Community Health Needs Assessment (CHNA): Madison County

Conducted by:
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For:
Jackson-Madison County General Hospital

January 2012

In fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

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

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

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

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

WHEREAS, the Assessments were prepared in accordance with IRS issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals; 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 Issued Notice 2011-52, 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 25th day of September, 2012.

PHIL BRYANT, Chairman

Exhibit

Patient Protection and Affordable Care Act-Required Community Health Needs Assessments

West Tennessee Healthcare Department of Business Development and Planning

- Conducted to fulfill requirements of the Patient Protection and Affordable Care Act enacted March 10, 2010.
- Required for all public and not-for-profit hospitals only
- Procedures followed and information provided in the reports meet requirements in IRS issued Notice 2011-52 Notice Regarding Community Health Needs Assessments for Tax Exempt Hospitals
- Hospital organizations with multiple hospitals must conduct community needs assessment for each hospital.

- Assessments conducted for the following counties:
- Camden General Hospital-Benton County
- Bolivar General Hospital-Hardeman County
- Gibson General Hospital-Gibson County
- Humboldt General Hospital-Gibson County
- Milan General Hospital-Gibson County
- Jackson-Madison County General Hospital-Madison, Crockett, Chester Counties
- Pathways of Tennessee-Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, Weakley Counties

- Assessment must include the following:
 - Description of the community and how "community was determined"
 - Description of the process and methods used, including sources and dates of data collection, analytical methods used, information gaps, collaborating organizations
 - Report has 10 organizational goals, committee at each facility that worked on assessments, secondary data that was reviewed that included at least 3 years of trend data for each health issue, analytical method (Hanlon Method), information gaps, collaborating organizations
 - Description of how hospital considered input from persons representing broad interests of the community
 - Each county had a committee of community representatives who participated in data collection & process of prioritizing health issues

 Community surveys distributed throughout each county requesting information on perceptions of health issues facing the area

Number of returned surveys:

•	Madison County:	1,099
	Gibson County:	387
6	Benton County:	158
•	Hardeman County:	425
	Chester County:	145
	Crockett County:	148
•	Pathways:	263

- Description of prioritizing health needs:
 - community committee input
 - · Hospital staff use of Hanlon Method that considers size, seriousness, and effectiveness in prioritizing health issues

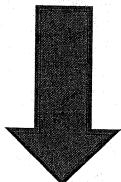
- Each report contains listing of health resources for each county.
- Community committee had reps from county health department, agencies serving low income & minorities
- Implementation strategies must be identified for each prioritized health issues
- Pathways of Tennessee identified health issues:
 - · Chronic mental health
 - Depression
 - · Domestic violence/anger management
 - · Co-occurring (mental health and substance abuse)
 - · Alcohol, illegal drugs, prescription drug use

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- Implementation Strategies for Hospitals:
 - Use of HealthAwares with follow-up for those identified through risk assessment
 - Alice and Carl Kirkland Cancer Center services
 - LIFT wellness center and primary care clinics
 - Disease management
 - Local health screenings
 - Local exercise programs
 - Local health education classes
 - Numerous mental health, substance abuse outreach programming
- Assessments must be updated and revised very three (3) years

Burden of Chronic Disease

Heart disease, high blood pressure, obesity, diabetes, some cancers



LIFESTYLE FACTORS

Poor dietary choices, physical inactivity

Initiatives to Address Chronic Diseases

- LIFT Wellness Center
 - Medical fitness, clinical integration programs
 - · Joint replacement, phase 3 cardiac rehab, bariatrics
- Healthy Heights Employee Wellness Program
 - WTH employees
 - Turn-key product available to other employers
- Disease Management Program
 - Diabetes, congestive heart failure (CHF)
 - Referred by physicians, employer groups, at hospital discharge, self-enroll

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Executive Summary

Madison County Community Health Needs Assessment Executive Summary

Under the leadership of Jackson-Madison County General Hospital, a community health needs assessment of Madison County, Tennessee was conducted 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 designated "community" for the needs assessment is Madison County, Tennessee. The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Jackson-Madison County, Tennessee with an emphasis on preventive measures. The community health needs assessment process was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems.

Community input on the perception of health issues facing the area was accomplished through a survey administered throughout the Madison County community. A total of 1,234 completed surveys were returned. The completed surveys were analyzed focusing on what percentage of the respondents thought a health issue "was not a problem," "not sure," or "was a problem" for the community. Community input was also considered from a diverse group of community representatives. The community committee narrowed a large list of health issues on the survey to twelve (12). These 12 health issues were:

Influenza Arthritis Obesity
Sexually Transmitted Diseases Asthma Diabetes

Heart Conditions Cancer Teenage Pregnancy
High Blood Pressure Dementia/Alzheimer's Tobacco/Emphysema

Further research was conducted by hospital staff to provide information on the size, seriousness, and available community resources for each of the 12 health issues identified by the community committee. Madison County needs were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. The Hanlon Method, developed by Felix, Burdine and Associates, was used to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each health issue. Consistent and common resources identified for each health issue include the Jackson-Madison County Regional Health Department, the Jackson-Madison County School System, local physician clinics, local churches, community and senior centers, civic clubs, local non-profit agencies, American Heart Association, American Cancer Society, American Diabetes Association, and American Association of Retired Persons.

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the hospital committee identified five priority health issues from the 12 identified by the community committee. The five priority health issues:

Heart Conditions
High Blood Pressure
Cancer
Obesity
Diabetes

The Jackson-Madison County General Hospital has developed implementation strategies for addressing heart conditions, high blood pressure, cancer, and diabetes that focuses on early detection, risk assessment screening, consultation, referral to physician or healthcare professional, and development of an individualized program plan. Among the implementation strategies are:

- Use of HealthAwares with follow-up for those identified through risk assessment
- Alice and Carl Kirkland Cancer Center services
- LIFT wellness center and primary care clinics
- Disease management
- Local health screenings
- Local exercise programs
- Local health education classes

Final Report

Introduction

Under the leadership of Jackson-Madison County General Hospital, a community health needs assessment of Madison County, Tennessee was conducted 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 process was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems. Community input on the perception of health issues facing the area was accomplished through a survey administered throughout the Madison County community. Community input was also considered from a diverse group of community representatives. Madison County needs were prioritized by a team of Hospital staff using a mathematical algorithm called the Hanlon Method. A prioritized list of needs, implementation activities and associate community resources are provided.

Description of the Hospital and Community

Owned by the Jackson-Madison County General Hospital District, the Jackson-Madison County General Hospital was created by the Tennessee General Assembly through a Private Act in 1949. The Hospital opened on August 11, 1950 with 123 beds. Today the Hospital is licensed for 635 beds serving patients and their families through six centers of excellence: Tennessee Heart and Vascular Center, Alice and Carl Kirkland Cancer Center, West Tennessee Rehabilitation Center, West Tennessee Women's Center, West Tennessee Neuroscience and Spine Center, and Emergency Services. The Jackson-Madison County General Hospital is a public, not-for-profit organization with approximately 3,800 employees. The Hospital is licensed by the State of Tennessee Department of Health and is fully accredited by The Joint Commission (TJC).

The Private Act, 1949 specified that the Jackson-Madison County General Hospital District was "created and established for and in behalf of the City of Jackson, Tennessee, and Madison County, Tennessee. The designated "community" for the needs assessment is Madison County, Tennessee. With a 2010 population of 98,294, Madison County is located in the center of rural West Tennessee approximately 85 miles East of Memphis and 125 miles West of Nashville. The population is 62.28 percent Caucasian, 34.09 percent African American, and 3.63 Other races. According to the American Community Survey (2005-2009), 23.6 percent of the population is below the Federal poverty level. The per capita personal income level is \$19,389. The population under 65 years of age represents 87 percent while the over age 65 population is 13 percent of the total. About 14 percent of the population age 25 and older does not have a high

school diploma or GED; 30 percent have a high school diploma; 7 percent have some college, and 25 percent have a Bachelor's degree or higher.

Madison County has a wide range of industries that employ individuals living in and around the county. Madison County is home to one of two worldwide Procter & Gamble Manufacturing Company plants for making Pringles potato chips. Approximately 824 individuals are employed at the plant. The Devilbiss Air Power Company employs 650 people to manufacture air compressors, generators, and pressure washers. Delta Faucet Company (600 employees), Pinnacle Food Group (592 employees), Black & Decker (537 employees), Wal-Mart (725 employees), Perseus Distribution (400 employees), TBDN Tennessee Company (390 employees), Gerdau Ameristeel Company (380 employees), UGN, Inc. (300 employees), and Armstrong Wood Products (310 employees) are also located in Madison County.

The community has four colleges and universities: Jackson State Community College, Union University, a Southern Baptist Liberal Arts University, Lane College, a Historical Black College, and The University of Memphis Lambuth Campus. Collectively, these four institutions of higher education employ almost 2,000 people.

The county seat of Madison County is Jackson, Tennessee. The City of Jackson, Madison County Government, and the Jackson-Madison County School System are all located in Jackson. The public school system has 28 schools and serves approximately 13,000 students.

Description of the Community Health Needs Assessment Survey Process

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Jackson-Madison County, Tennessee with an emphasis on preventive measures. The community health needs assessment of Madison County, Tennessee was a blending of citizen perceptions of health issues facing the community with secondary data on the actual extent of particular problems.

The Community Health Needs Assessment had ten (10) organizational goals.

- To form alliances between Jackson-Madison County General Hospital, non-profit organizations, and the community at large to assess, improve, and promote the community health of Jackson-Madison County, Tennessee.
- To identify internal resources already available to assist in improving community health.
- To assist in identifying available community health resources.
- To define "health" as it pertains to Jackson-Madison County, Tennessee.

- To identify collaborative partners.
- To educate and gain formal support of the West Tennessee Healthcare leadership team, the Board of Trustees, community leaders, and others.
- To assist in establishing baseline health status assessment of Jackson-Madison County by collecting and reviewing available data and statistics on residents' perceptions of health issues facing the community and secondary data on such health issues.
- To assist in determining the standards against which to measure the current and future health status of the community.
- To assist in the communitywide establishment of health priorities and in facilitating collaborative planning, actions, and direction to improve the community health status and quality of life.
- To promote the need for ongoing evaluation of the community health assessment process to learn results, establish new goals and encourage further community action and involvement.

The first step in the community health needs assessment process was to identify an internal committee of hospital staff to organize the process, facilitate data collection, review and analyze the results. Members of the Jackson-Madison County General Hospital staff committee were:

Tim Adams, West Tennessee Neuroscience and Spine Center
Steve Albright, Tennessee Heart and Vascular Center
Marty Fordham, Vice President of Hospital Services
Jocelyn Hodge, Department of Business Development and Planning
Ken Hollis, Radiology
Deena Kail, West Tennessee Women's Center and Ayers Children's Medical Center
Vicki Lake, Department of Business Development and Planning
Frank McMeen, West Tennessee Healthcare Foundation
Beth Naylor, Communications
Lisa Piercey, M.D. Vice President of Community Health
David Roberts, M.D. Vice President of Medical Affairs
Regina Smith, Senior Services
Paula Taylor, Tennessee Heart and Vascular Center
Melissa Walls, Tennessee Heart and Vascular Center
Kelly Yenawine, Radiology

The initial introductory Hospital staff meeting occurred on July 1, 2010. The second meeting at which time the Hospital staff committee developed an anonymous survey instrument that was used to collect input from a broad range of community interests was held on July 5, 2010. The survey instrument included questions on the perceptions of the respondents relative to communicable diseases, chronic health problems, family health concerns, access to health resources, community concerns, and demographics of age, race, education level, insurance, and residence. Respondents were asked on the survey to indicate whether they thought a particular health issue was "1=not a problem," "2=not sure," or "3=is a problem" for the Jackson-Madison County community. Locations to distribute the survey throughout the community were also suggested and discussed by committee members.

Upon completion of the survey instrument, a committee of community representatives was formed to review the survey instrument for completeness and assistance with interpretation of the results. An invitation to serve on the community committee was sent to prospective members from the President and CEO of West Tennessee Healthcare on August 26, 2010. A copy of this letter is included in Attachment A. Members of the committee represented a broad range of community interests served by Jackson-Madison County General Hospital. Members of the community committee were:

Harbert Alexander, Jr. The Bank of Jackson Daisy Antique, M.D. Jackson-Madison County General Hospital Bishop Nathaniel Bond, Deliverance Cathedral of Prayer Charles Campbell, Williams Steel Pastor Randy Carter, Northside Assembly of God Tony Emison, M.D. Jackson-Madison County Regional Health Department Jerry Gist, Mayor, City of Jackson Jimmy Harris, Mayor, Madison County Dustin Inman, M.D. Jackson Convenient Care Lisa Koester, Procter & Gamble Manufacturing Company Bethany Lawerance, M.D. University of Tennessee Family Practice Residency Program Elizabeth Londino, M.D. Northside Medical Clinic Lisa Peoples, Area Relief Ministries Ms. Mary Ann Poe, Union University Dr. Leslie West Sands, Jackson State Community College Fisher Smith, Lane College Kyle Spurgeon, Jackson Area Chamber of Commerce James Theus, Community Leader Jeff Thomas, Murray Guard, Inc. Nancy Zambito, Jackson-Madison County School System

Membership on the community committee included Dr. Tony Emison, Medical Director of the Jackson-Madison County Regional Health Department. His special knowledge of public health

issues related to issues of influenza, sexually transmitted diseases, teenage pregnancy, HIV/AIDS, Hepatitis C, and access to health resources.

An introductory meeting of the community committee was held on September 30, 2010. At this meeting the process for conducting the community health needs assessment was reviewed and discussed. The draft survey instrument to collect citizen perception of health issues facing Jackson-Madison County was also reviewed and suggested changes and modifications were given by committee members. Locations to distribute the anonymous survey throughout the community were also suggested and discussed by committee members.

The survey instrument was finalized and then distributed by hand throughout the Jackson-Madison County community. Attachments B1-B5 contain copies of the survey instrument. Table 1 contains a list of locations, dates, and number of returned surveys from the survey process.

Table 1
Community Health Assessment Survey Information

Location D	istribution Date(s)	# R	eturned Surveys
West Tennessee Women's Center Babyfest (B1)	August 23, 2010		85
West Tennessee Healthcare Annual Health Fair (B2)	September 19, 2010		89
Jackson-Madison County School System Faculty & Staff (B3)	November 12, 2010		243
Jackson-Madison County School System High School Students (9 th -12 th grade) (B4)	November 12, 2010		236
Other Community Locations (B5)	November 12, 2010		581
Jackson Area Chamber of Commerce			
Union University			
Lambuth University			
The Bank of Jackson			
Community Bank			
Jackson-Madison County Library			
Regional Inter-Faith Association Soup Kitchen			
Area Relief Ministries Homeless Day Shelter			
Procter & Gamble Manufacturing Company			
Gerdau Ameristeel	•		
Jackson Energy Authority			
Jackson-Madison County General Hospital employe	es		

A total of 1,234 completed surveys were returned by January 26, 2011. The completed surveys were analyzed focusing on what percentage of the respondents thought a health issue "was not a problem," "not sure," or "was a problem" for the community.

Community Health Needs Assessment Prioritization Process Size, Seriousness, Effectiveness & Available Community Resources

The survey results and a summary page were provided to the community committee which met on February 17, 2011 to review the data and results. The community committee was asked to narrow the list of 54 health issues on the survey instrument to a more manageable number. To assist with this process, hospital staff provided a summary page that highlighted health issues where at least 50 percent of the respondents indicated a health issue "was a problem" for the community. Attachment C1 contains the survey summary. Detailed results for each survey are provided in Attachment C2-C6: Babyfest (B2), Health Fair (B3), School System faculty (B4), School System high school students (B5), and other community locations (B6). For the following list of health issues, at least 50 percent of the respondents indicated it "was a problem" for the community.

Influenza

Sexually Transmitted Diseases

Emphysema Heart Conditions

High Blood Pressure

All Cancers (Lung, Breast, Prostate)

Lack of Financial Resources for Healthcare

Obesity
Diabetes
Dementia/Alzheimer's

Demenda/Aizhenner 3

Violent Crime

Intimate Partner Violence Motor Vehicle Accidents

Child Abuse Dental Care

Teenage Pregnancy

Mental Illness

Arthritis Asthma Allergies Illiteracy

Alcohol & Drug Abuse

Using the 50 percent threshold as a guide the community committee narrowed the list of health issues on the survey to twelve (12). These 12 health issues were:

Influenza

Sexually Transmitted Diseases

Heart Conditions High Blood Pressure

Cancer

Teenage Pregnancy

Arthritis

Obesity

Asthma

Diabetes

Dementia/Alzheimer's

Tobacco/Emphysema

The internal hospital staff committee was reconvened on August 24, 2011 to prioritize the list of 12 health issues identified by the community committee for further research. The Hospital staff used a mathematical algorithm called the Hanlon Method, developed by Felix, Burdine and Associates, to assign numerical values to rate the size, seriousness, and effectiveness of available interventions for each health issue. The Hanlon Method algorithm is as follows:

Opportunity= (A + 2B)C

A=size of the identified health problem

B=seriousness of the identified health problem

C=effectiveness of available interventions for the identified health problem

A=Size

Size is defined by the prevalence of a condition, characteristic, or disease in an entire population (or among a specific sub-group population). The numerical scoring for the size of a health issue is:

Percent of pop	<u>Score</u>	
25%+		9-10
10-24%		7-8
1-9%		5-6
0.1-0.9%		3-4
0.01-0.09%		1-2

B=Seriousness

Seriousness is defined by urgency to intervene, severity (leads to death?), disproportionate among vulnerable populations, or economic impact. The numerical scoring for seriousness of a health issue is:

How serious	Score
Very Serious	9-10
Serious	6-8
Moderately Serious	3-5
Not Serious	0-2

C=Effectiveness of Available Interventions

Effectiveness of available interventions is defined by the "best real world" expectations for Jackson-Madison County General Hospital to be effective in addressing a health issue based on, in part, available community resources. The numerical scoring for effectiveness of available interventions is:

<u>Effectiveness</u>	Score
Very Effective (80%+)	10
Relatively Effective (60-79%)	8-9
Effective (40-59%)	6-7
Moderately Effective (20-39%)	4-5
Relatively Ineffective (<20%)	0-3

Information on the Hanlon Method is found in Attachment D.

Further research was then conducted by hospital staff to provide information on the size, seriousness, and available community resources for each of the 12 health issues identified by the community committee. Attachment E1 has data on the size of the health issues and Attachment E2 lists available community resources for each of the 12 identified health issues. Consistent and common resources identified for each health issue in Attachment E2 include the Jackson-Madison County Regional Health Department, the Jackson-Madison County School System, local physician clinics, local churches, community and senior centers, civic clubs, local non-profit agencies, American heart Association, American Cancer Society, American Diabetes Association, and American Association of Retired Persons

Table 2 contains the Hanlon Method scoring for each identified health issue.

Table 2 Hanlon Method Scoring Results Issue A= B= C= Total Size Seriousness **Effectiveness** (A+2B)C Influenza Sexually Transmitted Diseases **Heart Conditions High Blood Pressure** Cancer **Arthritis** Obesity **Asthma Diabetes** Dementia/Alzheimer's Teenage Pregnancy Tobacco/Emphysema

As a result of reviewing secondary data on the size, seriousness, available community resources and utilizing the Hanlon Method algorithm, the hospital committee identified five priority health issues from the 12 identified by the community committee. The five priority health issues:

Heart Conditions

High Blood Pressure

Cancer

Obesity

Diabetes

Implementation Strategies

The Jackson-Madison County General Hospital has developed a strategy for addressing heart conditions, high blood pressure, cancer, and diabetes that focuses on early detection, risk assessment screening, consultation, referral to physician or healthcare professional, and development of an individualized program plan. This strategy is called HealthAware. The priority health issue of obesity, which relates to heart condition, high blood pressure, cancer, and diabetes, the Jackson-Madison County General Hospital is developing a major comprehensive wellness initiative for the Jackson-Madison County Community. This initiative is described below.

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

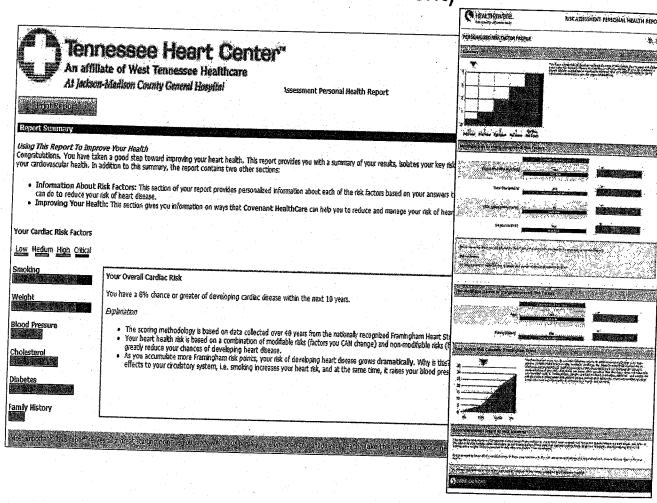
- 1. Outreach & Marketing
- 2. High-risk Patient Enrollment
- 3. Nurse Consultation
- 4. Triage
- 5. Intervention

HealthAware assesses the public, individual by individual, making them conscious of their risk for heart disease, diabetes, hypertension or cancer. From the assessment a determination is made on the need to engage the participant's primary care physician. Goals are set to modify controllable risks. HealthAware provides an opportunity to treat the disease (as an episode) before an uncontrolled, catastrophic event occurs. Through HealthAwares, Jackson-Madison County General Hospital is a resource for wellness not just sickness. Figure 1 contains an example of a personalized risk assessment report from the HeartAware Program. As shown in Figure 1, the risk assessment indicates the low, medium, high, or critical rating for cardiac risk factors of smoking, weight, blood pressure, cholesterol, diabetes, and family history. After the risk assessment is completed, the risk assessment report is generated. When risk is determined through the assessment, lab work and a nurse consultation is scheduled. Figure 2 contains a page from the consultation report reviewed by the nurse.

Figure 1

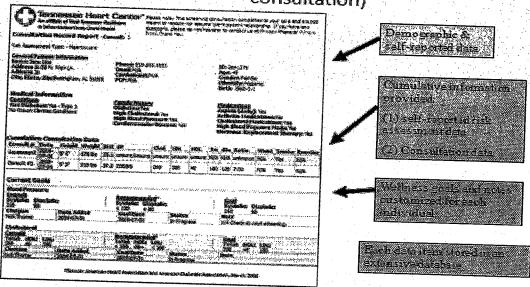
Risk Assessment Report

(Available to <u>everyone</u> that takes the online assessment)



Consultation Report

(Available to <u>everyone</u> that comes in for a consultation)



More specific information on HealthAwares programs for health conditions, high blood pressure (hypertension), diabetes and cancer are described below.

Heart Conditions and High Blood Pressure

The Tennessee Heart and Vascular Center at Jackson-Madison County General Hospital has developed proactive assessment processes for identifying individuals in the community at risk of heart disease and stroke. HeartAware and StrokeAware are free online or paper risk assessments that can be completed by an individual either through the West Tennessee Healthcare website, www.wth.org, or at a community event or health fair. Completing HeartAware or StrokeAware takes five to seven minutes. Persons age 34 or younger who present with four risk factors and persons over the age of 35 who present with two risk factors are eligible for free lab work including glucose and cholesterol blood tests and a one hour consultation with a registered nurse. Risk factors include age, gender, presence of diabetes, weight, physical activity, presence of high blood pressure, cholesterol, family history and

tobacco use. A free personalized risk factor profile is created for each person completing the risk assessment.

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

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

HeartAware and StrokeAware are utilized extensively at health fairs, church events, in conjunction with the Mature Advantage Club, and events throughout the Jackson-Madison County area. Industry, employee wellness, and physician offices are also sites for conducting these risk assessments. During 2009, almost 4,000 people around West Tennessee took the free health risk assessment. Over 2,100 individuals discovered they had potential for heart disease, heart attack or stroke. Nearly 600 of those at-risk, took advantage of the free heart health screening.

Attachment F1 contains complete examples of personalized risk profiles and lab results for HeartAware and StrokeAware.

The Tennessee Heart and Vascular Center provides numerous blood pressure checks and access to HeartAware throughout the community especially during Heart Month each February.

Cancer

The Alice and Carl Kirkland Cancer Center of the Jackson-Madison County General Hospital offers treatment and diagnostic services that include medical, surgical, and radiation oncology, tumor registry, and Hospice. The Center also provides cancer conferences for physicians and other healthcare professionals, social services, outreach clinics, public education, and various support groups such as Camp Bluebird. The Alice and Carl Kirkland Cancer Center provides free online or paper risk assessment for breast cancer, prostate cancer, lung cancer, and colon cancer termed CancerAwares. The risk assessment takes minutes to complete and a personalized report identifying risk factors with explanations is provided to the participant. A free telephone or face-to-face consultation with a staff member from the Kirkland Cancer Center is provided that concentrates on preventive lifestyle options relative to their Personalized Risk Factor Report.

Education on preventive measures focuses on screening and early detection while encouraging follow-up with a physician or healthcare provider. Participants are provided a variety of educational materials on the benefits of healthy nutrition, physical activity, and smoking cessation.

Beyond the CancerAwares risk assessments, the Alice and Carl Kirkland Cancer Center provides many screenings throughout the community on an annual basis. Breast cancer screenings and education sessions are provided at various locations during Breast Cancer Awareness Month each October.

Attachments F2-F5 contain the risk assessment questions for the CancerAwares: Breast Cancer (F2), Prostate Cancer (F3), Lung Cancer (F4), and Colon Cancer (F5).

Obesity

In efforts to address obesity, promote healthy lifestyles and improve health and wellness among the residents of Jackson-Madison County, the Hospital is developing a new 80,000 square foot state-of-the-art wellness facility, LIFT (Living Fit in Tennessee) in the City Walk development in downtown Jackson. The planned completion date is January 2013. The wellness center will feature a first-class fitness club and classes, physical therapy and aqua therapy, a primary care clinic, occupational medicine, disease management, and healthy living education. With the philosophy "exercise is medicine," the wellness center will serve as a healthy social and community destination.

The primary care clinic will have a maximum of four physicians and 16 examinations rooms. The clinic will be open to the public and have a separate entrance in the wellness facility. The physical therapy area will offer physical, occupational, and speech therapy clinics to help treat neurological problems, sports injuries, work related injuries, tendonitis, backs, necks, and orthopedic problems. The therapy area will offer treatments for seriously injured people who have had motor vehicle, spinal cord, head injuries, and strokes.

The wellness center will have multi-purpose classrooms with a kitchen containing industrial-grade appliances and audiovisual equipment. The Center will provide disease management training classes for patients with chronic health problems such as diabetes and heart failure.

The Wellness Center will have an Olympic sized pool with four lanes. The fitness area will have a large number of cardiovascular equipment, free weights, and a weight circuit.

The Jackson-Madison County General Hospital has also developed and recently opened (November 28, 2011) the Healthy Heights Walking Trails. There are two Healthy Heights Walking Trails inside Jackson-Madison County General Hospital. One is in the lower level from escalator to escalator. The other is across the bridge on the second floor on West Forest Avenue to the Physicians Office Tower and Garage 3. Maps are posted at the head of the trails and trail signage indicates the routes. The community, hospital employees, medical staff, volunteers, visitors are all welcome to utilize the walking trails. The trails are accessible daily from 4:45 a.m. to 10:00 p.m.

Diabetes

The Tennessee Heart and Vascular Center at Jackson-Madison County General Hospital has developed proactive assessment processes for identifying individuals in the community at risk of diabetes. DiabetesAware is a free online or paper risk assessment that can be completed by an individual either through the West Tennessee Healthcare website, www.wth.org, or at a community event or health fair. DiabetesAware involves answering 14 short questions and a personalized report is generated for each respondent.

When over the age of 18 and possessing two risk factors determined by the assessment, a blood glucose and cholesterol blood level test is provided in addition to consultation with a registered nurse. Anyone at risk is invited to participate in free blood work and counseling. The consultation can be offered at a remote location.

The individual is given a post prandial (after eating) blood glucose level upon initiation of the visit. Height, weight, blood pressure, waist circumference, and body mass index are measured. Blood test results are reviewed, and the Clinical Information Management System (CIMS) program is utilized to incorporate demographic, pertinent medical history, family history, and lifestyle information components. Symptoms which have been present at any time are assessed. When the blood level is abnormal, the patient is strongly encouraged to follow up with a primary care physician.

Education begins with a discussion of lifestyle choices to reduce risk of developing diabetes or avoid complications. A cumulative report of the visit is given to facilitate understanding for the follow-up physician. There are no specific listings of doctors for individuals who do not currently have a relationship with one, but contact information for local providers, clinics, or the Department of Health are available. Educational methods include verbal instruction, written materials, online resources, and open discussion. The patient is provided with the Aware contact information. A follow-up call takes place a month after the appointment to evaluate goals.

There were 54 DiabetesAware venues from January 2011- August 2011.

The Jackson-Madison County General Hospital also offers community diabetes education classes that are available to individuals once a diagnosis of diabetes has been made. The classes must be prescribed by a healthcare provider and are facilitated by a Certified Diabetic Educator.

Attachment F6 contains the questions on the DiabetesAware Risk Assessment.

Conclusion

The Madison County Community Health Needs Assessment was presented to the West Tennessee Healthcare Quality Council on July 3, 2012. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on September 25, 2012, and the Madison County Community Health Needs Assessment was approved on this date. The Plan will be updated every three years.

Attachment A



620 Skyline Drive • Jackson, Tennessee 38301 • 731-541-5000 • www.wth.org

August 26, 2010

Mayor Jerry Gist City of Jackson 121 East Main Street Suite 301 Jackson, Tennessee 38301

Madison County Community Health Assessment Community Committee RE:

Dear Mayor Gist:

Since August 1950 the Jackson-Madison County General Hospital has served the residents of Jackson-Madison County as well as the larger rural West Tennessee area. Over this period of time and especially in recent years, Jackson General has provided a wide range of community health activities that include medical screenings, health fairs, health education classes, sponsorships, school nurse program, student clinical rotations, grant writing, emergency medical services and athletic trainer coverage of high school and college sports.

In past years Jackson General has conducted needs assessments to ensure that the health activities conducted meet identified community needs. In addition, the recent Federal Patient Protection and Affordable Care Act (Health Care Reform) requires non-profit hospitals are required to conduct community needs assessments every three years.

We are beginning the process of assessing the community health needs in Madison County that will be a blending of residents' perceptions of the health issues facing us with health status and vital statistics on our community. We will distribute a survey throughout the community and then collect data on issues identified from the survey.

We invite you to be a member of the Madison County Community Committee that will help us review the survey data, and narrow the list of health issues to a manageable number by focusing on the size, seriousness, and effectiveness of interventions. We anticipate this process will take three months and will include five (5) one hour meetings.

Ayers Children's Medical Center livar General Hospital adford Family Medical Center Camden Family Medical Center

Camden General Hospital

[·] Dowling Family Medical Center

[·] East Jackson Family Medical Center . Emergency Services

[·] Humboldt General Hospital

Jackson-Madison County General Hospital

Kiwanis Center for Child Development

Managed Care

Medical Center EMS

[·] Medical Center Home Health

[·] Medical Center Infusion Services

[·] Milan General Hospital

[·] Occupational Rehabilitation Center

of West Tennessee

Pathways Behavioral Health Services

Physician Services

[·] Sports Plus Rehab Centers

Tennessee Heart Center · West Tennessee Cancer Center

West Tennessee Imaging Center

West Tennessee Outpatient Center

West Tennessee Rehabilitation Center

[·] West Tennessee Surgery Center

[·] West Tennessee Transitional Care

Women and Children's Center

Work Partners

We ask you to attend the first introductory meeting of the Community Committee. The meeting will be held on Thursday September 30, 2010 in the Medical Founders Rooms A and B in Jackson-Madison County General Hospital. The meeting will begin at 7:30 a.m. and will be concluded by 9:00 a.m. Breakfast will be served.

Please contact Vicki Lake, Director of Market Research and Community Development of your attendance plans. She may be reached at 984-2160 or wicki.lake@wth.org. We appreciate your participation in this important process for Jackson and Madison County.

Sincerely,

Bobby Arnold

President and CEO

Attachment B1

BabyFest Community Health Assessment

We realize there are many health-related problems in the community. We need your help in defining the priority health programs in our community. We would like you to take a few minutes to answer some questions relating to your views on health problems facing West Tennessee. We, at Jackson General, appreciate your time and effort.

What area of Madison County do you li	ive?			
O North Madison County				
O South Madison County				
O East Madison County				
O West Madison County				
O MidTown Area				
O Live Outside Madison County				
The following is a list of problems exproblem you feel each of these is followed indicate your choice as not a problem of the problem.	r the West Tenne	essee area, including.	se indicate ho Jackson-Madi	ow much of a son County.
Communicable Diseases				
Response Definition: 1=Not a Problem 2=Not S	Sure 3=Is a Problem			
1. Pneumonia				1 2 3
. Influenza (Flu)				
. Sexually Transmitted Diseases				
4. HIV/AIDS				
5. Hepatitis C				
Chronic Health Problems				
6. Emphysema (chronic obstructed pulme	onary disease)			
7. Heart Conditions				
8. High Blood Pressure				
9. Skin Cancer				
10. Colon Cancer				
11. Lung Cancer				
12. Breast Cancer				
13. Prostate Cancer				
14. Arthritis				
15. Obesity				
16. Asthma				
7. Diabetes				
od. Allergies				
9. Osteoporosis				
20. Dementia/Alzheimer's				
26D	Page 1			

BabyFest	5
Community Health Assessment	
:1. Hearing loss	
22. Cataracts	
23. Glaucoma	
24. Macular Degeneration	
Family Health Concerns	
Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	
25. Intimate partner violence	1 2 3
26. Child abuse	
27. Motor vehicle accidents	
28. Falls or fall-related injuries	
29. Residential fires	
30. Dental care	
31. Leisure accidents	
32. Infant deaths	
33. Teenage pregnancy	
Access to Health Resources	
response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	
34. Access to adult daycare	1 2 3
	1 2 3
34. Access to adult daycare	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service)	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity	1 2 3
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care	
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care	
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications	
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness	
34. Access to home health care 35. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness 47. Access to education on healthy lifestyles	
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness 47. Access to education on prevention	
34. Access to home health care 35. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness 47. Access to education on healthy lifestyles	

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BabyFest Community Health Assessment Community Concerns:

Response Definition: 1=Not a Problem	2=Not Sure	3=Is a Problem				
 51. Illiteracy 52. Tobacco use 53. Violent crime 54. Alcohol and Drug Abuse 55. Do you consider yourself: Overweight Unde 	rweight	☐ Obese	☐ Just	Right		
56. Age range:						
☐ 18 - 24 ☐ 25 - 34	□ 35	- 44	- 54 [□ 55 - 64	□ 65 -	ŀ
57. Are you: ☐ Male ☐ Female						
58. Race:						
☐ Caucasian☐ Asian/Pacific Islander		frican American ther		□ Nativ	e American	
59. School:				,		
☐ Less than high school☐ Associate degree		gh school graduat schelors degree	e/GED		college	•
60. What type of insurance do you Medicare TennCar		Private Insuranc	e 🗆	Other	☐ No Insu	rance
Comments						

Attachment B2

	Attachn	lent B2
2010 Annu	al West Tennessee Healt	h Fair 🗀
Comn	nunity Health Assessment	<u> </u>
We realize there are many healt the priority health programs in or	th-related problems in the community. We need ur community. We would like you to take a few views on health problems facing West Tenness	your help in defining
What area of Madison County do yo	ou live?	
O North Madison County		
O South Madison County		
O East Madison County	그는 그는 노래한민들을 걸려 하는 경험하였다.	
O West Madison County		
O MidTown Area		
O Live Outside Madison County		•
The following is a list of problems problem you feel each of these is Indicate your choice as not a pro	s experienced by many communities. Please in s for the West Tennessee area, including Jacks oblem, not sure, or is a problem.	dicate how much of a son-Madison County.
Communicable Diseases		
Response Definition: 1=Not a Problem 2=N	Not Sure 3=Is a Problem	
1. Pneumonia		1 2 3
Influenza (Flu)		
. Sexually Transmitted Diseases		
4. HIV/AIDS		
5. Hepatitis C		
Chronic Health Problems		
6. Emphysema (chronic obstructed pr	ulmonary disease)	
7. Heart Conditions		
8. High Blood Pressure		
9. Skin Cancer		
10. Colon Cancer		
11. Lung Cancer		
12. Breast Cancer		
13. Prostate Cancer		
14. Arthritis		
15. Obesity		
16. Asthma		
17. Diabetes		
18. Allergies		
9. Osteoporosis		
20. Dementia/Alzheimer's		
7FF	Page 1	

2010 Annual West Tennessee Health Fair Community Health Assessment 1. Hearing loss 22. Cataracts 23. Glaucoma	
24. Macular Degeneration Family Health Concerns	
Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	
25. Intimate partner violence 26. Child abuse 27. Motor vehicle accidents 28. Falls or fall-related injuries 29. Residential fires 30. Dental care 31. Leisure accidents 32. Infant deaths 33. Teenage pregnancy Access to Health Resources	
response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	
34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness 47. Access to education on healthy lifestyles 48. Access to education on prevention 9. Access to parks for recreation	

Page 2

7FF

2010 Annual West Tennessee Health Fair Community Health Assessment

Community Concerns:	
Response Definition: 1=Not a Problem 2	=Not Sure 3=Is a Problem
51. Illiteracy	1
52. Tobacco use	
53. Violent crime	
54. Alcohol and Drug Abuse	있었다. 이 프로그램, 보고 보고 하는 경험 (1982년 1982년 1882년 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
55. Do you consider yourself:	
☐ Overweight ☐ Underv	weight Obese Just Right
56. Age range:	
□ 18 - 24 □ 25 - 34	□ 35 - 44 □ 45 - 54 □ 55 - 64 □ 65 +
57. Are you:	
☐ Male ☐ Female	
58. Race:	
☐ Caucasian	☐ African American ☐ Native American
☐ Asian/Pacific Islander	☐ Other
59. School:	
☐ Less than high school	☐ High school graduate/GED ☐ Some college
☐ Associate degree	☐ Bachelors degree ☐ Advanced degree
60. What type of insurance do you h	nave?
☐ Medicare ☐ TennCare	
Comments	

Attachment B3

Comm We realize there are many health	adison County Go nunity Health Ass	essment	
the priority health programs in ou some questions relating to your v General, appreciate your time an	views on health problems facin		
What area of Madison County do yo			
O North Madison County			
O South Madison County		Attachment B3 Madison Count	Jackson- v School
O East Madison County		System Faculty	y and
O West Madison County		Staff	
O MidTown Area			
O Live Outside Madison County			
The following is a list of problems problem you feel each of these is Indicate your choice as not a prob Communicable Diseases	plem, not sure, or is a problem.	nities. Please indicate including Jackson-Ma	how much of a idison County.
Response Definition: 1=Not a Problem 2=No	ot Sure 3=Is a Problem		
1. Pneumonia			1 2 3
2. Influenza (Flu)			
Sexually Transmitted Diseases			
4. HIV/AIDS			
5. Hepatitis C Chronic Health Problems			
6. Emphysema (chronic obstructed pul	lmonary disease)		
7. Heart Conditions			
8. High Blood Pressure			
9. Skin Cancer			
10. Colon Cancer		;	
11. Lung Cancer			
12. Breast Cancer			
13. Prostate Cancer			
14. Arthritis			
15. Obesity			
16. Asthma			
7. Diabetes			
8. Allergies			
Osteoporosis			
0. Dementia/Alzheimer's			
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The state of the s			

Jackson-Madison County General Hospital Community Health Assessment 1. Hearing loss 22. Cataracts 23. Glaucoma 24. Macular Degeneration Family Health Concerns Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem 2 25. Intimate partner violence 26. Child abuse 27. Motor vehicle accidents 28. Falls or fall-related injuries 29. Residential fires 30. Dental care 31. Leisure accidents 32. Infant deaths Teenage pregnancy Access to Health Resources Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem 2 34. Access to adult daycare 35. Access to home health care 36. Access to home care (sitter service) 37. Access to care for special needs children 38. Lack of financial resources for medical care 39. Access to healthy foods 40. Access to leisure time physical activity 41. Access to transportation to health care 42. Access to nursing home care 43. Access to a primary care provider 44. Access to medical specialist 45. Access to medications 46. Access to education on wellness 47. Access to education on healthy lifestyles 48. Access to education on prevention 49. Access to facilities for exercise Access to parks for recreation

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Jackson-Madison County General Hospital
Community Health Assessment

Response Definition: 1=Not a Problem	2=Not Sure 3=Is a Problem		
 51. Illiteracy 52. Tobacco use 53. Violent crime 54. Alcohol and Drug Abuse 55. Do you consider yourself: Overweight Under 	weight □ Obese □ Ju	ıst Right	
56. Age range: ☐ 18 - 24 ☐ 25 - 34	□ 35 - 44 □ 45 - 54	□ 55 - 64	□ 65 +
57. Are you: ☐ Male ☐ Female			
58. Race: ☐ Caucasian ☐ Asian/Pacific Islander	☐ African American☐ Other	☐ Native	e American
□ Less than high school □ Associate degree	☐ High school graduate/GED☐ Bachelors degree		college ced degree
60. What type of insurance do you l ☐ Medicare ☐ TennCare	the state of the s	Other	☐ No Insurance
Comments			

(1

Attachment B4

Jackson-Madison County General Hospital



Community Health Assessment

Ve need your help in defining the priority health programs in our community. We would like you to take a few minutes to answer some questions relating to your views on health problems facing West

What area of Madison County do yo		?			·		
O North Madison County	0	South Madison County	0	East N	Iadison C	ounty	
O West Madison County	0	MidTown Area	0	Live C	Outside Ma	adison Co	ounty
Response Definition: 1=Not a Problem 2=N	Not Su	e 3=Is a Problem					
 Flu Sexually Transmitted Diseases 		Attachment B4 Madison County System High So	y Sc choo	hool			2 3
3. Obesity		Students (9-12	2)		:		
4. Asthma5. Diabetes							
6. Allergies7. Motor vehicle accidents							
 8. Teenage pregnancy 9. Access to healthy foods 10. Access to facilities for exercise 1. Tobacco use 							
12. Violent crime13. Alcohol and Drug Abuse							
 14. Do you consider yourself: □ Overweight □ Underweight 15. Are you: □ Male □ Female 	eight	□ Obese □ Just 1	Right	t ·			
16. Race:							
☐ Caucasian☐ Asian/Pacific Islander		African American Biracial		Native Other	American		
Comments							

Attachment B5

2010 West Tennessee Healthcare Community Health Assessment

We realize there are many health-related problems in the community. We need your help in defining the priority health programs in our community. We would like you to take a few minutes to answer some questions relating to your views on health problems facing West Tennessee. We, at Jackson General, appreciate your time and effort.

Attachment B5

Other Community Locations

What area of Madison County do you live?

O North Madison County

O South Madison County

O East Madison County				
O West Madison County				
O MidTown Area				
O Live Outside Madison County				
The following is a list of problems experience problem you feel each of these is for the Indicate your choice as not a problem, Communicable Diseases	ie vvest Tennessee s	area including	ase indicate l Jackson-Mad	now much of a dison County.
Response Definition: 1=Not a Problem 2=Not Sure	3=Is a Problem			
1. Pneumonia				1 2 3
Influenza (Flu)				
. Sexually Transmitted Diseases				
4. HIV/AIDS				
5. Hepatitis C				
Chronic Health Problems				
6. Emphysema (chronic obstructed pulmona	ary disease)			
7. Heart Conditions		•		
8. High Blood Pressure				
9. Cancer				
10. Mental Illness				
11. Arthritis				
12. Obesity				
13. Asthma				
14. Diabetes				
15. Allergies				
16. Osteoporosis				
17. Dementia/Alzheimer's				
Hearing loss				
9. Cataracts				
20. Glaucoma				
4C7	Page 1			

2010 West Tennessee Healthcare Community Health Assessment

1. Macular Degeneration	
Family Health Concerns	
Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	1 2 3
22. Intimate partner violence	
23. Child abuse	
24. Motor vehicle accidents	
25. Falls or fall-related injuries	
26. Residential fires	
27. Dental care	
28. Leisure accidents	
29. Infant deaths	
30. Teenage pregnancy	
Access to Health Resources	
Response Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	1 2 3
31. Access to adult daycare	
2. Access to home health care	
'3. Access to home care (sitter service)	
34. Access to care for special needs children	
35. Lack of financial resources for medical care	
36. Access to healthy foods	
37. Access to leisure time physical activity	
38. Access to transportation to health care	
39. Access to nursing home care	
40. Access to a primary care provider	
41. Access to medical specialist	
42. Access to medications	
43. Access to education on wellness	
44. Access to education on healthy lifestyles	
45. Access to education on prevention	
46. Access to facilities for exercise	
47. Access to parks for recreation	

2010 West Tennessee Healthcare Community Health Assessment

	Community Concerns:	
Respon	nse Definition: 1=Not a Problem 2=Not Sure 3=Is a Problem	
48. Ill 49. To 50. Vi 51. Al	literacy obacco use iolent crime lcohol and Drug Abuse o you consider yourself: Overweight	1 2 3
-	ge range: 18 - 24	55 - 64
	re you: Male Female	
	Caucasian African American Asian/Pacific Islander Other	☐ Native American
	Chool: Less than high school ☐ High school graduate/GED ☐ Associate degree ☐ Bachelors degree ☐	☐ Some college ☐ Advanced degree
	That type of insurance do you have? Medicare □ TennCare □ Private Insurance □ O	other
Comn	nents	

Attachment C1

MADISON COMMUNITY HEALTH ASSESSMENT SURVEY RESULTS

	N=8			89	N=581		N=2	243	N=236				
	(Baby			lthfair	(Othe	er)	(JMC	SS Staff)	(JMCSS Students)				
What area of Madison County do you live?													
North Madison County	20	24%	18	21%	70	17%	119	52%	201	65%			
South Madison County	11	13%	13	15%	26	6%	14	6%	2	2%			
East Madison County	8	10%	16	19%	16	4%	21	9%	2	2%			
West Madison County	6	7%	7	8%	8	2%	10	4%	2	2%			
MidTown Area	4	5%	8	9%	12	3%	24	10%	10	10%			
Live Outside Madison County	35	42%	23	27%	281	68%	41	18%	19	19%			
COMMUNICABLE DISEASE				·									
Pneumonia													
Not a problem	34	41%	23	27%	49	12%	54	25%	19	19%			
Not sure	32	39%	36	42%	181	44%	119	54%	192	57%			
ls a problem	17	20%	27	31%	184	44%	49	22%	25	25%			
Influenza (flu)				,	·								
Not a problem	22	26%	22	26%	35	8%	25	11%	12	12%			
Not sure	13	15%	21	25%	91	22%	70	31%	30	30%			
Is a problem	49	58%	41	49%	288	70%	129	58%	193	58%			
Sexually Transmitted Diseass													
Not a problem	16	19%	14	17%	24	6%	14	6%	7.	7%			
Not sure	18	21%	22	26%	138	33%	125	57%	41	41%			
Is a problem	51	60%	48	57%	251	61%	82	37%	188	### 5 3%			
HIV/AIDS	·												
Not a problem	23	27%	19	22%	38	9%	18	8%	7	7%			
Not sure	34	40%	29	35%	247	60%	154	70%	190	65%			
Is a problem	27	32%	35	43%	130	31%	49	22%	39	39%			
Hepatitis C													
Not a problem	21	25%	16	20%	36	9%	25	11%	10	10%			
Not sure	39	46%	38	48%	242	58%	166	76%	207	70%			
ls a problem	24	29%	26	32%	137	33%	28	13%	24	20%			
CRONIC HEALTH PROBLEMS										÷			
Emphysema													
Not a problem	23	28%	19	23%	21	5%	29	13%	1	6%			
Not sure	32	39%	29	35%	129	31%	118	53%	116	48%			

									•	• .	
			1				*** 3				
ls a problem	27	33%	6 34	41%	263	64%	74	33%	6 113	3 46%	6
Heart Conditions						•					1
Not a problem	11	13%	6 13	15%	14	3%	16	7%	6	6%	6
Not sure	15	18%	12	14%	51	12%	53	24%	36	36%	6
Is a problem	57	69%	62	71%	349	84%	154	69%	192	58%	0
High Blood Pressure		it. Talendari									
Not a problem	11	13%	8	9%	15	4%	12	5%	4	4%	5
Not sure	12	14%	8	9%	27	7%	47	21%	14	14%	
Is a problem	62	73%	70	81%	373	90%	170	74%	217	182%	
All Cancers				**							
Not a problem	0	0%	0	0%	17	4%	0	0%	4	4%	,
Not sure	0	0%	0	0%	77	19%	0	0%	15	15%	,
ls a problem	0	0%	0	0%	320	77%	0	0%	216	81%	
Skin Cancer	ŀ										
Not a problem	17	20%	20	34%	0	0%	26	12%	0	0%	
Not sure	32	38%	27	33%	0	0%	100	45%	0	0%	1
ls a problem	35	42%	36	43%	0	0%	98	44%	0	0%	l
Colon Cancer											l
Not a problem	16	19%	17	20%	0	0%	20	9%	0	0%	
Not sure	37	45%	26	31%	0	0%	116	52%	0	0%	
ls a problem	30	36%	42	49%	0	0%	88	39%	0	0%	
Lung Cancer										·	
Not a problem	11	13%	14	17%	0	0%	17	8%	0	0%	
Not sure	30	36%	21	25%	0	0%	100	45%	0	0%	
Is a problem	43	51%	48	58%	0	0%	107	48%	0	0%	
Breast Cancer										,	
Not a problem	11	13%		15%	0	0%	17	8%	0	0%	ĺ
Not sure	14	17%		20%		0%	61	27%		0%	
Is a problem	59	70%	56	65%	0	0%	147	65%	0	0%	
Prostate Cancer		ĺ		•							
Not a problem	13	15%	11	13%		0%	17	8%	0	0%	
Not sure	32	38%		32%	0	0%	102	46%	0	0%	!
Is a problem	39	46%	46	55%	0	0%	104	47%	0	0%	
Mental Iliness											
Not a problem	0	0%		0%		7%		0%	6	6%	
•	0	0%		0%		50%		0%		30%	
is a problem	0	0%	0	0%	178	43%	0	0%	199	64%	

											: 1. %	, ,	ere francis	
								:				٠		
	×										•			
											•			
(199 21 - 800	1		1		
· ·	Arthritis) 7.	1							• • •			
	Not a problem			12	149	% 9	10	% 27	79	% 17	80	6 3	39	2
	Not sure			20		% 16		% 12		% 63		6 38	and the second second	. 1
	is a problem			52	and the	6/		% 26:		% 14:		6 58	5 19 miles	- 1
	Obesity												, 50,	۱
	Not a problem			10	129	6 7	89	% 13	39	6 11	59	65	5%	۷
	Not sure			7	89	6 10	129	6 27	1.11	6 28	12%		5%	-1
	ls a problem			66	80%	6 68	809	6 375	90%	185		90		1
	Asthma													
	Not a problem			11	13%	6 10	12%	6 29	7%	6 18	8%	8	8%	اهٔ
	Not sure			19	23%	25	30%	6 135	33%	83	38%	35	35%	
	ls a problem			54	64%	49	58%	6 249	60%	119	54%	57	57%	
	Diabetes													
	Not a problem			11	13%	9	11%	11	3%	16	7%	5	5%	,
	Not sure			8	10%	13	15%	50	12%	47	21%	14	14%	,
,	ls a problem	/		65	77%	63	74%	353	85%	162	72%	80	80%	ŀ
	Allergies	•	*											
\	Not a problem			12	14%	ı	14%	18	4%	14	6%	3	3%	
	Not sure			13	16%	j	23%	1	20%	ł	26%	8	8%	
	Osteoporosis			58	70%	54	63%	316	76%	154	68%	89	89%	
	Not a problem			40	0001									
	Not a problem			19 44	23%		17%	1	10%	l	10%		7%	
	ls a problem			19	54%		40%	l	55%		58%		49%	
	Dementia/Alzheim	ers		119	23%	30	43%	147	36%	72	32%	44	44%	
	Not a problem			20	25%	14	17%	30	7%	40	004		40.	
	Not sure			29	36%		33%		44%		9%		4%	
	ls a problem			32	40%				49%		38% 53%		39%	
	Hearing loss					-		202	45 /0	113	30/0	5 <i>1</i>	57%	
	Not a problem			15	20%	14	21%	46	11%	29	13%	7	7%	
	Not sure			42	56%	30	ł		53%		57%		60%	
	is a problem			18	24%	23	i i		36%		30%		33%	
	Cataracts								.				00,0	
(Not a problem			19	24%	3	12%	42	10%	27	12%	3	6%	
(Not sure			44	56%	33	49%	241	59%	127	58%		61%	
٠,	ls a problem			15	19%	26	39%	128	31%	66	30%	33	33%	
											•		•	

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					· · · .						
		• •									
				. *				•			
					1		1				- 1
Glaucoma											
Not a problem	2	279	% 11	16%	6 35	99	6 27	129	% 5	5%	۷.
Not sure	39		6 33		6 27		6 147		% 70		
ls a problem	17	229	6 24	1.7	6 10	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 45		6 24		٠
Macular Degeneration						4			Ĭ <u></u>	247	
Not a problem	24	31%	6 15	22%	6 16	10%	26	129	65	5%	
Not sure	42	55%	6 35	52%	114		153		6 70		1
ls a problem	11	14%	6 17	25%	28	18%	40		6 23	23%	1
FAMILY HEALTH CONCERNS								, •			
Intimate partner violence											l
Not a problem	16	21%	13	19%	33	8%	22	10%	6	6%	l
Not sure	17	22%	18	26%	147	35%	116	52%	29	29%	ı
ls a problem	45	58%	39	56%	235	57%	85	38%	64	64%	
Child abuse											
Not a problem	17	21%	14	20%	27	7%	20	9%	4	4%	
Not sure	15	19%	12	17%	144	35%	74	33%	27	27%	
Is a problem	48	60%	44	63%	243	59%	128	58%	67	67%	
Motor vehicle accidents	1.										
Not a problem	12	15%	15	22%	22	5%	24	11%	9	9%	
Not sure	16	20%	18	26%	75	18%	88	39%	31	31%	
is a problem	51	65%	36	52%	317	77%	112	50%	59	59%	
Falls or fall related injuries											
Not a problem	14	18%	14	20%	35	8%	31	14%	11	11%	
Not sure	26	46%	25	36%	182	44%	124	55%	55	55%	
Is a problem	29	37%	31	44%	197	48%	69	31%	33	33%	
Residential fires		1								1	
Not a problem	18	23%		23%	64	15%	39	17%	17	17%	
Not sure Is a problem	31	40%		51%		56%	130	58%	54	54%	
Dental care	29	37%	18	26%	119	29%	54	24%	28	28%	
Not a problem											
Not sure	19	24%		20% 4		11%		14%	12	12%	
Is a problem	18	22% 2	1	30% 1	8	38% 9		42%		40%	
Leisure accidents	43	54% 3	36 	51% 2	208	51% 1	00	45%	47	47%	
Not a problem	20	250/		0001	-0						
Not sure	20	25% 1		20% 5		13% 3		17%		14%	
	39	49% 3	2	46% 2	49	60% 1	44	65%	54	64%	

ls a problem	20	25	% 2	4 34	% 11	3 27	% 41	189	% 20	20%
Infant deaths						* •				
Not a problem	21	279	% 10	6 349	% 56	14	% 42	199	6 11	11%
Not sure	29	379	% 34		% 27		% 14:		6 62	
Is a problem	29	379	% 18	3 269	% 84	100	% 39		6 26	
Teenage pregnancy										0 / 0
Not a problem	10	139	6 12	2 179	6 16	49	6 14	69	65	5%
Not sure	7	99	69	139	6 47	119	6 49		6 16	
ls a problem	62	789	6 50	70%	6 346	85%	6 159		en	
ACCESS TO HEALTH RESOURCES										
Access to adult daycare										
Not a problem	15	19%	6 16	23%	6 75	18%	6 38	17%	10	10%
Not sure	35	44%	27	39%	6 229	55%	6 110		i	49%
Is a problem	30	38%	27	39%	110	27%	77	34%	1	41%
Access to home health care										, , ,
Not a problem	25	32%	20	29%	177	43%	73	33%	27	27%
Not sure	30	38%	25	36%	154	37%	97	43%	l	47%
ls a problem	24	30%	24	35%	84	20%	54	24%		26%
Access to home care (sitter service)										2070
Not a problem	22	28%	16	24%	129	31%	53	24%	22	22%
Not sure	30	38%	27	40%	193	47%	110	49%		48%
ls a problem	28	35%	25	37%	91	22%	61	27%	İ	30%
Access to care for special needs children					İ					30,0
Not a problem	20	25%	14	20%	95	23%	44	20%	14	14%
Not sure	30	38%	27	39%	190	46%	102	46%		45%
ls a problem	29	37%	29	41%	127	31%	77	35%		41%
Lack of financial resources for medical care										
Not a problem	14	18%	12	17%	35	8%	24	11%	3	3%
Not sure	21	27%	18	26%	99	24%	79	35%	25	25%
Is a problem	44	56%	39	57%	280	68%	122	-54%		72%
Access to healthy foods							•			
Not a problem	27	34%	20	29%	107	26%	91	41%	29	29%
Not sure	20	25%	20	29%	124	30%	67	30%	24	24%
is a problem	32	41%	28	41%	182	44%	66	29%	47	47%
Access to leisure time physical activity	1									
Not a problem	26	32%	21	31%	136	33%	94	42%	31	30%
Not sure	31	39%	19	28%	141	34%	71	32%	32	32%
		-		•		•		•		. 1

•	•											•
					· · · · · ·					12.		
						* 3						
	ls a problem	1.		l .		. 1		F		1		1
-	is a problem	2	3 29	9% 2	27 40)% 1	37 3	3% 60	27	% 37	37%	
	Access to transportation to health care											
	Not a problem	25	5 30	2% 1	ი ეი	0/ 4		00/				
	Not sure	31		% 2		- 1 .		0% 51		% 17		
	Is a problem	23		% 2		1	· .	3% 117		% 56	56%	
14. 2	Access to nursing home care		, 23	70 2.	+ აა	70	12 21	7% 54	24	% 27	27%	
V.	Not a problem	27	24	% 2		, , -	70 44	0.4				
	Notsure	29	A 1 1	% 2 % 21				% 63		% 27	27%	
	ls a problem	23		- 1		% 16		106		⁶ 46	46%	
	Access to a primary care provider	123	29	% 25) 3/5	% 82	20	% 55	25%	6 26	26%	
	Not a problem	27	2.44	,	000							-
	Not sure			% 21		1	3 37	- 1		6 32	32%	
	ls a problem	28		% 22		6 15		% 92	419	6 41	41%	
	Access to medical specialist	25	219	% 23	35%	6 10	5 25	% 48	22%	6 27	27%	
	Not a problem		000									
	Not sure	23		6 23		6 12		% 80	36%	1	26%	
	Is a problem	28		6 20		6 150		% 92	41%	37	37%	
	Access to medications	28	35%	6 25	37%	135	339	% 51	23%	37	37%	
	Not a problem			.								
	Not sure	28		6 18		131		6 91	41%	31	31%	
	Is a problem	23	29%	1		134			34%	34	34%	
	Access to education on wellness	28	35%	28	42%	146	36%	6 56	25%	35	35%	
	Not a problem											
	Not sure	31	39%	1		1	26%	1	40%	27	27%	
	s a problem	27	34%	1		,	37%	1	37%	40	40%	
	Access to education on healthy lifestyles	21	27%	27	40%	153	37%	52	23%	32	32%	
	Not a problem											
	lot sure	31	39%	l			27%	1	43%	25	25%	
	s a problem	25	32%	l			37%	ł	34%	42	42%	
	access to education on prevention	23	29%	25	38%	147	36%	51	23%	33	33%	
	lot a problem		4657									
	ot sure	33	42%		l l		28%	l	40%	27	27%	
	a problem	27	34%		37%			1	39%	40	40%	
	ccess to facilities for exercise	19	24%	22	32%	151	37%	48	21%	33	33%	
	ot a problem	00										
		33	42%		30%				42%		28%	
. •(22	28%	21	32%	113	27%	61	27% 2	29	29%	

							·				
											•
	· · · ·			٠							
is a problem		24	309	% 25	389	% 15	8 389	69	319	6 43	43%
Access to parks and recreation		1			÷						
Not a problem		35	449	% 31	469	6 202	2 499	6 125	5 569	6 39	39%
Not sure		25	329	6 20	299	6 107	7 269	6 58	269	6 26	26%
ls a problem		19	249	6 17	25%	6 103	3 25%	6 39	189	6 34	34%
<u>COMMUNITY CONCERNS</u>											
Illiteracy											
Not a problem		15	19%	6 8	12%	55	13%	25	11%	8	8%
Not sure		27	34%	18	26%	178	43%	78	35%		33%
ls a problem		37	47%	43	62%	180		119			59%
Tobacco use											
Not a problem		6	8%	10	14%	17	4%	19	9%	6	6%
Not sure		8	10%	8	11%	20	5%	39	18%		15%
ls a problem		66	82%	54	75%	376	91%	163	74%	d	79%
Violent Crimes			***************************************					1			
Not a problem		12	15%	8	11%	22	5%	21	10%	7	7%
Not sure		13	16%	8	11%	82	20%		15%	l	9%
ls a problem		55	69%	55	77%	308	75%		76%	1	84%
Alcohol and Drug Abuse										0.7	0478
Not a problem		10	13%	7	10%	15	4%	14	6%	3	3%
Not sure		8	11%	4	6%	15	4%		13%		5%
Is a problem	,	57	76%	56	84%				81%		91%
Did you consider yourself:										00	0 1 70
Overweigtht		43	56%	46	65%	165	38%	128	56%	4 7	47%
Underweight		1	1%	0	0%		7%		2%		1%
Obese		0	0%		8%		3%		4%		5%
Just Right		33	43%	19	27%		52%		38%		47%
Age range:											77.70
18-24		20	25%	3	4%	210	47%	3	3%	3	4%
25-34		25	31%	7	10%		33%		11%		13%
35-44		21	26%	15	21%		14%		18%		14%
45-44		11	14%		26% 2		6%		24%		35%
55-64		3	4% 2		31% 2		0% 5		23%		31%
65+		0	0% 6		8% (0% 5		22%		4%
Are you:	.								/	-	.,,,
Male		6 .	8% 9)	13% 1	06 :	24% 4	4	19% 3	37	35%
Female	ŀ	72	92% 6	2	87% 3		76% 1		81%		65%
	-		-		•				1.		1

Race:				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Caucasian	56	70%	6 38	54%	385	89%	177	80%	6 94	94%
African American	16	20%	26	37%	34		33	15%		3%
Native American	3	4%	2	3%	0	0%		1%	1	0%
Asian/Pacific Islander	0	0%	2	3%	6	1%	1	1%		1%
Other	5	6%	3	4%	8	2%		3%	1	2%
School										
Less than high school	1	1%	4	6%	10	2%	4	2%	0	0%
High school graduate/GED	32	40%	25	35%	55	13%	39	17%	1	2%
Some college	19	24%	21	29%	236	55%	33	15%	ı	l l
Associate degree	9	11%	7	10%	79	18%	4	2%	1	1%
Bachelors degree	14	18%	10	14%	43	10%	57	25%		17%
Advanced degree	5	6%	5	7%	5	1%	88	39%	ŀ	78%
What type of insurance do you have?										. 0,0
Medicare	3	4%	11	16%	9	1%	50	22%	2	2%
Tenncare	16	20%	6	9%	93	21%	1	0%		1%
Private Insurance	39	49%	23	33%	202	45%	136	60%		88%
Other	11	14%	6	9%	33	14%		14%		9%
No Insurance	10	13%	24	34%	31	18%	9	4%		0%

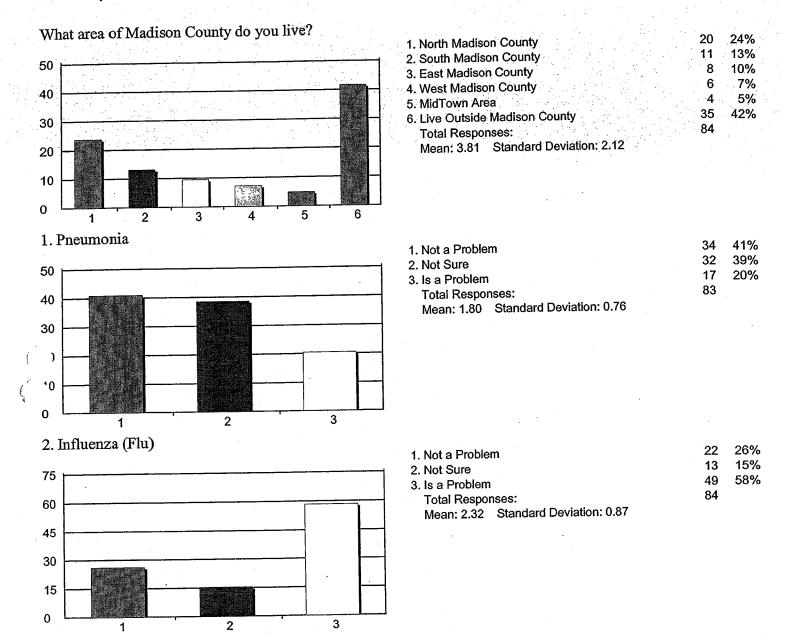
Attachment C2

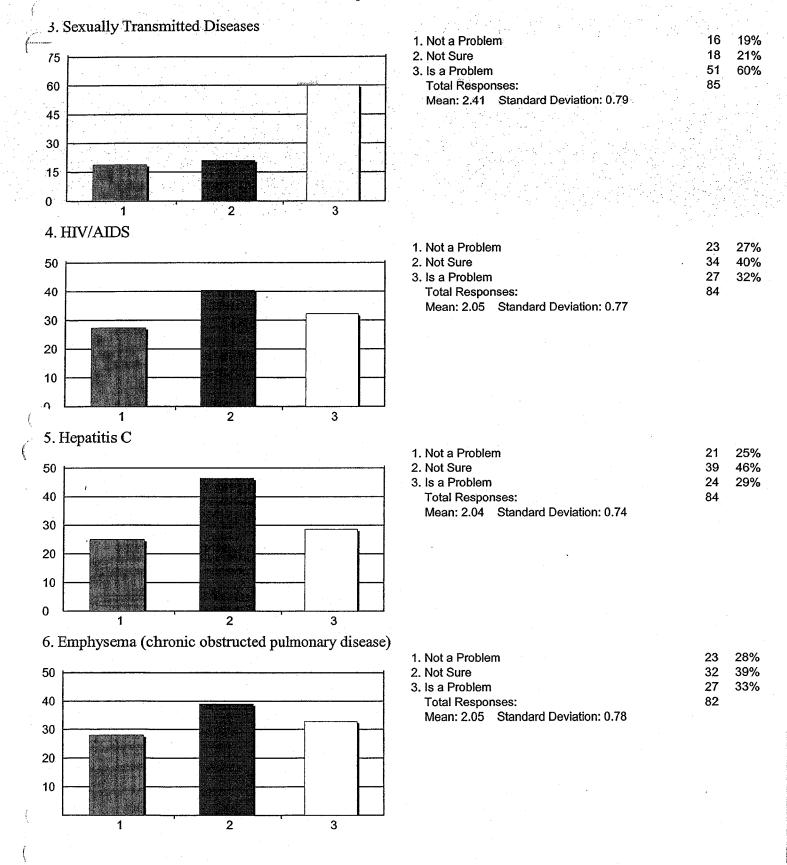
Attachment C2 Babyfest Results N=85

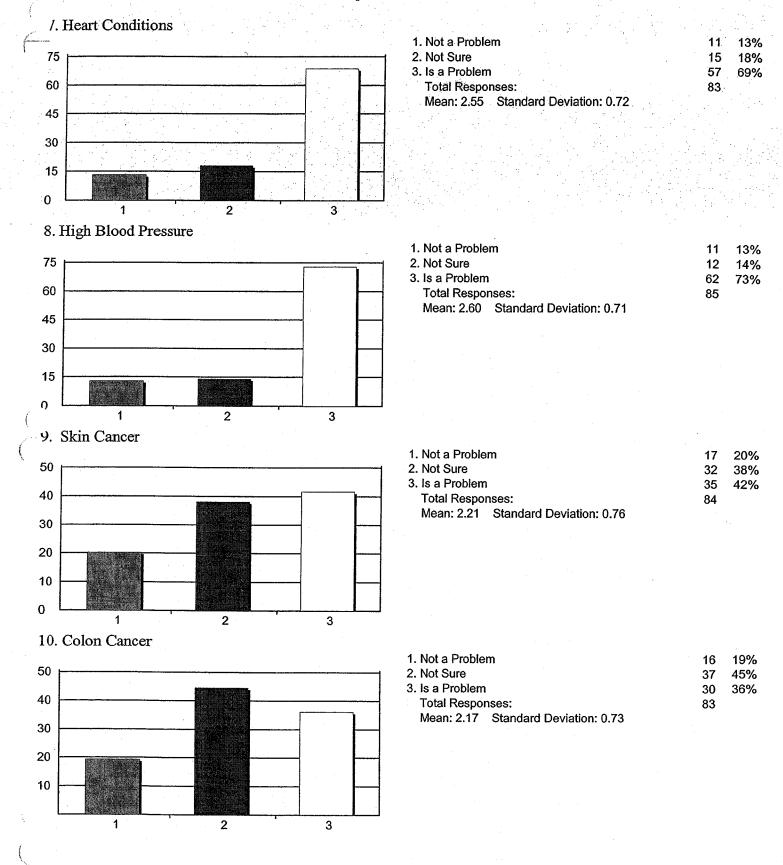
creation Date: 7/22/2011

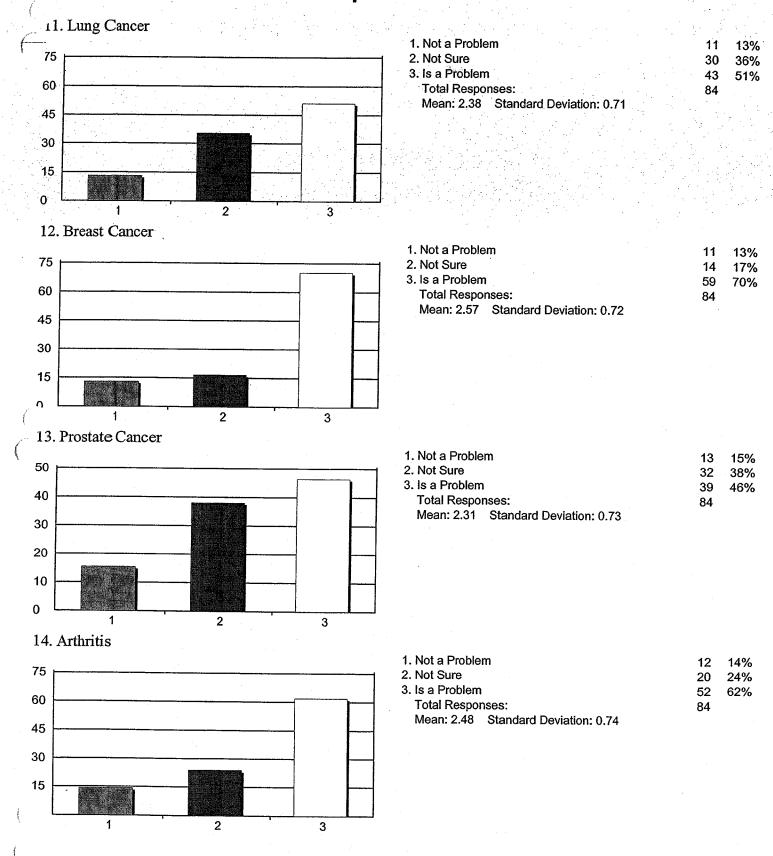
Time Interval: 8/23/2010 to 8/23/2010

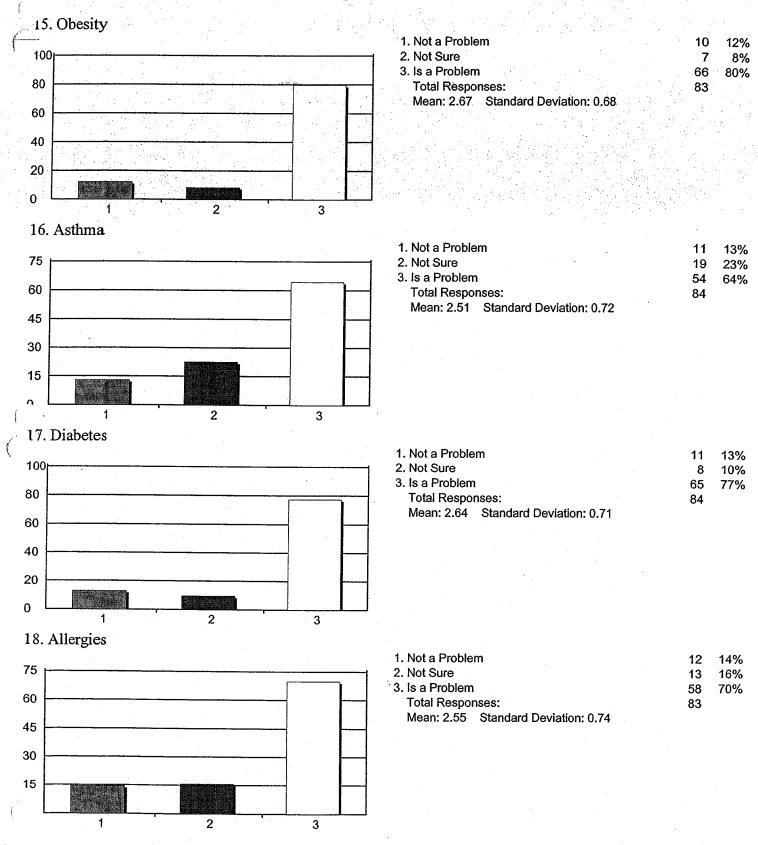
Fotal Respondents: 85

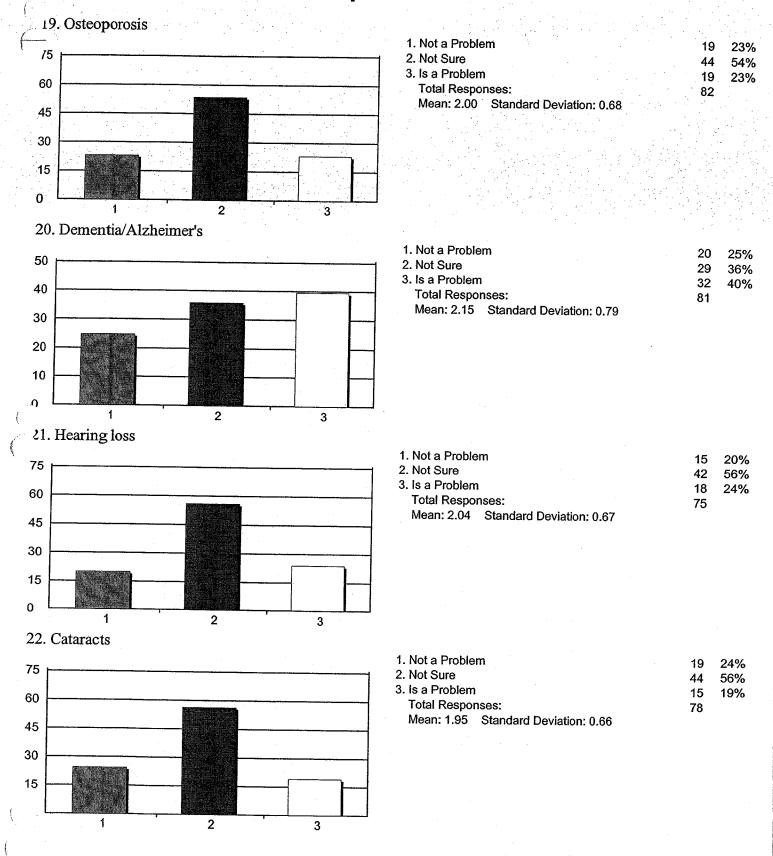


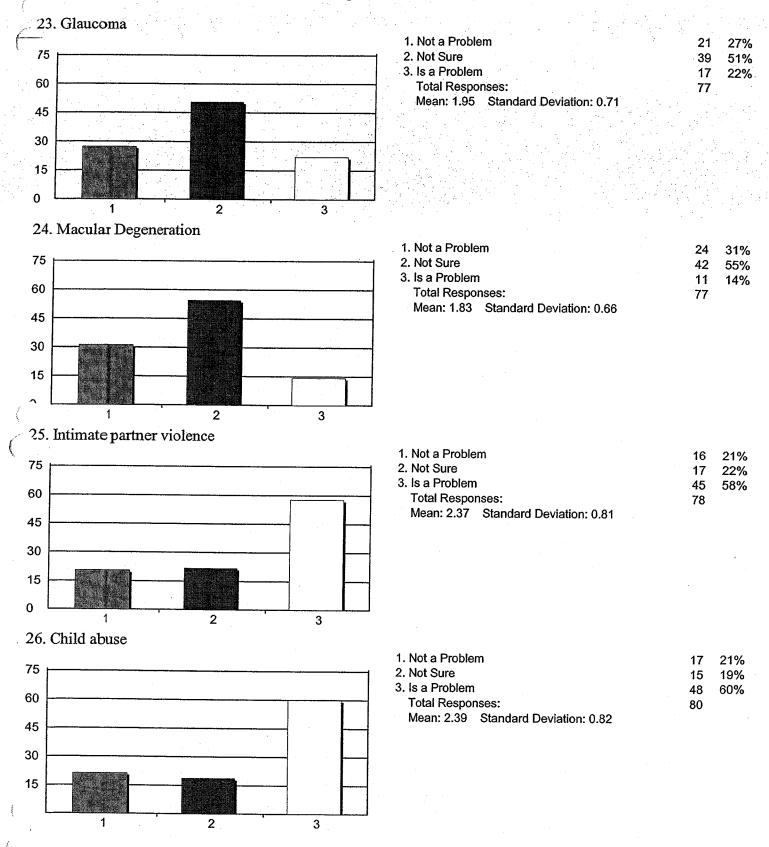


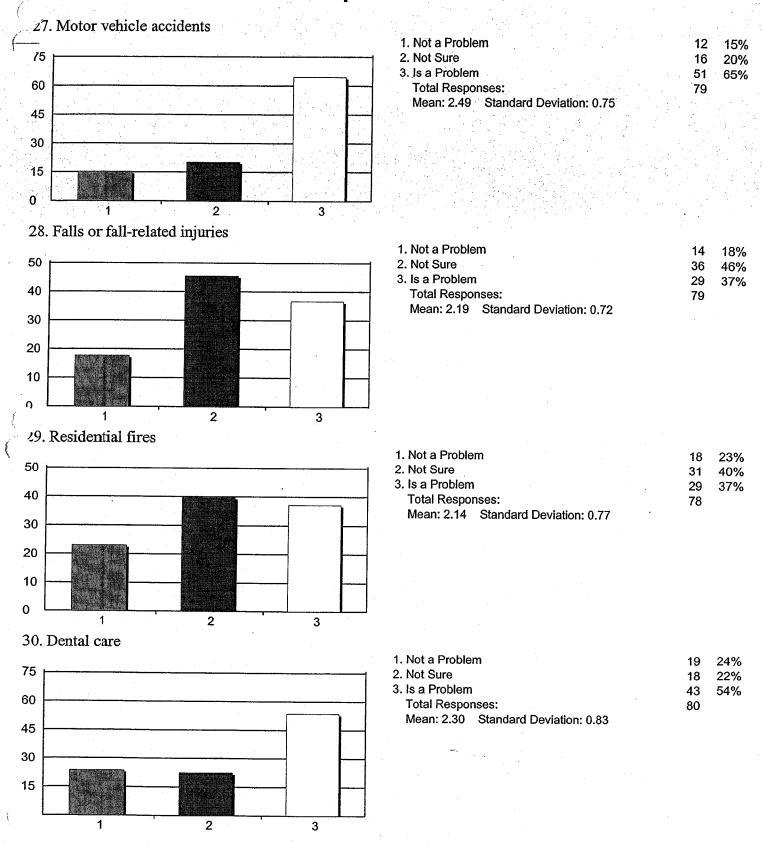


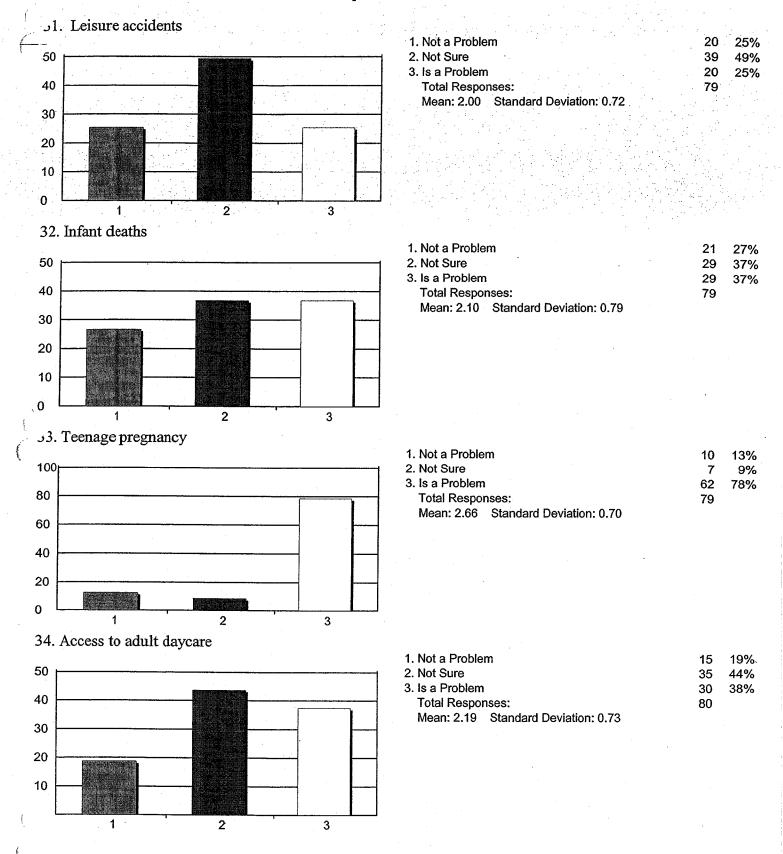


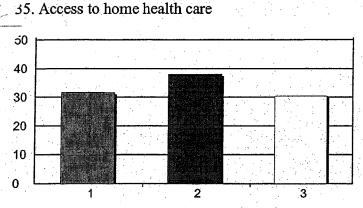




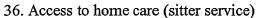


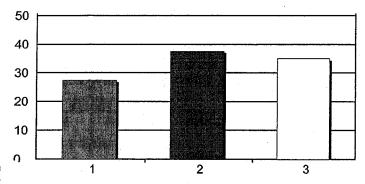






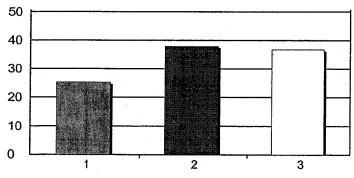
1. Not a Problem		25	32%
2. Not Sure		30	38%
3. is a Problem		 24	30%
Total Responses:	7	 79	
Mean: 1.99 Standard Deviation: 0.79			





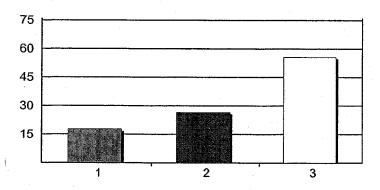
1. Not a Problem	22	28%
2. Not Sure	30	38%
3. Is a Problem	28	35%
Total Responses:	80	
Mean: 2.08 Standard Deviation: 0.79	i	

37. Access to care for special needs children

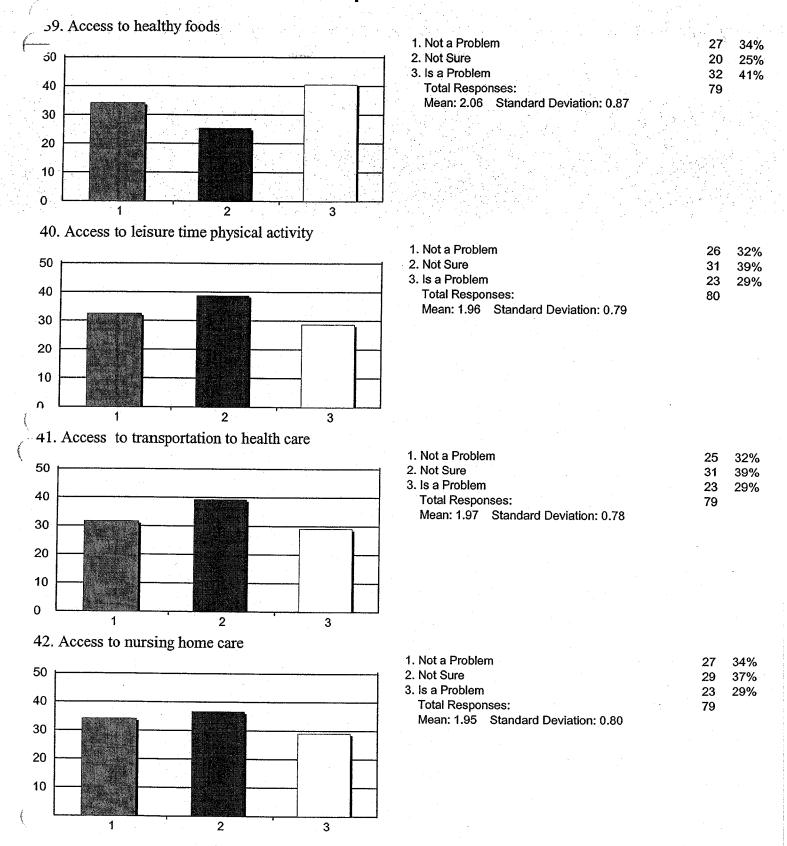


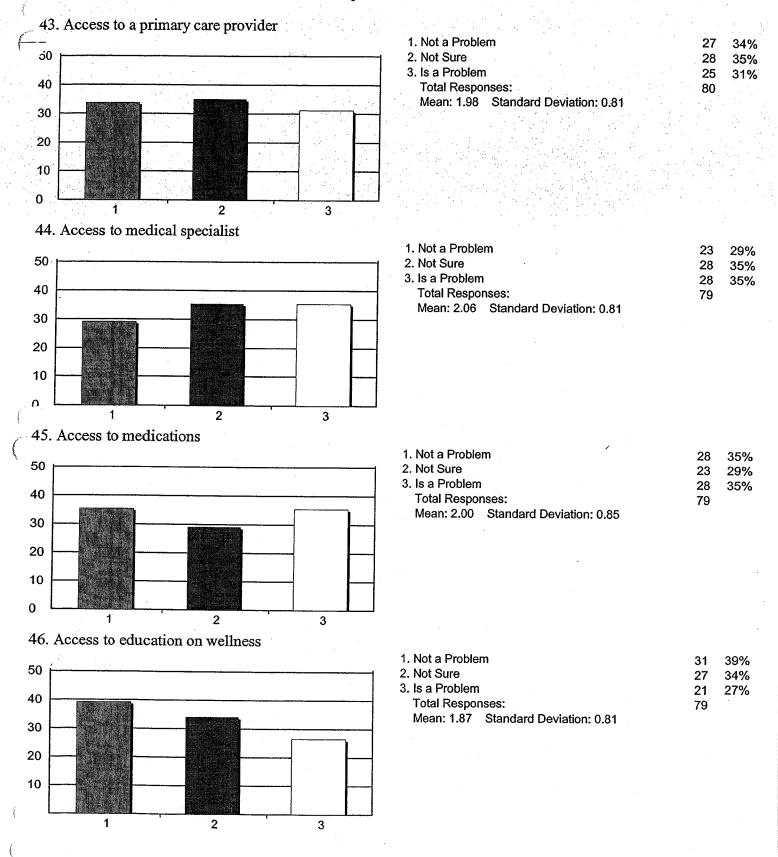
 Not a Proble 	m	20	25%
Not Sure		30	38%
3. Is a Problem		29	37%
Total Respon	nses:	79	
Mean: 2.11	Standard Deviation: 0.78		

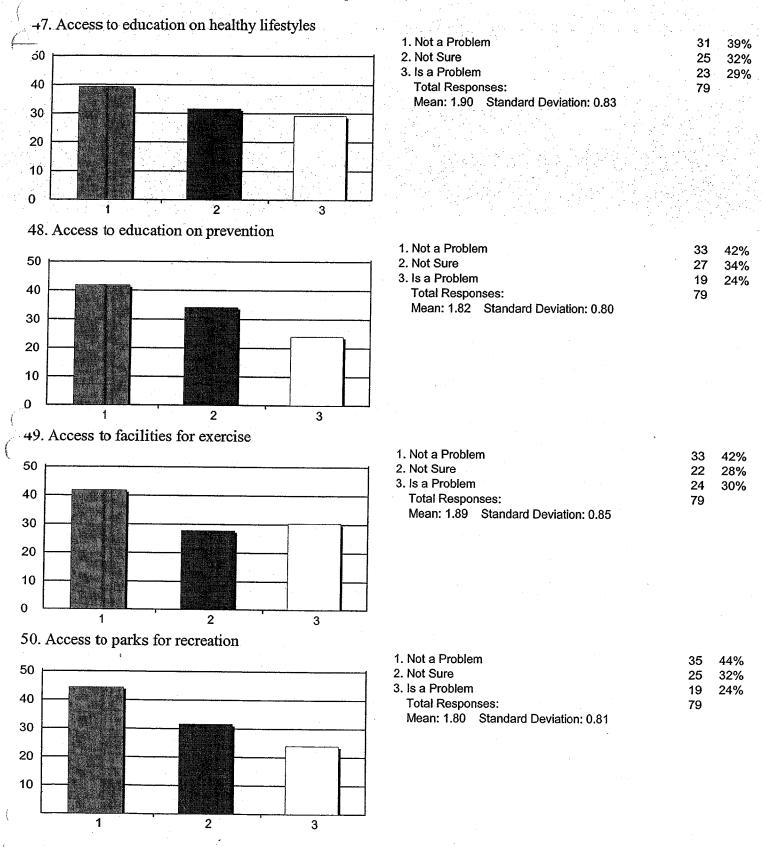
38. Lack of financial resources for medical care

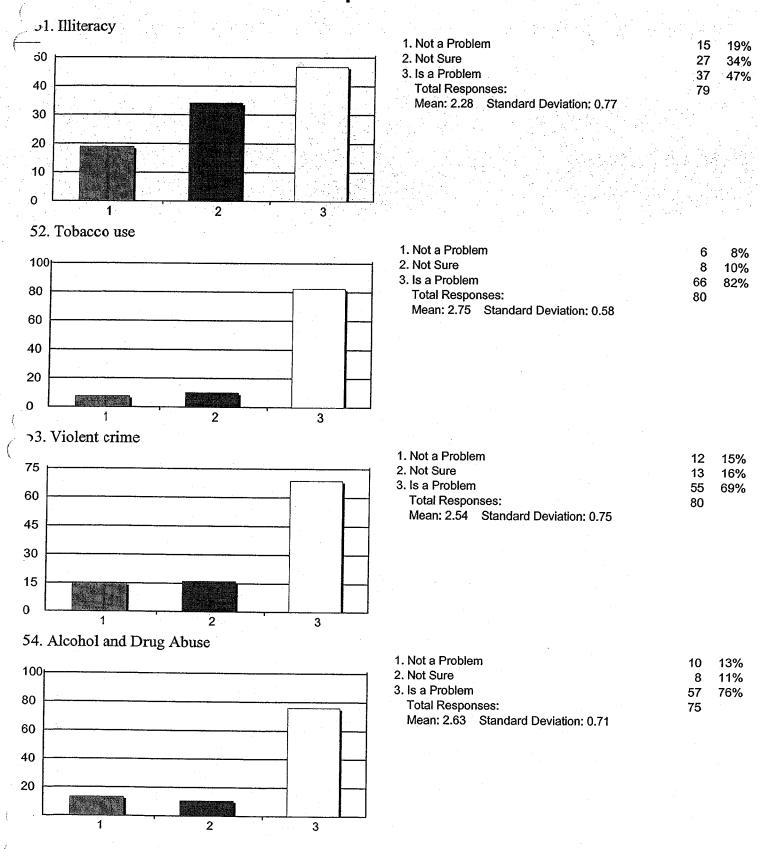


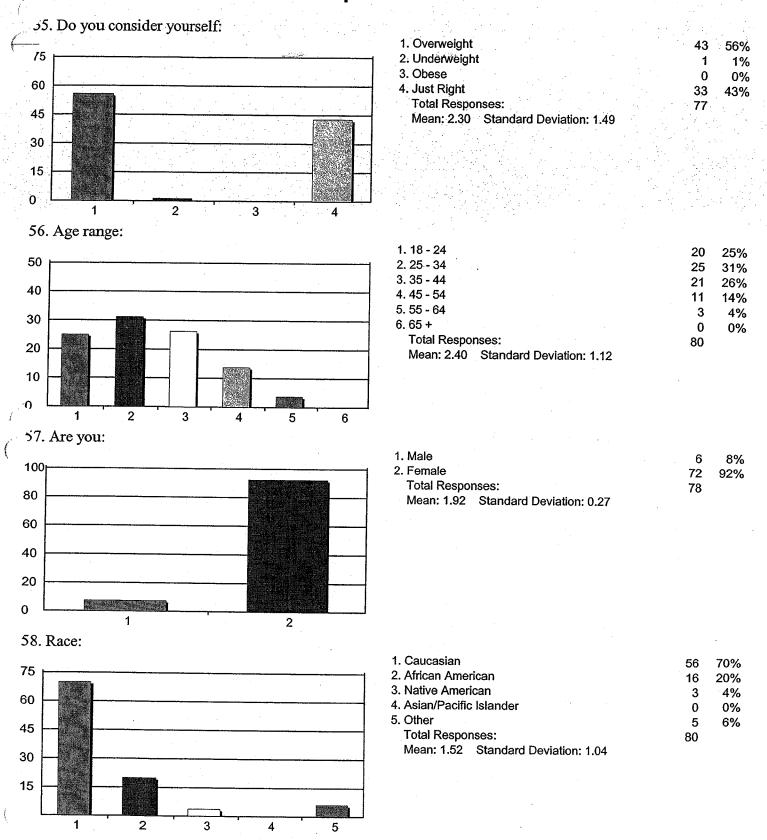
1. Not a Proble	m	14	18%
2. Not Sure		21	27%
3. Is a Problem		44	56%
Total Respor	nses:	79	
Mean: 2.38	Standard Deviation: 0.77		

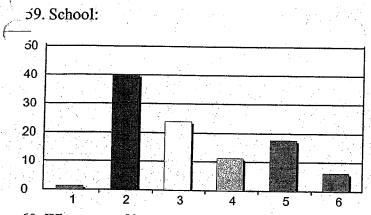






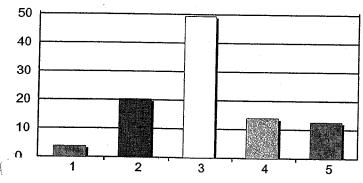






0.0	1%
3. Some college)%
	%
	%
5. Bachelors degree 14 18	%
6. Advanced degree 5	%
Total Responses: 80	
Mean: 3.22 Standard Deviation: 1.34	

60.	What	type	of	insurance	do	you have?	



1. Medicare	3	4%
2. TennCare	16	20%
3. Private Insurance	39	49%
4. Other	11	14%
5. No Insurance	10	13%
Total Responses:	79	
Mean: 3.11 Standard Deviation: 1.00	_	

Attachment C3

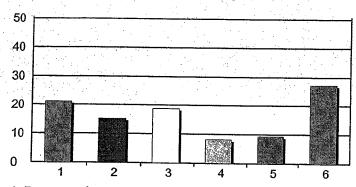
Attachment C3 West Tennessee Health Fair Results N=89

Creation Date: 7/22/2011

Time Interval: 9/13/2010 to 9/13/2010

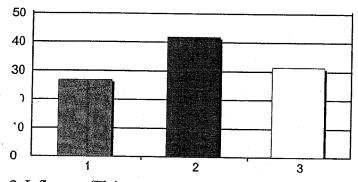
iotal Respondents: 89

What area of Madison County do you live?



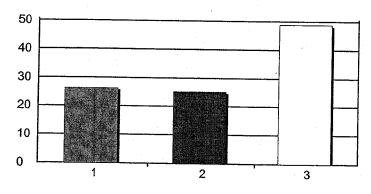
1. North Madison County	18	21%
2. South Madison County	13	15%
3. East Madison County	16	19%
4. West Madison County	7	8%
5. MidTown Area	8	9%
6. Live Outside Madison County	23	27%
Total Responses:	85	
Mean: 3.51 Standard Deviation: 1.92		*

1. Pneumonia

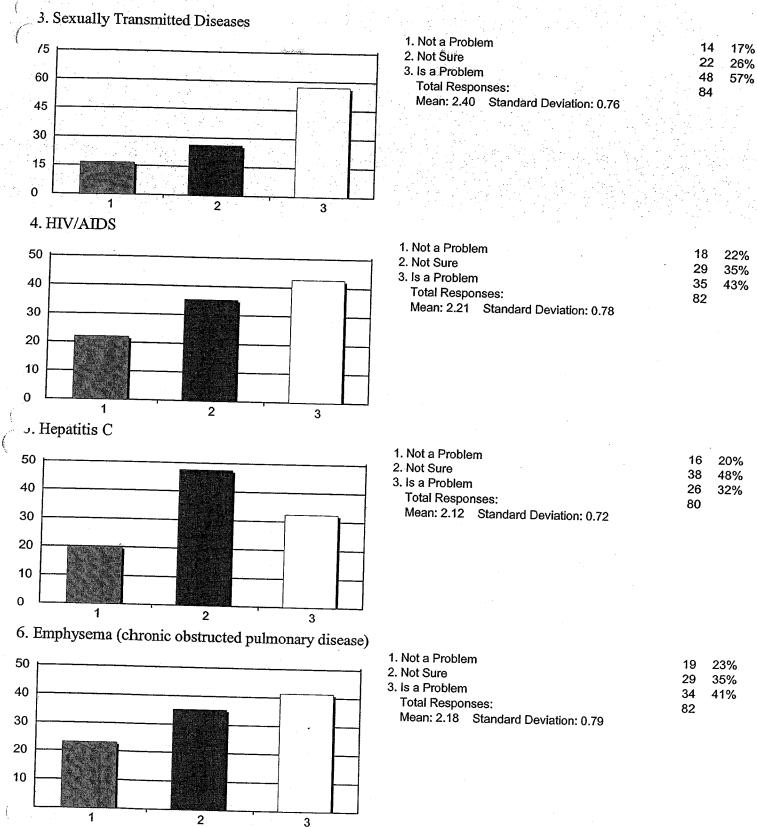


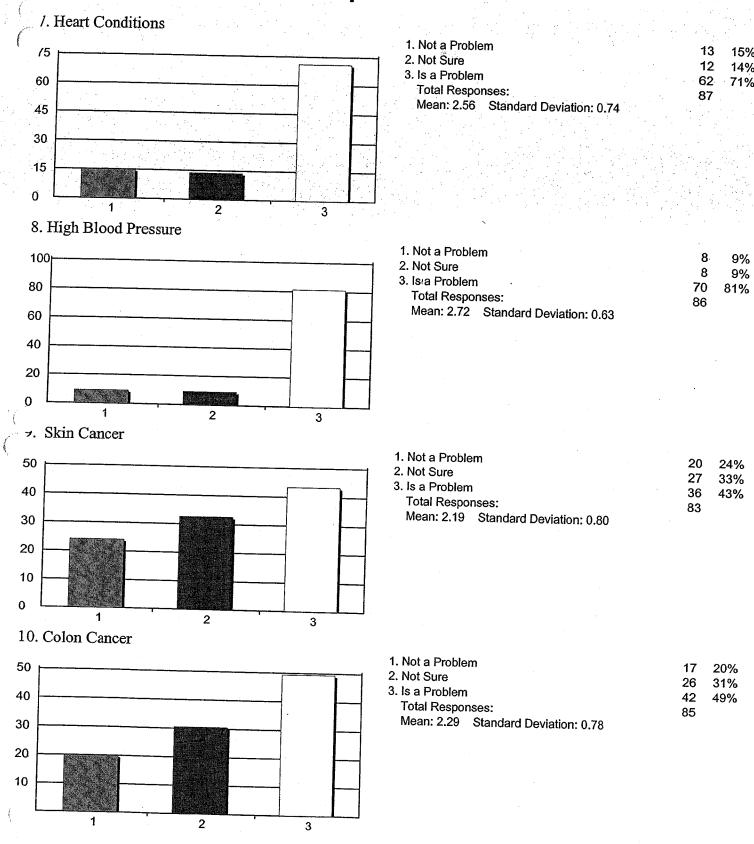
1. Not a Problem	23	27%
2. Not Sure	36	42%
3. Is a Problem	27	31%
Total Responses:	86	
Mean: 2.05 Standard Deviation: 0.77		

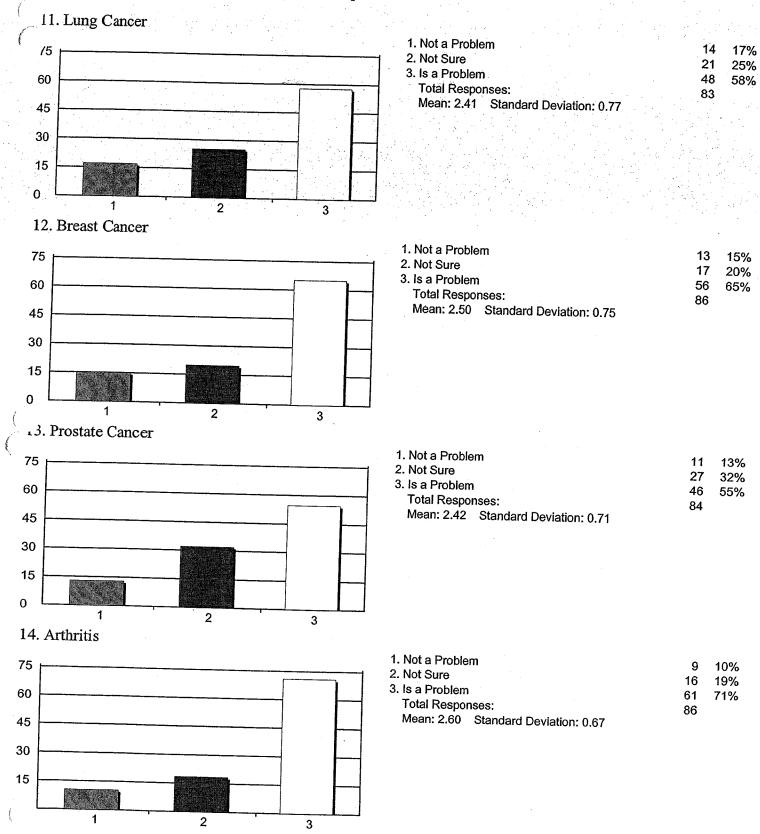
2. Influenza (Flu)

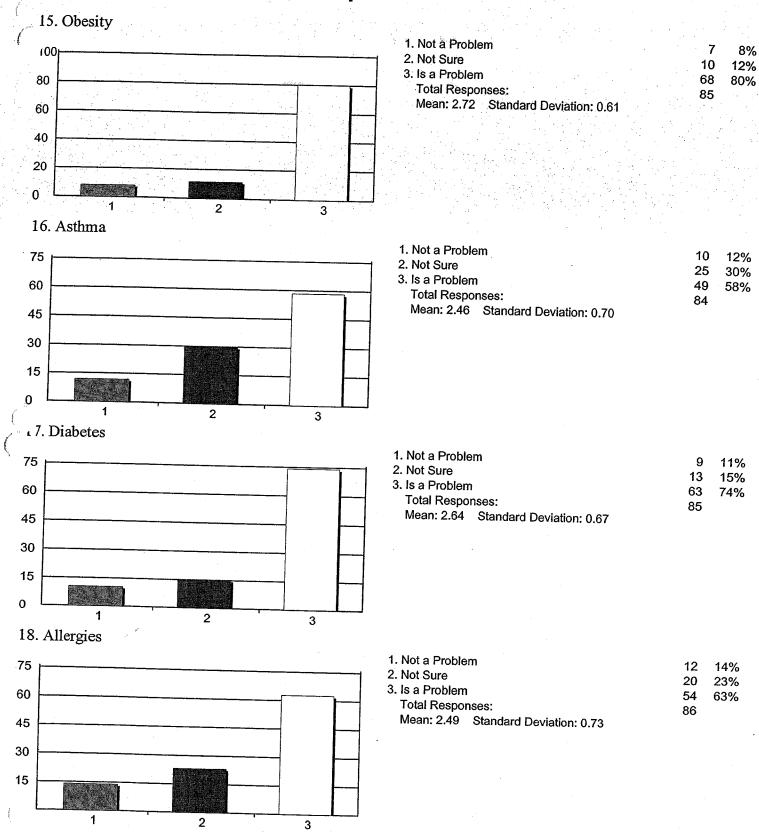


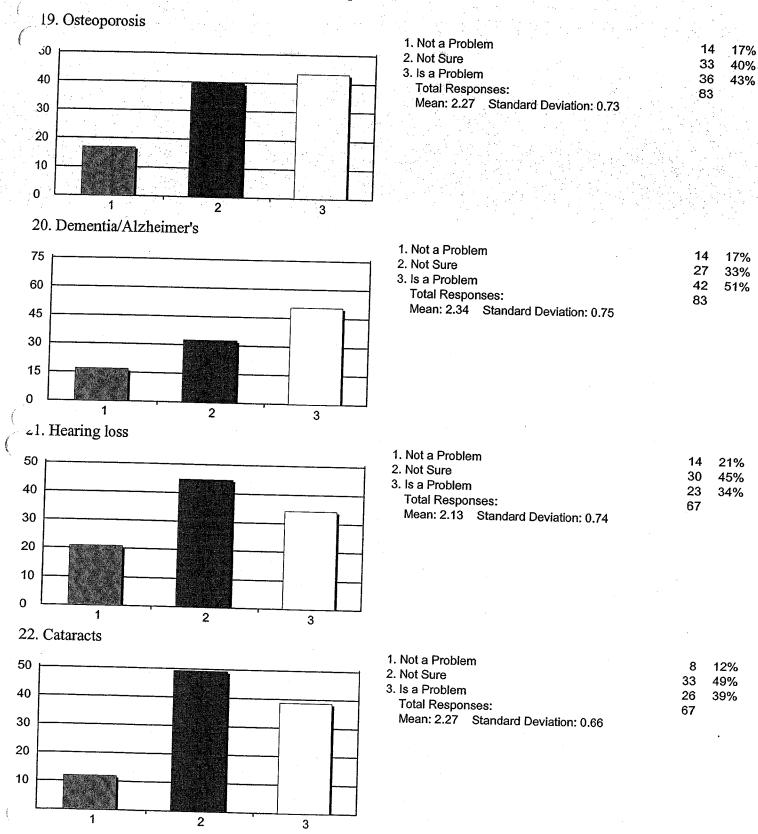
1. Not a Problem	n	22	26%
2. Not Sure		21	25%
3. Is a Problem		41	49%
Total Respon	ses:	84	
Mean: 2.23	Standard Deviation: 0.84	•	

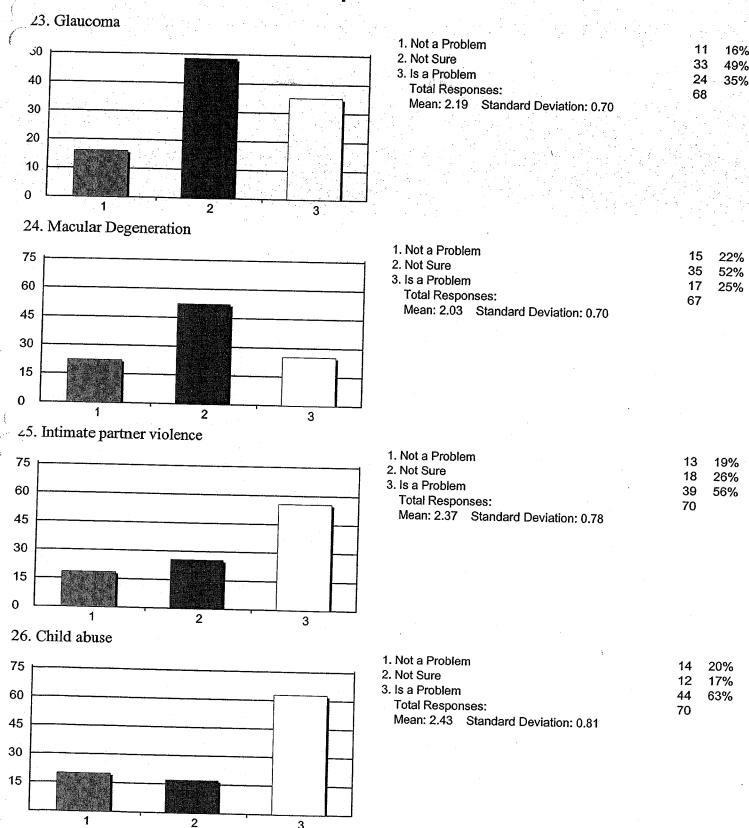






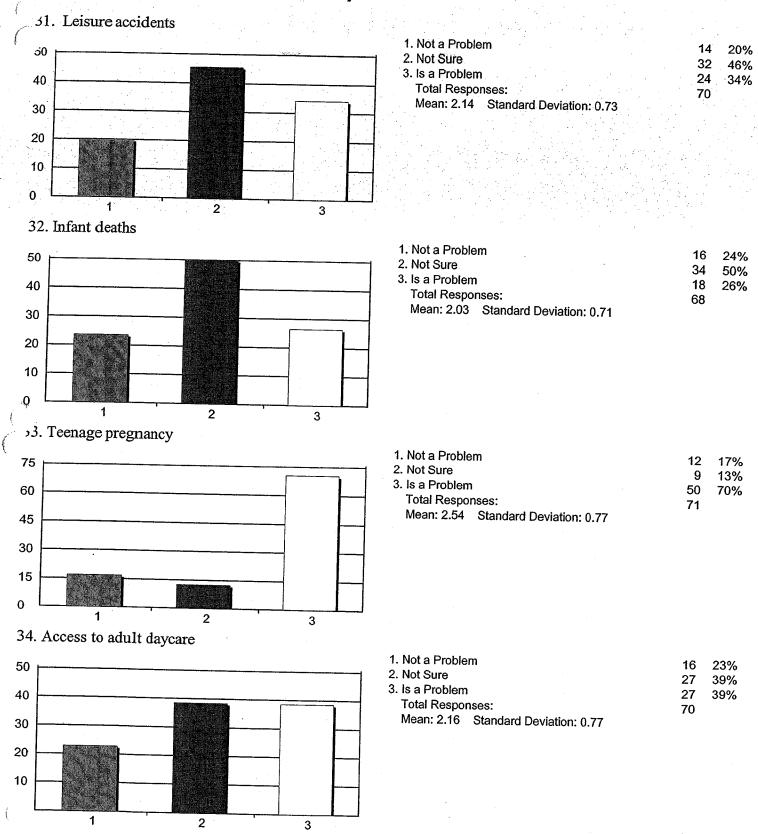






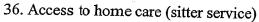
27. Motor vehicle accidents 1. Not a Problem **15** 15 2. Not Sure 18 3. Is a Problem 60 36 52% Total Responses: 69 Mean: 2.30 Standard Deviation: 0.81 45 30 15 28. Falls or fall-related injuries 1. Not a Problem 50 20% 2. Not Sure 25 36% 3. Is a Problem 40 31 44% Total Responses: 70 Mean: 2.24 Standard Deviation: 0.77 30 20 10 0 2). Residential fires 1. Not a Problem 75 16 23% 2. Not Sure 36 51% 3. Is a Problem 60 18 26% Total Responses: 70 Mean: 2.03 Standard Deviation: 0.70 45 30 15 0 30. Dental care 1. Not a Problem 75 14 20% 2. Not Sure 21 30% 3. Is a Problem 60 36 51% Total Responses: 71 Mean: 2.31 Standard Deviation: 0.79 45 30 15 1 2

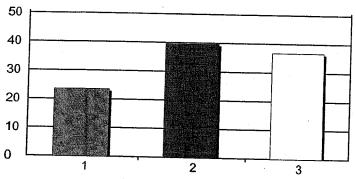
3



35. Access to home health care 30 40 30 20 10 1 2 36. Access to home health care

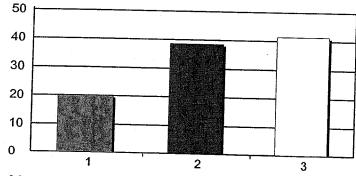
1. Not a Problem	:	00	
	• •	20	29%
2. Not Sure		25	36%
3. Is a Problem		24	35%
Total Responses:		69	0076
Mean: 2.06 Standard Deviation: 0.80			





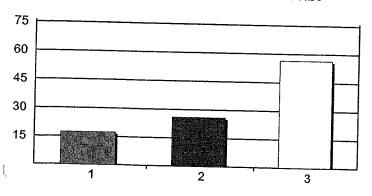
1. Not a Problem	10	0.407
2. Not Sure	. 16	24%
· · · · · · ·	27	40%
3. Is a Problem	25	37%
Total Responses:	68	0.70
Mean: 2.13 Standard Deviation: 0.77	33	

J7. Access to care for special needs children

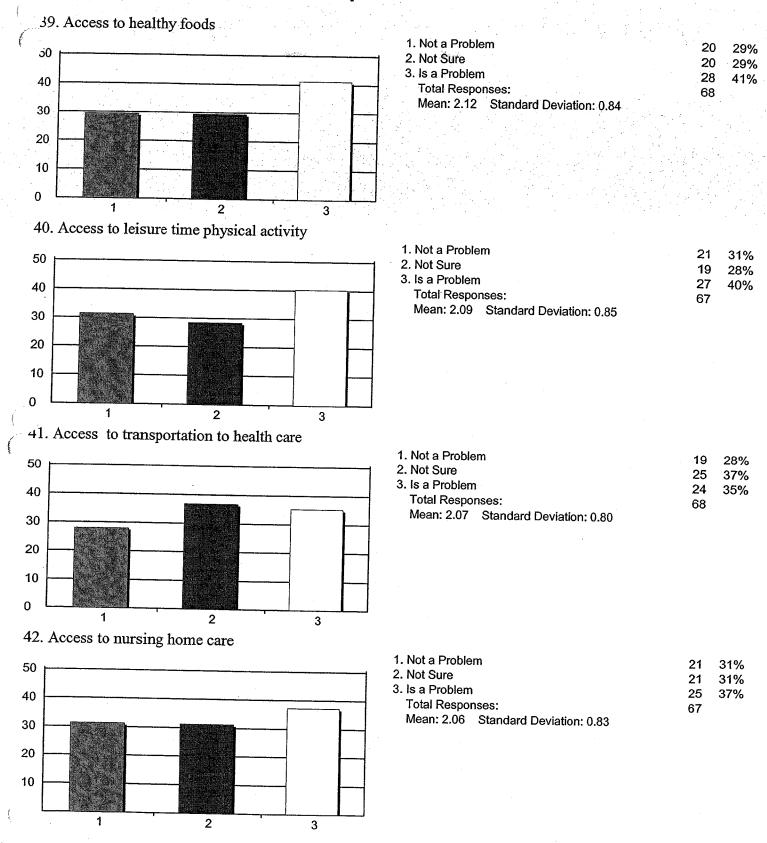


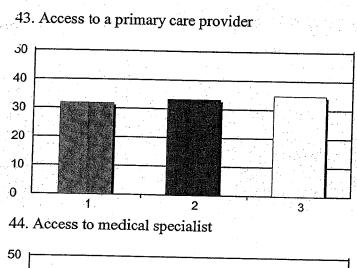
1. Not a Proble	m	14	20%
2. Not Sure		27	39%
3. Is a Problem		29	41%
Total Respon	ises:	70	4170
Mean: 2.21	Standard Deviation: 0.76	70	

38. Lack of financial resources for medical care

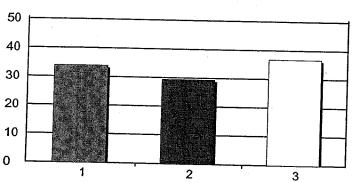


1. Not a Problem	12	17%
2. Not Sure	: -	,0
3. Is a Problem	18	26%
	39	57%
Total Responses:	69	
Mean: 2.39 Standard Deviation: 0.77		

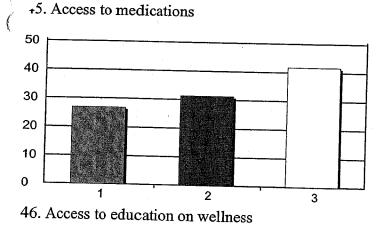




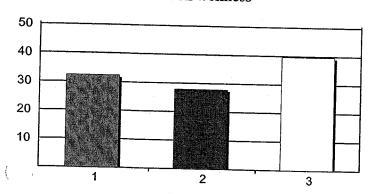
				Sec. 12.
1. Not a Problem			21	32%
2. Not Sure			22	33%
3. Is a Problem				,-
	•	100	23	35%
Total Responses:			66	
Mean: 2.03 Standard F	leviation	. 0 00	7.7	



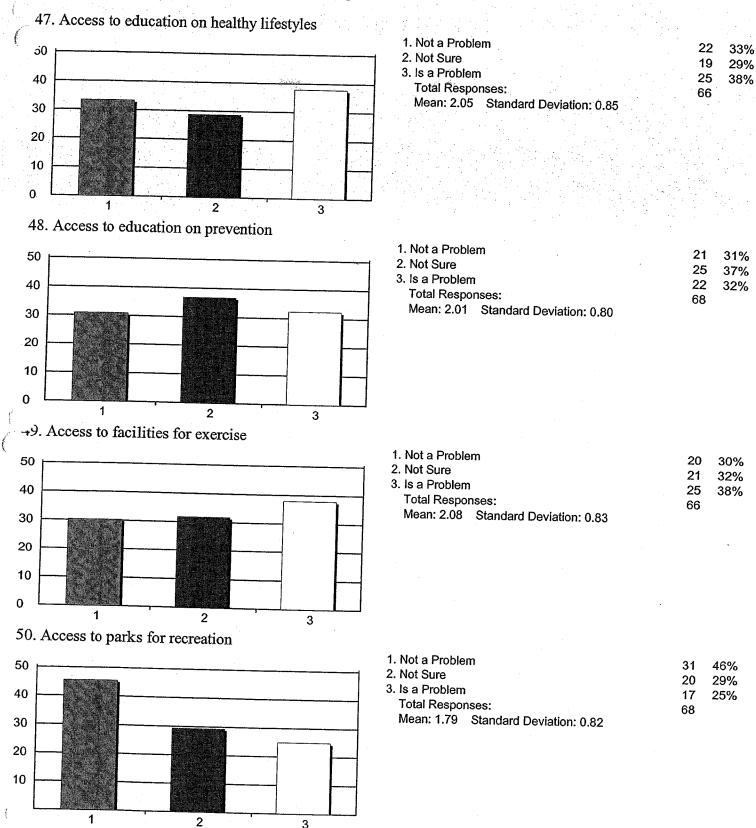
1. Not a Problem	23	34%
2. Not Sure	20	29%
3. Is a Problem		37%
Total Responses:	68	0.70
Mean: 2.03 Standard Deviation: 0.85		

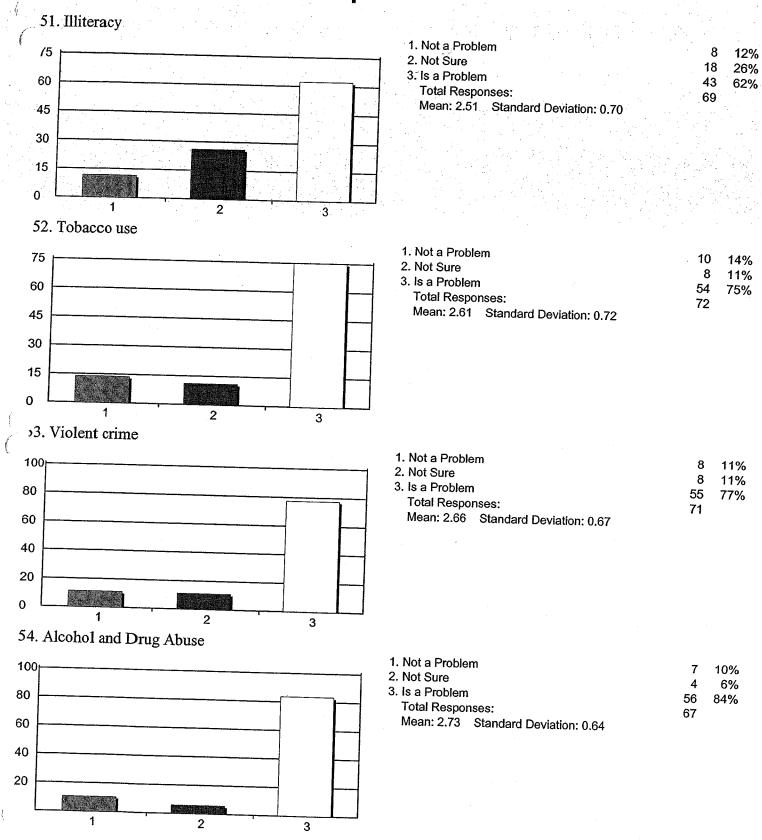


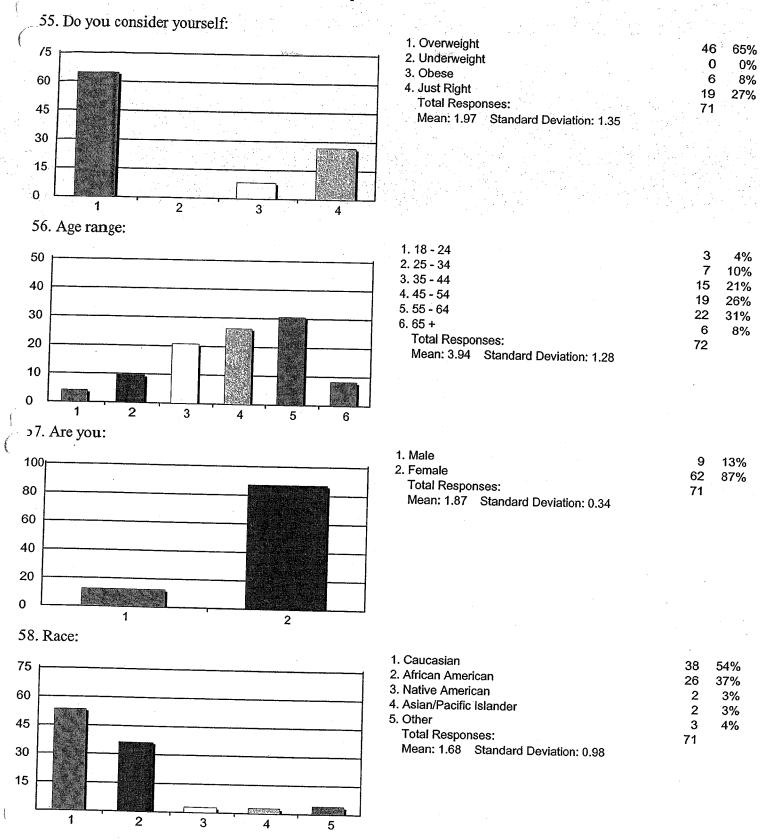




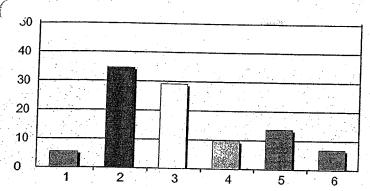
1. Not a Proble	m	22	32%
2. Not Sure		19	28%
3. Is a Problem		27	40%
Total Respor	ises:	68	1070
Mean: 2.07	Standard Deviation: 0.85	00	





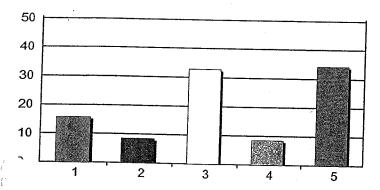


59. School:



1. Less than high school	4	6%
2. High school graduate/GED	25	35%
3. Some college	21	29%
4. Associate degree	7	10%
5. Bachelors degree	10	14%
6. Advanced degree	5	7%
Total Responses:	72	• 70
Mean: 3.12 Standard Deviation: 1.36		

60. What type of insurance do you have?



1. Medicare	11	16%
2. TennCare	6	, .
3. Private Insurance	•	9%
4. Other	23	33%
	6	9%
5. No Insurance	24	34%
Total Responses:	70	/ •
Mean: 3.37 Standard Deviation: 1.44		

Attachment C4

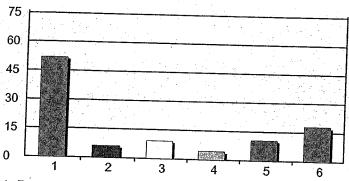
Attachment C4 Attachment C4 Jackson-Madison County School System Faculty Results N = 243

Creation Date: 7/22/2011

Time Interval: 10/28/2010 to 12/8/2010

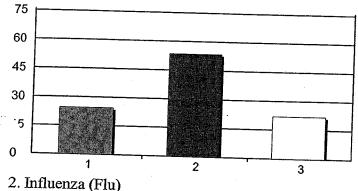
iotal Respondents: 243

What area of Madison County do you live?

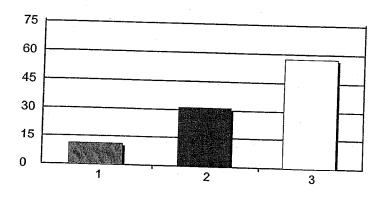


1. North Madison County		
	119	52%
2. South Madison County	14	6%
3. East Madison County	24	
4. West Madison County	21	9%
	- 10	4%
5. MidTown Area	24	10%
6. Live Outside Madison County		
Total Decrease	41:	18%
Total Responses:	229	
Mean: 2.69 Standard Deviation: 2.03		

1. Pneumonia

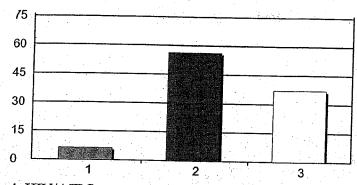


1. Not a Problem	F.4	0.404
2. Not Sure	54	24%
•	119	54%
3. Is a Problem	49	
Total Responses:		22%
	222	
Mean: 1.98 Standard Deviation: 0.68		



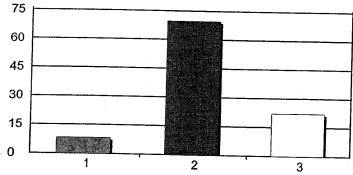
1. Not a Problem	25	4407
2. Not Sure	20	11%
	70	31%
3. Is a Problem	129	58%
Total Responses:		50%
	224	
Mean: 2.46 Standard Deviation: 0.69		

3. Sexually Transmitted Diseases



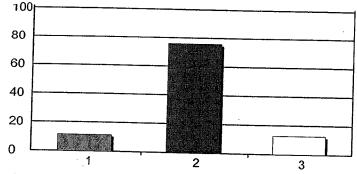
1. Not a Problem		14	6%
2. Not Sure		125	57%
3. Is a Problem		82	37%
Total Responses:		221	31 /6
Mean: 2.31 Standard Deviation: 0.5	8		

4. HIV/AIDS



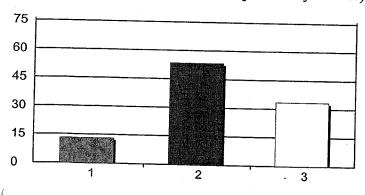
18	8%
454	- , ,
104	70%
49	22%
	~~ /0
221	
	18 154 49 221

5. Hepatitis C



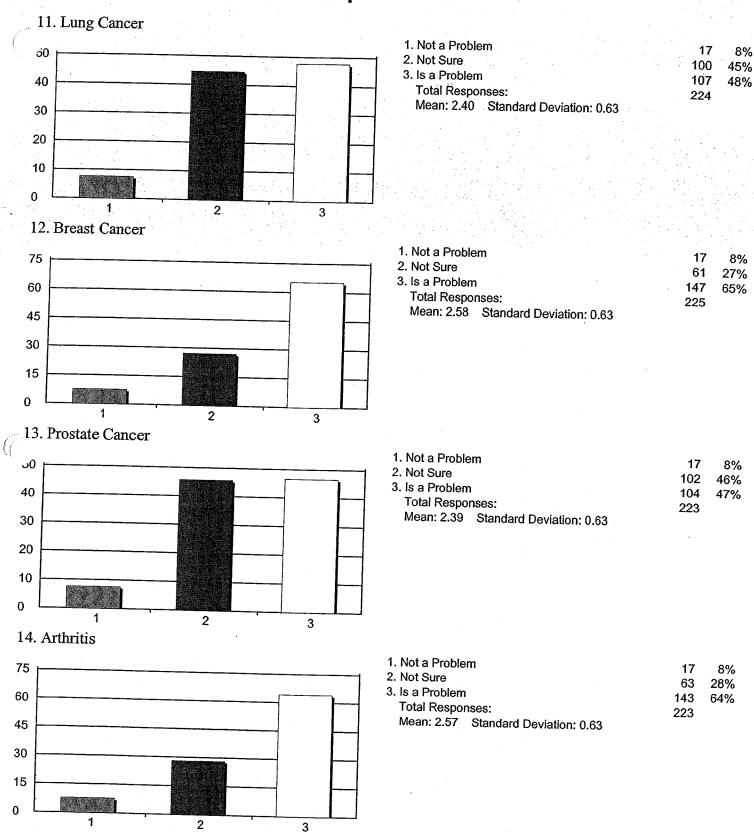
1. Not a Problem	25	11%
2. Not Sure		76%
3. Is a Problem	28	13%
Total Responses:	219	.0,0
Mean: 2.01 Standard Deviation: 0.40	0	

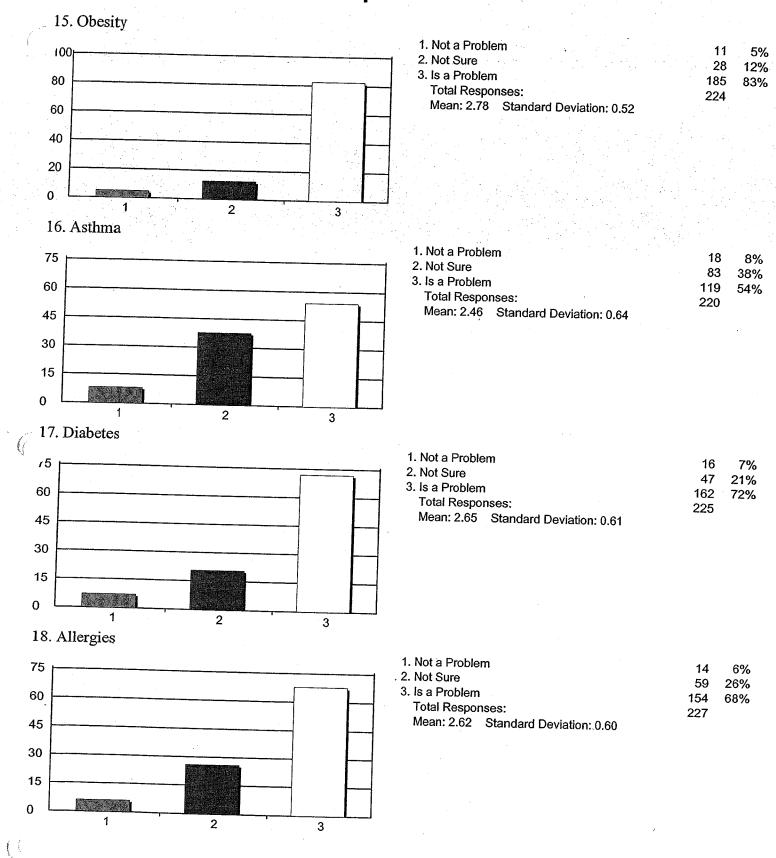
6. Emphysema (chronic obstructed pulmonary disease)

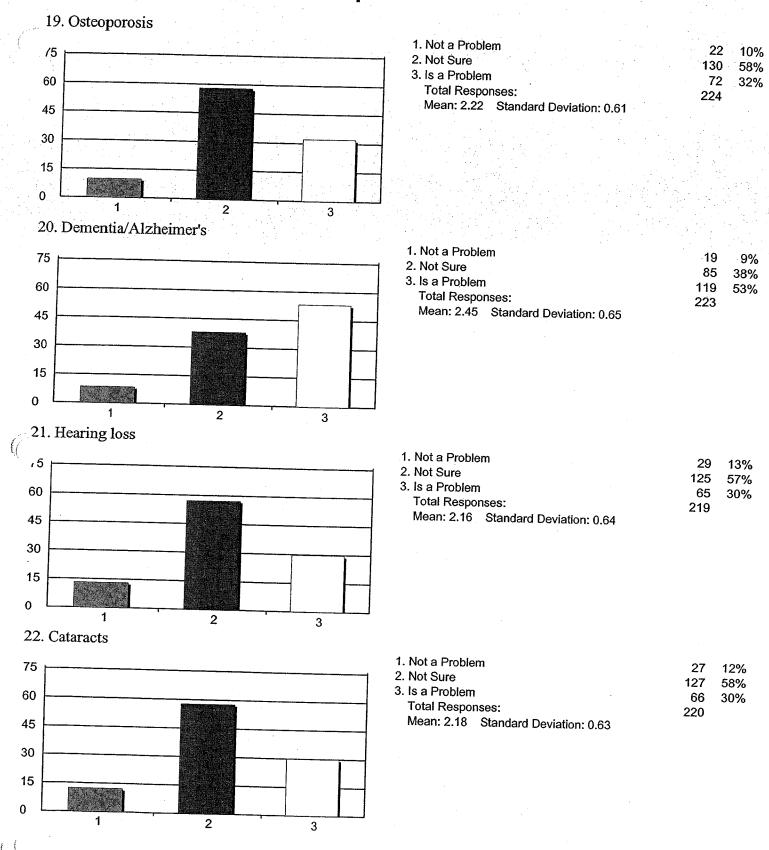


1. Not a Proble	m	29	13%
2. Not Sure		_5	, .
3. Is a Problem		118	53%
		74	33%
Total Respon		221	
Mean: 2.20	Standard Deviation: 0.65		

7. Heart Conditions 1. Not a Problem 15 16 2. Not Sure 24% 3. Is a Problem 60 154 69% Total Responses: 223 Mean: 2.62 Standard Deviation: 0.62 45 30 15 2 3 8. High Blood Pressure 1. Not a Problem 75 12 5% 2. Not Sure 47 3. Is a Problem 60 170 74% Total Responses: Mean: 2.69 Standard Deviation: 0.57 45 30 15 0 3 Skin Cancer 1. Not a Problem ა0 26 12% 2. Not Sure 100 45% 3. Is a Problem 40 98 44% Total Responses: 224 Mean: 2.32 Standard Deviation: 0.67 30 20 10 2 10. Colon Cancer 1. Not a Problem 75 20 9% 2. Not Sure 116 52% 3. Is a Problem 60 88 39% Total Responses: 224 Mean: 2.30 Standard Deviation: 0.63 45 30 15 0 2







23. Glaucoma 1. Not a Problem 15 27 2. Not Sure 67% 3. Is a Problem 60 45 Total Responses: 219 Mean: 2.08 Standard Deviation: 0.57 45 30 15 0 2 3 24. Macular Degeneration 1. Not a Problem 75 26 2. Not Sure 153 70% 3. Is a Problem 60 40 18% Total Responses: 219 Mean: 2.06 Standard Deviation: 0.55 45 30 15 25. Intimate partner violence 1. Not a Problem . i 22 10% 2. Not Sure 116 52% 3. Is a Problem 60 85 38% Total Responses: 223 Mean: 2.28 Standard Deviation: 0.63 45 30 15 26. Child abuse 1. Not a Problem 75 20 9% 2. Not Sure 74 33% 3. Is a Problem 60 58% 128 Total Responses: 222 Mean: 2.49 Standard Deviation: 0.66 45 30

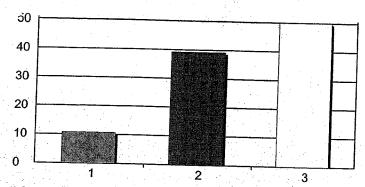
3

2

15

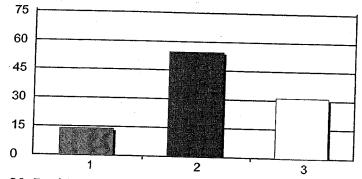
0

27. Motor vehicle accidents



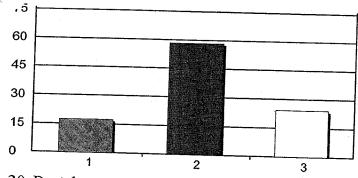
1. Not a Problem	24	11%
2. Not Sure	88	39%
3. Is a Problem		
Total Responses:	112	50%
Mean: 2.30 Standard David Com	224	

28. Falls or fall-related injuries



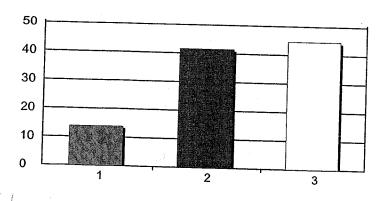
4 Not - Dull		
1. Not a Problem	31	14%
2. Not Sure	•	
	121	55%
3. Is a Problem	69	31%
Total Responses:		3170
	221	
Mean: 2.17 Standard Deviation: 0.65		

29. Residential fires



1. Not a Probler	m	00	
2. Not Sure	··	39	17%
		130	58%
3. Is a Problem		54	24%
Total Responses:		223	24%
Mean: 2.07	Standard Deviation: 0.64	223	

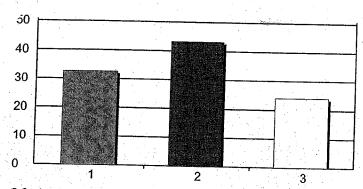
30. Dental care



1. Not a Problem	31	4.407
2. Not Sure	31	14%
	93	42%
3. Is a Problem	100	45%
Total Responses:		4070
	224	
Mean: 2.31 Standard Deviation: 0.70		

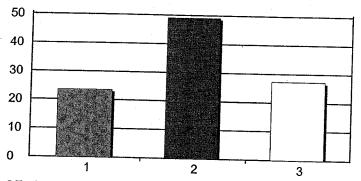
31. Leisure accidents 1. Not a Problem *1*5 38 17% 2. Not Sure 144 65% 3. Is a Problem 60 41 18% Total Responses: 223 Mean: 2.01 Standard Deviation: 0.60 45 30 15 0 2 32. Infant deaths 1. Not a Problem 75 2. Not Sure 142 64% 3. Is a Problem 60 39 17% Total Responses: 223 Mean: 1.99 Standard Deviation: 0.60 45 30 15 0 2 33. Teenage pregnancy 1. Not a Problem . 5 14 6% 2. Not Sure 49 22% 3. Is a Problem 60 159 72% Total Responses: 222 Mean: 2.65 Standard Deviation: 0.60 45 30 15 0 2 34. Access to adult daycare 1. Not a Problem 50 38 17% 2. Not Sure 110 49% 3. Is a Problem 40 77 34% Total Responses: 225 Mean: 2.17 Standard Deviation: 0.70 30 20 10 0 2 3

35. Access to home health care



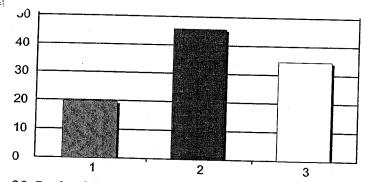
1. Not a Problem		73	33%
2. Not Sure		97	43%
3. Is a Problem			
Total Responses:		54	24%
Mean: 1.92 Standard Deviation: 0.75		224	

36. Access to home care (sitter service)



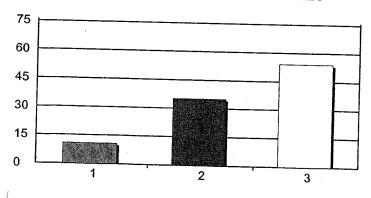
l. Not a Proble	uma.		
i. Not a Proble	en .	53	24%
2. Not Sure		440	
		110	49%
l. Is a Problem)	61	27%
Total Respo	ncoo	٠.	2170
		224	
Mean: 2.04	Standard Deviation: 0.71		

37. Access to care for special needs children



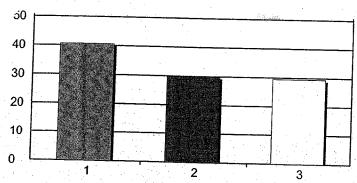
1 Not a Dualitani		
1. Not a Problem	44	20%
2. Not Sure		
	102	46%
3. Is a Problem	77	35%
Total Responses:	223	00 /0
Mean: 2.15 Standard Deviation: 0.72	223	

38. Lack of financial resources for medical care



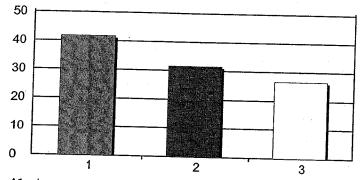
1. Not a Problem	24	11%
2. Not Sure	=:	, ,
	79	35%
3. Is a Problem	122	54%
Total Responses:		O+70
	225	
Mean: 2 44 Standard Doviction, a co		

39. Access to healthy foods



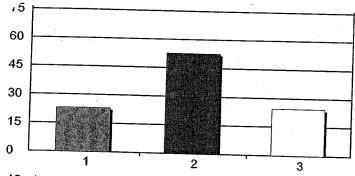
1. Not a Proble	m		91	41%
2. Not Sure			 67	
3. Is a Problem			 -	30%
Total Respon			66	29%
•			224	
Mean: 1.89	Standard Devi	ation: 0.83		

40. Access to leisure time physical activity



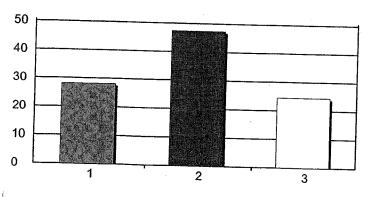
4 11 1 15 11		•
1. Not a Problem	94	42%
2. Not Sure	71	
3. Is a Problem	7.1	32%
·	60	27%
Total Responses:	225	
Mean: 1.85 Standard Deviation: 0.82	-20	

41. Access to transportation to health care



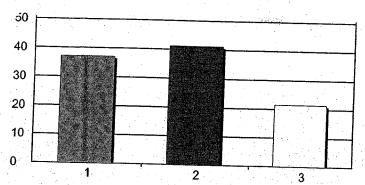
1. Not a Problem	51	220/
2. Not Sure	٠.	23%
	117	53%
3. Is a Problem	54	24%
Total Responses:	222	2470
Mean: 2.01 Standard Deviation: 0.69	222	

42. Access to nursing home care



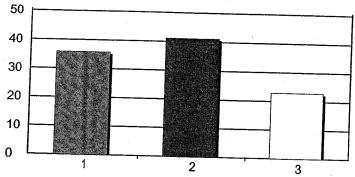
1. Not a Problem	63	28%
2. Not Sure		
	106	47%
3. Is a Problem	55	25%
Total Responses:	- -	23/6
	224	
Mean: 1.96 Standard Deviation: 0.73		

43. Access to a primary care provider



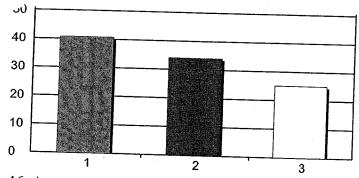
1. Not a Problem	 83	270/
2. Not Sure		37%
	- 92	41%
3. Is a Problem	48	22%
Total Responses:		2270
	223	
Mean: 1.84 Standard Deviation: 0.75		

44. Access to medical specialist



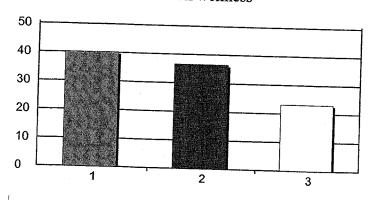
4. N=4 = D=+11		
1. Not a Problem	80	36%
2. Not Sure	. 00	30%
	92	41%
3. Is a Problem		
	51	23%
Total Responses:	000	_0,0
	223	
Mean: 1.87 Standard Deviation: 0.76		

45. Access to medications



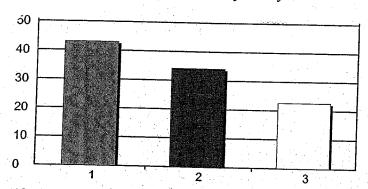
1. Not a Problem	91	440/
2. Not Sure	91	41%
	76	34%
3. Is a Problem	EG	, .
Total Responses:	56	25%
	223	
Mean: 1.84 Standard Deviation: 0.80		

46. Access to education on wellness



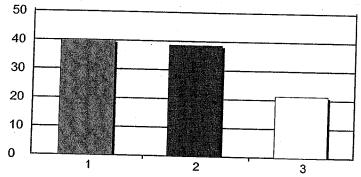
1. Not a Problem		
	90	40%
2. Not Sure	82	37%
3. Is a Problem		. , , ,
Total Responses:		23%
	224	
Mean: 1.83 Standard Deviation: 0.78		

47. Access to education on healthy lifestyles



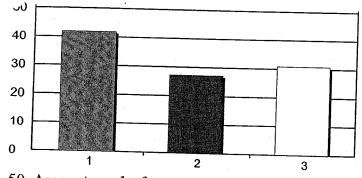
Not a Problem Not Sure			97 77	43% 34%
3. Is a Problem			51	23%
Total Responses: Mean: 1.80 Standard I	Deviation: C).79	225	

48. Access to education on prevention



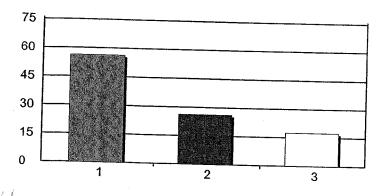
1. Not a Problem				
i. Not a Problem			90	40%
2. Not Sure				
			87	39%
3. Is a Problem			48	21%
Total Response	c·			21/0
		•	225	
Mean: 1.81 St	andard Deviation: 0.76			

49. Access to facilities for exercise

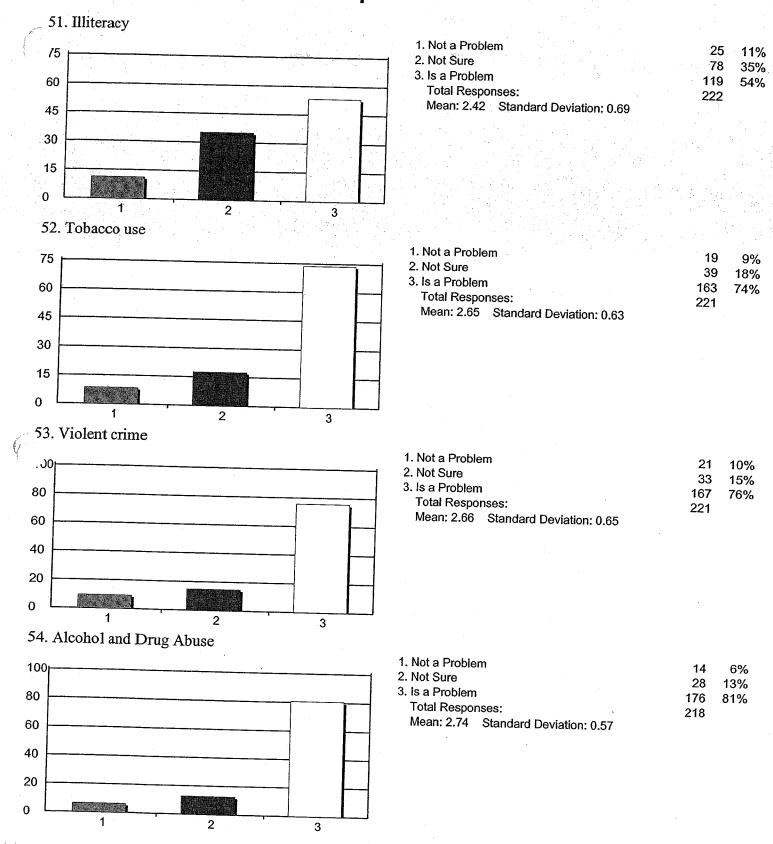


1. Not a Problem	0.4	4007
2. Not Sure	94	42%
2. Not Sure	61	27%
3. Is a Problem		
	69	31%
Total Responses:	224	
Mean: 1.89 Standard Dovistion: 0.05	227	

50. Access to parks for recreation



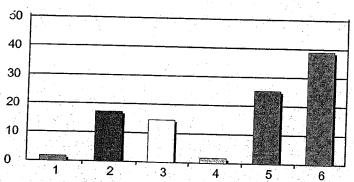
Not a Problem	125	56%
2. Not Sure	. 120	30%
	58	26%
3. Is a Problem	00	,,
Total Daniel	39	18%
Total Responses:	222	
Mean: 1.61 Standard De	eviation: 0.77	



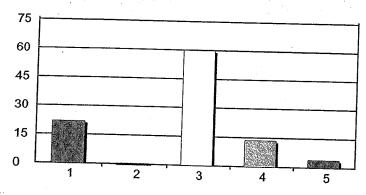
55. Do you consider yourself: 1. Overweight **/**5 128 56% 2. Underweight 5 2% 3. Obese 60 10 4% 4. Just Right 86 38% Total Responses: 45 229 Mean: 2.24 Standard Deviation: 1.43 30 15 56. Age range: 1.18 - 24 25 3% 2.25 - 34 11% 3.35 - 44 20 42 18% 4.45 - 54 54 24% 5.55 - 64 15 52 23% 6.65+ 50 22% Total Responses: 10 229 Mean: 4.18 Standard Deviation: 1.39 5 0 3 57. Are you: 1. Male 44 19% 2. Female 184 81% Total Responses: 80 228 Mean: 1.81 Standard Deviation: 0.40 60 40 20 2 58. Race: 1. Caucasian 100 177 80% 2. African American 33 15% 3. Native American 80 1% 4. Asian/Pacific Islander 1% 5. Other 60 3% Total Responses: 222 Mean: 1.33 Standard Deviation: 0.83 40 20 0 2 3

5

59. School:



60. What type of insurance do you have?



1. Less than high school	4	2%
High school graduate/GED	39	17%
3. Some college	33	15%
4. Associate degree	4	2%
5. Bachelors degree	57	25%
6. Advanced degree	88	39%
Total Responses:	225	
Mean: 4.49 Standard Deviation: 1.61		

1. Medicare		50	22%
2. TennCare			
		7	0%
3. Private Insurance		136	600/
4. Other		100	60%
	-	31	14%
5. No Insurance		•	
		9	4%
Total Responses:		227	
		221	
Mean: 2.77 Standard [Deviation: 1.06		

Attachment C5

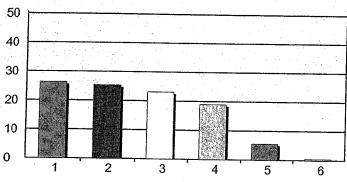
Attachment C5 Jackson-Madison County School System High School Student Results N=236

Creation Date: 11/30/2011

'ime Interval: 12/1/2010 to 12/21/2010

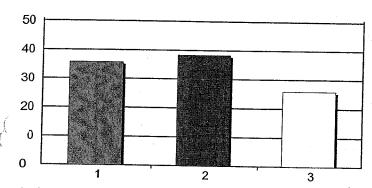
fotal Respondents: 236

What area of Madison County do you live?



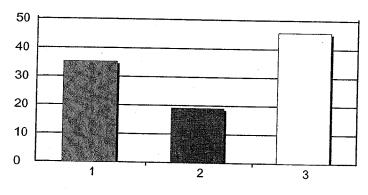
1. North Madison County	57	26%
2. South Madison County	55	25%
3. East Madison County	50	23%
4. West Madison County	41	19%
5. MidTown Area	12	6%
6. Live Outside Madison County	1	0%
Total Responses:	216	0 /0
Moon: 2.52 Standard David-Ham 4.05	2.10	

1. Flu

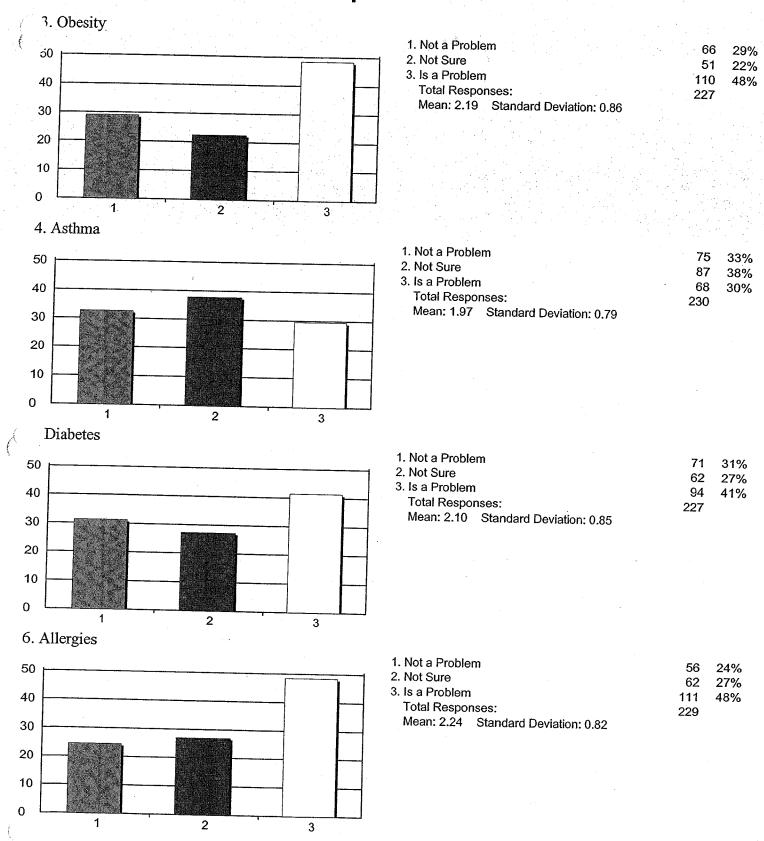


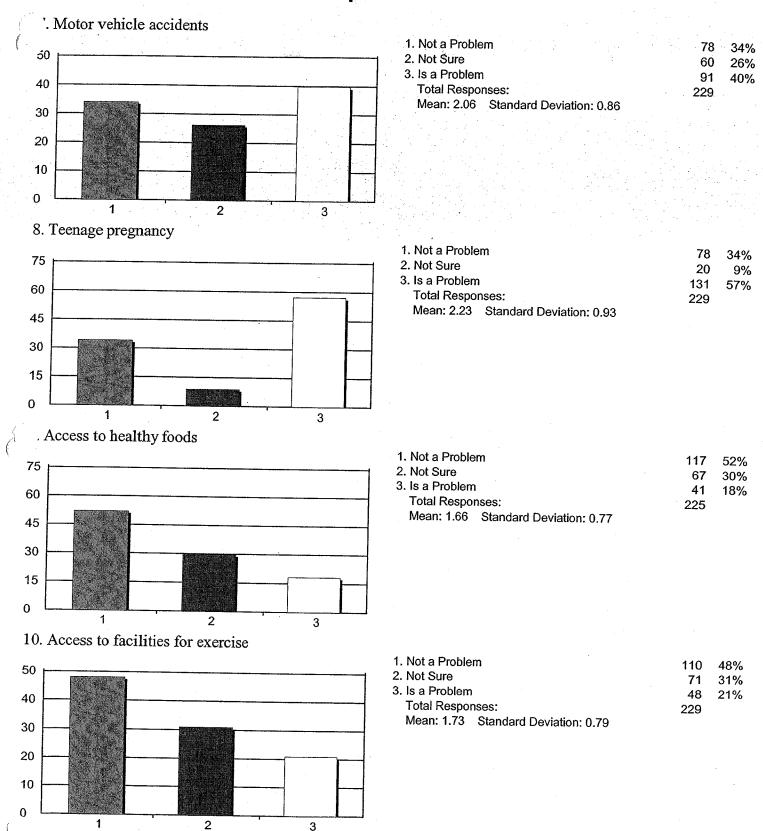
1. Not a Problem	81	36%
2. Not Sure	87	38%
3. Is a Problem	59	26%
Total Responses:	227	_0,0
Mean: 1.90 Standard Deviation: 0.78		

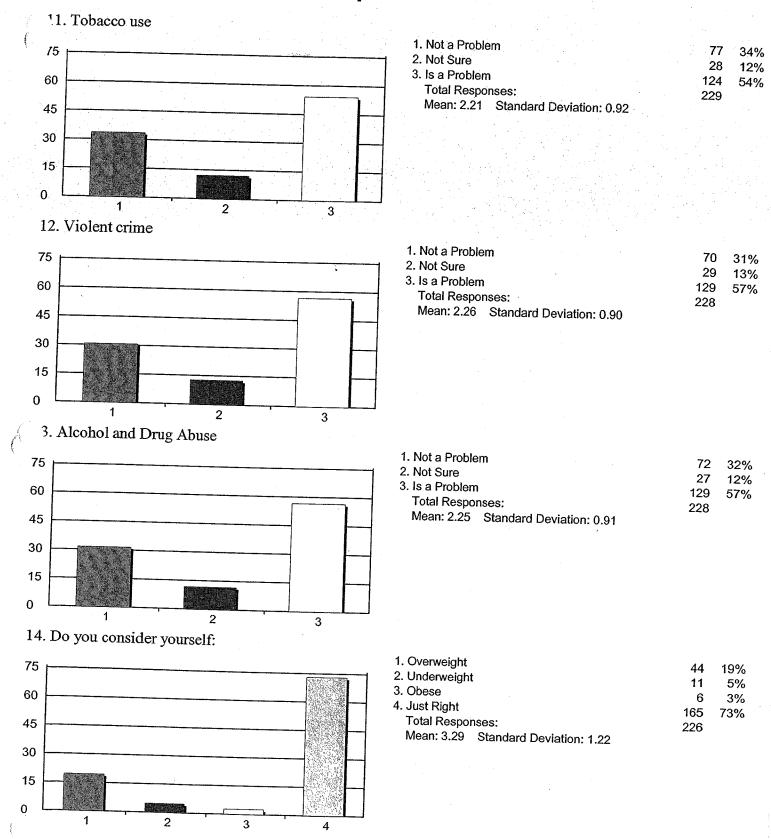
2. Sexually Transmitted Diseases



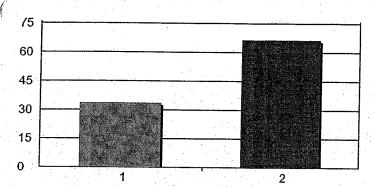
1. Not a Problem	81	35%
2. Not Sure	44	19%
3. Is a Problem	105	46%
Total Responses:	230	40%
Mean: 2.10 Standard Doviation: 0.00	230	





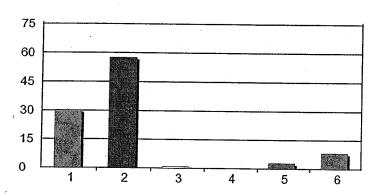


5. Are you:



1. Male 2. Female		75 149	33% 67%
Total Responses:		224	· · · · ·
Mean: 1.67 Standard Deviation: 0.47			

16. Race:



1. Caucasian	69	30%
2. African American	132	58%
3. Native American	2	1%
4. Asian/Pacific Islander	0	0%
5. Biracial	7	3%
6. Other	19	8%
Total Responses:	229	
Mean: 2.13 Standard Deviation: 1.38		

Attachment C6

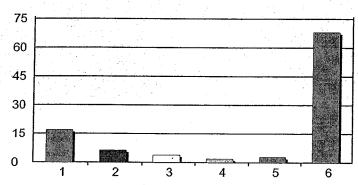
Attachment C6 Other Community Locations Results N=581

creation Date: 7/22/2011

Time Interval: 11/12/2010 to 11/17/2010

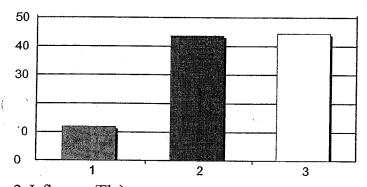
rotal Respondents: 581

What area of Madison County do you live?



1. North Madison County	70	17%
2. South Madison County	26	6%
3. East Madison County	16	4%
4. West Madison County	8	2%
5. MidTown Area	12	3%
6. Live Outside Madison County	281	68%
Total Responses:	413	

1. Pneumonia

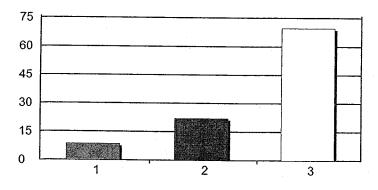


1. Not a Problem	49	12%
2. Not Sure	181	44%
3. Is a Problem	184	44%
Total Responses	111	

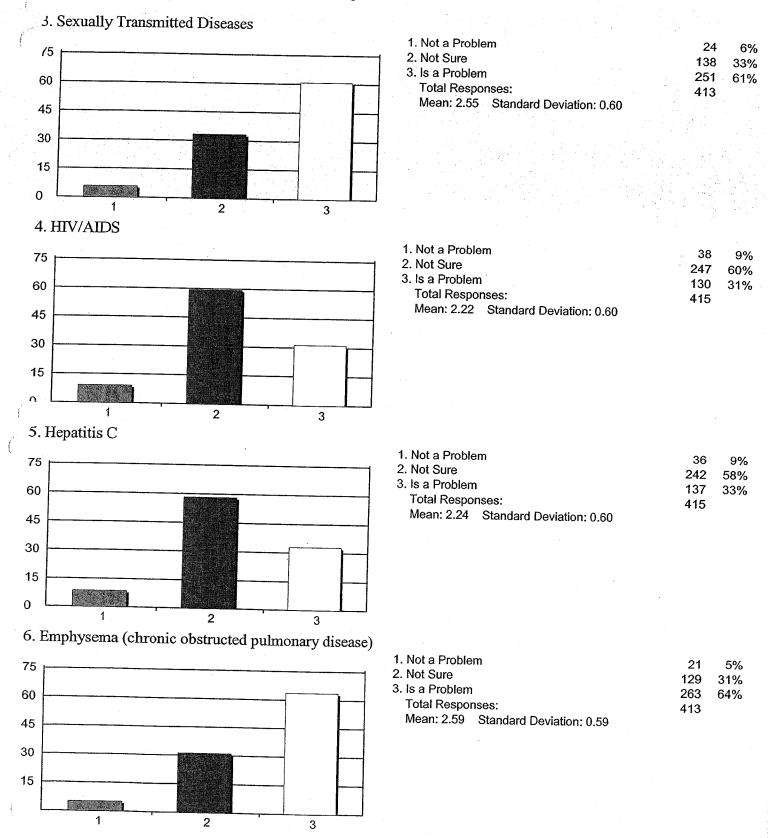
Mean: 2.33 Standard Deviation: 0.68

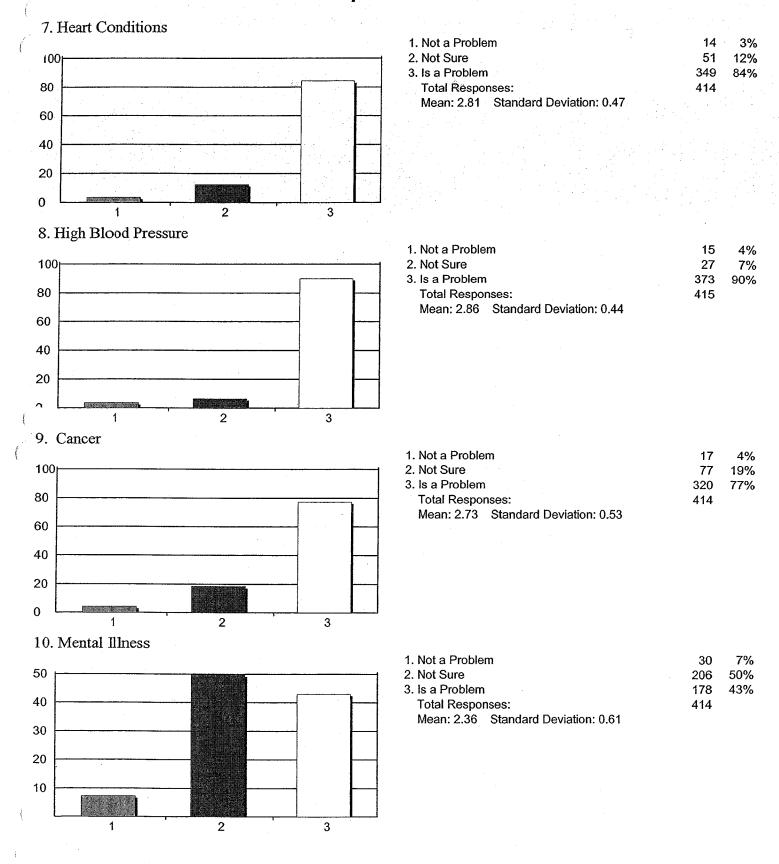
Mean: 4.72 Standard Deviation: 2.02

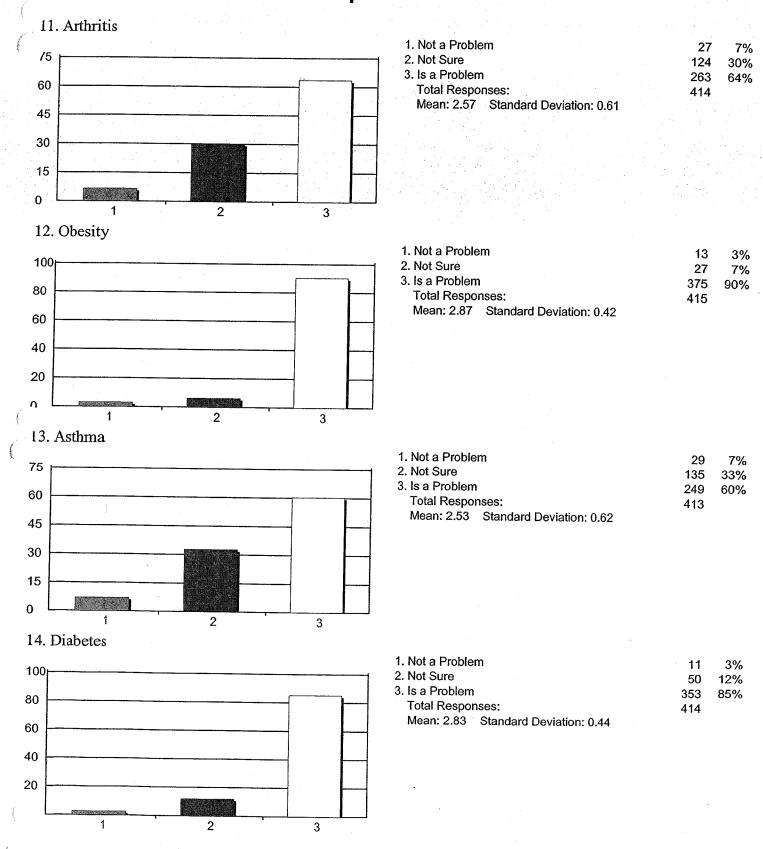
2. Influenza (Flu)

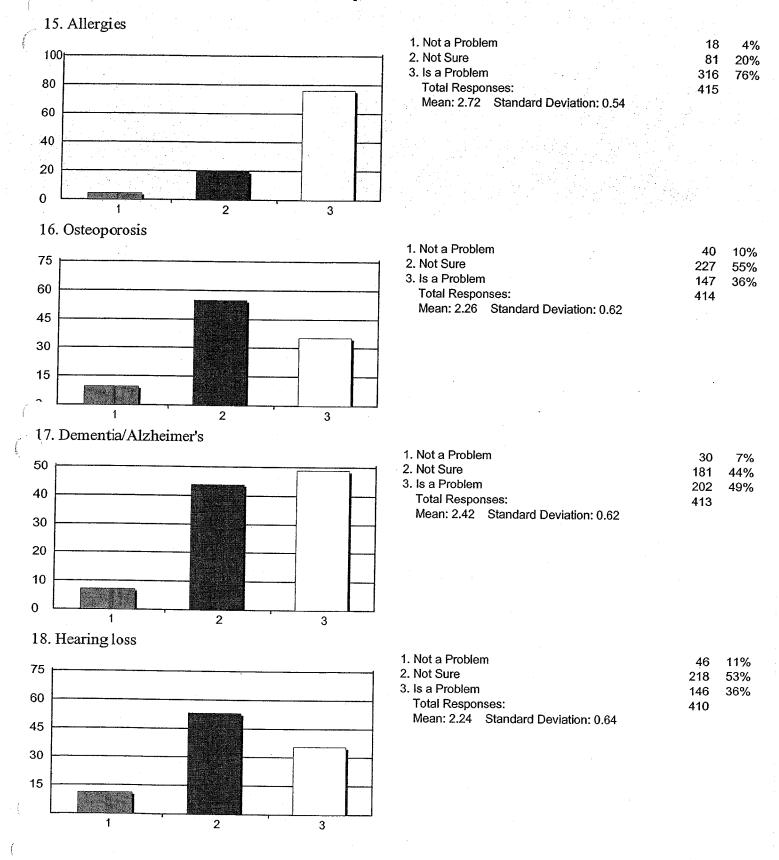


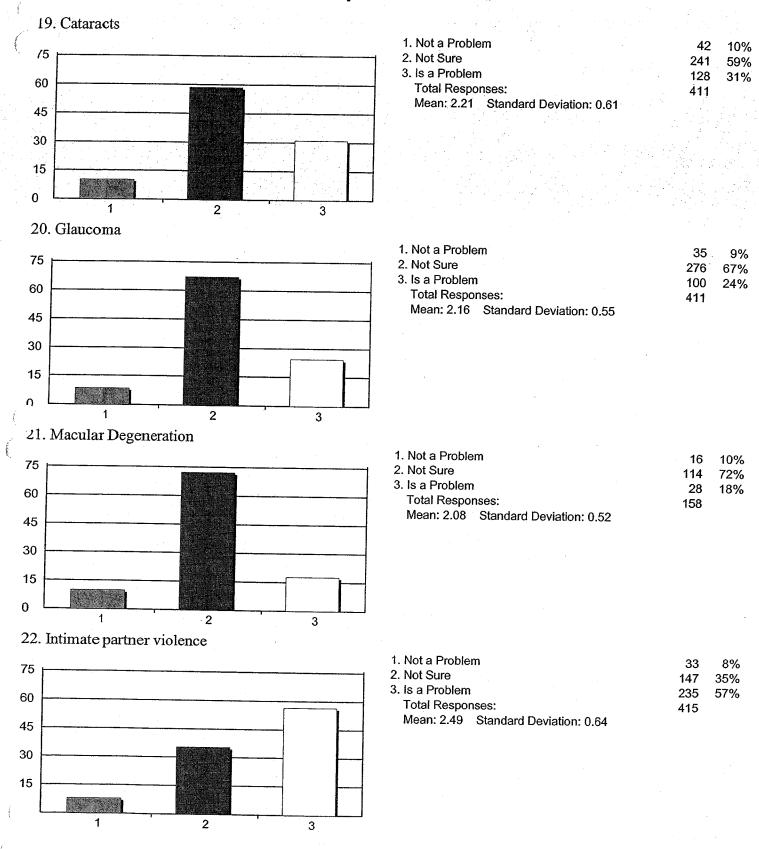
1. Not a Proble	m	35	8%
2. Not Sure		91	22%
3. Is a Problem		288	70%
Total Respoi	nses:	414	
Mean: 2.61	Standard Deviation: 0.64		

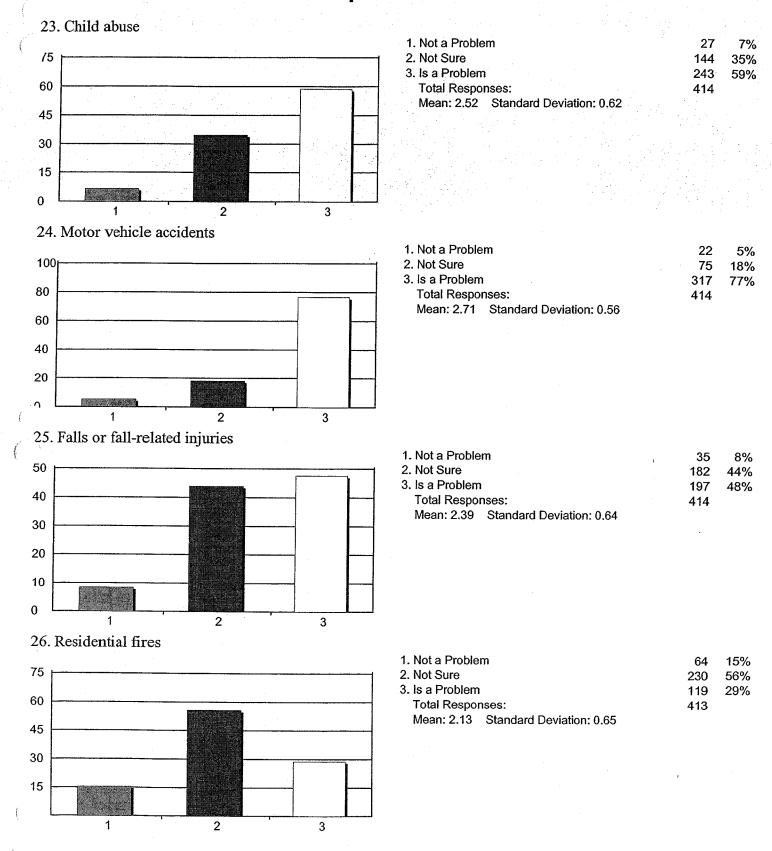


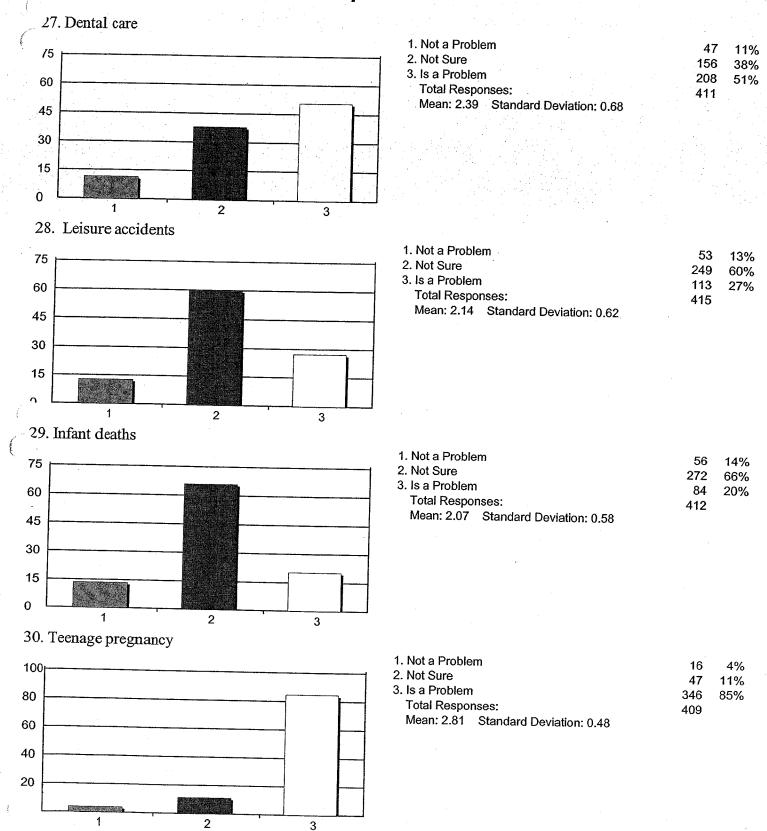




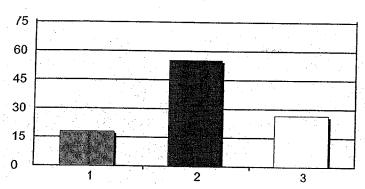






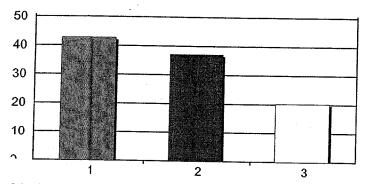


31. Access to adult daycare



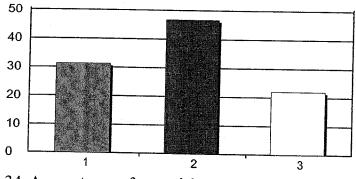
1. Not a Problem	75	18%
2. Not Sure	229	55%
3. Is a Problem	110	27%
Total Responses:	414	
Mean: 2.08 Standard Deviation: 0.66		

32. Access to home health care



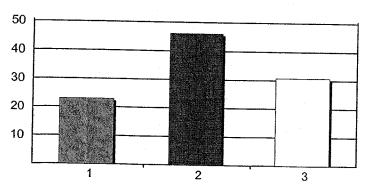
1. Not a Problem	177	43%
2. Not Sure		.0,0
	154	37%
3. Is a Problem	84	20%
Total Responses:	415	_0,0
Mean: 1.78 Standard Deviation: 0.76	_	

33. Access to home care (sitter service)



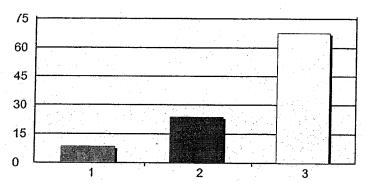
1. Not a Problem	129	31%
2. Not Sure	193	47%
3. Is a Problem		22%
Total Responses:	413	/0
Mean: 1.91 Standard Deviation: 0.72		

34. Access to care for special needs children



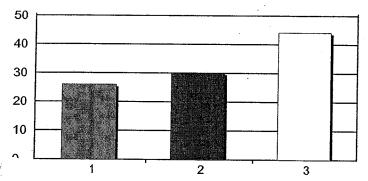
1. Not a Problem	95	23%
2. Not Sure	190	46%
3. Is a Problem	127	31%
Total Responses:	412	0.70
Mean: 2.08 Standard Devi	iation: 0.73	

35. Lack of financial resources for medical care



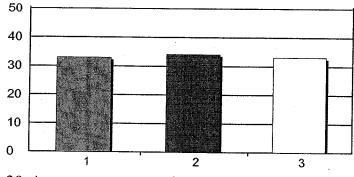
1. Not a Problem	35	8%
2. Not Sure	99	24%
3. Is a Problem	280	68%
Total Responses:	414	
Mean: 2.59 Standard Deviation: 0.64		

36. Access to healthy foods



1. Not a Problem		107	26%
2. Not Sure		124	30%
3. Is a Problem		182	44%
Total Responses	s:	413	
Mean: 2.18 Sta	andard Deviation: 0.82		

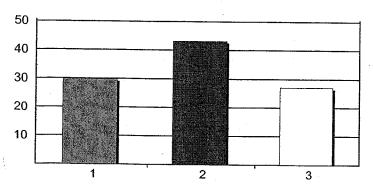
37. Access to leisure time physical activity



4.0.4. 5.11		
1. Not a Problem	136	33%
2. Not Sure	141	34%
3. Is a Problem	137	33%
Total Responses:	414	

Standard Deviation: 0.81

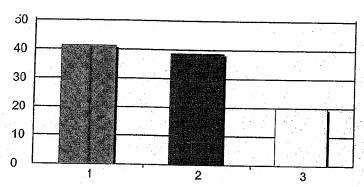
38. Access to transportation to health care



1. Not a Problem	123	30%
2. Not Sure	178	43%
3. Is a Problem	112	27%
Total Responses:	413	
Mean: 1.97 Standard Deviation: 0.75		

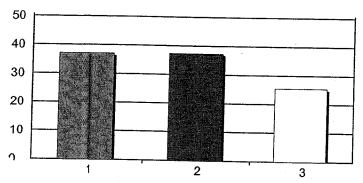
Mean: 2.00

39. Access to nursing home care



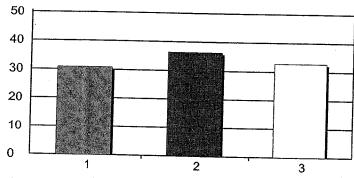
1. Not a Problem	170	41%
2. Not Sure	160	39%
3. Is a Problem	82	20%
Total Responses:	412	_0/0
Mean: 1.70 Standard Daviotion, 0.75		

40. Access to a primary care provider



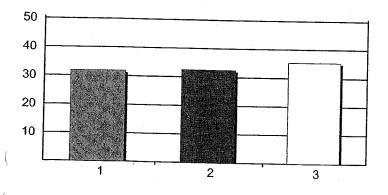
1. Not a Problem	153	37%
2. Not Sure		37%
3. Is a Problem		,0
Total Responses:	412	25%
Mean: 1.88 Standard Daviation: 0.70	412	

41. Access to medical specialist

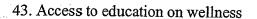


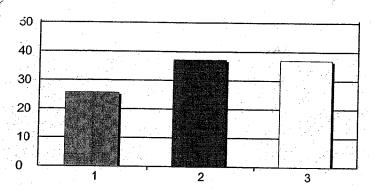
1. Not a Problem	127	31%
2. Not Sure	150	36%
3. Is a Problem		33%
Total Responses:	412	33 /6
Mean: 2.02 Standard Deviation: 0.80	712	

42. Access to medications



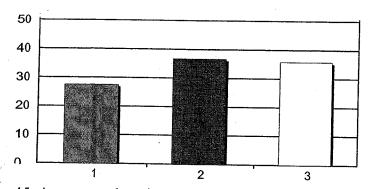
1. Not a Proble	m ·	131	32%
2. Not Sure		134	33%
3. Is a Problem		134	0070
Total Respon			36%
	Standard Deviation: 0.82	411	
1110an. 2,04	Standard Deviation: 0.62		





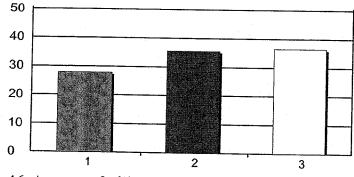
1. Not a Problem	106	26%
2. Not Sure	154	37%
3. Is a Problem	153	37%
Total Responses:	413	:
Moon: 2 11 Standard Daviation: 0.70		

44. Access to education on healthy lifestyles



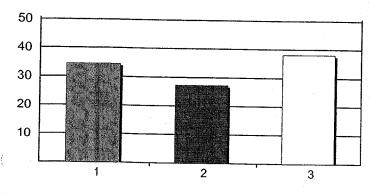
1. Not a Probler	n .	113	27%
2. Not Sure	•	151	37%
3. Is a Problem		147	36%
Total Respon	ses:	411	
Mean: 2.08	Standard Deviation: 0.79		

45. Access to education on prevention

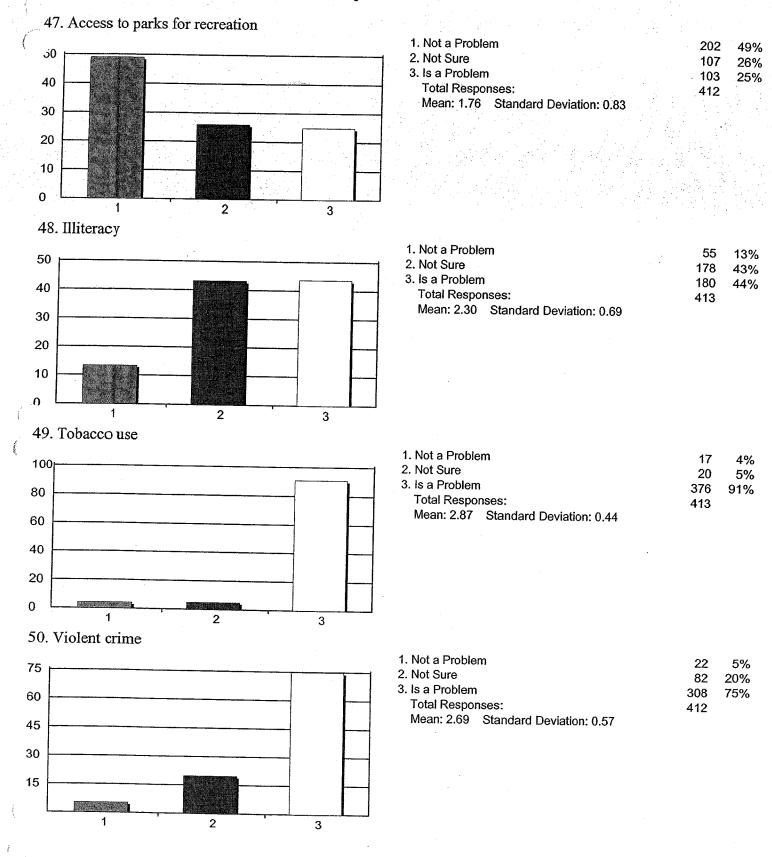


1. Not a Proble	m	115	28%
Not Sure		147	36%
3. Is a Problem		151	37%
Total Respor	ises:	413	0.70
Mean: 2.09	Standard Deviation: 0.80	.,,	

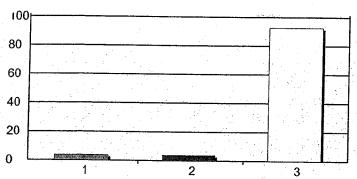
46. Access to facilities for exercise



1. Not a Problem		
	143	35%
2. Not Sure	113	27%
3. Is a Problem	158	38%
Total Responses:	414	
Mean: 2.04 Standard Deviation: 0.85		

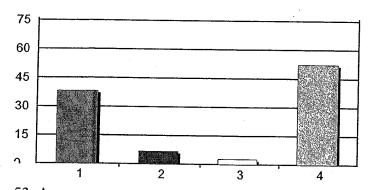


51. Alcohol and Drug Abuse



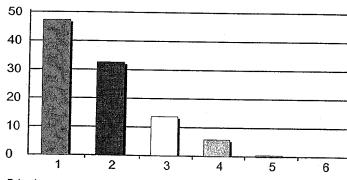
1. Not a Problem	15	4%
2. Not Sure	15	4%
3. Is a Problem	379	93%
Total Responses:	409	
Mean: 2.89 Standard Deviation: 0.41		

52. Do you consider yourself:



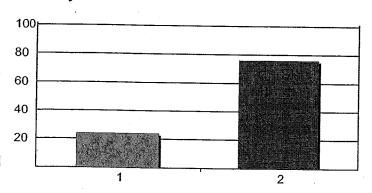
1. Overweight		165	38%
2. Underweigh	t '	29	7%
3. Obese		12	3%
4. Just Right		227	52%
Total Respo	nses:	433	Q 2 ,70
Mean: 2.70	Standard Deviation: 1.42		

53. Age range:

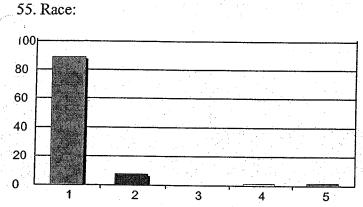


1. 18 - 24	210	47%
2. 25 - 34	145	33%
3. 35 - 44	61	14%
4. 45 - 54	26	6%
5. 55 - 64	2	0%
6. 65 +	0	0%
Total Responses:	444	
Mean: 1.80 Standard Deviation: 0.92		

54. Are you:

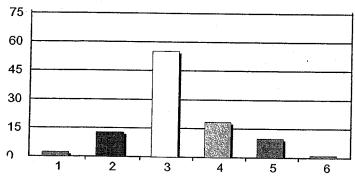


1. Male	106	24%
2. Female	338	76%
Total Responses:	444	
Mean: 1.76 Standard Deviation: 0.42		



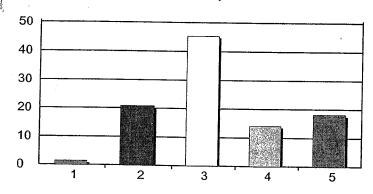
1. Caucasian	385	89%
2. African American	34	8%
3. Native American	0	0%
4. Asian/Pacific Islander	 6	1%
5. Other	8	2%
Total Responses:	433	
Manual 40 Other Land D. Co.	 	





1. Less than high school	10	2%
2. High school graduate/GED	55	13%
3. Some college	236	55%
4. Associate degree	79	18%
5. Bachelors degree	43	10%
6. Advanced degree	5	1%
Total Responses:	428	
Mean: 3.25 Standard Doviction: 0.00		

57. What type of insurance do you have?



1. Medicare	6	1%
2. TennCare	93	21%
3. Private Insurance	202	45%
4. Other	63	14%
5. No Insurance	81	18%
Total Responses:	445	.0,0
Moon: 2.27 Stondard Davistan, 4.00		

Attachment D

Setting Priorities for Health Status Improvement

anion Method:

Opportunity= (A + 2B)C

- -Size of Problem
- =Seriousness of Problem
- =Effectiveness of Interventions

A=Size

Usually defined by prevalence of a condition, characteristic, or disease in entire population (but can be among sub-groups)

Percent of population with health problem

25% +

10-24%

1-9%

0.1-0.9%

0.01-0.09%

<u>Score</u>

9-10

7 - 8

5 - 6

3 - 4

1-2

B=Seriousness

Jsually defined by urgency to intervene, severity (leads to death?), disproportionate among vulnerable copulations, and/or economic impact.

ow Serious	Score
/ery Serious	9-10
Serious	6 - 8
Moderately Serious	3 - 5
Jot Serious	0 - 2

Urdine and Associates

C=Effectiveness of Available Interventions

Usually defined by "best real world" expectations based on outcome evaluations of successful interventions in similar communities including: effectiveness and efficiency (in light of available resources)

<u> Effectiveness</u>	Score
Very Effective (80%+)	10
Relatively Effective (60-79%)	8 - 9
Effective (40-59%)	6 - 7
Moderately Effective (20-39%)	4 - 5
Relatively Ineffective (<20%)	0 - 3

lix, Burdine and Associates

Opportunity= (... + 2B)C

Smoking

$$A = 9.5$$

$$B = 9.5$$

$$C = 4.5$$

128.25

AIDS

$$A = 3.5$$

$$B=9.5$$

$$C=4.5$$

101.25

Illiteracy

$$A = 7.5$$

$$B = 7.5$$

$$C = 8.5$$

191.25

Attachment E1

ison County Community Health Assessment Prioritization of Health Issues of the Health Issues

Influenza in Madison County			
Sentinel Provider Influenza-Like	Illness (ILI) Surveillance Data		
	# Patients	TN Com	pare
Cy2009 Cy2010 2011 to March 5	1,122 1,182	higher higher	
	860	higher	
Source: State of Tennessee Dep	artment of Health		•
Sexually Transmitted Diseases in	n Madison County		
Teens With Sexually Transmitted			
Ages 15-17 diagnosed chlamydia	, gonorrhea or syphilis		
Rate Per 1,000 Teens	•		
	Madison	TN	·
2007	43.2	22.5	
2006	42.7	21.2	
2005	42.0	20.0	
Se: Tennessee Commission	on Children and Youth. Kids Count Books		:
ges Number of Patients in M	adison County Diagnosed with STDs		
•	Gonorrhea	Chlamydia	1
2007	383	817	
2008	368	844	
2009	210	813	
Madison County Chlamydia Rate	Per 100,000		
	Madison	TN	
	851	445	
Emphysema			
1 in 136 have emphysema			
74% of the population			-
2 million people in US			i i

ns from Dis	eases of the Hea	rt Per 100,00	00				
	_	Madison			TN		
	Total	White	Black	Total	White	Black	
2007	213.1	223.6	196.3	233.2	244.1	201.0	
2008	224.6	245.6	188.0	238.2	250.4	199.9	
2009	229.7	261.0	176.7	228.0	241.1	185.8	

'n Blood Pressure

Deaths from Cerebrovascular Disease Per 100,000

•	_	Madiso	n		TN	
	Total	White	Black	Total	White	Black
2007	60.0	59.8	62.3	56.3	57.9	52.5
2008	74.9	67.3	92.5	 53.6	54.3	54.2
2009	60.0	63.7	54.8	50.6	51.9	48.2

All Cancers

Deaths from Malignant Neoplasms Per 100,000

		Madison			TN		
	Total	White	Black	Total	White	Black	
2007	182.1	201.5	146.4	215.3	226.1	180.1	
2008	191.8	200.2	181.8	213.3	225.0	174.6	
2009	187.0	208.2	152.4	216.2	226.9	183.5	

Source: Tennessee Department of Health

Top Five Cancer Sites Diagnosed at Jackson General Hospital-

County

:	Lung	Breast	Colon	Prostate	Bladder		Total
2007	55	57	. 43	27	9		191
2008	52	64	28	49	19		212
2009	55	67	34	50	17		842
•						Total	2539

Mental Iliness

Mental illness affects 1 in 5 families in the United States

25 percent of Amercians age 18 and older suffer from a diagnosed mental illness

1 in 4 suffer from a diagnosed mental illness

Mental illness is the leading disability for individuals ages 15-44 in the United States

13 percent of adults in the United States received treatment for mental illness in 2008

(includes inpatient, outpatient, medication management)

Major depression disorder -6.7 percent of adults-median age 32.5

Bi-Polar Disorder-2.6 percent of adults-median age 25

Schizophrenia-1.1 percent of adults-median age 20s

Panic Disorder-2.7 percent of adults-median age 24

Post Traumatic Stress Disorder-3.5 percent ofa dults-19 percent Vietnam Vets

According to County Health Rankings-(University of Wisconisn)

ge Number of Mentally Unhealthy Days Reported in Past 30 days

Į.	80	mentany officare	my buys reported in rast 50
		Madison	TN
	2010	2.8	3.3
1	2011	2.9	3.4

tal Illness continued

ent of Mental Health Clients in TN-Severely Mentally III (SMI)
69 percent

Pathways of Tennessee Unduplicated Clients in Madison County-Mental Health Counseling

4,747

Arthritis

- 26 percent of adults in Tennessee have arthritis
- 23 percent of adult men in Tennessee have arthritis
- 28 percent of men in Tennessee have arthritis
- 44 percent of adults age 75 or older have arthritis
- 45 percent of adults between the ages of 65 and 74 have arthritis
- 33 percent of adults between ages 45 and 64 have arthritis
- 14 percent of adults between ages 18 and 44 have arthritis
- 28 percent of whites have arthritis
- 18 percent of African Americans have arthritis
- 47 ercent of adults with less than high school education have arthritis
- 2) percent of adults with high school education have arthritis
 - ercent of adults with more than high school education have arthritis
- 46 percent of adults with diabetes also have arthritis
- 55 percent of adults with heart disease also have arthritis
- 42 percent of adults with high blood pressure also have arthritis
- 38 percent of adults with high cholesterol also have arthritis
- 35 percent of adults with arthritis are inactive
- 36 percent of adults with arthritis are obese
- 37 percent of adults with arthritis are overweight

Tennessee Behavioral Risk Factor Surveillance Survey-2009

Have you ever been told you have some form of arthritis by a health professional?

	Madison	TN
2005	27.0%	29.7%
2007	24.7%	34.0%
2009	26.2%	25.9%

Are you limted in any way in usual activities because of arthritis?

	Madison	TN
2005	36.7%	37.7%
2007	34.6%	30.5%

percent of adults in Tennessee are considered obese-4th highest state in US 36.5 percent of children are obese and overweight-5th highest State in US

Percent of Adults that report BMI>= 30-Adult Obesity

	Madison	TN
2010	31%	31%
2011	32%	31%

Tennessee Behavioral Risk Factor Surveillance Survey-2009

Adults who have a Body Mass Index Greater Than 25 (Overweight or Obese)

	Madison	TN
2007	67.3%	67.4%
2008	70.4%	68.0%
2009	72.1%	69.0%

Asthma

Childhood Asthma-9.5 percent of population ages 0-17 in TN have asthma Childhood Asthma-12.9 percent of the population ages 0-17 in TN have had asthma

2007 Childhood Hospitalizations for Asthma Ages 1017 Madison County

lin, dient hospitalizations per 100,000	146
gency Department visits per 100,000	1,090
Average Inpatient Charges Per Stay	\$4,800
Average Outpatient Charges Per Visit	\$710

2004-2006 Adult Asthma-Madison County

Inpatient Hospitalizations Per 100,000 126 Emergency Department Visits Per 100,000 725

Madison County TNCare Population

Prevalence of Asthma Among TNCare Population=10.7 percent

TNCare Population Inpatient Stays Per 100,000=381

TNCare Popualtion Emergency Room Visits Per 100,000=1,371

50.1 percent of youth under age 18 have TNCare

9.6 percent of the youth on TNCare have asthma

TNCare youth inpatient hospitalizations per 100,000=293

TNCare youth emergency room visits per 100,000=1,370

Deaths from Diabeto	es Per 100,00	0				
(Madiso	n		TN	
	Total	White	Black	Total	White	Black
2007	33.1	22.0	56.1	27.8	26.4	36.4
2008	25.6	25.0	27.7	28.2	26.6	38.2
2009	29.5	18.6	51.8	28.2	26.8	37.7

Diapetes continued

iessee Behavioral Risk Factor Surveillance Survey-2009

Have you ever been told by a doctor you have diabetes not including gestational diabetes?

,	Madison	TN
2007	9.1	11.5
2008	9.7	10.4
2009	13.0	10.3

Dementia/ Alzheimers Disease

Tennessee Number Per 1,000 with Alzheimer's Disease Age 65 and older

2000 1002010 1202025 140

Percentage Change from 2000 to 2010 20
Percentage Change from 2000 to 2025 40

Tennessee Deaths Due to Alzheimers-2007-Number and Rate Per 100,000

TN 2,276 37.0 US 24.7

eimer's is the 6th leading cause of death in United States

ALLIEIMER'S is the 5th leading cause of death ages 65 and older in United States

Percentage of Medicare Beneficiaries Aged 65 and Older With Alzheimer's Disease

and Dementia with Coexisting Medical Conditions - 2009

60% Hypertension 26% Coronary Heart Disease 25% Stroke-Late Effects Diabetes 23% 18% Osteoporosis 16% Congestive Heart Failure 15% Chronic Obstructive Pulmonary Disease 8% Parkinson's Disease

Alcohol and Drug Abuse

County Health Rankings-2010 2011

Binge Drinking-Percent of adults who report binge drinking in past 30 days

	Madison	TN
2010	7%	9%
2011	8%	9%

hol and Drug Abuse contineud

Tennessee Behavioral Risk Factor Surveillance Data

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

	Madison	TN
2006	27.8%	29.5%
2007	31.2%	32.9%
2008	30.3%	33.6%
2009	23.2%	25.1%

Have you had five or more drinks one one occasion?

	Madison	TN
2006	7.2%	8.6%
2007	7.1%	9.0%
2008	7.5%	10.5%
2009	10.8%	6.8%

40% of all roadway deaths in TN are alcohol-related

Alcohol related fatalities per 100 million vehicle miles (VMT) was .58 for TN and .45 for US

A) hol is the most abused substance in US

Passiways 2010 unduplicated clients-Madison County Office

(alcohol and drug only

614 mental health and alcohol and drug-dual diagnosed

2008 National Survey on Drug Use and Health

Perent Reported Illicit Drug Use in the Past Month-Tennessee

 Ages 12 and older
 8.22%

 Ages 12-17
 9.52%

 Ages 18-25
 20.33%

 Ages 26 and older
 6.29%

Teen Pregnancy

Pregnancies Age 10 to 14 Per 1,000 Females

		Madiso	n		TN	
	Total	White	Black	Total	White	Black
2007	2.8	0.5	5.9	1.3	0.9	2.9
2008	2.5	0.0	5.9	1.2	0.6	3.1
2009	2.2	1.6	3.0	0.9	0.6	1.9

Source: Tennessee Department of Health

· Pregnancy continued

Pregnancies Age 10 to 17 Per 1,000 Females

	Madisor	1		TN	
	Total White	Black	Total	White	Black
2007	16.9 9.1	27.8	13.9	10.9	24.5
2008	17.6 10.0	27.7	13.6	10.5	25.1
2009	15.1 6.5	25.8	12.0	9.1	21.9

Pregnancies Age 25 to 17 per 1,000 Females

		Madiso	n		TN	
	Total	White	Black	Total	White	Black
2007	41.8	24.2	65.3	34.3	26.9	62.6
2008	43.6	27.6	64.0	33.6	25.9	63.0
2009	37.1	15.0	62.6	29.6	22.4	55.5

Lack of Financial Resources For Healthcare

Tennessee Behavioral Risk Factor Surveillance Survey

where a time in the past 12 months when you needed to see a doctor but could not use of cost?

	Madison	TN
2007	16.3%	16.5%
2008	15.4%	15.9%
2009	16.2%	17.5%

County Health Rankings 2010 and 2011

Children in Poverty-Percent of chidIren under 18 in poverty

	Madison	TN
2010	24%	23%
2011	22%	22%

Uninsured Adults-Percent Population Under Age 65 without health insurance

	Madison	TN
2010	13%	15%
2011	18%	19%

Single Parent Households-Percent of all households that are single-parent households

	Madison	TN
2010	14%	10%

ent Children Living in Single-Parent households

	Madison	TN
2011	40%	34%

eople in Povert		althcare continued				
	Madison	TN	1	•		
2008	16%	16%				
Unemployment						
	Madison	TN US				
February-10	11.1	10.3 9.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
February-11	10.1	9.6 8.9				

Tobacco Use

County Health Rankings

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

& currently smoke

	Madison	TN
2010	20%	25%
2011	19%	24%

The Burden of Tobacco in Tennessee

A Tobacco Use in TN

	Madison	TN	US
2006		22.6%	20.1%
2007	21.4%	24.3%	19.8%

Smoking During Pregnancy in TN

Madison TN 2006 16.3% 19.2%

Highest Age Group of Smokers-Age 18 to 54

Highest Education for Majority of Smokers-Less than high school education

Age-Adjusted Smoking Attributable mortality rate for primarily cancer, cardiovascular and respiratory disease-Deaths per 100,000

	Madison	TN
2006	271	301

Madison County Community Health Assessment Prioritization of Health Issues Effectiveness of Interventions

The following is a list of community resoruces for each health issue identified by the community committee. The list contains community agenices and public entities that specifically work with a particular health issue as we as potential agencies that can become partners with Jackson-Madison County General Hospital for specific health issues.

Influenza

Jackson-Madison County Regional Health Department Physician Clinics Jackson-Madison County School System Community and Senior Citizen Centers Local Churches

Sexually Transmitted Diseases

Jackson-Madison County Regional Health Department Jackson-Madison County School System ACTS Physician Clinics After School Programs

> Operation Hope Boys & Girls Club Jackson Family YMCA Local Churches

Emphysema

Heart Conditions

American Heart Association
Physician Clinics
Local Churches
Senior and Community Centers
Civic Clubs
American Association of Retired Persons

High Blood Pressure

American Heart Association American Stroke Association Physician Clinics Community and Senior Centers Civic Clubs

All Cancers

American Cancer Society
Physician Clinics
Local Churches
Community and Senior Centers
American Association of Retired Persons

Mental Iliness

National Association of Mental Illness (NAMI) Local Chapter
Jackson City Mental Health Court
Aspell Recovery Center (dual diagnosed)
Jackson Police Department
Madison County Sheriff's Office
Tennessee Dept of Human Services Adult Protective Services
Area Relief Ministries
Regional InterFaith Association
Tennessee Homeless Solutions
Salvation Army

Arthritis

Arthritis Foundation
Physician Clinics
Jackson Family YMCA
Amerian Association of Retired Persons
Civic Clubs

Obesity

American Heart Association
American Diabetes Association
American Stroke Association
Physician Clinics
Civic Clubs
Jackson-Madison County School System
Solus Foundation
Community and Senior Centers
Jackson Parks and Recreation Department
Madison County Recreation and Parks Department
Local Health and Fitness Clubs
Afterschool Programs
Local Churches
Local Retirement and Nursing Homes

Asthma

Jackson-Madison County School System
Physician Clinics

Diabetes

American Diabetes Association
Physician Clinics
Jackson-Madison County School System
Community and Senior Centers
Local Churches

Dementia/Alzheimer's

Assisted Living and Nursing Homes Senior and Community Centers Local Churches Alzheimers Association Physician Clinics

Alcohol and Drug Absue

Jackson Drug Court
Aspell Recovery Center
JACOA
Jackson-Madison County Drug Task Force
Jackson-Madison County School System
Circuit Court Drug Court
Madison County Juvenile Court Services
Jackson Police Department
Madison County Sheriff's Office
Jackson-Madison County Community Anti-Drug Coalition
Community Corrections
Tennessee Corrections Services
State of Tennessee Probation and Parole

Teen Pregnancy

Jackson-Madison County Regional Health Department
Jackson-Madison County School System
Madison County Juvenile Court Services
Local Afterschool Porgrams
BirthChoice
Tennessee Department of Children's Services
Local Churches

Lack of Financial Resources for Healthcare

American Red Cross
Regional InterFaith Association
Area Relief Ministries
Salvation Army
Jackson-Madison County Regional Health Department
Jackson-Madison County School System
Tennessee Department of Human Services
Southwest Human Resoruce Agency
West Tennessee Legal Services
TennCare
United States and Tennessee Veterans Affairs
Social Security Administration

Tobacco Use

American Cancer Society
Jackson-Madison County School System
Local Colleges and Universities
City and County Government
Physician Clincis



115 USIR TEST Sample Profile

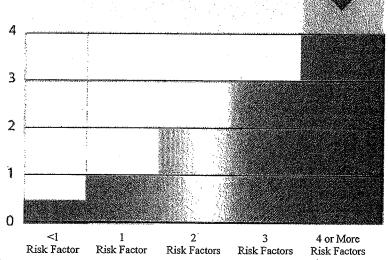
Attachment F1 HeartAware and StrokeAware Reports





PERSONALIZED RISK FACTOR PROFILE

Summary



Using This Report To Improve Your Health

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

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

Information About Risk Factors

Current Risk Factors

Age/Gender

Status: You are 70 years old. Risk Level: VERY HIGH

Facts & Tips

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

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

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

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

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

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

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

Diabetes

Status You have Type II diabetes

Risk Level: VERY HIGH

Facts & Tips

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

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

Weight

Status: You are obese. Risk Level: VERY HIGH

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

Facts & Tips

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

- 3g fiber/serving and "whole grain" within the first three ingredients.
- Keep track of your food intake like you would a check book.
 Subtract calories, carbohydrates, protein or fats from your daily needs as you eat them. Use food labels or calorie-counting books to determine the nutrition facts.
- Change your mocha to a non-fat or sugar-free version, order small fries rather than large, or try reduced-fat salad dressing instead of the full fat version. Simple changes like these in your diet can help you shed a pound or more a week.

• A balanced diet is important, but do not forget to be physically active 30 minutes per day.

- It is essential that you start an aerobic exercise routine. Start slowly and do not overdo it; work with a fitness expert if necessary until you can comfortably exercise at least 3 times per week for 30 minutes per session. (Please see the Physical Activity risk factor information).
- Aerobically exercise more often. Exercising less than 3 times per week is not adequate.

Physical Activity

Status: You are sedentary. Risk Level: VERY HIGH

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

Facts & Tips

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

Blood Pressure

Status: You have moderately high blood pressure. Risk Level: HIGH

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

Facts & Tips

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

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

Cholesterol

Status: You have very high cholesterol.

Risk Level: VERY HIGH

Measurement (in mg/dL)

Your Total Cholesterol: 240 to 279 Your HDL "Good" Cholesterol: 35 to 39 Your LDL "Bad" Cholesterol: 191 Ideals:

Ideal Total Cholesterol: <200 Ideal HDL Cholesterol: >60 Ideal LDL Cholesterol: <100

Facts & Tips

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

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

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

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

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

Status: You do not have a

Family History

family history relating to these conditions.

Risk Level: VERY HIGH

Facts & Tips

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

Smoking

Status: You are currently a smoker

Risk Level: VERY HIGH

Facts & Tips

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

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

As an incentive to quit, consider the following statistics:

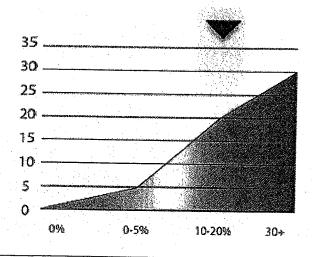
- Smokers have twice the risk of a heart attack.
- Smokers have three times the risk of developing cardiovascular disease.
- Smokers experience arterial thickening, adding the equivalent of 10 years of aging to their arteries.
- Smokers have a 70% greater incidence of cardiovascular disease.

Your Overall Cardiac Risk

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

Explanation

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



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

Improving Your Health

Discussing Your Results With A Healthcare Provider

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

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

Learning More About Improving Your Health

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

Our Heart and Vascular Services

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

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

©2011 HealthAware Patient ID: 3064350 Suzie Test

2009-08-13

"Suske TEST" Sangue Regar : faxed toper reguest



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

Consultation Record Report - Self-Reported Data

Risk Assessment Type: - HeartAware

Framingham Score: 17%

General Patient Information

Name: Suzie Q. Test Address 1: JMCGH Address 2:

City, State, Zip: Jackson, TN 38301

Phone: 000.000.0000 Email: N/A

Cardiologist: N/A PCP: N/A **ID:** 3064350

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

Medical Information

Conditions

Diabetes: Yes Type 2

Family History

Medications

Cumulative Consultation Data

Self-Reported Data

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

Current Goals Blood Pressure

Systolic: D 150 8: Clinician Melissa Walls	Date Added	10-15		Recomm Systolic: < 120	: Diastolic:	Goal Systolic: Diastolic:
Clinician	Date Added	10-15				Systolic: Diastolic:
	Date Added	10-15				
Melissa Walls		LIGORI Date	Statue	Note	< 80	120 80
	2009-12-21				to diamental and	
	12005 12 21	12010 01 21	Lin Flogress	rencouraged pt. t	to discuss blood pressure wit	h PCP.
Cholesterol						
<u>Consult</u>				Recomm	nended†	Goal
Total: HDL					HDL: LDL:	
260 37	>190				10+ < 100	
Clinician	Date Added	Goal Date	Status	Note		195 60 95
Melissa Walls	2009-12-21	2010-01-21	In Progress	Encouraged of, to	o see her PCP doctor about	chol. levels and to begin exercise to increase HDL and watch
~				dietary chol/sat.	fats, trans fats to decrease L	DI.
Smoking						
Consult				Dogowan		
mount Smc	ked Per Day:	•		Recommo		Goal
pack		•		None	Smoked Per Day:	Amount Smoked Per Day:
	Date Added	Goal Date	Ctatus	Note		None
1elissa Walls	2000-12-21	2010 01 21	To Do			
TOTAL TECHNO	2005 12 21	2010-01-21	111 Progress [Encouraged pt. to	o stop smoking. Discussed so	me stop smoking ideas and brochure with teaching on it given.
itness			•			
onsult						
xercise Fred	lilency:			Recomme		Goal
lone	inclica.			Exercise !	Frequency:	Exercise Frequency:
	Date Added	Cool Dota	<u> </u>	5 or more	times per week	3 to 4 times per week
lelissa Walls	2000-12 21	2010 Ot 24	Status	Note		
Clissa Walls [2003-12-21	2010-01-21	In Progress	Encouraged to be	egin exercising with walking 3	times a week for 30 minutes per day.
/eight						
onsult				Recomme	ended†	Cool
/eight:				Weight:	2204	Goal
00 lbs.				108-146 lbs)S.	Weight:
	Date Add.	Carlos	Ct-1		· · · · · · · · · · · · · · · · · · ·	146 lbs.
linician I	vate Added i	Goal Date 🗀	Status	Note		
linician I elissa Walls	Date Added 0 2009-12-21	2010-01-21	In Progress I	Note	weight Weight I	iven and teaching done with pt.

Clinician Notes

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

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

ne	8. At what age was your first menstrual period?		
dress	□ 6-11	14 How did you hear about the as that apply)	Ssessman' Check all
<i>y</i>	다12-13 : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Doctor's Office	
7.	□ 14 or older	☐ Television	
teZip	• 🗗 Unsure	□ Radio	O B C A
ne Phone:	9. Have you had a child by live birth?	□ Outdoor Sign □ Direct Mail	Atta Canc Brea Ques
Pate of Birth? <u>Age</u> :	□ Yes	⊒ Email	cachment F2 cerAware ast Cancer stions
	. JNo	: - 🖫 Online Ad	achment cerAward ast Cand stions
re you post menopausal?(Have you had a period rithin the last 12 months?)	At what age was your first live birth?	☐ Hospital Website	en wa: wa: Caj
$\square \text{ Yes}$	□ Less than 20 □ 20·25	⊒ linternet Search □ Newspaper Ad	t re nce
⊒No	20-25	□ Newspaper Article	F2 er
Te you on estrogen replacement therapy?	□ Over 30	□ Newsletter	
□ Yes □ No all Plant of the Part of the P		□ Health Fair	
Vhat is your ethnic origin? (optional)	10. When was the last time you performed a self exam	☐ Physician Referral.☐ Word of Mouth	
☐ Caucasian	or a doctor performed a clinical exam of	□ Word of Mollin □ Other	
🖳 African American	your breasts?		
□ Hispanic □ Asian/Pacific Islander	☐ Within the last 6 months ☐ Within the last year	15. Where did you take this assess	ment?
☐ Assair Factric Islander ☐ American Indian/Alaskan Native	☐ Within the last 2 years	Location	
□ Other	☐ Never		
/hat is your height?	11 77	Why is this important?	
/hat is your weight?	11. When was the last time you had a marninogram or MRI to screen for breast cancer?	Prevention is the very best way t	o avoid having cancer
ow many times per week do you "aerobically	☐ Within the last year	Through screenings, cancers and be discovered and taken care of t	pre-cancers can often
xereise" (increase your heart rate)? □ None	☐ Within the last two years.	the disease or the disease spreadi	o prevent enner having
□ 1-2 times	☐ Within the last 5 years:		District the state of the state
	□ Never	How do I start?	
□ 5 or more times	12. Have you ever had a breast biopsy with	Simply answer the questions: It is	s quick and
ow many alcoholic beverages do you drink er day?	abnormal results?	confidential. After you complete	this; give it to one of
uay None	☐ Yes	the people from Kirkland Cancer your information into the comput	Center liney will enter
🗓 One,	□ No		
☐ Two	☐ Unsure	What if my evaluation shows I?	mat risk for cancer?
☐ Three ☐ Four or more	How many biopsies have you had?	You will receive a confidential pe	ersonalized report. A
las anyone in your immediate family had any of	□ One □ More than one	member of the Kirkland Cancer (Center will consult with
ne following conditions, before age 50?	Unsure	you by phone. They will ask you your medical history. If you are f	4 Iew questions about
Check all that apply)		factors for cancer, you are encoun	
☐ Breast Cancer ☐ Colorectal Cancer	13. Do you have a primary care physician?	your family doctor or healthcare	
🗖 Prostate Cancer	☐ Yes		
☐ Lung Cancer	□ No	What if I have questions?	
☐ Ovarian Cancer ☐ Any Cancer	□ Unknown	Please call us at 731-541-5087 if	you have questions
□ Any Cancer. □ None		or e-mail us at cancercenter@wth	.org
🗖 Unsure			

me		How long had you ber using tobacco or smoking? Less than Ly	10. How did you hear about the assess	₽≅<
ldress		Dille 9 years	unat apply)	e cân
		$\supset 1.0$ - 19 years	☐ Doctor's Office☐ Television	
ty	State Zip , y	ப் 20.or more years	☐ Radio	
			□ Outdoor Sign	Attachment F3 CancerAware Prostate Cancer Questions
one		6 When was your last Prostate Specific Antigen	□Direct Mail	ta os es
		(PSA) Test?	e ☐ Email	ti ti
Date of birth	Δge	Less than one year ago	□ Online Ad	nme -Ar
What is your et	hine origin? (optional)	☐ One to Two years ago	্র Hospital Website	en va is
🖸 Cauca		Three to Five years ago	🗓 Internet Search	Care
	n American	□ More than Five years ago □ Never	□ Newspaper Ad	F3
, 🚨 Hispar			□ Newspaper Article □ Newsletter	19:01
- 🖸 Asian/	Pacific Islander	7. When was your last Digital Rectal Exam (DRF)?	U Health Fair	
☐ Ameri	an Indian/Alaskan Native	Less than one year ago	Physician Referral	
: U.Other		☐ One to Two years ago	a Word of Mouth	
What is your H	eighr?	☐ Three to Five years ago	□ Other	
What is your w		☐ More than Five years ago	11. Where did you take this assessment	
		□ Never	Location:	
How many time	es per week do you faerobically	8. Has anyone in your immediate family had any of the		
	ase your heart rate)?	following conditions, before age 50%		
□None		(Check all that apply)	Why is this important?	
□ 1-2 tm		☐ Breast Cancer	Prevention is the very best way to av	oid having
□ 3-4 tin		☐ Colectoral Cancer	 cancer. Through screenings, cancers. 	and pre-cancers
- '□5 or m	ord times	☐ Prostate Cancer	can often be discovered and taken ca	re of to prevent
Do you use tob	acco products or smoke cigarettes?	☐ Lung Cancer	either having the disease or the disea	se spreading.
□ Yes		Ovarian Cancer	11 2 1 1 2	
ENG 25 MEAN PROPERTY OF A 12 YEAR OF THE PARTY OF THE PAR	you been using tobacco or smoking	☐ Any Cancer	How do I start?	
The second secon	an I year	□ None □ Unsure	Simply answer the questions. It is quecomplete this,	ick and
□ 1=9 v	300 (1900) A 100 (1		the people from Kirkland Cancer Cer	give it to one of a
10 − 19		9. Do you have a Primary Care Physician?	enter your information into the comp	ncia incy will
	nore years	☐ Yes		iici
	arettes do you smoke a day? an 1-pack	□ No	What if my evaluation shows I'm a	t risk
□ l pack	ACM 64-3 (A. CATTO) ACM (A. CATTO) A COMPANY A	☐ Unknown	for cancer?	
2 pack			You will receive a confidential person	ialized report. A
	han 2 packs		member of the Kirkland Cancer Cent	er:will
	e cigars or chew tobacco		consult with you by phone. They will	ask you a few
⊇No : -			approximation about your medical history.	If you are found
☐ No but have:	smoked before		to have risk factors for cancer, you ar	e encouraged to
	lid you quit using tobacco or		follow up with your family doctor or	healthcare
stop smoking?	<u> </u>		provider	
Less th	an'i vear		What if I have questions?	
□ 1 =4.y			Please call us at 731-541-5087 if you	have questions
□ 5 – 9 v			or e-mail us at cancercenter@wth.org	mayo questions
□ 10 or n			January Willion B	

ıme		
Idress	6. Does your breathing care pain and/or do you experience difficulty by 29.	13. Are you postmenopausal?
	Tyes	□Yes
ty	Ů No.	□ No 14 Are you on oes
iteZip	□ Unsure	14. Are you on estrogen replacement therapy? □ Yes
ome Phone:	7. Has anyone in your immediate family (parents and/or siblings) been diagnosed with hing cancer?	□No
Date of birth Age	Yes	15. How did you hear about the assessment? (Check all
Gender: 🚨 Male or 🖾 Female	□ No	-tuat apply)
What is your ethnic origin? (optional)	D Unsure	□ Doctoi's Office □ Telévision
☐ Cancasian	8. Has anyone in your immediate family had any of the	DRadio dribit
□ African American □ Hispanic	following conditions, before age 50? (Check all that apply)	☐ Outdoor Sign
☐ Asian/Pacific Islander	☐ Breast Cancer	D Direct Mail C P C
☐ American Indian/Alaskan Native	☐ Colectoral Cancer	DEmail Ons Ons
☐ Other	☐ Prostate Cancer	Direct Mail D Email Ons Cancer Online Ad D Hospital Website
What is your Height?	☐ Lung Cancer	Д Internet Search
Do you use tobacco products or smoke cigarettes? □ yes:	□ Ovarian Cancer □ Any Cancer	□ Newspaper/Ad
How long have you been using tobacco or smoking	☐ None	□ Nowspaper Article
☐ Less than Lyear	☐ Unsure	□-Newsletter □-Health Fair
\Box II – 9 Wears	9. Have you been diagnosed with any of the following	□Physician Referral
□ 10 − 19 years ² □ 20 or more years	pulmonary conditions? ☐ Bronchitis	□ Word of Mouth
Llow wany cigarettes do you smoke a day?	☐ Pneumonia	© Other.
Less than I pack.	☐ Tuberculosis	10. Where did you take this assessment? Location:
□ I pack	☐ Emphysema	
□ 2 packs □ More than 2 packs	☐ COPD☐ None of the above apply	Why is this important?
☐1 smoke cigars or chew tobacco	10. Do any of the following situations describe your	Prevention is the very best way to avoid having cancer.
\Box :No \sim	exposure to second-hand eggarette smoke	Through screenings; cancers and pre-cancers can offen
☐ No but have smoked before	(Check all that apply)?	be discovered and taken care of to prevent either having
How long ago did you quit using tobacco or stop	Second-hand smoke exposure in your home	the disease or the disease spreading.
smoking? Q:Less than I year	for the last 10+ years. Second-hand smoke exposure in your.	How do 1 start?
\square 1 = 4 years.	workplace (e.g. smoky bar) for the	Simply answer the questions, It is quick and
□ 5 - 9 years	last 10+ years.	confidential After you complete this, give it to one of
☐ 10 or more years	☐ None of the above apply	the people from Kirkland Cancer Center. They will enter
How long had you been using tobacco or smoking? These than Tyear	11. Have you been exposed to high levels of environmental hazardous materials	your information into the computer,
2 14-9 years	(e.g. coal, asbestos, silica, toxic chemicals, radon)?	What if my evaluation shows I m at risk for caucer?
□10-19 years	☐ Yes	You will receive a confidential personalized report. A
20 or more years:	12. How long have you been exposed to the hazardous	member of the Kirkland Cancer Center will consult with you by phone. They will ask you a few questions about
Do you have a chronic, persistent cough that produces	material?	your medical history. If you are found to have risk fac-
ohlegm (pronounced flem) which maybe clear, yellow, or blood-stained?	□ 0-1 years	tors for cancer, you are encouraged to follow up with
n. blood-stanted: D Yes	☐ 1-5 years ☐ 6-9 years	your family doctor or healthcare provider.
$\bar{\Box}_{N_0}$	☐ 10+ years	What if I have questions?
(☐ Unsure	□ No	Please call us at 731-541-5087 if you have questions
	□ Y I	Tiodoc can tio at 1917-94159989 II you have questions

Name	9. How many eigarettes to vou smoke a day	16. (If Colonoscopy checked) During	
Address	🗓 Less than 📭	colonoscopy, did your doctor i	ur
City	□ 1 pack	colorectal polyps?	3 - 1
StateZip	☐ 2 packs ☐ More than 2 packs	☐ Yes	
Home Phone:	10. How long ago did you quit using tobacco or	□ No □ Unsure	
	stop smoking?	17. Do you have a Primary Care Phy	eio-ro-O
Age; Gender: ☑ M, ☑ F	☐ Less than Lyear	□ Yes	STCTATE:
Date of birth?	$\mathbf{D}1-4$ years	□ N ₀	
Are you post menopausal? (Have you had a period within the last 12 months?)	□ 5 = 9 years	□ Unknown	
Withinfalle (48), (72 Months.)) $\square Yes$	□ 10 or more years II. How long had you been using tobacco or smoking?	18 How did you hear about the assessi	ment? (Check all
□ No	U Less than 1 year	that apply) Doctor's Office	
Are you on estrogen replacement therapy?	□ 1 – 9 years	☐ Television	
☑ Yes	☐ 10- 19 years	⊒ Radio	© C C №
□ No	☐ 20 or more years	□ Outdeor Sign	Attachment Fi CancerAware Colon Cancer Questions
What is your ethnic origin? (optional)	12. How many times per week do you "aerobically	্র Direct Mail	ac ce on
🖸 Caucasian	exercise" (increase your heart rate)?	□ Email □ Ohline Ad	chmen erAwa n Can tions
African American D. Goldenska	□ None □ 1-2 times	□ Hospital Website	ler wa lan
□ Hispanic □ Asian Pacific Islander	□ 3-4 times	□ Internet Search	
☐ American Indian/Alaskan Native	5 or more times	→ Newspaper?Ad	ř, ř
☑ Other	13. Do you have Diabetes?	🗅 Newspaper Article	ن ا
What is your height?	□ No	□ Newsletter □ Health-Farr	
What is your weight?	🔾 Yes, Type 1 Diabetes	→ riearui ran □ Physician Referral	6.77 6.77
Has anyone in your immediate family had any of	☐ Yes, Type 2 Diabetes	□ Word of Mouth	
the following conditions, before age 50?	☐ Pre-Diabetes	□Other	
(Check all that apply) Breast Cancer	☐ Unsure 14. Have you had any of the following tests?	19 Where did you take this assessment	
☐ Dicasic ancer ☐ Colorectal Cancer	(Check all that apply)	Location:	
☐ Condictin Cancer ☐ Prostate Cancer	Colonoscopy	Why is this important?	
J Lung Cancer	☐ Virtual Colonoscopy (using CT)	Prevention is the very best way to avoi	d having cancer.
☐ Multiple Colon Polyps	☐ Flexible Sigmoidoscopy	Through screenings, cancers and pre-ca	incers can often
☐ Ovarian Cancer	☐ Double Contrast Barium Enema (DCBE)	De discovered and taken care of to prev	ent either
☐ Any Cancer	☐ Fecal Occult Blood Test (FOBT).	having the disease or the disease spread	ling.
□None	□ None	How do I start?	
□ Unsure	15. Of the test(s) you checked, when was your	Simply answer the questions. It is quiel	c and
How many alcoholic beverages do you drink per day?	most recent one? ☐ Within the last year	confidential. After you complete this, g	ive it to one of
peruay ⊒ None:	1 – 2 years ago	the people from Kirkland Cancer Cente enter your information into the compute	I. I hey will
□ One	Q 3-5 years ago		
□ Two	\Box 6 – 10 years ago	What if my evaluation shows I'm at i	isk for cancer?
□ Three	☐ More than 10 years ago	You will receive a confidential persona	ized report A
☐ Four or more		member of the Kirkland Cancer Center	will consult
Do you use tobacco products or smoke cigarettes?		with you by phone. They will ask you a	few questions
□Yes		about your medical history. If you are for	ound to have
□ No. but I have before		risk factors for cancer, you are encourage	ged to follow up
THE STATE OF THE S		with your family doctor or healthcare pi	ovider.

Ve are glad you are taking interest in your health is. This survey is quick, simple, and free. Once complete the survey, please tape it closed, and it in the mail. No postage is necessary. You will ive a confidential report in the mail within three

f you are determined to be at risk for diabetes, ressee Heart and Vascular Center's Early Detection ter staff will contact you to make a free ointment for an evaluation. This appointment will ide an evaluation, blood pressure check, blood c, and free education with a cardiac care essional.

**		
Mrs	Ms Dr	-
ıe:		
ress:		
ı date:		
time Phone:		
ıttime Phone:		
il:		
ou have a primar		
ie:		

Bon't Sugarcoat Diabetes!

habetes is a risk factor for cardiovascular disease. y people are unaware that they have it. Diabetes y is not like diabetes 30 years ago. Much work has done to help people live with it and manage it essfully!

liabetes is a chronic (lifelong) disease marked by levels of sugar in the blood. Insulin is a hormone uced by the pancreas to control blood sugar. etes can be caused by too little insulin, resistance sulin, or both.

here are diabetes-related complications such as lness, heart disease, kidney failure, and utation of limbs. Don't sweep it under the rugv your risks!



Are you interested in receiv	ving a mails on the
following topics?	ang e-mails on the
	Smoking cessation
Eitnaaa	At 1 '11'
	Nutrition
1. Age Gend	der
Zip code	
2. Are you post meno	pausal?
a. Yes	b. No
Are you on estroge	n replacement therapy?
a. Yes	b. No
3. What is your ethnic	norming (Ontional)
a Caucasian	b. African American
c. Hispanic	d. Asian/Pacific
or moperno	Islander
e. American Ind	dian/Alaska native
f. Other	nan/Alaska Halive
4. What is your height	2
What is your weight	17
5. How many times pe	
"aerobically exercis	a wook do you
heart rate for at leas	st 30 minutes)?
a. None	or oo mindes);
b. 1-2 time	•
c. 3-4 times	
d. 5 or more time	ne.
6. Have you been told	by a doctor you have
pre-diabetes or high	-
a. Yes b. I	or oriouro
7. What is your blood	
Systolic (top numbe	∍r)
a. Unsure	b. Less than 120
c. 120-129	d. 130-139
e. 140-159	f. 160-199
g. 200 or more	
Diastolic (bottom nu	ımber)
a. Unsure	b. Less than 80
c. 80-84	d. 85-89
e. 90-99	f. 100-114
g. 115 or more	
8. When was the last ti	lme you had your

blood pressure checked?

a. Less than one year ago

b. More than one year ago

m 1/0	
What is your chol	esterol?
Total Cholesterol	•
a. Unsure	b. Less than 160
c. 160-199	d. 200-239
e. 240-279	f. 280 or more
HDL Count	1.6
a. Unsure	b. 60 or more
c. 50-59	d. 40-49
e. 35 - 39	f. Less than 35
LDL Count	
a. Unsure	b. Less than 100
c. 100-129	d. 130-159
e. 160-189	f. 190 or more
10. When was the last	time you had your
cholesterol checke	
a. Less than	 b. More than
one year ago	
11. What is your fasting	g blood glucose level?
a. Unsure	b. <70
c. 70-99	d. 100-125
e. >125	
12. Has anyone in you	r immediate family
(parents and/or sib	olings) had any of the
following condition	s, before age 55?
a. Diabetes	
b. High choleste	
c. High Blood Pi	
d. Cardiovascula	ar (heart) disease
e. Stroke	
f. None	
g. Unsure	
13. Have you ever reco	ognized the following
symptoms of diabe	
 a. Extreme thirst 	or hunger
 b. Frequent uring 	ation
 c. Unexplained v 	
d. Extreme unex	
e. Blurry vision t	hat comes and goes
14. Were you diagnos	ed with Gestational
Diabetes during p	regnancy?
	No c. N/A
	by weighing more than
Consumer as briefly	-1

Disclaimer and Privacy Statement/Privacy Policy The Information contained in Tennessee Heart Centar HeartAware Flisk Assessment is for person take only and is not intended to diagnose, our, miligate, treat or prevent disease or other condition and is not intended to provide a determination or assessment of the state of health. Always consult We make no waterniles, expressed or implied, in connection with the HeartAware Risk Assessment or the performance of the HeartAware Risk Assessment, nor shall we be held responsible or lable for any costs or demages related to use of the HeartAware Risk Assessment or any information manifest in the result of the Risk Assessment or any information. provided there from. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW As a provider of medical content, we understand the sensitive nature of each communication and transaction that we have with you. As such, we give you the power to determine how make information you provide us, as well as the ability to encell your relationship with us at any firms. You should remember that this Privacy Policy only signless to the information you provide to.

Transaces Heart Citylett on ut Whe site and via this form; it does not apply to Information that is a solid privacy to the provide to the standard of normal patient/provider communications as governed by applicable patient. INFORMATION COLLECTION AND USE INFORMATION COLLECTION AND USE. You have the Job, to place particular restrictions on the ways that we use and disclose your parsonal health fatomation; however, we do not in all cases have to comply with your request. You also have the right to receive confidential communications from us that include your health. You have the right to inspect and to copy health information we collect from you. You also have the right to smend that information if it is incorrect or incomplete. You have the right to an accounting of the disclasses we make of your needs information. Hondy you decide that you would like to ensure you will not need to have on the foreign the result of the result in the result in the result in the result in the result of the result in the resul The Tennessee Heart Center is the sele ewner of the Information cellected on our Web site and this form. We will not sell, where or rent this information to any third party in ways different from what is disclosed in this privacy policy. The Tennessee Heart Center collects information from users including name, address, e-mail address, zip code, gender, date of birth, medical information, age (range) and password. We do not collect financial information on the profile. Additionally, we disconside project information is surveys, and questionnaires vis e-mails or forms. Participation in these surveys or completion of a form is completely voluntary and each user has a debtor without or not to disclose this information, information requested may include consist and interest of the properties of the project of the project in the proj DISCLOSURE OF INFORMATION Unless of the Windows explained in the paragraph. Transessee Heart Center will not disclose any medical or other identifiable information about you gathered on our Website and this form with your prior consent to de ac. This includes information that could be used to learnly you or to contact you, in limited orizontainces, we may release personal information to third parties (1) to comply with valid legalequiraments such as a law, registation, search warrant, subposans or court order, or (2) in special cases, such as a physical threat to our bases or others. The Toncesse fund Center related a vendor to operate our Web site. That vendor may have access to some or all of the information you disclose on our Web site and this form. We regules had each of our vendors a given not in our or disclose any of your protected information beyond what is reasonably necessary to operate and maintain his wide all on one behalt. Each of our vendors is the probability manufaction and control of the control of The Tennessee Heart Center may share aggregate information with other third parties without your written authorization or consent, for example, we interest aggregate mornation with other third parties without to written authorization or consent, for example, we interest in the product while using our site. We would potentially after composite demographic information about our unesses as a whole, but not personal information total can identify any user, Deparding upon the circumstances, we may or may not charge third parties forthis information.

b. Less than 160

b. Less than 100

b. No

9 pounds at birth?

a. Yes

c. Unsure

SECURITY
If a user has any concerns regarding this security of information, this user should not provide any information until the user is control table with our security measures. The Tennessee Heart Canter will produce you present all information agained tea, whiches or aftersion while your information is under our control. The sarvers used to store the information collected on the site are kept in a under our control. The sarvers used to store the information collected on the site are kept in a set and the product of the site are kept in a set and the product of the site are kept in a set and the product of the site are kept in a set and the product of the site are kept in a set and the site are kept in a set of the product of the site are kept in a set of the site are kep

We may then apply the new policy to all of the health information we have collected iron you. If we revise this Policy, we will post the new provision on our Web site. You may also obtain a copy of any revision by contineding us as infliciated above.

If you have read and understood this Privacy Policy and If you are co information will be adequately protected, please sign below.

I UNDERSTAND AND	AGREE TO THE	PRIVACY POLICY.
Please sign and date,		A 4 4 4 1