

**LAKE 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 LAKE COUNTY HEALTH COUNCIL.**

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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 Lake 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 Lake County.

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

Council Make-up

Lake County being a relatively small community has 14 members on its health council and has been in existence since 1995. The membership consists of a broad-based representation of the community that includes: the local health department; two Federally Funded Primary Care Clinics, public schools, local government, ministers, private medicine, and consumers. Although Lake County Health Council is small in number, it has been very effective in accomplishing many of its goals. The current council membership is located in **Appendices A**.

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COUNTY DESCRIPTION

Geographical Facts

Lake County is located in the extreme northwest corner of the state. Bounded on the north by the state of Kentucky, on the west by the Mississippi River, on the east by Obion County and on the south by Dyer County. The county is *195.5* square miles in area and is located *72* miles from Jackson and *104* miles from Memphis to the south.

Lake County was founded in 1870 and its county seat is located in Tiptonville. Its largest population centers are Ridgley with *1,775* residents and Tiptonville with *2,208* residents.

One of the most interesting geographical features of the county is Reelfoot Lake. Reelfoot Lake was formed by a series of violent earthquakes during the years of 1811 and 1812. It is a beautiful shallow lake that attracts fishermen, hunters, naturalists, and thousand of visitors to observe the American Bald Eagles, which migrate there annually to nest and raise their offspring in the winter and spring seasons.

Economic Base

The county's economic bases are agriculture, two state correctional institutions, and tourism from which it draws significant revenues due to the many sportsmen and visitors to the Reelfoot Lake area.

Agriculturally, the county has the highest percentage of tillable land of any county in the state and its farmlands are appraised higher than any other farm lands in the state. It is agriculturally very productive and produces more cotton than any other county in the state, turning out approximately 3 bales for every man, woman and child in the county. In 1996 Lake County farmers planted *11,724* acres of cotton, *47,961* acres of soybeans, *15,770* acres of corn, and *18,190* acres of other grain crops such as milo, wheat, and rice.

The two correctional facilities employ approximately *600* persons with a combined payroll of *\$12,400,000.00* per year. Many of those payroll dollars are spent locally on housing, retail purchases and on recreational activities which help to increase the tax revenue base.

Health Care

Health Care is provided through two Federally Funded Primary Care Centers located in Tiptonville and Ridgley, the Lake County Health Department, plus one private physician, one dentist, and two nursing homes. The county has no hospital, however the county operates it's own Emergency Medical Service which transports patients to Methodist Hospital in Dyersburg and to Baptist Memorial Hospital in Union City, both of which are approximately *25* miles away. A new Public Health Department building has been approved and funded with construction scheduled to begin in the spring of 1998.

COUNTY DESCRIPTION

Population Facts:

POPULATION

	COUNTY	REGION	STATE
Percent of households that are family households.	71.8	74.7	72.7
Percent of households that are families headed by a female with no husband present.	13.4	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	8.1	6.4	6.9
Percent of households with the householder 65 and older.	27.3	27.5	21.8

EDUCATION

	COUNTY
Number of persons age 25 and older.	4,700
Percent of persons 25 and older that are high school graduates or higher.	49.6
Percent of persons 25 and older with a bachelor's degree or higher.	5.0

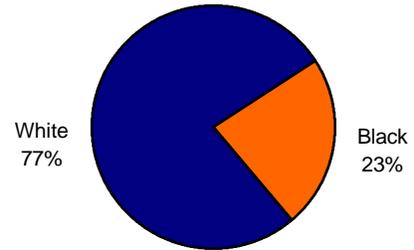
EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	5,775
Percent In Work Force	47.3
Number of Persons 16 and Older in Civilian Work Force.	2,733
Percent Unemployed.	9.1
Number of Females 16 Years and Older with Own Children Under 6.	308
Percent in Labor Force.	55.5

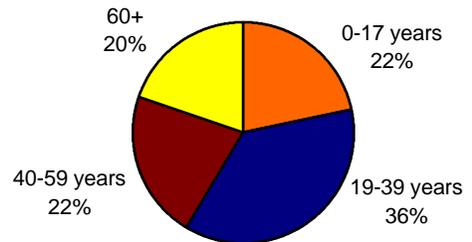
POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$8,285	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	27.5	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	38.2	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	24.9	27.4	20.9

Lake County Racial Break Down



Lake County Age Breakdown



COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Lake County Health Council has been in existence since early 1995 and was created by the Community Development Staff of the Northwest Community Health Agency. Since then it has come under the support of the Tennessee Department of Health.

An informational meeting was held in 1996. 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. Membership was expanded as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a Stakeholder Survey. Each council member completed the survey and took copies to other residents of the county. A total of 28 surveys were returned for tabulation.

Although the Stakeholder Survey was completed, the council felt it was important to collect more information from the residents of the county. The council created a community survey document (Lake County Community Survey), which asked additional questions about personal health, basic demographic information and opinions on particular issues. A total of 138 surveys were completed and returned.

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 priority health priorities were identified.

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 Lake County Health Council was determined to gather as much information as possible from the residents of Lake 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. Stakeholder Survey:

This survey was taken from the Community Diagnosis Manual and distributed to the council. The object of this survey was to get information from the leaders of the community who had knowledge of the health delivery system in the county. A total of 28 surveys were returned with a majority of the respondents coming from residents who fell into the high to mid income brackets.

2. Lake County Community Survey:

The members of the council created this survey in an effort to find out the citizen's perceptions of community's needs. The council felt that there were specific concerns about the county that could not be addressed in a generic survey format. Some of these concerns centered on the number of "latch-key" children in the community, and the Lake County Ambulance Service. With the assistance of council members and the local health department the survey was distributed to a more appropriate representation of the community. Several surveys were obtained at a Health Fair sponsored by the health council.

3. Behavioral Risk Factor Survey:

This survey was a random telephone survey conducted by the University of Tennessee. Approximately 200 Lake 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 Lake County residents. They're perceived list of concerns is as follows:

PERCEIVED HEALTH PROBLEMS

- **IMPROVEMENT OF EQUIPMENT & TRAINING FOR THE COUNTY AMBULANCE SERVICE**
- **BEFORE/AFTER SCHOOL DAY CARE**
- **PHARMACY PROGRAM FOR THE INDIGENT**
- **DENTAL CARE**
- **EYE CARE**
- **SMOKING AND TOBACCO USE**
- **PRENATAL CARE/OB CARE**
- **HEART DISEASE**
- **TEEN ALCOHOL AND DRUG USAGE**
- **TEEN PREGNANCY**
- **LUNG CANCER**
- **CANCER**
- **BREAST CANCER**
- **MOTOR VEHICLE DEATHS**
- **DIABETES**
- **STROKE**
- **SEXUALLY TRANSMITTED DISEASES**
- **STRESS**
- **CHILD ABUSE/NEGLECT**

Secondary Data Analyzed

The Lake 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 Lake 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 Lake 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 Lake County.

PRIORITIZED HEALTH PROBLEMS

- 1. IMPROVEMENT OF EQUIPMENT AND TRAINING FOR THE COUNTY AMBULANCE SERVICE**
- 2. TEEN ALCOHOL, DRUG AND TOBACCO ABUSE ***
- 3. STRESS**
- 4. CHILD ABUSE ***
- 5. TEEN PREGNANCY ***
- 6. BEFORE & AFTER SCHOOL PROGRAM ***
- 7. PRENATAL/OB CARE**
- 8. PHARMACY RELIEF PROGRAM/DENTAL CARE**
- 9. HEART DISEASE/ DIABETES**
- 10. SEXUALLY TRANSMITTED DISEASES**

** These problems were categorized into Youth Health and Wellness*

Problems Selected for Intervention

- 1. Ambulance Equipment and Training.**
- 2. Youth Health and Wellness ***

HEALTH ISSUES AND PRIORITIES

Priority Problem Justification

Ambulance Equipment and Training:

The Lake County Ambulance Service is the only type of emergency service that exists in Lake County. It has two operational ambulances, and serves a population of 7,129 residents, of which 20% are 60 years of age and up, two State Prisons, and two nursing home facilities. The nearest hospitals are located in Union City, Tennessee (an approximate one way trip of 29 miles) and Dyersburg, Tennessee (an approximate one way trip of 26 miles).

This issue was identified through the collection of primary data and information from the county populous and county leaders. The council met with the County Executive, County Medical Officer and Director of the County Ambulance Service to discuss the acquisition of needed equipment, namely two defibrillators, plus advanced training for the employees. During this meeting it became evident that budget constraints prohibited the county from purchasing the defibrillators as well as the additional training required by state mandates. The council and county leaders realized that without the new equipment and training the unnecessary loss of life could become a reality.

Youth Health Issues:

As the preceding list revealed four of the top health concerns focused on youth health issues in Lake County. Rather than addressing each of these issues individually, the council chose to group these issues into one category identified as Youth Health and Well-being Issues. The following issues were included: Teen Pregnancy; Teen Alcohol, Drug and Tobacco Abuse; Child Abuse; and a Before/After School Program.

Teen Pregnancy:

In the Next 24 hours: 2,795 teenage girls will become pregnant.

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

**Lake 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	8 21.7	11 34.3	16 48.5	15 44.0	12 34.3	12 33.3	10 27.0
White	5 18.7	5 21.3	7 29.5	12 49.4	10 40.0	7 27.3	7 26.7
Non- White	3 29.7	6 0	9 0	3 0	2 20.0	5 48.1	3 27.8

HEALTH ISSUES AND PRIORITIES

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, an 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. (CDC, 1991)

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)

Alcohol, Drug and Tobacco Use:

In the next 24 hours: 9,506 teens will take their first drink of alcohol or use drugs. It is reported that 50% of all teens use alcohol or drugs.

The following comparisons are made using the Tennessee High School Survey of 1996 from the Northwest Region participants (Carroll, Gibson, Henry, Lake, Obion, and Weakley) and state totals. Using the 1995-96 school enrollment, estimates of student involvement are derived from the regional percentages.

The 1995-96 Lake County School Enrollment was for grades 9th through 12th was 356.

Questions Asked	Northwest Estimates %	Lake County Estimate
Smoked Cigarettes	64.5	230
Used Smokeless Tobacco	33.9	121
Used Alcohol	70.7	252
Gotten Drunk from Alcohol	68.5	244
Used Marijuana	31.1	111
Used Crack/Cocaine	5.4	19
Used Inhalants	18.6	66
Bought Drugs at School	14.8	53
Offered/Given Drugs at School	39.5	141
Driven after Drinking (last 12 months)	21.2	75
Driven after Drug Use (last 12 months)	16.6	59

*Average age to begin smoking is 12
Average age of first use of alcohol is 14
Average age of first use of Marijuana is 14
Average age of first use of inhalants is 13*

Tobacco use is addictive and is responsible for more than one of every 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).

HEALTH ISSUES AND PRIORITIES

In a community health status survey conducted by the Health Council, of the 138 respondents, 75 percent reported that teenage alcohol usage and 70 percent reported that teenage drug usage to be a problem in their community.

Child Abuse:

Every day in 1995, nearly 100 children were reported abused or neglected in Tennessee. Eighty-five percent of the perpetrators of the abuse were parents, stepparents, grandparents, siblings, other relatives or adoptive parents. There were 35,278 alleged cases in Tennessee in 1995, of those 12,007 (34%) were verified.

In 1992-1993 there were 24 verified cases of abuse or neglect to children 18 years of age and under in Lake County. The rate was 16.2 per 1,000. In 1993-1994 there were 23 verified cases of abuse or neglect of children 18 years of age and younger in Lake County. The rate was 16.2 per 1,000.

In 1996, there were a total of 26 cases of child abuse/neglected reported in Lake County. Of these cases 14 cases were indicated to be actual abuse and 12 were unfounded.

Afterschool Programs:

- 29% of juvenile offences occurs on school days between the hours of 3:00 p.m. (when young people begin to get out of school) and 8:00 pm.
- These are the hours when children are more likely to engage in at-risk behaviors and are more vulnerable to the dangers that still exist in too many neighborhoods and communities.

Children, families and communities benefit in measurable ways from high quality afterschool programs. By providing afterschool programs, we give children safe, engaging environments that motivate and inspire learning outside of the regular school day. Effective programs combine academic, enrichment, cultural, and recreational activities to guide learning and engage children and youth in wholesome activities.

Potential benefits of a Afterschool Program:

- *Decrease Juvenile Crime/Vandalism.*
- *Decrease risky behaviors, such as drug, alcohol and tobacco use.*
- *Improve grades/academic performance*
- *Develop appropriate social skills.*
- *Improve self-confidence.*
- *Improve school attendance and reduce dropout rates.*
- *Improve behavior/handle conflicts in more socially acceptable ways.*
- *Establish positive relationships with peers and authority figures.*

Health Planning

Once the council had identified their priority issues, the membership chose to work on each priority health concern as a council rather than forming separate sub-committees. Additional agencies and other residents were contacted to meet with them and develop interventions.

APPENDICES

COUNCIL MEMBERS

Will Ann Avery
Consumer

Betty Baker
Tennessee Department of Children's Services

Marilyn Barnes
Director, Lake County Health Department

John Coleman, Vice-Chair
Baptist Minister

John Fields, Chair
Baptist Minister

Julia Foster
Lake County Primary Care Center

Lisa Hicks
Mental Retardation Representation

Diane Homra
Counselor, Lake County School System

Cora Hughes
Retired Teacher

Dana Kendall
Adolescent Pregnancy Initiative

Linda Lamastus
Lake County Office on Aging

Wanda Leake
Lake County Health Department

Jenny Parton
Margaret Newton School

Macie Roberson
County Executive

Beverly Whaley
Regional Prevention Coordinator

Ernest Wray
Consumer

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