University Health System, Inc.
Community Health Needs Assessment 2019


UT MEDICAL CENTER

WISDOM FOR YOUR LIFE

1924 Alcoa Hwy. Knoxville, TN. 37920

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Organizational Profile

The University of Tennessee Medical Center UTMC is a not-for-profit health care system providing access to comprehensive health care services as an academic medical center. These services include a regional network of primary care and specialist providers, regional service centers, cancer chemotherapy centers, home infusion therapy, home health and aeromedical services. The hospital is licensed for 609 beds. With a threefold mission of healing, education and discovery, UTMC serves as the regional referral center for the East Tennessee (ET) community. Our twenty-one-county service area comprises the eastern third of the state. The primary market is Knox County; the secondary market is the remaining twenty counties. Education and research are accomplished through our partnerships with the University of Tennessee (UT) and University of Tennessee Graduate School of Medicine (GSM).
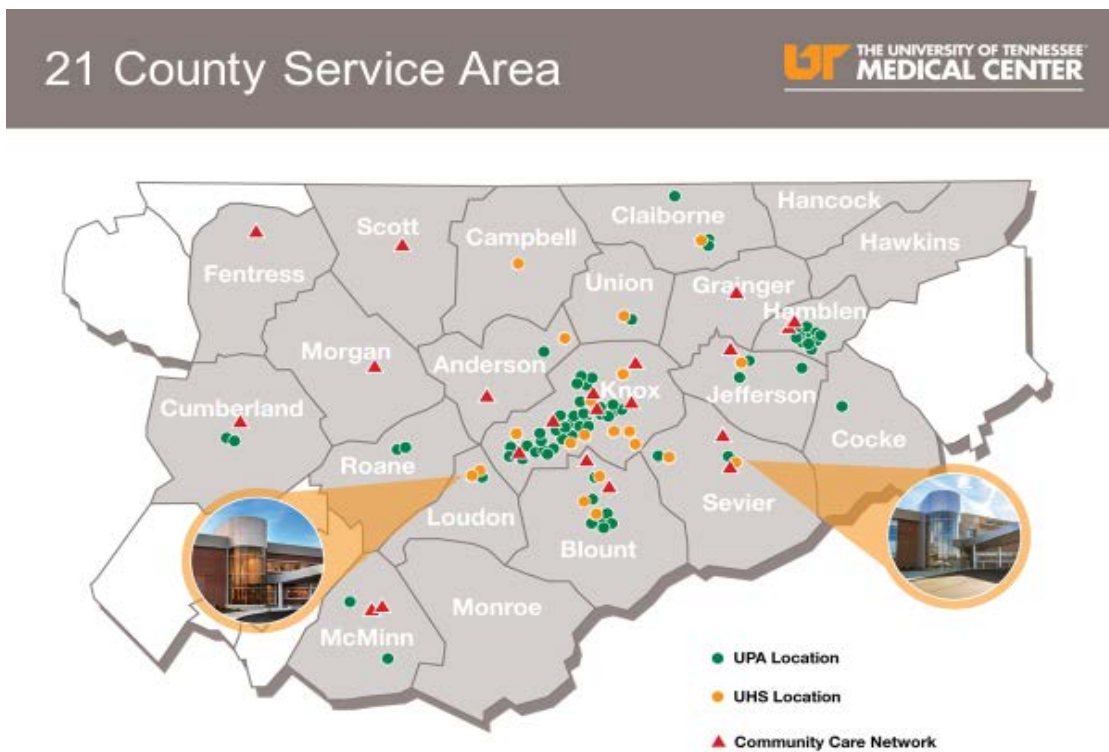
Health Care Service Offerings

UTMC's main health care service offerings are grouped into six Centers of Excellence (COE) that satisfy a major portion of the healthcare needs based on community needs identified through The Community Health Needs Assessment (CHNA) and a demographic analysis conducted during the Strategic Planning Process (SPP). The services delivered through the COEs are of high importance to our success based on the size of the service, community demographic makeup, or contribution in achieving our core competency. Additional services include general medicine and general surgical. UTMC delivers multidisciplinary care using evidence-based clinical pathways in a clinically integrated system. This care is grounded in a patient and family centered model of care. Service offerings, relative importance to our organizational success and mechanism to deliver services. In 2018, our inpatient admissions were 33,170, 401,243 total hospital outpatient visits and 78,371 total emergency department visits (not admitted).

Assets

Major facilities, technologies and equipment include:

- UTMCs major facility is located on 91 acres and has over 2.68 million square feet of space. The main campus includes a dedicated heart hospital, 6 medical office buildings and the Knoxville campus for the UT College of Pharmacy and UT GSM.
- Aeromedical services through UT LIFESTAR
- Regional Medical Communication Center (RMCC)
- The largest surgical facility in East Tennessee markets and other medical and surgical practice arenas featuring diagnostic picture archiving communication system (PACS), position emission tomography (PET/CT), magnetic resonance imaging (MRI), Simulation (SIM) Center, surgical and parenteral admixture robotics and biplane fluoroscopy for neuro-interventional radiology.
- UTMC Lenoir City and Sevierville Regional Health Centers

Regulatory Requirements

UTMC operates in a highly regulated health care environment governed by federal, state and local agencies. Processes are in place to assure compliance and currency with laws, regulations, and standards established by these key regulatory agencies. Specific federal and state regulatory agencies and laws include; State of TN Department of Health, Tennessee Occupational Safety and Health Administration (TOSHA), Environmental Protection Agency (EPA), Office of Inspector General (OIG), College of American Pathologists (CAP), Clinical Laboratory Improvement Amendment (CLIA),

American College of Surgeons and Federal Wide Assurance. In the pursuit of excellence UTMC has achieved accreditation and specific focus designations through The Joint\ Commission (TJC), TJC Disease Specific Certifications as a Comprehensive Stroke Center, Bariatric and the Gold Seal of Approval for Orthopeadics in knee and hip replacement, American College of Surgeons verified Level I Trauma Center, and Magnet Status by the American Nurses Credentialing Center (ANCC).

Organizational Leadership Structure

The organizational structure and governance system consist of three groups which includes: 1) A 15-member Board of Directors consisting of UT leaders, medical staff physicians, community members and our President & CEO who serves and reports to the Board of Directors. The Board of Directors committees include Finance, Human Resources, Performance Improvement, Nominating and Graduate Medical Education. 2) Senior Leaders (SL) includes 7 Sr. Vice Presidents (SVP), Chiefs of General Counsel and Development and Vice Presidents (VP) of Government Relations and Compliance who report to the President and CEO. 3) Self-governing Medical Executive Committee (MEC) chaired by the Chief of Staff.

Our Workforce

The UTMC workforce includes full and part time team members, physicians, residents, healthcare students and volunteers. 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. Our health care workforce is comprised of:

- **Team Members: 4,036**
- **Physicians: 800**
- **Volunteers: 145**

Organizational Mission, Vision, and Values

Our core competency, "An academic medical center partnering with physicians to care for all patients, especially the medically complex". The core competency leverages our strategic advantage of being an academic medical center.

- **Mission:** To serve through healing, education and discovery.
- **Vision:** To be nationally recognized for excellence in patient care, medical education and biomedical research.
- **Values:** Integrity, Excellence, Compassion, Innovation, Collaboration, Dedication
- **Core Competency:** An academic medical center partnering with physicians to care for all patients, especially the medically complex.
- **UTMC Priorities:** Quality/Safety, Service, Efficiency/Effectiveness

Today, UTMC provides access to comprehensive health care services as an academic medical center. These services include a regional network of primary care and specialist providers, regional service centers, cancer chemotherapy centers, and aeromedical services. The hospital is licensed for 669 beds. With a threefold mission of healing, education and discovery, UTMC serves as the regional referral center for the East Tennessee (ET) community. Our 21-county service area comprises the eastern third of the state. The primary market is Knox County; the secondary market is the remaining 20 counties. Education and research is accomplished through our partnerships with the University of Tennessee (UT) and University of Tennessee Graduate School of Medicine (GSM).

Service Offerings		Contribution to Organizational Success (Inpatient % Volumes)
Centers of Excellence *(Note: 68% of IP are seen through the COE's)*		
Advanced Orthopaedic Center	Education, treatment, post-treatment to rehabilitation, with expertise in knee, hip, shoulder, hand and foot/ankle care.	Volume: 10%
Brain & Spine Institute	Neuroscience specialists using the latest diagnostics and treatments for brain and spine diseases.	Volume: 9%
Cancer Institute (CI)	The most advanced multidisciplinary care for cancer patients and their families with holistic treatment of body mind and spirit.	Volume: 3%
Emergency & Trauma Center	The only Level 1 Trauma Center for adults and children in the 21-county region with a dedicated team of trauma surgeons and clinical staff on site 24/7/365 and home base to UT LIFESTAR.	Volume: 5%
Heart Lung Vascular Institute (HLVI)	Multidisciplinary teams dedicated to the treatment of heart, lung and vascular system conditions including complete care for health screenings, diagnosis, treatment, educational support and rehabilitation.	Volume: 20%
Center for Women & Infants	Comprehensive services for women and newborn infants, with a private room Level III NICU and a state-designated perinatal center for high-risk pregnancies.	Volume: 21%
General Medical & Surgical		
General Medical	General treatment and care for adults with internal and family medicine needs.	Volume: 24%
General Surgical	Services for general and specialty surgical services not included in the COEs.	Volume: 8%
All services delivered through Inpatient (IP), Outpatient (OP), and Emergency (ED)		

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. The UPA, an independent physician association has its own governance structure. It is comprised of over 700 physician and clinician members and is devoted to UT Medical Center. 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: On campus, UT College of Pharmacy is located at UTMC, 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 area colleges receive clinical training at UTMC. The campus also includes a school of radiologic technology and a medical technologist training program.

UTMC uses multiple community stakeholder listening posts such as market data, stakeholder platforms, and Community Health Needs Assessment (CHNA). This assists with planning efforts to support operations related to health improvement and strengthen local community services through collaborative efforts. Programs are validated annually during Community Health Advisory Committee (CHAC), Senior Leaders, and Board of Directors meetings to review outcomes and market data. Reviews are conducted to evaluate success of local health improvement strategies. An action plan is created to systematically deploy these strategies through our Network Development Department which conducts daily health outreach activities. We review opportunities to improve our impact on social, economic, and environmental systems through our operational and strategic initiatives which aligns our identified needs during the assessment of our current and future success. Many of these health care services are delivered through our 6 Centers of Excellence (COE).

The Strategic Planning Process (SPP) includes a demographic analysis which drives the community health care needs analysis. The 6 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.

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.

A Comprehensive Community Health Strategy:

- First, it ensures clinical management considers the social determinants of patient health identified upon presentation.
- Secondly, it requires that the structures and operations of our organization are responsive to community needs.
- Thirdly, the comprehensive strategy requires collaboration to improve the social-economic-environmental structures of the communities that we serve.

Organizational Commitment to the Community

In the Fiscal Year 2016, 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 2019 Plan includes the priorities outlined in the 2016 Community Health Needs Assessment (CHNA). The 2019 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 2019 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 **Process to Support Key Communities and CNI Index** 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. 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. 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 settings where care is delivered
- 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.

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."*

For UT Medical Center 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.

Activities associated with the development of this assessment have taken place during 2018-2019, including state, regional and county-specific secondary data collection and primary data obtained through 285 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 and organization members meet 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 2018, Tennessee ranked 42nd, for overall health outcomes. Tennessee had high rates of adult obesity, cancer deaths, infant mortality, and diabetes.

Overall Health Policy	Clinical Care		Community & Health Ranking Outcomes	Behaviors	Environment
42	39	41	24	43	43

By examining national data, UTMC can 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

- Substance Use

- Mental Health/Depression/Anxiety

- Obesity

In addition to monitoring UTMC collected data, Tennessee's Vital Signs are 12 metrics selected through an extensive public engagement process meant to measure the pulse of Tennessee's population health. Taken together, they provide an at-a-glance view of leading indicators of health and prosperity. Each Vital Sign influences other aspects of health, helping people see the need to move upstream to address issues early.

Tennessee's Vital Signs are:

- **Youth Obesity -** Coordinated School Health: Tennessee Department of Education
- **Physical Activity -** Behavioral Risk Factor Surveillance System: Tennessee Department of Health
- **Youth Nicotine Use -** Youth Risk Behavior Surveillance System: Tennessee Department of Education
- **Drug Overdose -** Informatics & Analytics: Tennessee Department of Health

- **Infant Mortality -** Death Statistics: Tennessee Department of Health
- **Teen Births -** Birth Statistics: Tennessee Department of Health
- **Community Water Fluoridation -** CDC Water Fluoridation Reporting System
- **Frequent Mental Distress -** Behavioral Risk Factor Surveillance System: Tennessee Department of Health
- **3rd Grade Reading Level -** Tennessee Department of Education
- **Preventable Hospitalizations -** Hospital Discharge Data System: Tennessee Department of Health
- **Per Capita Personal Income -** US Bureau of Economic Analysis
- **Access to Parks and Greenways -** Behavioral Risk Factor Surveillance System: Tennessee Department of Health

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

In 2019, the UTMC Strategic Planning Department hosted focus group meetings in order to connect with community members of each county in which UHS operates a facility. Community participants were selected at random and convenience samples within the community and workplace. The interviewees in attendance were chosen based on age and demographics. These individuals were invited to discuss and determine the health priorities and resources available in the area which they live and where would each seek services for certain conditions or injury.

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 below.

Summary Organizations Participating in UTMC Community Health Needs Assessment

- American Medical Response Emergency Medical Services
- Cherokee Health Systems
- Corporate Health Partners of UTMC
- Knox County Schools Coordinated School Health
- University of Tennessee Extension
- East Tennessee Wellness Roundtable
- Second Harvest Food Bank
- The University of Tennessee
- CAC-Office on Aging

- Knox County Health Department
- UTMC Medical Center Community Health Advisory Council
- Medic
- Knox County Community Health Council
- Together Healthy Knox Leadership Team
- Knox County Mental Health Task Force
- United Way
- Knox Area Rescue Ministries

To begin the community health needs assessment, UTMC Community Health Advisory Council presented data collected at several meetings in order to illustrate past and current health trends for Tennessee. Attendees were 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 information collected from the surveys and open discussion was analyzed and prioritized based on health needs.

In surveys obtained from 285 community representatives from January- February 2019, several community health needs and need for resources were identified. The survey questions given to each participant in the assessment will be available to view at the end of the report.

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. Each Center of Excellence has a community steering committee that participate in planning efforts to guide the direction of care for the individuals we serve and prevention efforts in the community This will remain an ongoing and evolving process.

Community Benefit Activities and Support:

In fiscal year **2018**, UT Medical Center provided a total of **$ 78,420,121 in Community Benefit activities and support.**

- **Uncompensated Patient Care – $53,194,369**

- **Community Services – $343,943**

- **Training and Education for Healthcare Professionals - $23,829,839**

- **Research - $17,265**

- **Community Building Activities - $260,133**

- **Donations – $260,133**

- **Other Community Outreach Activities-$774,572**

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 132,567 individuals were served by the generosity of our employees and the hospital's careful coordination of these efforts for our community.

Programs to Meet Community Need

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 2019 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. Some of these unique services are listed below:

Breast Health Outreach Program (BHOP) where the hospital provides free education, prevention, diagnostics, and treatment for uninsured women. Nearly 18 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.

Regional Perinatal Center

The UTMC Perinatal Center provides support to women with high risk and substance misuse pregnancies to support treatment for the unborn and aid in withdrawing the substance prior to birth. The program serves our 21- county region and has led to new evidence based guidelines for health care providers and patients who have substance misuse issues and need support.

Mission Service Activities

Blood Drives: 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 2015, the hospital donated over 400 units of blood.

Empty Stocking Fund: UTMC employees and hospital provide opportunities to volunteer within the community. As an organization, UTMC to partner with the Knoxville New Sentinel to provide food and toys to disadvantaged East Tennesseans during the holidays.

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. 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.

Top Health Priorities

All 285 interviewees agreed that the most prevalent health priorities in all counties were cancer, substance abuse, mental health/depression/anxiety, and obesity

Top Health Priorities	Responses
• **Opioid Drug/ Alcohol Use**	**164**
• **Mental Health/Depression**	**100**
• **Obesity**	**101**
• **Cancer**	**100**

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) 2019 for UTMC, our focus will be on increasing access to substance misuse resources, mental health resources, and health care access for the broader and underserved disadvantaged members of the surrounding community..

Our focus is to create healthy connections in East Tennessee by providing and assisting in access to health care services, healthy women and infant 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. The 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.

Today in 2019, the Community Health Council (CHC) serves the City of Knoxville, Knox County, and the Town of Farragut. The CHC was established by an ordinance of the Knox County Commission with a supporting resolution from the Knoxville City Council and a supporting ordinance from the Town of Farragut Board of Aldermen.

In 2019, Many organizations have come together with ALL 4 Knox, an initiative between the City of Knoxville and Knox County in efforts to tackle substance misuse and dependency. This effort to improve the health of our region and city, has brought together many organizations in an organized fashion to lead a strategy to work together to create change and have a coordinated response to better address the substance misuse epidemic.

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

- Asthma Intervention and Smoking Cessation within the school systems
- Cancer Prevention Breast Health Outreach Program- (BHOP) Mobile Mammography
- Cancer Prevention- Prostate Screenings
- Trauma Prevention and Support -through "Trauma Survivor's Network" – a collaboration of community partners working to support victims of trauma, children and families.
- Trauma Prevention- "Stop the Bleed"- a statewide initiative focused on decreasing mortality rates associated with hemorrhage due to injury.
- Trauma Education such as TNCC, ATLS, ATCN, and FCCS course for allied health professionals
- Nutrition Education -Healthy Living Kitchen™ to provide education for community on obesity and healthy food choices.
- Cardiovascular and Stroke Prevention and Awareness such as Heartwise and Strike out Stroke
- HLVI educational activities such as ACLS, ASLS, and BLS
- Pat Summitt Clinic and ongoing Alzheimer's Research
- Women's and Children's outreach efforts for prenatal care, high risk obstetrics with special care emphasis on NAS and substance weaning protocols, 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.
- Immunizations with providing influenza vaccination clinics in corporate and community settings.
- Substance misuse and interventions in a
- SIM-Lab opportunities to practice life- saving interventions to allied health professionals, residents, and physicians.

By also offering evidence-based programs, UTMC and the University Health Network 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; and injuries due to falls. The goal of these programs seeks to institutionalize evidence-based chronic disease self-management and fall prevention programs as an essential component of a broader disease and unintentional injury 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.

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 the services and resources within their community. The interviewees acknowledged that many resources currently exist to help meet various health needs.

- County Health Departments
- Cherokee Health Systems
- Interfaith Health Center
- Helen Ross McNabb Centers

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.

Responses

- Focus on preventive health by providing education to promote healthy habits in school aged children. Counter obesity, drug use, and teen pregnancy.
- Require physical education activity as part of school curriculum.
- Encourage employers or community to improve overall health status and address specific health issues.
- Expanded and enhanced psychiatric services
- Enhanced services for substance abuse counseling
- Increase community support for smoke-free and vape-free areas.
- Assistance with early screening for underinsured or uninsured.
- Focus on access for lack of services available in region such as chemotherapy and mobile mammography
- Develop site for end-of-life or palliative care.
- Partner with local farmers markets for healthy produce.
- Extend partnerships with community providers.
- Share health information between physicians, pharmacies, and other health care providers.
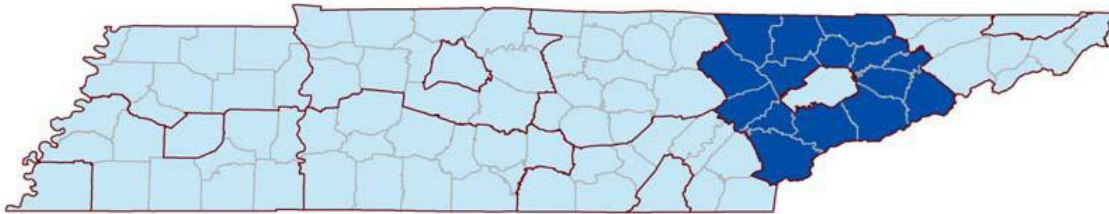
2019 County Health Rankings for Tennessee: Measures and National/State Results

Measure	Description	US	TN	TN Minimum	TN Maximum
Premature death	Years of potential life lost before age 75 per 100,000 population	6900	9,100	4,100	15,100
Poor or fair health	% of adults reporting fair or poor health	16%	19%	12%	26%
Poor physical health days	Average# of physically unhealthy days reported in past 30 days	3.7	4.4	3.5	5.6
Poor mental health days	Average# of mentally unhealthy days reported in past 30 days	3.8	4.5	3.8	5.4
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	9%	6%	12%
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	17%	22%	15%	27%
Adult obesity	% of adults that report a BMI: 30	29%	33%	25%	39%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.7	6.3	5.3	9.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	22%	27%	20%	38%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	84%	71%	4%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	14%	11%	18%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	29%	26%	5%	64%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	497.3	489.4	96.7	1,241.2
Teen births	# of births per 1,000 female population ages 15-19	25	33	6	76
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	10%	11%	6%	15%
Primary care physicians	Ratio of population to primary care physicians	1,330:1	1,390:1	21,550:1	590:1
Dentists	Ratio of population to dentists	1,460:1	1,880:1	16,580:1	1,250:1
Mental health providers	Ratio of population to mental health providers	440:1	700:1	24,080:1	280:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,520	5,305	2,725	13,179
Mammography screening	% of female Medicare enrollees ages 65-74 that receive mammography screening	41%	40%	28%	55%
Flu vaccinations	% of Medicare enrollees who receive an influenza vaccination	45%	48%	27%	56%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	90%	80%	100%
Some college	% of adults ages 25-44 with some post-secondary education	65%	60%	25%	86%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.4%	3.7%	2.7%	6.4%
Children in poverty	% of children under age 18 in poverty	18%	21%	4%	46%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.7	3.6	6.3
Children in single-parent households	% of children that live in a household headed by a single parent	33%	35%	13%	54%
Social associations	# of membership associations per 10,000 population	9.3	11.3	1.7	23.5
Violent crime	# of reported violent crime offenses per 100,000 population	386	621	111	1,346
Injury deaths	# of deaths due to injury per 100,000 population	67	86	50	161

AMERICA'S HEALTH RANKINGS® ANNUAL REPORT www.AmericasHealthRankings.org

County Health Rankings and Roadmaps*: http://www.countyhealthranking*

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 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 consider 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 diabetes self- management programs to proactively care for and we will ensure these efforts work in concert to meet the health needs of the communities we serve.

Implementation Strategy

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 core principles:

- The clinical encounter offers an important moment to integrate a community health strategy and raise the awareness of social determinants of health and unmet needs that exist in our community.
- Identify key partners – Organizational structures and collaborations to invest and create a larger environment in which social determinants of health are improved. Every community has complex challenges that requires great care to understand. A community health strategy depends on creating a network of likeminded organizations that have similar commitments.
- Build Community Capacity – Collaborate with 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.

Community Health Needs Survey : The University of Tennessee Medical Center

285	06:48	Active
Responses	Average time to complete	Status

1. In your opinion, What is the biggest physical, emotional, or social health concern in your community? (You may choose up to three concerns).

● Asthma/Lung Disease	17	
● Cancer	100	
● Dementia	53	
● Dental Health	15	
● Diabetes	70	
● Drug and/or alcohol abuse	164	
● Heart Disease	57	
● HIV/AIDS	0	
● Homelessness	51	
● Mental Health/Depression	118	
● Obesity	101	
● Sexually Transmitted Dieases	4	
● Stroke	22	
● Tobacco Use	43	
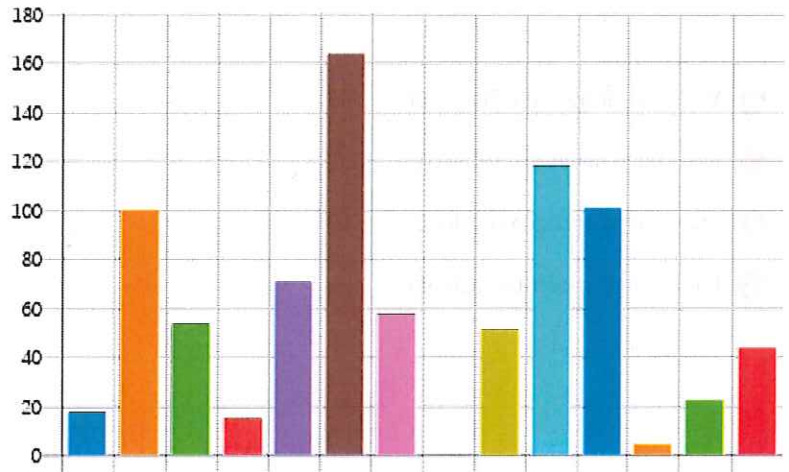
2. In you your opinion, what main factor do you think prevents people in your community from seeking medical treatment? (Choose two responses).

🔵	Age	13
🟠	Cultural/religious beliefs	7
🟢	Access to health care	81
🔴	Lack of insurance	181
🟣	Access to physician appointm...	26
🟤	Transportation not available	39
🩷	No parking at physician's office	11
⚫	Language barrier	3
🟡	Cost of healthcare services	227
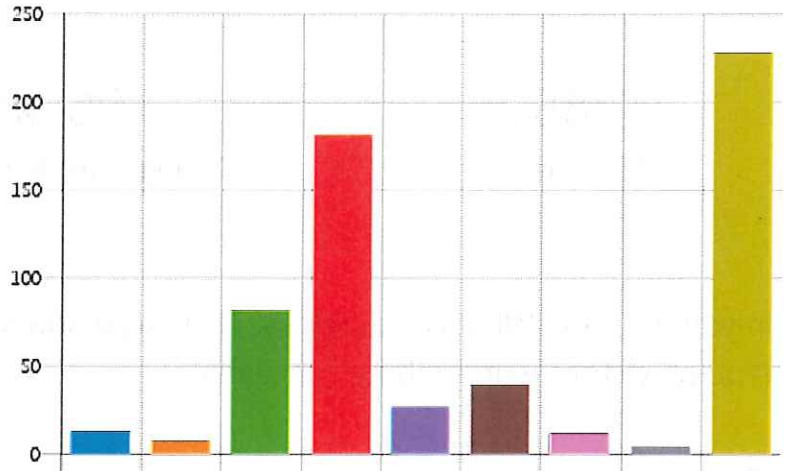
3. Do you use tobacco products?

🔵	Yes, I currently use tobacco pr...	13
🟠	No, I have never use tobacco...	205
🟢	I have used tobacco products...	63
🔴	I am trying to quit the use of t...	4
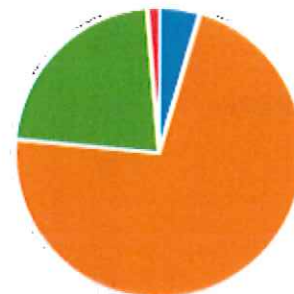
4. In your opinion, which of the following does your community need in order to improve the health of your family, friends, and neighbors? (You may choose up to three responses).

🔵	Access to healthy food options	113
🟠	More job opportunities	43
🟢	Recreation facilties	43
🔴	Public transportation to healt...	67
🟣	Substance abuse programs	140
🟤	Mental health access and pro...	179
🩷	Access to healthcare services i...	145
⚫	Other	27
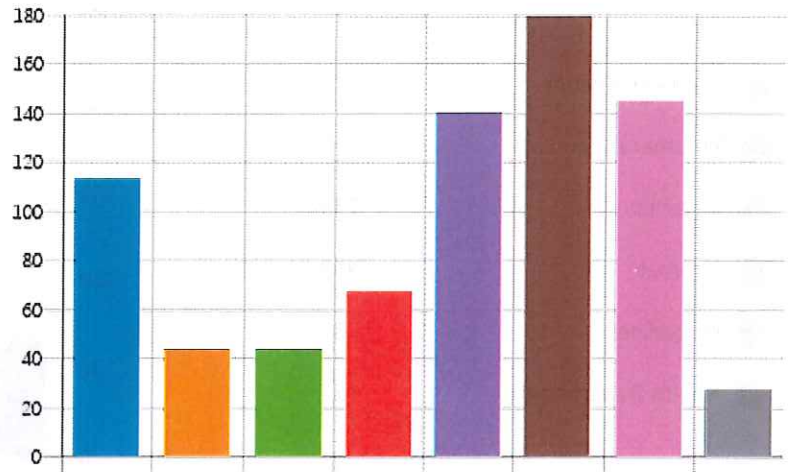
5. What health services or health screenings are needed in your community? (You may choose up to three responses).

🔵	Cancer	86
🟠	Diabetes	93
🟢	Dentists	48
🔴	Eating disorders	15
🟣	Emergency preparedness	19
🟤	Heart disease /Cardiovascular...	103
🩷	Lung disease	17
⚫	Nutrition	66
🟡	Mental health	146
🔵	Prenatal Care	21
🔵	Substance Abuse	142
🟠	Tobacco cessation	37
🟢	Physicians	35
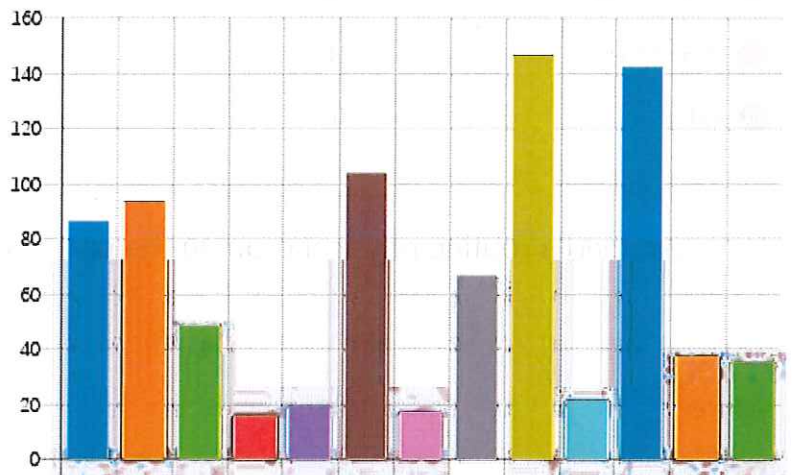
6. Where do you and your family get most of the information you use to treat your medical problems and improve your health? (Choose up to two responses).

🔵	Family or Friends	67
🟠	Pharmacy	54
🟢	Physician	244
🔴	Internet	152
🟣	Magazines	3
🟤	Health Department	3
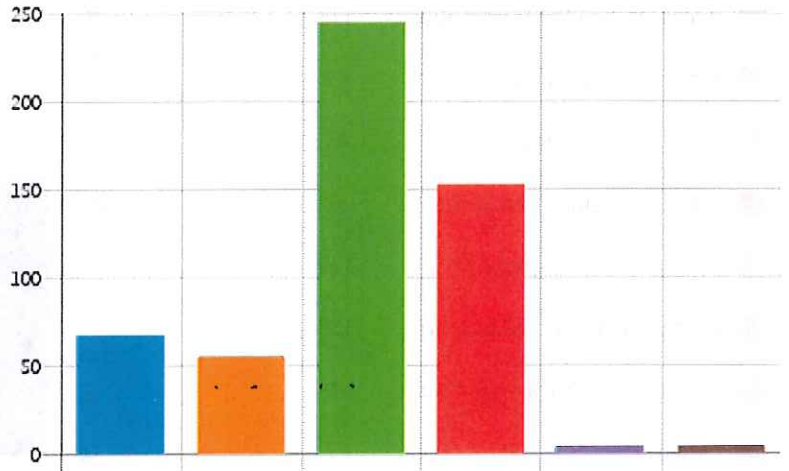
7. If you or someone in your family were ill and required medical care, where would you go? (Choose only one response).

🔵	Physician's Office	198
🟠	Hospital/ Emergency Departm...	25
🟢	Walk in clinic	35
🔴	Urgent Care	21
🟣	Other	6
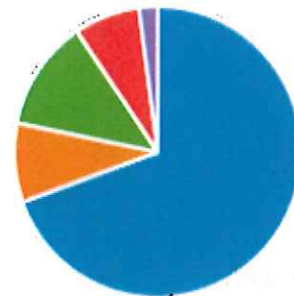
8. Have you had a routine physical exam in the past two years?

🔵	Yes	248
🟠	No	36
🟢	Other	1
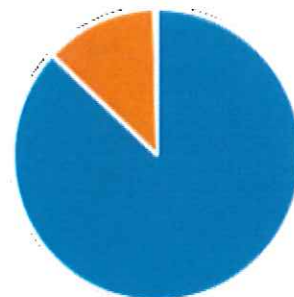
9. Are you female, male, or identify as another gender?

🔵	Male	35
🟠	Female	248
🟢	Other	2
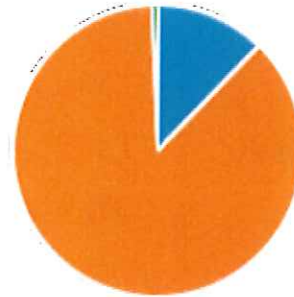
10. Female: Are you currently pregnant?

🔵	Yes	2
🟠	No	245
🟢	N/A	38
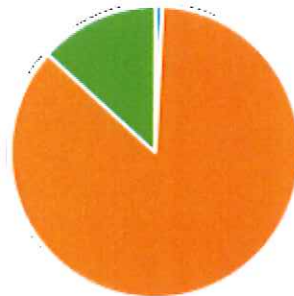
11. What category below includes your age?

🔵	Under 18	0
🟠	18-24	11
🟢	25-34	42
🔴	35-44	43
🟣	45-54	77
🟤	55-64	64
🩷	65-74	32
⚫	75 or older	16
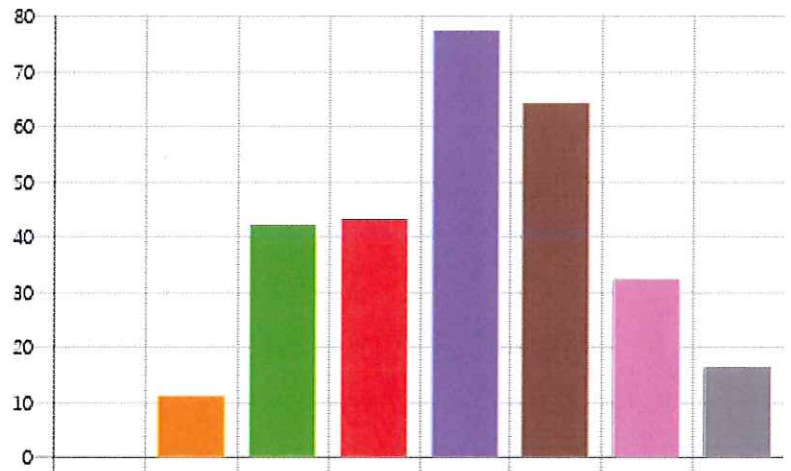
12. What is your racial/ ethnic background?

🔵	Asian	1
🟠	Black/African American	9
🟢	White/Caucasian	271
🔴	Hispanic	0
🟣	Multi racial or mixed ethnicities	0
🟤	Native American/Indian	0
🩷	Other	4
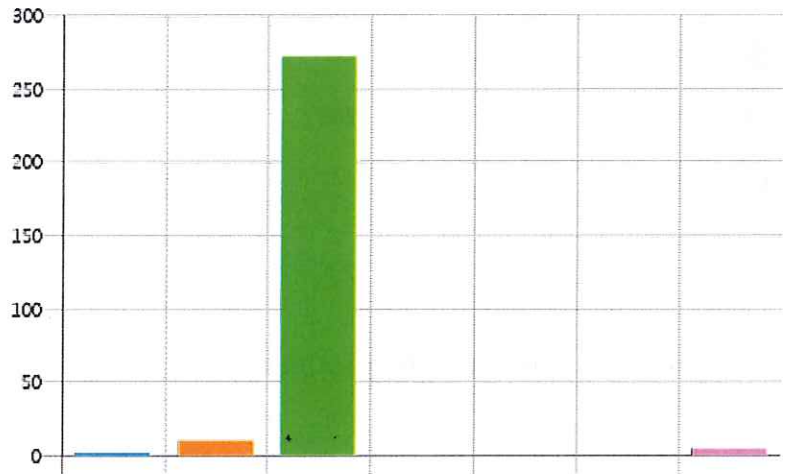
13. In what county is your home located in Tennessee

County	Count
Knox County (Primary)	181
Anderson County	9
Blount County	33
Campbell County	6
Claiborne County	1
Cocke County	2
Cumberland County	1
Fentress County	0
Grainger County	3
Hamblen County	3
Hancock County	0
Hawkins County	1
Jefferson County	7
Loudon County	8
McMinn County	1
Monroe County	4
Morgan County	1
Roane County	4
Scott County	0
Sevier County	19
Union County	1
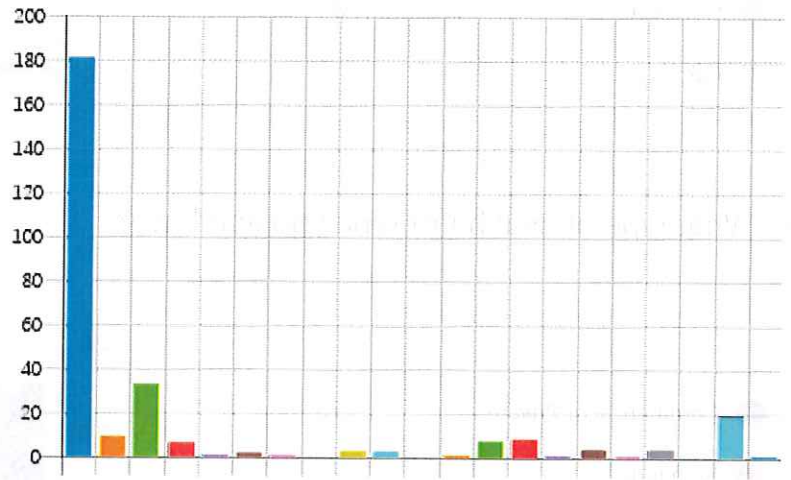
14. What is your highest level of education?

🔵	Some high school	3
🟠	High school graduate or GED	31
🟢	Some college	55
🔴	College graduate Associates o...	116
🟣	Technical School	12
🟤	Graduate school-Masters or D...	59
🟣	Doctorate	8
⚫	Other	1
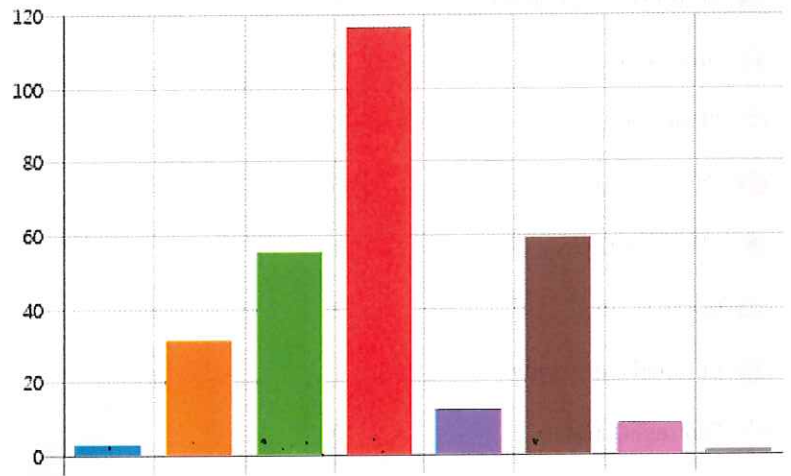
15. What type of health insurance do you have?

🔵	Commercial or Private	226
🟠	Exchange	2
🟢	Medicare	39
🔴	Medicaid/TennCare	7
🟣	I do not currently have insura...	7
🟤	Other	4
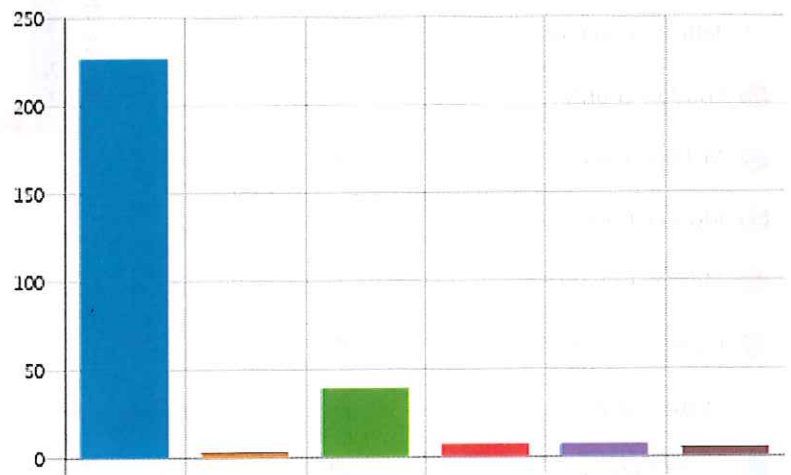
16. Do you receive aid from other state or federal assistance programs for the health or nutrition of you and your family such as WIC, SNAP, or Family First, ect.?

●	Yes	7
●	No	278
●	Other	0
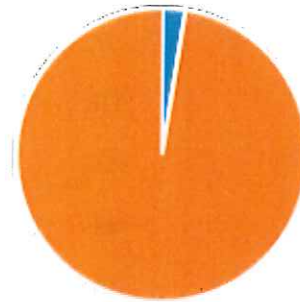
17. What is your current household income?

●	$0-10,000	8
●	$10,001-20,000	14
●	$20,001-35,000	29
●	$35,001-50,000	37
●	$50,001-75,000	64
●	$75,001-100,000	60
●	$100,001-200,000	61
●	above $200,000	12
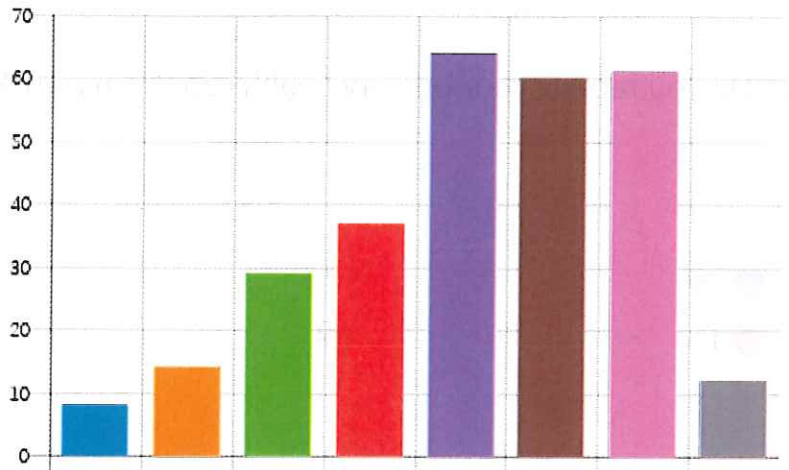
18. How many individuals reside in your household?

●	1	57
●	2	116
●	3	51
●	4	48
●	5	10
●	6	2
●	7 or more individuals	1
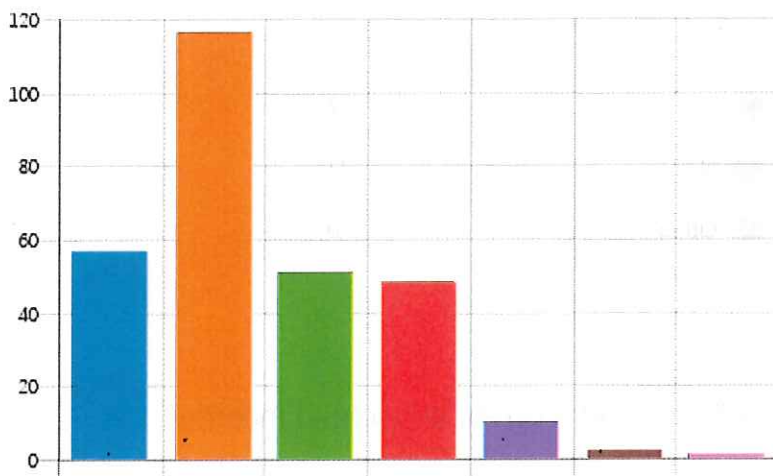
19. Do you receive your primary health care from a UT Medical Center practice?

●	Yes	179
●	No	106
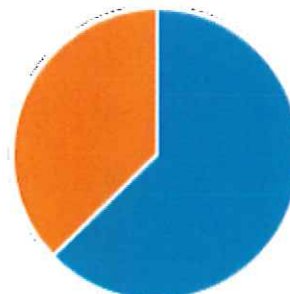
20. If you answered "Yes" to the previous question, please specify the healthcare office or service where you receive care currently or have received care for past health concerns. (Check all that apply).

🔵	UT Family or Internal Medicin...	140
🟠	UT Regional Health Centers	27
🟢	Cancer Institute	42
🔴	Advanced Orthopedic Center	33
🟣	Emergency and Trauma Service	59
🟤	Brain and Spine Institute	12
🩷	Heart Lung Vascular Institute	43
⚫	Women's and Infants	48
🟡	Outpatient Services	74
🔵	Other	55
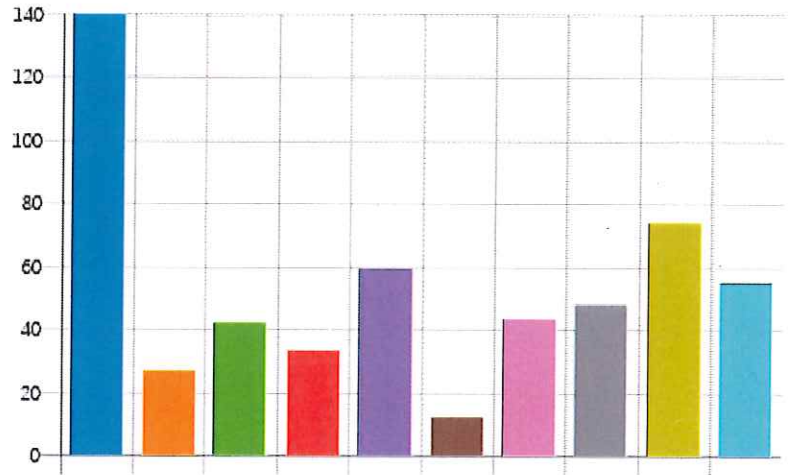
Community Needs Index

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. The 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).

Your Information

First Name:
Rhonda

Last Name:
McAnally

Zip Code:
37920

Email Address:
rmcanall@utmck.edu

Confirm Email:
rmcanall@utmck.edu

Account Information

Username:
rmcanally

Password:

Confirm Password:

Submit

Read our policy for submitting markers.

Login Resources

Forgot Username
Forgot Password
Resend Activation

Highest Need

4.2 - 5.0

3.4 - 4.1

2.6 - 3.3

1.8 - 2.5

1.0 - 1.7

Lowest Need

THOMSON REUTERS
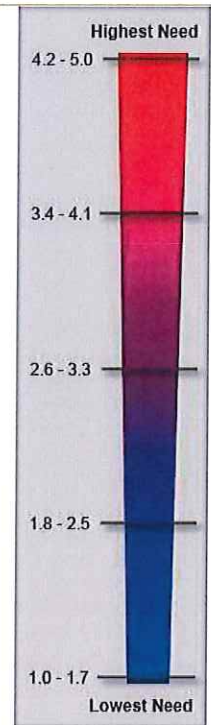
Chrome, Firefox, and Internet Explorer 8 and higher are supported.

Important Notice

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Lowest 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 |

Highest Need
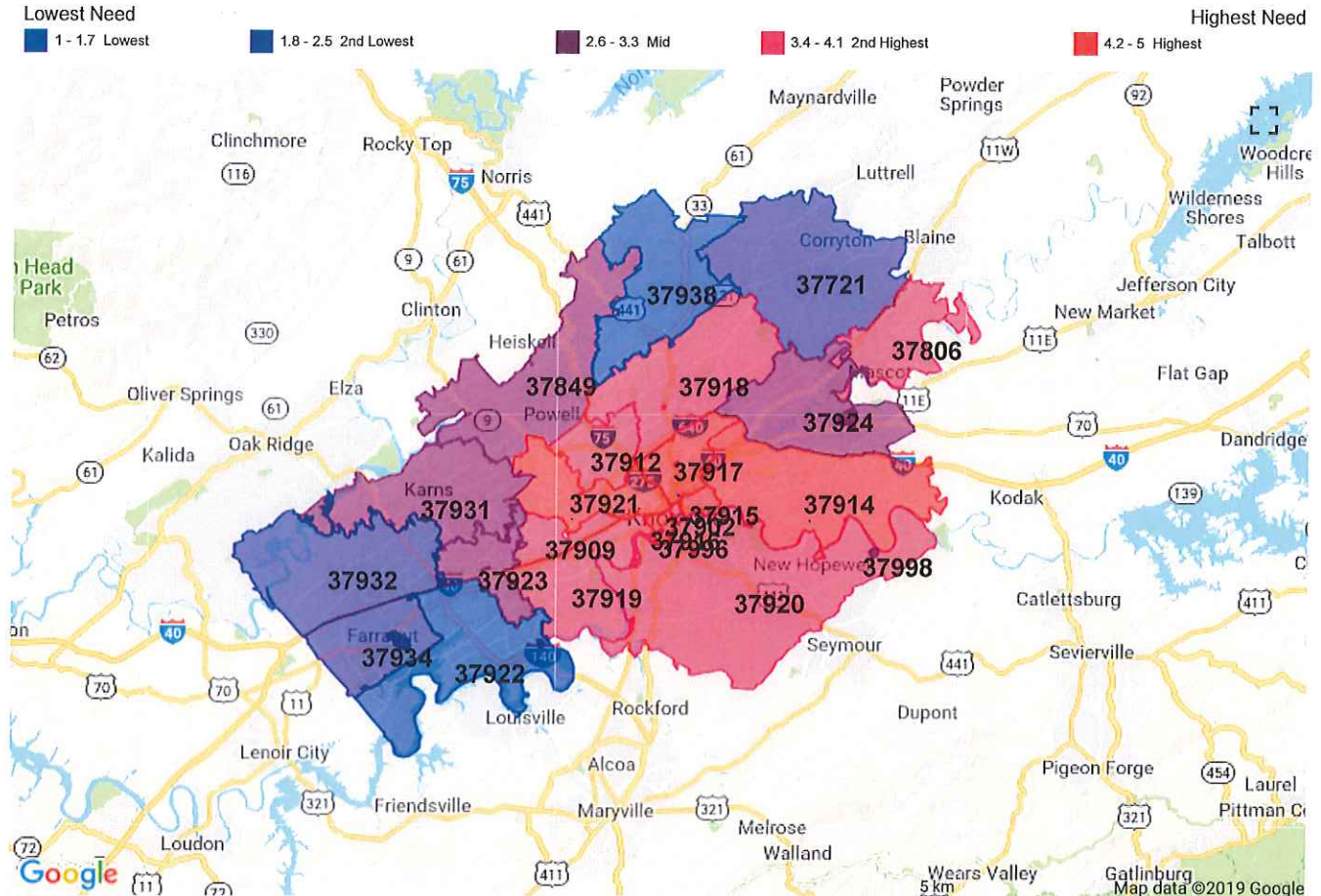
Mean(zipcode): 3.3 / Mean(person): 3.2   CNI Score Median: 3.4   CNI Score Mode: 3,3,4,4

Zip Code	CNI Score	Population	City	County	State
■ 37721	2.4	13444	Corryton	Knox	Tennessee
■ 37806	3.6	3012	Mascot	Knox	Tennessee
■ 37849	3	27742	Powell	Knox	Tennessee
■ 37902	3.4	1978	Knoxville	Knox	Tennessee
■ 37909	4	15724	Knoxville	Knox	Tennessee
■ 37912	4	22503	Knoxville	Knox	Tennessee
■ 37914	4.6	20404	Knoxville	Knox	Tennessee
■ 37915	4.8	5846	Knoxville	Knox	Tennessee
■ 37916	4.4	11923	Knoxville	Knox	Tennessee
■ 37917	4.6	24714	Knoxville	Knox	Tennessee
■ 37918	3.4	44996	Knoxville	Knox	Tennessee
■ 37919	3.4	29255	Knoxville	Knox	Tennessee
■ 37920	3.8	40124	Knoxville	Knox	Tennessee
■ 37921	4.2	29288	Knoxville	Knox	Tennessee
■ 37922	1.4	37365	Knoxville	Knox	Tennessee
■ 37923	3.2	30535	Knoxville	Knox	Tennessee
■ 37924	3	12424	Knoxville	Knox	Tennessee
■ 37931	2.6	29110	Knoxville	Knox	Tennessee
■ 37932	2.2	16755	Knoxville	Knox	Tennessee
■ 37934	1.8	25965	Knoxville	Knox	Tennessee
■ 37938	1.6	18680	Knoxville	Knox	Tennessee
■ 37996	4	958	Knoxville	Knox	Tennessee
■ 37998	3	569	Knoxville	Knox	Tennessee

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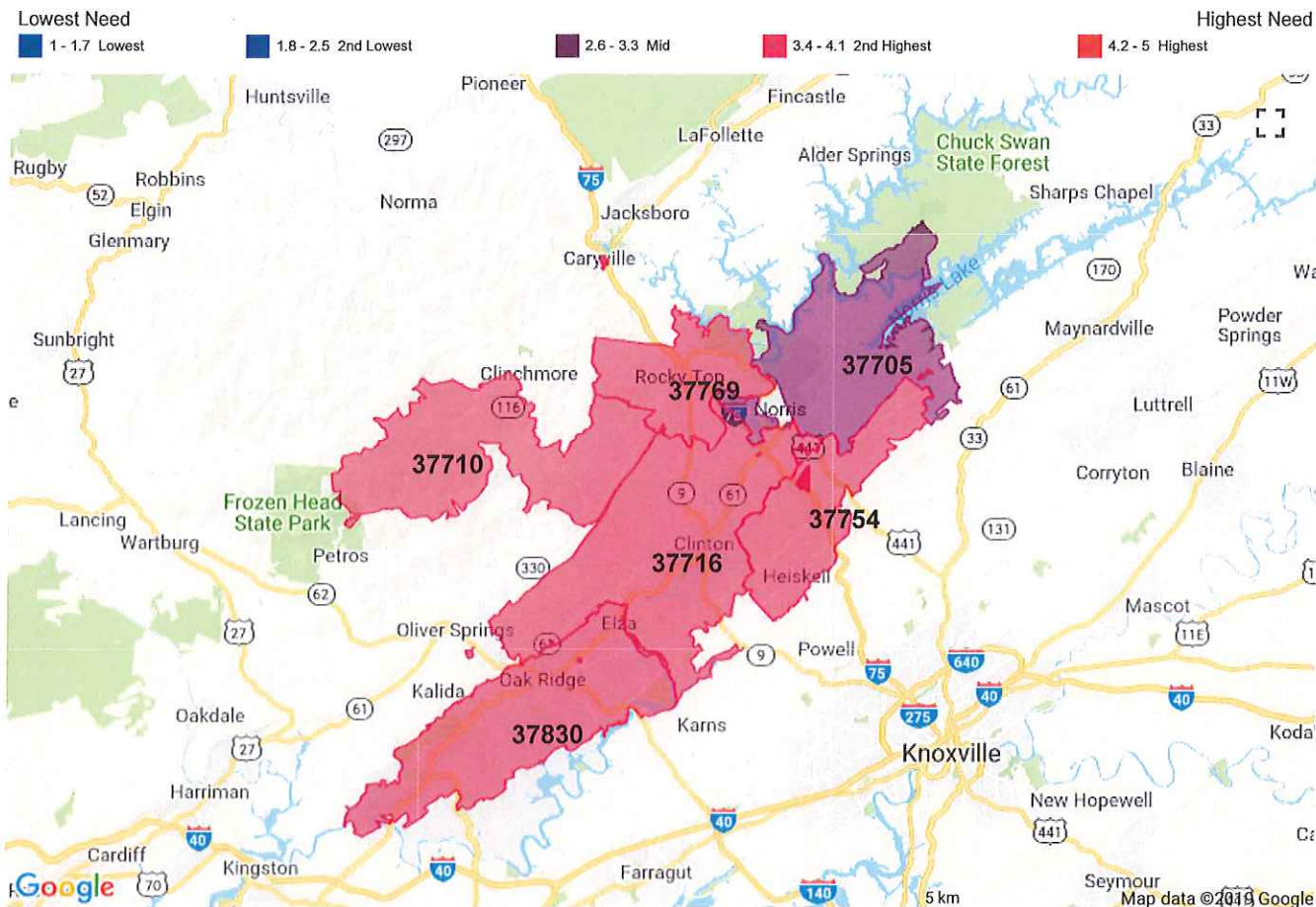
Mean(zipcode): 3.7 / Mean(person): 3.8   CNI Score Median: 3.8   CNI Score Mode: 4

	Zip Code	CNI Score	Population	City	County	State
■	37705	3.2	6067	Andersonville	Anderson	Tennessee
■	37710	4	1179	Briceville	Anderson	Tennessee
■	37716	3.6	25511	Clinton	Anderson	Tennessee
■	37754	3.4	4790	Heiskell	Anderson	Tennessee
■	37769	4	5731	Lake City	Anderson	Tennessee
■	37830	4	31251	Oak Ridge	Anderson	Tennessee

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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 |
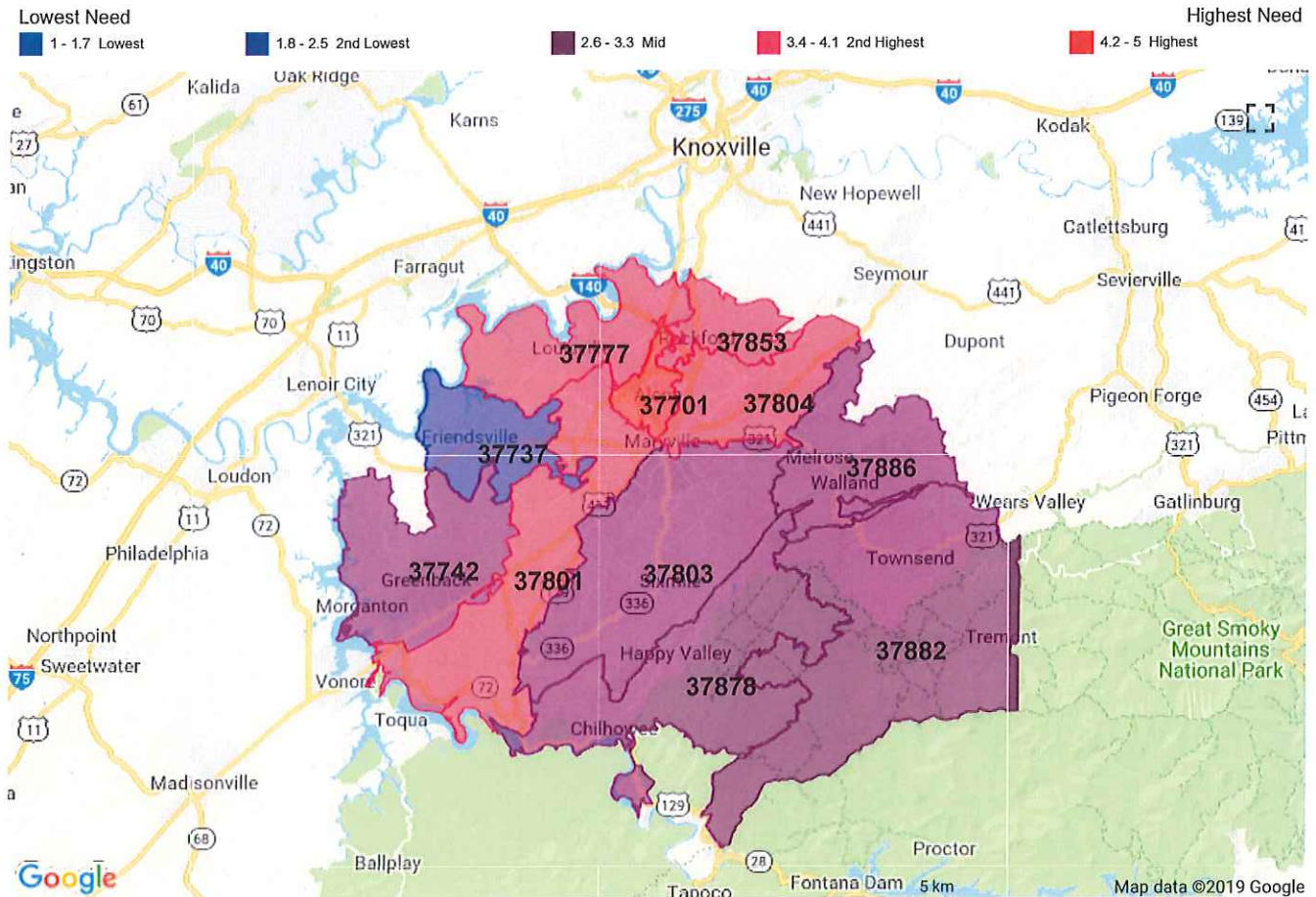
Mean(zipcode): 3.3 / Mean(person): 3.3   CNI Score Median: 3.6   CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
37701	4.4	7091	Alcoa	Blount	Tennessee
37737	2.4	6194	Friendsville	Blount	Tennessee
37742	2.6	6318	Greenback	Blount	Tennessee
37777	3.8	11677	Louisville	Blount	Tennessee
37801	3.6	27555	Maryville	Blount	Tennessee
37803	2.8	33474	Maryville	Blount	Tennessee
37804	3.6	25105	Maryville	Blount	Tennessee
37853	3.6	3743	Rockford	Blount	Tennessee
37878	2.8	885	Tallassee	Blount	Tennessee
37882	3.2	3032	Townsend	Blount	Tennessee
37886	3	4278	Walland	Blount	Tennessee

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HEALTH ANALYTICS

Dignity Health.

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): 3.8 / Mean(person): 3.8   CNI Score Median: 3.7   CNI Score Mode: 3.6
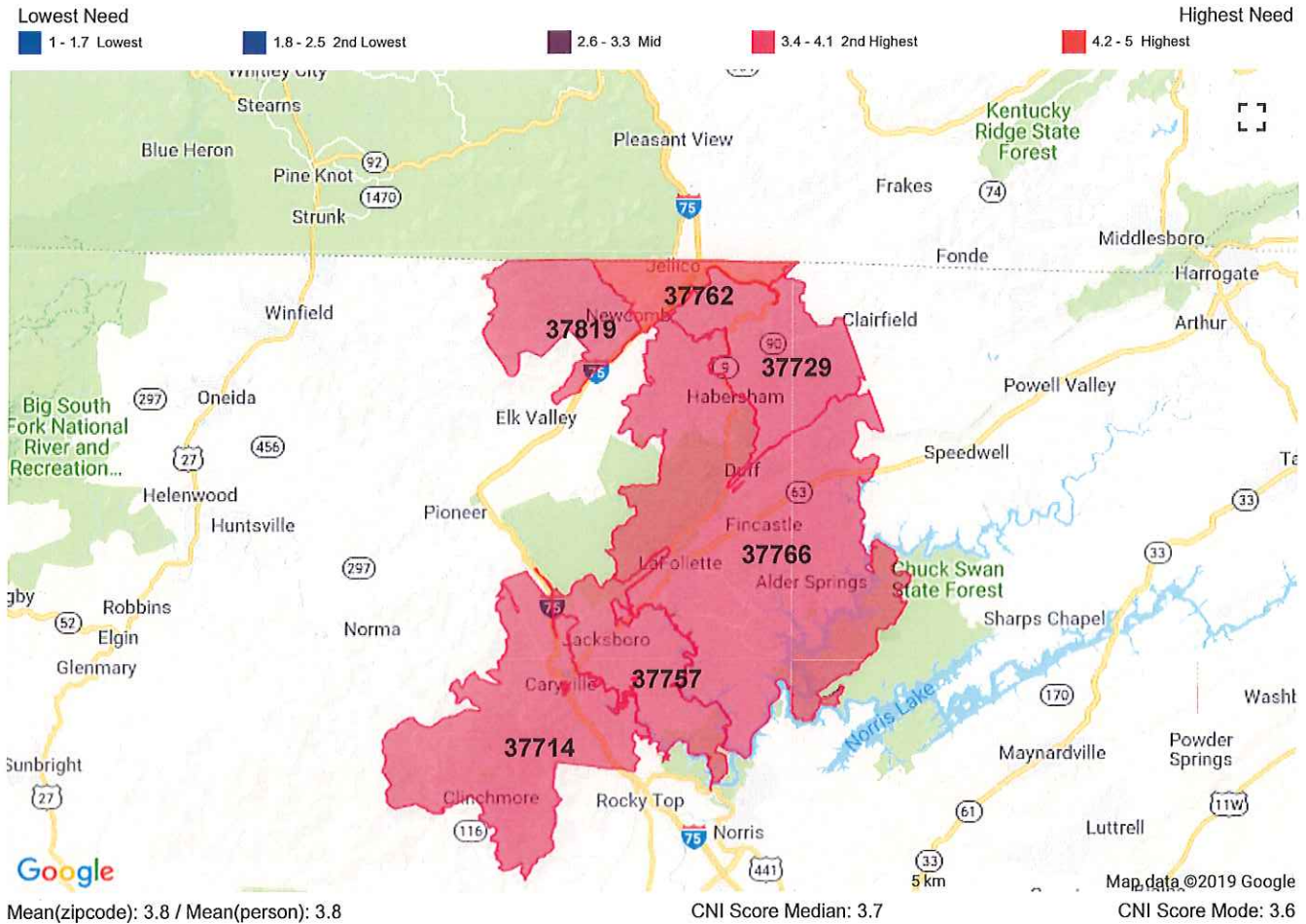
Zip Code	CNI Score	Population	City	County	State
■ 37714	3.8	4412	Caryville	Campbell	Tennessee
■ 37729	3.6	1322	Duff	Campbell	Tennessee
■ 37757	3.6	9376	Jacksboro	Campbell	Tennessee
■ 37762	4.4	2923	Jellico	Campbell	Tennessee
■ 37766	3.8	18324	La Follette	Campbell	Tennessee
■ 37819	3.6	734	Newcomb	Campbell	Tennessee

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Lowest 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 |

Highest Need

Mean(zipcode): 3.8 / Mean(person): 3.8   CNI Score Median: 3.7   CNI Score Mode: 3.6
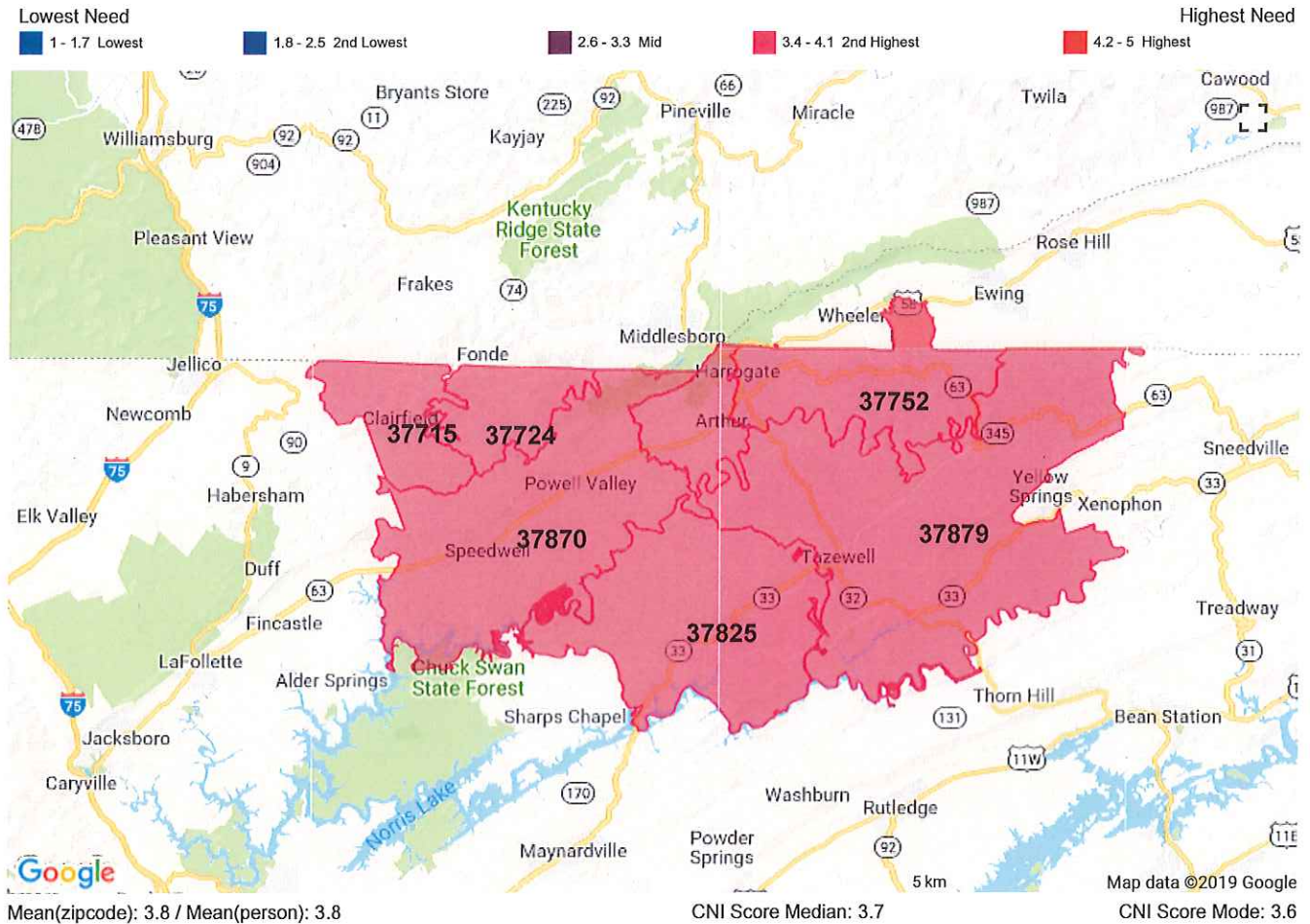
	Zip Code	CNI Score	Population	City	County	State
■	37715	3.6	962	Clairfield	Claiborne	Tennessee
■	37724	4	3942	Cumberland Gap	Claiborne	Tennessee
■	37752	3.8	5271	Harrogate	Claiborne	Tennessee
■	37825	3.6	8457	New Tazewell	Claiborne	Tennessee
■	37870	3.6	4342	Speedwell	Claiborne	Tennessee
■	37879	4	10339	Tazewell	Claiborne	Tennessee
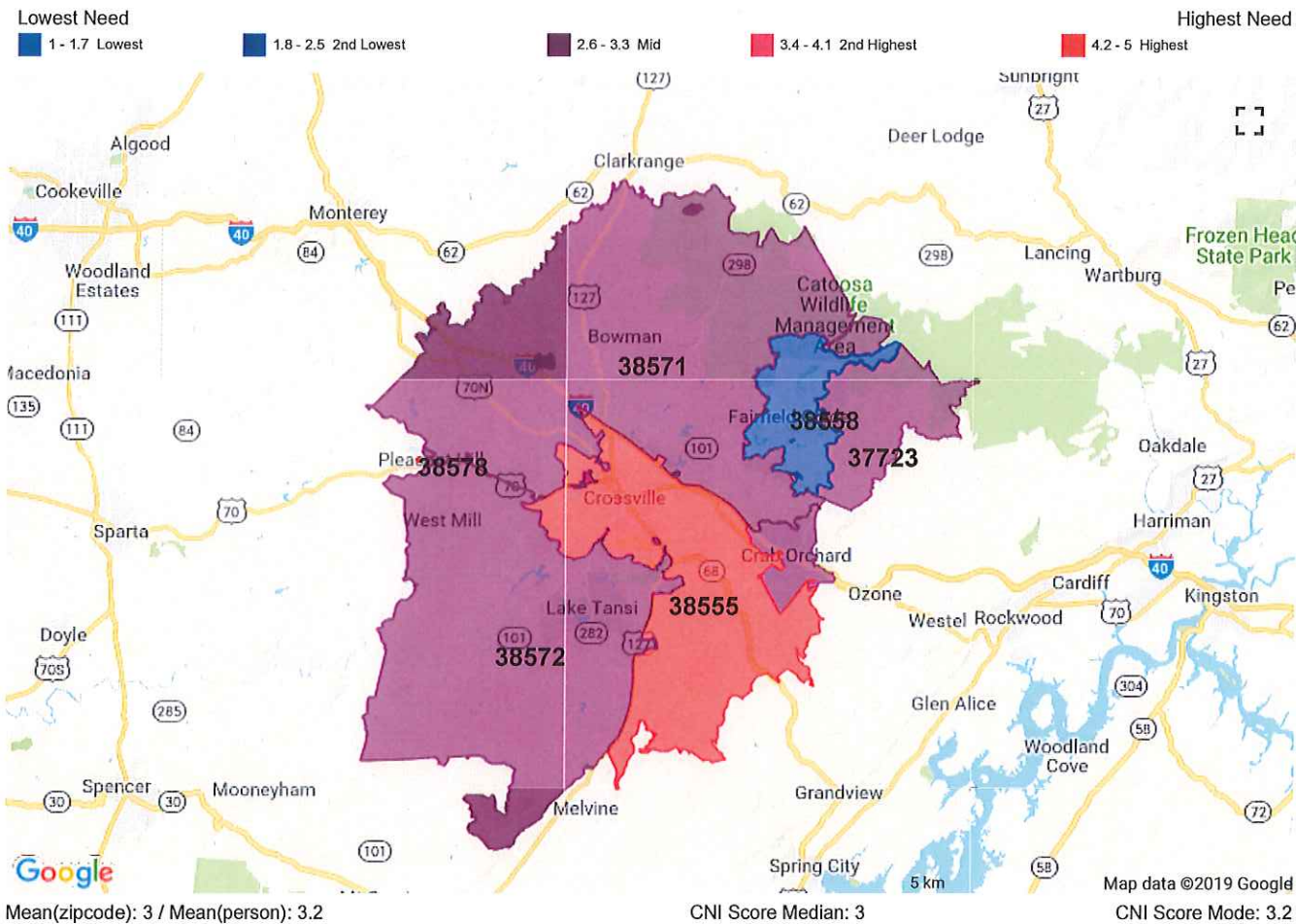
TRUVEN HEALTH ANALYTICS

Dignity Health

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): 3 / Mean(person): 3.2   CNI Score Median: 3   CNI Score Mode: 3.2

	Zip Code	CNI Score	Population	City	County	State
■	37723	3.2	933	Crab Orchard	Cumberland	Tennessee
■	38555	4.4	18988	Crossville	Cumberland	Tennessee
■	38558	1.6	8611	Crossville	Cumberland	Tennessee
■	38571	3.2	14131	Crossville	Cumberland	Tennessee
■	38572	2.6	12005	Crossville	Cumberland	Tennessee
■	38578	2.8	43	Pleasant Hill	Cumberland	Tennessee

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HEALTH ANALYTICS

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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): 3.4 / Mean(person): 3.5   CNI Score Median: 3.5   CNI Score Mode: 3.6
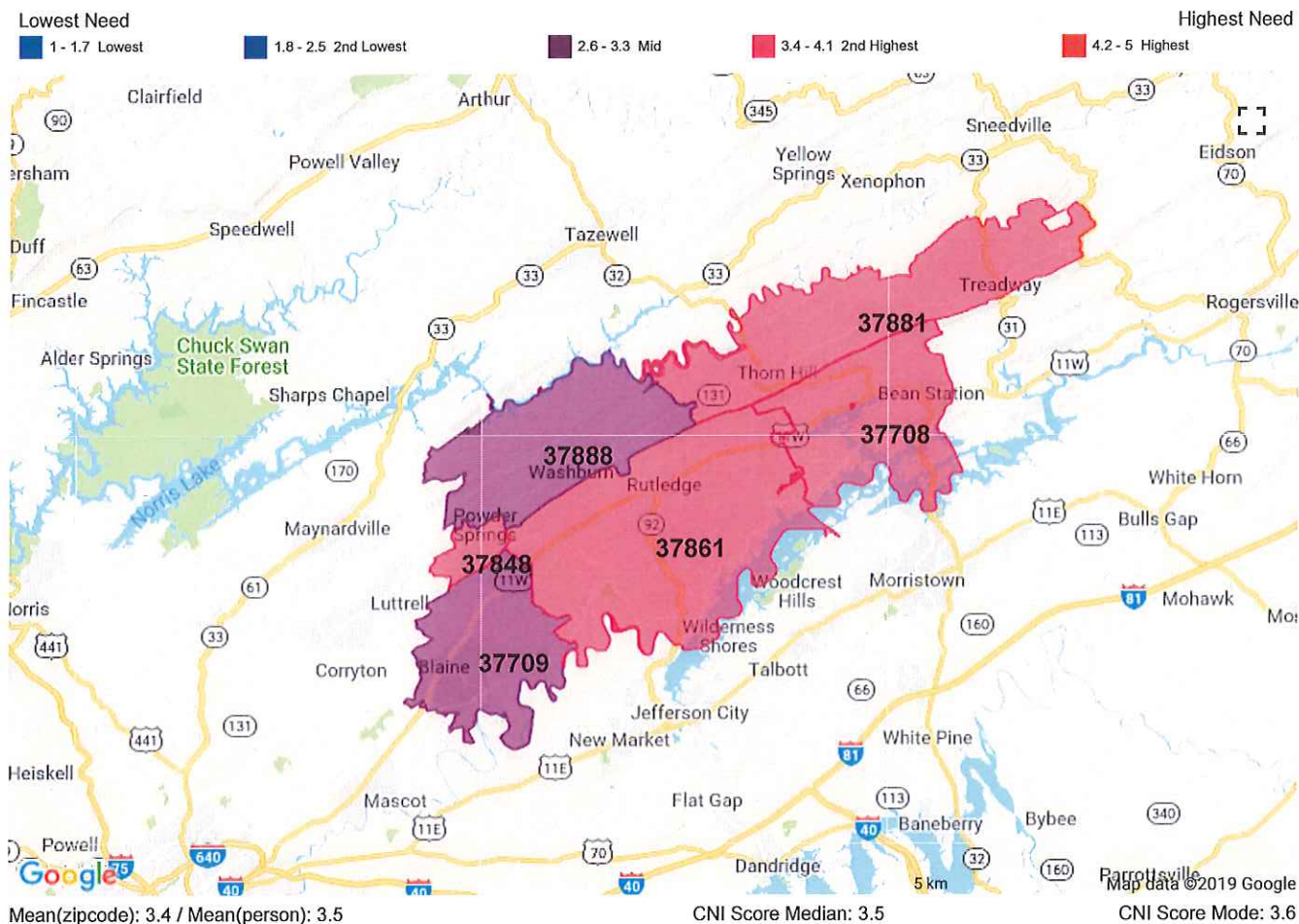
Zip Code	CNI Score	Population	City	County	State
37708	3.6	6743	Bean Station	Grainger	Tennessee
37709	2.8	3756	Blaine	Grainger	Tennessee
37848	3.4	376	Powder Springs	Grainger	Tennessee
37861	3.8	8522	Rutledge	Grainger	Tennessee
37881	3.6	2129	Thorn Hill	Grainger	Tennessee
37888	3.2	2826	Washburn	Grainger	Tennessee

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Lowest 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

Highest Need

Mean(zipcode): 3 / Mean(person): 3.2   CNI Score Median: 3   CNI Score Mode: 3.2

Zip Code	CNI Score	Population	City	County	State
37723	3.2	933	Crab Orchard	Cumberland	Tennessee
38555	4.4	18988	Crossville	Cumberland	Tennessee
38558	1.6	8611	Crossville	Cumberland	Tennessee
38571	3.2	14131	Crossville	Cumberland	Tennessee
38572	2.6	12005	Crossville	Cumberland	Tennessee
38578	2.8	43	Pleasant Hill	Cumberland	Tennessee

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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): 3.6 / Mean(person): 4.1   CNI Score Median: 3.2   CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
■ 37813	4.8	17813	Morristown	Hamblen	Tennessee
■ 37814	4.2	33734	Morristown	Hamblen	Tennessee
■ 37860	3	4375	Russellville	Hamblen	Tennessee
■ 37877	3	8672	Talbott	Hamblen	Tennessee
■ 37891	3.2	3752	Whitesburg	Hamblen	Tennessee

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Lowest 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 |

Highest Need
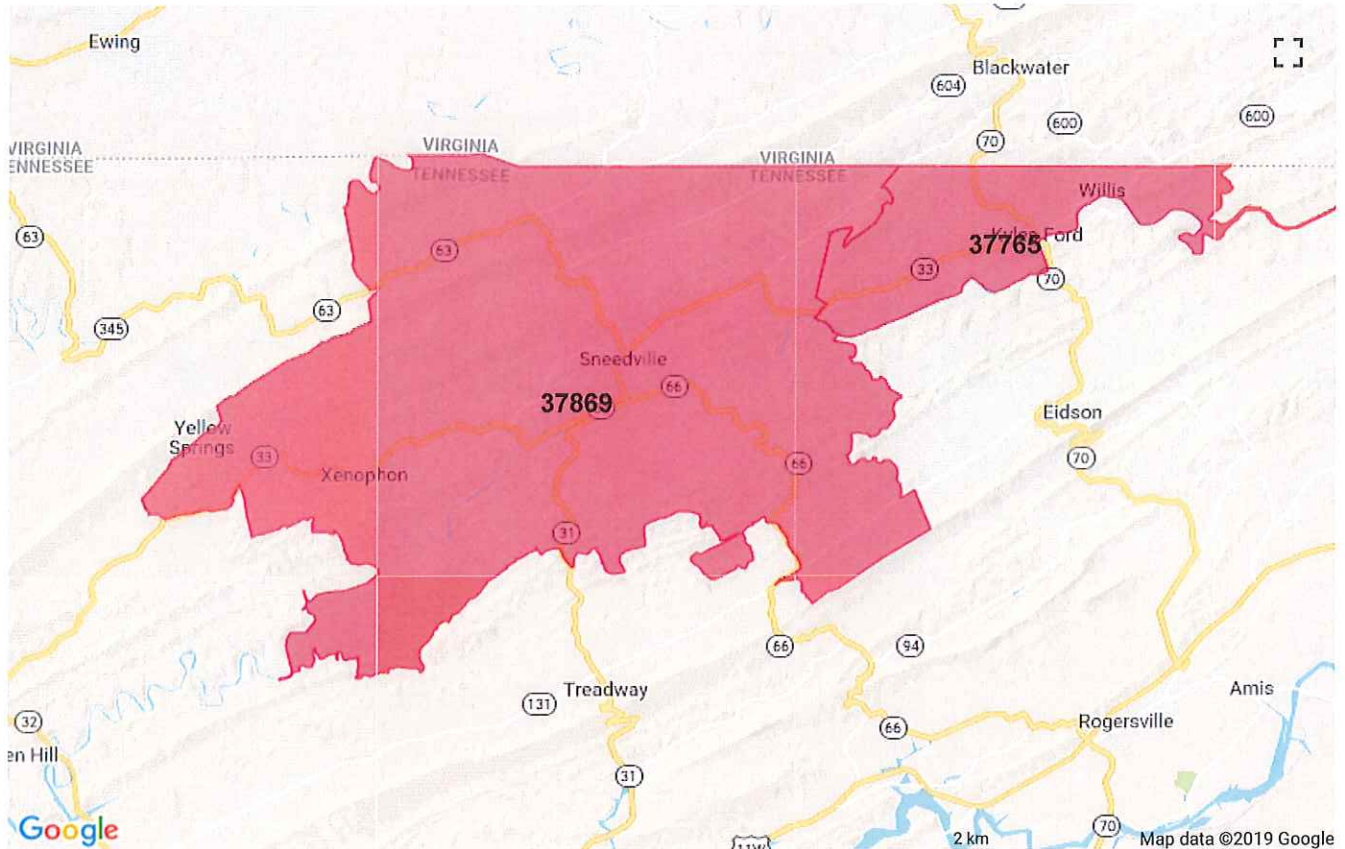
Mean(zipcode): 3.8 / Mean(person): 4   CNI Score Median: 3.8   CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
▇ 37765	3.6	460	Kyles Ford	Hancock	Tennessee
▇ 37869	4	5009	Sneedville	Hancock	Tennessee

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	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): 3.5 / Mean(person): 3.7   CNI Score Median: 3.6   CNI Score Mode: 3.2
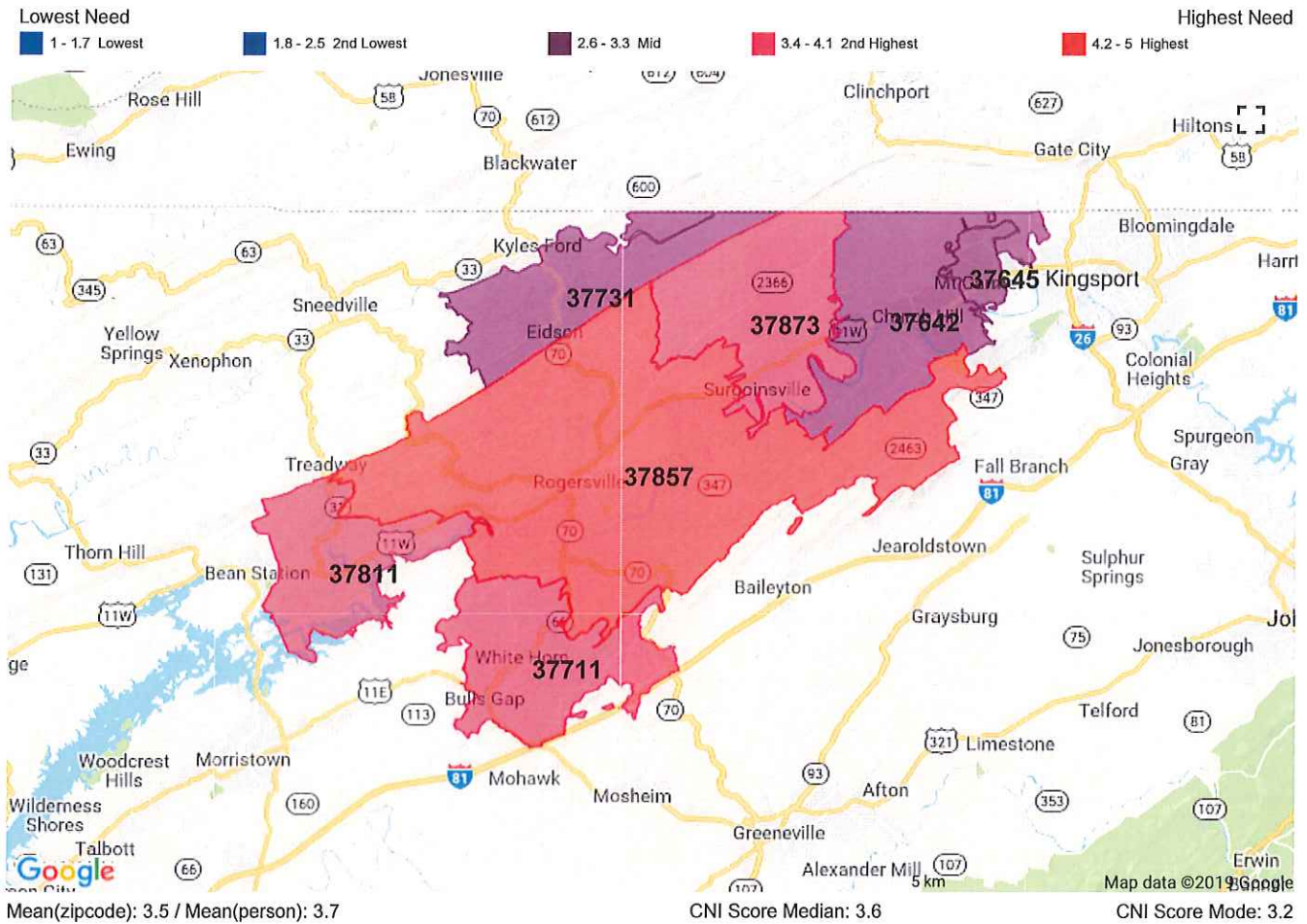
Zip Code	CNI Score	Population	City	County	State
■ 37642	3.2	14624	Church Hill	Hawkins	Tennessee
■ 37645	3.2	5854	Mount Carmel	Hawkins	Tennessee
■ 37711	3.8	5053	Bulls Gap	Hawkins	Tennessee
■ 37731	3	758	Eidson	Hawkins	Tennessee
■ 37811	3.4	3432	Mooresburg	Hawkins	Tennessee
■ 37857	4.2	20511	Rogersville	Hawkins	Tennessee
■ 37873	3.6	4208	Surgoinsville	Hawkins	Tennessee

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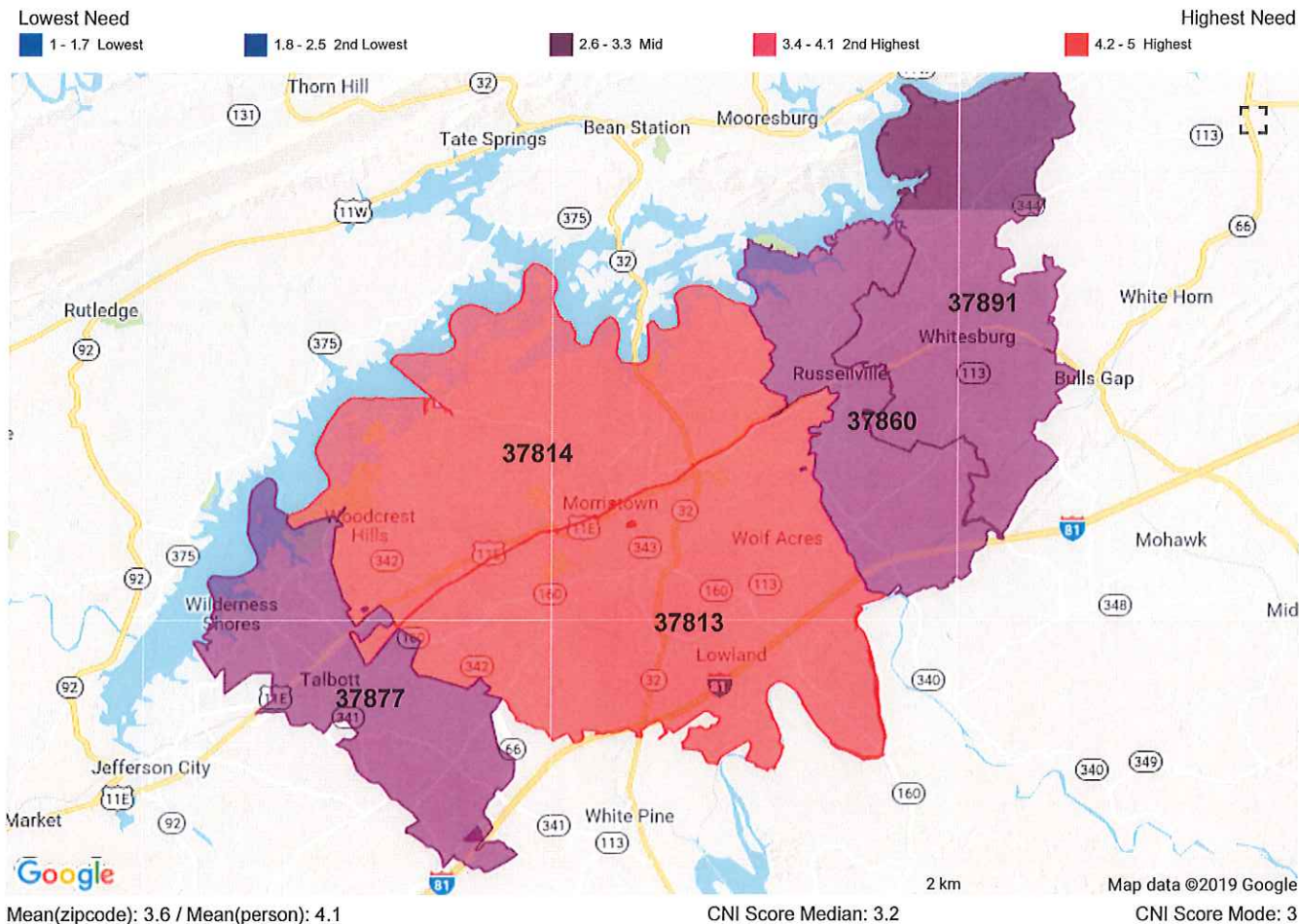| Lowest Need				Highest Need
■ 1 - 1.7 Lowest	■ 1.8 - 2.5 2nd Lowest	■ 2.6 - 3.3 Mid	■ 3.4 - 4.1 2nd Highest	■ 4.2 - 5 Highest

Mean(zipcode): 3.6 / Mean(person): 3.5   CNI Score Median: 3.6   CNI Score Mode: 3.6
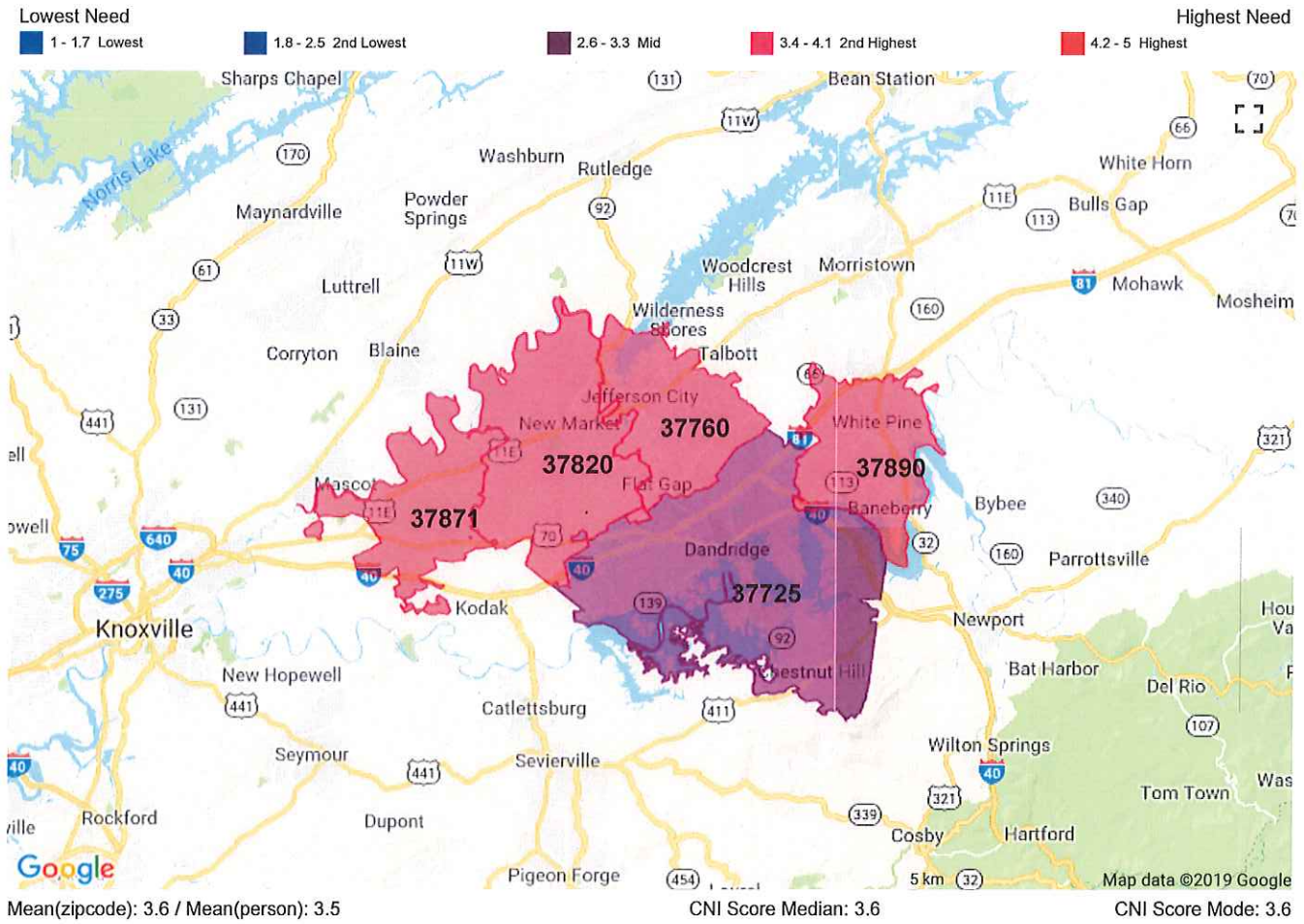
Zip Code	CNI Score	Population	City	County	State
■ 37725	3.2	18270	Dandridge	Jefferson	Tennessee
■ 37760	3.8	13548	Jefferson City	Jefferson	Tennessee
■ 37820	3.6	7727	New Market	Jefferson	Tennessee
■ 37871	3.6	9395	Strawberry Plains	Jefferson	Tennessee
■ 37890	3.8	6834	White Pine	Jefferson	Tennessee

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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): 3.1 / Mean(person): 3   CNI Score Median: 3.3   CNI Score Mode: None
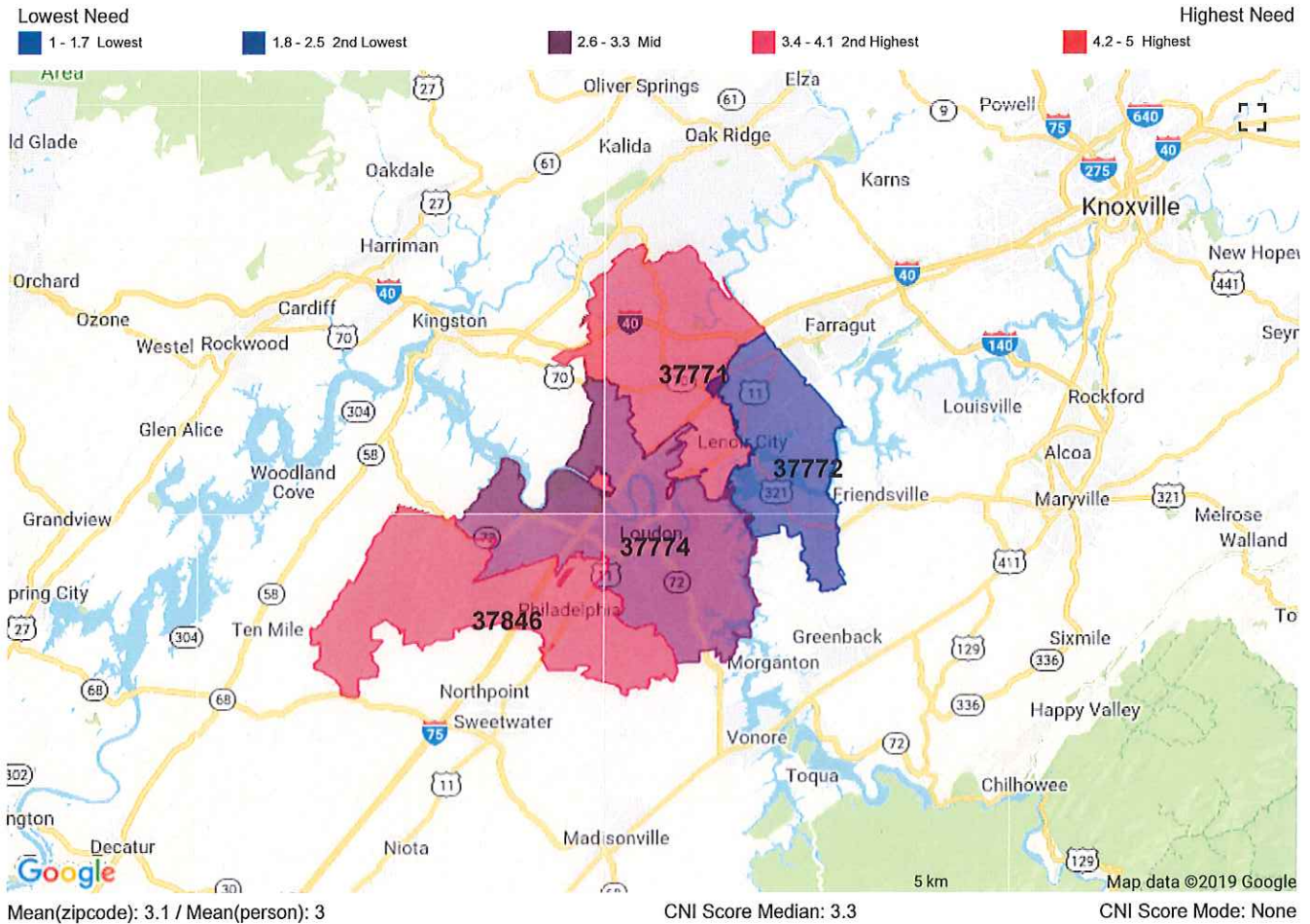
Zip Code	CNI Score	Population	City	County	State
■ 37771	3.8	16228	Lenoir City	Loudon	Tennessee
■ 37772	2	12419	Lenoir City	Loudon	Tennessee
■ 37774	2.8	19722	Loudon	Loudon	Tennessee
■ 37846	3.8	5075	Philadelphia	Loudon	Tennessee

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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): 3.8 / Mean(person): 4   CNI Score Median: 3.9   CNI Score Mode: None
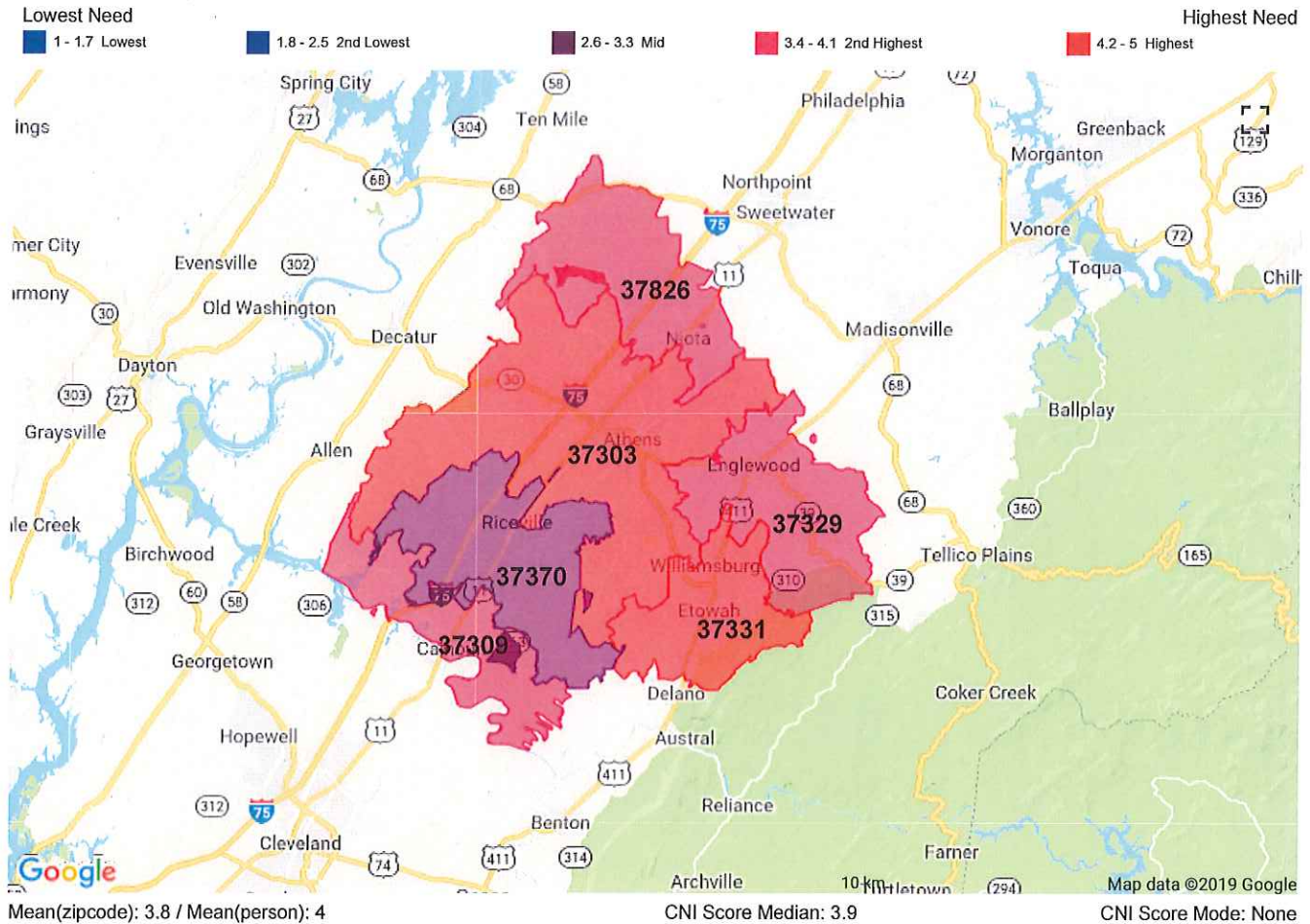
Zip Code	CNI Score	Population	City	County	State
■ 37303	4.2	26066	Athens	Mcminn	Tennessee
■ 37309	3.8	2107	Calhoun	Mcminn	Tennessee
■ 37329	4	5396	Englewood	Mcminn	Tennessee
■ 37331	4.4	7551	Etowah	Mcminn	Tennessee
■ 37370	3.2	4823	Riceville	Mcminn	Tennessee
■ 37826	3.4	4741	Niota	Mcminn	Tennessee

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HEALTH ANALYTICS

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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 |
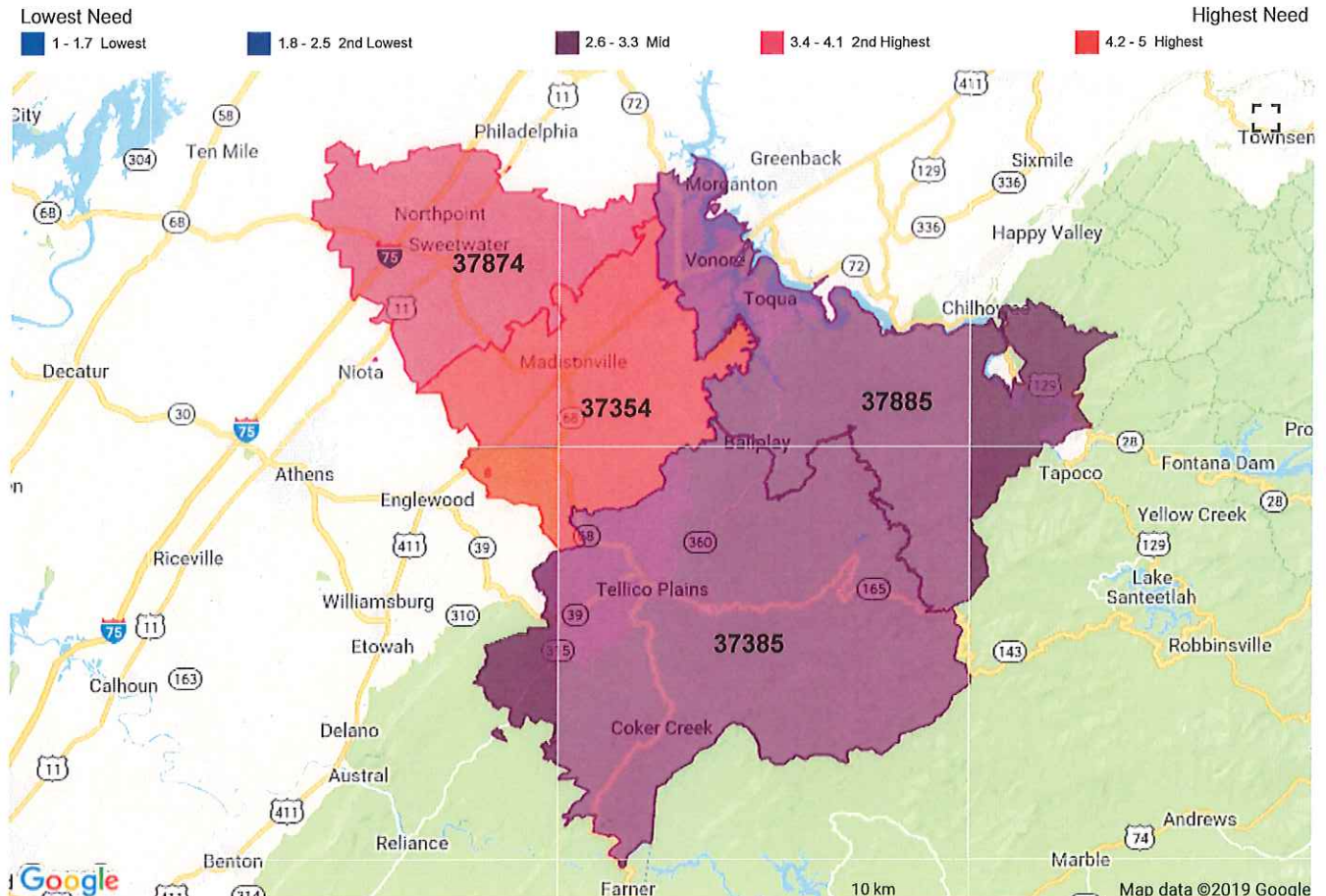
Mean(zipcode): 3.6 / Mean(person): 3.8   CNI Score Median: 3.6   CNI Score Mode: 3.2

Zip Code	CNI Score	Population	City	County	State
■ 37354	4.2	17272	Madisonville	Monroe	Tennessee
■ 37385	3.2	8045	Tellico Plains	Monroe	Tennessee
■ 37874	4	15324	Sweetwater	Monroe	Tennessee
■ 37885	3.2	5806	Vonore	Monroe	Tennessee

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

Zip Code	CNI Score	Population	City	County	State
■ 37726	3.6	2013	Deer Lodge	Morgan	Tennessee
■ 37770	3	2724	Lancing	Morgan	Tennessee
■ 37829	3.4	1738	Oakdale	Morgan	Tennessee
■ 37872	2.8	2088	Sunbright	Morgan	Tennessee
■ 37887	4.2	7016	Wartburg	Morgan	Tennessee

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Lowest Need   Highest Need

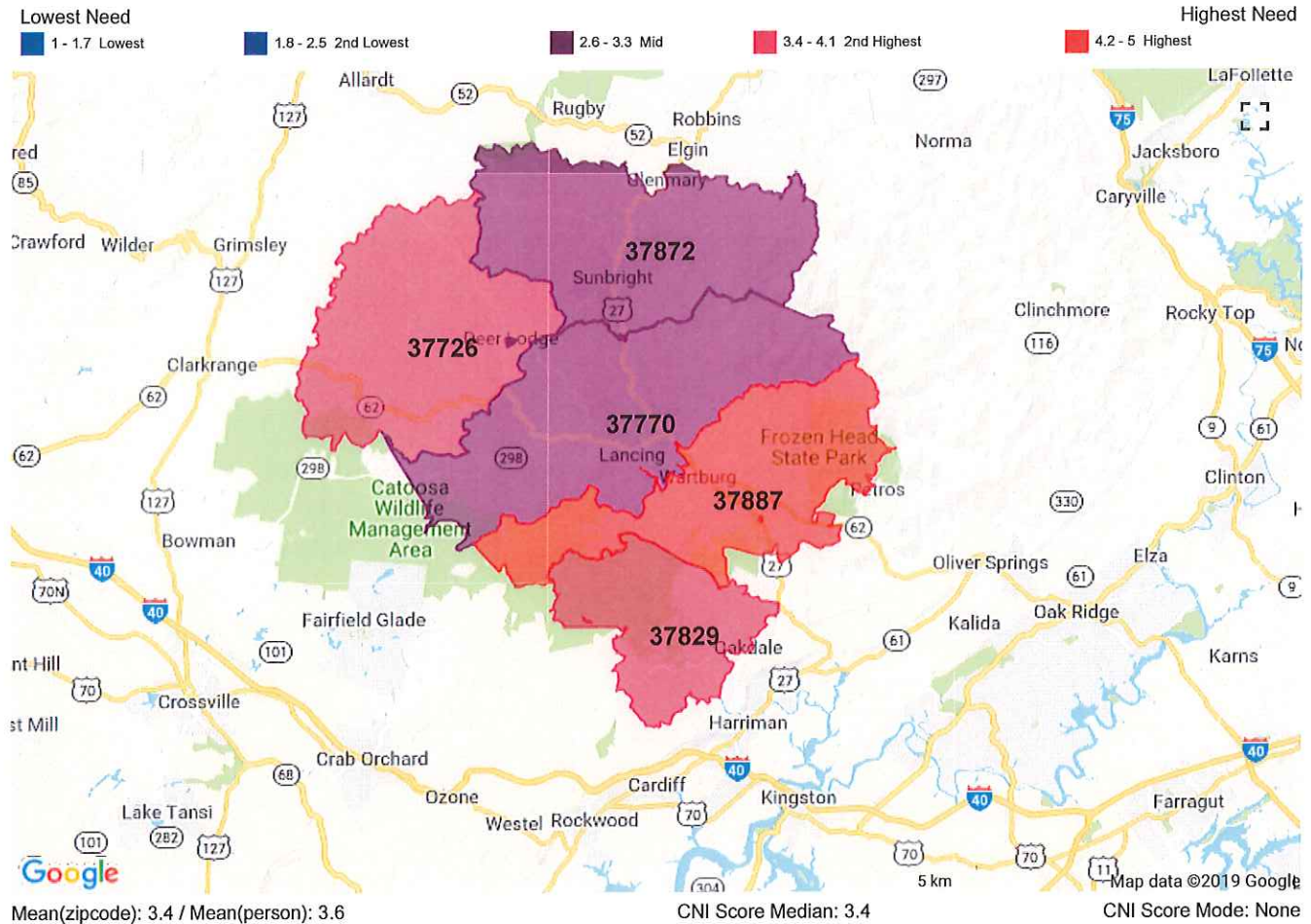| ■ 1 - 1.7 Lowest | ■ 1.8 - 2.5 2nd Lowest | ■ 2.6 - 3.3 Mid | ■ 3.4 - 4.1 2nd Highest | ■ 4.2 - 5 Highest |
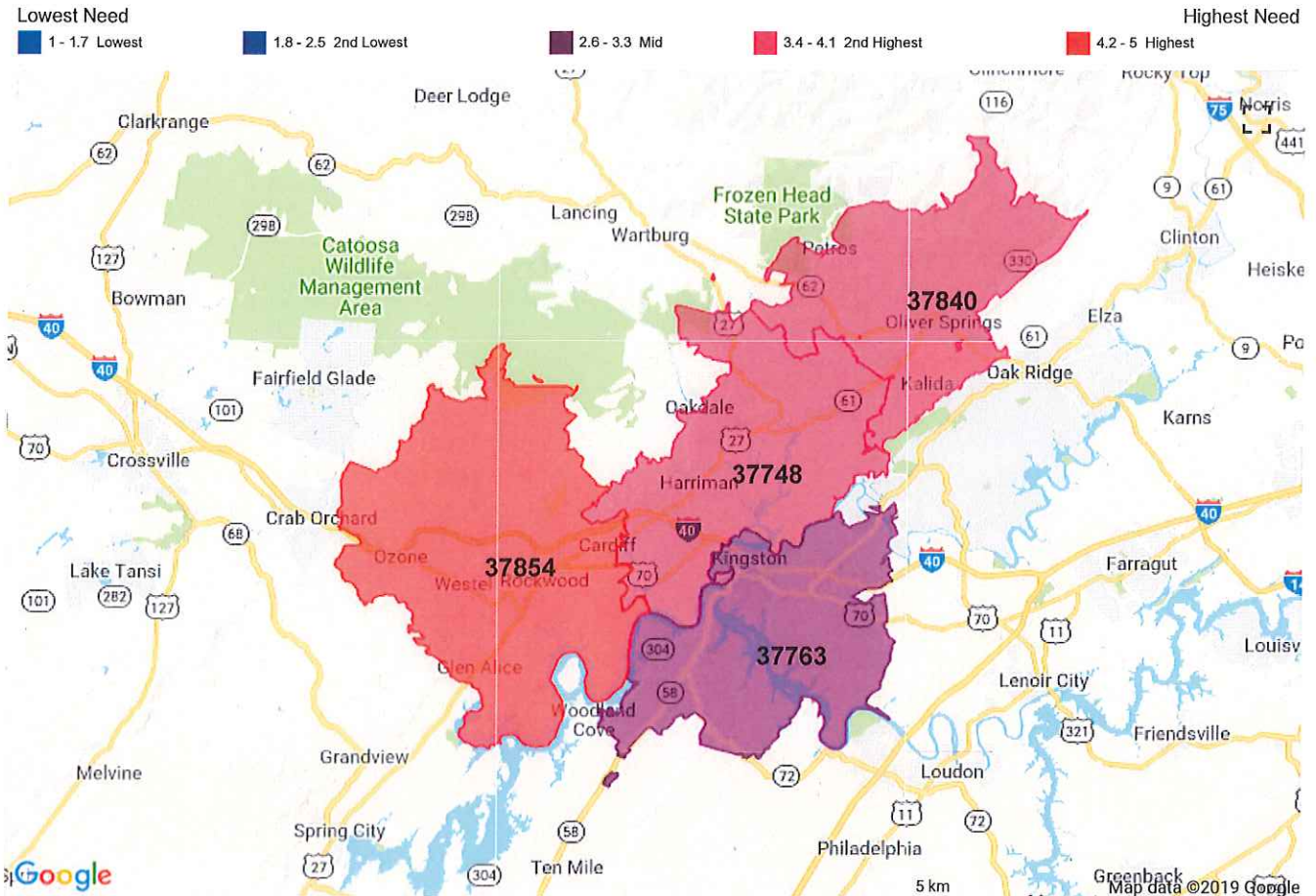
Mean(zipcode): 3.8 / Mean(person): 3.7   CNI Score Median: 3.8   CNI Score Mode: 3.8

Zip Code	CNI Score	Population	City	County	State
37748	3.8	17058	Harriman	Roane	Tennessee
37763	3.2	15306	Kingston	Roane	Tennessee
37840	3.8	10145	Oliver Springs	Roane	Tennessee
37854	4.2	12694	Rockwood	Roane	Tennessee

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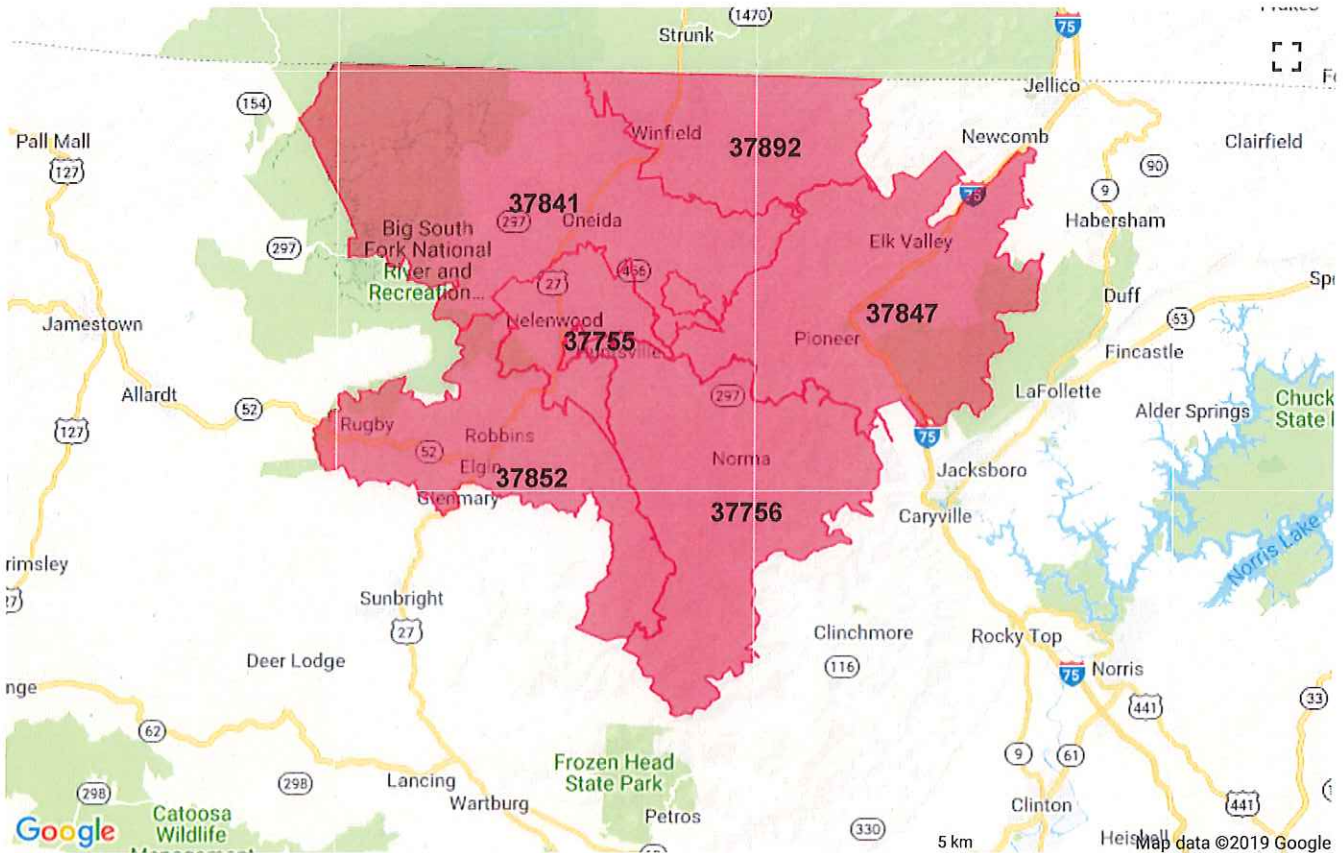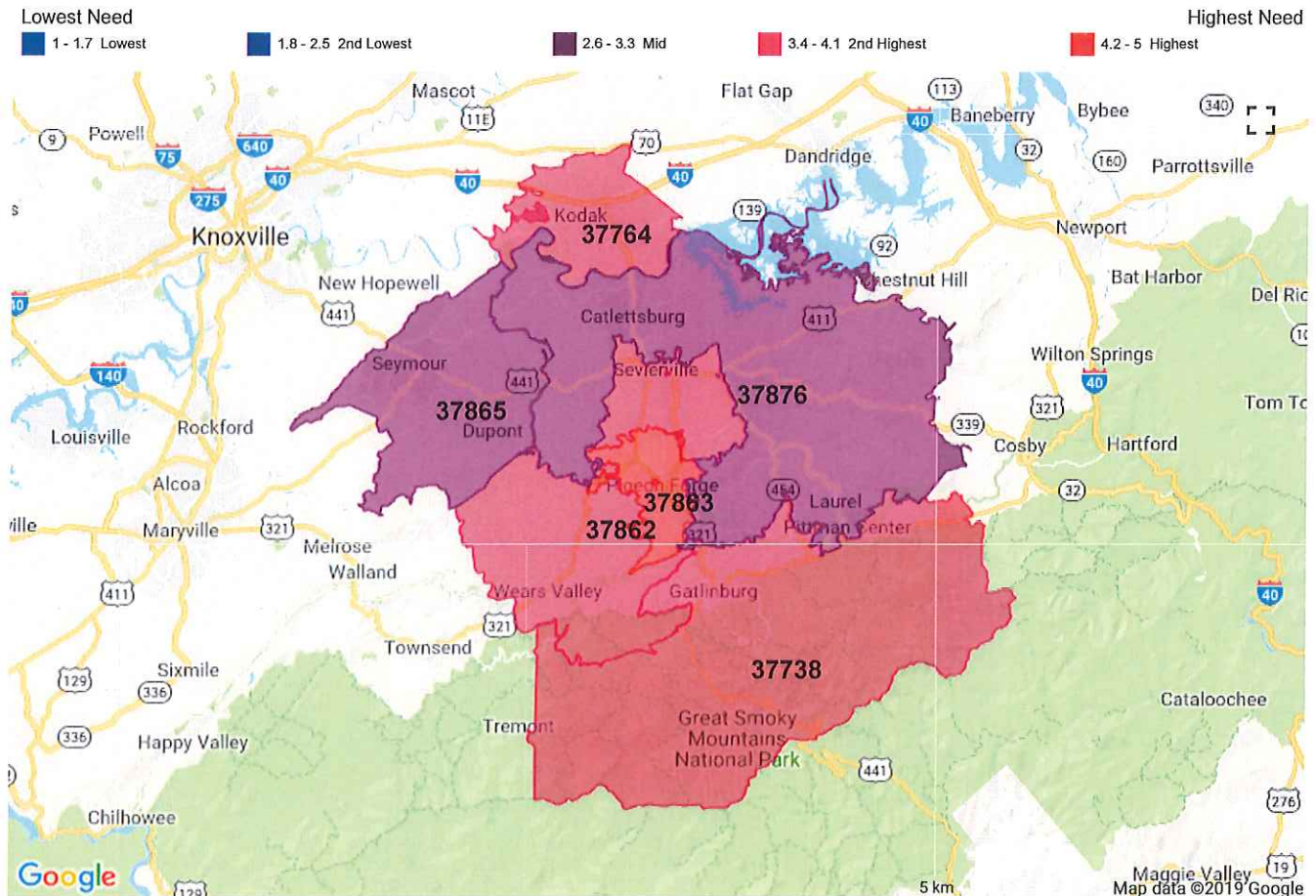| Lowest Need				Highest Need
■ 1 - 1.7 Lowest	■ 1.8 - 2.5 2nd Lowest	■ 2.6 - 3.3 Mid	■ 3.4 - 4.1 2nd Highest	■ 4.2 - 5 Highest

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

	Zip Code	CNI Score	Population	City	County	State
■	37755	4	3407	Helenwood	Scott	Tennessee
■	37756	3.6	2900	Huntsville	Scott	Tennessee
■	37841	3.8	9496	Oneida	Scott	Tennessee
■	37847	3.6	2596	Pioneer	Scott	Tennessee
■	37852	3.4	2755	Robbins	Scott	Tennessee
■	37892	3.8	1981	Winfield	Scott	Tennessee

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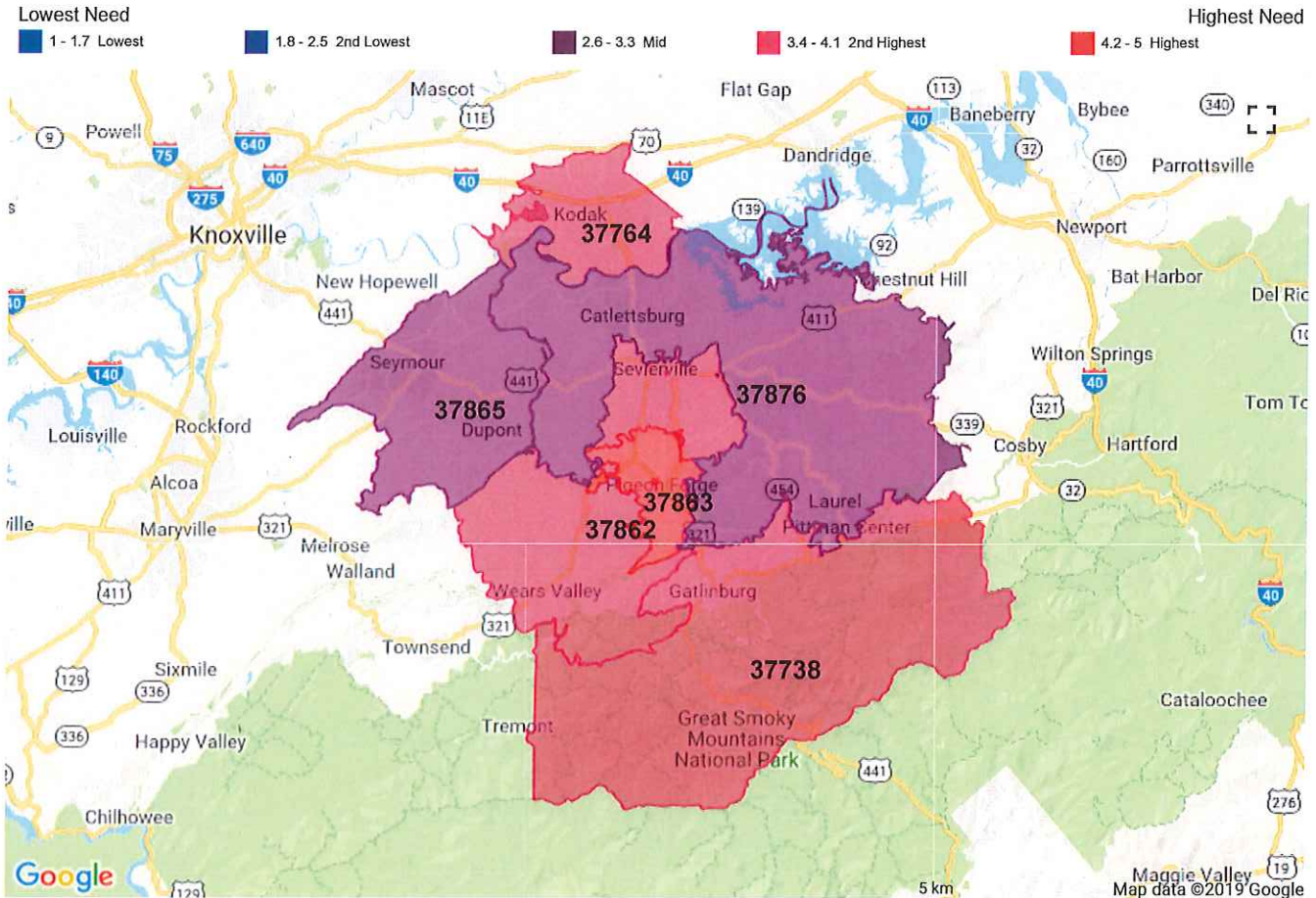| | 1 - 1.7 Lowest | | 1.8 - 2.5 2nd Lowest | | 2.6 - 3.3 Mid | | 3.4 - 4.1 2nd Highest | | 4.2 - 5 Highest |

Mean(zipcode): 3.6 / Mean(person): 3.5 · CNI Score Median: 3.4 · CNI Score Mode: 3.4

Zip Code	CNI Score	Population	City	County	State
37738	3.4	6375	Gatlinburg	Sevier	Tennessee
37764	3.4	9897	Kodak	Sevier	Tennessee
37862	4	22470	Sevierville	Sevier	Tennessee
37863	4.6	6923	Pigeon Forge	Sevier	Tennessee
37865	3	22392	Seymour	Sevier	Tennessee
37876	3.2	32861	Sevierville	Sevier	Tennessee

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

Zip Code	CNI Score	Population	City	County	State
37738	3.4	6375	Gatlinburg	Sevier	Tennessee
37764	3.4	9897	Kodak	Sevier	Tennessee
37862	4	22470	Sevierville	Sevier	Tennessee
37863	4.6	6923	Pigeon Forge	Sevier	Tennessee
37865	3	22392	Seymour	Sevier	Tennessee
37876	3.2	32861	Sevierville	Sevier	Tennessee

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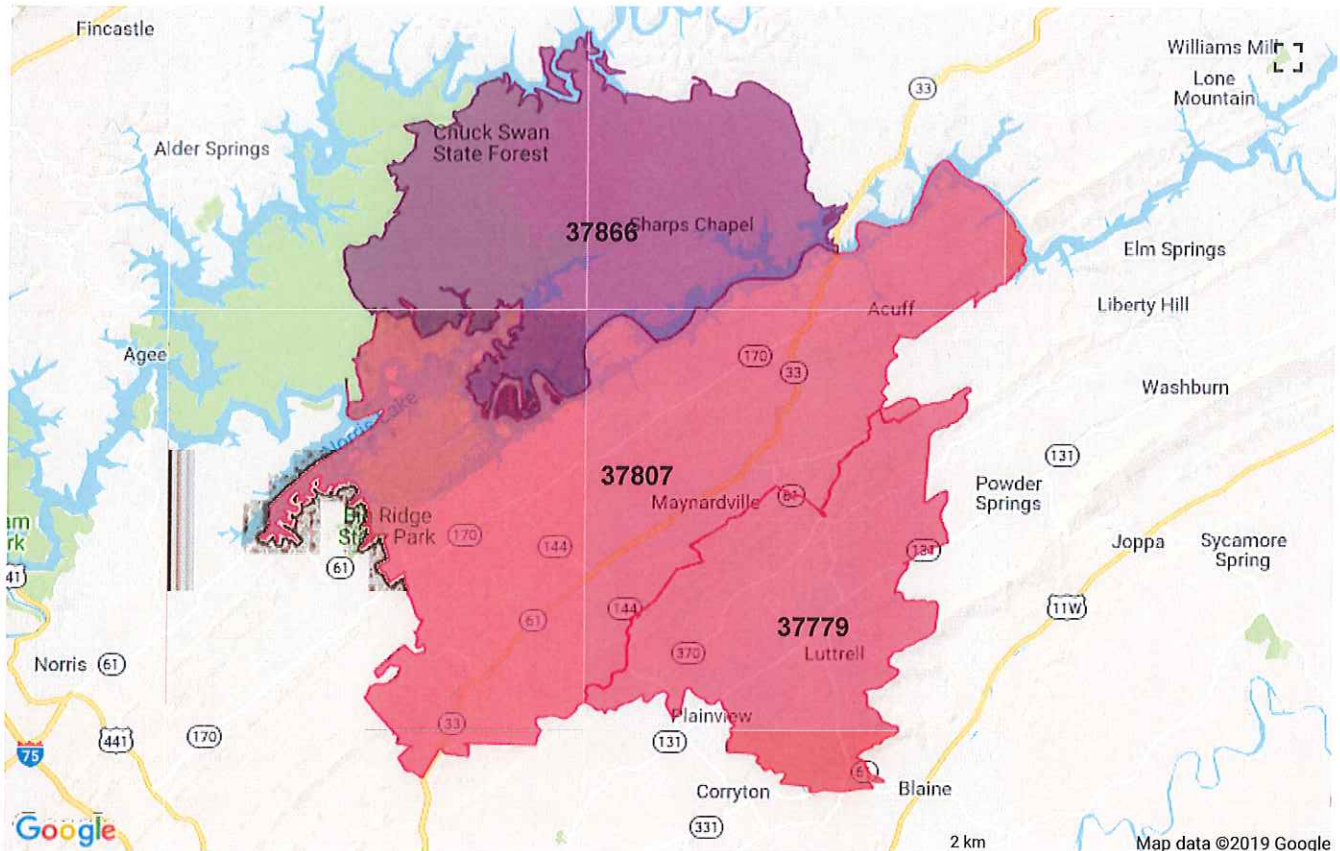| Lowest Need				Highest Need
■ 1 - 1.7 Lowest	■ 1.8 - 2.5 2nd Lowest	■ 2.6 - 3.3 Mid	■ 3.4 - 4.1 2nd Highest	■ 4.2 - 5 Highest

Mean(zipcode): 3.5 / Mean(person): 3.7   CNI Score Median: 3.8   CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
■ 37779	3.6	4040	Luttrell	Union	Tennessee
■ 37807	3.8	9757	Maynardville	Union	Tennessee
■ 37866	3	1770	Sharps Chapel	Union	Tennessee

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