THE UNIVERSITY OF TENNESSEE MEDICAL CENTER

Wisdom for Your Life.

University Health System, Inc.

Community Health Needs Assessment 2013

1924 Alcoa Hwy, Knoxville, TN. 37920

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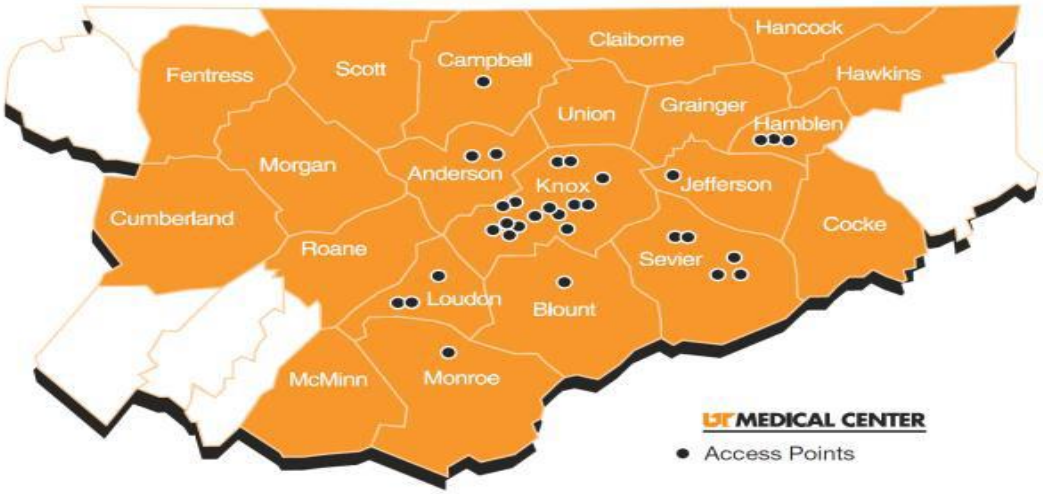
Figure P.1-1



University Health System Inc. (UHS), doing business as The University of Tennessee Medical Center (UTMC) is a not-for-profit healthcare system which operates a regional network of primary care and specialist provider services, walk-in clinics, cancer chemotherapy centers, diagnostic imaging services, home infusion therapy, home health, contracted laboratory services, and aeromedical services. At the core of the system is a quaternary care academic medical center located in Knoxville, Tennessee (TN). The hospital opened in 1956 and is licensed for 581 beds and staffs 528. With a threefold mission of healing, education and discovery, UTMC holds unique value in the East Tennessee community as a regional referral center.

The Medical Center is operated for the benefit of the community in a manner consistent with Section 501(c)(3) of the Internal Revenue Code. UHS has adopted a formal charity care policy, has an open medical staff, and operates an emergency room, including a Level I Trauma Center. It is governed by a Board of Directors composed of independent civic leaders from the community and representatives from the University of Tennessee.

The medical center service area consists of 21 counties comprising most of the eastern third of the State of Tennessee. UTMC's main health care services are emergent and pre-planned surgical and medical interventions for diseases or diagnoses related to cardiac/pulmonary/vascular, emergency and trauma, women/children's, cancer, neurology, neurosurgery, general medical and surgical, orthopedic, aeromedical, primary care and community education.

The UTMC workforce includes full and part time team members, physicians, residents, healthcare students and volunteers. UTMC is comprised of 3747 team members. Registered nurses constitute the largest segment of team members.

Fifty-four percent of the direct-care nurses have a BSN or higher degree. The workforce reflects the diversity of the service area. There are more than 800 physicians, dentists, podiatrists, physician assistants, nurse practitioners and psychologists who serve as the medical staff.

UTMC is located on 92 acres and has over 2.5 million square feet (SF) of space. The medical center is the home of the Knoxville campus for the UT College of Pharmacy and the UT GSM. A dedicated Heart Hospital opened in 2010. Additional facilities are 6 medical office buildings (MOB), 16 Primary Care Outpatient Centers, Aeromedical Services & Regional Medical Communication Center (RMCC).

UTMC's major technology and equipment includes: picture archiving communication system (PACS), Cyber Knife Radiosurgery System, electronic medical record (EMR), position emission tomography (PET) CT scanner, Simulation (SIM) Center, DaVinci Robotics, mobile mammography unit, hybrid endovascular suites biplane angiography, intensity-modulated radiation therapy (IMRT), cyclotron, endoscopic ultrasound, minimally invasive surgery and interventional neuroradiology.

Healthcare Systems and Services in Geographic Region

UTMC, as an independent single campus hospital system, serves patients in a competitive region with 17 other healthcare organizations. UTMC remains the only Level 1 Trauma, Magnet Designated, Academic Medical Center. The UPA, an independent physician association has its own governance structure. It is comprised of over 500 physician and clinician members and is devoted to UTMC. There are approximately 215 residents and fellows training in the 22 accredited specialty and subspecialty programs in the University of Tennessee (UT) Graduate School of Medicine (GSM) and UTMC Program. Healthcare Students: One campus of The UT College of Pharmacy is located at UTMC and trains approximately 190 students. In keeping with the mission of serving through education there are numerous students from many disciplines and educational institutions experiencing UTMC as a training site. In addition to medical, dental, pharmacy and clinical pastoral care residents, nursing students from areacolleges receive clinical training at UTMC. The campus also includes a school of radiologic technology and a medical technologist training program. Key patient groups include inpatient, outpatient and emergent.

The main competitors for service are 2 multi-hospital health systems:

- Covenant Health with 7 hospitals and a total of 1,364 beds
- Tennova Healthcare with 7 facilities and 1,323 beds

There are 5 hospitals from these systems in proximity to UTMC in Knox County. Additionally, 4 independent hospitals remain in the region. UTMC is the overall market share leader among individual hospitals in the region.

With a growing Primary Care Physician (PCP) Network outside of Knox County, UTMC strives to meet the community need for improving access and convenience for patients. Summit Healthcare is an Accountable Care Organization (ACO) of 220 physicians in 55 office locations and 5 hospitals serving patients in 10 counties in the ET region. With a growing Primary Care Physician (PCP) Network outside of Knox County, UTMC strives to meet the community need for improving access and convenience for patients. Other Primary care providers include Summit Healthcare as an Accountable Care Organization (ACO) of 220 physicians in 55 office locations and 5 hospitals serving patients in 10 counties in the ET region. Cherokee Health Systems operates 47 clinical sites in 13 counties in the East Tennessee region.

UTMC's healthcare market is grouped geographically by the 21 county service area shown in P.1-1. University of Tennessee Medical Center (UTMC) is a nationally recognized center for pulmonology and gynecology. The hospital is also a respected center for maternity care, orthopedics, oncology, stroke, trauma, and many other medical services. University of Tennessee Medical Center in Knoxville, TN is ranked nationally in 2 adult specialties. It was also high-performing in 10 adult specialties, as shown below. It scored high in patient safety, demonstrating commitment to reducing accidents and medical mistakes. University of Tennessee Medical Center is a 528-bed general medical and surgical facility with 26,236 admissions in the most recent year reported. It performed 8,606 annual inpatient and10,788 outpatient surgeries. The emergency room had 80,114 visits in 2012. University of Tennessee Medical Center is an academic teaching hospital and the only in our region of service.

UTMC was among 148 facilities—roughly 3 percent of the 4,793 analyzed for the latest Best Hospitals rankings—to be ranked in even one of the 16 specialties.

BEST	*Nationally Ranked*	*Gynecology* *Pulmonology*
BEST	*High-Performing*	*Cancer* *Cardiology & Heart Surgery* *Diabetes & Endocrinology* *Ear, Nose & Throat* *Gastroenterology* *Geriatrics* *Nephrology* *Neurology & Neurosurgery* *Orthopeadics* *Urology*

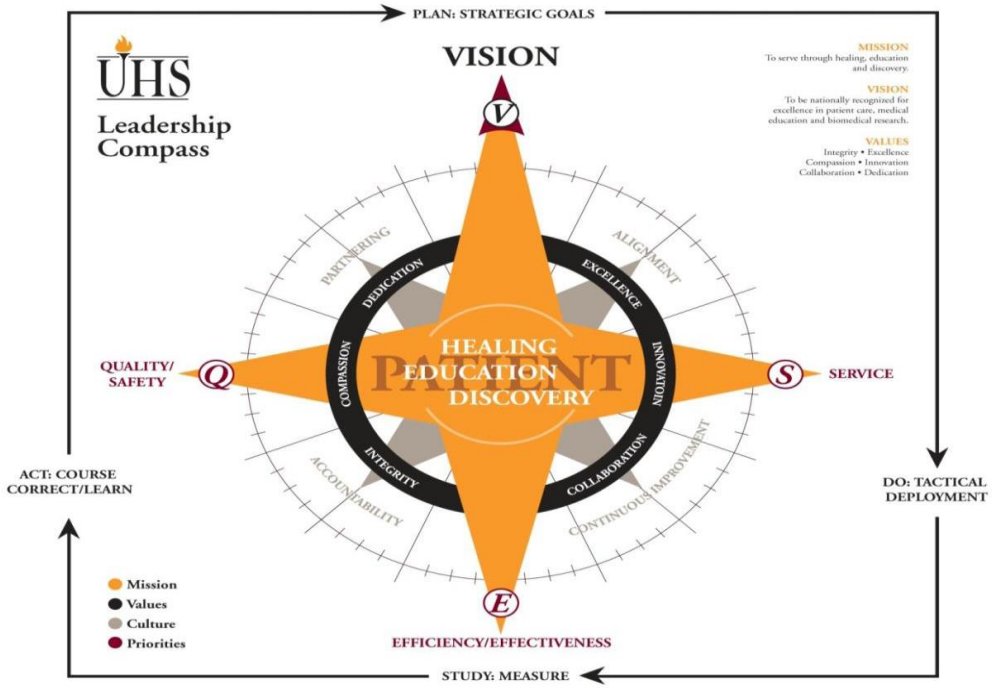
Many of these health care services are delivered through 5 Centers of Excellence (COE):

1) Heart Lung Vascular Institute (HLVI)
2) Emergency & Trauma Services
3) Center for Women's & Children's Health

4) Cancer Institute (CI)
5) Brain & Spine Institute

The Strategic Planning Process (SPP) includes a demographic analysis which drives the community health care needs analysis. The 5 COE's satisfy a major portion of the healthcare needs identified for our community through the demographic analysis. The services delivered through the COEs are of high importance to the medical center's success as a result of the size of the service, demographic makeup of the community, or contribution to our core competencies. A patient and family-centered model of care guides multidisciplinary teams in the delivery of health care.

Figure P.1-2



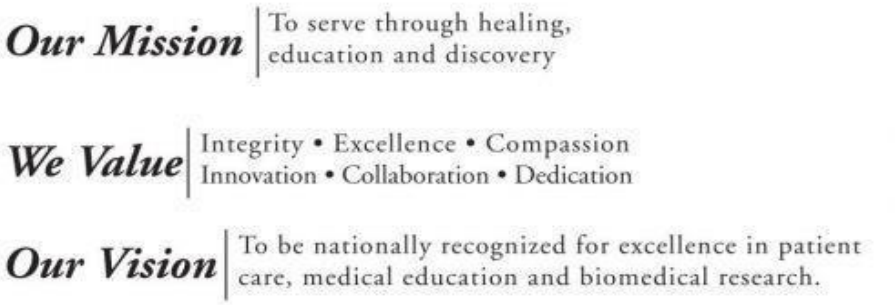
The Leadership Compass (LC) is a leadership system (Figure P.1-2) illustrating the mission, vision, values and priorities as cornerstones of a culture of continuous improvement, accountability, partnering and alignment. The approach is to drive improvement through the PDSA cycle of plan, do, study/learn act. The purpose of UTMC is to provide the community of East Tennessee with access to leading healthcare providers who are knowledgeable and experts in providing comprehensive specialty services.

UTMC's core competencies are:

1. Delivering comprehensive health care services 24 hours a day, seven days a week
2. Discovering tomorrow's cures and treatments
3. Training tomorrow's clinicians

These competencies link directly to the Mission:
To serve through healing, education and discovery:

Our Mission, Vision, and Values



UT Medical Center's Role

Fulfilling our Mission is through delivering compassionate, high quality, affordable health services to those in need of healing. UTMC demonstrates its commitment to service through:

- Recognized excellence
- Research and education
- Accessibility
- Advocacy
- Collaboration with others in the provision of a wide range of health, social and support services that meet community needs and improve the quality of human life.

Customer Service Standards

FIVE-STAR EXPERIENCE

5 Star Customer Service is our promise to exceed the community's and our customer's expectation by providing personalized care and outstanding service.

1. **SMILE** – Greet patients, families and each other with a smile.
2. **PRESENT** – Present a professional image—both personally and our physical environment.
3. **PARTNER** – Partner with patients and families in the planning and delivery of their care.
4. **RESPECT** – Respect the privacy and confidentiality of those we serve.
5. **RESPOND** – Respond to concerns and complaint

Organizational Commitment

Hospital's organizational commitment
In the Fiscal Year 2012, the Community Board, CEO, System Management Team, Physicians, Centers of Excellence provided input for a strategic planning session which included the Director of Network Development and Community Benefit.

The 2013 Plan includes the priorities outlined in the 2012 Community Health Needs Assessment (CHNA). The 2012 Community Health Needs Assessment was presented to the leadership of the hospital, Community Health Advisory Council (CHAC) and the community.

The hospital leadership, board and CHAC identified key needs from the assessment and developed a strategy to meet those needs. They set the priorities for the hospital, established the priorities within the strategic plan to address the issues outlined by the committees. The goals and priorities outlined in the Community Benefit Plan are linked to the strategic plan of the hospital and focus on the key priorities established in the UTMC 2012-2016 Strategic Plan which include Outreach, Clinical Integration, Medical Staff Development, Centers of Excellence enhanced programs, Academic enhancement, Sustainability and Leadership.

CHAC will continue to use the Hanlon Method where the population will be determined, problem analyzed, effective strategies are proposed, and what

resources will be needed to accomplish the goals identified by the hospital's leadership and Board of Directors (BOD).

The Community Board, organized through the Development Office, and Senior Leadership of the hospital make conscious decisions how the resources of the hospital are used, honoring the mission, vision, and values of the hospital in its work within the hospital and community.

The other programs and projects which are developed in the hospital through the various departments and COE's are brought to the System Management Team (SMT) and then to Senior Leadership Team for approval and then to the Community Board for final review and approval.

Community Health Needs Assessment Planning

Program content, design, target population, continuation and/or termination and program monitoring occurs in diverse environments throughout the hospital. The programs which are created within leadership are designed for program content, target audience, program continuation and/or termination and monitored with the assistance the Community Health Advisory Council (CHAC), the department's staff, hospital leadership, board members, and community stakeholders.

Other programs within the hospital are created, designed, target population, continuation and/or termination by the departments and Executive Leadership. The Community Board does have input in the design, target, continuation and termination of programs. Although, the COE's, Steering Committee of COE and Senior Leadership are the main decision makers, the department VP and coordinators are responsible for monitoring the programs.

Community Board members are selected based on their broad range of skills gained through leadership roles in their companies or community service positions. They possess a wide range of business, financial and strategic planning experience. These individuals have the skills to analyze and assess programs from a business perspective. All programs address the five core principles of UTMC Community Benefit programming and are evaluated for their effectiveness. Programs address the following:

- Programs address one or more risk factors that are defined, measured, modified, and prevalent among the community that constitute a health threat in the community and/or quality of life
- Reflect a special consideration of the populations that are being served in a culturally sensitive manner and meet the needs and preferences of the targeted groups
- Clearly and effectively target the risk factors and particular settings
- Make optimum use of the available resources within the community

- Collaborate whenever possible to reduce duplication of effort and reflect well organized, planned, evaluated and organized programs which are evaluated for their effectiveness.

Community Board Information

It is the intent of UT Medical Center to encourage new membership to CHAC and Community Board that will better represent the community's expertise related to Community Benefit and Community Health integration. This will remain an ongoing and evolving process. UT Medical Center's Community Board members were added in FY 2012-2013.

- Appendix A for UHS Board of Directors
- Appendix B for Senior Leadership
- Appendix C for System Management Team
- Appendix D for Community Health Advisory Council Membership
- Appendix E for Together! Healthy Knox Membership

Community Benefit Activities and Support:

In fiscal year 2012, UT Medical Center provided a total of $46,992,614 in Community Benefit activities and support.

- Uncompensated Patient Care - $19,250,788
- Healthcare Professionals Education - $15,335,800
- Charity Care - $10,979,807
- Community Health Improvement - $632,093
- Research - $295,967
- Community Building Activities - $262,494
- Cash and in Kind Support – $235,665

Non-Quantifiable Benefits

Each year, UTMC employees provide care to our citizen's abroad and in East Tennessee. Several stories exist how our employees and physicians live the mission of providing quality care to the community both in their professional and personal lives. Mission fulfillment is lived within the hospital where hospital employees give their time, talent and treasures to promote the health and well being of others. Many of our staff members travel to foreign countries on their personal time to provide health services to the poor and disenfranchised in

countries outside the United States. They participate in relief efforts when unexpected tragedy occurs, as well as other medical missions.

Our employees contribute hundreds of hours serving on boards, committees and fundraising events in the community. Over 66,000 individuals were served by the generosity of our employees and the hospital's careful coordination of these efforts for our community.

Assets Assessment

UTMC conducts ongoing inventories regarding the assets within the hospital to meet the ongoing need within the community. In collaboration with its partners, UTMC engages others in the solution of assessing the assets within the community and engaging its partners in becoming part of the solution. We do this in synergy with one another through many initiatives We come together to identify our assets and gaps by utilizing data and information from sources such as the 2012 Community Health Needs Assessment and other state and national data repositories. We also survey our community to identify the assets and the gaps in health and human services. A prime example of this effort is through our Breast Health Outreach Program (BHOP) where the hospital provides free education, prevention, diagnostics, and treatment for uninsured women. Nearly 15 years ago, we identified the need to provide these health services to women who were uninsured. UTMC with the assistance of our partners from the Cancer Steering Committee, Susan G. Komen Foundation, American Cancer Society, the Wellness Community, Avon Foundation, health providers, radiologists, physicians, nurses, nutritionists, community members and others who could help us meet the growing need for prevention, diagnosis, treatment, and follow up care.

East Tennesseans have been raised on traditional southern cooking that is often high in fat and carbohydrates. This type of diet along with lack of physical activity contributes to the high obesity and diabetes rates in East Tennessee.
Nurses realized patients who were coming through the Cardiac Rehabilitation program did not understand how to make good nutritional choices and prepare their meals to reduce calories with substitution items. In response to our region's need for simple, healthy, and delicious recipes and instruction, The University of Tennessee Medical Center, established the Healthy Living Kitchen™ program. Dieticians, nurses, and Heart, Lung, Vascular Leadership sought community partners to assist with the development and education format for the program. The Healthy Living Kitchen™ began with the mission to promote a heart-healthy lifestyle that reduces risk for cardiovascular disease. The Healthy Living Kitchen™ provides individuals with the knowledge and motivation needed to improve nutritional choices in assisting individuals live a healthier lifestyle by offering cooking classes, grocery shopping tours and interactive presentations. The program is unique in that we offer a multidisciplinary approach to meal preparation. Our team consists of a registered dietitian, cardiac nurse specialist,

and executive chef who provide expertise in nutrition and preventive health education along with culinary skills. Our partners include local grocers KVAT-Food City, American Diabetes Association, American Heart Association, local celebrity chefs, and experts in nutrition from the community. In 2012, The Healthy Living Kitchen™ published a lifestyle education cookbook filled with 5 years of recipes and education to further assist in outreach efforts to provide education to communities abroad.

Mission Service Activities

Blood Drive: UTMC partners with Medic Regional Blood Center to provide an opportunity for employees to give back to their community. UTMC is the region's largest consumer of blood products due to the complexity of service we provide to the community, including serving as the only Level I Trauma Center in our region. In 2012, the hospital donated 464 units of blood.

Christmas Baskets: UTMC employees and hospital provide opportunities to volunteer within the community. Each year, UTMC employees come together to deliver baskets to seniors, shut-ins and underserved through the Empty Stocking Fund. Baskets contain food items which include nonperishable items to make the holidays a little more enjoyable. UTMC employees and their family members donate their time to distribute the baskets to the community.

Contributions of Volunteers:
Since 1962, UT Medical Center has enjoyed the services of the Volunteers who have given over 800,000 hours. The Volunteer Department coordinates the activities of three main groups of volunteers: The Auxiliary, Independent Volunteers, and the Junior Volunteers. All volunteers who donate time and service to the Medical Center work in a variety of settings such as inpatient and outpatient facility departments, patient reception areas, gift shop, etc. There are approximately 312 currently active volunteers for UTMC. These volunteers come from various backgrounds from all ages, including seniors and students with an interest in a healthcare career. Currently there are 140 adult volunteers, 82 college students and 90 high school students. These volunteers average 35,000-40,000 hours per year of total service.

Lifting the spirits of UTMC patients is what the volunteer program is all about. Volunteers are involved in such activities as delivering flowers, mail and gifts, serving refreshments and providing warm blankets for the oncology patients, reading materials, a cheerful smile and a comforting word. Volunteers also provide a valuable source of information for the patients' families and friends and are especially important when serving as a liaison during crucial times in the family waiting lounges.

Environmental Responsibilities

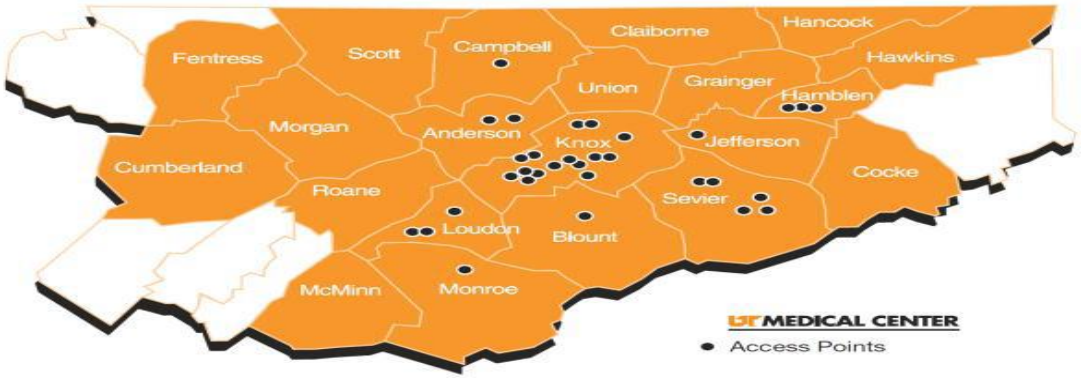
UT Medical Center will promote conservation both within the hospital and the community. We strive to set an example to our community by integrating environmental awareness and responsibility. Our ethical commitment in healthcare to provide the best care will also be applied to our role as environmental stewards of the community. We will explore all financially viable options as we strive to become a "GREEN" system.

- Consider the economic, environmental, and social impact of product selection
- Reduce consumption of resources
- Reuse materials where possible
- Recycle when economically feasible
- Resell materials
- Educate and promote GREEN programs
- Purchase safer and less toxic products
- Explore alternative practices to minimize impact on the community

Community Health Needs Assessment Planning
Definition of Community

Regional and national rankings for health factors continue to be disappointing as cancer, heart disease, and diabetes rates continue to increase each year. Obesity continues to be a major problem in the United States, leading to additional diseases. From a global perspective, the United States falls behind other developing nations in health outcomes. Clearly, there are many needs that exist and need attention. The University of Tennessee Medical Center (UTMC) and UHS exist to fulfill our mission of "delivering compassionate, high quality, affordable health services to those in need of healing."

In order for UTMC to serve its region most effectively, it is essential to understand each community's individual needs. UTMC has conducted a Community Health Needs Assessment to profile the health of the residents within the local region. The assessment focuses on UTMC's 9 core counties where UHS has facilities or provides service. Our commitment is to also offer services to counties without healthcare facilities and partnering with local healthcare providers to ensure access to quality and specialized services.



Methodology

Activities associated with the development of this assessment have taken place during the summer and fall of 2012 and spring of 2013, including state, regional and county-specific secondary data collection and primary data obtained through 151 surveys with individuals from Knox County, TN and surrounding counties.

Throughout the assessment, high priority was given to determining the health status and available resources within each community. Community members from each county met with UTMC to discuss current health priorities and identify potential solutions. The information gathered from a local perspective, paired with regional, state and national data, helps to evaluate the region's health situation in order to begin formulating solutions for improvement.
In 2011, Tennessee ranked 39th, for overall health outcomes. Tennessee had high rates of adult obesity, cancer deaths, infant mortality, and diabetes. By examining national data, UTMC is able to identify successful measures that have been used in other states to solve similar issues.

In all sections of the UTMC CHNA, the most recent data available was utilized. After compiling the various sources of information, four top health priorities were identified by the CHNA. These priorities include:

- Cancer
- Obesity
- Diabetes
- Cardiovascular Disease
- Tobacco Use

By utilizing effective measures, available resources and community member involvement, county-specific plans have been developed and implemented which focus on preventing the growth of the four identified health outcomes. However, it is apparent that it takes more than just resources and an implementation plan to challenge these health priorities.

The following information has been collected and reviewed by the representatives from the UTMC System Management Team and Senior Leadership. Following presentation to the UTMC Community Advisory Council Committee, future initiatives will be identified, prioritized, implemented, and monitored to ensure health status progress occurs.

Community Interview Summary
Throughout January-May of 2012, the UTMC Strategic Planning Department hosted two separate meetings in order to connect with community members of each county in which UHS operates a facility. Community participants were selected based on roles within the community and workplace. The interviewees in attendance were local physicians, school board members, non-profit directors,

health department officials, school nurses and coordinators, and minority group leaders. These individuals were invited to discuss and determine the health priorities and resources available in each area.

Collecting Community Input

In order to complete the community health needs assessment for UT Medical Center, UTMC met with 21 representatives from across East Tennessee. The organizations that were represented are listed in Table 1.1.

Table 1.1 – Summary Organizations Participating in UTMC Community Health Needs Assessment

- Rural Metro Emergency Medical Services
- Cherokee Health Systems
- Corporate Health Partners of UTMC
- Coordinators of School Health
- UT Campus Agriculture Extension Service
- East Tennessee Wellness Roundtable
- CAC-Office on Aging
- Knox County Health Department
- UTMC Medical Center Community Health- Advisory Council
- Medic
- TH!NK Healthy Knox Leadership Team
- Senior Falls Task Force
- United Way
- Knox Area Rescue Ministries

To begin the community health needs assessment, UTMC Community Health Advisory Council and Network Development staff presented data collected at several meetings in order to illustrate past and current health trends for Tennessee. The presentation depicted the current national health rankings, in addition to providing a snapshot of each county in UTMC's service area. Following the presentation, each participant was given a survey to determine the individual's personal assessment of their county's health priorities. Secondly, the individuals were asked to submit ideas and suggestions as to how UTMC could use the available resources in order to improve the health priorities determined. After the surveys had been completed, each group discussed the questions and continued brainstorming ways to address obstacles and utilize resources. All of the information collected from the surveys and open discussion was evaluated and prioritized based on health needs.

In surveys obtained from 154 community representatives from April through December 2012, several community health needs and resources were identified. Table 1.2 lists the survey questions given to each participant in the assessment.

RESULTS OF UTMC COMMUNITY HEALTH SURVEY

Table 1.2 – Community Survey Questions and Top Responses

1. **In your opinion, what is the biggest health issue or concern in your community?**

Response	Total	% of Total Respondents	%
Asthma/lung disease	19		12%
Cancer	18		12%
Dental health	9		6%
Diabetes	14		9%
Drug/alcohol abuse	40		26%
Heart disease	6		4%
HIV/AIDS	6		4%
Obesity	16		10%
Sexually transmitted diseases	7		5%
Stroke	2		1%
Tobacco use	9		6%
I don't know	4		3%
Other (please specify)	4		3%
Total Responses: 154		0% 20% 40% 60% 80%	

2. In your opinion, what factor do you think prevents people in your community from seeking medical treatment?

Response	Total	% of Total Respondents	%
Cultural/religious beliefs	7		5%
Ability to read or write	6		4%
Age	2		1%
Fear (not ready to face health problems)	12		8%
Economic (low income, no insurance, etc.)	48		31%
Health services too far away	3		2%
Lack of insurance	34		22%
No appointments available at the doctor when needed/have to wait too long at the doctor's office	7		5%
Lack of knowledge/ understanding of need	16		10%
Transportation	5		3%
Language barrier	0		0%
Not enough access to primary care physicians	3		2%
Race	2		1%
Sex/gender	1		1%
I don't know	4		3%
Other (please specify)	4		3%

Total Responses: 154

3. Are you a smoker?

Response	Total	% of Total Respondents	%
Yes	74		48%
No, Never	47		31%
Not now, but in the past	18		12%
I am trying to quit smoking	14		9%
Other (please specify)	1		1%

Total Responses: 154 0% 20% 40% 60% 80%

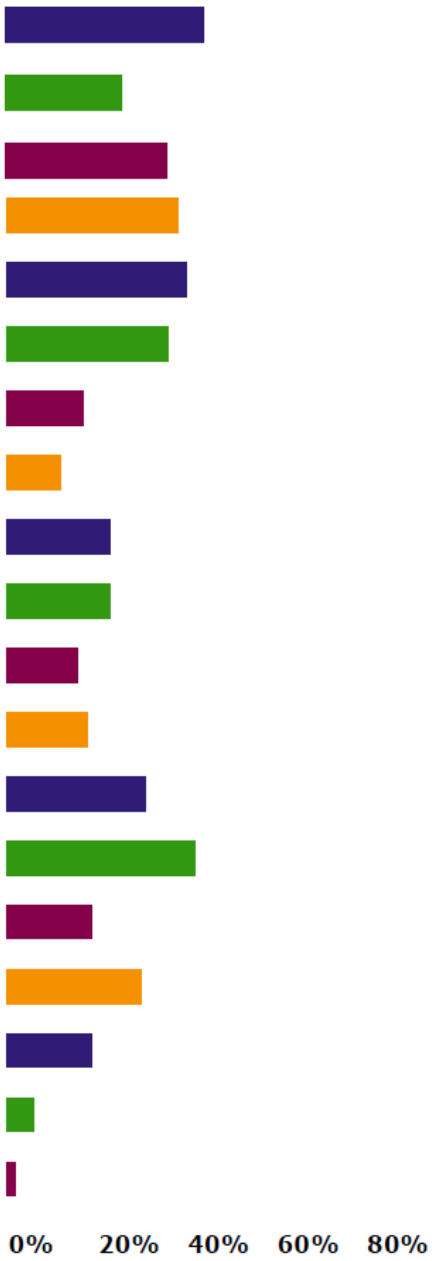
4. In your opinion, which of the following does your community need in order to improve the health of your family, friends and neighbors?

Response	Total	% of Total Respondents	%
Healthier food choices	43		28%
Job Opportunities	77		50%
Mental Health Services	44		29%
Recreation Facilities	20		13%
Transportation	36		23%
Wellness Services	29		19%
Specialty Physicians	25		16%
Safe places to walk/play	28		18%
Substance abuse rehabilitation services	47		31%
I don't know	11		7%
Other (please specify)	8		5%

Total Responses: 154 0% 20% 40% 60% 80%

5. In your opinion, which of the following does your community need in order to improve the health of your family, friends and neighbors?

Response	Total	% of Total Respondents	%
Cancer	68		44%
Cholesterol	40		26%
Blood Pressure	55		36%
Heart Disease	59		38%
Diabetes	61		40%
Dental Screenings	55		36%
Disease Outbreaks	26		17%
Peripheral Vascular Disease (PVD)	18		12%
Nutrition	35		23%
Exercise/Physical Activity	35		23%
Eating Disorders	25		16%
Emergency Preparedness	28		18%
HIV/Sexually Transmitted Diseases	47		31%
Mental Health	65		42%
Prenatal Care	29		19%
Substance Abuse	46		30%
Vaccinations/Immunizations	30		19%
I don't know	9		6%
Other (please specify)	3		2%



6. Where do you and/or your family get most of your health information?

Response	Total	% of Total Respondents	%
Family or Friends	54		35%
Hospital	40		26%
Hospital Newsletter	7		5%
Health Department	34		22%
Magazines	16		10%
Radio	12		8%
Internet	37		24%
Doctor/Health Professional	43		28%
Church	14		9%
Other (please specify)	11		7%

Total Responses: 154 0% 20% 40% 60% 80%

7. If you or someone in your family were ill and required medical care, where would you go?

Response	Total	% of Total Respondents	%
Doctor's Office	52		34%
Clinic	15		10%
Health Department	8		5%
Hospital/Emergency Department	53		34%
Walk-in/Urgent Care	13		8%
Would not seek care	1		1%
I don't know	4		3%
Other (please specify)	8		5%

Total Responses: 154 0% 20% 40% 60% 80%

8. I am: male or female?

Response	Total	% of Total Respondents	%
Female	66		43%
Male	88		57%
Total Responses: 154		0% 20% 40% 60% 80%	

9. My age is?

Response	Total	% of Total Respondents	%
Under 18	0		0%
18-24	12		8%
25-34	33		21%
35-44	25		16%
45-54	46		30%
55-64	26		17%
65-74	10		6%
75 or older	2		1%
Total Responses: 154		0% 20% 40% 60% 80%	

10. I live in which county?

Response	Total	% of Total Respondents	%
Anderson County	2		1%
Blount County	1		1%
Campbell County	0		0%
Claiborne County	0		0%
Cocke County	0		0%
Cumberland County	0		0%
Fentress County	0		0%
Grainger County	1		1%
Hawkins County	0		0%
Hamblen County	1		1%
Hancock County	0		0%
Jefferson County	2		1%
Knox County	121		80%
Loudon County	2		1%
McMinn County	0		0%
Morgan County	0		0%
Monroe County	0		0%
Roane County	0		0%
Scott County	1		1%
Sevier County	20		13%
Union County	0		0%
Total Responses: 151		0% 20% 40% 60% 80%	

11. My racial/ ethnic background is?

Response	Total	% of Total Respondents	%
Asian	2		1%
Black/African American	30		19%
White/Caucasian	112		73%
Hispanic	2		1%
Native American	1		1%
Multi-Racial	3		2%
Other (please specify)	4		3%
Total Responses: 154		0% 20% 40% 60% 80%	

12. What is your highest level of education?

Response	Total	% of Total Respondents	%
Some High School	33		21%
High School Graduate	44		29%
Some College	28		18%
College Graduate	14		9%
Technical School	13		8%
Graduate School	10		6%
Doctorate	0		0%
Other (please specify)	12		8%
Total Responses: 154		0% 20% 40% 60% 80%	

13. Do you currently have health insurance?

Response	Total	% of Total Respondents	%
Yes	76		49%
No, never have	35		23%
No, but I did at an earlier time/previous job	34		22%
Other (please specify)	9		6%
Total Responses: 154		0% 20% 40% 60% 80%	

14. What is your current household income?

Response	Total	% of Total Respondents	%
$0 - $10,000	107		69%
$10,001 - $20,000	11		7%
$20,001 - $35,000	8		5%
$35,001 - $50,000	7		5%
$50,001 - $75,000	11		7%
$75,001 - $100,000	4		3%
$100,001 - $200,000	5		3%
Above $200,000	1		1%
Total Responses: 154		0% 20% 40% 60% 80%	

Top Health Priorities

All 154 interviewees agreed that the most prevalent health priorities in all counties were obesity, diabetes, cancer and heart disease. All of these could be positively impacted by addressing the obesity issue as it is a health risk factor for each of these diseases. In addition to these four, community members identified several other health priorities that need to be addressed. Tables 1.4 and 1.5 list the top health priorities identified by community participants.

Table 1.4 – Top Identified Health Priorities by CHNA

Top Health Priorities	Responses	% of Total Responses
Asthma/ Lung Disease	19	12%
Cancer	18	12%
Diabetes	14	9%
Drug/Alcohol Abuse	40	26%
Obesity	16	10%

UTMC Strategic Challenges and Societal Responsibilities:

1. State issues with obesity, smoking, heart disease, prematurity rates
2. Lack of investment in health by consumers
3. Increased demand for service excellence and better quality

In response to identified unmet health-related needs in the community needs assessment, the Fiscal Year (FY) 2012 for UTMC, our focus will be on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major initiatives for FY11-12 focused on increasing access to health services for the underserved; preventing injuries and treating traumatic brain injuries; improving health access for women's health; cancer screening services; early detection of disease processes and management; and community building activities.

Our focus is to create healthy connections in East Tennessee by providing and assisting in access to health care services, healthy women and children services, chronic disease management programs, cancer prevention and injury prevention programs. UTMC's response to the growing needs in the community and an invitation for community partners to come and join us in this effort of creating a healthy Tennessee– one that is ready to be healthy, safe and well.

Together! Healthy Knox initiative was the platform to focus on the needs identified in the 2010 Community Health Needs Assessment for Knox County. Membership came together to identify the gaps in health and human services for the citizens of Knox County.

For the counties surrounding Knox County, a new initiative for 2012-2013 will be a collaborative called "Plan East Tennessee" where hospitals, community organizations, residents of East Tennessee, health providers, governmental agencies and businesses have partnered together to meet the growing needs of our community in a collaborative approach to address the needs unmet in 5 key communities surrounding Knox County.

UT Medical Center's Health Improvement Initiatives are the following:

- Asthma Intervention and Smoking Cessation within the school systems
- Living Well with Chronic Conditions – focusing on vulnerable targeted health populations with disparities to improve self management of disease process by diet and modifiable factors.
- Breast Health Outreach Program- (BHOP) Mobile Mammography
- Cancer Education and Screenings- Prostate and Skin Cancer screenings
- Trauma Prevention and Education -through "Safe Kid's Coalition" – a collaboration of community partners working to prevent injuries in children and families.
- Trauma Prevention- "Battle of the Belt"- a statewide initiative focused on decreasing mortality rates associated with seat belt usage
- Nutrition Education -partnership with Coordinated School Health and Healthy Living Kitchen™ to provide education for school faculty and students
- Stroke Prevention and Awareness
- Cole Neuroscience Center and Alzheimer's Research
- Women's and Children's outreach efforts for prenatal care, high risk obstetrics, and care of the pre-term newborn.
- KAPA Project Access- UT Medical Center is a partner of this organization in the local healthcare community of providing free or discounted medical services and treatment to individuals who are not insured or medically underserved.

By offering evidence-based chronic disease management (CDM) programs, UTMC will be effective in avoiding hospital admissions for three of the most prevalent ambulatory care sensitive conditions in our communities- Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Diabetes. The goal of this program seeks to institutionalize evidence-based chronic disease self-management programs as an essential component of a broader disease management strategy. With focus on disproportionate unmet health-related need populations, these programs will help UTMC confront the challenges of continuing to care for the uninsured/ underinsured populations in an era of healthcare reform.

Living Well Workshops – Chronic Disease Self-Management Program is a program that provides workshops given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together who currently have disease related to cardiovascular, diabetes, and obesity. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. UTMC provides workshops throughout East Tennessee and works closely with the UT Agriculture Extension Service Office (East Tennessee's and Knox County coordinating body for the CDSMP program) to provide workshops and assistance to the community.

Currently we have three certified trainers within UTMC's staff to provide workshops within the community and hospital.

Identifying Available Resources
UTMC realizes that there are numerous resources that can provide care for individuals. Our goal, in order to reduce costs and provide the best care possible for patients, is to identify these resources to prevent duplication of services. The interviewees were asked to list all of the services and resources within their community. The interviewees acknowledged that many resources currently exist to help meet health needs. Table 1.6 lists the current organizations within each county that offer health services to the community.

Table 1.6 – Identified Available Resources
Resources Available in Knox County, TN and Surrounding Region

211 Information System
Coordinated School Health
Healthy Kids, Healthy Communities
East Tennessee Wellness Roundtable Committee
Knox County Health Department
Knoxville Area Project Access
CAC-Office on Aging
County Senior Centers
Interfaith Health Clinic
Cherokee Health Systems
Knoxville Academy Physicians Association (KAPA)
Project Access
Remote Area Medical
Second Harvest Food Bank
SCIRS
American Diabetes Association
American Heart Association
Alzheimer's Association of Tennessee
Metropolitan Drug Commission
Mental Health Association of East Tennessee
UT Language Culture Resource Center
Knox Area Rescue Ministries
Helen Ross McNabb Center
Rural/Metro Emergency Management Services

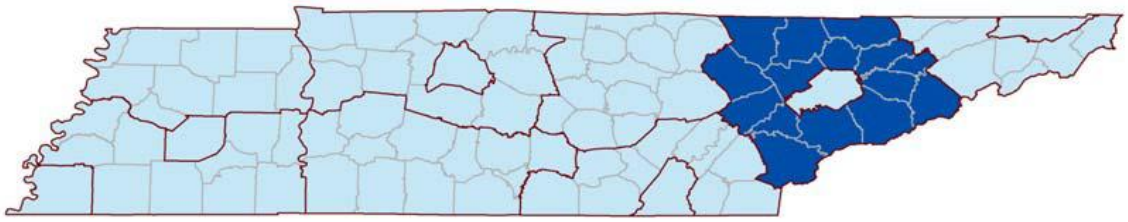
Improving Health Priorities
The community members who were surveyed provided helpful insight as to how to begin formulating a plan to improve the health priorities throughout the region. To enhance existing resources, the participants stressed the significance of increasing public awareness of both addressing one's health needs and the availability of health care options within each community.

Additional suggestions as to how UTMC can improve the previously identified health priorities are listed in Table 1.7.

Table 1.7 – Ideas to Improve Health Priorities

Responses

1. Focus on preventive health by providing education to promote healthy habits in school aged children. Counter obesity, drug use, and teen pregnancy.
2. Require physical education activity as part of school curriculum.
3. Encourage employers or community to improve overall health status and address specific health issues.
4. Expanded and enhanced psychiatric services
5. Enhanced services for substance abuse counseling
6. Increase community support for smoke-free areas.
7. Assistance with early screening for underinsured or uninsured.
8. Focus on access for lack of services available in region such as chemotherapy and mobile mammography
9. Develop site for end-of-life or palliative care.
10. Partner with local farmers markets for healthy produce.
11. Extend partnerships with community providers.
12. Share health information between physicians, pharmacies, and other health care providers.



The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation 2011 County Health Rankings were also utilized for our assessment. The report ranks the overall health of the counties in all 50 states – more than 3,000 total – by using a standard formula to measure how healthy people are and how long they live. UTMC used this method of data analysis to compare health indicators and outcomes in the counties in which we serve in East Tennessee.

County Health Rankings and Roadmaps: http://www.countyhealthrankings.org

	Tennessee	Knox	Anderson	Blount	Loudon	Sevier	Union	Campbell	Claiborne	Cocke	Grainger	Hamblen	Jefferson	Hancock	Fentress	Cumberland	McMinn	Monroe	Morgan
HEALTH OUTCOMES		**10**	**44**	**4**	**16**	**28**	**69**	**93**	**78**	**85**	**32**	**61**	**60**	**68**	**90**	**39**	**55**	**36**	**56**
MORTALITY		9	37	8	15	32	58	77	66	81	25	48	51	73	91	35	50	43	55
PREMATURE DEATH	9,093	7,981	9,399	7,941	8,500	9,182	10,128	11,293	10,641	11,409	8,944	9,639	9,908	11,147	12,982	9,287	9,752	9,464	10,005
MORBIDITY		17	58	3	18	29	85	95	87	84	56	82	67	57	72	54	66	41	62
POOR OR FAIR HEALTH	19%	16%	21%	17%	17%	20%		39%	30%	22%	25%	27%				26%	23%		
POOR PHYSICAL HEALTH DAYS	4.1	3.8	5.6	2.9	4.1	4.2	6.3	8.2	5.3	5.6	4.8	7.1	3.9	5.2	7	4.4	4.9	4.9	6.4
POOR MENTAL HEALTH DAYS	3.4	3.3	3.4	2.6	4.2	2.9	3.3	6.2	4.2	4.6	2.9	4.7	6.4	3.1	3.6	2.9	4.2	3.3	2.8
LOW BIRTH WEIGHT	9.40 %	9.00 %	9.10 %	8.30 %	8.20 %	9.10 %	10.6 %	9.10 %	9.70 %	10.1 %	9.20 %	8.00 %	8.60 %	9.40 %	8.90 %	9.30 %	9.30 %	8.70 %	9.20 %
HEALTH FACTORS		**3**	**12**	**11**	**14**	**30**	**69**	**80**	**63**	**86**	**57**	**70**	**40**	**91**	**79**	**10**	**44**	**84**	**25**
HEALTH BEHAVIORS		6	19	28	18	20	34	56	25	79	40	65	66	51	80	2	21	92	22
ADULT SMOKING	24%	20%	24%	26%	24%	26%				23%		26%	30%		26%	21%	21%	37%	
ADULT OBESITY	32%	31%	31%	33%	31%	30%	32%	34%	30%	37%	32%	33%	32%	31%	35%	27%	34%	34%	32%
PHYSICAL INACTIVITY	30%	28%	33%	27%	30%	29%	32%	36%	36%	35%	34%	34%	32%	36%	34%	28%	34%	32%	30%
EXCESSIVE DRINKING	9%	11%	10%	8%	11%	9%	1%	1%	8%	4%	4%	9%	8%		5%	5%	5%	8%	4%
MOTOR VEHICLE CRASH DEATH RATE	22	19	23	21	23	22	39	24	32	36	36	21	22	51	47	25	26	28	32
SEXUALLY TRANSMITTED INFECTIONS	478	394	297	215	224	251	221	139	194	238	110	283	270	90	130	161	303	199	221
TEEN BIRTH RATE	55	39	50	46	60	63	68	70	50	76	67	82	53	53	60	66	58	66	51
CLINICAL CARE		4	7	9	8	43	80	71	83	41	73	37	26	88	84	15	24	61	68

	Tennessee	Knox	Anderson	Blount	Loudon	Sevier	Union	Campbell	Claiborne	Cocke	Grainger	Hamblen	Jefferson	Hancock	Fentress	Cumberland	McMinn	Monroe	Morgan
UNINSURED	16%	14%	14%	15%	15%	21%	21%	19%	19%	20%	19%	19%	17%	18%	19%	19%	17%	19%	18%
PRIMARY CARE PHYSICIANS	1,080:1	717:1	1,124:1	1,540:1	1,926:1	1,985:1	6,373:1	2,549:1	2,407:1	1,705:1	7,580:1	1,180:1	2,333:1	6,607:1	2,203:1	1,493:1	1,752:1	2,686:1	9,784:1
PREVENTABLE HOSPITAL STAYS	86	59	54	77	69	64	82	141	142	102	107	104	78	177	198	86	90	113	100
DIABETIC SCREENING	85%	86%	88%	89%	87%	84%	85%	87%	84%	88%	85%	86%	86%	87%	87%	88%	85%	84%	84%
MAMMOGRAPHY SCREENING	63%	67%	64%	70%	80%	63%	51%	59%	51%	58%	58%	60%	65%	35%	60%	76%	67%	64%	55%
SOCIAL & ECONOMIC FACTORS		3	14	5	13	30	55	86	68	92	45	66	32	91	54	34	72	69	21
HIGH SCHOOL GRADUATION	79%	80%	85%	86%	81%	71%	80%	72%	71%	88%	87%	71%	81%	92%	100%	84%	72%	84%	100%
SOME COLLEGE	55%	69%	50%	53%	46%	45%	31%	32%	35%	34%	30%	48%	48%	24%	31%	42%	41%	36%	32%
UNEMPLOYMENT	9.70 %	7.60 %	9.00 %	8.40 %	8.30 %	10.3 %	9.30 %	12.1 %	11.1 %	13.2 %	12.8 %	10.8 %	12.0 %	15.4 %	11.7 %	10.7 %	12.4 %	13.8 %	10.7 %
CHILDREN IN POVERTY	26%	17%	25%	20%	24%	27%	40%	35%	34%	49%	31%	34%	25%	45%	38%	30%	28%	31%	29%
INADEQUATE SOCIAL SUPPORT	19%	16%	17%	10%	24%	16%			22%			24%			21%	20%	20%		
CHILDREN IN SINGLE-PARENT HOUSEHOLDS	35%	30%	29%	28%	22%	27%	31%	33%	24%	33%	24%	32%	31%	35%	30%	26%	32%	28%	26%
VIOLENT CRIME RATE	713	600	423	357	388	361	189	564	425	623	198	545	290	134	378	348	701	475	106
PHYSICAL ENVIRONMENT		90	79	94	86	75	91	33	56	14	83	88	89	80	24	26	78	27	47
AIR POLLUTION-PARTICULATE MATTER DAYS	1	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0	2	0	0
AIR POLLUTION-OZONE DAYS	8	17	10	17	13	26	6	0	0	0	0	16	12	0	0	0	1	1	0
ACCESS TO RECREATIONAL FACILITIES	8	9	5	6	4	7	5	10	3	8	0	5	2	0	6	6	2	7	0
LIMITED ACCESS TO HEALTHY FOODS	11%	15%	18%	19%	17%	0%	42%	1%	4%	5%	37%	21%	27%	0%	1%	3%	0%	0%	10%
FAST FOOD RESTAURANTS	52%	53%	61%	48%	51%	38%	56%	68%	68%	42%	56%	62%	55%	100 %	50%	48%	59%	52%	38%

Uncompensated Care

The history of UHS and UT Medical Center demonstrates a clear and consistent charitable purpose: the provision of healthcare services to all residents of the community without regard to age, race, gender, creed, geographic location, cultural background, or ability to pay. These services should be delivered in a way that maintains individual dignity and enhances the quality of life of the persons served. One of the most tangible expressions of the UHS charitable purpose is the provision of care to those who do not have the ability to pay.

UHS subsidized health services provided to patients covered by CoverTN. CoverTN is a partnership between the state, private employers and individuals to offer a limited benefit, basic health plan to employees of Tennessee's small business and self-employed. The services provided to the CoverTN patients were provided below cost.

Key Findings

The health needs assessment of UT Medical Center's service area revealed we are generally meeting the acute-care needs of the populations we serve. Our region still suffers by comparison, though, when its health status is measured against other regions in Tennessee and throughout the country.

The below key findings are all interrelated and ultimately stem from the same root causes. As a result, no one finding is prioritized over another, and many of our implementation plans address several of these findings simultaneously.
The counties we serve rank among the lowest in our states in several categories related to health and wellness.

Based on data collected by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, our counties rank among the worst in Tennessee in several categories, notably in tobacco use, diet and exercise and quality of care – defined in those rankings primarily as having access to regular health screenings. These results are corroborated by several additional sources. Many of these rankings are undoubtedly tied to those counties' equally low rankings in several socioeconomic categories such as education, employment and income. The patients and community leaders interviewed for this report overwhelmingly believe the access to and quality of local health care is more than adequate. And the quality of the health services provided by UTMC and other health providers in the region is generally ranked very high as validated by several third-party ratings agencies and publicly reported data. So clearly, a gap exists between the availability of health services and the disease outcomes that result primarily from modifiable or preventable behaviors.

Our region faces cultural and socioeconomic hurdles that influence our collective health status.

The region served by UT is steeped in heritage and rich in natural beauty. Unfortunately, many of our traditions aren't particularly healthy. Traditional southern cooking, for example, is not good for our waistlines or our hearts. And while there's no denying the importance of the tobacco industry to our region's development, there's also no denying tobacco use has serious health implications – especially with regard to lung disease and cancer.
We don't want our region to just be a great place to live – we want it to be a great place to live well. So efforts to improve our health status will need to take into account the historical, cultural and environmental factors that influence it.

As is the case throughout the country, the uninsured and underinsured populations we serve are at increased health risk in part due to a lack of primary and preventive care. In turn, those populations can become significant financial concerns for a hospital and health system when they seek care in high-cost settings like emergency departments with little, if any, ability to pay for those services.

There is a need in our region for expanded and enhanced psychiatric services. This finding also mirrors a national gap in the availability of psychiatric services. The data suggests a need for increased recruitment of psychiatric caregivers and access to services.

Focus on Access

One way we are improving access to healthcare services is by creating new touch points for those services in our communities. Outpatient chemotherapy and specialty provider clinics provide convenient, local access to a wide range of primary and specialty services. UTMC is providing access to preventive screenings in the workplace and through various locations in our region.
.
Another important aspect of improving the health of our region is ensuring a true partnership between our patients and their primary care physicians – so doctors have a clear understanding of patients' circumstances and preferences, while patients have a clear understanding of what they can do to better their health.

Focus on Population Health Management

Many of our efforts to improve the health status of our service area involve empowering our community members to make healthier choices. Another goal of our community health initiative is to improve our environment so the healthier choice is the easier, more affordable choice. To that end, we will be partnering with businesses, churches and community organizations to help create a foundation and momentum for change in our region.

We will continue to engage businesses' populations of employees and beneficiaries through Corporate Partner's for Health, a comprehensive program that provides employers an array of health plans, wellness programs, illness prevention tools and occupational medicine services to help keep employees healthy. And we are establishing relationships with post-acute care facilities to ensure a full continuum of services to our patients.

UTMC will also continue to develop its chronic disease management programs to proactively care for conditions like diabetes, heart disease and chronic obstructive pulmonary disease and we will ensure each of these efforts work in concert to meet the health needs of the communities we serve.

Implementation Strategy

Measurable Objectives and Timeframes

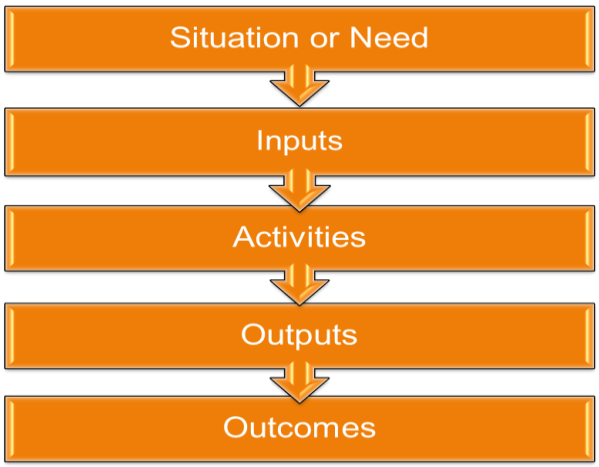
UT Medical Center's major initiatives to address the community health needs are comprehensive and include many of the programs that are supported primarily by the hospital and its grateful donors.

Programs delivered by UTMC are in response to the Community Health Needs Assessments, hospital's strategic goals and objectives, state and national initiatives to promote public health.

The programs meet these five core principles:

- Disproportionate Unmet Health-Related Needs - Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- Primary Prevention - Address the underlying causes of persistent health problem.
- Seamless Continuum of Care - Emphasize evidence-based approaches by establishing operational links between clinical services and community health improvement activities.
- Build Community Capacity - Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Our Centers of Excellence (COE's) provide programs within the community in collaboration with the hospital and each other focusing on these key principles. Our process is outlined below to guide the development of the implementation strategy to address health needs identified:



Community Health Improvement Initiatives

Health Initiative: Living Well with Chronic Conditions (Self-Management Initiative)	
Medical Center Community Benefit Priority Areas	Health and Wellness Chronic Conditions
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Prevention of chronic health conditions, self management, reduction in Emergency Room utilization
Program Description	UT Medical Center offers Living Well with Chronic Conditions workshops for community members to teach them how to manage their medical condition and maintain their ability to complete simple everyday tasks most people take for granted. Based on a 5-year study conducted by Stanford University, this program is proven to help those dealing with chronic conditions and fulfill their greatest possible physical potential. Its simple goal is to help anyone dealing with a chronic illness to live a productive, healthy life.
FY 2012	
Goal FY 2012	Support Living Well with Chronic Conditions workshops and Train no fewer than 3 staff to become certified instructors
2012 Objective Measure/Indicator of Success	To successfully complete the certification process and instruct the first Living Well with Chronic Conditions workshop in one of our identified at-risk communities
Baseline	UT Medical Center supports this program to improve self-management skills in identified chronic conditions such as but not limited to asthma, pulmonary disease, heart disease and diabetes.
Intervention Strategy for Achieving Goal	1. Partnered with area housing authorities to provide first workshop 2. Offered first-ever Living Well with Chronic Conditions course for 12 participants residing in government assisted housing
Result FY 2012	Three staff completed the certification process to be Living Well with Chronic Conditions Instructors One workshop was completed with 12 participants successfully completing the 6-week series
Medical Center's Contribution	The medical center supported this program by allowing 3 FTEs to attend the certification training program and instruct workshops within the community. The medical center also purchased the materials necessary to successfully instruct the workshops.
FY 2013	
Goal 2013	Continue offering Living Well with Chronic Conditions courses in the communities identified to be at greatest need. We will collaborate with the University of Tennessee Extension to identify areas in need, and provide instructors for these workshops
2013 Objective Measure/Indicator of Success	To successfully complete the certification process and instruct the first Living Well with Chronic Conditions workshop in one of our identified at-risk communities. Increase number of participants by 50%.
Baseline	This program is a key focus for UT Medical Center and is proven to be of benefit for those dealing with chronic conditions. We will work to sustain and build this program among the medical center's service area (21 County Service-Area)
Intervention Strategy for Achieving Goal	Enhance marketing and communication tools to promote Living Well with Chronic Conditions to the community. Assist University of Tennessee Extension Office with workshops by providing staff to assist with teaching these workshops.
Priority Areas	Knoxville and the 21-County surrounding service area
Community Benefit Category	Community Health Education

Health Initiative: Healthy Living Kitchen	
Medical Center Community Benefit Priority Areas	Health and Wellness Obesity Prevention Nutrition Education
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Prevention of chronic health conditions, reduction in obesity
Program Description	The Healthy Living Kitchen was established in 2006 as a program to teach heart healthy cooking techniques to the East Tennessee community. The multidisciplinary approach utilizing the skill sets of a chef, registered dietitian and registered nurse makes this a unique and successful endeavor. The program now includes cooking classes, healthy grocery shopping tours and interactive displays on nutrition topics in various community settings
FY 2012	
Goal FY 2012	Support Healthy Living Kitchen by offering numerous community education opportunities
2012 Objective Measure/Indicator of Success	To successfully complete quarterly cooking classes, monthly grocery shopping tours and numerous interactive displays at community health and wellness events
Baseline	UT Medical Center supports this program to improve appropriate nutrition educational opportunities within our community
Intervention Strategy for Achieving Goal	1. Partnered with local grocer to provide free monthly grocery shopping tours with a Registered Dietitian 2. Offered quarterly onsite cooking classes demonstrating healthy cooking techniques 3. Participated in monthly community health events by providing interactive nutritional displays
Result FY 2012	Monthly onsite cooking classes were held during 2012. Monthly Community Grocery Shopping Tours were conducted, Staff participated in over 26 community health events as well as 15 nutritional presentations
Medical Center's Contribution	The medical center supported this program by providing staff (including an Executive Chef, Registered Dietitian and Registered Nurse) to provide programs within the community.
FY 2013	
Goal 2013	Continue offering the Healthy Living Kitchen as a vital nutritional and educational component in our community. Continue partnerships with area grocers to increase participation and saturation of educational opportunities.
2013 Objective Measure/Indicator of Success	Provide quarterly cooking classes and demonstrations. Participate in monthly health and wellness events. Seek to increase number of new participants in nutrition education opportunities. Partner with local grocers as well as local schools to increase the number of those educated on proper nutrition. Measure and track number of participants educated.
Baseline	This program is a key focus for UT Medical Center and is a valuable benefit to those residing in the medical center's service area (21 County Service-Area)
Intervention Strategy for Achieving Goal	Enhance marketing and communication tools to promote Healthy Living Kitchen in the community. Assist staff as needed to continue to provide high-touch preventative health education that focuses on proper nutrition and the obesity epidemic.
Priority Areas	Knoxville and the 21-County surrounding service area
Community Benefit Category	Community Health Education

Health Initiative: Trauma Prevention Battle of the Belt Campaign	
Medical Center Community Benefit Priority Areas	Injury and Trauma Prevention
Program Emphasis	Primary Injury Prevention
Link to Community Needs Assessment	Regional statistics showed a 25% decrease in seatbelt usage in pediatric population from 2010 to 2011. Motor Vehicle Death Crash rates
Program Description	Battle of the Belt is a statewide safety belt competition for Tennessee high schools. The Battle of the Belt program's main goal is to reduce the number of vehicle related injuries and fatalities among Tennessee high school students by increasing safety belt use.
FY 2012	
Goal FY 2012	Contact schools within our service regional for participation in Battle of the Belt Program. Have one unannounced seat belt check and report observational data. Begin Educational Campaign outline and activities.
2012 Objective Measure/Indicator of Success	Signed commitments and Campaign Outlines with participating schools.
Baseline	Five schools from surrounding counties with student populations ranging from 500 to 2500.
Intervention Strategy for Achieving Goal	Elicit student population to launch Battle of the Belt Program and follow Educational Campaign Outline.
Result FY 2012	
Medical Center's Contribution	The Medical Center is acting as the site coordinator to implement the Battle of the Belt program in high schools throughout Tennessee. Serving as the lead for this initiative, we are also working with collaborative partners to implement this program.
FY 2013	
Goal 2013	Evidence based data at end of program to show increased seat belt use.
2013 Objective Measure/Indicator of Success	Data collected at two more unannounced seat belt checks will be recorded and submitted to State of TN Injury Prevention Coordinator.
Baseline	
Intervention Strategy for Achieving Goal	Assist schools in campaign outline and educational activities planned. Help provide resources and partners in collaboration.
Priority Areas	Observational checkpoints done per timeline and submitted accordingly.
Program Emphasis	Injury prevention and increased seat belt use among teens.
Link to Community Needs Assessment	Motor Vehicle Fatalities and Injury Prevention
Program Description	Battle of the Belt is a statewide safety belt competition for Tennessee high schools. The Battle of the Belt program's main goal is to reduce the number of vehicle related injuries and fatalities among Tennessee high school students by increasing safety belt use.

Health Initiative: Breast Health Outreach Screening	
Medical Center Community Benefit Priority Areas	Women's Health and Wellness
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Early Detection Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Providing Access to Breast Health Screenings to Breakdown Barriers
Program Description	Comprehensive breast health program which is completely grant/gift funded including education, digital screening mammograms, clinical breast exams (CBE), and referrals to patient navigation for diagnostics. Education includes signs/symptoms of breast cancer, screening guidelines and instruction on technique of breast self-exam (BSE) utilizing MammaCare® breast models. Access to mobile screenings for industries, churches, community/senior centers, and rural areas to reach women where they work, worship, and live. Target area is 21 East TN Counties.
FY 2012	
Goal FY 2012	Increase outreach to women in 21 East TN Counties by providing convenient digital screening mammograms and Clinical Breast Exams on our mobile unit including uninsured/underinsured women.
2012 Objective Measure/Indicator of Success	Provide at least 1,600 digital screening mammograms; provide 726 digital screening mammograms free of charge to uninsured/underinsured women through grant funding; refer 100% of screening participants needing diagnostic follow-up to nurse navigators in Breast Care Service
Baseline	Data from Knoxville Affiliate of Susan G. Komen for the Cure Community Profile reflecting barriers on why women are not receiving their screening mammograms
Intervention Strategy for Achieving Goal	1. Partnered with industries, churches, senior/community centers, housing authorities, etc to increase outreach 2. Offered free education classes prior to the mobile dates to teach the signs/symptoms of breast cancer, screening guidelines, how to do a breast self-exam (BSE); funding opportunities for uninsured/underinsured women; and scheduled appointments for mobile screening. 3. Schedule the mobile unit at same location or area around the same time each year 4. Reminder letters for previous year screening participants 5. Utilize flyers, press releases, emails, etc to inform women of the screening opportunity 6. Apply for grant funding to cover program operational costs including free screenings
Result FY 2012	YTD, 2,557 total digital screening mammograms have been completed in 171 days on our mobile unit and 691 were provided free of charge to uninsured/underinsured women. Breast Care Service has received 347 diagnostic referrals from BHOP and nine breast cancers have been diagnosed.
Medical Center's Contribution	Provides support services and mobile support

Health Initiative: Breast Health Outreach Screening FY 2013	
Goal 2013	Providing Access to Breast Health Screenings
2013 Objective Measure/Indicator of Success	Provide at least 1,700 digital screening mammograms; provide 720 digital screening mammograms free of charge to uninsured/underinsured women; refer 100% of screening participants needing diagnostic follow-up to nurse navigators in Breast Care Service
Baseline	Data from Knoxville Affiliate of Susan G. Komen for the Cure Community Profile reflecting barriers on why women are not receiving their screening mammograms
Intervention Strategy for Achieving Goal	1. Partnered with industries, churches, senior/community centers, housing authorities, ect. to increase outreach 2. Offered free education classes prior to the mobile dates to teach the signs/symptoms of breast cancer, screening guidelines, how to do a breast self-exam (BSE); funding opportunities for uninsured/underinsured women; and scheduled appointments for mobile screening. 3. Schedule the mobile unit at same location or area around the same time each year 4. Reminder letters for previous year screening participants 5. Utilize flyers, press releases, emails, etc to inform women of the screening opportunity 6. Apply for grant funding to cover program operational costs including free screenings
Priority Areas	Women's Health and Wellness
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Early Detection Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Providing Access to Breast Health Screenings to Breakdown Barriers
Program Description	Comprehensive breast health program which is completely grant/gift funded including education, digital screening mammograms, clinical breast exams (CBE), and referrals to patient navigation for diagnostics. Education includes signs/symptoms of breast cancer, screening guidelines and instruction on technique of breast self-exam (BSE) utilizing MammaCare® breast models. Access to mobile screenings for industries, churches, community/senior centers, and rural areas to reach women where they work, worship, and live. Target area is 21 East TN Counties.

Health Initiative: Prostate Cancer Education and Screening	
Medical Center Community Benefit Priority Areas	Underserved and uninsured, to include multiple outlying counties in East Tennessee.
Program Emphasis	Education through early detection educational programs for men and women. No cost prostate cancer screening for men. To include a physician examination by an Urologist and a blood test specific for the prostate specific antigen (PSA).
Link to Community Needs Assessment	Cancer screening and early detection. Access to screenings can be challenging for men in our community, either from distance, time or lack of insurance. UTMC identifies the needs of the community and seeks to help bring them
Program Description	Prostate cancer screening programs allows UTMC to educate on the importance of prostate cancer screening. If caught early, men have a 90% chance of surviving the disease.
FY 2012	
Goal FY 2012	To increase those in our community that are in need of early detection and prevention of prostate cancer.
2012 Objective Measure/Indicator of Success	24 counties were identified as needs for prostate cancer screening. In 2012 we had an increase of 51% over 2011.
Baseline	Information from the American Cancer Society (ACS) has shown in Tennessee 4900 new cases of prostate cancer will be found and 580 will die from prostate cancer.
Intervention Strategy for Achieving Goal	1. Continue to identify those counties that are at risk for prostate cancer. 2. Partner with other identities in the community to help identify areas of need (ACS), Medic Blood Center).
Result FY 2012	1189 men were screened. Of those screened, 12% were noted to have an abnormality.
Medical Center's Contribution	Hours and travel of the urologist were donated. Technicians were paid their hourly rate and reimbursed for mileage. Medic donated staff and remote mobiles to UTMC. Equipment and materials were set for a nominal fee and provided by the Cancer Institute at the University of Tennessee Medical Center.
Health Initiative: Prostate Cancer Education and Screening FY 2013	
Goal 2013	To increase our outreach endeavors to those that are in need for early detection and prevention of prostate cancer screening.
2013 Objective Measure/Indicator of Success	To follow up with those that were screened in 2012 with abnormalities to see if they sought further medical attention.
Baseline	The prostate cancer and education program at UTMC will continue to monitor those that are screened in 2013 to access further needs towards prostate health.

Intervention Strategy for Achieving Goal	Continue to identify communities with at risk populations. Present the most accurate information on prostate cancer to those that we serve. Continue to partner with those in our community to expand outreach endeavors.
Priority Areas	East Tennessee
Program Emphasis	Early detection and prevention of prostate cancer.
Link to Community Needs Assessment	Access to screenings can be challenging for men in our community, either from distance, time or lack of insurance. UTMC identifies the needs of the community and seeks to help bring them
Program Description	Prostate cancer screening programs allows UTMC to educate on the importance of prostate cancer screening. If caught early, men have a 90% chance of surviving the disease.

Health Initiative: Safe Sleep Initiative- Decrease Infant Mortality	
Medical Center Community Benefit Priority Areas	Women's and Children's Health and Wellness and Injury Prevention
Program Emphasis	Primary prevention and Building Community Capacity
Link to Community Needs Assessment	Prevention of infant death from unsafe sleep environments
Program Description	UTMC has led formation of a community infant mortality prevention initiative entitled "The East Tennessee Safe Sleep Initiative" (ETSSI). ETSSI was formed in 2012 and is designed as a community based program which will use an educational approach to reduce deaths of infants from unsafe sleep environments.
FY 2012	
Goal FY 2012	1) Educate parents, infant caregivers and healthcare providers in East Tennessee about the dangers of unsafe sleep environments and ways to prevent these deaths. 2) Create a hospital safe sleep policy. 3) Obtain funding for: a) professional conference b) outreach education in the community c) Cribs for Kids
2012 Objective Measure/Indicator of Success	1) Provide Safe Sleep conference - December, 2012 2) Educate 1,000 people with community education programs. 3) Obtain funding for Cribs for Kids - $2,500
Baseline	131 infant deaths in 2010 in Tennessee due to unsafe sleep/suffocation.
Intervention Strategy for Achieving Goal	1) Offer professional Safe Sleep conference - December, 2012 2) Provide education for 4 groups: a) parents and family members b) daycare providers c) physicians, nurses and allied health personnel d) home visiting agency employees
Result FY 2012	1) Safe Sleep conference December 7, 2012 - 190 participants 2) Safe Sleep Grand Rounds December 7, 2012 - 20 participants

	3) Childcare provider education -77 participants 4) Professional education -520 participants 5) Parents/family and community education - 2,149 participants 6) Childbirth education - 224 participants
Medical Center's Contribution	1) Personnel expenses for the professional component provided by UTMC Regional Perinatal Program staff. 2) Funding for personnel expenses paid from UTMC Childbirth Education staff. 3) Community education provided by UTMC personnel funded by CJ Foundation for SIDS grant.
Health Initiative: Safe Sleep Initiative- Decrease Infant Mortality FY 2013	
Goal 2013	1) Educate parents, infant caregivers and healthcare providers in East Tennessee about the dangers of unsafe sleep environments and ways to prevent these deaths. 2) Complete hospital safe sleep policy and initiate in January, 2013. 3) Apply for grant funding for: a) professional training events b) community education events 4) Pursue application and/or support ETSSI funding request for Cribs for Kids.
2013 Objective Measure/Indicator of Success	1) Provide (8) professional education training events 2) Educate 2,000 people in the community 3) Initiate Safe Sleep Hospital Initiative 4) One grant submission successful
Baseline	2011 infant mortality statistics not published yet.
Intervention Strategy for Achieving Goal	1) Offer safe sleep environment education for 4 groups: a) parents and family members b) daycare providers c) physicians, nurses and allied health personnel d) home visiting agency employees 2) Initiate Safe Sleep Hospital Initiative
Priority Areas	
Program Emphasis	
Link to Community Needs Assessment	Infant Mortality Reduction and Safety
Program Description	

Community Needs Index

Improving Public Health

The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers. Because the CNI considers multiple factors that limit health care access, the tool may be more accurate than existing needs assessment methods.

How It Works

Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Dignity Health identified five prominent barriers that enable us to quantify health care access in communities across the nation. These barriers include those related to income, culture/language, education, insurance, and housing.

Assigning CNI Scores

To determine the severity of barriers to health care access in a given community, the CNI gathers data about that community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc. Using this data we assign a score to each barrier condition (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). 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.

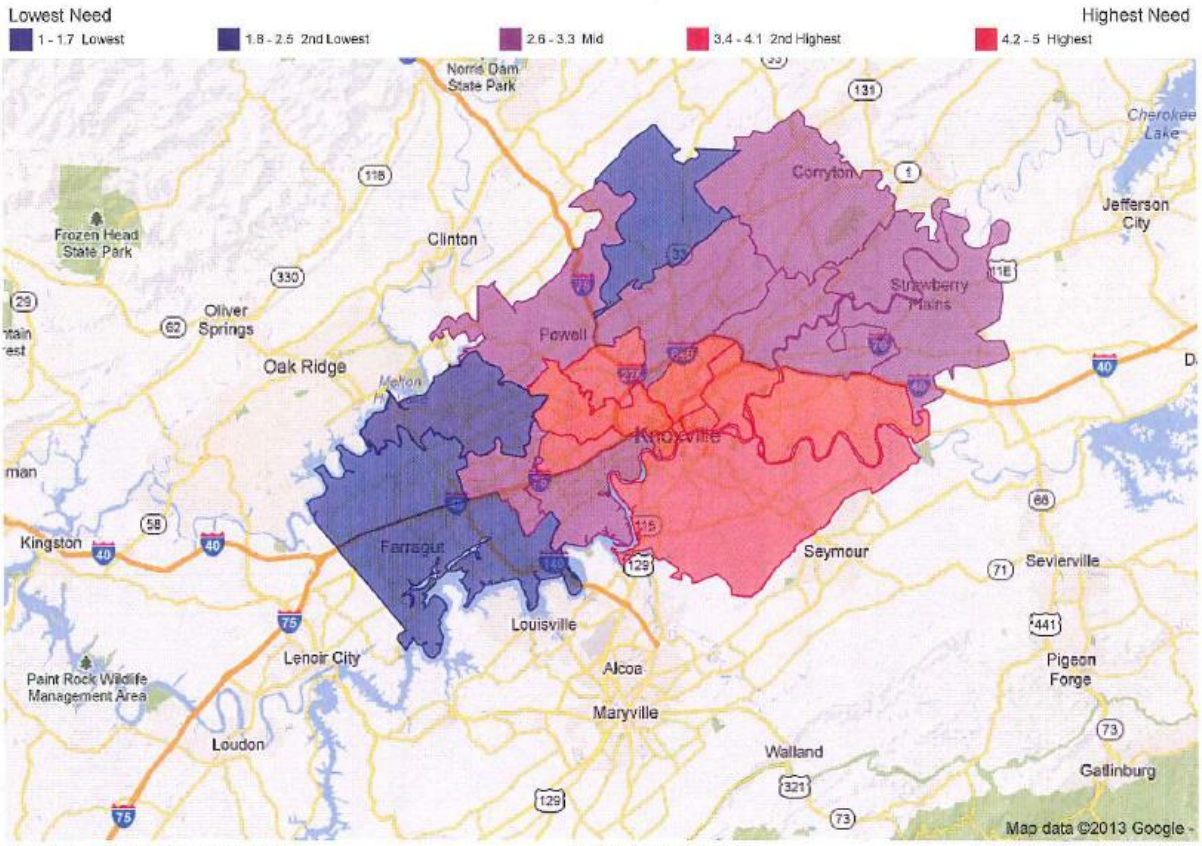
Scores which describe a Community's Health

A comparison of CNI scores to hospital utilization shows a strong correlation between high need and high use. When we examine admission rates per 1,000 populations (where available), we find a high correlation (95.5%) between hospitalization rates and CNI scores. In fact, admission rates for the most highly needy communities (areas shown in red in the online maps) are over 60% higher than communities with the lowest need (areas shown in blue).
Admission rates for conditions where appropriate outpatient care could prevent or reduce the need for hospital admission have also been evaluated. These

conditions include pneumonia, asthma, congestive heart failure, and cellulitis. With proper outpatient care they do not generally require an acute care admission. When admission rates for these conditions were compared to CNI scores, we find that the most highly needy communities experience admission rates almost twice as often (97%) as the lowest need communities

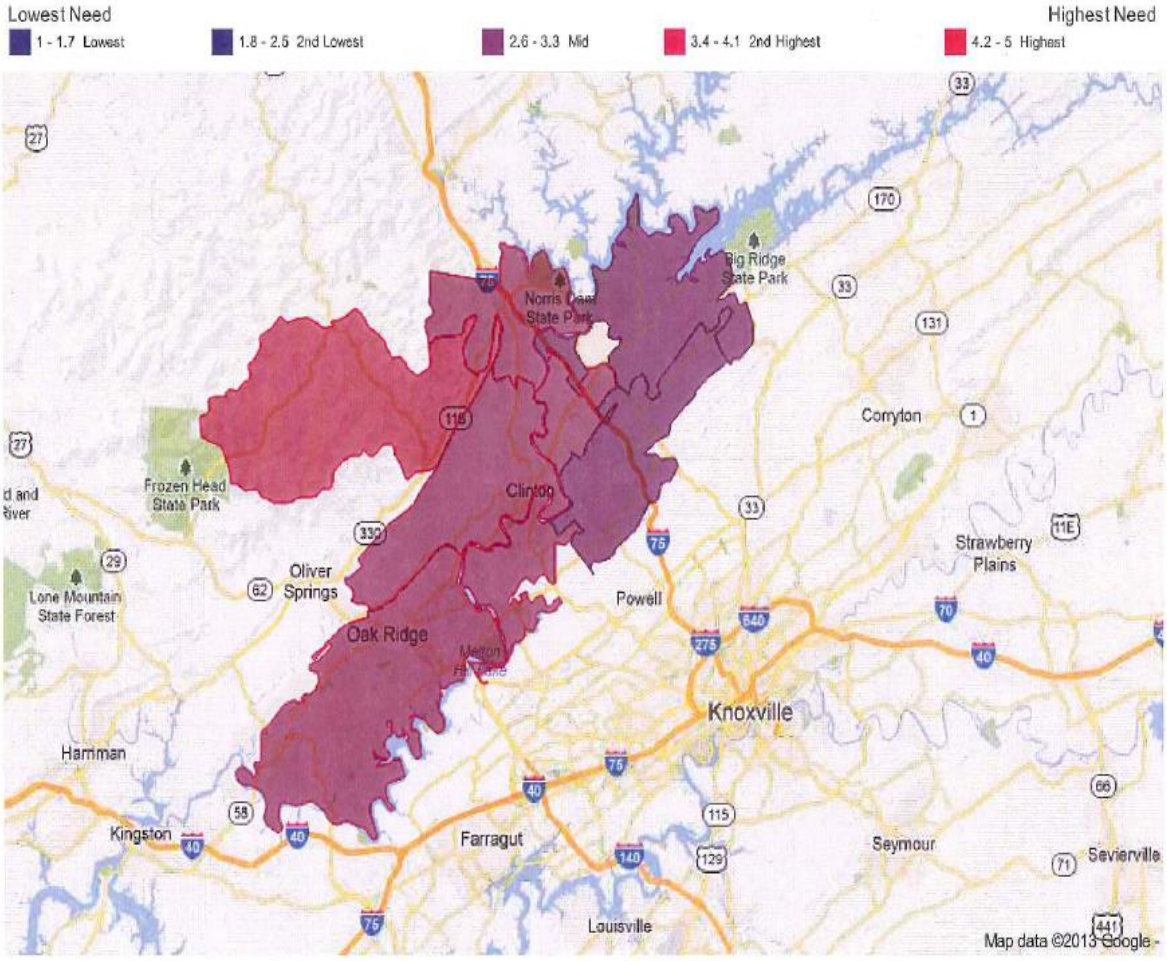
To determine the severity of barriers to health care access in a given community, the CNI gathers data about that community's socio-economy. For example, what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc.

Using this data, a score is assigned to each barrier condition. A score of 1.0 indicates a zip code with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average).



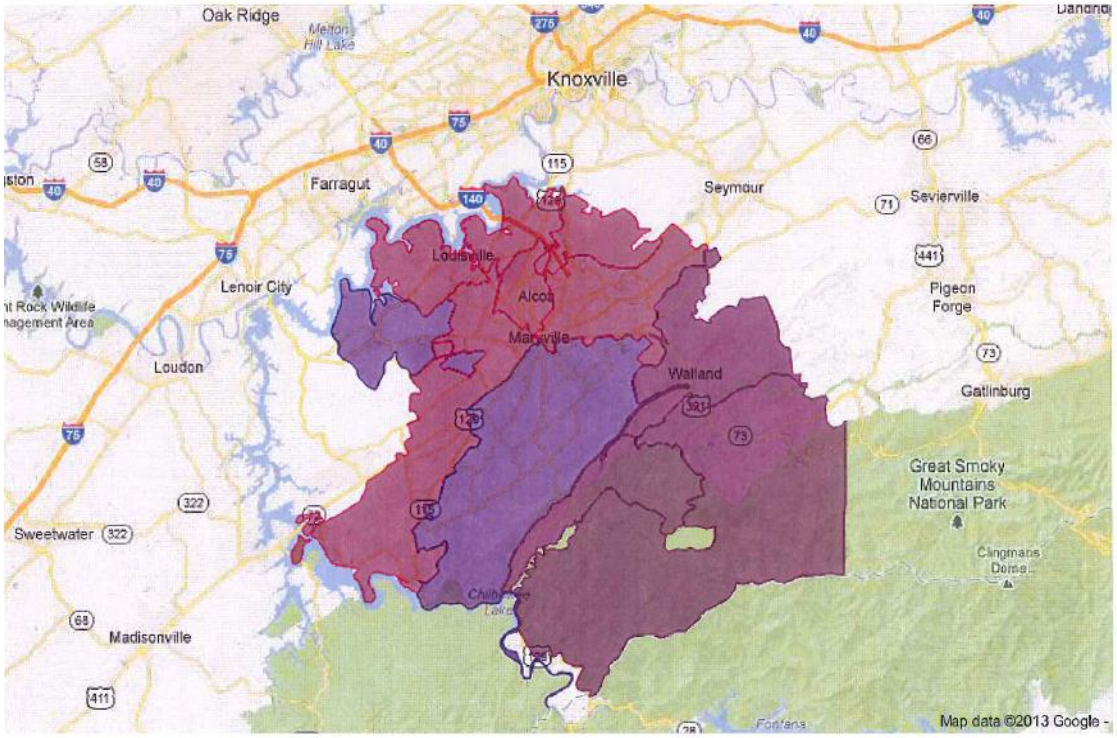
Mean(zipcode): 3.3 / Mean(person): 3.2 CNI Score Median: 3.2 CNI Score Mode: 1.6,2.6,3.2

Zip Code	CNI Score	Population	City	County	State
37721	2.6	12629	Plainview	Knox	Tennessee
37806	3.2	3057	Mascot	Knox	Tennessee
37849	2.6	27078	Anderson County	Knox	Tennessee
37871	3	9249	Jefferson County	Knox	Tennessee
37902	4.8	1594	Knoxville	Knox	Tennessee
37909	3.6	14840	Knoxville	Knox	Tennessee
37912	3.8	21154	Knoxville	Knox	Tennessee
37914	4.4	21394	Knox County	Knox	Tennessee
37915	5	5323	Knoxville	Knox	Tennessee
37916	4.2	10950	Knoxville	Knox	Tennessee
37917	4.4	25785	Knoxville	Knox	Tennessee
37918	3	42560	Knox County	Knox	Tennessee
37919	3.2	29863	Knoxville	Knox	Tennessee
37920	4	41257	Knoxville	Knox	Tennessee
37921	4.2	29275	Knoxville	Knox	Tennessee
37922	1.6	33457	Knox County	Knox	Tennessee
37923	2.6	29030	Knox County	Knox	Tennessee
37924	3.2	11934	Knox County	Knox	Tennessee
37931	2.2	25202	Knox County	Knox	Tennessee
37932	1.6	14124	Knox County	Knox	Tennessee
37938	1.6	17598	Knox County	Knox	Tennessee



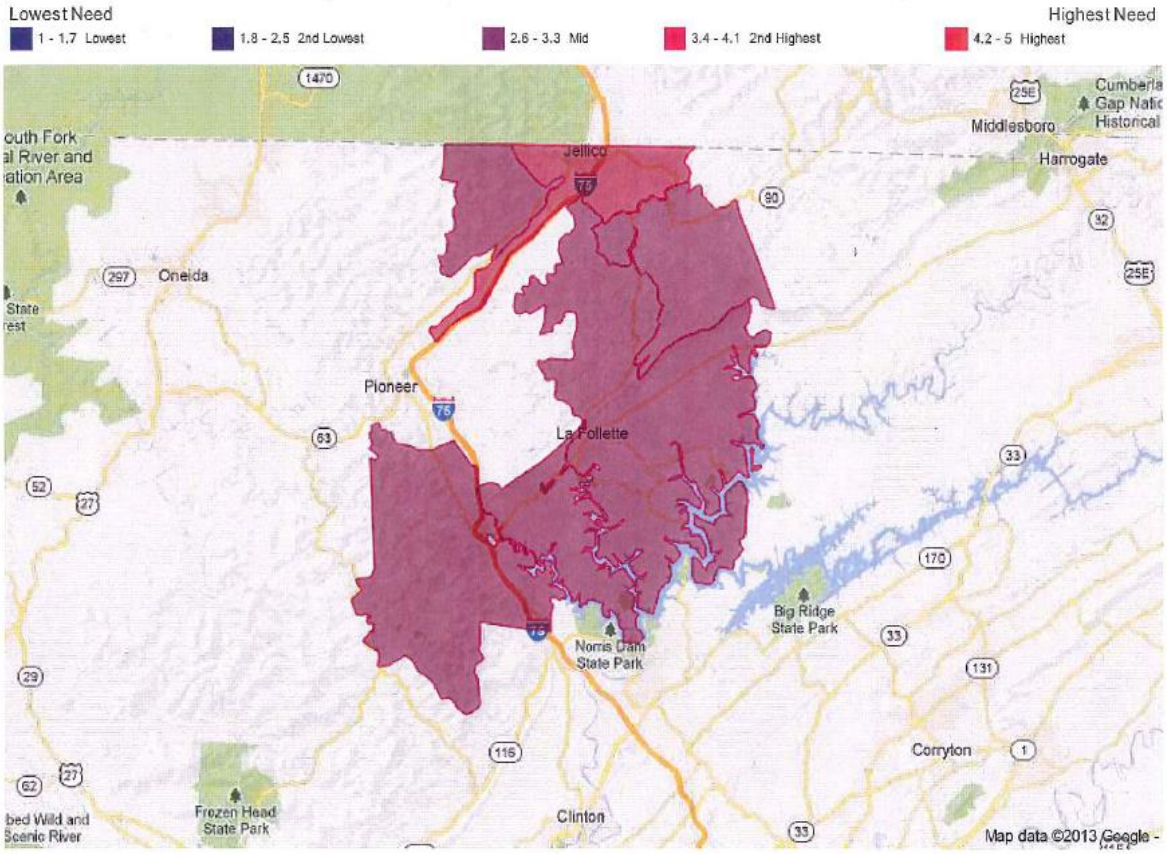
Mean(zipcode): 3.5 / Mean(person): 3.5 CNI Score Median: 3.6 CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
37705	2.6	6429	Norris	Anderson	Tennessee
37710	4.2	1756	Anderson County	Anderson	Tennessee
37716	3.6	26121	Anderson County	Anderson	Tennessee
37754	2.8	4934	Anderson County	Anderson	Tennessee
37769	4	6204	Lake City	Anderson	Tennessee
37830	3.6	28703	Oak Ridge	Anderson	Tennessee



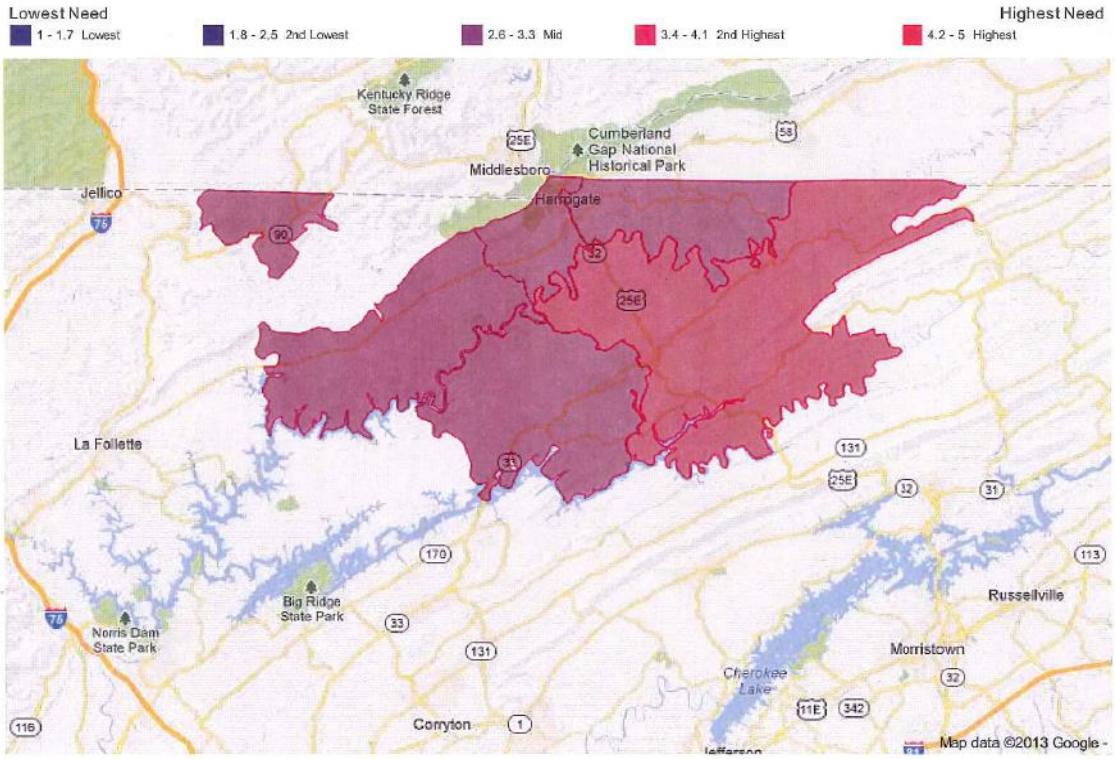
Mean(zipcode): 3.1 / Mean(person): 3.1 CNI Score Median: 3.2 CNI Score Mode: 2.2,3,3.4,3.6

Zip Code	CNI Score	Population	City	County	State
37701	4	6911	Alcoa	Blount	Tennessee
37737	2.2	6349	Friendsville	Blount	Tennessee
37777	3.4	11639	Alcoa	Blount	Tennessee
37801	3.6	23970	Blount County	Blount	Tennessee
37803	2.2	33126	Maryville	Blount	Tennessee
37804	3.6	24771	Blount County	Blount	Tennessee
37853	3.4	3611	Blount County	Blount	Tennessee
37878	3	773	Blount County	Blount	Tennessee
37882	2.6	2872	Townsend	Blount	Tennessee
37886	3	4331	Blount County	Blount	Tennessee



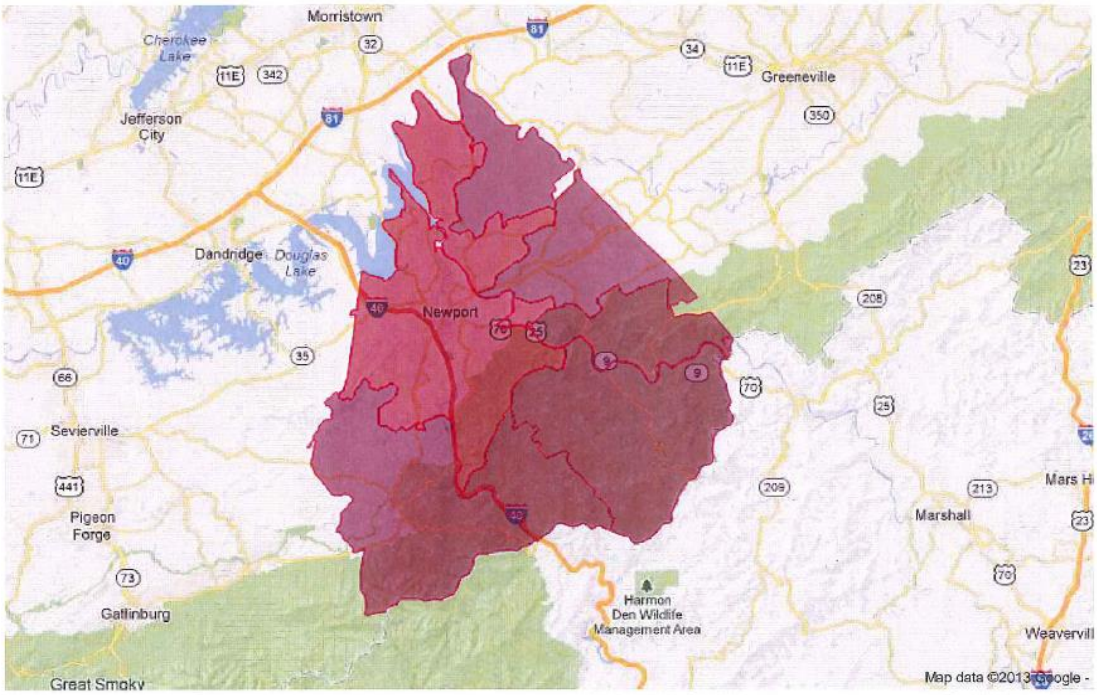
Mean(zipcode): 3.9 / Mean(person): 4 CNI Score Median: 3.9 CNI Score Mode: 3.8

Zip Code	CNI Score	Population	City	County	State
37714	3.8	4426	Caryville	Campbell	Tennessee
37729	3.8	1527	Campbell County	Campbell	Tennessee
37757	4	9610	Jacksboro	Campbell	Tennessee
37762	4.2	3216	Jellico	Campbell	Tennessee
37766	4	19057	Campbell County	Campbell	Tennessee
37819	3.8	828	Campbell County	Campbell	Tennessee



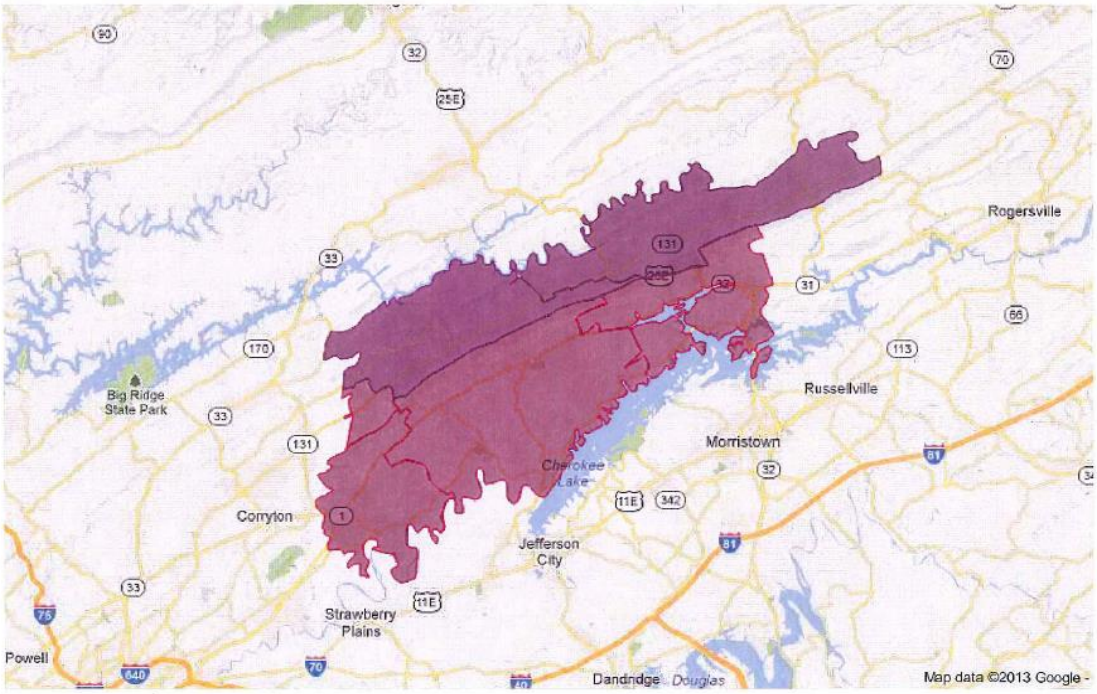
Mean(zipcode): 3.8 / Mean(person): 3.9 CNI Score Median: 3.7 CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
37715	3.4	978	Claiborne County	Claiborne	Tennessee
37724	4	3185	Cumberland Gap	Claiborne	Tennessee
37752	3.6	5590	Harrogate-Shawanee	Claiborne	Tennessee
37825	3.8	8873	New Tazewell	Claiborne	Tennessee
37870	3.6	4549	Claiborne County	Claiborne	Tennessee
37879	4.2	9414	Tazewell	Claiborne	Tennessee



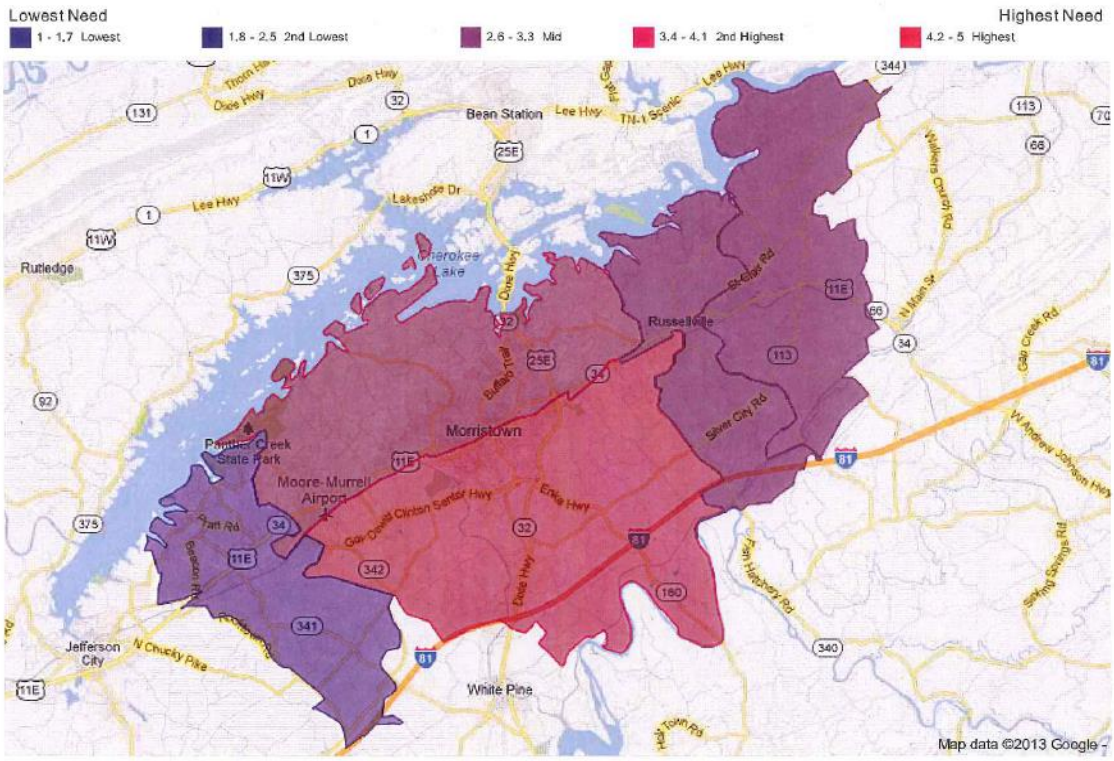
Mean(zipcode): 3.8 / Mean(person): 4 CNI Score Median: 3.7 CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
37713	3.6	1660	Cocke County	Cocke	Tennessee
37722	3.6	5655	Cocke County	Cocke	Tennessee
37727	3.8	2223	Cocke County	Cocke	Tennessee
37753	4	866	Cocke County	Cocke	Tennessee
37821	4.2	23213	Cocke County	Cocke	Tennessee
37843	3.4	3762	Parrottsville	Cocke	Tennessee



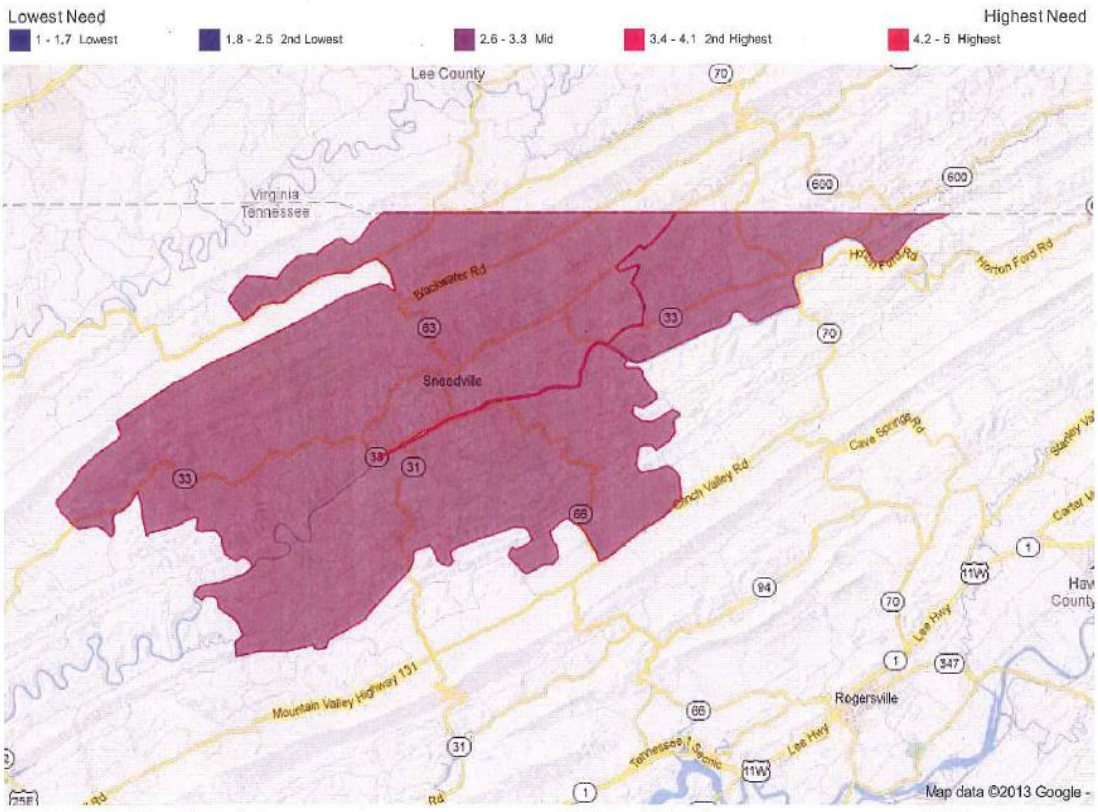
Mean(zipcode): 3.4 / Mean(person): 3.4 CNI Score Median: 3.4 CNI Score Mode: 3.4

Zip Code	CNI Score	Population	City	County	State
37708	3.4	6881	Grainger County	Grainger	Tennessee
37709	3.4	3537	Blaine	Grainger	Tennessee
37848	3.4	359	Grainger County	Grainger	Tennessee
37861	3.6	8382	Rutledge	Grainger	Tennessee
37881	3.2	2257	Hancock County	Grainger	Tennessee
37888	3.2	2865	Grainger County	Grainger	Tennessee



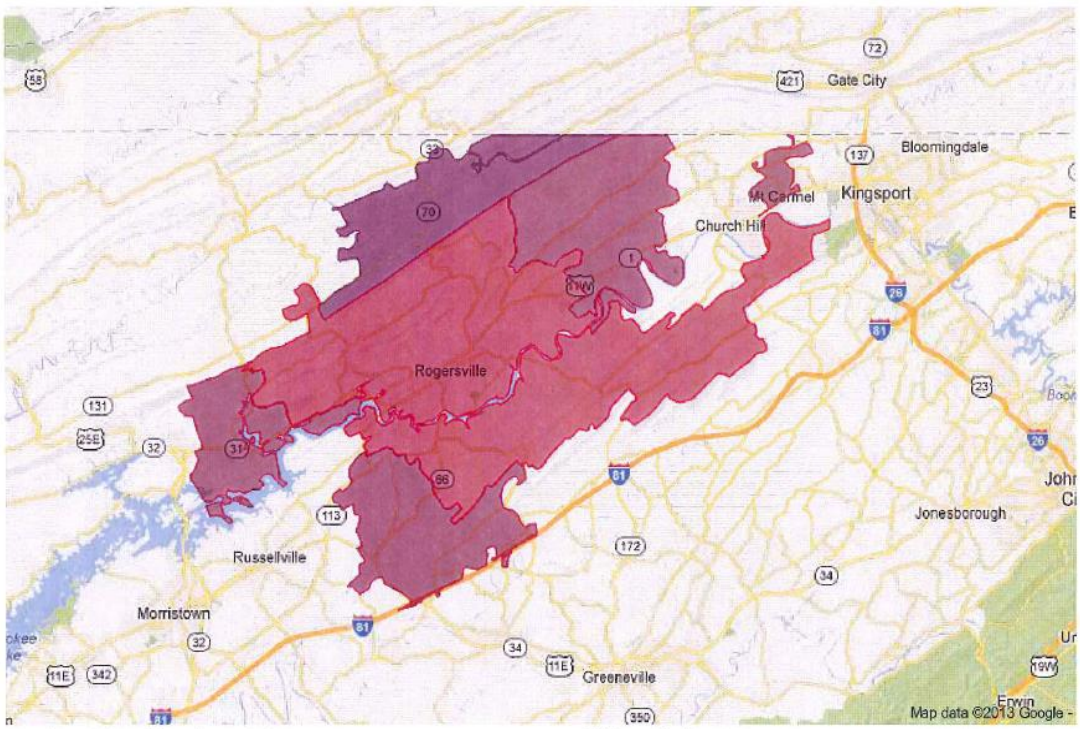
Mean(zipcode): 3.3 / Mean(person): 3.7 CNI Score Median: 3 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37813	4.4	17634	Morristown	Hamblen	Tennessee
37814	3.8	34090	Hamblen County	Hamblen	Tennessee
37860	2.8	4091	Hamblen County	Hamblen	Tennessee
37877	2.4	8727	Hamblen County	Hamblen	Tennessee
37891	3	3519	Hamblen County	Hamblen	Tennessee



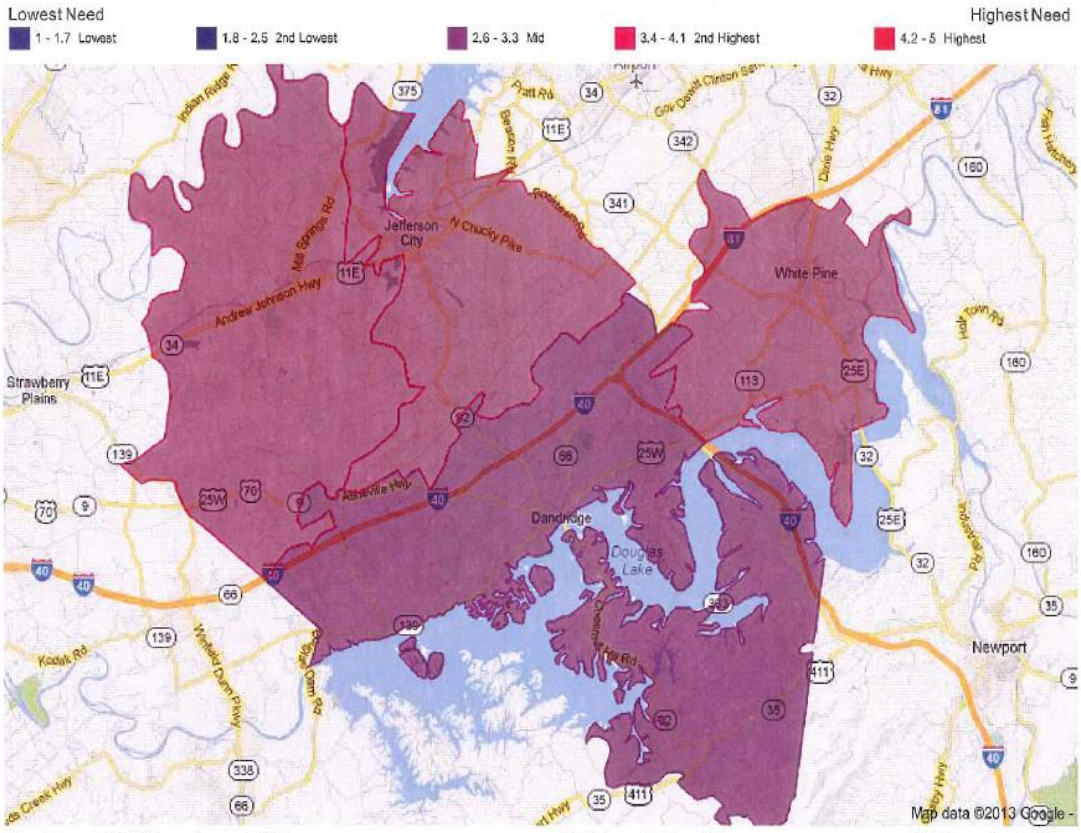
Mean(zipcode): 4 / Mean(person): 4 | CNI Score Median: 4 | CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37765	4	777	Hancock County	Hancock	Tennessee
37869	4	5307	Sneedville	Hancock	Tennessee



Mean(zipcode): 3.5 / Mean(person): 3.8 CNI Score Median: 3.4 CNI Score Mode: 3.4

Zip Code	CNI Score	Population	City	County	State
37645	3.4	5780	Mount Carmel	Hawkins	Tennessee
37711	3.4	4926	Bulls Gap	Hawkins	Tennessee
37731	3.2	598	Hancock County	Hawkins	Tennessee
37811	3.4	3835	Hawkins County	Hawkins	Tennessee
37857	4.2	20182	Church Hill	Hawkins	Tennessee
37873	3.6	4595	Hawkins County	Hawkins	Tennessee

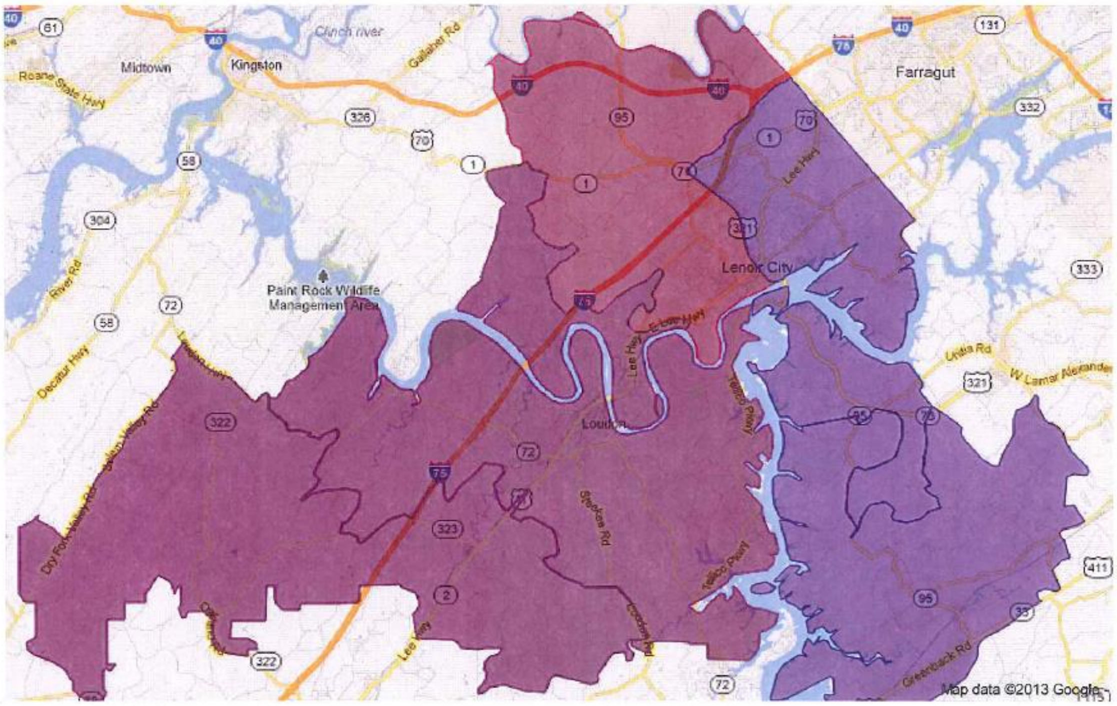


Mean(zipcode): 3.5 / Mean(person): 3.4 CNI Score Median: 3.6 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37725	2.8	17328	Dandridge	Jefferson	Tennessee
37760	4	13644	Jefferson City	Jefferson	Tennessee
37820	3.4	7830	New Market	Jefferson	Tennessee
37890	3.8	6667	Jefferson County	Jefferson	Tennessee

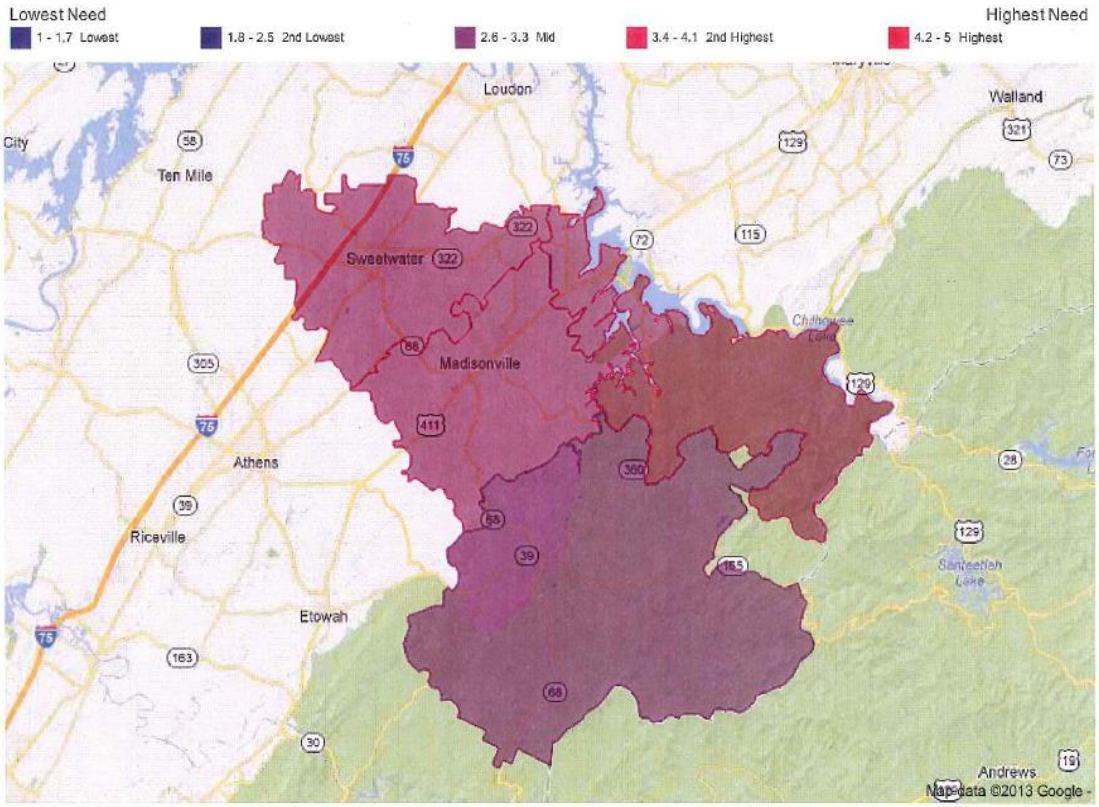
Lowest Need — Highest Need

1 - 1.7 Lowest | 1.8 - 2.5 2nd Lowest | 2.6 - 3.3 Mid | 3.4 - 4.1 2nd Highest | 4.2 - 5 Highest



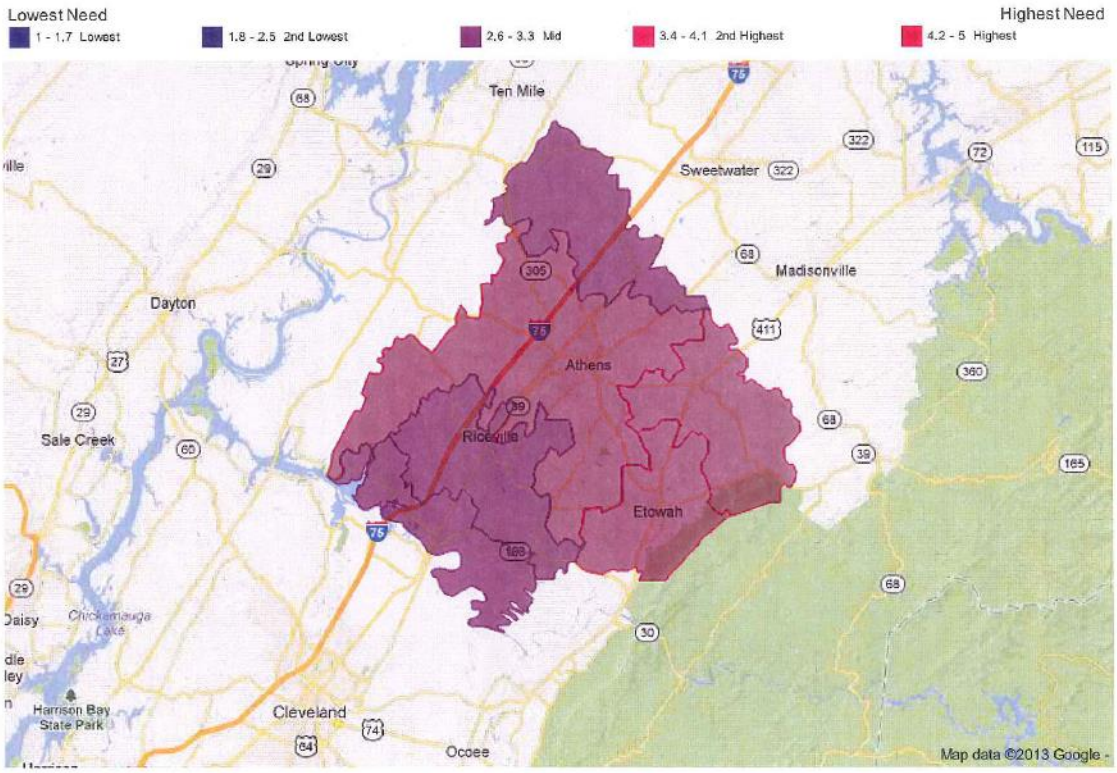
Mean(zipcode): 2.6 / Mean(person): 2.6 CNI Score Median: 2.6 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37742	2	5935	Greenback	Loudon	Tennessee
37771	3.4	15204	Oak Ridge	Loudon	Tennessee
37772	1.8	10822	Loudon County	Loudon	Tennessee
37774	2.6	18118	Loudon	Loudon	Tennessee
37846	3	4620	Philadelphia	Loudon	Tennessee



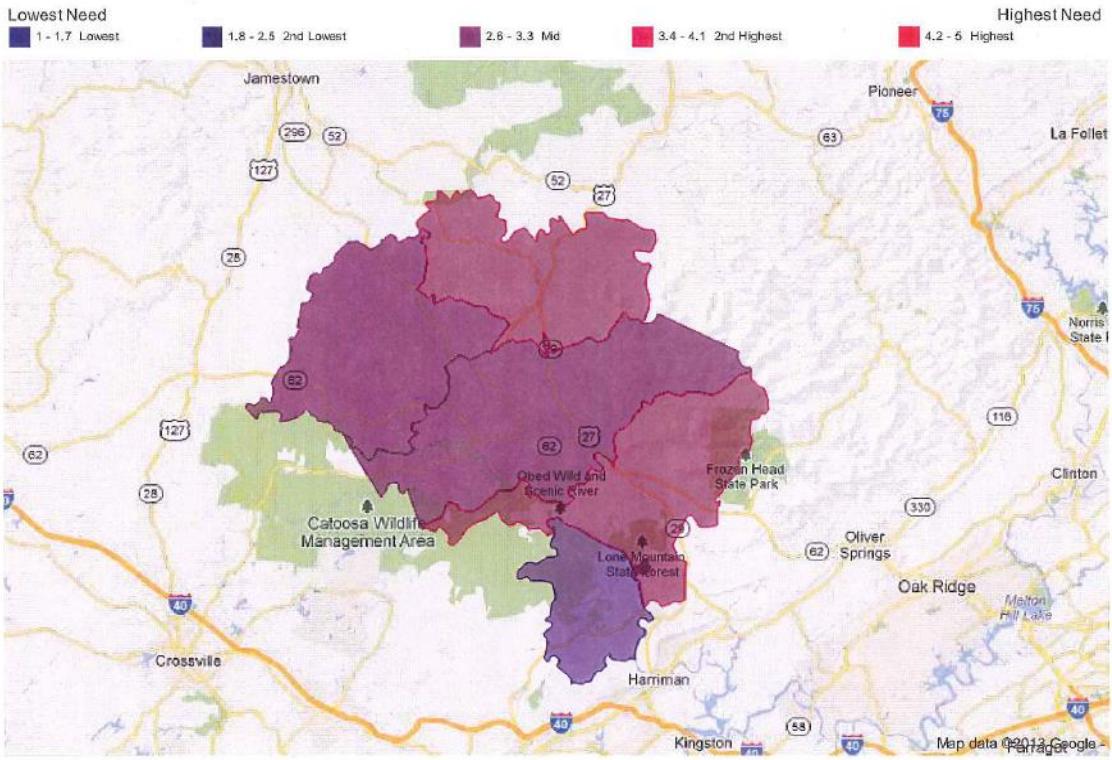
Mean(zipcode): 3.6 / Mean(person): 3.6 CNI Score Median: 3.7 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37354	3.8	16810	Monroe County	Monroe	Tennessee
37385	3	8910	Tellico Plains	Monroe	Tennessee
37874	3.8	15943	Sweetwater	Monroe	Tennessee
37885	3.6	5364	Vonore	Monroe	Tennessee



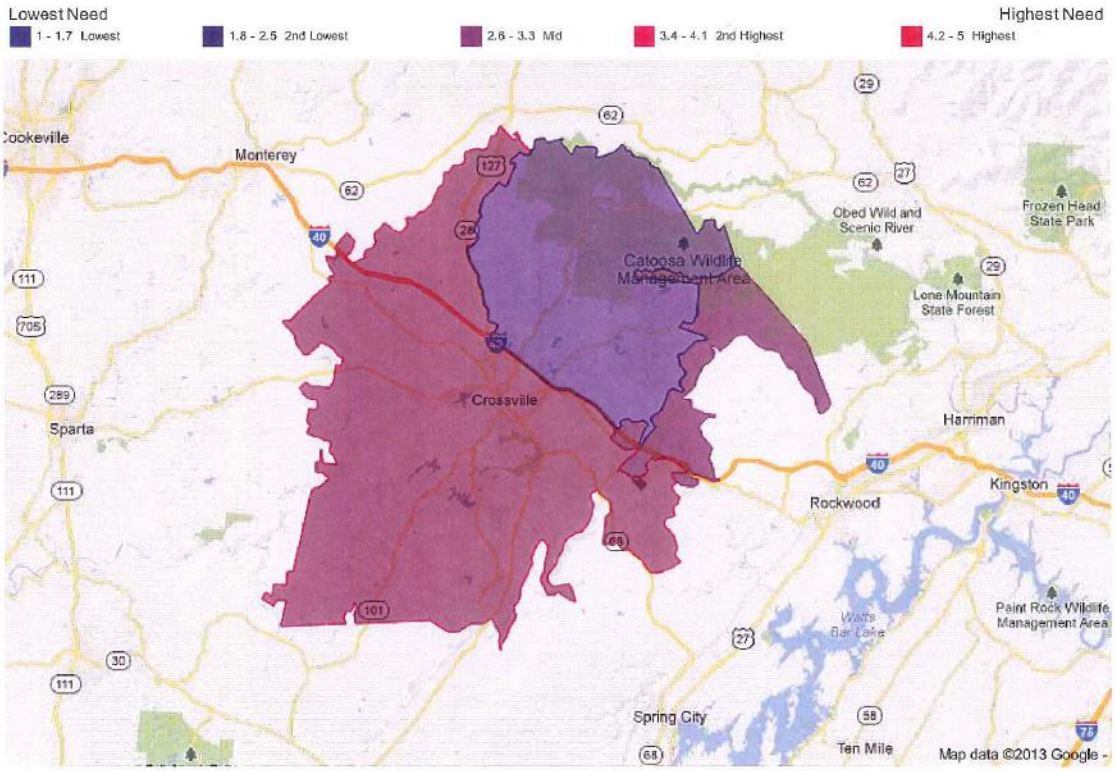
Mean(zipcode): 3.4 / Mean(person): 3.6 CNI Score Median: 3.5 CNI Score Mode: 3,3.8

Zip Code	CNI Score	Population	City	County	State
37303	3.8	26200	Athens	Mcminn	Tennessee
37309	3	2041	Calhoun	Mcminn	Tennessee
37329	3.8	6132	Englewood	Mcminn	Tennessee
37331	3.8	7799	Etowah	Mcminn	Tennessee
37370	3	4904	McMinn County	Mcminn	Tennessee
37826	3.2	3823	Niota	Mcminn	Tennessee



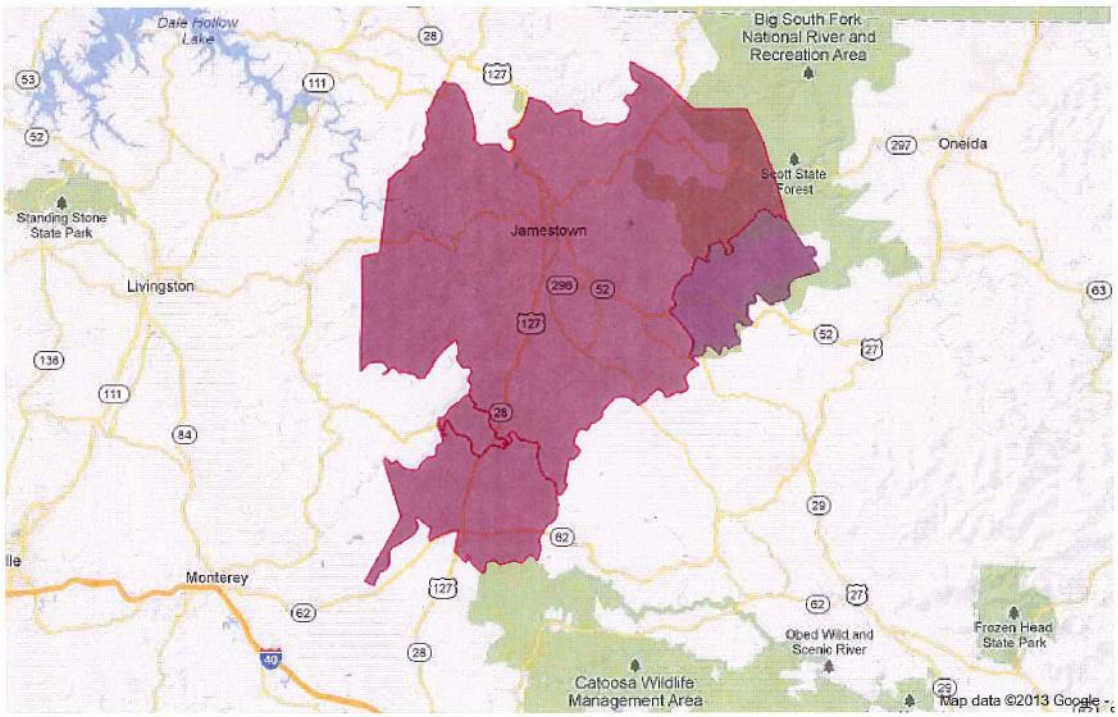
Mean(zipcode): 3.1 / Mean(person): 3.3 CNI Score Median: 3 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37726	3	1699	Morgan County	Morgan	Tennessee
37770	2.8	2468	Morgan County	Morgan	Tennessee
37829	2.4	1520	Morgan County	Morgan	Tennessee
37872	3.6	2026	Sunbright	Morgan	Tennessee
37887	3.8	5645	Wartburg	Morgan	Tennessee



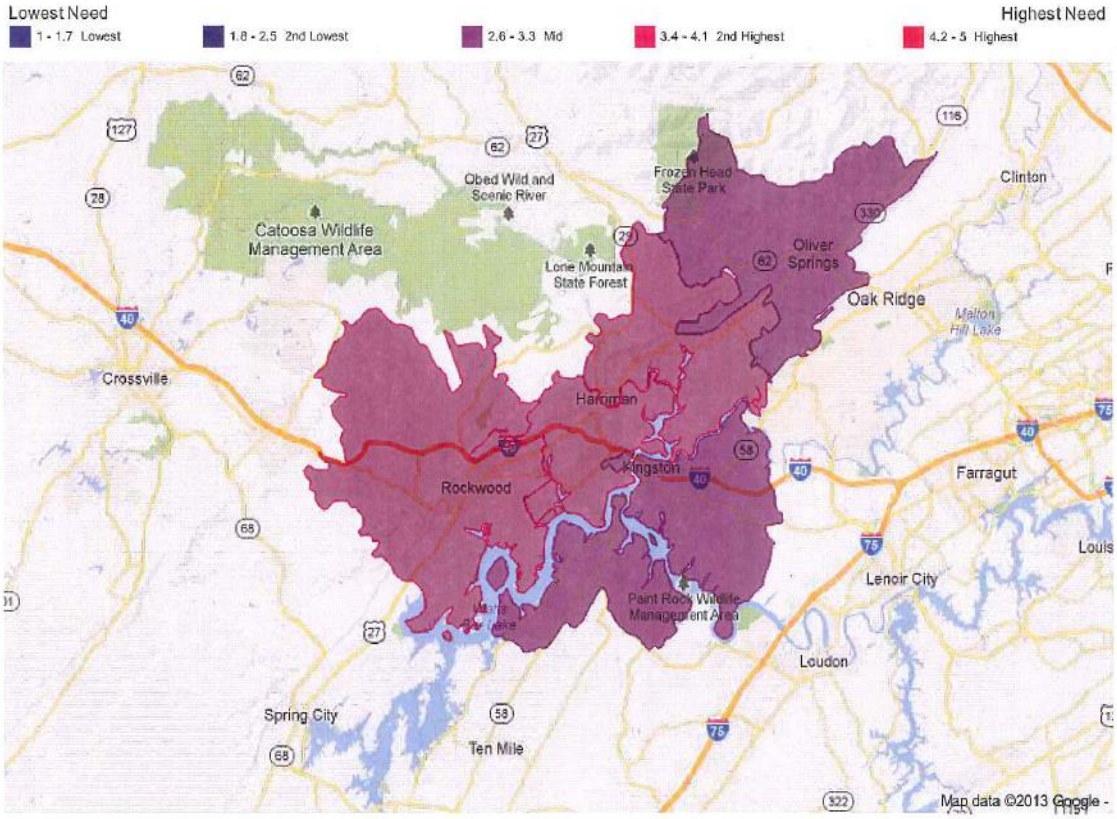
Mean(zipcode): 2.9 / Mean(person): 3.4 | CNI Score Median: 4 | CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37723	2.8	961	Crab Orchard	Cumberland	Tennessee
38555	4	19562	Lake Tansi	Cumberland	Tennessee
38558	1.8	6604	Fairfield Glade	Cumberland	Tennessee



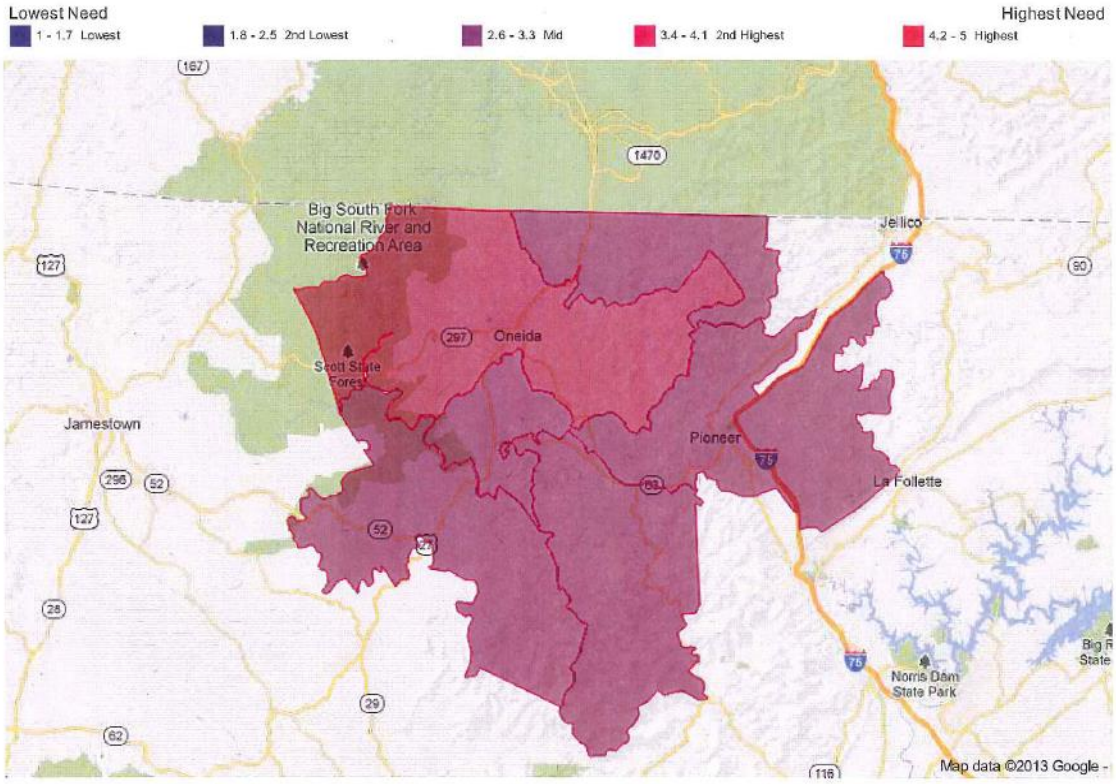
Mean(zipcode): 3.4 / Mean(person): 3.8 CNI Score Median: 3.4 CNI Score Mode: 3.4

Zip Code	CNI Score	Population	City	County	State
38504	3	924	Fentress County	Fentress	Tennessee
38553	3.4	2512	Fentress County	Fentress	Tennessee
38556	4	12412	Jamestown	Fentress	Tennessee
38565	3.4	739	Fentress County	Fentress	Tennessee



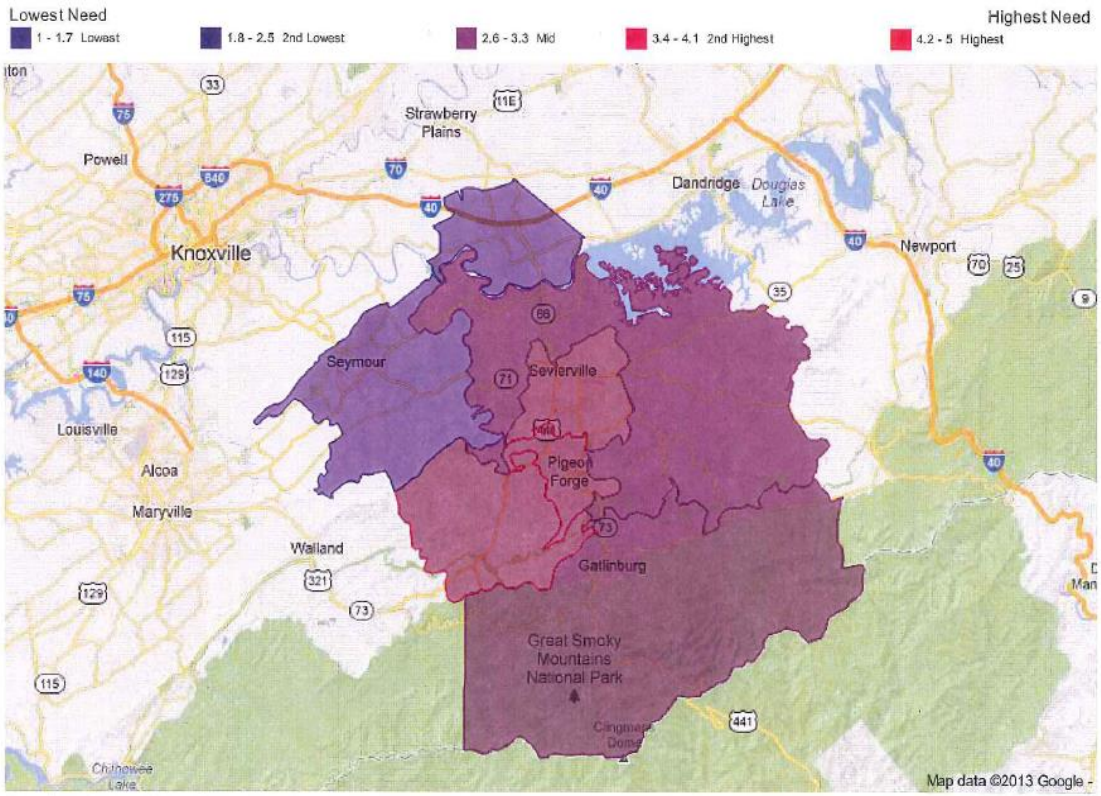
Mean(zipcode): 3.4 / Mean(person): 3.4 CNI Score Median: 3.3 CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
37748	3.6	18368	Roane County	Roane	Tennessee
37763	3	14941	Roane County	Roane	Tennessee
37840	3	10119	Oliver Springs	Roane	Tennessee
37854	3.8	12247	Cumberland County	Roane	Tennessee



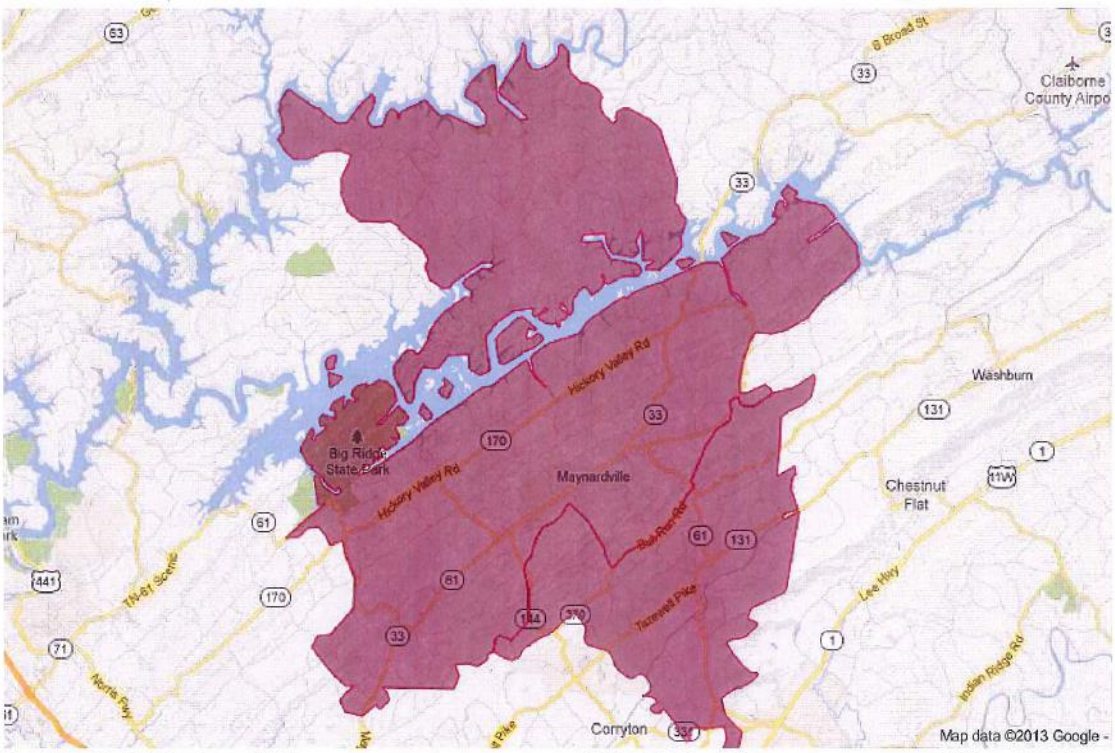
Mean(zipcode): 3.8 / Mean(person): 3.9 CNI Score Median: 3.8 CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
37755	4	3486	Helenwood	Scott	Tennessee
37756	3.6	2804	Huntsville	Scott	Tennessee
37841	4.2	9270	Oneida	Scott	Tennessee
37847	3.6	2858	Campbell County	Scott	Tennessee
37852	3.6	2743	Scott County	Scott	Tennessee
37892	4	2023	Winfield	Scott	Tennessee



Mean(zipcode): 3.2 / Mean(person): 3.2 CNI Score Median: 3.1 CNI Score Mode: 2.4

Zip Code	CNI Score	Population	City	County	State
37738	3.2	6808	Gatlinburg	Sevier	Tennessee
37764	2.4	9469	Sevierville	Sevier	Tennessee
37862	4	23093	Sevier County	Sevier	Tennessee
37863	4	7090	Pigeon Forge	Sevier	Tennessee
37865	2.4	19018	Seymour	Sevier	Tennessee
37876	3	25613	Sevier County	Sevier	Tennessee



Mean(zipcode): 3.5 / Mean(person): 3.6 CNI Score Median: 3.6 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
37779	3.6	4068	Luttrell	Union	Tennessee
37807	3.6	9448	Union County	Union	Tennessee
37866	3.4	1928	Union County	Union	Tennessee

2012 Edition
Tennessee

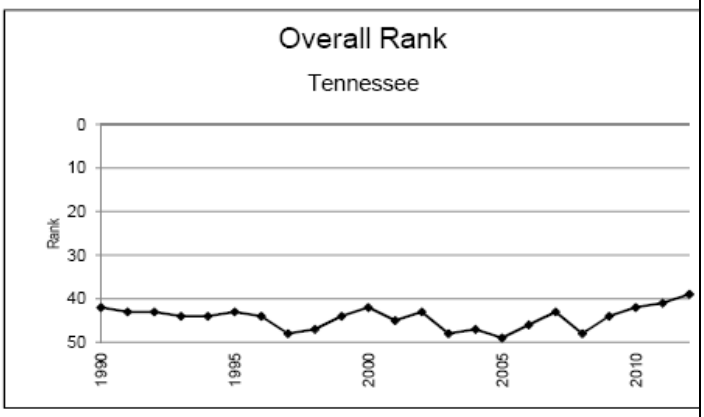
AMERICA'S HEALTH RANKINGS®
UNITED HEALTH FOUNDATION

America's Health Rankings®, started in 1990, is the longest running comparative health index of states. It includes measures of behavior, community and environment, public and health policies, clinical care, and health outcomes to describe the health and wellness of each state compared to the oth states. The rankings are updated each year to provide a perspective on change over the last 23 years. The primary objective of America's Health Rankings® is to stimulate discussion and action among individuals, community leaders, health professionals, and businesses to improve the health o each state and our nation.

The rankings are sponsored by United Health Foundation and conducted in partnership with the American Public Health Association and the Partnership for Prevention.

For overall health, Tennessee is ranked 39th this year. The state has varied from its healthiest ranking of 39th to its poorest ranking of 49th.

Tennessee's overall ranking has increased gradually the last five years.



In the past year, the percentage of children in poverty decreased from 23.6 percent to 22.5 percent of persons under age 18.

Last year, air pollution was 11.1 micrograms of fine particulate per cubic meter; this year it is 10.4, dropping 6 percent.

In the past five years, the high school graduation rate increased from 66.1 percent to 77.4 percent of incoming ninth graders who graduate in four years.

While preventable hospitalizations remain a challenge for Tennessee, the rate dropped in the last five years from 97.8 to 83.4 discharges per 1,000 Medicare enrollees.

In the past ten years, the rate of uninsured population increased from 10.4 percent to 13.9 percent of the population.

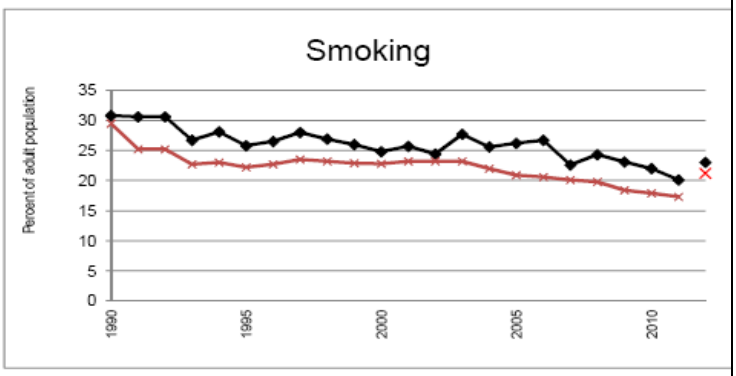
		2012 Value	2012 Rank
DETERMINANTS	**Behaviors**		
	Smoking (Percent of adult population)	23.0	36
	Binge Drinking (Percent of adult population)	10.0	1
	Obesity (Percent of adult population)	29.2	35
	Sedentary Lifestyle (Percent of adult population)	35.1	48
	Community and Environment		
	High School Graduation (Percent of incoming ninth graders)	77.4	24
	Violent Crime (Offenses per 100,000 population)	613	47
	Occupational Fatalities (Deaths per 100,000 workers)	5.4	36
	Infectious Disease (Cases per 100,000 population)	9.1	22
	Children in Poverty (Percent of persons under age 18)	22.5	32
	Air Pollution (Micrograms of fine particles per cubic meter)	10.4	37
	Policy		
	Lack of Health Insurance (Percent without health insurance)	13.9	23
	Public Health Funding (Dollars per person)	$83	21
	Immunization Coverage (Percent of children ages 19 to 35 months)	89.5	28
	Clinical Care		
	Low Birthweight (Percent of live births)	9.0	42
	Primary Care Physicians (Number per 100,000 population)	120.4	20
	Preventable Hospitalizations (Number per 1,000 Medicare enrollees)	83.4	46
	All Determinants	-0.15	35
OUTCOMES			
	Diabetes (Percent of adult population)	11.2	44
	Poor Mental Health Days (Days in previous 30 days)	3.8	25
	Poor Physical Health Days (Days in previous 30 days)	4.5	42
	Geographic Disparity (Percent relative standard deviation)	10.4	17
	Infant Mortality (Deaths per 1,000 live births)	8.1	45
	Cardiovascular Deaths (Deaths per 100,000 population)	310.4	44
	Cancer Deaths (Deaths per 100,000 population)	204.0	45
	Premature Death (Years lost per 100,000 population)	9,513	43
	All Outcomes	-0.17	43
	OVERALL	-0.32	39

Smoking/Obesity/Sedentary Lifestyle/Diabetes
Tennessee

The prevalence of smoking in Tennessee exceeds the national median as it has for the last 23 years.

In Tennessee, 1,130,000 adults smoke.

Smoking is defined as the percentage of people age 18 and over that regularly smoke cigarettes. Other forms of tobacco, such as smokeless products, are not included in this rate and may contribute to a higher overall rate of tobacco use than displayed by smoking alone. Data from CDC Behavior Risk Factor Surveillance System.



The prevalence of obesity among adults in Tennessee continues to be higher than the national median, with more than one in four adults obese and at increased risk for ill health.

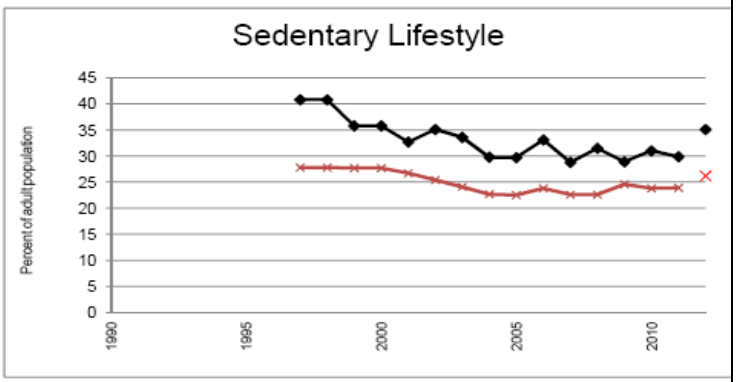
In Tennessee, 1,434,000 adults are obese.

Obesity is defined as the percentage of people age 18 and over with a Body Mass Index (BMI) of 30 or more. Data are collected annually by the Behavior Risk Factor Surveillance System and rely on self-reported height and weight. Actual obesity rates are likely to be higher than indicated due to self-report bias.

Sedentary lifestyle among Tennessee adults is consistently and significantly higher than most other states; more than one in three adults live a sedentary life.

In Tennessee, 1,724,000 adults are sedentary.

Sedentary Lifestyle is defined as the percentage of people age 18 and over who do not get any exercise or physical activity outside of their regular employment. Data are collected annually by the Behavior Risk Factor Surveillance System and rely on self-reported activities.



2012 Edition data for these measures are not comparable to prior years because of significant methodological changes in CDC's Behavioral Factor Risk Surveillance System (BRFSS). These changes improve the reliability and accuracy of the prevalence estimates for states.

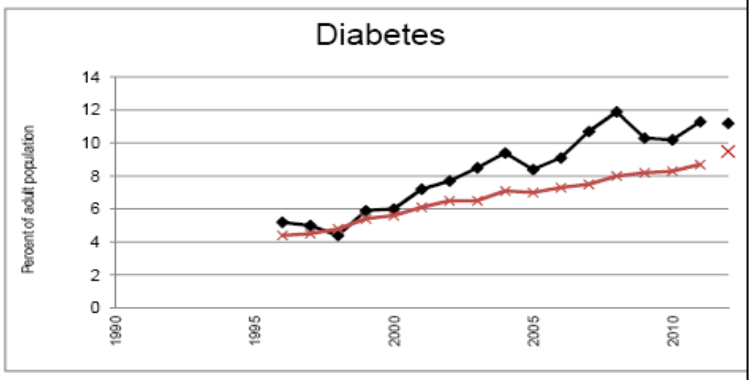
Comparision of the prevalence of each state to the median of all states for all years is valid.

U.S. Median

State Rate

The prevalence of diabetes in Tennessee continues to be above the national median, as it has for the last 14 years.

In Tennessee, 550,000 adults have diabetes.



Diabetes is defined as the percentage of adults who have been told by a health professional that they had diabetes (does not include pre-diabetes or diabetes during pregnancy). Data are collected annually by the Behavior Risk Factor Surveillance System and are self-reported.

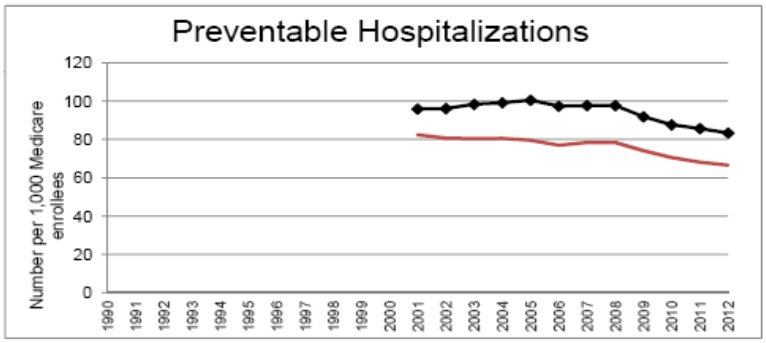
2012 Edition data for this measure is not comparable to prior years because of significant methodological changes in CDC's Behavioral Factor Risk Surveillance System (BRFSS). These changes improve the reliability and accuracy of the prevalence estimates for states.

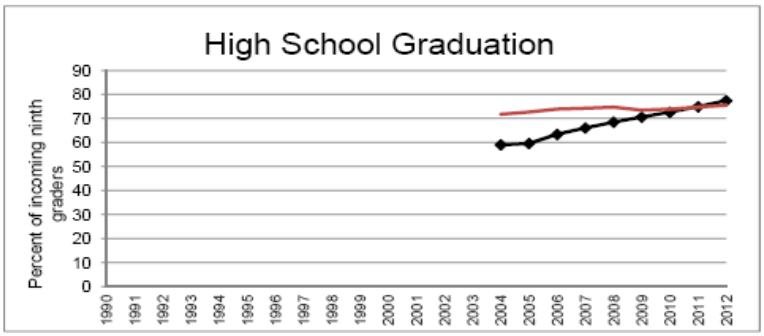
Comparision of the prevalence of each state to the median of all states for all years is valid.

Other Determinants

U.S. Rate

State Rate



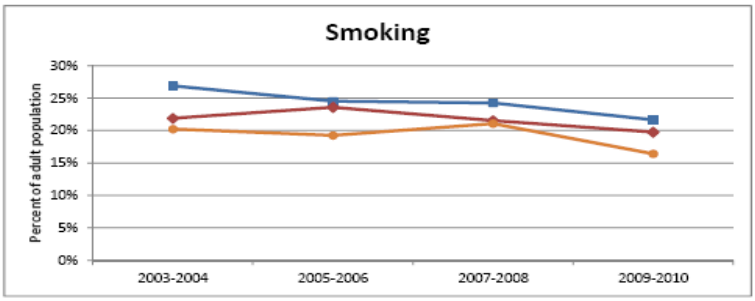


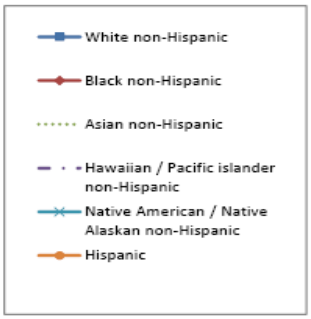
Preventable Hospitalizations is a measure of the discharge rate of Medicare enrollees ages 65 to 99 with full Part A entitlement and no HMO enrollment from hospitals for ambulatory care-sensitive conditions. Preventable hospitalizations reflect how efficiently a population uses the various health care delivery options for necessary care, thus avoiding unnecessary and expensive hospital admissions.

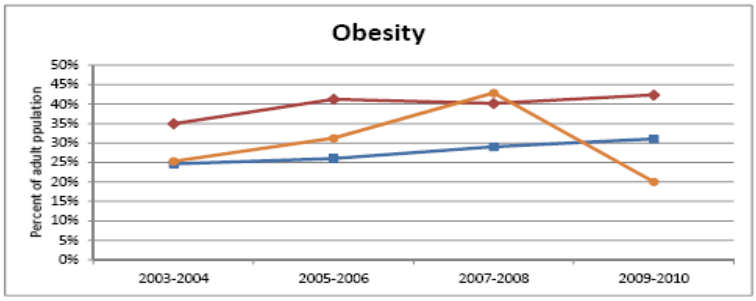
High School Graduation represents the percentage of incoming ninth graders who graduate within four years and are considered regular graduates. Education is a vital contributor to health as people must be able to learn about, create, and maintain a healthy lifestyle. Education can also help facilitate more effective health care visits as patients must be able to understand and participate in their care for optimal results.

Health Disparities Tennessee

Data represented if the number of responses in each race/ethnic group exceeds 100 per time interval.



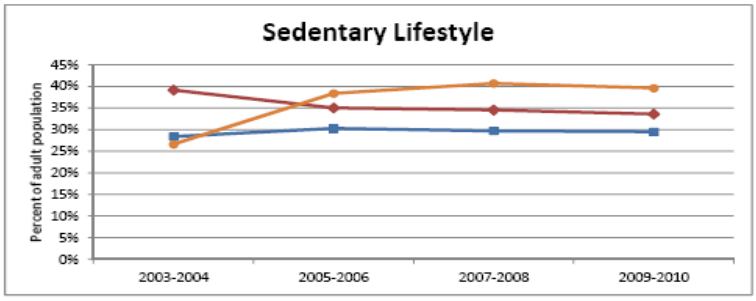


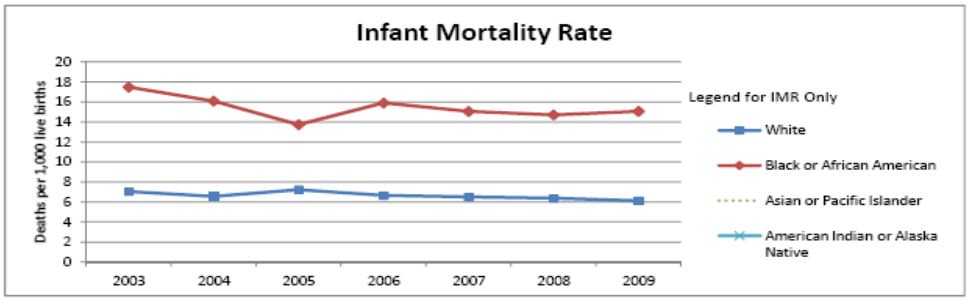


For a population to be healthy, it must minimize health disparities among segments of the population, including differences that occur by gender, race o ethnicity, education, income, disability, geographic location, or sexual orientation.

The statewide measures used in America's Health Rankings® reflect the condition of the "average" resident and can mask differences within the state. When the measures are examined by race, gender, geographic location and/or economic status, startling differences can exist within a state.

The four graphs on this page present the differences in crucial areas of behavior and outcomes relative to race and ethnicity. The goal is to improve al groups and to minimize the differences among groups over time.





Data represented only if sufficient records exist to be significant.

Appendix A – UHS and UT Medical Center Board of Directors

William Rukeyser
Chairman
Rukeyser & Company

Renda Burkhart
Vice Chair
Burkhart & Co., CPA's

Bernard Bernstein
Secretary/Treasurer
Bernstein, Stair & McAdams Attorneys

James A. Haslam II
Assistant Secretary/Treasurer
Pilot Oil Corporation

Stuart J. Bresee, MD
Cardiologist
UT Medical Center

Carolyn Fairbank Biggs
COO
Christmas Place Management LLC

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Chancellor
The University of Tennessee

Joseph A. Dipietro, PhD
UT President
The University of Tennessee

Robert Elder, MD
President
University Physicians Association Inc.
(Ex-Officio Member)

Jerry L. Epps, MD
Chair, Department of Anesthesia
The University of Tennessee Medical Center

Joseph E. Johnson, PhD
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The University of Tennessee

Joseph R. Landsman, Jr.
President & CEO
University Health System Inc.

David Millhorn, PhD
Executive Vice President
The University of Tennessee

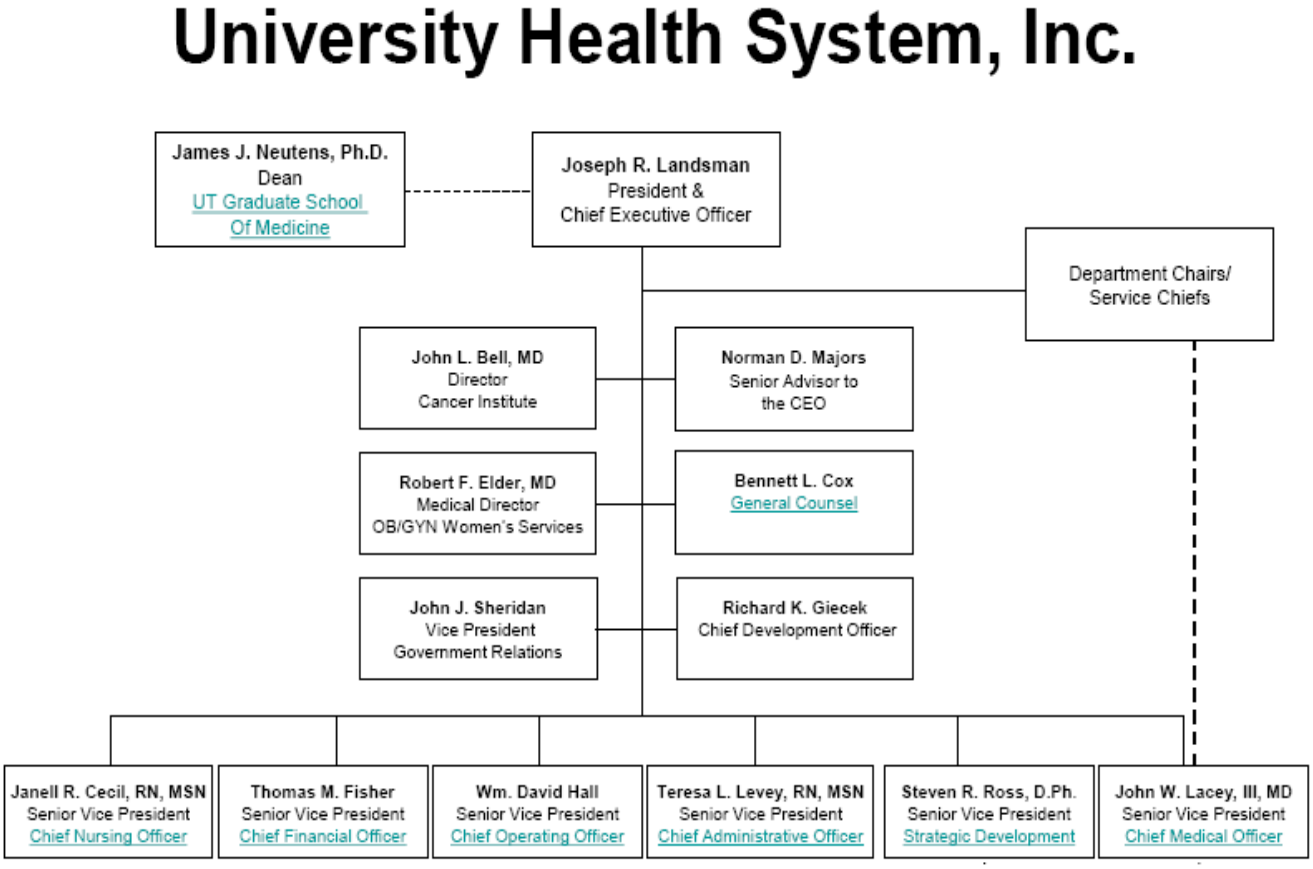
Sara Fortune Rose
Vice President & Director of Strategic Business Development
Bush Brothers & Company

Steve J. Schwab, MD
Chancellor
The University of Tennessee Health Science Center
(Ex-Officio Member)

H. W. Sherrod, Jr.
Partner
Allison, Sherrod, Owens & Siddons

Michael Strickland
Chair
Bandit Lites

APPENDIX B – UT Medical Center and UHS Executive Leadership



APPENDIX C – UT Medical Center System Team Leadership

Barton, Debra A, VP, Medical-Surgical
Bell, Deborah T, Administrator, UT Day Surgery
Collins, Ron L, VP, Supply Chain Mgt
Fain, Douglas (Buddy), VP & Chief Information Officer
Giffin, C Ann, VP, Brain & Spine Institute
Gissel, Betty A, VP, Human Resources
Hawk, Renee R, VP, Opt Cancer Institute
Hotz, Peggy B, VP, Women's and Children's Services
Hovan, Stephen, VP, Patient Accounts
Keating, Michael R. VP, Risk Management
Keel III, James F, VP & Chief Medical Information Officer
Marquart, Cynthia B., VP, Med Group Development
Mason, Kimberly C, Director, PharmD Pharmacy
Massey, Roger A, VP, Fin. & Managed Care
McAnally, Rhonda M, Dir., Network Development
Reed, Susan, VP, Controller
Stapleton, Sam, VP, Decision Support
Thomas, Gary L., VP, Compliance
Thompson, Becky, VP, Marketing & Planning
Watson, W Harry, VP, Facility Operations
Wohlford, Jeanne, VP, Heart Lung Vascular Institute

APPENDIX D- **UT Medical Center Community Health Advisory Council**

The University of Tennessee Medical Center Community Health Advisory Council

Name	Title	Company	Email
Rhonda McAnally, RN	Director- Network Development	UTMC	rmcanall@utmck.edu
Patti Wells	School Health Coordinator	Roane Co Schools	pawells@roaneschools.com
Blair King	School Health Coordinator	Oak Ridge Schools	bking@ortn.edu
Debi Tuggle, RN	Pediatric Trauma Coordinator	UTMC	dtuggle@utmck.edu
Aneisa McDonald	Coordinated School Health	Knox County Schools	aneisa.mcdonald@knoxschools.org
Terri Geiser	Program Manager	Knox County Health Dept	terri.geiser@knoxcounty.org
Kathy Brown, Ph.D.	Director Community Assessment	Knox County Health Dept	kathy.brown@knoxcounty.org
Georgette Samaras	Education Coordinator	UTMC	gsamaras@utmck.edu
Rita Hillhouse, RN	Director	UTMC	rhillhou@utmck.edu
Rita McNabb	Director	Cocke Co. Schools	rita.mcnabb@cc-boe.net
Mae King	Coordinator	UTMC	lking@utmck.edu
Paige Huggler	Outreach Coordinator	UTMC	phuggler@utmck.edu
Brian Smith	Coordinator	Cherokee Health Systems	brian.smith@cherokeehealth.com
Nancy Lofaro	Manager	Office on Aging	nancy.lofaro@knoxseniors.org
Derrick Folsom	Community Outreach Coordinator	Cherokee Health Systems	derrick.folsom@cherokeehealth.com

APPENDIX E: **Together! Healthy Knox Committee and Action Teams**

last name	first name	organization	T!NHK team
Beard	Vickey	YMCA	facilitator
Beason	Jill	Tennova Health	partnerships action team
Berg	Tim	University of Tennessee College of Pharmacy	observing
Blasius	Ellen	Knox County Parks & Recreation	partnerships action team
Boling	Stan	Covenant Health	partnerships action team
Buchanan	Martha	Knox County Health Department	leadership team & equity action team
Burbano	Liliana	Healthy Kids, Healthy Communities	equity action team
Byrd	Debbie	University of Tennessee College of Pharmacy	equity action team
Calzadilla	Silvia	Consumer	equity action team
Collins	Joanne	Covenant Health	
Cook	Stephanie	City of Knoxville	equity action team
Crabtree	Bruce	Boys and Girls Clubs of the Tennessee Valley	partnerships action team
Cronley	Connie	Knox County Health Department	policy action team
Decker	Jim	MEDIC Regional Blood Center	leadership team
Dickson	Jim	YMCA of East Tennessee	leadership team
Dobbs	Jamey	League of Women Voters	policy action team
Donaldson	Mark	Regional Transportation Planning Organization	policy action team
Ely	Sheryl	Knox County Health Department	facilitator
Epperson	Ben	Healthy Kids, Healthy Communities	equity action team
Erwin	Paul	University of Tennessee Center for Public Health	leadership team
Ferency	Alon	Heska Amuna Synagogue	equity action team
Field	Mark	Knoxville Chamber	leadership team
Frampton	Larry	FAITH Coalition	policy action team
Geiser	Terri	Knox County Health Department	partnerships action team
Getino	Coral	HoLa Hora Latina	partnerships action team
Greear	Sandra	Cherokee Health Systems	equity action team
Griswold	Sarah	KCHD/Wellness Roundtable	partnerships action team
Guyot	Lesley	Knox County Health Department	facilitator
Hamilton	Charles	University of Tennessee Department of Public Health	policy action team
Harder	Sarah	Metropolitan Drug Commission	partnerships action team
Harrington	Ben	Mental Health Association of East Tennessee	leadership team
Hill	Erin	Knoxville Area Project Access/Knoxville Academy of Medicine	policy action team
Hoyos	Renee	Tennessee Clean Water Network	policy action team
Iannacone	Al	Knox County Health Department	policy action team
Johnson	Jan	211	
Knight	Melissa	Interfaith Health Clinic	leadership team
Larsen	Katie	Knox County Health Department	partnerships action team

Lee	Jan	University of Tennessee Nursing	partnerships action team
Lofaro	Nancy	CAC Office on Aging	policy action team
Martin	Betsy	Knox Area Rescue Ministries	partnerships action team
McAnally	Rhonda	University of Tennessee Medical Center	partnerships action team
McArthur	Polly	University of Tennessee College of Nursing	partnerships action team
Miles	Joe	University of Tennessee	leadership team & equity action team
Miller	Cynthia	Legal Aid of East Tennessee	equity action team
Miller	Mark	Knox County Health Department	policy action team
Morris	Becky Miller	University of Tennessee College of Pharmacy	observing
Muse	Leslie	Butler, Vines & Babb	equity action team
Pershing	Karen	Metropolitan Drug Commission	leadership team
Porter	Deborah	Knox County Government	equity action team
Read	Erin	Knox County Health Department	facilitator
Rowe	Dennis	Rural/Metro	policy action team
Segars	Kelley	Regional Transportation Planning Organization	policy action team
Shoup	Shara	Emerald Youth Foundation	equity action team
Stuhl	Sue	Town of Farragut	partnerships action team
Tennison	Clif	Helen Ross McNabb Center	policy action team
Thomas	Michael	Knox County Health Department	facilitator
Walker	Tom	Knoxville Police Department	policy action team
Washington	Regina	South College	equity action team
Welch	Stephanie	Knox County Health Department	facilitator
Wolard	Ashley	Knoxville Area Project Access/Knoxville Academy of Medicine	equity action team
Woodle	Emily	City of Knoxville Community Development	equity action team
Wrenchey	Bobbi	UnitedHealthcare	partnerships action team
Zavisca	Ellen	Regional Transportation Planning Organization	policy action team

APPENDIX E**: Together! Healthy Knox Committee and Action Teams**