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

ASSESSMENT PARTNERS

The role of Roane Medical Center in the assessment process was one of facilitation. Members of public health agencies, together with Roane Medical Center, convened over a period of five months to complete the community health needs assessment.

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 1- 2 members of the following organizations:

Roane Medical Center Roane County Health Department Roane County United Way Roane County Health Council Roane County Anti-drug Coalition

Data Team Participants

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

Roane Medical Center Roane County Health Department Roane County United Way Roane County Health Council Roane County Anti-drug Coalition Mid-East Office on Aging UT Extension Office Community volunteers

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

The Steering Committee was very intentional about making sure the most vulnerable groups in Cumberland 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

Roane Medical Center Local Pastor Leadership Roane County Michael Dunn Center Free Medical Clinic Kingston Rotary Club Boys and Girls Club Roane County Chamber of Commerce UT Extension Office Roane County Sheriff's Office Roane County Health Department Mid-East Office on Aging Roane Alliance Local nurses and physicians Roane County Anti-drug Coalition Regions Bank Roane County Schools Roane County United Way Child Advocacy Center Roane County Health Council The Steering Committee identified a list of health indicators from which they wanted county, state and national data. When possible local, state and national data were provided for each indicator. Members of the Steering Committee were helpful in providing data because many represented agencies with access to public health data, social service data, and data related to demographics, substance abuse, mortality and mental health. The compiled data was put into notebooks.

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



PRIORITIES FOR 2020 – 2022

In rank order as determined by the Data Team:

- 1. Substance Abuse Disorder
- 2. Suicides
- 3. Health Education for Chronic Diseases
- 4. Mental Health Services
- 5. Improving Access to Healthcare

A REVIEW OF DATA

Roane County Data

- Appendix A Roane County Demographics
- Appendix B Roane 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 Roane County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 375 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 Roane 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 Roane County home.

IMPLEMENTATION PLAN 2020-2022

ROANE MEDICAL CENTER 2020-2022 COMMUNITY NEEDS ASSESSMENT IMPLEMENTATION PLAN

Significant Community Needs:

- 1. Substance Abuse Disorder
- 2. Suicides
- 3. Health Education for Chronic Disease
- 4. Mental Health Services
- 5. Improving Access to Healthcare

Implementation Strategy to Address Needs:

1. Substance Abuse Disorder

- Roane County Anti-drug Coalition
 - Roane Medical Center will continue to actively participate in the Anti-drug Coalition and its outreach activities.

• Opioid Light Protocol

- Roane Medical Center will continue to build upon the successes of its Emergency Department use of Opioid Light. Emergency Department physicians, when possible, are using non-opioid pain medications during treatment and at discharge.
- In-patient Pain Management Initiative
 - Roane Medical Center is teaching in-patients how to better manage pain with alternatives like repositioning, ice packs and pain scales (1-10)

2.Suicides

• Telehealth Options for early Screening and Detection

- Roane Medical Center will explore collaborations with Ridgeview Behavioral Health, Mobile Crisis, and Peninsula Behavioral Health on development of telehealth services for Roane County members at-risk of suicide.
- The Roane County Health Council has adopted Suicide as a primary topic of focus and a member of the Health Council, Roane Medical Center will work with the goals and tactics developed to reduce Suicides in Roane County.

3. Health Education for Chronic Disease

• Diabetes Education

• Roane Medical Center will continue working with UT Extension Office on its 6-week Diabetes program for community members.

• Community Walking Program

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

• Stroke Education

• Roane Medical Center will regularly provide community education programs on Stroke Signs and Symptoms to show the importance of getting someone to the hospital for better outcomes. Additionally, the Unit Practice Council of Nurses will expand community education outreach to include stroke, organ donation and advance directives.

4. Mental Health Services

• Telehealth Options for Psychiatric Access

• Roane Medical Center will begin investigating Telehealth options for patients with mental health needs. Additionally training opportunities are being looked at for ED physicians on certain medications to begin management earlier in the psychosis visit to the Emergency Department prior to waiting on patient placement.

5. Improving Access to Healthcare

• Round about Roane

• Roane Medical Center was a founding member in the design and implementation of Round about Roane, a community transportation program for seniors. Roane Medical Center continue to support the program with it outreach efforts and referrals to the program.

• Free Medical Clinic of Oak Ridge

• Roane Medical Center is a partner with the Free Medical Clinic in Roane County. The hospital provides lab and imaging services to the clinic's patients at no charge.

• Pharmacy Advocate Program

• Roane Medical Center provides a Pharmacy Advocate who helps both discharging hospital patients and primary care clinic patients who have little or no insurance find programs to assist in maintenance medicines for chronic medical conditions.

APPENDIX A – Roane County Demographics

Roane County Demographics

Population Estimates July 2018

Population	
Populations estimates, July 2018	53,140
Population, Census 2010	54,181
Population, percent change	-2.0%
Age and Sex	
Persons under 5 years, percent	4.5%
Persons under 18 years, percent	19.0%
Persons 65 years and over, percent	22.5%
Female persons	51.2%
Race and Hispanic Origin	
White alone, percent	94.4%
Black or African American, percent	2.7%
American Indian, and Alaska native	0.4%
Asian, percent	0.6%
Two or more races, percent	1.8%
Hispanic or Latino percent	1.9%
White alone, not Hispanic or Latino	92.8%

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

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

Average Annual Population 53,468

Cause of death	Number of	Rate of death (per						
	deaths	100,000)						
1. Cancers	1,569	293.4						
2. Diseases of the heart	1,568	293.3						
3. Respiratory Diseases	495	92.6						
4. Accidents	490	91.6						
5. Cerebrovascular disease	320	59.8						
6. Alzheimer's disease	254	47.5						
7. Diabetes	198	37.0						
8. Flu and Pneumonia	130	24.3						
9. Kidney diseases	128	23.9						
10. Suicide	120	22.4						
11. Chronic Liver Disease	107	20.0						
12. Septicemia	73	13.7						
13. Parkinson's disease	59	11.0						
14. Pneumonia	57	10.7						
(due to solids and liquids)								
15. Essential hypertension and hypertensive renal disease	55	10.3						

APPENDIX C: Household Survey Findings

Community survey responses

		\succ	(
2	200	120		27
Tele	ephone	Paper		Web
res	ponses re	sponses	re	sponses
Most Severe Problem			Identified as major problem	Identified as top 3 problems
	Drug abuse/substance abuse disorder		87.9%	68.7%
	Overweight adults		77.2%	19.9%
	Diabetes		69.4%	12.0%
	Cancer		69.3%	19.0%
	Drug dependent babies		65.6%	14.3%
	Overweight youth		62.8%	11.1%
	Adult tobacco use		62.7%	8.5%
	Lack of physical activity		59.5%	5.3%
	Alcohol abuse		58.3%	10.2%
	Youth tobacco use		58.2%	4.1%
	Vaping		57.9%	8.2%
	Dementia or Alzheimer's disease		57.4%	6.1%
	Heart disease		57.3%	5.6%
	Distracted driving		56.7%	12.0%
	Child abuse or neglect		55.8%	15.8%
	Domestic violence		49.7%	5.0%
	Access to mental health care		45.8%	13.2%
	Access to health insurance		43.2%	8.2%
	Asthma and other respiratory diseases		40.9%	3.8%
	Teen pregnancy		38.7%	4.7%
	Access to dental care		38.2%	7.9%
	Suicide		33.9%	2.6%
	Access to health care		30.2%	8.5%
	Sexually-transmitted diseases or infecti	ons	26.3%	1.2%
	Access to healthy food		26.0%	2.9%
	Children not getting recommended vac	ccines or immunizations	24.1%	1.8%
	Babies who die before their first birthda	ау	11.4%	0.6%
Least				

Least Severe Problem

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

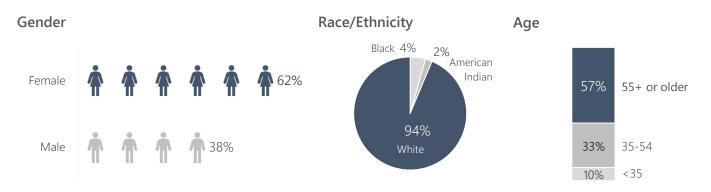
ast sa	tistied	1
	Children not getting vaccines	13
	Access to health insurance	1.7
	Access to mental health care	1.7
	Vaping	1.9
	Access to dental care	1.9
	Access to health care	2.0
	Overweight youth	2.0
	Sexually-transmitted diseases or infections	2.0
	Suicide	2.0
	Distracted driving	2.1
	Child abuse or neglect	2.1
	Overweight adults	2.1
	Access to healthy food	2.1
	Lack of physical activity	2.2
	Teen pregnancy	2.2
	Drug abuse/substance abuse disorder	2.3
	Alchohol abuse	2.3
	Drug dependent babies	2.4
	Youth tobacco use	2.4
	Diabetes	2.5
	Dementia or Alzheimer's disease	2.6
	Cancer	2.6
	Domestic violence	2.6
	Adult tobacco use	2.7
	Babies who die before their first birthday	3.0
	Asthma and other respiratory diseases	3.2
	Heart disease	3.3
moly	satisfied	

Least satisfied

Extremely satisfied

Roane County Community Health Assessment

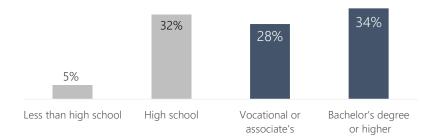
Who responded to our community survey?



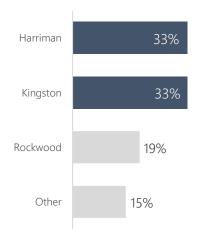
Household income

17%	50%	33%
<\$25k	\$25k-\$75k	\$75k+

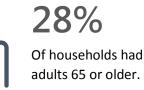
Education



Residence







31% Of households had children under 18.

APPENDIX D – Roane County Assessment Focus Group Report

Two focus groups were completed with Roane County community leaders for the Roane County Community Health Assessment. The purpose of the focus groups was to identify health issues facing residents of Roane 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	#				
C+	3				
С	12				
C-	4				
D	1				

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:

Improvements were attributed to expanded medical services for the uninsured; improved access to the hospital for areas of the county; and improvements in the collaboration between agencies serving Roane County that have resulted in more awareness about health issues.

Reasons for no change:

Many health problems are intergenerational and difficult to change. Also, participants reported that improvements in some areas are often offset by decline in other areas.

Reasons for decline:

Many of the reasons participants thought the overall health has declined is due to economic stagnation which results in a greater income divide, a decline in mental health, an increase in substance abuse and its consequences, and negative environmental health impacts.

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. Mental illness and substance abuse were equally identified as the most important problems to address. Because many comments and ensuing discussion suggest that mental illness or poor mental health is often the root cause of substance abuse, mental illness will be presented first.

Mental illness (17 votes)

Mental illness and the lack of access to mental health care was identified a one of the top priorities in Roane County. Poor mental health was believed to be a determinant of overall well-being. Concerns about the lack of mental health providers, especially for children and youth, were discussed. Other barriers to mental health care, such as lack of transportation and insurance, were also extensively discussed.

Substance abuse disorder (17 votes)

Substance abuse disorder was also identified as a top priority in Roane County. According to one participant, the number of opioid prescriptions being written is decreasing but addiction remains high. The consequences of substance abuse are far reaching but are particularly impacting families and the child welfare system.

Transportation (8 votes)

Transportation issues were identified as the third highest priority in Roane County. The terrain of the county is a significant consideration when considering transportation options. Most of the county is hilly and is traversed by the Clinch River with large stretches of land between bridges that cross the river. Lack of access to reliable transportation significantly impact residents' abilities to receive health care and desired resources.

Nutrition (5 votes)

Lack of access to nutritious food and lack of knowledge about how to eat healthy on a limited budget are areas of concern. Childhood obesity and malnutrition were discussed as well as poor eating habits among many residents.

Chronic diseases and health conditions related to exposure to the environment (4 votes)

Many residents in Roane County were or continue to be employed in areas with a history of exposure to environmental pollutants. The county was also the site of an environmental disaster, the Kingston Fossil Plant coal fly ash slurry spill, in 2008. Focus group participants discussed a correlation between exposure to contaminants and health problems.

Smoking (3 votes)

Smoking continues to be a health concern in Roane County. The rate of adult smokers in the county exceed the state average. Vaping is a growing concern because of its popularity among the county's youth.

Other issues not receiving votes

Two additional issues were discussed in the focus groups but did not receive any votes to be considered as one of the top three problems to address. These issues included lack of access to health care and those specifically related to seniors.

Lack of access to health care

Focus group participants shared their concern that, while there are an adequate number of primary care physicians in the area, more specialists are needed. Access to specialists outside of the area may be limited because of transportation issues. Also, there are not sufficient numbers of dentists to meet the current demand for dental care. Cultural factors exacerbate the problems with access to health care; people may be reluctant to seek preventive care because they have not been socialized or educated to recognize the importance of preventive health care.

Senior issues

Roane County has a large senior population – 18.6% of the population compared to 13.4% statewide. Problems that may be unique to seniors are more prevalent here than in other counties. Seniors often lack access to transportation and are especially susceptible to social isolation. Seniors often do not take advantage of the resources available to them because of lack of awareness about the resources.

How health problems are experienced differently

Socioeconomic conditions and locale impact how health problems are experienced. Those who have fewer economic resources and lack health insurance experience health problems more severely than those have more resources and insurance. Those residents who live in more rural areas also lack access to services and resources.

Current community resources to address health problems

Focus group participants were asked to brainstorm and discuss the resources that are currently available for the community to address health problems.

Roane Medical Center

Roane County Health Department

Free Medical Clinic of Oak Ridge

Mid-East Community Action Agency

Roane Health Council and Roane County Healthcare Providers Coalition

The Anti-Drug Coalition

University of Tennessee Extension

Food programs

Schools and sporting programs

Faith-based Community

Silver Sneakers

Resources needed to better address these issues

Three overarching needs were identified when discussing what resources were needed to better address the health problems in Roane. The first was the need for a decision-makers in the county to develop a unified vision of the most important needs and strategies for addressing them. Also, there needs to be more of a concerted effort to educate the public about the resources that are currently available in the community.

2019 Roane County Health Assessment						
	Roane	Tennessee	U.S.	Data Description	Year	Data Source
Community Drivers of Health						
Unemployment rate	4.1%	3.2%	4%	% of population aged 16 and older unemployed but seeking work	2018	U.S. Department of Labor
Graduated high school	86.7%	86%	87%	% of ninth-grade cohort that graduates in four years.	2017	ACS
Some college	48.3%	60%	65%	% of adults ages 25-44 with some post-secondary education	2017	ACS
Bachelor degree or higher	19.3%	26.1%	34%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2017	US Census Bureau
Poverty Rate (all residents)	15.4%	15%	12%	% of residents living in households who's income does not cover basic needs	2018	www.welfareinfo.org/poverty-rate/tennessee/
Children in poverty	21%	21%	18%	% of children under 18 in poverty	2017	County Health Rankings
Children in single-parent homes	22%	35%	35%	% of children that live in a household headed by single parent	2017	American Community Survey
Severe housing cost burden	11%	13%	7%	% of households that spend 50% or more of their income on housing	2017	American Community Survey
Median household income	\$45,407	\$48,708	\$57,652	Median household income	2017	US Census Bureau
Access to Healthcare						
Adults without health insurance	12.0%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	3%	4%	4%	% of children under age 19 without health insurance	2016	County Health Rankings 2019
Persons with a disability	15.8%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017	2017	US Census Bureau
Mental health providers	2,210:1	700:1	310:1	ratio of population to mental health providers	2018	CMS, National Provider Identification file
Primary care physicians	2,780:1	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	1,128:1	787:1	726:1	ratio of population to other non physician primary care providers	2018	County Health Rankings 2019
Dental providers	1,960:1	1,880:1	1,260:1	ratio of population to dentist	2017	County Health Rankings 2019
Immunizations						
Flu vaccine rate elderly	56.4%	47%	46.0%	% of Medicare enrollees that had an annual flu vaccination	2016	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	40.2%	45.9%			2017	Immunization Status Survey of 24 month children
Active and Healthy Living						
Life expectancy	75.0	76.1	78.6%	Average number of years a person can expect to live	2017	County Health Rankings
Physical inactivity	24%	27%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	65%	71%	84%	% of population with adequate access for physical activity	2018	Business Analyst, Delorme Map data, ESRI, & US Census files
Food insecurity	13%	15%	13%	% of population who lack adequate access to food	2016	Map the Meal Gap
Limited access to healthy food	9%	8%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	35%	32.8%	30.1%	% of adults that report a BMI> 30	2017	CDC Diabetes Interactive Atlas
Overweight/Obese youth	38.7%	39.2%		Overweight or obesity prevalence among TN public school students	2017	Coordinated School Health
Behavioral Health						
Suicide rates	33.9	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2017	Death Statistics: VRS
Frequent mental distress	14%	13.7%	12.4%	% 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	5.5		Average number of mentally unhealthy days reported in past 30 days (age-adjusted	2016	County Health Rankings
	1					

Chronic Disease						
Cancer death rate	294.2	212.8	185.4	Number of deaths from malignant neoplasms per 100,000 population	2017	Death Statistics: VRS
Diabetes	16%	13%	9%	% of adults age 20 and over with diagnosed diabetes	2015	CDC Diabetes Interactive Atlas
Heart disease death rate	343.20	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	334	621	386	# of reported violent crime offenses per 100,000 population	2016	Uniform Crime Reporting- FBI
Injury deaths	127	86	67	# of deaths due to injury per 100,000 population	2010	CDC WONDER Mortality data
Homicides	3	7.4	5.4	# of deaths due to homicide per 100,000 population	2017	FBI-gov/crime-n-the-use % County Health Rankings 2019
Firearm fatalities	19	17	12	# of deaths due to firearms per 100,000 population	2017	FBI-gov/crime-n-the-use % County Health Rankings 2019
Maternal and Child Health						
Neonatal abstinence syndrome	50.2	11.4		Number of reported NAS cases per 1,000 live births	2018	datacenter.kidscount.org/data/tables/8288
Low birth weight	10%	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	245	489	497	# of newly diagnosed chlamydia cases per 100,000 population	2016	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	29.9	26.6	20.3	# of births per 1,000 female population ages 15-19	2017	National Center for health statistics-Natality files
HIV prevelance	70	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	27%	26%	29%	# of driving deaths with alcohol involvement	2017	Fatality Analysis Reporting System
Excessive drinking	14%	14%	18%	% of adults reporting binge or heavy drinking	2016	Behavioral Risk Factor Surveillance system
Adult smoking	21%	22%	17%	% of adults who are current smokers	2016	Behavioral Risk Factor Surveillance system
Youth nicotine use		17%		% of high school students who currently use tobacco - cigarettes, cigars, 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	15,819	1,636,374		Number of patients receiving opioids for pain	2017	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,423	944	587	number of opoiod prescriptions per 1000 people	2017	CDC.gov/drugoverdose/maps
All drug overdose deaths	22	1,776	70,237	Total number of reported deaths from overdoses, *includes alcohol	2017	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	16	1,268	42,981	Total number of reported deaths from opioid drug overdoses	2017	Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	181	15,001	,	Non fatal drug overdose outpatient visits	2016	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	98	7,943		Non fatal drug overdose inpatient stays	2016	Tennessee Drug Overdose Dashboard
Comparable data not found						
Top U.S. Performers (not U.S. averages)						