counties.

Source(s): [Wonder CDC.gov](https://wonder.cdc.gov) (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs.

	2018	2019	2020	2021
Hamilton	26	20	33	26
Bradley	46	40	37	28
Catoosa	16	16	23	20
Dade	27	31	43	51
Walker	69	66	54	64

**Poor or fair health\***  
(% of adults reporting, age-adjusted)

	2018	2019	2020	2021
Hamilton	16.9%	16.9%	19.1%	19.5%
Bradley	21.0%	21.0%	21.5%	22.2%
Catoosa	13.6%	13.6%	14.7%	16.8%
Dade	14.8%	14.8%	16.0%	20.0%
Walker	18.0%	18.0%	17.8%	20.6%
Tennessee	19.0%	19.0%	19.7%	21.2%
Georgia	19.0%	19.0%	18.0%	18.4%
US Avg	16.0%	16.0%	17.0%	17.0%
90th Percentile	12.0%	12.0%	12.0%	14.0%

**Poor physical health days\***  
(avg # of days past 30 days)

	2018	2019	2020	2021
Hamilton	4.2	4.2	4.1	4.7
Bradley	5.0	5.0	4.6	5.0
Catoosa	3.6	3.6	3.3	3.9
Dade	3.7	3.7	3.5	4.4
Walker	4.2	4.2	3.7	4.6
Tennessee	4.4	4.4	4.2	4.7
Georgia	3.8	3.8	3.4	3.9
US Avg	3.7	3.7	3.8	3.7
90th Percentile	3.0	3.0	3.1	3.4

**Poor mental health days\***  
(avg # of days past 30 days)

	2018	2019	2020	2021
Hamilton	4.4	4.4	4.6	5.3
Bradley	4.7	4.7	4.7	5.4
Catoosa	3.6	3.6	3.8	4.4
Dade	3.8	3.8	3.8	4.9
Walker	4.1	4.1	3.9	4.8
Tennessee	4.5	4.5	4.4	5.2
Georgia	3.8	3.8	3.9	4.2
US Avg	3.8	3.8	4.0	4.1
90th Percentile	3.1	3.1	3.4	3.8

**Low birthweight**

(% of live births with birthweight < 2500 grams, 5.5 lbs.)

	2018	2019	2020	2021
Hamilton	10.2%	9.9%	9.8%	9.7%
Bradley	8.6%	8.4%	8.6%	8.7%
Catoosa	8.5%	8.4%	8.3%	8.4%
Dade	9.0%	9.3%	9.7%	9.3%
Walker	9.7%	9.7%	9.9%	10.0%
Tennessee	9.0%	9.0%	9.2%	9.2%
Georgia	10.0%	10.0%	9.6%	9.7%
US Avg	8.0%	8.0%	8.0%	8.0%
90th Percentile	6.0%	6.0%	6.0%	6.0%

\*Beginning with 2021 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2021 should not be compared to prior years.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2018

Source: County Health Rankings; National Center for Health Statistics – Natality files (2013-2019)

## Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%).

## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings.

	2018	2019	2020	2021
Hamilton	9	8	16	7
Bradley	39	54	53	32
Catoosa	22	27	38	35
Dade	33	33	34	69
Walker	60	68	66	93

**Adult obesity**  
(% of adults that report a BMI of 30 or more)

	2018	2019	2020	2021
Hamilton	31.0%	31.4%	29.4%	31.2%
Bradley	36.6%	38.1%	37.8%	37.2%
Catoosa	30.7%	34.6%	38.8%	32.3%
Dade	35.1%	34.9%	40.6%	37.8%
Walker	31.7%	32.6%	36.6%	35.3%
Tennessee	32.0%	33.0%	33.2%	33.3%
Georgia	30.0%	30.0%	32.0%	32.3%
US Avg	28.0%	29.0%	29.0%	30.0%
90th Percentile	26.0%	26.0%	26.0%	26.0%

**Physical inactivity**  
(% 20 yo and older reporting no leisure time physical activity)

	2018	2019	2020	2021
Hamilton	28.0%	24.7%	25.8%	24.1%
Bradley	34.4%	32.4%	32.5%	29.9%
Catoosa	27.2%	24.9%	31.5%	26.5%
Dade	26.6%	28.4%	30.2%	31.1%
Walker	30.0%	30.1%	35.5%	35.5%
Tennessee	30.0%	27.0%	27.2%	27.2%
Georgia	24.0%	24.0%	27.5%	26.4%
US Avg	23.0%	22.0%	23.0%	23.0%
90th Percentile	20.0%	19.0%	20.0%	19.0%

**Access to exercise opportunities**  
(% of population with adequate access to locations for physical activity)

	2018	2019	2020	2021
Hamilton	89.9%	86.9%	89.4%	89.4%
Bradley	70.0%	74.9%	76.7%	76.7%
Catoosa	73.1%	75.4%	74.6%	74.6%
Dade	65.2%	67.4%	76.3%	76.3%
Walker	62.1%	59.4%	54.4%	54.4%
Tennessee	71.0%	71.0%	70.2%	70.2%
Georgia	77.0%	76.0%	75.5%	75.5%
US Avg	83.0%	84.0%	84.0%	84.0%
90th Percentile	91.0%	91.0%	91.0%	91.0%

**Adult smoking\***  
(% that report every day or "most days")

	2021
Hamilton	20%
Bradley	25%
Catoosa	19%
Dade	22%
Walker	23%
Tennessee	21%
Georgia	16%
US Avg	17%
90th Percentile	16%

In 1965, 45% of the US smoked

Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2017

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

## Health Behaviors, Cont.

### Excessive drinking

(% of adults reporting binge or heavy drinking)

	2018	2019	2020	2021
Hamilton	14.4%	14.4%	17.5%	16.6%
Bradley	13.3%	13.3%	13.9%	15.9%
Catoosa	16.9%	16.9%	17.3%	18.5%
Dade	17.4%	17.4%	17.3%	18.3%
Walker	16.0%	16.0%	15.4%	17.4%
Tennessee	14.0%	14.0%	14.3%	17.1%
Georgia	15.0%	15.0%	14.4%	16.8%
US Avg	18.0%	18.0%	19.0%	19.0%
90th Percentile	13.0%	13.0%	13.0%	15.0%

### Alcohol impaired driving deaths

(percentage of driving deaths with alcohol involvement)

	2018	2019	2020	2021
Hamilton	23.5%	23.3%	25.4%	27.1%
Bradley	27.8%	31.7%	27.7%	27.0%
Catoosa	31.0%	31.6%	28.9%	28.6%
Dade	8.0%	15.0%	18.5%	26.7%
Walker	15.8%	22.5%	19.5%	20.9%
Tennessee	28.0%	26.0%	25.1%	24.6%
Georgia	23.0%	22.0%	21.5%	20.3%
US Avg	29.0%	29.0%	28.0%	27.0%
90th Percentile	13.0%	13.0%	11.0%	11.0%

### Sexually transmitted infections

(chlamydia rate per 100,000 pop)

	2018	2019	2020	2021
Hamilton	526	581	532	620
Bradley	421	396	373	420
Catoosa	197	292	298	322
Dade	128	117	233	209
Walker	176	194	270	241
Tennessee	478	489	522	569
Georgia	571	615	624	632
US Avg	479	497	525	540
90th Percentile	145	153	161	161

### Food environment index

(higher is better)

	2018	2019	2020	2021
Hamilton	6.7	6.9	6.9	7.2
Bradley	7.1	7.3	7.3	7.1
Catoosa	7.8	7.9	7.9	7.8
Dade	8.6	8.5	8.4	8.1
Walker	7.3	7.3	7.4	7.0
Tennessee	6.2	6.3	6.4	6.2
Georgia	5.8	6.0	6.0	6.5
US Avg	7.7	7.7	7.6	7.8
90th Percentile	8.6	8.7	8.6	8.7

Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2015-2019

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

### Teen birth rate

(# of births per 1,000 female pop ages 15-19)

	2018	2019	2020	2021
Hamilton	30	28	27	24
Bradley	36	34	31	30
Catoosa	35	33	31	28
Dade	27	24	24	22
Walker	47	46	44	42
Tennessee	36	33	31	29
Georgia	32	29	26	24
US Avg	27	25	23	21
90th Percentile	15	14	13	12

### Teen birth rate 2021

(# of births per 1,000 female pop ages 15-19)

	Black	White	Hispanic
Hamilton	37	17	59
Bradley	28	29	48
Catoosa	29	28	23
Dade	NA	NA	NA
Walker	32	43	32
Tennessee	39	25	48
Georgia	29	19	36
US Avg	26	11	25

Source: Teen birth rate - CHR; National Center for Health Statistics - Natality files, 2013-2019



## Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings.

	2018	2019	2020	2021
Hamilton	6	5	5	6
Bradley	24	47	48	43
Catoosa	43	14	17	12
Dade	63	63	35	53
Walker	97	70	72	65

**Uninsured**  
(% <65 without health insurance)

	2018	2019	2020	2021
Hamilton	11.3%	9.9%	11.0%	11.9%
Bradley	12.9%	13.0%	13.4%	13.6%
Catoosa	13.4%	12.8%	12.7%	13.9%
Dade	14.5%	14.3%	14.9%	15.9%
Walker	14.4%	14.3%	15.2%	14.8%
Tennessee	12.0%	11.0%	11.3%	12.0%
Georgia	16.0%	15.0%	15.5%	15.9%
US Avg	11.0%	10.0%	10.0%	10.0%
90th Percentile	6.0%	6.0%	6.0%	6.0%

**Preventable hospital stays**  
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

	2019	2020	2021
Hamilton	4,250	4,144	3,941
Bradley	5,345	5,610	5,048
Catoosa	3,657	4,463	3,668
Dade	4,189	3,490	3,962
Walker	4,947	4,915	4,617
Tennessee	5,305	5,320	4,915
Georgia	4,851	4,930	4,835
US Avg	4,520	4,535	4,236
90th Percentile	2,765	2,761	2,565

**Flu vaccines**  
(% of Medicare enrollees vaccinated per year)

	2018	2019	2020	2021
Hamilton	45.0%	48.0%	50.0%	52.0%
Bradley	42.0%	43.0%	45.0%	46.0%
Catoosa	43.0%	46.0%	47.0%	50.0%
Dade	36.0%	36.0%	42.0%	42.0%
Walker	39.0%	43.0%	45.0%	47.0%
Tennessee	46.0%	47.0%	49.0%	50.0%
Georgia	41.0%	42.0%	44.0%	46.0%
US Avg	41.0%	42.0%	46.0%	48.0%
90th Percentile	0.0%	52.0%	53.0%	55.0%

**Mammography screening**  
(% female Medicare enrollees ages 65-74 receiving annual mammogram)

	2018	2019	2020	2021
Hamilton	64.0%	44.0%	44.0%	45.0%
Bradley	63.7%	42.0%	43.0%	43.0%
Catoosa	59.2%	42.0%	42.0%	41.0%
Dade	57.9%	38.0%	41.0%	41.0%
Walker	55.4%	38.0%	38.0%	38.0%
Tennessee	63.0%	40.0%	41.0%	41.0%
Georgia	62.0%	40.0%	40.0%	41.0%
US Avg	63.0%	41.0%	42.0%	42.0%
90th Percentile	71.0%	49.0%	50.0%	51.0%

Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2018

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool,

2018

**Primary care physicians**  
(population per physician)

	2018	2019	2020	2021
Hamilton	910	910	902	904
Bradley	1,859	1,771	1,852	1,940
Catoosa	2,202	2,142	2,017	1,983
Dade	3,253	3,251	3,257	2,704
Walker	4,862	4,850	5,745	5,339
Tennessee	1,380	1,390	1,396	1,396
Georgia	1,520	1,520	1,528	1,508
US Avg	1,320	1,330	1,330	1,320
90th Percentile	1,030	1,050	1,030	1,030

**Dentists**  
(population per dentist)

	2018	2019	2020	2021
Hamilton	1,408	1,391	1,349	1,295
Bradley	2,049	2,030	2,178	2,002
Catoosa	6,036	5,546	5,186	5,198
Dade	3,251	3,257	3,245	3,223
Walker	6,790	6,894	6,941	6,976
Tennessee	1,890	1,880	1,856	1,801
Georgia	1,980	1,960	1,960	1,921
US Avg	1,480	1,460	1,450	1,400
90th Percentile	1,280	1,260	1,240	1,210

**Mental health providers\***  
(population to mental health providers)

	2018	2019	2020	2021
Hamilton	555	520	469	452
Bradley	1,633	1,426	1,067	983
Catoosa	1,277	1,056	853	805
Dade	16,257	8,143	4,057	3,223
Walker	2,952	2,997	2,479	1,517
Tennessee	740	700	659	634
Georgia	830	790	726	691
US Avg	470	440	400	380
90th Percentile	330	310	290	270

**Diabetes prevalence**  
(% of adults aged 20 and above diagnosed with diabetes)

	2018	2019	2020	2021
Hamilton	13.7%	13.2%	13.8%	12.4%
Bradley	14.8%	14.7%	14.3%	14.5%
Catoosa	12.0%	12.5%	11.6%	16.5%
Dade	12.7%	13.5%	12.2%	23.8%
Walker	13.3%	16.1%	12.5%	18.2%
Tennessee	13.0%	13.0%	14.0%	12.5%
Georgia	11.0%	12.0%	12.4%	12.0%
US Avg	10.5%	10.0%	10.0%	11.0%
90th Percentile	8.0%	9.0%	7.0%	8.0%

Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2018

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2019

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2019

Source: Diabetes prevalence – U.S. Diabetes Surveillance System, 2017



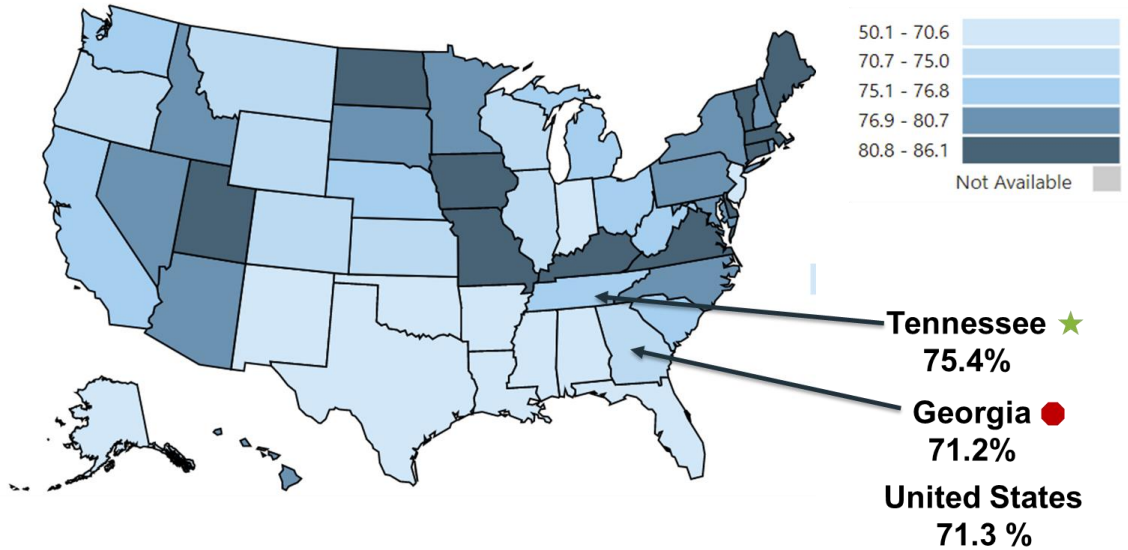
## Clinical Care, cont.

GA had a lower vaccination percentage among children 19-35 months old than the U.S. and TN had a higher vaccination percentage for children. Both TN and GA have lower COVID vaccination rates overall than the U.S.

## Vaccination Coverage Among Children

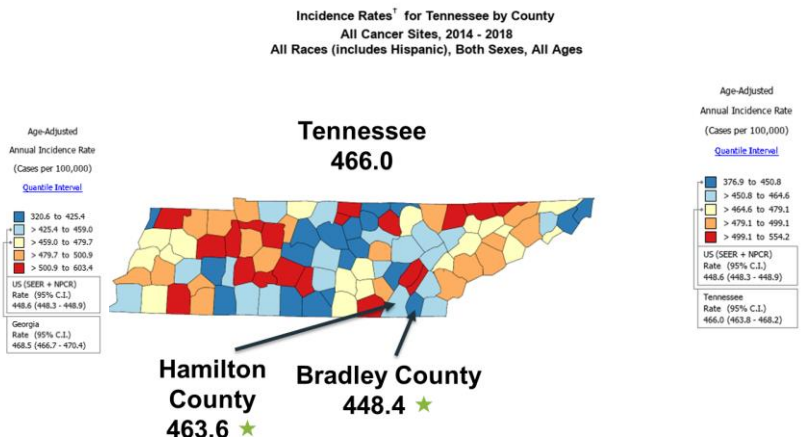
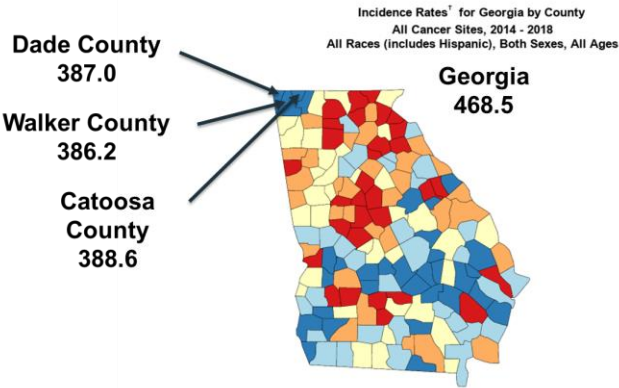
Combined 7 Series Vaccination Coverage by Age 35 Months among Children Born in 2018, National Immunization Survey-Child

% of residents fully vaccinated for Covid-19:  
 Hamilton: 55%  
 Bradley: 40%  
 Catoosa: 38%  
 Dade: 32%  
 Walker: 32%  
 TN: 52%  
 GA: 51%  
 US: 62%  
 1/7/2022



Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

## Cancer Incidence Rates



Notes:  
 † State Cancer Registries may provide more current or more local data.  
 Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).  
 ‡ Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER\*Stat. Population counts for denominators are based on Census populations as modified by ICI. The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.  
 Rates are compiled using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#).  
 Data for the United States does not include data from Puerto Rico.

Registries may provide more current or more local data.  
 † Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).  
 ‡ Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER\*Stat. Population counts for denominators are based on Census populations as modified by ICI. The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.  
 Rates are compiled using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#).  
 Data for the United States does not include data from Puerto Rico.

Cancer incidence rates (cases per 100,000 population) were lower in the 5 counties than in GA and TN, and GA counties were lower than the U.S. (449).

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category.

	2018	2019	2020	2021
Hamilton	17	21	20	13
Bradley	13	18	17	16
Catoosa	15	18	15	18
Dade	34	38	29	41
Walker	57	45	49	57

**High school graduation**  
(% of 9th grade cohort graduating in 4 yrs)  
Higher is better

	2018	2019	2020	2021
Hamilton	85.0%	84.6%	84.6%	89.5%
Bradley	90.1%	90.9%	90.9%	85.3%
Catoosa	85.0%	85.7%	88.2%	87.5%
Dade	87.5%	86.8%	92.2%	80.7%
Walker	84.4%	87.9%	89.7%	82.0%
Tennessee	88.0%	90.0%	89.8%	87.5%
Georgia	80.0%	81.0%	83.1%	87.1%
US Avg	83.0%	85.0%	85.0%	88.0%
90th Percentile	95.0%	96.0%	96.0%	94.0%

**Some college**  
(% of adults 35-44 with some postsecondary ed)  
Higher is better

	2018	2019	2020	2021
Hamilton	66.6%	66.9%	67.3%	68.4%
Bradley	55.9%	56.8%	57.0%	57.4%
Catoosa	65.5%	63.8%	62.9%	60.9%
Dade	52.0%	54.7%	51.7%	51.1%
Walker	49.7%	51.8%	52.6%	55.1%
Tennessee	59.0%	60.0%	60.8%	61.4%
Georgia	62.0%	63.0%	63.1%	63.6%
US Avg	65.0%	65.0%	66.0%	66.0%
90th Percentile	72.0%	73.0%	73.0%	73.0%

**Children in single-parent households**  
(% of HH headed by a single parent)

	2018	2019	2020	2021
Hamilton	19.1%	17.5%	18.1%	18.8%
Bradley	19.6%	20.6%	20.9%	17.4%
Catoosa	18.9%	17.3%	16.5%	15.2%
Dade	21.4%	18.1%	18.3%	17.3%
Walker	25.2%	24.2%	22.2%	20.1%
Tennessee	23.0%	21.0%	21.8%	19.4%
Georgia	23.0%	22.0%	21.0%	19.5%
US Avg	20.0%	18.0%	18.0%	17.0%
90th Percentile	12.0%	11.0%	11.0%	10.0%

**Social associations**  
(# of membership assoc. per 10,000 pop)

	2018	2019	2020	2021
Hamilton	14.3	14.0	13.9	13.9
Bradley	14.4	14.5	13.9	13.8
Catoosa	9.1	9.2	8.3	7.7
Dade	9.2	9.2	7.4	7.4
Walker	10.1	9.6	9.0	8.5
Tennessee	11.3	11.3	11.3	11.3
Georgia	8.9	8.9	9.0	8.8
US Avg	9.3	9.3	9.3	9.3
90th Percentile	22.1	21.9	18.4	18.2

Source: High School graduation – CHR, American Community Survey, 5-yr estimates, 2015-2019

Source: Some college CHR; American Community Survey, 5-year estimates, 2015-2019.

Source: Children in poverty - CHR; U.S. Census, Small Area Income and Poverty Estimates, 2019

Source: Social associations - CHR; County Business Patterns, 2018

**Children in poverty**  
(% under age 18 in poverty)

	2018	2019	2020	2021
Hamilton	19.1%	17.5%	18.1%	18.8%
Bradley	19.6%	20.6%	20.9%	17.4%
Catoosa	18.9%	17.3%	16.5%	15.2%
Dade	21.4%	18.1%	18.3%	17.3%
Walker	25.2%	24.2%	22.2%	20.1%
Tennessee	23.0%	21.0%	21.8%	19.4%
Georgia	23.0%	22.0%	21.0%	19.5%
US Avg	20.0%	18.0%	18.0%	17.0%
90th Percentile	12.0%	11.0%	11.0%	10.0%

**Income inequality**  
(ratio of HH income at the 80th percentile to income at the 20th percentile)

	2018	2019	2020	2021
Hamilton	4.9	4.9	4.8	4.8
Bradley	4.6	4.5	4.3	4.3
Catoosa	4.3	4.3	4.2	4.0
Dade	4.5	4.9	4.7	4.1
Walker	4.6	4.6	4.6	4.5
Tennessee	4.7	4.7	4.8	4.7
Georgia	5.0	5.0	4.9	4.9
US Avg	5.0	4.9	4.9	4.9
90th Percentile	3.7	3.7	3.7	3.7

**Injury deaths**  
(Injury mortality per 100,000)

	2018	2019	2020	2021
Hamilton	71	72	73	78
Bradley	73	73	77	79
Catoosa	74	74	73	72
Dade	83	87	80	67
Walker	68	69	74	74
Tennessee	83	86	89	92
Georgia	61	63	65	66
US Avg	65	67	70	72
90th Percentile	55	57	58	59

**Violent crime rate**  
(violent crime per 100,000 pop)

	2018	2019	2020	2021
Hamilton	646	663	663	663
Bradley	545	554	554	554
Catoosa	222	260	260	260
Dade	416	333	333	333
Walker	509	556	556	556
Tennessee	614	621	621	621
Georgia	374	388	388	388
US Avg	380	386	386	386
90th Percentile	62	63	63	63

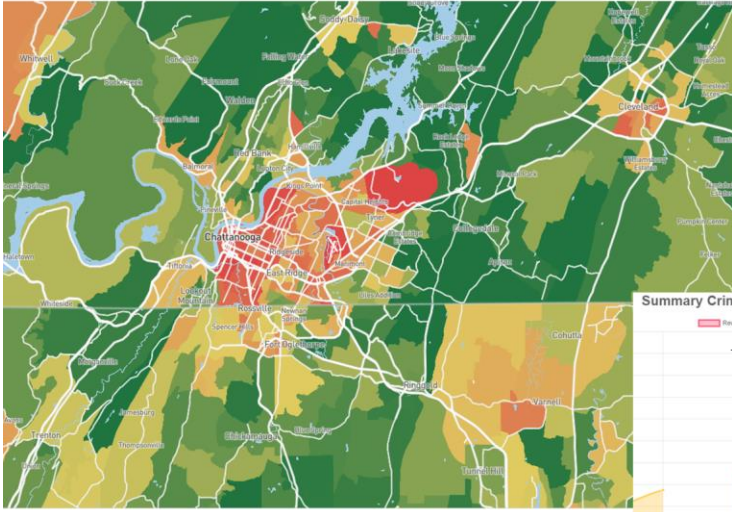
Source: Income inequality & children in single-parent households - CHR; American Community Survey, 5-year estimates 2015-2019.

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2015-2019.

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016



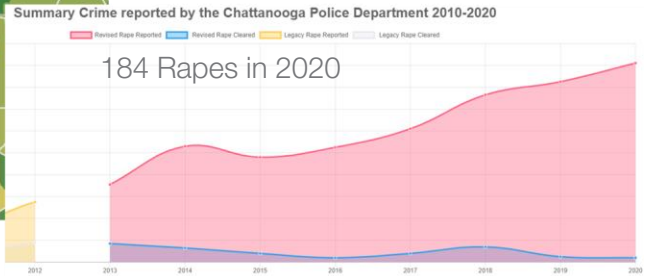
# Social & Economic Factors Cont.



**Crime Grades and Ranks**

	Violent	Property	Other	Overall
Hamilton	D	D	B	D+
Bradley	C	D	B-	D+
Catoosa	A-	C	A	B
Dade	A-	D+	A+	B-
Walker	B+	C-	B+	C+
Tennessee				48
Georgia				25

**Rape Cases Reported**



Source: crimegrade.org 2020; police departments, FBI, AI; violent crime = assault, robbery, rape murder



**A historic partnership.**  
Educating and training the next generation of culturally competent medical professionals.

Photo Credit: CHI Memorial

## Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Rankings are below.

	2018	2019	2020	2021
Hamilton	70	65	56	19
Bradley	60	67	60	66
Catoosa	88	140	42	61
Dade	33	19	28	26
Walker	120	100	90	48

### Drinking water violations

	2019	2020	2021
Hamilton County	No	No	No
Bradley County	No	No	No
Catoosa County	Yes	No	No
Dade County	No	No	No
Walker County	No	No	No

Source: EPA Safe Drinking Water Information System.

### Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)

	2018	2019	2020	2021
Hamilton	15.4%	15.2%	14.2%	13.5%
Bradley	15.7%	15.7%	15.0%	14.1%
Catoosa	12.1%	11.8%	11.6%	10.5%
Dade	13.0%	12.9%	14.3%	13.0%
Walker	15.6%	15.2%	14.7%	14.0%
Tennessee	16.0%	15.0%	14.7%	14.2%
Georgia	18.0%	18.0%	16.9%	16.3%
US Avg	19.0%	18.0%	18.0%	18.0%
90th Percentile	9.0%	9.0%	9.0%	9.0%

### Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)

	2018	2019	2020	2021
Hamilton	25.0%	23.9%	23.5%	24.0%
Bradley	26.5%	25.9%	26.7%	25.9%
Catoosa	31.6%	32.0%	31.8%	32.5%
Dade	49.6%	50.5%	50.3%	46.9%
Walker	41.6%	44.8%	45.4%	44.6%
Tennessee	34.0%	34.0%	34.8%	35.3%
Georgia	40.0%	41.0%	41.6%	42.3%
US Avg	35.0%	35.0%	36.0%	37.0%
90th Percentile	15.0%	15.0%	16.0%	16.0%

### Broadband access

(% of households with broadband internet connection)

	2021
Hamilton	81%
Bradley	79%
Catoosa	83%
Dade	75%
Walker	78%
Tennessee	78%
Georgia	81%
US Avg	83%
90th Percentile	86%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012-2016.

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2014-2018. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2015-2019

## Health Equity

In collecting and analyzing data, every effort was made to determine any inequities by geography, income, race, and/or ethnicity.

## Data and Findings

### Focus Groups and Interviews

The attendees believed that health is holistic, psychosocial, emotional, mental and physical wellbeing. Based on that definition, the most significant health issues were:

- Nutrition
- Mental health
- Substance misuse
- Chronic diseases
- Lack of affordable healthcare and insurance
- Food insecurity
- Obesity
- Violence – domestic and gun
- Fear – traumatized by violence
- Loss of jobs, then money, then food

Attendees were asked, “What if any, health issues or inequities did the COVID-19 pandemic expose in the community?”

- The gap between the haves and have nots widened during COVID; people couldn’t get off work and take care of themselves or others
- Spotlight on unequal access to health resources
- Mental health issues present
- Some chronically homeless people increased
- Transportation became an issue for testing or vaccines

Complete survey results are contained in appendix 2.

### Community Survey

400 respondents believed the top issues that impact people’s health were:

- Affordable health insurance – 30%
- Affordable healthcare – 21%
- People taking more responsibility for their own lifestyle/health – 16%
- Affordable housing – 14% increase from 4% in 2019
- Poverty low income – 9%
- Mental and behavioral health services – 9%
- Obesity – 9%
- Substance misuse – 9%
- Affordable services and programs for individuals with disabilities and special needs – 7%
- Dental health services – 7%
- Availability of doctors – office hours, not accepting insurance – 7%
- Diabetes – 6%

Complete survey results are contained in appendix 3.

# Results of the CHNA: Community Health Summit Prioritized Health Needs

## Prioritization of Health Needs

### Prioritization Criteria

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

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

### Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Access to affordable healthcare and insurance (41)
2. Mental/behavioral health (31)
3. Affordable, healthy housing (24)
4. Substance Use Disorder (tie) (15)
5. Prevention and Education (tie) (15)
6. Violence (12)
7. Obesity (11)
8. Food insecurity (10)
9. Chronic diseases (5)



Photo Credit: CHI Memorial



## Evidence to Support the Needs

At the Community Health Summit, attendees were presented the secondary data, the summarized results of the focus groups/interviews and the community survey. From this data, the following slide was presented for their review. It shows the priorities from 2019, the secondary data issues identified, the survey results and focus group/interview results for the most significant issues questions.

### Significant Community Health Issues

Identified Needs: 2019 CHNA	Secondary Data Issues	Survey	Issues Identified in Focus Groups/Interviews
<b>TN</b> <ul style="list-style-type: none"> <li>Poverty/jobs</li> <li>Access to care and insurance</li> <li>Obesity – Healthy eating, active living</li> <li>Personal responsibility/education</li> </ul>	<ul style="list-style-type: none"> <li>Adult smoking</li> <li>Adult obesity</li> <li>Uninsured</li> <li>Violent crime</li> <li>Injury deaths</li> <li>Income inequality</li> <li>Excessive drinking</li> </ul>	<ul style="list-style-type: none"> <li>Affordable health insurance</li> <li>Affordable healthcare</li> <li>Personal responsibility for lifestyle/health</li> <li>Affordable housing</li> <li>Mental health</li> <li>Obesity</li> <li>Substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Mental health</li> <li>Substance</li> <li>Chronic diseases</li> <li>Lack of affordable healthcare</li> <li>Food insecurity – food deserts</li> </ul>
<b>GA</b> <ul style="list-style-type: none"> <li>Affordability of health care and insurance</li> <li>Access to health care and insurance</li> <li>Obesity – healthy eating, active living</li> <li>Smoking</li> </ul>	<ul style="list-style-type: none"> <li>Primary care physicians</li> <li>Physical Inactivity</li> <li>Teen births</li> <li>High school completion</li> <li>Air pollution – particulate matter</li> </ul>	<ul style="list-style-type: none"> <li>Affordable services and programs for individuals w/ disabilities and special needs</li> <li>Dental health</li> <li>Availability of doctors</li> <li>Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Domestic violence and violence, gun violence</li> <li>Fear – traumatized by violence</li> <li>Obesity</li> <li>Loss of jobs, money and food</li> </ul>

Using this information, the attendees used the process described above to prioritize the most significant health issues.

# Impact of 2019 CHNA and Implementation Plan

## Impact

In 2019, the Hamilton and Bradley County, Tennessee and Walker, Catoosa, and Dade County, Georgia communities prioritized the following community health needs:

1. Mental health
2. Obesity
3. Access to care and insurance
4. Physical inactivity and lifestyle
5. Substance abuse disorder
6. Smoking
7. Chronic diseases
8. Resources and education
9. Safety
10. Poverty and Jobs

Through implementation efforts directed at addressing the health needs prioritized above, CHI Memorial has done the following since the 2019 CHNA:

- Provided access to resources and education by strengthening the relationship with United Way and promoting the use of the local resource helpline to help address the holistic and social needs of patients, caregivers and employees themselves. Staff has been trained on use of the United Way 211 resource icon - a link to an online 'micro-site' of community assistance - and the icon has been made available on the desktop computer of all CHI Memorial staff.
- Continued to expand access to care through a comprehensive mobile mammography program that includes two mobile coaches. Since 2019, Over 10,500 people have been screened using this mobile coach.
- Continued to expand access to care through a mobile lung screening coach. Since 2019, over 3,500 people have been screened using this coach.
- Began providing mental health first aid training to educate individuals on ways to address common mental health issues. Over 320 people have been trained since the course was initiated.
- Increased access to vaccinations during the COVID-19 pandemic.
  - CHI Memorial partnered with the Catoosa County government to become the only public provider in Catoosa County, Georgia to offer vaccines early on in the pandemic. CHI Memorial administered 55,000 doses in Catoosa County.
  - CHI Memorial partnered with Get Vaccinated Chattanooga to help administer vaccines in Tennessee. Over 16,800 doses were administered through this initiative that targeted low-income and underserved communities in Greater Chattanooga.
- Promoted safety and increased access to care by helping provide healthcare to the homeless population. CHI Memorial partnered with local organizations to provide case conferencing, medical respite beds, and affordable housing units for this population.
- Expanded marketing with a particular focus on populations at risk for certain health issues, including chronic diseases.
- Explored implementation of a Connected Community Network (CCN) that would serve as a database connecting all local resource organizations to better connect patients with needed community services. A workgroup continues to meet to discuss the feasibility of this project.
- Provided CPR certification courses for students at local high schools.
- Initiated telepsychiatry in the Emergency Department in mid-2021 to reduce wait times for this patient population and speed entry into needed inpatient and outpatient mental health services. The monthly average of telepsych consult since July 2021 is over 100.

# Impact of 2019 CHNA and Implementation Plan, cont.

## Impact

- Opened a new Endocrinology specialty clinic in Chattanooga to increase access to care for specific chronic diseases, such as diabetes, and other endocrine and metabolic disorders.
- Expanded a Neurosciences service line that provides increased access to the community for stroke and other neurologic conditions.
  - Telestroke was incorporated into the program.
- Improved diagnostic services for Interventional Pulmonology through the purchase of the Ion Robot, which has increased diagnostic yield, decreased case time, and enabled more lung biopsies to be performed, ultimately identifying and treating lung cancer easier.
- Focused on development of new and growth of existing services to meet the needs of the North Georgia community. All of these services have increased access to care for North Georgia residents.
  - Began the Certificate of Need process to build a replacement hospital better located to serve the needs of the community.
  - Either opened or re-established: a free-standing imaging center, sleep center/sleep lab, breast center, and surgery center.
  - Established and/or expanded capacity for several specialty clinics: Cardiology, Vascular Surgery, Pulmonology, Sleep Medicine, Breast Care, General Surgery, and Urology.
  - Expanded access to adult primary care and to pediatrics.
  - Acquired 911 Emergency Medical Services (EMS) in Dade and Walker Counties consisting of 7 locations to provide swifter access to care in an emergency situation.
- COVID-19 impacted implementation of several planned initiatives in 2020. Groups were unable to meet in person, and resources were limited. However, CHI Memorial stepped up to address some of the prioritized health needs that further exacerbated during the COVID pandemic. This included increasing access to care by offering COVID vaccinations, initiating telemedicine services, and increasing education around mental health via mental health first aid training, as detailed above.



Photo Credit: CHI Memorial

# Appendices

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# Appendix 1

## Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented	How Involved
AIM Center	Community Foundation Group	Summit
Area Agency on Aging at Northwest Georgia Regional	Seniors	Focus Group(s)/interviews
Arts in Healthcare	Community	Summit
Brainerd Community Food Pantry	Low income	Focus Group(s)/interviews, Summit
Catoosa County Chamber of Commerce	Businesses	Focus Group(s)/interviews
Catoosa County Commission	Local Government- City/County	Focus Group(s)/interviews, Summit
Catoosa County Health Department	Local Gov't - Public Health	Focus Group(s)/interviews, Summit
Catoosa County Schools	Education	Summit
Catoosa County Sheriff	Public Safety	Focus Group(s)/interviews, Summit
CEMPA	Community Foundation	Summit
Urban League	Education	Summit
Chattanooga Area Chamber of Commerce	Businesses	Focus Group(s)/interviews
Chattanooga Area Food Bank	Low income	Focus Group(s)/interviews, Summit
Chattanooga Hamilton County Medical Society	Community	Focus Group(s)/interviews, Summit
Chattanooga Housing Authority	Low income	Focus Group(s)/interviews, Summit
Chattanooga Police Department	Public Safety	Focus Group(s)/interviews, Summit
Chattanooga Regional Homeless Coalition	Unhoused	Focus Group(s)/interviews, Summit
CHI Memorial	Healthcare	Focus Group(s)/interviews, Summit
CHI Memorial GA	Healthcare	Summit
CHI Memorial Mental Health First Aid Educator	Healthcare	Summit
City of Chattanooga	Local Gov't/Public Health	Focus Group(s)/interviews, Summit
City of Chattanooga Family Justice Center	Domestic violence	Focus Group(s)/interviews
Collegedale City Mayor	Local Government	Focus Group(s)/interviews, Summit
Coordinated School Health	Schools	Summit
Council for Alcohol and Drug Abuse Services	Healthcare	Summit
Destiny Church	Ministry	Summit
Erlanger (on behalf of YMCA)	Health	Summit
Family Justice Center	Advocacy	Summit
First Presbyterian Church	Ministry	Summit
Former Chief of Staff/Mayor Berke	Former City Government	Summit
Glenwood Neighborhood Association	Glenwood Neighborhood	Summit
Greenspaces	Environment	Summit
Habitat for Humanity of Greater Chattanooga Area	Low income	Focus Group(s)/interviews, Summit
Hamilton County Dept of Education	Local Government - Education	Summit
Hamilton County Government FUSE project	Government	Summit
Homeless Health Center	Community	Summit
Local artist/strategist	Community	Summit
Memorial Health Equity/Diversity Board	Education	Summit
New United Missionary Baptist Church	Ministry	Summit
NW GA Area Agency on Aging	Community Benefit Partner	Summit
Orchard Park Adventist Church	Ministry	Summit
Primary Health Center of Dade	All	Focus Group(s)/interviews

In many cases, several representatives from each organization participated.

## Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Community Health Needs Assessment and Improvement Plan included, continued:

Organization	Population Represented	How Involved
The Samaritan Center	Community	Summit
Tri State Food Pantry	Low income	Focus Group(s)/interviews
University of Tennessee at Chattanooga	Community	Summit
University of Tennessee at Chattanooga School of Nursing	Schools	Summit
Volunteers in Medicine	Healthcare	Summit
Walker County Schools	Schools	Summit
Walker County Sheriff	Local Government	Summit
YMCA of Chattanooga	Community	Focus Group(s)/interviews, Summit
Community member	Community	Summit

In many cases, several representatives from each organization participated.



## Appendix

### Interviews and Focus Groups Summary

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in individual interviews and focus groups on January 27, 2022, in Ringgold, GA and in Chattanooga, TN for their input into the community's health. Community participation in the focus groups and individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. How do you define health?
  - Holistically, all aspects, psychosocial, emotional, mental, physical
  - Mind, body, soul, overall wellbeing
2. How would you describe the community's health?
  - Fair in some areas, poor in others, better in some, depends on demographics
  - Differences for those who have resources and those who are uninsured
  - F, and room for improvement, varies widely, varies by ZIP and ethnicity
  - Depends on the community
3. What are the most significant health issues for the communities?
  - Nutrition – it is expensive to eat healthy, too much processed food, fast food affordable
  - Mental health – suicidal ideation in kids, stress, isolation, lack of services and clinicians and funding sources, insurance
  - Substance abuse – ties into mental health, can't afford their prescription medications so use street drugs to self-medicate, overdoses, increasing drug use
  - Chronic diseases – diabetes, pre-diabetes, hypertension, heart disease, kidney disease, cancer
  - Lack of affordable healthcare – can't afford medications, people are working until an older age to have insurance coverage, expense of healthcare, high deductibles
  - Food insecurity – food deserts
  - Obesity
  - Violence – domestic and gun
  - Fear – traumatized by violence
  - Loss of jobs, money and food
4. What are the most significant health issues facing various populations including medically underserved and low-income populations?
  - All of the above
  - They are a transitional population and move a lot; can't afford their phone, address changes frequently, very hard to get hold of
  - Walker County and Rossville have a higher proportion of low-income population.
  - All ties together – mental health, substance abuse, domestic violence, not just in low-income households but the majority in low-income households

## Interview and Focus Group Results, cont.

### 5. What are the most significant health issues facing the minority populations?

- Same as others
- Diabetes
- Access to care
- The Hispanic population had a high rate of COVID infection. The health of one segment impacts the health of other segments.
- Undiagnosed mental health – shortage of bilingual mental health professionals
- Racial disparities in health outcomes and housing
- ZIP codes that have more minorities have higher rates of COVID infections
- Fear and violence

### 6. What are the most important health issues facing children?

- Depression, loss of ability to cope, anger, emotions
- Vaping – vaping THC
- THC in candy targeting youth
- Child abuse
- Kids on Medicaid still don't receive care; no emphasis on prevention or dental care
- Autism and lack of local services
- Lack of a healthy diet
- Homeless families living in cars with kids
- Transitional families – kids changing schools frequently

### 7. What are the most important health issues facing seniors?

- Access to convenient transportation that crosses state lines
- Being homebound and isolation; no one to care for them
- Cognitive impairment – dementia, Alzheimer's
- Affordable housing and housing modifications
- Food insecurity and healthy diet
- Food insecurity gap between not having food and food being available from pantries. People don't know where food is available or how to get it.
- Technology gap – not sure telehealth works for the elderly, don't have the technology or know how

### 8. The community performed a CHNA in 2019 and identified priorities for health improvement

Tennessee

1. Poverty/jobs
2. Access to care and insurance
3. Obesity – healthy eating, active living
4. Personal responsibility/education

Georgia

1. Affordability
2. Access
3. Obesity – healthy eating, active living
4. Smoking

What has changed most related to health status in the last three years?

- Jobs have probably improved but others haven't
- All are still issues
- All have gotten worse
- Add mental health to the list
- Change smoking to vaping
- Add housing – shelters and affordable housing
- Add substance abuse

## Interview and Focus Group Results, cont.

9. What behaviors have the biggest impact on community health?
  - Managing chronic care, more prevention, using the ER for chronic care management
  - Not using preventative care, seeing a PCP
  - People being quick to anger. We have a pandemic then a tornado, for those already living in crisis mode, increases crisis. No long-term thinking. People are fragile – emotionally, mentally, physically.
  - Gun violence
  - Domestic violence
  - Rape/sexual assault
  - Political divide across the nation
  
10. What environmental factors have the biggest impact on community health?
  - Well water in rural areas
  - Lead paint issue in Rossville
  - Poor housing conditions for the elderly; lack of affordable housing
  - Food deserts, lack of grocery stores, buying food in gas stations, high processed, sugar and salt, fast food
  - Safe places to exercise; lack of sidewalks
  - So many people left the workforce, so much stress for the people left
  - Lack of transportation – don't have a car, no one to take them
  - Racism
  
11. What do you think the barriers will be to improve health in the communities?
  - COVID is the biggest barrier and doesn't seem to be going away
  - Transportation
  - Cost of healthcare
  - Lack of providers – need more people going into healthcare, physicians, dentists. It is going to take a long time to replace health workers lost in the pandemic.
  - Lack of healthcare workers for respite care, homemaker services, sitters
  - People don't feel like they have control of their life, have short fuses, quick to anger. This causes crime to increase.
  - It almost feels like we're headed to a Hunger Games (books then movies that portray a future society where there is great suffering and injustice for the people living in the districts as opposed to the Capitol) environment if we don't figure out how to be in community with each other

12. What community assets support health and wellbeing?

- Parks
- Walkable community

### Interview and Focus Group Results, cont.

- Fort Oglethorpe has a great walking path
- Kayaks have been placed on streams in the past 5 years
- Lots of outdoor recreation
- Farmer's markets
- Catoosa schools having a nurse in every school
- Collaborative and work well together
- Good faith-based organizations
- Senior Centers
- Sense of community, diverse community welcoming of different backgrounds and socioeconomics

13. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Gap between the haves and the have nots widened during COVID; people couldn't get off work and couldn't take care
- Some chronically homeless now for a year or longer increased during the pandemic; affordable housing crisis
- Naïve to be surprised at the reaction to COVID – people weren't jumping on a healthy lifestyle, eating right and exercise prior to COVID and some had to be convinced COVID was real.
- Transportation became a big issue for people needing testing or vaccines
- Spotlight on unequal access to health resources. Healthcare needs to be more affordable and accessible
- Lack of healthcare after work hours, only ER
- Mental health issues present
- Political polarization more distrustful of medical professionals and science

14. If you had a magic wand, what improvement activity should be a priority for the counties to improve health?

- Improve nutrition – wise spending on food, cooking, see benefit of healthy choices
- Increase activity – get outside and increase activity
- Substance misuse - advocacy counselors and peer support, no drug abuse
- Equality and equity – discuss racism, equal opportunities, see value of every person
- Community-building – build relationships, community collaborations and open discussions; mentoring program to understand laws, health, relationships, resources, bring people together; Life training; shut social media off
- Prevention and education – health fairs, healthy choices, COVID vaccinations
- Access and affordability – healthcare, medications, transportation

15. How can we make sure your voice is heard when decisions are being made that affect your community?

- Have to get into the communities so they trust the information and go to the doctor
- Make sure it's not CHI saying here's what you need. The message must come from local people.
- People with lived experience know best what the problem is and are the best to solve it. Homeless Coalition pays those to help the board meetings. \$25/hour to benefit from their lived experience.

## Interview and Focus Group Results, cont.

16. What would be the best ways for us to communicate with communities about the progress we are making and resources available?

- Town Hall meetings
- Social media
- Newspapers
- Quick, short, impactful messaging
- UCTV local news channel
- Presentations at Collaborative meetings, Chamber
- Collaborative and Chamber newsletters
- Get everyone saying the same message to echo
- Be strategic, intentionally invite people who represent everyone. Have to provide for everyone. Start small and be intentional.
- Be committed to the work. Be all inclusive.
- Problems are huge- tackle one thing and grow
- Trust those that have the answers.
- Build authentic relationships.

# Appendix 3 Community Surveys

## Community Surveys

Wilkins Research Services in Chattanooga conducted 400 surveys in the 5 counties in order to glean input from a broader segment of the communities. The surveys were conducted from January 17 to January 31, 2022. There were 241 online, 50 cell phones and 109 landline surveys completed. The 2022 results were compared to the 2019 survey where possible.

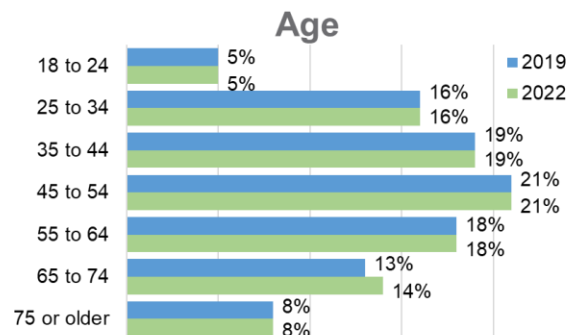
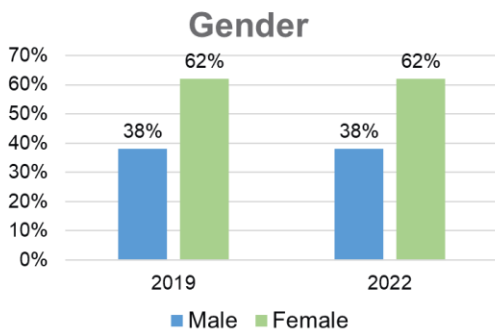
### Demographics

N=400 Q1: What is your gender?

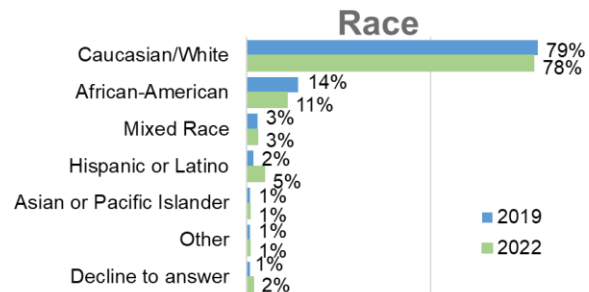
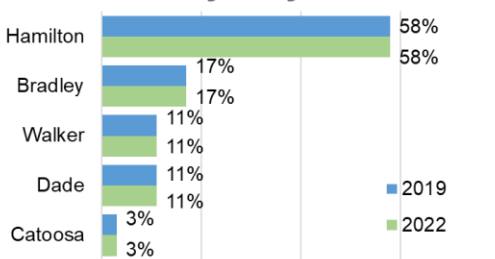
N=400 Q2: Which of the following ranges includes your age?

N=400 Q3: What county do you live in?

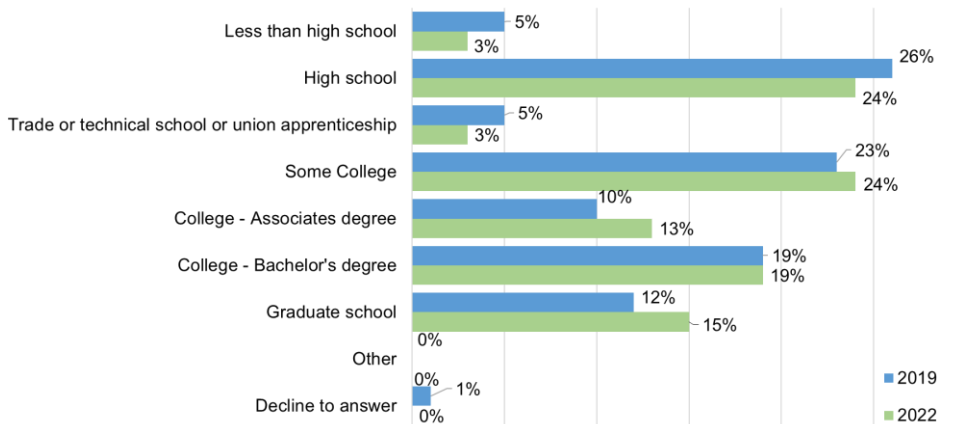
N=400 Q4: what is your race or ethnic background?



### What county do you live in?



N=400 Q22: What is the highest level of education completed?

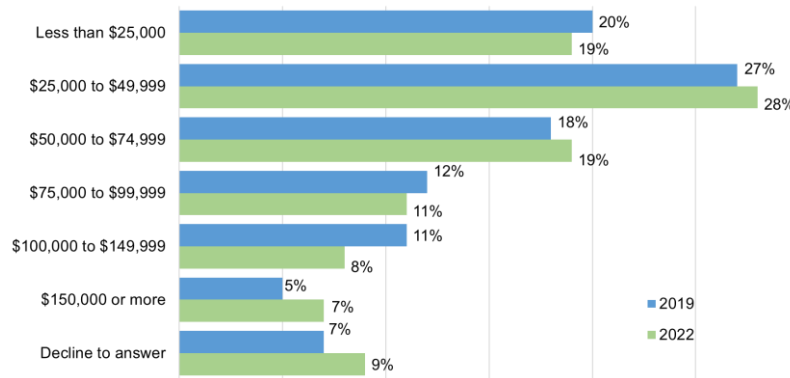




## Community Surveys, cont.

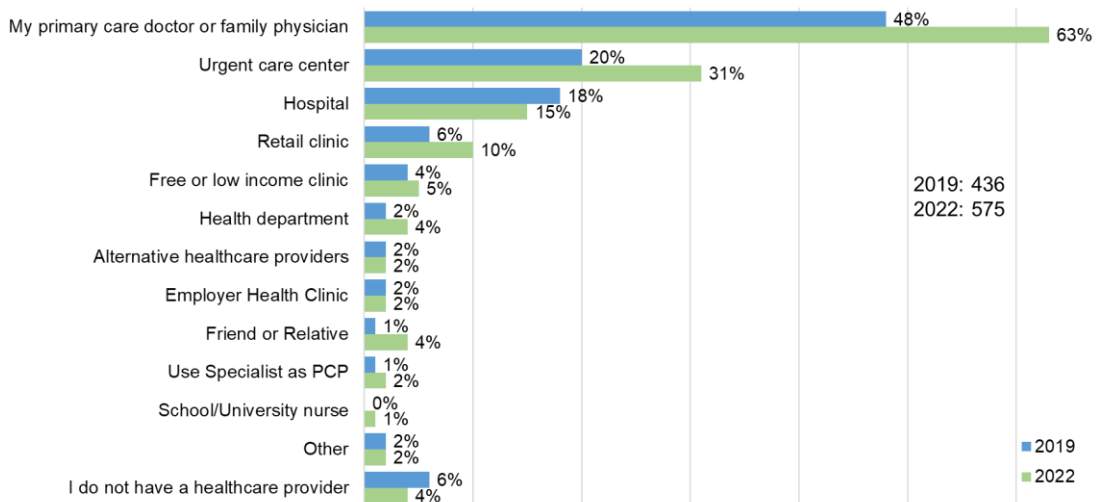
### Demographics, cont.

N=400 Q23: Which of the following includes your annual household income?

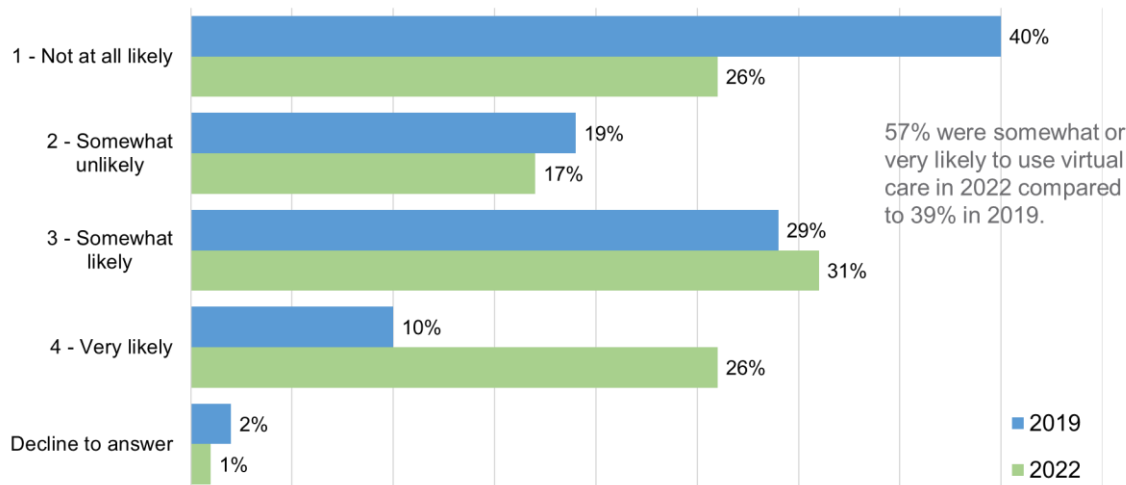


### Provider Access

N=400 Q5: If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?



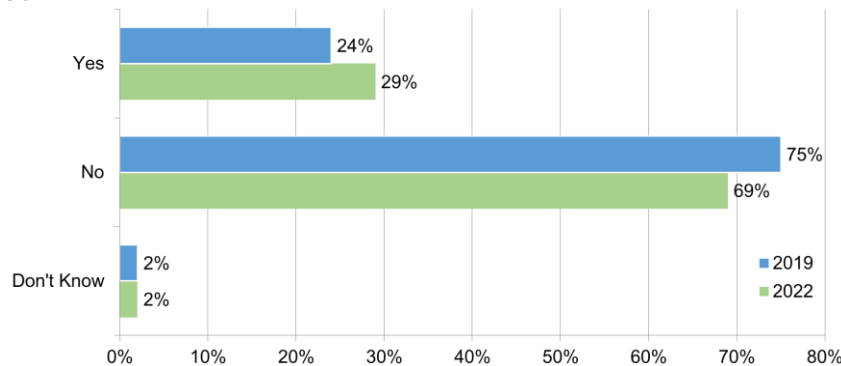
N=400 Q6: How likely are you to utilize virtual physician care such as through the computer or your smart phone?



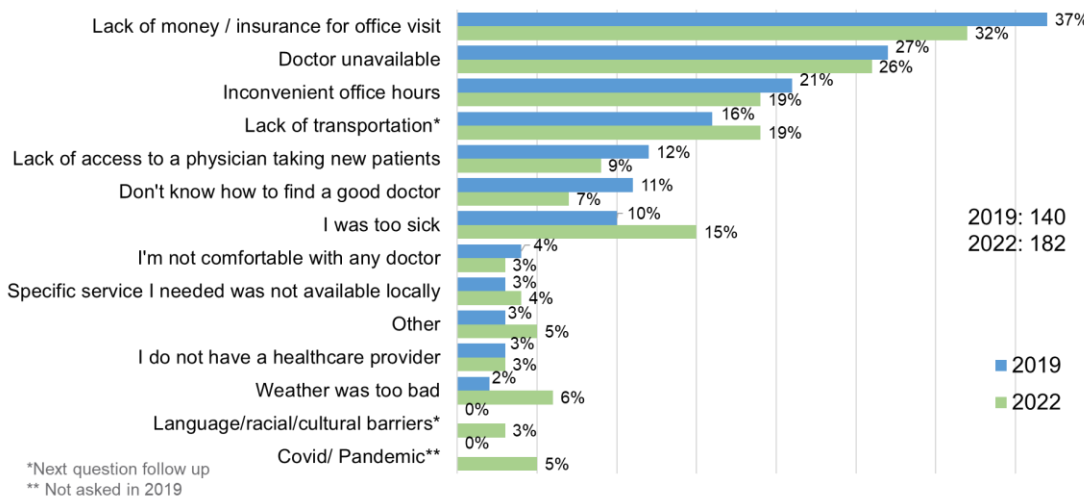
## Community Surveys, cont.

### Provider Access, cont.

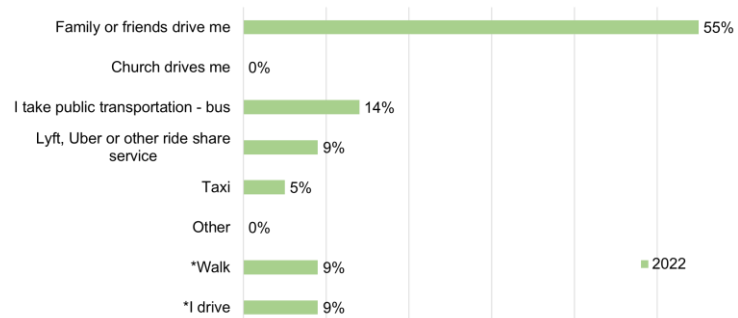
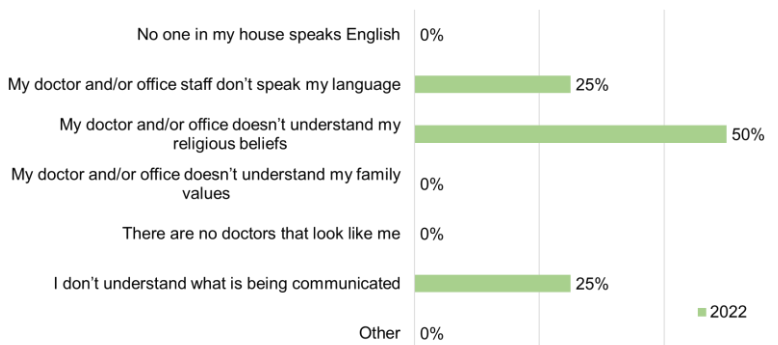
N=400 Q7: Was there a time in the past 12 months when you needed to see a doctor but could not?



N=117 Q8: What are some of the reasons why you could not see a doctor?



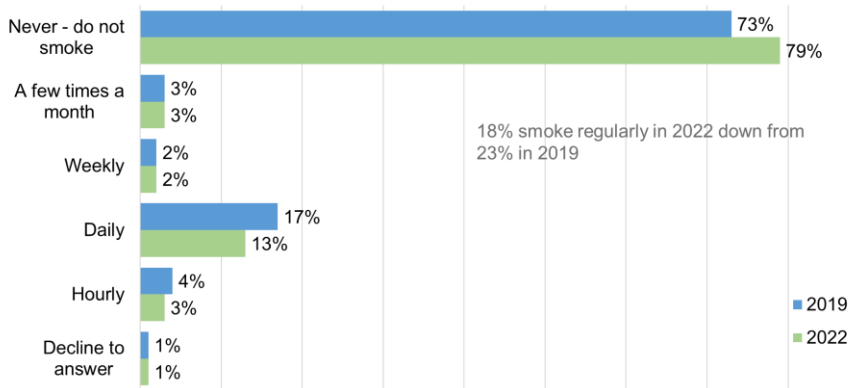
If responded language/racial/cultural barriers, then "what are the language, racial, and or cultural barriers that keep you from seeing a doctor?" If responded transportation, then "how do you typically get around for healthcare needs, grocery shopping, etc.?"



## Community Surveys, cont.

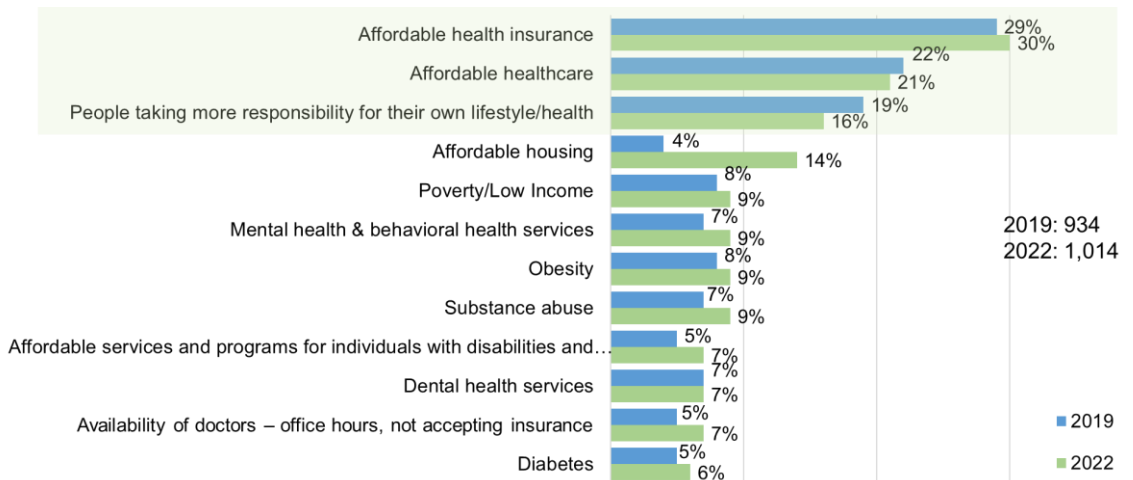
### Health Behavior - Smoking

N=400 Q11: How often do you smoke, if you do?

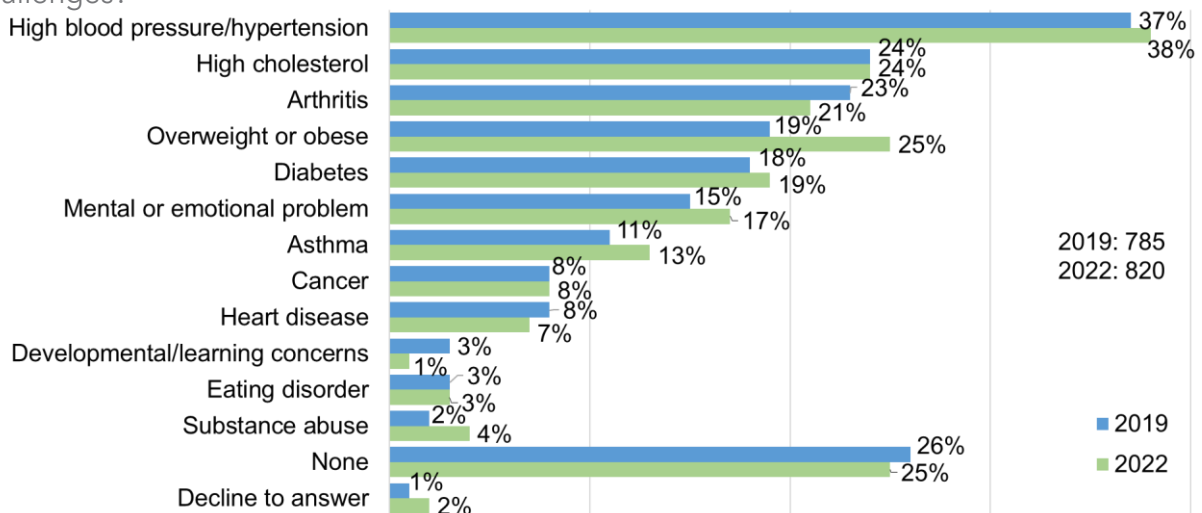


### Most Significant Health Needs

N=400 Q12: What are the top 3 issues in your community that impact people's health? These issues could be related to Healthcare Access, Community Issues, General Lifestyle, Quality of Life issues or any other issue you can think of. What are the top 3 issues that you can think of that impact people's health?



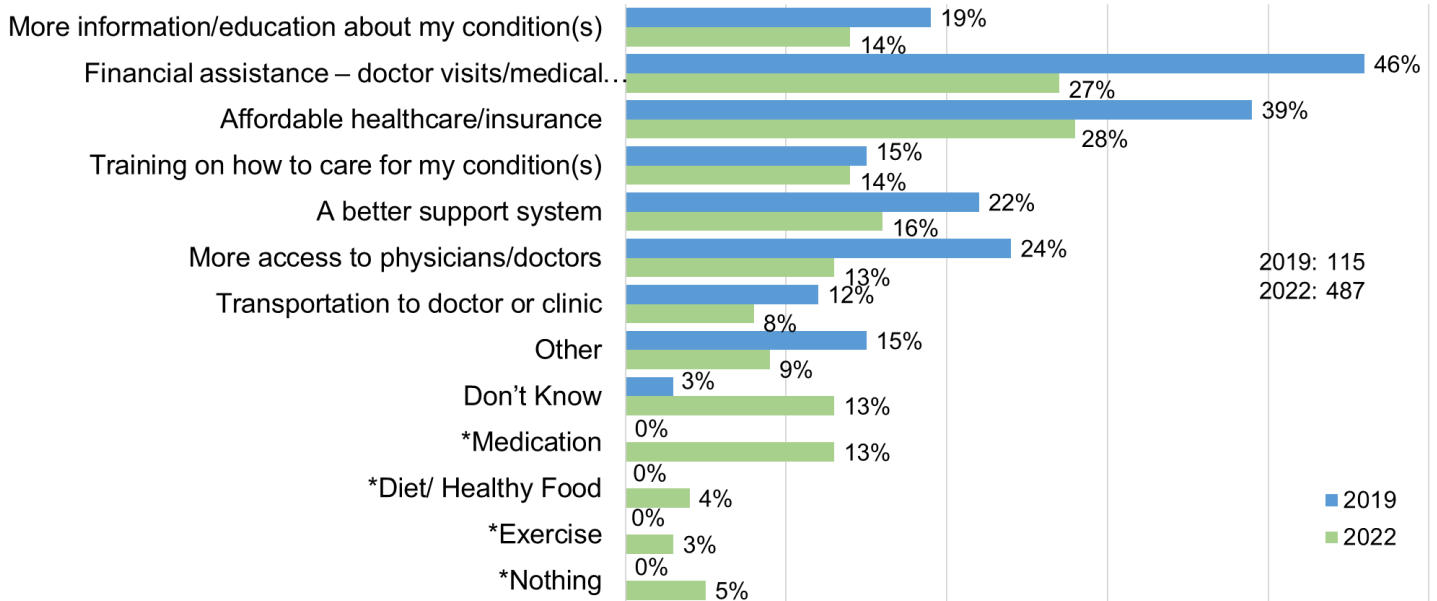
N=400 Q13: Have you ever been told by a doctor you have any of these conditions, diseases or challenges?



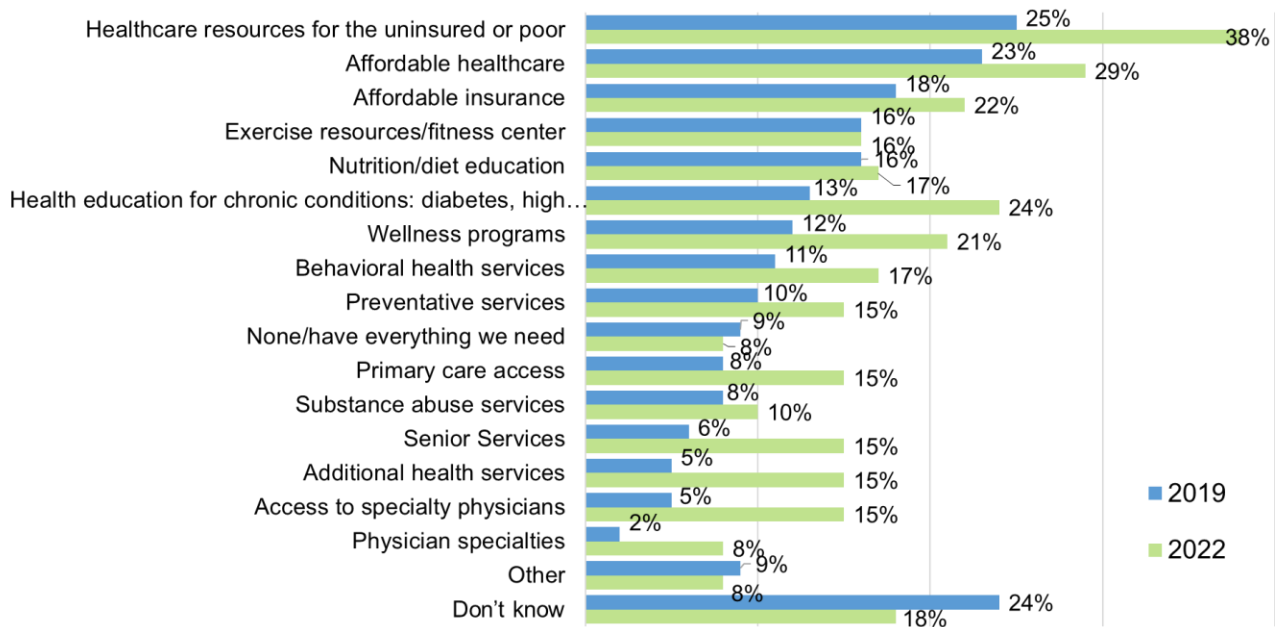
## Community Surveys, cont.

### Most Significant Health Needs, cont.

N=292 Q14: What do you need to manage your health condition(s)?



N=292 Q15: What healthcare, health education or public health services or programs would you like to see offered in your community?

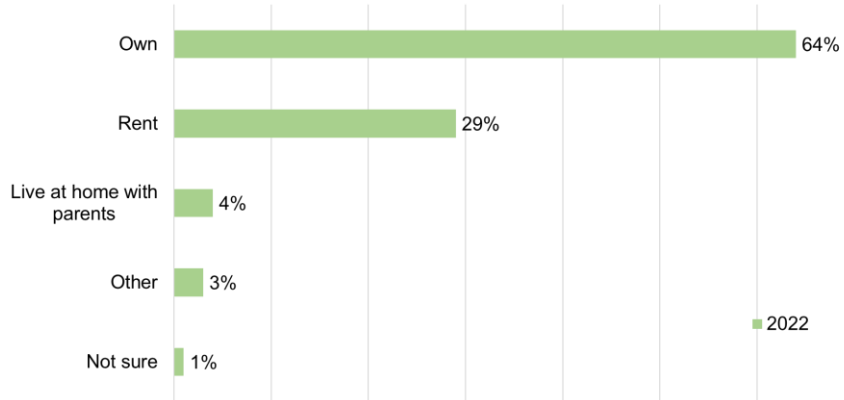




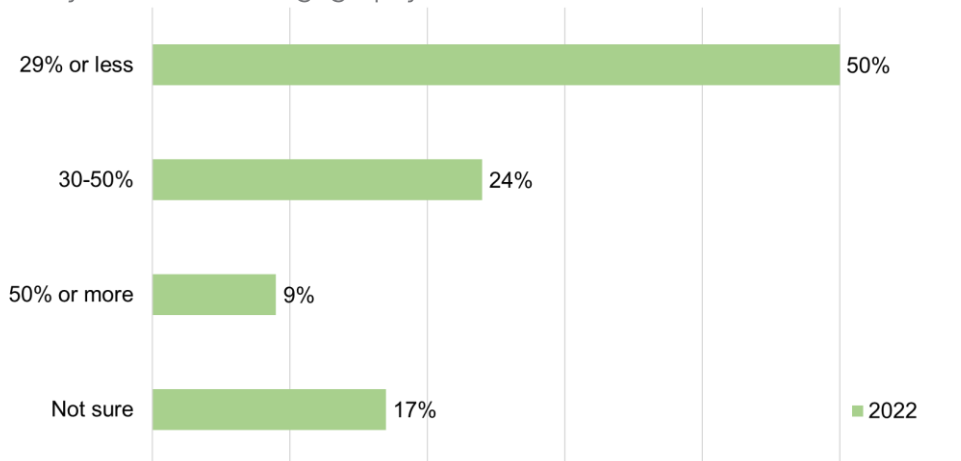
## Community Surveys, cont.

### Housing Insecurity

N=400 Q24: Do you own or rent your current residence? For the purpose of the survey, you own your home even if you have an outstanding debt that you owe on your mortgage loan.



N=400 Q25: Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment.



## Appendix 4

# Community Health Summit Brainstorming

### Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, they broke into groups to brainstorm solutions to each of the priorities. They created potential goals and actions the community could take to improve these issues.

#### Significant Health Need 1: Access to affordable healthcare and insurance

- ✔ Goal 1 – Increase equity of affordable access to healthcare
    - Action 1 – Partner with local, established resources and collaborators
    - Action 2 – Implement a holistic approach by targeting kids who in turn target families
    - Resources/Collaborators Needed: Howard Connect Health Center (FQHC), Hamilton County Schools, Cherokee Health Alliance, Volunteers in Medicine*
  - ✔ Goal 2 – Improve transportation access to affordable healthcare resources
    - Action 1 – Secure funding for a CHI Memorial mobile clinic
    - Action 2 – Improve access to telehealth focusing on privacy concerns
- 

#### Significant Health Need 2: Mental health

- ✔ Goal 1 – Integrate mental health professionals with law enforcement agencies
    - Action 1 – Secure funding for mental health professionals
    - Action 2 – Incorporate follow-up care and referral process for individuals post law enforcement engagement
    - Resources/Collaborators Needed: Universities for recruitment to profession, law enforcement, mental health entities, legislators, politicians*
  - ✔ Goal 2 – Increase mental health resources in schools
    - Action 1 – Train and educate students on coping and stress relief techniques
    - Action 2 – Ensure a holistic, team approach to include peer to peer training with mental health professionals, spiritual leaders
    - Action 3 – Increase time for outdoor recess and play time
  - ✔ Goal 3 – Increase healthcare provider and community awareness of mental health resources
    - Action 1 – Create community-wide directory or Ensure 211 is up to date and publicized
    - Action 2 – Identify gaps in service
-

### Significant Health Need 3: Affordable, healthy housing

- ✔ Goal 1 – Redefine affordable housing as it relates to livable wages in Chattanooga area
  - Action 1 – Redefine affordable housing
  - Action 2 – Lobby to create a living wage
  - Resources/Collaborators Needed: Chamber of Commerce, faith-based organizations, legislators (state and local), universities, investment contractors, hospitals, building contractors, community organizations*
- ✔ Goal 2 – Develop housing based on income within 5 years
  - Action 1 – Policy and resources need to be aligned to support affordable housing development for income levels
  - Action 2 – Secure funding for a pilot program using best practice models such as San Antonio TX and Truman Medical Center in Kansas City, MO
  - Resources/Collaborators Needed: building contractors, legislators, apartment complexes, landlords, hospitals, faith-based organizations, universities, community organizations*

---

### Significant Health Need 4: Substance use disorder

- ✔ Goal 1 – Create a culturally relevant educational, authentic campaign
  - Action 1 - Focus the programs on emotional and societal contributors
  - Action 2 – Utilize appropriate social media
  - Resources/Collaborators Needed: Heart Association, mental health organizations, Influencers*
- ✔ Goal 2 – Get involved in the schools to decrease substance use
  - Action 1 - Focus one track on legal substances – smoking, vaping, alcohol
  - Action 2 – Focus another track on illegal substances

---

### Significant Health Need 4: Prevention and education

- ✔ Goal 1 – Establish single, bilingual, easy to remember hotline for health “511”
  - Action 1 - Segment the hotline by ZIP code
  - Action 2 – Develop remote hiring strategy for navigators/operators
  - Action 3 – Widely promote via social media, earned media
- ✔ Goal 2 – Establish bilingual health navigator corps at community centers
  - Action 1 - Train Spanish speaking navigators to work full-time in community centers
  - Resources/Collaborators Needed: higher-education partners, City, County*

## Significant Health Need 5: Violence

- ✔ Goal 1 – Mount a campaign to reduce youth (ages 15-18) violence by 10% over the next 3 months urging people to stop leaving guns in unoccupied, unlocked cars and stop leaving cars running while unoccupied  
Action 1 – Collaborative media and educational campaign  
*Resources/Collaborators Needed: law enforcement, local government*
  - ✔ Goal 2 - Break the cycle of domestic violence  
Action 1 – Provide counseling to the children of the of the violent party along with  
Action 2 – Provide long-term social services plan and continued follow-ups with the children  
*Resources/Collaborators Needed: churches, schools, law enforcement, community partners*
- 

## Significant Health Need 6: Obesity

- ✔ Goal 1 – Improve access to high quality, healthy food  
Action 1 – Promote healthy culture  
Action 2 – Communicate health initiatives  
*Resources/Collaborators Needed: media, industry, school system, restaurants, government*
  - ✔ Goal 2 – Increase exercise  
Action 1 – Align community forces (policy, places, people) to make healthier food choices and movement the easier choice  
Action 2 – Launch a coalition event in April 2022  
*Resources/Collaborators Needed: health partners educating psychology in schools, agriculture, farmer's market*
- 

## Significant Health Need 7: Food insecurity

- ✔ Goal 1 – Strategically plan for locations to decrease food deserts and provide healthy food  
Action 1 – Use schools for food distribution  
Action 2 – Organize resources to provide food  
Action 3 – Provide economic incentives/tax breaks for retailers going into distressed neighborhoods  
*Resources/Collaborators Needed: schools, food pantries, governments*
- ✔ Goal 2 – Provide education on how to provide healthy food on a budget  
*Resources/Collaborators Needed: churches community, government leaders, community service groups*



## Significant Health Need 8: Chronic diseases

- ✓ Goal 1 – Create mobile clinic for prevention, treatment, and screening of chronic diseases for each of the 5 counties in the next 2 years.

Action 1 – Secure funding

Action 2 – Hire staff, medical personnel, coordination for a pilot mobile coach

*Resources/Collaborators Needed: survey for chronic issues to specialize within communities, mobile coach, staff, funding, diverse staff, extended hours, authorization for follow-up release information*



Goal 2 – Partner with at least 10 (2 per county) organizations to create ongoing maintenance and resources struggling to manage chronic illness

Action 1 – Identify areas with higher-than-average chronic illnesses

Action 2 – Find/collect resources into a library – identify who will be case managers

*Resources/Collaborators Needed: organizations, similar databases, churches, MOUs in place*

---

# Appendix 5

## Community Asset Inventory

*The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.*

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## Access to Care and Insurance /Chronic Care Resources

### Catoosa County, GA

#### Hospitals

CHI Memorial Georgia  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742

#### Health Department

Catoosa Health Department  
145 Catoosa Circle  
Ringgold, GA 30736  
(706) 406-2000

#### FQHC

Primary Healthcare Center - Ringgold  
High School Healthcare Center  
29 Tiger Trail  
Ringgold, GA 30736

#### Medically Underserved Medical Clinics

North Georgia Healthcare Center  
6120 Alabama Highway  
Ringgold, GA 30736  
(706) 935-6442

Catoosa County Employee Clinic  
313 Boynton Drive  
Ringgold, GA 30736  
(423) 402-8176

Ringgold Ready Clinic  
7566 Nashville Street  
Ringgold, GA 30736  
(706) 935-3600

### Dade County, GA

#### Hospitals

CHI Memorial Georgia  
100 Gross Crescent Circle  
Fort Oglethorpe, GA 30742

#### Health Department

Dade County Health Department  
71 Case Avenue #H100  
Trenton, GA 30752  
(706) 657-6181

#### FQHC

Primary Healthcare Center – Trenton  
Healthcare Center  
13570 North Main Street  
Trenton, GA 30752

### Walker County, GA

#### Health Department

Walker County Health Department  
603 East Villanow Street  
LaFayette, GA 30728  
(706) 638-5577

#### FQHC

Primary Healthcare Center -  
Rossville Healthcare Center at  
Fairview  
205 Jenkins Road  
Rossville, GA 30741

## Access to Care/Chronic Care Resources

### Walker County, GA Medically Underserved Medical Clinics

CHI Memorial Convenient Care - LaFayette  
615 East Villanow Street  
LaFayette, GA 30728  
(706) 638-1606

### Bradley County, TN

#### Hospital

Tenova Healthcare - Cleveland  
Address: 2305 Chambliss Ave NW  
Cleveland, TN 37311  
Phone: (423) 559-6000

#### Health Department

Bradley County Health Department  
201 Dooley Street Southeast  
Cleveland, TN 37311  
(423) 728-7020

#### FQHC

Cleveland Family Healthcare Center  
1420 Fritz Street Southeast  
Cleveland, TN 37323  
(423) 478-1970

#### Medically Underserved Medical Clinic

Zion Community Clinic - Zion  
Enrichment & Outreach Center  
252 Dooley Street Northeast  
Cleveland, TN 37312

## Hamilton County, TN

#### Hospitals

CHI Memorial Hospital - Chattanooga  
2525 De Sales Avenue  
Chattanooga, TN 37404  
(423) 495-2525

CHI Memorial Hospital - Hixson  
2051 Hamill Road  
Hixson, TN 37343  
(423) 495-7100

Erlanger North Hospital  
632 Morrison Springs Rd  
Chattanooga, TN 37415  
(423) 778-3300

Kindred Hospital Chattanooga  
709 Walnut St  
Chattanooga, TN 37402  
(423) 266-7721

Children's Hospital at Erlanger  
910 Blackford St  
Chattanooga, TN 37403  
(423) 778-6011

Parkridge Medical Center  
2333 McCallie Ave  
Chattanooga, TN 37404  
(423) 698-6061

Parkridge East Hospital  
941 Spring Creek Rd  
Chattanooga, TN 37412  
(423) 894-7870

## Access to Care/Chronic Care Resources

### Hamilton County, TN

#### Hospitals

Erlanger East Hospital  
1751 Gunbarrel Rd  
Chattanooga, TN 37421  
(423) 680-8000

Siskin Hospital for Physical  
Rehabilitation  
One Siskin Plaza  
Chattanooga, TN 37403  
Siskinrehab.org  
(423) 634-1200

#### Health Department

Hamilton County Health Department  
921 East 3<sup>rd</sup> Street  
Chattanooga, TN 37403  
(423) 209-8383

#### FQHC

Howard Connect Health Center  
100 East 25<sup>th</sup> Street  
Chattanooga, TN 37409  
(423) 498-6888

Cempa Community Care Chattanooga  
Cares Inc  
1000 East 3<sup>rd</sup> Street Suite 300  
Chattanooga, TN 37403  
(423) 265-2273

Cherokee Health Systems  
5600 Brainerd Road STE A-4  
Chattanooga, TN 37411  
(423) 266-4588

Dodson Avenue Community Health  
Center  
6059 Arbury Way suite 101  
Ooltewah, TN 37363  
(423) 238-8880

#### Medically Underserved Medical Clinics

Volunteers in Medicine  
5705 Marlin Road  
5900 Building Ste 1400  
Chattanooga, TN 37411  
(423) 855-8220

Southside Community Health Center  
100 East 37<sup>th</sup> Street  
Chattanooga, TN 37410  
(423) 778-2700

Family Health Clinic  
921 East Third Street  
Chattanooga, TN 37403  
(423) 209-8050

Birchwood Clinic  
5625 Highway 60  
Birchwood, TN 37308  
(423) 961-0446

TC Thompson Children's Care Center  
910 Blackford Street  
Chattanooga, TN 37403  
(423) 778-6011

Life Spring Pediatrics  
2507 McCallie Avenue  
Chattanooga, TN 37404  
(423) 624-4846

Homeless Health Care Center  
730 East 11<sup>th</sup> Street  
Chattanooga, TN 37403  
(423) 209-5800

CHI Memorial Community Health Center - Hixson  
3905 Hixson Pike, Ste 103  
Chattanooga, TN 37415



## Access to Care/Chronic Care Resources

### Hamilton County, TN Medically Underserved Medical Clinics

Sequoyah Health Center  
9527 West Ridge Road  
Soddy Daisy, TN 37379  
(423) 209-5490

Ooltewah Health Center  
5520 High Street  
Ooltewah, TN 37363  
(423) 209-5440

## Mental Health Resources

### Catoosa County, GA

Lookout Mountain Community Services  
1875 Fant Drive  
Fort Oglethorpe, GA 30742  
(706) 861-3387

Associated Psychological Services  
479 Cotter Street  
Ringgold, GA 30736  
(706) 937-5180

The Center for Hope Counseling Services  
150 Old Mill Road Lane  
Ringgold, GA 30736  
(706) 866-0917

North Georgia Healthcare Center  
6120 Alabama Highway  
Ringgold, GA 30736  
(706) 935-6442

### Dade County, GA

Lookout Mountain Community Services  
12586 North Main Street  
Trenton, GA 30752  
(706) 956-5526

### Walker County, GA

Lookout Mountain Community Services  
501 Mize Street  
Lafayette, GA 30728  
(706) 638-5591

### Bradley County, TN

Hiwassee Mental Health Center  
940 South Ocoee Street  
Cleveland, TN 37311  
(423) 479-5454

Mental Health Cooperative  
2544 Southeast Dalton Street  
Cleveland, TN 37323  
(423) 728-6400

Centerstone  
4160 North Ocoee Street #8  
Cleveland, TN 37312  
(423) 464-4357

### Hamilton County, TN

Johnson Mental Health Center  
420 West Bell Avenue  
Chattanooga, TN 37405  
(423) 634-8884

Volunteer Behavioral Health System  
413 Spring Street  
Chattanooga, TN 37405  
(800) 911-0911

Helen Ross McNabb Center  
6049 Shallowford Road  
Chattanooga, TN 37421  
(423) 266-6751

Mental Health Cooperative  
801 North Hartzclaw Avenue #101  
Chattanooga, TN 37404  
(423) 697-5950

Agape Youth Behavioral Health  
1360 Mackey Branch Drive  
Chattanooga, TN 37421  
(423) 443-3336

## Affordable Housing Resources

### Catoosa County, GA

Fort Oglethorpe Housing Authority  
1 Patterson Place  
Fort Oglethorpe, GA 30742  
(706) 866-3303

Ringgold Housing Authority  
137 Circle Drive  
Ringgold, GA 30736  
(706) 935-3028

### Dade County, GA

Mountainview Apartments  
111 Glenview Drive  
Trenton, GA 30752  
(706) 657-5214

Lookout Pointe Apartments  
11316 South Main Street  
Trenton, GA 30752  
(706) 657-3161

### Bradley County, TN

Cleveland Housing Authority  
450 Walker Street Northeast  
Cleveland, TN 37311  
(423) 479-9659

### Walker County, GA

Housing Authority Lafayette  
300 Oak Street  
Lafayette, GA 30728  
(706) 638-2733

The Village at Chickamauga  
147 Arrow Head Dairy Lane  
Chickamauga, GA 30707  
(706) 375-3047

### Hamilton County, TN

Chattanooga Housing Authority  
801 North Hartzclaw Avenue  
Chattanooga, TN 37404  
(423) 752-4893

Chattanooga Community Housing Development  
Organization  
1272 Market Street  
Chattanooga, TN 37402  
(423) 668-9804

Walden Group Home  
700 Ladd Avenue  
Chattanooga, TN 37405  
(423) 265-6390

College Hill Courts  
1300 Grove Street Court  
Chattanooga, TN 37402  
(423) 752-4870

## Substance Use Disorder Resources

### Catoosa County, GA

Ringgold Treatment Center  
8292 US-41  
Ringgold, GA 30736  
(706) 952-2800

Northwest Georgia Treatment Center  
2007 Old Lafayette Road  
Fort Oglethorpe, GA 30742  
(706) 861-9390

Lookout Mountain Community Services  
1875 Fant Drive  
Fort Oglethorpe, GA 30742  
(706) 861-3387

Crossroads  
4083 Cloud Springs Road  
Ringgold, GA 30736  
(800) 805-6989

### Walker County, GA

Freedom Counseling Services  
151 Bell Road  
Lafayette, GA 30728  
(706) 506-7792

Private Clinic North  
822 Chickamauga Avenue  
Rossville, GA 30741  
(706) 861-6458

Livewell Opioid Rehab Georgia  
309 McFarland Avenue  
Rossville, GA 30741  
(762) 251-8826

Lookout Mountain Community Services  
501 Mize Street  
Lafayette, GA 30728  
(706) 638-5591

### Dade County, GA

Tristate Treatment Center  
1236 GA-299  
Wildwood, GA 30757  
(423) 428-0045

Lookout Mountain Community Services  
12586 North Main Street  
Trenton, GA 30752  
(706) 956-5526

## Substance Use Disorder Resources

### Bradley County, TN

Bradley County Comprehensive  
Treatment Center  
3575 Keith Street Northwest  
Cleveland, TN 37312  
(833) 979-0356

Groups Recover Together  
2520 Keith Street Northwest Unit 7  
Cleveland, TN 37312  
(865) 500-5286

Pirate Springs  
4053 Old Freewill Road  
Cleveland, TN 37312  
(423) 476-4860

### Hamilton County, TN

Bradford Health Services - Chattanooga  
6160 Shallowford Road STE 103  
Chattanooga, TN 37421  
(888) 762-3740

Harmony Oak Recovery Center  
7609 Shallowford Road  
Chattanooga, TN 37421  
(423) 708-4961

MGA Crisis Intervention  
1110 Market Street #324  
Chattanooga, TN 37402  
(423) 498-6277

Riverwalk Recovery Center  
7446 Shallowford Road STE 116  
Chattanooga, TN 37421  
(423) 264-2600

### Hamilton County, TN (Continued)

Restoration Recovery  
6141 Shallowford Road STE 100  
Chattanooga, TN 37421  
(423) 436-5112

Chattanooga Addiction Treatment Advisers  
711 Signal Mountain Road #219  
Chattanooga, TN 37405  
(423) 225-5198

Buffalo Valley  
5900 Shaw Valley Avenue  
Chattanooga, TN 37421  
(423) 531-8433

Focus Treatment Centers  
7429 Shallowford Road  
Chattanooga, TN 37421  
(423) 308-2560

Council for Alcohol & Drug Abuse Services (CADAS)  
207 Spears Avenue  
Chattanooga, TN 37405  
(423) 756-7644



## Prevention/Education Resources

### Catoosa County, GA

#### Bilingual Services

Georgia North Community Action Inc  
4053 Boynton Drive,  
Ringgold, GA 30736  
(706) 858-0926

Catoosa County Translation-Aid  
144 Catoosa Circle  
Ringgold, GA 30736  
(706) 937-8627

### Dade County, GA

#### Bilingual Services

Dade County Community Services  
9622 Highway 11 South  
Trenton, GA 30752  
(706) 657-4664

### Walker County, GA

#### Bilingual Services

Community Service Center  
201 South Main Street D  
LaFayette, GA 30728  
(706) 638-0818

Walker County Cooperative Extension  
Services  
102 Napier Street  
LaFayette, GA 30728  
(706) 638-2548

### Bradley County, TN

#### Bilingual Services

Bradley-Cleveland Community  
Services  
155 6<sup>th</sup> Street Southeast  
Cleveland, TN 37311  
(423) 479-4111

Bradley County Adult Education  
1450 Strawberry Lane Northeast  
Cleveland, TN 37311  
(423) 473-8473

### Hamilton County, TN

#### Bilingual Services

Hamilton County Schools - Bilingual  
Assistance  
3074 Hickory Valley Road  
Chattanooga, TN 37421  
(423) 498-7020

## Violence Prevention/Protection Resources

### Catoosa County, GA

#### Police

Catoosa County Sheriff's Office  
Sheriff Gary Sisk  
5842 Highway 41  
Ringgold, GA 30736  
(706) 935-2424

Ringgold Police Department  
150 Tennessee St  
Ringgold, GA 30736  
(706) 935-3066

Fort Oglethorpe Police Department  
900 City Hall Dr.  
Fort Oglethorpe, GA 30742  
(706) 866-2512

#### Domestic Violence Services

Anafiel House, Inc  
192 LaFayette Street  
Ringgold, GA 30736  
(706) 965-5885

Catoosa Family Collaborative  
145 Catoosa Circle  
Ringgold, GA 30736

### Dade County, GA

#### Police

Sheriff Department  
75 Case Avenue  
Trenton, GA 30752  
(706) 657-3233

### Walker County, GA

#### Police

Walker County Sheriff's Office  
Sheriff Steve Wilson  
105 South Duke Street  
LaFayette, GA 30728  
(706) 638-1909

LaFayette Police Department  
Chief: Bengie Clift  
208 North Main Street  
LaFayette, GA 30728  
(706) 639-1540

#### Domestic Violence Resources

Four Point Inc.  
LaFayette GA 30728  
(706) 638-1555

### Bradley County, TN

#### Police

Bradley County Sheriff Department  
2290 Blythe Ave SE  
Cleveland, TN 37311  
(423) 728-7300

Cleveland City Police Department  
Address: 100 Church St NE  
Cleveland, TN 37311  
(423) 476-7511

#### Domestic Violence Resources

Family Resource Agency Inc.  
3680 Michigan Avenue Road Northeast  
Cleveland, TN 37323  
(423) 479-9339

# Violence Prevention/Protection Resources

## Hamilton County, TN

### Police

Lookout Mountain Police Department  
700 Scenic Hwy  
Lookout Mountain, TN 37350  
(423) 821-3151

Collegedale Police Department  
4910 Swinyar Dr  
Collegedale, TN 37363  
(423) 396-3135

UTC Police  
400 Palmetto Street  
Chattanooga, TN 37403  
(423) 425-4357

Chattanooga Police Department  
3410 Amnicola Hwy  
Chattanooga, TN 37406  
(423) 698-2525

Red Bank Police Department  
3117 Dayton Blvd  
Red Bank, TN 37415  
(423) 877-2481

Soddy-Daisy Police Department  
9835 Dayton Pike  
Soddy-Daisy, TN 37379  
(423) 332-3577

Signal Mountain Police Department  
1111 Ridgeway Ave  
Signal Mountain, TN 37377  
(423) 886-2124

### Domestic Violence

Coalition Against Domestic Violence  
1 Cherokee Boulevard #2  
Chattanooga, TN 37405  
(423) 875-0120

Partnership for Families, Children and Adults  
5600 Brainerd Road STE E-3  
Chattanooga, TN 37411  
(423) 755-2700

Family Justice Center  
5705 Uptain Road  
Chattanooga, TN 37411  
(423) 643-7600

Chattanooga Room in the Inn  
230 North Highland Park Avenue  
Chattanooga, TN 37404  
(423) 624-6144

## Obesity Resources

### Catoosa County, GA

Catoosa County Parks and Recreation Center  
749 Pine Grove Road  
Ringgold, GA 30736  
(706) 891-4199

#### Parks/Recreation

Elsie A. Holmes Nature Park  
Joseph T. McConnell Park  
Keith Ballfield  
Jack Mattox Complex  
Jack Mattox Park Pavilion  
Woodstation Ballfield  
Black Branch Park

### Dade County, GA

Dade County Sports Complex  
9622 US-11  
Trenton, GA 30752

#### Parks/Recreation

Canyon Ridge Club & Resort  
Chickamauga National Military Park  
Crawfish Springs  
Crockford-Pigeon Mountains WMA  
Hidden Creek Recreation Area  
Hidden Hollow Resort  
Holland-Watson Veteran's Memorial Park  
Keown Falls  
Lookout Mountain  
Pigeon Mountain  
Rock City Gardens  
Zahnd Wildlife Management

### Walker County, GA

Lafayette Recreation Department  
638 South Main Street  
Lafayette, GA 30728  
(706) 639-1590

#### Parks/Recreation

Chattahoochee National Forest  
Chickamauga National Military Park  
Crawfish Springs  
Keown Falls

### Bradley County, TN

Bradley County Parks and Recreation Center  
3110 Peerless Road Northwest  
Cleveland, TN 37312  
(423) 728-7035

#### Parks/Recreation

Blue Springs Park  
Bradley County Recreational Park  
Taylor Spring Park  
Cleveland Greenway  
Deer Park  
Johnston Park  
Red Clay State Historic Park  
Blythe Oldfield Park  
Fletcher Park  
Schimmels Park

## Obesity Resources

### Hamilton County, TN

Chattanooga Parks and Recreation Center  
301 North Holtzclaw Avenue  
Chattanooga, TN 37404  
(423) 757-7529

Hubert Fry Center  
4301 Amnicola Highway  
Chattanooga, TN 37406  
(423) 209-5370

East Ridge Parks and Recreation  
323 Camp Jordan Parkway  
Chattanooga, TN 37412  
(423) 490-0078

John A. Patten Community Center  
3202 Kellys Ferry Road  
Chattanooga, TN 37419  
(423) 825-5955

Shepherd YFD Center  
2124 Shepherd Road  
Chattanooga, TN 37421  
(423) 855-2697

Carver Community Center  
600 North Knob Avenue  
Chattanooga, TN 37404  
(423) 697-1280

Washington Hills Community Center  
4628 Oakwood Drive  
Chattanooga, TN 37416  
(423) 855-2679

#### Parks/Recreation

Reflection Riding Arboretum and Nature Center  
Ocoee River Rafting  
Raccoon Mountain Caverns & Campground  
Standifer Gap Park  
Walnut Wall, Coolidge Park - Climbing



## Food Insecurity Resources

### Catoosa County, GA

Christ's Chapel Share and Care Mission  
- Food Distribution Center  
223 Inman Street  
Ringgold, GA 30736  
(706) 935-9045

Georgia North Comm Action Inc.  
4053 Boynton Drive  
Ringgold, GA 30736  
(706) 858-0926

Catoosa County Senior Center  
144 Catoosa Circle  
Ringgold, GA 30736  
(706) 935-2541

### Dade County, GA

Tri-State Food Pantry - Food Center  
1026 GA-136  
Trenton, GA 30752  
(706) 462-2218

Dade County Senior Center  
Dade County Sports Complex  
9622 US-11  
Trenton, GA 30752  
(706) 657-7434

### Walker County, GA

The Care Mission  
105 North Chattanooga Street  
Lafayette, GA 30728  
(706) 638-3664

The New Beginning Baptist Church - Food Distribution  
Center  
331 GA-201  
LaFayette, GA 30728  
(706) 397-2159

LaFayette Senior Center  
636 South Main Street  
LaFayette, GA 30728  
(706) 638 2163

Rossville Senior Citizen Center  
400 McFarland Avenue  
Rossville, GA 30741  
(706) 861-4615

### Bradley County, TN

Cleveland Church of Evangelical Faith  
Food Pantry - Food Distribution  
Center  
131 Baldwin Street Southeast  
Cleveland, TN 37311  
(423) 987-1965

The Salvation Army of Cleveland -  
Food Distribution Center  
437 Inman Street West  
Cleveland, TN 37311  
(423) 308-3467

Senior Activity Center  
230 Urbane Road Northeast  
Cleveland, TN 37311

## Food Insecurity Resources

### Hamilton County, TN

Chattanooga Area Food Bank  
2009 Curtain Pole Road  
Chattanooga, TN 37404  
(423) 622-1800

Hocaba Food Pantry  
4501 Virginia Avenue  
Chattanooga, TN 37409

Soddy Daisy Food Bank  
255 Depot Street  
Soddy Daisy, TN 37379  
(423) 760-3489

Wauhatchie United Methodist Church - Food  
Distribution Center  
3401 Cummings Highway  
Chattanooga, TN 37419  
(423) 825-5766

Grace Food Bank  
8615 Hixson Pike  
Hixson, TN 37343  
(423) 505-4962

Chattanooga Community Kitchen - Food Distribution  
Center  
727 East 11<sup>th</sup> Street  
Chattanooga, TN 37401  
(423) 756-4222

Foxwood Plaza EFB Distribution  
3209 Wilcox Boulevard  
Chattanooga, TN 37411

Bountiful Harvest Food Pantry  
11304 1<sup>st</sup> Street  
Apison, TN 37302

Eastgate Senior Center  
5600 Brainerd Road  
Chattanooga, TN 37411  
(423) 855-9444

Soddy-Daisy Senior Citizen Center  
190 Depot Street  
Soddy Daisy, TN 37379  
(423) 332-1702

# National Hotlines

**National Suicide Prevention Lifeline**

800-273-TALK or 800-237-8255

**National Runaway Safeline**

1-800-RUNAWAY

**National Centers for Disease Control**

1-800-232-4636

**Gay, Lesbian, Bisexual and Transgender**

1-888-843-4564

**HIPS Hotline**

1-800-676-HIPS

**National Sexually Transmitted Disease**

1-800-227-8922

**Women Alive**

1-800-554-4876

**AIDS Info**

1-800-HIV-0440

**Project Inform**

1-800-822-7422

**DMRS Investigations**

1-888-633-1313

**Mobile Crisis**

1-800-681-7444

**Domestic Violence**

1-800-356-6767

**Spanish Domestic Violence**

1-800-942-6908

**Poison Control Center**

1-800-222-1222

**Veterans Crisis Line**

800-273-8255 Press 1

**National Youth Crisis**

800-442-HOPE (4673)

**National Missing Children**

1-800-235-3535

**National Sexual Assault**

1-800-656-4673

**Alcohol Hotline**

1-800-331-2900

**Alcohol Treatment Referral**

1-800-252-6465

**National Drug Abuse**

1-800-662-4357

**Poison Control**

1-800-942-5969

**National Homeless**

1-800-231-6946

**National Elder Abuse**

1-800-252-8966

*Photo Credit: CHI Memorial*

## Sources

### Public Safety

[www.catoosa.com/](http://www.catoosa.com/)  
<https://www.dadecounty-ga.gov/>  
<https://walkercountyga.gov/>  
<https://bradleycountyttn.gov/>  
<https://www.hamiltontn.gov/>

### Access to Care/Insurance Assistance/Chronic Diseases

<https://www.memorial.org/>

### Substance Abuse Resources

<https://www.yesquit.org/resources.htm>

### Obesity

<https://www.dadecounty-ga.gov/>  
<https://walkercountyga.gov/>  
<https://bradleycountyttn.gov/>  
<https://www.hamiltontn.gov/>

### Education

[https://www.catoosa.k12.ga.us/board\\_of\\_education](https://www.catoosa.k12.ga.us/board_of_education)  
<https://www.dadecountyschools.org/>  
<https://www.walkerschools.org/>  
<https://www.bradleyschools.org/>  
<https://www.hcde.org/>

### Hotlines

<http://www.pleaselive.org/hotlines/>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

CHI Memorial Marketing Department – [Marketing@memorial.org](mailto:Marketing@memorial.org)



# Community Health Needs Assessment

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*Completed by CHI Memorial in partnership with:*

Stratasan

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