

McNairy County Community Health Council

Community Needs Assessment



1998 Volume I

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

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

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INTRODUCTION

Mission Statement

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

COUNTY DESCRIPTION

Land Area

McNairy County is located 100 miles east of Memphis on the Tennessee Border with Mississippi. Its prosperous farms and lush hardwood forests are places of natural beauty. McNairy County was established in 1823 and is named after Judge John McNairy of North Carolina.

Selmer, the county seat has a population of 4,310. Other incorporated towns include Adamsville, Bethel Springs, Michie, Eastview, Guys, Ramer, Finger and Stantonville. McNairy County is proud to be known as the home of legendary southern Sheriff Buford Pusser of "Walking Tall" fame. Pusser's home in Adamsville is now a museum.

The community has an outstanding educational system. McNairy County was the first rural system in Tennessee

to earn accreditation from the Southern Association of Colleges and Schools. The University of Tennessee at Martin also has a satellite campus in Selmer.

ECONOMIC BASE

A reliable workforce, excellent quality of life, and outstanding industrial support services have led to an extended period of economic growth in McNairy County. McNairy County is the only county in the state to receive the "Three Star Award" for economic growth for sixteen consecutive years. Primary employers in the community include Aqua Glass, General Electric, Garan, Inc., Kolpak Manufacturing and Selmer Apparel.

Agriculture remains an important part of the economy. Local crops include corn, cotton, forestry, orchards, peppers, soybeans, squash, and wheat. Cotton, corn and soybeans are the leading crops. McNairy County is also a leading timber producer in Tennessee.

McNairy County is blessed with an abundance of natural resources. Recreational opportunities include hunting, fishing, boating, swimming, and golf. Residents of this community are warm, friendly people who are proud of their heritage and enthusiastic about the future.

Demographics of McNairy County

MEDICAL COMMUNITY

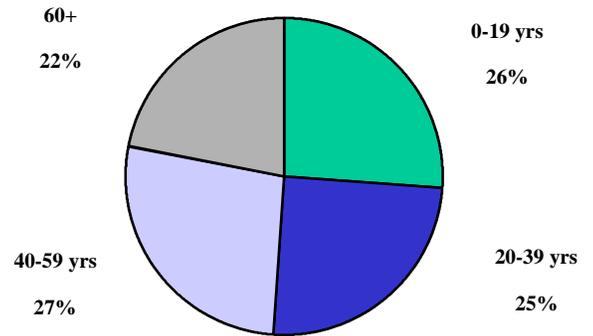
Methodist Hospital of Selmer is a full-service 90 bed, not-for-profit general acute care facility offering a wide range of services on both an inpatient and outpatient basis. Some of the newer services include: Ambulatory Surgery, CAT Scan, Nuclear Medicine, 24 Hour Cardiac Monitoring, Cardiac Stress Testing, Home Health, and Hospice. Such specialties as internal medicine, pediatrics, urology, cardiology, radiology, pathology, and obstetrics are represented on the medical staff.

The expanded medical community offers general and family practitioners, dental and orthodontic services, optometrists and opticians. Quinco Mental Health offers a variety of services from early childhood intervention to stress management. There are two intermediate care facilities to meet the nursing home needs of the area. Home health services are also available to those in need of special treatment.

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

DEMOGRAPHICS

County Age Breakdown



POPULATION CATEGORY

MCNAIRY COUNTY

SEX	NUMBER	%	TN PERCENT
FEMALE	12,363	52	52
Male	11,315	48	48
Race			
White	22,091	93	83
Black	1,511	7	16
Other	76	-	-

DEMOGRAPHICS OF MCNAIRY COUNTY

HOUSEHOLDS

Total Number of Households: 8,834			
	County	Region	State
Percent of households that are family households	75.6	74.7	72.7
Percent of households that are families headed by a female with no husband present	9.3	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.2	6.4	6.9
Percent of households with the householder 65 and up	27.2	27.5	21.8

EDUCATION

	County	Region	State
Number of persons age 25 and older	15,105	294,457	3,139,066
Percent of persons 25 and up that are high school graduates or higher	57.4	56.5	67.1
Percent of persons 25 and up with a bachelor's degree or higher	5.2	7.6	16.0

DEMOGRAPHICS OF MCNAIRY COUNTY

EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	17,606	352,668	3,799,725
Percent In Work Force	57.9	59.6	64.0
Number of Persons 16 and Older in Civilian Work Force	10,175	209,376	2,405,077
Percent Unemployed	6.5	7.4	6.4
Number of Females 16 Years and Older with Own Children Under 6	1,295	26,205	287,675
Percent in Labor Force	55.6	64.9	62.9

POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$9,185	\$9,850	\$12,255
Percent of persons below the 1989 poverty level	20.3	19.03841	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	22.4	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	33.5	27.4	20.9

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

COMMUNITY NEEDS ASSESSMENT

HISTORY OF THE PROCESS

In 1997 local health care providers and community leaders in McNairy County began an on-going dialogue about the challenges facing the community's health care delivery system. It was becoming apparent that the pressures of reform including changes in Medicaid, AFDC, and reimbursement rates for rural hospitals were beginning to strain the community's limited resources. Local leaders responded by forming a Community Health Council to serve as a mechanism for evaluating the health status of the community and pooling resources to address shared problems. The Health Council conducted a comprehensive assessment of the health status of McNairy County residents and developed a strategy to address the needs identified.

COMMUNITY DIAGNOSIS

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

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

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

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

COMMUNITY NEEDS ASSESSMENT

COUNCIL MAKE-UP

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

DATA GATHERED

Demographic and Socioeconomic Data

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

Health Professionals Data

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

TennCare Data

Number of Enrollees
Managed Care Organizations
Number of Providers by MCO

Health and Vital Statistics Data

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

Family Data

Domestic Violence Patterns
Child Abuse and Neglect
Alcohol and Drug Abuse

COMMUNITY NEEDS ASSESSMENT

Community Health Surveys

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

Community Health Concerns Identified

- ◆ Motor Vehicle Accidents
- ◆ Alcohol Abuse
- ◆ Drug Abuse
- ◆ Lack of After-School Programs
- ◆ Cancer
- ◆ Domestic Violence
- ◆ Tobacco Use
- ◆ Stress
- ◆ Access to Transportation
- ◆ Access to OB/Prenatal Care

PRIORITIZED PROBLEMS

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

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

COMMUNITY NEEDS ASSESSMENT

Community Health Priorities 1997-98

Motor Vehicle Crashes Access to OB/Prenatal Care

The Community Health Council selected two problems from the list of health concerns to be addressed during the first project year. These community health priorities were motor vehicle crashes and access to OB/Prenatal Care. When selecting these priorities for 1997-98, the Council worked through the entire sequence of interacting factors that contribute to each community health problem identified. Links between problems, barriers to effective intervention and the availability of resources were all important considerations.

Community Resources

OB/PRENATAL CARE

- ◆ Local Physicians
- ◆ McNairy County Health Dept.
- ◆ Regional Health Department
- ◆ Methodist Hospital – McNairy
- ◆ University of Tennessee Extension Services
- ◆ API Council
- ◆ March of Dimes
- ◆ Resource Mothers
- ◆ CHAD

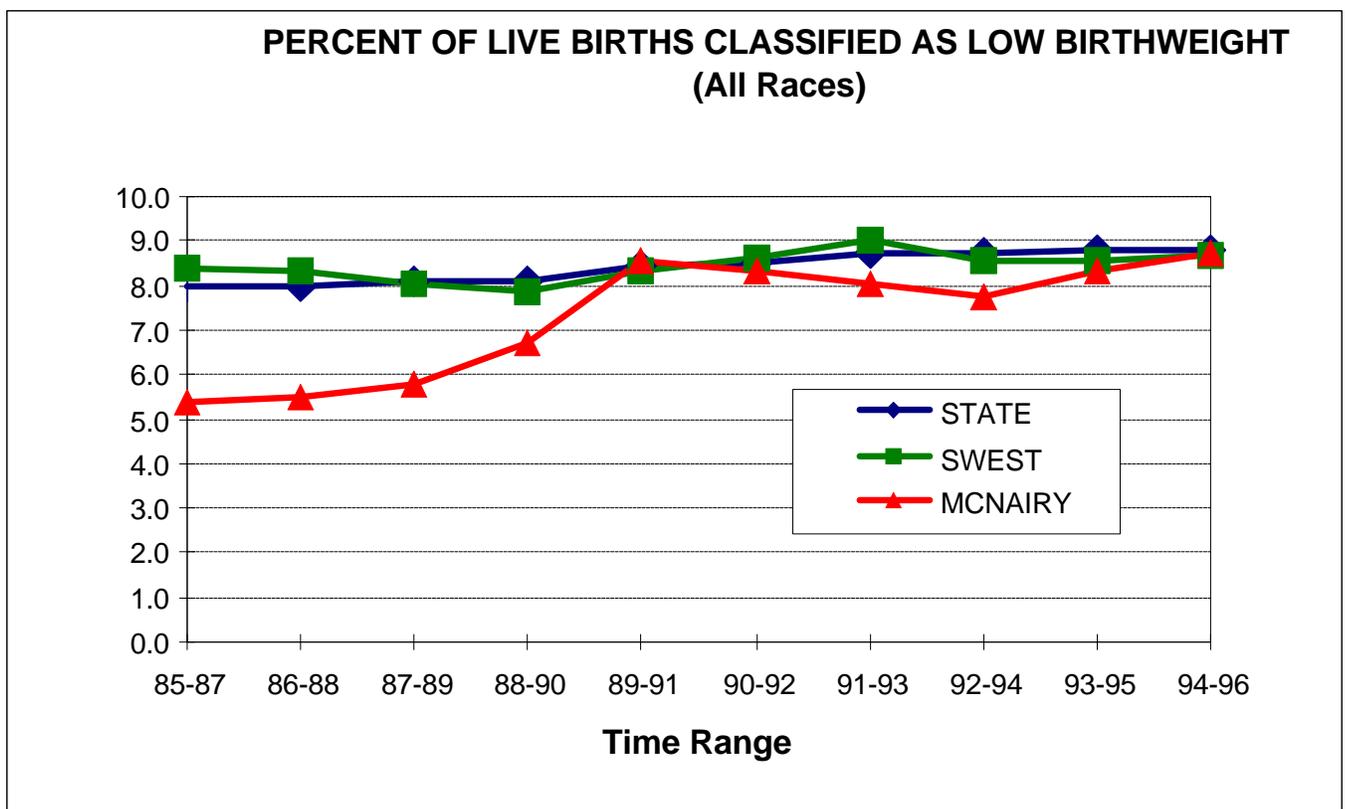
MOTOR VEHICLE CRASHES

- Tennessee Dept. of Transportation
- Governor's Highway Safety Office
- Tennessee Highway Patrol
- National Highway Safety Administration
- Schools
- Churches
- McNairy County Juvenile Court
- McNairy County Emergency Services
- First Responders
- McNairy County Rescue Squad
- Civic Clubs
- Methodist Hospital – McNairy
- API Council
- March of Dimes
- Resource Mothers
- CHAD

COMMUNITY NEEDS ASSESSMENT

ACCESS TO OB/PRENATAL CARE

McNairy County ranks 12th among Tennessee's 95 counties in terms of need for obstetrical services according to the Tennessee Office of Rural Health. A lack of providers and high levels of poverty combine to restrict access to obstetrical care for many women in the community. As a result, too many women in McNairy County give birth without having received adequate prenatal care. The lack of prenatal care is important because of its relationship to low birth weight, infant mortality and other negative health outcomes for mothers and babies. The percentage of live births classified as low birth weight in McNairy County has been trending upward since 1987.

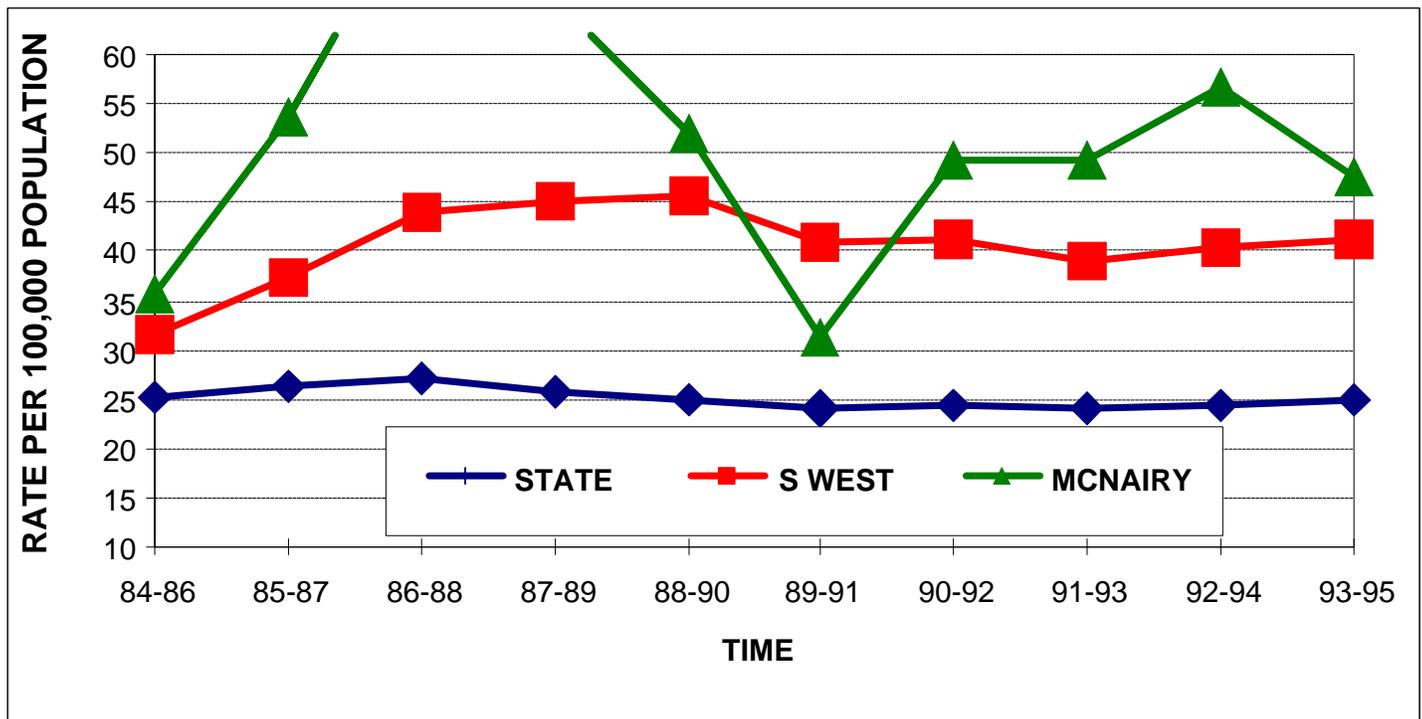


COMMUNITY NEEDS ASSESSMENT

MOTOR VEHICLE ACCIDENTAL DEATHS

McNairy County averaged ten fatal crashes per year from 1995 to 1997. In 1997 there were 16 fatal crashes in the county. The average rate of fatal crashes (.58 per 1,000 licensed drivers) ranks McNairy County ninth worst among Tennessee's ninety-five counties. The county averaged 196 injury crashes per year from 1995 to 1997 for a rate of 12.85 per 1,000 licensed drivers. This injury crash rate is the eighteenth worst in the state. McNairy County averages six unrestrained children involved in crashes per year. This figure represents over 25 percent of the children involved in crashes and ranks McNairy County fifth worst among Tennessee's ninety-five counties.

Mortality from Motor Vehicle Accidents



Actions and Strategies

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

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Community Health Council**

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Chamber of Commerce**

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Selmer Senior Citizens Ctr.**

**Rosemary Cotham, Director
County Health Dept.**

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U.T. Extension Service**

**Quinnie Bell
Developmental Services**

**Beth Hamilton
County Health Dept.**

**Melissa Page
McNairy Co. Health Dept.**

**Mike Smith
County Executive**

**Judy Turner
Superintendent of Schools**

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**Henry Sanders, Jr
Reverend**

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**Carol Ann Woods, R.N.
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of Education**