

COMMUNITY DIAGNOSIS

STATUS REPORT



HICKMAN COUNTY 1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The Hickman 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:

Hickman County, Tennessee was the sixth county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in September, 1997. The initiating meeting was held at the Hickman County National Guard Armory Building 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 Hickman 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 first Wednesday of each month.

The first meeting was scheduled for October 29, 1997. At the third meeting, the Council elected Darlene Swart, RN as Chair. Darlene Swart is currently serving as chair. The Health Council completed their community diagnosis in November 1998. The Community Development staff analyzed and prepared health data from several sources for the review of the Health Council. A survey was distributed throughout the community, and the regional Community Development staff tabulated the results. The

survey was designed to measure the perception of Hickman County residents concerning the health status of the county and the delivery of the health care within the community.

The Hickman County Health Council has successfully completed the first phase of the Community Diagnosis process. They are actively seeking resources to address the health problems that face their community.

The council has reviewed primary and secondary data from several sources concerning the health status of Hickman 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, as well as 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 5 priority health problems. These 5 health and social problems have served as the focal point of the council since that time with emphasis placed on the number one priority. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Well being in children (includes prevention of: alcohol and drug use, teen pregnancy, and child neglect; and provision of supervised youth activity)**
- 2. Smoking cessation/education**
- 3. Violent death/child safety**
- 4. Mental Health**
- 5. High Blood Pressure**

General Statement of Council Makeup

The Hickman 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 29 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, school system, and businesses.

Appendix A: Membership List

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IV. HICKMAN COUNTY DESCRIPTION

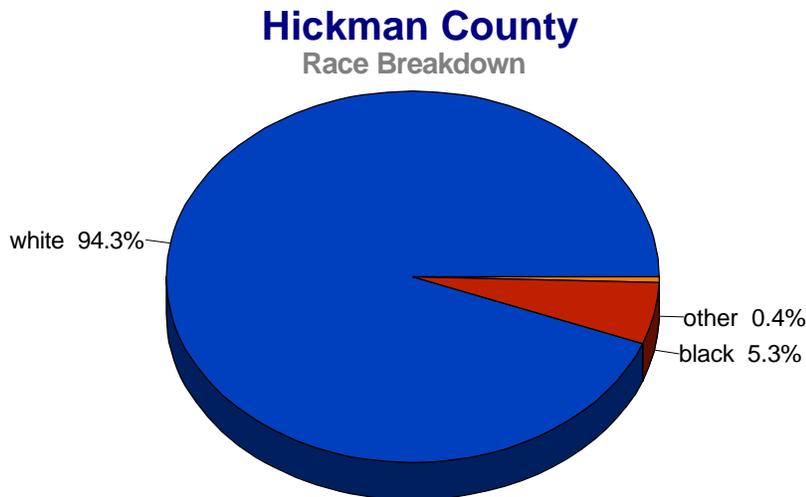
A. Geographic & Land Area

Hickman County was the early site of Indian hunting grounds. White settlers made one of the Indian trails, The Natchez Trace, into the first major southern road. They settled into this area beginning in 1799. The first settlers were the Brooks family who ran a grist mill operation. In 1817 the Captain John Gordon family built a house that is now one of the oldest houses in Hickman County. The Natchez Trace foundation is now the owner of the Gordon House. Hickman County is one of twelve counties located in the South Central Region of the Tennessee Department of Health.

Hickman County's geographical location is Northwest of the Department of Health's South Central Regional Office. Three counties that are in the South Central region border it: Lewis County to the South, Perry County to the West, and Maury County to the East.

B. Demographics

The county was settled in 1799 with Centerville as the county seat. According to the 1997 Picture of the Present, Hickman County has a total population of 19,906. Of this total 94% are Caucasian, 5% are black and less than 1% are classified as other races.

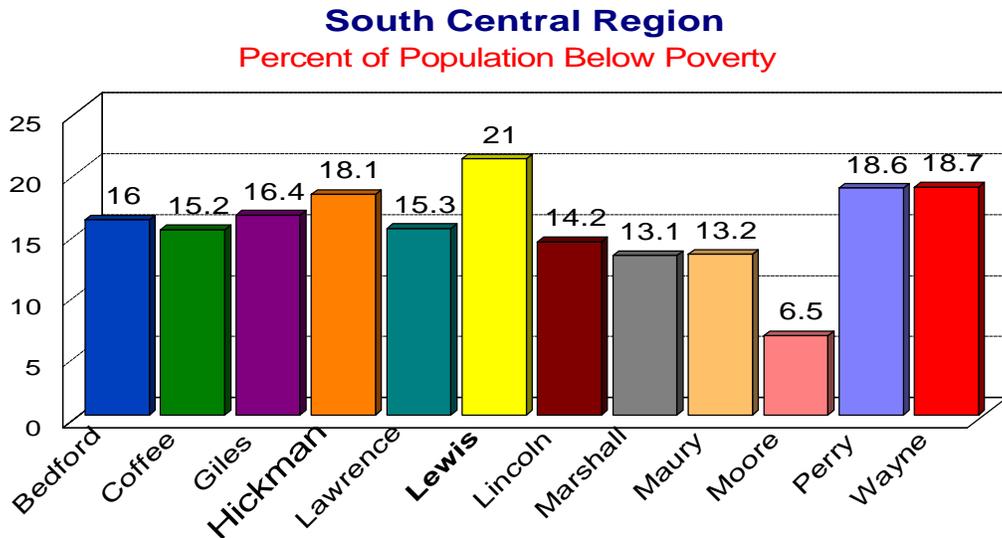


1997 population estimates

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 poverty rate for the entire county population was 15% in 1996. This percentage is about the same as the region, which averaged 15.5%. According to the 1990 Census, 18.1% of the population in Hickman County was below poverty; the 1996 Census information states that the per capita income for Hickman County was \$14,251, which was lower than the state's per capita income of \$19,450 and the regional average of \$17,316.



1990 Census

In 1996, 16.5% of the population was enrolled in TennCare, which was lower than the state's 29.6% for this same period.

During the data analysis phase of Hickman County's Community Diagnosis, the council noted that the County had an unemployment rate of 14% which was significantly higher than the 4.2% state rate in December 1996. As of April 1999, Hickman County's unemployment rate was 9.7%.

D. Medical Community

There is a hospital facility located in Hickman County. The hospitals Hickman County residents most often use are located in Davidson County. The second most frequently used facility is in Dickson County. Only 18.4% of hospital admissions for Hickman County residents are in the Baptist- Hickman facility.

There are two nursing homes in the county. The combined number of licensed nursing home beds is 172. The nursing homes in the county stay at about 96% occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Hickman County Health Council from October, 1997 through November, 1998. The Community Development staff presented the health data. The Council members assisted in collecting some of the data.

Appendix B: Comparison of Community Survey & BRFSS results

A. Primary Data

Behavior Risk Factor Survey

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

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

1. Tobacco Use
2. Alcohol
3. Cancer
4. Teen Pregnancy
5. Arthritis

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

1. Access to Assisted Living Services
2. Access to Health Care Transportation
3. Prenatal Care

Community Survey

The Health Council elected to take advantage of the Community Survey that was available to them through the Community Development staff. The Health Council distributed the Community 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.

The Hickman County Health Council collected surveys over a period of about one year. The total number of surveys collected was 187. The data collected from these surveys not only helped the Council with the Community Diagnosis Process, but were also used by the local hospital during their needs assessment for the Critical Access application.

The top community health problems indicated on the Community Survey are:

1. Smoking
2. Unemployment
3. Heart Conditions
4. Crime
5. High Blood Pressure

Thirty percent or more of the residents to the community survey indicated the following resources to be “Not Adequate” or “Not Available” in Hickman County:

1. Recreation
2. Speciality Care
3. Women’s Health
4. Health Insurance
5. Child Abuse Services
6. Day Care for Homebound
7. Pregnancy Care

B. Secondary Data

Summary of Data Used

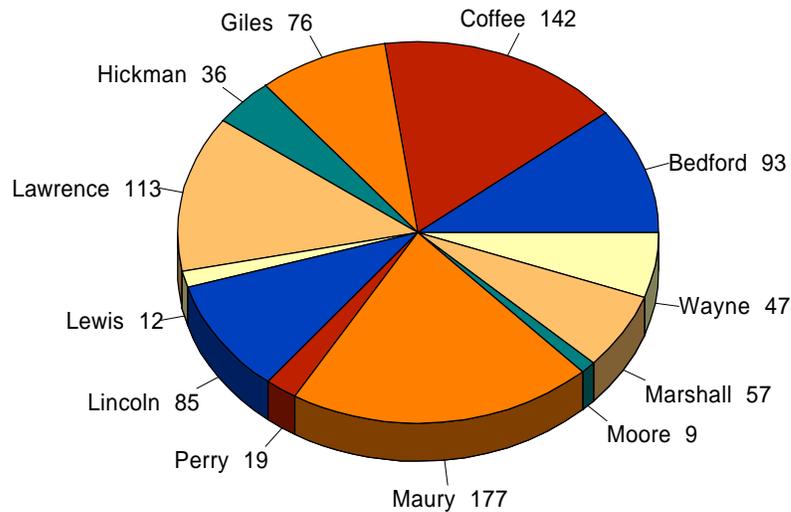
Educational Attainment:

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.

According to the Tennessee Commission on Children and Youth report *Kids Count* (1996) there are serious, life long problems associated with an individual’s decision to quit school. Hickman County’s percent of high school average rate for dropout was 3.4 for the years 1994-1996.

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 1996, 32.6% of the students in Hickman County participate in the school lunch program receiving lunch at free or reduced prices. This is only slightly lower than the state rate of 34.1%.

MORBIDITY & MORTALITY

The Hickman 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 Hickman 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 Hickman County.

Five Leading Causes of Death:

The Hickman County Health Council members were provided with county specific data from 1996 concerning the leading causes of death. The list is as follows:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Accidents and Adverse Effects
 Motor Vehicle Accidents
4. Cerebrovascular Disease
5. Chronic Obstructive Pulmonary Disease
 (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 Hickman County increased from 1992 (with a rate of 35.4) to 1996 (with a rate of 48.2) per 1,000 females aged 15-17 years. For women between the ages of 15-19, Hickman County had higher pregnancy rates than the region or the state in 1996. Overall, Tennessee's teen pregnancy rate is declining. The rate decreased 3% from 1992 to 1994.

The problem of teen pregnancy is compounded by misconceptions. A prevalent misconception is that it is an adolescent problem when in fact it is an adult problem since 74% of the men involved in the pregnancies among women under 18 were not teens. Thirty-five percent are aged 18-19, and 39% are at least 20, according to the 1995 Guttmacher study on *Sex and America's Teenagers*. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common to infants of teens than among babies born to women in their 20s. Teenagers who become parents are disadvantaged socially, economically and educationally.

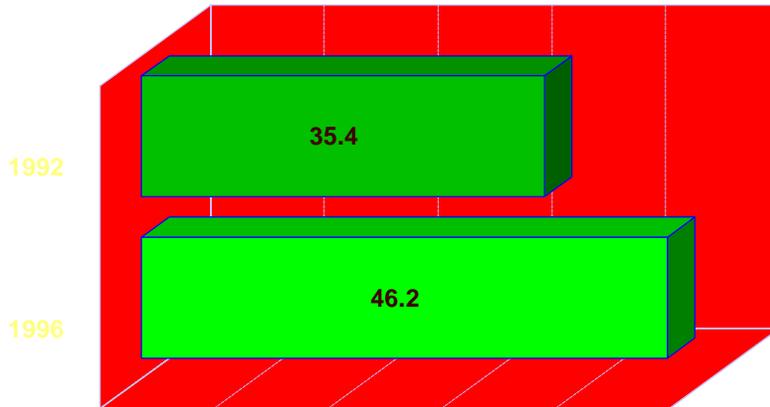
Birth Data

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 Health Council learned that in Hickman County, there were no infant deaths to the babies born to mothers ages 10-14 from 1992-1994. This is true for the South Central Region as well. Statewide the infant mortality rate (infant deaths per 1,000 live births) was highest in the 10-14 years

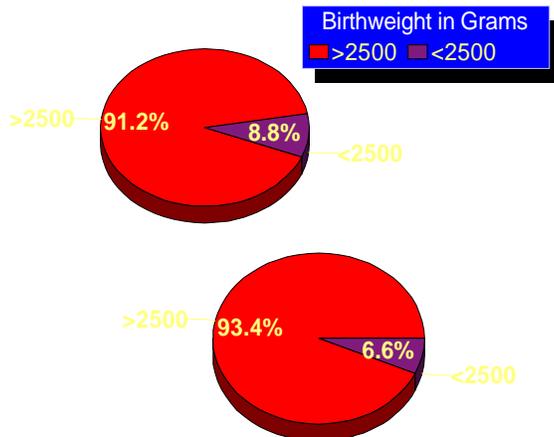
age group followed by the 15-17 years age group. In Hickman County the infant mortality rate per 1,000 live births in 1996 was 7.5, which was lower than the rate for 1992 (23.6) but higher than in 1994 (0.0). The infant mortality rate for the state in 1996 was 9.3 and for the region was 8.9.

Low birthweight is a major problem in Hickman County for teen mothers, especially those 10-14 years. There were no low birthweight babies born from 1992-1994 to mothers in this age group. In the 15-17 years age group in the county 3.7% of all live births were low weight babies. The average for the state during the same reporting period was 11.9% and the average for the region was 8.5%. The low birthweight for all ages from 1992-1994 was 6.6% for Hickman County, 7.8% for the South Central Region, and 8.8% for the state.



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

Percent Low Birthweight



Prenatal Access and Care:

The Health Council examined the status of prenatal care delivery in Hickman County during the data analysis stage of their community diagnosis. Based on 1998 data, Hickman County was a shortage area for prenatal care access. Hickman County has shown an increase in the percent of births lacking adequate prenatal care. The lack of adequate prenatal care for 1991-1993 was 71.3%, jumping up to 75.9% for 1994-1996.

Reportable Diseases:

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

STD's (chlamydia, gonorrhea, HIV/AIDS)

Heart Disease

Stroke

Cancer (bladder, prostate, colon, breast, lung)

Motor vehicle deaths

Chlamydia and Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented at the Health Council.

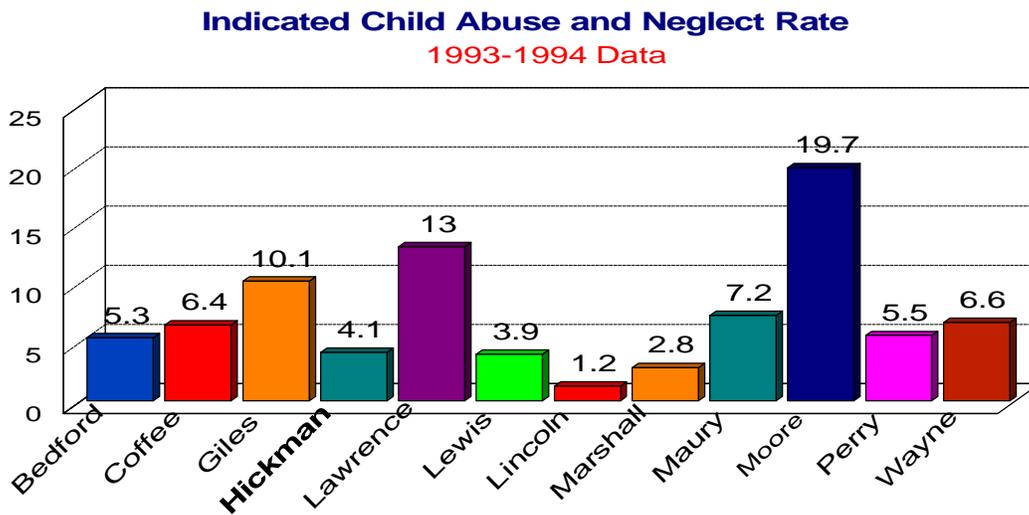
Cancer is the leading cause of death in the county for those between the ages of 45-64 years, according to the 1996 *Picture of the Present*. Breast cancer was the leading cancer diagnosis in Hickman County followed by prostate cancer. Hickman County had a higher diagnosis rate, and death rate for cancer than the State of Tennessee.

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 Hickman County during fiscal year 1993-1994 there were 17 indicated cases of child abuse with a rate of 4.1 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Hickman County's indicated child abuse rate is lower than the state rate of 9.7 and the regional rate of 7.23 for this same period of time. Commitment to state custody

is the most serious sanction juvenile courts judge can administer a child. In Hickman County during fiscal year 1994-95 the commitment rate of children to state custody was 7.9 per 1,000 (33 children). This number is about the same as 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 (1994-1996) of adolescent violent deaths in Hickman County was 5 with a rate of 433.7. The South Central Regional rate was 103.1.



VI. Health Issues & Priorities

Community Process

In of 1998, the Hickman County Health Council set their priorities for Hickman County as follows:

- 1. Well being in children (includes prevention of: alcohol and drug use, teen pregnancy, and child neglect; and provision of supervised youth activity)**
- 2. Smoking cessation/education**
- 3. Violent death/child safety**
- 6. Mental Health**
- 7. High Blood Pressure**

FUTURE PLANNING

The Hickman County Health Council currently consists of 28 active members. The Council meets monthly. The Council has a planning subcommittee that is responsible for devising goals and planning activities for the Council. The Subcommittee has successfully planned and carried out the first community activity in May of 1999. A min-grant in the amount of \$200 was received from the National "SafeNight" organization. Together with a great deal of support from area businesses and the school system, the Council provided a supervised youth activity and drug and violence prevention education to about 60 5th through 8th graders.

The planning subcommittee will continue to write goals and plan activities for the Council.

APPENDIX A

Membership Listing

HICKMAN COUNTY HEALTH COUNCIL

Membership List

Updated 11-5-99

Total 29

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APPENDIX B

Resources & Internet Address

Comparison Of Data

Prepared For:

The Hickman County Health Council

The following is a comparison summary of data collected for, and presented to, the Hickman County Health Council from October, 1997, through October, 1998. This comparison is intended to assist the Health Council in assessing community needs, and prioritizing the community's health problems.

After careful review of the data, the Health Council will reach a consensus concerning the top problems in Hickman County. The Health Council can then determine how they can improve the health status of the community.

Community Survey **187 Questionnaires Analyzed** **“Small Problem” + “Problem”** **(70% or greater)**

Community Issues	Small Problem/ Problem %	Total
1. Smoking	17/65	82%*
2. Unemployment	26/49	75%
3. Heart Conditions	20/53	73%
4. Crime	28/45	73%
5. High Blood Pressure	19/53	72%
6. Arthritis	26/45	71%*
7. Teen Alcohol/Drug Abuse	9/61	70%*
8. Adult Alcohol Abuse	13/57	70%*
9. Obesity	18/52	70%
10. Youth Violence	28/42	70%

* These items place in the top five problems on the Behavior Risk Survey

Behavior Risk Survey 200 Surveys Analyzed

“Definite Problem” Top 5

	Health Problem	% Of Respondents
1.	Tobacco Use	60%*
2.	Alcohol Abuse	41%*
3.	Cancer	38%
4.	Teen Pregnancy	37%
5.	Arthritis	33%*

* These problems rank in the Community Survey top ten.

Community Survey Community Resources

Thirty percent or more of the respondents to the Community Survey indicated the following resources to be “Not Adequate” or “Not Available” in Hickman County.

Resource	Not/ Adequate	Not/ Available	Total
Recreation	53%	10%	63%
Specialty Care	43%	11%	54%
Women’s Health	35%	11%	46%
Health Insurance	36%	3%	39%
Child Abuse Services	34%	5%	39%
Day Care for Homebound	29%	9%	38%
Pregnancy Care	26%	12%	38%

Behavioral Risk Survey Access To Health Care

Twenty-five percent or more of the respondents of the Behavioral Risk Survey indicated the following access issues to be a “Definite Problem” or “Somewhat a Problem”.

Problem	Definite	Somewhat	Total
Transportation to Health Care	16%	16%	32%
Access to Assisted Living	16%	21%	37%
Prenatal	15%	18%	33%

Secondary Data Support Of Survey Findings

Causes of Death

Leading Causes of Death 1994:

- 1. Cancer**
- 2. Heart Disease**
- 3. Accidents**
- 4. Cerebrovascular Disease**
- 5. Pneumonia & Influenza**

Leading Causes of Death 1996:

- 1. Cancer**
- 2. Heart Disease**
- 3. COPD**
- 4. Accidents**
- 5. Cerebrovascular Disease**

County Ranking Among 95 Counties :

1994-1996 three year average, age adjusted

#12 Suicide

#15 MVA's

#36 Homicides

#46 Births to Adolescent Mothers (10-17)

#77 Lung Cancer

#90 Heart Disease

#94 Stroke

Smoking is a leading contributor to cancer, heart disease, COPD, and cerebrovascular disease. Smoking and Tobacco Use rank at the top of the Community and Behavior Risk Surveys.

Hickman County's rate for death by suicide is twelfth highest in the State. The Motor vehicle death rate is fifteenth highest. According to data from Tennessee's Health Statistics, Hickman County had the highest adolescent violent death rate for the region (1994-1996). In 1994 and 1996, accidents were the number one cause of death for Hickman County residents between the ages of 15 and 24 years (*Picture of the Present, 1994, 1996*).

Alcohol and drug abuse can be major contributors to motor vehicles accidents, adolescent violent deaths, and death from other accidents. Alcohol and drug abuse were among top concerns on both surveys.

Economic Data

- Hickman County had an unemployment rate of 9.0% in July, 1998. This represents a large increase in unemployment from June, 1998 (3.9%). Tennessee's rate in July, 1998 was 3.8%.
- Census Data from 1990 reflects that 18.1% of the residents of Hickman County live below the poverty level.
- TennCare enrollment is slightly higher at 25.5% of Hickman County residents, than the State rate of 23.2%.
- School Dropout (a factor in unemployment rates), are among the lowest in the region..

Teen Pregnancy

- Based on 1996 vital records, Hickman County has the third highest birth rate in the region. (For all ages)
- The percent of out-of-wedlock births is lower in Hickman County than the region and State rates.
- The infant mortality rate for Hickman County (three year average 1992-1994) was 7.5. The regional rate for the same three years was 8.3, and the State rate, 8.5. Infant mortality is declining in Hickman County.

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