

**DYER COUNTY HEALTH COUNCIL
COMMUNITY NEEDS ASSESSMENT**

1998

VOLUME I

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

**NORTHWEST TENNESSEE DIVISION OF ASSESSMENT AND PLANNING
TENNESSEE DEPARTMENT OF HEALTH
NORTHWEST TENNESSEE REGIONAL HEALTH OFFICE
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INTRODUCTION

Mission Statement

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

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

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

Definition of Community Diagnosis

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

Summary

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

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

Council Make-up

The Dyer County Health Council was established on March 26, 1998 with 29 members. Through attrition the active membership now stands at 27. The membership consists of a broad-based representation of the community that includes: the local health department; local hospital staff, chamber of commerce, mental health, local business, public schools, local government, ministers, private medicine and consumers. The current council membership is located in **Appendices A.**

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COUNTY DESCRIPTION

Geographical Facts

Dyer County is located in the Northwest Region of West Tennessee, bordered on the north by Lake and Obion Counties, on the west by the Mississippi River, on the east by Gibson County, and on the south by Crockett and Lauderdale counties. Dyer County is considered the gateway to middle America, the county is connected to the world by interstate highways, a major railway, air facilities, and the Mississippi River. Dyer County is within a day's drive of 76 percent of this country's major markets.

Dyer County has a total population of 41,000 (1997 estimates) and Dyersburg is the county seat. Its largest population centers are Dyersburg with 21,000 residents and Newbern with 3,500 residents. The county is 528.6 square miles in area and is located 78 miles from Memphis, Tennessee and 48 miles from Jackson, Tennessee.

Economic Base

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

Total retail sales in 1997 were reported at \$326.1 million with a per capita personal income in 1996 of \$19,930.

56 percent of Dyer County's land produces agriculture crops, farming is a \$79 million dollar industry in the county. Dyer County is Tennessee's number one producer of soybeans, grain, sorghum, commercial vegetables, and rice. There are 509 farms operating in the county with an average of 453 acres. Other crops produced are wheat, cotton, and corn.

There are several industries operating in Dyer County and the county is continuing to grow and expand.

Dyer County's 5 Largest Employers

World Color	1,200
Dyersburg Fabrics	1,150
MA Hanna	886
Jimmy Dean Foods	710
Wal-Mart Supercenter	550

Health Care

Methodist Hospital of Dyersburg serves Dyer County with a full range of diagnostic, therapeutic and specialty health care services. Methodist Hospital consists of a 225-bed hospital, a home health and hospice service and Emergency Medical Services. In addition to the hospital there are 62 physicians and surgeons with more than 18 specialties, 12 clinics, 15 dentist and 2 nursing homes.

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

COUNTY DESCRIPTION

Population Facts:

POPULATION

	COUNTY	REGION	STATE
Percent of households that are family households.	72.9	74.7	72.7
Percent of households that are families headed by a female with no husband present.	12.1	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	6.9	6.4	6.9
Percent of households with the householder 65 and up.	25.9	27.5	21.8

EDUCATION

	COUNTY
Number of persons age 25 and older.	22,534
Percent of persons 25 and up that are high school graduates or higher.	55.3
Percent of persons 25 and up with a bachelor's degree or higher.	9.4

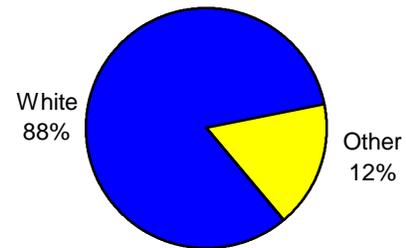
EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	27,011
Percent In Work Force	62.3
Number of Persons 16 and Older in Civilian Work Force.	16,789
Percent Unemployed.	6.8
Number of Females 16 Years and Older with Own Children Under 6.	2,188
Percent in Labor Force.	62.2

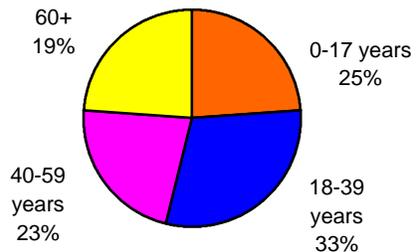
POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$11,270	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	17.6	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	21.6	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	26.7	27.4	20.9

Dyer County Racial Break Down



Dyer County Age Breakdown



COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Dyer County Health Council was established on March 26, 1998, by the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held on December 12, 1997. During this meeting community leaders were educated on the community diagnosis process, the role of the health council, and the role of the Department of Health. The majority of the Dyer County Health Council members were appointed at this initial meeting. Other members were selected as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a community survey to the residents of Dyer County. This instrument asked respondents about personal health, basic demographic information and their opinions on particular health issues. A total of 146 surveys were completed and returned for tabulation.

Although the community survey was completed, the council felt it was important to gather additional information from the medical professionals located in the county. The council distributed a medical provider survey, which asked questions they felt were important concerning current services/diagnosis/treatments that were most frequently provided to the citizens of Dyer County.

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

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

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

Following the review of secondary data the list of perceived problems was prioritized to ensure that each health issue was addressed and examined with the same objectivity. The scores of this process were tabulated and the health priorities were identified. The council chose addresses these health priorities through sub-committees, which will formulate community intervention strategies.

Steps of The Process

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

COMMUNITY NEEDS ASSESSMENT

Primary Data Gathered

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

1. Dyer Co. Community Survey:

The Dyer County Health Council created this survey in an effort to determine out the citizen's perceptions of the community's needs. The anonymous questionnaire was distributed throughout the county, which asked their options on particular health issues. The instrument also asked respondents about their personal health and collected some demographic information. With the assistance of council members the surveys were distributed to an appropriate representation of the community. A total of 146 surveys were returned.

2. Dyer County Provider Survey:

The council created this survey in an attempt to obtain information from the primary care physicians and practitioners providing services in Dyer County. The primary care providers and the local health department were asked to complete a one-page survey by which they identified health problems frequently seen and were asked to offer suggestions on improving health care delivery.

3. Behavioral Risk Factor Survey:

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

COMMUNITY NEEDS ASSESSMENT

Perceived Health Problems

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

Perceived Health Problems

- * **Mental Health**
- * **Alcohol and Drug Use**
- * **Child Abuse**
- * **Teen Suicide**
- * **Accidental Injury or Death**
- * **Teen Pregnancy**
- * **Heart Disease**
- * **Hypertension/Stroke**
- * **Obesity**
- * **Adult Day Care**
- * **Senior Citizens Activities**
- * **Malnutrition/Hungar**
- * **Domestic Violence**
- * **Smoking/Tobacco Use**
- * **Wellness Programs/Education**
- * **Health Screenings/Education**

Secondary Data Analyzed

The Dyer County Health Council reviewed and analyzed secondary data collected by the Tennessee Department of Health, National Center for Health Statistics, and other sources, in order to determine if the perceived health problems were actually problems that required attention. The Community Development Staff reviewed the entire health data set provided by the Department of Health to ensure that the council did not overlook any major health problems. The categories of data and their source are identified in the chart below.

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

HEALTH ISSUES AND PRIORITIES

Prioritizing Method

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

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

Prioritized Health Problems

From the council's list of perceived health problems the following priority problems were established through the rating and prioritizing process, with this list being further prioritized to determine the problems selected for intervention.

PRIORITIZED HEALTH PROBLEMS

1. **HYPERTENSION, STROKE, HEART DISEASE, OBESITY, AND SMOKING**
2. **ALCOHOL AND DRUG ABUSE**
3. **DOMESTIC VIOLENCE**
4. **TEEN PREGNANCY**
5. **CHILD ABUSE, TEEN SUICIDE, ACCIDENTAL INJURY OR DEATH**
6. **MENTAL HEALTH**
7. **WELLNESS PROGRAMS/EDUCATION**
8. **ADULT DAY CARE/SENIOR CITIZEN ACTIVITIES**
9. **HEALTH SCREENINGS/EDUCATION**
10. **MALNUTRITION/HUNGER**

Problems Selected for Intervention

1. **HYPERTENSION, STROKE, HEART DISEASE, OBESITY, AND SMOKING**
2. **ALCOHOL AND DRUG ABUSE**

HEALTH ISSUES AND PRIORITIES

Priority Problem Justification

Heart Disease, Hypertension, Stroke, Obesity, and Smoking

The following information was extracted from current Healthy People 2000 statistics for the 3 year period of 1994-96. Tennessee Vital Statistics data covering the past 10 years, Tennessee Behavioral Risk Factor Survey data, and U.S. Department of Health and Human Services Data.

Heart Disease was the #1 leading cause of death in Dyer County during 1996. A total of 132 deaths were attributed to heart disease, this translates into a rate of 364.7 per 100,000 of the population.

Stroke was the #3 leading cause of death in Dyer County in 1996. A total of 38 deaths were attributed to stroke, this translates into a rate of 105.0 per 100,000 of the population.

A look at the 12 year period 1985-1996

Average Number of Deaths for 3 year Periods Shown

	1985-87	1988-90	1991-93	1994-96
Heart Disease	114	126	136	141
Stroke	28	25	22	31

Estimates of Overweight Individuals in Dyer County

Children age 6-11	3,037	14%	425 estimated
Adolescents age 12-17	2,900	12%	348 estimated
Adults age 20 +	24,894	35%	8,713 estimated

The following are comparisons of the State of Tennessee Behavioral Risk Factor Survey Data to the adult population of Dyer County. There are an estimated 26,032 adults residing in Dyer County. (90 Census)

- 18.7% of adult TN residents have been told they have high cholesterol levels. 18.7% of Dyer County's population is 4,868.
- Approximately 7,531 Dyer County residents have not had their cholesterol checked in last 5 years.
- 26.7% of adult TN residents were told they have high blood pressure. 26.7% of Dyer County adult population represents 6,951.

Tobacco Use:

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

In a community survey conducted by the Health Council, 64 percent of the respondents reported youth tobacco use to be a problem in their community, and 68 percent reported adult tobacco use to be a problem.

HEALTH ISSUES AND PRIORITIES

Alcohol and Drug Use:

Adolescent:

In the next 24 hours: 9,506 teens will take their first drink of alcohol or use drugs. It is reported that 50% of all teens use alcohol or drugs.

The following comparisons are made using the Tennessee High School Survey of 1996 from the Northwest Region participants (Carroll, Gibson, Henry, Lake, Obion, and Weakley). Using the 1995-96-school enrollment, estimates of student involvement are derived from the regional percentages.

The 1995-96 Dyer County and Dyersburg City School's Enrollment for grades 9th through 12th was 1,856.

Questions Asked	Northwest Estimates %	Dyer Schools Estimate
Smoked Cigarettes	64.5	1,197
Used Smokeless Tobacco	33.9	629
Used Alcohol	70.7	1,312
Gotten Drunk from Alcohol	68.5	1,271
Used Marijuana	31.1	577
Used Crack/Cocaine	5.4	100
Used Inhalants	18.6	345
Bought Drugs at School	14.8	275
Offered/Given Drugs at School	39.5	733
Driven after Drinking (last 12 months)	21.2	393
Driven after Drug Use (last 12 months)	16.6	308

Average age to begin smoking is 12
 Average age of first use of alcohol is 14
 Average age of first use of Marijuana is 14
 Average age of first use of inhalants is 13

Adults:

Based on the current state prevalence of 5% of all deaths are related to alcohol, at least 10 of the 189 average deaths in 1993-95 were attributed to alcohol use.

According to the Tennessee Adult A&D data based on admissions to treatment programs, adults aged 25-44 reported alcohol as drug of first choice, second choice is cocaine and third is marijuana. Males are reported to out number females 3-1 in use of alcohol, marijuana and inhalants. African Americans are reported to outnumber all other races in cocaine use (46%).

HEALTH ISSUES AND PRIORITIES

Health Planning

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

APPENDICES

COUNCIL MEMBERS

Kaye Bane

Dyer County Board of Education

Carrie Beld, Chairperson

Methodist Hospital of Dyersburg

Mark Bowers

Belew and Ray Drug Store

Peter Brown

Dyersburg State Community College

Stan Cavness

Dyersburg Police Department

Nancy Deere, Health Educator

Dyer County Health Department

Brenda Edgin

Mental Retardation Representation

Jim Ewell

Dyersburg Union Mission

Rawlin Fowlkes

Dyersburg Fabrics

Lori Hendon

Pathways, Inc.

Jeff Holt, Sheriff

Dyer County Sheriffs Department

Johnny Jenkins

Dyersburg Post Office

Elton King, MD

Phyllis Koonce

Dyersburg State Community College

Kathy Krone

State Gazette

Jim McCord, County Executive

COUNCIL MEMBERS

Dick McCormick, Hospital Administrator

Methodist Hospital of Dyersburg

Sarah Miller, RN, County Director, Vice Chairperson

Dyer County Health Department

Rev. Russell Morrow

Ross United Methodist Church

Lewis Norman

Dyersburg Fabrics

Thomas Parnell

Mayor of Newbern

Rev. Joe Porter

St. Mary's Episcopal Church

Janet Vogt

Dyer County Chamber of Commerce

Beverly Whaley

Regional Prevention Coordinator

Katie Winchester

First Citizen's Bank

Lori Woods

Dyer County School System

Marilyn Wortman, Nursing Supervisor

Dyer County Health Department

INTERNET HOME PAGE INFORMATION

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

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

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

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

Our address is:

www.server.to/hit