



Photo Credit: tennesseerivervalleygeotourism.org

2022-2025

**H/C HENRY COUNTY
M/C MEDICAL CENTER**

Community Health Needs Assessment

- Henry County, Tennessee -

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Perspective / Overview

About Henry County Medical Center

HCMC is a progressive, integrated health care organization committed to serving the health care needs of Henry County and the adjoining region.

Comprised of a 142-bed hospital, the 136-bed Henry County Healthcare Center (providing residential care and the Plumley Rehabilitation Unit), an Emergency Medical Service, an off-site Center for Wellness & Rehabilitation and a Home Health and Hospice service, the medical center provides a variety of outpatient services as well as inpatient care and serves Henry and the surrounding counties. The Cancer Care Center of Henry County offers outpatient radiation and chemotherapy. For a complete list of Services Offered click [here](#).

Located in Paris, Tenn., the medical center provides affordable, high-quality, patient-centered care that respects the privacy, needs and dignity of each individual, regardless of their ability to pay.

HCMC is a county-owned and operated, nonprofit institution affiliated with the Tennessee Hospital Association.

Mission Statement

The mission of Henry County Medical Center is to provide the highest quality, affordable healthcare services and education to the citizens of Henry County and the adjoining counties, helping to improve the quality of health in the region.

Vision Statement

Transforming our community's health through nationally recognized, accessible and sustainable healthcare.

Organizational Goals

Henry County Medical Center will provide affordable, high-quality, patient-centered care that respects the privacy, needs and dignity of each individual, regardless of their ability to pay. As an organization, it will continue to be a county-owned and operated, not-for-profit institution, which will treat all who come to it equitably, regardless of race, gender, religion, age, national origin or handicap. All of this will be done in a cooperative environment, which fosters the wellbeing and excellence of its employees, volunteers, board of trustees and medical staff. The Medical Center will continuously strive to improve the value of its services to the region.

Organizational Values

- Integrity
- Respect
- Excellence
- Professionalism
- Trust
- Patient-Centered Care

Creating a Culture of Health in the Community



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

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Henry County, Tennessee.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2022 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Henry County Medical Center known locally as Henry County Medical Center (HCMC).

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

- ✔ Starting on December 30, 2022, this report is made widely available to the community via Henry County Medical Center's website <https://www.hcmc-tn.org> and paper copies are available free of charge at Henry County Medical Center, 301 Tyson Avenue, Paris, TN 38242 or by phone (731) 642-1220.
- ✔ Henry County Medical Center's Board of Trustees tabled approval of this assessment on December 22, 2022 to approval at the January 2023 board meeting.

PROJECT GOALS

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

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said John Tucker, CEO Henry County Medical Center.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Tory Daughrity, Director Marketing and Public Relations, Henry County Medical Center. ”

Community

Input and Collaboration

Data Collection and Timeline

In May 2022, Henry County Medical Center began a Community Health Needs Assessment for Henry County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in July and August 2022.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on July 19, 2022.
- An online survey of community members was conducted August 30 – October 24, 2022
- A Community Health Summit was conducted on November 15, 2022, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.



Photo Credit: The Paris Post-Intelligencer

Information Gaps

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

Participants

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

Participation by those Representing the Broad Interests of the Community

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

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Air Evac/Foundation Board Member	all populations	Focus Group, Summit
Attorney/Foundation Board Member	kids (CASA rep), various populations	Focus Group, Summit
Auxiliary	elderly, volunteers	Focus Group, Summit
Board member/TCAT	secondary education, minorities	Focus Group, Summit
Business Community/Chamber/Foundation Board Member	minorities, business community	Focus Group, Summit
Business Community/Foundation Board Member	business community	Focus Group, Summit
Business Community/Parent/Foundation Board member	kids, families, business community	Focus Group, Summit
Carey Counseling Center	Mental health	Summit
Carl Perkins	children, families, abused, access issues	Focus Group, Summit
City of Paris	All	Summit
Community Champion/HCMC	all populations,	Focus Group, Summit
Delta Grant	low income, 18 and older, access issues	Focus Group, Summit
Frm Chamber Executive/Foundation Board Member	Business Community	Focus Group, Summit
GME Program/HCMC Hospitalist	medical education, all populations served	Focus Group, Summit
HCHC	Public health	Summit
HCMC	all populations	Focus Group, Summit
Henry Co Health Dept	Public health	Summit
Henry County Schools Superintendent	Kids, families	Focus Group, Summit
Home Health HCMC	Hospice/Home Health	Summit
INDEP	All	Summit
Med Student, Dr. Rainbow	student view	Focus Group, Summit
Paris Post-Intelligencer	Public safety, kids	Summit
Paris Special School System	Abilities, children	Summit
Parks and Rec	All	Focus Group, Summit
Tomorrow's Hope	Women, low income	Focus Group, Summit
Tosh Farms/Board Member	Business Community, minorities, various incomes	Focus Group, Summit

In many cases, several representatives from each organization participated.



Photo Credit: The Paris Post-Intelligencer

Community Engagement and Transparency

Many members of the community participated in focus groups, individual interviews, surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact every citizen in one way or another; and join in the improvement efforts.

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

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

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Input of those with Expertise in Public Health

The Henry County Health Department participated in the summit and in the selection of most significant health priorities.



Photo Credit: paristnchamber.com

Community Selected for Assessment

Henry County was the primary focus of the CHNA due to the service area of Henry County Medical Center. Used as the study area, Henry County provided **72.5%** of January 1, 2021, through December 31, 2021, inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Henry County Medical Center draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Henry County Medical Center’s Financial Assistance Policy.

Henry County Medical Center Study Area - 2022



Key Findings

Community Health Assessment

Results

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

1. Mental Health
2. Healthy Weight
3. Substance Use
4. Social Determinants of Health
5. Access to Care

Process and Methods

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

Primary methods included:

- Focus groups and individual interviews with community members
- Online community survey
- Community Health Summit

Secondary methods included:

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



Photo Credit: parishenrycountytn.com

Description of the Communities Served

Demographics

The table below shows the demographic summary of Henry County compared to Tennessee and the U.S.

	Henry County	Tennessee	USA
Population	32,101	7,049,134	335,707,897
Median Age	47.4	40	38.9
Median Household Income	\$49,627	\$61,059	\$72,414
Annual Pop. Growth (2021-2026)	-0.11%	0.52%	0.25%
Household Population	13,710	2,801,279	128,657,669
Dominant Tapestry	Rooted Rural (10B)	Rooted Rural (10B)	Green Acres (6A)
Businesses	1,149	224,727	12,609,070
Employees	13,043	3,124,768	151,363,907
Health Care Index*	79	91	100
Average Health Expenditures	\$5,565	\$6,468	\$7,087
Cost of Living	\$76.3 M	\$18.1 B	\$911.7 B
Racial and Ethnic Make-up			
White	85%	72%	61%
Black	7%	16%	12%
American Indian	0%	0%	1%
Asian/Pacific Islander	1%	2%	6%
Other	1%	4%	9%
Mixed Race	5%	6%	11%
Hispanic Origin	3%	7%	19%

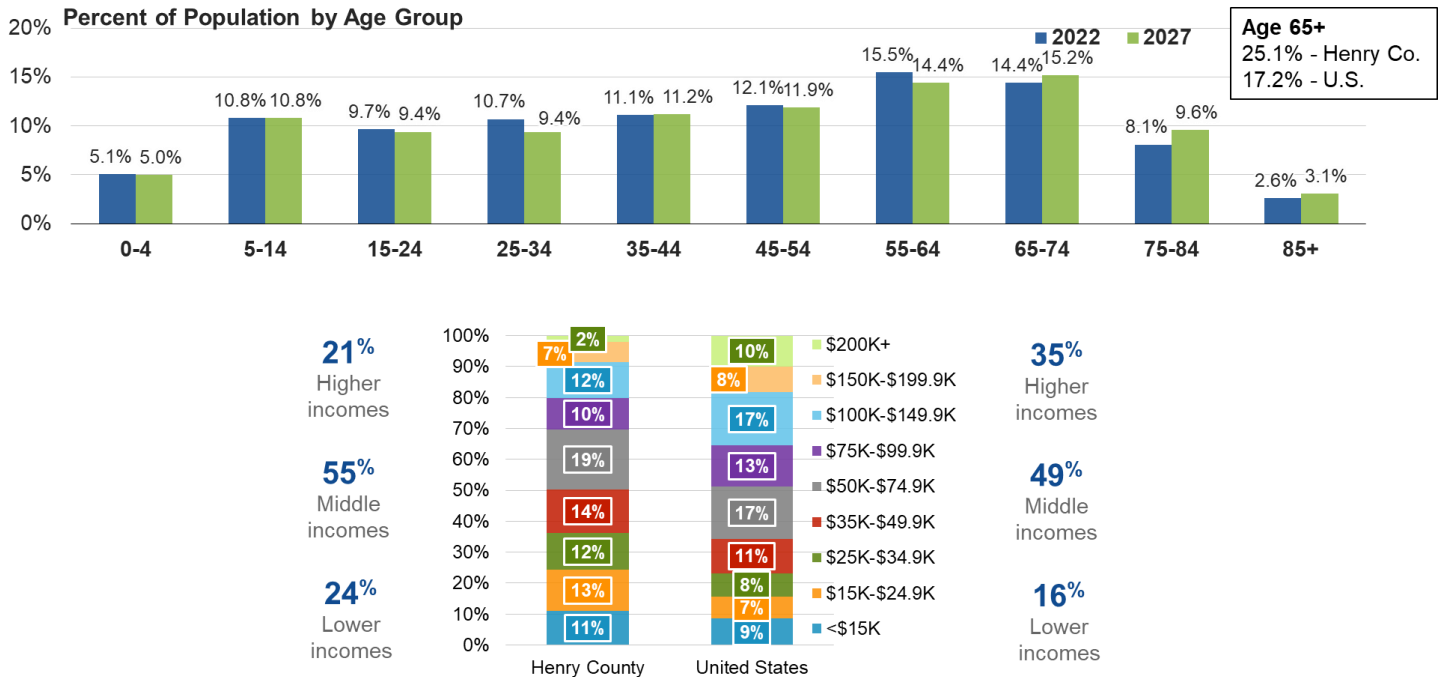
Source: Esri

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

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

Demographics, cont.

Henry County

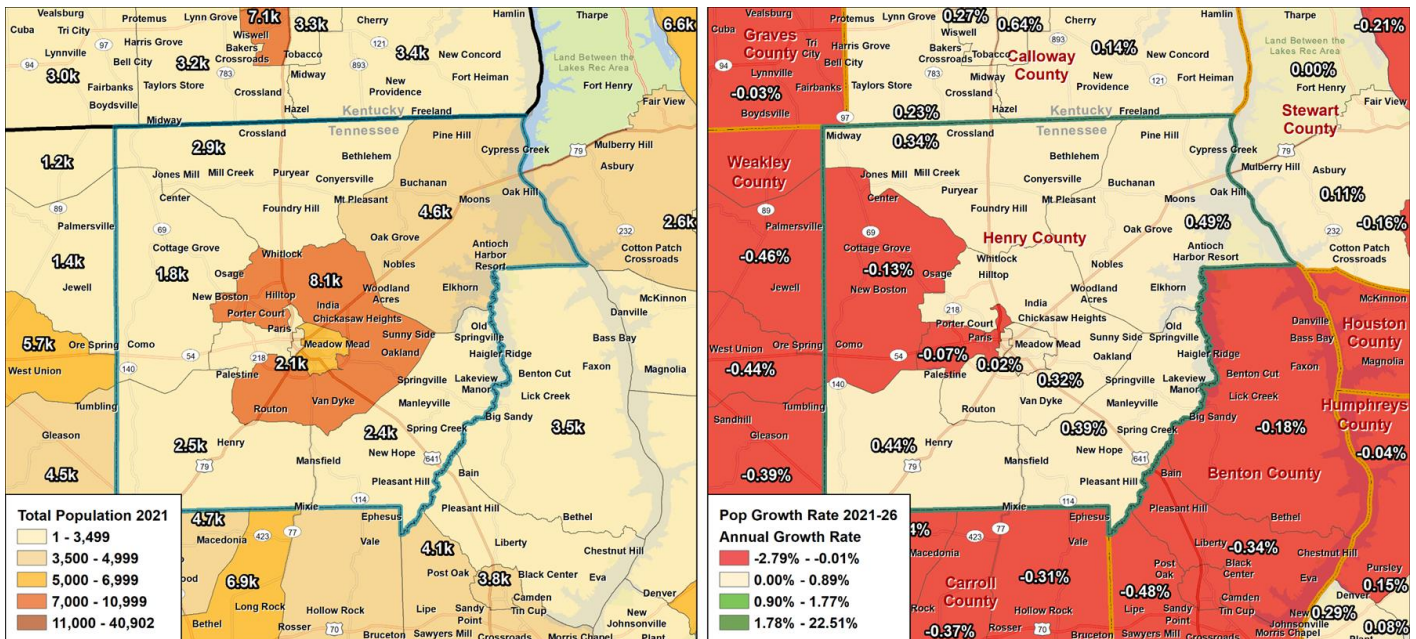


Source: Esri

- The population of Henry County is projected to decrease from 2021 to 2026 (0.11% per year). Tennessee is projected to increase 0.52% per year. The U.S. is projected to increase 0.25% per year.
- Henry County had a higher median age (47.4 median age) than TN (40) and the U.S. (38.9). In Henry County the percentage of the population 65 and over was 25.1%, higher than the U.S. population 65 and over at 17.2%.
- Henry County median household income at \$49,627 was lower than TN (\$61,059) and the U.S. (\$72,414). The rate of poverty in Henry County was 17.8% which was higher than TN (13.6%) and the U.S. (11.9%).
- The household income distribution of Henry County was 21% higher income (over \$100,000), 55% middle income, and 24% lower income (under \$25,000). The largest income group is the 19% making \$50,000 to \$74,999.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Henry County was 79, indicating 21% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Henry County was 85% White, 7% Black, 3% Hispanic origin, 5% more than one race, 1% Asian/Pacific Islander, and 1% other. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Demographics, cont.

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



Source: Esri

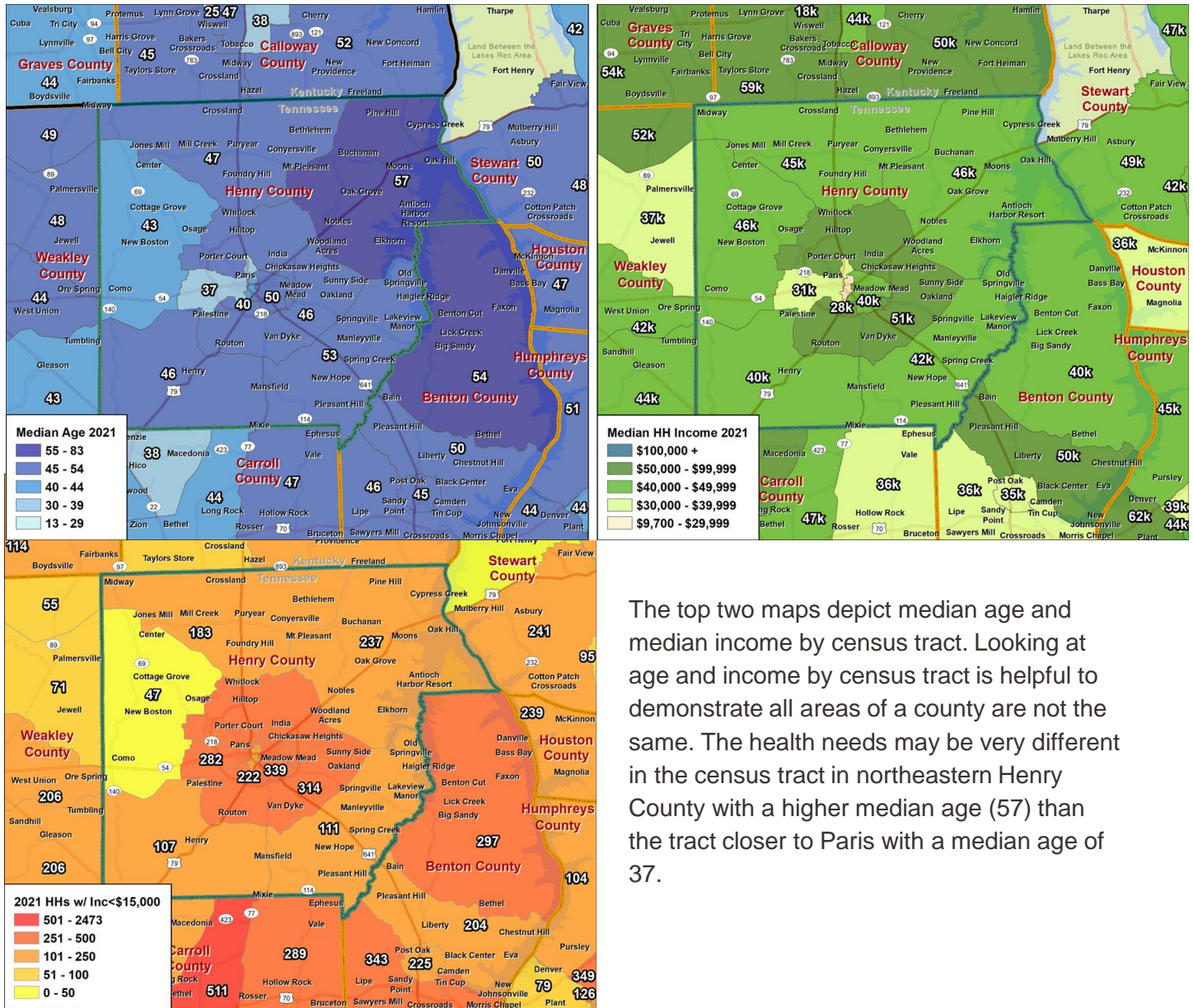
Red is population decline
 Yellow is positive up to the TN growth rate
 Green is greater than the TN growth rate
 Dark green is twice the TN growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. This can be seen by looking at the northeastern track with 4.6K compared to the central part of the county with a census tract of 8.1K.

The majority of Henry County has positive growth ranging from .02% - 0.49%. However, some western tracts project population decline.

Demographics, cont.

2021 Median Age & Income



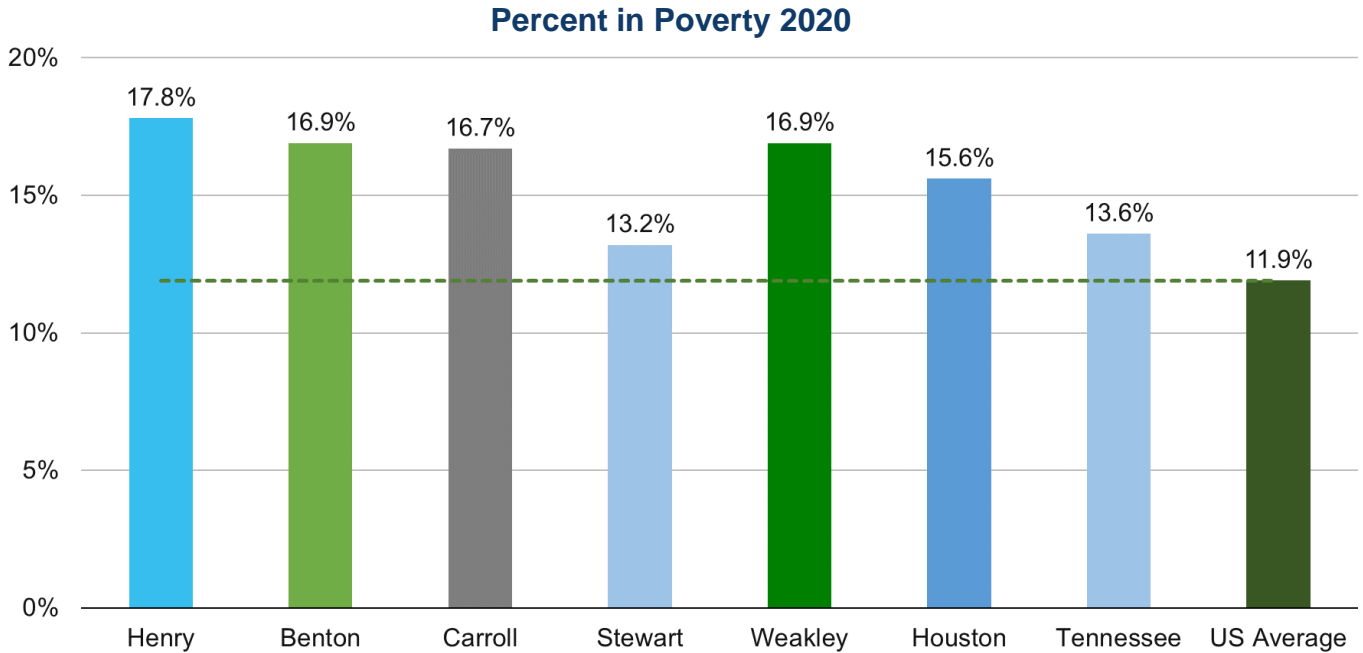
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in northeastern Henry County with a higher median age (57) than the tract closer to Paris with a median age of 37.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The northern census tracts with a higher median household income of \$45K-\$46K will probably have different needs than that of the tract in the heart of Henry County making \$28,000.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. The census tract located in the middle of the county shows 339 households making less than \$15,000 per year.

Demographics, cont.

Henry County's 2020 poverty percentage was 17.8% compared to Tennessee at 13.4% and the U.S. at 11.9%. The cost of living in Henry County was lower than TN and the U.S.



Business Profile

65% percent of employees in Henry County were employed in:

- Health Care & Social Assistance (17.9%)
- Retail Trade (15.1%)
- Manufacturing (14.1%)
- Accommodation and Food Service (6.6%)
- Wholesale Trade (6.2%)

Source: Esri

Retail, accommodation and food service offer health insurance at a lower rate than healthcare, public administration, and educational services.

Henry County's May 2022 preliminary unemployment was 3.5% compared to 3.3% for Tennessee and 4.0% for the U.S.

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

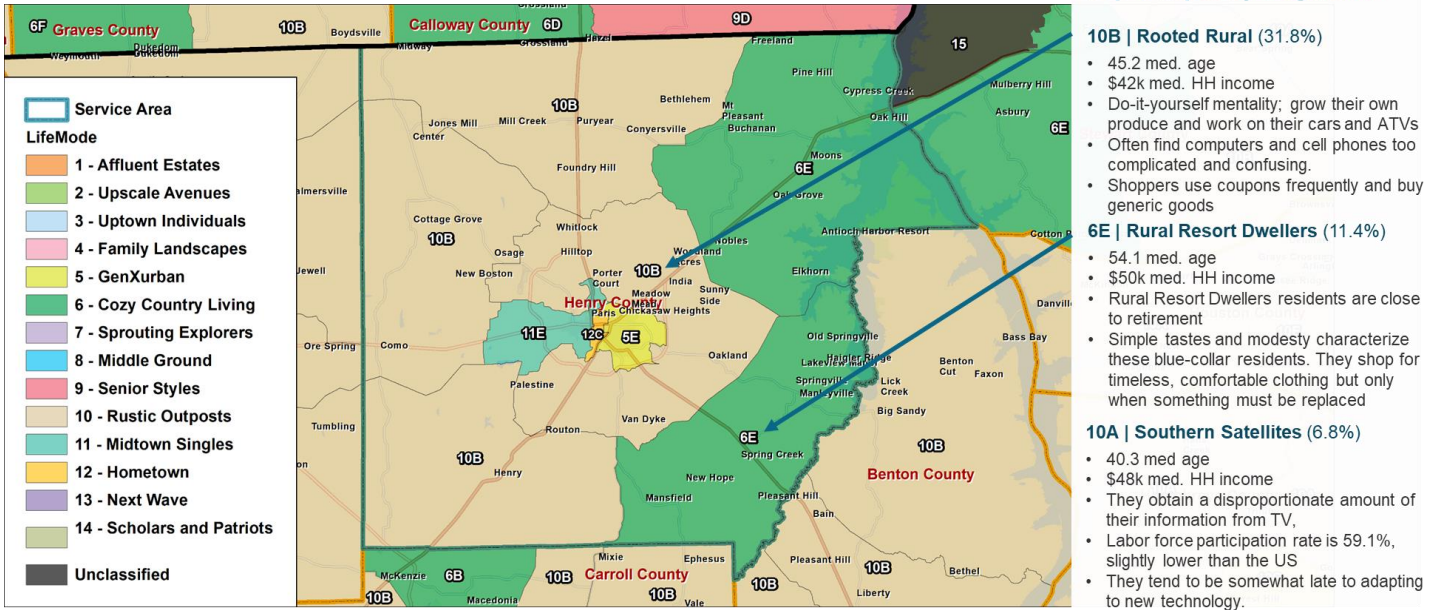
Tapestry Segmentation

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

The dominant Tapestry Segments in the county were Rooted Rural (31.8%), Rural Resort Dwellers (11.4%), and Southern Satellites (6.8%). The map below demonstrates the dominant Tapestry Segment by census tract.

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

Top three categories represent 50.0% of total households. **Top 3 Tapestry Segments**



Source: Esri

Community Survey Summary

Community Survey

Henry County Medical Center and Stratason conducted an online community survey in Henry County.

42 surveys were completed via online surveys from August 30 – October 24, 2022. Full survey results may be found in the appendices.

Most believe their health is good (66%) or fair (20%) with 12% indicating excellent and 2% as poor.

Respondents believed the most significant health issues in Henry County were:

- Obesity (63.8%)
- Substance (42.6%)
- Access to mental health services (38.3%)
- Access to affordable health insurance (29.8%)

Respondents believed the most significant health concerns for children and youth in their community were:

- Responsible, involved parents (47.9%)
- Healthy diet (31.3%)
- Obesity (22.9%)
- Stress/anxiety (22.9%)

Only 12.2% of respondents felt they did not have all they needed to manage their health conditions. Their most desired additional resources were:

- Affordable healthcare/insurance (33.3%)
- A better support system (33.3%)
- Financial assistance (22.2%)

The most important healthcare, health education, or public health services or programs that respondents wanted to see in their community were:

- Healthcare resources for the uninsured or poor (53.7%)
 - Affordable insurance (43.9%)
 - Senior services/elderly services (41.5%)
 - Affordable healthcare (41.5%)
-

Focus Groups Summary

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on April 5, 2022, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

The participants defined health as quality of life, wellness and wellbeing of the body, soul, and spirit. They believe it is relative and can be assessed daily.

The most significant health issues for the communities were:

- Food insecurity – cost of health foods, limited access
- Substance use – smoking, vaping, drug issues
- Mental health
- Physical health – heart disease, cancer, HBP, diabetes, obesity
- Healthcare – lack of services, transportation to appointments, need more preventative care, few options for uninsured and underinsured
- Socioeconomics
- Seniors

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Develop a social services hub and recruit social workers
- Provide better transportation
- Impact poverty
- Increase mental health providers, all inclusive clinic – mental health and physical PCP
- Affordable insurance, eliminate excess insurance hoops
- Affordable healthcare, free clinics, more equitable healthcare system, build a new hospital
- Better housing and neighborhoods
- Bring in more jobs
- Affordable education
- More parks, physical activities
- Start a trade school
- Implement a curfew and curtail kids' social media use

Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Henry County ranked 71st out of 95 Tennessee counties ranked for health outcomes (1= the healthiest; 95 = unhealthiest), and 50th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Henry County were higher adult smoking, higher percentage of adult obesity, higher physical inactivity, higher uninsured, lower percentage of postsecondary education, higher percentage of children in poverty, higher income inequality and higher injury deaths. The strengths were lower percentage of excessive drinking, social associations, and higher percentage of driving alone on a long commute.

When analyzing the health status data, local results were compared to Tennessee, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Henry County's results were worse than TN and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Tennessee and eventually the nation, Henry County must close several lifestyle gaps. For additional perspective, Tennessee was ranked the 43rd healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) Tennessee strengths were low prevalence of excessive drinking, high rate of high school graduation and low percentage of housing with lead risk. The challenges were high prevalence of frequent mental distress, high prevalence of multiple chronic conditions and high prevalence of cigarette smoking.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than Tennessee, it was identified as a strength, and where an indicator was worse than Tennessee, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

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

Comparisons of Health Status

In most of the following graphs, Henry County will be blue, Tennessee (TN) will be red, U.S. will be grey and the 90th percentile of counties in the U.S. will be gold.

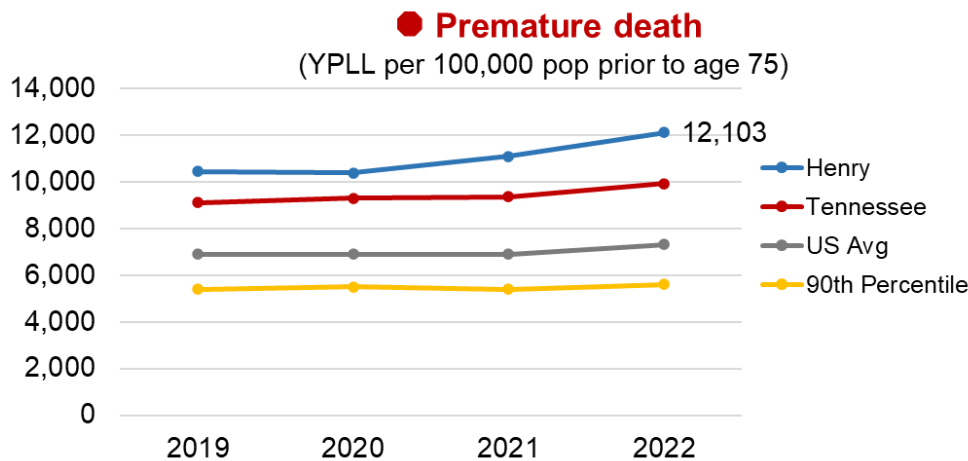
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Henry County ranked 71st in health outcomes out of 95 Tennessee counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Henry County ranked 74th in length of life in TN. Henry County lost 12,103 years of potential life per 100,000 population which was higher than TN and the U.S.

Henry County residents can expect to live 3.8 years less than the average U.S. resident.



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

2018-2020	
Henry County	73.2
Tennessee	75.3
US Avg*	77.0
90th Percentile	80.6

*Due to impacts of Covid, life expectancy in the US decreased 1.8 years from 2019.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

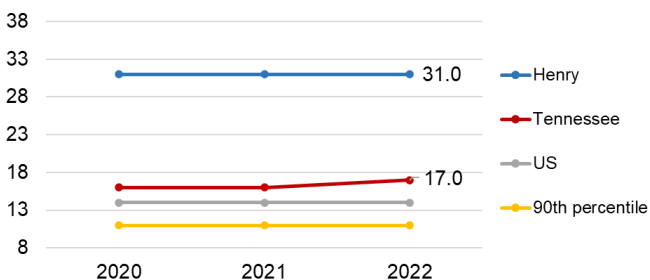
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Henry County	Tennessee	US
Heart Disease	265.3	212.0	168.2
Cancer	188.3	164.4	144.1
COVID-19*	87.2	80.3	85.0
Accidents (Unintentional Injuries)	77.8	86.5	57.6
Strokes	60.4	43.6	38.8
Respiratory Diseases	59.7	51.2	36.4
Alzheimer's	32.3	44.4	32.4
Diabetes	35.3	30.1	24.8
Suicide	31.2	17.2	13.5
Liver Disease	20.6	16.2	13.3
Influenza and Pneumonia	12.4	18.5	13.0
Nephritis, nephrosis	13.4	12.4	12.7
Parkinson Disease	9.7	12.1	9.9
Hypertension	9.8	12.2	10.1

Age-adjusted rates per 100,000 population.
 Henry County data combined from 2016-2020. US and TN data from 2020
 Rates that appear in red for a county denote a higher value compared to state data.
 Age Adjustment Uses 2000 Standard Population.

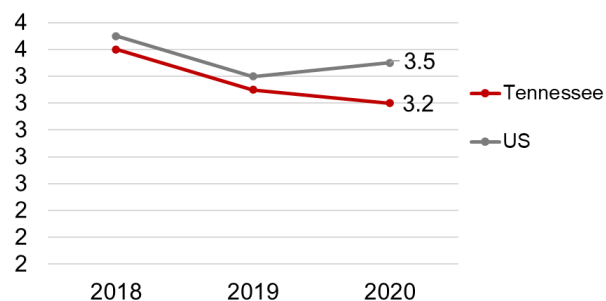
Rates in red had death rates higher than TN. The leading causes of death in Henry County were heart disease, cancer, COVID-19, accidents, followed by strokes and respiratory diseases.

● **Suicide Rate**
 (per 100,000 Population)



Age-adjusted rates per 100,000 population.
 Henry County, TN, Tennessee, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.

● **Teen Suicide Rate**
 (per 100,000 Population adolescents age 15-19)



Crude rates per 100,000 population.
 Tennessee, and US data are from individual years.
 Age Adjustment Uses 2000 Standard Population.

Henry County's suicide rate was above TN and the U.S., and the trend remains steady. The teen suicide rate in TN decreased slightly in 2020.

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



Photo Credit: The Paris Post-Intelligencer

Length of Life STRENGTHS

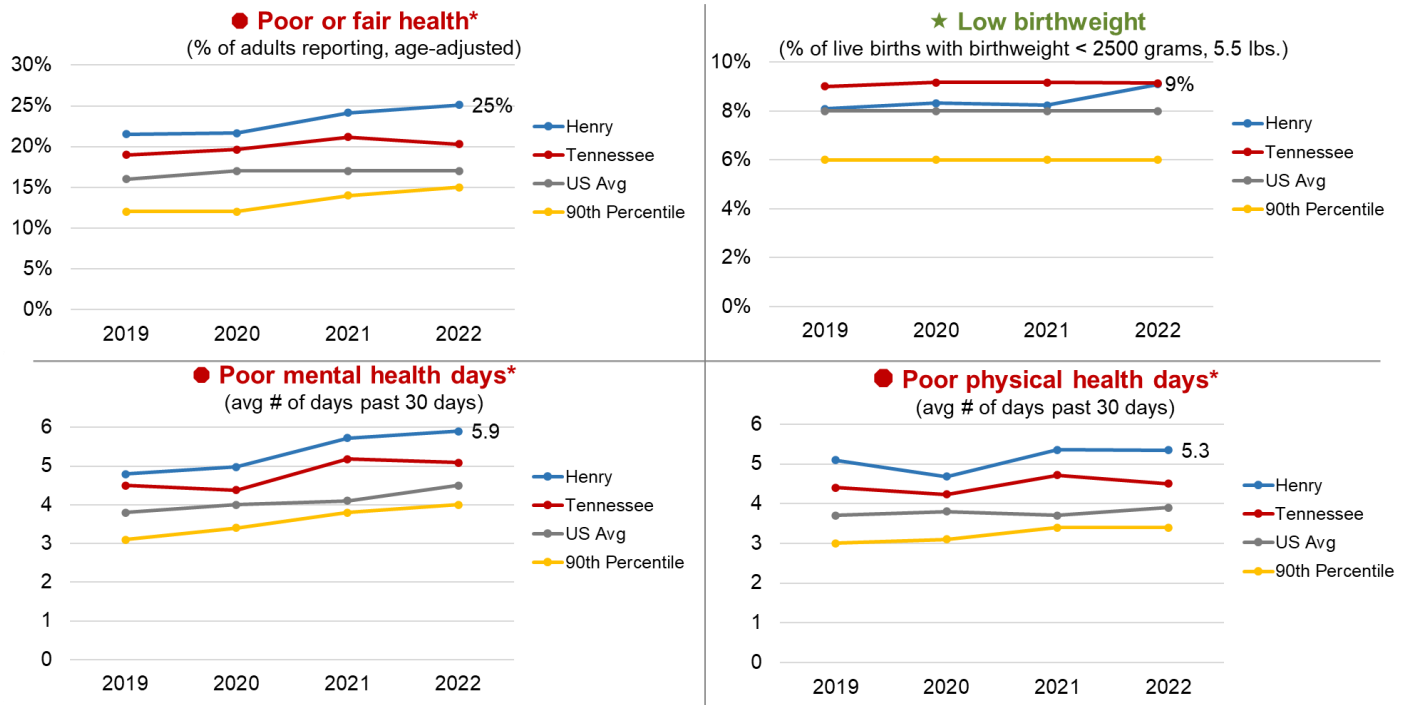
- Tennessee's teen suicide rate decreased from 2019 to 2020.
-

Length of Life OPPORTUNITIES

- Henry County had shorter life expectancy at 73.2 years than TN at 75.3.
 - Henry County had higher number of years of potential life lost prior to age 75 at 12,103 than TN at 9,913.
 - Henry County had higher death rates for all but five of the leading causes of death than TN.
 - Henry County had a higher suicide rate per 100,000 population at 31 than TN (17).
-

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Henry County ranked 66th in quality of life out of 95 Tennessee counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
 Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Quality of Life STRENGTHS

- Henry County had the same percentage of low birthweight babies at 9% as TN.

Quality of Life OPPORTUNITIES

- Henry County had a higher percentage of adults reporting poor or fair health at 25% than TN at 20%.
- Henry County had a higher average number of poor mental health days in the last 30 days at 5.9 than TN at 5.1.
- Henry County had a higher average number of poor physical health days at 5.3 than TN at 4.5.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Henry County ranked 50th in health factors out of 95 Tennessee counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Henry County ranked 70th in health behaviors out of 95 counties in Tennessee.

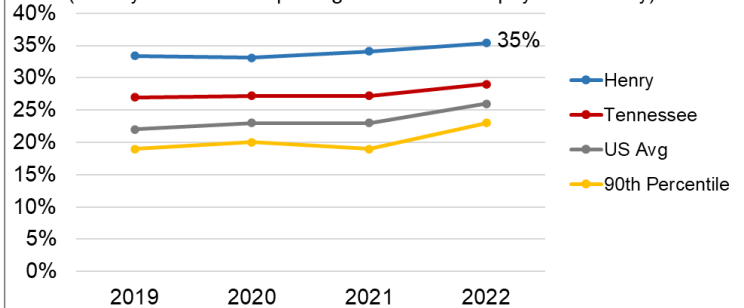
★ Adult obesity

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

2022	
Henry County	37%
Tennessee	37%
US Avg	32%
90th Percentile	30%

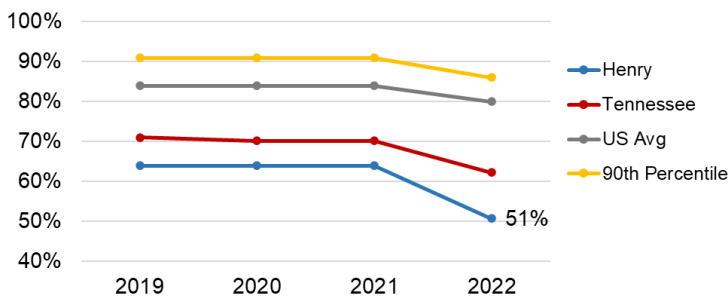
● Physical inactivity

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



● Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



● Adult smoking

(% that report every day or "most days")

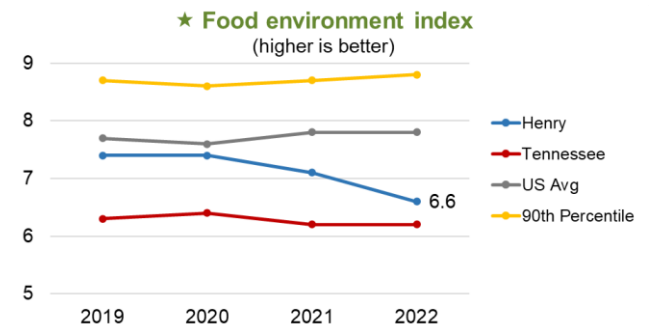
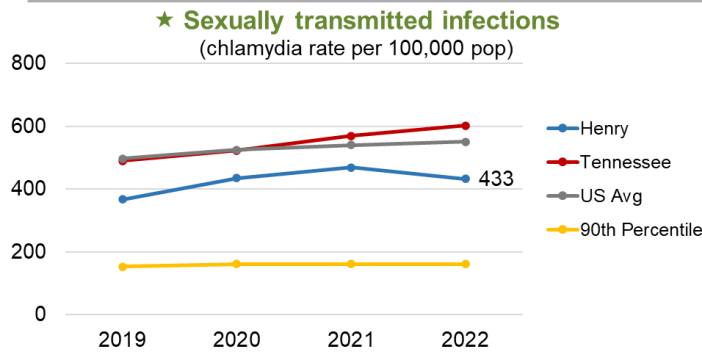
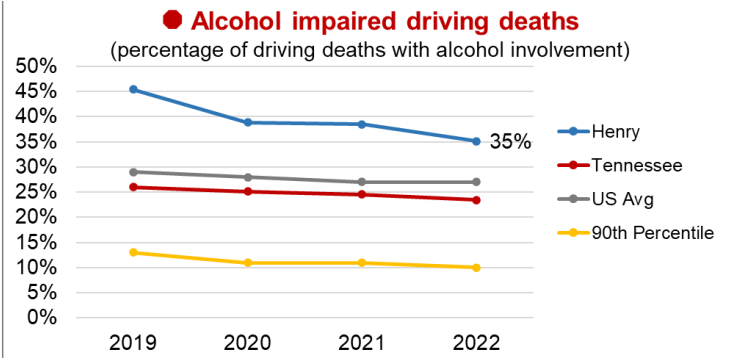
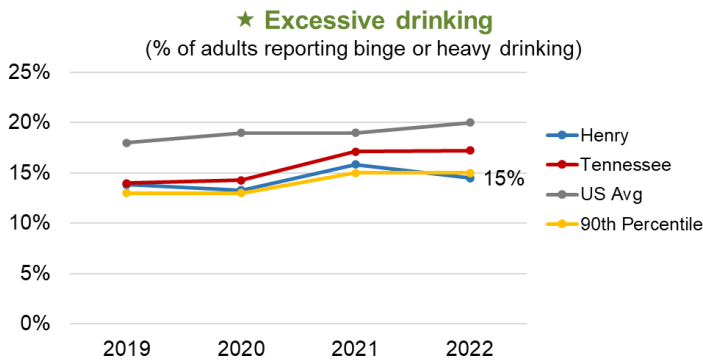
2022	
Henry County	27%
Tennessee	21%
US Avg	16%
90th Percentile	15%

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Health Behaviors, cont.



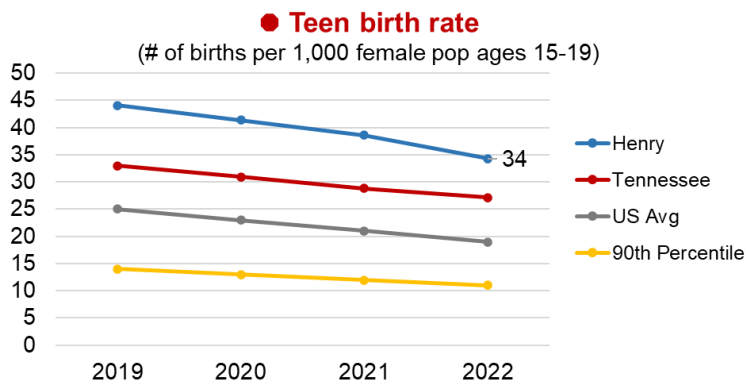
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

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



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

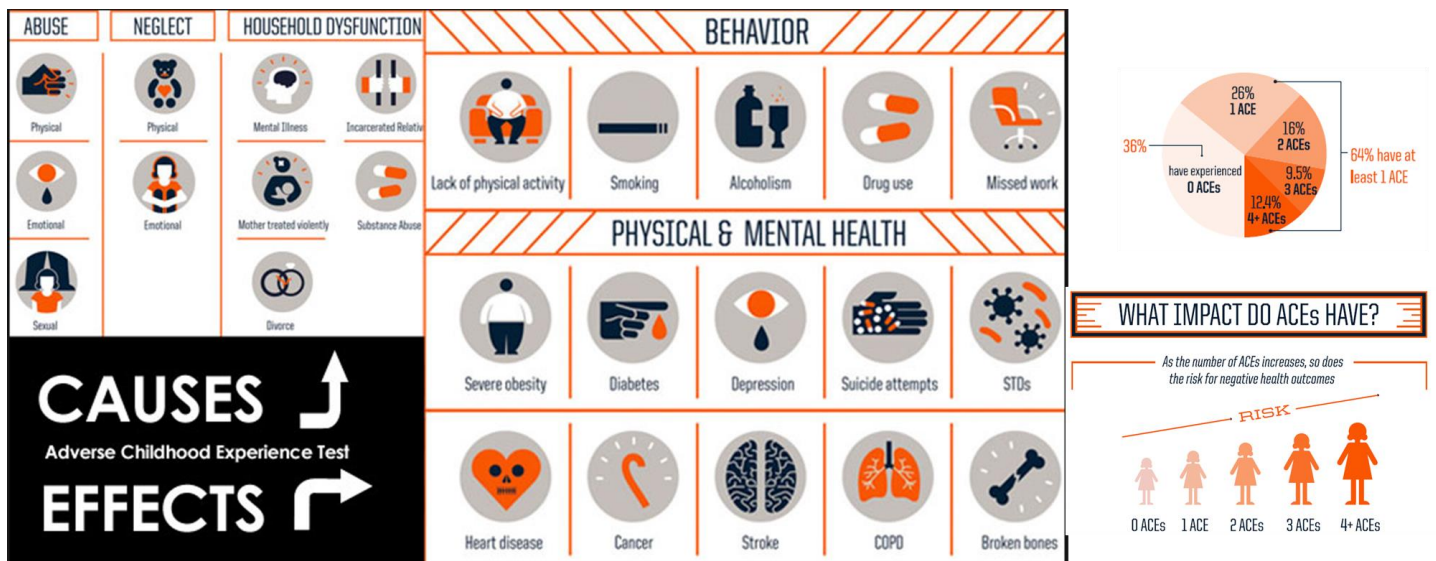
Henry County	2021
Asian	NR
Black	42
Hispanic	NR
White	34

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

Health Behaviors, cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, “Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.” ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
Tennessee	52%	24%	25%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Henry County. However, Tennessee had a lower percentage of youth with no ACEs, a lower percentage of youth with 1 ACE, and higher percentages of youth with 2 ACEs.



Photo Credit: The Paris Post-Intelligencer

Health Behaviors **STRENGTHS**

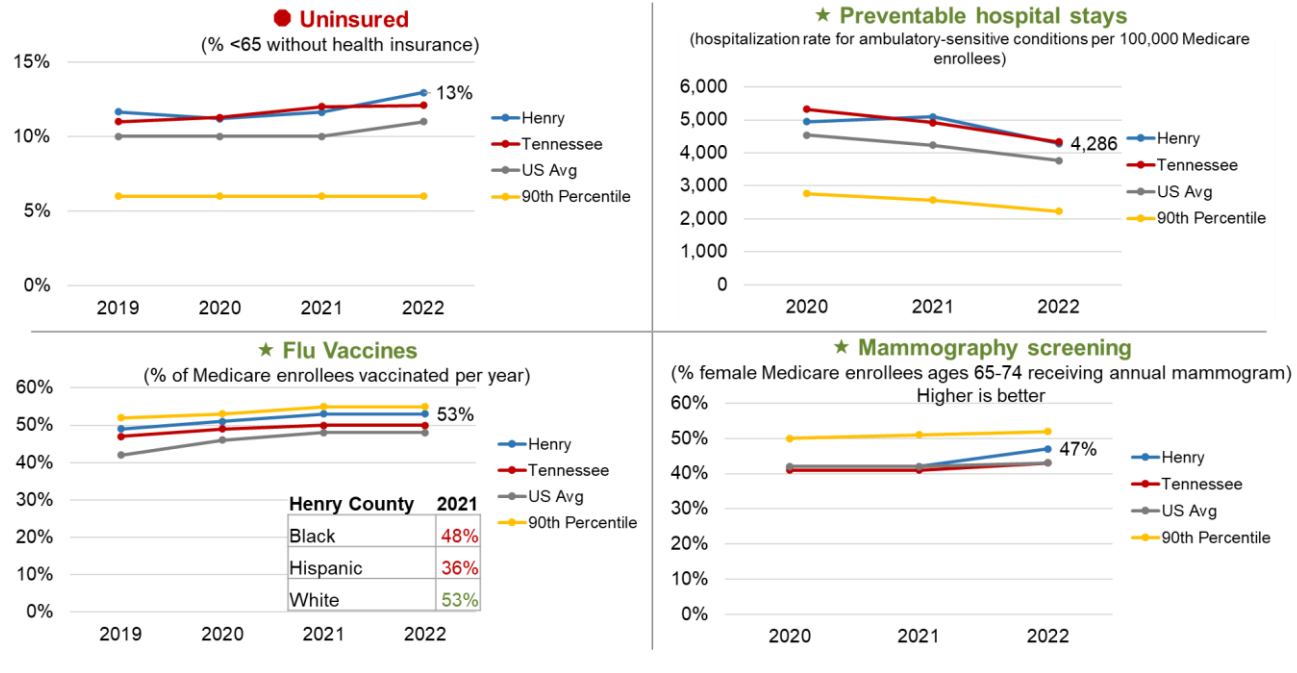
- Fifteen percent of Henry County reported binge or heavy drinking lower than TN at 17%.
 - Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Henry County (433) than TN (602).
 - The food environment index was higher (better) in Henry County (6.6) than TN (6.2).
 - Adult obesity in Henry County was the same as TN at 37%. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
 - The teen birth rate has decreased since 2019.
-

Health Behaviors **OPPORTUNITIES**

- Physical inactivity was higher in Henry County at 35% than in TN at 29%.
 - Fifty-one percent of Henry County had access to exercise opportunities compared to 62% of TN.
 - Twenty-seven percent of Henry County smoked, higher than TN at 21%.
 - Alcohol impaired driving deaths were higher in Henry County (35%) than in TN at 23%.
 - The teen birth rate in Henry County was 34 births per 1,000 female population ages 15-19, higher than TN at 27. The teen birthrate was higher among the Black population at 42 births per 1,000 female population ages 15-19.
 - Adult smoking was higher in Henry County at 27% than TN at 21%.
-

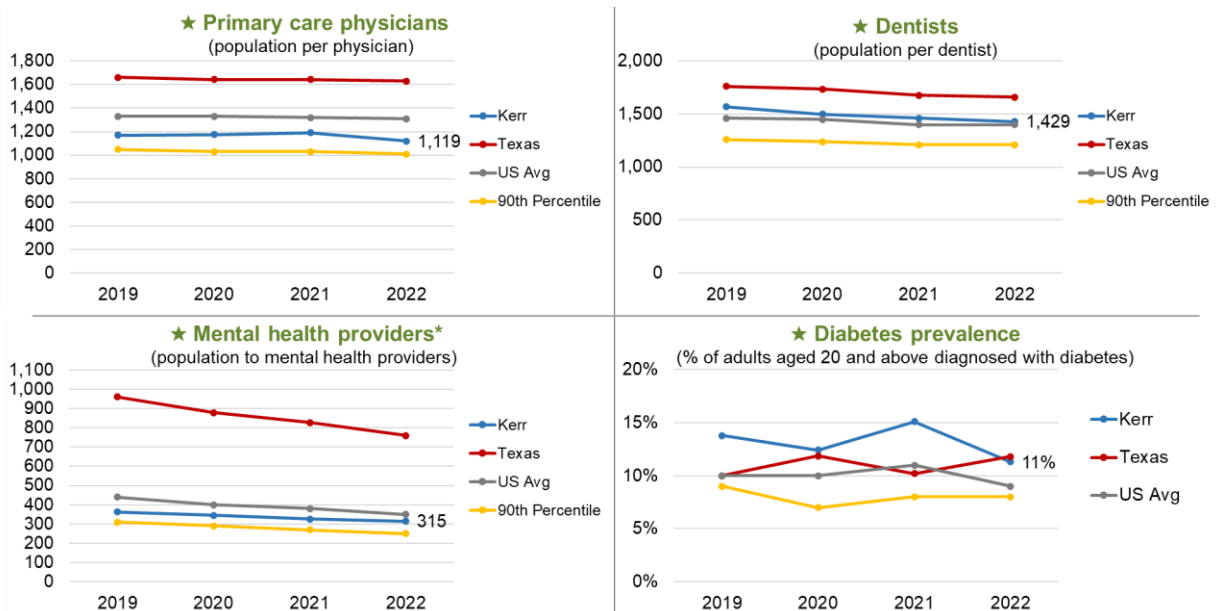
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Henry County ranked 15th in clinical care out of 95 Tennessee counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021

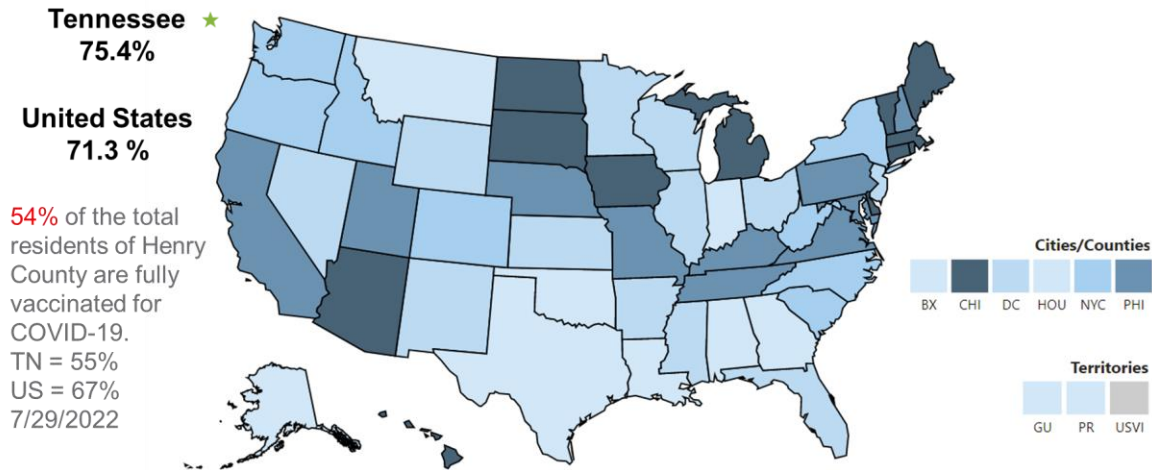
Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Clinical Care, cont.

TN had a higher vaccination percentage among children 24 months old than the U.S., but lower COVID-19 vaccination rates.

Vaccination Coverage Among Children and COVID-19 Vaccination Rates

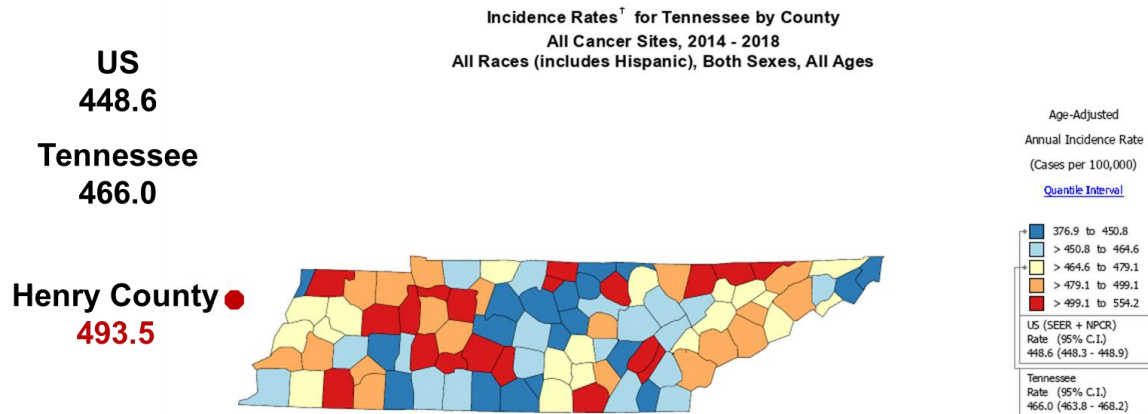
Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2018, National Immunization Survey-Child (NIS-Child), 2018



Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2018 data posted 2022)

Cancer Incidence Rates – TN Counties



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

Cancer incidence rates (cases per 100,000 population) were higher in Henry County (493.5) than in TN at 466 and the US at 448.6.

Clinical Care STRENGTHS

- The percent of Medicare enrollees with flu vaccines per year was higher in Henry County at 53% than TN (50%).
- Preventable hospital stays in Henry County were 4,286 per 100,000 Medicare enrollees which was lower than TN (4,331). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Mammography screening was higher in Henry County at 47% than TN at 43%.
- The population per mental health providers was 534 in Henry County, lower than TN (594).
- The percentage of vaccination coverage among children 19-35 months was higher in TN at 75.4% than the U.S. at 71.3%.

Clinical Care OPPORTUNITIES

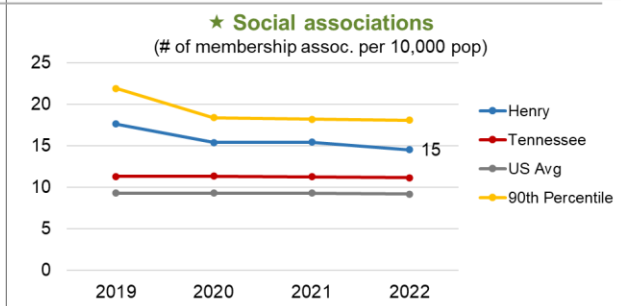
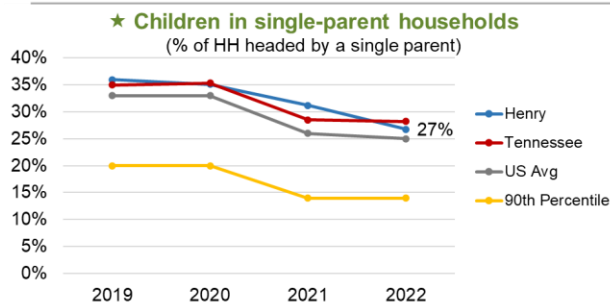
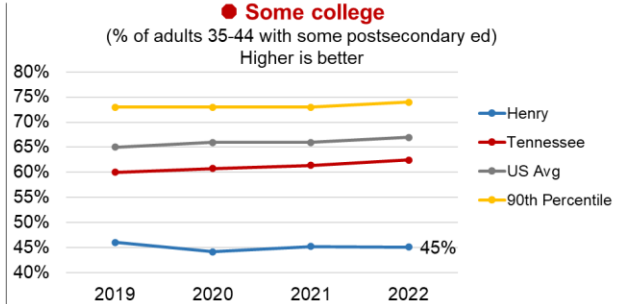
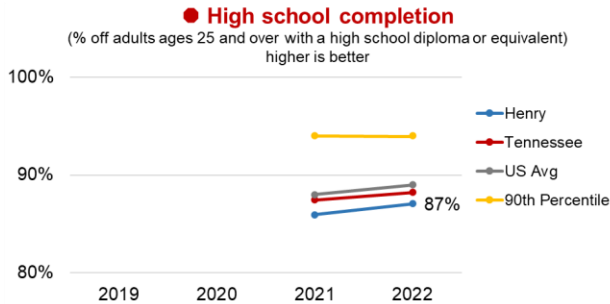
- The percent of population under sixty-five without health insurance was 13% in Henry County, higher than TN at 12%.
- COVID-19 vaccinations were slightly lower in Henry County at 54% than TN at 55%.
- The cancer incidence rate in Henry County was 493.5 cases per 100,000 population which was higher than TN (466), and than the US (448.6).
- The population per primary care physician was at 1,470 in Henry County, higher than TN (1,401).
- The population per dentists was 1,886 in Henry County, higher than TN (1,794).
- The percentage of adults with diabetes in Henry County was 13%, slightly higher than TN (12%).



Photo Credit: The Paris Post-Intelligencer

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Henry County ranked 66th in social and economic factors out of 95 Tennessee counties.

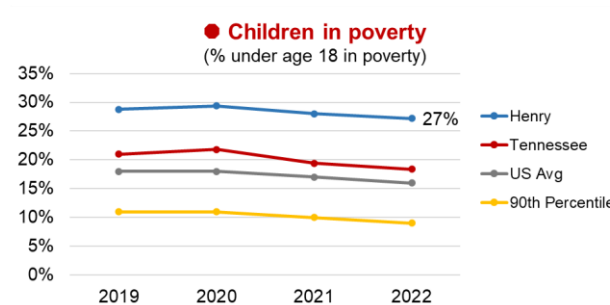


Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

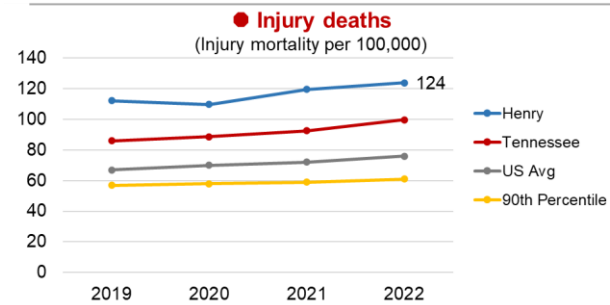
Source: Social associations - CHR; County Business Patterns, 2019



Children in poverty
(% under age 18 in poverty)

Henry County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	55%
Hispanic	50%
White	28%

59% of children are eligible for free or reduced-price lunches 2020-2021, compared to 41% for TN



Injury deaths
(Injury mortality per 100,000)

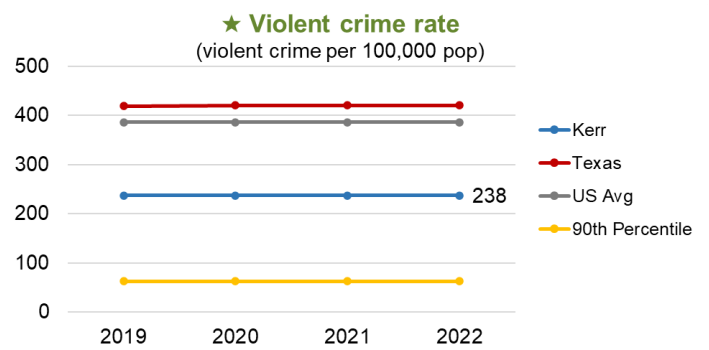
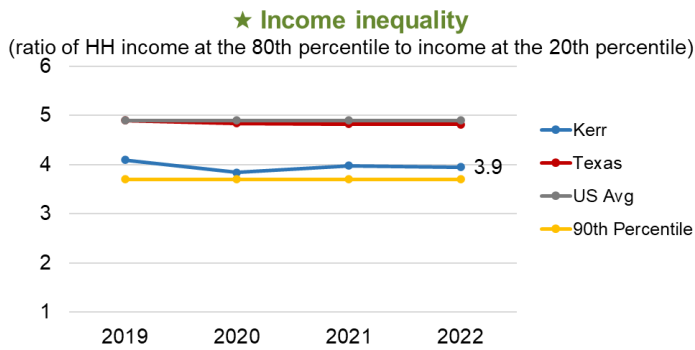
Henry County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	160
Hispanic	NR
White	126

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020

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

Social & Economic Factors, cont.



Social & Economic Factors STRENGTHS

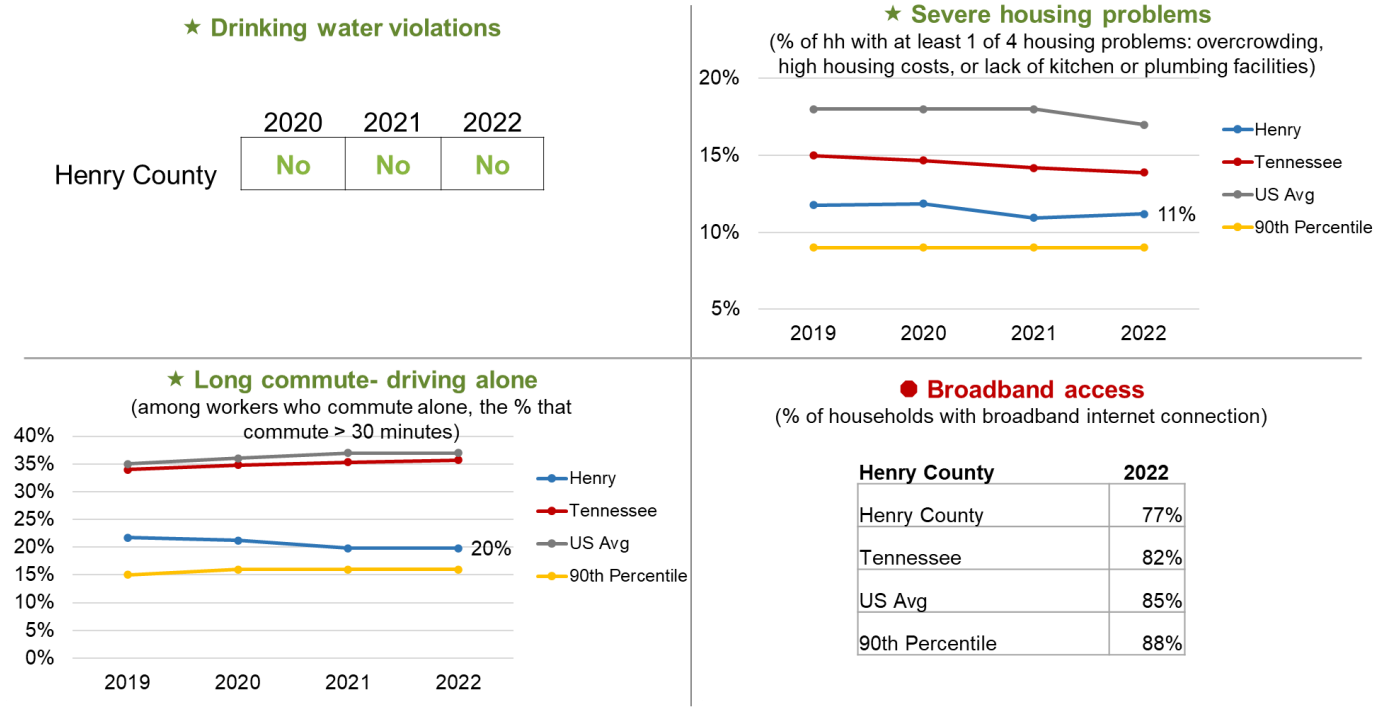
- The percentage of children in single-parent households was 27% in Henry County, slightly lower than TN (28%).
- Social associations were higher in Henry County at 15 memberships per 10,000 population than TN at 11 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- The violent crime rate in Henry County was 334 violent crimes per 100,000 population, which was lower than in TN at 621.

Social & Economic Factors OPPORTUNITIES

- Forty-five percent of Henry County adults had some postsecondary education which was lower than TN (62%).
- Injury deaths were higher in Henry County at 124 per 100,000 population than TN (100). Black injury deaths were higher at 160 than White injury deaths at 126.
- The children in poverty rate was higher for Henry County at 27% than TN at 18%.
- Higher percentage of Black (55%) and Hispanic (50%) children were in poverty than White children at 28%.
- The median household income in Henry County was \$49,627, lower than TN at \$61,059.
- The high school graduation rate was slightly lower in Henry County at 87% than TN (88%).
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was higher in Henry County at 5.0 than TN at 4.7.
- The poverty estimates for 2020 showed Henry County at 17.8%, higher than TN (13.6%).

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Henry County ranked 34th in physical environment out of 95 Tennessee counties.



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2018
Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Physical Environment STRENGTHS

- Henry County had a lower percentage of severe housing problems at 11% than TN at 14%.
- 20% of workers in Henry County who commute alone commute over 30 minutes, lower than TN at 37%.
- Henry County reported no drinking water violations in each of the last three years.

Physical Environment OPPORTUNITIES

- Broadband access was lower in Henry County at 77% than TN (82%).



Photo Credit: The Paris Post-Intelligencer

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There were Four Broad Themes that Emerged in this Process:

- Henry County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
- It takes partnerships with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Henry County has many assets to improve health.

Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

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

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community’s capacity to address it?

Most Significant Community Health Needs

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

1. Mental health – 13 votes
2. Healthy weight – 12 votes
3. Substance use – 11 votes
4. Social determinants of health – 10 votes
5. Access to care – 8 votes

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, we discussed what might be done to improve the health issue. Below are notes from the brainstorming.

Significant Health Need 1: Mental Health

- ✔ **Goal 1 – Accessibility of Providers, Awareness of mental health issues**
 - Action 1** – Create more working efforts geared toward available community mental resources.
 - Action 2** – Providing more coverage options for mental health services
 - Action 3** – Training existing physicians in mental health
 - Resources/Collaborators Needed: Health department, Carey Counseling, Existing providers*
- ✔ **Goal 2 – More funding options for mental health services and providers**
 - Action 1** – Grant opportunities for mental health services
 - Action 2** – More collaborative efforts with surrounding counties' mental health services
 - Resources/Collaborators Needed: Grant writers, Pathways, Four Rivers, Bridges*

Significant Health Need 2: Obesity/Healthy Weight

- ✔ **Goal 1 – Annually reduce BMI for school aged children by 2%**
 - Action 1** – Annually send student BMI information to parent/caregiver along with defined guidelines
 - Action 2** – Annually send healthy dietary plans and information about the negative effects of excessive screen time to homes with school aged children.
 - Resources/Collaborators Needed: School systems, Parents, Nutritionists*
- ✔ **Goal 2 – Create a summer walking competition for school aged children**
 - Action 1** – Get 30% participations in walking competition
 - Action 2** – Generate \$500 worth of prizes annually
 - Resources/Collaborators Needed: School systems, Parks & Rec sponsors*

Significant Health Need 3: Access to Care

- ✔ **Goal 1 – Prevention – Education/Raising awareness to 50% of students down to 6th graders**
 - Action 1** – Testimonials from adults who have experienced substance abuse
 - Action 2** – Develop resource book for “Different Types of Substance Abuse” + Training for teachers
 - Resources/Collaborators Needed: Teachers, Publishing companies*
- ✔ **Goal 2 – Treatment – decrease mortality by 8% ages 19-35 in 2 years**
 - Action 1** – Develop a better screening process for patients
 - Action 2** – Develop resource book with places that patients can call for help
 - Resources/Collaborators Needed: Publishing companies, Hospitals*

Community Health Goals and Actions Brainstorming, Cont.

Significant Health Need 4: Social Determinants of Health

- ✔ **Goal 1 – Food pantry to refer food and secure patients by the end of 2023 by reducing food insecurity by 5%**
 - Action 1** – Work with second Harvest to develop Food Pantry and distribute food on our location quarterly
 - Action 2** – Develop a resource list to give to patients of where to access other food pantries*Resources/Collaborators Needed: Food Pantries*
 - ✔ **Goal 2 – Develop a transportation plan, initial meeting within the first quarter of 2023**
 - Action 1** – Meeting with city, county, and region to see what transportation resources are available
 - Action 2** – Looking for grants/fund to support transportation plan
 - Action 3** – Work on the development of a mobile unit to take care to the patients*Coalition, other social assistance groups, law enforcement*
Resources/Collaborators Needed: City/County, Transportation systems
-

Significant Health Need 5: Access to Care and Insurance

- ✔ **Goal 1 – Transportation**
 - Action 1** – Increase transportation or meet the patients where they are
 - Action 2** – TeleHealth advocate. Educate community and encourage usage*Resources/Collaborators Needed: TeleHealth, transportation services*
 - ✔ **Goal 2 – Availability and Full Service of a Provider (may be best met by TeleHealth)**
 - Action 1** – Ask for community/church involvement for a volunteer program
 - Action 2** – Have a clinic and someone readily available to assist with laptop usage and additional appointments*Resources/Collaborators Needed: Churches, non-profits, volunteer programs, clinics*
-

Impact of 2019 CHNA and Implementation Plan

Impact

In 2019, Henry County Medical Center and the Paris-Henry County Healthcare Foundation engaged Conduent Healthy Communities Institute (HCI) to inform community health efforts and assist with conducting the Community Health Needs Assessment and implementation plan. The three areas of focus that emerged for HCMC to focus their efforts were as follows:

- Behavioral Health
- Children's Health
- Chronic Disease

The organization began strategizing on these three areas, looking at the following strategies:

1. Establish a strong regional collaborative or network to increase the coordination, sustainability, and impact of efforts.
2. Build the professional capacity of stakeholders to address mental health in the community.
3. Develop a mental health campaign to address stigma for targeted audiences (e.g., children, parents, men, older adults).
4. Partner with health providers in the region to ensure the Chronic Care Model (CCM) is implemented consistently across primary care practices.
5. Leverage and expand farmer's markets to increase the availability and accessibility of healthy foods in the community.
6. Promote physical activity for children and families in partnership with school-based stakeholders.
7. Consider opportunities to implement Health in All policies that cut across sectors to support sustained, community-level change.

COVID-19 impacted implementation of many of these efforts in 2020, 2021, and 2022. Groups were unable to meet in person and services were limited in the community. However, there was progress that was made impacting the strategies and initiatives. HCMC and the Paris-Henry County Healthcare Foundation received funding that impacted these strategies through grants:

- Delta Region Community Health Systems Development (DRCHSD) Program – awarded to HCMC which provided support through a part-time community champion who worked with the Marketing and Public Relations Department to educate the community on health needs and ways to address them. The biggest health need addressed by this grant was the behavioral health focus. A community collaborative was launched in February 2021 where the group met virtually to address poverty, access, and education related to mental/behavioral health. In May 2021 an educational campaign was presented to the community to address the stigma around behavioral health and was well received. In February 2022, HCMC expanded outpatient behavioral health services to the community with a telehealth partnership with Integrative Health Centers. The campaign and addressed need have been featured by HRSA and has led to the DRCHSD program to develop a behavioral health toolkit for partners across the national based on our accomplishments.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

- For detailed information on the educational campaign - [Behavioral Health Initiative, Paris, TN | HCMC | Henry County Medical Center \(hcmc-tn.org\)](#) For detailed information about IHC partnership - [Paris Behavioral Health \(IHC\), Paris, TN | HCMC | Henry County Medical Center \(hcmc-tn.org\)](#) Impact to the community - [Community Health Information | HCMC | Henry County Medical Center, Paris TN \(hcmc-tn.org\)](#) HCMC has been able to actively complete #3 and address #2 of the seven strategies through this effort.
- Rural Health Network Development Grant (RHND) – awarded to the Paris-Henry County Healthcare Foundation and the Delta GrowWell Network to develop a telehealth network in northwest TN to expand care, especially for mental/behavioral health as well as chronic conditions. Thanks to the grant and the network which established partnerships with two federally qualified health centers, school systems, several rural health clinics and primary care clinics, as well as community partnerships, the telehealth network is now offering outpatient mental/behavioral health for both pediatrics and adults, nutritional and diabetic counseling for those with these chronic conditions virtually as well as nutrition classes in a hybrid and virtual manner. Other services that are beginning to be launched to help address chronic conditions and children’s health are breastfeeding classes, pediatric visits, visits with primary care, and the development of telehealth services for our Industrial Wellness partners. HCMC has been able to actively develop and work on #1 and #7 of the seven strategies through this effort. To learn more about this program - [Telehealth Services, Paris, TN | HCMC | Henry County Medical Center \(hcmc-tn.org\)](#)
- Delta Rural Health Network Development Grant – awarded to the Paris-Henry County Healthcare Foundation and the Delta GrowWell Network to address chronic health conditions in rural West TN. The grant focuses on programs to address needs identified by providers and residents of the region including school-based health services to proactively prevent obesity and address behavioral health among at-risk children, care coordination, chronic disease self-management, access to affordable medicines, access to medical specialists, and transportation assistance. The target population for GrowWell TN is adults and children in rural communities throughout the region who are at risk for obesity or those who have chronic conditions such as diabetes, cardiovascular disease, and cancer. The primary partners of the GrowWell TN Consortium are Paris-Henry County Healthcare Foundation and Henry County Medical Center, Methodist Le Bonheur Community Outreach and Le Bonheur Children’s Hospital, and Hardeman County Community Health Center. At HCMC, we offer chronic disease prevention classes like Cardiac Rehab Nutrition, Pulmonary Rehab Nutrition, Living Well with Chronic Conditions, Take Control of Your Diabetes, Prevent Type 2 Diabetes and Smoking Cessation classes. The Chronic Disease Management Program offers monthly screenings and individual chronic disease management counseling to individuals with insurance as well as those with limited or no health insurance. The Pharmacy Assistance program is designed to assist individuals who have limited or no prescription drug coverage. Through this program, individuals who qualify are able to receive their prescriptions at little to no cost.

Impact of 2019 CHNA and Implementation Plan, cont.

Impact

- HCMC has been able to actively develop and work on #1, #4, and #6 of the seven strategies through this effort. To learn more about these programs - [GrowWell TN | Delta Rural Health Initiative | HCMC | Henry County Medical Center, Paris TN \(hcmc-tn.org\)](#)



Photo Credit: Paris-Henry County Chamber of Commerce

Appendices

1. Community Survey
2. Focus Group Summary
3. Community Asset Inventory

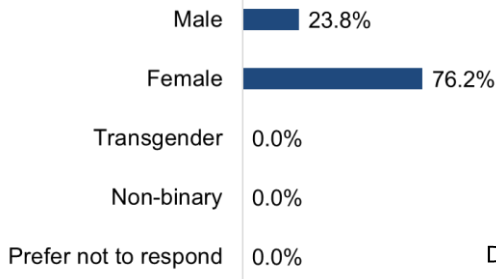
Community Survey Summary

Survey Summary

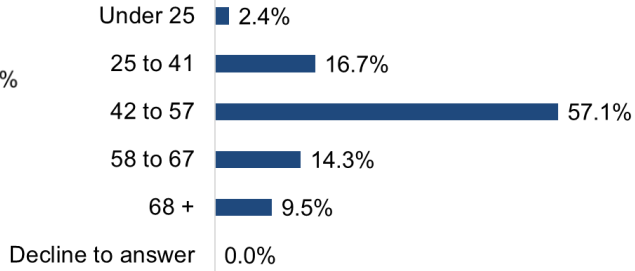
HCMC and Stratasan conducted an online community survey in Henry County. Stratasan combined and analyzed the results. 42 surveys were completed via online surveys from August 30 through October 24, 2022.

Demographics

Gender

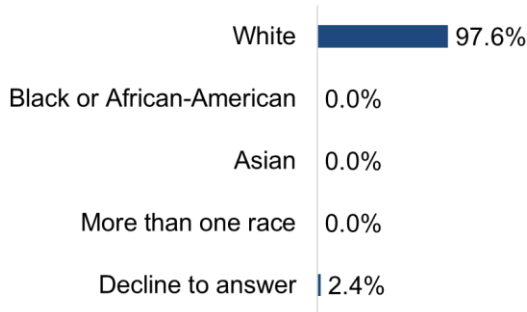


Age



N=42 Q44. What is your gender? N=42 Q45. Which of the following ranges includes your age

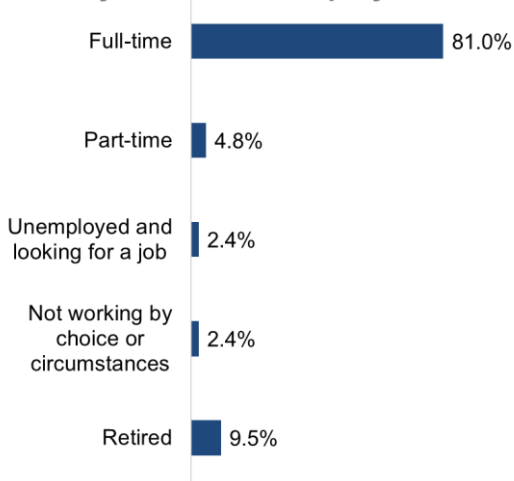
How would you best describe yourself?



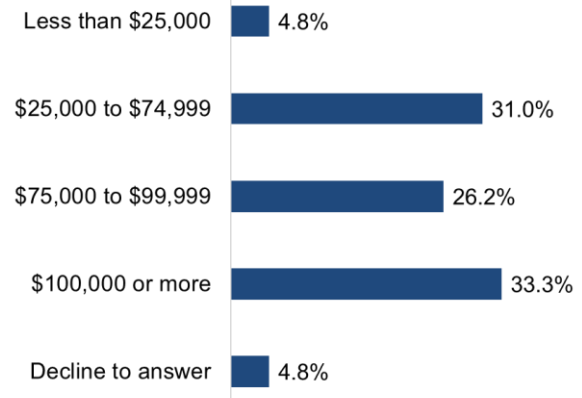
Are you of Hispanic/Latino/Spanish Origin?



What is your current employment status?



Which of the following includes your annual household income?



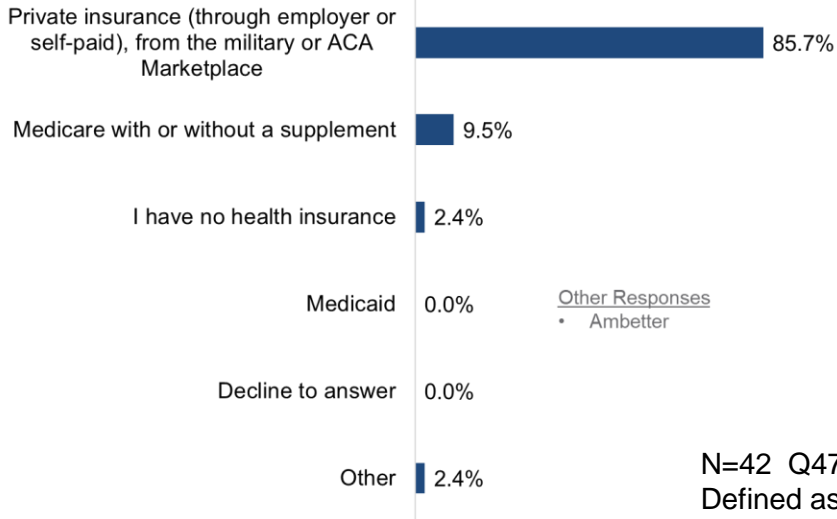
N=42 Q51. How would you best describe yourself?

N=42 Q52. Are you of Hispanic/Latino/Spanish Origin? N=42 Q49. What is your current employment status?

N=42 Q50. Which of the following includes your annual household income?

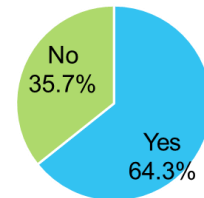
Community Survey Summary, cont.

Which of the following best describes your health insurance situation?



N=42 Q46. Which of the following best describes your health insurance situation?

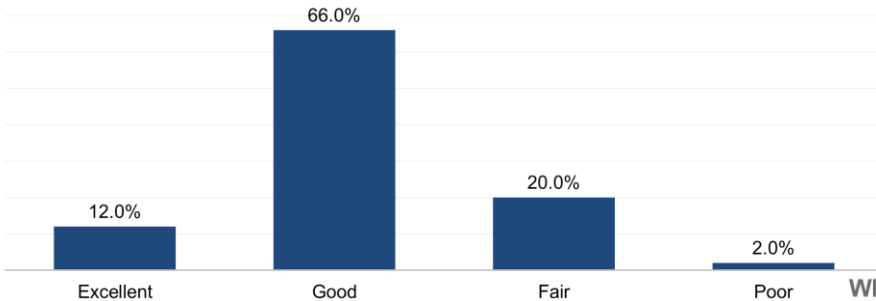
Do you have a high deductible health plan?



N=42 Q47. Do you have a high deductible health plan? Defined as a deductible over \$1,350 for individual and \$2,700 for a family.

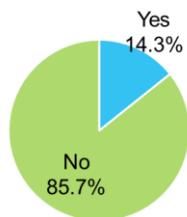
Results

Generally, how would you describe your health? Would you say it is...



N=50 Q2. Generally, how would you describe your health? Would you say it is...

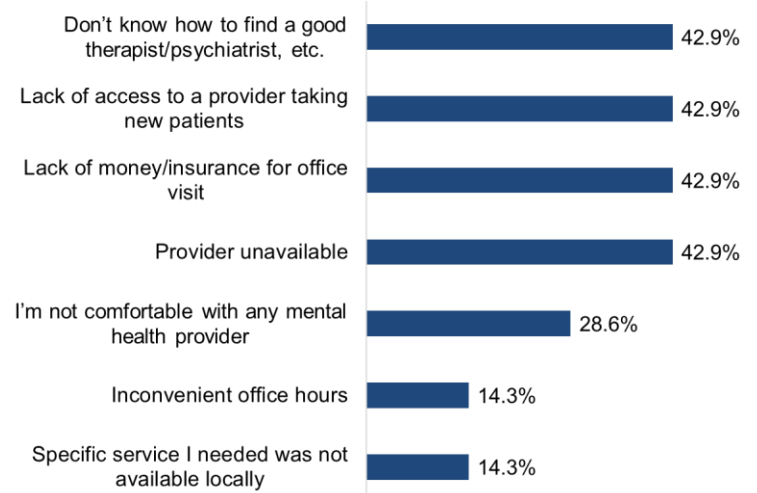
Was there a time in the past 12 months when you needed to see a mental health professional but could not?



N=49 Q9. Was there a time in the past 12 months when you needed to see a mental health professional but could not?

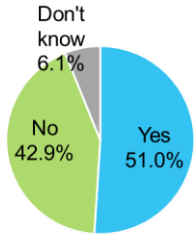
N=7 Q10. If yes, what are some of the reasons why you could not see a mental health professional? (Select all that apply)

What are some of the reasons why you could not?



Community Survey Summary, cont.

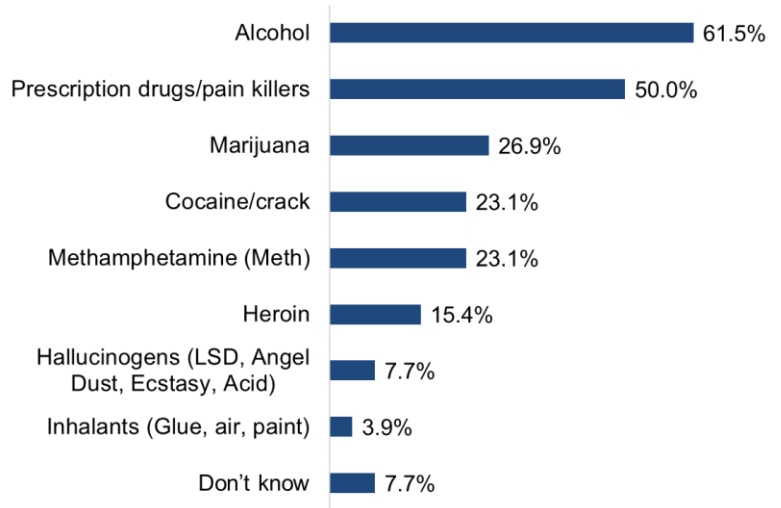
Have you, a relative or close friend experienced substance abuse or addiction?



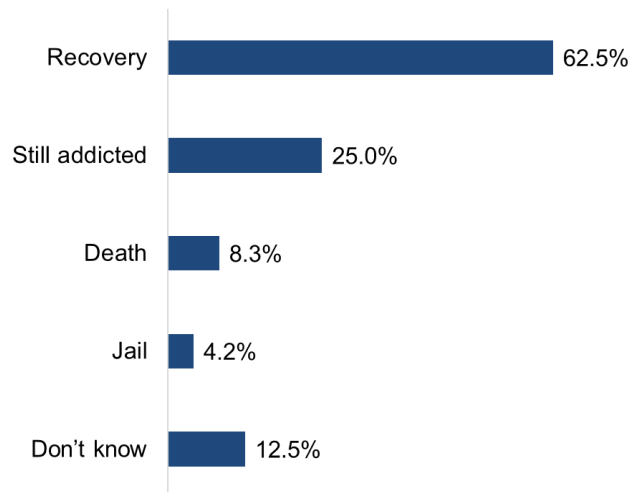
N=49 Q12. Have you, a relative or close friend experienced substance abuse or addiction?

N=26 Q13. If yes, what substance was involved?

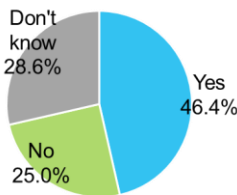
What substance was involved?



What was the result of the addiction?



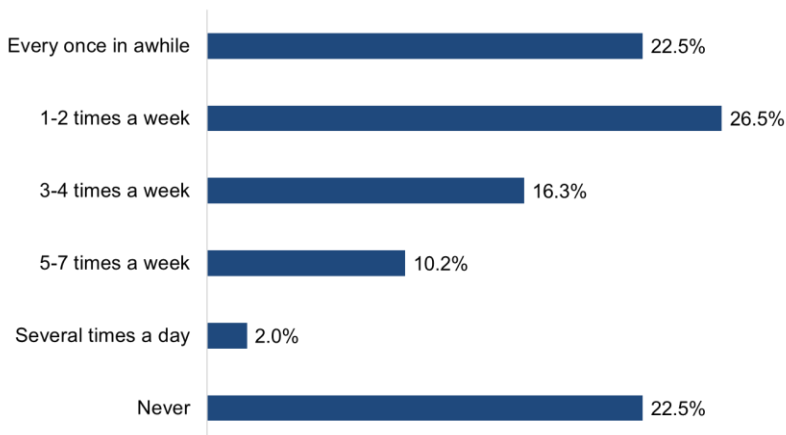
If yes, was addiction treatment available?



N=28 Q14. If yes, was addiction treatment available?

N=24 Q15. If yes, what was the result of the addiction?

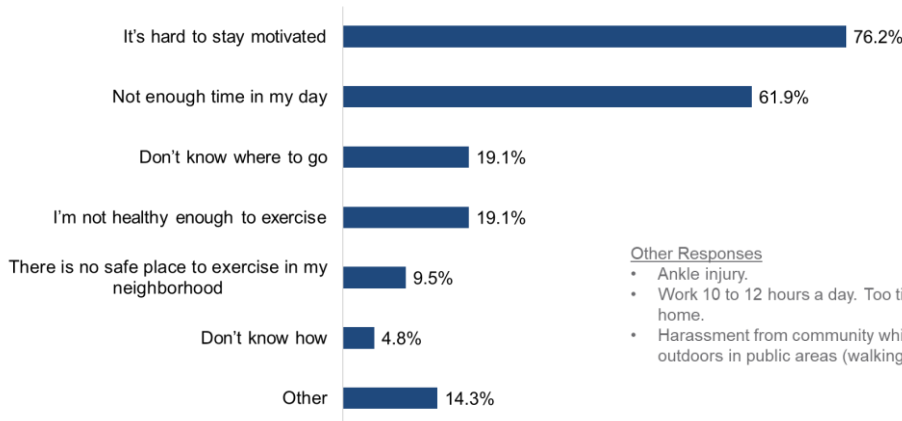
During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?



N=49 Q18. During the past month, other than on your regular job, about how often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?

Community Survey Summary, cont.

If never, what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

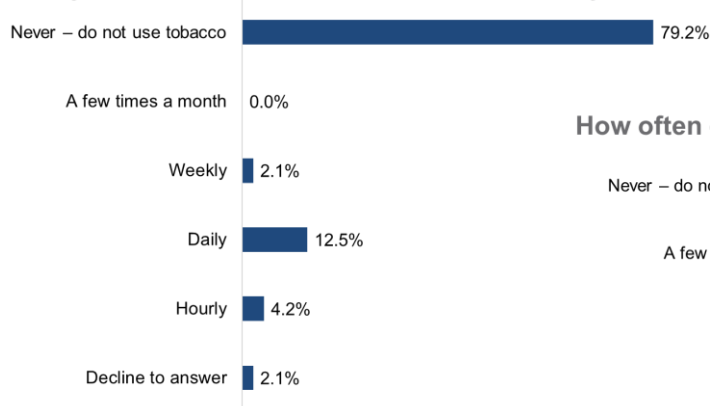


N=21 Q19. If never, what are the reasons you have not participated in any exercise during the past month? (Select all that apply)

Other Responses

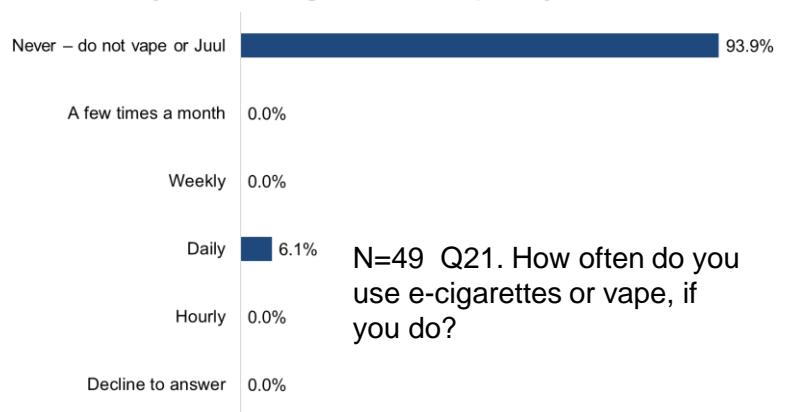
- Ankle injury.
- Work 10 to 12 hours a day. Too tired when I get home.
- Harassment from community while exercising outdoors in public areas (walking/biking/etc).

How often do you smoke or use smokeless tobacco, if you do?



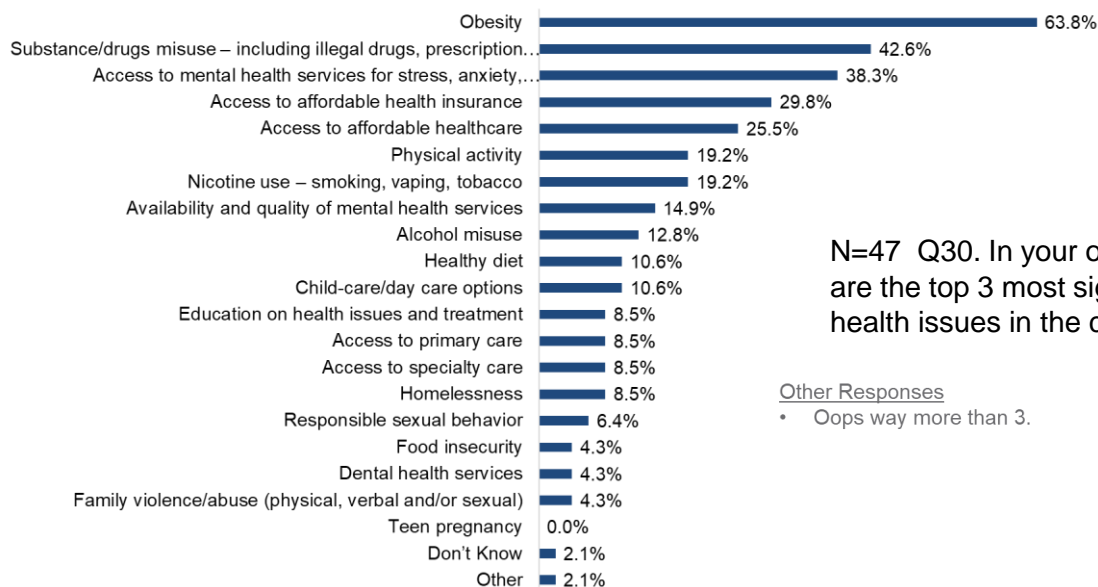
N=48 Q20. How often do you smoke or use smokeless tobacco, if you do?

How often do you use e-cigarettes or vape, if you do?



N=49 Q21. How often do you use e-cigarettes or vape, if you do?

In your opinion, what are the top 3 most significant health issues in the county?



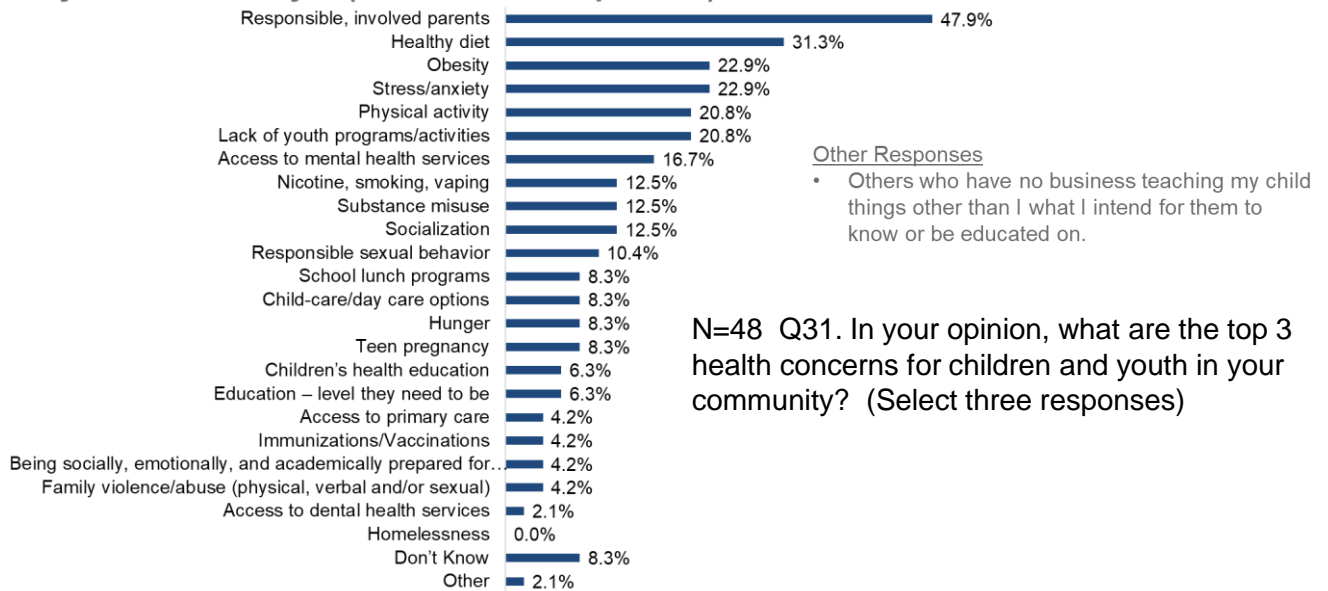
N=47 Q30. In your opinion, what are the top 3 most significant health issues in the county?

Other Responses

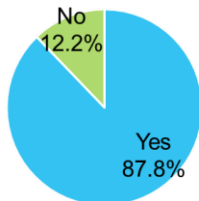
- Oops way more than 3.

Community Survey Summary, cont.

In your opinion, what are the top 3 health concerns for children and youth in your community? (Select three responses)



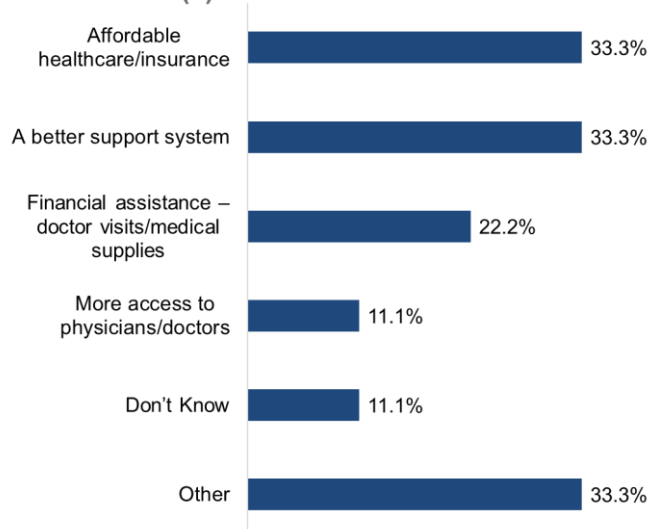
Do you feel you have all that you need to manage your health condition(s)?



N=41 Q34. Do you feel you have all that you need to manage your health condition(s)?

N=9 Q35. If no, what do you need in order to manage your health condition(s)? (Select all that apply)

What do you need in order to manage your health condition(s)?

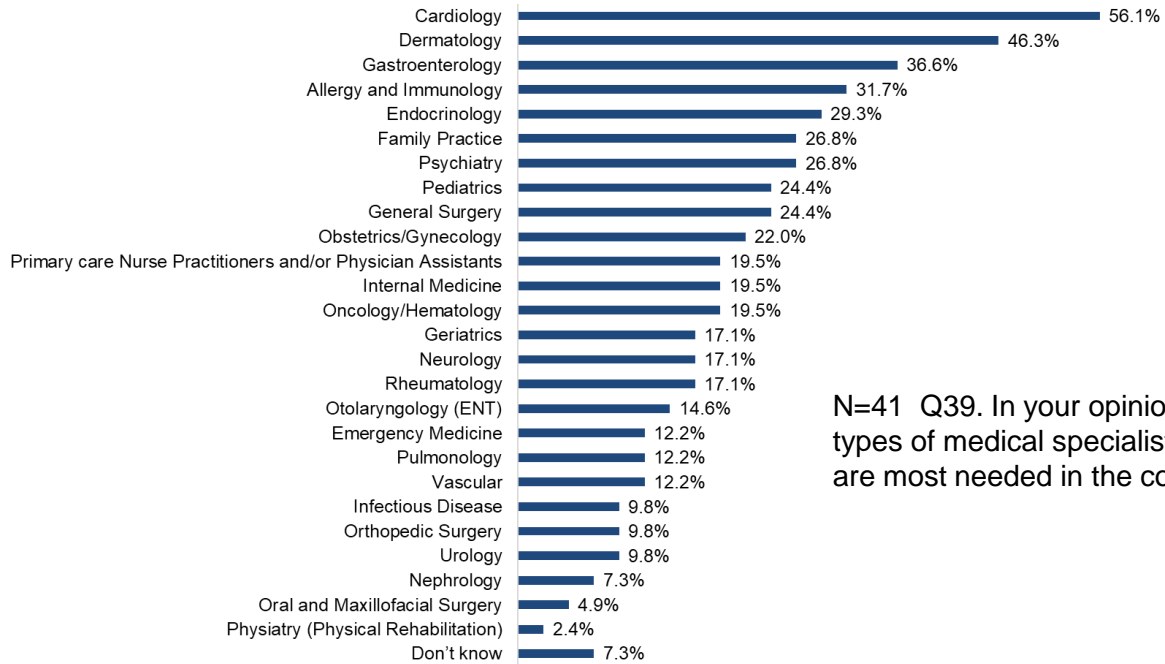


Other Responses

- Would like access to HCMC wellness center at a discounted price to workout on a regular basis.
- N/A.
- Better hospital.

Community Survey Summary, cont.

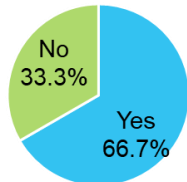
In your opinion, what types of medical specialists, if any, are most needed in the county?



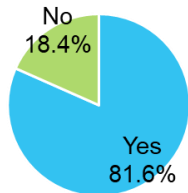
N=41 Q39. In your opinion, what types of medical specialists, if any, are most needed in the county?

Covid-19 Questions

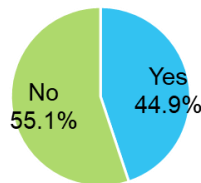
Have you received the Covid-19 vaccine?



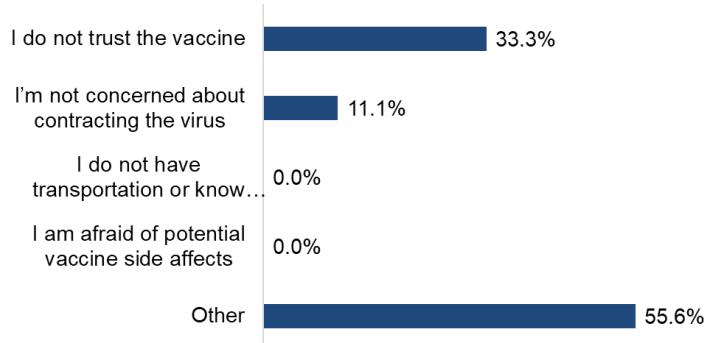
Have you received the Covid-19 vaccine?



Have you received the Covid-19 booster(s)?



What statement best describes your reason for not getting the Covid-19 vaccine?



Other Responses

- Religious beliefs/reasons (3).
- Religious and medical.
- The vaccine does not prevent contracture of the virus.

N=48 Q26. Have you ever been diagnosed with Covid-19?
 N=49 Q27. Have you received the Covid-19 vaccine?
 N=9 Q28. If no, what statement best describes your reason for not getting the Covid-19 vaccine?
 N=49 Q29. Have you received the Covid-19 booster(s)?

Focus Group and Interview Results

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in individual interviews and focus groups on July 19, 2022, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. How do you define health?

- Quality of life
 - Lead a full quality life
 - Health of individuals
 - Mental, physical, spiritual and how it contributes to the community
 - Mental, physical and quality of life
- Well-being – body, soul, spirit
 - Ability to function and interact
 - Ability to pursue what you want
 - Exist, be part of the community
 - State of being physical, mental prevention of disease and ability to maintain a quality of life. Different for people
 - Physically, mentally fit
 - Well-being – mental, physical, emotional, spiritual feeling
 - Healthy to monitoring health
 - Physical, mental well-being
 - Emotional, social needs met
 - Physical, mental, emotional well-being
 - Whole well-being, health, happiness
- Daily, physical well-being
 - Smoking, drinking, exercise
- Relative
 - Healthy for one not healthy for another
 - Managing lifestyle, body and needs the best way you can
- Wellness
 - Encouragement for wellness
 - Trying to achieve the ultimate wellness for your body
 - Wellness, way of living

2. For the purposes of this Community Health Needs Analysis, the community is Henry County, in your opinion how would you rate the health of your community 1-5 rating?

- Challenges, strengths
 - Hard to generalize a whole community
- Not very good
 - Not very good, major bumps in the road
 - Bottom portion of state and state bottom portion of country

Focus Group Results, cont.

- Socioeconomic impact
- Unusual number of people who neglect their health
- Lack of opportunities for specialties in rural setting
 - Mental health
 - Mental health isn't a priority lack of providers. Have to travel to a big city.
 - Behavioral telehealth grant. No incentive for doctors to come here unless they have roots here
 - Farmers, migrant workers don't go to the doctor
 - Health is not a priority
 - Doctors should be making house calls for prevention
 - Lack of education in kids
 - Social media friends, not taught in school
- Fair, depends
 - Some healthy, some not

3. What do you feel are the biggest health issues that face the residents in our area? What types of issues do you hear from residents?

- **Food insecurity**
 - Poor eating habits, fast food, food deserts, limited healthy choices, cost of food
 - Outside Paris, even harder to access healthy foods
 - Diet-fried foods, fast food
- **Substance Use**
 - Smoking II – enough data to know impact, Vaping II - they don't know what it will do and so much worse, need education in schools on vaping
 - Drug issues
- **Mental health**
 - Mental health IIII – self-medication starts in childhood, mass shootings
 - Trauma "druggies" fall through the cracks
 - Kids with anxiety or depression
 - No child psych providers
 - Mental health needs - big problem
 - Few services, not resources for child therapy
 - Don't have private mental health providers
 - Stress
- **Physical health**
 - Lots of chronic diseases
 - Heart disease III,
 - Cancer II
 - high blood pressure (HBP) II
 - Diabetes IIII – poorly controlled, snack, eat, less activity

Focus Group Results, cont.

- Obesity is high IIIII
 - overweight
 - Obesity getting higher based on kids' activities, cell phones
 - Exercise, affecting mobility
- Affordability
 - Low-income families that don't have resources to eat healthy
 - Low income – don't pay attention to their health
- **Healthcare**
 - Preventative things not as accessible – ex: mammogram
 - Have to go to doctor first – why is this so hard?
 - Not all providers talk about screenings and prevention
 - Don't teach how to manage your disease
 - Focus on tertiary care, not prevention
 - Seeing so many patients per day, don't have time to discuss prevention
 - Preventative should be easier
 - Broaden chronic disease program
 - Health department sees more but they're overwhelmed
 - See uninsured
 - Lack of specialty services
 - Telemedicine wonderful, but some aren't tech savvy
 - Would like to see more specialties available by telemedicine
 - Long wait times for services here – access to care
 - Hard to get doctors to come here. Hard to recruit spouse
 - Hard to find a doctor taking new patients
 - Better access to walk-in clinics health screening
 - Remove stigma from lower income and elderly population getting healthcare
 - Transportation to and from doctors' appointments, treatments
 - Uninsured and under insured - few options
- **Socioeconomics**
 - Rural area people can't afford to go to the doctor, eat healthy food
 - Poverty
 - Lack of jobs
- **Seniors**
 - Aging population
 - Elderly health needs improvement
- Health education literacy – should go to do once a year for prevention
- Keep more people here. Could have started a cath lab.
- Gun safety, game playing
- Teen pregnancy is high

Focus Group Results, cont.

- Post-COVID problems
 - Irregular heart rate, post-COVID inflammatory response
 - COVID rampant again-mask wearing returning II, people are selective about what they do

- 4. **What do you think those individuals that have financial constraints and perhaps uninsured worry about the most? What services do you think the community needs that we currently do not have?**

- **Transportation**
 - NW human resource van- doesn't run enough and have to book ahead
 - Struggle with transportation , especially elderly

- **Healthcare**
 - Preventative care – uninsured don't seek care, don't go to doctors, or the hospital
 - Health is not a financial priority for some who have resources
 - For those living near the margins, health may be difficult
 - We don't have a culture of health, generational emphasis
 - Prevention not encouraged. Not good use of resources
 - Wait too long to get care and go to ER. Don't walk into clinics because they make them pay up front
 - Medications
 - Drug costs are a major health barrier, elderly can't pay for their prescriptions
 - Insulin hard to get
 - People end up in the hospital because they run out of meds
 - Health Department well utilized but hard to get into
 - Need a bigger health support than the health department, free medical clinic
 - Overwhelms resources due to high utilization
 - Insurance needs for adults

- **Income**
 - Lots of clients make just enough to not qualify for any assistance
 - Flawed system, hard for people to ever get out of the system
 - No reason not to have TennCare and no one to help them
 - Don't follow through where we should
 - Some can't afford to work to pay for daycare
 - Have a lot of low-income services, but also have a lot of resources
 - Career Center and WIOA (Workforce Investment Opportunity Act)
 - Some have TennCare, would help if TennCare had copay and good insurance
 - Chronic disease management program at hospital, really helps undeserved

- Degree of hesitation with men, don't want to know what's wrong

- Good about mobilizing health resources than elderly and children but the middle populations 30s-50's need help
 - Need jobs, career training

- Limited affordable housing

Focus Group Results, cont.

5. What are the most important health issues facing various populations including minority populations?

- **Language barrier**
 - Communication issues
 - Not a lot of translators in the community
 - Immigrant population trust issues
 - Language barriers – can't speak English
- **Healthcare**
 - Preventative Health
 - Less preventive care
 - Physicians disinterested in health and prevention
 - Smaller community easier to see problems
 - Have to be innovative and drag doctors along. Easier to complain than to be part of the solution. Need more people willing to be part of the solution
 - Caused people to be innovated in how to reach the community since COVID
 - Need access to affordable dentistry
 - Chronic Illness
 - Diabetes, heart disease, obesity, preventative health
 - Not enough staff
 - Hispanics tend to be uninsured and scared to access care
 - Scared to do testing
 - Don't utilize health department
 - Coronary issues
 - Hispanic-fear wouldn't get the vaccine
 - Afraid of getting deported, hesitant to seek medical care
 - African American – access care
 - Mechanisms for follow-up cultural stigma not there
 - Lack of local specialty care
- **Low income**
 - Transportation and medical care
 - All demographics – income issues
 - Single parenting, low income
 - Affordable housing
 - Minimum wage
 - People can't afford heat
 - Kids don't have the support for their vision
- **Access**
 - Only so much we can do. We have grants that have made things better
 - People aren't taking advantage of the resources
 - Barrier – people operating in silos don't want to change and innovate
 - Access to transportation – call in advance, community transportation system

Focus Group Results, cont.

- Culture divide – pride, use folk remedies
- Multiple children to take care of and not feasible to seek health care
 - Tend to take care in their home and not seek care
- Hispanic pop, African American, Asian, Indian
- More associated with poverty

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

- **Substance use**
 - Vaping is huge
 - Vaping, tobacco, drug use, substance, alcohol, THC
 - Available earlier
 - Drugs
 - Tobacco, vaping, alcohol, available earlier
- **Mental Health**
 - Games
 - Social media
 - Privacy nonexistent – inappropriate photos distribution
 - Stress by comparison, social media, pressure
 - Anxiety II, sleep, depression
 - Phones - social media
 - Socialization – social media
 - Availability of inappropriate content
 - Mental health issues and no resources
 - Struggling with feelings of failure
 - Mental health – during COVID
 - What damage was done?
 - Mental health
 - Mental health – stress, anxiety, fitting in, bullying as young as 6
 - Navigating the pandemic caused stress and anxiety
 - Mental health – environment
 - Loneliness, bullying
- **Nutrition**
 - Food
 - Making kids come to the dinner table
 - Eat proper foods
 - Affording healthy foods, not having access
 - Unhealthy food
 - Eating unhealthy food
 - Cheaper convenience food for parents
 - Less healthy
 - Free and reduced lunch program, high
 - Food stamps

Focus Group Results, cont.

- Weight issues - obesity
 - Lack of availability of healthy foods - fruits, vegetables, milk
 - Obesity III – electronics
 - Virtual school – inactivity
 - Diabetes
 - Not going outside to play – parents don't want them out alone
 - Used to play outside all the time
 - Now parents are uncertain this is safe. Don't know neighbors like before
 - Technology, games – don't play outside, not as active
- Sex education
- Teenage pregnancy 15 and under
 - Some kids are unattended – pregnancy result
- Education and resources available, but do they take advantage of it?
- Eye care

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

- **Transportation**
 - Transportation II – frail, have difficulty traveling to Nashville
 - Access to medical specialties- timely appointments, EMS stretched
 - Large population comes to Civic Center to play pickle ball
 - Lots cycle through the programs
 - Social aspect
 - Silver sneakers program
 - Have needs of a big city with the resources of a small town
 - Need respite care, family support
 - So much depends on if they have local family or not
 - Some have no family here, seniors taking care of seniors
 - Fixed incomes II
 - Food insecurity – healthy foods more expensive
 - Access to medications - cost, choosing between medications and living expenses
 - Choice - food, healthcare, or Internet
 - Some didn't plan for retirement
 - How do we educate middle-aged people to prepare?
 - Issues of poverty, not so much age
 - Not much to do around here
- **Healthcare**
 - Specialty access – need advanced care and specialties available
 - Telehealth has not been embraced among elderly
 - Internet connections
 - Electronic world online -elderly can't use these, left out of a lot of things

Focus Group Results, cont.

- Choose health last
- Afraid to get healthcare because of COVID, telehealth
- Chronic diseases - heart issues II, can't bounce back
- Lack of care, prescription drugs
- **Mental health issues**
 - Veterans
 - Loneliness
 - Social interaction – becomes harder
 - Dementia, Alzheimer's
 - Lack of resources
 - COVID impact – scared, isolated
- **Housing**
 - Would love to see a hospice house, 6-bed house and die with dignity
 - Senior center not well run
- Elder neglect, abuse
- Taking care of children, raising grandchildren

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

List Priorities

1. Access to health services
2. Behavioral health
3. Children's Health
4. Chronic disease
5. Exercise, nutrition and weight

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

- Broad categories
- Habits and culture from generations
- Poverty is huge contributor to health
- Drug use ongoing issue
- Access to care worse
 - Consulting care-cardiology higher level
 - Can't pinpoint improvements in access to care particularly for uninsured
- Still valid- chronic disease above children's health
 - Schools are a great resource and safety net for kids. Don't have for seniors
- All still issues
 - Invested money in lots of areas
 - What are the measures? Have we improved?
 - Don't spend enough time alone in contemplation
 - Community has done a better job providing events and activities to be active. Improving sidewalks, parks, tennis
 - Have more resources available than 3 years ago

Focus Group Results, cont.

- Sounds the same, worse not better
 - Mental health definitely worse -lost so many loved ones, isolation hurt the kids
- Access to health services hasn't gotten better
 - Need more providers
 - See home as a hub of care need a SANE (Sexual Assault Nurse Examiner) nurse
 - Have to send some kids, adults to Jackson
 - Big need for law enforcement and Department of Children's Services
- Still relevant –
 - Weight worse
 - Chronic disease worse, synergistic
 - Behavioral health worse - need counseling in the jail
- **Exercise, nutrition and weight**
 - Extremely obese
 - Chicken and egg situation
 - Affects nutrition - ability to get a job, how to get them help
 - COVID took so much from the community – people didn't exercise, get out
- **Mental health**
 - Mental health III - lags behind physical health, increased, need good education, stigmas
 - More expertise for geriatric psych – higher level

9. What environmental or social factors have the biggest impact on community health?

- **Affordable housing**
 - Housing is one of the biggest issues, housing prices increasing
 - Cohabiting to afford housing and spread COVID and have to go to work anyway
 - Hard to find decent rental property
 - Lack of affordable housing II, housing shortage, living in campgrounds
 - Community is good about providing support but can't help with housing
- **Reliable transportation**
 - Transportation III is also one of the biggest issues being in a rural area
 - Not easy to get around the country, some parts are very rural, Nwthra Transportation
- **Employment**
 - Post jail jobs
 - Limited potential for a sustained career to care for a family
 - Lots of low wage jobs, part-time, living wage jobs lacking
 - Jobs , lack of skilled workers
 - Employability counts – work ethic, behavior in the schools, younger
 - Get workers ready to take those jobs
 - Brain drain if you go to college
 - Lots of low wage jobs
 - People make too much money for assistance but not enough to pay rent
 - Unemployment

Focus Group Results, cont.

- **Youth**
 - No place for kids to go, nowhere to hang out
 - Need more activities for teenagers
 - Trying to make Paris a fun place to live for younger adults
 - Huge variety of things to do here
 - **Unhoused Population**
 - Have become a haven for unhoused people
 - Food pantries available here
 - Unhoused people hanging around, not in great health, in parks without a place to go
 - Constant battle kicking them out and lack of mental health resources
 - **Substance Use**
 - Meth, prescription drug, use opioids, fentanyl, cocaine, marijuana is the highest
 - Outdoor activities so plentiful
 - Great sidewalks – connected communities projected
 - Parks access – whether or not people use it?
 - Revitalizing houses and neighborhoods occurring. Torn down abandoned homes
 - Visionary group of leaders
 - Barrier to physician recruitment jobs for spouse, shopping
 - Mental illness
 - Economics-inflation groceries
 - Healthy food expensive
 - Cooking versus eating out
 - Socioeconomics – working force or low income
 - Not racial divides, but socioeconomic division
10. **What do you think the barriers will be to improve health in the communities?**
- **Communication**
 - Communicating resources – centralized what's happening in Henry County health and well-being
 - Do we have enough patients to support the new wanted specialists? How to communicate – PSA, billboards, so many social media methods. Newspaper availability
 - Access to disreputable information and can't differentiate
 - People distrustful of healthcare now
 - Skeptical of health education, doctors
 - Missing the low-income folks and older folks with communication
 - **Mental health**
 - Everything compounded existing problems
 - Not enough behavioral health resources
 - Appointments take too long to get
 - People end up in jail and jail is not a mental healthcare institution
 - People can't see inmates, disheartening

Focus Group Results, cont.

- Should have local capacity
 - Can't get doctors in Henry County
 - **Healthcare**
 - Massive problem – huge lack of urgent care, convenient care here
 - Only fast paced or ER
 - ER jammed, long waits
 - Face Pace long waits too
 - HCMC should have its own convenient care
 - **Unhoused population**
 - Get out of jail, nowhere to go
 - Teens get kicked out of their home, nowhere to go
 - Need more low-income housing and rental units
 - Desire
 - Have fun
 - Easy fast food
 - People utilizing the resources available
 - Finances - Mom and Pop industries may be afraid for larger industries to come in and take their business
 - Same people doing the same things all the time. Different avenue to reach everyone.
 - Fear, repercussions small town up in your business seeking healthcare.
 - People feeling like they're being judged. Smalltown
 - Inflation - Cost change in transportation
 - Relying on charity as opposed to established funding sources
11. **What community resources support health and wellbeing?**
- **Exercise Opportunities**
 - Park system, outdoor activities
 - 9 parks, walking tracks
 - Races 5-Ks
 - Bike groups need to know about them- unofficial groups
 - Basketball, tennis, pickle ball, splash pads
 - Leagues – pickle ball, tennis
 - Memorial Park
 - Gyms, fitness classes, Civic Center, kayaking, hiking
 - Walking is available to anyone
 - **Public Resources**
 - Hospital – referral center for many counties
 - Could we provide that emergent care here? staffing?
 - Services are very specialized
 - Health Department
 - Walk-in clinics
 - Library – asset, volunteer programs

Focus Group Results, cont.

- Church opportunities – asset
 - Churches active in community and social service organizations
 - Vision screenings in schools and Lion’s Club
 - Lots of volunteer opportunities
 - Long term care and rehab centers
 - Community health education – billboards, hosted events
 - 2 helicopters for emergencies
 - Strong parks and recreation, do good things for the community
 - Tomorrow’s Hope
 - Care Perkins – child abuse prevention
 - CASA
 - Celebrate recovery program
 - Asset – agencies work well together
 - Drug, alcohol
 - Resource book orgs pass around
 - Family Resource Center
 - NW Community Action may publish, UT Extension
 - One Day camps through schools – healthy meals for kids
 - Commodity days at Henn County Food Bank
 - Can sign up and receive a box of food and commodities
 - Food pantries, meals
 - Family resource center
 - Resource guide
 - Asset-Helping Hands-auction raises money for make grants to organizations all volunteer effort
 - **Communication**
 - Hospital information and communication
 - Reach 10% of people
 - **Mental health**
 - New mental health resources-telehealth, mental health initiatives
 - Silence the shame, mental health resources
 - Active health council meets monthly
12. **What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?**
- **Isolation**
 - Some still not coming out-social, mental, physical health
 - Those with chronic diseases more isolated
 - Inactivity affected kids and adults – isolation
 - Playing video games
 - **Mindset**
 - Last minute adaptations that have stuck

Focus Group Results, cont.

- Learned how to do things differently
 - Ability to adapt a function
- Brought out meanness
 - Hurt the community, all the ugliness
- **Healthcare**
 - Affected the health and wellbeing of those who didn't have COVID
 - People who needed to go to the doctor didn't go, fear, distrust government
 - One of the challenge the hospital faces - changing leadership during the period of mistrust
 - Trust has been eroded and monetized
 - Used to staying home, kids missed out on a lot
 - Realized how important it was to have local physicians
 - Don't need to close any more rural hospitals
 - The way healthcare providers were treated
 - Really bad triggered by fear and unknown, felt
 - Fear, made people not get treated for underlying health issues
- Minorities didn't do as well as majority
 - Hispanics afraid to get vaccine missed screenings & prevention, mammograms
- Homeschooling brought out issues
 - Internet
 - Parents use technology as a babysitter
- Lack of individual responsibilities
 - COVID exposed that
 - Professionals told us what we should do, we decided what we wanted
 - Got lazy
 - Those who don't respect COVID or others and spread it around – mistrust in science
- Mental health suffered with COVID
 - Older women getting pregnant and having abortions, mental health affected
 - Domestic violence, increase in families breaking up divorces rape not being reported
 - Increased mental health issues
 - People who were functional, isolated them and now can't function. No big family gatherings
- Since COVID, sextortion and child sexual exploitative material doubled in past 2 years
 - Kids have more access to phones and sending inappropriate images back and forth
 - Low self-esteem
- More seniors opted out of college
 - Dorms closed, impacted college attendance
 - Changed experience
- Transportation to vaccines
 - Had multiple clinics for vaccines but couldn't get there
- Poverty
 - If you were dependent on resources probably struggled more

Focus Group Results, cont.

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

- **Social services**
 - Develop social services hub – one stop shop for all resources
 - Recruit social workers
- **Transportation**
 - Better transportation, transportation now that gas is more expensive
 - Access to medical care – can't get there
- **Poverty**
 - Impacting poverty would fix so much
 - Structured resources – anyone could reach out to and get what they needed and not have to rely on good Samaritans – so interdependent
 - People can't make a living wage, so don't work to qualify for assistance. Can get training for higher level jobs
- **Healthcare**
 - Mental health
 - Add mental health providers. This would fix some of the other problems
 - Recruit psychiatrists, nurse practitioners for clinic from pediatric to geriatric mental health
 - Continue initiative that made mental health more public and less stigmas
 - Mental health resources and staff
 - Cycles of abuse and trauma more likely to have to have physical ailment
 - Add SANE nurse to the hospital – adults and kids
 - All-inclusive clinic mental health and physical PCP - One stop shop for what ails you
 - More holistic approach to care
 - CT, blood, MRI, tests all in one day
 - Access
 - Affordable insurance II
 - Unless they have a job that provides insurance, then don't have it
 - Insurance so expensive even through employers
 - Should be affordable. 1/3 of check shouldn't be health insurance
 - Insurance ties people down and makes them cheat the system
 - Make healthcare more affordable - free healthcare overall
 - Red tape, legality of it all. Stop jumping through hoops. Insurance making crazy profits
 - There are certain things that shouldn't be profited from - people's well-being
 - Need reasonable profits, not ridiculous profits shouldn't be one of those
 - Greed in healthcare to go away – making so much money off of healthcare, medications
 - Free clinics
 - Something different with medication - Insulin \$4 to produce \$2000/month cost

Focus Group Results, cont.

- Challenge for rural areas and families
- Greatest need in our country – a more equitable healthcare system
- TennCare
 - When you get something for free, don't appreciate it
 - Pay a copay, premium
 - Help individuals toward self-sufficiency
 - Not a viable system anymore
- ER – only used for emergency
 - Need walk-in clinic
 - Health literacy on how to access care
 - More options for urgent care
- Unlimited resources for preventive health and education
- Clinics in all schools
 - Well checks, sick care
 - Free medical clinic, school based
- Establish trust with healthcare providers
 - Transparent
 - People could get the health they need
- Build a new hospital
 - Dated and limitations
 - Recruitment
 - Better access, new OP, ORs
 - More parking
- Better housing and neighborhoods
- Bringing in more jobs - have industry here but don't make a living wage
- Break into the minority communities to let them know what's available
- Education
 - Affordable education
 - Tennessee promise – asset
 - Education to the public about their health
 - Lack of education
 - Teacher education on mental health and impact they can make with kids who are struggling
 - “Square pegs” – need to know what to do with them
 - Interview
- More parks, tree facilities – redo pool, summer programs, canopy over basketball
- Pick up a big industry and put them nearby to train local workers to there
- Start a trade school here
 - TCAT new facility, looks like a college
 - Tech school, New Jackson state in Paris
- Pick up a big industry and put them nearby to train local workers to there
- Curfew and curtail kids' social media use

Community Asset Inventory

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The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. The focus group also identified community resources to improve health, which are listed on page 56 of the Community Health Needs Assessment.

Mental Health

Counseling Services

HCMC Lake Haven Behavioral Center
301 Tyson Avenue
Paris, TN 38242
(731) 644-8420

Carey Counseling Center
408 Virginia Street
Paris, TN 38242
(731) 642-0521

Carey Counseling Outreach Center
1539 TN-69
Paris, TN 38242
(731) 642-8994

Counseling Associates – West TN
1117 East Wood Street
Paris, TN 38242
(731) 644-1089

Healthy Eating/Active Living

Obesity/Diabetes Resources

VIP Weight Loss Clinic
1203 East Wood Street
Paris, TN 38242
(731) 256-0035

Lakeside Health Clinic
813 East Wood Street
Paris, TN 38242
(731) 924-2000

Substance Misuse

Behavioral Health Group
2555 East Wood Street
Paris, TN 38242
(731) 641-4545

Carey Counseling Center
408 Virginia Street
Paris, TN 38242
(731) 642-0521

Lighthouse Recovery Services
17503 Highland Drive
McKenzie, TN 38201
(731) 207-1101

Phases to Freedom
101 North Caldwell Street
Paris, TN 38242
(731) 407-4950

Social Determinants of Health

Transportation

McKenzie Regional Ambulance Service
1601 Hospital Drive
McKenzie, TN 38201
(731) 352-5344

West Tennessee Motor Coach
901 Industrial Road
Paris, TN 38242
(731) 642-0860

Stellar Fleet Transporter's of America
804 West Wood Street
Paris, TN 38242
(855) 432-8805

Transportation The Wright Way
155 Forrest Avenue
McKenzie, TN 38201
(731) 535-1682

Social Determinants of Health

Free/Reduced and Low-Income Housing

Paris Housing Authority
917 Minor Street APT A
Paris, TN 38242
(731) 642-4451

McKenzie Housing Authority
22 West McDonald Avenue
McKenzie, TN 38201
(731) 352- 5335

Grace Crossing
50 Enterprise Avenue
Paris, TN 38242
(731) 642-4747

Wesley Harrison Meadows Apartments
430 Harrison Lane
Paris, TN 38242

Tyson Park Apartments
1044 Manley Street
Paris, TN 38242
(731) 642-7074

Crestview Manor Apartments
700 Mandalay Road
Paris, TN 38242
(731) 642-0544

Belmont Lodge Apartment
400 Lankford Road
Paris, TN 38242
(731) 641-0051

Wesley Pine Ridge Apartments
119 Wesley Drive
Paris, TN 38242
(731) 642-7773

Park Village Apartments
1450 North Market Street
Paris, TN 38242

Courthouse Apartments
101 West Magnolia Street
Paris, TN 38242
(731) 444-4466

Free/Reduced and Low-Income Housing

Grove Park Apartments
345 Harrison Street
Paris, TN 38242
(731) 644-2200

Southwood Apartments
1401 Highway 641 South
Paris, TN 38242
(731) 644-1497

Sunirse Village Apartments
166 Wood Avenue Unit # C-9
Camden, TN 38320
(731) 584-6131

Public Assistance
1023 Mineral Wells Avenue
Paris, TN 38242
(731) 644-7350

Income/Employment

Express Employment Professionals
810 East Wood Street #A
Paris, TN 38242
(731) 641-1230

Manpower
209 West Wood Street
Paris, TN 38242
(731) 642-0001

American Job Center-Paris
55 Jones Bend Road
Paris, TN 38242
(731) 641-1020

Hamilton-Ryker
1023 Mineral Wells Avenue STE D
Paris, TN 38242
(731) 644-2373

AtWork Personnel
124 West Washington Street
Paris, TN 38242
(731) 407-7792

Social Determinants of Health

Income/Employment

Labor & Workforce Development
1023 Mineral Wells Avenue #F
Paris, TN 38242
(731) 644-7355

Workforce Essentials INC
55 Jones Bend Road Extended #24
Paris, TN 38242
(731) 641-1020

Food Insecurity

Paris Henry County Food Bank
55 Jones Bend Road Extended
Paris, TN 38242
(731) 642-3172

Henry Department of Health & Human Services
1023 Mineral Wells Avenue
Paris, TN 38242
(731) 644-7350

Grace Episcopal Church
103 South Poplar Street
Paris, TN 38242
(731) 642-1721

Education

Henry County School District
217 Grove Boulevard #1
Paris, TN 38242
(731) 642-9733

Lakewood Elementary School
6745 Highway 79 North
Buchanan, TN 38222
(731) 644-1600

Dorothy & Noble Harrelson School
143 Puryear Country Club Road
Puryear, TN 38251
(731) 247-3152

Education

Henry Elementary School
937 Pioneer Road
Henry, TN 38231
(731) 243-7114

E.W. Grove School
215 Grove Boulevard
Paris, TN 38242
(731) 642-4586

Henry County High School
315 South Wilson Street
Paris, TN 38242
(731) 642-5232

Access to Health Care/Insurance

Health Departments

Henry County Health Department
803 Joy Street
Paris, TN 38242
(731) 642-4025

Hospitals

Henry County Medical Center
301 Tyson Avenue
Paris, TN 38242
(731) 642-1220

Clinics

Paris Henry County Clinic SC
305 Tyson Avenue
Paris, TN 38242
(731) 642-0025

Lakeside Health Clinic
813 East Wood Street
Paris, TN 38242
(731) 924-2000

East Wood Clinic
1323 East Wood Street
Paris, TN 38242
(731) 642-2011

Eagle Creek Clinic
14201 US-79 North Unit
Buchanan, TN 38222
(731) 407-7013

Barton Family Health Clinic
60 Fairgrounds Road
Paris, TN 38242
(731) 407-9300

Realfoot Family Walk-In Clinic
193 Jim Adams Drive
Paris, TN 38242
(731) 924-9992

The Neighborhood Clinic, PLLC
201 North Brewer Street
Paris, TN 38242
(731) 415-3574

Clinics

Evans Medical Center
300 Hospital Circle
Paris, TN 38242
(731) 644-7662

Fast Pace Health
1297 Mineral Wells Avenue
Paris, TN 38242
(731) 227-6120

Griffey Clinic
430 South Lake Street
Paris, TN 38242
(731) 642-3024

Foust Medical Clinic, LLC
849 Volunteer Drive STE 2
Paris, TN 38242
(731) 540-7075

Paris Medical Services, INC
2835 East Wood Street Suite D
Paris, TN 38242

Insurance Assistance

Bruce Smith Agency
849 Volunteer Drive #9
Paris, TN 38242
(731) 642-0034

Woodson Associates
15140 Highland Drive
McKenzie, TN 38201
(731) 207-4503

Consolidated Insurance Company
64 Commerce Street
Paris, TN 38242
(731) 642-5281

Farm Bureau Insurance
406 North Poplar Street
Paris, TN 38242
(731) 642-9082

Sources

Access to Health Care/Insurance Assistance

<https://www.hcmc-tn.org/>

<https://www.countyoffice.org/henry-county-health-department-paris-tn-ce6/>

Mental Health Services

<https://www.hcmc-tn.org/>

<https://www.countyoffice.org/henry-county-health-department-paris-tn-ce6/>

<https://www.hcmc-tn.org/health-service/behavioral-health-initiative/>

Healthy Eating Active Living

<https://www.hcmc-tn.org/>

<https://vipweightlosscenters.com/>

<http://lakesidehealthclinic.com/>

Social Determinants of Health

<https://www.henryk12.net/>

<https://www.countyoffice.org/henry-county-health-department-paris-tn-ce6/>

<https://henrycountyttn.org/>

Substance Misuse

<https://www.hcmc-tn.org/>

<https://www.bhgrecovery.com/locations/paris>

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

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

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

Submit updated information to:
Henry County Medical Center Marketing Department

Community Health Needs Assessment for Henry County

Completed in partnership with:

**HIC HENRY COUNTY
MIC MEDICAL CENTER**

 **Stratason**