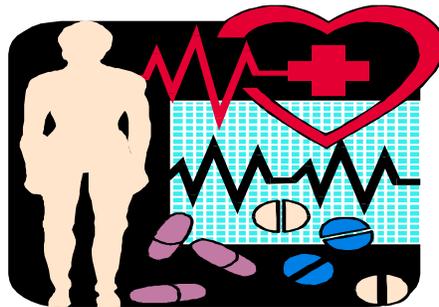


COMMUNITY DIAGNOSIS

STATUS REPORT



MARSHALL COUNTY

1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The Marshall 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:

Marshall County, Tennessee was the tenth county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council on July 21, 1998. The initiating meeting was held at the Fountain Square Restaurant in Lewisburg 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 Marshall 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 Monday of each month.

The first meeting was scheduled for August 10, 1998. At the October 12th meeting, the Council elected Anna Childress, a community volunteer, to serve as Chairman. Robert Williams was elected vice-chair. Under the leadership of Mrs. Childress, 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 Marshall County residents concerning the health status of the county and the delivery of the health care within the community.

The Marshall 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 Marshall 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.

Initially the council agreed upon a list of 9 priority health problems and later decided to focus their efforts on the first six health care issues. These 6 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. Primary Prevention Programs**
- 2. Heart Disease**
- 3. Substance Abuse**
- 4. Community Awareness**
- 5. Safety**
- 6. Domestic Violence**

General Statement of Council Makeup

The Marshall 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 36 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, businesses, and law enforcement officials.

Appendix A: Membership List

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IV. MARSHALL COUNTY DESCRIPTION

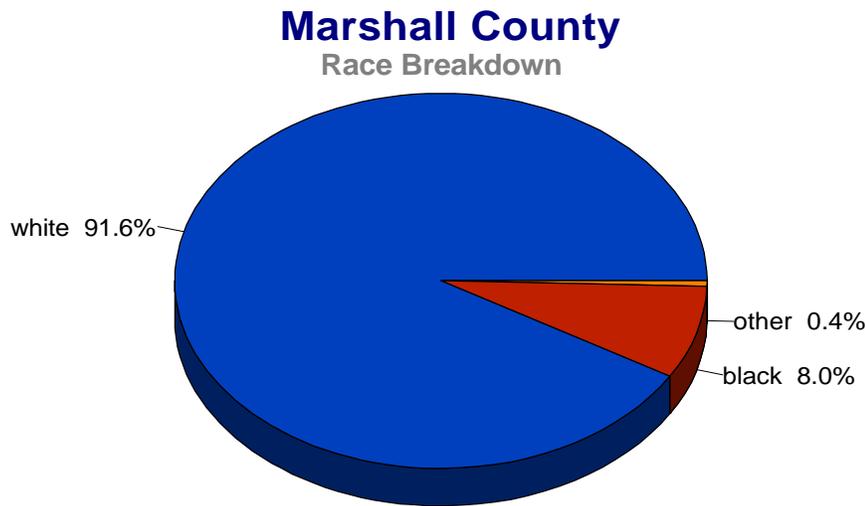
A. Geographic & Land Area

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

Marshall County's geographical location is southeast of the Department of Health's South Central Regional Office. It is bordered by Giles County to the Southwest, Bedford County to the West, Lincoln County to the Southeast, and Maury County to the North.

B. Demographics

The county was settled in 1836 with Lewisburg as the county seat. According to the 1997 Picture of the Present, Marshall County has a total population of 25,658. Of this total 91.6% are Caucasian, 8% are Black and .4% are classified as other races.



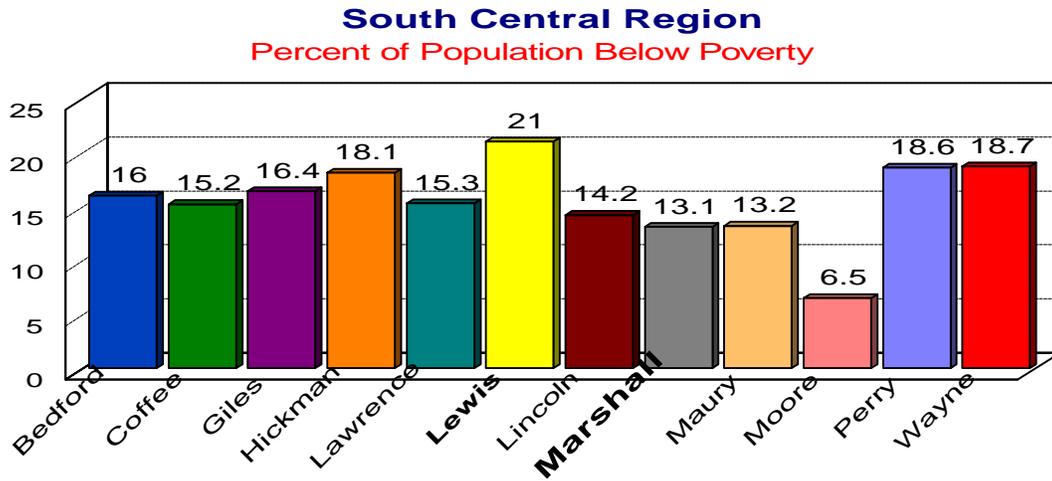
1997 population estimates

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, 13.1% of the population in Marshall County is below

poverty level. The per capita income in Marshall County for 1996 was \$20,571, which was lower than the state's per capita income of \$22,032.



1990 Census

In 1998, 18.2% of the population in Marshall County was enrolled in TennCare, which was lower than the state's 23.5% for this same period. The percent of children under the age of 18 enrolled in TennCare was 27.7%.

During the data analysis phase of Marshall County's Community Diagnosis, the council noted Marshall County had an unemployment rate of 9.2% which was higher than 4.9% state rate for December 1996. As of June 1999, Marshall County's unemployment rate was 2.5%.

D. Medical Community

Marshall Medical Center is the only hospital in the county. Currently there are fourteen primary care physicians in the county (8 Family Practitioners, 3 General Practitioners, 3 Internists) practicing at the hospital.

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

Licensed Beds	119
Staffed Beds	77
Average Daily Census	14
Average Length of Stay	3.8 days

There are two nursing homes in the county – NHC Healthcare of Oakwood and NHC of Lewisburg. At the time of the data gathering, the nursing homes were staffed at 94% occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Marshall County Health Council from August 1998 through December 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 – Comparison of Behavior Risk Factor and Community Survey

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 Marshall County.

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

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

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

1. Access to Assisted Living
2. Transportation to Health Care
3. 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. Youth Violence
3. High Blood Pressure, Smoking, & Adult Alcohol Abuse
4. Arthritis & Teen Alcohol Abuse
5. Adult Drug Abuse, Stress, Heart Conditions, & Teen Pregnancy

The top five access to health care issues are:

1. Specialized Doctors
2. Recreational Activities
3. Women's Health Services
4. Child Abuse and Neglect Services
5. Alcohol & Drug Treatment

B. Secondary Data

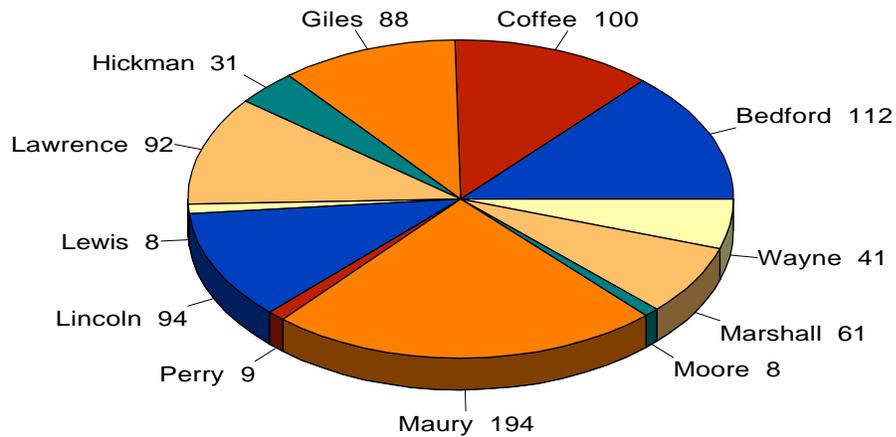
Summary of Data Used

Educational Attainment:

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 Marshall County, 29% of the students participated in the school lunch program receiving lunch at free or reduced prices. This percentage is below the state rate of 49%.

MORBIDITY & MORTALITY

The Marshall 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 Marshall 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 Marshall County.

Five Leading Causes of Death:

The Marshall 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. Pneumonia and Influenza
4. Accidents and Adverse Effects
(Includes Motor Vehicle Accidents)
5. Cerebrovascular Disease and Chronic Bronchitis (tied)

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

Teen Pregnancy

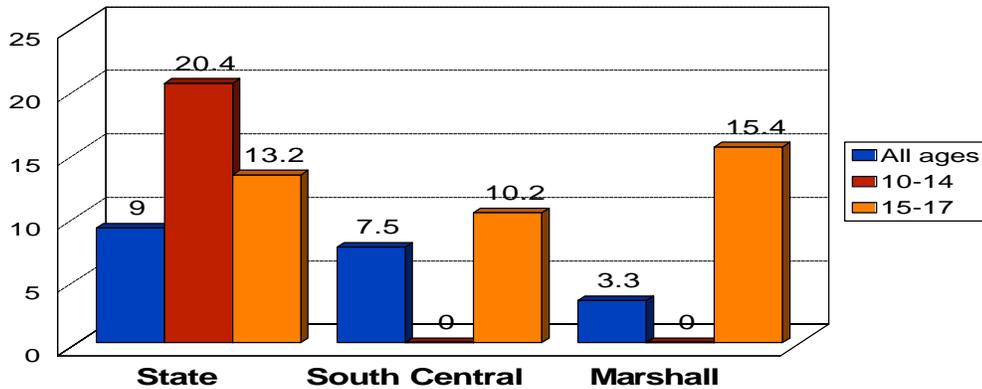
Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Marshall County's teen pregnancy rate per 1,000 females ages 15-17 for 1996 (53.6) was lower than the state's rate (55.8) and the regional rate (51.02). The 1997 pregnancy rate for teenage females ages 15-17 is 33.2 for Marshall County which is lower than the state rate of 39.0 but higher than the regional rate of 32.5.

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.

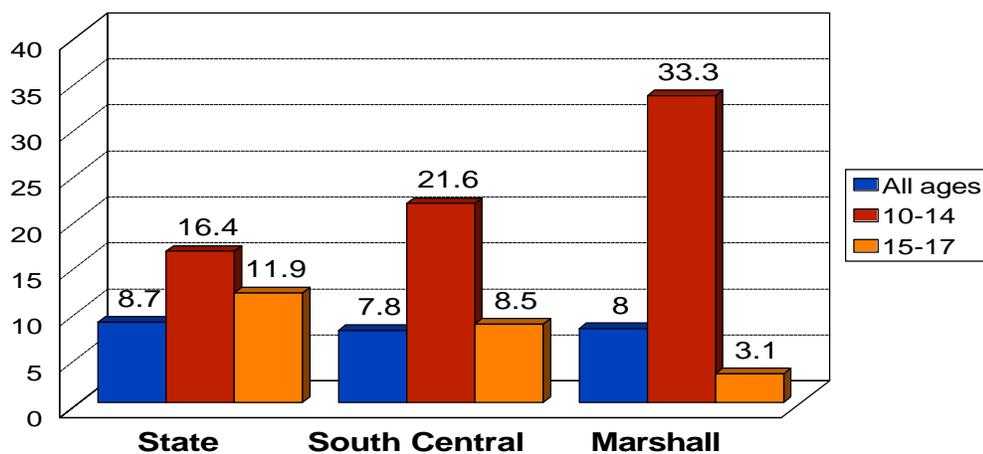
Through presentations by the Community Development staff, the Health Council learned that in Marshall County, there were no infant deaths to the babies born to mothers ages 10-14 from 1992-1994. This is true for the South Central Region as well. Statewide the infant mortality rate (infant deaths per 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 Marshall County was 3.7 per 1,000 live births (1 death); in 1997 this rate was 0.0 (no deaths) as compared to the state's rate of 8.5 and the regional rate of 6.6 during this same period of time.

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



Low birthweight is a major problem in Marshall County for teen mothers, especially those 10-14 years old. 33.3 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%) and the region (21.6%). In the 15-17 years age group in the county 3.1% 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 8.0% for Marshall County, 7.8% for the South Central Region, and 8.7% for the state. In 1997, the percent of low-birth-weight babies for the county was 7.3; the state's percentage was 8.8 and 7.7 for the region.

Percent of Low Weight Births
 Three Year Averages 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.

Prenatal Access and Care:

The Health Council examined the status of prenatal care delivery in Marshall County during the data analysis stage of their community diagnosis. Based on 1998 data, Marshall County was a shortage area for Obstetrics, Pediatrics, and Primary care. In 1997, 81.2% of the pregnant women in Marshall County received adequate prenatal care. This increased from 75.8% in 1994 and 75.7% 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 Marshall County is the third lowest in the South Central Region with chlamydia reported most frequently.

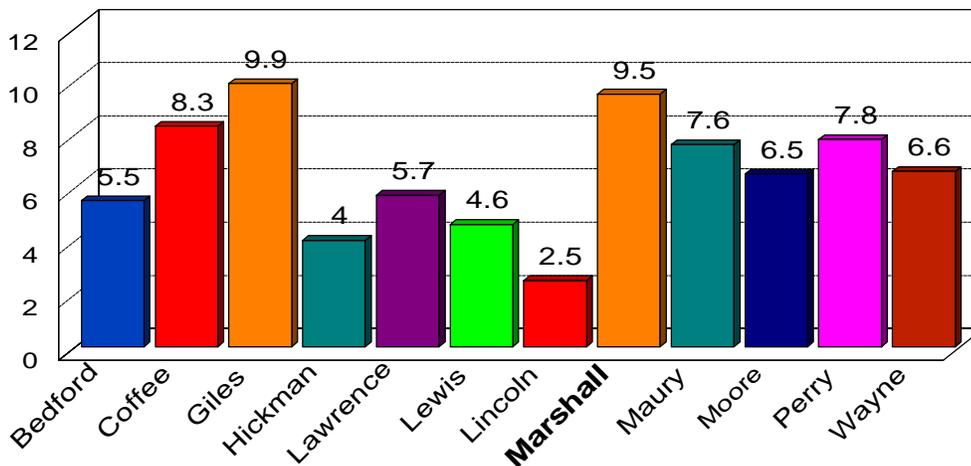
Accidents and Adverse Effects (including motor vehicle accidents) was the leading cause of death in the county for those 15-44 years of age. Cancer was the leading cause of death for those aged 45-64. Lung cancer was the most prevalent cancer detected in Marshall County in 1996 and colon cancer was the second most prevalent 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 Marshall County during 1997 there were 63 indicated cases of child abuse with a rate of 9.5 cases per 1,000 children. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.). Marshall County's indicated child abuse rate is higher 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 Marshall County during fiscal year 1997-98 the commitment rate of children to state custody was 5.1 per 1,000 (34 children). This number is higher than 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

1997 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 Marshall County is 21.6 which is below the state's rate of 23.7 but consistent with the South Central regional rate of 21.0. The leading cause of teen violent deaths in the county is motor vehicle accidents.

VI. Health Issues & Priorities

Community Process

In January of 1999, the Health Council set their priorities for Marshall County as follows:

1. Primary Prevention Programs
2. Heart Disease
3. Substance Abuse
4. Community Awareness
5. Safety
6. Domestic Violence

FUTURE PLANNING

The Marshall County Health Council is involved in several initiatives for the county. In addition to supporting existing interventions in the county, such as WalkAmerica, and the American Heart Association's annual walk, the Health Council sponsored a Marshall County Fitness Walk during the summer of 1999.

Local law enforcement officers will be conducting self-defense classes and domestic violence workshops in the year 2000.

The Health Council has also extended the use of the results of their Community Survey and Behavioral Risk Factor Survey as supporting documents for a Wellness Center to be established at the Marshall Medical Center.

The Marshall County Health Council is currently seeking funds and resources for primary prevention programs that would target teen pregnancy, youth violence, alcohol and drug abuse among youths, parenting and self-esteem classes, and tobacco usage.

APPENDIX A

Membership Listing

MARSHALL COUNTY HEALTH COUNCIL

Membership Listing

Updated 10/11/99

Total 36

Rita Barnett

1310 Long Distance Rd
Lewisburg, TN 37091
359-5647

Jay Bizaillon

American Red Cross
230 College St., Suite 125
Lewisburg, TN 37091
359-1211/Bpr 888-418-4771

Barbara Boyett

Child Development Center
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Lewisburg, TN 37091
359-1197

Joe Harris

615 Old Lane Rd
Lewisburg, TN 37091
359-3374

Bob Cagle

Principal
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Lewisburg, TN 37091
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Anna Childress

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Robin Jamison

Nursing Supervisor
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Lewisburg, TN 37091
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359-6376

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359-2534

Tony Lancaster

Superintendent
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359-1581

Linda Layne

Assisted Living Center
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Lewisburg, TN 37091

Beverly Lewis, Ph.D.

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Lewisburg, TN 37091
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Beverly Little

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359-5223

Elizabeth Rasori

Juvenile Court Officer
Marshall Co. Juvenile Court
204 Marshall County Courthouse
Lewisburg, TN 37091
359-4823

Mary Rozell

Public Health Nurse
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Lewisburg, TN 37091
359-1551

Nannette Todd, RN

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Lewisburg, TN 37091
359-6241

Mary James Wallace

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Lewisburg, TN 37091
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Lewisburg, TN 37091
359-6376

Victor Wakefield, D.V.M.

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Robert L. Williams

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Barbara Woods

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R. Leigh Gilliam
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Lewisburg, TN 37091
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615-327-0885

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Sharon Nelson, Health Educator
Marshall County Health Dept
206 Legion Street
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359-1551

APPENDIX B

Resources & Internet Address

Comparison Of Data Prepared For:

The Marshall County Health Council

The following is a comparison summary of the data that was collected for the Marshall County Health Council and presented between July 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 Marshall County. The Health Council can then determine how they can improve the health status of the community.

Community Survey 152 Questionnaires Analyzed "Small Problem" + "Problem" (60% or greater)

Community Issues	Small Problem/ Problem %	Total
1. Crime	30/47	77%
2. Youth Violence	24/51	75%
3. High Blood Pressure	14/52	66%
Smoking	14/52	66%*
Adult Alcohol Abuse	18/48	66%*
4. Arthritis	28/37	65%
Teen Alcohol/Drug	18/47	65%*
5. Adult Drug Abuse	14/49	63%*
Stress	16/47	63%
Heart Conditions	17/46	63%
Teen Pregnancy	20/43	63%*

6. Motor Vehicle Deaths	34/28	62%
7. Depression	24/37	61%
Domestic Violence	24/37	61%
8. Child Abuse/Neglect	26/33	59%
9. Poverty	38/20	58%
10. Gangs	30/27	57%
Obesity	18/39	57%

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

Behavior Risk Survey 200 Surveys Analyzed

“Definite Problem” Top 5

Health Problem	% of Respondents
1. Tobacco Use	55%*
2. Teen Pregnancy	40%
3. Drug Abuse	38%*
4. Alcohol Abuse	36%*
5. Cancer	32%

***These issues rank in the Community Survey top ten.**

Community Survey Community Resources

Thirty percent or more of the respondents to the Community Survey indicated the following resources to be “Not adequate” or “Not available” in Marshall County.

Resource	Not/ Adequate	Not/ Available	Total
Specialized Doctors	41%	4%	45%
Recreational Activities	38%	4%	42%
Women’s Health	38%	3%	41%
Child Abuse/Neglect	36%	2%	38%
Alcohol/Drug Treatment	30%	5%	35%

Behavior Risk Survey Access to Health Care

Twenty percent or more 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
Access to Assisted Living	18%	18%	36%
Transportation to Health Care	18%	18%	36%
Access to Hospitals	13%	19%	32%

Secondary Data Support of Survey Findings

Causes of Death

Leading Causes of Death 1994:

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

Leading Causes of Death 1996:

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

County Ranking Among the 95 Tennessee Counties:

1994-1996 three year average, age adjusted

- #16 Suicides**
- #22 Low Birth Weight Babies**
- #24 Coronary Heart Disease (deaths)**
- #41 Motor Vehicle Deaths**
- #49 Births with Late Prenatal Care**
- #51 Births to Adolescent Mothers (age 10-17)**
- #52 Strokes (deaths)**
- #54 Homicides**
- #63 Infant Deaths**
- #68 Lung Cancer (deaths)**

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 Marshall 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 Marshall County was 5.5%. This rate is higher than the state rate of 4.3% for this same period.**
- The medium household income for Marshall County, according to the U.S. 1990 census data, was \$23,855. The percent of the population living below poverty level was 13.1.**
- Currently in Marshall County 17.4% of the population 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, Marshall County's teen pregnancy rate of 53.6% was lower than the state's rate of 55.8% and the regional rate 51.02%.**
- **The infant mortality rate for Marshall County per 1,000 live births in 1996 was 12.2 which was lower than the rate for 1992 of 13.4% but significantly higher than the rate of 3.7% 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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