

2019 Community Health Needs Assessment and Implementation Plan





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 Morristown Hamblen Healthcare System serves patients from multiple counties, more than 50% of its inpatient and outpatient business comes from Hamblen County. Thus, the assessment and its findings are limited to Hamblen County.

ASSESSMENT PARTNERS

The 2019 Community Health Needs Assessment was a collaborative effort between Morristown Hamblen Healthcare System, the Hamblen County Health Department, the Hamblen 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 role of Morristown Hamblen Healthcare System 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:

Morristown Hamblen Healthcare System
Hamblen County Health Department
Walter State Community College
Hamblen County Senior Citizen Center
Morristown Housing Authority
ALPS
Humane Society
Hispanic Community Advocate
Affordable Wellness for All
Tennessee Voice for Children

Hamblen County Coordinated School Health
Citizen Tribune
Hamblen County Health Council
Hamblen County Substance Abuse Coalition
Douglas Cherokee Economic Authority
Healthy Hamblen
Helen Ross McNabb Center
Morristown Parks and Recreation
HOLA Lakeway

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.

Morristown Hamblen Healthcare System
Hamblen County Health Department
Citizens Tribune
Morristown Task Force on Diversity
Hispanic Community Advocate
Healthy Hamblen / Moving Morristown

Morristown Parks and Recreation
Hamblen County Health Council
Coordinated School Health
Hamblen County Senior Center
Hamblen County Board of Health

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)

Hamblen County Health Department

Tennessee Department of Public Health, Nashville, Tennessee

OUR PROCESS

The 2019 community health needs assessment process began with the formation of a steering committee. Steering committee members represented agencies and organizations who were conducting their own needs assessments for Hamblen 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 Hamblen 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, 388 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 Hamblen County - the chronically ill, uninsured, seniors and minority populations, had a voice in the assessment process. The focus group design was to recruit community leaders who directly serve these populations and who are most familiar with the daily challenges these at-risk individuals face. Focus group participants were long-term residents of the county and represented the various cities within the county. Two focus groups were held with 11-14 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

Morristown Hamblen Healthcare System

Morristown Task Force on Diversity

Helen Ross McNabb Center

Healthy Hamblen

Hamblen County Health Department

Camelot

Walter State Community College

Hamblen County Senior Center

Helping Hands Clinic
Smoky Mountain Home Health and Hospice
HOLA Lakeway
Representatives from Hispanic community
Hamblen County Health Council

Morristown Housing Authority
ALPS
Morristown Hamblen Central Services
Colortech
Douglas Cherokee Economic Authority

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

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



PRIORITIES FOR 2020 – 2022

In rank order as determined by the Data Team:

1. Health Literacy – Health Education for Chronic Disease
2. Substance Abuse Disorder
3. Obesity
4. Access to Mental Health Services
5. Tobacco / Vaping
6. Cancer

A REVIEW OF DATA

Hamble County Data

Appendix A – Hamblen County Demographics

Appendix B - Hamblen County Mortality Data 2008-2018

Appendix C - Household Survey Findings

Appendix D – Focus Group Findings

Appendix E - Select Secondary Health Statistics

A SPECIAL THANK YOU TO OUR COMMUNITY ASSESSMENT PARTICIPANTS

The 2019 Hamblen County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 400 residents who participated in surveys, focus groups, and meetings. The significant findings of the assessment are all rooted in complex inter-relationships of economics, education, behaviors, access, environment, and social circumstances. The solutions are just as complex. No institution or organization by itself can measurably change the trajectory of progress. These significant health challenges facing Hamblen 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 Hamblen County home.

IMPLEMENTATION PLAN 2020-2022

Morristown-Hamblen Healthcare System 2020-2022 Community Needs Assessment Implementation Plan

Identified Community Needs:

1. Obesity
2. Tobacco/ Vaping
3. Substance Abuse Disorder
4. Access to Mental Health Services
5. Health Literacy – Health education for Chronic Diseases
6. Cancer

Implementation Strategy to Address Needs:

1. Obesity

- **Monday Mile Walkers**
 - Morristown has developed a program through Healthier Hamblen to encourage our community and former patients to get moving. The group meets every Monday and walks one mile. Missy Kane will come lead our group once per month and all MHHS employees will be encouraged to participate.
- **Population Health / Occupational Medicine Initiative**
 - Our Population Health Manager and our CAO are meeting with companies to share how Covenant Health can assist in helping companies understand health risk factors of their employees, and then implement education and initiatives to meet the goal of reducing risk factors most prevalent within the company's employee population. One example is the "Biggest Winner" program implemented with our local utility company to help employees increase exercise and lose weight.

2. Tobacco / Vaping

- **Be Smart, Don't Start (#tobaccofreehc)**
 - This is a collaboration between Morristown-Hamblen Healthcare System, Hamblen County Health Department and Hamblen County Department of Education to reduce smoking among teens in Hamblen County. The campaign includes advertising at local football games and a no- smoking pledge taken by students. We have expanded the initiative to reach the growing number of kids vaping through the school system.

3. Substance Abuse Disorder

- **Prescription Drug Task Force**

- Morristown-Hamblen Healthcare System leaders are active members of the local Prescription Drug Task Force, which also includes local judicial and health department officials. The Task Force is currently developing solutions for prescription drug abuse in Hamblen County.

- **“Recovery is the new High**

- Morristown Hamblen Healthcare system is working to develop a program to educate the community with the State Drug Taskforce and Allen Burnette. The goal is to roll out the community education in 2020.

- **Opioid Light Protocol**

- Morristown-Hamblen Healthcare System has adopted the Covenant protocol to reduce the amount of narcotics prescribed in our Emergency Department. Narcotics are reserved for acute pain, and other non-narcotic methods of pain control are offered to patients with more chronic pain.

4. Access to Mental Health Services

- Morristown-Hamblen Healthcare System has chosen to focus resources on tangible, effective local efforts and will continue to collaborate with local mental health providers as needed and as resources are available. A recent example is collaborating with Helen Ross McNabb to place an A&D counselor based in our emergency department to help identify patients and appropriate resources to expedite getting patients help in a timelier manner.
- Our Case Management Department has been educated on local group home resources that are available to those struggling with addiction.
- Senior Behavioral Health Services are collaborating with local resources such as ALPS or local dementia an adult care center.

5. Health Literacy and Education

- **Cancer Navigator**

- Morristown-Hamblen Healthcare System has added a Cancer Navigator to provide education to patients going through cancer treatment.

- Health Fairs**

- Morristown-Hamblen Healthcare System has annual health education and screening fairs across the community. Events include: our Senior Citizen's Center, our school system, Bush Beans, etc...

- Community Baby Shower**

- Morristown-Hamblen Women's Services participates in a community wide baby shower in partnership with the Health Department and local physicians to educate new mothers about a host of delivery and child care topics.

- Ready by Six**

- Ready by Six is an Initiative with which we have partnered with HC*Excell to educate new parents on health and other topics important to meeting the developmental needs of young children to support their health and readiness to start kindergarten by 6 years of age.

6. Cancer

- Low-Dose CT Screening**

- Morristown-Hamblen Healthcare System offers Low-dose CT scans as a diagnostic screening for those at higher risk for lung cancer. The procedure is painless and takes about ten seconds; it is non-invasive and requires no medication. Low-dose CT must be ordered by a physician. Community outreach efforts are being made to educate primary care physicians on the benefits of this screening procedure. Data from scans are logged into the ACR Database for further analysis and study.

- Thompson Cares Breast Health Program**

- Morristown-Hamblen Healthcare System participates in Thompson Cares Breast Health Program, a service of Thompson Cancer Survival Center. This program provides women with opportunities to receive screening mammograms regardless of their ability to pay.

- "Think Pink" Event**

- Morristown-Hamblen Healthcare System now offers an annual "Think Pink" event inviting the community to come and be educated and involved in encouraging ladies in our community to have annual mammograms.

- Jingle Run**

- Morristown Regional Cancer Center has developed the Jingle Run, a 5k walk or run, to raise awareness about cancer screening and prevention and to raise money for our cancer patient support fund used to help patients with the cost of take home medications, gas cards to get to treatments, a utility bill, etc.... while patients are unexpectedly out of work and undergoing cancer treatment.

APPENDIX A: Hamblen County Demographics

Hamblen County Demographics

Population Estimates July 2018

Population	
Populations estimates, July 2018	64,569
Population, Census 2010	62,544
Population, percent change	3.3%
Age and Sex	
Persons under 5 years, percent	6.1%
Persons under 18 years, percent	23.1%
Persons 65 years and over, percent	18.3%
Female persons	51.1%
Race and Hispanic Origin	
White alone, percent	91.5%
Black or African American, percent	4.4%
American Indian, and Alaska native	0.8%
Asian, percent	1.0%
Two or more races, percent	2.0%
Hispanic or Latino percent	11.9%
White alone, not Hispanic or Latino	81.3%

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

APPENDIX B – Hamblen County Mortality Data

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

Average Annual Population 63,035

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Cancers	1,570	249.1
2. Diseases of the heart	1,559	247.3
3. Respiratory Diseases	634	100.6
4. Alzheimer's disease	503	79.8
5. Accidents (unintentional injuries)	413	65.5
6. Cerebrovascular diseases	392	62.2
7. Diabetes	250	39.7
8. Flu and Pneumonia	196	31.1
9. Suicide	140	22.2
10. Kidney diseases	135	21.4
11. Chronic Liver Disease	98	15.4
12. Septicemia	83	13.2
13. Pneumonia (due to solids and liquids)	53	8.4
14. Essential hypertension and hypertensive renal disease	49	7.8
15. Parkinson's Disease	45	7.1

APPENDIX C: Household Survey Findings

Community survey responses



200

Telephone
responses



123

Paper
responses



65

Web
responses

**Most Severe
Problem**



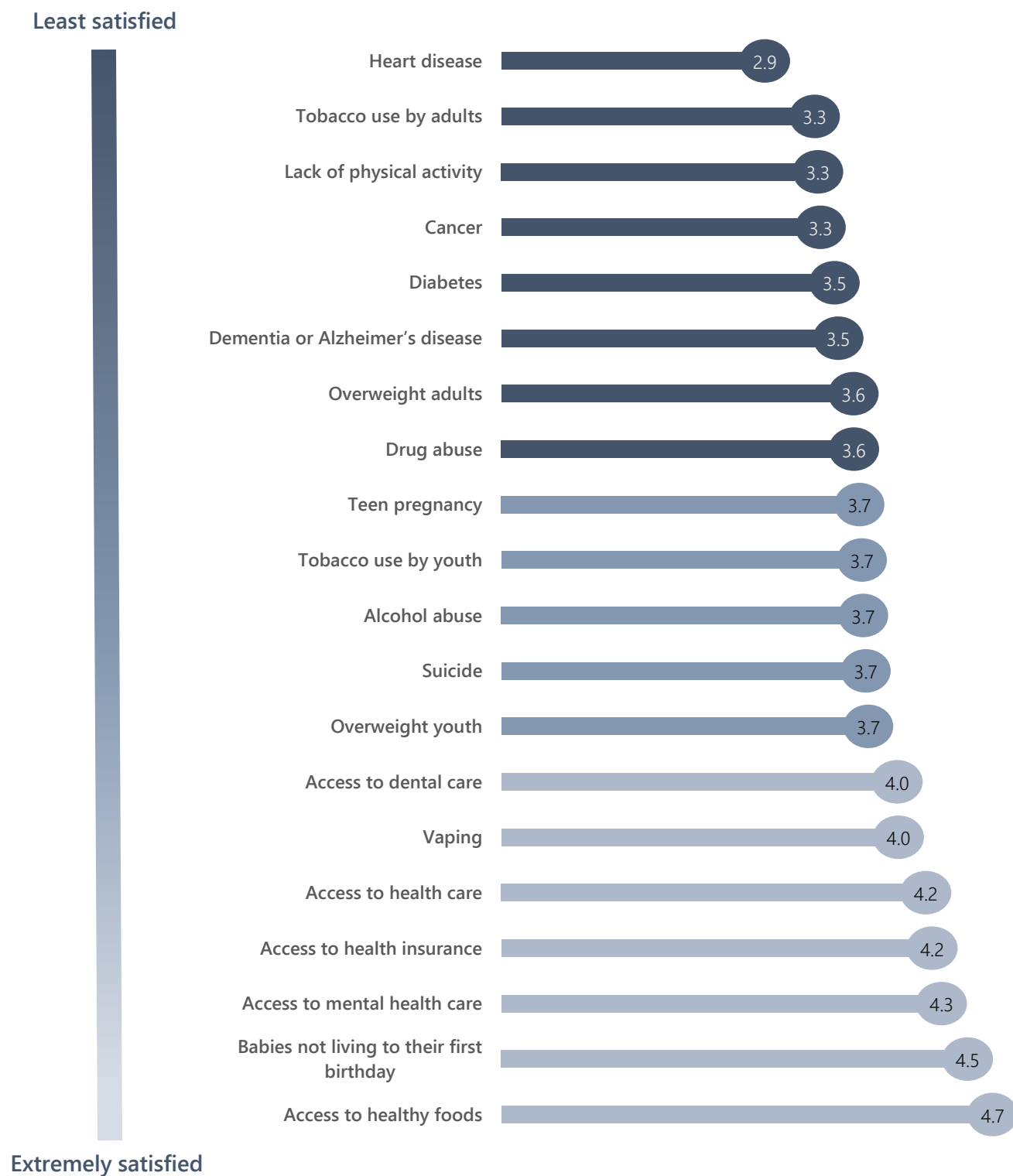
**Least Severe
Problem**

**Identified as
major problem**

**Identified as top
3 problems**

Drug abuse	85.8%	62.4%
Overweight adults	75.6%	24.2%
Cancer	64.0%	19.1%
Diabetes	64.0%	15.2%
Overweight youth	63.2%	18.0%
Tobacco use by adults	62.5%	11.6%
Tobacco use by youth	54.5%	10.6%
Heart disease	54.3%	8.5%
Lack of physical activity	53.0%	10.1%
Vaping	51.7%	9.5%
Alcohol abuse	49.9%	14.4%
Access to mental health care	48.0%	17.3%
Dementia or Alzheimer's disease	42.5%	7.0%
Access to health insurance	41.4%	9.8%
Teen pregnancy	38.3%	7.2%
Suicide	36.2%	10.1%
Access to dental care	33.0%	8.2%
Access to health care	31.1%	9.5%
Access to healthy foods	22.0%	2.6%
Babies not living to their first birthday	11.3%	1.3%

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



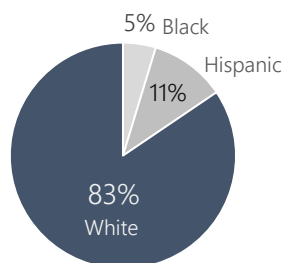
Hamblen County Community Health Assessment

Who responded to our community survey?

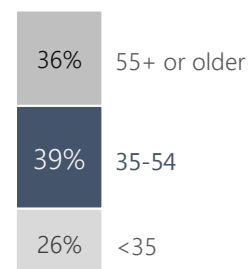
Gender



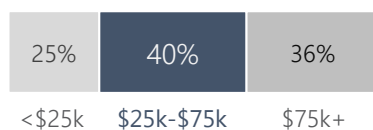
Race/Ethnicity



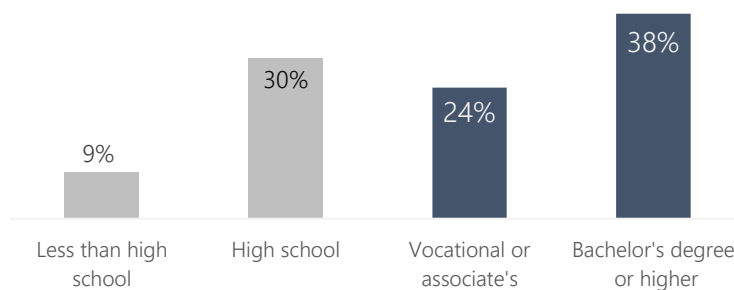
Age



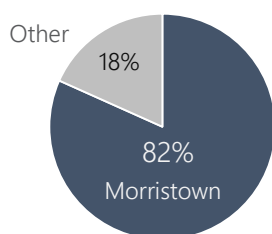
Household income



Education



Residence



15 years

Average length of residence.



41%

Of households had children under 18.



13%

Of households had adults 65 or older.

Appendix D – Focus Group Findings

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

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

How would you grade overall health in your county?

Grade	#	Grade	#
B	2	C-	1
B-	1	D	4
C+	4	F	2
C	8		

How has this grade changed over the past 6 years?

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

Reasons for improvement:

- Increased consciousness and awareness about the importance of health
- Increased collaboration among community partners to address health issues

Reasons for no change:

- People in the county are becoming more aware of the need for a healthy lifestyle and preventative care, but many are not able to afford medical care.
- Improvements in addressing some health issues have been balanced by a decline in other areas.
- There is a strong collaboration among key partners to work together to address health issues in Hamblen County, but substance misuse and other chronic diseases continue to be a problem.

Reasons for decline:

- Obesity, especially among young children
- Lack of opportunity for physical activity for children outside of school
- Increased homelessness and drug use

Major health problems facing the community

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

Substance abuse and misuse (19 votes)

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

Mental health (9 votes)

Mental health was the second most-frequently chosen health problem to be identified as a top priority. There was a special concern raised about the prevalence of mental health problems among young adults. However, the major focus of the discussion surrounding this topic was the lack of mental health services, especially for those who do not have insurance or who require long term treatment.

Access to affordable healthcare and insurance (8 votes)

Concerns were raised about many people not being able to afford healthcare and insurance. It was expressed that there is not a shortage of providers, but the often prohibitively expensive cost that reduces access to healthcare for many people in the community. One of the consequences of this inability to afford healthcare is that when people finally seek care, their condition is often advanced and therefore the cost is higher than it would have been if the patient had access to health care sooner.

Obesity, healthy food, diabetes, and lack of physical activity (8 votes)

The next area of concern discussed was the high prevalence of obesity in the community. Much of the discussion about obesity was linked to people either not having access to healthy food or not having the proper knowledge about the importance of a healthy diet. Lack of physical activity is also a contributing factor to obesity. Concerns were also raised about the increase in diabetes, a common result of obesity.

Affordable housing and homelessness (3 votes)

Lack of affordable housing imposes barriers for those who are trying to lead a healthy life and contributes to homelessness. Several participants shared they felt that the number of homeless people in Hamblen County has increased over the past 6 years. There was recognition among the participants that without proper shelter, people may not have the ability to address their basic health needs.

Smoking and Vaping (2 votes)

Smoking and vaping are also high priority problems identified by participants. Much of the discussion about smoking focused on local culture and lack of interest among some groups of people to quit. Vaping is a concern especially for young people because of the lack of information about long-term health implications.

Dental Care (2 votes)

The need for more dental care providers who accept TennCare or who offer reduced prices is a tremendous need in Hamblen County.

A number of other health issues that did not make the “Top Three” list were discussed during the focus groups. The list of issues is listed below.

Adverse Childhood Experiences (ACES)

Lack of parenting skills

Lack of transportation

Teen pregnancy

Education about available resources

Problems specific to Hispanic Community

Hepatitis C

Cancer

How health problems are experienced differently

Participants were asked if some groups or areas of Hamblen experienced these problems to a greater degree than others. There was general agreement that those who are in the lower socioeconomic levels are most keenly affected by most of the health issues. The one exception is substance abuse which affects all groups equally.

A second group that may be disproportionately impacted by many of these issues are seniors and people in their late fifties.

A third group identified as feeling the impact of these issues differently is the Hispanic community. This community is impacted differently because of language and literacy barriers and cultural differences.

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.

Morristown-Hamblen Healthcare System

The hospital and the sheriff’s office are working together to talk about how best to serve someone with a mental illness or mental health problem who has broken the law.

Hamblen County Health Department

The Hamblen County Health Department offers a number of programs to improve health outcomes and provides direct services. They offer health education classes and provide vouchers for seniors to purchase fresh fruits and vegetables from the local Farmer’s Market.

Helen Ross McNabb

Helen Ross McNabb is a not-for-profit provider of behavioral services in east Tennessee. According to its website, Helen Ross McNabb in Hamblen County “offers outpatient mental health services for both adults and children, residential care for adolescent males, and intense outpatient services for abuse and addiction issues.” (<https://www.mcnabbcenter.org>) Positive comments were made about this agency’s efforts, while recognizing that it is restricted due to funding.

Morristown-Hamblen County Central Services

Morristown-Hamblen County Central Services is another not-for-profit agency that provides financial assistance and crisis intervention. It is a “*collaboration with other agencies and resource linkage*” for the clients.

UT Extension

UT Extension is a resource that provides nutrition education and offers a program that subsidizes SNAP benefits to encourage people to purchase fresh fruits and vegetables from the local Farmer’s Market.

Community Health Initiatives

Hamblen County Health Council and A Healthy Hamblen are grass roots efforts to address physical activity, nutrition, and tobacco cessation.

Additional resources

Other resources mentioned were:

- Homeless shelter and other efforts to address homelessness: The shelter is located downtown and there a few other “homegrown or church grown efforts like a couple of boarding homes in town that are limited in the number of people they can take.”
- School system: *“bullying, not necessarily an issue here, but I think the school system has done an excellent job of hitting the bullying issue head on. And that's not something that they used to do. That's something that's become more of a primary focus.”*
- Ready by Six: *“It's helping parents know how to parent and helping children have that readiness to start school to succeed. It is a big toolkit now that's given to new parents who deliver at Morristown-Hamblen and then it's supposed to ultimately result in a resource center. There is a resource office now in Morristown Housing Authority space. But the ultimate goal is to actually have a separate building that would be a parent place to go for all kinds of things. Just whatever the need might be for parenting and helping kids get off to that right start.”*
- Riding High: *“that's been in the community for about twenty-five years, and it's therapeutic horseback riding for special needs children and adults.”*
- HOLA: *the purpose is to inform the Hispanic community and the local community.*
- Douglas-Cherokee: *“the programworks on rent, utility assistance, and that's what we see a lot of. We see a lot of people one rent payment away from homelessness. We see a lot of people who are staying on somebody's couch and they're looking to us for rental resources or needing to access employment so that they can try to afford things.”*

Resources needed to better address these issues

Much of the discussion dedicated to solutions for addressing the identified health problems revolved around the need for more funding so that more services would be available. Specifically, more resources and services are needed to increase access to affordable healthcare and to address mental health issues and substance misuse. Beside the need for more funding, other suggestions emerged from the discussion.

Homeless shelter

In addition to need for more mental health services, a need was identified for addressing the homeless problem in Hamblen County. The current shelter is somewhat restrictive in who they will serve because of limited space.

Culturally sensitive education

The need for better education was discussed from two vantage points. The first vantage point was educating the public on the services that are available in the community. The question was posed by a participant that if a new person moved to town, how would that person know where to look for help if they were in need? One solution offered was the establishment of a central location that could serve as a clearinghouse to direct people to the appropriate agency whose mission is to serve that person's need.

The second vantage point was about how to reduce health illiteracy. In order to be effective in efforts to educate the public, cultural competence must be improved and trust must be built between educators and the minority communities.

Educational material needs to be offered in Spanish using simplified language for those who may not have a high literacy level. Educators and medical professionals also need to be sensitive to cultural differences and how Hispanics interact with people of perceived authority. aware of that

APPENDIX E - Select Secondary Health Statistics						
2019 Hamblen County Needs Assessment						
	Hamblen	Tennessee	United States		Year	Data Source
Community Drivers of Health						
Unemployment rate	3.8%	3.2%	4%	% of population aged 16 and older unemployed but seeking work	2018	US Department of Labor
Graduated high school	82%	86%	87%	% of ninth-grade cohort that graduates in four years.	2016	ACS
Some college	42.0%	60%	65%	% of adults ages 25-44 with some post-secondary education	2017	ACS
Bachelor degree or higher	16.4%	26%	34%	% of persons age 25 years+, 2013-2017	2017	U.S. Census Bureau
Poverty rate (all residents)	19.8%	15%	12.3%	% of residents living in households who's income does not cover basic needs	2018	www.statista.com/statistics/205701/poverty-rate-in-tennessee/
Children in poverty	25%	21%	18%	% of children under 18 in poverty	2017	County Health Rankings
Children in single-parent homes	33%	35%	35%	% of children that live in a household headed by single parent	2017	American Community Survey
Hispanic and latino population	11.9%	5.5%	16.7%	% of the population identifying as hispanic or latino	2017	U.S. Census Bureau
Severe housing cost burden	13%	13%	7%	% of households that spend 50% or more of their income on housing	2017	American Community Survey
Median household income	\$42,042	\$48,708	\$57,652	Median household income	2017	U.S. Census Bureau
Access to Healthcare						
Adults without health insurance	13.9%	11%	10%	% of population under age 65 without health insurance	2016	U.S. Census Bureau
Children without health insurance	4%	4%	4%	% of children under age 19 without health insurance	2016	County Health Rankings 2019
Persons with a disability	13.5%	11%	10.8%	With a disability, under age 65 years, 2013-2017	2017	U.S. Census Bureau
Mental health providers	660:1	700:1	310:1	ratio of population to mental health providers	2018	CMS, National Provider Identification file
Primary care physicians	1,590:1	1,390:1	1,050:1	ratio of population to primary care physicians	2016	Area Health Resource File/American Medical Association
Other primary care providers	636:1	787:1	726:1	ratio of population to other non physician primary care providers	2018	County Health Rankings 2019
Dental providers	1,690:1	1,880:1	1,260:1	ratio of population to dentist	2017	County Health Rankings 2019
Immunizations						
Flu vaccine rate elderly	47.9%	48%	45%	% of Medicare enrollees that had an annual flu vaccination	2016	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	40.2%	45.9%			2017	Immunization Status Survey of 24 month children
Active and Healthy Living						
Life expectancy	75.0	76.1	78.6	Average number of years a person can expect to live	2017	County Health Rankings
Physical inactivity	34%	27%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	78%	71%	84%	% of population with adequate access for physical activity	2018	Business Analyst, Delorme Map data, ESRI, & US Census files
Food insecurity	13%	15%	13%	% of population who lack adequate access to food	2016	Map the Meal Gap
Limited access to healthy food	19%	8%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	33%	32.8%	30.1%	% of adults that report a BMI> 30	2017	CDC Diabetes Interactive Atlas
Overweight/Obese youth	45.6%	39.2%		Overweight or obesity prevalence among TN public school students	2017	Coordinated School Health
Behavioral Health						
Suicide rates	15.6	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2017	Death Statistics: VRS
Frequent mental distress	15%	14%	10%	% of adults reporting 14 or more days of poor mental health per month.	2016	Behavioral Risk Factor Surveillance System
Poor mental health days	4.8	4.5		Average number of mentally unhealthy days reported in past 30	2016	County Health Rankings

2019 Hamblen County Needs Assessment						
	Hamblen	Tennessee	United States		Year	Data Source
Chronic Disease						
Cancer death rate	245.80	212.8	185.4	Number of deaths from malignant neoplasms per 100,000 population	2017	Death Statistics: VRS
Diabetes	15%	13%	9%	% of adults age 20 and over with diagnosed diabetes	2015	CDC Diabetes Interactive Atlas
Heart disease death rate	256.70	238.4	197.2	Number of deaths from diseases of the heart per 100,000 population	2017	Death Statistics: VRS
Hypertension		37.8%	30.2%	% with current diagnosed hypertension	2016	CDC.gov
Asthma		9%	8.30%	% with current asthma	2016	CDC.gov
Stroke		4.50%	3.50%	% of adult population that have been told they have had a stroke	2018	Behavioral Risk Factor Surveillance System
Injury and Violence						
Violent crime	476	621	386	# of reported violent crime offenses per 100,000 population	2016	Uniform Crime Reporting- FBI
Injury deaths	98	86	67	# of deaths due to injury per 100,000 population	2017	CDC WONDER Mortality data
Homicides	3	7.4	5.4	# of deaths due to homicide per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Firearm fatalities	15	17	12	# of deaths due to firearms per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Maternal and Child Health						
Neonatal abstinence syndrome	35.8	13.5		Number of reported NAS cases per 1,000 live births	2018	NAS Surveillance Data
Low birth weight	8%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2017	National Center for Health Statistics - Natality files
Reproductive and Sexual Health						
Sexually transmitted Infections	279	489	497	# of newly diagnosed chlamydia cases per 100,000 population	2016	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	40.0	26.6	20.3	# of births per 1,000 female population ages 15-19	2017	National Center for health statistics-Natality files
HIV prevalence	97	297	365.5	# of persons living with a diagnosis of HIV per 100,000	2016	Kaiser Family Foundation
Substance Use and Abuse						
Alcohol impaired driving deaths	28%	26%	29%	# of driving deaths with alcohol involvement	2017	Fatality Analysis Reporting System
Excessive drinking	13%	14%	18%	% of adults reporting binge or heavy drinking	2016	Behavioral Risk Factor Surveillance system
Adult smoking	24%	22%	17%	% of adults who are current smokers	2016	Behavioral Risk Factor Surveillance system
Youth nicotine use		17%		% of high school students who currently use tobacco - cigarettes, cigars, smokeless	2017	Youth Behavioral Risk Factor Survey
Youth vaping, juuls, hookah		12%		% of high school students who currently used an electronic vapor product	2017	Youth Behavioral Risk Factor Survey
Number of patients receiving opioids for pain	16,766	1,636,374		Number of patients receiving opioids for pain		
Opioid prescriptions	1,436	944	587	Number of Opioid prescriptions per 1000 population	2017	CDC.gov/drugoverdose/maps
All drug overdose deaths	26*	1,776	70,237	Total number of reported deaths from overdoses, *includes alcohol	2017	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	9	1,268	42,981	Total number of reported deaths from opioid drug overdoses	2017	Tennessee Drug Overdose Dashboard & Us data-vox.com/science
Non fatal drug overdoses outpatient visits	135	15,001		Non fatal drug overdoses outpatient visits	2016	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	74	7,943		Non fatal drug overdose inpatient stays	2016	Tennessee Drug Overdose Dashboard
Comparable data not found						
Top U.S. Performers (not U.S. average)						

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