

**BENTON COUNTY HEALTH COUNCIL
COMMUNITY NEEDS ASSESSMENT**

1998

VOLUME I

**A REPORT ON THE ASSESSMENT PROCESS, RESULTS
OF THE ASSESSMENT, AND THE INTERVENTION STRATEGIES
PLANNED BY THE BENTON COUNTY HEALTH COUNCIL.**

**NORTHWEST TENNESSEE DIVISION OF ASSESSMENT AND PLANNING
TENNESSEE DEPARTMENT OF HEALTH
NORTHWEST TENNESSEE REGIONAL HEALTH OFFICE
1010 MT. ZION ROAD
UNION CITY, TENNESSEE 38261**

INTRODUCTION

Mission Statement

The mission of the Community Diagnosis Program is to help communities to assess the county's current health status and problems and to develop a localized plan to improve the health status, the health delivery system, and to correct identified problems.

"Health Departments across the country have not developed good assessment capabilities, but we must concentrate on this function if we are to enter the 21st century with the data and system to recognize health problems as well as resolve them."

Dr. Fredia Wadley, Commissioner
Tennessee Department of Health
February 1995

Definition of Community Diagnosis

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The process is a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community.

Summary

Health issues for Benton County were identified from primary data and secondary data sources, the issues were prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the council will develop a health plan for the priority issues. The plan will contain goals and objectives, which will lead to the improvement of access to care, and improve the health status of residents in Benton County.

This document provides a description of the community assessment activities of the Benton County Health Council and the priority health problems identified through the assessment.

Council Make-up

The Benton County Health Council was established in 1996. The active membership stands at 24 participants. The membership consists of a broad-based representation of the community that includes: the local health department; local hospital, dental professionals, mental health, local business, public schools, local government, private medicine, and consumers. The current council membership is located in **Appendices A.**

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COUNTY DESCRIPTION

Geographical Facts

Benton County is located in the Northwest Region of West Tennessee, bordered on the north by Henry County, on the west by Carroll, on the east by Humphreys and Houston Counties and on the south by Decatur County. Benton County contains four incorporated communities of Big Sandy, Camden, Eva and Holiday. The county is 392 square miles in area and is located approximately 56 miles from Jackson and 85 miles from Nashville to the east.

Benton County has a total population of 15,500 (estimated) and Camden is the county seat. Its largest population centers are Camden with 4,500 residents and Big Sandy with 600 residents. The county operates one consolidated school system administrated by a superintendent and a school board.

Benton County is bordered on the east by the Tennessee River/Kentucky Lake and is a haven for fisherman, hunters, campers and boaters. The Tennessee Wildlife Resource Agency Operates six wildlife management areas located in Benton County.

Economic Base

The economy in Benton County is diversified and not dominated by anyone source. The county's economic bases consist of retail trade and services, agriculture, and industry.

Total retail sales in 1997 were reported at \$106,700,459, with a per capita personal income in 1995 of \$16,829.

Agriculturally, life in Benton County is tied very closely to the land. The major crops produced in Benton County are: corn, sorghum, beans, milo and millet. Other natural resources in the county include minerals such as sand, chert and limestone, timber and mussel shells.

There are several manufactures in Benton and the county is continuing to grow and expand its industry. The largest industries are Camden Castings and Carhart, Inc., both with approximately 220 employees.

Health Care

Camden General Hospital serve Benton County with a full range of diagnostic, therapeutic and specialty health care services. Camden General being a 83-bed facility also provides 24-hour ambulance services staffed by full-time emergency medicine department. In addition to the hospital there are 13 physicians, 5 dentists and 1 nursing homes with 187-beds.

The Benton County Health Department is the final piece of the health care puzzle, providing services including: WIC, family planning, immunizations, nutritional education and environmental services.

COUNTY DESCRIPTION

Population Facts

POPULATION

	COUNTY	REGION	STATE
Percent of households that are family households.	74.9	74.7	72.7
Percent of households that are families headed by a female with no husband present.	8	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	4.1	6.4	6.9
Percent of households with the householder 65 and up.	29.3	27.5	21.8

EDUCATION

	COUNTY
Number of persons age 25 and older.	9,943
Percent of persons 25 and up that are high school graduates or higher.	56.3
Percent of persons 25 and up with a bachelor's degree or higher.	7.4

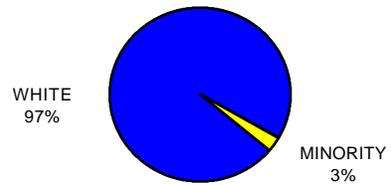
EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	11,590
Percent In Work Force	57
Number of Persons 16 and Older in Civilian Work Force.	6,589
Percent Unemployed.	6.5
Number of Females 16 Years and Older with Own Children Under 6.	729
Percent in Labor Force.	61

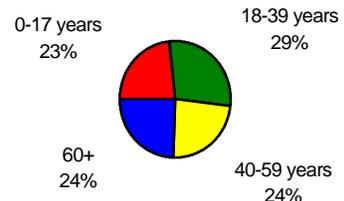
POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$10,046	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	17.2	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	17.2	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	23	27.4	20.9

Benton County Racial Demographics



Benton County Age Demographics



COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Benton County Health Council was established in 1996 by West Tennessee Health Care Inc. and the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held at the beginning of the assessment. During this meeting community leaders were educated on the community diagnosis process and the role of the health council. The majority of the Benton County Health Council members were appointed at this initial meeting. Other members were included as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a community survey to the residents of Benton County. This instrument asked respondents about personal health, basic demographic information and opinions on particular health issues. A total of 394 surveys were completed and returned for tabulation.

The Behavioral Risk Factor Survey was also collected in the community in order to gather even more resident data. This survey was a random telephone survey conducted by the University of Tennessee. It provided information on the respondent's health behaviors and their perception on community health problems.

Once the primary data was collected and the results tabulated, the council began to analyze the results and compile a list of the most prominently perceived health problems identified through the collection of surveys.

Using this list, the council analyzed secondary data on each perceived problem, to determine if the problem indeed existed, and to investigate its severity. The Tennessee Department of Health collects demographic and socioeconomic information, mortality (death) data, morbidity (disease prevalence) data, comparisons of county data to national and state year 2000 objectives, and an extensive set of birth data. In addition, data was obtained through local agencies, the World Wide Web and the National Center for Health Statistics. Data was presented to the council in the form of rates, percentages and ratios of the most current reportable health indicators for the county.

Following the review of secondary data the list of perceived problems was prioritized to ensure that each health issue was addressed and examined with the same objectivity. The scores of this process were tabulated and the health priorities were identified. From the list of the health priorities for Benton County, the council chose to address these health priorities through a sub-committee to develop community intervention strategies.

Steps of the Process

- 1. Organize a health council**
- 2. Collect and analyze primary data**
- 3. Analyze Secondary data**
- 4. Prioritize the issues**
- 5. Develop interventions**

COMMUNITY NEEDS ASSESSMENT

Primary Data Gathered

The Benton County Health Council was determined to gather as much information as possible from the residents of Benton County. The council felt that community input was the most valuable component to completing a thorough assessment. Two different survey instruments were used during the Community Diagnosis Process, and they are listed individually below and include a brief explanation of their purpose and distribution.

1. Benton Co. Community Survey:

The Benton County Health Council created this survey in an effort to determine out the citizens perceptions of the communities needs. The anonymous questionnaire was distributed throughout the county, which asked their options on particular health issues. The instrument also asked respondents about their personal health and some demographic information. With the assistance of council members the surveys were distributed to an appropriate representation of the community. A total of 394 surveys were returned.

2. Behavioral Risk Factor Survey:

This survey was a random telephone survey conducted by the University of Tennessee. Approximately 200 Benton County residents were surveyed. A majority of the questions pertained to the respondents' lifestyle and health behaviors, as well as their perception of the community and specific health concerns. It was reported that it took approximately 45 minutes to administer and the surveyors had a difficult time obtaining some of the information.

COMMUNITY NEEDS ASSESSMENT

Perceived Health Problems

Through the collection of primary data in the community, the council compiled a list of several perceived health problems, which they felt were important to improving the health of Benton County residents. They're perceived lists of concerns are as follows:

- * **ALCOHOL AND DRUGS**
- * **ALLERGIES**
- * **DOMESTIC VIOLENCE**
- * **STRESS/MENTAL HEALTH**
- * **HEART CONDITIONS**
- * **HIGH BLOOD PRESSURE**
- * **CANCER**
- * **ARTHRITIS**
- * **TEEN PREGNANCY**
- * **TEEN SUBSTANCE ABUSE**
- * **CHILD ABUSE**
- * **OBESITY**
- * **DIABETES**
- * **MOTOR VEHICLE ACCIDENTS**

Secondary Data Analyzed

The Benton County Health Council reviewed and analyzed secondary data collected by the Tennessee Department of Health, National Center for Health Statistics, and other sources, in order to determine if the perceived health problems were actually problems that required attention. The categories of data and their source are identified in the chart below.

- * **Demographic and Socioeconomic Population Information**
(U.S. Census - 1990)
- * **U.S. Healthy People 2000 Objectives**
- * **Tennessee Healthy People 2000**
- * **Adolescent Pregnancy Rates**
- * **Live Birth by Age and Race**
- * **Birthweight Trends**
- * **Infant Deaths**
- * **Leading Causes of Death**
- * **Cancer**
- * **Heart Disease**
- * **Diabetes**
- * **Sexually Transmitted Diseases**
(Tennessee Department of Health)
- * **U.S. Teenage Pregnancy Information**
- * **U.S. Teenage Illicit Drug Use**
(National Center for Health Statistics)
(World Wide Web)

HEALTH ISSUES AND PRIORITIES

Prioritizing Method

The members of the Benton County Health Council through the use of primary and secondary data determined the leading health concerns. This council consisted of representatives of county government, education, health care, the local mental health agency and local citizens groups.

The major task of the council was to identify the top health problems of Benton County in rank order. Using an modified version of the J.J. Hanlon method, the council rated each health problem according to the size of the health problem to reflect the percentage of the local population affected, the seriousness of the health problem, and the effectiveness or impact of intervening in the problem. Once the problems had been rated on size, seriousness and effectiveness of interventions, the PEARL test was applied to determine the Propriety, Economics, Acceptability, Resources available and Legality of intervening.

Prioritized Health Problems

From the council's list of perceived health problems the following health problems were established through the rating and prioritizing process.

PRIORITIZED HEALTH PROBLEMS

- 1. HEART CONDITIONS
HIGH BLOOD PRESSURE**
- 2. CANCER**
- 3. DOMESTIC VIOLENCE**
- 4. STRESS/MENTAL HEALTH**
- 5. CHILD ABUSE**
- 6. DIABETES**

PROBLEMS SELECTED FOR INTERVENTION

- 1. HEART CONDITIONS
HIGH BLOOD PRESSURE**
- 2. CANCER**

HEALTH ISSUES AND PRIORITIES

PRIORITY PROBLEM JUSTIFICATION

Heart Conditions High Blood Pressure:

Heart Disease was the leading cause of death in Benton County during 1997. A total of 64 deaths were attributed to heart disease, this translates into a rate of 392.4 per 100,000 of the population. Tennessee's rate is 308.1.

Stroke was the #4 leading cause of death in Benton County in 1997. A total of 14 deaths were attributed to stroke, this translates into a rate of 85.8 per 100,000 of the population. Tennessee's rate is 76.6.

A look at the 12 year period 1986-1997

Average Number of Deaths for 3 year Periods Shown

	1986-88	1989-91	1992-94	1995-97
Heart Disease	84	70	62	66
Stroke	9	15	18	18

Other Contributing Factors:

The following are comparisons of the State of Tennessee Behavioral Risk Factor Survey Data and the adult population of Benton County. There are an estimated 11,192 adults residing in Benton County.

- 18.7% of adult TN residents have been told they have high cholesterol levels. 18.7% of Benton County's population is 2,727.
- Approximately 3,727 Benton County residents have not had their cholesterol checked in last 5 years.
- 26.7% of adult TN residents were told they have high blood pressure. 26.7% of Benton County adult population

OBESITY:

Estimates of Overweight Individuals in Benton County

	Population Total	National Estimate	County Estimate
Children age 6-11	1,085	14%	152
Adolescents age 12-17	1,299	12%	159
Adults age 20 +	10,624	35%	3,718

TOBACCO USE:

Tobacco use is addictive and is responsible for more than one of every five deaths in the United States (CDC Report, 1997). On average, more than 3,000 young persons, most of them children and teens, begin smoking each day in the United States. Approximately 82 percent of adults aged 30-39 years who have smoked daily had their first cigarette before 18 years of age. National surveys indicate that 70 percent of high school students have tried smoking and that 28 percent reported having smoked cigarettes during the past 30 days (CDC, 1991).

HEALTH ISSUES AND PRIORITIES

CANCER:

Malignant Neoplasm was the second leading cause of death in Benton County during 1997. There were a total of 37 deaths attributed to Malignant Neoplasms. This translates into a rate of 226.8 per 100,000 of the population.

- 28 - of the deaths occurred in the age group of 65+.
- 8 - of the deaths occurred in the age group of 45-64.

Malignant Neoplasm was the second leading cause of death in Tennessee during 1997. A total of 11,872 deaths were attributed to Malignant Neoplasms. This translates into a rate of 222.2 per 100,000 of the population.

A look at the 12 year period 1986-1997

Average Number of Deaths for 3 year Periods Shown

	1986-88	1989-91	1992-94	1995-97
Malignant Neoplasms	38	41	41	42

Age-Adjusted Cancer Incidents Rates 1995- Benton County

Type	Total	Male	Female
All Cases	91	56	35
Oral Cavity	5	3	2
Esophagus	1	1	0
Stomach	2	2	0
Colon	12	9	3
Rectum	2	1	1
Pancreas	1	0	1
Lung	15	12	3
Bone	0	0	0
Melanomas	1	0	1
Female Breast	12	0	12
Cervix	1	0	1
Corpus Uteri	1	0	1
Ovary	1	0	1
Prostate	10	10	0
Testis	0	0	0
Bladder	2	1	1
Kidney	2	2	0
Nervous System	0	0	0
Hodgkins's Disease	1	0	1
Non-Hodgkins Lym.	6	4	2
Myelonas	3	2	1
Leukemia	3	2	1
Other Sites	10	7	3

HEALTH PLANNING

Health Planning

Once the council identified their priority issues, the membership chose to form sub-committees and address the priority health problems. A chairperson was elected for each sub-committee, and the committees contacted agencies and other residents to meet with them to develop interventions.

APPENDICES

COUNCIL MEMBERS

Dr. Mike Bologa

Dupont

Janet Barcoft

Camden General Hospital

Joe Barnett, DDS

Joy Call

Head Start

John Carruth, Hospital Administrator

Camden General Hospital

Nina Carruth

Camden Kidney Clinic

Tammy Carter

Camden General Hospital

Carla Coley, County Director

Benton County Health Department

Bruce Comer, Director

Medical Center EMS

Virginia Go, MD

Jackson Clinic

Amy Griffin

Camden General Hospital

Mary Bess Griffith

Baptist and Physicians

Joann Hatley

Camden Chronical

Norma Hedges, Nursing Supervisor

Benton County Health Department

Donna Moore, School Nurse

Benton County School System

Hope Patterson

West Tennessee Healthcare

Charlotte Ragsdale

Camden General Hospital

Jesse Sewell, MD

Baptist Clinic

COUNCIL MEMBERS

Alvin Smothers

Adult Education Center

Mureleane Steinbuck

Camden General Hospital

Pamela Swain, Site Director

Carey Counseling Center

Jim Travis, Mayor

City of Camden

Joe and Virginia Whitworth

Consumers

INTERNET HOME PAGE INFORMATION

“Hit the Spot” is our abbreviation for Health Information Tennessee - Statistical Profile of Tennessee, which is now on the Internet. The Community Development staff, the county health councils around the state, and the general public now have immediate access to voluminous health statistical information instantly on the Internet.

This Internet project grew out of a partnership between the Department of Health and the Community Health Research Group (CHRG) at UT-Knoxville. CHRG staff under the leadership of its Director, Dr. Sandra Putnam, and Mr. Don Broach have worked closely with the Department of Health’s Director of Assessment and Planning, Judy Dias, and Bill Wirsing to make this project a reality.

Another product which has grown from this fruitful partnership is the *Tennessee Health Status Report of 1997, Volume 1* which was published in paper form in September 1997. Volume 1 is a summary of the health status of Tennesseans in its many aspects and can be viewed on the Internet like turning the pages of a book, after downloading the free Acrobat Reader software which is included in the site.

Volume 2 is a very large data base providing the actual statistical information which was summarized in Volume 1. Volume 2 is available only on the Internet. Everyone is invited to visit and use the site.

Our address is:

www.server.to/hit