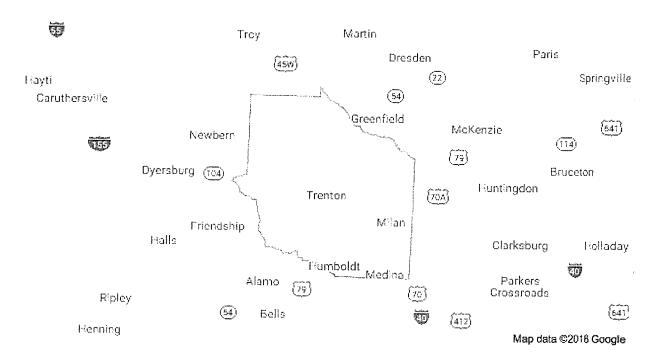
Community Health Needs Assessment Gibson County, Tennessee



Conducted by:

Jackson-Madison County General Hospital

Department of Business Development and Planning

Dawn Harris and Victoria S. Lake

Update: September 2018

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

RESOLUTION OF THE BOARD OF TRUSTEES

OF

JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT

AND

CAMDEN GENERAL HOSPITAL, INC.

AND

BOLIVAR GENERAL HOSPITAL, INC.

AND

MILAN GENERAL HOSPITAL, INC.

AND

DYERSBURG HEALTH

AND

MARTIN HEALTH

AND

PATHWAYS OF TENNESSEE, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

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

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

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

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

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

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

DANNY WHEELER, CHAIRMAN

Exhibit 02

Table of Contents

Executive Summary

Final Report
Introduction2
Description of the Hospital and the Community2
Description of the Community Health Needs Assessment Update Process3
Implementation Strategies5
Conclusion9
Attachments
Attachment A Secondary Data
Attachment BHealth Council Brochure and Minutes

Gibson County Community Health Needs Assessment 2018 Update

Executive Summary

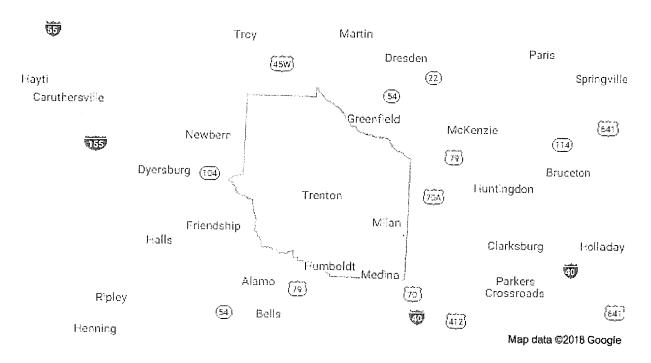
Under the leadership of Jackson-Madison County General Hospital a community health needs assessment of Gibson County, Tennessee was conducted. This was completed in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010. The community health needs assessment update process was a blending of Gibson 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 Gibson 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 Gibson County Health Council.

The Gibson County Health Council identified three priority health issues: Obesity/ Physical Inactivity, Infant Mortality / Teen Pregnancy, and Chronic Illness Awareness & Education. 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 Gibson County community.

Community Health Needs Assessment Gibson County, Tennessee



Conducted by:

Jackson-Madison County General Hospital

Department of Business Development and Planning

Dawn Harris and Victoria S. Lake

Update: September 2018

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

Introduction

Under the leadership of Milan General and the Gibson County Health Council a community health needs assessment of Gibson 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 Gibson 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

Milan General Hospital is licensed for 70 acute beds and was acquired by the Jackson-Madison County General Hospital District in 1997. The hospital is a member of the American Hospital Association, the Tennessee Hospital Association, and is accredited by The Joint Commission and has been approved by the U.S. Department of Health and Human Services for participation in Medicare and Medicaid Programs. The service area is Gibson County, Tennessee.

Located in Milan, Tennessee, the Hospital provides general medical, outpatient rehabilitation services, general surgery, internal medicine, a medical/surgical nursing unit, a critical care unit, pathology and laboratory department, radiology (computerized axial tomography, mammography, ultrasound, and diagnostic X-ray), 24 hour/7 days a week emergency services, and social services and 12 swing beds.

The designated "community" for the needs assessment is Gibson County, Tennessee. The 2017 population is 49,111 and is comprised of 78.5 percent Caucasian, 18.3 percent African American, and 3.2 percent Other races. According to the Tennessee Department of Economic &

Community Development (2018), 18.7 percent of the population is below the Federal poverty level. The personal income per capita is \$36,898. The population under 65 years of age represents 82.3 percent while the over age 65 population is 17.7 percent. The high school graduation rate is 94.2 percent; 26.6 percent have an Associate Degree or higher and 19.8 percent have a Bachelor Degree or higher.

Gibson County has a wide range of industries that employ individuals living in and around the county. Advanced manufacturing and healthcare are the county's key industries followed by government and retail. The top employers of Gibson County are Gibson County School District (550 employees), AADG (400 employees), County of Gibson (292 employees), Milan Special School District (275 employees), Wal Mart Store #120 (250 employees), Winfrey Center Developmentally Disabled & Special Needs Services & Products (250 employees), Humboldt City Schools (213 employees), Maclean Power Tennessee a leading manufacturer of products used by utilities for building transmission and distribution lines and substations (213 employees), Save-A-Lot Distribution Center (212 employees), and Dana Corporation an American worldwide supplier of drivetrain, sealing, and thermal-management technologies (174 employees).

The county seat of Gibson County is Trenton, Tennessee. The county has five special school districts: Humboldt City Schools (1,008 students), Milan Special School District (1,894 students), Trenton Special School District (1,265 students), Gibson County Schools (3,890 students), and Bradford Special School District (496 students).

Description of the Community Health Needs Assessment Survey Process

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of the residents of Gibson 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 Gibson 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.

Gibson County Health Council

The Gibson 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 Gibson County as well as staff from the local and regional health departments.

The Gibson 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 Gibson County Health Council include:

Doug Lockard, Chair

Mary Duncan

Barbara Berry

Rhonda Casev

Sandra Presson

Laquita Clark

Jesse Willhoit

Steve Smith

Libby Wickersham

The Gibson 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 Gibson County Health Council identified three priority health issues:

- 1. Obesity/ Physical Inactivity
- 2. Infant Mortality / Teen Pregnancy
- 3. Chronic Illness Awareness & Education

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.

Obesity/ Physical Inactivity

Milan General Hospital is collaborating with the ACHIEVE Program of the Milan YMCA. The ACHIEVE program is a collaborative model that brings together community agencies to work together is define a healthier community.

Infant Mortality / Teen Pregnancy

Gibson County teen pregnancy trends for females ages 10-17 show a reduction from 26 pregnancies in 2012 to 6 pregnancies in 2016. Gibson County has worked to reduce the numbers of teen pregnancy in Gibson County through a coordinated effort with community partners. Gibson County will continue to work on this important health issue.

Chronic Illness Awareness & Education

Milan General Hospital is addressing chronic illness awareness and education using a threefold approach. First, it offers screenings throughout the county at local events and health fairs.

Blood pressure screenings are offered at industry health fairs, church health fairs, non-profit community agency health fairs, school health fairs, and community events such as the TeaPot Festival, Healthy Kids Day at the YMCA, and in-service days for the local school system. Second, free blood pressure checks are offered at the emergency rooms 24 hours a day/7 days a week free of charge. The free availability at any time of day or night of blood pressure screenings supervised by a health professional in a hospital setting is a major preventive strategy.

Third, Milan General has collaborated with the Jackson-Madison County General Hospital for a strategy to address has developed a strategy for addressing heart conditions and high blood pressure that focuses on early detection, risk assessment screening, consultation, referral to physician or healthcare professional, and development of an individualized program plan. This strategy is called HealthAware.

HealthAware creates a transformational experience that compels unknowing victims of heart disease or hypertension to change behavior and commit to extend their health and lives.

Participation in HealthAware is a five phase experience:

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

HealthAware assesses the public, individual by individual, making them conscious of their risk for heart disease or hypertension. From the assessment a determination is made on the need to engage the participant's primary care physician. Goals are set to modify controllable risks. HealthAware provides an opportunity to treat the disease (as an episode) before an uncontrolled, catastrophic event occurs. Through HealthAware, Milan General Hospital in collaboration with Jackson-Madison County General Hospital is a resource for wellness not just sickness. Figure 1 contains an example of a personalized risk assessment report from the

HeartAware Program. The risk assessment shown in **Figure 1**, indicates the low, medium, high, or critical rating for cardiac risk factors of smoking, weight, blood pressure, cholesterol, diabetes, and family history. After the risk assessment is completed a risk assessment report is generated. When risk is determined, lab work and a nurse consultation are scheduled. A page from the consultation report reviewed by a nurse is shown in **Figure 2**.

Figure 1: Sample Assessment

Risk Assessment Report

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

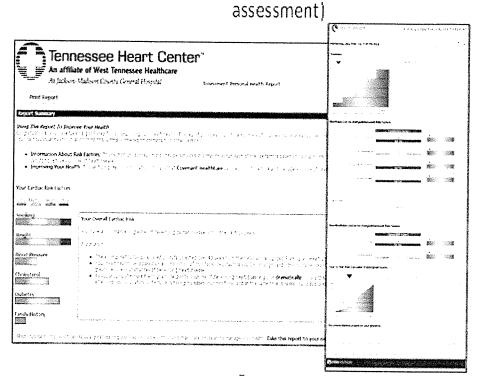
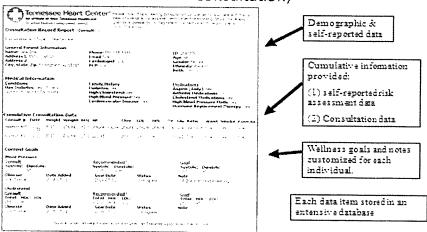


Figure 2: Sample Report

Consultation Report

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



The Tennessee Heart and Vascular Center at Jackson-Madison County General Hospital has developed proactive assessment processes for identifying individuals in the community at risk of heart disease and stroke. Milan General Hospital works with Jackson-Madison County General Hospital to implement this proactive assessment process in Gibson County.

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

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

A Consultation Record Report is made by the nurse that includes a discussion of alternatives, medical information, and lifestyle choices for an individualized plan of intervention. Education consists of setting goals with the individual and encouraging further discussion with a primary care physician. When no existing relationship is available, individuals are provided information on clinics, health providers, and the public health department; although no certain individual or group is recommended. Further educational components include verbal instruction, written

materials, online resources, and open discussion. Most appointments last one hour. The patient receives the contact number for the Aware office. A follow-up call is made close to one month past the appointment to assess progress towards specific goals.

HeartAware and StrokeAware are utilized extensively at health fairs, church events, in conjunction with the Mature Advantage Club, and events throughout Gibson County. Industry, employee wellness, and physician offices are also sites for conducting these risk assessments. Attachment G contains complete examples of personalized risk profiles and lab results for HeartAware and StrokeAware.

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

Conclusion

The Gibson 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 Gibson 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.

		ounty Communi				
		Health Issue Prev				
I	1 1	Septembe	r 2018	ı		
Allergies	·			L		1
				İ	17	1
* 1 in 5 Americ	ans suffer from all typ	es of allergies.				
	increasing. They affec		ults and 4	10% of children.		-L
* Allergies are	the 6th leading cause	of chronic illness	in the U.	S.		
	hildren have respirato					
	people report being a					
* People visit t	he emergency room 2	00,000 times ead	ch year be	cause of food a	llergies.	
* 8.8 million ch	ildren in the U.S. have	e skin allergies.				
Source: Better	Tennessee Health Brie	ef, 2018.				
Arthritis, Rheu	ımatoid Arthritis, Gou	ıt, Lupus, or Fibr	omyalgia			
Have you ever	been told by a doctor	, nurse, or other	health ca	re professional		
that you had A	rthritis, Rheumatoid	Arthritis, Gout, I	Lupus, or	Fibromyalgia?	(percent)	
	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	37.0		34.0			·····
2005	36.0		29.7			***************************************
Source: Table	one Demonter :	-leb D ! : :	D: 1 =	<u></u>		
ource: rennes	see Department of He	eaith. Behavioral	Kisk Facto	r Surveillance S	ystem.	
Tennessee				2044		
remessee			-	2011	2013	
Adults with Arti	oritic			1 250 222	460.555	
Adults limited b				1,250,000	160,000	
Percent with ar				594,000	68,000	
	men with arthritis			26	25	
	44 with arthritis			31/21	27/23	
	64 with arthritis			10	8	
			-	34	32	
CICCIIL AGE 03	and older with arthriti	15	<u> </u>	50	52	

Percent with a	rthritis who are inactive			55	33	
Percent arthrit	is among adults with diab		53	49		
	is among adults with hyp			42	42	
	is among adults who are		37	34		
			37	34		
Source: Cente	rs for Disease Control and	l Prevention				
		- revention	•			
Asthma						
		1	1	1	ı	1
Have you ever	been told by a doctor, no					
that you had a	sthma? (percent)	urse, or othe	r nealth c	are protession	nal	
that you had a	stima: (percent)					
	Northwest		TAI			
2016	no data		TN			
2015	no data		16.1			
2014	no data		14.5			
2013			14.4			
2013	7.3		11.3			
2012	13.5		11.0			
2011	8.8		10.4			
2010	6.5		9.3			
	14.6		11.9			
2008	16.6		12.6			
2007	13.4		12.4			
2006	10.3		11.7			
2005	17.2		11.6			
Source: Tennes	see Department of Healtl	n. Behaviora	l Risk Facto	or Surveilland	e System.	
2002 2002						
2002-2007 child	dhood hospitalizations fo	r Asthma Ag	ges 10-17 i	Northwest Ti	V	
	talizations per 100,000	200				
	m visits per 100,000	828				
	nt charges per stay	\$5,845				
Average Outpat	ient charge per visit	\$800				
Asthma in Tenr						
* In 2010, asthr	na prevalence was 6 perc	ent in adults	and 9.5 pe	ercent in chil	dren.	
Adult asthma	prevalence increased wit	h decreasing	; income a	nd education	•	
* In 2010, there	were 7,059 inpatient ho	spitalization	in Tenness	ee for a prin	nary diagnos	is of asthma
and the age-adj	usted rate was 109/100,0	000.				
r In 2010, the le	ength of stay for inpatient	asthma hos	pitalizatio	ns ranged fro	m 0-52 day:	s with a
	s and a median of 3 days					
In 2010, there	were 37,462 ED visits wit	h an age adj	usted rate	of 612/100,0	000.	
K Hasnital abava	ges for a primary asthma o	1.				

* Almost two	thirds of asthm	charges /	111 6 milli		£		
million for out	thirds of asthmatpatient the thick t	a charges (; I visits	2111.0 !!!!!!	on) were	tor inpatient r	ospitalizatio	ns and \$65
	·		م مان اسمام مان اسم			1 . 1	
for which acth	ennesseans die ma was listed a	u due to an	underlying	diagnosi	s of asthma an	d there were	174 deatl
IOI WIIICII astii	illia was listeu a	s arry cause	or death.				
Source: Tenne	essee Departme	at of Health	Nivision of	Doline F	lanning P Ass.		
<u>Foidemiology</u>	and Evaluation,	2012	i Division of	Policy, F	ranning & Asse	essment Surv	eillance,
	ssee Departme		1	1			
		ic di il caren	••				
Cancer							
	1	1		1	1	1	1
Deaths from N	/lalignant Neop	acms Dar 1	00.000				
	indingridate recop	1031113 1 C1 1	.00,000				
	Gibson	County				TAI	
	Total	White	Black		Total	TN White	Black
2016	248.9	257.1	243.1	-	217.5	235.1	178
2015	277.3	264.2	341.9		217.5	229.5	170.4
2014	264.8	269.6	249.9		214.8	231.8	182.4
2013	238.6	249.1	207.4		214.5	231.0	176.4
2012	255.9	268.4	227.5		211.2	226.5	176.4
2011	298.4	312.7	265.5	<u> </u>	210.2	224.6	180.1
2010	295.9	297.5	331.9		212.9	234.6	178.9
2009	303.3	319.4	248.0		216.2	226.9	183.5
							1200.0
Rates of SKIN	Cancer		Rates of	OTHER C	Cancer		
	TN				TN		
	Total				Total		
2016	7.4		2016		6.5		
2015	7.5		2015		6.8		
2014	6.8		2014		7.4		
ource: Tennes	ssee Departmen	t of Health	Division of	Policy, P	lanning, and As	sessment.	
ource: Tennes	ssee Departmen	t of Health.					
Child Abuse	1	ı	1	ı			
	ate of substantia	ated child a	buse/negle	ct cases	under age 18	and rate	
er 1,000 age (0-18						
2042	Gibson C	ounty		TN			
Cy2013	62/5.2			4.9			
Cy2012	96/7.9			4.9			
Cy2011	41/3.4			4.8			

2012	Gibson 4.5	County		TN			
2012				4.9			
	4.0			5.5			
2009 2008	3.9			7.0			
	4.3			8.4			
2007	4.6			11.6	****		
2006	8.8			11.7			
Source: Tenn Tennessee.	essee Commissi	on On Chila	ren and You	ith: KIDS C	OUNT: The S	tate of the Cl	nild in
	ysema, or Chroni r been told by a			er health ca	ere professio	nal	
hat you had	COPD, Emphyse	ma, or Chr	onic Bronch	itis? (perc	rent)	liai	
	TN						-
2016	10.1						
2015	9.6						
2014	10.7						
<u>ource:</u> Tenne	essee Departmer	it of Health	. Behaviora	l Risk Facto	or Surveilland	e System.	
	theimer's Diseas	e					
Dementia/Alz		100,000					
	Alzheimer's per 1		j			TN	
		Gibson C		_			1
Deaths from A	Total	Gibson C White	Black		Total	White	Black
		Gibson C			Total 38.9	White 44.8	Black 19.5
Deaths from A	Total	Gibson C White 99.1	Black 54.6				

T								
* Alzheime	er's diseas	e is current	ly ranked a	as the sixth l	leading cau	ise of death in	the Unite	d States,
but recent	estimates	indicate th	hat the disc	order may ra	ank third, j	ust behind he	art disease	and cancer,
as a cause								
* Over 5 m	nillion Ame	ricans are	living with	Alzheimer's	Disease 1	10,000 in Teni	nessee.	
* By 2050,	this numb	er is proje	cted to rise	to 14 millio	on people,	a nearly three	-fold incre	ease.
* Tennesse	ee in 2014	: 16,000 ad	lults ages 6	55-74 living v	with Alzhei	mer's.		
* Tennesse	ee in 2014	: 47,000 ad	lults ages 7	'5-84 living v	with Alzhei	mer's.		
* Tennesse	ee in 2014	: 41,000 ad	ults ages 8	5+ living wit	th Alzheim	er's.		
		epartment	of Health;	National In:	stitute on A	Aging; Centers	for Disea	se Control
and Prever	ntion.							
Dental Car	е							
Have you v	isited a d	entist, den	tal hygieni	st or dental	clinic with	in the past ye	ear? (perce	ent)
						T		
	77.77	TN						
2016		59.1						
2015		58.5					<u> </u>	
2014		58.3						
Source: Ter	nnessee D	epartment	of Health.	Behavioral I	I Risk Factor	Surveillance S	System	
							Jyseciii.	
		<u></u>				1		
* TennCare	e dental be	nefits are o	only provid	led to minor	s and orth	odontists are	not typica	lly covered
* Stigma ar	nd shame a	associated	with acces	sing dental o	care.		1011) pica	, covered.
						ide deficient o	communiti	es are at a
						ess dental car		es ale at a
			T T T T T T T T T T T T T T T T T T T					
Diabetes							Ì	
			1			1	1	1
Deaths from	m Diahoto	c nor 100 (\					_
Deaths Hol	III Dianete	s per 100,0	,00 					
		Gibson Co						
		Total		DII		TN	1.000	
2016	**************************************	ļ	White	Black		Total	White	Black
		22.3	22.9	22.1		28.4	27.5	37.3
2015		28.3	25.4	44.1		27.1	26.6	32.8
2014		32.3	30.5	43.5		26.3	25.8	33.5
2013		28.3	20.3	65.5		27.9	27.1	36.8
2012		44.3	38.0	75.8		28.2	27.4	36.7
2011		44.1	42.9	53.1		27.1	26.3	35.7
2010		42.3	33.3	85.7		26.4	26.4	35.0
2009		45.1	43.8	51.7		28.2	26.8	37.7

Source: Tenne	essee Department of Health Div	ision of Policy, Planning,	and Assessment.
	essee Department of Health.		
Have you eve	r been told by a doctor that yo	u have diabetes, not incl	luding gestational
diabetes? (pe			
	Northwest	TN	
2016	no data	12.7	
2015	no data	12.7	
2014	no data	13	
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	10.9	9.1	
	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	
2005	10.9	20.1	
ource: Tenne	ssee Department of Health. Bel	navioral Risk Factor Surve	eillance System.
Percentage of	Population Diagnosed with Dia	hetes	
	paration binghosen with big	.DCIU3	
	Gibson County	TN	
2018	14	13	
2017	13	13	
2016	13	12	

2014	12	11	
2013	12	11	
2012	12	11	
2011	13	11	
Source: Co	ounty Health Rankings and Roac	lmaps 2016-2018	
Source: R	obert Wood Johnson Foundation	n and University of Wisconsi	in Population Health Institute
Financial	Resources		
Was there	e a time in the past 12 months v	when you needed to see a d	octor but could not
	of cost? (percent)	Then you necueu to see a u	octor but could not
	Northwest	TN	
2016	no data	12.4	
2015	no data	15.5	
2014	no data	15.5	
2013	22.9	17.6	
2012	26.0	19.2	
2011	16.9	20.9	
2010	17.4	17.7	
2009	25.2	17.5	
2008	17.5	15.9	
2007	17.8	16.5	
2006	15.7	14.8	
2005	10.0	13.3	
	20,0	13.3	
Individual	s under 18 in poverty		
	Region 6	TN	
2017	27.6	25.5	
2016	27	26	
2015	27	27	
2014	27	26	
2013	27	27	
2012	27	26	
2011	22	22	
2010	25	23	
Source: 20	17 Tennessee Behavioral Health	County and Region Service	s Data Book
	and a second reduction of the	. County and region service	J Juliu DOOK.
Jninsured	Adults-Percent Population Unc	ler Age 65 without health is	Suranco
		CI ABC 03 WILLIOUT HEALTH II	13GI ATILE

	Gibson County	TN	
2018	14	15	
2017	16	17	
2016	20	20	
2015	15	16	
2014	20	21	
2013	20	21	
2012	21	20	
2011	17	19	
2010	15	15	
Percent Children	Living in Single-Parent hous	eholds	
	Gibson County	TN	
2016	36	36	
2015	33	36	
2014	34	36	
2013	34	35	
2012	38	35	
2011	36	34	
Source: Tennesse	e Department of Health. Bel	University of Wisconsin Population avioral Risk Factor Surveillance Sy	stem.
All People in Pov			
	Gibson County	TN	
2017	18.7	17.6	
2010-2014	19.5	18.3	
2009-2013	18.7	17.6	
		unty and Region Services Data Boo	k.
Source: County ar	nd City Quick Facts.		
Unemployment			
	Gibson County	TN	
2018	6	4.8	
2017	7.6	5.8	
	7.0		
	9	6.7	
16-Jul			
16-Jul Oct-14	9 6.1 9.4	6.7	
2016 16-Jul Oct-14 Sep-14 Oct-13	9 6.1	6.7 4.9	

	ty Health Ranking						
Jource, Tellin	essee Departmer	it of Labor	& Worktor	ce Develo	pment.		
Heart Condit	ions						
Death from D	Diseases of the He	eart Per 10	0.000				
Rate			,,,,,,				
	Gibson (ountv				TN	
	Total	White	Black		Total	White	Black
2016	400.7	414.9	375.8		232.1	249.9	196.8
2015	313.7	327.7	231.6		237.5	252.8	190.1
2014	357.7	386.7	271.7		232.0	250.8	189.3
2013	321.5	358.4	185.6		226.7	245.1	183.1
2012	330.4	357.0	238.3		220.6	241.2	165.2
2011	334.4	353.1	286.8		221.0	239.7	175.3
2010	364.3	389.9	310.5		228.3	254.0	181.8
2009	313.6	306.5	351.3		228.0	241.1	185.8
Source: Tenne	essee Departmen	t of Health.	•		anning, and A	ssessment.	
Has a doctor, had a heart a	nurse, or other hattack or myocard Northwee no data no data	t of Health. ealth profe	essional ev	rer told yount) TN 5.6		ssessment.	
Has a doctor, had a heart at 2016 2015	nurse, or other h ttack or myocard Northwe no data no data no data	t of Health. ealth profe	essional ev	rer told yount) TN 5.6 6 5.7		ssessment.	
Has a doctor, had a heart at 2016 2015 2014 2013	nurse, or other hattack or myocard Northwee no data no data no data 8.8	t of Health. ealth profe	essional ev	rer told yount) TN 5.6 6 5.7 6.9		ssessment.	
Has a doctor, had a heart at 2016 2015	nurse, or other h ttack or myocard Northwe no data no data no data	t of Health. ealth profe	essional ev	rer told yount) TN 5.6 6 5.7		ssessment.	
Has a doctor, had a heart at 2016 2015 2014 2013 2012 2011 Has a doctor,	nurse, or other h ttack or myocard Northwe no data no data no data 8.8 6.8	t of Health. pealth professt st ealth professt	essional ev	rer told yount) TN 5.6 6 5.7 6.9 6.7 5.2	ou that you		
Has a doctor, had a heart at 2016 2015 2014 2013 2012 2011 Has a doctor,	nurse, or other h ttack or myocard Northwe no data no data no data 8.8 6.8 7.3	ealth profe	essional ev	rer told yount) TN 5.6 6 5.7 6.9 6.7 5.2	ou that you		
Has a doctor, had a heart at 2016 2015 2014 2013 2012 2011 Has a doctor, coronary hear	nurse, or other hettack or myocard Northween odata no data no data 8.8 6.8 7.3 nurse, or other hett disease? (percent	ealth profe	essional ev	rer told yount) TN 5.6 6 5.7 6.9 6.7 5.2	ou that you		
Has a doctor, had a heart at 2016 2015 2014 2012 2011 Has a doctor, coronary hear	nurse, or other hattack or myocard Northween odata no data no data 8.8 6.8 7.3 nurse, or other hattacker or other hattacker.	ealth profe	essional ev	rer told yount) TN 5.6 6 5.7 6.9 6.7 5.2 rer told young	ou that you		
Has a doctor, had a heart are 2016 2015 2014 2013 2012 2011 Has a doctor, coronary hear	nurse, or other hattack or myocard Northwee no data no data no data 8.8 6.8 7.3 nurse, or other hatt disease? (percent like services of the percent like services percent like	ealth profe	essional ev	rer told yournt) TN 5.6 6 5.7 6.9 6.7 5.2 Fer told your told you	ou that you		
Has a doctor, had a heart at 2016 2015 2014 2013 2012 2011 Has a doctor, coronary hear	nurse, or other hattack or myocard Northween o data no data no data 8.8 6.8 7.3 nurse, or other hatt disease? (percent) Northween o data no data no data	ealth profe	essional ev	rer told yount) TN 5.6 6 5.7 6.9 6.7 5.2 Fer told younger TN 5.4 4.9	ou that you		
Has a doctor, had a heart at 2016 2015 2014 2013 2012 2011 Has a doctor,	nurse, or other hattack or myocard Northween odata no data no data 8.8 6.8 7.3 nurse, or other hatt disease? (percent disease) Northween odata no data no data no data no data no data no data	ealth profe	essional ev	rer told yourst	ou that you		

Source: Tenn	essee Departmei	nt of Health	n Rehavior	al Rick Fac	tor Survoillan	co Custom	
		Te or ricare	7. Denavior	ar Nisk rac	tor surveillan	ce system.	
High Blood P	ressure			1			
	Cerebrovascular	Disease ne	er 100 000	1		1	1
		Discuse po	1 100,000				
	Gibson	County				TN	
	Total	White	Black		Total	White	Black
2016	76.9	91.6	22.1		52.8	55.1	52.6
2015	95.1	81.3	154.4		52.2	53.9	49.8
2014	84.9	83.9	97.8		50.7	53.1	48.4
2013	84.9	68.6	163.7		48.1	50.5	45.8
2012	106.8	103.8	130.0		46.3	48.6	42.9
2011	86.1	85.8	95.6		50.1	52.8	46.2
2010	90.6	102.6	53.5		50.1	54.3	45.6
2009	94.3	95.3	93.0		50.6	51.9	48.2
High Blood Pr	<u>essure</u>						
	essee Departmen	t of Health	Division of	Policy. Pla	anning, and A	ssessment	
	essee Departmen			.,,	3, 3, 1		
Have you eve	r been told by a	doctor, nu	rse or othe	r health pr	ofessional th	at vou have	
high blood pro	essure? (percent)					
	Northwe	est		TN			
2016	no data			41.8			
2015	no data			38.5			
2013	46.9			38.8			
2012	39.8			39.7			
2011	41.9			38.7			
2010	46.3			35.4		444	
2009	39.3			32.6			
2007	39.1			33.8			
2005	39.6			30.2			
Are you curre	ntly taking medi	cine for yo	ur high blo	od pressur	e? (percent)		
	Northwe	st		TN			
2016	no data			84.55			
2013	82.3			83.9			
012	78.0			80.0			
2011	84.2			78.3			
2010	86.0			85.6			
2009	85.7			81.8			
2007	86.1			84.0			
2005	81.5			83.4			

				4			T	1
Source: Te	nnessee De	epartment	of Health	 Behavioral	Risk Factor	Surveillance S	vetem	1
				T	TAISK FACTOR	Jui veillance 3	ystem.	
Influenza	in rural We	ct Tonnoco						
i .				•••	_	1	1	ı
Sentinei P	rovider Infl	luenza-Like	Iliness Sui	veillance l	Oata			
2047		# Patients						
2017	<u> </u>	28						
C								
		epartment o	of Health S	entinel Pro	vider Influe	nza-like Illnes:	s Surveillan	ce
Summary.	7							
Mental III	ness							
* Mental i	Ilness affect	ted 1 in 5 ac	dults in the	United Sta	ates in 2016	•		
							<u></u>	
* 18.3 per	cent or 44.7	7 million An	nericans ag	e 18 and o	lder suffer t	rom a diagnos	ed mantal	illnoss
* 10.4 mill	ion age 18+	or 4.2 per	cent of the	populatio	n live with a	serious, pers	istent ment	al illage
Of those, 6	5.7 percent	received tr	eatment.			. 3c,10u3, pc13	isterit mem	.ai iiiiicss.
* 51.5 per	cent of 18-2	25 year olds	received t	reatment:	66.1 percer	nt of 26-49 yea	r olds race	ived
treatment	; 71.5 perce	ent of 50+ re	eceived tre	atment.	oo.z percer	10 20 45 yea	ii olus rece	iveu
	pression di				an enisode	in 2016		
* Bi-polar	disorder 2.8	percent of	adults	duares muu	an episode	111 2010.		
	renia has a			64 nercent				
	renia is one					orldwide		
	order 2.7 pe				disability wi	oriuwide.		
	matic stres			of adults				
		3 district	o.o percent	or addits.				
Source: Na	tional Instit	rute of Mon	tal Haalth	/2010\				
<u> </u>	cional macie	ute of Men	itai Health	(2010).				
Average N	umber of N	Iontally Un	hoolthu De	ne Danast	- d ! 1 4 24			
Average N	umber of N	ientany on	nearmy Da	iys keporti	ed in Last 30	Days		
		Gibson Cou			Thi			
2018		5.0	iiiLy		TN			
2018					4.5			
2017		4.8			4.4			
2010		4.7			4.9			
Source: C-	uman, Hamlet	Dani.			2010			
Jource: Co	unty Health	Kankings a	ing Koad M	iaps 2016-	2018.			
Fatius - t - 1								
estimated	number and	a percent o	t people o	ver the age	of 18 with			
serious me	ntal illness	in the past	year.					
		TN						
		Percent						7

2015-2016	5				
2014-2015	4.4				
2013-2014	4.7				
Estimated num	ber and percen	t of people ove	r the age of 18 wi	th	
any mental illne					
	TN				
	Percent				
2015-2016	19.6				
2014-2015	19.9				
2013-2014	20.4				
<u>Source:</u> Behavic	ral Health Indic	ators for Tenne	ssee and the Unit	ed States 2018	Data Book.
Number of beh	avioral health sa	afety net (BHSN	l) enrollments an	d	
			er age 18 with a		
serious mental					
	Gibson Co	ounty	TN		
	#	Percent	Percent	}	
2017	298	4.5	3.4	+	
2016	305	4.6	3.5		
2010		1	0.0		
2015		2.3	4.0		1
	109	2.3	4.0		
2015	109		And the Control of th	7.	
2015	109		4.0 st Facts 2015-201	7.	
2015 Source: TN.gov I	109		And the Control of th	7.	
2015 Source: TN.gov I	109		And the Control of th	7.	
Source: TN.gov I	109 Behavioral Heal	th Safety Net Fa	st Facts 2015-201		abore
Source: TN.gov I	109 Behavioral Heal	th Safety Net Fa	And the Control of th		obese
Source: TN.gov I	109 Behavioral Heal	th Safety Net Fa	st Facts 2015-201		obese
Source: TN.gov I Obesity Percent of Adult	ts who have a b	th Safety Net Fa	st Facts 2015-201		obese
Source: TN.gov I Obesity Percent of Adult	ts who have a b	th Safety Net Fa	st Facts 2015-201		obese
Obesity Percent of Adult 2018 2017	ts who have a b	th Safety Net Fa	st Facts 2015-201 greater than 25- TN 32 32		obese
Cource: TN.gov I Cobesity Percent of Adult 2018 2017 2016	ts who have a b Gibson Co 35 32 31	th Safety Net Fa	st Facts 2015-201 greater than 25- TN 32 32 32		obese
Cource: TN.gov I Cobesity Percent of Adult 2018 2017 2016 2015	ts who have a b	th Safety Net Fa	st Facts 2015-201 greater than 25- TN 32 32 32 32 32		obese
2015 Source: TN.gov I Dbesity Percent of Adult 2018 2017 2016 2015 2014	ts who have a beside the second secon	th Safety Net Fa	st Facts 2015-201 greater than 25- TN 32 32 32 32 32 32		obese
2015 Source: TN.gov I Obesity Percent of Adult 2018 2017 2016 2015 2014 2013	Behavioral Heals ts who have a b Gibson Co 35 32 31 34 37 37	th Safety Net Fa	st Facts 2015-203 greater than 25- TN 32 32 32 32 32 32 32 32 32		obese
2015 Source: TN.gov I Obesity Percent of Adult 2018 2017 2016 2015 2014 2013 2012	ts who have a beside the second secon	th Safety Net Fa	st Facts 2015-201 greater than 25- TN 32 32 32 32 32 32 32 32 32		obese
2015 Source: TN.gov I Obesity Percent of Adult 2018 2017 2016 2015 2014 2013	Behavioral Heals ts who have a b Gibson Co 35 32 31 34 37 37	th Safety Net Fa	st Facts 2015-203 greater than 25- TN 32 32 32 32 32 32 32 32 32		obese

Jource: Nobe	i c vvoou joimison i uunuation ai		
		TO OTHER STEP OF WISCOTTS III	Population Health Institute
Adults who h	nave a body mass index greater	than 30-ohese	
(percent)	are a body mass mack greater	than 30-obese	
(100.00.10)	Northwest	TN	
2013	31.8	33.7	
2012	no data	31.1	
2011	30.1	29.2	
2010	38.5	31.7	
2010	30.3	21./	
Source: Tenn	essee Department of Health. Be	havioral Risk Factor Surve	illance System.
Sexually Tran	smitted Diseases		
	iagnosed with Chlamydia, gono	rrhea, or syphilis	
	Gibson County	TN	,
Year	#	#	· · · · · · · · · · · · · · · · · · ·
2016	373	4081	
2015	307	3830	
2014	300	3988	
Source: TN-PI	RISM (Patient Reporting Investig	ating Surveillance Manage	ar)
	, and the state of	ating surveinance manage	-1)-
Substance Us			
Jubstance Us		1	1
Loon, drinka			
	rs (Adult man having mara thai	3 1 / duimte manal. a.al.	- d la
han 7 drinke	rs (Adult men having more than	1 14 drinks per week and a	adult women having more
than 7 drinks	rs (Adult men having more than per week) (percent)	14 drinks per week and a	adult women having more
han 7 drinks	per week) (percent)	1 14 drinks per week and a	adult women having more
han 7 drinks	per week) (percent) TN	1 14 drinks per week and a	adult women having more
2016	per week) (percent) TN 5.6	14 drinks per week and a	adult women having more
2016 2015	per week) (percent) TN 5.6 4.7	14 drinks per week and a	adult women having more
2016 2015	per week) (percent) TN 5.6	14 drinks per week and a	adult women having more
2016 2015 2014	per week) (percent) TN 5.6 4.7 4.1		
2016 2015 2014 Binge drinker	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more d		
2016 2015 2014 Binge drinker	per week) (percent) TN 5.6 4.7 4.1		
2016 2015 2014 Binge drinker	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent)	rinks on one occasion and	
2016 2015 2014 Binge drinker	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest	rinks on one occasion and	
2016 2015 2014 Binge drinker Irinks on one	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest no data	rinks on one occasion and TN 13.1	
2016 2015 2014 Binge drinker Irinks on one	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest no data no data	rinks on one occasion and TN 13.1 10.3	
2016 2015 2014 Binge drinker Irinks on one	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest no data no data no data	TN 13.1 10.3 10.6	
2016 2015 2014 Binge drinker drinks on one 2016 2016 2016 2015 2014	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest no data no data no data 4.5	TN 13.1 10.3 10.6 9.6	
2016 2015 2014 Binge drinker Irinks on one	per week) (percent) TN 5.6 4.7 4.1 s: (Males having five or more doccasion) (percent) Northwest no data no data no data	TN 13.1 10.3 10.6	

2010	6.9	6.6	
2009	4.5	6.8	
2008	8.0	10.5	
2007	10.4	9.0	
2006	6.7	8.6	
2005	11.4	8.6	
	41.7	0.0	
 Source: Tennessee	Department of Health Rel	avioral Risk Factor Surveillan	150 Systom 2014 2016
1	Jopan Circuit of Ficultii. BC	avioral NISK Factor Surveillar	ice system, 2014-2016.
Binge/Excessive Di	rinking-Percent who repor	in the nast 30 days	
	В село ило усрог	m the past 50 days	
	Gibson County	TN	
2016	11	12	
2015	10	9	
2014	10	9	
2013	11	10	
2012	14	9	
2011	11	9	
2010	10	9	
Source: Robert Wo	od Johnson Foundation and	University of Wisconsin Pop	ulation Health Institute.
During the past 30		University of Wisconsin Popone drinkbeer, wine, malt	
During the past 30	days have you had at least	one drinkbeer, wine, malt	
During the past 30 liquor? (percent)	days have you had at least	one drinkbeer, wine, malt	
During the past 30 liquor? (percent)	days have you had at least Northwest 31.3	one drinkbeer, wine, malt TN 37.5	
During the past 30 liquor? (percent) 2013	Northwest 31.3 20.0	one drinkbeer, wine, malt TN 37.5 38.6	
During the past 30 liquor? (percent) 2013 2012 2011	Northwest 31.3 20.0 26.8	TN 37.5 38.6 37.5	
During the past 30 liquor? (percent) 2013 2012 2011 2010	Northwest 31.3 20.0 26.8 22.6	TN 37.5 38.6 37.5 28.2	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009	Northwest 31.3 20.0 26.8 22.6 21.1	one drinkbeer, wine, malt TN 37.5 38.6 37.5 28.2 25.1	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008	Northwest 31.3 20.0 26.8 22.6 21.1 22.8	TN 37.5 38.6 37.5 28.2 25.1 33.6	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6	one drinkbeer, wine, malt TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6	one drinkbeer, wine, malt TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9	
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006 2005 Estimated number	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9 28.3 and percent of people ove	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5	beverage,
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006 2005 Estimated number	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9 28.3 and percent of people ove	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5 34.7	beverage,
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006 2005	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9 28.3 and percent of people ove the past year.	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5 34.7	beverage,
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006 2005 Estimated number drugs or alcohol in	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9 28.3 and percent of people ove the past year. Gibson County	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5 34.7	beverage,
During the past 30 liquor? (percent) 2013 2012 2011 2010 2009 2008 2007 2006 2005 Estimated number	Northwest 31.3 20.0 26.8 22.6 21.1 22.8 29.6 25.9 28.3 and percent of people ove the past year.	TN 37.5 38.6 37.5 28.2 25.1 33.6 32.9 29.5 34.7 r age 18 with a dependence of	beverage,

2006-2008	2,907/7.85	8.86	
Number of uni	que TDMHSAS A&D Treatmen	t Admissions as a percent o	f people over age
18 with a depe	endence on or abuse of illicit d	rugs or alcohol in the past y	rear.
	Gibson County	TN	
Fy2014	203/6.88	3.95	
Fy2013	149/5.06	3.53	
Fy2012	191/6.48	3.52	
Number and pe	ercent TDMHSAS funded treat	ment admissions with ALCO	HOL identified
as substance o			
	Gibson County	TN	
2016	108/47.4	5,894/42.1	
2015	121/54.8	6,004/44.7	
2014	114/62.3	6,213/45.9	
Fy2015	122/53	44.8	
Fy2014	128/63.1	44.2	
Fy2013	115/65.7	45.4	
Fy2012	114/58.5	45.3	
Number and pe	ercent TDMHSAS funded treati	ment admissions with CPAC	K COCAINE
	ubstance of abuse	nent admissions with CNAC	RCOCAINE
	Region 6	TN	
2016	274/17.1	2,614/18.7	
2015	328/20	2,634/19.6	
2014	340/20.1	2,722/20.1	
	rcent TDMHSAS funded treat	nent admissions with HERO	IN identified
as substance of	apuse		
	Region 6	TN	
2016	138/8.6	1,518/10.8	
2015	87/5.3	1,069/8	
2014	52/3.1	721/5.3	
Number and pe	rcent TDMHSAS funded treatr	nent admissions with MAPI	IIIANA identified
s substance of		TOTAL GALLISSIONS WITH MINKE	ONIA IGENUNEG
	Gibson County	TN	
2016	123/53.9	5,327/38	

2015	90/40.7	5,206/38.7		
2014	77/42.1	5,362/39.6		
		3,532,6313		
Number and I	percent TDMHSAS funded treat	ment admissions with METH	identified	
as substance	of abuse			
	Gibson County	TN		
2016	68/29.8	2,869/20.5		
2015	42/19	2,089/15.5		
2014	51/27.9	1,849/13.7		
Fy2015	43/18.7	15.3		
Fy2014	42/24	11.6		
Fy2013	55/28.2	12		
Fy2012	30/17.1	10.1		
Number and p	ercent TDMHSAS funded treat	ment admissions with OPIOID	S identified	
as substance o	of abuse			
	Region 6	TN	,	
2016	25/59.5	5,792/41.4		
2015	15/*	5,907/43.9		
2014	19/*	5,859/43.3		
Fy2015	57/24.8	43.2		
Fy2014	50/24.6	40.2		
Fy2013	30/20.1	28.4		
Fy2012	63/32.3	39.1		
Number and p	ercent TDMHSAS funded treati	nent admissions with OTHER	illicit	
arugs identifie	d as substance of abuse			
2016	Region 6	TN		
2016 2015	16/*	208/1.5		
2013	15/*	281/2.1		
	20/1.2	300/2.2		
Fy2014 Fy2013	59/39.6	38.6		
	89/46.6	37.3		
y2012	69/39.9	36.9		
Source: 2017 T	ennessee Robavioral Health Co.	unturand Danier Comity Date		
- Carce, 201/ 1	ennessee Behavioral Health Co	inty and Region Services Data	ROOK.	
Number of dru	g related arrests for adults ove	r 18 in Gibson County		
2017	98	1 10 III GIDSON COUNTY		
2016	123			
2015	127			

Cy2013	225						
Cy2012	190						
Cy2011	194						
Source: NIBRS,	2015-2017						
Source: Tennes	ssee Departme	nt of Menta	l Health an	d Substa	nce Abuse Ser	vices. Tennes	see
Behavioral Hea	Ith County Dat	a Book 201	4.				500
Teenage Pregn	ancy						
Pregnancies Ag	ge 10-17 per 1,	000 Female	s				
	Gibson					TN	
	Total	White	Black		Total	White	Black
2016	2.2	2	3.7		5.4	4.5	9.7
2015	4.1	3.9	5.5		6	5.1	10.2
2014	5.2	4.4	8.9		6.3	5.5	10.7
2013	10.4	7.8	18.2		7.2	6	12.9
2012	9.5	9.6	8.8		8.3	7.0	14.0
2011	10.7	11.3	9.8		8.9	7.3	15.5
2010	6.5	5.4	9.9		10.0	8.3	17.9
2009	10.0	8.0	16.4		12.0	9.1	21.9
Pregnancies Ag	ge 15-17 Per 1,0	000 Female	S				
	Gibson (County				TN	
	Total	White	Black		Total	White	Black
2016	6.2	5.5	10.2		13.7	11.5	23.6
2015	10.7	11.3	10.3		15.2	13.2	24.7
2014	15.2	13	25.5		16.1	14.2	25.6
2013	28.3	21.4	46.6		18.2	15.6	30.8
	24.0	25.0	19.0		21.2	18.1	33.9
2012	24.0	1					
	28.5	30.9	25.6		22.4	18.9	36.5
2011			25.6 16.2		22.4 24.8	18.9 21.1	36.5 42.1
2011	28.5	30.9					
2011 2010 2009	28.5 14.7 23.2	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2011 2010 2009	28.5 14.7 23.2	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2011 2010 2009	28.5 14.7 23.2	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2012 2011 2010 2009 Source: Tenness	28.5 14.7 23.2	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2011 2010 2009 Source: Tennes:	28.5 14.7 23.2 see Departmen	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2011 2010 2009 Source: Tennes:	28.5 14.7 23.2 see Departmen	30.9 13.9 19.8	16.2 33.6		24.8	21.1	42.1
2011 2010 2009 Source: Tennes:	28.5 14.7 23.2 see Departmen	30.9 13.9 19.8 It of Health.	16.2 33.6	TN	24.8	21.1	42.1

2017	22		22		
2016	25		24		
2013	25.6		24.3		
2012	28.1		24.9		
2011	27.1		23.0		
2010	22.3		20.1		
2009	29.0		22.0		
2008	55.3		23.1		
2007	30.3		24.3		
2006	27.1		22.6		
2005	24.0		26.7		
Source: Tenne	essee Departme		ps 2016-2018. navioral Risk Facto smoking at least 1		stem.
2016	Gibson 25	County	TN		
2015	30		24		
2013			23		
2014	30		23		
2013	30 35		23		
2012			24		
2010	36		24		
.010	36		25		
Source: Rober	t Wood Johnsor	r Foundation and	d University of Wis	consin Populatio	on Health Institute.
raumatic Bra	in Injury	ĺ			
iibson County	у				
BI related fat	ality count	6			
Relative Rate		1.06			
ource: Traum	atic Brain Injury	Program Annua	l Report 2016-201	.7.	
· · · · · · · · · · · · · · · · · · ·					
OM TIME STATE					
ey tindings					
A total of 11	,334 unique pat	ients were repor	ted to the TBI Reg ength of stay > 24 I	istry during 2016	5. Of these, 7,458

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

Violent Crime					
2015					
	Offens	Offenses		rrests	
	Reported	Cleared	Adult	Juvenile	
Humboldt PD	231	114	91	4	
Milan PD	233	145	103	17	
Trenton PD	104	27	20	1	
Gibson County Sheriff	257	194	91	11	
Source: Tennessee Bureau	of Investigation.				

HEALITH PROFILE

2016 Population

Estimate: 49,401

% White: 79.7

83.8%

% Black: 18.3 % Other: 2

https://census.gov/quickfacts/

Education Level: High School Graduate:

Bachelor's Degree:

16%

https://census.gov/quickfacts/

Median Household Income: \$38,457.00

Persons In Poverty: 15.7%

Children In Poverty: 23.4%

https://census.gov/quickfacts/ http://datacenter.kidscount.org/ # of Public Schools: 20

Students Receiving Free/Reduced Lunch: 48.3%

http://datacenter.kidscount.org/

2015 Teen Pregnancy Rates (age 10 – 17):

*per 1,000

State Rate: 6.0/1,000 females

County Rate: 4.1/1,000 females

http://tn.gov/health/topic/health-data

2015 Infant Mortality Rates:

State Rate: 7.0/1,000 births

County Rate: 1.6/1,000 births

http://tn.gov/health/topic/health-date

2017 HEALTH RANKINGS

Health Outcomes: 64

Health Factors: 33

.countyhealthrankings.org/

Health Outcomes: represent how healthy a county is. 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.

2015 Leading Causes of Death:

- 1. Heart Disease
- 2. Cancer
- 3. Alzheimer's Disease
- 4. Stoke
- 5. Pulmonary Disease http://ln.gov/health/lippic/health-data

2017 Leading Health Behaviors:

- 1. Access to Exercise Opportunities (54%)
- 2. Physical Inactivity (34%)
- 3. Alcohol-Impaired Driving Deaths (34%)
- 4. Adult Obesity (32%)

www.countyhealthrankings.org/

Top Health Council Priorities:

FIBSON COUNTY

HEALTH COUNCIL PROFILE

- 1. Obesity / Physical Inactivity
- 2. Infant Mortality / Teen Pregnancy
- 3. Chronic Illness Awareness & Education

Meeting Times:

March 8, June 14, September 13, December 13, and two open dates for Community Outreach.

Community Partners:

The Gibson 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 county. 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.

TOBACCO SETTLEMENT PROJECTS

\$15 Million was appropriated in the 2014 State budget for three years to support tobacco use prevention projects chosen and managed by county health departments. Three statewide topics were selected. Gibson County received funding of \$33,085.00 in 2014, \$29,776.50 in 2015, and \$28,882.34 in 2016 based on Tobacco Settlement Plans updated annually. Gibson County set its own numeric goals for change for each topic. The Gibson County plans and selected projects were chosen based upon assessments and implemented over the three years.

assisting 6 TN licensed child care facilities to sending 35 students to TTI camp to become and 25 healthy weight deliveries to enrolled ennessee Teens Talk Tobacco curriculum. Fobacco Free Program, helping 42 women Gibson Co. chose to focus our tobacco adopt tobacco free policies; and Tobacco areas in Gibson Co. parks; Gold Sneaker, women; Knock Tobacco Out of the Park, tobacco free signs places in child-friendly quit smoking during the prenatal period Smoke Free Resolution," resulting in 40 Prevention among school-age children, where 8 city parks passed a "Voluntary prevention educators of the peer led prevention efforts in the Baby & Me

Gibson County made improvements in all three focus areas over the three years. Gibson County Health council will continue to develop and implement strategies to improve health outcomes in our communities.

2017 Health Promotion Highlights Tobacco Settlement Projects:
Baby & Me Tobacco Free
Knock Tobacco Out of the Park
Tennessee Teens Talk Tobacco

Healthier TN

Go Girl Go!

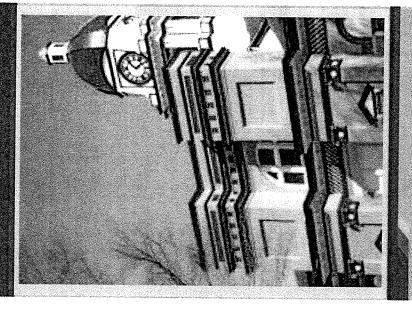
Child Health & Safety Checks

Mock DUI Crash

Rural Access to Health: Healthy Active Built Environments Grant Gibson County Health Educator: Jesse Willhoit Phone | 731.855.7601 E-mail | <u>Jesse.willhoit@tn.gov</u> Gibson County Health Council Chair:
Doug Lockard
Phone | 731.855.1231
E-mail | doug@trentonhousing.org

GIBSON COUNTY

HEALTH COUNCIL PROFILE (2016)



THEMSILE ROLLES

The Gibson County Community Health Countil acts as a working council whose purpose is to address health issues of significance, resource evaluability and allocation, and to develop strategies to improve health outcomes within the

<i>Y</i>		

Gibson County Health Council



Meeting Minutes by Rhonda Casey – June 13, 2018 Milan Housing Authority

In attendance: Doug Lockard (Trenton Housing), Rhonda Casey (Trenton Housing, Afterschool and Youth Program), Jesse Willhoit (Health Educator, Gibson County), Mary Duncan, (Milan Anti Drug Coalition), Sandra Presson (CCR&R), Steve Smith (Touching Hearts), Barbara Berry (UT Extension), Laquita Clark (UT Extension), Libby Wickersham (Greater Gibson County Chamber of Commerce), Brittney Keller, (Humboldt Library), Joyce Vonner, (Polk Clark), Tim King (TN Dept. of Health, Healthy Development Coordinator) and Sheila Gilliam, (Workforce Development).

Next Meeting: September 12, 2018

Doug Lockard called the meeting to order and welcomed guests and members. A motion to approve Minutes from the March 14, 2018 meeting was made by Steve Smith. There was a second on the motion by Mary Duncan. The minutes were unanimously approved without corrections.

I. <u>Old Business</u>: Tobacco Settlement Update–Jesse Willhoit notified the council that Gibson County would be sending 68 individuals to the Tennessee Teen Institute. Teams consist of teams of six students and one advisor. Using some of the Tobacco money, goodie bags have been made for each student and they will be given TTI Shirts which were designed by the students in the Youth Advisory Council in Milan. Organizations representing Gibson County at TTI are as follows: Gibson County Special School district: 13 Students, 2 Advisors. Milan Prevention Coalition/Milan SSD: 21 Students, 3 Advisors. Trenton Housing Authority: 12 Students, 2 Advisors. Bradford SSD: 7 Students, 1 Advisor.

TN Dept. of Health Built Environments: Tim King spoke about projects done through built environments. Tim works with the West Region of TN. He has 19 rural counties and has been promoting healthy built environments.

Tim has been working with Jesse to get all exercise signs up in the parks and is waiting to get the walking signs put up.

He discussed a competitive grant that was offered to allow agencies, school, non profits, etc to get funding for healthy built environments in their areas. He will notify council when the grant is open again.

Joyce Vonner- Polk Clark and Jesse Willhoit have worked to receive a \$5000 Minority Health Grant. There are two phases they are providing, one is a basketball program and the other is a reading book club program. All are underway as of June 4, 2018.

II. New <u>Business</u>: Jesse provided the 2018 updated Health Council Brochure and data from the 5-year trend of pregnancies in females ages 10-17 – She discussed how the trend shows that Gibson County has gone from 26 pregnancies in 2012 to 6 pregnancies in 2016.

Inter-Agency Council Merge & Project Planning: Doug Lockard discussed the proposed joining of the Interagency Council and GC Health Council meeting times. The interagency has agreed to join together. The Interagency requires a fee but the health council does not. Who will host the programs for the interagency and other concerns must be addressed. An email will be sent to interagency members to invite them to attend the next scheduled meeting of the Health Council on September 12th. A motion was made by Mary Duncan to initiate the combining of councils at the next health council meeting, a second was made by Barbara Berry, and the vote was unanimous. Members of interagency will attempt to get by laws and other information for that meeting.

Jesse discussed a directory that is similar to the interagency directory except with business cards. The council looked over the sample directory and discussed the possibility of helping to update the interagency directory since it has not been updated since 2015.

There was a motion to adjourn by Mary Duncan; a second was made by Barbara Berry. Motion passed unanimously.

III. Meeting Adjourned