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.

Although Claiborne Medical Center serves patients from multiple counties, more than 50% of its inpatient and outpatient business comes from Claiborne County. Thus, the assessment and its findings are limited to Claiborne County.

ASSESSMENT PARTNERS

The 2020 Community Health Needs Assessment was a collaborative effort between Claiborne Medical Center, the Claiborne County Health Department, the Claiborne County Health Council and the Tennessee Department of Public Health. These partners and numerous representatives of public health agencies convened over a period of five months to complete the community health needs assessment. The process was interrupted for several months while the assessment partners focused on COVID-19 in their communities. The role of Claiborne Medical Center 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:

Change Claiborne	Cherokee Health Systems
Claiborne Advisory Board	Claiborne County Board of Education
Claiborne County Government	Claiborne County Health Department
Claiborne Medical Center	East Tennessee Human Resource Agency
Lincoln Memorial University	OmniVisions
Servolution	Stand in the Gap
The Hill (Church)	UT Extension Office

Data Team Participants

The Data Team's purpose was to take to 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.

Claiborne County Medical Center (2)	Claiborne County Health Department (2)
Claiborne County Board of Education (2)	Claiborne County Commission (1)
Claiborne County Health Council (4)	Lincoln Memorial University (1)
Cherokee Health Systems (1)	Servolution

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)
Claiborne County Health Department
Tennessee Department of Public Health, Nashville, Tennessee

OUR PROCESS

The 2020 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 Claiborne 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 Claiborne 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, 473 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 Claiborne 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. Four focus groups were held using a Zoom format with 7-8 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

Claiborne Medical Center

Claiborne County Economic Development

Claiborne EMA

Change Claiborne

Claiborne Board of Education

Claiborne Coordinated School Health

Claiborne County Health Department

Lincoln Memorial University

First Century Bank

LMU-Debusk College of Osteopathic Medicine

Smoky Mountain Home Health and Hospice

Tennessee Department of Human Services

Walters State Community College

Cherokee Health System

Claiborne County Justice Center

Claiborne County Family Resource Center

Claiborne Economic Partnership

Commercial Bank

Claiborne County Health Council

East Tennessee Human Resource Agency

Mayor of Harrogate

OmniVisions

Servolution

The Hill Church

UT Extension Service

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. A Data Team meeting 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. The primary findings from the assessment were chronic disease management, mental health, substance abuse, diabetes, obesity, access to healthcare, cultural challenges, dental care and domestic violence. 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 four.

PRIORITIES FOR 2021 – 2023

In rank order as determined by the Data Team:

1. Mental Health
2. Substance Abuse Disorder
3. Diabetes
4. Obesity

A REVIEW OF DATA

Claiborne County Data

Appendix A – Claiborne County Demographics

Appendix B - Claiborne 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 2020 Claiborne County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 500 residents who participated in surveys, focus groups, and meetings. The significant findings of the assessment are all rooted in complex interrelationships 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 Claiborne County will require a collaborative community approach of all public health organizations.   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 Claiborne County home.

Claiborne County Demographics

Population Estimates July 2019

Population	
Populations estimates, July 2019	31,959
Population, Census 2010	32,213
Population, percent change	-1.4%
Age and Sex	
Persons under 5 years, percent	5.0%
Persons under 18 years, percent	19.1%
Persons 65 years and over, percent	19.9%
Female persons	51.1%
Race and Hispanic Origin	
White alone, percent	96.4%
Black or African American, percent	1.2%
American Indian, and Alaska native	0.4%
Asian, percent	0.7%
Two or more races, percent	1.4%
Hispanic or Latino percent	1.3%
White alone, not Hispanic or Latino	95.3%

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

Top 15 Leading Causes of Death in Claiborne County
2008-2017
Average Annual Population 31,816

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Diseases of the heart	1,086	341.3
2. Cancers	914	287.3
3. Respiratory Diseases	311	97.7
4. Accidents	282	88.6
5. Flu and Pneumonia	234	73.5
6. Cerebrovascular disease	199	62.5
7. Alzheimer's disease	118	37.1
8. Kidney diseases	95	29.9
9. Suicide	92	28.9
10. Diabetes	90	28.3
11. Chronic Liver Disease	63	19.8
12. Septicemia	50	15.7
13. Pneumonia (due to solids and liquids)	24	7.5
14. Parkinson's disease	20	6.3
15. Essential hypertension and hypertensive renal disease	16	N/A

2020 Claiborne County Community Health Assessment

Community survey responses

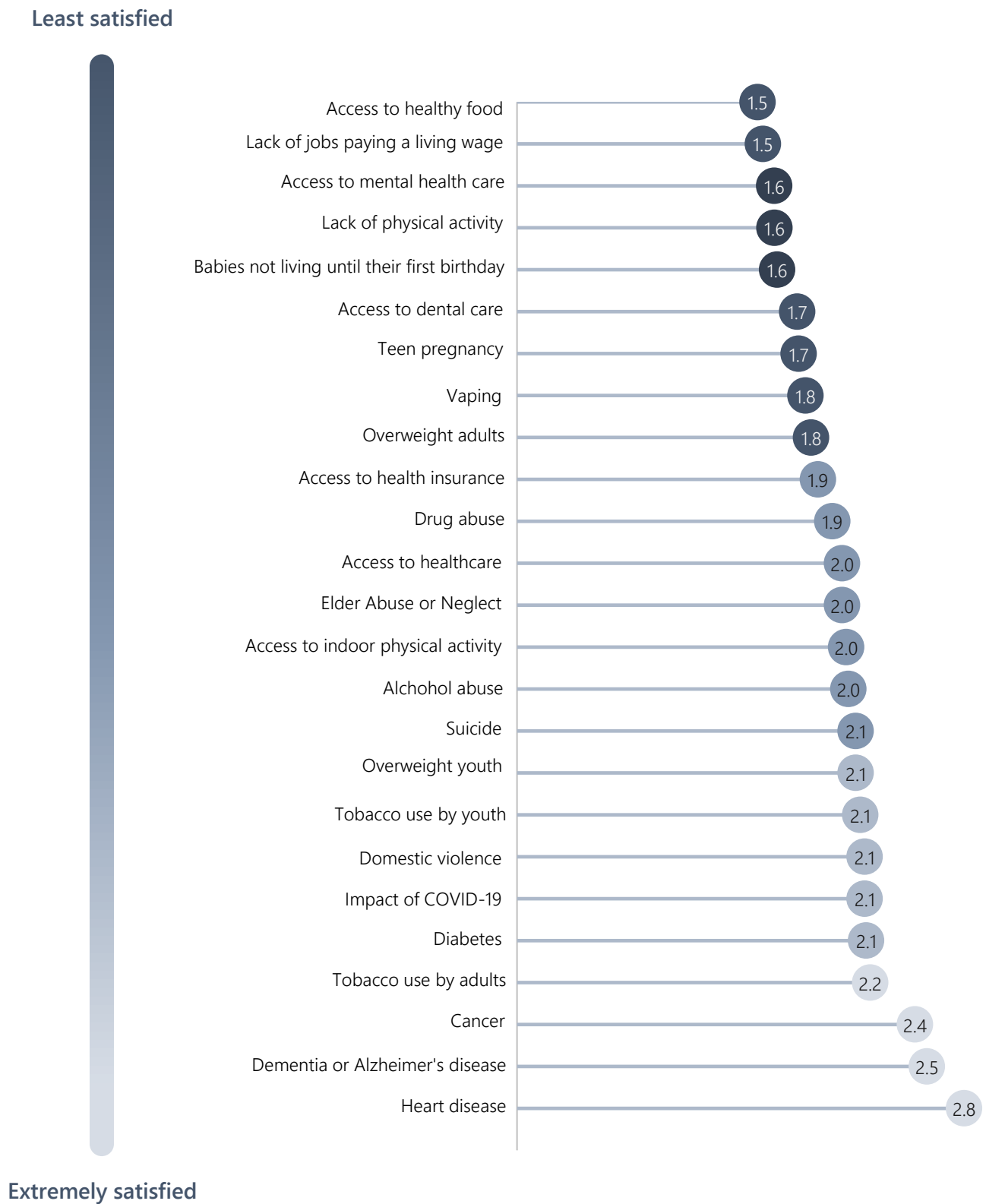| Telephone	Paper	Web
150	**44**	**279**

	Identified as major problem	Identified as top 3 problems
Most Severe Problem		
Drug abuse	92.4%	73.6%
Overweight adults	78.6%	9.5%
Cancer	75.3%	20.3%
Tobacco use by adults	70.2%	6.8%
Diabetes	68.3%	11.8%
Lack of jobs paying a livable wage	68.1%	34.5%
Lack of physical activity	66.2%	5.3%
Overweight youth	64.9%	7.6%
Tobacco use by youth	63.4%	6.1%
Heart disease	59.8%	3.6%
Access to indoor physical activities	59.4%	9.9%
Vaping	58.6%	6.8%
Alcohol abuse	58.1%	12.5%
Access to mental health care	57.1%	20.1%
Domestic violence	47.4%	6.6%
Access to health insurance	45.5%	10.6%
Access to dental care	43.3%	6.3%
Dementia or Alzheimer's disease	40.2%	5.1%
Access to healthy food	39.5%	5.3%
Impact of COVID-19	36.5%	8.2%
Access to health care	32.6%	4.7%
Elder abuse and neglect	31.7%	4.0%
Teen pregnancy	31.7%	3.2%
Suicide	23.5%	2.7%
Babies not living to their first birthday	9.3%	1.1%
Least Severe Problem		

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

Least satisfied

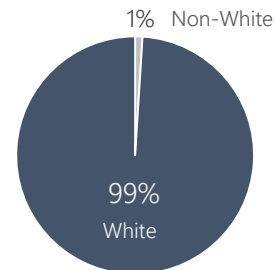| Problem	Score
Access to healthy food	1.5
Lack of jobs paying a living wage	1.5
Access to mental health care	1.6
Lack of physical activity	1.6
Babies not living until their first birthday	1.6
Access to dental care	1.7
Teen pregnancy	1.7
Vaping	1.8
Overweight adults	1.8
Access to health insurance	1.9
Drug abuse	1.9
Access to healthcare	2.0
Elder Abuse or Neglect	2.0
Access to indoor physical activity	2.0
Alchohol abuse	2.0
Suicide	2.1
Overweight youth	2.1
Tobacco use by youth	2.1
Domestic violence	2.1
Impact of COVID-19	2.1
Diabetes	2.1
Tobacco use by adults	2.2
Cancer	2.4
Dementia or Alzheimer's disease	2.5
Heart disease	2.8

Extremely satisfied

2020 Claiborne County Community Health Assessment

Who responded to our community survey?

Gender

Female 64%

Male 36%

Race/Ethnicity

1% Non-White

99% White

Household income

21%	48%	31%
<$25k	$25k-$75k	$75k+

Education

4% Less than high school

30% High school

25% Vocational or associate's

41% Bachelor's degree or higher

Age*

44% 55 or older

42% 35-54

15% 18-34
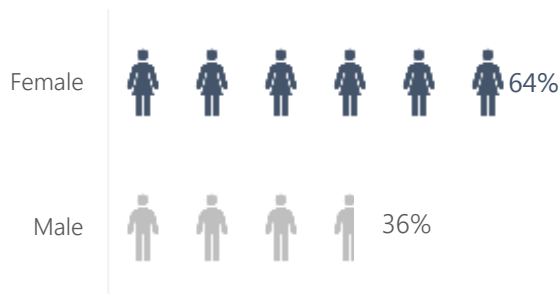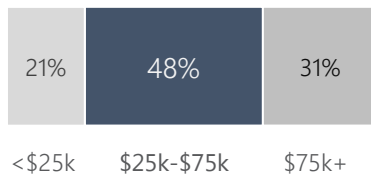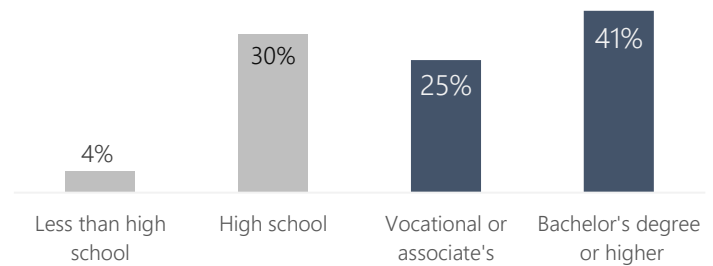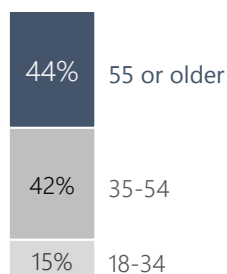
* Percentages do not sum to 100% due to rounding.

39% Of households had children under 18.

25% Of households had adults 65 or older.

Four focus groups were conducted with Claiborne County community leaders for the Claiborne County Community Health Assessment. The purpose of the focus groups was to identify health issues facing residents of Claiborne 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.

In response to the coronavirus disease (COVID-19) pandemic in Tennessee, Governor Bill Lee issued Executive Order #17 recommending that Tennesseeans avoid gathering in groups of 10 or more people. In order to comply with this guidance, these focus groups were conducted online through Zoom. A total of 30 unique participants 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.

How would you grade overall health in your county?

At the beginning of each focus group, participants were asked to mentally assign a letter grade from A to F for overall health in the county. Participants were then asked to consider how this grade had changed (positively, negatively, or no change) over the past six years. Not all participants shared their letter grade; the grades that were shared strongly clustered around a grade of "C."

Grade	#
B	1
C	14
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:

- There are more healthcare providers than there were six years ago, which has increased the availability of healthcare services offered within the county, particularly for specialist care. There is also a wider variety of services offered through Claiborne Medical Center and via telemedicine.
- In response to the Healthier Tennessee program implemented in 2013 by the Governor's Foundation for Health and Wellness, the Change Claiborne economic partnership program provides health information and education to county residents.
- Claiborne County Department of Education has implemented a coordinated school health model
Reasons for no change:
- While more resources are available in the county than ever before, participants expressed frustration that Claiborne County residents still do not take full advantage of these resources. Some participants identified a need for better publicization of Claiborne County health resources, while others attributed the lack of resource utilization to a lack of transportation for the county's vulnerable residents.

Reasons for decline:

- The major reasons cited for declining health in Claiborne County were related to substance abuse and its accompanying, including factor such social stigma, parental non-involvement due to incarceration and children having to be raised by their grandparents, mental health problems, and a lack of counseling and treatment services.
- The COVID-19 pandemic situation was also mentioned as contributing to declining health in Claiborne County.

Major health problems facing the community

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

Access to care (13 votes)

Lack of access to needed health services was the most frequently chosen health challenge facing Claiborne County. Factors that were named as contributing to lack of access to care include lack of affordable health insurance, lack of mental health counseling services, dental care services and vision care services, and the high cost of prescription drugs and medical care; however, the most frequently named and biggest barrier to accessing care was the lack of available transportation preventing people from physically accessing the care they need.

Substance abuse (10 votes)

Substance abuse and drug overdoses remain high-priority health issues in Claiborne County. One of the reasons for the concern is because substance abuse contributes to additional health problems and added burden on the medical system.

Obesity, diabetes, and related chronic diseases (7 votes)

Obesity, diabetes, and related chronic diseases was a focus of much of the discussion in the focus groups. Participants shared there are high rates of obesity for children and adults in Claiborne County. High rates of obesity are contributing to a high incidence of diabetes and heart disease. A lack of adult exercise facilities in the county was identified as a contributing factor.

Mental illness and suicide (5 votes)

Participants drew strong connections between mental health problems and the substance abuse problems facing the county. There is a also a concerning link between mental health and rise in suicides.

Abuse and neglect (5 votes)

Several forms of abuse and neglect were identified by participants as major problems in Claiborne County, including elder abuse, elder social isolation, and child neglect. A related topic that came up in this discussion was the prevalence of custodial grandparents caring for their grandchildren in Claiborne County due to parental incarceration and other forms of parental noninvolvement; this phenomenon was also related to the substance abuse problem.

Other problems

Problems that were discussed during the focus groups but were only identified as a top priority by one participant each included multigenerational poverty, nicotine use, and (surprisingly) COVID-19. Cancer was also discussed in the focus groups but was not chosen as a priority health issue by any participant; this was also the case for a handful of other issues, including domestic violence and sexual abuse.

How health problems are experienced differently

Participants were asked if some groups or areas of Claiborne County experienced some of these problems to a greater degree than others. Several vulnerable populations were identified who particularly suffered from problems, including children and youth (alcohol abuse, child abuse, mental health, nicotine use); uninsured residents (access to healthcare) ; elderly residents, including custodial grandparents caring for their grandchildren (social isolation, domestic abuse); residents without access to private transportation, including rural residents and those recently released from incarceration (social isolation, access to healthcare); and middle-aged males (mental health problems, suicide).

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. Participants observed that many of these agencies and resources work well together collaboratively.

Change Claiborne

Change Claiborne is a program operating as part of the Tennessee's Governor's "Healthier Tennessee" initiative which promotes healthy living and activities in Claiborne County.

Cherokee Health Systems

Cherokee Health Systems provides behavioral health services, diabetes education, and diagnostic tests for the uninsured.

Churches

Claiborne County churches provide numerous services for their members and the broader community, including food pantries, clothing closets, and transportation.

Claiborne County Chamber of Commerce

The Claiborne County Chamber of Commerce provides information about community events to its members. Recently, the chamber has been able to provide additional health insurance options for employers who have fewer than 100 employees.

Claiborne County Community Advisory Board

The Claiborne County Community Advisory Board (CAB) is a local non-profit that works with the Department of Children's Services to help meet the needs of the community. It collaborates with other agencies to share information about available resources.

Claiborne County Department of Education

The Claiborne County Coordinated School Health (CSH) model is designed to enhance students' health and their capacity to learn by improving the ratio of school nurses to students, reducing absenteeism due to ill health, increasing physical activity among Claiborne County students, increasing access to healthcare services, and giving students information to make healthy decisions.

Claiborne County Health Council

Claiborne County Health Council is another local non-profit that meets bi-monthly to share concerns and information about the resources available to address the overall health of Claiborne County residents.

Claiborne County Health Department

The Claiborne County Health Department, located in New Tazewell, TN, monitors public health risks, coordinates New Tazewell agencies responding to public health threats, and enforces Tennessee public health standards. As a Department of Public Health (DPH), the department works to prevent the spread of diseases, promote healthy behaviors, and ensure a clean water supply. The Health Department also provides access to Claiborne County public records.

Covenant Health

Covenant Health operates Claiborne Medical Center and has been successful in increasing the number of needed physician specialties in the past few years.

Interagency Council

The Interagency Council, another local entity, collaborates with other agencies to identify and meet the needs of Claiborne County residents.

Knox East TN Healthcare Coalition

Knox East TN Healthcare Coalition (KETHC) is a coalition of hospitals and other healthcare and community organizations in 16 counties in East Tennessee who work together to share information, pool resources, recognize and address vulnerabilities and gaps in the healthcare system, and conduct coordinated emergency training exercises.

Law Enforcement Against Drugs (L.E.A.D.)

The L.E.A.D. program was established to provide training and certification to Claiborne County school resource officers to counteract issues such as substance abuse, cyber bullying, and violence in schools.

Remote Area Medical (RAM)

RAM is a nonprofit provider of free pop-up clinics offering free, quality healthcare to those in need. RAM's corps of licensed professional volunteers offer services including dental, medical, veterinary, and vision services.

Servolution Health Services

Servolution Health Services is a 501c3 non-profit corporation which operates a rural health clinic providing primary care services in Claiborne County, as well as dental and mental healthcare services. In addition to its primary care clinic, Servolution Health Services offers a wellness and fitness center, a thrift store, and a food pantry.

UT Extension

UT Extension offers education programs on agricultural and natural resources, family and consumer sciences, youth development, and community development in the 95 counties of Tennessee.

Resources needed to better address these issues

Participants identified several ways in which the health issues facing Claiborne County could be better addressed and barriers that need to be overcome. Participants agreed that agencies in Claiborne County work well together, but that there is a need for better communication, both between health agencies and to the broader community, as well as a need for more state and federal funding for health programs and providers to staff these programs.

Participants identified the sheer volume of health challenges facing Claiborne County residents as a barrier in its own right, as it interferes with opportunities for collaboration between health improvement organizations, forcing them to work in silos.

Some local cultural factors were also identified as barriers which need to be overcome, including the stigmatization of seeking help with issues such as mental health and substance abuse, as well as social conservatism and stigma preventing efforts to provide education about topics such as mental health, substance abuse, and sexual health and safety in schools.

Claiborne - Comparison by Measure for 2017 to 2020

Appendix E / Focus Area	Measure	Description	Data Source	2017	2018	2019	2020	Tennessee 2020	Top US Performers 2020
Health Outcomes									
Length of life									
	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	National Center for Health Statistics - Mortality Files	12,500	12,100	10,900	11,600	9,300	5,500
Quality of life									
	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	Behavioral Risk Factor Surveillance System	20%	21%	21%	22%	20%	12%
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	Behavioral Risk Factor Surveillance System	5.1	4.9	4.9	4.7	4.2	3.1
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	Behavioral Risk Factor Surveillance System	4.7	5	5	4.8	4.4	3.4
	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	National Center for Health Statistics - Natality Files	11%	10%	10%	10%	9%	6%
Length of Life									
	Life expectancy		National Center for Health Statistics - Mortality Files	N/A	N/A	N/A	73.4	76	81
	Premature age-adjusted mortality		National Center for Health Statistics - Mortality Files	600	580	550	570	450	270
	Infant mortality		National Center for Health Statistics - Mortality Files	9	N/A	N/A	N/A	7	4
	Child mortality		National Center for Health Statistics - Mortality Files	60	50	50	N/A	60	40
Quality of Life									
	Frequent physical distress		Behavioral Risk Factor Surveillance System	15%	15%	15%	14%	13%	9%
	Frequent mental distress		Behavioral Risk Factor Surveillance System	15%	15%	15%	15%	14%	11%
	Diabetes prevalence		United States Diabetes Surveillance System	15%	12%	14%	14%	13%	7%
	HIV prevalence		National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	21	47	47	62	290	41

APPENDIX - E

Claiborne - Comparison by Measure for 2017 to 2020

Focus Area	Measure	Description	Data Source	2017	2018	2019	2020	Tennessee 2020	Top US Performers 2020
Health Behaviors									
Tobacco use									
	Adult smoking	Percentage of adults who are current smokers	Behavioral Risk Factor Surveillance System	24%	23%	23%	23%	23%	14%
Diet and exercise									
	Adult obesity	Percentage of adults that report a BMI of 30 or more	United States Diabetes Surveillance System	31%	27%	30%	26%	33%	26%
	Food environment index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	6.6	7	7.1	7.1	6.4	8.6
	Physical inactivity	Percentage of adults aged 20 and over reporting no leisure-time physical activity	United States Diabetes Surveillance System	33%	33%	29%	30%	27%	20%
	Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	50%	52%	53%	54%	70%	91%
Alcohol and drug use									
	Excessive drinking	Percentage of adults reporting binge or heavy drinking	Behavioral Risk Factor Surveillance System	12%	14%	19%	14%	14%	13%
	Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement	Fatality Analysis Reporting System	24%	22%	19%	18%	25%	11%
Sexual activity									
	Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	263	208.9	277.5	303.7	522	161
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	National Center for Health Statistics - Natality Files	41	38	39	35	31	13
Diet and exercise									
	Food insecurity		Map the Meal Gap	17%	16%	15%	14%	14%	9%
	Limited access to healthy foods		USDA Food Environment Atlas	9%	10%	10%	10%	8%	2%
Alcohol and drug use									
	Drug overdose deaths		National Center for Health Statistics - Mortality Files	34	45	40	41	26	10
	Motor vehicle crash deaths		National Center for Health Statistics - Mortality Files	26	26	24	23	15	9
Other Health Behaviors									
	Insufficient sleep		Behavioral Risk Factor Surveillance System	35%	35%	35%	35%	36%	27%

Claiborne - Comparison by Measure for 2017 to 2020

Focus Area	Measure	Description	Data Source	Clinical Care 2017	2018	2019	2020	Tennessee 2020	Top US Performers 2020
Access to care									
	Uninsured	Percentage of population under age 65 without health insurance	Small Area Health Insurance Estimates	15%	12%	10%	12%	11%	6%
	Primary care physicians	Ratio of population to primary care physicians	Area Health Resource File/American Medical Association	2,110:1	2,110:1	1,590:1	1,660:1	1,400:1	1,030:1
	Dentists	Ratio of population to dentists	Area Health Resource File/National Provider Identification file	4,530:1	5,290:1	5,270:1	5,290:1	1,860:1	1,240:1
	Mental health providers	Ratio of population to mental health providers	CMS, National Provider Identification file	5,280:1	5,290:1	6,320:1	6,350:1	660:01:00	290:1
Quality of care									
	Preventable hospital stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Mapping Medicare Disparities Tool	83	85	5,059	4,486	5,320	2,761
	Mammography screening	Percentage of female Medicare enrollees ages 65-74 that receive mammography screening	Mapping Medicare Disparities Tool	52%	52%	37%	37%	41%	50%
	Flu vaccinations	% of Medicare enrollees who receive an influenza vaccination	Mapping Medicare Disparities Tool	NA	NA	39%	41%	49%	53%
Access to care									
	Uninsured adults		Small Area Health Insurance Estimates	18%	15%	12%	14%	14%	7%
	Uninsured children		Small Area Health Insurance Estimates	5%	4%	3%	4%	4%	3%
	Other primary care providers		CMS, National Provider Identification file	881:1	739:1	632:1	648:1	717:1	665:1

Claiborne - Comparison by Measure for 2017 to 2020

Social and Economic Environment								Tennessee	Top US Performers
Focus Area	Measure	Description	Data Source	2017	2018	2019	2020	2020	2020
Education	High school graduation	Percentage of ninth-grade cohort that graduates in four years	ED Facts	90%	90%	92%	92%	90%	96%
	Some college	Percentage of adults ages 25-44 years with some post-secondary education	American Community Survey	45%	47%	49%	53%	61%	73%
Employment	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	Bureau of Labor Statistics	7.30%	6.30%	4.70%	4.20%	3.50%	2.60%
Income	Children in poverty	Percentage of children under age 18 in poverty	Small Area Income and Poverty Estimates	33%	33%	31%	35%	22%	11%
	Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	American Community Survey, 5-year estimates	5.2	5.3	5.3	5.2	4.8	3.7
Family and social support	Children in single-parent households	Percentage of children that live in a household headed by single parent	American Community Survey, 5-year estimates	31%	32%	32%	34%	35%	20%
	Social associations	Number of membership associations per 10,000 population	County Business Patterns	7.6	7.6	7.6	6	11.3	18.4
Community safety	Violent crime	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting - FBI	461	461	317	317	621	63
	Injury deaths	Number of deaths due to injury per 100,000 population	National Center for Health Statistics - Mortality Files	125	128	121	121	89	58
Income	Median household income		Small Area Income and Poverty Estimates	$35,200	$33,400	$37,900	$38,000	$52,400	$69,000
	Children eligible for free or reduced price lunch		National Center for Education Statistics	75%	74%	NA	NA	32%	NA
Community safety	Homicides		National Center for Health Statistics-Mortality Files	N/A	N/A	N/A	N/A	7	2
	Firearm fatalities		National Center for Health Statistics-Mortality Files	24	24	24	27	17	8

Claiborne - Comparison by Measure for 2017 to 2020

Physical Environment								Tennessee	Top US Performers
Focus Area	Measure	Description	Data Source	2017	2018	2019	2020	2020	2020
Air and water quality									
	Air pollution - particulate matter1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	10.1	10.1	10.1	10	10	6.1
	Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year	Safe Drinking Water Information System	No	No	No	No	N/A	N/A
Housing and transit									
	Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	Comprehensive Housing Affordabilitey Strategy (CHAS) data	13%	14%	13%	14%	15%	9%
	Driving alone to work	Percentage of the workforce that drives alone to work	American Community Survey, 5-year Estimates	85%	86%	85%	87%	83%	72%
	Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes	American Community Survey, 5-year estimates	31%	31%	32%	32%	35%	16%
Housing and transit									
	Homeownership		American Community Survey, 5-year estimates	N/A	N/A	71%	70%	66%	81%
	Severe housing cost burden		American Community Survey, 5-year estimates	N/A	N/A	15%	15%	12%	7%

	Claiborne County					Tennessee		U.S.	
	2014	2015	2016	2017	2018	Data	Year	Data	Year
Youth Obesity	50.3%	46.9%	48.2%	48.5%		39.2%	2016		
Physical Activity	67.0%	71.5%	73.2%			69.4%	2017	75.4%	2018
Youth Nicotine Use: Cigarettes						9.40%	2017	8.80%	2017
Youth Nicotine Use: Vaping						11.50%	2017	13.20%	2017
Drug Overdose: Fatal				6	13	1818	2018		
Opioid Overdose: Non-Fatal Discharges	31	28	37*	27		7,234	2017		
Infant Mortality					5.1	7.1	2014-2018	5.8	2017
Teen Births					30.8	28.6	2014-2018	18.8	2017
Community Water Fluoridation					85.6%	88.8%	2018	74.4%	2014
Frequent Mental Distress	15%	15%	15%			13.7%	2018	12.0%	2018
3rd Grade Reading Level				30.4%	31.1%	36.4%	2019		
Preventable Hospitalizations			1357.0	1290.2		1559.3	2017		
Per Capita Personal Income	$31,390	$32,777	$33,517	$34,635		$46,895	2018	$54,420	2018
Access to Parks and Greenways			52.0%		53.0%	71%	2019	83%	2016
Adult Obesity	27%	30%				34.1%	2018	30.1%	2017
Adult Smoking	24%	24%	23%			20.8%	2018	14.74%	2018
Neonatal Abstinence Syndrome	50.3	32.4	46.6	54.6	46.5	11.4	2018		
Suicide Rate					26.5	16.3	2014-2018	14.00	2017
Educational Attainment: Graduated High School	75.0%	78.3%	77.2%	78.6%		86.6%	2017	87.3%	2017
Educational Attainment: Some College	32.8%	36.0%	36.6%	38.1%		54.0%	2017	60.0%	2017
Rate of Opioid Prescriptions	2072.3	1979.0	1830.8	1689.5	1471.9	901.14	2018	587	2017
Diabetes			12.0%			11.2%	2016	8.5%	2017
Flu Vaccine Rates: Elderly	42.3%	44.0%	44.5%	42.3%	42.0%	47.37%	2017-18	45.99%	2017-18
Flu Vaccine Rates: 24 month old	57.0%	50.4%	50.9%	40.2%	53.7%	49.0%	2018		
HPV Vaccine Rate						62.3%	2018	68.1%	2018
Adverse Childhood Experiences						23.7%	2017	19.3%	2017
Heart Disease Death Rate	281.6	356.4	387.1	335.2	337.1	242.5	2018	165.0	2017
Cancer Death Rate	338.6	343.7	283.3	230.9	264.6	208.8	2018	156	2016
Uninsured Rate	14.8%	12.3%	10.1%	11.7%		11.3%	2017	8.5%	2018

County Data Package

	County Source	Tennessee Source	US Source
Youth Obesity	Coordinated School Health	Coordinated School Health	
Physical Activity	CHR*	BRFSS	BRFSS
Youth Nicotine Use: Cigarettes		YRBS	YRBS
Youth Nicotine Use: Vaping		YRBS	YRBS
Drug Overdose: Fatal	Informatics & Analytics	Informatics & Analytics	
Opioid Overdose: Non-Fatal Discharges	Informatics & Analytics	Informatics & Analytics	
Infant Mortality	Death Statistics: VRS	Death Statistics: VRS	CDC
Teen Births	Birth Statistics: VRS	Birth Statistics: VRS	CDC
Community Water Fluoridation		CDC Water Fluoridation Reporting System (WFRS)	CDC Water Fluoridation Reporting System (WFRS)
Frequent Mental Distress	CHR	BRFSS	BRFSS
3rd Grade Reading Level	Tennessee Department of Education	Tennessee Department of Education	
Preventable Hospitalizations	Hospital Discharge Data System: PHA	Hospital Discharge Data System: PHA	
Per Capita Personal Income	US Bureau of Economic Analysis	US Bureau of Economic Analysis	US Bureau of Economic Analysis
Access to Parks and Greenways	CHR	County Health Rankings (CHR)	County Health Rankings (CHR)
Adult Obesity	CHR	BRFSS	BRFSS
Adult Smoking	CHR	BRFSS	BRFSS
Neonatal Abstinence Syndrome	NAS Surveillance Data	NAS Surveillance Data	
Suicide Rates	Death Statistics: VRS	Death Statistics: VRS	CDC (WISQARS)
Educational Attainment: Graduated High School	ACS	ACS	ACS
Educational Attainment: Some College	ACS	ACS	ACS
Rate of Opioid Prescriptions	Informatics & Analytics	Informatics & Analytics	CDC
Diabetes	CDC, USDSS**	CDC, USDSS**	CDC, USDSS**
Fruits and Vegetables		BRFSS	BRFSS
Flu Vaccine Rates: Elderly	US Department of Human Health Services	US Department of Human Health Services	US Department of Human Health Services
Flu Vaccine Rates: 24 month old	Immunization Status Survey of 24 Month Old Children	Immunization Status Survey of 24 Month Old Children	

Indicator			
HPV Vaccine Rate			TeenVaxView*
Rate of Food Borne Disease Complaints	CEDEP		
Adverse Childhood Experiences			National Survey on Children's Health
Heart Disease Death Rate		Death Statistics: VRS	CDC
Cancer Death Rate		Death Statistics: VRS	CDC
Uninsured Rate		SAHIE	Census

	TeenVaxView
	CEDEP
	National Survey on Children's Health
	Death Statistics: VRS
	Death Statistics: VRS
	SAHIE

	Data Definition	Notes
Youth Obesity	Percent of public school students with a body mass index (BMI) greater than or equal to the 85th percentile for children of the same age and sex	Measured by school year, not calendar year
Physical Activity	Percent of adults who reported doing physical activity or exercise during the past 30 days other than their regular job	*CHR receives this data from the CDC diabetes interactive atlas, which uses BRFSS data
Youth Nicotine Use: Cigarettes	Percent of high school students who currently smoked cigarettes on at least one day during the 30 days before the survey	
Youth Nicotine Use: Vaping	Percent of high school students who currently used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens) on at least one day during the 30 days before the survey	
Drug Overdose: Fatal	Number of drug overdose deaths caused by acute poisonings per 100,000 persons. This indicator includes all overdose deaths, regardless of intent (e.g. unintentional, suicide, assault, or undetermined). This indicator does not include: (1) deaths related to chronic use of drugs (e.g., damage to organs from long-term drug use), 2) deaths due to alcohol and tobacco, and 3) deaths that occur under the influence of drugs, but do not involve acute poisoning (e.g., a car crash that occurred because the driver was drowsy from taking a prescription drug).	
Opioid Overdose: Non-Fatal Discharges	This indicator contains the counts for all opioid-related non-fatal overdoses identified in the hospital discharge data system (HDDS), including both inpatient and outpatient visits. The counts include non-fatal overdoses involving heroin and other opioid drugs as indicated by ICD-9/10-CM codes (depending on the year).	*Only includes overdose events that involve a hospital encounter. Please note that in October 2015, coding transitioned from ICD-9-CM to ICD-10-CM, and any trends observed across this time period should be interpreted with caution.

Measure	Description	Source
Infant Mortality	5 Year Average, 2014-2018 Number of infant deaths per 1,000 live births. Infants are those less than one year old.	Health data with regards to births and deaths was analyzed from January 1st, 2014 to December 31st, 2018. This data was collected from the Tennessee Department of Health's Birth Statistical System and Death Statistical System.
Teen Births	5 Year Average, 2014-2018. Number of births per 1,000 women aged 15-19 years	The number of births to women of ages 15-19 was compiled from the 2014-2018 Birth Data Systems produced and maintained by the Tennessee Department of Health, Division of Vital Records and Statistics. The population estimates for women aged 15-19 for 2014-2018 by county were compiled from interpolated data from the U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018, made accessible and maintained by the Tennessee Department of Health, Division of Population Health Assessment.
Community Water Fluoridation	Percent of population served by community water systems that are receiving optimally fluoridated water (Access to fluoridated water/population on community water systems)	
Frequent Mental Distress	Percent of adults who reported their mental health was 'not good' 14 or more days during the past 30	
3rd Grade Reading Level	Percent of public school students in grade 3 that test "on track" and "mastered" (i.e. "on mastered") for ELA in the state base accountability file ("data_2017_state_base.csv")	
Preventable Hospitalizations	The Prevention Quality Overall Composite is an aggregate measure of Prevention Quality Indicators (PQIs) described by the Agency for Healthcare Research and Quality (AHRQ). The composite score (rate) is used to identify quality of care for "ambulatory care-sensitive conditions." These are conditions for which early intervention and good outpatient care can potentially prevent complications and severity of disease resulting in hospitalizations. For example,	

Indicator	Description	Notes / Source
	patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management. Rates are calculated per 100,000 adult population of residence. For more information, see Prevention Quality Indicators Technical Specifications, Version v2018.	
Per Capita Personal Income	Annual, not seasonally adjusted, per capita personal income in dollars	
Access to Parks and Greenways	Percent of population with adequate access to locations for physical activity. Individuals are considered to have access to exercise opportunities if they: reside in a census block that is within a half mile of a park, or reside in an urban census block that is within one mile of a recreational facility, or reside in a rural census block that is within three miles of a recreational facility.	*2010 & 2018
Adult Obesity	Percent of adults who reported a body mass index (BMI) that is considered obese (≥30)	
Adult Smoking	Percent of adults who are current smokers	
Neonatal Abstinence Syndrome	Number of reported Neonatal Abstinence Syndrome (NAS) cases per 1,000 live births	Fields with a * indicate data was suppressed due to too few births to generate a reliable rate estimate (per TDH data release policy)
Suicide Rates	5 Year Average, 2014-2018. Number of deaths from suicide per 100,000 total population. We are reporting a crude rate for all statistics	TN ICD-10 codes: X60-X84, Y87.0. US ICD-10 codes: U03, X60-X84, Y87.0 Health data with regards to births and deaths was analyzed from January 1st, 2014 to December 31st, 2018. This data was collected from the Tennessee Department of Health's Birth Statistical System and Death Statistical System.
Educational Attainment: Graduated High School	Percent of population aged 25 years and older who are high school graduates (includes equivalency)or higher	2013-2017 ACS 5-year estimates
Educational Attainment: Some College	Percent of population aged 25 years and older with some post-secondary education (Some college, no degree; Associate's degree; Bachelor's degree; Graduate or professional degree)	2013-2017 ACS 5-year estimates
Rate of Opioid Prescriptions	Number of opioid prescriptions for pain per 1,000 persons	Opioid – a class of drugs that include the illegal drug heroin as well as powerful pain

Term	Description	Notes
Diabetes	Percent of adults aged 20+ who reported ever being told by a health professional that they had diabetes.	relievers available legally by prescription. County level estimates for 2016 diabetes prevalence. percentages are age-adjusted.
Flu Vaccine Rates: Elderly	Percent of Medicare Fee-for-Service beneficiaries (includes two-thirds of Americans aged 65+, as well as disabled Americans under age 65) who reported a claim to Medicare for receipt of a flu vaccine	*2016-2017 season **2015-2016 ***2014-2015
Flu Vaccine Rates: 24 month old	Percent of 24-month-old children with 2 doses of influenza vaccine	*At a regional level, not county. Percentage of 24 month olds with at least two lifetime doses of influenza vaccine
HPV Vaccine Rate	Percent of adolescents aged 13-17 with human papillomavirus (HPV) vaccination coverage (≥1 dose)	*Data source is NIS-Teen
Adverse Childhood Experiences	Percent of children aged 0-17 years who have experienced 2 or more adverse childhood experiences (ACEs)	
Heart Disease Death Rate	Number of deaths from diseases of the heart per 100,000 population (I00-I09, I11, I13, I20-I51)	
Cancer Death Rate	Number of deaths from malignant neoplasms per 100,000 population (C00-C97)	
Uninsured Rate	Percent of population aged 65 years and younger who report NOT CURRENTLY being covered by any health insurance or health coverage plans	