

**HENRY 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 HENRY 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 Henry 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 Henry County.

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

## Council Make-up

The Henry County Health Council was established on February 25, 1998, with 20 members. Through attrition the active membership now stands at 17. The membership consists of a broad-based representation of the community that includes: the local health department; local hospital staff, industry, 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**

Henry County is located in the Northwest corner of West Tennessee, bordered on the north by Kentucky, on the west by Weakley County, on the east by Benton and Stewart Counties and on the south by Carroll County. Henry County contains six townships: Paris, Buchanan, Cottage Grove, Springville, Puryear, and Henry. The county is 567 square miles in area and is located approximately 100 miles from Nashville to the East.

Henry County has a total population of 27,888 (1990 census) and Paris is the county seat. Paris is the largest population center with 9,626 residents. The county has two separate school systems with approximately 4,850 students enrolled.

TVA's Kentucky Lake, which lies 16 miles east of Paris, is the largest reservoir in the TVA System. With over 2,300 miles of shoreline and 160,000 acres, Kentucky Lake is a recreational wonderland for fisherman, campers, boaters, hunters, skiers and golfers. Overlooking it all is Paris Landing State Park, one of the most popular parks in Tennessee.

## **Economic Base**

The economy in Henry 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 \$252,187,460 with a per capita personal income in 1996 of \$19,207.

The major crops produced in Henry County are tobacco, corn, wheat, and soybeans. Henry County is noted for its mining of clay for ceramics, brick, tile and absorbent materials.

There are approximately 75 industries operating in Henry County and the county is continuing to grow and expand. The largest industry is Dana Corporation, Plumley Division with 840 employees.

## **Health Care**

Henry County Medical Center serves Henry County with a full range of diagnostic, therapeutic and specialty health care services. Henry County Medical Center consists of a 142-bed hospital, 174-bed nursing home, a center for wellness and rehabilitation, a home health and hospice service, and Emergency Medical Service. In addition to the hospital there are 45 physicians, 16 dentist and 3 nursing homes.

The Henry 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.	72.3	74.7	72.7
Percent of households that are families headed by a female with no husband present.	9.9	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	5.2	6.4	6.9
Percent of households with the householder 65 and up.	31.9	27.5	21.8

### EDUCATION

	COUNTY
Number of persons age 25 and older.	19,266
Percent of persons 25 and up that are high school graduates or higher.	60
Percent of persons 25 and up with a bachelor's degree or higher.	8.5

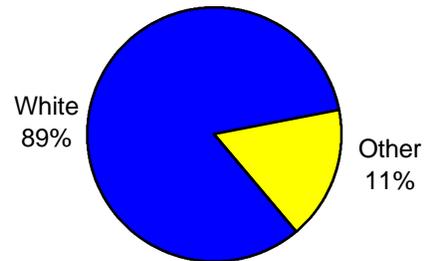
### EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	22,314
Percent In Work Force	56
Number of Persons 16 and Older in Civilian Work Force.	12,460
Percent Unemployed.	8.3
Number of Females 16 Years and Older with Own Children Under 6.	1,451
Percent in Labor Force.	64.8

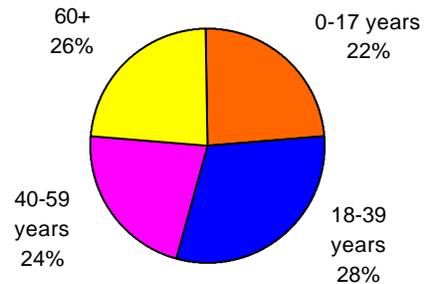
### POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$10,423	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	18.9	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	24.8	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	21.9	27.4	20.9

Henry County Racial Break Down



Henry County Age Breakdown



# COMMUNITY NEEDS ASSESSMENT

## Community Diagnosis Process

The Henry County Health Council was established on February 25, 1998, by the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held on January 21, 1998. 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 Henry 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 Henry County. This instrument asked respondents about personal health, basic demographic information and opinions on particular health issues. A total of 229 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 question they felt were important concerning current services/ diagnosis/treatments that were most frequently provided to the citizens of Henry.

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. From the list of the health priorities for Henry County, the council chose to address these health priorities through sub-committees which will 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 Henry County Health Council was determined to gather much information as possible from the residents of Henry 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. Henry Co. Community Survey:

The Henry County Health Council created this survey in an effort to find 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 229 surveys were returned.

### 2. Henry County Provider Survey:

The council created this survey in an attempt to obtain information from the primary care physicians and practitioners providing services in Henry County. The primary care physicians and the local health department were asked to complete a one-page survey by which they were asked to identify health problems frequently seen and 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 Henry 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 Henry County residents. They're perceived list of concerns is as follows:

### Perceived Health Problems

- \* **Teen Pregnancy**
- \* **Parenting**
- \* **Late Prenatal Care**
- \* **Low Birth Weight**
- \* **Infant Mortality**
- \* **A&D Treatment/Rehabilitation Services**
- \* **Hypertension**
- \* **Stroke**
- \* **Coronary Heart Disease**
- \* **Smoking/Tobacco Use**
- \* **Obesity**
- \* **Seatbelt Usage**
- \* **Suicide**
- \* **Child Abuse**
- \* **Domestic Violence/Shelters/Counseling**
- \* **Coordination of Programs and Services**

## Secondary Data Analyzed

The Henry 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 Henry 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 priority health problems of Henry 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 health concerns selected for intervention in Henry County.

### PRIORITIZED HEALTH PROBLEMS

- 1. TEEN PREGNANCY  
LATE PRENATAL CARE  
LOW BIRTH WEIGHT  
INFANT MORTALITY**
- 2. A & D TREATMENT/REHABILITATION**
- 3. HYPERTENSION  
STROKE  
CORONARY HEART DISEASE  
OBESITY  
TOBACCO USE**
- 4. CHILD ABUSE  
DOMESTIC VIOLENCE  
SHELTERS/COUNSELING**
- 5. COORDINATION OF PROGRAMS/SERVICES**
- 6. SEATBELT USAGE**
- 7. SUICIDE**

### Problems Selected for Intervention

- 1. TEEN PREGNANCY  
LATE PRENATAL CARE  
LOW BIRTH WEIGHT  
INFANT MORTALITY**
- 2. A & D TREATMENT/REHABILITATION**
- 3. HYPERTENSION  
STROKE  
CORONARY HEART DISEASE  
OBESITY  
TOBACCO USE**

# HEALTH ISSUES AND PRIORITIES

## Priority Problem Justification

### Teen Pregnancy, Late Prenatal Care, Low Birth Weight, Infant Mortality

#### Teen Pregnancy:

In a Community Health Status survey conducted by the council, 60 percent of the respondents described teen pregnancy as a problem in Henry County. The following table shows that the number of pregnancies has fluctuated, yet no notable reduction has occurred.

#### Henry County Adolescent Pregnancies by Number and Rate

Per 1,000 females aged 10-17 by Race

Race/ Year	1996 # Rate	1995 # Rate	1994 # Rate	1993 # Rate	1992 # Rate	1991 # Rate	1990 # Rate
All	27 18.5	30 22.2	30 21.9	27 19.4	23 16.3	31 21.7	26 18.0
White	20 15.6	24 20.3	25 20.8	19 15.6	19 15.4	20 16.0	22 17.4
Non-White	7 40.2	6 37.5	5 30.9	8 48.8	4 23.8	11 61.8	4 22.2

Average Number of Births to Adolescent Mothers Aged (10-17) During period 1990-1996

**28**

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, their 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)

#### Late Prenatal Care:

#### Average Annual Number of Live Births and Percent Adequate Prenatal Care

	82-84 # Births % Adequate	85-87 # Births % Adequate	88-90 # Births % Adequate	91-93 # Births % Adequate	94-96 # Births % Adequate
Total	360 48.0	334 51.5	333 47.2	337 62.0	338 72.5
White	307 51.0	286 54.0	288 50.5	291 64.6	300 73.9
Other Races	53 30.8	49 37.0	45 26.7	45 45.6	38 61.4

According to Healthy People 2000, for the period of 1993-95, Henry County ranked 24th worst out of 95 Tennessee counties for inadequate prenatal care. The Healthy People 2000 goal is 10 percent, Henry County's percentage is 22.5.

# HEALTH ISSUES AND PRIORITIES

## **Low Birth Weight:**

The percent of low birthweight infants for Henry County was 8.4 during the period of 1993-95. The Healthy People 2000 goal is 5.0 percent. Henry County ranked 29th worst out of the 95 counties in Tennessee.

## **Average Annual Number and Percent Low Birth Weight Infants**

(under 2500 grams) by Race of Mother

	82-84 # Births % > 2500	85-87 # Births % > 2500	88-90 # Births % > 2500	91-93 # Births % > 2500	94-96 # Births % > 2500
Total	24 6.7	27 8.1	27 8.2	27 7.9	26 7.8
White	20 6.5	18 6.3	20 7.5	19 6.7	19 6.6
Other Races	4 7.5	9 18.5	7 15.0	7 16.2	7 17.5

## **Infant Deaths:**

The infant mortality rate for Henry County was 9.8 during the period of 1993-1995 (three year average). The Healthy People 2000 goal is 7.0. Henry County was ranked 25th worst out of 95 counties in Tennessee.

## **Coronary 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 12 years, Tennessee Behavioral Risk Factor Survey data, and U.S. Department of Health and Human Services Data.*

Heart Disease was the leading cause of death in Henry County during 1996. A total of 144 deaths were attributed to heart disease, this translates into a rate of 484.3 per 100,000 of the population.

Stroke was the #3 leading cause of death in Henry County in 1996. A total of 36 deaths were attributed to stroke, this translates into a rate of 121.1 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
<b>Heart Disease</b>	146	146	145	156
<b>Stroke</b>	38	29	38	34

## **Estimates of Overweight Individuals in Henry County**

<b>Children</b> 2,247	age 6-11	14%	309 estimated
<b>Adolescents</b> 2,368	age 12-17	12%	259 estimated
<b>Adults</b> 19,920	age 20 +	35%	7,865 estimated

# HEALTH ISSUES AND PRIORITIES

The following are comparisons of the State of Tennessee Behavioral Risk Factor Survey Data to the adult population of Henry County. There are an estimated 22,646 adults residing in Henry County.

- 18.7% of adult TN residents have been told they have high cholesterol levels. 18.7% of Henry County's population is 4,234.
- Approximately 7,541 Henry 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 Henry County adult population represents 6,046.

## ***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, 50 percent of the respondents reported tobacco use to be a problem in their community.

## **Alcohol and Drug Treatment/ Rehabilitation Services**

Only one inpatient Alcohol and Drug Treatment /Rehabilitation Center exists in the Northwest Region. This center is the Baptist Memorial Hospital Counseling and Treatment in Union City and currently serves adults and adolescent.

## **Health Planning**

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

## APPENDICES

# **COUNCIL MEMBERS**

***William Atchison, Supertendient***

Henry County School System

***Catherine Bright***

W.G. Rhea Library

***Carla Coley, County Director***

Henry County Health Department

***Tommy Cooper/Jerry Pearson***

Paris Police Department

***Betty Jane Elliott, Nursing Supervisor***

Henry County Health Department

***Mike Garner***

Henry County Medical Center

***Thomas Gee, Hospital Administrator***

Henry County Medical Center

***Herman Jackson***

Retired County Executive

***Arthur Lodge, Pastor***

First Presbyterian Church

***Janis Mitchell***

Paris Special School District

***Brenda Morris/Jeannie Knott***

Office on Aging

***Brenda Parker***

Dana Corporation

***Barbara Payne***

County Resident/Consumer

***Bernie Sleadd***

Plumley Marugo

***Lois Smith***

Volunteer Program

***Beverly Whaley***

Regional Prevention Coordinator

***Stephanie Winders***

Carroll 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](http://www.server.to/hit)**