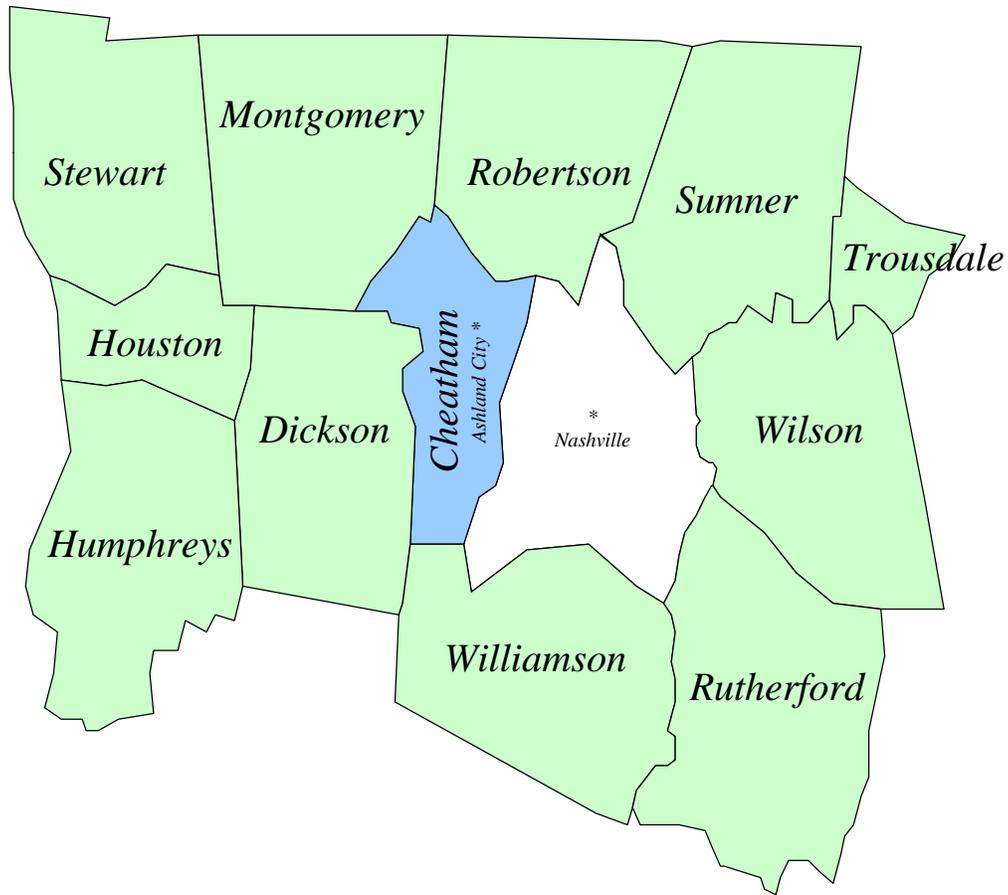


# Community Diagnosis Status Report



Cheat ham County

Tennessee Department Of Health  
Mid-Cumberland Region  
May 1998

# Introduction

## Mission

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- ❑ Analyze the health status of the community
- ❑ Evaluate the health resources, services, and systems of care within the community
- ❑ Assess attitudes toward community health services and issues
- ❑ Identify priorities, establish goals, and determine a course of action to improve the health status of the community
- ❑ Establish a baseline for measuring improvement over time

## The Community Diagnosis Process

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis 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”. Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community “buy-in.” Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based “Community Diagnosis” process should prompt the county health council to ask:

Where is the community now? Where does it want to go? How will it get there? It is evident that the community diagnosis process and its outcomes should, at a minimum:

- ❑ Provide justification for budget improvement requests submitted to the State Legislature
- ❑ Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level
- ❑ Serve health planning and advocacy needs at the community level (Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed)

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the community diagnosis process. This document will explain the community diagnosis process and outcomes for Cheatham County. We also hope to give a historical perspective and details of the Council and its formation.

## History

The Cheatham County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Cheatham County Executive. After this collaboration in November 1996, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in December 1996. At this meeting, prospective members were introduced to the "Community Diagnosis" process and the roles and responsibilities of the newly formed Cheatham County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as "Appendix A".

The Council has met monthly since its inception. Council meetings are scheduled for the second Friday of each month at Bill's Restaurant, Highway 12, Ashland City, Tennessee. Meetings are open to the public from 12:30-1:30 p.m.

## Summary

During its first year, the council reviewed and discussed many data sets related to the county's health status as compared to the State. Members began this process by developing a preliminary list of concerns that appeared to concern a majority of county residents. This list consisted of ten broad areas of concern. Data specific to these concerns were gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the council concluded its study with no additional problem areas discovered in the data sets.

After determining the major problems in the county, each problem area was prioritized based upon their perceived size and seriousness (the number of people affected, the impact on health, and the financial cost). The council formed three subgroups to begin the process of developing strategies to reduce these problems. Each subgroup will analyze one problem area until a satisfactory outcome is achieved. The three problem areas under examination are #1 Medically Underserved, #2 Substance Abuse, and #3 Youth Issues. More details related to the priority problem can be found in the Health Issues and Priorities section of this document.

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# County Description

## Demographic And Socioeconomic

1997 Population: 32,230                      Median Age: 33      Largest age group: 35 to 39  
 Estimated third fastest growth rate in the State: 26.8% projected change from 1990 to 2000.

Indicator	Cheatham County	Mid-Cumberland Region	State
Age 65 +	9%		13%
Minorities	2%	10%	17%
Family Households	81.4%	78.8%	72.7%
Householders 65 +	15%	17.1%	21.8%
High School Graduates	65%	71.9%	67.1%
Bachelor's Degree +	10.5%	17.1%	16%
Unemployment Rate	5.4%	5.3%	6.4%
Per capita income ('89)	\$11,868	\$13,213	\$12,255
Persons below poverty level	10.8%	10.5%	15.7%
Below poverty level: Age 65 +	18%	19.3%	20.9%
Families below poverty level-			
-			
With children 18 & below:	11.2%	12%	20.7%

Source: Tennessee Department of Health, Office of Vital Statistics

Cheatham County's growth rate is projected to be the third highest in the state through the year 2000. Statistics reveal resident's educational levels and per capita income are below the Region and State average. This may indicate employment opportunities are generally low-tech and low-end of the pay continuum. However, poverty rates for the county are below the State average and are similar to the Region averages. These comparisons indicate Cheatham County resident's quality of life may be very similar to the average Tennessean.

## Medical Community

### 1996 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	8	4,147
Primary Care M.D.'s	7	4,739
Psychiatric Specialist	-	-
Dentists	4	8,294
Psychologists	1	33,175

## Medical Community (Continued)

### 1996 Hospital Data

Number of Facilities	1	Number Medicaid/TennCare Certified	1
Licensed Beds	29	Licensed Percent Occupancy	53.2
Staffed Beds	29	Staffed Percent Occupancy	53.2
Average Daily Census	15	Average Length of Stay	4.2
Total Expenses	\$7,302,691	Total Net Revenue	\$7,857,930
Cost Per Patient Day	\$654	Percent of Charity Care	0

### 1996 Hospital Utilization Data

	Most Used	Second Used	Third Used
County Of Hospital	Davidson	Cheatham	Robertson
Number of Admissions/Discharges	2,496	995	106
Percent of Admissions/Discharges	66.1	26.3	2.8

### 1996 Nursing Home Data

Number of Facilities	2	Number Medicaid Certified	2
Admissions	182	Percent Population 65+ in Nursing Home	5.0
Average Length of Stay	305	Patient Turnover Rate	0.91
Licensed Beds	199	Staffed Beds	199
Licensed Percent Occupancy	91.4	Staffed Percent Occupancy	91.4
Licensed Beds Per 1,000 pop. 65 +	72	Staffed Beds Per 1,000 pop. 65 +	72

### 1996 Nursing Home Utilization Data

	Most Used	Second Used	Third Used
County Of Nursing Home	Cheatham	Davidson	Dickson
Number of Patients	101	13	9
Percent of Patients	73.2	9.4	6.5

# Community Needs Assessment

## Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a “major problem” in the surveys formed the basis of the county’s “Preliminary List” of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

### □ Behavior Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

The Cheatham County BRFS consisted of 200 completed surveys. Of the respondents, 44% were male and 56% female. This compares to an estimated ratio of 50/50 male and female as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Cheatham County BRFS is included as Appendix B.

### □ The Community Stakeholder Survey

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the council were asked to complete the stakeholders’ survey as well as distribute the survey to other stakeholders in the community. Approximately one-hundred surveys were distributed and forty-five completed surveys were returned.

The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Stakeholder Survey is included as Appendix C.

## Primary Data (Continued)

### □ The Initiating Group Survey

Individuals identified as key informants by local government officials (County Executive, County Health Department Director) completed this survey. These individuals represented the diversity of county in terms of race, sex, profession, and residence. The “key informants” were invited to attend a community meeting to learn more about the “Community Diagnosis” initiative and consider a commitment to serve on the county health council. The Initiating Group Survey includes questions regarding the county’s strengths, major health problems, and program/resource needed to improve the health status of residents. A summary of the Initiating Group Survey is included as Appendix D.

## Secondary Data

The Cheatham County Health Council reviewed an extensive amount of data sets comparing the health status of the county with the Mid-Cumberland Region and the entire State of Tennessee. The secondary data sets (information already collected from other sources for other purposes) were assembled by the State Office of Assessment & Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Additional comparative information was taken from the Tennessee Commission on Children & Youth’s “Kid’s Count” report. Data sets were also collected from the Tennessee Judiciary’s Statistical Services, and Council of Juvenile and Family Court Judges Annual Reports, and the Department of Safety. A Data Summary is attached as Appendix E.

### □ Mortality and Morbidity

Death and Disease indicators covering the twelve-year period from 1983-1994 were presented for the county, region, and state. This data was presented in chart form using three-year moving averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that create distortions. Included in the Mortality and Morbidity were the following indicators:

- Birth Rate
- Fetal Death Rate
- Infant Death Rate
- Neonatal Death Rate
- Female Breast Cancer Mortality Rate
- Violent Death Rate
- Vaccine Preventable Disease Rate
- Chlamydia Rate
- Gonorrhea Rate
- Leading Causes of Death Rate (Ages 5-14)
- Leading Causes of Death Rate (Ages 25-44)
- Leading Causes of Death Rate (Ages 65 +)
- Cancer Incidence Rate (1990-1992)
- Pregnancy Rate
- Percent Births with Low Birthweight
- Percent Births with High Risk Characteristics
- Crude Mortality Rate
- Motor Vehicle Accident Death Rate
- Nonmotor Vehicle Accident Death Rate
- Tuberculosis Disease Rate
- Syphilis Rate
- Leading Causes of Death Rate (Ages 1-4)
- Leading Causes of Death Rate (Ages 15-24)
- Leading Causes of Death Rate (Ages 45-64)
- Leading Causes of Death (Based on “Years of Productive Life Lost”)

## Secondary Data (Continued)

- Program data from other state departments

Data collected from other state departments and reviewed by the health council included the following:

- Percent of students receiving Special Education
- Rate of children under 18 committed to State Custody
- DUI convictions
- Child Abuse and Neglect Rate
- Violent Crime Filings
- Juvenile Court Alcohol & Drug Cases
- Percent of children under 18 referred to Juvenile Court
- Local Health Department utilization of services
- Traffic Crashes and Fatalities
- Divorce Rate
- Property Crime Filings
- Juvenile Court Violent Offense Cases

# Health Issues and Priorities

## Preliminary List

After reviewing the primary data sets, the county health council compiled a list of what they considered to be the major problems in the county. Similar problems were grouped together to form a “Top Ten” list for the county. This list was achieved by group consensus. The preliminary list of major health problems with pertinent data indicators is provided in alphabetical order.

- ❑ Medically Underserved (Physician Shortage)
  - No Obstetrics
  - Lack Of Facilities
  - Lack Of Specialized Services
  - Lack Of Full Service Health Care
- ❑ Substance Abuse (ATOD)
- ❑ Teen Issues (Teen Pregnancy, STD's, ATOD)
- ❑ Elderly Care & Cost
- ❑ Domestic Violence/Suicide/Child Abuse
  - Lack Of Mental Health Services
  - Lack Of Support Groups
- ❑ Obesity/General Nutrition
  - High Blood Pressure
  - Lack Of Health Awareness/Education
  - Lack Of Awareness Of Health Care Resources/Availability
- ❑ Communicable Disease
- ❑ Affordable Health Care/Cost Containment
- ❑ Health Transportation
- ❑ Animal Control

## Priority Problems List

The Cheatham County Health Council reviewed a considerable amount of data related to the health status of its residents during 1997. A summary of the data, as related to each of the preliminary problem areas, was assembled to establish the degree each problem posed in the county. Each of the preliminary problems were validated by the council as a major problem, and no additional issues were added after a complete review of available data sets.

To establish the priorities among the identified health problems, the council used a modified version of the J.J. Hanlon method. The ten problem areas were ranked 1 through 10 in two categories, size and seriousness. The rank assigned in each category was based on the data and each members perception of the problem. The rankings for both categories were combined for a total score for each problem. The problem area with the lowest total score became the individual's #1 ranked problem, and the problems area with the highest total score became the individual's #10 ranked problem. Score sheets of the entire council were combined in the same manner to obtain the council's priority problem ranking. The outcome of this ranking, along with the supporting data utilized to validate and rank each problem area, is provided below.

### 1. Medically Underserved (Physician Shortage)-No Obstetrics-

Lack Of Facilities-Specialized Services-Full Service Health Care [21 Points]

- Data Observations: Cheatham County is ranked 2<sup>nd</sup> in the State for a shortage of primary care providers according to the Rankings of the 1997 Shortage Counties by the Office of Rural Health and Health Access (June 1997). Cheatham County is included in the Rational Service Area with Sumner, Williamson, Davidson, and Wilson (partial) for Obstetrics. When the female population (15-44 years) is compared with the OB/GYN providers in this area, no shortage for obstetrical care exists for this population (February 1997). Therefore, no State or Federal incentives are available to attract Obstetric providers. The county hospital does not provide obstetrical care at this time and no OB/GYN providers are practicing in the county.
- Peggy Miller, Administrator at Columbia Cheatham Medical Center, gave the council a "Time Line For Expanded Services" at the Medical Center as follows:
  - ⇒ July 1997---In-house Mammography Unit accredited and ready for use, and also, in-house C.T. Unit accredited and ready for use
  - ⇒ August 1997---Two mobile medical office units to provide space for Medical Records and Physical Therapy. This move will free up space for additional physicians.
  - ⇒ Dr. Gordon Kelly to provide full time and on-call General Surgery
  - ⇒ American Cancer Society support groups to be hospital-based
  - ⇒ Feb. 1998---Additional Family Practitioner
  - ⇒ 1999---A New Facility (Likelihood of this development has diminished)

## 2. Substance Abuse (ATOD) [61 Points]

- Data Observations: According to Juvenile Court records, there were 109 substance related charges (possession of alcohol, cocaine, marijuana, tobacco, prescription drugs, drug paraphernalia). Total number of charges heard in Juvenile Court has been declining: 1064 (1994), 1056 (1995), 1008 (1996). Currently, first substance abuse offense can result in loss of driver's license from 90 days to 1 year and required attendance in an Alcohol & Drug Certified Class. Bradford Health currently conducts the A & D class "Challenge to Change" at the county courthouse. This is a four-week educational/awareness class. No statistics were available to determine the number of graduates of the class that are charged at a later time with another substance offense.
- It was noted that juvenile crime generally occurs between 8:30 a.m. and 1:00 p.m. Truancy, apparently, would be a factor in the juvenile crime rate. According to Lori Worster (Juvenile Court), truancy and tobacco use are seen in most of the juveniles in court for other problems and may indicate these two issues are the gateway for other more serious problems. Jimmy Stack (School Superintendent) noted Cheatham County truancy rates are lower than statewide rates. Kindergarten and 1<sup>st</sup> grade students were indicated as the worse violators of school attendance and exaggerate the truancy figures.
- Council members were given a handout "Alcohol, Tobacco, and Other Drugs" containing data from "Juvenile Court Referrals for Drug-Related Offenses, the Tennessee ATOD High School Survey, and the Tennessee ATOD Survey." This data reveals the use of substances in the Mid-Cumberland, State of Tennessee, or the Nation. The council was informed that no county-specific data was available at this time.

## 3. Affordable Health Care-Cost Containment-Cost Of Health Care (78)

- No health care plan:
  - Statewide survey (BRFS) estimates 15.8% had no access in 1991
  - Statewide survey (BRFS) estimates 11.3% had no plan in 1995
  - BRFS survey for Cheatham County estimates 7% had no plan in 1997
- Health care coverage limitations:
  - BRFS survey for Cheatham County estimates 32% of residents covered by a health care plan believe their health care coverage limits the care they receive
- Unable to see a MD due to cost:
  - Statewide survey (BRFS) estimates 12.3% of residents in TN needed to see a doctor but didn't due to cost in 1995
  - Cheatham County BRFS survey estimates 14% of county residents needed to see a doctor but didn't due to cost in 1997

#### 4. Teen Issues (Teen Pregnancy, STD's, ATOD) [79 Points]

- According to the Cheatham County Data Summary, the *rate of births to adolescent mothers (ages 10-17, per 1,000 population)* in the county is 4% higher than the Region but 27% lower than the State rate for 1995.
- The *Teen Pregnancy* rate for the county (17.6 per 1,000 population) is 10% below the Mid-Cumberland Region and 23% lower than the State rate of 23.0 adolescent pregnancies per 1,000 population. It was noted the rate for Tennessee and the nation as a whole are the highest in the industrialized world. Therefore, when we compare the county with the State or Region we may feel good about the comparison. However, in reality, state rates are excessive as compared with other similar nations.
- Reasons given to explain why the pregnancy rate in the county is lower than the State rate were: Demographics, Family morals, more family households (both parents), Religious heritage, Activities in the county.
- The council reviewed the handouts related to Adolescent Problem Behaviors. These are Adolescent Pregnancies, Adolescent Violent Deaths, Children Referred to Juvenile Court, Children Entering State Custody, and High School Dropouts. Overall, this data shows Cheatham County's Adolescent Problem Behavior numbers rank at #8 and the rate of Adolescent Problem Behaviors rank at #6 among the twelve Mid-Cumberland Region counties. The county population is ranked #7 of the 12 counties in the Region.

#### 5. Obesity-General Nutrition- High Blood Pressure- Lack of Health Awareness and Education-Lack of Awareness of Health Care Resources and Availability (79 Points)

- The TN Behavioral Risk Factor Survey 1995 Summary included the following information:
  - Hypertension:
    - ⇒ 26.7% of Tennesseans were told they had high blood pressure in 1995
    - ⇒ 25.6% of Tennesseans were told they had high blood pressure in 1984
    - ⇒ 95.3% of Tennesseans have had their blood pressure checked in the past two years by a health professional
    - ⇒ 21.0% of Cheatham County residents are estimated to have high blood pressure (1996 Cheatham County BRFS)
  - Overweight:
    - ⇒ 35.4% of Tennesseans are considered overweight in 1995 (based on weight at or above 120% of ideal weight)
    - ⇒ 21.4% of Tennesseans were considered overweight in 1984
    - ⇒ 77.0% of Cheatham County residents have never been given advise about their weight (1996 Cheatham County BRFS)

## Obesity-General Nutrition- High Blood Pressure- (Continued)

- Cholesterol:
  - ⇒ 66.7% of Tennesseans have had their cholesterol checked in the past 5 years (1995)
  - ⇒ 18.7% of Tennesseans were told it was high by a health professional (1995)
- Sedentary Lifestyle:
  - ⇒ 65.6% of Tennesseans reported a sedentary lifestyle in 1994
  - ⇒ 60.9% of Tennesseans reported a sedentary lifestyle in 1984
- General Health Status:
  - ⇒ 17.7% of Tennesseans reported their general health status as fair to poor (1995)
  - ⇒ 21.0% of Cheatham County residents reported their health status as fair to poor (1996 Cheatham County BRFS)
- 77% of residents have not been given any advice about their weight according to the 1996 Behavior Risk Factor Survey. Dr. Brown noted the lack of primary care physicians may explain this lack of preventive medicine. He is aware that a physician at Cheatham Medical Center saw 102 patients in one day. With that volume of patients, the physician does not have time to do anything but write prescriptions.

## 6. Elderly Care and Cost (104 Points)

- Population statistics reveal 9% of the county population and 13% of the State population are age 65 or above. Also according to the 1990 census, 15% of county householders are age 65 and up compared to 21.8% of State householders. The Elderly Nutritional Program (Meal on Wheels) is provided through the Mid-Cumberland Human Resource Agency. This agency is affiliated with the Senior Citizen's Center.
- In July 1997, 957 meals (serving an estimated 43 people Monday-Friday) were provided in the county. Of that number, 246 meals (serving an estimated 11 people daily) were delivered at the Senior Citizen's Center. Meals are free for qualified people age 60 and above. Qualified citizens under age 60 can receive the meals at a cost of \$4.16 each. It is presumed many qualified residents for the Elderly Nutritional Program do not participate because of their pride in taking care of themselves.
- The "Disability Status: 1990" furnished by the Commission on Aging, indicates a smaller percent of county residents, as compared to other counties in the state, reported a disability that prevents them from working, or limiting their mobility or self-care. The data reveals this is true of persons 16 to 64 years, persons 65 years and over, and percent in the labor force of persons 16 to 64 years adversely affected by a disability or limitation. Council members again pointed to the pride of residents as the reason for the positive comparison in the Disability Status.

## Elderly Care and Cost (Continued)

- Prescription Medication Expenses - There is no program in the county that assists the elderly with getting medications that they cannot afford. Prior to TennCare, the Department of Health had a "Pharmacy Program" that allowed qualified residents to obtain three prescriptions per month at a minimal cost (\$6.00), according to Barbara Allen.
- Loneliness of the Elderly - Transportation is available on a sliding fee schedule by the Mid-Cumberland Human Resource Agency. Three vans are available. There is no cab or bus service in the county. The Senior Citizen's Centers has two programs that address the need of the elderly for companionship: Telephone Reassurance & Friendly Visiting. County and City Police Departments also check on the elderly when concern for isolated elderly residents is reported to their office.

## 7. Communicable Disease (118 Points)

- Chlamydia (case rate) is 78% below the State rate (18 cases in 1995/13,246 cases in TN)
- Gonococcal Infections (case rate) are 81% below the State rate (16 cases in 1995/14,007 in TN)
- Hepatitis B (case rate) is 72% above the State rate (7 cases in 1995/666 in TN)
- HIV/AIDS: The number of HIV/AIDS cases in the county are 29%/47% lower than the Mid-Cumberland Region. However, the county has 25% more AIDS cases and an equal number of HIV cases as the average rural county in the State.
- Lyme Disease (case rate) is 433% above the State rate (1 case in 1995/30 in TN)
- Non A Non B Hepatitis (case rate) is 32% above the State rate (8 cases in 1995/992 in TN)
- Salmonellosis Non-Typhoid (case rate) is 1% below the State rate (3 cases in 1995/495 in TN)
- There were no cases of Hepatitis A, Influenza, Measles, Meningitis, Mumps, Rubella, Syphilis, or TB reported in Cheatham in 1995.

8. Health Transportation (135)

- The Mid-Cumberland Human Resources Agency operates four (4) vans for residents. Two of these vans are handicapped accessible. Transportation within the county for registered senior citizens (through the Senior Citizen's Center) is free. Transportation to a doctor's office outside the county is \$ 5.00. TennCare pays this transportation fee for covered recipients. This resource is probably underutilized, according to members, due to a lack of awareness of its existence.

9. Domestic Violence-Suicide-Child Abuse- Lack of Mental Health Services- Lack of Support Groups (144 Points)

- Domestic Violence Reports:

<u>Year</u>	<u>Ashland City Police</u>	<u>Sheriff's Office</u>	<u>Kingston Springs Police</u>
1995	14 reports	434 reports	Unavailable
1996	31 reports	438 reports	20 reports
1997	<u>21 reports</u>	<u>301 reports</u>	<u>13 reports</u>
Change	+ 50%	- 31%	- 31%

Change between 1996 and 1997 for all county agency reports = - 31%

- According to Laurie Cooper and Clyde White, the decrease in reports is a result of new mandated policies that requires the police officer to serve as a witness of domestic violence and make an arrest. Before the new policy, the officer could not make an arrest unless one of the involved parties took out a warrant. Often, no warrant was issued. Now, people know an arrest is likely to result when police are called during family conflicts. This has resulted in fewer calls for assistance.
- Suicide Rate:3 year average (1993-1995) - 5 per year --- 16.2 rate per 100,000
  - 28% above the State rate
  - 40% above the Region rate
  - 54% above the Year 2000 National Objective
- Indicated Child Abuse/Neglect Rate (per 1,000): 11.1 (1996)---7.2 (1992) = +54% change
  - 6% above the State rate
  - 4% above the Region rate

- Rate of Children Entering State Care (per 1,000): 10.3 (1996) --- 7.4 (1992) = +39% change
  - 14% above the State rate
  - 21% above the Region rate
  
- There are no known Parenting Classes in the county. The schools had a grant in the past to provide these classes but they were severely under utilized. It is unknown if the Health Educator for the Health Department in the county provides this service.
  
- It was noted that the Montgomery County Schools have a Daycare that is staffed by students. Students are educated about the responsibilities of childcare while providing a service to the community. This program could be examined for possible development in Cheatham County.

#### 10. Animal Control (157)

- “Leadership Cheatham County 1997” has this issue for its project. This group has completed a countywide survey concerning this problem in the county and presented its findings along with a proposal for an Animal Control Program to the county commission. If the proposed plan is implemented, the county will adequately address this issue without interventions proposed by council.
  
- The Cheatham County Animal Awareness Foundation recently began providing services in the county addressing this issue (responsible ownership).

# Future Planning

## Process

After ranking the major health problems in the county, the council formed three subcommittees to begin the process of developing strategies to address these problems. Each subcommittee was formed based on the interest of members towards the top three priority problems. However, #1 and #3 priorities were combined because of their similarities. This allowed an additional problem area to be reviewed by a subcommittee. Teen Issues, one of two #4 priorities, were elevated to the #3 ranking because of the combination. The council believes it will be more effective in resolving the major problems in the county if they focus attention on one problem at a time. By subdividing into three small groups, the council has the opportunity to examine the top three problems and provide every member an opportunity to contribute to the process. The council intends to address each priority problem as time permits. However, one problem will be dealt with at a time by each subcommittee. Again, the council is more concerned about the quality of strategies developed and recommended versus the speed of addressing all the priority problems.

Listed below are the initial problems being analyzed by the council, and the members designated for each subcommittee:

- Priority Problems #1 & 3: Medically Underserved (physician Shortage).../ Affordable Health Care (Cost Containment)...
- Members: Barbara Allen, Tammie Browning, Jim Carothers, Laurie Cooper, Linda Fizer (Clyde White), Tom Kinnebrew, Peggy Miller, John Pugh, Cynthia Sanders
- ⇒ The subcommittee will determine how the county's recent re-designation as a Federal Shortage Area for Primary Care can be utilized to attract more providers to the area.
- ⇒ This subcommittee will draft a letter to the CEO of each Medical Group providing services in the county. The letter will detail the positive contribution of the agency to residents, relate the need for increased services, and ask for feedback regarding how the council can assist in this endeavor.
- ⇒ This subcommittee is currently developing a plan to assemble the CEO's of the Medical Groups currently involved in providing services in the county. The purpose is to open dialogue with these entities concerning the needs of the county and discover how the council can assist in the development of more medical services.

- Priority Problem #2: Substance Abuse
  - Members: Marie Anglin, Dr. Scott Brown, Janis Harvey, Roland Morton
    - ⇒ The subcommittee is in the preliminary stages of gaining information pertinent to Alcohol, Tobacco, and Other Drugs resources and services available to residents.
- Priority Problem #2: Substance Abuse (Continued)
  - ⇒ This subcommittee has been provided a copy of the “Communities That Care” Prevention Strategies (Promising Approaches) manual, the Risk Factor Indicators for the county, and a brief presentation on the CTC process.
  - ⇒ The subcommittee is accessing information from the Board of Education regarding current curriculum used in the school system that address these issues.
- Priority Problem #4: Teen Issues
  - Members: Beth Henderson, Rick Johnson, Carolyn Perry (Resource), Jimmy Stack, Lori Worster
    - ⇒ This subcommittee has been provided a copy of the “Communities That Care” Prevention Strategies (Promising Approaches) manual, the Risk Factor Indicators for the county, and a brief presentation on the CTC process. This subcommittee is gathering information pertinent to several risk factor indicators not noted in the original document. When this has been completed, the subcommittee will proceed to determine the priority risk factors and develop strategies to reduce these risks to youth.

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# Appendix A

## Cheatham County Health Council

### County Health Department

Ms. Barbara Allen, Director  
199 Court Street  
Ashland City, TN 37015  
792-4318

### March of Dimes

Ms. Beth Henderson  
306 South Main, Apt. 206-B  
Ashland City, TN 37015  
792-4211

### Regional Health Office

Mr. Jim Carothers  
710 Ben Allen Road  
Nashville, TN 37247-0801  
650-7000

### County Executive

Ms. Linda Fizer  
100 Public Square  
Ashland City, TN 37015  
792-4316

### Hillcrest Nursing Home

Mr. John Pugh  
Ms. Peggy Miller  
111 E. Lenox Street  
Ashland City, TN 37015  
792-9154

### U. T. Extension Services

Ms. Marie Anglin, Extension Agent  
199 Court Street  
Ashland City, TN 37015  
792-4420

### Family Health Center

Scott Brown, MD  
342 Frey Street  
Ashland City, TN 37015  
792-1199

### Local Official

Ms. Laurie Cooper, City Manager  
P.O. Box 256  
Kingston Springs, TN 37086  
952-2110

### Alcohol/Drug Representative

Mr. Bill Halton  
718 Darrow Drive  
Pleasant View, TN 37146  
746-8537

### County Commissioner

\*Mr. Rick Johnson  
Division of General Environmental Health  
6<sup>th</sup> Floor, Cordell Hull Building  
426 5<sup>th</sup> Avenue  
Nashville, TN 37247  
741-7206

\*County Council representative to the Mid-Cumberland Regional Health Council

## Cheatham County Health Council (Continued)

### Chamber of Commerce

Ms. Donetta Krantz  
P.O. Box 354  
Ashland City, TN 37015  
792-6722

### Cheatham Medical Center

Mr. Tom Kinnebrew, Administrator  
313 North Main Street  
Ashland City, TN 37015  
792-3030

### Senior Citizens Center, Inc.

Ms. Cynthia Sanders, Director  
104 Ruth Drive  
Ashland City, TN 37015  
792-3629

### Superintendent of Schools

Mr. James Stack  
102 Elizabeth Street  
Ashland City, TN 37015  
792-5664

### Mental Health

Ms. Janis Harvey  
Dede Wallace Center  
1101 6<sup>th</sup> Avenue North  
Nashville, TN 37208  
460-4160

### Senior Citizen

Mr. Roland Morton  
1363 Highway 12 North  
Ashland City, TN 37015  
792-7906

### Mental Retardation

Ms. Tammie Browning (Pathways)  
106 Creekview Drive  
Pleasant View, TN 37146  
792-5543

### State Industries

Ms. Evie Sommers  
500 By-Pass Road  
Ashland City, TN 37015  
792-6225

### Juvenile Court

Ms. Lori Peatycofe-Worster  
Criminal Justice Center/Juvenile Court  
104 Sycamore Street  
Ashland City, TN 37015  
792-7566

## Appendix B

### Behavioral Risk Factor Survey (Summary)

#### Demographics

A total of two hundred (200) Cheatham County residents responded to the telephone survey conducted by the University of Tennessee. The group surveyed had the following characteristics:

Age Group	Gender	Race	Education	Marital Status	Kids
Under 30 21%	Male 44%	White 99%	1 - 8 4%	Married 70%	0 - 58%
30 - 45 40%	Female 56%	Minority 1%	9 - 11 10%	Divorced 13%	1 - 16%
45 - 65 29%			HS Graduate 44%	Widowed 4%	2 - 17%
65 & over 10%			Some College 24%	Separated 2%	3 - 6%
			College Grad. 18%	NM 12%	4+ 2%
				Couple 1%	

#### Definite Problem

The ten community problems rated most frequently as a “definite problem” by respondents are as follows:

Rank	Definite Problem	Percent of Respondents
1	Tobacco Use	57%
2	High Blood Pressure	37%
3	Alcohol Abuse	32%
4	Arthritis	31%
5	Obesity	30%
6	Animal Control	27%
6	Heart Conditions	27%
8	Drug Abuse	22%
9	Teen Pregnancy	21%
9	Transportation to Health Care	21%

## Behavioral Indicators

**Cigarette smokers:** Fifty-seven (57) percent of respondents report they have considered themselves a “smoker” at some time. Currently, 32.5% of the respondents are smokers. Male smokers in the survey represent 30.7% and female smokers represent 33.9% of the population.

It is estimated 26.5% of Tennesseans smoke cigarettes: 28% male and 25.1% female. Lung cancer is the leading cause of cancer deaths in the United States for both men and women.  
Behavioral Indicators (Continued)

In the publication “Tennessee’s Healthy People 2000,” Cheatham County averaged 19 lung cancer deaths between 1991-1993. This amounted to a 61.9 rate per 100,000 population and a ranking of 5<sup>th</sup> in the State for deaths from lung cancer. The county rate is 30% higher than the State rate of 47.5. The county rate is 47% higher than the Year 2000 National Objective of 42.0.

**Mammograms:** Sixty-one (61) percent of women ages 30-45 and 78% of women 45-65 have had a mammogram. Of those women having a mammogram, 63% were performed in the past year and 84% were performed within the past two years. As a comparison, 57% of women ages 30-45 and 97% of women ages 45-65 in Williamson County have had a mammogram.

**Clinical Breast Exam:** Ninety (90) percent of women ages 30-45 and 84% of women ages 45-65 have had a clinical breast exam. Of those women having a clinical breast exam, 72% were performed within the past year and 90% were performed within the past two years. For purposes of comparison, 98% of women ages 30-45 and 97% of women ages 45-65 in Williamson County have had a clinical breast exam.

Breast Cancer Mortality Rates for women ages 40+ and 50+ in Cheatham County are higher than the rates for the Mid-Cumberland Region and the State of Tennessee. Breast cancer is the second leading cause of deaths among women in the United States. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent.

In the publication “Tennessee’s Healthy People 2000,” Cheatham County averaged 4 deaths of females from breast cancer between 1991-1993. This amounts to a rate of 20.5 per 100,000 population. Although this rate exceeds the state rate of 22.4, it is below the Year 2000 National Objective of 20.5. It should be noted that the county rate is deemed unreliable due to the relative standard error exceeds 30%.

**Pap Smear:** Ninety-three (93) percent of all female respondents report having a pap smear. Of that number, 68% of the test were performed within the past year, and 83% were performed within the past two years. As a comparison, 95% of all female respondents in Williamson County report having a pap smear.

**Health Care Coverage:** Ninety-three (93) percent of respondents report they have health care coverage. However, 32% feel their coverage limits the care they receive and 16% report they needed to see a doctor but could not because of the cost. Sixty-eight (68) percent of respondents have had a checkup within the past year, and 80% have had a checkup within the past two years. Seventy-six (76) percent of respondents indicated their health to be “good” or better.

**Cardiovascular disease antecedents:** Heart disease and stroke cause more deaths than all other diseases. The major modifiable risk factors for cardiovascular disease is high blood pressure, high blood cholesterol, cigarette smoking, and sedentary lifestyle.

Tennessee estimates 65.6% of its residents have a sedentary lifestyle, 31.9% are obese, 25% have been told they have high blood pressure, and 26.5% are currently smokers.  
Behavioral Indicators (Continued)

Six (6) percent of the respondents report they or a household member have had diabetes. By comparison, 13% of the respondents from Williamson County affirmed diabetes in themselves or a household member. People with diabetes are 2 to 4 times more likely to have heart disease (more than 77,000 deaths due to heart disease annually). And they are 5 times more likely to suffer a stroke (more than 11,000 diabetes-related stroke-deaths each year).<sup>1</sup> Twenty-one (21) percent of the respondents indicated they have had high blood pressure, 19% had been given advice to lose weight, and 32.5% are currently smoking.

In the publication “Tennessee’s Health People 2000,” Cheatham County averaged 58 deaths from Coronary Heart Disease between 1991-1993. This amounted to a rate of 149.5 per 100,000 population. This is 11% higher than the Tennessee rate of 134.8 and 50% higher than the Year 2000 National Objective of 100.0. Also in this publication, Cheatham County averaged 11 deaths from stroke between 1991-1993. The rate is 25.9 per 100,000 population. This figure is 24% below the Tennessee rate of 34.0. However, the rate for the county is 30% higher than the Year 2000 National Objective of 20.0.

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# Appendix C

## The Community Stakeholder Survey (Summary)

### Demographics

Forty-five people completed the survey. Characteristics of the respondents include the following:

Years Lived In The County:	Over 20 Years = 64.4%	11 To 20 Years = 15.6%
Marital Status:	Married = 68.9%	Never Married = 13.3%
Gender:	Female = 68.9%	Male = 31.1%
Children Under 18 At Home:	None = 64.4%	Three = 13.3%
Ethnic Group:	White = 100.0%	Nonwhite = 0.0%
Occupation:	Professional = 35.6%	Clerical = 20.0%
Income:	\$20 - 39.9 K = 40.0%	\$80 K And Up = 20.0%

Of the stakeholders, 6.7% are without a personal physician. However, 95.6% report having insurance coverage (6.7% TennCare). Also, 33.3% report their provider practices in the county while 53.3% stated their provider practices in Davidson County. Additional survey information is as follows:

- Survey Results
- The Most Important Health Services Problems Specified By Survey Respondents (1<sup>st</sup> Response):
  - No Available Health Services/Facilities In South Cheatham (20%)
  - Quick & Wide Range Of Full Service Health Center (2.2%)
  - Lengthy Wait To See Physician At Cheatham Medical Center (4.4%)
  - No Specialized Services (2.2%)
  - Not Enough Care Givers (8.8%)
  - Distance To Definitive Health Care (2.2%)
  - Affordable Insurance (4.4%)
  - Rising Cost Of Health Care & Insurance (4.4%)
  - Education About Available Services/Resources (6.6%)
  - Patients Are Poorly Educated Academically & Regarding Health Care (2.2%)
  - Not Enough Communication To Our Young People (2.2%)
  - Teen Sex (2.2%)
  - Taking Care Of The Elderly (2.2%)
  - Elderly Housing Facility (2.2%)
  - Willing Workers (2.2%)
  - Lack Of Caring At The Hospital (2.2%)
  - Lack Of Quality Care (4.4%)
  - Lack Of Funds (2.2%)

## The Community Stakeholder Survey (Summary) (Continued)

- Larger Hospitals (2.2%)
- Growth In The County (2.2%)
- None (17.8%)

The lack of availability of health services and providers throughout the county accounted for the largest perceived need of the stakeholders.

- Average Adequacy Ranking Of The Availability Of The Major Health Care Services In The Community:

No response (5.0%)	No opinion (21.9%)	Adequate (21.5%)
Services not available (23.5%)	Not adequate (18.7%)	Very adequate (9.4%)

The availability of the major health care services in the community rated the most adequate were Pharmacy Needs (71.1%) and Ambulance/EMS Services (68.9%). The availability of Primary Physician Care (35.6%) and Acute Hospitals/Child Health Services/Eye Care (26.7%) were rated the most inadequate by the stakeholders.

- Average Satisfaction Ranking Of The Health Care Provided By Health Care Providers In The Community:

No response (4.7%)	Not available (17.8%)	Satisfactory (24%)
Don't know (17.8%)	Not satisfactory (21.3%)	Very satisfactory (4.9%)
No opinion (9.6%)		

Primary Health Providers Cost Compared To Others (44.5%) and Facility/Equipment (42.3%) were rated the most satisfactory by the stakeholders. Primary Health Providers Accessibility (37.8%) and Convenience (24.4%) were rated the most unsatisfactory by the stakeholders.

- Average Satisfaction Ranking For The Services And Characteristics Of The Local Hospital:

No response (5.3%)	Not Available (11.5%)	Satisfactory (23.8%)
Don't know (17.4%)	Not Satisfactory (21.7%)	Very Satisfactory (6.0%)
No opinion (14.4%)		

Services and characteristics of the Local Hospital rated most satisfactory by the stakeholders were Convenience (48.9%) and Providers Accessibility (46.7%). Services and characteristics rated most unsatisfactory by the stakeholders were Reputation (35.6%) and Quality Of Care (26.7%).

## The Community Stakeholder Survey (Summary) (Continued)

- Average Satisfaction Ranking For The Services And Characteristics Of The Local Health Department:

No response (3.8%)	Service Not Available (7.6%)	Satisfactory (19.5%)
No opinion (15.2%)	Not satisfactory (9.1%)	Very satisfactory (6.3%)
Not familiar with health department (38.4%)		

Services and characteristics of the local health department rated most satisfactory by the stakeholders were Convenience (42.3%) and Reputation (40%). Services and characteristics rated most unsatisfactory were Facility And Equipment (22.2%) and Participation In Community Health Programs With Other Providers/Cost, Compared To Others (15.6%).

- Summary Of Services Respondents Indicated They Would Use For Particular Conditions:

No response (13.1%)	Health Department (3.1%)
Baptist Hospital (19.4%)	Horizon Medical Center (2.2%)
Centennial Medical Center (10%)	Private Physician (13.9%)
Cheatham Medical Center (21.4%)	St. Thomas (12.8%)
Clarksville Memorial Hospital (.3%)	Vanderbilt (2.8%)
Don't Know (.6%)	Walk-In Clinic (.6%)

According to the publication Tennessee's Health, Picture of the Present Part 2, 1994 Hospital Data indicates Cheatham County residents most used Davidson County Hospitals (63.6%). The second most used facilities were in Cheatham County (29.2%) and the third most used were in Robertson County (3.0%).

- The Average Response Of Recommending The Local Hospital In The County To A Friend For Selected Services:

No Response (4.0%)	No (48.4%)	Don't Know (15.1%)	Yes (32.4%)
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The questionnaire contained obstetrical care as a service to recommend. Because this service is unavailable, responses from this question were not calculated in the average.

- Preventive Programs Respondents Feel Would Be Beneficial In The Community (1<sup>st</sup> Response):

- No Response (26%)
- Health Facility In South Cheatham (9%)

## The Community Stakeholder Survey (Summary) (Continued)

- Advertise Available Services (3%)
- Stress Management (3%)
- Sex Education (3%)
- Child Abuse (3%)
- Drug And Alcohol (3%)
- Seat Belt Enforcement (3%)
- Gym (3%)
- Mental Health (3%)
- Health Promotion (12%)
- Health Promotion In School (6%)
- Smoking Cessation (9%)
- Smoke Free Workplaces (6%)
- Weight Loss (9%)

# Appendix D

## The Initiating Group Survey

- Strengths of Cheatham County
  - Friendly
  - Rural
  - High Employment Rate
  - Good Schools
  - Ample Police & Fire Protection
  - Excellent Ambulance & Emergency Services Response
  - Citizens Are Genuinely Caring, Empathetic, And Civic Minded
  - Many Concerned Citizens & Professionals Who Want To Work Together For A Stronger And Healthier County
  - A Rapidly Growing & Expanding Community
  - A Strong Community That Sticks Together
  - Community Leaders Know One Another
  - Community Leaders Care About The Well-Being Of Residents
  - Leaders Involved In Many Aspects Of The Community
  - Dedication And Willingness
  - Potential And Growth
  
- Major Problems In The County
  - Lack of Mental Health Resources
  - No Drug & Alcohol Counselors/Resources
  - Ambulance Service Too High
  - Smoking
  - Lack of Facilities for Child Birth
  - Marginal ER Facilities
  - Marginal Critical Care Facilities
  - Obesity/General Nutrition
  - Awareness Of Indigent Needs
  - Lack of Education in Civic Organizations or Schools
  - Lack of Education & Hotlines for Suicide, Domestic Violence, Child Abuse, and General Health Questions
  - Lack of Quick Emergi-Care Sites
  - No Adult Day-Care
  - No Support Groups
  - Alcohol & Drug Abuse
  - Obesity
  - Teenage Pregnancy
  - Lack Of Adequate Health Center
  - Medically Underserved Population
  - Lack Of Manpower
  
- Ways Health of Citizens Could Be Improved
  - Full Hospital & Health Care Facilities
  - Community Center With Supervision - Gym To Provide Place To Exercise, Have Teen Dances, Etc.
  - Instruction On Lifestyle Alternatives To Drugs, Alcohol, Smoking, And Pregnancy

## The Initiating Group Survey (Continued)

- We Need To Stop Saying “Don’t Do That” If We Are Not Going To Provide Alternate Activities
  - Elderly Citizens That Live Alone Need A “Partner” To Ensure They Are Well And Needs Are Met
  - Educate Residents Regarding “How” To Ask And Where To Go For Help
  - Provide for Indigent Health Care
  - Provide Transportation To Health Care Resources
  - Public Awareness: Available Resources And How To Gain Access, I.E. TennCare, Health Department, Etc.
  - Good Health Habits Education
- Additional Resources Needed To Improve Health Care
- More Insurance Resources
  - Bigger Parks & Recreation Program For Exercise And Stress Relief
  - “Full” Care Medical Center
  - Animal Control Department
  - Crisis Call Line
  - Special Study Of Physical Illnesses : Cancer, Parkinson’s Disease, Etc.
  - Additional Medical Staff (No Pediatrician In The County)
  - Advocate For Children’s Rights And Physical Well-Being
  - More Staff

# Appendix E

## Cheatham County Data Summary

### Morbidity Data

About seventy-five percent of all deaths are caused by heart disease, cancer, and stroke. Death rates from heart disease declined during the last twenty years while death rates from cancer increased during that period. According to Tennessee's Healthy People 2000, Cheatham County's **Deaths From All Causes** is slightly above the State average. The county does not compare favorably with the Mid-Cumberland Region or the State of Tennessee statistics regarding the leading causes of death by age group. The following information was derived from that comparison:

- **Diseases of the Heart** is the leading cause of death throughout the nation. The county rate of deaths from Heart Disease is 11% above the Tennessee rate and 50% above the Year 2000 National Objective. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.
- **Malignant Neoplasms (Cancer)** are the second leading cause of death throughout the nation. County rates for the 45 to 64 and 65 + age groups have been increasing during the 1983-1994 period and exceed the Region and State rates.
  - **Lung Cancer** is the leading cause of cancer deaths for both men and women. Death rates in Cheatham County from lung cancer are among the highest in the State. The county rate is 30% above the State rate and 47% above the Year 2000 National Objective.
  - **Breast Cancer** is the second leading cause of cancer deaths among women in the U.S. Cheatham County rates are 8% below the State average and equal to the Year 2000 National Objective. However, the quoted rates have been judged unreliable as the relative standard error exceeds 30%.
- **Deaths from Stroke** is the third leading cause of death throughout the nation. Cheatham County's rate is 8% below the State rate but 30% above the Year 2000 National Objective. People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activity are means to reduce the risk of stroke.
- **Diabetes Mellitus** is the fourth leading cause of death in Cheatham County in 1994 (sixth leading cause of death statewide). The rate of death from this disease is 96% higher than the Region and 89% higher than the State.

## Cheatham County Data Summary (Continued)

- **Accidents and Adverse Effects** are the fifth leading cause of death in the county (fourth leading cause of death statewide). These have the greatest impact on premature death in terms of “Years of Productive Life Lost.” This is also true of the Region and the State.
  - **Motor Vehicle Accidental Deaths** (1994) accounted for seventy-three (73) percent of deaths occurring by accident or adverse effects in Cheatham County. Overall, the county’s MVA death rates are 75% higher than the region and 49% higher than the State. The death rate in the 45-64 age group has the largest differential in comparison with the State. The county rate is 150% higher than the State rate in this age group. The death rate in the 15-24 age group is 21% higher than the State rate.
- **Violent Death Rates** (motor vehicle accidents, homicides, and suicides) are higher in the county when compared to the Region and the State.
  - The **Motor Vehicle Accidental Death Rate** in the county is 75% higher than the Region and 49% higher than the State. The 15-24 age group has the highest (MVA) death rate, and the rate is 37% higher than the Region and 21% higher than the State. The 45-64 age group has the second highest (MVA) death rate, and the rate is 154% higher than the Region and 150% higher than the State. The “Tennessee’s Healthy People 2000” information shows the county’s death rate from motor vehicle accidents is 145% above the Year 2000 National Objective. Preventive measures to reduce this rate include using seat belts, helmet laws, better design in both vehicles and roadways, traffic and drunk driving law enforcement, reduced highway speed, and safety education.
  - The **Homicide/Suicide** death rate is 44% higher than the Region and 10% higher than the State. The “Tennessee’s Healthy People 2000” booklet reveals the rate of deaths from homicide in the county are 25% lower than the State but 26% higher than the Year 2000 National Objective. This rate is considered unreliable as the relative standard error exceeds 30%. The rate of deaths from suicide in the county are 14% higher than the State and 37% higher than the Year 2000 National Objective. Currently the most promising approach to suicide prevention is the early identification and treatment of persons suffering from mental disorders.
  - In the “1995 KIDS COUNT” material from the Tennessee Commission on Children and Youth, the **Teen Violent Death Rate** (Ages 15-19) is 0 due to no violent deaths in 1994. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of death is firearm-related deaths. For Cheatham County to be similar to the State regarding teen violent deaths, 1.8 deaths would have occurred during 1994 in the 15-19 age group. The Year 2000 National Objective can be met by in the county by keeping the teen violent death rate less than 1.3 per year with the current population.

## Cheatham County Data Summary (Continued)

- **Infant Mortality** data reveals Cheatham County's Infant Death rate has been lower than the State rate for ten years. As of the last report (1992-1994), the county rate is currently 24% less than the State rate and equals the Year 2000 National Objective of 7/1000 live births. Technology advancements plus early and comprehensive care have contributed to the improvement in infant survival over the past several decades.

### Morbidity Data

- The **Age-Adjusted Cancer Incidence Rates** for all cancer sites reveals Cheatham County is 7% higher than the region but 1% lower than the State. Cancer rates for the nonwhite race are significantly lower than the Region and the State. This may be due to a very small number of nonwhite persons in the population. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:
  - **White male lung cancer** incidence rates are 56% above the region and 41% above the State. **White female lung cancer** incidence rates are 8% below the region and 7% below the State.
  - **Prostate cancer** incidence rates are 1% lower in Cheatham County as compared with the region and 10% lower than the State..
  - **Female breast cancer** incidence rates are 4% higher in the county as compared to the region and 3% lower than the State.
- **Reportable Disease Rates** available for the county include the following:
  - The **incidence of Hepatitis B** in the county is 12% higher than the State rate of 20.8 per 100,000 population.
  - The **incidence of Non A Non B Hepatitis** in the county is 26% lower than the State rate of infection.
  - The **incidence of Salmonellosis Non-Typhoid** in the county is 127% higher than the State rate of infection.
  - The **incidence of Meningitis** in the county is 2% higher than the State rate of 6.6 per 100,000 population.
  - The **incidence of Tuberculosis** in the county is 100% higher than the Region but 21% lower than the State. The county rate is 129% higher than the Year 2000 National Objective.

## Cheatham County Data Summary (Continued)

- The ***incidence of AIDS/HIV*** cases in the county, cumulative since 1982/1992 respectively, are 29%/47% (AIDS/HIV) lower than the Mid-Cumberland Region. However, the county has 25% more AIDS cases and an equal number of HIV cases as the average rural county in the State. The majority of the AIDS/HIV cases in the State occurred in the four major metropolitan areas because of larger populations.
- ***Sexually Transmitted Disease Rates*** are serious problems in Metropolitan counties. Cheatham County rates are significantly lower than the State.
  - The ***incidence of Syphilis*** is 93% lower than the State rate and 55% lower than the Year 2000 National Objective.
  - The ***incidence of Gonococcal Infections*** is 95% less than the State rate.
  - The ***incidence of Chlamydia*** is 61% less than the State rate of infection.

### Program Data From Other Departments

The following statistics reveals the county compares poorly in two areas. Cheatham County has a higher percentage of referrals to Juvenile Court and Children in State Care than the Region and State rate. This may indicate a greater inability in the county to access or utilize intervention services, i.e. mental health, alternative programs, etc.

Program	County	Mid-Cumberland Region	State
Percent of <b><i>Children Under 18 Receiving AFDC</i></b>	8.4	7.2	15.8
Percent of <b><i>Children Under 18 Below Poverty</i></b>	11.2	14.4	20.7
Percent of Students Participating in School <b><i>Free Or Reduced Price Lunch</i></b> Program	28.0	30.9	49.0
<b><i>Child Abuse And Neglect</i></b> Case Rates Per 1,000 Children Under Age 18	6.5	5.3	9.1
Percent of Children <b><i>Referred To Juvenile Court</i></b>	4.9	3.6	4.1
<b><i>Children Under Age 18 In State Care</i></b> (Rate Per 1,000 Children Under Age 18)	12.5	10.8	10.0
Percent of Students Receiving <b><i>Special Education</i></b>	13.3	18.1	17.7
Percent of <b><i>High School Dropouts</i></b> (Grades 9-12, 1993-1994)	2.7	3.3	4.7
Percent of Population <b><i>TennCare</i></b> (1-16-97)	16.2	14.9	23.3

## Cheatham County Data Summary (Continued)

### Local Health Department Data

The statistical information below indicates utilization of services at the Cheatham County Health Department are similar with those in the region and the State. **WIC** (Women, Infants, and Children) and **Child Health** program encounters account for 63.3% of all services in the county compared to

59.5% in the Region and 57.7% statewide. **Dental services** are available at the Cheatham County Health Department. No dental services were performed at the county health department in 1994. During 1995, 1.1% of the total encounters at the health department were dental services. A current assessment of TennCare Dental Coverage (January 1997) prepared by Dr. Michelle Vaughan, Mid-Cumberland Regional Office, Tennessee Department of Health, reveals those covered by BC/BS and Health Net have an adequate ratio of providers to participants. However, there is no provider for the 631 TennCare participants in the Access Med Plus or Phoenix plans.

Program	Cheatham County		Region		State	
	Percent		Percent		Percent	
	1994	1995	1994	1995	1994	1995
Adult Health	10.9	10.4	15.9	17.0	12.9	12.8
CDC	4.7	4.09	6.2	6.5	4.9	6.7
Child Health	33.1	24.9	28.1	22.0	31.1	26.2
CSS	0.9	0.0	0.7	0.7	2.4	2.7
Dental	0.0	1.1	0.7	0.9	1.4	2.7
Family Planning	13.4	14.1	10.6	10.6	10.7	10.2
Non-Clinical	0.4	3.5	1.0	3.7	3.4	5.7
Prenatal	0.1	0.6	1.5	1.3	1.8	1.5
WIC	36.5	41.4	35.3	37.5	31.6	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

### Pregnancy And Birth Data

- Many factors influence the health and well-being of newborns and infants. The **Infant Mortality Rate** for Cheatham County is 6% lower than the Region and 24% lower than the State. In addition, the county rate is equal to the Year 2000 National Objective of 7.0 deaths per 1,000 live births. The following risk factor comparison may assist in detecting areas of strength or needed improvement:

## Cheatham County Data Summary (Continued)

- The **percent of live births with selected maternal risk factors** (smoking, C-Section, weight gain of less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol or drug use) all ages and races, for county residents is 1% lower than the region and 7% lower than statewide rates. However, when this is broken out by age, the 10-17 age group rate is 26% lower than the Region and 28% lower than the State. The 18-19 age group rate is 9% lower than the Region and 13% lower than the State.
- The **rate of births to adolescent mothers** (ages 10-17, per 1,000 population) for the county is 4% higher than the Region but 27% lower than the State (1995). No Year 2000 National Objective has been determined.
- **Low Birthweight** rates in the county are 27% lower than the Region and 25% lower than the State rate. However, the county rate of 6.5% is slightly higher than the Year 2000 National Objective of 5.0% of all births.
- The percent of live births with **Late or No Prenatal Care** in the in the county is 32% lower than the Region and 40% lower than the State rate. The county rate of 0.7 (per 1,000 births) is 99% below the Year 2000 National Objective of 10.0.

# Appendix F

## HIT Internet Project (server.to/hit)

### Health Information Tennessee (H.I.T.)

When the Tennessee Department of Health began its innovative Community Diagnosis Project in 1995, one of the first issues was the need for ready access to summary statistics and data tables at the local level. The goal was to support and enable 14 regional health councils representing all 95 counties to assess and prioritize community needs and plan for effective prevention/intervention. In conjunction with the data management and analysis activities for the Health Status Report, the Internet was the chosen medium for data and report dissemination.

The creation of HIT commenced in January 1997. HIT not only provides the usual assortment of previously calculated health and population statistics, but also utilizes a lesser-used Internet feature, Common gateway Interface (CGI). This innovative feature allows the user the opportunity to query various Tennessee health databases in such a way that personalized charts and tables can be produced upon demand. The requested information is calculated at the moment the query is submitted by a self-modifying SAS program residing on a server computer at The University of Tennessee, Knoxville. In this way, information can be presented in an infinitely flexible manner, statewide and substate comparisons can be made locally, and access can be widespread and multifocal.

Anyone with Internet capabilities can access the HIT site at ***server.to/hit***.

If you have questions about the HIT Internet Project, you may want to contact the group responsible for the development of the HIT site. You may use the address provided below.

Sandra L. Putnam, Ph.D.  
Director and Research Professor  
UTK Community Health Research Group  
Suite 309, Conference Center Building  
Knoxville, Tennessee 37996-4133  
Phone: (423) 974-4511/(423) 974-4612  
E-Mail: CHRG@UTKUX.UTCC.UTK.EDU