2019 Community Health Needs Assessment and Implementation Plan

METHODIST MEDICAL CENTER OF OAK RIDGE

Covenant HEALTH

and

RIDGEVIEW BEHAVIORAL HEALTH SERVICES

PERSPECTIVE

All tax-exempt, not-for-profit hospitals are required to conduct a community health needs assessment on a three-year cycle and make the results publicly available.

The Affordable Care Act of 2010 created an opportunity for hospitals and public health agencies to accelerate community health improvement by conducting triennial community health needs assessments and adopting related implementation plans, including strategies that address significant health needs.

Despite the United States spending more than any other nation on healthcare, life expectancy has been declining since 2014, as noted by data from years 2014 – 2017. Declining life expectancy has been fueled by a sharp increase in deaths among the working-age population. There has been a 6% increase in death rates among people 25-64 and a mortality increase nearing 25% among young adults 25-44. This is most pronounced in the "Rust Belt" states and in Appalachia.

If spending more money on healthcare is not getting the United States the gains it needs in population health, perhaps it's time to revisit what really creates health. Evidence demonstrates that the health of an individual and that of a community is 36% influenced by individual behavior, 24% social circumstances, 22% genetics and biology, 11% medical care and 7% physical environment. Without a broader view of health and what determines it, people in the United States are likely to continue to die at younger and younger average ages.

The value of periodic community needs assessments is that they provide an opportunity to bring together the broader public health community to look not only at the most significant health challenges, but to collectively appreciate the complexity of health. This is an important affirmation that health is much more than medical care.

Building upon our shared community health needs assessment efforts of 2013 and 2016, Ridgeview Behavioral Health Services and Methodist Medical Center partnered once again to conduct a joint community health needs assessment for Anderson County. Although both organizations provide healthcare for multiple counties, Anderson County was selected for the assessment. Anderson County is

where both institutions receive the majority of their patients and deploy the bulk of their community benefit resources.

By combining the expertise of Ridgeview Behavioral Health Services and Methodist Medical Center, the mental and physical dimensions of health have both been incorporated, offering a unique perspective in identifying the broader health needs of Anderson County.

Assessment Partners

The 2019 Community Health Needs Assessment was a collaborative effort between Methodist Medical Center, Ridgeview Behavioral Health Services and the Anderson County Health Department. These partners and numerous representatives of public health agencies convened over a period of five months to complete the community health needs assessment. The role of Methodist Medical Center and Ridgeview Behavioral Health Services in the assessment process was one of facilitation.

Steering Committee Participants

The Steering Committee's purpose was to determine the scope of the assessment, and research tools, assist in the design of the survey instrument, select focus group participants, gather primary and secondary health data, produce data notebooks and recruit data team members. The members of the Steering Committee consisted of representatives of the following organizations:

Anderson County Health Department
Free Medical Clinic of Oak Ridge
Methodist Medical Center
Ridgeview Behavioral Health Services

Data Team Participants

The Data Team's purpose was to take all the data compiled from the Steering Committee and identify local health priorities from the data. After multiple meetings, the Data Team members determined the most significant priority areas.

Anderson County Health Department
Oak Ridge Schools
Methodist Medical Center
Ridgeview Behavioral Health Services
Free Medical Clinic
Allies for Substance Abuse Prevention
Child Advocacy Center

Research Partners

The research partners' purpose was to provide expertise on survey design, focus group facilitation, data collection, data sources and analysis.

University of Tennessee – Social Work Office of Research and Public Service (UT-SWORPS)
Anderson County Health Department
Tennessee Department of Public Health, Nashville, Tennessee

Our Process

The 2019 community health needs assessment process began with the formation of a steering committee. Steering committee members represented agencies and organizations who were conducting their own needs assessments for Anderson County with varying frequency. This assessment provided an opportunity for all to work together to avoid duplication of efforts.

The Steering Committee was the decision-making body for the assessment and was instrumental in designing both primary research components, the community household survey and the focus group moderator's guide. Committee members were also involved in the dissemination of the community survey and focus group recruitment.

The primary research for the assessment centered on a household survey and focus groups. Household survey participation was matched to the demographic profile of Anderson County for the attributes of income, education level, ethnicity and age. The survey template was provided by the research partner UT – SWORPS, but the questions were customized by the Steering Committee. For statistical significance, 347 surveys were collected through a variety of methodologies, including paper surveys, cell phone and landline calls, an on-line link to the survey and through Facebook. Once the data was analyzed by UT-SWORPS a report was provided to the Steering Committee. (See Appendix C)

The Steering Committee was very intentional about making sure the most vulnerable groups in Anderson County - the chronically ill, uninsured, seniors and minority populations, had a voice in the assessment process. The focus group design was to recruit community leaders who directly serve these populations and who are most familiar with the daily challenges these at-risk individuals face. Focus group participants were long-term residents of the county and represented the various cities within the county. Two focus groups were held with 10-13 participants in each. UT – SWORPS conducted the focus groups and provided a written report once the responses were analyzed. (See Appendix D)

Organizations Participating in Focus Groups

Anderson County Health Department
ASAP – Drug Coalition
Children's Advocacy Center
Anderson County Chamber of Commerce
Anderson County Senior Center
Department of Children's Services
Clinton City Schools
Anderson County UT Extension
Anderson County Headstart
Hoskins Drug Store
ADFAC
Free Medical Clinic

Allies for Substance Abuse Prevention
Oak Ridge Police Department
Senior Health Advocates
YWCA
Methodist Medical Center
First Baptist Church Clinton

The Steering Committee identified a list of health indicators from which they wanted county, state and national data. When possible local, state and national data were provided for each indicator. Members of the Steering Committee were helpful in providing data because many represented agencies with access to public health data, social service data, and data related to demographics, substance abuse, mortality and mental health. The compiled data was put into notebooks.

The Steering Committee expanded its participation to involve other health-related agencies. This larger body became the Data Team. Each Data Team member was provided with a notebook of all the primary and secondary data and given a couple of weeks to review the data. Multiple Data Team meetings followed where team members created a list of identified health concerns. Those concerns were grouped under broad headings and examined as to how strategic and feasible they would be to address. After intense discussion, the Data Team developed a consensus around the most significant issues and narrowed the initial list of health concerns to a list of the top five.

PRIORITIES FOR 2020 – 2022

In rank order as determined by the Data Team:

1. Substance Abuse
2. Mental Health
3. Toxic Stress
4. Tobacco / Vaping
5. Lack of Physical Activity / Obesity

A Review of Data

Anderson County Data

Appendix A – Anderson County Demographics
Appendix B - Anderson County Mortality Data 2008-2018
Appendix C - Household Survey Findings
Appendix D – Focus Group Findings
Appendix E - Select Secondary Health Statistics

A Special thank you to our community Assessment Participants

The 2019 Anderson County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 400 residents who participated in surveys, focus groups, and meetings. The significant findings of the assessment are all rooted in complex inter-relationships of economics, education, behaviors, access, environment, and social circumstances. The solutions are just as complex. No institution or organization by itself can measurably change the trajectory of progress. These significant health challenges facing Anderson County will require a collaborative community approach of all public health organizations. Methodist Medical Center and Ridgeview Behavioral Health Services thank all involved in the 2019 Anderson County Community Health Assessment. We hope this information can be a catalyst for change as we seek to improve the health circumstances of all who live in and call Anderson County home.

IMPLEMENTATION PLAN 2020-2022

METHODIST MEDICAL CENTER
2020-2022 COMMUNITY NEEDS ASSESSMENT
IMPLEMENTATION PLAN

Identified Community Needs:

1. Substance Abuse*
2. Mental Health*
3. Toxic Stress*
4. Tobacco/Vaping
5. Lack of Physical Activity/Obesity

Implementation Strategy to Address Needs:

The top three* needs will be primarily addressed by Ridgeview Behavioral Health Services in their action plan. Specific goals in those categories have also been added to Methodist's plan to augment Ridgeview's tactics.

1. Substance Abuse*

- **Prescription Drug Task Force**
    - Methodist Medical Center will continue to serve as a partner and meeting site for the Anderson County Prescription Drug Task Force.
- **Behavioral Health Partnerships**
    - Methodist Medical Center will continue to connect with local behavioral health providers such as Peninsula Behavioral Health and Ridgeview Behavioral Health Services to bring programming on vital mental health topics to the community via Health Night on the Town and other ad hoc event opportunities.
- **MIST Program**
    - Methodist Medical Center will continue to refer patients who are pregnant or young mothers struggling with substance abuse and addiction to Ridgeview Behavioral Health Services' MIST Program. The MIST team consists of a case manager, a counselor, and a program manager who connect with mothers through home visits, individual therapy sessions, and weekly support groups.

- **Opioid Light Program**

    - Methodist Medical Center's Emergency Department is participation in a health system-wide initiative to curb the use of hospital prescribed opioids. Physicians are using non-opioid drugs when indicated for pain management, during treatment and at discharge.

2. Mental Health*

- **Community Lectures**

    - Methodist Medical Center sponsors health information programs for the community via a variety of programmatic avenues. Beginning its 35th year, Health Night on the Town provides educational informational on a variety of topics and has in the past focused on suicide, depression and substance abuse. Audience size for these programs averages around 55 participants. For its 3rd year, Methodist's Take on Cancer programming will provide opportunities for cancer patients and caregivers to connect with clinicians as they deal with the emotional issues associated with the disease. Lastly, Methodist will be partnering with the new Oak Ridge Senior Center to launch a new program series targeted toward senior health and wellness.

- **Grief Support Activities**

    - Methodist Medical Center will continue to partner with Covenant Hospice to offer ongoing monthly grief support groups where those who have experienced the death of a loved one can find comfort, support and hope in a safe and welcoming environment.

3. Toxic Stress*

- **Community Behavioral Health Partnerships**

    - Methodist Medical Center will continue to connect with local behavioral health providers such as Peninsula Behavioral Health and Ridgeview Behavioral Health Services to bring programming on stress awareness and coping topics to the community via Health Night on the Town and other ad hoc event opportunities.

4. Tobacco/Vaping

- **Healthy Lifestyles**

    - Methodist Medical Center produces a 4-page, bi-monthly insert in the News-Sentinel. This insert is zoned specifically to those subscribers in Methodist's 5-county market and offers a platform to educate readers on the hazards of smoking/vaping as well as highlight cancer detection services such as Low Dose CT and cessation options. This insert has a circulation of approximately 9,000.

- **Smoking Cessation Quarterly Program**

    - Methodist Medical Center will continue to offer "Freedom from Smoking®" classes through the hospital's cardiopulmonary rehab program. The smoking cessation program is a six-class series that helps participants identify people, places and things that trigger their urge to smoking and works to create a smoking plan that fits their individual needs and receive support to avoid a relapse. The classes are offered quarterly and the $50 course fee is refundable upon complete of all six classes.

      -

5. Lack of Physical Activity/Obesity

- **Community Fitness Classes**

    - Methodist Medical Center's Family Education program will continue to partner with Kern United Methodist Church to host free weekly exercise classes renamed "M2M Exercise Co" to be more inclusive for new dads and well as moms. Parents are encouraged to bring their babies and young children for an action-packed hour of exercise and fellowship. In addition, Methodist partners with Covenant Health's Bodyworks community exercise program to give adults safe and effective workouts for a nominal per class fee of $3. First Baptist Church of Clinton is the partner site for the Bodyworks Cardio-Mix class which is offered in Anderson County.

- **Ask the Dietitian**

    - Methodist Medical Center's registered dietitians will continue to provide educational articles focused on a healthy mindset around food. Initiated in 2019, topics have included smart strategies in the grocery aisles, making the most of frozen food, the connection between nutrition to sports performance, healthy back-to-school lunches, balanced eating in a fast-paced world.

- **Friday Fitness**

    - Methodist Medical Center will continue its monthly Friday Fitness program in conjunction with Roane Medical Center. A monthly hike is open to all interested residents and hike locations rotate between Roane and Anderson County parks, greenways and hiking trails.

APPENDIX A- Anderson County Demographics

Anderson County Demographics

Population Estimates July 2018

Population	
Populations estimates, July 2018	76,482
Population, Census 2010	75.129
Population, percent change	1.9%
Age and Sex	
Persons under 5 years, percent	5.4%
Persons under 18 years, percent	21.2%
Persons 65 years and over, percent	19.8%
Female persons	51.3%
Race and Hispanic Origin	
White alone, percent	91.7%
Black or African American, percent	4.1%
American Indian, and Alaska native	0.5%
Asian, percent	1.6%
Two or more races, percent	2.2%
Hispanic or Latino percent	2.9%
White alone, not Hispanic or Latino	89.2%

Source: www.census.gov/quickfacts/fact/table/andersoncountytennessee

APPENDIX B – Anderson County Mortality Data

Top 15 Leading Causes of Death in Anderson County 2008-2017

Average Annual Population 57,198

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the heart	2,156	285.9
2. Cancers	1,966	260.7
3. Respiratory diseases	602	79.8
4. Accidents (unintentional injuries)	541	71.7
5. Cerebrovascular diseases	434	57.5
6. Alzheimer's diseases	382	50.6
7. Flu and Pneumonia	290	38.5
8. Diabetes	246	32.6
9. Kidney disease	165	21.9
10. Suicide	142	18.8
11. Chronic liver disease	131	17.4
12. Septicemia	116	15.4
13. Parkinson's disease	93	12.3
14. Pneumonia	83	11.0
15. Essential hypertension and hypertensive renal disease	80	10.6

APPENDIX C: Household Survey Findings

Community survey responses

209
Telephone responses

74
Paper responses

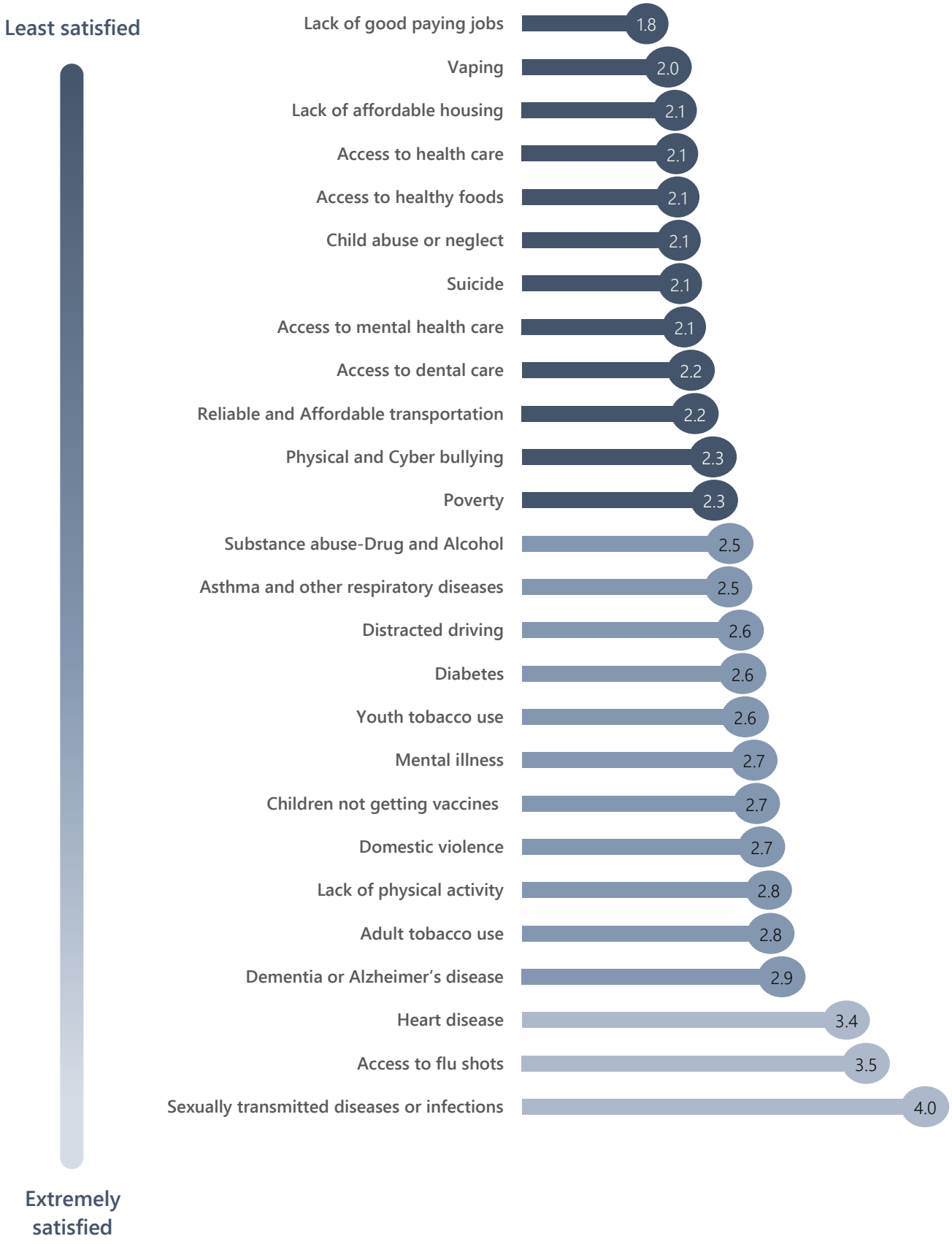
64
Web

Most Severe Problem

	Identified as major problem	Identified as top 3 problems
Substance abuse-Drug and Alcohol	71.0%	43.8%
Distracted driving	62.7%	17.9%
Adult tobacco use	55.9%	11.5%
Diabetes	55.8%	10.4%
Heart disease	51.3%	8.1%
Poverty	49.5%	14.1%
Lack of physical activity	47.5%	8.1%
Vaping	45.8%	6.6%
Lack of affordable housing	44.1%	13.8%
Mental illness	43.0%	10.7%
Youth tobacco use	42.9%	3.7%
Child abuse or neglect	42.6%	15.0%
Lack of good paying jobs	41.8%	12.7%
Asthma and other respiratory diseases	38.4%	4.6%
Access to mental health care	38.3%	10.4%
Dementia or Alzheimer's disease	38.0%	6.6%
Domestic violence	37.9%	4.9%
Access to dental care	37.2%	8.4%
Physical and Cyber bullying	35.5%	4.9%
Reliable and Affordable transportation	33.9%	6.3%
Access to health care	32.8%	15.3%
Suicide	27.2%	3.5%
Sexually transmitted diseases or infections	25.5%	0.6%
Access to healthy foods	23.0%	5.2%
Children not getting recommended vaccines or immunizations	17.4%	1.2%
Lack of prenatal care	16.4%	0.0%
Access to flu shots	3.9%	1.2%

Least Severe Problem

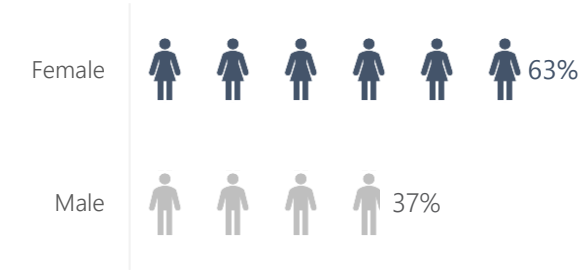
Satisfaction with current efforts to address problem (1 - 5)



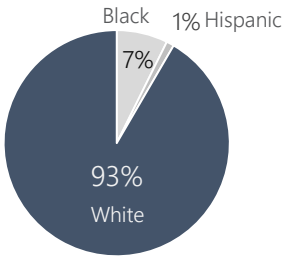
Anderson County Community Health Assessment

Who responded to our community survey?

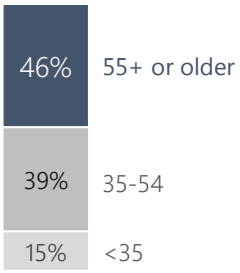
Gender



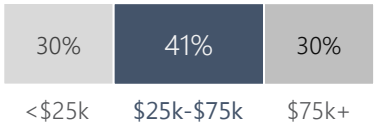
Race/Ethnicity



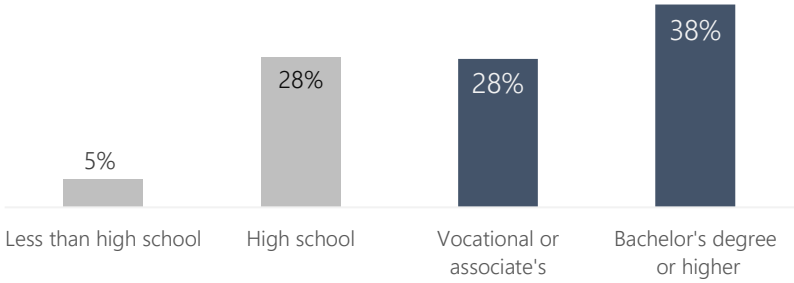
Age



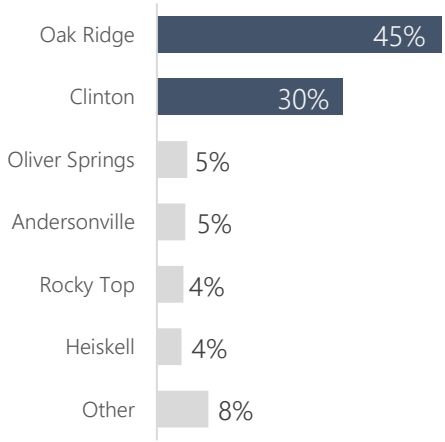
Household income



Education



Residence



10 years
Average length of residence.

32%
Of households had children under 18.

87%
Of respondents were insured.

29%
Of households had adults 65 or older.

APPENDIX D – Focus Group Report

Two focus groups were completed with Anderson County community leaders for the Anderson County Community Health Assessment. The purpose of the focus groups was to identify health issues facing residents of Anderson County, especially residents from vulnerable populations; to identify what resources are currently available to address these issues; and to identify what additional resources may be needed. A total of 23 people participated in these focus group discussions. This report summarizes and synthesizes the content of these discussions; findings are presented using the moderator guide questions as headings.

In addition to the discussions, focus group participants were asked to complete two quick written exercises: At the beginning of each focus group, participants were asked to assign a letter grade from A to F for overall health in the county. Then, at the end of each focus group, participants were asked to list what they viewed as the top three most important health issues facing the county. The health issues discussed in this report follow the number identified in the group.

How would you grade overall health in your county?

Grade	#	Grade	#
B	4	C	7
B-	1	C-	3
C+	3	D	2

How has this grade changed over the past 6 years?

Varying views about the direction of change over the past 6 years were expressed.

Reasons for improvement:

- Increased awareness about the importance of mental health and an increase in services to treat mental illness.
- There are more programs offered for seniors to help them stay healthy.

Reasons for no change:

- Improvements in addressing some social problems and health issues have been balanced by a decline in other areas.
- Mental illness is less stigmatized, but the social determinants of mental and physical health, such as financial instability and adverse childhood experiences (ACEs), remain high.
- More programs have been created, and better collaboration exists between agencies, but the drug problem overshadows these improvements.

Reasons for decline:

- The high prevalence of obesity
- Increased drug use and incidence of neonatal abstinence syndrome (NAS)
- Lack of in-patient, long-term treatment to combat drug addiction.

Major health problems facing the community

Focus group participants were asked to identify the health problems currently facing their community. As discussed above, each participant was asked to identify three of the problems discussed they felt should be given priority. The problems discussed below are presented in the order of importance as reported during this exercise.

Poverty and lack of access to health care and other resources (12 votes)

Anderson County residents are not necessarily experiencing a lack of resources – doctors, medical facilities, and programs - but many are experiencing poverty. The lack of financial resources limits their ability to purchase insurance and therefore limits their access to affordable and timely health care. Low socioeconomic status was linked to a lack of job opportunities. Some areas of the county are suffering more than others from the lack of employment and this impacts the overall well-being of these residents.

Substance abuse and misuse (10 votes)

Substance abuse and misuse was the focus of much of the discussion and second most-frequently identified as a priority health issue. Substance abuse and misuse was discussed from several different angles – the prevalence of the problem, the devastating impact on the family unit, the link between abuse and mental illness, unintended consequences of the efforts to address the problem, and the need for services that address the problem more effectively.

Mental health (9 votes)

Mental health is a growing concern in Anderson County. Older adults and youth were identified as specific groups that are suffering from mental illness. It was generally agreed that there is a robust community of providers, unless a psychiatrist is needed, but because of the growing demand, timely access may not be available. The system to access services can also be difficult to navigate – often because of legal requirements.

Lack of transportation (5 votes)

Lack of transportation was discussed as a significant barrier for accessing health care and other needed resources.

Obesity, healthy food, diabetes, and lack of physical activity (4 votes)

Obesity and lack of physical activity particularly among young people were cited as a concern. The prevalence of social media and technology was cited as a leading reason for the lack of activity. Anderson County also suffers from food deserts in the smaller communities and rural areas.

Education (4 votes)

The lack of health and life-skills education was discussed in the groups. Sex education and parenting skills were two specific areas identified that need to be addressed.

Adverse childhood experiences (4 votes)

Exposure to trauma in early childhood can have a lasting and negative affect on a person's physical and mental health. Children who suffer from higher numbers of ACEs are at higher risk for mental illness and drug abuse.

Lack of affordable housing and homelessness (2 votes)

A decline in the quality of housing was identified as a problem in Anderson County as well as homelessness.

Lack of dental care (2 votes)

Lack of dental care for both children and adults were identified as a top health issue. Much of the issue surrounding access to dental care is the dearth of dentists who accept patients without insurance or who are willing to provide affordable services. The Health Department houses a dental clinic, but the need for dental services exceeds the Health Department's capacity, and dentists are reluctant to volunteer their time and services. Some voiced that the lack of dental care exacerbates drug addiction because of the pain caused by lack of proper dental care.

Smoking and Vaping (1 vote)

Smoking continues to be a problem in Anderson County, especially among low-income households. Vaping was identified as a growing problem, especially among young people.

Domestic violence (1 vote)

While only receiving one vote for being included as a top priority, domestic violence was mentioned in both focus group sessions.

Other issues

Other health issues that did not make the "Top Three" list were discussed during the focus groups included:

- Day care for sick children: "
- Safe sleep:

How health problems are experienced differently

Participants were asked if some groups or areas of Anderson experienced these problems to a greater degree than others. There was general agreement that those who are in the lower socioeconomic levels are most keenly affected by most of the health issues. Poverty impacts overall wellbeing, limits access to insurance and many resources, and limits people's ability to utilize the information they are given to improve their health.

Current community resources to address health problems

Focus group participants were asked to brainstorm and discuss the resources that are currently being utilized to address the problems identified by the group. The discussion included the identification of agencies and the programs that are offered as well as community initiatives and local efforts to address community problems.

Anderson County Health Department

The Anderson County Health Department offers a variety of services to the residents of the community.

Methodist Medical Center

Several services that Methodist Medical Center provides to the community were discussed.

Free Medical Clinic

The Free Medical Clinic provides services at no cost for residents of Anderson County who meet the income qualifications and who otherwise do not have access to health care (http://www.fmcor.org/).

Behavioral health providers

Anderson County currently has three behavioral health providers: Cherokee, Ridgeview, and Helen Ross McNabb.

Ridgeview now offers a walk-in service for its patients in an attempt to better meet the needs of the community and its patients. It is also partnering with school counselors to provide mental health services for the students.

Crisis Intervention Team

The police department, the Sheriff's office, and first responders have completed Crisis Intervention Training to address domestic violence and drug related incidents in a more humane and appropriate manners.

Senior Center in Anderson County

The Senior Center is a resource for the aging population to reduce social isolation and improve overall well-being.

Boys and Girls Club

The Boys and Girls Club of the Tennessee Valley is a school-based club located in Lake City Elementary (https://bgctnv.org/north-anderson-county/)

The United Way

United Way of Anderson County funded 33 partner agencies and gave an additional 19 grant awards to area not-for-profit organizations in 2018 (https://uwayac.org/).

Girls Inc

Girls Inc of Oak Ridge's mission is to inspire all girls to be strong, smart and bold (girlsinctnv.org/).

Resources needed to better address these issues

The focus groups ended with participants being asked to share what resources they felt were needed to address the identified issues. Much of the focus of this portion of the discussion was on providing more case management and "life skills" training, transportation, and creative methods for providing better access to mental health services.

Case management and life skills training

The lack of a toolkit of skills to overcome what is often generational poverty requires intentional and caring case management. Much of the discussion on this topic focused on the complexity of health issues and the lack knowledge about healthy lifestyle habits, proper nutrition, cooking, budgeting, and parenting. "Life skills" training and intense case management is a potential solution for addressing some of the health issues identified.

Transportation

Transportation was identified as a barrier to accessing needed health care. One way to overcome this barrier is to invest in and utilize telemedicine. This would allow for access to be more timely and to reach residents in more remote areas of the county.

APPENDIX E - Selected Secondary Health Statistics						
2019 Anderson County Health Assessment						
	Anderson	**Tennessee**	**United States**	**Data Description**	**Year**	**Data Source**
Community Drivers of Health						
Unemployment rate	3.8%	3.2%	4%	% of population aged 16 and older unemployed but seeking work	2018	US Department of Labor
Graduated high school	85.9%	86%	87%	% of ninth-grade cohort that graduates in four years.	2016	ACS
Some college	58.0%	60%	65%	% of adults ages 25-44 with some post-secondary education	2017	ACS
Bachelor degree or higher	23.8%	26.1%	34%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2017	U.S. Census Bureau
Poverty Rate (all residents)	16.4%	15%	12%	% of residents living in households who's income does not cover basic needs	2018	www.welfareinfo.org/poverty-rate/tennessee/anderson-county
Children in poverty	22%	21%	18%	% of children under 18 in poverty	2017	County Health Rankings
Children in single-parent homes	38%	35%	35%	% of children that live in a household headed by single parent	2017	American Community Survey
Severe housing cost burden	12%	13%	7%	% of households that spend 50% or more of their income on housing	2017	American Community Survey
Median household income	$47,206	$48,708	$57,652	Median household income	2017	U.S. Census Bureau
Access to Healthcare						
Adults without health insurance	10.3%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	3%	4%	4%	% of children under age 19 without health insurance	2016	County Health Rankings 2019
Persons with a disability	14.4%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017	2017	U.S. Census Bureau
Mental health providers	1,110:1	700:1	310:1	ratio of population to mental health providers	2018	CMS, National Provider Identification file
Primary care physicians	1,650:1	1,390:1	1,050:1	ratio of population to primary care physicians	2016	Area Health Resource File/American Medical Association
Other primary care providers	897:1	787:1	726:1	ratio of population to other non physician primary care providers	2018	County Health Rankings 2019
Dental providers	1,390:1	1,880:1	1,260:1	ratio of population to dentist	2017	County Health Rankings 2019
Immunizations						
Flu vaccine rate elderly	61.4%	47%	46.0%	% of Medicare enrollees that had an annual flu vaccination	2016	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	40.2%	45.9%			2017	Immunization Status Survey of 24 month children
Active and Healthy Living						
Life expectancy	76.1	76.1	78.6%	Average number of years a person can expect to live	2017	County Health Rankings
Physical inactivity	28%	27%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	66%	71%	84%	% of population with adequate access for physical activity	2018	Business Analyst, Delorme Map data, ESRI, & US Census files
Food insecurity	13%	15%	13%	% of population who lack adequate access to food	2016	Map the Meal Gap
Limited access to healthy food	9%	8%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	32%	32.8%	30.1%	% of adults that report a BMI> 30	2017	CDC Diabetes Interactive Atlas
Overweight/Obese youth	39.7%	39.2%		Overweight or obesity prevalence among TN public school students	2017	Coordinated School Health
Behavioral Health						
Suicide rates	14.4	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2017	Death Statistics: VRS
Frequent mental distress	14%	14%	10%	% of adults reporting 14 or more days of poor mental health per month.	2016	Behavioral Risk Factor Surveillance System
Poor mental health days	5%	5%		Average number of mentally unhealthy days reported in past 30 days	2016	County Health Rankings

2019 Anderson County Health Assessment						
	Anderson	Tennessee	United States	Data Description	Year	Data Source
Chronic Disease						
Cancer death rate	250.4	212.8	185.4	Number of deaths from malignant neoplasms per 100,000 population	2017	Death Statistics: VRS
Diabetes	12%	13%	9%	% of adults age 20 and over with diagnosed diabetes	2015	CDC Diabetes Interactive Atlas
Heart disease death rate	300.30	238.4	197.2	Number of deaths from diseases of the heart per 100,000 population	2017	Death Statistics: VRS
Hypertension		37.8%	30.2%	% with current diagnosed hypertension	2016	CDC.gov
Asthma		9%	8.30%	% with current asthma	2016	CDC.gov
Stroke		4.50%	3.50%	% of adult population that have been told they have had a stroke	2018	Behavioral Risk Factor Surveillance System
Injury and Violence						
Violent crime	401	621	386	# of reported violent crime offenses per 100,000 population	2016	Uniform Crime Reporting- FBI
Injury deaths	107	86	67	# of deaths due to injury per 100,000 population	2017	CDC WONDER Mortality data
Homicides	3	7.4	5.4	# of deaths due to homicide per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Firearm fatalities	14	17	12	# of deaths due to firearms per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Maternal and Child Health						
Neonatal abstinence syndrome	28.2	13.5		Number of reported NAS cases per 1,000 live births	2018	NAS Surveillance Data
Low birth weight	9%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2017	National Center for Health Statistics - Natality files
Reproductive and Sexual Health						
Sexually transmitted Infections	347	489	497	# of newly diagnosed chlamydia cases per 100,000 population	2016	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	33.5	26.6	20.3	# of births per 1,000 female population ages 15-19	2017	National Center for health statistics-Natality files
HIV prevelance	141	297	365.5	# of persons living with a diagnosis of HIV per 100,000	2016	Kaiser Family Foundation
Substance Use and Abuse						
Alcohol impaired driving deaths	30%	26%	29%	# of driving deaths with alcohol involvement	2017	Fatality Analysis Reporting System
Excessive drinking	14%	14%	18%	% of adults reporting binge or heavy drinking	2016	Behavioral Risk Factor Surveillance system
Adult smoking	21%	22%	17%	% of adults who are current smokers	2016	Behavioral Risk Factor Surveillance system
Youth nicotine use		17%		% of high school students who currently use tobacco - cigarettes, cigars, smokel	2017	Youth Behavioral Risk Factor Survey
Youth vaping, juuls, hookah		12%		% of high school students who currently used an electronic vapor product	2017	Youth Behavioral Risk Factor Survey
Number of patients receiving opioids for pain	21,285	1,636,374		Number of patients receiving opioids for pain	2017	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,301	944	587	number of opoiod prescriptions per 1000 people	2017	CDC.gov/drugoverdose/maps
All drug overdose deaths	47	1,776	70,237	Total number of reported deaths from overdoses, *includes alcohol	2017	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	37	1,268	42,981	Total number of reported deaths from opioid drug overdoses	2017	Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	219	15,001		Non fatal drug overdose outpatient visits	2016	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	144	7,943		Non fatal drug overdose inpatient stays	2016	Tennessee Drug Overdose Dashboard

2019 Anderson County Health Assessment						
	Anderson	Tennessee	United States	Data Description	Year	Data Source
Comparable data not found						
Top US Performers (not U.S. averages)						