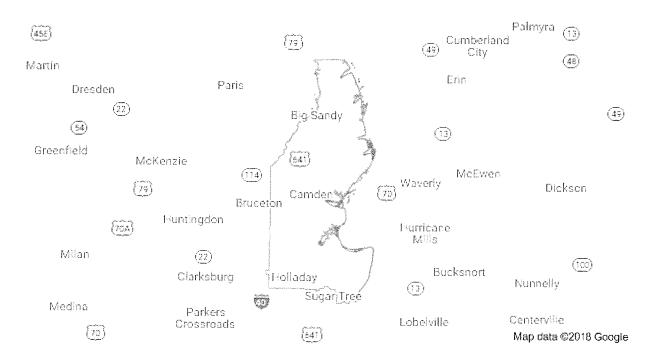
### Community Health Needs Assessment Benton County, Tennessee



### Conducted by:

Jackson-Madison County General Hospital

Department of Business Development and Planning

Dawn Harris and Victoria S. Lake

Update: September 2018

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

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

DYERSBURG HEALTH

AND

MARTIN HEALTH

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 30th day of October, 2018.

DANNY WHEELER, CHAIRMAN

Exhibit  $\Delta 2$ 

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### Benton County Community Health Needs Assessment 2018 Update

### **Executive Summary**

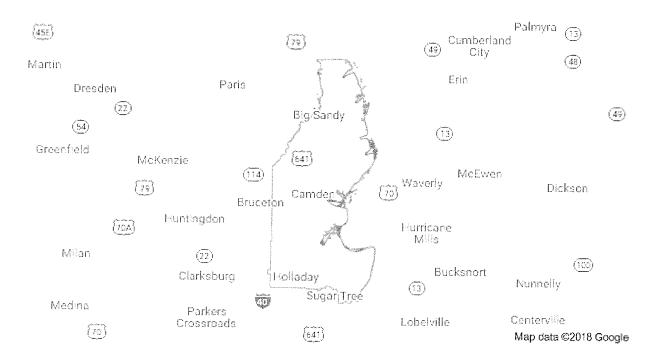
Under the leadership of Jackson-Madison County General Hospital a community health needs assessment of Benton County, Tennessee was conducted. This was completed in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010. The community health needs assessment update process was a blending of Benton County Health Council top health priorities and implementation strategies, and secondary data on the actual extent of particular health issues.

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Benton County, Tennessee with an emphasis on preventive measures.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps, Tennessee Department of Economic & Community Development, Behavioral Health County and Region Services Data Book, NIBRS, TN PRISM, Traumatic Brain Injury Program, and the National Institute of Mental Health. The second step in the Community Health Needs Assessment Update process consisted of reviewing priorities and implementation strategies developed by the Benton County Health Council.

The Benton County Health Council identified three priority health issues: Obesity, Chronic Disease, and Substance Abuse. Several goals, objectives, and implementation strategies were identified to address these health issues that emphasize screenings, education and collaboration with other community agencies with the purpose of easing the burden of health disparity for the Benton County community.

### Community Health Needs Assessment Benton County, Tennessee



### Conducted by:

Jackson-Madison County General Hospital

Department of Business Development and Planning

Dawn Harris and Victoria S. Lake

Update: September 2018

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

### Introduction

Under the leadership of Camden General Hospital and the Benton County Health Council, a Community Health Needs Assessment Update of Benton County, Tennessee was conducted. This was completed 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 community health needs assessment update process was a blending of Benton County
Health Council top health priorities and implementation strategies, and secondary data on the
actual extent of particular health issues.

### **Description of the Hospital and Community**

Camden General Hospital was acquired by the Jackson-Madison County General Hospital in 1997. Effective December 2005 Camden General Hospital converted to a critical access hospital with 25 licensed beds, all of which are in service. The Hospital is a member of the American Hospital Association, the Tennessee Hospital Association, and is accredited by The Joint Commission. Camden General Hospital has been approved by the U.S. Department of Health and Human Services for participation in Medicare and Medicaid Programs. The service area for Camden General Hospital is Benton County.

The Hospital provides inpatient and outpatient services, emergency services 14 hours a day and 7 days a week, an accredited laboratory that operates 24 hours a day, general medicine services, internal medicine services, pharmacy, radiology (diagnostic X-Ray, computerized axial tomography, magnetic resonance imaging), respiratory care, and physical therapy.

Benton County is located in rural Northwest Tennessee approximately 145 miles East of Memphis and 93 miles West of Nashville. The 2017 population of 15,986 is comprised of 95.2

percent Caucasian, 2.9 percent African American, and 1.9 percent Other races. According to the Tennessee Department of Economic & Community Development (2018), 22.6 percent of the population is below the Federal poverty level. The personal income per capita is \$34,013. The population under 65 years of age represents 77.1 percent while the over age 65 population is 22.9 percent. The high school graduation rate is 95.8 percent; 19.2 percent have an Associate Degree or higher and 13.6 percent have a Bachelor Degree or higher.

Benton County has a wide range of industries that employ individuals living in and around the county. Advanced manufacturing and healthcare are the county's key industries followed by transportation, distribution & logistics, business services, and chemicals, plastics & rubber. The top employers of Benton County are Jones Plastic & Engineering (222 employees), Carhartt, Inc. (200 employees), Wal Mart Store #738 (200 employees), County of Benton (107 employees), Bank of Camden (100 employees), Camden General Hospital (80 employees), North Forty Truckstop (75 employees), Town of Camden (63 employees), Palmer Tool (60 employees), and Benton County Board of Education (59 employees).

Benton County is home to Veterans Memorial Park, Camden City Park, and Big Sandy City Park where community members participate in sports and recreational activities. Nathan Forrest Bedford State Park is also located in Benton County and with more than 20 miles of hiking trails, kayak rentals, paddling, disc golf, and an assortment of outdoor activities, the park is a community favorite.

The county seat of Benton County is Camden, Tennessee. The City of Big Sandy, City of Camden, Benton County Government, and the Benton County School System are all located in Benton County. The public school system has six schools and serves approximately 2,100 students.

### **Description of the Community Health Needs Assessment Update Process**

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Benton County, Tennessee with an emphasis on preventive measures.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps,

Tennessee Department of Economic & Community Development, Behavioral Health County and Region Services Data Book, NIBRS, TN PRISM, Traumatic Brain Injury Program, and the National Institute of Mental Health. This data is presented in **Appendix A**.

The second step in the Community Health Needs Assessment Update process consisted of reviewing priorities and implementation strategies developed by the Benton County Health Council. A Health Council brochure, meeting minutes, and a cross section of implementation program brochures are in **Appendix B**. The final stage consisted of reviewing the two sets of data and final report production.

### **Benton County Health Council**

The Benton 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 Benton County as well as staff from the local and regional health departments. The Chair of the Council is with the Benton County School District.

The Benton County Health Council partners with area agencies, organizations, businesses, churches and faith-based organizations, schools, colleges and universities, and local government to fulfill its mission to identify and prioritize health issues and problems while continually working to promote, protect, and improve the health of persons living and working in the county (Health Council brochure, 2018).

### Members of the Benton County Health Council include:

Donna Moore, Chair	Benton County School District
Crystal Floyd	Benton County Health Department
Tracy Byrd	Benton County Health Department
Jenna Cole Wilson	Benton County Chamber of Commerce
Heather Smith	UT/TSU Extension Service
Chanda Freeman	West TN Regional Health Department
Scott Barber	Camden General Hospital
Renee Douglas	Benton County School District
Dawn Harris	West Tennessee Healthcare
Dana Cobb	NW Council on Children and Youth
Janie Nicholson	Benton County Community Resource Center
Syrena Flowers West TN Regional Director	or, Governor's Foundation for Health and Wellness

The Benton County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Council goes through a structured process to select county priorities and adopt strategies to improving health outcomes. Priorities are selected for a period of 2 - 3 years with the last priority selection occurring in 2016. Through this process, the Benton County Health Council identified three priority health issues:

- 1. Obesity
- 2. Chronic Disease
- 3. Substance Abuse

### **Implementation Strategies**

Several goals, objectives, and implementation strategies were identified to address the three health issues selected. The strategies emphasize screenings, education and collaboration with other community agencies.

### Goal:

Through community collaboration, the Benton County Health Council will work to promote healthy behaviors and offer holistic programming for children, youth, and adults at the senior center, in the school system, and at community events.

### **Obesity and Chronic Disease**

The Health Council collaborates with Camden General Hospital annually to provide a community health day. The 2018 community health day was entitled *Benton County Cares*, *Community Health Day* and was held on July 19, 2018. Over 40 community partners were in attendance and provided health screenings, demonstrations, and information on a number of health related topics. The event was free and open to the public.

Figure 1: Healthier TN Communities

Benton County has been awarded the distinction of being a Healthier Tennessee Community. Healthier Tennessee is a program initiated through the

w Recognized **Healthier Communities** MIDDLE WE TI ★ Anderson \* Bedford County Arlington County ★ Bledsoe ☆ Clarksville ♠ Benton County County ★ Blount County ★ Cookeville 

Foundation for

Governor's

Health and Wellness. The program focuses on providing support and resources for Tennesseans to live healthier lives by being physically active, consuming healthier foods, and reducing use of tobacco products. Through meeting specific criteria, the county was awarded grant funding which was used to install equipment in Stigall's Rest Park. Plans are currently being generated to install a new walking trail. Another grant, through the Boyd Foundation, awarded \$25,000 to

the City of Camden to build a dog park. These activities promote being physically active to reduce the incidence of obesity and chronic disease and to enhance living healthier lives. The Health Council has worked to enroll Benton County Schools in the 100 Mile Club. The 100 Mile Club program is designed to improve the health and well being of children at school through daily physical activity in a noncompetitive, supportive, fully-inclusive environment. The program provides incentives along the way as students learn lessons in goal-setting, determination, and team spirit while being physically active.

The Health Council and Camden General Hospital will continue to collaborate with the Benton County Tennessee Nutrition & Consumer Education Program (TNCEP). This program focuses on improved nutrition and education for children and families. The TNCEP promotes the program *Power U*, a curriculum that contains 10, 30-minute interactive lessons designed for 4<sup>th</sup> grade students focused on healthy eating and exercise to prevent weight gain. TNCEP also promotes healthy eating through *Eat Smart Cooking Basics* healthy recipes and information on commodity distribution, and education programs throughout the county.

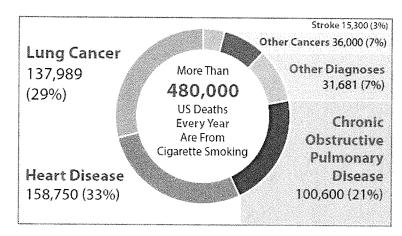
Each year, Camden General Hospital provides numerous screenings for the community. These coordinated community outreach events provide multiple avenues for residents to receive health information, resource referrals, and education (see **Table 1**).

Table 1: Camden General Hospital Community Outreach

Month	Type of Outreach	Location
May	Blood pressure screenings	Camden General Hospital
July	Screenings for hypertension, influenza vaccinations, height, weight, and BMI evaluations	Community Health Day
August	Athletic physicals in the Benton County School System, screenings for hypertension, and BMI evaluations	Benton County School System
September	Prostate screenings	Camden General Hospital
October	Breast screenings	Camden General Hospital

Benton County also received a \$3,000 grant for preventing tobacco use among youth. The funding focus was on strengthening tobacco-free policies in Benton County schools. In addition, the county continues its efforts to reduce and prevent tobacco use, primarily among youth, through initiatives like the youth-led TNSTRONG (Tennessee Stop Tobacco and Revolutionize Our New Generation), education and advocacy for prevention of tobacco and nicotine addiction. Tobacco use has been linked to several chronic diseases (see **Figure 1**).

Figure 2: Tobacco and chronic disease, CDC (2018).



A wide-array of community resources are offered throughout the year including *Take Charge of Your Diabetes* workshops, *Living Well with Chronic Conditions* workshops, and events including *Walk Across Tennessee*. Benton County is proactive in its strides to create and maintain a healthy community.

### **Substance Abuse**

Opioid abuse has been classified as an epidemic in Tennessee. Benton County Health Council utilizes community partnerships to reduce the number of substance abusers in the county. Several initiatives are underway including the Tennessee Community Faith Based Initiative which connects faith-based communities with a variety of resources and works to reduce the stigma of substance abusers. Also in use is Tennessee REDLINE, a toll-free information and referral line coordinated by Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) and is available to anyone who needs help. The Rural Health Association of Tennessee provides webinars including *Strategies to Combat Opioid Use in Rural Communities*.

Through partnerships such as these, the Benton County Health Council strives to reduce addiction and make resources available to those who need them.

### Conclusion

The Benton County Community Health Needs Assessment was presented to the West Tennessee Healthcare Quality Council on October 2, 2018. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on October 30, 2018, and the Benton County Community Health Needs Assessment was approved on this date. The Assessment will be updated in three years as stipulated in the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

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and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. If with Alzheimer's Dise of to rise to 14 million per ages 65-74 living with A ages 75-84 living with A	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio  * By 2050, this * Tennessee in * Tennessee in	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir Source: Tenne	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir Source: Tenne	kills and, eventually, to disease is currently rationally in the surrently rationally in the surrently rational surrently rational surrently in the surrently i	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's.	n in the United Sta heart ennessee. ree-fold increase.	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir * Tennessee ir  Source: Tenne and Prevention  Dental Care	kills and, eventually, to disease is currently rationally imates indicate that to incer, as a cause of deep Americans are living a number is projected in 2014: 16,000 adults in 2014: 47,000 adults in 2014: 41,000 adults in 2014:	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise If to rise to 14 million people ages 65-74 living with Alages 85+ living with	ng cause of death nird, just behind ase 110,000 in Te ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir * Tennessee ir  Source: Tenne and Prevention  Dental Care	kills and, eventually, to disease is currently rationally imates indicate that to incer, as a cause of deep Americans are living a number is projected in 2014: 16,000 adults in 2014: 47,000 adults in 2014: 41,000 adults in 2014:	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise It to rise to 14 million per ages 65-74 living with A ages 75-84 living with A ages 85+ living with Alzheimer's National Institut	ng cause of death nird, just behind ase 110,000 in Te ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir * Tennessee ir  Source: Tenne and Prevention  Dental Care	kills and, eventually, to disease is currently rationally imates indicate that to incer, as a cause of deep Americans are living a number is projected in 2014: 16,000 adults in 2014: 47,000 adults in 2014: 41,000 adults in 2014:	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise It to rise to 14 million per ages 65-74 living with A ages 75-84 living with A ages 85+ living with Alzheimer's National Institut	ng cause of death nird, just behind ase 110,000 in Te ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio  * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir  * Tennessee ir  Dental Care  Have you visit	kills and, eventually, to disease is currently rational imates indicate that to incer, as a cause of don Americans are livings number is projected in 2014: 16,000 adults in 2014: 47,000 adults in 2014: 41,000 adults in 2014: 41,0	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. In with Alzheimer's Dise of the trise to 14 million periors ages 65-74 living with Algrages 75-84 living with Algrages 85+ living with Algrage	ng cause of death hird, just behind hase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir  Source: Tenne and Prevention  Dental Care  Have you visit	kills and, eventually, to disease is currently rational imates indicate that to incer, as a cause of don Americans are living anumber is projected to 2014: 16,000 adults to 2014: 47,000 adults to 2014: 41,000 adults to 2014: 41,0	the ability to carry out to the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people.  If you with Alzheimer's Dise to 14 million per ages 65-74 living with Algres 85+ living with Alg	ng cause of death nird, just behind lase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Center of within the past	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir Source: Tenne and Prevention  Dental Care	kills and, eventually, to disease is currently rational imates indicate that to incer, as a cause of don Americans are living an amber is projected in 2014: 16,000 adults in 2014: 47,000 adults in 2014: 41,000 adults in 2014: 41,	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people. The with Alzheimer's Dise of the trise to 14 million periods ages 65-74 living with Algorithms ages 85+ living with Al	ase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	
and thinking s * Alzheimer's but recent est disease and ca * Over 5 millio * By 2050, this * Tennessee ir * Tennessee ir * Tennessee ir * Tennessee ir  * Tennessee ir  Dental Care  Have you visit  2016 2015	kills and, eventually, to disease is currently rational imates indicate that to incer, as a cause of don Americans are living an americans are living	the ability to carry out to anked as the sixth leading the disorder may rank the eath for older people.  If you with Alzheimer's Dise to 14 million per ages 65-74 living with Algres 85+ living with Algres 8	ng cause of death hird, just behind hird, just behind hase 110,000 in To ople, a nearly the Alzheimer's. Alzheimer's. heimer's. e on Aging; Cent	n in the United Sta heart ennessee. ree-fold increase. ers for Disease Co	

Source: T	ennessee D	Department	of Health	. Behavior	al Risk Fact	or Surveilla	nce System	•
4 —			-					
	re dental b	enefits are	only prov	ided to mir	nors and or	thodontists	are not typ	pically
covered.			WW. 4.4					
*	.•			1				
		c groups, m						inities are
a nign risk	Clor oral di	sease and a	re the lea	ist likely to	be able to	access den	tal care.	
Diabetes	-	v. Land			uner mon			
Dianetes	A 50	†	-	-				i
Dooths fr	om Diabot	es per 100,0	<u> </u>	14444				
Deaths III	UIII DIADER	es per 100,0	)00 					
		Benton Co	\				TN	
		Total	White	Black		Total	White	Dinale
2016		12.5	13.2	_ DIACK		28.4	27.5	Black 37.3
2015		55.8	52.2	*		27.1	26.6	32.8
2014		12.4	13.1			26.3	25.8	33.5
2013		30.7	32.3	0.0		27.9	27.1	36.8
2012		18.3	19.3	0.0		28.2	27.4	36.7
2011		42.6	44.5	0.0		27.1	26.3	35.7
2010		60.6	63.5	0.0		26.4	26.4	35.0
2009		36.2	31.1	0.0		28.2	26.8	37.7
TATTO ANALYSIA ORGANIA								
Source: Te	ennessee D	epartment	of Health	Division of	Policy, Pla	anning, and	Assessmen	t.
Have you	ever been	told by a de	octor that	you have	diabetes, i	not includir	g gestation	al
	(percent)							
		Northwes	t		TN			
004-		no data			12.7			
2016		1 .						
		no data			12.7		ļ	į
2015 2014		no data no data			12.7 13			
2015 2014 2013					<del>}</del>			
2015 2014 2013 2012		no data			13			
2015 2014 2013 2012 2011		no data 21.4 13.2 12.8			13 12.2			
2015 2014 2013 2012 2011 2010		no data 21.4 13.2 12.8 11.1			13 12.2 11.9 11.2 11.3			
2015 2014 2013 2012 2011 2010 2009		no data 21.4 13.2 12.8 11.1 12.2			13 12.2 11.9 11.2 11.3 10.3			
2015 2014 2013 2012 2011 2010 2009 2008		no data 21.4 13.2 12.8 11.1 12.2 11.6			13 12.2 11.9 11.2 11.3 10.3 10.4			
2015 2014 2013 2012 2011 2010 2009 2008 2007		no data 21.4 13.2 12.8 11.1 12.2 11.6 12.3			13 12.2 11.9 11.2 11.3 10.3 10.4 11.9			
2016 2015 2014 2013 2012 2011 2010 2009 2008 2007 2006		no data 21.4 13.2 12.8 11.1 12.2 11.6 12.3 12.2			13 12.2 11.9 11.2 11.3 10.3 10.4 11.9 10.7			
2015 2014 2013 2012 2011 2010 2009 2008 2007		no data 21.4 13.2 12.8 11.1 12.2 11.6 12.3			13 12.2 11.9 11.2 11.3 10.3 10.4 11.9			

2040	Benton County	TN	
2018	15	13	
2017	14	13	
2016	14	12	
2015	15	12	
2014	14	11	
2013	14	11	
2012	14	11	
2011	14	11	
<u>Source:</u> Coun	ty Health Rankings and Roadma	os 2016-2018.	
Have you eve	er been told that diabetes has af	fected your eves or that	you have retinonathy?
(percent)			you have recinopating.
	Northwest	TN	10 T
2013	37.2	16.8	
2012	29.7	22.8	
2011	32.9	21.7	
2010	11.1	25.7	
2009	12.2	27.4	
2008	11.6	21.0	anara -
2007	12.3	25.9	
2006	12.2	18.6	
2005	10.9	20.1	PARTICLE TO THE PARTICLE THE PA
2003	10.9	20.1	
Source: Tenne	essee Department of Health. Beh	navioral Pick Eactor Surve	sillanca Custam
Jource: Termit	essee Department of Fleatin. Ber	iavioral Nisk Factor Surve	mance system.
Financial Reso		1	ì
	ime in the past 12 months wher	n you needed to see a do	octor but could not
pecause of co	st? (percent)		APPAINT TO THE PROPERTY OF THE
	Northwest	TN	
2016	no data	12.4	
2015	no data	15.5	
2014	no data	15.5	
2013	22.9	17.6	
2012	26.0	18.0	
2011	16.9	20.9	
2010	17.4	17.7	
		17.5	
2009	25.2	17.5	

2007	17.8	16.5		
2006	15.7	14.8		
2005	10.0	13.3		
				Andrew Control of the
Individuals ui	nder 18 in poverty			
70.00				
as described and the second	Region 6	TN		
2017	27.6	25.5		
2016	33	26		
2015	36	27		
2014	36	26	A STATE OF THE PROPERTY OF THE	
2013	35	27		
2012	34	26		
2011	29	22		
2010	25	23		
Source: 2017	Tennessee Behavioral Health Co	unty and Region Servi	ces Data Book.	
		,		
Uninsured Ad	ults-Percent Population Under	Age 65 without health	n insurance	
	Benton County	TN		
2018	18	15		*
2017	19	17		
2016	22	20		
2015	19	16		
2014	23	21		
2013	18	21		
2012	. 19	20		
2011	17	19		
2010	14	15		
Percent Child	ren Living in Single-Parent hous	eholds		
				′
	Benton County	TN		
2016	32	36	The state of the s	
2015	33	36		
2014	34	36		
2013	28	35		
2012	31	35		
2011	29	34		
<u>Source:</u> Count	y Health Rankings and Roadmap	s 2014-2016.		
THE PERSON OF TH				
All People in F	Poverty-Percent			
		1		. 1

	Benton	County		TN			
2017	22.8	County		17.6			
2010-2014	21.4			18.3		1	
2009-2013	22.1			17.6			
2005 2015	22.1		100	17.0			
<u>Source:</u> 2017 Te	ennessee Beha	vioral Heal	th County a	ind Region	Services Da	ita Book.	
Unemploymen	t						
	Benton	County		TN			
2018	7.3			4.8			
2017	7.8			5.8			
2016	9.3			5.5			
16-Jul	7.2			5			
Oct-14	8.6			7.1			
Sep-14	8.3			7.3			
Oct-13	9.7			8.1			
Source: County	Health Ranking	gs and Road	imaps 2010	6-2018.			To what is consistent or the state of the st
Heart Condition	าร	a a			1		
				The state of the s			
Death from Dis		eart Per 10	0,000				
Death from Dis	eases of the He		0,000				
Death from Dis	eases of the He	County			T	TN	
Heart Condition  Death from Dis  Rate	eases of the He Benton (	County White	Black		Total	White	Black
Death from Dis Rate	Benton 0 Total 387.0	County White 401.6	Black *		232.1	<b>White</b> 249.9	196.8
Death from Dis Rate 2016 2015	Benton 0 Total 387.0 353.3	County White 401.6 346.1	Black		232.1 237.5	White 249.9 252.8	196.8 190.1
Death from Dis Rate 2016 2015 2014	Benton 0 Total 387.0 353.3 365.5	County White 401.6 346.1 385.3	Black * *		232.1 237.5 232.0	White 249.9 252.8 250.8	196.8 190.1 189.3
Death from Dis Rate 2016 2015 2014 2013	Benton 0 Total 387.0 353.3 365.5 460.5	County White 401.6 346.1 385.3 477.5	Black * * - 0.0		232.1 237.5 232.0 226.7	White 249.9 252.8 250.8 245.1	196.8 190.1 189.3 183.1
Death from Dis Rate  2016 2015 2014 2013 2012	Benton 0 Total 387.0 353.3 365.5 460.5 476.4	White 401.6 346.1 385.3 477.5 500.6	Black		232.1 237.5 232.0 226.7 220.6	White 249.9 252.8 250.8 245.1 241.2	196.8 190.1 189.3 183.1 165.2
Death from Dis Rate  2016 2015 2014 2013 2012 2011	Benton 0 Total 387.0 353.3 365.5 460.5 476.4 486.9	White 401.6 346.1 385.3 477.5 500.6 483.6	Black * * - 0.0 0.0 0.0		232.1 237.5 232.0 226.7 220.6 221.0	White 249.9 252.8 250.8 245.1 241.2 239.7	196.8 190.1 189.3 183.1 165.2 175.3
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010	Benton 0 Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2	Black  *  -  0.0  0.0  0.0  0.0		232.1 237.5 232.0 226.7 220.6 221.0 228.3	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0	196.8 190.1 189.3 183.1 165.2 175.3 181.8
Death from Dis	Benton 0 Total 387.0 353.3 365.5 460.5 476.4 486.9	White 401.6 346.1 385.3 477.5 500.6 483.6	Black * * - 0.0 0.0 0.0		232.1 237.5 232.0 226.7 220.6 221.0	White 249.9 252.8 250.8 245.1 241.2 239.7	Black 196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010	Benton ( Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1	Black  *  -  0.0  0.0  0.0  0.0  0.0  0.0	Policy, Pl	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009	Benton ( Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1	Black  *  -  0.0  0.0  0.0  0.0  0.0  0.0	F Policy, Pl	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009	Benton 0 Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8	County White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1 t of Health	# * - 0.0 0.0 0.0 0.0 0.0 Division of		232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009  Source: Tenness	Benton ( Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1 t of Health	# * - 0.0 0.0 0.0 0.0 0.0 Division of essional ev	er told yo	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009  Source: Tenness Has a doctor, no	Benton ( Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8 see Departmen	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1 t of Health nealth profial infarction	# * - 0.0 0.0 0.0 0.0 0.0 Division of essional ev	rer told yont)	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009  Source: Tenness Has a doctor, no	Benton 0 Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8 see Departmen urse, or other hack or myocard	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1 t of Health nealth profial infarction	# * - 0.0 0.0 0.0 0.0 0.0 Division of essional ev	rer told yont)	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8
Death from Dis Rate  2016 2015 2014 2013 2012 2011 2010 2009  Source: Tenness Has a doctor, no	Benton ( Total 387.0 353.3 365.5 460.5 476.4 486.9 351.7 500.8 see Departmen	White 401.6 346.1 385.3 477.5 500.6 483.6 362.2 241.1 t of Health nealth profial infarction	# * - 0.0 0.0 0.0 0.0 0.0 Division of essional ev	rer told yont)	232.1 237.5 232.0 226.7 220.6 221.0 228.3 228.0	White 249.9 252.8 250.8 245.1 241.2 239.7 254.0 241.1	196.8 190.1 189.3 183.1 165.2 175.3 181.8 185.8

2013	8.8			6.9			
2013	6.8			6.7	~ ~~~		
2011	7.3			5.2			
2011	7.3			3.2			
Has a doctor,	, nurse, or other l	health pro	fessional e	ver told yo	u that you	had angina	or
	rt disease? (perc						
	Northwe	≥st		TN			
2016	no data			5.4			
2015	no data			4.9			
2014	no data			5.6			
2013	7		and the second	6.3			
2012	8.5			7.2			
2011	7.7			5.0			
<u>source:</u> Tenn	essee Departmen	t of Health	. Behaviora	al Risk Fact	or Surveilla	nce System	
High Blood Pr	ressure		*nn *v*	İ	j		
	Cerebrovascular :	Disease pe	r 100,000	T POPULATION AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE		**************************************	
	Benton (	County				TN	
	Total	White	Black		Total	White	Black
2016	81.2	85.6	-		52.8	55.1	52.6
015	62	65.3	-		52.2	53.9	49.8
2014	74.3	78.4	-		50.7	53.1	48.4
.013	49.1	51.6	0.0		48.1	50.5	45.8
2012	36.6	32.1	0.0		46.3	48.6	42.9
2011	91.3	95.4	0.0		50.1	52.8	46.2
2010	78.8	82.6	0.0		50.1	54.3	45.6
2009	90.5	93.4	0.0		50.6	51.9	48.2
Ource: Tonne	accas Danautanau	+ - £ 11 1+ 1-	Division	D-U			_
ource. Termie	essee Departmen	тог пеанн	DIVISION OF	Policy, Pla	anning, and	Assessmen	τ.
lave you eve	r been told by a	doctor, nui	se or othe	r health pr	ofessional 1	that you ha	ve high
	e? (percent)			-			
	NI AI			72.			
016	Northwe	Sτ		TN		'	
016	no data			41.8			
015	no data			38.5		-	
013	46.9			38.8			
012	39.8			39.7			
011	41.9			38.7			
010	46.3			35.4			
.009	39.3		1	32.6			

2007	39.1			33.8			1
2005	39.6			30.2			
2003	33.0			30.2			
Aro vou curro	athetaling madia						
Are you currer	ntly taking medic	ine for you	r nign bioo	a pressure	(percent)		
	Northwe	<u> </u>		TN			
2016	no data			84.55			
2013	82.3			83.9			
2012	78.0			80.0			
2011	84.2			78.3			
2010	86.0			85.6			
2009	85.7			81.8			
2007	86.1		-	84.0			
2005	81.5			83.4			
	01.3			03.4			
Source: Tenne	ssee Department	of Health	 	Rick Factor	Survoilland	o Systom	
Jource: Terme.	sace Department	or ricartii.	Dellavioral	NISK FACTOR	Julvemand	e system.	
Influenza in vu	ral West Tenness						
						1	1
Sentinei Provid	der Influenza-Like	inness Su	rveillance L	vata			
	# 5-4:						
2017	# Patients						
2017	28						
2014-Novembe	er 35		-	ļ			
	ssee Department	of Health S	entinel Pro	vider Influe	enza-like Illi	ness Survei	llance
Summary.							
							and the order of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the
Mental Iliness							
* Mental illnes	s affected 1 in 5 a	dults in the	United Sta	tes in 2016	5.		
			VERNAME			1	
* 18 3 nercent	or 44.7 million Ai	mericans as	n hac 21 ar	lder suffer	from a diac	inacad mar	stal illages
	ige 18+ or 4.2 pe						
	e, 6.7 percent rec			II IIVE WILII	a serious, p	ersisterit ii	ientai
	of 18-25 year old	TOTAL CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRA		66 1 narca	nt of 25.40	voor older	ocaivad
	5 percent of 50+			oo.i perce	111 01 20-43	year olus i	eceived
	sion disorder 6.7			an enicodo	in 2016		
	der 2.8 percent o		auuits IIdu	an episode	111 2010.		
	a has a prevalenc		64 parcent			1	
	a is one of the top		causes of	uisability w	oriawide.		
**************************************	r 2.7 percent of a		L - f 1 ::				
rost traumat	ic stress disorder	3.6 percen	t of adults.				
						•	

Average Number	er of Mentally Un	healthy Days	Renorted in Lac	t 30 Dave	
, werage warms	Or Michitally On	meaning Days	Neported in Las	t 30 Days	
	Benton Cou	untv	TN		
2018	5.1		4.5		
2017	4.9		4.4		
2016	4.9		4.9		
			1.0		
Source: County I	Health Rankings a	ind Road Map	s 2016-2018.		
Estimated numb	er and percent o	of people over	the age of 18 w	ith	
	llness in the past				
	TN				
	Percent		***************************************		W MANAGEMENT AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE
2015-2016	5.0				-
2014-2015	4.4				
2013-2014	4.7				
Estimated numb	er and percent o	f people over	the age of 18 w	ith	
	ss in the past yea				
	TN				
	Percent				
	reiteiit				
2015-2016	19.6				
2015-2016 2014-2015					
2014-2015	19.6				
	19.6 19.9				
2014-2015	19.6 19.9				
2014-2015 2013-2014	19.6 19.9	ors for Tennes	see and the Uni	ted States 201	8 Data Book.
2014-2015 2013-2014 Source: Behavior	19.6 19.9 20.4 ral Health Indicato				8 Data Book.
2014-2015 2013-2014 Source: Behavior	19.6 19.9 20.4 ral Health Indicato	ety net (BHSN)	enrollments ar		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha	19.6 19.9 20.4 ral Health Indicate vioral health safe as a percentage	ety net (BHSN)	enrollments ar		8 Data Book.
2014-2015 2013-2014 Source: Behavior Number of beha	19.6 19.9 20.4 ral Health Indicate vioral health safe as a percentage	ety net (BHSN)	enrollments ar		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha	19.6 19.9 20.4 ral Health Indicate vioral health safe as a percentage	ety net (BHSN)	enrollments ar		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha	19.6 19.9 20.4 ral Health Indicate vioral health safe as a percentage	ety net (BHSN) of people ove	enrollments ar		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha and enrollments serious mental il	19.6 19.9 20.4  ral Health Indicate vioral health safe as a percentage liness  Benton Cou	ety net (BHSN) of people ove	enrollments ar r age 18 with a		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha and enrollments serious mental il	19.6 19.9 20.4  ral Health Indicate vioral health safe as a percentage liness  Benton Cou #	ety net (BHSN) of people ove	enrollments ar r age 18 with a TN		8 Data Book.
2014-2015 2013-2014 Source: Behavior Number of beha and enrollments serious mental il	19.6 19.9 20.4  ral Health Indicate vioral health safe as a percentage liness  Benton Cou # P 126 4	of people ove	enrollments ar r age 18 with a  TN  Percent		8 Data Book.
2014-2015 2013-2014 Source: Behavior	19.6 19.9 20.4  ral Health Indicate vioral health safe as a percentage liness  Benton Cou # P 126 4 114 3	of people ove	r age 18 with a  TN  Percent  3.4		8 Data Book.
2014-2015 2013-2014  Source: Behavior  Number of beha and enrollments serious mental il	19.6 19.9 20.4  ral Health Indicate vioral health safe as a percentage liness  Benton Cou # P 126 4 114 3	of people oven  nty Percent	r age 18 with a  TN  Percent  3.4  3.5		8 Data Book.

	dults who have a body mass inde	ex greater than 25-ove	erweight or obese
	Benton County	TN	
2018	34	32	
2017	32	32	
2016	34	32	
2013	74.4	68.4	
2012	61.8	65.4	
2011	66.9	66.5	
2010	71.4	67.8	
2009	68.8	69.0	***************************************
2008	74.8	68.0	
2007	68.1	67.4	
2006	66.9	65.3	
2005	64.8	62.3	
Adults who h	ave a body mass index greater t	han 30-obese (percen	t)
	Northwest	TAI	
2013	31.8	TN	
2013		33.7	
2012	no data	31.1	
2011	30.1	29.2	
2010	38.5	31.7	
Source: Coun	ty Health Rankings and Road Mar	os 2016-2018.	
Sexually Tran	smitted Diseases		
_	agnosed with Chlamydia, gonor	rhea, or syphilis	
	Benton County	TN	
rear ear	#	#	
	64	4081	
2016			
	63	3830	İ
2016	63 38	3830 3988	
2016 2015		3830 3988	
2016 2015 2014		3988	ager).

2016	5.6		
2015	4.7		19 19 19 19 19 19 19 19 19 19 19 19 19 1
2014	4.1		
Binge drinker	rs: (Males having five or more d	rinks on one occasion a	nd females having four or
	on one occasion) (percent)		
	Benton County	TN	
2016	no data	13.1	
2015	no data	10.3	
2014	no data	10.6	
2013	8	10	
2012	9	9	
2011	11	9	
2010	11	9	- All
		1 -	
			The distance of the second second second second second second second second second second second second second
Source: Tenne	essee Department of Health. Bel	avioral Risk Factor Surv	reillance System 2014-2016
During the na	st 30 days have you had at leas	t and drink of hoor wir	a malt have a linear
(percent)	ist 30 days have you had at leas	t one arms of beer, wir	ie, mait beverage, liquor?
(percent)			- Alfa-Carlo
	Northwest	TN	
2013	31.3	37.5	
2012	20.0	38.6	4070, 17 Vol. 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
2011	26.8	37.5	
2010	22.6	28.2	
2009	21.1	25.1	11177/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
2008	22.8	33.6	
2007	29.6	32.9	
2006	25.9	29.5	
2005	28.3	34.7	
2003	20.3	34.7	
Have you had	five or many drinks an area	-i // f r s	
nave you nau	five or more drinks on one occa	ision (4 for women, 5 f	or men)(percent)?
	Northwest	TN	
2013	4.5	9.6	
2012	5.8	11.3	
2011	6.9	10.0	
2010	6.9	6.6	
2009	4.5	6.8	
2008	8.0	10.5	
2008			
	10.4	9.0	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER
2006	6.7	8.6	

2005	11.4	8.6	
Estimate -1			
		er age 18 with a dependence on illicit	
drugs or alcor	nol in the past year		
TOTAL TOTAL CONTRACT - A SECURITION OF THE CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - CONTRACT - C	Benton	TN	70.1/4.000.0000.000
2010-2012	1,037/7.91	8.20	
2008-2010 1,036/7.90		8.04	
2006-2008	992/7.85	8.86	
Source: Tenne	ssee Department of Health. Be	navioral Risk Factor Surveillance System.	
Number of un	ique TDMHSAS A&D Treatmer	t Admissions as a percent of people over	7
		cit drugs or alcohol in the past year.	
		J	
	Benton	TN	<u> </u>
			-
Fy2014	45/4.34	3.95	
Fy2013	34/3.28	3.53	
Fy2012	55/5.31	3.52	
Number and p	ercent TDMHSAS funded treat	ment admissions with ALCOHOL identifi	ed
as substance o	of abuse		
	***		
	Benton County	TN	
2016	13/*	5,894/42.1	
2015	10/*	6,004/44.7	
2014	9/*	6,213/45.9	
Fy2013	10/*	45.4	
Fy2012	16/*	45.3	
	7,1000		
		ment admissions with CRACK COCAINE	
identified as s	ubstance of abuse		
	Region 6	TN	
2016	274/17.1	2,614/18.7	
2015	328/20	2,634/19.6	
2014	340/20.1	2,722/20.1	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ment admissions with HEROIN identified	
as substance o	t abuse		
2016	Region 6	TN	
2016	138/8.6	1,518/10.8	- The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the

2015	87/5.3	1,069/8	
2014	52/3.1	721/5.3	
Number and p	percent TDMHSAS funded treati	ment admissions with MARIJUAN	JA
	substance of abuse		
	Benton County	TN	
2016	19/*	5,327/38	
2015	11/*	5,206/38.7	
2014	13/*	5,362/39.6	
Number and p	percent TDMHSAS funded treati	nent admissions with METH ider	ntified
as substance (			
	Benton County	TN	
2016	25/59.5	2,869/20.5	
2015	9/*	2,089/15.5	
2014	19/*	1,849/13.7	
Fy2013	25/45.5	12	
Fy2012	16/*	10.1	
Number and r	percent TDMHSAS funded treatr	nent admissions with OPIOIDS ic	lentified
as substance o			
			***************************************
			i i
	Region 6	TN	
2016	Region 6 25/59.5	TN 5.792/41.4	
	25/59.5	5,792/41.4	
2015	25/59.5 15/*	5,792/41.4 5,907/43.9	
2015 2014	25/59.5 15/* 19/*	5,792/41.4 5,907/43.9 5,859/43.3	
2015 2014 Fy2015	25/59.5 15/* 19/* 15/*	5,792/41.4 5,907/43.9 5,859/43.3 43.2	
2015 2014 Fy2015 Fy2014	25/59.5 15/* 19/* 15/* 19/*	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2	
2015 2014 Fy2015 Fy2014 Fy2013	25/59.5 15/* 19/* 15/* 19/* 12/*	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4	
2015 2014 Fy2015 Fy2014 Fy2013	25/59.5 15/* 19/* 15/* 19/*	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2	
2015 2014 Fy2015 Fy2014 Fy2013 Fy2012	25/59.5 15/* 19/* 15/* 19/* 12/* 40/72.7	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4 39.1	i+
2015 2014 Fy2015 Fy2014 Fy2013 Fy2012	25/59.5 15/* 19/* 15/* 19/* 12/* 40/72.7 percent TDMHSAS funded treatments	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4	it
2015 2014 Fy2015 Fy2014 Fy2013 Fy2012	25/59.5 15/* 19/* 15/* 19/* 12/* 40/72.7	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4 39.1	it
2015 2014 Fy2015 Fy2014 Fy2013 Fy2012	25/59.5  15/*  19/*  15/*  19/*  19/*  12/*  40/72.7  percent TDMHSAS funded treatmed as substance of abuse	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4 39.1  ment admissions with OTHER illic	it
2015 2014 Fy2015 Fy2014 Fy2013 Fy2012 Number and p	25/59.5 15/* 19/* 15/* 19/* 19/* 12/* 40/72.7  percent TDMHSAS funded treatmed as substance of abuse Region 6	5,792/41.4 5,907/43.9 5,859/43.3 43.2 40.2 28.4 39.1  nent admissions with OTHER illic	it
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A							
		lated arres	ts for adult	s over 18 in Ben	iton County		
2017	40						
2016	42						
2015	39						
Cy2013	86						
Cy2012	137						
Cy2011	112						
<u>Source:</u> N	VIBRS, 201	5-2017.	11 THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER				
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		Total	White	Black	Total	White	Black
2016		5.7	6.1	-	5.4	4.5	9.7
2015		7.1	7.6	-	6	5.1	10.2
2014		12.8	12.2	*	6.3	5.5	10.7
2013		10.9	11.6		7.2	6	12.9
2012		12.0	11.5	0.0	8.3	7.0	14.0
2011		15.4	15.1	0.0	8.9	7.3	15.5
2010		9.5	7.7	0.0	10.0	8.3	17.9
2009		19.8	20.9	0.0	12.0	9.1	21.9
				0.0	12.0	J.1	21.5
Pregnanc	ies Age 15	5-17 Per 1,0	000 Female	s (Rate)			
		Benton	County			TN	
		Total	White	Black	Total	White	Black
2016		15.9	17.4	-	13.7	11.5	23.6
2015		18.9	20.3	-	15.2	13.2	24.7
2014		29.7	27.7	*	16.1	14.2	25.6
2013		28.8	30.7		7.2	6	12.9
2012		25.5	23.5	0.0	21.2	18.1	33.9
2011		38.7	37.9	0.0	22.4	18.9	36.5
2010	4	23.3	18.9	0.0	24.8	21.1	42.1
2009		45.5	48.0	0.0	29.6	22.4	55.5
Source: T	ennessee l	Departmer	t of Health.				
Tobacco (	Use						
Percent o	f current s	mokers				Antonio	

	Benton County	TAI	
2018	23	TN	
2018	23	22	
2017		22	
2018	24	24	
	25.6	24.3	
2012	28.1	24.9	
2011	27.1	23.0	
2010	22.3	20.1	
2009	29.0	22.0	
2008	55.3	23.1	
2007	30.3	24.3	
2006	27.1	22.6	
2005	24.0	26.7	
Source: County	Health Rankings and Road Ma	ps 2016-2018.	
Adult Smoking-l	Percent of Adults that report	smoking at least 100 c	igarettes
2015	Benton	TN	
2016	24	24	
2015	25	23	
2014	25	23	
2013	28	23	
2012	30	24	
2011	no data	24	
2010	no data	25	
Source: Robert V	Nood Johnson Foundation and	Linivarsity of Wissans	cin Danulation Health
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Traumatic Brain	Injury		
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Dankan Carrate			
	ty count 2		
TBI related fatali			70.190.200.90.200.
TBI related fatali	0.77		
Benton County TBI related fatali Relative Rate Key findings	0.77		

- \* Overall, 58% of TBI patients were males. The number of male TBI patients exceeded females in each age group except in patients over 75 years.
- \* Falls were the leading cause of TBI in Tennessee, followed by motor vehicle accidents.
- \* Over 10% of concussion-related hospitalizations in 2016 were sports-related, but overall, sports-related concussions are likely underestimated.
- \* The age-adjusted TBI hospitalization rate for Tennesseans in 2016 was 84.17 per 100,000, while the age-adjusted death rate was 9.11 per 100,000 residents.

Source: Traumatic Brain Injury Program Annual Report 2016-2017.

HEBALINE PROPILE

2016 Population

Estimate: 16,014
Percent White: 94.8%

Percent Black: 2.5

Percent Other: 2.7

Education Level: High School Graduate:

Bachelor's Degree: 12.2%

https://www.census.gov/quickfact

Median Household Income: \$33,611

Persons in Poverty: 17.9%

Children in Poverty: 30.1%

https://www.census.gov/quickfacts http://datacenter.kidscount.org # of County/Public Schools: http://tennessee.educationbug.org

Students Receiving Free/Reduced Lunch

State Rate: 49%

County Rate: 49.7%

http://datacenter.kidscount.org

2016 Teen Pregnancy Rate (10-17): \*per 1,000 State Rate: 5.4 per 1,000

County Rate: 5.7 per 1,000

https://www.tn.gov/health/topic/health-data

2016 Infant Mortality Rates;

State Rate: 7.4 per 1,000

County Rate: 13.9 per 1,000

https://www.tn.gov/health/topic/health-data

### 2018 HEALTH RANKINGS:

Health Outcomes: 84

Health Factors: 83

Hwww.gountyhealthrankings org

Health Outcomes: represent how healthy a county is within the state. The healthiest county is ranked #1.

This rank is based on; how long people live and how healthy they feel while alive.

Health Factors; represent what influences the health of a county

This rank is based on: health behaviors, clinical eare, social and economic factors, and physical environment factors.

## 2016 Leading Causes of Death:

- 1. Cancer
- Heart Disease
- 3. Accidents and Adverse Effects
- 4. Alzheimer's Disease
- 5. Cerebrovascular Disease

https://www.tn.gov/health/topic/health-data

# 2018 Leading Behavioral Risk Factors:

- Physical Inactivity (35%)
- 2. Atcohol Impaired Driving Deaths (38%)
- 3. Adult Obesity (34%)
- Adult Smoking (23%)

http://www.countyhealthrankings.org

## 2018 Top Health Council Priorities:

SENTON COUNTY

HEALTH COUNCIL PROFILE

- Obesity
- 2. Chronic Disease
- Substance Abuse

### 2018 Meeting Dates:

- January 9, 2018
- April 17, 2018
- July 10, 2018
- October 9, 2018

\*Two additional meetings for Community Outreach TBD.

### Community Partners:

The Benton County Health Council partners with area agencies/organizations, businesses, churches/faith-based organizations, schools, colleges/universities, and local government to fulfill its mission to identify and prioritize health issues and problems while continually working to promote, protect, and improve the health of persons living and working in the county

### TOBACCO SETTLEMENT PROJECTS:

In addition to the \$15 million that was appropriated in the 2014 state budget for three years to support tobacco use prevention projects, the Tennessee Legislature granted a one-time appropriation of \$5M for tobacco prevention activities for state's fiscal year 2017-2018. The funds are being spent on efforts centered on three priority areas: smoking cessation for pregnant women, reduction in youth initiation of nicotine-containing products, and reduction in exposure to secondhand smoke by children. As in the previous three years, funds were dispersed to counties for local-level initiatives.

Benton County received \$3,000 which will be used to:

Prevent initiation of tobacco use among youth by establishing and strengthening tobacco-free policies in schools in Benton County.

seer education and advocacy for prevention of Conference was held on September 9, 2017 in he TNSTRONG (Tennessee Stop Tobacco The county will also continue its efforts with nitiative, a youth-led movement of peer-to-Jackson, Tn. The 2018 conference will be Forge, TN. In 2017, regional TNSTRONG Conferences were held in the three grand obacco and nicotine addiction across the state. The initiative began with the 2016 INSTRONG's goal is to become the first FACT Summit which was held in Pigeon and Revolutionize Our New Generation) divisions of the state. West Region's held June 3-5 in Chattanooga, TN. tobacco free generation.

## Health Promouon Highlights

Healthier TN Community Initiative

Primary Prevention Initiative

Community Wide Tobacco Prevention and Cessation Programs

Living Well With Chronic Conditions Workshops

Take Charge of Your Diabetes Workshops

Community Health Expo

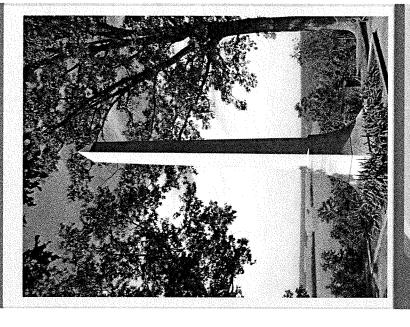
If you would like more information, or if you are interested in joining the Benton County Health Council, please contact the Health

Benton County Health Educator: Crystal Floyd Phone | 731.584.4944 E-mail | Crystal.Floyd@tn.gov

Health Council Chair:
Donna Moore
Phone | 731.847.2928
E-mail | donna.moore@bcos.org

# BENTON COUNTY

HEALTH COUNCIL PROFILE (2018)



The Benton County Community Health Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop stranegies to improve health outcomes within the



### In Attendance

Crystal Floyd, Donna Moore, Heather Smith, Lindsey Skelton, Dawn Harris, Jean Chandler, Dana Cobb, Janie Nicholson, Jo Jones, Stacey Levine, Brannon Powell, Susan Woods, Tracy Byrd, Ginny Brimm, Lori Scott, and Chanda Freeman.

The meeting was called to order by Chair Donna Moore at 12:06p.m.

### **Approval of Minutes**

There was a motion to approve the previous meeting minutes as written by Janie Nicholson. There was a second on the motion by Joe Jones; the motion to approve minutes as written carried by unanimous vote.

### **Old Business**

- 2018 Health Expo- Coordinated School Health Coordinator Donna Moore shared the flyer for the upcoming Health Expo on July 19th. Moore also brought attention to a change in the name and location of the expo. Moore reports what is known as the Health Expo will now be referred to as "Benton County Cares Community Health Day" with the slogan of "A Caring Community Is a Healthy Community." Moore also shared that the Benton County Cares Community Health Day will be held at the Camden Central High School gym from 2-5PM, and that Stuff the Bus presented by United Way, would be in attendance as well. Moore encouraged council members to share the flyer within the community.
- Tobacco Settlement Fund (TSF) Update- Public Health Educator Crystal Floyd shared that the Benton County Health Department currently has \$2,600 of carryover funds. They will use the carryover funds on promotional items for the school and community representing TNQuitline and TNSTRONG. Regional Health Council Coordinator Chanda Freeman shared information on the TNSTRONG youth summit and announced that the summit will be in Chattanooga again next June. Freeman also provided information to the council on the Photo Voice Project and other inspirational ways to raise awareness on the harmful effects of tobacco/nicotine. County Director Tracy Byrd shared that the Tennessee Dept. of Health is in the process of a new contract and will receive another \$3,000 again this year.
- Proj. Diabetes Grant Update (2018-19)- Coordinated School Health Coordinator Donna Moore shared the
  status of the new walking track. Moore reported the track is 1.4 miles covering 4 schools in Benton County.
  Moore also provided updates on the student fitness center, tennis courts for Holiday School, Big Sandy
  equipment around the walking track, and exercise equipment for faith based communities. Moore reports
  within the year of 2018 there has been a two percent increase in breast feeding for Benton County.
- HTC Subcommittee Meeting- Coordinated School Health Coordinator Donna Moore shared that she
  attended a HTC conference call on Monday in regards to active programs being used in Tennessee. She
  shared Stacey Levine will be helping the community to receive recognition of 2.0. Levine shared
  information on upcoming grant opportunities and deadlines.

### **New Business**

• 2017 TBI Crime Report- Public Health Educator Crystal Floyd shared the Tennessee Bureau of Investigation (TBI) Crime Report for 2017. Floyd reported that the agencies report crimes to the Tennessee Incident Based Reporting System (TIBRS), which is the state's version of the FBI's National Incident Based Reporting System (NIBRS). Floyd also shared the Benton County Sheriff's Office and Camden Police Department NIBRS report. Floyd also provided a chart/ listing of the Opioid At-Risk Rural Communities highlighting Benton County as an at-risk community.

- Revisit Health Council Officers- Public Health Educator Crystal Floyd shared the Benton County Health Council Bylaws. Floyd brought attention that the Health Council is in need of a Vice-Chair and Secretary.
- **2019 Meeting Dates-** Public Health Educator Crystal Floyd provided the 2019 Health Council Profile and announced the meeting dates for 2019.

### Announcements

- Heather Smith announced the success of May Marathon Month complementing involvement with businesses and community partners in Benton County.
- Joe Jones announced the upcoming Stuff the Bus-Back to School Bash held on July 19<sup>th</sup> from 2-5:00PM at the Camden Central High School. Jones provided announcement flyer.
- Janie Nicholson shared the Benton County Community Resource Center has an Alzheimer's Support Group on the 2<sup>nd</sup> Thursday of every month at 6:00PM.
- Janie Nicholson shared flyer for West Tennessee Legal Service- Free Elder Law Clinic on Friday, July 20, 2018 form 1-4:00PM. Clinic will be held at the Benton County Community Resource Center. Ginny Brimm reported the clinic will have local lawyers as well as lawyers from West Tennessee Legal Services.
- Susan Woods announced that the friends of Nathan Bedford Forrest now have kayak rentals available. Woods encouraged everyone to visit Friends of Nathan Bedford Forrest Facebook page for more information on rentals.
- Janie Nicholson shared UT-Martin at parsons nursing students would provide services during the month of October and/or November. Nicholson also mentioned services and training for "Yellow Dot." (more information to come)
- Dana Cobb provided 2018 Kids Count Data Book. Cobb provided statistics for Tennessee as well as brought attention to upcoming legislative seats within the government.

### Adjournment

There was a motion to adjourn by Jean Chandler and there a second on that motion by Janie Nicholson. All were in favor of the motion; the meeting was adjourned at 1:10p.m.



### VENDORS E EVENTS

(6)

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### BENTON COUNTY CARES

Thursday, July 19th, 2PM-5PM





FREE Basic Fitness GYM



\*FREE\*FREE\*FREE\*

**HEALTH SCREENINGS** 







**SCREENINGS DEMONSTRATIONS** and INFORMATION



Pet & Learn

BENTON COUNTY about local shelter dogs ANIMAL SHELTER

Climb Aboard a REAL **AMBULANCE** HELICOPTER



115 Schools Dr, Camden, TN 38320

Presented to you by:

The Benton County/Camden Chamber of Commerce:UT/TSU Extension:Coordinated School Health:Benton County Health Department: Benton County Health Council: Camden General Hospital



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# REGISTERYOUR SCHOOL AND GET MOVING

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# THERE IS ABSOLUTELY NO COST TO SIGN UP AND GET GOING

Our award-winning 100 Mile Club 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. The program presents students with a straightforward challenge: run, jog, or walk 100 miles over the course of the school year. Our program is easy to start, flexible and delivers high-quality physical activity in a fun and challenging way.

Carefully developed over 26 years, 100 Mile Club has been the program leading the effort in the prevention of childhood inactivity and obesity across the nation. We are more than just a running program. We change 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 our 100 Mile Club Schools.

You can adapt the program to be implemented anytime throughout the school day; during PE, school hours, lunch, recess, and before or after school! Students of all ages and abilities can aim for their highest goals, improve their health and well-being and experience true, personal success.

What makes the 100 Mile Club program easy to implement is the ability to meet the needs of any school, including yours!

# 100 MILE CLUB PROGRAM OPTIONS TO RECOGNIZE YOUR STUDEN TS:

### OUR SIGNATURE GOLD MEDAL INCENTIVE PACKAGE (LOW-COST OPTION)

The Gold Medal option provides your students with the proven 100 Mile Club Signature Milestone Incentive Packages needed to celebrate your students as they work toward reaching their goal of running or walking 100 miles during the school year. Our low-cost Signature Milestone Incentives were carefully developed over 25 years to reinforce the value of your students' perseverance and to celebrate milestones achieved. They work! ALL milestone incentives are included and cost just \$10 per student for the entire school year.

### OUR CELEBRATION CERTIFICATES (NO-COST OPTION)

Our downloadable tools are a nocost option for your school and students! This is an excellent way to get your school moving immediately and join the national effort to get ALL kids healthy, happy, and connected through the journey to 100 miles. While this option does not include our Signature Incentive Package, you have access to tools such as downloadable Challenge Accepted ID Cards and End-of-Year Certificates. And at any point if you do wish to begin ordering incentives you can do

### A LITTLE BIT OF BOTH! OPTION)

(MBRID

Our most popular choice, this allows you to utilize a hybrid of both options in any combination to meet the needs of your school. Our #1 goal is to get your kids moving! Many schools start 100 Mile Club using our Incentive Packages in some classrooms, grade levels, or a before or after-school club, while using end-of-year certificates school-wide to celebrate all students moving towards their goals.

The possibilities are endless!

Whether you choose to recognize student MILEstones with our low-cost or no-cost options, our team at 100 Mile Club is here to help you every step of the way.

# OUR SIGNATURE INCENTIVE PACKAGE

Since its inception, the 100 Mile Club has motivated and recognized students with a comprehensive set of incentives, uniquely marking milestones at every 25-mile interval. Our Signature Incentive Packages are all-inclusive, so much fun, and are the highest quality and most cost-effective in the business. Best of all...they work! 100 Mile Club schools are universally connected through our unique, signature t-shirt, MILEstone incentives, and the all-powerful quest toward earning the beautiful and coveted 100 Mile Club® GOLD MEDAL.



### OUR SIGNATURE INCENTIVE PACKAGE INCLUDES

- Official 100 Mile Club\*
  CHALLENGE ACCEPTED ID card
- A unique 100 Mile Club\* Tshirt 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)

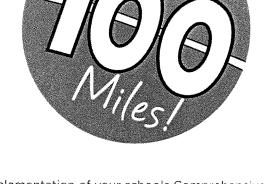
Click Here to learn more about our Signature Incentive Package.

# SUPPORTING YOUR PROGRAM

The 100 Mile Club\* is a free, simple, enjoyable, standards and evidence-based, and highly effective way to assist in the development of physically literate individuals, quality physical education programs, and can serve as a significant part of a Comprehensive School Physical Activity Program (CSPAP), addressing needs in all component areas.

100 Mile Club is a powerful tool that:

- contributes to quality physical education and physically literate students.
- supports ESSA,
- and is a significant contributor to the effective



development and implementation of your schools Comprehensive School Physical Activity Program (CSPAP).

#### Read more.

Standards-based games and activities with 100 Mile Club equivalents are available to all registered coaches in Coaches Corner.

# OUR CELEBRATION CERTIFICATES

100 Mile Club participants can be recognized and celebrated all year long for little to NO cost with our downloadable Celebration

Certificates! Whether your school or site uses our Gold Medal Incentive Package or recognize students with our Certificate Path option, any participant can be celebrated as they reach their milestones and when they go 'above and beyond'.

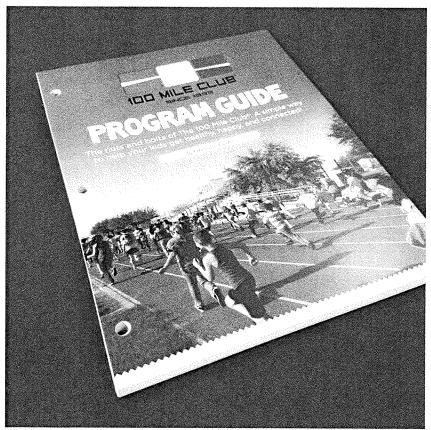
#### **OUR CELEBRATION CERTIFICATES INCLUDE**

- Final Year-End Certificate Celebrating the success and achievement for all those participating in the program throughout the year, this certificate is awarded at the end of the school year, no matter the miles earned. (shown above)
- WOW Certificate Celebrate those special WOW moments as miles are earned. These are made to use as is OR can fit our fun 25, 50, 75, 100 stickers in the middle of WOW for an extra POW!
- Extra Mile Certificate Know someone who has gone the extra
  mile? Maybe they've helped a friend, shown honesty and
  integrity, or helped out with the program. These wonderful life
  skill efforts are important and can be recognized, too, with these
  beautiful certificates.
- Runner of the Week Certificate Recognize a special runner or runners each week.
- Runner of the Month Certificate Recognize a special runner or runners each month.



All certificates are available as downloads for registered schools in Coaches Corner under Program Resources. In addition, low-cost printed certificates are available for purchase.

### **TOOLS FOR ALL SCHOOLS**



As part of your 100 Mile Club program, you will have access to:

- · Comprehensive Program Guide
- Program Design Assistance
- Year-Round Program Support
- Exclusive Web Portal and Interactive Forums
- Bi-Monthly Newsletters
- Useful Downloads and Forms
- Special Recognition Downloadable Certificates
- Kick-off and End-of-Year Assembly Support
- · Access to National Regional Community Calendar
- Quarterly Webinars with 100 Mile Club Founder Kara Lubin
- Community Events Calendar
- And Much More!

### REGISTERYOUR SCHOOLANDGET MOVING TODAY!

Register



Engaging and empowering kids and families to achieve a healthy illestyle through physical activity nationwide: preventing childhood mactivity and obesity, one childhood one school, and one community as a time.

#### #WeAreONE

#### Contact Us

- 📞 1 (95h 340- 2290
- 219) Fifth Street, Suite 2T Norce, CA 92880
- 🔀 info@400milectub.com

#### RECENT POSTS



20 Reasons Why 100 Mile Club is the ONE!

August 4, 2018 by 100 Mile Club



Toll Us Apout the T-Shirts

May 15, 2018 by 100 Mile Stub



An All-New Club262 Summer Challenge)

April 18, 2018 by Jeffrey Dale

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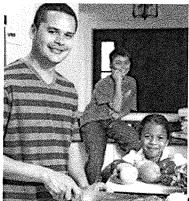
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This Site: Family and Consum ▼

#### Family and Consumer Sciences

PACULTY AND STAFF COUNTY CONTACTS

UT Institute of Agriculture > Family and Consumer Sciences >



Contacts:

#### Contact Your County Extension Office

Janie Burney, PhD, RD Kristen Johnson, PhD Michelle Vineyard, PhD, RD, LDN Karen Franck, PhD Christopher Sneed, PhD Clint Cummings, MS

Have a question? Ask **EXPERT** 



#### Family & Consumer Sciences **Nutrition and Food Safety**

#### Cooking

How many times have you thought, "I wish I could prepare foods my family would enjoy eating and, at the same time, are healthy?" Cooking tasty foods that w your budget is easier than you might think.

#### **Food Preservation**

Home food preservation (canning, freezing and drying) is making a comeback. If you decide to preserve your own food, do it safely and use techniques that will preserve the quality. Learn more about canning, freezing and drying.

#### Food Safety

Food provides the nutrients we need for good health. No one wants to worry about the safety of their food, but surveys suggest most people do. Learn more ab borne illness and ways it can be prevented.

#### Food Shopping

Two-thirds of what people purchase in the supermarket, they had no intention of buying. A few simple shopping strategies help you get through the supermarket what you intended to buy. Using the information on the food label and pricing information you can get the healthiest food for your grocery money.

#### **Healthy Food Choices**

Making healthy food choices not only promotes good health and a long life but also helps decrease the risk for chronic disease. When choosing healthy foods the certain food components most people need to eat less, such as sodium, solid fats, and added sugar. There are other food components most people need to eat as fruits, vegetables, whole grains and low-fat dairy.

#### Healthy Aging

Healthy Aging is a journey and a process. Scientists still don't know how to extend the human life span; but they know a lot about how to stay healthy and ener get older. Seventy percent of all age-related disease is associated with lifestyle choices—for example, your eating, activity and drinking habits—and only about is driven by your genes.\* That means you have a lot more power than you think over how well you age. Poor health does not have to be a consequence of aging adults who practice healthy behaviors, take advantage of clinical preventive services, and continue to engage with family and friends are more likely to remain I live independently.

#### Meal Planning

Simple meal planning strategies can take the stress out of getting food on the table without spending a lot of time in the kitchen. It helps save money and help your family healthier meals.

#### **Physical Activity**

Being physically active can improve your health. You do not have to be a marathon runner to be physically fit. Physical activity burns fat, builds muscle, lowers eases stress and anxiety, helps your control your weight and promotes restful sleep.

#### Weight Management

Why should you pay attention to your weight? Because staying at a your best weight is very important for your health by reducing your risk for several chronic such as diabetes, high blood pressure, and heart disease. It helps you live longer, healthier lives. If you weigh more than you should, you can safely lose weigh!

#### **Program Links**

- · Canning College
- · Dining with Diabetes
- Expanded Food and Nutrition Education Program (EFNEP)
- eWellness
- · Farmers' Market Fresh
- · Fresh Plate
- · Hands On
- · Healthy Steps
- · Media Smart Youth
- · Pathweighs to Health
- · Power U
- · Tennessee Nutrition and Consumer Education Program (TNCEP)

#### **Food Safety Links**

- · Center for Disease Control and Prevention Food Safety Office
- · Fight BAC!
- · Food Safety Gateway
- · US Department of Agriculture Food Safety and Inspection Service
- US Environmental Protection Agency
- US Food and Drug Administration

#### **Nutrition Links**

- · Center for Nutrition Policy and Promotion
- Dietary Guidelines for Americans
- Food and Nutrition Information Center
- ChooseMyPlate.gov
- · Nutrition.gov
- · USDA National Nutrient Database
- · Healthier Tennessee Initiative



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### Family and Consumer Sciences

FACULTY AND STAFF

COUNTY CONTACTS PUBLICATIONS

INTERNAL RESOURCES

UT Institute of Agriculture > Family and Consumer Sciences >



Contacts:

#### **Contact Your County Extension Office**

Janie Burney, PhD, RD Betty Greer, PhD, RD Michelle Vineyard, PhD, RD, LDN Karen Franck, PhD Christopher Sneed, PhD Clint Cummings, MS

Have a question? Ask EXPERT



Family & Consumer Sciences Power U

**Power U** is a toolkit that contains a series of interactive lessons designed to make learning fun. It was originally developed for 4th grade students and was revised in 2013 to include lessons for 5th grade and align the curriculum with the state Common Core Competencies. The lessons focus on healthy food choices and physical activity.

Students participating in Power U:

- · Learn why physical activity is important for health and fun ways to stay active
- Experience a variety of fruits and vegetables
- Understand the concepts of balance, variety, moderation
- Recognize normal versus outrageous portion sizes
- · Measure sugar content in soft drinks to be able to visualize how much sugar they are consuming
- · Identify high-fiber foods
- Measure the amount of fat in some foods
- Estimate (using flour to represent calcium) the amount of calcium in bones at various life cycle stages

The toolkit contains a teacher's guide; Food Cards illustrating foods rich in fiber, calcium and fruits and vegetables; a music CD; a dramatization of how portion sizes have changes over the years on a DVD; reproducible masters of student activity sheets and the family newsletter. The family newsletter summarizes what the student learned in each lesson and contains activities for the family and child to complete together.

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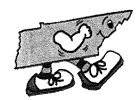
The University of Tennessee Institute of Agriculture Knoxville, TN 37996 Personnel Director

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Walk Across Tennessee is an 8-week walking program for teams of 8 walkers or teams of 4 for runners or bikers. The teams will have a friendly competition to see who can log the most miles walking, jogging, biking, dancing or other types of physical activity.

Must Register by January 26th

Track Miles between

January 22th—March 16th

Registration is easy online at benton.tennessee.edu

Each team has a captain and 7 or 3 members. The captain completes the team registration and all members complete the individual registration.

For any questions or help with registration, contact:

Heather Deckard Smith

UT-TSU Extension at 584-4601

hdeckard@utk.edu

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## Combat Opioid Use in Rural Communities Free Webinar



<u>Strategies to Combat Opioid Use in Rural Communities</u> – **Thursday, January 18 at 1:00** pm CT. This FREE webinar hosted by the Federal Offices of Rural Health Policy (FORHP) will discuss cost-effective, evidence-based prevention, treatment, and recovery programs that have been successfully implemented in rural communities. It will conclude by describing community organizing strategies to engage a wide range of local stakeholders to reduce the burden of opioid use.

#### Connection Information:

Link: https://hrsaseminar.adobeconnect.com/gateway\_webinar/

Dial-in Number: 888.603.9072 Participant Passcode: 2245841

The webinar is free, no registration is required, but participation is limited to the first 1,500 to log-on that day.

#### Rebecca Jolley, MBA

Executive Director
Rural Health Association of Tennessee
PO Box 656
Decaturville, TN 38329
615-907-9707 office
225-223-9224 cell
Rebecca@RHAT.org