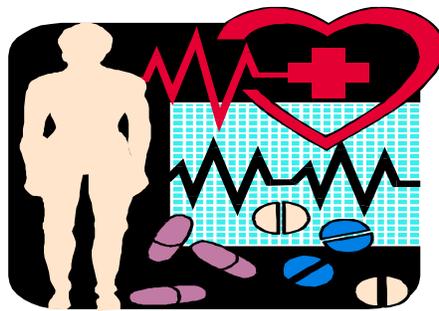


COMMUNITY DIAGNOSIS

STATUS REPORT



LEWIS COUNTY 1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The mission of the Lewis County Health Council is to promote the general and behavioral health of the community through education, awareness, and interventions to improve the physical, economic, and social lifestyles of our citizens.

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:

Lewis County, Tennessee was the fifth county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in July 1997. The initiating meeting was held at the Lewis County Memorial Park Community Building and was hosted and facilitated by the South Central Region’s Community Development staff.

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

The first meeting was scheduled for August 5, 1997. At the third meeting, the Council elected Dr. David Oliver, D. O. to serve as Chairman and Shelly Ramey as vice chair. Dr. Oliver resigned as chair in May 1999 after having to relocate. Shelly Ramey is currently serving as chair. The Health Council completed their community diagnosis in May 1998. The Community Development staff analyzed and prepared health data from several sources for the review of the Health Council. A survey was distributed

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

The Lewis 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 Lewis 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 6 priority health problems. These 6 health and social problems have served as the focal point of the council since that time with emphasis placed on the top three priorities. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Tobacco/Substance abuse**
- 2. Mental health**
- 3. Teen pregnancy**
- 4. Cancer**
- 5. Heart disease**
- 6. Lung disease**

General Statement of Council Makeup

The Lewis County Health Council is made up of several local residents, each of which represents a vested interest in the county. Currently the council has a membership of 29 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, and businesses.

Appendix A: Membership List

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IV. LEWIS COUNTY DESCRIPTION

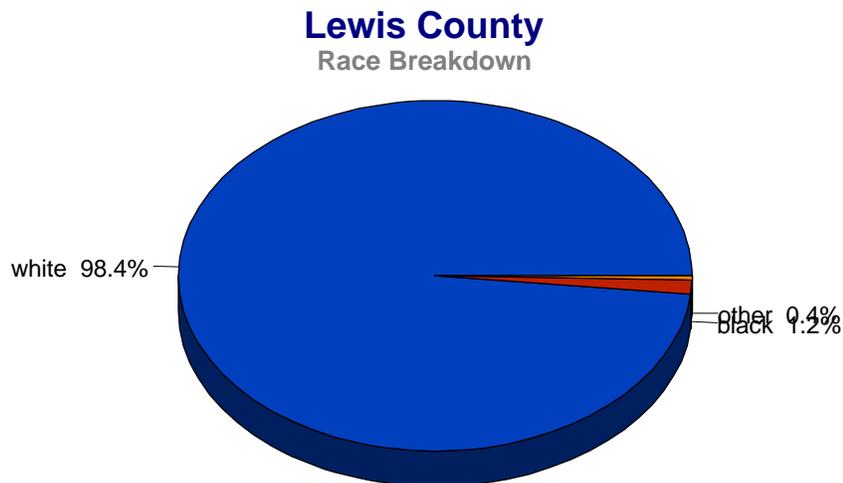
A. Geographic & Land Area

Lewis County was the early site of Indian hunting grounds. White settlers made one of the Indian trails, The Natchez Trace, into the first major southern road. They settled into this area beginning in 1806. American explorer Meriwether Lewis died here under strange circumstances during a trip to Washington. The Tennessee legislature created Lewis County from the area surrounding his grave in 1843. Lewis County is one of twelve counties located in the South Central Region of the Tennessee Department of Health.

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

B. Demographics

The county was settled in 1806 with Hohenwald as the county seat. According to the 1996 Picture of the Present, Lewis County has a total population of 10,548. Of this total 98.4% are Caucasian, 1.2% are black and less than 1% are classified as other races.

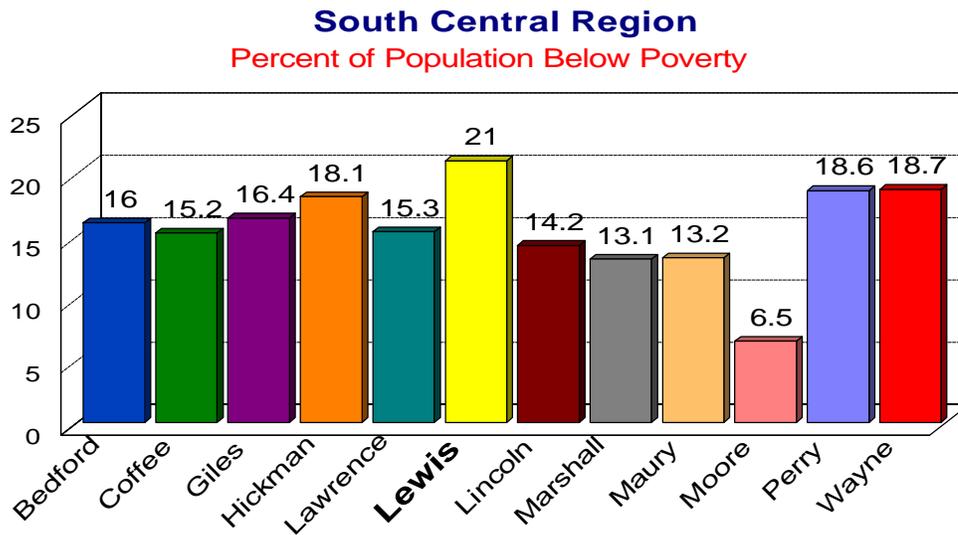


1996 population estimates

C. Economic Base

According to 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.

Poverty rates for the entire county population was 21%. This percentage is greater than that of the region, which averaged 15.5%. According to the 1996 Census information, the per capita income for Lewis County was \$14,098, which was lower than the state's per capita income of \$19,450 and the regional average of \$17,316.



1990 Census

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

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

D. Medical Community

There are no hospital facilities located in Lewis County. The greatest utilization of hospitals by residents of the county is Maury, Perry, and Davidson counties.

There is one nursing home in the county – Lewis County Manor Nursing Center. At the time of the data gathering, the nursing home was staffed at 104.4% occupancy, which is also the licensed percent occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Lewis County Health Council from August 1997 through December 1997. The Community Development staff presented the health data.

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 Lewis County.

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

1. Tobacco Use
2. Cancer
3. Drug Abuse
3. Alcohol Abuse
4. Teen Pregnancy
5. High Blood Pressure

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

1. Access to Hospitals
2. Access to Prenatal Care
3. Transportation to Health Care

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. Smoking, Unemployment, & Adult Alcohol Abuse
2. Teen Alcohol & Drug Abuse
3. Adult Drug Abuse
4. High Blood Pressure
5. Heart Conditions & Smokeless Tobacco

The top five health access issues are:

1. Emergency Room Care
2. Recreational Activities
3. Nursing Home Care
4. Child Daycare Services
5. Pregnancy Care

There were 121 community surveys that were completed and analyzed for Lewis County. The Council agreed the data that was gathered was representative of their community and chose not to collect any additional surveys.

B. Secondary Data

Summary of Data Used

Educational Attainment:

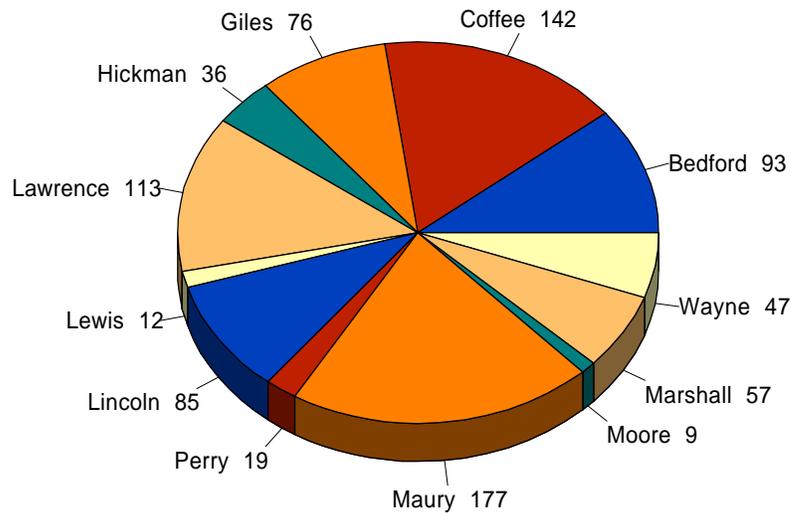
Research shows that counties with low proportions of high school graduates among their population ages 25 years and older tend to have poorer economic conditions than counties with high proportions of educated adults.

According to the Tennessee Commission on Children and Youth report *Kids Count* (1996) there are serious, life long problems associated with an individual's decision to quit school. Lewis County's percent of high school dropouts is 4.3% for the year 1996. The regional average for 1996 is 4.4%. Lewis County has experienced a decrease in the dropout rate over the last few years from 7.2% in 1992 to its current rate, which is slightly lower than the regional average.

Teen pregnancy, poor grades, drug and/or alcohol abuse, and long hours on a job are some of the things that directly effect the dropout rate.

High School Dropouts by County (Grades 9-12)

South Central Region



Three year averages 1992-1994

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

MORBIDITY & MORTALITY

The Lewis 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 Lewis 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.

Five Leading Causes of Death:

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

1. Diseases of the Heart
2. Malignant Neoplasms
3. Accidents and Adverse Effects

Motor Vehicle Accidents

4. Cerebrovascular Disease
5. Chronic Obstructive Pulmonary Disease
(Includes bronchitis, emphysema, and asthma)

These are consistent with the leading causes of death across the state of Tennessee, as well as the United States.

Teen Pregnancy

Teen pregnancy in Lewis County increased from 1994 (with a rate of 52.9) to 1996 (with a rate of 87.4) per 1,000 females aged 15-17 years. Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. The problem of teen pregnancy is compounded by misconceptions. A prevalent one is that it is an adolescent problem when in fact it is an adult problem since 74% of the men involved in the pregnancies among women under 18 were not teens; 35% are aged 18-19, and 39% are at least 20, according to the 1995 Guttmacher study on *Sex and America's Teenagers*. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common to infants of teens than among babies born to women in their 20s. Teenagers who become parents are disadvantaged socially, economically and educationally.

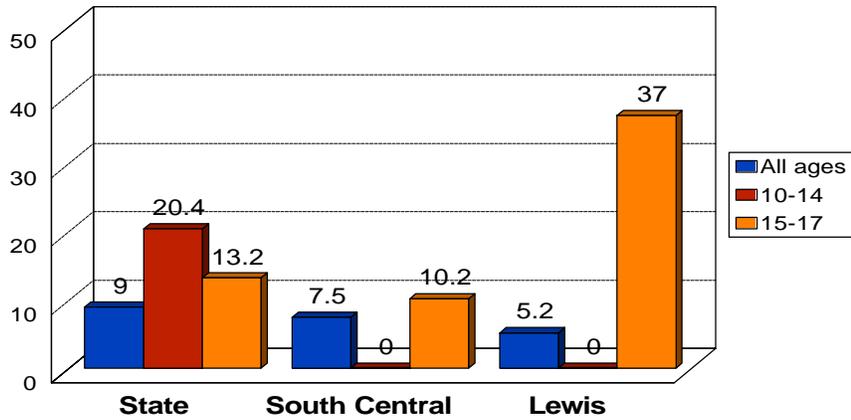
Birth Data

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

Through presentations by the Community Development staff, the Health Council learned that in Lewis 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 Lewis County the infant mortality rate per 1,000 live births in 1996 was 15.5, which was lower than the rate for 1992 (23.6) but higher than in 1994 (0.0). The infant mortality rate for the state in 1996 was 9.3 and for the region was 8.9.

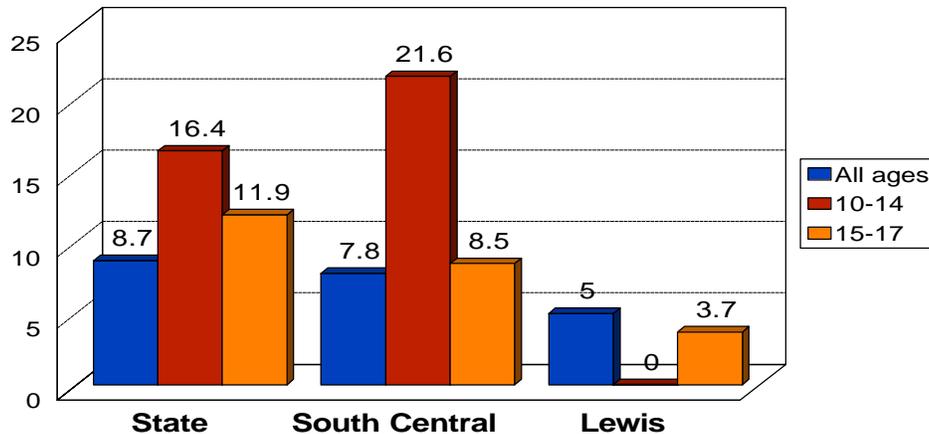
Low birthweight is a major problem in Lewis County for teen mothers, especially those 10-14 years. There were no low birthweight babies born from 1992-1994 to mothers in this age group. In the 15-17 years age group in the county 3.7% of all live births were low weight babies. The average for the state during the same reporting period was 11.9% and the average for the region was 8.5%. The low birthweight for all ages from 1992-1994 was 5.0% for Lewis County, 7.8% for the South Central Region, and 8.7% for the state.

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, were 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 Lewis County during the data analysis stage of their community diagnosis. Based on 1998 data, Lewis County was a shortage area for prenatal care access. Lewis County has shown an increase in the percent of births lacking adequate prenatal care. The lack of adequate prenatal care in 1992 was 22.8%, jumping up to 27.1% 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

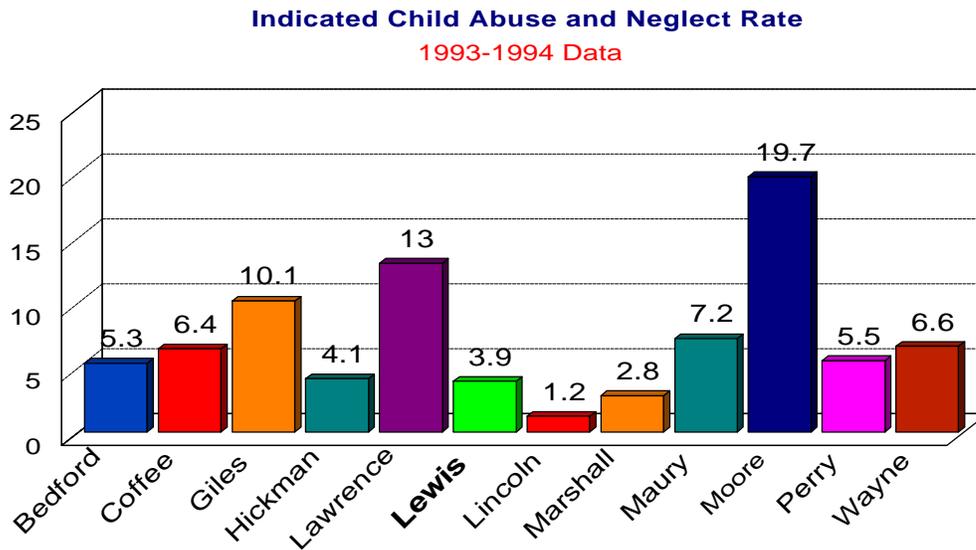
Chlamydia and Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented at the Health Council. The sexually transmitted disease rate (per 100,000) for teens 15-17 years in Lewis County was the third lowest in the South Central Region in 1996.

Cancer is the second leading cause of death in the county for those between the ages of 45-64 years, according to the 1997 Resident Health Profile. Lung cancer was the leading cancer diagnosis in Lewis County followed by prostate cancer. Early diagnosis and treatment can decrease the number of cancer deaths in the county. Survival rates increase with earlier diagnosis.

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 Lewis County during fiscal year 1993-1994 there were 9 cases indicated cases of child abuse with a rate of 3.9 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Lewis County's indicated child abuse rate is lower than the state rate of 9.7 and the regional rate of 7.23 for this same period of time. Commitment to state custody is the most serious sanction juvenile courts judge can administer a child. In Lewis County during fiscal year 1994-95 the commitment rate of children to state custody was 10.4 per 1,000 (24 children). This number is greater than the state's commitment rate of 7.1 and the region's commitment rate of 7.38.

The number of teen violent deaths has grown 30% statewide in the past decade for teens aged 15-19. Violent deaths include motor vehicle accidents, suicides and homicides. The three-year average (1994-1996) of adolescent violent deaths in Lewis County was 3 with a rate of 138.2. The South Central Regional rate was 103.1.



VI. Health Issues & Priorities

Community Process

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

1. Tobacco/Substance abuse
2. Mental Health
3. Teen Pregnancy
4. Cancer
5. Heart Disease
6. Lung Disease

The Health Council reached consensus by a process of data comparison. The top health concerns were subjected to a scoring mechanism in which Council members assigned a value to each problem. Severity, size, and likelihood that interventions will be effective are all taken into account with scoring. The scoring results are listed on the following page.

FUTURE PLANNING

The Lewis County Health Council is a well-organized, community-owned and directed group. The Council has written their own mission statement and bylaws, and operates effectively under local leadership.

It is the goal of the Lewis County Health Council to be an advocate of healthy lifestyles. The main focus of the group is alcohol, tobacco, and drug use prevention. The Council has received funding from the State for tobacco prevention. One Health Council member has attended a national conference on community advocacy for tobacco prevention. The Council is taking the lead in the county for tobacco education and is presently staffing tobacco education programs in the schools and community. Some of the activities the Council has sponsored over the past two years include:

Health In The High Forrest- an annual community event that promotes healthy lifestyle choices such as regular exercise, abstaining from alcohol, drugs, and tobacco use, and health education. This year the event included an essay contest with cash prizes.

Creating and stocking a library of educational aides for tobacco prevention. The library is housed at the Board of Education and includes videos, pamphlets, visual aides, and curricula. The school personnel, public health educator, and trained Health Council volunteers will be allowed to check out materials for school-based or community-based health education activities.

The Lewis County Health Council has been invited to present at the 1999 Rural Health Association's conference.

APPENDIX A

Membership Listing

LEWIS COUNTY HEALTH COUNCIL

Membership List

Updated 11/9/99

Total 20

Terry Bunch

County Executive
110 N. Park
Hohenwald, TN 38462
796-3378

June Defoe

Lewis County Schools
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Hohenwald, TN 38462
796-3264

Byrne Dunn

Lewis County Herald
PO Box 69
Hohenwald, TN 38462
796-3191

Ronald Graves, DC

Chiropractic Health Center
PO Box 220
Hohenwald, TN 38462
796-1398

Annie Hardison

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796-3233

Diana Holt

32 E. Main St
Hohenwald, TN 38462
796-7808

Dwayne Kilpatrick

Sheriff
437 Swan Ave
Hohenwald, TN 38462
796-5096

Debbie Landers, LPN

1474 Centerville Hwy
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Sam Livingston

Hohenwald Police Dept
118 W. Lincoln St
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Destiny Locke, RN

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Shelly Ramey, Chair

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David Rash, County Director

Hickman Co Health Dept
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Larry Rawdon

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Connie Sharp

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Paula Spears

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Maggie Thomas

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Hohenwald, TN 38462
796-4901

Janet Turner

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796-5317

Stacy Wright, Health Educator

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Centerville, TN 37033
729-3516

APPENDIX B

Resources & Internet Address

Health Information Tennessee
Visit us on the web at server.to/hit