Saint Thomas River Park Hospital

Community Health Needs Assessment

Warren County, Tennessee
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Perspective/Overview

Creating a culture of health in the community

Sourced from the Robert Wood Johnson Foundation's County Health Rankings website:
http://www.countyhealthrankings.org/roadmaps/action-center

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and provides an open and transparent process to listen and truly understand the health needs of Warren County, Tennessee. Saint Thomas River Park Hospital has not previously conducted a CHNA, as it had been an investor-owned facility and exempt from the requirement. In 2015, Saint Thomas River Park Hospital was purchased by Saint Thomas Health,
Saint Thomas Health Regional Hospital's Board of Directors will approve and adopt this CHNA along with the associated Implementation Strategy.

Beginning in March 2017, this report is made widely available to the community via Saint Thomas River Park Hospital's website, http://www.sthealth.com/about-us/mission-integration/community-health/community-health-needs-assessment, and paper copies are available free of charge at Saint Thomas River Park Hospital.

**Participants**

Over sixty individuals from forty community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Warren County, Tennessee. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

**Project Goals**

1. To implement a formal and comprehensive community health assessment process which will allow for the identification and prioritization of significant health needs of the community, to then inform resource allocation, decision-making and collective action that will improve health.

2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community, including medically underserved, low income and minority populations.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.
We initiated the Community Health Needs Assessment with the goal of identifying community health needs, and setting goals, objectives and priorities,” said Dale Humphrey, President and Chief Executive Officer, Saint Thomas River Park Hospital. “It is our goal to use our findings as a foundation for improving and promoting the health of the whole community.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by Saint Thomas River Park Hospital to create an implementation plan. We hope other community organizations will join us.” added Alexandra Norton, Director of Community Health and Benefit, Saint Thomas Health. “The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins.”
Community

Input and Collaboration

Data Collection and Timeline

In March 2016, Saint Thomas Health contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Warren County, Tennessee. Saint Thomas River Park Hospital sought input from persons who represent the broad interests of the community using several methods:

- Eighteen community members participated in a focus group for their perspectives on community health needs and issues on August 29, 2016.
- Information gathering, using secondary public health sources, occurred in July and August of 2016.
- Thirty community members were interviewed regarding their perspectives on community health status and needs in July and August 2016.
- A Community Summit was conducted on October 20, 2016 with thirty-three community stakeholders. The audience consisted of healthcare providers, Warren County Health Department, government representatives, schools, the library and others.
Participation in the focus group, surveys and at the Community Summit creating the Warren County Community Health Needs Assessment and Improvement Plan:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Population Represented (kids, low income, minorities, w/o access)</th>
<th>How Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Education</td>
<td>Those Needing HISET (GED)</td>
<td>Summit</td>
</tr>
<tr>
<td>American Legion</td>
<td></td>
<td>Summit</td>
</tr>
<tr>
<td>APS</td>
<td>Vulnerable adults</td>
<td>Summit</td>
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<tr>
<td>Attorney</td>
<td></td>
<td>Summit</td>
</tr>
<tr>
<td>Avalon Hospice</td>
<td>Seniors</td>
<td>Summit</td>
</tr>
<tr>
<td>Campaign Church of God Prophecy</td>
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<tr>
<td>Children's Advocacy Center 31</td>
<td>Abused and neglected children</td>
<td>Summit, Interviews</td>
</tr>
<tr>
<td>Cheer Mental Health</td>
<td>Mentally ill</td>
<td>Focus Group, Interviews</td>
</tr>
<tr>
<td>City of McMinnville</td>
<td></td>
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<tr>
<td>Coordinated School Health</td>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>District Attorney's Office</td>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>Eye Centers of Tennessee</td>
<td></td>
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<tr>
<td>Friendship Home Health</td>
<td>Elderly</td>
<td>Focus Group, Summit, Interviews</td>
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<tr>
<td>Gentiva</td>
<td></td>
<td>Interviews</td>
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<tr>
<td>Greenway City Council</td>
<td>Physically active</td>
<td>Summit</td>
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<td>Hope Center</td>
<td>Warren County, low income, addiction</td>
<td>Focus Group, Summit, Interviews</td>
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<td>Kids of the Community</td>
<td>Kids, low income</td>
<td>Focus Group</td>
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<tr>
<td>Library, Rotary</td>
<td>Kids/everybody</td>
<td>Summit</td>
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<tr>
<td>Lighthouse Ministries</td>
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<td>Interviews</td>
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<td>Lincare</td>
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<tr>
<td>Magness Library</td>
<td>All</td>
<td>Focus Group, Summit</td>
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<tr>
<td>McMinnville Civic Center</td>
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<td>Interviews</td>
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<td>McMinnville Housing Authority</td>
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<td>Interviews</td>
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<td>McMinnville Parks &amp; Recreation</td>
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<td>Summit, Interviews</td>
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<tr>
<td>McMinnville Police Department</td>
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<td>NHC Healthcare</td>
<td>Seniors</td>
<td>Summit</td>
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<td>NHC Home Care</td>
<td>Geriatric, low income w/o access</td>
<td>Summit</td>
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<td>Ryan J. Moore, Attorney at Law; Chamber of Commerce</td>
<td>Warren County</td>
<td>Focus Group</td>
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<tr>
<td>Saint Thomas Health</td>
<td>All</td>
<td>Focus Group, Summit</td>
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<tr>
<td>Saint Thomas River Park Hospital</td>
<td>Community</td>
<td>Summit</td>
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<tr>
<td>SecureData, Inc.</td>
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<td>Summit</td>
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## Input of Public Health Officials

At the Summit held on October 20, 2016 Kaitlin Patterson, Health Educator for Warren County Health Department presented information and priorities from 2016 TN Department of Health Warren County Community Health Status. For more information, visit [http://tennessee.gov/health/section/statistics](http://tennessee.gov/health/section/statistics).

Ms. Patterson reviewed County Health Rankings’ recent data comparing Warren County to the other counties in the Upper Cumberland area in areas such as mortality, % poor or fair health, low birthweight babies, tobacco use, adult obesity, physical inactivity, injury deaths, alcohol impaired driving deaths, teen birth rate, uninsured, high school graduation, and children in single parent households. She compared the Upper Cumberland results to Tennessee and a national benchmark. From these metrics, the Upper Cumberland region appeared fairly homogenous in its health needs. Some highlights of the presentation are below.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Population Represented (kids, low income, minorities, w/o access)</th>
<th>How Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Center</td>
<td>low-income elderly</td>
<td>Summit, Interviews</td>
</tr>
<tr>
<td>Sheriff’s Office</td>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>TN Alzheimer’s Association</td>
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<td>Interviews</td>
</tr>
<tr>
<td>TN Health Care Campaign</td>
<td>Uninsured community</td>
<td>Summit</td>
</tr>
<tr>
<td>Upper Cumberland Human Resource Agency</td>
<td></td>
<td>Interviews</td>
</tr>
<tr>
<td>UT-TSU Extension Warren County</td>
<td></td>
<td>Summit</td>
</tr>
<tr>
<td>VBHCS</td>
<td></td>
<td>Focus Group, Summit</td>
</tr>
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<td>Warren County Health Department</td>
<td>All, Hispanics</td>
<td>Focus Group, Summit, Interviews</td>
</tr>
<tr>
<td>Warren County Schools</td>
<td>Kids</td>
<td>Focus Group, Summit, Interviews</td>
</tr>
</tbody>
</table>

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**Note:**

- Summit: Gathering of experts and stakeholders to discuss and address public health issues.
- Interviews: One-on-one conversations with key informants to gather detailed information.
- Focus Group: Group discussion with a representative sample of the population to understand perspectives.
Tennessee Big Four priorities as outlined in the report were:
1. Tobacco Use
2. Obesity
3. Physical Inactivity
4. Substance Abuse

She outlined what the state and local health departments are doing relative to each of these issues.

Tobacco use
• Baby and Me Tobacco Free
• Project TNT
• Tobacco Quitline
• Making public places smoke free
• T4 Peer Group

Obesity
• My Plate
• WIC
Input of Medically Underserved, Low-Income and Minority Populations - Community Engagement and Transparency

Input was received during the focus group, interviews and the summit. People representing these population groups were intentionally invited to participate in the process.

Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope the community will take the time to review the health needs of our community, as the findings impact each and every citizen in one way or another, and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Saint Thomas River Park Hospital.

Photo credit Parks and Recreation
Community

Selected for Assessment

Saint Thomas River Park Hospital’s health information provided the basis for the geographic focus of the CHNA. The map below shows where Saint Thomas River Park Hospital received its patients in 2015; most of Saint Thomas River Park Hospital’s inpatients came from Warren County (81%). Therefore, Warren County was selected as the primary focus of the CHNA.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Saint Thomas River Park Hospital draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Saint Thomas River Park Hospital’s Financial Assistance Policy.

Saint Thomas River Park Hospital Patients - 2015

Source: Saint Thomas River Park Hospital, 2015
Key Findings

Community Health Assessment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus group
- Community interviews/survey
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics - demographics with spending behaviors
Demographics of the Community

The table below shows the demographic summary of Warren County compared to Tennessee and the U.S.
- Source: ESRI

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>39,929</td>
<td>6,698,359</td>
<td>318,536,439</td>
</tr>
<tr>
<td>Median Age</td>
<td>40.6</td>
<td>39.1</td>
<td>37.9</td>
</tr>
<tr>
<td>Annual Pop. Growth (2015-20)</td>
<td>0.02%</td>
<td>0.92%</td>
<td>0.75%</td>
</tr>
<tr>
<td>Household Population (2015)</td>
<td>16,032</td>
<td>2,615,273</td>
<td>120,746,349</td>
</tr>
<tr>
<td>Dominant Tapestry (2015)</td>
<td>Southern Satellites (10A)</td>
<td>Rooted Rural (10B)</td>
<td>Green Acres (6A)</td>
</tr>
<tr>
<td>Businesses (2015)</td>
<td>1,916</td>
<td>263,305</td>
<td>13,340,415</td>
</tr>
<tr>
<td>Employees (2015)</td>
<td>15,687</td>
<td>3,430,812</td>
<td>158,567,719</td>
</tr>
<tr>
<td>Medical Care Index* (2015)</td>
<td>74</td>
<td>87</td>
<td>100</td>
</tr>
<tr>
<td>Average Medical Expenditures (2015)</td>
<td>$1,416</td>
<td>$1,674</td>
<td>$2,098</td>
</tr>
<tr>
<td>Total Medical Expenditures (2015)</td>
<td>$22.7 M</td>
<td>$4.4 B</td>
<td>$253.3 B</td>
</tr>
</tbody>
</table>

Racial and Ethnic Make-up

- White: 88%
- Black: 3%
- American Indian: 0%
- Asian/Pacific Islander: 1%
- Mixed Race: 6%
- Other: 2%
- Hispanic Origin: 9%

- Source: ESRI

![Median Household Income (2016)](image_url)
Warren County, Tennessee

- The population of Warren County was projected to increase from 2015 to 2020 (.02% per year), lower than the rate of TN at .92%, but higher than the U.S. at .75%.
- Warren County was older (40.6 median age) than TN and the U.S. and had lower median household income ($35,706) than both TN and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Warren County (74 index) spent 26% less than the average U.S. household out of pocket on medical care (doctor’s office visits, prescriptions, hospital visits).
- The racial make-up of Warren County was 88% white, 3% black, 6% mixed race, 2% other, and 9% Hispanic origin. (The numbers will total to over 100% due to Hispanic being an ethnic group, not a race)
- The median household income distribution of Warren County was 9% higher income (over $100,000), 56% middle income and 35% lower income (under $24,999).


Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were higher population census tracts, 5,000-7,999 in the northern parts of the county and in a large tract southwest of McMinnville. There was one low population tract, 1-1,999 in the southeast corner of the county. The remaining three tracts that cut east/west across the county had 2,000 to 4,999 population.

The population was projected to grow throughout most of the county, although slightly based on the county growth percentage of .02%. There were two census tracts west of the hospital that were projected to decline in population.
These maps depict median age and median income by census tract. There was an area of older population, in the south of the hospital, median age 45-54. There were also two tracts of younger population, median age 30-39 west of the hospital. The remainder of the county had median ages of 40-44.

There were four tracts in McMinnville and in the large tract in the southeast corner that had lower median household income $1-$24,999 [1]. Not all households were at the median in a census tract, but these are indicators of segments of the population that may need focused attention. The remainder of the county is in the range of $35,000 to $49,999 median household income. The tract west of the hospital had the highest number of households earning less than $15,000. A tract south of the hospital had the second highest number of households earning less than $15,000.

The rate of poverty in Warren County was 19% (2009-2013 data), which was above TN (18.2%) and the U.S. (15.5%). The poverty percentage was in the middle range of contiguous counties. Grundy was highest at 26.1% and Cannon was lowest at 16.4%.

Warren County’s unemployment was 5.3% compared to 5.0% for Tennessee and 4.9% for the U.S. (June 2016 Preliminary). Unemployment decreased significantly in the last few years.

Eighteen percent of Warren County had no health insurance in 2014. For people less than 200% of poverty, the percentage of uninsured was 24.7%. Approximately 17% of Warren County had Medicare, 29% had TennCare and 36% had other, which would most likely be insurance through an employer or individual policy.

1The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.
Health Status Data

The major causes of death in Warren County were cancer, followed by heart disease (opposite of TN and the U.S.), accidents, stroke, chronic lower respiratory disease, Alzheimer’s Disease, diabetes, and kidney disease. Source: 2012-2014 Tennessee Department of Health; CDC official final deaths 2014.

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [2], Warren County ranked 63rd healthiest county in Tennessee out of the 95 counties ranked (1 = the healthiest; 95 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Warren County were: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, teen births, uninsured, preventable hospital stays, percentage with some college, unemployment, and injury deaths. The areas of strength were identified as lower excessive drinking, higher high school graduation, lower children in single parent households, no drinking water violations, and fewer severe housing problems.

When analyzing the health status data, local results were compared to Tennessee, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Warren County’s results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There were several lifestyle gaps that need to be closed to move Warren County up the ranking to be the healthiest community in Tennessee and eventually the Nation. For additional perspective, Tennessee was ranked the 43rd healthiest state out of the 50 states.

Source: Saint Thomas River Park Community Health Summit; Stratasan (2016)

2The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America’s Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin’s counties every year since 2003.
Focus Group, Interview Results, Health Status Comparisons

Focus Group

Eighteen community stakeholders representing the broad interests of the community participated in a focus group for their input into the community's health. There was broad community participation in the focus group, with participants representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion.

1. Generally, how would you describe the community's health?
   - Poor
   - Moderate
   - Fair
   - The community is holding its own by dedication of volunteers in the community.
   - We don't all see what families and children are experiencing

2. When asked about the top three issues for Warren County the group mentioned:
   - Young parents, single mothers
   - Substance abuse – opioid addiction, Meth
   - Lack of a counselor specialized in abuse or children
   - No beds available for psych treatment or emergency/crisis intervention available
   - Children's mental health – lack of self esteem
   - Small town – everyone knows everyone's business, reluctant to give jobs to people who have a history of drug abuse
   - Adult and pediatric dentistry
   - Poverty – generational poverty
   - Homelessness
   - Unwanted stray and sick animals
   - Early education – value of education
   - Need job education – teaching responsibilities as employees
   - Transportation – HRA, but must call a week ahead

3. When asked about the biggest health issues for Warren County the group mentioned:
   - Substance abuse
   - Mental health
   - Children's issues
   - Obesity
   - Diabetes
   - Cancer
   - Kids with high blood pressure prescribed diet and exercise, but nowhere to learn about these

4. The group thought the following issues changed in the last three years:
   - Hope Center better – local base for local substance abuse awareness
   - Improved listening to experts about substance abuse
   - Awareness of adverse childhood experiences and their impact on individuals and the community
   - Local employers aren't getting what they need locally – lack of work ethic
• Loss of employment center
• Exercise and health is improving — yoga, 5Ks, greenways, kayaking, paddle boarding, triathlons

5. What behaviors have the most negative impact on health?
• Enabling bad behaviors
• Drug addiction - Drug addicted mothers and babies
• Smoking — in general and while pregnant

6. What environmental factors have the biggest impact on community health?
• River clean up every year
• Recycling is a problem in the County
• Awareness of trash and who is going to clean it up
• Kids with asthma, allergies
• Nursery capital of the world — pesticides, chemicals, run-off
• Clear cutting timber
• Bed bugs are bad

7. What do you think are the barriers to addressing these issues?
• Funding
• Ignorance — uneducated about what resources are available, what to eat
• Lack of interest
• Consistency of efforts and programs
• Poverty/socioeconomics
• Hunger/families needing food
• City and County governments don’t get a long, so no consolidation of efforts to help community
• Many community organizations are grant-based and spend a lot of time getting grants instead of using that time helping community
8. What community assets support health and wellbeing?
   • UT Extension
   • Silver Sneakers
   • HIAUSA – people come from all over the country
   • Health Department – smoking cessation, obesity, prevention, dental clinic
   • Greenways – walking trail around civic center,
   • Community aquatic center
   • Gardening – kids of the community
   • Library
   • Churches
   • Cheer Mental Health
   • Food Pantries – churches, Second Harvest, Helping Hands
   • River Park Hospital
   • Hope Center
   • Senior Services
   • Upper Cumberland Human Resource Agency (UCHRA) – light and heat program
   • Drug court
   • Volunteers
   • Tennessee Opportunity Programs (TOPs) – agricultural community offers off-season opportunities
   • Viola Valley Dogs and Kastaway Kitties

9. Where do members of the community turn for basic healthcare needs?
   • Computers
   • Walk-in clinics

10. What does the community need to manage health conditions or stay healthy?
    • Money
    • Trained personnel
    • Young people need a place for healthy, fun time
    • Civic Center to be open until 8 p.m.
    • Sober-living facility
    • Treatment Center locally
    • Knowledge of what resources are available
    • How to utilize community volunteers
    • Organize partnerships and alliances of all community organizations
    • Need an outside organization to come in and convene all organizations into a community advisory board
    • River Park has geriatric psych, but not for everyone
    • Spay and neuter program – people have been bitten by dogs walking for exercise
Thirty community stakeholders representing the broad interests of the community participated in either an in-person interview or an online survey, providing their input into the community's health.

The participants were asked to select their top health issues from the listed issues. The top issue selected was alcohol and drug prevention/treatment (11%) followed by mental and emotional health (10%), obesity - healthy weight (6%), seniors – aging population (6%), access to care (5%), affordability - cost of care (5%), poverty (5%) and wellness and lifestyle (5%).

When asked about the top socioeconomic/demographic issues, the social and economic determinants that contribute to health, the group listed, poverty – working poor (27%) first, then health insurance coverage (17%), followed by food insecurity (10%), housing – homelessness (10%), and income- wealth dispersion (7%).

The participants felt the most important natural, social and structural environmental issues that contribute to health were healthy food access (16%) and second hand smoke (14%), followed by air and environmental pollution (11%), Housing – affordable & homelessness (11%), Limited sidewalks/safe recreational space (11%), and transportation (11%).

When responding to the conditions or diseases that are causing illness and death in your community, the group listed alcohol and drug abuse/addiction (26%) followed by cancer (16%), emotional and mental health (14%), Alzheimer's and dementia (9%), obesity (8%), and cardiovascular disease – hypertension (7%).

The participants were asked how, from whom, where care was received and how it was coordinated. Access to care – mental health care (15%) and emergency department use for non-emergencies (15%), followed by affordability/cost of care (14%) were mentioned most, followed by Access to care – oral, dental health care (9%), health education – health literacy (8%), and access to care – specialty care (6%).

When asked about the health behaviors, the choices we make that promote health or risk health, the participants responded, alcohol and drug abuse/addiction (29%) was mentioned most followed by nutrition – healthy eating, child abuse and neglect (11%), adherence to medical regimen (9%), and tobacco use/smoking (9%).
When asked what reasons or barriers exist that cause the use of emergency rooms for non-emergencies, the participants responded:

- Lack of insurance
- Drug seeking
- Lack of education
- No insurance
- No PCP
- Convenience
- No copay
- Lack of providers taking new patients
- Easy access
- Access to non-emergency care
- Alcohol and drug issues
- Attention-seeking
- Belief they won't have to pay
- Bias toward physicians, versus NPs
- Care is free to patient
- Culture
- Doctor shopping
- Doctors writing prescriptions for pain medications
- Don't have to take off work
- Gap in self-monitoring of chronic conditions
- Lack of free walk-in care
- Last option (only option)
- Mental health conditions
- Not wanting to be accountable to a physician
- Postponed care until the need is acute
- Poverty - insurance issues
- Seeking narcotics
- Transportation
- Weekend access
- Work hours

When asked about what works well in the county that supports health and well-being, the responses were plentiful.

- McMinnville Parks and Recreation
- Available DME discounts
- Children's Advocacy Center
- City health promotion efforts
- Walking trails
- Churches
- Civic Center
- Community Connect
- Families in Crisis
- Farmer's Market
- Food banks
- Goodwill
- Habitat for Humanity
- Hamilton Street Center
- Head Start
- Health Department
- Helping Hands
- Hospital
- Kids of the Community
- McMinnville Parks and Recreation
- Meals on Wheels
- Men's and Women's Shelter
- Nathaniel's Hope
- Non-profits/charities
- Primary care availability for uninsured
- School nurses
- Senior Citizens Center
- The Hope Center
- TNCEP
- UCARTS
- UCHRA
- UT Extension
- Walk-in clinics availability
- Warren County Schools
- Wellness and prevention programs
When asked what health initiatives the county should focus on for the next three years, the participants responded:

- Access to doctors in McMinnville
- Access to healthcare
- Access to specialty care
- Advocacy efforts for insurance access
- Affordability of care
- Affordable care
- Affordable healthcare
- Alzheimer's and related dementias
- Better transportation
- Child abuse
- Child abuse/nutrition/education
- Controlled pain management clinics
- Cost of care
- Curbing fast food
- Drug abuse within all ages of population
- Drug and alcohol addiction programs
- Drug and alcohol services/help/treatment
- Drug Abuse Education
- Education reform
- Exercise and healthy eating programs

- Health education
- Healthcare navigation
- Healthy living promotion
- Improved city & neighborhood design to encourage walking to school, etc.
- Inpatient drug recovery programs
- Mental health services
- Mentorship programs
- Mobile primary care
- Monitoring pain medication prescriptions
- More places for physical activity
- Nutrition/health education
- Obesity
- Physical and mental wellness promotion activities
- Poverty
- Preventative health coverage
- Programs to serve the working poor
- Seniors/Aging Population
Health Status Analysis and Comparisons

Information from County Health Rankings and America’s Health Rankings was analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data analyzed was referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus group, and interviews. When data was available for Tennessee, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths and it’s important to continue focus on strengths so they don’t become opportunities for improvement. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The full data analysis can be seen in the CHNA PowerPoint. The actual years of the data is contained in the source notes below the graphs.

Leading Causes of Death: Age-adjusted deaths per 100,000

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>208.7</td>
<td>203.1</td>
<td>169.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>227.0</td>
<td>185.0</td>
<td>163.2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>55.7</td>
<td>52.3</td>
<td>42.1</td>
</tr>
<tr>
<td>Accidents</td>
<td>68.9</td>
<td>52.5</td>
<td>39.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>58.2</td>
<td>44.2</td>
<td>36.2</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>37.1</td>
<td>37.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>22.9</td>
<td>24.4</td>
<td>21.2</td>
</tr>
<tr>
<td>Influenza and Pneumonia</td>
<td></td>
<td>21.5</td>
<td>15.9</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>12.2</td>
<td>14.1</td>
<td>13.2</td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td>14.5</td>
<td>12.6</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>11.5</td>
<td></td>
<td>10.2</td>
</tr>
</tbody>
</table>

- Source: Tennessee Department of Health, National Center for Health Statistics, CDC: 2013 Final Data

Red areas had death rates higher than the state. The major causes of death in Warren County were cancer, followed by heart disease (opposite of TN and the U.S.), accidents, stroke, chronic lower respiratory disease, Alzheimer’s Disease, diabetes, and kidney disease.
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Warren County ranked 71st in Health Outcomes out of 95 Tennessee counties. Warren County ranked 75th out of 95 Tennessee counties in length of life. Length of life was measured by years of potential life lost per 100,000 population prior to age 75.

In most of the following graphs, Warren County will be blue, Tennessee red, U.S. green and the 90th percentile gold.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams 5 pounds 8 ounces. Warren County ranked 66th out of 95 counties for quality of life.
Quality of Life OPPORTUNITIES

• Warren County had higher years of potential life lost per 100,000 population prior to age 75 with 11,038 than TN and the U.S.

• Warren County had a slightly higher percentage of the population with poor or fair health (23%) than TN and the U.S.

• Warren County had a higher average number of poor physical health days than TN and the U.S. with 4.9 poor physical health days out of the past 30 days.

• Warren County also had higher average number of poor mental health days than TN and the U.S. with 4.8 poor mental health days out of the past 30 days.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014
Source: County Health Rankings: National Center for Health Statistics – Natality files (2007-2013)
*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results or changes in survey methodologies. 2016 cannot be compared to prior year results.
**Health Factors or Determinants**

Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social & economic factors, and physical environment. Warren County ranked 55th out of 95 Tennessee counties for health factors.

**Health Behaviors**

Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings. Warren County ranked 59th out of 95 counties in Tennessee for health behaviors.

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*Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012*

*Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013*

*Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)*
Source(s): Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2007-2013

Reducing Multiple Painkiller Prescribers

Tennessee 36% ↓

2012 Action:
Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:
Saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

1,263 people, at least, died from opioid overdose in 2014 in Tennessee

For every one person who dies there are 851 people in various stages of misuse, abuse and treatment, according to estimates from the U.S. Centers for Disease Control and Prevention.

There are at least 1,074,813 Tennesseans, or about 1 in 6, misusing or abusing opioids or in treatment, by the CDC’s estimate.

For those who died in 2014 there are:
- 12,630 in treatment admissions for abuse
- 32,838 emergency room visits for misuse or abuse
- 136,404 people who abuse opioids or are dependent
- 925,779 non-medical users

Health Behaviors STRENGTHS

- Warren County experienced lower excessive drinking than TN and the U.S.
- Warren County had lower sexually transmitted infections measured as chlamydia rate per 100,000 population than TN and the U.S.
- Warren County had lower drug overdose mortality per 100,000 (14.2) population than TN and the U.S. (14.3)

Health Behaviors OPPORTUNITIES

- Adult obesity, although in line with Tennessee, was higher than the U.S. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others.
- Physical inactivity in Warren County was comparable to TN but higher than the U.S.
- The percentage of the population with adequate access to locations for physical activity was lower in Warren County than TN and the U.S.
- Adult smoking in Warren County (24%), was higher than TN and the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
- The percentage of driving deaths with alcohol involved was higher than TN and the U.S.
- The teen birth rate in Warren County was higher than TN and the U.S. at 60 births per 1,000 females age 15-19.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
Source: County Health Rankings; CDC WONDER mortality data, 2012-2014
Clinical Care

Clinical care ranking is made up of eight indicators, and they account for 20% of the county rankings. Warren County ranked 77th out of 95 Tennessee counties in clinical care.

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013
Clinical Care STRENGTHS

• Mammography screening percentage was higher in Warren County, 63% than TN and the U.S.

• The percent of the Medicare population receiving diabetic screening was higher in Warren County, 88% than in TN and the U.S.

Clinical Care OPPORTUNITIES

• Percent uninsured was higher in Warren County at 20% than TN and the U.S.

• Preventable hospital stays, hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees was higher than TN and the U.S.

• The population per primary care physician was higher in Warren County at 1,903 than TN and the U.S.

• The population per dentist was higher in Warren County than TN and the U.S.

• 44.9% of the population of the Upper Cumberland was at risk due to lack of dental care.

• The population per mental health provider was higher in Warren County than TN and the U.S.

• The percent of adults 20 and above with diabetes, 13% was higher than TN.
Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Warren County ranked 50th out of 95 Tennessee counties in social and economic factors.

Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2012-2013
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014
Source: Social associations - County Health Rankings; County Business Patterns, 2013
Unemployment Rate by County

Source: Bureau of Labor Statistics

Social & Economic Factors STRENGTHS

• High school graduation was higher in Warren County (88%) than TN and the U.S.
• Violent crime rate per 100,000 population was lower in Warren County than in TN and the U.S.

Social & Economic OPPORTUNITIES

• The percent of adults with some college was much lower, 42% than TN and the U.S.
• The percentage of children in poverty was higher in Warren County than Tennessee and the U.S.; 28% of Warren County children lived in poverty.
• Injury deaths were higher than TN and the U.S.
• Lower median household income in Warren County than TN and the U.S.
• Warren County had higher poverty than TN and the U.S.
Physical Environment

Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Warren County ranked 15th out of 95 Tennessee counties in physical environment.

Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014
Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012
Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2013

Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010, Hamilton County Health Data Profile; CDC, TN Department of Health.
Physical Environment STRENGTHS

- There were no drinking water violations in Warren County. The U.S. statistics were prior to the Flint water crisis.
- There was a lower percentage of households with at least one of four housing problems, overcrowding, high housing costs, lack of kitchen or plumbing facilities than TN and the U.S., at the 90th percentile of all counties in the U.S.
- Warren County had slightly higher percentage of workers who commuted alone and more than thirty minutes. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. “Commuting distance, cardiorespiratory fitness, and metabolic risk.” American journal of preventive medicine 42.6 (2012): 571-578.

The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, or carpooling, the most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work. Source: County Health Rankings

There were Four Broad Themes that Emerged in this Process:

- Warren County needs to create a “Culture of Health” which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.
Results of the CHNA

Prioritization of Health Needs

Prioritization Criteria & Priority Health Needs

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

<table>
<thead>
<tr>
<th>Magnitude / scale of the problem</th>
<th>The health need affects a large number of people within the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of the problem</td>
<td>The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.</td>
</tr>
<tr>
<td>Health disparities</td>
<td>The health need disproportionately impacts the health status of one or more vulnerable population groups.</td>
</tr>
<tr>
<td>Community assets</td>
<td>The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.</td>
</tr>
<tr>
<td>Ability to leverage</td>
<td>Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.</td>
</tr>
</tbody>
</table>

The following issues were prioritized and goals and actions were brainstormed by the group at the Community Health Summit and formed the foundation of Warren County’s health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with
higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

1. Substance Abuse (including tobacco) & Mental Health (34)
   • Drug/Substance Abuse (opioids, alcohol) – (13)
   • Mental health (6)
   • Access to mental health providers, day treatment/affordable, quality, mental health treatment (6)
   • Drug/substance treatment options – inpatient, outpatient, Doctors (4)
   • Smoking (3)
   • Low-income housing for people recovering from drug abuse
   • Trauma focused counseling and mental health treatment for children

2. Obesity – Food/Fitness (30)
   • Obesity (11)
   • Inactivity – more walking trails, access to fitness centers (9)
   • Diet/nutrition – education, choices, availability (5)
   • Lifestyle choices, education, improvement, healthier choices (3)
   • Education – health education (2)

3. Access – Insurance and Care (11)
   • Affordable Health insurance/Uninsured (4)
   • Availability of affordable dental care (3), hearing
   • Healthcare for uninsured and those with no access (2)
   • Access to healthcare, prevention, Dr. Visits (2)

4. Socioeconomics (6)
   • Transportation – elderly, low income (2)
   • Continuing adult education – literacy, GED (2)
   • Generational poverty
   • Low income housing

5. Chronic Diseases (5)
   • Chronic conditions – cancer, heart disease, etc.
   • Cancer
   • Diabetes
   • Cardio-pulmonary
   • Diagnosing these health factors that are part of the priorities

Miscellaneous:
   • Children’s opportunities: organizations to teach and give opportunity to learn morality, healthiness, life skills
   • Awareness of advanced IT influence on younger generations: lifestyles, respect
Community Health Summit Brainstorming

Focus Areas, Goals

The most significant health needs resulted in six categories and the group brainstormed goals and actions around the most important health needs listed above.

Substance Abuse & Mental Health

- **Goal 1 - Educate community consumers and providers on dangers of substance use and abuse**
  - Action 1 – Newspaper and radio stories
  - Action 2 – Hold dangers of substance abuse events
  - Resources Needed: Cooperation of both entities, participants to the events, locations

- **Goal 2 - Local community support groups (open) to reduce stigma**
  - Action 1 – Find facilitators and locations to begin groups
  - Resources Needed: Location, leaders, topics, publicity of groups

- **Goal 3 - Local access to treatment facility for alcohol and drugs (including teens)**
  - Action 1 – Open local treatment facility in an accessible location
  - Action 2 – Education of community, availability
  - Resources Needed: Location, providers, funding, publicity
**Obesity – Food/Fitness**

**Goal 1 - Increase fitness levels**
Action 1 – Participation in available programs  
Action 2 – Increase availability

**Goal 2 - Provide greater fitness opportunities, increase accessibility**
Action 1 – Present to community need and how can offer to everyone – open dialog  
Action 2 – Include UCHRA, Senior Center in dialog for transportation and price (include everyone)

**Goal 3 - Educate the public**
Action 1 – Develop Counsel Coalition to develop information and track progress  
Action 2 – Events, promotion and create availability, have fun.

**Access to Care and Insurance**

**Goal 1 - Raise community awareness and advocacy for expanded insurance coverage**
Action 1 – Bring State Representative in to talk about insurance eligibility  
Action 2 – Connect people to advocacy groups and resources

**Goal 2 – Ensure everyone eligible is enrolled in currently available insurance coverage**
Action 1 – Bring in the CAC/navigator  
Action 2 – Link people to services – primary care, dental

**Goal 3 – Create comprehensive behavioral health facility – inpatient, outpatient, after care**
Action 1 – Identify funding source and workforce  
Action 2 – Run two buses all day around the county to increase transportation in the community
Socioeconomics

Goal 1 - Immediate transportation needs
Action 1 – Use of church vans
Action 2 – County establish public transportation

Goal 2 – Education of available community resources
Action 1 – Compile available resources
Action 2 – Disseminate the information
Resources Needed: Oversight, steering committee, print and on-line guide, Chamber involvement, Facebook

Goal 3 – Improve financial literacy to address generational poverty
Action 1 – Financial literacy education

Chronic Diseases

Goal 1 - Resources/availability of affordable dental healthcare
Action 1 – Affordability programs/availability involvement in communities
Action 2 – Community education (both adults/children)

Goal 2 – Education through action for addressing chronic conditions (diabetes, heart disease, etc.)
Action 1 – Introduce more physical activities for community, family, students
Action 2 – Community education through outreach programs – assist with funding to participate for families.
Action 3 – Programs for addressing/helping students address mental health issues that can become chronic conditions

Goal 3 – Education for cancer in all age groups (early intervention and prevention)
Action 1 – Community education for prevention and intervention
Community Assets and Resources

Community Asset Inventory

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus group and interviews also identified community resources to improve health, which are listed on pages 16 and 17 above.
Community Health Needs Assessment

completed by Saint Thomas River Park Hospital and Saint Thomas Health in partnership with:

Stratasan