

# **Community Health Needs Assessment (CHNA): Chester County**

**Conducted by:**

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

**Victoria S. Lake  
Jocelyn D. Ross**

**For:  
Jackson-Madison County General Hospital**

**Update 2015  
Initial CHNA 2012**

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

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

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

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

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

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

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

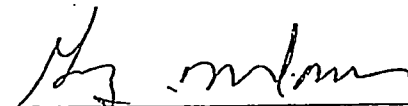
  
\_\_\_\_\_  
GREG MILAM, Chairman

Exhibit: G-2

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

CONDUCTED BY:  
WEST TENNESSEE HEALTHCARE  
DEPARTMENT OF BUSINESS DEVELOPMENT  
AND PLANNING

# Community Health Needs Assessments

- Conducted to fulfill requirements of the Patient Protection and Affordable Care Act enacted March 10, 2010 and IRS CFR Parts 1, 53, and 62
- Required for all public and not-for-profit hospitals
- Procedures followed IRS 501 (r) requirements
- Assessments conducted for each hospital owned by the Jackson-Madison Co General Hospital District

# Community Health Needs Assessment



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



# Community Health Needs Assessments

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

# Community Health Needs Assessments

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

# Community Health Needs Assessments Implementation Strategies

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



# Community Health Needs Assessments Implementation Strategies

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

# Community Health Needs Assessments Evaluation



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

## Table of Contents

Executive Summary	1
Final Report	2
Introduction	2
Description of the Hospital and Community	2
Community Needs Assessment Update	3
Goals and Objectives	4
Implementation Strategies	5
Obesity and Physical Activity	5
Tobacco/Tobacco Related Diseases	6
Diabetes	6
Teen Pregnancy and Infant Mortality	6
Evaluation Plan	7
Conclusions	7
Tabs	
2015 Data on Size of Health issues	
2015 Community Resources	
Meeting Agendas/Minutes	
Program Materials	

## Chester County Community Health Needs Assessment Executive Summary

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

Representatives of Jackson-Madison County General Hospital met with the Chester County Health Council on Tuesday May 12, 2015. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Chester County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, private businesses, labor and workforce representatives. The Chester County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council. Goals and implementation strategies were defined for each issue.

### **Obesity    Tobacco/Tobacco Related Diseases    Diabetes    Teen Pregnancy**

**Goal 1:** The Chester County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity

**Goal 2:** The Chester County Health Council will address tobacco use among youth and adults in Chester County.

**Goal 3:** The Chester County Health Council will address diabetes among residents of Chester County.

**Goal 4:** The Chester County Health Council will focus on teen pregnancy in the community.

The Jackson-Madison County General Hospital will work with the Chester County Health Council to implement the following activities to address the prioritized health needs identified in the community.

- Encourage participation in the community-at-large to participate in the Governor's Foundation for Health & Wellness-Healthier Tennessee Work Site and Communities.
- Conduct an Annual Family Fun & Fitness Day
- Implement the 8-5-2-1-0 Program with 6<sup>th</sup> and 7<sup>th</sup> graders
- Implement Teens Against Tobacco Use (TATU)
- Implement four programs a year dealing with diabetes education
- Work with Children Special Services to reduce teen pregnancy and infant mortality



## **Introduction**

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

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

The designated "community" for the needs assessment is Chester County, Tennessee. Chester County, Tennessee does not have a hospital. However, Chester County is in the primary service area of the Jackson-Madison County General Hospital. According to the Tennessee Hospital Association inpatient market share (2013), Jackson Madison County General Hospital had 74.6 percent of the inpatient market share consisting of 1,153 discharges. With a 2013 estimated population of 17,321, Chester County is located in the rural West Tennessee approximately 89 miles East of Memphis and 134 miles West of Nashville. The population is 88.0 percent Caucasian, 9.3 percent African American, and 2.7 percent Other races. According to the American Community Survey (2009-2013), 19.9 percent of the population is below the Federal poverty level. The per capita personal income level is \$18,817. The population under 65 years of age represents 83.9 percent while the over age 65 population is 16.1 percent of the total. About 18.8 percent of the population age 25 and older does not have a high school diploma or GED; 36.3 percent have a high school diploma; 23.6 percent have some college, and 21.3 percent have a Associate's degree or higher.

Chester County has a wide range of industries that employ individuals living in and around the county. Chester County is home to manufacturers or businesses such as: Premier Manufacturing Corp. which specializes in wire products (150 employees), Neo Products where hose couplings are made (70 employees), Henderson Stamping & Prod., Inc. which conducts metal stamping (60 employees), Anvil International which is concerned with multi-purposed production (95 employees), Quality Metal Stamping, LLC (50 employees) which focuses on tools, dies, jigs, and metal stamping, and Arvin Sango which produces exhaust systems (40 employees). The

community has one major university, Freed Hardeman University which employs approximately 132 faculty. The Tennessee College of Applied Technology has a site also in Chester County.

The county seat of Chester County is Henderson, Tennessee. The City of Henderson, Chester County Government, and the Chester County School System are all located in Chester County. The public school system has six schools and serves approximately 2,802 students.

### **Community Needs Assessment Update**

Representatives of Jackson-Madison County General Hospital met with the Chester County Health Council on Tuesday May 12, 2015. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability, and allocation, and to develop strategies to improve health outcomes within the community. The Chester County Health Council membership represents the broad interests of the community including health care advocates, non-profit, community agencies, local government officials, local school districts, health care providers, private businesses, labor and workforce representatives. Members of the Chester County Health Council are:

Kim Todd	Chester County Health Department
Christie Morris	TN Dept of Health, West TN Region
Mark Barber	Quinco Community Mental Center
Laura Jones	TennderCARE
Rick Seaton	Community Advisory Board
Rebecca Seratt	UT Extension Services
Emily Johnson	Chamber of Commerce
Heather Griffin	Chester County Health Department
Emily Rushing	Chester County Health Department
Megan Sills	
Nadine McNeal	
Arthur Martin	
Sylvia Stamper	
Charles Corley	
Kay Cromwell	
Vivian Kelly	
Amy Eads	
Brain Signaigo	
Adrienne Hodum	Chester County School System
Veronyca Washington	Methodist LeBonheur Healthcare

The Chester County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A**

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

The top health issues are:

**Obesity**

**Tobacco/Tobacco Related Diseases**

**Diabetes**

**Teen Pregnancy**

### **Goals and Objectives**

**Goal:** The Chester County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity

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

**Objective 2:** By December 31, 2018, the Chester County Health Council will conduct at least four activities a year to promote physical activity among Chester County residents.

**Objective 3:** By December 31, 2018, the Chester County Health Council will collaborate with Coordinated School Health to conduct physical activities within the school system including special activities days.

**Goal:** The Chester County Health Council will address tobacco use among youth and adults in Chester County.

**Objective 1:** By December 31, 2018, Chester County will conduct peer education in the school systems using Teens Against Tobacco Use (TATU) Program.

**Objective 2:** By December 31, 2018, Chester County will implement the Baby and Me Tobacco Free program targeting pregnant women who smoke.

**Goal:** The Chester County Health Council will address diabetes among residents of Chester County.

**Objective 1:** By December 31, 2018, four education sessions will be held each year by the Tennessee Nutrition and Consumer Education Program of the UT Extension.

**Objective 2:** By December 31, 2018 Chester County will focus on healthy lifestyles for children, youth, and adults in a holistic fashion through 4-H Food Smart Families Program.

**Goal:** The Chester County Health Council will focus on teen pregnancy in the community.

**Objective 1:** By December 31, 2018, the Council will focus on teen pregnancy during May each year.

**Objective 2:** By December 31, 2018, promotion of the Children's Special Services program will be increased to focus on reducing teen pregnancy and infant mortality in Chester County.

### **Implementation Strategies**

The Jackson-Madison County General Hospital will work with the Chester County Health Council to implement the following activities to address the prioritized health needs identified in the community.

### **Obesity & Physical Activity**

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

The Health Council will conduct an Annual Family Fun & Fitness Day in June of each year. The Day will include activities, vendors providing information on healthy options, and music. Family Fun Day will be used to promote healthy living and exercise.

Through Methodist LeBonheur Healthcare, the 8-5-2-1-0 Program is being implemented with 6<sup>th</sup> and 7<sup>th</sup> graders.

8=8 or more hours of sleep

5=5 or more servings of fruits and vegetables

2=2 hours or less of recreational screen time

1=1 or more hours physical activity



0=0 sugar drinks more water and low fat milk

### **Tobacco/Tobacco Related Diseases**

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

During the first year of funding, Chester County received \$17,788 to work with community partners to implement the Teens Against Tobacco Use (TATU)- a peer education program to prevent the initiation of tobacco use among youth, and a Media Campaign. Current funding is concentrating on Baby and Me Tobacco Free program targeting pregnant women who smoke. The program is designed for pregnant women who smoke to stop smoking with incentives in place. The program has four (4) prenatal quit smoking classes. Participants are asked to quit smoking and remain so during the pregnancy. Participants are asked to take monthly breath tests for proof of being tobacco free. Those participants who remain smoke free after the baby is born receive monthly vouchers for free diapers up to 12 months.

Chester County will also participate in the Statewide Teen Institute whereby 6 youth from Chester County High School and 2 adult mentors travel to the Tennessee Teen Institute for a week to set health-related goals, objectives, and activities for the coming school year. The students will receive their Teens Against Tobacco Use (TATU) training at the Teen Institute.

### **Diabetes**

The Chester County UT Extension Institute of Agriculture will conduct at least four education sessions each year through the Tennessee Nutrition and Consumer Education Program (TNCEP). Education session include those conducted at worksites called Small Starts @ Work. Other programs are conducted on a regular basis at the Senior Centers on cooking and nutrition. Every 4<sup>th</sup> grade student participated in "Tasty Days." The UT Extension will also utilize a 4-H Food Smart Families \$14,000 grant to conduct 10 hours of direct programming for students in the 4<sup>th</sup> through 8<sup>th</sup> grades and two 92) face-to-face events for parents, families, and the larger community.

### **Teen Pregnancy and Infant Mortality**

The Health Council has worked with the Children Special Services to address infant mortality. The Children's Special Services (CSS) Program may provide coverage for comprehensive medical care and other non-medical resources for children with physical disabilities from birth to 21 years of age. Diagnostic and financial eligibility criteria must be met to participate in the

program. A child/youth is eligible for the program if s/he is under the age of 21, and has been diagnosed with a physical disability which requires medical, surgical, dental or rehabilitation treatment. CSS may pay for services related to the child/youth's eligible diagnosis, including:

Diagnostic Evaluation	Medical and surgical treatment
Hospitalization	Care coordination
Rehabilitation services	Physical & occupational therapy
Medications	Braces & artificial limbs
Speech & language therapy	Durable medical equipment
Hearing aids/supplies	Wheelchairs & walkers
	Special formula/food

Examples of common diagnoses are:

Asthma	Diabetes
Cardiac related	Hearing loss
Cerebral palsy	Obesity (greater than 95th percentile)
Congenital hydrocephalus	Seizure disorders
Cystic fibrosis	Sickle cell anemia

Financial eligibility is based on family size and income level. A family's income must be at or below 200 percent of the federal poverty level. Each child and family receives a transition plan in the Children's Special Services program. Transition planning is a process that is personal, individualized, deliberate, coordinated, developmentally appropriate, age appropriate, and culturally competent.

### **Evaluation Plan**

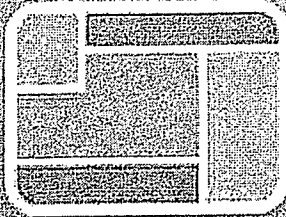
The Chester County Health Council meets on a quarterly basis to review current and future implementation strategies to address identified health issues. Jackson-Madison County General Hospital has representation on the Health Council. Progress on the goals and objectives will be monitored through information provided at the Health Council meetings. Agendas and meeting minutes will be maintained as records of progress toward the goals and objectives.

### **Conclusions**

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

Process for establishing health ranking in each county

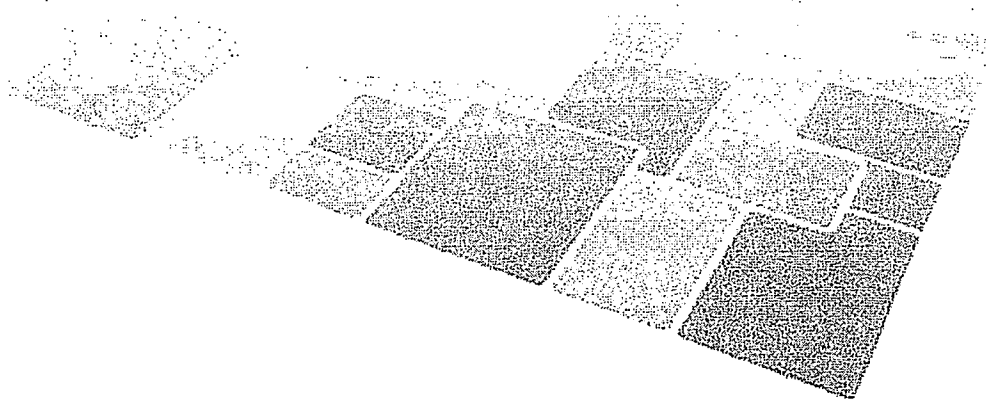
- 1) Each Health Council Member was presented with data/statistic from County Health Rankings & Roadmaps and Vital Statistics for their prospective county.
- 2) The process looked specifically at health outcomes, health behaviors and the top leading causes of death for the county.
- 4) Through general discussing they were asked to narrow their list down to a top 5
- 5) The top 5 was narrowed down to a top 3 by the utilization of the survey that was given to each. The top 3 health issues that had the most votes were identified as their health priorities.



# County Health Rankings & Roadmaps

A Healthier Nation, County by County

## 2013 Rankings Tennessee



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

*Translating Research for Policy and Practice*



## Introduction

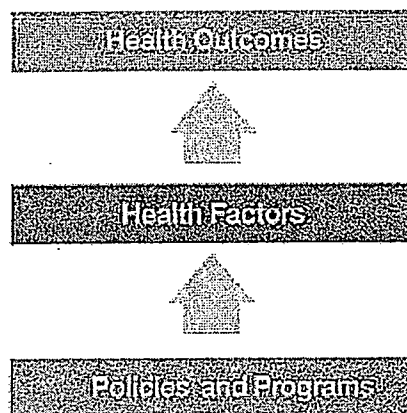
Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example,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

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

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

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

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



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

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

## Guide to Our Web Site

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

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health Action Center*. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

## County Health Roadmaps

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

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

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

### *Roadmaps to Health Community Grants*

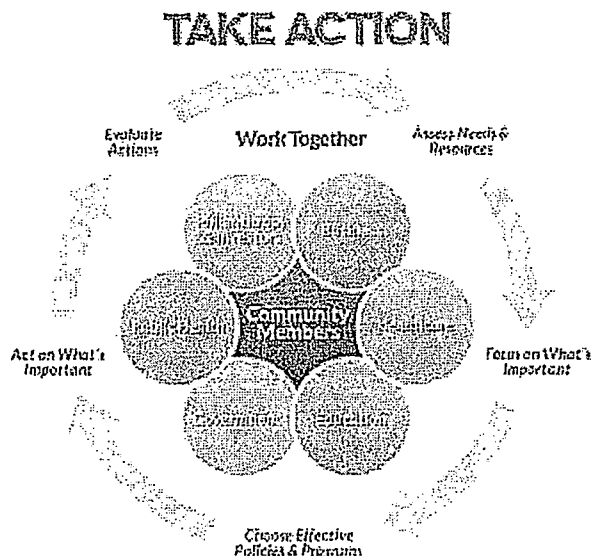
The *Roadmaps to Health Community Grants* provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that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

### *Roadmaps to Health Partner Grants*

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

### *RWJF Roadmaps to Health Prize*

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



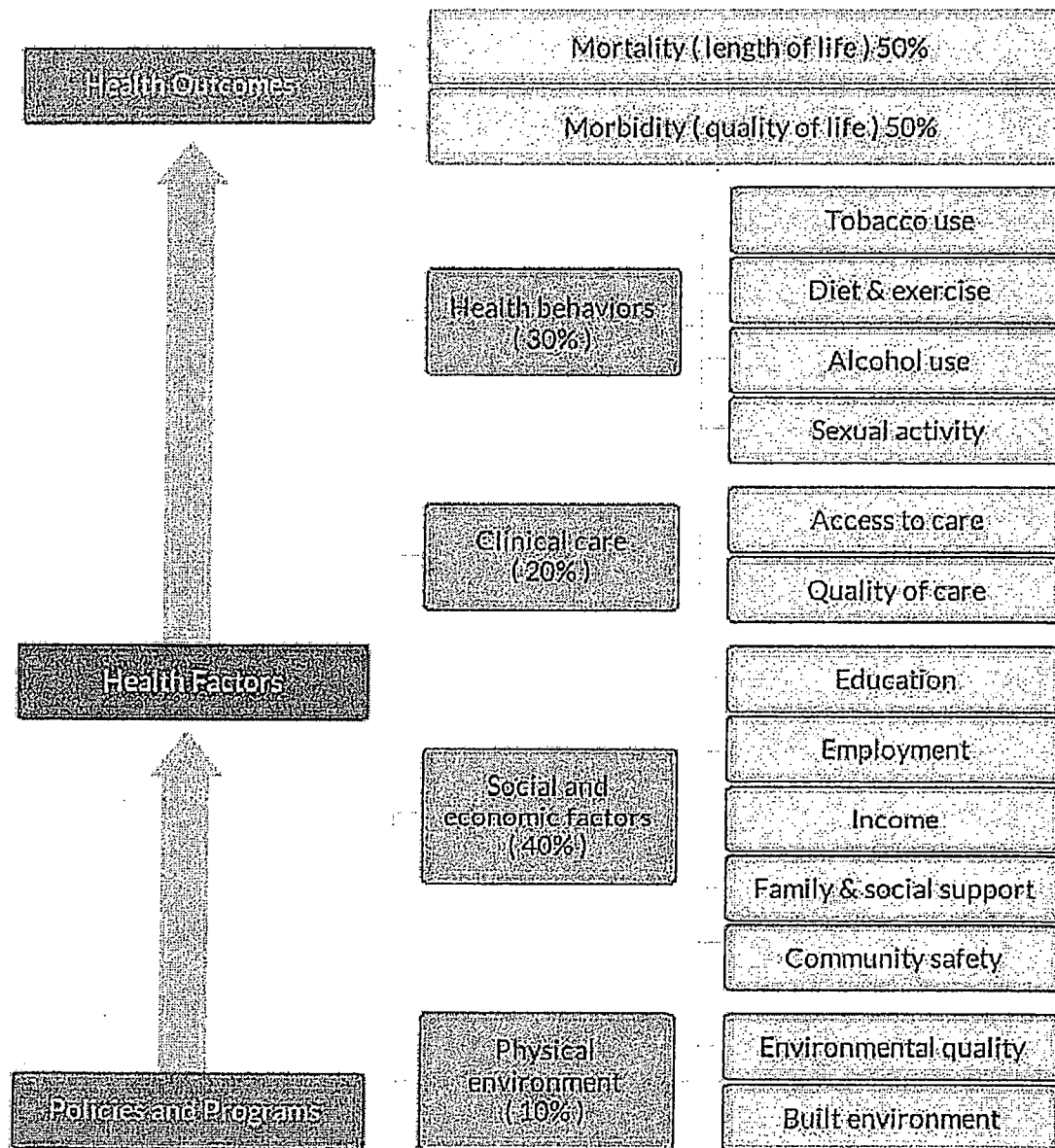
### *Roadmaps to Health Action Center*

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

## County Health Rankings

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

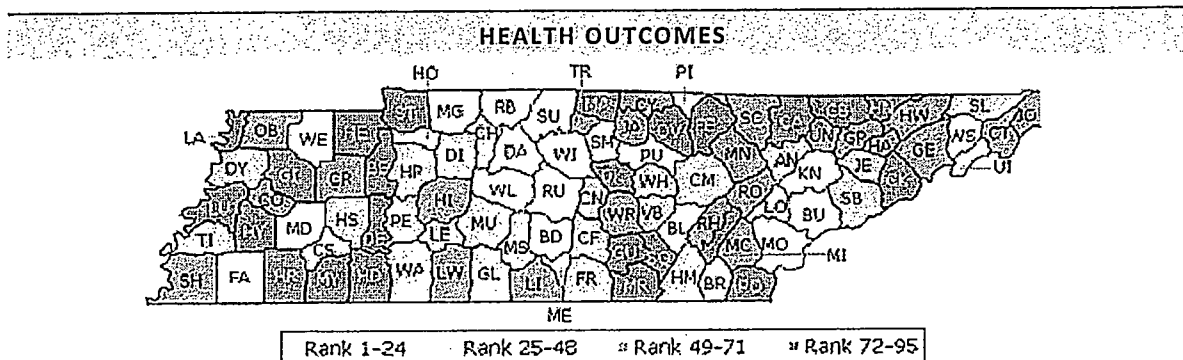
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown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



County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Tennessee's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

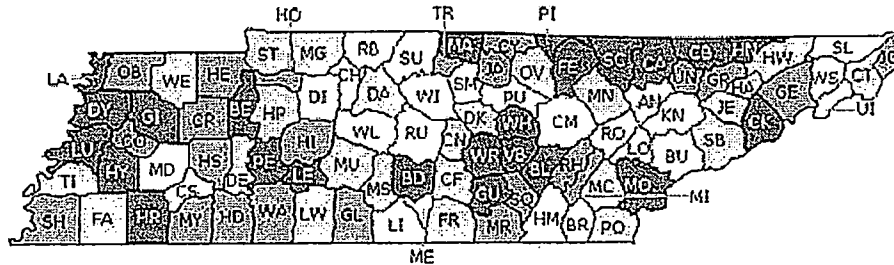
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.



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



## HEALTH FACTORS



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

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

## Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

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

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

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

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

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

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

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

<sup>1</sup> Not available for AK and HI.

CREDITS

**Report Authors**

University of Wisconsin-Madison  
School of Medicine and Public Health  
Department of Population Health Sciences  
Population Health Institute

Bridget Booske Catlin, PhD, MHSA  
Amanda Jovaag, MS  
Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

**Data**

Centers for Disease Control and Prevention: National Center for Health Statistics and Division of Behavioral Surveillance  
Dartmouth Institute for Health Policy & Clinical Practice

**Research Assistance**

Jennifer Buechner  
Hyojun Park, MA  
Elizabeth Pollock  
Jennifer Robinson  
Matthew Rodock, MPH  
Anne Roubal, MS

**Communications and Outreach**

Burness Communications  
Anna Graupner, MPH  
Kate Konkle, MPH  
Karen Odegaard, MPH  
Jan O'Neill, MPA  
Angela Russell, MS  
Julie Willems Van Dijk, PhD, RN

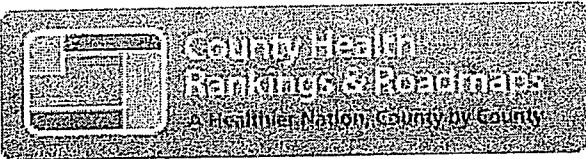
**Design**

Forum One, Alexandria, VA

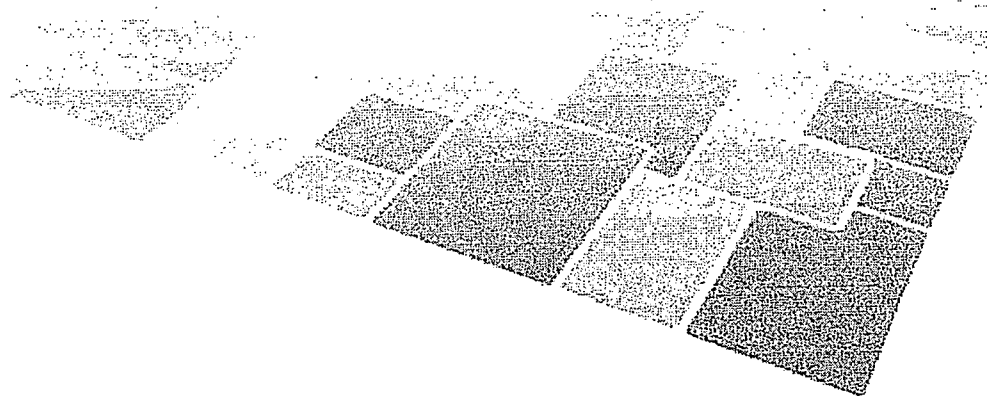
**Robert Wood Johnson Foundation**

Abbey Cofsky, MPH –Senior Program Officer  
Michelle Larkin, JD, MS, RN – Assistant Vice-President and Deputy Director, Health Group  
James S. Marks, MD, MPH – Senior Vice-President and Group Director, Health Group  
Joe Marx – Senior Communications Officer

Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2013*.



[countyhealthrankings.org](http://countyhealthrankings.org)



University of Wisconsin Population Health Institute  
610 Walnut St, #524, Madison, WI 53726  
(608) 265-6370 / [info@countyhealthrankings.org](mailto:info@countyhealthrankings.org)





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

**Heart Conditions**

**Death from Diseases of the Heart Per 100,000**

	Chester			TN		
	Total	White	Black	Total	White	Black
2013	231.0	242.8	0.0	226.7	245.1	183.1
2012	262.1	284.0	0.0	220.6	241.2	165.2
2011	315.1	331.1	0.0	221.0	239.7	175.3
2010	216.0	233.0	0.0	228.3	254.0	181.8
2009	248.7	250.2	0.0	228.0	241.1	185.8

Source: Tennessee Department of Health.

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

	Southwest	TN
2012	no data	6.7
2011	4.9	5.2

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

	Southwest	TN
2012	7.0	7.2
2011	5.7	5.0

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

**High Blood Pressure**

**Deaths from Cerebrovascular Disease per 100,000**

	Chester			TN		
	Total	White	Black	Total	White	Black
2013	46.2	52.5	0.0	48.1	50.5	45.8
2012	46.6	52.8	0.0	46.3	48.6	42.9
2011	70.0	72.8	0.0	50.1	52.8	46.2
2010	52.5	53.3	0.0	50.1	54.3	45.6
2009	48.5	40.6	0.0	50.6	51.9	48.2

Source: Tennessee Department of Health.

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

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

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

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

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

## **Cancer**

**Deaths from Malignant Neoplasms Per 100,000**

	<b>Chester</b>			<b>TN</b>		
	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>Total</b>	<b>White</b>	<b>Black</b>
2013	242.5	269.1	0.0	214.5	231.0	176.4
2012	198.0	204.8	0.0	211.2	226.5	176.3
2011	210.1	231.8	0.0	210.2	224.6	180.1
2010	198.5	206.4	0.0	212.9	234.6	178.9
2009	206.3	202.9	0.0	216.2	226.9	183.5

Source: Tennessee Department of Health.

## Arthritis

Tennessee	2011	2013
Adults with Arthritis	1,250,000	1,600,000
Adults limited by arthritis	594,000	68,000
Percent with arthritis	26	25
Percent women/men with arthritis	31/21	27/23
Percent age 18-44 with arthritis	10	8
Percent age 45-64 with arthritis	34	32
Percent age 65 and older with arthritis	50	52
Percent with arthritis who are inactive	55	33
Percent arthritis among adults with diabetes	53	49
Percent arthritis among adults with hypertension	42	42
Percent arthritis among adults who are obese	37	34

Source: Centers for Disease Control and Prevention.

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

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

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

## Obesity

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

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

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

	<b>Southwest</b>	<b>TN</b>
2012	no data	31.1
2011	33.4	29.2
2010	37.2	31.7

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

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

	<b>Chester</b>	<b>TN</b>
2014	36	32
2013	36	32
2012	36	32
2011	33	31
2010	31	31

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

**Asthma**

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

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

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

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

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

Source: Tennessee Department of Health.

## Diabetes

### Deaths from Diabetes per 100,000

	Chester			TN		
	Total	White	Black	Total	White	Black
2013	69.3	65.6	0.0	27.9	27.1	36.8
2012	64.1	66.1	0.0	28.2	27.4	36.7
2011	29.2	26.5	0.0	27.1	26.3	35.7
2010	46.7	33.3	0.0	26.4	26.4	35.0
2009	48.5	47.3	0.0	28.2	26.8	37.7

Source: Tennessee Department of Health.

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

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

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

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

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

### Percentage of Population Diagnosed with Diabetes

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

Source: Robert Wood Johnson Foundation and University of Wisconsin

### Allergies

1 in 5 Americans suffer from all types of allergies

Allergies have increased in prevalence since the 1980s across age, sex, racial groups.

Approximately 50 million people experience allergies.

Allergies are the 5th leading chronic disease among all ages.

### Teenage Pregnancy

#### Pregnancies Age 10-17 per 1,000 Females

	Chester				TN		
	Total	White	Black		Total	White	Black
2012	5.8	6.8	0.0		8.3	7.0	14.0
2011	3.8	3.3	0.0		8.9	7.3	15.5
2010	4.2	5.1	0.0		10.0	8.3	17.9
2009	10.9	11.2	9.7		12.0	9.1	21.9

#### Pregnancies Age 15-17 Per 1,000 Females

	Chester				TN		
	Total	White	Black		Total	White	Black
2012	10.9	12.4	0.0		21.2	18.1	33.9
2011	8.7	7.4	0.0		22.4	18.9	36.5
2010	11.6	13.8	0.0		24.8	21.1	42.1
2009	30.5	31.0	0.0		29.6	22.4	55.5

Source: Tennessee Department of Health.

## **Tobacco Use Alcohol and Drug Abuse**

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

	<b>Chester</b>	<b>TN</b>
2014	21	23
2013	21	23
2012	25	24
2011	no data	24
2010	no data	25

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

### **Are you a current smoker?**

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

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

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

	<b>Chester</b>	<b>TN</b>
2014	no data	9
2013	10	10
2012	13	9
2011	14	9
2010	10	9

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



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

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

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

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

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

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

	Chester	TN
2010-2012	1,039/7.91	8.20
2008-2010	1,038/7.90	8.04
2006-2008	971/7.85	8.86

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

	Chester	TN
Fy2014	40/3.85	3.95
Fy2013	36/3.47	3.53
Fy2012	37/3.56	3.52

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

	<b>Chester</b>	<b>TN</b>
Fy2014	21/52.5	44.2
Fy2013	18/*	45.4
Fy2012	17/*	45.3

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

	<b>Chester</b>	<b>TN</b>
Fy2014	20/50.0	40.2
Fy2013	12/*	28.4
Fy2012	17/*	39.1

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

	<b>Chester</b>	<b>TN</b>
Fy2014	<5/*	11.6
Fy2013	5/*	12
Fy2012	5/*	10.1

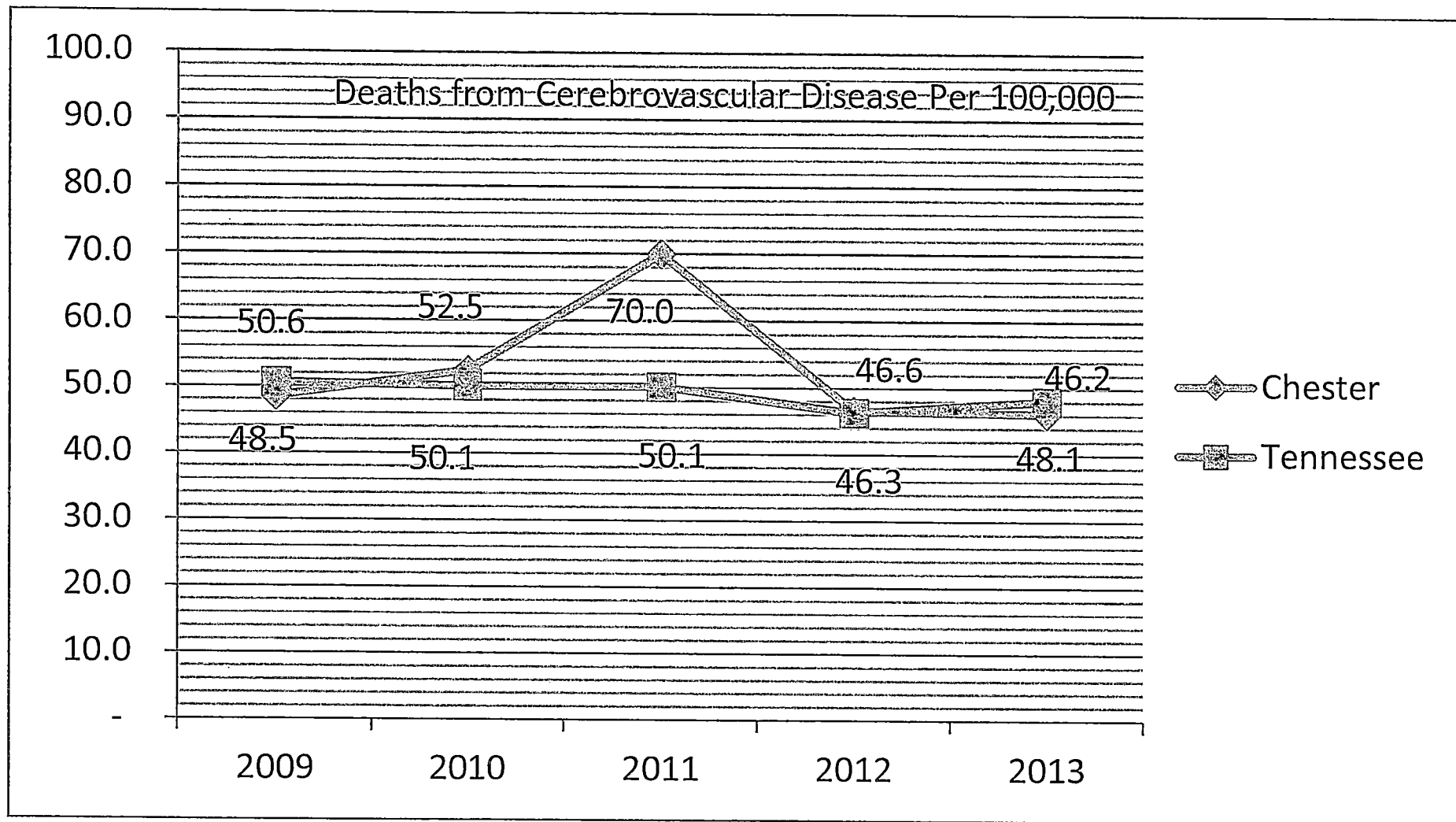
**Number and percent TDMHSAS funded treatment admissions with other illicit drugs identified as substance abuse**

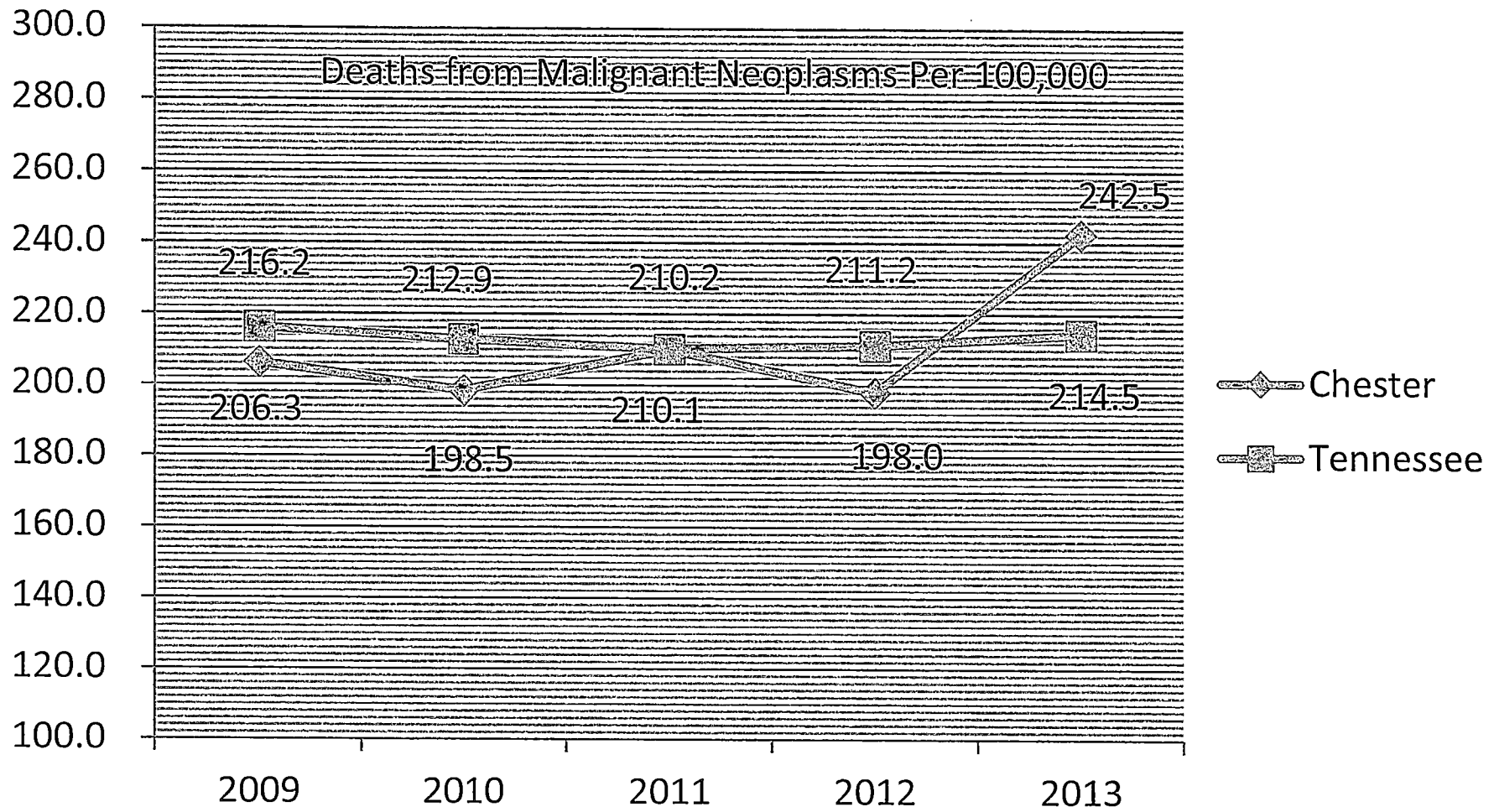
	<b>Chester</b>	<b>TN</b>
Fy2014	16/*	38.6
Fy2013	13/*	37.3
Fy2012	15/*	36.9

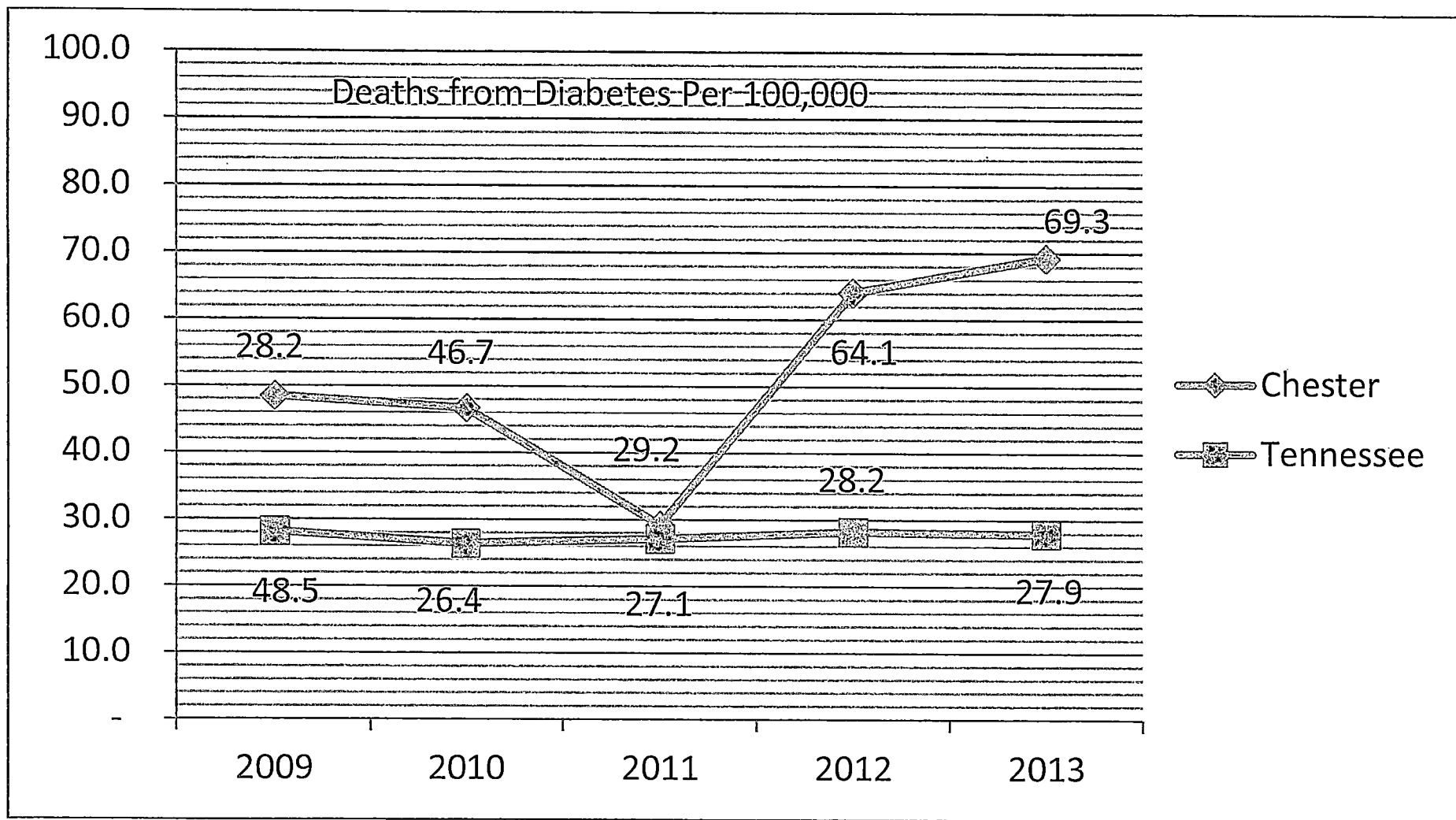
**Number of drug related arrests for adults over 18 in Chester County**

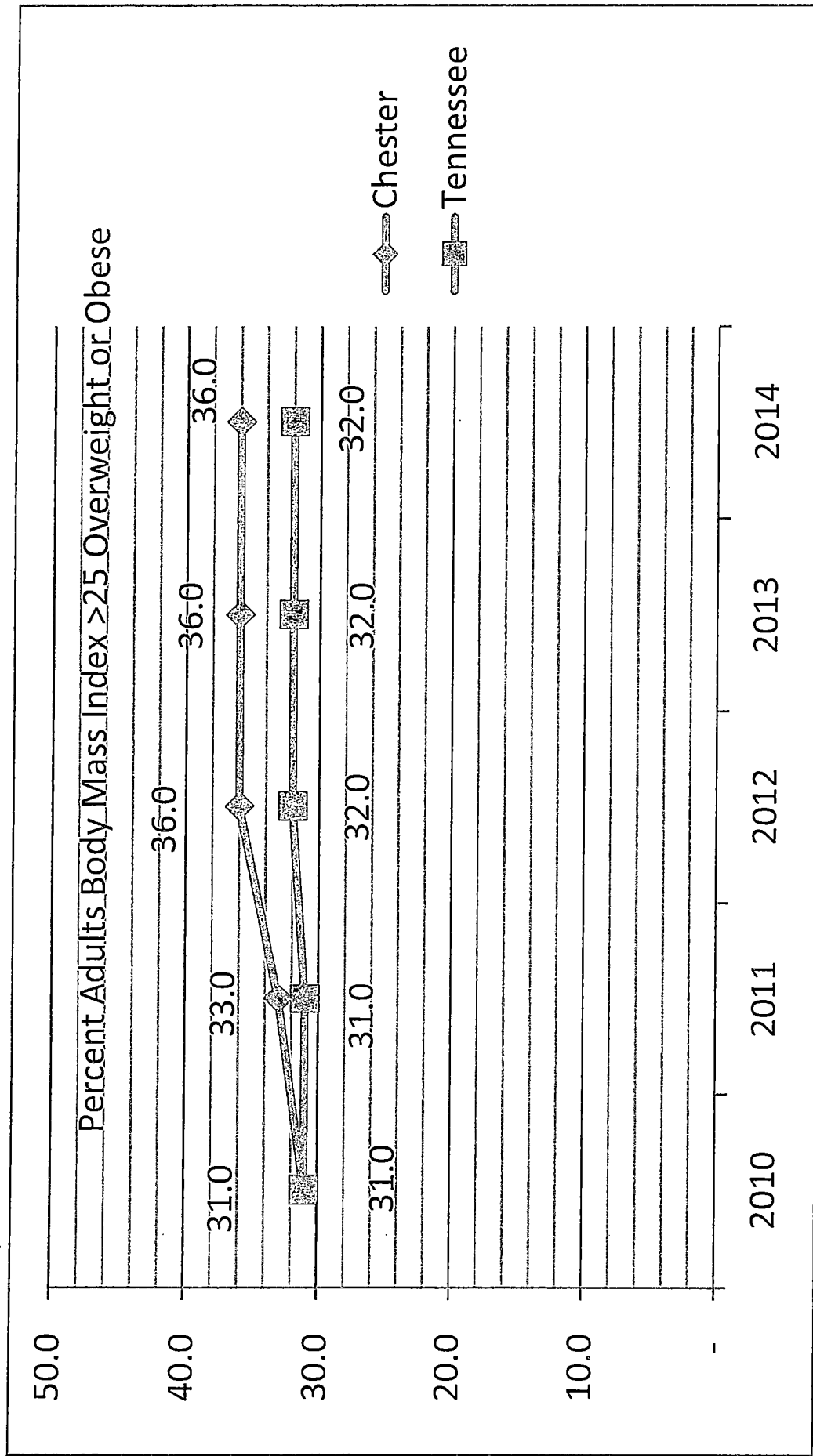
Cy2013	91
Cy2012	62
Cy2011	43

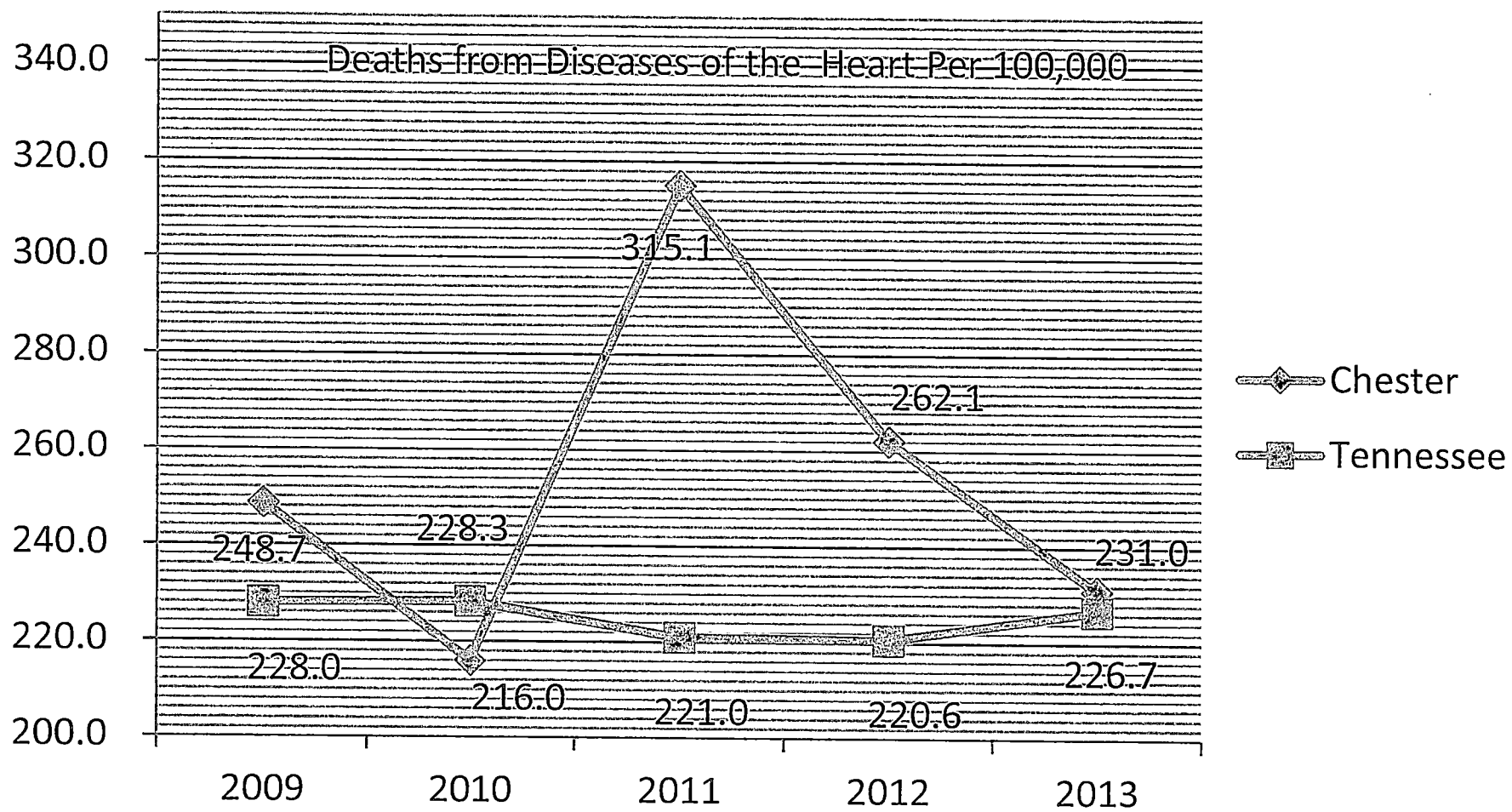
Source: Tennessee Department of Mental Health and Substance Abuse Services. Tennessee Behavioral Health County Data Book 2014













**Chester County Community Health Needs Assessment**  
**Effectiveness of Interventions**  
**Community Resources**

The following is a list of community resources that includes community agencies and public entities that work with a particular health issue.

**Heart Conditions**

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

**High Blood Pressure**

American Heart Association  
American Stroke Association  
Physician Clinics  
Community Senior Centers

**Cancer**

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

**Arthritis**

Arthritis Foundation  
Physician Clinics  
Local Health and Fitness Centers  
American Association of Retired Persons  
Community Senior Centers

**Obesity**

American Heart Association  
American Diabetes Association  
American Stroke Association  
Physician Clinics  
Community Senior Centers  
Chester County School System  
Chickasaw State Park  
Local Health and Fitness Clubs  
Local Churches

Afterschool Programs  
Local Retirement and Nursing Homes

**Asthma and Allergies**

Asthma and Allergy Foundation  
Physician Clinics  
Chester County School System  
Local Pharmacists

**Diabetes**

American Diabetes Association  
Physician Clinics  
Community Senior Centers  
Chester County School System

**Teen Pregnancy**

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

**Tobacco Use**

American Cancer Society  
Physician Clinics  
Chester County School System  
City and County Government  
Chester County Sheriff's Office  
Henderson Police Department  
Quinco Community Mental Health Center

# Chester County Health Council

## *A G E N D A*

May 12, 2015

12:00 - 1:00 p.m.

Henderson City Hall

- Welcome & Introductions
- Old Business
  - Approval of Minutes.....Mark Barber
  - Tobacco Settlement Update.....Heather Griffin
  - Year Two Tobacco Plan/Baby and Me.....Emily Rushing
- New Business
  - Family Fun and Fitness Day.....Mark Barber
  - Healthier TN.....Rebecca Seratt
  - TNCEP.....Rebecca Seratt
  - Teen Pregnancy Prevention Month.....Emily Rushing
  - Children's Special Services.....Kim Todd
  - WTH Community Health Assessment.....Vicki Lake
- Additional New Business
- Announcements
- Adjourn
- Next Meeting: August 11, 2015

### Mission Statement

**The Chester County Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community.**

### 2015 Health Council Priorities

- |             |                   |
|-------------|-------------------|
| 1. Obesity  | 3. Tobacco        |
| 2. Diabetes | 4. Teen Pregnancy |

**Chester County Health Council**  
Meeting Minutes by Emily Rushing and Christie Morris

Date: February 10, 2015

Attendees Present: Megan Sills, Mark Barber, Christie Morris, Nadine McNeal, Arthur Martin, Sylvia Stamper, Adrienne Hodum, Rebecca Seratt, Charles Corley, Kay Cromwell, Vivian Kelly, Veronyca Washington, Amy Eads, Heather Griffin

Next Meeting Date: May 12, 2015

Time: 12:00pm

Location: Henderson City Hall

---

**I. Meeting Called to Order**

- a. The meeting was called to order at 12:00 by Mark Barber

**II. Reading/Approval of Minutes**

- a. Mark Barber requested that the council review the minutes as written. A motion was made to approve the minutes as written by Nadine McNeal. There was a second on the motion by Charles Corley. There were 13 members in favor of the motion, none opposed and none abstained from voting. The minutes were approved as written.

**III. Old Business**

- a. **Tobacco Settlement**-Heather Griffin informed the Council that of the \$17,000 year one funds, \$10,000 remains to be carried over into year two. The remaining funds will be spent on supplies for the Fun and Fitness Day in the park, classes at the Junior High, and Tar Wars. Funds will be used to bring Spencer's Own back for a second concert at the park.
- b. **Tobacco Settlement**-Christie Morris informed the council that Chester County will receive an additional \$16,000 in funding. The health department will be implementing the Baby and Me Tobacco Free Program.

**IV. New Business**

- a. **Health Council Planning**- Mark Barber led the Council in a discussion on the Health Council activity for the year. It was decided to move from a Health Fair that specifically targets senior citizens to an event that will involve the entire community. The event will be coordinated with the next county wide Fun and Fitness Day on June 13<sup>th</sup>, 2015. A subcommittee was formed to plan the event: Mark Barber, Heather Griffin, Emily Rushing, Rebecca Seratt, and Brian Signaigo
- b. **TNCEP Update**-Rebecca Seratt provided a TNCEP report and updated the council on upcoming TNCEP activities. Over 300 people were reached through TNCEP in 2014.
- c. **Healthier TN Initiative**- Rebecca Seratt gave a brief overview of the Healthier TN website and the Small Starts at Work program. Both UT Extension and the Health Department PPI team will

be recruiting worksites and individuals during 2015. More information will be discussed at the May meeting.

- d. **TENNderCare Annual Update-** Megan Sills, TENNderCare Coordinator, updated the Council on TENNderCare events and activities in Chester County. Their goal is to reach teenagers with the message to receive more in depth physicals. The Tooth Fairy will be visiting East and West Chester Elementary Schools in February for Dental Health Month.

**V. Announcements**

- a. The RAM Clinic will be held October 17-18, 2015 at the Junior High School. The event will require several volunteers.

**VI. Meeting Adjourned**

- a. The meeting was adjourned at 1:00pm.
- b. The next Health Council Meeting will be on Tuesday, May 12 at 12:00pm at Henderson City Hall

Minutes written, typed and submitted by Emily Rushing

## TOBACCO SETTLEMENT PROJECTS:

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

Each county in Tennessee will receive funding during this three-year program to reduce the burden of tobacco use in the state. All counties were challenged to set goals and select one or more projects that address three topics: eliminating smoking during pregnancy; reducing infants' and children's exposure to second-hand smoke; and preventing child and adolescent tobacco use.

During the first year of funding, Chester County received \$17,788 to work with community partners to implement a peer education program in the Chester County Schools. The program focuses on the prevention of adolescent tobacco use. Year two of funding will focus on the *Baby and Me Tobacco Free* program.

## Health Promotion Highlights

Annual Senior Health Expo

Family Fun and Fitness Days  
Gene Record Park

The Health Council is open to individuals, organizations, faith-based groups, businesses and local government. If you would like more information, or if you are interested in joining the Chester County Health Council, please contact the Health Educator.

*Chester County Health Educator*

Emily Rushing

Phone | 731.989.7108  
E-mail | [emily.rushing@tn.gov](mailto:emily.rushing@tn.gov)

## CHESTER COUNTY HEALTH COUNCIL PROFILE (2014)



### MISSION STATEMENT:

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

# CHESTER COUNTY

## HEALTH PROFILE

### 2013 Population

Estimate: 17,321

% White: 88

% Black: 9.3

% Other: 2.7

<http://quickfacts.census.gov>

### Education Level:

High School: 80.2%

Undergraduate: 15.5%

<http://quickfacts.census.gov>

Median Income Household Income: \$42,097

Persons below Poverty: 16.9%

Children below Poverty: 26.3%

<http://quickfacts.census.gov>  
<http://datacenter.kidscount.org>

### #Public Schools: 6

Students Receiving Free Reduced/Lunch: 45%

<http://tennessee.educationbug.org>  
<http://datacenter.kidscount.org>

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

State Rate: 8.3/1,000

County Rate: 5.8/1,000

<http://health.state.tn.us/statistics/vital.htm>

### 2013 Infant Mortality Rates:

State Rate: 6.8/1,000

County Rate: Rate not calculated

<http://health.state.tn.us/statistics/vital.htm>

## HEALTH RANKINGS:

Health Outcomes: 12

Health Factors: 25

<http://www.countyhealthrankings.org/>

**Health Outcomes:** represent how healthy a county is within the state. The healthiest county is ranked #1. This rank is based on: how long people live and how healthy they feel while alive.

**Health Factors:** represent what influences the health of a county. This rank is based on: health behaviors, clinical care, social and economic factors, and physical environment factors.

### 2013 Leading Causes of Death

1. Cancer
2. Heart Disease
3. All other diseases\*
4. Diabetes
5. Chronic Lower Respiratory Disease

\*Deaths that are not attributable to one specific cause  
<http://health.state.tn.us/statistics/vital.htm>

### 2014 Leading Health Behaviors

1. Alcohol Impaired Driving Deaths (41%)
2. Adult Obesity (36%)
3. Physical Inactivity (29%)
4. Adult Smoking (21%)

<http://www.countyhealthrankings.org>

# CHESTER COUNTY

## HEALTH COUNCIL PROFILE

### Top Health Council Priorities:

1. Obesity
2. Diabetes
3. Tobacco
4. Teen Pregnancy

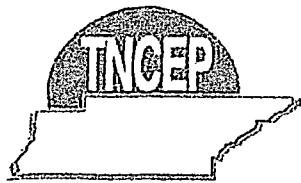
### Meeting Times:

Regular Meetings are Quarterly: 3<sup>rd</sup> Tuesday of February, May, August, and November at 12:00pm with Two Extra Meetings for Community Outreach

### Community Partners:

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





TENNESSEE NUTRITION &  
CONSUMER EDUCATION PROGRAM

CHESTER COUNTY  
**UTEXTENSION**  
INSTITUTE OF AGRICULTURE  
THE UNIVERSITY OF TENNESSEE

## **Chester County Health Council TNCEP Report**

**May 12<sup>th</sup>, 2015**

### **TNCEP News for March, April, and May:**

- Healthier TN Presentation for Quinco Clinics
  - May 5<sup>th</sup>, 2015
  - Topic was Small Starts @ Work
  - 120+ participants
- Nutritious and Delicious at Senior Center
  - May 7<sup>th</sup>, 2015
  - TNCEP topic was Skillet Meals
  - 25 participants
- "Tasty Days" at CCMS
  - May 12<sup>th</sup>, 2015
  - TNCEP topic was "Tasty Days"
  - 200 participants (every 4<sup>th</sup> grade student)

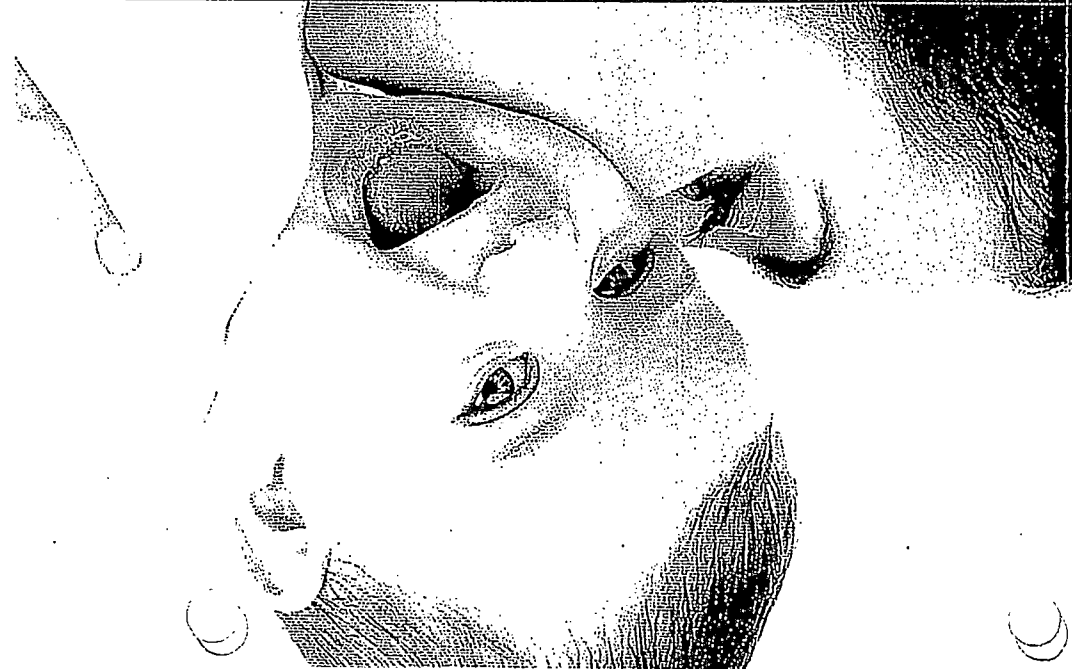
**TNCEP reached over 345 individuals in the last three months!**

### **TNCEP Budget:**

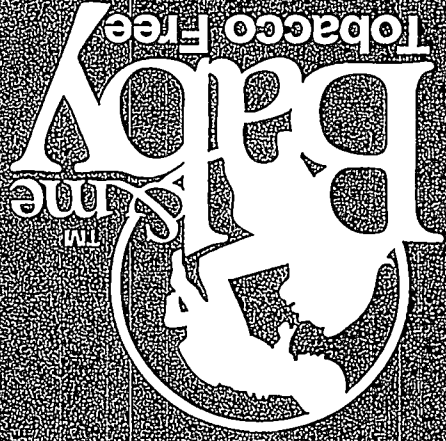
\*\$182.50 left for supplies until October 1, 2015

### **4-H Food Smart Families Grant:**

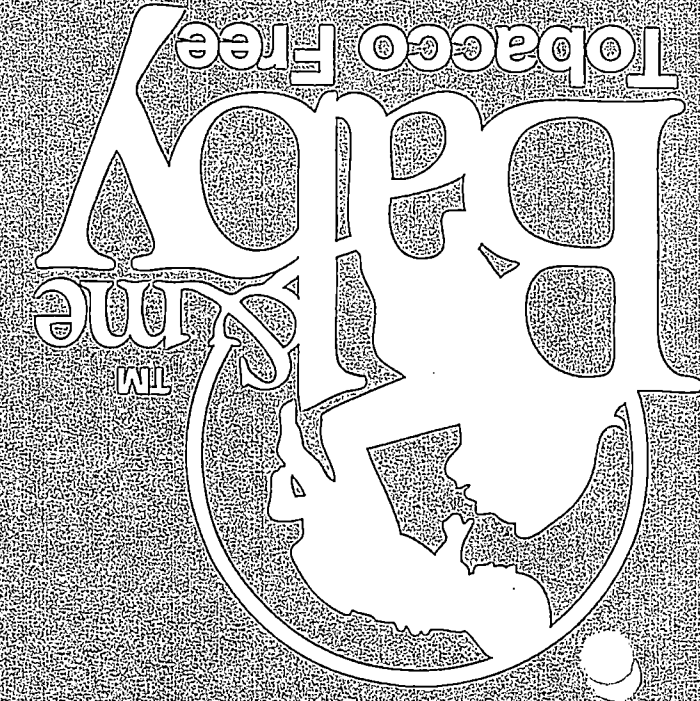
- \*\$14,000 for Chester County
- \* 23 month term
- \*10 hours of direct programming for students in 4<sup>th</sup>-8<sup>th</sup> grades
- \*2 face-to-face events for parents, families, community members, etc.



# The BABY & ME Tobacco Free Program



Help for  
Pregnant Women  
to Quit Smoking  
and Stay Quit



[www.babyandmetobaccofree.org](http://www.babyandmetobaccofree.org)

# How to Apply

# Requirements

## Contact:

**Gibson County  
Health Department  
1250 Manufacturer's Row  
Trenton, TN 38382  
(731) 855-7601**

**Humboldt Clinic  
149 N. 12th Avenue  
Humboldt, TN 38343  
(731) 784-5491**

**Milan Clinic  
6501 Telecom Drive  
Milan, TN 38358  
(731) 686-9240**

- Enroll in the BABY & ME Tobacco Free Program and participate in the 4 prenatal quit smoking sessions.
- Quit Smoking and stay quit during your pregnancy.
- Agree to take a monthly breath test to prove you are tobacco free.
- Stay smoke free after your baby is born and receive a monthly voucher for free diapers, for up to 12 months.

**"I need to let you know that quitting smoking is the BEST thing you can do for the health of you and your baby."**

**Quit Smoking  
Get Free Diapers  
Sign Up Today!**







**Jennifer Williams**  
Social Worker

Carroll County Health Dept.  
633 High Street  
Huntingdon, TN 38344

Phone: 731-986-1990  
Fax: 731-986-1995

## ices

### Metropolitan Health Offices

**Metro Public Health Department**  
**Nashville/Davidson County**  
2500 Charlotte Avenue  
Nashville, TN 37243  
615-340-5697

**Hamilton County Health Department**  
921 East Third Street  
Chattanooga, TN 37403  
423-209-8080

**Knox County Health Department**  
140 Dameron Avenue  
Knoxville, TN 37917  
865-215-5190

**Shelby County Health Department**  
814 Jefferson Avenue  
Memphis, TN 38105  
901-544-7600

**Sullivan County Health Department**  
P.O. Box 630  
Blountville, TN 37617  
423-279-2777

**South Central Region**  
1216 Trotwood Avenue  
Columbia, TN 38401  
931-380-2532

**Southeast Tennessee Region**  
540 McCallie Avenue, Suite 450  
Chattanooga, TN 37402  
423-634-6319

**Upper Cumberland Region**  
1100 England Drive  
Cookeville, TN 38501  
931-528-7531

**West Tennessee Region**  
295 Sumnar Avenue  
Jackson, TN 38301  
731-423-6600



**kidcentral tn**  
KIDCENTRALTN.COM

### Children and Youth with Special Health Care Needs (CYSHCN)

### Family Health and Wellness Tennessee Department of Health



*Embracing special children today, for  
independent citizens tomorrow.*

## Children's Special Services (CSS)

CSS may provide comprehensive medical care for children with physical disabilities from birth to 21 years



of age. Diagnostic and financial eligibility criteria must be met to participate in the program.

The CSS Program is coordinated through all 95 Tennessee local health departments.

### Diagnostic Eligibility

A child under the age of 21 who is diagnosed with a physical disability which requires medical, surgical, dental or rehabilitative treatment may be diagnostically eligible.

### Financial Eligibility

This is based on family size and income level. The child's family income must be at or below 200% of the federal poverty level.



### Services

Based upon an eligible diagnosis, possible services for which CSS may pay include:

- Diagnostic evaluation
- Hospitalization
- Rehabilitation services
- Prescription drug coverage

- Speech & language therapy
- Hearing aids
- Medical & surgical treatment
- Care coordination
- Physical & occupational therapy
- Braces and artificial limbs
- Durable medical equipment
- Wheelchairs & walkers
- Special formula/foods



Please contact your local health department or one of our regional/metro offices (located on the back of the brochure) for more information.

Tennessee Department of Health  
Division of Family Health and Wellness  
Children and Youth with Special Health Care Needs  
Andrew Johnson Tower, 8th Floor  
710 James Robertson Parkway  
Nashville, TN 37243  
615-741-7353

*Qualifying Medical Diagnoses may include, but are not limited to:*

**1. Cardiology**

Aneurysm  
Aortic Stenosis or Insufficiency  
Asplenia  
Arrhythmia  
Arrhythmia requiring drug therapy or pacemaker  
Atrial Septal Defect  
AV Fistula  
Cardiomyopathies  
Coarctation of the Aorta  
Congestive Heart Failure  
Congenital Heart Disease  
Congenitally Corrected Transposition  
Complicated Congenital Defects  
Double Outlet Right Ventricle  
Ebstein's Anomaly  
Eisenmenger's Syndrome  
Endocardial Cushion Defect  
Hypoplastic left ventricle  
Hypertension  
Interrupted Aortic Arch  
Mitral Stenosis, Atresia or Insufficiency  
Myocarditis  
Patent Ductus Arteriosus  
Pulmonary Atresia  
Pulmonary Insufficiency  
Pulmonary Stenosis  
Renal Artery Stenosis  
Rheumatic Fever  
Rheumatic Heart Disease  
Single Ventricle and Common AV Valve  
Tetralogy of Fallot  
Transposition of Great Arteries  
Tricuspid Atresia  
Truncus Arteriosus  
Total Anomalous Pulmonary Venous Connection  
Vascular Ring/Slings  
Ventricular Septal Defect

**2. Collagen-Vascular**

Ankylosing Spondylitis  
Dermatomyositis  
Eczema (chronic)

### **Collagen-Vascular (continued)**

Systemic Lupus Erythematosus  
Polyarteritis Arthritis  
Polyarteritis Nodosa  
Psoriatic Arthritis  
Rheumatoid Arthritis  
Scleroderma  
Takayasu Arteritis

### **3. Dermatology**

Eczema  
Giant Melanocytic Nevus  
Melanoma  
Psoriasis

### **4. Digestive Disorders/Gastroenterology**

Anorectal Atresia  
Celiac Disease<sup>1</sup>  
Congenital Lactase Deficiency<sup>2</sup>  
Crohn's Disease  
Chronic Multiple Stage Obstructive Condition  
Chronic Pancreatitis  
Cystic Fibrosis  
Diaphragmatic Hernias  
Eosinophilic Esophagitis  
Esophageal Atresias  
Gastroesophageal Reflux  
Glycogen Storage Disease  
Hepatic conditions  
Hirschsprung's Disease  
Inguinal Hernia  
Intestinal Obstruction  
Juvenile Polyposis  
Lactose Malabsorption<sup>3</sup>  
Necrotizing Enterocolitis  
Obesity  
Omphalocele and Gastroschisis  
Irritable Bowel Syndrome  
Short Bowel Syndrome  
Tracheoesophageal Fistula  
Ulcerative Colitis

---

<sup>1</sup> Celiac diagnosis must be confirmed by a gastroenterologist or metabolic genetic physician.

<sup>2</sup> Congenital Lactase Deficiency must be confirmed by a gastroenterologist using a test of absorption or malabsorption

<sup>3</sup> Lactose Malabsorption must be confirmed by a gastroenterologist using a test of absorption or malabsorption

**Digestive Disorders/Gastroenterology (continued)**  
Wilson Disease

**5. Endocrinology/Genetic**

Addison's Disease  
Chromosomal disorders  
Congenital Adrenal Hyperplasia (CAH)  
Cystic Fibrosis  
Diabetes Mellitus  
Dubowitz Syndrome  
Failure to Thrive <sup>4</sup>  
Galactosemia  
Genetic and metabolic Inborn Errors of Metabolism  
Graves Disease  
Growth Hormone Deficiency <sup>5</sup>  
Hashimoto's Thyroiditis  
Hyperthyroidism  
Hypopituitary Dysfunction  
Hypothyroidism  
Hypocorticalism  
Hypogonadism  
Metabolic disorders of amino acids  
Phenylketonuria (PKU)  
Pheochromocytoma  
Obesity

**6. Genito-Urinary**

Acute Renal Failure  
Ambiguous Genitalia  
Cystic/Dysplastic Kidney  
Ectopic Ureter  
Epispadias  
Epispadias-extrophy  
Hypospadias  
Neurogenic bladder  
Obstructive Myopathy (variable severity)  
Reflux-more severe conditions (i.e. posterior ureteral valves etc.)  
Posterior Urethral Valves – mild

---

<sup>4</sup> Weight below the 2<sup>nd</sup> percentile for gestation-corrected age and sex on more than one occasion, weight less than 80 percent of ideal weight for age, a rate of weight change that causes a decrease of two or more major percentile lines (90<sup>th</sup>, 75<sup>th</sup>, 50<sup>th</sup>, 25<sup>th</sup>, 10<sup>th</sup>, and 5<sup>th</sup>) over time (eg, from 75<sup>th</sup> to 25<sup>th</sup>). The CSS nutritional policy should be followed in providing nutritional supplements

<sup>5</sup> Growth hormone deficiency must be confirmed by an endocrinologist. Growth hormone replacement therapy (medication) is only approved for a maximum of six (6) months. A redetermination will be made at the end of the initial 6 month period following receipt of medical records.



### **Genito-Urinary (continued)**

Recurrent Urinary Tract Infections  
Undescended Testicle  
Ureteropelvic Junction Obstruction  
Ureterocele  
Urethral Stricture  
Vesicoureteral Reflux

### **7. Hematology-Oncology**

Benign Tumors, Hemangiomas, Lymphangiomas, and Neurofibromas  
Brain Tumors  
Ewing's Sarcoma  
Hemoglobinopathies (SC - SS etc.)  
Hemophilia  
Histiocytosis-X  
Hodgkin's Disease  
Idiopathic Thrombocytopenic Purpura  
Lymphocytic Leukemia  
Myelocytic Leukemia  
Neuroblastoma  
Non-Hodgkin's Lymphoma  
Osteogenic Sarcoma  
Retinoblastoma  
Rhabdomyosarcoma  
Thalassemia Major  
Von Willebrand Disease  
Wilms' Tumor

### **8. Infectious Disease**

HIV/AIDS<sup>6</sup>  
Tuberculosis  
Lyme Disease

### **9. Immunology**

Immunologic Deficiency Disorder  
Raynaud Phenomenon  
Rheumatic Fever

---

<sup>6</sup> The Following criteria must be met for CSS Medical Services for Children diagnosed with HIV or AIDS.

1. Children who become HIV Positive or who have AIDS as a result of a contaminated blood transfusion associated with treatment for hemophilia must apply for the Department of Health, Bureau of Health Services, Hemophilia Program before being placed on CSS.
2. Children must apply for the Department of Health, HIV Drug Assistance Program (HDAP).
3. Children must apply for the Department of Health Ryan White Program.

## 10. Neurology and Neurosurgery

Acquired or late onset Hydrocephalus (Aqueductal stenosis, etc.)  
Aneurysms  
Arachnoidal Cysts  
Arnold-Chiari Malformation  
Arteriovenous Malformations  
Brain Abscess  
Cervical Fracture with quadriplegia without respiratory disability  
Cervical fracture with complete quadriplegia with respiratory disability  
Congenital Diplegia  
Congenital Hydrocephalus  
Congenital Quadriplegia  
Craniofacial Reconstruction  
Craniosynostosis  
Depressed Skull Fracture  
Dermal Sinus - spinal or cranial  
Diastatomyelia  
Distal peripheral nerve injuries  
Encephalocele  
Extensive head injuries  
Extensive deep arteriovenous malformations  
Guillain-Barre Syndrome  
High level or extensive Peripheral Nerve Injuries  
Hydranencephaly  
Intracranial Neoplasm  
Intraspinal Neoplasm  
Intracranial Tumor (benign or malignant)  
Intraspinal Tumor (benign or malignant)  
Malignant Intracranial Neoplasm-repeat resection  
Malignant Intraspinal Neoplasm-repeat resection  
Meningocele with full skin cover and no neuro deficit  
Meningomyelocele (High and Low level)  
Myasthenia Gravis  
Plagiocephaly (excluding cranial shaping for positional head deformities)  
Reye's Syndrome  
Ruptured Disc  
Seizure Disorders  
Skull Lesions  
Spina Bifida  
Subdural Hematoma  
Syringomyelia  
Tethered Cord Syndrome (tight filum)  
Thoracolumbar spinal fracture with paraplegia

### **11. Neuromuscular Diseases**

- Familial dysautonomia
- Glycogenesis II, V, VII, IX, X, or XI
- Mitochondrial myopathy
- Motor-sensory neuropathy
- Muscle carnitine deficiency
- Muscle carnitine palmityltransferase deficiency
- Muscular dystrophies
- Myotonia congenita
- Myotubular myopathy
- Nemaline rod myopathy
- Paramyotonia congenita
- Periodic paralysis
- Spinal muscular atrophy

### **12. Ophthalmologic**

- Amblyopia
- Anisometropia ( $> 1.5$  D)
- Astigmatism ( $> 1.5$  D)
- Hypermetropia ( $> +3.5$  D)
- Myopia ( $> 2.0$  D)
- Aniridia
- Congenital cataract
- Esotropia
- Eye injuries
- Herpes Simplex Eye Disease
- Nystagmus
- Pediatric Cataract
- Pediatric Glaucoma
- Ptosis
- Retinopathy of Prematurity
- Strabismus
- Esotropia
- Exotropia
- Hypertropia

### **13. Oral Surgery/Orthodontic Conditions**

- Benign tumors and cysts of jaws
- Craniofacial anomalies
- Cleft lip and/or palate
- Pierre Robin anomaly: hypoplasia of the mandible, glossotoposis cleft palate
- Treacher Collins Syndrome: mandibular facial dysostosis
- Apert's Craniofacial Synostosis
- Goldenhar Syndrome
- Growth deformity of jaws
- Pain and dysfunction of the temporomandibular joint secondary to internal derangement

**Oral Surgery/Orthodontic Conditions (continued)**  
(refer also to Section 16 Plastic)

**14. Orthopedic**

Amputees, congenital or acquired  
Angular or torsional deformity of extremities  
Arthrogryposis  
Benign Bone Tumors – bone cysts; histiocytosis-X, osteochondroma, etc  
Blount's Disease  
Cerebral Palsy  
Impending or painful hip dislocation  
Club foot  
Complications of fractures; infections, non-union, avascular necrosis  
Congenital dislocation of hip or knee  
Diagnostic workup (e.g., limping child; painful joints, etc.)  
Epiphyseal Injury  
Foot deformities (matatarsus varus, calcaneo-valgus)  
Leg length problems  
Legg-Perthes Disease (Surgical Treatment)  
Myelodysplasia  
Neurofibromatosis  
Osteochondroses, including Legg-Perthes  
Osgood Schlatters, etc.  
Osteomyelitis  
Pyoarthrosis  
Rheumatoid and other arthritis  
Scoliosis  
Slipped Capital Femoral Epiphysis  
Spinal fracture  
Syndactylism, Polydactylism  
Synovitis, non-specific  
Tumors of bone or soft parts, malignant or benign

**15. Otolaryngology**

Acoustic Tumors  
Aphasia  
Conductive Hearing Loss of 25 dB or greater (not due to effusion)  
Conductive Hearing Loss of 25 dB or greater (due to persistent middle ear effusion)  
Congenital Malformation of external ear canal, middle ear or inner ear  
Choanal Atresia, unilateral or bilateral  
Chronic Sinusitis  
Cholesteatoma  
Chronic Mastoiditis  
Dyspraxia limited to diagnosis and speech therapy  
Laryngeal Papillomatosis  
Mastoiditis

### **Otolaryngology (continued)**

Meniere's Disease  
Meningitis (residual effects)  
Moderate to severe language or articulation disorder related to an eligible CSS diagnosis limited to diagnosis and speech therapy  
Motor speech disorder secondary to neuromuscular diseases related to an eligible CSS diagnosis limited to diagnosis and speech therapy  
Otitis Media  
Otosclerosis  
Perforated tympanic membranes  
Sensorineural Hearing Loss  
Severe sleep apnea or cor pulmonale due to hypertrophy of tonsils or adenoids

### **16. Plastic**

Burn reconstruction  
Cleft Lip and/or Palate (including orthodontia, appropriate dental care, speech and hearing therapy)  
Congenital facial abnormalities  
Congenital hand deformities  
Congenital Nevi, extensive  
Congenital Ptosis  
Hemangiomas (non-cosmetic)  
Malignant tumors with good prognosis  
Microtia  
Pressure ulcers  
Trauma, lacerations, avulsions, etc.

### **17. Respiratory**

Asthma  
Bronchiectasis  
Bronchopulmonary Dysplasia (BPD)  
Chronic Obstructive Pulmonary Disease  
Congenital Cystic Adenomatoid Malformation (CCAM)  
Congenital Lobar Emphysema  
Cystic Fibrosis  
Malacia (Tracheomalacia, Tracheobronchomalacia, Bronchomalacia, etc.)

### **18. Syndrome(s)<sup>7</sup>**

Achondroplasia syndrome  
Andermann syndrome

---

<sup>7</sup> CSS will cover "syndromes" to the extent that there are associated physical diagnoses. In accordance with state rules and regulations, we cannot cover for developmental, behavioral, mental, or psychological conditions that may be associated with syndromes.

### **Syndrome(s) (continued)**

Alport syndrome  
Angelman syndrome  
Apert syndrome  
Bardet-Biedl syndrome  
Beckwith-Wiedemann syndrome  
Char syndrome  
CHARGE syndrome  
Cohen syndrome  
Cri-du-chat syndrome  
Crouzon syndrome  
Cushing's syndrome  
Dandy Walker syndrome  
Denys-Drash syndrome  
DiGeorge syndrome  
Down syndrome  
Duane syndrome  
Dubowitz syndrome  
Edwards syndrome  
Ehlers Danlos syndrome  
Fragile X syndrome  
Goldenhar syndrome  
Gorlin syndrome  
Guillain-Barre' syndrome  
Holt-Oram syndrome  
Hunter syndrome  
Hurler syndrome  
Irritable bowel syndrome  
Kallman syndrome  
Kearns-Sayre syndrome  
KID syndrome  
Kippel-Trenaunay-Weber syndrome  
Klinefelter syndrome  
Marfan's syndrome  
Meckel-Gruber syndrome  
Noonan syndrome  
Patau syndrome  
Pendred syndrome  
Perlman syndrome  
Pickwickian syndrome  
Pierre-Robin syndrome  
Prader- willi syndrome  
Raynaud's syndrome  
Rett syndrome  
Reye's Syndrome  
Serotonin syndrome

### Syndrome(s) (continued)

Short bowel syndrome  
Sotos syndrome  
Stickler syndrome  
Tethered Cord syndrome  
Tourette syndrome  
Townes-Brocks syndrome  
Treacher Collins syndrome  
Turner syndrome  
Usher syndrome  
Van der Woude syndrome  
WAGR syndrome  
Weaver syndrome  
Werner Syndrome  
West syndrome  
Williams Syndrome  
Withdrawal Syndromes:

- Benzodiazepine Syndrome
- Fetal Alcohol Syndrome (FAS)
- Neonatal Abstinence Syndrome (NAS)
  - Two major types of neonatal abstinence syndrome are recognized: neonatal abstinence syndrome due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn and postnatal neonatal abstinence syndrome secondary to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn.
- Neonatal Nicotine Syndrome
- Wolf-Hirschhorn Syndrome