

2019

Community Health Needs Assessment

Hickman County, Tennessee

Saint Thomas Hickman Hospital



 Saint Thomas
Health

 Ascension

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EXECUTIVE SUMMARY

Saint Thomas Health and its member hospitals conducted Community Health Needs Assessments (CHNA) of the communities it serves during the 2019 fiscal year. These assessments of health needs and assets identify unmet health needs of the community and provide reference for each of the hospital's response to the needs (implementation strategy), aligning Saint Thomas Health's initiatives, programs and activities to improve the health of communities served.

Saint Thomas Health's commitment to Health Care That Leaves No One Behind goes well beyond delivering the highest quality care and medicine. It's a commitment to improving health both inside and outside hospital walls and within the community with special attention to the poor and vulnerable. This means working closely with each community we serve, partnering with residents, businesses, school systems, local government and other health and human service providers, to identify and address key local needs that affect the health of individuals and communities. Saint Thomas Health's Mission, Vision and Values are the key factors influencing their approach and commitment to addressing community health needs through community benefit activities.

Community Served

Saint Thomas Hickman Hospital and Saint Thomas Health conducted the assessment collaboratively with the Hickman County Health Department and Hickman County Health Council. In addition, Saint Thomas Hickman collaborated with Vanderbilt University Medical Center on a shared process of secondary data review. The community served for purposes of this CHNA was defined as Hickman County, Tennessee. Hickman County is the primary service area for Saint Thomas Hickman Hospital with 71.1% of inpatient cases and 85% of ED cases originating within Hickman. The Hickman County Health Department oversees the public health services for the geographic area of Hickman County, Tennessee. Review of Saint Thomas Hickman Hospital's inpatient and emergency department visits in calendar year 2017 shows the following statistics relative to Davidson County origin.

Cases Originating in Hickman County		
Hospital	Inpatient Cases	ED Visits
Saint Thomas Hickman	71.7%	85.3%

Many facts and circumstances were considered in defining the community, including:

- region served by collaborating entities;
- areas of populations that included the underserved, low-income and minority groups;
- potential for collaboration/partnering with other organizations;
- availability of health information for the area selected; and
- location of collaborating entities.

Objectives

The objectives of the CHNA and subsequent hospital specific implementation strategies were:

1. Provide an unbiased comprehensive assessment of Hickman County's health needs and assets;
2. Use the CHNA to collectively identify priority health needs for Saint Thomas Hickman Hospital, Hickman County Health Department's and Hickman County Health Council's community benefit and community health improvement activities;
3. Provide an objective assessment of the community, upon which the three collaborating entities may continue partnering to support and improve health within the county; and
4. Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes.

The process included a review of secondary health data, interviews of community representatives and leaders, community intercept survey, and a community meeting to review findings and discern unmet health needs. The collaborating team received input from public health experts, including the local public health department partner. An outside consultant, Stratasan, was used to conduct, analyze and summarize findings of the online community survey.

Summary of Information and Community input considered in determining the needs included:

Health Data Summary

Demographic/Socioeconomic

- Little racial and ethnic diversity
- 94% with high school education
- 11% with Bachelor's degree or higher
- 19.7% live in poverty; 24% of children live in poverty (60% below 200% FPL)
- Poverty and education vary by geography
- Employment rate is high, but most (80%) commute out of county for work

Social Determinants

- 27% of home owners are cost burdened
- 63% do not have broadband access
- 4.2% do not have access to car
- 2 grocery stores within the county
- Reported child abuse/neglect cases are rising
- Senior population estimated to increase 69% between 2019 and 2030

Access to Health Care

- 100% of Hickman population lives in a designated Health Professional Shortage Area

- 11% of Hickman is uninsured

Morbidity and Mortality

- Life expectancy lower than nation overall
- Cancer and heart disease are leading causes of death
- Chronic disease rates remain high compared to the state and the nation

Birth Outcomes

- Infant mortality and low birth weight rates remain high across county, state, and nation
- Rate of mothers who smoke during pregnancy in Hickman are far higher than state and national rates
- Teen pregnancy continues to decline

Behavioral Risk Factors

- Smoking rate remains higher than HP2020 goal
- 36% of Hickman adults are obese
- High School Youth
 - 15.4% smoked cigarettes within 30 days
 - 16.9% are obese
- Hickman opioid prescription rate is 65.9 per 100 persons which is higher than the national average of 58.7

Mental & Emotional Health

- Hickman adults average 4.8 poor mental health days each month
- For every 2,340 persons there is 1 mental health provider
- Approximately 853 individuals experience serious mental illness in Hickman County

Interviews of Community Leaders & Representatives

17 interviews were conducted between November 2018 and January 2019. Here are highlights from those interviews:

- Assets
 - Hospital & Health Department
 - Community cohesiveness
 - People
 - Environment
- Broad Issues
 - Lack of job opportunities
 - Obesity
 - Alcohol & Drug abuse
 - Mental Health
 - Cycle of poverty
 - Educational opportunities

- Health Care Concerns
 - Access to Healthcare
 - Tobacco Use
 - Obesity
 - Healthy food access
 - Cost of healthcare
 - Transportation
 - Education
- Obstacles to Address
 - Lack of education and knowledge
 - Cost
 - Lack of collaboration
 - Stigma
- Magic Wand
 - Internet
 - Physical Activities
 - Infrastructure

Online Community Survey

The online survey was opened on October 22, 2018 and closed January 14, 2019. 284 surveys were completed.

Here are the highlights of the results from the survey:

- 64% of survey respondents describe their health as “good”
- 40% have a relative or friend that has an addiction or substance abuse issue
 - Of that 40% that responded yes, 67% said alcohol was the substance involved
- 22% live greater than 10 miles from a grocery store
- Top Community Issues
 - Cost of healthcare
 - Physical Inactivity/Lack of Exercise facilities
 - Poverty
- Healthcare/Health Education or Public Service Needed
 - Affordable insurance
 - Fitness Center
 - Nutrition education
 - Healthcare resources for the uninsured

Identified Community Health Needs

The results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders at the February 6th, 2019 Hickman County Health Council meeting, which included Hickman County Health Department, and Saint Thomas Health. The meeting attendees represented covered a broad spectrum of the community, including those focusing on the underserved population. They were asked to provide collective input into the needs of the community.

The prioritized unmet health needs identified for Hickman County, Tennessee, by this CHNA are:



MENTAL HEALTH/SUBSTANCE ABUSE



PHYSICAL INACTIVITY/OBESITY



TRANSPORTATION



EDUCATION

The CHNA partners are grateful to those who have participated and partnered with us in this assessment. This CHNA is a joint publication of Hickman County Health Department, Hickman County Health Council, Saint Thomas Hickman Hospital and Saint Thomas Health. Public comment is also available on the website. Saint Thomas Hickman Hospital and Saint Thomas Health will use the CHNA to guide in the development of an Implementation Strategy. Both the CHNA and the associated Implementation Strategy will be approved by the leadership of both Saint Thomas Hickman Hospital and Saint Thomas Health. Additionally, the CHNA and Implementation Strategy will be made available to the public via a PDF on the website and welcome public comment.

INTRODUCTION

This Community Health Needs Assessment (CHNA) publication serves as the documented CHNA for Health County Health Department, Hickman County Health Council, Saint Thomas Hickman Hospital, and Saint Thomas Health for fiscal year 2019 for the community of Hickman County, Tennessee.

A Community Health Needs Assessment (CHNA) is conducted to provide an understanding of the state of health in a community and the social factors contributing to and influencing health in the area. The CHNA may be used as a guide for development of community health improvement strategies.

With the passing of the Affordable Care Act in 2010, additional requirements for non-profit hospitals were implemented through the Internal Revenue Service. One of the requirements is for non-profit hospitals to conduct community health needs assessments. The assessments, performed at least every three years, should include input from the community and influence the hospital's implementation strategy for community benefit. Additionally, CHNAs and corresponding implementation plans are posted for the public and welcome comments from community members. Ideas and suggestions are routinely checked by the assessment team and used for quality improvement, when possible. There were no comments submitted regarding the 2016 Saint Thomas CHNA report.¹

Local health departments and health councils elect to conduct a CHNA to better understand the needs of their community and align their community health improvement activities with the priority needs identified.

In 2013 and 2016 Saint Thomas Hickman Hospital and Saint Thomas Health collaborated with the Hickman County Health Department and the Hickman County Health Council to conduct the CHNAs of Hickman County, Tennessee. In fiscal year 2019, the organizations collaborated to conduct a joint CHNA.

The periodic updating of assessments reflects changes in health status and factors over time and helps ensure ongoing improvement efforts are based on the current needs of the community. For 2019, Hickman County Health Department, Hickman County Health Council, Saint Thomas Hickman Hospital, and Saint Thomas Health worked together to understand the current health needs of Hickman County, Tennessee.

This updated assessment of unmet health needs will provide a basis for addressing the health needs of the county, and it acts as a reference for each of the partnering organizations' community health improvement plan/implementation strategy to ensure alignment with the community needs.

¹ Internal Revenue Service (2019) New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act. Retrieved from: <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

COLLABORATIONS AND CONSULTANTS

Saint Thomas Health contracted with the qualitative research firm, Stratasan, which specializes in facilitating community forums and market research. Stratasan was selected because of their qualitative research expertise. Stratasan provided guidance to conduct the online community survey. Stratasan, in full collaboration with Saint Thomas Health, developed the survey, analyzed the results, and provided a summary of the findings, (pg. 51).

Saint Thomas Health and Vanderbilt University Medical Center participated in the 2019 CHNA process on behalf of their non-profit hospitals and health systems. In Hickman County, the health systems partnered on secondary data review and development of interview methodology. Vanderbilt University Medical Center is a local non-profit hospital in Middle Tennessee.

Other partnering organizations include:

- **Hickman County Health Department**

The Hickman County Health Department is a rural local health department, one out of the ninety-five (95) rural and metropolitan counties operating under the Tennessee Department of Health. The mission of the Tennessee Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee. Its vision is to be a recognized and trusted leader, partnering and engaging to be in the nation's top ten healthiest states. Its values are centered on sharing integrity, excellence, compassion, teamwork, servant leadership and mutual respect among its customers and staff.

The Hickman County Health Department is located in Centerville, Tennessee, and serves the entire Hickman County population. The facility offers four (4) examination rooms and one (1) lactation room. The Hickman County Health Department provides an array of public health services including:

- Communicable disease prevention and treatment
 - surveillance, prevention and treatment for influenza; tuberculosis; food-borne disease; sexually transmitted disease and HIV/AIDS
- Health promotion, education and resource intervention
 - Women, infants and children (WIC); breastfeeding; home visiting, and social service support for new mothers; Baby and Me, Tobacco-Free! education; children with chronic conditions and special needs, and the TennCare population; education for healthy populations and persons living with chronic diseases, focused on population health through Primary Prevention Initiatives.
- Health screening
 - Breast, cervical, and prostate cancer screening; referrals for imaging services, Well Child exams as well as many preventive services and health screenings.
- Patient-centered medical home for the uninsured and underserved
 - immunizations; family planning services, treatment for STDs and iron deficiency anemia.
- Vital records and statistics

- birth and death certificates; paternity acknowledgement; voter registration; TennCare presumption; epidemiology

The Centerville facility spans approximately 5,500 square feet. It operates with 9 employees that annually provide approximately 3,599 patient encounters.

- **Hickman County Health Council**

The council is an independent advisory organization whose purpose is to promote the general and behavioral health of the community through education, awareness and interventions to improve the physical, economic and social lifestyle of residents. The Council consists of members who live, and/or serve with the objective of improving the health of the county. Members represent a broad interest of the community, including those that are underserved, vulnerable, and/or impacted by poverty. Council meetings are open to the public.

- **Ascension, Saint Thomas Hickman Hospital and Saint Thomas Health**

Ascension Saint Thomas Hickman Hospital, established in 1964, is a 25-bed critical access hospital in Centerville, Tennessee. Ascension Saint Thomas Hickman Hospital's services include an Emergency Department, a local home health program, a 40-bed Intermediate Care Nursing Facility and a provider-based Rural Health Clinic.

Saint Thomas Health (STH) is Middle Tennessee's faith-based, not-for-profit health care system united as one healing community. Saint Thomas Health is focused on transforming the healthcare experience and helping people live healthier lives, with special attention to the poor and vulnerable. In Middle Tennessee the system includes nine hospitals: Saint Thomas Midtown Hospital, Saint Thomas West Hospital, and Saint Thomas Hospital for Specialty Surgery in Nashville, Saint Thomas Rutherford Hospital in Murfreesboro, Saint Thomas Hickman Hospital in Centerville, Saint Thomas DeKalb Hospital in Smithville, Saint Thomas Highlands Hospital in Sparta, Saint Thomas River Park Hospital in McMinnville, and Saint Thomas Stones River Hospital in Woodbury. A comprehensive network of affiliated joint ventures, medical practices, clinics and rehabilitation facilities complements the hospital services. Saint Thomas Health is a member of Ascension's ministry.

Ascension (www.ascension.org) is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In FY2018, Ascension provided nearly \$2 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 156,000 associates and 34,000 aligned providers. Ascension's Healthcare Division operates more than 2,600 sites of care – including 151 hospitals and more than 50 senior living facilities – in 21 states and the District of Columbia, while its Solutions Division provides a variety of services and solutions including physician practice management, venture capital investing, investment management, biomedical engineering, facilities management, clinical care management, information services, risk management, and contracting through Ascension's own group purchasing organization.

Saint Thomas Health is committed to providing care to the communities it serves, with attention to the poor and vulnerable. Saint Thomas Health's mission provides a strong foundation and guidance for its work as a caring ministry of healing, including its commitment to community service and to provide access to quality healthcare for all. The Saint Thomas Mission, Vision and Values are the key

factors influencing their approach and commitment to addressing community health needs through community benefit activity.

Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision

As an integrated ministry, we will help people lead healthier lives, transforming the healthcare experience through trusted personal relationships and holistic, reverent care.

Values

We are called to:

- Service of the Poor - Generosity of spirit, especially for persons most in need
- Reverence - Respect and compassion for the dignity and diversity of life
- Integrity - Inspiring trust through personal leadership
- Wisdom - Integrating excellence and stewardship
- Creativity - Courageous innovation
- Dedication - Affirming the hope and joy of our ministry

HEALTH NEEDS AND ASSETS

To understand the health needs and assets of the community, the CHNA process included a review of secondary health data and input from the community. Community input was obtained through interviews of community representatives and leaders, an online survey with 284 results, and a community summit to review findings and discern unmet health needs.

SECONDARY DATA

In identifying the health status of Hickman County, the partnering team reviewed publicly available secondary data for the following health indicator topics: demographics and socioeconomic status, social determinants, access to health care, morbidity and mortality, birth outcomes, behavioral risk factors, health status, and mental/emotional health.

Demographics and Socioeconomic Status

Community Overview

Hickman is one of 95 counties located within the Middle Tennessee region, a rural county which encompasses 613 square miles, having a population density of 4.3 persons per square mile.² The majority of the 24,864 population resides in East Hickman or Centerville (**Figure 1**). Compared to the United States (37.7) and Tennessee (38.5), it is an older county with a median age of 40.4. Seniors and persons over 65 years old make up 16.5% of the population. Shown in **Figure 2**, Hickman is less racially diverse than the state (16.8%) and the nation (13.4%), Hickman has 4.2% African American residents. Hickman has only grown 0.7% in the last 7 years, which is slower than the state (5.8%) and the nation (5.5%).³



Figure 1: Hickman County Population Density, Community Commons (2018).

² Community Commons. Demographics, Hickman Co., TN. Source: US Census Bureau, American Community Survey. 2013-17. Retrieved 2/1/2019 from communitycommons.org

³ US Census Bureau (2017). State and County QuickFacts: Hickman Co., TN retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Statistics	Hickman	TN	USA
Population, 2017	24,864		
Population, % change from 2010-2017	0.7%	5.8%	5.5%
Median Age	40.4	38.5	37.7
Persons 65 years and over	16.5%	15.7%	15.2%
Persons under 18 years	22%	22.6%	22.8%
Female persons, percent	48%	51.2%	50.8%
Veterans	9.1%	9.0%	8.0%
Any Disability *includes vision, cognitive, ambulatory, self-care and independent living difficulty	21.46%	15.35%	12.52%
African American	4.2%	16.8%	13.4%

Figure 2: US Census Bureau, State and County QuickFacts: Hickman Co. (2017).

Poverty

Poverty is one of the most critical indicators of future health and well-being according to leading health agencies such as the World Health Organization (WHO).⁴ Poverty creates barriers to accessing resources including health services, healthy food, and other necessities that contribute to health status.

The median income in Hickman county is \$39,333 which is lower than the state, \$48,708 and the nation \$56,516.⁵ The Federal Poverty Level is a measure of income used to determine poverty status and, in 2018, the Federal Poverty Level was \$12,140 for an individual and \$25,100 for a family of four. Unfortunately, 19.7% of Hickman County residents live in poverty. This represented about 1 out of every 5 residents and is higher than both the State (16.7%) and the Nation (14.6%). Poverty is more prevalent in some geographic areas of the county. **Figure 3**, a map provided by the U.S. Census Bureau shows the darkest green areas indicating poverty rates up to 24%.⁶

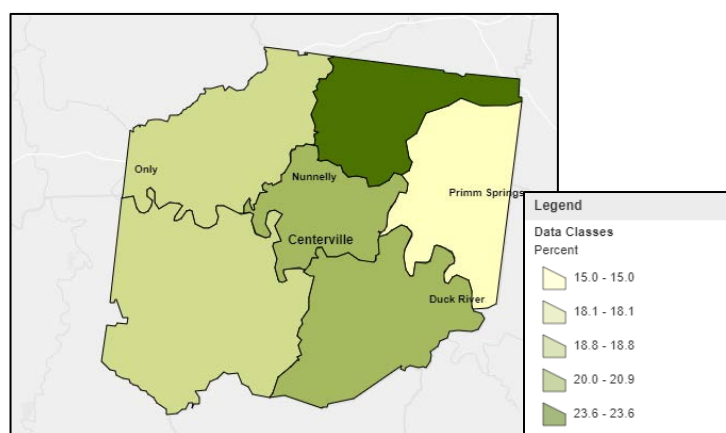


Figure 3: Hickman County Poverty Level, U.S. Census Bureau (2018).

⁴ World Health Organization. (n.d.). Poverty. Retrieved from https://www.who.int/pverty/poverty_definition/en/

⁵ US Census Bureau (2017). State and County QuickFacts: Hickman Co., TN retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

⁶ US Census Bureau, American Community Survey. 2012-17, 2017 ACS 5-year estimates. Indicator DP03 Retrieved 2/1/2019, from: <https://factfinder.census.gov>

Children in Poverty

The challenges of poverty not only impact many of the adults in the county, but unfortunately, many children also experience these stressors, with 24% currently living in poverty, equal to 1 in 4 children in Hickman county. This is higher compared to the state at 21%.⁷ Although, **Figure 4** shows the rate is on the decline, Hickman still has over 60% of children qualifying for free or reduced priced lunch.⁹

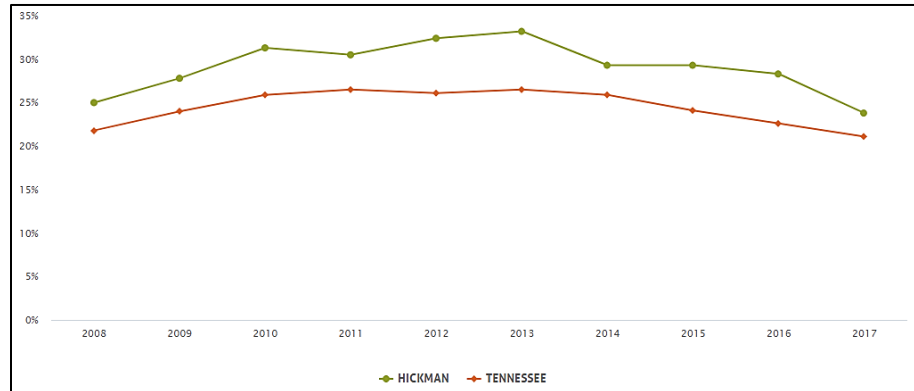


Figure 4: Children in Poverty, Hickman County and Tennessee. Annie E. Casey Foundation, (2017).

⁷ Kids Count, Data Center; The Annie E. Casey Foundation (2017). Children in Poverty in Tennessee. Retrieved from: <https://datacenter.kidscount.org>

Social Determinants of Health

Health is shaped by factors like our income and education. According to the World Health Organization, the circumstances “in which we are born, grow, live, work, and age” are called Social Determinants of Health, and these are related to the “distribution of money, power, and resources” within a community. “The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen” within a community. In addition to factors like education, social determinants can encompass the social environment, the physical environment, resources available in communities, economic opportunity, food access, and more.⁸

Education

The residents in Hickman County have made successful strides in improving the levels of education within the county lines. In 2015, Hickman was rated as one of the top 5 counties with the largest increase of college going rate.⁹ Most recently, the high school graduation rate in Hickman was at 94%, this indicator is above the nation (84%) and the state (89%), although high it does fall in the middle compared to other Tennessee counties.¹⁰ Educational attainment is linked with improved health behaviors, longer life, and improved health outcomes. County Health Rankings explains “better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.”

In Hickman County, 13.6% of the population over the age of 25 do not have a high school diploma. As with poverty and other SDOH, the rates for lacking a high school diploma vary by geography. Seen in **Figure 5**, the North West part of the county has 24% of residents age 25 and older not having a high school diploma.¹¹ Overall, 11% of residents in the county have a bachelor’s degree or higher, this is much lower than the state’s average of 26.1%.¹³

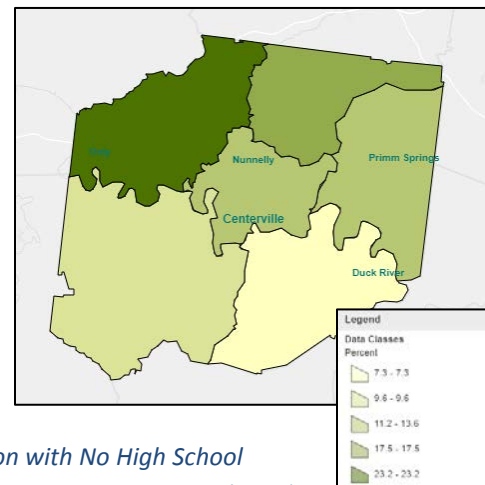


Figure 5: Population with No High School diploma (Age 25+), U.S. Census Bureau (2018).

⁸ World Health Organization. (n.d.). *Social Determinants of Health*. Retrieved December 28, 2018 from https://www.who.int/social_determinants/sdh_definition/en/

⁹ Higher Education Commission & Student Assistance Corporation (2015). College Going Rate. Retrieved on 2/1/2019 from: <https://www.tn.gov/thec/bureaus/planning-and-research/planning-analysis/thec-and-tsac-infographics0/college-going-rate.html>

¹⁰ Kids Count, Data Center; The Annie E. Casey Foundation (2017). High School graduation in Tennessee. Retrieved from: <https://datacenter.kidscount.org>

¹¹ US Census Bureau, American Community Survey 5-year Estimate. Educational Attainment, Indicator S1501. Map of Population with No High School Diploma, Hickman County, TN. Retrieved on 2/1/2019 from <https://factfinder.census.gov/>

Employment

Opportunities to quality employment can help ensure financial stability that impacts the ability to live in healthy neighborhoods, purchase health food, and access other factors that support health.

A very high percentage of the community is employed at 95.4% but, there is only an estimated 3,677 jobs offered within the county. This causes 80.4% of the workforce to leave the county every day, buying gas, groceries and other needs outside county lines. **Figure 6** represents the commuters traveling in and out of the county each day – about 1,707 commuting in and about 5,859 commuting out.¹²

Figure 7 below depicts where these jobs are located and where the commuters are traveling to. The darker purple highlights areas with the most jobs available within the County as well as where some residents are commuting to including Maury, Dickson, Davidson, and other surrounding counties.¹³

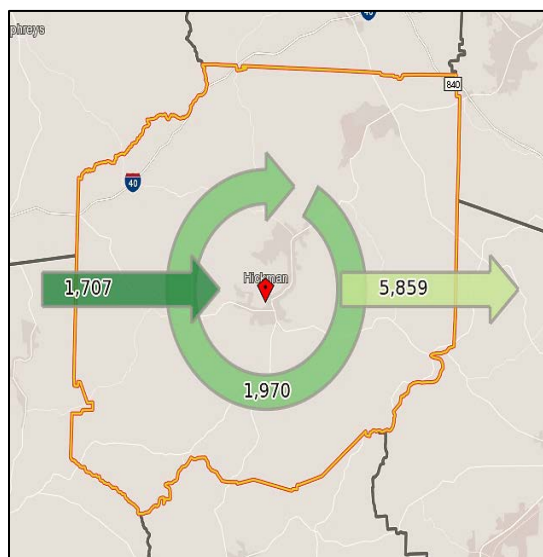


Figure 6: U.S. Census Bureau Population and Employment Forecast, On the Map (2018).

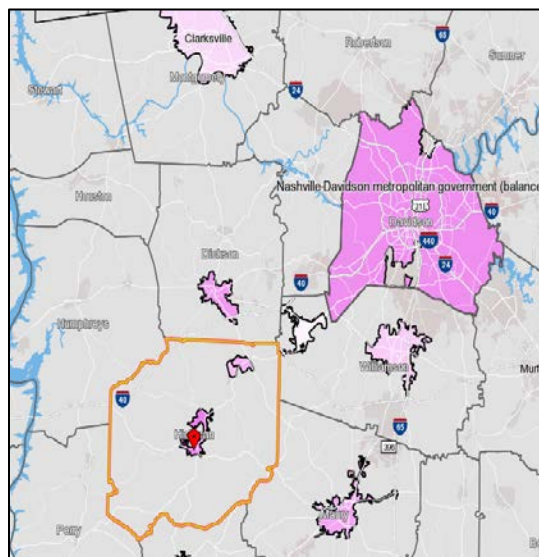


Figure 7: U.S. Census Bureau Population and Employment Forecast, On the Map (2018).

¹² County Health Rankings, *Hickman, TN Employment* (2016). Retrieved from: www.Countyhealthrankings.org

¹³ U.S. Census Bureau; Population and Employment Forecast, On The Map (2018). Hickman, Co. Retrieved from: <https://onthemap.ces.census.gov/>

Broadband Access

Broadband access is important to expand opportunities for employment and education but with new technology advances having internet access can also affect health status. Broadband access addresses concerns that many rural counties like Hickman have, it can play an important role in helping patients manage chronic diseases by providing online connections to providers, health coaches, or patient support groups. Broadband-enabled health care delivery can play a critical role in multiple stages of an individual's rehabilitation and better engage such individuals who live in rural areas.¹⁴

Figure 8 shows that only 37% of Hickman residents have access to internet. Those in Centerville and East Hickman have more access but the perimeter of the county has little to no coverage. This is not uncommon in rural areas but compared to the state (92%) and the nation (93%) internet access average, it's clear that Hickman has opportunity to improve this area.¹⁵

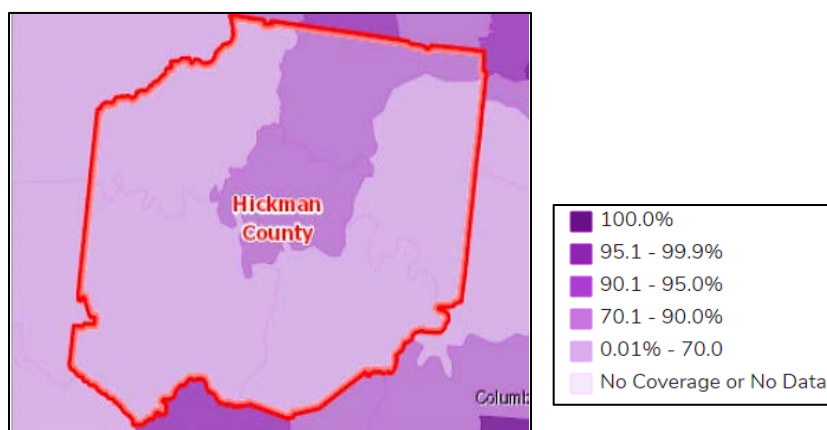


Figure 8: Broadband Access Hickman County, Community Commons (2016).

¹⁴ Bresnick, J. (2017, June 02). AMIA: Consider Broadband Access a Social Determinant of Health. Retrieved from <https://healthitanalytics.com/news/amia-consider-broadband-access-a-social-determinate-of-health>

¹⁵ Source: County Health Rankings, Hickman, Broadband Access (2016). Retrieved from: www.Countyhealthrankings.org

Transportation

The built environment and transportation options affect people's health and their ability to make healthy choices. Increasing the transportation options available in a community helps ensure that communities have access to necessary services like full-service grocery stores and doctors' offices.¹⁶

Like many rural communities, Hickman County does not have a public transit system, increasing the need to own a vehicle. County-wide, 5.1% of occupied housing units (or 459 units) have no vehicle available, according to the 2017 ACS 5-year estimate. **Figure 9** shows where in the county these households are concentrated by census tract. In the center and southeastern part of the county, there are census tracts where as many as 10% of households have no vehicle access and no public transit access.¹⁷

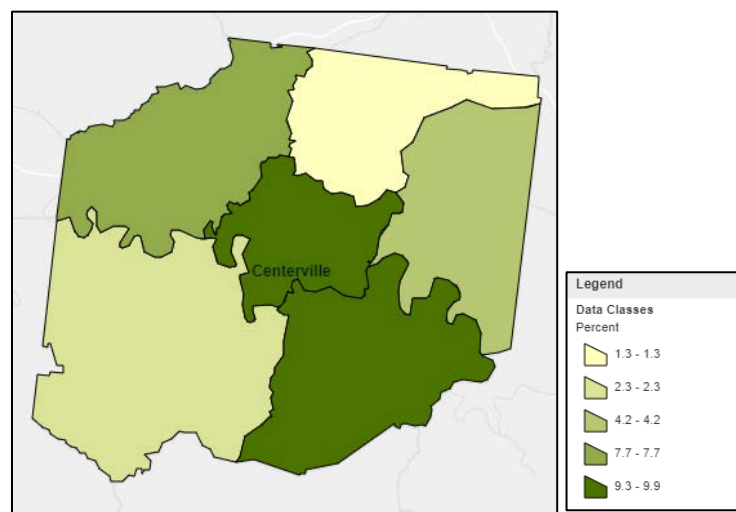


Figure 9: Hickman Households Without a Car by Census Tract, U.S. Census Bureau (2018).

¹⁶ Centers for Disease Control & Prevention. (2014). *Transportation and Health*. Retrieved February 12, 2019 from <https://www.cdc.gov/healthyplaces/healthtopics/transportation/default.htm>

¹⁷ U.S. Census Bureau. (2018). Selected Housing Characteristics, American Community Survey 2017 5-year Estimates. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml#none>

Housing

According to the American Community Survey 2013-2017, 5-year Estimates, there are 10,410 occupied housing units in Hickman County, and average household size is 2.6 persons for owners and 2.46 persons for renters, which is about the same as the state (2.57 persons for owners, 2.45 persons for renters) and slightly lower than the nation (2.7 persons for owners and 2.52 persons for renters).¹⁸ County-wide, 87.8% of residents live in the same house as one year ago, compared to 85.4% in the nation and the 85.2% in state (U.S. Census Bureau, 2019). This indicator helps describe “residential stability and the effects of migration” within a community.¹⁹

The availability of a safe, affordable housing stock has a direct bearing on health. Poor quality housing can contribute to the risk of injury and to other illness through poor maintenance, leaks, toxic factors in the environment (such as lead), increased risk of infestation and contagious disease through overcrowding, and psychological distress.²⁰ In Hickman County, it is estimated that 71 households lack complete kitchen facilities, 34 households lack complete plumbing and 7.1% do not have telephone service available.²¹

Furthermore, a shortage of affordable housing can put families under intense stress. According to the Robert Wood Johnson Foundation:

“The lack of affordable housing affects families’ ability to meet other essential expenses, placing many under tremendous financial strain. High housing-related costs place a particular economic burden on low-income families, forcing trade-offs between food, heating and other basic needs. One study found that low-income people with difficulty paying rent, mortgage or utility bills were less likely to have a usual source of medical care and more likely to postpone treatment and use the emergency room for treatment. Another study showed that children in areas with higher rates of unaffordable housing tended to have worse health, more behavioral problems and lower school performance.”²²

¹⁸ U.S. Census Bureau. (2019). *Selected Housing Characteristics, 2017 American Community Survey 5-year estimates*. Retrieved from <https://factfinder.census.gov/>

¹⁹ U.S. Census Bureau. (n.d.). *Why We Ask: Residence One Year Ago*. Retrieved February 12, 2019 from <https://www.census.gov/acs/www/about/why-we-ask-each-question/migration/>

²⁰ Robert Wood Johnson Foundation. (2011). *Housing and Health*. Retrieved from <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

²¹ U.S. Census Bureau. (2018). *Selected Housing Characteristics, 2017 American Community Survey 5-year estimates*. Retrieved from <https://factfinder.census.gov/>

²² Robert Wood Johnson Foundation. (2011). *Housing and Health*. Retrieved from <https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html>

Home Value

Figure 10 shows the change over the six-year period between 2011-2017, median home values in Tennessee increased 10.5%; in the USA, median home values increased by about 3.9%; and in Hickman County, median home values increased by 16.67%, jumping from \$96,000 to \$112,000. This is significantly lower than the national median home value of \$193,500. This rate of increase in Hickman County surpasses both the state and the nation.²³

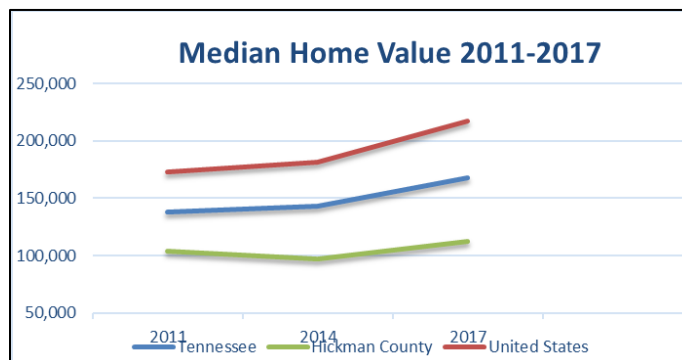


Figure 10: Median Home Value 2011-2017, U.S. Census Bureau.

There is concern over the number of cost-burdened households, meaning households that spend more than 30% of their annual income on housing costs. According to the U.S. Department of Housing and Urban Development: “Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.”²⁴

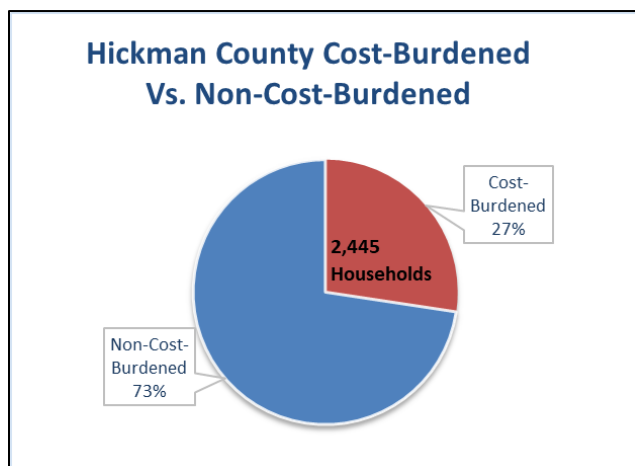


Figure 11 shows the percent of households that are considered cost-burdened. Of the 8,930 occupied housing units in the county as of 2017, 78.4% were owner-occupied, and 21.6% were renter occupied. 27% of the 8,930 households (owner and renter combined) are cost-burdened, equaling 2,445 households.²⁵

Figure 11: Cost-Burdened Households, U.S. Census Bureau, (2018).

²³ US Census Bureau. (2018). Median Value (Dollars), 2011, 2014, 2017 American Community Survey 1-year estimates. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>

²⁴ U.S. Department of Housing and Urban Development. (n.d.) Affordable Housing. Retrieved February 11, 2019 from https://www.hud.gov/program_offices/comm_planning/affordablehousing/

²⁵ U.S. Census Bureau. (2018). Selected Housing Characteristics, 2017 American Community Survey 5-year estimates. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>

Food Access

The built environment and access to transportation can affect the choices people can make regarding what they eat. Lower-income and rural neighborhoods are often awash in fast food and other unhealthy options while facing low access to groceries and other markets that carry fresh produce and other options that support healthy choices.²⁶

Overall, 11.24% of Hickman County's low-income population faces low food access, "defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store."²⁷

Figure 12 shows where the grocery stores are located. The yellow dots represent grocery stores or farmers markets, note both are in the center of the county. The yellow area shows that those supermarkets are in a 10-minute drive. The green area shows that supermarkets are within a 1-mile walk. The red dots represent the population (10 or more people) - most grocery stores are not near the heavy population in East Hickman. This causes the residents of Hickman to leave the county for their grocery needs.²⁸

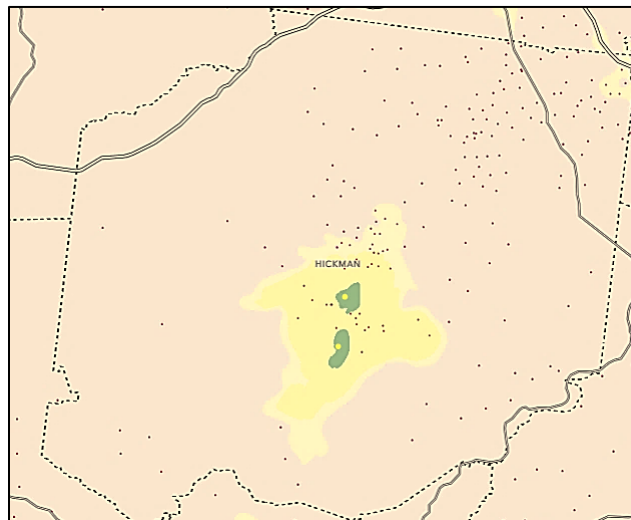


Figure 12: *Hickman County Supermarket Access, ArcGIS (2019).*

²⁶ Robert Wood Johnson Foundation. (n.d.) Healthy Food Access. Retrieved February 12, 2019 from <https://www.rwjf.org/en/library/collections/healthy-food-access.html>

²⁷ Robert Wood Johnson Foundation. (n.d.) Healthy Food Access. Retrieved February 12, 2019 from <https://www.rwjf.org/en/library/collections/healthy-food-access.html>

²⁸ ArcGIS, Supermarket Access Map (2019). Hickman County, Tennessee. Retrieved on 2/1/2019 from <https://www.arcgis.com/home/item.html?id=153c17de00914039bb28f6f6efe6d322>

Figure 13 represents the access to convenience or fast food establishments. Studies have shown that an environment rich in fast food options is linked to a higher likelihood of obesity and diabetes for residents who live nearby.²⁹ Pockets of need are geographically concentrated within the county, suggesting that place matters in terms of residents' ability to make healthy choices. Hickman County's food choices are extremely limiting, according to County Health Rankings, 14% of the county did not have access to a reliable source of food during the past year.³⁰



Figure 13: Hickman County Access to Fast Food, Good Images, (2019).

²⁹ Office of Disease Prevention and Health Promotion. (2019). Access to Foods that Support Healthy Eating Patterns. Retrieved February 20, 2019 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-foods->

³⁰ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings, Food Environment Index. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/rankings/hickman/county>

Violence

Community Commons states that: “Violent crime includes homicide, rape, robbery, and aggravated assault.”³¹ Safety is a social determinant that affects inequities in health outcomes. This could be through reduced life expectancy due to gun violence, residual trauma from witnessing violent events, or reduced likelihood to exercise due to fear of violence.³²

Figure 14 shows that Hickman County has a much lower rate of violent crime than both the state and the nation, with 72 violent crime offenses reported by law enforcement at a rate of 297.8 per 100,000 residents. Across Tennessee this rate is 610.9, and nationwide it is 379.7 per 100,00 residents.³³

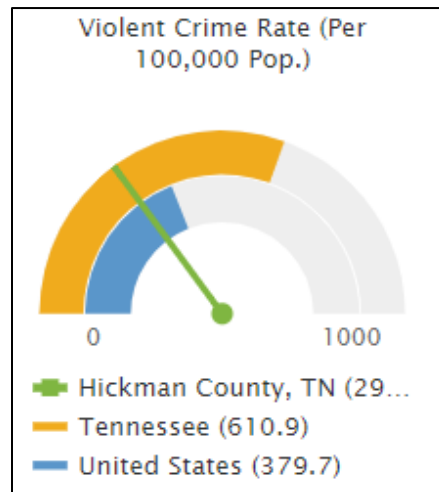


Figure 14: Violent Crime Rate, Community Commons (2018).

³¹ Community Commons. (2018). Violent Crime Rate Per 100,000 Population. Retrieved February 28, 2019 from <https://assessment.communitycommons.org/CHNA/report?page=3&id=408&reporttype=libraryCHNA>

³² Office of Disease Prevention and Health Promotion. (2019). Crime and Violence. Retrieved November 12, 2018 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/crime-and-violence>

³³ Office of Disease Prevention and Health Promotion. (2019). Crime and Violence. Retrieved November 12, 2018 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/crime-and-violence>

Child Abuse & Neglect

Research has shown that child abuse and neglect have long-term ramifications, affecting a child's physical, psychological, and behavioral development into adulthood and creating lasting impacts throughout society.³⁴

Figure 15 shows the reported child abuse and neglect cases in Hickman county have increased significantly over the last several years from 271 reported cases in 2008 to 405 reported cases in 2017.³⁵

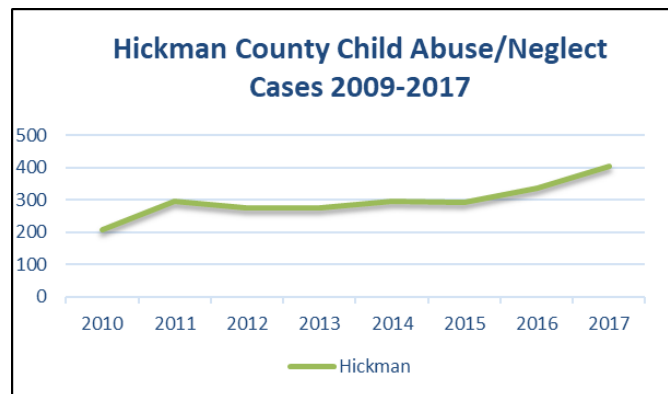


Figure 15: Reported Child Abuse/Neglect Cases, Annie E. Casey Foundation (2018).

³⁴ U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau. (n.d.) Long-Term Consequences of Child Abuse and Neglect. Retrieved February 25, 2019 from <https://www.childwelfare.gov/topics/can/impact/long-term-consequences-of-child-abuse-and-neglect/>

³⁵ The Annie E. Casey Foundation Kids Count Data Center. (2018). KIDS COUNT National Indicators. Retrieved May 1, 2018 from <https://datacenter.kidscount.org/data#USA/1/0/char/0>

Adverse Childhood Experiences or ACEs, range from divorce/separation to incarceration of a parent to mental illness in the home to physical violence and neglect. Emerging research on ACEs, or traumas sustained by children before the age of 18, indicates the lifelong impact of these events on a person's health and socioeconomic outcomes. A high ACE score is a strong predictor of health problems in adulthood. Regarding the original ACE study, which brought the impact of these childhood traumas to the forefront, the Substance Abuse and Mental Health Services Administration states, "As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders."³⁶

Although county level data on ACEs is not available, state level indicates that in the areas of Divorce/Separation, Incarceration, and Economic Hardship, Tennesseans fall in the highest quartile nationwide in terms of the prevalence of these childhood traumas.³⁷ **Figure 16** below shows the relationship between ACE scores and the risk for negative health outcomes.³⁸

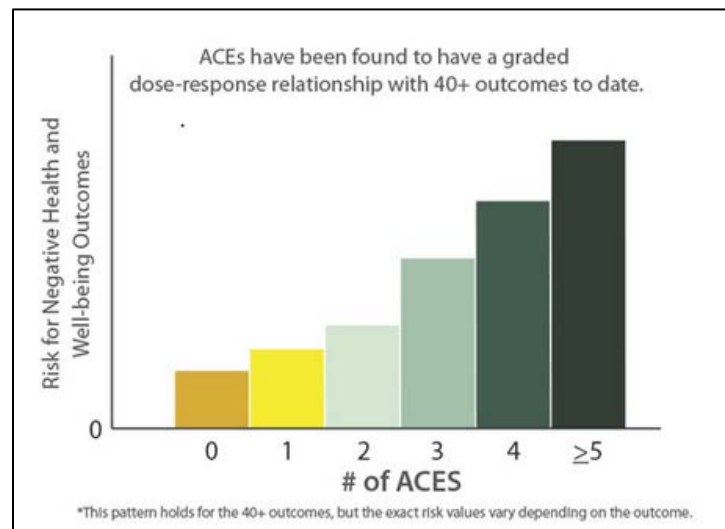


Figure 16: Relationship of ACE Score and Life Outcomes, CDC (2016).

³⁶ U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration. (2018). Adverse Childhood Experiences. Retrieved February 26, 2019 from <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

³⁷ Child Trends. (2014). Research Brief: Adverse Childhood Experiences: National and State-Level Prevalence. Retrieved from https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

³⁸ Centers for Disease Control and Prevention. (2016). About Adverse Childhood Experiences. Retrieved February 26, 2019 from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fabout_ace.html

Seniors

The Tennessee Commission on Aging and Disability projected in 2019 that the senior population in Hickman County would increase 69% between 2019 and 2030.³⁹ This rate is much faster than the state at 37%. This means that agencies serving this population will need to strategically build capacity and resources to meet a growing demand for their services over time, including in-home support, nutrition, transportation, and others, to ensure this population can enjoy the highest possible quality of life into older adulthood. According to the American Community Survey, 18.4% of seniors in Hickman County are living in poverty, 14% have cognitive impairment and roughly 452 households with grandparents are responsible for their grandchildren.⁴⁰

³⁹ The State of Aging in Tennessee; Hickman County (2017). Retrieved from: Tennessee Commission on Aging and Disability on 2/1/2019 https://www.tn.gov/content/dam/tn/aging/documents/Hickman_County.pdf

⁴⁰ U.S. Census Bureau, American Community Survey 5- year Estimates. Grandparents responsible for own grandchildren under 18 years, Data indicator B10050. Retrieved from <https://factfinder.census.gov/>

Access to Health Care

Access to appropriate healthcare is a critical piece in the puzzle of factors that affect health outcomes. According to Healthy People 2020, “Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans.”⁴¹

Insurance Coverage – Adult

Most people gain entry to the healthcare system through insurance coverage.⁴² There are populations with no access to insurance. According to the Kaiser Family Foundation, this is largely due to cost and to other restrictions – for instance, immigrant eligibility restrictions or income restrictions. Populations most at risk for not having insurance are low-income adults and people of color. Lack of insurance can be a major deterrent in seeking necessary care, and when care is postponed, conditions can go undetected or untreated, and outcomes can be severe. For this reason, insurance rates can serve as a proxy for health outcomes in general.⁴³

⁴¹ Office of Disease Prevention and Health Promotion. (2014). Access to Health Services. Retrieved November 15, 2018 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

⁴² Office of Disease Prevention and Health Promotion. (2014). Access to Health Services. Retrieved November 15, 2018 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

⁴³ Henry J. Kaiser Family Foundation. (2019). The Uninsured and the ACA: A Primer - Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act. Retrieved January 9, 2019 from <https://www.kff.org/uninsured/report/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-under-the-affordable-care-act/>

The uninsured rate in Tennessee has increased in 2017 (**Figure 17**).⁴⁴ According to, Sycamore Institute the proportion of Tennesseans who were uninsured increased from 9% in 2016, to 9.5% in 2017, affecting more than 37,000 individuals. The largest population affected was the workforce among the 18-24-year olds and those without a high school diploma.

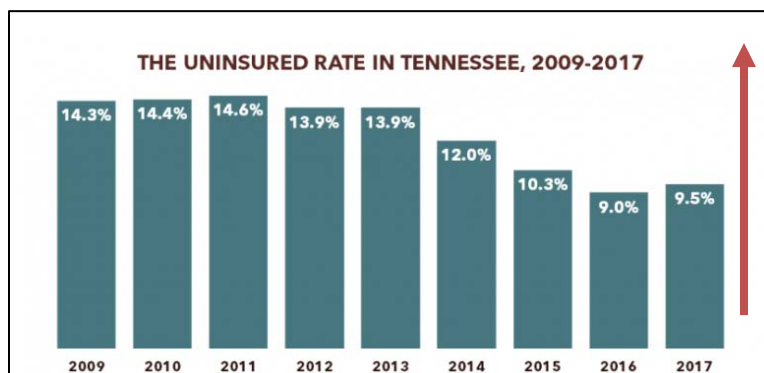


Figure 17: *Uninsured Rate in Tennessee, Sycamore Institute (2018).*

In Hickman County, 11.3% of the population is uninsured. This is higher than both the state (9.5%) and national (8.7%) rates of uninsured. **Figure 18** shows where in Hickman County these uninsured reside by census tract, with the darkest tracts having rates to almost 15% uninsured.⁴⁵

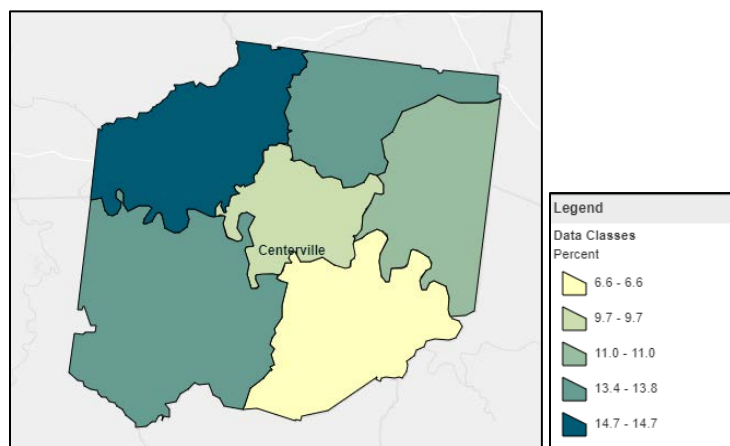


Figure 18: *Uninsured Rate in Hickman Co., U.S. Census Bureau (2018).*

⁴⁴ Sycamore Institute. (2018). *Tennessee's Uninsured in 2017*. Retrieved on 2/2/2019 from: <https://www.sycamoreinstitute.org/2018/09/27/2017-tn-uninsured/>

⁴⁵ U.S. Census Bureau. (2017). *Selected Characteristics of Health Insurance Coverage in the United States, 2013-2017 American Community Survey 5-Year Estimates*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 19 represents Tennessee’s 2017 insurance coverage of the total population. Most residents are covered by their employer but 9.5% are still uninsured.⁴⁶

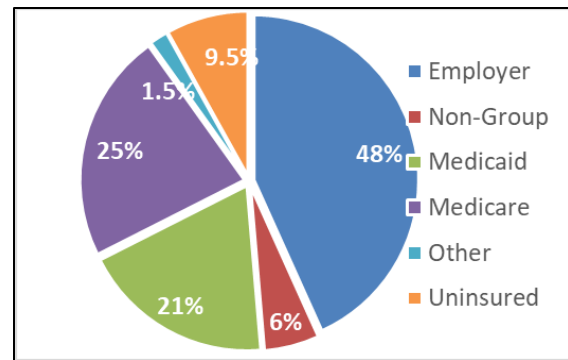


Figure 19: Tennessee Insurance Coverage, Kaiser Family Foundation (2017).

Insurance Coverage – Children

Children’s uninsured rates are at an all-time low nationally. Access to insurance is crucial in getting children the care they need to set them up for health later in life, as well as for better academic and economic outcomes. In **Figure 20**, provided by the Kaiser Family Foundation, the orange and dark blue bars represent children with private and public insurance/Medicaid, and the light blue bars represent children with no insurance. In all instances, children with no insurance are significantly less likely to have access to a usual source of care, to receive a well-child checkup, or to receive a specialist visit.⁴⁷

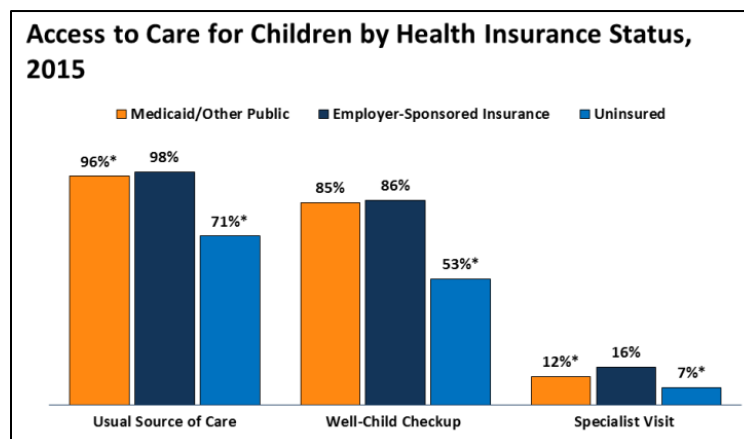


Figure 20: Access to Care for Children, Kaiser Family Foundation (2017).

⁴⁶ Kaiser Family Foundation 2017. State Health Facts. Health Insurance Coverage of the Total Population. Retrieved: August 28, 2015, from www.kff.org Data Source: US Census Bureau, American Community Survey. 2009-2013.

⁴⁷ Henry J. Kaiser Family Foundation. (2017). Key Issues in Children’s Health Coverage. Retrieved January 9, 2019 from <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/>

Provider Ratios

Access to care depends not only on insurance coverage, but on the availability of providers. Sufficient availability of primary care providers, defined as M.D.s and D.O.s specializing in general practice, family medicine, internal medicine, and pediatrics, is an important factor in preventive health and in receiving proper referrals to specialists when necessary.

In Hickman County, there is 1 primary care provider for every 4,873 residents. This is less favorable than the state ratio over all (1 primary care provider for every 1,382 residents), even less favorable than the ratio of the top 10% of counties nationwide (1 provider for every 1,030 residents).⁴⁸

Similarly, access to dental care is a crucial factor in health, and shortage of providers continues to affect much of the nation. Hickman County falls short again when it comes to Dental providers only having 1 provider for 3,471 citizens. Compared to the state (1:1,892) and the top 10% of counties (1:1,280).⁴⁹

Finally, access to mental healthcare has grown in demand, and Hickman County has one mental health provider (defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care) for every 2,340 residents. Hickman's rate is less favorable than the state (1:742), and the top 10% of counties, which have a ratio of 1 provider for every 330 citizens.⁵⁰


	Primary Care Providers	Dentists	Mental Health Providers
Hickman	1:4,873	1:3,471	1:2,340
Tennessee	1:1,382	1:1,892	1:742
	1:1,030	1:1,280	1:330

Figure 21: Provider Ratios, County Health Rankings, (2018).

⁴⁸ University of Wisconsin Population Health Institute. (2018). Primary care physicians. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/measure/factors/4/map>

⁴⁹ University of Wisconsin Population Health Institute. (2018). Dentists. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/measure/factors/88/map>

⁵⁰ University of Wisconsin Population Health Institute. (2018). Mental health providers. Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/clinical-care/access-to-care/mental-health-providers>

Behavioral Risk Factors

There are several behavioral factors that influence health outcomes. This category encompasses what the Tennessee Department of Health calls “The Big 4”: physical inactivity, excessive caloric intake, tobacco and nicotine addiction, and other substance use disorders. Together, these 4 categories of behaviors drive the top 10 causes in the state of Tennessee.⁵¹

Obesity and Physical Activity – Adult

Behaviors that affect the likelihood of adult obesity include physical activity and eating patterns. Other contributing factors to the risk of obesity include the food and built environment, education, and access to opportunities for physical activity. The impacts of obesity in adulthood include higher risk for poor physical outcomes like hypertension, diabetes, high cholesterol, heart disease, and stroke, as well as emotional and psychological consequences such as depression/anxiety and lower quality of life.⁵²

County Health Rankings defines Adult Obesity as the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30, while overweight is defined as a BMI between 25-30.⁵³

Figure 23 shows that over the last 10+ years, obesity rates in the United States have risen steadily. Hickman’s percentage of obese adults has been historically higher than the states and the nation. In 2017, Hickman’s population of obese adults hit a record of 36%.⁵⁴

Additionally, in the 2017 Behavioral Risk Factor Surveillance System Survey, 31% of Hickman adults (ages 20+) reported not receiving any physical activity or exercise in the previous 30-day period. Across Tennessee, this rate is 30.6%.⁵⁵

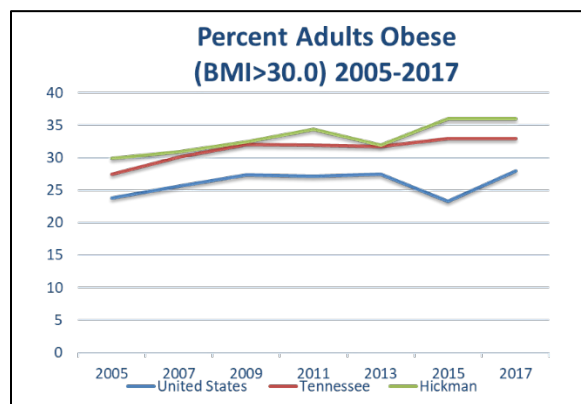


Figure 23: County Health Rankings, Obese Adults (2017).

⁵¹ Dreyzhner, J. (2017). The Big 4: Using Primary Prevention to Drive Population Health. Journal of Public Health Management & Practice, 23 (January/February 2017 Number 1), pp.1-2. Retrieved from

⁵² Centers for Disease Control and Prevention. (2017). Adult Obesity Causes & Consequences. Retrieved February 26, 2019 from <https://www.cdc.gov/obesity/adult/causes.html>

⁵³ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings, Physical Inactivity. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/rankings/hickman/county/outcomes/overall/snapshot>

⁵⁴ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings, Physical Inactivity. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/rankings/hickman/county/outcomes/overall/snapshot>

⁵⁵ Tennessee Department of Health. (2017). Behavioral Risk Factor Surveillance System: Tennessee Calculated Variable Data Report. Retrieved from https://www.tn.gov/content/dam/tn/health/documents/brfss/2017_Calculated_Variables.pdf

Obesity and Physical Activity – Youth

Lack of physical activity and consumption of “high-calorie, low-nutrient food and beverages” can lead to childhood obesity.⁵⁶ Childhood obesity is related to several adverse physical and psychosocial problems in childhood. Not only is childhood obesity correlated with hypertension, higher cholesterol, greater risk of type 2 diabetes, breathing issues, and joint problems for children, it is linked to psychological and emotion problems like anxiety, depression, and lower self-esteem. In addition, childhood obesity is linked to these conditions becoming more severe in adulthood.⁵⁶

The Centers for Disease Control and Prevention defines an overweight childhood as having a BMI in the 85th-94th percentile of children of the same age and sex, and childhood obesity is a BMI in the 95th percentile and above. **Figure 24**⁵⁷ shows that Tennessee has the second-highest rate of childhood obesity in the nation among high school students at 39% compared to a nationwide rate of 14.8% while in Hickman County, roughly 43% of public school students are overweight or obese. Additionally, 56% of Tennessee youth were not physically active at least 60 minutes per day on 5 or more days a week.⁵⁸

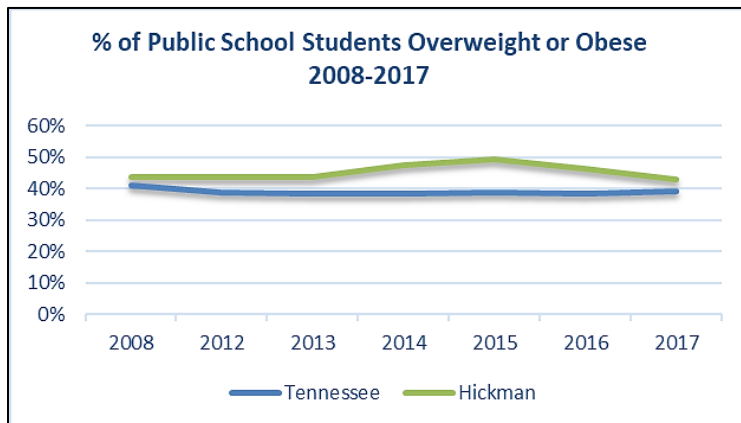


Figure 24: County Health Rankings, Obese Public-School Students (2017).

⁵⁶ Centers for Disease Control and Prevention. (2017). High School YRBS Table. Retrieved July 16, 2018 from <https://nccd.cdc.gov/youthonline/App/Results.aspx?>

⁵⁷ Centers for Disease Control and Prevention. (2018). Defining Childhood Obesity. Retrieved February 26, 2019 from <https://www.cdc.gov/obesity/childhood/defining.html>

⁵⁸ : Centers for Disease Control and Prevention. (2017). High School YRBS Table, Physical Activity. Retrieved July 16, 2018 from <https://nccd.cdc.gov/youthonline/App/Results.aspx?>

Recreation Opportunities

Opportunities to exercise and be physically active are important in maintaining a healthy weight and staying fit through all stages of life. According to Community Commons, “A community’s health...is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health...This indicator is relevant because easy access to recreation and fitness facilities encourages physical activity and other healthy behaviors⁵⁹”. Recreation and fitness facilities can include exercise centers, skating rinks, gymnasiums, physical fitness centers, tennis clubs, swimming pools, and others.

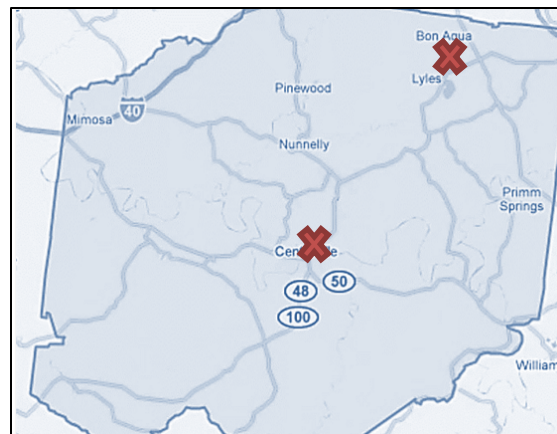


Figure 25: Fitness Facilities, Google Maps Centerville (2019).

Shown in **Figure 25**, Hickman has 2 fitness facilities: East Hickman Family Fitness Center and Average Joe’s near Centerville. This limits access for much of the outlying parts of the county.

Built Environment and Parks Access

The built environment also affects opportunities to be healthy through access to parks and green spaces where residents can exercise, children can play, and the community can convene. According to the National Recreation and Park Association, “Numerous empirical studies have investigated the association between green space, parks and physical activity behavior. Many of these studies reveal evidence of positive correlations between park access, park use and physical activity levels. Consequently, the availability of park and recreation resources and easy, safe access to them is a promising avenue to encourage increased levels of physical activity in all people.” However, this report also notes that several factors influence park usage, including easy access to parks (meaning that people who can walk to a park are much more likely to use it), disparities in park distribution and location (there tend to be fewer parks in low-income and minority areas, and higher park acreage is associated with increased levels of physical activity), what types of facilities are available in the park, and the quality of park maintenance.⁶⁰ Hickman County has access to many local, state and national parks including: Duck River, Buford McCord Memorial Park, Old Trace Walking Trail, John Noel Natural Area, Happy Hallow Creek, Jackson Falls, and Jerry Dixon Walking Trail.

⁵⁹ Community Commons. (2018). Recreation and Fitness Facilities, Rate (Per 100,000 Population). Retrieved February 28, 2019 from <https://assessment.communitycommons.org/CHNA/report?page=3&id=408&reporttype=libraryCHNA>

⁶⁰ National Recreation and Park Association. (n.d.). Parks & Recreation in Underserved Areas: A Public Health Perspective. Retrieved from https://www.nrpa.org/uploadedFiles/nrpa.org/Publications_and_Research/Research/Papers/Parks-Rec-Underserved-Areas.pdf

Tobacco Use

Smoking and tobacco use are health behaviors which affect almost every part of the body negatively. According to the Centers for Disease Control and Prevention, “Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths in infants each year. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.”⁶¹

Unfortunately, according to the 2016 Behavioral Risk Factor Surveillance System survey, Tennessee ranks among the top states in the nation for smoking rates among adults, shown in **Figure 26**.⁶²

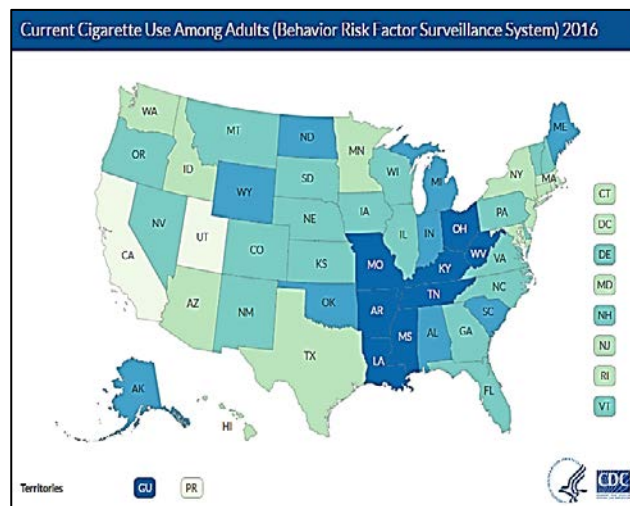


Figure 26: Cigarette Use Among Adults, CDC (2016).

⁶¹ Centers for Disease Control and Prevention. (2018). Smoking & Tobacco Use – Health Effects. Retrieved February 27, 2019 from https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

⁶² Centers for Disease Control and Prevention. (2016). Current Cigarette Use Among Adults. Retrieved November 15, 2018 from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Nationwide, 15.5% of adults report smoking cigarettes, while in Tennessee this is 22%; and in Hickman County, 24% of adults report smoking cigarettes. Both the state of Tennessee and Hickman County have a long way to go in meeting the Healthy People 2020 nationwide goal of 12% of adults smoking.⁶³

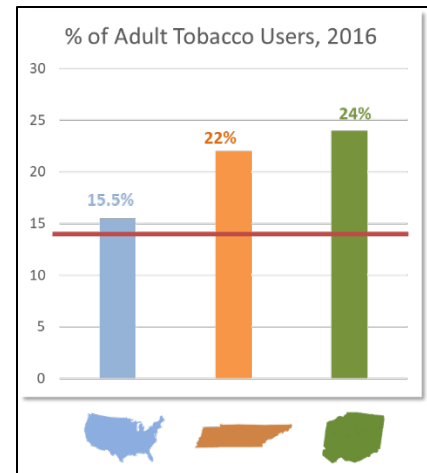


Figure 27: Adult Smokers, County Health Rankings (2018).

Tobacco Use – Youth

Nationally, nearly 20% of youth use any tobacco product, with the most-used being e-cigarettes. Nearly 10% have smoked a cigarette before age 13. In Tennessee, 31% of high school youth reported using tobacco, including e-cigarettes.⁶⁴

In Tennessee, 9.4% of high schoolers currently report smoking with higher rates among white students. Statewide, more TN high schoolers have smoked a cigarette before age 13 than nationally at 12.4%. **Figure 28** compares the state and national average for youth tobacco use, there was no county level data available.

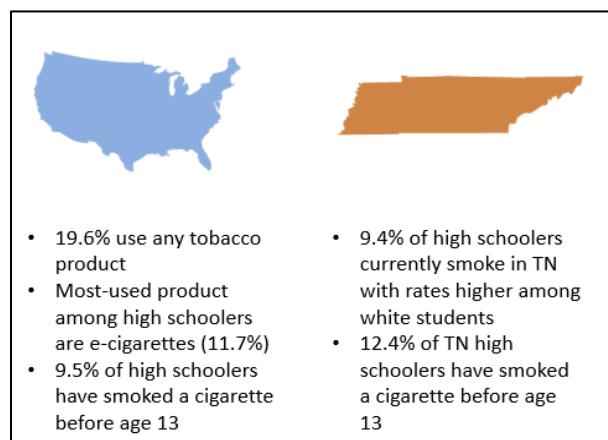


Figure 28: Youth Tobacco Use, CDC (2018).

⁶³ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/rankings/Hickman/county/outcomes/overall/snapshot>

⁶⁴ Centers for Disease Control and Prevention. (2013). Youth Behavioral Risk Surveillance System, 2013 YBRSS. Retrieved from <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Teen Pregnancy

Teen pregnancy and childbearing have substantial social and economic costs as well as long-term impacts on teen parents and their children. According to the CDC, teen pregnancy and childbirth were associated with increased health care costs, increased incarceration rates among children of teen parents, higher likelihood of dropping out of high school for teen moms, and lower income among teen mothers.⁶⁵ The good news is that nationwide, teen birth rates are plummeting, which is leading to better health outcomes for mothers, children, and families. Over the last decade, the Pregnancy Rate per 1000 females aged 15-17 years females has fallen by more than half in Tennessee and is trending downward overall in Hickman county.⁶⁶

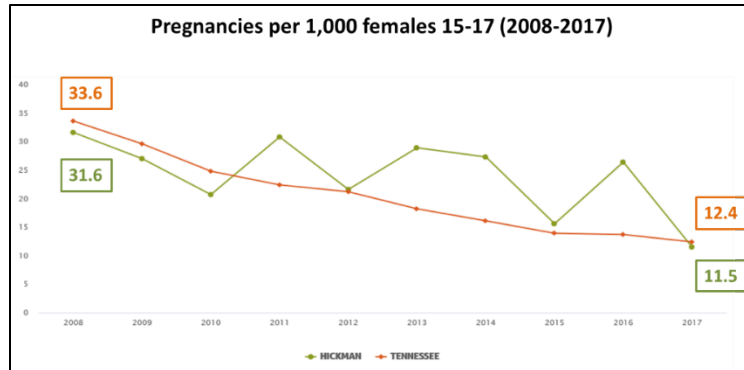


Figure 29: Teen Pregnancy Rates, Annie E. Casey Foundation (2019).

Disconnected Youth

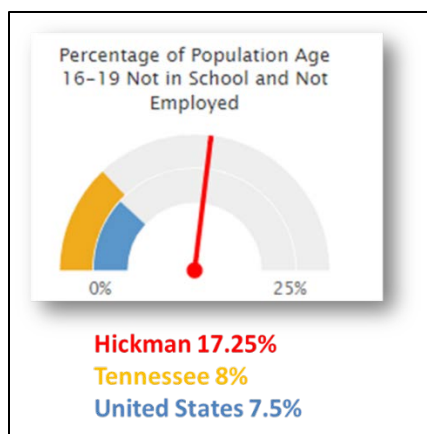


Figure 30: Disconnected Youth, Community Commons (2017).

Disconnected youth defined as those 16-19 adolescents that are not in school and not working are at an increased risk of violent behavior, smoking, alcohol consumption, marijuana use, and may have emotional deficits and less cognitive and academic skill than their peers who are working and/or in school. Studies show that both a lack of educational attainment and unemployment is linked to depression, anxiety and poor physical health. Over 17.25% of youth is not working and not in school in Hickman County, much higher than both the state and the nation.⁶⁷

⁶⁵ Centers for Disease Control and Prevention. (2017). Reproductive Health: Teen Pregnancy – About Teen Pregnancy. Retrieved January 20, 2019 from <https://www.cdc.gov/teenpregnancy/about/index.htm>

⁶⁶ The Annie E. Casey Foundation Kids Count Data Center. (2019). Teen Pregnancy. Retrieved January 28, 2019, from <https://datacenter.kidscount.org/data/line/3000-teen-pregnancy?loc=44&loc=5#5/6460/true/871,870,573,869,36,868,867,133,38,35/asc/any/13266>

⁶⁷ Community Commons. (2017). Percentage of Population Age 16-19 Not in School and Not Employed. Retrieved 2/1/2019 from: <https://engagementnetwork.org/assessment/?REPORT>

Substance Use

Alcohol

The health consequences of excessive drinking include, in the short term, susceptibility to injuries, accidents, violence, and poor decisions about sexual behaviors that can lead to poor health outcomes. Over the long term, excessive drinking can lead to the development of chronic diseases like hypertension and heart disease, liver disease, certain cancers, and anxiety or depression. Avoiding excessive drinking can help reduce likelihood of developing these conditions.⁶⁸

Excessive drinking is defined as follows by the Centers for Disease Control and Prevention as binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21.

- Binge drinking, the most common form of excessive drinking, is defined as consuming
 - For women, 4 or more drinks during a single occasion.
 - For men, 5 or more drinks during a single occasion.
- Heavy drinking is defined as consuming
 - For women, 8 or more drinks per week.
 - For men, 15 or more drinks per week.⁶⁹

Figure 31 shows according to the 2016 Behavioral Risk Factor Surveillance System survey, in Hickman County, 18% of adults report drinking excessively in the last 30 days. This is lower than the national rate of 27%, though higher than the state rate of 14%.⁷⁰ In Hickman County, 17% of driving deaths involved alcohol impairment⁷¹, falling lower than the state and the nation at 28%. There is no county level for alcohol dependence or percent of admissions to treatment for alcohol abuse. The state ranks below the nation in alcohol dependence⁷² but above in the percent of admissions to treatment for alcohol abuse.⁷³

⁶⁸ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health – Fact Sheets – Alcohol Use and Your Health. Retrieved February 27, 2019 from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

⁶⁹ Centers for Disease Control and Prevention. (2018). Alcohol and Public Health – Fact Sheets – Alcohol Use and Your Health. Retrieved February 27, 2019 from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

⁷⁰ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings, Excessive Drinking. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/measure/factors/49/map>

⁷¹ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings, Alcohol Impaired Driving Deaths. Retrieved from <http://www.countyhealthrankings.org/app/tennessee/2018/measure/factors/134/map>

⁷² The TN Department of Mental Health and Substance Abuse Services. (2017). 2017 TN Behavioral Health County and Region Services Data Book. Retrieved from

https://www.tn.gov/content/dam/tn/mentalhealth/documents/Tennessee_Epidemiological_Profile_of_Alcohol_and_Drug_Misuse_and_Abuse

⁷³ TN Department of Mental Health and Substance Abuse Services. (2016) TN Epidemiological Profile of Alcohol and Drug Misuse. Retrieved from https://www.tn.gov/content/dam/tn/mentalhealth/documents/Tennessee_Epidemiological_Profile_of_Alcohol_and_Drug_Misuse_and_Abuse

	United States	Tennessee	Hickman County
Excessive Drinking	27%	14%	14%
Alcohol Impaired Driving Deaths	28%	28%	17%
Alcohol Dependence	7%	5.8%	
% of Admissions to treatment for Alcohol Abuse	34%	42%	

Figure 31: Alcohol Abuse, County Health Rankings (2018).

Drug Use

Death due to drug overdose is on the rise in the US, according to the Centers for Disease Control and Prevention. Currently, around two-thirds of drug overdose deaths involve an opioid, including prescription drugs like Oxycodone and Hydrocodone, synthetic opiates like Fentanyl, and heroin. In 2017, 47,000 people in the US died from an opioid overdose. This is a nearly 6-fold increase since 1999.⁷⁴

Figure 32 shows that Tennessee has been at the forefront of the opioid crisis as one of the states with the highest rates of opioid prescriptions, ranking third behind Alabama and Arkansas for the number of prescriptions written for every 100 residents. In 2017, there were 94.4 opioid prescriptions written for every 100 Tennesseans (Alabama and Arkansas had 107.2 and 105.4 respectively).⁷⁵

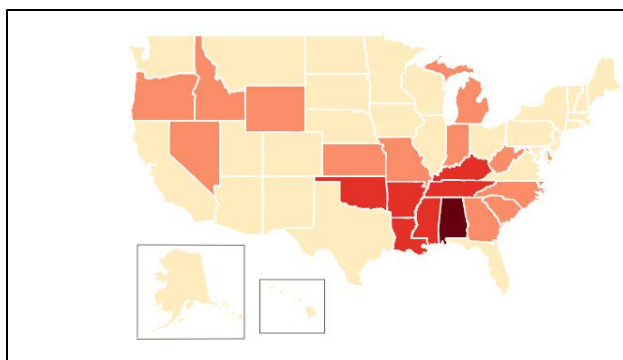


Figure 32: Prescribing Rate Map, Centers for Disease Control and Prevention (2017)

⁷⁴ Centers for Disease Control and Prevention. (2018). Overview of the Drug Overdose Epidemic: Behind the Numbers. Retrieved February 27, 2019 from <https://www.cdc.gov/drugoverdose/data/index.html>

⁷⁵ Centers for Disease Control and Prevention. (2017). U.S. County Prescribing Rate Maps. Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

Prescribing rates have trended downward over the last 8 years, and in Hickman County, the rate of opiate prescriptions/100 people is 64.9, which is lower than the state overall (94.4) but higher than the national rate of 58.7.⁷⁶

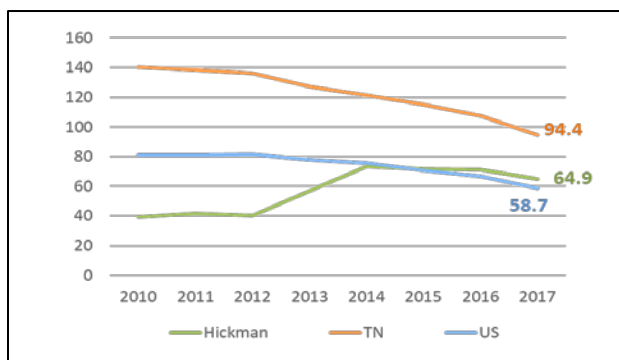


Figure 33: Opioid Prescribing Rate (per 100 people 2010-17), CDC, 2017.

⁷⁶ Centers for Disease Control and Prevention. (2017). U.S. County Prescribing Rate Maps. Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

Health Status

Morbidity and Mortality

The World Health Organization reports that the global burden of disease has shifted over the last century from infectious disease to chronic disease.⁷⁷ The same is true for the United States and Hickman County.

Life expectancy in Hickman County is 75 years, which is lower than the national life expectancy of about 79 years. In 2017, there were 296 Deaths in Hickman County. **Figure 34** shows to what those deaths are attributed to. The largest slices were cancers at 22% and diseases of the circulatory system at 23%, which includes chronic heart disease, hypertensive disease, pulmonary heart disease – and other diseases related to the heart and circulatory system.⁷⁸

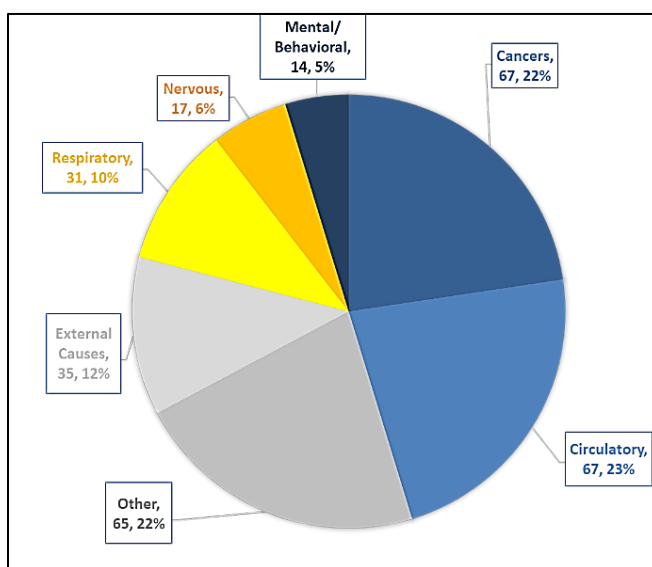


Figure 34: Hickman Health Status, CDC (2018).

⁷⁷ World Health Organization, Cause of Death (2018). Retrieved from: <https://www.who.int/mediacentre/news/releases/2008/pr14/en/>

⁷⁸ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Jan 29, 2019 12:22:22 PM

Chronic Disease

Diabetes, Hypertension, and High Cholesterol are chronic illnesses that are often the leading causes of death. According to the CDC, diabetes is the seventh leading cause of death in the United States and the number of people diagnosed with diabetes has tripled in the last 20 years affecting more than 25 million people.

Figure 35 shows that Hickman's diabetes rate, 13%, is on par with the state rate of 12.8%, but both are higher than the overall national rate at 9.6%.⁷⁹ In terms of high blood pressure, a leading contributor to heart disease and stroke, statewide nearly 40% of adults (38.5%) have high blood pressure, and over 40% have high cholesterol.⁸⁰

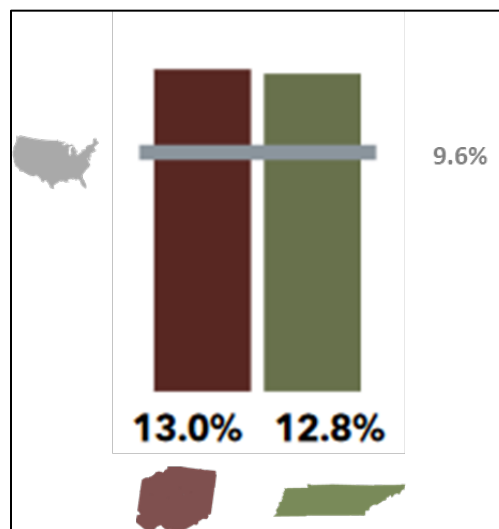


Figure 35: Diabetes Rate, CDC (2018).

⁷⁹ Sycamore Institute. (2018). County Health Profiles: Hickman County. Retrieved from <https://www.sycamoreinstitute.org/wp-content/uploads/2018/07/Hickman-Co-Tennessee-County-Health-Profile-July-2018.pdf>

⁸⁰ Centers for Disease Control and Prevention. (n.d.) Interactive Atlas of Heart Disease and Stroke. Retrieved January 29, 2019 from <https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx>

Birth Outcomes

Birth Weight

Low Birth Weight is defined as a birth-weight < 2500 grams (5 lbs., 8 oz.), and very low birth weight defined as a birth-weight < 1500 grams (3 lbs., 3 oz.) are both are major contributors to infant mortality. The risk of death is higher among infants born too soon and/or too small. These infants also experience higher risks of long-term neurological issues such as cerebral palsy and seizure disorders, developmental delays, and perinatal infections. **Figure 36** shows the 20-year period between 1997 and 2017 and the percent of babies born at low birthweight in Hickman, Tennessee, and the United States. The low birthweight percent has not changed drastically in the state (currently at 9.1%) or in the nation (8.2%) For Hickman County, there are wide swings in the rates of low birthweight babies (anywhere between 6 and 12%), most likely due to a small and unreliable sample size in the county. ⁸¹

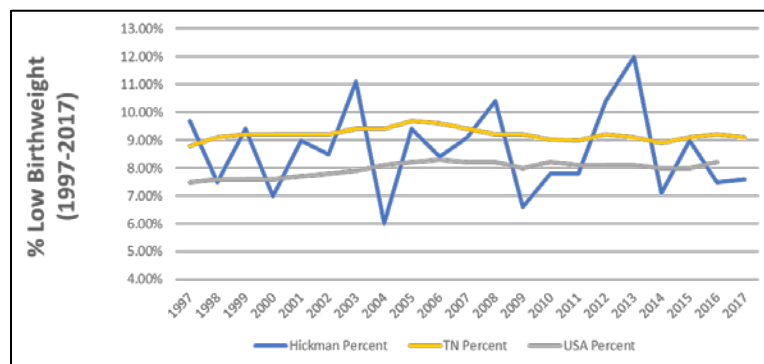


Figure 36: Percent of Low-Birth Weight Babies Over Time, Annie E. Casey Foundation, (2019).

⁸¹ The Annie E. Casey Foundation Kids Count Data Center. (2019). Infant Mortality. Retrieved 01/28/2019 from <https://datacenter.kidscount.org/data/tables/2972-infant-mortality?loc=44&loct=5#detailed/5/6460/false/871,870,573,869,36,868,867,133,38,35/any/10141,13272>

Figure 37 represents the 2016 rates of babies born at low birthweight are 7.6% for Hickman County, 9.1% for Tennessee overall, and 8.2% nationwide.⁸²

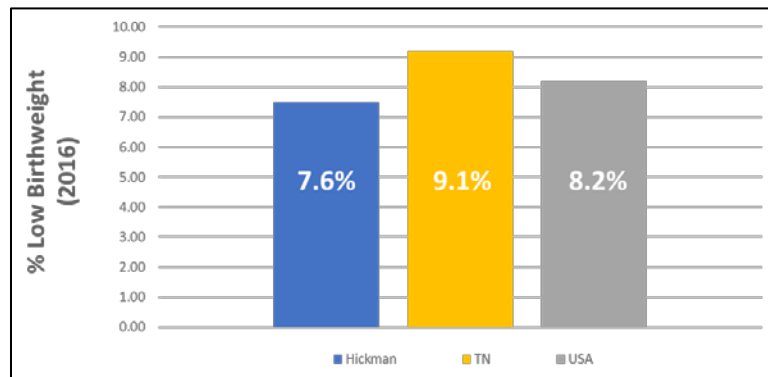


Figure 37: Percent of Low-Birth Weight Babies, Annie E. Casey Foundation, (2019).

⁸² The Annie E. Casey Foundation Kids Count Data Center. (2019). Infant Mortality. Retrieved 01/28/2019 from <https://datacenter.kidscount.org/data/tables/2972-infant-mortality?loc=44&loct=5#detailed/5/6460/false/871,870,573,869,36,868,867,133,38,35/any/10141,13272>

Maternal Health

According to the CDC, “The leading causes of infant death [are] congenital anomalies and low birthweight – two conditions that can be considerably impacted by prenatal care” through providing crucial information to mothers about how their nutrition and other health behaviors affect their baby’s health.⁸³ For this reason, it’s important to understand how many mothers are receiving an adequate standard of prenatal care.

Figure 38 shows the percent of expectant mothers in Hickman and in Tennessee who received adequate prenatal care based on the Kessner Index, which details the number of prenatal visits a woman has throughout her pregnancy. In 2012, 67.4% of Hickman mothers received what is considered adequate prenatal care, but in 2015, this dipped down to 53.1%.⁸⁴ However, Hickman’s rates are higher than the state’s overall. However, both are much lower than the Healthy People 2020 goal of 78%.⁸⁵

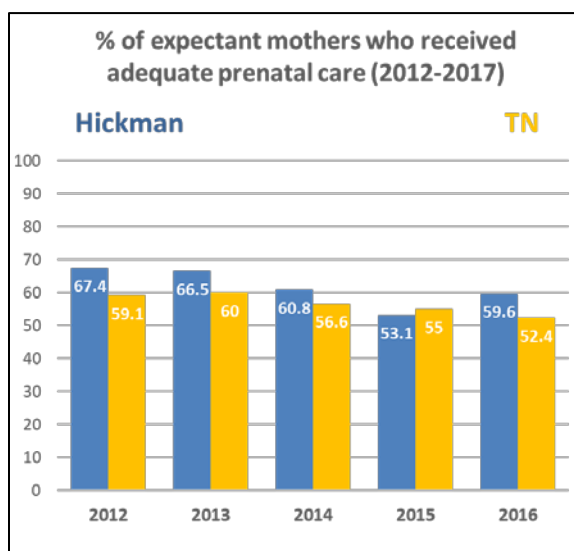


Figure 38: Mothers receiving adequate prenatal care, Annie E. Casey Foundation (2018).

⁸³ Centers for Disease Control and Prevention. (2017). Pregnancy and Prenatal Care. Retrieved January 30, 2019:

<https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/PregnancyPrenatalCare.html>

⁸⁴ The Annie E. Casey Foundation Kids Count Data Center. (2019). Adequate Prenatal Care. Retrieved January 30, 2019 from

<https://datacenter.kidscount.org/data/tables/2997-adequate-prenatal-care?loc=44&loct=5#detailed/5/6460/true/871,870,573,869,36,868,867,133,38,35/any/13275,10146>

⁸⁵ Maternal, Infant, and Child Health. (n.d.). Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

Smoking during pregnancy can affect the development of the baby's lungs and brain, and can lead to preterm birth and low birthweight, as well as developmental delays and problems that last into childhood and beyond. In 2016, 7.2% of expectant mothers reported smoking nationwide. In Tennessee, 13.4% said they smoked while pregnant, but in Hickman County, this rate was twice as high at 27.3% in 2016.⁸⁶

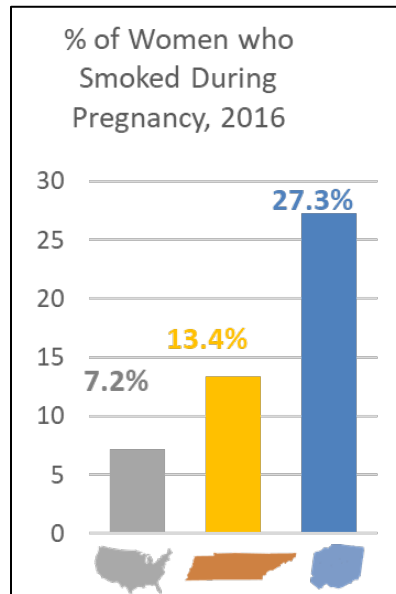


Figure 39: Percent of Women Who Smoked During Pregnancy, Annie E. Casey Foundation (2018).

⁸⁶ The Annie E. Casey Foundation Kids Count Data Center. (2018). Births to mothers who smoked during pregnancy. Retrieved June 8, 2018 <https://datacenter.kidscount.org/data/tables/8806-births-to-mothers-who-smoked-during-pregnancy?loc=44&loct=5#detailed/5/6460/true/871,870,573,869,36,868,867,133,38,35/any/17650,17651>

Mental and Emotional Health

According to the CDC, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is as important as physical health to overall wellbeing, and in fact poor mental health conditions, like depression, can lead to poor physical health outcomes, and poor physical health can influence our likelihood of poor mental health outcomes.”⁸⁷

In Hickman County, on the Behavioral Risk Factor Surveillance System survey in 2017, citizens self-reported 4.8 average monthly days of poor mental health.⁸⁸ These estimates are in response to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Looking at poor mental health days per month can help to shed light on the quality of life in a certain geography. This number has been steadily increasing since 2011, within Tennessee, and Hickman County continues to be higher than the state and the nation. Overall in 2017, Tennesseans experience 4.5 poor mental health days monthly, and nationwide, this number is 3.7.⁸⁹

Several studies have shown that people with severe mental illness (SMI) have an excess mortality, being two or three times as high as that in the general population. This mortality gap, translates to life expectancy shortened by as much as 30 years in SMI patients, and the gap is widening. The increased

⁸⁷ Centers for Disease Control and Prevention. (2018). Learn About Mental Health. Retrieved February 27, 2019 from <https://www.cdc.gov/mentalhealth/learn/index.htm>

⁸⁸ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings: Poor Mental Health Days, Hickman County. Retrieved from <http://www.countyhealthrankings.org>

⁸⁹ University of Wisconsin Population Health Institute. (2018). 2018 County Health Rankings: Poor Mental Health Days, Hickman County. Retrieved from <http://www.countyhealthrankings.org>

morbidity and mortality seen in this population are largely due to a higher prevalence of modifiable risk factors. Serious mental illness includes Schizophrenia, Bipolar Disorder, and other major depressive disorders. **Figure 40** represents the percent of adults in Tennessee compared to the United States. In 2015, 4.4.% or 217,000 of Tennessee adults aged 18 or older had a serious mental illness This number has been consistent for the past few years but is expected to rise. In Hickman, there are approx. 853 adults experiencing a serious mental illness.⁹⁰

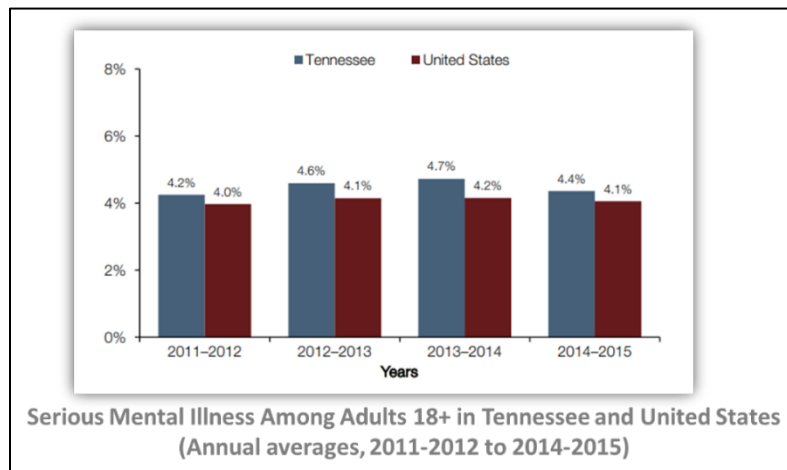


Figure 40: *Serious Mental Illness in the past year, Substance Abuse and Mental Health Services Administration, (2015).*

⁹⁰ Substance Abuse and Mental Health Services Administration (2015). Behavioral Health Barometer, Tennessee. Pg. 10 Retrieved from: <https://store.samhsa.gov/system/files/sma16-baro-2015-tn.pdf>

INPUT FROM THE COMMUNITY

Input from the community included interviews with community leaders and representatives, online community survey, and a community health summit.

Interviews with Community Leaders and Representatives

Seventeen (17) community representatives and leaders, who represented a broad interest of the community, were identified by Hickman County Health Department, Saint Thomas Hickman Hospital and Saint Thomas Health associates. The interviewee constituency was diverse and included those with professional experience and/or ability to represent populations which are medically underserved, low-income, minority and/or with chronic disease needs. Community representatives and leaders also included those with special knowledge of and/or expertise in public health. Interviewees represented areas of healthcare services, law enforcement, education, non-profit agencies, faith communities, government representatives, safety net service providers, economic and workforce development, mental/behavioral health services, housing and homelessness, and other interest groups working with vulnerable populations. The top responses were tallied and are listed below. Please refer to the Methodology section of this report for an analysis summary.

1. What do you think are your community's strongest assets?

- **Community** – Hickman County residents love their community. The county has a spirit to care for one another and are willing to lend a hand in times of crisis.
- **Resources** - The community has multiple businesses, support organizations, and churches. Healthcare resources are strong with Saint Thomas Hickman hospital and two nursing homes.
- **Environment**- Hickman is home to many local and state parks, providing many unique outdoor trails. The rivers, lakes, hollows all add a peacefulness to the county that draws residents to live there.

Other assets include: Farmers market, Banana Pudding Festival, cost of living, small town feel, roads, schools

2. Based on your experience, what are the top three issues that you are most concerned about in your community (Probe: think broadly, beyond health)?

- **Jobs/Educational Opportunities** – The tax base in Hickman is extremely low, making it desirable to live but, hard to make improvements. There is a need for economic development as factories continue to shut down and industries downsize. There is no training or education for trade skills within the county. Employment opportunities are mainly outside county lines.
- **Mental Health/Substance Abuse** – Drugs are easy to access resulting in heavy amounts of drug abuse.
- **Cycle of Poverty**- Hickman County has a generational and dysfunctional poverty cycle which is difficult to break.

'When you have good people, you can build better communities'

Hickman Interviewee

Additional broad issues include: Stigma around suicide, lack of senior care resources, not enough housing, transportation, lacking homeless resources, increase in crime, lack of veteran resources, and infrastructure issues

3. What would you say are the top three issues specific to health or health care that you are most concerned about in your community?

- **Healthcare Access/Affordability** - There is a deficit of physicians and specialties within the county and although there are some healthcare options within Hickman, a lack of transportation and not knowing resources leads to decreased access. Affordability issues include: lack of insurance/no Medicaid expansion, and cost of care for disease management (ex. cancer/diabetes).
- **Obesity/Food Access** – There is a general lack of understanding about health and a need for more education around healthy food and exercise increasing the rate of diabetes in Hickman. Hickman County has limited grocery stores within county lines, causing food deserts throughout the county. Residents turn to fast food out of convenience and cost. There are only 2 exercise facilities in the county, limiting access to recreation for many residents.
- **Smoking/Tobacco Use** – While traditional tobacco has decreased, the use is still very high in Hickman county and vaping has increased especially in adolescents.

Additional healthcare issues include: Lack of dental and vision providers, asthma has increased in children, lack of resources for senior care and stigma/lack of resources regarding mental health

4. What do you think are the obstacles or challenges to addressing these issues?

- **Lack of Education/Knowledge** – Due to generational poverty, most residents adapt the “it was good for my parent so it’s good enough for me” mentality. There isn’t enough education throughout the county to change or address these issues. People do not understand and have not been taught to live a healthy lifestyle.
- **Culture/Stigma**- There is historical political culture ‘good ole boys club’ which can be resistant to change.
- **Lack of Financial Resources** - There is a weak tax base within the County with many residents shopping/spending monies outside of the county which leads to infrastructure deficits. Individuals in poverty cannot afford the cost to cover basic needs such as healthcare, healthy food, transportation, and internet.

“People don’t know how to break the poverty cycle.”

Additional barriers include: Lack of transportation options, limited amount of jobs in the county, lack of internet, and substance abuse/addiction not allowing change

5. If you had a magic wand, what top initiatives would you implement in your community in the next three years?

- **Education** - Key components would include: health, vocational/job, financial, parenting – preparing people to live a better life and break cycles. Increase resource navigation and knowledge.
- **Infrastructure** - This includes internet access throughout the county, affordable transportation options, increase of residential/business development (including revitalization of the square) and more job opportunities within the county.
- **Physical Activity** – Increasing the availability of a recreational centers or building a YMCA. Implementing more activity in and out of school, and increased family activities within the parks. Increase senior activity by creating a recreation center or resource center.

Additional magic wand initiatives include: increase follow-up care, clear cut zoning laws, access to healthy foods and grocery stores, increase college-going-rate, train workforce for technical skills, and collaboration to connect people with the resources they need.

6. Additional Themes

- **Seniors** – Senior population is growing in Hickman and there is a lack of housing/resources for seniors combined with senior neglect identified throughout the interviews. There needs to be more resources for seniors as many are responsible for their grandchildren.
- **School System** – The school system is a strong asset and has improved graduation rates in the last few years but there are not enough funding/financial resources.
- **Pride** – There is opportunity in Hickman for growth and tourism. The Banana Pudding Festival brings in thousands of people from across the globe.

Other topics include: implement county-wide internet access, increase the voting population, increase the reading proficiency, eliminate the county divide, provide more options for grandparents/relative caregiver, not enough local drug abuse resources, domestic violence has increased, low income population do not have the means to take care of housing needs causing them to live in unhealthy conditions or choose to be homeless.

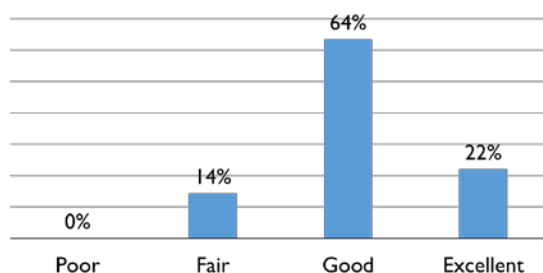
“Hickman is a diamond in the rough”

Hickman Interviewee

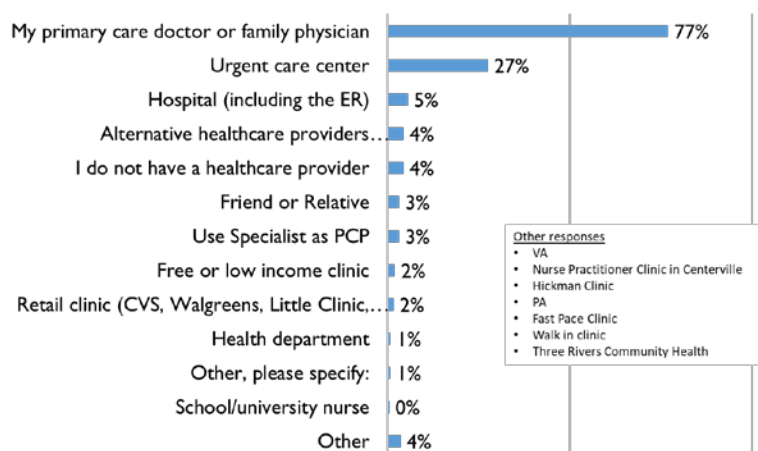
Community Survey

To understand community members' opinions of health needs and assets within the county, an electronic survey was conducted and analyzed by Stratasan, a consulting qualitative research firm participating in this CHNA. The survey was open online from October 22, 2018 and closed January 14, 2019. Survey questions were designed to align with questions from the Interviews with leaders and representatives. Additional information regarding the online survey process and analysis is included in the Methodology section of this report. The top responses for each question follows, with the number of mentions noted:

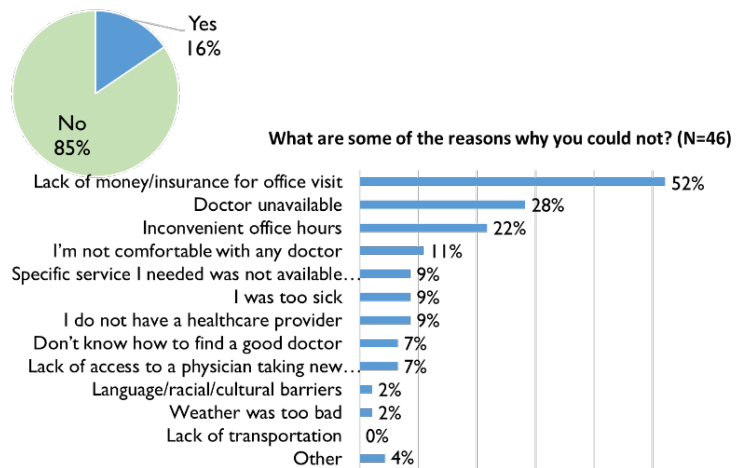
1. Generally, how would you describe your health? (N=258)



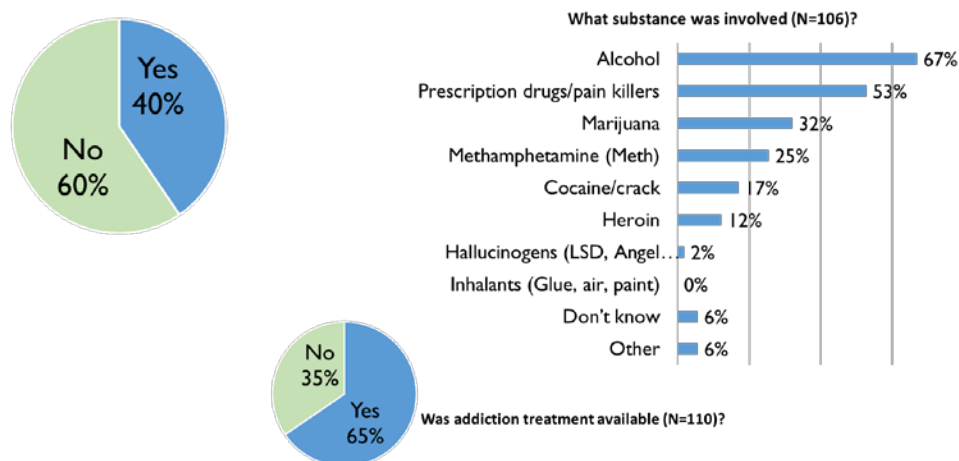
2. If you have one person or group you turn to for basic healthcare needs, where do you go most often? (N=255)



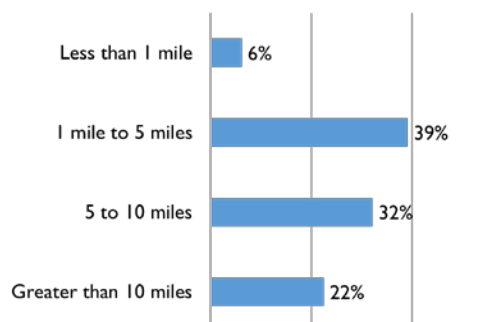
3. Was there a time in the past 12 months when you needed to see a doctor but could not? (N=258)



4. Have you, a relative, or close friend experienced substance abuse or addiction? (N=257)



5. How close in distance is the nearest grocery store that offers fresh fruits and vegetables? (N=258)

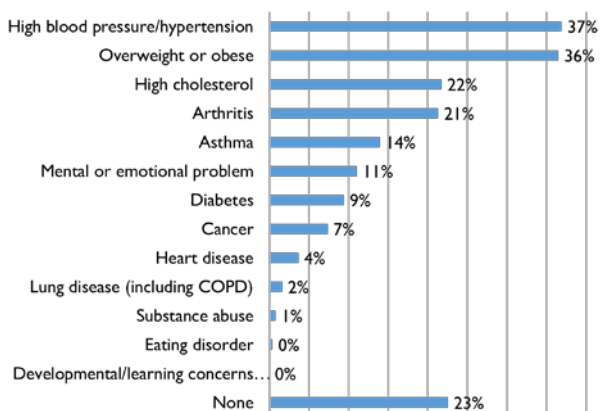


6. What are the top 3 issues in your community that impact people's health? (N=201)

(These issues could be related to Healthcare Access, Community Issues, Lifestyle, Quality of Life or any other issues)

- Affordable Insurance
- Affordable Healthcare
- Lifestyle/Lack of Motivation
- Low Income/Poverty
- Access to Doctors
- Physical Inactivity
- Smoking
- Access to Healthcare
- Access to Affordable Exercise Facilities
- Lack of Specialists

7. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (N=244) (select all that apply)



 Stratason

Community Health Summit

The results of the data review, community interviews, and the online community survey were presented to the community representatives and leaders at the February 6th, 2019 Hickman County Health Council meeting. The meeting attendees were representatives of the community and local leaders. A total of forty-nine (49) participated in providing collective input to prioritize the needs of the community and available resources: **(Appendix D)**.

Additional information and findings regarding the community health summit is included in the Methodology section of this report.

CONCLUSIONS

Identified Community Health Needs

The 2019 priority health needs identified for Hickman County, Tennessee are:



MENTAL HEALTH/SUBSTANCE ABUSE



PHYSICAL INACTIVITY/OBESITY



TRANSPORTATION



EDUCATION

Limitations of the CHNA

The objective of the CHNA was to provide a comprehensive assessment of the health needs of Hickman County. However, assessment limitations are acknowledged by the partners and collaborators who conducted and collaborated in this CHNA.

Secondary data limitations: The assessment took into consideration many aspects affecting health, including the social determinants of health; however, not all health process and outcome measures available through secondary health data were reviewed due to the broad focus of the assessment. In some cases, comparable benchmarking was not available due to timeframe, and there were measurement definition differences between data sources.

Interview limitations: Every effort was made to include representation from all sectors of the community. Response categories on the interview guide for some questions were not mutually exclusive. There was variability in the number of responses that interviewees selected, with some interviewees selecting fewer or more responses than specified in the interview instrument.

Online community survey limitations: By design, the site was created to obtain health input from members of the community who represent underserved, minority and/or vulnerable populations. The gender was primarily female with a majority income of \$50,000 to \$74,999 a year, therefore, the participants of the community survey do not represent the most vulnerable populations.

The assessment was designed to provide a prioritized list of health needs but not to provide an in-depth understanding of barriers to health for each identified need nor specific interventions to address the identified health needs.

METHODOLOGY

Saint Thomas Health's Community Benefit Department and Community Health & Benefit Committee (CHBC) provided coordination and oversight for their hospitals and health system. The CHBC and the Hickman County Health Council are multi-disciplinary teams and include those with special knowledge of and/or expertise in public health.

Input from Public Health experts and those with special knowledge

The CHNA process included input from those with special knowledge of or expertise in public health. The partnering entities have associates with training in public health. Additionally, Hickman County Health Department was a partnering organization and participated with the design, completion and summary of the CHNA. Throughout the CHNA process, input was received from those with special knowledge of or expertise in public health. Individual interviews and the Community Health Summit included community members with special knowledge and/or expertise in public health.

Special attention to underserved, low-income and minority and vulnerable populations

All interviews, surveys, secondary data analysis, and community review of findings were conducted with the goal of obtaining an assessment of health needs and assets that not only represent the broad interests of Hickman County, Tennessee but also pay special attention to the underserved, low-income and minority and vulnerable populations. This lens of special attention to at-risk populations was used in the selection of interviewees. Interviewee expertise included homelessness, low-income, at risk youth, and the uninsured.

Assessment of Health Needs

- **Review of Secondary Health Data**

Recommendations of the Centers for Disease Control and Prevention⁹¹ and the Catholic Health Association of the United States⁹² were considered in determining which health indicators to review. Additional considerations were the indicators reviewed and reported in the 2019 CHNA and the availability of secondary data. Review and summary of secondary data was performed in collaboration with Vanderbilt University Medical Center (VUMC).

The following health indicator topics were reviewed:

- Demographics & Socioeconomic Status
- Social Determinants
- Access to Health Care
- Morbidity and Mortality
- Birth Outcomes
- Behavioral Risk Factors
- Health Status

⁹¹ U.S. Centers for Disease Control and Prevention. *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*, Atlanta, GA: Office of Surveillance, Epidemiology, and Laboratory Services, 2013.

⁹² Catholic Health Association of United States. *Assessing & Addressing Community health needs, Discussion Draft: Revised February 2012*. Washington, DC: www.chausa.org, 2012.

- Mental and Emotional Health

Publicly available secondary data was obtained from governmental and non-governmental agencies, foundations and organizations.

- **Input from the Community**

Input from persons representing broad interests of the community and populations which are underserved, low-income, minority and/or with chronic disease needs were included in the CHNA process through interviews of community representatives and leaders, an online community survey, and a community health summit hosted by the local health council. Please refer to sections for additional methodology.

- **Community Leader and Representatives Interviews**

The interviews were conducted in pairs of two by representatives from Saint Thomas Health using a standardized interview instrument (**Appendix B**). Questions focused on community assets, issues/concerns, obstacles to addressing concerns, and priorities. The instrument consisted of five (5) open-ended questions and allowed for additional comments at the end. Interviewees were able to provide multiple responses. Seventeen (17) interviews were conducted. Open-ended analysis was conducted independently, the analysis team members, reviewed each question, categorized and tallied responses. Analysis team members met to discuss independent results and summarize leading responses. Analysis and summary of interview results were performed by Saint Thomas Health in collaboration with Middle Tennessee State University graduate student, Gravita Thareja. The answers were compiled and reviewed, with the top responses from all interviewees

- **Online Community Survey**

Stratason, in collaboration with Saint Thomas Health developed the online survey in Hickman County. The survey was open online from October 22, 2018 and closed January 14, 2019. A total of 284 online surveys were completed. Stratason analyzed the survey responses and summarized for this CHNA. Participants were 82% Female. Education status of participants was 12% high school graduate/GED; 16% Tech or two-year degree; and 28% college graduate. Health insurance status of participants was % uninsured, 11% Medicare, and 69% private insurance.

- **Community Health Summit**

The results of the data review, community interviews, and the online community survey were presented to the community representatives and leaders at the February 6th, 2019 Hickman County Health Council meeting. The meeting attendees were representatives of the community and local leaders. A total of forty-nine (49) participated in providing collective input to prioritize the needs of the community and available resources. The Community Health Summit also included an exercise (**Appendix C**) which involved developing solutions and identifying agencies or resources that can address the identified priority needs. Responses are listed in **Appendix D**.

- **Identification of Community Health Needs**

The 49 participants of the Hickman Health Summit were divided into nine (9) groups. The meeting attendees provided collective input to prioritize the needs of the community. Step 1 asked each group to identify six (6) needs in the community. Step 2, using the grid tool (**Figure 41**) the groups compared each need, in terms of feasibility and actionability. Step 3, the group narrowed their original six needs to three (3). The three (3) proposed needs from each group were categorized by topic and counted by members of the Saint Thomas Health team. Each proposed need was equal to a value of 1. The four (4) needs were identified as priority with the most count.

The unmet health needs identified for 2019 were:

- Education (5)
 - Insurance availability
 - e-cigarettes and tobacco
- Transportation (5)
 - Infrastructure
- Physical Inactivity/ Obesity (4)
- Mental Health and Substance Abuse (8)
- Access to Health Care (1)
- Jobs (1)
- Child Abuse (1)
- Tobacco (1)
- Poverty (1)

STEP 1

1) Substance Abuse	4) Access to Food
2) Mental Health	5) Tobacco
3) Transportation	6) Physical Activity

STEP 2

	#1 Substance Abuse	#2 Mental Health	#3 Transportation	#4 Access to Food	#5 Tobacco	#6 Physical Activity
#1 Substance Abuse	X					
#2 Mental Health		X				
#3 Transportation			X			
#4 Access to Food				X		
#5 Tobacco					X	
#6 Physical Activity						X

STEP 3

1) Substance Abuse	
2) Physical Activity	
3) Transportation	

Figure 41: Grid Prioritization Example, Hickman Health Summit (2019).

Based on these results, the prioritization needs for Hickman County were identified as:



MENTAL HEALTH/SUBSTANCE ABUSE



PHYSICAL INACTIVITY/OBESITY



TRANSPORTATION



EDUCATION

[Evaluation of Actions Taken to Address Needs Since the 2016 CHNA](#)

Annually, the Saint Thomas Hickman Hospital and Saint Thomas Health community benefit program leaders submit a report of their Community Benefit activities to the Community Health & Benefit Committee (CHBC), for review, summarizing the program and the outputs and outcomes for the prior fiscal year. Additionally, recipients of Community Benefit restricted donations are asked to submit a report at the end of Saint Thomas Health's fiscal year to the Community Health & Benefit Committee for review of outputs and outcomes. A summary from the implementation strategies developed following the 2016 CHNA report are included in **Appendix E**.

APPENDIX

A. ACKNOWLEDGMENTS

We would like to acknowledge the contributions of those who supported, advised, and participated in this Community Health Needs Assessment of Hickman County, Tennessee. We greatly appreciate their contributions.

- Interview Participants
- Community Survey Participants
- Community Health Summit Attendees
- Saint Thomas Hickman Medical Clinic in Centerville, TN

Hickman County Health Department

- Sarah Russell, Director
- Teresa M. Gregory, Health Educator

Hickman County Wellness Council

- Autumn Vespie, Chair
- Teresa M. Gregory, Facilitator

Saint Thomas Hickman Hospital and Saint Thomas Health

- Kevin D. Campbell, Administrator, Saint Thomas Hickman Hospital
- Kevin Bruce, Business Operations Manager, Saint Thomas Hickman Hospital
- Amber Sims, Chief Strategy Officer, Saint Thomas Health
- Nancy Anness, Chief Advocacy Officer, Saint Thomas Health
- Angie-Boyd Chambers, Communications, Saint Thomas Health
- Greg Pope, Chief Mission Integration Officer, Saint Thomas Health
- Liz Malmstrom, Community Benefit Director, Saint Thomas Health
- Lindsay Voigt, Community Benefit Manager, Saint Thomas Health
- Bridget Del Boccio, Community Benefit Coordinator, Saint Thomas Health

Vanderbilt University Medical Center, CHNA collaborators

- Elisa C. Friedman, Director, Planning and Community Engagement Meharry-Vanderbilt Alliance and Vanderbilt Institute for Medicine and Public Health
- Chelsei Granderson, Research Coordinator, Institute for Medicine and Public Health, Vanderbilt University

Health and Human Performance Graduate Students

- Gravita Thareja, Middle Tennessee State University

The intention was to provide a complete and accurate list of contributors; we apologize, in advance, for any unintentional errors in the listing of acknowledgments.

B. COMMUNITY LEADERS & REPRESENTATIVE INTERVIEW

Saint Thomas Health

2019 Community Health Needs Assessment

Interview Summary Sheet

INTERVIEWER NAME: _____
RECORDER NAME: _____
CHNA AREA/COUNTY: _____Hickman County_____
DATE: _____
INTERVIEWEE NAME: _____
ORGANIZATION: _____
TITLE: _____
DATA ENTRY DATE: _____
DATA ENTRY BY: _____

Hello, my name is _____. I am a representative of _Saint Thomas Hospital and, with me is _____ from Saint Thomas Health.

Thank you for taking your time to meet with us and agreeing to participate in the Community Health Needs Assessment. As part of the assessment we are interviewing Community Leaders and Representatives as a way of understanding and identifying the priority health needs of DAVIDSON County.

We anticipate the interview will take approximately 30 minutes. We have a set of questions we will be asking. Both _____ and I will be recording your selections and comments, so that the information may be combined with the responses of the other interview participants.

Please note: As required by the IRS Community Health Needs Assessment (CHNA) guidelines, the CHNA which will be made publicly available and posted on the hospital's website. We will be acknowledging the participation of community leaders and representatives by industry grouping. Your responses will be summarized and aggregated with others and your name will not be linked to specific responses or comments.

Are you ready to begin?

1. Could you tell us a little about yourself and your role here at (organization name) ?
2. What do you think are your community's strongest assets?
3. Based on your experience, what are the top three issues that you are most concerned about in your community?
[Probe: think broadly, beyond health]
4. What would you say are the top three issues specific to health or health care that you are most concerned about in your community?
[INTERVIEWER NOTE: Assess previous response]
5. What do you think are the obstacles or challenges to addressing these issues?
6. If you had a magic wand, what top initiatives would you implement in your community in the next three years?
[Probe: What resources, policies or supports would you like to see put in place to address your counties' health needs?]
7. Was there anything you wanted to discuss today that we didn't cover?
8. Do you have any questions for us?

Thank you for your time. We appreciate your participation and willingness to share your and your constituents' concerns.

The complete Community Health Needs Assessment is anticipated to be released in mid-2019 and will be posted on the website for both hospitals and the health department.

Thank you again for your participation.

ADDITIONAL INTERVIEWER NOTES RE: INTERVIEW (OPTIONAL)

C. Hickman County Health Summit Table Discussions

Please use this sheet to take notes on your group discussion. This sheet will be collected at the end of the summit. Feel free to use the back of the paper as well.

Topic: _____

- 1) After 3 years, what does success look like for this issue?
- 2) What organizations are already doing work related to this issue? Who are the potential collaborators?

D. ASSESSMENT OF SUCCESS AND RESOURCES

2019 Community Health Summit Hickman County, TN Summary of Exercise

Education

- After 3 years what does success look like?
 - Reintroduction of life skills classes in schools
 - Education programs regarding smoking cessation
 - Support of adult literacy courses
 - Increased understanding of insurance availability
 - Increased educational programs regarding healthy food and preparation
 - Increased emphasis on motivating students for further education
- What organizations are already doing work related to this issue? Who are the potential collaborators?
 - School board
 - Chamber of Commerce
 - Churches
 - Saint Thomas Hickman Hospital
 - Hickman Health Department
 - Tennessee Promise

Mental Health and Substance Abuse

- After 3 years what does success look like?
 - Increase resource availability
 - Decrease stigma
 - ACES Training
 - Increase access to behavioral and substance abuse services
- What organizations are already doing work related to this issue? Who are the potential collaborators?
 - Mental Health Co-Op
 - Health Connect America
 - Churches
 - Saint Thomas Behavioral Health
 - Centerstone
 - Hickman Health Dept

Physical Inactivity/Obesity

- After 3 years what does success look like?
 - Providing healthier choices at restaurants
 - County Recreation Director
 - Senior Citizen Center increase access
 - Organized activities at parks (basketball, volleyball, walking track, tennis courts)
 - Decrease obesity in Hickman County Schools
 - Park with playground access
 - Increase physical activity in school system
 - Family physical activity events

- What organizations are already doing work related to this issue? Who are the potential collaborators?
 - 2 fitness centers in Hickman County (1 in Centerville, 1 in Lyles)
 - Hickman County School System
 - Hickman Health Council
 - Local government
 - UT Extension
 - Coordinated School Health
 - Local businesses and industries

Transportation

- After 3 years what does success look like?
 - More independent drivers
 - Increase in public transit
 - TennCare to offer more transportation resources and funding
 - Training for CDL
 - Increase providers for public transportation
- Who is already working on this Health Issue? What agencies? What programs?
 - TennCare
 - Med Ride
 - SCCTD Transportation
 - Uber/Lyft
 - Public System
 - SCATES

E. EVALUATION OF ACTIONS TAKEN TO ADDRESS NEEDS

Evaluation of Impact of Actions Taken to Address Needs Identified in Previous 2016 CHNA - HICKMAN

SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy	WELLNESS AND DISEASE PREVENTION	
ACTIONS PROPOSED to Address Significant Health Need	STATUS OF ACTIONS	RESULTS
Strategy 1: Provide CPR/First Aid Classes for Hickman County Schools Faculty and Staff.	Completed.	FY17: Four classes were conducted, and a total of 60 school staff/faculty were trained and certified. FY18: 47 staff/faculty members were trained and certified. FY19: 57 staff/faculty members were trained and certified
Strategy 2: Develop and support a local network of Faith Community Nurses, to equip them to improve the health of their congregations.	Completed.	FY17: Offered 4 training classes in Nashville FY18: FY18 the program was discontinued due to lack of interest from the faith community.
Strategy 3: Improve community knowledge of wellness and disease prevention by offering a series of educational courses, approaching both the physical and mental aspects of priority health areas in Hickman County.	Completed.	FY17/FY18/FY19: Health education – Diabetes/Chronic Disease Management/Nutrition: Monthly health education sessions were held throughout each fiscal year, with a focus on diabetes. Meetings were held at Saint Thomas Hickman Hospital and were available to the public. Additionally, nutrition consults were available free of charge with Saint Thomas Hickman’s Director of Food & Nutrition Services.
Strategy 4: Increase the amount of nutritious food available to and consumed by low-income families through the provision of materials and education for an individualized raised-bed garden.	Completed.	FY17/FY18/FY19: In partnership with Lutheran Services in Tennessee: Saint Thomas Hickman Hospital provide funds to support the Healthy Gardens initiative, an individualized raised-bed garden program based in underserved housing communities that teaches families in poverty to grow their own vegetables, increasing the amount of nutritious food available and consumed.
Strategy 5: Provide food boxes, sensitive to chronic condition, to community members who are experiencing food insecurity.	Completed.	FY17: Saint Thomas Hickman Hospital, in partnership with Second Harvest Food Bank and the Centerville Church of Christ Outreach Center distributes medically-sensitive food boxes to patients impacted by food insecurity, with the goals of alleviating hunger, improving individual/community knowledge regarding proper nutrition, and reducing acute episodes of chronic disease.

		<p>In FY17, 364 boxes were distributed to 189 individuals and 529 total household members.</p> <p>FY18: In FY18, 462 boxes were distributed impacting 1,205 individuals.</p> <p>FY19: At the time of written report, 614 boxes were distributed impacting 1,195 individuals.</p>
Strategy 6: Increase community physical activity by creating a public use walking trail on the hospital campus.	Completed.	A walking track path around the hospital was mapped and is utilized by some staff. There are a few local area residents who walk around the hospital, but the public in general is encouraged to utilize the Jerry Dixon Walking Trail at the nearby park due to safety of the Nursing Home residents and staff.
Strategy 7: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas (Wellness and Disease Prevention).	Completed:	<p>Multiple Organizations Funded:</p> <p>FY17/FY18/FY19:</p> <ul style="list-style-type: none"> • Tennessee Department of Health: funds to support the WIC Farmers' Market program in Hickman County, which allows WIC recipients to use vouchers at the local farmers' market to purchase healthy produce for their families during the summer months. <p>FY17/FY18:</p> <ul style="list-style-type: none"> • One Generation Away: funds to support improving access to healthy foods by donations in local churches
Additional Strategies: Provide free youth sports physicals for local high school and middle school students with goal of increase participation in physical activity.	Completed.	<p>FY17: In FY17, 12 Special Olympics participants received necessary sports physicals.</p> <p>FY18: In FY18, 140 students received free sports physicals.</p> <p>FY19: At time of written report, 136 students received free sports physicals.</p>
SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy	MENTAL AND EMOTIONAL HEALTH/SUBSTANCE ABUSE	
ACTIONS PROPOSED to Address Significant Health Need	STATUS OF ACTIONS	RESULTS
Strategy 1: Offer emotional support through the hosting of a support group for those in the role of caring (or supporting those who are caring) for someone with Alzheimer's Disease or any chronic medical condition.	Completed.	FY17: Alzheimer's caregiver support group: Saint Thomas Hickman Hospital offers a monthly support group for those in the role of caring (or supporting those who are caring) for someone with Alzheimer's disease or other chronic medical conditions. These may be family members, friends, neighbors, clergy, or professional caregivers. Monthly sessions provide both

		<p>relevant health education and support to attendees. Program goals include: maintain wellness and increase self-care; decrease stress; increase knowledge of resources. In fiscal year 2017, more than ten sessions were held.</p> <p>FY18: Alzheimer's caregiver support group: In FY18, eleven sessions were held.</p> <p>FY19: At time of written report, ten (10) Alzheimer's caregiver support sessions were held, with over 300 encounters via mailings or in person attendance.</p>
Strategy 2: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved Hickman County residents.	Completed.	<p>FY17: Behavioral Health/Telehealth with Centerstone was implemented at the end of FY17 in ED at Saint Thomas Hickman Hospital.</p> <p>FY18: Process continued</p> <p>FY19: Process continued</p>
Strategy 3: Develop and support a local network of Faith Community Nurses, to equip them to improve the health of their congregations.	Completed.	<p>FY17: Offered 4 training classes in Nashville</p> <p>FY18: FY18 the program was discontinued due to lack of interest from the faith community.</p>
Strategy 4: Improve community knowledge of wellness and disease prevention by offering a series of educational courses, approaching both the physical and mental aspects of priority health areas in Hickman County.	Completed.	<p>FY17: Health education – Diabetes/Chronic Disease Management/Nutrition: Monthly health education sessions were held throughout fiscal year 2017, with a focus on diabetes. Meetings were held at ST-Hickman Hospital and were available to the public. Additionally, nutrition consults were available free of charge with ST-Hickman's Director of Food & Nutrition Services.</p> <p>FY18: 6 sessions were held at ST Hickman, impacting 23 individuals</p> <p>FY19: At time of written report, 3 sessions were held at Saint Thomas Hickman</p>
Strategy 5: Offer chaplain services at the Hickman Medical Clinic to integrate the spiritual care with physical and mental care, seeking to care holistically for patients.	Completed.	<p>Spiritual Care services integrated into the Hickman Rural Health Clinic as a full-time Chaplain II was hired at Hickman in FY17. This position continues to provide spiritual care services at the Medical Clinic, Hospital and Nursing Home.</p>
Strategy 6: Empower victim of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victims receive trauma-informed care and are connected to appropriate resources.	Completed.	<p>During this CHNA coverage period there were 2 SANE trained/certified nurses providing care in the ER at Hickman. There is also one certified/trained SANE Nurse Practitioner at the Rural Health Clinic.</p>

Strategy 7: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas	Completed.	Organizations Funded: FY17/FY18/FY19: <ul style="list-style-type: none"> Women are Safe: to support Rural Domestic Violence Shelter program, improving the physical and emotional safety of victims of domestic violence in rural Tennessee, in particular in the area served by Saint Thomas Hickman Hospital.
Additional Strategies: Increase community awareness of behavioral health issues.	Completed.	FY17/FY18: Saint Thomas Health provided leadership to the Hickman Suicide Prevention Taskforce, as it sought to reduce suicides and increase awareness that depression is the #1 risk factor for suicide. Several awareness events were held in each fiscal year 2017; the goal of awareness events is to reduce the stigma of mental illness/emotional issues in addition to reducing suicide. FY19: Several awareness events were held to reduce stigma and bring awareness. This included T4T (Training for Trainers) suicide prevention training and discussion of status for the Zero Suicide Initiative at ST Hickman.
SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy	ACCESS TO CARE/CARE COORDINATION	
ACTIONS PROPOSED to Address Significant Health Need	STATUS OF ACTIONS	RESULTS
Strategy 1: Engage state legislators and other key stakeholders to advocate for expanded access to care in Tennessee.	Completed.	January-May 2017 January-May 2018 January -May 2019 All Tennessee legislators from all counties and neighboring counties/districts we serve were engaged weekly via in person visits, calls, or e-mails by Chief Advocacy Officer or senior leaders during the months of the legislative sessions listed above. In addition, meetings with TennCare Director and Deputy Director as well as Commissioner of Health and Commissioner of Mental Health and Disabilities. During the Summer and Fall, legislators are engaged as well during hospital ministry tours or Summer study meetings, but less frequently. Chief Advocacy Officer conducted follow-up:

		<p>Federal legislators and staff visits made in person and engaged regularly in Washington and in local district regarding health policy.</p> <p>FY17: 36 Legislative visits and follow up in person visits.</p> <p>FY18: 30 Legislative visits.</p> <p>FY19: 25 Legislative visits at time of report – additional planned – including visit with Governor Lee. Chief Advocacy Officer appointed to Tennessee Access to Care Board.</p> <p>Health Policies:</p> <p>100% Access and 100% Coverage for All</p> <p>Medicaid Expansion</p> <p>Insure Tennessee</p> <p>3-Star Healthy Plan</p> <p>Hospital Assessment</p> <p>Expansion of Ascension PACE</p> <p>Opioid Epidemic Policy</p> <p>Balanced Billing</p> <p>Compact Medicine Policy</p> <p>Nurse Practice Act</p> <p>Certificate of Need</p> <p>340B</p> <p>Corporate Practice of Medicine</p> <p>Sexual Assault Transports</p> <p>Psych Patient Transports</p> <p>Rural Hospitals</p> <p>Rural Health Access</p> <p>Behavioral Health/Substance Abuse</p> <p>Future of Medicaid</p>
Strategy 2: Open a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured and underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed.	Completed.	<p>FY18: Opened in FY18, the Dispensary of Hope Pharmacy located in the Saint Thomas Hickman clinic dispensed 2,566 prescriptions in a total of 1,242 patient encounters.</p> <p>FY19: Dispensary of Hope dispensed 4,230 prescriptions in a total of 2,439 patient encounters.</p>
Strategy 3: Increase access to healthcare by removing traditional financial and insurance hurdles, through financial assistance and emergency care policies.	Completed.	<p>Policy change enacted July 1, 2016 (FY17) to provide community members with income levels at or below 400% of the Federal Poverty Level with financial assistance as outlined in the Saint Thomas Health Financial Assistance Policy.</p>

Strategy 4: Provide health insurance enrollment and navigation assistance to community members who are either uninsured or need assistance navigating their current insurance.	Completed.	<p>FY17: Saint Thomas Hickman provides a full-time insurance enrollment specialist who helps patients navigate the marketplace and identify options for coverage, as well as other resource navigation, including utility assistance, legal resources, food/food stamp assistance, and other community resources. In FY17 Q4, when data tracking began, the insurance exchange application counselor assisted 135 individuals.</p> <p>FY18: In FY18, the counselor assisted 672 individuals.</p> <p>FY19: At the time of written report, the counselor had over 887 encounters (individuals may be seen more than once)</p>
Strategy 5: Provide a medical home for an increased number of uninsured and underinsured individuals, thus expanding their access to a full range of needed medical care.	Completed.	<p>FY19: At time of report, Saint Thomas Medical Partners Centerville Heart Clinic offers cardiology appointments two days/week allowing patients to receive this care within their county.</p>
Strategy 6: Implement community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with broader community resources.	Completed.	<p>FY17: A Medical Mission event was held in Hickman County within a low-income community on May 21st, 2016. Volunteers from Saint Thomas Health entities and community providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health educations, lab/pharmacy services, and a health ministry presence to persons who otherwise have limited access to healthcare. This one event served 160 community members in a total of 540 encounters.</p> <p>FY18: A Medical Mission event was held in Hickman County within a low-income community on October 14, 2017. Volunteers from Saint Thomas Health entities and community providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health educations, lab/pharmacy services, and a health ministry presence to persons who otherwise have limited access to healthcare. This one event served 160 community members in a total of 600 encounters.</p> <p>FY19: Medical Mission events were held in surrounding counties.</p>
Strategy 7: Increase breast cancer screening compliance through Our Mission in Motion Mobile Mammography.	Completed.	<p>FY17: Eleven events held serving 166 patients with twelve qualifying for free care. 12 patients had never had a mammogram and for 72 it had been greater than two years.</p> <p>FY18: Eleven events serving 173 patients, with 19 qualifying for free care. 14 patients had never had a mammogram and for 91 it had been greater than two years.</p>

		FY19: Seven events (at time of report with four additional scheduled) serving 143 patients, with 7 qualifying for free care. 8 patients had never had a mammogram and for 69 it had been greater than two years.
Strategy 8: Empower victim of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victim receive trauma-informed care and are connected to appropriate resources.	Completed.	During this CHNA coverage period there were 2 SANE trained/certified nurses providing care in the ER at Hickman. There is also one certified/trained SANE Nurse Practitioner at the Rural Health Clinic.
Strategy 9: Improve access to care via telemedicine consultations when acute stroke symptoms are present.	Completed	FY17: STH provides telemedicine systems to outlying Emergency Rooms in communities where a stroke trained MD is not available. Patients presenting with suspected stroke are evaluated timely by a stroke trained MD to determine appropriate level of care and if referral is required. In FY17, STH Hickman provided 3 telemedicine stroke consultations. FY18: Saint Thomas Hickman provided 7 telemedicine stroke consultations. FY19: Was unable to gather data at time of written report
Strategy 10: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.	Completed.	FY18: <ul style="list-style-type: none"> Hickman County Schools: funded purchase of 4 AED machines and trainer AED for schools which did not have them. FY18/19: Multiple Organizations Funded: <ul style="list-style-type: none"> Hope Smiles: funds for increase dental access Tennessee Justice Center: funds to provide enrollment assistance and training
Additional Strategies: Increase access to Mental Health Services.	Completed.	FY17: The number of mental health professionals working in Hickman County increased from two to three, with the addition of a Psychiatric Nurse Practitioner at ST-Hickman's medical clinic. Behavioral Health/Telehealth with Centerstone was implemented at the end of FY17 in ER at Hickman.
SIGNIFICANT HEALTH NEED Identified in Prior CHNA and Addressed in Implementation Strategy	SOCIAL DETERMINANTS	
ACTIONS PROPOSED to Address Significant Health Need	STATUS OF ACTIONS	RESULTS
Strategy 1: Anti-Human Trafficking Initiative.	In Progress.	Anti-human trafficking initiative started with charter in place. Four training modules and localized protocols have been developed for roll-out to all Saint Thomas Health employees.

		The training modules are available for all employees currently. Training has begun in Davidson County. One clinic, UT Internal Med, has had all staff including physicians trained. Saint Thomas Midtown ED has trained the majority of staff/physicians. Roll-out and training will continue to occur throughout all Saint Thomas Health facilities.
Strategy 2: Provide resource navigation support to community members in need, recognizing how critical economic stability and social environments that promote good health are to improve an individual's and a community's health.	Completed.	FY17: Saint Thomas Hickman provides a full-time insurance enrollment specialist who helps patients navigate the marketplace and identify options for coverage, as well as other resource navigation, including utility assistance, legal resources, food/food stamp assistance, and other community resources. In FY17 Q4, when data tracking began, the insurance exchange application counselor assisted one-hundred and five individuals FY18: Enrollment and Navigation specialist provided 1,021 services throughout 672 encounters FY19: At the time of written report, Enrollment and Navigation specialist provided 1,089 services throughout 887 encounters
Strategy 3: Support high school students from Hickman County in their medical education pursuits.	Completed.	FY19: 1 Student from East Hickman High School requested to job shadow to pursue interest in psychology. The student met behavioral health staff and observed the ST Hickman Senior Care Program, as well as Nursing Home care Planning Meeting.
Strategy 4: Implement community-wide Medical Mission at Home that integrate medical, dental, vision and behavioral health, along with broader community resources.	Completed.	FY17: A Medical Mission event was held in Hickman County within a low-income community on May 21 st , 2016. Volunteers from Saint Thomas Health entities and community providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health educations, lab/pharmacy services, and a health ministry presence to persons who otherwise have limited access to healthcare. This one event served 160 community members in a total of 540 encounters. FY18: A Medical Mission event was held in Hickman County within a low-income community on October 14, 2017. Volunteers from Saint Thomas Health entities and community providers offered health screenings, referrals, consultations, dental care, eye exams, glasses, health educations, lab/pharmacy services, and a health ministry presence to persons who otherwise have limited access to healthcare. This one event served 160 community members in a total of 600 encounters.

		FY19: Medical Mission events were held in surrounding counties.
Strategy 5: Provide food boxes, sensitive to chronic condition, to community members who are experiencing food insecurity.	Completed.	<p>FY17: Saint Thomas Hickman Hospital, in partnership with Second Harvest Food Bank and the Centerville Church of Christ Outreach Center distributes medically-sensitive food boxes to patients impacted by food insecurity, with the goals of alleviating hunger, improving individual/community knowledge regarding proper nutrition, and reducing acute episodes of chronic disease. In FY17, 364 boxes were distributed to 189 individuals and 529 total household members.</p> <p>FY18: In FY18, 298 diabetic boxes and 216 Low sodium boxes were distributed.</p> <p>FY19: At time of written report, 115 diabetic boxes and 77 Low Sodium boxes were distributed.</p>
Strategy 6: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas (Social Determinants).	Completed.	FY18/FY19: Lutheran Services: funds to support sixteen (16) healthy garden programs for low-income communities in Hickman.
Additional Strategies: Donate food to community-wide events to reach the underserved within the community.	Completed.	<p>FY17: In FY17, food was donated to 14 community events.</p> <p>FY18: In FY18, food was donated to 7 community events.</p> <p>FY19: In FY19, food was donated to 11 community events.</p>

F. Data Appendix

In identifying the health needs of Hickman County, the partnering organization reviewed publicly available secondary data, for the following health indicator topics: demographics, socioeconomic status, social determinants, access to care, social environment, mental health, maternal/infant health, health status, natural environment, children's health and behavioral risk factors. Data tables and references for each topic are included below.

Indicator	Hickman	TN	U.S.	Source
DEMOGRAPHICS				
Population				
Land area in square miles, 2017	612.48	41,234.95	3,532,315.66	CARES Engagement Network
Population 2017 estimate	24,864	6,715,984	325,719,178	US Census Bureau: United States QuickFacts
Percent of States (Countries) Population in County	0.37%	2.06%		Calculation = County pop/state using 2017 est.
Population density, persons per square mile, 2017	40.00	159.99	90.88	CARES Engagement Network
Population, percent change - April 1, 2010 to July 1, 2017	0.70%	5.80%	5.5	US Census Bureau: State and County QuickFacts
Population growth special population— elderly 2017-2030 (percent change)	69%	37%	31%	The Tennessee Commission on Aging and Disability
Projected population 2030	24876	7390535	373,504,000.00	TN State Data Center. Boyd Center for Business & Economic Research
Urban-Rural Population mix - Percent Urban	0%	66.39%	80.89%	CARES Engagement Network
Urban-Rural mix - Percent Rural	100%	33.61%	19.11%	CARES Engagement Network
Gender				
Female persons, percent, 2013-2017	47.64%	51.24%	50.77	CARES Engagement Network
Special Populations				
Veterans, 2013-2017	1,641	441,554	18,939,219	US Census Bureau: State and County QuickFacts
Population with Any Disability, percent	20.5%	15.4%	12.6%	CARES Engagement Network
Foreign born persons, percent, 2013-2017	0.9%	5.0%	13.4%	US Census Bureau: State and County QuickFacts
Age				
Median age, years	40.9	38.6	37.8	CARES Engagement Network

Persons under 5 years, percent, 2017	5.8%	6.1%	6.1%	US Census Bureau: State and County QuickFacts
Persons under 18 years, percent, 2017	21.2%	22.4%	22.6%	US Census Bureau: State and County QuickFacts
Persons 65 years and over, percent, 2017	16.2%	15.4%	14.9%	CARES Engagement Network

Race/Ethnicity

White alone, percent, 2017 (a)	92.2	77.8%	73.0%	CARES Engagement Network
Black or African American alone, percent, 2017 (a)	5.0%	16.8%	12.7%	CARES Engagement Network
American Indian and Alaska Native alone, percent, 2017 (a)	0.2%	0.3%	0.8%	CARES Engagement Network
Asian alone, percent, 2017 (a)	0.2%	1.7%	5.4%	CARES Engagement Network
Native Hawaiian and Other Pacific Islander alone, percent, 2017 (a)	0.0%	0.1%	0.2%	CARES Engagement Network
Multiple Races, percent, 2017	1.9%	2.1%	3.1%	CARES Engagement Network
Hispanic or Latino, percent, 2017 (b)	2.3%	5.2%	17.6%	CARES Engagement Network
Total Hispanic population	562	340,063	56,510,571	CARES Engagement Network
White alone, not Hispanic or Latino, percent, 2017	92.7%	78.3%	74.6%	CARES Engagement Network
Language other than English spoken at home, pct age 5+, 2013-2017	2.1%	7.0%	21.3%	US Census Bureau: State and County QuickFacts

Educational Attainment

Percent Popul Age 25+ with No High School Diploma, 2013-2017	21.30%	13.48%	12.69%	CARES Engagement Network
- White	20.87%	12.65%	10.74%	CARES Engagement Network
- Black or African American	29.12%	15.19%	15.12%	CARES Engagement Network
- Native American/Alaska Native	no data	21.71%	20.29%	CARES Engagement Network
- Asian	20.00%	14.18%	13.47%	CARES Engagement Network
- Native Hawaiian / Pacific Islander	no data	16.44%	13.31%	CARES Engagement Network
- Some Other Race	32.81%	48.61%	39.83%	CARES Engagement Network
- Multiple Race	13.90%	14.83%	12.54%	CARES Engagement Network
Bachelor's degree or higher, percent, 2013-2017	11.0%	26.1%	31%	CARES Engagement Network

Indicator	Hickman	TN	U.S.	Source
SOCIO-ECONOMIC STATUS				
Income/Poverty				
Median household income, 2013-2017	\$39,333	\$48,708	\$57,652	US Census Bureau: State and County QuickFacts, 2018
Per capita money income in past 12 months (2017 dollars), 2013-2017	\$20,936	\$27,277	\$31,177	US Census Bureau: State and County QuickFacts, 2018
Adults in poverty, count, 2013-2017	4,523	1,072,360	45,650,345	CARES Engagement Network
Persons below poverty level, percent, 2013-2107	19.7%	16.7%	14.6%	CARES Engagement Network
- White	19.3%	14.1%	12.0%	CARES Engagement Network
- Black	25.6%	27.1%	25.2%	CARES Engagement Network
- Native American and Alaska Native	0.0%	17.8%	26.8%	CARES Engagement Network
- Asian	0.0%	10.7%	11.9%	CARES Engagement Network
-Native Hawaiian / Pacific Islander	no data	32.7%	19.0%	CARES Engagement Network
- Some other race	42.5%	34.2%	23.8%	CARES Engagement Network
- Two or more races	29.8%	24.0%	18.4%	CARES Engagement Network
- Hispanic or Latino origin (of any race)	10.6%	30.5%	22.2%	CARES Engagement Network
Children in Poverty, percent	28%	23%	20%	County Health Rankings & Roadmaps
-- Non-Hispanic White	25.05%	17.16%	12.18%	CARES Engagement Network
- Black		41.34%	36.13%	CARES Engagement Network
- Native American		20.15%	34.31	CARES Engagement Network
- Asian		9.56%	11.86%	CARES Engagement Network
- Native Hawaiian/Pacific Islander		50.76%	25.50%	CARES Engagement Network
- Some other race	44.44%	46.78%	32.77%	CARES Engagement Network
- Multiple Race	48.60%	27.53%	20.63%	CARES Engagement Network
Poverty - Children Below 100% FPL	24.63%			CARES Engagement Network
Poverty - Children Below 200% FPL	63.64%	49.36%	43.29%	Community Commons (2018).
Children eligible for Free/Reduced Price Lunch, (%)	68.95%	58.82%	52.61%	Community Commons (2018).
Population Receiving SNAP Benefits	21.8%	17.3%	13.90%	CARES Engagement Network

Households with Cash Public Assistance Income 2013-2017	8.5%	2.6%	2.60%	U.S. Census Bureau
Income inequality: Ratio of household income at the 80th percentile to income at the 20th percentile (the higher the ratio the greater inequality)	4.6	4.7	5	Country Health Ranking & Roadmap
Income inequality, County 80th Percentile Income	\$74,620			County Health Rankings, 2018.
Income inequality, County 20th Percentile Income	\$16,163			County Health Rankings, 2018.
Federal Poverty Threshold, Family of 1 (48 contiguous states)			\$12,140.00	County Health Rankings, 2018.
Federal Poverty Threshold, Family of 4 (48 contiguous states)			\$25,100.00	County Health Rankings, 2018.

Unemployment

Unemployment rate, August 2018	3.40%	3.80%	4.00%	CARES Engagement Network
Average annual weekly wage (2017)	\$686	\$939	\$1,065	Bureau of Labor Statistics
Annual establishments (2017)	294.00	156,905.00	9,835,104.00	Bureau of Labor Statistics

Indicator	Hickman	TN	U.S.	Source
SOCIAL DETERMINANTS OF HEALTH				
Education				
Students in public schools, White, percent	92.2%	62.7%		TN Dept of Educ., State Report Card, 2016-2017
Student in public schools, Black or African American, percent	3.3%	24.0%		TN Dept of Educ., State Report Card, 2016-2017
Students in public schools, Hispanic or Latino, percent	2.3%	10.4%		TN Dept of Educ., State Report Card, 2016-2017
Students in public schools, Asian, percent	0.8%	2.3%		TN Dept of Educ., State Report Card, 2016-2017
Students in public schools, Native American/Alaskan, percent	0.5%	0.04		TN Dept of Educ., State Report Card, 2016-2017
High School Graduation Rate (NCES), 2008-2009	80.7%	77.4%	75.5%	US Census Bureau, American Community Survey. 2012-2016.
High School Graduation Rate, 2013-2014	92.5%	87.2%		TN Dept of Educ., State Report Card, 2016-2017

High School Graduation Rate, 2014-2015	93.4%	87.8%		TN Dept of Educ., State Report Card, 2016-2017
High School Graduation Rate, 2015-2016	93.3%	88.5%	86.1%	TN Dept of Educ., State Report Card, 2016-2017
High School Graduation Rate, 2016-2017	94.7%	89.1%		TN Dept of Educ., State Report Card, 2016-2017
High school graduate or higher, percent, 2013-2017	78.7%	86.5%	87.3%	US Census Bureau: State and County QuickFacts
Event High School Dropouts, 2012	2.0%	4.3%	3.4%	Annie E. Casey Foundation (2018) Kids Count Data Center
Event High School Dropouts, 2013	1.1%	3.4%	4.7%	Annie E. Casey Foundation (2018) Kids Count Data Center
Event High School Dropouts, 2014	2.0%	3.4%	5.2%	Annie E. Casey Foundation (2018) Kids Count Data Center
Event High School Dropouts, 2015	1.4%	2.5%		Annie E. Casey Foundation (2018) Kids Count Data Center
Event High School Dropouts, 2016	1.2%	2.7%		Annie E. Casey Foundation (2018) Kids Count Data Center
College Going Rate among Public High School graduates, Fall 2015	58.8%	62.5%		TN Higher Education Commission & Student Assistance Corporation (2015).
4th grader not proficient in reading, 2014-2015	53.0%	54%	46%	US Census Bureau, American Community Survey. 2012-2016.
3-8th grade proficient or advance - language, 2015-2016	28.0%	33.8%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - language, 2015-2016 Asian	no data	57.6%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - language, 2015-2016 Black	31.0%	18.6%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - language, 2015-2016 Hawaiian or Pacific Islander	no data	44.2%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - language, 2015-2016 Hispanic	no data	22.4%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - language, 2015-2016 White	28.2%	40.5%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - math, 2015-2016	29.9%	38.0%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - math, 2015-2016 Asian	no data	68.0%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - math, 2015-2016 Black	23.6%	19.9%		TN Dept of Educ., State Report Card, 2016-2017

3-8th grade proficient or advance - math, 2015-2016 Hawaiian or Pacific Islander	no data	47.2%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - math, 2015-2016 Hispanic	17.6%	27.7%		TN Dept of Educ., State Report Card, 2016-2017
3-8th grade proficient or advance - math, 2015-2016 White	30.0%	45.4%		TN Dept of Educ., State Report Card, 2016-2017
Student-to-Teacher Ratio, 2015-2016	12.86	14.89		TN Dept of Educ., State Report Card, 2016-2017
Adverse Childhood Experiences				
Percent Adults with 0 Adverse Childhood Experiences, 2014		48%		Annie E. Casey Foundation (2018) Kids Count Data Center
Percent Adults with 1-2 Adverse Childhood Experiences, 2014		38%		Annie E. Casey Foundation (2018) Kids Count Data Center
Percent Adults with 3 or more Adverse Childhood Experiences, 2014		13%		Annie E. Casey Foundation (2018) Kids Count Data Center
Two most common ACEs in Tennessee		Economic Hardship, Divorce		Annie E. Casey Foundation (2018) Kids Count Data Center
Housing				
Residential segregation - black/white 2012-2016 (where 0 is complete integration and 100 is complete segregation)	42.12	66.97		County Health Rankings (2018).
Residential segregation - nonwhite/white 2012-2016 (where 0 is complete integration and 100 is complete segregation)	12.59	58.69		County Health Rankings (2018).
Living in same house 1 year & over, percent, 2012-2016	86.1%	84.9%	85.2%	US Census Bureau: State and County QuickFacts
Housing units, 2016	10,320	2,919,671	135,697,926	US Census Bureau: State and County QuickFacts
Households, 2012-2016	8,855	2,522,204	117,716,237	US Census Bureau: State and County QuickFacts
Owner-occupied housing unit rate, 2012-2016	76.3%	66.3%	63.6%	US Census Bureau: State and County QuickFacts

Owner occupied Black housholder households, % of Black occupied households (2012-2016)	95.6%			US Census Bureau, American Community Survey. 2012-2016.
Owner occupied Asian housholder households, % of Asian occupied households (2012-2016)	75.0%			US Census Bureau, American Community Survey. 2012-2016.
Owner occupied Hispanic housholder households, % of Hispanic occupied households (2012-2016)	15.2%			US Census Bureau, American Community Survey. 2012-2016.
Owner occupied white housholder households, % of white occupied households (2012-2016)	77.5%			US Census Bureau, American Community Survey. 2012-2016.
Persons per household, 2012-2016	2.57	2.54	2.64	US Census Bureau: State and County QuickFacts
Median value of owner-occupied housing units, 2012-2016	\$103,600	\$146,000	\$184,700	US Census Bureau: State and County QuickFacts
Median household income, 2012-2016	\$37,546	\$46,574	\$55,322	US Census Bureau: State and County QuickFacts
House value: Income	2.76	3.13	3.34	Calculation
Persons below poverty level, percent, 2012-2016	20.7%	15.8%	12.7%	US Census Bureau: State and County QuickFacts
Housing Cost Burden (>30% monthly income), 2012-2016	29.2%	28.7%	32.9%	US Census Bureau, American Community Survey. 2012-2016.
% of Rental Households that are Cost Burdened, 2012-2016	47.9%	44.2%	47.3%	US Census Bureau, American Community Survey. 2012-2016.
Severe Housing Problems, 2010-2014	15%	16%	19%	County Health Rankings (2018).
Overcrowded housing, 2012-2016	2.55%	2.1%	3.3%	US Census Bureau, American Community Survey. 2012-2016.
Residential Segregation - black / white	42	67		County Health Rankings (2018).
Transportation				
Mean travel time to work (minutes), workers age 16+, 2012-2016	37.1	24.7	26.1	US Census Bureau: State and County QuickFacts
Households with No Vehicles, 2012-2016	5.2%	6.25%	8.97%	US Census Bureau, American Community Survey. 2012-2016.
Driving Alone to work, 2012-2016	80%	84%	76%	County Health Rankings (2018).
Long commute - driving alone	60%	34%	35%	County Health Rankings (2018).

Workers Commuting by Public Transportation, 2012-2016	0.32%	0.78%	5.13%	US Census Bureau, American Community Survey. 2012-2016.
Workers Commuting by Public Transportation, 2013-2017	0.30%	0.7%	5.15%	US Census Bureau, American Community Survey. 2012-2016.
Percent of workers who walk or bike to work, 2013-2017	2.00%	1.49%	3.37%	US Census Bureau, American Community Survey. 2012-2016.
Mortality - Motor Vehicle Accident, age-adj. rate per 100,000, 2010-2016	26	15	11	County Health Rankings (2018).
Mortality - Pedestrian Accident, number of pedestrians killed, 2016	2	97	5,987.00	National Highway Traffic Safety Administration (2016).
Annual person miles of travel by private vehicle		31,480.00		National Highway Traffic Safety Administration (2016).
Annual person miles of travel by private vehicle score/100 (percentile)		35.00		National Highway Traffic Safety Administration (2016).
Annual person miles of travel by walking		95.00		National Highway Traffic Safety Administration (2016).
Annual person miles of travel by walking score/100 (percentile)		3.00		National Highway Traffic Safety Administration (2016).
% of foot/bicycle trips that are at least 10 minutes long (sustained exercise)		4.50%		National Highway Traffic Safety Administration (2016).
% of foot/bicycle trips that are at least 10 minutes long (sustained exercise) score/100 (percentile)		5.00		National Highway Traffic Safety Administration (2016).
Seat belt use by drivers and front seat passengers		83.70%		National Highway Traffic Safety Administration (2016).
Seat belt use by drivers and front seat passengers score/100 (percentile)		39.00		National Highway Traffic Safety Administration (2016).
Access to Healthy Food				
Food Environment Index (indicator of access to healthy foods with 0 being worst and 10 being best)	7.70	6.20		County Health Rankings (2018).
Food Insecurity Rate, 2014	14.25%	16.90%	14.91%	US Census Bureau, American Community Survey. 2012-2016.
Child Food Insecurity, 2014	25.94%	25.45%	23.49%	US Census Bureau, American Community Survey. 2012-2016.
Percent Households Receiving SNAP Benefits, 2012-2016	22.68%	16.53%	13.05%	US Census Bureau, American Community Survey. 2012-2016.
Limited Access to Health Foods	5%	8%	6%	County Health Rankings (2018).

Fast food restaurants/1,000 pop. (2014)	0.25			USDA Food Environment Atlas
Fast food restaurants (% change) 2009-2014	0.00%			USDA Food Environment Atlas
Expenditures per capita on fast food (2012)	\$665.32	\$665.32		USDA Food Environment Atlas
Farmers' markets (2016)	2.00			USDA Food Environment Atlas
Farmers' markets (% change 2009-2016)	100.00%			USDA Food Environment Atlas
Fast Food Restaurant Access, rate per 100,000 pop., 2015	24.30%	75.12%	74.60%	US Census Bureau, American Community Survey. 2012-2016.
Fast Food Restaurant Access, rate per 100,000 pop., 2012	20.25%	72.15%	72.84%	US Census Bureau, American Community Survey. 2012-2016.
Grocery Store Access, rate per 100,000 pop. 2015	8.10%	17.41%	21.19%	US Census Bureau, American Community Survey. 2012-2016.
% Population with low access to grocery store	11.24%			USDA Food Environment Atlas
% Low income population with low access to grocery store (2015)	5.14%			USDA Food Environment Atlas
Convenience stores/1,000 population (2014)	0.49			USDA Food Environment Atlas
Convenience stores % change 2009-2014	9.09%			USDA Food Environment Atlas
Liquor Store Establishments, Rate per 100,000 Population, 2016	4.05	9.71	11.00	US Census Bureau, American Community Survey. 2012-2016.
Low Income Population with Low food Access, 2010	10.52%	24.10%	18.94%	US Census Bureau, American Community Survey. 2012-2016.
Percent Population in Census Tract with No Food Outlet, Mod. Retail Food Environment Index	0.00%	0.34%	0.99%	US Census Bureau, American Community Survey. 2012-2016.
Percent Population in Census Tract with No Healthy Food Outlet, Mod. Retail Food Environment Index	18.15%	23.74%	18.63%	US Census Bureau, American Community Survey. 2012-2016.
Percent Population in Census Tract with Low Healthy Food Access, Mod. Retail Food Environment Index	0.00%	24.77%	30.89%	US Census Bureau, American Community Survey. 2012-2016.

Percent Population in Census Tract with Moderate Healthy Food Access, Mod. Retail Food Environment Index	81.85%	48.87%	43.28%	US Census Bureau, American Community Survey. 2012-2016.
Percent Population in Census Tract with High Healthy Food Access, Mod. Retail Food Environment Index	0.00%	2.27%	5.02%	US Census Bureau, American Community Survey. 2012-2016.
Population with Low Food Access	11.24%	27.87%	22.43%	US Census Bureau, American Community Survey. 2012-2016.

Neighborhood Safety - Crime

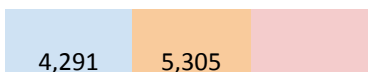
Substantiated Child abuse/neglect cases, per 1,000 children, 2013	5.2	4.9		Annie E. Casey Foundation (2018) Kids Count Data Center
Substantiated Child abuse/neglect cases, per 1,000 children, 2014	6.5	5.4		Annie E. Casey Foundation (2018) Kids Count Data Center
Substantiated Child abuse/neglect cases, per 1,000 children, 2015	6.2	5.9		Annie E. Casey Foundation (2018) Kids Count Data Center
Substantiated Child abuse/neglect cases, per 1,000 children, 2016	6.6	4.6		Annie E. Casey Foundation (2018) Kids Count Data Center
Substantiated Child abuse/neglect cases, per 1,000 children, 2017	6.9	4.7		Annie E. Casey Foundation (2018) Kids Count Data Center
Violent Crime Rate, rate per 100,000, 2012-2014	298	614	380	County Health Rankings (2018).
Injury deaths, per 100,000, 2012-2016	92	83	65	County Health Rankings (2018).

Indicator	Hickman	TN	U.S.	Source
ACCESS TO HEALTH CARE				
PCP / Provider Availability				
Primary Care Provider Ratio, (population: provider), 2018	4860:1	1380:1		County Health Rankings, 2018.
Dentists Ratio, (population: provider), 2018	3550:1	1890:1		County Health Rankings, 2018.
Mental Health Provider Ratio, (population: provider), 2018	2490:1	740:1	529 : 1	County Health Rankings, 2018.
Population Living in a Health Professional Shortage Area, Percent, 2016	100.00%	70.32%	33.13%	US Dep't of Health & Human Services, HRSA
Health Insurance				
Uninsured (<65) 2016	12.00%	20.70%	20.50%	County Health Rankings, 2018.

Uninsured children (<19) 2017	3.20%	4.80%	5.70%	USUS Census Bureau, American Community Survey. 2013-2017.
Health Insurance Coverage of Total Population, 2013 - Employer	41.80%	52.20%	54.50%	USUS Census Bureau, American Community Survey. 2011-2013.
Health Insurance Coverage of Total Population, 2013 - Medicare	17.90%	17.10%	15.50%	USUS Census Bureau, American Community Survey. 2011-2013.
Health Insurance Coverage of Total Population, 2013 - Medicaid	23.70%	19.10%	17.80%	USUS Census Bureau, American Community Survey. 2011-2013.
Health Insurance Coverage of Total Population, 2013 - Other Private	49.60%	64.00%	65.20%	USUS Census Bureau, American Community Survey. 2011-2013.
Health Insurance Coverage of Total Population, Uninsured 2014 ACS 5-year estimates	17.40%	13.60%	14.20%	USUS Census Bureau, American Community Survey. 2011-2013.
Percent Uninsured, Total civilian noninstitutionalized population. American FactFinder 2013-2017 ACS Health Insurance Status	11.10%	10.90%	10.50%	USUS Census Bureau, American Community Survey. 2013-2017.
Percent Uninsured, age Under 18 years American FactFinder 2011-2013 ACS Health Insurance Status	9.20%	5.70%	7.30%	USUS Census Bureau, American Community Survey. 2011-2013.
Percent Uninsured, age 18-64 yrs American FactFinder 2011-2013 ACS Health Insurance Status	32.10%	20.30%	20.60%	USUS Census Bureau, American Community Survey. 2011-2013.
Percent Uninsured, age 65 years and older American FactFinder 2011-2013 ACS Health Insurance Status	1.10%	0.5	1.00%	USUS Census Bureau, American Community Survey. 2011-2013.
Percent Uninsured, age 19 to 25 years American FactFinder 2011-2013 ACS Health Insurance Status	38.80%	25.50%	26.70%	USUS Census Bureau, American Community Survey. 2011-2013.
Uninsured Population by Race: Non-Hispanic White	11.60%	10.00%	9.40%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Black or African American	10.8	12.50%	12.30%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Native American / Alaska Native	0	18.50%	21.60%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Asian	0	13.20%	9.20%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Native Hawaiian / Pacific Islander	-	14.00%	12.00%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Non-Hispanic Other	15	39.60%	23.60%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Race: Non-Hispanic Multiple Race	0	9.40%	9.20%	USUS Census Bureau, American Community Survey. 2013-2017.
Uninsured Population by Ethnicity Alone: Hispanic/Latino	6.3	33.50%	21.20%	USUS Census Bureau, American Community Survey. 2013-2017.

Hospitalizations

Preventable Hospital Stays, per 100,000 Medicare enrollees



County Health Rankings, 2018.

Indicator	Hickman	TN	U.S.	Source
SOCIAL ENVIRONMENT				
Linguistically isolated households, % of all households, 2012-2016	0.8%	1.54%	21	US Census Bureau, American Community Survey. 2012-2016.
Lack of social or emotional support	22.1%	19%	%	US Census Bureau, American Community Survey. 2012-2016.
Social associations, memberships per 10,000 pop., 2015	4.5	11.3	9.3	County Health Rankings, 2018.
Children in single-parent households, 2012-2016	37%	36%	%	County Health Rankings, 2018.
Faith congregations per 10K People, 2010	32			U.S. Religion Census: Religious Congregations and Membership Study, 2010.
How often do you get the social and emotional support you need?				US Census Bureau, American Community Survey. 2012-2016.
Always		49.40%		US Census Bureau, American Community Survey. 2012-2016.
Usually		24.20%		US Census Bureau, American Community Survey. 2012-2016.
Sometimes		14.50%		US Census Bureau, American Community Survey. 2012-2016.
Rarely		4.90%		US Census Bureau, American Community Survey. 2012-2016.
Never		7.10%		US Census Bureau, American Community Survey. 2012-2016.
In general, how satisfied are you with your life?				US Census Bureau, American Community Survey. 2012-2016.
Very satisfied		42.90%		US Census Bureau, American Community Survey. 2012-2016.
Satisfied		49.80%		US Census Bureau, American Community Survey. 2012-2016.

Dissatisfied	5.40%	US Census Bureau, American Community Survey. 2012-2016.
Very dissatisfied	1.90%	US Census Bureau, American Community Survey. 2012-2016.

Indicator	Hickman	TN	U.S.	Source
MENTAL HEALTH				
Poor Mental Health Days, last 30 days (2016)	4.8	4.5	3.7 (2015)	County Health Rankings, 2018.
% for whom mental health days not good, prev 30 (2015)		33.9	34.3	County Health Rankings, 2018.
Adults with Mental Illness in the Past Year (2015)		19.90%	18.00%	County Health Rankings, 2018.
MH Providers (2017)	2490:1	700:1	529 : 1	County Health Rankings, 2018.
Major depressive episode (18+)		7.1 (2016)	6.1 (2015)	County Health Rankings, 2016.
Frequent Mental Distress (% of adults reporting 14+ days of poor mental health per month)	14%	14%		Behavioral Health Indicators for Tennessee and the US, 2018.
TDMHSAS-funded Admissions to substance abuse treatment services, % of admissions with prescription opioids as a substance of abuse (2016)	57.1% (2015)	41.40%		Behavioral Health Indicators for Tennessee and the US, 2018.
TDMHSAS-funded Admissions to mental health services in regional mental health/private psych hospitals - rate/1,000 pop 18+ (2016)	2.1	2.3		Behavioral Health Indicators for Tennessee and the US, 2018.
TDMHSAS-funded Admissions to mental health services in regional mental health/private psych hospitals - # of admissions (2016)	41	12284		Behavioral Health Indicators for Tennessee and the US, 2018.
TDMHSAS-funded Admissions to mental health services in regional mental health/private psych hospitals - rate/1000 pop 18+ (2016)	2.1	2.3		Behavioral Health Indicators for Tennessee and the US, 2018.
TDMHSAS-funded crisis services face-to-face assessments - rate/1000 pop 17 and under (2016)	7.9	7.38		Behavioral Health Indicators for Tennessee and the US, 2018.

TDMHSAS-funded crisis services face-to-face assessments - rate/1000 pop 18+ (2016)
Alcohol and drug abuse adolescent residential rehabilitation sites as of 05/15/2017 - # of beds available

10.38	12.29	
0	333	

Behavioral Health Indicators for Tennessee and the US, 2018.

Behavioral Health Indicators for Tennessee and the US, 2018.

Indicator	Hickman	TN	U.S.	Source
BIRTH OUTCOMES				
Infant Mortality				
Infant Mortality Rate (/1000 live births)	13.4	8.20	6.50	CARES Engagement Network
Infant Mortality Rate - Black	no data	14.80	4.5	CARES Engagement Network
Infant Mortality Rate - White	7.6	6.50	5.5	Tennessee Deaths 2016
Low Birth Weight				
Low birth weight, % (2017)	7.6	9.10	8.27	TN Department of Health
Low birthweight - black	no data	14.60	13.88	TN Department of Health
Low birthweight - white	no data	7.70	7.00	TN Department of Health
Very Low birth weight, % (2017)	1.5	1.50	1.40	TN Department of Health
Very Low Birthweight - black	no data	2.90	2.95	TN Department of Health
Very Low Birthweight - white	no data	1.20	1.05	TN Department of Health
Prenatal Care				
Adequate Prenatal Care, 2017	58.8	57.40		Annie E. Casey Foundation (2016) Kids Count Data Center
Adequate Prenatal Care, 2016	59.6	52.40		Annie E. Casey Foundation (2016) Kids Count Data Center
Adequate Prenatal Care, 2015	53.1	55.00		Annie E. Casey Foundation (2016) Kids Count Data Center
Adequate Prenatal Care, 2014	60.8	56.60		Annie E. Casey Foundation (2016) Kids Count Data Center
Adequate Prenatal Care, 2013	66.5	60.00		Annie E. Casey Foundation (2016) Kids Count Data Center
Adequate Prenatal Care, 2012	67.4	59.10		Annie E. Casey Foundation (2016) Kids Count Data Center

Percentage of women who smoked during pregnancy, 2017, All	26.3	12.70	7.20	Annie E. Casey Foundation (2016) Kids Count Data Center
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Maternal outcomes

Maternal mortality (per 100,000 births)		23.30	20.70	CDC, Wonder, National Vital Statistics System, 2006-2012.
Maternal mortality - Black		38.20	47.20	CDC, Wonder, National Vital Statistics System, 2006-2012.
Maternal mortality - White		20.80	18.10	CDC, Wonder, National Vital Statistics System, 2006-2012.
Aged 15-24		8.70	11.00	CDC, Wonder, National Vital Statistics System, 2006-2012.
Aged 25-34		19.20	14.00	CDC, Wonder, National Vital Statistics System, 2006-2012.
Aged 35-44		54.40	38.50	CDC, Wonder, National Vital Statistics System, 2006-2012.

Teen Pregnancy

Teen Pregnancy, rate/1,000 females age 15-17, 2017	11.5	12.4		Annie E. Casey Foundation (2018) Kids Count Data Center
Teen Birth, rate/1,000 females age 15-17, 2016	22.0	28.00	20.00	Annie E. Casey Foundation (2018) Kids Count Data Center
Teen Birth, rate/1,000 females age 15-19, 2011-2017	46	33.00	36.60	CDC, Wonder, National Vital Statistics System, 2006-2012.

Indicator	Hickman	TN	U.S.	Source
Morbidity and Mortality				
Self reported health status				
% Fair or Poor Health (2014-2016)	21%	19%	18.0%	County Health Rankings (2018).
# Days in 30 - Physical Health Not Good (2016)	5	4.7	3.8	County Health Rankings (2018).
Poor mental health days, past 30 days, 2016	4.8	4.5	3.8	County Health Rankings (2018).
MORTALITY				
Life expectancy		76.3	80 (2017)	Institute for Health Metrics and Evaluation (2014)
- male (2014)	73.0	73.5	77.7	Institute for Health Metrics and Evaluation (2014)
- female	79.6	79	82.2	Institute for Health Metrics and Evaluation (2014)
# of Deaths, by Cause				
	2007-2016	2016	2016	
Total	2587	67857	2,744,248	CDC, Wonder, National Vital Statistics System, 2006-2012.
Heart Disease: Diseases of heart	418	15429	635,260	CDC, Wonder, National Vital Statistics System, 2006-2012.
Cancer: Malignant neoplasms	594	14450	598,038	CDC, Wonder, National Vital Statistics System, 2006-2012.
Accidents: unintentional injuries	173	4318	161,374	CDC, Wonder, National Vital Statistics System, 2006-2012.
Lung Disease: Chronic lower respiratory diseases	142	4238	154,596	CDC, Wonder, National Vital Statistics System, 2006-2012.

Alzheimer's Disease: Alzheimer's disease	64	3250	116,103	CDC, Wonder, National Vital Statistics System, 2006-2012.
Stroke: Cerebrovascular diseases	96	3508	142,142	CDC, Wonder, National Vital Statistics System, 2006-2012.
Diabetes: Diabetes mellitus	58	1883	80,058	CDC, Wonder, National Vital Statistics System, 2006-2012.
Suicide: Intentional self-harm	44	1111	44,965	CDC, Wonder, National Vital Statistics System, 2006-2012.
Flu / Pneumonia: Influenza and pneumonia	59	1533	51,537	CDC, Wonder, National Vital Statistics System, 2006-2012.
Liver Disease / Cirrhosis: Chronic liver disease and cirrhosis (27	960	40,545	CDC, Wonder, National Vital Statistics System, 2006-2012.
Nephritis	38	1150	50,456	CDC, Wonder, National Vital Statistics System, 2006-2012.
% of deaths	2007-2016	2016	2016	
Heart Disease: Diseases of heart	16.2	22.7	23.1	CDC, Wonder, National Vital Statistics System, 2006-2012.
Cancer: Malignant neoplasms	23.0	21.3	21.8	CDC, Wonder, National Vital Statistics System, 2006-2012.
Accidents: Accidents (unintentional injuries)	6.7	6.4	5.9	CDC, Wonder, National Vital Statistics System, 2006-2012.
Lung Disease: Chronic lower respiratory diseases	5.5	6.2	5.6	CDC, Wonder, National Vital Statistics System, 2006-2012.
Alzheimer's Disease: Alzheimer's disease	2.5	4.8	4.2	CDC, Wonder, National Vital Statistics System, 2006-2012.
Stroke: Cerebrovascular diseases	3.7	5.2	5.2	CDC, Wonder, National Vital Statistics System, 2006-2012.
Diabetes: Diabetes mellitus	2.2	2.8	2.9	CDC, Wonder, National Vital Statistics System, 2006-2012.
Suicide: Intentional self-harm (suicide)	1.7	1.6	1.6	CDC, Wonder, National Vital Statistics System, 2006-2012.
Flu / Pneumonia: Influenza and pneumonia	2.3	2.3	1.9	CDC, Wonder, National Vital Statistics System, 2006-2012.
Liver Disease / Cirrhosis: Chronic liver disease and cirrhosis	1.0	1.4	1.5	CDC, Wonder, National Vital Statistics System, 2006-2012.
Nephritis	1.5	1.7	1.8	CDC, Wonder, National Vital Statistics System, 2006-2012.
Septiemia	0.0	0.0	0.0	CDC, Wonder, National Vital Statistics System, 2006-2012.
Age adjusted Death Rate / 100k, by Cause	2007-2016	2016	2016	
Total Death Rate	1059.0	1020.2	728.8	CDC, Wonder, National Vital Statistics System, 2006-2012.
Heart Disease: Diseases of heart	157.2	198.8	165.5	CDC, Wonder, National Vital Statistics System, 2006-2012.
Cancer: Malignant neoplasms	207.2	179.9	155.8	CDC, Wonder, National Vital Statistics System, 2006-2012.
Accidents: unintentional injuries	68.5	61.1	47.4	CDC, Wonder, National Vital Statistics System, 2006-2012.
Lung Disease: Chronic lower respiratory diseases	50.6	54.7	40.6	CDC, Wonder, National Vital Statistics System, 2006-2012.
Alzheimer's Disease: Alzheimer's disease	26.7	44.2	30.3	CDC, Wonder, National Vital Statistics System, 2006-2012.
Stroke: Cerebrovascular diseases	36.6	46.0	37.3	CDC, Wonder, National Vital Statistics System, 2006-2012.
Diabetes: Diabetes mellitus	20.7	24.0	21.0	CDC, Wonder, National Vital Statistics System, 2006-2012.
Suicide: Intentional self-harm (suicide)	16.4	16.3	13.5	CDC, Wonder, National Vital Statistics System, 2006-2012.
Flu / Pneumonia: Influenza and pneumonia	24.3	20.1	13.5	CDC, Wonder, National Vital Statistics System, 2006-2012.
Liver Disease / Cirrhosis: Chronic liver disease and cirrhosis	8.9	12.2	10.7	CDC, Wonder, National Vital Statistics System, 2006-2012.
Nephritis	14.0	14.9	13.1	CDC, Wonder, National Vital Statistics System, 2006-2012.
Septiemia	9.3	11.9	10.7	CDC, Wonder, National Vital Statistics System, 2006-2012.
Years of Potential Life Lost (YPLL)	2016	2016	2016	
Premature Death (YPLL <75)	2589	613214	22047384	TN DoH, Division of Policy, Planning and Assessment

Age Adjusted YPLL / 100k (2014-2016) YPLL Rate / 100k	- White YPLL	2,567	472,225	16,750,094	TN DoH, Division of Policy, Planning and Assessment
		10154	8,760.0		Coutny Health Rankings, TN Data Download
		678.7	557.9		TN DoH, Division of Policy, Planning and Assessment
	- White rate	710.0	578.5		TN DoH, Division of Policy, Planning and Assessment
# YPLL from Cancer		346	116,575	4362037	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Heart Disease		400	104582	3225740	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Accidents		581	103857	3901259	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Suicide			31580	1289181	TN DoH, Division of Policy, Planning and Assessment
# YPLL from deaths in Perinatal Period			18725	860014	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Homicide			22748	795211	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Stroke		42	16942	543414	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Chronic Lung Disease		90	23218	622866	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Diabetes			15878	596730	TN DoH, Division of Policy, Planning and Assessment
# YPLL from Liver Disease			14342	610807	TN DoH, Division of Policy, Planning and Assessment
Years of Potential Life Lost (YPLL), by % of Total YPLL (years reviewed)					
		2016	2016	2016	
% YPLL from Cancer		13.4	19.0	19.8	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Heart Disease		15.4	17.1	14.6	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Accidents		22.4	16.9	17.7	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Suicide			5.1	5.8	TN DoH, Division of Policy, Planning and Assessment
% YPLL from deaths in Perinatal Period			3.1	3.9	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Homicide			3.7	3.6	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Stroke		1.6	2.8	2.5	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Chronic Lung Disease		3.5	3.8	2.8	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Diabetes			2.6	2.7	TN DoH, Division of Policy, Planning and Assessment
% YPLL from Liver Disease			2.3	2.8	TN DoH, Division of Policy, Planning and Assessment
% YPLL from pneumonia		3.8			TN DoH, Division of Policy, Planning and Assessment
Disability					
		2016	2016	2016	
difficulty dressing or bathing %		4.9	3.3	2.7	U.S. Census Bureau, American Community Survey
Difficulty seeing, even w/ glasses %		4.7	3	2.3	U.S. Census Bureau, American Community Survey
Difficulty concentrating, remembering or making decisions %		8.8	6.3	5	U.S. Census Bureau, American Community Survey
Difficulty walking or climbing stairs %		13.1	9.1	7	U.S. Census Bureau, American Community Survey

Indicator	Hickman	TN	U.S.	Source
NAUTRAL ENVIORNMENT				
Air				
Air Pollution - Particulate Matter, Avg. daily density of fine particulate matter in micrograms per cubic meter, 2014	9.8	10.0	8.7	County Health Rankings (2018).

Indicator	Hickman	TN	U.S.	Source
CHILD HEALTH				
Social / emotional supports				
Disconnected Youth (ages 16-19 who are neither working nor in school) 2013-2017	13.00%	8.00%		County Health Rankings (2018).
Child Injury / Death				
Child mortality rate per 100,000 population, age <18, 2014		59.40	49.70	Annie E. Casey Foundation (2014) Kids Count Data Center
Child mortality rate per 100,000 population by race, age <18, 2014, Black		97.90		Annie E. Casey Foundation (2014) Kids Count Data Center
Child mortality rate per 100,000 population by race, age <18, 2014, White		50.80		Annie E. Casey Foundation (2014) Kids Count Data Center
Fatalities in crashes involving young drivers age 15 to 20, 2016		127	4,853	Annie E. Casey Foundation (2014) Kids Count Data Center
Child Abuse / Neglect				
Reported child abuse cases victims younger than 18, 2018, percent of same age population	8.1%	4.7%		Annie E. Casey Foundation (2018) Kids Count Data Center
Youth Risk Behavior Survey				

High School Youth, Ever tried cigarette smoking		31.6	28.9	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Smoked a whole cigarette before age 13 yrs. for first time		12.3	9.5	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Currently smoke cigarettes		9.4	8.8	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Currently smoke cigarettes, White		11.6	11.1	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Currently smoke cigarettes, Black or African American Students		1.9	4.4	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Currently smoke cigarettes, Hispanic/Latino		7.4	7	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Currently smoked cigarettes frequently		2.8	2.6	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, were obese		20.5	14.8	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, were obese, white		20.4	12.5	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, were obese, black or African American		20.7	18.2	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, were obese, hispanic/latino		22	18.2	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, were overweight		17.5	15.6	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, did not eat vegetables		10.0	7.2	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, did not drink milk		30.2	26.7	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, did not participate in at least 60 min of Physical activity on at least 1 day		16.8	15.4	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, Were not physically active at least 60 min per day on 5 or more days		55.9	53.5	Youth Risk Behavior Surveillance System (YRBSS), 2018.
High School Youth, did not play on at least one sports team		50.8	45.7	Youth Risk Behavior Surveillance System (YRBSS), 2018.
Health Insurance				
Youth on TennCare (2018)	50.8	44.8		Annie E. Casey Foundation (2018) Kids Count Data Center

Uninsured Children and your under age 19 (2016)	4.6	3.7		Annie E. Casey Foundation (2018) Kids Count Data Center
Uninsured Children and youth qualify for CHIP or Medicaid (2016)	5	4.8		Annie E. Casey Foundation (2018) Kids Count Data Center
Pediatrician Rate (/10k) (2015)	0.0			CDC; Children's Mental Health, (2018).
Psychiatrist rate (/10k) (2015)	1.9			CDC; Children's Mental Health, (2018).
Psychologist rate (/10k) (2015)	0.0			CDC; Children's Mental Health, (2018).
LSW rate (/10k) (2015)	1.9			CDC; Children's Mental Health, (2018).
Childhood Obesity				
Public School students measured as overweight or obese	42.8	39.2		Annie E. Casey Foundation. Kids Count Data Center.

Indicator	Hickman	TN	U.S.	Source
BEHAVIORAL RISK FACTORS				
Obesity & Nutrition				
Obese adults, 2019 (%)	36%	33%		County Health Rankings (2018).
Obese adults, 2018 (%)	35%	32%	40%	County Health Rankings (2018).
Adults who have a Body Mass Index Greater than 25 (Overweight or Obese), 2016		33.20%	35%	County Health Rankings (2018).
Adults who have a Body Mass Index Greater than 30 (Obese), 2016	35%	34.80%	30%	County Health Rankings (2018).
Leisure Time / Physical Activity				
Adults who reported doing physical activity or exercise during past 30 days other than regular job		71.60%	76.9%	County Health Rankings (2018).

Percentage of adults age 20 and over reporting no leisure-time physical activity, 2015	25%	27%	County Health Rankings (2018).
Percentage of adults age 20 and over reporting no leisure-time physical activity, 2014	31%	30%	County Health Rankings (2018).
Have you used internet in the past 30 days			County Health Rankings (2018).
18 - 24		97.20%	County Health Rankings (2018).
25-34		95.20%	County Health Rankings (2018).
35-44		91.60%	County Health Rankings (2018).
45-54		80.70%	County Health Rankings (2018).
55-64		74.70%	County Health Rankings (2018).
65+		53.70%	County Health Rankings (2018).
College graduate		96.20%	County Health Rankings (2018).
H.S. or G.E.D.		75.70%	County Health Rankings (2018).
Less than H.S.		47.00%	County Health Rankings (2018).

Firearms

Handgun Carry Permits Issued, 2017	868	218,536	16,358,844	Tennessee Department of Safety and Homeland Security, 2017.
Handgun Carry Permits Revoked, Suspended, or Denied, 2017	14	5134		Tennessee Department of Safety and Homeland Security, 2017.
Firearm Deaths-- all intents, 2016 (per 100,000)	11	1148		County Health Rankings (2018).
Firearm Deaths, homicide only, 2016		434		Tennessee Department of Safety and Homeland Security, 2017.
Firearm deaths, suicide only, 2016		675		Tennessee Department of Safety and Homeland Security, 2017.
Number of deaths due to firearms per 100,000 population, 2012-2016	9	16		County Health Rankings (2018).

Substance Use / Abuse

Number of drug overdose deaths per 100,000, 2014-2016	14	22		County Health Rankings (2018).
Number of TDMHSAS-licensed mental health and substance abuse sites	57	2671		The TN Department of Mental Health and Substance Abuse Service.
Estimates of current illicit drug use among youth ages 12-17, 2012-2014		7.5%	9.3%	The TN Department of Mental Health and Substance Abuse Service.
Estimates of current illicit drug use among adults 18+, 2012-2014		6.8%	9.6%	The TN Department of Mental Health and Substance Abuse Service.

Tobacco

Current smokers, Adult, Percent of Adults Age 18+, 2016	24%	21.9%	15.5%	County Health Rankings (2018).
Current tobacco use among youth ages 12-17, 2012-2014		10.0%	7.8%	County Health Rankings (2018).
Percent of Adults Ever Smoking 100 or More Cigarettes, 2011-2012	69.56%	47.97%	44.16%	CARES Engagement Network
Adults Ever Smoking 100 or More Cigarettes, White Non-Hispanic, Percent, 2011-12		50.64%	48.52%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Adults Ever Smoking 100 or More Cigarettes, Black Non-Hispanic, Percent, 2011-12		36.49%	38.34%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Adults Ever Smoking 100 or More Cigarettes, Other Race Non-Hispanic, Percent, 2011-12		44.11%	31.30%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Adults Ever Smoking 100 or More Cigarettes, Hispanic/Latino, Percent, 2011-12		45.36%	34.17%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Smoke Every Day		15.2%	12.4%	The TN Department of Mental Health and Substance Abuse Services, (2017).
College graduate		4.5		The TN Department of Mental Health and Substance Abuse Services, (2017).
H.S. or G.E.D.		18.6		The TN Department of Mental Health and Substance Abuse Services, (2017).
Less than H.S.		27.5		The TN Department of Mental Health and Substance Abuse Services, (2017).
<\$15000		27.7		The TN Department of Mental Health and Substance Abuse Services, (2017).

\$15,000-\$24,999		21.0		The TN Department of Mental Health and Substance Abuse Services, (2017).
\$25,000-\$34,999		17.9		The TN Department of Mental Health and Substance Abuse Services, (2017).
\$35,000-\$49,999		12.3		The TN Department of Mental Health and Substance Abuse Services, (2017).
\$50,000+		9.2		The TN Department of Mental Health and Substance Abuse Services, (2017).
Annual deaths from smoking related causes			480,000	The TN Department of Mental Health and Substance Abuse Services, (2017).
Percent Smokers with Quit Attempt in Past 12 Months, 2011-2012.	19.33%	61.54%	60.02%	CARES Engagement Network

Alcohol

Excessive Drinking	14.0%	14.0%	26.9%	County Health Rankings (2018).
Alcohol-impaired driving deaths, % of deaths with alcohol involvement, 2012-2016	23%	28%	29%	County Health Rankings (2018).
Percent of admissions to substance abuse treatment services with alcohol as substance of abuse, FY 2016		42.1%	34%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Estimates of alcohol dependence or abuse among youth ages 12-17, 2012-2014		2.7%	3%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Estimates of alcohol dependence or abuse among adults 18+, 2012-2014		5.8%	7%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Binge drinkers, percent, TNBRFSS 2016		13.10%	16.9%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Alcohol-impaired driving deaths, % of death with alcohol involvement, 2009-2013	23%	28%	29%	County Health Rankings (2018).

Opioid Use

Past year nonmedical use of pain relievers, adults 18+, 2012-2014		4.1%	4.2%	The TN Department of Mental Health and Substance Abuse Services, (2017).
Past year nonmedical use of pain relievers, adults 18+, 2008-2010		4.6%	4.7%	The TN Department of Mental Health and Substance Abuse Services, (2017).

Percent of admissions to substance abuse treatment services with prescription opioids as substance of abuse, FY 2016

Percent of drug overdose deaths involving an opioid, 2015

Percent of drug overdose deaths involving heroin, 2015

	41.4%	34.0%
71.4%	72%	73.00%
0%	15.90%	25.00%

The TN Department of Mental Health and Substance Abuse Services, (2017).

The TN Department of Health, Drug Overdose in Hickman County, TN. (2012-2015).

The TN Department of Health, Drug Overdose in Hickman County, TN. (2012-2015).

G. Community Asset Inventory

Hickman County offers a variety of different resources and services for those in need. The resources listed on the following pages are examples of wonderful organizations and services within Hickman County. This is not an all-inclusive list, nor is it a guarantee of services. It is intended to be a guide to provide helpful information to anyone living or visiting Hickman County.

CLINICS & HOSPITALS:

Fast Pace Urgent Care	1140 Hwy 100 Centerville, TN 37033	P: 931-729-5551 F: 931-729-5558
Fresenius Medical Clinic: Dialysis	150 Brown Junction Centerville TN 37033	P: 931-729-0810 F: 931-729-0811
Hickman County Health Dept.	111 Murphree Ave Centerville, TN 37033	P: 931-729-3516 F: 931-729-5029
Nephrology Associates	193 Brown Junction Centerville, TN 37033	P: 931-729-0810 F: 931-729-0811
Optimum Internal Medicine	1044 Hwy 46 Bon Aqua, TN 37025	P: 931-996-4247 F: 931-996-4248
Saint Thomas Hickman Hospital	135 East Swan Street Centerville, TN 37033	P: 931-729-4271 F: 931-729-0174
Saint Thomas Hickman Hospital Specialty Clinic – Outpatient	135 East Swan Street Centerville, TN 37033	P: 931-729-4271 F: 931-729-6793
Saint Thomas Hickman Medical Clinic (Saint Thomas Medical Partners)	150 East Swan Street Centerville, TN 37033	P: 931-729-3091 F: 931-729-3801
Three Rivers Community Health	7723 Clearview Church Lane, Lyles TN 37098	P: 931-670-5520 F: 931-670-5312

BEHAVIORAL HEALTH SERVICES:

Reflections Counseling, PLLC	820 Hwy. 100 Centerville, TN 37033	P: 931-623-0717
Saint Thomas Hickman Behavioral Health	150 East Swan St. Centerville, TN 37033	P: 931-729-3091 F: 931-729-0809
Saint Thomas Hickman Senior Care IOP	150 East Swan St. Centerville, TN 37033	P: 931-729-1941 F: 931-729-0318

Three Rivers Clinic 7723 Clearview Church P: 931-670-5520
Lane, Lyles, TN 37098 F: 931-670-5312

Women Are Safe 131 West End Ave. P: 931-729-9885
Domestic Violence Centerville, TN 37033 F: 931-729-0556

DENTAL CLINICS:

Centerville Dental Clinic 704 Hwy. 100 Suite 101 P: 931-729-2664
Devin Krekel, DMD Centerville, TN 37033
Joi Stallworth, DDS

Hickman Dental Center 5103 Hwy 100 P: 931-670-5961
Lyles, TN 37098 F: 888-552-9652

Three Rivers Community Health 7723 Clearview Church. P: 931-670-8318
Lane Lyles, TN 37098 F: 931-670-7812

Barry J. Pendergrass, DDS 1824 Roy Morrison Dr. P: 931-729-3356
Centerville, TN 37033

NURSING HOMES:

Hickman Community Nursing Home 135 East Swan Street P: 931-729-4271
Centerville, TN 37033 F: 931-729-1970

Life Care Center of Centerville 112 Dickson Road P: 931-729-4236
Centerville TN 37033 F: 931-729-5489

OUTPATIENT REHABILITATION:

Excel Physical Therapy 5194 Hwy. 100 #105 P: 931-670-6161
Lyles TN 37098 F: 931-670-6355

LifeCare Center of Centerville 112 Dickson Road P: 931-729-4236
Centerville TN 37033 F: 931-729-5489

**Saint Thomas Hickman
Outpatient Rehabilitation** 135 East Swan Street P: 931-729-6763
Centerville TN 37033 F: 931-729-6768

PHARMACIES:

East Hickman Pharmacy 7723 Clearview Church P: 931-670-6035
Lane, Lyles TN 37098 F: 931-670-6399

Fred's Pharmacy 1797 Hwy. 100 P: 931-729-1177
Centerville TN 37033 F: 931-729-4688

Hickman Charitable Pharmacy <i>Accepts uninsured</i>	150 E. Swan St. Centerville TN 37033	P: 931-729-6798 F: 931-729-6799
Liberty Clinic Pharmacy	146 East Swan Street Centerville TN 37033	P: 931-729-2999 F: 931-729-3393
Liberty Pharmacy	401 West Public Square Centerville TN 37033	P: 931-729-5012 F: 931-729-4874
Walgreens Pharmacy	650 Hwy 100	P: 931-729-5005

Additional Services

Clinic Navigator at Saint Thomas Hickman Medical Clinic <i>Behavioral Health and recovery resources; Insurance assistance and prescription drug coverage. Food, clothing, housing, utility assistance, support groups, vision, hearing & other living needs.</i>	P: 931-729-1942
Hickman Home Connections <i>Low-income/Elderly home repairs</i>	P: 931- 996-2273
South Central Human Resource Agency <i>Utilities, Food, Housing, Dental, Medical, Transportation</i>	P: 931-729-5921
Department of Human Resources <i>Families First, SNAP, Vocational Rehab, Blind & visually impaired</i>	P: 931-729-4212
Fairfield Church of Christ	P: 931-729-5142
Helping Hands <i>Food, utility and disaster assistance</i>	P:931-670-1008
Ladies of Charity (2212 State St, Nashville, TN) <i>Clothing, Food, Emergency Assistance</i>	P:615-327-3430

Hotlines

Adult Protective Serviced Statewide	1-888-277-8366
Child Abuse Reporting Hotline	1-877-54-ABUSE
Adult Crisis	1-855-274-7471
Mobile Impact Crisis Team	1-800-274-5637
Suicide Prevention Lifeline	1-800-273-TALK (8255)

Emergency Response Service (Suicide)	1-800-681-7444
Crisis Line (Rape, Suicide-Columbia)	1-800-681-7444
Domestic Violence Hotline	931-729-5730
Crisis Intervention Center	1-615-244-7444
Davidson County Mobile Crisis	1-615-726-0125
Centerstone Mobile Crisis 24\7	1-800-681-7444
Tennessee Statewide Crisis Line	1-855-274-7471
National Teen Dating Abuse Helpline	1-866-331-9474
Alcohol & Drug Interventionist/Liaison	615-714-9240
Alcohol & Drug Abuse (The RED Line)	1-800-889-9789
Alzheimer's Caregiver Helpline	1-800-272-3900
Mobile Impact Crisis Team	1-800-274-5637
Recovery Support Services	931-967-7825
Youth Villages	1-866-791-9222
Poison Control Center	800-222-1222
Narcotics Anonymous Helpline	800-677-1462
National Sexual Assault Hotline	800-656-4673
Tennessee Breastfeeding Hotline	1-855-4BFMOMS/855-423-6667
Centerstone CrisisChat.org & Texting Services.	844.899. text1-844-899-8398

[Churches & Religious Organizations](#)

Bread of Life Baptist Church - (931) 670-5200
 Brushy Church of Christ - (931) 729-5356
 Centerville Church of Christ - (931) 729-4201
 Centerville United Methodist Church - (931) 729-3540
 Christ the Redeemer Catholic Church - (931) 729-4669
 Clearview Church of Christ - (931) 670-5029
 Columbia Avenue Church of Christ - (931) 729-0100
 East Hickman United Methodist Church - (931) 670-4118
 Edgewood Baptist Church - (931) 729-5236
 Fairfield Church of Christ - (931) 729-5142
 Fairfield Baptist Church - (931) 729-4519, Info Line - (931)-729-9663, Youth Building - (931) 729-4545
 First Baptist Church of Centerville - (931) 729-2892
 First Baptist Church of Bon Aqua - (931) 670-3569

First Baptist Church of Nunnelly - (931) 729-5870
Fort Cooper Church of Christ - (931) 729-5991
Hilltop Church of Christ - (931) 670-5516
Jehovah's Witnesses - (931) 729-4038
Lake Benson Christian Camp - (931) 670-5503
Little Lot Methodist Church - (931) 729-6858
Lyles United Pentecostal Church - (931) 670-3753
Maple Valley Baptist Church - (931) 729-0823
Martin Methodist Seventh Day Adventist Church - (931) 729-9856
Mt. Pleasant Methodist Church - (931) 729-9668
Mt. Zion Full Gospel Tabernacle - (931) 729-1240
New Hope Baptist Church - (931) 670-5333
New Life Assembly of God - (931) 729-5929
New Spring Creek Church of Christ - (931) 670-5346
Old Paths Bible Baptist Church - (931) 670-1234
Parkers Creek Baptist Church - (615) 412-4718
Pleasantville Pentecostal Church - (931) 729-1729
Rocky Valley Church of Christ - (931) 670-3264
Saint James Missionary Baptist Church - (931) 670-0098
Shipp's Bend United Methodist Church - (931) 729-9617
Wrigley Baptist Church - (931) 670-6158

To update or add information, complete the form below:

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit to:

jennifer.harris3@ascension.org