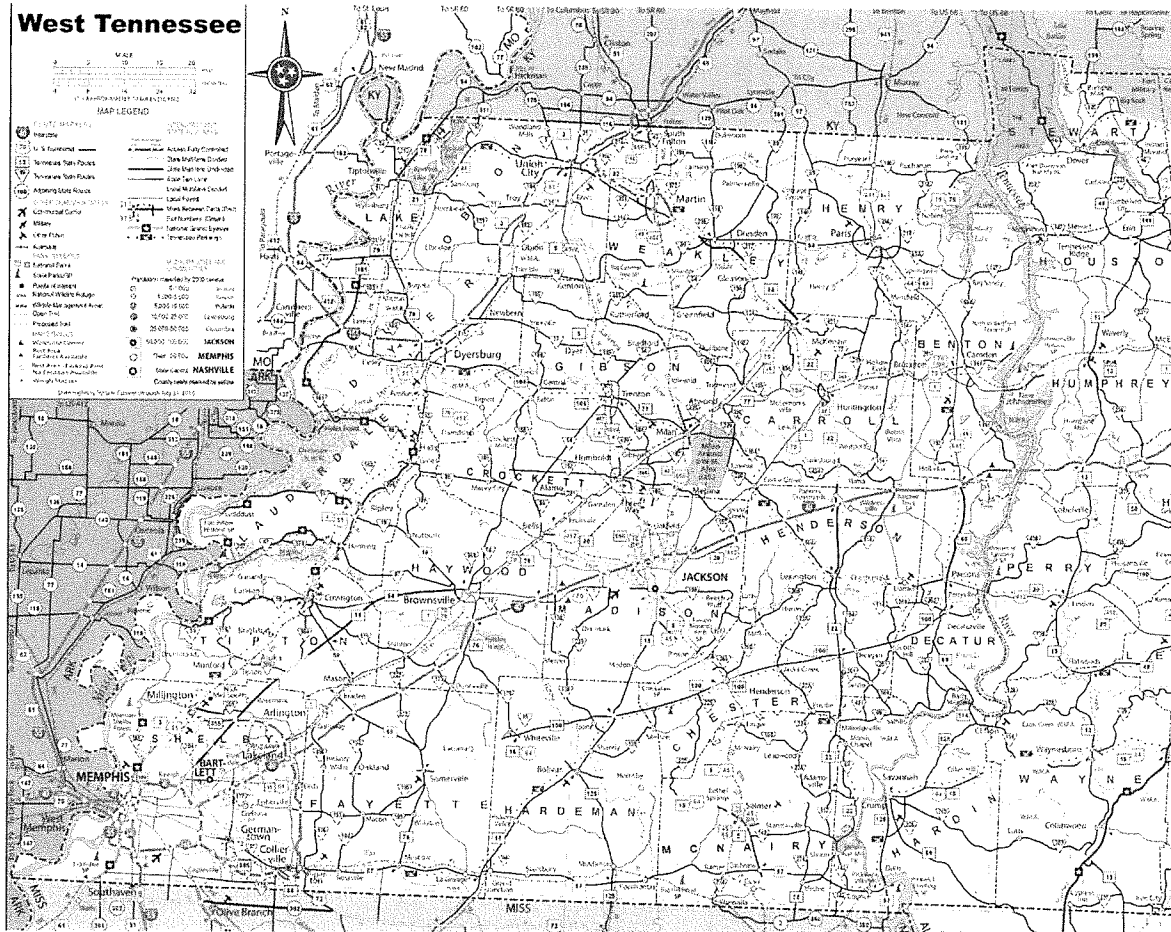


Community Health Needs Assessment

Pathways of Tennessee Inc.



Conducted by:

Department of Community Development

Victoria S. Lake

Update October 2021

**In fulfillment of requirements of the Patient Protection and Affordable Care Act
Pub.L.No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of 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
DYERSBURG HEALTH
AND
MARTIN HEALTH
AND
PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

WHEREAS, the Patient Protection and Affordable Care Act, enacted March 10, 2010, requires 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, regarding Community Health Needs Assessments for Tax Exempt Hospitals; and

WHEREAS, the Board finds that the Assessments substantially meet the requirements of the of the Patient Protection and Affordable Care Act and the applicable IRS rules and regulations, 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 26th day of October, 2021.

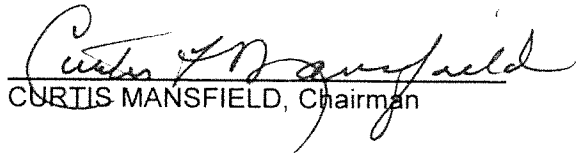

CURTIS MANSFIELD, Chairman

EXHIBIT: 2-5



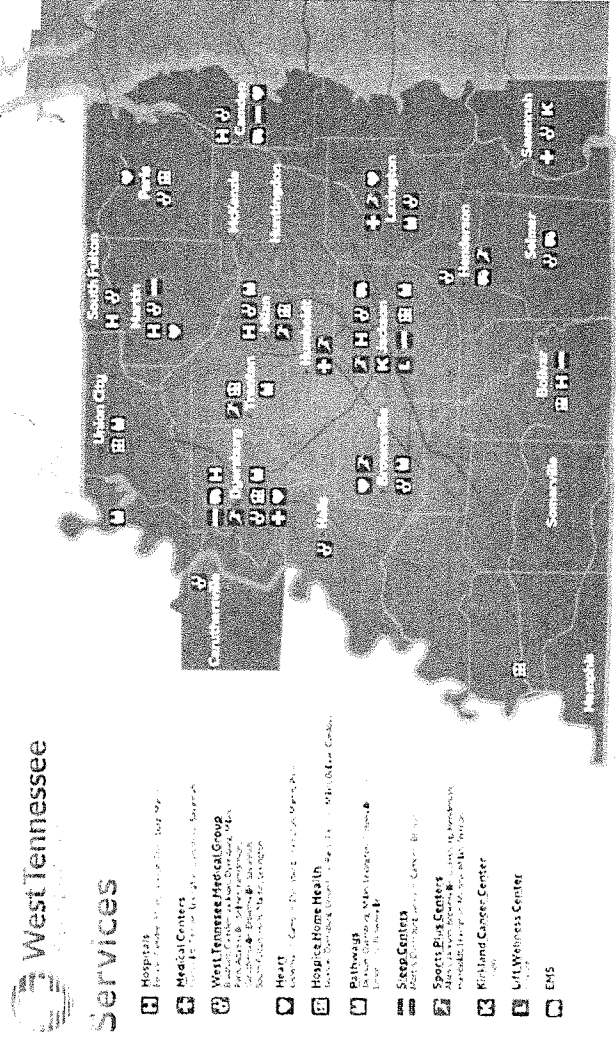
2021 Community Health Needs Assessment

Executive Summary

2021 Assessment

Assessments were conducted for Madison, Benton, Chester, Crockett, Dyer, Gibson, Haywood, Hardeman, Weakley, and for Pathways as a mental health hospital.

The 2021 Assessment was an update of those conducted 2012, 2015, and 2018.

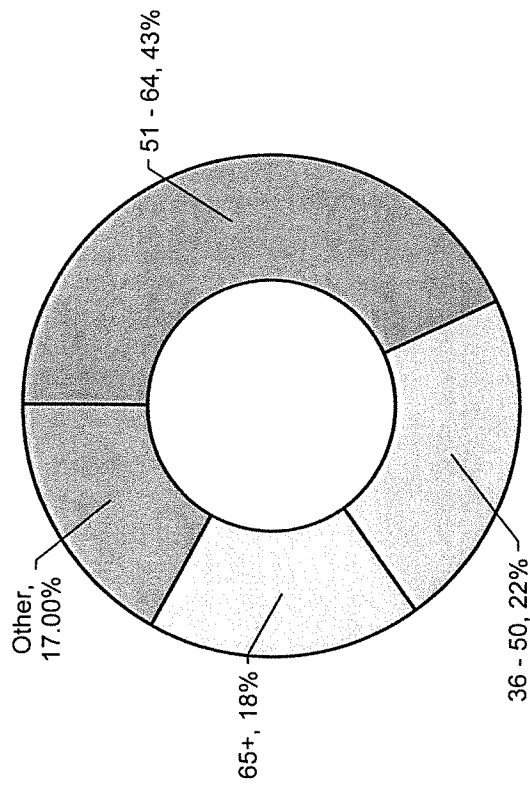


Methodology

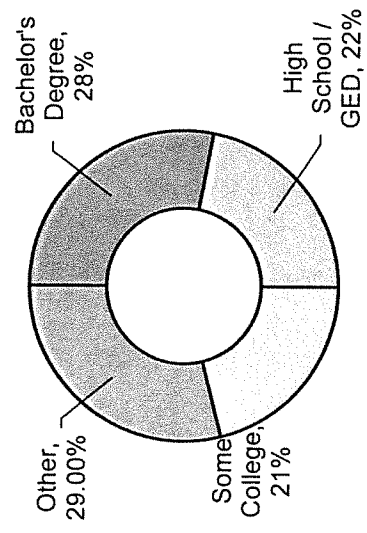
- The first stage of the Update process involved gathering secondary data from multiple sources for each county.
- The second step in the Community Health Needs Assessment Update process consisted of creating a survey to collect data from residents on local health issues. The survey consisted of 49 questions that asked basic demographics of age, race, education level, insurance, county of residence, presence or absence of specific health issues, access to care, physical activity, health information, and ten questions on adverse childhood experiences prior to 18th birthday. Respondents were requested to answer a simple “yes” or “no” to specific health issues and adverse childhood experiences.
- The survey instrument was distributed by hand during community wide COVID-19 vaccination clinics at Lane College and Humboldt Medical Center on March 20, 2021; and Jackson-Madison County General Hospital on March 30, 2021. **Data from 1,895 completed surveys was collected.**

Respondents

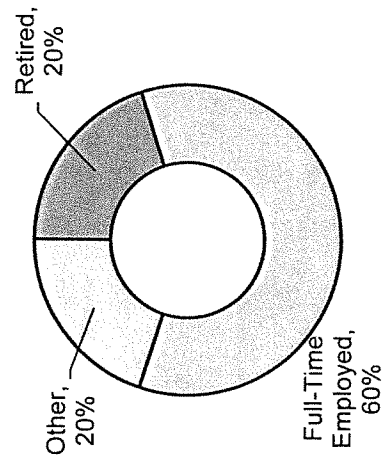
By Age



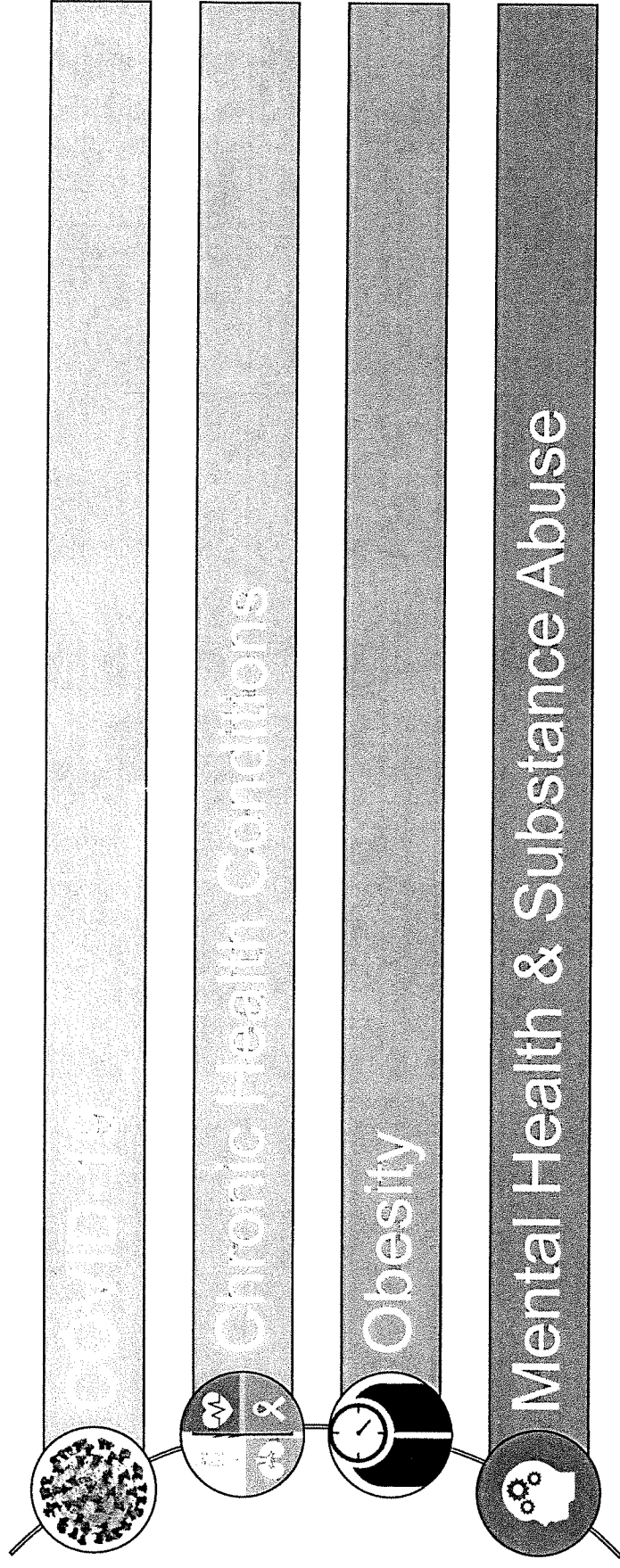
Education Level



Employment Status



Priority Health Issues Acute Care



Priority Behavioral Health Issues Pathways

Depression

Domestic Violence/Victim Management

Co-Occurring Mental Health & Substance Abuse

Alcohol, Drug, and Prescription Drug Abuse (emphasis on Opioid Crisis)

Suicide

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Attachment A	Secondary Data
Attachment B	Community Health Assessment Survey Instrument
Attachment C	Community Health Assessment Survey Results

West Tennessee Healthcare Community Health Needs Assessment Summary 2021

Needs assessments were completed in fulfillment of requirements of the Patient Protection and Affordable Care Act Pub.L.No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of 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.*

Assessments were conducted for Madison, Benton, Chester, Crockett, Dyer, Gibson, Haywood, Hardeman, Weakley, and for Pathways as a mental health hospital. This document reflects work done for the Pathways Behavioral Health Services Community Health Needs Assessment.

The 2021 needs assessments were update of those conducted in 2012, 2015, and 2018. Because of high volumes of COVID-19, this is a limited needs assessment conducted by a committee of West Tennessee Healthcare staff. Tennessee Department of Health Community Health Councils are not meeting on a regular basis due to COVID-19 so input from community representatives was not available. Jackson-Madison County General Hospital and other community agencies are conducting very little community outreach efforts. WTH staff will reconvene the Needs Assessment Committee in 2022, and upon consultation with the Health Council, will update outreach strategies.

The first stage of the Update process involved gathering secondary data from multiple sources for each county. The second step in the Community Health Needs Assessment Update process consisted of creating a survey to collect data from residents on local health issues. The survey consisted of 49 questions that asked basic demographics of age, race, education level, insurance, county of residence, presence or absence of specific health issues, access to care, physical activity, health information, and ten questions on adverse childhood experiences prior to 18th birthday. Respondents were requested to answer a simple “yes” or “no” to specific health issues and adverse childhood experiences.

The survey instrument was distributed by hand during community wide COVID-19 vaccination clinics at Lane College and Humboldt Medical Center on March 20, 2021; and Jackson-Madison County General Hospital on March 30, 2021. Data from 1,895 completed surveys was collected.

Sixteen WTH staff and two members from Quality Council were asked to serve on an Internal Committee to review secondary and survey data. Surveys were distributed at several locations, and data were requested on basic respondent demographics. The age group 51 to 64 represented 43 percent of respondents, followed by age 36 to 50 (22 percent), and age 65 and older (18 percent). The predominant education level is respondents with a Bachelors degree (28 percent), followed by high school graduate/ GED (22 percent) and some college (21 percent). Sixty percent (60 percent) of respondents were working full time and 20 percent were retired. A majority of individuals completing the survey were women (56 percent), had private health insurance (59 percent, and were Caucasian (68 percent)

Upon a review of survey responses and secondary data, four priority health issues were identified.

COVID-19

Chronic Health Conditions

Obesity

Mental Health and Substance Abuse Issues

Pathways Issues

Depression

Domestic Violence/Anger Management

Co-Occurring Mental Health & Substance Abuse

Alcohol, Drug, and Prescription Drug Abuse (emphasis on Opioid Crisis)

Suicide

Introduction

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was conducted in 2021. This was completed 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.*

This 2021 needs assessment is an update of those conducted in 2012, 2015, and 2018. Because of high volumes of COVID-19, this is a limited needs assessment conducted by a committee of West Tennessee Healthcare staff, including Pathways Behavioral Health Services. Pathways Behavioral Health Services and other community agencies are conducting very little community outreach efforts. Pathways will reconvene the Needs Assessment Committee in 2022, and upon consultation with the Health Council, will update outreach strategies. The process used to conduct this limited assessment is described in the following pages.

Description of the Hospital and Community

Owned by the Jackson-Madison County General Hospital District (dba West Tennessee Healthcare), Pathways Behavioral Health Services is a community mental health center serving the needs of residents in seven counties. Pathways has a history of service to the Madison County area and is the product of one purchase and one merger. Pathways Behavioral Health Services has its origins with the Jackson Counseling Center and the Northwest Counseling Center, both of which opened in 1968. In 1990 the Jackson-Madison County General Hospital District purchased the Jackson Counseling Center and the name was changed to the West Tennessee Behavioral Center. In 1995 the Northwest Counseling Center, whose corporate offices were located in Martin,

Tennessee, merged with the West Tennessee Behavioral Center. The new behavioral health organization, owned by the Jackson-Madison County General Hospital District, was renamed to Pathways of Tennessee and finally Pathways Behavioral Health Services. The corporate offices of Pathways are located on 238 Summar Drive in Jackson.

Pathways Behavioral Health Services is a public, not-for-profit subsidiary of West Tennessee Healthcare and is accredited by The Joint Commission. Pathways provides a wide range of prevention and residential services for children and adults throughout the region including individual, group, and family outpatient counseling, alcohol and drug counseling, psychological examinations, early intervention programs and various educational programming.

Pathways Behavioral Health Services primarily serves a seven county area in rural West Tennessee. *Table 1* contains overview data for these counties (Source: Tennessee Department of Economic and Community Development, 2018).

Table 1: Service area data by county

County	Population (2020)	Poverty	Caucasian	African American	Other	Per Capita Income	Population > Age 65
Dyer	36,810	17.3%	82.5%	14.5%	3.0%	\$27,710	17.9%
Gibson	50,429	14.3%	79.4%	18.1%	2.5%	\$23,211	18.3%
Haywood	17,864	20.7%	47.3%	50.6%	2.1%	\$21,839	19.7%
Henderson	27,842	15.8%	89.5%	7.8%	2.7%	\$22,695	18.9%
Lake	7,005	35.5%	69.3%	28.0%	2.7%	\$15,732	16.7%

Madison	98,823	17.6%	58.9%	37.7%	3.4%	\$26,722	17.6%
Obion	30,787	14.6%	86.6%	10.8%	2.6%	\$23,375	20.7%
Tennessee		13.9%	78.4%	17.1%	4.5%	\$28,859	16.7%

Source: U.S. Bureau of the Census QuickFacts.

In addition, these counties have a wide range of industries such as advanced manufacturing, healthcare, social assistance, retail trade, transportation and warehousing, education services, wholesale, professional and technical services, real estate, rental, and leasing services.

The area has a number of post-secondary education opportunities: Jackson State Community College, Union University (a Southern Baptist Liberal Arts University), Lane College (a Historical Black College), and The University of Memphis Lambuth Campus, Tennessee College of Applied Technology, Bethel University, University of Tennessee at Martin.

Description of the Community Health Needs Assessment Update Process

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of residents in rural West Tennessee with an emphasis on preventive measures. The community health needs assessment was a review of survey results and secondary data identifying state and regional health data.

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

1. To form alliances between Pathways Behavioral Health Services non-profit organizations, and the community at large to assess, improve, and promote the community health of rural West Tennessee.
2. To identify internal resources already available to assist in improving community health.
3. To assist in identifying available community resources.
4. To define “health” as it pertains to rural West Tennessee.
5. To identify collaborative partners.

6. To educate and gain formal support of West Tennessee Healthcare leadership team, Board of Trustees, community leaders, and others.
7. To assist in establishing baseline health status assessment of rural West Tennessee by collecting and reviewing available secondary data and statistics from resident surveys.
8. To assist in determining standards against which to measure current and future health status of the community.
9. To assist in communitywide establishment of health priorities and in facilitating collaborative planning, actions, and direction to improve community health status and quality of life.
10. To promote the need for ongoing evaluation of the community health assessment process to learn results, establish new goals and encourage further community action and involvement.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Bureau of Investigation, Tennessee Behavioral Health County and Region Services Data Book, National Institute on Alcohol, Abuse and Alcoholism, National Survey on Drug Abuse, Anxiety and Depression Association of America, National Alliance on Mental Illness, Depression and Bipolar Support Alliance. These data are presented in **Attachment A**.

The second step in the Community Health Needs Assessment Update process consisted of creating a survey to collect data from residents on local health issues. The survey consisted of 49 questions that asked basic demographics of age, race, education level, insurance, county of residence, presence or absence of specific health issues, access to care, physical activity, health information, and ten questions on adverse childhood experiences prior to 18th birthday. Respondents were requested to answer a simple “yes” or “no” to specific health issues and adverse childhood experiences.

The survey instrument was distributed by hand during community wide COVID-19 vaccination clinics at Lane College and Humboldt Medical Center on March 20, 2021; and Jackson-Madison County General Hospital on March 30, 2021. Data from 1,895 completed surveys was collected. **Attachment B** contains a copy of the survey instrument, and **Attachment C** has a copy of the survey results.

An internal committee of West Tennessee Healthcare staff were identified to participate in the update process.

Vicki Lake	Department of Community Development
Rose Bailey	Department of Diversity, Health Equity, and Operational Excellence
Ruby Kirby	WTH Bolivar Hospital and WTH Camden Hospital
Joyce Noles	Emergency Services

Deena Kail	West Tennessee Women's Center, Ayers Children's Medical Center
Gina Myracle	Alice and Carl Kirkland Cancer Center
Melissa Walls	Virtual Care
Frank McMeen	West Tennessee Healthcare Foundation
Anna Tetleton Burns	Primary Care Clinics
Miki Martin	LIFT
LeAnn Childress	LIFT Therapy
Pam Henson	Pathways Behavioral Health Services
Betty Haskins	WTH Camden Hospital
Scott Barber	WTH Dyersburg Hospital
Sherry Scruggs	WTH Milan Hospital
Kevin Decker	WTH Volunteer Hospital
Tina Prescott	Administration
Vanessa Patrick	Administration

Results of Survey (N=1,895)

Health prevalence was identified by the percentage of respondents indicating they had experienced a specific medical issue. Figure 1 contains the ranking according to prevalence among respondents.

Figure 1: Health Issue Prevalence

Allergies	46%	Lack of financial resources: dental care	15%
High Blood Pressure	42%	Lack of financial resources: medical care	10%
Arthritis	33%	Lack of financial resources: medications	10%
Stress	31%	Lack of transportation: medications:	5%
Chronic Pain	18%	Lack of transportation: dental care	4%
Diabetes	18%	Lack of transportation: medical care	4%
Eye Conditions	14%		
Asthma	12%	No access to adult or child care	32%
Hearing Loss	11%	No access to physical activity facilities	16%
Heart Conditions	11%	No access to healthy foods	14%
Bullying	10%		
Autoimmune Disease	8%	Family history of heart failure	81%
Fall Injuries	8%	Family history of suicide	10%

Osteoporosis	5%	Family history of opioid use	9%
COPD	4%		
Stroke	3%	COVID-19 Vaccination Experienced	91%
Dementia/Alzheimers	1%	COVID-19	46%

Survey Respondent Demographics

Surveys were distributed at several locations, and data were requested on basic respondent demographics. The age group 51 to 64 represented 43 percent of respondents, followed by age 36 to 50 (22 percent), and age 65 and older (18 percent) (Figure 2). The predominant education level is respondents with a Bachelors degree (28 percent), followed by high school graduate/ GED (22 percent) and some college (21 percent) (Figure 3). Sixty percent (60 percent) of respondents were working full time and 20 percent were retired (Figure 4). A majority of individuals completing the survey were women (56 percent) (Figure 5), had private health insurance (59 percent) (Figure 6), and were Caucasian (68 percent) (Figure 7).

Figure 2: Age Distribution

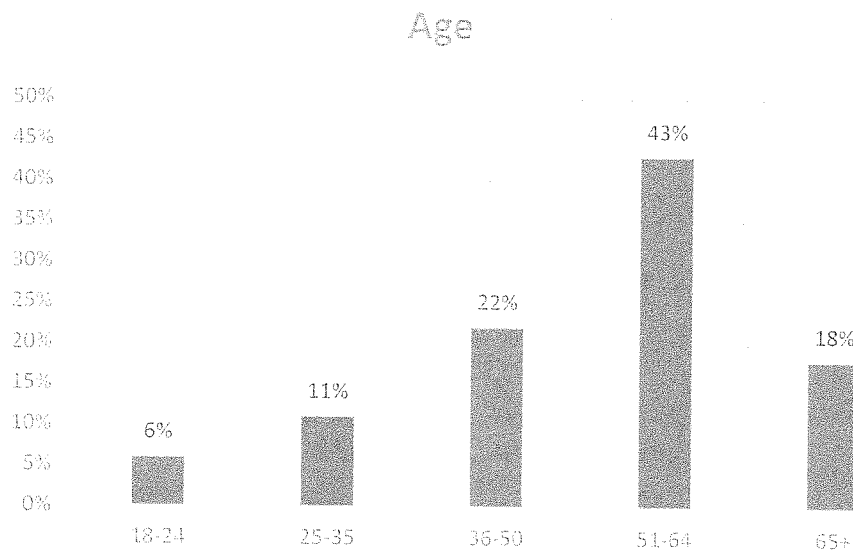


Figure 3: Education Levels

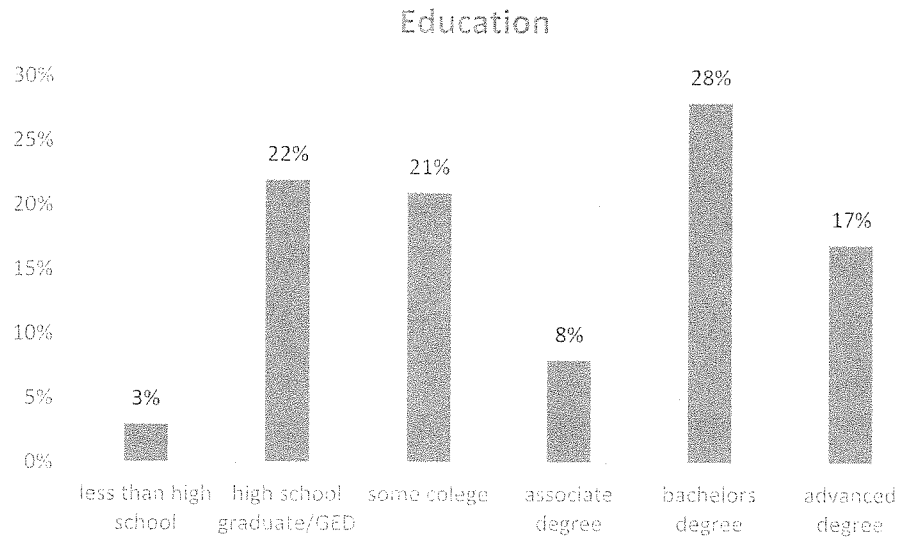


Figure 4: Employment Status

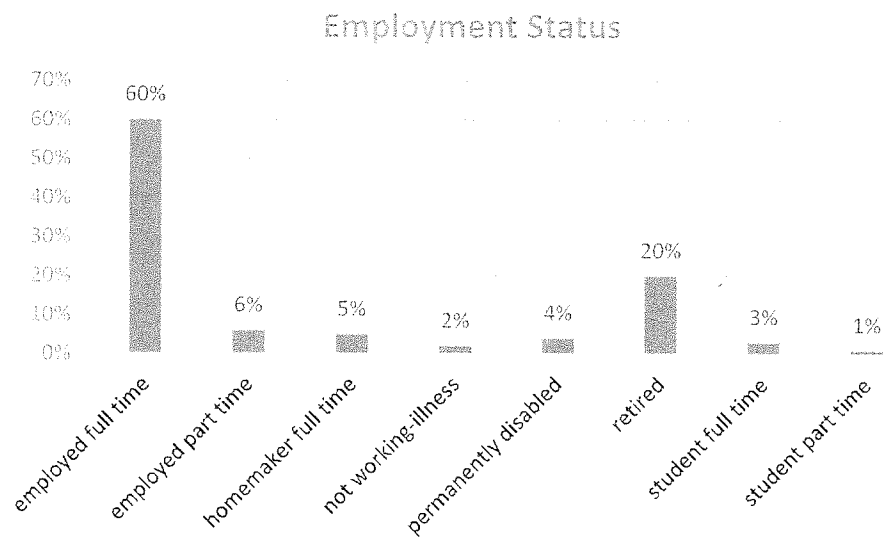


Figure 5: Gender

Gender



Figure 6: Insurance Coverage

Health Insurance Coverage

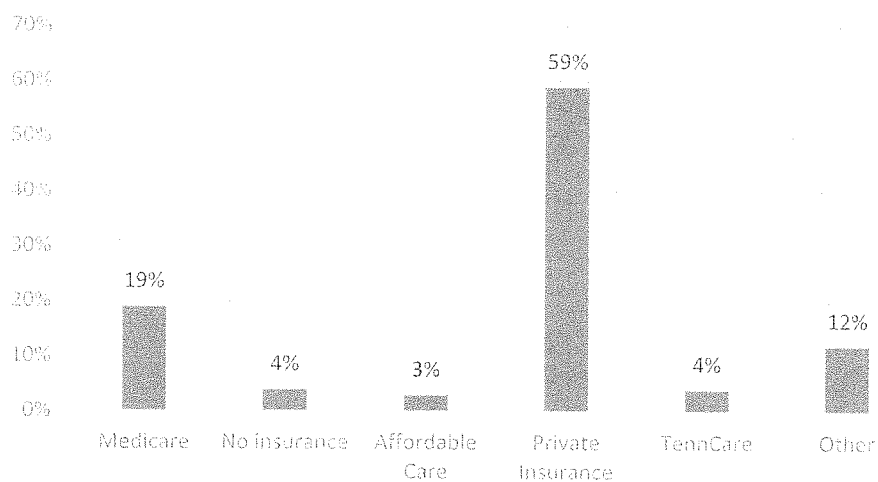
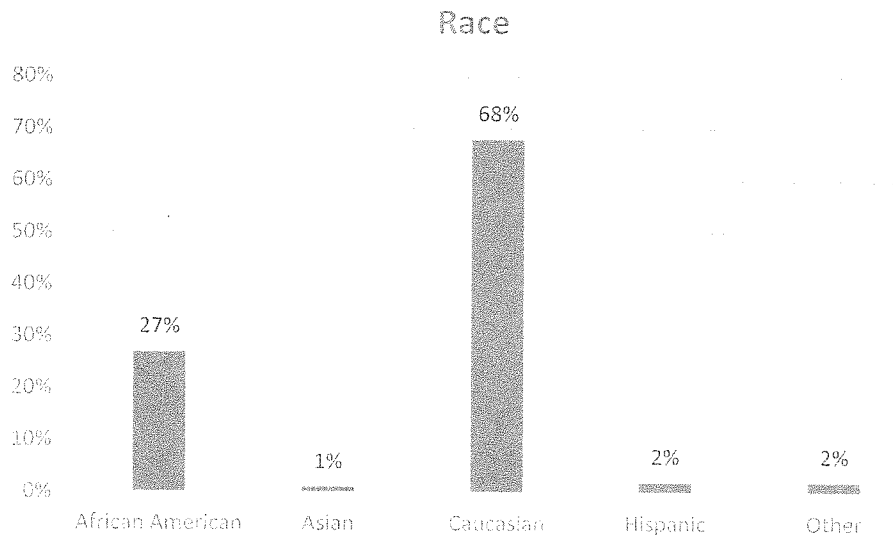


Figure 7: Race



Priority Health Issues

Because of the impacts of COVID-19 on Pathways Behavioral Health Services during 2020 and 2021, the five priority issues from 2018 are continued.

1. Depression
2. Domestic Violence/Anger Management
3. Co-Occurring Mental Health & Substance Abuse
4. Alcohol, Drug, and Prescription Drug Abuse (emphasis on the Opioid Crisis)
5. Suicide

Pathways of Tennessee, Inc. Service Description

Pathways staff includes psychiatrists, nurse practitioners, social workers, counselors, nurses, case managers and support staff. The overall goal of treatment is to help those receiving services identify and learn to cope more effectively with problems they are experiencing. A combination of individual therapy, medication management and/or community support services may be offered to accomplish treatment goals.

Outpatient Services

Therapy or Counseling – This service involves individual, couple, family and/or group counseling by one of our mental health professionals. These individuals use professional skills, knowledge, training and experience to assist clients in identifying problems and developing a plan to address / resolve these problems. The frequency and duration of sessions is individualized and will be a part of the treatment plan.

Medication Management – This service involves the use of medication(s) to treat symptoms of various mental health diagnoses and can be an important part of treatment. If medication(s) are recommended, the benefits and side effects of the medication(s) will be discussed. The medical practitioner will evaluate response to the medication(s). Adjustment or changes will be made as needed.

Psychiatric Intensive Outpatient Program – This service offers group counseling 3 hours per day for 3 to 4 days per week for 6 to 8 weeks. Services are provided for at the Jackson office on Summar Drive. Family therapy may also be recommended. Aftercare services are also available upon completion of this program.

Case Management – This is a comprehensive service that aims to enhance treatment effectiveness and outcomes with the goal of maximizing recovery and resilience options and natural supports. Case Managers help people access clinical and other services that prevent deterioration in their current mental status and promote their recovery toward independent living.

Health Link Program- Through better coordinated behavioral and physical health services, the Health Link program is meant to produce improved member outcomes and greater flexibility when it comes to the delivery of appropriate care for each individual. The program is built to encourage the integration of physical and behavioral health, as well as, mental health recovery, giving every person a chance to reach his or her full potential for living a rewarding and increasingly independent life in the community.

Peer Support Services – These services are available in Dyer, Henderson and Madison counties. Peer Support Specialists with lived experience are available to assist clients in

dealing with problems outside formal therapy services.

Substance Abuse Services:

Inpatient Detoxification Unit – Inpatient Detoxification is a twenty-four hour, seven days per week (24/7) concentrated and structured hospital-based program which may include individual, group and medical management. Services provided are based on the needs and responses of the individual with respect to the severity of their symptoms. Treatment is tailored to assist the individual in regaining a higher level of functioning. Services are directed at providing stabilization of symptoms, preventing deterioration, and facilitating reintegration into the community with an identified aftercare plan.

Intensive Outpatient Program – This service offers group counseling 3 hours per day for 3 to 4 days per week for 6 to 8 weeks. Services are provided for adults and children and adolescents at the Jackson office on Summar Drive. Family therapy may also be recommended. Aftercare services are also available upon completion of this program.

Co-Occurring Services – Pathways recognizes that many people suffer from a combination of substance abuse and mental health issues. All of our Substance Abuse Programs are prepared to offer services to address both issues.

Emergency Services

Mobile Crisis Services - These services are available twenty-four hours per day, seven days per week (24/7) through the Center's Crisis Line for persons who find themselves in psychiatric emergency situations. We have mental health professionals available to provide crisis intervention services. The 24 hour Crisis Line number is 1-800-372-0693.

24 Hour Walk-In Triage Center – Located at 238 Summar Drive the Triage Center is available for those experiencing a psychiatric emergency. Screening and assessment services are provided to formulate the best plan to manage a psychiatric crisis.

Crisis Stabilization Unit – This service offers twenty-four hour per day, seven days per week (24/7) intensive, short-term stabilization and behavioral health treatment for individuals who do not meet the criteria for psychiatric hospitalization. The CSU provides assessment, triage, medication management, and group and individual therapy as well as an opportunity for clients to work with a Peer Support specialist.

Inpatient Psychiatric Unit – This service offers a therapeutic environment for patients requiring short-term, acute care twenty-four hour per day, seven days per week (24/7). This service offers a specialized team of Nurses, Social Workers, and Psychiatric Technicians, directed by a Psychiatrist. The Inpatient Unit provides psychotherapeutic care for the patient and family to meet their psychological, medical and rehabilitative needs so their return to the community can be facilitated as rapidly as possible.

Conclusion

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was presented to the West Tennessee Healthcare Quality Council on Tuesday September 21, 2021. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on October 26, 2021, and the Pathways Behavioral Health Services Community Health Needs Assessment was approved on this date. The Assessment will be updated in three years as stipulated in the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

Pathways Community Health Assessment
Update of Size of Health issues 2021-Updated 12-2021
Prioritization of Health Issues

Anger Management

45% regularly lose their temper at work-computer problems and co-workers
80% been involved in road rage incidents
38-50% adults in jail or prison report anger issues
32% of people say they have close friend or family member who has trouble controlling anger
12% say they have trouble controlling their own anger
28% say they worry how anger makes them feel
20% say they have ended a relationship or friendship due to anger issues
64% believe people are getting angrier
58% say they would seek help if they knew how to

Source: Mental Health foundation. Boiling Point-Problem Anger and What We Can do About It; 2012
National Survey on Drug Abuse: Mental Health Findings.

38% of men are unhappy at work.
27% of nurses have been attacked at work.
Up to 60% of all absences from work are caused by stress.
33% of Britons are not on speaking terms with their neighbors.
1 in 20 of us has had a fight with the person living next door.
UK airlines reported 1,486 significant or serious acts of air rage in a year, a 59% increase over the previous year.
The UK has the second-worst road rage in the world, after South Africa.
More than 80% of drivers say they have been involved in road rage incidents;
25% have committed an act of road rage themselves.
71% of internet users admit to having suffered net rage.
50% of us have reacted to computer problems by hitting our PC, hurling parts of it

Source: The British Association of Anger Management. Beatign Anger.

Anxiety

General anxiety disorder affects 6.8 million adults or 3.1% of the population yet only 43.2% are receiving treatment
panic disorder affects 6 million adults or 2.7% of the population
Anxiety disorders cost the U.S. more than \$42 billion a year
More than \$22.84 billion of the costs are associated with repeat use of healthcare services
People with anxiety disorder are three-to-five times more likely to go to the doctor and six times more likely to be hospitalized for psychotic disorders
41% of employed individuals have anxiety disorders
65% of Americans take prescriptions for anxiety disorders; 43% take mood altering prescriptions

Source: Anxiety and Depression Association of America; www.anxietycentre.com

Anxiety disorders are the most common mental illness in the United States, affecting 40 million adults ages 18 and older
Anxiety disorders are highly treatable, yet only about one-third of those suffering receive treatment
Women are twice as likely as men to be affected by general anxiety disorder
Women are twice as likely as men to be affected by panic disorder with has a high morbidity rate with major depression
About 6.8 percent of the adult population suffer from social anxiety disorder (equally common between men and women)
Obsessive-compulsive disorder (OCD) is equally common between men and women.
The median age of onset is 19 with 25 percent of cases occurring by age 14

Post-traumatic stress disorder affects 7.7 million adults-more women and rape was most likely trigger

Source: Anxiety and Depression Association of America.

Serious or Chronic Mental Health Disorder

One in five adults experience mental illness

nearly one in 25 live with serious mental illness

one-half of all chronic mental illness begins by age 14; three-quarters by the age of 24

Depression is the leading cause of disability worldwide

90% of those who die by suicide have an underlying mental illness

Among the 20.2 million adults in U.S. who experienced substance abuse disorder; 50.5% had co-occurring mental illness

26% of homeless adults staying in shelters live with serious mental illness; 46% live with severe mental illness and substance abuse disorders

One in four adults experience mental illness in a given year-61.5 million adults

2.4 million adults live with schizophrenia

6.1 million adults live with bipolar disorder

14.8 million people live with major depression

9.2 million adults have co-occurring mental health and addiction disorders

20 percent of state prisoners and 21 percent of local jail prisoners have a recent mental health condition

60 percent of adults with a mental illness receive no mental health services

Serious mental illness costs America 193.2 billion in lost earnings a year

Individuals with mental illness face an increased risk of chronic health conditions

Source: National Alliance on Mental Illness. Mental Illness Facts and Numbers

Estimated Number and Percent of People Over Age 18 with Serious Mental Illness in Past year

Area	2008-2010	2010-2012
Madison	5.78%	5.78%
Henderson	5.78%	5.78%
Haywood	5.78%	5.78%
Crockett	5.78%	5.78%
Gibson	5.78%	5.78%
Lake	5.78%	5.78%
Dyer	5.78%	5.78%
Obion	5.78%	5.78%
Weakley	5.78%	5.78%
Hardeman	5.78%	5.78%
TN	5.18%	5.18%

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

Estimated Number of Percent of People Over Age 18 With Any Mental Illness in the Past Year

Area	2008-2010	2010-2012
Madison	22.59%	20.71%
Henderson	22.59%	20.71%
Haywood	22.59%	20.71%
Crockett	22.59%	20.71%
Gibson	22.59%	20.71%
Lake	22.59%	20.71%
Dyer	22.59%	20.71%

Obion	22.59%	20.71%
Weakley	22.59%	20.71%
Hardeman		
TN	22.15%	20.56%

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

Depression

300 million worldwide suffer from depression; number 1 cause of disability
One in 20 americans suffer from depression; most common mental disorder
Depression more common in women
Major depressive disorder affects 14.8 million Americans adults or 6.7 percent of the U.S. population age 18 and older
People with depression are four times more likely to develop a heart attack
Median age of onset is 32
Depression often co-occurs with other illnesses and medical conditions
About six million people are affected by late life depression, but only about 10 percent ever receive treatment
Women experience depression at twice the rate of men, regardless of racial, ethnic ' background or economic status
Major depressive disorder is the leading cause of disability in the U.S. for ages 15 to 44
Depression costs U.S. businesses \$70 billion in medical expenses, lost productivity, and other expenses
Depression is the cause of 2/3 of suicides in the U.S.

Source: Depression and Bipolar Support Alliance. Depression Statistics.

Domestic Violence

1 in 4 women will experience domestic violence during her lifetime
Domestic violence is more likely to occur between 6pm and 6am
More than 60 percent of domestic violence incidents happen at home
Domestic violence is the third leading cause of homelessness among families
Women ages 20 to 24 are at greatest risk of becoming victims of domestic violence
More than 4 million women experience physical assault and rape by their partners
1 in 3 female homicide victims are murdered by their current or former partner
domestic violence victims face many mental health and physical health issues- depression, sleep deprivation, anxiety, heart disease, other chronic conditions
most domestic violence incidents are never reported
3.3 million children in U.S. witness violence against their mother or female caregiver by a family member
40-60% of men who abuse women also abuse children
1 in 5 teenage girls have experienced a domestic violent relationship with a boyfriend
175,000 workdays American employees miss annually because of domestic violence
85% of domestic violence victims are women

Source: SafeHorizon. Domestic Violence Statistics and Facts

Safe Hope Center 2017-18
256 victims served by Navigator
239 domestic violence
9 adult sexual assault
4 child sexual assault
4 stalking/intimidation

**2017-18 Shelter/Outreach/Hotline/Advocacy Served by
Wo/Men's Resource and Rape Assistance Program**

	Outreach	Shelter	Hotline	Advocacy
Benton	54	5	41	35
Carroll	14	10	34	11
Chester	34	3	11	9
Crockett	19	4	15	6
Decatur	13	5	23	12
Gibson	48	31	82	20
Hardeman	8	3	10	2
Hardin	74	3	41	5
Haywood	40	11	60	11
Henderson	46	7	85	20
Henry	45	1	37	5
Madison	204	64	250	78
McNairy	24	4	34	5
Wayne				

Source: Wo/Men's Resource and Rape Assistance Program Data.

Eating Disorders

Eating disorders have the highest mortality of any mental illness
 13% of women over age 50 engage in eating disorders
 16% transgender college students have an eating disorder
 5.5% of women and 4% of men on active military duty have an eating disorder
 Eating disorders affect all races and ethnic groups
 1 in 5 anorexia deaths is by suicide
 nearly 1 in 10 bulimia patients have an alcohol abuse issue
 Almost 50 percent of individuals with eating disorders meet the criteria for depression
 Up to 30 million people of all ages and genders suffer from an eating disorder
 The mortality rate associated with anorexia nervosa is 12 times higher than the
 death rate associated with all causes of death for females 15-24 years old
 An estimated 10-15 percent of individuals with anorexia or bulimia are male
 Women are much more likely than men to develop an eating disorder
 About 50 percent of women who have had anorexia develop bulimia or bulimia patterns
 About 20 percent of people suffering from anorexia will prematurely die from
 complications related to their eating disorder-heart conditions or suicide
 Female athletes in aesthetic sports (gymnastics, ballet, figure skating) are at the
 highest risk for eating disorders

Source: National Association of Anorexia Nervosa and Associated Disorders. Eating Disorder Statistics.

Post Traumatic Stress Disorders (PTSD)

70% of adults in U.S. have experienced some type of traumatic event in their lives
 20% of these people develop PTSD
 1 out of 9 women develop PTSD
 8% of Americans have PTSD at a given time
 Adults with PTSD are heavy users of healthcare services
 almost 50% of all outpatient mental health patients have PTSD
 About 7-8 out of every 100 people will have PTSD at some point in their lives.
 About 5.2 million adults have PTSD during a given year.
 About 10 of every 100 of women develop PTSD sometime in their lives compared
 with about 4 of every 10 men.
 About 11 to 20 veterans out of 100 who served in Iraqi Freedom or Enduring
 Freedom have PTSD in a given year
 About 12 of 100 Gulf War veterans have PTSD in a given year

About 30 of every 100 Vietnam Vets have PTSD in their lifetime

Source: National Center for PTSD. How Common is PTSD?

Alcohol Abuse

86.4% of people age 18 and older report drinking alcohol at some time; 70.1% in the last year
26.9% engaged in binge drinking in the past month; 7% in heavy alcohol use in the past month
15.1 million adults age 18+ have alcohol use disorder-9.8 million men; 5.3 million women
88,000 adults die from alcohol-related causes each year
Alcohol-related impaired driving fatalities account for 9,967 deaths or 31% of all fatalities
more than 10% of U.S. children live with a parent with alcohol problems
Approximately 5.8 million people (About 15 percent) ages 12-20 were binge drinkers
Approximately 1.7 million people (about 4.3 percent) ages 12-20 were heavy drinkers
40.1 percent of college students age 18-22 engage in binge drinking (5+ drinks)
14.4 percent of college students age 18-22 engage in heavy drinking (5+ drinks 5 times)
College students die from alcohol-related unintentional injuries (1,825)
97,000 students report experiencing alcohol-related sexual assault or date rape
48.2 percent of cirrhosis deaths alcohol-related
1 in 3 liver transplants related to alcohol use

Source: National Institute on Alcohol Abuse and alcoholism.

Number and Percent of TDMHSAS Funded Treatment Admissions With Alcohol Identified as Substance of Abuse

Area	FY2012	FY2013	FY2014	FY2015	FY2016
Madison	276/59.1%	231/56.2%	293/56.8%	241/54.5%	209/51.7%
Henderson	58/58.0%	62/54.4%	46/51.7%	42/46.2%	40/40.8%
Haywood	36/72.0%	37/69.8%	36/67.9%	28/68.3%	14/*
Crockett	46/65.7%	35/64.8%	50/72.5%	27/58.7%	22/45.8%
Gibson	114/58.5%	115/65.7%	128/63.1%	122/53.0%	108/47.4%
Lake	11/*	14/*	9/*	<5/*	6/*
Dyer	57/52.8%	69/51.9%	92/62.6%	59/57.8%	32/41.0%
Obion	78/63.4%	72/57.1%	47/48.0%	38/49.4%	21/40.4%
Weakley	20/52.6%	25/51.0%	29/48.3%	14/*	17/*
Hardeman	73/68.2%	43/67.2%	27/55.1%	30/58.8%	28/50.9%
TN	45.30%	45.40%	44.20%	44.80%	42.10%

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

Excessive Drinking and Alcohol-Related Deaths

Area	Excessive Drinking					Alcohol-Related Driving Deaths			
	2018	2017	2016	2015	2014	2018	2017	2016	2015
Madison	12%	11%	11%	10%	10%	29%	29%	27%	29%
Henderson	14%	12%	12%		no data	25%	32%	40%	40%
Haywood	11%	9%	9%		no data	33%	26%	30%	27%
Crockett	13%	11%	11%		no data	38%	36%	20%	16%
Gibson	13%	12%	11%	10%	10%	36%	34%	38%	38%
Lake	14%	12%	12%		no data	67%	67%	100%	100%
Dyer	14%	12%	12%	10%	10%	26%	28%	28%	23%
Obion	12%	12%	11%	8%	8%	14%	14%	19%	26%
Weakley	14%	13%	12%	8%	8%	24%	37%	41%	34%
Hardeman	12%	11%	10%		5%	22%	9%	13%	17%
TN	14%	11%	12%	9%	9%	28%	28%	28%	28%

Source: Robert Wood Johnson Foundation and University of Wisconsin

Co-Occurring Mental Health and Substance Abuse Problems

5.6 million adults have both a serious psychological distress and substance abuse disorders

Only 8.4 percent receive treatment

43 percent of youth receiving mental health treatment are diagnosed as co-occurring

Number of Unique TDMHSAS Operated Regional Mental Health Institute Admissions for Co-occurring Disorders and Percent of all Admissions for Co-Occurring

Area	FY2012	FY2013	FY2014
Madison	47/27.0%	40/23.0%	57/39.0%
Henderson	11	17	10
Haywood	11	9	7
Crockett	10	8	5
Gibson	23/32.4%	21/29.6%	20/42.6%
Lake	5	<5	<5
Dyer	20/26.0%	21/27.3%	22/42.3%
Obion	11	15	13
Weakley	21/35.0%	15	15
Hardeman	36/29.0%	41/33.1%	47/49.0%
TN	33.80%	26.90%	33.70%

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

Drug Abuse

Tennessee opioid treatment admissions have been declining since FY2013 but are 15% higher than 2011

methamphetamine treatment admissions increased 135% between 2011 and 2016

heroin treatment admissions increased 413% between 2011 and 2016

meth use up 156% ages 25-44; up 51% ages 18-24

heroin use up 484% age 25-44; up 308% ages 18-24

opioids use up 35% ages 25-44; up 62% ages 18-24

meth use highest in rural areas

heroin use highest in urban areas

opioid use rates lowest in urban areas

opioid and heroin -related crimes increased; heroin seizures increased; opioid seizures decreased

23.9 million Americans age 12 and older or 9.2 percent of the population have used illicit drug in past month

Marijuana use has increased since 2007 to 18.9 million users

Drug use highest among people in late teens and early twenties

Drug use increasing among people in their 50s

There were 4.6 million drug related ER visits

422,896 cocaine related ER visits

376,67 marijuana related ED visits

213,118 heroin related ED visits

93,562 stimulants ED visits

Source: National Institute on Drug Abuse; TN Dept. of Mental Health/Substance Abuse Services

Prescription Drug Abuse

4.8% Tennessee youth ages 12-17 misuse prescription drugs

adults age 18+ 4.1% misuse prescription drugs

Costs Tennessee \$55 billion each year in social and related health costs

17% increase over 5 years in admissions to publicly-funded treatment; heroin admissions tripled
 heroin overdose hospitalizations increased eight-fold over 5 years
 6,775 statewide criminal offenses involved opioid-related drug seizures
 67% all drug seizures for opioids
 1,039 infants born 2015 with NAS

The number of drug overdose deaths in Tennessee increased from 422 in 2001 to 1,059 in 2010, a 250% >
 The drug overdose death rate per 100,000 in TN is 16.7 compared to 12.0 for U.S.
 275.5 million hydrocodone pills prescribed in TN a year
 116.6 million pills prescribed for alprazolam in TN
 113.5 million pills prescribed for oxycodone
 Abuse of prescription opioids is the number 1 drug problem for TN receiving treatment
 The percentage of people identifying prescription opioids as #1 primary substance increased from 5% in 1999 to 23% in 2009
 Abuse of opioids in TN is greater than abuse of marijuana, crack or cocaine
 2010 there were 2,717 treatment admissions in TN for prescription opioids
 More men were admitted for treatment than women, but women abused opioids more
 21 percent of men reported their substance abuse was prescription opioids
 27 percent of women reported their substance abuse was prescription opioids
 Almost 13% of TN between ages 18-25 abused opioids
 Prescription drugs obtained from: 70% family/friends; 18% from prescribers; 5% drug dealers/Internet

Source: TN Epidemiological Profile of Alcohol and Drug Misuse

Alternatives to Hospitalizations

Waiting lists to see a psychiatrist prevent consultation about medication management
 It can be 4-6 weeks before a psychiatrist can see a client
 Residential services, vocational rehabilitation, social and recreational centers which also link people to resources, respite, and other support for caregivers, information and education can improve community based mental health to decrease institutionalization

Source: Psycheducation.org; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs from PsychiatryOnline.org

Crisis Services

Face-to-Face Assessments number and rate per 1,000 population 18+

Area	FY2016 #/rate	FY2015 #/rate
Madison	1,597/21.23	1,261/16.69
Henderson	216/8.48	233/10.85
Haywood	104/7.53	112/8.07
Crockett	131/11.85	126/11.37
Gibson	521/13.92	545/14.55
Lake	37/5.75	45/6.99
Dyer	530/18.45	409/14.20
Obion	321/13.41	236/9.80
Weakley	243/8.90	262/9.46
Hardeman	234/11.35	222/10.68
TN	12.29	12.29

Suicide is the 10th leading cause of death--41,149 reported

Suicide rate is 12.6 per 100,000

The highest suicide rate is among people 45 to 64 years---19.1

The second highest suicide rate is for those 85 years and older---18.6

Suicide rate higher for men than women--men 20.0; women 5.5

Suicide rate for Caucasians is 14.2; American Indian is 11.7; Asian is 5.8; African American is 5.4; Hispanic 5.7

Economic cost is \$44 billion in lost wages and productivity
494,169 people visited a hospital in U.S. due to self-harm behavior

Source: American Foundation for Suicide Prevention

In Tennessee, an estimated 850 men, women, and youth die by suicide each year—more than the number who die from homicide, AIDS, or drunk driving. Suicide is the third leading cause of death among youth and young adults ages 10-24 in Tennessee and throughout the entire nation. The rate of suicide in Tennessee is 14.4 per 100,000 individuals, higher than the national average of 10.8 per 100,000 individuals, which unfortunately, places Tennessee's suicide rate 13th in the nation.

Source: Tennessee Department of Mental Illness and Substance Abuse Services.

Education Services

Over 50 percent of students age 14 or older with a mental disorder drop out of high school--highest rate for any disability group

Source: National Alliance on Mental Illness

Employment Services

Throughout the 1990s, 90 percent of people with serious mental illness were unemployed
Supported Employment is an approach to service delivery and competitive employment for persons with the most significant disabilities. It provides employment for many individuals who were previously considered unemployable

Supported Employment is competitive work in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individuals.

This program is for individuals with the most significant disabilities, for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a significant disability. These individuals need intensive supported employment because of the nature and severity of their disability.

Training takes place in actual job settings at competitive wages. Contracts provide Supported Employment services through a number of facilities coordinated through Rehabilitation Services and Mental Health and Retardation. The unique feature of Supported Employment is the ongoing support it provides to individuals with the most significant disabilities while maintaining employment.

In Tennessee an estimated 20 percent of adults receiving services for mental illness are employed. This is compared to 10 percent nationally.

Source: Tennessee Department of Human Services.

Outreach to Homeless Persons

PATH Outreach Services available through State of TN funding

Homeless Outreach for Families

Tennessee Homeless Solutions Jackson/West Tennessee Continuum of Care (CoC) provide emergency shelter, transitional care and permanent supportive housing for the homeless.

Limitations exist within local community budgets

Case management available through many homeless service providers

Services must be adapted based on client needs

Integrated Services for People with Mental Health and Substance Abuse Issues

An estimated 5.2 million people are living with co-occurring substance abuse disorder and mental illness

Without integrated treatment, one or both disorders may not be addressed properly
Necessary components include: integrated screening, assessment, treatment planning, coordinated treatment, and continuing care

Source: National Alliance on Mental Illness; SAMHSA

Psychiatry

All counties in the Pathways service area are underserved for psychiatry

Psychiatrists perform both direct and indirect services

Research shows that psychiatrists should see 37 stable patients, 8 unstable patients, and 3 new patients

Waiting time to see a psychiatrist after arranging appointment is 4-6 weeks

Source: SAMHSA; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs

Safe, Affordable Housing

Community attitudes to residential housing such as group homes are generally negative

After the 1990s a trend showed that 90 percent of individuals experiencing serious and persistent mental illness were unemployed

Disability pays a maximum of \$698.00 making it difficult for independent living when living alone

There is a wealth of literature, both national and Tennessee-specific, to support the essential role of stable, safe, quality, and affordable permanent housing in the recovery process for persons with mental illness and co-occurring disorders. Research indicates the necessity of financial assistance/rental subsidies and support services to ensure that consumers have the opportunity to live independently in an integrated community setting. Research also indicates that consumers are served more effectively and efficiently by supported housing. Emerging evidence shows significant cost savings when persons reside in housing that includes wrap-around support services.

Mental Health: A Report of the Surgeon General states that "housing ranks as a priority concern of individuals with serious mental illness. Locating affordable, decent, safe and appropriate housing is often difficult, and out of financial reach. Stigma and discrimination also restrict consumer access to housing."

Approximately 15 percent of persons with severe and persistent mental illness receiving case management are housed inappropriately. One can assume that this percentage might be considerably higher among other segments not receiving services at all, such as homeless persons.

In all areas of the state and among every subgroup of the population surveyed, the primary barrier to appropriate housing was insufficient income to pay for monthly expenses.

The type of housing most appropriate for the majority of the consumers surveyed is independent living units.

A large proportion of persons awaiting release from regional mental health institutes cannot be discharged because there are not enough spaces available in appropriate licensed facilities.

State and community mental health systems have a responsibility to focus on housing as a necessary component of recovery and community support.

Housing planning should focus on permanent housing that is affordable.

Planning for housing should be closely linked to planning for the support that people need for recovery, and people with psychiatric disabilities and their families should have a central role in the planning process.

The most effective approach to promoting recovery and integration is to combine professional services staffed by people with and without histories of psychiatric disabilities with peer support and consumer-operated services and natural support systems in the community.

The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Housing discrimination against people with psychiatric disabilities is a major national problem that requires urgent attention.

Legal protections and tools, such as those found in the Fair Housing Amendments Act, Section 504 of the Rehabilitation Services Act, and in provisions of the Americans with Disabilities Act, are often overlooked within both mental health and housing systems and should be utilized as important tools for assisting people with psychiatric disabilities to meet their housing needs.

Education, information, and training in these protections are of critical importance to consumers and family members as well as to housing and mental health staff.

State and local mental health agencies should develop partnerships with housing finance and development agencies to increase housing access and supply.

State mental health agencies should support the development of knowledge and skills necessary for accessing mainstream housing resources.

Creative use of mainstream housing resources both new and existing (e.g., Community Development Block Grant, HOME funds), should be a priority of mental health and housing authorities.

The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Rental assistance activities should be developed in the context of an overall housing policy that supports a variety of activities designed to increase the availability of integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Source: Tennessee Department of Mental Health and Substance Abuse Services

Self-Help Groups

Peer Support Centers are peer-run programs where people who live with mental illness or a co-occurring disorder come together to learn about recovery, find support from their peers, make friends, and socialize. All 45 Peer Support Centers in Tennessee are 100% staffed by people who are in recovery from mental illness or a co-occurring disorder and who have been trained to provide peer support. At the Peer Support Centers, members develop their own recovery-based programs to supplement existing mental health services. Peer Support Centers are open a minimum of 24 hours a week, charge no fees, and offer healthy snacks.

Peer Support Centers have various activities that they focus on and include:

Recovery Education: Trained Certified Peer Recovery Specialists lead evidence-based classes, covering such topics and curricula as the Wellness Recovery Action Plan, Illness Management and Recovery, the Chronic Disease Self-Management Program, and the BRIDGES psycho-education course. Other topics include stress management, anger management, and grief counseling.

Support Groups: Each Peer Support Center offers peer support groups to help people find the emotional support they need to help them in their recovery. This support is provided by people who can relate to what they are going through. Trained Certified Peer Recovery Specialists provide positive role models of peers in recovery.

Volunteerism: Each Peer Support Center participates in volunteer activities, such as visiting residents of a nursing home, sorting food at a food bank, or picking up trash in the neighborhood. These activities provide opportunities for members to reap the benefits that come from giving to others and staying connected with the community.

Social Activities: Peer Support Centers provide socialization opportunities that address the isolation felt by many people who live with mental illness. Members enjoy going to local community events, such as art fairs, city clean-up days, or holiday festivals; playing games together, such as charades, cards, or kickball; and even going out for lunch from time to time.

CAREY COUNSELING CENTER

Host Agency Contact:

Liberty Place

Coordinator: Priscilla Johnson
Email: priscilla.johnson@careyinc.org
731-855-3153
111 East Eaton St
Trenton, TN 38382
Open: Tues – Fri 10 am-3 pm
Counties Covered: Gibson

Outreach Center

Coordinator: Tabatha Armstrong
Email: Tabatha.Armstrong@careyinc.org
731-642-8994
1539 Hwy 69 North
Paris, TN 38242
Open: Tues- Fri 10 am -2 pm
Counties Covered: Henry

C.A.R.E.S. Center

Coordinator: Tabatha Armstrong
Email: Tabatha.Armstrong@careyinc.org
731-584-6233
946 Flatwoods Road
Camden, TN 38320
Open: Tues-Thurs 9 am-2 pm
Counties Covered: Benton

Sunrise Outreach Center

Coordinator: Linda Lantz
Email: Linda.Lantz@careyinc.org
731-884-1549
P.O. Box 186
110 East Church Street
Union City, TN 38261
Open: Mon-Thurs- 9 am-2 pm
Counties Covered: Obion

PATHWAYS

Host Agency Contact: Pat Taylor
731-541-8200
238 Summar Dr
Jackson, TN 38301

The Hope Center

Coordinator: Debbi Young
Email: debbi.young@wth.org
731-287-7535
222 E. Court St. Suite A
Dyersburg, TN 38024
Open: Tues – Thurs 8:00 AM – 3:30 PM
Counties Covered: Crockett, Dyer, Lake

Rainbow Center

Coordinator: Thomas Byars
731-423-9500
67 American Drive
Jackson, TN 38301
Open: Tue, Wed & Thurs 8:00 AM – 4:00 PM
Counties Covered: Madison, Haywood

Comfort Center

Coordinator: Kim Buckley
731-968-1504
300 Holly Street
Lexington, TN 38351
Open: Mon - Fri 8:00 AM-4:00 PM
Counties Covered: Henderson

PROFESSIONAL CARE SERVICES

Host Agency Contact: Jimmie Jackson
901-475-3569
1997 Hwy 51 S
Covington, TN 38019

Hearts in Hands

Coordinator: Mary Bennett
email: mary.bennett@pcswtn.org
901-465-0420
12615 S. Main
Somerville, TN 38068
Open: Mon, Tues, Thurs, 8:00 AM – 5:00 PM
Counties Covered: Fayette

Togetherness House

Coordinator: Latesha Pride
email: Latesha.pride@pcswtn.org
731-635-8802
477-B South Washington
Ripley, TN 38063
Open: Mon. & Tues. 8:00 AM - 4:00 PM; Wed. 10:00 AM - 2:00 PM; Thurs. 8:00 AM - 4:00 PM
Counties Covered: Lauderdale, Tipton

QUINCO MENTAL HEALTH CENTER

Host Agency Contact: Michelle M Guia
731-658-6113
10710 Old Hwy 64
Bolivar, TN 38008

Horizon of Bolivar

Coordinator: Tomeka Carter
email: tomea.carter@quincomhc.org
731-403-3000
428 W. Market St.
Bolivar, TN 38008-2606
Open Tues-Fri, 8 am – 4 pm
Counties Covered: Hardeman, Chester

Horizon of Savannah

Coordinator: Virginia Lott
Email: virginia.lott@quincomhc.org
731-925-7790
430 Pinhook Drive
Savannah, TN 38372
Open: Wednesday – Friday 8:00 AM – 4:00 PM
Counties Covered: Hardin, McNairy

Source: Tennessee Department of Mental Health and Substance Abuse Services

Substance Abuse Treatment Services

see attachment for Region VI-TN Department of Mental Health

Treatment for Military Personnel

A treatment gap exists between those experiencing symptoms and those who seek treatment
Stigma has been cited as a contributing factor
Getting time off work, making an appointment, expense, and transportation have been identified as external barriers to services
Lack of trust and belief that it will not help were identified as personal barriers

Source: Bein, L. Military Mental health: Problem Recognition, Treatment Seeking and Barriers

Access to Medications

Racial and ethnic minorities are less likely to have access to mental health services and often receive poorer quality of care

Cannot Afford Services, co-pays, deductibles

5 of the 10 leading causes of disability are mental illness
Approximately 70 percent of disability claims fail on the first attempt. Even when expedited under the Compassionate Allowance Initiative the claim will take 20 days to process

Source: Social Security-disability.org; World Health Organization. Mental Health and Work: Impact, Issues, and Good Practices

Family Support

Denial is associated prior to accepting family member's mental illness
Presence of support system helps alleviate stress, increase self-confidence and value, and decrease feelings of isolation and loneliness
Most people believe that mental illness are rare and "happen to someone else."
Most families not prepared to deal with the onset of mental illness in the family

Source: Pathways2promise.org; Mental Health America; DDS Safety net

Homelessness

3.5 million people are likely to experience homelessness in a given year
Mental illness was the 3rd largest cause of homelessness
Transient homeless individuals are more likely to use emergency room services

Source: National Coalition for the Homeless

Insurance Coverage

Employer sponsored healthcare in decline
7 million signed up at insurance marketplace

Lack of Child Care

55 percent of women work and provide for their families
Many families rely on family members for child care
Child care expenses range from \$4,000 to \$10,000 per child per year

Parents may have difficulty obtaining care around their homes or in correspondence to their schedules

Source: Almanac of Policy Issues, Child Care

Limited Hours of Operation

The traditional workday is 8am to 5pm

Employees with disabilities are required to perform essential functions of their job with or without reasonable accommodations

Source: The U.S. Equal Opportunity Commission

Long Wait Times for Services

The longer the wait times for services 4-6 weeks leads to crisis times

The lack of services and qualified mental health professionals lead to longer wait times

Stigma, Discrimination, and Prejudice

The newspaper perpetuates stigma. Newspapers portray connection between mental illness and crime.

Myth that people with mental illness need to be locked in institutions

People with mental illness can be seen as never having the potential to lead normal, meaningful lives to work at higher level jobs.

Source: Mental Health of America

Transportation to Services

Many individuals with mental illness and substance abuse services lack transportation to services

Few transportation providers in the rural areas

Lack of transportation is one of the most frequently cited problems for people in rural areas living with disabilities

Source: American Public Transportation Services; Accessible Transportation in Rural Areas

Suicide

According to the International Handbook of Suicide and Attempted Suicide (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide victims have drugs and/or alcohol in their systems at the time of their deaths.

The rise in drug abuse observed during the past thirty years is believed a contributing factor to the increase in youth suicide, particularly among males.

Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.

Psychological autopsies of suicide victims with substance abuse problems have shown that:

- four-fifths had previously communicated suicidal intent through words and/or behavior
- two-thirds also suffered from a major depressive disorder
- half were unemployed
- half had serious medical problems
- and roughly one-third had attempted suicide previously (Murphy, 2000).

A study published in the American Journal of Epidemiology found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance abuse in and of itself is a suicide risk factor (Borges et al, 2000).

Substance abuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk—especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).

Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity)

report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolescent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.

Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress possibly because binge drinking episodes frequently precede serious suicide attempts (Windle et al, 2004). Up to 7 percent of alcoholics will eventually die by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).

Suicide is the ninth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee more than 900 people including every age group, race, geographic area, and income level end their lives due to suicide. Tennessee's suicide rate is typically 20 percent higher than the national average. Among those at greatest risk of suicide are people in the following groups:

On average, rural areas of Tennessee experience a suicide rate 12% higher than in metropolitan or urban areas. Rural areas typically have higher suicide rates due to lower levels of social integration and reduced availability and access to public and mental health resources.

People 65 and older have a much higher suicide rate than the state average. The 85+ age group has the highest rate of all.

Area	Suicide Rates Per 100,000 Residents								
	2008	2009	2010	2011	2012	2013	2014	2015	2016
Madison	16 (16.4)	11 (11.2)	3 (3.1)	11 (11.2)	15 (15.2)	12.2	11(11.2)	15(15.4)	15(15.4)
Henderson	1 (3.7)	7 (25.6)	3 (10.8)	5 (17.9)	3 (10.7)	17.8	2(7.1)	9(32.1)	4(14.4)
Haywood	0 (NA)	0 (NA)	0 (NA)	3 (16.2)	0 (NA)	NA	3(16.5)	1(5.5)	1(5.6)
Crockett	2 (13.7)	1 (6.8)	1 (6.9)	1 (6.9)	1 (6.8)	13.7	2(13.6)	1(6.8)	3(20.8)
Gibson	11 (22.6)	12 (24.6)	5 (10.1)	8 (16.0)	10 (20.1)	20.2	8(16.2)	7(14.2)	11(22.3)
Lake	1 (12.6)	3 (40.5)	0 (NA)	2 (25.7)	0 (NA)	25.9	3(39.3)	1(13.2)	1(13.2)
Dyer	5 (13.1)	5 (13.0)	4 (10.4)	7 (18.3)	3 (7.8)	20.9	1(2.6)	5(13.2)	4(10.6)
Obion	1 (3.1)	8 (24.6)	5 (15.7)	3 (9.4)	5 (16.0)	22.5	4(12.9)	3(9.8)	9(29.4)
Weakley	5 (14.9)	7 (20.8)	7 (20.0)	8 (22.9)	6 (17.2)	29	6(17.5)	9(26.5)	5(14.9)
Hardeman	2 (6.9)	1 (3.4)	4 (14.7)	5 (18.6)	5 (18.8)	15.2	1(3.9)	4(15.6)	0(NA)
TN	965 (15.7)	939 (15.1)	932 (14.7)	938 (14.6)	956 (14.8)	15.7	945(14.4)	1065(16.1)	1110(16.7)

Source: State of Tennessee.

Dementia

There are 7.7 million new cases of dementia each year.

The most common form of dementia is Alzheimer's disease.

Over 5 million Americans are living with Alzheimer's 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

Community Health Assessment Survey

West Tennessee Healthcare

We would like you to help us identify current health and well being issues facing rural West Tennessee counties. Your responses will be confidential. This survey will take between 3-5 minutes.

Please answer the following questions by selecting the response that best describes you. Darken or fill in the circle for each response.

1. Age

- ☐ 18-24 ☐ 25-35 ☐ 36-50 ☐ 51-64 ☐ 65+

2. Education

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

3. Employment Status

- ☐ Employed full time ☐ Employed part time
☐ Homemaker full time ☐ Not working because of acute illness or injury
☐ Permanently disabled ☐ Retired
☐ Student full time ☐ Student part time

4. Gender

- ☐ Female
☐ Male
☐ Trans Female (Male to Female)
☐ Trans Male (Female to Male)
☐ Gender Non-conforming (i.e. not exclusively male or female)

5. Insurance

- ☐ Medicare ☐ No insurance
☐ Obamacare (Affordable Healthcare) ☐ Private insurance
☐ TennCare ☐ Other

6. County of Residence

- | | | | | |
|----------------------------------|--------------------------------|---------------------------------|-------------------------------|------------------------------|
| <input type="radio"/> Benton | <input type="radio"/> Chester | <input type="radio"/> Crockett | <input type="radio"/> Dyer | <input type="radio"/> Gibson |
| <input type="radio"/> Hardeman | <input type="radio"/> Haywood | <input type="radio"/> Madison | <input type="radio"/> Weakley | <input type="radio"/> Benton |
| <input type="radio"/> Carroll | <input type="radio"/> Chester | <input type="radio"/> Crockett | <input type="radio"/> Decatur | <input type="radio"/> Dyer |
| <input type="radio"/> Gibson | <input type="radio"/> Hardeman | <input type="radio"/> Hardin | <input type="radio"/> Haywood | <input type="radio"/> Henry |
| <input type="radio"/> Lauderdale | <input type="radio"/> Madison | <input type="radio"/> McNairy | <input type="radio"/> Obion | <input type="radio"/> Shelby |
| <input type="radio"/> Weakley | <input type="radio"/> Lake | <input type="radio"/> Henderson | | |

Community Health Assessment Survey

West Tennessee Healthcare

7. Race

- ☐ African/American
 ☐ American Indian/Alaskan Native
☐ Asian
 ☐ Caucasian
☐ Hispanic/Latino
 ☐ Indian (from India or parents from India)
☐ Middle Eastern
 ☐ Pacific Islander/Polynesian
☐ Other
 ☐ Not sure

8. Weight

- ☐ Just right
 ☐ Obese
 ☐ Overweight
 ☐ Underweight

For the following questions, indicate if you have experienced the health issue by selecting Yes or No.

Response Definition: Y=Yes N=No

- | | Y | N |
|--|-----------------------|-----------------------|
| 9. Have you had (or do you currently have) Allergies? | <input type="radio"/> | <input type="radio"/> |
| 10. Have you had (or do you currently have) Arthritis? | <input type="radio"/> | <input type="radio"/> |
| 11. Have you had (or do you currently have) Asthma? | <input type="radio"/> | <input type="radio"/> |
| 12. Have you had (or do you currently have) an Autoimmune disease? | <input type="radio"/> | <input type="radio"/> |
| 13. Have you had (or do you currently experiencing) Bullying? | <input type="radio"/> | <input type="radio"/> |
| 14. Have you had (or do you currently have) Chronic Pain? | <input type="radio"/> | <input type="radio"/> |
| 15. Have you had (or do you currently have) Dementia/Alzheimer's? | <input type="radio"/> | <input type="radio"/> |
| 16. Have you had (or do you currently have) Diabetes? | <input type="radio"/> | <input type="radio"/> |
| 17. Have you had (or do you currently have) Emphysema/COPD? | <input type="radio"/> | <input type="radio"/> |
| 18. Have you had (or do you currently have) an Eye Condition (cataracts, glaucoma, masclar degeneration)? | <input type="radio"/> | <input type="radio"/> |
| 19. Have you had (or do you currently have) a Fall or Fall related injury? | <input type="radio"/> | <input type="radio"/> |
| 20. Have you had (or do you currently have) Hearing Loss/Deafness? | <input type="radio"/> | <input type="radio"/> |
| 21. Have you had (or do you currently have) High Blood Pressure? | <input type="radio"/> | <input type="radio"/> |
| 22. Have you had (or do you currently have) Osteoporosis? | <input type="radio"/> | <input type="radio"/> |
| 23. Have you had (or do you currently have) a Heart Condition? | <input type="radio"/> | <input type="radio"/> |
| 24. Have you had (or do you currently have) high levels of Stress? | <input type="radio"/> | <input type="radio"/> |
| 25. Have you had a Stroke? | <input type="radio"/> | <input type="radio"/> |

Have you experienced a lack of financial resources that led to problems accessing any of the following:

- | | Y | N |
|------------------|-----------------------|-----------------------|
| 26. Dental care | <input type="radio"/> | <input type="radio"/> |
| 27. Medical care | <input type="radio"/> | <input type="radio"/> |
| 28. Medications | <input type="radio"/> | <input type="radio"/> |

Community Health Assessment Survey

West Tennessee Healthcare

Have you experienced a lack of transportation that led to problems accessing any of the following

- | | Y | N |
|---|-----------------------|-----------------------|
| 29. Dental care | <input type="radio"/> | <input type="radio"/> |
| 30. Medical care | <input type="radio"/> | <input type="radio"/> |
| 31. Medications | <input type="radio"/> | <input type="radio"/> |
| 32. Do you have access to Healthy Foods (fresh fruits & vegetables, lean meats, whole grain products, low fat milk products) | <input type="radio"/> | <input type="radio"/> |
| 33. How far must you travel to access Healthy Foods listed above? | | |
| <input type="radio"/> less than one mile | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> over one mile to three miles | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> over three miles to five miles | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> over five miles to ten miles | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> over ten miles | | |
| 34. Do you have access to Information/Education about your health issues, if any? | <input type="radio"/> | <input type="radio"/> |
| 35. Do you have access to Child or Adult Care ? | <input type="radio"/> | <input type="radio"/> |
| 36. Do you have access to facilities or places for Physical Activity ? | <input type="radio"/> | <input type="radio"/> |
| 37. Do you have a family history of: | | |
| <input type="radio"/> suicide <input type="radio"/> heart failure <input type="radio"/> opioid use | | |
| 38. Have you or family member had the COVID-19 vaccine? | <input type="radio"/> | <input type="radio"/> |
| 39. Have you or family member had COVID-19? | <input type="radio"/> | <input type="radio"/> |

The following questions ask about difficult situations that may cause you to feel upset..if so please talk with someone you consider safe or contact a health professional or counselor.

Prior to your 18th birthday, did you experience and of the following?

- | | Y | N |
|---|-----------------------|-----------------------|
| 40. Did a parent or other adult in the household often swear at you, insult you, put you down or humiliate you? OR act in a way that made you afraid that you might be physically harmed? | <input type="radio"/> | <input type="radio"/> |
| 41. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR try to have oral, anal, or vaginal sex with you? | <input type="radio"/> | <input type="radio"/> |
| 42. Did you often feel that no one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other? | <input type="radio"/> | <input type="radio"/> |
| 43. Did a parent or other adult in the household often push, grab, slap, or throw something at you? OR ever hit you so hard that you had marks or were injured? | <input type="radio"/> | <input type="radio"/> |
| 44. Were your parents ever separated or divorced? | <input type="radio"/> | <input type="radio"/> |

Community Health Assessment Survey

West Tennessee Healthcare

45. Was your mother or stepmother often pushed, grabbed, slapped or had something thrown at her? OR sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR ever repeatedly hit or at least a few minutes or threatened with a gun or knife? Y N
☐ ☐
46. Did you live with anyone who was a problem drinker or alcoholic or used street drugs? ☐ ☐
47. Was a household member depressed or mentally ill or did a household member ever attempt suicide? ☐ ☐
48. Did a household member ever go to prison? ☐ ☐
49. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you? OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it? ☐ ☐

Community Needs Assessment Results

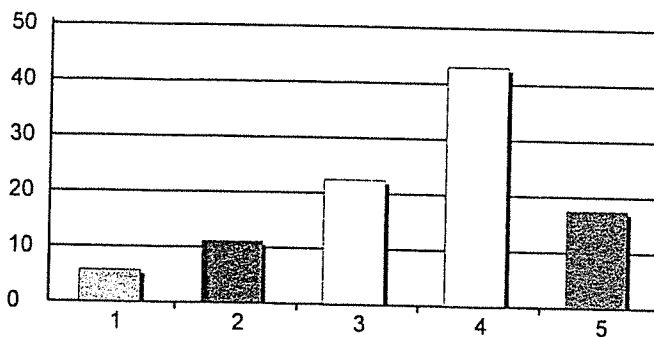
May 2, 2021

Creation Date: 5/2/2021

Time Interval: 3/28/2021 to 5/2/2021

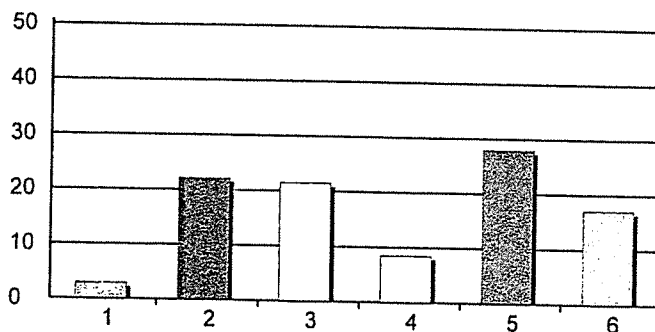
Total Respondents: 1895

1. Age



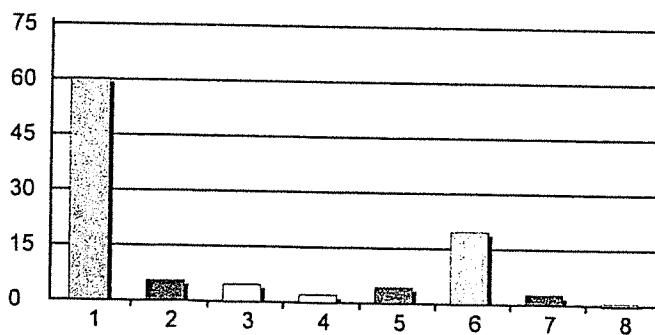
1. 18-24	109	6%
2. 25-35	211	11%
3. 36-50	423	22%
4. 51-64	811	43%
5. 65+	331	18%
Total Responses:	1885	
Mean: 3.55	Standard Deviation: 1.08	

2. Education



1. Less than high school	53	3%
2. High school graduate/GED	409	22%
3. Some college	396	21%
4. Associate degree	156	8%
5. Bachelor degree	516	28%
6. Advanced degree	316	17%
Total Responses:	1846	

3. Employment Status

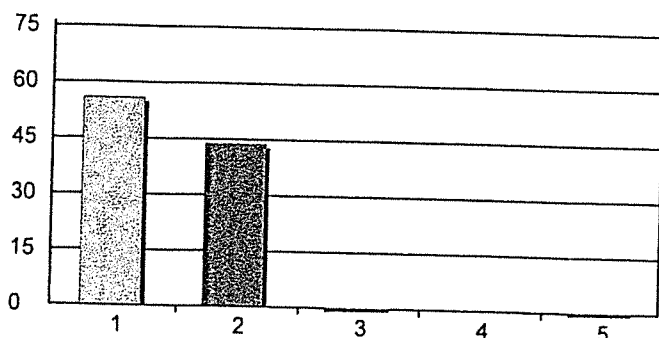


1. Employed full time	1090	60%
2. Employed part time	101	6%
3. Homemaker full time	84	5%
4. Not working because of acute illness or injury	38	2%
5. Permanently disabled	80	4%
6. Retired	357	20%
7. Student full time	51	3%
8. Student part time	10	1%
Total Responses:	1811	

Community Needs Assessment Results

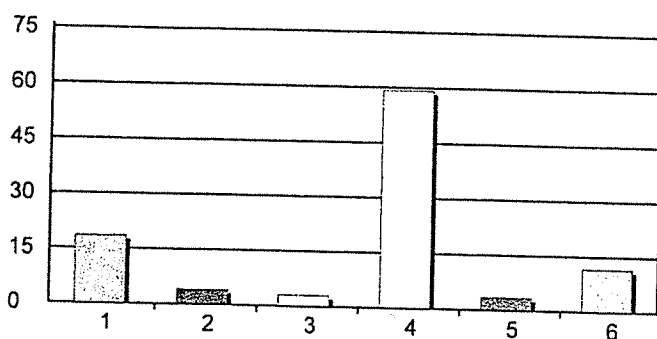
May 2, 2021

4. Gender



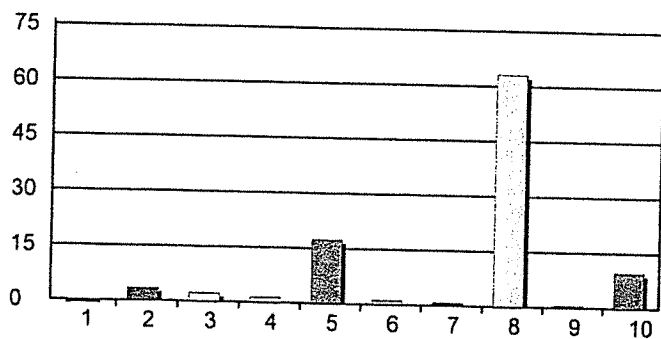
1. Female	1048	56%
2. Male	821	44%
3. Trans Female (Male to Female)	2	0%
4. Trans Male (Female to Male)	0	0%
5. Gender Non-conforming (i.e. not exclusively m...	4	0%
Total Responses:	1875	
Mean: 1.45 Standard Deviation: 0.52		

5. Insurance



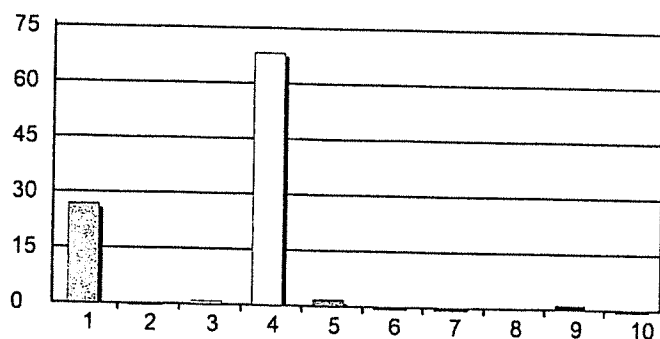
1. Medicare	338	19%
2. No insurance	75	4%
3. Obamacare (Affordable Healthcare)	54	3%
4. Private insurance	1081	59%
5. TennCare	65	4%
6. Other	213	12%
Total Responses:	1826	

6. County of Residence



1. Benton	2	0%
2. Chester	64	3%
3. Crockett	42	2%
4. Dyer	25	1%
5. Gibson	328	17%
6. Hardeman	22	1%
7. Haywood	17	1%
8. Madison	1192	63%
9. Weakley	13	1%
10. Other	183	10%
Total Responses:	1888	
Mean: 7.27 Standard Deviation: 1.88		

7. Race

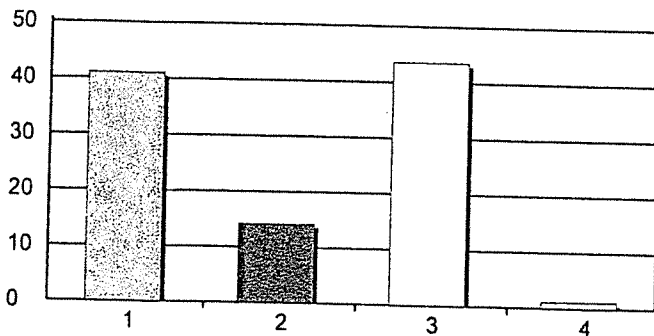


1. African/American	490	27%
2. American Indian/Alaskan Native	7	0%
3. Asian	16	1%
4. Caucasian	1248	68%
5. Hispanic/Latino	33	2%
6. Indian (from India or parents from India)	4	0%
7. Middle Eastern	4	0%
8. Pacific Islander/Polynesian	0	0%
9. Other	23	1%
10. Not sure	5	0%
Total Responses:	1830	

Community Needs Assessment Results

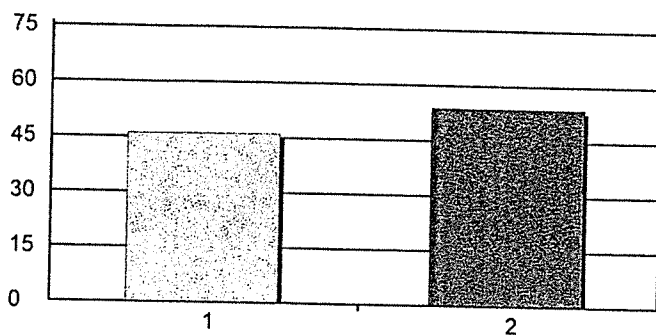
May 2, 2021

8. Weight



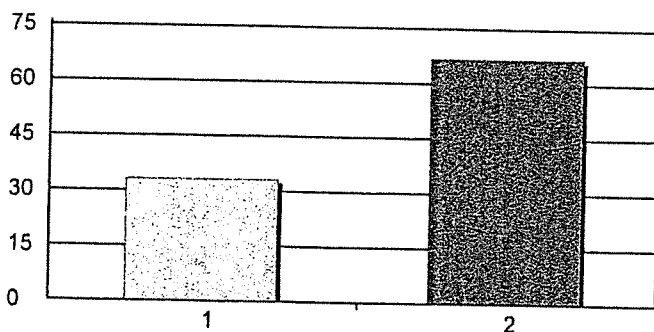
1. Just right	659	41%
2. Obese	229	14%
3. Overweight	699	44%
4. Underweight	18	1%
Total Responses:	1605	

9. Have you had (or do you currently have) Allergies?



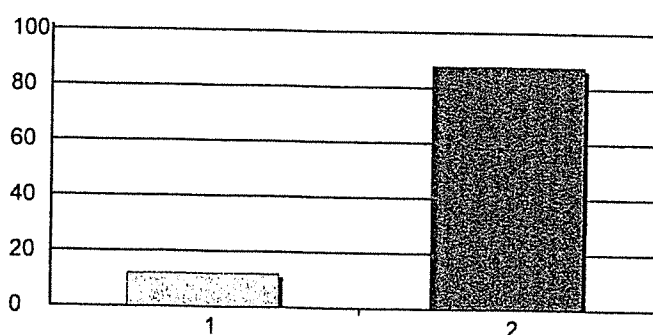
1. Yes	865	46%
2. No	1011	54%
Total Responses:	1876	
Mean: 1.54	Standard Deviation: 0.50	

10. Have you had (or do you currently have) Arthritis?



1. Yes	621	33%
2. No	1250	67%
Total Responses:	1871	
Mean: 1.67	Standard Deviation: 0.47	

11. Have you had (or do you currently have) Asthma?

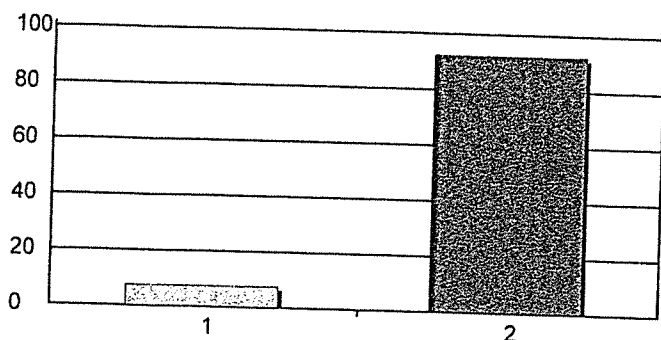


1. Yes	226	12%
2. No	1654	88%
Total Responses:	1880	
Mean: 1.88	Standard Deviation: 0.33	

Community Needs Assessment Results

May 2, 2021

12. Have you had (or do you currently have) an **Autoimmune disease**?



1. Yes

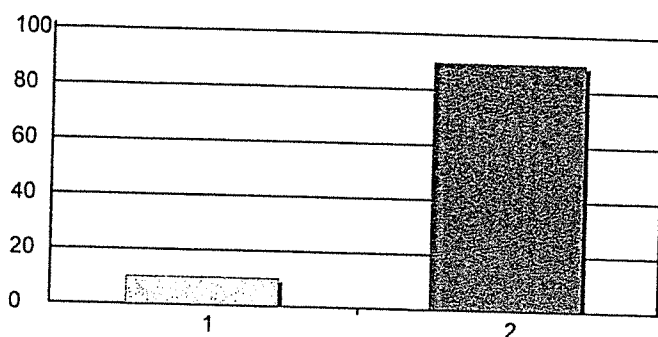
2. No

Total Responses:

Mean: 1.92 Standard Deviation: 0.26

141 8%
1729 92%
1870

13. Have you had (or do you currently experiencing) **Bullying**?



1. Yes

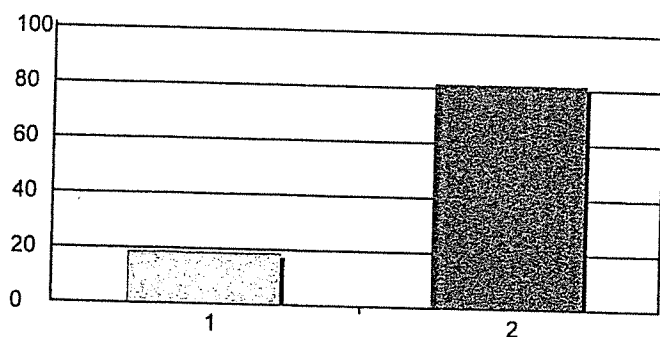
2. No

Total Responses:

Mean: 1.90 Standard Deviation: 0.30

188 10%
1679 90%
1867

14. Have you had (or do you currently have) **Chronic Pain**?



1. Yes

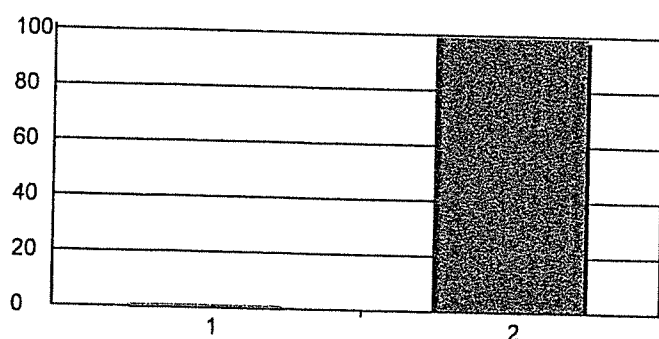
2. No

Total Responses:

Mean: 1.82 Standard Deviation: 0.39

347 18%
1532 82%
1879

15. Have you had (or do you currently have) **Dementia/Alzheimer's**?



1. Yes

2. No

Total Responses:

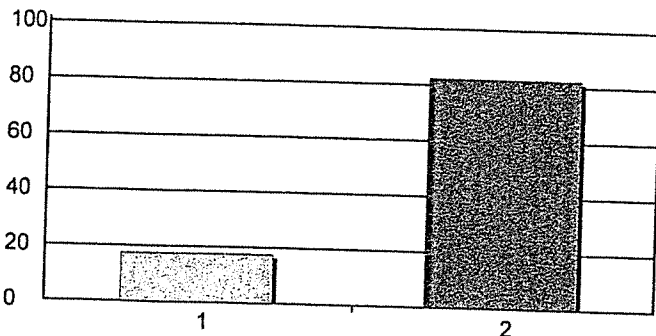
Mean: 1.99 Standard Deviation: 0.09

15 1%
1859 99%
1874

Community Needs Assessment Results

May 2, 2021

16. Have you had (or do you currently have) Diabetes?



1. Yes

2. No

Total Responses:

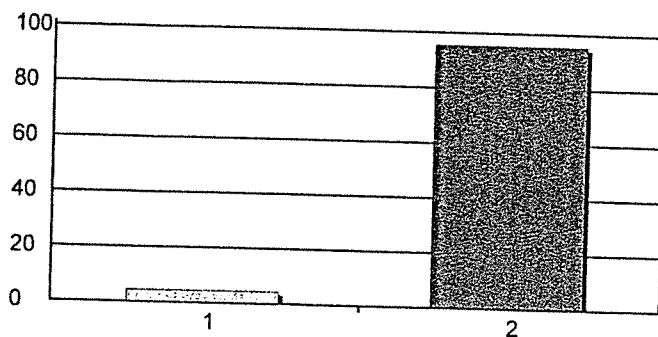
Mean: 1.82 Standard Deviation: 0.38

329 18%

1544 82%

1873

17. Have you had (or do you currently have) Emphysema/COPD?



1. Yes

2. No

Total Responses:

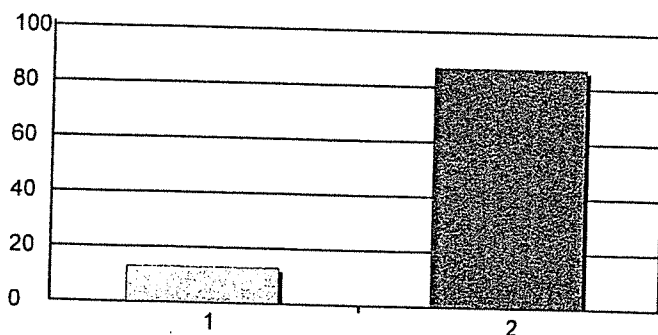
Mean: 1.96 Standard Deviation: 0.21

83 4%

1787 96%

1870

18. Have you had (or do you currently have) an Eye Condition (cataracts, glaucoma, macular degeneration)?



1. Yes

2. No

Total Responses:

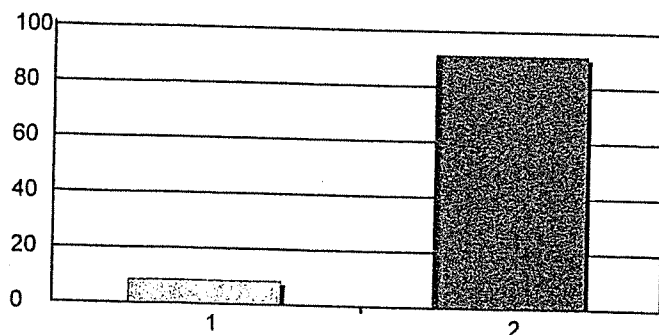
Mean: 1.87 Standard Deviation: 0.34

243 13%

1631 87%

1874

19. Have you had (or do you currently have) a Fall or Fall related injury?



1. Yes

2. No

Total Responses:

Mean: 1.92 Standard Deviation: 0.28

159 8%

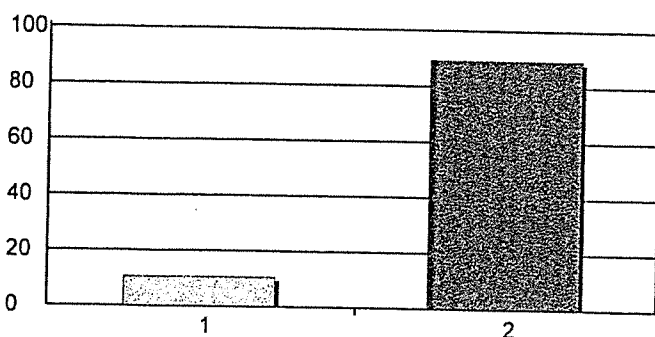
1720 92%

1879

Community Needs Assessment Results

May 2, 2021

20. Have you had (or do you currently have) **Hearing Loss/Deafness**?



1. Yes

199 11%

2. No

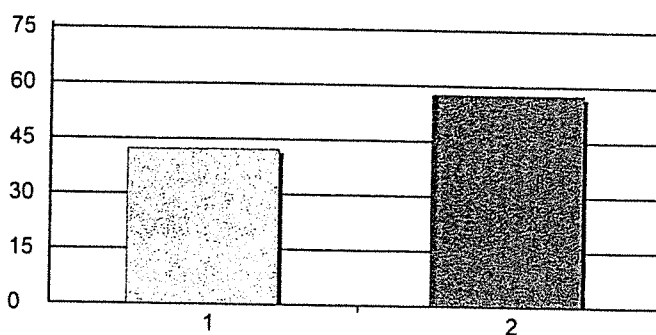
1676 89%

Total Responses:

1875

Mean: 1.89 Standard Deviation: 0.31

21. Have you had (or do you currently have) **High Blood Pressure**?



1. Yes

790 42%

2. No

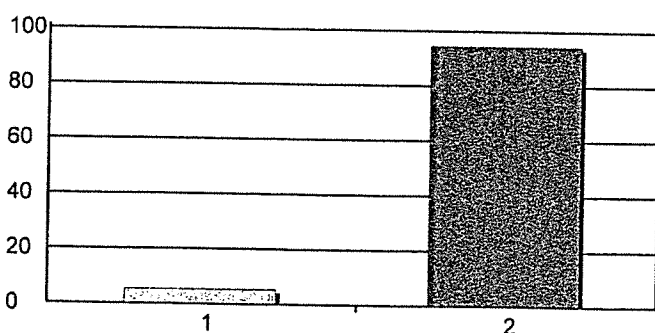
1078 58%

Total Responses:

1868

Mean: 1.58 Standard Deviation: 0.49

22. Have you had (or do you currently have) **Osteoporosis**?



1. Yes

101 5%

2. No

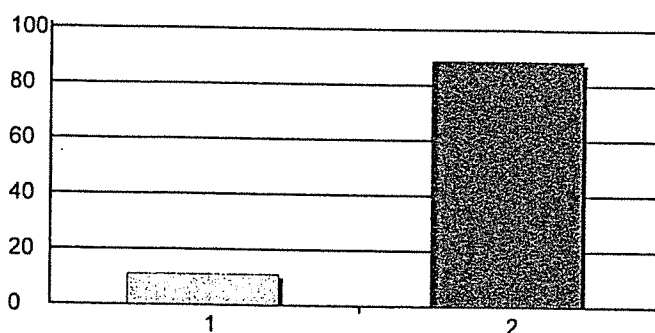
1770 95%

Total Responses:

1871

Mean: 1.95 Standard Deviation: 0.23

23. Have you had (or do you currently have) **a Heart Condition**?



1. Yes

208 11%

2. No

1665 89%

Total Responses:

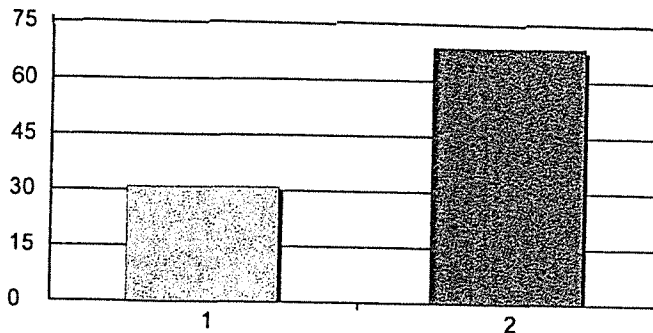
1873

Mean: 1.89 Standard Deviation: 0.31

Community Needs Assessment Results

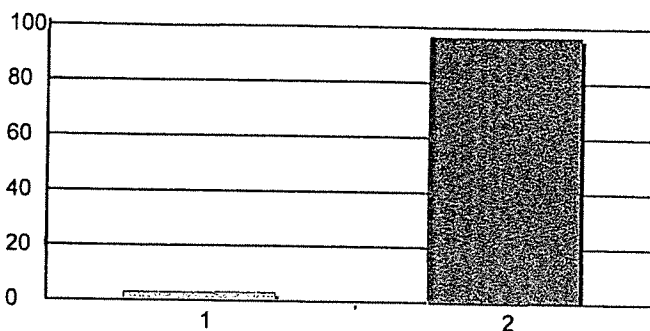
May 2, 2021

24. Have you had (or do you currently have) high levels of Stress?



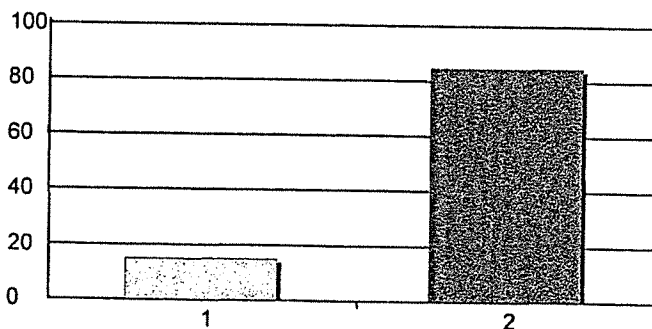
1. Yes 581 31%
 2. No 1293 69%
 Total Responses: 1874
 Mean: 1.69 Standard Deviation: 0.46

25. Have you had a Stroke?



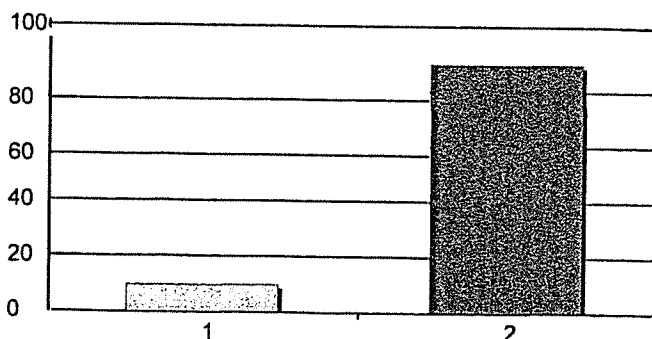
1. Yes 62 3%
 2. No 1806 97%
 Total Responses: 1868
 Mean: 1.97 Standard Deviation: 0.18

26. Lack of financial resources for: Dental care



1. Yes 279 15%
 2. No 1585 85%
 Total Responses: 1864
 Mean: 1.85 Standard Deviation: 0.36

27. Lack of financial resources for: Medical care

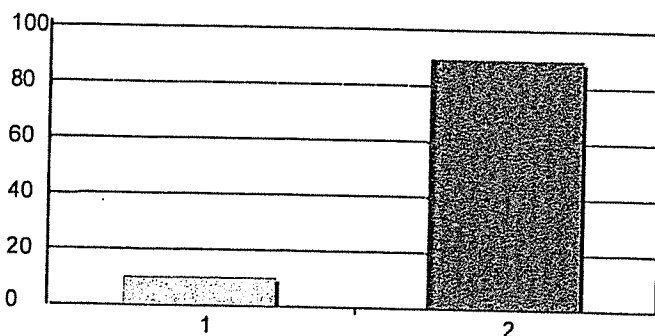


1. Yes 185 10%
 2. No 1673 90%
 Total Responses: 1858
 Mean: 1.90 Standard Deviation: 0.30

Community Needs Assessment Results

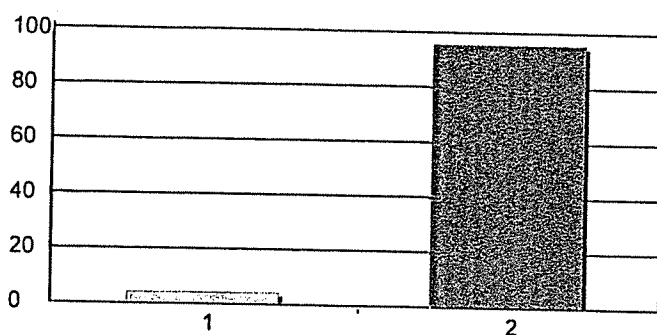
May 2, 2021

28. Lack of financial resources for: Medications



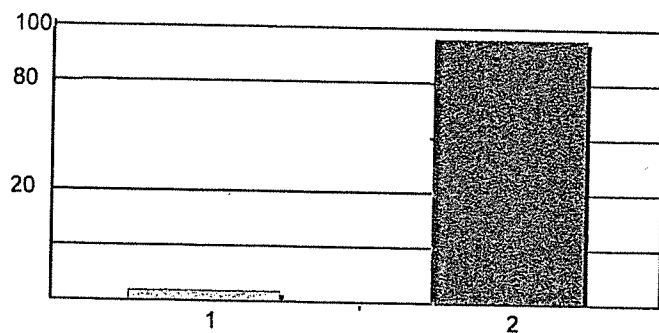
1. Yes 189 10%
 2. No 1664 90%
 Total Responses: 1853
 Mean: 1.90 Standard Deviation: 0.30

29. Lack transportationDental care



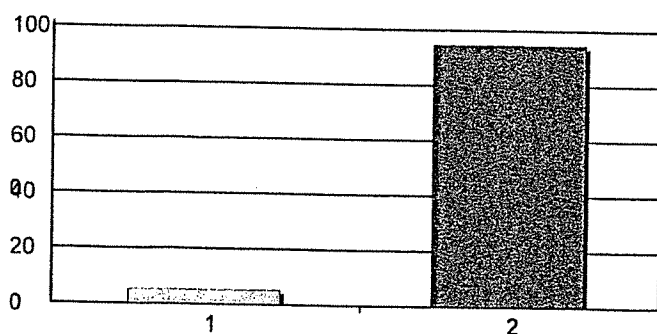
1. Yes 82 4%
 2. No 1774 96%
 Total Responses: 1856
 Mean: 1.96 Standard Deviation: 0.21

30. Lack transportation: Medical care



1. Yes 72 4%
 2. No 1781 96%
 Total Responses: 1853
 Mean: 1.96 Standard Deviation: 0.19

31. Lack transportation: Medications

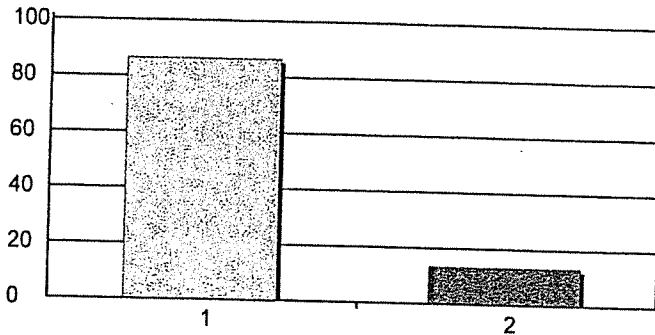


1. Yes 96 5%
 2. No 1734 95%
 Total Responses: 1830
 Mean: 1.95 Standard Deviation: 0.22

Community Needs Assessment Results

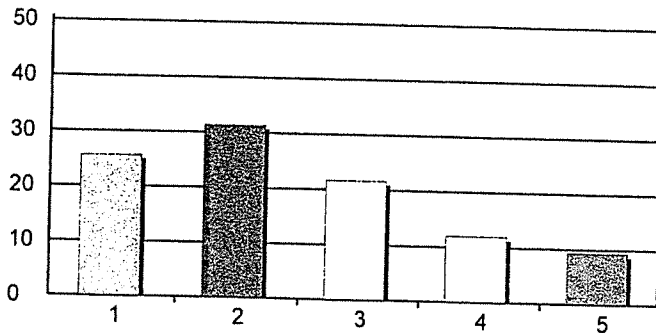
May 2, 2021

32. Do you have access to **Healthy Foods** (fresh fruits & vegetables, lean meats, whole grain products, low fat milk products)



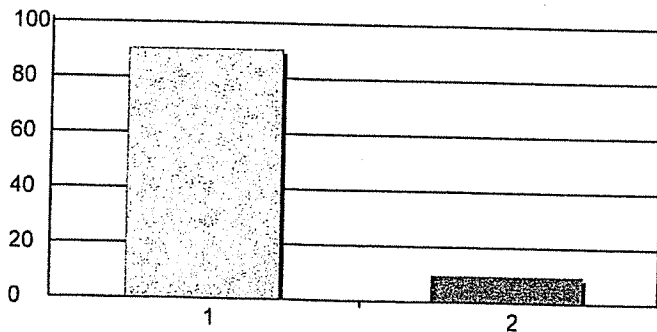
1. Yes 1510 86%
 2. No 236 14%
 Total Responses: 1746
 Mean: 1.14 Standard Deviation: 0.34

33. Mileage How far must you travel to access Healthy Foods?



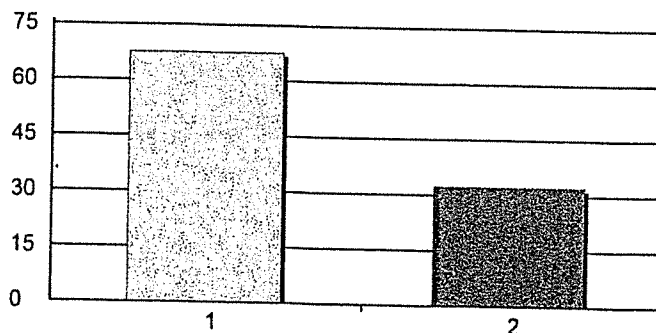
1. less than one mile 450 26%
 2. over one mile to three miles 550 31%
 3. over three miles to five miles 379 22%
 4. over five miles to ten miles 210 12%
 5. over ten miles 164 9%
 Total Responses: 1753
 Mean: 2.48 Standard Deviation: 1.25

34. Mileage Do you have access to information about your health issues?



1. Yes 1665 90%
 2. No 177 10%
 Total Responses: 1842
 Mean: 1.10 Standard Deviation: 0.29

35. Mileage Do you have access to Adult or Child Care?

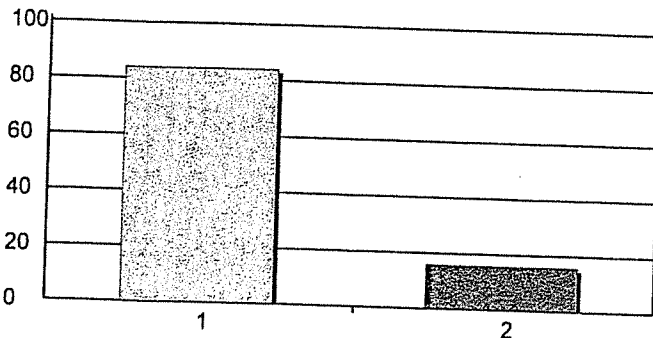


1. Yes 1181 68%
 2. No 566 32%
 Total Responses: 1747
 Mean: 1.32 Standard Deviation: 0.47

Community Needs Assessment Results

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36. Mileage Do you have access to facilities for physical activity?



1. Yes

1520 84%

2. No

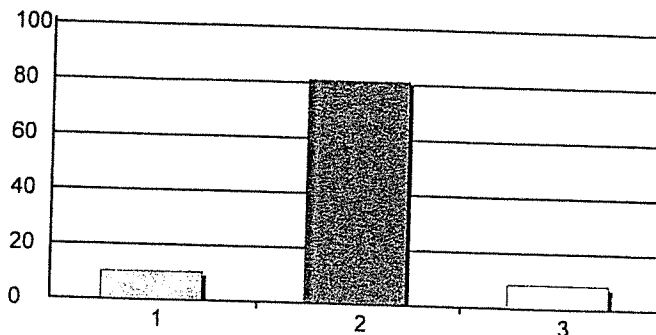
288 16%

Total Responses:

1808

Mean: 1.16 Standard Deviation: 0.37

37. Mileage Do you have a family history of:



1. suicide

59 10%

2. heart failure

463 81%

3. opioid use

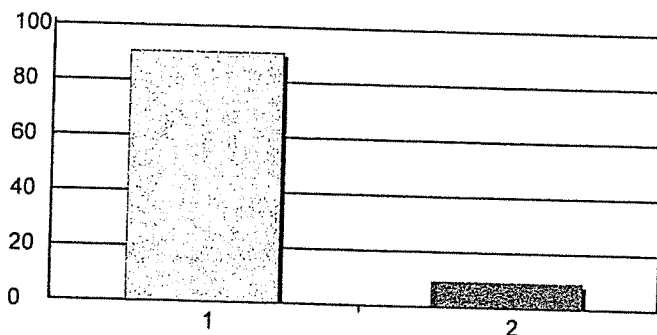
49 9%

Total Responses:

571

Mean: 1.98 Standard Deviation: 0.43

38. Mileage Have you or family member had COVID-19 vaccine?



1. Yes

1671 91%

2. No

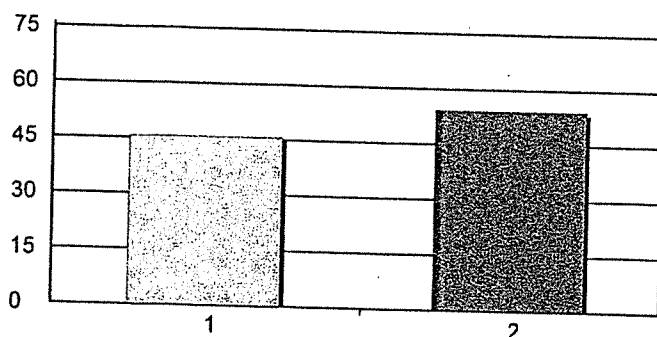
173 9%

Total Responses:

1844

Mean: 1.09 Standard Deviation: 0.29

39. Mileage Have you or family member had COVID-19?



1. Yes

844 46%

2. No

1004 54%

Total Responses:

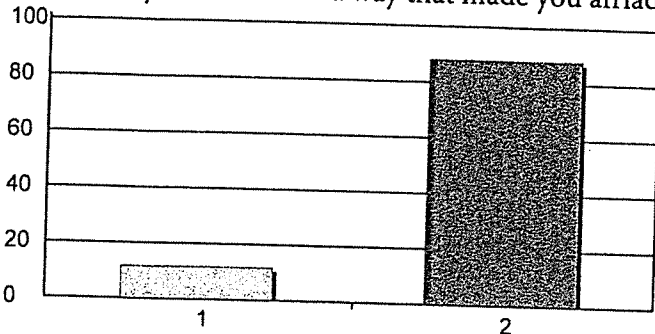
1848

Mean: 1.54 Standard Deviation: 0.50

Community Needs Assessment Results

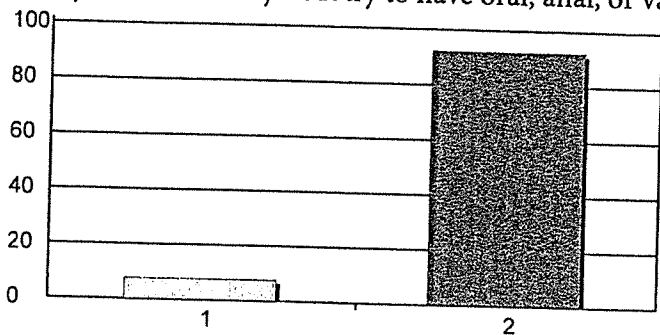
May 2, 2021

40. Mileage Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid that you might be physically harmed?



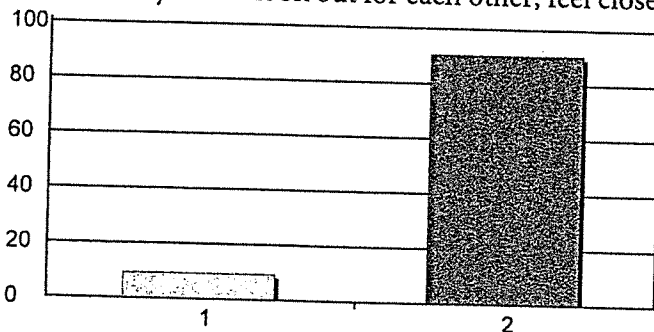
Total Responses: 1822
Mean: 1.88 Standard Deviation: 0.32

41. Mileage Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? OR try to have oral, anal, or vaginal sex with you?



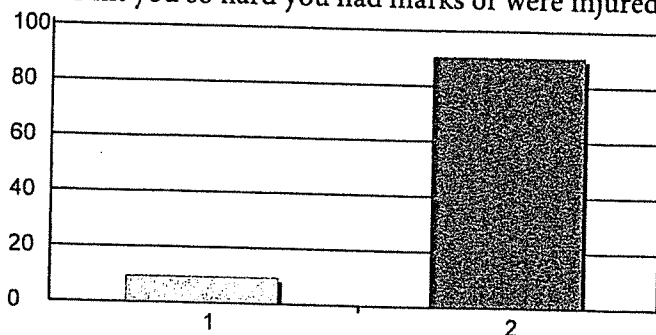
Total Responses: 1808
Mean: 1.92 Standard Deviation: 0.27

42. Mileage Did you often feel that no one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?



Total Responses: 1812
Mean: 1.91 Standard Deviation: 0.29

43. Mileage Did a parent or other adult in the household often push, grab, slap, or throw something at you? OR ever hit you so hard you had marks or were injured?

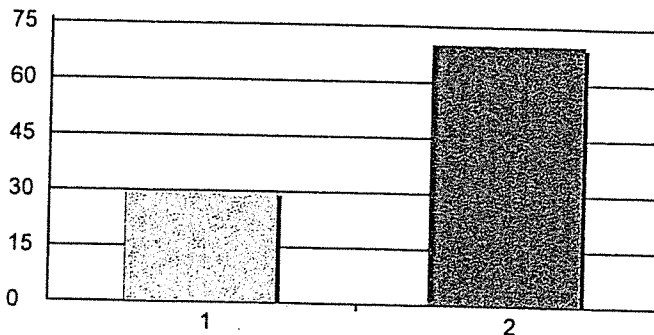


Total Responses: 1811
Mean: 1.91 Standard Deviation: 0.29

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44. Mileage Were your parents ever separated or divorced?



1. Yes

543 30%

2. No

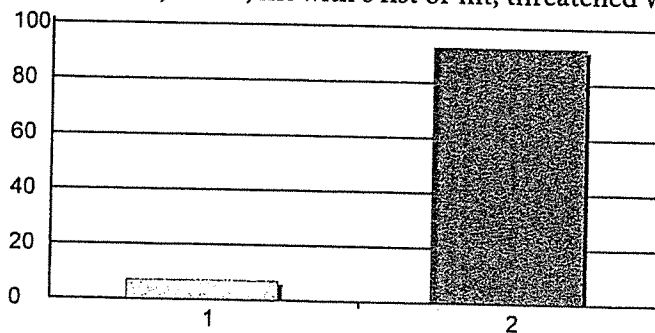
1276 70%

Total Responses:

1819

Mean: 1.70 Standard Deviation: 0.46

45. Mileage Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or kicked, bitten, hit with a fist or hit, threatened with a gun or knife?



1. Yes

126 7%

2. No

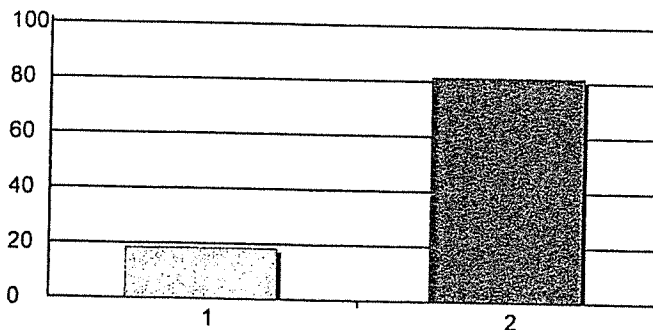
1660 93%

Total Responses:

1786

Mean: 1.93 Standard Deviation: 0.26

46. Mileage Did you live with anyone who was a problem drinker or alcoholic, or used street drugs?



1. Yes

328 18%

2. No

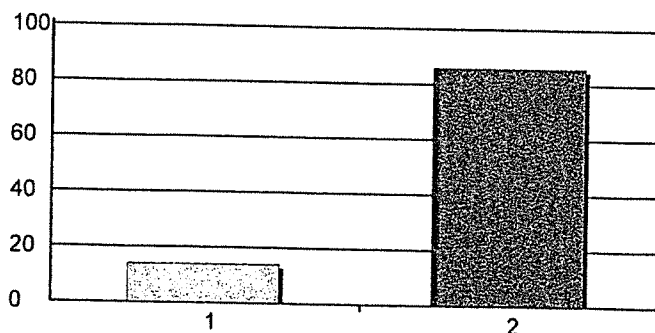
1461 82%

Total Responses:

1789

Mean: 1.82 Standard Deviation: 0.39

47. Mileage Was a household member depressed or mentally ill or did a household member ever attempt suicide?



1. Yes

251 14%

2. No

1547 86%

Total Responses:

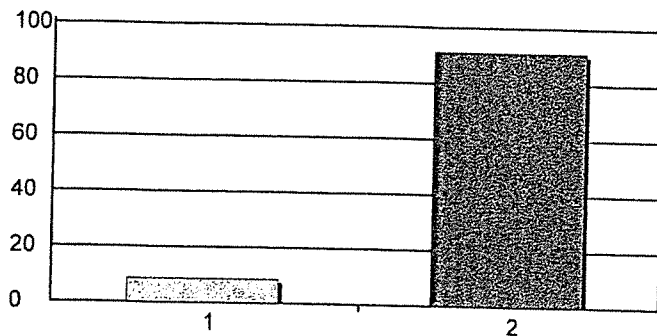
1798

Mean: 1.86 Standard Deviation: 0.35

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48. Mileage Did a household member every go to prison?



1. Yes

156 9%

2. No

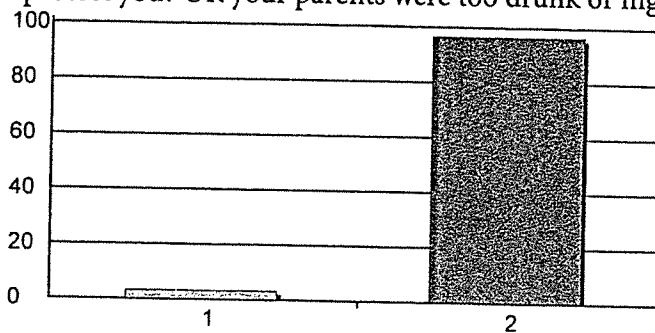
1643 91%

Total Responses:

1799

Mean: 1.91 Standard Deviation: 0.28

49. Mileage Did you often feel that you did not have enough to eat, had to wear dirty clothes, or had no one to protect you? OR your parents were too drunk or high to take care of you or take you to the



1. Yes take care of you or take you to the

58 3%

2. No

1743 97%

Total Responses:

1801

Mean: 1.97 Standard Deviation: 0.18

doctor?