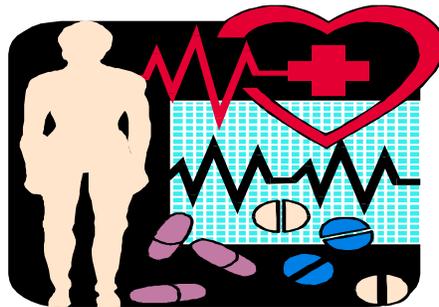


COMMUNITY DIAGNOSIS

STATUS REPORT



MOORE COUNTY 1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The Moore 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:

Moore County, Tennessee was the eighth county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in June 1998. The initiating meeting was held at the Middle Tennessee Home Health Agency 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 Moore 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 fourth Thursday of each month.

The first meeting was scheduled for July 23, 1998. At the first meeting, the Council elected Sandra Bedford, registered nurse, to serve as Chairman. Mrs. Bedford resigned from her position as chair after serving five months but has remained a council member. Bob Yasui, Physician Assistant, was elected as the new chair at the November 19, 1998 meeting. The Health Council completed their community diagnosis and began a community assessment in January 1999. 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 Moore County residents concerning the health status of the county and the delivery of the health care within the community.

The Moore 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 Moore 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 7 priority health problems. These 7 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. Access to health care**
- 3. Cardiovascular disease**
- 4. Teen pregnancy**
- 5. Upper respiratory disease**
- 6. Cancer**
- 7. Obesity**

General Statement of Council Makeup

The Moore 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 23 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. MOORE COUNTY DESCRIPTION

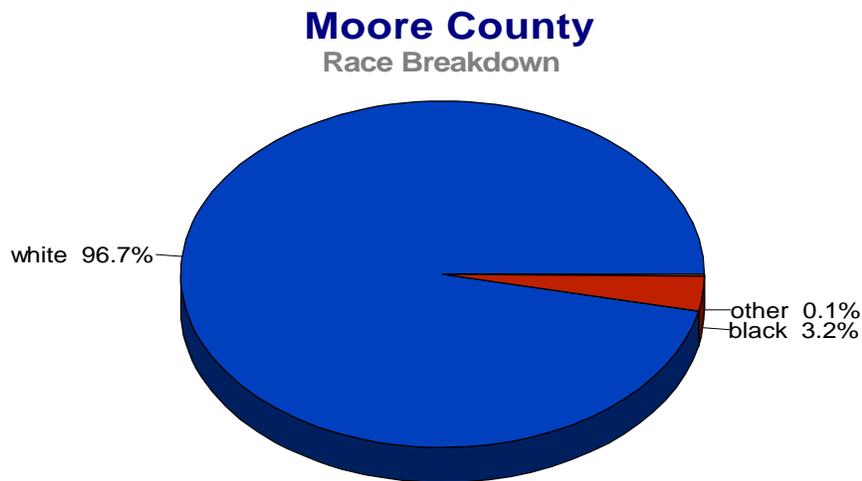
A. Geographic & Land Area

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

Moore County's geographical location is due east of the Department of Health's South Central Regional Office. Three counties that are in the South Central region border it: Coffee County to the Northeast, Bedford County to the North, and Lincoln County to the South.

B. Demographics

The county was settled in 1871 with Lynchburg as the county seat. According to the 1997 Picture of the Present, Moore County has a total population of 5,227. Of this total 97% are Caucasian, 3% are black and less than 1% are classified as other races.

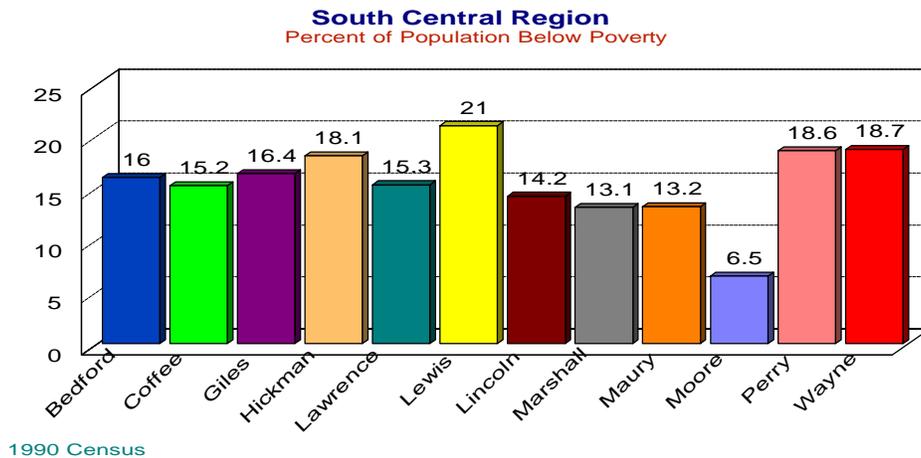


1997 population estimates

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.

The Health Council was provided with the 1994 estimates based on 1990 census data. Poverty rates for the entire county population was 6.5%, which is lower than the regional and state rate. The per capita income for 1996 was \$15,430, which was lower than the state's per capita income of \$19,450.



In 1996, 16.5% of the population was enrolled in TennCare, which was lower than the state's 22.7% for this same period.

During the data analysis phase of Moore County's Community Diagnosis, the council noted that the County had an unemployment rate of 2.4% which was lower than 3.9% state rate for May 1998.

Since the 1800's, Jack Daniel's Distillery has been the source of industry for Moore County. Tourism associated with the Distillery has provided a major source of income for the county as well as the handmade wares and rich history associated with Moore County.

D. Medical Community

There are no hospital facilities located in Moore County. The greatest utilization of hospitals by residents of the county is as follows: Coffee, Davidson, and Lincoln counties.

There is one nursing home in the county - Lynchburg Nursing Center. At the time of the data gathering, the nursing home was staffed at 94.1% occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Moore County Health Council from July 1998 through December 1998. The Community Development staff presented the health data.

Appendix B – Behavioral 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 Moore 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. Arthritis
4. High Blood Pressure
Heart Conditions
5. Obesity

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

1. Access to Hospitals
2. Access to Physicians or Doctors
3. Transportation to Health Care
4. Access to Dental Care
5. Access to Assisted Living

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 for Moore County are:

1. Smoking
2. High Blood Pressure
3. Teen Alcohol/Drug Abuse
4. Arthritis

5. Smokeless Tobacco

The top five health care access issues are:

1. Emergency Room Care
2. Hospital Care
3. Specialized Doctors
4. Eye Care
5. Alcohol/Drug Treatment

Sixty-five surveys were completed; the Council decided, given the size of their county, that this number was sufficient for their community.

B. Secondary Data

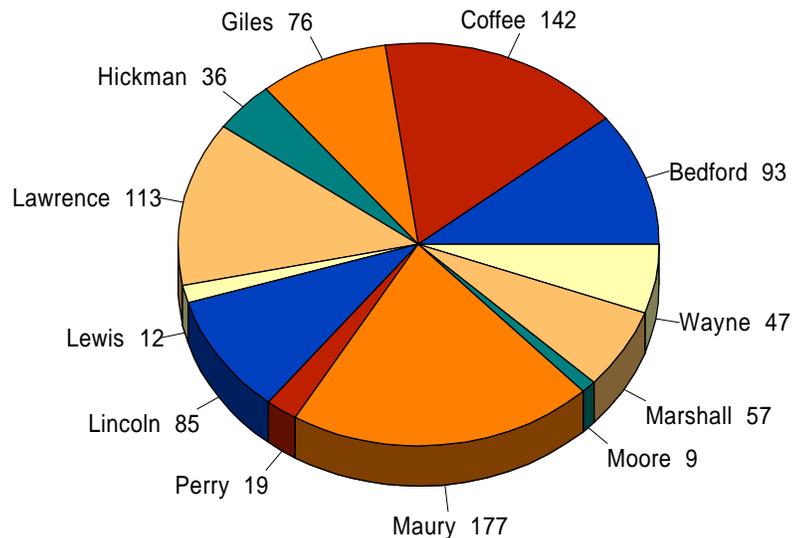
Summary of Data Used

Educational Attainment:

The high school dropout rate for the county was 4.7% for 1996. This was higher than the regional rate of 4.35% and the state rate of 4.5%. 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, 20.5% of the students in Moore County participate in the school lunch program receiving lunch at free or reduced prices. This is greater than the state rate of 34.1%.

MORBIDITY & MORTALITY

The Moore 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 Moore 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 Moore County.

Five Leading Causes of Death:

The Moore 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. Pneumonia and Influenza
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 Moore County decreased dramatically from 1994 (with a rate of 114.3) to 1996 (with a rate of 39.2) per 1,000 females aged 15-17 years. 100% of these births were to white females. 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

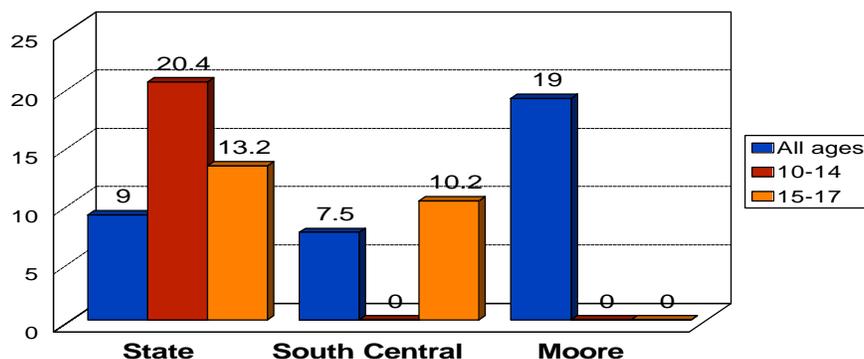
Infant mortality (deaths within the first year following birth) and births of infants that are low-weight are important indicators of a community's health status.

Through presentations by the Community Development staff, the Health Council learned that in Moore 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 Moore County the infant mortality rate per 1,000 live births in 1996 was 0.0, which was lower than the rate for 1992 (17.5) and 1994 (38.5). 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 Moore 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 10% 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 5.7% for Moore County, 7.8% for the South Central Region, and 8.7% for the state.

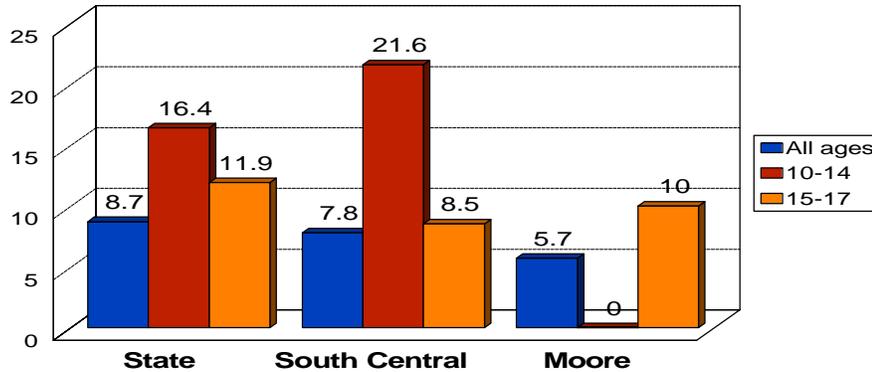
Infant mortality is reported as a rate of every one infant death per 1,000 live births. Moore County's average infant mortality rate for the years 1992-1994 was 19.0 per 1,000 live births. There were no infant deaths to mothers aged 10-14 years during this time. This rate (19.0) was higher than the state rate of 9.2 and the regional rate of 8.7

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 Moore County during the data analysis stage of their community diagnosis. Based on 1998 data, Moore County was a shortage area for prenatal care access. However, in 1996 78.6% of the pregnant women in Moore County entered prenatal care in the first trimester of pregnancy. This decreased to 71.4% in 1997.

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 Moore County was the fifth highest in the South Central Region in 1996.

Cancer is the second leading cause of death in the county for those over the age of 45 years. Colon cancer was the leading cancer diagnosis in Moore County followed by lung cancer. Early diagnosis and treatment can decrease the number of cancer deaths in the county. Survival rates increase with earlier diagnosis.

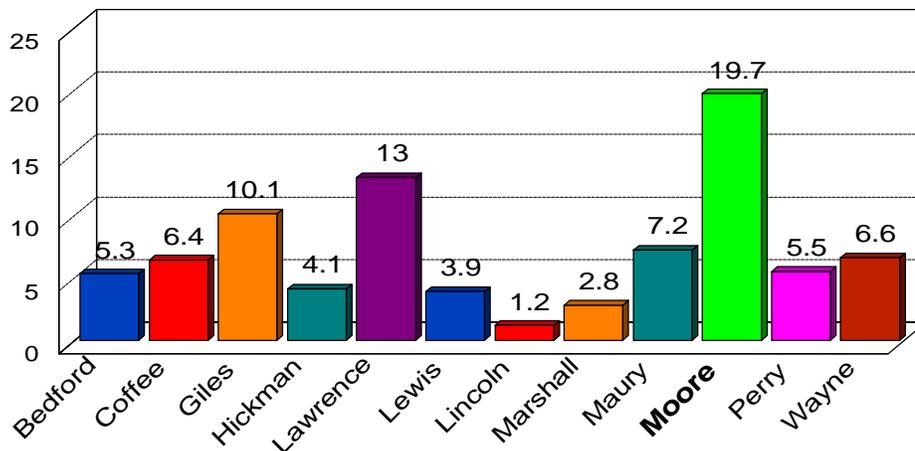
Children and Youth:

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 Moore County during fiscal year 1993-1994 there were 23 cases indicated cases of child abuse with a rate of 19.7 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Moore County's indicated child abuse rate is significantly higher 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 Moore County during fiscal year 1994-95 the commitment rate of children to state custody was 6.0 per 1,000 (7 children). This number is lower 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 Moore County was zero, which was below the state's rate of 23.7 and the South Central Regional rate of 21.0. The major cause of teen violent deaths in the county was accidents and adverse effects.

Indicated Child Abuse and Neglect Rate
1993-1994 Data



VI. Health Issues & Priorities

Community Process

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

1. Substance abuse
2. Access to health care
3. Cardiovascular disease
4. Teen pregnancy
5. Upper respiratory disease
6. Cancer
7. Obesity

FUTURE PLANNING

The Moore County Health Council has already intervened on their Access to Health Care priority by increasing community awareness and advertising about the transportation service that is available in Moore County. The Council is also in the planning stages of their 1st Annual Mediguard Health Fair that will be held in July of the year 2000.

The Council is utilizing several resources in order to make their community more knowledgeable about the services available through the local Health Department and other agencies in surrounding areas.

The Council has endorsed a grant proposal that would provide an After-school program at the local Middle School. The results of their Community Survey were used as an assessment tool in support of this grant.

APPENDIX A

Membership Listing

MOORE COUNTY HEALTH COUNCIL

Membership List

Updated 10/13/99

Total 21

Sandra Bedford

Middle TN Home Health Service
PO Box 705
Lynchburg, TN 37352
1-800-342-3454

Doris Bohanan

Moore County Health Dept
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Lynchburg, TN 37352
759-4251

Debbie Broadway, County Director

Moore County Health Dept
PO Box 196
Lynchburg, TN 37352
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Tina Corder

School Nurse
335 Tucker's Creek Rd
Mulberry, TN 37359
433-0711

Marilyn Craig

Moore Co News
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Wilma Early

Jack Daniel Distillery
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Billy Thomas
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759-7077

Marcia Vanatti
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Lynchburg, TN 37352
759-7388

Bob Yasui, PA
Lynchburg Medical Center
PO Box 106
Lynchburg, TN 37352
759-4197

APPENDIX B

Resources & Internet Address

Comparison Of Data Prepared For:

The Moore County Health Council

The following is a comparison summary of the data that was collected for the Moore County Health Council and presented between 1998 and November 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 Moore County. The Health Council can then determine how they can improve the health status of the community.

Community Survey 65 Questionnaires Analyzed "Small Problem" + "Problem" (60% or greater)

Community Issues	Small Problem/ Problem %	Total
1. Smoking	18/71	89%*
2. High Blood Pressure	26/55	81%*
3. Teen Alcohol/Drug Abuse	22/54	76%
4. Arthritis	31/43	74%*
5. Smokeless Tobacco	15/58	73%*
6. Teen Pregnancy	26/46	72%
7. Adult Alcohol Abuse	20/51	71%

8. Obesity	31/38	69%
9. Heart Conditions	20/48	68%
10. Crime	46/15	61%

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

Behavior Risk Survey 201 Surveys Analyzed

“Definite Problem” Top 5

Health Problem	% of Respondents
1. Tobacco Use	53%*
2. Cancer	35%
3. Arthritis	28%*
4. High Blood Pressure	24%*
4. Heart Conditions	24%*
5. Obesity	21%*

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

Community Survey Community Resources

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

Resource	Not/ Adequate	Not/ Available	Total
Emergency Room Care	14%	51%	65%
Hospital Care	14%	49%	63%
Specialty Doctors	29%	34%	63%
Eye Care	22%	37%	59%

Alcohol/Drug Treatment	20%	29%	49%
Women's Health Care	23%	22%	45%
Child Abuse/Neglect Services	28%	14%	42%
Mental Health Services	18%	23%	41%

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 Hospitals	17%	18%	35%
Access to Physicians/Doctors	11%	17%	28%
Transportation to Health Care	10%	12%	22%

Secondary Data Support of Survey Findings

Causes of Death

Leading Causes of Death 1994:

- 1. Cancer**
- 2. Heart Disease**
- 3. Cerebrovascular Disease (Stroke)**
- 4. Pneumonia & Influenza**
- 5. Nephritis, Nephrotic Syndrome, Nephrosis**

Leading Causes of Death 1996:

- 1. Heart Disease**
- 2. Cancer**
- 3. Pneumonia & Influenza**
- 4. Cerebrovascular Disease (Stroke)**
- 5. Chronic Obstructive Pulmonary Disease**

County Ranking Among the 95 Tennessee Counties:

1994-1996 three year average, age adjusted

- #4 Births to Adolescent Mothers (ages 10-17)**
- #5 Infant Deaths**
- #67 Motor Vehicle Deaths**
- #68 Strokes**
- #85 Low Birth Weight Babies**
- #88 Coronary Heart Disease**
- #94 Lung Cancer**
- #94 Homicides**
- #94 Suicides**

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

Moore County's rate for Births to Adolescent Mothers is fourth highest in the State; the Infant Deaths rate is fifth in the State. Teenage pregnancies are most likely the contributor to the Infant Mortality 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 Moore County was 3.3%. This rate is lower than the state rate of 4.5% for this same period.**
- **The medium household income for Moore County, according to the U.S. 1990 census data, was \$28,056. The percent of the population living below poverty level was 6.5.**
- **Currently in Moore 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, Moore County's teen pregnancy rate of 39.2% was lower than the state's rate of 55.8% and the regional rate 51.02%.**
- **The infant mortality rate for Moore County per 1,000 live births in 1996 was 0.0 which was lower than the rate for 1992 of 17.5% and 1994 of 38.5%.**
- **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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