Siskin Hospital for Physical Rehabilitation
Community Health Needs Assessment FY2015

Approved by:

Carol W. Sim, RN, MPH
President & CEO
June 26, 2015
# TABLE OF CONTENTS

## EXECUTIVE SUMMARY

- Siskin Hospital Background
- Community Benefit Goals
- Service Area Overview
- County Health Rankings and Roadmaps
- Identified Needs

## 1. STRATEGIC APPROACH TO ADDRESSING THE NEEDS OF THE COMMUNITY

- Background
- Methodology
- Health Status Information

## 2. SISKIN HOSPITAL CHNA RESULTS

## 3. SISKIN HOSPITAL CHNA CONCLUSIONS

- Integrating Secondary and Primary Research
- Targeting the Disabled for Physical Rehabilitation

## 4. SISKIN HOSPITAL SERVICE AREA PROFILE

- Demographics
- Socioeconomic Status
- Educational Attainment
- Race/Ethnicity
- Age
- Insurance Trends and Uninsured Status
- Community Needs Index

## 5. PROVIDER INVENTORY

## 6. SERVICE AREA HEALTH INDICATORS

- County Health Rankings and Roadmaps
- Health Outcomes – Mortality and Morbidity
- Health Factors
- Causes of Death

## 7. SISKIN HOSPITAL COMMUNITY BENEFITS

- STRATEGIC CONNECTION
- Identified Needs
- Disability
- Heart Disease and Stroke
- Diabetes
- Accident/Injury
- Traumatic Brain Injury
Behavioral Health
Movement Disorders

8. SISKIN HOSPITAL PROGRAMS THAT BENEFIT COMMUNITIES SERVED

- Community Care Program
- Charitable Assistance for Assistive Devices
- Professional Training, Education, and Research
- The Fitness Center
- Advocacy
- Tennessee Yellow DOT Program
- Advancing Continuing Education
- Community Support Groups
- Food and Clothing Drives
- Medical Equipment Donations
- Community Education Programs
- Unique Therapy Programs

REFERENCE NOTES
EXECUTIVE SUMMARY

Siskin Hospital Background

For 25 years, Siskin Hospital for Physical Rehabilitation has served thousands of patients each year through inpatient, outpatient and subacute physical rehabilitation programs, offering a variety of therapies to meet the individual needs of each patient.

Since its opening in 1990, it has been our mission to provide a wide range of high quality physical rehabilitation services to achieve positive outcomes that benefit the individuals served as well as the community at large. Our philosophy of Caring People. Changing Lives.® nurtures and advances a culture of caring, commitment and pride, with the goal of exceeding the expectations of those we serve and those who serve.

Siskin Hospital’s rehabilitation programs offer a multi-disciplinary approach for the treatment of adults with acute and chronic conditions including amputation, brain injury, neuromuscular disorders, musculoskeletal and orthopedic conditions, spinal cord, stroke, and major multiple trauma. Patients are referred by their physician to Siskin Hospital for physical rehabilitation services following their acute-care hospital stay to improve overall functional independence.

Community Benefit Goals

Frequently, individuals with disabilities are at higher risk for secondary healthcare conditions. At Siskin Hospital, our priorities are placed on serving individuals in these target populations and high-risk communities. Siskin Hospital’s Community Health Needs Plan Objectives include the following:

1. In accordance with our Mission, Vision, Core Values and Hospital Policies and Procedures, Siskin Hospital provides physical rehabilitation charity care to those that have experienced disabling accidents, illnesses or injuries in the communities we serve.

2. Siskin Hospital works with local businesses, agencies and affiliates to increase equality in employing those with disabilities. Through Siskin Hospital’s Community Re-Entry program, patients receive vocational counseling, job-skill evaluation, education and training for potential employment opportunities, enabling them to participate actively in the community. Siskin Hospital also offers potential employers the necessary educational programs to help prepare them for employees with disabilities in the workplace.

3. To continually provide the best in physical medicine and rehabilitation care, the staff at Siskin Hospital strives to improve its education, training and expertise. From physical, occupational and speech therapists, to nurses and psychologists, our staff is trained and certified in the latest technology, equipment and clinical practices.
4. The healthcare field is constantly changing, and Siskin Hospital strives to remain at the forefront of physical medicine and rehabilitation. We promote recovery and/or treatments for those with disabilities by conducting statistical and behavioral research.

5. Siskin Hospital works diligently to reduce environmental barriers for those with disabilities at home, work or within the community by supporting and advancing the use of assistive devices and technology. We partner with community agencies to provide wheelchairs, walkers and/or other assistive devices for patients without insurance to cover the costs of such equipment.

6. As part of Siskin Hospital's continuum of care, we continually seek to improve the opportunities for those with disabilities to access care and benefit from interaction and socialization with peers, in addition to providing support for caregivers. We work closely with local agencies to ensure transportation is available for those without access. Housed within Siskin Hospital are the Chattanooga Area Brain Injury Association and the Epilepsy Foundation of Southeast Tennessee. A variety of support groups are held at Siskin Hospital each month that offer continued information, education and support for the disabled and their family members.

7. Siskin Hospital offers a variety of additional classes and support to improve the health of the community including, but not limited to, balance and dizziness, communication, driving evaluation, free health screenings, low vision, lymphedema, memory, pain, pelvic floor, spasticity, swallowing, TMJ and headache, etc.

8. In an effort to decrease secondary health conditions related to disability, and to promote strength, increase flexibility and enhance functional independence, we created the Fitness Center at Siskin Hospital. The mission of the Fitness Center promotes health and independence by providing fitness activities for all levels of ability in a safe atmosphere that minimizes self-consciousness. It was designed so that the able-bodied and the disabled can work out side by side, and features adaptable equipment, expert staff to assist with personalized fitness programs and access to therapy staff at Siskin Hospital. Specialized programs, such as the “No Excuses” Bariatric Fitness Program, target the needs and challenges of at-risk populations in our community. Plans are currently underway to make the Fitness Center a medical model facility.

Service Area Overview

Siskin Hospital, the only freestanding, not-for-profit rehabilitation hospital in Tennessee, is a 109-bed inpatient rehabilitation facility, with 80 inpatient beds and 29 subacute beds. In addition, in 2014 the Hospital acquired St. Barnabas Healthcare Center, a 108-bed skilled nursing facility connected to the Hospital via a pedway. Patients are admitted to Siskin Hospital from various areas throughout the tri-state region, as well as areas all over the
United States. The primary geographic service area includes the following states and counties:

**Tennessee:** Hamilton, Marion, Grundy, Sequatchie, Bledsoe, Rhea, Meigs, McMinn, Bradley, Polk, Van Buren, Warren

**Georgia:** Murray, Catoosa, Dade, Walker, Whitfield

**Alabama:** DeKalb, Jackson

In addition to the Hospital’s inpatient campus located in downtown Chattanooga, Siskin Hospital offers physical rehabilitation services on an outpatient basis at three locations: Downtown Chattanooga, Cleveland, and East Brainerd.

The experienced and dedicated staff at Siskin Hospital treats patients through our comprehensive inpatient, outpatient, subacute and vocational rehabilitation programs, as well as an accessible Fitness Center. In Calendar Year 2014, Siskin Hospital provided treatment for 1,465 inpatients and 709 subacute patients at its main facility downtown, and had more than 29,900 outpatient visits at various Siskin Hospital Therapy Services sites throughout our community. Additionally, the Hospital’s vocational rehabilitation program worked with 33 patients to increase their skill level, helping to return brain injury patients to more active life and even helping some return to work again.

In addition to treating patients at Siskin Hospital, our medical staff provides physician services to patients in four acute, subacute, and outpatient locations in the Chattanooga area. Patients at Siskin Hospital may receive care from a treatment team consisting of:

- Board Certified Physiatrists
- Physician Assistants/Nurse Practitioners
- Case Managers
- Rehabilitation Nurses
- Pharmacists
- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists
- Respiratory Therapists
- Psychologists/Neuropsychologists
- Clinical Nutritionists
- Pastoral Care Services
- Wound Care Specialists

Siskin Hospital’s comprehensive physical rehabilitation programs and services are designed to help patients reach and surpass their goals. In keeping with Siskin Hospital’s mission, vision and core values, our broader objective is to serve the community by supporting common health goals determined on local, state and national levels.
County Health Rankings and Roadmaps

The 2015 County Health Rankings and Roadmaps measures the health of each county in the U.S. and compares and ranks each county against others in its respective state. The Siskin Hospital service area's overall health ranking is 58, which falls in the lower-performing categories of the report.

Because of the wide variation in rankings among individual counties in the Siskin Hospital service area, and because Hamilton County, Tennessee, the home of Siskin Hospital, has by far the largest population of any of the 19 counties in its service area, reports on Health Outcomes and Health Factors for Hamilton County are examined in this assessment.

- In each ranking, a lower number indicates better performance of an individual county as compared with others in the state.
- Hamilton County received a rank of 29 of 95 counties for Health Outcomes which includes mortality and morbidity indicators. Among service area counties, the highest ranking in Tennessee is Grundy County (95 of 95); in Georgia, Whitfield County (104 of 159); and in Alabama, Jackson County (49 of 67).
- Hamilton County is ranked 11 out of 95 counties for Health Factors. These include health behaviors, clinical care, social and economic factors, and physical environment. Among service area counties, the highest ranking in Tennessee is Bledsoe County (91 of 95); in Georgia, Walker County (95 of 159); and in Alabama, DeKalb County (30 of 67).

Identified Needs

Siskin Hospital recognizes the concept of health-related quality of life (HRQOL) and its role as an important component of health surveillance. Largely self-reported, factors of mental and physical health perceptions are given equal weight with more objective data regarding socioeconomic status, housing, and health care access. The questions and subsequent answers in HRQOL surveys are generally considered valid indicators of service needs and intervention outcomes, and are a powerful predictor of mortality and morbidity.

Accordingly, one HRQOL survey revealed that 18.1 to 23.7 percent of Tennessean, Georgian, and Alabaman respondents reported their health to be in general fair or poor, the lowest category of any in the country. (1) Interestingly, this percentage corresponds to qualitative data ranking these three states as among the least healthy of any in the U.S.

Researchers at Siskin Hospital developed a primary research project to assess the specific needs of those individuals with disabilities who live in the service area. This effort was designed to obtain feedback and input from a number of constituencies who look to Siskin Hospital for health service or partnership (e.g., current and former patients, support group members, and community individuals; discharge planners and insurance company case managers; physicians and nurses; local service agencies). The information obtained will be used to develop specific actions designed to improve the health and access to essential services for this vulnerable population.
1. STRATEGIC APPROACH TO ADDRESSING THE NEEDS OF OUR COMMUNITY

Background

Siskin Hospital for Physical Rehabilitation is a non-profit inpatient and outpatient facility located in downtown Chattanooga. It opened its doors in 1990 with 50 inpatient rehabilitation beds and since then has expanded to its present 109 inpatient beds. Siskin Hospital is one of the few remaining freestanding, independent, not-for-profit rehabilitation hospitals in the nation.

Siskin Hospital is dedicated to the care and treatment of persons with brain injury, stroke, spinal cord injury, amputation, neurological disorders, orthopedic conditions and general rehabilitation needs. Siskin Hospital is a renowned regional and national health care leader, offering exemplary staff, high quality and cost-effective care, a high level of patient satisfaction, and innovative services.

Siskin Hospital patients benefit from the experience and expertise of a team of rehabilitation professionals who share one goal: to help each individual recover the skills, strengths and function to optimize his or her recovery. Siskin Hospital offers the comprehensive care, advanced treatment and leading-edge technologies to best address each patient’s complex medical physical, emotional and vocational challenges. Siskin Hospital also provides the necessary training and education to support the transition of patients and their families to life ahead. In addition, the Hospital helps prepare the next generation of clinicians by providing on-site training to students in physical therapy, occupational therapy, speech language pathology, and nursing programs.

As a specialized rehabilitation hospital, Siskin Hospital administration seeks to ensure the current service mix and future service development fulfill identified gaps in care and treatment in order to optimally meet the health needs of community residents.

This Community Health Needs Assessment (CHNA) synthesizes a wide range of community health information, including other needs assessments. The goal is to ensure that Siskin Hospital’s strategies support a healthier community and complement existing services available to community residents.

Methodology

Primary research for the Siskin Hospital Community Health Needs Assessment (CHNA) was conducted in June 2015 under the supervision of the Marketing and Communications Department in conjunction with the Administration of Siskin Hospital. The purpose of the assessment was to gain better insight into the health concerns and needs of communities served, focusing specifically on those of persons with disabilities and impairments.

Three specific lists of individuals and organizations were included in this assessment:

- Individuals who received health care services within the Siskin Hospital network in the past two years and had email addresses available for assessment dissemination.
- Organizations that provide services and resources to people with disabilities and are affiliated with Siskin Hospital for consumer referrals and seek assistance following return to the community.
- Specific groups that interact with the Hospital regularly: case managers, physicians, therapists, support groups, etc. Surveys were distributed to a total of 94 individuals.

The assessment was distributed to each group via email through the secure, online survey company Survey Monkey. Each message introduced and described the purpose of the assessment. Recipients were provided an opportunity to opt out of the invitation through an email reply to the Survey Monkey link.

Alternately, Siskin Hospital nurse liaisons distributed print surveys to case managers and discharge planners. Additional surveys were distributed at the Erlanger Hospital Trauma Symposium and the Chattanooga Case Managers Luncheon. The assessment data collection occurred over a two-week period.

**Health Status Information**

The FY2015 Siskin Hospital CHNA synthesizes information from a variety of sources, including secondary health-assessment research conducted by government agencies. This assessment was developed with input from people representing the broad interests of the community and people with special knowledge or expertise in public health.

A. Secondary Data
- Demographic data provides an overview of the residents of Siskin Hospital’s service area, which includes 19 counties in Tennessee, Georgia, and Alabama.
- Secondary source data identifies health indicators for the 19 counties in the service area and compares with state and national results when possible.
- Community Need Index (CNI) from Dignity Health rates community need by ZIP code on a range of socioeconomic factors that affect health and healthy behaviors.
- *2015 County Health Rankings and Roadmaps* provides rankings of each county in the service area through collaboration between the University of Wisconsin Population Health Institute and the Robert Johnson Foundation.

B. Primary Data
- Siskin Hospital constituencies, including referral sources, case managers, community partners, former patients, and others were surveyed to determine community needs.
- Surveys were directed specifically to areas of disability and impairment; access to health care services; transportation; employment; and the need for adaptive sports and recreation programs.

C. Other
- An evaluation of organizational effectiveness in responding to identified community health needs.
- An ongoing coordination of strategies with community partners and key stakeholders. Necessary revision of plan strategies and anticipated outcomes based on identified changes in community needs.
- Future application of this report to the next organizational strategic plan.

The results of this CHNA will be used to improve quality and patient safety, expand care coordination, and extend preventive services. These results will also be helpful to Siskin Hospital leadership in identifying specific competencies of the organization and its associates that can be enhanced to meet the needs of the communities served.
2. RESULTS OF THE SISKIN HOSPITAL CHNA

The Siskin Hospital CHNA sent to the community of health care consumers included questions divided into the following five sections:
- Disability and Impairment
- Access to Health Care Services
- Transportation
- Employment
- Adaptive Recreation / Exercise

The CHNA distributed to community organizations and referral sources included questions divided into the following two sections:
- Perceived Challenges and Barriers
- Perceived Needed Services

CHNA: Disability and Impairment

Of the 94 respondents to the Siskin Hospital assessment, the majority (89.36 percent) were able to complete it independently.
- 10.64 percent of respondents were caregivers.
- 89.36 percent were persons with a disability.

![Figure 2.1 Respondent Identity](image)

Participants (including caregivers) were asked to describe the primary health condition, impairment, disability, or functional limitation under consideration. Respondents could select more than one condition.
- The majority of respondents (71.28 percent) indicated the primary disability was chronic illness.
- Orthopedic and arthritic conditions had the same rate of responses at 8.51 percent.
- 7.45 percent of adverse health conditions were due to stroke.
- Neurological disabilities resulting from injury were 4.26 percent for brain injury and 4.26 percent for spinal cord injury.
7.45 percent of respondents classified their condition as “Other,” which included various conditions such as diabetes-related kidney disease, lymphedema, Multiple Sclerosis, dementia, COPD, and heart disease.

**Figure 2.2**

*Primary Health Condition, Impairment, Disability, or Limitation*

Participants (including caregivers) were asked to describe the respective disabilities by severity using a four-point scale.

- Most respondents (75.27 percent) identified themselves as having a “moderate” disability.
- The smallest grouping was classified as “severe” (3.23 percent).
- “Mild” (9.68 percent) and “somewhat severe” (11.83 percent) differed only by about two percentage points.
Most respondents (73.12 percent) indicated having experienced their respective disabilities three to five years. Only 4.30 percent reported being born with a disability. Participants were asked to identify all major life activities that have been limited due to their disability/health conditions.

- By far, the most-reported limitation was executive functions such as memory and concentration (81.91 percent).
- “Mobility” followed at 28.72 percent.
- Limitations in “participating in recreational activities” (19.15 percent), “exercise” (18.09 percent), and “working as an employee” (18.09 percent) represented nearly equal rates of responses.
- Limitations in “going outside the home alone” (12.77 percent), “self-care” (10.64 percent), and “living independently” (10.64 percent) were also nearly equal.
- The remaining life-limiting categories reported by participants included managing finances and depression. In fact, 87.91 percent of respondents indicated they routinely experience depression.
Most responding caregivers (81.58 percent) self-identified as sons. Daughters represented only 2.63 percent of responding caregivers/family members. Just 3.95 percent of respondents were paid caregivers of an adult with a disability. Overall, the majority of survey respondents felt they or the person for whom they were answering were in good health.

- 72.34 percent classified themselves as in “very good” health.
- 14.89 percent felt they were in “good” health.
- 11.70 percent experienced “fair” health, while only 1.06 percent had “poor” health.
Participants were asked if they had experienced a noticeable or adverse change in their health status in the past year.

- The largest response group (78.65 percent) was categorized as “a decline in the ability to care for” themselves.
- 22.47 percent reported a fall or near fall, while 20.22 percent reported difficulty with balance, and 16.85 percent reported increased difficulty with walking.
- Other reported incidences were fractures; increased difficulty with speech, communication, or swallowing; and increased difficulty with vision.

**CHNA: Access to Health Care Services**

Participants’ most common (67.02 percent) source of health insurance was worker’s compensation.

- Medicare was the second-most common source at 15.96 percent.
- 7.45 percent received health insurance through employment.
- Medicaid provided health insurance for 5.32 percent, while 1.06 percent of respondents reported no health insurance at all.
Participants were asked if there was a time in the past year when care for a particular concern related to their disability was needed but unavailable.
- 75.53 percent of respondents reported in the affirmative.
- 24.47 percent answered “no.”

When asked for a reason for the lack of access, the majority (86.49 percent) reported a lack of a timely appointment. Additionally,
- 6.76 percent had difficulty with transportation to and from an appointment;
- 5.41 percent were unable to pay for services or co-pay;
- Insurance coverage was not accepted by the provider for 4.05 percent of respondents;
- 1.35 percent responded they were unable to find a physician, and another 1.35 percent responded with unspecified reasons.
Participants with a chronic health condition such as diabetes, heart disease, asthma, or high cholesterol reported on a variety of ways it was managed.

- 68.13 percent reported that support groups helped to keep their condition under control.
- 24.18 percent take prescribed medication to manage their condition, while 15.38 percent received support from a healthcare provider.
- 10.99 percent stay active with exercise or other physical activity and 12.09 percent eat healthier. Health education accounted for 5.49 percent of management techniques.

The majority (96.81 percent) of the 94 respondents reported they were provided educational materials relating to their disabilities, and 97.78 percent felt the information was helpful.
Table 2.1

<table>
<thead>
<tr>
<th>Element</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to rehabilitation services</td>
<td>1.09%</td>
<td>69.57%</td>
<td>13.04%</td>
<td>13.04%</td>
<td>3.26%</td>
</tr>
<tr>
<td>Quality of healthcare that I receive</td>
<td>1.10%</td>
<td>68.13%</td>
<td>16.48%</td>
<td>12.09%</td>
<td>2.20%</td>
</tr>
<tr>
<td>Quality of care I receive from my caregiver</td>
<td>2.22%</td>
<td>68.89%</td>
<td>8.89%</td>
<td>10.00%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Access to medical services and health care</td>
<td>1.09%</td>
<td>0.00%</td>
<td>82.61%</td>
<td>15.22%</td>
<td>1.09%</td>
</tr>
<tr>
<td>Access to affordable and adequate health insurance</td>
<td>0.00%</td>
<td>5.43%</td>
<td>82.61%</td>
<td>10.87%</td>
<td>1.09%</td>
</tr>
<tr>
<td>Affordability of my prescriptions</td>
<td>1.09%</td>
<td>7.61%</td>
<td>81.52%</td>
<td>9.78%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Access to educational materials related to my health</td>
<td>1.10%</td>
<td>1.10%</td>
<td>85.71%</td>
<td>12.09%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Knowledge and awareness of health services and resources that are available to me</td>
<td>1.09%</td>
<td>70.65%</td>
<td>16.30%</td>
<td>10.87%</td>
<td>1.09%</td>
</tr>
</tbody>
</table>

CHNA: Transportation

Most participants (72.53 percent) said they had occasional challenges using public transportation due to their disabilities.
- A quarter of respondents (25.27 percent) classified the question as not applicable to them.
- 2.20 percent reported frequent challenges to transportation.

Figure 2.8

Difficulty in Using Public Transportation

[Bar chart showing difficulty in using public transportation with categories: Not Applicable, No Challenges, Occasional Challenges, Frequent Challenges]
CHNA: Employment

Participants were asked about their employment status, as well as their perceptions of challenges and barriers related to employment.

- Nearly three-quarters (70.97 percent) reported part-time employment.
- 12.90 percent categorized themselves as retired.
- 7.53 percent were disabled or unable to work (the “Unemployed” and “Other” classifications could have been combined, because the “others” were nearly all unemployed from disability).
- A small percentage (4.30 percent) classified as working full time.

![Figure 2.9: Current Employment Status](image)

Participants were asked if they felt their disabilities were a potential barrier to employment. Only a small number (7.53 percent) indicated employment was not applicable to his/her life situation, which is assumed to be the same group of people who reported themselves retired or not working. Most of the remaining respondents (84.94 percent) agreed or strongly agreed their disabilities were seen as a barrier to employment opportunities. Only 7.53 percent disagreed or strongly disagreed there was an employment barrier due to disability.

<table>
<thead>
<tr>
<th>Do you feel your disability is/was a potential barrier to employment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer Choices</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
<tr>
<td>Strongly agree</td>
</tr>
<tr>
<td>Agree</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
<tr>
<td>Strongly disagree</td>
</tr>
</tbody>
</table>
Participants were queried as to their involvement in recreational activities. Most (78.26 percent) reported themselves engaged in some type of activity, such as archery (82.67 percent), walking, swimming, or kayaking (17.33 percent), cycling (2.67 percent), or golf (1.33 percent).

- Most respondents (84 percent) reported their exercise/activity session was of moderate intensity.
- 13.33 percent engaged in mild intensity.
- Only 2.67 percent rated their activity as intense.

Most (80 percent) of the respondents who do not engage in regular physical exercise or activity reported this was due to a lack of transportation to an exercise facility.

- 4.94 percent classified themselves as unable to leave their homes.
- 3.70 percent reported nearby exercise classes were inappropriate for their situations, and 3.70 percent were afraid to exercise because of their health conditions.
- 2.47 percent reported lack of availability of classes nearby, while another 3.70 percent said affordability was an issue.
Table 2.3

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am physically unable to leave home</td>
<td>4.94%</td>
</tr>
<tr>
<td>I am unable to go to an exercise facility because of lack of transportation</td>
<td>79.01%</td>
</tr>
<tr>
<td>The exercise classes near me are not appropriate for my situation</td>
<td>3.70%</td>
</tr>
<tr>
<td>There are no exercise classes near me that I can join</td>
<td>2.47%</td>
</tr>
<tr>
<td>I cannot afford to join a gym or fitness facility</td>
<td>3.70%</td>
</tr>
<tr>
<td>I am afraid to exercise because of my health condition</td>
<td>3.70%</td>
</tr>
<tr>
<td>I don’t need to exercise</td>
<td>1.23%</td>
</tr>
<tr>
<td>I don’t like to exercise</td>
<td>1.23%</td>
</tr>
</tbody>
</table>

**CHNA: Perceived Challenges and Barriers**

Of the 74 participants from community organizations and referral sources, 60.81 percent successfully secured inpatient, outpatient, or SNF physical rehabilitation services for their patients within the past 12 months. However, 39.19 percent had problems doing so.

**Figure 2.11**

Problems Placing Patients in Appropriate Physical Rehabilitation Program in Last 12 Months

At the same time, 44.59 percent of medical providers experienced barriers in referring patients to a rehabilitation provider, while 55.41 percent experienced no barriers.

- By far, the lack of insurance (74 percent) was cited as the greatest barrier.
- Other insurance-related limitations comprised the next-highest category of barriers: 48 percent of respondents reported “provider doesn’t accept type of insurance”; 40 percent cited “insurance would not pay for care”; and 26 percent reported “patient cannot afford co-payment.” Note: respondents could select more than one perceived barrier.
- “Lack of transportation” was reported by 24 percent of respondents, and 18 percent reported “patient medically denied.”
- In the “Other” category, respondents cited lack of scholarship beds; significant delays in insurance approvals; duration of hospital stay as prerequisite for rehab services payment by insurance; and lack of provider response.
When asked, “What are the biggest challenges our community faces in providing access to comprehensive, high-quality healthcare for uninsured and low income people?”, respondents identified four main areas:
- Insurance limitations (33 percent)
- Scholarship beds (28.2 percent)
- Transportation (7.69 percent)
- Language services (5.12 percent)

**CHNA: Perceived Needed Services**

Overall, medical providers appear satisfied with the existing services offered by Siskin Hospital.
- 76.27 percent of respondents indicated no additional services were needed.
- 23.73 percent suggested additional service offerings would be helpful.

<table>
<thead>
<tr>
<th>Table 2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there additional services Siskin Hospital could offer that would benefit your patients?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Suggestions of additional services included more scholarship beds; additional outpatient services in surrounding counties; transportation services; cognitive rehabilitation services; and specialized case managers to act as insurance liaisons.
3. SISKIN HOSPITAL CHNA CONCLUSIONS

The overall perceptions of health care consumers of the availability of, and access to, health services in Siskin Hospital’s service area appear positive. Participants seem to be satisfied with access to medical services, prescription affordability, and insurance and educational materials. However, a number of opportunities for improvement were identified, including:

- Transportation assistance to health services,
- Access to rehabilitation services;
- Quality of healthcare and caregiving;
- Employment opportunities for individuals with disabilities;
- Knowledge of resources available;
- Quality of life.

At the same time, participants from community organizations and referral sources appear satisfied with the services provided by Siskin Hospital and the accessibility of its rehabilitation program for their patients. Siskin Hospital now admits patients through a single point of entry, which has streamlined the admissions process considerably. Currently, we are revising the outpatient admissions process as well. Some areas for improvement are:

- Lack of scholarship beds. This continues to be a problem and we are developing a plan to address this, such as utilizing Siskin Hospital’s continuum of care to stretch available resources.
- Insurance limitations. Siskin Hospital will continue to identify and secure contracts with insurance providers.
- Information. Educational opportunities for community education may exist through a partnership with other hospitals/agencies.
- Transportation. We will give careful consideration to this opportunity in our next strategic plan.

The primary purpose of Siskin Hospital’s Community Health Needs Assessment is to align community-focused initiatives with the identified health goals defined by federal, state, and county level health services agencies. As such the Siskin Hospital CHNA makes use of data obtained from the Tennessee Department of Public Health, various federal agencies and Siskin Hospital’s primary research detailed above. The shared objective of this surveillance and reporting is reducing health disparities and improving the health of the community served. By understanding the health priorities of the larger population, Siskin Hospital leaders identify the needs of at-risk populations within its own service area. From this understanding, specific community benefit strategies and tactics are developed and will be included in the organization’s next strategic plan. Thereafter, Siskin Hospital leadership plans to repeat the survey process prior to each subsequent organizational strategic plan.

Siskin Hospital’s core competency is the treatment and rehabilitation of individuals with disabilities resulting from injuries, accidents, illnesses, or congenital defects. In general, individuals in these categories tend to experience higher percentages of health disparities than the larger population. These added challenges can result in further impaired mobility,
nutritional deficits and an increased susceptibility to chronic medical conditions. Despite increased health risks, people with disabilities are rarely targeted by specific health-promotion and disease-prevention efforts.
4. SERVICE AREA PROFILE

As Siskin Hospital for Physical Rehabilitation is a specialty hospital, patients come from a wide geographic area, resulting in a broad service area. Siskin Hospital serves a 19-county area in Tennessee, Georgia and Alabama. Healthcare services are provided through inpatient rehabilitation at the Hospital’s downtown Chattanooga location, as well as three outpatient centers in Tennessee: Cleveland, East Brainerd, and Chattanooga.

According to the 2010 U.S. Census, Siskin Hospital’s 19-county service area comprises a total population of 1,078,288 (2). Of those, 371,390, or 34 percent, are aged 50 to 64 years, while 14 percent of the population are 65 years and older. With the “silver tsunami” well underway and realized rates of growth in the 65-plus population already apparent, the prevalence of disability from all causes is likely to increase. In Hamilton County alone, the home of Siskin Hospital, the age 50 and above group represents 35 percent of the county’s total population. (2)

In addition, the pediatric population of the Hospital’s service area is 253,186, or 23 percent of the total population.

Figure 4.1
Siskin Hospital’s 19-County Service Area
Demographics

Of the counties in Siskin Hospital’s service area, Hamilton County, Tennessee is by far the most densely populated. Hamilton County is the fourth most-populous county in the state and is a growing and thriving area. Between 2000 and 2010, the population increased more than 9.2 percent to 336,463 people. By 2020 Hamilton County population is projected to increase another 9.7 percent. (3) This increase can be attributed to a strong economic environment, business growth and employment opportunities.

Figure 4.2
Comparison by Population
Siskin Hospital’s 19-County Service Area

![Pie chart showing population comparison by county in the hospital's 19-county service area.]

Source: U.S. Census 2010

Table 4.1
POPULATION OVERVIEW
Hamilton County, 2010-2020

<table>
<thead>
<tr>
<th></th>
<th>Hamilton County, TN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2010)</td>
<td>336,463</td>
</tr>
<tr>
<td>Population Estimate (2020)</td>
<td>344,951</td>
</tr>
<tr>
<td>Estimated Change 2010-2020</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau; State of Tennessee
**Socioeconomic Status**

Siskin Hospital’s service area has a wide range of economic status and security. According to available data, between 13.9 and 29.7 percent of service area residents were living below the federal poverty level (FPL). In February 2015, service area unemployment ranged between 5.5 and 9.8 percent, as compared to the national rate of 5.5 percent and the state of Tennessee rate of 6.3. (4, 5)

### Table 4.2

<table>
<thead>
<tr>
<th>County</th>
<th>Median Household Income</th>
<th>Persons below FPL</th>
<th>Unemployment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton (TN)</td>
<td>$46,702</td>
<td>16.6%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Bledsoe (TN)</td>
<td>$33,443</td>
<td>22.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Bradley (TN)</td>
<td>$41,083</td>
<td>19.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Grundy (TN)</td>
<td>$26,814</td>
<td>29.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>McMinn (TN)</td>
<td>$39,410</td>
<td>18.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Marion (TN)</td>
<td>$41,268</td>
<td>18.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Meigs (TN)</td>
<td>$35,150</td>
<td>20.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Polk (TN)</td>
<td>$39,074</td>
<td>17.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Rhea (TN)</td>
<td>$36,741</td>
<td>22.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Sequatchie (TN)</td>
<td>$36,434</td>
<td>17.4%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Van Buren (TN)</td>
<td>$33,547</td>
<td>22.5%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Warren (TN)</td>
<td>$34,641</td>
<td>21.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Caloosa (GA)</td>
<td>$47,087</td>
<td>13.9%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Dade (GA)</td>
<td>$43,205</td>
<td>15.9%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Murray (GA)</td>
<td>$34,888</td>
<td>22.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Walker (GA)</td>
<td>$39,963</td>
<td>16.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Whitfield (GA)</td>
<td>$40,471</td>
<td>20.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>DeKalb (AL)</td>
<td>$37,851</td>
<td>19.9%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Jackson (AL)</td>
<td>$37,634</td>
<td>16.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>$44,298</td>
<td>17.6%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Georgia</td>
<td>$49,179</td>
<td>18.2%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Alabama</td>
<td>$43,253</td>
<td>18.6%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

*Unemployment rate as reported February 2015
Source: U.S. Census Bureau; Bureau of Labor Statistics

**Educational Attainment**

Educational levels vary across Siskin Hospital's service area.
- More than 20 percent of service area residents have NOT graduated from high school.
- Nearly the same number (18.2 percent) of residents has college degrees.
- In Tennessee, 32.1 percent of Whites have a college degree, compared with 21.8 percent of African-Americans and 16.8 percent of Hispanics. (6)
Table 4.3

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Tennessee*</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>No education</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td>Less than high school</td>
<td>61,159</td>
<td>8.3%</td>
</tr>
<tr>
<td>Some high school</td>
<td>89,151</td>
<td>12.2%</td>
</tr>
<tr>
<td>High school degree</td>
<td>244,898</td>
<td>33.4%</td>
</tr>
<tr>
<td>Some college/assoc. degree</td>
<td>204,995</td>
<td>27.9%</td>
</tr>
<tr>
<td>Bachelor's degree or greater</td>
<td>133153</td>
<td>18.2%</td>
</tr>
<tr>
<td>Total Population 25+</td>
<td>733,356</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Population 18-64


Educational level is interrelated with health literacy. The U.S. Department of Health and Human Resources has defined health literacy as the capacity to obtain, process, and understand basic health information and services needed to make appropriate health care decisions. (7) Low health literacy is associated with:

- Poor management of chronic diseases,
- Poor ability to interpret labels and health messages,
- Poor ability to understand and adhere to medication regimes,
- More emergency visits and hospitalizations,
- Poor health outcomes,
- Higher mortality risk, especially for seniors. (8)

Race/Ethnicity

Siskin Hospital’s 19-county service area is not as racially or ethnically diverse as compared to the state of Tennessee or the nation.

- White/Caucasians represent the area’s largest population group at nearly 85 percent.
- Blacks and Hispanics are nearly equally represented.
- The ratio of Hispanics is higher in the area than that in Tennessee, but less than half of that of the nation.
### Table 4.4

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Service Area</th>
<th>Tennessee</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>912,180</td>
<td>84.6%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Black</td>
<td>88,987</td>
<td>8.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>78,728</td>
<td>7.3%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Is.</td>
<td>11,500</td>
<td>1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>5,326</td>
<td>&lt; 1%</td>
<td>.3%</td>
</tr>
</tbody>
</table>

Source: U.S. Census 2010

### Age

Siskin Hospital’s 19-county service area has an older population that is a full percentage point higher than that of the state of Tennessee or the U.S.

- The under-18 population is also a full percentage point less than the U.S. average. In Hamilton County, the under-18 population is more than two percentage points less than the national average.
- Seniors, age 65 or older, are estimated at 15.8 percent of the total service area population. For Hamilton County, this group is projected to increase 4.6 percent by 2025. (9)
- The number of women of child-bearing age in Hamilton County corresponds to the national rate while exceeding the rate of the Hospital's service area.

### Table 4.5

<table>
<thead>
<tr>
<th>Population Age</th>
<th>Hamilton Co.</th>
<th>Service Area*</th>
<th>Tennessee</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18</td>
<td>21.2%</td>
<td>22.7%</td>
<td>22.9%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Population 65+</td>
<td>15.6%</td>
<td>15.8%</td>
<td>14.6%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Women of Child-Bearing Age (15-44 yrs)</td>
<td>19.9%</td>
<td>19.1%</td>
<td>19.8%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

*Includes Hamilton County
Source: U.S. Census

### Table 4.6

<table>
<thead>
<tr>
<th>Population Age Projections</th>
<th>Hamilton Co.</th>
<th>Service Area</th>
<th>Tennessee</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population under 18</td>
<td>25.5%*</td>
<td>unavailable</td>
<td>15.1%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Population 65+</td>
<td>17.7%</td>
<td>unavailable</td>
<td>12.6%</td>
<td>17%</td>
</tr>
<tr>
<td>Women of Child-Bearing Age (15-44 yrs)</td>
<td>19%</td>
<td>unavailable</td>
<td>11.9%</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

*Includes Hamilton County
Population to 19
Source: U.S. Census; Tennessee State Data Center
**Insurance Trends and Uninsured Status**

In 2013, more than 41 million Americans younger than age 65 were uninsured. (10) The Patient Protection and Affordable Care Act is projected to cover some but not all of these people. According to the Agency for Healthcare Research and Quality, the uninsured are much less likely to have primary care providers than the insured. They also receive less preventive care, dental care, chronic disease management and behavioral health counseling. Often, those without insurance are diagnosed at more advanced and less treatable disease stages than those with insurance and generally have worse health outcomes, lower quality of life and higher mortality rates. (11)

Hamilton County, the location of Siskin Hospital, at 16 percent has the same percentage of uninsured as the state of Tennessee.
- This rate is one full percentage point below the national rate.
- However, nearly one-fifth of residents in the 19-county service area are uninsured.

![Figure 4.3](image)

According to data from the Hamilton County Health Department, 35,538 inpatient hospital discharges occurred in 2006. Figure 4.4 illustrates the payer types.
- Approximately 18.2 percent of those hospitalizations were paid by TennCare and 47.8 percent were paid by Medicare.
- Self-paid hospitalizations were 4.9 percent of the total.
- Charity care represents 0.2 percent. (12)
Community Need Index

In 2005 Dignity Health developed the nation’s first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every ZIP code in the United States and demonstrates the link between community need, access to care and preventable hospitalizations. The CNI uses a numerical indicator to account for underlying socioeconomic and access barriers that affect a population’s health status. Identified barriers include those related to income, culture/language, education, insurance and housing.

With this tool, ratings are available for individual ZIP codes within a specific county. The “best” score is 1.0, indicating a ZIP code with the lowest socio-economic barriers to health. At the other end, 5.0 represents a ZIP code with the greatest socio-economic barriers to health (see Figure 4.4).

A comparison of CNI scores to hospital utilization shows a strong correlation between high need and high use. In other words, communities with high CNI scores can be expected to have higher hospital usage.

A causal relationship also exists between CNI scores and preventable hospitalizations for manageable conditions. That is, communities with high CNI scores have more hospitalizations that could have been avoided with improved healthy community structures and appropriate outpatient/primary care. (13)
Figure 4.5
CNI Score for Siskin Hospital’s Service Area
Average CNI Score: 3.7

Source: Dignity Health
5. PROVIDER INVENTORY

The map below depicts the regional nature of rehabilitation services, depicting inpatient rehabilitation providers in the Chattanooga, Tennessee metropolitan area. This area includes the 19 counties in Siskin Hospital’s service area.

- Siskin Hospital is located in Chattanooga, Hamilton County, Tennessee.
- One other rehabilitation hospital is located in Chattanooga.
- Of the three acute-care Hamilton County hospitals, only one has an inpatient rehabilitation unit.
- The complete list of inpatient rehabilitation providers in the service area is presented in Table 5.1.

Table 5.1

<table>
<thead>
<tr>
<th>Rehabilitation Inpatient Providers</th>
<th>Siskin Hospital Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Acute Care Hospitals with Rehabilitation Units" /></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Rehabilitation Hospitals" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute Care Hospitals with Rehabilitation Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkridge Medical Center, Hamilton County, Tennessee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehabilitation Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthSouth, Hamilton County, Tennessee</td>
</tr>
<tr>
<td>Siskin Hospital for Physical Rehabilitation, Hamilton County, Tennessee</td>
</tr>
</tbody>
</table>
6. SERVICE AREA HEALTH INDICATORS

County Health Rankings

The 2015 County Health Rankings and Roadmaps measures the overall health of each county in all 50 states based on the many factors that influence health. In addition, comparisons are made among each of the counties in Tennessee and each is ranked against others in the state. County Health Rankings is cited throughout this discussion of health indicators.

The County Health Rankings provides overall rankings for two dimensions:
- Health Outcomes, which include mortality and morbidity.
- Health Factors, which are contributing factors to health including clinical care, health behaviors, social and economic factors, and physical environment.

The data for County Health Rankings is gathered from around the nation and is comparable between counties, within states. For most measures, county data is also comparable across state lines. However, because state-level effects and differing screening patterns between states affect the rankings, caution must be used in comparing counties across state lines. Therefore, there is no ranking for the Siskin Hospital service area as it comprises counties in three states. Broad conclusions about the Siskin Hospital service area can be drawn, however, from individual county rankings within each of the three states.

Rankings, based on equal weighting of health and quality of life, range from highest performing counties (a ranking of “1”) to the lowest performing (the numeral varies and is relative to the number of counties in any particular state). (14)
- In Tennessee, only Bradley County falls in the highest-performing category; six counties fall in the lowest-performing category with Hamilton and Bledsoe scoring in between.
- Whitfield County, Georgia is a high-performer. Three Georgia counties are low performers and the fifth scores in between.
- The two Alabama counties in the service area are mid- to low-performing.
Health Outcomes: Morbidity and Mortality

Health Outcomes evaluate mortality and morbidity indicators. Because of the wide variation in rankings among individual counties in the Siskin Hospital service area, a report on Hamilton County, Tennessee will be examined here. Hamilton County ranks below Tennessee but above the U.S. for mortality.

- Hamilton County had fewer premature deaths than Tennessee, but more than the U.S.\(^1\)

While Hamilton County’s outcomes were somewhat better than the state of Tennessee on most morbidity indicators, there is a significant gap between Hamilton County and both Tennessee and the U.S. in birth rates. Outcomes can improve in the following areas:

1. Percentage of low birth weight babies.
2. Percentage of residents stating they have either fair or poor health.
3. Number of poor physical health days.

Table 6.1
County Health Rankings: Health Outcomes
Hamilton County, Tennessee, and U.S.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Hamilton County</th>
<th>Tennessee</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Death (rate/100,000)</td>
<td>8,289</td>
<td>8,696</td>
<td>7,681</td>
</tr>
<tr>
<td>Morbidity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Reported Poor or Fair Health</td>
<td>18%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Self-Reported Poor Physical Health Days</td>
<td>3.8</td>
<td>4.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Self-Reported Poor Mental Health Days</td>
<td>3.2</td>
<td>3.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>10.5%</td>
<td>9.2%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings and Roadmaps 2015

\(^1\) This indicator identifies the years of potential life lost before age 75. It is age-adjusted to the 2010-2012 population and displayed as a rate per 100,000 for comparison between counties.
Health Factors

Health Factors evaluate the various factors that contribute to poor or good health and eventual Health Outcomes. Table 6.2 shows Health Factors for the Siskin Hospital service area, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Only those factors are included which are comparable across state lines.

- Adult obesity is not included in the following table because the model used to construct estimates includes state-level effects that may overestimate differences in border counties. The figures that follow are therefore *not* comparable to those of any other state.
- The rate of adult obesity in Tennessee is 32 percent (percent of adults that report a BMI $\geq 30$).
- Alabama’s rate of adult obesity is 33 percent.
- Georgia’s rate is 29 percent.
Causes of Death

Heart disease and cancer are the two leading causes of death in Siskin Hospital’s service area, followed by chronic lower respiratory disease, accidents and stroke. Diabetes and Alzheimer’s mortality are a close sixth cause.

Figure 6.2
Leading Causes of Death (rate/100,000)
Siskin Hospital 19-County Service Area

Source: County Health Profiles Alabama 2006; Tennessee Health Statistics 2013; WorldLifeExpectancy.com
7. SISKIN HOSPITAL COMMUNITY BENEFITS STRATEGIC CONNECTION

Identified Needs

DISABILITY

Chronic diseases and conditions—such as heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly and preventable of all health problems. Half of all American adults have at least one chronic condition, and almost one in three have multiple chronic conditions. Many chronic diseases result in disability.

The CDC reports 397,714 individuals with a disability in the Hospital’s 19-county service area, representing approximately 37 percent of the total population. (15) According to Matthew Brault’s Census Bureau report, “Americans with Disabilities: 2010,” disabilities are defined as severe or non-severe. (16)

<table>
<thead>
<tr>
<th>Activity/Condition</th>
<th>Severe</th>
<th>Non-Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty doing activity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unable to do activity</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Source: Brault

Brault further categorizes disabilities into communicative, physical and mental domains. He reports 54.1 million people with a disability in the physical domain.

- Used a wheelchair, cane, crutches or walker (3.6 million);
- Had difficulty walking a quarter of a mile, climbing a flight of stairs, lifting something as heavy as a 10-pound bag of groceries, grasping objects or getting in and out of bed (30.6 million);
- Listed arthritis or rheumatism, back or spine problem, broken bone or fracture, cancer, cerebral palsy, diabetes, epilepsy, head or spinal cord injury, heart trouble or atherosclerosis, hernia or rupture, high blood pressure, kidney problems, lung or respiratory problems, missing limbs, paralysis, stiffness or deformity of limbs, stomach/digestive problems, stroke, thyroid problem, or tumor/cyst growth as a condition contributing to a reported activity limitation (19.9 million).

The total number of people who have a disability in the communicative domain is more than 15.7 million.

- Was blind or had difficulty seeing (8.1 million);
- Was deaf or had difficulty hearing (7.6 million);
- Had difficulty having their speech understood.
In the mental domain, 19.6 million people reported having a disability.
- Had a learning disability, an intellectual disability, developmental disability, or Alzheimer’s disease, senility or dementia (7.5 million);
- Had some other mental or emotional condition that seriously interfered with everyday activities (12.1 million).

Figure 7.1

According to the U.S. Census Bureau:
- Approximately 56.7 million people (18.7 percent) of the 303.9 million in the civilian non-institutionalized population had a disability in 2010 (Table 7.2).
- About 12.6 percent or 38.3 million people had a severe disability. The total number of people with a disability increased by 2.2 million from 54.4 million people in 2005.
- Approximately 4 in 10 individuals aged 21-64 with a disability were employed compared to 8 in 10 individuals without a disability.
- 11 percent of adults aged 15-64 with severe disabilities experienced poverty, compared to four percent of those without disability.
Table 7.2
Prevalence of Disability for Selected Age Groups: 2010
(in thousands)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>303,858</td>
<td>100.0</td>
</tr>
<tr>
<td>With a disability</td>
<td>56,672</td>
<td>18.7</td>
</tr>
<tr>
<td>Severe disability</td>
<td>38,284</td>
<td>12.6</td>
</tr>
<tr>
<td>Aged 6 and older</td>
<td>278,222</td>
<td>100.0</td>
</tr>
<tr>
<td>Needed personal assistance</td>
<td>12,349</td>
<td>4.4</td>
</tr>
<tr>
<td>Aged 15 and older</td>
<td>241,682</td>
<td>100.0</td>
</tr>
<tr>
<td>With a disability</td>
<td>51,454</td>
<td>21.3</td>
</tr>
<tr>
<td>Severe disability</td>
<td>35,683</td>
<td>14.8</td>
</tr>
<tr>
<td>Difficulty seeing</td>
<td>8,077</td>
<td>3.3</td>
</tr>
<tr>
<td>Severe</td>
<td>2,010</td>
<td>0.8</td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>7,572</td>
<td>3.1</td>
</tr>
<tr>
<td>Severe</td>
<td>1,096</td>
<td>0.5</td>
</tr>
<tr>
<td>Aged 21 to 64</td>
<td>177,295</td>
<td>100.0</td>
</tr>
<tr>
<td>With a disability</td>
<td>29,479</td>
<td>16.6</td>
</tr>
<tr>
<td>Employed</td>
<td>12,115</td>
<td>41.1</td>
</tr>
<tr>
<td>Severe disability</td>
<td>20,286</td>
<td>11.4</td>
</tr>
<tr>
<td>Employed</td>
<td>5,570</td>
<td>27.5</td>
</tr>
<tr>
<td>Non-severe disability</td>
<td>9,193</td>
<td>5.2</td>
</tr>
<tr>
<td>Employed</td>
<td>6,544</td>
<td>71.2</td>
</tr>
<tr>
<td>No disability</td>
<td>147,816</td>
<td>83.4</td>
</tr>
<tr>
<td>Employed</td>
<td>116,881</td>
<td>79.1</td>
</tr>
<tr>
<td>Aged 65 and older</td>
<td>38,599</td>
<td>100.0</td>
</tr>
<tr>
<td>With a disability</td>
<td>19,234</td>
<td>49.8</td>
</tr>
<tr>
<td>Severe disability</td>
<td>14,138</td>
<td>36.6</td>
</tr>
</tbody>
</table>


For individuals with a chronic disease or disabLING condition, the need for ongoing assistance with everyday tasks to function must be provided by a caregiver. Recipients of care live in both residential and institutional settings. The demand for caregiving is steadily increasing due to the burgeoning older adult population. In 2030, when all Baby Boomers will be at least 65 years old, the population of adults in this age group is projected to be 71 million. The number of people 65 years and older is expected to rise by 101 percent between 2000 and 2030, at a rate of 2.3 percent each year. (17)

Reliable census data demonstrates an increase in the prevalence of disability as the population ages. People in the oldest group, 80 and above, are 70.5 percent likely to have a disability, more than eight times the likelihood of disability under age 15.
The poor health of people with disabilities is often compounded by health problems related to their primary disability, such as health complications of impaired mobility, nutritional deficits and an increased susceptibility to secondary medical conditions. For example, precursors of common chronic diseases, such as physical inactivity, obesity, hypertension and high cholesterol, are all more prevalent among persons with a disability than those without. Despite these higher health risks, persons with a disability are often overlooked by health promotion and disease prevention efforts.

Research conducted by United Health Foundation shows that seniors are the largest consumers of health care as advancing age necessitates the need for more frequent use. Annually, adults 65 and older spend nearly twice as much as 45 to 64 year olds on health care. They spend three to five times more than all adults younger than 65.4. The health needs of older adults are not only more expensive but also vastly different from the
younger population. Nearly 80 percent of seniors have already been diagnosed with at least one chronic condition and half have been diagnosed with at least two. The widespread prevalence of chronic disease among older adults leads to increased visits to health professionals, more medications prescribed and a decline in overall well-being and quality of life.

- The Foundation’s “America’s Health Ranking: Senior Report 2014” ranks U.S. states based on behaviors, community and environment, and outcomes.
- Tennessee, Georgia and Alabama are among the 10 least-healthy states for seniors.
- Tennessee ranks 43. It has the second-highest rate of senior smoking in the nation, high geriatrician shortfall as well as a high percentage of preventable hospitalizations.
- Georgia ranks 40. It has a low availability of home health care workers, and a high percentage of seniors living in poverty.
- Alabama ranks 44. It has high food insecurity, low availability of home health care workers and geriatricians, and a high rate of preventable hospitalizations. (18)
- Lower state health rankings put resident seniors with disabilities at even greater risk for health complications.

### Table 7.3
Senior Health Rankings: Tennessee, Georgia, Alabama

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Tennessee</th>
<th>Georgia</th>
<th>Alabama</th>
<th>No. 1 State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition</td>
<td>11.7</td>
<td>11.2</td>
<td>12.4</td>
<td>6.6</td>
</tr>
<tr>
<td>Depression</td>
<td>13.9</td>
<td>12.1</td>
<td>18.5</td>
<td>8.3</td>
</tr>
<tr>
<td>Multiple Chronic Conditions</td>
<td>36.7</td>
<td>36.3</td>
<td>36.8</td>
<td>20.9</td>
</tr>
<tr>
<td>Education</td>
<td>17.1</td>
<td>20.5</td>
<td>17.6</td>
<td>31.0</td>
</tr>
<tr>
<td>Suicide (per 100,000)</td>
<td>16.5</td>
<td>17.0</td>
<td>16.8</td>
<td>6.4</td>
</tr>
<tr>
<td>Volunteerism</td>
<td>20.9</td>
<td>20.4</td>
<td>21.1</td>
<td>39.8</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>32.2</td>
<td>31.2</td>
<td>28.6</td>
<td>21.1</td>
</tr>
<tr>
<td>Hip Fractures</td>
<td>8.8</td>
<td>8.5</td>
<td>8.8</td>
<td>3.0</td>
</tr>
<tr>
<td>Health Status</td>
<td>32.3</td>
<td>34.4</td>
<td>31.7</td>
<td>49.3</td>
</tr>
<tr>
<td>Obesity</td>
<td>26.3</td>
<td>25.4</td>
<td>26.9</td>
<td>14.1</td>
</tr>
</tbody>
</table>

Source: America’s Health Rankings Senior Report 2014

In addition, both Tennessee and Alabama are among the 13 states that have the highest percentage of disability. Georgia is one of nine states that have a moderately-high percentage of disability.

- All three states in the service area report a higher percentage of disability than the national average.

### Table 7.4
Percentage of Adults Reporting a Disability 2012

<table>
<thead>
<tr>
<th>Tennessee</th>
<th>Georgia</th>
<th>Alabama</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.4%</td>
<td>21.6%</td>
<td>28.9%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

Source: CDC Disability and Health Data System
Healthy People 2020 identifies quality of life improvement as a central public health goal related to self-reported chronic diseases and additional risk factors. These factors have a significant impact on the morbidity and mortality rates, especially in individuals with disabilities. (19) A health-related quality of life (HRQOL) evaluation includes factors of mental and physical health perceptions, health risks and conditions, functional status, social support and socioeconomic status. Siskin Hospital uses HRQOL to identify resources, policies and practices that influence the functional status and health perceptions of individuals with disabilities.

Figure 7.3
Employment Status by Disability Status and Type
Universe: Civilian non-institutionalized population 18 to 64 years

People with disabilities have the ability to bring a unique set of skills to the workplace, enhancing the diversity and strength of the U.S. labor market. Yet, according to the National Organization on Disability, only one in five working-age Americans with disabilities are employed. This is a productive power loss of nearly 30 million potential workers. (20) The Southeast has the lowest employment-to-population ratios for the disabled of any region in the country. (21)

Siskin Hospital offers a Vocational Services Program for individuals with a disability who live in the Hospital’s service area. The program provides a crucial link in the continuum of physical rehabilitation in the return to a productive, meaningful life in the community and workforce.

HEART DISEASE AND STROKE

Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. (19) As shown in Figure 6.2, both
of these conditions are among the top three causes of death in Siskin Hospital’s service area.

Siskin Hospital’s Stroke Unit is staffed by experienced therapists in Stroke Rehabilitation and the latest in equipment and treatment modalities. Patients and caregivers receive extensive education, training and resources to help them understand and manage impairments and complications from the stroke, reduce the risk of having another stroke and decrease environmental barriers. Psychological and coping needs are met through individual counseling, peer counselors and support groups. Also available are services to help patients continue their recovery after returning home, such as follow-up medical care in the Stroke Survivor Program, Outpatient Therapy Services, and The Post-Stroke Fitness Program at the Fitness Center at Siskin Hospital.

DIABETES

Diabetes was the seventh leading cause of death in the United States in 2010. As of 2012, 29.1 million Americans or 9.3 percent of the population had diabetes.

- The prevalence of diabetes in seniors remains high, at 25.9 percent, or 11.8 million seniors.
- About 73,000 non-traumatic lower-limb amputations were performed in adults aged 20 years or older with diagnosed diabetes in 2010. (22)
- About 60% of non-traumatic lower-limb amputations among people aged 20 years or older occur in people with diagnosed diabetes (23)

The incidence of diabetes has steadily climbed in the U.S. since 1994. However, rates have increased more rapidly in Tennessee, Georgia and Alabama during the same period, and as of 2012, all have rates of diagnosed diabetes that are higher than the national average. (24)
The Siskin Hospital Amputee Program offers:
- Treatment for upper- and lower-extremity amputations.
- A thorough evaluation by qualified physical and/or occupational therapists.
- Specific education and training related to wearing and using prosthesis.
- Treatment and activities that accelerate independence in self-care activities.

ACCIDENT/INJURY

Nationally, injuries result in significant disability and mortality.
- Among the top 15 killers for all-aged Americans are unintentional injuries and those caused by acts of violence.
- For Americans aged 1 to 44, injuries are the number one cause of death.
- Injuries are a leading cause of disability for all ages, regardless of sex, race/ethnicity or socioeconomic status.

Beyond the immediate health consequences, injuries have a significant effect on the well-being of Americans by resulting in:
- Premature death,
- Disability,
- Poor mental health,
• High medical costs,
• Lost productivity.

According to Health People 2020, most events resulting in injury, disability or death are predictable and preventable. More attention must be given to better understand the trends, causes and prevention of unintentional injuries, such as:

• Individual behaviors – choices people make such as alcohol use or risk-taking;
• Physical environment – home and community that affect the rate of injury related to falls, fires and burns, drowning, violence; and
• Social environment – individual social relationships, community, societal-level factors. (25)

In Tennessee, fatal injuries result in an astounding 90 thousand years of potential life lost in one year alone. While tragic, this represents a small burden on the state’s resources.

• 5,105 fatal injuries occurred in 2012.
• For every death, seven hospitalizations and 146 emergency department (ED) visits due to an injury occurred.
• The vast majority of these injuries was unintentional and could have been prevented.

Non-fatal injuries include trauma care, hospitalizations and ED visits. The Tennessee Department of Health records show the number of trauma cases represents more 40 percent of the hospitalizations. The majority of those who survive experience long-term disabilities and chronic pain, both of which contribute to increased health care costs.

• In Tennessee, a non-fatal injury hospitalization in 2012 resulted in an average five-day hospitalization.
• The average admission charge was approximately $49,000 per admission.
• The total non-fatal injury-related charges exceeded $3.4 billion: $1.6 billion from ED visits and $1.8 billion from hospitalizations (which do not include rehabilitation or physician costs).
• Hamilton County had 251 injury deaths and 2,071 non-fatal injuries in 2012; State rates are 77 injury deaths and 558 non-fatal injuries. (26)

TRAUMATIC BRAIN INJURY

An estimated 8,000 Tennesseans sustain a traumatic brain injury (TBI) each year. About 18 percent of those with an acquired injury resulted in the need for inpatient or outpatient rehabilitation therapy. (27)
Accidental falls accounted for more than 49 percent of external cause of injury-related TBI. Seniors were at the greatest risk.

Auto accidents accounted for nearly 28 percent of external cause of injury-related TBI.

Approximately 40 percent of cases reported were aged 65 years or older.

Siskin Hospital’s Brain Injury Unit treats both traumatic and non-traumatic brain injuries in a state-of-the-art unit specializing in the care and rehabilitation of patients who have a brain injury. Patients receive ongoing support and assistance through the Hospital's Outpatient Program, the Fitness Center, and several partnering organizations that work specifically with individuals who have suffered a brain injury. The Hospital also provides free office space for the Chattanooga Area Brain Injury Association.

The “A Matter of Balance” Falls Prevention class helps educate individuals on prevention of falls and strengthening their sense of balance. Siskin Hospital also partners with Fall Prevention Chattanooga, which seeks to reduce falls among older adults through coordinated efforts.

BEHAVIORAL HEALTH

The term “behavioral health” often describes the connection between behaviors and the health and well-being of the body, mind and spirit. This includes behaviors such as eating habits, drinking or exercising that either immediately or over time affect physical or mental health. Mental health, substance abuse and addictions are also often included. Broader factors, such as living in an area with high pollution or experiencing high levels of stress over a long period of time, can also affect well-being.

An estimated 43.7 million adults aged 18 or older in the U.S. had a mental illness in 2012, or 18.6 percent of all U.S. adults. Types of mental illnesses can range in impact from no or mild impairment to significantly disabling impairment, such as in individuals with serious mental illness, defined as individuals with a mental disorder with serious functional impairment which substantially interferes with or limits one or more major life activities. (28) These estimates exclude developmental or substance abuse disorders.

The three states comprising Siskin Hospital’s service area show significant behavioral health concerns that echo those of the nation.
Table 7.4

<table>
<thead>
<tr>
<th>Measure</th>
<th>Tennessee</th>
<th>Georgia</th>
<th>Alabama</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Month Illicit Drug Use</td>
<td>386</td>
<td>771</td>
<td>304</td>
</tr>
<tr>
<td>Past Month Alcohol Use</td>
<td>2,079</td>
<td>3810</td>
<td>1752</td>
</tr>
<tr>
<td>Past Month Tobacco Use</td>
<td>1,676</td>
<td>2168</td>
<td>1266</td>
</tr>
<tr>
<td>Needing, Not Receiving Treatment for Substance Use</td>
<td>415</td>
<td>650</td>
<td>342</td>
</tr>
<tr>
<td>Past Year Mental Health Issues*</td>
<td>1,764</td>
<td>2407</td>
<td>1198</td>
</tr>
</tbody>
</table>

*18 years and older


It is important to recognize the critical interplay between individual health, medical treatment and behavioral health, and improving outcomes. Those with co-occurring behavioral health and medical illnesses often incur the highest health care costs over time. The presence of co-occurring behavioral health conditions is associated with:

- Increased severity of medical encounters;
- In many cases, reduced compliance with medical care regimens. (29)

Siskin Hospital’s psychologists and neuropsychologist have specialized training in Behavioral Medicine and Rehabilitation Psychology to assist individuals living with a chronic medical illness or who have endured a traumatic injury. Affected individuals and their families frequently encounter heightened levels of stress, feelings of grief and loss, and changes in their quality of life. Siskin Hospital has the region’s only board-certified neuropsychologist. Our psychologists provide in-depth evaluation and treatment of emotional and behavioral factors affecting adjustment and recovery.

MOVEMENT DISORDERS

Chronic, often painful, and debilitating conditions, movement disorders affect one’s ability to control movement. A movement disorder can make routine activities difficult, even impossible. More than 40 million Americans—nearly one in seven people—are affected by a movement disorder, more than twice the number of people with diabetes and more than four times the number of those surviving cancer. (30)

Movement disorders are caused by damage to or malfunction in specific regions of the brain and nervous system responsible for voluntary and involuntary movement. In many people, the cause is unknown. The onset of symptoms associated with a movement disorder may occur gradually over time or develop suddenly. Though no cure exists for movement disorders, they can be effectively managed if properly diagnosed and treated, allowing patients to live with less pain, fewer limitations and greater confidence. Movement disorders include:

- Ataxia
- Dystonia
- Huntington’s Disease
- Multiple System Atrophies (e.g., Shy-Drager Syndrome)
- Myoclonus
- Parkinson’s Disease
- Progressive Supranuclear Palsy
- Restless Leg Syndrome and Reflex Sympathetic Dystrophy/Periodic Limb Movement Disorder
- Tics
- Tourette’s Syndrome
- Tremor
- Wilson Disease
- Tardive Dyskinesia
- Spasticity
- Rett Syndrome (31)

These chronic diseases evidence an increasing prevalence in old age and pose a major challenge to patients, families and health care systems. According to researchers, movement disorders will increase considerably between 2010 and 2050. (32)

Siskin Hospital’s special treatment programs, such as the LSVT BIG and LOUD therapies for Parkinson’s, address the physical manifestations of movement disorders. In addition, the Tai Chi Program and Aqua Pilates provide numerous health benefits to those with neurologic or musculoskeletal conditions.

In addition, Siskin Hospital offers a wheelchair seating and positioning program; an augmented communication program; therapists with specialty training for movement disorders; and videofluoroscopy, or VFSS, to evaluate swallowing problems.
8. SISKIN HOSPITAL PROGRAMS THAT BENEFIT COMMUNITIES SERVED

Siskin Hospital’s Community Care Program
Siskin Hospital provides charity care for physical rehabilitation to those who have sustained a disability through accident, illness or injury in the community it serves. Charity care is provided for those patients without insurance or without the means to cover the cost of their treatment.

Charitable Assistance for Assistive Devices
Providing charitable support to individuals who are without access to assistive devices or technology is important to Siskin Hospital. We work with community agencies to provide patients with the equipment and education they need to prevent them from experiencing barriers at home, in the workplace or the community at large.

Professional Training, Education, Clinical Research Activities
Siskin Hospital believes in the importance of continuing education and professional training for our staff to better serve those with disabilities in our community. Staff participates in ongoing training opportunities to obtain special certifications in a variety of treatment areas including nursing, brain injury, stroke, physical and occupational therapy, and speech therapy. Additional certifications have been obtained in certified rehabilitation registered nursing, brain injury, low vision, lymphedema, swallowing, voice treatment and certified employment support. Research activities have included studies for patients with swallowing issues, fall statistics and prevention, concussion assessment and psychology/behavioral health assessment and treatment.

The Fitness Center
As part of the continuum of care, we are proud to offer the Fitness Center at Siskin Hospital as an opportunity for patients to continue their rehabilitation progress after being discharged from inpatient and outpatient care. The Fitness Center is a place where the able-bodied and the disabled can work out side by side, focusing on personal strengthening and fitness goals. With a highly-trained staff and access to Siskin Hospital’s therapy staff, the Fitness Center is the ideal transition for patients to continue to expand and strengthen their functional independence following outpatient treatment.

Additionally, the Fitness Center is available to all members of the community. It is considered to be a comfortable, safe place for people of all abilities, including those less fit, seniors and persons with varying degrees of disability. The majority of Fitness Center members are either over age 65, former patients or disabled individuals. To make the Center widely available to this population, Siskin Hospital subsidizes the operation of this facility, allowing the membership rates to remain affordable.

- **Bariatric Program**: The “No Excuses” Bariatric Fitness Program is designed for those planning to undergo or who have already had bariatric weight loss surgery, although it is open to the public. Most participants are physician-referred from Erlanger Medical Center or Memorial Hospital. In FY 2015, nearly 150 individuals were evaluated for the program.  

---

2 July 1, 2014 to May 20, 2015.
Prior to surgery, participants can establish a cardiovascular routine and begin strengthening muscles. Following surgery, and once medically cleared for exercise, participants can enhance safe weight loss while maintaining, and even increasing, muscle mass. The Bariatric Weight Loss Fitness Program helps obese patients meet the challenges of safe weight loss and embark on a healthy lifestyle program. They learn how to exercise without stressing the back, hips or knees. Participants are educated on the metabolic aspect of weight loss and learn how food is broken down and transformed into energy for the body’s use.

- **A Matter of Balance**: This Falls Prevention class is a joint venture between the Hamilton County Health Department and Siskin Hospital. The free two-hour class, held in the Fitness Center, teaches practical strategies to manage falls and is particularly helpful to older adults who have restricted their activities because of, or in fear of, falling.

- **Specialized Adapted Classes**: Adapted Tai Chi and seated exercise programs serve specialized needs.

**Advocacy**

Siskin Hospital is proud to be known as an advocate for our patients, the community and other individuals living with a disability through a variety of programs designed to encourage those we serve to continue working, living independently and pursuing education. The Hospital promotes and supports advocacy for individuals on local, state, regional and national levels. These advocacy programs and activities include:

- **Vocational Assistance** – Through the Vocational Services and Community Re-Entry Programs, Siskin Hospital offers extensive evaluation, education, support and training for individuals with brain injuries as a result of accident, illness or injury. From the initial evaluation where an individual’s strengths, weaknesses and skill-set are determined, Siskin Hospital staff work to train and prepare patients to return to employment and a more active lifestyle based on individual interests and needs.

  Additionally, staff works closely with potential employers to educate and prepare them to work with the disabled. Once patients obtain employment, staff works to transition them into their new job by ensuring their understanding and ability to perform tasks as they are assigned. Finally, The Travel Training Program at Siskin Hospital equips individuals who have disabilities with the skills to travel independently on public transportation in the Chattanooga area. The Travel Training Program is a one-on-one, individualized free service available to all persons with a disability or anyone who is over the age of 65 and is a partnership between Siskin Hospital and Chattanooga Area Regional Transportation Authority (CARTA).

- **Older and Disabled Driver Safety Evaluation** – Siskin Hospital has supported the community with its Driver Evaluation Program for a number of years. This program includes on and off-road driving evaluations for patients, screenings and treatment for low vision, cognitive evaluations, education and support. In addition, the Hospital hosted a Drive Safe Chattanooga event at the North River Civic Center to educate individuals and their families about ways to continue safely meeting their transportation needs.
The event included CarFit, free educational screenings to allow older adults to determine how well their car “fits” them, and offered assistive devices to individuals needing equipment following their screening.

Siskin Hospital works closely with the Tennessee Department of Transportation, Haman’s Driving School, and local ophthalmologists and psychologists to ensure that individuals who progress through the Driving Program at Siskin Hospital receive the education, training and equipment needed to drive safely.

• **Tennessee Yellow DOT Program** - The Tennessee Yellow DOT Program is designed to provide first responders with an individual’s medical information in the event of an emergency on Tennessee’s roadways. The information can mean the difference between “life and death” in the “Golden Hour” immediately following a serious incident. Siskin Hospital is an enrollment site for the program, and distributes a Yellow DOT decal and a Yellow DOT folder. Staff assists enrollees in completing the medical information sheet, which consists of their emergency contact information, medical information, recent surgeries, hospital preferences, current medications, insurance and physicians’ information. This information is the sole responsibility of the participant and remains in the glove compartment inside the yellow folder provided.

• **Advancing Continuing Education** – Siskin Hospital recognizes the need for continuing education and supports those who desire to further their knowledge and training in physical medicine and rehabilitation. A number of our nursing staff has completed the Certified Rehabilitation Registered Nurse (CRRN) program to secure additional training for rehabilitation care. We also encourage and support staff to obtain specialty certifications in brain injury, stroke, lymphedema and other treatments. Some tuition costs and expenses are reimbursed through Siskin Hospital. Nursing scholarships have been provided for a number of years and were funded by an external grant provided by the Wright-Bentley Foundation. Additionally, a working partnership with the University of Tennessee at Chattanooga has developed into a doctorate program for occupational therapy.

• **Community Support Groups** – Siskin Hospital understands the importance of camaraderie and encouragement outside the hospital setting. For this reason, the hospital hosts or sponsors support groups designed to address the social, emotional, medical and legal issues facing community members and their families. Some of the groups offered at Siskin Hospital include: Amputee, Brain Injury, Epilepsy, Low Vision, Parkinson’s, Scleroderma, Spinal Cord, Stroke, and Chattanooga Adventurers and Assistance Dogs Social Group. These programs are free and open to the general community.

• **Food and Clothes Drives** – Several times throughout the year, staff members organize either food drives to stock the shelves at the Community Kitchen or for clothes to fill our own Clothes Closet. The Siskin Hospital Clothes Closet began as a suggestion from a nurse to allow us to provide appropriate clothing to patients who may not otherwise have the proper clothing to wear for therapy. The Clothes Closet is organized through our Community Re-Entry Program and participants in the
program launder, fold and stock the Clothes Closet. Additionally, Siskin Hospital also maintains a Patient Care Fund where money is raised through bake sales and other activities to be able to provide needed equipment or adaptive devices for patients who could not otherwise afford them.

- **Medical Equipment Donations** – Siskin Hospital partners with Goodwill of Chattanooga by donating surplus medical equipment for its HELPs program. This program increases the independence of individuals in our community by providing needed medical equipment at no cost. Donated items may include motorized chairs, wheelchairs, bedside tables and hospital mattresses. The Hospital’s last donation of 77 items had a value exceeding $48,000.

- **Community Education Programs** – Siskin Hospital believes strongly in the importance of educating our patients and ourselves. We provide office space for the Chattanooga Brain Injury Association (CABIA), the Epilepsy Foundation, and space for the Certified Nursing Assistant Training Program at Chattanooga State. We also provide educational notebooks to patients in the Stroke, Brain Injury and Amputee Programs. These books provide educational information for all aspects related to their diagnosis, such as clinical care, mobility, self-care, self-advocacy, and community resources.

In addition, several of our occupational and physical therapists are guest lecturers at the University of Tennessee Chattanooga. The Hospital sponsors the Fall Prevention Awareness Days and annually hosts Hixson High School’s health occupation students. It also participates in the UTC School of Nursing’s Fall Summit along with the Health Department and CABIA; the Low Vision Expo; and conducts A Matter of Balance, an evidence-based program at the Fitness Center for seniors. Hospital staff has presented the Drive Safe Chattanooga program at the American Medical Rehabilitation Providers Association, and the Hospital has co-sponsored Stroke Camp, a weekend retreat for stroke victims and their families.

Siskin Hospital has representation on the local boards of CABIA, STS, Epilepsy Foundation and Chambliss Center.

- **Unique Therapy Programs** – Regionally unique therapy programs address identified needs, and specialty programs have been developed to include Low Vision, Balance and Dizziness treatment, Lymphedema treatment, Neuropsychological evaluations and a variety of health and fitness-oriented programs.

The Hospital recently received a $150,000 grant from the George R. Johnson Foundation to further develop the Swallowing Center and expand its speech-language pathology services.
REFERENCE NOTES


(13) Dignity Health Community Need Index. http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508


“2015 County Health Rankings: Tennessee.” County Health Rankings & Roadmaps, University of Wisconsin.
CDC SNAPS data. SNAPS data is derived from the 2000 U.S. Census and several 2003 CDC databases.


