

Community Health Needs Assessment (CHNA): Haywood County

Conducted by:
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For:
Jackson-Madison County General Hospital

2015

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; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return

RESOLUTION OF THE BOARD OF TRUSTEES
OF
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
AND
CAMDEN GENERAL HOSPITAL, INC.
AND
BOLIVAR 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 rules and regulations as amended; 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 rules and regulations as amended, 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 27th day of October, 2015.



GREG MILAM, Chairman

Exhibit: G-2

Community Health Needs Assessments



- Acute Care Hospitals-Partnered with Tennessee Department of Health-Health Councils on assessments
- Mental Health Hospital-Partnered with Tennessee Department of Mental Health and Substance Abuse Crisis Providers and Pathways Advisory Board
- Updated data reports and listing of resources provided to Health Councils, Crisis Providers, and Region VI

Community Health Needs Assessments

	Identified Health Issues By County						
	Benton	Chester	Crockett	Gibson	Hardeman	Haywood	Madison
							X
Heart Conditions					X		X
High Blood Pressure					X		X
Cancer					X		X
Obesity (including children)	X	X	X	X	X		X
Diabetes (including children)		X			X		X
Injury Prevention							X
Expanded Food & Nutrition	X						
Infant Mortality/Teen Pregnancy	X	X	X	X	X	X	
Alcohol/Tobacco/Other Drugs	X	X	X	X			
Chronic Illness Awareness/Education				X		X	
Violence Prevention						X	

Community Health Needs Assessments Implementation Strategies

- 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, health fairs, community events
- Governors Foundation for Health & Wellness
- 100 Mile Club Gold Medal
- Help Us Grow Successfully
- TENNdercare Program

Community Health Needs Assessments Implementation Strategies

- Baby and Me
- Teens Against Tobacco Use
- Tennessee Suicide Prevention Network
- Prescription for Success: Prevention and Treatment of Prescription Drug Abuse in Tennessee
- Safe, Affordable Housing for individuals or families with mental illness, substance abuse, or co-occurring
- Numerous mental health, substance abuse outreach programming

Community Health Needs Assessments Evaluation

- Evaluation based on goals and objectives for each county assessment
- Meeting minutes of monthly and quarterly county health councils, Crisis Providers, Region VI, Pathways Advisory Board will be reviewed for achievement of stated goals, objectives, and implementation strategies.
- Copies of all implementation strategy program or event materials will be maintained in Assessment Notebooks
- Assessment documentation
- Assessments will be updated in 2018

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Executive Summary

Jackson-Madison County General Hospital partnered with the Haywood County Health Council to create the Haywood County Community Health Needs Assessment 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; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Haywood County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Haywood County as well as staff from the local and regional health departments.

Representatives of Jackson-Madison County General Hospital met with the Haywood County Health Council on Tuesday March 10, 2015. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Haywood County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, private businesses, labor and workforce representatives.

The Haywood County Health Council 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 Haywood County community. Locations to distribute the survey throughout the community were also suggested and discussed by committee members. The Health Council made several revisions to the survey and it will be distributed through a number of venues. Almost 30 surveys were received. Data were collected on the size of the health issues when over 60 percent of the respondents indicated the health issue "was a problem for the community."

The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

Chronic Diseases (preventing and managing through education, nutrition/physical activity, tobacco, drugs and alcohol prevention)

Sexually Transmitted Diseases/Teen Pregnancy

Violence Prevention

Goal 1: The Haywood County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity.

Goal 2: The Haywood County Health Council will address tobacco use among youth and adults in Haywood County.

Goal 3: The Haywood County Health Council will address substance abuse and use among youth and adults in Haywood County.

Goal 4: The Haywood County Health Council will focus on teen pregnancy and sexually transmitted diseases in the community.

Implementation strategies to address the goals and issues are the following.

- Encourage local businesses and community at large to participate in Governor's Foundation for Health & Wellness Healthier Tennessee Worksite and Communities
- Collaborate with Coordinated School Health to provide nutrition education for students
- Through the Department of health, provide nutrition and exercise classes throughout the community
- Participate in Teens Against Tobacco Use
- Conduct Baby and Me Tobacco Free Program targeting pregnant women who smoke
- To address substance abuse and use participate in prescription drug take back events, conduct programs at Senior Citizen Centers and schools
- Conduct Children Special Services Programs; Helping Us Grow Together (HUGS) Programs; Healthier Beginnings Program (Healthy Families Model)

Introduction

Jackson-Madison County General Hospital partnered with the Haywood County Health Council to create the Haywood County Community Health Needs Assessment 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; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Haywood County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Haywood County as well as staff from the local and regional health departments.

Description of the Hospital and Community

The designated "community" for the needs assessment is Haywood County, Tennessee. Haywood County, Tennessee does not have a hospital. Haywood Park Community Hospital, owned by Community Health Systems, closed inpatient, outpatient, and emergency services on July 31, 2014. Haywood County is in the primary service area of the Jackson-Madison County General Hospital. According to the Tennessee Hospital Association inpatient market share (2013), Jackson Madison County General Hospital had 52.1 percent of the inpatient market share consisting of 1,088 discharges. With a 2014 estimated population of 18,185, Haywood County is located in the rural West Tennessee approximately 64 miles East of Memphis and 153 miles West of Nashville. The population is 48.4 percent Caucasian, 50.1 percent African American, and 1.5 percent Other races. Also, 4.1 percent of the population is Hispanic. According to the American Community Survey (2009-2013), 21.1 percent of the population is below the Federal poverty level. The per capita personal income level is \$18,714. The population under 65 years of age represents 84.5 percent while the over age 65 population is 15.5 percent of the total. About 24.1 percent of the population age 25 and older does not have a high school diploma or GED; 41.2 percent have a high school diploma; 19.8 percent have some college, and 14.9 percent have a Associate's degree or higher.

Haywood County has a wide range of industries that employ individuals living in and around the county. Haywood County is home to manufacturers or businesses such as: Teknor Apex/Haywood Company, maker of PVC garden hoses and tread rubber (610 employees); Lasco Fittings, producer of plastic pipe fittings (500 employees); Dynametal Technologies which makes powdered metal components (120 employees); Pictsweet frozen food distribution (100 employees); Precision Coils (100 employees); Cascades/IFC Disposables maker of disposable

wipes, towels, tissues (60 employees); Simmco propane tanks and air receivables (60 employees); Lowe's Home Improvement Warehouse (50 employees); Domtar Paper Company (38 employees); Plastic Container Corporation (35 employees); and Pallet Source producer of wooden pallets and skids (35 employees).

The county seat of Haywood County is Brownsille, Tennessee. The City of Brownsville, City of Stanton, Haywood County Government, and the Haywood County School System are all located in Haywood County. Haywood County School System is composed of 5 schools with 3,350 students.

Community Needs Assessment Update

Representatives of Jackson-Madison County General Hospital met with the Haywood County Health Council on Tuesday March 10, 2015. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Haywood County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, private businesses, labor and workforce representatives. Members of the Haywood County Health Council are:

Tennille Short	UT Extension Service
Cindy Wilkins-Wise	Haywood County Health Department
Yvonne Stahl	Haywood county Health Department
Cindy Smith	Coordinated School Health
Peggy Jackson	Family Resource Center
Rosie Worles	Haywood County Health Department
Renee Moss	Chamber of Commerce
Carrie Mann	West Tennessee Legal Services
Gracie Kemp	West Tennessee Legal Services
Carolyn Flagg	Haywood County Government (Alderman)
Karen Jones	4-H Agent
Chanda Freeman	TN Dept of Health West TN Region
Travis Wade	UT Extension Service
Johnna Burton	March of Dimes
Veronyca Washington	Methodist LeBonheur Healthcare
Matt McDaniel	Haywood County Health Department
Tiffany Thomas	UT Extension Service
Tarsha Hubbard	Amerigroup
Almeta Ellis	Haywood County Government
William Rawles	City of Brownsville Government
Gwen Gavin	Eagle's Nest

Regina Hendon
Teresa Cook
Emily Hayes

TN Tobacco Liaison
West Tennessee Legal Services
Community Representative

The Haywood County Health Council 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 Haywood County community. Locations to distribute the survey throughout the community were also suggested and discussed by committee members. The Health Council made several revisions to the survey and it will be distributed through a number of venues. Almost 30 surveys were received. Data were collected on the size of the health issues when over 60 percent of the respondents indicated the health issue "was a problem for the community." These issues were:

Influenza
Heart Conditions
Sexually Transmitted Diseases
High Blood Pressure
Cancer
Dementia/Alzheimer's Disease
Obesity
Asthma and Allergies
Osteoporosis
Diabetes
Domestic Violence
Alcohol and Drug Abuse
Motor Vehicle Accidents
Dental Care
Access to Physical Activity/Recreational Facilities
Teenage Pregnancy
Lack of Financial Resources
Tobacco Use

The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A

survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

The top identified health issues are:

Chronic Diseases (preventing and managing through education, nutrition/physical activity, tobacco, drugs and alcohol prevention)

Sexually Transmitted Diseases/Teen Pregnancy

Violence Prevention

Goals and Objectives

Goal: The Haywood County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity.

Objective 1: By December 31, 2018, the Haywood County Health Council will promote the daily benefits of proper eating and physical activity to at least 200 residents of Haywood County each year.

Objective 2: By December 31, 2018, the Haywood County Health Council will conduct at least four activities a year to promote physical activity among Haywood County residents.

Goal: The Haywood County Health Council will address tobacco use among youth and adults in Haywood County.

Objective 1: By December 31, 2018, Haywood County will conduct peer education in the school systems using Teens Against Tobacco Use (TATU) Program.

Objective 2: By December 31, 2018, Haywood County will implement the Gold Sneaker Program that focuses on preventing secondhand smoke exposure for children ages 1-4.

Goal: The Haywood County Health Council will address substance abuse and use among youth and adults in Haywood County.

Objective 1: By December 31, 2018, four education sessions will be held each year to deter substance abuse and use in the public school systems

Objective 2: By December 31, 2018 Haywood County will focus on healthy lifestyles for children, youth, and adults in a holistic fashion through programming at senior citizen centers and other community events.

Goal: The Haywood County Health Council will focus on teen pregnancy and sexually transmitted diseases in the community.

Objective 1: By December 31, 2018, the promotion of the HUGS program targeted case management program and Children's Special Services will be increased to address teen pregnancy.

Objective 2: By December 31, 2018, promotion of the Healthier Beginnings program of Jackson-Madison County General Hospital will be increased to focus on reducing teen pregnancy and sexually transmitted diseases in Haywood County.

Implementation Strategies

The Jackson-Madison County General Hospital will work with the Haywood County Health Council to implement the following activities to address the prioritized health needs identified in the community.

Obesity & Physical Activity

The Health Council will encourage businesses and the community-at-large to participate in the Governor's Foundation for Health & Wellness-Healthier Tennessee Work Site and Communities.

Through collaboration with Coordinated School Health, provide information to students on proper nutrition and eating habits through participation in school Farmers Markets, education sessions at the Family Resource Center, planting and maintaining school-based gardens.

The Department of Health will provide Down 5 Phase III for the community that involves adult classes in "Master Your Body," "Be Fit Boot Camp," both twice weekly and "Smart Bites" nutrition classes once weekly. Programs also include periodic health screenings.

Tobacco/Tobacco Related Diseases

Funding from the Tobacco Settlement was provided to the Tennessee Department of Health for fiscal years 2014-2016 to address the state's high rate of tobacco use and prevent expensive related medical costs. The plan to distribute \$15 million over three years has been generated with input from all 95 counties. The plan included a variety of projects to target behaviors.

designed to protect the health of Tennessee's most vulnerable populations: unborn babies, pregnant women and children.

During the first year of funding, Haywood County received \$17,094 to work with community partners to implement the Teens Against Tobacco Use (TATU)- a peer education program to prevent the initiation of tobacco use among youth, the Gold Sneaker Program which focuses on preventing second hand smoke exposure for children ages 1-4 and a Media Campaign.

Current funding is concentrating on Baby and Me Tobacco Free program targeting pregnant women who smoke. The "Baby and Me" is designed for pregnant women who smoke to stop smoking with incentives in place. The program has four (4) prenatal quit smoking classes. Participants are asked to quit smoking and remain so during the pregnancy. Participants are asked to take monthly breath tests for proof of being tobacco free. Those participants who remain smoke free after the baby is born receive monthly vouchers for free diapers up to 12 months.

Substance Abuse and Use

The Health Council has created a Substance Use & Abuse Primary Prevention Initiative team to address this priority. The Team is coordinating the following activities on a regular basis in Haywood County.

- Prescription drug take back events
- Programs at Senior Citizen Centers
- Programs in the schools
- Community events in collaboration with UT Extension, Coordinated School Health, & Teens Against Tobacco Use

Teen Pregnancy

The Health Council has worked with the Children Special Services and the Helping Us Grow Together (HUGS) Programs to address teen pregnancy. The Children's Special Services (CSS) Program may provide coverage for comprehensive medical care and other non-medical resources for children with physical disabilities from birth to 21 years of age. Diagnostic and financial eligibility criteria must be met to participate in the program. A child/youth is eligible for the program if s/he is under the age of 21, and has been diagnosed with a physical disability which requires medical, surgical, dental or rehabilitation treatment. CSS may pay for services related to the child/youth's eligible diagnosis, including:

Diagnostic Evaluation
Hospitalization

Medical and surgical treatment
Care coordination

Rehabilitation services	Physical & occupational therapy
Medications	Braces & artificial limbs
Speech & language therapy	Durable medical equipment
Hearing aids/supplies	Wheelchairs & walkers

Special formula/food

Examples of common diagnoses are:

Asthma	Diabetes
Cardiac related	Hearing loss
Cerebral palsy	Obesity (greater than 95th percentile)
Congenital hydrocephalus	Seizure disorders
Cystic fibrosis	Sickle cell anemia

Financial eligibility is based on family size and income level. A family's income must be at or below 200 percent of the federal poverty level. Each child and family receives a transition plan in the Children's Special Services program. Transition planning is a process that is personal, individualized, deliberate, coordinated, developmentally appropriate, age appropriate, and culturally competent.

The Help Us Grow Successfully program is a targeted case management program that provides home-based intervention services to pregnant/postpartum women, children birth through the age of five (5) years and their primary caregivers. Home visitors form a unique and voluntary relationship with a family. Home visitors screen for and identify potential problems, provide education, and connect families with resources in their communities. The HUGS program seeks to prevent or reduce risks as well as promote health and wellness. The HUGS program is designed:

- To improve pregnancy outcomes
- To improve maternal and child health and wellness
- To improve child development
- To maintain or improve family strengths

The Healthier Beginnings Program of Jackson-Madison County General Hospital offers parent coaching, empowerment and information to expectant parents and families of newborns through voluntary home visitation. Due to the program's strong adherence to evidence-based, effective services for parents and children, it has been nationally credentialed with Healthy Families America.

The Healthy Families model is proven to reduce child maltreatment, improve school readiness and decrease dependency on social services. Our home visitors work with families from the birth of their child until the child turns five years old. First time parents or parents 21 and younger, can enroll in the program *during pregnancy or before the baby is three months old.*

With services available in English, Spanish and Kurdish, elements of this highly successful program include:

- Weekly visits to the families home
- Goal setting
- Emotional support from home visitors
- Infant safety and child development guidance
- Model parenting skills assistance
- Referrals and information about community resources

Evaluation Plan

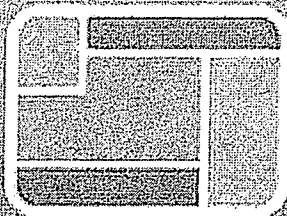
The Haywood County Health Council meets on a quarterly basis to review current and future implementation strategies to address identified health issues. Jackson-Madison County General Hospital has representation on the Health Council. Progress on the goals and objectives will be monitored through information provided at the Health Council meetings. Agendas and meeting minutes will be maintained as records of progress toward the goals and objectives.

Conclusions

The Haywood County Community Health Needs Assessment 2015 was presented and approved by the West Tennessee Healthcare Board of Trustees on October 27, 2015. The Plan will be updated in 2018.

Process for establishing health ranking in each county

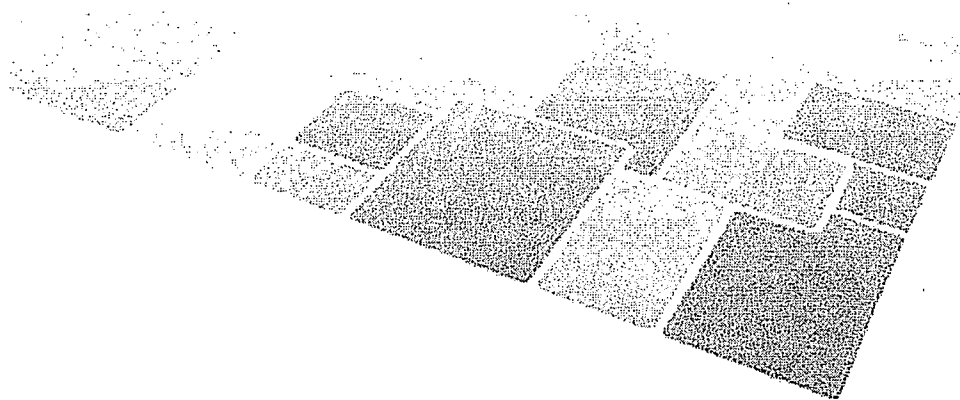
- 1) Each Health Council Member was presented with data/statistic from County Health Rankings & Roadmaps and Vital Statistics for their prospective county.
- 2) The process looked specifically at health outcomes, health behaviors and the top leading causes of death for the county.
- 4) Through general discussing they were asked to narrow their list down to a top 5
- 5) The top 5 was narrowed down to a top 3 by the utilization of the survey that was given to each. The top 3 health issues that had the most votes were identified as their health priorities.



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 Rankings Tennessee



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research for Policy and Practice

Introduction

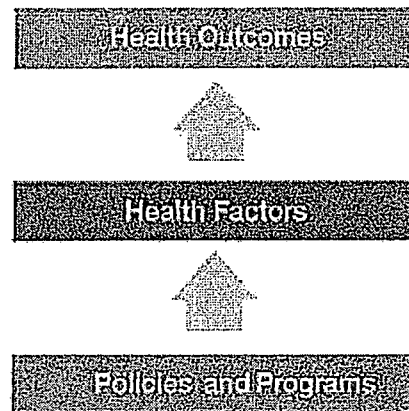
Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate what we know when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants .

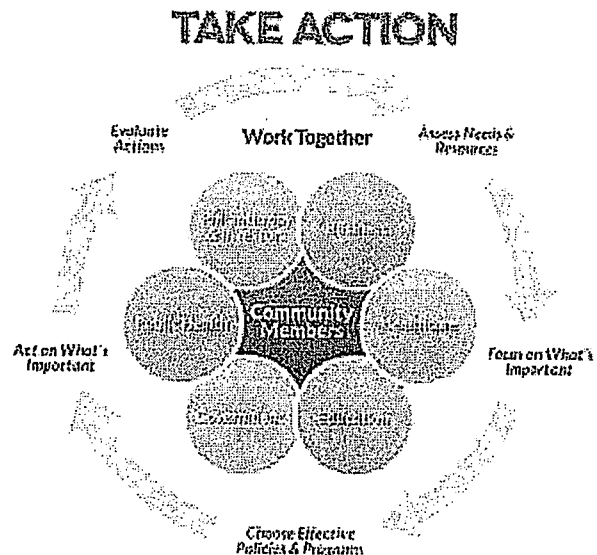
The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



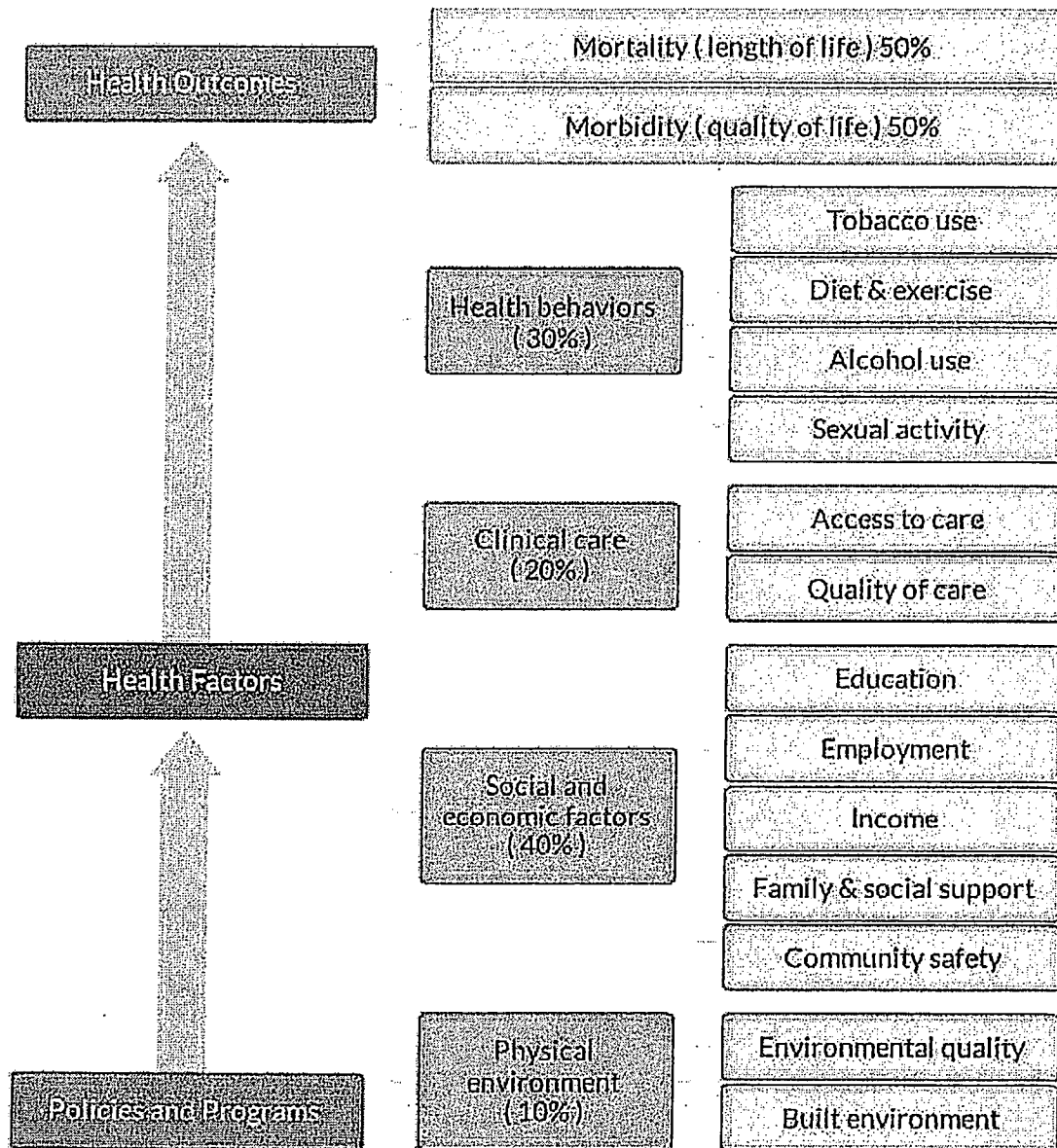
Roadmaps to Health Action Center

The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 *County Health Rankings* report ranks Tennessee counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

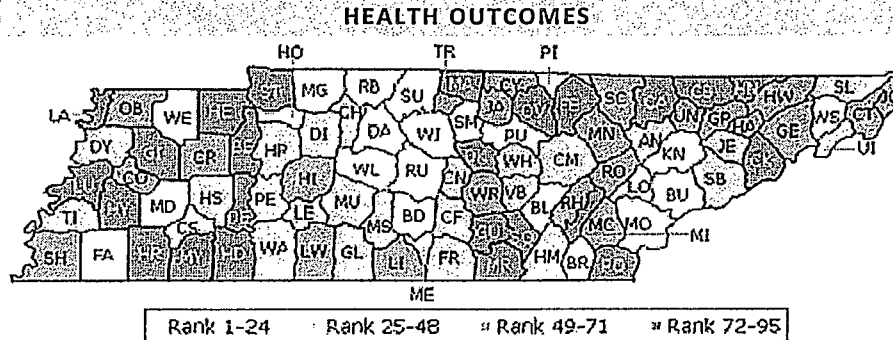
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHI

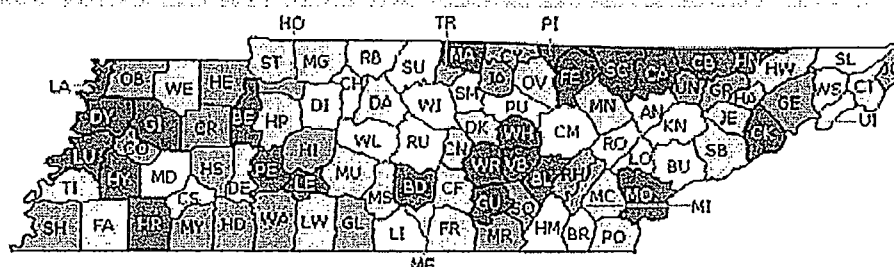
The maps on this page and the next display Tennessee's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	34	Fentress	92	Lauderdale	84	Roane	55
Bedford	24	Franklin	33	Lawrence	51	Robertson	10
Benton	88	Gibson	74	Lewis	47	Rutherford	2
Bledsoe	20	Giles	26	Lincoln	63	Scott	57
Blount	4	Grainger	54	Loudon	7	Sequatchie	91
Bradley	17	Greene	65	Macon	89	Sevier	25
Campbell	94	Grundy	95	Madison	22	Shelby	53
Cannon	36	Hamblen	58	Marion	90	Smith	8
Carroll	66	Hamilton	28	Marshall	31	Stewart	81
Carter	61	Hancock	93	Maury	32	Sullivan	43
Cheatham	30	Hardeman	73	McMinn	69	Sumner	3
Chester	12	Hardin	79	McNairy	77	Tipton	39
Claiborne	86	Hawkins	56	Meigs	87	Trousdale	71
Clay	62	Haywood	75	Monroe	23	Unicoi	44
Cocke	85	Henderson	29	Montgomery	11	Union	59
Coffee	38	Henry	82	Moore	6	Van Buren	27
Crockett	52	Hickman	64	Morgan	60	Warren	68
Cumberland	45	Houston	16	Obion	49	Washington	21
Davidson	13	Humphreys	37	Overton	76	Wayne	40
Decatur	80	Jackson	50	Perry	48	Weakley	15
DeKalb	83	Jefferson	41	Pickett	19	White	46
Dickson	42	Johnson	70	Polk	78	Williamson	1
Dyer	35	Knox	14	Putnam	9	Wilson	5
Fayette	18	Lake	72	Rhea	67		

HEALTH FACTORS



Rank 1-24 Rank 25-48 Rank 49-71 Rank 72-95

County	Rank	County	Rank	County	Rank	County	Rank
Anderson	11	Fentress	79	Lauderdale	95	Roane	16
Bedford	78	Franklin	27	Lawrence	39	Robertson	24
Benton	76	Gibson	77	Lewis	82	Rutherford	3
Bledsoe	73	Giles	56	Lincoln	18	Scott	92
Blount	6	Grainger	59	Loudon	10	Sequatchie	49
Bradley	21	Greene	66	Macon	91	Sevier	40
Campbell	83	Grundy	89	Madison	22	Shelby	67
Cannon	46	Hamblen	43	Marion	55	Smith	17
Carroll	58	Hamilton	8	Marshall	44	Stewart	33
Carter	41	Hancock	94	Maury	34	Sullivan	13
Cheatham	14	Hardeman	90	McMinn	37	Sumner	5
Chester	23	Hardin	68	McNairy	63	Tipton	30
Claiborne	80	Hawkins	31	Meigs	61	Trousdale	57
Clay	54	Haywood	88	Monroe	84	Unicoi	20
Cocke	86	Henderson	65	Montgomery	32	Union	69
Coffee	29	Henry	71	Moore	9	Van Buren	81
Crockett	62	Hickman	70	Morgan	36	Warren	74
Cumberland	15	Houston	52	Obion	53	Washington	4
Davidson	28	Humphreys	26	Overton	47	Wayne	51
Decatur	45	Jackson	64	Perry	85	Weakley	35
DeKalb	48	Jefferson	38	Pickett	75	White	72
Dickson	19	Johnson	60	Polk	42	Williamson	1
Dyer	87	Knox	2	Putnam	12	Wilson	7
Fayette	25	Lake	93	Rhea	50		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Williamson	1	Williamson
2	Rutherford	2	Knox
3	Sumner	3	Rutherford
4	Blount	4	Washington
5	Wilson	5	Sumner
6	Moore	6	Blount
7	Loudon	7	Wilson
8	Smith	8	Hamilton
9	Putnam	9	Moore
10	Robertson	10	Loudon
11	Montgomery	11	Anderson
12	Chester	12	Putnam
13	Davidson	13	Sullivan
14	Knox	14	Cheatham
15	Weakley	15	Cumberland
16	Houston	16	Roane
17	Bradley	17	Smith
18	Fayette	18	Lincoln
19	Pickett	19	Dickson
20	Bledsoe	20	Unicoi
21	Washington	21	Bradley
22	Madison	22	Madison
23	Monroe	23	Chester
24	Bedford	24	Robertson
25	Sevier	25	Fayette
26	Giles	26	Humphreys
27	Van Buren	27	Franklin
28	Hamilton	28	Davidson
29	Henderson	29	Coffee
30	Cheatham	30	Tipton
31	Marshall	31	Hawkins
32	Maury	32	Montgomery
33	Franklin	33	Stewart
34	Anderson	34	Maury
35	Dyer	35	Weakley
36	Cannon	36	Morgan
37	Humphreys	37	McMinn
38	Coffee	38	Jefferson
39	Tipton	39	Lawrence
40	Wayne	40	Sevier
41	Jefferson	41	Carter
42	Dickson	42	Polk

Rank	Health Outcomes	Rank	Health Factors
43	Sullivan	43	Hamblen
44	Unicoi	44	Marshall
45	Cumberland	45	Decatur
46	White	46	Cannon
47	Lewis	47	Overton
48	Perry	48	DeKalb
49	Obion	49	Sequatchie
50	Jackson	50	Rhea
51	Lawrence	51	Wayne
52	Crockett	52	Houston
53	Shelby	53	Obion
54	Grainger	54	Clay
55	Roane	55	Marion
56	Hawkins	56	Giles
57	Scott	57	Trousdale
58	Hamblen	58	Carroll
59	Union	59	Grainger
60	Morgan	60	Johnson
61	Carter	61	Meigs
62	Clay	62	Crockett
63	Lincoln	63	McNairy
64	Hickman	64	Jackson
65	Greene	65	Henderson
66	Carroll	66	Greene
67	Rhea	67	Shelby
68	Warren	68	Hardin
69	McMinn	69	Union
70	Johnson	70	Hickman
71	Trousdale	71	Henry
72	Lake	72	White
73	Hardeman	73	Bledsoe
74	Gibson	74	Warren
75	Haywood	75	Pickett
76	Overton	76	Benton
77	McNairy	77	Gibson
78	Polk	78	Bedford
79	Hardin	79	Fentress
80	Decatur	80	Claiborne
81	Stewart	81	Van Buren
82	Henry	82	Lewis
83	DeKalb	83	Campbell
84	Lauderdale	84	Monroe
85	Cocke	85	Perry
86	Claiborne	86	Cocke
87	Meigs	87	Dyer
88	Benton	88	Haywood
89	Macon	89	Grundy
90	Marion	90	Hardeman

Rank	Health Outcome	Rank	Health Factor
91	Sequatchie	91	Macon
92	Fentress	92	Scott
93	Hancock	93	Lake
94	Campbell	94	Hancock
95	Grundy	95	Lauderdale

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

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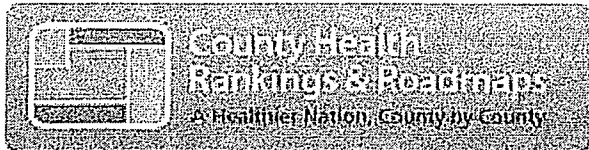
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HaywoodCounty Community Health Assessment

Update of Size of Health issues 2015

Prioritization of Health Issues

Influenza

Influenza in rural West Tennessee

Sentinel Provider Influenza-Like Illness Surveillance Data

Patients

2014-November

35

Heart Conditions

Death from Diseases of the Heart Per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	230.4	248.9	208.0	226.7	245.1	183.1
2012	285.3	350.1	229.9	220.6	241.2	165.2
2011	281.6	368.1	205.1	221.0	239.7	175.3
2010	314.0	371.4	274.7	228.3	254.0	181.8
2009	367.8	396.3	344.6	228.0	241.1	185.8

Source: Tennessee Department of Health.

Has a doctor, nurse, or other health professional ever told you that you had a heart attack or myocardial infarction? (percent)

	Southwest	TN
2012	no data	6.7
2011	4.9	5.2

Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease? (percent)

	Southwest	TN
2012	7.0	7.2
2011	5.7	5.0

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Sexually Transmitted Diseases teens rate per 1,000

(includes chlamydia, gonorrhea and syphilis)

Haywood TN

2012	24.3	20.3
2010	22.7	18.9
2009	16.2	21.2
2008	21.3	21.2
2007	33.9	22.5

Source: Tennessee Commission on Children and Youth. Kids Count 2009, 2010, 2011, 2012, 2013.

High Blood Pressure

Deaths from Cerebrovascular Disease per 100,000

	Haywood				TN		
	Total	White	Black		Total	White	Black
2013	76.8	45.3	109.5		48.1	50.5	45.8
2012	43.9	45.2	43.8		46.3	48.6	42.9
2011	81.2	55.8	108.0		50.1	52.8	46.2
2010	63.9	81.2	52.8		50.1	54.3	45.6
2009	61.3	75.0	49.2		50.6	51.9	48.2

Source: Tennessee Department of Health.

Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (percent)

	Southwest	TN
2012	46.9	39.7
2011	42.9	38.7
2010	35.6	35.4
2009	36.4	32.6
2007	30.2	33.8
2005	35.6	30.2

Are you currently taking medicine for your high blood pressure? (percent)

	Southwest	TN
2013	93.0	83.9
2012	89.7	80.0
2011	85.1	78.3
2010	35.6	85.6
2009	89.0	81.8
2007	89.0	84.0
2005	91.3	83.4

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Cancer

Deaths from Malignant Neoplasms Per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	203.0	248.9	164.2	214.5	231.0	176.4
2012	268.8	293.7	240.8	211.2	226.5	176.3
2011	216.6	267.7	172.7	210.2	224.6	180.1
2010	234.2	220.5	264.1	212.9	234.6	178.9
2009	173.7	192.8	157.5	216.2	226.9	183.5

Source: Tennessee Department of Health.

Dementia/Alzheimer's Disease

Deaths from Alzheimers per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	16.5	22.6	10.9	38.9	44.8	19.5

Source: Tennessee Department of Health.

Over 5 million Americans are living with Alzheimers Disease-110,000 in Tennessee

Tennessee in 2014 16,000 adults ages 65-74 living with Alzheimers

Tennessee in 2014 47,000 adults ages 75-84 living with Alzheimers

Tennessee in 2014 41,000 adults ages 85+ living with Alzheimers

Alzheimers is the 5th leading cause of death in the United States.

138 percent increase in Alzheimers deaths since 2000

Obesity

Adults who have a body mass index greater than 25-overweight or obese (percent)

	Southwest	TN
2012	70.5	65.4
2011	67.3	66.5
2010	70.2	67.8
2009	69.9	69.0
2008	70.5	68.0
2007	75.3	67.4
2006	70.2	65.3

2005

67.0

62.3

**Adults who have a body mass index greater than 30-obese
(percent)**

	Southwest	TN
2012	no data	31.1
2011	33.4	29.2
2010	37.2	31.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Percent of Adults who have a body mass index greaster than 25-overweight or obese

	Haywood	TN
2014	39	32
2013	36	32
2012	36	32
2011	36	31
2010	35	31

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Asthma and Allergies

Allergies

1 in 5 Americans suffer from all types of allergies

Allergies have increased in prevelance since the 1980s across age, sex, racial groups.

Approximately 50 million people experience allergies.

Allergies are the 5th leading chronic disease among all ages.

Asthma

Have you ever been told by a doctor, nurse, or other health care professional that you had asthma? (percent)

	Southwest	TN
2012	13.8	11.0

2011	6.3	10.4
2010	8.7	9.3
2009	8.7	11.9
2008	9.4	12.6
2007	12.1	12.4
2006	15.9	11.7
2005	11.6	11.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Asthma in Tennessee 6 percent in adults; 9.5 percent in Children-2010
2002-2007 childhood hospitalizations for Asthma Ages 10-17 TN

Inpatient hospitalizations per 100,000	200
Emergency Room visits per 100,000	828
Average inpatient charges per stay	\$5,845
Average Outpatient charge per visit	\$800

Source: Tennessee Department of Health.

Osteoporosis

Osteoporosis and low bone mass are currently estimated to be a major public health threat for almost 14 million women and men aged 50 and older

The 44 million people with either osteoporosis or low bone mass represent 55 percent of the people aged 50 and older in the United States

The figure will increase to more than 61 million by 2020

Over 10 million people already have osteoporosis and 80 percent are women.

Source: International Osteoporosis Foundation

Diabetes

Deaths from Diabetes per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	5.5		10.9	27.9	27.1	36.8
2012	32.9	45.2	21.9	28.2	27.4	36.7
2011	37.9	11.2	64.8	27.1	26.3	35.7
2010	21.3	11.6	31.7	26.4	26.4	35.0
2009	46.0	42.8	49.2	28.2	26.8	37.7

Source: Tennessee Department of Health.

Have you ever been told by a doctor that you have diabetes, not including gestational diabetes? (percent)

	Southwest	TN
2012	18.1	11.9
2011	13.5	11.2
2010	12.0	11.3
2009	12.2	10.3
2008	11.6	10.4
2007	12.3	11.9
2006	9.4	10.7
2005	11.6	9.1

Have you ever been told that diabetes has affected your eyes or that you have retinopathy? (percent)

	Southwest	TN
2012	21.0	22.8
2011	21.6	21.7
2010	28.2	25.7
2009	33.2	27.4
2008	12.0	21.0
2007	22.0	25.9
2006	18.6	18.6
2005	11.9	20.1

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Percentage of Population Diagnosed with Diabetes

	Haywood	TN
2014	15	11
2013	14	11
2012	14	11
2011	13	11

Source: Robert Wood Johnson Foundation and University of Wisconsin

Domestic Violence

Domestic Violence Offenses
Haywood County Sheriff's Office

	Reported	Cleared
2014	90	23
2013	72	34
2012	88	38

Brownsville Police Department

2014	193	111
2013	246	144
2012	279	169

Death from Homicide Per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	0.0	0	0.0	6.2	3.3	20.8
2012	0.0	0.0	0.0	7.1	3.9	22.9
2011	10.8	0.0	21.6	6.9	3.9	21.9
2010	10.6	11.6	10.6	6.4	4.2	18.2
2009	10.2	0.0	19.7	7.9	4.5	25.3

Source: Tennessee Department of Health.

Alcohol and Drug Abuse

During the past 30 days have you had at least one drink--beer, wine, malt beverage, liquor? (percent)

	Southwest	TN
2012	28.9	38.6
2011	33.3	37.5
2010	19.9	28.2
2009	21.0	25.1
2008	27.1	33.6
2007	23.7	32.9
2006	22.5	29.5
2005	26.6	34.7

Have you had five or more drinks on one occasion (5 for women;4 for men)(percent)?

	Southwest	TN
2012	6.1	11.3
2011	8.2	10.0
2010	4.7	6.6

2009	12.7	6.8
2008	8.5	10.5
2007	6.3	9.0
2006	11.0	8.6
2005	9.9	8.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Estimated number and percent of people over age 18 with a dependence on illicit drugs or alcohol in the past year

	Haywood	TN
2010-2012	1,106/7.91	8.20
2008-2010	1,104/7.90	8.04
2006-2008	1,093/7.85	8.86

Number of unique TDMHSAS A&D Treatment Admissions as a percent of people over age 18 with a dependence on or abuse of illicit drugs or alcohol in the past year.

	Haywood	TN
Fy2014	53/4.79	3.95
Fy2013	47/4.26	3.53
Fy2012	50/4.53	3.52

Number and percent TDMHSAS funded treatment admissions with alcohol identified as substance abuse

	Haywood	TN
Fy2014	36/67.9	44.2
Fy2013	37/69.8	45.4
Fy2012	36/72.0	45.3

Number and percent TDMHSAS funded treatment admissions with opioids identified as substance abuse

	Haywood	TN
Fy2014	11/*	40.2
Fy2013	<5/*	28.4
Fy2012	10/*	39.1

Number and percent TDMHSAS funded treatment admissions with METH identified as substance abuse

Haywood	TN
---------	----

Fy2014	<5/*	11.6
Fy2013	<5/*	12
Fy2012	<5/*	10.1

Number and percent TDMHSAS funded treatment admissions with other illicit drugs identified as substance abuse

	Haywood	TN
Fy2014	23/48.9	38.6
Fy2013	28/56.0	37.3
Fy2012	26/63.4	36.9

Number of drug related arrests for adults over 18 in Haywood County

Cy2013	111
Cy2012	62
Cy2011	30

Source: Tennessee Department of Mental Health and Substance Abuse Services. Tennessee Behavioral Health County Data Book 2014

Motor Vehicle Accidents

Deaths from Motor Vehicle Accidents Per 100,000

	Haywood			TN		
	Total	White	Black	Total	White	Black
2013	16.5	0.0	32.8	15.5	16.5	13.9
2012	38.4	22.6	54.7	14.8	16.1	10.7
2011	21.7	22.3	21.6	15.6	16.7	13.0
2010	26.6	34.8	21.1	16.8	18.8	11.5
2009	20.4	32.1	0.0	16.4	17.1	13.6

Source: Tennessee Department of Health.

Overall Traffic Crash Data Haywood County

	Fatal	Injury	PDO	Total
2014	6	123	361	490
2013	9	123	364	496
2012	8	109	309	426
2011	10	144	380	534
2010	6	138	309	453
2009	7	136	299	442
2008	1	138	286	425

Crash Rates Per 1,000 Licensed Drivers

2014 08-14 Av

Licensed Drivers	11,963	12,101
Fatal Crash Rate	0.502	0.555
Rank	5	2
Injury Crash Rate	10.282	10.749
Rank	8	8
Overall Crash Rate	40.96	38.561
Rank	7	11

Haywood County Alcohol Impaired Crashes Per 100,000

	Crashes	Rate	Rank
2014	20	1.672	30
2013	27	2.247	6
2012	28	2.331	14
2011	20	1.643	41
2010	23	1.892	14
2009	19	1.561	47
2008	16	1.311	67

Source: Tennessee Department of Safety and Homeland Security.

Dental Care

Have you visited a dentist, dental hygienist or dental clinic within the past year? (percent)

	Southwest	TN
2012	47.8	38.6
2010	37.2	33.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

TennCare dental benefits are only provided to minors and orthodontists are not typically covered

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.

Access to Physical Activity/ Recreation Facilities

	Haywood	TN
2013	11	8

2012	11	8
2011	16	8

Source: Robert Wood Johnson Foundation and University of Wisconsin
Population Health Institute.

Teenage Pregnancy

Pregnancies Age 10-17 per 1,000 Females

	Haywood			TN		
	Total	White	Black	Total	White	Black
2012	10.0	0.0	18.0	8.3	7.0	14.0
2011	15.4	9.0	20.9	8.9	7.3	15.5
2010	17.6	9.3	25.1	10.0	8.3	17.9
2009	18.5	15.2	20.9	12.0	9.1	21.9

Pregnancies Age 15-17 Per 1,000 Females

	Haywood			TN		
	Total	White	Black	Total	White	Black
2012	26.2	0.0	47.6	21.2	18.1	33.9
2011	34.5	23.3	44.4	22.4	18.9	36.5
2010	41.7	24.7	56.8	24.8	21.1	42.1
2009	41.2	41.7	40.9	29.6	22.4	55.5

Source: Tennessee Department of Health.

Lack of Financial Resources

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

	Southwest	TN
2013	20.5	17.6
2012	17.5	19.2
2011	21.3	20.9
2010	18.4	17.7
2009	20.8	17.5
2008	16.9	15.9
2007	14.5	16.5
2006	14.0	14.8
2005	14.5	13.3

Children in Poverty-Percent of children under 18 in poverty

	Haywood	TN
2014	33	26
2013	35	27
2012	34	26
2011	28	22
2010	29	23

Uninsured Adults-Percent Population Under Age 65 without health insurance

	Haywood	TN
2014	17	21
2013	18	21
2012	18	20
2011	16	19
2010	12	15

Percent Children Living in Single-Parent households

	Haywood	TN
2014	39	35
2013	42	35
2012	50	35
2011	48	34

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

All People in Poverty-Percent

	Haywood	TN
2009-2013	21.1	17.6

Source: County and City QuickFacts.

Lack of Financial Resources continued Unemployment

	Haywood	TN	US
Mar-15	9.1	6.3	5.5
Feb-15	9.4	6.6	5.5
Mar-14	10.7	6.4	6.6

Source: Tennessee Department of Labor & Workforce Development

Are you a current smoker?

	Southwest	TN
2012	29.0	24.9
2011	26.0	23.0
2010	24.9	20.1
2009	20.5	22.0
2008	23.0	23.1
2007	31.0	24.3
2006	25.5	22.6
2005	21.4	26.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Adult Smoking-Percent of Adults that report smoking at least 100 cigarettes

	Haywood	TN
2014	17	23
2013	17	23
2012	19	24
2011	no data	24
2010	no data	25

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Haywood County Community Health Needs Assessment
Effectiveness of Interventions
Community Resources

The following is a list of community resources that includes community agencies and public entities that work with a particular health issue.

Heart Conditions

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 Health and 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
Haywood County School System
Local Health and Fitness Clubs
Local Churches
Afterschool Programs

Local Retirement and Nursing Homes

Asthma and Allergies

Asthma and Allergy Foundation

Physician Clinics

Haywood County School System

Local Pharmacists

Diabetes

American Diabetes Association

Physician Clinics

Community Senior Centers

Haywood County School System

Teen Pregnancy

Haywood County Health Department

Haywood County School System

Tennessee Department of Children's Services

Haywood County Juvenile Court

Exchange Club-Carl Perkins Center for the Prevention of Child Abuse

Local Churches

Afterschool Programs

Tobacco Use

American Cancer Society

Physician Clinics

Haywood County School System

City and County Government

Haywood County Sheriff's Office

Brownsville Police Department

Pathways of Tennessee

Haywood County Community Health Council

June 9, 2015

12 noon- 1pm

Agenda

Welcome /Introductions

Vice Chair, Karen Jones

Approval of prior minutes

Vice Chair, Karen Jones

Old Business

Tobacco Settlement Update

Cindy Wilkins-Wise, Health Educator

Baby & Me Tobacco Free Update

Cindy Wilkins-Wise, Health Educator

CDC 1305

Cindy Wilkins-Wise, Health Educator

CDC 1416

Emily Hayes, C3 Program Assistant

New Business (Reports/Updates)

What's the Rush

Cindy Wilkins-Wise, Health Educator

CSS/HUGS

Anita Watkins, Social Worker

TENNder Care

Tamara Roach, Community Outreach Coordinator

National Men's Health Month Observance

Cindy Wilkins-Wise, Health Educator

Announcements

Upcoming Meeting Dates

September 8, 2015 & December 8, 2015

Adjourn

Next Meeting: September 8, 2015

****NOTES****

The Haywood County Community Health Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community.

Haywood County Health Council
Meeting Minutes
Time: 12 noon
Location: Haywood County Chamber of Commerce
Date: March 10, 2015

In Attendance: Cindy Smith, Peggy Jackson, Rosie Worles, Renee Moss, Yvonne Stahl, Gracie Kemp, Chanda Freeman, Travis Wade, Cindy Wilkins Wise, Johnna Burton, Tennille Short, Tarsha Hubbard, Jocelyn Hodge, Gwen Gavin, Allison Pyron, Almeta Ellis, Mayor William Rawls, Regina Hendon, Teresa Cook and Emily Hayes

I. Meeting Called to Order

- a. The meeting was called to order at 12:00 noon by Chair, Tennille Short.

II. Welcome & Introductions

III. Old Business

Reading/Approval of Minutes

- a. There was a motion to approve minutes as written by Travis Wade, UT Extension 4-H Agent. There was a second on the motion by Rose Worles, Stanton Health Care Clinic. The motion carried, and minutes were approved with 16 in favor, none opposed and 4 abstentions.

CDC 1305 Report, Cindy Wilkins Wise:

- a. Down 5 Phase III started February 2, 2015. 60 people are participating in Down 5- Phase III. They are attending "Master Your Body" workouts twice a week, "Be Fit Boot Camp" twice a week and "Smart Bites" nutrition classes once a week. Mid-program health screenings are next week.
- b. Plans are developing for the school-based and community-based gardens. Tomatoes are scheduled to be planted in raised-bed gardens on April 15.
- c. The Father/Son Basketball Challenge, which promotes family physical activity, will be held at East Side on March 31 and Haywood Elementary on April 2 (for 3rd grade only). Community agencies are being invited to set up educational booths.
- d. Mid-year report was submitted to Nashville in January 2015.

Tobacco Settlement Sub-Committee Report, Cindy Wilkins Wise

- a. The plan for Year 2 Tobacco Settlement Funds has been submitted, but funds have not yet been received by Haywood County.
- b. Three areas of focus for 2015: Pregnancy Smoking (Baby & Me), Secondhand Smoke (small media campaign), and School Age Children (Teens Against Tobacco Use)

IV. New Business:

- a. CDC 1416 Grant (C3 Grant), Yvonne Stahl introduced the grant and discussed 3 goals that this grant will focus on which are: obesity, physical activity and chronic disease. This grant is to enhance the CDC 1305 grant.
- b. Cindy Wilkins Wise provided the council with THRIVE magazines and Health Council profile brochures to give out in the community.
- c. Chanda Freeman, Program Director discussed Haywood County Health Council vision and plan for the next five years to include diversity in the council, promoting Healthier TN and evaluating the effectiveness of our health council plan.
- d. Next Steps Session for Haywood County Health Council will be discussed in the near future.
- e. Brownsville City Mayor, Mayor Bill Rawls urged Haywood County Health Council to continue supporting and implementing good health in the community.
- f. Jocelyn Hodge, West TN Health Care mentioned that she is conducting a needs assessment and that the hope is to provide Haywood County with grant dollars according to the need.
- g. Tennille Short, UT Extension Agent updated the council on Healthier TN.
- h. Cindy Wilkins Wise, Health Educator informed the council that March is National Nutrition Month.

V. Announcements

- a. Renee Moss, Director of Chamber of Commerce announced that \$500.00 Vision Haywood grants are available
- b. Gracie Kemp, West TN Legal Services announced that their "Ladies Night Out" is tonight at 6:00 pm in Jackson at Campbell Street Church of Christ.
- c. Regina Hendon, TN Tobacco Liaison announced that the funding from this program is ending March 31, 2015.
- d. Mayor Rawls announced that there will be a State of Brownsville meeting first South Bank at 11:00 am.

VI. Meeting Adjourned

- a. There was a motion to adjourn the meeting by Travis Wade. A second was made on the motion by Johnna Burton. There were 16 members in favor of the motion, none opposed, and 4 abstentions. The meeting was adjourned at 1:01 pm.
- b. The next Health Council Meeting will be on June 9, 2015 at 12 noon at the Chamber of Commerce.

VII. Next Meeting Date: March 9, 2015

Minutes written, typed and submitted by Cindy Wilkins-Wise.

Haywood County Community Health Council

March 10, 2015

12 noon- 1pm

Agenda

- | | |
|--------------------------------------|--|
| /Welcome /Introductions | Chair, Tennille Short |
| ✓Approval of prior minutes | Chair, Tennille Short |
| /Old Business | |
| /CDC 1305 Update | Cindy Wilkins-Wise, Public Health Educator |
| ✓Tobacco Settlement Update | Tennille Short, UT Extension Agent/Chair |
| /New Business (Reports/Updates) | |
| ✓CDC 1416 Update | Tennille Short & Yvonne Stahl |
| ✓Health Council Vision Session | Chanda Freeman, Program Director |
| ✓Next Steps | Council Members |
| ✓West TN HealthCare | Vicki Lake |
| ✓National Nutrition Month Observance | Cindy Wilkins-Wise |
| /Announcements | |
| ✓Upcoming Meeting Dates | June 9, 2015; September 8, 2015 & December 8, 2015 |
| /Adjourn | |
| ✓Next Meeting: June 9, 2015 | |

****NOTES****

The Haywood County Community Health Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community.

Haywood County Health Council

Meeting Minutes

Time: 12 noon

Location: Haywood County Chamber of Commerce

Date: December 16, 2014

In Attendance: Cindy Smith, Peggy Jackson, Rosie Worles, Renee Moss, Carrie Mann, Gracie Kemp, Carolyn Flagg, Karen Jones, Chanda Freeman, Travis Wade, Cindy Wilkins Wise, Johnna Burton, Veronyca Washington, Matt McDaniel and Tiffany Thomas

Guest: Regina Hendon, Judith Padilla, Betty Nix, Kaley Humphrey and Melanie Gilliland

I. Meeting Called to Order

- a. The meeting was called to order at 12:00 noon by Vice Chair, Karen Jones.

II. Welcome & Introductions

III. Old Business

Reading/Approval of Minutes

- a. There was a motion to approve minutes as written by Peggy Jackson, Family Resource Director. There was a second on the motion by Carrie Mann, West TN Legal Services. The motion carried, and minutes were approved with 12 in favor, none opposed and 8 abstentions.

Tobacco Settlement Sub-Committee Report, Cindy Wilkins Wise

- a. TATU students had a Great American Smoke Out event at Haywood Middle School. Students that signed the tobacco free pledge received gel bracelet.
- b. December 5- Freeze Tobacco event at Haywood Elementary; Elsa from the movie "Frozen" will be freezing tobacco in Haywood County. TATU students had displays for parents and smoke free pledges for them to sign. Parents that signed the pledge received an ornament that said "Smoke-Free Around Our Tree".

CDC 1305 Report, Cindy Wilkins Wise:

- a. There were 266 1st Graders at Haywood Elementary participated in a Farmer's Market at their school on September 13. Students learned how the different foods grow and got the chance to select two fresh fruits and two fresh vegetables to take home and enjoy with their families. Educational pieces about the produce also went home to the parents
- b. The final two Fresh Market events were held at the Justice Complex on September 20 and October 4.
- c. Parents of Anderson students and Haywood Elementary students were presented with information on incorporating fresh vegetables into their families' holiday snacks at the Family Resource Center's on October 10 and 17. Over 150 families were reached at the two schools.

- d. Down 5 Phase II ended in November. 105 pounds and 24 body fat percentage points were lost by 17 participants during the 12-week challenge.
- e. Down 5 Phase III will begin February 2015
- f. A school-based garden will be up and "growing" spring 2015.

March of Dimes Report, Johnna Burton:

- a. There were 4 classes for moms to complete in October and November. Six moms completed the class. There will be another class beginning in January 2015.

IV. New Business:

- a. Obesity Primary Prevention Team, Betty Nix & Judith Padilla gave a brief presentation was given on the amount of hidden sugar in a soft drinks and the amount of hidden fat in foods.
- b. Cindy Wilkins Wise, Health Educator, discussed upcoming health council plans and priorities for the upcoming year.
- c. Karen Jones, 4-H Agent, introduced the Healthier Tennessee Initiative to the council and encouraged them to sign up.
- d. Cindy Wilkins Wise, Health Educator informed the council that December is AIDS Awareness Month.

V. Announcements

- a. Renee Moss, Director of Chamber of Commerce announced that there will be a conference call about state insurance at 3:00 PM. The number to call is 415-655-0275.
- b. Cindy Wilkins Wise, Health Educator announced and introduced Matt McDaniel, the new health department director to the council.
- c. Regina Hendon, TN Tobacco Liaison announced that she is available to do tobacco education and provide incentives.

VI. Meeting Adjourned

- a. There was a motion to adjourn the meeting by Gracie Kemp. A second was made on the motion by Travis Wade. There were 12 members in favor of the motion, none opposed, and 8 abstentions. The meeting was adjourned at 12:54 pm.
- b. The next Health Council Meeting will be on March 10, 2015 at 12 noon at the Chamber of Commerce.

VII. Next Meeting Date: March 10, 2015

Minutes written, typed and submitted by Cindy Wilkins-Wise.

TOBACCO SETTLEMENT PROJECTS:

Funding from the Tobacco Settlement was provided to the Tennessee Department of Health for fiscal years 2014-2016 to address the state's high rate of tobacco use and prevent expensive related medical costs. The plan to distribute \$15 million over three years has been generated with input from all 95 counties. This plan included a variety of projects to target behaviors designed to protect the health of Tennessee's most vulnerable population: unborn babies, pregnant women, and children.

Each county in Tennessee will receive funding during this three-year program to reduce the burden of tobacco use in the state. All counties were challenged to set goals and select one or more projects that address three topics: eliminating smoking during pregnancy; reducing infants' and children's exposure to second-hand smoke; and preventing child and adolescent tobacco use.

During the first year of funding, Haywood County received \$174,094 to work with community partners to implement the Teens Against Tobacco Use (TATU) Program, a peer education program to prevent the initiation of tobacco use among youth, and the Baby and Me Program which targets pregnant women who smoke.

Year two of funding will focus on the Gold Sneaker Program which focuses on preventing secondhand smoke exposure for children ages 1-2 and TATU.

Health Promotion Highlights

- Primary Prevention Initiative Activities
- Public Health Week Activities
- Innovative CDC1305 Grant Activities
- Tobacco Settlement Grant Activities
- Prenatal Classes
- Breast & Cervical Cancer Awareness Event
- "ExtraOrdinary" Baby Shower
- Living Well With Chronic Conditions Workshop
- Take Charge of Your Diabetes Workshop

If you would like more information or if you are interested in joining the Haywood County Health Council, please contact: Cindy Wilkins-Wise at the Haywood County Health Department

Haywood County Health Educator

Cindy Wilkins-Wise

Phone | 731.772.0463
E-mail | cindy.wilkins@tn.gov

<http://health.state.tn.us/>

HAYWOOD COUNTY HEALTH COUNCIL PROFILE (2014)



MISSION STATEMENT:

The Haywood County Community Health Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community.

HAYWOOD COUNTY

HEALTH PROFILE

2013 Population

Estimate: 18,224

% White: 48.4

% Black: 50.1

% Other: 1.5

<http://quickfacts.census.gov>

Education Level:

High School Graduate:

77.3%

Bachelor's Degree:

11.9%

<http://quickfacts.census.gov>

Median Household Income: \$32,827

Persons Below Poverty: 21.2%

Children Below Poverty: 32.5%

<http://quickfacts.census.gov>

<http://datacenter.kidscount.org>

of Public Schools: 7

Students Receiving Free/Reduced Lunch: 62.8%

<http://tennessee.educationbug.org>

<http://datacenter.kidscount.org>

2012 Teen Pregnancy Rates (age 10 – 17):

State Rate: 8.3/1,000

County Rate: 10.0/1,000

<http://health.state.in.us/statistics/vital.htm>

2013 Infant Mortality Rates:

State Rate: 6.8/1,000

County Rate: 8.4/1,000

<http://health.state.in.us/statistics/vital.htm>

2014 HEALTH RANKINGS:

Health Outcomes: 78

Health Factors: 83

<http://www.countyhealthrankings.org>

Health Outcomes: represent how healthy a county is within the state. The healthiest county is ranked #1. This rank is based on: how long people live and how healthy they feel while alive.

Health Factors: represent what influences the health of a county. This rank is based on: health behaviors, clinical care, social and economic factors, and physical environment factors.

2013 Leading Causes of Death:

1. Diseases of the Heart

2. Cancer

3. All Other Diseases*

4. Cerebrovascular Disease (Stroke)

5. Chronic Lower Respiratory Diseases

*Death that is not attributable to one specific death

<http://health.state.in.us/statistics/vital.htm>

2014 Leading Behavioral Risk Factors:

1. Adult Smoking (17%)

2. Adult Obesity (39%)

3. Physical Inactivity (33%)

4. Adult –Impaired driving deaths (19%)

<http://www.countyhealthrankings.org>

HAYWOOD COUNTY

HEALTH COUNCIL PROFILE

Top Health Council Priorities:

1. Chronic Diseases (preventing and management through education, nutrition/physical activity, tobacco, drugs and alcohol prevention)
2. STD's Teen Pregnancy
3. Violence Prevention

Meeting Times:

Regular Meetings are Quarterly: 2nd Tuesday of March, June, September, and December with Two Extra Meetings for Community Outreach

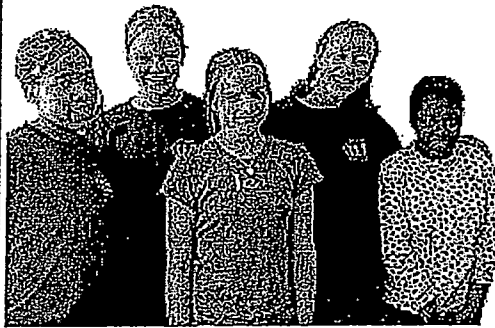
Community Partners:

The Haywood County Health Council partners with area agencies/organizations, businesses, churches/faith-based organizations, schools, colleges/universities, and local government to fulfill its mission to identify and prioritize health issues and problems while continually working to promote, protect, and improve the health of persons living and working in the county.

Teens Against Tobacco Use TATU

Teens Against Tobacco Use (TATU) is a program that allows students ages 14-17 to mentor youngsters about the dangers of smoking. Research indicates that teens enjoy opportunities to positively influence

their younger counterparts. Consequently, this mentoring also serves to reinforce their decisions to remain smoke-free. Evidence suggests that peer-led programs such as TATU are more effective in reducing tobacco use among youth.



"The main point I try to get across to kids is that there are no good aspects to smoking, only bad ones." -- Elizabeth, TATU Peer Mentor

The Need for Tobacco Education:

Tobacco use begins at an early age. Almost 90 percent of all smokers begin before the age of 18.

Everyday more than 4,000 kids try their first cigarette; and each day more than 2,000 other kids under 18 years of age become new regular, daily smokers. That's more than 750,000 new underage daily smokers each year.

The tobacco industry concentrates its marketing efforts on our nation's children. They recognize that new smokers must continually be recruited to replace the nearly half-million who die annually of tobacco-related illnesses.

Effective Solutions:

The TATU program transforms teens from consumers to consumer advocates. They learn to recognize the tobacco industry's efforts to target them as the next generation of smokers.

Teens learn the vital role they will play in educating children on the dangers of smoking

Empowered with this new knowledge, the teens take their anti-smoking message to schools throughout their community.

TATU teens have been involved in advocacy issues in their own communities, which have broadened their roles as youth leaders and role models.

In elementary and middle schools, high school youth presentations are a refreshing departure from the traditional lessons taught by adults.

Implementing TATU in a Community/School:

In order to implement the TATU program, an adult program facilitator must attend an all-day training. The American Lung Association also needs commitments for:

One or two adult program facilitators, and

One school program coordinator that would be in direct communication with the American Lung Association (this person can be a facilitator).

Upcoming Teens Against Tobacco Use Facilitator Trainings:

Black River Falls - Tuesday, September 9, 2014

This program is made possible through a generous grant from the Northwestern Mutual Foundation.

American Lung Association in Wisconsin

13100 W. Lisbon Road Suite 700, Brookfield, WI 53005

T: (262) 703-4200 | F: (262) 781-5180 | E: info@lungwi.org

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Help for
Pregnant Women
to Quit Smoking
and Stay Quit

www.babyandmetobaccofree.org



The BABY & ME
Tobacco Free
Program



How to Apply

Requirements

Contact:

**Haywood County
Health Department**

**950 East Main Street
Brownsville, TN 38012**

(731) 772-0463

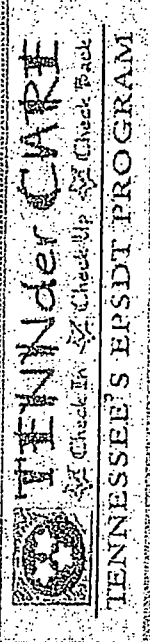
- Enroll in the BABY & ME Tobacco Free Program and participate in the 4 prenatal quit smoking sessions.
- Quit Smoking and stay quit during your pregnancy.
- Agree to take a monthly breath test to prove you are tobacco free.
- Stay smoke free after your baby is born and receive a monthly voucher for free diapers, for up to 12 months.

**Quitting smoking is the
BEST thing you can do for
the health of you and your baby.**

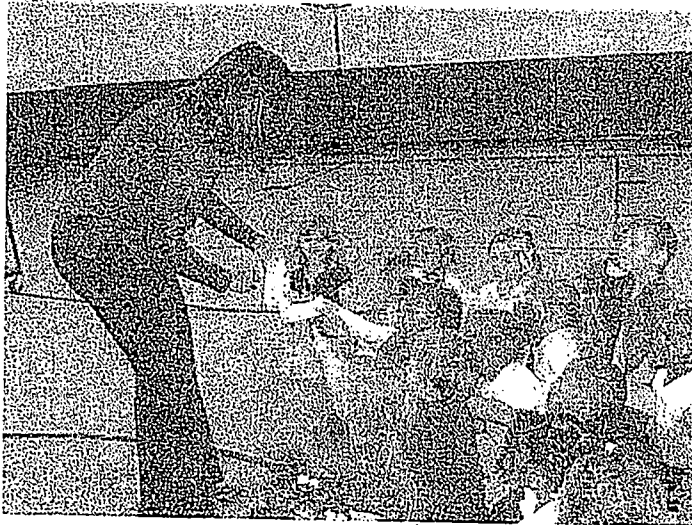
**Quit Smoking
Get Free Diapers
Sign Up Today!**



WEST TN COMMUNITY ACTIVITIES HAYWOOD COUNTY 2015



DENTAL HEALTH MONTH 2015 - FEBRUARY HAYWOOD COUNTY



**DentaQuest Outreach at
Anderson Early Childhood
Center**



**Outreach worker
dressed as the "Tooth
Fairy"**

**Dental outreach to over 700
students at local schools, and
headstart.**

- The tri-star emblem and the state seal are not going away. They will still be used as state marks in conjunction with the new department logos. Note that the tri-star is not unique to state government; it can be and is used privately by many other entities around our state.
- The state flag is our state flag. It is not going away or being changed.
- The state of Tennessee does not have an official logo. This new logo will just replace the 23 state agency logos (TDH, DIDD, TDEC, ECD, etc.) to provide a more consistent look and feel to Tennessee State Government.
- You do not have to throw out anything such as existing flyers, letterhead, etc. We will be replacing materials with the new look as needed. Please do take steps to replace our venerable TDH logo in your electronic media and communications as you use them.
- Business cards are not changing. They contain the seal and that remains an official image for the state.

Over the last five years, 13 departments of Tennessee State Government have developed new graphic identities. Based on this trend, the new guidelines will help the state realize significant savings in cost avoidance over the next five years alone. This calculation, however, does not include all the division, office, program, project and initiative brands that are continuously being created and managed, meaning the actual cost avoidance will likely be much larger. **We can now spend more time focusing our creative energies on our approach, deployment, learning and integration (ADLI) of our products and services rather than how we will brand them.**

Please feel free to comment or our Brand Liaison, **Shelley Walker** if you have any questions about this effort. Shelley is now scheduling presentations to TDH groups to share more information about the initiative. You can also get additional information in the Tennessee State Government Graphic Identity Presentation PowerPoint attached to this message. If you are interested, you might also appreciate learning about the journey to this unified identity [in this video](#) (4.5 minutes, password: redbox). We hope it will, in time, be timeless. Thank you in advance for your support of this important effort.

Now on to the new activities, announcements and kudos to share with you:

- **Vital Records Move:** The TDH Office of Vital Records moved May 15 to a new location in the Andrew Johnson Tower at 710 James Robertson Parkway in Nashville. The massive move required the relocation of more than 50 staff members and more than 9,000 boxes, each containing up to 2,500 documents! The picture to the left shows the entrance to our new Vital Records Office facing Rosa L. Parks Blvd. **Phyllis Henson** is pictured below helping a customer requesting vital records information at the new location. The move would



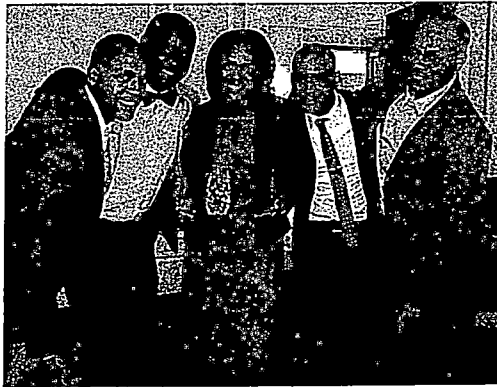
not have been seamless without the months of planning and hard work by too many TDH employees in and out of the key areas to name. Special thanks go, of course, to Vital Records and others in Policy, Planning and Assessment including **Kathy Henson**;



the Division of Administrative Services including Peggy Wilson, Melissa Brown and Scott Davenport in the Office of Facilities Management; Information Technology Services including Tammie Collier, Stephen Mattice and their teams and many other helping hands like our Office of Compliance.

- **Home Visiting Benchmarks:** The Health Resources and Services Administration has notified our Family Health and Wellness Division that they met the criteria for all six benchmarks evaluated for continuance of funding for evidence-based home visiting. FHW was required to demonstrate improvement in the established benchmark areas by the third year of the project in order to be eligible for continued funding, and specifically had to show improvement in at least half of the constructs for four of the six benchmarks. This is an important validation of the progress we have made in these important efforts to reduce infant mortality and improve child and family health. Kudos to Administrator of Early Childhood Initiatives **Loraine Lucinski, MPH** for her vision for this project!

- **NASTAD Award and Election:** On behalf of TDH, HIV/AIDS/STD Section Director **Shanell L.**



McGoy, PhD, MPH accepted the 2015 National Alliance of State and Territorial AIDS Directors Program Excellence Award recognizing her "For outstanding leadership and innovative efforts to address the HIV epidemic among Black gay men." McGoy was also elected vice chair of NASTAD at the group's annual meeting held May 17-20 in Washington, DC. NASTAD is a non-profit national association representing the chief state health agency staff in all 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the

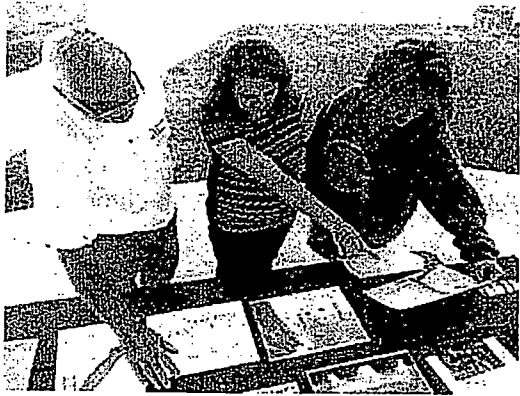
U.S. Pacific Islands. Congratulations Dr. McGoy on these honors and thank you for your continuing work to reduce the burden of HIV and AIDS in Tennessee!

- **Urban Land Institute Award:** Congratulations to the **Metro Public Health Department** on being honored with an award from the Nashville Chapter of the Urban Land Institute. Metro's **Lentz Public Health Center** was one of two large public-sector projects to be honored with ULI Nashville's Excellence in Development Award this May. The awards recognize excellence in land use, design, construction and economics plus collaboration among development team members.
- **POD Exercise:** The **Mid-Cumberland Region** participated in a full scale POD Exercise May 12.

Sycamore High School in Pleasant View provided the POD site. Members of the **Cheatham and Robertson County Health Departments** staffed the leadership positions in the POD. Students and staff members from Sycamore High School simulated clients to receive the medications. The **Mid-Cumberland RHOC**



activated in support of the exercise. **Christy Long, Neely Anderson and Shonday Hall** are pictured here during the event.



- **Knock Tobacco out of the Park:** Student athletes, coaches and physical education teachers in Campbell County helped clean up LaFollette's Dr. Lee J. Seargeant Park by picking up hundreds of cigarette butts for the "Knock Tobacco out of the Parks" campaign made possible through TDH tobacco settlement fund grants. Pictured here reviewing local students' artwork made as part of the project are (shown left to right) LaFollette Mayor Mike Stanfield, Campbell County Health Council member Loretta Phillips and Campbell County Health Department Health Educator Tammy Hamby. Hamby and Phillips spearhead this effort in Campbell County.

- **TIPS Program Success:** Staff members at the Carter County Health Department have been working diligently to help smoking moms-to-be become smoke-free through TIPS. Recently four prenatal patients enrolled in TIPS made the commitment to be smoke-free for their babies. As part of the program these clients were encouraged with milestone incentives for the program. Pictured here are **Becky Satern, RD**, and Tobacco Health Educator **Nancy Sarvis** with one of the moms, **Sabrina Gibbons**. While incentives are great, the real success is that Carter County has eliminated prenatal smoking in these four women!



- **School and Community Gardens:** Staff members from the Haywood County Health Department partnered with UT Extension and Haywood County Coordinated School Health in February to begin planning school and community-based gardens in the county. Funding for the



gardens is provided by CDC Chronic Disease Grants to decrease the rates of obesity, heart disease and diabetes in the county. In 2014, Haywood County's obesity rate was 39 percent compared to the state rate of 32 percent. The planning process consisted of several meetings with area gardeners, Haywood County teachers and the local Haywood County Boys & Girls Club director. In March, materials were purchased to build six raised-bed gardens along with tomato plants to start the gardening process. In April, four raised bed boxes were made for the Boys & Girls Club by their

director. Staff members from the Haywood County Schools Maintenance Department also made two raised-bed boxes for East Side Elementary. In May, tomato plants were planted at both sites, with all students sharing in the planting experience. Joni Taylor's Fifth Grade class at East Side Elementary has taken on the garden as a project and chose two project managers, students Ava Adams and Jennifer Moses, to maintain the garden through the summer months along with the help of Haywood County High School Career and Technology Secretary Jean Lein. Students attending the summer camp and after-school



program at the Boys & Girls Club will maintain that garden along with the **Haywood County Health Department's Primary Prevention Initiative Team**, who will also implement the "Better Me" curriculum which focuses on the benefits of eating fresh fruits and vegetables and increasing physical activity. The school and community-based gardens will share their yield with Haywood County School cafeterias in an effort to get students to eat more fruits and/or vegetables. Through gardening, students learn how fruits and vegetables are grown and the benefits of eating fresh produce, get physical activity and gain a sense of responsibility. School Health Coordinator Cindy Smith stated, "Watching students plant the gardens makes me think they have done this before, so we should be in for a treat later this summer!" The first crop of tomatoes should be ready for harvest in July.

- **Cancer Awareness Walk and Fair:** Blount County Health Department Nurse Annie Baker, RN organized a community health fair to coincide with a local church's walk for cancer awareness in May. The goal was to provide an opportunity to educate the public on healthy lifestyles. There were tables promoting health screenings, immunizations, nutrition and smoking cessation. Pictured here at the health fair (shown left to right) are PHOA Etta Logan; Baker and her son Deklan.



- **Healthy Horizons:** Southeast Regional Office staff members had a great time during the Marion County Healthy Horizons event May 12 where they joined elementary school students for a day full of fun, fitness and education! Classes

were held outside and covered everything from portion control to sugar intake and tobacco use. Parents were also invited to participate in classes focusing on mental health, the increasing use of e-cigarettes and nutrition including a fun cooking demonstration. Pictured here are students taking a healthy snack break during Healthy Horizons.



- **Prescription Drug Take Back and Car Seat Safety:** The Cumberland County Health Department recently teamed up with the Crossville Police Department for a Prescription Drug Take Back and Child Passenger Safety Checkpoint event. More than 31 pounds of medication were collected and disposed of by the police department during the event. Five infant car seats were inspected and the parents and caregivers were educated on proper installation of child safety seats. Pictured here at the event are Crossville Police Officers Mitch Phipps, Bart Riden and Camden Davis along with PHOA Ashley Houston and Nutrition Educator Marci Varney.



- **Gold Sneaker Training:** As part of the Tennessee Tobacco Settlement Program, the **Cumberland County Health Department** recently held training training for the Gold Sneaker Initiative. This training was attended by 32 daycare workers representing eight daycare facilities from Cumberland and Van Buren Counties. Six facilities have completed the application and have either been approved or are in the approval process to become Gold Sneaker



Facilities. Pictured here are daycare employees along with **Cumberland County Health Department** staff members who helped with the training.

- **Red Nose Day:** "Red Nose Day" is a campaign dedicated to raising money for children and young people living in poverty by simply having fun and making people laugh. The inaugural Red



Nose Day was held in the U.S. May 21. Dyer County has a 27.8 percent childhood poverty rate, and staff members at the **Dyer County Health Department** saw that Walgreens was partnering with NBC News and Comic Relief from the United Kingdom to raise funds to help children and young people living in poverty by selling the red noses and other items in their stores. Staff members decided they wanted to participate by purchasing red noses at their local Walgreens and sending a picture to

Walgreens, the NBC Today Show and Comic Relief.

- **Women's Health Week:** In May, the **Dickson and Humphreys County Health Departments** celebrated Women's Health Week by distributing a Well-Woman's Guide along with a pledge to be signed by visitors to the health departments. The pledge encouraged women to become and remain healthy. The guide included tips on nutrition, exercise, stress management and encouraged yearly checkups.
- **Nurses Week Celebration:** The following job responsibilities were given to floor nurses by a hospital in 1887:
 - Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.
 - Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.
 - Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week.



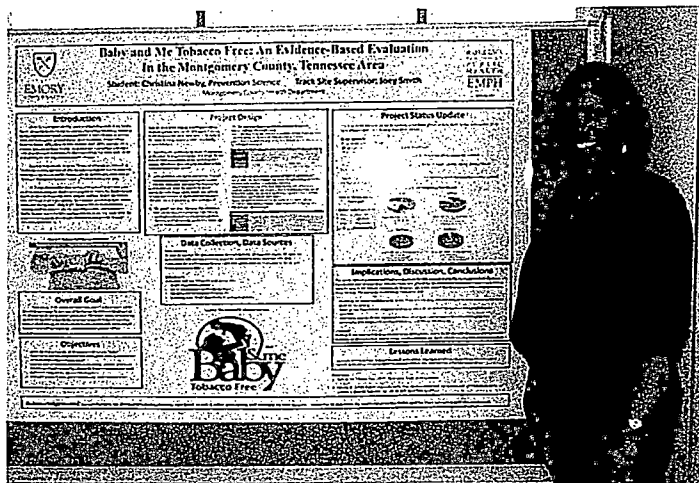
- The Nurse's notes are important in aiding the physician's work. Make your pens carefully; you may whittle nibs to your individual taste.
- Each Nurse on day duty will report every day at 7:00 AM and leave at 8:00 PM except on the Sabbath on which day you will be off from 12:00 PM to 2:00 PM.
- The Nurse who performs her labors and serves her patients and doctors without fault for five years will be given an increase of five cents a day, providing there are no hospital debts outstanding.



Aren't you glad the profession of nursing is constantly changing? Some of us today might have had problems following these rules in 1887. Even though 128 years have passed since this job description was made, today we still have rules, protocols and guidelines to follow, and the nursing profession is flourishing. Nurses may wear a different kind of "hat" in public health, but still provide the same high standard of quality care to patients, families and communities. With this being said, the **Washington County-Johnson City Health Department** honored their nursing and medical staff May 4 with a breakfast provided by Nurse Supervisor **Amanda McElyea, RN** and Assistant Nurse Supervisor **Mary Williams, RN**. Northeast Regional Director **Rebekah English, RN** and Northeast Region Director of Nursing **Kathy Snyder, RN** were guest speakers. The shared sentiment from this group: "We are a great team and proud to be part of the state of Tennessee's public health nurses!"

Announcements

- **MPH Presentation: Montgomery County Health Department Environmentalist Christina Newby** is finishing up her Executive Master's of Public Health at Emory University's Rollins School of Public Health. All students enrolled in this program are required to complete a



supervised practicum work experience which allows an opportunity to apply knowledge learned at Rollins in a public health setting. Newby chose to perform an evidence-based evaluation on the Baby & Me, Tobacco Free program offered at the Montgomery County Health Department. On Saturday, May 9 on the Emory University campus, Newby presented her findings to other students and

faculty, who were very impressed and interested in the efforts and direction that Tennessee is moving.

- **Retirement Celebration:** The **Anderson County Health Department** recently bid farewell to two nurses on their staff. **Sharon Schaab, RN** (shown at right) retired with 16 years of service and **Phyllis Copeland, RN** (shown at left) retired after 10 years of service. Both were



long-time nurses and had served at hospitals, clinics, nursing homes and home health agencies before coming to the health department. A celebration of their retirement was held May 29 at the health department with family,



friends and coworkers. Anderson County Mayor Terry Frank presented the retirees with a Mayoral Proclamation declaring

May 29 as Phyllis Copeland Day and May 30 as Sharon Schaab Day in Anderson County.

Anderson County Health Director **Art Miller** and Nursing Supervisor **Gail Baird, RN** presented them with plaques and gifts from the health department staff and praised the work they've done in taking lead roles in immunizations and perinatal screenings, emergency preparedness, TB and other areas of service to the citizens of Anderson County and the state of Tennessee.

Both Schaab and Copeland look forward to some free time to spend with family and friends and to enjoy some traveling. Thank you both for your service!

I hope you find time to enjoy the joys and fruits of the summer season in our beautiful state with family and friends.

Sincerely,

John J. Dreyzehner, MD, MPH
Commissioner
Tennessee Department of Health

**Number of Pregnancies with Rates Per 1,000 Females Aged 10-17
For West Tennessee Counties, Resident Data, 2011 - 2013**

COUNTY	2013			2012			2011	
	Number	Percent		Number	Percent		Number	Percent
STATE	2,347	7.2		2,920	8.9		3,276	10.0
BENTON	8	10.9		12	15.4		8	9.5
CARROLL	5	3.6		12	8.6		15	10.7
CHESTER	6	5.6		4	3.8		4	4.2
CROCKETT	4	5.0		8	9.6		13	15.7
DECATUR	4	7.6		3	5.5		3	5.2
DYER	23	11.2		27	12.7		29	13.0
FAYETTE	10	5.8		17	9.5		16	8.7
GIBSON	28	10.4		29	10.7		18	6.5
HARDEMAN	9	7.2		14	10.7		18	13.5
HARDIN	5	4.1		12	9.7		11	8.4
HAYWOOD	17	17.3		16	15.4		19	17.6
HENDERSON	10	6.9		12	8.1		15	9.9
HENRY	19	12.8		14	9.3		10	6.5
LAKE	3	14.1		3	12.8		1	4.3
LAUDERDALE	15	10.3		13	9.3		22	15.4
MCAIRY	5	3.8		12	9.1		6	4.3
OBION	12	7.4		19	11.3		17	9.7
TIPTON	20	5.3		25	6.6		26	6.7
WEAKLEY	15	8.4		7	3.7		12	7.5

**Rate not calculated when population is less than 100*

Note: Pregnancies include reported fetal deaths, abortions, and live births.

Total may include events with race other than white or black, or race not stated.

SOURCE: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics

2015 Haywood County Community Needs Health Assessment

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 Jackson-Madison County General Hospital appreciate your time and effort.

What area of Haywood County do you live?

- ☐ Brownsville ☐ Bell Eagle ☐ Christmasville ☐ Nutbush
☐ Stanton ☐ Dancyville ☐ Douglas

The following is a list of problems experienced by many communities. Please indicate how much of a problem you feel each of these is for the West Tennessee area, including Haywood County. Indicate your choice as not a problem, not sure, or is a problem.

Communicable Diseases

Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem

	1	2	3
1. Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Influenza (Flu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chronic Health Problems

6. Emphysema (chronic obstructed pulmonary disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Skin Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Colon Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lung Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Prostate Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Dementia/Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Macular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2015 Haywood County Community Needs Health Assessment



Family Health Concerns

Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem

	1	2	3
25. Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Child abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Motor vehicle accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Falls or fall-related injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Residential fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Leisure accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Infant deaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Teenage pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Health Resources

Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem

	1	2	3
34. Access to adult daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Access to home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Access to home care (sitter service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Access to care for special needs children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Lack of financial resources for medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Access to healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Access to leisure time physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Access to transportation to health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Access to nursing home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Access to a primary care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Access to medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Access to medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Access to education on wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Access to education on healthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Access to education on prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Access to facilities for exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Access to parks for recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Concerns:

Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem

	1	2	3
51. Illiteracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2015 Haywood County Community Needs Health Assessment

☐ Violent crime

☐ ☐ ☐

54. Alcohol and Drug Abuse

☐ ☐ ☐

55. Do you consider yourself:

☐ Overweight ☐ Underweight ☐ Obese ☐ Just Right

56. Age range:

☐ 18 - 24 ☐ 25 - 34 ☐ 35 - 44 ☐ 45 - 54 ☐ 55 - 64 ☐ 65 +

57. Are you:

☐ Male ☐ Female

58. Race:

☐ Caucasian ☐ African American ☐ Native American
☐ Asian/Pacific Islander ☐ Other

59. School:

☐ Less than high school ☐ High school graduate/GED ☐ Some college
☐ Associate degree ☐ Bachelors degree ☐ Advanced degree

☐ What type of insurance do you have?

☐ Medicare ☐ TennCare ☐ Private Insurance ☐ Other ☐ No Insurance

Comments

Community Health Assessment

- Federal Health Care Reform Legislation requires non-profit hospitals to conduct community health needs assessment every 3 years.
- West Tennessee Healthcare will need to conduct a community health assessment in Haywood County.

Proposed Steps

- Begin the assessments process for Haywood County.
- This health assessment committee of community representatives and leaders will help to prioritize the issues.
- Survey instrument will be administered throughout Haywood County = (i.e.) MAC meetings, health fairs, churches, large employers, library, public housing, high school staff, and other identified places. Need to get input from all aspects and populations within the community.
- The Hospital staff will analyze the data and present results to community committee.
- The community committee will reduce the list of health issues to top 5.
- Use a mathematical algorithm called the Hanlon Method that considers
 1. Size of the health issue
 2. Seriousness of the health issue
 3. Resources available in the community to address the health issue(The community Committee will rank and prioritize that 10-15 health issues)
- The Hospital staff will provide data on size, seriousness, and resources for community committee to use in ranking and prioritizing.
- Once rankings and prioritizing complete Hospital staff will work to develop intervention and programs to address the health issues
- Haywood County process will take about 3 months

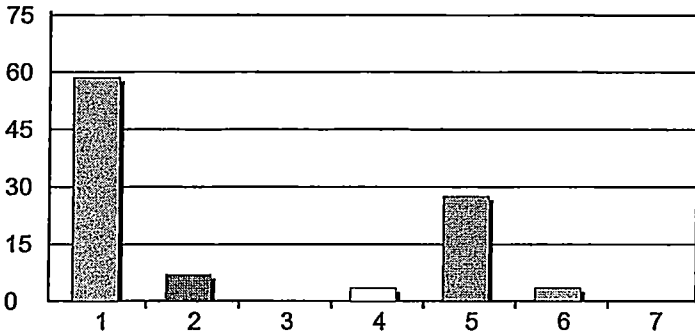
Haywood County Health Assessment Results

Creation Date: 6/12/2015

Time Interval: 4/20/2015 to 6/12/2015

Total Respondents: 34

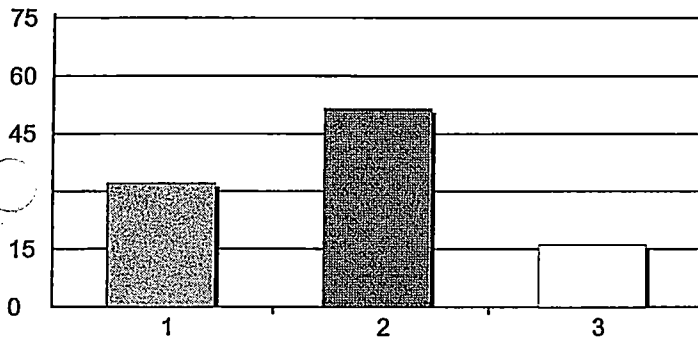
What area of Haywood County do you live?



1. Brownsville	17	59%
2. Bell Eagle	2	7%
3. Christmasville	0	0%
4. Nutbush	1	3%
5. Stanton	8	28%
6. Dancyville	1	3%
7. Douglas	0	0%
Total Responses:	29	

Mean: 2.45 Standard Deviation: 1.92

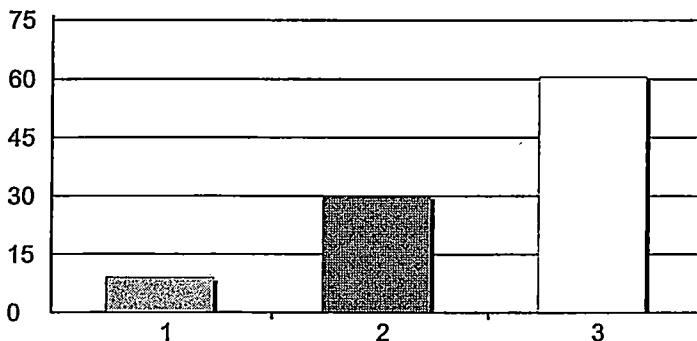
1. Tuberculosis (TB)



1. Not a Problem	10	32%
2. Not Sure	16	52%
3. Is a Problem	5	16%

Total Responses: 31
Mean: 1.84 Standard Deviation: 0.69

2. Influenza (Flu)

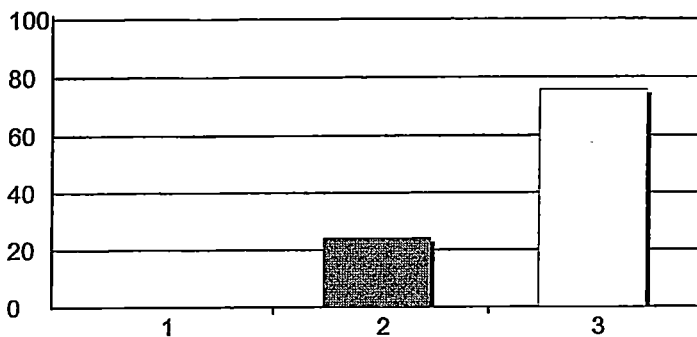


1. Not a Problem	3	9%
2. Not Sure	10	30%
3. Is a Problem	20	61%

Total Responses: 33
Mean: 2.52 Standard Deviation: 0.67

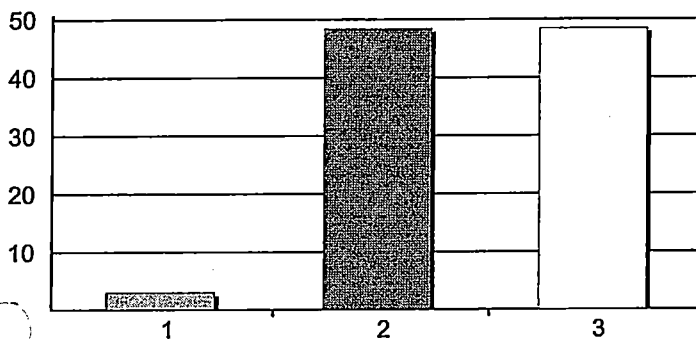
Haywood County Health Assessment Results

3. Sexually Transmitted Diseases



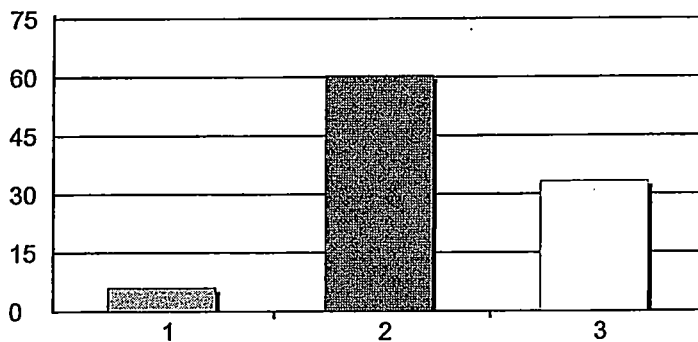
1. Not a Problem 0 0%
 2. Not Sure 8 24%
 3. Is a Problem 25 76%
 Total Responses: 33
 Mean: 2.76 Standard Deviation: 0.44

4. HIV/AIDS



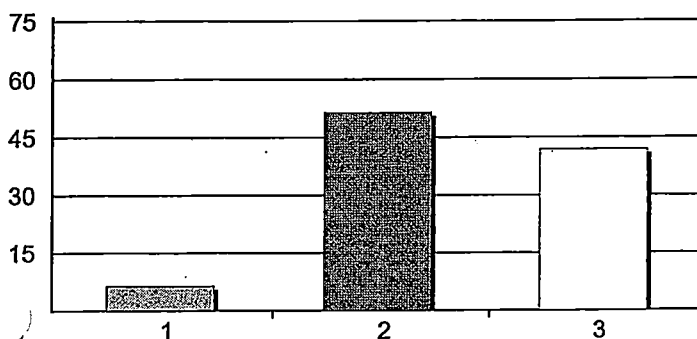
1. Not a Problem 1 3%
 2. Not Sure 16 48%
 3. Is a Problem 16 48%
 Total Responses: 33
 Mean: 2.45 Standard Deviation: 0.56

5. Hepatitis C



1. Not a Problem 2 6%
 2. Not Sure 20 61%
 3. Is a Problem 11 33%
 Total Responses: 33
 Mean: 2.27 Standard Deviation: 0.57

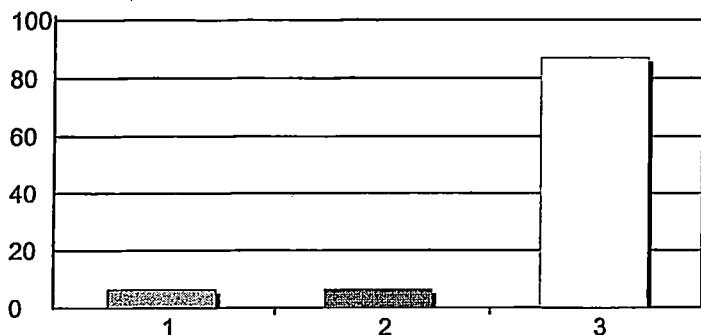
6. Emphysema (chronic obstructed pulmonary disease)



1. Not a Problem 2 6%
 2. Not Sure 16 52%
 3. Is a Problem 13 42%
 Total Responses: 31
 Mean: 2.35 Standard Deviation: 0.61

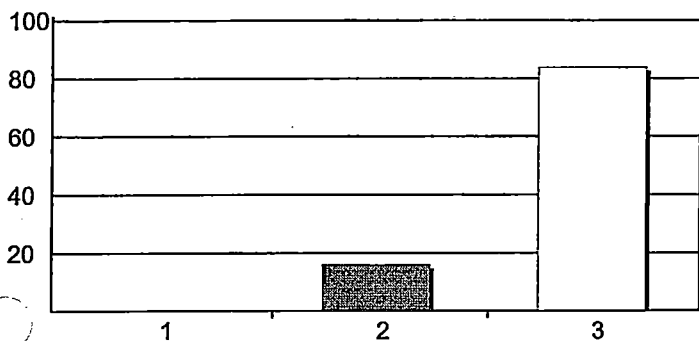
Haywood County Health Assessment Results

7. Heart Conditions



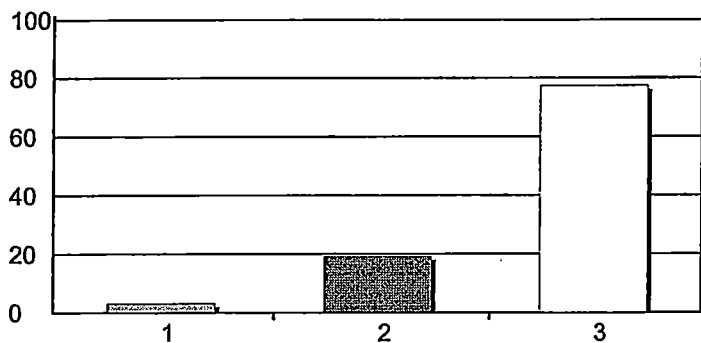
1. Not a Problem 2 6%
 2. Not Sure 2 6%
 3. Is a Problem 27 87%
 Total Responses: 31
 Mean: 2.81 Standard Deviation: 0.54

8. High Blood Pressure



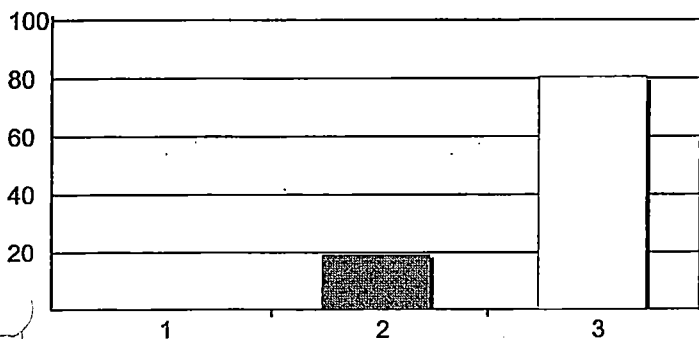
1. Not a Problem 0 0%
 2. Not Sure 5 16%
 3. Is a Problem 26 84%
 Total Responses: 31
 Mean: 2.84 Standard Deviation: 0.37

9. Skin Cancer



1. Not a Problem 1 3%
 2. Not Sure 6 19%
 3. Is a Problem 24 77%
 Total Responses: 31
 Mean: 2.74 Standard Deviation: 0.51

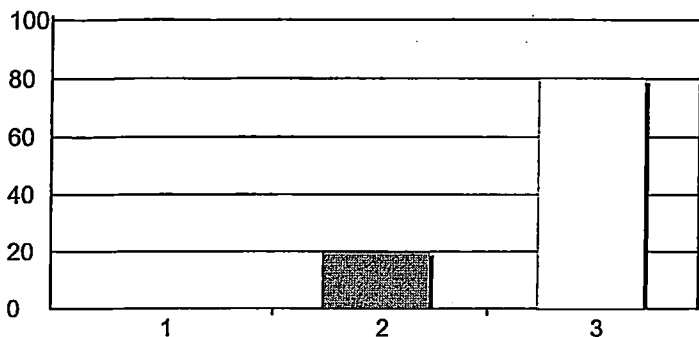
10. Colon Cancer



1. Not a Problem 0 0%
 2. Not Sure 6 19%
 3. Is a Problem 25 81%
 Total Responses: 31
 Mean: 2.81 Standard Deviation: 0.40

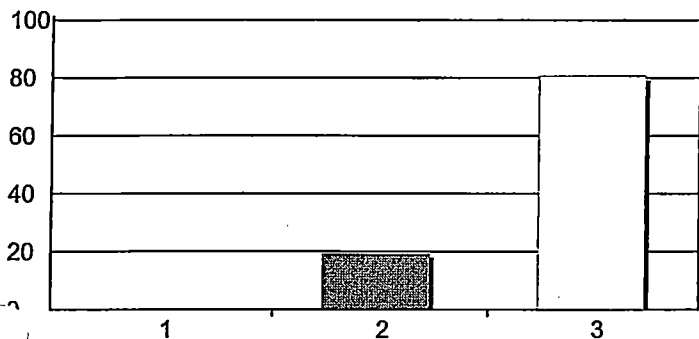
Haywood County Health Assessment Results

11. Lung Cancer



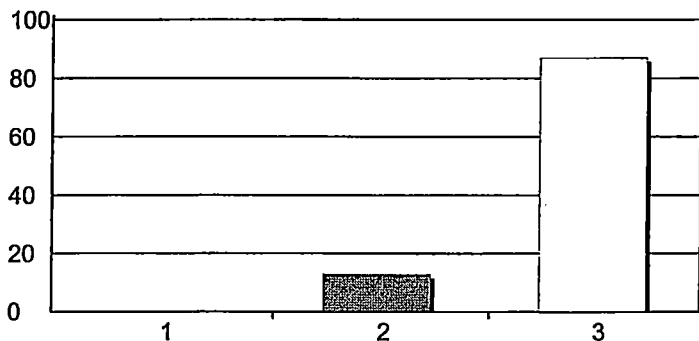
1. Not a Problem 0 0%
 2. Not Sure 6 20%
 3. Is a Problem 24 80%
 Total Responses: 30
 Mean: 2.80 Standard Deviation: 0.41

12. Breast Cancer



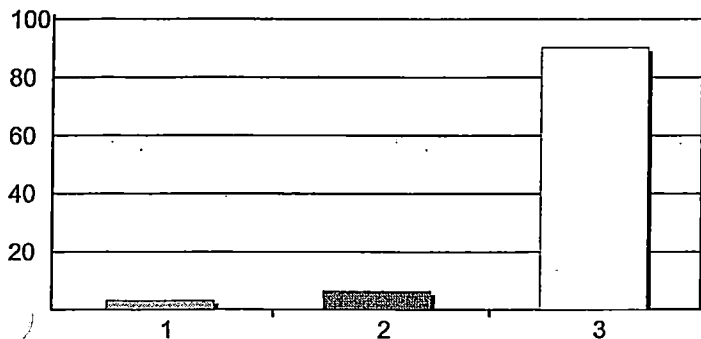
1. Not a Problem 0 0%
 2. Not Sure 6 19%
 3. Is a Problem 25 81%
 Total Responses: 31
 Mean: 2.81 Standard Deviation: 0.40

13. Prostate Cancer



1. Not a Problem 0 0%
 2. Not Sure 4 13%
 3. Is a Problem 27 87%
 Total Responses: 31
 Mean: 2.87 Standard Deviation: 0.34

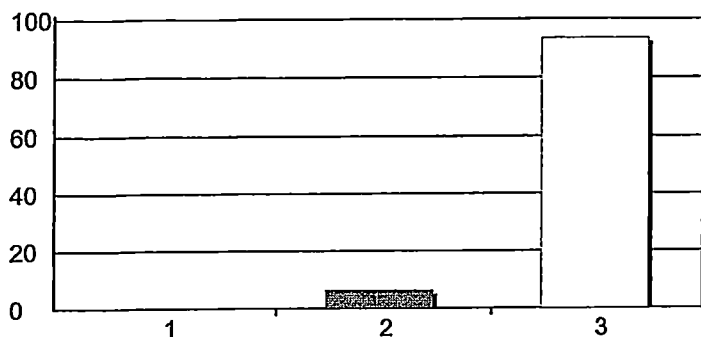
14. Arthritis



1. Not a Problem 1 3%
 2. Not Sure 2 6%
 3. Is a Problem 28 90%
 Total Responses: 31
 Mean: 2.87 Standard Deviation: 0.43

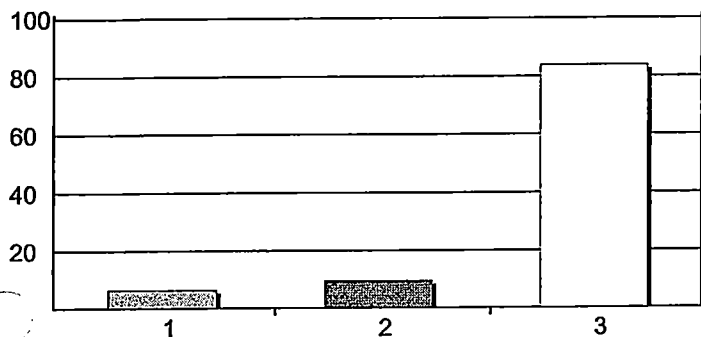
Haywood County Health Assessment Results

15. Obesity



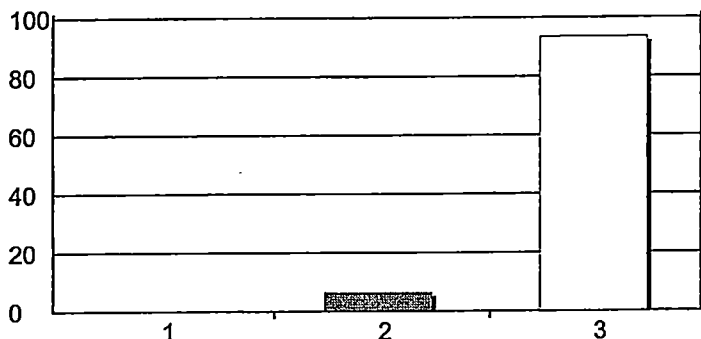
1. Not a Problem 0 0%
 2. Not Sure 2 6%
 3. Is a Problem 29 94%
 Total Responses: 31
 Mean: 2.94 Standard Deviation: 0.25

16. Asthma



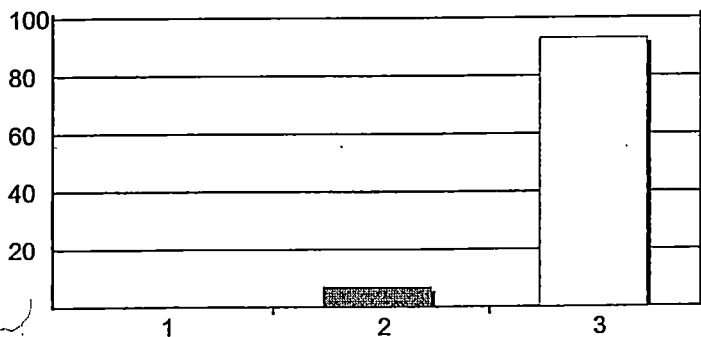
1. Not a Problem 2 6%
 2. Not Sure 3 10%
 3. Is a Problem 26 84%
 Total Responses: 31
 Mean: 2.77 Standard Deviation: 0.56

17. Diabetes



1. Not a Problem 0 0%
 2. Not Sure 2 6%
 3. Is a Problem 29 94%
 Total Responses: 31
 Mean: 2.94 Standard Deviation: 0.25

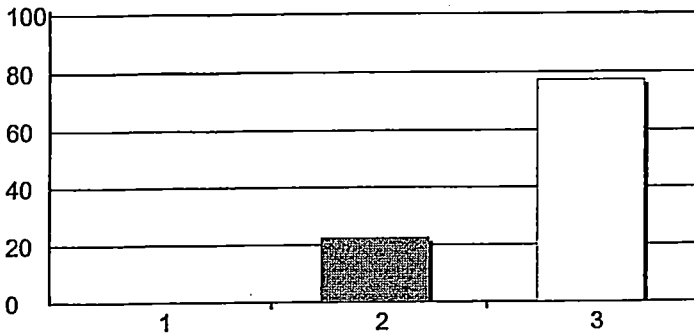
18. Allergies



1. Not a Problem 0 0%
 2. Not Sure 2 7%
 3. Is a Problem 27 93%
 Total Responses: 29
 Mean: 2.93 Standard Deviation: 0.26

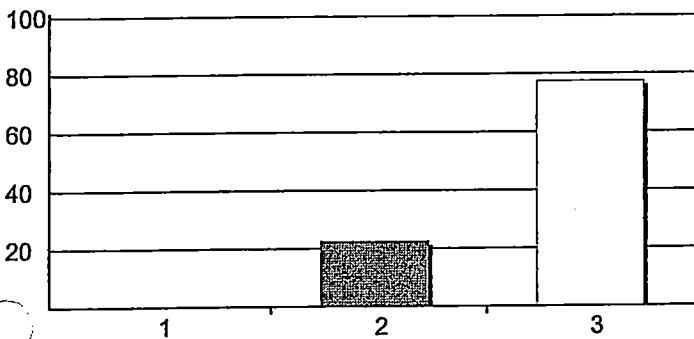
Haywood County Health Assessment Results

19. Osteoporosis



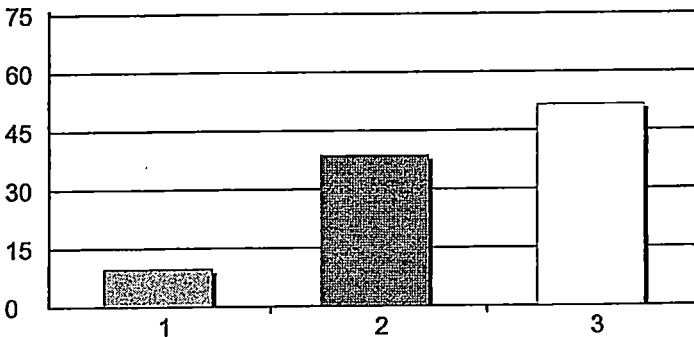
1. Not a Problem 0 0%
 2. Not Sure 7 23%
 3. Is a Problem 24 77%
 Total Responses: 31
 Mean: 2.77 Standard Deviation: 0.43

20. Dementia/Alzheimer's



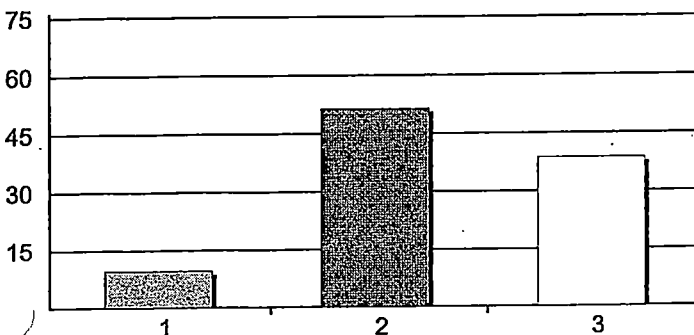
1. Not a Problem 0 0%
 2. Not Sure 7 23%
 3. Is a Problem 24 77%
 Total Responses: 31
 Mean: 2.77 Standard Deviation: 0.43

21. Hearing loss



1. Not a Problem 3 10%
 2. Not Sure 12 39%
 3. Is a Problem 16 52%
 Total Responses: 31
 Mean: 2.42 Standard Deviation: 0.67

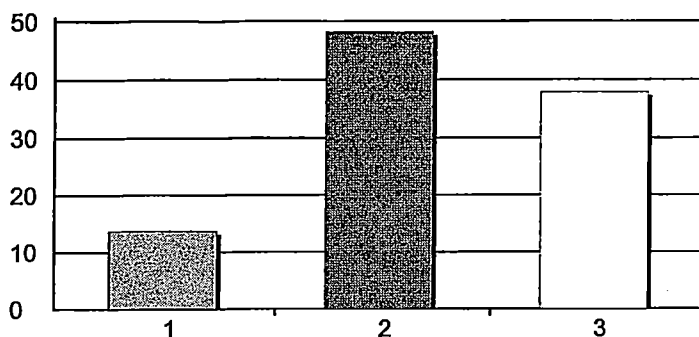
22. Cataracts



1. Not a Problem 3 10%
 2. Not Sure 16 52%
 3. Is a Problem 12 39%
 Total Responses: 31
 Mean: 2.29 Standard Deviation: 0.64

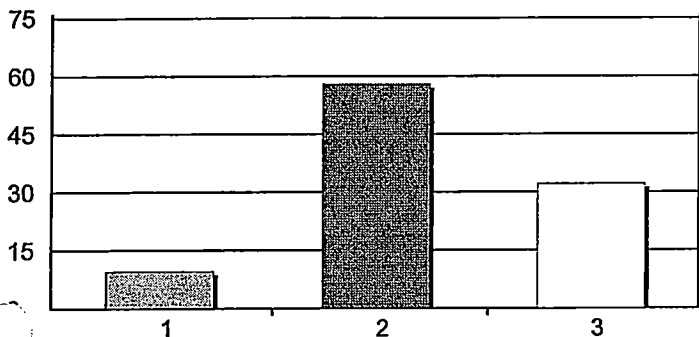
Haywood County Health Assessment Results

23. Glaucoma



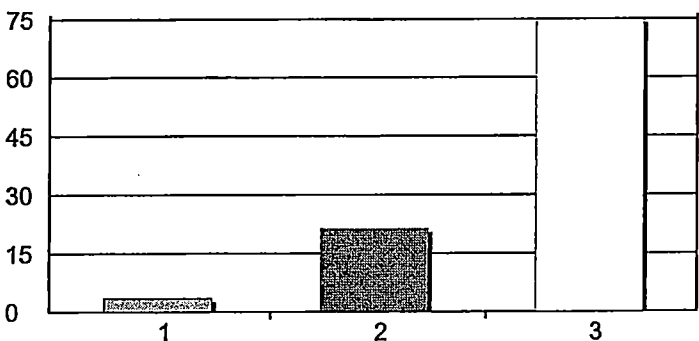
1. Not a Problem 4 14%
 2. Not Sure 14 48%
 3. Is a Problem 11 38%
 Total Responses: 29
 Mean: 2.24 Standard Deviation: 0.69

24. Macular Degeneration



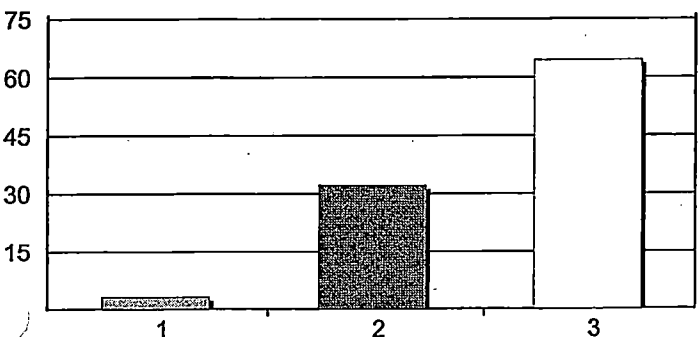
1. Not a Problem 3 10%
 2. Not Sure 18 58%
 3. Is a Problem 10 32%
 Total Responses: 31
 Mean: 2.23 Standard Deviation: 0.62

25. Intimate partner violence



1. Not a Problem 1 4%
 2. Not Sure 6 21%
 3. Is a Problem 21 75%
 Total Responses: 28
 Mean: 2.71 Standard Deviation: 0.53

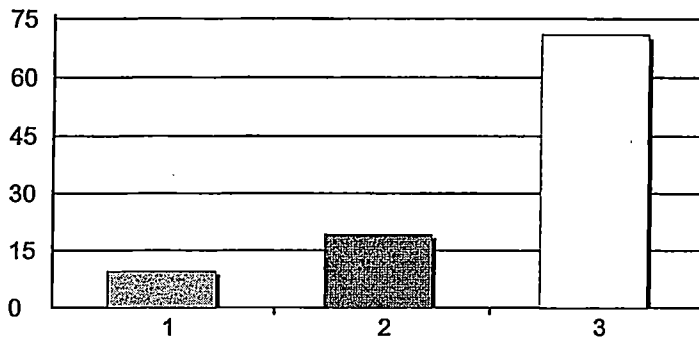
26. Child abuse



1. Not a Problem 1 3%
 2. Not Sure 10 32%
 3. Is a Problem 20 65%
 Total Responses: 31
 Mean: 2.61 Standard Deviation: 0.56

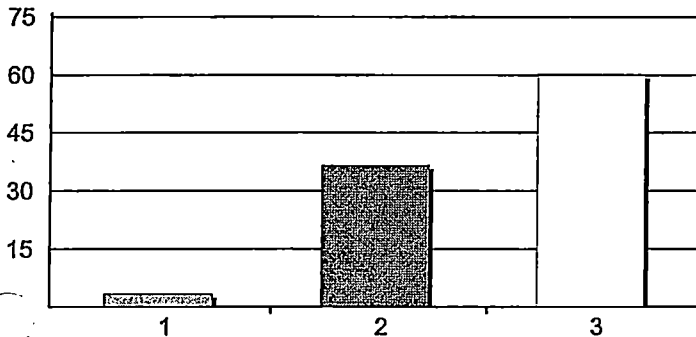
Haywood County Health Assessment Results

7. Motor vehicle accidents



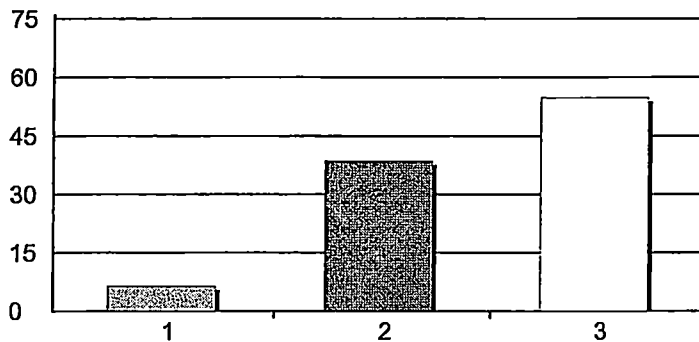
1. Not a Problem 3 10%
 2. Not Sure 6 19%
 3. Is a Problem 22 71%
 Total Responses: 31
 Mean: 2.61 Standard Deviation: 0.67

28. Falls or fall-related injuries



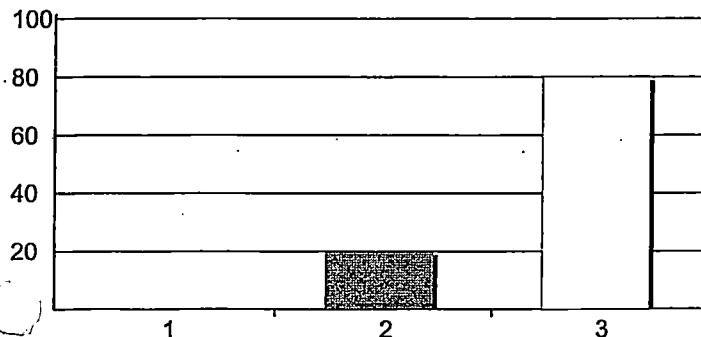
1. Not a Problem 1 3%
 2. Not Sure 11 37%
 3. Is a Problem 18 60%
 Total Responses: 30
 Mean: 2.57 Standard Deviation: 0.57

29. Residential fires



1. Not a Problem 2 6%
 2. Not Sure 12 39%
 3. Is a Problem 17 55%
 Total Responses: 31
 Mean: 2.48 Standard Deviation: 0.63

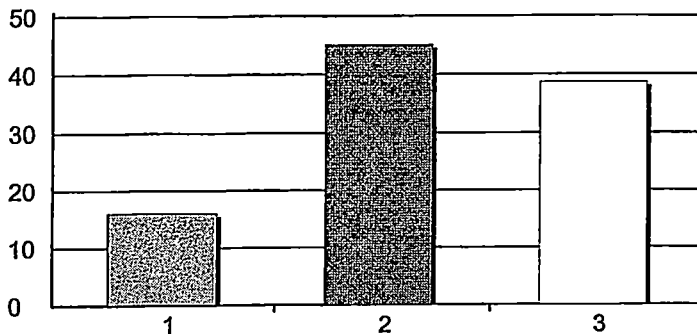
30. Dental care



1. Not a Problem 0 0%
 2. Not Sure 6 20%
 3. Is a Problem 24 80%
 Total Responses: 30
 Mean: 2.80 Standard Deviation: 0.41

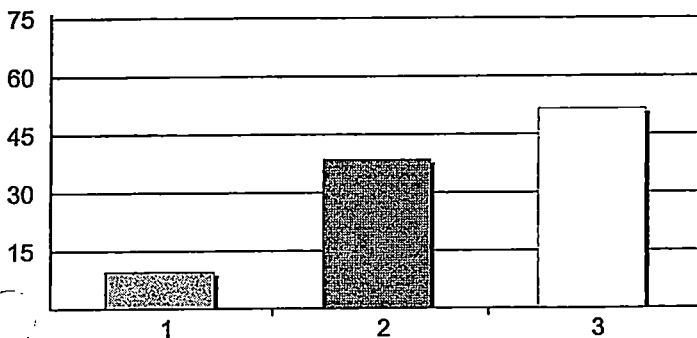
Haywood County Health Assessment Results

31. Leisure accidents



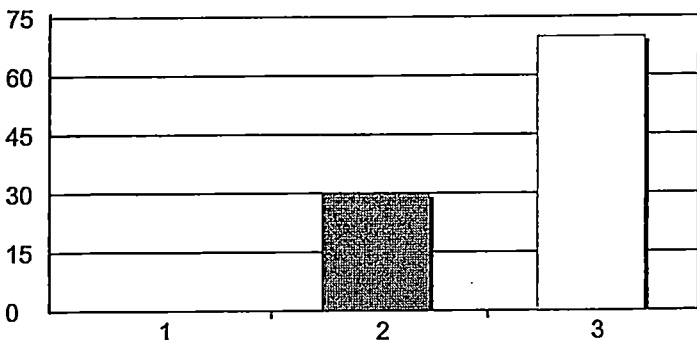
1. Not a Problem 5 16%
 2. Not Sure 14 45%
 3. Is a Problem 12 39%
 Total Responses: 31
 Mean: 2.23 Standard Deviation: 0.72

32. Infant deaths



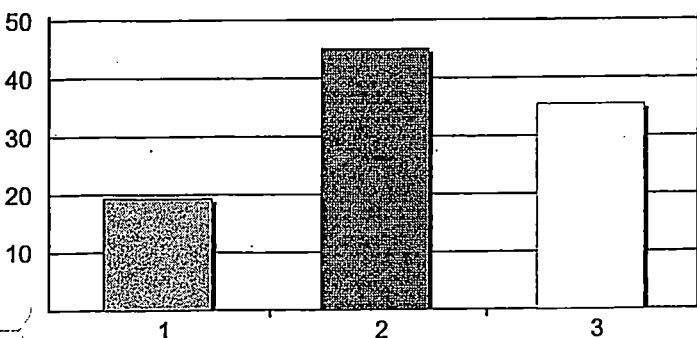
1. Not a Problem 3 10%
 2. Not Sure 12 39%
 3. Is a Problem 16 52%
 Total Responses: 31
 Mean: 2.42 Standard Deviation: 0.67

33. Teenage pregnancy



1. Not a Problem 0 0%
 2. Not Sure 9 30%
 3. Is a Problem 21 70%
 Total Responses: 30
 Mean: 2.70 Standard Deviation: 0.47

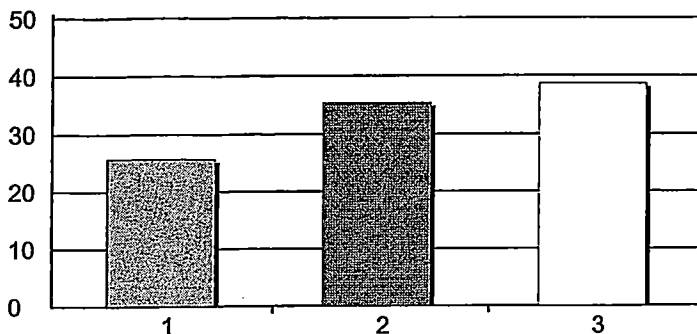
34. Access to adult daycare



1. Not a Problem 6 19%
 2. Not Sure 14 45%
 3. Is a Problem 11 35%
 Total Responses: 31
 Mean: 2.16 Standard Deviation: 0.73

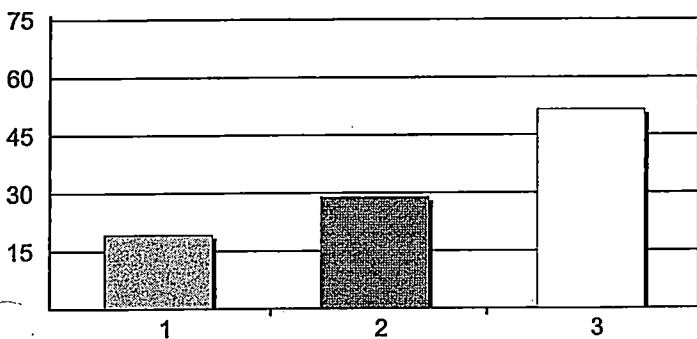
Haywood County Health Assessment Results

35. Access to home health care



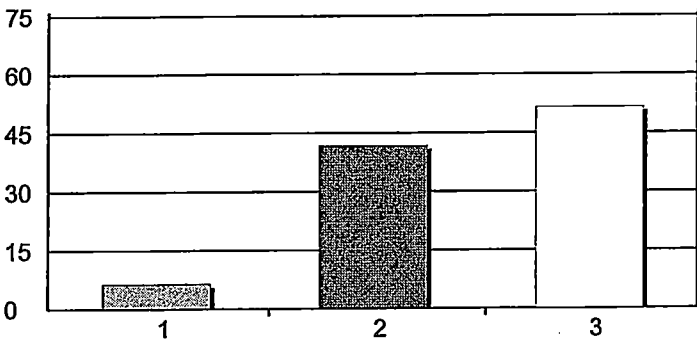
1. Not a Problem 8 26%
 2. Not Sure 11 35%
 3. Is a Problem 12 39%
 Total Responses: 31
 Mean: 2.13 Standard Deviation: 0.81

36. Access to home care (sitter service)



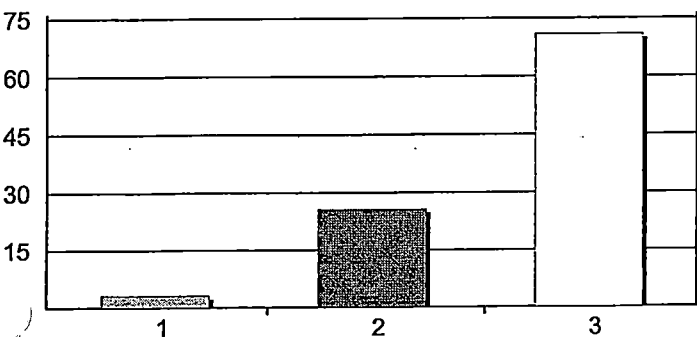
1. Not a Problem 6 19%
 2. Not Sure 9 29%
 3. Is a Problem 16 52%
 Total Responses: 31
 Mean: 2.32 Standard Deviation: 0.79

37. Access to care for special needs children



1. Not a Problem 2 6%
 2. Not Sure 13 42%
 3. Is a Problem 16 52%
 Total Responses: 31
 Mean: 2.45 Standard Deviation: 0.62

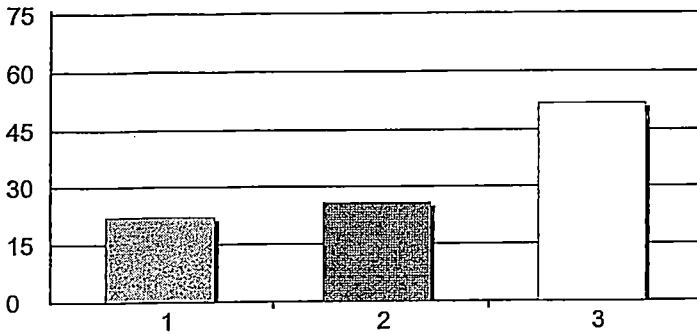
38. Lack of financial resources for medical care



1. Not a Problem 1 3%
 2. Not Sure 8 26%
 3. Is a Problem 22 71%
 Total Responses: 31
 Mean: 2.68 Standard Deviation: 0.54

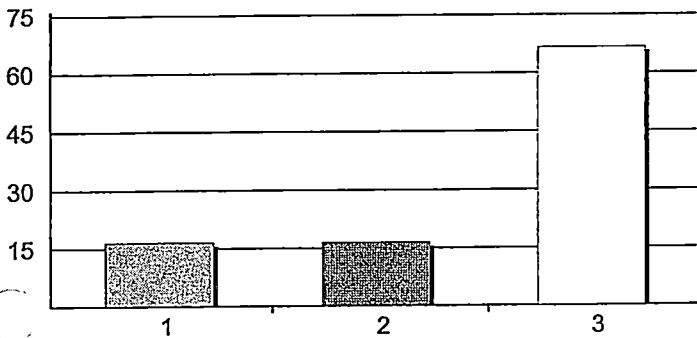
Haywood County Health Assessment Results

39. Access to healthy foods



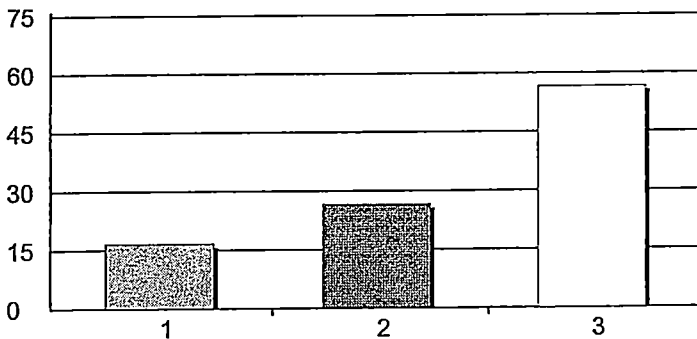
1. Not a Problem 6 22%
2. Not Sure 7 26%
3. Is a Problem 14 52%
Total Responses: 27
Mean: 2.30 Standard Deviation: 0.82

40. Access to leisure time physical activity



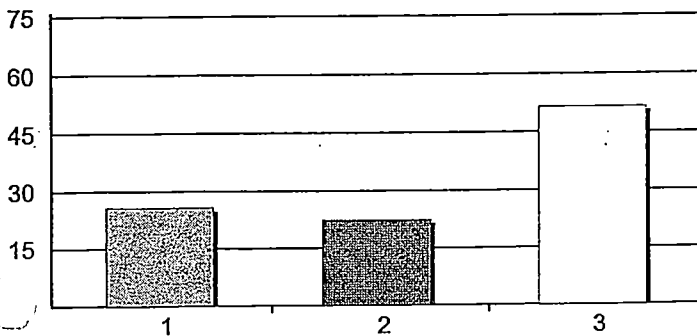
1. Not a Problem 5 17%
2. Not Sure 5 17%
3. Is a Problem 20 67%
Total Responses: 30
Mean: 2.50 Standard Deviation: 0.78

41. Access to transportation to health care



1. Not a Problem 5 17%
2. Not Sure 8 27%
3. Is a Problem 17 57%
Total Responses: 30
Mean: 2.40 Standard Deviation: 0.77

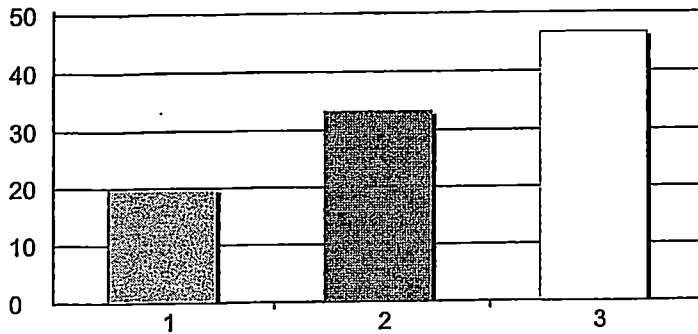
42. Access to nursing home care



1. Not a Problem 8 26%
2. Not Sure 7 23%
3. Is a Problem 16 52%
Total Responses: 31
Mean: 2.26 Standard Deviation: 0.86

Haywood County Health Assessment Results

3. Access to a primary care provider



1. Not a Problem

6 20%

2. Not Sure

10 33%

3. Is a Problem

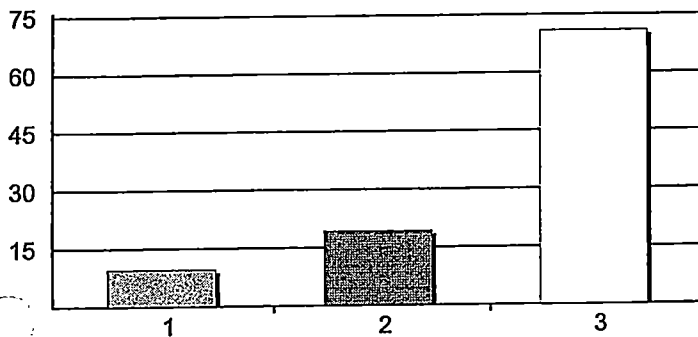
14 47%

Total Responses:

30

Mean: 2.27 Standard Deviation: 0.78

44. Access to medical specialist



1. Not a Problem

3 10%

2. Not Sure

6 19%

3. Is a Problem

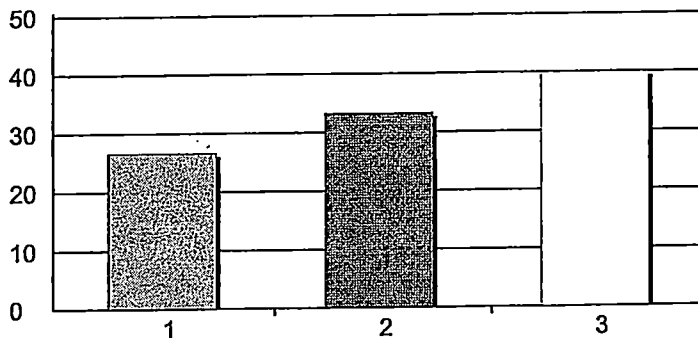
22 71%

Total Responses:

31

Mean: 2.61 Standard Deviation: 0.67

45. Access to medications



1. Not a Problem

8 27%

2. Not Sure

10 33%

3. Is a Problem

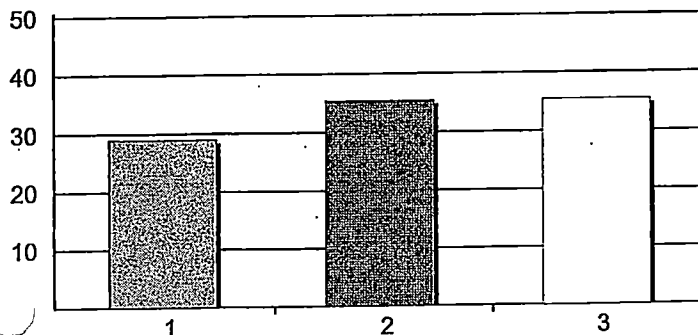
12 40%

Total Responses:

30

Mean: 2.13 Standard Deviation: 0.82

46. Access to education on wellness



1. Not a Problem

9 29%

2. Not Sure

11 35%

3. Is a Problem

11 35%

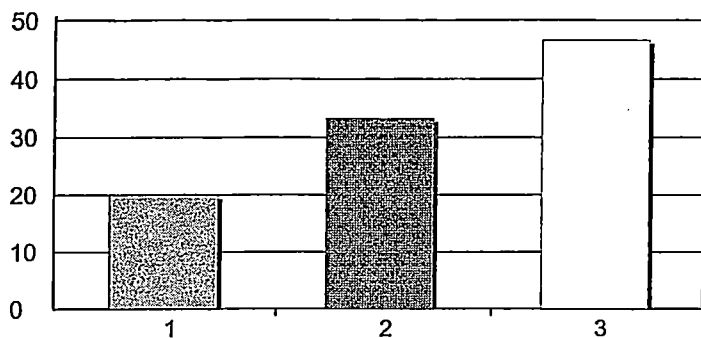
Total Responses:

31

Mean: 2.06 Standard Deviation: 0.81

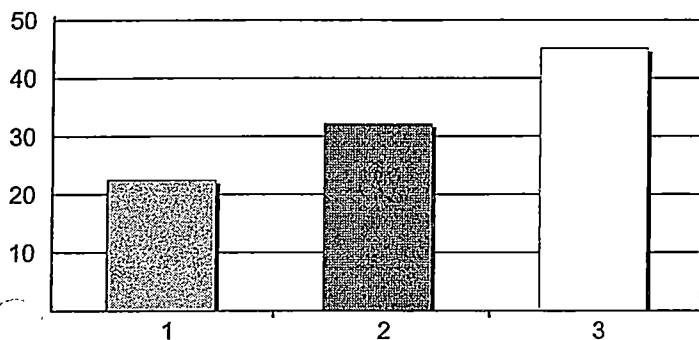
Haywood County Health Assessment Results

47. Access to education on healthy lifestyles



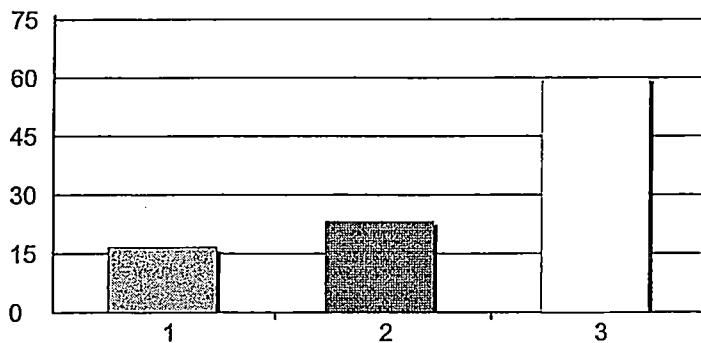
1. Not a Problem 6 20%
 2. Not Sure 10 33%
 3. Is a Problem 14 47%
 Total Responses: 30
 Mean: 2.27 Standard Deviation: 0.78

48. Access to education on prevention



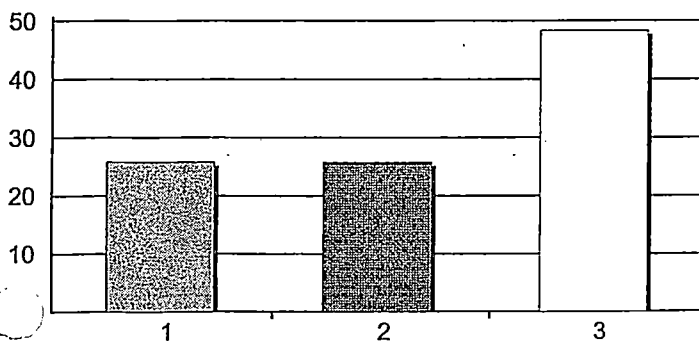
1. Not a Problem 7 23%
 2. Not Sure 10 32%
 3. Is a Problem 14 45%
 Total Responses: 31
 Mean: 2.23 Standard Deviation: 0.80

49. Access to facilities for exercise



1. Not a Problem 5 17%
 2. Not Sure 7 23%
 3. Is a Problem 18 60%
 Total Responses: 30
 Mean: 2.43 Standard Deviation: 0.77

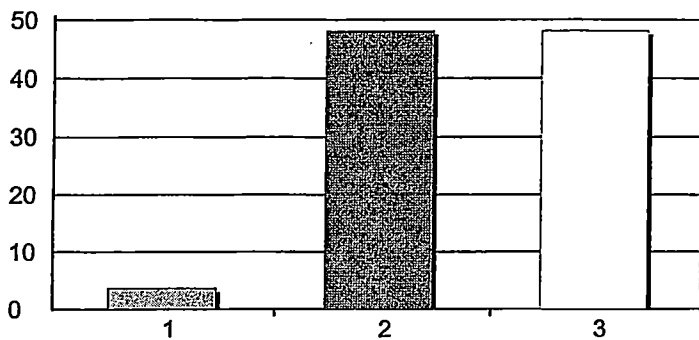
50. Access to parks for recreation



1. Not a Problem 8 26%
 2. Not Sure 8 26%
 3. Is a Problem 15 48%
 Total Responses: 31
 Mean: 2.23 Standard Deviation: 0.84

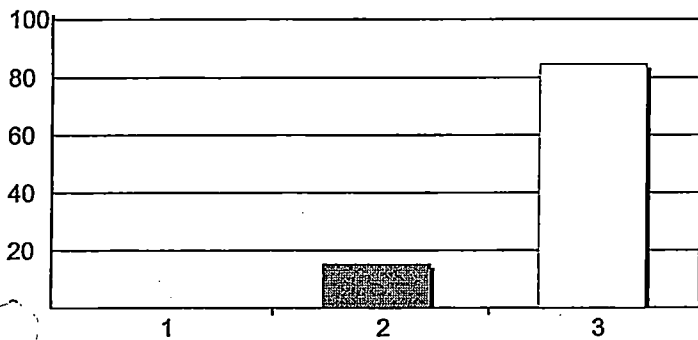
Haywood County Health Assessment Results

51. Illiteracy



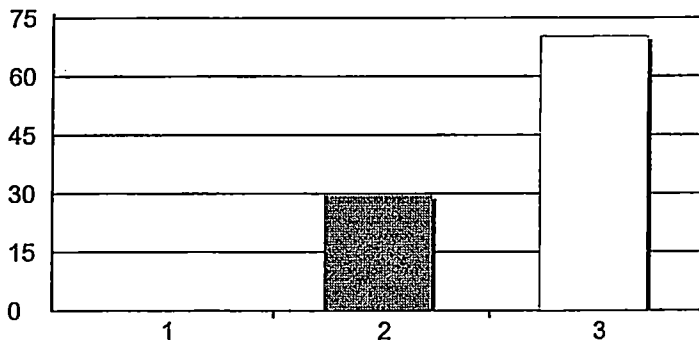
1. Not a Problem 1 4%
 2. Not Sure 13 48%
 3. Is a Problem 13 48%
 Total Responses: 27
 Mean: 2.44 Standard Deviation: 0.58

52. Tobacco use



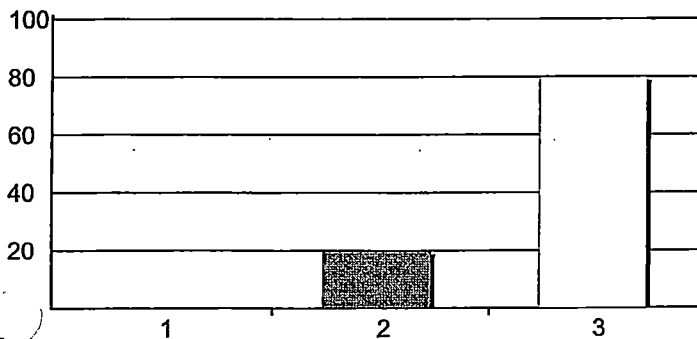
1. Not a Problem 0 0%
 2. Not Sure 4 15%
 3. Is a Problem 22 85%
 Total Responses: 26
 Mean: 2.85 Standard Deviation: 0.37

53. Violent crime



1. Not a Problem 0 0%
 2. Not Sure 8 30%
 3. Is a Problem 19 70%
 Total Responses: 27
 Mean: 2.70 Standard Deviation: 0.47

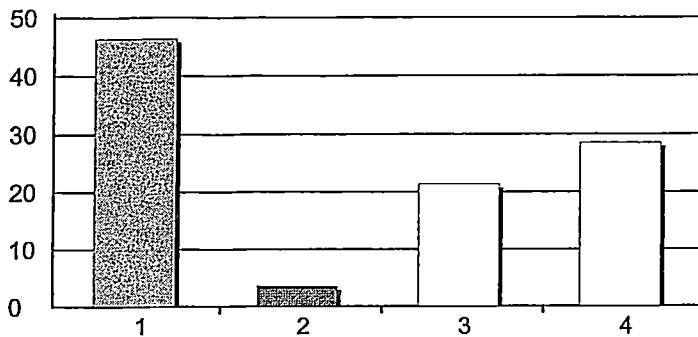
54. Alcohol and Drug Abuse



1. Not a Problem 0 0%
 2. Not Sure 5 20%
 3. Is a Problem 20 80%
 Total Responses: 25
 Mean: 2.80 Standard Deviation: 0.41

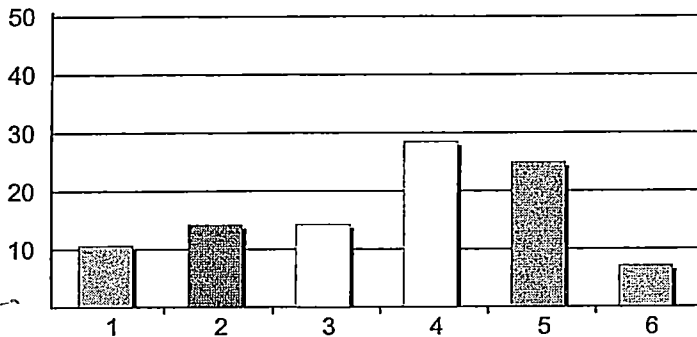
Haywood County Health Assessment Results

55. Do you consider yourself:



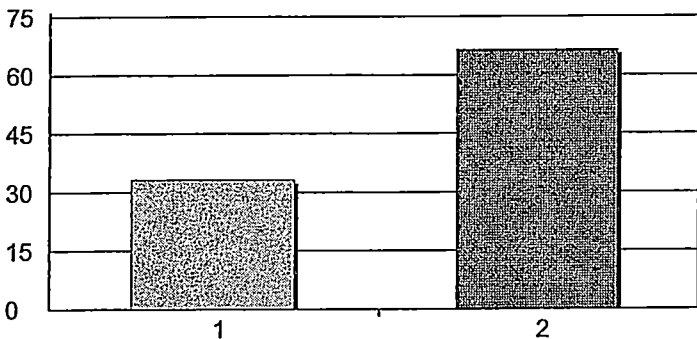
1. Overweight 13 46%
 2. Underweight 1 4%
 3. Obese 6 21%
 4. Just Right 8 29%
 Total Responses: 28
 Mean: 2.32 Standard Deviation: 1.33

56. Age range:



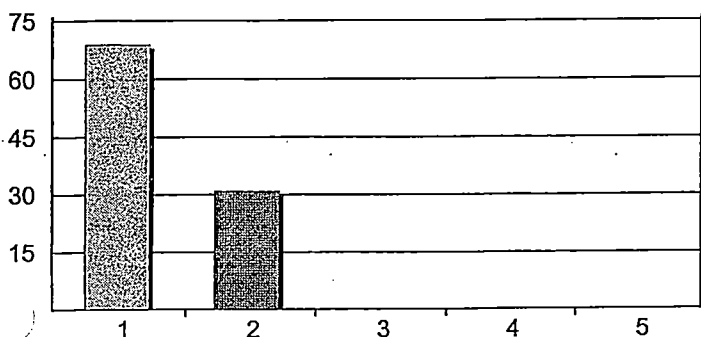
1. 18 - 24 3 11%
 2. 25 - 34 4 14%
 3. 35 - 44 4 14%
 4. 45 - 54 8 29%
 5. 55 - 64 7 25%
 6. 65 + 2 7%
 Total Responses: 28
 Mean: 3.64 Standard Deviation: 1.47

57. Are you:



1. Male 7 33%
 2. Female 14 67%
 Total Responses: 21
 Mean: 1.67 Standard Deviation: 0.48

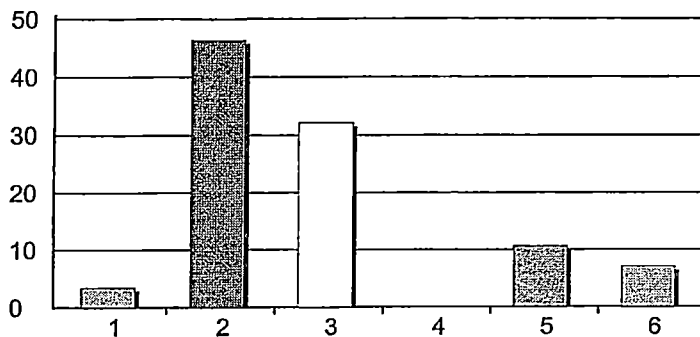
58. Race:



1. Caucasian 20 69%
 2. African American 9 31%
 3. Native American 0 0%
 4. Asian/Pacific Islander 0 0%
 5. Other 0 0%
 Total Responses: 29
 Mean: 1.31 Standard Deviation: 0.47

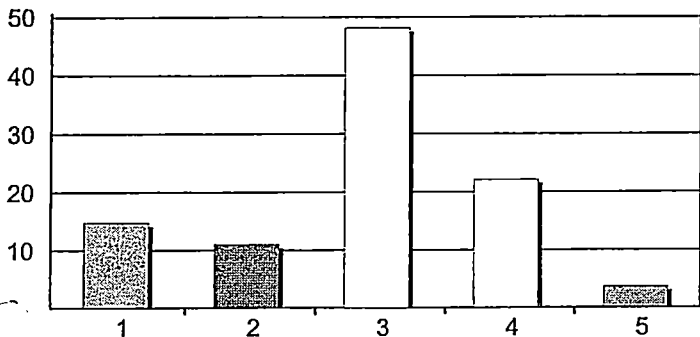
Haywood County Health Assessment Results

59. School:



1. Less than high school	1	4%
2. High school graduate/GED	13	46%
3. Some college	9	32%
4. Associate degree	0	0%
5. Bachelors degree	3	11%
6. Advanced degree	2	7%
Total Responses:	28	
Mean: 2.89	Standard Deviation: 1.31	

60. What type of insurance do you have?



1. Medicare	4	15%
2. TennCare	3	11%
3. Private Insurance	13	48%
4. Other	6	22%
5. No Insurance	1	4%
Total Responses:	27	
Mean: 2.89	Standard Deviation: 1.05	

Comment Report Title

Comments

Samaritan Ministries - Shared Healthcare program.
Need more social activities + Physical ^{Activity} Parks
For Adults.

Comments

Comments

— THANKS!