

**GIBSON 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 GIBSON COUNTY HEALTH COUNCIL.**

**NORTHWEST TENNESSEE DIVISION OF ASSESSMENT AND PLANNING
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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 Gibson 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 Gibson County.

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

Council Make-up

The Gibson County Health Council was established in 1996 with 18 participants. The membership consists of a broad-based representation of the community that includes: the local health department; local hospitals, law enforcement, mental health, local business, public schools, local government, private medicine, and consumers. The current council membership is located in **Appendices A**.

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COUNTY DESCRIPTION

Geographical Facts

Gibson County is located in the Northwest Region of West Tennessee, bordered on the north by Obion and Weakley Counties, on the west by Dyer, on the east by Carroll and on the south by Madison and Crockett Counties. Gibson County contains ten communities of Bradford, Dyer, Gibson, Milan, Humboldt, Medina, Trenton, Rutherford, Yorkville, and Kenton. The county is 604.2 square miles in area and is located approximately 27 miles from Jackson and 93 miles from Memphis to the south.

Gibson County has a total population of 46,315 (90 census) and Trenton is the county seat. Its largest population centers are Humboldt with 9,634 residents, Milan with 7,512 residents and Trenton with 4,523 residents.

Gibson County is a historical area with many pre-civil war homes and locations on the Historical Register, including the Gibson County Court House. Each community in the county is unique with its own history, community activities and personality.

Economic Base

The economy in Gibson 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 over 371-million with a per capita personal income in 1997 of \$18,602.

Agriculturally, life in Gibson County is tied very closely to the land. The major crops produced in the county are: corn, cotton and tobacco.

There are several manufactures in Gibson and the county is continuing to grow and expand its industry. The largest industries are Kellwood Industry with approximately 670 employees and Plastech with approximately 300 employees.

Health Care

Gibson County has three separate hospitals owned and operated by West Tennessee Health Care, Inc. Humboldt General Hospital is a 62-bed facility. Milan Hospital is a 60-bed facility and Gibson General Hospital located in Trenton is a 100-bed facility. Each hospital serves Gibson County with a full range of diagnostic, therapeutic and specialty health care services. Each hospital also provides 24-hour ambulance services staffed by full-time emergency medicine department. In addition to the hospital there are 26 physicians, 8 dentists and 4 nursing homes.

The Gibson County Health Department is the final piece of the health care puzzle, providing services including: WIC, family planning, immunizations, nutritional education and environmental services. There are three separate locations in Gibson County.

COUNTY DESCRIPTION

Population Facts

POPULATION

	COUNTY	REGION	STATE
Percent of households that are family households.	73.4	74.7	72.7
Percent of households that are families headed by a female with no husband present.	2.2	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	6.3	6.4	6.9
Percent of households with the householder 65 and up.	30.5	27.5	21.8

EDUCATION

	COUNTY
Number of persons age 25 and older.	31,181
Percent of persons 25 and up that are high school graduates or higher.	57.5
Percent of persons 25 and up with a bachelor's degree or higher.	8

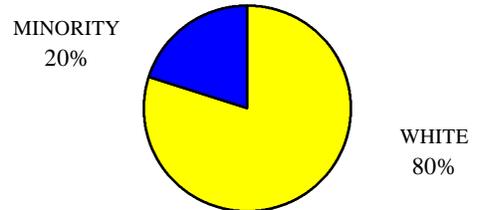
EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	36,610
Percent In Work Force	59.4
Number of Persons 16 and Older in Civilian Work Force.	21,718
Percent Unemployed.	8.7
Number of Females 16 Years and Older with Own Children Under 6.	2,435
Percent in Labor Force.	71.7

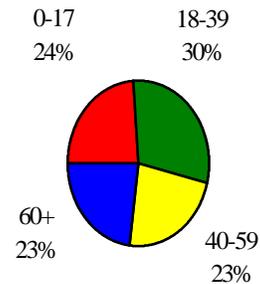
POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$10,277	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	16.2	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	21.2	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	22.6	27.4	20.9

RACIAL DEMOGRAPHICS



AGE DEMOGRAPHICS



COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Gibson County Health Council was established in 1996 by West Tennessee Health Care, Inc. and the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held at the beginning of the assessment. During this meeting community leaders were educated on the community diagnosis process and the role of the health council. The majority of the Gibson County Health Council members were appointed at this initial meeting. Other members were included 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 Gibson County. This instrument asked respondents about personal health, basic demographic information and opinions on particular health issues. A total of 500 surveys were completed and returned for tabulation.

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 respondent's health behaviors and their perception on community health problems.

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

Using this list, the council analyzed secondary data on each perceived problem, to determine if the problem indeed existed, and to investigate its severity. 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 leading health problems were identified. From this list of health problems in Gibson County, the council chose to address the priority health problems through sub-committees and develop 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 Gibson County Health Council was determined to gather as much information as possible from the residents of Gibson County. The council felt that community input was the most valuable component to completing a thorough assessment. Two different survey instruments were used during the Community Diagnosis Process, and they are listed individually below and include a brief explanation of their purpose and distribution.

1. Gibson Co. Community Survey:

The Gibson County Health Council created this survey in an effort to determine out the citizens perceptions of the communities 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 some demographic information. With the assistance of council members the surveys were distributed to an appropriate representation of the community. A total of 500 surveys were returned.

2. Behavioral Risk Factor Survey:

This survey was a random telephone survey conducted by the University of Tennessee. Approximately 200 Gibson 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 Gibson County residents. They're perceived lists of concerns are as follows:

- * **ALCOHOL AND DRUGS**
- * **ALLERGIES**
- * **DOMESTIC VIOLENCE**
- * **STRESS**
- * **HEART CONDITIONS**
- * **HIGH BLOOD PRESSURE**
- * **CANCER**
- * **ARTHRITIS**
- * **TEEN PREGNANCY**
- * **SEX AMONG TEENS**
- * **UNINTENTIONAL PREGNANCY**
- * **TEEN SUBSTANCE ABUSE**
- * **CHILD ABUSE/NEGLECT**
- * **OBESITY**
- * **DIABETES**
- * **AIDS**
- * **NUTRITION**

Secondary Data Analyzed

The Gibson 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 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 Gibson 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 mental health agency and local citizens groups.

The major task of the council was to identify the top health problems of Benton 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 health problems were established through the rating and prioritizing process.

PRIORITIZED HEALTH PROBLEMS

1. HEART CONDITIONS
2. HIGH BLOOD PRESSURE
3. ALCOHOL/DRUG ABUSE
4. TEEN PREGNANCY
5. TEEN SUBSTANCE ABUSE
6. CHILD ABUSE
7. CANCER
8. DIABETES
9. OBESITY
10. NUTRITION

PROBLEMS SELECTED FOR INTERVENTION

1. HEART CONDITIONS
HIGH BLOOD PRESSURE
2. YOUTH HEALTH
3. CANCER
4. DIABETES

HEALTH ISSUES AND PRIORITIES

Priority Problem Justification

Heart Conditions

High Blood Pressure:

Heart Disease was the leading cause of death in Gibson County during 1994. A total of 205 deaths were attributed to heart disease, this translates into a rate of 454.6 per 100,000 of the population. Tennessee's rate is 321.8.

Stroke was the #3 leading cause of death in Gibson County in 1997. A total of 63 deaths were attributed to stroke, this translates into a rate of 139.7 per 100,000 of the population. Tennessee's rate is 80.8.

A look at the 9 year period 1986-1994

Average Number of Deaths for 3 year Periods Shown

	1986-88	1989-91	1992-94
Heart Disease	234	228	194
Stroke	69	58	62

Contributing Factors:

The following are comparisons of the State of Tennessee Behavioral Risk Factor Survey Data and the adult population of Gibson County. There are an estimated 35,351 adults residing in Gibson County.

- 18.7% of adult TN residents have been told they have high cholesterol levels. 18.7% of Gibson County's population would mean 6,611 residents have elevated cholesterol levels.

- 26.7% of adult TN residents were told they have high blood pressure. 26.7% of Gibson County adult population would mean 9,439 residents have high blood pressure.

Obesity:

Estimates of Overweight Individuals in Gibson County

Population Group	Population Total	Overweight	
Children age 6-11	3,700	14% Nationally	518 est.
Adolescents age 12-17	3,736	12% Nationally	448 est.
Adults age 20 +	33,944	35% Nationally	11,880 est.

Tobacco Use:

Tobacco use is addictive and is responsible for more than one of very five deaths in the United States (CDC Report, 1996). 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).

HEALTH ISSUES AND PRIORITIES

Youth Health:

Teen Pregnancy:

Gibson County Adolescent Pregnancies by Number and Rate

Per 1,000 females aged 10-17 by Race

Race/ Year	1995 # Rate	1994 # Rate	1993 # Rate	1992 # Rate	1991 # Rate
All	67 28.0	64 26.4	48 19.6	62 24.9	61 24.3
White	31 17.8	33 18.7	22 12.3	33 18.2	29 15.8
Non- White	36 56.0	31 47.8	26 39.6	29 43.0	32 47.0

After adjusting for other factors to teen pregnancy, the estimated cost of taxpayers is \$6.9 billion in lost tax revenues, increased health care, foster care, and the criminal justice system.

When adolescent girls give birth, they're future prospects decline. Teen mothers complete less school, are more likely to have large families, and are more likely to be single parents. Consequently, over time, and increasing percentage of teens have initiated sex sooner, have sex more frequently, and have sex with a greater number of partners prior to marriage. For example, in 1995, 66 percent of high school students reported having sex prior to graduation.

Children whose mothers were 17 or younger, tend to have more difficulty in school, have poorer health yet receive less health care, have less stimulating and appropriate home environments, have higher incarceration rates, and have higher rates of adolescent pregnancies and births. (Robin Hood Foundation data)

Teen Substance Abuse

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 1995 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 Gibson County School's Enrollment for grades 9th through 12th was 2,692.

Questions Asked	Northwest Estimates %	Gibson Schools Estimate
Smoked Cigarettes	64.5	1,736
Used Smokeless Tobacco	33.9	913
Used Alcohol	70.7	1,903
Gotten Drunk from Alcohol	68.5	1,844
Used Marijuana	31.1	837
Used Crack/Cocaine	5.4	145
Used Inhalants	18.6	501
Bought Drugs at School	14.8	398
Offered/Given Drugs at School	39.5	1,063
Driven after Drinking (last 12 months)	21.2	571
Driven after Drug Use (last 12 months)	16.6	447

HEALTH ISSUES AND PRIORITIES

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

Child Abuse

Every day in 1995, nearly 100 children were reported abused or neglected in Tennessee. Eighty-five percent of the perpetrators of the abuse were parents, stepparents, grandparents, siblings, other relatives or adoptive parents. There were 35,278 alleged cases in Tennessee in 1995, of those 12,007 (34%) were verified.

In 1996, there were a total of 520 indicated cases of child abuse and/or neglect in Northwest Tennessee. In Gibson County there were 93 indicated cases of child abuse and/or neglect.

Cancer:

Malignant Neoplasm was the second leading cause of death in Gibson County during 1994. There were a total of 119 deaths attributed to Malignant Neoplasms. This translates into a rate of 263.9 per 100,000 of the population.

- 90 - of the deaths occurred in the age group 65+.
- 23 - of the deaths occurred in the age group 45-64.
- 5 - of the deaths occurred in the age group 25-44.
- 1 - of the deaths occurred in the age group 15-24.

Malignant Neoplasm was the second leading cause of death in Tennessee during 1994.

A total of 11,405 deaths were attributed to Malignant Neoplasm. This translates into a rate of 228.2 per 100,000 of the population.

A look at the 9 year period 1986-1994

Average Number of Deaths for 3 year Periods Shown

	1986-88	1989-91	1992-94
Malignant Neoplasm	126	127	130

Age-Adjusted Cancer Incidents Rates 1995- Gibson County

Type	Total	Male	Female
All Cases	222	112	110
Oral Cavity	5	3	2
Esophagus	2	1	1
Stomach	7	4	3
Colon	31	16	15
Rectum	11	8	3
Pancreas	8	2	6
Lung	33	18	15
Bone	0	0	0
Melanomas	8	5	3
Female Breast	32	0	32
Cervix	1	0	1
Corpus Uteri	5	0	5
Ovary	1	0	1
Prostate	18	18	0
Testis	2	2	0
Bladder	8	6	2
Kidney	7	4	3
Nervous System	2	2	0
Hodgkins's Disease	0	0	0
Non-Hodgkins Lym.	11	7	4
Myelonas	2	1	1
Leukemia	5	1	4
Other Sites	23	14	9

HEALTH PLANNING

Health Planning

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

APPENDICES

COUNCIL MEMBERS

Billy Alred, Administrator

Humboldt General Hospital

David Alred, Administrator

Gibson County General Hospital

Dorothy Armour

Humboldt Housing Authority

Ginny Baker

Gibson County Health Department

Richard Barber

Solutions

Dick Drake, Minister

Ruth Drake

Milan Housing Authority

Doug Duncan

Consumer

Sarah Duncan

Trenton Family Resource Center

Carlene Easley

Head Start

Beth Glynn

Department of Children's Services

Michelle Horton

Carey Counseling Center

Tyree Irvie

Consumer

Dotty Jones

Consumer

Mark Leneave, Administrator

City of Milan Hospital

Sarah Maynard

The Mustard Seed

Sally Powers, RN

Milan High School

Joe Shepard

Sheriff

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 data base 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