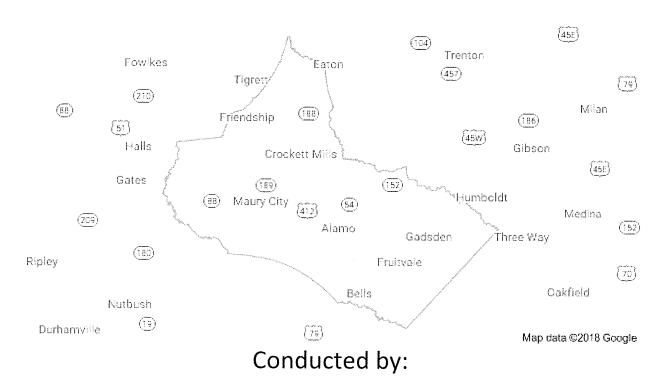
<u>Community Health Needs Assessment</u> Crockett County, Tennessee



Jackson-Madison County General Hospital
Department of Business Development and Planning
Dawn Harris and Victoria S. Lake

Update: September 2018

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

RESOLUTION OF THE BOARD OF TRUSTEES

OF

JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT

AND

CAMDEN GENERAL HOSPITAL, INC.

AND

BOLIVAR GENERAL HOSPITAL, INC.

AND

MILAN GENERAL HOSPITAL, INC.

AND

DYERSBURG HEALTH

AND

MARTIN HEALTH

AND

PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

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

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

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

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

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

ADOPTED, this the 30th day of October, 2018.

DANNY WHEELER, CHAIRMAN

Exhibit \triangle

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Crockett County Community Health Needs Assessment 2018 Update

Executive Summary

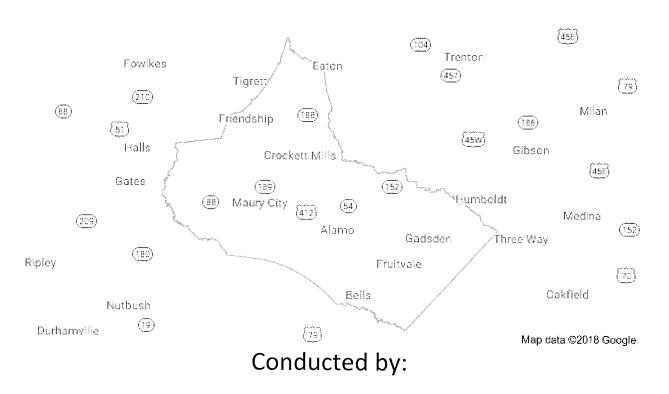
Under the leadership of Jackson-Madison County General Hospital a community health needs assessment of Crockett County, Tennessee was conducted. This was completed in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23,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

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

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

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

<u>Community Health Needs Assessment</u> Crockett County, Tennessee



Jackson-Madison County General Hospital
Department of Business Development and Planning
Dawn Harris and Victoria S. Lake

Update: September 2018

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

Introduction

Under the leadership of Jackson-Madison County General Hospital a community health needs assessment of Crockett County, Tennessee was conducted. This was completed in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return.

The community health needs assessment update process was a blending of Crockett County Health Council top health priorities and implementation strategies, and secondary data on the actual extent of particular health issues.

Description of the Hospital and Community

The designated "community" for the needs assessment is Crockett County, Tennessee. Crockett County, Tennessee does not have a hospital. However, Crockett County is in the primary service area of the Jackson-Madison County General Hospital. With a 2017 population of 14,473, Crockett County is located in the rural West Tennessee approximately 83 miles East of Memphis and 148 miles West of Nashville. The population is 80.3 percent Caucasian, 12.9 percent African American, and 46.8 percent Other races. According to the Tennessee Department of Economic & Community Development (2018), 18.3 percent of the population is below the Federal poverty level. The personal income per capita is \$35,543. The population under 65 years of age represents 82.6 percent while the over age 65 population is 17.4 percent of the total. The high school graduation rate is 97.6 percent; 20.2 percent have an Associate Degree or higher and 14.4 percent have a Bachelor Degree or higher.

Crockett County has a wide range of industries that employ individuals living in and around the county. Advanced manufacturing and government are the county's key industries followed by business services and healthcare. The top employers are Pictsweet Frozen Foods (1000)

employees) processing frozen vegetables, Crockett County Board of Education (300 employees), Bells Nursing Home, Inc. (125 employees), Asea Brown Baveri which specializes in transformers and components (125 employees), and Crockett County Nursing Home (121 employees).

The county seat of Crockett County is Alamo, Tennessee. The City of Alamo, City of Bells, City of Friendship, Crockett County Government, and the Crockett County School System are all located in Crockett County. Crockett County has two public school systems. The Alamo City Schools have one school with 580 children. Crockett County School System is composed of 5 schools with 1,910 students.

Description of the Community Health Needs Assessment Update Process

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

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps, Tennessee Department of Economic & Community Development, Behavioral Health County and Region Services Data Book, NIBRS, TN PRISM, Traumatic Brain Injury Program, and the National Institute of Mental Health. This data is presented in **Appendix A**.

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

Crockett County Health Council

The Crockett 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.

"The Crockett County Health Council is comprised of representatives from area agencies, faith and community-based organizations; schools; colleges; universities; local government; health care providers; businesses; as well as other individuals who work collectively to improve health outcomes in the count. The council's goals are accomplished through regular meetings, strategic planning, identification of resources, and the work of subcommittees that focus on specific health issues. The Health Council is open to individuals, organizations, faith based groups, businesses, and local government" (Health Council brochure, 2018).

Members of the Crockett County Health Council include:

Kelsie Henning, Chair Emily Oswald Tamika McKinnie

Sarah Poole Kacey Stribling Nicole Newman

Brooke Parkey Jasmine Dowell Molly Rowe

Mary Carol Perry Dottie Rinks Gary Reasons

Elsie Gillespie Misty Bailey Theresa Powell

The Crockett County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Council goes through a structured process to select county priorities and adopt strategies to improving health outcomes. Priorities are selected for a period of 2 - 3 years with the last priority selection occurring in the spring of 2017. Through this process, the Crockett County Health Council identified three priority health issues:

- 1. Tobacco/Tobacco Related Diseases
- 2. Substance Abuse
- 3. Obesity/Physical Inactivity

Implementation Strategies

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

Tobacco/Tobacco Related Diseases

Crockett County received Tobacco Settlement funding of \$23,065 in 2016. These funds along with additional grant funding of \$7,170 have been used to help children and the community-at-large choose not to smoke. The Crockett County TATU/Student Health Advisory Council works to educate pre kindergarten – 12th grade students and the community on tobacco prevention in the Alamo City, Bells City, and Crockett County School system. Through youth led nicotine engagement such as the Crockett County High School Student Health Advisory Council, youth are actively engaged in activities including attending the TN Strong Conference and were in charge of the first annual Red Ribbon Week Block Party that was attended by hundreds of people. The Student Council also went to the Crockett County Middle School and talked with students on the topics of peer pressure and refusal skills as well as the dangers of drug and alcohol use. Additionally, Crockett County utilizes the Tennessee Teens-Talk Tobacco promo video and Tobacco Free campus signs to further promote a nicotine-free lifestyle.

Substance Abuse

In coordination with community partners, the Crockett County Health Council is working to educate the community on overdose prevention, Naloxone usage, and information on opioids and substance misuse in general. Individuals are referred to a mental health facility or their primary care physician for referrals to an A&D treatment facility.

Obesity/Physical Inactivity

Crockett County School received a \$13,000 grant to reduce childhood obesity. Crockett County University of Tennessee Extension Agency provides wellness education and cooking classes. In addition UT Extension offers Walk Across Tennessee a 5 week walking program for teams of eight people. The teams will have a friendly competition to see who can log the most miles walking, jogging, biking, dancing or other types of physical activity.

Crockett County has been awarded the distinction of being a Healthier Tennessee Community. Healthier Tennessee is a program initiated through the Governor's Foundation for Health and Wellness. The program focuses on providing support and resources for Tennesseans to live healthier lives by being physically active, consuming healthier foods, and reducing use of tobacco products.

* Recognized

Healthier Communities								
EAST	MIDDLE	WEST						
★ Bledsoe County	★ Clarksville	★ Benton County						
★ Blount County	★ Cookeville	★ Carroll County						
★ Bradley County	★ Crossville / Cumberland County	& Crockett County						

Conclusion

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

	Crocke	ett County Comm	unity Health	Accoccment		
	CIOCKE	Health Issue P				
			ber 2018			
		V.000				·
Allergies	1					
		Table 1]		
* 1 in 5 Americ	ans suffer from a	ll types of allergie	ıs.			***
***************************************	increasing. They a	ATTENDED TO THE PERSON OF THE		10% of children		
	the 6th leading ca				-	
· · · · · · · · · · · · · · · · · · ·	hildren have resp					
* Up to 10% of	people report be	ing allergic to per	nicillin.			***************************************
	he emergency roo			cause of food a	llergies.	
	ildren in the U.S.				-	
Source: Better	Tennessee Health	Brief, 2018.				
				4		
Arthritis, Rheu	ımatoid Arthritis,	Gout, Lupus, or	Fibromyalgia		· · · · · · · · · · · · · · · · · · ·	
Tennessee				2011	2013	

Adults with Artl	hritis			1,250,000	160,000	
Adults limited b	y arthritis			594,000	68,000	
Percent with ar	thritis			26	25	
	n/men with arthri	tis		31/21	27/23	
	-44 with arthritis			10	8	
Percent age 45-	-64 with arthritis			34	32	
	and older with ar			50	52	
Percent with ar	thritis who are in	active	MARKET IN VI. A	55	33	
	s among adults w			53	49	
	s among adults w			42	42	mm.
Percent arthriti	s among adults w	ho are obese	****	37	34	
Source: Center	s for Disease Con	trol and Prevention	on.			w.ess.
	urse, or other he				some form o	f
arthritis, rheun	natoid arthritis, g	out, lupus, or fib	romyalgia? (p	ercent)		
		W. Andrews				
	Northwest		TN			
2016	no data		31			
2015	no data		32			
2014	no data		32.6			
2013	27.3		26.4			

2012	35.6		29.8			
2011	26.4		25.9			
2009	29.3		25.9			
2007	37		34			
2005	36		29.7			
Source: Tenne	essee Department of Health	า. Behaviora	al Risk Facto	r Surveilland	e System.	
						-
Asthma		1		1	!	ſ
	r been told by a doctor, nu	rse, or othe	er health ca	re professio	nal that you	ı had
asthma? (per	cent)					
	Northwest		TN			
2016	no data		16.1			
2015	no data		14.5			
2014	no data		14.4			
2013	7.3		11.3			
2012	13.5		11.0			
2011	8.8		10.4			
2010	6.5	01-07-11-11-11-11-11-11-11-11-11-11-11-11-11	9.3			
2009	14.6		11.9		Min-1-46	
2008	16.6		12.6			
2007	13.4		12.4	70.000000000000000000000000000000000000		
2006	10.3		11.7			
2005	17.2		11.6			
			11.0			
Source: Tenne	essee Department of Health	Behaviora	L Risk Factor	r Surveillanc	e System	
				, survemune	C Jystein.	
6 percent in a	dults, 9.5 percent in Childre	n (2010).				
			~~~			
Asthma in Ter	inessee:					
	nma prevalence was 6 perce	ent in adults	s and 9.5 pe	rcent in chil	dren.	
	a prevalence increased with	***************************************	THE RESERVE OF THE PERSON NAMED IN	***************************************		
	re were 7,059 inpatient hos					is of
	ne age-adjusted rate was 10		iii reimessi	ee ioi a priii	iary diagnos	SIS ()1
					0 50 1	
	length of stay for inpatient		spitalization	s ranged fro	m 0-52 day	s with a
	ays and a median of 3 days.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		- 5 CAD 14 OC 1		
	e were 37,462 ED visits wit		****			
	rges for a primary asthma c				The second secon	-
	thirds of asthma charges (\$		n) were for	inpatient h	ospitalizatio	ns and
わち ノ million f	or outpatient hospital visits	_				

\$65.2 million for outpatient hospital visits.

Page 2

or which asthm	a was listed a	s any cause	of death.				
Source: Tenness			Division of	f Policy, P	lanning & Asso	essment Sur	veillance,
Epidemiology an	d Evaluation,	2012.					
						ļ	
Cancer	-	1	1	1	1		1
Deaths from Ma	lignant Neon	lasms Par 1	00 000				
	nghant recop	10311131 61 2	.00,000				
7	Crocket	t County				TN	
	Total	White	Black		Total	White	Black
2016	284.7	301.6	*		217.5	235.1	178
2015	205.4	222.5	*		214.8	229.5	170.4
2014	143.2	138.9	*		216.1	231.8	182.4
2013	247	294.1	0		214.5	231	176.4
2012	205.2	212	0		211.2	226.5	176.3
2011	268.1	277.1	0	4	210.2	224.6	180.1
2010	219.4	235.2	0		212.9	234.6	178.9
2009	223.2	188.9	0		216.2	226.9	183.5
Rates of SKIN Ca	ncer		Rates of	OTHER C	ancer		
	TN				TN		
	Total				Total		
2016	7.4		2016		6.5		
2015	7.5		2015		6.8		
2014	6.8		2014		7.4		
Source: Tennesse	ee Departmer	nt of Health	Division of	Policy, Pl	anning, and A	ssessment	
Child Abuse						1	1
Number and rate	of substanti	ated child a	buse/neglo	ect cases	under age 18	and rate	
per 1,000 age 0-3	18						
	Crockett	County		TN			
Cy2013	20/5.8			4.9			
Cy2012	<5/.9			4.9			
Cy2011	18/*			4.8			
Source: Tennesse	e Departmen	t of Menta	Health and	Substan	re Ahuse Serv	ices Tennes	\$66
	partition	L OF WICHTE	ricardi and		CC UNDIE DELA	ices. Telliles	300

Child Abuse & I			***************************************	or market the			
	Crocket	t County		TN			
2012	6.8	•		4.9			
2010	3.6			5.5			
- North Control			NAME OF THE OWNER OWNER OF THE OWNER OWNE				ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT
2009	4.2			7.0			
2008	3.7			7.0 8.4			
				0.4			
2007	4.8		Company of the compan	11.6			TOTAL CONTRACTOR
2006	1.5			11.7			
<u>Source:</u> Tennes Tennessee.	see Commissi	on on Child	ren and Yo	uth: KIDS C	OUNT: The S	State of the (	Child in
rennessee.							
COPD, Emphyse	ema or Chron	ic Bronchiti	c				
		ic Droneine.		*		Principal	
Have you ever b	peen told by a	doctor, nu	rse. or othe	er health ca	are profession	onal	
that you had CC	~^						
			**************************************				
	TN						
2016	10.1		***************************************				
2015	9.6						
2014	10.7						
Source: Tenness	ee Denartmer	at of Health	Robaviora	l Pick Facto	ar Cumaillan	an Cuntam	
Jource. Termess	bee Departifier	T Of Health	. Dellaviora	II NISK FACIL	Ji Surveillan	ce system.	
Dementia/Alzho	eimer's Diseas	P	-				
				**************************************	400 (MANO)		
Deaths from Alz	heimer's per	100,000					
	Total	White	Black		Total	White	Black
2012	C 2 7	40.0	0.0				
2013	61.7	49.0	0.0		38.9	44.8	19.5
* Alzheimer's di	sease is an irre	versible p	rogressive l	orain disorc	er that slow	/lv destrovs	memory a
thinking skills an						in acomoys	пістіоту а
* Alzheimer's di	sease is currer	itly ranked	as the sixth	leading ca	use of death	in the Unite	ed States,
out recent estim							
disease and can							
* Over 5 million	Americans are	e living with	Alzheimer	's Disease 1	L10,000 in T	ennessee.	

				n people, a nearly th		
	2014: 16,000	adults ages		vith Alzheimer's.		
				vith Alzheimer's.		
* Tennessee in						
The second of th			1		N. 44 Million	
Source: Tennes	see Departme	nt of Health	ı; National Ins	stitute on Aging; Cen	ters for Dise	ase Contr
and Prevention			<b>,</b>	<u> </u>		490 C.
						A LIVING
Dental Care				5	-	
				100		i i
lave you visite	d a dentist, de	ental hygier	nist or dental	clinic within the pas	t vear? (per	rent)
					year, (per	Jeney
	TN	The state of the s				
2016	59.1		A1711			
2015	58.5					
2014	58.3					
				1000	WARRAN .	
Source: Tennes:	see Departmer	nt of Health	Behavioral R	Risk Factor Surveillan	ice System.	
				s and orthodontists a care.	are not typic	ally cover
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Stigma and sh	nomic groups,	d with acce minorities,	ssing dental c	are.	ent communi	
Stigma and sh Low socioeconigh risk for ora	nomic groups,	d with acce minorities,	ssing dental c	are.  ng in fluoride deficie	ent communi	
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* Stigma and sh * Low socioecor nigh risk for ora Diabetes	nomic groups,	d with acce minorities, are the least	ssing dental c	are.  ng in fluoride deficie	ent communi	
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Stigma and sh Low socioecor nigh risk for ora Diabetes	nomic groups, Il disease and a	minorities, are the least	ssing dental c	ng in fluoride deficie	ent communi care.	ties are a
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* Stigma and sh  * Low socioecor high risk for ora  Diabetes  Deaths from Dia  2016 2015 2014 2013 2012	ame associate nomic groups, Il disease and a  Crockett Total 55.5 27.4 34.1 41.2	minorities, are the least 0,000 White 58.6 33 32.7 16.3	and those livit likely to be a  Black  *  0.0	rare.  Ing in fluoride deficie able to access dental  Total 28.4 27.1 26.3 27.9 28.2	TN White 27.5 26.6 25.8 27.1 27.4	Black 37.3 32.8 33.5 36.8 36.7
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-1!-143	/	told by a doctor that yo	u have diabetes, not in	iciuding gestational
diabetes?	(percent)			10 To
		Northwest	TN	
2016		no data	12.7	
2015	7777-2777-3747-3747-3747-3	no data	12.7	00-00-00-00-00-00-00-00-00-00-00-00-00-
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2013		21.4	12.2	
2012		13.2	11.9	
2011		12.8	11.2	
2010		11.1	11.3	
2009		12.2	10.3	
2008		11.6	10.4	
2007	***	12.3	11.9	
2006		12.2	10.7	
2005	700000000000000000000000000000000000000	10.9	9.1	
		7778977-7814-7414		
Percentag	e of Popula	ation Diagnosed with Dia	abetes	
The system of the state of the			77.0-77.	
		Crockett County	TN	A-MANA-PARA-BARA
2018		13	13	
2017		14	13	
2016		13	12	
2015		14	12	
2014		13	11	
2013		13	11	
2012		13	11	
2011		13	11	
		told that diabetes has af	fected your eyes or tha	at you have
etinopath	y? (percen	t)		
	*****			
		Northwest	TN	
2013		37.2	16.8	
2012		29.7	22.8	
2011		32.9	21.7	
2010		11.1	25.7	
2009		12.2	27.4	
2008		11.6	21.0	
2007		12.3	25.9	
2006		12.2	18.6	

Source:	County Healt	h Rankings ar	nd Roadm	ans 2016	5-2018			
		epartment of				or Surveilla	nce System	
						J. Gai Tema	nee System.	
Domest	ic Violence		<u> </u>					
Domest	ic Violence O	ffenses	<u> </u>					***************************************
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	t County Sher							
	Reported							
2015	53	38						
2014	63	53	100					
2013	56	49						
2012	55	49						
2011	46	41						
2011	70	7.1	1.1.1.1 Value of					
Δlamo D	olice Departr	ment					1978 AS AROSE NO. NY & N. A. O. O. A. O. A	
2015	19	19						
2013	30	26				***************************************	A 74	
2014	28	23						
2013	30	22		The transfer and the second se				
2012								
2011	32	27						
) - II - D - I	li D			·····				
	ice Departme							
2015	30	23						
2014	24	13						
2013	26	22						
2012	38	35						
2011	30	26						
		0.00						
	Police Depa	·						
2015	3	2						
2014	4	4						
2013	5	5						100
2012	6	6						
2011	2	1						
	al control of the con							
ource:	Tennessee Bu	reau of Inves	tigation. (Crime in	Tennessee	•		
	Action	NEW AND PARTIES ALL AND					Philade Parasis	
inancia	l Resources					i i		
		Character and the control of the con					¥	
Nas the	re a time in t	he past 12 m	onths who	en you n	eeded to s	ee a docto	r but could no	ot because
	(percent).			-				
emercanical desired and the second								
		TN						
2016		12.4						

	llion Americans have hearing lo			
Hearing Loss				
	and nodding			
Source: County	Health Rankings and Roadman	os 2016-2018		
2016	7.9	6.7		
2017	6.6	5.8		
2018	5.3	4.8		
	Crockett County	TN		
Unemploymen	·····			
	ennessee Behavioral Health Co	unty and Region Service	s Data Book.	
2017	19.9	17.6		
•	Crockett County	TN		
All People in P	overty-Percent			***************************************
Source: County	/ Health Rankings and Roadmar	os 2014-2016.		
C		2011 2015		
2014	31	36		
2015	36	36		
2016	33	36		
	Crockett County	TN		
rercent childre	en Eiving in Single-Patetit flous	CHOIUS		
Percent Childre	en Living in Single-Parent hous	ahalds		
2016	25	20	AMARI	
2017	22	17		The transfer of the same to the
2018	19	15		
2010	Crockett County	TN		
90.04 AV 900.00 AV 90.00 AV 9				
Uninsured Adu	ults-Percent Population Under	Age 65 without health i	nsurance	
Source: 2017 T	ennessee Behavioral Health Co	ounty and Region Service	es Data Book.	
2017	27.6	25.5		***************************************
	Region 6	TN		
individuals un	der 18 in poverty			
1	d 10 :			
2014	15.5			
2015	15.5			

* Ringing in the ears (tinnitus) affects 20 percent of Americans, and hearing loss occurs in 90 percent of those cases. * 60 percent of veterans returning from Iraq and Afghanistan come home with hearing loss and tinnitus. * More than 90 percent of deaf children are born to hearing parents. 15 percent of American adults (37.5 million) age 18 and over report trouble hearing. * Those with even mild hearing loss are twice a likely to develop dementia. Depression and isolation are common with hearing loss. Men are more likely than women to experience hearing loss. st Tinnitus is sometimes the first sign of hearing loss (10 percent of Americans). Hearing loss becomes prevalent with age, hearing impairment occurs in about 18 percent of American adults between the ages of 45 and 54, 30 percent of adults between ages 65 and 74, and 47 percent of adults age 75 and older. **Heart Conditions** Death from Diseases of the Heart Per 100,000 Rate Crockett County TN Total White Black **Total** White Black 2016 388.8 393.8 232.1 249.9 196.8 2015 527.2 585.1 237.5 252.8 190.1 2014 402.5 457.7 232.0 250.8 189.3 2013 466.5 498.4 0 226.7 245.1 183.1 2012 355.7 309.8 0 220.6 241.2 165.2 2011 439.9 440.1 0 221 239.7 175.3 2010 0 431.9 418.2 228.3 254 181.8 2009 493.7 0 495.9 228 241.1 185.8 Source: Tennessee Department of Health Division of Policy, Planning, and Assessment. Has a doctor, nurse, or other health professional ever told you that you had a heart attack or myocardial infarction? (percent) **Northwest** TN 2016 5.6 no data 2015 no data 6 2014 no data 5.7 2013 8.8 6.9 2012 6.8 6.7 2011 7.3 5.2 Has a doctor, nurse, or other health professional ever told you that you had angina or

coronary heart disease? (percent)

Reports Addition	Northwe	st		TN			
2016	no data			5.4			
2015	no data			4.9	4.7	7,00	0
2014	no data			5.6			
2013	7	***		6.3			
2012	8.5			7.2			
2011	7.7			5			
				<u> </u>			
Source: Tenn	essee Departmen	t of Health	. Behaviora	al Risk Fact	tor Surveilland	ce System.	
High Blood P			400 000				i
Deaths from	Cerebrovascular I	Jisease pe	r 100,000				
	Crockett	County				TN	
	Total	White	Black		Total	White	Black
2016	69.4	75.4	*		52.8	55.1	52.6
2015	61.6	74.2	*		52.2	53.9	49.8
2014	34.1	32.7	*		50.7	53.1	48.4
2013	48	57.2	0		48.1	50.5	45.8
2012	41	32.6	0		46.3	48.6	42.9
2011	75.6	81.5	0		50.1	52.8	46.2
2010	48	52.3	0		50.1	54.3	45.6
2009	60.9	63	0		50.6	51.9	48.2
Source: Tenne	essee Department	of Health	Division of	Policy, Pla	anning, and A	ssessment.	
	Name of the Control o				3,,		
Have you eve pressure? (pe	r been told by a dercent).	loctor, nur	se or other	r health pr	rofessional th	at you have	high b
	Northwe	st		TN			
2016	no data			41.8			
	no data			38.5			
2015				38.8			
2015 2013	46.9						1
2015 2013 2012	46.9 39.8			39.7			-
2015 2013 2012 2011	46.9 39.8 41.9						
2015 2013 2012 2011 2010	46.9 39.8 41.9 46.3			39.7 38.7 35.4			
2015 2013 2012 2011 2010 2009	46.9 39.8 41.9			39.7 38.7			
2015 2013 2012 2011 2010 2009 2007	46.9 39.8 41.9 46.3			39.7 38.7 35.4			
2015 2013 2012 2011 2010 2009 2007 2005	46.9 39.8 41.9 46.3 39.3			39.7 38.7 35.4 32.6			
2015 2013 2012 2011 2010 2009 2007 2005	46.9 39.8 41.9 46.3 39.3 39.1			39.7 38.7 35.4 32.6 33.8 30.2			

	Northwest		TN	
2016	no data		84.55	
2013	82.3		83.9	
2012	78		80	WALLEST THE STATE OF THE STATE
2011	84.2		78.3	
2010	86	***************************************	85.6	
2009	85.7		81.8	
2007	86.1		84	
2005	81.5	*** **********************************	83.4	N. C.
Source: Tennesse	ee Department of Heal	th. Behavioral	Risk Factor Surveilla	ance System.
	l West Tennessee			
Sentinel Provide	r Influenza-Like Illness	Surveillance I	Data	
	# Patients			
2017	28			
2014-November	35			
	ee Department of Heal	th Sentinel Pro	vider Influenza-like	Illness Surveillance
Summary.				
Mental Iliness	1	1		1
* 8.4 . 1.11				
* Mental illness a	affected 1 in 5 adults in	the United Sta	ates in 2016.	
* 18.3 percent or	44.7 million American	s age 18 and o	lder suffer from a d	iagnosed mental illness.
			n live with a serious	s, persistent mental illness.
**************************************	cent received treatmer		CC 1	4.0
	18-25 year olds received		bb.1 percent of 26-	49 year olds received
	percent of 50+ received on disorder 6.7 percent			
	er 2.8 percent of adults		an episode in 2016	
	nas a prevalence of 0.2!			
	s one of the top 15 lead			
	2.7 percent of adults.	amg causes of	uisaviiity worldwide	
	stress disorder 3.6 per	cont of adults		
i Ost traumatic	suess disorder 5.0 per	Lent of addits.		ANT TARREST AND THE STATE OF TH
Source: National	Institute of Mental Hea	alth		
Traditional	moduce of Melital nea	arcit.		
Average Number	of Mentally Unhealth	y Days Ponert	od in Last 30 Days	
Average Number	or Mentany Officealth	y Days Report	eu iii Last 30 Days	- 100 100 of 100 100 at
	Crockatt County		TNI	
2018	Crockett County 5.0		TN	
7010	3.0		4.5	

2017	4.9			4.4			
2016	4.8			4.9			
Source: County	Health Ranking	is and Road	Manc 20	16 2019			
<u>Jource.</u> County	Treater Nariking	s and Noad	iviaps 20.	10-2016.			
Estimated num	har and narcan	t of poople					
			over the	age of 18 W	ith		
serious mental	iliness in the pa	ast year.					

	TN						
	Percent						
2015-2016	5.0						
2014-2015	4.4						
2013-2014	4.7						
Estimated numl			over the	age of 18 wi	ith		
any mental iline	ess in the past y	year					
	TN						
	Percent						
2015-2016	19.6					TVVIVIII TIIV TIIVIII TAATAA TAATAA TAATAA TAATAA TAATAA TAATAA	
2014-2015	19.9						
2013-2014	20.4						
Source: Behavio	ral Health Indic	ators for Te	ennessee	and the Unit	ed States 3	2018 Data Bo	vok
Source: Behavio	ral Health Indic	cators for Te	ennessee	and the Unit	ed States 2	2018 Data Bo	ook.
						2018 Data Bo	ook.
Number of beha	avioral health s	afety net (I	BHSN) enr	ollments an		2018 Data Bo	ook.
Number of beha	avioral health s s as a percenta	afety net (I	BHSN) enr	ollments an		2018 Data Bo	ook.
Number of beha	avioral health s s as a percenta	afety net (I	BHSN) enr	ollments an		2018 Data Bo	ook.
Number of beha	avioral health s s as a percenta illness	afety net (I ge of peopl	BHSN) enr	ollments an			ook.
Number of beha	avioral health s s as a percenta illness Crockett	afety net (I ge of peopl County	BHSN) enr	ollments an e 18 with a TN	d		ook.
Number of beha and enrollments serious mental i	avioral health s s as a percenta illness Crockett #	afety net (I ge of peopl County	BHSN) enr	tollments and a 18 with a TN Percent	d		ook.
Number of beha and enrollments serious mental i	avioral health s s as a percenta illness Crockett #	afety net (I ge of peopl County Percent 2.0	BHSN) enr	TN Percent 3.4	d .		ook.
Number of beha and enrollments serious mental i 2017 2016	avioral health s s as a percenta illness Crockett # 41 51	county Percent 2.0 2.5	BHSN) enr	TN Percent 3.4 3.5	d .		pok.
Number of beha and enrollments serious mental i 2017 2016	avioral health s s as a percenta illness Crockett #	afety net (I ge of peopl County Percent 2.0	BHSN) enr	TN Percent 3.4	d .		ook.
Number of beha and enrollments serious mental i 2017 2016 2015	avioral health s s as a percenta illness Crockett # 41 51 62	County Percent 2.0 2.5 3.1	BHSN) enr	TN Percent 3.4 3.5 4.0	ıd .		ook.
Number of beha and enrollments serious mental i 2017 2016 2015	avioral health s s as a percenta illness Crockett # 41 51 62	County Percent 2.0 2.5 3.1	BHSN) enr	TN Percent 3.4 3.5 4.0	ıd .		pok.
Number of beha and enrollments serious mental i 2017 2016 2015	avioral health s s as a percenta illness Crockett # 41 51 62	County Percent 2.0 2.5 3.1	BHSN) enr	TN Percent 3.4 3.5 4.0	ıd .		ook.
Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov E	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1	BHSN) enr	TN Percent 3.4 3.5 4.0	ıd .		pok.
Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov E	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1	BHSN) enr	TN Percent 3.4 3.5 4.0	ıd .		pok.
Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov E	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1	BHSN) enrile over ag	TN Percent 3.4 3.5 4.0	ıd .		ook.
Source: Behavio Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov 6 Motor Vehicle A	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1	BHSN) enrile over ag	TN Percent 3.4 3.5 4.0	ıd .		ook.
Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov E	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1 Ith Safety N	BHSN) enrile over ag	TN Percent 3.4 3.5 4.0	ıd .		pok.
Number of beha and enrollments serious mental i 2017 2016 2015 Source: TN.gov E	avioral health s s as a percenta illness Crockett # 41 51 62 Behavioral Heal	County Percent 2.0 2.5 3.1	BHSN) enrile over ag	TN Percent 3.4 3.5 4.0	ıd .		Black

2013		20.6	24.5	0.0	15.5	16.5	13.9
2012		20.5	16.3	0.0	14.8	16.1	10.7
2011		41.2	48.9	0.0	15.6	16.7	13.0
2010		6.9	8.7	0.0	16.8	18.8	11.5
2009		0.0	0.0	0.0	16.4	17.1	13.6
Source:	Tennessee	Departme	nt of Health.				
Overall 1	Traffic Crasl	h Data					
Crocket	County						
	Fatal	Injury	PDO	Total	770 TAIN TAIN TAIN TAIN TAIN TAIN TAIN TAIN		
2015	2	73	182	257			
2014	2	70	171	243			
2013	3	74	142	219			
2012	4	66	127	197			
2011	3	79	142	224			
2010	2	101	113	216			
2009	6	86	109	201			
2008	4	73	115	192			
Crash Ra	ites Per 1,00	00 License	d Drivers				
		2013	08-13 Av	2014			
Licensed	Drivers	10,132	10,101	10,200			
Fatal Cra	ish Rate	0.296	0.363	0.196			
Rank		28	15	58			
	ash Rate	7.304	7.902	6.863			
Rank		52	58	59			
	Crash Rate	21.615	20.604	23.824			
Rank		67	79	65			
		1					
Crockett	County Alc	ohol Impa	ired Crashes	Per 100,000			
	Crashes	0-4-	B1-				
201E		Rate	Rank	The Mark and A Commission of Francisco			
2015 2014	13 17	1.295 1.667	57 31				
2014	13	1.283	64				
2013	9	0.895	90				
2012	9	0.895	89				-
2011	12	1.183	68				
2010	14	1.183	62				
2003	10	0.996	86				
2008	1 1 1 1				1	1	4

Obesity			
D	1.14		
Percent of Ac	lults who have a body mass inde	k greater than 25-overweigh	t or obese
	Crockett County	TN	
2018	29	32	
2017	33	32	
2016	35	32	
2015	36	32	
2014	35	32	
2013	34	32	
2012	34	32	
2011	33	31	
2010	30	31	
VALUE VA			
Source: Coun	ty Health Rankings and Road Map	s 2016-2018.	
Adults who h	ave a body mass index greater th	an 30-obese (percent)	
	Northwest	TN	
2013	31.8	33.7	
2012	no data	31.1	
2011	30.1	29.2	
2010	38.5	31.7	
Source: Tenn	essee Department of Health. Beha	vioral Pick Cactor Cumusillana	0.5
Source. Terms	ssee Department of Health. Bena	vioral Risk Factor Surveillanc	e System.
C			
-	smitted Diseases	1 1 1	1
Ages 15-17 di	agnosed with Chlamydia, gonorr	nea, or sypnilis	
	Crockett County	TN	

Year		#	
	#	# 4081	
Year 2016 2015	# 78	4081	
2016 2015	# 78 71	4081 3830	
2016 2015	# 78	4081	
2016 2015 2014	# 78 71 72 72	4081 3830 3988	
2016 2015 2014	# 78 71	4081 3830 3988	
2016 2015 2014 Source: TN-PF	# 78 71 72 RISM (Patient Reporting Investigat	4081 3830 3988	
2016 2015 2014 Source: TN-PF	# 78 71 72 RISM (Patient Reporting Investigate)	4081 3830 3988 ing Surveillance Manager).	
2016 2015 2014 Source: TN-PF Substance Us	# 78 71 72 RISM (Patient Reporting Investigate) e rs (Adult men having more than 2	4081 3830 3988 ing Surveillance Manager).	women having more
2016 2015 2014 Source: TN-PF Substance Us	# 78 71 72 RISM (Patient Reporting Investigate)	4081 3830 3988 ing Surveillance Manager).	women having more

2016	5.6		
2015	4.7		
2014	4.1		
Binge drinkers: (M	ales having five or more dr	inks on one occasion and	females having four or
	e occasion) (percent).		remaies making rour of
TOTAL PARAMETER			**************************************
	Crockett County	TN	
2016	no data	13.1	
2015	no data	10.3	
2014	no data	10.6	TV // (1.0 m.
2013	4.5	9.6	
2012	5.8	11.3	
2011	6.9	10.0	
2010	6.9	6.6	
2009	4.5	6.8	
2008	8.0	10.5	
2007	10.4	9.0	11111111 17 har filed had had had had had had had had had ha
2006	6.7	8.6	
2005	11.4	8.6	The state of the s
WANA			
During the past 30	days have you had at least	one drinkheer wine n	nalt heverage
liquor? (percent)			nait octorage,
	W AND	**************************************	
	Northwest	TN	
2013	31.3	37.5	
2012	20.0	38.6	
2011	26.8	37.5	
2010	22.6	28.2	
2009	21.1	25.1	
2008	22.8	33.6	
2007	29.6	32.9	
2006	25.9	29.5	
2005	28.3	34.7	
		JT./	
Source: Tennessee	Department of Health. Beh	avioral Rick Factor Surveil	llance System 2014 2016
Journal Territoria	Department of fication. Beni	avioral Misk ractor Survei	nance System, 2014-2010.
Estimated number	and percent of people over	age 18 with a depender	nce on illicit drugs or alcoho
in the past year.	and personic or people over	ape to with a dehender	ice on mich drugs or alcono
the past year.			TRANSPORTED TO THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES
	Crockett	TN	
2010-2012	871/7.91	8.20	
2008-2010	870/7.90	8.04	
2006-2008	851/7.85		CASA ALAKA
-000-2000	031/7.03	8.86	

	nique TDMHSAS A&D Treatment e on or abuse of illicit drugs or a		of people over age 18 Wi
a dependenc	e on or abuse or mich drugs of a	iconoi in the past year.	The second secon
	Crockett	TN	
Fy2014	69/7.92	3.95	
Fy2013	49/5.63	3.53	
Fy2012	67/7.70	3.52	
1 42012	07/7.70	3.32	
Number and i	percent TDMHSAS funded treatr	nent admissions with ALC	OHOL identified as
substance of		nent admissions with ALC	Onor identified as
Jubstance or .			
	Crockett County	TN	
2016	22/45.8	5,894/42.1	- Proposition of the residence of the second
2015	26/57.8	6,004/44.7	
2014	46/75.4	6,213/45.9	
Fy2013	35/64.8	45.4	44.7444
Fy2012	46/65.7	45.3	Section 1. Annual Contraction of the Contraction of
YZOIZ	40/03.7	43.3	
1			
Number and a			
	percent TDMHSAS funded treatn	nent admissions with CRA	ACK COCAINE identified a
		nent admissions with CRA	CK COCAINE identified a
	abuse.		ACK COCAINE identified a
substance of a	Region 6	TN	ACK COCAINE identified a
substance of a	Region 6 274/17.1	TN 2,614/18.7	ACK COCAINE identified a
2016 2015	Region 6 274/17.1 328/20	TN 2,614/18.7 2,634/19.6	ACK COCAINE identified a
substance of a	Region 6 274/17.1	TN 2,614/18.7	ACK COCAINE identified a
2016 2015 2014	Region 6 274/17.1 328/20 340/20.1	TN 2,614/18.7 2,634/19.6 2,722/20.1	
2016 2015 2014 Number and p	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatn	TN 2,614/18.7 2,634/19.6 2,722/20.1	
2016 2015 2014 Number and p	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatn	TN 2,614/18.7 2,634/19.6 2,722/20.1	
2016 2015 2014 Number and p	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments.	TN 2,614/18.7 2,634/19.6 2,722/20.1	
2016 2015 2014 Number and p	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatmabuse. Region 6	TN 2,614/18.7 2,634/19.6 2,722/20.1 nent admissions with HER	
2016 2015 2014 Number and psubstance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6	TN 2,614/18.7 2,634/19.6 2,722/20.1 enent admissions with HER TN 1,518/10.8	
2016 2014 Number and psubstance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3	TN 2,614/18.7 2,634/19.6 2,722/20.1 nent admissions with HER TN 1,518/10.8 1,069/8	
2016 2015 2014 Number and p substance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6	TN 2,614/18.7 2,634/19.6 2,722/20.1 enent admissions with HER TN 1,518/10.8	
2016 2015 2014 Number and psubstance of a 2016 2016 2016 2016 2017	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1	TN 2,614/18.7 2,634/19.6 2,722/20.1 TN 1,518/10.8 1,069/8 721/5.3	OIN identified as
2016 2014 Number and psubstance of a 2016 2017 Number and psubstance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments.	TN 2,614/18.7 2,634/19.6 2,722/20.1 TN 1,518/10.8 1,069/8 721/5.3	OIN identified as
2016 2014 Number and psubstance of a 2016 2017 Number and psubstance of a 2018 Number and psubstance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments.	TN 2,614/18.7 2,634/19.6 2,722/20.1 TN 1,518/10.8 1,069/8 721/5.3	OIN identified as
2016 2014 Number and psubstance of a 2016 2017 Number and psubstance of a 2018 Number and psubstance of a	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments.	TN 2,614/18.7 2,634/19.6 2,722/20.1 ment admissions with HER TN 1,518/10.8 1,069/8 721/5.3 ment admissions with MAI	OIN identified as
2016 2015 2014 Number and psubstance of a 2016 2016 2016 2017 2018 Number and psubstance abu	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments. Crockett County	TN 2,614/18.7 2,634/19.6 2,722/20.1 Enent admissions with HER 1,518/10.8 1,069/8 721/5.3 Enent admissions with MAI	OIN identified as
2016 2015 2014 Number and psubstance of a 2016 2016 2016 2016 2017 Number and psubstance abuses	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments. Crockett County 21/43.8	TN 2,614/18.7 2,634/19.6 2,722/20.1 ment admissions with HER TN 1,518/10.8 1,069/8 721/5.3 ment admissions with MAI	OIN identified as
2016 2015 2014 Number and psubstance of a 2016 2016 2016 2016 2017	Region 6 274/17.1 328/20 340/20.1 Dercent TDMHSAS funded treatments. Region 6 138/8.6 87/5.3 52/3.1 Dercent TDMHSAS funded treatments. Crockett County	TN 2,614/18.7 2,634/19.6 2,722/20.1 Enent admissions with HER 1,518/10.8 1,069/8 721/5.3 Enent admissions with MAI	OIN identified as

of abuse.	percent TDMHSAS fund	led treatment a	dmissions	with METH ide	ntified as substanc
or abuse.					
	Crockett Count	tv	TN		
2016	13/*		2,869/20	.5	
2015	9/*		2,089/15		
2014	7/*		1,849/13		
Fy2015	9/*		15.3		
Fy2014	9/*		11.6		
Fy2013	10/*		12		**************************************
Fy2012	8/*		10.1		
Number and p	ercent TDMHSAS fund	ed treatment a	dmissions v	with OPIOIDS ic	lentified as
substance of a	buse.				
	Region 6		TN		
2016	25/59.5		5,792/41	.4	
2015	15/*		5,907/43	.9	
2014	19/*		5,859/43	.3	
Fy2013	6/*		28.4)
Fy2012	12/*		39.1		
as substance o	it abuse.				
	Region 6				1
2016		TN	V		
3015	16/*	208/1.5	V		
2015			V		
	16/*	208/1.5	V		
2014	16/* 15/*	208/1.5 281/2.1	V		
2014 Fy2013	16/* 15/* 20/1.2	208/1.5 281/2.1 300/2.2	V		
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		***					Annual Co.
Pregnancies A	ge 10-17 per 1,	000 Females	3				
	Crocket	t County				TN	
	Total	White	Black		Total	White	Black
2016	3.8	3.3	8.4		5.4	4.5	9.7
2015	2.3	2.9	-		6	5.1	10.2
2014	5.9	5.8	8.9		6.3	5.5	10.7
2013	5	6.1			7.2	6	12
2012	9.8	10.3	9.3		8.3	7.0	14.0
2011	9.6	7.1	30.0		8.9	7.3	15.5
2010	15.7	14.4	39.6		10.0	8.3	17.9
2009	13.4	10.0	9.4		12.0	9.1	21.9
Pregnancies A	ge 15-17 Per 1,6	000 Females	3				
	Crocket	t County				TN	
	Total	White	Black		Total	White	Black
2016	10.8	*	*		13.7	11.5	23.6
2015	6.5	7.8	-		15.2	13.2	24.7
2014	13.8	12.3	*		16.1	14.2	25.6
2013	10.8	12.7			18.2	15.6	30.8
2012	28.1	29.2	0.0		21.2	18.1	33.9
2011	27.5	20.3	0.0		22.4	18.9	36.5
2010	39.9	36.0	0.0	471 Mary 1907 (190	24.8	21.1	42.1
2009	27.6	28.3	0.0		29.6	22.4	55.5
Source: Tenne	ssee Departmer	t of Health.					
Tobacco Use			- ·				1
Are you a curr	ent smoker?						
	Crockett	County		TN			
2018	24			22			
2017	24			22	***************************************		
2016	24			24			
2013	25.6			24.3			-
2012	28.1			24.9	***************************************		
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2016 Population

Estimate: 14,441

%Black: 13.9

% White: 83.1

% Other: 2.1

High School Graduate: Education Level:

Bachelor's Degree':

13.0%

http://quickfacts.census.gov

Median Household Income: \$35,464

Persons Below Poverty: 19.1%

Children Below Poverty: 25.8%

of Public Schools: 7

Students Receiving Free/Reduced Lunch: 60.2%

http://tennessee.educationbug.org

http://datacenfer.hidscount.ord

2014 Teen Pregnancy Rate (10-17):

State Rate: 7.2/1,000

County Rate: 4/1,000

https://www.tn.cov/health/legit/health-dutu

2014 Infant Mortality Rates:

State Rate: 6.9/1,000

County Rate: 11/1000

www.tn.gov/health/topic/health-date

207 HEALTH RANKINGS.

Health Outcomes: 48

Health Factors: 54

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 nealthy they feel while alive. Health Factors: represent what influences the health of a county

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

2014 Leading Causes of Death;

- 1. Heart Disease
- 2. Cancer
- 3. Chronic Lower Respiratory Disease
- 4. Accidental Death
- Cerebrovascular Disease

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

2017 Leading Behavioral Risk Factors:

- 1. Alcohol-impaired driving deaths (36%)
- Adult Obesity (33%)
- Physical Inactivity (32%)
- Adult Smoking (24%) T

Top Health Council Priorities;

ROCKETT COUNTY

HIEALTH COUNCIL PROFILE

- 1. Tobacco/Tobacco Related Diseases
- Substance Abuse
- 3. Obesity/Physical Inactivity

Meeting Times:

March, June, September and December with Two Regular Meetings are Quarterly: 1st Thursday of Extra Meetings for Community Outreach

Community Partners:

universities; local government; health care planning, identification of resources, and the work of subcommittees that focus on comprised of representatives from area The Crockett County Health Council is providers; businesses; as well as other improve health outcomes in the county agencies; faith and community-based The council's goals are accomplished through regular meetings, strategic individuals who work collectively to organizations; schools; colleges; specific health issues.

TOBACCO SETTLEMENT PROJECTS:

\$15 million was appropriated in the 2014 tobacco use prevention projects chosen were selected. Project goals for change State budget for three years to support exposure to children, reducing tobacco included reducing secondhand smoke departments. Three statewide topics use among pregnant women, and preventing children from initiating and managed by county health obacco use.

The Crockett County plans and selected numeric goals for change for each topic. assessments and implemented over the \$8,073.15 in 2014, \$13,465.00 in 2015, annually. Crockett County set its own Crockett County received funding of Tobacco Settlement Plans updated projects were chosen based upon and \$23,065.85 in 2016 based on three years.

additional \$7,170 in continuation funding for fiscal year 2017. These funds will be grades prek-12 in the Alamo City, Bells Crockett County TATU/Student Health Advisory Council will work to continue their efforts in educating students in used to continue to work on helping children choose not to smoke. The Crockett County was granted an City and Crockett County School Systems and the community on Tobacco Prevention.

Health Promotion Highlights

- Youth Led Nicotine Engagement
 - Rural Access to Health, Healthy Active Builf Environment Grant Primary Prevention Initiative Activities
- Healthier TN Community
- Public Health Week Activities
- Family Fun Day
- Living Well With Chronic Conditions Workshop
- **Fake Charge of Your Diabetes**
 - Workshop
- Prenatal Classes
- Breast Cancer Awareness "PINK"

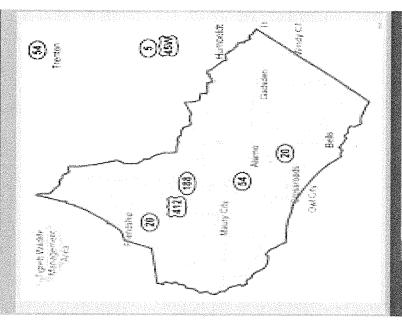
are interested in joining the Crockett County Health Council, please contact: Elise Gillespie if you would like more information or if you at the Crockett County Health Department

Crockett County Health Educator: Currently Vacant

Crockett County Chair: Phone | 731.696.4778 Kelsie Henning

kelsie.henning@crockettschools.net E-mail |

COMMUNITY HEALTH COUNCIL CROCKETT COUNT PROPILE (2017)



Crockett County Health Council Minutes September 6, 2018 12:00 – 1:00pm Gibson Electric Corporation

In Attendance:

Emily Oswald, Elise Gillespie, Sarah Poole, Kelsie Henning, Kacey Stribling, Jasmine Dowell, Brooke Parkey, Dottie Rinks, Mary Carol Perry, Misty Bailey, Tamika McKinnie, Nicole Newman, Molly Rowe, Gary Reasons, Theresa Powell, Judy Posey, Melesa Lassiter, Brannon Powell, Patricia Crane, Jerri Moore, Kendra Love

I. Meeting Called to Order

a. The meeting was called to order at 12:00pm by Sarah Poole. Vice-Chair, Sarah Poole, welcomed members followed by introductions. There was a motion to approve the minutes as written by Dottie Rinks; there was a second on the motion by Kacey Stribling. The motion carried by unanimous vote.

II. Old Business

Tobacco Settlement Report- Emily Oswald, Crockett County Health Educator (HE)

 Emily shared that Crockett County has \$1343.00 of Tobacco Settlement Funds left over. Coordinated School Health (CSH) Director Misty Bailey shared that TSF would be used for Tobacco Free campus signs for Alamo City Schools (ACS) and during Red Ribbon Week.

Healthier TN/ Delta Grant/ UT Extension Update- Sarah Poole, UT Extension Agent

• Sarah shared several programs and activities: Living Well with Chronic Conditions; Tai Chi; Power U; Dining with Diabetes; Walk Across TN. Health Council members are also encouraged to form teams. October is Breast Cancer Awareness Month and the public library is hosting a come and go event on October 2nd to share information about breast cancer. Emily and Sarah will be co-teaching Germ City at all elementary schools after Thanksgiving. Crockett County has received the Healthier TN (HTN) 2.0 grant for \$2500. \$1200 of the grant has been spent on ordering and instillation of Alamo City School's water-bottle refill station. All 4th, 5th, and 6th grade students will get water bottles to use during class. The HTN Conference will be held at UT Martin on September 27, 2018

III. New Business

Coordinated School Health

Misty Bailey announced Crockett County schools received a \$13,000 grant to reduce childhood obesity.
CSH Director for BES, Brooke Parkey shared information on their new extended learning after school
program which will allow other agencies to come in and speak on various topics to cover health
standard requirements by the state. Emily will implement Go Girl Go on Monday afternoons beginning
September 17th. CSH for ACS, Mary Perry announced all students will now be given extra recess time
daily to help with efforts to increase physical activity and decrease obesity.

New Programs

• The HE shared that the new "Be Nice" anti-bullying and teen suicide prevention program started in Crockett County High School. A free Be Nice Concert will be held at the Crockett County High School Little Theater on Saturday, September 22nd at 6:00pm.

Upcoming Elections

 Kelsie Henning resigned as chair of the Health Council due to his new position as principal for Alamo City School. The HE went over Health Council by-laws and Vice-Chair, Sarah Poole was announced as the new Chair for the Crockett County Health Council. During the next meeting in December a vice chair will be nominated and voted on to begin the 2019 year with a fresh start and new officers.

Health Council Showcase and Sub-Committees

• The December Health Council Showcase was discussed and suggestions made to increase membership. It was decided that the Health Council Showcase should continue and will occur at the next scheduled Health Council meeting on December 6th. Brooke Parkey offered to speak with S&J Roadside Market to provide the meal again and Coordinated School Health for Alamo City School, Mary Carol Perry offered to speak with the pastor at Alamo First Christian Church to use the gymnasium as the location for the showcase.

• The HE led a discussion on subcommittees. Melesa Lassiter was asked for more information about Crockett's Prevention Coalition and they were added to the health council's email list. CSH directors, Brooke Parkey, Misty Bailey, and Mary Carol Perry, Early Childhood Starts Representative, Kacey Stribling and Crockett County Schools Nurse, Molly Rowe asked to be a part of a sub-committee to cover health standard requirements and programs being implemented in the school system, with the help of UT Extension Agent, Sarah Poole and HE. Misty Bailey also expressed wanting to be involved with the youth health council at Crockett County High School. A final sub-committee was formed to plan the annual December Health Council Showcase.

IV. Announcements

• Jerri Moore, SOCAT Divisional Coordinator for the Tennessee Commission on Children and Youth, provided resources and a referral flyer for citizens age 0-21 to obtain assistance for any mental health services. Regional Overdose Prevention Specialist, Melesa Lassiter and Project Lifeline Representative, Brannon Powell announced a public training on October 15th to be held at the EMA building in Alamo, TN at 6:00pm. The training will include the availability and usage of Naloxone as well as information on opioids and substance misuse in general. Kendra Love, TN Housing Development Agency Divisional Coordinator, provided resources on available assistance through keepmyhome.org for those who have experienced hardships since 2010 that have left them unable to pay mortgage or utilities. Dottie Rinks, Director of Bancorp South Alamo Branch expressed an interest in partnering with the health council to provide information on the relationship between health and financial problems. Kacey Stribling, Early Childhood Starts Representative, announced she will begin prenatal classes for expectant mothers and mothers of children ages 0-3 years.

V. Adjournment

Gary Reasons motioned to adjourn, second by Emily Oswald. Motion carried by unanimous vote.
 Meeting adjourned at 1:00.

Gold Sneaker Facilities will:

- offer children at least 60 minutes of physical activity per day
- limit television and video viewing to 60 minutes per day of educational programs
- not allow children to remain sedentary or passive for more than 60 minutes continuously
- ensure physical activity is a positive experience
- ensure appropriate feeding patterns, including
- breastfeeding ensure appropriate feeding patterns, including adequate time for meal consumption
 - ensure appropriate infant and child feeding patterns, including appropriate portion sizes
 - promote a positive attitude toward food, and
- maintain a tobacco free campus.

For policy details and to learn more about the Gold Sneaker Initiative, please go to: http://tn.gov/health/topic/goldsneaker

To become a Gold Sneaker facility, please contact

Joan Cook, MS, RD (615) 253-8745 Joan.Cook@tn.gov





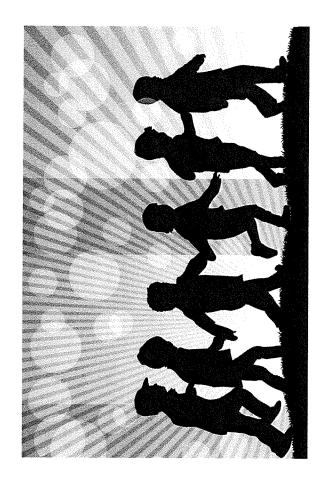
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GOLD SNEAKER

INITIATIVE











The Gold Sneaker Initiative enhances policy related to health and wellness within licensed child care facilities in Tennessee. Gold Sneaker consists of 9 policies which deal with physical activity, nutrition and a tobacco-free campus.

Participation in Gold Sneaker is voluntary and FREE! Child care programs that implement the policies will earn a Gold Sneaker award and are designated a 'Gold Sneaker' child care facility. Training is available online, for which 2 hours of continuing education is awarded and recognized by the Department of Human Services.

"Being a Gold Sneaker facility is wonderful! Parents see the logo and ask questions and know that we are looking out for their child's well-being." Gold Sneaker Facility

"The initial meeting was attended to earn credit hours. Sign up was easy and a great incentive. Requirements were reasonable and work within our program." Gold Sneaker Facility

"The Initiative has improved our facility's environment and I'm sure has made parents aware of healthy habits. Besides being a marketing tool, it has made us aware of change and improved our daily habits." Gold Sneaker Facility

A Gold Sneaker designated facility will receive:

- an incentive package, with \$200 worth of physical activity and nutrition resources
- a certificate signed by the Governor
- access to an electronic Gold Sneaker logo for parent letters, etc.



- two Gold Sneaker decals for your facility doors
- recognition on the Gold Sneaker web page, and
- a Gold Sneaker newsletter.