

Laughlin Memorial Hospital Community Health Needs Assessment Report For June 2013



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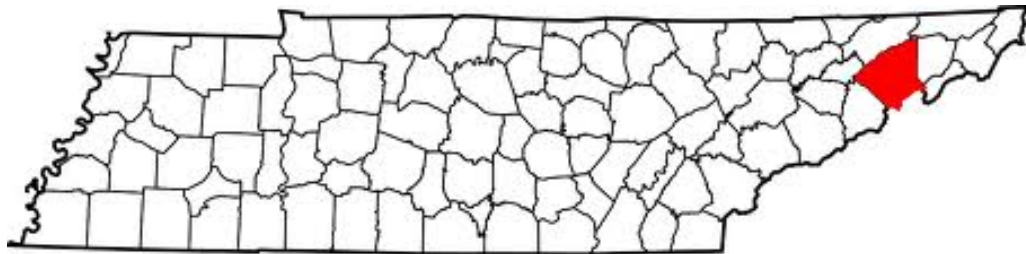
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Introduction

Laughlin Memorial Hospital Laughlin is committed in providing the highest quality medical services and diagnostic medical equipment for our patients. This follows the vision Dr. C.B. Laughlin had with the founding of Laughlin Memorial Hospital in 1939. This vision was to always strive to improve upon our ability to better serve the most important people we know: our patients. This Community Health Needs Assessment report is based on Laughlin Memorial Hospital's involvement and enrichment of those who live within Greene County, Tennessee.

Executive Summary

The total population for Greene County, Tennessee is 68,831. For a further breakdown of population by age cohort see (**appendix 1**). The total land area is 622.16 square miles making it one of the largest land area counties in the State of Tennessee.



According to the data from the national, regional and county health rankings, tobacco, obesity and lack of physical activity are still main concerns for the residents of Greene County Tennessee as they relate to their overall health status. It is interesting to note that while the top three health needs that were identified in the Community Health Needs Assessment process, tobacco use, diabetes and obesity, there is a strong relationship to cardiovascular disease among the three.

In order for Laughlin Memorial Hospital to serve and to understand the true health needs in Greene County a Community Health Needs Assessment was conducted. The Community Health Needs Assessment included gathering data from reputable national and government sources such as the CDC's Behavioral Risk Factor Surveillance Survey, 2010 Census data, and America's Health Rankings (State and County) to name a few. Focus groups were formed utilizing community leaders and members and a questionnaire was developed to ascertain the true community needs as determined by objective data and individual subjective opinion. The County Health Department played a significant role in helping with the Community Health Needs Assessment Committee as well as deciphering the data. It might be worthy of note that our local County Health

Department was conducting a Community Health Needs Assessment at the same time Laughlin Memorial Hospital was processing their assessment.

The time frame that the Community Health Needs Assessment took place was spring, summer and fall of 2012. All primary and secondary data was collected during this time period. There were 263 respondents to the survey. Secondary data included hospital and community (Greene County, TN) health data and demographics. Hospital data collected from the Tennessee Hospital Association on Emergency Room admits by diagnosis, payor mix, and demographics was also utilized in the health needs process.

This Community Health Needs Assessment Process included input from all socio-economic strata. An intentional effort was made to be inclusive in securing a broad introspection of the community health needs through various health and community leaders in the Greeneville area. The information that was gleaned through these focus groups, interviews and the questionnaire along with the national, state and county data have provided us with ample evidence to begin formulating solutions in meeting the health needs of Greene County residents.

According to the America's Health Rankings 2011 data (**Attachment 9**), Greene County TN ranked 42nd in Health Outcomes and 45th in Health Factors out of the 95 counties in the State of Tennessee. The leading causes of death in Greene County (**Attachment 8, Graph 1**) are: cardiovascular disease, cancer, chronic lower respiratory diseases, stroke and accidents. According to the County Health Rankings, Greene County fell near the middle of the range when comparing all counties in Tennessee. Examples include: 44th in mortality, 62nd in health behaviors, 30th in Clinical Care, 52nd in Social and Economic Factors and 50th in the physical environment. It is noted that Tennessee went from a state ranking of 42nd in 2010 to 39th in 2011. In 2005 the State of Tennessee had a health ranking of 49th indicating progress over the past decade. In the past ten years the rate of the uninsured population in Greene County increased from 9.9 percent to 14.9. Obesity increased from 22.9 percent to 31.7 percent with more than 1.5 million obese adults in the State of Tennessee. The number of smoking adults decreased from 26.7 percent to 20.1 percent in the last five years but there are still 975,000 adult smokers in Tennessee. Another statistic that is of concern is that over the past five years diabetes has increased from 9.1 percent in adults to 11.3 percent. Over 548,000 adults in Tennessee are now considered diabetic. While Tennessee is moving in the right direction there are still concerns when it comes to tobacco use, diabetes and obesity/inactivity.

Through the collection of primary data (focus groups, interviews and a health questionnaire) along with the review of secondary data (health and demographic data) a total of 12 health issues were identified in Greene County. After review of the 12 health issues, both the Community Health Needs Assessment Committee and the Hospital Health Needs Assessment Committee determined, through extensive dialogue and

review of data, that the top three health issues were in order: ***tobacco use, diabetes and obesity***. It was also determined that all three selected health issues are related to and fall neatly under the umbrella of cardiovascular disease.

An assessment of all the available health resources in Greene County has made it possible to utilize effective goals and objectives to develop a strategic plan that will be used in the implementation of Laughlin Memorial Hospital's Community Health Plan. Both the Community Health Needs Assessment Committee and the Hospital Health Needs Assessment Committee realize the challenges of moving entire communities in a healthier direction but are determined to use their financial resources and human capital to accomplish this task.

Hospital Description

Laughlin Memorial Hospital was established in 1939 when a large house was purchased on North Main Street by Dr. C.B. Laughlin who converted it into a small hospital named Laughlin Clinic. By the 1950s the hospital had grown to 99 beds. In 1978, a \$3.6 million expansion brought the facility's capacity up to 177 beds. In early 1995 the hospital built a \$24 million facility which created 140 beds. In 2001 the hospital completed a \$12 million expansion that included the new Laughlin Center for Women's Health. In July 2006 a third Medical Office Building and the Laughlin Center for Outpatient Care was completed which included an expanded same-day surgery department, outpatient lab, cardiopulmonary, and radiology services. Over \$8 million in new equipment was also installed. Laughlin Memorial Hospital has a history of providing the highest quality medical services and diagnostic medical equipment for our patients and will continue to serve the community in the future.

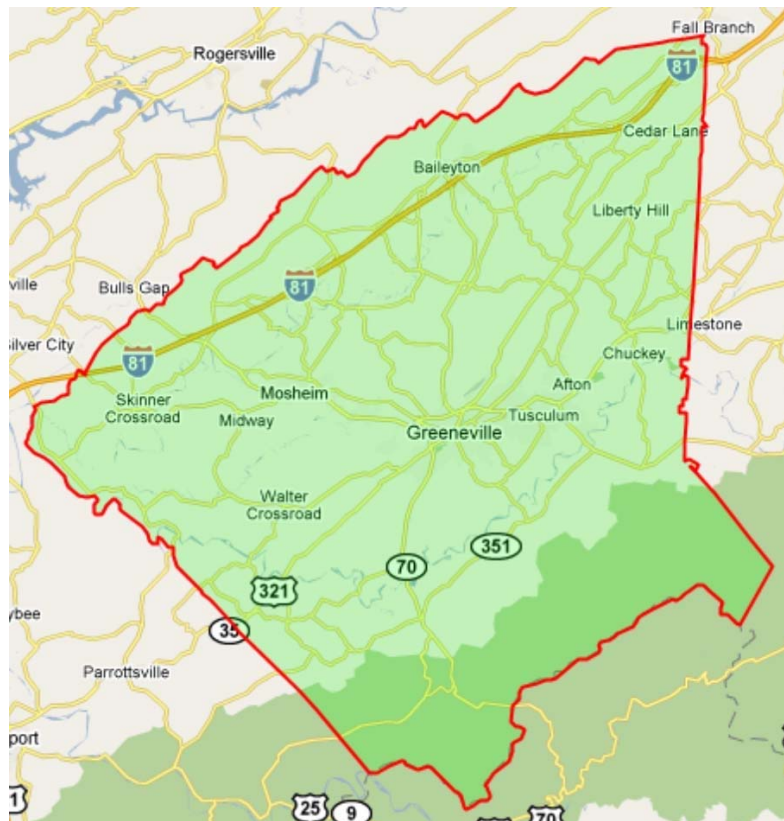
Current services of Laughlin Memorial Hospital include: Emergency services, Intensive Care Unit, Nuclear Medicine, CT, MRI and Radiology Services, Radiation Oncology, In and Outpatient Physical Rehabilitation Services, Surgical Services, Sleep Lab, Cardio-Pulmonary Care, Wound Care, Diabetes Education, an Endoscopy Lab, Labor & Delivery/OB, Pediatrics, and Lab Services. Laughlin Memorial Hospital also has the Laughlin Center for Women's Health, the Laughlin Healthcare Center and Laughlin Home Health Agency.

Choosing the Community

Laughlin Memorial Hospital's primary service area was chosen to represent the community in which Laughlin Memorial Hospital serves and which was the focal point of the Community Health Needs Assessment. This is the area that Laughlin Memorial Hospital would have the greatest impact in promoting health where health services are in their greatest need. The data that has been collected came from the following zip codes: 37745, 37616, 37809, 37743, 37744, 37641, 37818, and 37810.

Defined Community

Greene County, TN is a rural area consisting of just over 622 square miles with a population of 68,831 according to the 2010 government census. It is nestled against the Smokey Mountains and Cherokee National park in the Northeast corner of the State of Tennessee. The population change from 2000 to 2010 was 9.4% just behind the state's population change of 11.5%. Both show significant growth. Persons under 5 years made up 5.3% of the population with persons under 18 years of age 21.2, persons 65 years and over 17.4%. Females made up 50.9 % of the Greene County population. **See attachment 8** for a breakdown by cohort of Greene County's population.



The makeup of the population of Greene County TN is 95% white Caucasian. Blacks make up 2%, Hispanic or Latino 2.5% with persons reporting two or more races 1.2%. The number of high school graduates 25+ years of age is 76.6%. The number of residents 25+ years of age with a Bachelor's degree is 14%. The homeowner rate from 2006-2010 was 74.2%. Each of those homes had an average value of \$104,200. There were 28,134 households reported in 2010. The per capita income for the 12 month 2010 period was \$18,782. The median household income for 2006-2010 was \$36,867. Persons below the poverty level during that same time period were 19.7%. Records show that there were 1,154 private nonfarm business establishments in 2010 that

employed 20,513. There was an 11% decrease in employment from 2000-2009. **See attachment 8 for more information on demographics of Greene County.**

The primary population of Greene County TN is centered in the City of Greeneville. According to the 2010 U.S. Census the population of Greeneville was 15,062. The population change in Greeneville was -.9% from 2000-2010. The main growth over that time period was in the rural county areas. Caucasians make up 89.1% of the Greeneville population, while Blacks make up 5.6% and Hispanics and Latinos make up 4.4%.

The per capita money income in the past 12 months of 2010 was \$19,982 with a median household income of \$33,210. The number of businesses was reported to be 2,268 in the year 2007.

Stakeholder Input Process

Those asked to give input on the current health status of Greene County, TN were asked because of their knowledge of the community, commitment to improving social issues, and their desire to improve the health of each member of the Greene County community. Because of their involvement in their community it was felt that the following stakeholders should be identified: the County Health Department, the Laughlin Memorial Hospital and Takoma Regional Hospital Wellness Committees, Greene County Health Council, Tusculum College Nursing School Students, Frontier Mental Health Staff and Clients, along with a survey of 263 total respondents. The following is a list of stakeholders utilized for the assessment:

Hospital Community Health Needs Assessment Committee (HHNAC):

HHNAC: Chuck Whitfield Brenda Cannon Mark Compton Brian Cook Beverly Gott Tracy Green Ashley Head Jeff Miller Noah Roark Jesse Taylor	LMH President & CEO LMH Director of Nursing LMH CFO LMH Director of Rehabilitation Department LMH Diabetes Educator LMH Wellness Director LMH Dietitian LMH Cardio/Pulmonary Rehabilitation Director LMH Director of Human Resources LMH Director of Women's Center
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Community Health Needs Assessment Committee (CHNAC)

Allen Broyles	Greene County, TN Mayor
Sally Causey	Rural Resources, Greene County
Lisa Chapman	Nurse Educator, Greene County Health Dept.
W.T. Daniels	Greeneville, TN Mayor
Lois Ewen	Dean of Nursing, Tusculum college
Tom Ferguson	Greene County Partnership Director
Tracy Green	LMH Wellness Director
Bob Kamieneski	TRH Wellness Director
Terry Kidd	Medical Director Frontier Health
Gene Maddox	Rural Resources Representative/Wesley Heights
Carmen Ricker	Greene County Food Bank Director
Shaun Street	Greene County Health Department Director
Valerie Walters	Greene County School Health Coordinator
Chuck Whitfield	President/CEO Laughlin Memorial Hospital
Daniel Wolcott	President/CEO Takoma Regional Hospital
Jeannie Woolsey	Greeneville City School Health Coordinator

Community Health Council

Debra Beckner	Takoma Regional Hospital PR/Marketing
Courtney Beddingfield	Greene County Health Department
Sally Causey	Rural Resources, Greene County
Lisa Chapman	Nurse Educator, Greene County Nurse Educator
Brook DeLotto	Life Care Center of Greeneville
Lisa Durham	Smoky Mountain Home Health
Mary Fitzpatrick	Director of Community of Promise
Neta Gross	Frontier Mental Health
Ashley Head	LMH Dietitian
Terry Kidd	Medical Director Frontier Health
Ashley Leonard	Allergy
Cindy Luttrell	Greeneville City School Board
Gene Maddox	Rural Resources
Susan Price	LMH Social Services Director
Joanie Scott	TRH Dietitian
Janie Strom	Takoma Regional Hospital
Valerie Walters	Greene County School Health Coordinator
Jeannie Woolsey	Greeneville City School Health Coordinator

Takoma Regional Hospital Wellness Committee

Tina Chudina	Public Relations
Stephanie Darnell	ICU Nurse
Louisa Hammer	Diabetes Educator
Laura Hartman	ICU Nurse
Ginger Johnson	Executive Director Physician Management
Bob Kamieneski	Wellness Director
Jan Leffers	Chaplain
Renee Lowery	Director of the Foundation
Diane Malone	PI Medical Staff Coordinator
Robert Martin	Director of Food Services
Patti Roberts	Director Urgent Care/Occupational Medicine
Joanie Scott	Dietitian
Holly Weems	Physician Office Manager

Community Health Needs Assessment Committee

The Community Health Needs Assessment Committee was made up of a cross section of community leaders. The list of members is in the table above. These members represent a key member in the success of our community by helping to meet the needs of current health-related issues in Greene County, TN. The broad spectrum of members allowed the committee to view all aspects of Greene County health needs through the eyes of those who see those needs on a daily basis. Members included health educators, nurses and mental health professionals, city and county government servants, community representation, hospital administrators and food bank and local food distribution members. Each member had a passion to not only voice their positive views but also their concerns as they related to Greene County health issues. The Community Health Needs Assessment Committee met four times.

The Public Health Department of Greene County was involved in the community health needs assessment process. The Director of the County Health Department, Shawn Street led the Community Health Needs Assessment Committee in identifying the 10 top health needs in Greene County. Each committee member had been given primary and secondary data to review and Mr. Street led the group in making the decision and the prioritization of the top ten Greene County, TN health needs. Lisa Chapman, a Greene County Health Department Nurse Educator, was also involved. She sat on the Community Health Needs Assessment committee as well as the Greene County Health Council that was one of the focus groups.

Data Sources

The following is a list of the data sources utilized in the determination of the top ten health needs and the final top three health needs of Greene County. While the data was taken from the data sources listed below, the preponderance of data used for the survey came from the 2010 U.S. Census Report, 2011 America's Health Rankings, 2011 County Health Rankings and the CDC's 2011 Behavioral Risk Factor Surveillance Survey. In cases where no data is listed in Attachment 10, data was unavailable.

The 2010 US Census (www.census.gov/2010census/)

CDC's Behavioral Risk Factor Surveillance Survey (www.cdc.gov/brfss)

America's Health Rankings (www.americashealthrankings.org)

County Health Rankings (www.countyhealthrankings.org)

www.healthypeople.gov/

www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf

www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf

www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf

http://health.state.tn.us/statistics/PdfFiles/BehavioralRskSrvy_2009.pdf

<http://www.eatwellplaymoretn.org/resources-and-tools/data-and-evidence/quick-facts.html>

<http://www.cdc.gov/nchs/nhds.htm>

www.cdc.gov/nchs/data/nvsr58/nvsr58_19.pdf

<http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=76>

<http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=46>

<http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=46>

<http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2008&qkey=7307&state=TN>

http://apps.nccd.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

<http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2008&qkey=4396&state=All>

Death Statistical System, Tennessee Department of Health, Division of Health Statistics

Data Collection and Analysis

Primary and Secondary Data were collected for the purpose of the Community Health Needs Assessment process. The Primary Data (**Attachment 3**) consisted of group interviews and a questionnaire of 263 community members (**Attachment 1,2**). Secondary Data consisted of demographic and health data for Greene County, the State of Tennessee and national data from the sources listed above. Hospital emergency room data was also collected through the Tennessee Hospital Association (THA) Information Service. (**See Attachments 11, 12**) The data was shared with both the Hospital Health Needs Assessment Committee and the Community Health Needs Assessment Committee so that they could determine the community health needs based on government and clinical data as well as empirical data. The entire Community Health Needs Assessment process was collaboration not only between the stakeholders but was a joint effort between Laughlin Memorial Hospital and Takoma Regional Hospital, the two hospitals in Greene County, Tennessee. The Wellness Directors assigned to head up the project worked in unity to bring Greene County thought leaders together to ensure a successful and useful project.

Attachment 13 shows the top ten causes of death in Greene County, TN and is from the Death Statistical System, Tennessee Department of Health, and Division of Health Statistics. (**See Attachment 8, Graph 1**). Heart disease, cancer and chronic lower respiratory disease made up the top three with stroke and accidents making up the top five cause of death. For all causes of death per 100,000, blacks had 1,091.3 deaths compared to 975.2 deaths for whites. The differential for male and female were 1,187 and 817 per 100,000 respectively.

According to the America's Health Rankings for 2011 Tennessee was ranked 39th in the United States in Health Outcomes and Health Factors. That is an improvement from 42 in 2010, and 49 in 2005 (**See Attachment 9**). The full report can be seen in the Tennessee Institute of Public Health's County Health Rankings. The areas that Greene County, Tennessee does not measure up to the U. S. National Benchmark or to the Healthy People 2020 Goals are numerous while in many cases these health issues mimic our national data base. The point must be made that where Greene County falls out in a few areas, they fall out sharply. Examples of this include premature death (2006-2008). The years of potential life lost prior to the age of 75 per 100,000 was 9,485 as compared to the U. S. National Benchmark of 5,466. When it comes to morbidity poor or fair

health 2004-2010 (self-reported health status by questionnaire) was 21% for Greene County residents, 19% for the State of Tennessee with a U. S. National Benchmark of 10%. Poor mental health days were also higher in Greene County as opposed to the State of Tennessee and the U. S. National Benchmark.

When it comes to health factors (**See Attachment 10**) the percentage of smokers, adult smoking 2004-2010 (% adults that report smoking \geq 100 cigarettes and currently smoking) was 30% in Greene County, 24% in the State of Tennessee and the U. S. National Benchmark was 14%. Adult obesity as defined by adults reporting a Body Mass Index (BMI) \geq 30 was 32% in Greene County, 32% in the State of Tennessee with a U. S. National Benchmark of 14%. The amount of physical activity which is related to obesity was no different. The percentage of adults aged 20 and over reporting no leisure time physical activity was 34% in Greene County, 30% in the State of Tennessee with a U. S. National Benchmark of 21%.

The number of Primary Care Physicians per population was 893:1 in Greene County and 837:1 in the State of Tennessee with a U. S. National Benchmark of 631:1. The number of uninsured was 17% in Greene County in 2009, 16% in the State of Tennessee with a U. S. National Benchmark of 11%.

It is interesting to look at additional health measures when compared to the Healthy People 2020 (HP 2020) Goals. The age-adjusted death rate from cancer per 100,000 is 225.4, while the State of Tennessee is 200.3, the United States is 178.4 and the HP 2020 goal is 160.6. The proportion of adults over 18 years of age with hypertension was 33.8% for Tennessee and 27.5% for the United States while the HP 2020 goal is 26.9%. Information could not be found for Greene County. The age-adjusted death rate per 100,000 for diabetes in Tennessee was 26.2%, the United States was 22.5% and the HP 2020 goal is 20.25%. The age-adjusted heart disease deaths per 100,000 was 220.6 for Tennessee, 190.9 for the United States while the HP 2020 goal is 110.8. The age-adjusted stroke deaths per 100,000 was 53.9 for Tennessee, 42.2 for the United States and the HP 2020 goal is 33.8. The age-adjusted unintentional injury deaths per 100,000 for Tennessee was 52.1, for the United States 40.0 and the HP 2020 goal is 36%. The age-adjusted motor vehicle crash deaths per 100,000 for the State of Tennessee was 21, the United States was 14.4 and the HP 2020 goal is 12%. Finally, the rate of influenza shots for those >65 years of age was 70.8% for Tennessee, 70.9% for the United States and the HP 2020 goal was 90%. This appears to be a national issue. (**See Attachment 10**)

Asset Inventory

The Asset Inventory Table (**See Attachment 6**) summarizes the Asset Inventory that was conducted listing hospital and community activities as well as potential programs or projects. The Asset Inventory lists eleven health issues and the priority in which the

CHNAC listed them. The purpose was to look at the current programs that are offered, the current programs the hospital offers and the potential projects that could be developed in each health focus. Laughlin Memorial Hospital currently teaches tobacco cessation programs annually, has Weight Watcher's classes, exercise classes, a 5K run, walking programs and walking trails for community use. There is strong community support for the YMCA and Frontier Mental Health plays an integral part in the mental health issues in Greene County. Both Laughlin Memorial Hospital and Takoma Regional Hospital have diabetes programs as well as diabetes support groups and both are open to any community member. Due to the decrease of job availability in Greene County, poor nutrition and corresponding health issues have become prominent.

Wesley Heights is a non-defined area in the City of Greeneville and is mentioned in Attachment 4 under the area of focus and potential projects. Wesley Heights is a section of Greeneville that is predominantly African American. The Wesley Heights area is not defined by zip code(s) but rather by geographical location determined by local city streets. In an interview with Assistant District Attorney Cecil Mills, Jr., who lives in Wesley Heights and is one of the spiritual leaders in the community, Mills stated that there are approximately 9 churches and 1,700 residents that makeup the Wesley Heights community. Where there is no specific health data relating directly to this community, it was the consensus of the Community Health Needs Assessment Committee that the incidence of Diabetes, heart disease, obesity, and hypertension are all well above the national, state, and county norms.

Data Summary

The tables listed in **Attachments 5, 6, and 7** are the Priority Selection Report and Primary Data, the Aggregated Priorities, the Decision Tree and the Defined Final Three Health Priorities. In each of the ten recognized health priorities the Decision Tree was utilized to determine if the priority would become a top three community health needs project. The Decision Tree walked both the community and hospital committees through a process that determined if there were programs already available to help meet the identified health need in the community or whether it was feasible to use the hospital resources to meet the identified health need. The Decision Tree also took the committees through the process of determining whether they should try to meet the health need by themselves, partner with an existing organization to meet the health need or just support others in meeting the need.

As it relates to determining the top three health priorities the committee's rationale was as follows: The **first** ranked health issue was the uninsured/unemployed and those below the poverty level. After much discussion the committees decided that this was a large group that had programs available to help meet their needs and that the resources of the hospital could be used in other areas to help meet the direct needs of the community. The **second** ranked health issue was obesity and both the hospital and

community committees felt that since obesity is so integrated in many other diseases and is a major issue in Greene County it should be one of the projects selected from the list of ten health issues for the Community Health Plan. The **third** ranked health issue was diabetes and there was vigorous discussion that diabetes should be one of the planned projects in the Community Health Plan. The **fourth** ranked health issue was poor nutrition. The committees felt that this health issue would be addressed in the obesity and diabetes health plan. The **fifth** ranked health issue was mental health. The feeling of the committees was that mental health issues were significant in Greene County but that there were programs available to address the existing mental health problems. Both hospitals agreed that the training of physicians on mental health issues would be a worthwhile pursuit. The **sixth** ranked health issue was smoking and respiratory disease. The discussion from the committees centered on Greene County's high tobacco use of 30%. After a vigorous discussion the use of tobacco was determined to be the number one issue for the Community Health Plan. There is currently very little being done to offset the devastating impact that tobacco is having on our community. Cancer was our **seventh** ranked health issue. Laughlin Memorial Hospital has a very good cancer program and it was felt that the scope of cancer was too large for our Community Health Plan at this time. The **eighth** ranked health issue was Cardiovascular Disease. While the committees felt that heart disease should have been at the top of the list, many members expressed their concern at how many of the health issues were inter-related. The **ninth** ranked health issue was the lack of dental care and the committees felt that there were ample health clinics available along with the County Health Departments programs. The **tenth** ranked health issue was lack of physical activity and the committees felt that this issue would be addressed with the top three health issues that were chosen. . Therefore, the committees decided that while the top three health priorities would be **tobacco, obesity and diabetes**, these would all fall under the umbrella of cardiovascular disease and that by providing support for the top three health issues, ultimately, heart disease would be positively impacted.

Priority Selection

As stated in the previous section, it was challenging for the committee to come up with the top ten health issues in Greene County. Both the CHNAC and HHNAC found it easier to come up with the top three issues that would eventually be part of the Community Health Plan. These three issues are listed below and are part of the priority process.

Defining the Final Priorities

The following top three health issues were determined by the HHNAC and the CHNAC to be the final priority issues for the Community Health Plan. The committees determined that while cardiovascular disease is a top priority the top three health issues as

determined by the two committees fall under its umbrella and so were prioritized as follows. The committee's determined through the Decision Tree that tobacco/smoking, diabetes and obesity were the top health priorities for Greene County, Tennessee.

Priority 1: Smoking and the use of tobacco products is a top priority of the Community and Hospital Health Needs Assessment Committees. Greene County TN residents age 18+ have a 30% smoking rate as compared with a 23.1% State of Tennessee rate and a national rate of 18.3%. The Healthy People 2020 goal is 12%. The use of tobacco products has been promoted as a way of life for many years in Greene County because tobacco has been a local crop and many families have made their living raising tobacco.

Priority 2: The age-adjusted rate for Diabetes deaths per 100,000 is high no matter whether you look at national, state or county data. Diabetes is highly related to cardiovascular disease and took the second spot on our list of major health issues in Greene County, TN. The death rate per 100,000 in Greene County, TN is 26%, the State of Tennessee is 26.2% and the national rate is 22.5%. The Healthy People 2020 goal is 20.25%. Diabetes is rampant and has become the major health concern in the United States and may be related to the obesity epidemic that now engulfs us.

Priority 3: The third top health priority as determined by the HHNAC and the CHNAC is adult and childhood obesity. Again, obesity is related to both cardiovascular disease and diabetes and falls neatly under the cardiovascular umbrella. Over the past decade the State of Tennessee has found itself in the top ten states in the country when it comes to obesity. Adult obesity (BMI >30) in Greene is 32%, in the State of Tennessee 32% and the U.S. National Benchmark is 25%. There is a belief by the HHNAC and CHNAC that since there is a strong relationship between the top chronic health issues by making an impact on one of the issues, others will be positively impacted.

Next Steps

The next steps will be for the CHNAC and the HHNAC to develop plans and goals that will be measureable to attack these health priorities. Laughlin Memorial Hospital will then decide whether they have the resources to attack these issues alone or to join the effort of existing health organizations to combat the use of tobacco, diabetes and obesity in Greene County, TN. There will also be an evaluation process to help to understand whether the implemented plans are making a significant impact to reduce tobacco use, decrease the impact and number of individuals with diabetes and to reduce the level of obesity in our community.

Attachments

Map of Greene County (Attachment 1)

Primary Data Collection Survey (Attachment 2)

Primary Data Collection Survey Results (Attachment 3)

Primary Data Collection-Stakeholder Log (Attachment 4)

Asset Inventory (Attachment 5)

Priority Selection Report-Preliminary Data (Attachment 6)

Decision Tree (Attachment 7)

Health and Demographic Data in Graphs (Attachment 8)

America's Health Rankings 2011 (Attachment 9)

Greene County Health Information (Attachment 10)

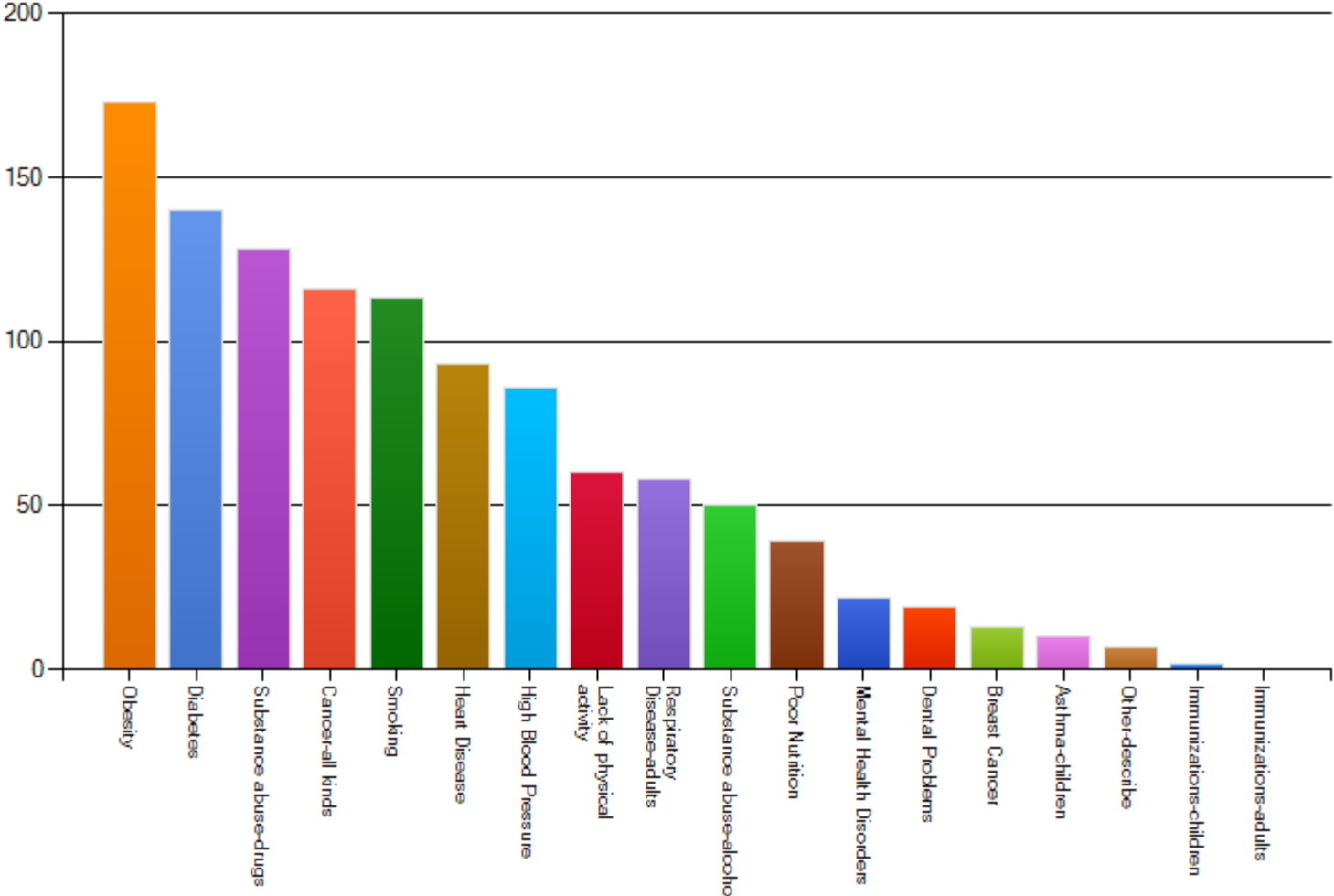
Attachment 1

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY					
	Exc	Good	Fair	Poor	Very Poor
How would you rate our community's overall health status?					
How would you rate your own health status?					
How would you rate our community's overall quality of life?					
How would you rate your own quality of life?					
How well do our 2 hospitals promote good health?					
Which four diseases/conditions do you believe are the most common in Greeneville/Greene County?					
Cancer-all kinds					
Breast cancer					
Respiratory Disease-adults					
Asthma-children					
Diabetes					
Heart Disease					
High Blood Pressure					
Poor Nutrition					
Lack of physical activity					
Obesity					
Smoking					
Substance abuse-alcohol					
Substance abuse-drugs					
Mental Health Disorders					
Dental Problems					
Immunizations-children					
Immunizations-adults					
What do you see as the greatest health problem in our community?					

What could our hospitals do BETTER to promote good health?					
If you were in charge of improving health in our community, what would you do first?					
Who else do you think we should ask these questions?					
Which three behavioral risk factors are the most common to our community?					
Access to affordable health care					
Access to physicians					
Inadequate transportation					
Lack of grocery stores					
Access to fresh, healthy food					
Wearing seatbelts					
Lack of safe places for physical activity					
High number of uninsured people					
Poverty					
Unemployment					
Illiteracy					
Other – describe					

Attachment 2

Which 4 diseases/conditions do you believe are the most common in Greeneville/Greene County?



Appendix 4

Primary Data Collection

Date	Group or Individual Interview (pick one)	Location	Name of Informant	What community or group does the Stakeholder represent?	Key Health Issues Identified	Hospital Comments
9/19/2012	Greene County Health Council	Laughlin Memorial Hospital Private Dining Room	Dr. Terry Kidd, Chairperson	The Town of Greeneville and Greene County	Smoking Obesity Mental Health Issues	Completed written survey with discussion on rationale for top health issues in Greene County
9/25/2012	Laughlin Memorial Hospital Wellness Committee	Laughlin Memorial Hospital Boardroom	Tracy Green, Wellness Director	Laughlin Memorial Hospital	Obesity Diabetes Smoking	The discussion was centered on how to narrow the issues down with so many co-morbidities
9/25/2012	Takoma Regional Hospital Leadership Team		Bob Kamieneski, Wellness Director	Takoma Regional Hospital	Obesity Diabetes Cancer	General discussion on health issues and difficulty in separating top issues
10/18/2012	Tusculum College Nursing School	Tusculum College	Lois Ewen, dean of Nursing, Tusculum College	Town of Tusculum in Greene County	Obesity Heart Disease Smoking	They completed written surveys
11/14/2012	Frontier Mental Health	Frontier Mental Health	Dr. Terry Kidd	Greene County	Mental Health Issues Obesity Cancer	They completed written surveys

Attachment 4

Asset Inventory

Area of Focus Defined by Primary/secondary data	Current Community Programs	Current Hospital Programs	Potential Project
Uninsured/Underinsured Unemployed/poverty	<ul style="list-style-type: none"> ✓ Frontier Mental Health provides services based on sliding scale ✓ Greene County Health Department 	<ul style="list-style-type: none"> ✓ Medicaid ✓ Laughlin Memorial Hospital Foundation ✓ TennCare 	<ul style="list-style-type: none"> ✓ Free Health Clinics ✓ Free health education programs ✓ Work with community partners to develop a better system of secondary care
Obesity (adults with a BMI >30)	<ul style="list-style-type: none"> ✓ YMCA programs ✓ Weight Watchers, other support groups ✓ School Health initiatives ✓ Boys & Girls Club 	<ul style="list-style-type: none"> ✓ Fitness classes ✓ Dietetic Counseling/education ✓ Employee Wellness Programs/incentives ✓ Walking Trail 	<ul style="list-style-type: none"> ✓ Screenings and Education in low income neighborhoods, such as Wesley Heights ✓ School Programs ✓ CREATION Health Seminars and Information
Diabetes	<ul style="list-style-type: none"> ✓ Community Workshops hosted hospital ✓ YMCA Workshops ✓ American Diabetes Association outreach & educational Materials ✓ Health Department Diabetes Program 	<ul style="list-style-type: none"> ✓ Bi-monthly Diabetes Education program open to the community ✓ Monthly Support Group 	<ul style="list-style-type: none"> ✓ Screenings & education programs in low income neighborhoods, such as Wesley Heights ✓ Take the hospital diabetes program out into the community
Poor Nutrition related to Education	<ul style="list-style-type: none"> ✓ Roby Center ✓ YMCA Monthly healthcare lectures ✓ Rural Resources ✓ Wellness Programs 	<ul style="list-style-type: none"> ✓ Healthy Choices in cafeteria/Wellness Menu posted ✓ Dietitian counseling and education 	<ul style="list-style-type: none"> ✓ Educational Events in low income neighborhoods, such as Wesley Heights ✓ Partner with school systems to teach food and nutrition ✓ Teach nutrition to the YMCA and Boys and Girls Clubs during the summer months
Mental Health Issues	<ul style="list-style-type: none"> ✓ Frontier Mental Health Services ✓ Greene County Health Department ✓ NAMI 	<ul style="list-style-type: none"> ✓ Inpatient program at Laughlin Memorial Hospital 	<ul style="list-style-type: none"> ✓ Physician education programs on mental health to teach them how to screen patients

Smoking/Respiratory Disease	<ul style="list-style-type: none"> ✓ TN Tobacco Quit Line ✓ American Lung Association 	<ul style="list-style-type: none"> ✓ Tobacco Cessation Classes “Quit Now” ✓ Smoking Patches for employees 	<ul style="list-style-type: none"> ✓ Tobacco cessation classes for local businesses ✓ Take Tobacco Cessation classes out to the community ✓ Develop incentive programs to reduce the use of and the cessation of tobacco products
Cancer-all forms	<ul style="list-style-type: none"> ✓ American Cancer Society ✓ Relay for Life ✓ Health Department 	<ul style="list-style-type: none"> ✓ Cancer Coalition-Laughlin Memorial Hospital ✓ Screenings ✓ Hospital Foundation ✓ Education 	<ul style="list-style-type: none"> ✓ Cancer Support Group for survivors ✓ Educate the community through health fairs ✓ Provide reduced rates for various cancer screenings ✓ Provide reminder kits for screenings to community
Heart Disease/Hyper-tension	<ul style="list-style-type: none"> ✓ American Heart Association 	<ul style="list-style-type: none"> ✓ Wellness Programs ✓ Cardiac Rehab ✓ Exercise Classes ✓ Walking Trail 	<ul style="list-style-type: none"> ✓ Fund raisers for American Heart Association ✓ Health fairs ✓ Provide free blood pressure clinics ✓ Community lectures on prevention of CVD
Lack of Adequate Dental Care	<ul style="list-style-type: none"> ✓ Health Department ✓ School-based dental prevention program ✓ Fluoride in water system 	<ul style="list-style-type: none"> ✓ Emergency services 	<ul style="list-style-type: none"> ✓ Teaching of proper oral hygiene to local school children and adults
Lack of transportation	<ul style="list-style-type: none"> ✓ Net Trans for small fee ✓ TN Care transportation ✓ Community Food Bank ✓ Faith-based organizations 	<ul style="list-style-type: none"> ✓ Limited transportation through the Foundation 	<ul style="list-style-type: none"> ✓ Provide a list of available means of free or discounted transportation to the community
Teen Pregnancy	<ul style="list-style-type: none"> ✓ The Hope Center ✓ GC Health Department ✓ TN Adolescent Pregnancy and Prevention Partnership 	<ul style="list-style-type: none"> ✓ Offer prenatal classes 	<ul style="list-style-type: none"> ✓ Provide community education to teens on abstinence and risk of STD's ✓ Support organizations such as the Hope Center donations, supplies and equipment ✓ Provide literature to local teens on prevention

Attachment 5

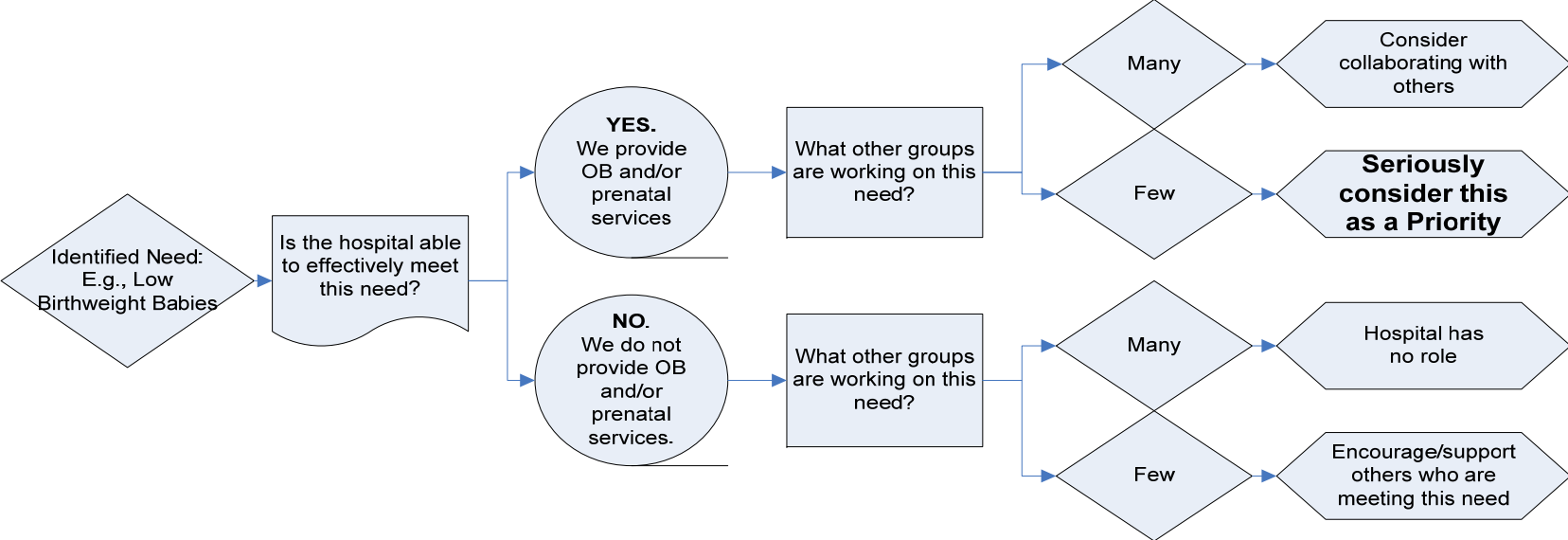
Priority Selection Report (PSR)

Preliminary Data

List the top 8-10 health priorities determined by Primary Data collected from local community /multi-hospital health assessments, interviews, surveys, etc.			
1	Obesity	6	Heart Disease
2	Diabetes	7	High Blood Pressure
3	Substance Abuse-Drugs	8	Lack of Physical Activity
4	Cancer-All Kinds	9	Respiratory Diseases
5	Smoking	10	Substance Abuse-Alcohol
List the 8-10 health priorities determined by Secondary Data from Health Department and other publicly available sources.			
1	Uninsured/Unemployed/Poverty	6	Smoking/Tobacco Use/Respiratory
2	Obesity	7	Cancer
3	Diabetes	8	Heart Disease/Hypertension
4	Poor Nutrition	9	Dental Care
5	Mental Health	10	Lack of Physical Activity
List the 8-10 health priorities determined by internal Hospital Data			
1	Injury and poisoning	6	Digestive System Diseases
2	Respiratory System Diseases	7	Genitourinary System Disease
3	Other Conditions	8	Musculoskeletal System and Connective Tissue Diseases
4	Nervous System and Sense Organ Diseases	9	Mental Diseases
5	Circulatory System Diseases	10	Skin and Subcutaneous Tissue Diseases

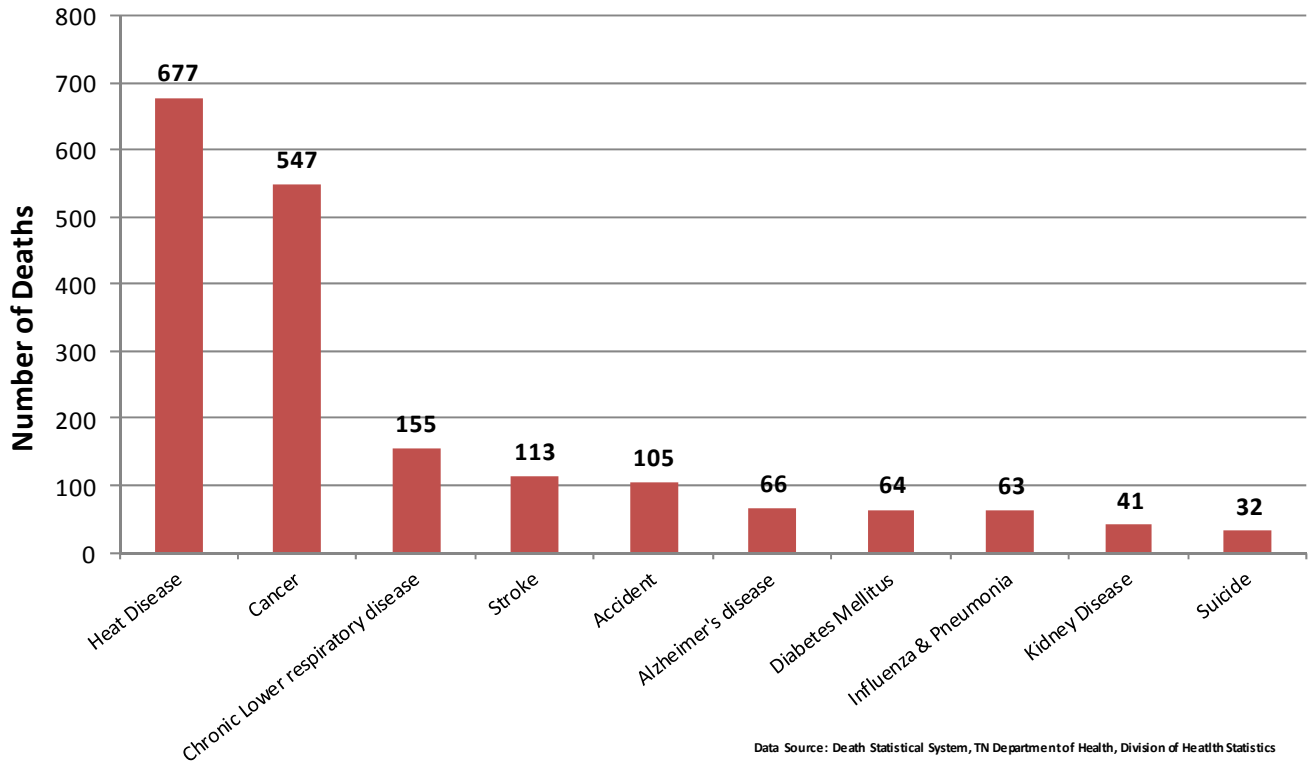
Attachment 7

Decision Tree

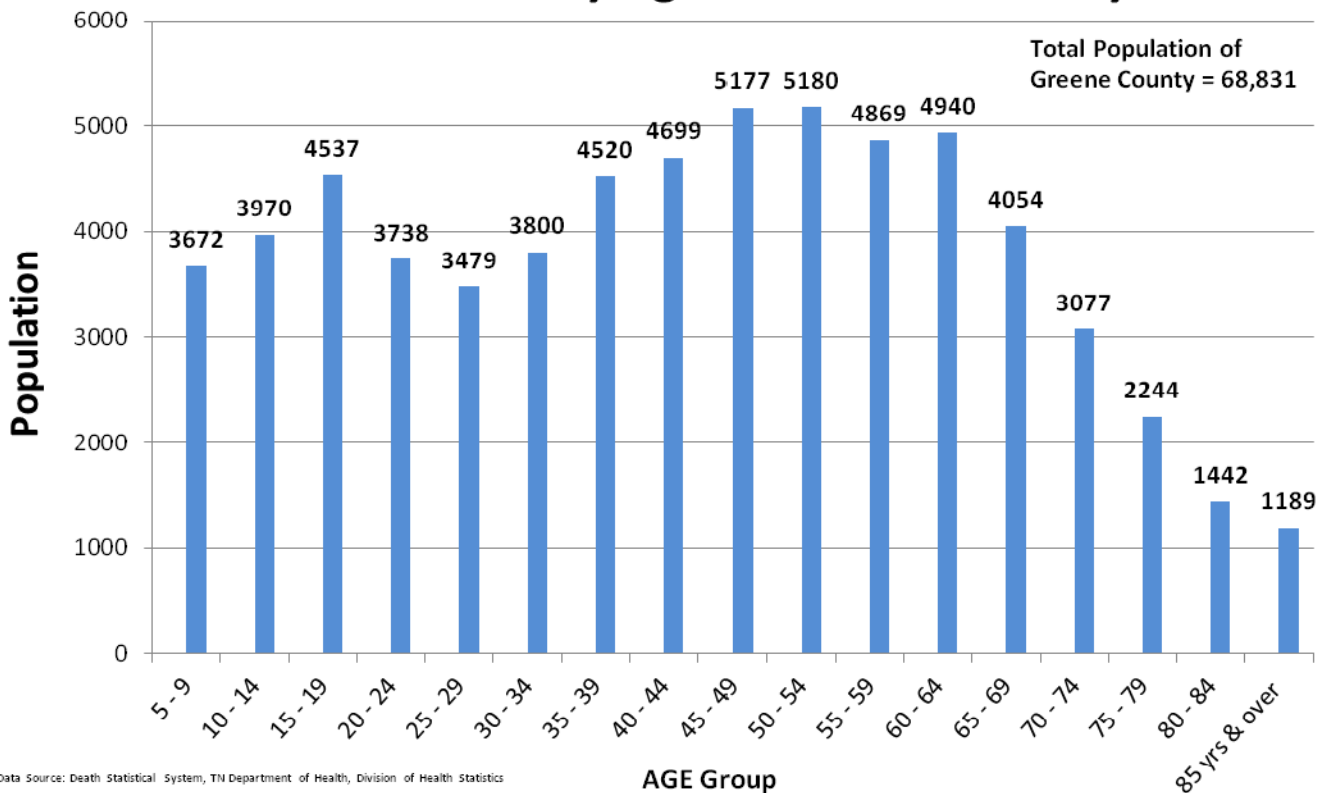


Attachment 8

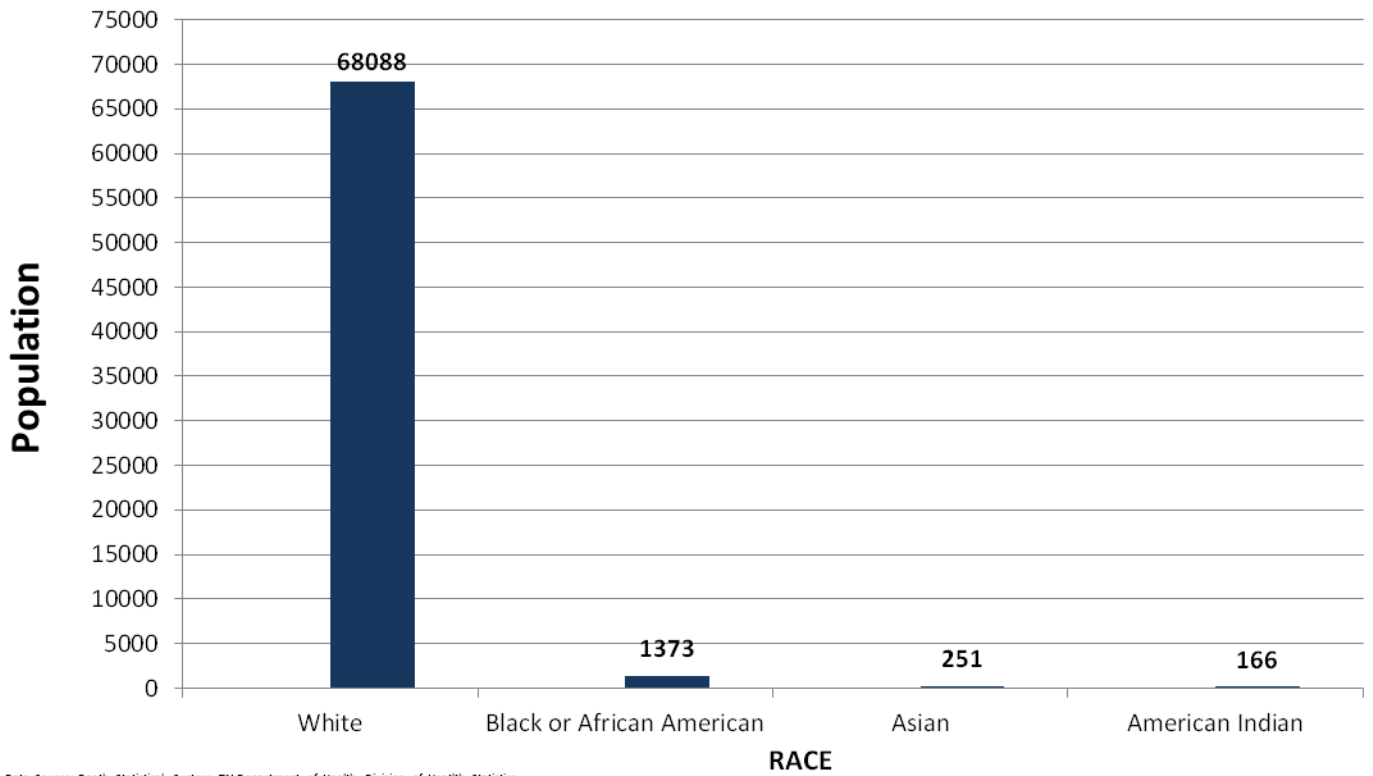
Leading Causes of Death 2007- 2009



2010 Census by Age for Greene County

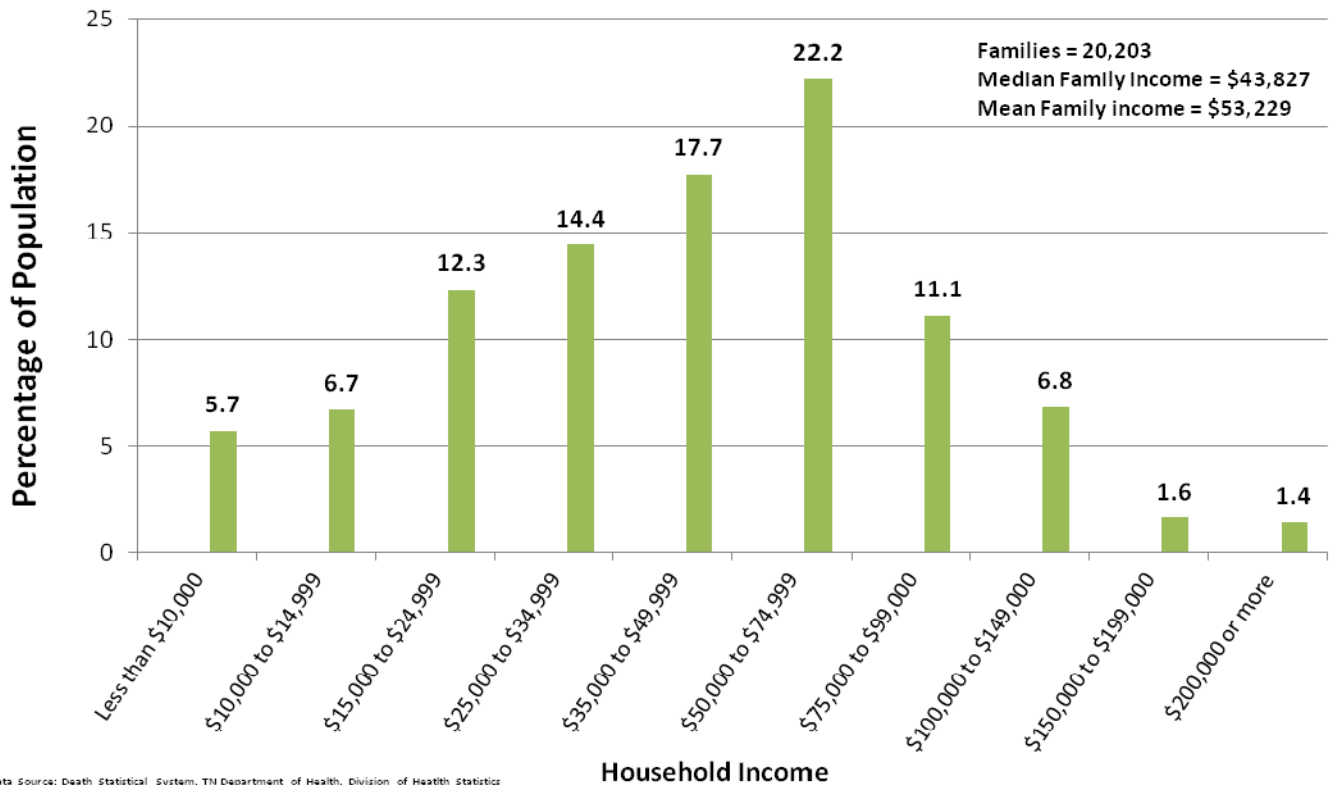


2010 Census by Race for Greene County



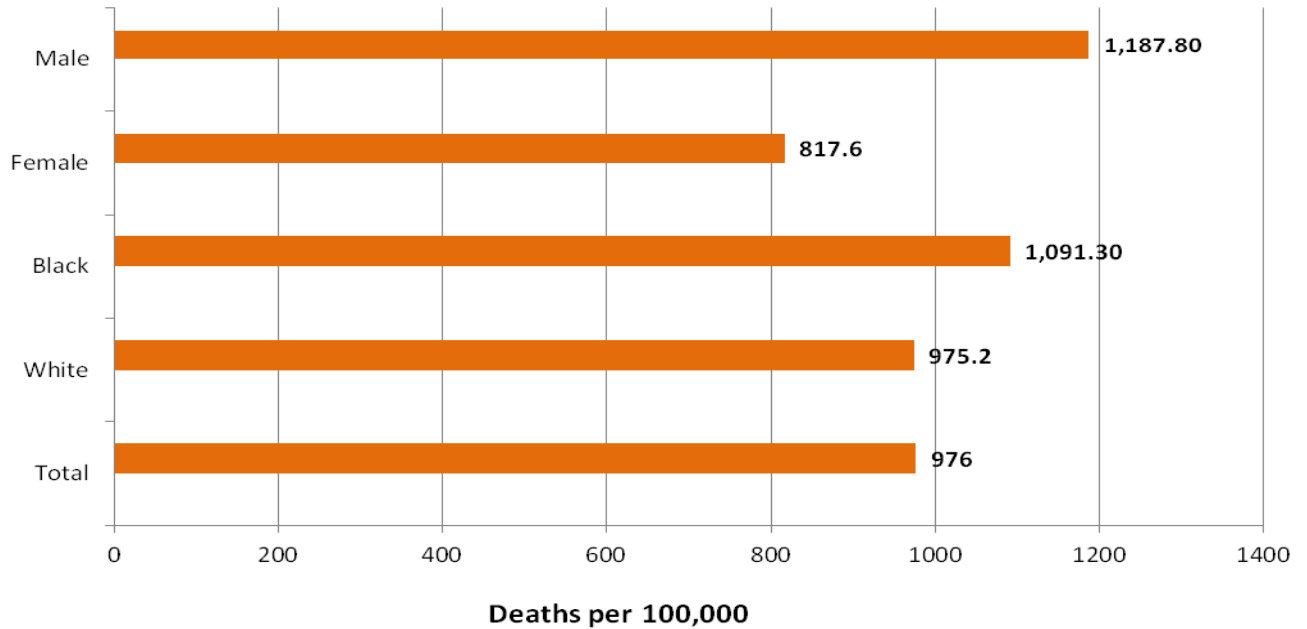
Data Source: Death Statistical System, TN Department of Health, Division of Health Statistics

Household Income 2007 - 2011



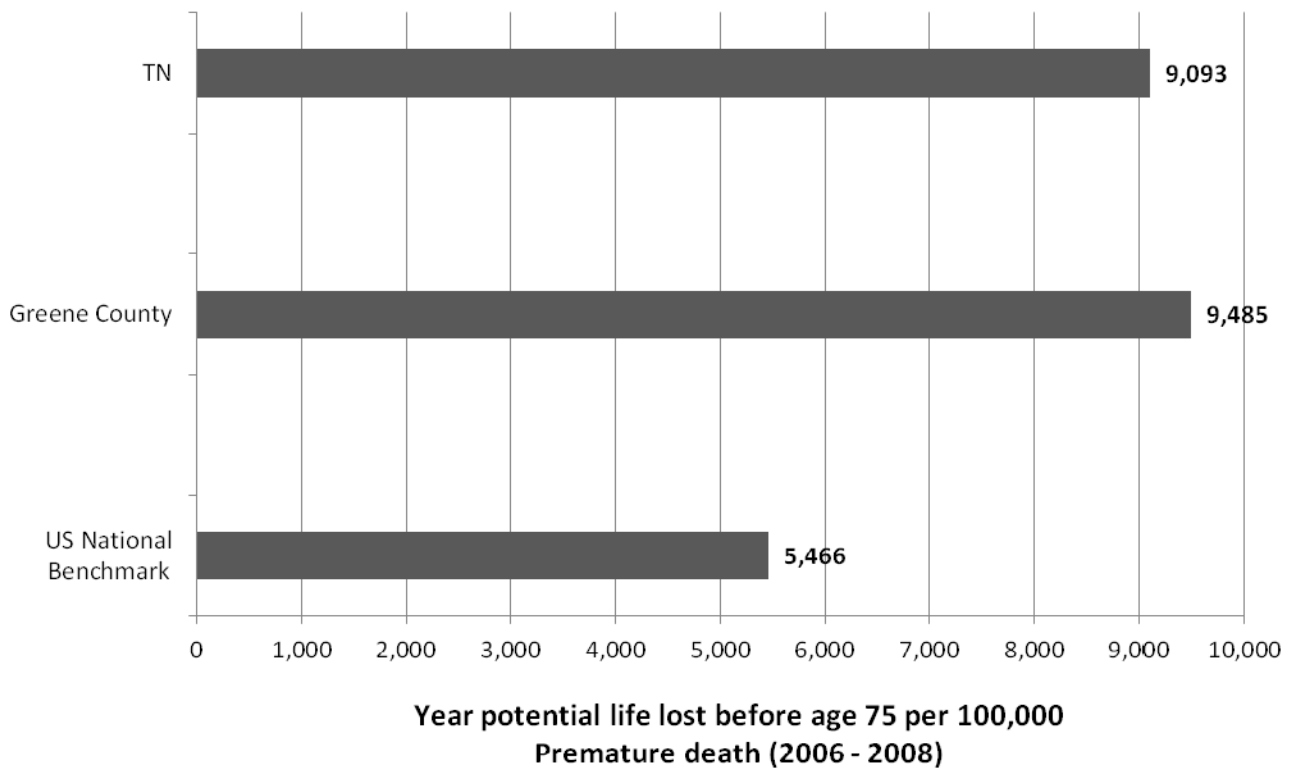
Data Source: Death Statistical System, TN Department of Health, Division of Health Statistics

Mortality by Race 2007 - 2009



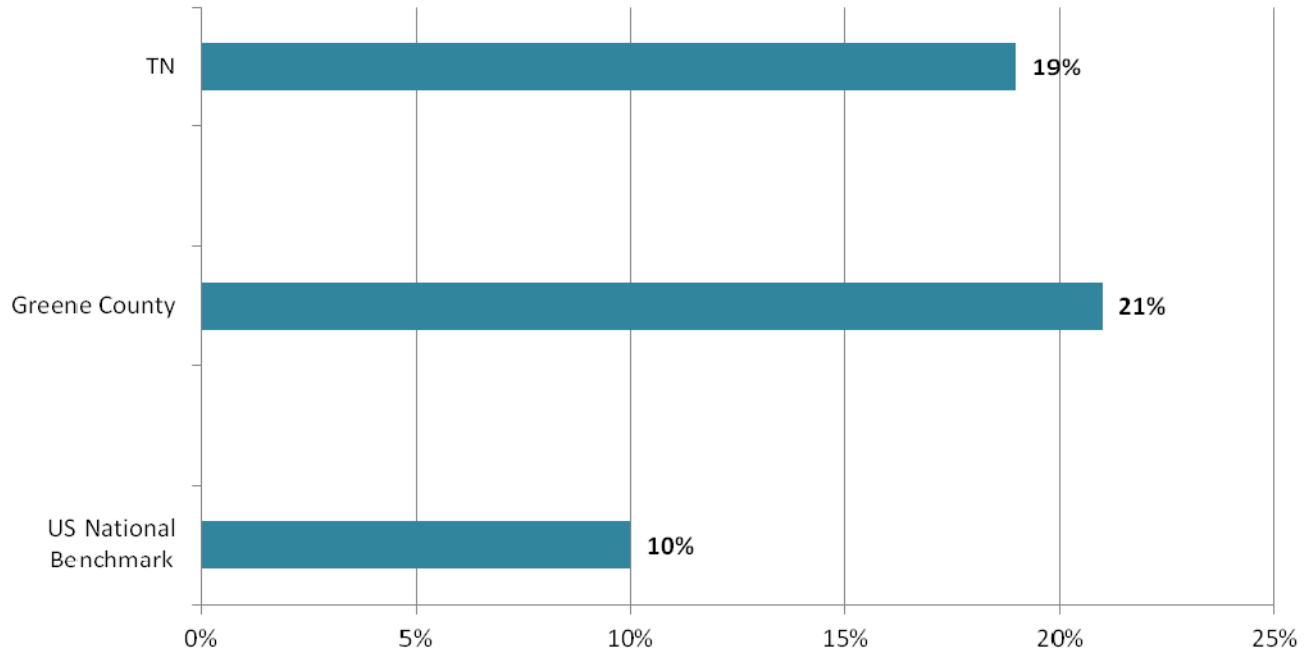
Data Source: Death Statistical System, TN Department of Health, Division of Health Statistics

Mortality - Health Outcomes



Data Source: Tennessee Institute of Public Health: County Health Rankings

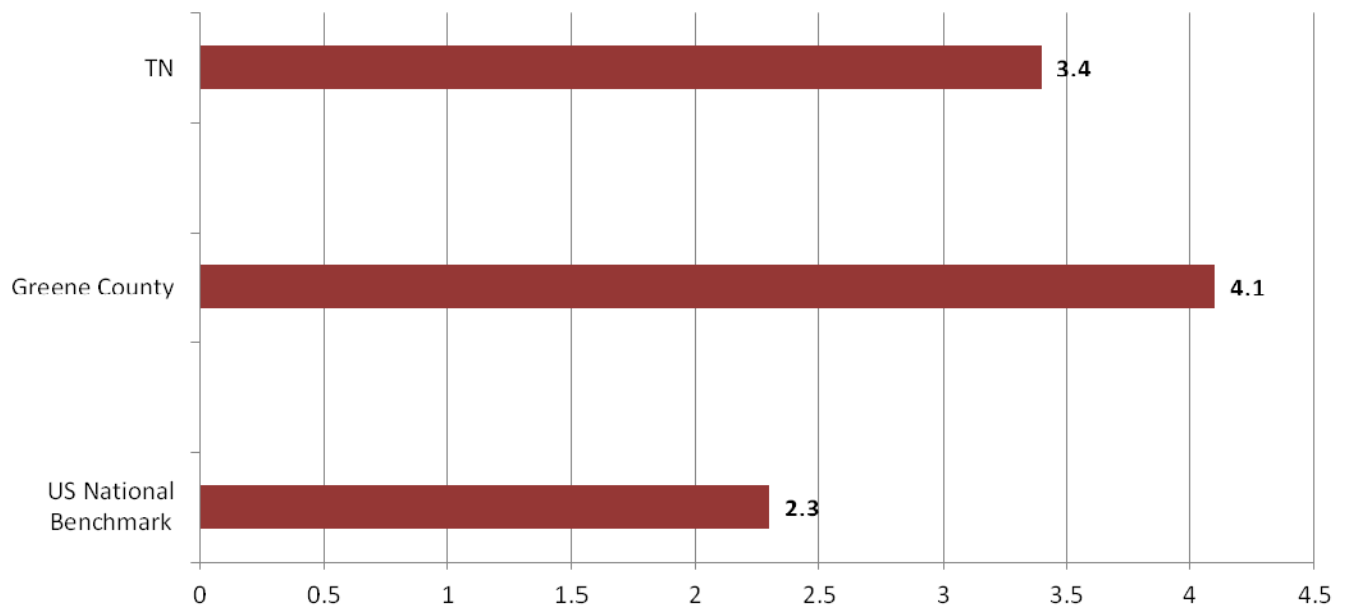
Morbidity - Poor or Fair Health



Poor or fair health 2004 - 2010
Self-reported health status by questionnaire

Data Source: Tennessee Institute of Public Health: County Health Rankings

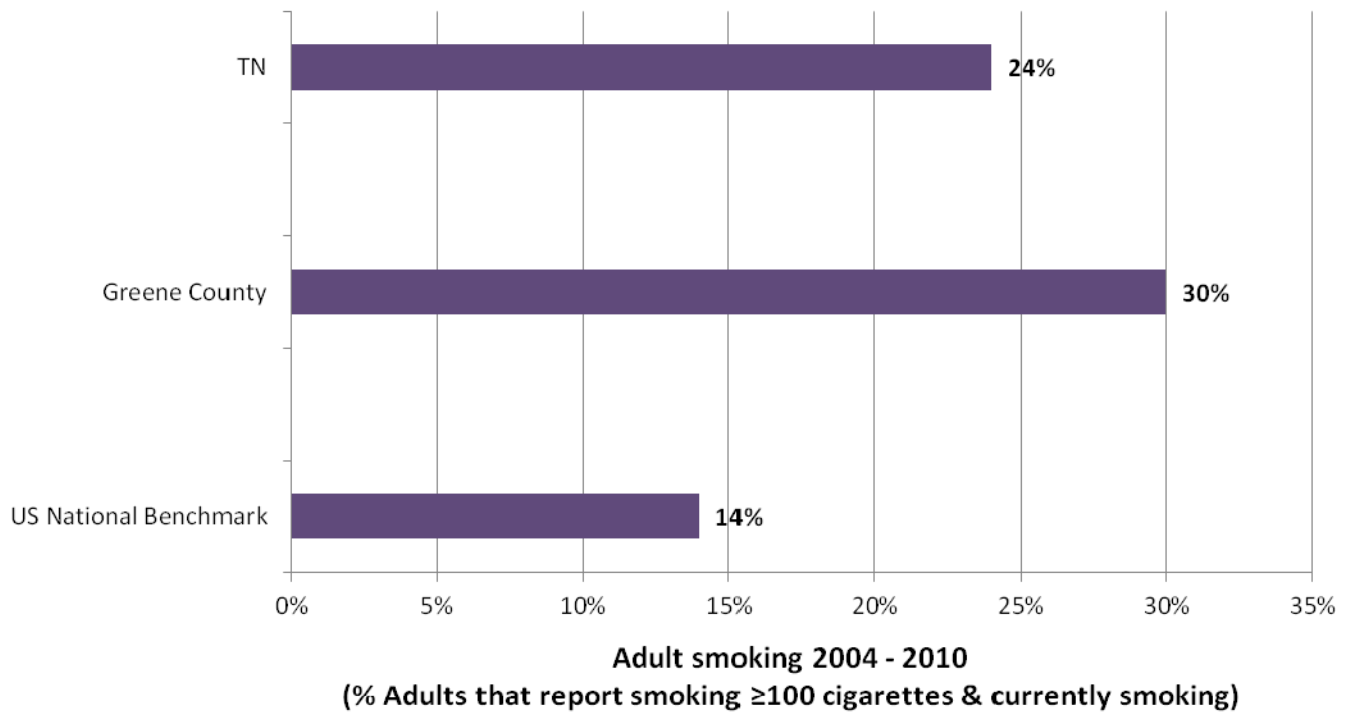
Morbidity - Mental Health



Poor mental health days 2004-2010
Average number of reported mentally unhealthy days in past 30 days

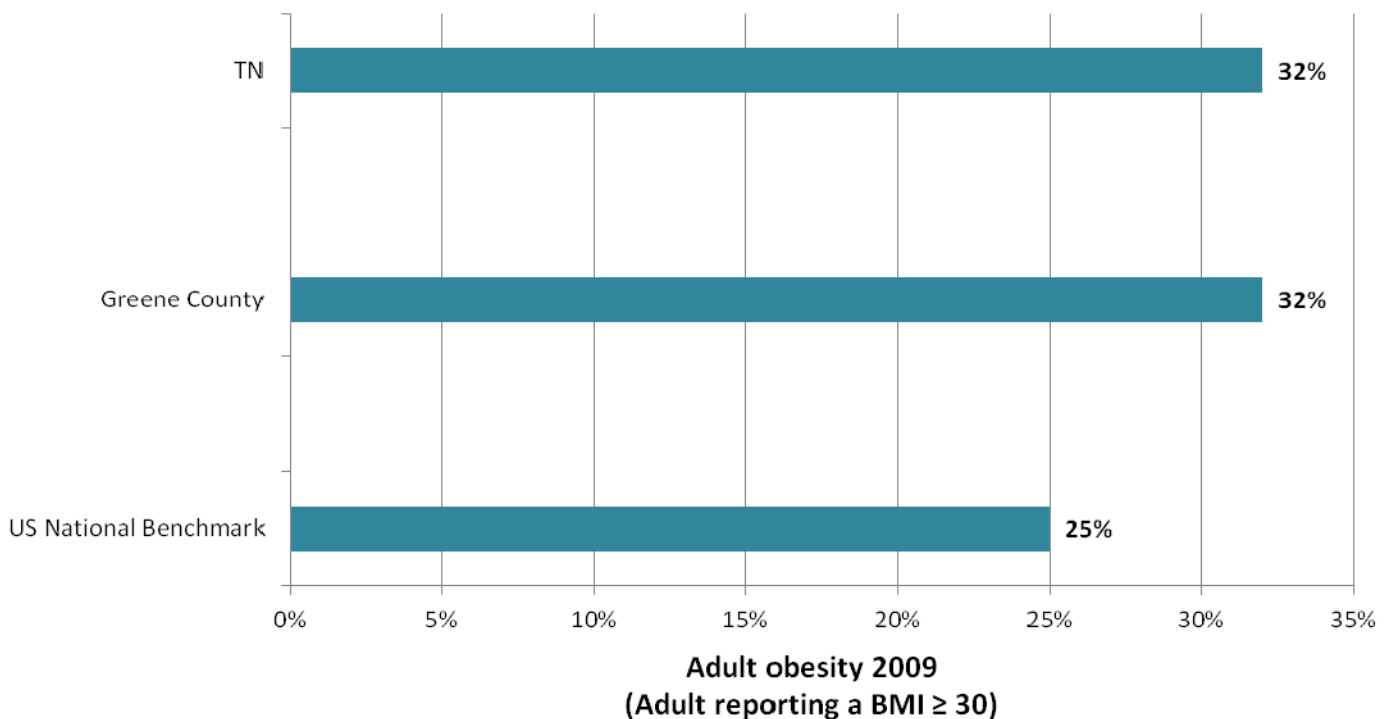
Data Source: Tennessee Institute of Public Health: County Health Rankings

Health Behaviors - Adult Smoking



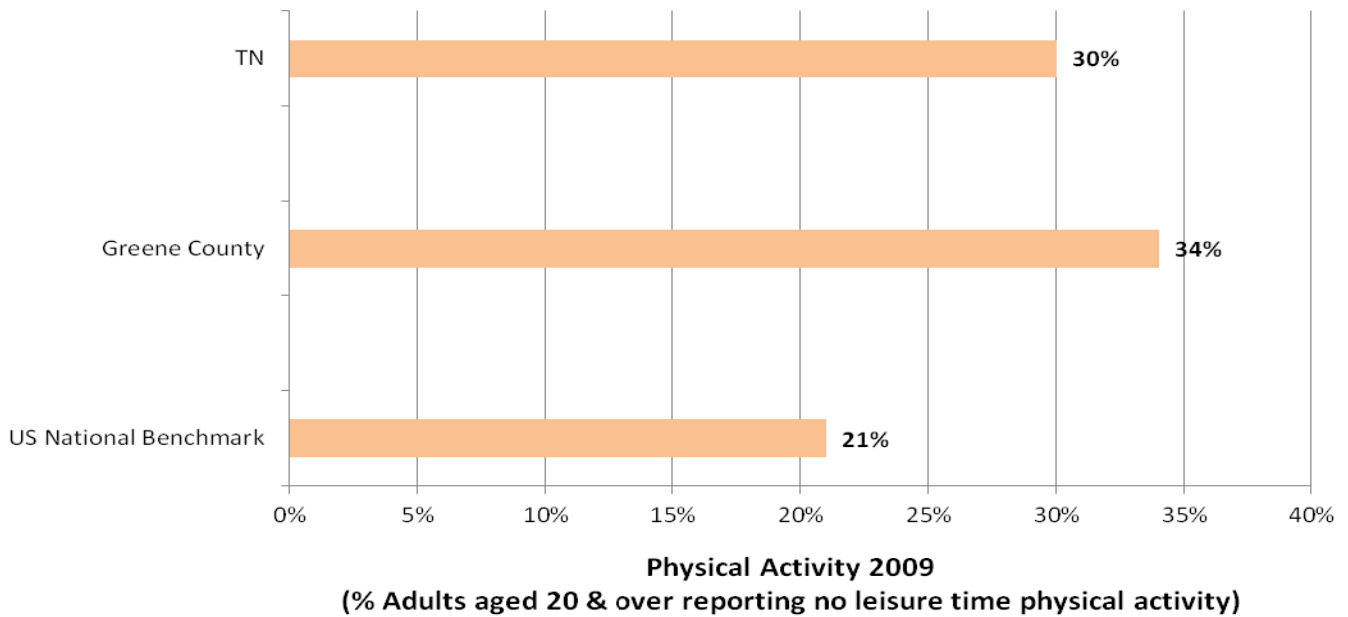
Data Source: Tennessee Institute of Public Health: County Health Rankings

Health Behaviors - Adult Obesity



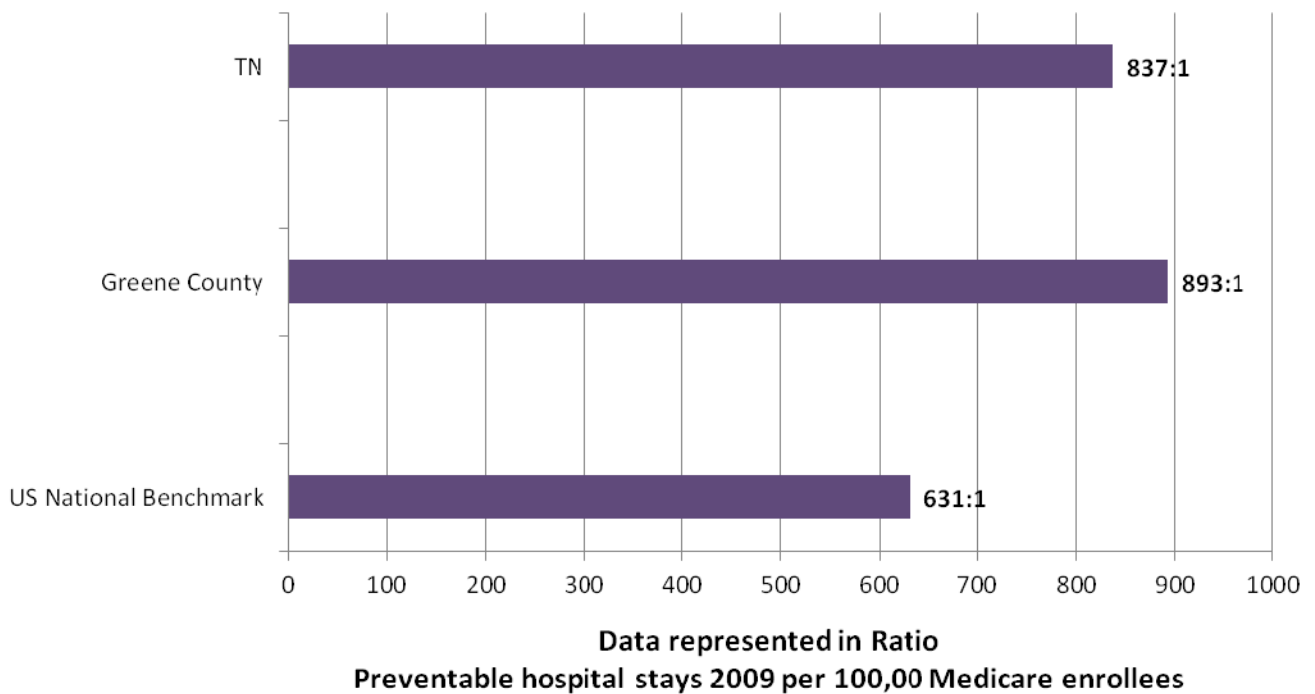
Data Source: Tennessee Institute of Public Health: County Health Rankings

Health Behaviors - Physical Activity



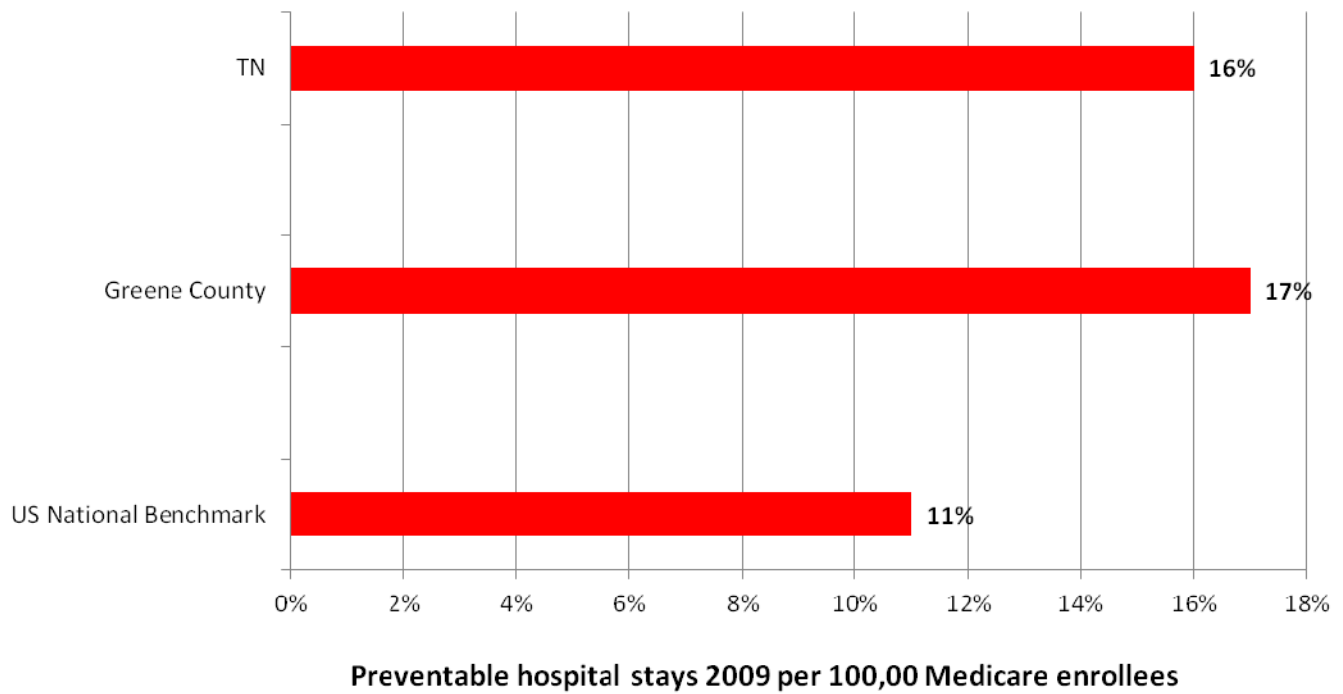
Data Source: Tennessee Institute of Public Health: County Health Rankings

Clinical Care - Primary Care Physicians



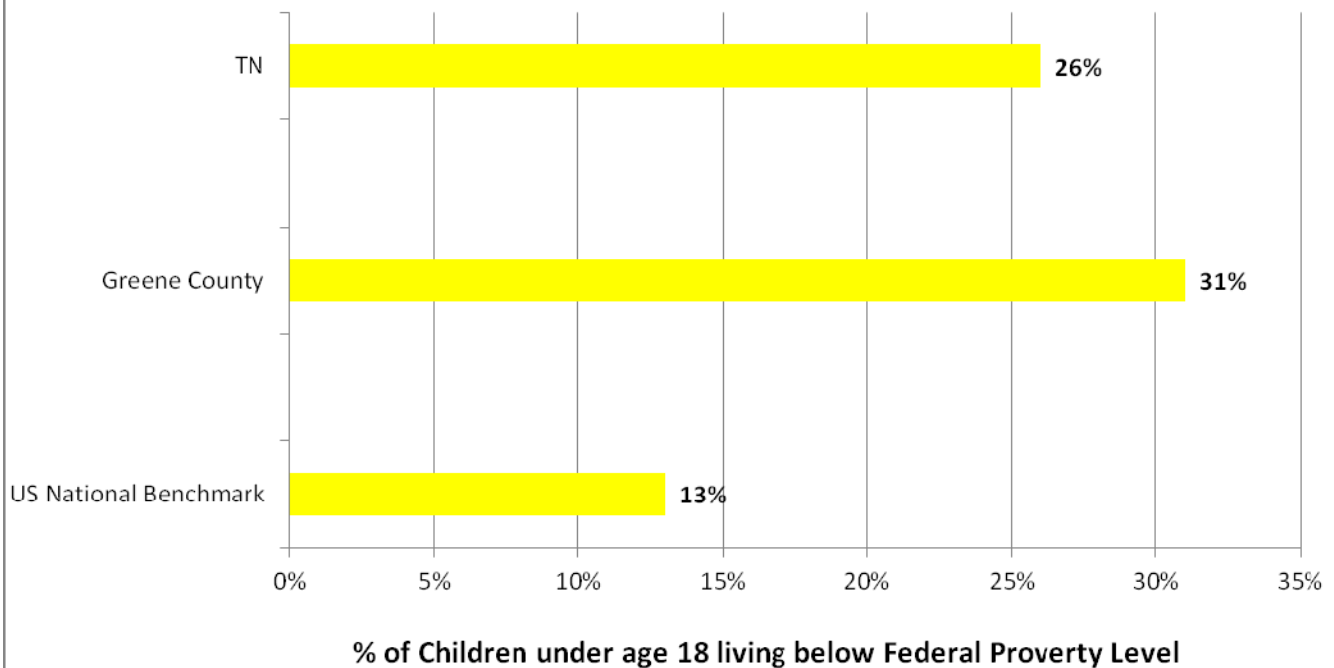
Data Source: Tennessee Institute of Public Health: County Health Rankings

Clinical Care - Uninsured



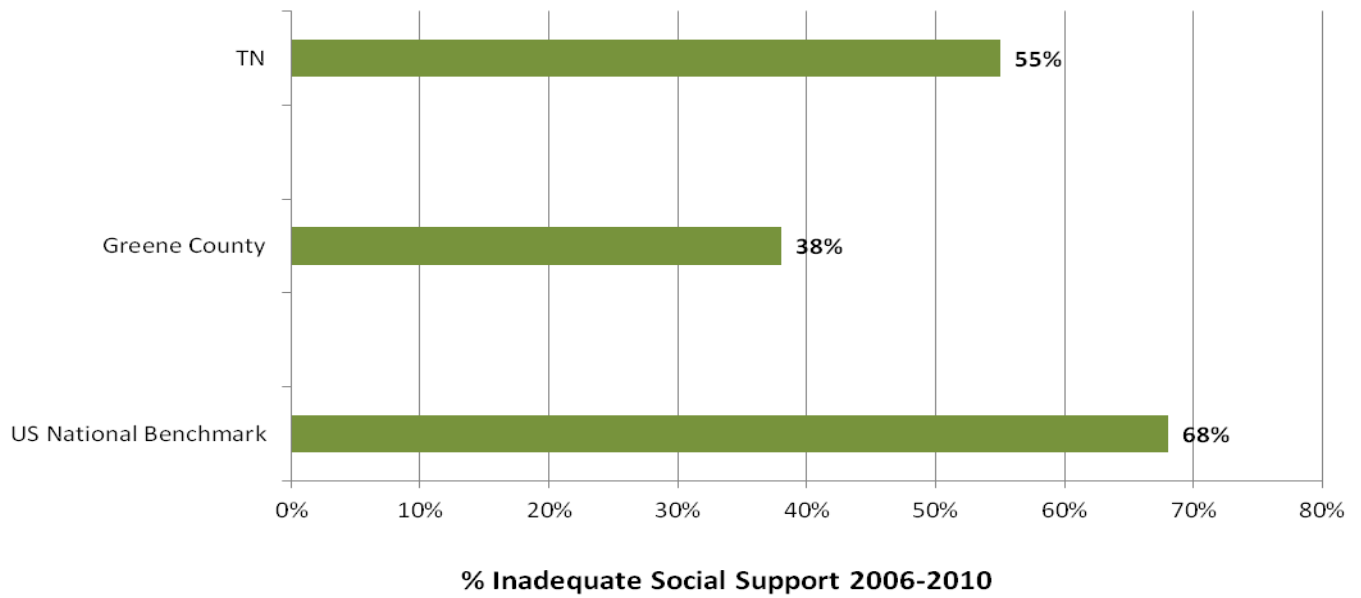
Data Source: Tennessee Institute of Public Health: County Health Rankings

Social & Economic - Children in poverty 2010



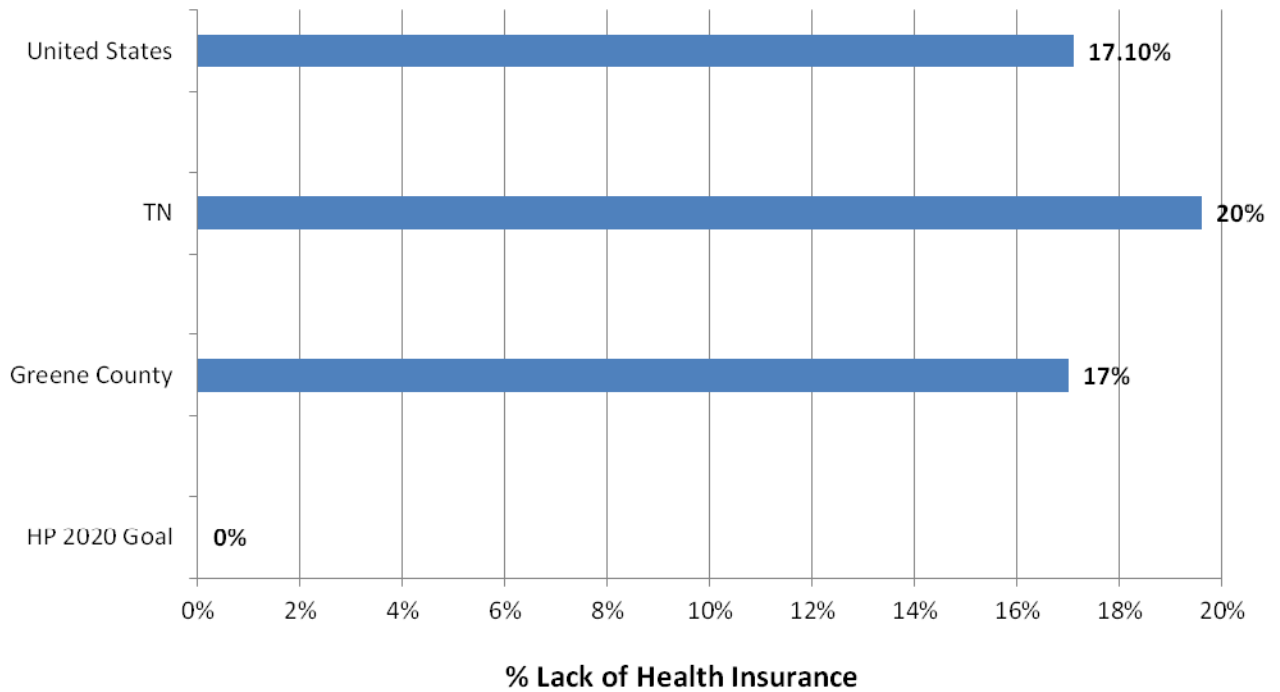
Data Source: Tennessee Institute of Public Health: County Health Rankings

Social & Economic - Some College



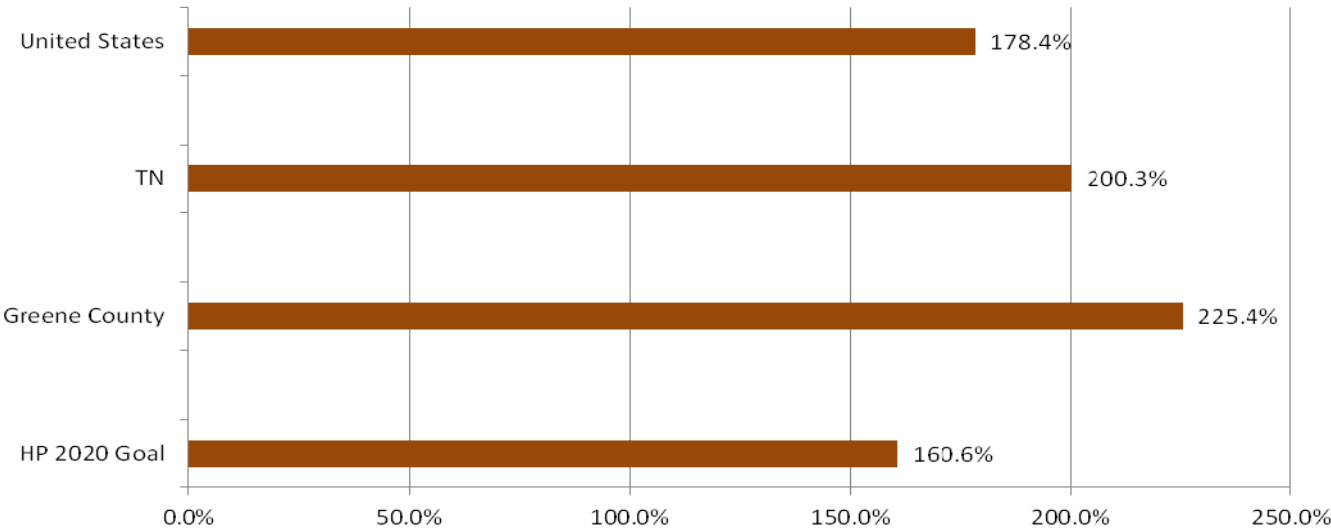
Data Source: Tennessee Institute of Public Health: County Health Rankings

Access to Health Services - Insurance



Data Source: Tennessee Institute of Public Health: County Health Rankings

Cancer - Deaths



Age-adjusted Cancer deaths/100,000

Data Source: Tennessee Institute of Public Health: County Health Rankings

Attachment 9

America's Health Rankings-Tennessee-2011

(www.americashealthrankings.org)

	2011 Ranking	2010 Ranking	2005 Ranking	2000 Ranking
Air Pollution	39	39	40	NA
Binge Drinking	1	2	NA	NA
Cancer Deaths	46	46	46	41
Cardiovascular Deaths	44	44	48	48
Children in Poverty	36	39	40	28
Diabetes	46	NA	NA	NA
Early Prenatal Care	38	45	NA	NA
Geographic Disparities	14	16	15	NA
High School Graduation	31	35	49	NA
Immunizations coverage	8	1	23	NA
Infant Mortality	45	46	48	38
Infectious Disease	32	39	36	34
Lack of Health Insurance	29	31	22	NA
Obesity	42	48	47	33
Occupational Fatalities	34	30	26	30
Poor Mental Health Days	11	41	18	21
Poor Physical Health Days	41	48	38	29
Premature Death	44	43	46	45
Preventable Hospitalizations	46	45	46	NA
Primary Care Physicians	18	18	18	NA
Public Health Funding	22	21	NA	NA
Smoking	37	41	48	38
Violent Crime	47	48	47	43
OVERALL RANK	39	42	49	42

Appendix 10

Greene County, TN Community Health Needs Assessment-2012 Health Information

Health Indicators (countyhealthrankings.org)					
*Reverse-coded measures. The national benchmark is the 90th percentile. For all other measures, the national benchmark is the 10% percentile					
	U.S. National Benchmark	Greene County	TN	United States	County Rank
Health Outcomes					42
Mortality					44
Premature death (2006-2008) Years potential life lost before age 75 per 100,000	5,466	9,485	9,093		
Morbidity					48
Poor or fair health 2004-2001 (self-reported health status by questionnaire)	10%	21%	19%		
Poor physical health days 2004-2010 (Average number of reported physically unhealthy days in past 30 days)	2.6	5.2	4.1		
Poor mental health days 2004-2010 (Average number of reported mentally unhealthy days in past 30 days)	2.3	4.1	3.4		
Low birthweight	6.0%	8.60%	9.40%		

	U.S. National Benchmark	Greene County	TN	United States	County Rank
Health Factors					45
Health Behaviors					62
Adult smoking 2004-2010 (%adults that report smoking >=100 cigarettes and currently smoking.)	14%	30%	24%		
Adult obesity 2009 (Adults reporting a BMI>=30)	25%	32%	32%		
Physical activity 2009 (% adults aged 20 and over reporting no leisure time physical activity)	21%	34%	30%		
Excessive drinking 2004-2010 (Reported binge drinking [4-5 drinks on a single occasion in past 30 days] or heavy drinking defined as more than 1-2 drinks per day on average)	8%	4%	9%		
Motor vehicle crash death rate (per 100,000) 2002-2008	12%	23%	22%		
Sexually transmitted infection (per 100,000) 2009 [Chlamydia - new cases]	84	218	478		
Teen birth rate (per 1,000 female pop. Ages 15-19) 2002-2008	22	59	55		
Clinical Care					30
Preventable hospital stays 2009 (Conditions that can usually be addressed in the OP setting and do not normally require hospitalization if the condition is well-managed) per 100,000 Medicare enrollees	49	97	86		
Primary Care Physicians	631:1	893:1	837:1		
Uninsured	11%	17%	16%		
Diabetic screening 2009 (% of diabetic Medicare patients whose blood sugar control was screened in the past year (HbA1c) levels	89%*	82%	85%		
Mammography screening 2009 (% of female Medicare enrollees age 67-69 that had at least one mammogram over a 2-year period	74%*	62%	63%		

	U.S. National Benchmark	Greene County	TN	United States	County Rank
Social & Economic Factors					52
Children in poverty 2010 (% of children under age 18 living below FPL)	13%	31%	26%		
Inadequate social support 2006-2010 (%of adults responding to question: How often do you get the social and emotional support you need?)	14%	20%	19%		
Children in single-parent households 2006-2010	20%	31%	35%		
Violent crime rate (per 100,000) 2007-2009 (National Benchmark at 90th percentile)	73	392	713		
High School Graduation		90%	79%		
Unemployment	5.4%	13.2%	9.7%		
Some College	68%	38%	55%		
Physical Environment					50
Air pollution-particulate matter days 2007 (annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter) (National Benchmark at 90th percentile)	0	0	1		
Air pollution-ozone days 2007 (Annual days that air quality was unhealthy for sensitive populations due to ozone levels)	0	0	8		
Access to recreational facilities 2009 (Number of recreational facilities per 100,000)	16*	2	8		
Limited access to healthy foods 2006 (Proportion of the population who are both living in poverty and do not live close to a grocery store. Metro/1 mile or less, non-Metro/10 miles or less.	0%	1%	11%		
Fast food restaurants 2009 (Proportion of restaurants in a county that are fast food establishments)	25%	55%	52%		

Additional Measures	U.S.	Greene	TN	United	County
	National Benchmark	County		States	Rank
Access to Health Services					
Lack of Health Insurance*	0.00%	17%	19.60%	17.10%	
Have a specific source of ongoing medical care	4.20%			86.40%	
Difficulty accessing medical care	4.20%			4.70%	
Cancer					
Cervical cancer screening based on most recent guidelines*	93%		83.90%	82.80%	
Colorectal cancer screening based on most recent guidelines*	70.50%		59.50%	61.80%	
Breast cancer screening based on most recent guidelines*	81.10%	70.10%	78.20%	79.20%	
Age-adjusted cancer deaths/100,000	160.6	225.4	200.30%	178.40%	
Diabetes					
Age-adjusted Diabetes Deaths/100,000	20.25%		26.20%	22.50%	
Heart Disease and Stroke					
Proportion of adults over 18 y/o with hypertension*	26.90%		33.80%	27.50%	
Proportion of adults over 20 y/o with high total blood cholesterol levels (>240)	13.50%			15%	
Age-adjusted heart disease deaths/100,000*	100.80		220.6	190.9	
Age-adjusted stroke deaths/100,000	33.80		53.9	42.2	
HIV					
Age-adjusted HIV deaths/100,000	3.3		4.1	3.7	

Immunization and Infectious Diseases	U.S. National Benchmark	Greene County	TN	United States	County Rank
Flu shot (18-64)	80%			25%	
Flu shot (>65 y/o)*	90%		70.80%	70.90%	
Pneumococcus Vaccine (18-64)	60%			17%	
Pneumococcus Vaccine (>65 y/o)*	90%		64.30%	66.90%	
New invasive pneumococcal infections in adults >65 y/o (per 100,000)	31%			40.4	
Injury and Violence Prevention					
Age-adjusted unintentional injury deaths/100,000	36%		52.1	40	
Age-adjusted motor vehicle crash deaths/100,000*	12%		21	14.4	
Safety belt use	92.40%		80.60%	84.00%	
Maternal, infant and Child Health					
Low-weight births as % of total births	7.80%		9.20%	8.20%	
Early and adequate prenatal care in first trimester	77.90%		67.00%	70.80%	
Infant death rate/100,000 (within first year)	6.00%		8.65%	6.68%	
Mental Health and Mental Disorders					
Depressed persons receiving treatment (18+)	75.10%			68.30%	
Percentage of adults >18 y/o experience a major depressive episode	6.10%		9.80%	6.80%	
Suicide deaths per 100,000	10.20%		13.3	11.30%	
Nutrition and Weight Status					
Proportion of adults that are at the healthy weight*	33.90%		32%	36.60%	
Proportion of adults who are obese*	30.60%		31.20%	26.60%	

	U.S. National Benchmark	Greene County	TN	United States	County Rank
Physical Activity					
% of adults engage in moderate/vigorous activity for at least 150/75 minutes per week*	47.90%		40.10%	48.80%	
% of adults engage in moderate/vigorous activity for at least 300/150 minutes per week	31.30%			28.40%	
Respiratory Diseases					
Chronic Lung Disease (Hospitalizations from COPD per 10,000, 45 y/o)	50.10%			56%	
Substance Abuse					
Proportion of persons >18 y/o engaging in binge drinking during the past month	24.30%			27%	
Proportion of adolescents (ages 12-17) using alcohol or any illicit drugs during past 30 days	16.50%			18.30%	
Age-adjusted cirrhosis death/100,000	8.20%		9.2	9.1	
Tobacco Use					
Percentage of adults (over 18 y/o) who are current cigarette smokers*	12%	30%	23.1	18.30%	
Recent smoking cessation success by adult smokers (over 18 y/o)	8%			6%	
Percentage of adults (over 18 y/O) who are current users of snuff or chewing tobacco products	0.30%			2.30%	
*National data is from Health People except where indicated with an asterisk. In these instances national and state data may not align with HP 2020 goals.					

