

Chester County Community Health Council

Community Needs Assessment



1998

Volume I

**A report on the county's health status and strategies
developed by the community**

Community Development
Tennessee Department of Health
295 Summar Avenue
Jackson, TN

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INTRODUCTION

Mission Statement

The Mission of the Community Health Council is to determine the health needs of the community and develop a plan of action for improving the health status of people in Chester County, Tennessee.

COUNTY DESCRIPTION

Land Area

Chester County is located in the cross roads of Southwestern Tennessee halfway between Chicago and New Orleans. Alabama, Mississippi, Arkansas and Kentucky are within two hours driving time.

Forests, lakes, rivers and streams lace the Chester County countryside providing outdoor enthusiasts with adventure or solitude and renewal. Chickasaw State Park draws thousands to its recreational retreats which include the Bear Trace Golf Course designed by Jack Nicklaus.

Henderson is the county seat and largest city in the county. This quiet community is known as the home of Freed-Hardeman University, one of the premier small liberal arts colleges in the South. Important towns and communities in Chester County include: Enville, Montezuma, Jacks Creek, Mifflin, Finger and Deanburg.

ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in Chester County. Major employers include ITT Grinnell (Fire Protection Equipment) Chester County Sportswear (Children's Wear) and I-Appel (ladies robes). About 25 percent of the working residents commute out of the county (mostly to adjacent Madison County) to work.

Agriculture remains an important part of the economy. Local crops include corn, cotton, forestry, orchards, peppers, soybeans, squash, and wheat. Cotton and corn are the leading crops. The annual Barbeque Festival salutes the significance of Chester County's multi-million dollar agricultural base while celebrating its nationally recognized specialty- whole hog barbequed over an open pit.

Chester County has a strong religious community that traces its roots back more than a century. Many of the historic churches and congregations were founded in the early 1800's and remain active today. Residents of the community are warm, friendly people who are proud of their heritage and enthusiastic about the future.

Demographics of Chester County

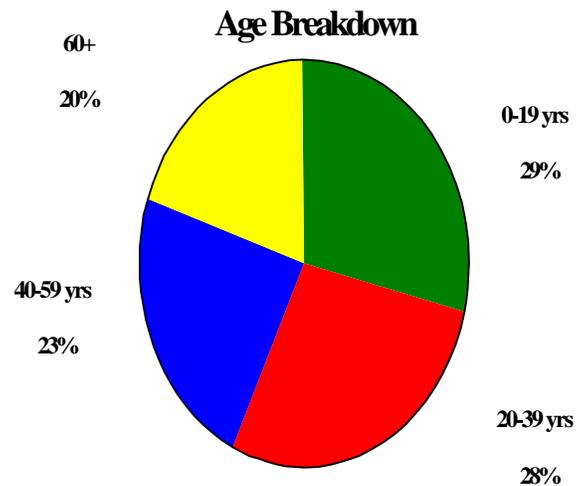
MEDICAL COMMUNITY

Chester County is the only county in Southwestern Tennessee without a general acute care facility. Residents in need of hospital care travel to Selmer, Jackson and Memphis. Most resident hospital care is provided by Jackson-Madison County General Hospital which is located approximately 30 minutes north of Henderson.

The local medical community offers general and family practitioners, dental and orthodontic services, optometrists and opticians. Quinco Mental Health offers a variety of services from early childhood intervention to stress management. The Chester County Nursing Home is a 132 bed intermediate care facility located in Henderson. Home health services are also available to those in need of special treatment.

The Chester County Health Department offers a wide range of services including family planning, prenatal care, WIC, nutritional counseling, child immunizations, adolescent dentistry, Resource Mothers, Childrens' Special Services, STD testing, adolescent pregnancy prevention programs, and health education services.

DEMOGRAPHICS



POPULATION CATEGORY

CHESTER COUNTY

SEX	NUMBER	%	TN PERCENT
FEMALE	6,833	47	52
Male	7,691	53	48
Race			
White	12,855	88	83
Black	1,616	11	16
Other	53	1	

DEMOGRAPHICS OF CHESTER COUNTY

HOUSEHOLDS

Total Number of Households: 4,558

	County	Region	State
Percent of households that are family households	76.9	74.7	72.7
Percent of households that are families headed by a female with no husband present	9.8	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.9	6.4	6.9
Percent of households with the householder 65 and up	26.9	27.5	21.8

EDUCATION

	County	Region	State
Number of persons age 25 and older	7,753	294,457	3,139,066
Number of persons 25 and up that are high school graduates or higher	54.6	56.5	67.1
Percent of persons 25 and up with a Bachelor's degree or higher	8.7	7.6	16.0

DEMOGRAPHICS OF CHESTER COUNTY

EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	10,129	352,668	3,799,725
Percent In Work Force	59.6	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	6,023	209,376	2,405,077
Percent Unemployed	6.8	7.4	6.4
Number of Females 16 Years and Older with Children Under 6	737	26,205	287,675
Percent in Labor Force	68.4	64.9	62.9

POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$8,281	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	18.9	19.0	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	22.4	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	28.4	27.4	20.9

Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social, Economic, and Housing Characteristics Tennessee.

COMMUNITY NEEDS ASSESSMENT

HISTORY OF THE PROCESS

In 1997 local health care providers and community leaders in Chester County began an on-going dialogue about the challenges facing the community's health care delivery system. It was becoming apparent that the pressures of reform including changes in Medicaid, AFDC, and reimbursement rates for rural hospitals were beginning to strain the community's limited resources. Local leaders responded by forming a Community Health Council to serve as a mechanism for evaluating the health status of the community and pooling resources to address shared problems. The Health Council conducted a comprehensive assessment of the health status of Chester County residents and developed a strategy to address the needs identified.

COMMUNITY DIAGNOSIS

The "Community Diagnosis" process developed by the Tennessee Department of Health was the basis for the assessment. Community Diagnosis is a data-driven assessment process which helps communities identify and prioritize health problems.

Information regarding the community's health status, in addition to data available from the State, was collected and analyzed. Data from a behavioral risk factor survey conducted by the University of Tennessee was also reviewed. Secondary data available from the Department of Health and other sources were then studied in order to focus discussion. Once a comprehensive list of problems had been compiled, the problems were prioritized based on size, seriousness, and effectiveness of interventions. Using this approach a Community Health Problems List was developed. Once this list had been compiled, work groups were developed to begin developing specific goals and designing appropriate interventions.

"Health Departments across the county 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."

***Fredia Wadley, Commissioner
Tennessee Department of Health
February 1995***

COMMUNITY NEEDS ASSESSMENT

COUNCIL MAKE-UP

The Chester County Community Health Council consists of a diverse group of community leaders which is representative of the community in terms of geography, race, profession, and institutional factors. A list of council representatives is attached as Appendix A.

DATA GATHERED

Demographic and Socioeconomic Data

Population Demographics
Life Cycle of Residents
Labor Force Status
Marital Status
Poverty Status
Family/Household Status

Health Professionals Data

Primary Care Physicians
OB/GYN Physicians
Internists
Pediatricians
Specialists
Dentists
Nurse Practitioners/Nurse
Midwives

TennCare Data

Number of Enrollees
Managed Care Organizations
Number of Providers by MCO

Health and Vital Statistics Data

Fertility Data
Cancer
Adolescent Pregnancy Rates
Diabetes
Live Births by Age and Race
Heart Conditions
Birthweight Trends
Hypertension
Infant Deaths by Race
HIV/Aids
Leading Causes of Death
Stress
Mothers Exhibiting Maternal Risk Factors
Tobacco Use
Motor Vehicle Mortality
Hospital Discharge Data
Accidental Death Mortality
Violent Deaths
Sexually Transmitted Diseases
Obesity

Family Data

Domestic Violence Patterns
Child Abuse and Neglect
Alcohol and Drug Abuse

COMMUNITY NEEDS ASSESSMENT

Community Health Surveys

The Council supplemented published data by reviewing survey data regarding behavioral risk factor conducted by the University of Tennessee. Focus groups were also conducted to gather input and identify anecdotal data to support the assessment process.

Community Health Concerns Identified

- ◆ Elder Health Care Issues
- ◆ Lifestyles
- ◆ Stroke
- ◆ Infectious Diseases
- ◆ Cancer
- ◆ Alcohol, Tobacco & Other Drugs
- ◆ Opportunities for the Youth
- ◆ Youth Health-Obesity & Hypertension
- ◆ EMS
- ◆ Motor Vehicle Crashes

PRIORITIZED PROBLEMS

The Council discussed an increasing range of pressing health problems that the community must address with limited resources. To direct those resources well, the Council established priorities from among the problems identified. For this task the Council chose a modification of the method developed by J.J. Hanlon who is a nationally known public health professional. This method sets priorities on the basis of the size and seriousness of the problem in conjunction with knowledge about the effectiveness of potentially available interventions. Each problem being considered was given a numerical score on a scale of 0 to 10 based on the size of the population affected, the seriousness of the problem and the effectiveness of potential interventions. The following formula was used for the calculation of total scores (D) where A=size; B=Seriousness, and C=Effectiveness of Interventions,

$$D = A + (2B) \times C$$

COMMUNITY NEEDS ASSESSMENT

Community Health Priorities 1997-98

Elder Health Issues Motor Vehicle Crashes

The Community Health Council selected two problems from the list of health concerns to be addressed during the first project year. These community health priorities were motor vehicle crashes and elder health issues. When selecting these priorities for 1997-98, the Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Links between problems, barriers to effective intervention and the availability of resources were all-important considerations.

Community Resources

ELDER HEALTH CARE ISSUES

- ◆ Local Physicians
- ◆ Chester County Health Dept.
- ◆ Regional Health Department
- ◆ Southwest HRA
- ◆ Area Agency on Aging
- ◆ Churches
- ◆ Senior Centers
- ◆ Quinco Mental Health Center

- ◆ Freed-Hardeman University
- ◆ American Heart Association
- ◆ American Cancer Society
- ◆ West Tennessee Legal Services
- ◆ Tennessee Department of Health
- ◆ West Tennessee Health Care

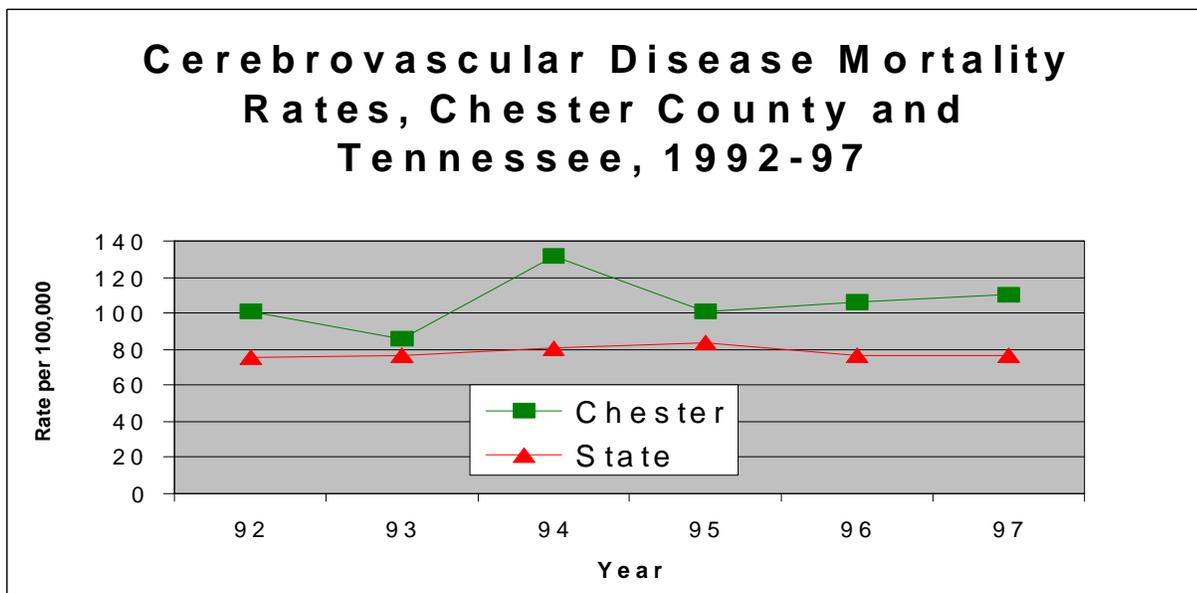
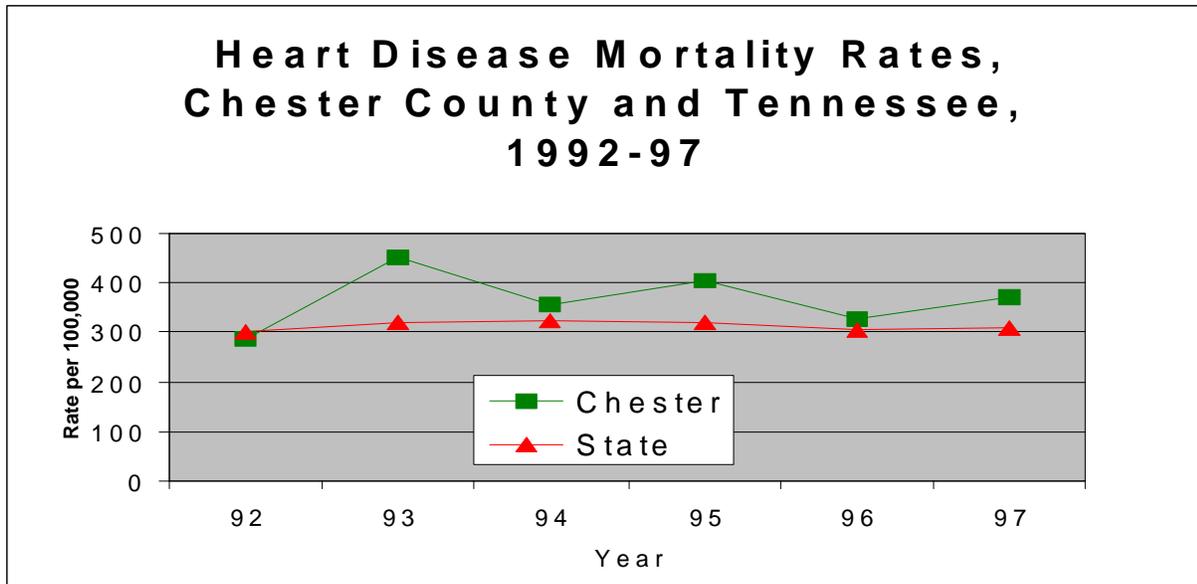
MOTOR VEHICLE CRASHES

- Tennessee Dept. of Transportation
- Governor's Highway Safety Office
- Tennessee Highway Patrol
- National Highway Safety Administration
- Schools
- Churches
- Chester County Juvenile Court
- Chester County EMS
- Civic Clubs
- Chester County Rescue Squad
- Chester County Sheriff's Office
- Henderson Police Department
- API Council
- MADD
- SADD
- Madison Co. Traffic Safety Coalition

COMMUNITY NEEDS ASSESSMENT

ELDER HEALTH CARE ISSUES

Residents of Chester County suffer disproportionately from heart disease and cerebrovascular disease. Approximately 60 percent of all deaths in the community are attributable to heart and cerebrovascular disease. These data point to a need for health education, screening and expanded support services related to circulatory and cardiovascular health. Prescription drug assistance and respite care are also needed.

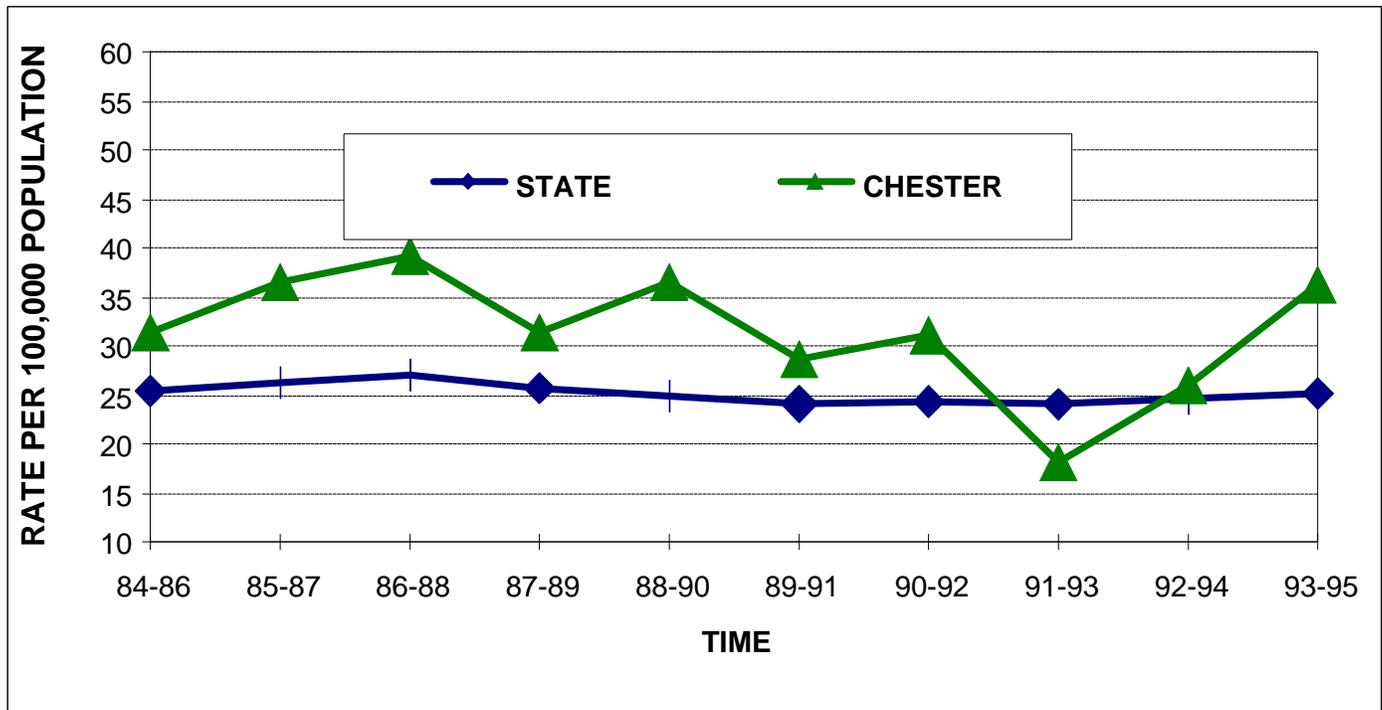


COMMUNITY NEEDS ASSESSMENT

MOTOR VEHICLE CRASHES

Chester County averaged six fatal crashes per year from 1995 to 1997. The average rate of fatal crashes (.61 per 1,000 licensed drivers) ranks Chester County seventh worst among Tennessee's ninety-five counties. According to data provided by the Tennessee Department of Safety, more than one-third of county residents involved in crashes from 1995-97 were not wearing a seat belt.

Mortality from Motor Vehicle Accidents



Actions and Strategies

Subcommittees were formed to serve as working groups for each priority identified and were expanded to include individuals with knowledge and experience related to each problem. Each subcommittee was charged with the responsibility of developing a plan of action which included objectives, activities and evaluation criteria. Volume II of this report will include those findings and recommendations.

Chester County
Community Health Council

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SWHRA

Juanita Canada
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