

Decatur County Community Health Council

Community Needs Assessment



1998

Volume I

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

Community Development Section
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TABLE OF CONTENTS

INTRODUCTION

Mission Statement	3
County Description	3
Economic Base	3
Medical Community	4

DEMOGRAPHICS

Population Growth	4
Population Categories	4
Households	5
Education	5
Employment	6
Poverty Status	6

HISTORY OF THE PROCESS

Community Diagnosis	7
Council Make-up	8
Data Gathered	8

HEALTH ISSUES AND PRIORITIES

Community Surveys	9
Health Concerns	9
Prioritization Method	9

PRIORITIES WITH JUSTIFICATION

Community Health Priorities	9
Goals and Objectives	14

COUNCIL MEMBERS

16

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 Decatur County, Tennessee.

COUNTY DESCRIPTION

Land Area

Decatur County, with an area of 345 square miles, is located on the eastern plateau of southwestern Tennessee on the Tennessee River. The river runs the entire length of the county south to north with close to 50 miles of shoreline.

Decaturville, the county seat, is located on state highways 69 and 100. Parsons is located at the junction of highways 69 and 412. The Alvin C. York bridge connects Decatur and Perry Counties. A new bridge is under construction in the southern part of the county.

The Decatur County School System serves 1,850 students with 135 certified personnel. Religious life is important in the community. God is worshipped in over 50 churches throughout the county.

Economic Base

Tourism and recreation are important industries in the community. Decatur County is known as the *Outdoor Capital of the South*. Much of the land is hardwood forest. Abundant wildlife includes deer, turkey, ducks, geese and raccoon. Eagles are also sited often in the county. The Tennessee River offers access to fishing, boating, water skiing, camping, swimming and jet skiing. Popular annual events include the World's Largest Coon Hunt for St. Jude, Gumdale Boat Races, October Heritage Festival and the Richard Crawley Memorial Trail Ride.

The Tennessee River is also the focus of important commercial activities. The commercial port facilities at Perryville load timber, coke, fertilizer and asphalt. The channel depth ranges from 35 to 55 feet with a depth of 12 to 14 feet at the dock sites.

High quality white sand for use in glass, golf courses and beaches is also abundant. Ball clay for the ceramic industry is found in abundance as are gravel and cert. Agricultural crops include corn, cotton, milo, okra, peppers, soybeans, squash, and wheat. Cotton and soybeans are the leading crops. Primary employers in the community include Kolpak (commercial refrigeration equipment), Eaton Technologies (electric motors and starters), and American Health Center (nursing homes).

Demographics of DECATUR COUNTY

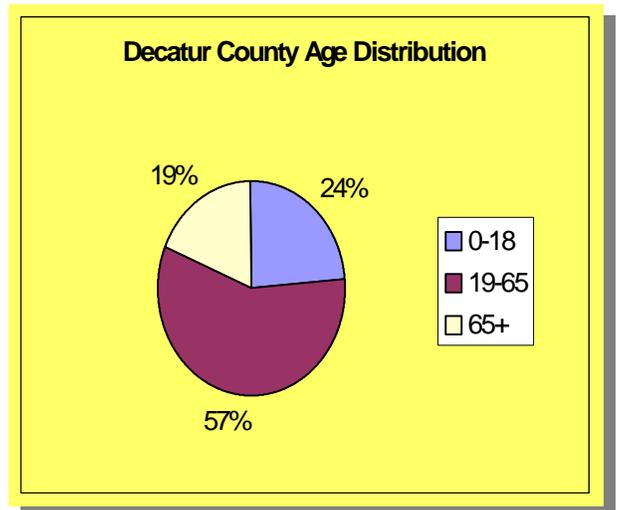
MEDICAL COMMUNITY

Decatur County General Hospital is a full-service 40 bed, not-for-profit general acute care facility offering a wide range of services on both an in-patient and outpatient basis. The hospital has an updated radiology department with C-T Scanner, mammography and ultrasound. A trauma room was added to the existing emergency room. The medical community offers general and family practitioners. Dental services are also available in the county. Quinco Mental Health offers a variety of services from early childhood intervention to stress management. Intermediate care facilities with a total of 200 beds are available to meet the nursing home needs of the area. Home health care services are also available. The Decatur County Health Department offers a wide range of services including family planning, prenatal care, WIC, nutritional counseling, child immunizations, Childrens' Special Services, STD testing, adolescent pregnancy prevention programs, and health education services

DEMOGRAPHICS

Sex and Racial Distribution Decatur County and State

	Number	%	TN Percent
Female	5,335	52	52
Male	4,947	48	48
White	9,815	95	83
Non-White	467	5	16



Demographics of DECATUR COUNTY

HOUSEHOLDS

	County	Region	State
Percent of households that are family households	73.7	74.7	72.7
Percent of households that are families headed by a female with no husband present	9.3	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.3	6.4	6.9
Percent of households with the householder 65 and up	31.3	27.5	21.8

EDUCATION

	County	Region	State
Number of persons age 25 and older	7,154	294,457	3,139,066
Percent of persons 25 and up that are high school graduates or higher	52.9	56.5	67.1
Percent of persons 25 and up with a bachelor's degree or higher	4.8	7.6	16.0

Demographics of DECATUR COUNTY

EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	8,400	352,668	3,799,725
Percent In Work Force	55.1	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	4,628	209,376	2,405,077
Percent Unemployed	6.0	7.4	6.4
Number of Females 16 Years and Older with Own Children Under	6495	26,205	287,675
Percent in Labor Force	61.4	64.9	62.9

POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$9,345	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	19.9	19.0	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	20.8	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	32.6	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 1996 local health care providers and community leaders in Decatur 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 Decatur 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. Primary data was collected through questionnaires administered throughout the community. Particular attention was paid to ensure that surveys reflected the geographic and ethnic diversity of the community. A separate questionnaire was administered in the school system to ensure that the health concerns of the county's young people were

considered. 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 was then studied in order to focus discussion. Using this approach a Community Health Problems List was developed. Once a comprehensive list of problems had been compiled, the problems were prioritized based on size, seriousness, and effectiveness of interventions. Work groups then developed specific goals and began the process of designing appropriate interventions.

Steps in 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

COUNCIL MAKE-UP

The Decatur 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.

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 conducting a survey of community residents regarding the health status of the community. Approximately 400 surveys were collected and analyzed. Results from a behavioral risk factor survey conducted by the University of Tennessee were also carefully reviewed.

Community Health Concerns Identified

- * Alcohol and Drug Abuse
- * Cancer
- * Teen Pregnancy/Sex Among Teens
- * Heart Disease
- * Stress
- * Unintended Pregnancy
- * Hypertension
- * Allergies
- * Domestic Violence
- * Unhealthy Lifestyles

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

Size of the Problem

Alcohol and Drug Abuse

Actual numbers of individuals affected are difficult to ascertain. U.T. estimates that 31 percent of residents use alcohol and 13 percent regularly use illegal drugs. 87 percent of respondents in our community survey believed alcohol and drug abuse was a serious health concern for the community.

Cancer

According to the American Cancer Society, Decatur County will have approximately 50 new cases of cancer in 1997 or 0.5 percent of the population. Decatur County had 21 cancer deaths in 1993, 29 in 1994, and 43 in 1995. In general during 1997, 1.7 percent of the population (185 individuals) will be receiving medical care for cancer.

Teen Pregnancy/Sex Among Teens

In our community survey, 81 percent of respondents listed sex among teens as a serious health concern. In a statewide survey of high school students, 64 percent of males and 57 percent of females reported having had sexual intercourse. Fifty-six percent of respondents reported having had sexual intercourse for the first time before age 15. The rates of teen pregnancy in the community are consistently lower than State rates. In 1995 there were 33 births to residents of the county under the age of 19.

Stress

In a regional survey of high school students, 11 percent reported feeling severe stress and 21 percent reported almost always feeling depressed or unhappy. In our community survey, 75 percent of respondents listed stress as a serious health problem.

Unintended Pregnancy

It is estimated that 60 percent of pregnancies are unintended. Based on this percentage, approximately 92 unintended pregnancies occur in Decatur County each year. In our community survey, 70 percent of respondents listed unintended pregnancy as a serious health issue.

Hypertension

The mortality rate from cerebrovascular disease in Decatur County in 1994 was 58.2 deaths per 1,000 lives. The rate for the state was 80.8. It is estimated that approximately 1,121 individuals or about 11 percent of the population suffer from hypertension.

Allergies

The national prevalence for hay fever is 100.7 per 1,000 persons or about 1,077 county residents. The prevalence of asthma is 56.1 per 1,000 or approximately 600 county residents.

COMMUNITY NEEDS ASSESSMENT

Heart Disease

The prevalence rate for heart disease is 85.8 per 1,000 persons or 8.6 percent of Decatur County residents (about 923 individuals). In 1991 there were 53 deaths in the county attributed to heart disease. In 1996, 51 deaths were caused by heart disease.

Unhealthy Lifestyles

According to our community survey, 34 percent of community residents currently smoke cigarettes. 40 percent of respondents reported participating in vigorous exercise less than once per week.

According to the National Center for Health Statistics, 14 percent of children aged 6 to 11; 12 percent of adolescents aged 12 to 17; and 35 percent of adults aged 20 and older are overweight. Based on these data, the following represents the estimated number of individuals in Decatur County who are overweight.

Teenage pregnancy is important because it is associated with prenatal health problems, academic failure, diminished employment opportunities, and increased dependence on public support for sustenance, housing and health care.

Community Survey Results indicated that 87 percent of respondents believe adolescent pregnancy is a "Very Serious" community health problem. Similar results were found from the Behavioral Risk Factor Survey conducted by the University of Tennessee.

AgeGroup	Number of Residents	National Percentage	Estimated Number Overweight
Children (6-11)	785	14%	110
Adolescents (12-17)	889	12%	107
Adults(20+)	7,815	35%	2,735

Domestic Violence

In 1997 there were 40 adjudicated cases of domestic violence in Decatur County. In our community survey, 56 percent of respondents listed domestic violence as a serious health problem in the community.

COMMUNITY NEEDS ASSESSMENT

Alcohol, Tobacco and Drug Use

The Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Use and abuse of alcohol, tobacco and other drugs are believed to be directly linked to poor health outcomes for many Decatur County residents.

The actual number of individuals who abuse alcohol and other drugs is unknown. Privacy issues and other barriers preclude a thorough review of the prevalence of the problem. The University of Tennessee estimates that 31 percent of Tennessee residents use alcohol regularly while 12 percent use alcohol with other drugs regularly. In a local survey conducted by the health council, 26 percent of respondents reported regular use of alcohol. The best available data indicates that at least 13 percent of residents use illegal drugs.

The community survey conducted by the health council indicated that 87 percent of respondents believed alcohol and drug abuse was a serious health problem in the community. Alcohol and drug abuse was cited as a serious health problem by a greater percentage of respondents than any other health issue. In a telephone survey conducted by the University of Tennessee, 74 percent of respondents characterized alcohol abuse as a “definite problem.”

Community Resources

ALCOHOL AND DRUG ABUSE

Schools
Decatur County Juvenile Court
Churches
Quinco Community Mental Health Center
Decatur County General Hospital
Physician Offices
Decatur County Health Department

Unhealthy Lifestyles

Members of the Council are concerned that many residents practice lifestyles that lead to poor health outcomes. Of particular concern is the general reluctance in the community to use seat belts and child safety restraints. According to information provided by the Department of Safety, Decatur County ranks 7th worst among Tennessee’s 95 counties in terms of the percentage of children properly restrained. It is estimated that 24.4 percent of children in Decatur County are not regularly restrained when transported.

In a Community Risk Factor Survey conducted by the Health Council, 34 percent of respondents described themselves as smokers. Statewide 27 percent of residents consider themselves smokers. Residents with a high school or technical education, or less, are much more likely to smoke. Individuals who are unemployed are also more likely to smoke.

COMMUNITY NEEDS ASSESSMENT

Community Resources

UNHEALTHY LIFESTYLES

- Decatur County Health Department
- West Tennessee Regional Health Department
- Schools
- Tennessee Department of Childrens' Services
- Churches
- Decatur County Juvenile Court
- Quinco Community Mental Health Center
- University of Tennessee Extension Services
- Decatur County General Hospital
- March of Dimes
- Resource Mothers
- CHAD

Domestic Violence

Exact numbers of individuals affected by domestic violence are difficult to ascertain because the crime is underreported. The Journal of the American Medical Association lists domestic violence as the greatest single cause of injury to women in the U.S.. One-third of all women with children in homeless shelters cite domestic violence as the primary cause of their homelessness. It is estimated that 25 percent of workplace problems such as absenteeism, lower productivity, turnover and excessive use of medical benefits are due to family violence.

Community Resources

DOMESTIC VIOLENCE

- WRAP (Women's Resource Ctr.)
- Sheriff's Office
- City Police
- DHS
- Churches
- General Sessions Court
- Quinco Mental Health Ctr.

COMMUNITY NEEDS ASSESSMENT

Goals and Objectives

Priority #1 Alcohol, Tobacco and Drug Use

- Goal #1 Increase awareness of the resources and services available to help residents prevent abuse of alcohol, tobacco and other drugs.
- Objective Develop and distribute comprehensive directory of agencies and organizations providing health-related services to residents of the county.
- Activities Form subcommittee
Identify local "experts"
Conduct focus group
Distribute results for comment
Revise and distribute
- Evaluation 100 copies of resource directory distributed by January of 1998

Priority #1 Alcohol, Tobacco and Drug Use

- Goal #3 Reduce alcohol-related crashes to no more than two crashes by the end of 1998.
- Objective Increase awareness among the community's young people regarding the risks of drinking and driving.
- Activities Form a traffic safety coalition
Plan mock crashes and other risk awareness activities which target high school juniors and seniors.
- Evaluation 1996 Baseline = 2 alcohol related motor vehicle crashes.

Priority #2 Unhealthy Lifestyles

- Goal #1 Increase the percentage of children aged 4 years and under who are properly restrained when transported in a motor vehicle to 50 percent by the end of the year 2000.
- Objective Improve access to and understanding of child safety restraints.

COMMUNITY NEEDS ASSESSMENT

Activities Identify potential funding sources to purchase child safety seats.

Develop a funding proposal
Develop criteria for distribution of child safety seats
Identify a distribution center
Distribute child safety seats
Evaluation 1996 Baseline = 24 percent

Priority #2 Unhealthy Lifestyles

Goal #2 Increase to 30 percent by the year 2000 the proportion of county residents who engage regularly in light to moderate physical activity for at least 30 minutes per day.

Objective Increase access to physical fitness facilities and improve access to information describing the health benefits of exercise.

Activities Promote utilization of the hospital's exercise track and wellness facilities.
Coordinate a community health fair.

Evaluation 1996 Baseline = 26 percent

Priority #3 Domestic Violence

Goal #1 Reduce the incidence of domestic violence cases from the 1996 level of 40 to 25 cases.

Objective Improve access to professional services, including crisis telephone services, shelters and training for police officers and others involved in intervention.

Activities Contact regional domestic violence agencies.
Identify needs and barriers to service expansion in Decatur County.
Develop funding proposals and/or service plans.

EVALUATING RESULTS

The Community Health Council is committed to making an impact on the health problems identified through the assessment process. Evaluation of results will be directly linked to the indicators and measures described. An evaluation will be conducted annually by the community health council. Progress made toward achieving goals and objectives will be reviewed and new targets will be established as necessary. The council may also identify additional health care priorities to be addressed.

**Decatur County
Community Health Council**

**Brandi Goff
County Health Department**

**Janice Strawn
Chamber of Commerce**

**Debra Phillips
Kolpak Industries**

**Larry Lindsey
Decatur Co. General Hospital**

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**Jo Lois Tuten
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Family Physician**

**Lou Ann Wallace
Quinco Mental Health**

**Honorable Ricky Wood
County Judge**

**Diane Oman
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**Beth Hamilton
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