REGIONAL ONE HEALTH

2025 Community Health Needs Assessment

Regional One Health

SUBMITTED BY HOLLERAN

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Regional One Health is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. In February 2025, Regional One Health once again initiated a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in Shelby County, Tennessee. The aim of the assessment is to emphasize their commitment to the health of residents and align their health care delivery and strategic goal efforts with the community's greatest needs. The assessment examined a variety of health indicators including risk health behaviors, chronic health conditions, access to health care, and social determinants of health. It focuses on various health issues affecting the community's different populations and considers disparities among vulnerable and underserved populations.

The Patient Protection and Affordable Care Act of 2010 set forth requirements for nonprofit hospital organizations in order to maintain their tax-exempt status as a charitable hospital, 501(c)(3). One of the regulations is a requirement that all nonprofit hospitals conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy that addresses the community health needs identified in the assessment every three years. Regional One Health has conducted CHNA's every three years since 2013 to identify needs and gaps in resources in the community. The organization contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute the CHNA.

The findings of the CHNA enabled Regional One Health to prioritize identified community health issues and to develop a community health implementation plan focused on identified community needs. This CHNA Final Summary Report serves as a compilation of the overall findings of this research and is comprised of the following research components.

- Secondary Data Profile
- Online Key Informant Interviews
- Prioritization of Key Health Issues
- Implementation Strategy Planning Session

Key Community Health Issues

Regional One Health, in conjunction with community partners, reviewed the findings of the Secondary Data and Online Key Informant Survey for this 2025 CHNA including Key Community Health Issues and overarching themes that are pertinent to Shelby County. Session participants are listed in Appendix E. The following Key Health Issues were discussed and are analyzed in this Final Summary Report (presented in alphabetical order):

- Access to Health and Supportive Care Services
- Affordable Housing, Income and Poverty
- Food Environment, Obesity and Physical Activity
- Maternal and Child Health
- Physical/Mental Health and Well-being/Prevention

Prioritized Community Health Issues

The overarching Key Health Issues were analyzed, and specific areas of concern were rated based on its seriousness/importance to the community and the perceived impact that Regional One Health may have. Based on this feedback from community partners Regional One Health plans to focus community health improvement efforts on the following four health priorities over the next three-year cycle:

- Community-wide Collaboration
- Access to Health and Supportive Services
- Mortality and Chronic Disease Management
- Maternal and Child Health

Previous CHNA and Prioritized Health Issues

Regional One Health conducted a comprehensive CHNA in 2013, 2016, 2019 and 2022 to evaluate the health needs of individuals living in the hospital's service area in Shelby County. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Regional One Health to identify health issues in each cycle and to develop a community health implementation plan to improve the health of the surrounding community. A compilation of prioritized health issues and implementation plans for all years are found in Appendixes G, H, I and J. The prioritized health issues and major outcomes identified in the previous years include:

Prioritized Health Issues in 2013:

- Teen Pregnancy
- Infant Mortality
- HIV/AIDS
- Diabetes
- Breast Cancer
- Colorectal Cancer
- Adult Obesity/Overweight
- Injury Prevention
- Education
- Violent Crime/Homicide/Firearm-Related Deaths
- Lung Health

Major Outcomes from the 2013 CHNA Priorities:

- Served approximately 180 young moms each year through the Sunrise Program.
- Approximately 3,700 new moms received education through the Safe to Sleep Program.
- Approximately 10,000 medical visits were provided annually to HIV patients, as well as 15,000 wrap around visits.
- Provided more than 1,800 glucose and blood pressure screenings in the community and participated in more than 78 community health fairs.
- Approximately 3,677 individuals were screened through the Take Care/Be Aware Program.
- Over 100 people from various faith groups attended the Spiritual Health & Wellness Conference.
- Average of 20 participants per month attended the Memphis Area Brain Injury Support Group.
- Touched more than 300 lives through hosting Bully, Conflict Resolution and Gun Violence and Police Interaction community educational programs.

Prioritized Health Issues in 2016:

- Poverty
- Healthy Lifestyles
- Violence
- Mental Healthcare
- Sexually Transmitted Illnesses and TB

Major Outcomes from the 2016 CHNA Priorities:

- Patient Medication Assistance Program (PMAP) served 291 patients in the Fiscal Year 2019, equating to $70,752.87 in medications provided to patients.
- Regional One Health offered 56 tours of the birth facility, as well as childbirth classes since the second quarter of 2019.
- Regional One Health has packaged 30,000 meals for the Meal Packing Event in partnership with MidSouth Food Bank for distribution to Memphians.
- Hospital Based Violence Intervention Program (HVIP) staff have evaluated more than 700 victims of violence who presented to Regional One Health in 2019.
- Trained 2,871 trauma-informed staff members, which is an average of 258 per quarter.

Prioritized Health Issues in 2019:

- Access to Healthcare
- Health Literacy
- Mental Health (Resource Awareness)
- Violence

Major Outcomes from the 2019 CHNA Priorities:

- One Health's Complex Care program served a total of 508 patients from 2019-2021. One Health also connected 670 enrollees with community agencies and provided 1,614 enrollees with transportation services.
- The Adult Special Care Center (a Center of Excellence) assisted 1,103 patients with utilities support and provided 3,049 patients with non-emergent transportation, 5,309 with case management support services, 2,223 patients with food vouchers/cards, and 1,667 with food boxes.
- 37 One Health patients were assisted with obtaining permanent or temporary housing and patients received utility payments, job training, benefits screening and other referrals.
- Tens of thousands of meals were provided to Mid-South Food Bank and other food pantries or through vouchers.
- The Adult Special Care Center referred 443 individuals to behavioral health providers and 105 to Medication Assisted Treatment for alcohol use disorder.
- 75 active HVIP clients are securing employment or completing annual educational training.
- The Newborn Center (NBC) saw 6% of their newborns discharged on breastmilk in 2019 and saw an increase to 21% in 2020 and 22% in 2021. 761 participants enrolled in the childbirth education program.
- The Pharmacy completed 918 Patient Medication Assistance Program applications.

Prioritized Health Issues in 2022:

- Community-wide Collaboration
- Access to Health and Supportive Services
- Mortality and Chronic Disease Management
- Maternal and Child Health

Major Outcomes from the 2022 CHNA Priorities:

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Regional One Health is home to the oldest hospital in Tennessee, chartered in 1829. Throughout its more than 180-year history, the acute care hospital has evolved significantly, housing a tuberculosis hospital, military hospital, maternity hospital and ultimately the Regional Medical Center. The academic Medical Center is home to nationally recognized Centers of Excellence including trauma, burn, neonatal intensive care, and high risk pregnancy alongside services such as oncology, primary and specialist care, rehabilitation therapy, pharmacy and imaging. Severely ill patients have access to the full continuum of care including a surgery center, rehabilitation hospital, extended care hospital, and skilled nursing care facility. Regional One Health is committed to providing quality health care to all citizens of the Mid-South. Regional One Health now has seven service locations across Memphis including an east campus.

Regional One Health is committed to expanding initiatives that make sure all patients have access not only to good health care, but to good health. The ONE Health program is a national model for complex care, offering a new way to support vulnerable patients by addressing both their medical needs and social determinants of health. The Center for Innovation partners with disruptive thinkers to ideate and test products and delivery models that can benefit patients everywhere. The Medical Center's mission is:

To improve the health and well-being of the people we serve
by providing compassionate care and exceptional services.

Community Served

Regional One Health considers the community it serves to include not only the neighborhoods surrounding the campus in Memphis' downtown corridor but also the tristate area of West Tennessee, Arkansas, Mississippi, and beyond. For purposes of this CHNA, Regional One Health defines their current service area by analyzing the geographic area surrounding the hospital as well as local communities from which all residents are drawn (including low-income or underserved individuals). The primary service area is considered to be Shelby County, Tennessee, including the city of Memphis.

Shelby County is located in the southwestern corner of Tennessee along the Mississippi River. Over time, the county has continued to expand and change from a rural to an urban center. It has a long history of caring for and serving its citizens. The city of Memphis in Shelby County is also located along the Mississippi River in the western portion of the county and is the second most populous city in Tennessee at the 2020 Census. The county, shown in Figure 1 is outlined in red.

Methodology

The CHNA is comprised of both quantitative and qualitative research components and is a compilation of secondary statistical data and key informant perceptions.

- A Secondary Data Profile uses existing local-level data with state and national comparisons of demographic and health data, also known as "secondary data." Specific data sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, mental/behavioral health and substance use, County Health Rankings and other health statistics for Shelby County were compiled. The most recent data were used whenever possible. Data were compiled and compared to state and national level data, where applicable. When possible, a comparison to Healthy People 2030 is also made. Data from the U.S. Census Bureau is typically provided in 5-year estimates (e.g., 2019 – 2023). Five-year period estimates represent data collected over a period of time. The primary advantage of using multiyear estimates is the increased reliability of the data. Data from the 2022 CHNA frequently follow the current data to allow for comparison. Sources for secondary data are included as References in Appendix A. In addition, definitions for statistical terms used in the report are included in Appendix B.
- Key Informant Surveys were conducted with key stakeholders/informants. In total, 31 individuals participated between March 31 and April 25, 2025. This reflects a 20.3% response rate. Key informants were invited to participate in a survey to gather a combination of quantitative ratings and qualitative feedback through closed and open-ended questions. Questions focused on health issues and barriers for people in the community, health care access, underserved populations, and how to increase the overall health of Shelby County and the surrounding areas. Key informants are defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. The largest percentage of informants who responded to the survey are affiliated with public health and health care professionals (25.9%), non-profit/social service providers (18.5%), faith-based/cultural

organizations (14.8%), community members (11.1%), education (11%) and government/housing/transportation agencies (11.1%). Respondents work in organizations that primarily serve traditionally underserved populations, such as low income, Black/African Americans, families, women and men, seniors/elderly, children/youth, disabled.

In addition to summarizing the findings of the Secondary Data Profile and the Online Key Informant Survey in the Key Findings, report cards are provided which clearly delineate key indicators and results for comparison of county level data to state and national figures.

Social Determinants of Health

An individual's health is influenced by numerous factors including a range of personal, social, economic, and environmental factors known as social determinants of health. These reach beyond the boundaries of traditional health care into public health sectors and can be important allies in improving population health. Addressing social determinants of health is important for improving health outcomes and reducing disparities. Research demonstrates that lower educational attainment, poverty, and race/ethnicity are risk factors for certain health conditions.

The U.S. Department of Health and Human Services Healthy People 2030, addresses conditions in the environment in which people are born, live, learn, work, play, worship, and age. The conditions affect a wide range of health, function, and quality-of-life outcomes and risks. Healthy People 2030 groups these determinants into 5 domains: economic stability, education, access and quality, healthcare access and quality, neighborhood and build environment and social and community context.

Throughout this report, data related to the social determinants of health and their impact on county, region, state and national health is provided.

Community Representation

Community engagement and feedback are an integral part of the CHNA process. Regional One Health sought community input through key informant interviews with community leaders and partners, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals as well as leaders and representatives of nonprofit and community-based organizations shared their knowledge and expertise about health issues, and provided insight about the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. In some cases, local-level secondary data may be limited or dated. The most recent data are used whenever possible. Secondary data should be interpreted with some caution, since Shelby County includes the city of Memphis. The presence of this densely populated urban area may present a somewhat skewed picture of all of Shelby County when viewing county-wide data.

In addition, timeline and other restrictions may have impacted the ability to survey all key stakeholders. In some instances, key informant survey participants may over or underreport behaviors and illnesses based on fear of social stigma depending on the health outcome of interest or misunderstanding the question being asked. In addition, respondents may be prone to recall bias where they may attempt to answer accurately but remember incorrectly. Regional One Health sought to mitigate limitations by including representatives of diverse and underserved populations from the local community.

Prioritization of Needs

Following the completion of the CHNA research, Regional One Health prioritized community health issues and developed an implementation strategy to address the prioritized community needs. The results of the prioritization process is included along with a list of the participants.

Research Partner

Regional One Health contracted with Holleran, an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 30 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Collected, analyzed, and interpreted data from key informant interviews
- Prepared all reports
- Facilitated the prioritization session and the implementation session

COMMUNITY HEALTH NEEDS ASSESSMENT KEY FINDINGS

Key findings represent themes related to key health issues impacting the health outcomes of the population within the service area. These themes have been found throughout the Secondary Data Profile and the Key Informant Survey and highlight the key takeaways that stand out across the research components, as found by the Holleran team. Many positive attributes of the health care and social service support systems including what is being done right in Shelby County were noted by key informants and appear here. These are valuable to share before examining key health issues that need improving.

Select Positive Feedback for Regional One Health and Community Providers

- We appreciate Regional One's support as we try to eliminate heart disease and stroke in our community as well as address its causes.
- This is important work. Thank you for undertaking it.
- There are many talented medical providers, and many effective non-profit organizations.
- There are so many non-profits that partner with the hospitals to address health and quality of life. Regional One is one of those systems that I know does a lot of outreach.
- There are many, many non-profits doing really good work to help as many people as they can.
- We have some terrific non-profits working on housing and food access. We also have some really great FQHC and other free clinics.
- I think in general there are plenty of efforts by the hospitals to address so many of these issues.

KEY FINDINGS

Following is a summary of key health issues and overarching themes.

- Access to Health and Supportive Care Services
- Affordable Housing, Income and Poverty
- Food Environment, Obesity and Physical Activity

- Maternal and Child Health
- Physical/Mental Health and Well-being/Prevention

Access to Health and Supportive Care Services

Accessing health care services was identified by 38.7% of key informants as being among the top 5 most pressing health issues facing Shelby County. When there are barriers to accessing health care services, the health outcomes of the community suffer. Case management/social services are critical resources in assisting individuals and families to navigate the health care system and the lack of these resources in Shelby County was found to be a significant barrier to accessing services. The inability to navigate the health care system and the lack of health literacy are also each noted as creating barriers to accessing health care by 58.1% of key informants. "Health Literacy can help in aiding people to access and see their Health Providers. With Community Health Clinics and Mobile Health Clinics people must become an advocate for their personal health." 72.4% of informants found that "advocacy for social needs" as a resource is lacking. Improving the population's understanding about the health care system and how to interact with providers effectively may greatly improve health and well-being.

Social Situation and Isolation

A much lower percentage of individuals in Shelby County are married (38.6%) in comparison to the state (48.9%) and the nation (47.9%). People often rely on each other to access services for transportation, childcare and support. Being unmarried may be isolating and may make accessing care more difficult. Furthermore, Shelby County has the lowest percentage of married-couple families (35.8%), and the highest percentage of female householder, no husband present (19.6%). Shelby County also demonstrates the highest percentage of householders living alone (34.1%). A total of 20,933 grandparents in Shelby County are estimated to live with their grandchildren and of those, 43.4% are responsible for them. These older adults with childcare responsibilities may have less time and fewer resources to focus on their own health needs.

Furthermore, barriers to accessing health care are sometimes related to fear or a lack of trust. A key informant discussed the issue of health care access by the Black/African American population. "African Americans still do not trust Mental Health Agencies or Public Health Agencies because of the Tuskegee Project." This population may be foregoing needed health services as a result and poor health outcomes may follow. A key informant noted that, "With the Covid Vaccine much misinformation enter the community through social media, and people began to distrust the Public Health Agencies. With the current political and economic climate people are struggling to make ends meet. Many will not access Health Care until it is almost too late." Yet, feedback from a key informant included the fact that health fairs and community events are the "best ways to get people to get health screens. They are less threatening."

Health Insurance and Uninsured

Health insurance coverage greatly increases access to needed health and medical care. Shelby County has the lowest percentage of the population with health insurance coverage (87.9%). Likewise, the percentage of population with private health insurance in Shelby County (62.8%) is noticeably lower compared to Tennessee (66.4%) and the U.S. (67.3%). Of those who have coverage, 36.2% county residents have public coverage and may experience reduced access to some services and providers who

do not accept Medicaid. "Health care is so expensive that people can't afford it" according to one key informant. Without health insurance or being underinsured may result in the inappropriate use of emergency department services as well. "Health Insurance is step number one for health care. Even the FQHCs are not free. We must have Medicaid Expansion."

Provider Density

Access to health care providers who treat physical and mental health issues is critical to maintaining good health and preventing disease. Provider density is one important measure of health care access. In the county, this indicator for primary care physicians and dentists is positive in that there are fewer individuals for each of these providers than there are in the state and nation. However, mental health provider density is worse in the state and the county (both 530 individuals per provider) than in the nation for which the density is 320:1.

Fifty percent (50%) of key informants disagreed or strongly disagreed that there are enough primary care providers to meet the need in the community and 66.6% perceive there to be a need for more medical specialists. Half also find there to be not enough providers who accept Medicaid. Also, there is reported to be a substantial need for culturally sensitive and bilingual providers. Some key informants called for training programs for health care staff that are provided by LGBTQ trainers. A suggestion was made that OUTMemphis community staff trainings or other affirming training sessions should be held. "Re-educate healthcare professionals on the differences in cultures and have them evaluate each patient individually as a person not a statistic."

Missing Resources

Key informants identified missing resources such as substance abuse and mental health services, transportation, support group services, preventive health screenings and housing assistance. Similar to the previous study, mental health services (identified as a top health issue) as well as access to healthy food are "Missing" and are of great need. Preventive health screenings (selected as missing by 14.3%) were also perceived to be available by almost 30% of respondents. There may be some uncertainty or lack of information around the availability of this service.

Top services selected by key informants as "Lacking" are advocacy for social needs, case management/social services, healthy food options, housing assistance, mental health services and transportation. These services echo the sentiments of key informants that services which meet basic needs are not as readily available and may be barriers to accessing health care.

Community Collaboration and Partnerships

Key informants discussed the issue of increasing collaboration and partnerships between organizations including non-profits and for-profits and attempting to consolidate and streamline efforts with a focus on impact through the use of data and cohesive strategies. Creating models that inspire community engagement and ownership and helping community members advocate for themselves seem to be important to this effort. "Make it personal for the community. Help people become their own advocate in their health." Still other respondents see the importance of defining the term "quality of life" in the community.

Concerns around this community partnership include the fact that service and health care organizations are organized in silos. "Our community would be better served if we would step outside of our 'kingdoms' and truly collaborated with each other. We ALL would be better served if we would come to the table TOGETHER to discuss, plan and partner to provide necessary services for our community." Currently there seems to be a "patchwork of government and non-profit organizations" that are "doing the best they can with limited resources". A respondent made a recommendation for "more partnerships between health systems, insurance companies, SCHD (Shelby County Health Department), communities, and business leaders." One informant suggested that specific organizations come together with health systems to develop services to meet the needs of vulnerable populations. "I think organizations like American Heart Association, Blue Cross Blue Shield of West Tennessee, Mid-South Food Bank just to name a few should come to the table with health care systems like Regional One Health, Methodist and Baptist to see what kind of joint programs can be developed to help reach the underserved communities to help gain access to better and quality health care in our community."

Positively, 84.6% of respondents feel that their organization collaborates with other organizations/institutions on local efforts to improve health in the community. Notably, this percentage has increased from about 74% in the previous study in 2022 after having fallen from 2019 results. One informant mentioned that "There are abundant opportunities for building community connection though, and this is our greatest strength."

Community Improvements

Key informants were asked to share information regarding resources that are available in the community to address each of the key health issues. Positively, respondents noted that there are medical clinics such as federally-qualified health centers, food banks, meals on wheels, mobile grocery stores, faith communities, the Shelby County Health Department, University of Tennessee Health Hubs and social service agencies that provide assistance with access to health care issues. Transportation issues were mentioned as a barrier to accessing health care, "When it comes to transportation, there is a lack of understanding how the participant feels having to wait for a bus whether it be cold or raining." However, the Groove OnDemand low-cost rideshare program is identified as a helpful resource.

Specifically, when key informants were asked to identify the top 5 available health care resources and services, they mentioned emergency care, corporate health screenings, preventive health screenings, primary care services and food distribution. In this survey, preventive health screenings replaced Federally Qualified Health Centers in the top 5 available resources and services. This may reflect an improvement in the access to or availability of preventive services or a diminished availability or awareness of the Federally Qualified Health Centers. Although some viewed these services are meeting the needs of the community, the percentage of respondents is not greater than 41.1% (emergency services). As it relates to the primary care services being available, 25% perceive that the "Need is Being Met". This increased from the 2022 study in which this was selected by 16.7%.

Affordable Housing, Income and Poverty

Key informants frequently commented on the impact of low-incomes, substandard and expensive housing, limited healthy food supplies and poor nutrition on the physical and mental health of the population in Shelby County. "Access to care that prevents disease and chronic health conditions is severely lacking not just in Shelby County but across our state and nation. It is especially problematic in

Memphis due to horrific poverty and decades of polices that exacerbate poverty and poor health that goes with it." A key informant identified the need to get at the root causes of health disparities. "Core issues are employment opportunities, food access, transportation (which links food and employment), and need for a better public education system as well as vocational training for adults."

Those surveyed identified significant barriers to accessing health care. These include basic needs not being met, the inability to pay out of pocket expenses, the lack of health insurance coverage and the lack of transportation. Each of these was selected by a minimum of 64.5% of respondents. These selections seem to confirm that when individuals or families are not able to meet their basic needs, including food and housing, health outcomes including those community-wide are negatively impacted. A respondent commented, "People are not going to the doctors if they are worried about food, where they're going to sleep, money to pay for it bills etc." In addition to issues of money, the issue of time off from work is complicated. "Most working people have to use paid time off for office visits. If the family has multiple children, this could impact their jobs. Some families may opt not to choose a visit because they don't have leave time available." As it relates to transportation, 67.8% of key informants disagreed or strongly disagreed that there is transportation available when needed.

Social Determinants of Health and Vulnerability

Key informants were asked to rate the quality of five key areas of Social Determinants of Health within their community. The findings reveal the poor perception of Health and Health Care and a slight improvement in Neighborhoods and the Built Environment. Almost all respondents rated the social determinants of health as "Very Poor", "Poor" or "Average". Economic stability (90.0%) was selected as the social determinant of health which was rated the worst ("Very Poor" and "Poor" are combined). This is followed by Education and Social and Community Context (about 63%). Sixty percent rated Health and Health Care as "Very Poor" and "Poor", similar to results in 2022. Positively, 10% rated Social Context and the Neighborhood and Built Environment as "Good".

The greatest improvement in ratings since the 2022 study occurred in the Neighborhood and Built Environment, with 10.0% of respondents rating it good or excellent, up from 0.9%. This may reflect some local efforts to improve neighborhoods and communities and the addition of some resources.

Shelby County is determined to be an area of "high vulnerability" on the Social Vulnerability Index as it relates to external stresses such as natural or human-caused disasters (such as tornados) or disease outbreaks. This may have negative effects on communities and on human health. The effects may be compounded when the condition of housing is poor and people have few resources to come back from the effects of a disaster.

Demographics

The population in Shelby County is mostly Black/African American (54.3%), which is dissimilar to Tennessee and the U.S. The population in the state and nation is predominately White at 79.1% and 73.4% respectively. 10.9% of Shelby County residents speak a language other than English and 40.1% speak English "less than very well". In addition to English, the primary language spoken is Spanish (6.7%) which is a slight increase from the previous study in 2022.

Positively, the percentage of individuals 25 years and over graduated from high school is relatively the same throughout the U.S. (89.4%), Tennessee (89.6%), and Shelby County (89.8%). A little over a fifth of the population in Shelby County have some college education which is slightly higher than the state or the nation. In Shelby County a greater percentage currently have a bachelor's degree or higher (34.2%) than did in the 2022 study (32.4%).

An overwhelming majority of key informants replied yes (89.3%) when asked if there are specific populations in this community that are not being adequately served by local health services. The most frequently selected underserved population is the poor. This population, which cuts across all races and ethnicities rose to the top of the list identified by key informants. In the 2022 survey, low-income/poor was selected by only 8.5% of respondents but in 2025, it was selected by 76.0%. This is a drastically different result, perhaps reflecting inflation and the increasing cost of basic needs as well as medical care. The homeless (or unhoused) population was selected next by 72.% of key informants. This is followed by Black/African Americans (60%) and Hispanic/Latino (52.0%). Also, a general comment was made about the senior and the disabled populations. "No one covers home health for seniors or disabled people to stay in their homes." As it relates to all vulnerable and underserved populations, one key informant had this to say. "There's lots of advocacy and attempt to reach people. But many can't seem to transcend their situations. The community is in survival mode."

Affordable Housing

Affordable housing is crucial to population health because it directly impacts stability, access to resources and overall well-being. Homelessness and unstable housing have both been associated with worse health outcomes and higher mortality rates. Environmentally, a measure of air pollution (particulate matter) is higher in Shelby County than in the other geographies at 9.2. Also, 19.0% experience severe housing problems including overcrowding, high housing costs, and lack of kitchen or plumbing facilities. However, no drinking water violations were reported in the county.

Housing cost burden is defined as households paying 30% or more of their annual income on housing costs (rent/mortgage and utilities). About one-quarter of owner households in the county are considered housing cost burdened, yet more than half of renters (53.2%) experience a housing cost burden. This is slightly higher than the state and the nation. Unfortunately, 14.3% of key informants perceive housing assistance programs to be missing in the community.

Income and Poverty

Having an adequate income assists individuals and families to afford insurance premiums, prescriptions and co-pays. In Shelby County, median family income in the county is less than the state and the nation at $80,849 and median earnings for workers is far less ($40,777). 11.8% of households have an annual income of less than $15,000, a higher percentage than in Tennessee or the U.S. Fortunately, this is somewhat improved from the 2022 CHNA when 14.4% of Shelby County households earned less than $15,000 annually.

Being out of work may be stressful and impact the ability to access health care. The unemployment rate in Shelby County (4.6%) exceeds that in the state and nation. However, the rate has fallen substantially from the previous study when it was 7.4% in the county.

There is a larger percentage of the population (*individuals*) living below the poverty level in Shelby County (17.5%) compared to the state and the nation. One key informant remarked, "Because of the poverty in our community, many struggle with meeting basic needs of food and shelter. If those needs are not met, everything and everyone suffers." Families and individuals living in poverty may be choosing between rent, groceries, and medical care each month. This may lead to a delay in receiving needed services. Delaying treatment may result in seeking care only when in a crisis, creating a more serious or complicated medical condition.

The percentage of *families* living under 100% of the poverty level in Shelby County is 13.4%, a slight decrease from the previous study when 14.3% lived below this level. The percentage of children under the age of 18 living below the poverty level is particularly high (25.8%). All other age cohorts (18 to 64 years and 65 years and older) are also higher in the county when compared to the state and nation. Almost half of all households below the poverty level received food stamps (48.2%) which is similar to Tennessee, but more than the U.S. (43.0%). Shelby County also has a higher percentage of disabled households and households 65 and over receiving supplemental security income. But there is a lower percentage of households with cash public assistance income compared to Tennessee and the U.S. A key informant summarized this difficult situation as it relates to health and well-being, "In low-income zip codes…being healthy is a luxury".

Physical/Mental Health and Well-being/Prevention

Population Health

Key Informants were asked to rate the overall health of the community. Just over 6% of respondents rated overall health as "excellent" or "good". Most perceive it to be "average". However, almost half (48.4%) rated it as "poor" or "very poor". The informants were also asked to determine the 5 most pressing health issues in their community from a list of 18 focus areas identified in the survey. The issues of mental health, diabetes, food insecurity, heart disease and accessing health care services were identified by key informants as the top 5 pressing health issues in their communities. In the previous 2022 study, key informants identified each of these but also included overweight/obesity and unintentional injuries and violence. It may be said that heart disease and diabetes (identified in 2025) are related to overweight/obesity which was not selected in this survey.

County Health Rankings describes *Health Outcomes* as how long people live on average within a community and how much physical and mental health people experience while they are alive. Shelby County is behind the average county in Tennessee and is doing much worse when compared to the average county in the nation. The number of years of potential life lost before age 75 (premature death) is substantially higher in Shelby County (13,600) than in Tennessee (11,000) and the U.S. (8,000). This coincides with a 21% poor or fair health ranking as compared to 18% in the state and 14% in the nation. People in the county experienced an average of 4.0 poor physical health days and 5.7 poor mental health days in the past month.

Health Factors are those things that can be improved to live longer and healthier lives. They are indicators of the future health of a community. According to County Health Rankings, Shelby County is faring about the same as the average county in Tennessee for Health Factors but is slightly worse than the average county in the nation.

Mortality

The age-adjusted death rate per 1,000 in Shelby County (10.1) is the same as in Tennessee (10.1), but somewhat higher than the U.S. (8.0). It has decreased somewhat from 2020 to 2022 to 10.8. Males in Shelby County have the highest death rate overall (12.8 per 100,000) compared to the state and nation for males, as well as for females (7.9 per 100,000). As it pertains to race, the Black population in Shelby County has a higher death rate compared to the Black population in the state and the nation.

Diseases of the heart, cerebrovascular diseases (stroke), accidents (unintentional injuries), diabetes mellitus, influenza and pneumonia, nephritis, and nephrotic syndrome and nephrosis (kidney & renal pelvis) have higher age-adjusted death rates in Shelby County than the state or the nation. Only death rates for chronic lower respiratory disease and suicide (intentional self-harm) are lower rates in the county than the state and nation. This is consistent with key informants' selection of heart disease (chosen by 41.9%) and diabetes (48.4%) as being among the top 5 most pressing health issues.

Overall, the age-adjusted mortality rate for cancer has declined somewhat from the previous study however, it remains higher in Shelby County (154.6) than in the nation (146.6), but lower than Tennessee (166.3). Healthy People 2030 sets a target of 152.4. Specific cancer mortality rates in Shelby County are considerably elevated for cervix (female), breast, colon & rectum, prostate, and uterine cancers.

Morbidity

Key informants link years of poor nutrition and living in poverty with chronic illnesses now seen in the population. "Poverty and decades of poor health and nutrition access are at the core of these diseases." "Obesity (is) the basis for many other poor health indicators including Diabetes Mellitus and kidney disease." In addition to nutrition, managing chronic conditions is said to be more challenging "due to a lack of education, a lack of motivation and difficulty seeing the right physicians." Fortunately, one key informant is aware that there is some corporate support to create access in communities around hypertension and heart disease.

The county population exhibits comparable or lower cancer incidence rates across various sites, with the exception of higher rates observed for cancers of the colon and rectum, cervix (female), and, most notably, prostate (male). Favorably, Shelby County exhibited the lowest cancer incidence rates across all sites (438.2), whereas Tennessee reported the highest (457.3). The all site cancer incidence rate in the county has declined substantially since the previous study when the rate was 458.2.

As it relates to communicable diseases, new cases of HIV in Shelby County are almost triple the incidence rates seen in Tennessee and the U.S. The infection rate has increased substantially since the CHNA in 2022. The incidence rate of tuberculosis in the county is also higher than elsewhere. Key informants were asked to specify which pressing health issues were most significant. Sexually transmitted diseases are considered significant by 9.7%, making it among the top 5 most significant among all health issues identified. Importantly, this issue was not among the top 5 most significant health issues identified in the 2022 survey. On a positive note, one key informant noted that the "Shelby County Health Department is beginning to connect with school districts to help slow down HIV/AIDS transmission in young people."

Mental/Behavioral Health

In terms of mental health, in 2016 – 2018[1] in the Tennessee Region 7 (Shelby), the prevalence of individuals with Any Mental Illness in the Past Year declined from a peak of 19.05% in period 2012 to 2014 to 15.01%. The presence of any mental illness in the population is less than in Tennessee and the U.S. The prevalence of Serious Mental Illness in the Past Year in Shelby is 4.25%. Positively, the age-adjusted rate of death due to intentional self-harm (suicide) for Shelby County (11.2 per 100,000) is lower than the state and the nation. The Healthy People 2030 objective is "Reduce the Suicide Rate" with a target of 12.8 per 100,000.

Excessive drinking is defined as adults reporting binge or heavy drinking (age-adjusted). A smaller percentage of individuals in Shelby County report excessive drinking than in Tennessee and the U.S. Positively, alcohol-impaired driving deaths are also substantially less. However, drug overdose deaths are much higher in the county (46 per 100,000) than in nation (27) and somewhat higher than Tennessee (43). 19% of adults in the county report smoking. Substance abuse services are noted to be missing as a key community resource by 21.4% of key informants.

About 75% of key informants identified mental health as the most pressing health issue facing their community and 17.9% said that services to treat mental health issues are missing in the community. Support group services are also missing (17.2%). The effects of COVID continue to be felt in the community. "Covid exasperated what was already a problem for adults but it created this whole new set of issues with children now being in need like never before for support with mental health issues." As it relates to resources, 87.1% disagreed or strongly disagreed that there are sufficient mental/behavioral health and substance abuse providers to meet the need. One informant implored, "We desperately need a counseling center for cognitive therapy. Memphians suffer from so much trauma especially in the patient base that Regional One Health serves. Helping with mental health gets someone on track for physical healing. Many times, if they are not mentally stable then they cannot even start with good overall health."

Prevention

Preventable illnesses, through the use of vaccines and regular well visits to a health care practitioner and other screenings, are necessary to maintaining and improving population health. Measures of prevention include the number of preventable hospital stays per 1,000 Medicare enrollees. The rate in Shelby County is similar to Tennessee, but more than the U.S. Also, less than half of individuals received a flu vaccination (47%) and far fewer Medicare enrollees ages 65 to 74 had a mammography screening (34%) than in Tennessee (42%) and the U.S. (43%). Positively, a key informant identified a community resource as providing preventative services. "The Church Health Center is a model that works to provide prevention guidance and healthy food education as well as tertiary care." Another discussed the fact that preventative care is critical to youth and their parents.

Injury deaths are considered preventable to some degree. Age-adjusted accident (unintentional injuries) rates resulting in death are 110.4 per 100,000 in Shelby County, more than in Tennessee (100.5) and substantially more than in the United States (64.7). These include poisonings, falls, motor vehicle accidents, drowning and gun violence. Key informants mentioned the prevalence of violence in the city

[1] This is the most recent data available through SAMSHA for substate regions.

of Memphis. "Sadly, domestic violence and gun violence cases are becoming increasingly prevalent in our community. Every day there are multiple announcements about shooting victims across the city."

Maternal and Child Health

Live Births

White population live birth rates per 1,000 are higher in the U.S. and Tennessee than in Shelby County. Black population live birth rates are highest in Shelby County when compared to the state and the nation. Generally speaking, the birth rates for White and Black mothers have declined since the 2022 study. Births to unmarried women are much higher in Shelby County (60.7%) than in Tennessee (42.4%) and the U.S. (39.8%). Black women demonstrated a substantially higher percentage of unmarried births in Shelby County than White women. The teen birth rate per 1,000 is considerably higher in Shelby County (31 per 1,000) than in the state and the nation. The rate has increased since the last study when it was 25.

Access to pre- and post-natal care is critical to the health of newborns and infants. The frequency of prenatal care can have a positive impact on birth weight and the health of the baby. Both low birth weight (11.7%) and very low birth weight (2.2%) percentages are highest in Shelby County compared to the state and the nation. Low birthweight and very low birthweight are no longer targets in Healthy People 2030.

Infant Mortality

Healthy People 2030 tracks 355 measurable public health objectives that have 10-year targets and are associated with evidence-based interventions. Each measurable objective has a reliable data source, baseline measure, and a target for specific improvements to be achieved by the year 2030. There is one Maternal, Infant, and Child Health Leading Health objective which is "Reduce the Rate of Infant Deaths". The infant mortality rate per 1,000 Live Births is high in Shelby County (7.4) compared to state (6.6) and the nation (5.6). The Healthy People 2030 target is 5.0 infant deaths per 1,000 Live Births. Among Black women, the county rate is higher than the U.S., but lower than in Tennessee. Neonatal deaths (within the first 28 days) are also higher. Fortunately, this has declined from 6.1 to 4.4 per 1,000 since the previous study. However, post neonatal deaths (after 28 days and before one year) have risen from 2.6 to 3.0.

Sexually Transmitted Infections

As it relates to sexually transmitted infections (STIs), the rates of Chlamydia and Gonorrhea in Shelby County are more than double the rates seen in Tennessee and the U.S. Rates in the county, state and the nation have increased since the previous study. Women with these infections may pass them on to their unborn child who may experience health complications as a result.

Food Environment, Obesity and Physical Activity

Food and Nutrition

The County Health Rankings category *Health Factors* and associated behavior rankings include a discussion of nutrition and physical activity. Adult obesity (defined as having a Body Mass Index of equal to or greater than 30) is slightly higher in Shelby County (38%) than in Tennessee and the U.S.

The food environment index in the county (7.3) which assesses access to healthy foods and food insecurity, is better than the state (6.7), but worse than the U.S. (7.7). Food insecurity is defined as the condition of not having access to sufficient food, or food of an adequate quality to meet one's basic needs. Living in food deserts (typically in low income neighborhoods) offers limited access to healthy foods such as fruits and vegetables and may be directly related to food insecurity. 11% of county residents are food insecure. This may impact an individual's nutritional status, leading to poor health outcomes. An informant commented, "Ultra processed foods are often cheaper - and seemingly easier to prepare - and what people are used to consuming."

58.1% of key informants selected the (un)availability of healthy food options as a significant barrier to accessing needed health care services and good health. One informant commented, "Health care options and healthy food outlets are not in most at-risk areas." Healthy food options were selected by 71.4% of respondents to be lacking in Shelby County. "Access to healthy food options at reasonable prices is a problem. Most of the people in this city live in poverty and do not have the resources to seek fresh food options."

Physical Activity

Adults aged 20 years and older are somewhat less physically active in Shelby County. In the county, 29% are physically inactive compared to 27% in Tennessee and 23% in the U.S. This is despite the fact that they have substantially more access to exercise opportunities (86%) than in the state (67%) and more opportunities than in the nation (84%). This may be due to limited child care options or working more than one job, unsafe recreational areas or high gym costs.

Key informants were asked to speak to the challenges people face in maintaining healthy lifestyles. One noted the challenges to be, "Clean and well-maintained parks and other public spaces, exercise equipment and associated costs, lack of quality, affordable housing." And other challenges, the "lack of public transportation, too few attractive, well-maintained neighborhood parks, and access to full service and/or discount grocery stores."

In addition to the lack of community parks, informants noted that crime is a factor that prohibits families and their children from participating in outside activities. "Some of the challenges our community faces are – lack of green spaces in communities, fear of ongoing violence to be outside, food deserts and food insecurity."

COMMUNITY HEALTH REPORT CARDS

This Community Health Report Card highlights statistics that vary between Shelby County, Tennessee and the United States. To be classified as an area of strength, the local county figure must exceed the state and national figure. Consequentially, to be classified as an area of need, the county figure must be unfavorable compared to the state and national statistics. Depending on the database, a factor may only have a county-level comparison. Not all figures on the Community Health Report Card will have accompanying state and national comparisons. Some questions were asked only of the local Key Informants. When a comparison is unavailable the cell is omitted.

DOMAIN	INDICATOR	MEASURE	U.S.	TENNESSEE	SHELBY COUNTY
SOCIO-ECONOMIC FACTORS	LANGUAGE	Population 5 Years and Older who speak English less than "very well"	38.2%	42.8%	40.1%
	INCOME	Population below 100% of the poverty level	12.4%	13.8%	17.5%
		Households with Food Stamp/SNAP benefits	11.8%	11.2%	16.0%
		% of unemployed civilian labor force	3.3%	2.9%	4.6%
		Economic Stability (poverty, employment food security, housing stability) selected by key informants as: Poor or Very Poor			90.0%
	EDUCATION	% of bachelor's degree or higher in adults 25 years and over	35.0%	30.4%	34.2%
		Education (early childhood education and development, enrollment in higher education, high school graduation, language and literacy) selected by key informants as: Poor or Very Poor			63.4%
	AFFORDABLE HOUSING	Renter households spending more than 30% of their income on housing	50.4%	48.1%	53.2%
		Owner households spending more than 30% of their income on housing	27.6%	24.1%	26.5%
	SOCIAL SUPPORT	Male householder, no wife present	5.0%	4.8%	5.1%
		Female householder, no husband present	12.2%	12.6%	19.6%
		Lack of social support (family, friends, social network) as a key health barrier selected by key informants			25.8%
		Presence of 65 years of older in non-family household	11.6%	11.7%	11.7%
	HEALTH CARE ACCESS	% of population without health insurance coverage	8.6%	10.1%	12.1%
		Primary care physicians to population ratio	1,330:1	1,440:1	1,170:1
		Mental health providers to population ratio	320:1	530:1	530:1
		Dentist to population ratio	1,360:1	1,780:1	1,290:1
		Most prevalent barrier to accessing care cited by key informants: Basic needs not being met			67.7%
		Most "missing" healthcare service in the community cited by key informants: substance abuse services			21.4%
		Most needed/lacking support service in the community cited by key informants: advocacy for social needs			72.4%
		Key informants strongly disagreed or disagreed that there are: sufficient bilingual providers/ culturally sensitive providers			61.3%/ 45.2%
	BUILT ENVIRONMENT	Food environment index = food access and insecurity (ranking from 1 = worst to 10 = best)	7.7	6.5	7.3
		Access to exercise opportunities	84%	67%	86%
		Neighborhood or Built Environment (access to foods, quality of housing, crime and violence, environmental conditions, transportation) selected by key informants as: Poor or Very Poor			63.3%

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

REGIONAL ONE HEALTH

2025 Community Health Needs Assessment

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

DOMAIN	INDICATOR	MEASURE	U.S.	TENNESSEE	SHELBY COUNTY
HEALTH BEHAVIORS	PHYSICAL AND MENTAL HEALTH	Population reporting "fair" or "poor" overall health	14%	18%	21%
		Poor physical health days (average within past 30 days)	3.3	4.1	4.0
		Poor mental health days (average within past 30 days)	4.8	5.8	5.7
		% of population with adult obesity (BMI ≥ 30)	34%	36%	38%
	TOBACCO USE/ SUBSTANCE USE	Adults who are current smokers	15%	20%	19%
		Excessive drinking in adults	18%	17%	15%
	PREVENTATIVE SCREENINGS	Mammography screening among female enrollees, ages 65 to 74	43%	42%	34%
		Preventable hospital stays per 1,000 Medicare enrollees	2,681	2,896	2,871
		Low birth weight	8.6%	9.0%	11.7%
HEALTH OUTCOMES	CHRONIC CONDITIONS	Overall cancer incidence rates per 100,000 in adults	444.4	457.3	438.2
		Incidence of chlamydia per 100,000	492.2	517.4	1,053.8
		Incidence of gonorrhea per 100,000	179.5	186.4	429.0
		HIV new infections per 100,000	11.3	11.0	30.6
		Prevalence of tuberculosis per 100,000	2.8	1.6	3.5
	PREMATURE DEATH	Years of potential life lost (death before age 75) per 100,000 people	8,000	11,000	13,600
	DEATH RATES	Overall age-adjusted cancer mortality rates per 100,000 in adults	146.0	166.3	162.1
		Age-adjusted deaths due to intentional self-harm (suicide) per 100,000	14.1	17.0	11.0
		Age-adjusted deaths by accidents (unintentional injury) per 100,000	64.7	100.5	110.4
		Alcohol impaired driving deaths	26%	24%	18%
		Infant mortality rate per 1,000 live births	5.6	6.6	7.4

= Areas of Greatest Strength = Areas of Moderate Need = Areas of Greatest Need

SECONDARY DATA PROFILE OVERVIEW

I. Demographic Statistics

Sources used in the following section are in Appendix A: References. Term definitions are in Appendix B.

A. Population Statistics

According to the U.S. Census Bureau, Shelby County had 922,195 residents in 2023, with a slightly higher percentage of females than males, which is similar to Tennessee and the U.S. The median age in Shelby County is 35.8 years, which is about 3 years lower than either the state (38.9) or the nation (38.7). The trend period 2019 – 2023 represents a 5-year rolling average.

Table A1. Overall Population (2019 - 2023)

	U.S.	Tennessee	Shelby County
Population (2019-2023)	332,387,540	6,986,082	922,195
Population Change from 2010	1.8%	3.2%	-1.5%
Male population	49.5%	49.1%	47.6%
Female population	50.5%	50.9%	52.4%

Source: U.S. Census Bureau

Table A2. Overall Population (2016 - 2020)

	U.S.	Tennessee	Shelby County
Population (2016-2020)	326,569,308	6,772,268	936,611
Population Change from 2010	7.4%	8.6%	1.5%
Male population	49.2%	48.8%	47.5%
Female population	50.8%	51.2%	52.5%

Source: U.S. Census Bureau

Table A3. Population by Age (2019- 2023)

	U.S.	Tennessee	Shelby County
Under 5 years	5.7%	5.9%	6.9%
5 to 14 years	12.5%	12.5%	14.4%
15 to 24 years	13.1%	12.9%	12.9%
25 to 44 years	26.8%	26.5%	27.6%
45 to 59 years	18.7%	19.0%	17.8%
60 to 74 years	16.4%	16.7%	15.2%
75 to 84 years	4.9%	5.0%	3.9%
85 years and over	1.9%	1.6%	1.4%
Median Age (Years)	38.7	38.9	35.8

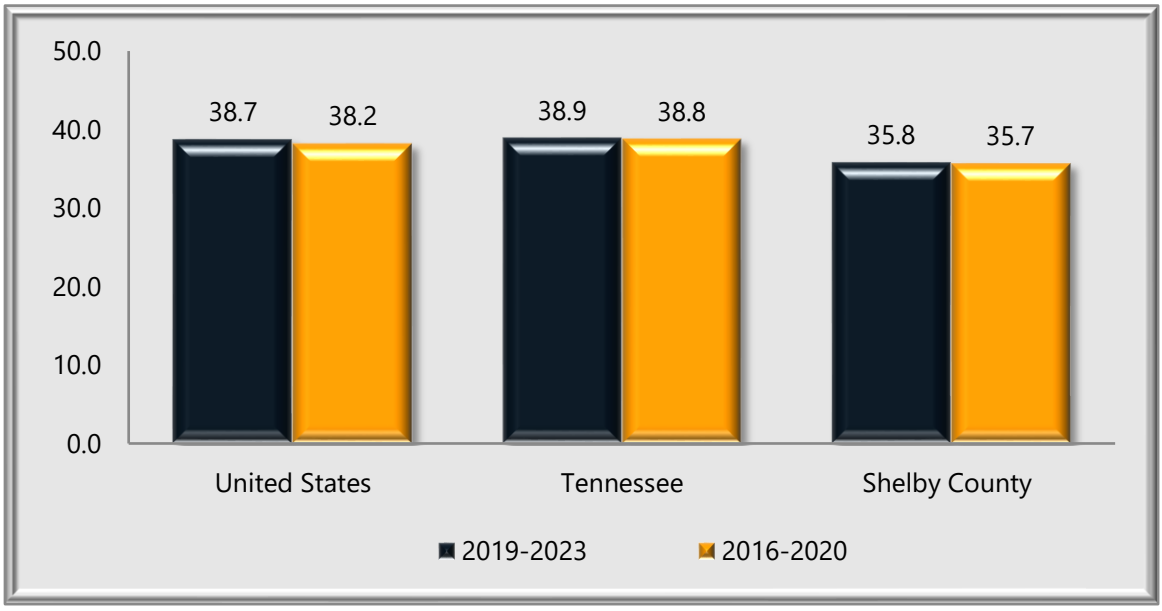
Source: U.S. Census Bureau

Table A4. Population by Age (2016- 2020)

	U.S.	Tennessee	Shelby County
Under 5 years	6.0%	6.0%	7.0%
5 to 14 years	12.6%	12.4%	13.9%
15 to 24 years	13.2%	12.9%	13.3%
25 to 44 years	26.6%	26.3%	27.4%
45 to 59 years	19.4%	19.7%	18.6%
60 to 74 years	15.6%	16.2%	14.6%
75 to 84 years	4.7%	4.8%	3.6%
85 years and over	2.0%	1.8%	1.6%
Median Age (Years)	38.2	38.8	35.7

Source: U.S. Census Bureau

Figure A1. Median Age Comparison by Location(2019 – 2023 vs. 2016-2020)



The population in Shelby County is mostly Black/African American (54.3%), which is dissimilar to Tennessee and the U.S. The population in the state and nation is predominately White at 79.1% and 73.4% respectively. The percentage of Hispanic or Latino (of any race) is lower in Shelby County and Tennessee than in the nation.

Table A5. Race Alone or in Combination with One or More Other Races (2019 - 2023)

	U.S.	Tennessee	Shelby County
White	73.4%	79.1%	39.3%
Black/African American	14.4%	17.6%	54.3%
American Indian/Alaska Native	2.2%	1.3%	1.0%
Asian or Pacific Islander	7.2%	2.5%	3.4%
Native Hawaiian and Pacific Islander	0.5%	0.2%	0.2%
Some Other Race	13.9%	5.7%	6.8%
Hispanic or Latino *(of any race)*[a]	19.0%	7.1%	8.5%

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

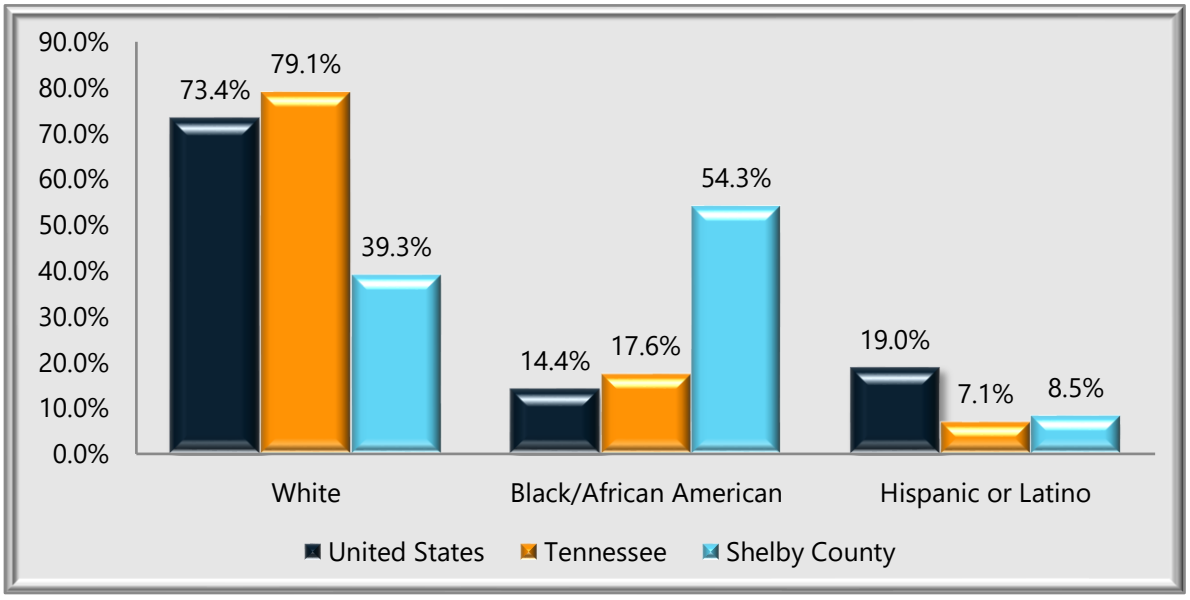
Table A6. Race Alone or in Combination with One or More Other Races (2016 - 2020)

	U.S.	Tennessee	Shelby County
White	75.1%	79.4%	40.1%
Black/African American	14.2%	17.9%	54.8%
American Indian/Alaska Native	1.8%	0.9%	0.7%
Asian or Pacific Islander	6.8%	2.3%	3.1%
Native Hawaiian and Pacific Islander	0.4%	0.2%	0.1%
Some Other Race	7.4%	2.4%	3.6%
Hispanic or Latino *(of any race)*[a]	18.2%	5.6%	6.4%

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Figure A2. Racial breakdown of the major races/ethnicity (2019 – 2023)



10.9% of Shelby County residents speak a language other than English and 40.1% speak English "less than very well". In addition to English, the primary language spoken is Spanish (6.7%) which is a slight increase from the previous study in 2022. This percentage speaking Spanish is somewhat more than the state (5.1%), but half of the nation (13.4%).

Table A7. Language Spoken at Home Population, 5 Years Old and Older (2019– 2023)

	U.S.	Tennessee	Shelby County
English only	78.0%	91.7%	89.1%
Language other than English	22.0%	8.3%	10.9%
Speak English less than "very well"	38.2%	42.8%	40.1%
Spanish	13.4%	5.1%	6.7%
Speak English less than "very well"	39.6%	47.9%	46.2%
Other Indo-European languages	3.8%	1.3%	1.5%
Speak English less than "very well"	30.6%	25.1%	20.5%
Asian and Pacific Islander languages	3.5%	1.1%	1.6%
Speak English less than "very well"	44.1%	41.8%	40.4%
Other languages	1.2%	0.9%	1.1%
Speak English less than "very well"	29.6%	41.1%	29.1%

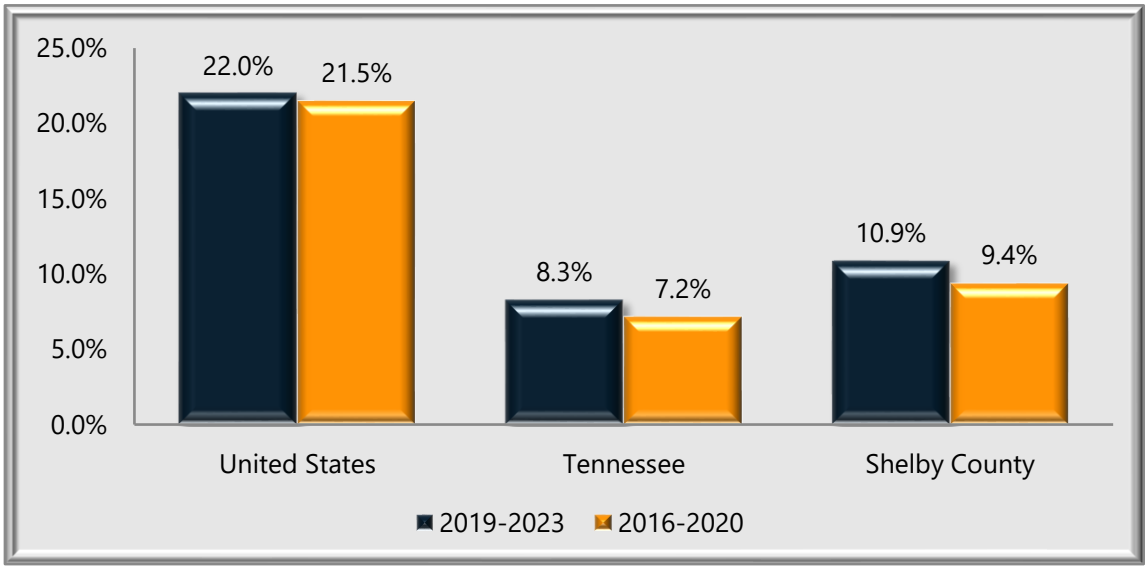
Source: U.S. Census Bureau

Table A8. Language Spoken at Home Population, 5 Years Old and Older (2016– 2020)

	U.S.	Tennessee	Shelby County
English only	78.5%	92.8%	90.6%
Language other than English	21.5%	7.2%	9.4%
Speak English less than "very well"	8.2%	2.9%	3.6%
Spanish	13.2%	4.2%	5.4%
Speak English less than "very well"	39.3%	44.3%	43.1%
Other Indo-European languages	3.7%	1.2%	1.3%
Speak English less than "very well"	30.4%	24.9%	19.8%
Asian and Pacific Islander languages	3.5%	1.1%	1.7%
Speak English less than "very well"	45.2%	42.6%	44.9%
Other languages	1.1%	0.7%	1.1%
Speak English less than "very well"	30.2%	43.2%	29.4%

Source: U.S. Census Bureau

Figure A3. Percentage of population speaking a language other than English at home, 2019-2023; 2016-2020



B. Household Statistics

A much lower percentage of individuals in Shelby County are married (38.6%) in comparison to the state (48.9%) and the nation (47.9%). Percentages of individuals who are widowed are similar, but Tennessee demonstrates a higher percentage of divorce (12.0%) when compared to Shelby County (10.9%) and nation (10.7%).

Table B1. Marital Status Population, 15 Years and Over (2019 – 2023)

	U.S.	Tennessee	Shelby County
Never married	34.1%	31.0%	42.1%
Now married, except separated	47.9%	48.9%	38.6%
Separated	1.7%	1.8%	2.8%
Widowed	5.6%	6.3%	5.6%
Divorced	10.7%	12.0%	10.9%

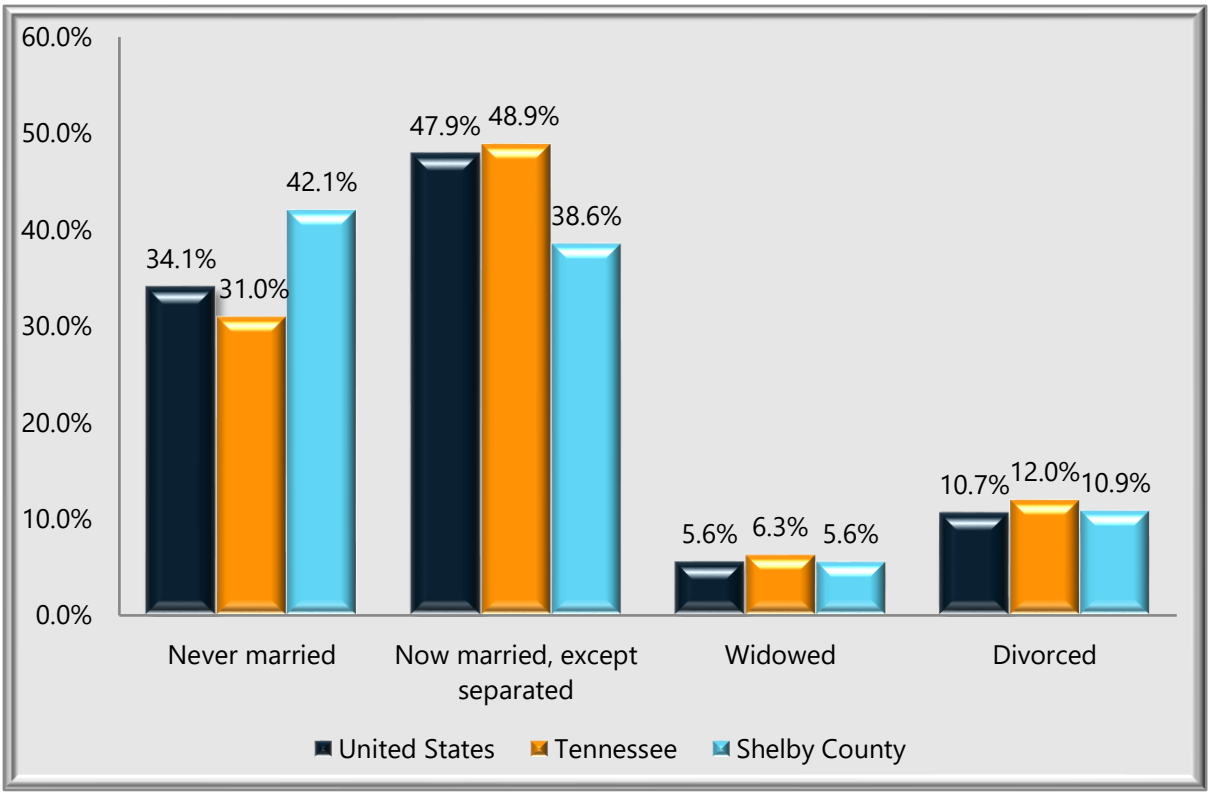
Source: U.S. Census Bureau

Table B2. Marital Status Population, 15 Years and Over (2016 – 2020)

	U.S.	Tennessee	Shelby County
Never married	33.5%	30.3%	41.8%
Now married, except separated	48.1%	49.2%	39.3%
Separated	1.8%	2.0%	2.7%
Widowed	5.7%	6.3%	5.4%
Divorced	10.8%	12.2%	10.7%

Source: U.S. Census Bureau

Figure B1. Marital Status 2019-2023



A total of 20,933 grandparents in Shelby County are estimated to live with their grandchildren and of those, 43.4% are responsible for them. This percentage is higher than the nation (32.0%), but slightly lower than the state (45.8%).

Table B3. Grandparents Responsible for Grandchildren (2019 – 2023)

	U.S.	Tennessee	Shelby County
Number of grandparents living with own grandchildren under 18 years	6,844,458	154,083	20,933
% of grandparents responsible for grandchildren	32.0%	45.8%	43.4%

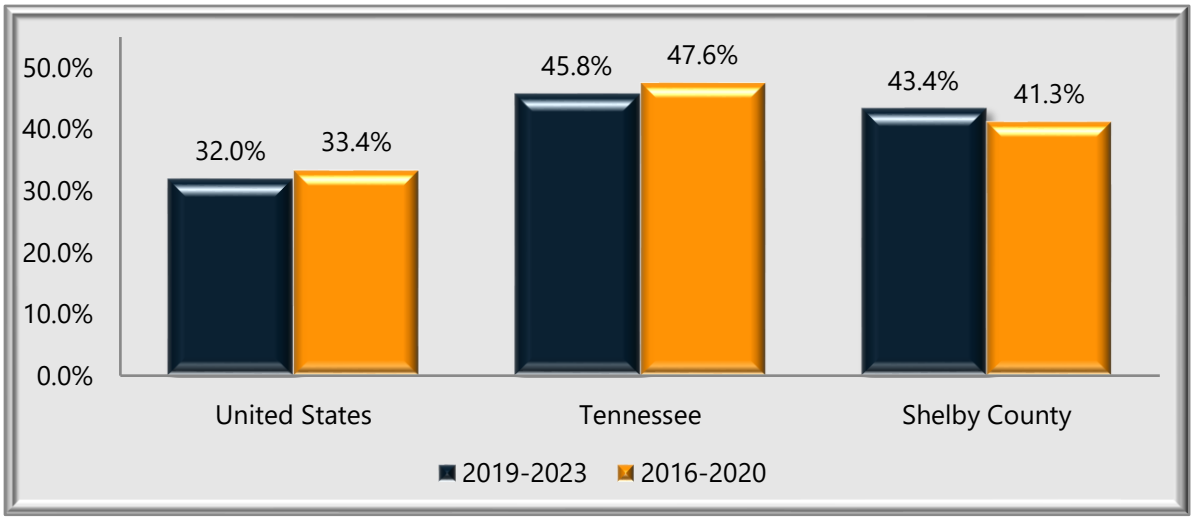
Source: U.S. Census Bureau

Table B4. Grandparents Responsible for Grandchildren (2016 – 2020)

	U.S.	Tennessee	Shelby County
Number of grandparents living with own grandchildren under 18 years	7,187,524	157,846	23,717
% of grandparents responsible for grandchildren	33.4%	47.6%	41.3%

Source: U.S. Census Bureau

Figure B2. Grandparents Responsible for Grandchildren, 2019-2023 vs. 2016-2020



Data from the U.S. Census is frequently presented for households rather than for population (individuals). The percentage of occupied housing units in Shelby County is about the same in Tennessee and the U.S. Of these, 54.6% are owner-occupied while 45.4% are renter occupied. The percentage of vacant units is about the same throughout the county, state, and nation. This has decreased since the previous study as the percentage of occupied housing units has increased.

Table B5. Households by Occupancy (2019 – 2023)

	U.S.	Tennessee	Shelby County
Total housing units	142,332,876	3,095,472	403,144
Occupied housing units	89.6%	89.4%	89.4%
Owner-occupied	65.0%	67.0%	54.6%
Renter-occupied	35.0%	33.0%	45.4%
Vacant units	10.4%	10.6%	10.6%

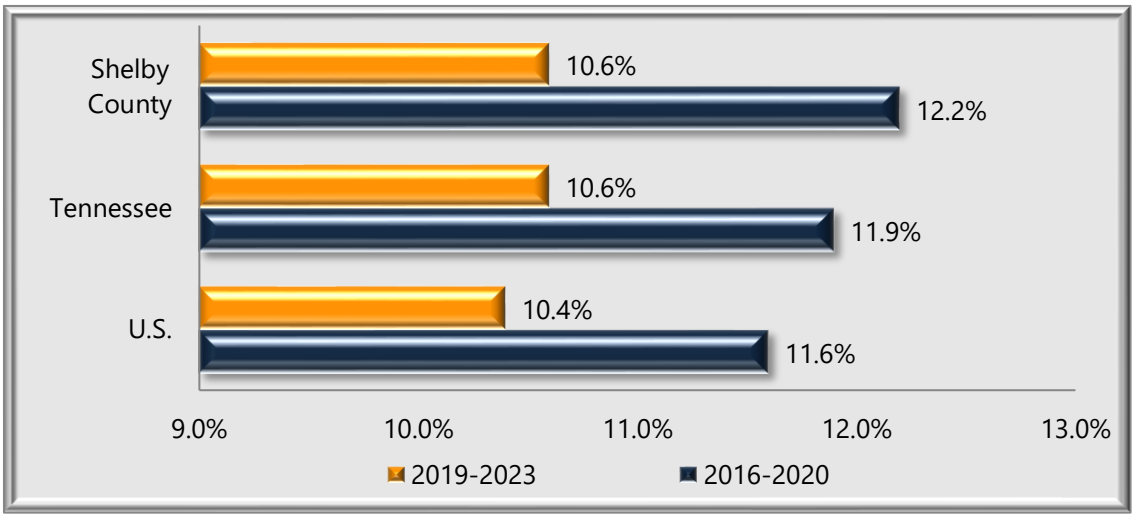
Source: U.S. Census Bureau

Table B6. Households by Occupancy (2016 – 2020)

	U.S.	Tennessee	Shelby County
Total housing units	138,432,751	2,996,127	406,026
Occupied housing units	88.4%	88.1%	87.8%
Owner-occupied	64.4%	66.5%	54.8%
Renter-occupied	35.6%	33.5%	45.2%
Vacant units	11.6%	11.9%	12.2%

Source: U.S. Census Bureau

Figure B3. Percentage of vacant housing units, 2019-2023 vs. 2016-2020



The percentage for owner-occupied housing units with a mortgage is somewhat similar throughout the county (63.5%), state (58.3%), and the nation (61.2%). The median value of a housing unit in the U.S. is $303,400 which is substantially higher than in Tennessee ($256,800) and Shelby County ($229,700). The median U.S. monthly rent is also higher at $1,348.

Housing cost burden is defined as households paying 30% or more on housing costs (rent/mortgage and utilities). For owners and renters, a smaller percentage pay 30% or more of their gross household income for a mortgage or rent (and associated expenses) in comparison. About one-quarter of homeowner households in the county are considered housing cost burdened, yet, more than half of renters (53.2%) experience a housing cost burden. This is slightly higher than the state and the nation.

Table B7. Housing Characteristics (2019 – 2023)

	U.S.	Tennessee	Shelby County
Owner-Occupied Housing			
Owner-occupied units	82,892,037	1,855,793	196,804
Housing units with a mortgage	61.2%	58.3%	63.5%
Housing units without a mortgage	38.8%	41.7%	36.5%
Median value	303,400	256,800	229,700
Households spending 30% or more of income on mortgage/Owner costs	27.6%	24.1%	26.5%
Renter-Occupied Housing			
Renter-Occupied Units	42,439,779	847,714	157,827
Median dollars	$1,348	$1,122	$1,170
Households spending 30% or more of income on rent	50.4%	48.1%	53.2%

Source: U.S. Census Bureau

Table B8. Housing Characteristics (2016 – 2020)

	U.S.	Tennessee	Shelby County
Owner-Occupied Housing			
Owner-occupied units	78,801,376	1,756,534	195,260
Housing units with a mortgage	62.1%	59.0%	65.1%
Housing units without a mortgage	37.9%	41.0%	34.9%
Median value	$229,800	$177,600	$158,700
Households spending 30% or more of income on mortgage/Owner costs	27.4%	23.9%	26.4%
Renter-Occupied Housing			
Renter-Occupied Units	41,390,514	816,626	155,532
Median dollars	$1,096	$897	$957
Households spending 30% or more of income on rent	49.1%	47.1%	53.3%

Source: U.S. Census Bureau

Figure B4. Households spending more than 30% of income on mortgage, 2019-2023 vs. 2016-2020

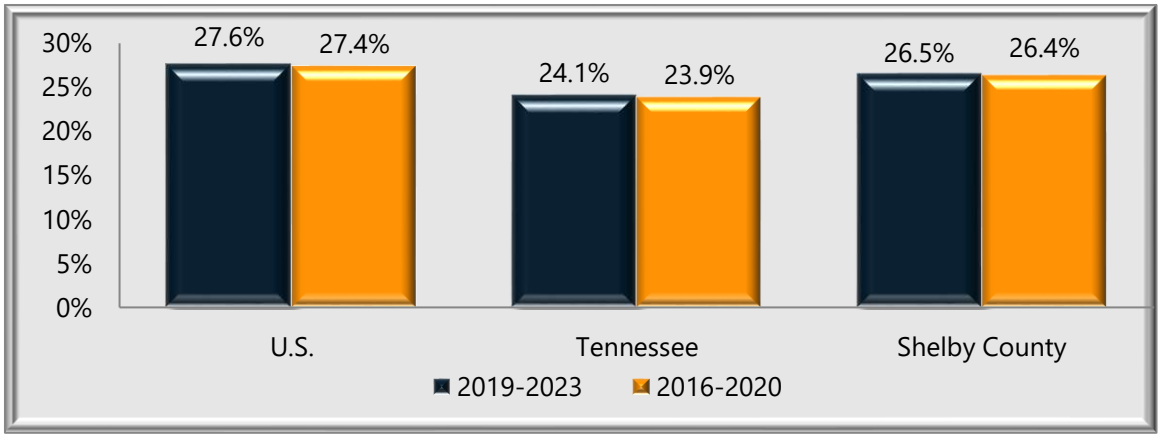
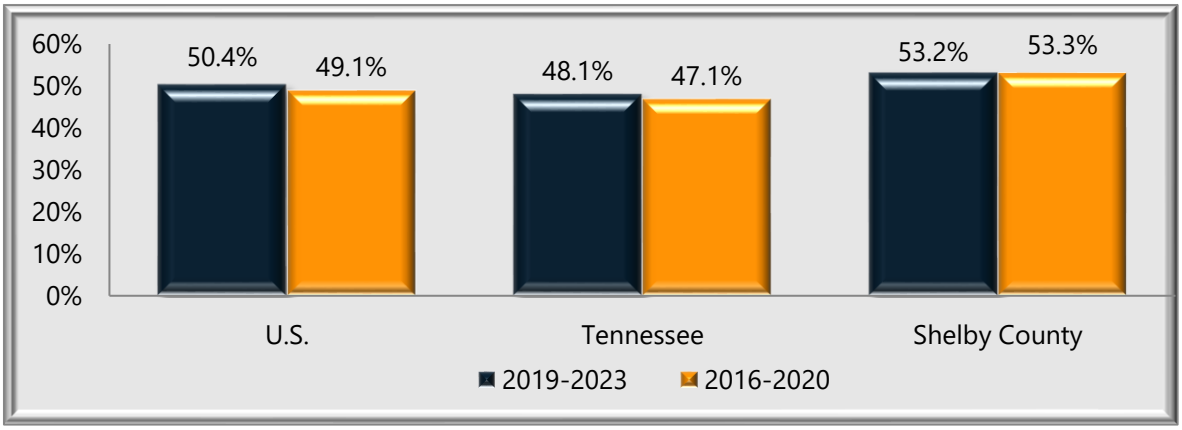


Figure B5. Households spending more than 30% of income on rent, 2019-2023 vs. 2016-2020



Of the three areas, Shelby County has the lowest percentage of married-couple families (35.8%), and the highest percentage of female householder, no husband present (19.6%). Tennessee has the smallest average household and family size. Shelby County demonstrates the highest percentage of householders living alone (34.1%).

Table B9. Households by Type (2019 – 2023)

	U.S.	Tennessee	Shelby County
Total households	127,482,865	2,768,743	360,590
Average household size	2.54	2.47	2.52
Average family size	3.15	3.06	3.30
Family households (Families)	64.5%	64.5%	60.5%
Male householder, no wife present	5.0%	4.8%	5.1%
Female householder, no husband present	12.2%	12.6%	19.6%
Married-couple families	47.2%	47.1%	35.8%
Nonfamily households	35.5%	35.5%	39.5%
Householder living alone	28.5%	29.2%	34.1%
65 years and over	11.6%	11.7%	11.7%

Source: U.S. Census Bureau

Table B10. Households by Type (2016 – 2020)

	U.S.	Tennessee	Shelby County
Total households	122,354,219	2,639,455	356,607
Average household size	2.60	2.51	2.58
Average family size	3.21	3.09	3.36
Family households (Families)	65.3%	65.4%	61.5%
Male householder, no wife present	4.9%	4.6%	4.6%
Female householder, no husband present	12.3%	12.7%	19.3%
Married-couple families	48.1%	48.2%	37.6%
Nonfamily households	34.7%	34.6%	38.5%
Householder living alone	80.6%	82.6%	85.9%
65 years and over	32.4%	32.1%	27.2%

Source: U.S. Census Bureau

C. Income Statistics

Median family income in the county is less than the state and the nation at $80,849. Median earnings for workers are far less in the county ($40,777). 11.8% of households have an annual income of less than $15,000, more than in Tennessee or the U.S.

Table C1. Household and Family Income (2019 – 2023)

	U.S.	Tennessee	Shelby County
Household Income			
Less than $15,000	8.5%	9.4%	11.8%
$15,000 to $24,999	6.6%	7.8%	8.1%
$25,000 to $34,999	6.8%	7.9%	8.5%
$35,000 to $49,999	10.4%	12.4%	12.6%
$50,000 to $74,999	15.7%	17.4%	16.6%
$75,000 to $99,999	12.7%	13.2%	11.6%
$100,000 to $ 149,999	17.4%	16.4%	14.8%
$150,000 or more	21.9%	15.4%	16.1%
Median household income	$78,538	$67,097	$62,337
Mean household income	$110,491	$93,479	$93,795
Family Income			
Median family income	$96,922	$84,212	$80,849
Mean family income	$130,215	$111,007	$114,859
Individual Median Earnings			
Median earnings for workers	$44,587	$40,879	$40,777
Male full-time, year-round workers	$65,664	$58,032	$56,414
Female full-time, year-round workers	$53,445	$46,738	$47,449

Source: U.S. Census Bureau

Table C2. Household and Family Income (2016 – 2020)

	U.S.	Tennessee	Shelby County
Household Income			
Less than $15,000	9.9%	11.6%	14.4%
$15,000 to $24,999	8.5%	10.0%	10.4%
$25,000 to $34,999	8.6%	10.2%	10.3%
$35,000 to $49,999	12.0%	13.9%	13.1%
$50,000 to $74,999	17.2%	18.4%	17.0%
$75,000 to $99,999	12.8%	12.5%	10.8%
$100,000 to $ 149,999	15.6%	13.3%	12.4%
$150,000 or more	15.4%	10.0%	11.6%
Median household income	$64,994	$55,833	$52,092
Mean household income	$91,547	$76,937	$78,897
Family Income			

	U.S.	Tennessee	Shelby County
Median family income	$77,263	$66,242	$65,547
Mean family income	$103,863	$88,501	$93,228
Individual Median Earnings			
Median earnings for workers	$36,280	$32,742	$32,487
Male full-time, year-round workers	$54,323	$48,607	$49,025
Female full-time, year-round workers	$44,220	$39,132	$39,977

Source: U.S. Census Bureau

Figure C1. Median household income, 2019-2023 vs. 2016-2020

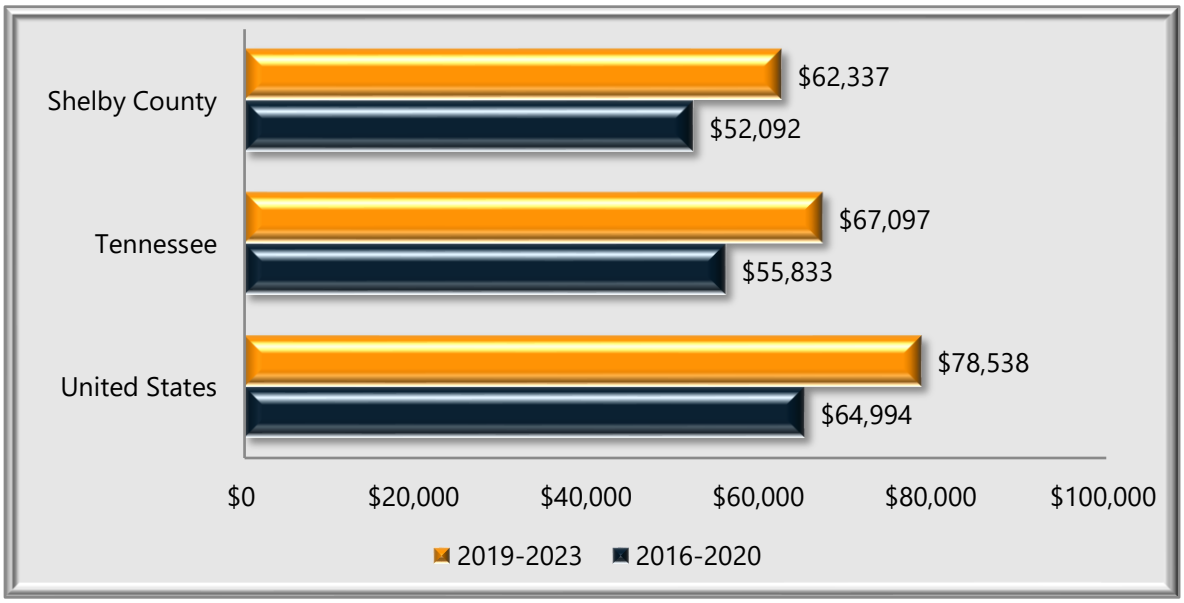
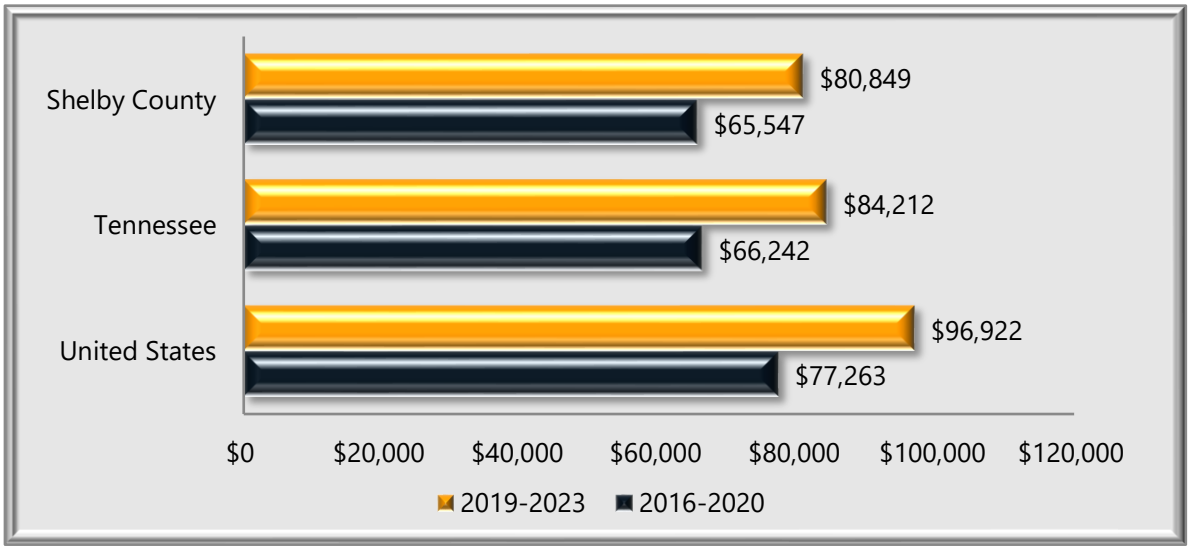


Figure C2. Median family income, 2019-2023 vs. 2016-2020



The percentage of families living under 100% of the poverty level in Shelby County is 13.4%, a slight decrease from the previous study when 14.3% lived below this level. The percentage of children under the age of 18 living below the poverty level is particularly high (25.8%). All other age cohorts (18 to 64 years and 65 years and older) are also higher in the county when compared to the state and nation.

Table C3. Poverty Status of Families and People in the Past 12 Months (2019 – 2023)

	U.S.	Tennessee	Shelby County
All families	8.7%	9.9%	13.4%
With related children under 18 years	13.5%	15.4%	20.0%
With related children under 5 years	12.4%	15.0%	20.0%
Married couple families	4.5%	4.9%	4.7%
With related children under 18 years	5.8%	6.2%	5.9%
With related children under 5 years	4.4%	4.7%	2.6%
Female-headed households, no husband present	23.7%	26.9%	27.6%
With related children under 18 years	32.6%	35.7%	35.6%
With related children under 5 years	36.8%	42.7%	38.1%
All people	12.4%	13.8%	17.5%
Under 18 years	16.3%	18.7%	25.8%
18 years to 64 years	11.6%	12.8%	15.0%
65 years and over	10.4%	10.8%	13.3%

Source: U.S. Census Bureau

Table C4. Poverty Status of Families and People in the Past 12 Months (2016 – 2020)

	U.S.	Tennessee	Shelby County
All families	9.1%	10.6%	14.3%
With related children under 18 years	14.3%	17.1%	22.3%
With related children under 5 years	13.5%	18.2%	23.5%
Married couple families	4.6%	5.1%	4.7%
With related children under 18 years	6.2%	7.1%	6.6%
With related children under 5 years	4.8%	5.7%	4.8%
Female-headed households, no husband present	25.1%	29.7%	31.2%
With related children under 18 years	34.4%	39.2%	40.7%
With related children under 5 years	38.8%	49.9%	46.0%
All people	12.8%	14.6%	19.0%
Under 18 years	17.5%	20.8%	29.9%
18 years to 64 years	12.1%	13.8%	16.2%
65 years and over	9.3%	9.3%	11.0%

Source: U.S. Census Bureau

Figure C3. Poverty status of married couple families and female-headed households, 2019-2023

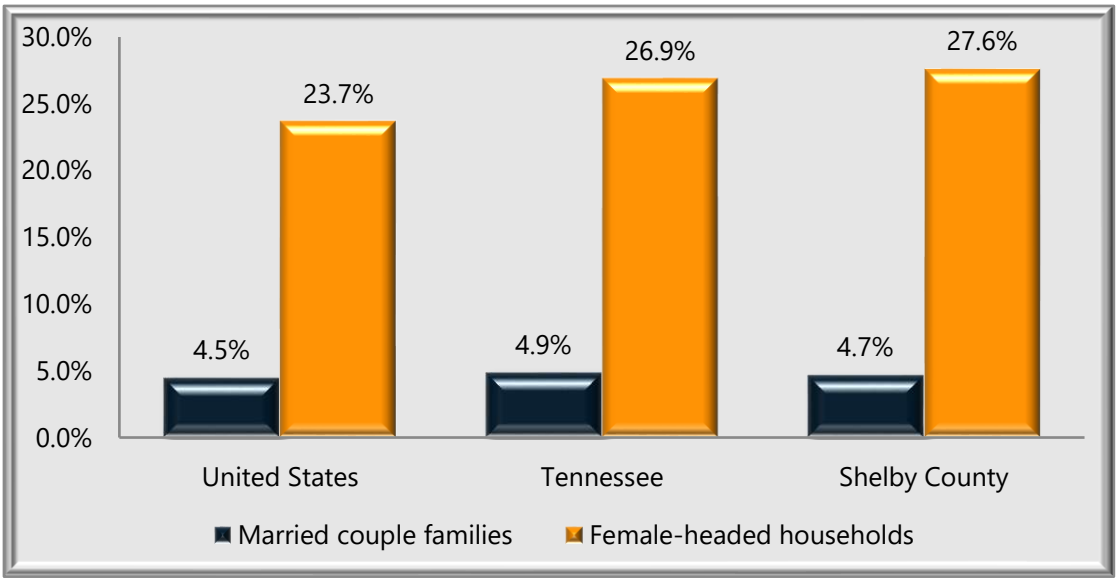


Table C5 from the U.S. Department of Housing and Urban Development displays family household size and the related income that indicates 100% of the poverty level.

Table C5. Health and Human Services Poverty Guidelines (2025)

Size of Family/ Household	48 Contiguous States and the District of Columbia 100% of Poverty Level
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
For each additional person after 8, add: $5,500	

Source: U.S. Department of Health and Human Services

There is a larger percentage of the population below the poverty level in Shelby County (17.5%) compared to the state and the nation. Of those, almost half have received food stamps (48.2%) which is similar to Tennessee, but more than the U.S. (43.0%). Shelby County demonstrates a higher percentage of households with supplemental security income but a lower percentage of households with cash public assistance income compared to Tennessee and the U.S.

Table C6. Households with Supplemental Benefits in the Past 12 Months (2019 – 2023)

	U.S.	Tennessee	Shelby County
Population below poverty level	12.4%	13.8%	17.5%
Households with supplemental security income	5.1%	5.5%	6.6%
Mean supplemental security income	$11,361	$11,542	$11,700
Households with cash public assistance income	2.7%	2.0%	1.8%
Mean cash public assistance income	$4,420	$3,594	$3,260
Households with food stamp/ SNAP benefits in the past 12 months	11.8%	11.2%	16.0%
Households below poverty level and receiving food stamp	43.0%	49.4%	48.2%
Households with one or more people 60 years and over receiving food stamps	38.8%	34.6%	32.9%
Households with children under 18 years receiving food stamps	47.2%	49.9%	52.5%

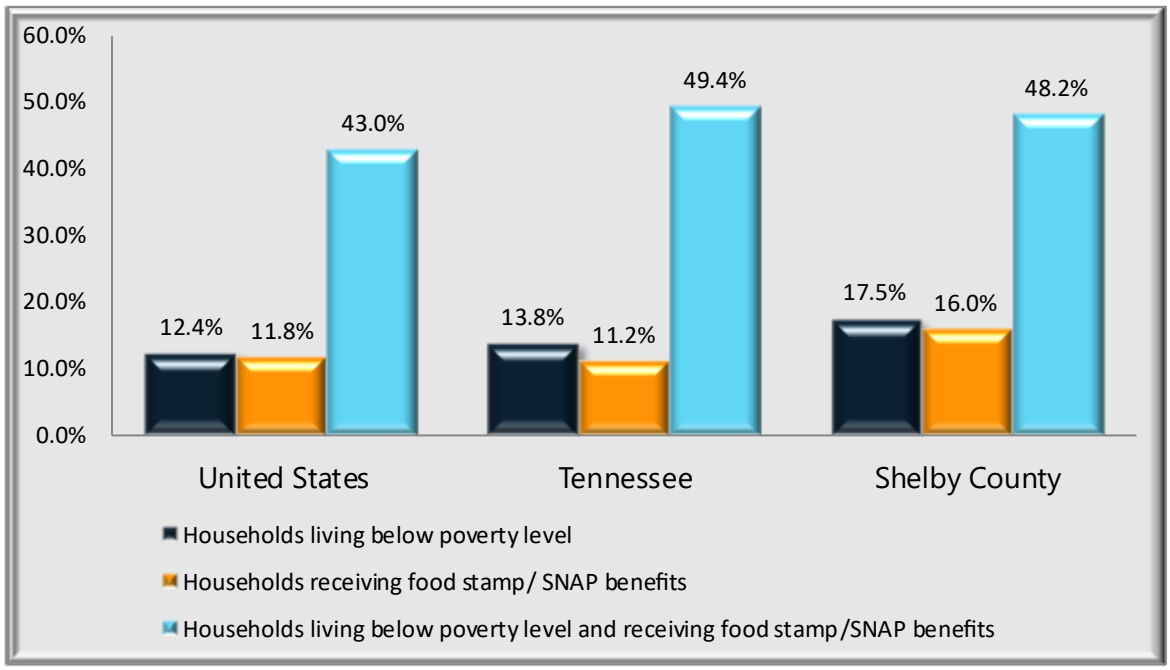
Source: U.S. Census Bureau

Table C7. Households with Supplemental Benefits in the Past 12 Months (2016 – 2020)

	U.S.	Tennessee	Shelby County
Population below poverty level	12.8%	14.6%	19.0%
Households with supplemental security income	5.2%	5.7%	6.7%
Mean supplemental security income	$10,115	$10,151	$10,596
Households with cash public assistance income	2.4%	2.0%	1.8%
Mean cash public assistance income	$3,271	$2,738	$2,406
Households with food stamp/ SNAP benefits in the past 12 months	11.4%	12.6%	16.4%
Households below poverty level and receiving food stamp	45.9%	51.9%	52.5%
Households with one or more people 60 years and over receiving food stamps	35.5%	32.6%	31.1%
Households with children under 18 years receiving food stamps	49.2%	50.1%	51.0%

Source: U.S. Census Bureau

Figure C4. Households living below poverty level and/or receiving food stamps/SNAP benefits, 2019-2023



D. Employment Statistics

In Shelby County, a slightly larger percentage of the population is in the labor force (64.9%) than in Tennessee (62.1%) and the U.S. (63.5%). The unemployment rate in Shelby County (4.6%) exceeds that in the state and nation. However, the rate has fallen substantially from the previous study when it was 7.4% in the county.

Table D1. Employment Status, 16 Years Old and Older (2019– 2023)

	U.S.	Tennessee	Shelby County
Population in labor force	169,855,626	3,485,218	463,093
% of population in labor force	63.5%	62.1%	64.9%
Civilian labor force	63.0%	61.7%	64.6%
Armed Forces	0.5%	0.4%	0.3%
% of population not in labor force	36.5%	37.9%	35.1%
Unemployed civilian labor force	3.3%	2.9%	4.6%

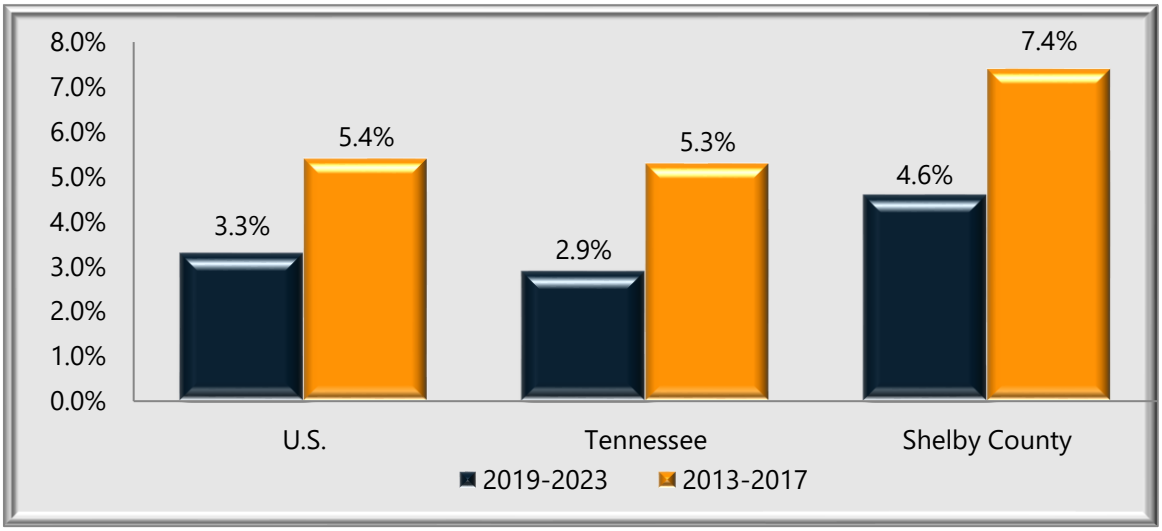
Sources: U.S. Census Bureau

Table D2. Employment Status, 16 Years Old and Older (2016– 2020)

	U.S.	Tennessee	Shelby County
Population in labor force	165,902,838	3,343,918	467,888
% of population in labor force	63.4%	61.5%	64.2%
Civilian labor force	63.0%	61.1%	64.0%
Armed Forces	0.4%	0.4%	0.3%
% of population not in labor force	36.6%	38.5%	35.8%
Unemployed civilian labor force	5.4%	5.3%	7.4%

Sources: U.S. Census Bureau

Figure D1. Unemployment rates, 2019-2023 vs. 2016-2020



The U.S. (13.5%) has the highest percentage of work from home employees compared to Tennessee (11.4%) and Shelby County (9.4%). 38.0% of the labor force in the county is employed in management, business, science and arts, somewhat less than the state and nation and 5.6% of county workers are self-employed.

Table D3. Commuting To Work Status (2019 - 2023)

	U.S.	Tennessee	Shelby County
Workers who drive alone to work	70.2%	77.2%	78.3%
Car, truck, or van -- carpooled	8.5%	8.4%	9.1%
Workers commuting by public transportation (excluding taxicab)	3.5%	0.5%	0.5%
Walked	2.4%	1.2%	1.3%
Other means	1.9%	1.3%	1.3%
Worked at home	13.5%	11.4%	9.4%
Mean travel time to work (minutes)	26.6	25.7	22.5

Source: U.S. Census Bureau

Table D4. Commuting To Work Status (2016 - 2020)

	U.S.	Tennessee	Shelby County
Workers who drive alone to work	74.9%	81.9%	82.9%
Car, truck, or van -- carpooled	8.9%	8.8%	9.6%
Workers commuting by public transportation (excluding taxicab)	4.6%	0.6%	0.9%
Walked	2.6%	1.3%	1.1%
Other means	1.8%	1.2%	1.2%
Worked at home	7.3%	6.3%	4.4%
Mean travel time to work (minutes)	26.9	25.4	22.9

Source: U.S. Census Bureau

Table D5. Estimated Major Occupational Groups (2019 - 2023)

	U.S.	Tennessee	Shelby County
Management, business, science, and arts	42.0%	38.6%	38.0%
Service	16.5%	15.6%	16.3%
Sales and office	19.9%	20.6%	21.0%
Natural resources, construction, and maintenance	8.6%	8.7%	6.3%
Production, transportation, and material moving	13.0%	16.5%	18.4%

Source: U.S. Census Bureau

Table D6. Estimated Major Occupational Groups (2016 - 2020)

	U.S.	Tennessee	Shelby County
Management, business, science, and arts	39.5%	36.3%	36.6%
Service	17.4%	16.5%	17.4%
Sales and office	21.3%	21.8%	22.1%
Natural resources, construction, and maintenance	8.7%	8.7%	6.2%
Production, transportation, and material moving	13.1%	16.7%	17.6%

Source: U.S. Census Bureau

Table D7. Class of Worker (2019 - 2023)

	U.S.	Tennessee	Shelby County
Private wage and salary workers	79.4%	79.3%	80.9%
Government workers	14.4%	13.6%	13.3%
Self-employed workers in own, not incorporated, business	6.0%	6.9%	5.6%
Unpaid family workers	0.2%	0.2%	0.2%

Source: U.S. Census Bureau

Table D8. Class of Worker (2016 - 2020)

	U.S.	Tennessee	Shelby County
Private wage and salary workers	79.9%	79.7%	81.8%
Government workers	13.9%	13.3%	13.0%
Self-employed workers in own, not incorporated, business	5.9%	6.8%	5.0%
Unpaid family workers	0.2%	0.2%	0.2%

Source: U.S. Census Bureau

Table D9. Estimated Major Industrial Group Percentages (2019 - 2023)

	U.S.	Tennessee	Shelby County
Agriculture, forestry, fishing, hunting, mining	1.6%	0.9%	0.3%
Construction	6.9%	7.0%	5.2%
Manufacturing	10.0%	12.8%	9.2%
Wholesale trade	2.3%	2.3%	2.6%
Retail trade	10.9%	11.5%	10.2%
Transportation and warehousing, and utilities	5.9%	7.2%	14.0%
Information	1.9%	1.6%	1.2%
Finance, insurance, real estate, rental and leasing	6.7%	6.0%	5.6%
Professional, scientific, management, administrative and waste management services	12.4%	10.5%	10.9%
Educational services, health care, social assistance	23.4%	22.3%	22.6%
Arts, entertainment, recreation, accommodation, and food services	8.8%	9.0%	8.5%
Other services, except public administration	4.7%	4.8%	5.0%
Public administration	4.7%	4.2%	4.8%

Source: U.S. Census Bureau

Table D10. Estimated Major Industrial Group Percentages (2016 - 2020)

	U.S.	Tennessee	Shelby County
Agriculture, forestry, fishing, hunting, mining	1.7%	1.0%	0.2%
Construction	6.7%	6.6%	4.6%
Manufacturing	10.0%	12.9%	9.1%
Wholesale trade	2.5%	2.5%	3.1%
Retail trade	11.0%	11.6%	10.3%
Transportation and warehousing, and utilities	5.5%	6.8%	13.5%
Information	2.0%	1.6%	1.3%
Finance, insurance, real estate, rental and leasing	6.6%	5.9%	5.5%
Professional, scientific, management, administrative and waste management services	11.7%	9.9%	10.5%
Educational services, health care, social assistance	23.3%	22.6%	22.8%
Arts, entertainment, recreation, accommodation, and food services	9.4%	9.6%	9.2%
Other services, except public administration	4.8%	4.8%	5.2%
Public administration	4.7%	4.2%	4.7%

Source: U.S. Census Bureau

E. Education Statistics

The percentage of individuals 25 years and over graduated from high school is relatively the same throughout the U.S. (89.4%), Tennessee (89.6%), and Shelby County (89.8%). A little over a fifth of the population in Shelby County have some college education which is slightly higher than the state or the nation. As it relates to completing a bachelor's degree or higher, Tennessee has the lowest percentage (30.4%) while the nation has the highest (35.0%). In Shelby County a greater percentage currently have a bachelor's degree or higher (34.2%) than did in the 2022 study (32.4%).

Table E1. Educational Attainment, Population 25 Years and Over (2019 – 2023)

	U.S.	Tennessee	Shelby County
Less than high school diploma	10.6%	10.4%	10.2%
High school graduate (includes equivalency)	26.2%	31.4%	27.4%
Some college, no degree	19.4%	20.0%	21.6%
Associate's degree	8.8%	7.8%	6.6%
Bachelor's degree	21.3%	19.0%	20.1%
Graduate or professional degree	13.7%	11.4%	14.1%
Percent high school graduate or higher	89.4%	89.6%	89.8%
Percent bachelor's degree or higher	35.0%	30.4%	34.2%

Source: U.S. Census Bureau

Table E2. Educational Attainment, Population 25 Years and Over (2016 – 2020)

	U.S.	Tennessee	Shelby County
Less than high school diploma	12.2%	11.4%	12.9%
High school graduate (includes equivalency)	26.7%	31.8%	27.3%
Some college, no degree	20.3%	20.7%	22.8%
Associate's degree	8.6%	7.5%	6.5%
Bachelor's degree	20.2%	17.8%	19.3%
Graduate or professional degree	12.7%	10.4%	13.0%
Percent high school graduate or higher	88.5%	88.2%	89.1%
Percent bachelor's degree or higher	32.9%	28.2%	32.4%

Source: U.S. Census Bureau

Figure E1. Percent of high school graduates and higher and percent of bachelor's degree or higher, 2019 -2023

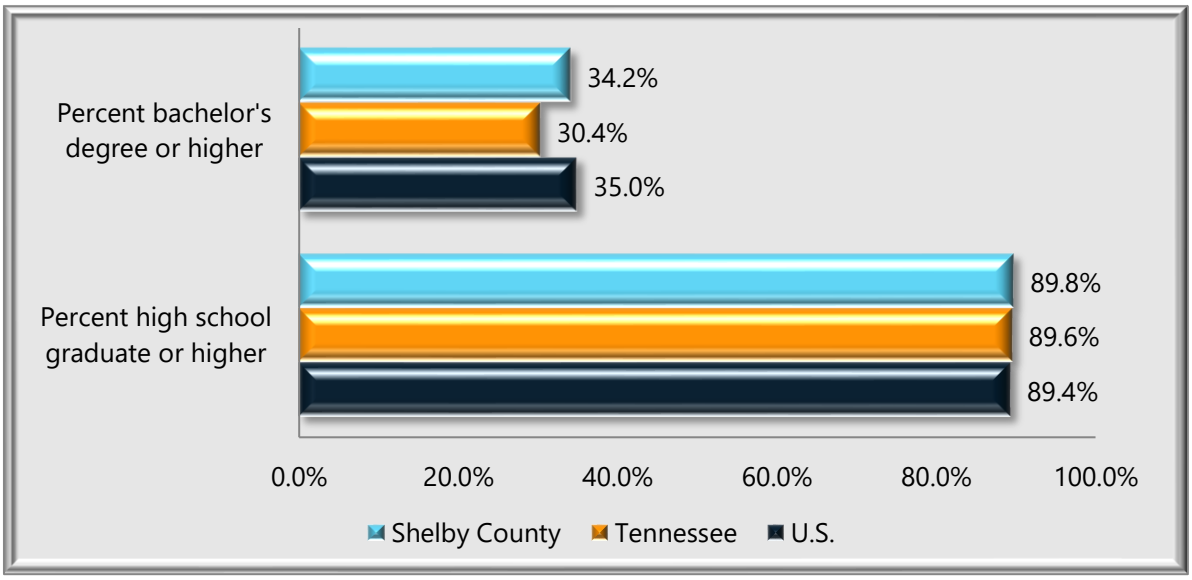


Table E3. School Enrollment, Population Three Years and Over (2019 – 2023)

	U.S.	Tennessee	Shelby County
Nursery school, preschool	5.8%	5.3%	5.8%
Kindergarten	5.1%	5.3%	6.6%
Elementary school (grades 1-8)	40.8%	43.0%	44.0%
High school (grades 9-12)	21.6%	22.3%	22.0%
College, undergraduate	21.0%	18.8%	15.0%

Source: U.S. Census Bureau

Table E4. School Enrollment, Population Three Years and Over (2016 – 2020)

	U.S.	Tennessee	Shelby County
Nursery school, preschool	6.1%	5.6%	5.9%
Kindergarten	5.0%	5.1%	5.7%
Elementary school (grades 1-8)	40.4%	42.4%	42.6%
High school (grades 9-12)	21.0%	21.8%	21.5%
College, undergraduate	22.2%	20.1%	18.1%

Source: U.S. Census Bureau

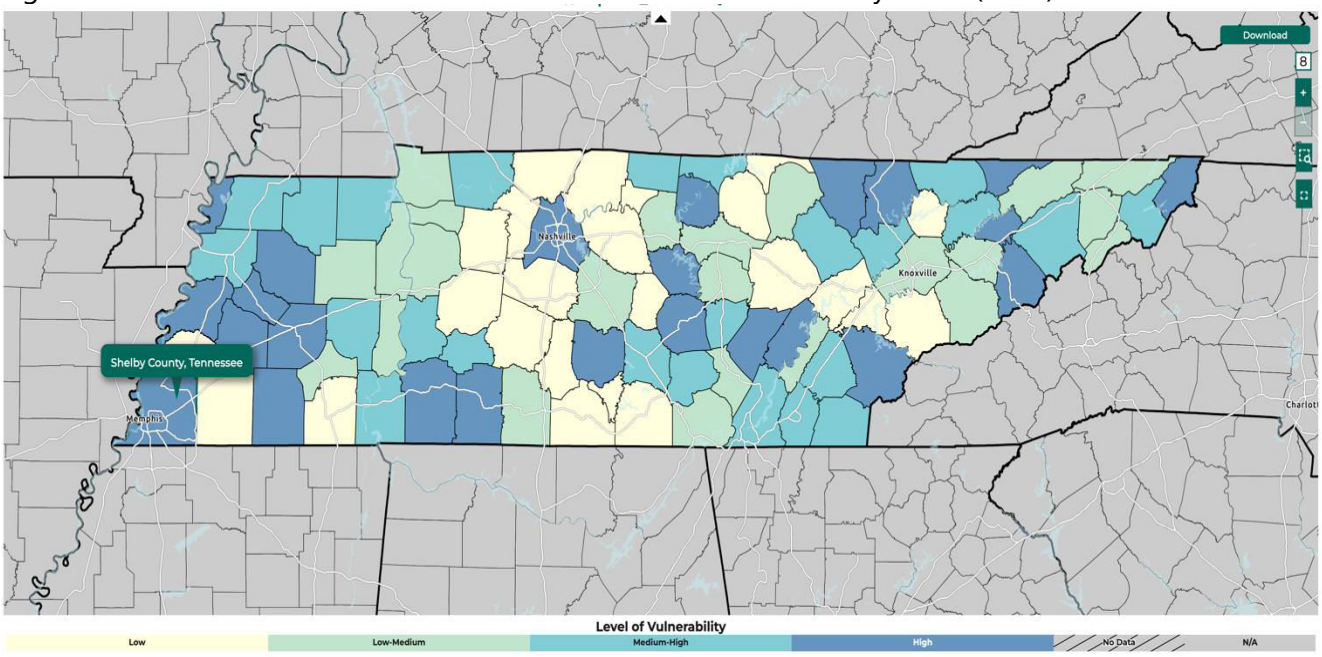
II. Social Vulnerability

Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index (SVI) percentile ranking values are ranked from 0 to 1 in quartiles as low (0.0-0.2500), mid-low (0.2501-0.5000), mid-high (0.5001-0.7500), and high (0.7501-1.0). Higher SVI ranking values correspond to higher vulnerability. The SVI evaluates census tracts on 15 social factors, including unemployment, household composition and disability, minority status and language, and housing and transportation.

According to the map, Tennessee has areas of high social vulnerability. Shelby County is considered an area of "high vulnerability".

Figure 17. Social Determinant of Health Measure: Social Vulnerability Index (2022)



Source: Social Vulnerability Index, United States, 2022

III. Health Statistics

F. Health Care Access Statistics

Compared to all three areas, Shelby County has the lowest percentage of the population with health insurance coverage (87.9%). Likewise, the percentage of population with private health insurance in Shelby County (62.8%) is noticeably lower compared to Tennessee (66.4%) and the U.S. (67.3%).

Table F1. Health Insurance Coverage (2019 – 2023)

	U.S.	Tennessee	Shelby County
With health insurance coverage	299,424,402	6,192,106	800,441
% of population with health insurance coverage	91.4%	89.9%	87.9%
With private health insurance	67.3%	66.4%	62.8%
With public coverage	36.3%	36.2%	36.2%
% of population without health insurance	8.6%	10.1%	12.1%

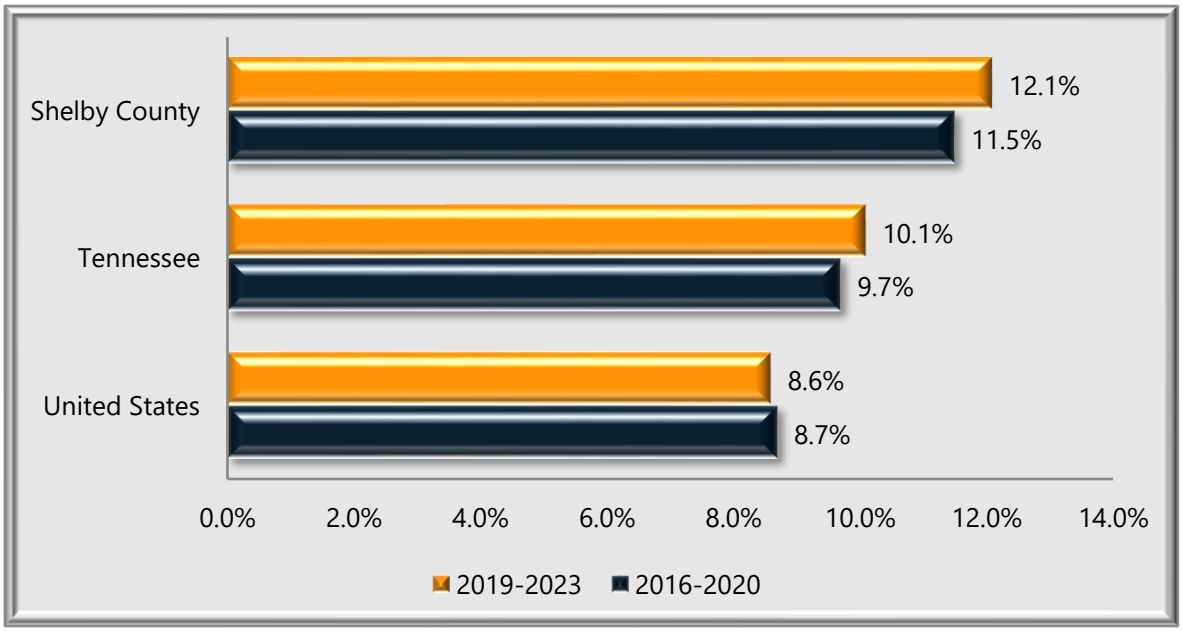
Source: U.S. Census Bureau

Table F2. Health Insurance Coverage (2016 – 2020)

	U.S.	Tennessee	Shelby County
With health insurance coverage	293,466,138	6,014,822	817,782
% of population with health insurance coverage	91.3%	90.3%	88.5%
With private health insurance	68.1%	66.7%	63.8%
With public coverage	35.3%	36.5%	36.2%
% of population without health insurance	8.7%	9.7%	11.5%

Source: U.S. Census Bureau

Figure F1. Civilian non-institutionalized population without health insurance, 2019-2023 vs. 2016-2020



G. Mortality Statistics

The age-adjusted death rate per 1,000 in Shelby County (10.1) is the same as in Tennessee (10.1), but somewhat higher than the U.S. (8.0). It has increased somewhat from 2020 to 2022 to 10.8 whereas the U.S. death rate has declined from 8.4 in 2020. Males in Shelby County have the highest death rate overall compared to the state and nation for males, as well as for females. As it pertains to race, the Black population in Shelby County has a higher highest death rate compared to the Black population in the state and the nation. Mortality rates for the White and Hispanic county population are more similar to the nation.

Table G1. Mortality, Death Rate per 1,000 Age-Adjusted Population 1,000 (2022)

	U.S.	Tennessee	Shelby County
Number of deaths	3,279,857	84,997	9,829
Death rate by Gender			
Male	9.6	12.0	12.8
Female	6.7	8.4	7.9
Death rate by Race			
White	8.0	10.0	8.0
Black	9.7	11.3	11.8
Hispanic or Latino	6.1	4.9	5.7
Death Rate	8.0	10.1	10.1

Sources: Centers for Disease Control and Prevention WONDER; Tennessee Department of Health

Table G2. Mortality, All Ages per Age-Adjusted 100,000 (2020)

	U.S.	Tennessee	Shelby County
Number of deaths	3,383,729	84,194	10,624
Death rate by Gender			
Male	10.0	12.2	13.5
Female	7.0	8.4	8.7
Death rate by Race			
White	9.9	9.9	8.9
Black	10.9	12.2	12.6
Hispanic or Latino	7.2	5.5	7.6
Death Rate	8.4	10.1	10.8

Sources: Centers for Disease Control and Prevention WONDER; Tennessee Department of Health

Figure G1. Age-adjusted death rate per 1,000, 2022 vs. 2020

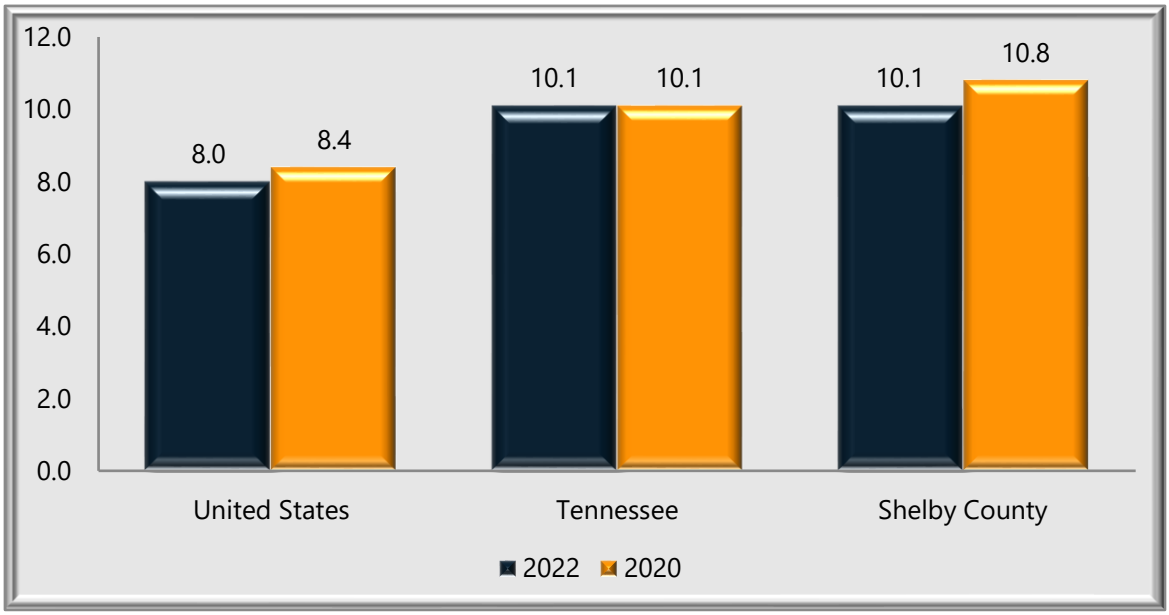
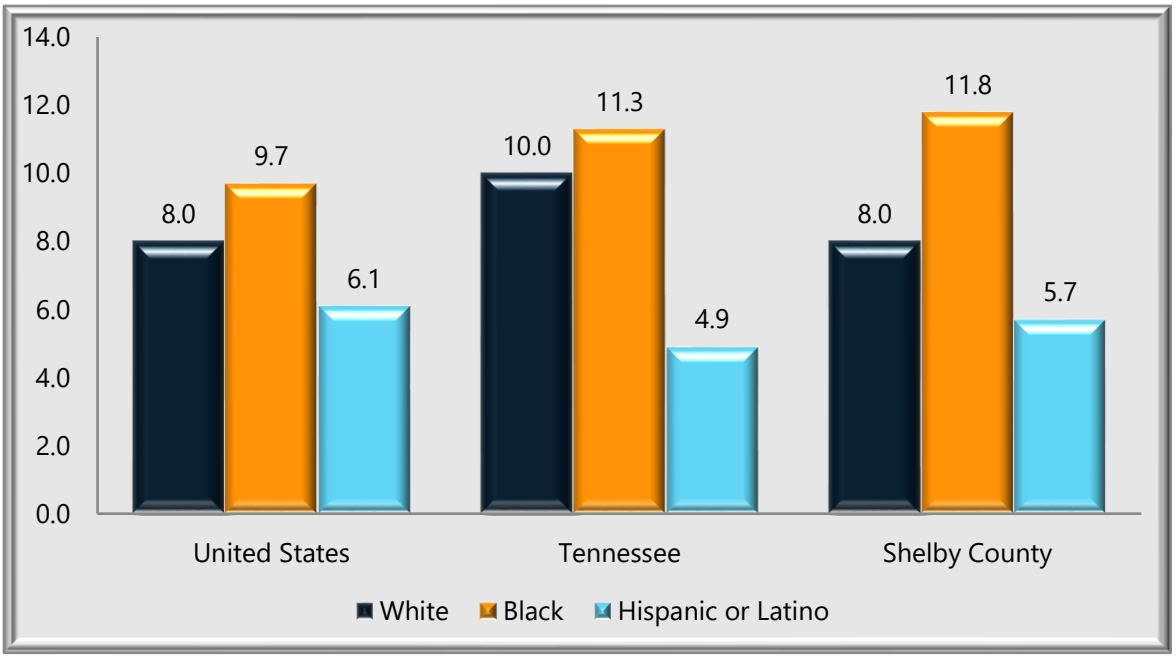


Figure G2. Age-adjusted death rate per 1,000 by Race and Ethnicity, 2022



Diseases of the heart, cerebrovascular diseases (stroke), accidents (unintentional injuries), diabetes mellitus, influenza and pneumonia, nephritis, and nephrotic syndrome and nephrosis (kidney & renal pelvis) have higher age-adjusted death rates in Shelby County than the state or the nation. Only death rates for chronic lower respiratory disease and suicide (intentional self-harm) are lower rates in the county than the state and nation. The age-adjusted rate for cancer has declined somewhat from the previous study however, it remains higher in Shelby County than in the nation (146.6), but lower than Tennessee (166.3).

Table G3. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2021)

	HP 2030 Target	U.S.	Tennessee	Shelby County
Diseases of heart	71.1	173.8	223.8	229.1
Malignant neoplasms (Cancer)	122.7	146.6	166.3	154.6
Cerebrovascular diseases (Stroke)	33.4	41.1	46.2	52.6
Chronic lower respiratory disease	N/A	34.7	51.3	31.7
Accidents (Unintentional Injuries)	N/A	64.7	100.5	110.4
Alzheimer's disease	N/A	31.0	37.7	27.9
Diabetes mellitus	N/A	25.4	31.4	33.7
Influenza and pneumonia	N/A	10.5	14.9	17.7
Nephritis, nephrotic syndrome and nephrosis (Kidney & Renal Pelvis)	N/A	13.6	15.0	19.2
Suicide (Intentional Self-Harm)	12.8	14.1	17.0	11.0

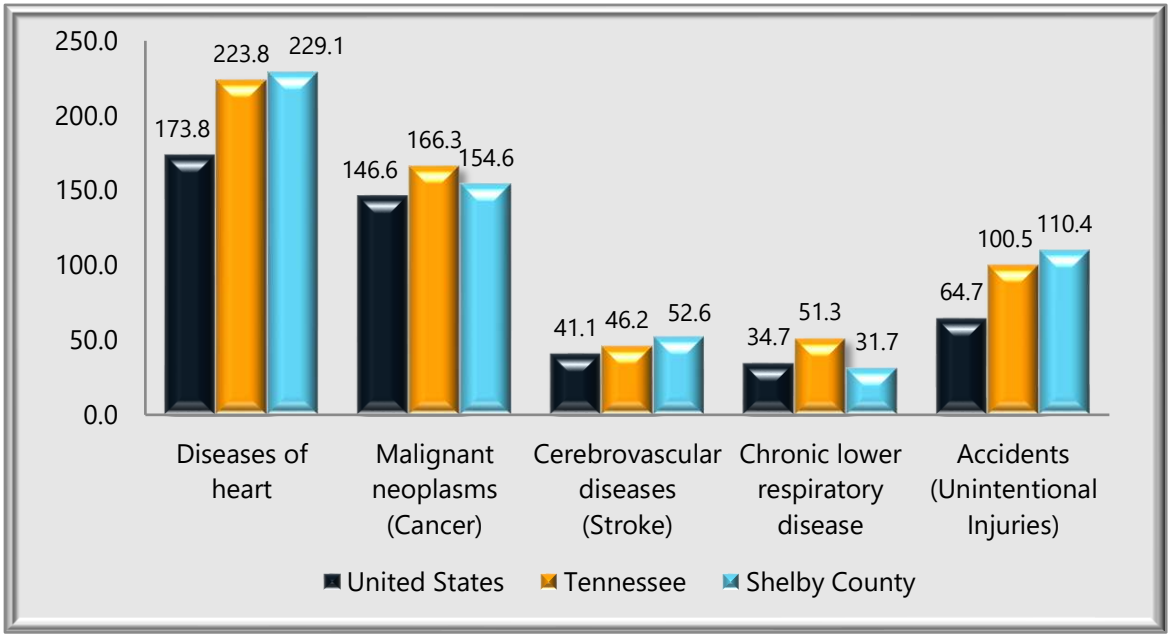
Sources: Centers for Disease Control and Prevention & Healthy People 2030; Tennessee Department of Health

Table G4. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2020)

	HP 2030 Target	U.S.	Tennessee	Shelby County
Diseases of heart	71.1	211.0	212.0	210.4
Malignant neoplasms (Cancer)	122.7	187.4	164.3	160.3
Cerebrovascular diseases (Stroke)	33.4	47.2	43.6	52.9
Chronic lower respiratory disease	N/A	45.4	51.2	31.9
Accidents (Unintentional Injuries)	N/A	42.8	86.4	98.7
Alzheimer's disease	N/A	27.8	44.4	37.5
Diabetes mellitus	N/A	24.8	30.2	29.5
Influenza and pneumonia	N/A	18.6	18.5	23.0
Nephritis, nephrotic syndrome and nephrosis (Kidney & Renal Pelvis)	N/A	17.1	19.5	21.7
Suicide (Intentional Self-Harm)	12.8	13.9	17.2	11.2

Sources: Centers for Disease Control and Prevention & Healthy People 2030

Figure G3. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2021)



H. Maternal & Child Health Statistics

Birth rates are similar in the U.S. and Tennessee while they are the highest in Shelby County (13.4). When comparing race, White population live birth rates are higher in the U.S. and Tennessee while Black population live birth rates are highest in Shelby County. Generally speaking, the birth rates for White and Black mothers have declined since the 2022 study.

Table H1. Live Birth Rate per 1,000 by Race (2022)

	U.S.	Tennessee	Shelby County
Number of live births	3,667,758	82,266	12,265
Birth Rate	11.0	11.7	13.4
White	10.8	10.3	9.2
Black	12.6	12.4	13.4

Sources: Tennessee Department of Health & Centers for Disease Control and Prevention

Table H2. Live Birth Rate per 1,000 by Race (2020)

	U.S.	Tennessee	Shelby County
Number of live births	3,6136,47	78,685	12,592
Birth Rate	10.97	11.4	13.5
White	10.58	10.9	12.1
Black	13.14	13.3	14.3

Sources: Tennessee Department of Health & Centers for Disease Control and Prevention

Births to unmarried women are much higher in Shelby County (60.7%) than in Tennessee (42.4%) and the U.S. (39.8%). Black women demonstrated a substantially higher percentage of unmarried births in Shelby County than White women. The teen birth rate per 1,000 is considerably higher in Shelby County (31 per 1,000) than in the state and the nation. The rate has increased since the last study when it was 25.

Table H3. Births by Selected Characteristics (2022)

	U.S.	Tennessee	Shelby County
Births to unmarried women	39.8%	42.4%	60.7%
White, non-Hispanic (single race)	27.1%	32.0%	23.9%
Black, non-Hispanic (single race)	69.3%	76.7%	82.2%
Teen Birth Rate per 1,000	17	24	31

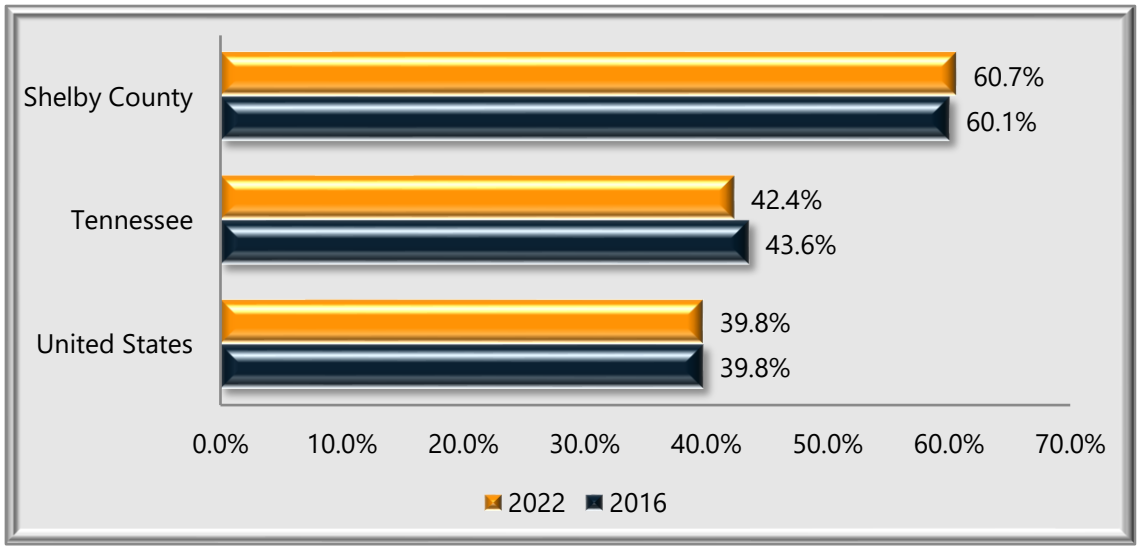
Sources: Tennessee Department of Health & Centers for Disease Control and Prevention and County Health Rankings

Table H4. Births by Selected Characteristics (2019)

	U.S.	Tennessee	Shelby County
Births to unmarried women	39.8%	43.6%	60.1%
White, non-Hispanic (single race)	28.5%	35.8%	30.2%
Black, non-Hispanic (single race)	69.8%	76.4%	81.5%
Teen Birth Rate per 1,000	41	33	25

Sources: Tennessee Department of Health & Centers for Disease Control and Prevention

Figure H1. Percentage of births to unmarried women, 2022 vs. 2016



Both low birth (11.7%) and very low birth weight (2.2%) percentages are highest in Shelby County compared to the state and the nation. Low birthweight and very low birthweight are no longer targets in Healthy People 2030.

Table H5. Low Birth Weight and Very Low Birth Weight Births (2022)

	U.S.	Tennessee	Shelby County
Low birth weight	8.6%	9.0%	11.7%
Very low birth weight	1.4%	1.4%	2.2%

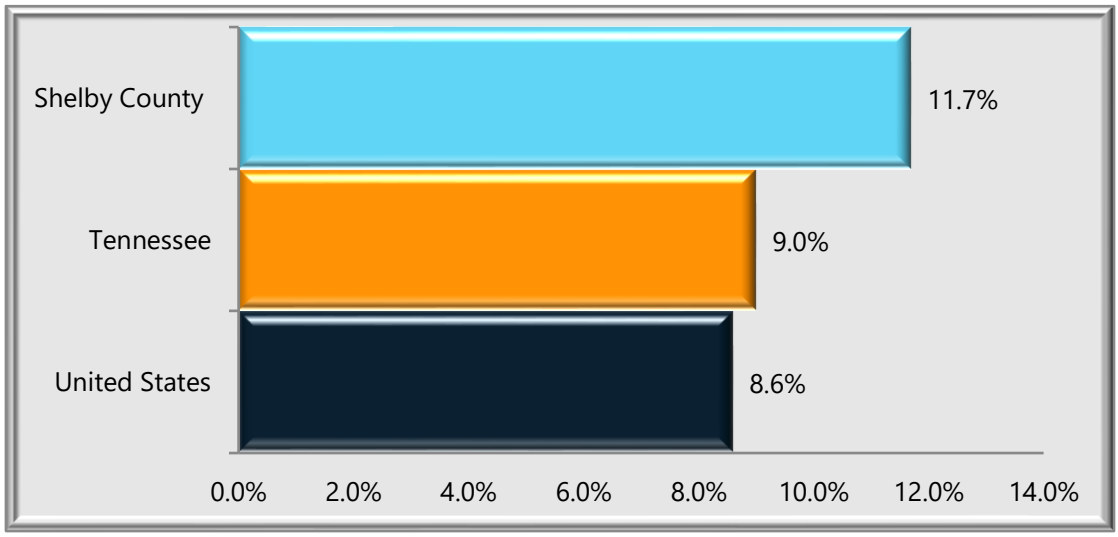
Sources: Tennessee Department of Health, Centers for Disease Control and Prevention & Healthy People 2020

Table H6. Low Birth Weight and Very Low Birth Weight Births (2018)

	U.S.	Tennessee	Shelby County
Low birth weight	8.2%	9.3%	12.2%
Very low birth weight	1.4%	1.6%	2.4%

Sources: Tennessee Department of Health, Centers for Disease Control and Prevention & Healthy People 2020

Figure H2. Percentage of infants with low birthweight, 2022



Healthy People 2030: Maternal, Infant, and Child Health (Morbidity and Mortality)

Healthy People 2030 tracks 355 measurable public health objectives that have 10-year targets and are associated with evidence-based interventions. Each measurable objective has a reliable data source, baseline measure, and a target for specific improvements to be achieved by the year 2030. There is one Maternal, Infant, and Child Health Leading Health objective which is "Reduce the Rate of Infant Deaths".

The infant mortality rate per 1,000 Live Births is high in Shelby County (7.4) compared to state (6.6) and the nation (5.6) in comparison. The Healthy People 2030 target is 5.0 per 1,000 Live Births. Among Black women, it is higher than the U.S., but lower than in Tennessee. Neonatal deaths (within the first 28

days) are also higher. Fortunately, this has declined from 6.1 to 4.4 since the previous study. However, post neonatal deaths (after 28 days and before one year) have risen from 2.6 to 3.0.

Table H7. Infant Mortality Rate per 1,000 Live Births (2022)
Healthy People 2030 Reduce the rate of infant deaths

	HP 2030	U.S.	Tennessee	Shelby County
Infant	5.0	5.6	6.6	7.4
White non-Hispanic	N/A	4.7	5.5	2.7
Black non-Hispanic	N/A	10.4	11.7	11.0
Neonatal	N/A	3.6	3.5	4.4
Post-neonatal	N/A	2.0	3.1	3.0

Sources: Centers for Disease Control and Prevention WONDER & Healthy People 2030

Table H8. Infant Mortality Rate per 1,000 Live Births (2018)
Healthy People 2030 Reduce the rate of infant deaths

	HP 2030	U.S.	Tennessee	Shelby County
Infant	5.0	5.7	6.9	8.7
White non-Hispanic	N/A	4.6	5.6	4.7
Black non-Hispanic	N/A	10.8	12.3	11.4
Neonatal	N/A	3.8	4.4	6.1
Post-neonatal	N/A	1.9	2.5	2.6

Sources: Centers for Disease Control and Prevention, Tennessee Department of Health & Healthy People 2030

I. Communicable Diseases Statistics

The rates of Chlamydia and Gonorrhea in Shelby County are more than double the rates seen in Tennessee and the U.S. Positively, rates in the county, state and the nation have declined overall.

Table I1. Sexually Transmitted Illness Incidence Rates per 100,000 (2023)

	U.S.	Tennessee	Shelby County
Chlamydia	492.2	517.4	1,053.8
Gonorrhea	179.5	186.4	429.0

Sources: Tennessee Department of Health & Centers for Disease Control

Table I2. Sexually Transmitted Illness Incidence Rates per 100,000 (2019)

	U.S.	Tennessee	Shelby County
Chlamydia	552.8	607.7	1,096.9
Gonorrhea	188.4	237.0	454.8

Sources: Tennessee Department of Health & Centers for Disease Control

Figure I1. Chlamydia incidence rate per 100,000, 2023 vs. 2019

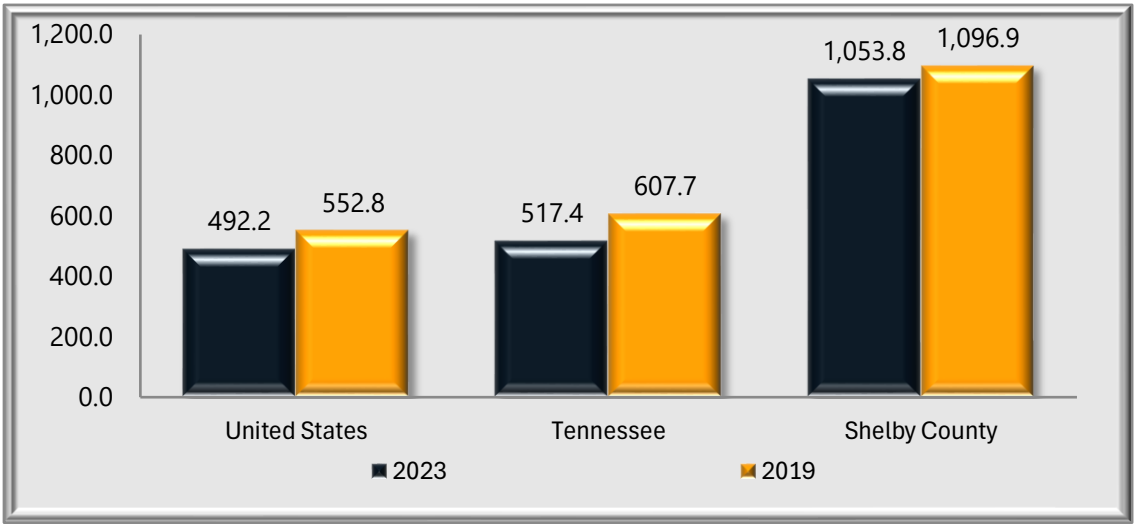
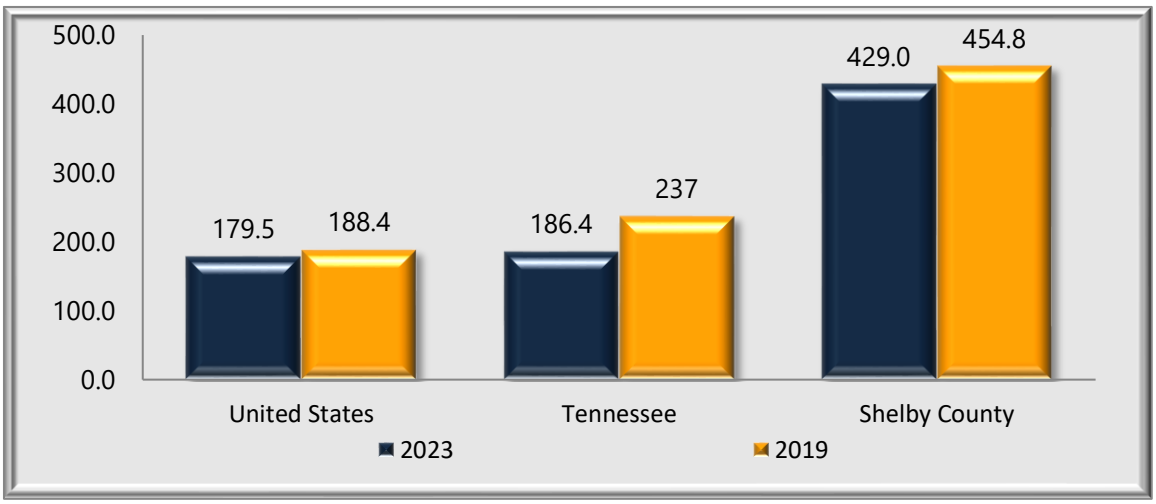


Figure I2. Gonorrhea incidence rate per 100,000, 2023 vs. 2019



New cases of HIV in Shelby County are almost triple the incidence rates seen in Tennessee and the U.S. The infection rate has increased substantially since the CHNA in 2022. The incidence rate of tuberculosis in the county is also higher than elsewhere.

Table I3. HIV/AIDS, Tuberculosis and Hepatitis B Incidence Rates per 100,000 (2022)

	U.S.	Tennessee	Shelby County
HIV (new infections)	11.3	11.0	30.6
Tuberculosis	2.8	1.6	3.5
Hepatitis B (acute)	0.8	1.2	--

Sources: Shelby County Health Department & Centers for Disease Control and Prevention ATLAS
--Not available for Shelby County

Table I4. HIV/AIDS, Tuberculosis and Hepatitis B Incidence Rates per 100,000 (2019)

	U.S.	Tennessee	Shelby County
HIV (new infections)	13.2	11.4	10.7
Tuberculosis	2.7	1.9	3.4
Hepatitis B (acute)	1.0	3.0	--

Sources: Shelby County Health Department & Centers for Disease Control and Prevention ATLAS
--Not available for Shelby County

J. Mental Health and Substance Abuse

Positively, the age-adjusted rate of death due to intentional self-harm (suicide) is lower than the state, nation and the Healthy People 2030 target of 12.8 per 100,000. The Healthy People 2030 objective is

- Reduce the Suicide Rate

Table J1. Deaths Due to Intentional Self-harm per Age-Adjusted 100,000 (2024)

	HP 2030	U.S.	Tennessee	Shelby County
Total suicide	12.8	14	17	11

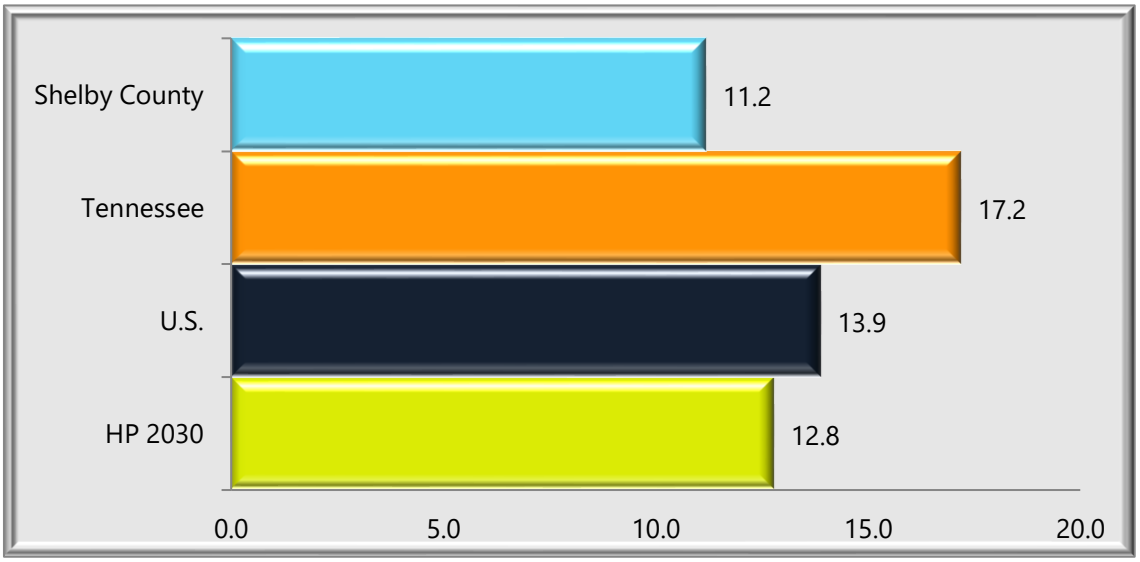
Sources: County Health Rankings

Table J2. Deaths Due to Intentional Self-harm per Age-Adjusted 100,000 (2020)

	HP 2030	U.S.	Tennessee	Shelby County
Total suicide	12.8	13.9	17.2	11.2

Sources: Centers for Disease Control and Prevention & Healthy People 2030

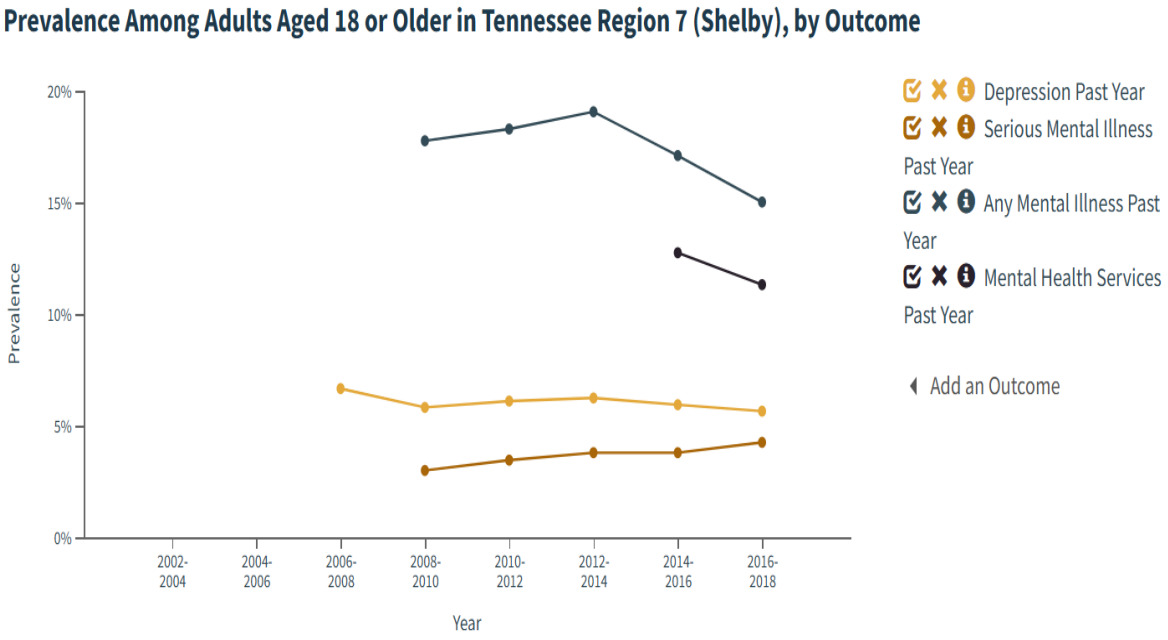
Figure J1. Age-adjusted suicide rate per 100,000 (2024)



The Substance Use and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

In 2016 – 2018[1] in the Tennessee Region 7 (Shelby), the prevalence of individuals with Any Mental Illness in the Past Year declined from a peak of 19.05% in period 2012 to 2014 to 15.01%. The prevalence of Serious Mental Illness in the Past Year in Shelby is 4.25%. The chart shows 4 mental health indicators measured by SAMHSA.

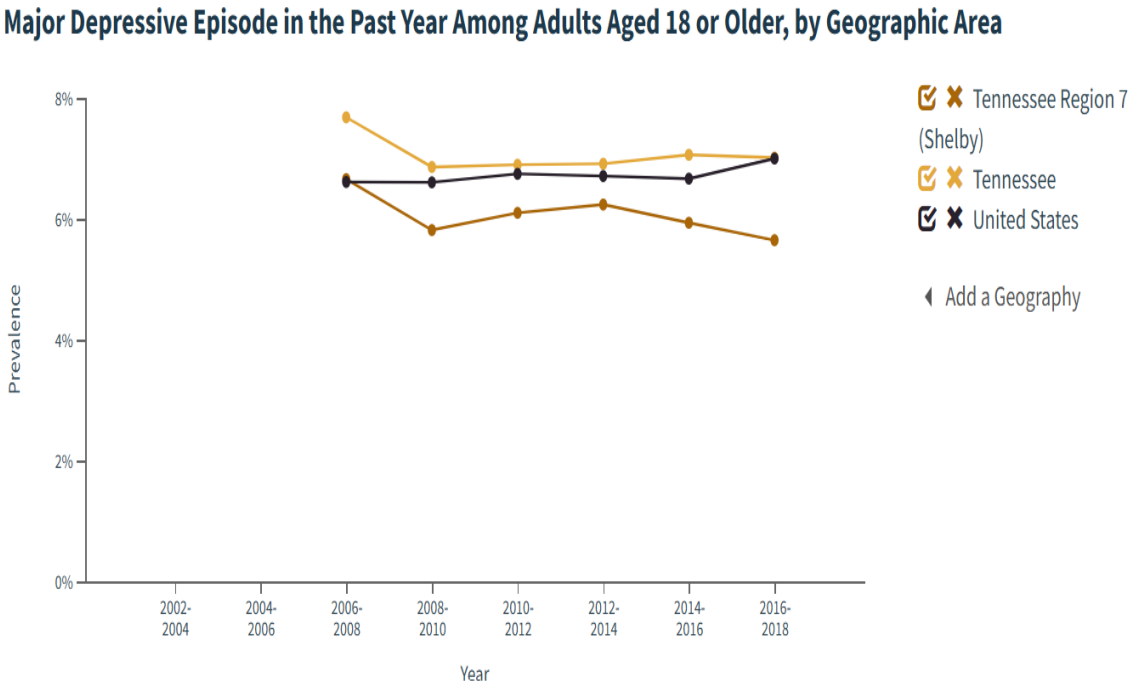
Figure J2. Various mental health indicators in Tennessee Region 7 (Shelby) (2016-2018)



Data for Tennessee and the U.S as well as Region 7 (Shelby) are available for the indicator, Any Mental Illness in the Past Year Among Adults Aged 18 or Older. In 2016-2018, in Shelby, the presence of any mental illness in the population is less than in Tennessee and the U.S.

[1] This is the most recent data available through SAMSHA for substate regions.

Figure J3. Any Mental Illness in the Past Year Among Adults Aged 18 or Older. (2016 – 2018)



Excessive drinking is defined as adults reporting binge or heavy drinking (age-adjusted). A smaller percentage of individuals in Shelby County report excessive drinking than in Tennessee and the U.S. Positively, alcohol-impaired driving deaths are also substantially less. However, drug overdose deaths are much higher in the county (46 per 100,000) than in the nation (27) and somewhat higher than Tennessee (43). 19% of adults in the county report smoking.

Table J3. Substance Use Indicators (2024)

	U.S.	Tennessee	Shelby County
Excessive Drinking	18%	17%	15%
Alcohol-Impaired Driving Deaths	26%	24%	18%
Drug Overdose Deaths per 100,000	27	43	46
Adult Smoking	15%	20%	19%

Sources: Shelby County Health Department & Centers for Disease Control and Prevention ATLAS
--Not available for Shelby County

K. Cancer Statistics

Overall, Shelby County exhibits comparable or lower cancer incidence rates across various sites, with the exception of higher rates observed for cancers of the colon and rectum, cervix (female), and, most notably, prostate (male). Tennessee demonstrates higher incidence rates for cancers of the bladder and lung & bronchus. Favorably, Shelby County exhibited the lowest cancer incidence rates across all sites (438.2), whereas Tennessee reported the highest (457.3). The all site cancer incidence rate in the county has declined substantially since the previous study when the rate was 458.2.

Table K1. Cancer Incidence by Site, per Age-Adjusted 100,000 (2017 – 2021)

	U.S.	Tennessee	Shelby County
Breast (female)	129.8	124.6	125.0
Bladder	18.8	19.1	13.6
Colon & Rectum	36.4	38.7	41.0
Lung & bronchus	53.1	68.1	54.5
Pancreas	13.5	12.9	13.1
Melanoma of the skin	22.7	20.4	10.6
Prostate (male)	113.2	115.1	140.4
Cervix (female)	7.5	7.6	7.9
Uterus (Corpus & Uterus, Nos)	27.8	25.4	27.8
All sites	**444.4**	**457.3**	**438.2**

Source: National Cancer Institute

Table K2. Cancer Incidence by Site, per Age-Adjusted 100,000 (2014 – 2018)

	U.S.	Tennessee	Shelby County
Breast (female)	126.8	123.1	129.8
Bladder	19.7	19.9	14.6
Colon & Rectum	40.4	38.0	43.3
Lung & bronchus	74.0	57.3	59.3
Pancreas	13.1	12.6	12.8
Melanoma of the skin	20.2	22.6	10.4
Prostate (male)	106.2	113.9	141.7
Cervix (female)	7.7	8.5	9.7
Uterus (Corpus & Uterus, Nos)	27.4	25.3	28.3
All sites	**448.6**	**466.0**	**458.2**

Source: National Cancer Institute

Figure K1. All cancer sites, all races, both sexes, all ages incidence rates by Tennessee county

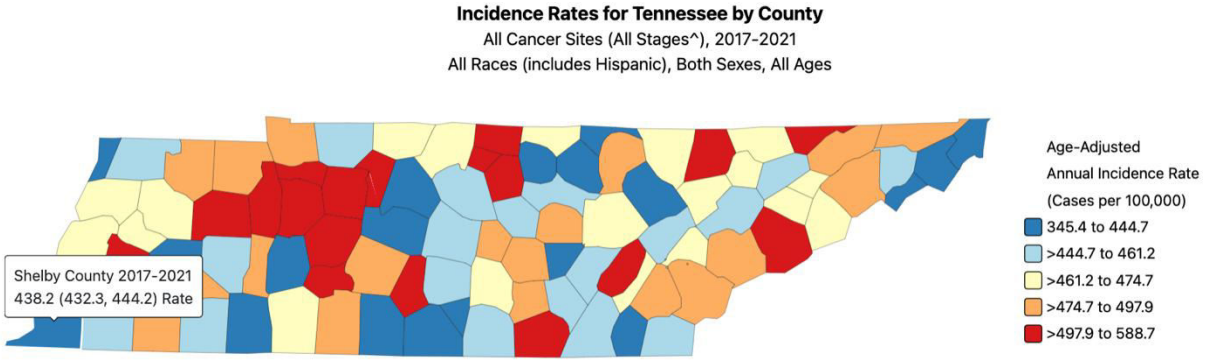
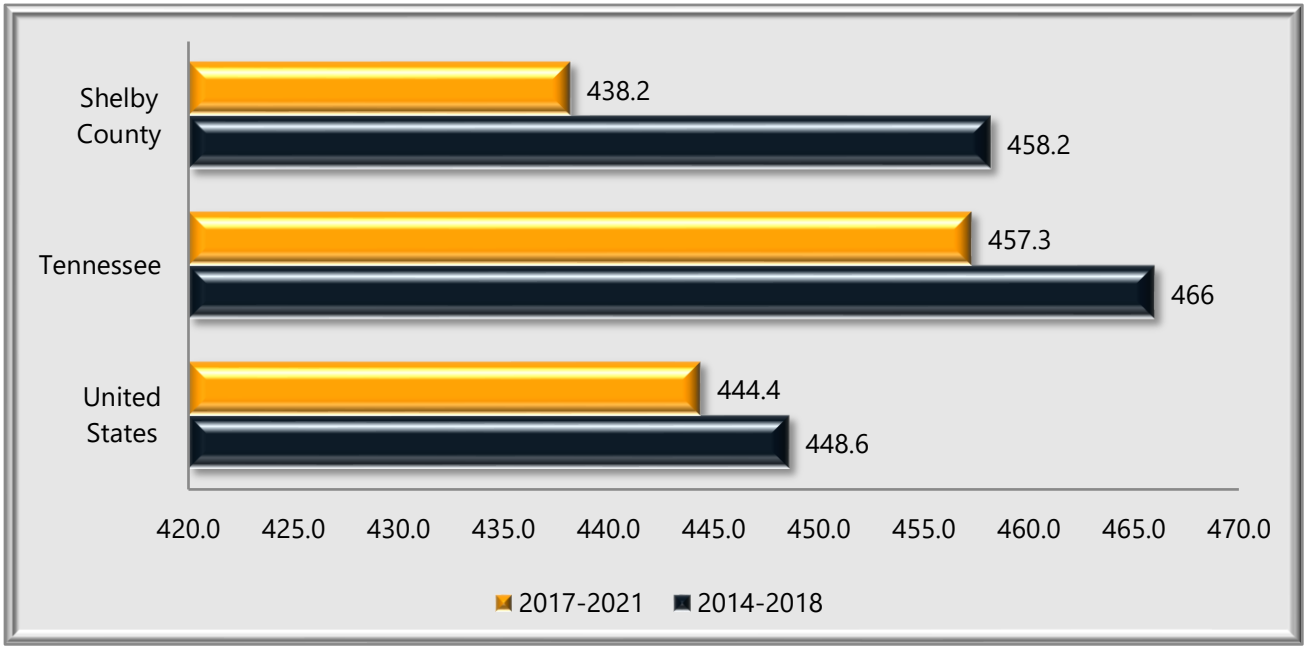


Figure K2. Cancer incidence for all sites per age-adjusted 100,000, 2017-2021 vs. 2014-2018



Cancer Mortality

The goal established by Healthy People 2030 is to reduce new cases of cancer and cancer-related illness, disability and death. The following are specific Healthy People 2030 Objectives.

- Reduce the overall cancer death rate – C-01
- Reduce the female breast cancer death rate – C-04
- Reduce the colorectal cancer death rate – C-06
- Reduce the lung cancer death rate – C-02
- Reduce the prostate cancer death rate – C-08

Cancer mortality rates in Shelby County are considerably elevated for cervix (female), breast, colon & rectum, prostate, and uterine cancers. In contrast, Tennessee exhibited higher mortality rates for bladder, lung & bronchus, and melanoma cancers. Both the state and county remain higher than the Healthy People 2030 target for overall cancer mortality, with Tennessee reporting a substantially higher rate (166.3) with Shelby County close behind (162.1). The rates have declined since the 2022 CHNA.

Table K3. Average Annual Cancer Mortality by Site, per Age-Adjusted 100,000 (2018-2022)

	HP 2030 Target	U.S.	Tennessee	Shelby County
Breast (female)	15.3	19.3	21.7	25.8
Bladder	N/A	4.1	4.5	3.2
Colon & Rectum	8.9	12.9	14.7	16.4
Lung & bronchus	25.1	32.4	44.1	35.5
Pancreas	N/A	11.2	11.4	11.5
Melanoma of the skin	N/A	2.0	2.4	1.3
Prostate (male)	16.9	19.0	19.6	27.5
Cervix (female)	N/A	2.2	2.6	2.9
Uterus (female)	N/A	5.2	4.6	6.5
All sites	**152.4**	**146.0**	**166.3**	**162.1**

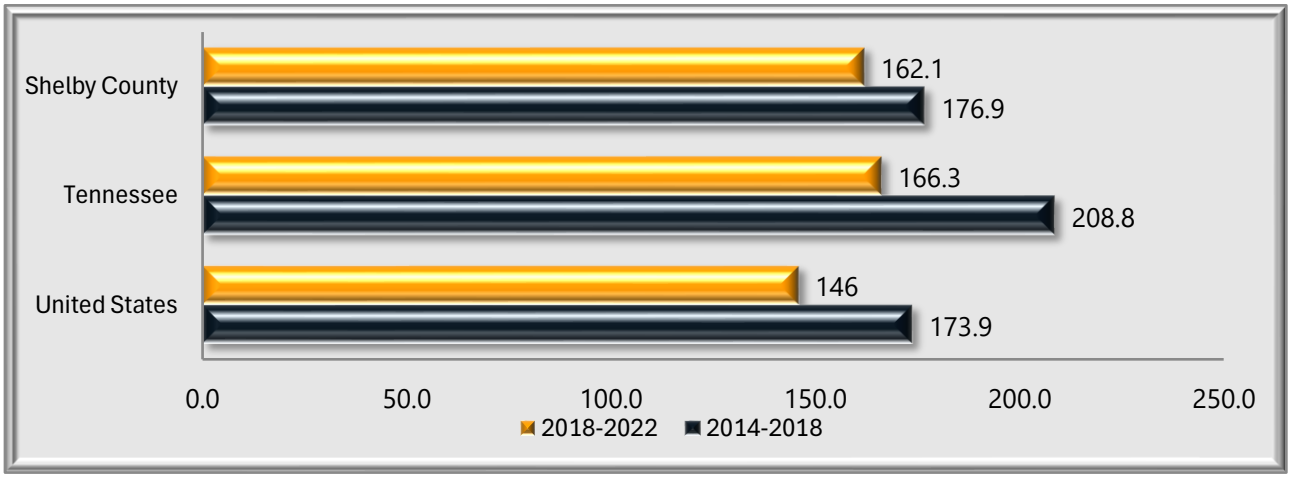
Sources: National Cancer Institute & Healthy People 2030

Table K4. Average Annual Cancer Mortality by Site, per Age-Adjusted 100,000 (2014 – 2018)

	HP 2030 Target	U.S.	Tennessee	Shelby County
Breast (female)	15.3	21.8	19.9	27.3
Bladder	N/A	4.2	4.3	3.7
Colon & Rectum	8.9	13.4	15.0	16.9
Lung & bronchus	25.1	36.7	49.1	41.2
Pancreas	N/A	11.1	11.1	11.1
Melanoma of the skin	N/A	2.2	2.7	1.3
Prostate (male)	16.9	18.9	19.6	29.6
Cervix (female)	N/A	2.2	2.8	4.0
Uterus (female)	N/A	4.5	5.0	6.0
All sites	**152.4**	**173.9**	**208.8**	**176.9**

Sources: National Cancer Institute & Healthy People 2030

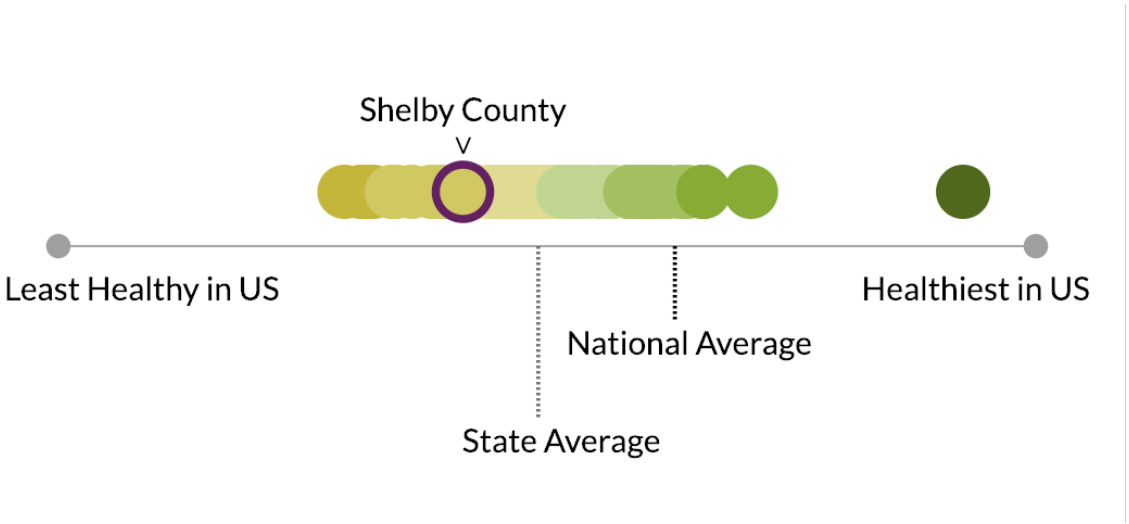
Figure K3. Cancer mortality for all sites per age-adjusted 100,000, 2018-2022 vs. 2014-2018



L. County Health Rankings[2]

Health Outcomes describe how long people live on average within a community and how much physical and mental health people experience while they are alive. Shelby County is behind the average county in Tennessee and is doing much worse when compared to the average county in the nation.

Figure L1. Health Outcomes Comparison for Shelby County, Tennessee



The number of years of potential life lost before age 75 (premature death) is substantially higher in Shelby County (13,600) than in Tennessee (11,000) and the U.S. (8,000). This coincides with a 21% poor or fair health ranking as compared to 18% in the state and 14% in the nation. People in the county experienced an average of 4.0 poor physical health days and 5.7 poor mental health days in the past month.

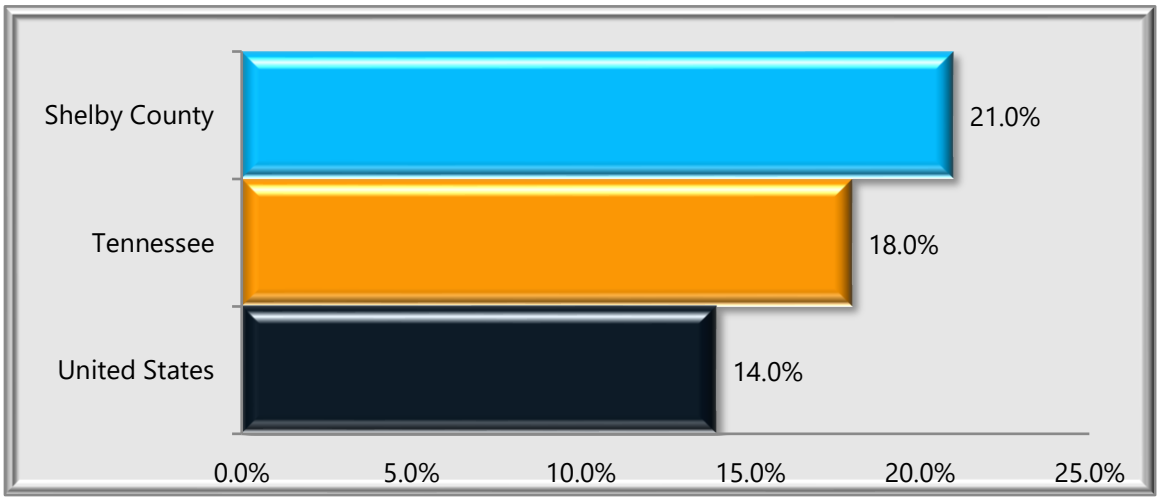
Table L1. Health Outcome Rankings (2024)

	United States	Tennessee	Shelby County
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	8,000	11,000	13,600
Poor or fair health	14%	18%	21%
Poor physical health in past 30 days (Average number of days)	3.3	4.1	4.0
Poor mental health in past 30 days (Average number of days)	4.8	5.8	5.7

Source: County Health Rankings

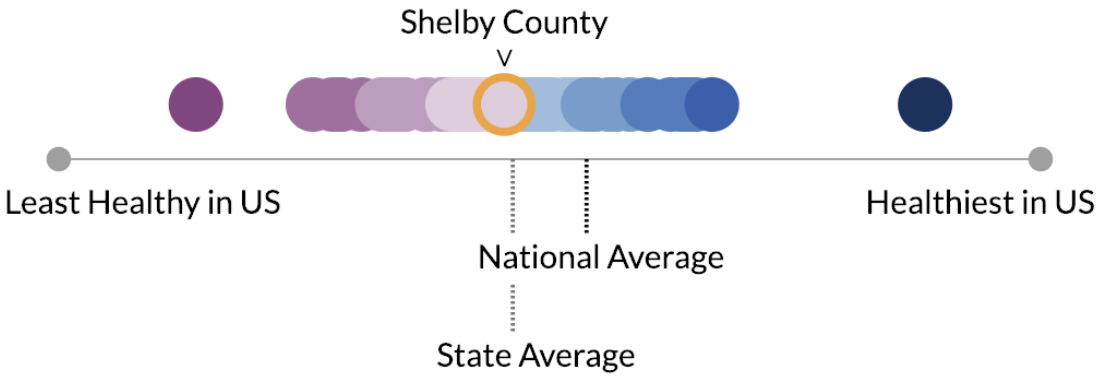
[2] The County Health Rankings 2024 report representation of county health has changed significantly. Rather than a numerical ranking, each county in a state is represented by a dot, shaded a certain color and placed on a scale from least healthy to healthiest in the nation. The new visual tool then shows where one county falls on a "continuum" of health nationally, compared to the least healthy and most healthy counties, which are unnamed in the visualization.

Figure L2. Percent of adult population with poor or fair health (2024)



Health Factors represent those things that can be improved to live longer and healthier lives. They are indicators of the future health of a community. According to County Health Rankings, Shelby County is faring about the same as the average county in Tennessee for Health Factors but is slightly worse than the average county in the nation.

Figure L3. Health Factors Comparison Shelby County, TN



Health Factors and Behavior Rankings include a discussion of nutrition and physical activity. Adult obesity (defined as having a Body Mass Index of less equal to or greater than 30) is slightly higher in Shelby County (38%) than in Tennessee and the U.S. The food environment index in the county, which is includes access to healthy foods and food insecurity, is better than the state, but worse than the U.S. Food insecurity is defined as the condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs. 11% of county residents are food insecure. This may impact an individual's nutritional status, leading to poor health outcomes. People are somewhat more

physically inactive in Shelby County and yet they have more access to exercise opportunities than in the state and the nation.

Table L2. Health Factors and Behaviors Rankings (2024)

	United States	Tennessee	Shelby County
Adult obesity (BMI ≥ 30)	34%	36%	38%
Food environment index	7.7	6.5	7.3
Food insecurity	10%	12%	11%
Physical inactivity (Adults ages 20 years+)	23%	27%	29%
Access to exercise opportunities	84%	67%	86%

Source: County Health Rankings

Provider density is an important measure of health care access. In the county, this indicator for primary care physicians and dentists is positive in that there are fewer individuals for each of these providers than there are in the state and nation. Mental health provider density is worse in the state and the county (both 530 individuals per provider) than in the nation in which the density is 320:1.

Measures of prevention include the number of preventable hospital stays per 1,000 Medicare enrollees. The rate in Shelby County is similar to Tennessee, but more than in the U.S. Less than half of individuals received a flu vaccination (47%), similar to elsewhere, but far fewer Medicare enrollees ages 65 to 74 had a mammography screening (34%) than in Tennessee (42%) and the U.S. (43%).

Table L3. Clinical Care Rankings (2024)

	United States	Tennessee	Shelby County
Primary care physician density	1,330:1	1,440:1	1,170:1
Dentist density	1,360:1	1,780:1	1,290:1
Mental health provider density	320:1	530:1	530:1
Preventable hospital stays per 1,000 Medicare enrollees	2,681	2,896	2,871
Flu Vaccinations	46%	47%	47%
Mammography screening among female Medicare enrollees ages 65 - 74	43%	42%	34%

Source: County Health Rankings

Environmentally, a measure of air pollution (particulate matter) is higher in Shelby County than in the other geographies at 9.2. Also, 19% experience severe housing problems, however no drinking water violations were reported in the county.

Table L4. Physical Environment Rankings [a] (2024)

	United States	Tennessee	Shelby County
Air pollution – particulate matter	7.4	7.6	9.2
Drinking water violations	N/A	N/A	No
Severe housing problems	17%	13%	19%
Driving alone to work	72%	79%	80%
Long commute – driving alone	36%	36%	29%

Source: County Health Rankings

IV. Crime Statistics

N. Reported Offenses

Crime in Tennessee is reported by the Tennessee Bureau of Investigation for total crimes as well as violent and property crimes. Rates for Shelby County are also provided as rates per 100,000.

Table N1. Number and Rates of Violent Crimes Against Persons and Property Crimes Per 100,000 Population (2023)*

	Tennessee		Shelby County	
	n	Rate	n	Rate
Total Crimes	509,261	N/A	123,474	15,380.5
Violent Crimes	145,102	N/A	17,426	1,903.7
Property Crimes	257,114	N/A	60,745	6,636.1

Sources: University of Memphis Public Safety Institute and the Memphis Shelby Crime Commission, and Tennessee Bureau of Investigation

KEY INFORMANT SURVEY

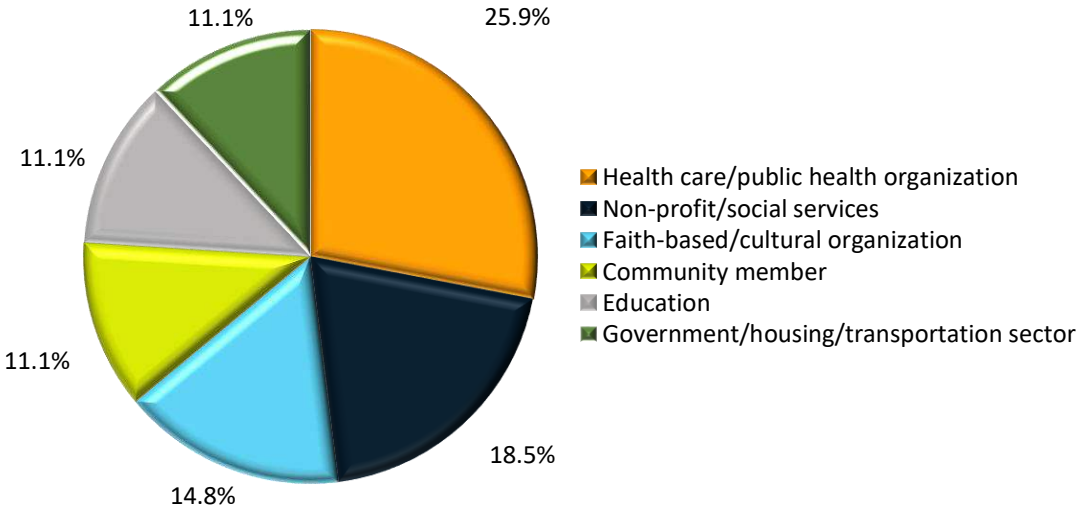
A. Methodology

As part of its effort to evaluate the health needs of individuals living in Shelby County, Regional One Health identified 153 key informants who were asked to complete the survey. The survey was conducted between March 31 and April 25, 2025. Key informants are defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Questions focused around health issues and barriers for people in the community, health care access, underserved populations, and how to increase the overall health of Shelby County and the surrounding areas.

B. Survey Participation

Of the 153 key informants identified, a total of 31 participants completed the survey for a response rate of 20.3%. These include public health and health care professionals, non-profit/social service providers, faith-based/cultural professionals, community members childcare/youth services providers, mental/behavioral health experts, education specialists, government housing/transportation agencies and other including philanthropy and volunteer organizations. The largest percentage of informants are affiliated with public health and health care professionals (25.9%), non-profit/social service providers (18.5%), faith-based/cultural organizations (14.8%), community members (11.1%), education (11%) and government/housing/transportation agencies (11.1%). A list of key informants and their organizations can be found in Appendix C. It is important to note that the results reflect the perceptions of some community leaders but may not represent all stakeholder perspectives.

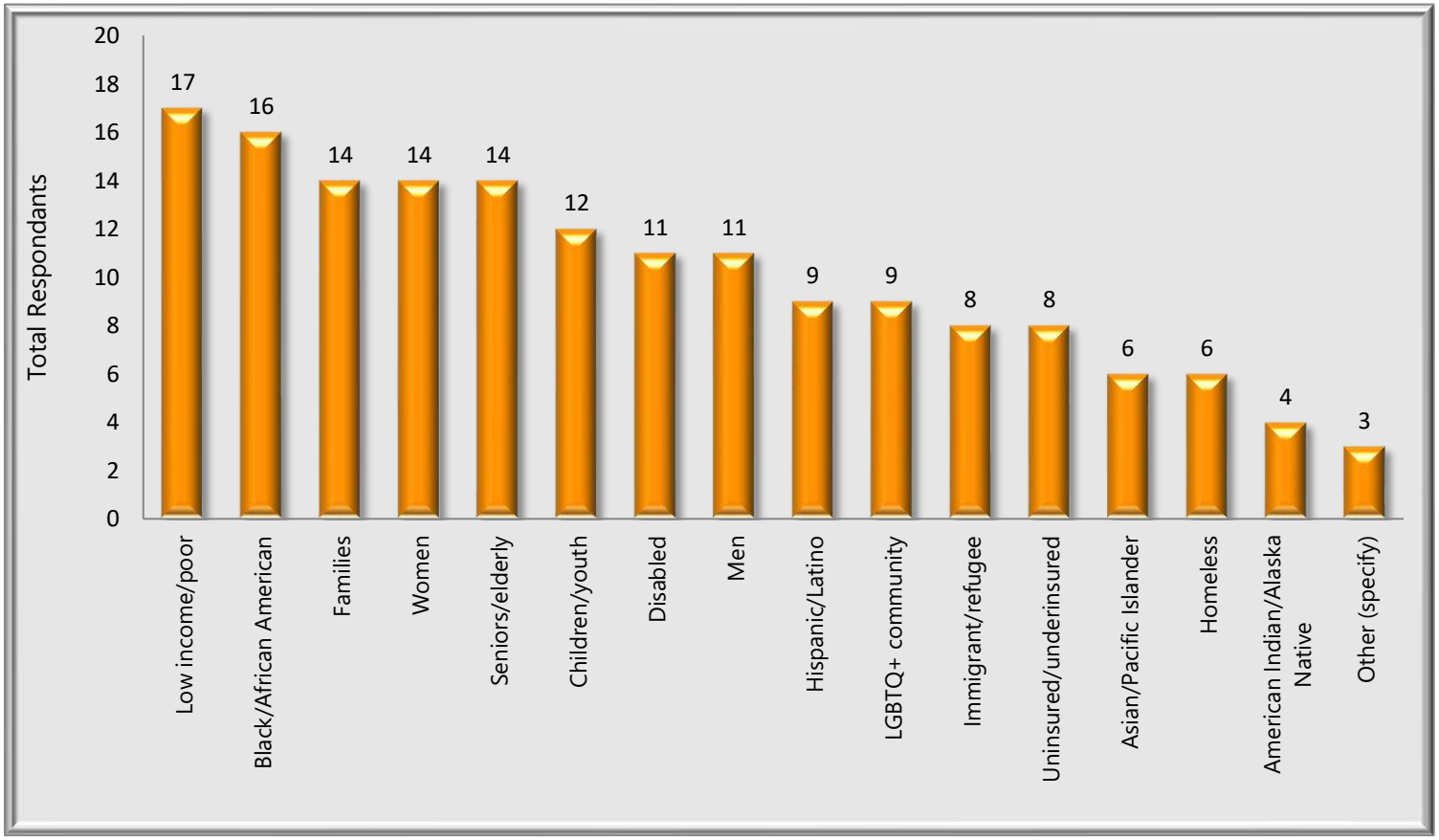
Figure B1. Percentage of respondents by community affiliation



C. Survey Participation

Respondents work in organizations that primarily serve traditionally underserved populations, such as low income, Black/African Americans, families, women and men, seniors/elderly, children/youth, disabled. The category "other" includes hospitals.

Figure C1. Total respondents by specific population their organization primarily serves



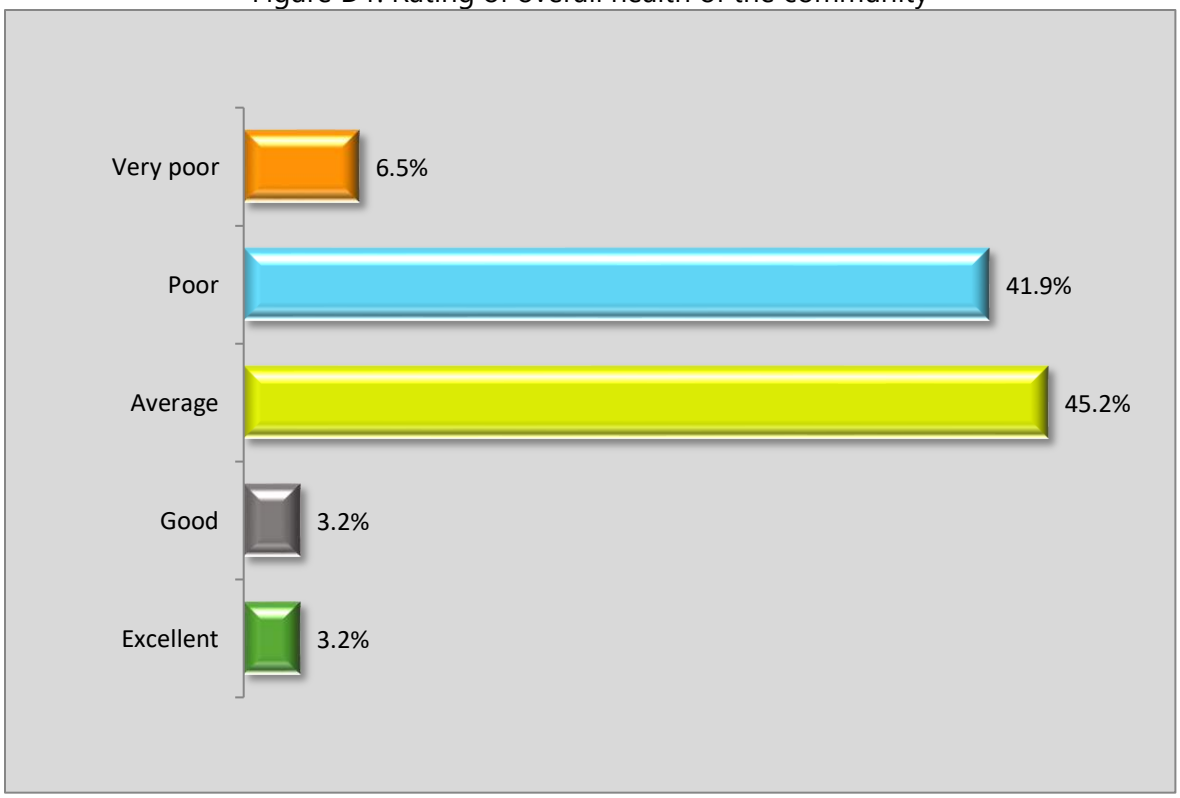
*Respondents were able to choose more than one population served.

D. Overall Community Health Rating

Positively, 84.6% of respondents feel that their organization collaborates with other organizations/institutions on local efforts to improve health in the community. Notably, this percentage has increased from about 74% in the previous study in 2022 after having fallen from 2019 results. One informant mentioned that "There are abundant opportunities for building community connection though, and this is our greatest strength." Another supports collaboration. "We must continue to build upon our existing efforts and leveraging our strengths by working collaboratively across sectors to advance opportunities that will create real impact in the lives of individuals and for the communities we serve." However, "With lacking integration and concerted efforts we will always be chasing all health problems as a reactive strategy rather than proactive strategy."

Respondents were asked to rate the overall health of the community. Just over 6% of respondents rated overall health as "excellent" or "good". Most perceive it to be "average". However, almost half (48.4%) rated it as "poor" or "very poor".

Figure D1. Rating of overall health of the community



E. Key Health Issues

Key informants were asked to determine the 5 most pressing health issues in their community from a list of 18 focus areas identified in the survey. The issues of mental health, diabetes, food insecurity, heart disease and accessing health care services were identified by key informants as the top 5 pressing health issues in their communities. About 75% of respondents pointed to mental health as the most pressing health issue. In the previous 2022 study, key informants identified mental health, diabetes, and accessing health care services as well as overweight/obesity and unintentional injuries and violence. It may be said that heart disease and diabetes (identified in 2025) have replaced overweight/obesity which was not selected in this survey.

Table E1 summarizes the number of times an issue is mentioned and the percentage of respondents that rate the issue as being one of the top 5 pressing health issues in their community.

Table E1. The most pressing key health issues

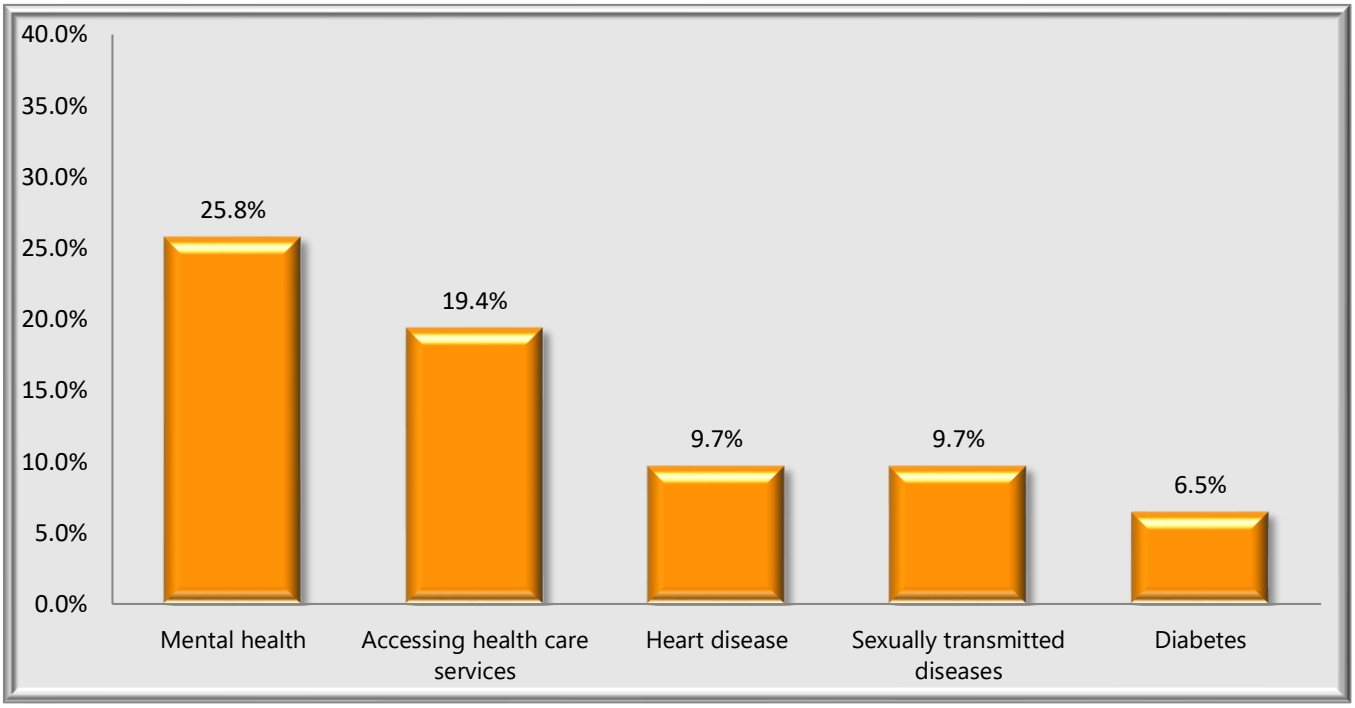
Key Health Issue	Count	Percent of respondents who selected the issue*
Mental health	23	74.2%
Diabetes	15	48.4%
Food insecurity	14	45.2%
Heart disease	13	41.9%
Accessing health care services	12	38.7%
Unintentional injuries and violence	12	38.7%
Overweight/obesity	11	35.5%
Sexually transmitted diseases	11	35.5%
Cancer	10	32.3%
Maternal, infant, and child health	8	25.8%
Substance abuse	8	25.8%
Oral health	3	9.7%
Stroke	3	9.7%
Alzheimer's disease/dementia	2	6.5%
Respiratory diseases	2	6.5%
Tobacco use	2	6.5%
Suicide	0	0.0%
Teen pregnancy	0	0.0%
Other (specify)	2	6.5%

*Respondents could select more than one option therefore the percentages may sum to more than 100.0%.

When asked to specify which health issue was the most significant, most identified mental health (25.8%). The percentage of respondents selecting mental health as most significant has increased since 2022, from 17.8%. Accessing health care services remains high at 19.4%. Sexually transmitted diseases are considered significant by 9.7%, making it among the top 5 most significant in this survey. This issue was not among the top 5 most significant in the previous survey.

The following figure depicts the top five most significant health issues as a percentage of respondents who see it as the most significant in the community.

Figure E1. Ranking of most significant health issues in the community



Key informants were asked to share information regarding resources that are available in the community to address each of the key health issues. Respondents noted that there are medical clinics such as federally-qualified health centers, food banks, meals on wheels, mobile grocery stores, faith communities, the Shelby County Health Department, University of Tennessee Health Hubs and social service agencies that provide assistance with these issues. Transportation issues were noted and the Groove OnDemand is a low-cost rideshare program.

Select Comments Regarding Resources Available:

- There have been programs, but under the new GOP-controlled Federal and State governments, funding sources are at risk. It has been so hard to see how much has been taken from those who need it the most. We need to fund programs like WIC, HeadStart, Early Home Visitation, and other safety net-type services for children and their families.
- There are fragmented non-profit organizations and clinical options that are too few and knowledge and accessibility difficult.
- Shelby County Health Department is beginning to connect with school districts to help slow down HIV/AIDS transmission in young people.
- Access to care that prevents disease and chronic health conditions is severely lacking not just in Shelby County but across our state and nation. It is especially problematic in Memphis due to horrific poverty and decades of policies that exacerbate poverty and poor health that goes with it.
- Resources are scarce: some (but limited) access to green space, some (but very limited) public transportation to get to full-service grocery stores, employment, and healthcare, some (but

limited) employment opportunities to keep people active and able to afford nutritious foods and medicines.
- There is Methodist North Hospital, soon we will have the veteran's clinic in Millington.
- There is still a stigma (around using resources), especially in the Black community and as such the problem is not seen as it should be. Thus, it becomes a more serious problem because it goes unaddressed on a broad scale.
- There are resources - food banks, meals on wheels, clinics - but the need exceeds the available resources.
- There are LIMITED resources for domestic violence and firearm related violence victims and/or prevention programs. There are some including YWCA (domestic violence shelter for women), Hospitality Hub but they don't receive the necessary funding they need to efficiently operate.

Respondents were also asked to share any additional thoughts and information regarding the key health issues. The comments reflect a tremendous mental and physical need brought on by poverty, lack of health insurance, COVID, food and nutrition and transportation issues and gun violence.

Select Comments Regarding Key Health Issues:

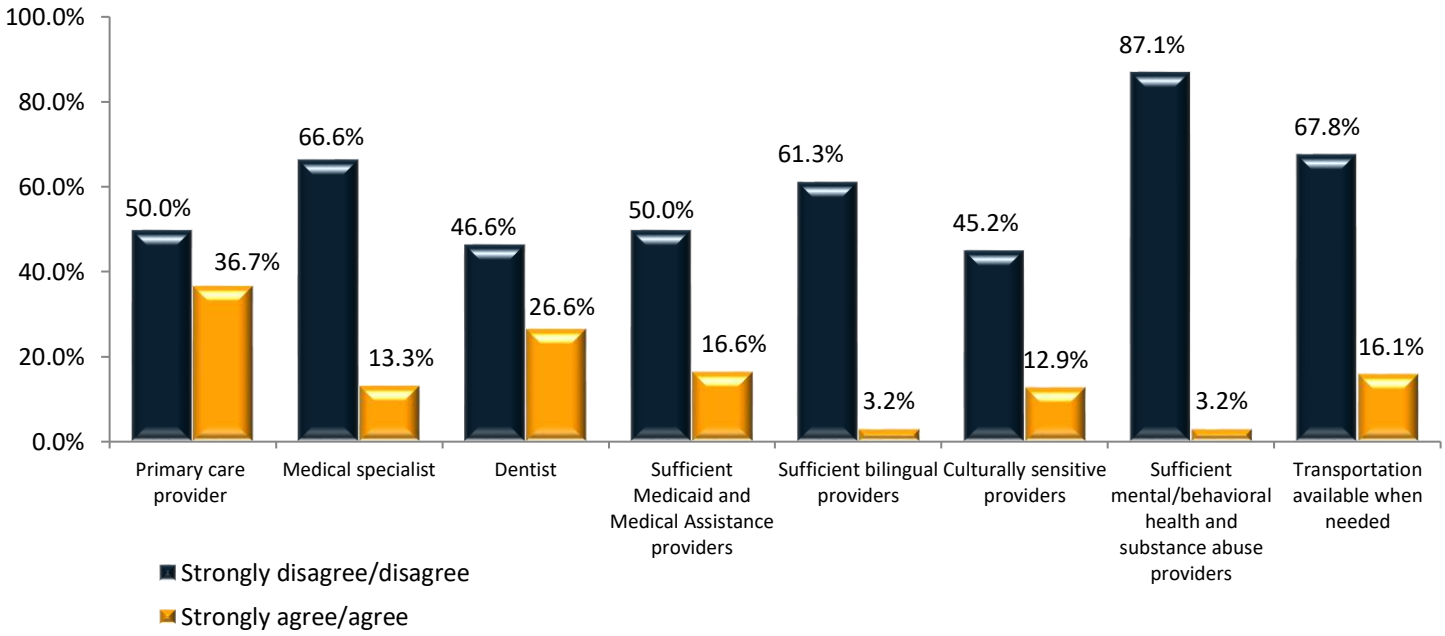
- I recently learned that Memphis has the fastest growing rate of new HIV cases.
- Our community in low-income areas will see higher rates of mental health issues, with all the pressure they will be under to have housing, clothing, and food.
- Mental health disease and obesity are the basis for many other poor health indicators including DM, kidney disease, unintentional injuries, substance use, access to care. Yet they are the least managed areas.
- So many in Memphis suffer from more than 1 of all the listed conditions. Poverty and decades of poor health and nutrition access are at the core of these diseases.
- Covid exasperated what was already a problem for adults but it created this whole new set of issues with children now being in need like never before for support with mental health issues.
- Because of the poverty in our community, many struggle with meeting basic needs of food and shelter. If those needs are not met, everything and everyone suffers.
- Low education levels and poverty (access to prevention tools) exacerbates the problem.
- Sadly, domestic violence and gun violence cases are becoming increasingly prevalent in our community. Every day there are multiple announcements about shooting victims across the city. Access to guns is too easy in our community.
- Many of North Memphis neighborhoods are relegated to food insecurity/food deserts, lack of adequate transportation, lack of access to health care services, including mental health, oftentimes revealing underlying issues associated with substance abuse. Many of these needs result in the perpetuation of violence and poverty.

F. Access to Care & Barriers

Respondents were asked to select the most significant barriers that keep residents in the community from accessing health care. Mental health is at the forefront of issues related to access. 87.1% disagreed or strongly disagreed that there are sufficient mental/behavioral health and substance abuse

providers to meet the need. Transportation issues are the next critical with 67.8% disagreeing or strongly disagreeing with the sufficiency of resources to address this issue. This is followed by 66.6% who disagreed or strongly disagreed that there are enough medical specialists. Sufficient bilingual and culturally sensitive providers also seem to be lacking. 50% of respondents disagreed or strongly disagreed that there are enough primary care providers and half also find there to be not enough providers who accept Medicaid. In the 2022 survey, mental health, transportation and culturally appropriate resources also topped the list of access issues.

Figure F1. Percentage of respondents who responded as "Strongly agree or agree" as compared to those who responded "Strongly disagree or disagree" with the health care access factors. *



*See Appendix A: Key Informant Survey Tool, for full factor and response options

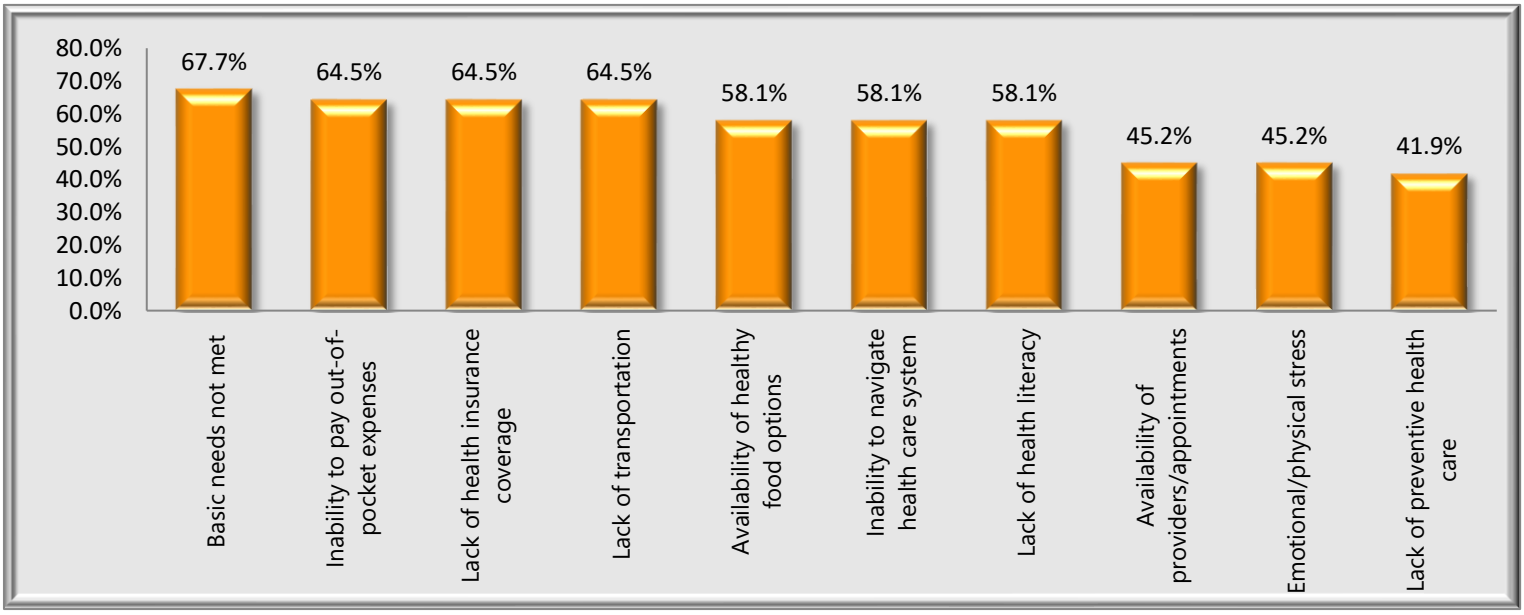
Significant barriers to accessing health care include basic needs not being met, the inability to pay out of pocket expenses, the lack of health insurance coverage and the lack of transportation. Each of these was selected by a minimum of 64.5% of respondents. The availability of healthy food options, the inability to navigate the health care system and the lack of health literacy are each noted as creating barriers to accessing health care by 58.1% of informants. These selections seem to confirm that when individuals or families are not able to meet their basic needs, including food and housing or are unable to effectively make their way through the health care system, health outcomes including those community-wide, will suffer. In the 2022 study, the same significant barriers were selected, reflecting the on-going nature of these issues and their impact on community health. The selection of other is noted to be "staff not having the cultural competence to aid trans and binary people".

Table F1. Most significant barriers

Key Health Barrier	Count	Percent of respondents who selected the issue*
Basic needs not met	21	67.7%
Inability to pay out-of-pocket expenses	20	64.5%
Lack of health insurance coverage	20	64.5%
Lack of transportation	20	64.5%
Availability of healthy food options	18	58.1%
Inability to navigate health care system	18	58.1%
Lack of health literacy	18	58.1%
Availability of providers/appointments	14	45.2%
Emotional/physical stress	14	45.2%
Lack of preventive health care	13	41.9%
Availability of health and wellness programs/education	12	38.7%
Lack of trust	12	38.7%
Time limitations	12	38.7%
Lack of social support	8	25.8%
Language/cultural/racial/spiritual barriers	8	25.8%
Lack of safe parks/recreation outlets	6	19.4%
None/no barriers	0	0.0%
Other (specify)	2	6.5%

*Respondents could select more than one option; therefore, the percentages may sum to more than 100.0%.

Figure F2. Most significant barriers keeping people in the community from accessing health care



As a result of the barriers discussed, many populations are underserved. An overwhelming majority of respondents replied yes (89.3%) when asked if there are specific populations in this community that are not being adequately served by local health services. These populations were ranked by key informants. The most frequently selected underserved population is those with low-incomes/poor. This population, which cuts across all races and ethnicities rose to the top during this survey at 76.0% identifying this group. In the 2022 survey, low-income/poor was selected by only 8.5% of respondents. This is a drastically different result, perhaps reflecting inflation and the increasing cost of basic needs as well as medical care. The homeless (or unhoused) population was selected next by 72.% of key informants. This is followed by Black/African Americans (60%) and Hispanic/Latino (52.0%). All of the groups identified as underserved are displayed in Table F2.

Table F2. Underserved Populations

Underserved Populations	Count	Percentage
Low income/poor	19	76.0%
Homeless	18	72.0%
Black/African American	15	60.0%
Hispanic/Latino	13	52.0%
Disabled	11	44.0%
Seniors/elderly	10	40.0%
Immigrant/refugee	9	36.0%
LGBTQ+ community	8	32.0%
Children/youth	6	24.0%
Families	5	20.0%

Underserved Populations	Count	Percentage
Men	3	12.0%
Women	3	12.0%
Asian/Pacific Islander	1	4.0%
American Indian/Alaska Native	0	0.0%
Other (specify)	0	0.0%

Additionally, respondents were asked to share information regarding barriers to health care. The comments reinforce the lack of basic needs such as food and shelter and how severely it negatively impacts people's ability to access health care services. Other barriers include fear and lack of trust in the health care system, misinformation, employment and juggling work, childcare and time to access medical appointments. Select responses are listed below.

Select Comments Regarding Most Significant Barriers:

- Health Insurance is step number one for health care. Even the FQHCs are not free. We must have Medicaid Expansion.
- Health Literacy can help in aiding people to access and see their Health Providers. With Community Health Clinics and mobile Health Clinics people must become an advocate for their personal health. Yes, many of the fear with it may be cost, but Free Clinics help bridge the gap. African Americans still do not trust Mental Health Agencies or Public Health Agencies because of the Tuskegee Project. Mis-information in age of Tik Tok and Social Media has great impact on how people react.
- Memphis continues to have a high poverty rate. Assisting with the basic needs (e.g., food, employment, shelter) could help reduce barriers to health care.
- In a community that has been so systematically disinvested, health care is primarily harm reduction. It is an extremely important form of harm reduction, but we desperately need to address the root causes of our health disparities. Core issues are employment opportunities, food access, transportation (which links food and employment), and need for a better public education system as well as vocational training for adults.
- Health care is so expensive that people can't afford it.
- People are not going to the doctors if they are worried about food where they're going to sleep money to pay for it bills etc.
- Most working people have to use paid time off for office visits. If the family has multiple children, this could impact their jobs. Some families may opt not to choose a visit because they don't have leave time available.
- Health care options and healthy food outlets are not in most at-risk areas.

G. Social Determinants of Health

The U.S. Department of Health and Human Services Healthy People 2030, addresses conditions in the environment in which people are born, live, learn, work, play, worship, and age. The conditions affect a wide range of health, function, and quality-of-life outcomes and risks. Healthy People 2030 groups these social determinants of health into 5 domains; economic stability, education access and quality and health care access and quality, neighborhood and built environment, and social and community context.

Key informants were asked to rate the quality of five key areas of Social Determinants of Health within their community. The findings reveal the poor perception of Health and Health Care and a slight improvement in Neighborhoods and the Built Environment.

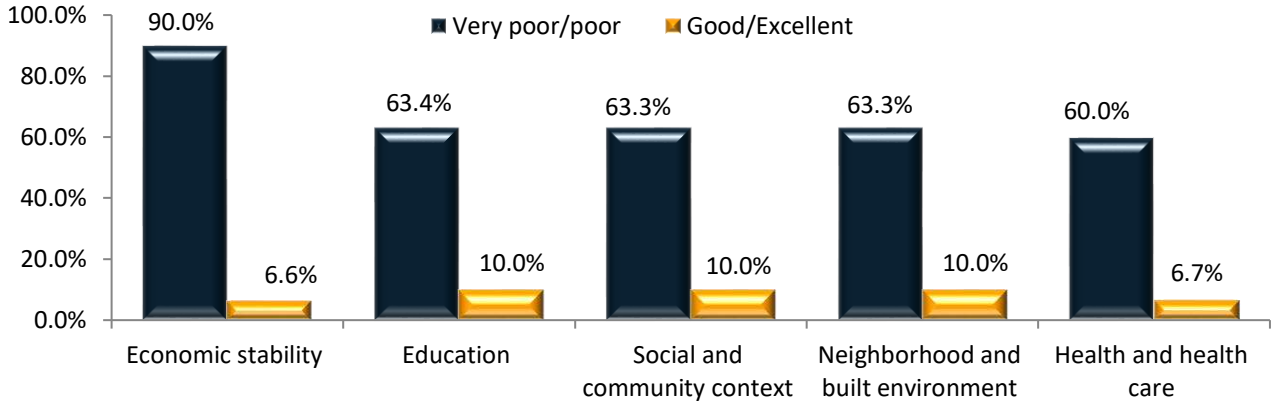
Almost all respondents rated these social determinants of health as "Very Poor", "Poor" or "Average". Economic stability (90.0%) was selected as the social determinant of health which were rated the worst for ("Very Poor" and "Poor" are combined). This is followed by Education and Social and Community Context (about 63%). Sixty percent rated Health and Health Care as "Very Poor" and "Poor", similar to results in 2022. Positively, 10% rated Social Context and the Neighborhood and Built Environment as "Good". The greatest improvement in ratings since the 2022 study occurred in the Neighborhood and Built Environment. With 10.0% of respondents rating it good or excellent, up from 0.9%. This may

reflect some local efforts to improve neighborhoods and communities and the addition of some resources.

Table G1: Percentages of respondents who selected each rating of social determinant

Social Determinant	Percent of respondents who selected the rating					
	Very Poor	Poor	Average	Good	Excellent	No Experience /No Opinion
Economic stability (poverty, employment, food security, housing stability)	50.0%	40.0%	3.3%	3.3%	3.3%	0.0%
Education (early childhood education and development, enrollment in higher education, high school graduation, language and literacy)	16.7%	46.7%	23.3%	6.7%	3.3%	3.3%
Social and community context (social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)	13.3%	50.0%	23.3%	10.0%	0.0%	3.3%
Neighborhood and built environment (access to foods that support healthy eating patterns, quality of housing, crime and violence, environmental conditions, transportation)	20.0%	43.3%	26.7%	10.0%	0.0%	0.0%
Health and health care (access to health care, access to primary care, health literacy)	16.7%	43.3%	33.3%	6.7%	0.0%	0.0%

Figure G1. Percentage of respondents who responded as "Very Poor" or "Poor" as compared to those who responded "Good or Excellent" with the Social Determinant factors. *



*See Appendix A: Key Informant Survey Tool, for full factor and response options

G. Health Care Services

The availability (or lack thereof) of health care resources and services have a great impact on the health outcomes in a community. These include emergency and preventative care, affordable medical and specialty care, healthy food, case management and social services such as housing, transportation and bilingual services, federally qualified health centers, mental health and substance abuse services, health education and outreach. Key informants were asked to rate these areas as to whether services are Missing, Lacking, Not Affordable, Need Being Met, or Don't Know.

Available Resources/Services

The top 5 available health care resources and services include emergency care, corporate health screenings, preventive health screenings, primary care services and food distribution. In this survey, preventive health screenings replaced Federally Qualified Health Centers. This may reflect an improvement in the access to or availability of preventive services or a diminished availability of the Federally Qualified Health Centers. Although some viewed these services are meeting the needs of the community, the percentage of respondents is not greater than 41.1% (emergency services). As it relates to the primary care services being available, 25% perceive that the "Need is Being Met". This increased from the 2022 study in which this was selected by 16.7%.

Table G1. Top 5 available health care resources/services

Health care Resource/Service	Percentage of respondents who stated the "Need Being Met"	Percentage of respondents who stated "Missing"
Emergency care	6.9%	41.4%
Corporate health screenings/education programs	13.8%	31.0%
Preventive health screenings	14.3%	28.6%
Primary care services	0.0%	25.0%
Food distribution	3.4%	24.1%

Missing and Lacking Resources/Services

Respondents were asked to identify key support and health care services "Missing" and "Lacking" in the community. Key informants identified missing resources such as substance abuse and mental health services, transportation, support group services, preventive health screenings and housing assistance. Similar to the previous study, mental health services (identified as a top health issue) as well as access to healthy food are "Missing" and are of great need. Preventive health screenings (selected as missing by 14.3%) were also perceived to be available by almost 30% of respondents. There may be some uncertainty about the lack of information about the availability of this service.

On average, respondents list "Lacking" more than "Missing". Top services selected by key informants as "Lacking" are advocacy for social needs, case management/social services, healthy food options, housing assistance, mental health services and transportation. These services echo the sentiments of key informants that services which meet basic needs are not as readily available and may be barriers to accessing health care. Case management/social services are critical resources in assisting individuals and families to navigate the health care system (listed as a significant barrier).

Figure G1. Top health care resource/services "Missing" in the community

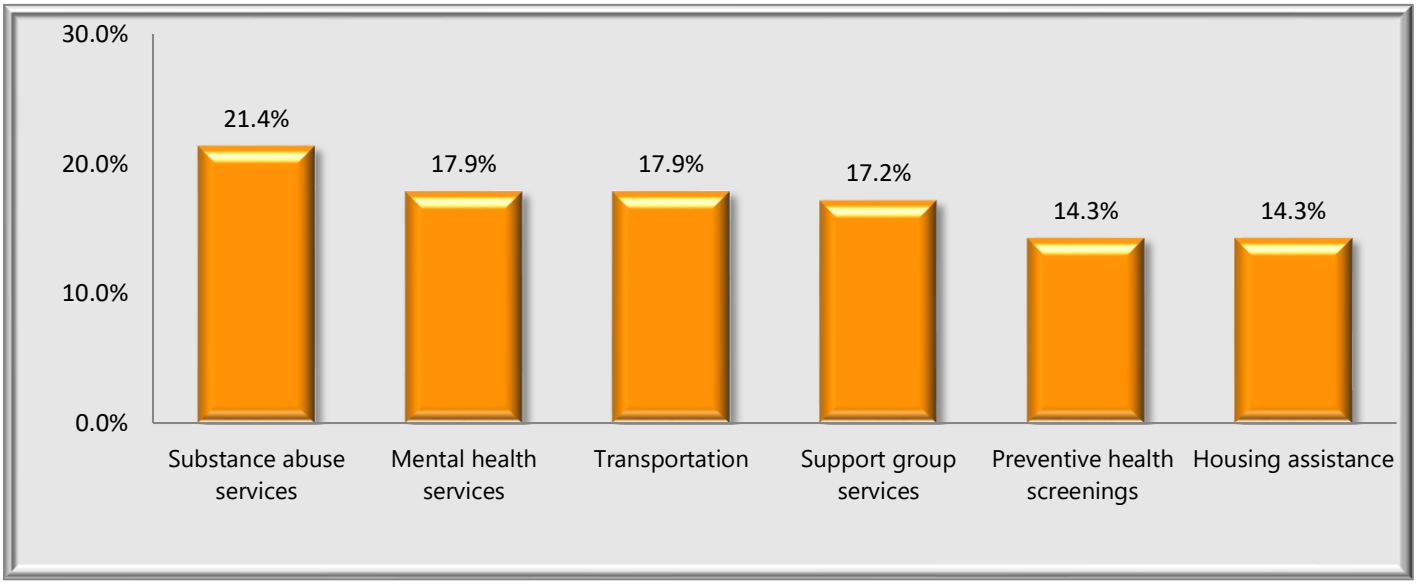
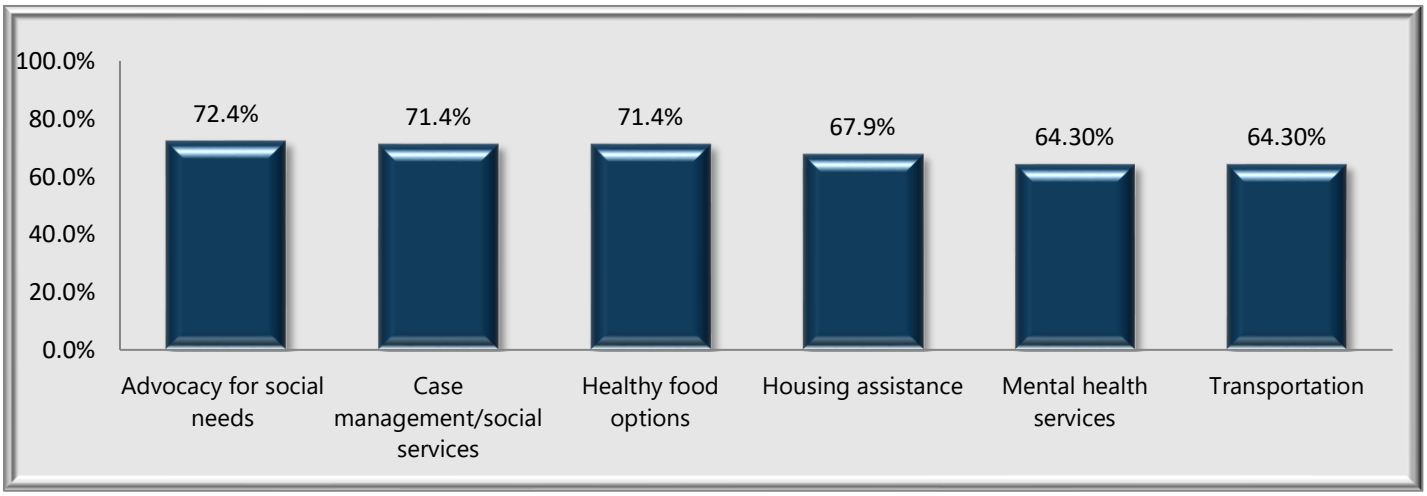


Figure G2. Top health care resource/services "Lacking" in the community



Respondents were asked to share information regarding Health Care Resources and Services. Issues of empathy and trust seemingly add to the reluctance to receive services. Select responses are listed below.

Select Comments Regarding the Need and Accessibility of Health care Resources and Services:

- No one covers home health for Seniors or disabled people to stay in their homes and be independent. Preventive Care is critical for the youth, and their parents. Health Fairs and Community events are the best ways to get people to get health screens. They are less threatening.
- With the Covid Vaccine much misinformation entered the community through social media, and people began to distrust the Public Health Agencies. With the current political and economic

climate people are struggling to make ends meet. Many will not access Health Care until it is almost too late.
- When it comes to transportation, there is a lack of understanding how the participant feels having to wait for a bus whether it be cold or raining.
- Basic needs not being met exacerbate access to anything that can help families thrive and be healthy.
- There is a patchwork of social and health services. Government and nonprofit are doing the best they can with limited resources.

H. Open-Ended Comments

Finally, key informants were asked to provide feedback in the form of open-ended comments. Many respondents took this chance to voice their concerns while also providing valuable information and insights into the community that they serve.

When asked what challenges people in the community face to maintain healthy lifestyles like exercising and eating healthily and/or trying to manage chronic conditions, such as diabetes or heart disease, informants mentioned difficulty obtaining healthy foods, poverty, violence and personal safety, green space, education and awareness. Reportedly, healthy lifestyles are difficult to maintain when facing so many challenges.

Select Comments Regarding the Challenges People Face in Maintaining Healthy Lifestyles:

- Access to healthy food options at reasonable prices is a problem. Most of the people in this city live in poverty and do not have the resources to seek fresh food options.
- The issue of healthy lifestyles is not a priority in poor or lower-income communities. In my many years of experience in promoting wellness and a healthy lifestyle for low-income communities, I was always reminded of their focus on survival. remember being told over and over again in low-income zip codes that being healthy is a luxury.
- Clean and well-maintained parks and other public spaces Exercise equipment and associated costs Lack of quality, affordable housing.
- Crime is also a factor in prohibiting outside activities for children and families. Healthy food is expensive and ultra processed foods are often cheaper - and seemingly easier to prepare - and what people are used to consuming.
- Lack of public transportation, too few attractive, well-maintained neighborhood parks, access to full service and/or discount grocery stores.
- Finding like-minded people To take the steps together.
- Trying to manage chronic conditions is more challenging due to a lack of education, a lack of motivation, and difficulty seeing the right physicians.
- Low income and rising costs. Healthy food comes at a premium.
- Some of the challenges our community faces are - lack of green spaces in communities, fear of ongoing violence to be outside, food deserts and food insecurity.

Key informants were also asked their opinion about what is being done well in the community in terms of health and quality of life.

The responses from key informants stressed the important and meaningful relationships that exist in Memphis and Shelby County among social and health care organizations. Some areas of improvement have been seen including in transportation, food supply, education and advocacy and the community seems very willing to come together to create solutions. However, sufficient resources to do this continue to be a challenge.

Select Comments regarding What is Being Done Well in the Community:

- I think in general there are plenty of efforts by the hospitals to address so many of these issues.
- Large non-profit organizations willing to assist with some of the challenges.
- Some communities like the Medical District are becoming more walkable. Transportation options like Groove On-Demand. Some quality, low-cost grocery stores such as Aldi continues to expand in the city.
- Memphis is a community of strong relationships and music and basketball...it's a big small city. The winters are mild, and people have strong family ties. There is a many, many nonprofits doing really good work to help as many people as they can.
- Memphis people have a real sense of solidarity, of supporting each other. Many religious communities can be tapped for health screenings, meetings for substance use disorder support, etc. We have some terrific non-profits working on housing and food access, but they need more resources. We also have some really great FQHC and other free clinics.
- Having medical professionals trained by LGBTQ Representative. Ensuring the doctors and health staff have cultural competence and affirming conversations are being had.
- We seem to have a lot of health fairs and regular bp/information checks. This gives someone a snap shot of their health.
- There are many talented medical providers, many effective non-profit organizations.
- More educational programs are being provided to help the community understand the importance of good health.
- Corporate support in trying to create access in communities around hypertension and heart disease.
- There's lots of advocacy and attempt to reach people. But, many can't seem to transcend their situations. The community is in survival mode.
- There is a lot of good happening in the early childhood space and the early literacy space...to shore up the public school system.
- The Church Health Center is a model that works to provide prevention guidance and healthy food education as well as tertiary care.
- There is a will. Just not a sustainable way.

Finally key informants were then asked to provide recommendations to improve health and quality of life in the community.

Many respondents discussed the issue of increasing collaboration and partnerships between organizations including non-profits and for-profits and attempting to consolidate and streamline efforts with a focus on impact through the use of data. They advocated creating a model that inspires community engagement and ownership. Others see the importance of defining the term quality of life in the community as well as cultural competency.

Select Comments regarding Recommendations and Suggestions:

- Make it personal for the community. Help people become their own advocate in the health.
- More cohesive strategies to address problems.
- Better public transportation. Investment in community centers where people can socialize and exercise, especially when it is very hot out. Increased green spaces and other recreational amenities.
- OUTMemphis community staff trainings, other affirming or have trainings as well.
- We desperately need a counseling center for cognitive therapy. Memphians suffer from so much trauma especially in the patient base that ROH serves. Helping with mental health gets someone on track for physical healing. Many times, if they are not mentally stable then they cannot even start with good overall health.
- More wide-scale support from government and private entities to do larger scale projects that cater to the social determinants of health, so wide spread change can happen quicker.
- Re-educate healthcare professionals on the differences in cultures and have them evaluate each patient individually as a person not a statistic.
- Meet people where they are. Engage them in an authentic, meaningful, inclusive, frequent and responsive way.
- More partnerships between health systems, insurance companies, SCHD (Shelby County Health Department), communities, and business leaders.

APPENDIX A: SECONDARY DATA REFERENCES

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APPENDIX B: SECONDARY DATA DEFINITIONS

Age-Adjusted Rate **-** Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes, which allows populations with different age structures to be compared.

Behavioral Risk Factor Surveillance System (BRFSS) **-** Ongoing surveillance system with the objective to collect uniform, state-specific data from surveys on adults' health-related risk behaviors, chronic health conditions, and use of preventive services.
Crude Rate **-** Expresses the frequency in which a disease or condition occurs in a defined population in a specified period of time, without regard to age or sex.

Determinants of Health **-** The personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations.
Family - Defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.

Frequency - Often denoted by the symbol "n," frequency is the number of occurrences of an event.

Health **-** A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.
Health Disparities - Indicate the difference in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exists among specific population groups.
Health Outcomes **-** A medical condition or health status that directly affects the length or quality of a person's life. These are indicators of health status, risk reduction, and quality of life enhancement.
Housing Unit **-** A house, an apartment, a mobile home, a group of rooms, or a single room occupied (or if vacant, intended for occupancy) as separate living quarters.
Household - All the people who occupy a housing unit, including related family members and all the unrelated people who may be residing there. Examples include college students sharing an apartment or a single male living alone.

Householder - One person in each household is designated as the householder. In most cases, the householder is the person, or one of the people, in whose name the housing unit is owned or rented (maintained). The two major categories of householders are "family" and "nonfamily."

Incidence Rate - Refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period.

Infant Mortality Rate - Defined as the number of infant deaths per 1,000 live births per year. Infant is defined as being less than one year of age.

Low Birth Weight (LBW) – Indicates a birth weight less than 5 pounds 3 ounces (2,500 grams).

Morbidity **-** Refers to the state of being diseased or unhealthy within a population.

Mortality **-** Number of deaths occurring in a given period in a specified population.

Neonatal Mortality Rate - Defined as the number of infant deaths from birth up to but not including 28 days of age per 1,000 live births per year.

Post-Neonatal Mortality Rate - Defined as the number of infant deaths occurring from 28 days up to but not including 1 years of age per 1,000 live births per year.

Poverty Guidelines - A version of the federal poverty measure issued each year in the *Federal Register* by the Department of Health & Human Services. The guidelines are a simplification of the poverty thresholds used for administrative purposes (i.e. determining eligibility for certain federal programs).

Preterm - Births delivered less than 37 completed weeks of gestation based on obstetric estimate of gestation.

Prevalence - The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Quality of Life - Degree to which individuals perceive themselves as able to function physically, emotionally, and socially.

Rate - A measure of the intensity of the occurrence or frequency with which an event occurs in a defined population. Rates are generally expressed using a standard denominator such as per populations of 1,000, 10,000 or 100,000.

Size of Household - Includes all the people occupying a housing unit.

Size of Family - Includes the family householder and all other people in the living quarters that are related to the householder by birth, marriage, or adoption.

Socioeconomic Status (SES) - A composite measure that typically incorporates economic, social, and work status. Examinations of socioeconomic status often reveal inequalities in access to resources.

Very Low Birth Weight (VLBW) - Indicates a birth weight less than 3 pounds 5 ounces (1,500 grams).

Vital Statistics - Systematically tabulated data derived from certificates and reports of births, deaths, fetal deaths, marriages, and divorces, based on the registration of these vital events.

Years of Potential Life Lost (YPLL) - A measure of premature mortality or death on a population, calculated as deaths that occur before some predetermined minimum or desired life span (usually age 75, which is the average life span).

APPENDIX C: KEY INFORMANT SURVEY PARTICIPANTS

Name		Agency
Summer	Hardy	Regional One Health
Renee	Frazier	Retired CEO
Dr.	Green	Region One Health
Cheree	Albritton	American Heart Association
Dr.	Walters	Regional One Health/UTHSC
Rory	Thomas	Memphis Medical District Collaborative
Katy	Spurlock	Urban Child Institute
Rev.	Douglas	Regional One Health
Eli	Morris	Hope Church
Cheryl	Hearn, Esq.	City of Memphis
Kendra	Hotz	Rhodes College
Joyce	Dorse Coleman	Memphis-Shelby County Schools
Monica	Brodie	Region One Health
Bobby	White	Leadership Memphis
Tamesha	Prewitt	OUT Memphis
Amanda	Damron	Region One Health
Mayor Mike	Palazzolo	City of Germantown
Mayor Larry	Dagen	City of Millington Government
Sally	Jones Heinz	Metropolitan Inter-Faith Association
Jenny	Bartlett-Prescott	Church Health Center
Councilman	Warren	City of Memphis
Meagan	Williams	Regional One Health (One Health)
Reverend	Flagg	Region One Health
Kate	Staggs	American Heart Association
Dr. Paul	Wendel	Regional One
Asia	Diggs Meador	Meritan, Inc.
Mayor	Parsons	City of Bartlett Government
Councilwom	Washington	City of Memphis - City Council
Commission	Clay Bibbs	Shelby County Board of Commissioners
Lori	Evans	Junior League of Memphis
Natalie	McKinney	Memphis-Shelby County Schools

APPENDIX D: KEY INFORMANT SURVEY TOOL

Key Informant Online Questionnaire

INTRODUCTION

As part of its ongoing commitment to improving the health of the communities it serves, Regional One Health is conducting its triennial comprehensive Community Health Needs Assessment (CHNA). The results of the survey will be compiled and shared with our communities and used to inform our 2025 CHNA Implementation strategy.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

When answering the questions, please consider the community and area of interest to be the communities surrounding Shelby County.

KEY HEALTH ISSUES

1. Thinking of all the areas that you feel make up a healthy community, would you describe the communities surrounding Regional One Health as healthy?

   - ☐ Yes
   - ☐ No
   - ☐ Don't know

2. In general, how would you rate your community's overall health status?

   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very poor

3. What are the top **5** health issues you see in your community? (CHOOSE 5)

- ☐ Accessing health care services
- ☐ Alzheimer's disease/dementia
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease
- ☐ Food insecurity
- ☐ Maternal, infant, and child health
- ☐ Mental health
- ☐ Oral health
- ☐ Overweight/obesity
- ☐ Other (specify):
- ☐ Respiratory diseases
- ☐ Sexually transmitted diseases including HIV/AIDS
- ☐ Stroke
- ☐ Substance abuse
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Tobacco use
- ☐ Unintentional injuries and violence including domestic violence, firearm-related violence, and motor vehicle accidents

4. Of those health issues mentioned, which **1** is the most significant? (CHOOSE 1)

- ☐ Accessing health care services
- ☐ Alzheimer's disease/dementia
- ☐ Cancer
- ☐ Diabetes
- ☐ Food insecurity
- ☐ Heart disease
- ☐ Maternal, infant, and child health
- ☐ Mental health
- ☐ Oral health
- ☐ Overweight/obesity
- ☐ Other (specify):
- ☐ Respiratory diseases
- ☐ Sexually transmitted diseases including HIV/AIDS
- ☐ Stroke
- ☐ Substance abuse
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Tobacco use
- ☐ Unintentional injuries and violence including domestic violence, firearm-related violence, and motor vehicle accidents

5. What resources are available in the community to address the health issues you identified?

6. Please share any additional information regarding these health issues and reasons to support your response in the box below:

ACCESS TO CARE & BARRIERS

1. On a scale of strongly disagree through strongly agree, please rate each of the following statements about **Health Care Access** in the community.

Strongly Disagree←→Strongly Agre

Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
Residents in the area are able to access a dentist when needed.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
There are a sufficient number of bilingual providers in the area.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
Providers in the area are culturally sensitive to race, ethnicity, and cultural preferences of patients.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
There are a sufficient number of mental/behavioral health and substance abuse providers in the area.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree
Transportation (public, personal, or other service) for medical appointments and other services is available to area residents when needed.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

1. What are the **MOST** significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

- ☐ Availability of health and wellness programs/education
- ☐ Availability of healthy food options
- ☐ Availability of providers/appointments
- ☐ Basic needs not met (food/water/shelter/employment/environmental safety)
- ☐ Emotional/physical stress
- ☐ Inability to navigate health care system
- ☐ Inability to pay out-of-pocket expenses (co-pays, prescriptions, etc.)
- ☐ Lack of health insurance coverage
- ☐ Lack of health literacy
- ☐ Lack of preventive health care (screenings, annual check-ups, etc.)
- ☐ Lack of safe parks/recreation outlets
- ☐ Lack of social support (family, friends, social network)
- ☐ Lack of transportation
- ☐ Lack of trust
- ☐ Language/cultural/racial/spiritual barriers
- ☐ Time limitations (long wait times, limited office hours, time off work)
- ☐ None/no barriers
- ☐ Other (specify):

2. Of those barriers mentioned, which **1** is the most significant? (CHOOSE 1)

- ☐ Availability of health and wellness programs/education
- ☐ Availability of healthy food options
- ☐ Availability of providers/appointments
- ☐ Basic needs not met (food/water/shelter/employment/environmental safety)
- ☐ Emotional/physical stress
- ☐ Inability to navigate health care system
- ☐ Inability to pay out-of-pocket expenses (co-pays, prescriptions, etc.)
- ☐ Lack of health insurance coverage
- ☐ Lack of health literacy
- ☐ Lack of preventive health care (screenings, annual check-ups, etc.)
- ☐ Lack of safe parks/recreation outlets
- ☐ Lack of social support (family, friends, social network)
- ☐ Lack of transportation
- ☐ Lack of trust
- ☐ Language/cultural/racial/spiritual barriers
- ☐ Time limitations (long wait times, limited office hours, time off work)
- ☐ None/no barriers
- ☐ Other (specify):

1. Please share any additional information regarding barriers to health care in the box below:

2. Are there specific populations in this community that you think are not being adequately served by local health services?

- ☐ Yes
- ☐ No

SURVERY LOGIC → <u>IF YES:</u> Which populations are underserved? (Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Children/youth
- ☐ Disabled
- ☐ Families
- ☐ Hispanic/Latino
- ☐ Homeless
- ☐ Immigrant/refugee
- ☐ LGBTQ+ community
- ☐ Low income/poor
- ☐ Men
- ☐ Women
- ☐ Seniors/elderly
- ☐ Uninsured/underinsured
- ☐ Other (specify):

3. In general, where do you think **MOST** uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

- ☐ Doctor's office
- ☐ Health clinic/FQHC
- ☐ Hospital emergency department
- ☐ Walk-in/urgent care center
- ☐ Don't know
- ☐ Other (specify):

SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health, defined by Healthy People 2020, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function, and quality-of-life outcomes and risks.

1. On Please rate the quality of the following 5 key areas of **Social Determinants of Health** within the community using a scale of very poor through excellent. An N/A option is provided if you have no experience with the area or have no opinion.

Very Poor ←→ Excellent

Economic stability *poverty, employment, food security, housing stability*	☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ N/A
Education *early childhood education and development, enrollment in higher education, high school graduation, language and literacy*	☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ N/A
Social and community context *social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization*	☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ N/A
Neighborhood and built environment *access to foods that support healthy eating patterns, quality of housing, crime and violence, environmental conditions, transportation*	☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ N/A
Health and health care *access to health care, access to primary care, health literacy*	☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent ☐ N/A

MISSING RESOURCES/SERVICES

1. For each **Healthcare Resource/Service** listed, please select whether you think it is missing (not available), lacking (available but not enough to meet needs) or not affordable (price may be a barrier in accessing service) within the community. If you think the service is available and affordable, please select the need being met.

Healthcare Resources/Services	Missing	Lacking	Not Affordable	Need Being Met	Don't Know
Advocacy for social needs (food security, housing, education, employment, etc.)					
Bilingual services					
Case management/social services					
Corporate health screenings/education programs (on-site for employees)					
Emergency care					
Federally qualified health centers (FQHCs)					
Food distribution					
Free/low cost dental care					
Free/low cost medical care					
Health education/information/outreach					
Healthy food options					
Home health care services					
Housing assistance					
Prescription assistance					
Mental health services					
Multicultural/bilingual healthcare providers					
Preventive health screenings (blood pressure, diabetes, stroke, etc.)					
Primary care services					
Specialty care services (cardiologist, neurologists, etc.)					
Substance abuse services					
Support group services					
Sexual health care					
Transportation					

2. Please share any additional information regarding the need and accessibility of healthcare resources and/or services for individuals living in the community in the box below:

OPEN-ENDED: CHALLENGES & SOLUTIONS

1. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions, such as diabetes or heart disease?

2. In your opinion, what is being done ***well*** in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

3. What recommendations or suggestions do you have to improve health and quality of life in the community?

4. Please provide the name and email contact information of anyone who would be an appropriate participant in a CHNA Implementation Strategy session.

DEMOGRAPHICS

Please answer the following demographic questions.

5. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

- ☐ Business sector
- ☐ Childcare/youth services
- ☐ Community member
- ☐ Education
- ☐ Faith-based/cultural organization
- ☐ Government/housing/transportation sector
- ☐ Health care/public health organization
- ☐ Mental/behavioral health organization
- ☐ Non-profit/social services
- ☐ Other (specify):

6. Are there any specific populations within the community that your organization serves? (Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Children/youth
- ☐ Disabled
- ☐ Families
- ☐ Hispanic/Latino
- ☐ Homeless
- ☐ Immigrant/refugee
- ☐ LGBTQ+ community
- ☐ Low income/poor
- ☐ Men
- ☐ Women
- ☐ Seniors/elderly
- ☐ Uninsured/underinsured
- ☐ Other (specify):

1. My organization collaborates with other organizations/institutions on local efforts to improve health in the community.

   ☐ Yes

   ☐ No

   ☐ Don't know

CLOSING

Regional One Health and its partners will use the information gathered through this survey in guiding their community health improvement activities and work with partnering organizations. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

APPENDIX E. PRIORITIZATION SESSION PARTICIPANTS

*To be performed.

Name	Agency/Organization

APPENDIX F. IMPLEMENTATION STRATEGY PARTICIPANTS

*To be performed.

Name	Agency/Organization

APPENDIX G. 2022 IMPLEMENTATION STRATEGY OUTCOMES

APPENDIX H. 2019 IMPLEMENTATION STRATEGY OUTCOMES

Community Health Need	Goal/Initiative	N - New E - Existing Programs/ Initiatives P - Potential	Partners working on the issue in the County	Expected Evaluation of Impact to Community Health Need	2019 - 2021 Status/Results
Access To Healthcare	Facilitate increased access to vulnerable patient populations in securing prescribed medications	**E:** Regional One Health S. Third Pharmacy **E:** Expansion of medication assistance program for vulnerable older adults **E:** One Health	• Regional One Health Foundation • S. Third Primary Care Clinic • Regional One Health Pharmacy	• Number of prescriptions written at S. Third Primary Care and filled at the Regional One Health Pharmacy • Number of patients 65 years of age and older enrolled in Medicare Part D receiving financial assistance with their prescription costs • Number of prescriptions filled by Regional One Health outpatient pharmacy for One Health enrollees • Number of Pharmaceutical Medication Assistance Program (PMAPs) applications completed	

Access To Healthcare	Assist patients in improving their health status by providing services which address social barriers to holistic health	**E:** One Health **E:** Adult Special Care Clinic	• Shelby County Social Service Agencies • Shelby County Community Foundations • Regional One Health Foundation • Government Agencies • Ryan White	• Number of patients served by One Health Program • Number of One Health enrollees connected with community agencies • Number of Adult Special Care patients receiving support with their utilities	
Access to Healthcare	Support patients of Regional One Health, with transportation challenges, who are in need of other non-emergent transportation, to and from medical appointments, and assist with addressing barriers to optimal health.	**E:** One Health Ride Health Pilot **E:** Adult Special Care transportation vouchers **P:** Explore non-emergent transportation solutions for patients receiving care in a Regional One Health primary care clinic	• Explore potential partnerships with local rideshare companies • Provide transportation vouchers to target patient populations	• Number of One Health enrollees using Ride Health transportation services ○ Number of trips provided ○ Average distance of trips ○ Number of bus or taxi vouchers distributed • Explore establishing partnerships to support non- emergent transportation to and from primary care appointments at Regional One Health primary care locations. ○ Reduction in patient no- show rates in primary care	

				○ Number of times patient transportation following a primary care appointment is delayed and primary care appointments canceled or missed because of transportation issues ● Number of patients provided assistance with non- emergent transportation through the Adult Special Care Clinic	
Access to Healthcare	Provide wrap around services to patients to assist with maintaining their health	**E:** Adult Special Care **E:** One Health Food Pantry **E:** One Health Housing **E:** One Health Screening for health benefits **E:** One Health Income **E:** One Health: Substance Use Disorder SUD	● Local grocery stores ● Mental Health Providers ● Shelby County Social Service Agencies ● Cash Savers Vouchers for fresh fruits and vegetable ● United Healthcare ● Midsouth Foodbank ● Regional One Health Foundation Board ● Community Alliance for the	**Adult Special Care:** ● Number of Patients receiving case management support services ● Number of food vouchers/cards issued to Adult Special Care patients **One Health:** ● Number of unique individuals served with food boxes ● Number of vouchers issued ● Number of patients screened for SNAP benefits	

			• Door of Hope Promise • Mid -South Sober Living • Community Service Agency (CSA) • MIFA • QRS Social Security Administration SOAR • Hospitality Hub Hope Works • Social Security Administration • Alliance Healthcare Services • Serenity House Mid-South sober living • First Step Recovery • CAAPS	• Number of homeless enrollees permanently housed • Number of One Health patients receiving temporary or transitional housing • Number of utility payments made • Number of patients linked to health care insurance • Number of patients screened and approved for Social Security Income • Number of patients assisted with job training • Number of patients linked to job opportunities • Number of patients with SUD referred for Medication Assisted Treatment or treatment for alcohol use disorder	

Health Literacy	Educate the community regarding Healthy Living, with prioritized focus on nutrition	**E:** Community Health Fairs **E:** Regional One Health Community Health Day(s) **N:** Initiation of outpatient medical nutrition therapy service for diabetic patients **P:** Explore partnership to address food vulnerabilities, reducing obesity and promotions on healthy eating	• Regional One Health • Shelby County Health Department • American Heart Association • Regional One Health Spiritual Care Council • Mid-South Food Bank • The Outreach Program • Common Table Health Alliance • Metropolitan Inter-Faith Association	• Initiation of outpatient medical nutrition therapy service by December 31, 2019 • Number of Regional One Health patients served through the medical nutrition therapy service • Number of patients in Regional One Health primary care clinics receiving assistance with accessing quality foods through a Regional One Health established partnership. • Number of meals packaged and provided to Mid-South Food Bank • Number of lives touched through health fairs supported and sponsored by Regional One Health • Number of individuals served through the One Health food pantry and distributed vouchers	

Health Literacy	Educate families regarding prenatal care, benefits of breastfeeding, how to care for a newborn, and parenting	**E:** Childbirth education; March of Dimes family support; Baby and Children Expos and Centering Pregnancy Program	• Regional One Perinatal Center • Regional One Maternal Fetal Medicine • Shelby County Health Department • March of Dimes • Regional One OB/GYN providers • Shelby County Schools • Hollywood Primary Care • Others to be determined	• Establishment of a second Centering Pregnancy location • Number of expectant mothers participating in the Center Pregnancy Support Classes • Number of expectant mothers enrolled in Regional One Health prenatal education and childbirth program • Percentage of mothers who are breastfeeding at discharge • Number of persons reached at community events with a specific focus on maternal and infant health • Number of infants receiving milk from the established Milk Depot	
Mental Health	Regional One Health does not provide mental health services but is committed to assisting their patients with obtaining access to needed behavioral health services.	**E:** One Health Connect	• Regional One Health • Alliance Health • Cocaine Alcohol Awareness Program (CAAP)	• Identification of community resources to assist mental health patients • Percentage of One Health patients with a behavioral health need	

			• Shelby County Mental Health Providers • Shelby County Social Service Agencies	• Number of patients/clients from Adult Special Care, primary care clinics and HVIP referred to behavioral health providers	
Violence	Assist victims of violence who present to Regional One Health's Trauma Center to secure job placement, shelter, food, and other support services as needed	**E:** HVIP-Violence Intervention Program **E:** TBI-Brain Injury Program	• 901 BLOC • Crime Victim's and Rape Crisis Center • GED Programs • Local colleges and universities • NAMI - National Association for Mental Illness • Moms Demand Action • Memphis Police Department • Family Safety Center	• Percent of potential clients enrolled in the HVIP program • Active clients enrolled in HVIP • Number of active HVIP clients securing employment or completing educational training, annually	

APPENDIX I. 2016 IMPLEMENTATION STRATEGY OUTCOMES

Regional One Health

Implementation Strategy Outcomes

Community Health Need	Objectives/Program Description(s)	Programs/ Initiatives*	Existing/Potential Partnerships	Expected Measures and/or Outcomes	2016 – 2019 Results
Access to Healthcare	Back To School health fair, providing screenings for students returning to school HVIP: violence intervention program Project Phoenix: patient through-put analysis Interview all self-pay patients to see if they meet certain criteria for state/federal programs Disability Vendor: collaborates with MedAssist to assist patients following catastrophic injuries to help patients get social security and disability MVA Vendor: follow auto accident patients with interviews and collect auto insurance information, they review patient to see if they qualify for any state/federal program	**E:** HVIP (provide bus vouchers and taxi service for appointments); MedAssist; MVA Vendor; Newborn and Presumptive TennCare eligibility enrollment; PFS Charity Program; PMAP (Patient Medication Assistance Program) **N:** Community Day at South Third; Project Phoenix; Disability Vendor; One Health	Riverview K8 School SCHD Lead Testing SNAP Dental Exams	Reduction in patient wait times at Project Phoenix Reduction in Shelby County uninsured rate Reduction in Level 1 Emergency Department visits	Regional One Health's Community Education Fair at S. Third provided health information, as well as eye exams/hearing tests/dental cleanings to approximately 300 individuals. Patient Medication Assistance Program (PMAP) has served 291 patients in FY 2019, equating $70,752.87 in medicines provided to patients. PFS (Patient Financial Services) Charity Program served 3,711 patients totaling $217,012,148

					Disability Vendor has assisted 385 patients
Child and Family Health	Various classes to address the childbirth process, nutrition of the baby and mother, breastfeeding process, and how to care for a newborn • Early Prenatal Classes, Preparing for childbirth classes, Breastfeeding Classes, Nutrition/ Fit4Mom/ Yoga, Dynamic Dads, Newborn Care Classes	**E:** Childbirth Education; March of Dimes Family Support; Hollywood/March of Dimes Supportive Pregnancy Program; Meal Packing Events; Baby and Kids Expo	March of Dimes A Step Ahead Foundation Austin Milk Bank MidSouth Food Bank	Reduction in infant mortality Increase knowledge of prenatal education and infant safety Increase percentage of mothers breastfeeding at discharge	Regional One Health has offered 56 tours of the birth facility, as well as childbirth classes since the 2nd quarter of 2019. Meal Packing Events: Regional One Health has packaged 30,000 meals in partnership with MidSouth Food Bank for distribution to Memphians Milk Depot Donations ▪ 11 donors in 2018 ▪ Total ounces from donors = 6,742
Health Literacy	DSME: course aimed at educating patients with Diabetes in an effort to make them self-sufficient and able to properly care for themselves at home Health Fairs: offers health education materials to community partners, including Diabetes, heart health and breast health		Area high schools and colleges New Memphis LITE Memphis NAHSE (National Association for Health Service Executives) Merck: provides Equity of Care	Improvement in self-management of Diabetes and patient compliance Reduction in visits to the Level 1 Emergency Department Decrease	DSME: 289 patients educated 2,180 clients served (an average of 190 clients per quarter) 2,871 trauma-informed staff trained (an

	Trauma: outreach staff work with community partners to educate around injury prevention and safety TBI: concussion awareness and education of family members, as well as trains/teaches other clinicians how to work with TBI patients Community Engagement (job readiness) in partnership with organizations like NAHSE, engage with students to help prepare them for the workplace by trainings geared toward improving interviewing skills		health education materials which are distributed throughout the community	disparities within healthcare by increasing health education and awareness Increase access to healthcare through job readiness	average of 258 per quarter)
Sexually Transmitted Diseases	STI Counseling and condom distribution by kits containing male condoms, female condoms, dental dams and lubricant	**E:** Adult Special Care	Friends for Life A Step Ahead Foundation	76% of ASC patients are virally suppressed, performance measure is 80%	• 2017: 403 kits distributed • 2018: 180 kits distributed • 2019 (Jan-April): 56 kits distributed
Violence	HVIP: Violence Intervention Program - work with victims of violence who present to Regional One Health's Trauma Center • Assists patients with job placement, shelter,	**E:** HVIP-Violence Intervention Program; TBI-Brain Injury Program; Intimate Partner Screening; Block Party for Peach (Frazier Community)	901 BLOC Crime Victim's and Rape Crisis Center GED Programs Local colleges and universities	Reduction in repeat intentional injuries Reduction in Level 1 Emergency Department	HVIP staff has reviewed more than 700 victims of violence who presented to Regional One Health in 2019. • 360 of those individuals have been screened

	food, and other services as needed TBI: Traumatic Brain Injury Program - works with individuals who have acquired a TBI • Assists patients with support groups, and other services as needed		NAMI - National Association for Mental Illness Moms Demand Action Memphis Police Department Family Safety Center	visits Decrease retaliation referrals to safe places Reduction in unemployment levels of HVIP and TBI patients Increase education levels of HVIP and TBI patients	and were presented with the opportunity to receive assistance from a trained-informed staff member • 17 clients enrolled during FY 2019

* N=New, E=Existing Programs/ Initiatives, P=Potential

APPENDIX J. 2013 IMPLEMENTATION STRATEGY OUTCOMES

Regional One Health's 2013 – 2016 Community Health Needs Assessment

Prioritized Community Health Need	Objectives/Program Description(s)	Programs/ Initiatives*	Existing/Potential Partnerships	Expected Measures and/or Outcome	2013 - 2016 Status/Results
Teen Pregnancy	Community based program providing education regarding early prenatal care for pregnant teens and emphasizing staying in school. The program also educates adolescents on pregnancy prevention.	**E:** Sunrise Program	University of Tennessee Health Sciences Center (UTHSC) State of Tennessee	Reduction in teen pregnancy rate	Regional One Health is continuing to provide support and education to young mothers through the Sunrise Program. The teenage pregnancy rate is declining. This decline is attributed to a number of factors and initiatives throughout the community. The Sunrise Program is one of several initiatives. Approximately 180 young moms are served each year.
Infant Mortality	The focus of the Regional Perinatal Center is to improve birth outcomes and decrease infant mortality. The center serves numerous needs in its work to reduce infant mortality and improve birth outcomes, including education and training to healthcare professionals throughout the region. Centering Pregnancy Program provides prenatal care and education in a group setting focused on women with previous preterm issues, demographic and social risk factors.	E: Regional Perinatal Center; Sunrise Program; NICU Community Outreach; Worth the Wait; Safe to Sleep Program Lactation Peer Counselors N: Milk Depot	Shelby County Health Department Healthy Memphis Common Table*** UTHSC Tennessee Department of Health March of Dimes Mother's Milk Bank	Reduction in infant mortality rates by reducing the number of births before 39 weeks gestation Reduction in the number of sleep related deaths by focusing on	Regional One Health is continuing to partner with several organizations and agencies to support healthy deliveries and reduce the community's Infant Mortality Rate (IMR). Regional One Health continues to maintain a strong partnership with the March of Dimes by providing both human and financial support and partnering on initiatives to address infant mortality, pre-term deliveries and other pregnancy related matters. The

	NICU Community Outreach Program provides parenting classes, childbirth classes and prenatal education classes both at Regional Medical Center and in the community. Lactation Peer Counselors are volunteers who meet with new moms to help them understand breastfeeding alternatives. Milk Depot: in partnership with Mothers Milk Bank, Regional One Health has opened a repository where nursing mothers can donate milk. Worth the Wait Program, through the March of Dimes, focuses on the elimination of elective deliveries before 39 weeks gestation through patient and provider education. Safe to Sleep Program focuses on reducing the risk for SIDS and other sleep-related deaths, such as suffocation.			prenatal education	IMR in Shelby County has declined significantly during the last decade, and while it is still higher than the national rate of 6.7, progress has been and is still being made. • In 2015, 75% of our NICU families received supportive educational materials • 615 family members were educated through our Family Support Program during our 101 Core Curriculum education sessions • 477 families and babies and 48 staff members logged more than 260 skin to skin holding hours during our 2015 Kangaroo-a-Thon, a program designed to promote and educate on the practice of skin- to-skin-holding • Annually 3,700 new moms receive education through the Safe to Sleep Program • More than 100 expectant mothers participate in the Worth the Wait program, annually
HIV/AIDS	Regional Medical Center's Adult Special Care Center provides primary and specialty care; mental health services; medical case	**E:** Ryan White Grant funding; Tennessee	Ryan White Planning Council	Reduction in HIV/AIDs death rate	Regional One Health continues to operate its Adult Special Care Center, and has maintained the

	management and pharmacy services for HIV/AIDs patients.	Center of Excellence; 24-hour HIV screenings in the ED; Wrap Around Services; and Transportation services **N:** Coordinated Public Awareness Campaign	Tennessee Department of Health Shelby County Health Department	Improvements in chronic disease management	Center's state designation as a Center of Excellence. • From 2010 – 2014, the HIV rate in Shelby County declined by 5 percentage points. • During 2015 – 2016, Regional One Health partnered with other organizations to launch coordinated community- wide HIV/AIDs awareness campaigns. The 2016 campaign targeted HIV patients and encouraged better compliance with treatment plans. • Approximately 10,000 medical office visits are provided, annually. • More than 15,000 wrap around visits are provided each year.
Diabetes	Diabetes education program is designed to provide patients and families with educational and counseling on nutrition, exercise, wound care, foot care and self-management skills – Closing the Gap Regional One Health's Pharmacy Residency Training Program includes a seven month rotation in the accredited Diabetes Education Program through which pharmacists and pharmacy students teach patients and community	**E:** Outpatient Education; Pharm D Program; M Power Program; and Closing the Gap (Patient Centered-Medical Home)	Healthy Memphis Common Table*** Healthy Shelby UTHSC United Healthcare Blue Cross/Blue Shield of Tennessee	Decrease in diabetes prevalence and mortality	Through the Closing the Gap Program more than 6,500 patients are served, annually. • During 2014 -2016, Regional One Health provided approximately 1,800 glucose and BP screenings in the community • Participated in more than 78 community health fairs from 2014 – 2016

	residents how to manage their disease through behavior changes and medication management. Community Outreach staff works as part of the Mobilizing for Action through Planning and Partnership (MAPP) to develop strategic collaborative community programs aimed at creating a healthier community.				
Breast Cancer	Take Care/Be Aware Program – Breast Care Clinic provides clinical and radiological imaging services (digital mammography) for prevention and early detection of breast cancer. Community outreach staff participates with workgroups dedicated to creating community programs targeting continuing education and awareness of breast cancer.	**E:** Breast Screenings	American Cancer Society Susan G. Komen Foundation	Reduction in breast cancer deaths Reduction in breast cancer incidence Increase in breast cancer early detection	Regional One Health has continued its partnerships with the Susan G. Komen Foundation, increasing its employees' involvement with efforts to support the mission and work of the foundation. • Regional One Health has continued to provide free breast cancer screening to targeted populations. • For the period 2-13 –2015, approximately 3,677 individuals were screened through the Take Care/Be Aware Program.
Colorectal Cancer	Gastroenterology Clinic provides clinical education and lower G.I. screenings for prevention and early colorectal cancer detection.	**E:** Screenings offered in accordance with U.S. Preventative Task Force	Tennessee Cancer Coalition Tennessee Department of Health	--	N/A
Adult Obesity/Overweight	Healthy Church Challenge encourages healthy eating, exercise and weight-loss	**E:** Healthy Church Challenge	Healthy Memphis Common Table	Reduction in rate of	In 2014, Regional One Health partnered with Blue Cross/Blue Shield

	through a city-wide campaign with churches and providers. *Explore opportunities to partner with and support the efforts of Memphis Mobile Market to provide a sustainable source of healthy foods in Memphis "food deserts". Spiritual Health and Wellness Committee: Regional One Health staff works with a committee of spiritual leaders to develop programs which educate their members with regard to health concerns. Community Outreach staff participate in community health fairs to offer health screenings, and provide health education.	Partnership. **P:** Memphis Mobile Market N: Regional One Health Spiritual health and Wellness Council	UTHSC Medical Students Association Blue Cross/Blue Shield – Tennessee Local Churches	adult obesity Increase adult physical activity Decrease in prevalence of heart disease, stroke and diabetes Increased access to better food choices Improved health and wellness literacy	and several local churches on the Healthy Church Challenge. The intent of the program was to provide health education materials and challenge congregations to live healthier lives. The program also featured a competition among the participating churches. Regional One Health provided the pre- assessment and post- challenge results for the congregations of the participating churches. More than 300 lives were touched through these efforts. During the past 3 years, Regional One Health and the Spiritual Health and Wellness Ministers Council has sponsored to community wide Spiritual Health and Wellness Conference involving faith community from throughout the region. More than 100 people from the various faith communities have attended the conferences.
Injury Prevention	Fire Safety and Burn Prevention programming focused on educating age-appropriate audiences on preventing residential, motor vehicle, electrical and chemical fires and burns.	**N:** SOAR (Currently training and orienting volunteers.)	Tennessee Department of Health City of Memphis Schools	--	Regional One Health continues to support and host monthly Memphis Area Brain Injury Support Group. Meetings are held monthly, and the

	Falls Prevention programming focuses on educating seniors and their caregivers on risks and safety measures to reduce the number of falls and falls-related injuries. Inhalation Injuries programming which provides education to firefighters, emergency medical personnel and non-burn emergency department staff regarding chemical inhalations. Playground Safety Program provides education regarding injuries associated with climbing playground equipment. SOAR Peer Volunteer/ Counselor offers peer volunteer emotional support to burn patients.		Shelby County Schools**		average number of participants per month is 20. Regional One Health has held educational seminars on Seat Belt Safety and Staying Health and Independent (SHAI). SHAI sessions are held at senior living facilities through the community.
Education	Regional One Health uses its resources and expertise to help improve educational status and health literacy in the community. Initiatives are facilitated through the Speaker's Bureau, community outreach programs, and volunteer services. Regional One Health works with local high schools in helping rising juniors and seniors in preparing for life post school by providing exposure to various health careers, post-secondary educational opportunities and skills readiness. Regional One Health will explore opportunities with secondary and post-secondary institutions of learning to provide health education and awareness of health careers,	**E:** Partnership with several schools in the community; Teen Volunteer Program and Speaker Bureau	Leadership Memphis Memphis Leadership Academy*** University of Memphis; Rhodes, Lemoyne-Owen College City of Memphis/Shelby County Schools Science, Technology and Engineering Charter Schools	Increased literacy levels Increased High School Graduation rates Post-Secondary education preparation Health careers on-the-job exposure/ experience	Regional One Health has maintained it's committed to dedicating both financial and human resources to improving education. • During the past three years, the organization has started a Speaker's Bureau that serves as health education resource for various groups, including schools. Topics bureau representatives range from health careers preparation to healthy living. More than 20 employees volunteer for the Speaker Bureau, and the

	with an identified education partner.				volunteers have been deployed to more than 10 speaking engagements during the past 2 years. • Regional One Health has also maintained its existing relationship with two local previously affiliated schools and in 2016 began a new relationship with a K-8 school, placing more than 100 volunteers in the schools to mentor, provide teacher support and tutor. • Regional One Health has continued to invest in and grow its Teen Volunteer program. More than 60 students have participated in the program within the last three years.
Violent Crime/Homicide/Firearm-related Deaths	Hospital Based Violence Intervention, Rx for Change, was a new pilot partnership with THE MED*** Foundation and several community entities. It was established for the purpose of reducing gang violence among youth and young adults. Violence Intervention Specialists that work in conjunction with case management, security, community outreach, trauma and emergency services and pastoral care to identify and implement strategies for working with youth and young adults affected by handgun violence or violent	**E:** HBVIP	Regional One Health Foundation*** City of Memphis Memphis Fast Forward Community Based Gang & Violence Prevention Organizations	Reduction in the violent crime rates in youths and young adults Reduction in violence in the home Reduction in gang and drug activity	The HBVIP has been operational for three years. After the 1st year pilot, Regional One Health decided to maintain the program. The program has been expanded to add additional staff, as well in 2015 Blue Cross/Blue Shield award the organization a grant to support the program. Today, HBVIP is funded 100% by operational dollars. The program has been designated as a member of National

	crimes. The intervention specialists serve as liaisons between young crime victims and community, social and educational resources to prevent re-injury rates.			Reduction in re-injury return rates at Regional One Health	Network of Hospital Violence Intervention programs. Since the creation of the program, more than 100 individuals have been served. Regional One Health has touched more than 300 lives through hosting Bully, Conflict Resolution and Gun Violence & Police Interaction community educational programs. Through the organization support and participation of the National Youth Violence Prevention Rally and Walk, more than 100 lives were touched.
Lung Health	Explore partnering with the American Lung Association on initiatives to improve lung health.	**E:** Regional One Health funds FFS program. Provides materials, quit smoking tools, and staffing to facilitate programs	American Lung Association	Decrease exposure to second hand smoke, poor air quality and other contributing factors to poor lung health through education and awareness	Regional One Health has partnered with the Regional Charter of the American Lung Association, to sponsor Freedom from Smoking (FFS) Program. The program is offered to community members and employees, and is designed to help individuals quit smoking.

* N=New, E=Existing Programs/ Initiatives, P=Potential

(**) Memphis City and Shelby County School Districts merged creating the Shelby County Schools.

(***) Name change of organization during time period of 2013 to 2016.

(--) No data available.