

# Lauderdale County Community Health Council

## Community Needs Assessment



**1998**

**Volume I**

**A report on the county's health status and strategies  
developed by the community**

Community Development  
Tennessee Department of Health  
295 Summar Avenue  
Jackson, TN

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# INTRODUCTION

## Mission Statement

*The Mission of the Community Health Council is to determine the health needs of the community and develop a plan of action for improving the health status of people in Lauderdale County, Tennessee.*

## COUNTY DESCRIPTION

### Land Area

Lauderdale County was organized in 1836 and named for Col. James Lauderdale, hero of the Battle of New Orleans. The community is located on the Mississippi River in northwestern Tennessee between the Hatchie River of the south and the Forked Deer River on the north. The county seat of Ripley was incorporated in 1838.

Other important communities in Lauderdale County include Halls, Henning and Gates. All four cities are located on US Highway 51 and are on the main line of the Illinois Central Railroad between Chicago and New Orleans. Henning was the childhood home of legendary "Roots" author Alex Haley.

An important Civil War battle was fought at Fort Pillow in the southern portion of the county. Fort Pillow State Park is open to the public.

## ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in Lauderdale County. A diverse group of employers and some of the State's newest and most innovative schools have enhanced the quality of life for local residents. The quality of life is further enhanced by an outstanding Parks and Recreation Department in Ripley which received the Governor's Award for Excellence in 1993, 1994 and 1995.

Agriculture remains an important part of the economy. Lauderdale County boasts some of the richest soils in the world which continue to produce high quality cotton, corn, strawberries and vegetables. The community is known worldwide for its delicious tomatoes and takes pride in hosting the annual Lauderdale County Tomato Festival.

Tourism and recreation are fast becoming leading industries in the community. Recreational opportunities include hunting, fishing, boating, swimming, and golf. The county's two lakes – Open Lake and Chisholm Lake-rival Reelfoot in scenic beauty and fine fishing.

# Demographics of Lauderdale County

## **MEDICAL COMMUNITY**

Baptist Memorial Hospital -Lauderdale is a full-service 70 bed, not-for-profit general acute care facility offering a wide range of services on both an inpatient and outpatient basis.

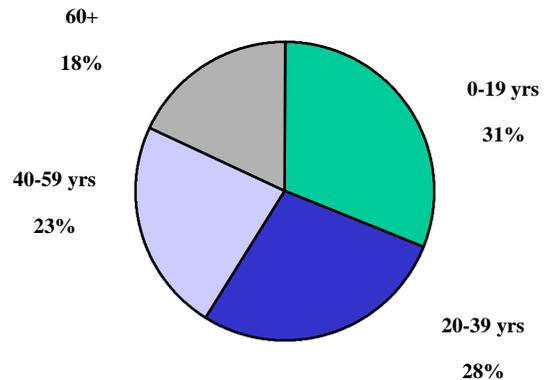
Available services include: Ambulatory Surgery, CAT Scan, Nuclear Medicine, 24 Hour Cardiac Monitoring, Cardiac Stress Testing, Home Health, and Hospice. Such specialties as internal medicine, pediatrics, urology, cardiology, radiology, pathology, and obstetrics are represented on the medical staff.

The expanded medical community offers general and family practitioners, dental and orthodontic services, optometrists and opticians. Professional Counseling Services, Inc. offers a variety of services from early childhood intervention to stress management. There are two intermediate care facilities with a total of 253 licensed beds to meet the nursing home needs of the area. Home health services are also available to those in need of special treatment.

The Lauderdale County Health Department offers a wide range of services including family planning, prenatal care, WIC, nutritional counseling, child immunizations, adolescent dentistry, Resource Mothers, Childrens' Special Services, STD testing, adolescent pregnancy prevention programs, and health education services.

## **DEMOGRAPHICS**

County Age Breakdown



## **POPULATION CATEGORY**

### **LAUDERDALE COUNTY**

<b>SEX</b>	<b>NUMBER</b>	<b>%</b>	<b>TN PERCENT</b>
FEMALE	12,628	52	52
Male	11,533	48	48
<b>Race</b>			
White	16,583	69	83
Black	7,398	31	16
Other	190	-	-

# DEMOGRAPHICS OF LAUDERDALE COUNTY

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## HOUSEHOLDS

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Total Number of Households: 8,453

	<b>County</b>	<b>Region</b>	<b>State</b>
Percent of households that are family households	75.4	74.7	72.7
Percent of households that are families headed by a female with no husband present	14.9	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	8.4	6.4	6.9
Percent of households with the householder 65 and up	27.6	27.5	21.8

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## EDUCATION

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	<b>County</b>	<b>Region</b>	<b>State</b>
Number of persons age 25 and older	14,762	294,457	3,139,066
Percent of persons 25 and up that are high school graduates or higher	52.1	56.5	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6	7.6	16.0

# DEMOGRAPHICS OF LAUDERDALE COUNTY

## EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	17,723	352,668	3,799,725
Percent In Work Force	57.6	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	10,189	209,376	2,405,077
Percent Unemployed	11	7.4	6.4
Number of Females 16 Years and Older with Own Children Under 6	1,473	26,205	287,675
Percent in Labor Force	68.8	64.9	62.9

## POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$8,607	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	22.4	19.03841	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	27.6	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	36.5	27.4	20.9

Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social, Economic, and Housing Characteristics Tennessee.

# COMMUNITY NEEDS ASSESSMENT

## HISTORY OF THE PROCESS

In 1996 local health care providers and community leaders in Lauderdale County began an on-going dialogue about the challenges facing the community's health care delivery system. It was becoming apparent that the pressures of reform including changes in Medicaid, AFDC, and reimbursement rates for rural hospitals were beginning to strain the community's limited resources. Local leaders responded by forming a Community Health Council to serve as a mechanism for evaluating the health status of the community and pooling resources to address shared problems. The Health Council conducted a comprehensive assessment of the health status of Lauderdale County residents and developed a strategy to address the needs identified.

### *COMMUNITY DIAGNOSIS*

The "Community Diagnosis" process developed by the Tennessee Department of Health was the basis for the assessment. Community Diagnosis is a data-driven assessment process which helps communities identify and prioritize health problems.

Information regarding the community's health status, in addition to data available from the State, was collected and analyzed. Data from a behavioral risk factor survey conducted by the University of Tennessee was also reviewed. Secondary data available from the Department of Health and other sources were then studied in order to focus discussion. Once a comprehensive list of problems had been compiled, the problems were prioritized based on size, seriousness, and effectiveness of interventions. Using this approach a Community Health Problems List was developed. Once this list had been compiled, work groups were developed to begin developing specific goals and designing appropriate interventions.

***"Health Departments across the county have not developed good assessment capabilities, but we must concentrate on this function if we are to enter the 21<sup>st</sup> century with the data and system to recognize health problems as well as resolve them."***

***Fredia Wadley, Commissioner  
Tennessee Department of Health  
February 1995***

# COMMUNITY NEEDS ASSESSMENT

## COUNCIL MAKE-UP

The Lauderdale County Community Health Council consists of a diverse group of community leaders which is representative of the community in terms of geography, race, profession, and institutional factors. A list of council representatives is attached as Appendix A.

## DATA GATHERED

### ***Demographic and Socioeconomic Data***

Population Demographics  
Life Cycle of Residents  
Labor Force Status  
Marital Status  
Poverty Status  
Family/Household Status

### ***Health Professionals Data***

Primary Care Physicians  
OB/GYN Physicians  
Internists  
Pediatricians  
Specialists  
Dentists  
Nurse Practitioners/Nurse  
Midwives

### ***TennCare Data***

Number of Enrollees  
Managed Care Organizations  
Number of Providers by MCO

## ***Health and Vital Statistics Data***

Fertility Data  
Cancer  
Adolescent Pregnancy Rates  
Diabetes  
Live Births by Age and Race  
Heart Conditions  
Birthweight Trends  
Hypertension  
Infant Deaths by Race  
HIV/Aids  
Leading Causes of Death  
Stress  
Mothers Exhibiting Maternal Risk Factors  
Tobacco Use  
Motor Vehicle Mortality  
Hospital Discharge Data  
Accidental Death Mortality  
Violent Deaths  
Sexually Transmitted Diseases  
Obesity

### ***Family Data***

Domestic Violence Patterns  
Child Abuse and Neglect  
Alcohol and Drug Abuse

# COMMUNITY NEEDS ASSESSMENT

## ***Community Health Surveys***

The Council supplemented published data by reviewing survey data regarding behavioral risk factor conducted by the University of Tennessee. Focus groups were also conducted to gather input and identify anecdotal data to support the assessment process.

## ***Community Health Concerns Identified***

- ◆ Hypertension
- ◆ STD's
- ◆ Obesity
- ◆ Heart Conditions/Stroke
- ◆ Cancer
- ◆ Drug Abuse
- ◆ Adolescent Violence
- ◆ Alcohol Abuse (Youth)
- ◆ Domestic Violence
- ◆ Teen Pregnancy

## ***PRIORITIZED PROBLEMS***

The Council discussed an increasing range of pressing health problems that the community must address with limited resources. To direct those resources well, the Council established priorities from among the problems identified. For this task the Council chose a modification of the method developed by J.J. Hanlon who is a nationally known public health professional. This method sets priorities on the basis of the size and seriousness of the problem in conjunction with knowledge about the effectiveness of potentially available interventions. Each problem being considered was given a numerical score on a scale of 0 to 10 based on the size of the population affected, the seriousness of the problem and the effectiveness of potential interventions. The following formula was used for the calculation of total scores (D) where A = Size; B = Seriousness, and C = Effectiveness of Interventions,

$$D = A + (2B) \times C$$

# COMMUNITY NEEDS ASSESSMENT

## **Community Health Priorities 1998-99**

### **Heart Disease Adolescent Pregnancy**

The Community Health Council selected two problems from the list of health concerns to be addressed during the first project year. These community health priorities were heart disease and adolescent pregnancy. When selecting these priorities for 1998-99, the Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Links between problems, barriers to effective intervention and the availability of resources were all important considerations.

## **Community Resources**

### **ADOLESCENT PREGNANCY**

- ◆ Local Physicians
- ◆ Lauderdale County Health Dept.
- ◆ Regional Health Department
- ◆ Schools
- ◆ TN Department of Children's Services
- ◆ Churches
- ◆ Lauderdale County Juvenile Court
- ◆ Professional Counseling

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

### ***HEART DISEASE***

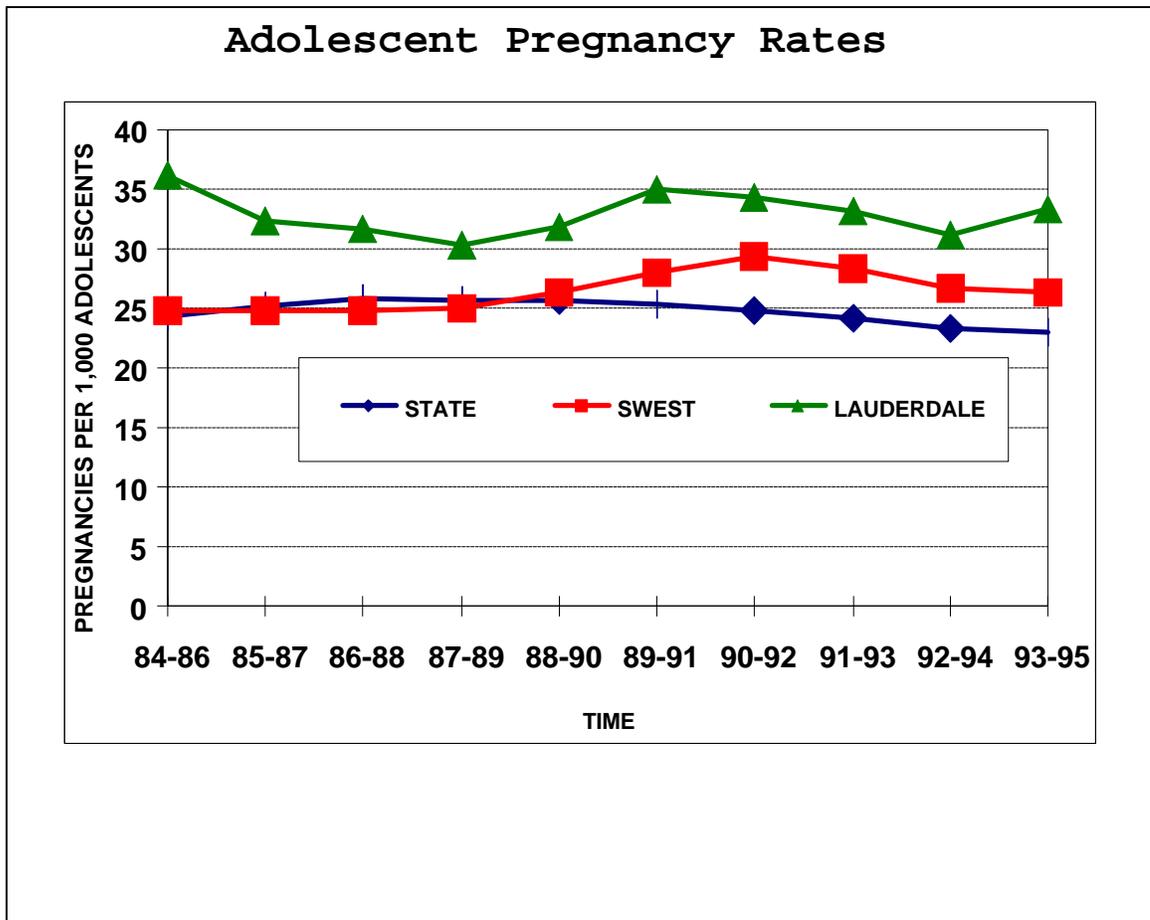
- American Heart Association
- Tennessee Department of Health
- Baptist Memorial Hospital
- Ripley Parks and Recreation
- Schools
- Churches
- Local Physicians
- Lauderdale County Emergency Services
- Civic Clubs
- Agricultural Extension Service
- Office of Rural Health Policy
- TN Office of Rural Health
- TN Primary Care Association
- Managed Care Organizations

# COMMUNITY NEEDS ASSESSMENT

## ADOLESCENT PREGNANCY

The adolescent pregnancy rate for Lauderdale County has been historically among the highest in the region. There are many causal factors related to teenage pregnancy, including low self-esteem, family history of early pregnancy, previous sexual abuse, substance abuse, lack of involvement in community activities, lack of adult supervision, economic factors, lack of knowledge about reproductive health, as well as issues surrounding male involvement and responsibility.

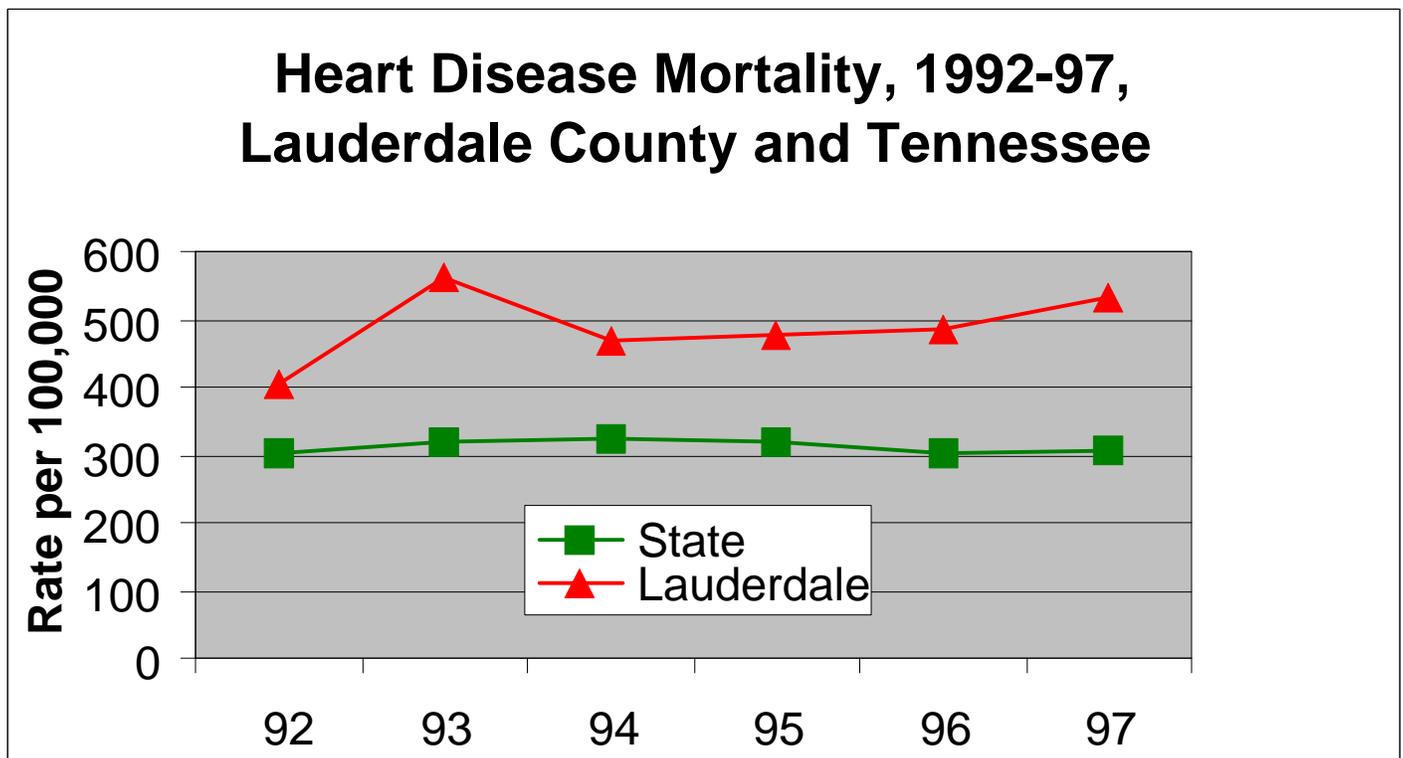
Teenage pregnancy is important because it is associated with prenatal health problems, academic failure, diminished employment opportunities, and increased dependence on public support for sustenance, housing and health care. Community Survey Results indicated that 55 percent of respondents believe adolescent pregnancy is a “Definite” community health problem.



# COMMUNITY NEEDS ASSESSMENT

## **HEART DISEASE AND STROKE**

Residents of Lauderdale County suffer from an unacceptable rate of morbidity and mortality from heart disease and cerebrovascular diseases. The rate of mortality from heart disease in Lauderdale County is almost twice the national rate. Lauderdale County's cardiovascular disease death rate of 262.1 was the highest among Tennessee's ninety-five counties in 1996. Over 50 percent of all deaths in Lauderdale County are attributable to cardiovascular disease. Approximately 150 individuals die per year in Lauderdale County due to CV disease.



Risk factors for heart disease as identified by the American Heart Association include hypertension, elevated cholesterol, smoking, obesity, and sedentary lifestyle. Each of these factors is present in Lauderdale County to a greater extent than can be found in surrounding counties or the State as a whole. The prevalence of each factor is best appreciated when compared to the national Year 2000 Objectives.

**Cardiovascular Risk Factor Prevalence  
Lauderdale County and Year 2000 Objectives**

<b>Risk Factors</b>	<b>Lauderdale</b>	<b>YR 2000 Objective</b>
Obesity	32%	20%
Smoking	58%	15%
Sedentary Lifestyle	36%	15%
Elevated Cholesterol	48%	20%

In a community survey conducted in 1997, 33 percent of respondents reported having been told by a health professional that they have health problems related to heart disease or hypertension. Less than half sought specialized treatment. More than three-fourths of respondents described heart disease and hypertension as “serious” health problems for the community.

***Actions and Strategies***

***Subcommittees were formed to serve as working groups for each priority identified and were expanded to include individuals with knowledge and experience related to each problem. Each subcommittee was charged with the responsibility of developing a plan of action which included objectives, activities and evaluation criteria. Volume II of this report will include those findings and recommendations.***

## Appendix A

### Lauderdale County Community Health Council

**Danny Perry, Director**  
**County Health Dept.**

**Rozelle Criner**  
**County Executive**

**Annette Maxwell**  
**Tina Turner Ctr.**

**Cathy Taylor**  
**County Health Dept.**

**Dwight Weaver**  
**Crain's Pharmacy**

**Shavetta Conner, MD**  
**West TN Regional Health Office**

**Bobby Webb**  
**Lauderdale Co. Superintendent**

**Betty Smith**  
**County Health Dept.**

**Pam Conner**  
**UT-Memphis Family Practice**

**Jean McAllister**  
**Family Resource Center**

**Rev. W.L. Reid**  
**Local Pastor**

**Linda Hallock**  
**Baptist Memorial Hospital**

**Christine Anderson**  
**Ag Extension Office**

**Ollie Fields**  
**Family Resource Center**

**Marva Temple**  
**Family Resource Ctr.**

**Audrey Jones**  
**County Health Dept.**

**Clayton Pattat**  
**Tucker Adult Learning Ctr.**

**Sue McLemore**  
**Parks & Recreation**

**Mary Beth Griffith**  
**Baptists & Physicians**

**Lewis Jennings**  
**Parks & Recreation**

**Sue Dorsett**  
**County Health Dept.**

**Carol Manns**  
**County Health Dept.**

**Lisa Hankins**  
**Baptist Memorial Hospital**

**John Boevingloh**  
**Baptist Memorial Hospital**