



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

## ASSESSMENT PARTNERS

The 2020 Community Health Needs Assessment was a collaborative effort between Fort Loudoun Medical Center, the Loudon County Health Department, the Loudon 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 Fort Loudoun 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:

Fort Loudoun Medical Center (2)  
Loudon County Health Council (8)

Loudon County Health Department (2)

### 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.

Align 9 (3)  
Loudon County Health Council  
Loudon County Schools (2)  
Prevention Alliance of Loudon County

Fort Loudoun Medical Center  
Loudon County Health Department (2)  
Loudon County Senior 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)

Loudon 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 Loudon 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. The survey template was provided by the research partner UT – SWORPS, but the questions were customized by the Steering Committee. For statistical significance, 353 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 Loudon 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. Three 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

Align 9

Cherokee Health System

Community Volunteer – Senior Advocate

Edward Jones Financial

Fort Loudoun Medical Center (2)

Loudon County Health Council

Loudon County United Way

Loudon County Health Council

Prevention Alliance of Loudon County (4)

Tellico Recreation Center

Veterans Affairs

Boys and Girls Club

Community volunteer- Hispanic advocate

District Attorney's Office

Good Samaritan Center

Loudon County Coordinated School Health

Loudon County Health Department (2)

Loudon County Government

News Herald

Tate and Lyle

UT Extension Service

Victim Advocate YWCA

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, COVID-19, tobacco, homelessness and non-English speaking residents. 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. Substance Abuse Disorder
2. Chronic Disease Management
3. Mental Health
4. Tobacco

## A REVIEW OF DATA

### **Claiborne County Data**

Appendix A – Loudon County Demographics

Appendix B - Loudon 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 Loudon 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 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 Loudon 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 Loudon County home.

## APPENDIX A – Loudon County Demographics

### Loudon County Demographics

#### Population Estimates July 2019

|                                     |        |
|-------------------------------------|--------|
| <b>Population</b>                   |        |
| Populations estimates, July 2019    | 54,068 |
| Population, Census 2010             | 48,556 |
| Population, percent change          | 11.3%  |
| <b>Age and Sex</b>                  |        |
| Persons under 5 years, percent      | 5.2%   |
| Persons under 18 years, percent     | 19.4%  |
| Persons 65 years and over, percent  | 26.4%  |
| Female persons                      | 50.8%  |
| <b>Race and Hispanic Origin</b>     |        |
| White alone, percent                | 95.5%  |
| Black or African American, percent  | 1.5%   |
| American Indian, and Alaska native  | 0.6%   |
| Asian, percent                      | 0.9%   |
| Two or more races, percent          | 1.3%   |
| Hispanic or Latino percent          | 9.0%   |
| White alone, not Hispanic or Latino | 87.4%  |

Source: [www.census.gov/quickfacts/fact/table/loudoncountytennessee](http://www.census.gov/quickfacts/fact/table/loudoncountytennessee)

## APPENDIX B – Loudon County Mortality Data

### Top 15 Leading Causes of Death in Loudon County 2009-2018

**Average Annual Population 50,453**

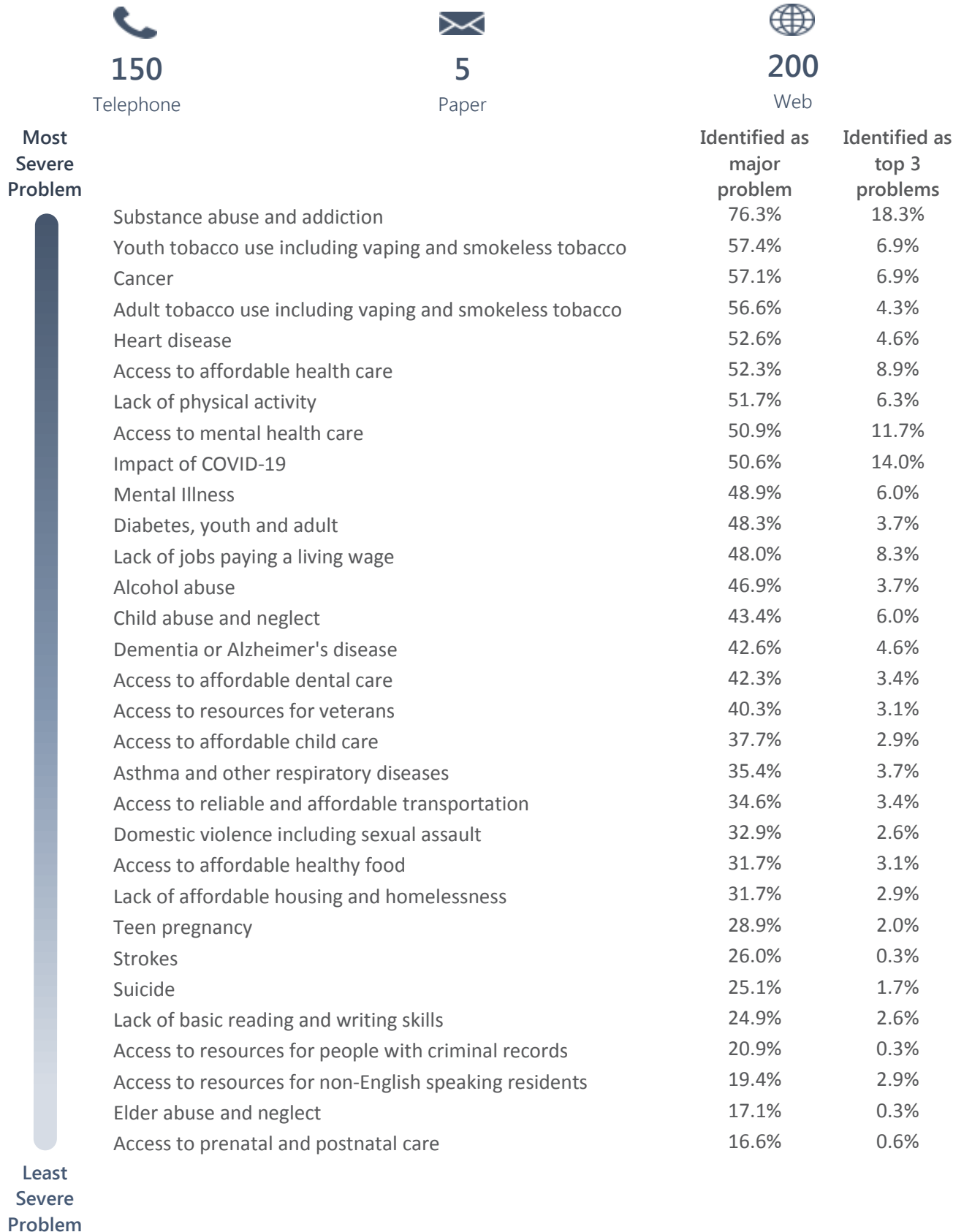
| <b>Cause of death</b>                                     | <b>Number of deaths</b> | <b>Rate of death (per 100,000)</b> |
|---|-------------------------|------------------------------------|
| 1. Cancers  | 1,388                   | 275.1                              |
| 2. Diseases of the heart                                  | 1,166                   | 231.1                              |
| 3. Respiratory Diseases                                   | 356                     | 70.6                               |
| 4. Accidents  | 346                     | 68.6                               |
| 5. Cerebrovascular disease                                | 283                     | 56.1                               |
| 6. Alzheimer's disease                                    | 247                     | 49.0                               |
| 7. Diabetes   | 169                     | 33.5                               |
| 8. Flu and Pneumonia                                      | 129                     | 25.6                               |
| 9. Kidney diseases  | 120                     | 23.8                               |
| 10. Chronic Liver Disease                                 | 87                      | 17.2                               |
| 11. Suicide   | 69                      | 13.7                               |
| 12. Essential hypertension and hypertensive renal disease | 68                      | 13.5                               |
| 13. Septicemia  | 64                      | 12.7                               |
| 14. Pneumonia<br>(due to solids and liquids)              | 58                      | 11.5                               |
| 15. Parkinson's disease                                   | 57                      | 11.3                               |



## Appendix C

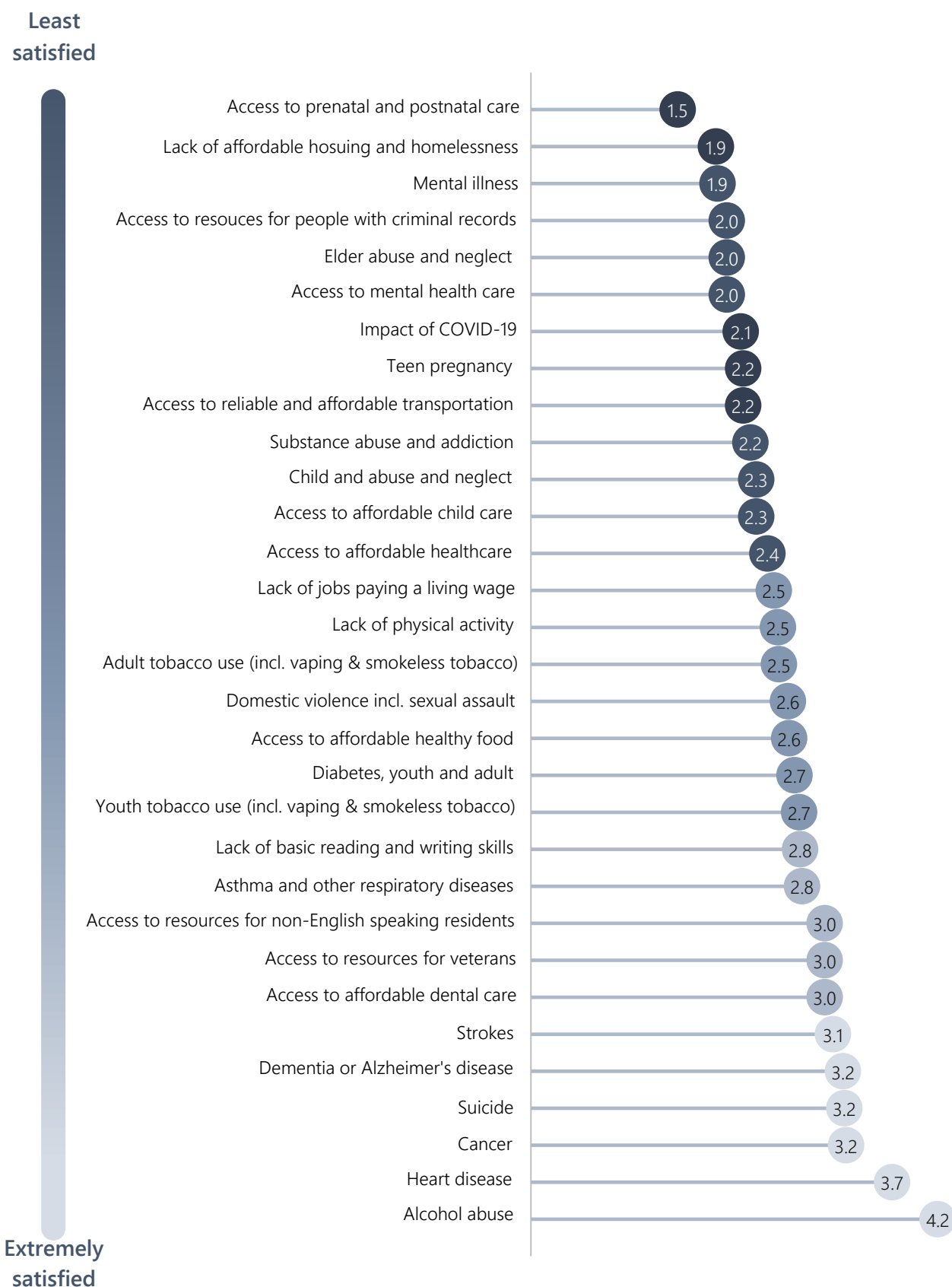
# Loudon County Community Health Assessment

Community survey responses





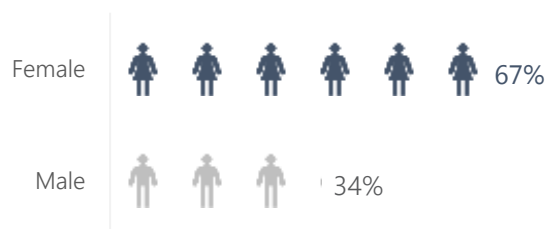
## Satisfaction with current efforts to address problem (1 - 5)



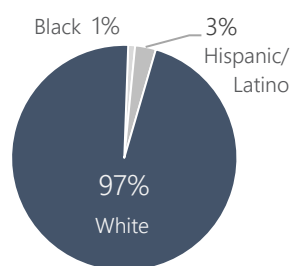
# 2020 Loudon County Community Health Assessment

Who responded to our community survey?

## Gender

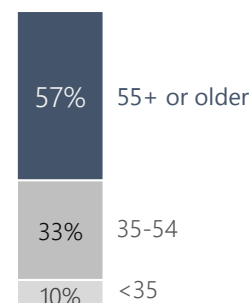


## Race/Ethnicity\*

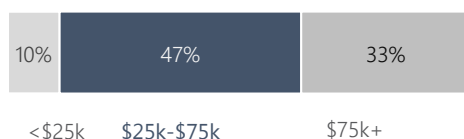


\* Percentages do not sum to 100% due to rounding.

## Age

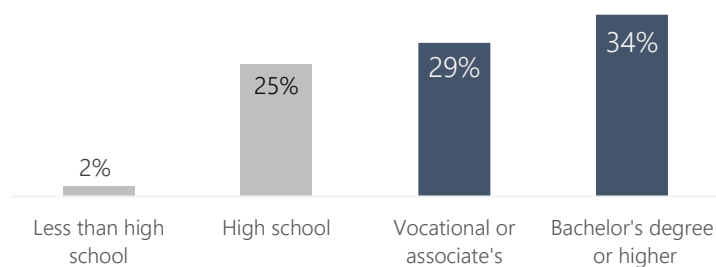


## Household income\*

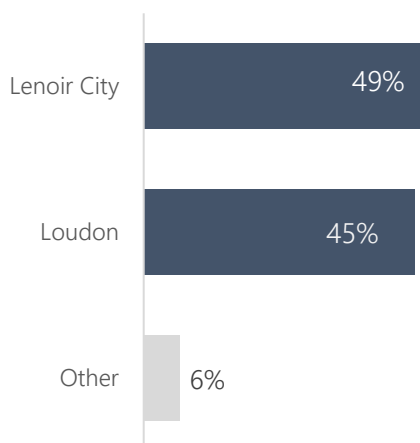


\* Percentages do not sum to 100% due to rounding.

## Education



## Residence



**71%**

Of residents have lived in Loudon Co. for more than 10 years.



**29%**

Of households had children under 18.



**31%**

Of households had adults 65 or older.



**91%**

Reported having health insurance.

Three focus groups were conducted with Loudon County community leaders for the Loudon County Community Health Assessment. The purpose of the focus groups was to identify health issues facing residents of Loudon 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 Tennesseans 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 24 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; of those who did, 60% assigned Loudon County a grade of “C.”

| Grade | # |
|-------|---|
| B     | 2 |
| C     | 6 |
| 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 options available in Loudon County now than in the past. Examples include new programs and quality improvement at Fort Loudon Medical Center, as well as more doctors and pediatricians practicing in Loudon County.
- Loudon County is participating in the Healthier Tennessee Communities program.
- Loudon County School-required immunizations and school health assessments have improved the health of enrolled children.
- The Align9 program was established to identify gaps in drug treatment services and apply for grants on behalf of community nonprofit organizations and churches to develop drug-related programs and services, including prevention, treatment, recovery, and rehabilitation.
- More federal and state funding is available for rural community health programs than in the past.
- Loudon County’s teen pregnancy rate has declined.

#### Reasons for no change:

- Health disparities exist between the county’s rural residents and residents who live in more densely populated areas.
- Sedentary behavior is common among Loudon County’s children and youth.
- Lifestyle-related chronic diseases such as heart disease and lung cancer remain high.

- Available health services could be better communicated to the community at large.

#### Reasons for decline:

- Loudon County still suffers from shortages of behavioral health services including pediatric and community behavioral health services and substance abuse treatment services. There is a general perception that mental and behavioral health issues are not prioritized highly enough.
- Specialist care is still difficult to get in Loudon County.
- Lack of health insurance coverage is still a problem in Loudon County and the county's uninsured population is increasing.
- Language barriers inhibit the ability of Spanish-speaking residents to access care and health information.
- The county does not have enough placement options for residents who are homeless.
- COVID-19 has negatively impacted overall health in Loudon County in several ways: increasing unemployment, increasing stress levels and suicides, and preventing people from seeking other medical care due to fear of contacting the disease.

### 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.

#### Mental health issues (5 votes)

Concerns were discussed about the prevalence of mental health problems and the lack of resources to address these problems. There was recognition that stigma continues to be associated with mental health and hinders people from seeking the help that is needed. Additionally, additional resources are needed for seniors suffering from dementia and Alzheimer's disease and for their caregivers.

#### Substance abuse issues (5 votes)

Substance abuse and mental illness are often intertwined. The impacts of substance abuse issues are pervasive and far reaching. The community is suffering from a rise in overdose fatalities, NAS births, and grandparents who are being required to raise their grandchildren. The challenges faced by grandparents raising grandchildren as a result of substance abuse is often exacerbated because many of these children have special needs.

#### Smoking and vaping (4 votes)

Smoking and vaping, especially among youth, is a continued concern because of the long-term impacts. Special concern was raised about vaping because of the users' exposure to untested chemicals.

#### Homelessness (3 votes)

Homelessness and lack of affordable housing was also a concern raised by focus group participants. It was reported that Loudon County currently does not have a shelter or other needed resources for homeless individuals or families and the need is increasing. Many of the homeless individuals are also veterans.

### Lack of information and awareness of health topics (3 votes)

While there are gaps in services available to meet the needs of Loudon County residents, there is also a gap in awareness of resources that are available. Concurrently, there remains a lack of awareness about the importance of seeking help when needed. Concerted and focused efforts to increase this knowledge and awareness is needed.

### Chronic disease and obesity (2 votes)

Lung disease, heart disease, and diabetes are prevalent among residents in Loudon County. The prevalence of these diseases can be attributed to lifestyle choices – smoking, dietary habits, and lack of physical activity. Additionally, obesity is also a concern because of its contribution to diabetes and high blood pressure.

### Other problems

Problems that were discussed during the focus groups but were only identified as a top priority by one participant each included economic stress and food insecurity, lack of health insurance, language barriers causing difficulty in accessing health services, lack of affordable dental care for uninsured residents, lack of affordable geriatric care and support, and lack of public transportation. Issues discussed in the focus groups that were not chosen as a priority health issue by any participant included lack of specialist medical care and the cost of prescription drugs.

### How health problems are experienced differently

Participants were asked if some groups or areas of Loudon 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 (sedentary behavior); elderly residents (lack of geriatric and mental health care, lack of support for aging in place, lack of transportation, social isolation); uninsured residents (lack of dental care, high cost of prescriptions); immigrant residents (language barriers preventing access to care), and veterans (homelessness).

### 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.

### Align9

Align9 was established to serve the community through government agencies, non-government organizations and the faith-based community. Align9 identifies gaps in services and applies for grants to develop programs and services which empower non-profits and the faith-based community to build stronger communities in the areas of substance abuse prevention, treatment, recovery, rehabilitation and enforcement.

### American Job Center

The U.S. Department of Labor's American Job Centers are designed to provide a full range of assistance to job seekers under one roof. Established under the Workforce Investment Act and reauthorized in the

Workforce Innovation and Opportunities Act of 2014, the centers offer training referrals, career counseling, job listings, and similar employment-related services.

### [Boys and Girls Clubs](#)

Boys & Girls Clubs of America is a national organization of local chapters which provide voluntary after-school programs for young people.

### [Celebrate Recovery of Loudon County](#)

Celebrate Recovery is a faith-based 12-step recovery program modeled after Alcoholics Anonymous.

### [Centro Hispano de East Tennessee](#)

Centro Hispano is a community center offering workforce development, youth and family engagement, community resources, and small business resources to the Latinx populations of Knoxville and the surrounding counties.

### [Cherokee Health Systems](#)

Cherokee Health Systems is a non-profit provider of primary care, behavioral health, and addiction services to poor and uninsured Tennesseans.

### [Committee of 100 LC](#)

The Lenoir City-based Committee of 100 is a community-based organization promoting economic and community development in Loudon County.

### [ETHRA TennCare CHOICES](#)

CHOICES is a TennCare long-term care program for adults ages 21 and older with a physical disability and seniors ages 65 and older which provides home- and community-based services to those who are eligible for nursing home care.

### [Good Samaritan Center of Loudon County](#)

The Good Samaritan Center of Loudon County is a private, non-profit, faith-based organization that provides emergency assistance to Loudon County residents including a food pantry, financial assistance with utilities, rent, pharmacy costs, and dental costs, and donated clothing, household items, and school supplies.

### [Habitat for Humanity](#)

Habitat for Humanity is a nonprofit, faith-based organization that helps qualifying families construct, rehabilitate, or preserve homes using volunteer labor.

### [Helen Ross McNabb](#)

The Helen Ross McNabb Center is a not-for-profit provider of behavioral health services in East Tennessee.

### [Lenoir City Schools and Loudon County School District](#)

The Lenoir City and Loudon County School Districts have coordinated school health programs. The program, recommended by the Centers for Disease Control and Prevention, is a system designed to improve health and academic achievement. A CSH program is intended to improve students' health and their capacity to learn through the support of families, communities and schools working together.

### [Loudon County Senior Center](#)

The Loudon County Senior Center provides social opportunities and activities to enhance the lifestyles of residents who are 60 and older.

### [Mid-Cumberland Workforce Services](#)

The Mid-Cumberland Workforce Services program, operated by the Mid-Cumberland Human Resource Agency, provides workforce development services to 61 counties in Tennessee.

### [Mid-East Community Action Agency](#)

Mid-East Community Action Agency is a private non-profit organization which focuses on the development and implementation of strategies to address poverty in Loudon and Roane counties, as well as providing direct financial assistance to vulnerable families to cover emergent basic needs such as food, rent, or utility payments.

### [Senior Citizens Home Assistance Service](#)

The Loudon County Office on Aging is offering a service to do shopping for those who are elderly, are disabled, who cannot get out into the community at this time, either because of their health or no transportation.

### [Service Clubs](#)

Nonprofit volunteer community service clubs operating in Loudon County include the Loudon Lions Club, the Pilot Club of Lenoir City, the Rotary Club of Lenoir City, and the Suburbia Women's Club.

### [Tellico Community Foundation](#)

The Tellico Community Foundation is an affiliated fund of the East Tennessee Foundation which seeks to identify and evaluate community needs and provides grant funding to community organizations.

### [United Way of Loudon County](#)

United Way of Loudon County is a not-for-profit organization providing support services and other assistance to public and private agencies and community organizations to meet the human service needs of the general public of Loudon County.

### [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 Loudon County could be better addressed and barriers that need to be overcome. Substance abuse and mental health needs going unmet in the county was a particularly strong theme. Participants agreed that Loudon County's court system is overburdened with substance abuse and mental health-related cases and that the county badly needs funding for substance abuse awareness, recovery, and treatment programs, and a recovery court.

Participants also identified long-standing divisions between Lenoir City and more rural Loudon County communities as an obstacle to improving health, saying that most of the county's resources and healthcare providers are concentrated in Lenoir City and Tellico Village and that rural residents are reticent to go to these places for treatment.

| Appendix E      |                                  | Health Outcomes   |   |       |       |       |       |       | Top US Performers |
|-----------------|----------------------------------|---|---|-------|-------|-------|-------|-------|-------------------|
| Focus Area      | Measure                          | Description   | Data Source   | 2017  | 2018  | 2019  | 2020  | 2020  | 2020              |
| 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               | 8,200 | 9,000 | 9,900 | 9,500 | 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                            | 18%   | 18%   | 18%   | 18%   | 20%   | 12%               |
|                 | Poor physical health days        | Average number of physically unhealthy days reported in past 30 days (age-adjusted) | Behavioral Risk Factor Surveillance System                            | 4.8   | 4.6   | 4.6   | 4.1   | 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                            | 4.4   | 4.5   | 4.5   | 4.3   | 4.4   | 3.4               |
|                 | Low birthweight                  | Percentage of live births with low birthweight (< 2500 grams)                       | National Center for Health Statistics - Natality Files                | 8%    | 8%    | 8%    | 8%    | 9%    | 6%                |
| Length of Life  | Life expectancy                  |   | National Center for Health Statistics - Mortality Files               | NA    | NA    | 76.6  | 77    | 76    | 81                |
|                 | Premature age-adjusted mortality |   | National Center for Health Statistics - Mortality Files               | 410   | 420   | 430   | 420   | 450   | 270               |
|                 | Infant mortality                 |   | National Center for Health Statistics - Mortality Files               | NA    | 6     | 6     | 6     | 7     | 4                 |
|                 | Child mortality                  |   | National Center for Health Statistics - Mortality Files               | 50    | 70    | 60    | 60    | 60    | 40                |
| Quality of Life | Frequent physical distress       |   | Behavioral Risk Factor Surveillance System                            | 14%   | 13%   | 13%   | 12%   | 13%   | 9%                |
|                 | Frequent mental distress         |   | Behavioral Risk Factor Surveillance System                            | 13%   | 13%   | 13%   | 13%   | 14%   | 11%               |
|                 | Diabetes prevalence              |   | United States Diabetes Surveillance System                            | 13%   | 13%   | 13%   | 17%   | 13%   | 7%                |
|                 | HIV prevalence                   |   | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention | 70    | 112   | 112   | 118   | 290   | 41                |

| Health Behaviors     |                                  |  |   |       |       |      |      | Tennessee | Top US Performers |
|----------------------|----------------------------------|--|---|-------|-------|------|------|-----------|-------------------|
| Focus Area           | Measure                          | Description  | Data Source   | 2017  | 2018  | 2019 | 2020 | 2020      | 2020              |
| Tobacco use          | Adult smoking                    | Percentage of adults who are current smokers   | Behavioral Risk Factor Surveillance System                            | 19%   | 18%   | 18%  | 19%  | 23%       | 14%               |
| Diet and exercise    | Adult obesity                    | Percentage of adults that report a BMI of 30 or more                                   | United States Diabetes Surveillance System                            | 28%   | 30%   | 30%  | 29%  | 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    | 7.4   | 7.7   | 8    | 7.9  | 6.4       | 8.6               |
|                      | Physical inactivity              | Percentage of adults aged 20 and over reporting no leisure-time physical activity      | United States Diabetes Surveillance System                            | 28%   | 28%   | 28%  | 29%  | 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 | 78%   | 64%   | 53%  | 52%  | 70%       | 91%               |
|                      | Excessive drinking               | Percentage of adults reporting binge or heavy drinking                                 | Behavioral Risk Factor Surveillance System                            | 12%   | 13%   | 13%  | 13%  | 14%       | 13%               |
| Sexual activity      | Alcohol-impaired driving deaths  | Percentage of driving deaths with alcohol involvement                                  | Fatality Analysis Reporting System                                    | 37%   | 34%   | 30%  | 27%  | 25%       | 11%               |
|                      | Sexually transmitted infections  | Number of newly diagnosed chlamydia cases per 100,000 population                       | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention | 245.8 | 275.7 | 262  | 293  | 522.4     | 161.4             |
|                      | Teen births                      | Teen birth rate per 1,000 female population, ages 15-19                                | National Center for Health Statistics - Natality Files                | 43    | 36    | 35   | 33   | 31        | 13                |
| Diet and exercise    | Food insecurity                  |  | Map the Meal Gap  | 12%   | 12%   | 10%  | 10%  | 14%       | 9%                |
|                      | Limited access to healthy foods  |  | USDA Food Environment Atlas   | 10%   | 11%   | 11%  | 11%  | 8%        | 2%                |
| Alcohol and drug use | Drug overdose deaths             |  | National Center for Health Statistics - Mortality Files               | 22    | 25    | 30   | 32   | 26        | 10                |
|                      | Motor vehicle crash deaths       |  | National Center for Health Statistics - Mortality Files               | 14    | 15    | 15   | 15   | 15        | 9                 |
|                      | Insufficient sleep               |  | Behavioral Risk Factor Surveillance System                            | 32%   | 33%   | 33%  | 33%  | 36%       | 27%               |

| Clinical Care   |                              |  |   |         |         |         |         |         |         | Tennessee | Top US Performers |
|-----------------|------------------------------|--|---|---------|---------|---------|---------|---------|---------|-----------|-------------------|
| Focus Area      | Measure                      | Description  | Data Source   | 2017    | 2018    | 2019    | 2020    | 2020    | 2020    | 2020      | 2020              |
| Access to care  | Uninsured                    | Percentage of population under age 65 without health insurance                                 | Small Area Health Insurance Estimates                           | 16%     | 13%     | 12%     | 13%     | 11%     | 6%      |           |                   |
|                 | Primary care physicians      | Ratio of population to primary care physicians   | Area Health Resource File/American Medical Association          | 1,950:1 | 2,050:1 | 1,980:1 | 1,930:1 | 1,400:1 | 1,030:1 |           |                   |
|                 | Dentists                     | Ratio of population to dentists  | Area Health Resource File/National Provider Identification file | 1,890:1 | 2,060:1 | 2,010:1 | 2,040:1 | 1,860:1 | 1,240:1 |           |                   |
|                 | Mental health providers      | Ratio of population to mental health providers   | CMS, National Provider Identification file                      | 1,890:1 | 1,770:1 | 1,680:1 | 1,660:1 | 660:01  | 290:01  |           |                   |
|                 |                              |  |   |         |         |         |         |         |         |           |                   |
| Quality of care |                              | Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees | Mapping Medicare Disparities Tool                               | N/A     | N/A     | 4153    | 3976    | 5320    | 2761    |           |                   |
|                 | Preventable hospital stays   |  |   |         |         |         |         |         |         |           |                   |
|                 | Mammography screening        | Percentage of female Medicare enrollees ages 65-74 that receive mammography screening          | Mapping Medicare Disparities Tool                               | 75%     | 75%     | 55%     | 55%     | 41%     | 50%     |           |                   |
|                 | Flu vaccinations             | % of Medicare enrollees who receive an influenza vaccination                                   | Mapping Medicare Disparities Tool                               | N/A     | N/A     | 56%     | 57%     | 49%     | 53%     |           |                   |
| Access to care  | Uninsured adults             |  | Small Area Health Insurance Estimates                           | 19%     | 16%     | 15%     | 15%     | 14%     | 7%      |           |                   |
|                 | Uninsured children           |  | Small Area Health Insurance Estimates                           | 7%      | 6%      | 5%      | 6%      | 4%      | 3%      |           |                   |
|                 | Other primary care providers |  | CMS, National Provider Identification file                      | 1,549:1 | 1,559:1 | 1,449:1 | 1,179:1 | 717:01  | 665:01  |           |                   |

| Social and Economic Environment |   |   |   |          |          |          |          |  |  | Tennessee | Top US Performers |
|---------------------------------|---|---|---|----------|----------|----------|----------|--|--|-----------|-------------------|
| Focus Area                      | Measure   | Description   | Data Source   | 2017     | 2018     | 2019     | 2020     |  |  |           | 2020              |
| Education                       | High school graduation                            | Percentage of ninth-grade cohort that graduates in four years                     | ED Facts  | 88%      | 88%      | 91%      | 91%      |  |  |           | 96%               |
|                                 | Some college                                      | Percentage of adults ages 25-44 years with some post-secondary education          | American Community Survey                               | 48%      | 48%      | 48%      | 48%      |  |  |           | 73%               |
| Employment                      | Unemployment                                      | Percentage of population ages 16 and older unemployed but seeking work            | Bureau of Labor Statistics                              | 5.7%     | 4.8%     | 3.6%     | 3.4%     |  |  |           | 2.6%              |
| Income                          | Children in poverty                               | Percentage of children under age 18 in poverty                                    | Small Area Income and Poverty Estimates                 | 22%      | 19%      | 19%      | 16%      |  |  |           | 11%               |
|                                 | Income inequality                                 | Ratio of household income at the 80th percentile to income at the 20th percentile | American Community Survey, 5-year estimates             | 4:2      | 4:1      | 4        | 3.9      |  |  |           | 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             | 30%      | 29%      | 28%      | 26%      |  |  |           | 20%               |
|                                 | Social associations                               | Number of membership associations per 10,000 population                           | County Business Patterns                                | 13.4     | 12.9     | 13       | 12.1     |  |  |           | 18.4              |
| Community safety                | Violent crime                                     | Number of reported violent crime offenses per 100,000 population                  | Uniform Crime Reporting - FBI                           | 205      | 205      | 221      | 221      |  |  |           | 63                |
|                                 | Injury deaths                                     | Number of deaths due to injury per 100,000 population                             | National Center for Health Statistics - Mortality Files | 89       | 91       | 101      | 102      |  |  |           | 58                |
| Income                          | Median household income                           |   | Small Area Income and Poverty Estimates                 | \$52,800 | \$56,800 | \$57,600 | \$58,200 |  |  |           | \$69,000          |
|                                 | Children eligible for free or reduced price lunch |   | National Center for Education Statistics                | 56%      | 56%      | N/A      | N/A      |  |  |           | 32%               |
| Community safety                | Homicides   |   | National Center for Health Statistics-Mortality Files   | N/A      | N/A      | N/A      | N/A      |  |  |           | 2                 |
|                                 | Firearm fatalities                                |   | National Center for Health Statistics-Mortality Files   | 9        | 9        | 12       | 12       |  |  |           | 8                 |

| 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 matter <sup>1</sup> | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)  | Environmental Public Health Tracking Network             | 10.7 | 10.7 | 10.6 | 10.6 |  | 10        | 6.1               |
|                       |   | Percentage of population potentially exposed to water exceeding a violation limit during the past year                                      |  |      |      |      |      |  |           |                   |
|                       | Drinking water violations                       |   | Safe Drinking Water Information System                   | No   | No   | No   | No   |  | N/A       | N/A               |
| Housing and transit   |   | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | Comprehensive Housing Affordability Strategy (CHAS) data | 12%  | 11%  | 11%  | 12%  |  | 15%       | 9%                |
|                       | Severe housing problems                         |   |  |      |      |      |      |  |           |                   |
|                       | Driving alone to work                           | Percentage of the workforce that drives alone to work   | American Community Survey, 5-year Estimates              | 83%  | 84%  | 84%  | 84%  |  | 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              | 38%  | 36%  | 34%  | 34%  |  | 35%       | 16%               |
| Housing and transit   | Homeownership                                   |   |  | N/A  | N/A  | 76%  | 77%  |  | 66%       | 81%               |
|                       | Severe housing cost burden                      |   | American Community Survey, 5-year estimates              | N/A  | N/A  | 9%   | 9%   |  | 12%       | 7%                |





Department of

**Health**

County Data Package

|   | Loudon County |          |          |          |        | Tennessee |           | U.S.     |         |
|---|---------------|----------|----------|----------|--------|-----------|-----------|----------|---------|
|   | 2014          | 2015     | 2016     | 2017     | 2018   | Data      | Year      | Data     | Year    |
| Youth Obesity                                 | 42.1%         | 41.8%    | 43.4%    | 42.2%    |        | 39.2%     | 2016      |          |         |
| Physical Activity                             | 72.0%         | 71.7%    | 74.1%    |          |        | 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                          |               |          |          | 22       | 14     | 1818      | 2018      |          |         |
| Opioid Overdose: Non-Fatal Discharges         | 32            | 39       | 46*      | 66       |        | 7,234     | 2017      |          |         |
| Infant Mortality                              |               |          |          |          | 6.6    | 7.1       | 2014-2018 | 5.8      | 2017    |
| Teen Births                                   |               |          |          |          | 29.9   | 28.6      | 2014-2018 | 18.8     | 2017    |
| Community Water Fluoridation                  |               |          |          |          | 100.0% | 88.8%     | 2018      | 74.4%    | 2014    |
| Frequent Mental Distress                      | 13%           | 13%      | 13%      |          |        | 13.7%     | 2018      | 12.0%    | 2018    |
| 3rd Grade Reading Level                       |               |          |          | 36.5%    | 35.7%  | 36.4%     | 2019      |          |         |
| Preventable Hospitalizations                  |               |          | 1552.0   | 1577.9   |        | 1559.3    | 2017      |          |         |
| Per Capita Personal Income                    | \$42,023      | \$43,736 | \$45,159 | \$46,183 |        | \$46,895  | 2018      | \$54,420 | 2018    |
| Access to Parks and Greenways                 |               |          | 64.0%    |          | 53.0%  | 71%       | 2019      | 83%      | 2016    |
| Adult Obesity                                 | 30%           | 30%      |          |          |        | 34.1%     | 2018      | 30.1%    | 2017    |
| Adult Smoking                                 | 20%           | 19%      | 18%      |          |        | 20.8%     | 2018      | 14.74%   | 2018    |
| Neonatal Abstinence Syndrome                  | 18.6          | 28.7     | 13.3     | 24.0     | 20.0   | 11.4      | 2018      |          |         |
| Suicide Rate                                  |               |          |          |          | 15.1   | 16.3      | 2014-2018 | 14.00    | 2017    |
| Educational Attainment: Graduated High School | 85.6%         | 86.0%    | 85.3%    | 85.4%    |        | 86.6%     | 2017      | 87.3%    | 2017    |
| Educational Attainment: Some College          | 52.2%         | 51.7%    | 52.6%    | 51.6%    |        | 54.0%     | 2017      | 60.0%    | 2017    |
| Rate of Opioid Prescriptions                  | 1265.6        | 1232.5   | 1156.3   | 1047.3   | 907.6  | 901.14    | 2018      | 587      | 2017    |
| Diabetes                                      |               |          | 13.5%    |          |        | 11.2%     | 2016      | 8.5%     | 2017    |
| Flu Vaccine Rates: Elderly                    | 63.7%         | 64.1%    | 64.9%    | 60.4%    | 60.0%  | 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                      | 199.0         | 226.9    | 211.8    | 272.3    | 224.3  | 242.5     | 2018      | 165.0    | 2017    |
| Cancer Death Rate                             | 309.3         | 283.6    | 307.0    | 258.8    | 243.1  | 208.8     | 2018      | 156      | 2016    |
| Uninsured Rate                                | 15.9%         | 13.5%    | 12.3%    | 12.8%    |        | 11.3%     | 2017      | 8.5%     | 2018    |





Department of  
**Health** County Data Package

|   | County Source                                       | Tennessee Source                                    | US Source                                      |
|---|---|---|--|
| Youth Obesity                                 | Coordinated School Health                           | <u>Coordinated School Health</u>                    |  |
| Physical Activity                             | CHR*  | BRFSS   | BRFSS  |
| Youth Nicotine Use: Cigarettes                |   | YRBS  | YRBS   |
| Youth Nicotine Use: Vaping                    |   | YRBS  | YRBS   |
| Drug Overdose: Fatal                          | <u>Informatics &amp; Analytics</u>                  | <u>Informatics &amp; Analytics</u>                  |  |
| Opioid Overdose: Non-Fatal Discharges         | <u>Informatics &amp; Analytics</u>                  | <u>Informatics &amp; Analytics</u>                  |  |
| Infant Mortality                              | <u>Death Statistics: VRS</u>                        | <u>Death Statistics: VRS</u>                        | CDC  |
| Teen Births                                   | <u>Birth Statistics: VRS</u>                        | <u>Birth Statistics: VRS</u>                        | 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                   | <u>Tennessee Department of Education</u>            |  |
| Preventable Hospitalizations                  | Hospital Discharge Data System: PHA                 | Hospital Discharge Data System: PHA                 |  |
| Per Capita Personal Income                    | US Bureau of Economic Analysis                      | <u>US Bureau of Economic Analysis</u>               | 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                                 | <u>Death Statistics: VRS</u>                        | <u>Death Statistics: VRS</u>                        | <u>CDC (WISQARS)</u>                           |
| Educational Attainment: Graduated High School | ACS   | ACS   | ACS  |
| Educational Attainment: Some College          | ACS   | ACS   | ACS  |
| Rate of Opioid Prescriptions                  | <u>Informatics &amp; Analytics</u>                  | <u>Informatics &amp; Analytics</u>                  | CDC  |
| Diabetes                                      | <u>CDC, USDSS**</u>                                 | <u>CDC, USDSS**</u>                                 | <u>CDC, USDSS**</u>                            |
| Fruits and Vegetables                         |   | BRFSS   | BRFSS  |
| Flu Vaccine Rates: Elderly                    | US Department of Human Health Services              | <u>US Department of Human Health Services</u>       | 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 |  |

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

|                                       | 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. |





|                              |  |  |
|------------------------------|--|--|
| Infant Mortality             | 5 Year Average, 2014-2018<br>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.<br>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, |  |



|   |  |   |
|---|--|---|
|   | 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 ( $\geq 30$ )  |   |
| 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.<br>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<br><br>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   |



Department of

**Health**

County Data Package

|                                 |   | relievers available legally by prescription.   |
|---------------------------------|---|--|
| Diabetes                        | Percent of adults aged 20+ who reported ever being told by a health professional that they had diabetes.  | 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.<br>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 ( $\geq 1$ 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   |  |

