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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## COUNCIL MEMBERS

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 Henderson County, Tennessee.

COUNTY DESCRIPTION

Land Area

Henderson County is located in the heart of West Tennessee midway between Nashville and Memphis, Chicago and New Orleans, St. Louis and Atlanta. Its 526 square miles of prosperous farms, lush hardwood forests and inviting lakes are places of natural beauty.

Lexington, the county seat and largest city in Henderson County, is located in the center of the county just 10 miles south of Interstate 40. One thousand acre Beech Lake is located within the city and supplies its water as well as great outdoor recreation and lakefront living.

A Civil War battle was fought at Parker’s Crossroads in the northern portion of the county. Confederate troops were led by General Nathan Bedford Forrest.

Other important communities in the county include Sardis and Scotts Hill located in the southern portion of the county.

ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in Henderson County. Primary employers in the community include Magnetek (electric motors), Johnson Controls (auto seats and hardware), Dayco Products (industrial hoses) and I Appel (ladies leisurewear).

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. Henderson County is also a leading pig and hog producer in Tennessee.

Tourism and recreation are fast becoming the leading industries in the community. Recreational opportunities include hunting, fishing, boating, swimming, and golf. The county’s seven lakes provide 3,000 acres of surface area and 100 miles of shoreline. Natchez Trace State Park, the state’s largest with over 46,000 acres, is located six miles northeast of Lexington.
Demographics of Henderson County

MEDICAL COMMUNITY
Methodist Hospital of Lexington is a full-service 52-bed, not-for-profit general acute care facility offering a wide range of services on both an inpatient and outpatient basis. Some of the newer services include: Ambulatory Surgery, CAT Scan, Nuclear Medicine, 24 Hour Cardiac Monitoring, Cardiac Stress Testing, Home Health, and Hospice. 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. Quinco Mental Health offers a variety of services from early childhood intervention to stress management. There are three intermediate care facilities to meet the nursing home needs of the area. Seven home health agencies provide services to those in need of special treatment.

The Henderson 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

County Age Breakdown

- 0-19 yrs: 26%
- 20-39 yrs: 27%
- 40-59 yrs: 26%
- 60+: 21%

POPULATION CATEGORY

HENDERSON COUNTY

<table>
<thead>
<tr>
<th>SEX</th>
<th>NUMBER</th>
<th>%</th>
<th>TN PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>12,239</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Male</td>
<td>11,212</td>
<td>48</td>
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Race

<table>
<thead>
<tr>
<th>Race</th>
<th>NUMBER</th>
<th>%</th>
<th>TN PERCENT</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>21,538</td>
<td>92</td>
<td>83</td>
</tr>
<tr>
<td>Black</td>
<td>1,869</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>-</td>
<td>-</td>
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</table>
### HOUSEHOLDS

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of households that are family households</td>
<td>75.8</td>
<td>74.7</td>
<td>72.7</td>
</tr>
<tr>
<td>Percent of households that are families headed by a female with no husband present</td>
<td>9.6</td>
<td>11.8</td>
<td>12.6</td>
</tr>
<tr>
<td>Percent of households that are families headed by a female with no husband present and with children under 18 years</td>
<td>5.4</td>
<td>6.4</td>
<td>6.9</td>
</tr>
<tr>
<td>Percent of households with the householder 65 and up</td>
<td>25.7</td>
<td>27.5</td>
<td>21.8</td>
</tr>
</tbody>
</table>

### EDUCATION

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of persons age 25 and older</td>
<td>14,433</td>
<td>294,457</td>
<td>3,139,066</td>
</tr>
<tr>
<td>Percent of persons 25 and up that are high school graduates or higher</td>
<td>55.2</td>
<td>56.5</td>
<td>67.1</td>
</tr>
<tr>
<td>Percent of persons 25 and up with a bachelor’s degree or higher</td>
<td>6.8</td>
<td>7.6</td>
<td>16.0</td>
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</table>
## Demographics of Henderson County

### Employment

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Persons 16 and Older</td>
<td>16,996</td>
<td>352,668</td>
<td>3,799,725</td>
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<tr>
<td>Percent In Work Force</td>
<td>63.4</td>
<td>59.6</td>
<td>64.0</td>
</tr>
<tr>
<td>Number of Persons 16 and Older in Civilian Work Force</td>
<td>10,774</td>
<td>209,376</td>
<td>2,405,077</td>
</tr>
<tr>
<td>Percent Unemployed</td>
<td>5.1</td>
<td>7.4</td>
<td>6.4</td>
</tr>
</tbody>
</table>

### Poverty Status

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita income in 1989</td>
<td>$9,564</td>
<td>$9,850</td>
<td>$12,255</td>
</tr>
<tr>
<td>Percent of persons below the 1989 poverty level</td>
<td>15.8</td>
<td>19.0</td>
<td>15.7</td>
</tr>
<tr>
<td>Families with children under 18 years, percent with income in 1989 below poverty level</td>
<td>17.7</td>
<td>23.8</td>
<td>20.7</td>
</tr>
<tr>
<td>Percent of persons age 65 years and older with income in 1989 below the poverty level</td>
<td>30.3</td>
<td>27.4</td>
<td>20.9</td>
</tr>
</tbody>
</table>
HISTORY OF THE PROCESS

In 1996 local health care providers and community leaders in Henderson County began an ongoing 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 Henderson 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
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

COUNCIL MAKE-UP
The Henderson 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 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.

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**Community Health Concerns Identified**

- Adolescent Pregnancy
- Breast Cancer
- Stroke
- Alcohol and Drug Abuse
- Diabetes
- Hypertension
- Child Abuse and Neglect
- Motor Vehicle Crashes

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**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
1996-97

Adolescent Pregnancy
Motor Vehicle Crashes

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 adolescent pregnancy and motor vehicle crashes. When selecting these priorities for 1996-97, 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

ADOLESCENT PREGNANCY

♦ Local Physicians
♦ Henderson County Health Dept.
♦ Regional Health Department
♦ Schools
♦ TN Department of Children’s Services
♦ Churches
♦ Henderson County Juvenile Court
♦ Quinco Mental Health Center

♦ University of Tennessee Extension Services
♦ API Council
♦ March of Dimes
♦ Resource Mothers
♦ CHAD

MOTOR VEHICLE CRASHES

• Tennessee Dept. of Transportation
• Governor’s Highway Safety Office
• Tennessee Highway Patrol
• National Highway Safety Administration
• Schools
• Churches
• Henderson County Juvenile Court
• Henderson County Emergency Services
• Civic Clubs
• Methodist Hospital – Lexington
• API Council
• March of Dimes
• Resource Mothers
• CHAD
COMMUNITY NEEDS ASSESSMENT

ADOLESCENT PREGNANCY

The adolescent pregnancy rate for Henderson 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 31 percent of respondents believe adolescent pregnancy is a “Definite” community health problem.

![Adolescent Pregnancy Rates Graph](image-url)
Henderson County averaged fourteen fatal crashes per year from 1994 to 1996. The average rate of fatal crashes (.82 per 1,000 licensed drivers) ranks Henderson County second worst among Tennessee’s ninety-five counties. The county has averaged 253 injury crashes per year from 1994 to 1996 for a rate of 15.07 per 1,000 licensed drivers. This injury crash rate is the fifth worst in the state. Henderson County’s average rate of death from motor vehicle accidents for 1994-96 was 49.0 per 100,000 population. The state’s average rate for the same time period was 24.6. On average 14 fatal crashes and 253 injury crashes occur in the community each year.
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.
Henderson County
Community Health Council

Charles White, Jr., M.D.
Private Physician

Dennis Ray McDaniel
County Executive

Donna Lewis
Chamber of Commerce

Jimmy Fesmire
Superintendent of Schools

Norman Carver
JPTA

Betty Neilsen
U.T. Extension Service

Karen Tignor
Health Department

Bettye Duke
Methodist Hospital

Honorable David Jowers
Mayor of Lexington

Chris Bratton, M.D.
General Surgeon

Dan Record, Director
County Health Dept.

Margaret Milam
DHS

Gregory Box, M.D.
Private Physician

Charles White, Sr., M.D.
Private Physician

Reggie Henderson, M.D.
Private Physician

Margaret Whitt, R.N.
 Bd. of Education

Linda Lindsey, R.N.
County Health Dept.

Cornelia Morris
Central State Bank

Gene Ragghianti
Methodist Hospital