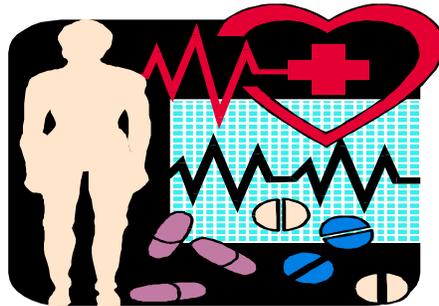


# COMMUNITY DIAGNOSIS

## STATUS REPORT



# LINCOLN COUNTY

## 1999

TENNESSEE DEPARTMENT OF HEALTH  
SOUTH CENTRAL REGIONAL OFFICE  
COMMUNITY DEVELOPMENT DIVISION



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## INTRODUCTION

Public Health is what we, as a society, do collectively to assure the conditions in which people can be healthy.

*The Future of Public Health*  
*Institute of Medicine, 1988*

### Lincoln County

Lincoln County is a rural, sparsely populated community. The county was settled in 1809, and Fayetteville, the County Seat, was founded in 1812. By the year 1870, the county's population had grown to over 28,000. The present day population is close to 29,000. The vast majority, (91%), of the county's populace is Caucasian. Eight percent are black, and one percent is "other" in ethnic orientation.

The median household income for Lincoln County Residents is about \$22,000 per year. Fourteen percent of the population lives below federal poverty guidelines. The county has over 6,000 individuals covered by TennCare (approximately 21% of the total population).

Geographically, Lincoln County is positioned at the Southeastern edge of the Department of Health's South Central Region. It is bordered by The State of Alabama to the south, by Giles County to the west, by Marshall and Bedford Counties to the north, and by Moore and Franklin Counties to the east.

## INITIATING

Lincoln County, Tennessee served as the pilot county for the Tennessee Department of Health's Community Diagnosis program. The council was formed by community members on June 25, 1996, during an initiating meeting held at the Lincoln County Bank. The meeting was hosted and facilitated by the South Central Region's Community Development Staff.

The representatives present from the Department of Health present were:

Suellen Joyner,  
South Central Regional Director  
Tennessee Department of Health

Tom Cecil,  
Regional Director of Assessment and Planning  
Middle Grand Division, Tennessee Department of Health

Mary Lee Johnson,  
Community Development Specialist,  
South Central Region, Tennessee Department of Health

Christy W. Belew,  
Community Development Specialist,  
South Central Region, Tennessee Department of Health

Sonya Baxter,  
Community Development Administrative Specialist,  
South Central Region, Tennessee Department of Health

Doug Gilbert,  
Community Diagnosis Coordinator,  
Tennessee Department of Health

Bill Wirsing,  
Resource Development,  
Tennessee Department of Health

The Regional Office Staff compiled a list of key members of the community. About 35 invitations were sent by mail prior to the meeting date. Seventeen members of the community attended the lunch meeting. A list of the attendees follows:

Susan Askew	William Jones, MD
Larry Barnes	Gary Kendrick
Tom Barnes	Ruth Ann Maddox
Jimmy Bills	Peggy Mann
Mary Jane Caldwell	Jerry Mansfield
Lucy Carter	John Ed Underwood
Wayne Damron	Mark Weeks, MD
Nancy Dickey	Keith Williams
Allison Heffington	

<b>Appendix A: Membership List</b>
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The attendees of 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

health council member. They were also encouraged to nominate any community member who might be interested in serving on such a council.

The first meeting of the Lincoln County Health Council was scheduled for August 8, 1996. The council elected Mark Weeks, MD to serve as Chairman. The Council elected to meet each month on the third Thursday. 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 results were tabulated by the Regional Health Staff. The survey was designed to measure the perception of the Lincoln County Residents concerning the health status of the county and the delivery of health care within the community. The comprehensive data sets, and survey results are included in this document.

The Lincoln County Health Council has successfully completed the first phase of the Community Diagnosis Process. The Council continues to meet monthly with Bettye Silvey serving as Chair. They are actively seeking resources to address the health problems that face their community.

## **DATA GATHERING AND DATA ANALYSIS**

The following section contains the collection of data as it was presented to the Lincoln County Health Council from August, 1996 through June, 1997. The data sets were collected by the Community Development Staff, and the members of the council.

### **Socioeconomic Condition**

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.

Lincoln County has approximately 3,941 (14.2% of the total population) living at or below 100% of poverty. The median household income is less than \$22,000 per year. Lincoln County has the fourth lowest percentage of total county population living below poverty for the South Central Region of the state. However, 26.5% of the county's senior citizens (age 65 and over), were living below the poverty level. This was a higher percentage than the South Central Region, and the state.

In 1996, 21% (6,158 individuals) of Lincoln County's population was enrolled in TennCare. In 1996, Lincoln County was experiencing an unemployment rate of 10.9%. This was twice as high as the state at the time.

## **Educational Attainment**

Lincoln County was shown to experience a low level of academic achievement across the population. The percentage of the population (age 25 years and older) to have completed a high school degree is 57.5%. Only 9.1% of the adult population have Bachelor's Degrees.

The dropout rate for 1995 was 6.5%. This is significantly higher than the state rate of 4.7%. Lincoln County had the fifth highest drop out rate for the South Central Region at the time of the presentation to the Health Council.

## **Morbidity and Mortality**

The Lincoln County Health Council was presented with several data sets concerning reportable diseases and causes of death within the county. The council also reviewed the number of teen pregnancy that had occurred in Lincoln County over a ten-year time frame. The Community Development Staff provided comparisons of similar data with other counties in the region, and the 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 Lincoln County.

### *Five Leading Causes of Death:*

The Lincoln County Health Council members were provided with county specific data from 1994 concerning the leading causes of death. The list is as follows:

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

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

Accidents and adverse effects are the leading cause of death for those under the age of twenty-five. Accidents and Cancer were shown to be the cause of the most years of life lost.

### Teen Pregnancy:

The Health Council was presented with number of occurrences of births to unwed mothers aged 10-44 years, as well as births occurring to adolescent females aged 10 to 17 years residing in their county. The number of out- of- wedlock pregnancies in Lincoln County has been on an upward trend for several years. The number of teen pregnancies has declined among the minority population in the county and have primarily remained constant among the white population.

Upon comparison to regional and statewide data, the Health Council found the adolescent pregnancy rate to be lower in Lincoln County among the non-white population, and consistent among the white population. Lincoln County, and the South Central Region had experienced a lesser percent of births to unwed mothers than statewide percents for the same time frame.

### Birth Data:

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

Through presentations by the Community Development staff, the Lincoln County Health Council learned that Lincoln County had the third highest infant mortality rate for the South Central Region, (based on 1994 data). Infant mortality was higher in Lincoln County than overall region wide, and statewide. Rates for infant mortality were higher among the white population than the non-white birth mothers.

Lincoln County had experienced a higher percent of low weight births than state and regional percentages (based on three-year averages 1992-1994). Mothers between the ages of ten - fourteen years were especially at high risk for delivering a low weight baby. Nonwhite mothers were more likely to have a low weight infant than white mothers.

### 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

Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented to the Health Council. Overall, Lincoln County had a lower rate of sexually transmitted diseases than the region and state.

Tuberculosis had traditionally occurred at a higher rate in Lincoln County than the region or state. The Health Council observed that the Tuberculosis rate among the nonwhite population has much higher than among whites. This has been especially the case since 1990.

Female breast cancer was the leading cancer diagnosis in Lincoln County. Three-year averages demonstrate mortality rates for females with breast cancer have remained lower than the state and the region.

#### Children and Youth:

The data the Health Council reviewed concerning child abuse indicated that Lincoln County has lower rates than other counties in the region, and the state for these type problems. According to 1995 data, Lincoln County's child abuse rate was 1.2. The statewide rate at the time was 9.7, and the regional rate was 7.23.

Lincoln County's rate of children committed to state custody during 1995 was 7.2 per 1,000 (53 children). This was consistent with the state and regional rate.

Causes of child deaths were researched by the Health Council. It was noted by the Health Council that the 1992-1994 three year average (rate of per 100,000) for teen violent deaths in Lincoln County was greatly above the state rate. The rate for Lincoln County for this time period was 148.6 compared to the state rate of 82.1, and regional rate of 112.86.

## **Manpower and Facilities**

Lincoln County has one county owned hospital. At the time the Health Council was in the Data Gathering and Analysis Stage, there were five Family Practice Doctors, three Internists, and two Pediatricians.

The hospital holds a 91 bed licenser, but operates with 63 staffed beds. The average daily census is about 30 patients. The hospital administration is represented on the Health Council, and the Health Council has been involved in advocating for a new hospital facility in Lincoln County.

## **Perception Data**

The Health Council elected to take advantage of the Stakeholders Survey that was available to them through the Community Development Staff. There was a well coordinated effort among the members to get a good return on questionnaires. The schools were used to help distribute the surveys in the community. The Health Council even added questions pertaining to health care delivery in the county as this was of particular interest to them.

The sample size was 1,073 community members. Over half the sample had lived in Lincoln County for over 20 years. About one third of those surveyed reported they sought medical services outside the county.

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

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

1. Allergies
2. Drug Abuse
3. Arthritis
4. Alcohol Abuse

The top five problems concerning access to health care are, (according to the BRFSS)

1. Lack of Financial Resources
2. Access to Dental Care
3. Access to Eye Care

4. Access to Daycare for Homebound
5. Access to Prenatal Care

## **PRIORITIZATION**

In May of 1997, each member of the Health Council was given a ranking sheet. The Community Development Specialist explained how the ranking sheet could be used to prioritize the health problems in the community. Each member was asked to review all the pertinent data, and mail the ranking sheet back to the Community Development Staff at the Regional Health Office. At the June Health Council meeting, the priority list was submitted to the membership for approval.

The priorities of the Lincoln County Health Council are:

- 1. Drug Abuse**
- 2. Cancer**
- 3. Heart Disease**
- 4. Health Education**
- 5. Need for Resource Listing**

## **INTERVENTIONS**

The Lincoln County Health Council elected to form subcommittees to address the Drug Abuse problem and to create a new resource listing for the county. These subcommittees have been at work for about six months now at their assigned tasks.

As a new initiative in the coming calendar year, the Health Council is organizing a Community Health Education effort that will possibly address the issues of Cancer, Heart Disease, and other preventable community health problems.

# **APPENDIX A**

## **Membership Listing**

**LINCOLN COUNTY HEALTH COUNCIL**

**Membership List**

**Updated 11/8/99**

**Total 27**

**Brenda Bass**

South Central Human Services Agency  
Lincoln County Representative  
PO Box 638  
Fayetteville, TN 37334  
433-7182

**Debbie Broadway, County Director**

Lincoln County Health Dept.  
1000 Washington Street  
Fayetteville, TN 37334  
433-3231

**Doug Carver**

Chief of Police  
Fayetteville Police Dept.  
308 W. Market St.  
Fayetteville, TN 37334  
433-9768

**Shirley Dangerfield**

115 Cameron Drive  
Fayetteville, TN 37334  
433-4664

**Nancy Dickey**

Director of Social Services  
Lincoln Regional Hospital  
700 West Maple St.  
Fayetteville, TN 37334  
433-1582

**Vicky Groce**

Director of Nursing  
Lincoln Regional Hospital  
700 West Maple St.  
Fayetteville, TN 37334

**Jamie Hamilton**

Center for Family Dev.  
100 East Side Square  
Shelbyville, TN 37160  
684-4676

**Allison Heffington**

Wishing Well  
134 E. College St.  
Fayetteville, TN 37334  
433-1058

**Gary Kendrick**

Hospital Administrator  
Lincoln Regional Hospital  
700 West Maple Street  
Fayetteville, TN 37334  
438-1100

**Kate Killebrew**

Something Extra Program  
Coordinator  
206 East Davidson St.  
Fayetteville, TN 37334  
438-1488

**Helen Lowe**

Child Development Center  
1000 Washington St, West  
Suite C  
Fayetteville, TN 37334  
438-0337

**Peggy Mann**

802 Manor Drive  
Fayetteville, TN 37334  
433-5487

**Jerry Mansfield**

County Executive  
Lincoln County Courthouse  
PO Box 32  
Fayetteville, TN 37334  
433-3045

**Theresa Morrison, MD**

700 West Maple  
Box 1077  
Fayetteville, TN 37334  
433-2229

**Richard Norskov, MD**

Lincoln Regional Hospital  
700 West Maple St.  
%Emergency Dept  
Fayetteville, TN 37334  
438-1100

**Mary Lou Ott**

Coffee County Health Dept.  
800 Park Street  
Manchester, TN 37355  
723-5134

**John Parsons, Director**

Chamber of Commerce  
PO Box 515  
Fayetteville, TN 37334  
433-1235

**Brenda Peel**

Lincoln Co. Dept of Human Services  
2221 Thornton Taylor Pkwy  
Fayetteville, TN 37334  
438-1925

**Marjorie Redden**

2692 Lewisburg Highway  
Petersburg, TN 37144  
433-8272

**Myrna Robinson**

Homemaker Program Co.  
South Central Human Res.  
Agency  
PO Box 638  
Fayetteville, TN 37334  
433-7182

**Bettye Silvey, Chair**

Family Resource Center  
206 East Davidson  
Fayetteville, TN 37334  
433-7397

**Wanda Sisk**

Supervisor of Instructions  
Lincoln Co. Bd of Ed.  
206 E. Davidson St.  
Fayetteville, TN 37334  
433-3565

**Kathy Smith**

Administrator  
Lincoln Domestic & Skilled  
Care Center  
PO Box 838  
Fayetteville, TN 37334

**Kandy Scott**

18 Parks Spur  
Fayetteville, TN 37334  
433-6372

**Jim Stewart**

Principal  
Lincoln Co. High School  
Fayetteville, TN 37334  
433-6505

**Jennifer Tucker**

GPI Coordinator  
Family Resource Center  
206 E. Davidson  
Fayetteville, TN 37334  
438-1488

**Patty Wright**

Director of Senior Care  
700 West Maple St  
Fayetteville, TN 37334  
438-1116

# **APPENDIX B**

## **Internet Address**

**Health Information Tennessee**  
**Visit us on the web at [server.to/hit](http://server.to/hit)**