



**2016 Community Health Needs Assessment Report
North Tennessee Service Area
Baptist Memorial Hospital-Huntingdon
Baptist Memorial Hospital-Union City**

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About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care is an award-winning network dedicated to providing compassionate, high-quality care for patients. With 14 affiliate hospitals throughout the Mid-South, Baptist combines convenience with excellence of care—two reasons we have been named among the top health care systems in the country for several years. With the intention of caring for people close to their homes, the Baptist system also offers more than 3,300 affiliated physicians; home, hospice, and psychiatric care; a network of surgery, rehabilitation, and other outpatient centers; and an education system highlighted by the Baptist College of Health Sciences.

Many of the communities we serve are designated Medically Underserved Areas (MUA), determined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality rates, high poverty, or a high elderly population.

Baptist plays an integral role in improving health outcomes for residents in MUAs and across our service area. We partner and collaborate with a broad range of nonprofits and local community organizations to support initiatives that improve health, education, environment, public safety, employment, and economic development in our communities. We understand that the entire community benefits when people are physically, mentally, and spiritually healthy.

Baptist Mission Statement

In keeping with the three-fold ministry of Christ – Healing, Preaching, and Teaching – Baptist Memorial Health Care is committed to providing quality health care.

Baptist Vision Statement

We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers, and payers; and by offering safe, integrated, patient-focused, high quality, innovative, and cost-effective care.

Baptist North Tennessee Service Area Hospitals

Baptist Memorial Hospital-Huntingdon

Baptist Huntingdon became the eighth hospital to affiliate with Baptist Memorial Health Care in 1983. Since then, Baptist Huntingdon has experienced tremendous growth, adding a 5,000 square foot physician office building, a 40,000 square foot medical center, including expansion for health information management, information systems, home care and hospice, and administration. Other expansions and enhancements include MRI services, occupational therapy, and industrial services.

Baptist Huntingdon is 70-bed facility offering internal medicine, family practice, general surgery, orthopedics, otolaryngology, pediatrics, urology, pathology, cardiology, gynecology, pain management, and radiology.

Baptist Home Care and Hospice-Huntingdon has consistently ranked among the top home care agencies in the nation in the HomeCare Elite rankings. Baptist Huntingdon is also a recipient of the prestigious Tennessee Quality Commitment Award.

Baptist Memorial Hospital-Union City

Baptist Union City, formerly Obion County General Hospital, became part of the Baptist system in 1982. The 137-bed facility is located in the northwest corner of Tennessee, just south of the Kentucky border.

In 1995, construction was completed on a new three-story, 85,000 square foot patient tower. This construction program provided new patient rooms and tripled the size of the emergency department. The hospital also opened a complete fitness and wellness center, Health Quest.

Many changes came to the hospital in 1998. A new physicians' office building, Baptist Medical Arts Center-Union City, opened, and is located on Reelfoot Avenue across from the hospital. Baptist Rehab, located next to Health Quest, opened and provides outpatient rehab services. Baptist Union City offers radiation oncology services and is officially recognized as a Baptist Cancer Center.

The outpatient services department was recently renovated and includes an in-house catheterization laboratory and a new helical CT scanner. The outpatient department offers all routine outpatient services. The obstetrics department has been completed and includes a LDRP (labor, delivery, recovery, and postpartum) room, C-section room, as well as private room accommodations. The magnetic resonance imaging (MRI) services have been moved from a mobile to a fixed, in-house unit.

Our Commitment to Community Health

Baptist is dedicated to the health and well-being of the many communities we serve. We are committed to building partnerships to improve the health and vitality of our communities throughout the Mid-South. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities.

To guide our community health improvement efforts, Baptist implemented a system-wide Community Health Needs Assessment (CHNA) to further our commitment to improving community health. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the Baptist Memorial Health Care service area. The findings help ensure that our initiatives, activities, and partnerships meet the needs of our communities.

After thorough analysis of the CHNA research findings and gathering input from community stakeholders, the following health issues were identified as priorities for our communities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

To address these health priorities, we developed a system-wide plan for community health improvement that outlines local strategies to collaborate with our community partners.

The following report details findings from our study of the North Tennessee Service Area. In addition to local health statistics and socio-economic measures, we invited input from community leaders and residents to help us better understand community members' perceptions regarding their health and the barriers they face in staying healthy.

Baptist is committed to the people it serves and the communities they live in. Through this process, the hospital will be a stronger partner in our neighborhoods and surrounding areas. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced quality of life.

Executive Summary

A Regional Approach to Community Health Improvement

Baptist Memorial Health Care has 14 affiliate hospitals serving 110 counties in Tennessee, Mississippi, and Arkansas. In undertaking the 2016 CHNA, Baptist took a regional approach to community health improvement. The study focused on the primary service area of each hospital to identify health trends and unique disparities across hospital service areas. System-wide priorities were then developed to delegate resources across the Mid-South service area, while regional- and hospital-specific strategies were outlined to guide local efforts and collaboration with community partners to address prioritized needs.

Baptist Affiliate Hospitals & Primary Service Areas



Geographic Region	Primary Service Counties	Hospital(s)
Arkansas	Craighead & Poinsett	NEA
Memphis Metro	Shelby, TN	Collierville; Germantown; Memphis; Restorative Care; Women’s
	DeSoto, MS	Desoto
	Tipton, TN	Tipton
North Tennessee	Carroll	Huntingdon
	Obion	Union City
Mississippi	Lafayette & Panola	North Mississippi
	Benton & Union	Union County
	Prentiss	Booneville
	Lowndes	Golden Triangle

The North Tennessee Service Area CHNA Process

Research Methodology

The 2016 CHNA for the Baptist North Tennessee Service Area was conducted between September 2015 and June 2016. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across each hospital's service area. Primary research methods were used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

- > A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix B.
- > A Key Informant Survey with 28 community representatives to solicit feedback on community health priorities, underserved populations, and partnership opportunities. A list of key informants and their respective organization is included in Appendix C.
- > A Partner Forum with community representatives to solicit feedback on community health priorities and facilitate collaboration. A list of partners is included in Appendix A; a list of identified community assets is included in Appendix D.

Leadership

The 2016 CHNA was overseen by a Steering Committee of Baptist Memorial Health Care representatives with input from community representatives and partners. A list of committee members and partners is included in Appendix A of this report.

Research Partner

Baptist's consultant, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy.

Project Manager: Colleen Milligan, MBA

Lead Researcher: Catherine Birdsey, MPH

Identified Priority Needs

The Baptist CHNA Steering Committee reviewed findings from the CHNA research, including public health and socioeconomic measures and input received from key informants and focus group participants to determine the highest priorities. The following table shows priorities from the 2013 CHNA compared to findings for each research initiative in the 2016 CHNA. Health priorities are listed in alphabetical order.

2013 CHNA Priorities	2016 CHNA Research		
	Secondary Data Findings	Key Informant Responses	Focus Group Insights
	Access to Care	Access to Care	Access to Care
Cancer	Cancer	Cancer	Cancer
Healthy Lifestyle Choices	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention
Maternal & Women's Health (Focus on Prenatal Care)	Maternal & Child Health	Education & Lifestyle	Education & Lifestyle
Mental Health (Focus on Alzheimer's Disease & Caregivers)	Mental Health & Substance Abuse	Mental Health & Substance Abuse	Substance Abuse

The 2016 CHNA research confirms that priority areas identified in the 2013 CHNA were still relevant and among the highest health needs across the region. Baptist adopted the following system-wide priority health needs (listed in alphabetical order). Access to care will continue to be a cross-cutting strategy across all priority areas.

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations
- > Alignment with concurrent public health and social service organization initiatives

North Tennessee Service Area at a Glance

The North Tennessee Service Area is served by Baptist Huntingdon and Baptist Union City. Carroll County makes up the primary service county for Baptist Huntington. Obion County is the primary service area for Baptist Union City.

Combined, the hospitals serve a diverse population of 61,402 residents. By 2020, the population is expected to increase by 0.5% in Carroll County, but decrease by 1.7% in Obion County.

Obion County is designated as a Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA). Carroll County is a designated MUA.

North Tennessee Service Area by Hospital and County

Hospital	Home County	2015 County Population	County Population Growth by 2020
Huntingdon	Carroll, TN	32,024	0.5%
Union City	Obion, TN	29,378	-1.7%

Source: The Nielsen Company and Truven Health Analytics, 2015

The population in both Carroll and Obion Counties is primarily White; approximately 10% of the population in both counties is Black/African American. The median age of both counties is 42.1 years, which is higher than the state median of 38.7 years.

2015 Population by Race/Ethnicity and Median Age

	Carroll County	Obion County	Tennessee
White, Non-Hispanic	85.0%	83.8%	76.5%
Black or African American, Non-Hispanic	9.9%	10.7%	16.9%
Hispanic or Latino (of any race)	2.4%	3.7%	5.2%
Median Age	42.1	42.1	38.7

Source: The Nielsen Company and Truven Health Analytics, 2015

Carroll and Obion Counties have comparable socioeconomic environments in relation to poverty, unemployment, and education. Poverty indicators across both counties are comparable to the state; unemployment and lower educational attainment are higher when compared to the state. The zip codes outlined in the table below have worse socioeconomic measures when compared to the county's overall measures.

Socioeconomic Indicators by County and Zip Code

	Families in Poverty	Families w/ Children in Poverty	Unemployment	Population with Less than a High School Diploma
Carroll County	13.1%	9.3%	7.2%	22.0%
38258 Trezevant	19.1%	14.9%	10.0%	19.2%
38317 Bruceton	18.4%	12.7%	6.9%	26.0%
38342 Hollow Rock	20.9%	11.5%	7.1%	30.1%
Obion County	13.9%	10.8%	6.9%	19.1%
38261 Union City	16.2%	13.5%	7.4%	18.1%

Source: The Nielsen Company and Truven Health Analytics, 2015

Red highlight indicates more than 2% points higher than the county

Overview of Research Findings Related to Prioritized Health Needs

Behavioral Health

Community representatives who participated in the Key Informant Survey and Partner Forum noted mental health and substance abuse as key issues impacting their community. Of particular concern was drug and alcohol abuse. Employers and workforce development officers cited challenges to cultivate a drug-free sustainable workforce.

Reported poor mental health days are higher in Carroll County, while Obion County reports more suicides. Mental health provider rates for both counties are well below the state average.

Mental Health Measures

	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000	Mental Health Provider Rate per 100,000
Carroll County	4.3	16.2	25
Obion County	3.0	18.0	29
Tennessee	3.4	14.7	127
United States	3.4	12.3	NA
HP 2020	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; Centers for Medicare & Medicaid Services, 2014; HealthyPeople 2020

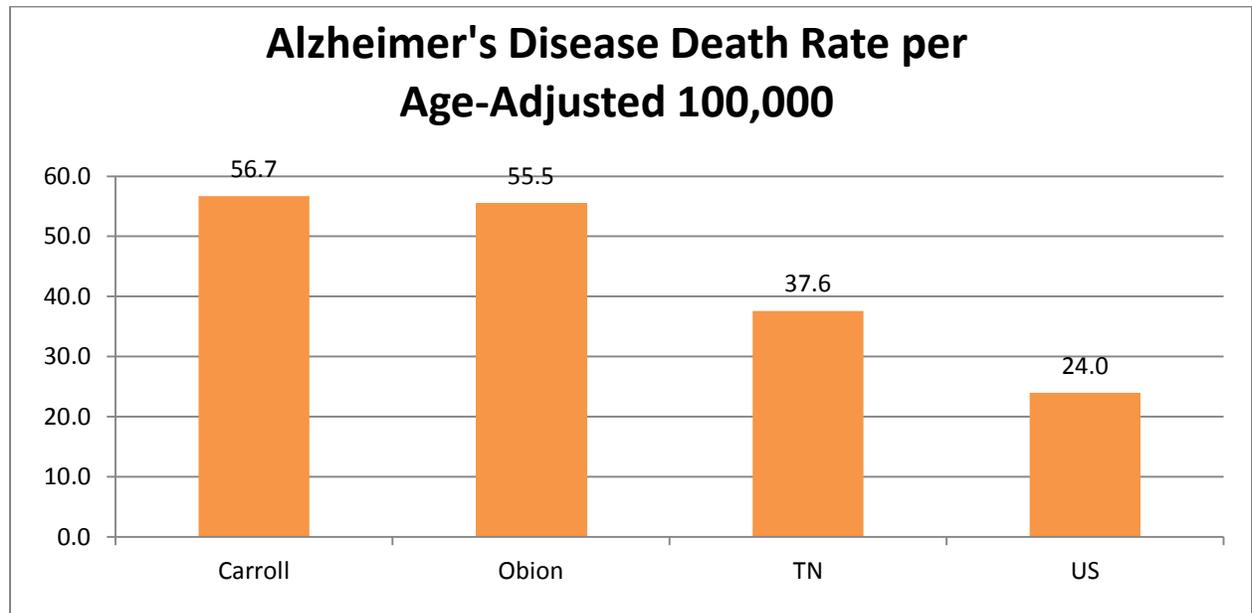
Binge drinking is lower in both counties than state and national comparisons, but there are more DUI deaths and a higher drug-induced death rate when compared to the state and the nation.

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Carroll County	7.0%	33.0%	22.5
Obion County	8.0%	26.0%	21.3
Tennessee	9.0%	28.0%	18.7
United States	15.0%	31.0%	14.1
HP 2020	24.4%	NA	NA

Source: Centers for Disease Control and Prevention, 2006-2012, 2009-2013, 2011-2013; National Highway Traffic Safety Administration, 2009-2013; HealthyPeople 2020

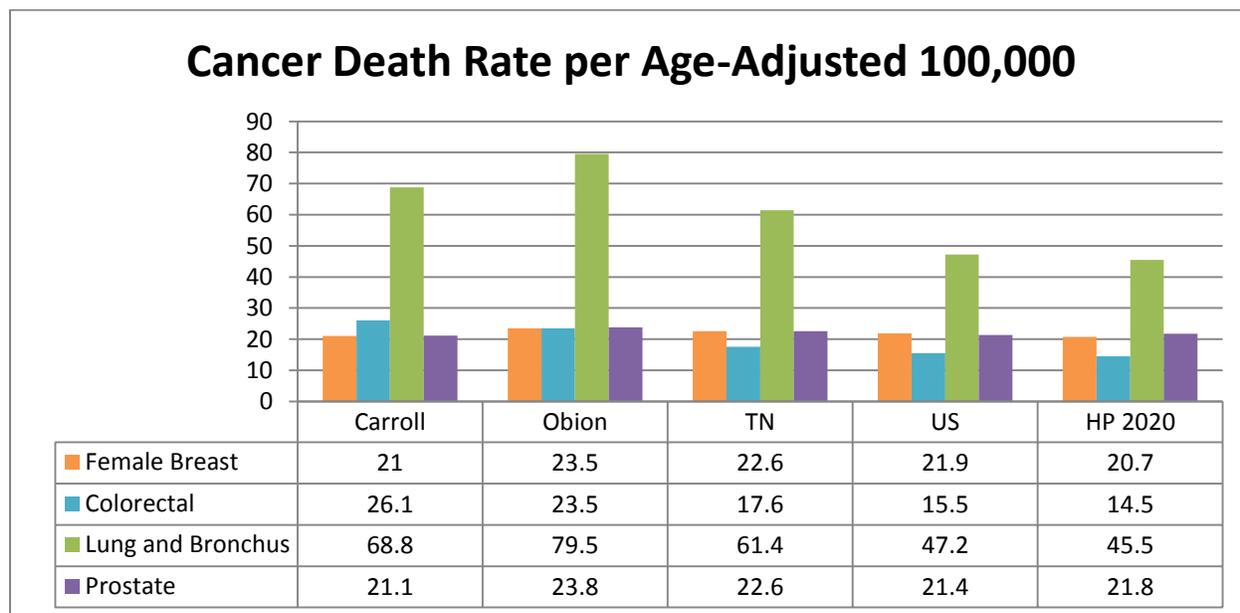
Medicare beneficiaries in Carroll and Obion Counties are less likely to have Alzheimer’s disease; however, the death rate due to Alzheimer’s disease across both counties is nearly 50% higher than the state and more than twice the national average.



Source: Centers for Disease Control and Prevention, 2011-2013

Cancer

Despite declining trends in incidence rates across both counties, cancer remains a significant issue in Carroll and Obion Counties. Residents in Obion County experience higher cancer death rates than the state. Specifically, the lung and bronchus cancer death rate is 20 points higher than the state and 30 points above the nation. Carroll County has the highest colorectal cancer death rate.



Source: National Cancer Institute, 2008-2012; HealthyPeople 2020

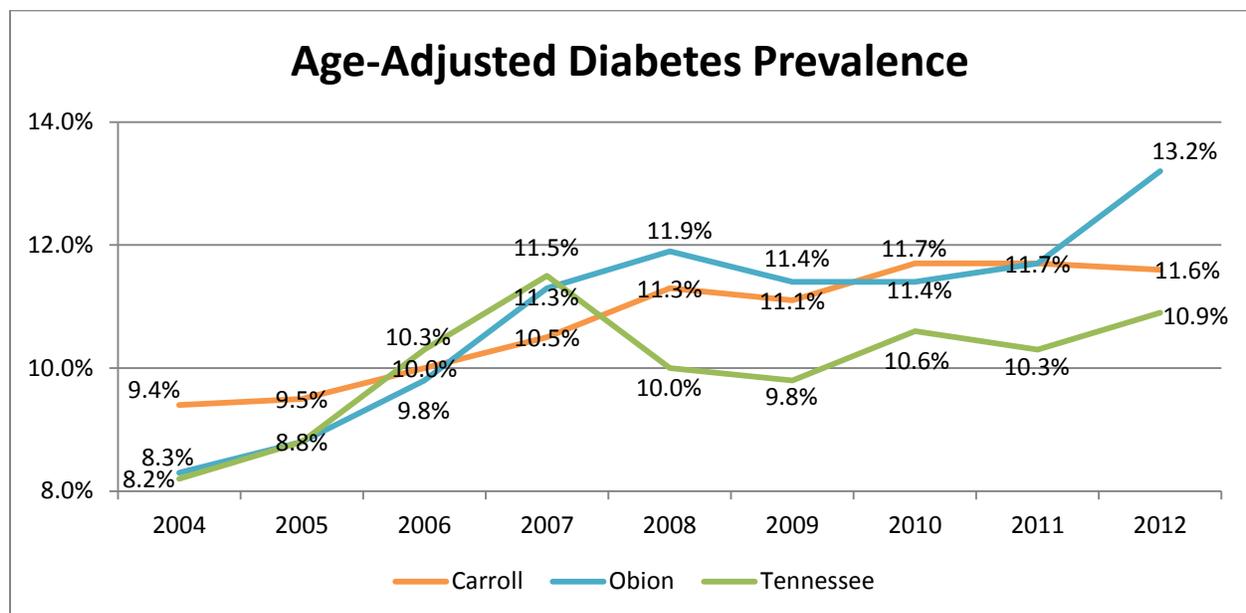
Overall, Blacks/African Americans experience higher cancer death rates than Whites and at greater disparities than state and national averages. In Carroll County, Blacks/African Americans are less likely to be diagnosed with cancer, but the death rate is 39 points above Whites. In Obion County, Blacks/African Americans are more likely to be diagnosed with cancer, and the death rate is 41 points above Whites. In both counties, the Black/African American death rate is higher when compared to state and national averages.

Incidence rates are comparable to the state with the exception higher incidence of prostate cancer in Carroll County and breast cancer in Obion County. Incidence rates are often related to screening rates; earlier detection of disease can impact outcomes. One example is prostate cancer rates in Carroll County. The incidence rate increased 38 points since the 2013 CHNA; while the death rate due to prostate cancer is the lowest of the comparisons and exceeds the Healthy People 2020 goal. Conversely, only 45% of Carroll County adults receive the age appropriate colorectal cancer screening; compared to approximately 60% of adults in Obion, the state, and national comparisons. Colorectal cancer deaths are highest among Carroll County adults.

Key informants indicated a lack of knowledge or awareness of the value of preventative care and screenings as the #1 factor affecting residents' health. Cost to afford care was rated the #2 reason, which may impact residents' willingness to be screened for disease or seek follow-up care. Representatives in the partner forum observed that residents may not attribute symptoms to cancer and delay receiving care.

Chronic Disease Management and Prevention

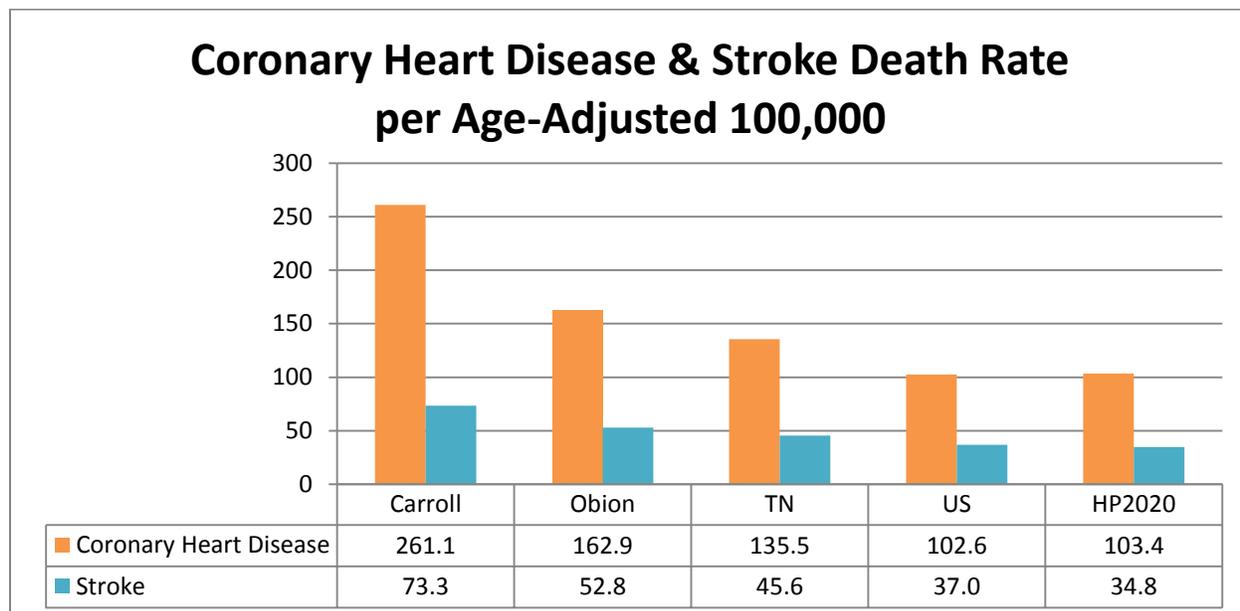
Diabetes and heart disease were rated by key informants as the top health conditions affecting residents in the region. Diabetes prevalence has been increasing among adults in both counties since 2004. Obion County experienced the largest increase and has a higher diabetes death rate compared to Carroll County, the state, and the nation.



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Heart disease is the leading cause of death in both Carroll and Obion Counties and current rates exceed the state and the nation. Carroll County has a notably higher coronary heart disease and stroke death rate compared to Obion County; however, both counties exceed state and national benchmarks.



Source: Centers for Disease Control and Prevention, 2011-2013 & 2013

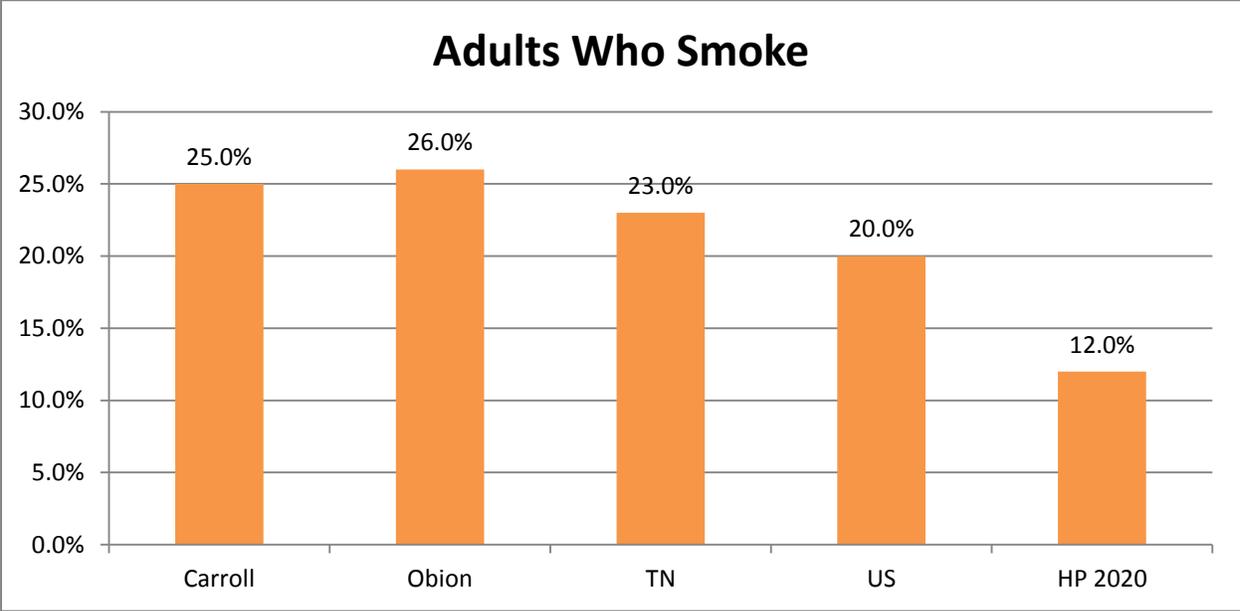
Community representatives discussed a number of challenges for residents to prevent or manage disease: Residents outside of the county seats of Union City and Huntingdon are impacted by travel time to services and lack of transportation. Underutilized communication channels and the need to foster health advocates within minority populations reduces awareness of services and recommended care. Socio-economic disparities, food insecurity, fewer venues for physical activity, smoking rates, and lack of knowledge about healthy lifestyles increase residents risk for chronic disease.

Percentage of Food Insecure Residents

	All Residents	Children
Carroll County	18.3%	28.2%
Obion County	18.2%	28.4%
Tennessee	17.1%	25.4%
United States	15.1%	23.7%

Source: Feeding America, 2013

Approximately one-third of adults are obese in Carroll and Obion Counties. Thirty-five percent report getting no physical activity in the last 30 days and 25-26% of residents smoke. About 15% of low-income preschoolers are obese.

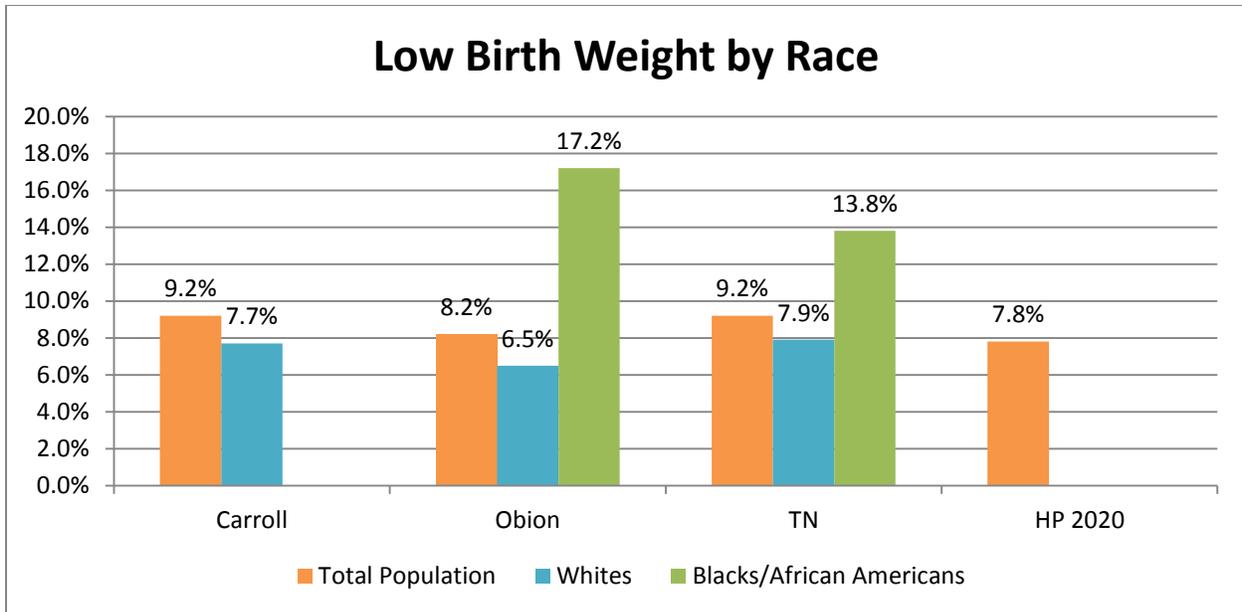


Source: Centers for Disease Control and Prevention, 2006-2012

Maternal and Child Health

Prenatal care access is a key contributor to maternal and child health disparities related to low birth weight and preterm birth. Obion County has a higher percentage of preterm births (11.8%) compared to Carroll County (10.3%) and Tennessee (11.2%). Carroll County meets the HealthyPeople 2020 goal for preterm births (11.4%).

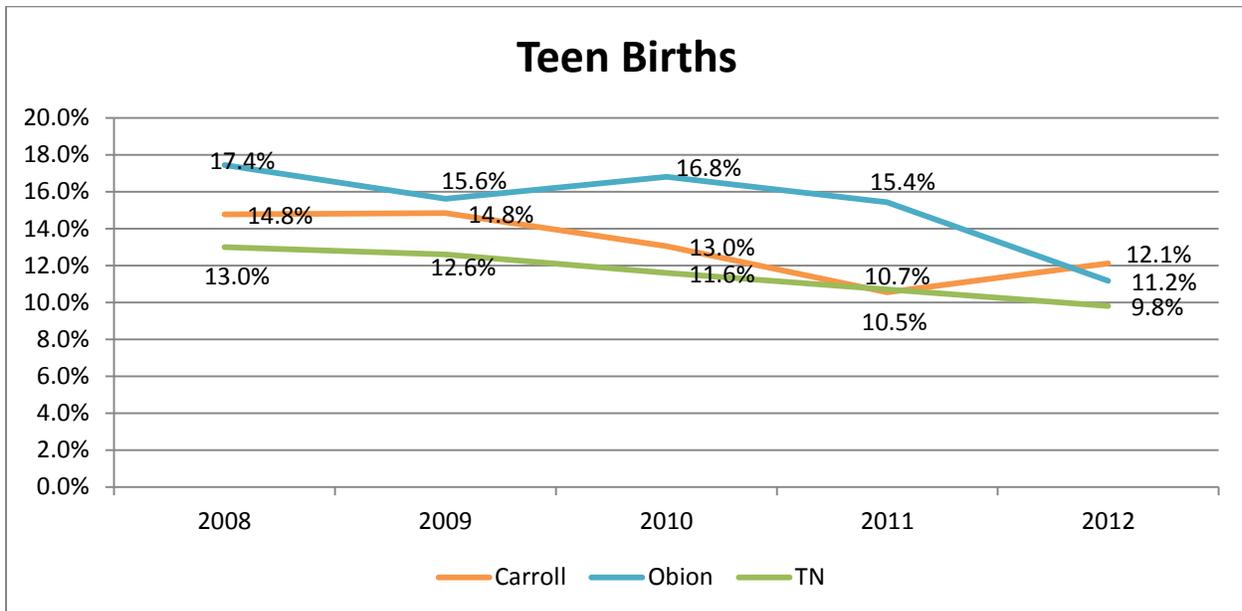
The low birth weight percentage in both counties is higher than the Healthy People 2020 goal. In Obion County, the low birth weight percentage is notably higher among Blacks/African Americans. Black/African American births accounted for 11.4% of all Obion County births in 2012.



Source: Tennessee Department of Health, 2009-2011

*Low birth weight data is not available for Blacks/African Americans in Carroll County

The teen birth percentage declined in Obion County. Carroll County had been declining, but is on an uptick. Both percentages still exceed the state and the nation.



Source: Tennessee Department of Health

Input from Community Representatives

Community engagement and feedback were an integral part of the CHNA process. Public health experts, health care professionals, and representatives of underserved

populations shared knowledge and expertise about community health issues as part of the Key Informant Interviews and Partner Forums. Health care consumers, including medically underserved individuals and chronically-ill patients, were included in the focus groups. A list of community representatives is included in Appendix C.

The following tables summarize the top health conditions in the community and contributing factors, according to key informants. The findings are consistent with secondary data indicators and results from the Partner Forum.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	15.0%	12
2	Heart Disease	15.0%	12
3	Cancer	12.5%	10
4	Overweight/Obesity	11.3%	9
5	Substance Abuse	11.3%	9

Top Contributing Factors for Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of knowledge/awareness of the value of preventative care/screenings	17.9%	14
2	Inability to afford care	15.4%	12
3	Drug/Alcohol Abuse	10.3%	8
4	Lack of good nutrition	9.0%	7
5	Lack of physical activity	7.7%	6
6	Stress (work, family, school, etc.)	7.7%	6

Development of a Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the North Tennessee Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region’s most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospitals' websites.

Demographic Analysis of North Tennessee Service Area

The following section outlines key demographic indicators related to the social determinants of health within the counties. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” All reported demographic data are provided by © 2015 The Nielsen Company.

Population Demographics

The population in Carroll and Obion Counties is primarily White (85% and 83.8% respectively). Approximately 10% of the population is Black/African American and less than 4% of the population in either county is Hispanic/Latino. Both counties are less diverse than the state. The median age in both Carroll and Obion County is 42.1, which is higher than the state and national averages (38.7 and 37.9 years respectively).

2015 Population by Race/Ethnicity

	Carroll County	Obion County	Tennessee
White, Non-Hispanic	85.0%	83.8%	76.5%
Black or African American, Non-Hispanic	9.9%	10.7%	16.9%
Hispanic or Latino (of any race)	2.4%	3.7%	5.2%
Asian & Pacific Islander, Non-Hispanic	0.3%	0.4%	1.8%
All Others	2.3%	1.3%	4.8%

2015 Population by Age

	Carroll County	Obion County	Tennessee
Under 18	21.7%	21.9%	22.8%
18 – 24	10.0%	8.5%	9.6%
25 – 34	10.3%	11.2%	13.0%
35 – 54	24.8%	25.5%	26.4%
55 – 64	13.7%	14.0%	13.0%
65 and over	19.5%	19.1%	15.3%
Median Age	42.1	42.1	38.7

Language Spoken at Home

Residents in Carroll and Obion County are primarily English speaking. Less than 2% of residents in Carroll County and less than 5% of residents in Obion County speak a primary language other than English. The percentages are consistent with the 2013 CHNA.

2015 Population by Language Spoken

	Carroll County	Obion County	Tennessee
English speaking	98.6%	95.6%	93.3%

Financial and Occupation Demographics

The majority of occupied housing units in both counties are occupied by owners versus renters. However, the percentage of renters is higher in Obion County (32.1%) compared to Carroll County (24%). Renters are more likely to experience housing cost burden, which is defined as spending more than 30% of the household income on housing.

2015 Households by Occupancy Type

	Carroll County	Obion County	Tennessee
Owner-occupied	76.0%	67.9%	68.2%
Renter-occupied	24.0%	32.1%	31.8%

The median home value for owner-occupied units is also an indicator of housing affordability; however, it should be considered in conjunction with median household income and overall cost of living. For example, while Obion County has the highest median home value and the highest median household income, additional cost of living indicators (e.g. price of goods and services) should be taken into account to determine if housing cost is proportional to income. Both counties have a lower median home value when compared to the state.

2015 Owner-Occupied Housing by Median Value

Carroll County	Obion County	Tennessee
\$85,031	\$98,044	\$148,750

Both counties experience racial/ethnic disparities in income, but the specific populations experiencing disparity differ by county. Obion County follows the state and national trend of having higher income among White and Asian populations and lower income among Black/African American and Hispanic/Latino populations. Carroll County differs from the national trend with higher income among White and Hispanic/Latino populations and lower income among Black/African American and Asian populations.

2015 Population by Median Household Income & Race/Ethnicity

	Carroll County	Obion County	Tennessee
White	\$37,804	\$43,053	\$48,126
Black or African American	\$24,465	\$24,030	\$32,122
Asian	\$25,000	\$58,333	\$64,859
Hispanic or Latino (of any race)	\$32,609	\$28,929	\$36,172
Total Population	\$35,550	\$41,047	\$45,247

Poverty

Families represent two or more people who are related and residing together. The percentage of families and families with children living in poverty is slightly higher in Obion County (13.9% and 10.8% respectively) compared to Carroll County (13.1% and 9.3% respectively). However, in comparison to the 2013 CHNA, the percentage of families living in poverty increased in both counties from 12.2% in Carroll County and 11% in Obion County. The percentage of families with children living in poverty decreased from 20.4% in Carroll County and 17.5% in Obion County.

2015 Families in Poverty

	Carroll County	Obion County	Tennessee
Families in poverty	13.1%	13.9%	13.6%
Families with children in poverty	9.3%	10.8%	10.2%

Employment

The unemployment rate in both counties exceeds the state and national averages (6.1% and 6.2% respectively).

2015 Population by Employment Status

	Carroll County	Obion County	Tennessee
Unemployed	7.2%	6.9%	6.1%

Approximately half of the workforce in both counties holds white collar positions, and approximately 31% hold blue collar positions. Obion County has a slightly higher percentage of service/farm workers.

2015 Population by Occupation

	Carroll County	Obion County	Tennessee
White collar	53.4%	49.8%	59.0%
Blue collar	30.6%	30.8%	23.75
Service and farm	16.0%	19.4%	17.4%

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. In both counties, Hispanic/Latino residents are notably less likely to graduate from high school or attain higher education. In particular, 63.8% of Hispanic/Latino residents in Obion County have less than a high school diploma and only 17.8% have attained higher education. However, the percentage of all residents with at least a high school diploma increased two points in Obion County from the 2013 CHNA. In Carroll County, the percentage of all residents with at least a high school diploma or bachelor's degree decreased by approximately 1 point and 2 points respectively.

2015 Population by Educational Attainment & Ethnicity

	Carroll County		Obion County		Tennessee	
	Overall Population	Hispanic/Latino	Overall Population	Hispanic/Latino	Overall Population	Hispanic/Latino
Less than a high school diploma	22.0%	38.6%	19.1%	63.8%	15.2%	38.8%
High school graduate	40.5%	22.2%	42.0%	18.5%	33.2%	29.2%
Some college or associate's degree	22.4%	25.7%	23.9%	2.1%	27.6%	18.6%
Bachelor's degree or higher	15.1%	13.5%	15.1%	15.6%	24.0%	13.4%

*Educational attainment is calculated for adults 25 years or over. Data is not available for Blacks/African Americans or other racial groups.

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as whole, it is valuable to view demographics at the zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across the North Tennessee Service Area to identify potential health disparities and aid Baptist in targeting community health improvement efforts to high risk populations.

Social Determinants of Health Indicators by Zip Code-Carroll County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
38201 Mc Kenzie	10.4%	3.2%	98.0%	13.8%	11.1%	9.9%	5.5%	19.5%
38220 Atwood	12.5%	2.2%	99.2%	7.4%	4.7%	9.1%	10.1%	24.4%
38258 Trezevant	17.4%	1.9%	99.5%	19.1%	14.9%	10.1%	10.0%	19.2%
38317 Bruceston	5.1%	2.6%	99.0%	18.4%	12.7%	10.9%	6.9%	26.0%
38318 Buena Vista	7.2%	2.0%	98.9%	17.5%	13.5%	7.0%	7.2%	21.7%
38321 Cedar Grove	8.0%	1.8%	99.2%	7.5%	4.3%	6.6%	7.5%	18.2%
38342 Hollow Rock	5.4%	2.0%	98.9%	20.9%	11.5%	8.0%	7.1%	30.1%
38344 Huntingdon	11.1%	2.0%	98.6%	12.2%	8.4%	10.3%	7.9%	24.4%
38348 Lavinia	3.9%	2.7%	99.2%	6.2%	2.3%	4.3%	8.7%	16.6%
38387 Westport	10.9%	1.5%	98.9%	12.0%	7.7%	5.1%	7.5%	16.9%
38390 Yuma	7.3%	1.6%	99.1%	11.9%	8.5%	5.6%	6.9%	23.4%
Carroll County, TN	9.9%	2.4%	98.6%	13.1%	9.3%	9.3%	7.2%	22.0%

Color Coding Guide
0-2% points higher than the county Exception: English Speaking cells are 0- 2% points lower than the county
More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county

Social Determinants of Health Indicators by Zip Code-Obion County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
38232 Hornbeak	0.2%	1.0%	97.4%	11.7%	6.8%	6.3%	7.1%	25.1%
38240 Obion	2.5%	2.0%	97.5%	13.9%	9.6%	9.8%	7.0%	25.8%
38253 Rives	1.0%	3.0%	98.1%	9.0%	5.5%	6.6%	4.4%	17.1%
38257 South Fulton	11.0%	1.0%	97.4%	11.2%	7.6%	10.2%	6.0%	17.1%
38260 Troy	0.7%	1.7%	97.6%	10.0%	7.3%	7.8%	6.8%	19.1%
38261 Union City	15.8%	5.5%	94.1%	16.2%	13.5%	12.8%	7.4%	18.1%
Obion County, TN	10.7%	3.7%	95.6%	13.9%	10.8%	10.8%	6.9%	19.1%

Color Coding Guide
0-2% points higher than the county Exception: English Speaking cells are 0- 2% points lower than the county
More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county

Public Health Analysis of North Tennessee Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, Tennessee Department of Health, and the Centers for Disease Control and Prevention (CDC). All data sources are listed by indicator throughout the report. In addition, a full listing of all public health data sources can be found in Appendix B.

County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

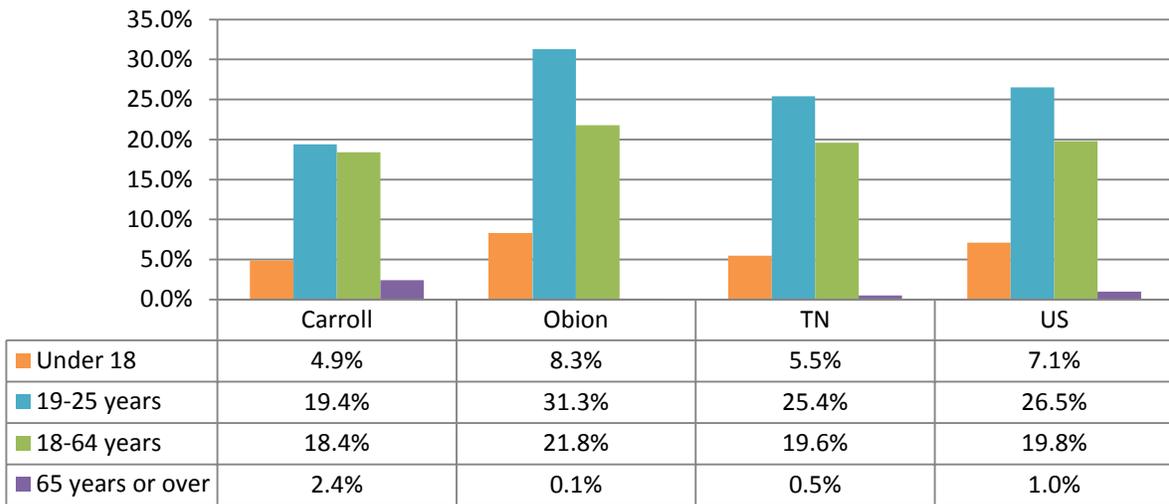
According to the 2015 County Health Rankings, Carroll County ranks #30 and Obion County ranks #35 out of 95 counties in Tennessee for clinical care. The ranking is based on a number of indicators, including health insurance coverage and access to providers.

Neither county meets the HealthyPeople 2020 goal of having 100% of residents insured. The percentage of uninsured residents in Carroll County is lower than both the state and national average, but the percentage in Obion County is higher than Carroll County and both benchmarks. Young adults in both counties are most likely to be uninsured. Obion County also has a higher percentage of uninsured youth under 18 years.

More adults and children are uninsured in Obion County than in Carroll County.

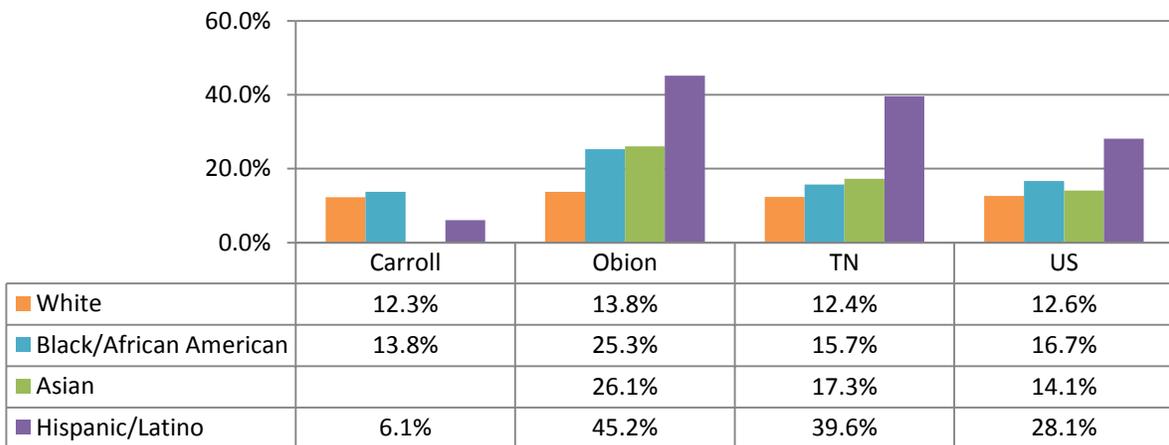
Uninsured rates are higher in both counties among Black/African American and Hispanic/Latino populations. In particular, 25.3% of Black/African American residents (n=835) and 45.2% of Hispanic/Latino residents (n=487) in Obion County are uninsured.

Population without Health Insurance Coverage



Source: United States Census Bureau, 2010-2014 American Community Survey

Population without Health Insurance Coverage by Race/Ethnicity



Source: United States Census Bureau, 2010-2014 American Community Survey

*Rates for Asians in Carroll County are too low to report.

Provider Access

Provider rates per 100,000 are noted for primary care, dental care, and mental health providers. Both counties have notably lower provider rates when compared to state and national benchmarks.

Obion County is a designated Health Professional Shortage Area and Medically Underserved Area, yet only 7% of residents do not have a primary care doctor

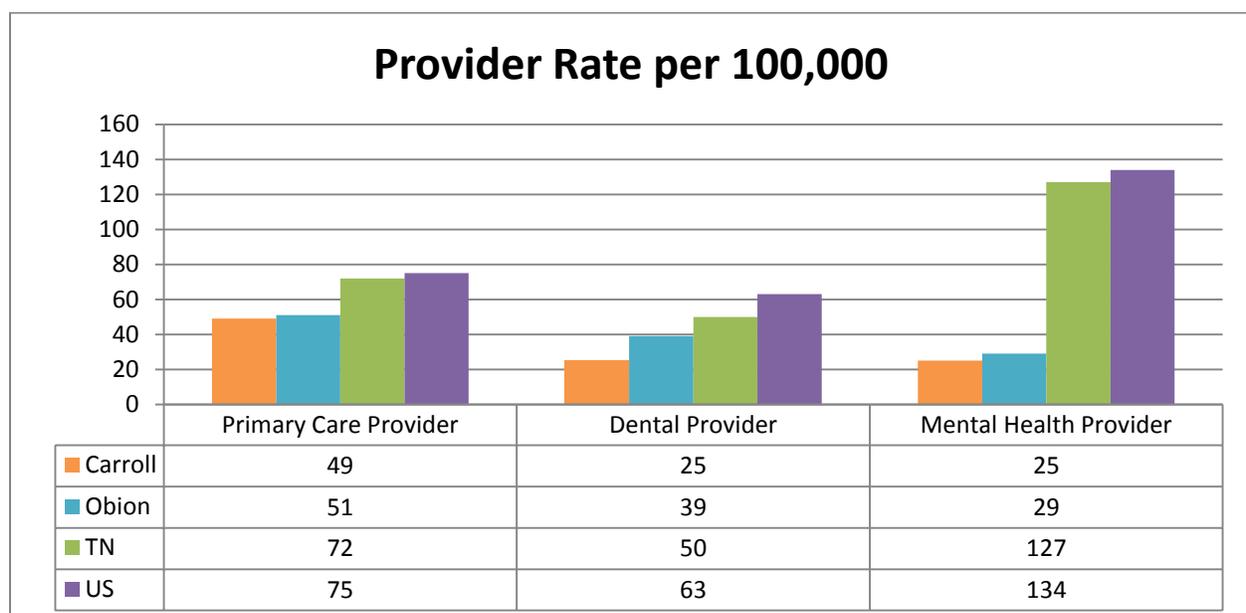
Obion County is a designated Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA); yet only 7% of adults report not having a regular primary care provider. Approximately one-third of adults have not had a dental exam within the last year.

Carroll County has the lowest providers rates of the two counties. Nearly 40% of adults report that they do not have a regular doctor. Similarly, 37.5% have not had a dental exam within the past year. Carroll

County has no areas that are designated as HPSAs, but the county is designated as a MUA.

40% of Carroll County adults do not have a primary care doctor. Carroll County is designated as a Medically Underserved Area

Out-of-pocket costs associated with health care deductibles, copays, prescriptions, and other costs can also inhibit residents from accessing care when they need it. Adults in both counties are just as likely to consider cost as a barrier to accessing care when compared to the state.



Source: United States Department of Health & Human Services, Health Resources and Services Administration, 2012 & 2013; Centers for Medicare & Medicaid Services, 2014

*The United States mental health provider rate is reported for 2013. All other rates are reported for 2014.

Provider Access

	% Unable to Afford Care	% without a Regular Doctor	% without a Recent Dental Exam	% Living in a HPSA
Carroll County	17.0%	39.0%	37.5%	0.0%
Obion County	17.0%	6.9%	33.5%	100.0%
Tennessee	17.0%	21.5%	34.0%	36.0%
United States	NA	22.1%	30.2%	34.1%

Source: Centers for Disease Control and Prevention, 2006-2010, 2006-2012, & 2011-2012; United States Department of Health & Human Services, Health Resources and Services Administration, 2015
 *All indicators represent the adult (18 years and over) population with the exception of the population living in a HPSA, which represents all residents

Overall Health Status

Carroll County ranks #53 and Obion County ranks #30 out of 95 counties in Tennessee for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life.

Both counties have a higher premature death rate than the state and the nation.

Premature death is defined as death before the age of 75 and the premature death rate is the years of potential life lost before age 75 per 100,000 population. Carroll and Obion Counties have a higher premature death rate compared to the state and the nation.

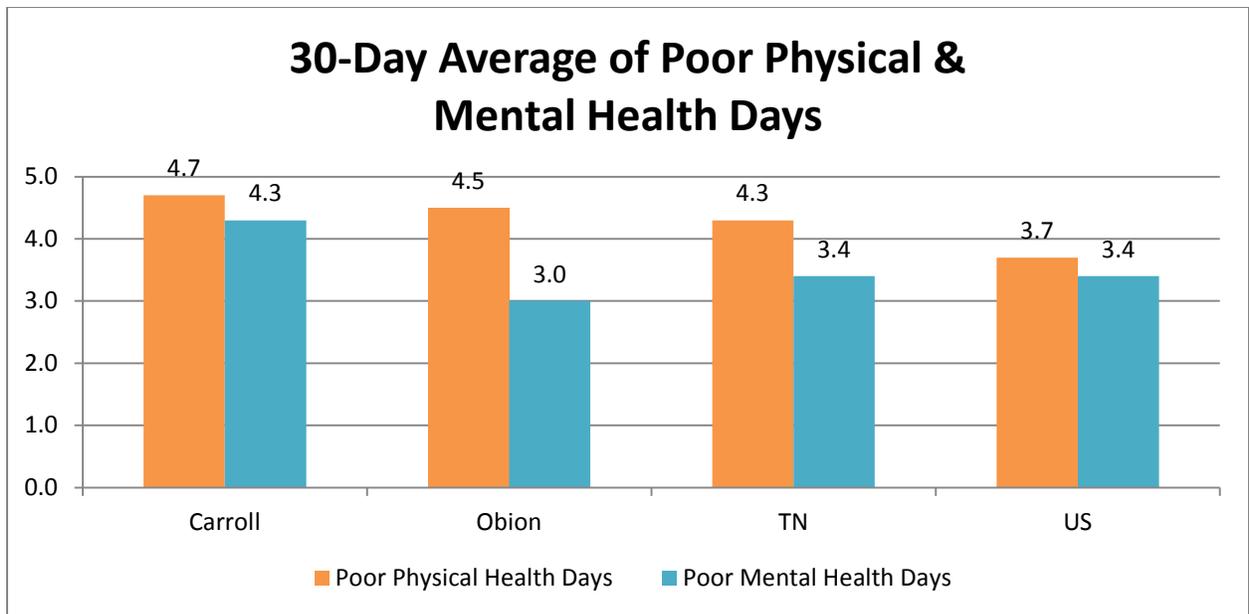
Premature Death Rate (Years of Potential Life Lost Before Age 75 per 100,000)

	Premature Death Rate per 100,000
Carroll County	10,135
Obion County	9,495
Tennessee	8,696
United States	6622

Source: National Center for Health Statistics, 2010-2012

Carroll and Obion County adults are more likely to report having “poor” or “fair” health when compared to the nation. Adults in Carroll County experience more days of poor physical or mental health than the state and national comparisons.

Carroll County adults experience more days of poor physical or mental health than the state and national comparisons



Source: Centers for Disease Control and Prevention, 2006-2012

Health Behaviors

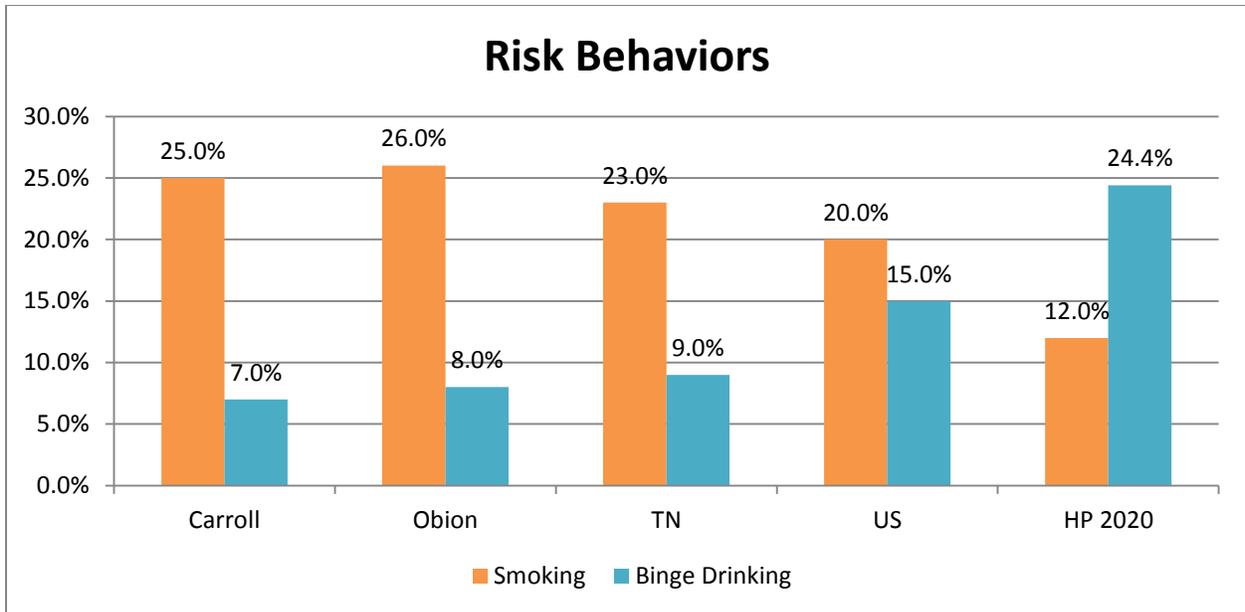
Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or increase the chance of disease. The prevalence of these health behaviors is provided below, compared to state and national averages and HealthyPeople 2020 goals.

Risk Behaviors

Adults in both Carroll County and Obion County are more likely to smoke when compared to the state and the nation and neither county meets the HealthyPeople 2020 goal. In comparison to the 2013 CHNA; the percentage of Carroll County smokers remained stable (decrease of 1 point), but the percentage in Obion County decreased by 3 points.

Approximately one-quarter of adults in Carroll and Obion Counties smoke; the percentage in Obion County decreased by 3 points

Adults in both counties are less likely to binge drink when compared to the state, the nation, and the HealthyPeople 2020 goal. The percentage of binge drinkers remained stable with a 1 point increase in Carroll County and a 1 point decrease in Obion County from the 2013 CHNA.



Source: Centers for Disease Control and Prevention, 2006-2012

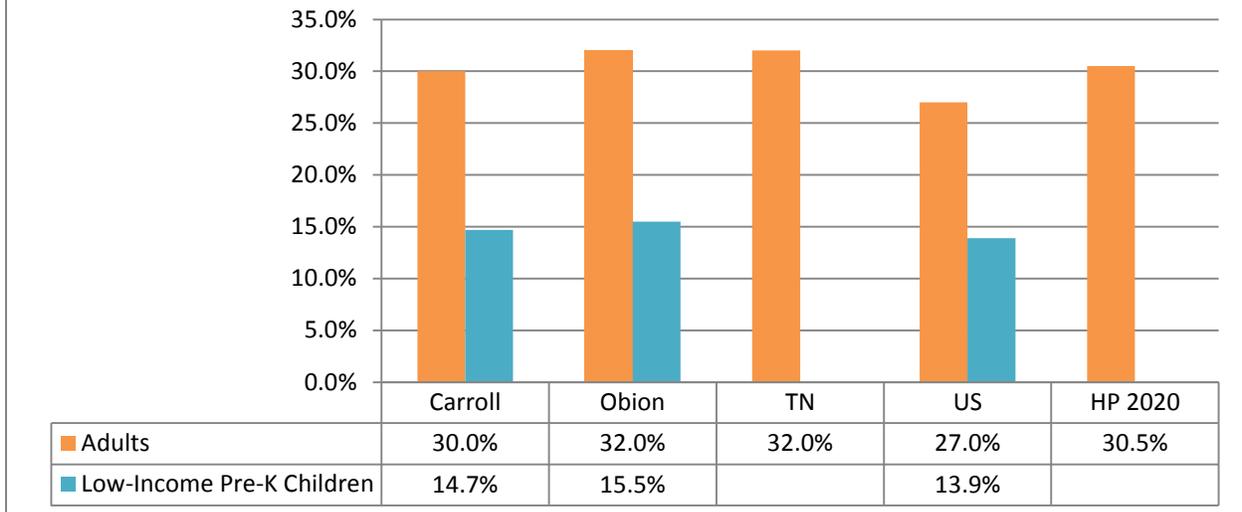
Overweight/Obesity

The percentage of obese adults and children is a national epidemic. Across Carroll and Obion Counties, 30% and 32% of adults are obese, respectively. The percentages are consistent with the state (32%) and the HealthyPeople 2020 goal (30.5%), but higher than the nation (27%). Adult obesity in Obion County remained stable from the 2013 CHNA, but obesity in Carroll County decreased 3 points.

The percentage of obese adults and low-income preschool children is higher in both counties compared to the nation

The percentage of obese low-income preschool children is higher in Carroll County (14.7%) and Obion County (15.5%) when compared to the nation (13.9%). The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or HealthyPeople 2020.

Obese Adults & Low-Income Preschool Children



Source: Centers for Disease Control and Prevention, 2012; United States Department of Agriculture, 2009-2011; HealthyPeople 2020

Lack of access to healthy food and physical inactivity can contribute to obesity rates.

Approximately 18% of all residents and 28% of children in both counties are food insecure

Food security refers to having a consistent source of sufficient and affordable nutritious food.

Approximately 18% of all residents and 28% of children in both counties are food insecure. The percentages exceed the state and the nation.

Percentage of Food Insecure Residents

	All Residents	Children
Carroll County	18.3%	28.2%
Obion County	18.2%	28.4%
Tennessee	17.1%	25.4%
United States	15.1%	23.7%

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Both counties have a lower rate of fast food restaurants per 100,000 when compared to the state and nation; Obion County also has a lower rate of grocery stores when compared to the state and the nation.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Carroll County	49.1	21.0
Obion County	59.7	9.4
Tennessee	72.5	17.5
United States	72.7	21.2

Source: United States Census, 2013

Thirty-five percent of adults in Carroll and Obion Counties report no physical activity in the last 30 days, which is higher than the state (30%) and significantly higher than the nation (23%). Fewer residents report having access to physical activity venues (44% and 61%) when compared to the state (70%) and the nation (85%). Physical activity venues include parks or recreational facilities like gyms, community centers, YMCAs, dance studios, and pools.

35% of adults in Carroll and Obion Counties adults are physically inactive

Access to Physical Activity Venues and Physical Inactivity among Adults

	Access to Physical Activity Venues	Physically Inactive
Carroll County	44.0%	35.0%
Obion County	61.0%	35.0%
Tennessee	70.0%	30.0%
United States	85.0%	23.0%

Source: Environmental Systems Research Institute, 2010 & 2013; Centers for Disease Control and Prevention, 2011

Mortality & Morbidity

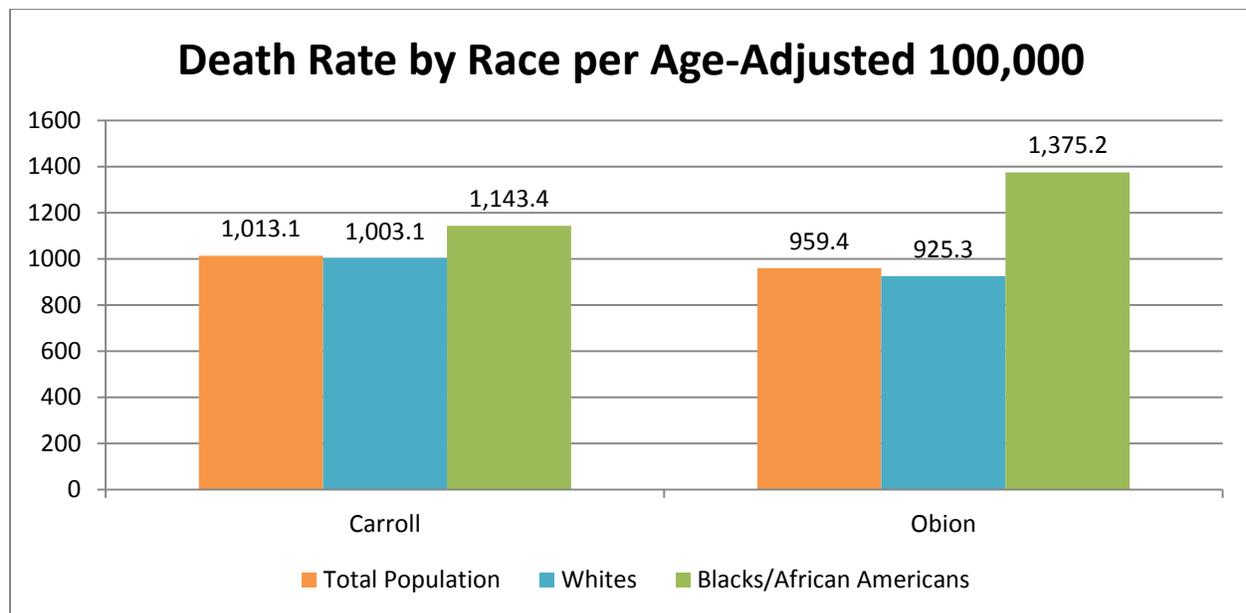
Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The death rate in Carroll and Obion Counties increased from the 2013 CHNA by 60.4 points and 5.4 points respectively, and both rates are higher than the state (881.1 per 100,000) and nation (731.9 per 100,000).

Death rates in Carroll and Obion are higher among Blacks/African Americans compared to Whites and increased by 181 points and 510 points respectively

Death rates are higher in both counties among Blacks/African Americans compared to Whites. In Carroll County, both the White and Black/African American death rate increased from the 2013

CHNA. The White death rate increased 47 points and the Black/African American death rate increased 180.6 points. In Obion County, the White death rate decreased 40 points, but the Black/African American death rate increased 509.8 points.



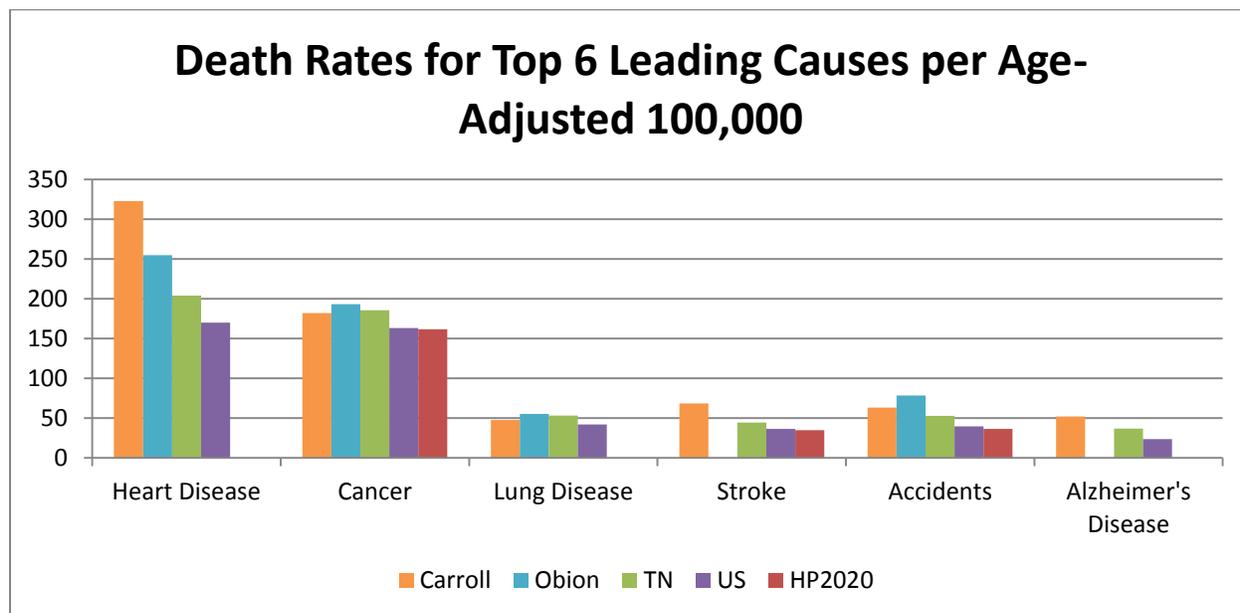
Source: Centers for Disease Control and Prevention, 2013

Tennessee has higher rates of death for all six leading causes when compared to national benchmarks. In Carroll County, death rates are higher than Tennessee for heart disease, stroke, accidents, and Alzheimer's disease. In Obion County, death rates are higher than Tennessee for heart disease, cancer, lung disease, and accidents. Death rates for stroke and

Death rates for heart disease in Carroll and Obion Counties are higher than state and national benchmarks

Alzheimer's disease are not reported in Obion County due to a low death count (16 and 19 respectively).

The following graph represents 2013 rates and the most recent health status of each county. Throughout the remainder of the report, three-or five-year death averages are often used due to low annual death counts.



Source: Centers for Disease Control and Prevention, 2013; HealthyPeople 2020

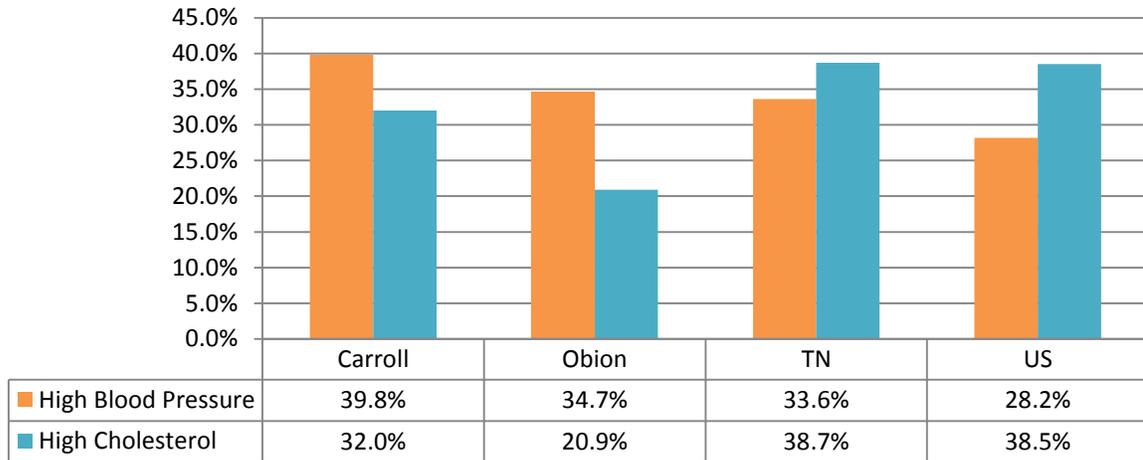
*Stroke and Alzheimer's disease death rates are not available for Obion County

Heart Disease

Heart disease is among the leading causes of death in the nation. It is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Both counties have a higher percentage of adults with high blood pressure and a lower percentage of adults with high cholesterol when compared to the state and the nation.

39.8% of Carroll County adults and 34.7% of Obion County adults have high blood pressure

Prevalence of High Blood Pressure & High Cholesterol

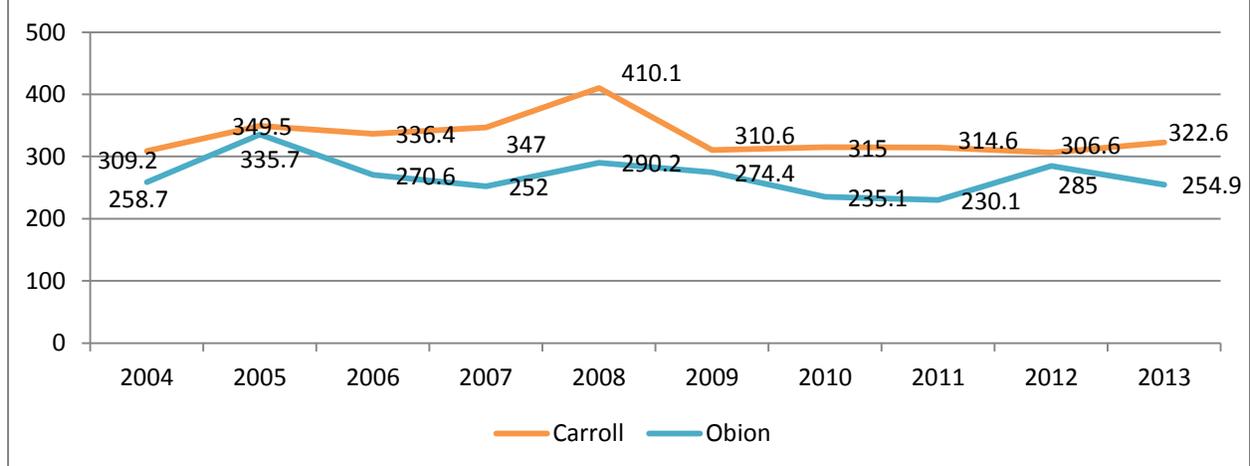


Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

The 2013 heart disease death rate is higher in both counties when compared to the state and the nation. Both rates have remained variable over the past 10 years. Carroll County's 2013 rate is higher than the 2004 rate, while Obion County's 2013 rate is lower than the 2004 rate.

The heart disease death rate is higher in both counties compared to the state and the nation. Neither county exhibits a declining rate trend.

Heart Disease Death Rates per Age-Adjusted 100,000

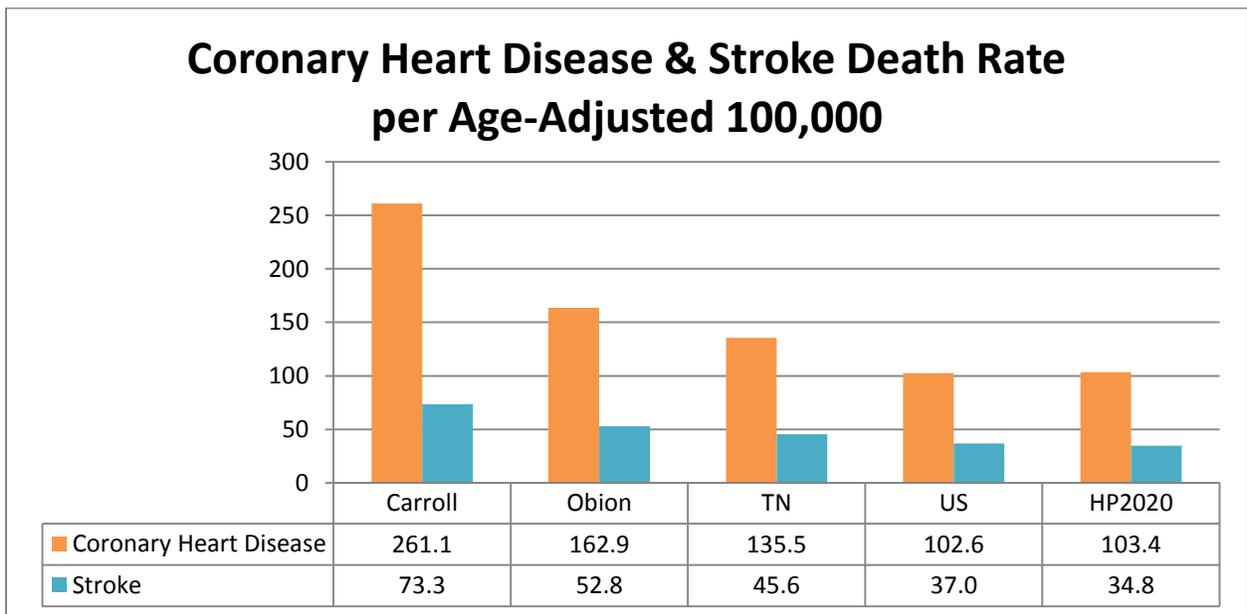


Source: Centers for Disease Control and Prevention

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. The age-adjusted coronary heart disease death rate is notably higher in Carroll County compared to Obion County; however, both counties exceed the state, the nation, and the HealthyPeople 2020 goal).

Carroll County has a notably higher coronary heart disease and stroke death rate compared to Obion County; however, both counties exceed state and national benchmarks

Several types of heart disease, including coronary heart disease, are risk factors for stroke. The three-year (2011-2013) average age-adjusted stroke death rate is also notably higher in Carroll County compared to Obion County); however, both counties exceed the state, the nation, and the HealthyPeople 2020 goal.



Source: Centers for Disease Control and Prevention, 2011-2013 & 2013

Cancer

Cancer is the second leading cause of death in the nation. Presented below are the incidence and death rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male).

Incidence Rates

The Prostate cancer incidence rate in Carroll County increased 38 points since the 2013 CHNA, while rates for overall cancer and all reported types decreased. The increased rate may indicate a higher percentage of males being screened. Cancer incidence rates for lung and bronchus, and prostate cancer are higher than the state and the nation. Whites have a moderately higher overall incidence rate compared to Blacks/African Americans. Additional incidence data by cancer type and race is not available due to low counts.

Cancer rates decreased across Carroll County since the 2013 CHNA, except for prostate cancer, which increased by 38 points

The rate of new cancer cases is declining in Obion County, except for female breast cancer, which increased by 8.6 points. Rates are higher than the state and the nation for colorectal and lung and bronchus cancer and lower for female breast and prostate cancers. Blacks/African Americans in Obion County are more likely to have a cancer diagnosis compared to Whites.

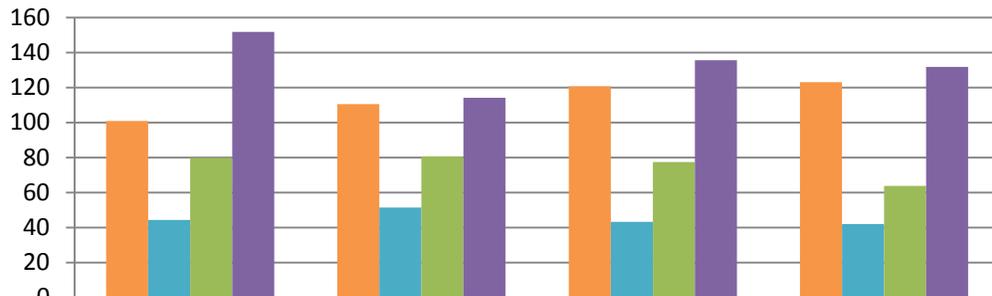
Blacks/African Americans in Obion County are more likely to have a cancer diagnosis compared to Whites

Cancer Incidence Rate per 100,000: Comparison to the 2013 CHNA (2004-2008)

	Carroll County		Obion County	
	2004-2008 Incidence	2008-2012 Incidence	2004-2008 Incidence	2008-2012 Incidence
Female breast	122.2	100.8	101.9	110.5
Colorectal	58.6	44.4	61.0	51.5
Lung and bronchus	108.2	79.7	85.3	80.6
Prostate	113.7	151.7	127.0	114.2
All cancer types	529.8	475.2	467.3	455.6

Source: National Cancer Institute

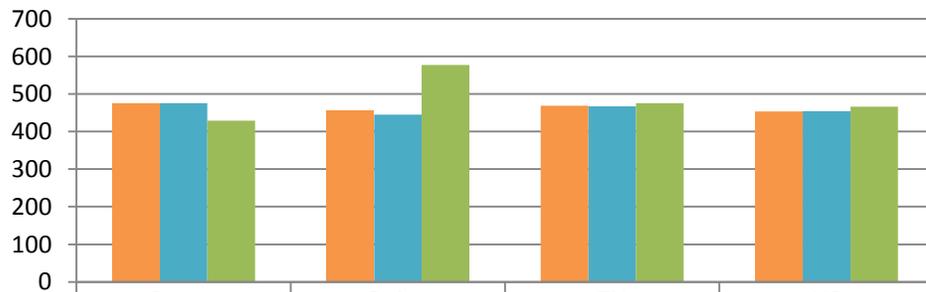
Cancer Incidence Rate per 100,000



	Carroll	Obion	TN	US
Female Breast	100.8	110.5	120.6	123
Colorectal	44.4	51.5	43.3	41.9
Lung and Bronchus	79.7	80.6	77.5	63.7
Prostate	151.7	114.2	135.5	131.7

Source: National Cancer Institute, 2008-2012

Overall Cancer Incidence Rate by Race per 100,000



	Carroll	Obion	TN	US
Total Population	475.2	455.6	468.3	453.8
Whites	475.8	444.7	467.2	454.1
Blacks/African Americans	429.3	577.4	475.3	465.8

Source: National Cancer Institute, 2008-2012

Death Rates

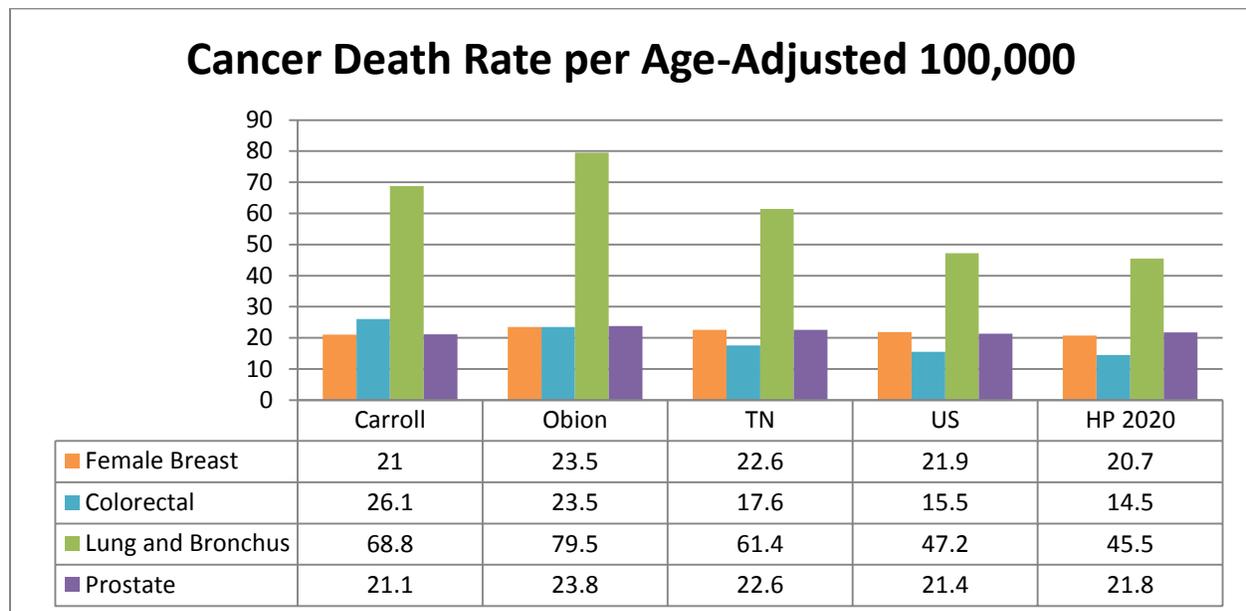
Age-adjusted cancer death is measured for the same reporting period as cancer incidence (2008-2012). Comparisons to the 2013 CHNA are not displayed as the past CHNA reports single year, point-in-time data versus multi-year averages.

Death from colorectal and lung and bronchus cancer in Carroll County is higher than the state and national comparisons

Carroll County has notably higher cancer death rates for colorectal and lung and bronchus cancer when compared to Tennessee and the nation. Obion County cancer death rates are higher than Carroll County for all sites combined and all reported sites, except colorectal.

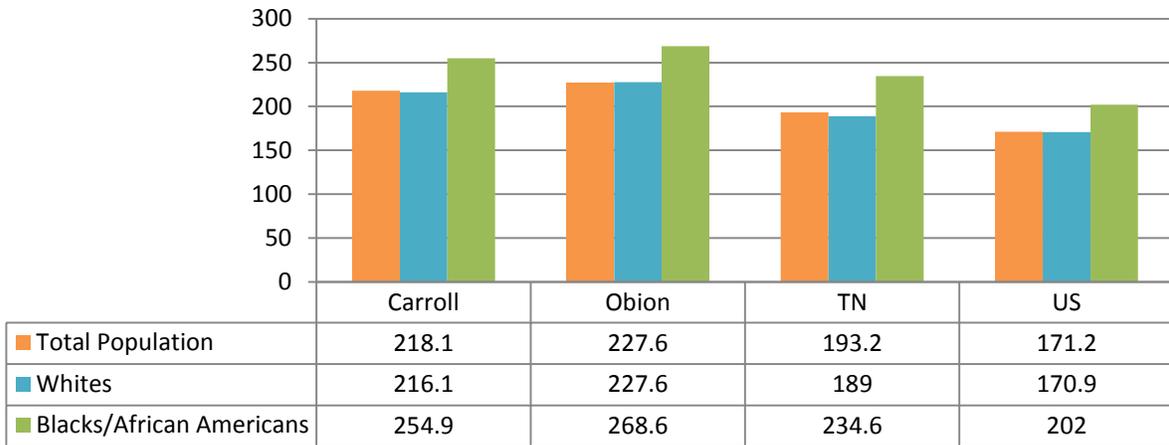
Blacks/African Americans in both counties experience disparities related to cancer deaths. In Carroll County, although Blacks/African Americans are less likely to be diagnosed with cancer, the death rate is 39 points above Whites. In Obion County, African Americans are more likely to be diagnosed with cancer, and they are more likely to die from the disease.

Blacks/African Americans in both counties experience higher cancer death rates than Whites.



Source: National Cancer Institute, 2008-2012; HealthyPeople 2020

Overall Cancer Death Rate by Race per Age-Adjusted 100,000



Source: National Cancer Institute, 2008-2012

Cancer screenings are essential for early diagnosis and preventing death. Colorectal cancer screenings are recommended for adults age 50 years or over. Obion County has a screening rate (59.1%) comparable to both the state and the nation; however, the screening rate in Carroll County (44.7%) is notably lower.

The colorectal screening rate in Carroll County is notably lower than Obion County and the state, which correlates with a lower incidence rate and higher death rate for the disease.

Mammograms are recommended for women to detect breast cancer. The reported indicator illustrates the percentage of female Medicare enrollees ages 67 to 69 that had a mammogram in the past two years. Both counties have lower screening rates when compared to the state and the nation.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. Both counties have higher screenings rates when compared to the state and the nation.

Cancer Screenings

	Colorectal Cancer Screening	Mammogram in Past Two Years	Pap Test in Past Three Years
Carroll County	44.7%	57.9%	82.6%
Obion County	59.1%	59.6%	85.6%
Tennessee	59.4%	61.8%	80.2%
United States	61.3%	63.0%	78.5%

Source: Centers for Disease Control and Prevention, 2006-2012; Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma.

Tennessee has a higher age-adjusted CLRD death rate (53.2 per 100,000) when compared to the nation (42.1 per 100,000). In Obion County, the death rate (55 per 100,000) is higher than the state. The rate in Carroll County (47.6 per 100,000) is lower than the state, but higher than the nation.

The CLRD death rate in Obion County is approximately 13 points higher than the nation.

The asthma prevalence among adults in Carroll County and Obion County is 11% and 8.3% respectively. Both percentages are lower than the nation (13.4%), and Obion County is lower than the state (10.7%).

Smoking cigarettes contributes to the onset of CLRD. The percentage of adult smokers decreased slightly in both counties from the 2013 CHNA; however, 25% of adults in Carroll County and 26% of adults in Obion County still smoke.

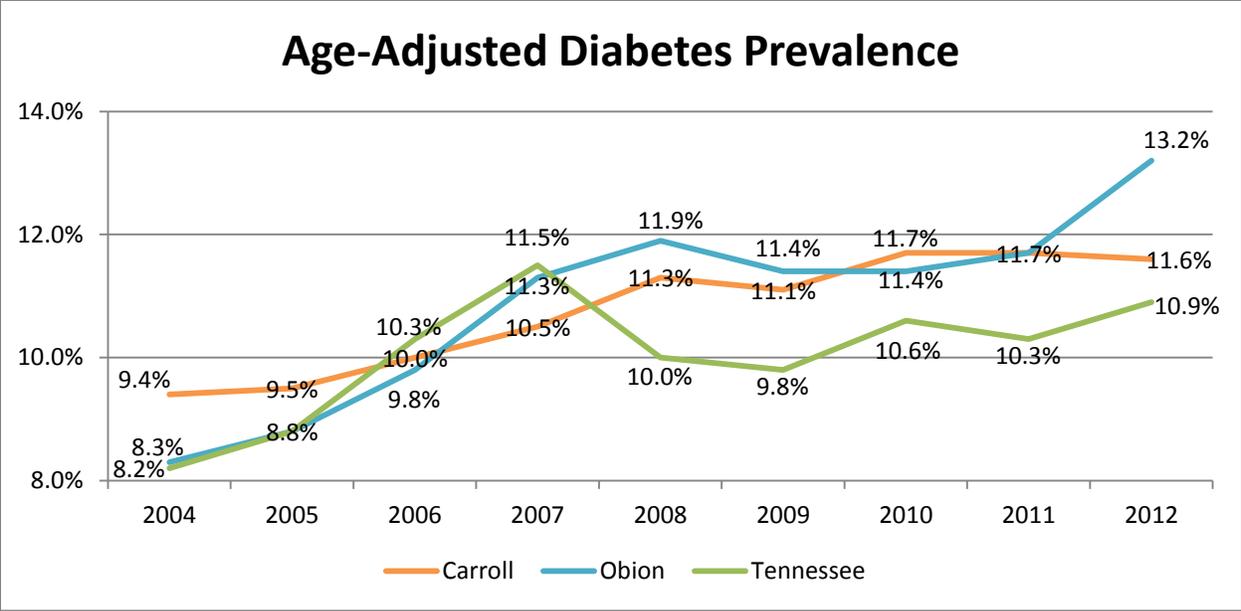
Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form,

is largely preventable through diet and exercise. The prevalence of diabetes among adults has been increasing in both counties since 2004, particularly in Obion County, which experienced a 4.9 point increase between 2004 and 2012. Carroll County experienced a 2.2 point increase in diabetes prevalence. The current prevalence rate in both counties exceeds Tennessee (10.9%).

Obion County saw a 5 point increase in diabetes over the past decade and more Obion County adults are dying from the disease

Age-adjusted diabetes death rates are provided as a three-year (2011-2013) average due to low death counts. The death rate in Carroll County (22.7 per 100,000) is lower than the state (25.2 per 100,000) and equitable to the nation (21.2 per 100,000). The death rate in Obion County (31.7 per 100,000) exceeds all comparisons.



Source: Centers for Disease Control and Prevention
 *A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes, who received a hA1c test in the past year, is higher in both Carroll and Obion Counties compared to state and national benchmarks.

Diabetic Hemoglobin A1c (hA1c) Screenings

	hA1c Test
Carroll County	88.5%
Obion County	86.9%
Tennessee	86.2%
United States	84.6%

Source: Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Behavioral Health

Behavioral health is an important aspect of overall health and encompasses both mental health and substance abuse conditions. The following section analyzes measures related to feelings of depression, mental health diagnoses, mental health deaths, and provider access in the North Tennessee Service Area.

All Residents: Mental Health

The average number of poor mental health days over a 30-day period varies by county with adults in Carroll County having a higher 30-day average (4.3) when compared to Obion County (3.0) and state and national benchmarks (3.4).

Suicide data is not available on an annual basis for either county due to low death counts. Between 2009 and 2013, 25 suicides occurred in Carroll County and 28 suicides occurred in Obion County. The five-year average rate is higher in both counties compared to the state, the nation, and the HealthyPeople 2020 goal. The rate is particularly high in Obion County (18 per 100,000). Racial differences for suicide are not noted due to low death counts.

The suicide rate is higher in both counties compared to the state and national benchmarks. The Obion County rate exceeds the HP 2020 goal by 7.8 points.

Mental Health Measures

	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000	Mental Health Provider Rate per 100,000
Carroll County	4.3	16.2	25
Obion County	3.0	18.0	29
Tennessee	3.4	14.7	127
United States	3.4	12.3	NA
HP 2020	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; Centers for Medicare & Medicaid Services, 2014; HealthyPeople 2020

Annual death data is also not available for mental and behavioral disorders due to low death counts. Between 2011 and 2013, 40 deaths occurred in Carroll County and 27 deaths occurred in Obion County. The three-year age adjusted rate is lower in both Carroll and Obion Counties (32.7 per 100,000 and 21.7 per 100,000 respectively) compared to the state (46.7 per 100,000) and the nation (41.5 per 100,000).

The mental and behavioral disorders death rate is lower in both counties compared to the state and the nation

All Residents: Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in both counties are less likely to binge drink when compared to state and national averages. However, the percentage of driving deaths due to alcohol is higher in Carroll County (33%) compared to Obion County (26%), the state (28%), and the nation (31%).

Carroll County has a higher percentage of driving deaths due to alcohol and both counties have a higher drug-induced death rate compared to state and national benchmarks

The age-adjusted drug-induced death rate represents a three year (2011-2013) average due to unreliable annual rates. The rate in both counties is higher than the state and the nation.

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Carroll County	7.0%	33.0%	22.5
Obion County	8.0%	26.0%	21.3
Tennessee	9.0%	28.0%	18.7
United States	15.0%	31.0%	14.1
HP 2020	24.4%	NA	NA

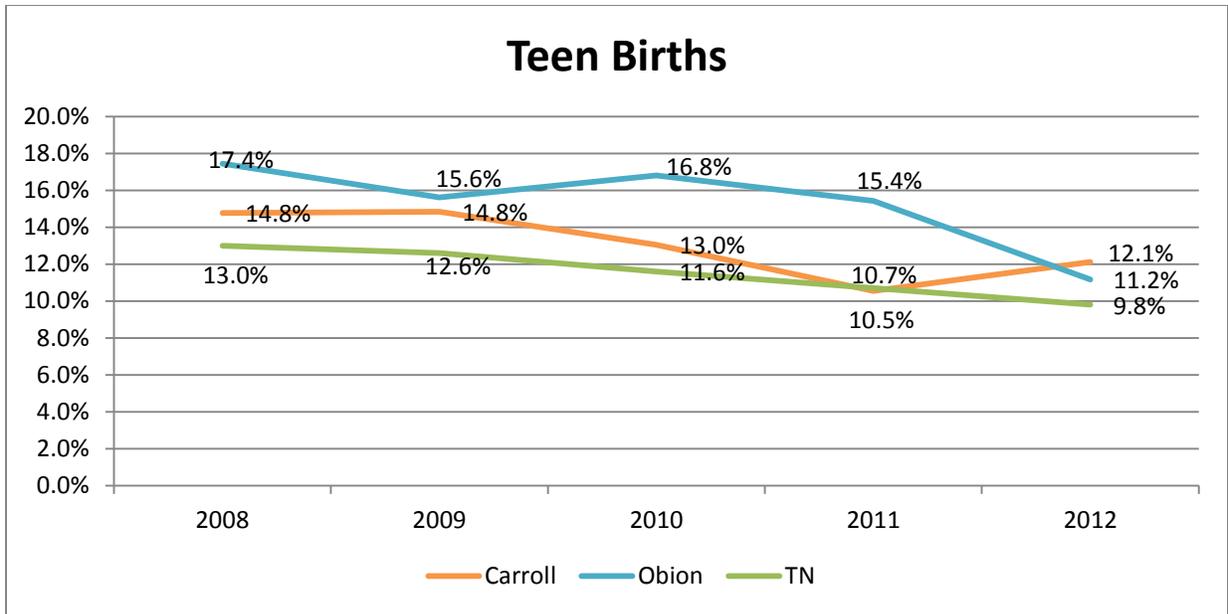
Source: Centers for Disease Control and Prevention, 2006-2012, 2009-2013, 2011-2013; National Highway Traffic Safety Administration, 2009-2013; HealthyPeople 2020

Maternal and Child Health

There were 330 births in Carroll County and 376 births in Obion County in 2012. In Carroll County, 91.2% of births were to White mothers and 7.9% were to Black/African American mothers. In Obion County, 85.4% of births were to White mothers and 11.4% were to Black/African American mothers. Births to Hispanic/Latina mothers were not available.

The teen birth percentage declined in both counties, but both percentages still exceed the state and the nation

Of the total births, 12.1% in Carroll County and 11.2% in Obion County were to teenage mothers' ages 15 to 19 years. Both percentages have declined over the past five years, but still exceed the state (9.8%) and the nation (7.7%). In addition, the Carroll County percentage saw a recent increase between 2011 and 2012.



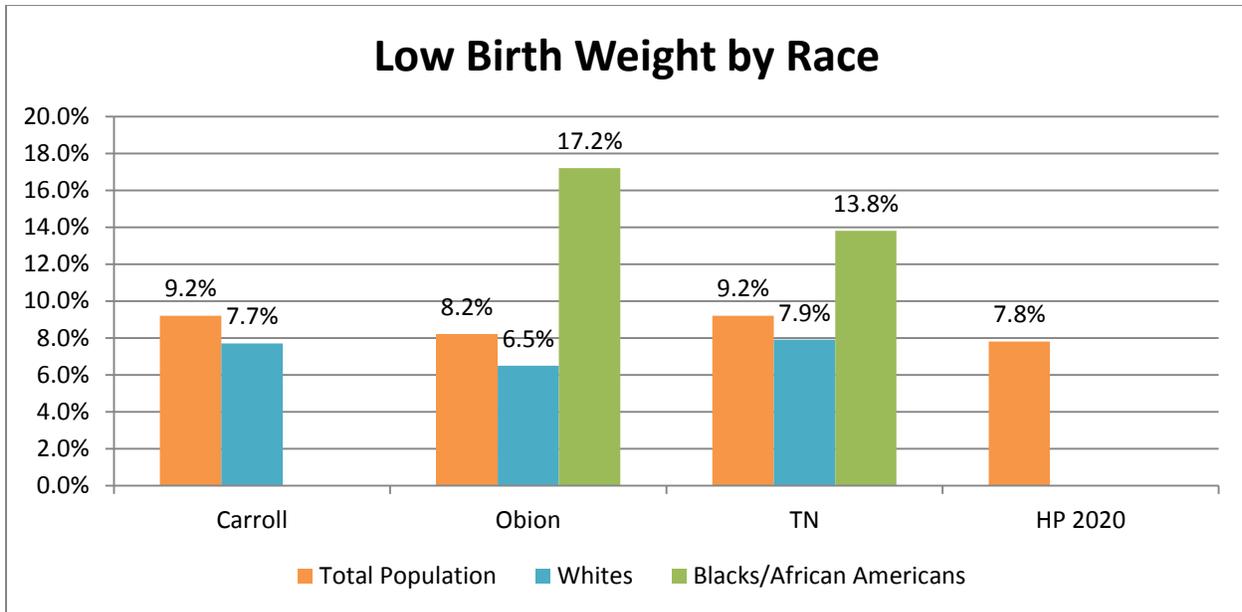
Source: Tennessee Department of Health

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. Annual low birth

The low birth weight percentage among Blacks/African Americans in Obion County is 17.2%. The HP 2020 goal for all populations is 7.8%.

weight percentages are not available for Carroll and Obion Counties. The three-year average (2009-2011) low birth weight percentage in both counties is 9.2% and 8.2% respectively. Both percentages are lower than or equivalent to the three-year average for Tennessee (9.2%), but

higher than the HealthyPeople 2020 goal (7.8%). In addition, the low birth weight percentage is notably higher among Blacks/African Americans in Obion County (17.2%).



Source: Tennessee Department of Health, 2009-2011

*Low birth weight data is not available for Blacks/African Americans in Carroll County

The three-year (2009-2011) average preterm birth percentage is higher in Obion County (11.8%) compared to Carroll County (10.3%) and Tennessee (11.2%). Carroll County meets the HealthyPeople 2020 goal for preterm births (11.4%). Differences in preterm birth percentages by race are not noted due to low counts.

Carroll and Obion Counties experienced 10 and 16 infant deaths, respectively, between 2009 and 2013. As a result, the rate is unreliable and not reported. Differences in infant death by race are also not reported.

Senior Health

Seniors face a number of challenges related to health and well-being as they age and they are more prone to chronic disease and disability. The following table notes the percentage of Medicare Beneficiaries age 65 years or over who have been diagnosed with a chronic condition.

The percentage of Carroll County Medicare Beneficiaries with a chronic condition is typically higher than state and national percentages with the exception of Alzheimer's disease (10.3%), asthma (2.5%), cancer (7.5%), and high cholesterol (45.9%).

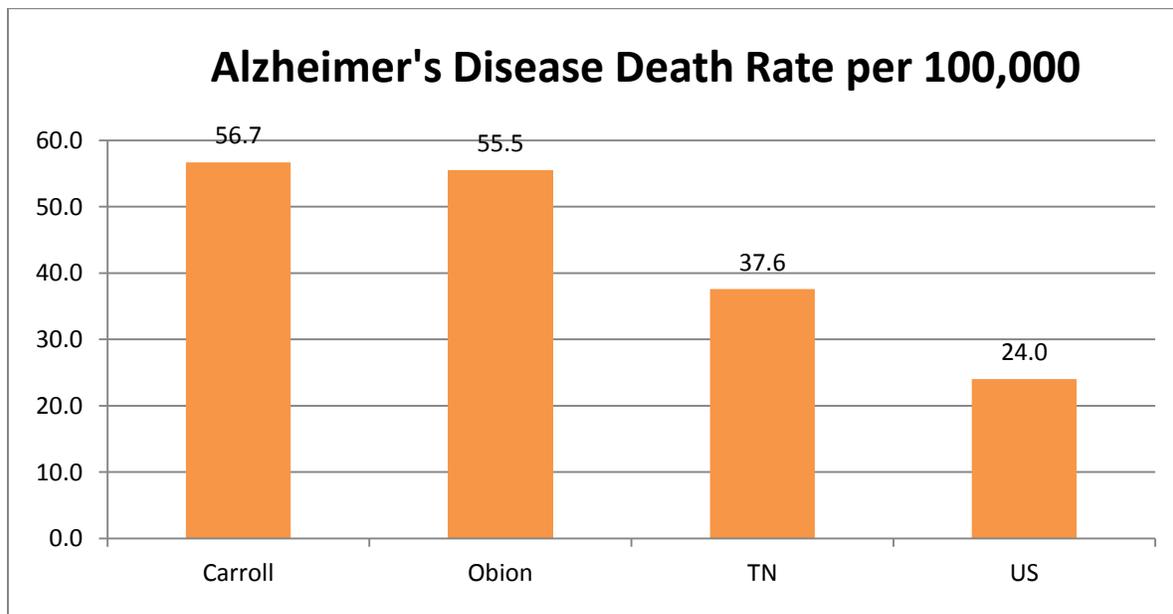
The percentage of Obion County Medicare Beneficiaries with a chronic condition is typically equal to or lower than state and national percentages with the exception of diabetes (29.8%), hypertension (62.8%), and coronary heart disease (33.4%).

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Carroll	Obion	TN	US
Alzheimer's Disease	10.3%	9.8%	12.0%	11.4%
Asthma	2.5%	3.2%	3.8%	4.3%
Cancer	7.5%	7.0%	8.3%	9.1%
Depression	14.9%	12.7%	13.6%	12.7%
Diabetes	29.5%	29.8%	27.6%	27.4%
Hypertension	65.1%	62.8%	61.3%	59.1%
High Cholesterol	45.9%	47.2%	46.3%	48.0%
Coronary Heart Disease	36.2%	33.4%	31.4%	31.1%
Stroke	4.5%	3.7%	4.0%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

Medicare beneficiaries in Carroll and Obion Counties are less likely to have Alzheimer's disease; however, the age-adjusted death rate due to Alzheimer's disease among all residents is higher in both counties when compared to the state and the nation. The death rate represents a three-year (2011-2013) average due to a low death count and unstable rate in Obion County for 2013.



Source: Centers for Disease Control and Prevention, 2011-2013

North Tennessee Service Area Key Informant Survey

Background

A key informant survey was conducted with 28 community representatives to solicit information about health needs and disparities in the North Tennessee Service Area. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers and barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

A list of organizations represented by key informants is included in Appendix C. Populations served by the represented organizations, as identified by the participants, included:

Populations Served by Key Informants

Population	Percent of Key Informants	Number of Key Informants
Children/Youth	56.5%	13
Seniors/Elderly	52.2%	12
Families	43.5%	10
Low income/Poor	43.5%	10
Men	39.1%	9
Women	39.1%	9
Black/African American	30.4%	7
Uninsured/Underinsured	30.4%	7
Disabled	26.1%	6
Hispanic/Latino	26.1%	6
Homeless	21.7%	5
Other	17.4%	4
American Indian/Alaska Native	8.7%	2
Asian/Pacific Islander	8.7%	2
Immigrant/Refugee	4.3%	1

More than half of key informants serve children/youth and seniors/elderly. A large percentage of key informants also serve families and low income/poor individuals and families. “Other” populations served by key informants include all residents, second career/post-secondary students, impaired health professionals, and business and industry.

Survey Findings

Key Health Needs

The following tables show the rank order of health conditions and contributing factors affecting residents as indicated by Key Informants.

Top Health Conditions Affecting Residents

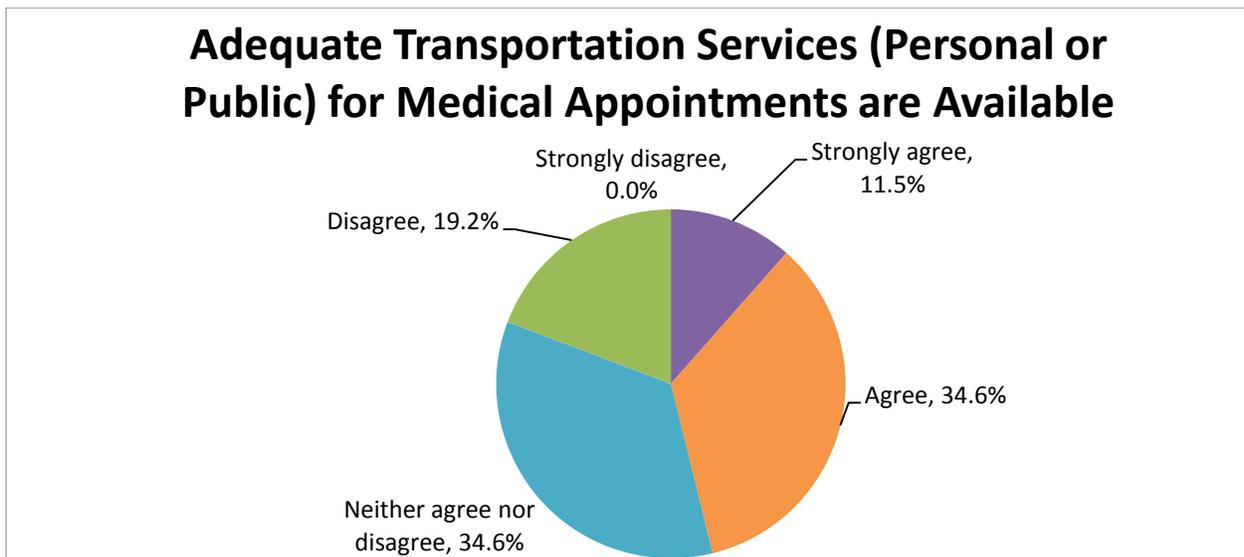
Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	15.0%	12
2	Heart Disease	15.0%	12
3	Cancer	12.5%	10
4	Overweight/Obesity	11.3%	9
5	Substance Abuse	11.3%	9
6	Behavioral Health	8.8%	7
7	COPD	6.3%	5
8	Alzheimer's Disease/Dementia	5.0%	4
9	Asthma	3.8%	3
10	Disability	3.8%	3
11	Hypertension	3.8%	3
12	Other	2.5%	2
13	Maternal and Child Health	1.3%	1

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of knowledge/awareness of the value of preventative care/screenings	17.9%	14
2	Inability to afford care	15.4%	12
3	Drug/Alcohol Abuse	10.3%	8
4	Lack of good nutrition	9.0%	7
5	Lack of physical activity	7.7%	6
6	Stress (work, family, school, etc.)	7.7%	6
7	Tobacco use	6.4%	5
8	Lack of health insurance	5.1%	4
9	Lack of support for caregivers/family	5.1%	4
10	Lack of health providers available	3.8%	3
11	Lack of preventative care/screenings	3.8%	3
12	Lack of transportation for health services	3.8%	3
13	Other	2.6%	2
14	Limited office hours for health providers	1.3%	1

Key informants saw lack of knowledge/awareness of preventative care/screenings as the most common factor or problem contributing to the health conditions affecting residents, followed by the inability to afford care and drug/alcohol abuse. “Other” contributing factors or problems included lack of time to focus on health issues and family history/genetics.

Key informants differed on their opinion of whether residents had adequate transportation services to medical appointments. Approximately 46% of key informants agreed; almost 20% disagreed and another 35% neither agreed nor disagreed.

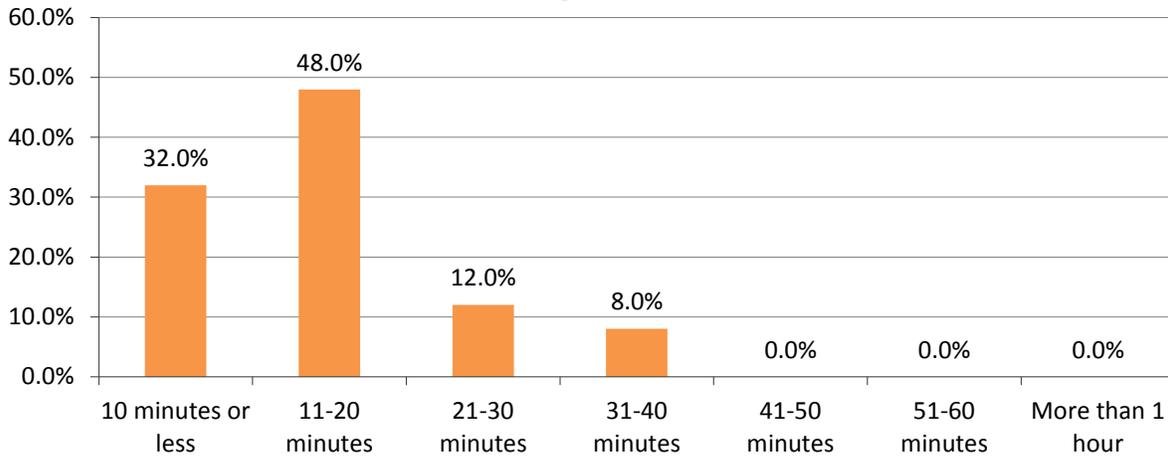


The perception of travel time to primary and specialty care providers was also assessed. Generally, respondents thought residents had less travel time to reach primary care providers than specialty care.

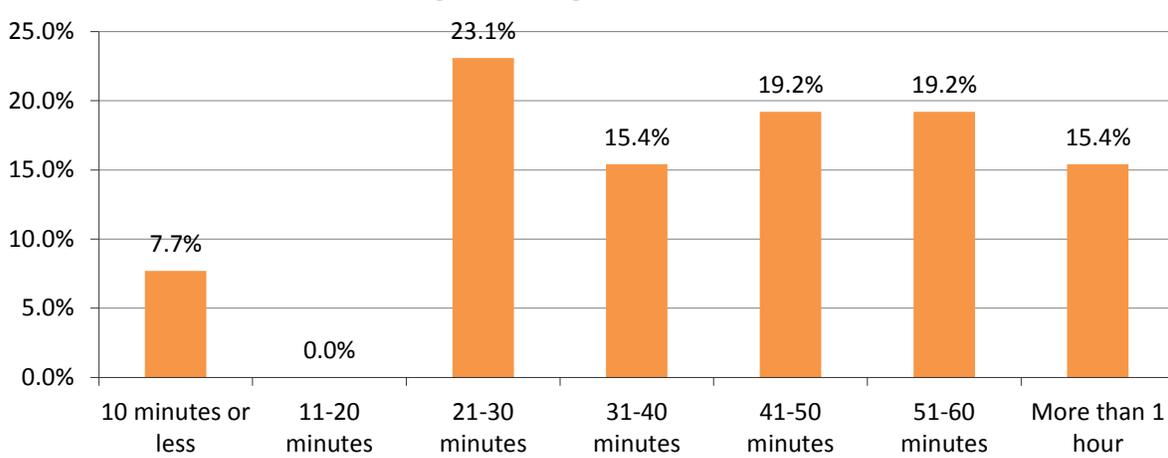
Key informants who reported that specialty care is more than 30 minutes away from residents were asked to identify the services that are not available within the community. Several informants indicated that all specialty services are missing from the community. Other informants listed specific services that are missing:

- Behavioral health
- Cardiology (routine & emergent)
- Dermatology
- Ear Nose & Throat
- Gastroenterology
- Hematology
- Maternity care
- Nephrology
- Neurology
- Oncology
- Orthopedics
- Pediatric care
- Respiratory care
- Rheumatology
- Surgery and surgery subspecialties
- Urology

Time Residents Travel to Receive Primary Health Care

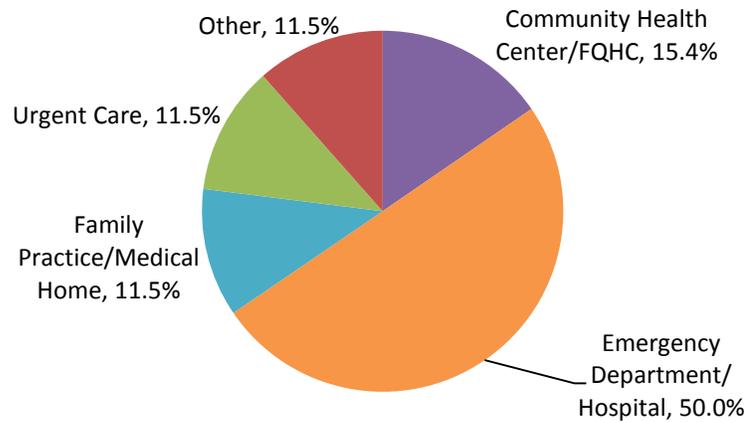


Time Residents Travel to Receive Specialty Health Care



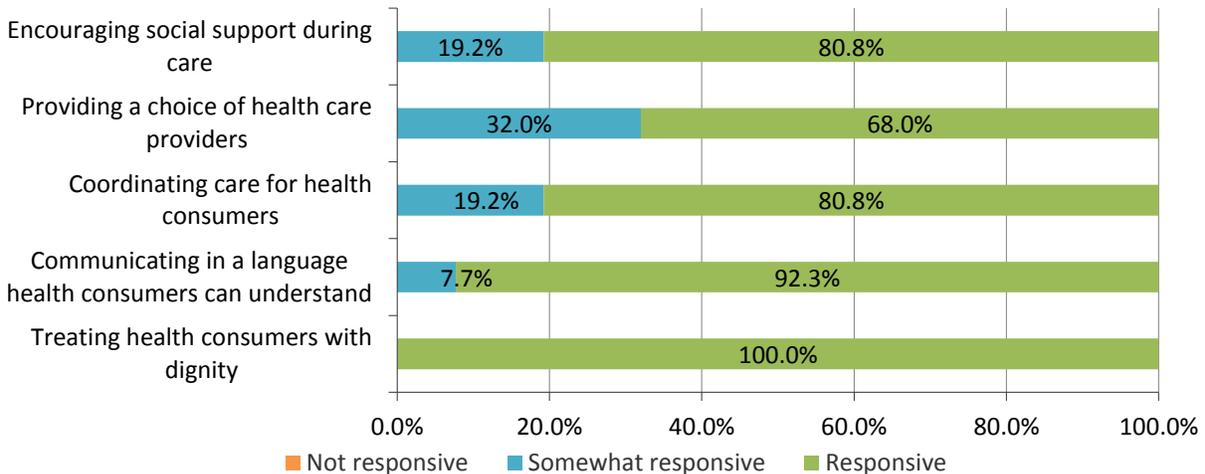
Key informants reported that the hospital emergency department is the primary point of care for uninsured and underinsured individuals (50%). Community health centers/federally qualified health centers (FQHCs) were seen as the next most common point of care (15.4%), followed closely by family practice. “Other” locations identified by key informants included the Carroll County Health Department and long term care facilities.

Primary Point of Contact for Uninsured and Underinsured Individuals



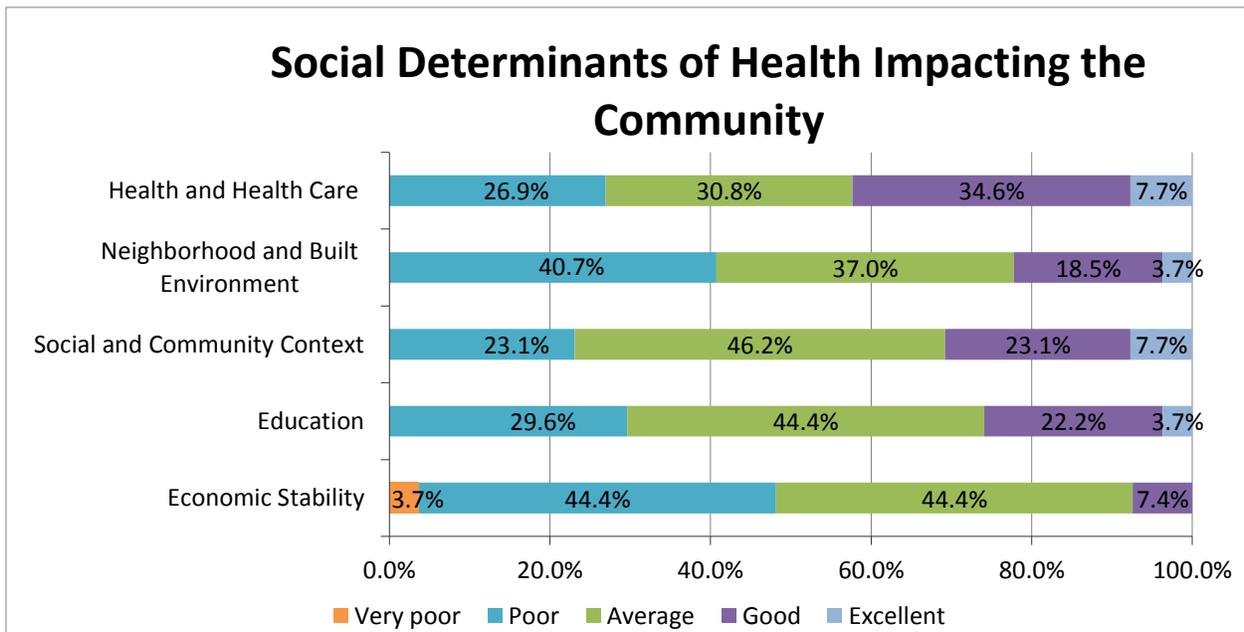
Respondents were asked about Baptist’s responsiveness to the non-medical needs of consumers. Key informants felt Baptist is either “somewhat responsive” or “responsive” to all non-medical needs of consumers. “Treating health consumers with dignity” and “Communicating in a language health consumers can understand” were recognized as areas where Baptist was most responsive.

Responsiveness of Baptist in Addressing Non-Medical Needs of Consumers



Key informants were asked to rate social determinants of health in the region. The majority of key informants rated the factors as “poor” or “average” with the exception of health and health care. Economic stability was rated the lowest with 48.1% of informants indicating it is “very poor” or “poor.”

Key informants stated that lack of affordable health care and less than optimal economic conditions affect the community’s health status. One informant referenced that the community (Carroll County) “is just a typical rural county in Tennessee.” Another informant noted that the community has resources to assist people in improving their social determinants, but they are under-utilized.



Open-ended questions were asked to gather key informants’ feedback regarding community resources, barriers for residents to optimize health and recommendations for community health improvement.

Informants provided the following examples of programs, initiatives, or partnerships that have been successful in helping residents improve health:

:

- Baptist Tipton – Tipton’s program to buy low cost medication for uninsured patients
- Baptist Union City – Union City’s involvement in the community
- Baptist-sponsored Girls Day Out events
- Community Health Advisor Program (breast health, nutrition, obesity education)
- Community health fairs and screenings
- Diabetes education and prevention programs
- Free clinical services provided by nursing students (physical exams, screenings, immunizations, etc.)
- Health department-sponsored programs (e.g. smoking cessation)
- Northwest Transportation

- University student clinics with referrals to outside providers
- Veterans Association
- Weight Watchers

Informants listed the following services and resources that are needed in the community to help residents optimize their health.

- Specialty physician services due to recruitment barriers
- Affordable transportation services that are handicap accessible
- Additional primary care physicians, not mid-level providers
- Community exercise facility
- Chronic disease management assistance programs
- Awareness/coordination of available community services
- Church clinic offering sliding scale fees
- Additional screenings/health care offerings and education events
- Mobile primary care clinics

Key informants offered the following suggestions for local and regional health care providers to better serve residents.

- Host additional community health events (screenings and education)
- Assist with the recruitment of primary and specialty care physicians
- Be willing to offer professional services, including teaching
- Continue to collaborate and partner with community based organizations to share resources and improve outreach and referral systems
- Provide home-based services and follow-up care for seniors

Key informants offered additional thoughts regarding community health needs or the CHNA. The following comments are direct quotes by informants:

- “I appreciate the opportunity to provide input and am glad that this hospital system seeking to make decisions based on data!”
- “I think BMH-Huntingdon does a great job serving our community and others in the vicinity.”
- “We are most fortunate to have Baptist Health Care in our county and especially for their caring, competent staff. They, however, cannot overcome the lack of willingness of people to change their habits/diets in order to have a healthier lifestyle. Healthy diets are not expensive.....but you have to prepare them. Fast food is the easy, unhealthy option.”

Identified Priority Health Needs

Baptist Memorial Health reviewed findings from the CHNA research, including public health data, socio-economic measures, responses from the key informant survey, and feedback from the partner forums and other stakeholder research to develop system-wide priorities to focus community health improvement efforts. The CHNA steering committee and other Baptist leadership determined that priorities identified in the 2013 CHNA cycle were still relevant to the community. Baptist will continue to direct community benefit and community health improvement activities to address the following health priorities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these system-wide priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

Background

In 2013, Baptist Memorial Health Care completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan to address identified health priorities. Health priorities included cancer, healthy lifestyle choices, maternal & women's health, and mental health. The strategies utilized to address the health priorities support Baptist's commitment to the people it serves and the communities they live in.

2013 Health Priority Goals

Cancer: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Healthy Lifestyle Choices: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Maternal & Women's Health: Promote prenatal wellness to improve outcomes for mother and child.

Mental Health: Increase early detection of dementia and provide support services for residents with dementia and/or Alzheimer's and their caregivers.

2014-2016 Implemented Strategies

- > Implemented the Teen Summit Health Council, supporting healthy lifestyles among teens in local school districts by providing education and programming
- > Initiated the Hope Chest at the Health Quest wellness center, serving as a central location to receive, display, and distribute donated items (e.g. wheelchairs, wigs, hats, walkers, and educational materials)
- > Participated in health fairs and informational booths to provide health information and screenings (blood pressure, BMI, balance, mammography, etc.) and promote healthy lifestyles
- > Presented chronic condition (arthritis, diabetes, etc.) health education materials to residents and vulnerable population groups
- > Presented self-esteem materials to domestic violence shelters
- > Presented to senior living and veteran groups on breaking away from worry/stress management, recognizing the signs of mental illness, post-traumatic stress disorder
- > Provided child birthing and breastfeeding classes to new and expectant mothers to promote healthy birth outcomes

- > Provided GriefShare bereavement support groups to individuals experiencing loss of life
- > Provided seminars addressing elder abuse in the community
- > Provided suicide prevention training to community members
- > Sponsored community agencies/events (e.g. Obion County Cancer Agency, Hometown Walk of Hope, and American Cancer Society) in support of cancer prevention and management
- > Sponsored the Juvenile Diabetes Research Foundation
- > Sponsored the March of Dimes and the Agape House Pregnancy Care Center

By providing health education and opportunities for residents to participate in programs to improve their health, Baptist Memorial Health Care helped thousands of our community members lead healthier lives. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities. We remain committed to supporting community health improvement in line with our mission and vision.

Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the North Tennessee Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospital's website.

Appendix A: Our Partners

An integral part of the CHNA process was community engagement. A Steering Committee of Baptist Memorial Health Care leadership guided the CHNA process with input solicited from community partners representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. The following individuals contributed to the CHNA process as part of the Steering Committee:

Cynthia Allen, System Community Involvement Manager, Baptist Memorial Health Care
Scott Fountain, Senior Vice President/Chief Development Officer, Baptist Memorial Health Care
William A. Griffin, Senior Vice President/Chief Financial Officer, Baptist Memorial Health Care
Jeffery Lann, Manager-Research/Marketing Development, Baptist Memorial Health Care
Debbie Lassiter, Manager-Research Planning, Baptist Memorial Health Care
Cheryl L. Lee, Director-Tax and Compliance, Baptist Memorial Health Care
Dexter McKinney, System Community Outreach Specialist, Baptist Memorial Health Care
Kimmie McNeil Vaulx, Director-System Corporate Communications, Baptist Memorial Health Care
Ann Sullivan, M.D., Chief Academic Officer, Baptist Memorial Health Care
Henry Sullivant, Jr., M.D., Chief Medical Officer for Clinical Integration, Baptist Memorial Health Care

The following individuals contributed to the CHNA process as community partners:

Michele Barns, Obion County Public Library
Kyle Bassett, First Citizens National Bank
Glenda Chrisp, Obion County Cornfest
Greg Dozier, Leaders Credit Union
Lindsay Frilling, Obion County Joint Economic Development Council
Katie Keathley, Obion County Joint Economic Development Council
Nicole Kincade, Twin Oaks Technology
Adam Ragan, Obion County Farm Bureau Insurance of Tennessee
Jennifer Slack, Reelfoot Bank
Justice Walker, Community Member
Shelly Watson, Community Member

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Appendix C: Key Informants

A key informant survey was conducted with 28 community representatives. The organizations represented by key informants, and their respective role/title, included:

Key Informant Organization	Key Informant Title/Role
American Cancer Society	Development Manager, Distinguished Events
American Cancer Society	Health Systems Manager, Hospitals
Baptist Huntingdon	Board Chair
Baptist Medical Group	Hospitalist
Baptist Memorial Hospital Huntingdon	Nursing Director
Bethel University	Director - Department of Nursing
Baptist Medical Group - Huntingdon Primary Care/Huntingdon General Surgery	Regional Manager
Baptist Memorial Hospital Huntingdon	Ancillary Manager
Baptist Memorial Hospital Union City	Board Member
Carroll County News Leader	Editor
Carroll County Office on Aging/Senior Center	Director
Carroll County Special Learning Center	School Nurse
Carroll County Technical School	RN, BSN, Teacher
Former College President	Retired
Harmony Hill Assisted Living	Administrator
Huntingdon Insurance Agency	Partner
Huntingdon Missionary Baptist Church	Pastor
Lakeside Senior Living	Administrator
Life Care Center Bruceton	Admissions director
Mckenzie Middle School	School Nurse
Obion County Joint Economic Development Council	CEO
School	School Nurse
Tennessee Circuit Court	Judge
Tennessee Medical Foundation	Medical Director
Town of Huntingdon	Mayor
Town of Huntingdon	Vice-Mayor
University of Tennessee at Martin Department of Nursing	Chair & Associate Professor
White & Associates Insurance	Agency Manager

Appendix D: Community Assets

The Partner Forum builds upon existing efforts to improve health, especially among underserved populations, by facilitating population health strategy collaboration based on community assets, gaps in services, and partnership opportunities. The following section depicts community assets (in alphabetical order) identified in the North Tennessee Service Area.

Health Services

- > **Baptist Memorial Health Care:** The partners shared that the hospitals are a point of pride for community members, offering locally accessible and quality services.
- > **Carey Counseling Center:** The center includes five outpatient mental health care centers across northwest Tennessee, serving children, adolescents, and adults.
- > **Obion County Health Council:** The council is comprised of several organizations, including the Department of Health, Chamber of Commerce, and the Joint Economic Development Council. As a council, members address significant health issues, resource availability and allocation, and strategies to improve health outcomes across the community.
- > **Obion County Health Department:** The local health department provides nurses, a lay home visitor, a nutrition educator, a family planning official, and a free STD clinic.
- > **Pathways Behavioral Health Services:** The services provided include outpatient counseling, case management, medication management, and a psychiatric rehabilitation program.
- > **University of Tennessee Dental Clinic:** Services are provided at reduced rates for adults and children by dental school students.

Nutrition and Physical Activity Services

- > **BackPack Program:** The program is designed to provide free weekend meals to school age children who rely on the National School Breakfast and Lunch Programs and may otherwise go hungry over the weekend. The food is donated through a local food-raiser, “Pack the Bus.”
- > **Pilgrims Rest Baptist Church Summer Feeding Program:** The program serves youth ages 0 to 18 by providing free nutritious meals during the summer months. The program is designed to serve a similar population as the BackPack program.
- > **Union City Department of Recreation:** The Department of Recreation maintains a number of parks and swimming pools in Union City. In addition, the department provides free summer sports programs for youth.
- > **Union City Summer Farmers Market:** The cost to participate in the farmer’s market as a vendor is \$2. The farmer’s market is open to all residents during the summer as a source of fresh fruits and vegetables.

Social Services

- > **Boys & Girls Club:** Programs provide supervised recreational activities and delinquency prevention services for children and youth of all ages and backgrounds, but particularly for disadvantaged youth. Club members may also have access to counseling, tutorial services, employment assistance, gang programs, and drug abuse and alcoholism prevention.
- > **Head Start:** The Head Start program is located in the cities of Troy, Kenton, and Union. The goal of the program is to provide comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families.
- > **Obion County Public Library:** The library offers book loan services, park and grounds usage, internet access, a career center, a Teacher Resource Center, and a number of programs, including Reading Railroad. Reading Railroad provides free books to children ages 0 to 5.
- > **Ministerial Association:** The Ministerial Association is comprised of ministers from local churches. Partners shared that the association is a trusted organization within the community and could be used to distribute health related information to reach all constituents.

- > **Northwest Tennessee Human Resources Agency:** The agency provides access to medical and educational facilities, employment sites, shopping centers, and various other businesses and services across Tennessee. Fares range from \$1 (in town) to \$25 (Memphis-Nashville area). Transportation is provided door-to-door, but it must be scheduled in advance.
- > **Obion County Cancer Agency:** The agency works to change negative perceptions regarding cancer and bring resources to local cancer patients, including assistance with rent payments, utility bills, insurance premiums, co-pays, etc. The money provided to patients is primarily raised through the Hometown Walk of Hope event that started in 2001.
- > **Tennessee Division of Vocational Rehabilitation Services:** Services are provided to individuals with a physical, mental, or sensory impairment that results in a substantial impediment to employment. Individual work with a counselor to develop an Individualized Plan for Employment which outlines a program of services that leads to successful employment.
- > **The Bridge:** The Bridge provides services to women and women with children who are moving from a rehabilitative state to independence, but require additional support to establish a safe and financially secure foundation. Their services include phase II transitional housing and adult life skills classes.
- > **Women, Infants, and Children (WIC):** The WIC office is housed at the local health departments and provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.