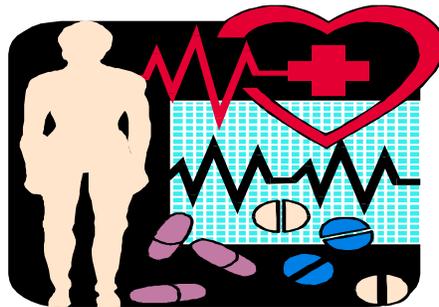


COMMUNITY DIAGNOSIS

STATUS REPORT



LAWRENCE COUNTY

1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The Lawrence County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability and affordability of quality health care within the South Central Tennessee Public Health Region.

Definition of Community Diagnosis:

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation in order to determine the health needs of the community.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of quantified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

History/Summary:

Lawrence County, Tennessee was the seventh county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council on March 12, 1998. The initiating meeting was held at the Showring Grill in Lawrenceburg and was hosted and facilitated by the South Central Region’s Community Development staff.

Those present at the initiating meeting were given an overview of the Community Diagnosis process. The group was informed of the intent of the Department of Health to improve their assessment and planning by giving residents an opportunity to assess health problems at the local level. Everyone present was given the opportunity to become a member of the Lawrence County Health Council by indicating their interest on a questionnaire provided by the Community Development staff. They were also encouraged to nominate any community member who might be interested in serving on such a council. The Council elected to meet on the second Thursday of each month.

The first meeting was scheduled for April 8, 1998. At the July 9th meeting, the Council elected Jerry Geho, a minister and director of the Realities program, to serve as Chairman. Stanley Leech was elected vice-chair. Under the leadership of Mr. Geho, the Council completed their community diagnosis and began a community assessment. The Community Development staff analyzed and prepared health data from several sources for the review of the Health Council. A survey was distributed throughout the

community, and the regional Community Development staff tabulated the results. The survey was designed to measure the perception of Lawrence County residents concerning the health status of the county and the delivery of the health care within the community.

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

The council has reviewed primary and secondary data from several sources concerning the health status of Lawrence County residents, availability of health care resources, effectiveness of resources, and utilization of resources across the county.

The data that was reviewed by the council, as well as specifics concerning data sources and collection methods, are described in detail within this document. After comparing community perception with actual incidence and prevalence of certain health problems and accessibility issues, the Council applied a scoring mechanism to the list of health problems.

The council agreed upon a list of 5 priority health problems. These 5 health and social problems have served as the focal point of the council since that time. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Substance Abuse**
- 2. Teen Pregnancy**
- 3. Motor Vehicle Deaths**
- 4. Law Enforcement Enhancement**
- 5. Diabetes**

General Statement of Council Makeup

The Lawrence County Health Council is made up of several local residents, each of which represents a vested interest in the county. Currently the council has a membership of 31 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, and businesses.

Appendix A: Membership List

III. TABLE OF CONTENTS

- I. Title Page**
- II. Introduction**
 - *Mission Statement of county
 - *Definition of Community Diagnosis
 - *History/Summary
 - *General statement of council makeup
- III. Table of Contents**
- IV. County Description**
 - A. Geographic & Land Area**
 - B. Demographics**
 - C. Economic Base**
 - D. Medical Community**
- V. Community Needs Assessment**
 - A. Primary Data**
 - *Behavior Risk Factor
 - *Community Survey
 - B. Summary of Secondary Data**
- VI. Health Issues and Priorities**
 - *Community Process
 - *Priorities
- VII. Future Planning**
- VIII. Appendices**

IV. LAWRENCE COUNTY DESCRIPTION

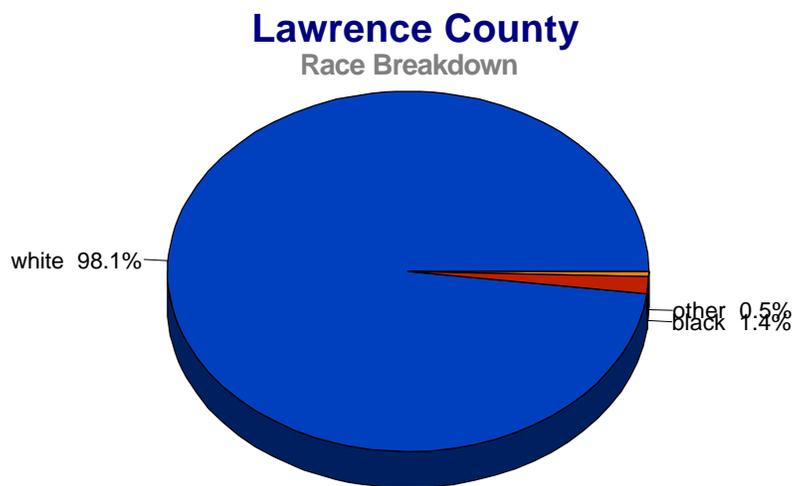
A. Geographic & Land Area

Lawrence County is a rural, sparsely populated community and is one of twelve counties located in the South Central Region of the Tennessee Department of Health.

Lawrence County's geographical location is southwest of the Department of Health's South Central Regional Office. It is bordered by Giles County to the East, Wayne County to the West, Lewis County to the North, and Maury County to the Northeast.

B. Demographics

The county was settled in 1817 with Lawrenceburg as the county seat. According to the 1997 Picture of the Present, Lawrence County has a total population of 39,114. Of this total 98% are Caucasian, 1.5% are Black and .5% are classified as other races.



1997 population estimates

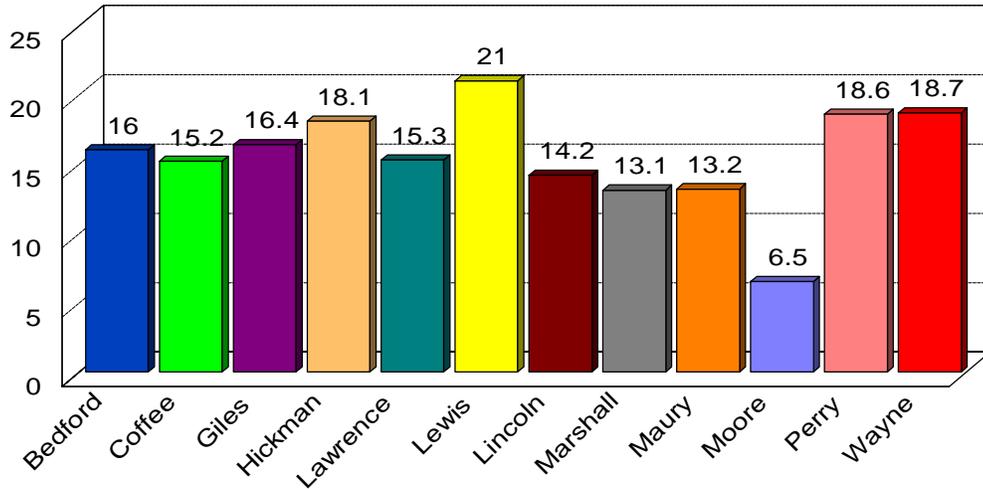
C. Economic Base

According to 1997 Poverty Level Guidelines, an individual earning less than \$657.50 per month is considered impoverished. For a family of four, \$1,337.50 per month is 100% of poverty.

According to the 1999 *State of the Child in Tennessee*, as of 1996, 22 percent of Tennessee's children under the age of 18 are still living below the poverty level, with 12 percent of Tennessee's children living in extreme poverty (50% of the poverty level). According to the 1990 Census, 15.3% of the population in Lawrence County is below

poverty level. The per capita income in Lawrence County for 1996 was \$18,052, which was lower than the state's per capita income of \$22,032.

South Central Region
Percent of Population Below Poverty



1990 Census

In 1998, 22.7% of the population was enrolled in TennCare, which was lower than the state's 23.5% for this same period.

During the data analysis phase of Lawrence County's Community Diagnosis, the council noted Lawrence County had an unemployment rate of 9.2% which was higher than 4.9% state rate for December 1996. As of May 1999, Lawrence County's unemployment rate was 10%.

D. Medical Community

HCA Crockett Hospital is the only hospital in the county. Currently there are nineteen primary care physicians in the county (10 Family Practitioners, 3 General Practitioners, 4 Internists, 1 Pediatrician, and 1 Obstetrics/Gynecologist) practicing at the hospital.

The summary statistics on the hospital for 1997 are as follows:

Licensed Beds	107
Staffed Beds	92
Average Daily Census	33
Average Length of Stay	4.1 days

There are three nursing homes in the county – Lawrenceburg Manor, NHC Healthcare of Lawrenceburg, and NHC of Scott. At the time of the data gathering, the nursing homes were staffed at 96.9% occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Lawrence County Health Council from April 1998 through November 1998. The Community Development staff presented the health data. Several data sources were consulted in order to meet the needs of the Health Council.

Appendix B – Behavior Risk Factor and Community Survey Results

A. Primary Data

Behavior Risk Factor Survey

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

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

1. Tobacco Use
2. Cancer & High Blood Pressure
3. Heart Conditions
4. Arthritis
5. Drug Abuse

The top concerns of access to health care, according the BRFS, are:

1. Transportation to health care
2. Access to nursing home care
3. Access to assisted living services
4. Access to hospitals

Stakeholder Survey

The Health Council elected to take advantage of the Stakeholders Survey that was available to them through the Community Development staff. The Health Council distributed the Stakeholders surveys in their community and the Community Development staff tabulated the results. The survey was designed to measure perception of the health care delivery system within the community.

A revised version of the Stakeholders Survey, which is now called the Community Survey is still used in the Community Diagnosis process. Some of the original input from the Health Council was taken into account in the development of the new tool.

According to the Community Survey results, the top five health issues are:

1. Crime
2. Arthritis
3. High Blood Pressure
4. Smoking
5. Youth Violence

The top five access to health care issues are:

1. Specialized Doctors
2. Emergency Room Care
3. Women's Health Services
4. Child Abuse and Neglect Services
5. Daycare Service for the Homebound

B. Secondary Data

Summary of Data Used

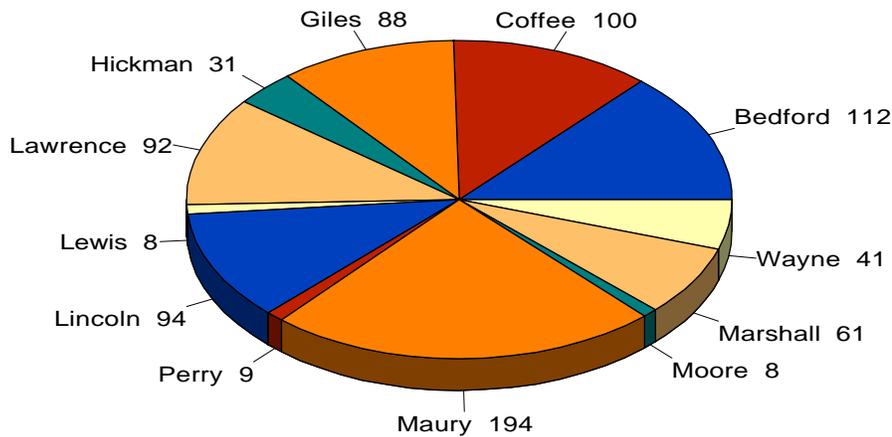
Educational Attainment:

At the time of the data gathering, education attainment in Lawrence County for people 25 years of age and older is below the state level for high school degrees (57.6% for the county vs. 67.1% for the state) as well as for bachelor's degrees (10.5% for the county vs. 16.0% for the state). These levels, however, are almost equal to the other counties in the South Central Region. Research shows that counties with low proportions of high school graduates among their population ages 25 years and older tend to have poorer economic conditions than counties with high proportions of educated adults. Data shows that over the next several years the educational attainment rate for high school degrees will likely decrease in Lawrence County due to the increase in the number of dropouts.

The high school dropout rate for the county was 4.5% (92 dropouts) based on 1993-1994 average. This percentage was comparable to the state's 4.7% was higher than the regional average of 3.84%. Teen pregnancy, poor grades, drug and/or alcohol abuse, and long hours on a job are some of the things that directly effect the dropout rate.

High School Dropouts by County (Grades 9-12)

South Central Region



Number of dropouts 1993-1994

For 1994-1995 in Lawrence County, 41% of the students participated in the school lunch program receiving lunch at free or reduced prices. This is only slightly below the state rate of 49%.

MORBIDITY & MORTALITY

The Lawrence County Health Council was presented with statistics concerning reportable diseases and causes of death within the county. The Health Council also reviewed the number of teen pregnancies that had occurred in Lawrence County over a ten-year time frame. The Community Development staff provided comparisons of similar data with other counties in the region and across the state to enable the Health Council to recognize significant problems in their own community.

In addition to specific health problems, the council was provided a comprehensive view of the status of children and youth within Lawrence County.

Five Leading Causes of Death:

The Lawrence County Health Council members were provided with county specific data concerning the leading causes of death. In 1997, the leading causes of deaths of all ages are as follows:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Bronchitis, Chronic
5. Accidents and Adverse Effects
(Includes Motor Vehicle Accidents)

With the exception of bronchitis, these are consistent with the leading causes of death across the state of Tennessee, as well as the United States.

Teen Pregnancy

Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Lawrence County's teen pregnancy rate per 1,000 females ages 15-17 for 1996 (32.4) was lower than the state's rate (55.8) and the regional rate (51.02). The 1997 pregnancy rate for teenage females ages 10-17 is 14.9 for Lawrence County which is lower than the state rate of 20.2 but consistent with the regional rate of 14.7.

Birth Data

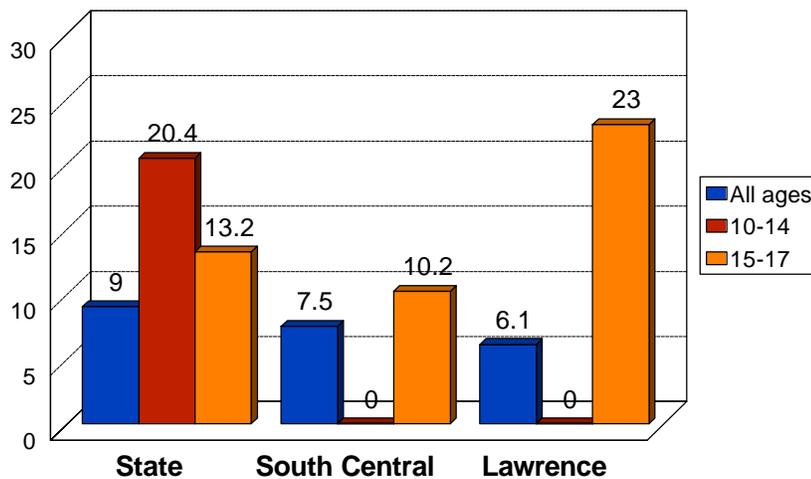
Infant mortality (deaths within the first year following birth) and births to infants that are low-weight are important indicators of a community's health status.

Through presentations by the Community Development staff, the Health Council learned that in Lawrence County, there were no infant deaths to the babies born to mothers ages 10-14 from 1992-1994. This is true for the South Central Region as well. Statewide the infant mortality rate (infant deaths per 1,000 live births) was highest in the 10-14 years age group followed by the 15-17 years age group. In 1994, the infant mortality rate for Lawrence County was 5.5 deaths per 1,000 live births (3 deaths); in 1997 this rate was 12.7 (7 deaths) as compared to the state's rate of 8.5 and the regional rate of 6.6 during this same period of time.

Low birthweight is a major problem in Lawrence County for teen mothers, especially those 10-14 years old. Twenty percent of babies born from 1992-1994 to mothers in this age group were low birthweight. This percentage was higher than the state (16.4%) but lower than the region (21.6%). In the 15-17 years age group in the county 6.9% of all live births were low weight babies. This average for the state during the same reporting period was 11.9% and the average for the region was 8.5%. The low birthweight for all ages from 1992-1994 was 6.8% for Lawrence County, 7.8% for the South Central Region, and 8.7% for the state.

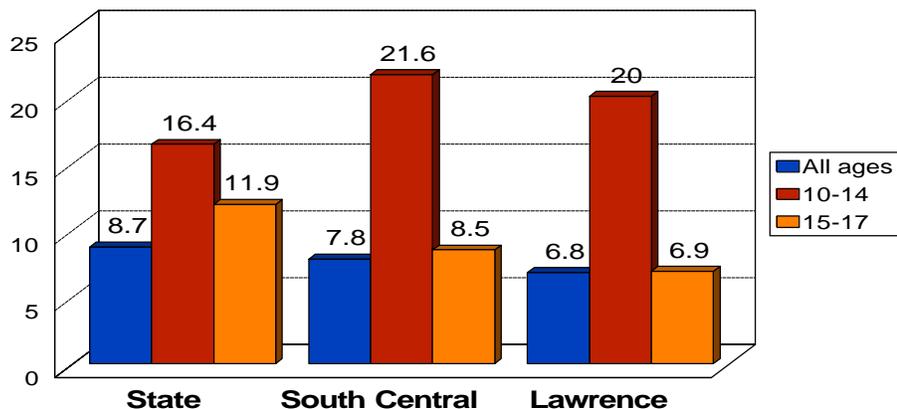
Infant mortality is reported as a rate of every one infant death per 1,000 live births. Lawrence County's average infant mortality rate for the years 1992-1994 was 6.1 per 1,000 live births. There were no infant deaths to mothers aged 10-14 years during this time in Lawrence County or for the regional average. The states average was 20.4 for 1992-94. In 1997 the infant mortality rate in Lawrence County was 12.7 (7 infant deaths). The same year the regional rate was 6.6 and the state rate was 8.5.

Infant Mortality (Infant Deaths per 1,000 Live Births)
 Three Year Average 1992-1994



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

Percent of Low Weight Births
Three Year Averages 1992-1994



Prenatal Access and Care:

The Health Council examined the status of prenatal care delivery in Lawrence County during the data analysis stage of their community diagnosis. Based on 1998 data, Lawrence County was a shortage area for Obstetrics and Pediatric care. In 1997, 70.1% of the pregnant women in Lawrence County received adequate prenatal care. This increased from 67.2% in 1994 and 67.7% in 1996.

Reportable Diseases:

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

- Syphilis
- Gonococcal Infections
- Chlamydia
- Lyme Disease
- Meningitis
- Tuberculosis
- Influenza
- Hepatitis A
- Hepatitis B

Hepatitis (Non A, Non B)
 Salmonellosis
 Mumps
 Measles
 Rubella

Influenza was the most prevalent disease in the county in 1997. Sexually transmitted disease rates over a ten-year period were presented at the Health Council. The sexually transmitted disease rate (per 100,000) for teens 15-17 years in Lawrence County is the fourth highest in the South Central Region with chlamydia reported most frequently.

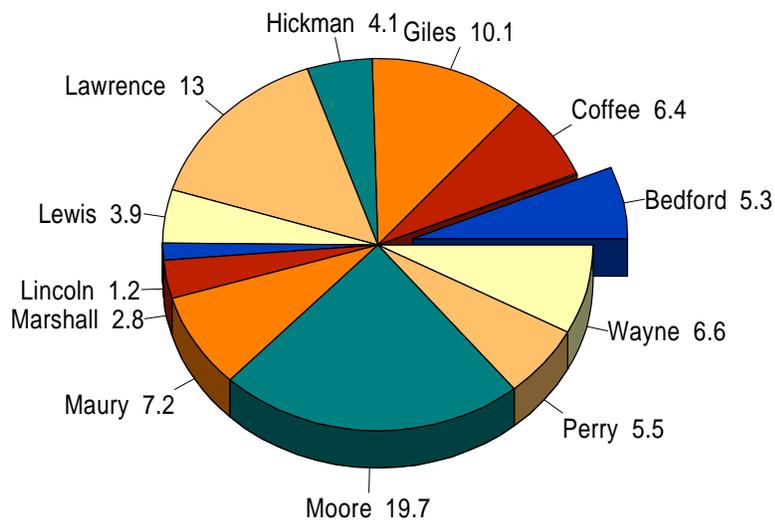
Cancer was the leading cause of death in the county for those 25-64 years of age. Lung cancer was the leading cancer diagnosis in Lawrence County and has at least doubled all other cancer categories for this county. Female breast cancer was the second most prevalent cancer diagnosed in 1997 for Lawrence County.

Children and Youth:

The Health Council reviewed data concerning child abuse and neglect. The child abuse and neglect rate is the number of cases per 1,000 children under 18 years old in the population. Child abuse and neglect occur when a child is mistreated, resulting in injury or risk of physical harm. In Lawrence County during 1997 there were 59 indicated cases of child abuse with a rate of 5.7 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.). Lawrence County's indicated child abuse rate is lower than the state rate of 8.0 and the regional rate of 6.5. Commitment to state custody is the most serious sanction a juvenile courts judge can administer a child. In Lawrence County during fiscal year 1997-98 the commitment rate of children to state custody was 5.2 per 1,000 (54 children). This number is higher than as the state's commitment rate of 4.9 but slightly lower than the region's commitment rate of 5.7.

Indicated Child Abuse and Neglect Rate

1993-1994 Data



The number of teen violent deaths has grown 30% statewide in the past decade for teens aged 15-19. Violent deaths include motor vehicle accidents, suicides and homicides. The three-year average (1994-1996) of adolescent violent deaths in Lawrence County is 16.5 which is below the state's rate of 23.7 and the South Central regional rate of 21.0. The leading cause of teen violent deaths in the county is motor vehicle accidents. Lawrence County ranked 9th in the state for deaths due to motor vehicle accidents and second in the South Central Region. It is interesting to note that this is also the fourth leading cause of death to the county as a whole.

VI. Health Issues & Priorities

Community Process

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

1. Substance Abuse
2. Teen Pregnancy
3. Law Enforcement Enhancement
4. Motor Vehicle Deaths
5. Diabetes

FUTURE PLANNING

The Lawrence County Health Council is involved in several initiatives for the county. They are the recipient of the Tobacco Prevention Grant and the Diabetes Control Grant. They have also received a donation of a facility to carry out programs that will target their priorities.

The Lawrence County Health Council is in the process of applying for non-profit status.

APPENDIX A

Membership Listing

LAWRENCE COUNTY HEALTH COUNCIL

Membership List

Updated 10/13/99

Total 30

Mac Brown

Guidance Counselor
Loretto High School
525 2nd Ave South
Loretto, TN 38469
853-4324

Jack Buck, Administrator

Crockett Hospital
PO Box 847
Lawrenceburg, TN 38464
762-6571

Christy Byrd, Investigator

Lawrence County Sheriff's Dept
240 West Gaines St
Lawrenceburg, TN 38464
762-3626

Lois Calvert

1613 Ann Rd
Lawrenceburg, TN 38464
762-4852

Pat Castleman

Crockett Hospital
PO Box 847
Lawrenceburg, TN 38464
766-3160

Susan Cox

Clerical Supervisor
Lawrence County Health Dept
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

Don DeLaubruere

Westside Outreach
2387 Buffalo Rd
Lawrenceburg, TN 38464
766-0205

William Dorning, Sheriff

240 West Gaines St
Lawrenceburg, TN 38464
762-3626

Jerry Geho, Pastor

Lawrenceburg Baptist Temple
1338 Miller Lane
Lawrenceburg, TN 38464
762-8100

Steve Hall, County Director

Lawrence County Health Dept
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

Barbara Henson

318 Corbin St
Summertown, TN 38483
964-4261

Steve Hill

County Executive
240 West Gaines
Lawrenceburg, TN 38464

Janice Huckaby, MD

PO Box 847
Lawrenceburg, TN 38464
762-6656

Kim Hyde
AGAPE
219 North Military Ave
Lawrenceburg, TN 38464
766-2596

Candy Johnson
Crockett Hospital
PO Box 847
Lawrenceburg, TN 38464
762-6571

Stanley Leech
547 Busby Rd
Loretto, TN 38469

Bradley Logan, MD
PO Box 847
Lawrenceburg, TN 38464
762-6656

Sheridan Lorraine
American Cancer Society
130 S. Poplar
Florence, AL 35630
256-767-0825

Christopher Martin
American Heart Association
1818 Patterson St
Nashville, TN 37203
615-327-0885

Lynn Cotter
Lawrence County Schools
410 West Gaines
Lawrenceburg, TN 38464
762-3581

Faye Morrow
Regional Health Council Member
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

Terry Nayman
Nursing Supervisor
LawrenceCounty Health Dept
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

Marjorie Nix
Physician Recruiter
Crockett Hospital
PO Box 847
Lawrenceburg, TN 38464
766-3139

Teresa Robbins
Lawrence Co Youth Services Officer
240 West Gaines St
Lawrenceburg, TN 38464
762-3626

Bryan Scheri, Administrator
Sunbridge Health & Rehab
PO Box 986
Lawrenceburg, TN 38464
762-7518

Terry Shay
Chief of Police
232 West Gaines St
Lawrenceburg, TN 38464
762-2276

Captain W. C. Thompson
Tennessee Hwy Patrol Station
1209 N. Locust St
Lawrenceburg, TN 38464
766-1432

J.P. Umbarger
Guidance Counselor
Summertown High School
Summertown, TN 38483
964-3539

Sarah Williamson, Health Educator

Lawrence County Health Dept
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

Judith Zadlack

Lawrence County Counseling
& Mental Health
PO Box 685
Lawrenceburg, TN 38464
762-6505

APPENDIX B

Resources & Internet Address

Comparison Of Data Prepared For:

The Lawrence County Health Council

The following is a comparison summary of the data that was collected for the Lawrence County Health Council and presented between April and December 1998. This comparison is intended to assist the Health Council in assessing community needs and prioritizing the community's health problems.

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

Community Survey 379 Questionnaires Analyzed “Small Problem” + “Problem” (60% or greater)

Community Issues	Small Problem/ Problem %	Total
1. Crime	22/44	66%
2. Smoking	12/52	64%*
3. High Blood Pressure	22/40	62%*
Arthritis	24/38	62%*
4. Stress	18/42	60%
Youth Violence	27/33	60%
Motor Vehicle Deaths	26/34	60%
5. School Dropout	25/34	59%
6. Teen Pregnancy	17/41	58%
7. Adult Alcohol Abuse	13/43	56%

8. Diabetes	19/36	55%
9. Depression	20/34	54%
Heart Conditions	19/35	54%*
10. Adult Drug Abuse	14/39	53%*
Domestic Violence	16/37	53%
Unemployment	23/30	53%

*These issues placed in the top five problems on the Behavior Risk Survey.

Behavior Risk Survey 200 Surveys Analyzed

“Definite Problem” Top 5

<u>Health Problem</u>	<u>% of Respondents</u>
1. Tobacco Use	60%*
2. Cancer	43%
3. Arthritis	40%*
4. High Blood Pressure	37%*
5. Drug Abuse	36%*
5. Heart Conditions	32%*

*These issues rank in the Community Survey top ten.

Community Survey Community Resources

The top percentages of the respondents to the Community Survey indicated the following resources to be “Not adequate” or “Not available” in Lawrence County.

<u>Resource</u>	<u>Not/ Adequate</u>	<u>Not/ Available</u>	<u>Total</u>
Specialized Doctors	30%	4%	34%
Emergency Room Care	30%	2%	32%
Child Abuse/Neglect	23%	4%	27%
Recreational Activities	22%	4%	26%

Behavior Risk Survey Access to Health Care

The top percentages of the respondents of the Behavioral Risk Survey indicated the following access issues to be a “Definite Problem” or “Somewhat a Problem”.

Problem	Definite	Somewhat	Total
Transportation to Health Care	13%	21%	34%
Access to Nursing Home Care	10%	17%	27%
Access to Assisted Living		9%	18%
27%			
Access to Hospitals		11%	15%
26%			

Secondary Data Support of Survey Findings

Causes of Death

Leading Causes of Death 1994:

- 1. Heart Disease**
- 2. Cancer**
- 3. Accidents & Adverse Effects/Motor Vehicle Accidents**
- 4. Cerebrovascular Disease (Stroke)**
- 5. Chronic Obstructive Pulmonary Disease**

Leading Causes of Death 1996:

- 1. Heart Disease**
- 2. Cancer**
- 3. Accidents & Adverse Effects/ Motor Vehicle Accidents**
- 4. Strokes**
- 5. Chronic Obstructive Pulmonary Disease**

County Ranking Among the 95 Tennessee Counties:

1994-1996 three year average, age adjusted

- #9 Motor Vehicle Deaths**
- #12 Late Prenatal Care Births**
- #28 Lung Cancer Deaths**
- #52 Homicides**
- #57 Infant Deaths**
- #61 Coronary Heart Disease Deaths**
- #79 Suicides**
- #85 Stroke Deaths**
- #89 Births to Adolescent Mothers (age 10-17)**
- #89 Low Birth Weight Babies Born**

Smoking is a leading contributor to cancer, heart disease, COPD and cerebrovascular disease. Smoking and Tobacco Use rank in the top five of both the Community and Behavior Surveys. Heart disease has been the leading cause of death for Lawrence County residents for the past 4 years.

Teenage pregnancies are most likely the contributor to the Infant Mortality and Low Birth Weight Babies rate. Not getting adequate prenatal care and/or not having access to health care are also major factors to this rate.

Economic Data

- As of July 1998, the unemployment rate in Lawrence County was 12.4%. This rate is higher than the state rate of 4.3% for this same period.
- The medium household income for Lawrence County, according to the U.S. 1990 census data, was \$20,842. The percent of the population living below poverty level was 15.3.

- As of July 1995, 20.4% of the population in Lawrence County is enrolled in TennCare. This rate is lower than the state rate of 24% and the regional rate of 22.4%.

Teen Pregnancy

- Based on 1996 vital records, Lawrence County's teen pregnancy rate (per 1,000 females ages 15-17) of 32.4% was lower than the state's rate of 55.8% and the regional rate 51.02%.
- The infant mortality rate for Lawrence County per 1,000 live births in 1996 was 3.8 which was much lower than the rate for 1992 of 11.7% and the rate of 5.5% for 1994.

The five leading causes of infant mortality statewide are birth defects, sudden infant death syndrome, short gestation and low birthweight, respiratory distress, and infections specific to the perinatal period (period of time around birth).

Health Information Tennessee
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