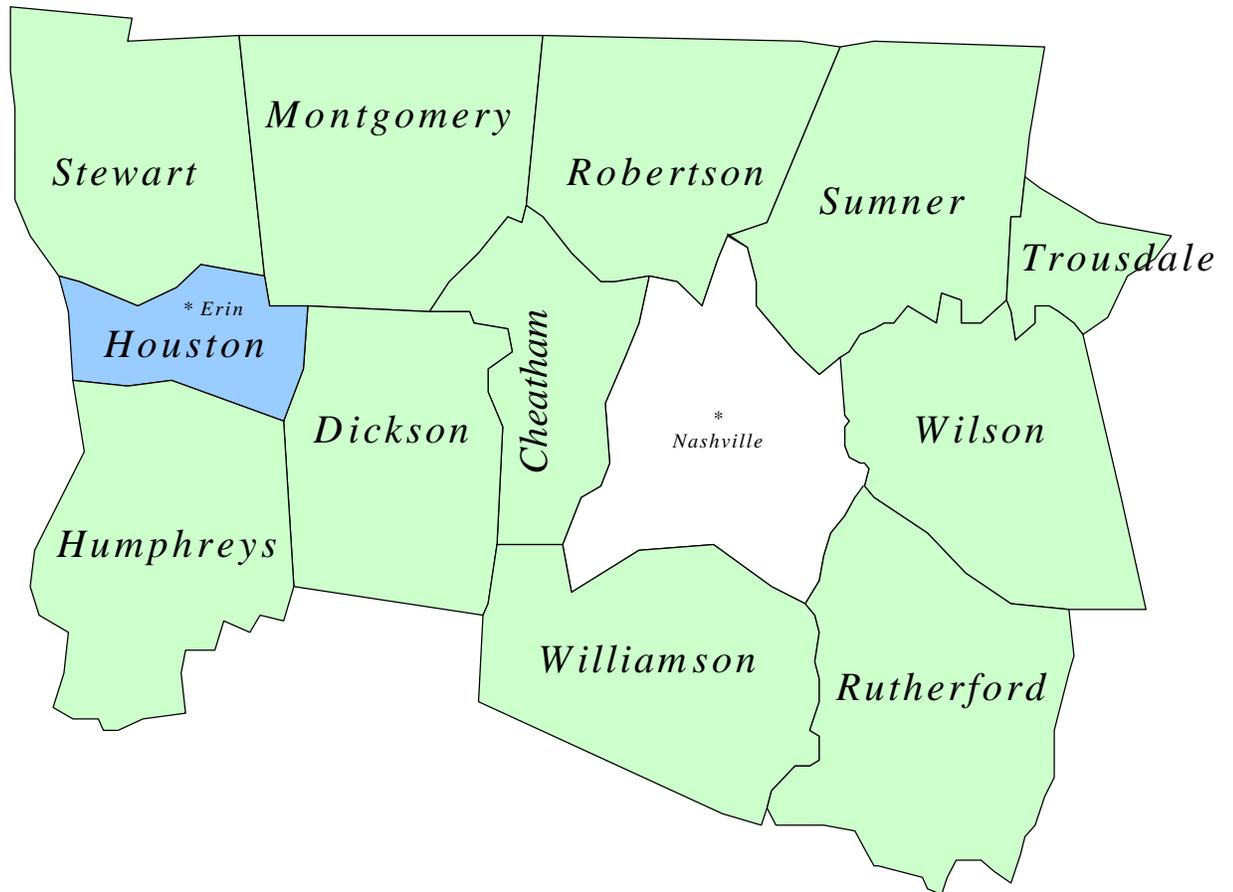


Community Diagnosis Status Report



H o u s t o n C o u n t y

Tennessee Department Of Health
Mid-Cumberland Region
May 1998

Introduction

Mission

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- ❑ Analyze the health status of the community
- ❑ Evaluate the health resources, services, and systems of care within the community
- ❑ Assess attitudes toward community health services and issues
- ❑ Identify priorities, establish goals, and determine a course of action to improve the health status of the community
- ❑ Establish a baseline for measuring improvement over time

The Community Diagnosis Process

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”. Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community “buy-in.” Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based “Community Diagnosis” process should prompt the county health council to ask: Where is the community now? Where does it want to go? How will it get there? It is evident that the community diagnosis process and its outcomes should, at a minimum:

- ❑ Provide justification for budget improvement requests submitted to the State Legislature
- ❑ Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level
- ❑ Serve health planning and advocacy needs at the community level (Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed)

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the community diagnosis process. This document will explain the community diagnosis process and outcomes for Houston County. We also hope to give a historical perspective and details of the Council and its formation.

History

The Houston County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Houston County Executive. After this collaboration in January 1997, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in February 1997. At this meeting, prospective members were introduced to the “Community Diagnosis” process and the roles and responsibilities of the newly formed Houston County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as “Appendix A”.

The Council has met monthly since its inception. Council meetings are scheduled for the second Friday of each month at Fitz’s Restaurant, Clarksville Highway 13, Erin, Tennessee. Meetings are open to the public from 12:00-1:00 p.m.

Summary

During its first year, the council reviewed and discussed many data sets related to the county’s health status as compared to the State. Members began this process by developing a preliminary list of issues that appeared to concern a majority of county residents. This list consisted of seven problem areas. Data specific to these concerns was gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the council concluded its study. The preliminary list of problems was validated as the priority problems of the county, and no additional problem areas were discovered in the data sets.

After validating the major problems in the county, each problem area was prioritized based upon their perceived size, seriousness (the number of people affected, the impact on health, and the financial cost), and effectiveness of interventions. Due to the small size of the health council, members decided to begin the process of developing strategies to reduce the #1 problem, Tobacco, as a group. After their experience of working together on this issue, subcommittees may be formed to address other priority problems. The council noted that by effectively addressing the “tobacco” issue in the county, each of the priority problems would be addressed in some way—through prevention, education, and/or intervention. More details related to the priority problems can be found in the Health Issues and Priorities section of this document.

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County Description

Demographic And Socioeconomic

1997 Population: 7,120 Median Age: 39 Largest age group: 45 to 49
 Growth rate projected at 2% between 1990 and 2000.

Indicator	Houston County	Mid-Cumberland Region	State of Tennessee
Age 65 and above	19%		13%
Minorities	4%	10%	17%
Family Households	76%	78.8%	72.7%
Householders age 65 and above	29.3%	17.1%	21.8%
High School Graduates	52.8%	71.9%	67.1%
Bachelor's Degree or above	6.3%	17.1%	16%
Unemployment Rate	8.7%	5.3%	6.4%
Per capita income (1989)	\$9,060	\$13,213	\$12,255
Persons below poverty level	18.7%	10.5%	15.7%
Persons below poverty level: --age 65 and above	28.3%	19.3%	20.9%
Families below poverty level: --with children age 18 and below	21.2%	12%	20.7%

- Above the State average

Houston County's growth rate is projected to be very modest through the year 2000. Statistics reveal resident's educational levels and per capita income are significantly below the Region and State average. Poverty and unemployment rates for the county are significantly higher than the State average. This data indicates employment opportunities are limited and may generally be low-tech and low-end of the pay continuum. These comparisons indicate the health status of Houston County residents may generally be below that of the average Tennessean.

Medical Community

1996 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	5	1,556
Primary Care M.D.'s	4	1,946
Psychiatric Specialist	-	-
Dentists	3	2,594
Psychologists	-	-

Medical Community (Continued)

1996 Hospital Data

Number of Facilities	1	Number Medicaid/TennCare Certified	1
Licensed Beds	40	Licensed Percent Occupancy	28.2
Staffed Beds	28	Staffed Percent Occupancy	37.9
Average Daily Census	11	Average Length of Stay	3.2
Total Expenses	\$6,777,749	Total Net Revenue	\$6,589,512
Cost Per Patient Day	\$889	Percent of Charity Care	0

1996 Hospital Utilization Data

	Most Used	Second Used	Third Used
County Of Hospital	Houston	Davidson	Montgomery
Number of Admissions/Discharges	956	278	270
Percent of Admissions/Discharges	60.8	17.7	17.2

1996 Nursing Home Data

Number of Facilities	1	Number Medicaid Certified	1
Admissions	115	Percent Population 65+ in Nursing Home	6.2
Average Length of Stay	386	Turnover Rate	0.70
Licensed Beds	164	Staffed Beds	164
Licensed Percent Occupancy	90.3	Staffed Percent Occupancy	90.3
Licensed Beds Per 1,000 pop. 65 +	111	Staffed Beds Per 1,000 pop. 65 +	111

1996 Nursing Home Utilization Data

	Most Used	Second Used	Third Used
County Of Nursing Home	Houston	Montgomery	Humphreys
Number of Patients	76	6	5
Percent of Patients	83.5	6.6	5.5

Community Needs Assessment

Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a “major problem” in the surveys formed the basis of the county’s “Preliminary List” of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

□ Behavior Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

The 1997 Houston County BRFS consisted of 200 completed surveys. Of the respondents, 55.5% were male and 44.5% female. This compares to an estimated ratio of 47.5/52.5 male to female as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Houston County BRFS is included as Appendix B.

□ The Community Stakeholder Survey

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the council were asked to complete the stakeholders’ survey as well as distribute the survey to other stakeholders in the community. Approximately seventy-five surveys were distributed, and twenty-one completed surveys were returned.

The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Stakeholder Survey is included as Appendix C.

Primary Data (Continued)

□ The Initiating Group Survey

Individuals identified as key informants by local government officials (County Executive, County Health Department Director) completed this survey. These individuals represented the diversity of county in terms of race, sex, profession, and residence. The “key informants” were invited to attend a community meeting to learn more about the “Community Diagnosis” initiative and consider a commitment to serve on the county health council. The Initiating Group Survey includes questions regarding the county’s strengths, major health problems, and programs and/or resources needed to improve the health status of residents. A summary of the Initiating Group Survey is included as Appendix D.

Secondary Data

The Houston County Health Council reviewed an extensive amount of data sets comparing the health status of the county with the Mid-Cumberland Region and the State of Tennessee. The secondary data sets (information already collected from other sources for other purposes) were assembled by the State Office of Assessment & Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Additional comparative information was taken from the Tennessee Commission on Children & Youth’s “Kid’s Count” report. Data sets were also collected from the Tennessee Judiciary’s Statistical Services, the Council of Juvenile and Family Court Judges, the Department of Safety, and the American Alcohol & Drug Survey. A Data Summary is attached as Appendix E.

□ Mortality and Morbidity

Death and Disease indicators covering the twelve-year period from 1983-1994 were presented for the county, region, and state. This data was presented in chart form using three-year moving averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that create distortions. Included in the Mortality and Morbidity were the following indicators:

- Birth Rate
- Fetal Death Rate
- Infant Death Rate
- Neonatal Death Rate
- Female Breast Cancer Mortality Rate
- Violent Death Rate
- Vaccine Preventable Disease Rate
- Chlamydia Rate
- Gonorrhea Rate
- Leading Causes of Death Rate (Ages 5-14)
- Leading Causes of Death Rate (Ages 25-44)
- Leading Causes of Death Rate (Ages 65 +)
- Cancer Incidence Rate (1990-1992)
- Pregnancy Rate
- Percent Births with Low Birthweight
- Percent Births with High Risk Characteristics
- Crude Mortality Rate
- Motor Vehicle Accident Death Rate
- Nonmotor Vehicle Accident Death Rate
- Tuberculosis Disease Rate
- Syphilis Rate
- Leading Causes of Death Rate (Ages 1-4)
- Leading Causes of Death Rate (Ages 15-24)
- Leading Causes of Death Rate (Ages 45-64)
- Leading Causes of Death (Based on “Years of Productive Life Lost”)

Secondary Data (Continued)

□ Program data from other state departments

Data collected from other state departments and reviewed by the health council included the following:

- Percent of students receiving Special Education
- Rate of children under 18 committed to State Custody
- DUI convictions
- Child Abuse and Neglect Rate
- Violent Crime Filings
- Juvenile Court Alcohol & Drug Cases
- Percent of children under 18 referred to Juvenile Court
- Local Health Department utilization of services
- Traffic Crashes and Fatalities
- Divorce Rate
- Property Crime Filings
- Juvenile Court Violent Offense Cases

□ The American Drug and Alcohol Survey

An additional data source reviewed by the council was the “Houston County Schools Alcohol & Drug Survey Report, 1994.” This report provided data relevant to students in 7th, 8th, 9th-10th, and 11th-12th grades and their relationship with Alcohol, Tobacco, and Other Drugs. Information specific to the categories below was useful in determining the highest risk factors for children developing problem behaviors including substance usage.

- Perceived Harm of alcohol and other drugs
- Student use of alcohol and other drugs during the past year
- Location and Time of substance usage
- Perceived Availability of alcohol and other drugs

Health Issues and Priorities

Preliminary List

After reviewing the primary data sets, the county health council listed those issues they considered to be the major problems in the county. This list was achieved by group consensus. Below in alphabetical order is the list of problems selected by the council for review.

- ❑ Alcohol
- ❑ Cancer
- ❑ Chronic Obstructive Pulmonary Disease and Allied Conditions
- ❑ Drugs
- ❑ Heart Disease
- ❑ Teen Pregnancy
- ❑ Tobacco

Priority Problems List

The Houston County Health Council reviewed a considerable amount of data related to the health status of its residents during 1997. A summary of the data, as related to each of the preliminary problem areas, was assembled to determine the degree of each problem. Each of the preliminary problems were validated by the council as a major problem in the county, and no additional issues were added after a complete review of available data sets.

To establish the priorities among the identified health problems, the council used a modified version of the J.J. Hanlon method. The ten problem areas were ranked 1 through 7 in three categories; size, seriousness, and effectiveness of interventions. The rank assigned in each category was based on each member's perception of the problem from personal awareness and the available data. The rankings for each category were combined to provide a total score for each problem. The problem area with the lowest total score became the individual's #1 ranked problem, and the problems area with the highest total score became the individual's #7 ranked problem. All member score sheets were combined in the same manner to obtain the council's priority problem ranking. The outcome of this ranking, along with the supporting data utilized to validate and rank each problem area, is provided below.

1. Tobacco (81 Points)

- ❑ Thirteen (13) percent more of county's 11th and 12th grade students have tried cigarettes as compared to the National Average (62%) among high school seniors [The American Drug and Alcohol Survey].
- ❑ During the 1996-1997 school year, 1st time tobacco offenders have accounted for 9% of school disciplinary action. Second-time tobacco offenders accounted for 2% of school disciplinary action.

Tobacco (Continued)

- ❑ According to the Behavioral Risk Factor Survey (Houston County), 33% of residents are currently smokers as compared to an estimated 26.5% of Tennesseans.
- ❑ It was noted cigarette use at the county high school is a significant problem as noted by observation of the student usage on campus. It is believed disciplinary action may be lax because of other problems that are more critical to student management. Violence (fighting) was identified as the more serious issue at the present time.

2. Alcohol (84 Points)

- ❑ Juvenile Court (1996) recorded 77 delinquent petitions. About 1/3 of the petitions involved Alcohol and Drugs (mostly alcohol related). Sixteen (16) cases were alcohol offenses and another 7 cases involved alcohol and drugs although a specific A & D charge was not filed.
- ❑ During 1996, there were 8 dependent/neglect or abuse cases leading to children being placed in foster care. Seven of the eight cases involved a parent's problem with alcohol. This ratio equals to 87.5% of the cases being directly related to alcohol abuse.
- ❑ A considerably higher number of Houston County students used alcohol within the past year than the national student average. Specifically, 31% more 8th grade, 30% more 9th-10th grade, and 19% more 11th-12th grade students in Houston County used alcohol during the past year than the national student average according to The American Drug and Alcohol Survey.
- ❑ Houston County had 92% fewer DUI convictions than Trousdale County and 86% fewer DUI convictions than Stewart County between 1986-1996. The population of Trousdale County is 16% less than Houston County and Stewart County's population is 35% greater than Houston County.
- ❑ It was suggested the low DUI conviction rate during the 1986-1996 period was due to a lower enforcement capability in the county as compared to Stewart County. The lower DUI convictions have not resulted in a higher Motor Vehicle Accident Death rate as evident in the mortality statistics in the Houston County Data Summary.
- ❑ Although the 1996 juvenile court data shows no driving privileges were denied due to violations of the Drug Free Youth Act, the license of every youth found guilty according to the DFYA was taken and held by the county court. Currently, the driver's license is sent to the state office.

3. Drugs (85 Points)

- ❑ Twenty-five (25) percent of local 9th and 10th Graders and 20% of local 11th and 12th graders have tried Inhalants as compared to 17% of 12th Graders nationwide.

Drugs (Continued)

- ❑ During the 1996-1997 school year, there have been no school-related Alcohol or Drug violations recorded by school officials.
- ❑ A higher number of county students used Inhalants during the past year than the national student average. Specifically, 50% more 9th-10th grade and 29% more 11th-12th grade students used Inhalants during the past year than the national student average.
- ❑ A higher number of county students used Cocaine during the past year than the national student average. Specifically, 25% more 9th-10th grade and 40% more 11th-12th grade students used Cocaine during the past year than the national student average. Susan Gould noted that law enforcement officials have told her there is a significant cocaine problem in the county.

4. Heart Disease (110 Points)

- ❑ According to the Leading Causes of Death Trends, heart disease deaths among residents age 65+ reveals a decreasing trend between 1983-1994.
- ❑ According to the Leading Causes of Death Trends, heart disease deaths among residents age 45-64 reveals an unstable trend between 1983-1994.
- ❑ According to the Leading Causes of Death Trends, heart disease deaths among residents age 25-44 reveals an increasing trend between 1983-1994. *(It should be noted, in 1995 there were no deaths in this age group from diseases of the heart.)*
- ❑ According to Tennessee's Healthy People 2000 (1991-1993), the county rate of deaths from Heart Disease was 12% above the Tennessee rate and 50% above the Year 2000 National Objective.
- ❑ According to Tennessee's Healthy People 2000 (1993-1995), the county rate of deaths from Heart Disease was 22% below the Tennessee rate and 4% above the Year 2000 National Objective.
- ❑ The 1996 Mortality Data reveals the county rate of deaths from Diseases of the Heart is 52% above the state rate and 67% above the state rate for 1995.
- ❑ Council members indicated the perception of residents about heart disease being a definite problem is probably the result of people they know who live with the disease. Morbidity statistics are not reflected in the leading causes of death.

5. Cancer (122 Points)

- ❑ According to the Health Indicator Trends, the age-adjusted female breast cancer incidence rate per 100,000 population (1990-1992) was 58% higher than the Region and 48% higher than the State rate.

Cancer (Continued)

- ❑ According to the Health Indicator Trends, the age-adjusted female lung cancer incidence rate per 100,000 population (1990-1992) was 11% higher than the Region and 12% higher than the State rate.
- ❑ According to the Health Indicator Trends, the age-adjusted colon cancer incidence rate per 100,000 population (1990-1992) was 12% higher than the Region and 5% higher than the State rate. The white male colon cancer incidence rate is 42% above the Region and 32% above the State rate.
- ❑ According to the 1993 Cancer Case Rate, the county rate is 72% above the state rate for all cancer sites. The site-specific cancer case rate in 1993 reveals the following: lung cancer is 145% above the state rate, female breast cancer is 14% above the state rate, prostate cancer is 33% above the state rate, colon cancer is 134% above the state rate, and bladder cancer is 15% below the state rate.
- ❑ According to the Leading Causes of Death Trends, cancer deaths among residents age 45-64 reveals an unstable trend between 1983-1994. The 1992-1994 three-year average shows this age group with a 39% higher rate of cancer deaths than the State in this age group.
- ❑ According to Tennessee's Healthy People 2000 (1993-1995), the county had the highest rate of deaths from Breast Cancer in Tennessee. The county rate was 139% above the Tennessee rate and 161% above the Year 2000 National Objective. (The county averaged 2 deaths per year.)
- ❑ According to the 1995 Resident Health Profile, the eighteen (18) cancer deaths in the county calculate at a rate 10% above the State rate of cancer deaths in 1995. The cancer death rate in the 45-64 year age group in the county is 56% above the State rate. The cancer death rate in the 65 + age group in the county is 39% below the State rate of cancer deaths in this age group.
- ❑ According to the Houston County Behavioral Risk Factor Survey (1997), 33% of residents are estimated to be smokers. Male smokers represent 31% and female smokers represent 36% of the population. This compares to an estimated 26.5% of the State population that currently smokes cigarettes. Statewide, 28% of males and 25.1% of females are estimated to smoke cigarettes.
- ❑ According to the American Drug and Alcohol Survey conducted in the county (1993-1994), 8-13% more county students have tried cigarettes than the National average beginning with the 9th and 10th Graders.
- ❑ Council members perceived the greater use of cigarettes in the county is due to the fact that tobacco is probably the highest cash crop in the county. Also, smoking is considered a tradition in the county, and parental tolerance or support is the norm rather than prohibition and consequence.

6. Teen Pregnancy (131 Points)

- Births to Adolescent Mothers average 6 per year (1990-1994). The number of 10-17 year old females is 387. The percent of total births occurring to Adolescent Mother (10-17) is 24% higher than the Regional rate but 12% lower than the State rate.
- Adolescent Pregnancies in the county average 9 per year (1993-1995). This accounts to a rate of 24.8 pregnancies per 1,000 population (age 10-17). This rate is 27% above the Region and the 2nd highest in the Region. The county rate is 8% above the State rate of 23 adolescent pregnancies per 1,000 population.
- There are two school programs currently addressing the teen pregnancy issue:
 - PACT (Parents And Children Together) Program
 - Baby Think It Over

7. Chronic Obstructive Pulmonary Disease and Allied Conditions

- Data from the Department of Health reveals the following trends related to COPD:
 - 1990: COPD deaths in the county are 85% above the state COPD death rate.
 - 1991: COPD is not among the five leading causes of death in the Houston County. COPD deaths in the 65 + age group (3) are 2% below the state rate in this age group.
 - 1992: COPD is the 5th leading cause of deaths in the county. COPD deaths (4) are 46% above the state rate.
 - 1993: COPD is tied for the 4th leading cause of deaths in the county. COPD deaths (4) are 27% above the state rate.
 - 1994: COPD is the 4th leading cause of deaths in the county. COPD deaths (7) are 127% above the state rate.
 - 1995: COPD is the 3rd leading cause of deaths in the county. COPD deaths (9) are 189% above the state rate.
 - 1993-1995 (3 year average): COPD deaths are 115% above the state rate.
- The assumption of the council is that the increase in the COPD death rate is related to the age and size of the smoking population in the county.

Future Planning

Process

After ranking the major health problems in the county, the council considered forming subcommittees to develop strategies for different priority problems. However, due to the small number of council members and the lack of experience in the planning process, members agreed to work together on the #1 priority problem, Tobacco. The council is currently in the beginning stages of investigating possible strategies to utilize to prevent and control the use of tobacco. The council noted that by reducing the use of tobacco, all the priorities would be affected directly or indirectly. Therefore, planning a comprehensive strategy to address the tobacco issue is a substantive undertaking.

In the fall of 1997, the council undertook an activity it will continue annually. The activity involved coordinating and publicizing county agencies providing pneumonia and influenza vaccinations for the elderly population. The subcommittee responsible for this project set no specific outcome goals and objectives. However, each county agency dispensing these vaccinations were contacted and information about these services were publicized through the local newspaper and the Senior Citizens Center. The knowledge gained from this initial experience will be invaluable to the subcommittee in improving strategies for this project in the future.

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Appendix A

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*Council representative to the Mid-Cumberland Regional Health Council

Houston County Health Council (Continued)

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Appendix B

Behavioral Risk Factor Survey (Summary)

Demographics

A total of two hundred (200) Houston County residents responded to the telephone survey conducted by the University of Tennessee. The group surveyed had the following characteristics:

Age Group	Gender	Race	Education	Marital Status	Kids
Under 30 18%	Male 56%	White 96%	Never Attended 1%	Married 64%	0 - 65%
30 - 45 27%	Female 44%	Minority 4%	1 - 8 5%	Divorced 12%	1 - 19%
45 - 65 41%			9 - 11 12%	Widowed 7%	2 - 12%
65 & over 14%			HS Graduate 44%	Separated 1%	3 - 3%
			Some College 21%	NM 18%	4 + 1%
			College Grad. 17%		

Definite Problems

The ten community problems rated most frequently as a “definite problem” by respondents are as follows:

Rank	Definite Problem	Percent of Respondents
1	Tobacco Use	57%
2	High Blood Pressure	37%
2	Cancer	37%
4	Teen Pregnancy	35%
5	Alcohol Abuse	34%
6	Heart Conditions	33%
7	Arthritis	30%
8	Obesity	29%
9	Drug Abuse	27%
10	Health Problems Of Lungs	17%
10	Animal Control	17%

Behavioral Indicators

- **Cigarette smokers:** Fifty-six (56) percent of respondents report they have considered themselves a “smoker” at some time. Currently, 33% of the respondents are smokers. Male smokers represent 31% and female smokers represent 36% of the survey population.

Behavioral Indicators (Continued)

It is estimated 26.5% of Tennesseans smoke cigarettes: 28% male and 25.1% female. Lung cancer is the leading cause of cancer deaths in the United States for both men and women. In the publication “Tennessee’s Healthy People 2000,” Houston County averaged 5 lung cancer deaths between 1993-1995. This amounted to a 43.7 rate per 100,000 population and a ranking of 69th in the State for deaths from lung cancer. The county rate is 10% lower than the State rate of 48.7. The county rate is 4% higher than the Year 2000 National Objective of 42.0 deaths from lung cancer per 100,000 population.

- **Mammograms:** Forty-eight (48) percent of females ages 30-45 and 77% of females 45-65 have had a mammogram. Of those females having a mammogram, 64% were performed in the past year and 83% were performed within the past two years. As a comparison, 58.7% of Tennessee women over 50 have had a mammogram and clinical breast exam in the past two years (Tennessee BRFS 1995).
- **Clinical Breast Exam:** Ninety-five (95) percent of females ages 30-45 and 97% of females ages 45-65 have had a clinical breast exam. Of those females having a clinical breast exam, 72% were performed within the past year and 83% were performed within the past two years. For purposes of comparison, 90% of females ages 30-45 and 84% of females ages 45-65 in Cheatham County have had a clinical breast exam.

Houston County’s Female Breast Cancer Mortality Rates are #1 in the State of Tennessee. Breast cancer is the second leading cause of deaths among females in the United States. In the publication “Tennessee’s Healthy People 2000,” Houston County averaged 2 deaths of females from breast cancer between 1993-1995. This amounts to a rate of 53.8 per 100,000 population. The county’s rate exceeds the state rate by 139% and the Year 2000 National Objective by 161%. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent.

- **Pap Smear:** Ninety-three (93) percent of all female respondents report having a pap smear. Of that number, 70% of the test were performed within the past year, and 81% were performed within the past three years. As a comparison, 84.1% of Tennessee women had a pap smear within the past three years (Tennessee BRFS).
- **Health Care Coverage:** Eighty-eight (88) percent of respondents report they have health care coverage of some kind. However, 35% feel their coverage limits the care they receive and 16% report they needed to see a doctor but could not because of the cost. According to the 1995 Behavioral Risk Factor Surveillance Data, 11.3% of all Tennessee residents are estimated to have no health care plan and 12.3% were unable to see a doctor due to cost. Seventy-six (76) percent of respondents had a checkup within the past year, and 83% had a checkup within the past two years. Sixty-one (61) percent of respondents indicated their quality of health as “good” or better while thirty-six (36) percent report their quality of health as “fair or poor.” As a comparison, 17.7% of residents statewide rated their general health status as fair to poor (1995 Tennessee BRFS).

Behavioral Indicators (Continued)

- **Cardiovascular disease antecedents:** Heart disease and stroke cause more deaths than all other diseases. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, cigarette smoking, and sedentary lifestyle. According to the 1994 Behavioral Risk Factor Surveillance Data, Tennessee estimates 65.6% of its residents have a sedentary lifestyle. The 1995 BRFSS indicates 35.4% are obese, 26.7% were told they had high blood pressure, 18.7% were told by a health professional their cholesterol was too high, and 26.5% are currently smokers. In Houston County, twenty-eight (28) percent indicated they have had high blood pressure, 19% had been given advise to lose weight, and 33% are currently smokers.
 - People with **Diabetes** are 2 to 4 times more likely to have heart disease (more than 77,000 deaths due to heart disease annually). And they are 5 times more likely to suffer a stroke (more than 11,000 diabetes-related stroke-deaths each year).¹ Eight (8) percent of the respondents report they or a household member have had diabetes. By comparison, 5.2% of statewide residents were told by a doctor they had diabetes (1995 Tennessee BRFSS).

In the publication “Tennessee’s Health People 2000,” Houston County averaged 26 deaths from Coronary Heart Disease between 1993-1995. This amounted to a rate of 104.0 per 100,000 population. This is 22% lower than the Tennessee rate of 133.6. However, the county rate is 4% higher than the Year 2000 National Objective of 100.0. Also in this publication, Houston County averaged 7 deaths from stroke between 1993-1995. The rate of 37.0 per 100,000 population is 3% above the Tennessee rate of 35.9 and 85% higher than the Year 2000 National Objective of 20.0.

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Appendix C

The Community Stakeholder Survey (Summary)

Demographics

Twenty-one Houston County residents completed the survey. Some of the characteristics of the respondents include the following:

□ Years Lived In The County:	Over 20 Years = 71.4%	11 To 20 Years = 23.8%
□ Marital Status:	Married = 90.5%	Divorced = 4.8%
□ Gender:	Female = 90.5%	Male = 9.5%
□ Children Under 18 At Home:	None = 52.4%	One = 23.8%
□ Ethnic Group:	White = 100.0%	Nonwhite = 0.0%
□ Occupation:	Professional = 33.3%	Clerical = 33.3%
□ Income:	\$30 - 49.9 K = 47.6%	\$50 - 69.9 K = 33.3%

Of the stakeholders, none are without a personal physician or insurance coverage (9.5% TennCare). Also, 52.4% report their health care provider practices in Houston County. Of the 47.6% whose health care provider practices outside the county, 33.3% are in Montgomery and 4.8% in Dickson, Humphreys, and Out of State counties. Transportation to health care is a problem for 4.8% of the stakeholders. Health care providers referred 47.6% of the stakeholders to Trinity Hospital. Only 28.6% of the stakeholders report their health care provider referred them to a hospital out of county. Additional survey information is as follows:

Survey Results

□ Most Important Health Services Problems Specified By Survey Respondents:

- Alcohol, Tobacco, And Other Drugs (5)
- Drugs And Violence
- TVA Steam Plant Pollution (2)
- Teen Pregnancy (2)
- Cost Of Physician Services (2)
- Elderly Can't Pay For Medical Treatment
- Heart
- Quality Health Care
- Lack Of MD In The ER At All Times
- Parents Dependents Upon Welfare Versus Work
- Drug Use Among Students
- Cigarette Smoking Among Youth
- Air And Water Pollution
- Sexual Conduct
- Cost of Insurance (2)
- An Aging Population
- Nutrition
- No Nurse At Every School
- Too Many TennCare Recipients

Survey Results (Continued)

□ Average Adequacy Ranking Of The Availability Of The Major Health Care Services In The Community:

- No response (4.8%)
- No opinion (11.3%)
- Adequate (33.6%)
- Service not available (16.5%)
- Not adequate (23.1%)
- Very adequate (10.8%)

The availability of the major health care services in the community rated the most adequate were In-Home Health Care (100.0%) and Pharmacy Needs (80.9%). The availability of Child Abuse And Neglect Services (47.6%) and Acute Hospitals/Emergency Room Care (42.9%) were rated the most inadequate by the stakeholders.

□ Average Satisfaction Ranking Of The Physician Care And Physician Services In The Community:

- No response (2.9%)
- No opinion (11.0%)
- Satisfactory (47.1%)
- Service Not available (3.3%)
- Not satisfactory (20.0%)
- Very satisfactory (15.7%)

Primary Health Providers Laboratory (90.5%) and Reputation/Facility And Equipment (76.1%) were rated the most satisfactory by the stakeholders. Primary Health Providers Quality Of Care/Accessibility (28.6%) were rated the most unsatisfactory by the stakeholders.

□ Average Satisfaction Ranking For The Services And Characteristics Of The Local Hospital:

- No response (2.6%)
- No opinion (13.9%)
- Satisfactory (46.2%)
- Service Not available (2.2%)
- Not satisfactory (14.3%)
- Very satisfactory (20.9%)

Services and characteristics of the Local Hospital rated most satisfactory by the stakeholders were Laboratory (95.2%) and Providers Accessibility/Convenience (85.7%). Services and characteristics rated most unsatisfactory by the stakeholders were Emergency Room (33.3%) and Reputation (28.6%).

□ Average Satisfaction Ranking For The Services And Characteristics Of The Local Health Department:

- No response (12.9%)
- No opinion (22.4%)
- Satisfactory (38.7%)
- Service Not available (2.8%)
- Not satisfactory (2.5%)
- Very satisfactory (20.7%)

Services and characteristics of the local health department rated most satisfactory by the stakeholders were Accessibility/Reputation/Convenience (95.2%). Services and characteristics rated most unsatisfactory were Family Planning Services (19.0%) and Disease Investigation (9.5%).

Survey Results (Continued)

□ Summary Of Services Respondents Indicated They Would Use For Particular Conditions:

- No response (25.6%)
- Trinity Hospital (23.2%)
- Clarksville Memorial Hospital (12.0%)
- Other (12.0%)
- Private Physician (10.1%)
- Health Department (8.3%)
- Horizon Medical Center (5.4%)
- Centennial Medical Center (4.8%)
- Baptist Hospital (.01%)

According to the publication Tennessee's Health, Picture of the Present Part 2, 1994 Hospital Data indicates residents most used the hospital in Houston County (59.3%). The second most used hospital was in Montgomery County (20.6%) and the third most used were in Davidson County (12.0%). There were a total of 1,293 admissions/discharges of Houston County residents.

□ The Average Response Of Recommending The Local Hospital In The County To A Friend For Selected Services:

- Yes (46.8%)
- No (27.8%)
- Don't Know (18.3%)
- No Response (7.1%)

□ Preventive Programs Respondents Feel Would Be Beneficial In The Community (1st Response):

- Prevent Fall-Out (Ash) From TVA's Fossil Plant (4.8%)
- No Response (52.4%)
- Smoking Cessation (19.0%)
- Smoke Free Workplace And Public Buildings (9.5%)
- Drug Prevention (4.8%)
- Weight Loss (9.5%)

Appendix D

The Initiating Group Survey

□ Strengths of Houston County

- Strong Community Identification And School Support
- Small
- People Know And Help Each Other
- Extended Family Oriented
- Rural Area - Small Population
- Active Heart & Cancer Associations
- R.C.I. Long Term Facility
- Adequate MD's - Family Practice, Orthopedic Surgeon, Pediatrics, General Surgeons
- Strong Conservative Values And Family Traditions
- Very Supportive Of Community
- Close-Knit Community
- Active Chamber Of Commerce
- Developing Seniors Program
- Full Service Hospital
- 5 Home Health Agencies

□ Major Health Problems in the County

- Teen Pregnancy (3)
- Cardiac
- Hypertension
- Diabetes
- Lack Of Physical Fitness-Diet/Exercise
- Elderly Residents (2)
- Alcohol And Tobacco Use
- Student Drug Use (Slight Increase)
- Smoking Related Illnesses
- Substance Abuse (2)
- Few A & D Rehabilitation Agencies Locally

□ Ways Health of Citizens Could Be Improved

- Smoking Cessation Classes
- Health Education Programs For The Public, Especially Senior Citizens
- Better Communication Between Services - Less Concern About Who Is Responsible And More Concern With Help At The "Time" It's Needed
- Teen Pregnancy Prevention (Prenatal Care & Well Baby Care If Too Late)
- Affordable Therapy In Houston County (Alcohol And Drug)
- Transportation For The Elderly To Doctor's Appointment In Other Cities (Available On A Limited Basis)
- Compliance With Smoke-Free Schools Policy (High School)
- Education - Provided By Health Care Professionals
- Health Fairs

□ Additional Resources Needed To Improve Health Care

- Health Education Expanded
- Education At All Age Levels
- Family Resource Center (But not duplication of services)
- Wellness Programs
- Family Resource Center

Appendix E

Houston County Data Summary

Morbidity Data

About seventy-five percent of all deaths are caused by heart disease, cancer, and stroke. Death rates from heart disease declined during the last twenty years while death rates from cancer increased during that period. According to Tennessee's Healthy People 2000, Houston County's **Deaths From All Causes** is above (8%) the State average. The county does not compare favorably with the Mid-Cumberland Region or the State of Tennessee statistics regarding the leading causes of death by age group. The following information was derived from that comparison:

- **Diseases of the Heart** are the leading cause of death throughout the nation. The county rate of deaths from Heart Disease is 12% above the Tennessee rate and 50% above the Year 2000 National Objective. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.
- **Malignant Neoplasms (Cancer)** are the second leading cause of death throughout the nation. Deaths from cancer in the county are 11.5% higher than the State rate. Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer.
 - **Lung Cancer** is the leading cause of cancer deaths for both men and women. Death rates in Houston County from lung cancer (1993-1995) are 10% lower than the State rate. However, the county rate is 4% above the Year 2000 National Objective.
 - **Breast Cancer** is the second leading cause of cancer deaths among women in the U.S. According to Tennessee's Healthy People 2000 (1993-1995), Houston County rates are the highest in the State at 139% above the State average and 161% above the Year 2000 National Objective.
- **Deaths from Stroke** are the third leading cause of death throughout the nation. Houston County's rate is 3% above the State rate and 85% above the Year 2000 National Objective. People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activities are means to reduce the risk of stroke.
- **Chronic Obstructive Pulmonary Disease And Allied Conditions** are the fourth leading cause of death in Houston County and the fifth leading cause of death in the State. The county rate of death from this cause is 127% above the State rate.

Morbidity Data (Continued)

- **Accidents and Adverse Effects** are the fourth leading cause of death in the State. Deaths from this cause are not among the leading causes of death in Houston County. Deaths from accidents and adverse effects have the greatest impact on premature death in terms of “Years of Productive Life Lost.”
 - **Motor Vehicle Accidental Deaths** (1994) accounted for fifty (50) percent of deaths occurring by accident or adverse effects in Houston County. However, from 1993-1995 the county’s MVA death rates were the lowest in the State (averaging 1 per year); they were 54% lower than the State and 33% lower than the Year 2000 National Objective. It should be noted that the county rate would exceed the State rate and the Year 2000 National Objective by averaging two (2) MVA deaths per year as was true in the three-year average from 1992-1994. Since 1990, the MVA death rate has been highest in the 25-44 age group. Statewide statistics show the 15-24 age group MVA death rates are the highest (44.1). Houston County has had a 0.0 average in this age group since 1991.
- **Violent Death Rates** (motor vehicle accidents, homicides, and suicides) are higher in the county when compared to the Region and the State.
 - The **Motor Vehicle Accidental Death Rate** in the county (1993-1995) is the lowest in the State (averaging 1 per year); the county is 54% lower than the State and 33% lower than the Year 2000 National Objective. Preventive measures to reduce the MVA death rate include using seat belts, helmet laws, better design in both vehicles and roadways, traffic and drunk driving law enforcement, reduced highway speed, and safety education.
 - The **Homicide** rate (1993-1995) in the county is 10% higher than the Region but 42% lower than the State. The county rate is 4% lower than the Year 2000 National Objective.
 - The **Suicide** rate (1993-1995) in the county is 76% lower than the Region and 78% lower than the State rate. The county has the second lowest rate in the State. The county rate is 73% lower than the Year 2000 National Objective. Currently the most promising approach to suicide prevention is the early identification and treatment of persons suffering from mental disorders.
 - In the “1995 KIDS COUNT” material from the Tennessee Commission on Children and Youth, the **Teen Violent Death Rate** (ages 15-19) is 0 due to no violent deaths in 1994. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of death is firearm-related deaths. One violent death in this age group in Houston County would place the county rate at nearly 2½ times above the State rate.
- **Infant Mortality** data reveals Houston County’s Infant Death rate (1993-1995) is 27% lower than the State rate. The county rate is 4% lower than the Year 2000 National Objective of 7.0 infant deaths per 1000 live births. Technology advancements plus early and comprehensive care have contributed to the improvement in infant survival over the past several decades.

Morbidity Data

- The ***Age-Adjusted Cancer Incidence Rates*** for all cancer sites reveals Houston County is 6% lower than the region and 13% lower than the State. Cancer rates in the county for the nonwhite race are significantly lower than the Region and the State. This may be due to a very small number of nonwhite persons in the population. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:
 - The ***white male lung cancer*** incidence rate is 35% below the region and 42% below the State. The ***white female lung cancer*** incidence rate is 11% above the region and 12% above the State.
 - The ***prostate cancer*** incidence rate is 58% lower in Houston County as compared with the region and 62% lower than the State.
 - The ***female breast cancer*** incidence rate is 58% higher in the county as compared to the region and 48% higher than the State.
 - The ***colon cancer*** incidence rate is 12% higher in the county than the region and 5% higher than the State rate. The higher rates are accounted for in the ***white male*** group, which are 42% higher than the region and 32% higher than the State rate.
- ***Reportable Disease Rates*** available for the county include the following:
 - The ***incidence of Hepatitis B*** in the county is 36% higher than the State rate of 20.8 per 100,000 population. (There were two reported cases in 1994.)
 - The ***incidence of Salmonellosis Non-Typhoid*** in the county is 222% higher than the State rate of infection. (There were two reported cases in 1994.)
 - The ***incidence of Tuberculosis*** in the county (1993-1995) is 348% higher than the Region and 96% higher than the State rate. (There was an average of one case per year.) The county rate is 437% higher than the Year 2000 National Objective of 3.5 cases per 100,000 population.
 - The ***incidence of AIDS/HIV*** cases in the county is not reported, as the number is less than 5. The number and rate for the county are suppressed due to confidentiality. The majority of the AIDS/HIV cases in the State occurred in the four major metropolitan areas because of larger populations.
 - No cases were recorded in 1994 of ***Lyme Disease, Meningitis, Influenza, Hepatitis A, Non A Non B Hepatitis, Mumps, Measles, or Rubella.***
- ***Sexually Transmitted Disease Rates*** are serious problems in Metropolitan counties. Houston County rates are significantly lower than the State.
 - The ***incidence of Syphilis*** (1993-1995) is 84% lower than the State rate and 6% lower than the Year 2000 National Objective of 10.0 cases per 100,000 population.

Morbidity Data (Continued)

- The **incidence of Gonococcal Infections** is 96% less than the State rate.
- The **incidence of Chlamydia** is 90% less than the State rate of infection.

Pregnancy and Birth Data

Many factors influence the health and well being of newborns and infants. The **Infant Mortality Rate** for Houston County (1993-1995) is 11% lower than the Region and 27% lower than the State. In addition, the county rate is 4% lower than the Year 2000 National Objective of 7.0 deaths per 1,000 live births. The following risk factor comparison may assist in detecting areas of strength or needed improvement:

- The **percent of live births with one or more maternal risk factors** (smoking, C-Section, weight gain of less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol or drug use) all ages and races, for county residents is 11% higher than the region and 4% higher than the statewide percentage. In the adolescent age group (ages 10-17), the risk factor percent is 7% higher than the Region and 4% higher than the State percentage. The 18-19 age group risk factor percent is 24% higher than the Region and 18% higher than the State percentage.
- The **percent of total births occurring to Adolescent Mothers** (ages 10-17) in Houston County is 24% higher than the Region but 12% lower than the percent statewide (1993-1995). There is no Year 2000 National Objective. Adolescents who give birth place themselves and their babies at risk of many health, educational, vocational, and social disadvantages. Adolescents (17 and younger) are twice as likely to deliver low-weight babies (less than 5 1/2 pounds). These low-weight babies are 40 times more likely to die in the first month of life than normal weight babies. Teenage parents are more likely to become dependent on public assistance than those who delay childbearing until their twenties.
- The **percent of total births with Low Weight Births** in the county are 1% lower than the Region and 20% lower than the percent statewide (1993-1995). However, the county percent (7.0) is 40% higher than the Year 2000 National Objective of 5.0% of all births. Low birthweight is a dangerous condition that has been linked to several preventable risks, including lack of prenatal care, maternal smoking, pregnancy before age 18, and alcohol and drug use.
- The **percent of total births with Late Prenatal Care** in the in the county is 64% higher than the Region and 39% higher than the statewide percentage (1993-1995). The county percent of 25.2 is 152% above the Year 2000 National Objective of 10.0. The prenatal period can be the starting time for good health or it may be the beginning of a lifetime of illness and shortened life expectancy. Early prenatal care is critical to improving pregnancy outcomes.

Local Health Department Data

The statistical information below indicates utilization of services at the Houston County Health Department is similar with those in the region and the State. **WIC** (Women, Infants, and Children) and **Child Health** program encounters account for 61.3% of all services in the county compared to 59.5% in the Region and 57.7% statewide. **Dental services** are not available at the Houston County Health Department. A current assessment of TennCare Dental Coverage (January 1997) prepared by Dr. Michelle Vaughan, Mid-Cumberland Regional Office, Tennessee Department of Health, reveals there are no TennCare dental providers in the county. There are 1,902 residents enrolled in TennCare (1-4-97).

Program	Houston County		Region		State	
	Percent		Percent		Percent	
	1994	1995	1994	1995	1994	1995
Adult Health	17.4	14.9	15.9	17.0	12.9	12.8
CDC	2.6	5.3	6.2	6.5	4.9	6.7
Child Health	27.2	24.0	28.1	22.0	31.1	26.2
CSS	0.6	0.5	0.7	0.7	2.4	2.7
Dental	0.0	0.0	0.7	0.9	1.4	2.7
Family Planning	11.6	11.9	10.6	10.6	10.7	10.2
Non-Clinical	1.3	5.3	1.0	3.7	3.4	5.7
Prenatal	1.5	0.9	1.5	1.3	1.8	1.5
WIC	37.9	37.3	35.3	37.5	31.6	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Program Data from Other Departments

The following statistics reveals the county compares extremely poor in one area. Houston County's Child Abuse and Neglect case rate is 123% higher than the State rate. This may indicate a need to develop interventions that will improve parents knowledge regarding the stages of childhood development, effective parenting skills, appropriate behavioral modification techniques, and other concepts related to healthy family relationships.

Program Data From Other Departments (Continued)

Other Department Data	County	Mid-Cumberland Region	State
Percent of <i>Children Under 18 Receiving AFDC</i>	10.7	7.2	15.8
Percent of <i>Children Under 18 Below Poverty</i>	21.2	12.0	20.7
Percent of Students Participating in School <i>Free Or Reduced Price Lunch</i> Program	46.0	30.9	48.0
<i>Child Abuse And Neglect</i> Case Rates per 1,000 Children Under Age 18	20.3	5.3	9.1
Percent of Children <i>Referred To Juvenile Court</i>	3.1	3.6	4.1
<i>Children Under Age 18 In State Care</i> (Rate Per 1,000 Children Under Age 18)	4.7	10.8	10.0
Percent of Students Receiving <i>Special Education</i>	17.4	18.1	17.4
Percent of <i>High School Dropouts</i> (Grades 9-12, 1993-1994)	4.7	3.3	4.7
Percent of Population <i>TennCare</i>	27.7	14.9	23.3

 - Designates a figure above the State rate or percentage

Appendix F

HIT Internet Project (server.to/hit)

Health Information Tennessee (H.I.T.)

When the Tennessee Department of Health began its innovative Community Diagnosis Project in 1995, one of the first issues was the need for ready access to summary statistics and data tables at the local level. The goal was to support and enable 14 regional health councils representing all 95 counties to assess and prioritize community needs and plan for effective prevention and/or intervention. In conjunction with the data management and analysis activities for the Health Status Report, the Internet was the chosen medium for data and report dissemination.

The creation of HIT commenced in January 1997. HIT not only provides the usual assortment of previously calculated health and population statistics, but also utilizes a lesser-used Internet feature, Common gateway Interface (CGI). This innovative feature allows the user the opportunity to query various Tennessee health databases in such a way that personalized charts and tables can be produced upon demand. The requested information is calculated at the moment the query is submitted by a self-modifying SAS program residing on a server computer at The University of Tennessee, Knoxville. In this way, information can be presented in an infinitely flexible manner, statewide and substate comparisons can be made locally, and access can be widespread and multifocal.

Anyone with Internet capabilities can access the HIT site at server.to/hit.

If you have questions about the HIT Internet Project, you may want to contact the group responsible for the development of the HIT site. You may use the address provided below.

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