

2013 Rankings

Tennessee





Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office in our schools, workplaces and neighborhoods. The County Health Rankings & Roadmaps program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the County Health Rankings illustrate what we **know** when it comes to what is making communities sick or healthy. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The County Health Rankings & Roadmaps program includes the County Health Rankings project, launched in 2010, and the newer Roadmaps project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings & Roadmaps serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the Rankings Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the Roadmaps to Health Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The Rankings illustrate what we know when it comes to making people sick or healthy. The County Health Rankings confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The County Health Roadmaps mobilizes local communities, national partners and leaders across all sectors to improve health. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The Roadmaps project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants

The Roadmaps to Health Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding Roadmaps to Health Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the County Health Rankings & Roadmaps to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first RWJF Roadmaps to Health Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The RWJF Roadmaps to Health Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



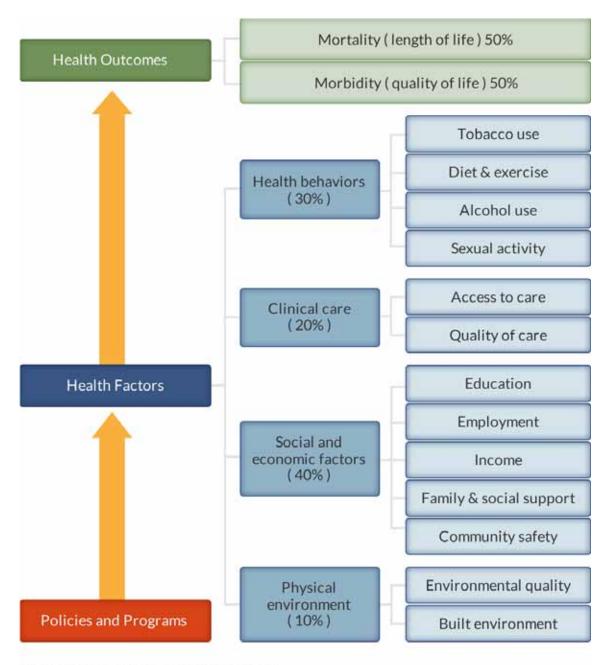
Roadmaps to Health Action Center

The Roadmaps to Health Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: What Works for Health. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 County Health Rankings report ranks Tennessee counties according to their summary measures of health outcomes and health factors. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the Rankings model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

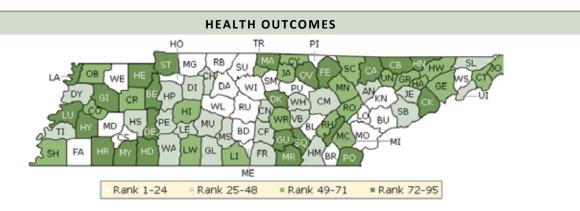
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health** factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



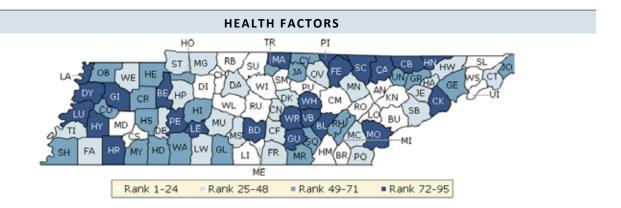
County Health Rankings model @2012 UWPHI

The maps on this page and the next display Tennessee's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	34	Fentress	92	Lauderdale	84	Roane	55
Bedford	24	Franklin	33	Lawrence	51	Robertson	10
Benton	88	Gibson	74	Lewis	47	Rutherford	2
Bledsoe	20	Giles	26	Lincoln	63	Scott	57
Blount	4	Grainger	54	Loudon	7	Sequatchie	91
Bradley	17	Greene	65	Macon	89	Sevier	25
Campbell	94	Grundy	95	Madison	22	Shelby	53
Cannon	36	Hamblen	58	Marion	90	Smith	8
Carroll	66	Hamilton	28	Marshall	31	Stewart	81
Carter	61	Hancock	93	Maury	32	Sullivan	43
Cheatham	30	Hardeman	73	McMinn	69	Sumner	3
Chester	12	Hardin	79	McNairy	77	Tipton	39
Claiborne	86	Hawkins	56	Meigs	87	Trousdale	71
Clay	62	Haywood	75	Monroe	23	Unicoi	44
Cocke	85	Henderson	29	Montgomery	11	Union	59
Coffee	38	Henry	82	Moore	6	Van Buren	27
Crockett	52	Hickman	64	Morgan	60	Warren	68
Cumberland	45	Houston	16	Obion	49	Washington	21
Davidson	13	Humphreys	37	Overton	76	Wayne	40
Decatur	80	Jackson	50	Perry	48	Weakley	15
DeKalb	83	Jefferson	41	Pickett	19	White	46
Dickson	42	Johnson	70	Polk	78	Williamson	1
Dyer	35	Knox	14	Putnam	9	Wilson	5
Fayette	18	Lake	72	Rhea	67		



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	11	Fentress	79	Lauderdale	95	Roane	16
Bedford	78	Franklin	27	Lawrence	39	Robertson	24
Benton	76	Gibson	77	Lewis	82	Rutherford	3
Bledsoe	73	Giles	56	Lincoln	18	Scott	92
Blount	6	Grainger	59	Loudon	10	Sequatchie	49
Bradley	21	Greene	66	Macon	91	Sevier	40
Campbell	83	Grundy	89	Madison	22	Shelby	67
Cannon	46	Hamblen	43	Marion	55	Smith	17
Carroll	58	Hamilton	8	Marshall	44	Stewart	33
Carter	41	Hancock	94	Maury	34	Sullivan	13
Cheatham	14	Hardeman	90	McMinn	37	Sumner	5
Chester	23	Hardin	68	McNairy	63	Tipton	30
Claiborne	80	Hawkins	31	Meigs	61	Trousdale	57
Clay	54	Haywood	88	Monroe	84	Unicoi	20
Cocke	86	Henderson	65	Montgomery	32	Union	69
Coffee	29	Henry	71	Moore	9	Van Buren	81
Crockett	62	Hickman	70	Morgan	36	Warren	74
Cumberland	15	Houston	52	Obion	53	Washington	4
Davidson	28	Humphreys	26	Overton	47	Wayne	51
Decatur	45	Jackson	64	Perry	85	Weakley	35
DeKalb	48	Jefferson	38	Pickett	75	White	72
Dickson	19	Johnson	60	Polk	42	Williamson	1
Dyer	87	Knox	2	Putnam	12	Wilson	7
Fayette	25	Lake	93	Rhea	50		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- **Health Factors**

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Williamson	1	Williamson
2	Rutherford	2	Knox
3	Sumner	3	Rutherford
4	Blount	4	Washington
5	Wilson	5	Sumner
6	Moore	6	Blount
7	Loudon	7	Wilson
8	Smith	8	Hamilton
9	Putnam	9	Moore
10	Robertson	10	Loudon
11	Montgomery	11	Anderson
12	Chester	12	Putnam
13	Davidson	13	Sullivan
14	Knox	14	Cheatham
15	Weakley	15	Cumberland
16	Houston	16	Roane
17	Bradley	17	Smith
18	Fayette	18	Lincoln
19	Pickett	19	Dickson
20	Bledsoe	20	Unicoi
21	Washington	21	Bradley
22	Madison	22	Madison
23	Monroe	23	Chester
24	Bedford	24	Robertson
25	Sevier	25	Fayette
26	Giles	26	Humphreys
27	Van Buren	27	Franklin
28	Hamilton	28	Davidson
29	Henderson	29	Coffee
30	Cheatham	30	Tipton
31	Marshall	31	Hawkins
32	Maury	32	Montgomery
33	Franklin	33	Stewart
34	Anderson	34	Maury
35	Dyer	35	Weakley
36	Cannon	36	Morgan
37	Humphreys	37	McMinn
38	Coffee	38	Jefferson
39	Tipton	39	Lawrence
40	Wayne	40	Sevier
41	Jefferson	41	Carter
42	Dickson	42	Polk

Rank	Health Outcomes	Rank	Health Factors
43	Sullivan	43	Hamblen
44	Unicoi	44	Marshall
45	Cumberland	45	Decatur
46	White	46	Cannon
47	Lewis	47	Overton
48	Perry	48	DeKalb
49	Obion	49	Sequatchie
50	Jackson	50	Rhea
51	Lawrence	51	Wayne
52	Crockett	52	Houston
53	Shelby	53	Obion
54	Grainger	54	Clay
55	Roane	55	Marion
56	Hawkins	56	Giles
57	Scott	57	Trousdale
58	Hamblen	58	Carroll
59	Union	59	Grainger
60	Morgan	60	Johnson
61	Carter	61	Meigs
62	Clay	62	Crockett
63	Lincoln	63	McNairy
64	Hickman	64	Jackson
65	Greene	65	Henderson
66	Carroll	66	Greene
67	Rhea	67	Shelby
68	Warren	68	Hardin
69	McMinn	69	Union
70	Johnson	70	Hickman
71	Trousdale	71	Henry
72	Lake	72	White
73	Hardeman	73	Bledsoe
74	Gibson	74	Warren
75	Haywood	75	Pickett
76	Overton	76	Benton
77	McNairy	77	Gibson
78	Polk	78	Bedford
79	Hardin	79	Fentress
80	Decatur	80	Claiborne
81	Stewart	81	Van Buren
82	Henry	82	Lewis
83	DeKalb	83	Campbell
84	Lauderdale	84	Monroe
			D
85	Cocke	85	Perry
85 86	Cocke Claiborne	85 86	Cocke
			,
86	Claiborne	86	Cocke
86 87	Claiborne Meigs	86 87	Cocke Dyer

Rank	Health Outcomes	Rank	Health Factors
91	Sequatchie	91	Macon
92	Fentress	92	Scott
93	Hancock	93	Lake
94	Campbell	94	Hancock
95	Grundy	95	Lauderdale

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC	FACTORS		
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
Support	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMEN	т		
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

⁹ www.countyhealthrankings.org/tennessee

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