Community Health Needs Assessment (CHNA): Hardeman County

Conducted by:
Jackson-Madison County General Hospital
Department of Business Development and Planning
Victoria S. Lake
Jocelyn D. Hodge
Megan Carefoot

For: Bolivar General Hospital

January 2012

In fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

RESOLUTION OF THE BOARD OF TRUSTEES
OF
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
AND
HUMBOLDT GENERAL HOSPITAL, INC.
AND
GIBSON GENERAL HEALTHCARE CORPORATION
AND
CAMDEN GENERAL HOSPITAL, INC.
AND
BOLIVAR GENERAL HOSPITAL, INC.
AND
MILAN GENERAL HOSPITAL, INC.
AND
MILAN GENERAL HOSPITAL, INC.
AND
PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

WHEREAS, the Patient Protection and Affordable Care Act, enacted March 10, 2010, required public and not-for-profit hospitals to perform a Community Health Needs Assessment for each hospital; and

WHEREAS, the staff of the District has conducted such an Assessment and prepared the report as required for each of its hospitals; and

WHEREAS, the Assessments were prepared in accordance with IRS issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals; and

WHEREAS, the Board finds that the Assessments substantially meet the requirements of the of the Patient Protection and Affordable Care Act and the IRS Issued Notice 2011-52, and that the Implementation Strategies set forth in the Assessments shall be implemented in accordance with Management recommendations.

NOW, THEREFORE, BE IT RESOLVED, that the Community Health Needs Assessments given to the Board are approved and adopted.

ADOPTED, this the 25th day of September, 2012.

PHIL BRYANT, Chairman,

Exhibit

Patient Protection and Affordable Care Act-Required Community Health Needs Assessments

West Tennessee Healthcare Department of Business Development and Planning

- Conducted to fulfill requirements of the Patient Protection and Affordable Care Act enacted March 10, 2010.
- Required for all public and not-for-profit hospitals only
- Procedures followed and information provided in the reports meet requirements in IRS issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals
- Hospital organizations with multiple hospitals must conduct community needs assessment for each hospital.

- Assessments conducted for the following counties:
- Camden General Hospital-Benton County
- Bolivar General Hospital-Hardeman County
- Gibson General Hospital-Gibson County
- Humboldt General Hospital-Gibson County
- Milan General Hospital-Gibson County
- Jackson-Madison County General Hospital-Madison, Crockett, Chester Counties
- Pathways of Tennessee-Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, Weakley Counties

- Assessment must include the following:
 - Description of the community and how "community was determined"
 - Description of the process and methods used, including sources and dates of data collection, analytical methods used, information gaps, collaborating organizations
 - Report has 10 organizational goals, committee at each facility that worked on assessments, secondary data that was reviewed that included at least 3 years of trend data for each health issue, analytical method (Hanlon Method), information gaps, collaborating organizations
 - Description of how hospital considered input from persons representing broad interests of the community
 - Each county had a committee of community representatives who participated in data collection & process of prioritizing health issues

 Community surveys distributed throughout each county requesting information on perceptions of health issues facing the area

Number of returned surveys:

	Madison County:	1,099
•	Gibson County:	387
	Benton County:	158
	Hardeman County:	425
	Chester County:	145
	Crockett County:	148
•	Pathways:	263

- Description of prioritizing health needs:
 - community committee input
 - · Hospital staff use of Hanlon Method that considers size, seriousness, and effectiveness in prioritizing health issues

- Each report contains listing of health resources for each county.
- Community committee had reps from county health department, agencies serving low income & minorities
- Implementation strategies must be identified for each prioritized health issues
- Pathways of Tennessee identified health issues:
 - · Chronic mental health
 - Depression
 - · Domestic violence/anger management
 - Co-occurring (mental health and substance abuse)
 - · Alcohol, illegal drugs, prescription drug use

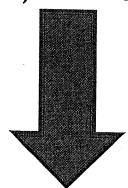
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- Implementation Strategies for Hospitals:
 - Use of HealthAwares with follow-up for those identified through risk assessment
 - Alice and Carl Kirkland Cancer Center services
 - LIFT wellness center and primary care clinics
 - Disease management
 - Local health screenings
 - Local exercise programs
 - Local health education classes
 - Numerous mental health, substance abuse outreach programming
- Assessments must be updated and revised very three (3) years

Burden of Chronic Disease

Heart disease, high blood pressure, obesity, diabetes, some cancers



LIFESTYLE FACTORS

Poor dietary choices, physical inactivity

Initiatives to Address Chronic Diseases

- LIFT Wellness Center
 - · Medical fitness, clinical integration programs
 - · Joint replacement, phase 3 cardiac rehab, bariatrics
- Healthy Heights Employee Wellness Program
 - WTH employees
 - Turn-key product available to other employers
- Disease Management Program
 - Diabetes, congestive heart failure (CHF)
 - Referred by physicians, employer groups, at hospital discharge, self-enroll

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Executive Summary

Hardeman County Community Health Needs Assessment Executive Summary

Under the leadership of Bolivar General Hospital, a community health needs assessment of Hardeman County, Tennessee was conducted in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010. The designated "community" for the needs assessment is Hardeman County, Tennessee. The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Hardeman County, Tennessee with an emphasis on preventive measures. The community health needs assessment process was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems.

Community input on the perception of health issues facing the area was accomplished through a survey administered throughout the Hardeman County community. A total of 425 completed surveys were returned. The completed surveys were analyzed focusing on what percentage of the respondents thought a health issue "was not a problem," "not sure," or "was a problem" for the community. Community input was also considered from a diverse group of community representatives. The community committee narrowed a large list of health issues on the survey to eight (8). These 8 health issues were:

Influenza

Arthritis

Heart Conditions

Obesity

High Blood Pressure

Allergies/Asthma

Cancer

Diabetes

Further research was conducted by hospital staff to provide information on the size, seriousness, and available community resources for each of the 8 health issues identified by the community committee. Hardeman County needs were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. The Hanlon Method, developed by Felix, Burdine and Associates, was used to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each health issue. Consistent and common resources identified for each health issue include the Hardeman County Health Department, the Hardeman County School System, local physician clinics, local churches, community and senior centers, civic clubs, local non-profit agencies, American Heart Association, American Cancer Society, American Diabetes Association, and American Association of Retired Persons.

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the hospital committee identified five priority health issues from the 8 identified by the community committee. The five priority health issues:

Heart Conditions

High Blood Pressure

Cancer

Obesity

Diabetes

Bolivar General Hospital addresses heart condition and high blood pressure by offering blood pressure screenings throughout the county at local health events and health fairs. Blood pressure screenings are offered at industry health fairs, church health fairs, non-profit community agency health fairs, school health fairs, and community health events such as the Hatchie River Festival, Fall Fest, in-service for local schools, Whiteville and Bolivar Correctional Facilities. Free blood pressure checks are provided at Bolivar General Hospital in their emergency room 24 hours a day/7 days a week free of charge. The free availability at any time of day or night of blood pressure screening supervised by a health professional in a hospital setting is a major preventive strategy. On an annual basis, Bolivar General Hospital conducts breast cancer, prostate and skin cancer screenings throughout the year at various community locations. Bolivar General Hospital co-sponsors a two mile walk and 5k run annually. Bolivar General has partnered with local business to provide better security lighting and mile markers for the county walking track. Bolivar General Hospital has a small exercise area that is available for employees and their families to exercise. Bolivar General Hospital offers a two hour diabetic education class on a bi-monthly basis. The class is taught by a Family Nurse Practitioner and a Dietitian. Patients learn how to better manage their disease through increased exercise, healthy eating and blood glucose testing. Patients that attend the diabetes class are provided a free glucose meeting if they are newly diagnosed and cannot afford a one.

Introduction

Under the leadership of Bolivar General Hospital a community health needs assessment of Hardeman County, Tennessee was conducted in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010. The community health needs assessment process was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems. Community input on the perception of health issues facing the area was accomplished through a survey administered throughout the Hardeman County community. Community input was also considered from a diverse group of community representatives. Hardeman County needs were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. A prioritized list of needs, implementation activities and associate community resources are provided.

Description of the Hospital and Community

Bolivar General Hospital was acquired by the Jackson-Madison County General Hospital District in 1995. Bolivar General Hospital is licensed for 51 beds. The Hospital a member of the American Hospital Association, the Tennessee Hospital Association, and is accredited by The Joint Commission. Bolivar General Hospital been approved by the U.S. Department of Health and Human Services for participation in Medicare and Medicaid Programs. The service area for Bolivar General Hospital is Hardeman County.

The Hospital provides inpatient and outpatient services, emergency services 24 hours a day/7 days a week, an accredited laboratory that operates 24 hours a day, general medicine services, pharmacy, physical therapy, radiology (computerized axial tomography, mammography, ultrasound, echocardiogram, and diagnostic X-ray), internal medicine, and respiratory care and 10 swing beds. Outpatient specialty clinics for cardiology, EKG, Holter monitoring, urology, podiatry, and OB/GYN are offered at the Hospital. The Medical Staff at Bolivar General Hospital includes family practice physicians, radiologists, internal medicine, podiatry, cardiology, gynecology, and prenatal care.

The designated "community" for the needs assessment is Hardeman County, Tennessee. With a 2010 population of 27,759, Hardeman County is located in the rural Southwest Tennessee approximately 69 miles East of Memphis and 159 miles West of Nashville. The population is 58 percent Caucasian, 39 percent African American, and 3 percent Other races. According to the American Community Survey (2005-2009), 19.3 percent of the population is below the Federal poverty level. The per capita personal income level is \$16,782. The population under 65 years of age represents 87 percent while the over age 65 population is 13 percent of the total. About

31 percent of the population age 25 and older does not have a high school diploma or GED; 37 percent have a high school diploma; 21 percent have some college, and 11 percent have a Bachelor's degree or higher.

Hardeman County has a wide range of industries that employ individuals living in and around the county. Hardeman County is home to manufacturers or businesses such as: Thyssen-Krupp which specializes in elevators (650 employees), Kilgore Corporation associated with military flares (450 employees), Moltan Company which focuses on cat litter and absorbent (80 employees), I.C.E. an industrial heater business (65 employees), Vandiver Sawmill which focuses on hardwood lumber (62 employees), Howell and Sons Lumber company which also is geared toward hardwood lumber (60 employees), ICO Polymers which produces grind polyethylene (37 employees), Designer Cabinets which conducts business in custom cabinetry (35 employees), Hopper Sawmill which deals with hardwood lumber (35 employees), Precision Industries with a focus on high performance torque converters (30 employees), and El Paso Energy dealing with natural gas (30 employees).

The county seat of Hardeman County is Bolivar, Tennessee. The City of Bolivar, City of Whiteville, City of Grand Junction, Hardeman County Government, and the Hardeman County School System are all located in Hardeman County. The public school system has eight schools and serves approximately 4,135 students.

Description of the Community Health Needs Assessment Survey Process

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Hardeman County, Tennessee with an emphasis on preventive measures. The community health needs assessment of Hardeman County, Tennessee was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems.

The Community Health Needs Assessment had ten (10) organizational goals.

- To form alliances between Bolivar General Hospital, non-profit organizations, and the community at large to assess, improve, and promote the community health of Hardeman County, Tennessee.
- To identify internal resources already available to assist in improving community health.
- To assist in identifying available community health resources.
- To define "health" as it pertains to Hardeman County, Tennessee.

- To identify collaborative participants.
- To educate and gain formal support of the Bolivar General Hospital, West Tennessee Healthcare leadership teams, the Board of Trustees, community leaders, and others.
- To assist in establishing baseline health status assessment of Hardeman County by collecting and reviewing available data and statistics on residents' perceptions of health issues facing the community and secondary data on such health issues.
- To assist in determining the standards against which to measure the current and future health status of the community.
- To assist in the communitywide establishment of health priorities and in facilitating collaborative planning, actions, and direction to improve the community health status and quality of life.
- To promote the need for ongoing evaluation of the community health assessment process to learn results, establish new goals and encourage further community action and involvement.

The first step in the community health needs assessment process was to identify an internal committee of hospital staff to organize the process, facilitate data collection, review and analyze the results. Members of Bolivar General Hospital staff committee were:

Ruby Kirby

Bolivar General Hospital Administrator

Marty Foster

Radiology Manager

Tonya Phinnessee

Nursing Supervisor

Missy Ingle

Business Office Manager

Hospital staff committee assisted with the development of an anonymous survey instrument that was used to collect input from a broad range of community interests. The survey instrument included questions on the perceptions of the respondents relative to communicable diseases, chronic health problems, family health concerns, access to health resources, community concerns, and demographics of age, race, education level, insurance, and residence. Respondents were asked on the survey to indicate whether they thought a particular health issue was "1=not a problem," "2=not sure," or "3=is a problem" for the Hardeman County community. Locations to distribute the survey throughout the community were also suggested and discussed by committee members.

Upon completion of the survey instrument, a committee of community representatives was formed to review the survey instrument for completeness and assistance with interpretation of the results. An invitation to serve on the community committee was sent to prospective members from the Hospital Administrator of Bolivar General Hospital on March 1, 2011. A copy of this letter is included in Attachment A. Members of the committee represented a broad range of community interests served by Bolivar General Hospital. Members of the community committee were:

Gary Barber Walmart Super Center
Rob Jensik Chamber of Commerce

Eva Reynold Hardeman County School System

Rev. Jerry Chrisp First Presbyterian Church
Candace Woods UT Extension Agency
William Wade Whiteville Correctional

Amanda Hopkins Carl Perkins Center for Child Abuse
Levi Smith First Baptist Church Hickory Valley

Willie Spencer City Mayors Office

Vanessa Holmberg Hardeman County School System

Mary Heinzen Hardeman County Community Health
Linda Woods Hardeman County Health Department
Chris Morris Hardeman County Health Department

Mark Barber Quinco Mental Health Center Ruby Kirby Bolivar General Hospital

Membership on the community committee included Chris Morris, Administrator of the Hardeman County Health Department. Mr. Morris has special knowledge of public health issues of influenza, sexually transmitted diseases, teenage pregnancy, HIV/AIDS, Hepatitis C, and access to health resources.

An introductory meeting of the community committee was held on March 1, 2011. At this meeting the process for conducting the community health needs assessment was reviewed and discussed. The draft survey instrument to collect citizen perception of health issues facing Hardeman County was also reviewed and suggested changes and modifications were given by committee members. Locations to distribute the anonymous survey throughout the community were also suggested and discussed by committee members.

The survey instrument was finalized and then distributed by hand throughout the Hardeman County community. Attachment B contains a copy of the survey instrument. Table 1 contains a list of locations, dates, and number of returned surveys from the survey process.

Table 1 Community Health Assessment Survey Information

Locations
Bolivar General Hospital
Senior Citizen Center
Banks
Manufacturing
Health Fair
Whiteville and Bolivar Correctional Facility

All Surveys in Hardeman County were Distributed on June 22, 2011.

A total of 425 completed surveys were returned by November 9, 2011. The completed surveys were analyzed focusing on what percentage of the respondents thought a health issue "was not a problem," "not sure," or "was a problem" for the community.

Community Health Needs Assessment Prioritization Process Size, Seriousness, Effectiveness & Available Community Resources

The survey results and a summary page were provided to the community committee which met on November 9, 2011 to review the data and results. The community committee was asked to narrow the list of 54 health issues on the survey instrument to a more manageable number. To assist with this process, hospital staff provided a summary page that highlighted health issues where at least 50 percent of the respondents indicated a health issue "was a problem" for the community. Attachment C contains the survey summary. For the following list of health issues, at least 50 percent of the respondents indicated it "was a problem" for the community.

Influenza Heart Condition High Blood Pressure

Breast Cancer

Arthritis Obesity

Asthma Diabetes

Allergies

Child Abuse Dental Care

Teenage Pregnancy

Allergies

Lack of financial resources for medical care

Illiteracy Tobacco Use Violent Crimes

Alcohol and Drug Abuse

Using the 50 percent threshold as a guide the community committee narrowed the list of health issues on the survey to eight (8). These 8 health issues were:

Influenza
Heart Condition

Arthritis Obesity High Blood Pressure Cancer

Allergies/Asthma
Diabetes

The internal hospital staff committee was reconvened on November 9, 2011 to prioritize the list of 8 health issues identified by the community committee for further research. The Hospital staff used a mathematical algorithm called the Hanlon Method, developed by Felix, Burdine and Associates, to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each health issue. The Hanlon Method algorithm is as follows:

Opportunity= (A + 2B)C

A=size of the identified health problem
B=seriousness of the identified health problem
C=effectiveness of available interventions for the identified health problem

A=Size

Size is defined by the prevalence of a condition, characteristic, or disease in an entire population (or among a specific sub-group population). The numerical scoring for the size of a health issue is:

Percent of population with health problem	<u>Score</u>
25%+	9-10
10-24%	7-8
1-9%	5-6
0.1-0.9%	3-4
0.01-0.09%	1-2

B=Seriousness

Seriousness is defined by urgency to intervene, severity (leads to death?), disproportionate among vulnerable populations, or economic impact. The numerical scoring for seriousness of a health issue is:

How serious	Score
Very Serious	9-10
Serious	6-8
Moderately Serious	3-5
Not Serious	0-2

C=Effectiveness of Available Interventions

Effectiveness of available interventions is defined by the "best real world" expectations for Bolivar General Hospital to be effective in addressing a health issue based on, in part, available community resources. The numerical scoring for effectiveness of available interventions is:

<u>Effectiveness</u>	<u>Score</u>
Very Effective (80%+)	10
Relatively Effective (60-79%)	8-9
Effective (40-59%)	6-7
Moderately Effective (20-39%)	4-5
Relatively Ineffective (<20%)	0-3

Information on the Hanlon Method is found in Attachment D.

Further research was then conducted by hospital staff to provide information on the size, seriousness, and available community resources for each of the 8 health issues identified by the community committee. Attachment E has data on the size of the health issues and Attachment F lists available community resources for each of the 8 identified health issues. Consistent and common resources identified for each health issue in Attachment F include the Hardeman County Health Department, the Hardeman County School System, local physician clinics, local churches, community and senior centers, civic clubs, local non-profit agencies, American heart Association, American Cancer Society, American Diabetes Association, and American Association of Retired Persons.

Table 2 contains the Hanlon Method scoring for each identified health issue.

	•	Table 2			
	Hanlon Meth	nod Scoring Results			
Issue	A= B=		C=	Total	
	Size	Seriousness	Effectiveness	(A+2B)C	
Influenza	5	4	7	91	
Heart Condition	9	9	4	108	
High Blood Pressure	10	10	6	120	
Cancer	8	10	5	140	
Arthritis	5	3	3	33	
Obesity	10	10	7	210	
Allergies/Asthma	8	7	3	66	
Diabetes	9	9	7	189	

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the hospital committee identified five priority health issues from the 8 identified by the community committee. The five priority health issues:

Implementation Strategies

Heart Condition and High Blood Pressure

Bolivar General Hospital addresses heart condition and high blood pressure by offering blood pressure screenings throughout the county at local health events and health fairs. Blood pressure screenings are offered at industry health fairs, church health fairs, non profit community agency health fairs, school health fairs, and community health events such as the Hatchie River Festival, Fall Fest, in-service for local schools, Whiteville and Bolivar Correctional Facilities. Free blood pressure checks are provided at Bolivar General Hospital in their emergency room 24 hours a day/7 days a week free of charge. The free availability at any time of day or night of blood pressure screening supervised by a health professional in a hospital setting is a major preventive strategy.

Cancer

On an annual basis, Bolivar General Hospital conducts breast cancer, prostate and skin cancer screenings throughout the year at various community locations.

Obesity

Bolivar General Hospital co-sponsors a two mile walk and 5k run annually. Bolivar General has partnered with local business to provide better security lighting and mile markers for the county walking track. Bolivar General Hospital has a small exercise area that is available for employees and their families to exercise.

Diabetes

Bolivar General Hospital offers a two hour diabetic education class on a bi-monthly basis. The class is taught by a Family Nurse Practitioner and a Dietitian. Patients learn how to better manage their disease through increased exercise, healthy eating and blood glucose testing. Patients that attend the diabetes class are provided a free glucose meeting if they are newly diagnosed and can not afford a one.

Conclusion

The Hardeman County Community Health Needs Assessment was presented to the West Tennessee Healthcare Quality Council on July 3, 2012. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on September 25, 2012, and the Hardeman County Community Health Needs Assessment was approved on this date. The Plan will be updated every three years.

Attachment A

Attachment A Invitation Letter to Community Committee



620 Skyline Drive • Jackson, Tennessee 38301 • 731-541-5000 • www.wth.org

MEMORANDUM

DATE:

March 1, 2011

TO:

Jerry Crisp

FROM:

Ruby Kirby, Bolivar General Hospital

RE:

Hardeman County Community Health Assessment Community Committee

For many years, Bolivar General Hospital has served the residents of Hardeman County. Over this period of time and especially in recent years, our hospital has provided a wide range of community health activities that include medical screenings, health fairs, health education classes, sponsorships, and other activities.

In past years Bolivar General has conducted needs assessment to ensure that the health activities conducted meet identified community needs. In addition, the recent Federal Patient Protection and Affordable Care Act (Health Care Reform) requires non-profit hospitals to conduct community needs assessment every three years.

We are beginning the process of assessing the community health needs in Hardeman County that will be a blending of residents' perception of the health issues facing us with health status and vital statistics on our community. We will distribute a survey throughout the community and the collect data on issues identified from the survey.

We invite you to be a member of the Hardeman County Community Committee that will help us review the survey data, and narrow that list of health issues to a manageable number by focusing on the size, seriousness, and the effectiveness of interventions. We anticipate this process will take three months and will in five (5) one hour meetings.

Avers Children's Medical Center

Bolivar General Hospital

Bradford Family Medical Center

Camden Family Medical Center

Camden General Hospital

Dowling Family Medical Center

[·] East Jackson Family Medical Center

Emergency Services

[•] Employer Services

[·] Humboldt General Hospital

Jackson-Madison County General Hospital

[·] Kiwanis Center for Child Development

Managed Care

Medical Center EMS

Medical Center Home Health

[·] Medical Center Infusion Services

a Madical Contact character

Milan General Hospital

Occupational Rehabilitation Center of West Tennessee

[·] Pathways Behavioral Health Services

[·] Physician Services

Sports Plus Rehab Centers

Tennessee Heart Center West Tennessee Cancer Center

West Tennessee Imaging Center

[·] West Tennessee Outpatient Center

[·] West Tennessee Rehabilitation Center

[·] West Tennessee Surgery Center

[·] West Tennessee Transitional Care · Women and Children's Center

Work Partners



620 Skyline Drive • Jackson, Tennessee 38301 • 731-541-5000 • www.wth.org

We ask you to attend the first introductory meeting of the Community Committee. The meeting will be held Thursday, March 10, 2011 at Bolivar General Hospital in the Home Health Conference Room. The meeting will start at 11:00 a.m. and will be concluded by 12:30 p.m. Lunch will be served.

Please contact Jocelyn Hodge, Community Health Licensure Coordinator of your attendance plans. She may be reach at 731-984-2161 or Jocelyn.hodge@wth.org. We appreciate you participation in this important process for Hardeman County.

- Ayers Children's Medical Center
- · Bolivar General Hospital
- **Bradford Family Medical Center**
- Camden Family Medical Center
- Camden General Hospital
- · Dowling Family Medical Center
- · East Jackson Family Medical Center
- · Emergency Services

- Humboldt General Hospital
- · Yackson-Madison County General Hospital
- · Kiwanis Center for Child Development
- Managed Care
- Medical Center EMS
- Medical Center Home Health
- Medical Center Infusion Services
- Milan General Hospital
- Occupational Rehabilitation Center of West Tennessee
- · Pathways Behavioral Health Services
- Physician Services
- Sports Plus Rehab Centers
- Tennessee Heart Center • West Tennessee Cancer Center
- West Tennessee Imaging Center
- West Tennessee Outpatient Center
- West Tennessee Rehabilitation Center
- West Tennessee Surgery Center
- West Tennessee Transitional Care
- · Women and Children's Center Work Partners

Attachment B

Bolivar General Hospital Community Health Assessm

Attachment B Survey Instrument

We realize there are many health-related problems in the community. We need your help in defining the priority health programs in our community. We would like you to take a few minutes to answer some questions relating to your views on health problems facing West Tennessee. We, at Bolivar General Hospital appreciate your time and effort.

	our time and energ	•		
What area of Hardeman County d	lo you live?			
	Hornsby	O Bolivar	O Middleto	
O Whiteville O	Hickory Valley	O Pocahontas	O Grand Ju	nction
O Saulsbury				
The following is a list of proble				
problem you feel each of these Indicate your choice as not a p			ng Hardeman Co	unty.
Communicable Disease				
Response Definition: 1=Not a Problem	2=Not Sure 3=Is a Prot	Diem		1 2 3
1. Tuberculosis (TB)				
2. Influenza (Flu)				
3. Sexually Transmitted Diseases				
4. HIV/AIDS				
Hepatitis C	·	į		
Chronic Health Problems	S			
6. Emphysema (chronic obstructed	d pulmonary disease)		
7. Heart Conditions				
8. High Blood Pressure				
9. Skin Cancer				
10. Colon Cancer				
11. Lung Cancer				
12. Breast Cancer				
13. Prostate Cancer				
14. Arthritis		.•		
15. Obesity				
16. Asthma				
17. Diabetes				
18. Allergies				
19. Osteoporosis				
20. Dementia/Alzheimer's				
. Hearing loss				
2. Cataracts				
23. Glaucoma				
	Pa	age 1		

Bolivar General Hospital Community Health Assessment

24. Macular Degeneration		
Family Health Concerns Response Definition: 1=Not a Problem 2=Not S	Sure 3=Is a Problem	1 2 3
25. Intimate partner violence		1 2 3
26. Child abuse		
27. Motor vehicle accidents		
28. Falls or fall-related injuries		
29. Residential fires		
30. Dental care		
31. Leisure accidents		
32. Infant deaths		
33. Teenage pregnancy		
Access to Health Resources		
Response Definition: 1=Not a Problem 2=Not S	Sure 3=Is a Problem	1 2 3
34. Access to adult daycare		
5. Access to home health care		
'6. Access to home care (sitter service)		
37. Access to care for special needs chil		
38. Lack of financial resources for medi		
39. Access to healthy foods		
40. Access to leisure time physical activ	vity	
41. Access to transportation to health ca		
42. Access to nursing home care		
43. Access to a primary care provider		
44. Access to medical specialist		
45. Access to medications		
46. Access to education on wellness		
47. Access to education on healthy lifes	styles	
48. Access to education on prevention		
49. Access to facilities for exercise		
50. Access to parks for recreation		
Community Concerns:		
esponse Definition: 1=Not a Problem 2=Not	Sure 3=Is a Problem	 1 2 3
51. Illiteracy		
47F	Page 2	

	livar General Ho unity Health Ass		
72. Tobacco use53. Violent crime54. Alcohol and Drug Abuse			
55. Do you consider yourself: ☐ Overweight ☐ Underweight	aight □ Obese □ .	Just Right	
 56. Age range: □ 18 - 24 □ 25 - 34 57. Are you: □ Male □ Female 	□ 35 - 44 □ 45 - 54	□ 55 - 64 □	65 +
58. Race: ☐ Caucasian ☐ Asian/Pacific Islander	☐ African American☐ Other	☐ Native America	.n
59. School:☐ Less than high school☐ Associate degree	☐ High school graduate/GED☐ Bachelors degree	☐ Some college☐ Advanced degree	ee
o0. What type of insurance do you ha ☐ Medicare ☐ TennCare	ve? □ Private Insurance	☐ Other ☐ No 1	Insurance
Comments			

Attachment C

HAREDMEN COMMUNITY HEALTH ASSESSMENT SURVEY RESULTS

Bolivar General Hospital, Senior Citizen Center, Health Fair, Whiteville and Bolivar Correctional Facility, HaredmCounty School Faculty/Staff, Manufacturing Company, Churches

HaredmCounty School Faculty/Staff	, Manu	faci	turina	Company Ch	nurchee	0
	N	Printer 	387	, , , , , , , , , , , , , , , , , , ,	idiones	
What area of Hardeman County do you li			1 001			
Toone	, ,	35	10%	/ 1		
Hornsby		19	1			
Bolivar	1	69				
Middleton	. . '	67				
Whiteville		25 25	19%			
Hickory Valley		23 7	7% 2%	1		
Pocahontas		7				
Grand Junction		9	2%	ľ		
Saulsbury		11	3%			
(How much of a problem do you feel the he	l alth ica:	111	3%	1		
COMMUNICABLE DISEASE	1 155	ies I	nsted b	elow are for Gi I	bson County.	
Tuberculosis	- [
Not a problem	10	93	52%	1		
Not sure		35	45%			
ls a problem		10	3%			
**Influenza (flu)			J /0			
Not a problem	7	2	19%			
Not sure	10		28%			
ls a problem	19		53%			
Sexually Transmitted Diseass	'	•	0070			
Not a problem	1 6		16%			
Not sure	13	- 1	36%			
ls a problem	17		48%			
HIV/AIDS		1	70 /0			
Not a problem	6	al	19%			
Not sure	19		53%			
Is a problem	103	1	28%		÷	
Hepatitis C	, , ,		20,0			
Not a problem	76	3	21%			
Not sure	219		59%			
ls a problem	74	1	20%			
CHRONIC HEALTH PROBLEMS			/			
Emphysema	í	•	1			
Not a problem	65	1	18%			
Not sure	161		44%			
ls a problem	143		39%			
**Heart Conditions						
Not a problem	46	1	12%			
Not sure .	68		18%			
Is a problem	257	NACOSA NA	89%			
**High Blood Pressure						
Not a problem	20	Ì	001			

9%

11%

80%

19%

42

Not a problem

ls a problem.

Skin Cancer Not a problem

Not sure

Not sure Is a problem	2		54%
Colon Cancer		99	27%
Not a problem			
Not sure	1	- I	15%
			52%
is a problem	1	20 3	32%
Lung Cancer	-		
Not a problem			23%
Not sure			2%
ls a problem	1;	32 3	5%
**Breast Cancer			
Not a problem	1		4%
Not sure	13	33 3	6%
Is a problem	18	37 5	0%
Prostate Cancer			
Not a problem	5	51 1	4%
Not sure	16	3 4	4%
ls a problem	15	l l	2%
**Arthritis	- 1		1
Not a problem	4	0 1	1%
Not sure	9	1	3%
ls a problem	23		3%
**Obesity			,,,
Not a problem	3	8 10)%
Not sure	4		%
Is a problem	29	,	%
**Asthma	1 23	ع ا ا ح	70
Not a problem	39	el 10	1%
Not sure	92		
ls a problem	242		
**Diabetes			
Not a problem	32	9	%
Not sure	59	1	- 1
Is a problem	285		
**Allergies		1	
Not a problem	32	9	%
Not sure	69	1	
Is a problem	273		*********
Osteoporosis		'	
Not a problem	64	179) ₄
Not sure	220		
is a problem	88	i	i
Dementia/Alzheimers	00	~~,	"
Not a problem	51	149	,
Not sure	173		
ls a problem	145		1
Hearing loss	173	39%	٥
Not a problem	64	470	,
Not sure		17%	1
ls a problem	202	55%	- 1
Cataracts	104	28%	٥
Not a problem	60	470	,
	63	17%	٥١

Not sure Is a problem	210	
Glaucoma		1 21 /
Not a problem	67	18%
Not sure	231	1
Is a problem	72	
Macular Degeneration	1 '2	13/0
Not a problem	23	18%
Not sure	90	i i
Is a problem	15	Į
FAMILY HEALTH CONCERNS		1270
Intimate partner violence		
Not a problem	53	14%
Not sure	169	1
ls a problem	146	1
**Child abuse	140	7070
Not a problem	52	14%
Not sure	130	
Is a problem	190	d
Motor vehicle accidents		470/
Not a problem	61	1
Not sure	144	1 1
Is a problem	163	44%
Falls or fall related injuries		4004
Not a problem	70	1
Not sure	199	1 1
ls a problem	101	27%
Residential fires		
Not a problem	88	24%
Not sure	187	
is a problem	94	25%
**Dental care		
Not a problem	55	15%
Not sure Is a problem	1236 193	33% 52%
Leisure accidents		
Not a problem	93	25%
Not sure	219	60%
Is a problem	55	15%
Infant deaths		
Not a problem	105	28%
Not sure	231	62%
Is a problem	34	9%
**Teenage Pregnancy		l
Not a problem	37	10%
Not sure Is a problem	37 298	10% 80%
ACCESS TO HEALTH RESOURCES		
Access to adult daycare		•
Not a problem	78	21%
Not sure	167	45%
ls a problem	127	34%
	_	

Not a problem		Access to home health care	I	I
Not sure 144 39% 30	- William		147	40%
Is a problem			1	
Not a problem 93 25% Not a problem 93 25% Not sure 168 45% 111 30% Access to care for special needs children Not a problem 83 22% Not sure 161 44% 168 a problem 126 34% 176 34% 188 36% 36% 3			i	i
Not sure		•		~~ /0
Not sure 168 45% 111 30%		,	93	25%
Is a problem Access to care for special needs children Not a problem Ray R			1 .	i
Access to care for special needs children 83 22% Not sure 161 44% Is a problem 126 34% **Lack of financial resources for medical care Not a problem 49 13% Not sure 103 28% Is a problem 217 59% Access to healthy foods 100 27% Not a problem 100 27% Is a problem 141 38% Access to leisure time physical activity 141 38% Not sure 113 30% Is a problem 127 34% Access to leisure time physical activity 132 35% Not sure 113 30% Is a problem 123 33% Not sure 123 33% Is a problem 123 33% Not sure 153 41% Is a problem 75 20% Access to medical specialist Not a problem 162 44%			i .	1
Not a problem 83 22% Not sure 161 44% Is a problem 126 34% **Lack of financial resources for medical care Not a problem 49 13% Not sure 103 28% Is a problem 130 35% Not sure 100 27% Is a problem 141 38% Access to leisure time physical activity Not sure 113 30% Not sure 113 30% 35% 35% Not sure 113 30% 36%			1 '''	3070
Not sure 161 44% 126 34% 126			83	22%
Sa problem				
Not a problem Access to healthy foods			1	
Not sure			120	34 /6
Not sure 103 28% Is a problem 217 59% Access to healthy foods Not a problem 130 35% Not sure 100 27% Is a problem 141 38% Access to leisure time physical activity Not a problem 132 35% Not sure 113 30% Is a problem 127 34% Access to transportation to health care Not a problem 123 33% Not sure 166 45% Is a problem 143 39% Not sure 153 41% Is a problem 143 39% Access to nursing home care Not a problem 143 39% Access to a primary care provider Not a problem 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist Not a problem 162 44% Access to medications Not sure 121 33% Is a problem 162 44% Access to education on wellness Not a problem 123 33% Is a problem 124 33% Is a problem 125 33% Is a problem 126 31% Access to education on healthy lifestyles Not sure 133 36% Is a problem 126 33% Is a problem 127 33% Is a problem 128 35% Is			10	120/
Is a problem		•	1 1	
Access to healthy foods 130 35% Not sure 100 27% Is a problem 141 38% Access to leisure time physical activity 132 35% Not sure 113 30% Is a problem 127 34% Access to transportation to health care 123 33% Not a problem 123 33% Not sure 166 45% Is a problem 143 39% Not sure 153 41% Is a problem 75 20% Access to a primary care provider 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not sure 142 38% Is a problem 97 26% Access to medications 97 26% Not sure 121 33% Is a problem 162 44% Access to education on wellness 121 33% Not sure 123 33%			. 1	Andre Marchene et la construction
Not a problem			217	J970
Not sure 100 27% 38% Access to leisure time physical activity Not a problem 132 35% Not sure 113 30% Is a problem 127 34% Access to transportation to health care Not a problem 123 33% Not sure 166 45% Is a problem 143 39% Not sure 164 45% Is a problem 143 39% Not sure 153 41% Is a problem 153 41% Is a problem 169 46% Not sure 128 35% Is a problem 128 35% Is a problem 142 38% Is a problem 162 44% Access to medications Not a problem 162 44% Access to education on wellness Not a problem 123 33% Is a problem 124 33% Is a problem 125 33% Is a problem 126 31% Access to education on healthy lifestyles Not a problem 123 33% Not sure 123 33% Not sure 124 33% Is a problem 125 33% Is a problem 126 33% Is a problem 127 33% Is a problem 128 Is		-	120	250/
Is a problem		'	1	
Not a problem			1 1	
Not a problem 132 35% Not sure 113 30% Is a problem 127 34% Access to transportation to health care 123 33% Not a problem 166 45% Is a problem 81 22% Access to nursing home care 143 39% Not a problem 75 20% Access to a primary care provider 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist 74 20% Not a problem 97 26% Not sure 142 38% Is a problem 162 44% Not sure 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not sure 133 36% Is a problem 123 33% Not a problem 123 33% Not sure 123 33% Is a problem 123 33% <t< td=""><td></td><td>•</td><td>141</td><td>30%</td></t<>		•	141	30%
Not sure 113 30% 127 34%		-	120	250/
Sa problem		•	!!	ı
Not a problem 123 33% Not sure 166 45% Is a problem 143 39% Not sure 143 39% Not sure 153 41% Is a problem 75 20% Access to a primary care provider Not a problem 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist Not a problem 97 26% Not sure 142 38% Is a problem 162 44% Not sure 121 33% Is a problem 162 44% Access to medications 121 33% Is a problem 121 33% Is a problem 123 33% Not sure 123 33% Is a problem 123 33% Not sure 133 36% Is a problem 123 33% Is a problem 134 36%			l I	1
Not a problem 123 33% Not sure 166 45% Is a problem 81 22% Access to nursing home care 143 39% Not a problem 153 41% Is a problem 75 20% Access to a primary care provider 169 46% Not a problem 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not sure 142 38% Is a problem 132 36% Access to medications 162 44% Not aproblem 162 44% Access to education on wellness 121 33% Not a problem 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 116 31% Not sure 123 33% Is a problem 123 33% Not sure 134 36%		·	121	34%
Not sure 166 45% 81 22%			100	220/
Sa problem	K.	·	1	- 1
Access to nursing home care 143 39% Not sure 153 41% Is a problem 75 20% Access to a primary care provider 169 46% Not a problem 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not a problem 97 26% Not sure 142 38% Is a problem 132 36% Access to medications 162 44% Not a problem 162 44% Not sure 121 33% Is a problem 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 116 31% Not a problem 123 33% Not a problem 123 33% Not a problem 123 33% Not a problem 123 33% Not a problem 123 33% Not a problem 123 33%	· ·			
Not a problem 143 39% Not sure 153 41% Is a problem 75 20% Access to a primary care provider 169 46% Not a problem 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not a problem 97 26% Not sure 142 38% Is a problem 132 36% Access to medications 162 44% Not sure 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 123 33% Not sure 123 33% Not sure 134 36%			81	22%
Not sure 153 41% 20% Access to a primary care provider 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist Not a problem 97 26% Not sure 142 38% Is a problem 132 36% Access to medications Not a problem 162 44% Access to medications Not sure 121 33% Is a problem 87 24% Access to education on wellness Not a problem 123 33% Not sure 133 36% Is a problem 166 31% Access to education on healthy lifestyles Not a problem 123 33% Not sure 134 36% Not sure 124 33% Not sure 125 33% Not a problem 126 31% Not sure 127 33% Not sure 128 35% Not sure 128 Not			142	200
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Not a problem 169 46% Not sure 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not a problem 142 38% Is a problem 132 36% Access to medications 162 44% Not a problem 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 123 33% Not sure 123 33% Not sure 134 36%		· · · · · · · · · · · · · · · · · · ·	/5	20%
Not sure 128 35% Is a problem 74 20% Access to medical specialist 97 26% Not a problem 142 38% Is a problem 132 36% Access to medications 162 44% Not a problem 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 123 33% Not sure 123 33% Not sure 123 33%			400	400/
Sa problem		· · · · · · · · · · · · · · · · · · ·		
Access to medical specialist Not a problem Not sure Is a problem Access to medications Not a problem Not sure Is a problem Not sure Is a problem Access to education on wellness Not a problem Not sure Is a problem Access to education on healthy lifestyles Not a problem Access to education on healthy lifestyles Not a problem Access to education on healthy lifestyles Not a problem Access to education on healthy lifestyles Not a problem Access to education on healthy lifestyles Not a problem Not sure 123 33% 124 33% 125 126 127 128 128 129 129 120 120 120 121 123 123 123 123		1		
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Not sure 142 38% Is a problem 132 36% Access to medications 162 44% Not a problem 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not a problem 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 134 36%		<u>-</u>	0.7	000/
Sa problem		•		
Access to medications Not a problem Not sure Is a problem Access to education on wellness Not a problem Not sure Is a problem Not sure Is a problem Access to education on healthy lifestyles Not a problem Not a problem Access to education on healthy lifestyles Not a problem Not sure 123 33% 124% 123 33% 123 33% 123 33% 123 33%				
Not a problem 162 44% Not sure 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 134 36%		·	132	36%
Not sure 121 33% Is a problem 87 24% Access to education on wellness 123 33% Not a problem 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 134 36%			400	440/
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Access to education on wellness 123 33% Not a problem 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 134 36%			1	
Not a problem 123 33% Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles 123 33% Not a problem 123 33% Not sure 134 36%		· · · · · · · · · · · · · · · · · · ·	87	24%
Not sure 133 36% Is a problem 116 31% Access to education on healthy lifestyles Not a problem 123 33% Not sure 134 36%			400	200/
Is a problem 116 31% Access to education on healthy lifestyles Not a problem 123 33% Not sure 134 36%		'		1
Access to education on healthy lifestyles Not a problem 123 33% Not sure 134 36%				
Not a problem 123 33% Not sure 134 36%		•	116	31%
Not sure 134 36%		· · · · · · · · · · · · · · · · · · ·	400	220/
1 10 1 00 /0		· •		ı
174 31%	1			
		io a problem	114	31%

Access to education on prevention	-	-	I
Not a problem	1 1	14	31%
Not sure	1	39 :	37%
Is a problem	1.	18 3	32%
Access to facilities for exercise			
Not a problem	14	41 3	38%
Not sure	10	04 2	28%
Is a problem	12	26 3	34%
Access to parks and recreation			
Not a problem	15	6 4	2%
Not sure	9	1 2	24%
ls a problem	12	:5 3	34%
<u>COMMUNITY CONCERNS</u>			
**Illiteracy			ŀ
Not a problem	1	- 1	8%
Not sure	I	com comme	9%
Is a problem **Tobacco use	14	4 6	3%
Not a problem	3	0	8%
Not sure	4	5 1	2%
Is a problem	29.	2 8	0%
**Violent Crimes			
Not a problem	52	2 1	4%
Not sure	12		3%
Is a problem **Alcohol and Drug Abuse	192	2 5:	3%
Not a problem	30) 8	3%
Not sure	28	•	3%
Is a problem	308		1%
Did you consider yourself:		1	
Overweigtht	226	61	1%
Underweight	4	1	%
Obese	17	' 5	5%
Just Right	124	33	%
Age range:			
18-24	10		%
25-34	72	1	
35-44	88		1
45-44	106		1
55-64	79	ł	F
65+	17	5	%
Are you: Male			
Female	75	20	- 1
	291	80	%
Race:			
Caucasian	270	73	%
African American	91	259	1
Native American	1	0,	- 1
Asian/Pacific Islander	0	09	
Other	7	29	%
School			

Less than high school	18	5%
High school graduate/GED	70	19%
Some college	62	17%
Associate degree	17	5%
Bachelors degree	98	26%
Advanced degree	105	28%
What type of insurance do you have?		
Medicare	16	4%
Tenncare	10	3%
Private Insurance	230	63%
Other	82	22%
No Insurance	28	8%

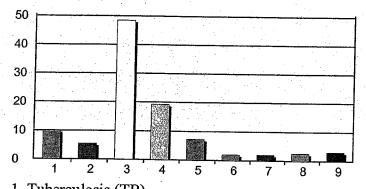
Rolivar General Hospital/Hardeman County Community Health Assessment

eation Date: 11/21/2011

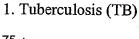
rime Interval: 6/16/2011 to 6/22/2011

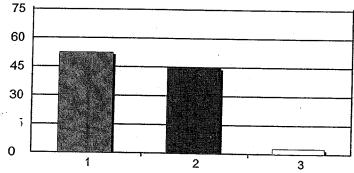
Total Respondents: 425

What area of Hardeman County do you live?



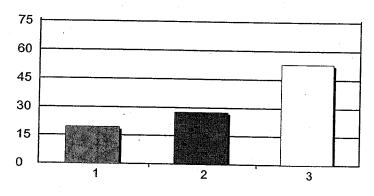
1. Loone	35	10%
2. Hornsby	19	
3. Bolivar	169	
4. Middleton	67	
5. Whiteville	25	
6. Hickory Valley	7	2%
7. Pocahontas	7	2%
8. Grand Junction	9	
9. Saulsbury	11	3%
Total Responses:	349	3%
Mean: 3.54 Standard Deviation: 1		



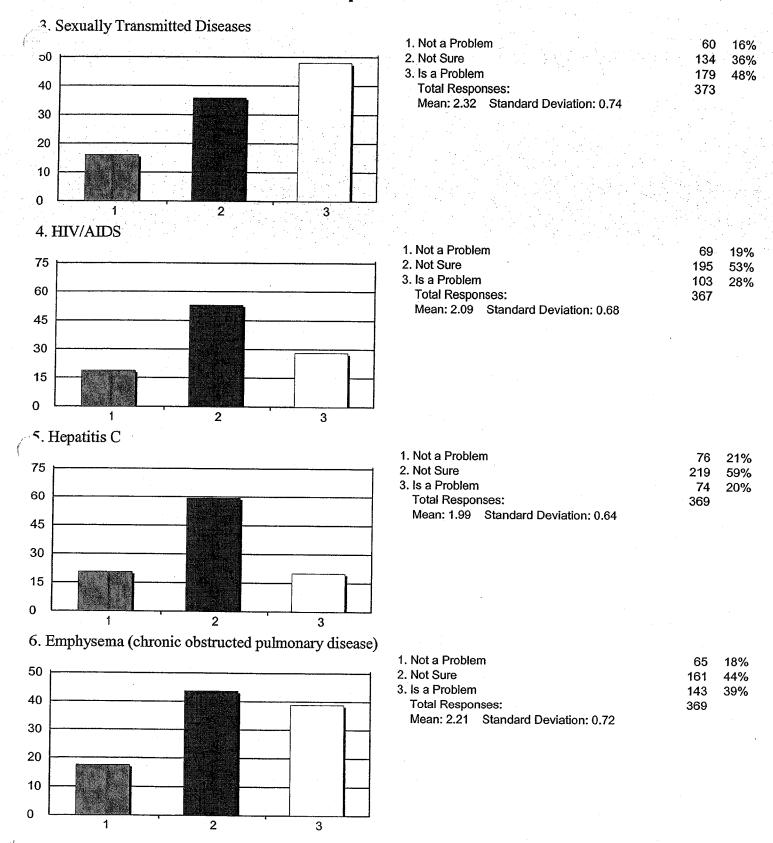


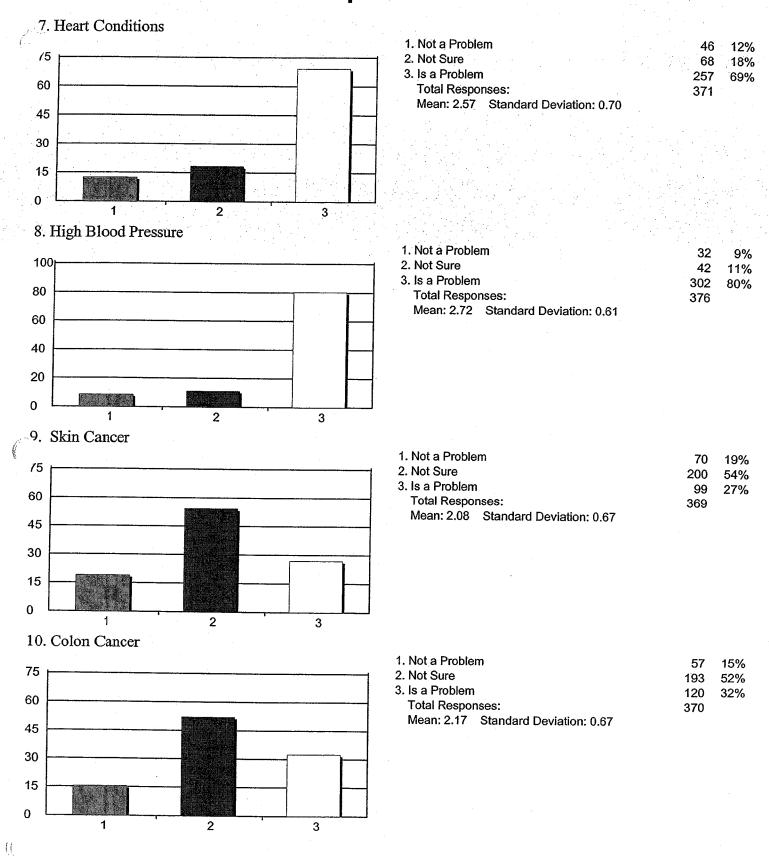
Not a Problem	193	52%
2. Not Sure	165	45%
3. Is a Problem	10	3%
Total Responses:	368	
Mean: 1.50 Standard Deviation: 0.55		

2. Influenza (Flu)



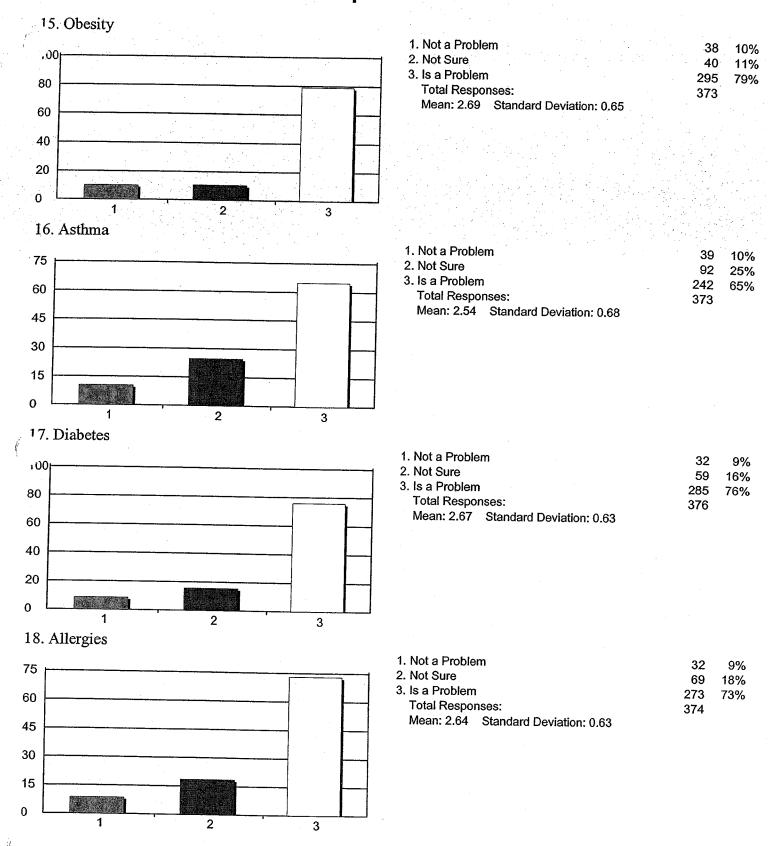
1. Not a Proble	m	72	19%
2. Not Sure		103	28%
Is a Problem	L	197	53%
Total Respor	nses:	372	
Mean: 2.34	Standard Deviation: 0.78		

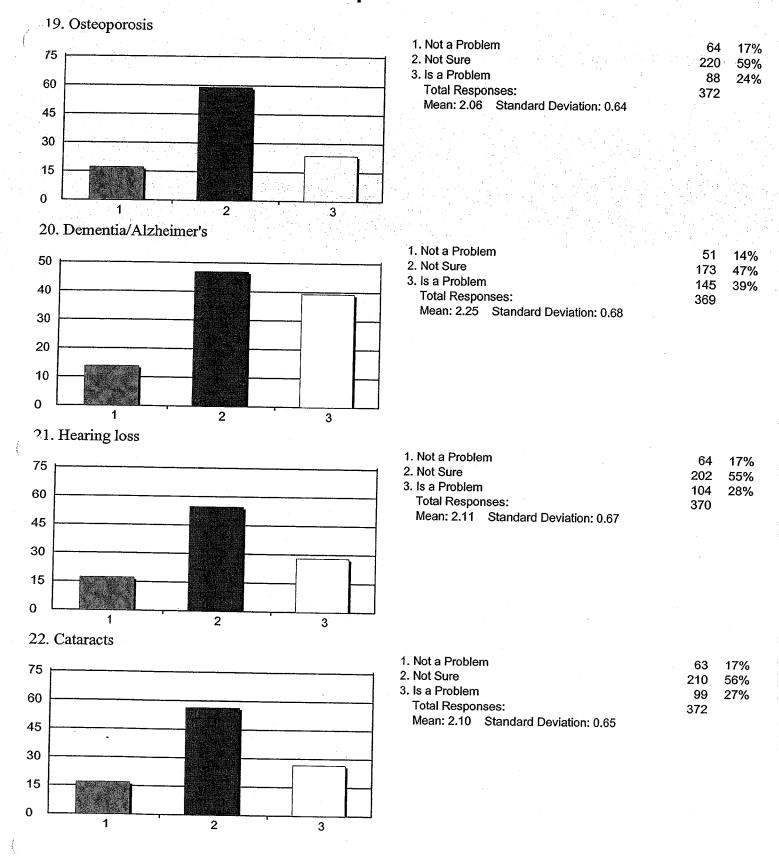


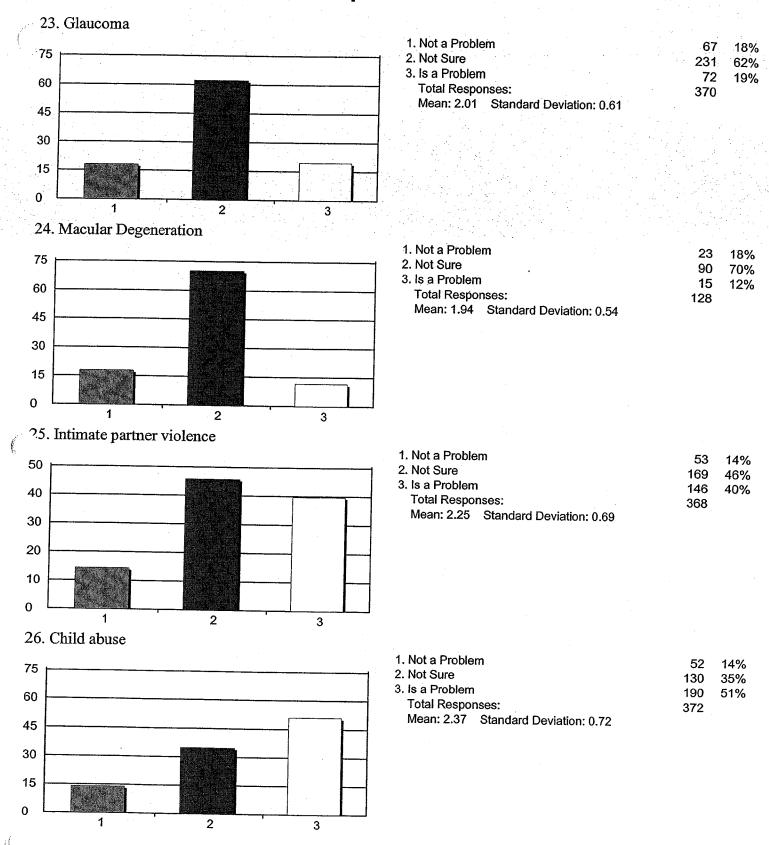


11. Lung Cancer 1. Not a Problem 86 23% **ي**0 2. Not Sure 156 42% 3. Is a Problem 132 35% 40 Total Responses: 374 Mean: 2.12 Standard Deviation: 0.75 30 20. 10 2 3 12. Breast Cancer 1. Not a Problem 51 14% 50 2. Not Sure 133 36% 3. Is a Problem 187 50% 40 **Total Responses:** 371 Mean: 2.37 Standard Deviation: 0.71 30 20 10 0 2 13. Prostate Cancer 1. Not a Problem 51 14% ა0 2. Not Sure 163 44% 3. Is a Problem 158 42% 40 Total Responses: 372 Mean: 2.29 Standard Deviation: 0.69 30 20 10 14. Arthritis 1. Not a Problem 40 11% 2. Not Sure 98 26% 3. Is a Problem 236 63% 60 Total Responses: 374 Mean: 2.52 Standard Deviation: 0.68 45 30 15

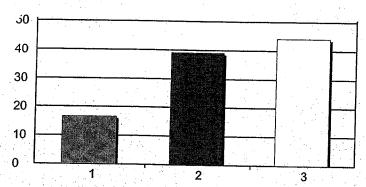
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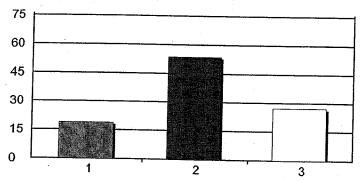


27. Motor vehicle accidents



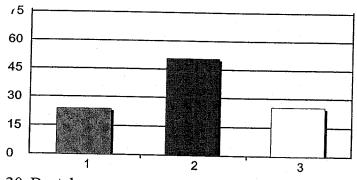
1. Not a Problem	61	17%
2. Not Sure	144	,
3. Is a Problem	163	44%
Total Responses:	368	7770
Mean: 2.28 Standard Deviation: 0.73	300	

28. Falls or fall-related injuries



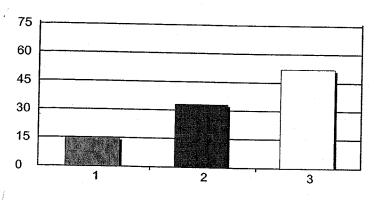
1. Not a Problem	70	19%
2. Not Sure	199	54%
3. Is a Problem	101	27%
Total Responses:	370	-1 70
Mean: 2.08 Standar	d Deviation: 0.68	

⁷⁹. Residential fires

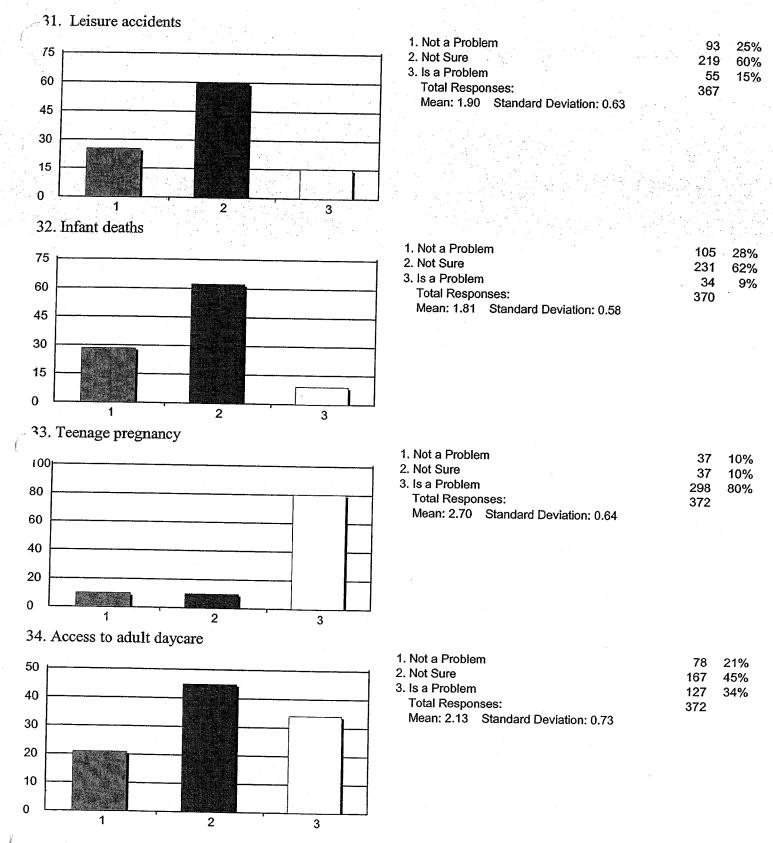


1. Not a Problem	88	24%
2. Not Sure	187	51%
3. Is a Problem	94	25%
Total Responses:	369	
Mean: 2.02 Standard Deviation: 0.70		

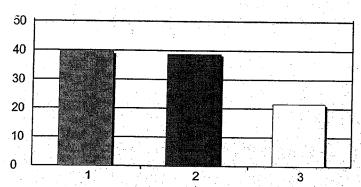
30. Dental care

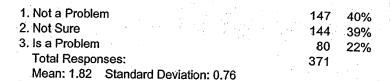


Not a Problem	55	15%
2. Not Sure	123	33%
3. Is a Problem	193	52%
Total Responses:	371	0270
Mean: 2.37 Standard Deviation: 0.73	0. ,	

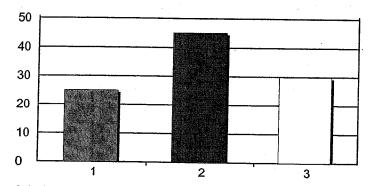


35. Access to home health care



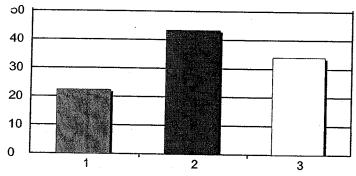


36. Access to home care (sitter service)



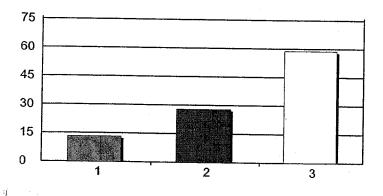
1. Not a Problem	93	25%
2. Not Sure	168	45%
3. Is a Problem	111	30%
Total Responses:	372	
Mean: 2.05 Standard Devi	iation: 0.74	

37. Access to care for special needs children



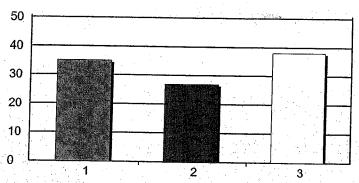
1. Not a Problem	83	22%
2. Not Sure	161	44%
3. Is a Problem	126	34%
Total Responses:	370	
Mean: 2.12 Standard Davistian, 0.74		

38. Lack of financial resources for medical care



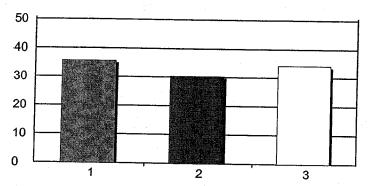
1. Not a Problem	49	13%
2. Not Sure	103	28%
3. Is a Problem	217	59%
Total Responses:	369	,-
Mean: 2.46 Standard Deviation: 0.72		

39. Access to healthy foods



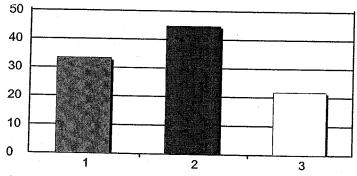
1. Not a Problem		130	35%
2. Not Sure	* * * * * * * * * * * * * * * * * * * *	100	27%
3. Is a Problem		141	38%
Total Responses:		371	0070
Mean: 2.03 Standard Deviation: 0.06		- ' '	

40. Access to leisure time physical activity



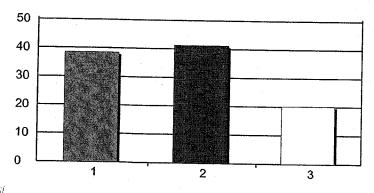
Not a Problem	132	35%
2. Not Sure	113	30%
3. Is a Problem	127	34%
Total Responses:	372	34 70
Mean: 1.00 Standard Davieties 0.0	 3/2	

41. Access to transportation to health care



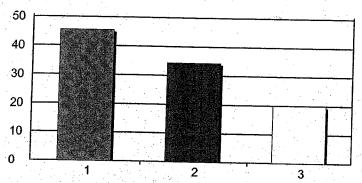
1. Not a Problem	123	33%
2. Not Sure	166	45%
3. Is a Problem		22%
Total Responses:	370	ZZ /0
Mean: 1.89 Standard Deviation: 0.73	0,0	

42. Access to nursing home care



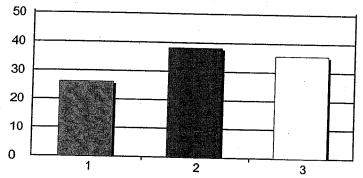
1. Not a Probler	n	143	39%
2. Not Sure			41%
3. Is a Problem			20%
Total Respon	ses:	371	2070
Mean: 1.82	Standard Deviation: 0.75	٠	

43. Access to a primary care provider



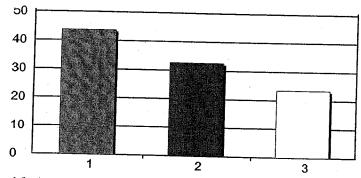
1. Not a Problem	169	46%
2. Not Sure	128	
3. Is a Problem	74	20%
Total Responses:	371	2070
Mean: 1.74 Standard Deviation: 0.77	0, ,	

44. Access to medical specialist



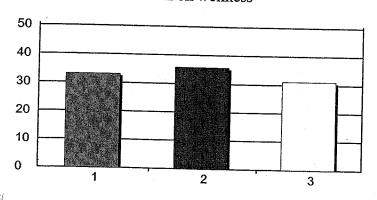
4 Note Duckton		
1. Not a Problem	97	26%
2. Not Sure	142	38%
3. Is a Problem		/-
	132	36%
Total Responses:	371	
Mean: 2.09 Standard Deviation: 0.78	• • • • • • • • • • • • • • • • • • • •	

45. Access to medications



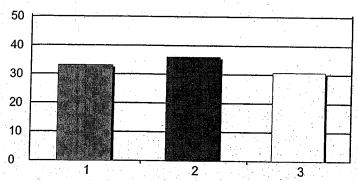
1. Not a Problem	162	44%
2. Not Sure		33%
3. Is a Problem	87	24%
Total Responses:	370	Z-7 /0
Mean: 1.80 Standard Deviation: 0.80	0,0	

46. Access to education on wellness



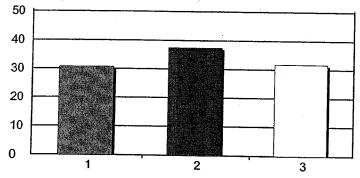
1. Not a Proble	m	100	220/
2. Not Sure		123	33%
		133	36%
Is a Problem		116	31%
Total Respon	nses:	372	0.70
Mean: 1.98	Standard Deviation: 0.80	0,2	

47. Access to education on healthy lifestyles



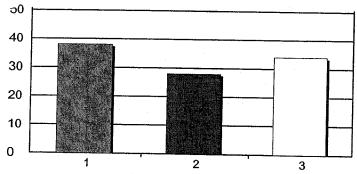
1. Not a Problem	123	33%
2. Not Sure	134	36%
3. Is a Problem	114	31%
Total Responses:	371	70
Mean: 1.98 Standard Deviation: 0.80		

48. Access to education on prevention



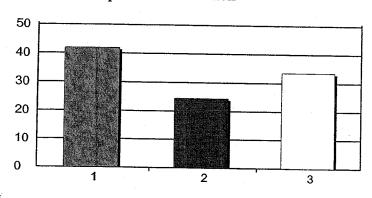
1. Not a Problem	114	31%
2. Not Sure	139	37%
3. Is a Problem	118	32%
Total Responses:	371	/-
Mean: 2.01 Standard Deviation: 0.79		

49. Access to facilities for exercise

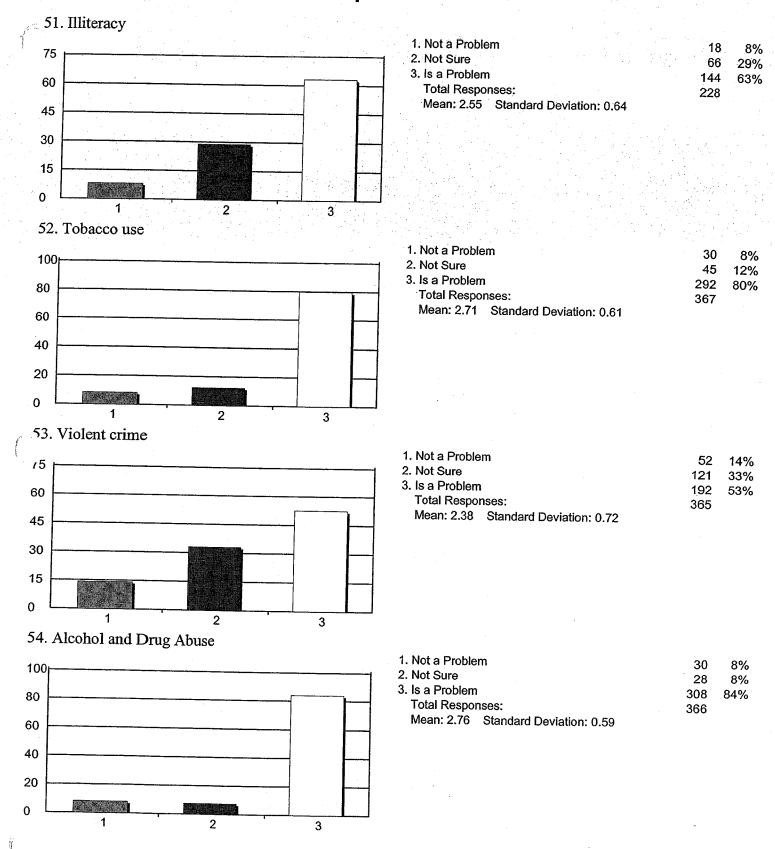


1. Not a Problem	141	38%
2. Not Sure	104	28%
3. Is a Problem	126	34%
Total Responses:	371	0.70
Mean: 1.96 Standard Deviation: 0.95	0	

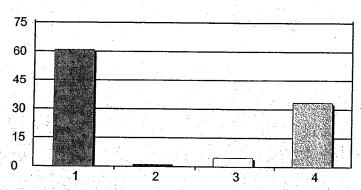
50. Access to parks for recreation



1. Not a Problem	156	42%
2. Not Sure	91	24%
3. Is a Problem		34%
Total Responses:	372	
Mean: 1.92 Standard Deviation: 0.97		

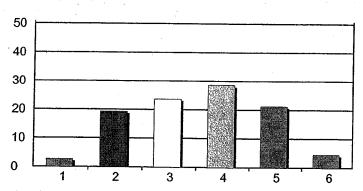


55. Do you consider yourself:



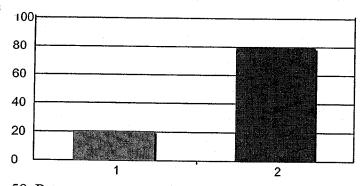
1. Overweight	226	61%
2. Underweight	4	1%
3. Obese	17	5%
4. Just Right	124	33%
Total Responses:	371	
Mean: 2.11 Standard Deviation: 1.41		

56. Age range:



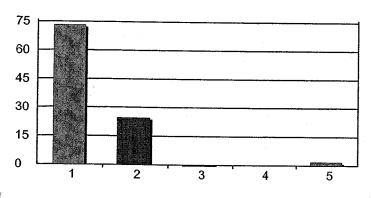
	the state of the s	
1. 18 - 24	10	3%
2. 25 - 34	72	19%
3. 35 - 44	88	24%
4. 45 - 54	106	28%
5. 55 - 64	79	21%
6. 65 +	17	5%
Total Responses:	372	
Mean: 3.60 Standard Deviation: 1.22		

57. Are you:



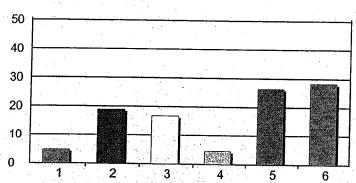
1. Male		75	20%
2. Female		291	80%
Total Respor	nses:	366	
Mean: 1.80	Standard Deviation: 0.40		

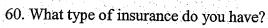
58. Race:

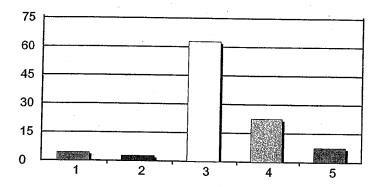


1. Caucasian	270	73%
2. African American	91	25%
3. Native American	1	0%
4. Asian/Pacific Islander	0	0%
5. Other	7	2%
Total Responses:	369	
Mean: 1.33 Standard Deviation: 0.67		

59. School:







1. Less than high school		
	. 18	5%
2. High school graduate/GED	70	19%
3. Some college	62	17%
4. Associate degree	17	5%
5. Bachelors degree	98	26%
6. Advanced degree	105	28%
Total Responses:	370	
Mean: 4.14 Standard Deviation: 1.66		

		100	
1. Medicare		16	4%
2. TennCare		10	3%
3. Private Insurance		230	63%
4. Other		82	22%
5. No Insurance		28	8%
Total Responses:		366	• 70
Mean: 3.26 Standard Deviation: (1.82		

Attachment D

Setting Priorities for Health
Status Improvement

nIon Method:

Opportunity=(A+2B)C

- -Size of Problem
- -Seriousness of Problem
- -Effectiveness of Interventions

A=Size

Usually defined by prevalence of a condition, characteristic, or disease in entire population (but can be among sub-groups)

Percent of population with health problem

25% + 10-24% 1-9% 0.1-0.9% 0.01-0.09%

Score

9	-1	0	
7	tinzag	8	
5	bricogs "	6	
3	general	4	

1-2

B=Seriousness

sually defined by urgency to intervene, severity (leads death?), disproportionate among vulnerable opulations, and/or economic impact.

ow Serious	Score
ery Serious	9-10
erious	6 - 8
oderately Serious	3 - 5
ot Serious	0 - 2

C=Effectiveness of Available Interventions

Jsually defined by "best real world" expectations based on outcome evaluations of successful interventions in similar communities including: effectiveness and efficiency (in light of ivailable resources)

<u>ffectiveness</u>	Score
/ery Effective (80%+)	10
Relatively Effective (60-79%)	8 - 9
Effective (40-59%)	6 - 7
1oderately Effective (20-39%)	4 - 5
celatively Ineffective (<20%)	0 - 3

Piralmoema Moodalaa

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Attachment E

Hardeman County Community Health Assessment Prioritization of Health Issues Size of the Health Issue

Influenza	in Hardeman	County

Sentinel Provider Influenza-Like Illness (ILI) Surveillance Data Average Across Weekly Reports

of patients in West TN

TN Compare

May to Sept in 2011

243

January to February 2011

331

lower

Source: Tennessee Department of Health

Heart Condition in Hardeman County

Deaths from Diseases of the Heart Per 100,000

Hardeman <u>Black</u> TN

White

<u>Black</u>

1991-2005

300-349

351-399

224-413

241-798

Deaths from Cerebrovascular Disease Per 100,000

<u>Hardeman</u>

Black

TN

Black

1991-2005

White 70 85-124 White 47-164

57-251

Heart disease was the number one cause of death in Hardeman County in 2005. Source: Tennessee Department of Health

High Blood Pressure

Tennessee Behavioral Risk Factor Surveillance Survey

Have you ever been told that you had high blood pressure?

	Southwest TN	<u>TN</u>
2005	35.6	30.2
2007	30.2	higher
2009	36.4	32.6

Are you taking blood pressure medication?

O manufactoria	
Southwest TN	<u>TN</u>
91.3	83.4
89.0	84.0
83.3	81.8
	<u>Southwest TN</u> 91.3 89.0

The mortality rate for high blood pressure rose by 12% over the last ten years in TN. Inpatient charges for high blood pressure were \$136.2 million in 2006 statewide. Source: Tennessee Department of Health

Cancer

Rate of Deaths from Malignant Neoplasms Per 100,000

	<u>Hardeman</u>	TN
2007	207.1	higher
2008	194.5	higher
2009	278.0	216.2

Cancer was the 2nd leading cause of death in Hardeman County in 2005. Total combined years of life lost between all races and age groups were 558.

Source: Tennessee Department of Health

Arthritis

Tennessee Behavioral Risk Factor Surveillance Survey

During the Past 30 Days Have You Had Any Pain, Aching, or Stiffness in the Joint?

	Southwest IN	<u>TN</u>
2005	48.3%	45.2%
2007	47.2%	44.7%

Have You Ever Been Told By a Health Professional That You Had Some Form of Arthritis?

	Southwest TN	<u>TN</u>
2005	33.6%	29.7%
2007	40.4%	34.0%
2009	27.7%	25.9%

Are You Limited Because of Arthritis or Joint Symptoms?

	Southwest TN	<u>TN</u>
2005	40.0%	37.7%
2007	40.7%	39.5%

Source: Tennessee Department of Health

Arthritis affects 1 in 3 adults in TN

Arthritis affects 1 in 2 adults over 65

Juvenile rheumatoid arthritis is one of the most common chronic diseases in children

Approximately 294,000 children under the age of 18 are affected by pediatric arthritis or rheumatologic conditions

Arthritis is the most common cause of a disability

Source: Tennessee Department of Health; Centers for Disease Control and Prevention

Obesity in Southwest TN

30.2 percent of adults in Tennessee are considered obese- 4th highest state in US

36.5 percent of children are obese and overweight- 5th highest state in US

Tennessee Behavior Risk Factor Surveillance Survey

Adults Who Have a Body Mass Index Greater than 25 (Overweight or Obese)

	Southwest TN	TN
2007	75.3%	67.4%
2008	70.5%	68.0%
2009	69.9%	69.0%

Adults who Report Obesity Body Mass Index Greater than 30

Hardeman TN 31%

Source: Tennessee Department of Health; County Health Rankings

Asthma/Allergies

2002-2006

2011

Hospitalization for Asthma Rate Per 100,000

<u>Hardeman</u> <u>TN</u> 436 35-436

Inpatient hospitalization rate for asthma was highest in Hardeman County in the state between 2002-2006.

The emergency department visit rate was the highest in the state.

Per visit average charge was \$6392.

Tennessee total inpatient and outpatient charges added up to \$29.1 million.

Source: Tennessee Department of Health

1 in 5 people suffer from allergies.

It is the 5th leading chronic disease in the US for all ages, races, and sexes. It is the 3rd most common chronic disease in those under 18.

Allergies account for 17 million outpatient visits a year nationally.

The annual cost of allergies is \$7 billion. Source: Asthma and Allergy Foundation

Lack of Financial Resources to Access Healthcare in Southwest TN

Tennessee Behavior Risk Factor Surveillance Survey

Was there a time in the past 12 months that you needed to see a doctor but could not because of cost?

	<u>Hardeman</u>	<u>TN</u>
2007	14.5%	higher
2008	16.9%	15.9%
2009	20.8%	17.5%

Lack of Financial Resources to Access Healthcare in Southwest TN, continued

Do you have any kind of healthcare coverage?

	<u>Hardeman</u>	<u>TN</u>
2007	13.5%	higher
2008	10.3%	higher
2009	16.1%	15.7%

Source: Tennessee Department of Health

Persons Below Poverty Level

	<u>Hardeman</u>	<u>TN</u>		<u>USA</u>
2009	25.1%	17.2%		14.3%

Source: Census Quickfacts

County Health Rankings

Children in Poverty-Percent of children under 18 in poverty

	<u>Hardeman</u>	<u>TN</u>
2011	27%	22%

Uninsured Adults-Percent Population Under Age 65 without health insurance

	<u>Hardeman</u>	<u>TN</u>
2011	15%	higher

Percent Children Living in Single Parent Households

	<u>Hardeman</u>	<u>TN</u>
2011	44%	34%

Unemployment

	<u>Hardeman</u>	<u>TN</u>
June 2010	13.1%	9.6%
May 2011	13.1%	9.7%
Source: Department	of Labor Statistics; Local Area Ur	nemployment Statistics

Tobacco, Alcohol, & Drug Use

29.5% of child maltreatment investigations were driven by reported drug exposure.

Source: Tennessee Chapter of Children's Advocacy Center

14 drug related car crashes involving drug use between 2007-2009

90 alcohol related car crashes between 2007-2009 in Hardeman County

Source: Tennessee Highway Patrol

Tennessee Behavioral Risk Factor Surveillance Survey

Binge drinkers (males having five or more drinks and females having four or more drinks on one occasion)

	Southwest TN	<u>TN</u>
2007	4.7	higher
2008	12.7	10.5
2009	8.5	6.8

Tobacco, Alcohol, and Drug Use, continued

26.7% adults reported being current smokers in Tennessee in 2005 which is above the national average. Children are twice as likely to be influenced by cigarette marketing.

Tennessee ranks 46th for prevalence of adult smokers and 47th among states for minors between 12-17.

Cigarette smoking accounts for one third of cancer deaths.

87% of all lung cancer deaths are caused by smoking.

3,000 secondhand smoke deaths occur each year nationally.

\$406.3 million is spent on health care expenditures in Tennessee related to tobacco use on average.

Source: Tennessee Department of Health; Centers for Disease Control and Prevention

D	i	a	b	e	t	e	S

Deaths from Diabetes Per 100,000

	<u>Hardeman</u>	TN
2007	45.6	27.8
2008	48.6	28.2
2009	51.5	28.2

Tennessee Behavioral Risk Factor Surveillance Survey

Have you ever been told by a doctor that you had diabetes?

	<u>Southwest TN</u>	<u>TN</u>
2007	12.1	11.9
2008	11.1	10.4
2009	11.3	10.3
Source: Tenness	no Donartmant of Haalth	20.0

Source: Tennessee Department of Health

Child Abuse

Substantiated Child Abuse and Neglect Rate Per 1,000

	<u>Hardeman</u>	<u>TN</u>
2008	8.7	8.4

Commitment to State Custody Rate Per 1,000

-	<u>Hardeman</u>	<u>TN</u> -
2008	7.0	5.0

Remaining in State Custody Rate Per 1,000

	<u>Hardeman</u>	<u>TN</u>
2008	6.7	5.0

Source: Tennessee Commission on Youth and Children. Kids Count

26,891 cases of abuse and neglect were investigated in TN between 2008-2009.

13.3% were physical abuse.

27.2% were neglect.

29.5% were drug exposed.

28.1% were sexual abuse.

1.8% was psychological abuse.

Source: Tennessee Chapter of Children's Advocacy Centers

Not all child abuse is reported.

Source: TIME

Dental Care

TNCare dental benefits are only provided to minors, and orthodontists are not typically covered.

13.1% Hardeman County residents are unemployed

15% are uninsured

25.1% are living below the poverty level

Low socioeconomic groups, minorities, and those living in fluoride deficient communities are at a high risk for oral disease and are the least likely to be able to access dental care.

Source: Tennessee Department of Health; US Census; County Health Rankings

Teenage Pregnancy

Pregnancies Age 15 to 17 Per 1,000 Females

	<u> Hardeman</u>	<u>TN</u>
2006	40.3	 35.0
2007	38.1	34.3
2008	36.2	33.6
_		

Source: Tennessee Commission on Children and Youth. Kids Count Books

STDs/HIV in Hardeman County

Teens with Sexually Transmitted Diseases

Ages 15-17 diagnosed with Chlamydia, gonorrhea, or syphilis

Rate Per 1,000 Teens

	<u> Hardeman</u>	<u>TN</u>
2006	52.5	21.2
2007	43.0	22.5
2008	46.3	21.2

Source: Tennessee Commission on Children and Youth. Kids Count Books

All Ages Number of Patients in Hardeman County Diagnosed with STDs

	<u>Chlamydia</u>	<u>Gonorrhea</u>
2008	275	67
2009	223	49
2010	198	42

Number of HIV Cases

	<u>South</u>	Southwest TN	
	Male	<u>Female</u>	<u>TN</u> higher
2009	7	4	higher

The reporting rate may be lower in rural areas where anonymity is not guaranteed. Source: Tennessee Department of Health; University of Oregon

Hardeman County Community Health Assessment Prioritization of Health Issues Effectiveness of Interventions

The following is a list of community resources for each health issue identified by the community committee. The list contains community agencies and public entities that specifically work with a particular health issue as well as potential agencies that can become partners with **Bolivar General Hospital** for specific health issues.

Influenza

Hardeman County Health Department Physician Clinics Hardeman County School District Community Senior Centers Local churches

Heart Condition

American Heart Association
Physician Clinics
Local churches
Community Senior Centers
American Association of Retired Persons

High Blood Pressure

American Heart Association American Stroke Association Physician Clinics Community Senior Centers

Cancer

American Cancer Society
Physician Clinics
Local Churches
Community Senior Centers
American Association of Retired Persons

Arthritis

Arthritis Foundation Physician Clinics Local Fitness Centers American Association of Retired Persons Community Senior Centers

Obesity

American Heart Association American Diabetes Association American Stroke Association Physician Clinics
Community Senior Centers
Hardeman County School District
Hardeman County Parks and Recreation Department
Local Health and Fitness Clubs
Local Churches
Afterschool Programs
Local Retirement and Nursing Homes

Asthma/Allergies

Asthma and Allergy Foundation Physician Clinics Hardeman County School District

Lack of Financial Resources

Southwest Human Resource Agency
Department of Human Services
Social Security Administration
TennCare
Hardeman County Health Department
Hardeman County School District
FamilyWize

Tobacco, Alcohol, and Drug Use

American Cancer Society
Physician Clinics
Hardeman County Anti-Drug Coalition
Hardeman County School District
City and County Government
Hardeman County Sheriff
Bolivar Police Department
Whiteville Police Department
Hardeman County Circuit Court
Tennessee Department of Correction
Western Mental Health Institute

<u>Diabetes</u>

American Diabetes Association Physician Clinics Hardeman County School District Community Senior Centers Local Churches

Child Abuse

Exchange Club Carl Perkins Center Department of Children's Services Department of Human Services Afterschool Programs Local churches Hardeman County School District

Dental Care

Hardeman County Health Department TennCare

Teenage Pregnancy

Hardeman County Health Department
Hardeman County School District
Tennessee Department of Children's Services
Hardeman County Juvenile Court
Exchange Club Carl Perkins
Local Churches
Afterschool Programs

STDs/HIV

Hardeman County Health Department Hardeman County School District Hardeman County Community Health Center