CATHOLIC HEALTH INITIATIVES

Memorial Health Care System

Community Benefit Plan
2013-2016

Memorial Health Care System Community Benefit Plan
2013 – 2016

Introduction:

Memorial Health Care System is a not-for-profit, faith based healthcare organization dedicated to the healing ministry of the Church. Founded over 60 years ago by the Sisters of Charity of Nazareth and strengthened as part of Catholic Health Initiatives, it offers a continuum of care including preventive, primary and acute hospital care, as well as cancer and cardiac care, orthopedic and rehabilitation services.

> "The mission of Memorial Health Care System and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life and viability in the 21st century.
>
> "Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities."

Dedicated to this long commitment to the Chattanooga community by the Sisters of Charity of Nazareth and the legacy of the sisters, the leadership of Memorial embraces the call and the challenge to carry on this ministry today and in to the future.

An essential part of this call to serve includes being attuned to the needs of the community around us in service to all who are in need regardless of their economic status. MHCS routinely provides care to people who have no insurance and cannot pay or whose insurance does not cover the full cost of their care. We emphasize health promotion, chronic disease prevention and management, especially for those vulnerable and underserved populations.

Memorial strives to continuously learn more about our community and its needs so as to respond more appropriately and effectively in the services we provide.

Commitment:

Rooted in our philosophy and our mission, Memorial exemplifies its commitment to Community Benefits in the following ways:

- The Mission statement and Core Values guides Memorial to reverence the human dignity of each person and to promote healthy communities.
- The existence of the Community Benefits Steering Committee which consists of the President's Council members.
- The existence of our policy on Community Benefits which is approved by our Board of Directors.
- Our Charity Care Policy which includes billing and collections and takes in to account the challenges and struggles of our marginalized population.
- The existence of our Charity Care Committee which reviews and scrutinizes special needs situations.
- The collaboration with the OCHS center to work with us to research data and compile a formal Community Health Needs Assessment every 3 years.

- Memorial plays a Leadership role in two significant Healthy Communities Initiatives which in partnership with our local surrounding neighborhoods have addressed health issues such as obesity, hypertension, diabetes and violence prevention.
- Two primary clinics provide health care services to the uninsured and underinsured in the Chattanooga area.

Approach:

In 2010, Memorial Health Care System engaged the OCHS Center to assist in conducting a formal Community Needs Assessment and have been engaged in 2013 to help reassess the health needs of the community to help identify the disproportionate unmet health needs in the community we serve. The OCHS Center completed the second Community Health Needs Assessment on March 1, 2013. The following sources were utilized to gather the data:

- Memorial Health Care System data to determine service area
- Tennessee Department of Health
- Georgia Department of Public Health
- www.countyhealthrankings.org
- www.CHNA.org from Community Commons
- CDC and the National Vital Statistics Database
- The Commonwealth Fund's Scorecard on Local Health System Performance
- Dignity Health's Community Needs Index

Description of the Community We Serve:

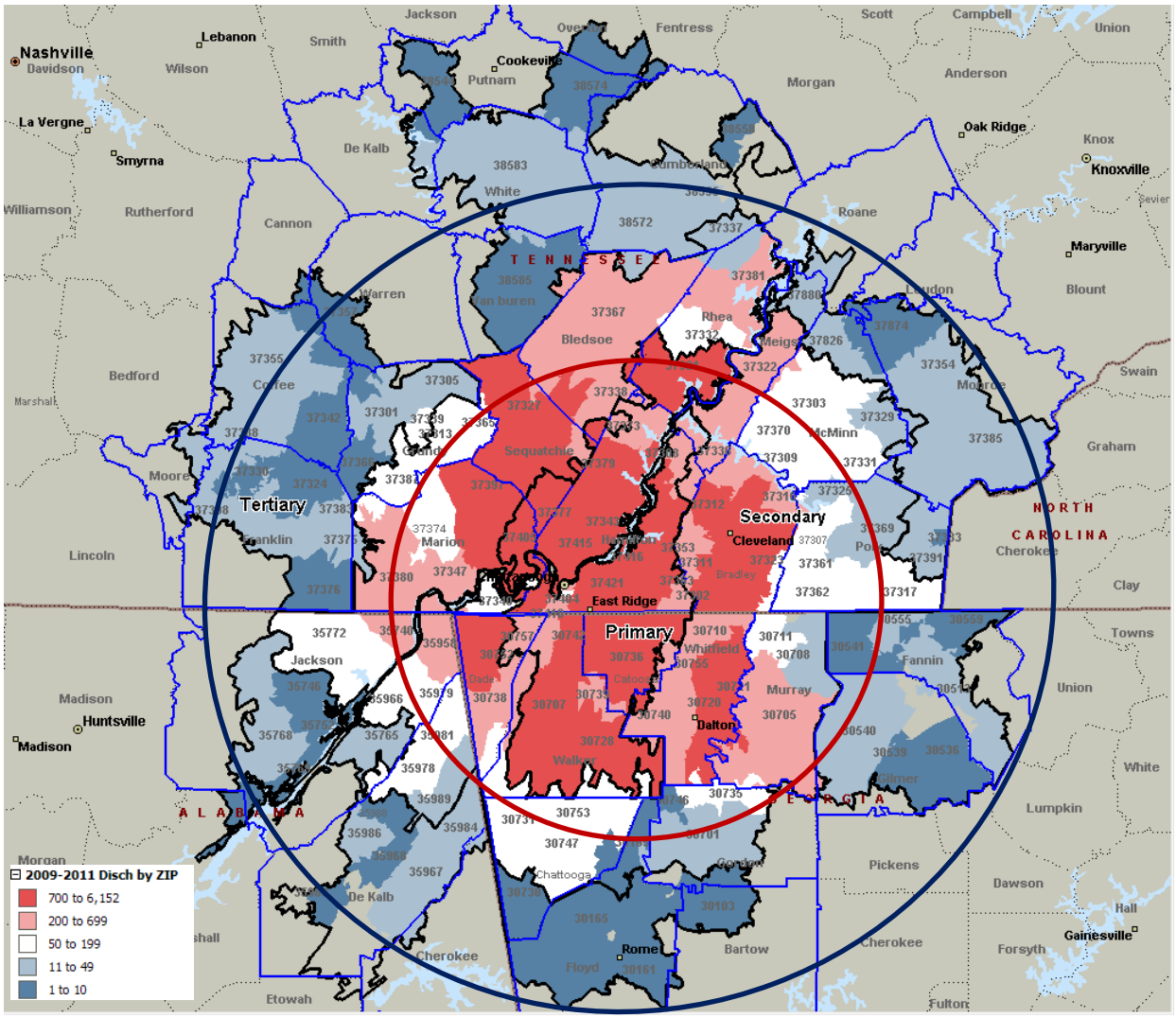
In an effort to better understand our region's health status and needs, Memorial engaged the Ochs Center in late 2009 to analyze the eight-county region that Memorial serves. This study provided us with an in-depth look at the changing population, access to healthcare, disease disparities in our region compared to the state and nation, etc. While the report gave significant insight, it did not provide information about the existing services that address community needs.

Service Area Definition:

For purposes of this report the service area includes Bradley and Hamilton counties in Tennessee and Catoosa, Dade, Walker, and Whitfield counties in Georgia. Together these account for 85 percent of MHCS discharges from 2009 to 2011. Defining the service area by counties is consistent with current health data availability, much of which is reported at the county level.

Figure one is a map of the region with the number of MHCS discharges in red. Most of these fall within the above mentioned counties. Hamilton County, the most populous county, accounts for 56.7 percent of the total of MHCS discharges from 2009 to 2011.

Figure 1: MHCS Service Area: 2009-2011 Discharges by Zip Code



Source: Memorial Health Care System discharge data
Red Circle (Primary) approximately 35 mile radius
Blue Circle (Secondary and Tertiary) approximately 70 mile radius

Demographics:

Key points:

- Hamilton County comprises nearly 50 percent of the six county population total and is more racially and ethnically diverse than the other counties
- Whitfield County has a much larger Hispanic/Latino population than the other counties
- The Hispanic/Latino population has more than doubled between 2000 and 2010
- The median age has increased in all of the counties between 2000 and 2010 as has the percentage of the population over 65 years of age.

- Health needs related to disparities are most concentrated in Hamilton and Whitfield County, while those related to aging would be in all of the counties.

Population and Racial Composition

Approximately 688,000 people reside within the six-county MHCS region. Hamilton County is the most populous county in the region, with approximately 336,463 residents. In the region 81% are white, 11.7% are black, and 8% are Hispanic with the majority of *Hispanics living in Whitfield County. In Whitfield County, approximately 32% of the 103,000 residents are Hispanic.*

MHCS serves a community that is predominately white but contains some areas comprised of relatively large percentages of African Americans and Hispanics/Latinos. It is important to consider health care issues within these two groups. Hispanics/Latinos, for example, are known to have higher rates of diabetes, obesity, and HIV, among other conditions.[1] Mayans, which comprise a large segment of the Guatemalan population, have been found to have a difficult time navigating the United States Health Care System and fail to access such basic services as childhood immunizations.[2] African Americans experience higher rates of several cancers as well as diabetes.[3] It is also important to consider the needs of an older population since the number of older individuals is increasing in most of the counties. Finally, disparities related to income are also likely to exist among minority populations.

Figure 2: Population by Race by County

Race	Catoosa	Dade	Walker	Whitfield	Bradley	Hamilton	Total
Total	63,942	16,633	68,756	102,599	98,963	336,463	687,356
White (Alone)	59,845	15,973	63,918	78,623	89,386	248,716	556,461
Black (Alone)	1,392	145	2,829	3,845	4,219	67,900	80,330
Asian (Alone)	783	118	297	1,330	837	5,912	9,277
Am. Indian and Alaska (Alone)	212	200	182	658	330	1,165	2,747
Hispanic (Any Race)	1,469	292	1,113	32,471	4,664	14,993	55,002
Other	621	96	421	15,429	2,368	6,797	25,732

Figure 3: Household Income by Race by County

Race/Ethnicity	Catoosa	Dade	Walker	Whitfield	Bradley	Hamilton
Total	$46,544	$39,760	$38,723	$42,345	$40,032	$45,408
White (Alone)	$46,840	$39,750	$39,120	$43,230	$40,400	$51,548
Black or African American	$35,635	NA	$27,604	$32,478	$36,573	$26,787
Hispanic or Latino Origin (of any race)	$71,121	NA	$26,964	$35,160	$36,046	$28,519

Source: US Census Bureau, 2006-2010 American Community Survey 5-Year Estimates

Aging Population:

The region's over-65 population is growing at a faster pace than the nation. Between 2000 and 2010, the number of 65 and older residents in the region grew by 23% versus _____% nationwide. Of the seven community hospitals in Hamilton County, MHCS hospitals are the hospital of choice for seniors—_____% of all Medicare inpatient admissions and _____% of Medicare outpatient visits in 2012 were to Memorial and Memorial Hixson hospitals.

Access to Hospitals:

Key Points:

- The Georgia counties tend to have higher percentages of uninsured individuals than those of the nation, while the Tennessee counties are lower
- The Hispanic/Latino population's percentage of uninsured is more than twice that of other groups in the region
- Whitfield County's percentage of uninsured is also twice that of the region. Its percentage of Medicaid recipients is also highest among the six counties
- In Catoosa, Walker, and Hamilton County, African Americans are also more likely to be uninsured

Identification of Community Health Needs:

The Community Needs Assessment of 2010 showed the following as significant health issues within our community: health care access, heart disease, cancer, stroke, chronic lower respiratory diseases, diabetes, Alzheimer's disease, smoking, obesity, hypertension, high cholesterol, and violence (violent crimes and domestic violence).

The updated Community Health Needs Assessment of March, 2013 revealed that some of the same health issues continue to be a concern for our community while surfacing a few differences from the assessment of three years ago. The recent assessment listed the following as major health issues of the community we serve:

Key Points:

- Cardiovascular Health – Heart disease is the leading causes of death in all of the counties. Mortality rates for heart disease are also significantly higher in the area. Rates are consistent with high risk factor percentages related to obesity, diet, smoking, and exercise.
- Cancer – Cancer is the second leading cause of death in the counties, and most of the counties have higher rates than those of the nation. Rates for breast and lung cancer are especially high.
- Respiratory Disease – This is the third leading cause of death in the counties. All are higher than the national rate. This is consistent with the smoking rate.
- Diabetes – Mortality rates and prevalence rates are high for diabetes, which contributes to heart disease.
- Low Birth Weight Infants – The rates for the area remain high, especially for Hamilton County.
- Risk Factors – Risk factors are high for obesity, smoking, diet, and exercise. These are factors that contribute to heart disease, diabetes, cancer, and infant health. Poor dental health is also a risk factor for other diseases.
- Minority Health – African American mortality rates for heart disease, cancer (especially prostate and breast cancer) are high. Diabetes mortality rates for African Americans are more than three times that of Whites in Hamilton County, and rates for low birth weight infants are twice that of whites.
- Hispanic/Latino Health – The growing Hispanic/Latino population will bring about new health needs. Currently Whitfield County has a higher percentage of diabetes, which is consistent with the higher percentage of Hispanics/Latinos in the community. This group also has a high rate of being uninsured, which indicates access issues.

Figure 4: Community Health Needs for Region

Need	Factors	Communities
Heart Disease	Obesity, smoking, diet and exercise,	High in region; high among African Americans
Cancer	Obesity, smoking, diet and exercise	High in region; breast and prostate high among African Americans
Respiratory	Smoking rate	Mortality rates higher for whites
Diabetes	Obesity, diet, and exercise	High in region; especially high in African Americans; known risk factor for Hispanics/Latinos
Poor Dental Health	Socio-economic factors	Unknown
Low Birth Weight Infants	Obesity, smoking, diet, and exercise. Lack of prenatal care	High in region; especially among African Americans

Health Care Access	Uninsured rate	Especially high for Hispanic/Latinos. Somewhat high for African Americans.
Aging population	Increases in this demographic	Increasing except for Hispanic/Latino population
Violence	Various socioeconomic issues	Hamilton and Bradley County

Geographic Focus

Since much of the available health data is at the county level, it is difficult to determine specific health needs at the neighborhood level. However, there has been some effort to use other measures as proxies at the zip code level. Catholic Healthcare West/Dignity Health has created a Community Needs Index (CNI) designed to identify areas where health disparities may exist. The CNI develops a score from 1 to 5 based upon barriers related to income, culture, education, insurance, and housing. Dignity Health reports a 95.5 percent correlation between higher CNI scores and hospitalization rates. The specific measures are Income (Elderly Poverty, Child Poverty, Single Parent Poverty), Cultural (Non-Caucasian, Limited English), Education (without High School Diploma), Insurance (Unemployed, Uninsured) and Housing (Renting). For more information about the CNI, see www.dignityhealth.org/cni.

Attachment B lists the CNI scores for the six county area. Consistent with the information already presented, the highest scores are in Chattanooga's urban core with Whitfield County also having three zip codes scoring relatively high.

The zip codes in Chattanooga with the highest scores are 37402-37412 and 37416. This comprises much of the "river to ridge" area in the city. Seventy-three percent of MHCS' total of 7,046 African American discharges was from these zip codes.

Hamilton County is a regional health care center. Health care resources in the six-county region are disproportionately located in Hamilton County. Hamilton County, which comprises approximately 50% of the region's population, has 70% of the region's hospital beds, 76% of its primary care physicians, and 80% of its specialty care physicians.

Health Status:

The six-county region included in the Ochs report generally has poorer health outcomes than the nation as a whole as demonstrated by higher mortality rates for chronic diseases. Within the region, mortality rates for heart disease and respiratory disease exceed the national rates in all six counties. Cancer and diabetes mortality rates exceed the national rate in four of the six counties. Mortality rates for stroke exceed national rates in Whitfield and Hamilton County.

Response to Unmet Community Health Needs:

Figure 5: In 2010, the following health issues were addressed by Memorial Health Care System:

1.Education and monitoring of major health issues: obesity, hypertension, diabetes, heart disease	Through our Faith Community Nurse program nurses identified and tracked the number of contacts related to any/all of the major health issues they addressed within congregations.
2. Access to health care	Tracked number of uninsured and underinsured patients seen in our North Shore and West Side Clinics.
3. Screening for breast cancer among low income and uninsured women in the community.	Tracked the number of mammograms provided to this population.
4. Obesity, hypertension, diabetes	With CHI Grant, implemented and monitored success of a Wellness Program that addressed obesity, hypertension, and diabetes in neighborhoods in close proximity to Memorial Hospital. These health issues were identified as priorities by neighborhood residents.
5. Violence Reduction/Prevention	With CHI Grant, collaborated with numerous community organizations and identified Teen Dating Violence as a priority area of concern. Implemented program to address this issue.

Since some of these issues continue to be a concern to our community, many of these initiatives will continue to be monitored and supported.

Priorities for 2013 – 2016:

The health issues that Memorial Health Care System will focus on during 2013 – 2016 includes: heart disease, cancer, health and wellness initiatives, and violence prevention/reduction.

Heart Disease:

Several programs will address this health issue.

The Wellness Program which was implemented in _____ provides education regarding heart disease as well as monitoring of blood pressure, and addressing obesity by providing exercise and nutrition classes to encourage weight loss. Not only will Memorial

continue to sponsor two sites for the program, but the city of Chattanooga Youth and Community Development Department plans to replicate the program in other neighborhoods.

Our Cardiovascular Service Line will also offer educational sessions specifically for women who have been diagnosed with chronic disease and cardiac risk factors in order to promote women's health.

Cancer:

Memorial will continue to track and monitor the number of mammogram screenings provided to low income, uninsured women in the community.

The Nurse Navigator Program will be expanded to follow cancer patients through survivorship, provide support, and be a community resource for patients and families.

The implementation of the Care Giver Support Group is a resource for caregivers of cancer patients and provides renewal, education and decreases anxiety so that caregivers don't become overwhelmed.

Violence Prevention/Reduction:

Violence is still a serious concern to public safety in Chattanooga. Memorial will continue to work on the implementation and monitor outcomes of the Violence Prevention initiative which focuses on teen dating violence. This initiative involves collaborating with community partners such as: the University of Tennessee-Chattanooga Criminal Justice Department and the Hamilton County Department of Education.

One area of focus for this program is to engage high schools in participating in on-line curriculum which teaches the youth about teen dating violence.

2013- 2016 Goals and Initiatives:

A. Heart Disease continues to be the leading cause of death in our entire Service Area as rates exceed the US rates. We will continue to focus education efforts to address the management of heart disease and cardiac risk factors that could lead to heart disease.

    1. To provide educational sessions specifically for women who have been diagnosed with chronic disease and cardiac risk factors in order to promote women's health.

B. Cancer is the second leading cause of death in our counties, and most have higher rates than those of the nation.

    2. To meet the NCCN and American College of Surgeons guidelines for holistic care of the cancer patients whose distress should be recognized, monitored, and documented and treated promptly at all stages of the disease.
    3. To provide mammogram and other health screenings to low income, and uninsured women in the community with our mobile mammography coach.

4. To provide cancer patients with the opportunity to be followed after treatment through survivorship to provide a community resource for patients, families.
5. To promote the holistic care of the Care Giver for cancer patients, providing the community with a resource to meet for renewal, education and decrease in anxiety to the Caregiver does not get overwhelmed.

C. Risk Factors and Minority Health in this community are high for obesity, smoking, diet, and exercise. These are factors that contribute to heart disease, diabetes, cancer and infant health.

6. To provide education for women who are at risk of or have been diagnosed with osteoporosis in order to prevent complications such as inactivity and fractures.
7. Continuation of the Health and Wellness Program to provide exercise and medical/educational sessions specifically for individuals who have evidence of any of the top health disparities (hypertension, diabetes or overweight/obesity) in zip codes 37404 – 37406. Most of the participants in this program are minorities.
8. Hamilton and Bradley have a particularly high violent crime rate. The goal of the Violence Prevention initiative is to recruit three Hamilton County public high schools to participate in a pilot on-line curriculum on teen dating violence.

The focus of our 2013 – 2016 Community Benefit Plan addresses the following identified community health needs: Cardiovascular Health, Cancer, Diabetes, Minority Health and Violence. The areas we did not address are:

- Respiratory Disease –
- Low Birth Weight Infants – we do not have Obstetrical Services so it is not an area of expertise for us.
- Hispanic/Latino Health – while we serve Hispanic/Latino patients within our system and the population is growing somewhat it is a relatively small percentage of our total population. We do have some trained medical interpreters to assist with the communication and care of these patients.

Community Focus Group Feedback to Community Benefit Plan:

Appendix

Appendix 1:

Community Benefits

Strategic Statements and Operating Initiatives – 2011 : Update

1. **Community Benefits is an integral part of the planning and budgeting process with distinct financial goals by which to measure Memorial Health Care System's contribution to the community we serve.**

   Goal: establish a Community Benefit goal (% of overall expenses) and monitor progress toward achieving that goal.

   Status: No specific goal was established in 2011, however, we have determined an appropriate goal is 4 – 6 % of overall expenses.
   Results are as follows:
   '09 – 5.01%
   '10 – 4.55%
   '11 – 4/70%
   '12 – 5.03%

2. **Develop and implement means of establishing outcome and measurement goals to demonstrate effectiveness of programs and goals achieved.**

   Goal: establish outcome goals and metrics to track progress and effectiveness of major programs and initiatives.

   Faith Community Nurse Program: To provide education, screening and monitoring of the high incident community health issues to church members through the Faith Community Nurse Program.

	FY'2010 Baseline	FY' 2011 Actual	FY' 2012 Goal	FY'2012 Actual
Obesity	164	75	80	81
Hypertension	842	595	700	392
Diabetes	244	62	100	76
Heart Disease	417	197	300	237
All Other Pts.	4,019	2,789		2,432

   North Shore and West Side Clinics: To provide access to primary health care for the uninsured and underinsured population of the Chattanooga community.

	FY' 2010 Baseline	FY' 2011 Actual	FY' 2012 Goal	FY' 2012 Actual
North Shore				
Uninsured Patients	6,726	7,598	8,257	7,774
Insured Patients	5,843	6,006	5,549	5,641
Total	12,569	13,604	13,806	13,415
West Side				
Uninsured Patients	2,023	1,959	2.221	1,946
Insured Patients	2,539	2,097	1,699	1,951
Total	4,562	4,056	3,920	3,897

Mobile Mammography Coach: To provide mammogram screening to low income, uninsured women in the community.

Patients	2,771	3,343	4,723	4,832

Healthy Communities: To provide an organized exercise program coupled with medical and educational sessions to help participants to lose weight, lower their A1C and their blood pressure.

Participants		120	130	120
Exercise Programs		3	3	3

3. Continue to identify and respond to community needs.

Goal: Continue to evaluate the Community Needs Assessment data, identify gaps, and determine Memorial Health Care System's response to helping meet those needs.

Status: Continued work with Glenwood and Avondale neighborhoods and the implementation of the Wellness program focusing on obesity, hypertension, diabetes and health education. This program has been successful and the city of Chattanooga would like to replicate it in other neighborhood centers in the city.

Results:

Number of Participants	**Aver. B/P reading – beginning**	**Aver. B/P reading – ending**	**Weight – Group Total Beginning**	**Weight – Group Total Ending**	**Total Lbs. Lost during time period**	**Average weight loss per person**
1/12 – 12/12 Group 1						
23	127/76	117/72	4343.4	3989.5	353.9	15
6/13 – 12/12 Group 2						
23	115/72	109/64	4239.3	4013.2	226.1	9.8

Age ranges: Group 1: 11 -69 **Significant weight loss:** 1- 50.8; 1 – 30+; 2 – 20+
Group 2: 11- 68 **Significant weight loss:** 3 – 20+; 6 – 10+; 8 – 5+

Appendix 2.

Community Benefits Dashboard Report – FY '13

Cardiovascular

Community Needs Assessment: *Heart Disease is the # 1 cause of death for men and women. In Tennessee, 1 in 4 deaths in 2008 were due to heart disease. Tennessee mortality rates from heart disease are 22% higher than the national average.*

Women's Wellness:
Goal: To provide educational sessions specifically for women who have been diagnosed with chronic disease and cardiac risk factors in order to promote women's health.

	FY'' 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Number of programs offered			24	**6/6**	**6/6**	/6	/6		
Number of participants			96	**21/24**	**18/24**	/24	/24		
Associate hours for education			24	**6/6**	**6/6**	/6	/6		

Physical Activity and Health

Community Needs Assessment: *Physical inactivity can lead to additional complications as reported in the June 2010 Ochs Report. Hamilton County Health Department reported 55% of the population had not exercised within the previous month according to the Ochs. Report.*

Women's Services:
Goal: To provide education for women who are at risk of or have been diagnosed with osteoporosis in order to prevent complications such as inactivity & fractures

	FY'' 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Number of programs offered		11	12	**3/3**	**2/3**	/3	/3		
Number of participants		75	75	**18/18**	**12/19**	/19	/19		
Associate hours for education		33	36	**9/9**	**6/9**	/9	/9		

Healthy Communities – Bariatric Education.
Goal: To provide educational sessions to the community on the risks associated with physical inactivity such as diabetes & obesity. .

Number of programs offered		0	6	**0/1**	**0/2**	/1	/2		
Number of participants		0	24	**0/6**	**0/6**	/6	/6		
Associate hours for education		0	18	**0/4**	**0/5**	/4	/5		

Cancer

Community Needs Assessment: *Tennessee ranked fourth in the nation for deaths due to cancer in 2006. The Tennessee mortality rate is 8% higher than the U.S. rate.*

Community Outreach Program:

Goal: To meet the NCCN and American College of Surgeons guidelines for holistic care of the cancer patients whose distress should be recognized, monitored, and documented and treated promptly at all stages of the disease.

	FY' 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Patients screened for Distress over a score of 8 on a scale of 1-10	1268	2858	4400	**1000/1100**	**1325/1100**	/1100	/1100		
Addition of Nurse Navigation and Care of the Care giver added to population	100	250	300	**100/75**	**75/75**	/75	/75		
Total	1368	3108	4700	**1100/1175**	**1400/1175**	/1175	/1175		

Mobile Mammography Coach:

Goal: To provide mammogram screening to low income, uninsured women in the community.

Patients	3496	4119	~4370	**1090/1092**	**980/1093**	/1092	/1093		

Healthy Communities – Expand Nurse Navigation into the Community to follow cancer patients through Survivorship

Goal: To provide cancer patients with the opportunity to be followed after treatment through Survivorship to provide a community resource for patients, families and Primary Care Physicians

Number of Participants			~140	**42/35**	**30/35**	/35	/35		

Community Support Care for the Care Giver Program:

Goal: To promote the holistic care of the Care Giver for cancer patients, providing the community with a resource to meet for renewal, education and decrease in anxiety so the Care Giver does not get overwhelmed.

	FY" 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Care Giver Support Group Visits	100	520	~580	**120/145**	**180/145**	/145	/145		
Care Giver Visits Support Group Educational Sessions	65	150	~200	**50/50**	**50/50**	/50	/50		

Health and Wellness

Community Needs Assessment: *In the 2008 Behavioral Risk Factor Surveillance Survey, 31% of Tennessee adults were obese, compared with 27% in the U.S. Tennessee ranked 4th. in the nation for the percent of adults who are obese.*

Health and Wellness Grant Goal:

Goal: To provide exercise and medical/educational sessions specifically for individuals who have evidence of any of the top three health disparities (hypertension, diabetes or overweight/obesity) in zip codes 37404-37406.

	FY" 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Number of participants	120	120	130	120	120				
Number of exercise classes	192	224	240	**64/60**	**64/60**	/60	/60		
Number of hours for education	12	12	12	**4/3**	**4/3**	/3	/3		
Number of weight management classes	N/A	52	104	**32/26**	**32/26**	/26	/26		

Number of Participants	**Aver. B/P reading – beginning**	**Aver. B/P reading – ending**	**Weight – Group Total Beginning**	**Weight – Group Total Ending**	**Total Lbs. Lost during time period**	**Average weight loss per person**
Group # 3 12 wks	122/71	117/67	2164.7 Aver.- 216	2083.92 Aver.- 208	80.78	8 lbs.

Domestic Violence

Community Needs Assessment: *In 2008, Tennessee had the third highest violent crime rate in the nation. Regarding domestic violence, Hamilton, Bradley and Walker Counties have the highest rates of reported domestic violence.*

Violence Prevention Grant Goal: **Goal: To recruit three Hamilton County public high schools to participate in a pilot on-line curriculum on teen dating violence**									
	FY" 11 Total	FY' 12 Total	FY' 13 Goal	1st. Q.	2nd. Q.	3rd. Q.	4th. Q	FY' 13 Total	Variance
Number of collaborative partners	N/A	N/A	2	**1**	**1**				
Students completing on-line survey on domestic voilence			200	**227**					
Conduct three focus groups on violence prevention			3	**3**					
Conduct pilot project in one school			1	0	**1**				

Appendix 3:

Attachment B: Community Needs Index–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

Zip Code	CNI Score	Population	City	County	State
37310	3	4293	Charleston	Bradley	Tennessee
37311	4.6	26893	South Cleveland	Bradley	Tennessee
37312	2.8	31389	Cleveland	Bradley	Tennessee
37323	3	29754	Wildwood Lake	Bradley	Tennessee
37336	3	4332	Meigs County	Bradley	Tennessee
37353	3.2	5109	Collegedale	Bradley	Tennessee

Zip Code	CNI Score	Population	City	County	State
37302	2.6	4226	Hamilton County	Hamilton	Tennessee
37308	3	2524	Meigs County	Hamilton	Tennessee
37341	2.2	13224	Hamilton County	Hamilton	Tennessee
37343	2.4	41488	Middle Valley	Hamilton	Tennessee
37350	1	1866	Chattanooga	Hamilton	Tennessee
37363	2.4	30972	Ooltewah	Hamilton	Tennessee
37373	2.8	3131	Hamilton County	Hamilton	Tennessee
37377	2.2	15778	Fairmount	Hamilton	Tennessee
37379	2.4	26898	Soddy-Daisy	Hamilton	Tennessee
37402	5	4358	Chattanooga	Hamilton	Tennessee
37403	4.8	5376	Chattanooga	Hamilton	Tennessee
37404	5	14759	Chattanooga	Hamilton	Tennessee
37405	3.8	15038	Chattanooga	Hamilton	Tennessee
37406	5	15189	Chattanooga	Hamilton	Tennessee
37407	5	8255	Chattanooga	Hamilton	Tennessee
37408	5	1889	Chattanooga	Hamilton	Tennessee
37409	4	3404	Chattanooga	Hamilton	Tennessee
37410	5	4281	Chattanooga	Hamilton	Tennessee
37411	4	19050	Chattanooga	Hamilton	Tennessee
37412	3.4	19320	East Ridge	Hamilton	Tennessee
37415	3	23324	Chattanooga	Hamilton	Tennessee
37416	3.4	16227	Chattanooga	Hamilton	Tennessee
37419	2.8	6189	Chattanooga	Hamilton	Tennessee
37421	3	47408	Chattanooga	Hamilton	Tennessee

Zip Code	CNI Score	Population	City	County	State
30736	2.6	40740	Fort Oglethorpe	Catoosa	Georgia
30742	4.6	6707	Fort Oglethorpe	Catoosa	Georgia

Zip Code	CNI Score	Population	City	County	State
30738	2.8	3535	Dade County	Dade	Georgia
30750	2	3743	Lookout Mountain	Dade	Georgia
30752	3.2	9441	Trenton	Dade	Georgia
30757	2.8	1799	Dade County	Dade	Georgia

Zip Code	CNI Score	Population	City	County	State
30707	3.6	14271	Walker County	Walker	Georgia
30725	3.2	4182	Chattanooga Valley	Walker	Georgia
30728	4.2	19011	Walker County	Walker	Georgia
30739	2.8	4524	Catoosa County	Walker	Georgia
30741	4.2	29380	Fairview	Walker	Georgia

Zip Code	CNI Score	Population	City	County	State
30710	2.6	6044	Whitfield County	Whitfield	Georgia
30720	4.4	27441	Whitfield County	Whitfield	Georgia
30721	4.2	46318	Whitfield County	Whitfield	Georgia
30740	3.2	7443	Whitfield County	Whitfield	Georgia
30755	3.6	9050	Tunnel Hill	Whitfield	Georgia