



Southwind

# Cumberland River Hospital Celina, Tennessee

Community Health Needs Assessment  
July 2013

# Road Map



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2	Regional Demographics
3	Key Constituents Interview Summary
4	Focus Group Summary
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# Introduction

Cumberland River Hospital (CRH) has deep roots in Clay County and has served this population since its opening in Celina more than 45 years ago. CRH was the first hospital to open in the county. While we've grown over the years and with our recent affiliation with Cookeville Regional Medical Center, we remain as committed as ever to serving the needs of the community.

To better understand our community's needs, Cumberland River Hospital, working in partnership with local health organizations, has conducted a Community Health Needs Assessment. In the development of this Needs Assessment, CRH has also partnered with Southwind – A Division of The Advisory Board Company, in the preparation of this report. The goal is to identify opportunities to continue to improve our community's health. In addition to publicly reported data, we gather input from Clay and Jackson County residents using focus groups and interviews. In collecting this information, we make every effort to ensure the information we gather represents the rich diversity of the individuals and families who live in our community.

Based on the results of our recent needs assessment, the biggest opportunities lie in the following areas:

- Promoting health and education
- Improving access to care
- Creating a culture of prevention and wellness

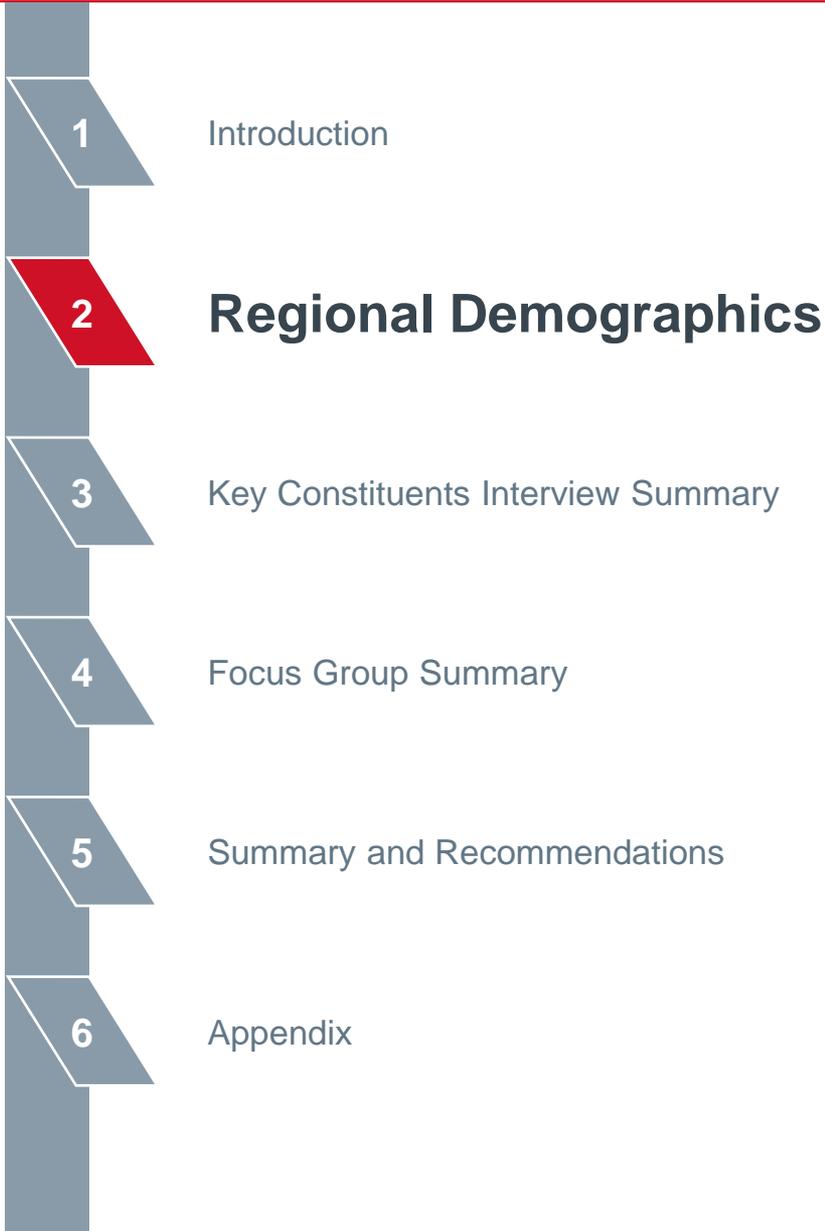
We are putting in place strategies to address these needs. An important aspect of our overall mission is to meet the healthcare needs of the community by providing quality health services.

As a not-for-profit organization, CRH seeks to continually improve patient care. I'm proud of our ongoing commitment to the community. On our campus that includes inpatient and outpatient facilities, our geriatric psychiatry unit, our emergency department, as well as the other programs and services provided by CRH.

As we strive to promote the health of the population of Clay and Jackson counties and provide quality care to those with whom we come in contact, we appreciate the confidence that you place in us.

**Andrea Rich-McLerran**  
Chief Administrative Officer  
Cumberland River Hospital

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# Regional Population

## Population Analysis:

The population two county region was estimated at 19,568 in 2012, with an expected increase of 1.1% to 19,788 by 2017.

## Age Analysis:

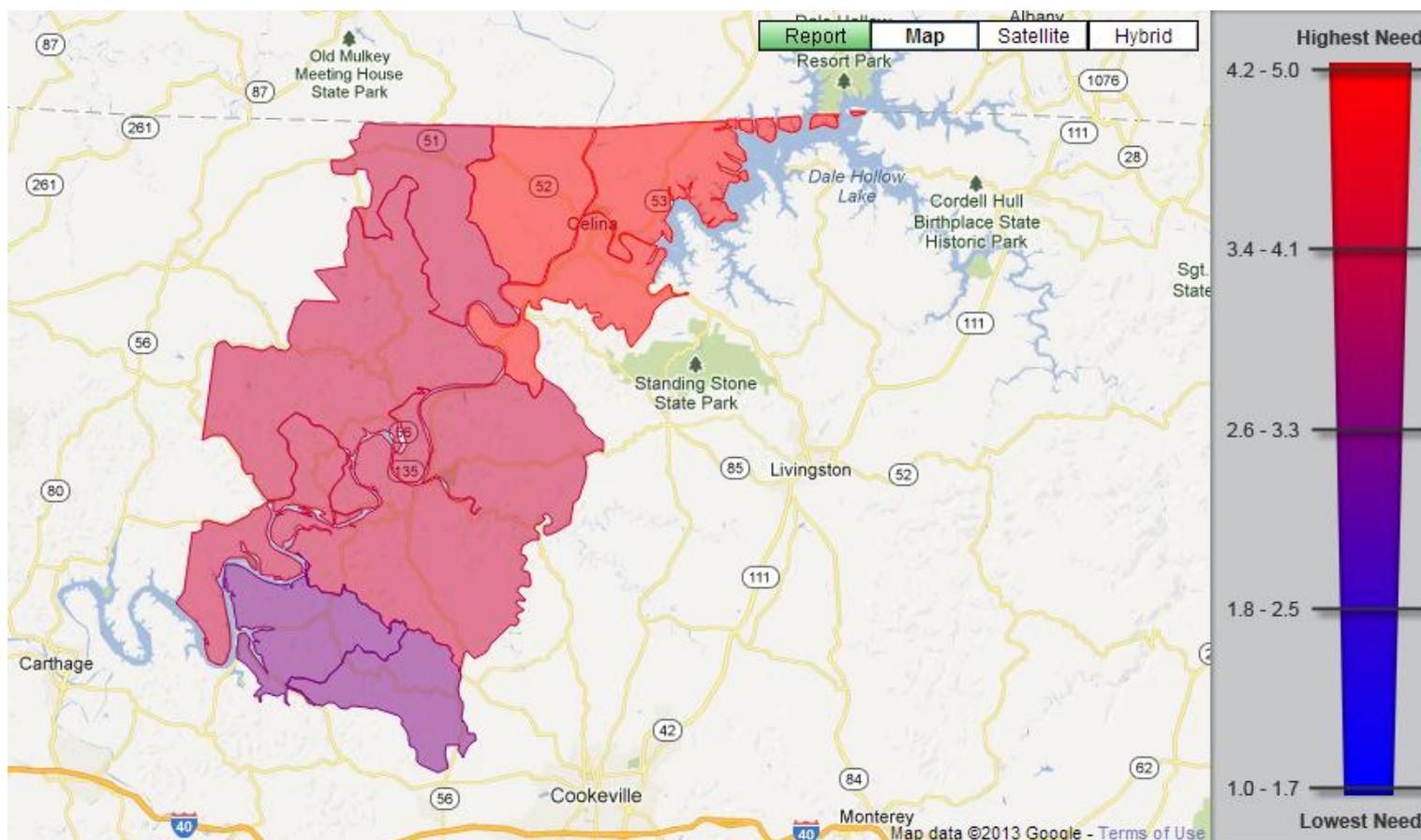
- 18% of regions population is currently above 65 years of age as compared to 13% nationally. The population of this age group is expected to increase by 14.4% over the next five-year period.
- As a result, we expect the demand for healthcare services in the service area to trend above national averages based on the senior population.

Source: Claritas, Inc.

		Age Ranges				
		00-17	18-44	45-64	65+	Total
<b>Service Area Population by Age Range</b>						
Clay	2012	1,640	2,469	2,347	1,394	7,850
	2017	1,577	2,364	2,328	1,568	7,837
	% Change	-3.8%	-4.3%	-0.8%	12.5%	-0.2%
Jackson	2012	2,306	3,715	3,595	2,102	11,718
	2017	2,243	3,636	3,642	2,430	11,951
	% Change	-2.7%	-2.1%	1.3%	15.6%	2.0%
Total	2012	3,946	6,184	5,942	3,496	19,568
	2017	3,820	6,000	5,970	3,998	19,788
	% Change	-3.2%	-3.0%	0.5%	14.4%	1.1%
<b>% of Population in Age Ranges (Service Area Vs. National Estimates)</b>						
Service Area	2012	20%	32%	30%	18%	100%
	2017	19%	30%	30%	20%	100%
National	2012	24%	37%	26%	13%	100%
	2017	24%	35%	26%	14%	100%

# Community Needs Assessment

- The Community Need Index pictured below identifies the severity of health disparity for both Jackson and Clay County using factors such as community need, access to care, and preventable hospitalizations.
- The cities within Jackson and Clay County are highlighted according to need.



# Community Needs Assessment

- The Community Need Index scores are determined by underlying economic and structural barriers that affect overall health such as barriers related to income, culture/language, education, insurance, and housing.
- A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.
- The average CNI for Jackson and Clay County is 3.6.

Mean(zipcode): 3.6 / Mean(person): 3.9

CNI Score Median: 3.7

Zip Code	CNI Score	Population	City	County
38545	3.2	1344	Jackson County	Jackson
38564	2.6	549	Jackson County	Jackson
38562	4	6331	Jackson County	Jackson
38588	3.8	1027	Jackson County	Jackson
38575	3.6	1127	Clay County	Clay
38551	4.2	4082	Celina	Clay

# Community Needs Assessment

## What does a CNI of 3.6 tell us?

- There is a high correlation (95.5%) between hospitalization rates and CNI scores.
- Highly needy communities (areas shown in red in the previous slide) have hospital admission rates over 60% higher than communities with the lowest need.
- Also, when admission rates for conditions where appropriate outpatient care could prevent or reduce the need for hospital admission were compared to CNI scores, it was found that most highly needy communities experience admission rates almost twice as often (97%) as the lowest need communities.
  - Examples of these conditions are pneumonia, asthma, congestive heart failure, and cellulitis

# Health Outcome Measurements – Mortality and Natality

# Mortality Gaps

- Premature death is used as a mortality measurement because it focuses on deaths that could have been prevented.
- Simple mortality rates don't address the issue of premature death, the impact of disease and death, and their cost to society.
- It is measured by the years of potential life lost before age 75 per 100,000 population.
  - For example, a person dying at age 20 contributes 55 years of life lost, whereas a person who dies at age 70 contributes five years of life lost.

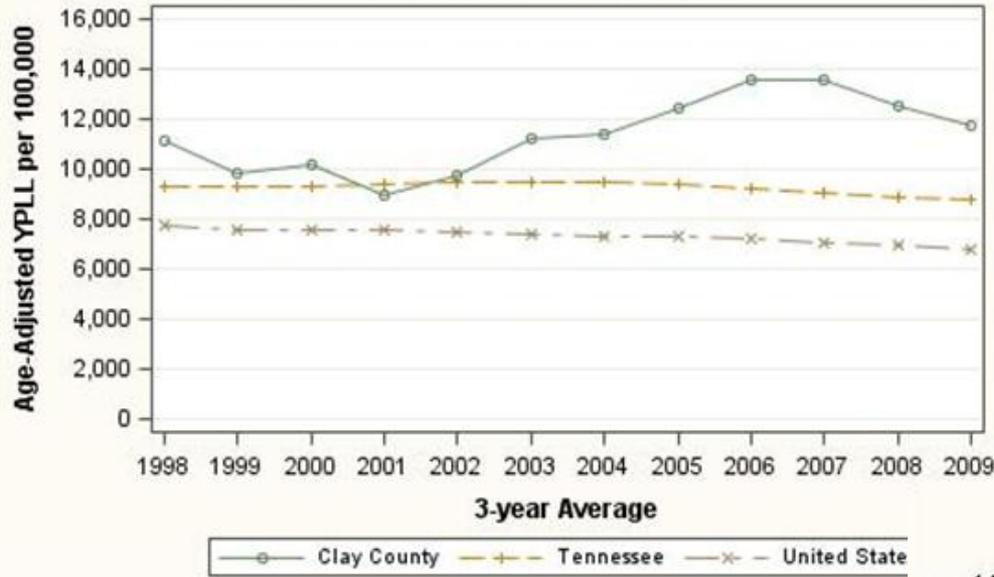
Mortality Indicator	Clay County	Jackson County	Tennessee Benchmark	Range in Tennessee	National Benchmark
Premature Death	11,710	10,742	8,790	3,839 to 16,601	3,839

- The national benchmark is a little over 5,000 years of potential life lost per 100,000 people. The state average is nearly 8,800 years lost. In Clay and Jackson County the numbers are more than double the national average and well over the state benchmark at over 11,700 and 10,700, respectively.

# Mortality Gaps

## Premature Death in Clay County, TN

Years of Potential Life Lost (YPLL): County, State and National Trends

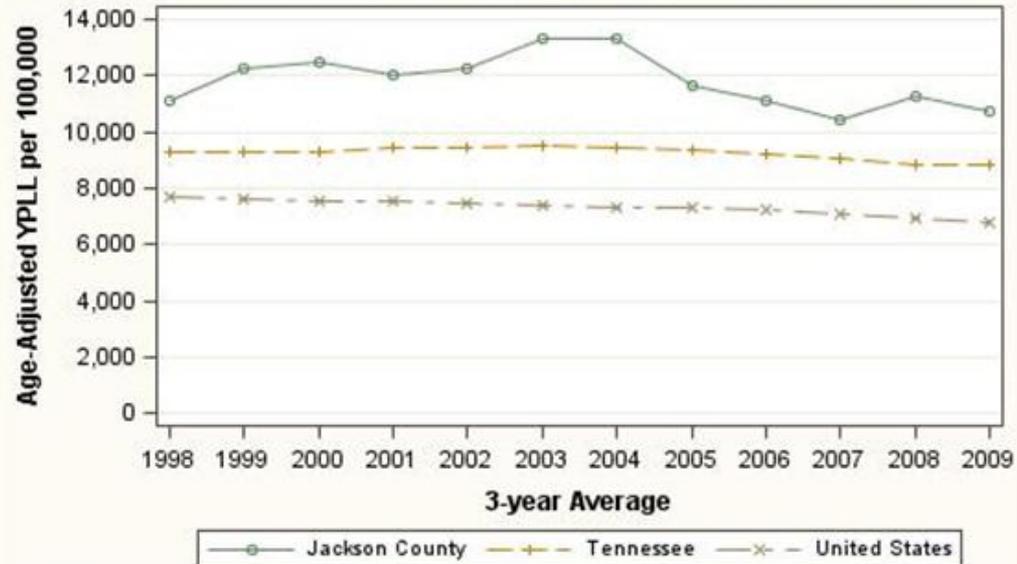


These two graphs paint a good picture of the premature death rates in Clay and Jackson County compared to the state and the national average.

For the most part, Clay and Jackson Counties have been above both the state and national average for the entire 12 year range these graphs depict. For a couple of years Clay County was on par with Tennessee but have never come close to the average in the U.S.

## Premature Death in Jackson County, TN

Years of Potential Life Lost (YPLL): County, State and National Trends



# Nativity Gaps – Low Birth Weight

- Natality is another way to calculate the dynamics of a population.
- A good measure of natality is low birth weight (LBW).
- LBW is a good indicator because it predicts an infant's premature mortality and morbidity over its life and also predicts the potential for cognitive development.
- LBW also represents the mother's exposure to health risks, which include her health behaviors, availability of health care, environmental risks, and the social and economic environment in which she lives.
- This is measured by a percent of live births for which the infant weighed less than 5 pounds, 8 ounces.
- The percentage of babies born with LBW in Clay County is 6.9% and 7.1% in Jackson County.

Nativity Indicator	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Low Birth Weight	6.9%	7.1%	9.3%	6.0%

# Nativity Gaps – Teen Birth Rate

- Another indicator of natality is the teen birth rate.
- It is measured because studies show that teen pregnancy significantly increases the risk of contracting an STD and of repeat pregnancy.
- Teens are also more likely to have a low birth weight baby, which increases the risk of developmental issues.
- There are also additional risk factors associated with teen pregnancy such as gestational hypertension and anemia, poor weight gain, and little or no prenatal care.
- This is measured by the number of births by teens (ages 15-19) per a female population of 1,000.
- In Clay County 55 out of every 1,000 teens (15-19 years old) get pregnant and 42 out of every 1,000 in Jackson County. The national average is 21.

Nativity Indicator	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Teen Birth Rate	55	42	50	21

# Health Outcome – Morality and Natality

**What do these health outcome measurements tell us as far as where Jackson and Clay County stand in comparison to other counties in the state?**

- There are 95 counties in the state of Tennessee. Clay county ranks 85<sup>th</sup> in mortality which was measured in a previous slide by the premature death rate. There are only 10 counties in the entire state of Tennessee that have a higher premature death rate than Clay County. Jackson County is 78<sup>th</sup> which means there are only 17 counties in the state ranking higher.
- Overall, Clay County ranks 62nd out of 95 in the health outcome category. This was shown previously by measuring mortality, morbidity, and natality. The health outcome in Clay County is significantly below average for the state. Jackson County ranks 50th indicating the county also stands below average.

# **Health Factors – Behaviors, the Physical Environment, Social and Economic Factors, and Clinical Care**

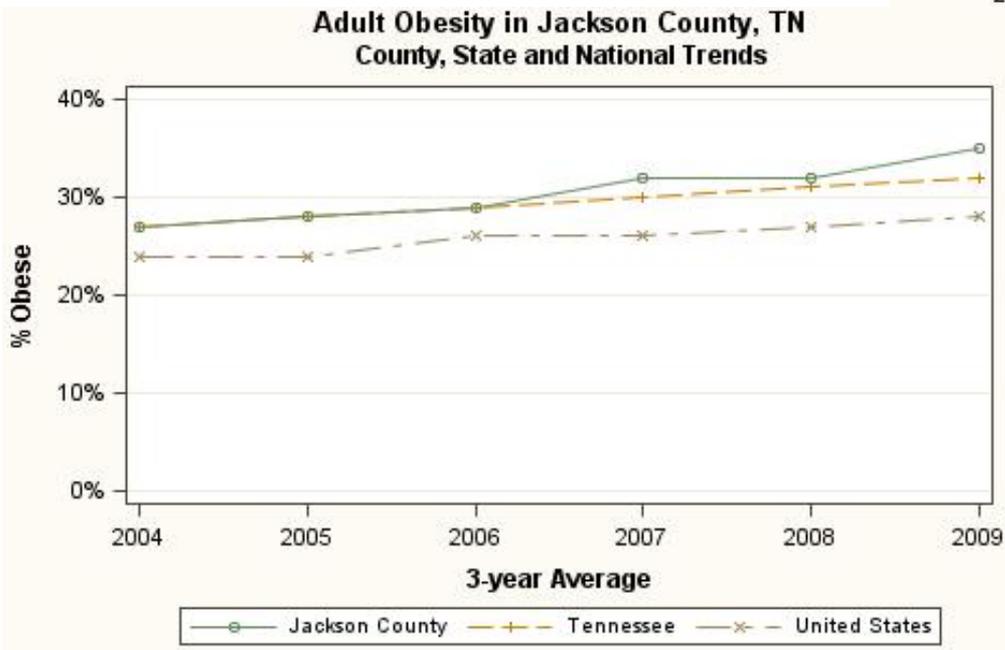
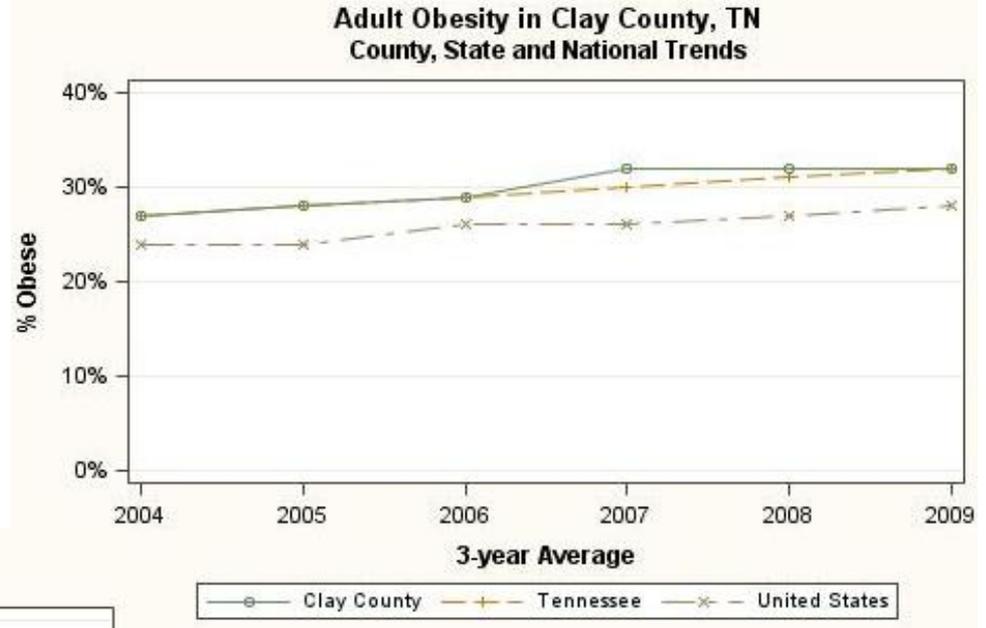
# Health Behaviors – Adult Obesity

- There are several different health factors to take into account in addition to morbidity and natality gaps when determining the health of a county.
- One obvious measure is adult obesity which is usually due to poor diet and limited physical activity.
- This is measured by the percent of adults (20 and older) with a body mass index higher than or equal to 30. To put this in perspective, a healthy range is 19-24 depending on height, and adults are considered overweight in the 25-29 range.
- 32% of adults living in Clay County and 35% in Jackson County have a BMI of 30 or greater and are considered obese. The national average is 21%.
- Adult suffering from obesity are at a much higher risk of heart disease, diabetes, cancer, hypertension, stroke, sleep apnea, osteoarthritis, etc.

Health Behaviors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Adult Obesity	32%	35%	32%	21%

# Health Behaviors – Adult Obesity

Although the obesity rates in these two graphs show both counties right on par with the state, these graphs clearly show that the rates for both the two counties and for the state are well above the national average.



Not only do these graphs depict the obesity levels of these two counties compared to the national levels, but they also show that the obesity percentages continue to rise in both counties at an alarming rate.

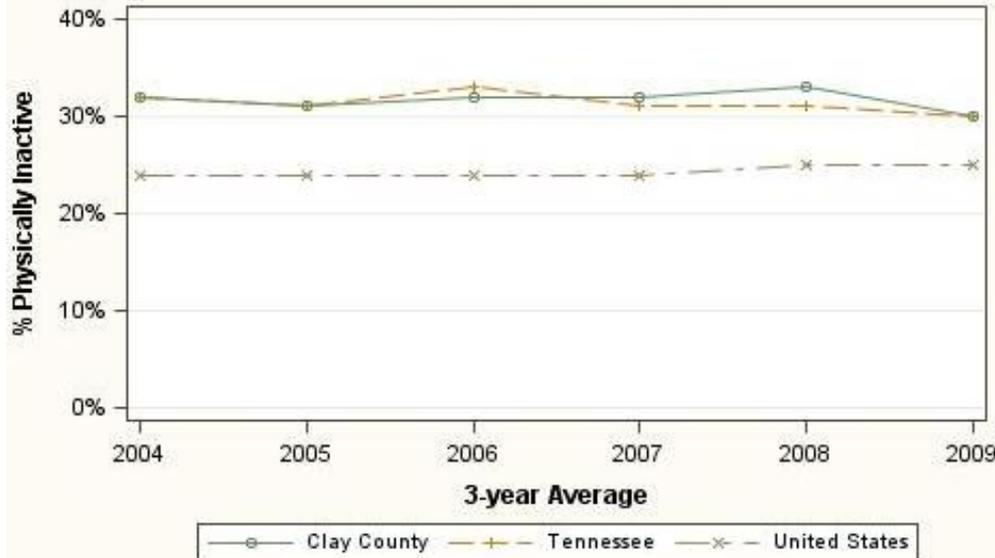
# Health Behaviors – Physical Inactivity

- Another health factor to take into account is physical inactivity within the county.
- It is estimated by percent of adults (age 20 and older) who reported no physical activity during leisure time.
- Much like adult obesity, this can lead to conditions such as diabetes, cancer, stroke, cardiovascular disease, etc.
- Physical inactivity correlates to health care expenses specifically for circulatory system diseases.
- 30% of adults in Clay County and 34% in Jackson County reported no physical activity during leisure time. Compare this to the national average of 21%.

Health Behaviors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Physical Inactivity	30%	34%	30%	21%

# Health Behaviors – Physical Inactivity

**Physical Inactivity in Clay County, TN  
County, State and National Trends**

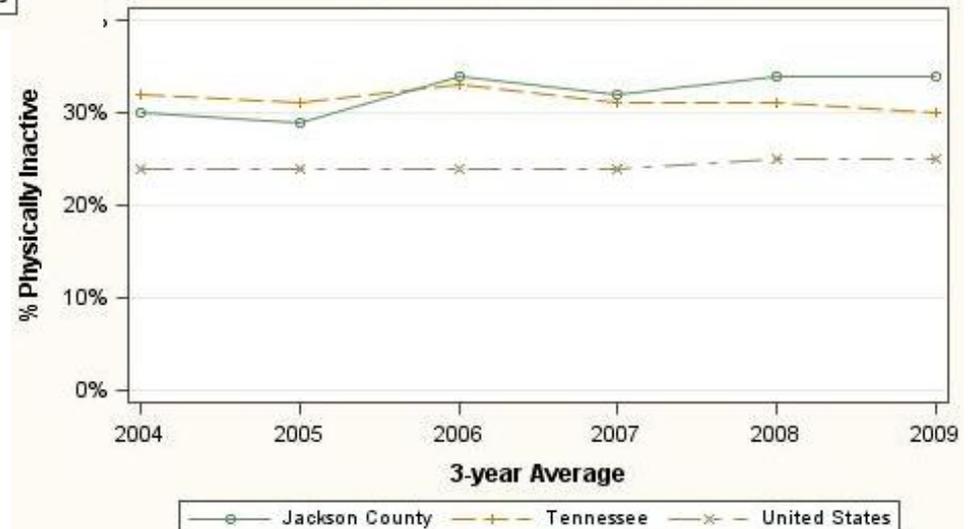


These two graphs depict the physical activity percentage within the two counties compared to the country's average over a six year period.

Clearly, Clay and Jackson Counties are well above the national average for all six years.

Jackson County's physical inactivity seems to be increasing, whereas, Clay County may have become a little more active over this six year period

**Physical Inactivity in Jackson County, TN  
County, State and National Trends**



# Health Behaviors – Motor Vehicle Crash Death Rate

- One additional health behavior that should be taken into account for each county is the motor vehicle crash death rate.
- This is measured as the crude death rate per 100,000 people due to traffic incidents involving a motor vehicle including motorcycles, cars, vans, trucks, buses, construction vehicles, etc. It also includes bicyclists and pedestrians when colliding with a motor vehicle(s).
- This ranking should be included because around 17,000 people are killed in the U.S. annually in alcohol-related crashes. Binge/heavy drinkers account for most of the intoxicated driving instances.
- This health factor is specifically compelling in Clay county where they are well over the state and national average as shown below.

Health Behaviors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Motor Vehicle Crash Death Rate	43	17	19	10

# Physical Environment – Air and Water Quality

- The county's physical environment must also be taken into account when weighing its' overall health. There are several different factors to look at when considering this.
- A couple of these would be the daily fine particulate matter or air pollutants and the drinking water safety.
- Fine particulate matter is particles of air pollutants with a diameter of less than 2.5 micrometers. Particles of this sort can come from forest fires, or gas emissions from power plants, industries and automobiles.
- This is a good measure because this type of air pollution can cause asthma, chronic bronchitis, and other pulmonary issues.
- Clay and Jackson Counties are four cubic meters above the national average.
- Drinking water safety should also be taken into account and can be measured by health based violations. Fortunately, these two counties did not have any health violations during the reporting period.

Physical Environment	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Daily Fine Particulate Matter	13.7	14.0	13.9	8.8
Drinking Water Safety	0%	0%	15%	0%

# Physical Environment – Physical Activity

- Physical activity of the inhabitants of the community is a very important factor in measuring its' overall physical environment.
- One way to measure this is by the county's access to recreational facilities.
- This is important because recreational facility availability can influence the communities' decisions to engage or not engage in physical activity. Higher physical activity is associated with proximity to a recreational facility, and the opposite is also true.
- The closer people are to recreational opportunities, the lower the rates of adverse health outcomes. Health outcomes being poor diet, obesity, and lack of physical activity.
- This is measured by the number of recreational facilities per 100,000 people.
- As shown below, neither Clay, nor Jackson County have any type of recreational facility which explains the obesity and physical inactivity levels mentioned in previous slides as well as many other health issues plaguing these two counties.

Physical Environment	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Access to Recreational Facilities	0	0	8	16

# Physical Environment – Diet

- Two additional physical environment indicators used in determining the health of the community is its' access to healthy foods and the prevalence of fast food restaurants.
- Access to grocery stores is important because studies show that residing in a food desert is correlated with overweight, obesity and premature death.
- Another key indicator is access to fast food restaurants. This is measured by a percent of all restaurants that are considered fast food.
- Like food deserts, access to fast food is also correlated with a high prevalence of overweight, obesity, and premature death.
- 43% of all restaurants in Clay County are fast food establishments and 33% in Jackson County.

Physical Environment	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Limited Access to Healthy Foods	0%	0%	8%	1%
Fast Food Restaurants	43%	33%	52%	27%

# Social and Economic Factors - Education

- There are also many social and economic factors that should be considered when determining the health of a county. Resources such as quality jobs, family income, educational attainment, and the social characteristics of the neighborhoods we live in can all affect health. Research suggests that these factors can influence our health at least as much as health care.
- Education is one very important factor which is measured by the percent of high school graduates and the percent of graduates that pursue some type of higher education.
- High school graduation is measured because it not only affects his or her health but can have multi-generational implications. Luckily, Jackson and Clay Counties are above the state average (86%) at 96% and 89%, respectively.
- Higher education and improved health are directly related. It is known to correlate strongly with improved work opportunities, reduced stress, and healthier lifestyles.
- Some college is measured by the percent of population ages 25-44 with some type of post high school education even if not completed.
- Only 44% of those living in Clay County pursue higher education and even less in Jackson County at 29%. This is well below the state and national averages.

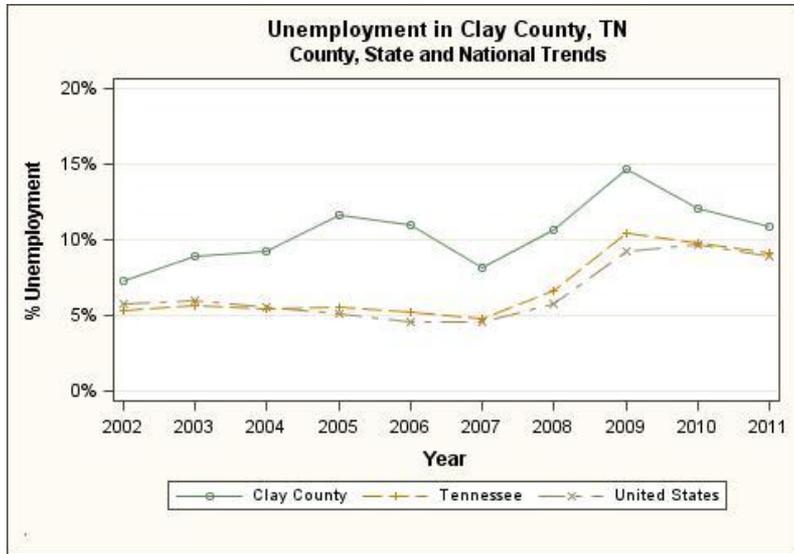
Social and Economic Factors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
High School Graduation	96%	89%	86%	
Some College	44%	29%	56%	70%

# Social and Economic Factors - Unemployment

- Unemployment is another factor to be considered.
- It is measured as the percent of the labor force (16 and older) that is currently unemployed but looking for work.
- This is a key indicator of the health of a county because unemployed people experience worse health and higher mortality rates.
- Unemployment has been linked to multiple unhealthy behaviors such as an increase in smoking and drinking as well as poor diet and lack of exercise. As stated in previous slides, these behaviors increase the risk of disease and mortality.
- Employer-sponsored health care is the most common form of health coverage, so unemployment can also limit access to health care. The implications of health care limitations will be covered in future slides.
- The percentage of those unemployed and looking for work is 9.9 percent in Clay County and 9.4 percent in Jackson County.

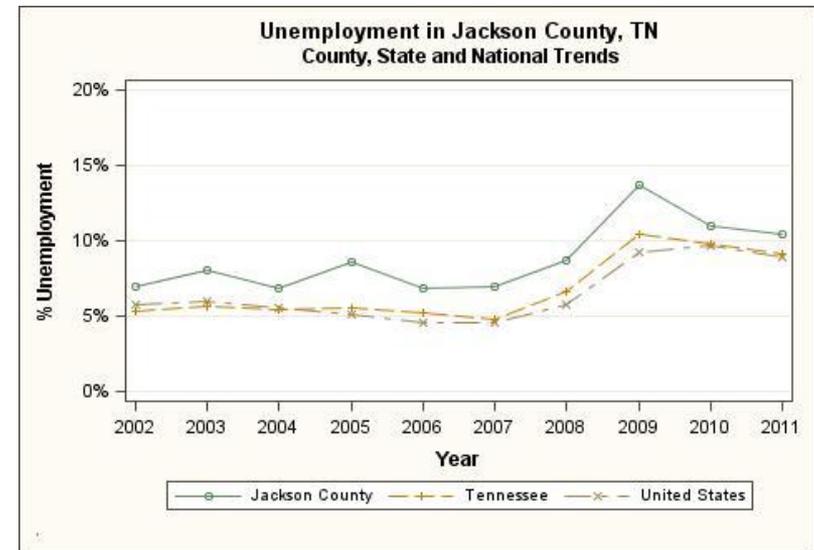
Social and Economic Factors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Unemployment	9.9%	9.4%	8.0%	8.1

# Social and Economic Factors - Unemployment



These graphs show the unemployment rates for 2002-2011 in Clay and Jackson County in comparison to the state and national averages during that timeframe. As mentioned in the previous slide, in 2012 the unemployment rate was 9.9% and 9.4%, respectively, while the state and national average was right above 8%.

The unemployment rate for both counties has been well above both the state and country rates over the past 11 years.

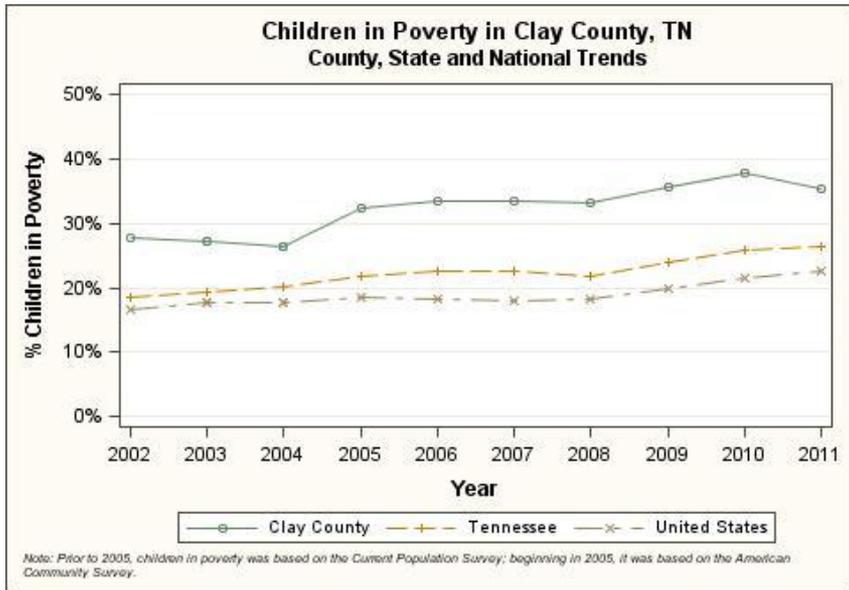


# Social and Economic Factors – Family Support

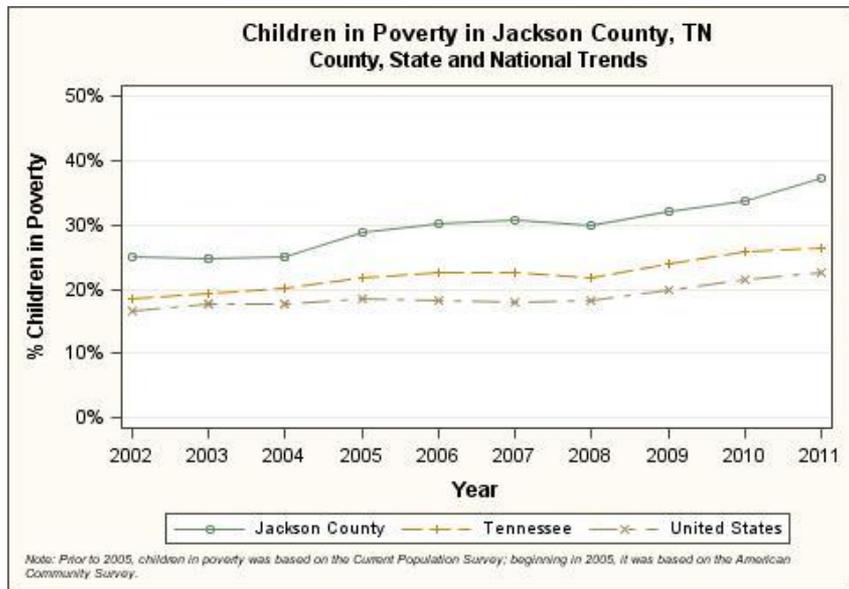
- It is important to quantify family support because research shows that people with greater social support and less isolation live longer and healthier lives.
- The family support in a county can be measured by the percentage of children living in poverty in each county.
- Poverty increases the risk of medical conditions and disease as well as the risk of mortality. It is also correlated with depression, poor health behaviors, and violence. Children living in poverty are specifically measured because their mortality rate is higher than adults living in poverty. This is calculated by the percent of children under the age of 18 living below the Federal Poverty Line (FPL) which differs depending on household size.
- 35.3% of the children living in Clay County are considered to be living below the FPL and 37.3% in Jackson County. To put this in perspective, the state average is 26.5% and the federal average is 22.5%.

Social and Economic Factors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Children in Poverty	35.3%	37.3%	26.5%	22.5%

# Social and Economic Factors – Family Support



These graphs show the percentages of children living below the Federal Poverty Line over a 10 year range. These graphs clearly show just how big the difference is between the poverty levels for children in Clay and Jackson County and the poverty levels for children in the state of Tennessee and in the U.S.



# Social and Economic Factors – Family Support

- Family support can also be measured by the family's ability to care for itself. In other words, a family's support can be quantified by the average income of each household in both counties.
- The average household income in Clay County is \$27,978. In Jackson County it is \$31,903.
- To put these numbers in perspective, let's break them down.
  - Clay County: If someone in the household is fortunate enough to have full-time employment, their average income is \$27,978. This means the household is making a little over \$13 an hour (52 weeks in a year x 40 hours per week = 2,080.  $\$27,978/2,080 = \$13.45$ ).
  - Jackson County: The average household income is \$31,903. This means on average the household makes a little over \$15 an hour ( $\$31,903/\$2,080 = \$15.34$ ).
  - State of Tennessee: The average household income in Tennessee is \$41,691. The average hourly wage in the state is \$20 an hour ( $\$41,691/2,080 = \$20.04$ ).
- Compared to the median income for the state of Tennessee, the income in both Jackson and Clay County is astoundingly lower.

Household Income	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Median Household Income	\$27,978	\$31,903	\$41,691	\$49,559
Hourly Rate per Household	\$13.45	\$15.34	\$20.04	\$23.82

# Social and Economic Factors – Safety

- Lastly, a social factor that should be considered is community safety. Violence can cause obvious impacts to the victim as well as psychological distress to others exposed.
- High levels of violence can compromise the safety and well-being of those involved as well as impact their health. For example, it deters residents from exercising outdoors which contributes to overweight and obesity.
- High crime rates are also known to cause extreme stress and worsen existing conditions, specifically conditions associated with stress.
- The violent crimes are defined as face-to-face confrontation between a victim and perpetrator and includes homicide, rape, robbery and aggravated assault. This is represented as an annual rate per 100,000 people.
- Although the violent crime rates in Clay and Jackson Counties are below the state average, they are well above the national average at 251 and 211, respectively.

Social and Economic Factors	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Violent Crime Rate	251	211	667	66

# Clinical Care – Health Insurance

- Clinical care is also an important health factor to consider when studying the overall health of a county.
- There are several ways to measure the county's access to care. One of these ways is by looking at the percent of the population under age 65 who are uninsured. As one would assume, this is a significant barrier to obtaining needed clinical care.
- The most common health coverage is employer based health coverage, and as shown previously, Jackson and Clay County's unemployment rate is well above the national average.
- 18.7% of Clay County residents are uninsured and 18.1% in Jackson County. The overall percentage of uninsured residents in Tennessee is 16.6%.
- Uninsured individuals are less likely to receive preventative care and often times are diagnosed at a later disease stage and receive less treatment for their conditions than those with insurance coverage.
- Uninsured individuals have a 25% higher mortality rate than those with insurance.

Clinical Care	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Uninsured	18.7%	18.1%	16.6%	18.4%

# Clinical Care – Health Care Providers

- Access to care does not only mean insurance coverage, but also, access to providers.
- Two ways to determine the county's health is by looking at the primary care physician to patient ratio as well as the dentist to patient ratio.
- This is measured by looking at the population per physician and per dentist.
- The ratios for Clay and Jackson County are compelling. For both physicians and dentists in Clay County the ratio is nearly 8,000:1. For Jackson County there are nearly 12,000 patients to every one physician and almost 6,000 patients to every one dentist.
- As shown below, these numbers are much larger than the state and national average.

Clinical Care	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Primary Care Physicians	7,870:1	11,650:1	1,409:1	1,067:1
Dentists	7,966:1	5,914:1	2,186:1	1,516:1

- Access to physicians and dentists is critical for preventative and primary care as well as for referrals to the necessary specialty care.
- Clay and Jackson Counties are extremely understaffed in regard to health care providers – both dentists and primary care physicians.

# Clinical Care – Preventable Hospital Stays

- Clinical care can also be measured by preventable hospital stays.
- The numbers below are measured by looking at the hospital discharge rate for ambulatory care-sensitive conditions (outpatient health care procedures) per 1,000 Medicare enrollees (mostly individuals 65 and older).
- 157 hospital stays per 1,000 are preventable in Clay County and 102 in Jackson County.
- This is a good measurement because hospitalization for conditions that are typically treatable in outpatient clinics suggests that the quality of outpatient care provided was less than ideal.
- Also, it shows the tendency to overuse hospitals as a main source of care.

Clinical Care	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Preventable Hospital Stays	157	102	83	47

# Clinical Care – Preventative and Diagnostic Screening

- Preventative and Diagnostic Screenings help physicians determine disease probability for their patients. Two common types are diabetic screening and mammography screening.
- Diabetic screening is calculated by looking at the percent of diabetic Medicare patients who have had their blood screened in the past year. This is considered standard for diabetic patients and helps assess the patient's management of his or her diabetes over the past couple of months.
- Screening is critical for managing diabetes and preventing or delaying complications that come from the disease. Only 84% of diabetic patients in Clay County are screened regularly and only 85% in Jackson.
- Mammography screening numbers below are measured by the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. This screening significantly reduces breast cancer mortality.
- Only 64% of the group mentioned above are screened every two years in Clay County and only 61% in Jackson County.
- The percentages in both counties are well below the national average. This could be do in part to the lack of primary care physicians as shown in the previous slide.

Clinical Care	Clay County	Jackson County	Tennessee Benchmark	National Benchmark
Diabetic Screening	84%	85%	86%	90%
Mammography Screening	64%	61%	63%	73%

# Clinical Care – County Comparison

- Clay and Jackson Counties rank significantly worse than the state and national average in almost every category of clinical care that was measured in the previous slides.
- Let's put this in perspective and compare with other counties.
  - Out of 95 counties in Tennessee, Clay County ranks 90th in overall clinical care which was previously measured by health insurance, access to health care providers, preventable hospital stays, and preventative screenings. There are only five counties in the entire state that rank worse in this category.
  - Jackson County ranks 76th. Only 19 out of 95 counties rank worse in clinical care.

# Clay and Jackson County Physicians and Midlevel Providers

# Clay & Jackson County Providers

The table below provides a current list of the physicians and midlevel providers who are located (either full time or part time) in Clay or Jackson County.

First Name	Degree	FTE	Address	City	State	Zip Code	County
Mark	MD	0.20	102 Old Jefferson St	Celina	TN	38551	Clay
Harry	DO	1.00	102 Old Jefferson St	Celina	TN	38551	Clay
Joyce	DO	1.00	1456 Proctor Creek Rd	Celina	TN	38551	Clay
J Lee	MD	0.50	110 Doctors Dr	Celina	TN	38551	Clay
J Lee	MD	0.50	110 Doctors Dr	Celina	TN	38551	Clay
	MD						
Pushpendra		0.10	402 E Gore Ave	Gainesboro	TN	38562	Jackson
Doug	MD	1.00	PO Box 247 3698 S. Grundy- Quarles Highway	Gainesboro	TN	38562	Jackson
Don	MD		Old Jefferson St	Celina	TN	38551	Clay
Stephen	MD	0.20	Old Jefferson St	Celina	TN	38551	Clay
Mike	RN APN	deployed	102 Old Jefferson St	Celina	TN	38551	Clay
Ronnie	RN APN		100 Old Jefferson St	Celina	TN	38551	Clay
Melissa	RN APN	1.00	110 Doctors Dr	Celina	TN	38551	Clay
Kay	NP	1.00	PO Box 247 3698 S. Grundy- Quarles Highway	Gainesboro	TN	38562	Jackson
	NP						
Gamini		0.20	402 E Gore Ave	Gainesboro	TN	38562	Jackson
Joseph	NP		402 E Gore Ave	Gainesboro			
		0.20			TN	38562	Jackson
	PA						
Kimber		0.40	402 E Gore Ave	Gainesboro	TN	38562	Jackson
Jeff	MD	0.20	Old Jefferson St	Celina	TN	38551	Clay
Stacy	MD	0.10	Old Jefferson St	Celina	TN	38551	Clay
Grant	MD	0.05	Old Jefferson St	Celina	TN	38551	Clay

# Clay & Jackson County Providers

## Access to Providers

Southwind contacted four of the five primary care practices in the Clay and Jackson County area (we were unable to reach anyone at the office of Dr. Joyce Scott). In all of the practices except one, the practices were accepting new patients and would be able to schedule an appointment for a new patient within a reasonable period of time (within a 2 – 3 day period). Dr. Dycus' office (Gainesboro – Jackson County) was not accepting new patients at this time and did not anticipate new patient acceptance for at least six months.

However, practices did “screen” patients for acceptance. For example, we were asked about several things as a part of the new patient screening process:

- 1 – we were asked if we had insurance
- 2 – we were asked about specific health issues
- 3 – we were told that the practice was not taking patients who were on narcotic medications
- 4 – one practice required a phone interview prior to acceptance as a new patient

# Summary and Conclusions from the Demographic Analysis

# Summary and Conclusions - Demographics

- Out of 95 counties, Clay County ranks 62<sup>nd</sup> in overall health rankings and Jackson County ranks 50<sup>th</sup>.
- The lack of physicians in each county is staggering. In Clay County, the ratio of physicians and dentists is 8,000:1. The ratio of physicians in Jackson County is 12,000:1 and dentists is 6,000:1.
- The unemployment rate for Clay County is 9.9% and 9.4% for Jackson County, while the average income is \$27,978 and \$31,903, respectively.
- Due to the high unemployment rates and the below average incomes, 35.3% of children living in Clay County and 37.3% in Jackson County are living below the Federal Poverty Line.
- More than 18% of residents in both counties are uninsured, and uninsured individuals have a 25% higher mortality rate than those with insurance.

# Summary and Conclusions - Demographics

- Obese adults make up 32% of Clay County and 35% of adults in Jackson County. The lack of clinical care to prevent and treat the health issues that stem from obesity is a major issue these counties face.
- The high amount of fast food restaurants and the fact that there are no recreational facilities fuel the obesity epidemic.
- The premature death rate in both Clay and Jackson counties is more than double that of the national average and has been for over a decade.
- The teen birth rate in Clay County is 2.6 times the country's average. Jackson County is 2 times the average.
- Violent surroundings often cause many of these issues; the violent crime rate is 251 in Clay County and 211 in Jackson County, whereas the national average is 66.
- As far as mortality is concerned, both Clay and Jackson County rank among the worst in the state – 85th and 78th, respectively.

# Road Map



# Summary

## **Introduction:**

Southwind, A Division of The Advisory Board Company is assisting Cumberland River Hospital in the development of its Community Health Needs Assessment (CHNA). This project will result in a plan to improve health and quality of life in Clay / Jackson County. Input from key community leaders in various areas of healthcare delivery were interviewed as a part of this project.

These individuals were selected for a key informant interview because of their unique knowledge, insight and familiarity with the Clay / Jackson county community as well as their healthcare focus.

The following pages summarize the interviews that were conducted on May 1 – 2, 2013 in the Clay and Jackson county area.

# Summary

## Participants in the Interview Process were:

- Teia Adams, RN – Clay County School Nursing Director
- Paula Boone – Administrator, Celina Health and Rehab
- John Cason – Mayor, Jackson County
- Jayne Donaldson – Family Resource Director, Clay County Schools
- Jean Donaldson, DMD – Dentist (Celina Tennessee)
- Dulcie Garrett – Program Director, Senior Care Unit
- Andrea McLerran – Administrator, Cumberland River Hospital
- Jane Miller – Chair, Clay County Diabetes Coalition
- Diana Monroe – Coordinated School Health Director, Clay County Schools
- John Stone, DDS – Dentist (Celina Tennessee)
- Tim Tiernan, RN – Clay County Health Department
- Tammy Watson, RN – Clinical Director, CRH Homecare

# Summary

## 1. How would you rate the quality of life for residents in Clay / Jackson County? Why?

- “Overall, things are excellent here, but the economy is really bad and the healthcare is only average or fair”
- “From an overall healthcare perspective, we have a good hospital and good physicians – these are assets to the community. The turnover of physicians has been a problem. Hopefully the relationship with CRMC will stabilize things because the hospital and providers are vital for our economy and community. Dental health is better than it ever has been”
- “We lack viable businesses”
- “There is a lack of access to specialty care due to transportation concerns. Access to primary care is good – can get a same day appointment generally”
- “Healthcare access can be a problem with so few providers”
- “In general, the people here eat too much, smoke too much, and exercise too little. People don’t seem to be interested in devoting resources to health promotion. Preventive healthcare is the issue here”
- “We are a distressed county – high unemployment (over 9%) and high uninsured population (over 20%)”
- “It’s a good place to live but people leave here for primary care services which should not be the case. We have good physicians but they lack personal skills”

# Summary

## 1. How would you rate the quality of life for residents in Clay / Jackson County? Why?

- “Overall this is an excellent place to live. Economically, we are depressed however and healthcare access overall is poor”
- “Mental health is a problem in the community. There are no services for general population other than from primary care providers. The closest is in Livingston (20 miles). We need to have a general psych clinic at least one day per week”
- “We are stressed economically but overall it is very good (recreation and outdoor activities). Healthcare is good and partnering with the Hospital gets good results. The uninsured population is a problem”

# Summary

## 2. What makes you most enthusiastic about the community?

- “This is a close knit community. The pace is slow and relaxed. People know each other”
- “We are a close community. This is a great place to live and raise a family. However, it is not a great place to make a living”
- “It’s small, everyone knows everyone, and we can easily work together on things”
- “We are a large county with a small population. Good people live here who care about the community”
- “People help each other. We have an abundance of natural resources”

# Summary

### 3. What are the major health issues you see in your community?

- “My perception of overall healthcare delivery is as follows: there are not enough doctors, people go elsewhere to get care (things are viewed to be better somewhere else), there is a lack of American trained doctors, it is tough to get an appointment when you need one, and many people don’t have health insurance”
- “Health issues in the community include: hypertension, diabetes, obesity, drug and alcohol abuse, depression, lack of geriatric care, cancer, and heart disease”
- “We are a poor county – lots of uninsured, TennCare, unemployed. Access to primary care is an ongoing issue. Cancer is rampant, heart disease, diabetes, and COPD are a problem”
- “Cancer, diabetes, and obesity”
- ”The uninsured population and access to primary and specialty care. The specific areas of concern are: obesity, diabetes, heart disease, and cancer”
- “There is a lack of access to specialty care across the board. Dental care is good but there is no parental follow through. We lack a facility for people to exercise or even walk (indoors). Specific health concerns include: cancer, respiratory disease, allergies, obesity, and heart disease. From a lifestyle perspective, there is prescription abuse, poor choices (eating habits, tobacco use, etc.), and lack of exercise”

# Summary

### 3. What are the major health issues you see in your community?

- “No mental health services for the general population and there has been very little interest in pursuing it for some reason”
- “The main areas are: obesity, tobacco use, health prevention, cancer, COPD / respiratory diseases, lifestyle choices (eating habits, smoking, etc.). We have a poorer and less educated population”
- “Dental health has made great improvements. Prescription drug abuse is a major problem”
- “The major health concerns are: cancer, asthma, heart disease, obesity, and diabetes (this seems to be increasing in school age children). The overall environment seems healthy”
- “Diabetes and cancer are the major concerns. Obesity, smoking (tobacco use), and drug (prescription) abuse are issues for us. The economy drives the drug issue”

# Summary

## 4. Where do people go for health care in Clay / Jackson County? How would you evaluate that experience?

- “The health department cares for a fair amount of the uninsured. People in the western part of the county go to Lafayette or Tompkinsville. Other parts of the county go to Livingston. The cost of gas has impacted people’s ability to travel elsewhere”
- “Unfortunately, for primary care, people go to Tompkinsville (west county), Livingston (from Celina), and Cookeville (for specialty care). For emergency care, people will go to CRH”
- “Much of the population goes somewhere else for their healthcare. People in the western part of the county go to Tompkinsville or Lafayette. There is also a segment of the population that goes to Nashville or Cookeville for all of their care”
- “People tend to stay in the area for dental care”
- “People generally go to Cookeville. Some go to Carthage or Livingston depending on where you live. We lack exercise facilities”
- “For specialty care, people tend to go to Cookeville. For women’s health, women stay locally or go to Livingston. There is an overwhelming need in mental health”
- “West of the Cumberland, people go to Tompkinsville or Lafayette. Those in Celina stay in town or go to Livingston. Cookeville is not an option for primary care – it is too far. Access to primary care seems to be okay”

# Summary

## 4. Where do people go for health care in Clay / Jackson County? How would you evaluate that experience?

- “Livingston has a community mental health center. Cookeville has two general psychiatrists and some nurse practitioners. Between Nashville and Knoxville there is a dramatic shortage of mental health psychiatric services. The primary care providers do some mental health services but seem reluctant to refer it out”
- “Many go to Cookeville and they seem to be growing and provide good care. The health department is good to work with and the people are easy to deal with. Livingston has a few more doctors but surprisingly people go there for some reason. People will travel to Nashville for more significant health issues”
- “I think people try to stay here for their primary care but we may lose a lot and not know it. Access can be a problem. We definitely could use more primary care providers – right now, primary care is just okay – not great”
- “Overall the care provided here is okay. People treat you well and are nice. Ancillary services (like physical therapy) are very good. Geriatric care is a strong point. Geriatric psychiatry is very good”
- “In general the perception is that things aren’t as good here”

# Summary

## 5. Where do people go for health-related information?

- “People depend on the health department and the hospital for health information”
- “For the older population, the newspaper is the best means to get the word out. In general, word of mouth is the best”
- “Most health information sharing in our area is via word of mouth – from friends and family based on their experiences. These are big influencers of health care decision making. Also – people tend to get information from the newspaper”
- “Word of mouth is the main way people share experiences and information about healthcare”
- “The biggest driver seems to be what other people tell you. People here still read the newspaper so it continues to be a good information source”
- “Other people’s experiences are the main influence in the community and people are willing to share information”

# Summary

- 6. Please list the services that you are aware of that the Clay / Jackson County Health Department provides. What do you think about the quality of those services? How could the health department improve how it serves the community?**
- “We have a lot to be proud of in our health department. Dental care can be an issue – it can be overwhelming for people”
  - “The health department is a good option for people – especially for immunizations”
  - “There are no mental health services for the population. Substance abuse (drug and alcohol) is a problem. There are limited specialty services here”
  - “There is a lack of confidentiality and privacy when you go to the health department. Their services are okay and the providers seem to be good but there seem to be a lot of regulations about what they can / cannot do”
  - “They do a good job and provide good care. The new full time nurse practitioner really helps. They work well with the schools however, getting school physicals was a problem this year”
  - “It seems to do okay – they have a good reputation and people utilize it quite a bit. They have really good community involvement”
  - “It seems to be well utilized because so many lack insurance. It is used extensively for childhood immunizations”
  - “The health department is much improved and we will need them even more in the future. We need to enhance the services they are providing”

# Summary

## 7. In your opinion, what are the most critical health and quality of life issues in Clay / Jackson County?

- “Cancer and diabetes are the main concerns”
- “We need to begin to develop a healthy culture – this should begin in the schools. There is no push in the community to be healthy – no encouragement. We lack facilities that encourage healthy lifestyles – the nearest workout facility is 25 miles away”
- “Access to quality care is critical – primary care and specialty care. The CRMC affiliation can help in getting specialty clinics. We have general surgery (1 day per week), cardiology (2 days per month), and otolaryngology (1 day per month). Other specialties will continue to be pursued”
- “Healthy lifestyle has to be promoted. We need to retain patients in the area for primary care. We also need to get more specialist and primary care options. Many women leave the community for women’s services”
- “Mental health and specialty care (a lot of areas) are the biggest issues”
- “Need more providers (young, American, and pleasant). Those with no health insurance are a significant problem which is tied to the economy of the area. We need some new services – if we have it, people tend to use it or at least give it a try”
- “The biggest issues are: heart disease, cancer, pediatric care, the economics of the area, and dental care. Many parents depend on the school for health care and dental care. The schools take students to the dentist but parents have to follow through on the dental care which is sometimes a problem”
- “Prescription drug abuse is a major problem. We have good and accessible primary care providers – they are assets to the community”

# Summary

## 8. Of those listed, which health issue should be an achievable priority?

- “Get more providers – we need some fresh faces that people can relate to. We also need some additional services – obstetrics, primary care, and diabetic care (endocrinology)”
- “There needs to be a focus on educating and encouraging preventive care rather than emergent care. Our specialty care is better than ever but we need to continue to pursue other specialties for our community”
- “Specialty clinics and promote primary care to keep people in the community”
- “We need to tap the resources of Cookeville Regional Medical Center (CRMC). Their diagnostic testing could be a real positive (cancer screening, mammography, etc.). Diabetes education needs to be a priority. We need to get physicians from Cookeville to come here as a satellite office on a regular basis”
- “Focus on specialty care clinics. Encourage and educate about healthy lifestyles. Change the mentality of employees in primary care offices – they discourage patients who come there”
- “Having a stable physician / provider base for primary care that will stay in the area needs to be a priority. It seems like it has been a revolving door. In general, access is okay but we need more – even more midlevel providers would help”
- “We should seek a general psych clinic at least one day per week. Dr. Moore has already established relationships. He could at least do some medication management. To date, there has been little interest in pursuing this”

# Summary

## 8. Of those listed, which health issue should be an achievable priority?

- “We need to pursue urgent care clinics for industrial medicine and general primary care. Focus on education in schools, churches, and other organizations. Enhance the services provided by the county health department. We need mental health service with a focus on prescription drug treatment”
- “Provide access to specialty care and potentially additional primary care”

# Summary

## 9. Based on your unique knowledge of the community, what actions can be taken to address these issues?

- “We need to promote new services – for example, an endocrinologist coming to the area on a part time basis could be promoted by the Diabetes Coalition. There needs to be a real focus on primary care and cardiology for the area”
- “We need to focus on education across the board – to all segments of the population”
- “Mobile dental care to provide dental services throughout the area needs to be continued and enhanced. Dental screening through programs such as Clay County schools has made a big difference although parents tend to not follow through. We need to focus on oral health education in the elementary schools”
- “Education on prevention and lifestyle / behavior change”
- “Recruit additional primary care physicians – this needs to be an ongoing activity of CRH”
- “We should partner with CRMC, recruit additional specialists to come here on a part time basis, and provide educational resources for our population”
- “Begin education through the schools about health and healthy lifestyles”
- “Get more primary care providers. I recognize that this can be a problem because we are small and don’t have a lot of the things that other communities have to offer. It’s hard for us to compete and we have economic issues but getting more providers has to be a priority”

# Summary

## 10. What specific actions, policy or funding priorities would you support because they would contribute to a healthier Clay / Jackson County?

- “Diabetes Education Program – we need to promote and provide this program for diabetic patients in the area. This would be a huge benefit for these patients”
- “Mental health needs to be addressed – the resources are lacking”
- “Part time specialty clinics would be a great start – encourage specialists from Cookeville to come here”
- “We need another option or options in primary care – not midlevel providers though. We need someone who will attract patients and keep patients”

# Summary

## 11. How do you think Clay / Jackson County will change in the next five years?

- “The area could focus on becoming a retirement community which would attract a specific segment of people. Also – the area could promote the history of the communities as a means to attract people here”
- “I am afraid that the future is not too bright. Our economy continues to struggle and we are not growing”
- “We have significant concerns about health insurance affordability. There is also the concern about having the financial resources to care for patients – there is a fear that it or some of it will go away. We need to educate, focus on healthy lifestyles, and encourage prevention. The economy is not promising”
- “Healthcare facilities and providers are key to economic growth. We must keep them viable”
- “The future is uncertain – jobs (or lack of jobs) are a major concern. A person cannot make a living here. Recreation is a draw to the community”
- “This is not encouraging. There are concerns about the delivery of healthcare in Celina – what will happen to Medicare. This area has had a difficult time attracting industry”
- “The Hospital is vital to the direction of Clay County and the region. Job creation is challenging – it is difficult to make a living here”

# Summary

## Other comments:

- “Getting more doctors would make a huge difference”
- “Drug abuse is an ongoing problem – for some, there is nothing else to do so prescription abuse is an issue. Alcohol seems to be less of a problem than drug abuse. Teen pregnancy is not as much of a problem as the past”

# Road Map



# Summary

## **Introduction:**

Southwind, A Division of The Advisory Board Company is assisting Cumberland River Hospital in the development of its Community Health Needs Assessment (CHNA). This project will result in a plan to improve health and quality of life in Clay / Jackson County. On May 29-30, 2013, Southwind conducted focus groups of several segments of the Clay and Jackson county population. These focus groups included:

1. Retirees
2. Boomers
3. Hospital employees
4. Key informants

The focus groups were conducted at the Cumberland River Hospital. The information gained from the groups is provided by group in the following summary.

# Summary

## 1. What are your perceptions of healthcare delivery in the community?

### Retirees

- “In general the needs are being met”
- “Perceptions of the hospital still tend to be negative for some due to the past”
- “There is an image problem for the Hospital that needs to change”
- “Typically, most people bypass CRH and go to Livingston or Cookeville”
- “The CRMC acquisition of the Hospital is a boost for the Hospital”
- “There is a need to promote change in the community through every means possible (radio, TV, newspaper, etc.)”

### Boomers

- “There is a lack of physicians – people leave the area to see other doctors”
- “We need more choices”
- “Need to educate the population about NPs and PAs – many don’t understand their role”
- “Older patients want to see a doctors – not a NP or PA”

# Summary

## 1. What are your perceptions of healthcare delivery in the community?

### Employees

- “This are desperately needs more physicians”
- “We lack urgent care and if we had it, we would still need more options”
- “Need to change the perception of CRH”

### Key Informant

- “We are short one physician in Celina in primary care”
- “Jackson county needs at least one more primary care physician”
- “Access is problematic for same day appointments in primary care”

# Summary

## 2. Where do community members go for healthcare and why?

### Retirees

- “People tend to go to Livingston or Cookeville”

### Boomers

- “Go to Livingston or Cookeville”
- “People leave the area for women’s services”
- “If Cookeville doesn’t have what is needed, then people go to Lebanon or Nashville”

### Employees

- “People go to Livingston or Cookeville”
- “Women’s services – go to Cookeville”
- “Specialty care – Cookeville”
- “Access is not a problem – there is just a lack of options”

# Summary

## 2. Where do community members go for healthcare and why?

### Key Informant

- “Transportation and the cost of gas is a problem for many”
- “Turnover of physicians over the years has caused people to go elsewhere”
- “In general, people tend to stay in the community for primary care”
- “Where people go for specialty care depends on the specialist”
- “We need urgent care or at least after hours clinic”

# Summary

## 3. What is the healthcare provider availability and accessibility?

### Retirees

- “Access is okay”
- “General concern about the current primary care providers – need at least one more primary care physician”
- “We need to focus on retaining doctors”

### Boomers

- “Access is not the issue – choices are the issue – we need more options”

### Employees

- “We need more options – access is not a problem for the doctors we have”
- “We limited in what we have”
- “Specialty care providers – need access for those who are older or who cannot travel”
- “Providing specialty care will help change the image of health care in the community – it will give us greater credibility”

# Summary

## 3. What is the healthcare provider availability and accessibility?

### Key Informant

- “Access is okay – we just need more physicians”
- “Primary care – people will stay in their community but travel for specialty care”

# Summary

## 4. What is the demand for health care services in the community?

### Retirees

- “We need specialty care – general surgery, ENT, cardiology, orthopedic surgery, pulmonary”
- “The community will try to support specialists if they come here but there needs to be confidence that they will stay over the long haul”
- “Need ophthalmology, podiatry, diabetic care, dermatology, cancer care”
- “Should focus on the senior population needs since that is the majority of the population”

### Boomers

- “Specialty care is a definite need”
- “We need access to: ENT, women’s services, dermatology, allergist, podiatry, pulmonary”
- “Need endocrinology and orthopedics”

### Employees

- “Mental health is a problem – there is no access – it is referred to Cookeville or Carthage or even farther away”

### Key Informant

- “Urgent care and/or after hours care”
- “Specialty clinics – more specialties”

# Summary

## 5. How accessible are health services in the community?

### Retirees

- “It is okay – emergency care is fine”
- “Urgent care centers are not an issue for seniors”
- “For those without insurance, they go straight to the ER”
- “Physical therapy at CRH is very good”

### Boomers

- “Access is fine – we need other options”
- “We also need to keep the doctors that we get or have – turnover causes people to want to go elsewhere”

### Key Informant

- “Access is not a problem for primary care – specialty care is the issue”
- “There is a problem for the poor and uninsured”
- “Focus needs to be on retention of physicians – the turnover has hurt the credibility of the medical community and caused people to seek care elsewhere”

# Summary

## 6. What are the key health issues for the community?

### Retirees

- “Obesity and all of the related health issues”
- “Diabetes and related issues”
- “Heart disease”
- “Prescription drug abuse”
- “Cancer”
- “Mental health in general”
- “The economy impacts obesity, drug / alcohol use, and mental health”

### Boomers

- “Diabetes and education”
- “Obesity”
- “Heart disease”
- “Mental health”
- “Drug abuse – prescription and meth”
- “Tobacco use”
- “Alcohol abuse”

# Summary

## 6. What are the key health issues for the community?

### Employees

- “In general there is a lack of preventive mentality – people don’t consider prevention part of healthcare”
- “Access for the poor, uninsured is a problem”
- “Diabetes and obesity”
- “Cancer”
- “Heart disease”
- “Dental care – this is last on everyone’s list”
- “Poverty – there is a welfare mentality – a culture”

### Key Informant

- “Diabetes and education for diabetics”
- “Smoking cessation and tobacco use”
- “There is no access for mental health care”
- “Dental care is good for school children but parents fail to follow through with treatment plans”
- “Economics is having a detrimental effect on health care and dental care”

# Summary

## 7. What health related areas / services are needed in the community?

### Retirees

- “Exercise and workout facilities – just a place to walk (indoors)”
- “Wellness promotion – healthy lifestyle”
- “In general – health promotion – education”

### Boomers

- “We need access to recreational areas and activities”
- “Weight loss programs”
- “There is a weight loss program in Tompkinsville that people go to at the Extension Office – why can’t there be a similar program in Celina?”
- “CRH needs to improve its image – its affiliation with CRMC is a big positive”

### Employees

- “We lack facilities that promote healthy lifestyles”
- “Economics drives tobacco use, obesity, abuses, etc.”
- “We need to realize that a few people can make a difference and maybe it can spread to the community as a whole”

# Summary

## 7. What health related areas / services are needed in the community?

### Key Informant

- “We lack recreational facilities – we need a place to walk (indoors)”
- “The area doesn’t have entertainment for our younger population”
- “There are programs like the Diabetes Coalition that are very good but they need support and resources to get their message out”
- “The public needs to be made aware of resources that are available to them – we haven’t promoted things very well”

# Summary

## 8. How would you evaluate the specific healthcare services / facilities available in the community currently? (hospital, providers, home health care, nursing home, dental care, health department, etc.)

### Retirees

- “There are some very positive programs available in the area – Diabetes Coalition, Health Department, Alcoholics Anonymous”
- “The drug and alcohol abuse issue is not being addressed at all (prescription, meth, alcohol)”
- “We have to do a better job educating in our schools about the use of tobacco and alcohol abuse”
- “We should facilitate health careers in our schools”
- “Recruit more physicians”

### Boomers

- “The Hospital has an image issue in the community – CRMC is being positively received by the community”
- “CRH should consider some renovations and updates”

# Summary

## 9. What are the most significant things that can be done to improve and further develop health services in the community?

### Retirees

- “Health fairs – bring in specialists to be introduced, make it a bigger deal”
- “Promote exercise – walking trails (outdoor) and indoor facilities”
- “Enhance the relationship between the schools and the Hospital – promote health from the outset with students”
- “Use church facilities to promote health programs and communicate through the churches”
- “Promote through the senior group meetings – they are very active”
- “Focus on care givers – they have a lot of needs”
- “Communicate through billboard, word of mouth, signs, churches”
- “We need to promote our county – there are a lot of good things happening here and people need to be made aware of it”

# Summary

## 9. What are the most significant things that can be done to improve and further develop health services in the community?

### Boomers

- “Communicate through every possible means – newspapers, flyers at the schools, signs, radio ads, social media”
- “Re-energize the health fair – make it bigger and better”
- “Have a presence at the ball games – encourage participation in health related areas”
- “Address transportation issues for some – make them aware of options”
- “Educate – start early with the schools, promote dental and general health through formal programs, diabetes programs are a real need”
- “The keys are: free, easy parking, convenient location, food provided”

# Summary

## 9. What are the most significant things that can be done to improve and further develop health services in the community?

### Employees

- “We need to use the churches as a resource to promote things and also use their facilities”
- “Educate – this needs to start in the schools – promote health, lifestyle choices, wellness”
- “Communicate a message – newspapers, word of mouth, social media, churches”
- “CRH should have a larger role in school programs that are specific to health promotion and resource availability”
- “Offer free programs – such as diabetes education”

### Key Informant

- “Mental health – we should encourage the psychiatrist who covers the geriatric unit to offer a clinic in the community when he is in town”
- “We should offer after hours or extended hours for primary care services”
- “Education – we should do more education in the community – diabetes, dental, health promotion, wellness, etc.”
- “Communication – all avenues need to be explored – newspaper, radio, social media, blast email messages, signs, churches, etc.”

# Road Map



# Implementation

## Health promotion for Clay and Jackson Counties

- CRH plans to enhance the annual Health Fair (August of each year) to a larger venue with a broader range of services and exhibits being provided. These will include testing and screening for the public. Enhancing the Fair will also include broader promotion through a variety of avenues which will result in more people attending. The theme of the Fair continues to promote a culture of health, education about affordable health screening, and a focus on wellness and prevention.
- In the spring of 2014, CRH will sponsor the Remote Area Medical (RAM) project in the area. RAM provides free healthcare, vision care / screening, dental care / screening to people in remote areas of the United States.
- The Clay County Health Council will provide educational programs in the local schools in areas such as: wellness, healthy eating, drug and alcohol abuse, personal hygiene, understanding health risk factors, hand washing, etc.
- CRH will develop a wellness program for its employees. This program will serve as a model and example for the overall community with its focus on wellness and prevention.
- Diabetes and its related health concerns is a significant health issue in the area. The Clay County Diabetes Coalition will partner with CRH in the development, marketing and sponsoring of educational programs for diabetes patients and their families. This will include healthy eating for diabetics, cooking classes for diabetics, as well as overall education for diabetic patients.

# Implementation

## Health promotion for Clay and Jackson Counties

- Smoking and tobacco use is viewed as a significant health issue for the area population. CRH will provide the facilities and sponsor a smoking cessation program that will be open to the community.
- Obesity and related health issues are viewed as health problems for the local population. CRH will sponsor and provide facilities for a weight loss program that will be open to the community.
- Education about health careers will continue to be an educational offering for the junior and senior high school students sponsored by CRH.
- CRH will continually evaluate its communication methods to the community. It will pursue more focused communication to reach the local population.

## Access to Physicians and other Healthcare Providers

- CRH will continue its active recruitment for an additional primary care physician to be located in Celina. This will increase access to physicians for patients in the Clay and Jackson county areas.
- CRH will continue in its attempts to provide specialty care clinics on a part time basis at its facility. It is the intent of CRH to increase the number of specialists coming to the area as a satellite clinic. The specific specialties will be based on their availability and willingness to travel to Celina.

# Implementation

## **Care for the Uninsured and Underinsured Population**

- The Health Department and the Emergency Department at CRH continue to provide access to care for the uninsured and underinsured in the region. CRH will lead in the promotion of the services provided by each as well as education of its population about the availability of Health Exchanges as well as TennCare. It is the belief of CRH that many of the area population do not have a good understanding of their options for healthcare in the region.
- CRH will provide charity application for those patients who qualify in order to determine and provide care on a reduced fee basis.

## **Communication about Health Promotion**

- CRH will focus on employee wellness and recognize healthy accomplishments among its employees in its employee newsletter.
- CRH will develop a newsletter for distribution throughout the region that focuses on healthy lifestyles, health programs, local / area providers, health services available in the community, health programs for the community.
- CRH will seek ways to work with the local churches in health promotion activities, marketing efforts, and general communication about health related matters.

# Road Map



1	Introduction
2	Regional Demographics
3	Key Constituents Interview Summary
4	Focus Group Summary
5	Summary and Recommendations
6	<b>Appendix</b>

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