

# COMMUNITY DIAGNOSIS

## STATUS REPORT



# GILES COUNTY

## 1999

TENNESSEE DEPARTMENT OF HEALTH  
SOUTH CENTRAL REGIONAL OFFICE  
COMMUNITY DEVELOPMENT DIVISION

## II. INTRODUCTION

### Mission Statement:

The Giles County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability and affordability of quality health care within the South Central Tennessee Public Health Region.

### Definition of Community Diagnosis:

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis 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.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of quantified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

### History/Summary:

Giles County, Tennessee was the third county initiated to the Community Diagnosis process in the South Central Region. The council was formed by community members on December 17, 1996. The initiating meeting was held at the First National Bank in Pulaski and was hosted and facilitated by the South Central Region’s Community Development staff.

Those present at the initiating meeting were given an overview of the Community Diagnosis process. The group was informed of the intent of the Department of Health to improve their assessment and planning by giving residents an opportunity to assess health problems at the local level. Everyone present was given the opportunity to become a member of the Giles County Health Council by indicating their interest on a questionnaire provided by the Community Development staff. They were also encouraged to nominate any community member who might be interested in serving on such a council. The Council elected to meet on the fourth Tuesday of each month.

The first meeting was scheduled for January 28, 1997. At the second meeting, the Council elected Vicki Barnette, registered nurse, to serve as Chairman. A survey was distributed throughout the community, and the results were tabulated by the regional Community Development staff. The survey was designed to measure the perception of the Giles County residents concerning the health status of the county and the delivery of the health care within the community.

The Giles County Health Council has successfully completed the first phase of the Community Diagnosis process. Alice Velten was elected chair in July of 1998. The Giles County Health Council chose to start meeting on a bi-monthly basis in May 1998.

The Council has reviewed primary and secondary data from several sources concerning the health status of Giles County residents, availability of health care resources, effectiveness of resources, and utilization of resources across the county.

The data that was reviewed by the Council, and specifics concerning data sources and collection methods are described in detail within this document. After comparing community perception with actual incidence and prevalence of certain health problems and accessibility issues, the Council applied a scoring mechanism to the list of health problems. The Council agreed upon a list of 4 priority health problems. These 4 health and social problems have served as the focal point of the council since that time. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Access to Health Care & TennCare**
- 2. Heart Disease, Cancer, High Blood Pressure**
- 3. Diabetes & Wellness Education**
- 4. Teen Pregnancy**

### **General Statement of Council Makeup**

The Giles County Health Council is made up of several local residents, each of which represents a vested interest in the county. Currently the council has a membership of 32 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, and businesses.

<b>Appendix A: Membership List</b>
------------------------------------

### **III. TABLE OF CONTENTS**

- I. Title Page**
- II. Introduction**
  - \*Mission Statement of county
  - \*Definition of Community Diagnosis
  - \*History/Summary
  - \*General statement of council makeup
- III. Table of Contents**
- IV. County Description**
  - A. Geographic & Land Area**
  - B. Demographics**
  - C. Economic Base**
  - D. Medical Community**
- V. Community Needs Assessment**
  - A. Primary Data**
    - \*Behavior Risk Factor
    - \*Community Survey
  - B. Summary of Secondary Data**
- VI. Health Issues and Priorities**
  - \*Community Process
  - \*Priorities
- VII. Future Planning**
- VIII. Appendices**

## IV. GILES COUNTY DESCRIPTION

### A. Geographic & Land Area

Giles County is a rural, sparsely populated community. Giles County is one of twelve counties located in the South Central Region of the Tennessee Department of Health.

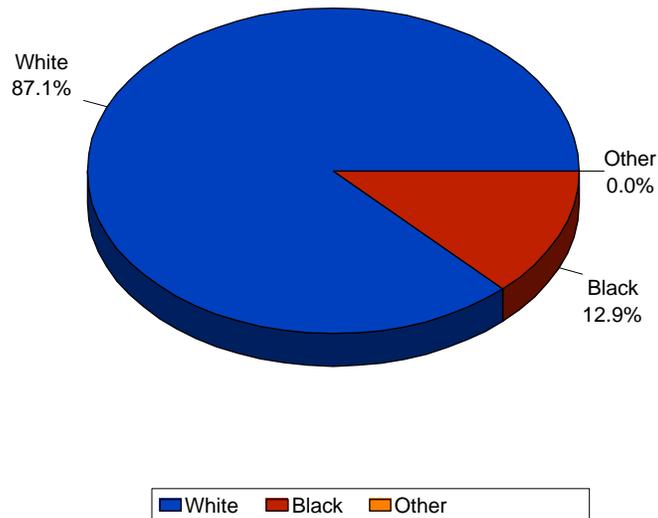
Giles County's geographical location is due south of the Department of Health's South Central Regional Office. It is bordered by Lawrence County to the West, Maury County to the North, Marshall County to the Northeast, and Lincoln County to the East.

### B. Demographics

The county was settled in 1809 with Pulaski as the county seat. According to the 1994 Picture of the Present, Giles County has a total population of 26,179. Of this total over 87% are Caucasian, about 13% are black, and less 1% are classified as other races.

#### **Distribution of Giles County's Population**

According to Race, 1994

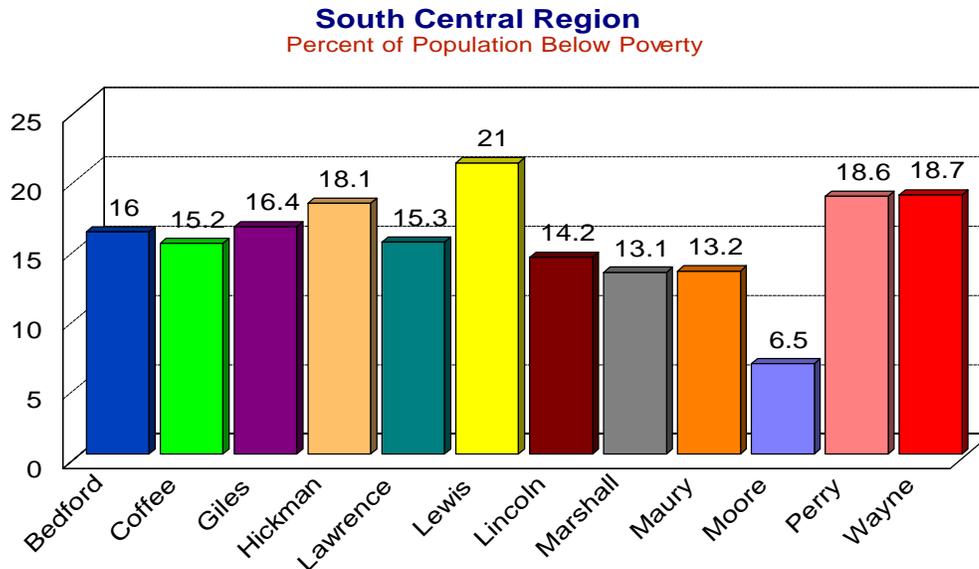


### C. Economic Base

According to 1997 Poverty Level Guidelines, an individual earning less than \$657.50 per month is considered impoverished. For a family of four, \$1,337.50 per month is 100% of poverty.

The Health Council was provided with the 1994 estimates based on 1990 census data. Giles County had approximately 21.5% of families with children under the age of 18 living at or below 100% of poverty. Poverty rate for the entire county population was

16.4%, which is higher than the regional and state rate. The per capita income for 1993 was \$16,816, which was slightly lower than the state's per capita income.



1990 Census

In 1996, 18.8% of the population was enrolled in TennCare, which was lower than the state's 23.3% for this same period.

During the data analysis phase of Giles County's Community Diagnosis, the council noted that Giles County had an unemployment rate of 6.5% which was slightly higher than the 4.9% state rate for November 1996.

Until the 1960's, Giles County was an agricultural county. Now the county has approximately twenty-five major employers with a well-diversified number of products manufactured. In addition to Pulaski, the county seat, there are four other incorporated towns in this county: Ardmore, Elkton, Lynnville, and Minor Hill.

#### **D. Medical Community**

Columbia Hillside Hospital is the only hospital in the county. At the time of the data-gathering phase, there were eleven primary care physicians in the county (7 Family Practitioners, 1 General Practitioner, 2 Internists, and 2 Pediatricians). All medical providers had admitting privileges at the hospital.

The summary statistics on the hospital for 1994 are as follows:

Licensed Beds	95
Staffed Beds	95
Average Daily Census	32.2
Average Length of Stay	5 days

There are two nursing homes in the county – Meadowbrook Nursing Home and Pulaski Health Care Center. At the time of the data gathering, the nursing homes were staffed at 99.5% occupancy.

## **V. COMMUNITY NEEDS ASSESSMENT**

The following section contains the collection of data as it was presented to the Giles County Health Council from January 1997 through July 1997. The Community Development staff presented the health data. Several data sources were consulted in order to meet the needs of the Health Council.

### **Appendix B: Comparison of Behavior Risk Factor and Community Survey**

#### **A. Primary Data**

##### Behavior Risk Factor Survey

The University of Tennessee, Knoxville completed a sample of 200 telephone questionnaires concerning the health status and availability of care in Giles County.

According to this survey (Behavior Risk Factor Analysis), the top five community health problems in the county are:

1. Tobacco Use
2. Alcohol Abuse
3. Cancer
4. Teen Pregnancy  
Drug Abuse
5. High Blood Pressure

The top five problems concerning access to health care, according the BRFSS, are:

1. Transportation to health care
2. Access to hospitals  
Access to nursing home care  
Access to physicians
3. Access to assisted living services
4. Access to prenatal care
5. Access to birth control methods

### Stakeholder Survey

The Health Council elected to take advantage of the Stakeholders Survey that was available to them through the Community Development staff. The Health Council distributed the Stakeholders surveys in their community and the Community Development staff tabulated the results. The survey was designed to measure perception of the health care delivery system within the community.

A revised version of the Stakeholders Survey, which is now called the Community Survey is still used in the Community Diagnosis process.

According to the results of the Community Survey, these are the top five health care issues for Giles County:

1. Youth Violence
2. Adult Alcohol Abuse
3. Crime & Teen Alcohol/Drug Abuse
4. Smoking & Domestic Violence
5. Teen Pregnancy & Adult Drug Abuse

The top three access to health care issues are:

1. Health Insurance
2. Specialized Doctors & Emergency Room Care
3. Recreational Activities & Child Abuse/Neglect Services

## **B. Secondary Data**

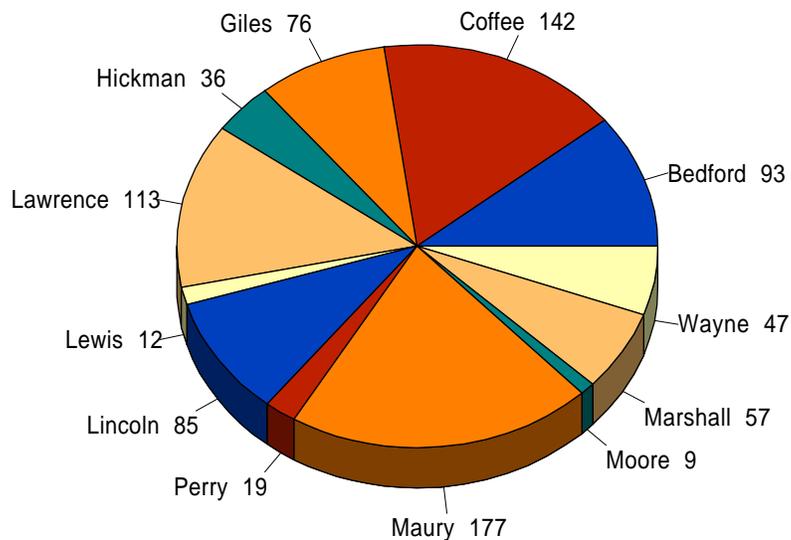
### Summary of Data Used

#### **Educational Attainment:**

At the time of the data gathering, education attainment in Giles County for people 25 years of age and older is below the state level for high school degrees (60.1% for the county vs. 67.1% for the state) as well as for bachelor's degrees (8.9% for the county vs. 16.0% for the state). These levels, however, are almost equal to the other counties in the South Central Region. Research shows that counties with low proportions of high school graduates among their population ages 25 years and older tend to have poorer economic conditions than counties with high proportions of educated adults. Data shows that over the next several years the educational attainment rate for high school degrees will likely decrease in Giles County due to the increase in the number of dropouts.

The high school dropout rate for the county was 5.6% based on a three-year average for 1992-1994. This was slightly above the regional average of 4.9% and the state average of 5.2%. In 1993-1994 the dropout rate for the county increased to 6.4% (88 dropouts). This is significantly higher than the state rate of 4.7%. Teen pregnancy, poor grades, drug and/or alcohol abuse, and long hours on a job are some of the things that directly effect the dropout rate.

**High School Dropouts by County (Grades 9-12)**  
South Central Region



Three year averages 1992-1994

In Giles County, 40% of the students participate in the school lunch program receiving lunch at free or reduced prices. This is only slightly above the state rate of 33.5%.

### **MORBIDITY & MORTALITY**

The Giles County Health Council was presented with statistics concerning reportable diseases and causes of death within the county. The Health Council also reviewed the number of teen pregnancies that had occurred in Giles County over a ten-year time frame. The Community Development staff provided comparisons of similar data with other counties in the region, and across the state to enable the Health Council to recognize significant problems in their own community.

In addition to specific health problems, the council was provided a comprehensive view of the status of children and youth within Giles County.

#### **Five Leading Causes of Death:**

The Giles County Health Council members were provided with county specific data from 1994 concerning the leading causes of death. The list is as follows:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Accidents and Adverse Effects  
(Includes Motor Vehicle Accidents)
5. Chronic Obstructive Pulmonary Diseases  
(Includes Bronchitis, Emphysema, and Asthma)

These are consistent with the leading causes of death across the state of Tennessee, as well as the United States.

#### **Teen Pregnancy**

Teen pregnancy in Giles County increased from 1992-1993 and then decreased significantly in 1994 and 1995. The rate per 1,000 females aged 10-17 years increased from 17.1 (25 pregnancies) in 1992 to 25.9 (38 pregnancies) in 1993. The 1994 rate for the county decreased to 17.0 (25 pregnancies). In 1995 the rate further decreased to 12.2 (18 pregnancies). Eighty-nine percent of the teen births occurred in the white race. The teen pregnancy rate in the county is higher than the rates in the state and the region. Those rates for the last three years are as follows: State- 1993 (23.3), 1994 (22.8) and 1995 (22.8); region - 1993 (21.6), 1994 (21.2), and 1995 (19.8).

## **Birth Data**

Infant mortality (deaths within the first year following birth) and births to infants that are low-weight are important indicators of a community's health status.

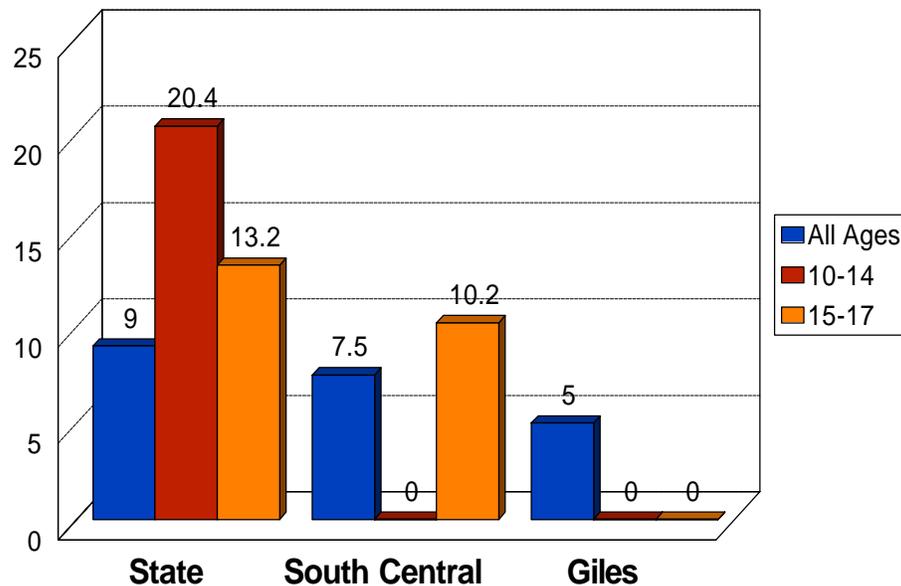
Through presentations by the Community Development staff, the Giles County Health Council learned that Giles County averaged 5.0 infant deaths per 1,000 live births for the period 1992-1994. There were no infant deaths to mothers ages 10-14 or 15-17 year olds. In 1995 the infant mortality rate in Giles County increased dramatically to 18.9 (6 infant deaths), the regional rate increased to 8.9 and the state rate increased slightly to 9.3. Statewide the infant mortality rate (infant deaths per 1,000 live births) was highest in the 10-14 years age group followed by the 15-17 years age group.

Low weight births in Giles County are decreasing according to the data but still remains a major problem for teen mothers, especially those 10-14 years old. Fifty percent of the four babies born from 1992-1994 to mothers in this age group were low birthweight. This percentage is three times as high as the state (16.4%) and twice as high as the region (21.6%). In the 15-17 years age group for Giles County 9.8% of the babies born were low weight (61 babies born from 1992-1994). The average for the state was 11.9% and the average for the region was 8.5%. There was an average of 8.8% low weight births during the period of 1992-1994 in the county. This is slightly higher than the state average of 8.7% and the regional average of 7.8%. The data reflects five times as many low weight births to mothers ages 10-14 than in the 15-17 years of age group.

Infant mortality is reported as a rate of every one infant death per 1,000 live births. Giles County's average infant mortality rate for the years 1992-1994 was 5.0 per 1,000 live births. There were no infant deaths to mothers aged 10-14 years during this time. This rate (5.0) was lower than the states average of 9.2 the regional rate of 8.7. In 1995 the infant mortality rate in Giles County increased dramatically to 18.9 (6 infant deaths). That same year the regional rate increased to 8.9 and the state rate increased slightly to 9.3.

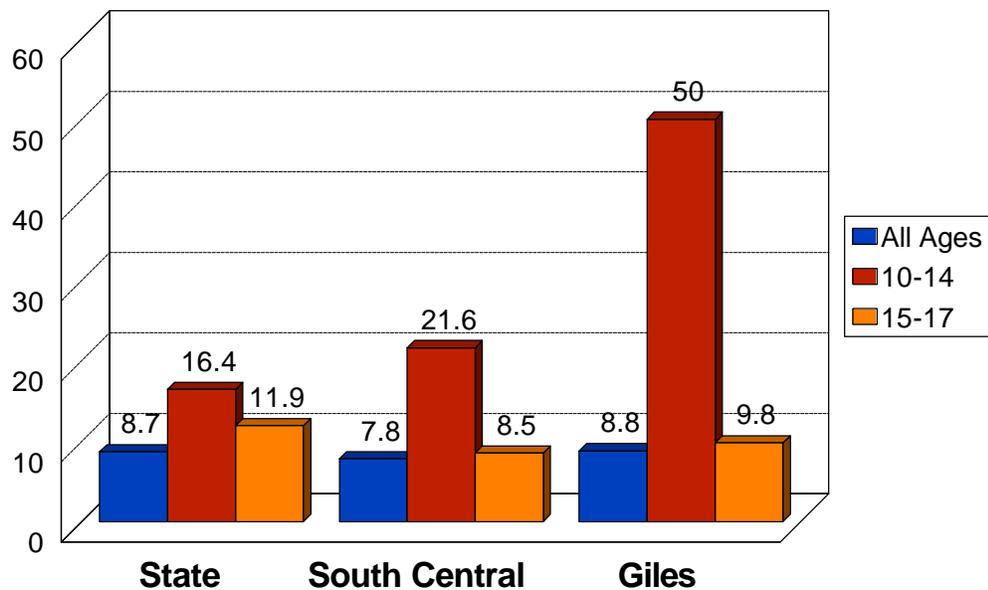
### **Infant Mortality (Infant Deaths per 1,000 Live Births)**

Three Year Average 1992-1994



Data shows that more than half of the deaths that occurred, many due to low birth weight, could be preventable with adequate prenatal care.

**Percent of Low Weight Births**  
Three Year Averages 1992-1994



**Prenatal Access and Care:**

The Health Council examined the status of prenatal care delivery in Giles County during the data analysis stage of their community diagnosis. Based on 1996 data, Giles County was a shortage area for obstetrics care access. The women in Giles County are not seeking early prenatal care. In 1995, 77.4% of the pregnant women entered into prenatal care in the first trimester of pregnancy. This decreased to 75.0% in 1996. Giles County's rate is lower than the regional rate of 81.58% entry into early prenatal care, and the state's rate of 80.1%.

**Reportable Diseases:**

The Health Council reviewed county specific data on the following reportable diseases. Comparisons were also provided of regional and state data.

Syphilis  
Gonococcal Infections  
Chlamydia  
Lyme Disease  
Meningitis  
Tuberculosis  
Influenza  
Hepatitis A  
Hepatitis B  
Hepatitis (Non A, Non B)  
Salmonellosis  
Mumps  
Measles  
Rubella

Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented at the Health Council. The sexually transmitted disease rate (per 100,000) for teens 15-19 years in Giles County was 353.5 which was significantly lower than the regional rate of 892.3 and the state rate of 2,326.0.

Cancer is the second leading cause of death in the county for those over the age of 25 years. Lung cancer was the leading cancer diagnosis in Giles County. Female breast cancer in women over 40 years of age has been on an upward trend in Giles County since 1990. The mortality rate for the county is higher than the rate for state as well as the region.

### **Children and Youth:**

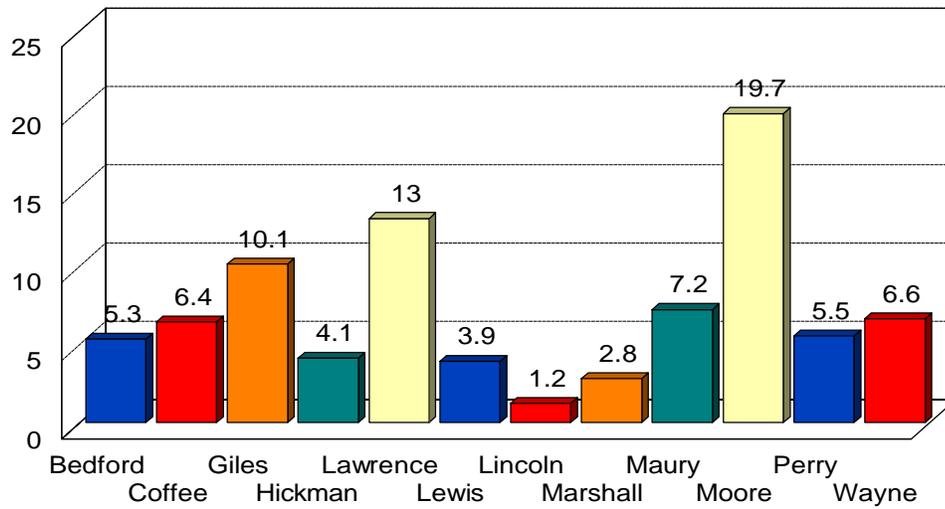
The Health Council reviewed data concerning child abuse and neglect. The child abuse and neglect rate is the number of cases per 1,000 children under 18 years old in the population. Child abuse and neglect occur when a child is mistreated, resulting in injury or risk of physical harm. In Giles County during fiscal year 1993-1994 there were 67 indicated cases of child abuse with a rate of 10.1 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) This has increased from 58 indicated cases (rate of 8.8 per 1,000) in 1992-93. Giles County's indicated child abuse rate is slightly higher than the state rate of 9.7 and the regional rate of 7.23. Commitment to state custody is the most serious sanction juvenile courts judge can administer a child. In Giles County during fiscal year 1994-95 the commitment rate of children to state custody was 4.5 per 1,000 (30 children). This number is significantly lower than the state's commitment rate of 7.1 and the region's commitment rate of 7.38.

The number of teen violent deaths has grown 30% statewide in the past decade for teens aged 15-19. Violent deaths include motor vehicle accidents, suicides and homicides.

The three-year average (1992-1994) of adolescent violent deaths in Giles County is five. The three-year average rate (per 100,000 teen ages 15-19) for the county is 83.8, which is above the state average of 82.1, but below the regional average 112.86. The major cause of teen violent deaths in the county was accidents and adverse effects. It is interesting to note that this is also the fourth leading cause of death to the county as a whole.

### Indicated Child Abuse and Neglect Rate

1993-1994 Data



## VI. Health Issues & Priorities

### Community Process

In August of 1997, the Giles County Health Council set their priorities for Giles County as follows:

1. Access to Health Care, TennCare
2. Heart Disease, Cancer, & High Blood Pressure
3. Diabetes & Wellness Education
4. Teen Pregnancy

## **FUTURE PLANNING**

The Giles County Health Council elected to form a subcommittee for each priority health issue. Each subcommittee will research existing interventions and resources in the county. Each subcommittee will then be responsible for writing a plan for Health Council involvement in furthering interventions toward their priority.

In late 1997, the Health Council officers initiated a meeting with the National Guard MediGuard unit. This collaboration has resulted in two annual MediGuard health fairs in Giles County. The health fairs have provided access to health screenings, immunizations, and health education for the entire population of Giles County.

In 1998 the Health Council invited Dan Collard to become a member. Mr. Collard is employed by the local hospital and directs the physician recruitment activities in the community. Having access to the Health Council's community diagnosis, and the community support, several new physicians have been recruited, including one that will receive a Health Access Practice Incentive grant.

In 1999, Giles County received a CDC grant through the Tennessee Department of Health, Health Promotion Section. The \$5,600 grant is for tobacco prevention efforts. The Health Council is responsible for writing the tobacco prevention plan, and overseeing its implementation throughout the community. The South Central Regional Health Council targeted Giles, along with four other counties, due to the results of their community diagnosis.

# **APPENDIX A**

## **Membership Listing**

**GILES COUNTY HEALTH COUNCIL**

**Membership List**

**Updated 11/9/99**

**Total 32**

**Carol Alsup**

School Nurse  
Elkton Elementary School  
Elkton, TN 38455  
468-2285

**Carol Altgilbers**

Giles County High School  
200 Sheila Frost Dr.  
Pulaski, TN 38478  
363-6532

**Vicki Barnette, RN**

Tennessee Technology Center  
PO Box 614  
Pulaski, TN 38478  
424-4014

**Nettie Barkstrom**

Giles County Health Depart.  
209 Cedar Lane  
Pulaski, TN 38478  
363-5506

**Susan Boyd**

Pulaski Elementary School  
606 S. Cedar Lane  
Pulaski, TN 38478  
363-5233

**James Brann, MD**

1255 East College St., Ste 100  
Minor Hill, TN 37132  
565-3117

**Lee Brown**

County Commissioner  
1028 North 3<sup>rd</sup> St.  
Pulaski, TN 38478  
363-1211

**Dan Collard**

Hillside Hospital  
1265 East College St.  
Pulaski, TN 38478  
363-7531

**Tenia Doggett**

Richland High School  
Linnville, TN  
527-3626

**Steve Hall**

County Director  
Giles County Health Depart.  
209 Cedar Lane  
Pulaski, TN 38478  
363-5506

**Patsy Harrison**

Giles County Elementary School  
720 West Flower St.  
Pulaski, TN 38478  
363-4558

**Laural Hollandsworth**

Bingham & Watson Flower Shop  
Pulaski, TN 38478  
363-3574

**Roy Jackson**

14573 Minor Hill Hwy  
Minor Hil, TN 38473  
565-3111

**Lisa Kristof**

Hillside Hospital  
1265 East College St.  
Pulaski, TN 38478  
363-7531

**Sheridan Lorraine**

American Cancer Society  
103 S. Poplar  
Florence, AL 35630  
256-767-0825

**Christopher Martin**

American Heart Association  
1818 Patterson St.  
Nashville, TN 37203  
615-327-0885

**Cathey Maxwell**

Giles County Health Dept.  
209 Cedar Lane  
Pulaski, TN 38478  
363-5506

**Cherry McCree**

5800 Minor Hill Hwy  
Goodspring, TN 38460  
363-3961

**Paul McKinney**

Adult Literacy Coordinator  
Giles Co. Bd of Education  
720 West Flower St.  
Pulaski, TN 38478  
363-4558

**Mary Jean Nave, Counselor**

Minor Hill School  
13099 Minor Hill Hwy  
Minor Hill, TN 37132  
565-3117

**Sharon Nelson**

Health Educator  
Marshall County Health Dept  
206 Legion St.  
Lewisburg, TN 37091  
359-1551

**Penny Phillips**

Southside Elementary  
707 South Cendar Lane  
Pulaski, TN 38478  
424-7006

**Corinne Porter**

Hillside Hospital  
1265 East College St.  
Pulaski, TN 38478  
363-7531

**Joanna Rice, Counselor**

Richland School  
Lynnville, TN 38472  
527-3626

**Cynthia C. Ripp**

Giles County High School  
Sheila Frost Dr.  
Pulaski, TN 38478  
363-6532

**Thomas Smith**

Giles County High School  
Vocational Dept  
Elkton Hwy  
Pulaski, TN 38478  
363-8154

**Daniel Speer**

Mayor  
City of Pulaski  
PO Box 633  
Pulaski, TN 38478  
363-2249

**Alice Velton, Chair**

Director of Nursing  
Hillside Hospital  
1265 East College St  
Pulaski, TN 38478  
363-7531

**Laird Wagstaff**

1306 Columbia Hwy  
Pulaski, TN 38478  
363-5948

**Earl Wakefield**

County Executive  
Giles County Courthouse  
Pulaski, TN 38478  
363-5300

**Bridgett Weisser**

Southside Elementary  
707 South Cedar Lane  
Pulaski, TN 38478  
424-7005

**Kerry White, Vice Chair**

Giles County Elementary  
720 W. Flower St.  
Pulaski, TN 38478  
363-4558

## **APPENDIX B**

### **Resources & Internet Address**

**COMPARATIVE SHEET OF COMMUNITY QUESTIONNAIRE vs. BEHAVIORAL RISK FACTOR SURVEY REGARDING ATTITUDE TOWARD COMMUNITY ISSUES**

**Community Questionnaire**

“A Problem” or a “Small Problem”  
(50% or greater)

1.	Teen Alcohol/Drug Abuse	76/13 = 89%
2.	Teen Pregnancy	74/8 = 82%
3.	Adult Drug Abuse	71/11 = 82%
4.	Smoking	68/18 = 86%
4.	Domestic Violence	68/18 = 86%
5.	Adult Alcohol Abuse	66/24 = 90%
6.	Crime	63/26 = 89%
7.	Youth Violence	61/32 = 93%
8.	High Blood Pressure	55/21 = 76%
8.	Unemployment	55/26 = 81%
9.	Lack of sex education	50/18 = 68%

**Behavior Risk Factor Survey**

“Definite Problem”

1.	Tobacco use	63%
2.	Alcohol abuse	47%
3.	Cancer	46%
4.	Teen Pregnancy	44%
4.	Drug Abuse	44%
5.	High Blood Pressure	40%
6.	Arthritis	37%
7.	Heart Condition	36%
8.	Obesity	30%
9.	Health Problems of the Lungs	27%
10.	Other violence	18%
11.	Violence in the home	17%

## AVAILABILITY OF SERVICES

### Community Questionnaire

“Adequate”  
(50% or greater)

1.	Pharmacy services	87%
2.	Home Health Care	79%
2.	Ambulance/Emergency Services	79%
3.	County Health Department Services	74%
4.	Eye Care	71%
5.	Pediatric Care	68%
5.	Dental Care	68%
5.	Hospital Care	68%
6.	Nursing Home Care	66%
7.	Family Planning	61%
7.	Local Family Planning	61%
8.	Emergency Room Care	58%
9.	Child Day Care	53%
9.	Pregnancy Care	53%
10.	Recreational Activities	50%

### Community Questionnaire

“Not Adequate”  
(25% or greater)

1.	Health Insurance	42%
2.	Specialized Doctors	39%
2.	Emergency Room Care	39%
3.	Recreational Activities	37%
3.	Child Abuse/Neglect Svcs.	37%
4.	Alcohol/Drug Treatment	34%
5.	Mental Health Services	32%
6.	Adult Day Care	29%
6.	Women’s Health Services	29%
7.	Transfer for Medical Care	26%
7.	Child Day Care	26%
7.	Local Family Doctors	26%
7.	Hospital Care	26%
7.	Medical Equipment Supplies	26%
7.	Health Ed./Wellness Svcs.	26%
7.	School Health Services	26%

## COMMUNITY QUESTIONNAIRE

## BEHAVIORAL RISK FACTOR

### Your Health

“Definite Problem”

“How Would You Rate?”

<u>Item</u>	<u>Excellent/ Good</u>	<u>Fair/Poor</u>	<u>Not Applicable/ Not Sure/ No Response</u>	<u>Item</u>	<u>Problem</u>	<u>Not a Problem</u>	<u>Not sure</u>
Location of the clinic	76%	24%	0%	Transportation to Health Care	25%	63%	12%
Clinic Office Hours	74%	24%	3%	Access to Physicians	23%	77%	1%
Attention paid to what You have to say	66%	34%	0%	Access to Hospitals	23%	76%	2%
Hospital Care	63%	32%	5%	Access to Nursing Home Care	23%	70%	8%
Explanation of Medical Procedures and Tasks	63%	34%	3%	Access to Assisted Living Services	20%	65%	16%
Dental Care Services	58%	31%	11%	Access to Prenatal Care	19%	59%	23%
Quality of Medical Treatment	58%	35%	8%	Access to Birth Control Methods	16%	57%	28%
Advice You Get About Ways to Avoid Illness and Stay Healthy	58%	39%	3%	Access to Dental Care	13%	86%	2%
Emergency Medical Care	50%	44%	6%	Access to Pharmacies, Medicines	12%	88%	1%
Specialty Care	47%	37%	16%				
Medical Info./Advice Easy to see Doctor of choice	45%	39%	16%				
	45%	52%	3%				

**Health Information Tennessee**  
**Visit us on the web at [server.to/hit](http://server.to/hit)**