

Fayette 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 Fayette County, Tennessee.

COUNTY DESCRIPTION

Land Area

Fayette County is the third largest county in Tennessee. The county encompasses 704 square miles and has 450,560 acres of land. It is bounded on the west by Shelby County, on the north by Tipton and Haywood, on the east by Hardeman and on the south by the state of Mississippi.

Fayette County was formed in 1824 from parts of Shelby and Hardeman counties. The name was chosen to honor Marquis De La Fayette, hero of the Revolutionary War. Incorporated towns in Fayette County include: Braden, Gallaway, LaGrange, Moscow, Oakland, Piperton, Rossville, Williston, Hickory Withe and the county seat of Somerville.

The prosperity of Fayette County during its first 50 years was dependent upon agriculture, but since that time the economy has continued to expand.

ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in Fayette County.

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. Major employers in the county include the Troxel Company (steel tubing), Mrs. Smith's Frozen Foods (Eggo waffles), Somerville Mills (ladies' underwear) and Master Apparel (men's slacks).

Tourism and recreation are fast becoming leading industries in the community. Recreational opportunities include hunting, fishing, boating, swimming, and golf.

Fayette County is known for its beautiful antebellum homes which serve to remind residents of the romantic period of the old south. Each year many historic homes are on display during the "Architectural Treasures of Fayette County" tour. The town of La Grange, filled with historic homes and antiques, has been placed on the National Register of Historic Places.

Demographics of Fayette County

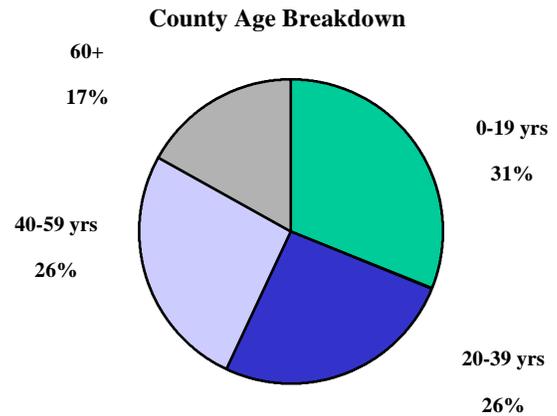
MEDICAL COMMUNITY

Methodist Healthcare Fayette Hospital is a full-service 38 bed, not-for-profit general acute care facility offering a wide range of services on both an inpatient and outpatient basis. Services include: Ambulatory Surgery, CAT Scan, Nuclear Medicine, Acute Heart Attack and Stroke Intervention, Maternity Unit and Birth Center, Radiology, Cardiology, Physical Therapy, Ophthalmology and Urology. Such specialties as internal medicine, pediatrics, urology, cardiology, radiology, pathology, and obstetrics are represented on the medical staff.

The expanded medical community offers general and family practitioners, dental and orthodontic services, optometrists and opticians. Professional Counseling Services, Inc. offers a variety of services from early childhood intervention to stress management. There are two intermediate care facilities to meet the nursing home needs of the area. Home health services are also available.

The Fayette 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

FAYETTE COUNTY

SEX	NUMBER	%	TN PERCENT
FEMALE	15,254	52	52
Male	14,272	48	48
Race			
White	18,027	61	83
Black	11,439	39	16
Other	60	-	-

DEMOGRAPHICS OF FAYETTE COUNTY

HOUSEHOLDS

Total Number of Households: 8,453

	County	Region	State
Percent of households that are family households	79.5	74.7	72.7
Percent of households that are families headed by a female with no husband present	15.8	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	8.3	6.4	6.9
Percent of households with the householder 65 and up	25.1	27.5	21.8

EDUCATION

	County	Region	State
Number of persons age 25 and older	15,630	294,457	3,139,066
Percent of persons 25 and up that are high school graduates or higher	55.5	56.5	67.1
Percent of persons 25 and up with a bachelor's degree or higher	8	7.6	16.0

DEMOGRAPHICS OF FAYETTE COUNTY

EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	18,774	352,668	3,799,725
Percent In Work Force	61.5	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	11,534	209,376	2,405,077
Percent Unemployed	8.4	7.4	6.4
Number of Females 16 Years and Older with Children Under 6	1,659	26,205	287,675
Percent in Labor Force	65.9	64.9	62.9

POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$9,627	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	24.1	19.0	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	31.4	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	29	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 Fayette 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 Fayette 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 Fayette 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

- ◆ Teen Pregnancy/Sex
- ◆ Hypertension/Coronary/Heart Disease
- ◆ Tobacco/Cancer
- ◆ Obesity/Nutrition
- ◆ STD's
- ◆ Access to OB/GYN Services
- ◆ Diabetes
- ◆ Youth Violence
- ◆ Motor Vehicle Accidents
- ◆ Alcohol & Drug Abuse

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

Unhealthy Lifestyles of Youth Access to OB/GYN Care

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 unhealthy lifestyles of youth and access to OB/GYN care. 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

UNHEALTHY LIFESTYLES - YOUTH

- ◆ Local Physicians
- ◆ Fayette County Health Dept.
- ◆ Regional Health Department
- ◆ Schools
- ◆ TN Department of Children's Services
- ◆ Churches
- ◆ Fayette County Juvenile Court
- ◆ Professional Counseling Services, Inc.

- ◆ University of Tennessee Extension Services
- ◆ API Council
- ◆ March of Dimes
- ◆ Resource Mothers
- ◆ CHAD
- ◆ Sheriff's Office
- ◆ Tennessee Highway Patrol
- ◆ Police and Fire Departments
- ◆ DHS
- ◆ Southwest Community Services Agency
- ◆ Fayette Cares
- ◆ Children and Family Services, Inc.
- ◆ Fayette County Citizen's for Progress
- ◆ API Council
- ◆ Parks and Recreation
- ◆ Southwest Human Resources Agency

ACCESS TO OB/GYN CARE

- Tennessee Dept. of Health
- Tennessee Office of Rural Health
- Methodist Hospital
- Local Physicians
- Fayette County Health Department
- Local midwives
- Fayette Cares
- Fayette County Citizens for Progress
- Southwest Human Resources Agency

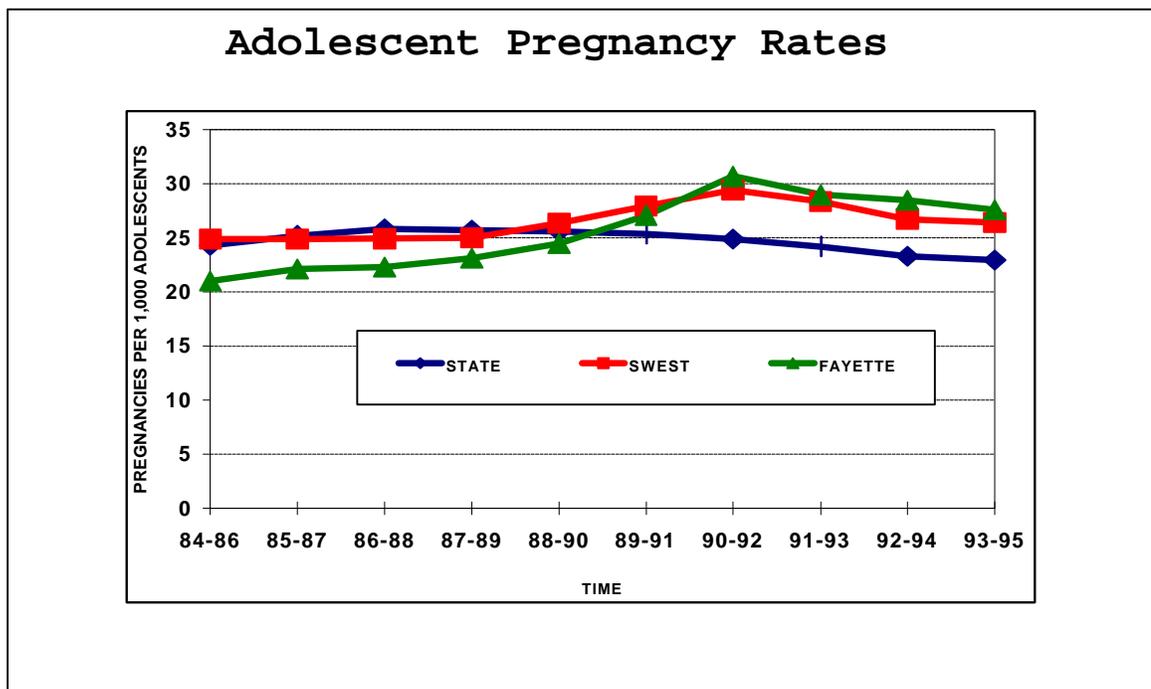
COMMUNITY NEEDS ASSESSMENT

UNHEALTHY LIFESTYLES OF YOUTH

The community is concerned that our young people are making unhealthy lifestyle choices involving tobacco use, violence and teen sexual activity which are directly related to poor health outcomes. We believe that the health of the community can only be improved through a focused, long-term approach which focuses on our children and empowers those children to make good decisions.

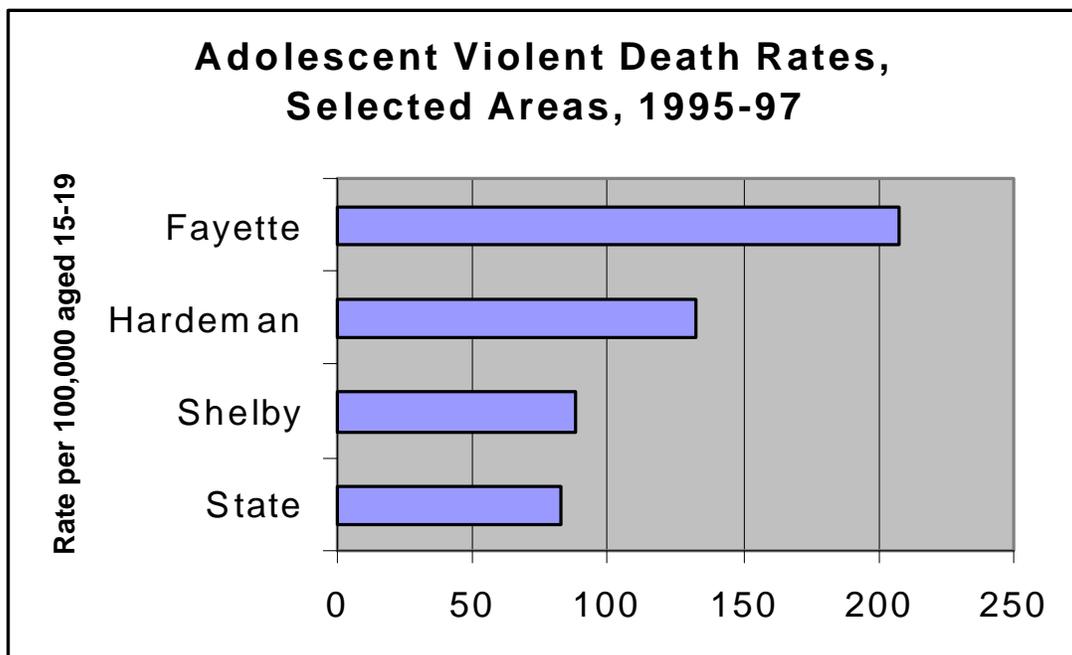
The adolescent pregnancy rate in Fayette County has been historically among the highest in the region. There are many causal factors related to teenage pregnancy, including low self-esteem, family history of early pregnancy, previous sexual abuse, substance abuse, lack of involvement in community activities, lack of adult supervision, economic factors, lack of knowledge about reproductive health, as well as issues surrounding male involvement and responsibility.

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 65 percent of respondents believe adolescent pregnancy is a “Definite” community health problem.



COMMUNITY NEEDS ASSESSMENT

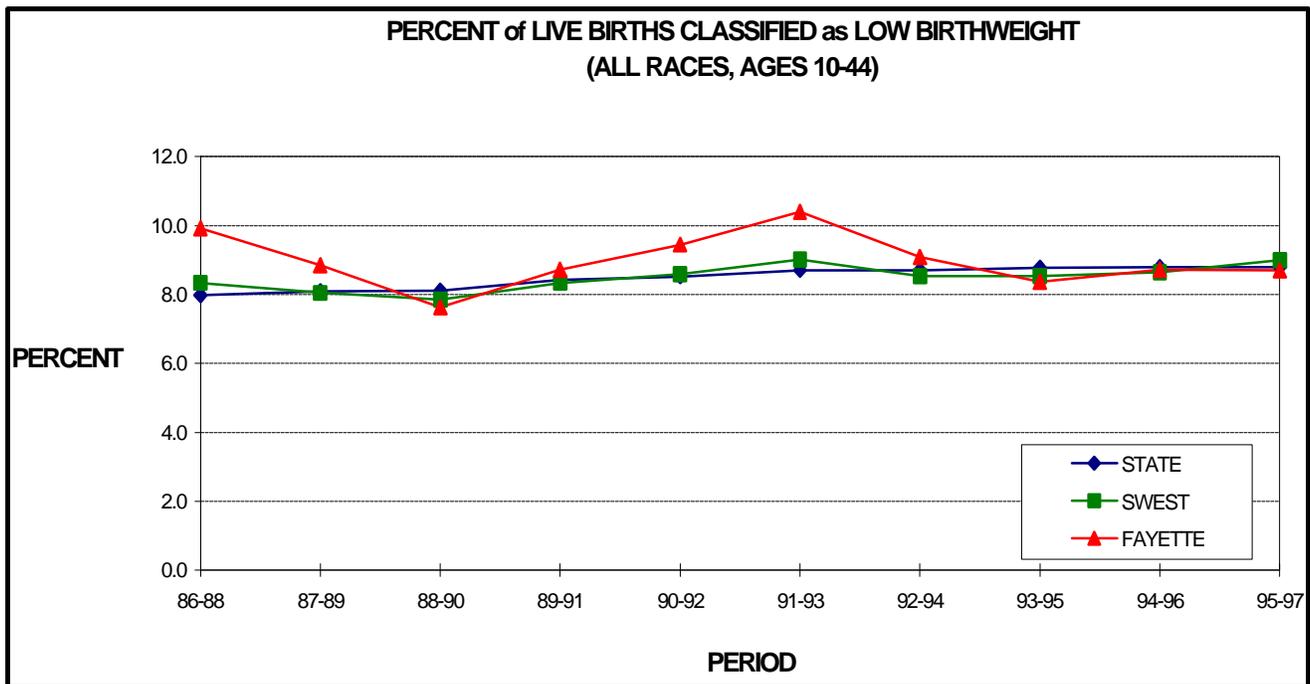
A second indicator for unhealthy lifestyles of youth is the rate of adolescent violence in the community. In a community survey conducted by the Health Council violent crime was described as a “serious” community health problem by 61 percent of respondents. For the three year period 1995-97, Fayette County averaged fourteen violent adolescent (aged 15-19) deaths per year. The contiguous counties of Haywood and Hardeman averaged three and seven adolescent violent deaths respectively. The number of adolescent violent deaths in Fayette County equates to a rate per 100,000 of 207.1 as compared with a rate of 82.7 for the state as a whole.



A third indicator for unhealthy lifestyles of youth is usage of tobacco. In a community survey conducted in 1998, 49 percent of adults and 44 percent of teens reported smoking cigarettes everyday. Nationally, approximately 30 percent of adults smoke cigarettes.

ACCESS TO OB/PRENATAL CARE

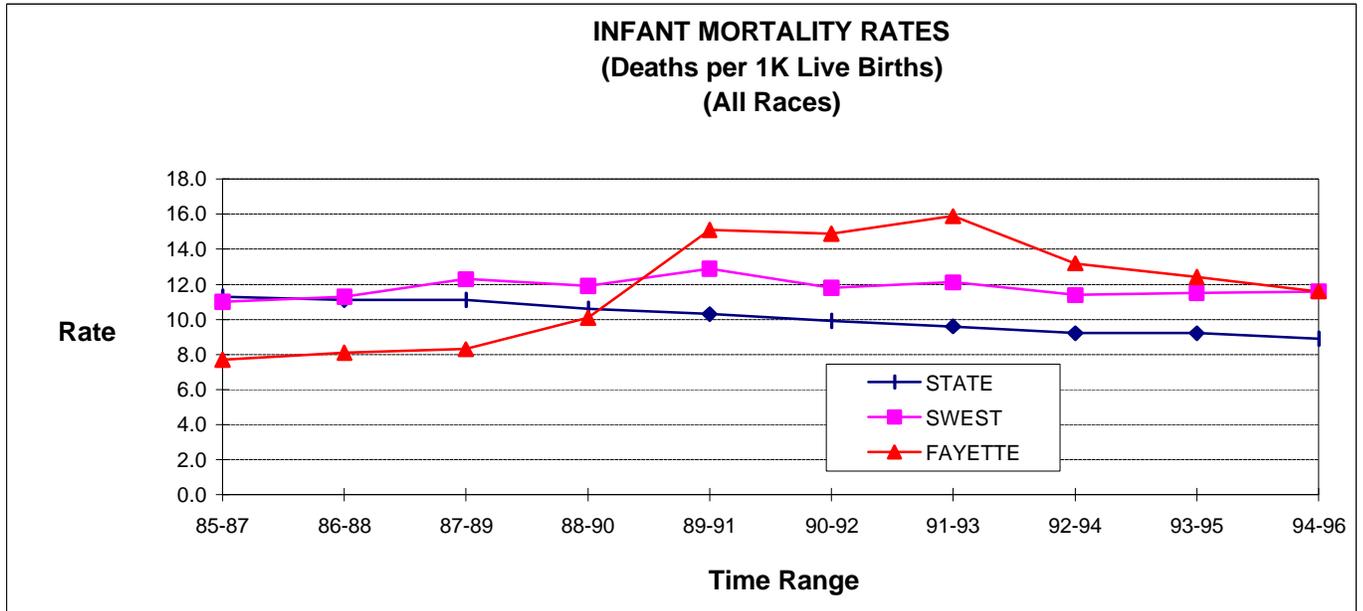
Fayette County has not been successful in recruiting and retaining the services of an obstetrician. High levels of poverty and TennCare enrollment have discouraged obstetrical providers from locating in the county. A local midwifery program has provided the only prenatal care for a number of women in the county. The Health Council believes this history of limited access to prenatal and obstetrical care has contributed to higher percentages of births classified as low birth weight and higher rates of infant mortality for county residents.



Disabilities and health problems associated with low birth weight babies include chronic asthma, epilepsy, cerebral palsy and mental retardation. Babies who are low birth weight tend to have developmental difficulties, learning disabilities and high levels of distractibility as they age. Socioeconomic conditions linked to low birth weights include inadequate prenatal care, teen pregnancy, poor nutrition and smoking.

Infant mortality is defined as the number of deaths per 1,000 live births. Infant mortality is often used to assess the overall health of a community. A distinct disparity exists between

white and African-American babies. The incidence of infant mortality for African-American babies is two and a half times greater than that for white babies. Many of the factors which contribute to low birth weights also contribute to infant mortality. Immaturity is the primary reason for infant mortality although inadequate prenatal care and adolescent births are also factors.



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.

**Fayette County
Community Health Council**

**Joe Mason
Retired**

**Bonnie Mason
Sr. Citizens Ctr.**

**Mike Blom \square , Administrator
Methodist Hospital of Fayette**

**Rosemary Cotham, Director
County Health Dept.**

**Myrtle Russell
West TN Regional Office**

**Alexandra Wardlow
The Journey Center**

**Wendy Traylor
County Health Dept.**

**Gale McDonald
DHS**

**Cathy Akin, RN
Methodist Hospital of Fayette**

**B.J. Tapp, RN
County Health Dept.**

**David Crislip
Methodist Hospital of Fayette**

**Sue Dorsett
County Health Dept.**

**The Honorable Jim Voss
County Mayor**

**Shirley Kee
West TN AHEC**

**Shavetta Conner, MD
West TN Regional Office**

**Sam McKnight, EMS
Methodist Hospital of Fayette**

**Alberta Beard
Tenn Managed Care Network**

**Cherie Wilder, RN
Fayette Co. School System**

**Thomas & Ann Blackmore
Retired**

**Shirley Lee, Director
Developmental Ctr.**

**Virginia Walker
UT Extension Office**

**Robert Rettie
Methodist Hospital of Fayette**