

**Takoma Regional Hospital
Community Health Needs
Assessment Report
For
June 2013**



Table of Contents

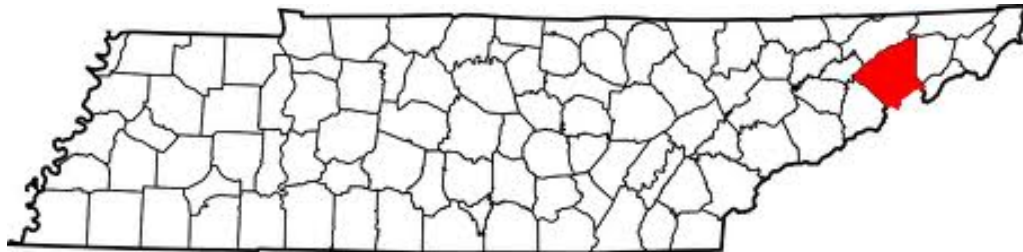
Introduction	pg. 1
Executive Summary.....	pg. 1
Hospital Description.....	pg. 3
Choosing the Community	pg. 4
Defining the Community.....	pg. 4
Stakeholder Input Process	pg. 6
Community Health Needs Assessment Committee (CHNAC).....	pg. 8
Public Health	pg. 9
Data Sources	pg. 9
Data Collection and Analysis.....	pg. 10
Asset Inventory	pg. 12
Data Summary.....	pg. 14
Priority Selection.....	pg. 15
Next Steps	pg. 16
Attachments.....	pg. 17

Introduction

Takoma Regional Hospital is jointly owned and operated by Adventist Health System, Inc., and Wellmont Health System. There are 43 hospitals in the Adventist Health System network and 7 hospitals in the Wellmont Health System network. Each hospital in both networks provides excellent healthcare for their communities. This Community Health Needs Assessment report is based on Takoma Regional Hospital's involvement and enrichment of those who live within Greene County, Tennessee. The primary service area is shared by Laughlin Memorial Hospital and thus the Community Health Needs Assessment was completed in cooperation with both local hospitals. This document focuses on Takoma Regional Hospital. No third party was used to complete this Community Health Needs Assessment.

Executive Summary

The total population for Greene County, Tennessee is 68,831. For a further breakdown of population by age cohort see (**Attachment 8, Graph 2**). The total land area is 622.16 square miles making it one of the largest land area counties in the State of Tennessee.



According to the data from the national, regional and county health rankings, tobacco, obesity and lack of physical activity are still main concerns for the residents of Greene County Tennessee as they relate to their overall health status. It is interesting to note that while the top three health needs that were identified in the Community Health Needs Assessment process, tobacco use, diabetes and obesity, there is a strong relationship to cardiovascular disease amongst the three.

In order for Takoma Regional Hospital to serve and to understand the true health needs in Greene County a Community Health Needs Assessment was conducted. The Community Health Needs Assessment included gathering data from reputable national

and government sources that included the CDC's Behavioral Risk Factor Surveillance Survey, 2010 Census data, and America's Health Rankings (State and County) to name a few. Focus groups were formed utilizing community leaders and members and a questionnaire was developed to ascertain the true community needs as determined by objective data and individual subjective opinion. The County Health Department played a significant role in helping with the Community Health Needs Assessment Committee as well as deciphering the data. It might be worthy of note that the local County Health Department was conducting a Community Health Needs Assessment at the same time Takoma Regional Hospital was processing its assessment.

The time frame that the Community Health Needs Assessment took place was spring and summer and fall of 2012. All primary and secondary data was collected during this time period. Primary data included focus groups, interviews and a health survey questionnaire. There were 263 respondents to the survey. Secondary data included hospital and community (Greene County TN) health data and demographics. Hospital data collected from the Tennessee Hospital Association on Emergency Room admissions by diagnosis, payor mix and demographics was also utilized in the health needs process.

This Community Health Needs Assessment Process included input from all socio-economic strata. An intentional effort was made to be inclusive in securing a broad introspection of the community health needs through various health and thought leaders in Greene County. The information that was gleaned through these focus groups, interviews and the questionnaire along with the national, state and county data have provided us with ample evidence to begin formulating solutions in meeting the health needs of Greene County residents.

According to the America's Health Rankings 2011 data (**Attachment 9**), Greene County TN ranked 42nd in Health Outcomes and 45th in Health Factors out of the 95 counties in the State of Tennessee. The leading causes of death in Greene County (**Attachment 8, Graph 1**) are: cardiovascular disease, cancer, chronic lower respiratory diseases, stroke and accidents. According to the County Health Rankings, Greene County fell near the middle of the range when comparing all counties in Tennessee. Examples include, 44th in mortality, 62nd in health behaviors, 30th in Clinical Care, 52nd in Social and Economic Factors and 50th in the physical environment. It must be noted that Tennessee did go from a state ranking of 42nd in 2010 to 39th in 2011. In 2005, the State of Tennessee had a health ranking of 49th indicating progress over the past decade. In the past ten years the rate of uninsured population in Greene County increased from 9.9 percent to 14.9 percent, Obesity increased from 22.9 percent to 31.7 percent with more than 1.5 million obese adults in the State of Tennessee. The number of smoking adults decreased from 26.7 percent to 20.1 percent in the last five years but there are still

975,000 adult smokers in the State of Tennessee. Another statistic that is of concern is that over the past five years diabetes has increased from 9.1 percent in adults to 11.3 percent. Over 548,000 adults in Tennessee are now considered diabetic. While Tennessee is moving in the right direction there are still concerns when it comes to tobacco use, diabetes and obesity/inactivity.

Through the collection of primary data (focus groups, interviews and a health questionnaire) along with the review of secondary data (health and demographic data) a total of 12 health issues were identified in Greene County. After review of the 12 health issues both the Community Health Needs Assessment Committee and the Hospital Health Needs Assessment Committee determined through extensive dialogue and review of data that the top three health issues were in order, tobacco use, diabetes and obesity. It was also determined that all three selected health issues are related to and fall neatly under the umbrella of cardiovascular disease.

An assessment of all the available health resources in Greene County has made it possible to utilize effective goals and objectives to develop a strategic plan that will be used in the implementation of Takoma Regional Hospital's Community Health Plan. Both the Community Health Needs Assessment Committee and the Hospital Health Needs Assessment Committee realize the challenges of moving entire communities in a healthier direction but are determined to use their financial resources and human capital to accomplish this task.

Hospital Description

Takoma Hospital and Sanitarium was established in 1928 after Dr. Leroy Coolidge and several local businessmen in Greeneville, TN, determined that the county needed a hospital. The initial hospital had 40 beds. Over the next several decades the hospital continued to add beds and services. One of its main goals was teaching the benefits of a wholesome lifestyle as it related to optimal health. In 1976, a completely new Takoma Adventist Hospital was built featuring 71 beds in a state-of-the-art facility. Four years later a new East Wing was added bringing the total number of beds to 115. In 2006, a \$7 million project to update the hospital added a new surgical suite and Emergency Department. In 2007, Takoma Adventist Hospital merged with Wellmont Health system and became Takoma Regional Hospital. Through all these transitions Takoma Regional Hospital has remained a faith based hospital committed to being a leader in Patient Safety, Health Care Quality and extending the healing ministry of Christ.

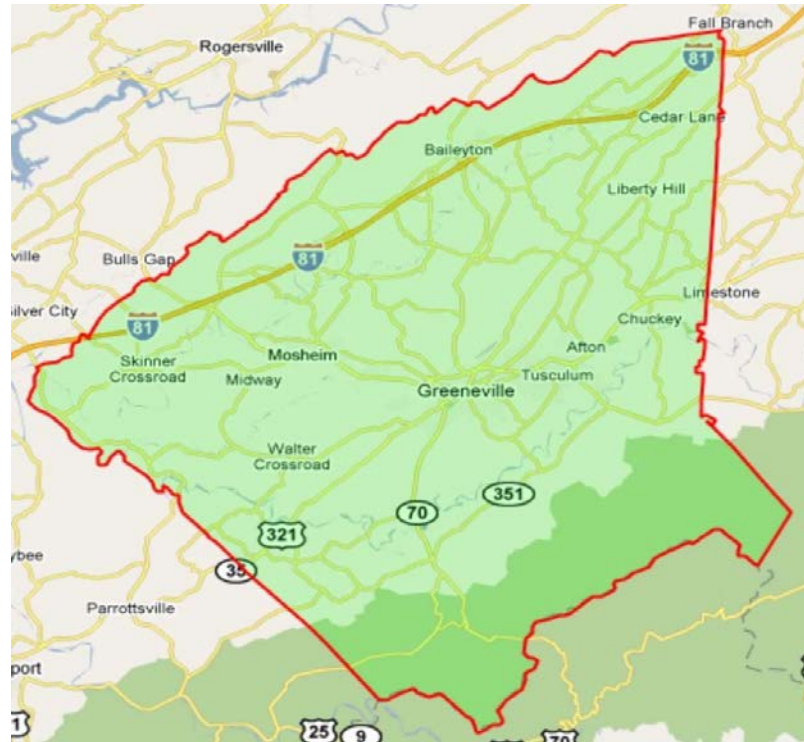
Current services of Takoma Regional Hospital include: ED services, Nuclear Medicine, CT, MRI and Radiology Services, In and Outpatient Physical, Occupational and Speech Therapy, Surgical Services, a GI Lab, Takoma Senior Care and Outpatient Behavioral Health Services, Podiatry, Sports Medicine, Sleep Lab, Cardio-Pulmonary Care, Wound Care, Outpatient Diabetes Education, Urgent Care and Occupational Medicine, an Endo Lab, Labor & Delivery/OB, and Lab Services. Along with those service lines Takoma Regional Hospital has extensive Outpatient Primary Care and Specialty Services.

Choosing the Community

Takoma Regional Hospital's primary service area was chosen to represent the community in which Takoma Regional Hospital serves and was the focal point of the Community Health Needs Assessment. This is the area that Takoma Regional Hospital would have the greatest impact in promoting health where health services are in their greatest need. The data that has been collected came from the following zip codes: 37745, 37616, 37809, 37743, 37744, 37641, 37818, and 37810.

Defined Community

Greene County, TN is a rural area consisting of just over 622 square miles with a population of 68,831 according to the 2010 government census. It is nestled against the Smokey Mountains and Cherokee National park in the Northeast corner of the State of Tennessee. The population change from 2000 to 2010 was 9.4% just behind the state's population change of 11.5%. Both show significant growth. Persons less than 5 years of age made up 5.3% of the population with persons less than 18 years of age 21.2%, persons 65 years and over 17.4%. Females made up 50.9 % of the Greene County population.



The makeup of the population of Greene County TN is 95% white Caucasian. Blacks make up 2%, Hispanic or Latino 2.5% with persons reporting two or more races 1.2%. The number of high school graduates 25+ years of age is 76.6%. The number of residents 25+ years of age with a Bachelor's degree is 14%. The homeowner rate from 2006-2010 was 74.2%. Each of those homes had an average value of \$104,200. There were 28,134 households reported in 2010. The per capita income for the 12 month 2010 period was \$18,782. The median household income for 2006-2010 was \$36,867. Persons below the poverty level during that same time period were 19.7%. Records show that there were 1,154 private nonfarm business establishments in 2010 that employed 20,513. There was an 11% decrease in employment from 2000-2009 **(Attachment 8, Graph 3)**.

The primary population of Greene County TN is centered in the City of Greeneville. According to the 2010 US Census the population of Greeneville was 15,062. The population change in Greeneville was -.9% from 2000-2010. The main growth over that time period was in the rural county areas. White persons make up 89.1% of the Greeneville population, while Blacks make up 5.6% and Hispanics and Latinos make up 4.4%. There were about 2% that reported being more than one race.

The per capita money income in the past 12 months of 2010 was \$19,982 with a median household income of \$33,210. The number of firms was reported to be 2,268 in the year 2007.

Stakeholder Input Process

Those asked to give input on the current health status of Greene County, TN were asked because of their knowledge of the community, commitment to improving social issues and because of their love and desire to improve the health of each member of the Greene County community. Takoma Regional Hospital created both a Hospital Health Needs Assessment Committee (internal) and a Community Health Needs Assessment Committee (mainly external) to guide the needs assessment process. The names of those listed below in the Community Health Needs Assessment Committee include the CEOs of the two hospitals and those individuals and organizations who provided input with regard to the medically underserved, low-income populations, minority populations and populations with chronic disease needs. The specific organizations representing the medically underserved, low-income and minority populations and populations with chronic disease included most of those on the Community Health Needs Assessment Committee but specifically, Frontier Health (Dr. Terry Kidd), the Greene County Food Bank (Carmen Ricker), Rural Resources (Sally Causey and Gene Maddox), Wesley Heights (Gene Maddox) and representatives from both hospitals.

Because of their involvement in their community it was felt that the following stakeholders should also be identified and included: the County Health Department, the Takoma Regional Hospital and Laughlin Memorial Hospital Wellness Committees, Greene County Health Council, Tusculum College Nursing School Students, Frontier Mental Health Staff and Clients, along with a survey of 263 total respondents (**Attachment 1, 2**). The following is a list of stakeholders utilized for the assessment:

Hospital Community Health Needs Assessment Committee (HHNAC)

Daniel Wolcott	Takoma Regional Hospital CEO
Tom VandenHoven	CFO
Tammy Albright	CNO
Dr. Dan Lewis	CMO
Jack Lister	Human Resources
Lyndon Gallimore	ASV Physician Services & Business Development
Ginger Johnson	Executive Director of Physician Services
Penny Collins	Director of Accreditation and Clinical Support
Jan Leffers	Takoma Regional Hospital Chaplain
Dee Winter	Director of PI and Medical Staff Services
Cindy Luttrell	Director of Social Services and Customer Service

--	--

Community Health Needs Assessment Committee (CHNAC)

<p>Allen Broyles Sally Causey Lisa Chapman WT Daniels Lois Ewen Tom Ferguson Tracy Green Bob Kamieneski Terry Kidd Gene Maddox Carmen Ricker Shaun Street Valerie Walters Chuck Whitfield Daniel Wolcott Jeannie Woolsey</p>	<p>Greene County, TN mayor Rural Resources, Greene County Nurse Educator, Greene County Health Dept. Greeneville, TN mayor Dean of Nursing, Tusculum College Greene County Partnership Director LMH Wellness Director TRH Wellness Director Medical Director Frontier Health Rural Resources Representative/Wesley Heights Greene County Food Bank Director Greene County Health Department Director Greene County School Health Coordinator President/CEO Laughlin Memorial Hospital President/CEO Takoma Regional Hospital Greeneville City School Health Coordinator</p>
---	--

Greene County Health Council

<p>Debra Beckner Courtney Beddingfield Sally Causey Lisa Chapman Brook DeLotto Lisa Durham Mary Fitzpatrick Neta Gross Ashley Head Terry Kidd Ashley Leonard Cindy Luttrell Gene Maddox Susan Price Joanie Scott Janie Strom Valerie Walters Jeannie Woolsey</p>	<p>Takoma Regional Hospital PR/Marketing Greene County Health Department Rural Resources, Greene County Nurse Educator, Greene County Nurse Educator Nursing Home Smoky Mountain Home Health Director of Community of Promise Frontier Mental Health LMH Dietitian Medical Director Frontier Health Allergy Specialist's Office Greeneville City School Board Rural Resources LMH Social Services Director TRH Dietitian Takoma Regional Hospital Greene County School Health Coordinator Greeneville City School Health Coordinator</p>
---	---

Takoma Regional Hospital Wellness Committee

<p>Tina Chudina Stephanie Darnell Louisa Hammer Laura Hartman Ginger Johnson Bob Kamieneski Jan Leffers Renee Lowery Diane Malone Robert Martin Patti Roberts</p>	<p>Public Relations ICU Nurse Diabetes Educator ICU Nurse Executive Director Physician Management Wellness Director Chaplain Director of the Foundation PI Medical Staff Coordinator Director of Food Services Director Urgent Care/Occupational Medicine</p>
---	---

Joanie Scott Holly Weems	Dietitian Physician Office Manager
-----------------------------	---------------------------------------

Laughlin Memorial Hospital Wellness Committee

Brenda Cannon Mark Compton Brian Cook Beverly Gott Tracy Green Ashley Head Jeff Miller Noah Roark Jesse Taylor Chuck Whitfield	Director of Nursing Chief Financial Officer Director of Rehabilitation Diabetes Educator Wellness Director Dietitian Cardio/Pulmonary Rehabilitation Director Director of Human Resources Director of Women’s Center President and CEO
---	---

Community Health Needs Assessment Committee

The Community Health Needs Assessment Committee was made up of a cross section of community leaders. The list of members is in the table above. These members are key to the success of our community by helping to meet the needs of current health-related issues in Greene County, TN. The broad spectrum of members allowed the committee to view all aspects of Greene County health needs through the eyes of those who see those needs on a daily basis. Members included health educators, nurses and mental health professionals, city and county government servants, community representation, hospital administrators and food bank and local food distribution members. Each member had a passion to not only voice their positive views but also their concerns as they related to Greene County health issues. The Community Health Needs Assessment Committee met four times during the Assessment process.

Public Health Representation

The Public Health Department of Greene County was intimately involved in the community health needs assessment process. The Director of the County Health Department, Shawn Street, led the Community Health Needs Assessment Committee in identifying the 10 top health needs in Greene County. Mr. Street has an extensive knowledge of community health issues and is currently conducting a Community Health Needs Assessment for Greene County and the State Health Department of Tennessee. Each committee member had been given primary and secondary data to review and Mr. Street lead the group in making the decision and the prioritization of the top ten Greene County, TN health needs. Lisa Chapman, a Greene County Health Department Nurse Educator, was also involved. She sat on the Community Health Needs Assessment committee as well as the Greene County Health Council that was one of the focus groups.

Data Sources

The following is a list of the data sources utilized in the determination of the top ten health needs and the final top three health needs of Greene County. While the data was taken from the data sources listed below the preponderance of data used for the survey came from the 2010 U. S. Census Report, 2011 America's Health Rankings, 2011 County Health Rankings and the CDC's 2011 Behavioral Risk Factor Surveillance Survey. In cases where no data is listed in Attachment 10, data was unavailable.

The 2010 US Census (www.census.gov/2010census/)

CDC's Behavioral Risk Factor Surveillance Survey (www.cdc.gov/brfss)

America's Health Rankings (www.americashealthrankings.org)

County Health Rankings (www.countyhealthrankings.org)

www.healthypeople.gov/

www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf

www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf

www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf

http://health.state.tn.us/statistics/PdfFiles/BehavioralRskSrvy_2009.pdf

<http://www.eatwellplaymoretn.org/resources-and-tools/data-and-evidence/quick-facts.html>

<http://www.cdc.gov/nchs/nhds.htm>

www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

<http://205.207.175.93/HDI/TableView/tableView.aspx?ReportId=76>

<http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=46>

<http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=46>

<http://apps.nccd.cdc.gov/brfss/list.asp?cat=AC&yr=2008&qkey=7307&state=TN>

http://apps.nccd.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

<http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2008&qkey=4396&state=All>

Death Statistical System, Tennessee Department of health, Division of Health Statistics

In addition to using these secondary data sources, Takoma Regional Hospital looked at its emergency room data and collected other primary data through interviews and a questionnaire (see below).

Data Collection and Analysis

Primary and Secondary Data were collected for the purpose of the Community Health Needs Assessment process. The Primary Data (**Attachment 3**) consisted of group interviews and a questionnaire of 263 (**Attachment 1, 2**) community members. The interviews included a cross section of individuals who were associated with organizations that served the medically underserved, low income, and minority and chronically diseased populations. A Survey Monkey questionnaire was conducted that included the populations listed above. The survey was made available to all zip codes within our primary market area. In 2012 the poverty level for a family of five was \$27,010. The number of families in Greene County that were near the poverty level of \$27,010 was around 25%. Over 10% of the surveys included population of minorities and medically underserved. The survey was also posted on the Hospital Facebook site.

Secondary Data consisted of demographic and health data for Greene County, the State of Tennessee and national data from the sources listed above. Hospital emergency room data was also collected through the Tennessee Hospital Association (THA) Information Service (**Attachments 11, 12**). Of note was the high number of TennCare, Medicare, and self-pay Emergency Room (ED) visits. The primary reason for accessing the Emergency Room was for injury or poisoning. Respiratory illnesses were the second most common reason for accessing the ED. All data was shared with both the Hospital Health Needs Assessment Committee and the Community Health Needs Assessment Committee so that they could determine the community health needs based on government and clinical data as well as empirical data. The entire Community Health Needs Assessment process was a collaboration not only between the stakeholders but was a joint effort between Takoma Regional Hospital and Laughlin Memorial Hospital, the two hospitals in Greene County, Tennessee. The Wellness Directors assigned to head up the project worked in unity to bring Greene County thought leaders together to ensure a successful and useful project.

Attachment 13 shows the top ten causes of death in Greene County, TN and is from the Death Statistical System, Tennessee Department of Health, Division of Health Statistics. (**Attachment 8, Graph 1**). Heart disease, cancer and chronic lower respiratory disease made up the top three with stroke and accidents making up the top five cause of death. For all causes of death per 100,000, Blacks had 1,091.3 deaths compared to 975.2 deaths for whites. The differential for male and female were 1,187 and 817 per 100,000 respectively.

According to the America's Health Rankings for 2011 Tennessee was ranked 39th in the United States in Health Outcomes and Health Factors. That is an improvement from 42 in 2010, and 49 in 2005 (**See Attachment 9**). The full report can be seen in the Tennessee Institute of Public Health's County Health Rankings. The areas where Greene County Tennessee does not measure up to the U. S. National Benchmark or to the Healthy People 2020 Goals are numerous while in many cases these health issues mimic our national data base. The point must be made that where Greene County falls out in a few areas, they fall out sharply. Examples of this include premature death (2006-2008). The years of potential life lost prior to the age of 75 per 100,000 was 9,485 as compared to the U. S. National Benchmark of 5,466. When it comes to morbidity, poor or fair health in 2004-2010 (self-reported health status by questionnaire) was 21% for Greene County residents, 19% for the State of Tennessee with a U. S. National Benchmark of 10%. Poor mental health days were also higher in Greene County as opposed to the State of Tennessee and the U. S. National Benchmark.

When it comes to health factors (**See Attachment 10**) the percentage of smokers, adult smoking 2004-2010 (% adults that report smoking ≥ 100 cigarettes and currently smoking) was 30% in Green County, 24% in the State of Tennessee and the U. S. National Benchmark was 14%. Adult obesity as defined by adults reporting a Body Mass Index (BMI) ≥ 30 was 32% in Greene County, 32% in the State of Tennessee with a U. S. National Benchmark of 14%. The amount of physical activity which is related to obesity was no different. The percentage of adults aged 20 and over reporting no leisure time physical activity was 34% in Greene County, 30% in the State of Tennessee with a U. S. National Benchmark of 21%.

The number of Primary Care Physicians per population was 893:1 in Greene County and 837:1 in the State of Tennessee with a U. S. National Benchmark of 631:1. The number of uninsured was 17% in Greene County in 2009, 16% in the State of Tennessee with a U. S. National Benchmark of 11%.

It is interesting to look at additional health measures when compared to the Healthy People 2020 (HP 2020) Goals. The age-adjusted death rate from cancer per 100,000 is 225.4, while the State of Tennessee is 200.3, the United States is 178.4 and the HP 2020 goal is 160.6. The proportion of adults over 18 years of age with hypertension was 33.8% for Tennessee and 27.5% for the United States while the HP 2020 goals are 26.9%. Information could not be found for Greene County. The age-adjusted death rate per 100,000 for diabetes in Tennessee was 26.2%, the United States was 22.5% and the HP 2020 goal is 20.25%. The age-adjusted heart disease deaths per 100,000 was 220.6 for Tennessee, 190.9 for the United States while the HP 2020 goal is 110.8. The age-adjusted stroke deaths per 100,000 were 53.9 for Tennessee, 42.2 for the United States and the HP 2020 goal is 33.8. The age-adjusted unintentional injury deaths per 100,000 for Tennessee were 52.1, for the United States 40.0 and the HP 2020 goal is 36%. The age-adjusted motor vehicle crash deaths per 100,000 for the State of Tennessee were 21, the United States was 14.4 and the HP 2020 goal is 12%. Finally, the rate of Flu shots for those >65 years of age was 70.8% for Tennessee, 70.9% for the United States and the HP 2020 goal was 90%. This appears to be a national issue (**Attachment 10**).

Wesley Heights is a non-defined area in the City of Greeneville and is mentioned in Attachment 4 under the area of focus and potential projects. Wesley Heights is a section of Greeneville that is predominantly African American. The Wesley Heights area is not defined by zip code(s) but rather by geographical location determine by local city streets. In an interview with District Attorney General Cecil Mills, Jr. who lives in Wesley Heights and is one of the spiritual leaders in the community, Mills stated that there is approximately 9 churches and 1,700 residents that makeup the Wesley Heights

community. While there is no specific health data relating directly to this community, it was the consensus of the Community Health Needs Assessment Committee that the incidence of diabetes, heart disease, obesity and hypertension were all well above the national, state and county norms for those selected disease.

Asset Inventory

The Asset Inventory (**Attachment 4**) lists eleven health resources and the priority in which the CHNAC listed them. The purpose was to look at the current programs that are offered by the community, the current programs the hospital offers and the potential projects that could be developed in each health focus. The hospital currently teaches tobacco cessation programs annually, has Weight Watcher's classes, exercise classes, a 5K run, walking programs and walking trails (in process of developing) for community use. There is strong community support for the YMCA and Frontier Mental Health plays an integral part in the mental health issues in Greene County. Both Takoma Regional Hospital and Laughlin Memorial Hospital have diabetes programs as well as diabetes support groups and both are open to any community member. Due to the decrease of job availability in Greene County, poor nutrition and corresponding health issues have become prominent.

Data Summary

Attachments 5, 6, 7 show the Priority Selection Report and Preliminary Data, the Aggregated Priorities, the Defined Final Health Priorities selected and the Decision Tree under which those priorities were scored. In each of the ten recognized health priorities the Decision Tree was utilized to determine if the priority would become a top three community health needs project. The Decision Tree walked both the community and hospital committees through a process that determined if there were programs already available to help meet the identified health needs in the community or whether it was feasible to use the hospital resources to meet the identified health needs or both. The Decision Tree also took the committees through the process of determining whether they should try to meet the health need by themselves, partner with an existing organization to meet the health need or just support others in meeting the need.

As it relates to determining the top three health priorities the committee's rationale was as follows; the **number one health issue** was the uninsured/unemployed and those below the poverty level. After much discussion the committees decided that this was a large group that had some programs available to help meet their needs, that it would be difficult if not impossible for the hospital to directly impact unemployment and poverty, and that the resources of the hospital could be used in other areas to help meet the direct needs of the community. The **second health issue** was obesity and both the hospital and community committees felt that since obesity is so integrated in many other diseases and is a major issue in Greene County it should be one of the projects selected from the list of ten health issues for the Community Health Plan. The **third health issue** was diabetes and there was vigorous discussion that diabetes should be one of the planned projects in the Community Health Plan. The **fourth health issue** was poor nutrition. The committees felt that this health issue would be addressed in the obesity and diabetes health plan. The **fifth health issue** was mental health. The feeling of the committees was that mental health issues were significant in Greene County but that there were programs available to address the existing mental health problems. Both hospitals agreed that the training of physicians on mental health issues would be a worthwhile pursuit. The **sixth health issue** was smoking and respiratory disease. The discussion from the committees centered on Greene County's high tobacco use of 30%. After a thoughtful discussion, the use of Tobacco was determined to be the number one issue for the Community Health Plan (strategic implementation plan) that we will develop next. There is currently very little being done to offset the devastating impact that tobacco is having on our community. Cancer was our **seventh health issue**. Laughlin Memorial Hospital has an excellent cancer program and it was felt that the scope of cancer was too large for our Community Health Plan at this time. The **eighth**

health issue was cardiovascular disease. While the committees felt that heart disease should have been at the top of the list many members expressed their concern at how many of the health issues were inter-related. The **ninth health issue** was dental care. Takoma Regional Hospital does not offer dental care. The committees felt that there were currently ample health clinics available in the community along with the County Health Departments programs. The **tenth health issue** was lack of physical activity and the committees felt that this issue would be addressed with the top three health issues that were chosen. Therefore, the committees decided that while the top three health priorities would be **tobacco, obesity and diabetes** these would all fall under the umbrella of cardiovascular disease and that by providing support for the top three health issues ultimately heart disease would be positively impacted. These three priorities will make up the Community Health Plan.

Priority Selection

As stated in the previous section, it was challenging for the committee to come up with the top ten health issues in Greene County. Both the CHNAC and HHNAC found it easier to come up with the top three issues that would eventually be part of the Community Health Plan. These three issues are listed below and are part of the priority process.

Defining the Final Priorities

The following top three health issues were determined by the HHNAC and the CHNAC to be the final priority issues for the Community Health Plan. The committees determined that while cardiovascular disease is a top priority the top three health issues as determined by the two committees include cardiovascular disease under its umbrella and so were prioritized as follows. The committees determined through the Decision Tree that Tobacco/Smoking, Diabetes and Obesity were the top health priorities for Greene County, Tennessee.

Priority 1: Smoking and the use of tobacco products is a top priority of the Community and Hospital Health Needs Assessment Committees. Greene County TN residents age 18+ have a 30% smoking rate as compared with a 23.1% State of Tennessee rate and a national rate of 18.3%. The Healthy People 2020 goal is 12%. The use of tobacco products has been promoted as a way of life for many years in Greene County because tobacco has been a local crop and many families have made their living raising tobacco.

Priority 2: The age-adjusted rate for diabetes deaths per 100,000 is high no matter whether you look at national, state or county data. Diabetes is highly related to cardiovascular disease and took the second spot on our list of major health issues in Green County, TN. The death rate per 100,000 in Green County, TN is 26%, the State of Tennessee is 26.2% and the national rate is 22.5%. The Healthy People 2020 goal is 20.25%. Diabetes is rampant and has become the major health concern in the United States and may be related to the obesity epidemic that now engulfs us.

Priority 3: The third top health priority as determined by the HHNAC and the CHNAC is adult and childhood obesity. Again, obesity is related to both cardiovascular disease and diabetes and falls neatly under the cardiovascular umbrella. Over the past decade the State of Tennessee has found itself in the top ten stats in the country when it comes to obesity. Adult obesity (BMI >30) in Greene is 32%, in the State of Tennessee 32% and the U.S. National Benchmark is 25%. There is a belief by the HHNAC and the CHNAC that since there is a strong relationship between the top chronic health issues by making an impact on one, the other issues will be positively impacted.

The Next Steps

The next steps will be for the CHNAC and the HHNAC to develop a Community Health Plan and goals that will be measureable to attack these health priorities. Takoma Regional Hospital will then decide whether they have the resources to attack these issues alone or to join the efforts of existing health organizations to combat the use of tobacco, diabetes and obesity in Greene County, TN. There will also be an evaluation process to help to understand whether the implemented plans are making a significant impact to reduce tobacco use, decrease the impact and number of individuals with diabetes and to reduce the level of obesity in our community.

Attachments

Table of contents

Attachment 1 – Community Health Needs Assessment Survey.....	pg. 17
Attachment 2 – Community Health Needs Survey Results	pg. 19
Attachment 3 – Primary Data Collection	pg. 20
Attachment 4 – Asset Inventory	pg. 22
Attachment 5 – Priority Selection Report (PSR)	pg. 24
Attachment 6 – Defining the Final Priorities	pg. 25
Attachment 7 – Decision Tree	pg. 26
Attachment 8 – Graphs – U.S., Tennessee, and Greene County Health and Demographic Data	pg. 27
Attachment 9 – America’s Health Rankings – TN – 2011	pg. 37
Attachment 10 – Greene County, Tennessee, U.S. and Healthy People 2020 Greene County Health Data.....	pg. 38
Attachment 11 – Takoma Regional Hospital ED Market Share by Payor	pg. 44
Attachment 12 – Takoma Regional Hospital ED by Diagnosis.....	pg. 45
Attachment 13 – Leading Causes of Death in Greene County 2007-2009	pg. 46

Attachment 1

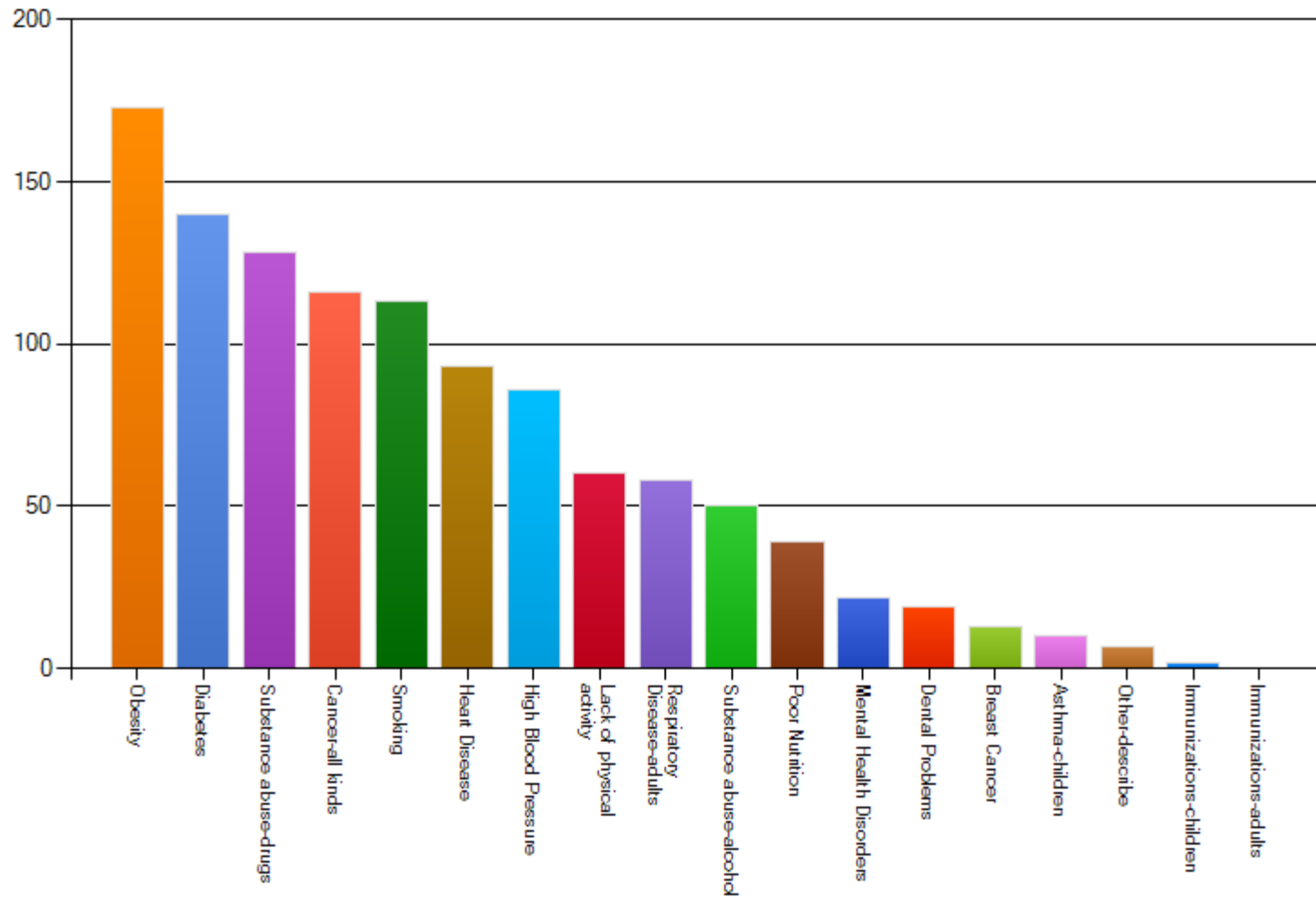
COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY					
	Exc	Good	Fair	Poor	Very Poor
How would you rate our community's overall health status?					
How would you rate your own health status?					
How would you rate our community's overall quality of life?					
How would you rate your own quality of life?					
How well do our 2 hospitals promote good health?					
Which four diseases/conditions do you believe are the most common in Greeneville/Greene County?					
Cancer-all kinds					
Breast cancer					
Respiratory Disease-adults					
Asthma-children					
Diabetes					
Heart Disease					
High Blood Pressure					
Poor Nutrition					
Lack of physical activity					
Obesity					
Smoking					
Substance abuse-alcohol					
Substance abuse-drugs					
Mental Health Disorders					
Dental Problems					
Immunizations-children					
Immunizations-adults					

Other-describe					
What do you see as the greatest health problem in our community?					
What could our hospitals do BETTER to promote good health?					
If you were in charge of improving health in our community, what would you do first?					
Who else do you think we should ask these questions?					
Which three behavioral risk factors are the most common to our community?					
Access to affordable health care					
Access to physicians					
Inadequate transportation					
Lack of grocery stores					
Access to fresh, healthy food					
Wearing seatbelts					
Lack of safe places for physical activity					
High number of uninsured people					
Poverty					
Unemployment					
Illiteracy					
Other – describe					

Attachment 2

Community Health Needs Survey Results

Which 4 diseases/conditions do you believe are the most common in Greeneville/Greene County?



Attachment 3

Primary Data Collection

Stakeholder Interview Log

Date	Group or Individual Interview (pick one)	Location	Name of Informant	What community or group does the Stakeholder represent?	Key Health Issues Identified	Hospital Comments
9/19/2012	Greene County Health Council	Laughlin Memorial Hospital Private Dining Room	Dr. Terry Kidd, Chairperson	The Town of Greeneville and Greene County	Smoking Obesity Mental Health Issues	Completed written survey with discussion on rationale for top health issues in Greene County
9/25/2012	Laughlin Memorial Hospital Wellness Committee	Laughlin Memorial Hospital Boardroom	Tracy Green, Wellness Director	Laughlin Memorial Hospital	Obesity Diabetes Smoking	The discussion was centered on how to narrow the issues down with so many co-morbidities
9/25/2012	Takoma Regional Hospital Leadership Team	Takoma Regional Hospital Volunteer Conference	Bob Kamieneski, Wellness Director	Takoma Regional Hospital	Obesity Diabetes Cancer	General discussion on health issues and difficulty in separating

		Center				top issues
10/18/2012	Tusculum College Nursing School	Tusculum College	Lois Ewen, dean of Nursing, Tusculum College	Town of Tusculum in Greene County	Obesity Heart Disease Smoking	They completed written surveys
11/14/2012	Frontier Mental Health	Frontier Mental Health	Dr. Terry Kidd	Greene County	Mental Health Issues Obesity Cancer	They completed written surveys
10/23/2012	Shaun Street-Health Dept.	Greene County Health Dept.	Shaun Street-Greene County Health Dept. Director	Greene County	CAD Obesity Diabetes	Information came from Department Community Health Survey-2012
6/18/12	Wesley Heights Community Member-Individual Interview	Wesley Heights, Greeneville, TN	Gene Maddox Community Member	Wesley Height, Greeneville, TN	Diabetes Obesity Inactivity Food Access	Interview with Gene Maddox who is a Community member

Attachment 4

Asset Inventory

Area of Focus Defined by Primary/secondary data	Current Community Programs	Current Hospital Programs	Potential Project
Uninsured/Underinsured Unemployed/poverty	<ul style="list-style-type: none"> ✓ Frontier Mental Health provides services based on sliding scale ✓ Greene County Health Department 	<ul style="list-style-type: none"> ✓ Medicaid ✓ Laughlin Memorial Hospital Foundation ✓ TennCare 	<ul style="list-style-type: none"> ✓ Free Health Clinics ✓ Free health education programs ✓ Work with community partners to develop a better system of secondary care
Obesity (adults with a BMI >30)	<ul style="list-style-type: none"> ✓ YMCA programs ✓ Weight Watchers, other support groups ✓ School Health initiatives ✓ Boys & Girls Club 	<ul style="list-style-type: none"> ✓ Fitness classes ✓ Dietetic Counseling/education ✓ Employee Wellness Programs/incentives ✓ Walking Trail 	<ul style="list-style-type: none"> ✓ Screenings and Education in low income neighborhoods, such as Wesley Heights ✓ School Programs ✓ CREATION Health Seminars and Information
Diabetes	<ul style="list-style-type: none"> ✓ Community Workshops hosted hospital ✓ YMCA Workshops ✓ American Diabetes Association outreach & educational Materials ✓ Health Department Diabetes Program 	<ul style="list-style-type: none"> ✓ Bi-monthly Diabetes Education program open to the community ✓ Monthly Support Group 	<ul style="list-style-type: none"> ✓ Screenings & education programs in low income neighborhoods, such as Wesley Heights ✓ Take the hospital diabetes program out into the community
Poor Nutrition related to Education	<ul style="list-style-type: none"> ✓ Roby Center ✓ YMCA Monthly healthcare lectures ✓ Rural Resources ✓ Wellness Programs 	<ul style="list-style-type: none"> ✓ Healthy Choices in cafeteria/Wellness Menu posted ✓ Dietitian counseling and education 	<ul style="list-style-type: none"> ✓ Educational Events in low income neighborhoods, such as Wesley Heights ✓ Partner with school systems to teach food and nutrition ✓ Teach nutrition to the YMCA and Boys and Girls Clubs during the summer months
Mental Health Issues	<ul style="list-style-type: none"> ✓ Frontier Mental Health Services ✓ Greene County Health Department ✓ NAMI 	<ul style="list-style-type: none"> ✓ Inpatient program at Laughlin Memorial Hospital 	<ul style="list-style-type: none"> ✓ Physician education programs on mental health to teach them how to screen patients

Smoking/Respiratory Disease	<ul style="list-style-type: none"> ✓ TN Tobacco Quit Line ✓ American Lung Association 	<ul style="list-style-type: none"> ✓ Tobacco Cessation Classes “Quit Now” ✓ Smoking Patches for employees 	<ul style="list-style-type: none"> ✓ Tobacco cessation classes for local businesses ✓ Take Tobacco Cessation classes out to the community ✓ Develop incentive programs to reduce the use of and the cessation of tobacco products
Cancer-all forms	<ul style="list-style-type: none"> ✓ American Cancer Society ✓ Relay for Life ✓ Health Department 	<ul style="list-style-type: none"> ✓ Cancer Coalition-Laughlin Memorial Hospital ✓ Screenings ✓ Hospital Foundation ✓ Education 	<ul style="list-style-type: none"> ✓ Cancer Support Group for survivors ✓ Educate the community through health fairs ✓ Provide reduced rates for various cancer screenings ✓ Provide reminder kits for screenings to community
Heart Disease/Hyper-tension	<ul style="list-style-type: none"> ✓ American Heart Association 	<ul style="list-style-type: none"> ✓ Wellness Programs ✓ Cardiac Rehab ✓ Exercise Classes ✓ Walking Trail 	<ul style="list-style-type: none"> ✓ Fund raisers for American Heart Association ✓ Health fairs ✓ Provide free blood pressure clinics ✓ Community lectures on prevention of CVD
Lack of Adequate Dental Care	<ul style="list-style-type: none"> ✓ Health Department ✓ School-based dental prevention program ✓ Fluoride in water system 	<ul style="list-style-type: none"> ✓ Emergency services 	<ul style="list-style-type: none"> ✓ Teaching of proper oral hygiene to local school children and adults
Lack of transportation	<ul style="list-style-type: none"> ✓ Net Trans for small fee ✓ TN Care transportation ✓ Community Food Bank ✓ Faith-based organizations 	<ul style="list-style-type: none"> ✓ Limited transportation through the Foundation 	<ul style="list-style-type: none"> ✓ Provide a list of available means of free or discounted transportation to the community
Teen Pregnancy	<ul style="list-style-type: none"> ✓ The Hope Center ✓ GC Health Department ✓ TN Adolescent Pregnancy and Prevention Partnership 	<ul style="list-style-type: none"> ✓ Offer prenatal classes 	<ul style="list-style-type: none"> ✓ Provide community education to teens on abstinence and risk of STD's ✓ Support organizations such as the Hope Center donations, supplies and equipment ✓ Provide literature to local teens on prevention

Attachment 5

Priority Selection Report (PSR)

Preliminary Data

List the top 8-10 health priorities determined by Primary (local) Data collected from local community /multi-hospital health assessments, interviews, surveys, etc.			
1	Obesity	6	Heart Disease
2	Diabetes	7	High Blood Pressure
3	Substance Abuse-Drugs	8	Lack of Physical Activity
4	Cancer-All Kinds	9	Respiratory Diseases
5	Smoking	10	Substance Abuse-Alcohol
List the 8-10 health priorities determined by Secondary Data from AHS, Health Department and other publicly available sources.			
1	Uninsured/Unemployed/Poverty	6	Smoking/Tobacco Use/Respiratory
2	Obesity	7	Cancer
3	Diabetes	8	Heart Disease/Hypertension
4	Poor Nutrition	9	Dental Care
5	Mental Health	10	Lack of Physical Activity
List the 8-10 health priorities determined by internal Hospital Data			
1	Injury and poisoning	6	Digestive System Diseases
2	Respiratory System Diseases	7	Genitourinary System Disease
3	Other Conditions	8	Musculoskeletal System and Connective Tissue Diseases
4	Nervous System and Sense Organ Diseases	9	Mental Diseases
5	Circulatory System Diseases	10	Skin and Subcutaneous Tissue Diseases

Attachment 6

Defining the Final Priorities

The following top three health issues were determined by the HHNAC and the CHNAC to be the final priority issues for the Community Health Plan. The committees determined that while cardiovascular disease is a top priority the top three health issue as determined by the two committees fall under its umbrella and so were prioritized as follows. The committee's determined through the Decision Tree that Tobacco/Smoking, Diabetes and Obesity were the top health priorities for Greene County, Tennessee.

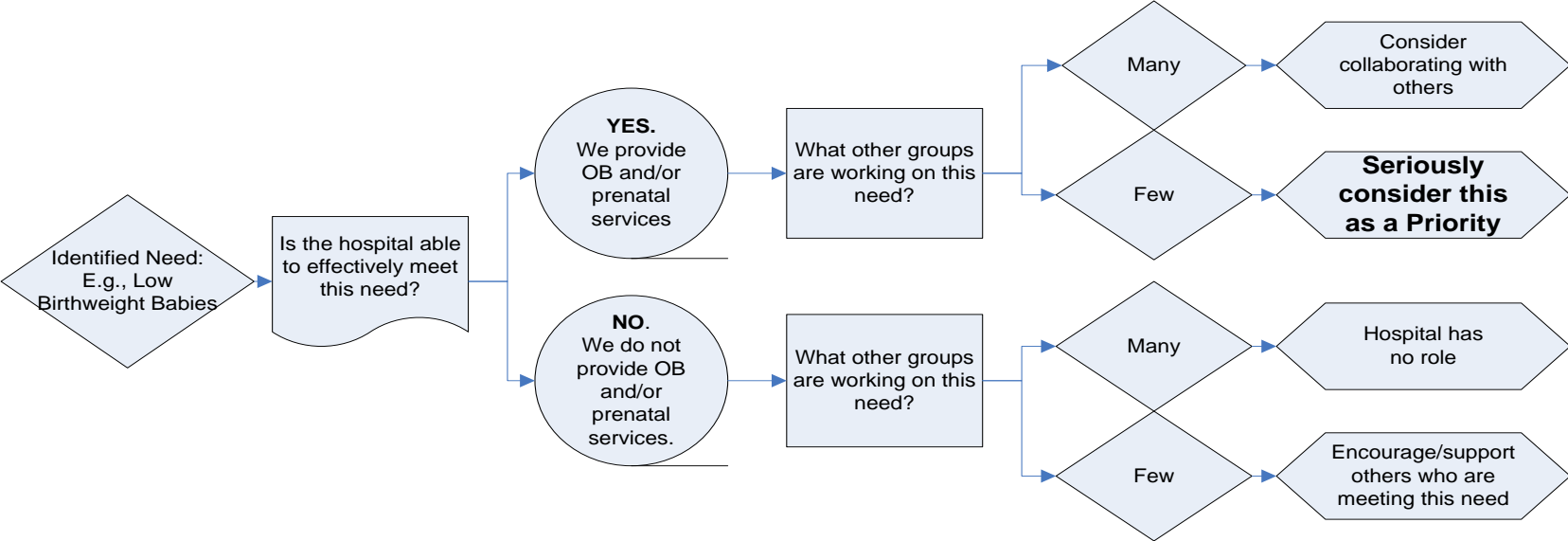
Priority 1: Smoking and the use of tobacco products is a top priority of the Community and Hospital Health Needs Assessment Committees. Greene County TN residents age 18+ have a 30% smoking rate as compared with a 23.1% State of Tennessee rate and a national rate of 18.3%. The Healthy People 2020 goal is 12%. The use of tobacco products has been promoted as a way of life for many years in Greene County because tobacco has been a local crop and many families have made their living raising tobacco.

Priority 2: The age-adjusted rate for diabetes deaths per 100,000 is high no matter whether you look at national, state or county data. Diabetes is highly related to cardiovascular disease and took the second spot on our list of major health issues in Green County, TN. The death rate per 100,000 in Green County, TN is 26%, the State of Tennessee is 26.2% and the national rate is 22.5%. The Healthy People 2020 goal is 20.25%. Diabetes is rampant and has become the major health concern in the United States and may be related to the obesity epidemic that now engulfs us.

Priority 3: The third top health priority as determined by the HHNAC and the CHNAC is adult and childhood obesity. Again, obesity is related to both cardiovascular disease and diabetes and falls neatly under the cardiovascular umbrella. Over the past decade the State of Tennessee has found itself in the top ten stats in the country when it comes to obesity. Adult obesity (BMI >30) in Greene is 32%, in the State of Tennessee 32% and the U.S. National Benchmark is 25%. Both the HHNAC and the CHNAC believe that since there is such a close relationship between

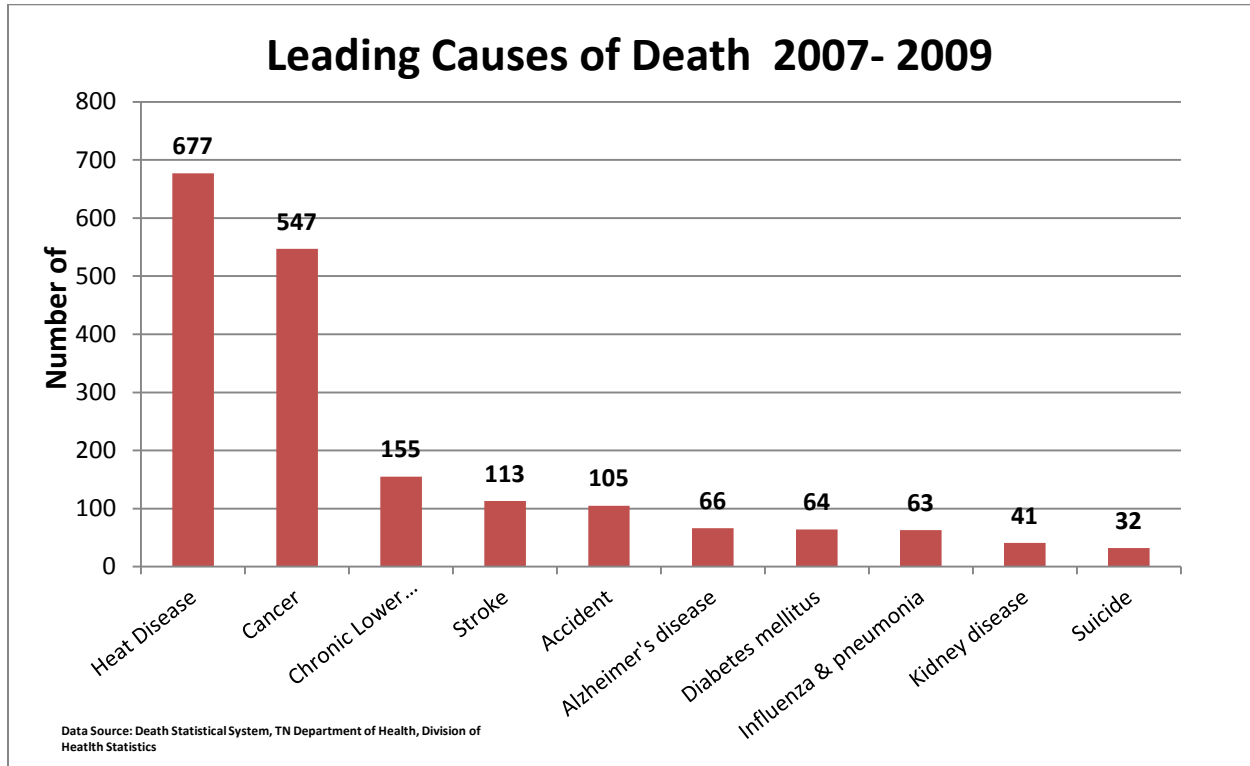
Attachment 7

Decision Tree

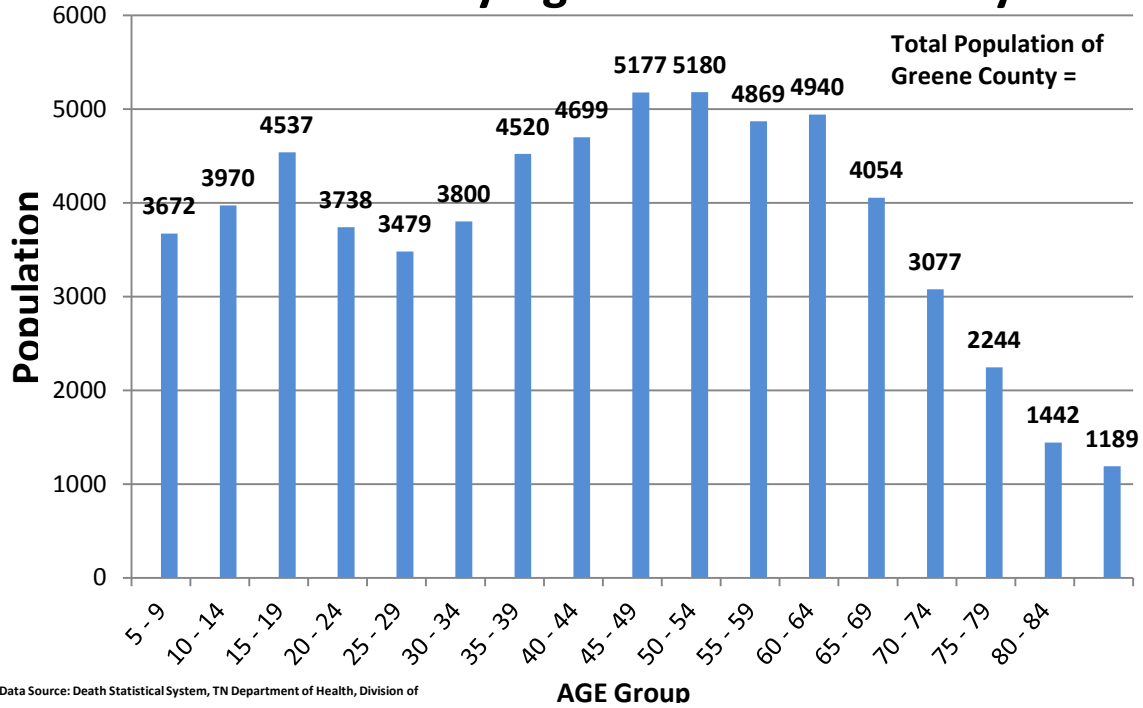


Attachment 8

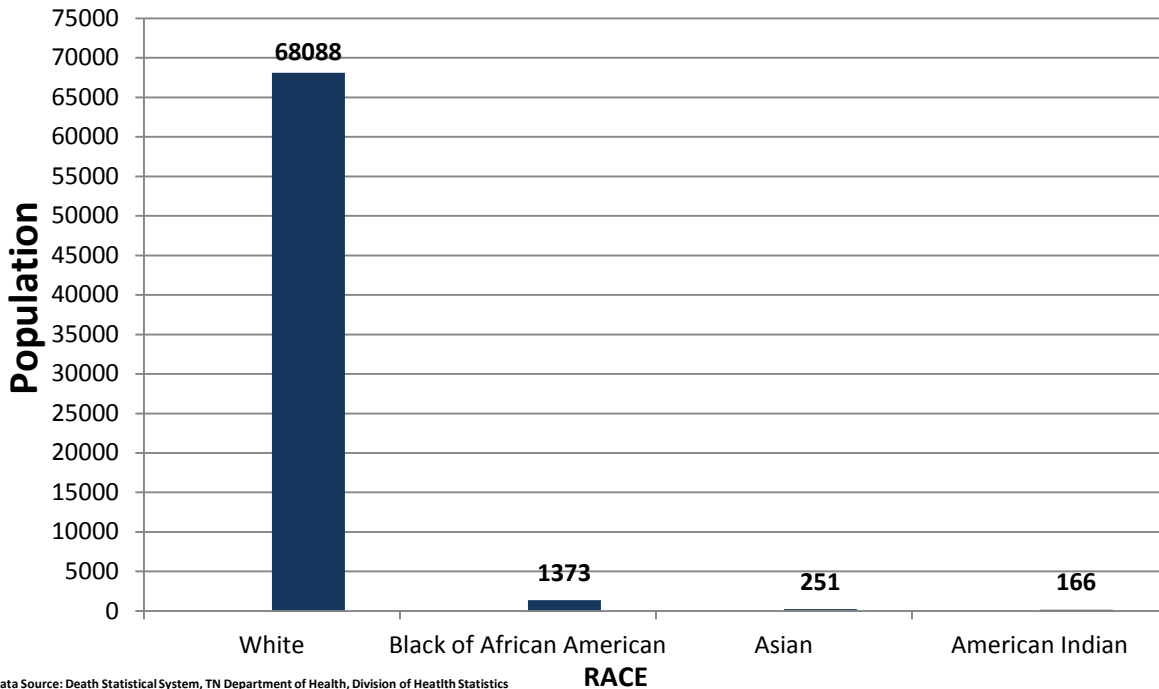
Demographic and Health Data Graphs

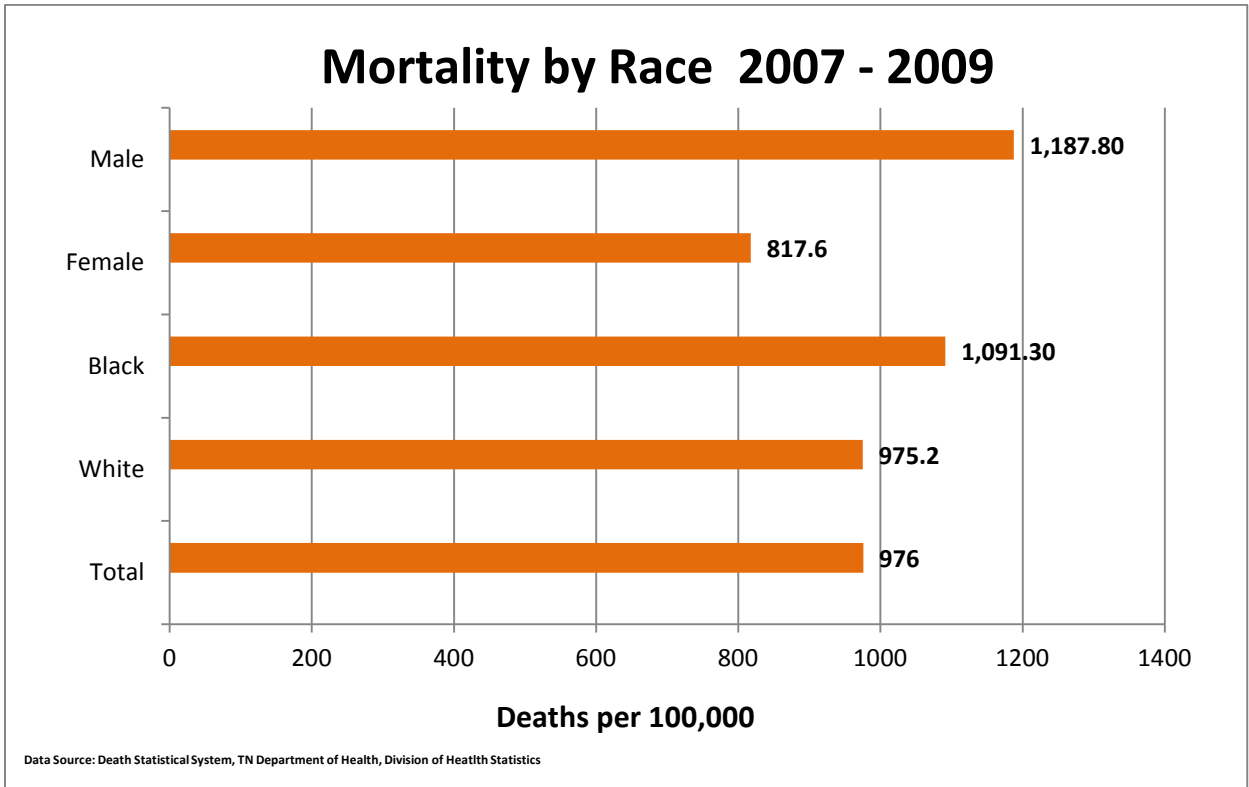
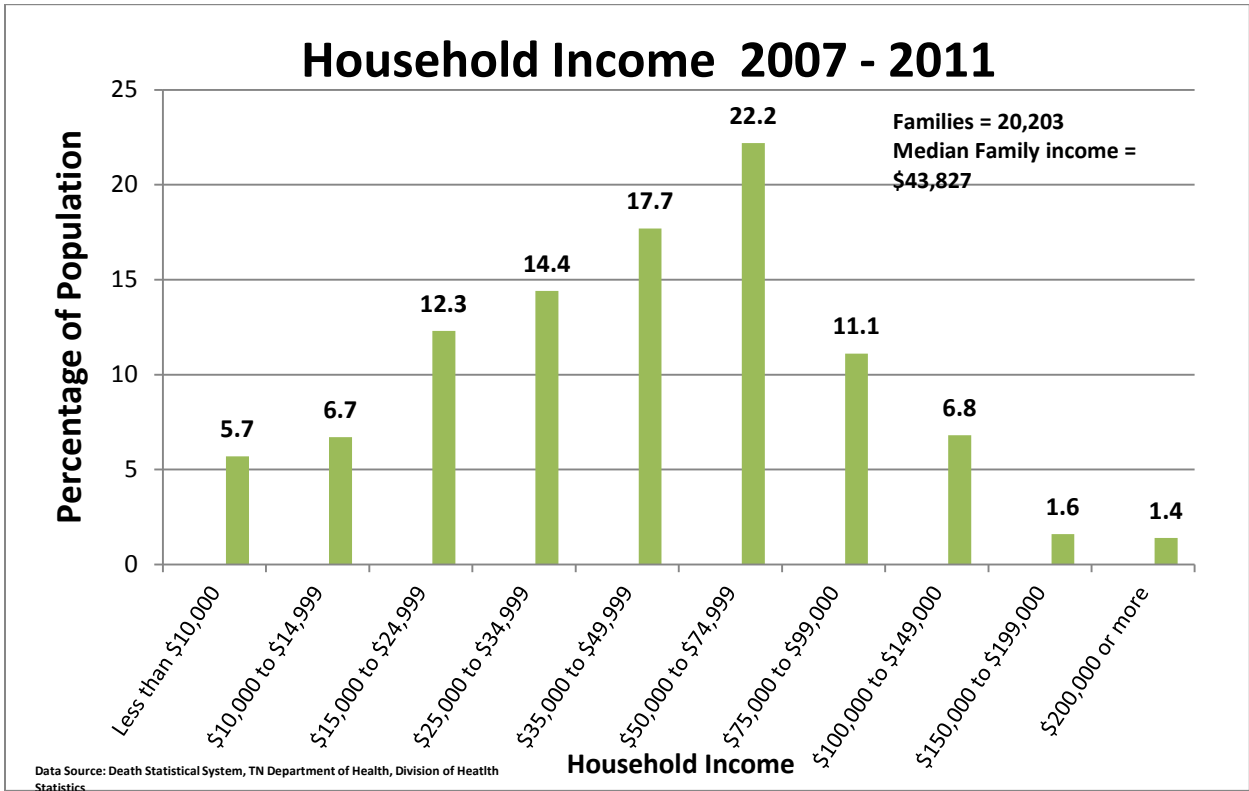


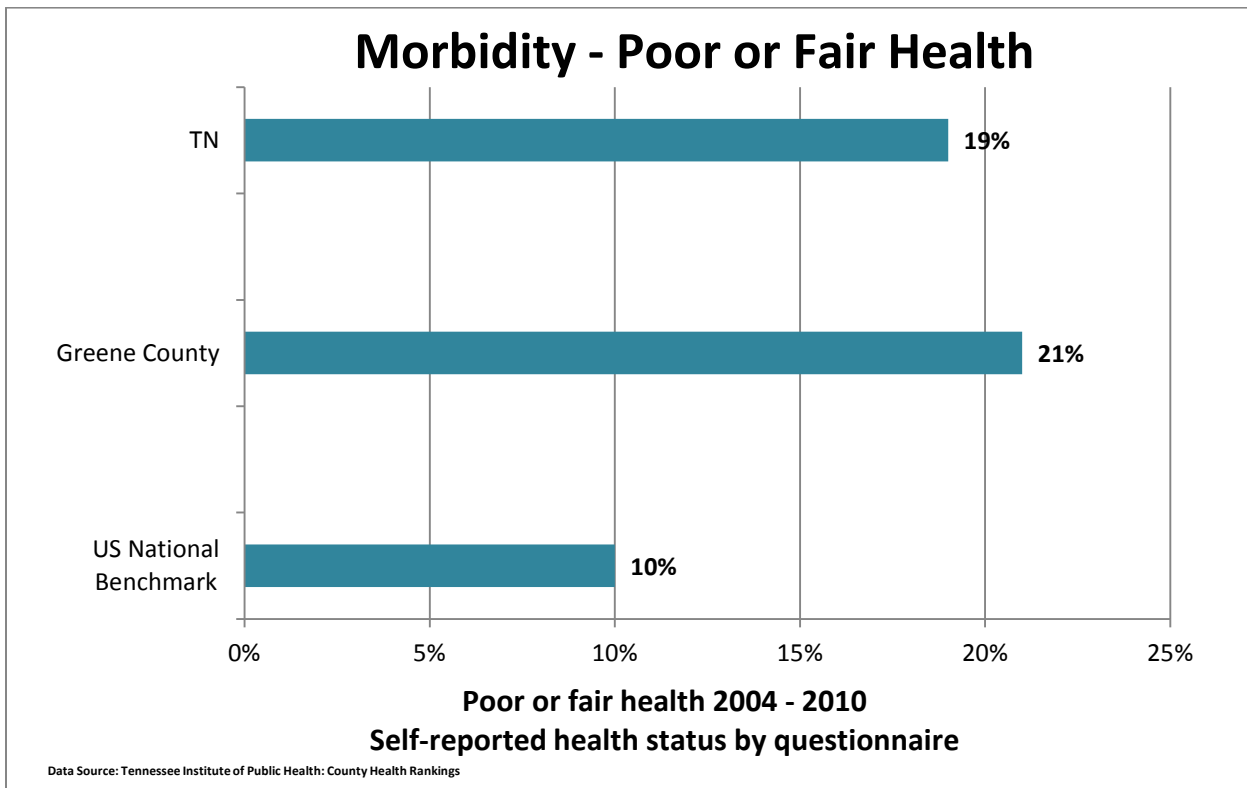
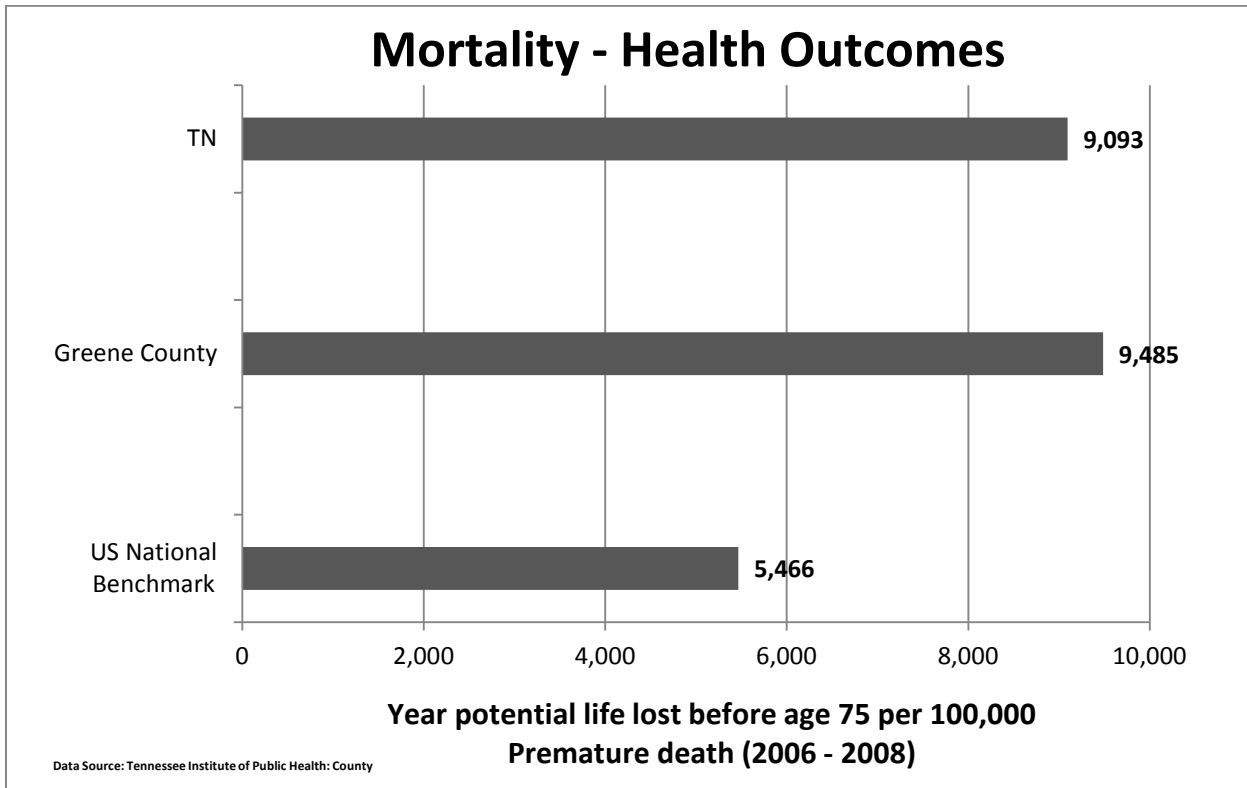
2010 Census by Age for Greene County



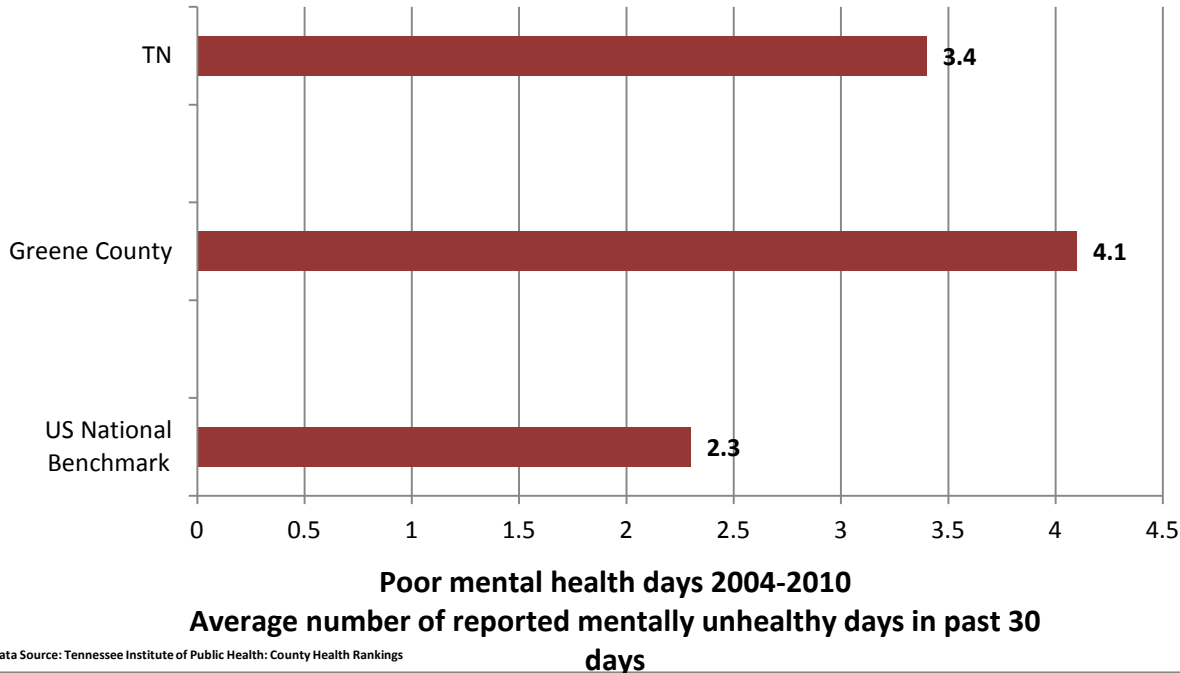
2010 Census by Race for Greene County



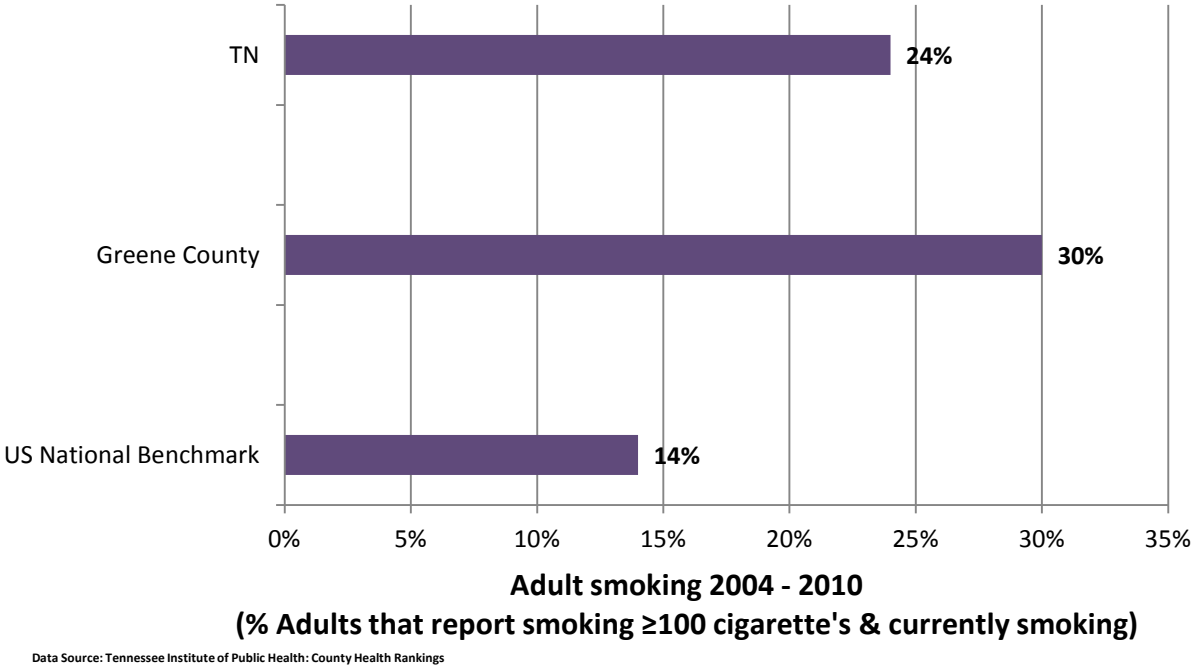




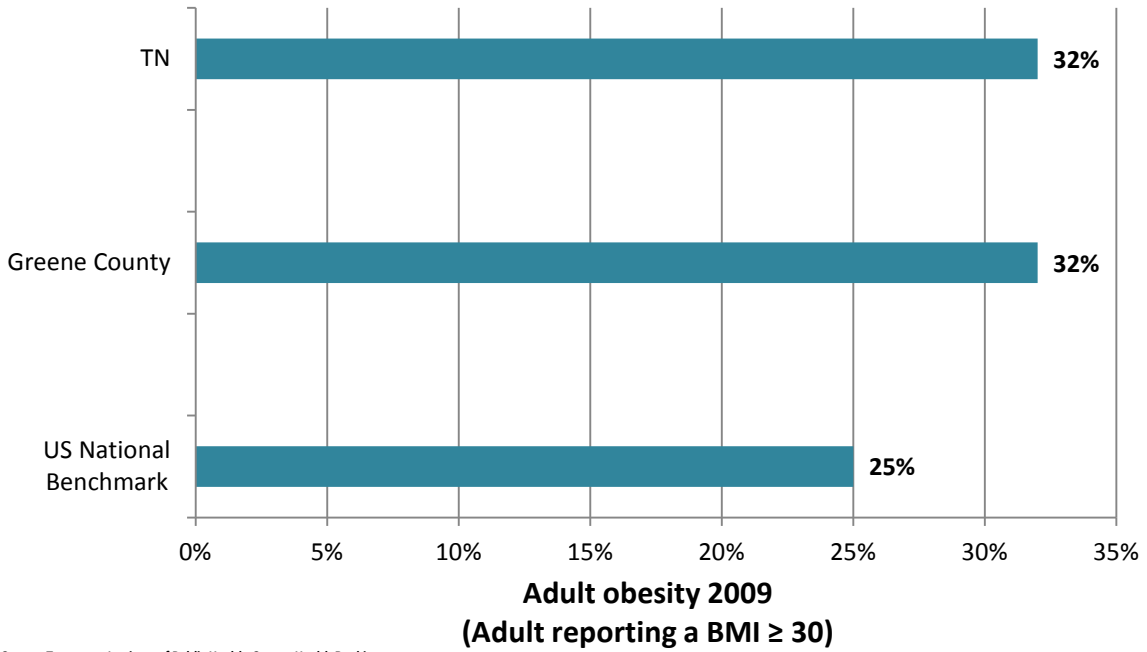
Morbidity - Mental Health



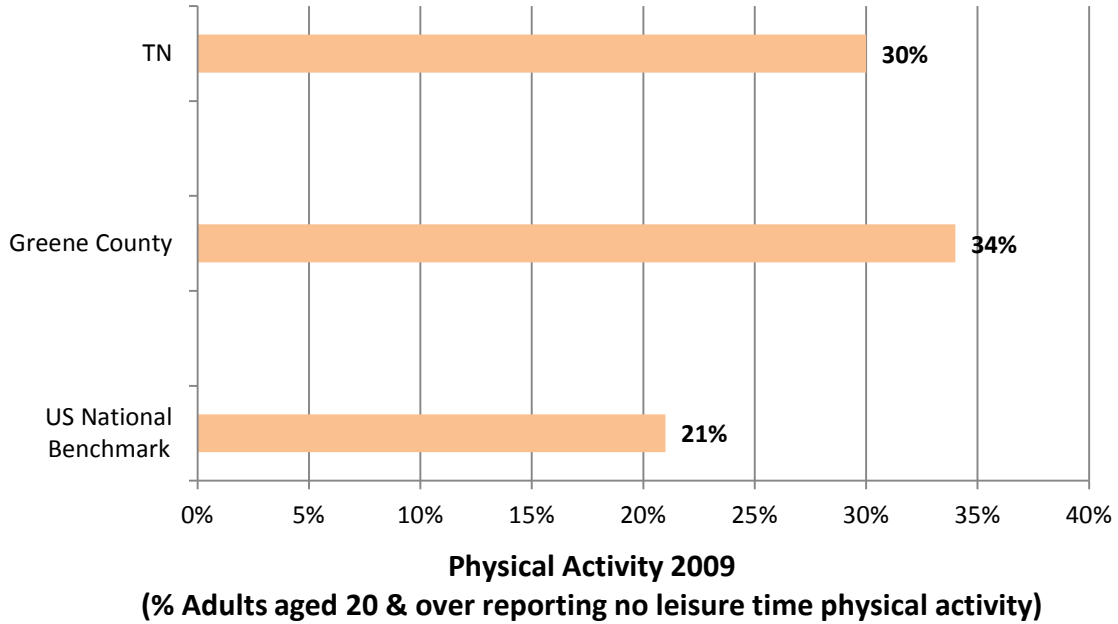
Health Behaviors - Adult Smoking



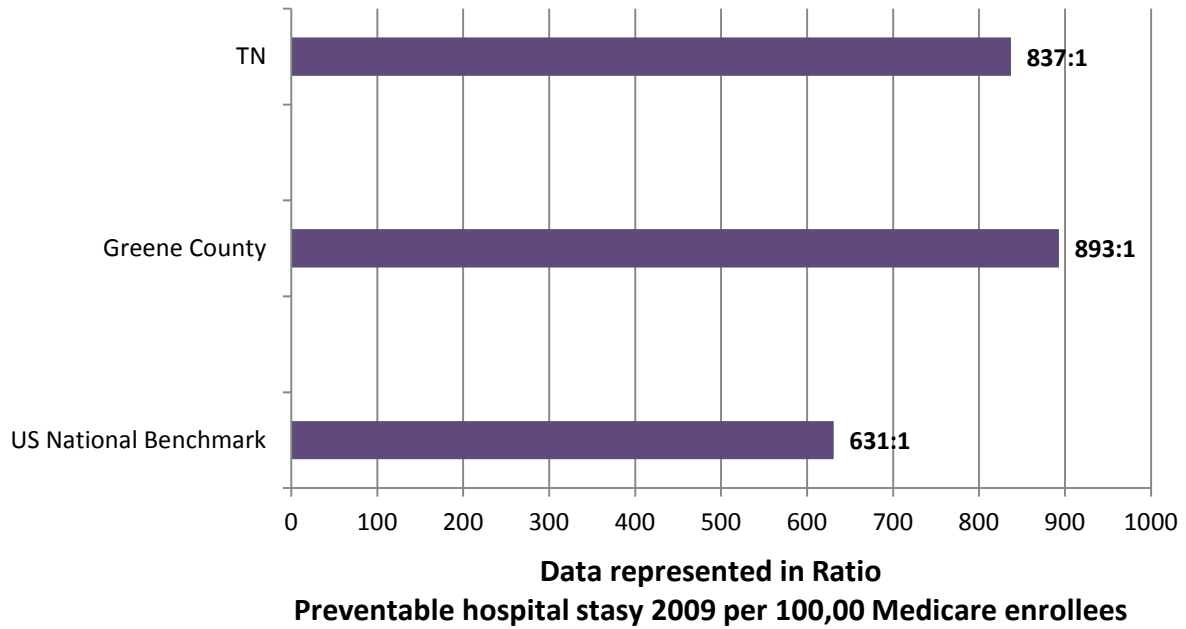
Health Behaviors - Adult Obesity



Health Behaviors - Physical Activity

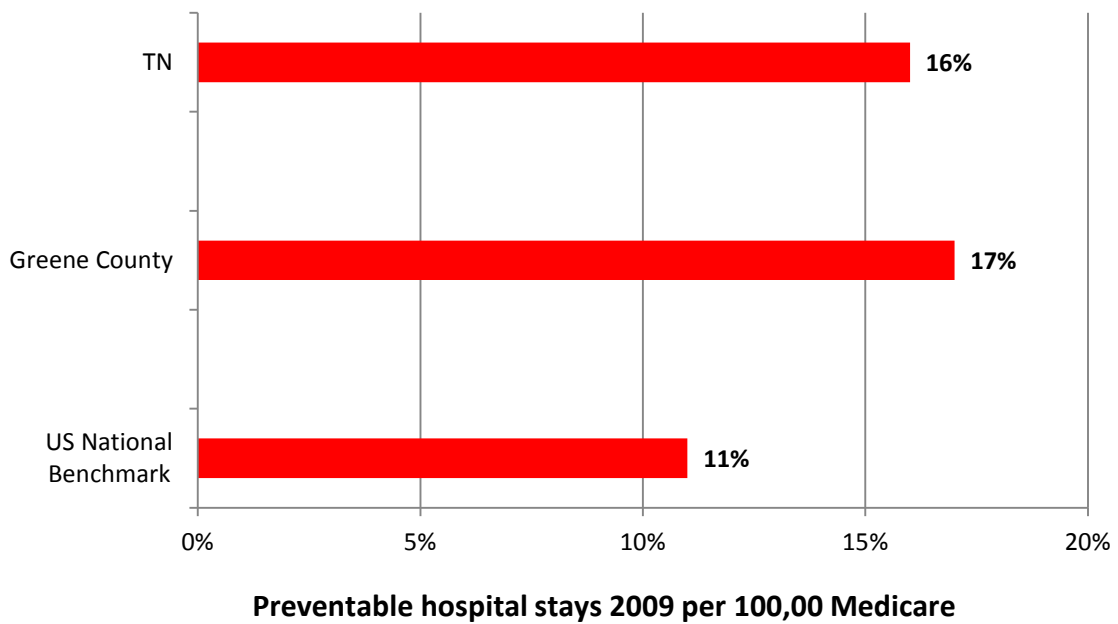


Clinical Care - Primary Care Physicians



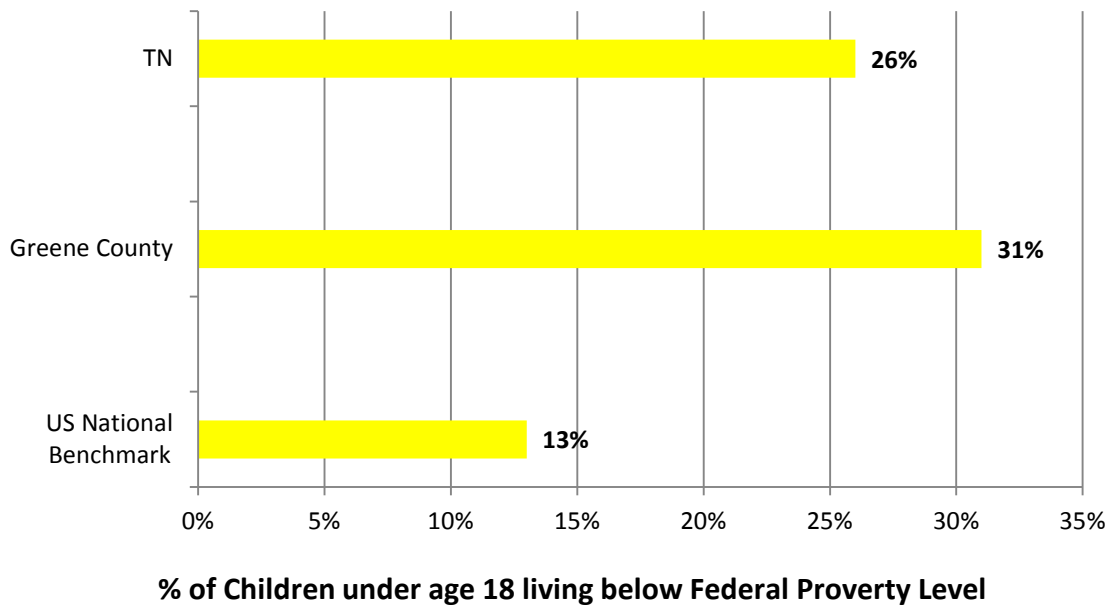
Data Source: Tennessee Institute of Public Health: County Health Rankings

Clinical Care - Uninsured



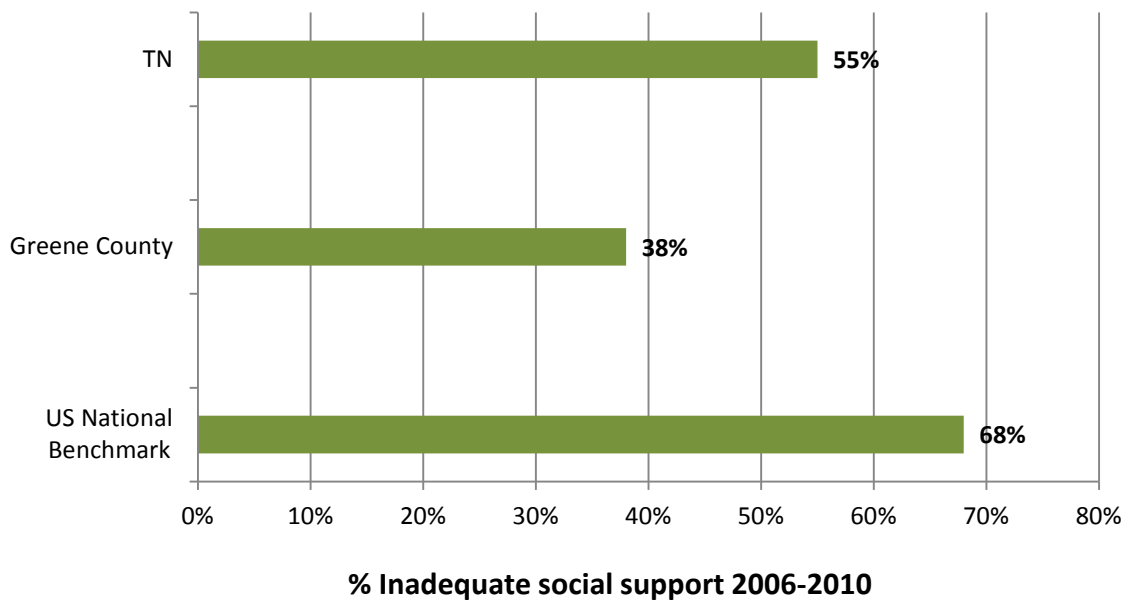
Data Source: Tennessee Institute of Public Health: County Health Rankings

Social & Economic - Children in poverty 2010



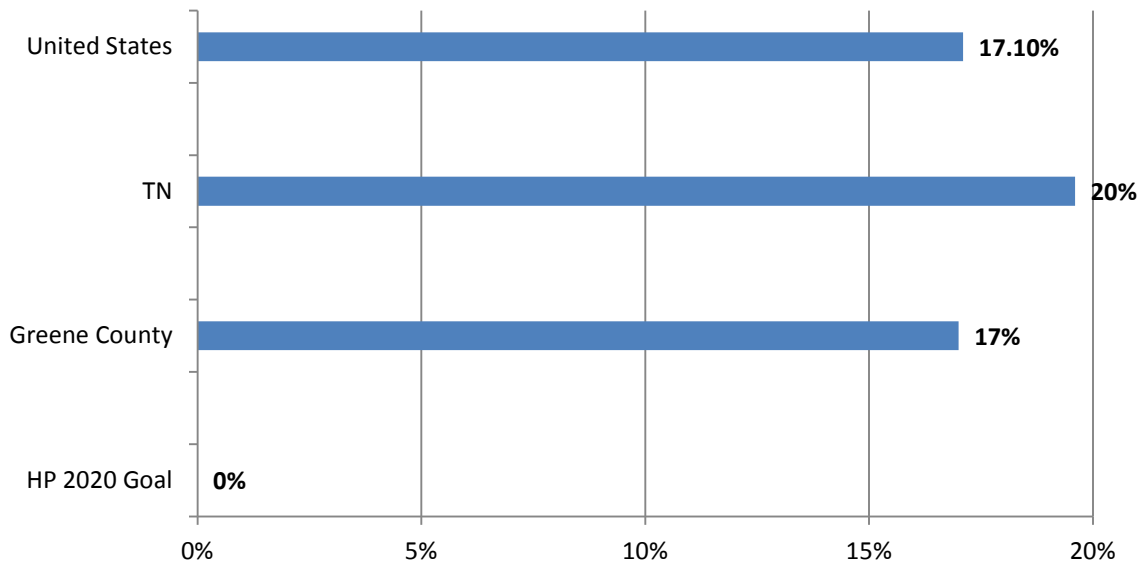
Data Source: Tennessee Institute of Public Health: County Health Rankings

Social & Economic - Some College



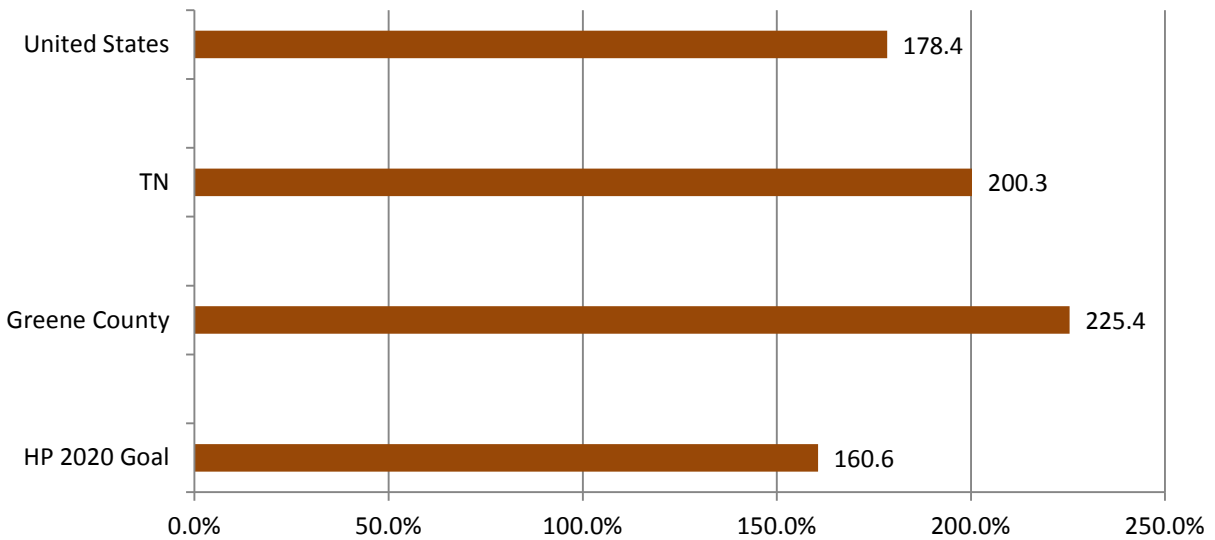
Data Source: Tennessee Institute of Public Health: County Health Rankings

Access to Health Services - Insurance



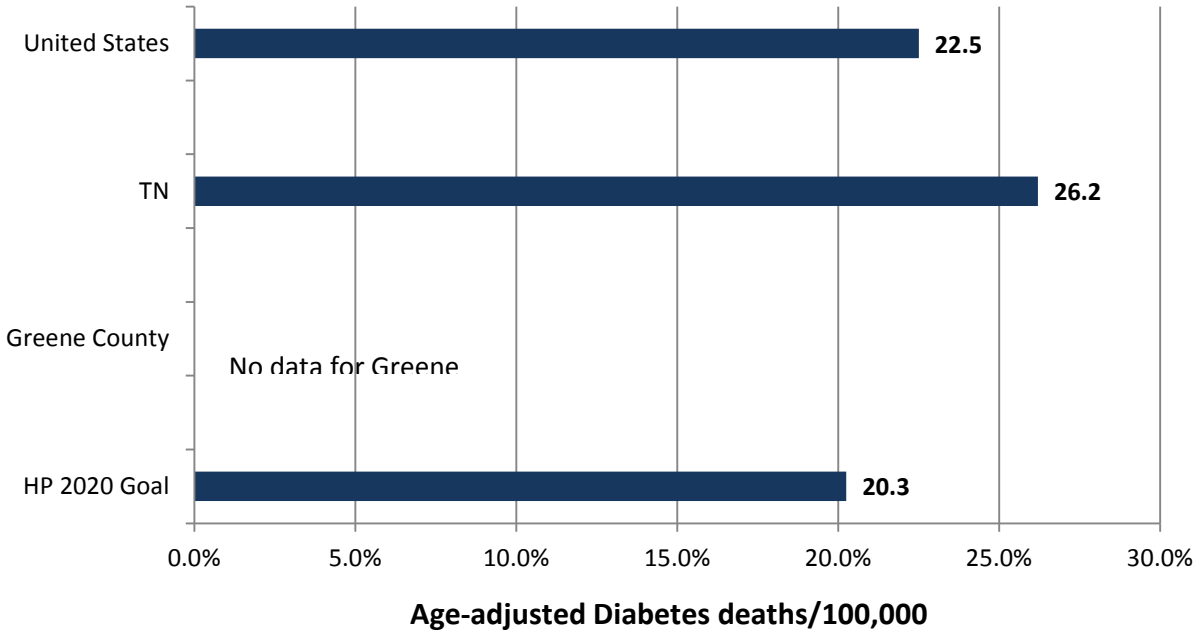
Data Source: Tennessee Institute of Public Health: County Health Rankings

Cancer - Deaths



Data Source: Tennessee Institute of Public Health: County Health Rankings

Diabetes - Deaths



Data Source: Tennessee Institute of Public Health: County Health Rankings

Attachment 9

America's Health Rankings-Tennessee-2011

(www.americashealthrankings.org)

	2011 Ranking	2010 Ranking	2005 Ranking	2000 Ranking
Air Pollution	39	39	40	NA
Binge Drinking	1	2	NA	NA
Cancer Deaths	46	46	46	41
Cardiovascular Deaths	44	44	48	48
Children in Poverty	36	39	40	28
diabetes	46	NA	NA	NA
Early Prenatal Care	38	45	NA	NA
Geographic Disparities	14	16	15	NA
High School Graduation	31	35	49	NA
Immunizations coverage	8	1	23	NA
Infant Mortality	45	46	48	38
Infectious Disease	32	39	36	34
Lack of Health Insurance	29	31	22	NA
Obesity	42	48	47	33
Occupational Fatalities	34	30	26	30
Poor Mental Health Days	11	41	18	21
Poor Physical Health Days	41	48	38	29
Premature Death	44	43	46	45
Preventable Hospitalizations	46	45	46	NA
Primary Care Physicians	18	18	18	NA
Public Health Funding	22	21	NA	NA
Smoking	37	41	48	38
Violent Crime	47	48	47	43
OVERALL RANK	39	42	49	42

Attachment 10

Greene County, TN Community Health Needs Assessment-2012 Health Information and Data

Health Indicators (countyhealthrankings.org)					
*Reverse-coded measures. The national benchmark is the 90th percentile. For all other measures, the national benchmark is the 10% percentile					
	U.S. National Benchmark	Greene County	TN	United States	County Rank
Health Outcomes					42
Mortality					44
Premature death (2006-2008) Years potential life lost before age 75 per 100,000	5,466	9,485	9,093		
Morbidity					48
Poor or fair health 2004-2001 (self-reported health status by questionnaire)	10%	21%	19%		
Poor physical health days 2004-2010 (Average number of reported physically unhealthy days in past 30 days)	2.6	5.2	4.1		
Poor mental health days 2004-2010 (Average number of reported mentally unhealthy days in past 30 days)	2.3	4.1	3.4		
Low birth weight	6.0%	8.60%	9.40%		

Health Factors					45
Health Behaviors					62
Adult smoking 2004-2010 (%adults that report smoking >=100 cigarettes and currently smoking.)	14%	30%	24%		
Adult obesity 2009 (Adults reporting a BMI>=30)	25%	32%	32%		
Physical activity 2009 (% adults aged 20 and over reporting no leisure time physical activity)	21%	34%	30%		
Excessive drinking 2004-2010 (Reported binge drinking [4-5 drinks on a single occasion in past 30 days] or heavy drinking defined as more than 1-2 drinks per day on average)	8%	4%	9%		
Motor vehicle crash death rate (per 100,000) 2002-2008	12%	23%	22%		
Sexually transmitted infection (per 100,000) 2009 [Chlamydia - new cases]	84	218	478		
Teen birth rate (per 1,000 female pop. Ages 15-19) 2002-2008	22	59	55		
Clinical Care					30
Preventable hospital stays 2009 (Conditions that can usually be addressed in the OP setting and do not normally require hospitalization if the condition is well-managed) per 100,000 Medicare enrollees	49	97	86		
Primary Care Physicians	631:1	893:1	837:1		
Uninsured	11%	17%	16%		
Diabetic screening 2009 (% of diabetic Medicare patients whose blood sugar control was screened in the past year (HbA1c) levels	89%*	82%	85%		
Mammography screening 2009 (% of female Medicare enrollees age 67-69 that had at least one mammogram over a 2-year period	74%*	62%	63%		

Social & Economic Factors					52
Children in poverty 2010 (% of children under age 18 living below FPL)	13%	31%	26%		
Inadequate social support 2006-2010 (%of adults responding to question: How often do you get the social and emotional support you need?)	14%	20%	19%		
Children in single-parent households 2006-2010	20%	31%	35%		
Violent crime rate (per 100,000) 2007-2009 (National Benchmark at 90th percentile)	73	392	713		
High School Graduation		90%	79%		
Unemployment	5.4%	13.2%	9.7%		
Some College	68%	38%	55%		
Physical Environment					50
Air pollution-particulate matter days 2007 (annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter) (National Benchmark at 90th percentile)	0	0	1		
Air pollution-ozone days 2007 (Annual days that air quality was unhealthy for sensitive populations due to ozone levels)	0	0	8		
Access to recreational facilities 2009 (Number of recreational facilities per 100,000)	16*	2	8		
Limited access to healthy foods 2006 (Proportion of the population who are both living in poverty and do not live close to a grocery store. Metro/1 mile or less, non-Metro/10 miles or less.	0%	1%	11%		
Fast food restaurants 2009 (Proportion of restaurants in a county that are fast food establishments)	25%	55%	52%		

Additional Measures	HP 2020 Goal	Greene County	TN	United States
Access to Health Services				
Lack of Health Insurance*	0.00%	17%	19.60%	17.10%
Have a specific source of ongoing medical care	4.20%			86.40%
Difficulty accessing medical care	4.20%			4.70%
Cancer				
Cervical cancer screening based on most recent guidelines*	93%		83.90%	82.80%
Colorectal cancer screening based on most recent guidelines*	70.50%		59.50%	61.80%
Breast cancer screening based on most recent guidelines*	81.10%	70.10%	78.20%	79.20%
Age-adjusted cancer deaths/100,000	160.6	225.4	200.30%	178.40%
Diabetes				
Age-adjusted Diabetes Deaths/100,000	20.25%		26.20%	22.50%
Heart Disease and Stroke				
Proportion of adults over 18 y/o with hypertension*	26.90%		33.80%	27.50%
Proportion of adults over 20 y/o with high total blood cholesterol levels (>240)	13.50%			15%
Age-adjusted heart disease deaths/100,000*	100.80		220.6	190.9
Age-adjusted stroke deaths/100,000	33.80		53.9	42.2
HIV				
Age-adjusted HIV deaths/100,000	3.3		4.1	3.7
Immunization and Infectious Diseases				

Flu shot (18-64)	80%		25%
Flu shot (>65 y/o)*	90%	70.80%	70.90%
Pneumococcal Vaccine (18-64)	60%		17%
Pneumococcal Vaccine (>65 y/o)*	90%	64.30%	66.90%
New invasive pneumococcal infections in adults >65 y/o (per 100,000)	31%		40.4
Injury and Violence Prevention			
Age-adjusted unintentional injury deaths/100,000	36%	52.1	40
Age-adjusted motor vehicle crash deaths/100,000*	12%	21	14.4
Safety belt use	92.40%	80.60%	84.00%
Maternal, infant and Child Health			
Low-weight births as % of total births	7.80%	9.20%	8.20%
Early and adequate prenatal care in first trimester	77.90%	67.00%	70.80%
Infant death rate/100,000 (within first year)	6.00%	8.65%	6.68%
Mental Health and Mental Disorders			
Depressed persons receiving treatment (18+)	75.10%		68.30%
Percentage of adults >18 y/o experience a major depressive episode	6.10%	9.80%	6.80%
Suicide deaths per 100,000	10.20%	13.3	11.30%
Nutrition and Weight Status			
Proportion of adults that are at the healthy weight*	33.90%	32%	36.60%
Proportion of adults who are obese*	30.60%	31.20%	26.60%

Physical Activity				
% of adults engage in moderate/vigorous activity for at least 150/75 minutes per week*	47.90%		40.10%	48.80%
% of adults engage in moderate/vigorous activity for at least 300/150 minutes per week	31.30%			28.40%
Respiratory Diseases				
Chronic Lung Disease (Hospitalizations from COPD per 10,000, 45 y/o)	50.10%			56%
Substance Abuse				
Proportion of persons >18 y/o engaging in binge drinking during the past month	24.30%			27%
Proportion of adolescents (ages 12-17) using alcohol or any illicit drugs during past 30 days	16.50%			18.30%
Age-adjusted cirrhosis death/100,000	8.20%		9.2	9.1
Tobacco Use				
Percentage of adults (over 18 y/o) who are current cigarette smokers*	12%	30%	23.1	18.30%
Recent smoking cessation success by adult smokers (over 18 y/o)	8%			6%
Percentage of adults (over 18 y/O) who are current users of snuff or chewing tobacco products	0.30%			2.30%
*National data is from Health People except where indicated with an asterisk. In these instances national and state data may not align with HP 2020 goals.				

Attachment 11

Takoma Regional Hospital Emergency Room Market Share by Payor

4th Quarter 2010 through 3rd Quarter 2011

Greene County, TN Residents

Payor Group	TRH Visits	TRH Market Share
All Other	605	48.20%
BC/BS & BC Managed Care	1887	30%
Commercial & Comm. Managed Care	1016	22.20%
Medicare	4310	36%
Self-Pay	2862	41.10%
TennCare	6082	42.10%
Unknown	NA	NA
Medicaid (Not TennCare)	NA	NA
Cover Tennessee	NA	NA
Total ED Visits	16762	
Total Per Cent Visits	36.60%	

Data from Tennessee Hospital Association Information Service

Attachment 12

Takoma Regional Hospital Market Data by Diagnosis

4th Quarter 2010 through 3rd Quarter 2011

Greene County, TN Residents

DX Product Line	Total Market Visits Count	Total Market Visits % of Col.	Facility Visits Count	Facility Visits % of Col.	Market Share	Total Charges	Avg. Charges
Blood and blood-forming organ dzs	127	0.3	40	0.2	31.5	\$333,192	\$8,330
Circulatory system dzs	4,058	8.9	1,273	7.6	31.4	\$9,862,668	\$7,748
Complic. pregnancy, childbirth, puerperium	256	0.6	173	1.0	67.6	\$423,938	\$2,451
Condit originating in the perinatal period	40	0.1	6	0.0	15.0	\$7,609	\$1,268
Congenital anomalies	6	0.0	2	0.0	33.3	\$1,646	\$823
Digestive system dzs	3,418	7.5	1,189	7.1	34.8	\$5,911,218	\$4,972
Endo/nutrit/metab dzs and immune disorder	767	1.7	248	1.5	32.3	\$1,673,458	\$6,748
Genitourinary system dzs	2,556	5.6	934	5.6	36.5	\$4,167,714	\$4,462
Infectious and parasitic dzs	657	1.4	352	2.1	53.6	\$4,608,764	\$13,093
Injury and poisoning	10,702	23.4	4,181	24.9	39.1	\$8,739,144	\$2,090
Mental disorders	1,169	2.6	582	3.5	49.8	\$2,668,608	\$4,585
Musculoskel sys and connect tiss dzs	3,067	6.7	929	5.5	30.3	\$1,526,384	\$1,643
Neoplasms	90	0.2	15	0.1	16.7	\$203,346	\$13,556
Nerv system and sense organ dzs	4,468	9.8	1,546	9.2	34.6	\$3,066,291	\$1,983
Other conditions	5,857	12.8	2,216	13.2	37.8	\$6,855,727	\$3,094
Respiratory system dzs	7,099	15.5	2,565	15.3	36.1	\$9,368,742	\$3,653
Skin and subcutaneous tissue dzs	1,406	3.1	544	3.2	38.7	\$1,112,185	\$2,044
Unknown or No Diagnosis	3	0.0	1	0.0	33.3	\$1,955	\$1,955
TOTAL	45,746	100%	16,796	100%	36.7%	\$60,532,590	\$3,604

Appendix 13

Leading Causes of Death in Greene County TN

Greene

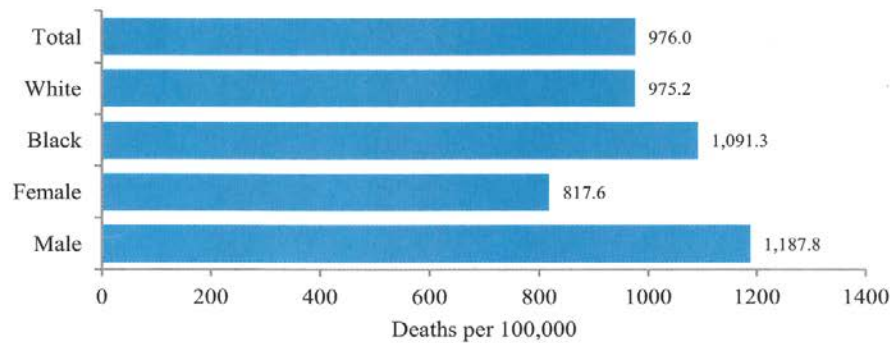
Leading Causes of Death

Leading Causes of Death, 2007-2009¹

Rank ²	Cause	# Deaths	Age Adjusted Mortality Rate ³ and Demographic Ranking				
			Total	White	Black	Female	Male
1	Heart disease	677	272.7	270.0	449.7	213.3	357.7
2	Cancer	547	217.2	216.7	266.3	169.1	284.7
3	Chronic lower respiratory diseases	155	61.4	62.6	0.0	58.7	66.6
4	Stroke	113	46.5	47.4	0.0	41.6	53.1
5	Accidents	105	48.8	48.7	48.5	31.7	69.8
6	Alzheimer's disease	66	27.1	27.2	31.1	26.7	27.2
7	Diabetes mellitus	64	26.4	25.4	93.0	22.6	29.4
8	Influenza and pneumonia	63	25.5	25.6	30.7	25.1	26.6
9	Kidney disease	41	16.7	16.6	18.9	13.1	20.7
10	Suicide	32	15.3	15.7	0.0	5.4	25.7

Ranking Key: 1 2 3 4 5

All Cause Mortality by Race, 2007-2009^{1,3}



¹Data Source: Death Statistical System, Tennessee Department of Health, Division of Health Statistics.

²Ranking order is based on counts for the total population. Demographic ranking is based on counts for each subgroup.

³Annual mortality rate per 100,000 population, age adjusted to the 2000 standard US population.

^ Indicates data has been suppressed due to small numbers.