Community Health Needs Assessment (CHNA): Hardeman County

Conducted by:

Jackson-Madison County General Hospital
Department of Business Development and Planning

Victoria S. Lake
Jocelyn D. Ross

For:
Bolivar General Hospital

Update 2015
Initial CHNA 2012

In fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return

RESOLUTION OF THE BOARD OF TRUSTEES
OF
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
AND
CAMDEN GENERAL HOSPITAL, INC.
AND
BOLIVAR GENERAL HOSPITAL, INC.
AND
MILAN GENERAL HOSPITAL, INC.
AND
PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

WHEREAS, the Patient Protection and Affordable Care Act, enacted March 10, 2010, required public and not-for-profit hospitals to perform a Community Health Needs Assessment for each hospital; and

WHEREAS, the staff of the District has conducted such an Assessment and prepared the report as required for each of its hospitals; and

WHEREAS, the Assessments were prepared in accordance with IRS rules and regulations as amended; and

WHEREAS, the Board finds that the Assessments substantially meet the requirements of the of the Patient Protection and Affordable Care Act and the IRS rules and regulations as amended, and that the Implementation Strategies set forth in the Assessments shall be implemented in accordance with Management recommendations.

NOW, THEREFORE, BE IT RESOLVED, that the Community Health Needs Assessments given to the Board are approved and adopted.

ADOPTED, this the 27th day of October, 2015.

GREG MILAM, Chairman

Exhibit: G-2

Community Health Needs Assessments

- Acute Care Hospitals-Partnered with Tennessee Department of Health-Health Councils on assessments
- Mental Health Hospital-Partnered with Tennessee Department of Mental Health and Substance Abuse Crisis Providers and Pathways Advisory Board
- Updated data reports and listing of resources provided to Health Councils, Crisis Providers, and Region VI

Community Health Needs Assessments

	Identified Health Issues By County						
	Benton	Chester	Crockett	Gibson	Hardeman	Haywood	Madison
							X
Heart Conditions					X		X
High Blood Pressure					X		X
Cancer					X		X
Obesity (including children)	X	X	X	X	X		X
Diabetes (including chidlren)		X			X		X
Injury Prevention							X
Expanded Food & Nutrition	X						
Infant Mortality/Teen Pregnancy	X	X	X	X	X	X	
Alcohol/Tobacco/Other Drugs	X	X	X	X			
Chronic Illness Awareness/Education				X		X	
Violence Prevention						X	

Community Health Needs Assessments Implementation Strategies

- Use of *HealthAwares* with follow-up for those identified through risk assessment
- Alice and Carl Kirkland Cancer Center services
- LIFT wellness center and primary care clinics
- Disease management
- Local health screenings, health fairs, community events
- Governors Foundation for Health & Wellness
- 100 Mile Club Gold Medal
- Help Us Grow Successfully
- TENNdercare Program

Community Health Needs Assessments Implementation Strategies

- Baby and Me
- Teens Against Tobacco Use
- Tennessee Suicide Prevention Network
- Prescription for Success: Prevention and Treatment of Prescription Drug Abuse in Tennessee
- Safe, Affordable Housing for individuals or families with mental illness, substance abuse, or co-occurring
- Numerous mental health, substance abuse outreach programming

Community Health Needs Assessments Evaluation

- Evaluation based on goals and objectives for each county assessment
- Meeting minutes of monthly and quarterly county health councils, Crisis Providers, Region VI, Pathways Advisory Board will be reviewed for achievement of stated goals, objectives, and implementation strategies.
- Copies of all implementation strategy program or event materials will be maintained in Assessment Notebooks
- Assessment documentation
- Assessments will be updated in 2018

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Cancer Awares

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Executive Summary

Bolivar General Hospital partnered with the Hardeman County Health Council to review and update the Hardeman County Community Health Needs Assessment in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Hardeman County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Hardeman County as well as staff from the local and regional health departments. The mission of the Hardeman County Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Hardeman County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, and private businesses.

The Hardeman County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

Obesity **Diabetes** **Teen Pregnancy** **Heart Disease/Stroke** **Cancer**

Goal 1: The Hardeman County Health Council will increase membership and build capacity of its membership to work collectively to improve county health rankings.
Goal 2: The Hardeman County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors.
Goal 3: The Hardeman County Health Council will raise awareness of the need for increased dialogue in the community concerning teen pregnancy and healthy relationships.
Goal 4: Evaluate the effectiveness of the Hardeman County Health Council.

Bolivar General Hospital will work with the Hardeman County Health Council to implement the following activities to address the prioritized health needs identified in the community.

- Promote walks and runs throughout the county.
- Implement the 100 Mile Club® Gold Metal program in schools
- Offer chronic disease management, blood pressure, cancer screenings, risk assessments for heart conditions, diabetes, and cancer
- Conduct education sessions: *Girl Talk* and provide education materials for schools to reduce teen pregnancy
- Implement Teens Against Tobacco Use (TATU)
- Implement Baby and Me Tobacco Free Program

Introduction

Bolivar General Hospital partnered with the Hardeman County Health Council to review and update the Hardeman County Community Health Needs Assessment in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Hardeman County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Hardeman County as well as staff from the local and regional health departments. The Chair of the Hardeman County Health Council is the Administrator of Bolivar General Hospital.

Description of the Hospital and Community

Bolivar General Hospital was acquired by the Jackson-Madison County General Hospital District in 1995. Bolivar General Hospital is licensed for 51 beds. The Hospital a member of the American Hospital Association, the Tennessee Hospital Association, and is accredited by The Joint Commission. Bolivar General Hospital been approved by the U.S. Department of Health and Human Services for participation in Medicare and Medicaid Programs. The service area for Bolivar General Hospital is Hardeman County.

The Hospital provides inpatient and outpatient services, emergency services 24 hours a day/7 days a week, an accredited laboratory that operates 24 hours a day, general medicine services, pharmacy, physical therapy, radiology (computerized axial tomography, mammography, ultrasound, echocardiogram, and diagnostic X-ray), internal medicine, and respiratory care and 10 swing beds. Outpatient specialty clinics for cardiology, EKG, Holter monitoring, urology, gastroenterology, sleep laboratory, podiatry, and OB/GYN are offered at the Hospital. The Medical Staff at Bolivar General Hospital includes family practice physicians, radiologists, internal medicine, podiatry, cardiology, gynecology, and prenatal care.

The designated "community" for the needs assessment is Hardeman County, Tennessee. With a 2013 estimated population of 26,306, Hardeman County is located in the rural Southwest Tennessee approximately 65 miles East of Memphis and 159 miles West of Nashville. The population is 56.4 percent Caucasian, 41.7 percent African American, and 1.9 percent Other races. According to the American Community Survey (2009-2013), 24.6 percent of the population is below the Federal poverty level. The per capita personal income level is $14,975. The population under 65 years of age represents 84.2 percent while the over age 65 population is 15.8 percent of the total. About 25.2 percent of the population age 25 and older does not

have a high school diploma or GED; 41.9 percent have a high school diploma; 19.2 percent have some college, and 13.8 percent have an Associate's degree or higher.

Hardeman County has a wide range of industries that employ individuals living in and around the county. Hardeman County is home to manufacturers or businesses such as: Thyssen Krupp which specializes in elevators (560 employees), Kilgore Corporation associated with military flares (420 employees), Moltan Company which focuses on cat litter and absorbent (100 employees), I.C.E. U.S., Inc. an industrial heater business (50 employees), Hopper Sawmill which focuses on hardwood lumber (35 employees), Howell and Sons Lumber Company which also is geared toward hardwood lumber (18 employees), ICO Polymers which produces grind polyethylene (21 employees, Precision Industries with a focus on high performance torque converters (20 employees), and Crop Production Services Fertilizer (20 employees).

The county seat of Hardeman County is Bolivar, Tennessee. The City of Bolivar, Cities of Whiteville, Grand Junction, Hickory Valley, Hornsby, Middleton, Pocahontas, Saulsbury, Silerton, Toone, Hardeman County Government, and the Hardeman County School System are all located in Hardeman County. The public school system has nine schools and serves approximately 4,049 students.

Community Health Needs Assessment Update

The mission of the Hardeman County Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Hardeman County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, and private businesses. Members of the Hardeman County Health Council are:

Rita Nuckolls	Hardeman County School System
Katie Dees	University of Tennessee Extension Service
Lishunda Park	Hardeman County Health Department
Tonya Kuhl	Anytime Fitness
Maggie Brashers	Hardeman County Government
Shirley McGowan	Commission on Black History
Linda Woods	Hardeman County Health Department
Levi Smith	Community Rep-Grand Junction, TN
Ruby Kirby	Bolivar General Hospital
Mary Heinzen	Community Health Center
Cassandra Bufford	Community Health Center
Candace Gray	Hardeman County School System

Linda Woods
Myrtle Russell

Hardeman County Health Department
Department of Health Regional Office

The Hardeman County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

These five health issues are:

Obesity

Diabetes

Teen Pregnancy

Heart Disease/Stroke

Cancer

Goals and Objectives

Goal: The Hardeman County Health Council will increase membership and build capacity of its membership to work collectively to improve county health rankings.

Objective 1: By December 31, 2018, the Hardeman County Health Council will inform and educate at least 10 existing council members on recruiting strategies.

Objective 2: By December 31, 2018, the Hardeman County Health Council will identify key stakeholders who have an influence on the council priorities.

Objective 3: By December 31, 2018, the Hardeman County Health Council will recruit at least four (4) new community partners.

Goal: The Hardeman County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors.

Objective 1: By December 31, 2018, the Hardeman County Health Council will promote the daily benefits of proper eating and physical activity to at least 200 residents of Hardeman County each year.

Objective 2: By December 31, 2018, the Hardeman County Health Council will partner with local health care providers, schools, and Bolivar General Hospital to provide at least 50 adults and youth each year with information regarding diabetes prevention.

Objective 3: By December 31, 2018, the Hardeman County Health Council will partner with the local health department Primary Prevention Initiative (PPI) team to implement four (4) educational programs each year to at least one agency in Hardeman County to address diabetes and obesity in adults.

Goal: The Hardeman County Health Council will raise awareness of the need for increased dialogue in the community concerning teen pregnancy and healthy relationships.

Objective 1: By December 31, 2018, the Hardeman County Health Council each year will inform and educate 100 residents in Hardeman County about the high incidence of teen pregnancy in the county.

Objective 2: By December 31, 2016, the Hardeman county health Council will form a teen pregnancy subcommittee.

Objective 3: By December 31, 2018, the Hardeman County Health Council will partner with Coordinated School Health and Hardeman County PPI Team to inform and educate at least 400 teens each year on teen pregnancy prevention.

Goal: Evaluate the effectiveness of the Hardeman County Health Council

Objective 1: By December 31, 2016, the Hardeman County Health Council will discuss measures to evaluate the health council knowledge of community health concerns with at least 10 health council members.

Objective 2: By December 31, 2016, the Hardeman County Health Council will create a process to check the effectiveness of the health council activities.

Objective 3: By December 31, 2016, the Hardeman County Health Council will provide an annual survey to four (4) new members to determine the effectiveness of the health council activities.

Implementation Strategies

Bolivar General Hospital will work with the Hardeman County Health Council to implement the following activities to address the prioritized health needs identified in the community.

Obesity, Diabetes, Heart Disease & Stroke

Bolivar General Hospital and the Hardeman County Health Council will partner on several community 5 K runs throughout the year. In the spring a Hardeman County 5K Color Run is held in Middleton and in the Fall a Get Fit 5K Run and Family Fitness Run are held. Several other walks are held throughout the year such as during February Heart Month and in April, "Walk Around the Hospital" month.

The Health Council will work to enroll Hardeman County schools in the 100mile club. The 100 Mile Club®Gold Medal complete Program is designed to improve the health and well-being of children at school through daily physical activity in noncompetitive, supportive, fully-inclusive environment. The program provides incentives along the way, as students learn lessons in goal-setting, determination, and team spirit. Information on the 100mile club is attached.

The Health Council will encourage businesses and the community-at-large to participate in the Governor's Foundation for Health & Wellness-Healthier Tennessee Work Site and Communities.

The Hardeman County Community Health Center offers chronic disease management for diabetes, hypertension and heart disease.

Bolivar General Hospital offers free blood pressure screenings throughout the county at industry health fairs, school health fairs, church health fairs, non-profit community health fairs, and other events such as Senior Centers, Back to School events, and Baby Day in the Park. Free blood pressure checks are provided at Bolivar General Hospital in their emergency room 24 hours a day/seven days a week free of charge. The free availability at any time of day or night is supervised by a health professional in a hospital setting is a major preventive strategy.

Bolivar General Hospital, through its affiliation with West Tennessee Healthcare, has developed a strategy for addressing heart conditions, high blood pressure, cancer, and diabetes that focuses on early detection, risk assessment screening, consultation, referral to physician or healthcare professional, and development of an individualized program plan. This strategy is called HealthAware. The priority health issue of obesity, which relates to heart condition, high blood pressure, cancer, and diabetes, are addressed through this strategy of Bolivar General Hospital. This initiative is described below.

HealthAware creates a transformational experience that compels unknowing victims of heart disease, diabetes, or hypertension to change behavior and commit to extend their health and lives. Participation in HealthAware is a five phase experience:

1. Outreach & Marketing
2. High-risk Patient Enrollment
3. Nurse Consultation
4. Triage
5. Intervention

HealthAware assesses the public, individual by individual, making them conscious of their risk for heart disease, diabetes, hypertension or cancer. From the assessment a determination is made on the need to engage the participant's primary care physician. Goals are set to modify controllable risks. HealthAware provides an opportunity to treat the disease (as an episode) before an uncontrolled, catastrophic event occurs. Through HealthAwares, Bolivar General Hospital is a resource for wellness not just sickness. The risk assessment indicates the low, medium, high, or critical rating for cardiac risk factors of smoking, weight, blood pressure, cholesterol, diabetes, and family history. After the risk assessment is completed, the risk assessment report is generated. When risk is determined through the assessment, lab work and a nurse consultation is scheduled .More specific information on HealthAwares programs for health conditions, high blood pressure (hypertension), diabetes and cancer are described below.

HeartAware and DiabetesAware are free online or paper risk assessments that can be completed by an individual either through the West Tennessee Healthcare website, www.wth.org, or at a community event or health fair. Completing HeartAware or DiabetesAware takes five to seven minutes. Persons age 34 or younger who present with four risk factors and persons over the age of 35 who present with two risk factors are eligible for free lab work including glucose and cholesterol blood tests and a one hour consultation with a registered nurse. Risk factors include age, gender, presence of diabetes, weight, physical activity, presence of high blood pressure, cholesterol, family history and tobacco use. A free personalized risk factor profile is created for each person completing the risk assessment.

During the free follow-up consultation with a registered nurse, lab test results are reviewed with the individual. Height, weight, blood pressure, waist circumference, and body mass index are taken. The Clinical Information Management System (CIMS) program is utilized, which includes demographics, medical history with an emphasis on cardiovascular data, family history, and lifestyle information. Symptoms, past and present, are addressed. When a patient presents

with particular vascular concerns, an Ankle Brachial Index (ABI) 8oppler assessment may be performed.

A Consultation Record Report is made by the nurse that includes a discussion of alternatives, medical information, and lifestyle choices for an individualized plan of intervention. Education consists of setting goals with the individual and encouraging further discussion with a primary care physician. When no existing relationship is available, individuals are provided information on clinics, health providers, and the public health department; although no certain individual or group is recommended. Further educational components include verbal instruction, written materials, online resources, and open discussion. Most appointments last one hour. The patient receives the contact number for the Aware office. A follow-up call is made close to one month past the appointment to assess progress towards specific goals.

HeartAware and DiabetesAware are utilized extensively at health fairs, church events, in conjunction with the Mature Advantage Club, and events throughout the Hardeman County area. Industry, employee wellness, and physician offices are also sites for conducting these risk assessments.

The Heart, Diabetes, and CancerAwares risk assessment questions and example patient report are attached.

Teen Pregnancy

Bolivar General Hospital, the Hardeman County Health Council, and Hardeman County Health Department Primary Prevention Initiative are collaborating to address the high incidence of teen pregnancy in the county. Through Federal set aside funds, education sessions and workshops are held with teens and parents on how teen pregnancy impacts health outcomes. The *Girl Talk* workshops focus on teaching teens how to make wise choices. The Health Department has a packet of information to distribute in the schools and throughout the community such as at Parent Teach Organization meetings, Back to School events, Teen Summits, and churches. An example packet is included with this final report.

Cancer

Funding from the Tobacco Settlement was provided to the Tennessee Department of Health for fiscal years 2014-2016 to address the state's high rate of tobacco use and prevent expensive related medical costs. The plan to distribute $15 million over three years has been generated with input from all 95 counties. The plan included a variety of projects to target behaviors designed to protect the health of Tennessee's most vulnerable populations: unborn babies, pregnant women and children.

During the first year of funding, Hardeman County received funds to work with community partners to implement the Teens Against Tobacco Use (TATU)- a peer education program to prevent the initiation of tobacco use among youth. Current funding is concentrating on Baby and Me Tobacco Free program targeting pregnant women who smoke.

On an annual basis Bolivar General Hospital conducts breast cancer, prostate, and skin cancer screenings throughout the year at various community locations. The Hospital also administers the CancerAware Risk Assessment throughout the community.

Evaluation

The Hardeman County Health Council meets on a quarterly basis at Bolivar General Hospital. Extensive meeting minutes are maintained from each meeting. (Example minutes from January 20, 2015 are attached). Minutes of all these meetings will be reviewed for achievement of the stated goals, objectives, and implementation strategies. The Administrator of Bolivar General Hospital and chair of the Health Council will forward the minutes to the West Tennessee Healthcare Department of Business Development and Planning for monitoring.

Conclusions

The Hardeman County Community Health Needs Assessment 2015 update was presented and approved by the West Tennessee Healthcare Board of Trustees on October 27, 2015. The Plan will be updated in 2018.

Process for establishing health ranking in each county

1) Each Health Council Member was presented with data/statistic from County Health Rankings & Roadmaps and Vital Statistics for their prospective county.

2) The process looked specifically at health outcomes, health behaviors and the top leading causes of death for the county.

4) Through general discussing they were asked to narrow their list down to a top 5

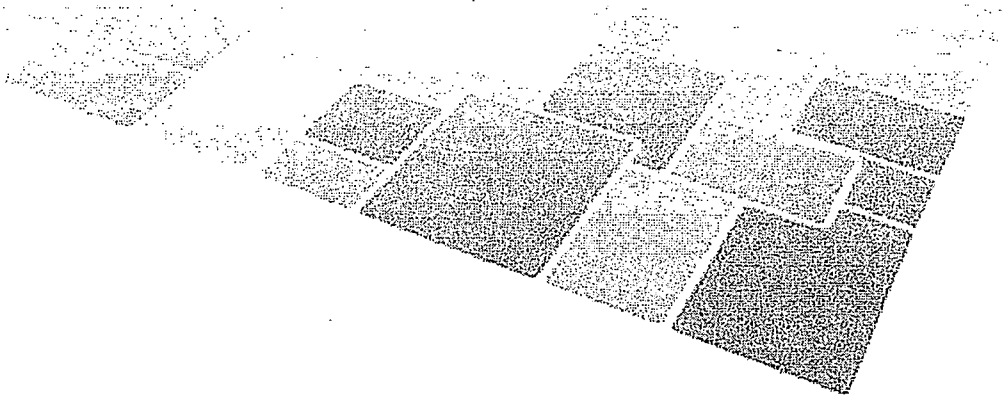
5) The top 5 was narrowed down to a top 3 by the utilization of the survey that was given to each. The top 3 health issues that had the most votes were identified as their health priorities.

County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings*

Tennessee



Robert Wood Johnson Foundation

UNIVERSITY OF WISCONSIN
Population Health Institute
Translating Research for Policy and Practice

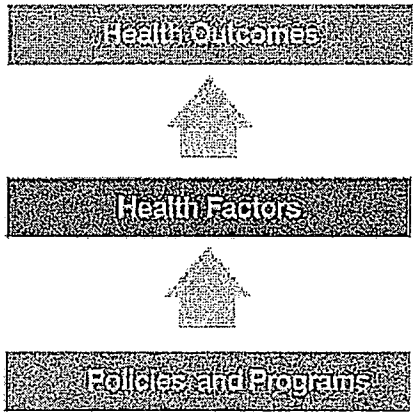
Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

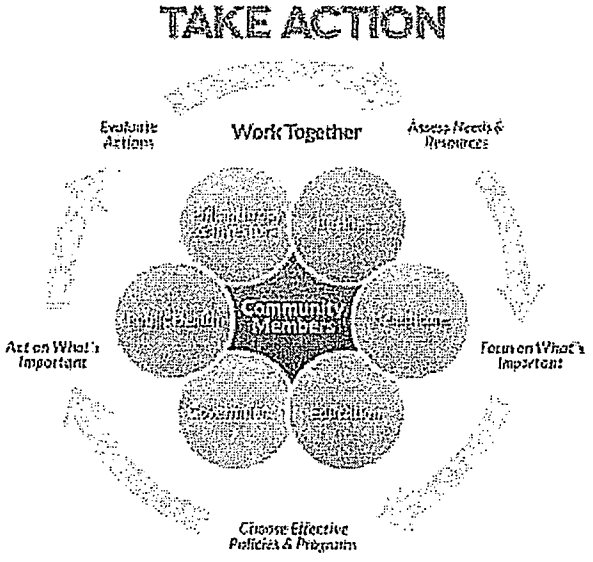
The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

***Roadmaps to Health* Community Grants**.
The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

***Roadmaps to Health* Partner Grants**
RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize
In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of $25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.

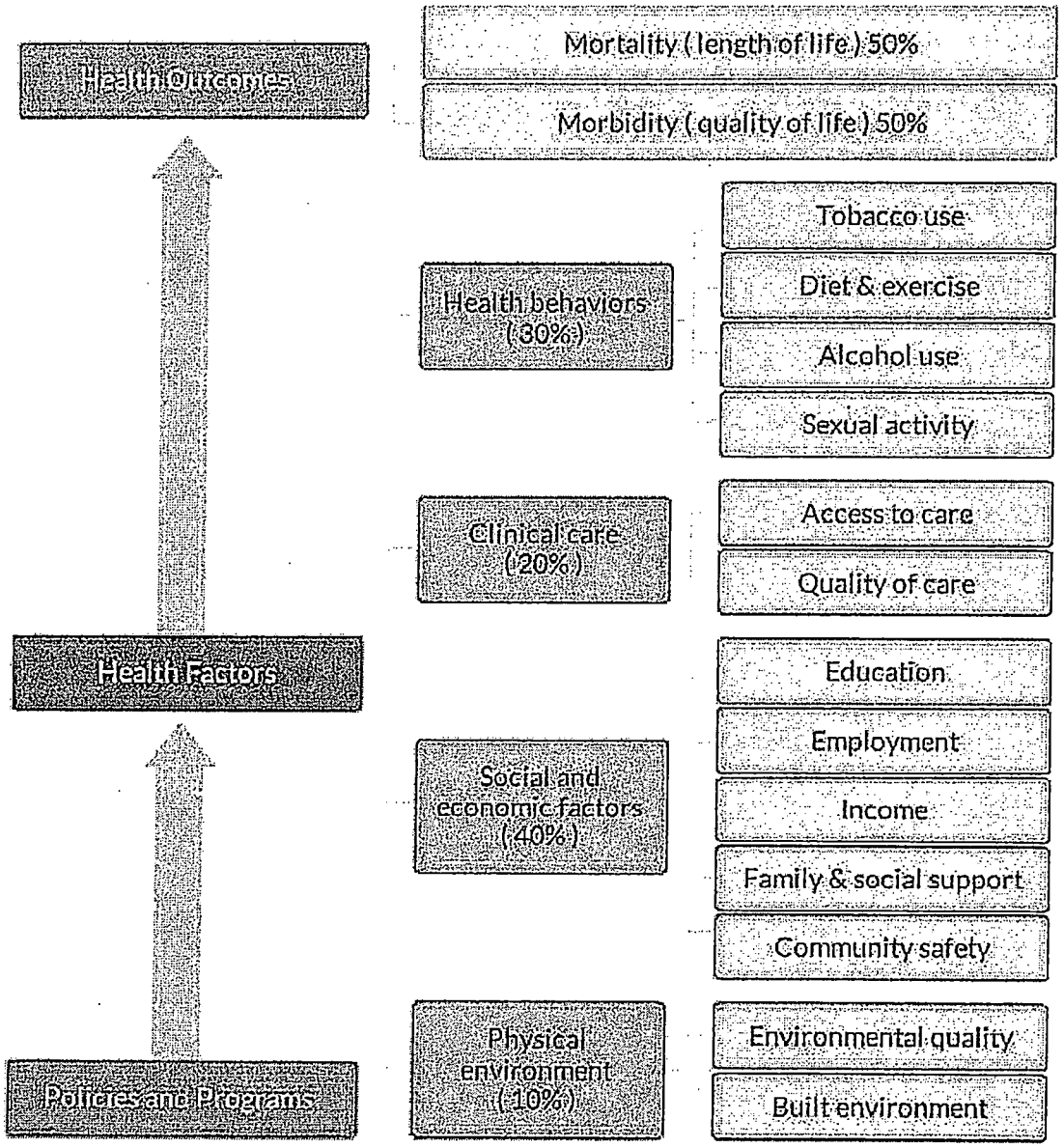


***Roadmaps to Health* Action Center**
The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 *County Health Rankings* report ranks Tennessee counties according to their summary measures of **health outcomes** and **health factors.** Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

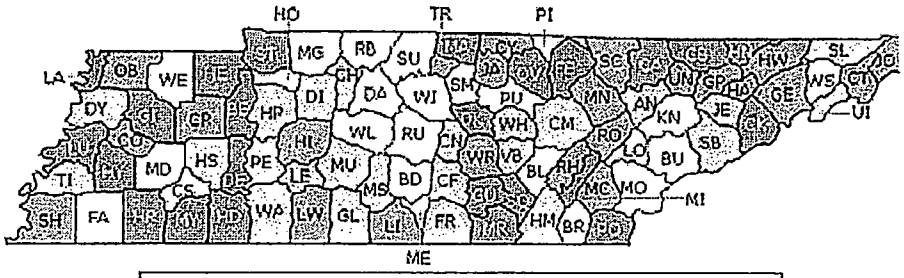
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2012 UWPHI

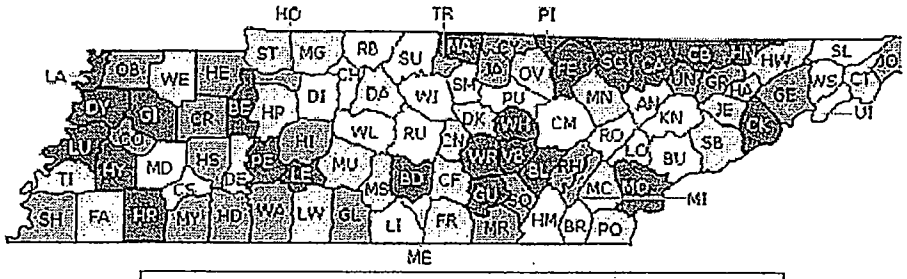
The maps on this page and the next display Tennessee's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	34	Fentress	92	Lauderdale	84	Roane	55
Bedford	24	Franklin	33	Lawrence	51	Robertson	10
Benton	88	Gibson	74	Lewis	47	Rutherford	2
Bledsoe	20	Giles	26	Lincoln	63	Scott	57
Blount	4	Grainger	54	Loudon	7	Sequatchie	91
Bradley	17	Greene	65	Macon	89	Sevier	25
Campbell	94	Grundy	95	Madison	22	Shelby	53
Cannon	36	Hamblen	58	Marion	90	Smith	8
Carroll	66	Hamilton	28	Marshall	31	Stewart	81
Carter	61	Hancock	93	Maury	32	Sullivan	43
Cheatham	30	Hardeman	73	McMinn	69	Sumner	3
Chester	12	Hardin	79	McNairy	77	Tipton	39
Claiborne	86	Hawkins	56	Meigs	87	Trousdale	71
Clay	62	Haywood	75	Monroe	23	Unicoi	44
Cocke	85	Henderson	29	Montgomery	11	Union	59
Coffee	38	Henry	82	Moore	6	Van Buren	27
Crockett	52	Hickman	64	Morgan	60	Warren	68
Cumberland	45	Houston	16	Obion	49	Washington	21
Davidson	13	Humphreys	37	Overton	76	Wayne	40
Decatur	80	Jackson	50	Perry	48	Weakley	15
DeKalb	83	Jefferson	41	Pickett	19	White	46
Dickson	42	Johnson	70	Polk	78	Williamson	1
Dyer	35	Knox	14	Putnam	9	Wilson	5
Fayette	18	Lake	72	Rhea	67		

HEALTH FACTORS



Rank 1-24 Rank 25-48 Rank 49-71 Rank 72-95

County	Rank	County	Rank	County	Rank	County	Rank
Anderson	11	Fentress	79	Lauderdale	95	Roane	16
Bedford	78	Franklin	27	Lawrence	39	Robertson	24
Benton	76	Gibson	77	Lewis	82	Rutherford	3
Bledsoe	73	Giles	56	Lincoln	18	Scott	92
Blount	6	Grainger	59	Loudon	10	Sequatchie	49
Bradley	21	Greene	66	Macon	91	Sevier	40
Campbell	83	Grundy	89	Madison	22	Shelby	67
Cannon	46	Hamblen	43	Marion	55	Smith	17
Carroll	58	Hamilton	8	Marshall	44	Stewart	33
Carter	41	Hancock	94	Maury	34	Sullivan	13
Cheatham	14	Hardeman	90	McMinn	37	Sumner	5
Chester	23	Hardin	68	McNairy	63	Tipton	30
Claiborne	80	Hawkins	31	Meigs	61	Trousdale	57
Clay	54	Haywood	88	Monroe	84	Unicoi	20
Cocke	86	Henderson	65	Montgomery	32	Union	69
Coffee	29	Henry	71	Moore	9	Van Buren	81
Crockett	62	Hickman	70	Morgan	36	Warren	74
Cumberland	15	Houston	52	Obion	53	Washington	4
Davidson	28	Humphreys	26	Overton	47	Wayne	51
Decatur	45	Jackson	64	Perry	85	Weakley	35
DeKalb	48	Jefferson	38	Pickett	75	White	72
Dickson	19	Johnson	60	Polk	42	Williamson	1
Dyer	87	Knox	2	Putnam	12	Wilson	7
Fayette	25	Lake	93	Rhea	50		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Williamson	1	Williamson
2	Rutherford	2	Knox
3	Sumner	3	Rutherford
4	Blount	4	Washington
5	Wilson	5	Sumner
6	Moore	6	Blount
7	Loudon	7	Wilson
8	Smith	8	Hamilton
9	Putnam	9	Moore
10	Robertson	10	Loudon
11	Montgomery	11	Anderson
12	Chester	12	Putnam
13	Davidson	13	Sullivan
14	Knox	14	Cheatham
15	Weakley	15	Cumberland
16	Houston	16	Roane
17	Bradley	17	Smith
18	Fayette	18	Lincoln
19	Pickett	19	Dickson
20	Bledsoe	20	Unicoi
21	Washington	21	Bradley
22	Madison	22	Madison
23	Monroe	23	Chester
24	Bedford	24	Robertson
25	Sevier	25	Fayette
26	Giles	26	Humphreys
27	Van Buren	27	Franklin
28	Hamilton	28	Davidson
29	Henderson	29	Coffee
30	Cheatham	30	Tipton
31	Marshall	31	Hawkins
32	Maury	32	Montgomery
33	Franklin	33	Stewart
34	Anderson	34	Maury
35	Dyer	35	Weakley
36	Cannon	36	Morgan
37	Humphreys	37	McMinn
38	Coffee	38	Jefferson
39	Tipton	39	Lawrence
40	Wayne	40	Sevier
41	Jefferson	41	Carter
42	Dickson	42	Polk

Rank	Health Outcomes	Rank	Health Factors
43	Sullivan	43	Hamblen
44	Unicoi	44	Marshall
45	Cumberland	45	Decatur
46	White	46	Cannon
47	Lewis	47	Overton
48	Perry	48	DeKalb
49	Obion	49	Sequatchie
50	Jackson	50	Rhea
51	Lawrence	51	Wayne
52	Crockett	52	Houston
53	Shelby	53	Obion
54	Grainger	54	Clay
55	Roane	55	Marion
56	Hawkins	56	Giles
57	Scott	57	Trousdale
58	Hamblen	58	Carroll
59	Union	59	Grainger
60	Morgan	60	Johnson
61	Carter	61	Meigs
62	Clay	62	Crockett
63	Lincoln	63	McNairy
64	Hickman	64	Jackson
65	Greene	65	Henderson
66	Carroll	66	Greene
67	Rhea	67	Shelby
68	Warren	68	Hardin
69	McMinn	69	Union
70	Johnson	70	Hickman
71	Trousdale	71	Henry
72	Lake	72	White
73	Hardeman	73	Bledsoe
74	Gibson	74	Warren
75	Haywood	75	Pickett
76	Overton	76	Benton
77	McNairy	77	Gibson
78	Polk	78	Bedford
79	Hardin	79	Fentress
80	Decatur	80	Claiborne
81	Stewart	81	Van Buren
82	Henry	82	Lewis
83	DeKalb	83	Campbell
84	Lauderdale	84	Monroe
85	Cocke	85	Perry
86	Claiborne	86	Cocke
87	Meigs	87	Dyer
88	Benton	88	Haywood
89	Macon	89	Grundy
90	Marion	90	Hardeman

Rank	Health Outcomes	Rank	Health Factors
91	Sequatchie	91	Macon
92	Fentress	92	Scott
93	Hancock	93	Lake
94	Campbell	94	Hancock
95	Grundy	95	Lauderdale

2013 *County Health Rankings*: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter [1]	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

[1] Not available for AK and HI.

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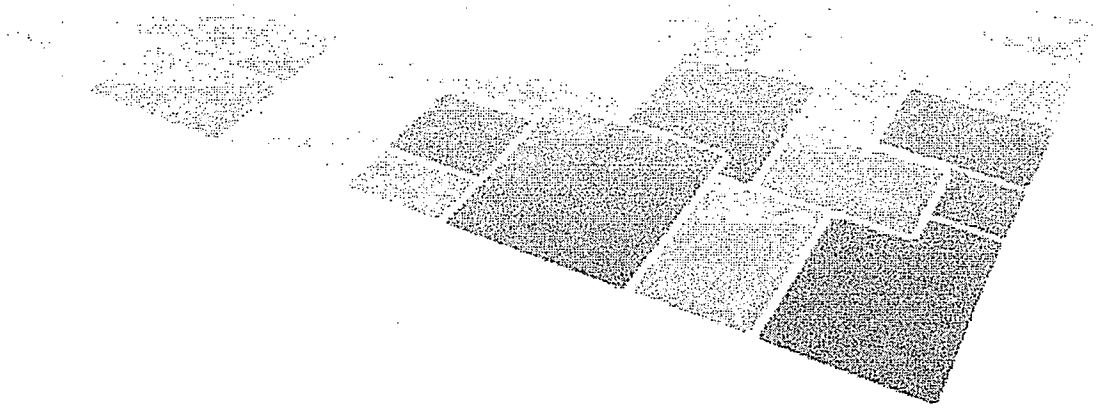
County Health Rankings & Roadmaps
A Healthier Nation, County by County

countyhealthrankings.org



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Hardeman County Community Health Assessment
Update of Size of Health issues 2015
Prioritization of Health Issues

Influenza in rural West Tennessee
Sentinel Provider Influenza-Like Illness Surveillance Data

	# Patients
2014-November	35

Heart Conditions

Death from Diseases of the Heart Per 100,000

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2013	228.0	269.5	173.4	226.7	245.1	183.1
2012	203.5	234.0	171.8	220.6	241.2	165.2
2011	242.1	262.4	225.0	221.0	239.7	175.3
2010	231.2	299.1	141.8	228.3	254.0	181.8
2009	199.1	277.3	102.7	228.0	241.1	185.8

Source: Tennessee Department of Health.

Has a doctor, nurse, or other health professional ever told you that you had a heart attack or myocardial infarction? (percent)

	Southwest	TN
2012	no data	6.7
2011	4.9	5.2

Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease? (percent)

	Southwest	TN
2012	7.0	7.2
2011	5.7	5.0

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

High Blood Pressure

Deaths from Cerebrovascular Disease per 100,000

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2013	79.4	60.6	36.5	48.1	50.5	45.8
2012	71.6	73.6	72.3	46.3	48.6	42.9
2011	85.7	118.1	45.0	50.1	52.8	46.2
2010	58.7	58.5	62.1	50.1	54.3	45.6
2009	24.0	24.7	23.7	50.6	51.9	48.2

Source: Tennessee Department of Health.

Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (percent)

	Southwest	TN
2012	46.9	39.7
2011	42.9	38.7
2010	35.6	35.4
2009	36.4	32.6
2007	30.2	33.8
2005	35.6	30.2

Are you currently taking medicine for your high blood pressure? (percent)

	Southwest	TN
2013	93.0	83.9
2012	89.7	80.0
2011	85.1	78.3
2010	35.6	85.6
2009	89.0	81.8
2007	89.0	84.0
2005	91.3	83.4

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Cancer

Deaths from Malignant Neoplasms Per 100,000

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2013	247.0	262.8	237.3	214.5	231.0	176.4
2012	207.2	267.5	135.6	211.2	226.5	176.3
2011	227.2	249.3	207.0	210.2	224.6	180.1
2010	286.2	357.6	203.9	212.9	234.6	178.9
2009	278.0	308.1	244.8	216.2	226.9	183.5

Source: Tennessee Department of Health.

Arthritis

Tennessee	**2011**	**2013**
Adults with Arthritis	1,250,000	160,000
Adults limited by arthritis	594,000	68,000
Percent with arthritis	26	25
Percent women/men with arthritis	31/21	27/23
Percent age 18-44 with arthritis	10	8
Percent age 45-64 with arthritis	34	32
Percent age 65 and older with arthritis	50	52
Percent with arthritis who are inactive	55	33
Percent arthritis among adults with diabetes	53	49
Percent arthritis among adults with hypertension	42	42
Percent arthritis among adults who are obese	37	34

Source: Centers for Disease Control and Prevention.

Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (percent)

	Southwest	TN
2012	30.4	29.8
2011	25.4	25.9
2009	27.7	25.9
2007	40.4	34.0
2005	33.6	29.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Obesity

Adults who have a body mass index greater than 25-overweight or obese (percent)

	Southwest	TN
2012	70.5	65.4
2011	67.3	66.5
2010	70.2	67.8
2009	69.9	69.0
2008	70.5	68.0
2007	75.3	67.4
2006	70.2	65.3
2005	67.0	62.3

Adults who have a body mass index greater than 30-obese (percent)

	Southwest	TN
2012	no data	31.1
2011	33.4	29.2
2010	37.2	31.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Percent of Adults who have a body mass index greaster than 25-overweight or obese

	Hardeman	TN
2014	37	32
2013	39	32
2012	39	32
2011	38	31
2010	38	31

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Asthma and Allergies

Allergies

1 in 5 Americans suffer from all types of allergies
Allergies have increased in prevelance since the 1980s across age, sex, racial groups.
Approximately 50 million people experience allergies.
Allergies are the 5th leading chronic disease among all ages.

Asthma

Have you ever been told by a doctor, nurse, or other health care professional that you had asthma? (percent)

	Southwest	TN
2012	13.8	11.0
2011	6.3	10.4
2010	8.7	9.3
2009	8.7	11.9
2008	9.4	12.6
2007	12.1	12.4
2006	15.9	11.7
2005	11.6	11.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Asthma in Tennessee 6 percent in adults; 9.5 percent in Children-2010
2002-2007 childhood hospitalizations for Asthma Ages 10-17 TN

Inpatient hospitalizations per 100,000	200
Emergency Room visits per 100,000	828
Average inpatient charges per stay	$5,845
Average Outpatient charge per visit	$800

Source: Tennessee Department of Health.

Lack of Financial Resources

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (percent)

	Southwest	TN
2013	20.5	17.6
2012	17.5	19.2
2011	21.3	20.9
2010	18.4	17.7
2009	20.8	17.5
2008	16.9	15.9
2007	14.5	16.5
2006	14.0	14.8
2005	14.5	13.3

Children in Poverty-Percent of children under 18 in poverty

	Hardeman	TN
2014	35	26
2013	31	27
2012	34	26
2011	27	22
2010	26	23

Uninsured Adults-Percent Population Under Age 65 without health insurance

	Hardeman	TN
2014	16	21
2013	16	21
2012	19	20
2011	15	19
2010	13	15

Percent Children Living in Single-Parent households

	Hardeman	TN
2014	46	35
2013	45	35
2012	47	35
2011	44	34

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.
Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

All People in Poverty-Percent

	Hardeman	TN
2009-2013	24.6	17.6

Source: County and City QuickFacts.

Lack of Financial Resources continued
Unemployment

	Hardeman	TN	US
Oct-14	9.0	7.1	5.8
Sep-14	8.6	7.3	5.9
Oct-13	10.8	8.1	7.2

Source: Tennessee Department of Labor & Workforce Development

Tobacco, Alcohol, and Substance Abuse

Adult Smoking-Percent of Adults that report smoking at least 100 cigarettes

	Hardeman	TN
2014	27	23
2013	no data	23
2012	no data	24
2011	no data	24
2010	no data	25

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Are you a current smoker?

	Southwest	TN
2012	29.0	24.9
2011	26.0	23.0
2010	24.9	20.1
2009	20.5	22.0
2008	23.0	23.1
2007	31.0	24.3
2006	25.5	22.6
2005	21.4	26.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Binge/Excessive Drinking-Percent who report in the past 30 days

	Hardeman	TN
2014	no data	9
2013	5	10
2012	5	9
2011	4	9
2010	4	9

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

During the past 30 days have you had at least one drink--beer, wine, malt beverage, liquor? (percent)

	Southwest	TN
2012	28.9	38.6
2011	33.3	37.5
2010	19.9	28.2
2009	21.0	25.1
2008	27.1	33.6
2007	23.7	32.9
2006	22.5	29.5
2005	26.6	34.7

Have you had five or more drinks on one ocassion (5 for women;4 for men)(percent)?

	Southwest	TN
2012	6.1	11.3
2011	8.2	10.0
2010	4.7	6.6
2009	12.7	6.8
2008	8.5	10.5
2007	6.3	9.0
2006	11.0	8.6
2005	9.9	8.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Estimated number and percent of people over age 18 with a dependence on illicit drugs or alcohol in the past year

	Hardeman	TN
2010-2012	1,699/7.91	8.20
2008-2010	1,697/7.90	8.04
2006-2008	1,695/7.85	8.86

Number of unique TDMHSAS A&D Treatment Admissions as a percent of people over age 18 with a dependence on or abuse of illicit drugs or alcohol in the past year.

	Hardeman	TN
Fy2014	49/2.88	3.95
Fy2013	54/3.18	3.53
Fy2012	105/6.19	3.52

Number and percent TDMHSAS funded treatment admissions with alcohol identified as substance abuse

	Hardeman	TN
Fy2014	27/55.1	44.2
Fy2013	43/67.2	45.4
Fy2012	73/68.2	45.3

Number and percent TDMHSAS funded treatment admissions with opioids identified as substance abuse

	Hardeman	TN
Fy2014	11/*	40.2
Fy2013	12/*	28.4
Fy2012	33/30.8	39.1

Number and percent TDMHSAS funded treatment admissions with METH identified as substance abuse

	Hardeman	TN
Fy2014	11/*	11.6
Fy2013	18/*	12
Fy2012	<5/*	10.1

Number and percent TDMHSAS funded treatment admissions with other illicit drugs identified as substance abuse

	Hardeman	TN
Fy2014	19/*	38.6
Fy2013	47/44.8	37.3
Fy2012	20/37.0	36.9

Number of drug related arrests for adults over 18 in Hardeman County

Cy2013	116
Cy2012	169
Cy2011	135

Source: Tennessee Department of Mental Health and Substance Abuse Services. Tennessee Behavioral Health County Data Book 2014

Dental Care

Have you visted a dentist, dental hygienist or dental clinic within the past]' year? (percent)

	Southwest	TN
2012	47.8	38.6
2010	37.2	33.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

TennCare dental benefits are only provided to minors and orthodontists are not typically covered
Low socioeconomic groups, minorities, and those living in flouride deficient communities are at a high ris for oral disease and are the least likely to be able to access dental care.

Teenage Pregnancy

Pregnancies Age 10-17 per 1,000 Females

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2012	9.3	6.2	11.6	8.3	7.0	14.0
2011	10.7	6.2	16.0	8.9	7.3	15.5
2010	13.5	9.1	19.1	10.0	8.3	17.9
2009	7.4	2.7	12.2	12.0	9.1	21.9

Pregnancies Age 15-17 Per 1,000 Females

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2012	26.1	17.5	32.7	21.2	18.1	33.9
2011	27.9	13.2	44.8	22.4	18.9	36.5
2010	32.6	22.7	46.8	24.8	21.1	42.1
2009	18.1	6.7	29.2	29.6	22.4	55.5

Source: Tennessee Department of Health.

Sexually Transmitted Diseases

Teens with Sexually Transmitted Diseases Ages 15-17 per 1,000

	Hardeman	TN
2012	45.5	20.3
2010	23.8	18.9
2009	39.2	21.2
2008	46.3	21.2
2007	43.0	22.5
2006	52.5	21.2

Source: Tennessee Commission on Children and Youth: KIDS COUNT: The State of the Child in Tennessee.

Diabetes

Deaths from Diabetes per 100,000

	Hardeman			TN		
	Total	White	Black	Total	White	Black
2013	34.2	47.2	18.3	27.9	27.1	36.8
2012	41.4	13.4	81.4	28.2	27.4	36.7
2011	22.4	32.8	9.0	27.1	26.3	35.7
2010	51.4	26.0	88.6	26.4	26.4	35.0
2009	51.5	49.3	55.3	28.2	26.8	37.7

Source: Tennessee Department of Health.

Have you ever been told by a doctor that you have diabetes, not including gestational diabetes? (percent)

	Southwest	TN
2012	18.1	11.9
2011	13.5	11.2
2010	12.0	11.3
2009	12.2	10.3
2008	11.6	10.4
2007	12.3	11.9
2006	9.4	10.7
2005	11.6	9.1

Have you ever been told that diabetes has affected your eyes or that you have retinopathy? (percent)

	Southwest	TN
2012	21.0	22.8
2011	21.6	21.7
2010	28.2	25.7
2009	33.2	27.4
2008	12.0	21.0
2007	22.0	25.9
2006	18.6	18.6
2005	11.9	20.1

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Percentage of Population Diagnosed with Diabetes

	Hardeman	TN
2014	13	11
2013	12	11
2012	12	11
2011	12	11

Source: Robert Wood Johnson Foundation and University of Wisconsin

Child Abuse

Number and rate of substantiated child abuse/neglect cases under age 18 and rate per 1,000 age 0-18

	Hardeman	TN
Cy2013	16/*	4.9
Cy2012	26/4.9	4.9
Cy2011	28/5.1	4.8

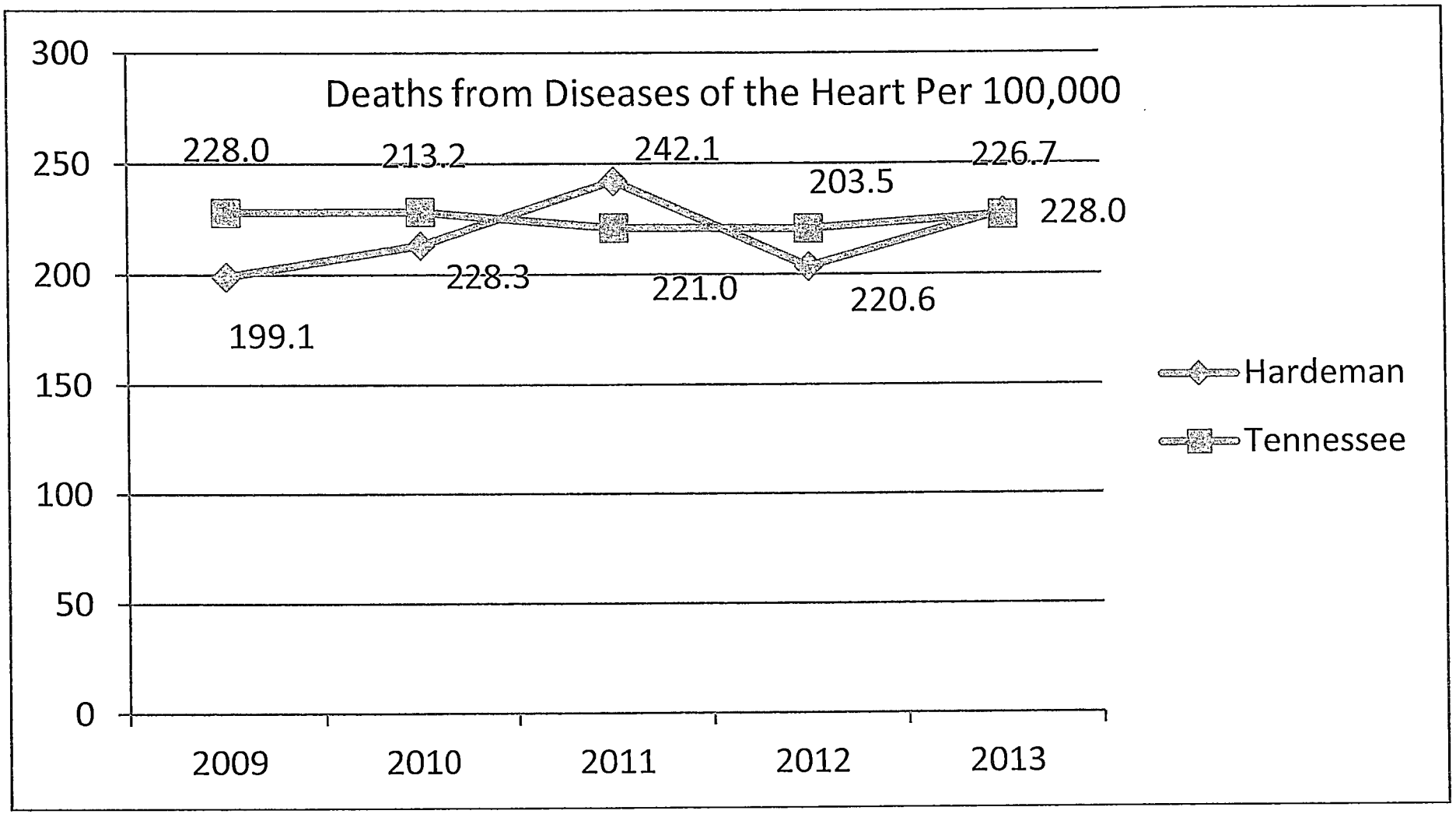
Source: Tennessee Department of Mental Health and Substance Abuse Services. Tennessee Behavioral Health County Data Book 2014

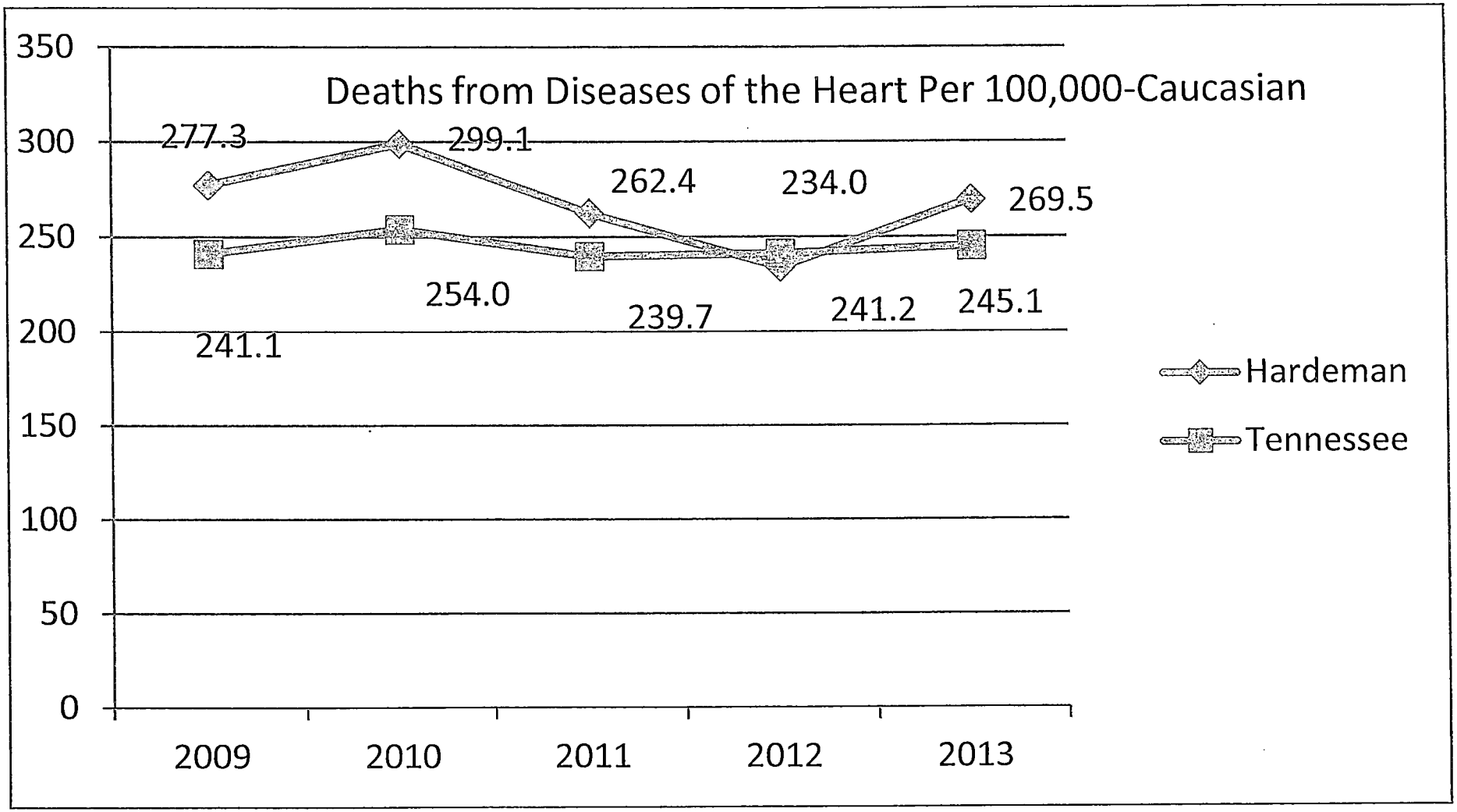
Child Abuse & Neglect in Tennessee

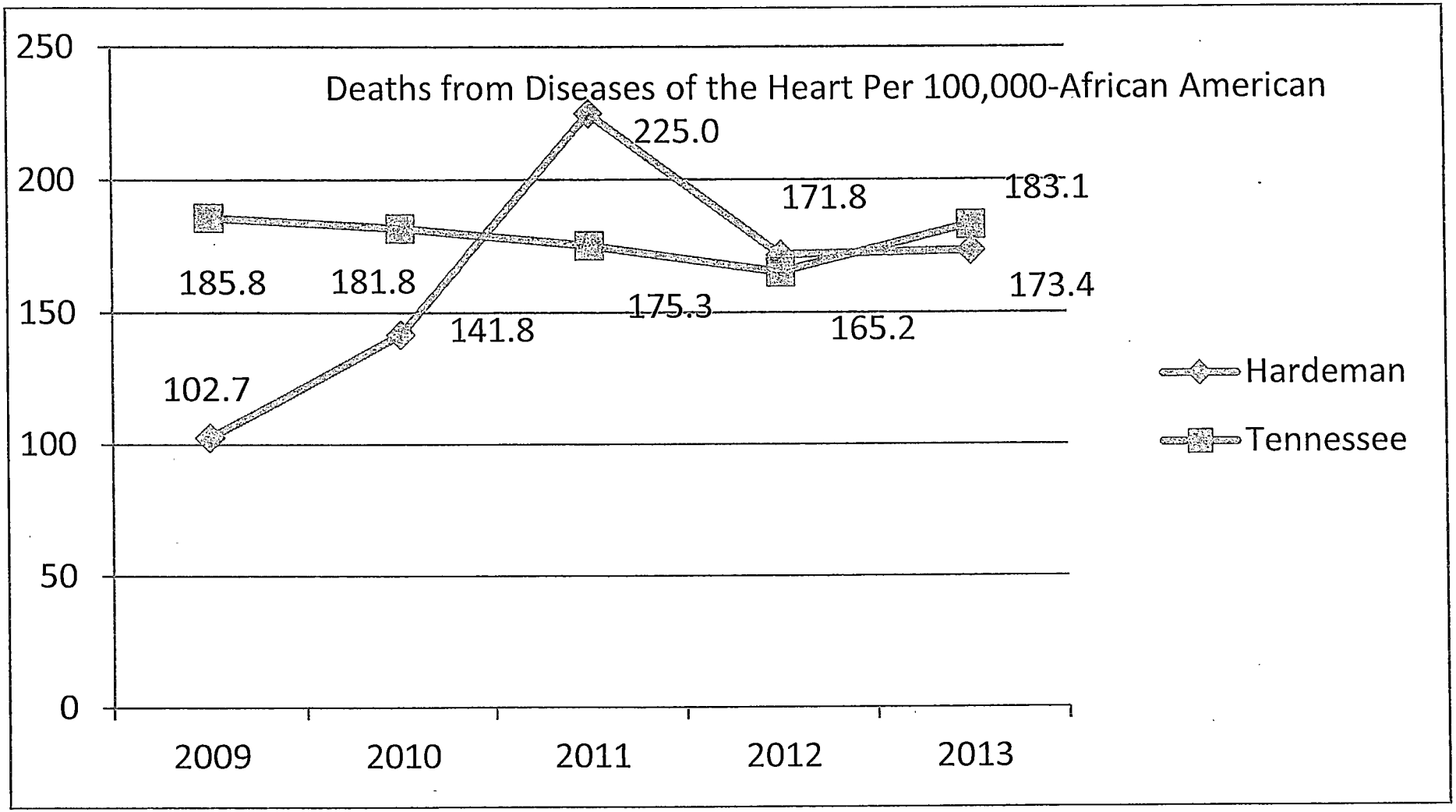
	Hardeman	TN
2012	2.8	4.9
2010	2.7	5.5

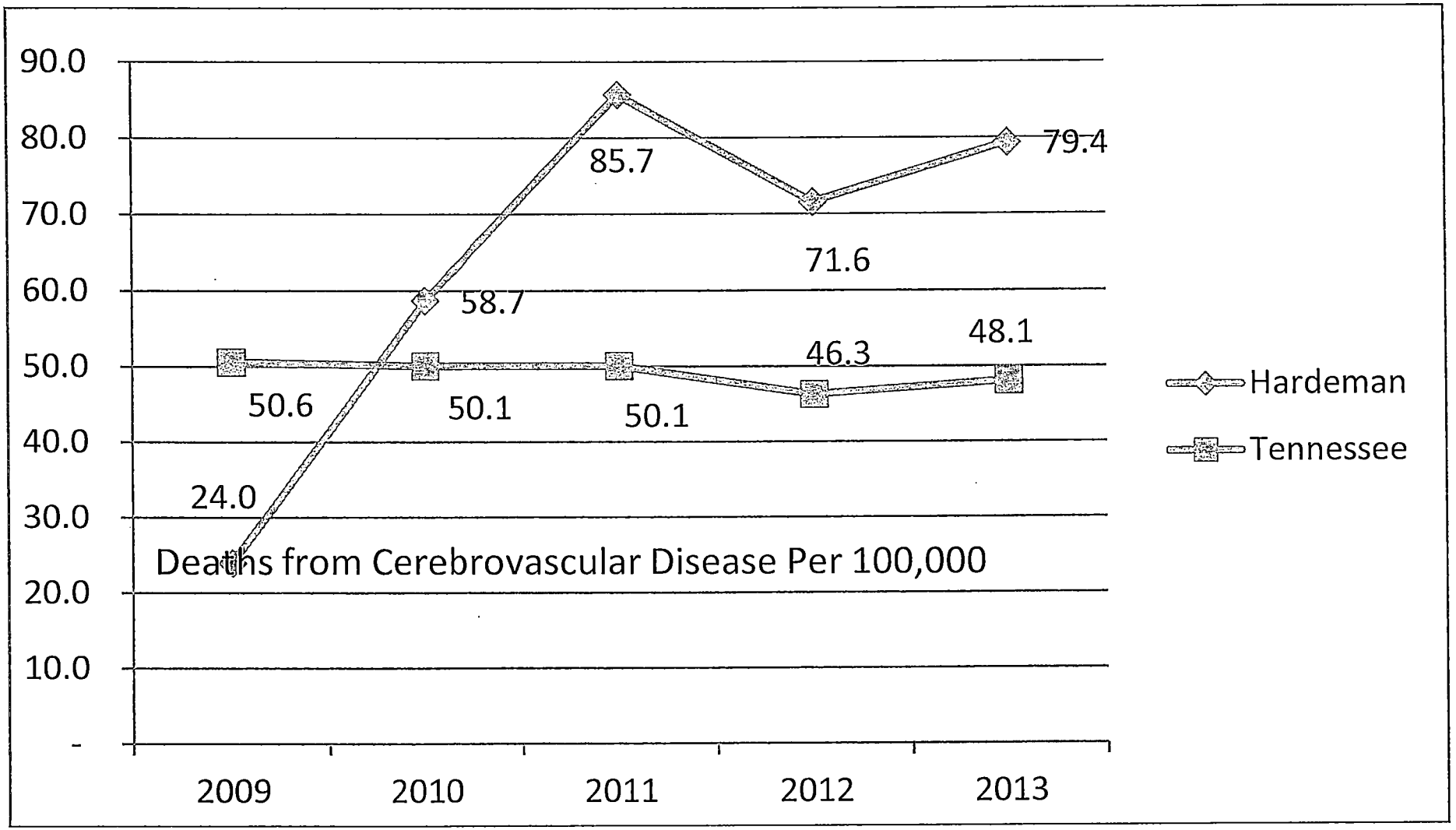
2009	3.1	7.0
2008	3.3	8.4
2007	3.4	11.6
2006	17.4	11.7

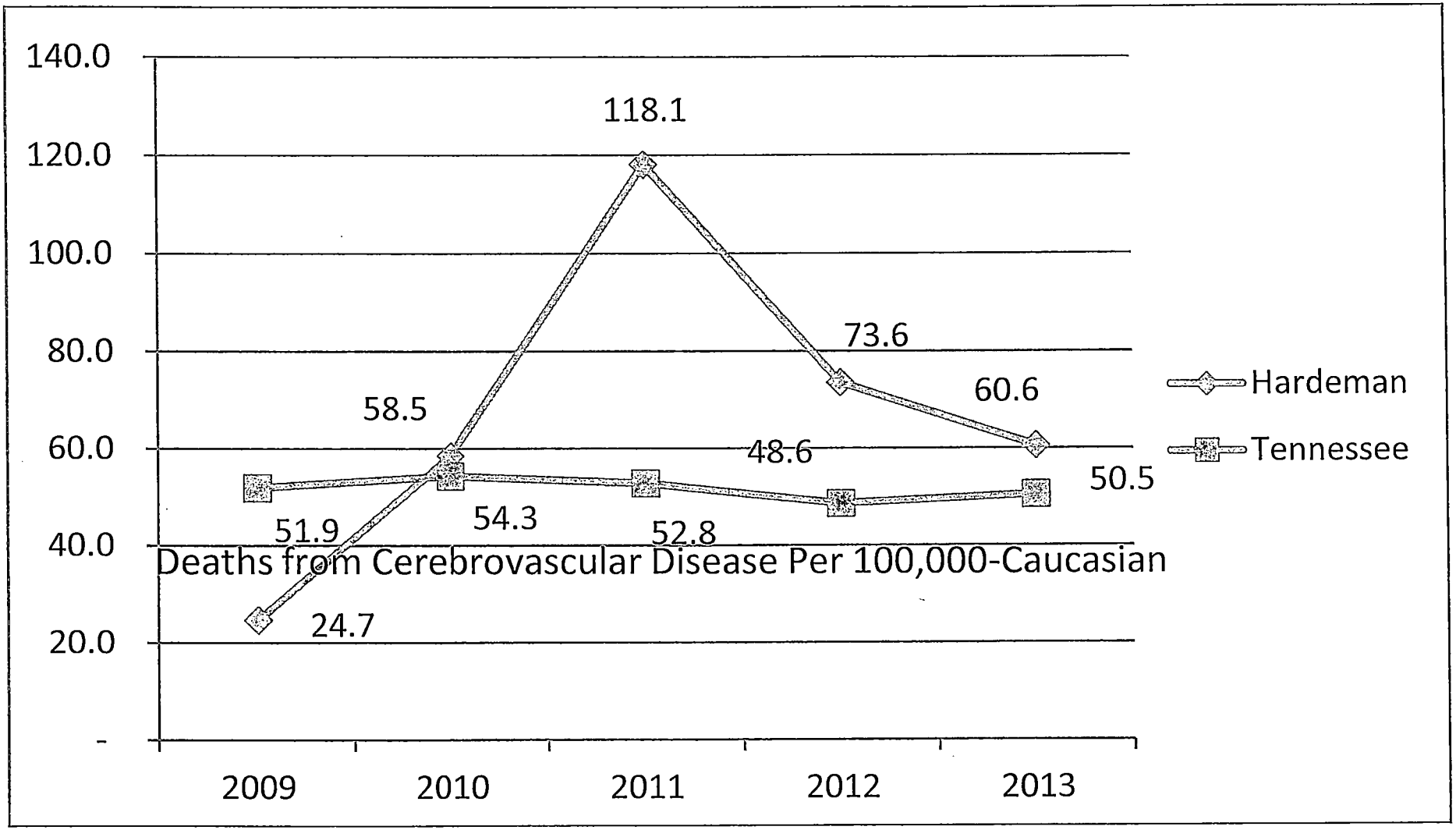
Source: Tennessee Commission on Children and Youth: KIDS COUNT: The State of the Child in Tennessee.

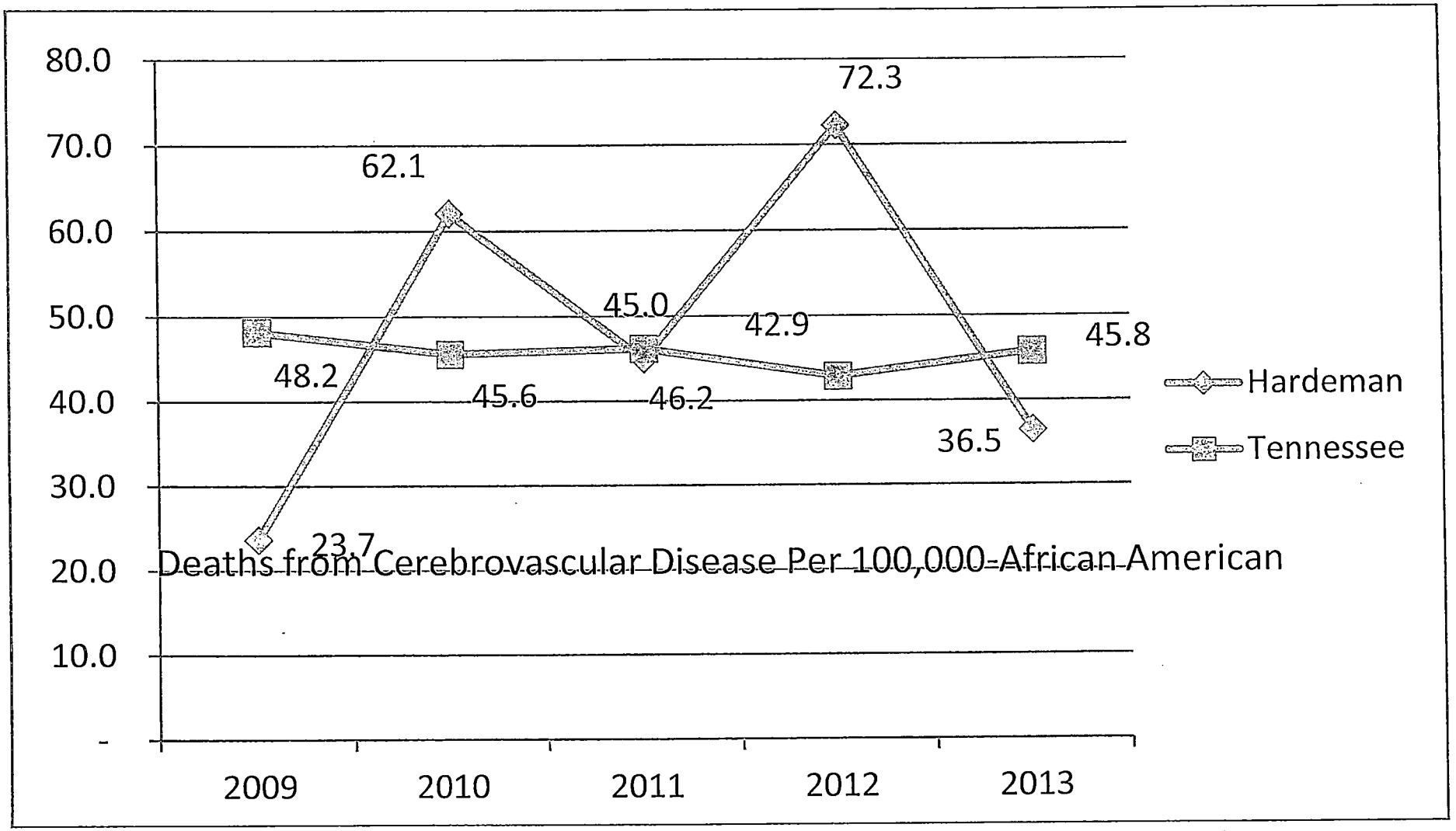

Deaths from Diseases of the Heart Per 100,000
300
250
200
150
100
50
0
228.0
213.2
242.1
203.5
226.7
228.0
199.1
228.3
221.0
220.6
2009
2010
2011
2012
2013
Hardeman
Tennessee

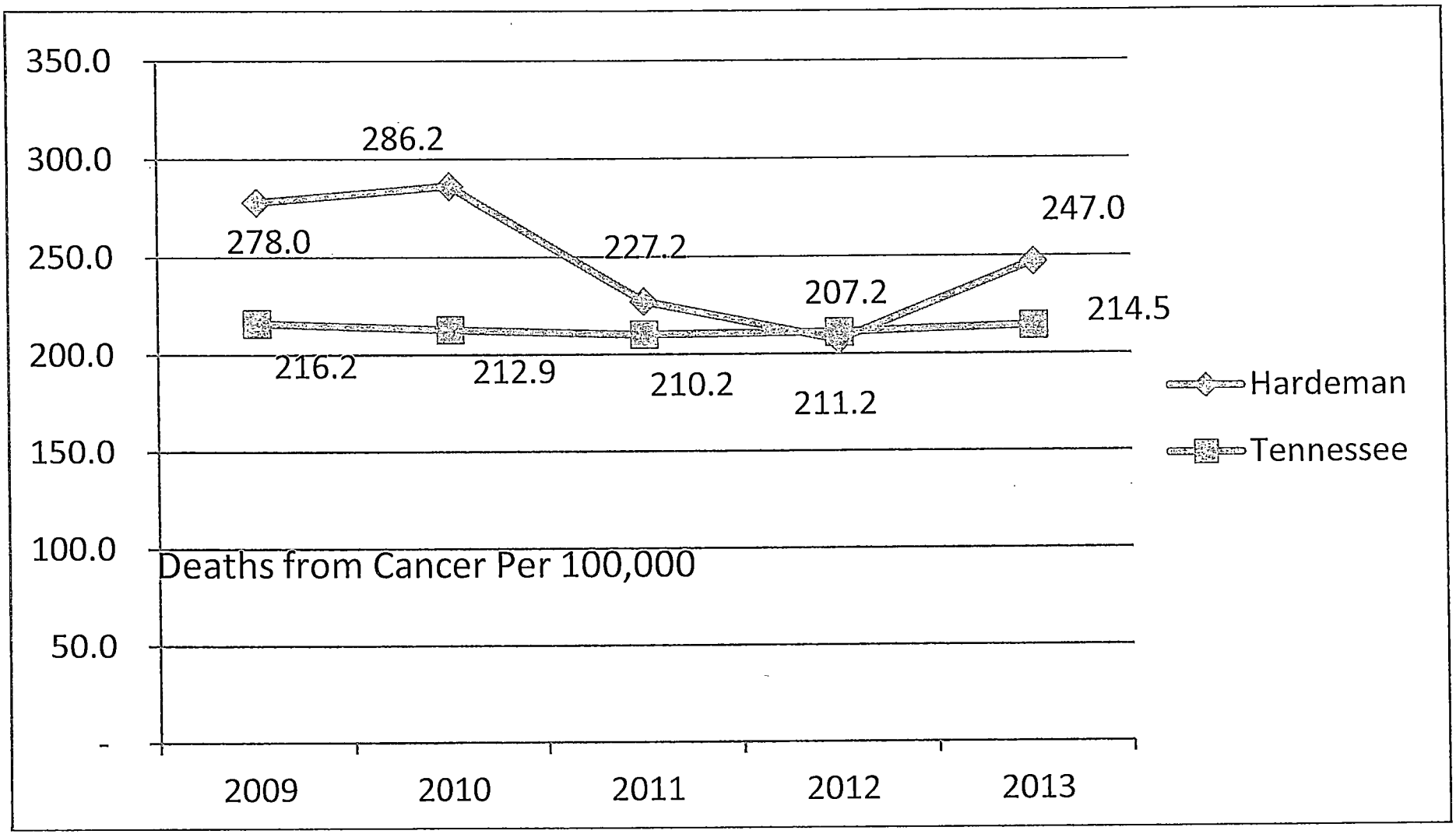

Deaths from Diseases of the Heart Per 100,000-Caucasian
350
300
250
200
150
100
50
0
277.3
299.1
262.4
234.0
269.5
241.1
254.0
239.7
241.2
245.1
2009
2010
2011
2012
2013
Hardeman
Tennessee

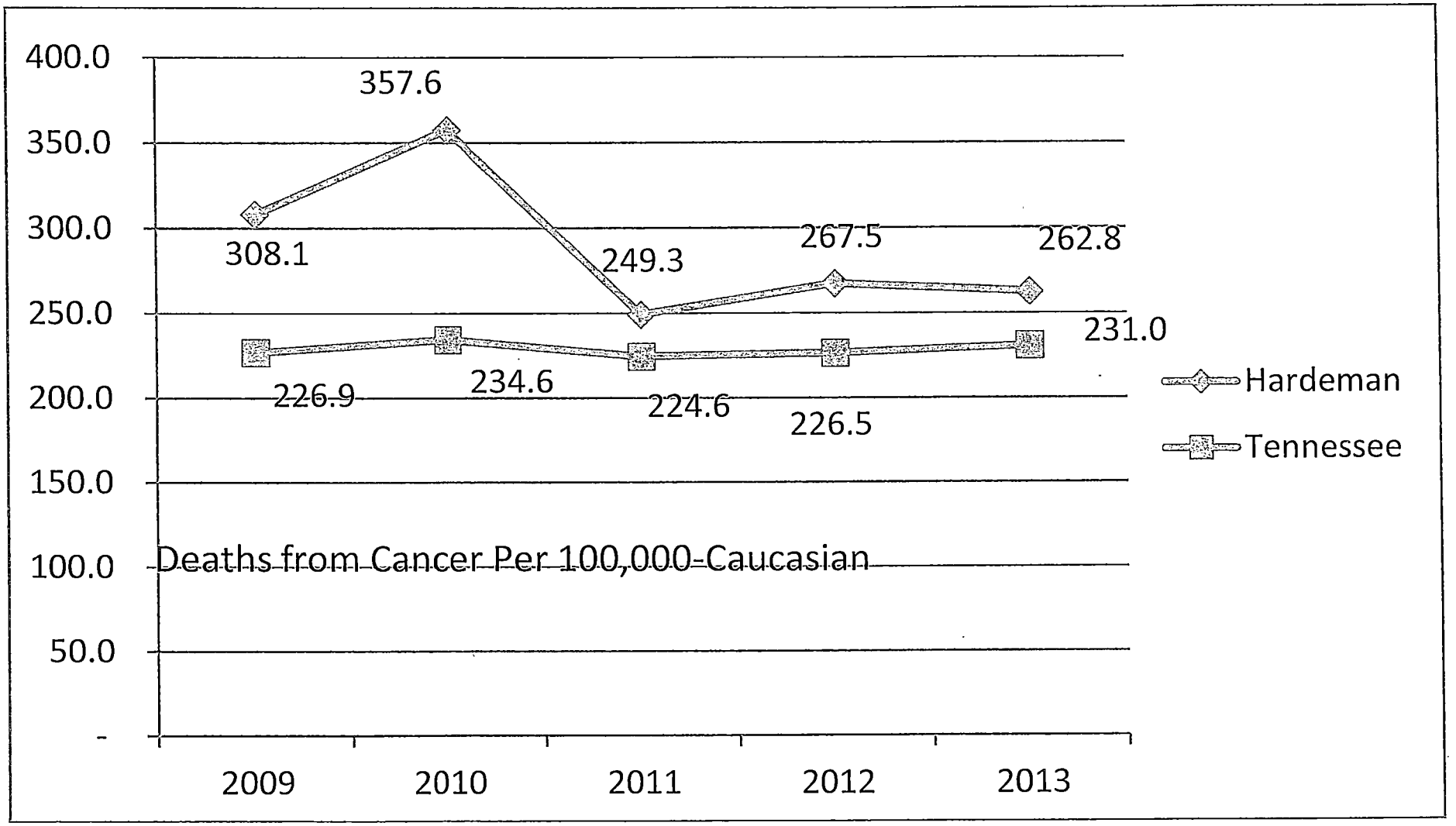

Deaths from Diseases of the Heart Per 100,000-African American
250
200
150
100
50
0
2009
2010
2011
2012
2013
185.8
181.8
175.3
171.8
183.1
102.7
141.8
225.0
165.2
173.4
Hardeman
Tennessee


90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
-
2009
2010
2011
2012
2013
24.0
58.7
85.7
71.6
79.4
50.6
50.1
50.1
46.3
48.1
Deaths from Cerebrovascular Disease Per 100,000
Hardeman
Tennessee


140.0
120.0
100.0
80.0
60.0
40.0
20.0
-
2009
2010
2011
2012
2013
118.1
73.6
60.6
58.5
48.6
50.5
51.9
54.3
52.8
24.7
Deaths from Cerebrovascular Disease Per 100,000-Caucasian
Hardeman
Tennessee


80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
-
2009
2010
2011
2012
2013
72.3
62.1
45.0
42.9
45.8
48.2
45.6
46.2
36.5
23.7
Hardeman
Tennessee
Deaths from Cerebrovascular Disease Per 100,000-African American


350.0
300.0
250.0
200.0
150.0
100.0
50.0
-
Deaths from Cancer Per 100,000
286.2
278.0
227.2
207.2
247.0
214.5
216.2
212.9
210.2
211.2
2009
2010
2011
2012
2013
Hardeman
Tennessee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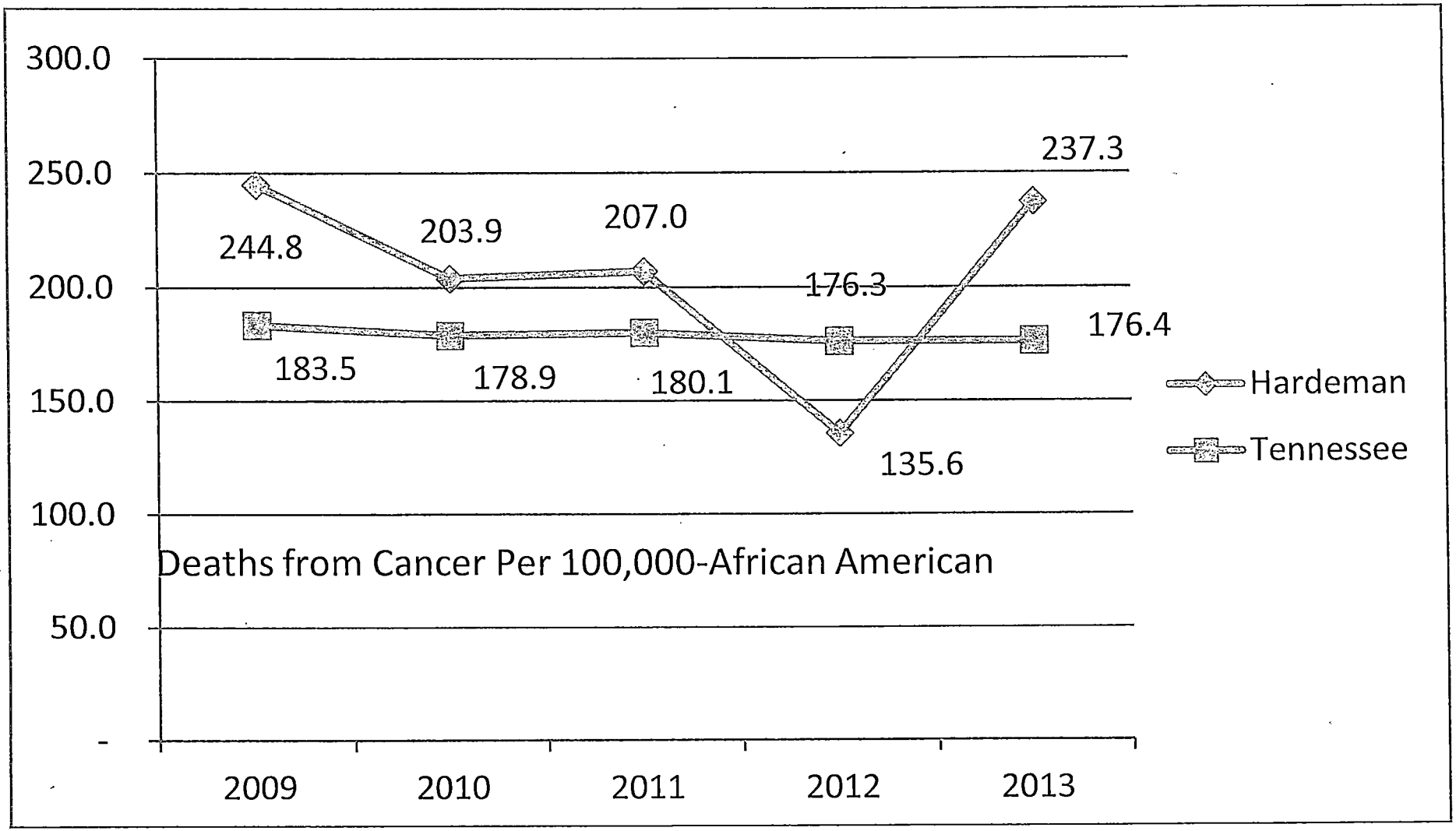
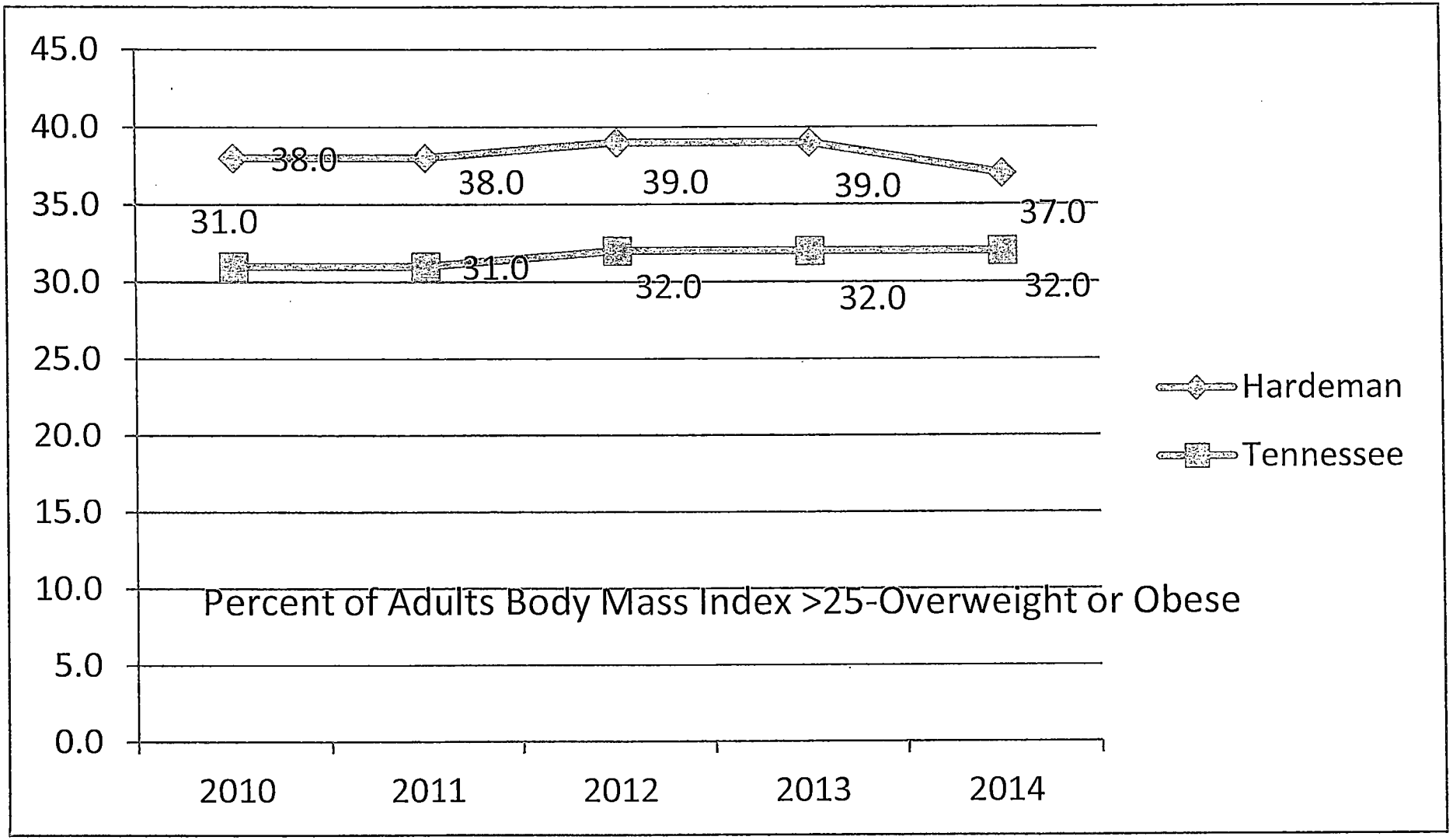
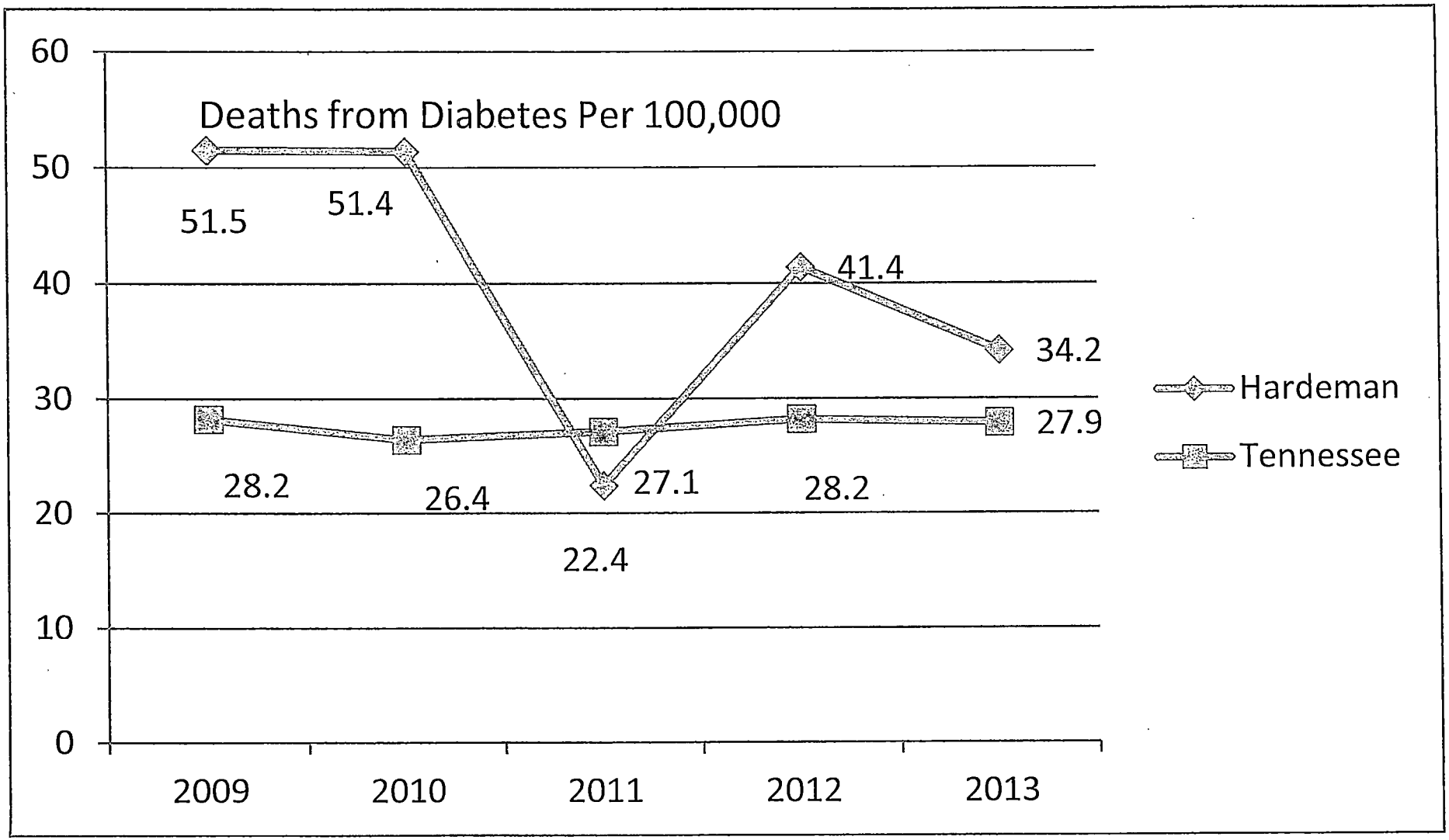
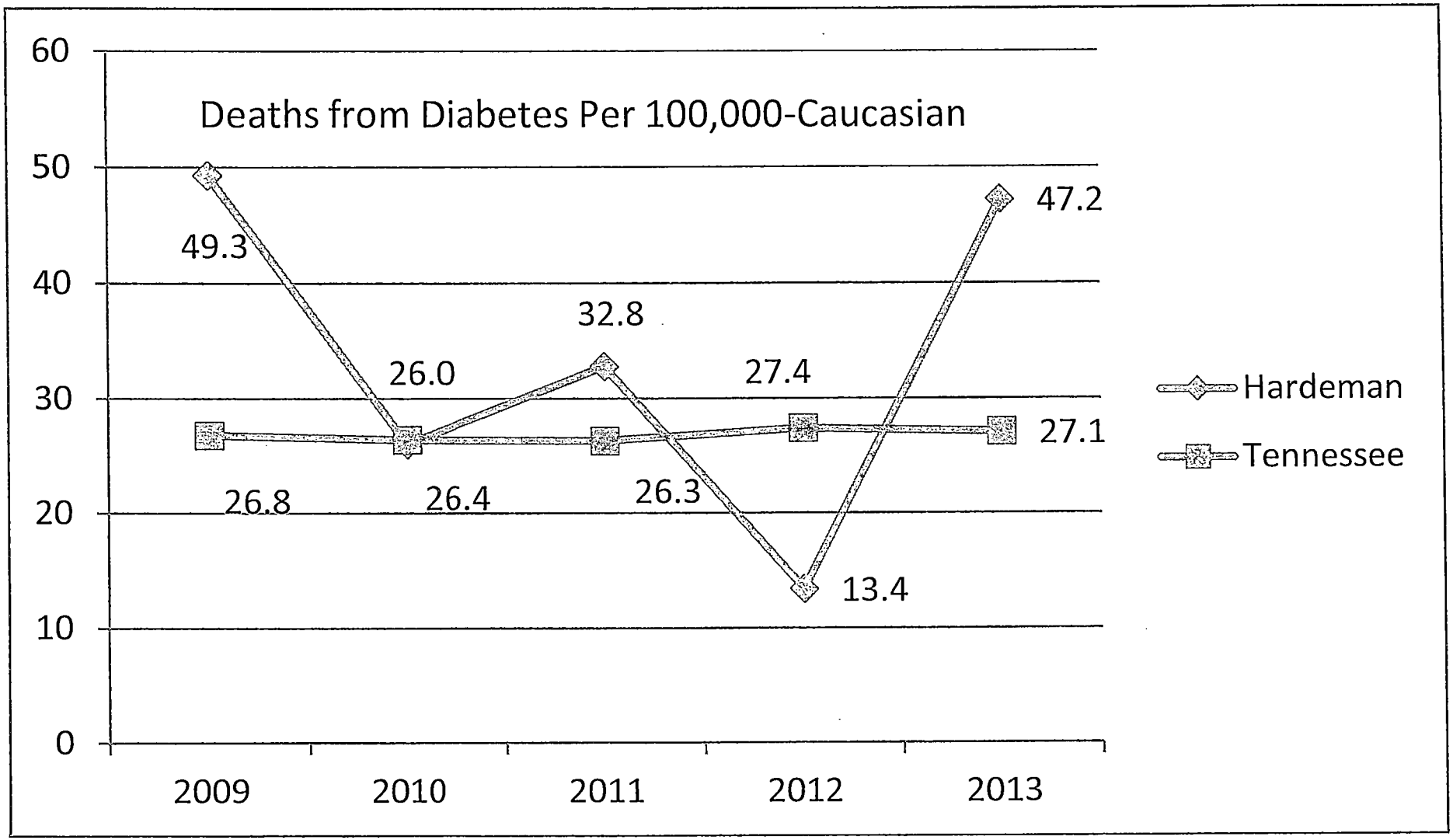
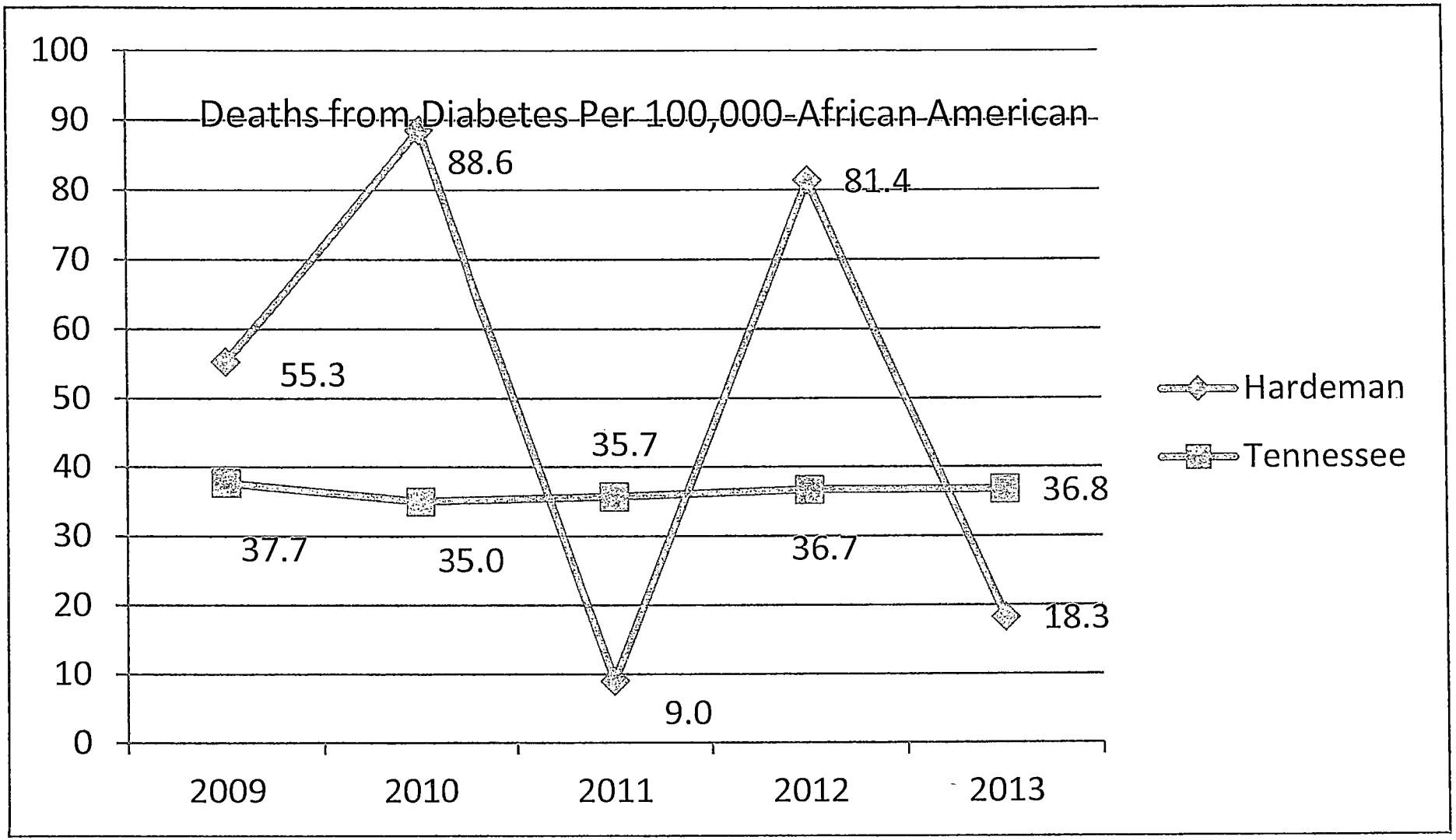
350.0
300.0
250.0
200.0
150.0
100.0
50.0
-
357.6
308.1
249.3
267.5
262.8
231.0
226.9
234.6
224.6
226.5
Deaths from Cancer Per 100,000-Caucasian
2009
2010
2011
2012
2013
Hardeman
Tennessee


300.0
250.0
200.0
150.0
100.0
50.0
-
Deaths from Cancer Per 100,000-African American
244.8
203.9
207.0
176.3
237.3
183.5
178.9
180.1
135.6
176.4
2009
2010
2011
2012
2013
Hardeman
Tennessee


45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
38.0
38.0
39.0
39.0
37.0
31.0
31.0
32.0
32.0
32.0
Hardeman
Tennessee
Percent of Adults Body Mass Index >25-Overweight or Obese
2010
2011
2012
2013
2014


Deaths from Diabetes Per 100,000
60
50
40
30
20
10
0
51.5
51.4
22.4
41.4
34.2
28.2
26.4
27.1
28.2
27.9
2009
2010
2011
2012
2013
Hardeman
Tennessee


Deaths from Diabetes Per 100,000-Caucasian
60
50
40
30
20
10
0
2009
2010
2011
2012
2013
49.3
26.0
32.8
27.4
47.2
26.8
26.4
26.3
13.4
27.1
Hardeman
Tennessee


Deaths from Diabetes Per 100,000-African American
100
90
80
70
60
50
40
30
20
10
0
2009
2010
2011
2012
2013
55.3
88.6
9.0
81.4
18.3
37.7
35.0
35.7
36.7
36.8
Hardeman
Tennessee

OVERWEIGHT AND OBESITY* PREVALENCE AMONG WEST REGION PUBLIC SCHOOL STUDENTS, BY COUNTY, 2012-2013 SCHOOL YEAR

COUNTY	NUMBER OF OVERWEIGHT OR OBESE STUDENTS	TOTAL NUMBER OF STUDENTS	PERCENT OF OVERWEIGHT AND OBESE	95% CONFIDENCE INTERVAL
BENTON	**318**	**698**	**45.6**	**41.9-49.3**
CARROLL	852	1,866	45.7	43.4-47.9
CHESTER	360	982	36.7	33.6-39.7
CROCKETT	536	1,396	38.4	35.8-40.9
DECATUR	313	708	44.2	40.6-47-9
DYER	1,067	2,762	38.6	36.8-40.4
FAYETTE	526	1,160	45.3	42.5-48.2
GIBSON	1,534	3,579	42.9	41.2-44.5
HARDEMAN	509	1,113	45.7	42.8-48.7
HARDIN	578	1,331	43.4	40.8-46.1
HAYWOOD	650	1,442	45.1	42.5-47.6
HENDERSON	858	1,862	46.1	43.8-48.3
HENRY	903	2,188	41.3	39.2-43.3
LAKE	188	401	46.9	42.0-51.8
LAUDERDALE	708	1,642	43.1	40.7-45.5
MCNAIRY	673	1,658	40.6	38.2-43.0
OBION	901	2,078	43.4	41.2-45.5
TIPTON	1,760	4,542	38.7	37.3-40.2
WEAKLEY	624	1,648	37.9	35.5-40.2

*OVERWEIGHT/OBESE WAS DEFINED AS BODY MASS INDEX GREATER THAN OR EQUAL TO THE 85th PERCENTILE for children of the same age

Hardeman County Community Health Needs Assessment
Effectiveness of Interventions-Community Resources

The following is a list of community resources for each health issue identified by the community committee. The list contains community agencies and public entities that specifically work with a particular health issue as well as potential agencies that can become partners with Hardeman County for specific health issues.

Influenza
Hardeman County Health Department
Hardeman County Community health Center (FQHC)
Physician Clinics
Hardeman County School System
Community Senior Center
American Association of Retired Persons

Heart Conditions
American Heart Association
Physician Clinics
Local Churches
Community Senior Center
American Association of Retired Persons
Anytime Fitness

High Blood Pressure
American Heart Association
American Stroke Association
Bolivar Housing Authority
Physician Clinics
Community Senior Center
Anytime Fitness

Cancer
American Cancer Society
Physician Clinics
Pharmacies
Local Churches
Community Senior Center
American Association of Retired Persons

Arthritis
Arthritis Foundation
Physician Clinics
Local Fitness Center
American Association of Retired Persons
Community Senior Center

Obesity
American Heart Association
American Diabetes Association
American Stroke Association
Physician Clinics
Community Senior Center
Hardeman County Parks and Recreation Department
Bolivar Parks and Recreation Department
4-H Programs
Local Churches
Local Fitness Club-Anytime Fitness
Afterschool Programs
Local Retirement Homes

Asthma/Allergies
Asthma and Allergy Foundation
Physician Clinics
Hardeman County School System

Lack of Financial Resources
Southwest Human Resource Agency
Tennessee Department of Human Services
Social Security Administration
TennCare
Hardeman County Health Department
Hardeman County Community Health Center
Hardeman County School System

Tobacco, Alcohol, and Drug Use
American Cancer Society
Physician Clinics
Hardeman County School System
Hardeman County Community Anti-Drug Coalition
City and County Governments
Hardeman County Sheriff's Office
Local City Police Departments
Hardeman County General Sessions and Circuit Courts
Tennessee Department of Corrections
Western Mental health Institute
Quinco Community Mental Health Center
Pathways of Tennessee

Diabetes
American Diabetes Association
Physician Clinics
Hardeman County School System
Community Senior Center
Local Churches

Child Abuse
Exchange Club-Carl Perkins Center for the Prevention of Child Abuse
Tennessee Department of Human Services
Tennessee Department of Children's Services
After school Programs
Local Churches
Hardeman County School System

Dental Care
Hardeman County Health Department
TennCare

Teenage Pregnancy
Hardeman County Health Department
Hardeman County School System
Tennessee Department of Children's Services
Hardeman County Juvenile Court
Exchange Club-Carl Perkins Center for the Prevention of Child Abuse
Local Churches
Afterschool Programs

STDs/HIV
Hardeman County Health Department
Hardeman County School System
Hardeman County Community Health Center
West Tennessee Legal Services

Hardeman County Health Council Meeting Minutes

650 Nuckolls Road Bolivar, TN 38008

January 20, 2015

12:00-1:00pm

The meeting was called to order at 12:05 pm by the chair Ruby Kirby.

In Attendance:, Linda Woods, Tonya Kuhl, Lishunda Park, Mary Heinzen, Rhonda Avent, Myrtle Russell, Katie Dees, Ruby Kirby, Candice Gray, Rita Nuckolls

Visitors:

Reading and Approval of Minutes: Motion to approve by Mary Heinzen. There was a second on the motion by Katie Dees.

Motion was unanimously approved by all.

Old Business:

Tobacco Settlement Update –Linda Woods, Lishunda Park

Linda Woods reported that the 2014 tobacco grant ended on December 31, 2014. She reported that a total of over 300 students had been educated regarding the dangers of tobacco use. She also reported that the tobacco reported had been completed and emailed to Nashville on January 16, 2015.

Lishunda Park County Director gave the end of the year tobacco report. She reported that there is a total of 8,918.00 dollars left in the budget. She explained that this amount would be carried over into the 2015 year.

New Business:

TN Blue Hardeman Color Run-Tonya Kuhl

Tonya Kuhl reported on the plans for the first annual color run. She discussed the possibility of holding this event in Middleton TN. The date for this event is set for April 25, 2015. The council decided to meet on Monday, January 26, 2015 @ 10:00a.m. to further discuss plans.

Tobacco Plans– Linda Woods

Linda Woods reported that the new tobacco plans had to be in Nashville by February 15, 2015. She stated that the TATU program would continue with some modifications. The Baby and Me (pregnancy smoking) tobacco program will also be implemented. She explains that this program targets pregnant women to reduce low birth weight babies by reducing the number of women who smoke during and after pregnancy.

Health Council Plans- Myrtle Russell

Myrtle Russell Community Services Director briefly discussed obesity and diabetes rates in the county. She discussed the 5 year trend and ways that we can help our counties make improvement. She stated that the whole county had to be involved to improve the county health outcomes. She also distributed a community vision plan and asks members to fill out and bring to next health council meeting.

Healthier TN- Katie Dees

Katie Dees introduced the Healthier TN initiative. She shared the governor's video which discussed having a healthier workplace.

Announcements:

* Linda Woods announced that February is heart month and that there would be a heart walk on February 20, 2015 @ 12 noon at Western Mental Institute.

* Ruby Kirby announced that the snowflake ball is February 7, 2015 at the Hope Center.

Adjournment:

There was a motion to adjourn by Katie Dees. There was a second on the motion by Mary Heinzen.

The motion was unanimously carried by all.

The meeting was adjourned at 1:00p.m.

Minutes submitted by Linda Woods, on January 29, 2015

The 100 Mile Club® (www.100mileclub.com)

OVERVIEW & Options

The Gold Medal COMPLETE Program is THE ORIGINAL 100 Mile Club® Program, developed over the course of 22+ years, by Kara Lubin, a 4th-generation public school teacher and special education specialist. Over 1,000 schools and more than 65,000 students in all 50 states are connected through our unique, signature t-shirt, incentives, and the powerful quest toward earning that beautiful 100 Mile Club® GOLD MEDAL.

The 100 Mile Club® *Gold Medal Complete Program* is designed to improve the health and well-being of children at school through daily physical activity in a noncompetitive, supportive, and fully-inclusive environment. With incentives earned along the way, lessons in goal-setting, determination, and team spirit are delivered alongside exercise.

The 100 Mile Club® is more than just a running program. It changes lives. Improved school readiness to learn, increased motivation, student and family engagement, and the creation of a true Team Spirit that permeates and transforms school culture are evident in *GOLD MEDAL 100 Mile Club® Schools*. By walking or running daily or few times a week students learn first-hand the benefits of exercise and begin to look forward to reaching their individual goals.

The 100 Mile Club® is safe, fun, and consistent and can be modified to fit the needs of all children. The Club provides students with an easy, fun and safe way to add physical fitness and goal-setting into their daily lives. The ultimate goal is to inspire students to want to keep fitness in their lives now and into adulthood.

The 100 Mile Club® was created to reward students with milestone incentives as they earn their miles.

The 100 Mile Club® GOLD MEDAL COMPLETE Program provides students with a Signature Incentive Package celebrating success every 25 miles on their journey to 100 miles.

- The CERTIFICATE PATH serves as an alternate way to experience the benefits of physical activity, working toward making your school a GOLD MEDAL 100 Mile Club® SCHOOL. Students receive an End-of-Year 100 Mile Club® Certificate celebrating their total miles achieved.
- The *Certificate Path* is a no-cost opportunity. It is an excellent way to learn about The 100 Mile Club's mission, vision, spirit, and to understand the full benefits of working toward making a school a GOLD MEDAL 100 Mile Club® School.
- Through the *Certificate Path,* students receive a downloadable End-of-Year 100 Mile Club® Certificate celebrating their total miles achieved.
- The *Certificate Path* allows ALL students to earn miles with The 100 Mile Club®. Schools can evolve from the *Certificate Path* to the full 100 Mile Club® Gold Medal Complete Program at any time during the school year.
- No-Cost *downloadable* End-of-Year Certificates are available to ALL registered schools through our secure Coaches Corner. Schools may order high-quality, professionally printed 100 Mile Club® End-of-Year Certificates through Coaches Corner, IF DESIRED.

How Does it Work

- Run or walk 100 miles at school.
- 100 Mile Club® runs the course of one school year.
- It can be tailored for use before school, during school, or after school.

Technical Assistance and Tools

- Each school is provided ongoing support from beginning to end.
- A bi-weekly newsletter,
- Social media tools and procedures to help make The 100 Mile Club® runs smoothly and positively.

Goals of the program

- To change the way kids feel about themselves.
- Students learn how to set their own goals and the value of self-monitoring.
- Students learn how to exercise safely and instill fun and healthy habits that will last a lifetime.
- Celebrate the success of all children who participate.

Signature Milestone Incentive Package:

- Official 100 Mile Club® CHALLENGE ACCEPTED ID card
- A unique 100 Mile Club® T-shirt earned at 25 miles
- Golden Pencil earned at 50 miles
- Wristband earned at 75 miles
- Final Year-End Certificate for all participants celebrating their success
- Custom 100 Mile Club® Gold Medal with neckband, ONLY for those who reach their 100 mile goal (ordered in spring for year-end Medal Ceremony)

Also Included:

- Access to COACHES CORNER, including…
  - -Interactive Forums
  - -Useful downloads & forms
  - -Helpful, useful, and up-to-date information

- Bi-Monthly Newsletter
- Program Design Assistance
- Kick-off and Medal Assembly Support
- Access to National Regional Community Calendar
- National Social Media Connections; Facebook, Twitter, Instagram and YouTube Channel
- Invitations to Monthly Informative and Interactive Google Hangout
- Quarterly Webinars with 100 Mile Club Founder Kara Lubin, Topics may include:
  - -Welcome To The 100 Mile Club!
  - -Moving Through Winter Days and Weird Weather
  - -Motivating And Inspiring Your Students
  - -Celebrating Your Student's Success!

Benefits

- Global initiative
- Part of a national effort
- Community engagement and connections

Student Benefits

- Creates a Foundation for a Lifelong Healthy Lifestyle
- Improves School Readiness and Academic Focus/Attention
- Increases Motivation and Attendance
- Fosters Student Engagement and Participation

- Strengthens Comradely With Reduction in Bullying
- Develops Positive Self-Esteem and Body Image

Criteria – Upholding the Integrity of the 100 Mile Club Program®

- Sign An Agreement/Contract To:
- -Accept the Challenge of the 100 Mile Club®
- -Commit to the Mission and Vision of the 100 Mile Club®
- -Accept Logo Trademark and Copyright Usage and Guidelines

For more information: Contact the 100 Mile Club National Office for year-round assistance at info@100mileclub.com or call 951-340-2290.

HeartAware Risk Assessment

1. Age: text box
2. Gender:
   a. Male
   b. Female
3. Zip Code: text box
4. Are you postmenopausal? (If Female)
   a. Yes
   b. No
5. Are you on estrogen replacement therapy? (If postmenopausal)
   a. Yes
   b. No
6. What is your ethnic origin? (optional)
   a. Caucasian
   b. African American
   c. Hispanic
   d. Asian/Pacific Islander
   e. American Indian/Alaska Native
   f. Other
7. What is your height?
   a. Feet: text box
   b. Inches: text box
8. What is your weight?
   a. Pounds: text box
9. Do you use tobacco products or smoke cigarettes?
   a. Yes
   b. No
   c. No, but I have smoked before
10. How long have you been using tobacco or smoking? (If smoker)
    a. Less than 1 year
    b. 1-9 years
    c. 10-19 years
    d. 20 years or more
11. How many cigarettes do you smoke a day? (If smoker)
    a. Less than 1 pack
    b. 1 pack
    c. 2 packs
    d. More than 2 packs
    e. I smoke cigars or chew tobacco
12. How long ago did you quit using tobacco or stop smoking? (If smoked before)
    a. Less than 1 year

b. 1-4 years
c. 5-9 years
d. 10 years or more

13. How long had you been using tobacco or smoking? (If smoked before)
    a. Less than 1 year
    b. 1-4 years
    c. 5-9 years
    d. 10-19 years
    e. 20 years or more
14. How many minutes a week do you aerobically exercise (increase your heart rate)?
    a. None
    b. Less than 30 minutes
    c. 30-60 minutes (0.5-1 hour)
    d. 60-90 minutes (1-1.5 hours)
    e. 90-120 minutes (1.5-2 hours)
    f. 120-150 minutes (2-2.5 hours)
    g. 150+ minutes (2.5+ hours)
15. What is your systolic (top number) blood pressure?
    a. 120 or less
    b. 121-129
    c. 130-139
    d. 140-159
    e. 160-199
    f. 200 or more
    g. Unsure
16. What is your diastolic (bottom number) blood pressure?
    a. 80 or less
    b. 81-84
    c. 85-89
    d. 90-99
    e. 100-114
    f. 115 or more
    g. Unsure
17. When was the last time you had your blood pressure checked?
    a. Less than 1 year ago
    b. More than 1 year ago
    c. Never or Unsure
18. What is your total cholesterol?
    a. Less than 160
    b. 160-199
    c. 200-239
    d. 240-279
    e. 280 or more

f. Unsure

19. What is your HDL cholesterol?
    a. 60 or more
    b. 50-59
    c. 40-49
    d. 35-39
    e. Less than 35
    f. Unsure
20. What is your LDL cholesterol?
    a. Less than 100
    b. 100-129
    c. 130-159
    d. 160-189
    e. 190 or more
    f. Unsure
21. When was the last time you had your cholesterol checked?
    a. Less than 1 year
    b. More than 1 year
    c. Never or Unsure
22. Are you taking any of the following medications? (check all that apply)
    a. Blood pressure medications
    b. Cholesterol medications
    c. Diabetes medications
    d. Aspirin on a regular basis
    e. Arthritis medications
    f. Anti-coagulants
    g. None
23. Has anyone in your immediate family (parents and or siblings) had any of the following conditions before age 55? (check all that apply)
    a. Stroke
    b. High blood pressure
    c. High cholesterol
    d. Diabetes
    e. Cardiovascular (heart) disease
    f. None
    g. Unsure
24. Do you have diabetes?
    a. No
    b. Yes, type 1 diabetes
    c. Yes, type 2 diabetes
    d. Prediabetes
    e. Unsure
25. Have you been diagnosed by a doctor with any of the following conditions? (check all that apply)

a. Stroke
b. Claudication
c. Cardiac arrest
d. Angina (chest pain)
e. Renal artery stenosis
f. Acute MI (heart attack)
g. Congestive heart failure
h. Abdominal aortic aneurysm
i. Atrial fibrillation
j. Transient ischemic attack
k. PAD/PVD
l. Depression
m. None of the above apply

26. Have you had any of the following cardiovascular procedures? (check all that apply)
    a. Stent
    b. Bypass surgery
    c. Balloon angioplasty
    d. Cardiac catheterization
    e. Carotid (neck) surgery
    f. Other
    g. None of the above apply
27. Have you experienced pain in either leg during the past year?
    a. Yes
    b. No
28. When? (If Yes)
    a. Only when exercising
    b. Only at rest
    c. Both during rest and exercise
29. Have you experienced any of the following in the past year? (check all that apply)
    a. Momentary loss of vision
    b. Slurring or difficulty with speech
    c. Darkening of the vision in one eye
    d. Brief episode of weakness of an arm or leg
    e. A shade or curtain coming down over one eye
    f. Dizziness
    g. None of the above apply
30. Do you have a primary care physician
    a. Yes
    b. No
    c. Unsure
31. Physician name (If Yes): text box
32. Do you have a cardiologist?
    a. Yes

b. No
c. Unsure

33. Have you experienced any of the following in the past year? (check all that apply)
    a. Sudden numbness/weakness of your face, arm or leg- especially on one side
    b. Sudden confusion, trouble speaking or understanding
    c. Sudden trouble seeing in one or both eyes
    d. Sudden trouble walking, dizziness, or loss of balance or coordination
    e. Sudden, severe headache with no known cause
    f. None of the above apply
34. How much stress do you feel you have in your life?
    a. Low
    b. Average/Normal
    c. High/Chronic
35. Which of the following statements accurately describe you? (check all that apply)
    a. You experience foot or toe pain that often disturbs your sleep
    b. You have tender knots of veins on your leg(s)
    c. You have suffered a severe injury to the leg(s) or feet
    d. You have an infection of the leg(s) or feet that may be gangrenous
    e. Your toes or feet are pale, discolored, or bluish
    f. Your doctor has told you that you have reduced or no pedal (foot) pulses
    g. You have skin wounds or ulcers on your feet or toes that are slow to heal (8-12 weeks)
    h. Unsure
    i. None
36. In order to better serve our community, would you please let us know how you heard about this assessment?
    a. Doctor's Office
    b. Television
    c. Radio
    d. Outdoor sign
    e. Direct mail
    f. Online Ad
    g. Hospital Website
    h. Internet search
    i. Newspaper Ad
    j. Newsletter
    k. Health fair
    l. Physician Referral
    m. Word of mouth
    n. Social Network
    o. Hospital email
    p. Other
37. Please enter how you found this assessment: (If Other)
    a. Source: text box

HEALTHaware™

DiabetesAware Risk Assessment

1. Age: text box
2. Gender:
   a. Male
   b. Female
3. Zip Code: text box
4. Are you postmenopausal? (If Female)
   a. Yes
   b. No
5. Are you on estrogen replacement therapy? (If postmenopausal)
   a. Yes
   b. No
6. What is your ethnic origin? (optional)
   a. Caucasian
   b. African American
   c. Hispanic
   d. Asian/Pacific Islander
   e. American Indian/Alaska Native
   f. Other
7. What is your height?
   a. Feet: text box
   b. Inches: text box
8. What is your weight?
   a. Pounds: text box
9. How many minutes a week do you aerobically exercise (increase your heart rate)?
   a. None
   b. Less than 30 minutes
   c. 30-60 minutes (0.5-1 hour)
   d. 60-90 minutes (1-1.5 hours)
   e. 90-120 minutes (1.5-2 hours)
   f. 120-150 minutes (2-2.5 hours)
   g. 150+ minutes (2.5+ hours)
10. Have you been told by a doctor that you have prediabetes or high blood sugars?
    a. Yes
    b. No
    c. Unsure
11. What is your systolic (top number) blood pressure?
    a. 120 or less
    b. 121-129
    c. 130-139
    d. 140-159

e. 160-199
f. 200 or more
g. Unsure

12. What is your diastolic (bottom number) blood pressure?
    a. 80 or less
    b. 81-84
    c. 85-89
    d. 90-99
    e. 100-114
    f. 115 or more
    g. Unsure
13. When was the last time you had your blood pressure checked?
    a. Less than 1 year ago
    b. More than 1 year ago
    c. Never or Unsure
14. What is your total cholesterol?
    a. Less than 160
    b. 160-199
    c. 200-239
    d. 240-279
    e. 280 or more
    f. Unsure
15. What is your HDL cholesterol?
    a. 60 or more
    b. 50-59
    c. 40-49
    d. 35-39
    e. Less than 35
    f. Unsure
16. What is your LDL cholesterol?
    a. Less than 100
    b. 100-129
    c. 130-159
    d. 160-189
    e. 190 or more
    f. Unsure
17. When was the last time you had your cholesterol checked?
    a. Less than 1 year
    b. More than 1 year
    c. Never or Unsure
18. What is your fasting blood glucose level?
    a. Less than 70
    b. 70-99

c. 120-125
d. Greater than 125
e. Unsure

19. Has anyone in your immediate family (parents and or siblings) had any of the following conditions before age 55? (check all that apply)
    a. Stroke
    b. High blood pressure
    c. High cholesterol
    d. Diabetes
    e. Cardiovascular (heart) disease
    f. None
    g. Unsure
20. Have you recognized any of the following symptoms of diabetes? (check all that apply)
    a. Extreme thirst or hunger
    b. Frequent urination
    c. Unexplained weight loss
    d. Extreme unexplainable fatigue
    e. Blurry vision that comes and goes
    f. None
21. Were you diagnosed with gestational diabetes during pregnancy? (If Female)
    a. Yes
    b. No
    c. Not applicable
22. Have you had a baby weighing more than nine pounds at birth? (Pregnancy Yes/No)
    a. Yes
    b. No
    c. Unsure
23. Do you have a primary care physician
    a. Yes
    b. No
    c. Unsure
24. Physician name (If Yes): text box
25. In order to better serve our community, would you please let us know how you heard about this assessment?
    a. Doctor's Office
    b. Television
    c. Radio
    d. Outdoor sign
    e. Direct mail
    f. Online Ad
    g. Hospital Website
    h. Internet search
    i. Newspaper Ad

j. Newsletter
k. Health fair
l. Physician Referral
m. Word of mouth
n. Social Network
o. Hospital email
p. Other

26. Please enter how you found this assessment: (If Other)
    a. Source: text box

HEALTHaware™

CancerAware Risk Assessment

1. Age: text box
2. Gender:
   a. Male
   b. Female
3. Zip Code: text box
4. Are you postmenopausal? (If Female)
   a. Yes
   b. No
5. Are you on estrogen replacement therapy? (If postmenopausal)
   a. Yes
   b. No
6. What is your ethnic origin? (optional)
   a. Caucasian
   b. African American
   c. Hispanic
   d. Asian/Pacific Islander
   e. American Indian/Alaska Native
   f. Other
7. What is your height?
   a. Feet: text box
   b. Inches: text box
8. What is your weight?
   a. Pounds: text box
9. Do you have diabetes?
   a. No
   b. Yes, type 1 diabetes
   c. Yes, type 2 diabetes
   d. Prediabetes
   e. Unsure
10. How many minutes a week do you aerobically exercise (increase your heart rate)?
    a. None
    b. Less than 30 minutes
    c. 30-60 minutes (0.5-1 hour)
    d. 60-90 minutes (1-1.5 hours)
    e. 90-120 minutes (1.5-2 hours)
    f. 120-150 minutes (2-2.5 hours)
    g. 150+ minutes (2.5+ hours)
11. How many alcoholic beverages do you drink per day?
    a. None
    b. One

c. Two
d. Three
e. Four or more

12. Do you use tobacco products or smoke cigarettes?
    a. Yes
    b. No
    c. No, but I have smoked before
13. How long have you been using tobacco or smoking? (If smoker)
    a. Less than 1 year
    b. 1-9 years
    c. 10-19 years
    d. 20 years or more
14. How many cigarettes do you smoke a day? (If smoker)
    a. Less than 1 pack
    b. 1 pack
    c. 2 packs
    d. More than 2 packs
    e. I smoke cigars or chew tobacco
15. How long ago did you quit using tobacco or stop smoking? (If smoked before)
    a. Less than 1 year
    b. 1-4 years
    c. 5-9 years
    d. 10 years or more
16. How long had you been using tobacco or smoking? (If smoked before)
    a. Less than 1 year
    b. 1-4 years
    c. 5-9 years
    d. 10-19 years
    e. 20 years or more
17. Do you have a chronic, persistent cough that produces phlegm (pronounced flem) which may be clear, yellow, or blood-stained?
    a. Yes
    b. No
    c. Unsure
18. Does your breathing cause you pain and or do you experience difficulty breathing?
    a. Yes
    b. No
    c. Unsure
19. Has anyone (male or female) in your immediate family had one or more of the following conditions before age 50? (check all that apply)
    a. Breast cancer
    b. Colorectal cancer
    c. Prostate cancer

d. Lung cancer
e. Ovarian cancer
f. Any cancer
g. None
h. Unsure

20. Have you been diagnosed with any of the following pulmonary conditions? (check all that apply)
    a. Bronchitis
    b. Pneumonia
    c. Tuberculosis
    d. Emphysema
    e. COPD
    f. None of the above apply
21. Do any of the following situations describe your exposure to second-hand smoke? (check all that apply)
    a. Second-hand smoke exposure in your home for the last 10+ years
    b. Second-hand smoke exposure in your workplace (e.g. smoky bar) for the last 10+ years
    c. None of the above apply
22. Have you been exposed to high levels of environmental hazardous materials (e.g. coal, asbestos, silica, toxic chemicals, radon)?
    a. Yes
    b. No
    c. Unsure
23. How long have you been exposed to the hazardous material? (If Yes)
    a. 0-1 years
    b. 2-5 years
    c. 6-9 years
    d. 10+ years
24. At what age was your first menstrual period? (If Female)
    a. 6-11
    b. 12-13
    c. 14 or older
    d. Unsure
25. Have you given birth to a child? (If Female)
    a. Yes
    b. No
26. At what age did you first give birth? (If Yes)
    a. <20
    b. 20-25
    c. 26-30
    d. Over 30
27. When was the last time you performed a self-exam or a doctor performed a clinical exam of your breasts? (If Female)
    a. Within the last six months

b. Within the last year
c. Within the last two years
d. Never

28. When was the last time you had a mammogram to screen for breast cancer? (If Female)
    a. Within last year
    b. Within last two years
    c. Within last five years
    d. Never
29. Have you ever had a breast biopsy with atypical results?
    a. Yes
    b. No
    c. Unsure
30. How many biopsies have you had? (If Yes)
    a. One
    b. More than one
    c. Unsure
31. Have you had any of the following tests? (check all that apply)
    a. Colonoscopy
    b. Virtual Colonoscopy (using CT)
    c. Flexible Sigmoidoscopy
    d. Double Contrast Barium Enema (DCBE)
    e. Fecal Occult Blood Test (FOBT)
    f. None
32. Of the test(s) you checked above, when was your most recent one?
    a. Within last year
    b. 1-2 years ago
    c. 3-5 years ago
    d. 6-10 years ago
    e. More than 10 years ago
33. During your colonoscopy, did your doctor remove colorectal polyps? (If Colonoscopy checked)
    a. Yes
    b. No
    c. Unsure
34. When was your last Prostate-Specific Antigen (PSA) Test? (If Male, age >=40)
    a. Less than one year ago
    b. One to two years ago
    c. Three to five years ago
    d. More than five years ago
    e. Never
35. When was your last Digital Rectal Exam (DRE)? (If Male, age >=40)
    a. Less than one year ago
    b. One to two years ago
    c. Three to five years ago

d. More than five years ago
e. Never

36. Do you have a primary care physician?
    a. Yes
    b. No
    c. Unsure
37. Physician name (If Yes): text box
38. In order to better serve our community, would you please let us know how you heard about this assessment?
    a. Doctor's Office
    b. Television
    c. Radio
    d. Outdoor sign
    e. Direct mail
    f. Online Ad
    g. Hospital Website
    h. Internet search
    i. Newspaper Ad
    j. Newsletter
    k. Health fair
    l. Physician Referral
    m. Word of mouth
    n. Social Network
    o. Hospital email
    p. Other
39. Please enter how you found this assessment: (If Other)
    a. Source: text box

"Susie Test" Sample Profile

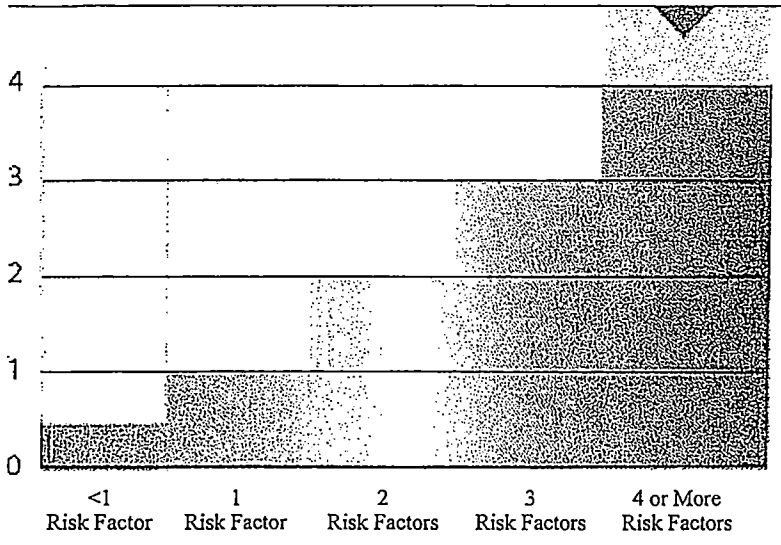
HEARTaware

HeartAware and
StrokeAware Reports

nnessee Heart
Vascular Center
State of West Tennessee Healthcare

PERSONALIZED RISK FACTOR PROFILE

Summary



Using This Report To Improve Your Health

Congratulations. You have taken a good step toward improving your heart health. This report provides you with a summary of your results, isolates your key risk factors and helps you understand what you can do to improve your cardiovascular health. In addition to this summary, the report contains two other sections:

- **Information About Risk Factors:** This section of your report provides personalized information about each of the risk factors based on your answers to the questions. You will also find information outlining what you can do to reduce your risk of heart disease.
- **Improving Your Health:** This section gives you information on ways that **Jackson-Madison County General Hospital** and our affiliated physicians can help as you begin to reduce and manage your risk of heart disease.

Information About Risk Factors

Current Risk Factors

Age/Gender

Status: You are 70 years old.

Risk Level: VERY HIGH

Facts & Tips

- Contrary to popular belief, cardiovascular disease is not a male disease. This is a common misconception, not only with female patients, but also with some physicians and healthcare providers (as they often under-diagnose and under-treat female patients). Consider the following statistics:
  - Each year, more women die from cardiovascular disease than men.
  - Cardiovascular disease claims more lives than the next 6 causes of death combined.
  - Cardiovascular disease is about 7 times more deadly than breast cancer.

Take an active interest in your heart health and do not discount cardiac-related symptoms. Work closely with your physician to manage your cardiac health from a female perspective, as many symptoms differ from those of a man.

Most people wait until a heart attack or stroke hits before modifying their lifestyle. In fact, roughly 50% of women are first diagnosed with cardiovascular disease upon arrival to the emergency room. Don't be a statistic. Start now on your road towards a more heart healthy lifestyle.

- Many people think of cardiovascular disease as something that affects only senior citizens. This is simply not true. 61% of people under the age of 65 already have one or more forms of cardiovascular disease. Also, 45% of heart attacks occur in people under 65. It is important to halt this disease process now. Any changes you make today will benefit you in the future because cardiovascular disease is a progressive disease; one that builds over time.

For women, menopause plays a significant role in increasing risk for coronary artery disease. Females are afforded protection from heart disease largely as a result of estrogen production. However, after going through menopause, a woman's risk of coronary artery disease increases 2-3 times that of women the same age prior to menopause.

While you have not reached menopause, and you may be young and healthy, it is never too soon to begin modifying your risk factors outlined in this report. Work closely with your physician to manage your cardiac health from a female perspective, as many symptoms differ from those of a man.

- As a woman who has reached menopause, it is especially important that you pay attention to the risk factors described in this report.
- Estrogen production affords women protection from heart disease. However, after menopause, a woman's risk of coronary artery disease increases 2-3 times that of a woman who is the same age prior to menopause.
- You have indicated that you are currently taking hormone replacement therapy (HRT). Recent findings from the American Heart Association and the National Heart, Lung, and Blood Institute show an increased overall health risk in women taking combined (estrogen and progestin) HRT. If you have not already done so, please ask your primary care physician if HRT is an appropriate therapy for you.
- Following menopause, a woman's risk of developing cardiovascular disease equals that of a man's.

Diabetes

Status You have Type II diabetes

Risk Level: VERY HIGH

Facts & Tips

- Talk to your physician if your glucose is 100 or more. A range of 100 - 125 is often referred to as pre-diabetes. A glucose level greater than 125 means you have diabetes. Diabetes is a serious condition which requires immediate attention by a physician.
- Being overweight significantly increases your odds of developing diabetes. In fact, 9 out of 10 newly-diagnosed people with Type 2 diabetes are overweight.
- Losing just 5% of your current weight can significantly lower blood glucose levels. If your glucose levels are high and/or you have diabetes, talk to your physician about weight loss options.

- Pay attention to symptoms that may suggest diabetes (thirst, increased urination, blurred vision, drowsiness, frequent skin infections or cuts that are slow to heal), especially if you are overweight. Having symptom(s) does not mean that you have diabetes, but you should talk to your physician about them.
- Your body mass index is above the normal range and places you at increased risk of developing diabetes. You should work with your physician to control your weight. He or she can recommend a nutritionist and/or a fitness expert who can help you to reduce your body mass and thus your chances of developing diabetes. It is equally important to have regular check-ups with your doctor to monitor your blood sugar levels so that you can avoid developing diabetes.
- If you have not already, take steps to control your weight. Even modest reductions can produce significant results. Consider the following clinical study published in The New York Times, 2001: Participants ate diets lower in fat than that which they were accustomed to, exercised just two-and-a-half hours per week, and shed a modest amount of weight (7%). The result: the incidence of at-risk adult-onset diabetes was cut in half. Furthermore, those individuals who utilized assistance of a nutritionist and fitness expert achieved the greatest long-term success.
- Diabetes significantly increases your risk of a heart attack or stroke. In fact, 2 out of every 3 diabetics will die of a coronary event. So, it is absolutely vital that you properly **MANAGE ALL OF YOUR RISK FACTORS** as described within this report.
- It is recommended that if you drink, as a woman, you should consume no more than one alcoholic beverage per day. (An alcoholic beverage equates to 12 ounces of beer, 4 ounces of wine, 1.25 ounces of 80-proof liquor, or 1 ounce of 100-proof spirits).
- Drink plenty of water - the American Heart Association recommends at least eight 8-oz glasses per day.
- A series of smaller meals throughout the day (rather than two or three large ones) will help you achieve a constant blood sugar level and improve your health.
- It is important to schedule regular check-ups with your doctor to manage your diabetes and control all other risk factors documented in this report.
- Your body mass index is above the normal range and places you at increased risk of developing diabetes. You should work with your physician to control your weight. He or she can recommend a nutritionist and/or a fitness expert who can help you to reduce your body mass and thus your chances of developing diabetes. It is equally important to have regular check-ups with your doctor to monitor your blood sugar levels so that you can avoid developing diabetes.

Weight

Status: You are obese.

Risk Level: VERY HIGH

Measurement (Weight in Pounds)
Your Weight: 200 pounds.
Ideal Weight: 108-146 pounds.
BMI: 34.3.

Facts & Tips

- Your weight classifies you as overweight. Talk to your physician about weight loss options.
- Including 3 servings of non-fat or low fat milk products daily has been shown to enhance weight loss in some individuals.
- Eating a diet high in fiber lowers your risk of obesity. Choose rice, pasta, cereal, cereal bars, and other bread products with at least

3g fiber/serving and "whole grain" within the first three ingredients.
- Keep track of your food intake like you would a check book. Subtract calories, carbohydrates, protein or fats from your daily needs as you eat them. Use food labels or calorie-counting books to determine the nutrition facts.
- Change your mocha to a non-fat or sugar-free version, order small fries rather than large, or try reduced-fat salad dressing instead of the full fat version. Simple changes like these in your diet can help you shed a pound or more a week.
- A balanced diet is important, but do not forget to be physically active 30 minutes per day.
- It is essential that you start an aerobic exercise routine. Start slowly and do not overdo it; work with a fitness expert if necessary until you can comfortably exercise at least 3 times per week for 30 minutes per session. (Please see the Physical Activity risk factor information).
- Aerobically exercise more often. Exercising less than 3 times per week is not adequate.

Physical Activity

Status: You are sedentary.

Risk Level: VERY HIGH

Measurement (Times per week exercising aerobically for 20+ minutes)
Your Activity Level: 0 times per week.
Ideal: 5 or more times per week.

Facts & Tips

- Exercise is critical to reducing your chances of developing heart disease. Besides shedding those unwanted pounds, exercise lowers blood pressure and cholesterol levels, boosts energy levels, relieves stress and improves the way you look and feel. Furthermore, it sets a good example for your loved ones to exercise routinely.
- Do not underestimate the value of leading an active lifestyle. Some experts believe the risks related to physical inactivity, in some circumstances, equal that of smoking cigarettes. Please note: while anaerobic exercise, e.g. weight lifting, provides fitness advantages, it offers no cardiovascular benefits.
- 70% of the American population is not getting sufficient exercise.
- It is recommended that you exercise aerobically at least 3 times per week for 30 minutes each session. Aerobic exercise includes walking, jogging, swimming, cross-country skiing, etc.
- Schedule time during the day, as if it is an important appointment, for you to exercise.
- Take 10 minute walk breaks when your children are at practice.
- Turn up the music and dance while doing household chores.
- If you golf, walk instead of riding a cart.
- Take the elevator up, take the stairs down or vice versa.
- Take a yoga, pilates or Zumba class 2-3 times per week.

Blood Pressure

Status: You have moderately high blood pressure.

Risk Level: HIGH

Measurement (Systolic [top number]/Diastolic [bottom number])
Your reading: 150/87
Ideal: <120/<80

Facts & Tips

- Exercising (e.g. walking, biking, swimming, rowing, gardening, etc.) lowers blood pressure levels.
- Limit sodium intake. The Dietary Guidelines for Americans

recommends less than 1,500 mg per day. 1 tsp of salt has 2400mg of sodium.
- Potassium in fruits and vegetables may help maintain a healthy blood pressure.
- Diets high in fiber can help lower blood pressure since these diets are typically lower in fat and calories.
- If your blood pressure is high, consult a physician. S/he can discuss other options including blood pressure-lowering medications.

Cholesterol

Status: You have very high cholesterol.

Risk Level: VERY HIGH

Measurement (in mg/dL)
Your Total Cholesterol: 240 to 279
Your HDL "Good" Cholesterol: 35 to 39
Your LDL "Bad" Cholesterol: 191
Ideals:
Ideal Total Cholesterol: <200
Ideal HDL Cholesterol: >60
Ideal LDL Cholesterol: <100

Facts & Tips

- Cholesterol circulates in the bloodstream, and over time, its components build up in the arteries, forming plaque. Plaque blocks the flow of blood in the arteries, causing heart attacks and strokes.

Total cholesterol is the sum of all the cholesterol in the blood. The higher your total cholesterol, the greater your risk of heart disease. Consider this statistic from the Archives of Internal Medicine: for every one point decrease in total cholesterol, there is a 2% reduction in risk of a coronary event.

Not all cholesterol is bad. HDLs are referred to as "good cholesterol" because they aid in the removal of cholesterol from the blood stream. LDLs, on the other hand, are often referred to as "bad cholesterol" because they form the dangerous plaques.

All measurements defined below are compared to the most up-to-date NCEP (National Cholesterol Education Program) III guidelines:

- Begin an "aerobic" exercise routine, (walking, biking, swimming, jogging, rowing, etc.) slowly building up to at least three days a week for thirty minutes.
- Quit smoking-smoking cigarettes can decrease your HDL level by as much as 15%.
- Limit consumption of animal food products (meat, fish, poultry, etc.) or any food products derived from animals (such as dairy products)
- Eat foods low in fat, especially saturated fats.
- Read the "Nutrition Facts" information provided on most food packages to monitor your diet.
- As your cholesterol is high, you should discuss with your physician possible medication treatments (if you have not already done so).

Status: You do not have a

Family History

family history relating to these conditions.

Risk Level: VERY HIGH

Facts & Tips

- Studies show that people with an immediate family history of disease(s) are more likely to develop those disease(s) than are people with no family history.
- Medical science is still not certain why family history plays such an important role in the disease process. The fact is...it does. So, pay particular attention to all risk factors associated with your conditions noted above.

Smoking

Status: You are currently a smoker

Risk Level: VERY HIGH

Facts & Tips

- Cigarette smoking is the most preventable cause of premature death in the United States. There are few things that people can do that will have a greater negative effect on their bodies than to smoke cigarettes. It is one of the largest contributory factors for cardiovascular disease, many forms of cancer (notably lung), and emphysema.

Quitting smoking is the single best behavioral change you can make for improved health. 1.3 million Americans do it every year. However, as a heavy smoker (more than a pack a day), you should seriously consider a smoking cessation program as opposed to trying to quit on your own. Studies have shown that heavy smokers are twice as likely to quit by joining a program.

As an incentive to quit, consider the following statistics:

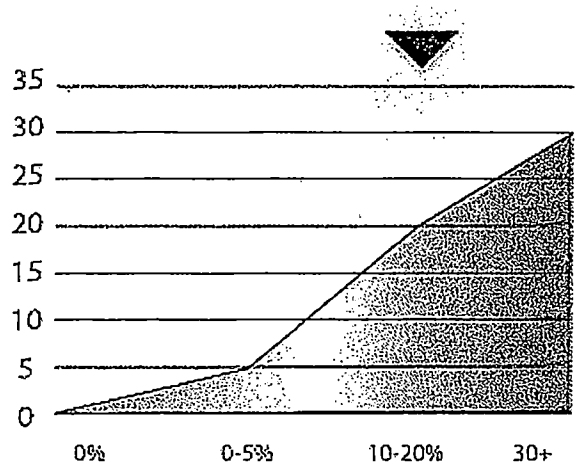
- Smokers have twice the risk of a heart attack.
- Smokers have three times the risk of developing cardiovascular disease.
- Smokers experience arterial thickening, adding the equivalent of 10 years of aging to their arteries.
- Smokers have a 70% greater incidence of cardiovascular disease.

Your Overall Cardiac Risk

You have a 17% chance or greater of developing cardiac disease within the next 10 years.

Explanation

- The scoring methodology is based on data collected over 40 years from the nationally recognized Framingham Heart Study.
- Your heart health risk is based on a combination of modifiable risks (factors you CAN change) and non-modifiable risks (factors you CANNOT change). Reducing these risk factors will greatly reduce your chances of developing heart disease.



- As you accumulate more Framingham risk points, your risk of developing heart disease grows **dramatically**. Why is this? Because having multiple risk factors compounds the negative effects to your circulatory system, i.e. smoking increases your heart risk, and at the same time, it raises your blood pressure and your cholesterol levels.

Improving Your Health

Discussing Your Results With A Healthcare Provider
Every 30 seconds, cardiovascular disease claims another life. It is the #1 killer in America and is expected to continue to grow at epidemic proportions. Unlike most diseases, cardiovascular disease is controllable and preventable. The key is proper education and awareness of what to do to reduce your risks. You have taken the first step by completing the risk assessment.

Contact Jackson-Madison County General Hospital to discuss your results. Jackson-Madison County General Hospital committed to assisting community members with their healthcare needs. So, please take advantage of our clinical expertise by contacting us at 866-949-6457 to discuss your results.

Learning More About Improving Your Health
Jackson-Madison County General Hospital offers continuing education, both online and at our facility. You may click here and check our calendar of events to view upcoming classes and programs offered by the hospital, or simply call for more information.

Our Heart and Vascular Services
To learn more about cardiovascular services at Jackson-Madison County General Hospital, visit http://www.wth.net/body.cfm?id=121. We provide a comprehensive array of heart and vascular services to help our community maintain and improve their cardiovascular health.

Thank you for participating in the HeartAware Risk Assessment. Please feel free to look to us as your resource for healthcare information both on- and off-line.

Patient ID: 3064350
Suzie Test

"Susie Test" Sample Report; faxed to PCP upon request

Tennessee Heart and Vascular Center
An affiliate of West Tennessee Healthcare

Please note: This screening consultation complements your care and it is not meant to replace nor assume client-patient relationship. If you have any questions, please do not hesitate to contact us at XXXXXX or XXXXXX.Thank You.

Consultation Record Report - Self-Reported Data

Risk Assessment Type: - HeartAware

Framingham Score: 17%

General Patient Information

Name: Suzie Q. Test
Address 1: JMCGH
Address 2:
City, State, Zip: Jackson, TN 38301

Phone: 000.000.0000
Email: N/A
Cardiologist: N/A
PCP: N/A

ID: 3064350
Age: 72
Gender: Female
Ethnicity: Caucasian
Birth: 1939-1-1

Medical Information

Conditions
Diabetes: Yes Type 2

Family History

Medications

Cumulative Consultation Data

Self-Reported Data **Date:** 2009-08-13

BMI: **34.3** | Systolic: **150** | Diastolic: **87** | Blood Pressure Last Checked: **More than 1 year ago** | HDL Level: **37** | LDL Level: **>190** | Cholesterol Last Checked: **More than 1 year ago** | Total Cholesterol: **260** | Triglycerides: **0** | Glucose: **0** | Body Fat%: **0** | Ft.: **5** | In.: **4** | WeightLbs.: **200** | Years Smoked: **1 to 9 Years** | Tobacco Use Per Day: **1 pack** | Menopausal: **Yes** | Estrogen Therapy: **Yes** | Aerobic Exercise Frequency: **None** | Leg Pain: **Yes** | When Leg Pain Present: **Both during exercise and at rest**

Current Goals

Blood Pressure

Consult Systolic:	Consult Diastolic:	Recommended† Systolic:	Recommended† Diastolic:	Goal Systolic:	Goal Diastolic:
150	87	< 120	< 80	120	80

Clinician	Date Added	Goal Date	Status	Note
Melissa Walls	2009-12-21	2010-01-21	In Progress	Encouraged pt. to discuss blood pressure with PCP.

Cholesterol

Consult Total:	Consult HDL:	Consult LDL:	Recommended† Total:	Recommended† HDL:	Recommended† LDL:	Goal Total:	Goal HDL:	Goal LDL:
260	37	>190	< 200	40+	< 100	195	60	95

Clinician	Date Added	Goal Date	Status	Note
Melissa Walls	2009-12-21	2010-01-21	In Progress	Encouraged pt. to see her PCP doctor about chol. levels and to begin exercise to increase HDL and watch dietary chol/sat. fats, trans fats to decrease LDL.

Smoking

Consult Amount Smoked Per Day:	Recommended† Amount Smoked Per Day:	Goal Amount Smoked Per Day:
1 pack	None	None

Clinician	Date Added	Goal Date	Status	Note
Melissa Walls	2009-12-21	2010-01-21	In Progress	Encouraged pt. to stop smoking. Discussed some stop smoking ideas and brochure with teaching on it given.

Fitness

Consult Exercise Frequency:	Recommended† Exercise Frequency:	Goal Exercise Frequency:
None	5 or more times per week	3 to 4 times per week

Clinician	Date Added	Goal Date	Status	Note
Melissa Walls	2009-12-21	2010-01-21	In Progress	Encouraged to begin exercising with walking 3 times a week for 30 minutes per day.

Weight

Consult Weight:	Recommended† Weight:	Goal Weight:
200 lbs.	108-146 lbs.	146 lbs.

Clinician	Date Added	Goal Date	Status	Note
Melissa Walls	2009-12-21	2010-01-21	In Progress	Pt. wants to lose weight. Weight loss packet given and teaching done with pt.

Clinician Notes

	Date Added	Clinician	Section	Note
1	08.13.2009	Melissa Walls		This is a test report for educational purposes only. Each PCP will receive a copy of this report via fax. Lipid Profile results will also be included.

†Source: American Heart Association and American Diabetes Association, March 2011

My Plan

Thinking "it won't happen to me" is stupid – if you don't protect yourself, it probably will. Sex is serious. Make a plan.

Who Noses?

Just because you think everybody's doing it – doesn't mean they are. Some are, some aren't – and some are lying.

Ouch Me

There are a lot of good reasons to say "no, not yet." Protecting your feelings is one of them.

U2U

You're in charge of your life. Don't let anyone pressure you into a relationship until you are absolutely sure you're ready. And never, ever let anyone pressure you into having sex. Remember, you are the decider.

Find The 1

Are you with Mr/Ms Right?
If you answer yes to any of the following questions, he/she is probably not right for you. Does he/she:

- Act jealous or possessive?
- Ignore boundaries of any sort?
- Insult you privately or in front of others?
- Not let you have your own identity?
- Text or IM you constantly?
- Refuse to consider your point of view?
- Keep you from spending time with close friends?

Opt Out

You can always say "no" – even if you've said "yes" before.

Right Choice

Using protection is just being smart – it doesn't mean you're pushy or easy.

Mood Kill

If you think carrying a condom ruins the mood, consider what a pregnancy will do to it.

Think Now

If you're drunk or high you can't make good decisions about anything – especially sex. Don't do something you might not remember or might really regret.

Baby Baby

Sex won't make him yours and a baby won't make him stay.

It's Apparent

Not ready to be a parent? It's simple: don't have sex or use protection every time.

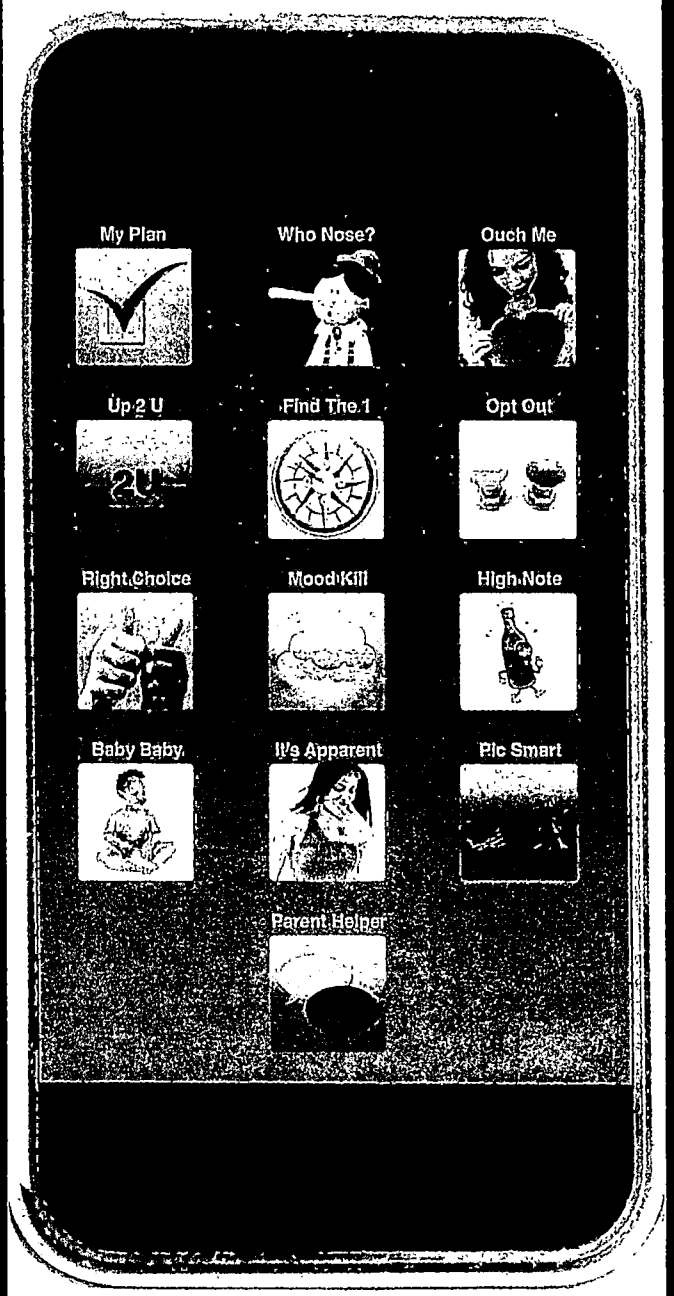
Be Smart

Think sending nude pictures or explicit text messages are fun and flirty? Keep in mind that there's no changing your mind in cyberspace – once it's out there, it's out of your control and out there forever.

Parent Helper

Help your parents out – be patient if they want to talk to you about relationships, sex, or contraception. These conversations can be awkward for them, too.

www.StayTeen.org
1776 Massachusetts Avenue, NW #200
Washington, DC 20036
Phone: 202-478-8500
Email: communications@thenc.org



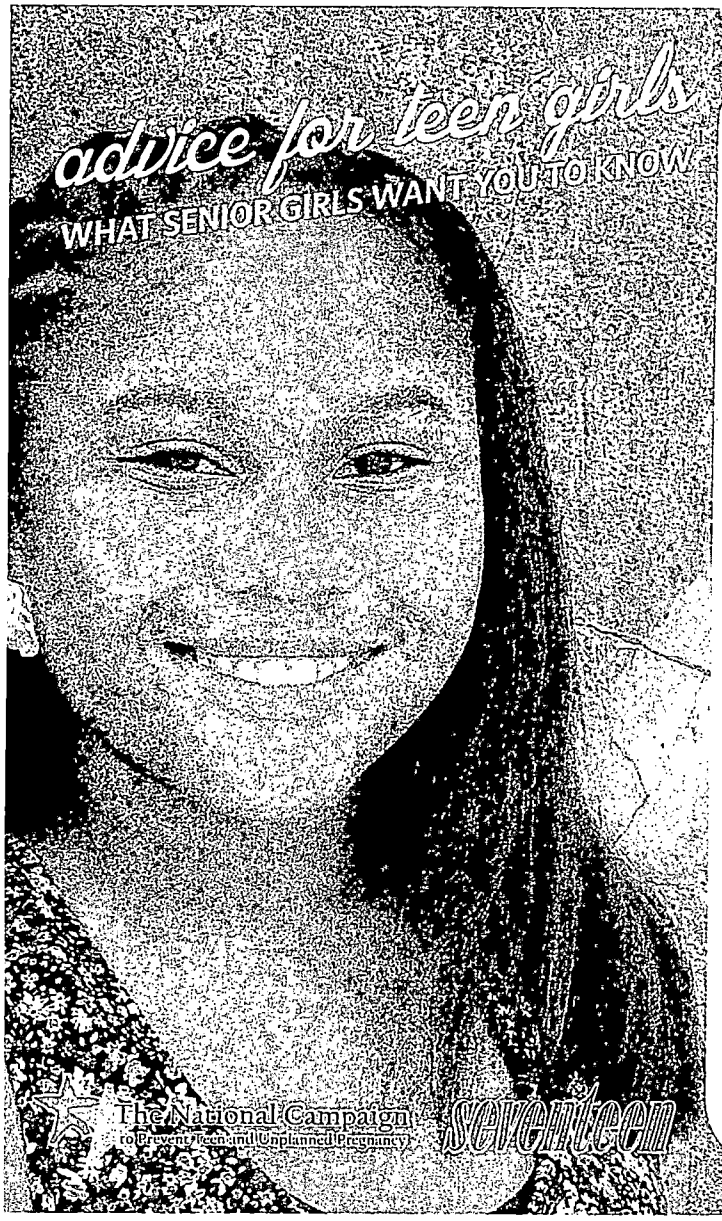
iPlan: Tips from Teens for Teens about Life, Love, and Not Getting Pregnant

When it comes to sex, teens get tons of advice from adults, but they aren't often asked to offer their own. Crazy right?

So we asked teens from all over the country what they thought about relationships, sex, and pregnancy.

Here are the 13 answers and opinions that we heard most often.

ISBN #: 1-58671-075-3



We asked 12th grade girls all about their feelings and experiences with sex, love, and relationships. This is what they think younger girls need to know:

1. **It's okay to wait.** Nearly nine out of 10 senior girls who have already had sex say younger girls should know that it's okay to be a virgin when you graduate. More than four out of 10 girls who have already had sex say they wish they'd waited longer. Feeling pressure to 'get it over with' before you finish high school? Senior girls say: don't let that sway you.

2. **Use protection every single time. No excuses!** More than 40% of girls we talked to who have already had sex have also had a pregnancy scare. 53% of senior girls who've had sex without protection say that they just "got caught up in the moment."

3. **Don't do something that makes you uncomfortable just to please a guy.** Most girls who have gone further in a hookup situation than they wanted to wish they hadn't.

4. **Don't have sex with someone you don't love, and don't have sex with someone who doesn't love you back.** Most girls who've done this regret it.

5. **You can say no, even if you've said yes before.** Eight out of 10 girls who have already had sex think it's important for you to know this.

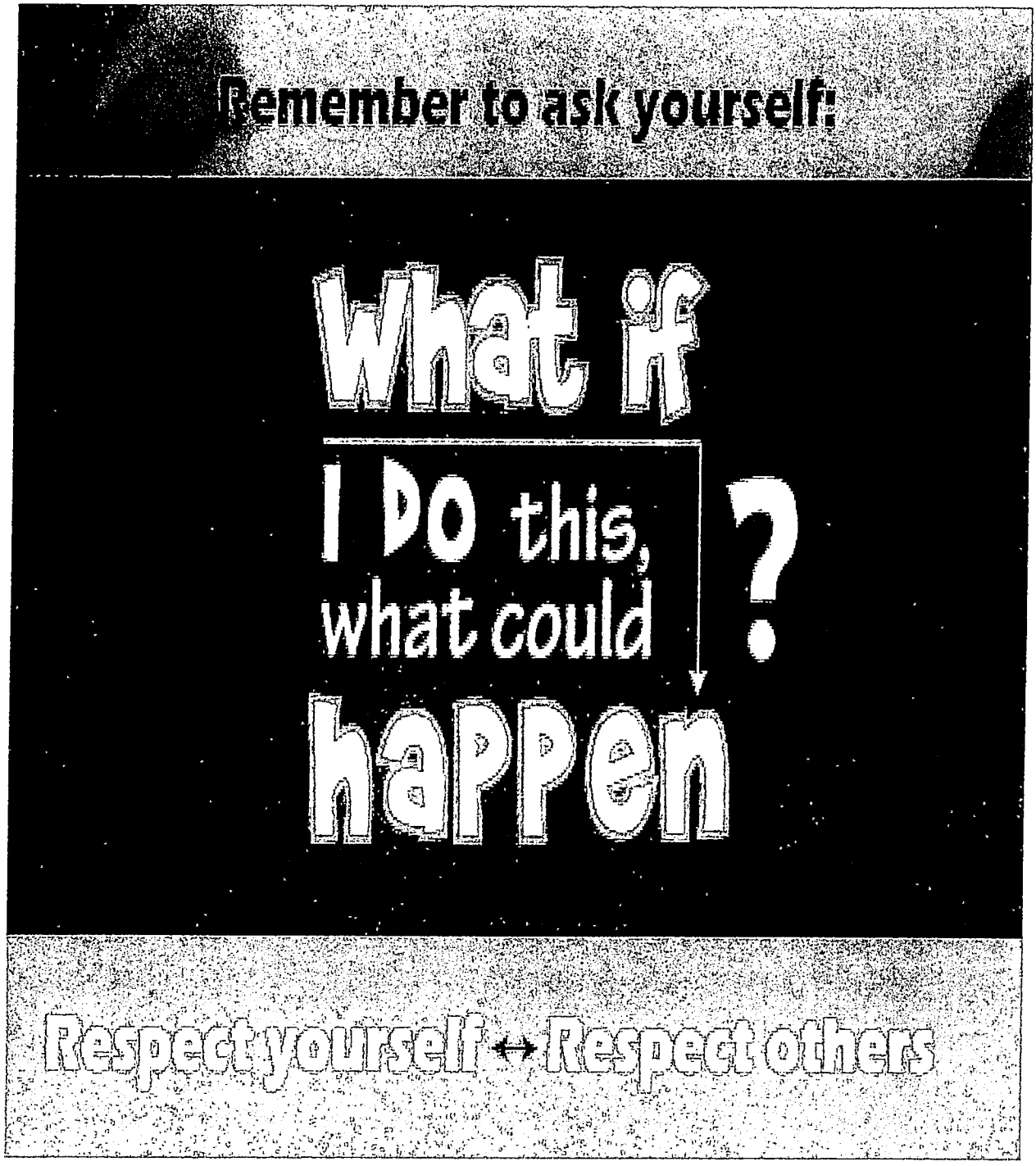
6. **Don't worry so much about trying to impress boys and don't stress about falling in love.** It will happen. It's also important to have guys you are just friends with.

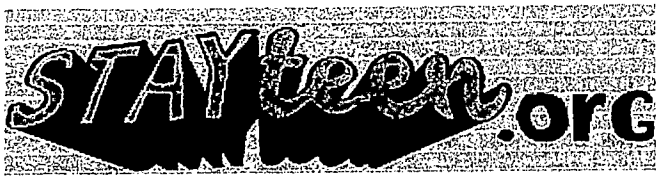
7. **It's better to break up than stay in a relationship that's bad for you.** More than half of senior girls have been in love, but for those who haven't, there's plenty of time to fall in love after high school, and 61% say that's one thing they look forward to. There are almost as many girls who say they wish they hadn't wasted so much time in a relationship as there are girls who wish they'd had a relationship in the first place.

8. **Don't be afraid to talk to your parents about personal stuff.** 33% of senior girls say they've lied to their parents about their sex lives, and four out of 10 regret that. No matter how awkward it can get, your parents can have good insights to share and can really help you find your way through complicated relationships.

9. **Believe in yourself!** Looking back on their high school social lives, many girls wish they'd been more confident. In fact, having more confidence in themselves is the #1 thing senior girls are looking forward to after graduation.

10. **Lay off the pressure.** The majority of 12th grade girls say the pressure to be sexually experienced comes not from guys but from their friends. Friends who tease each other about sex—whether it's for having too much of it or not enough—add to the pressure and often regret it later. Your sex life is your business and your comfort level with it is what's most important.


Remember to ask yourself:
What if
I DO this,
what could
happen
?
Respect yourself ↔ Respect others



MYTH vs. FACT

Think you're in-the-know about sex and can weed out fact from fiction? Put your knowledge to the test because we're about to separate fact from fiction and put some sex myths to bed. Here are some of the most popular myths we've heard about sex, including a few submitted by Stay Teen readers.

What's the craziest sex myth you've ever heard? If you've heard it, chances are someone out there believes it.

MYTH: Everyone is doing it!
REALITY: Don't believe everything you hear...it may seem like everyone's doing it, but in reality, less than half (48%) of all high school students have ever had sex. People lie and exaggerate and can talk a good game when it comes to sex. But in the end, it doesn't matter who's telling the truth or not. The only truth that matters is what's best for you.

MYTH: You're a prude if you want to wait until you're older.
REALITY: Actually, you're being pretty smart. Every person is unique and many teens decide to wait to have sex. There's a right time for each individual and each person has to decide for him or herself when that is. The truth is that most teens who have had sex say they wish they had waited longer and the younger teens are when they first have sex, the more likely they are to regret it—and the less likely they are to use protection.

MYTH: Guys are always ready for sex.
REALITY: Guys may have a reputation for always thinking about sex, but, just like all stereotypes, that's not necessarily true. Think about it—you may love playing soccer, but sometimes, you'd just rather go to the movies. In fact, 2 out of 3 guys say they'd rather have a relationship but no sex—how's that for busting this myth?!

MYTH: Girls never pressure guys to have sex—pressure always comes from guys.
REALITY: Again, there's that stereotyping thing causing lots of trouble. Every person, and every combination of people, is different. Pressure can come from anyone, regardless of gender, sexual experience, or age. 1 in 5 guys say they've been pressured by a girl to go further sexually than they wanted to.

MYTH: You'll marry the first person you have sex with.
REALITY: Sadly, this one is rarely true. Even though your first love or the first person you have sex with feels like the one you'll love forever, the reality is that most first time

sexual relationships are romantic but short-lived. 8 out of 10 first time teen sexual relationships last 6 months or less and one-quarter are one-time occurrences.

MYTH: Drinking and drugs make sex much more fun.
REALITY: If you're drunk or high, it's hard to make good decisions about sex. 20% of 15- to 17-year-olds say they have done something sexual while using alcohol or drugs that they might not have done if they were sober. It might seem fun to have your inhibitions washed away by alcohol or drugs, but that also means you're less likely to practice safe sex and could end up with something much worse than a hangover: a sexually transmitted infection (STI) or an unplanned pregnancy. People are also much more likely to be victims of rape and assault when substance use/abuse mixes with sexual activity.

MYTH: You can't get pregnant the first time you have sex.
REALITY: If you are ovulating it doesn't matter if it's the first time or the hundredth time you've had sex, you can still get pregnant. You get pregnant when the sperm fertilizes the egg. Neither the sperm nor the egg care how many times you've had sex previously. The only way to avoid the risk of pregnancy is to not have sex at all.

MYTH: Girls can't get pregnant during their period.
REALITY: There is a chance that you can get pregnant if you have sex during your period. Once in the vagina, sperm can stay alive for several days—that means that, even if the last time you had sex was three days ago during your period, you could now be ovulating and therefore you could get pregnant. It's kind of complicated, so just remember this: ANY time you have sex you can get pregnant, so always use protection.

MYTH: You can't get pregnant if you've never had a period.
REALITY: You may ovulate 14 days before your first period so it is possible to get pregnant even if you haven't had a period yet.

MYTH: A girl can't get pregnant/ a guy can't get a girl pregnant if:
1. you have sex standing up;
2. the girl is on top;
3. you have sex in a hot tub or a swimming pool;
4. you jump up and down immediately after sex;
5. the girl douches, takes a bath, or urinates immediately after sex;
6. it's your first time;
7. you're both virgins;
8. the guy pulls out before he ejaculates or if he doesn't go all the way in;
9. the girl doesn't have an orgasm;
10. the guy and the girl don't orgasm at the same time;
11. the girl pushes really hard on her belly button after sex; or
12. the girl makes herself sneeze for fifteen minutes after sex.

REALITY: We're sure you've heard some of these whoppers, or maybe some even weirder ones. Forget who you've heard them from or how many times you've heard them. The truth is, you can get pregnant any time you have sex (unless, of course,

you're already pregnant, which means you've got other things to worry about). Even if you use a condom or another form of birth control, you can still get pregnant. The only 100% way to prevent pregnancy is by NOT having sex. So if you choose to have sex, regardless of when and how, know what you might be getting yourself into.

MYTH: There's no method of birth control that's 100% effective.
REALITY: Not having sex is a form of birth control and it is definitely 100% effective. If you aren't having sex, you can't get pregnant or get someone else pregnant. It's just that simple. Learn more about waiting.

MYTH: Drinking Mountain Dew will prevent pregnancy.
REALITY: The rumor that ingredients in Mountain Dew (and other popular sodas) lower guys' sperm count has been around for years, but the simple truth is that "Doing the Dew" doesn't do anything to sperm. Drinking soda isn't going to do anything but maybe give you a cavity.

MYTH: Condoms can be reused.
REALITY: Gross. Once a condom has been removed from its wrapper, you have to use it or lose it. And once a condom has been used during sex, it is no longer good—throw it away!

MYTH: Girls can use a friend or sister's birth control pills—what's the difference, right?
REALITY: Wrong. Prescriptions have specific names on them for a reason: because they're for specific people. You can't use someone else's birth control for a number of reasons, namely, because it isn't prescribed to you.

MYTH: Guys can use plastic wrap if they don't have a condom.
REALITY: Plastic wrap, baggies, etc, are great for food storage, but are NOT viable alternatives to condoms. Common household products will not protect you from pregnancy or STIs. Your best bet is to get out your wallet and buy some condoms. Condoms are specifically made to provide a good fit and good protection during sex, and they are thoroughly tested for maximum effectiveness.

MYTH: A girl only takes birth control pills right before she's going to have sex.
REALITY: Birth control pills are made up of a series of hormones that must build up in your body to be effective. The pills are meant to be taken in a specific order at about the same time every day. When you skip a day or skip a non-placebo pill, it'll alter the effectiveness of the birth control.

MYTH: The pill is completely effective the first day you begin taking it.
REALITY: Unfortunately, it can take up to one full month (or one full menstrual cycle) for the pill to become completely effective. Doctors most often recommend using a second form of contraception (like condoms) during the first few weeks that you're on the pill.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Teen Pregnancy Prevention

On this Page

- Integrating Services, Programs, and Strategies Through Communitywide Initiatives (CWI): The President's Teen Pregnancy Prevention Initiative
- Program Goals
- Five key components to be addressed through this program model
- Component 1: Community Mobilization and Sustainability
- Component 2: Evidence-Based Programs
- Component 3: Increasing Youth Access to Contraceptive and Reproductive Health Care Services
- Component 4: Stakeholder Education
- Component 5: Working with Diverse Communities
- Youth Outcomes
- Program, Practices, and Community Support Outcomes
- Funded Partners

Integrating Services, Programs, and Strategies Through Communitywide Initiatives (CWI): The President's Teen Pregnancy Prevention Initiative

As part of the President's Teen Pregnancy Prevention Initiative (TPPI), CDC is partnering with the federal Office of the Assistant Secretary for Health (OASH) to reduce teenage pregnancy and address disparities in teen pregnancy and birth rates. The OASH Office of Adolescent Health (OAH) is supporting public and private entities to fund medically accurate and age appropriate evidence-based or innovative program models to reduce teen pregnancy. The purpose of CWI is to demonstrate the effectiveness of innovative, multicomponent, communitywide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino/Hispanic youth aged 15–19 years. A communitywide model is an intervention implemented in defined communities (specified geographic area) applying a common approach with different strategies. Communitywide approaches will be tailored to the specified community, and will include broad-based strategies that reach a majority of youth in the

community (i.e., through communication strategies and media campaigns); and intensive strategies reaching youth most in need of prevention programming (i.e., through implementation of evidence-based programs and improved links to services).

Program Goals

1. Reduce the rates of pregnancies and births to youth in the target areas.
2. Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
3. Increase linkages between teen pregnancy prevention programs and community-based clinical services.
4. Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.

To achieve these goals for FY 2011–2015, nine state-and community-based organizations, including two Title X agencies, and five national organizations were funded through the cooperative agreement, Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies Through Communitywide Initiatives (CWI). These awards were made through two competitive funding opportunity announcements (FOA): one through a joint FOA from OAH and CDC, and one from a joint Office of Population Affairs and CDC FOA.

The national organizations provide training and technical assistance to all funded organizations within this initiative. The state- and community-based grantees provide training and technical assistance to youth-serving organizations and partners to implement the Key Components described below.

Five key components to be addressed through this program model

- **Component 1: Community Mobilization and Sustainability**
  Engaging all sectors of the population in a communitywide effort to address teen pregnancy prevention. Community mobilization supports the sustainability of teen pregnancy prevention efforts by empowering community members and groups to take action to facilitate change. This component includes mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community.
- **Component 2: Evidence-Based Programs**
  Providing teens with evidence-based teen pregnancy prevention programs, including youth development and curriculum-based programs that reduce teen pregnancy and associated risk factors.
- **Component 3: Increasing Youth Access to Contraceptive and Reproductive Health Care Services**

Ensuring clinical partners are providing teen friendly, culturally competent reproductive health care services that are easily accessible to all youth in the community, and establishing linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community.

- **Component 4: Stakeholder Education**
  Educating civic leaders, parents, and other community members about evidence-based strategies to reduce teen pregnancy and improve adolescent reproductive health, including needs and available resources in the target community.
- **Component 5: Working with Diverse Communities**
  Raising awareness of community partners about the link between teen pregnancy and social determinants of health, and ensuring culturally and linguistically appropriate programs and reproductive health care services are available to youth.

By addressing these core components, the following performance measures are expected within five years:

Youth Outcomes

- Reduce teen birth rates by 10% in targeted communities.
- Reduce teen pregnancies in targeted communities.
- Increase the percentage of youth who abstain from or delay sexual intercourse.
- Increase the consistent and correct use of condoms and other effective methods of contraception among sexually active youth.

Program, Practices, and Community Support Outcomes

- Increase the number and percentage of youth within the target community who receive evidence-based and evidence-informed programs to prevent teen pregnancy.
- Increase the number and percentage of sexually active youth within the target community who are referred to and use clinical services.
- Increase adoption of state, local, or communitywide health, education, and youth service strategies supportive of adolescent reproductive health by educating relevant stakeholders on evidence-based and evidence-informed teen pregnancy prevention approaches and environmental supports.
- Through training and technical assistance, increase the capacity of the target community partners to select, implement, and evaluate evidence-based and evidence-informed programs with fidelity and with informed program adaptation as appropriate.

Funded Partners

National Partners

Advocates for Youth (http://advocatesforyouth.org/)
CAI Network (http://www.caiglobal.org/caistage/index.php?option=com_content&view=article&id=325&Itemid=221)
Healthy Teen Network (http://healthyteennetwork.org/)
John Snow, Inc., and JSI Research & Training Institute, Inc. (http://rhey.jsi.com/)
National Campaign to Prevent Teen and Unplanned Pregnancy (http://thenationalcampaign.org/)

Title X Partner

State and Community-Based Partners

Adolescent Pregnancy Prevention Campaign of North Carolina (http://gastonyouthconnected.org)
City of Hartford, Department of Health and Human Services (http://urlifeurchoice.org/)
AccessMatters, Southeastern Pennsylvania (http://imatterphilly.org/) (administering agency of Title X funds)
New York City Department of Health and Mental Hygiene (http://www.nyc.gov/html/doh/html/home/home.shtml)
Georgia Campaign for Adolescent Power & Potential (http://www.gcapp.org/change)
Massachusetts Alliance on Teen Pregnancy (http://www.massteenpregnancy.org/providers/youth-first)
South Carolina Campaign to Prevent Teen Pregnancy (http://www.teenpregnancysc.org/)
University of Texas Health Science Center at San Antonio (http://www.utteenhealth.org/)

Page last reviewed: July 22, 2013
Page last updated: February 12, 2013
Content source: Division of Reproductive Health (/reproductivehealth), National Center for Chronic Disease Prevention and Health Promotion (/nccdphp)

Births, Tennessee
Age Specific Fertility Rate (Births per 1000 Females 10-17)
and Hardeman
Three Year Average: 2010-2012
Includes: Mother's Race=All, Child's Sex=Both

Area	Age Specific Fertility Rate	Total Births	Females 10 - 17
Tennessee	7.5	2414.3	322600
Hardeman	8.4	12.7	1514

Due to privacy concern and statistical reliability, some values are suppressed. -99 or ** means Rate Suppressed, -88 or ** means Count Suppressed and -77 or *** means No Selected Population.**

2008 Estimation Method Birth Certificate Data for all live births in and out of state for Tennessee Residents Tennessee Department of Health

Births, Tennessee
Age Specific Fertility Rate (Births per 1000 Females 10-17)
Hardeman and Southwest
Three Year Average: 2010-2012
Includes: Mother's Race=All, Child's Sex=Both

Area	Age Specific Fertility Rate	Total Births	Females 10 - 17
Tennessee	7.5	2414.3	322600
Hardeman	8.4	12.7	1514
Southwest	7.0	106.7	15249

Due to privacy concern and statistical reliability, some values are suppressed. -99 or ** means Rate Suppressed, -88 or **** means Count Suppressed and -77 or *** means No Selected Population.

2008 Estimation Method Birth Certificate Data for all live births in and out of state for Tennessee Residents Tennessee Department of Health

KIDS COUNT data center

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

TEENS PREGNANCY

Year(s): 5 selected | Data Type: All

Data Provided by: Tennessee Commission on Children and Youth

Location	Data Type	2009	2010	2011	2012	2013
Tennessee	Number	3,651	3,104	2,775	2,575	2,209
	Rate	29.6	24.8	22.4	21.2	18.2
Hardeman County	Number	11	17	13	12	7
	Rate	18.1	32.6	27.9	26.1	15.9

Definitions: Number of 15-17 year old females who are pregnant during a given calendar year, regardless of the pregnancy outcome, and their ratio per 1,000.

Data Source: Number of females with rates were supplied by the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display.

KIDS COUNT data center

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

TEENS BIRTHS

Year(s): 5 selected | Data Type: All

Data Provided by: ©Tennessee Commission on Children and Youth

Location	Data Type	2009	2010	2011	2012	2013
Tennessee	Number	2,955	2,532	2,287	2,117	1,855
	Rate	24.0	20.2	18.5	17.4	15.3
Hardeman County	Number	11	14	12	11	7
	Rate	18.1	26.9	25.8	23.9	15.9

Definitions: Number of 15-17 year old females who give birth during a given calendar year, and their ratio per 1,000 females of same age group.

Data Source: Count data were supplied by the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display.

NUMBER OF BIRTHS WITH AGE-SPECIFIC FERTILITY RATES PER 1,000 FEMALES AGED 10-14, BY RACE, FOR COUNTIES OF TENNESSEE, RESIDENT DATA, 2013

COUNTY	TOTAL		WHITE		BLACK	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
STATE	88	0.4	43	0.3	44	1.1
ANDERSON	1	0.4	1	0.5	-	-
BEDFORD	2	1.2	2	1.4	-	-
BENTON	-	-	-	-	-	-
BLEDSOE	-	-	-	-	-	-
BLOUNT	1	0.3	1	0.3	-	-
BRADLEY	-	-	-	-	-	-
CAMPBELL	-	-	-	-	-	-
CANNON	-	-	-	-	-	-
CARROLL	-	-	-	-	-	-
CARTER	-	-	-	-	-	-
CHEATHAM	-	-	-	-	-	-
CHESTER	-	-	-	-	-	-
CLAIBORNE	1	1.1	1	1.2	-	-
CLAY	-	-	-	-	-	-
COCKE	-	-	-	-	-	-
COFFEE	-	-	-	-	-	-
CROCKETT	1	1.9	1	2.4	-	-
CUMBERLAND	1	0.7	1	0.7	-	-
DAVIDSON	7	0.4	3	0.3	4	0.6
DECATUR	-	-	-	-	-	-
DEKALB	-	-	-	-	-	-
DICKSON	-	-	-	-	-	-
DYER	-	-	-	-	-	-
FAYETTE	-	-	-	-	-	-
FENTRESS	1	1.7	1	1.8	-	-
FRANKLIN	-	-	-	-	-	-
GIBSON	2	1.1	1	0.7	1	2.8
GILES	-	-	-	-	-	-
GRAINGER	-	-	-	-	-	-
GREENE	-	-	-	-	-	-
GRUNDY	1	2.4	1	2.5	-	-
HAMBLEN	-	-	-	-	-	-
HAMILTON	6	0.6	4	0.6	2	0.8
HANCOCK	-	-	-	-	-	-
HARDEMAN	1	1.2	1	2.4	-	-
HARDIN	-	-	-	-	-	-
HAWKINS	-	-	-	-	-	-
HAYWOOD	1	1.6	-	-	1	2.9
HENDERSON	-	-	-	-	-	-
HENRY	1	1.0	1	1.2	-	-
HICKMAN	-	-	-	-	-	-
HOUSTON	-	-	-	-	-	-
HUMPHREYS	-	-	-	-	-	-
JACKSON	-	-	-	-	-	-
JEFFERSON	1	0.6	1	0.7	-	-
JOHNSON	1	2.2	1	2.3	-	-
KNOX	1	0.1	-	-	1	0.7
LAKE	-	-	-	-	-	-
LAUDERDALE	-	-	-	-	-	-
LAWRENCE	-	-	-	-	-	-
LEWIS	-	-	-	-	-	-
LINCOLN	-	-	-	-	-	-
LOUDON	-	-	-	-	-	-
MCMINN	1	0.6	1	0.7	-	-
MCNAIRY	-	-	-	-	-	-
MACON	-	-	-	-	-	-
MADISON	2	0.6	-	-	2	1.4
MARION	-	-	-	-	-	-
MARSHALL	1	0.9	1	1.0	-	-
MAURY	1	0.4	-	-	1	2.7
MEIGS	1	2.5	1	2.6	-	-
MONROE	1	0.7	1	0.8	-	-
MONTGOMERY	-	-	-	-	-	-
MOORE	-	-	-	-	-	-
MORGAN	-	-	-	-	-	-
OBION	1	1.0	1	1.1	-	-
OVERTON	-	-	-	-	-	-
PERRY	-	-	-	-	-	-
PICKETT	-	-	-	-	-	-
POLK	1	2.0	1	2.0	-	-
PUTNAM	1	0.5	1	0.5	-	-
RHEA	-	-	-	-	-	-
ROANE	1	0.6	1	0.7	-	-
ROBERTSON	-	-	-	-	-	-
RUTHERFORD	2	0.2	2	0.3	-	-
SCOTT	-	-	-	-	-	-
SEQUATCHIE	-	-	-	-	-	-
SEVIER	-	-	-	-	-	-
SHELBY	34	1.0	4	0.3	30	1.5
SMITH	1	1.5	1	1.6	-	-
STEWART	-	-	-	-	-	-
SULLIVAN	3	0.7	3	0.7	-	-
SUMNER	2	0.3	1	0.2	1	1.9
TIPTON	1	0.4	1	0.6	-	-
TROUSDALE	-	-	-	-	-	-
UNICOI	-	-	-	-	-	-
UNION	-	-	-	-	-	-
VAN BUREN	-	-	-	-	-	-
WARREN	-	-	-	-	-	-
WASHINGTON	2	0.6	1	0.3	-	-
WAYNE	-	-	-	-	-	-
WEAKLEY	2	2.0	1	1.1	1	*
WHITE	-	-	-	-	-	-
WILLIAMSON	-	-	-	-	-	-
WILSON	-	-	-	-	-	-

TOTAL MAY INCLUDE EVENTS WITH RACE OTHER THAN WHITE OR BLACK, OR RACE NOT STATED.

* RATE NOT CALCULATED WHEN POPULATION IS LESS THAN 100.

.. SUPPRESSED WHEN POPULATION IS LESS THAN 50.

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT, OFFICE OF HEALTH STATISTICS

NUMBER OF BIRTHS WITH AGE-SPECIFIC FERTILITY RATES PER 1,000 FEMALES AGED 15-17, BY RACE, FOR COUNTIES OF TENNESSEE, RESIDENT DATA, 2013

COUNTY	TOTAL		WHITE		BLACK	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
STATE	1,855	15.3	1,216	13.7	627	24.0
ANDERSON	16	13.2	15	13.9	1	*
BEDFORD	18	19.4	18	23.6	-	-
BENTON	8	28.8	8	30.7	-	-
BLEDSOE	1	5.0	1	5.3	-	-
BLOUNT	31	13.5	30	14.0	1	*
BRADLEY	25	12.3	25	13.7	-	-
CAMPBELL	17	25.5	17	26.2	-	-
CANNON	2	8.8	2	9.1	-	-
CARROLL	4	6.8	3	6.2	1	*
CARTER	16	16.9	16	17.8	-	-
CHEATHAM	9	11.6	9	12.3	-	-
CHESTER	6	12.9	6	14.8	-	-
CLAIBORNE	11	18.3	11	19.9	-	-
CLAY	3	24.8	3	25.6	-	-
COCKE	20	33.6	19	34.5	..	*
COFFEE	15	15.5	13	14.8	..	*
CROCKETT	3	10.8	3	12.7	-	-
CUMBERLAND	19	23.1	18	22.8	..	*
DAVIDSON	164	15.6	84	15.5	78	18.5
DECATUR	4	20.5	4	21.3	-	-
DEKALB	7	21.3	7	22.2	-	-
DICKSON	8	8.6	7	8.4	..	*
DYER	20	27.0	11	19.9	9	57.0
FAYETTE	7	11.9	3	8.6	4	18.3
FENTRESS	3	9.1	3	9.3	-	-
FRANKLIN	11	12.9	9	12.0	2	*
GIBSON	26	28.3	15	21.4	9	46.6
GILES	1	2.0	1	2.4	-	-
GRAINGER	10	24.8	9	23.0	..	*
GREENE	13	10.6	13	11.3	-	-
GRUNDY	6	26.0	6	26.2	-	-
HAMBLEN	25	23.6	23	23.9	..	*
HAMILTON	88	13.7	54	12.2	33	20.2
HANCOCK	3	27.8	3	28.6	-	-
HARDEMAN	7	15.9	5	23.9	2	9.1
HARDIN	3	6.7	3	7.5	-	-
HAWKINS	13	13.3	13	14.0	-	-
HAYWOOD	14	38.8	4	24.4	10	52.4
HENDERSON	10	19.2	9	19.7	..	*
HENRY	14	27.9	12	27.6	..	*
HICKMAN	12	28.9	11	27.9	..	*
HOUSTON	3	19.7	3	21.3	-	-
HUMPHREYS	5	15.6	5	16.5	-	-
JACKSON	4	20.0	4	20.6	-	-
JEFFERSON	11	10.7	11	11.2	-	-
JOHNSON	7	27.3	7	28.3	-	-
KNOX	92	11.0	65	9.4	25	25.6
LAKE	3	40.0	2	*	..	*
LAUDERDALE	10	19.7	7	25.6	3	15.1
LAWRENCE	6	8.0	6	8.3	-	-
LEWIS	1	4.7	1	5.0	-	-
LINCOLN	10	16.9	9	16.9	..	*
LOUDON	15	18.3	15	19.4	-	-
MCMINN	11	11.4	11	12.3	-	-
MCNAIRY	4	8.7	3	7.1	..	*
MACON	12	26.5	12	27.1	-	-
MADISON	37	17.5	12	11.4	25	25.1
MARION	7	14.5	7	15.9	-	-
MARSHALL	7	12.3	6	12.0	..	*
MAURY	17	12.5	12	11.4	5	20.9
MEIGS	5	24.5	5	25.5	-	-
MONROE	10	12.9	9	12.6	..	*
MONTGOMERY	40	12.1	26	12.3	14	16.0
MOORE	1	8.8	1	9.0	-	-
MORGAN	2	5.3	2	5.5	-	-
OBION	10	17.4	8	16.2	2	*
OVERTON	4	9.9	4	10.1	-	-
PERRY	1	7.3	1	7.8	-	-
PICKETT	1	12.5	1	*	-	-
POLK	7	21.3	7	22.2	-	-
PUTNAM	19	12.9	18	13.1	..	*
RHEA	14	22.5	13	22.0	..	*
ROANE	9	10.5	9	11.2	-	-
ROBERTSON	13	10.0	10	8.8	3	25.0
RUTHERFORD	62	10.6	47	10.8	15	14.8
SCOTT	14	33.7	14	34.3	-	-
SEQUATCHIE	8	32.5	8	33.8	-	-
SEVIER	21	13.2	20	13.3	-	-
SHELBY	413	21.2	65	9.8	345	28.8
SMITH	4	11.1	4	12.2	-	-
STEWART	1	4.0	1	4.2	-	-
SULLIVAN	47	18.2	47	19.4	-	-
SUMNER	44	13.4	38	13.3	6	21.1
TIPTON	17	12.6	7	7.1	10	32.7
TROUSDALE	3	19.6	3	22.7	-	-
UNICOI	3	10.3	3	10.4	-	-
UNION	5	15.4	5	15.9	-	-
VAN BUREN	5	54.3	5	*	-	-
WARREN	19	28.0	19	30.1	-	-
WASHINGTON	23	9.7	23	10.8	-	-
WAYNE	9	37.7	9	39.6	-	-
WEAKLEY	11	13.8	9	13.6	2	18.9
WHITE	11	24.2	11	25.9	-	-
WILLIAMSON	20	4.2	17	4.0	3	12.4
WILSON	24	10.1	23	11.1	1	5.2

TOTAL MAY INCLUDE EVENTS WITH RACE OTHER THAN WHITE OR BLACK, OR RACE NOT STATED.

* RATE NOT CALCULATED WHEN POPULATION IS LESS THAN 100.

.. SUPPRESSED WHEN POPULATION IS LESS THAN 50.

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT, OFFICE OF HEALTH STATISTICS

NUMBER OF PREGNANCIES WITH RATES PER 1,000 FEMALES AGED 10-19, BY RACE, FOR COUNTIES OF TENNESSEE, RESIDENT DATA, 2013

COUNTY	TOTAL		WHITE		BLACK	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
STATE	8,455	20.5	5,566	18.3	2,770	32.2
ANDERSON	75	17.5	70	18.3	5	22.6
BEDFORD	90	28.1	83	31.0	6	22.6
BENTON	25	27.4	23	26.8	2	*
BLEDSOE	12	16.8	12	17.5	-	-
BLOUNT	140	18.0	132	18.4	6	21.6
BRADLEY	141	20.9	136	22.5	5	13.5
CAMPBELL	66	27.8	66	28.6	-	-
CANNON	14	17.6	14	18.3	-	-
CARROLL	35	19.4	29	19.2	6	27.8
CARTER	53	16.9	53	17.7	-	-
CHEATHAM	41	15.5	41	16.2	-	-
CHESTER	28	20.0	28	23.5	-	-
CLAIBORNE	55	28.8	54	30.0	1	*
CLAY	6	14.1	6	14.8	-	-
COCKE	56	27.3	53	27.7	3	*
COFFEE	70	20.5	67	21.6	3	19.9
CROCKETT	17	17.3	16	19.8	1	7.5
CUMBERLAND	80	28.2	78	28.6	2	*
DAVIDSON	766	21.3	344	17.9	400	28.9
DECATUR	17	26.0	17	27.7	-	-
DEKALB	30	26.7	30	28.1	-	-
DICKSON	59	18.8	54	19.1	3	18.9
DYER	70	27.6	46	23.7	23	47.2
FAYETTE	35	16.7	10	7.6	25	34.3
FENTRESS	21	18.9	21	19.3	-	-
FRANKLIN	48	17.2	45	18.1	3	18.1
GIBSON	86	26.3	61	24.5	23	33.9
GILES	38	22.2	32	22.3	6	30.8
GRAINGER	38	28.6	37	28.6	1	*
GREENE	80	19.9	75	19.8	4	37.0
GRUNDY	25	31.3	25	31.7	-	-
HAMBLEN	102	26.5	95	27.3	5	27.5
HAMILTON	342	16.4	194	13.4	146	28.1
HANCOCK	9	25.2	9	26.0	-	-
HARDEMAN	33	21.6	15	19.5	18	24.8
HARDIN	37	24.5	35	25.5	2	*
HAWKINS	74	21.4	74	22.4	-	-
HAYWOOD	32	26.2	8	15.0	24	36.2
HENDERSON	43	23.9	36	22.9	7	47.0
HENRY	52	28.7	47	29.8	5	29.6
HICKMAN	42	29.8	37	27.6	4	*
HOUSTON	7	13.5	7	14.4	-	-
HUMPHREYS	21	19.1	21	20.2	-	-
JACKSON	13	20.4	13	20.9	-	-
JEFFERSON	58	17.6	56	17.9	2	*
JOHNSON	22	25.1	22	26.0	-	-
KNOX	405	14.6	302	13.2	97	30.7
LAKE	10	37.7	8	41.0	1	*
LAUDERDALE	50	28.1	32	32.6	18	25.4
LAWRENCE	65	23.9	65	25.1	-	-
LEWIS	16	22.6	16	23.5	-	-
LINCOLN	34	16.7	32	17.5	2	15.0
LOUDON	63	22.9	61	23.5	2	*
MCMINN	71	21.9	66	22.2	4	31.3
MCNAIRY	24	15.0	21	14.4	2	*
MACON	56	36.9	55	37.6	1	*
MADISON	157	23.4	64	19.1	93	29.8
MARION	29	17.2	26	16.9	3	*
MARSHALL	44	21.5	37	20.3	3	21.7
MAURY	93	19.0	68	17.5	24	31.3
MEIGS	23	31.5	23	33.1	-	-
MONROE	77	29.0	76	30.8	1	*
MONTGOMERY	248	20.4	171	21.3	67	23.4
MOORE	6	15.0	6	15.5	-	-
MORGAN	26	20.2	26	21.1	-	-
OBION	45	22.6	38	22.5	7	28.8
OVERTON	27	20.0	26	19.8	1	*
PERRY	9	20.2	9	21.4	-	-
PICKETT	3	11.5	3	11.8	-	-
POLK	21	20.1	21	20.8	-	-
PUTNAM	89	18.7	86	19.6	2	12.7
RHEA	49	23.1	44	22.1	5	*
ROANE	50	16.9	47	17.2	3	*
ROBERTSON	77	17.0	60	15.1	16	39.8
RUTHERFORD	337	16.8	253	16.7	67	20.3
SCOTT	47	31.8	47	32.4	-	-
SEQUATCHIE	19	21.2	18	20.7	-	-
SEVIER	142	26.0	138	27.0	2	19.8
SHELBY	1,843	28.1	300	13.3	1,517	38.1
SMITH	23	18.4	23	19.8	-	-
STEWART	17	20.5	17	21.8	-	-
SULLIVAN	178	20.1	173	20.8	5	22.4
SUMNER	182	16.0	158	16.0	21	21.4
TIPTON	84	18.6	48	14.2	35	36.3
TROUSDALE	14	28.6	14	33.4	-	-
UNICOI	18	17.4	18	17.9	-	-
UNION	21	18.8	21	19.3	-	-
VAN BUREN	10	32.1	10	33.7	-	-
WARREN	77	30.5	74	31.7	3	*
WASHINGTON	91	11.7	86	12.4	4	9.9
WAYNE	17	19.7	17	20.7	-	-
WEAKLEY	40	16.3	32	15.4	7	26.1
WHITE	40	25.6	38	25.7	-	-
WILLIAMSON	80	4.9	70	4.8	9	11.5
WILSON	104	12.7	95	13.3	7	10.9

NOTE: PREGNANCIES INCLUDE REPORTED FETAL DEATHS, ABORTIONS, AND LIVE BIRTHS.
TOTAL MAY INCLUDE EVENTS WITH RACE OTHER THAN WHITE OR BLACK, OR RACE NOT STATED.
* RATE NOT CALCULATED WHEN POPULATION IS LESS THAN 100.

SOURCE: TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POLICY, PLANNING AND ASSESSMENT, OFFICE OF HEALTH STATISTICS

Hardeman (HR)

	Hardeman County	Error Margin	Top U.S. Performers*	Tennessee	Rank (of 95)
Health Outcomes					65
Length of Life					50
Premature death	9,662	8,373-10,951	5,317	8,790	
Quality of Life					81
Poor or fair health	28%	20-36%	10%	19%	
Poor physical health days	4.0	2.6-5.3	2.5	4.3	
Poor mental health days	2.6	1.5-3.6	2.4	3.4	
Low birthweight	11.6%	10.2-12.9%	6.0%	9.3%	
Health Factors					89
Health Behaviors					87
Adult smoking	27%	18-39%	14%	23%	
Adult obesity	37%	31-43%	25%	32%	
Food environment index	5.9		8.7	7.2	
Physical inactivity	36%	30-42%	21%	31%	
Access to exercise opportunities	21%		85%	60%	
Excessive drinking			10%	9%	
Alcohol-impaired driving deaths	17%		14%	28%	
Sexually transmitted infections	701		123	486	
Teen births	65	59-72	20	49	
Clinical Care					45
Uninsured	16%	14-18%	11%	17%	
Primary care physicians	4,472:1		1,051:1	1,387:1	
Dentists	3,317:1		1,392:1	2,035:1	
Mental health providers	856:1		521:1	974:1	
Preventable hospital stays	87	77-97	46	81	
Diabetic screening	82%	75-89%	90%	86%	
Mammography screening	60%	51-68%	71%	61%	
Social & Economic Factors					90
High school graduation	81%			86%	
Some college	35%	30-40%	70%	57%	
Unemployment	11.0%		4.4%	8.0%	
Children in poverty	35%	27-43%	13%	26%	
Inadequate social support			14%	19%	
Children in single-parent households	46%	38-53%	20%	35%	
Violent crime	538		64	629	
Injury deaths	65	52-80	49	78	
Physical Environment					68
Air pollution - particulate matter	13.2		9.5	13.8	
Drinking water violations	0%		0%	10%	
Severe housing problems	19%	15-23%	9%	15%	
Driving alone to work	86%	84-88%	71%	83%	
Long commute - driving alone	43%	37-48%	15%	32%	

* 90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data

2014

Tennessee Advisory Commission on Intergovernmental Relations (TACIR)
Lynnisse Roehrich-Patrick, Executive Director

Hardeman County, Tennessee

Selected Statistical Information

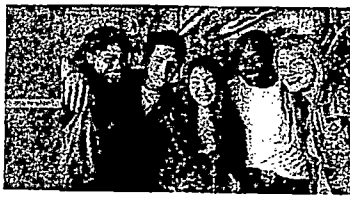
III. Health & Healthcare

2011 Pregnancy & Birth Rates	Tennessee	Hardeman County	County Rank*	Comparison to State Figure
Live births per 1,000 Population	12.4	10.9	25th	87.9%
Percent of Live Births to Unmarried Parents	44.1%	58.9%	72nd	133.6%
Percent Low Birth Weight	9.0%	11.0%	45th	122.2%
Pregnancies per 1,000 Females Aged 15-44	72.1	81.0	79th	112.3%
Pregnancies per 1,000 Females Aged 10-17	8.9	10.7	50th	120.2%
Pregnancies per 1,000 Females Aged 10-14	0.7	1.2	11th	171.4%

** Note: A rank of 1 indicates the best condition.*

2011 Mortality Rates		Tennessee	Hardeman County	County Rank*	Comparison to State Figure
Number of Deaths per 1,000 Population		9.4	10.9	26th	116.0%
Number of Deaths per 100,000 Population by Cause of Death					
	Diseases of the Heart	221.0	242.1	31st	109.5%
	Cancer (Malignant Neoplasm)	210.2	227.2	38th	108.1%
	Diabetes	27.1	22.4	21st	82.7%

** Note: A rank of 1 indicates the best condition.*



HIV, Other STD, and Teen Pregnancy Prevention and Tennessee Students

What is the problem?

The 2013 Tennessee Youth Risk Behavior Survey indicates that among high school students:

Sexual Risk Behaviors

- 47% ever had sexual intercourse.
- 9% had sexual intercourse for the first time before age 13 years.
- 16% had sexual intercourse with four or more persons during their life.
- 32% had sexual intercourse with at least one person during the 3 months before the survey.
- 41% did not use a condom during last sexual intercourse. (1)
- 19% did not use any method to prevent pregnancy during last sexual intercourse. (1)
- 19% were never taught in school about AIDS or HIV infection.

Alcohol and Other Drug Use

- 18% drank alcohol or used drugs before last sexual intercourse. (1)
- 5% used a needle to inject any illegal drug into their body one or more times during their life.

What are the solutions?

Better health education • More comprehensive health services • More supportive policies • More family involvement

What is the status?

The 2012 Tennessee School Health Profiles indicates that among high schools:

Health Education

- 37% required students to take 2 or more health education courses.
- 79% had a health education curriculum that addresses all 8 national standards for health education.
- 82% taught 9 key pregnancy, HIV, or other STD prevention topics in a required course.
- 25% taught 4 key topics related to condom use in a required course.
- 93% taught how to access valid and reliable health information, products, or services related to HIV, other STDs, and pregnancy in a required course.
- 46% had a lead health education teacher who received professional development during the 2 years before the survey on HIV prevention.
- 32% had a lead health education teacher who received professional development during the 2 years before the survey on pregnancy prevention.

Health Services

- 52% had a full-time registered nurse who provides health services to students at school.

Supportive Policies

- 26% had a gay/straight alliance or similar club.
- 7% provided curricula or supplementary materials and engaged in 5 practices related to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth.

Family Involvement

- 33% provided parents and families health information to increase parent and family knowledge of HIV prevention, STD prevention, or teen pregnancy prevention.

1. Among students who were currently sexually active.

Where can I get more information? Visit www.cdc.gov/yrbss or call 800-CDC-INFO (800-232-4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

Tennessee

Pregnancy Risk Assessment Monitoring System

2011 Summary Report

Pregnancy Intent

TN PRAMS asks: Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? (Q14). An intended (i.e. planned) pregnancy was one in which the mother answered that she wanted to be pregnant then or sooner. Women who wanted to be pregnant later (mistimed pregnancy) or not at all (unwanted pregnancy) were classified as having an unintended pregnancy.

Background

Unintended pregnancies are associated with a range of behaviors that can adversely affect maternal and child health.[1] It is therefore recommended that everyone, men and women, have a reproductive life plan (RLP) based on their own personal values and resources.[2] An RLP is a set of goals about having or not having children and how to achieve them.[3] It details when and under what conditions someone wants to get pregnant, the number and spacing of children, and what to do to prevent pregnancy until ready. RLPs can increase the number of planned pregnancies and encourage individuals to address behaviors before conception, thus reducing the risk for adverse outcomes for both mothers and infants.[1]

Key Findings

- Almost one-half (47.5%) of mothers said their pregnancies were unintended.
- Unintended pregnancies were more common among black-non-Hispanics than among Hispanics and white non-Hispanics.
- Unintended pregnancies increased with decreasing age.
- Unmarried women were more likely than those who were married to have an unintended pregnancy.
- Compared to women with more than a high school education, those with lower levels of education were more likely to have an unintended pregnancy.
- Compared to women with household incomes of $50,000 or more, those with lower incomes were more likely to have an unintended pregnancy.

[1] Williams L, Morrow B, Shulman H, Stephens R, D'Angelo D, Fowler CI. PRAMS 2002 Surveillance Report. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2006.
[2] Centers for Disease Control and Prevention. Recommendations to Improve Preconception Health and Health Care. *MMWR* 2006; 55(RR-6).
[3] Centers for Disease Control and Prevention. *Preconception Care Questions and Answers*. Accessed May 2011 at http://www.cdc.gov/ncbddd/preconception/QandA.htm.

Pregnancy Intent *cont.*

Maternal Characteristic	Percent of mothers with unintended pregnancies	%	95% CI
	0 10 20 30 40 50 60 70 80 90 100		
All TN Mothers		47.5	44.0 - 51.0
Race			
Black NH		71.1	63.3 - 77.8
White NH		42.5	38.4 - 46.7
Hispanic		33.8	23.1 - 46.6
Age (yrs)			
<20		82.3	71.6 - 89.6
20-29		48.5	43.9 - 53.2
30+		34.7	29.3 - 40.6
Married			
Yes		32.4	28.4 - 36.7
No		68.3	62.9 - 73.3
Education			
Less than HS		56.2	47.4 - 64.6
High School		53.8	47.0 - 60.6
More than HS		41.9	37.4 - 46.6
Income			
<$10,000		62.4	55.7 - 68.7
$10-19,999		54.3	45.8 - 62.6
$20-49,999		51.1	43.8 - 58.4
$50,000+		23.8	18.6 - 30.0
Insurance			
None		47.9	40.7 - 55.2
TennCare		65.1	58.5 - 71.3
Insurance		36.0	31.2 - 41.0
Residence			
Urban		50.7	45.7 - 55.7
Rural		44.9	40.2 - 49.8

Prenatal Care

TN PRAMS asks: How many weeks or months pregnant were you when you had your first visit for prenatal care? (Q21). Women who initiated care after the first trimester of pregnancy (after 12 weeks/3 months or later) were classified as receiving late prenatal care. Those who initiated care within the first trimester were classified as receiving early prenatal care. Additional questions ask about desired timing of (Q22), barriers to (Q23) and content of (Q25) prenatal care.

Background

Prenatal care is the health care a woman receives while she is pregnant. Early and regular prenatal care visits allow health care providers to follow the progress of a baby's development; identify potential problems and either prevent them or treat them early; and provide education and counseling on pregnancy and childbirth.[1] Inadequate prenatal care is associated with increased risk of low birthweight and premature birth, and of neonatal, infant and maternal mortality.[2] It is therefore important that women schedule their first prenatal appointment as soon as they think they may be pregnant.[1]

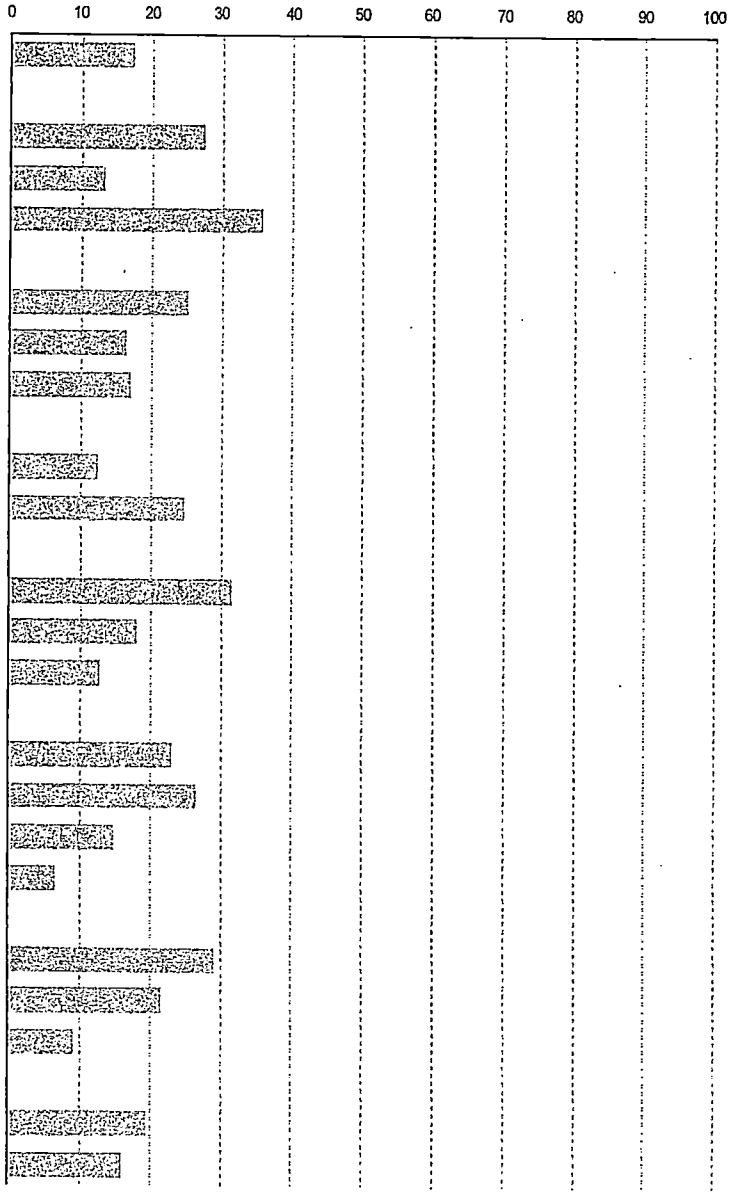
Key Findings

- Almost one-fifth of women (17.4%) received late or no prenatal care.
- Black non-Hispanics were more likely than white non-Hispanics to receive late or no care.
- Unmarried women were less likely than those who were married to receive prenatal care.
- Compared to women with more than a high school education, those that did not graduate high school were less likely to receive prenatal care.
- Women with health insurance were more likely to receive prenatal care than those who were uninsured or on TennCare.

[1] WebMD. *Women's Health: Your First Prenatal Doctor's Visit.* Accessed May 2011 at http://women.webmd.com/first-doctor-visit.
[2] Wilcox LS, Marks JS. (1994). *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children.* CDC maternal and child health monograph. Atlanta, GA: Centers for Disease Control and Prevention.

Prenatal Care *cont.*

Maternal Characteristic	Percent of mothers receiving late or no prenatal care	%	95% CI
All TN Mothers		17.4	14.9 - 20.2
Race			
Black NH		27.5	21.0 - 35.2
White NH		13.2	10.6 - 16.3
Hispanic		35.7	24.4 - 48.7
Age (yrs)			
<20		25.1	16.5 - 36.3
20-29		16.3	13.2 - 20.0
30+		17.0	13.0 - 22.0
Married			
Yes		12.3	9.7 - 15.5
No		24.6	20.1 - 29.7
Education			
Less than HS		31.5	24.0 - 40.1
High School		18.1	13.5 - 23.8
More than HS		12.7	9.9 - 16.2
Income			
<$10,000		23.0	18.0 - 29.0
$10-19,999		26.5	19.7 - 34.7
$20-49,999		14.7	10.3 - 20.7
$50,000+		6.7	4.0 - 11.1
Insurance			
None		29.0	22.7 - 36.1
TennCare		21.6	16.7 - 27.6
Insurance		9.1	6.5 - 12.5
Residence			
Urban		19.4	15.7 - 23.8
Rural		15.9	12.7 - 19.7



Maternal Stressors

TN PRAMS asks mothers whether or not certain stressful events happened during the 12 months before their new baby was born (Q42a-m). Additional questions ask about food security (Q43), neighborhood safety (Q44) and experiences of racism (Q45) during this same time period.

Background

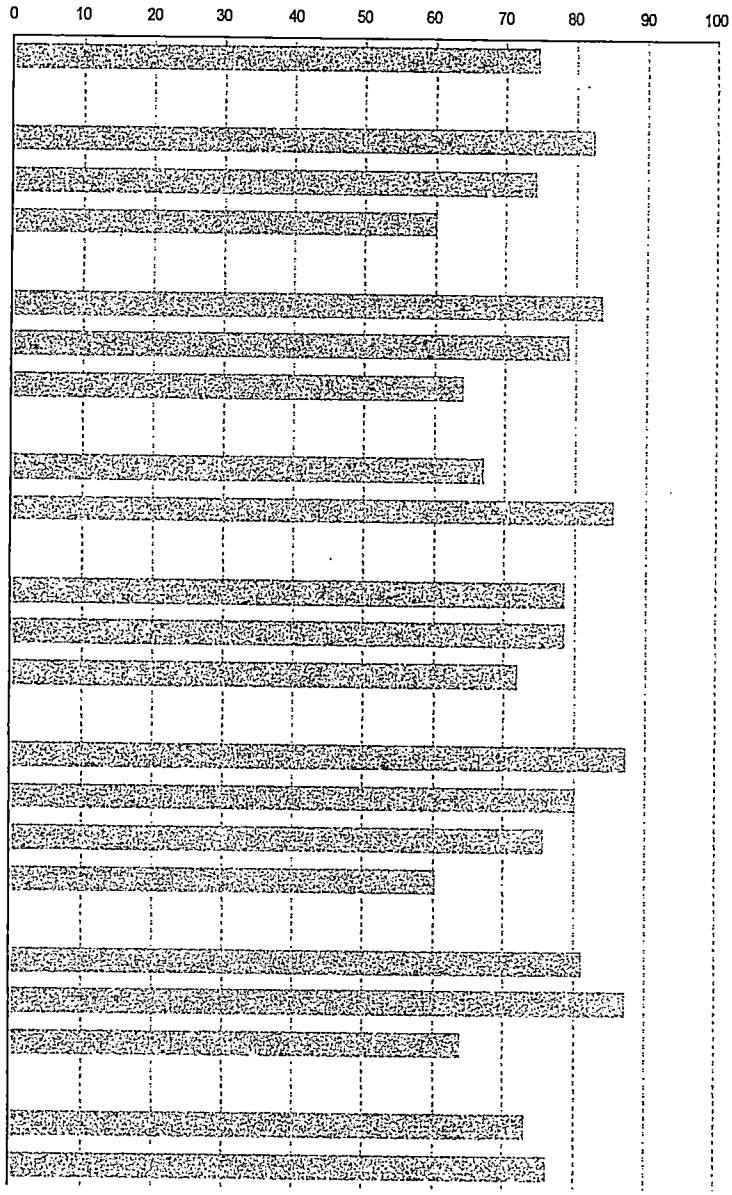
Most women cope well with the emotional and physical changes of pregnancy and other changes in their lives.[1] However, certain types of negative life events (e.g. divorce, death in the family) and long-term stressors (e.g. difficulty obtaining food, caring for a chronically ill child) may contribute to premature birth and low birthweight.[1] This may occur as the result of hormonal changes, interference with the immune system, or alterations in behavior (e.g. smoking to relieve stress).[1] Because a woman's perception of stress influences how her body responds to it and how her pregnancy is affected, it is important for each pregnant woman to identify sources of stress in her life and develop effective ways to deal with them, or to consult a health care provider if she feels overwhelmed.[1,2]

Key Findings

- Approximately three-quarters of women (74.7%) reported at least one stressful event in the 12 months prior to delivery.
- Teens and young adults (20-29 years) were more likely to report one or more stressor than older women.
- Unmarried women were more likely to report one or more stressor than those who were married.
- Compared to women with household incomes of $50,000 or more, those with lower incomes were more likely to report one or more stressors.
- Uninsured women and those receiving TennCare were more likely to report one or more stressors than those with insurance.

[1] March of Dimes. *Stress and Pregnancy – In Depth.* Accessed July 2011 at http://www.marchofdimes.com/pregnancy/lifechanges_indepth.html.
[2] Hobel CJ, Goldstein A, Barrett ES. Psychological Stress and Pregnancy Outcomes. *Clinical Obstetrics and Gynecology* 2008; 51(2):333-348.

Maternal Stressors *cont.*



Postpartum Checkup

TN PRAMS asks: Since your new baby was born, have you had a postpartum checkup for yourself? (Q72).

Background

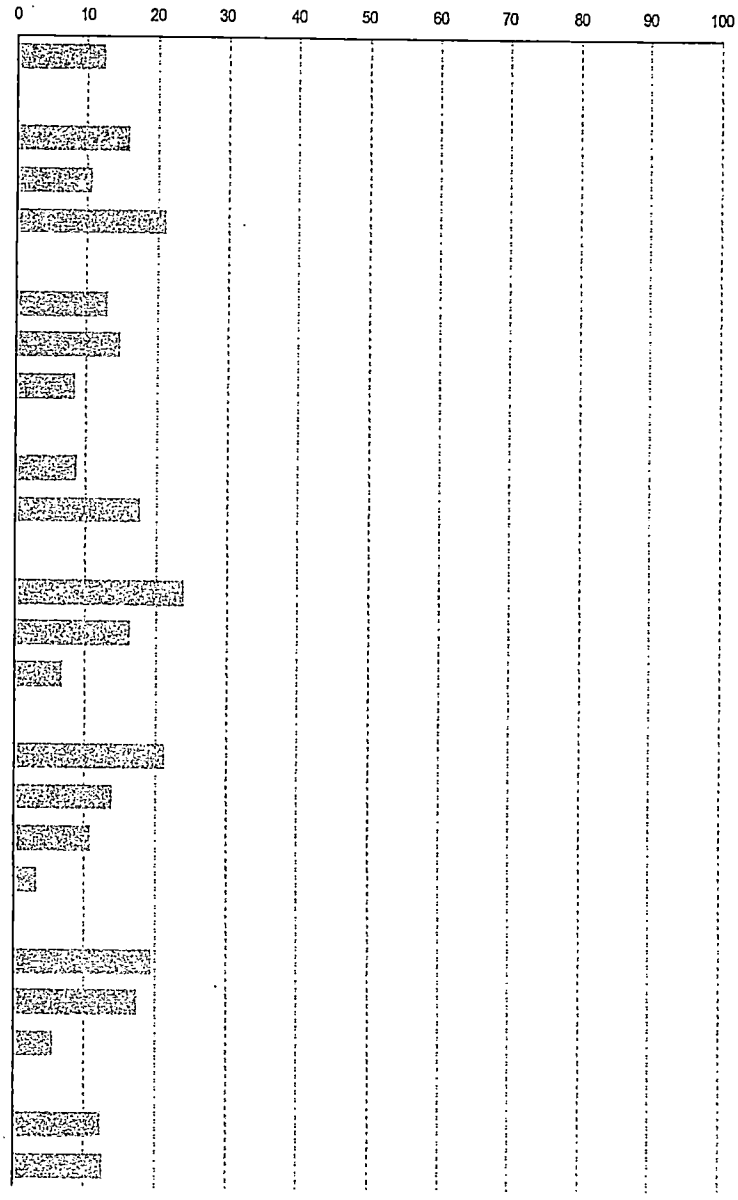
It is recommended that women who give birth have a postpartum health checkup four to six weeks after delivery.[1] Postpartum checkups provide important opportunities to assess the physical and psychological well-being of the mother, counsel her on infant care and family planning, and detect and give appropriate referrals for preexisting or developing chronic conditions such as diabetes, high blood pressure and obesity.[1]

Key Findings

- Overall, 12.5% of mothers did not receive a postpartum checkup.
- Unmarried women were less likely to have a postpartum checkup than those who were married.
- Compared to women with more than a high school education, those with lower levels of education were less likely to have a postpartum checkup.
- Compared to women with household incomes of $50,000 or more, those with lower incomes were less likely to have a postpartum checkup.
- Uninsured women and those on TennCare were less likely to have a postpartum checkup than women with health insurance.

[1] Centers for Disease Control and Prevention. Postpartum Care Visits – 11 States and New York City, 2004. *MMWR* 2007; 56(50):1312-1316.

Postpartum Checkup *cont.*



Maternal Characteristic	%	95% CI
All TN Mothers	12.5	10.4 - 15.0
Race		
Black NH	15.9	10.8 - 22.7
White NH	10.7	8.3 - 13.5
Hispanic	21.1	12.5 - 33.2
Age (yrs)		
<20	12.9	6.9 - 22.9
20-29	14.7	11.7 - 18.4
30+	8.4	5.7 - 12.2
Married		
Yes	8.7	6.5 - 11.6
No	17.7	13.8 - 22.3
Education		
Less than HS	23.9	17.2 - 32.2
High School	16.4	12.0 - 22.0
More than HS	6.9	4.9 - 9.6
Income		
<$10,000	21.2	16.2 - 27.2
$10-19,999	14.0	9.0 - 21.1
$20-49,999	10.9	7.2 - 16.2
$50,000+	3.3	1.6 - 6.5
Insurance		
None	19.4	14.1 - 26.2
TennCare	17.5	13.0 - 23.1
Insurance	5.4	3.6 - 8.2
Residence		
Urban	12.4	9.4 - 16.1
Rural	12.6	9.7 - 16.2

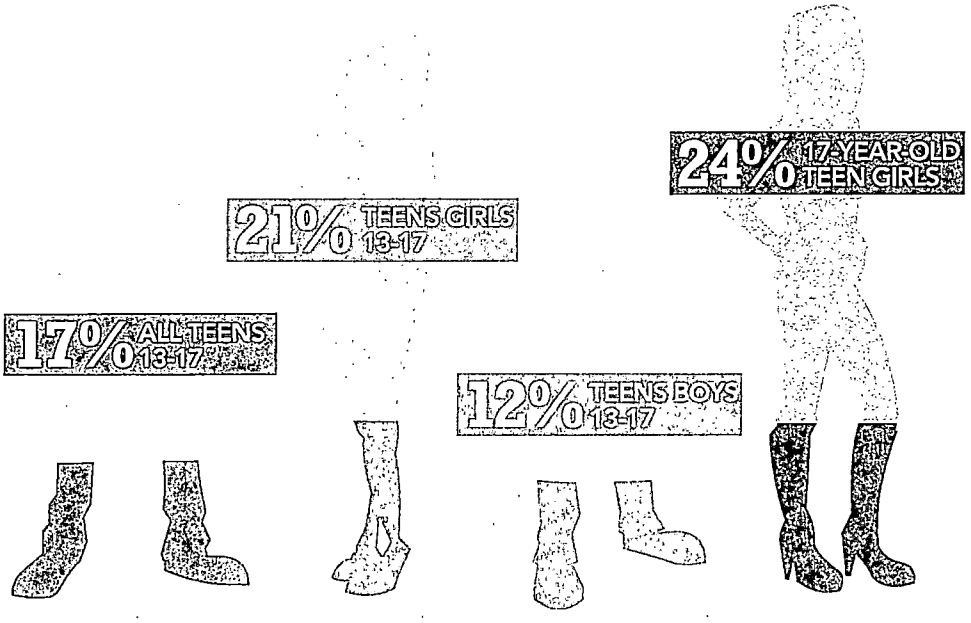
SURVEY SAYS

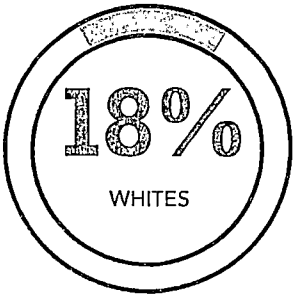
THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

UNDER PRESSURE

TOO MANY TEENS say they have been **PRESSURED** to do something sexual that made them uncomfortable or took them farther sexually than they wanted to go.

WHO FEELS SEXUAL PRESSURE?





Data presented here are drawn from a national telephone survey conducted for The National Campaign by Social Science Research Solutions, an independent research company. Interviews were conducted in January and February 2014 among a nationally representative sample of 500 teens age 13-17. The margin of error for total respondents is +/ 4.4% of the 95% confidence level.

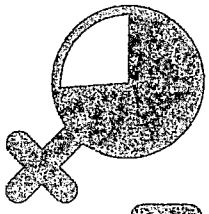
SURVEY SAYS

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

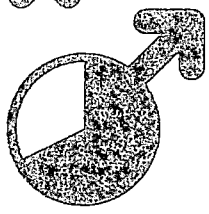
NOT GREAT EXPECTATIONS

Many young people agree that teen girls often **receive the message** that **attracting boys** and **looking sexy** is one of the **most important things** they can do.

TEENS 13-17
71%



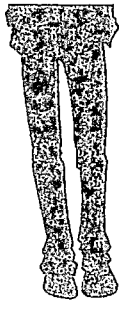
TEEN GIRLS 13-17
74%

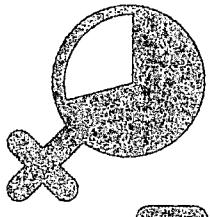


TEEN BOYS 13-17
68%

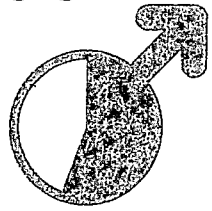
Most young people also think that teen boys often **receive the message** that they are **expected to have sex.**

TEENS 13-17
63%





TEEN GIRLS 13-17
71%



TEEN BOYS 13-17
56%

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