OBION COUNTY HEALTH COUNCIL
COMMUNITY NEEDS ASSESSMENT

1998

VOLUME I

A REPORT ON THE ASSESSMENT PROCESS, RESULTS OF THE ASSESSMENT, AND THE INTERVENTION STRATEGIES PLANNED BY THE OBION COUNTY HEALTH COUNCIL.

NORTHWEST TENNESSEE DIVISION OF ASSESSMENT AND PLANNING
TENNESSEE DEPARTMENT OF HEALTH
NORTHWEST TENNESSEE REGIONAL HEALTH OFFICE
1010 MT. ZION ROAD
UNION CITY, TENNESSEE 38261

INTRODUCTION

Mission Statement

The mission of the Community Diagnosis Program is to help communities to assess the county's current health status and problems and to develop a localized plan to improve the health status, the health delivery system, and to correct identified problems.

"Health Departments across the country 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."

Dr. Fredia Wadley, Commissioner
Tennessee Department of Health
February 1995

Definition of Community Diagnosis

Community Diagnosis is a community- based community-owned process to assess the health status of Tennesseans. The process 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.

Summary

Health issues for Obion County were identified from primary data and secondary data sources, the issues were prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the council will develop a health plan for the priority issues. The plan will contain goals and objectives, which will lead to the improvement of access to care, and improve the health status of residents in Obion County.

This document provides a description of the community assessment activities of the Obion County Health Council and the priority health problems identified through the assessment.

Council Make-up

The Obion County Health Council was established on October 1, 1996, with 25 members. Through attrition the active membership now stands at 17. The membership consists of a broad-based representation of the community that includes: the local health department; local hospital staff, chamber of commerce, mental health, local business, public schools, local government, ministers, private medicine, and consumers. The current council membership is located in **Appendices A.**

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COUNTY DESCRIPTION

Geographical Facts

Obion County is located in the northwest corner of the state. Bounded on the north by the state of Kentucky, on the west by Reelfoot Lake, on the east by Weakley County and on the south by Dyer County and Gibson County. The county is *555* square miles in area and is located approximately *63* miles from Jackson and *110* miles from Memphis to the south.

Obion County was founded in 1825 with the county seat originally located in Troy. The county seat was moved to Union City in 1890. The county's largest population centers are Union City with *10,512* residents, South Fulton with *2,688* residents, Kenton with *1,366* residents and Troy with *1,047* residents.

One interesting geographical feature of the county is Reelfoot Lake. Formed by a series of violent earthquakes during the years of 1811 and 1812. It is a beautiful shallow lake that attracts fishermen, hunters, naturalists, and thousand of visitors to observe the American Bald Eagles, which migrate there in the fall and winter.

Economic Base

There is a diversified economy in Obion County. Personal income is not dominated by any one source. Income from manufacturing employment in 1994 totaled $213-million dollars and $13-million dollars through agriculture.

In addition, income is generated from retail and service employment. Retail sales in 1995 were over $288-million. Percapita personal income in 1995 was $19,910.00. The county's largest employers are Goodyear Tire and Rubber Company which employs a work force of 3,000, Tyson Foods with a work force of 1,200, and Superior Fireplace Company employing 500.

With approximately 800 farms covering over 200,000 acres, agriculture forms a firm foundation. Colorful fruit orchards, along with and expansive fields of grain crops such as corn, soy beans, and wheat make up the primary source of agriculture income in the county.

Health Care

Baptist Memorial Hospital-Union City serves the county with a full range of diagnostic, therapeutic and specialty health care services. The hospital consists of *173* acute care beds, *14* critical care beds, and a *20*-bed unit for adult psychiatric and substance abuse patients. The hospital also provides 24-hour ambulance service staffed by a full-time Emergency Medicine Department. In addition to the hospital there are *5* Private Clinics, *66* Doctors, *12* Dentists, and *3* Nursing Homes.

The Obion County Health Department is the final piece of the health care puzzle, providing services including WIC, family planning, immunizations, nutrition education, and environmental services.

COUNTY DESCRIPTION

Population Facts:

POPULATION

	County	Region	State
Percent of households that are family households.	74.3	74.7	72.7
Percent of households that are families headed by a female with no husband present.	10.3	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	5.5	6.4	6.9
Percent of households with the householder 65 and up.	26.9	27.5	21.8

EDUCATION

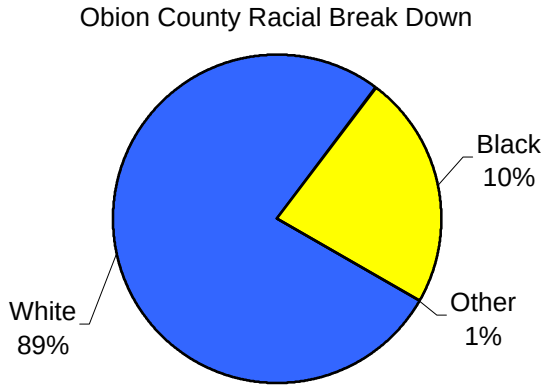
	County
Number of persons age 25 and older.	20,903
Percent of persons 25 and up that are high school graduates or higher.	61.3
Percent of persons 25 and up with a bachelor's degree or higher.	8.5

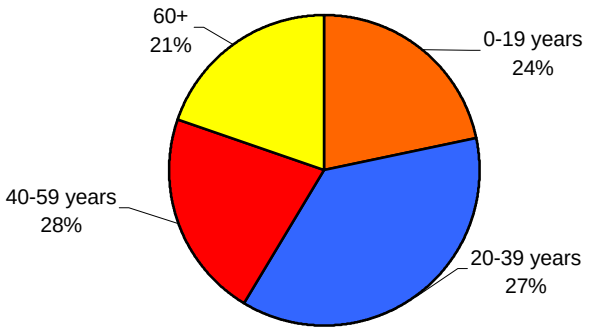
EMPLOYMENT

	County
Number of Persons 16 and Older.	24,979
Percent In Work Force	61
Number of Persons 16 and Older in Civilian Work Force.	15,187
Percent Unemployed.	6.7
Number of Females 16 Years and Older with Own Children Under 6.	1,666
Percent in Labor Force.	59.2

POVERTY STATUS

	County	Region	State
Per capita income in 1989.	$11,096	$9,850	$12,255
Percent of persons below the 1989 poverty level.	15.2	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	18.2	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	26.5	27.4	20.9





Community Diagnosis Process

The Obion County Health Council was established on October 1,1996, by the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held on August 22, 1996. During this meeting community leaders were educated on the community diagnosis process, the role of the health council, and the role of the Department of Health. The majority of the Obion County Health Council members were appointed at this initial meeting. Other members were included as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a stakeholder survey. Each council member completed the survey and took copies to other residents of the county. A total of 51 surveys were completed and returned for tabulation.

The Behavioral Risk Factor Survey was also collected in the community in order to gather even more resident data. This survey was a random telephone survey conducted by the University of Tennessee. It provided information on the respondents health behaviors and their perception on community health problems.

Once the primary data was collected and the results tabulated, the council began to evaluate the results and compile a list of the most prominently perceived health problems identified through the collection of surveys.

Using this list, the council began to evaluate secondary data on each perceived health problem, to determine if the problem indeed existed, and to investigate the severity of the problem. The Tennessee Department of Health collects demographic and socioeconomic information, mortality (death) data, morbidity (disease prevalence) data, comparisons of county data to national and state year 2000 objectives, and an extensive set of birth data. In addition, data was obtained through local agencies, the World Wide Web and the National Center for Health Statistics. Data was presented to the council in the form of rates, percentages and ratios of the most current reportable health indicators for the county.

Following the review of secondary data the list of perceived problems was prioritized to ensure that each health issue was addressed and examined with the same objectivity. The scores of this process were tabulated and the priority health priorities were identified. From the list of the priority health priorities for Obion County, the council chose to address these health priorities through sub-committees which will develop community intervention strategies.

Steps of The Process

1. Organize a health council

2. Collect and analyze primary data

3. Analyze Secondary data

4. Prioritize the issues

5.Develop interventions

Primary Data Gathered

The Obion County Health Council was determined to gather as much information as possible from the residents of Obion County. The council felt that community input was the most valuable component to completing a thorough assessment. Two different survey instruments were used during the Community Diagnosis Process, and they are listed individually and include a brief explanation of their purpose and distribution.

1. **Stakeholder Survey:**

   This survey was taken from the Community Diagnosis Manual and distributed to the council. The object of this survey was to get information from the leaders of the community who had knowledge of the health delivery system of the county and the resident population. A total of **51** surveys were completed and returned with a majority of the respondents coming from residents who fell into the mid to high-income levels.

2. **Behavioral Risk Factor Survey:**

   This survey was a random telephone survey conducted by the University of Tennessee. Approximately 200 Obion County residents were surveyed. A majority of the questions pertained to the respondents' lifestyle and health behaviors, as well as their perception of the community and specific health concerns. It was reported that it took approximately 45 minutes to administer and the surveyors had a difficult time obtaining some of the information.

Perceived Health Problems

Through the collection of primary data in the community, the council compiled a list of several perceived health problems, which they felt were important to improving the health of Obion County residents. They're perceived list of concerns is as follows:

* HEART DISEASE
* ALCOHOL/DRUG/TOBACCO USE
* PRENATAL CARE/DELIVERY/ LOW BIRTH WEIGHT
* TEEN PREGNANCY
* Lung Disease
* Suicide
* KIDNEY DISEASE
* CANCER
* RESIDENTS DYING YOUNGER
* YOUTH PHYSICAL FITNESS/ WELLNESS/NUTRITION
* STRESS/MENTAL HEALTH
* UNINSURED RESIDENTS
* ACCESS TO DENTAL CARE FOR TENNCARE AND INDIGENT
* CHILD ABUSE/NEGLECT
* ELDERLY ABUSE/NEGLECT
* COST OF *RX* FOR ELDERLY
* TRANSPORTATION TO CARE
* PUBLIC EDUCATION ON SERVICES
* EDUCATION ON INSURANCE TO
* TENNCARE RECIPIENTS
* NEW POPULATION (HISPANICS)
* UNATTENDED ELDERLY AND CHILDREN
* MOTOR VEHICLE DEATHS
* SEXUALLY TRANSMITTED DISEASES
* STROKE/HYPERTENSION

Secondary Data Analyzed

The Obion County Health Council reviewed and analyzed secondary data collected by the Tennessee Department of Health, National Center for Health Statistics, and other sources, in order to determine if the perceived health problems were actually problems that required attention. The Community Development Staff reviewed the entire health data set provided by the Department of Health to ensure that the council did not overlook any major health problems. The categories of data and their source are identified in the chart below.

* Demographic and Socioeconomic Population Information

(U.S. Census - 1990)

* U.S. Healthy People 2000 Objectives
* Tennessee Healthy People 2000
* Adolescent Pregnancy Rates
* Live Birth by Age and Race
* Birthweight Trends
* Infant Deaths
* Leading Causes of Death
* Cancer
* Heart Disease
* Diabetes
* Sexually Transmitted Diseases

(Tennessee Department of Health)

* U.S. Teenage Pregnancy Information
* U.S. Teenage Illicit Drug Use

(National Center for Health Statistics)

(World Wide Web)

HEALTH ISSUES AND PRIORITIES

Prioritizing Method

The members of the Obion County Health Council through the use of primary and secondary data determined the leading health concerns. This council consisted of representatives of county government, education, health care, the local ministerial alliance and local citizens groups.

The major task of the council was to identify the priority health problems of Obion County in rank order. Using an modified version of the J.J. Hanlon method, the council rated each health problem according to the size of the health problem to reflect the percentage of the local population affected, the seriousness of the health problem, and the effectiveness or impact of intervening in the problem. Once the problems had been rated on size, seriousness and effectiveness of interventions, the PEARL test was applied to determine the Propriety, Economics, Acceptability, Resources available and Legality of intervening.

Prioritized Health Problems

From the council's list of perceived health problems the following priority problems were established through the rating and prioritizing process, with this list being further prioritized to determine the health concerns selected for intervention in Obion County.

PRIORITIZED HEALTH PROBLEMS

1. **HEART DISEASE/STROKE/ HYPERTENSION**
2. **Prenatal Care/Delivery/Low Birth Weight**
3. **Youth Physical Fitness/ Wellness /Nutrition**
4. **Access to Primary Care for TennCare Patients**
5. **Access to Dental Care for TennCare Patients and the Indigent**
6. **Public Education on local Services**
7. **Education on Benefits to TennCare enrollees.**

Problems Selected for Intervention

1. **Public Education on local services**
2. **Access to Dental Care for TennCare and Indigent**
3. **Youth Physical Fitness /Wellness/Nutrition**

Priority Problem Justification

Public Education of Local Services:

Through the collection of primary data from residents of the community it was determined that many of the citizens were not aware of many of the services or programs available in the community. When asked questions about specific services, **10-30%** of responses were "I Don't Know". In the comments section of the Stakeholder Survey the respondents commented on the need for more exercise programs, nutrition programs, weight loss programs and other health promotion programs. Through an inventory of local services, it was determined that most of the services already existed, and many times there were more than one provider.

Access to Dental Care for TennCare and Indigent Patients:

During many of the councils discussions several issues surrounding TennCare and uninsured patients surfaced. The most dramatic needed was determined to be the lack of access to dental care.

Currently there are twelve general practice dentist operating in Obion County. At the time of the assessment none of these dentist were accepting TennCare dental coverage. As a result, these patients are forced to travel to Dyersburg, Jackson or Paris, Tennessee to receive dental care.

An estimated **6,788** residents do not have access to dental care in the county.

Youth Physical Fitness/ Wellness/ Nutrition:

In reviewing the secondary data the council found that Heart Disease was the leading cause of death in Obion County resulting in **117** deaths in 1994, and deaths from Cerebrovascular Disease was the 5th leading cause of deaths, resulting in **20** deaths in 1994.

In reviewing data on lifestyle behaviors **60.7%** of Tennessee residents reported a sedentary lifestyle, while **28%** of Obion County residents reported to have had no physical fitness activity in the last month before the survey.

According to the National Center for Health Statistics, **14%** of children aged 6 to 11; **12%** of adolescents aged 12 to 17; and **35%** of adults aged 20 years and older are considered overweight. Using these estimated percentages, the following estimates of overweight individuals in Obion County was determined:

Age Group	Number of Residents	National Percent	Estimated Overweight
Children (6-11)	12,496	14%	1,749
Adolescent (12-17)	5,923	12%	711
Adults (20 +)	22,912	35%	8,019

Health Planning

Once the council had identified their priority issues, the membership chose to form sub-committees and address the three health problems separately. A chairperson was elected for each sub-committee, the committees contacted agencies and other residents to meet with them and assist with the development of interventions.

APPENDICES

COUNCIL MEMBERS

***Jill Emmons**, Chair*
Consumer

***Edward Reese. DDS**, Vice-Chair*
Local Dentist

Elarine Moses
Consumer

Janet Flynn
Nursing Services, Baptist Memorial Hospital

Debbie Chivers
Nursing Supervisor, Obion County Health Department

Teresa Vinson
Baptist Memorial Hospital

James H. Ragsdale, MD
Retired Physician

Mary Bess Griffith
Baptist and Physicians
Regional Health Council Representative

Dana Kendall
Adolescent Pregnancy Initiative

Kay Vaughn
Chamber of Commerce

Lori Hendon
Pathways, Inc.

Mary Nita Bondurant
Baptist Memorial Hospital

Gene Hardy
Consumer

Rev. Robert Nodnga
Minister

Jim Emmons
V.P. Commercial Bank

Ginny Acree
Chamber of Commerce

Beverly Whaley
Regional Prevention Coordinator

INTERNET HOME PAGE INFORMATION

"Hit the Spot" is our abbreviation for Health Information Tennessee - Statistical Profile of Tennessee, which is now on the Internet. The Community Development staff, the county health councils around the state, and the general public now have immediate access to voluminous health statistical information instantly on the Internet.

This Internet project grew out of a partnership between the Department of Health and the Community Health Research Group (CHRG) at UT-Knoxville. CHRG staff under the leadership of its Director, Dr. Sandra Putnam, and Mr. Don Broach have worked closely with the Department of Health's Director of Assessment and Planning, Judy Dias, and Bill Wirsing to make this project a reality.

Another product which has grown from this fruitful partnership is the *Tennessee Health Status Report of 1997, Volume 1* which was published in paper from in September 1997. Volume 1 is a summary of the health status of Tennesseans in its many aspects and can be viewed on the Internet like turning the pages of a book, after downloading the free Acrobat Reader software which is included in the site.

Volume 2 is a very large database providing the actual statistical information, which was summarized in Volume 1. Volume 2 is available only on the Internet. Everyone is invited to visit and use the site.

Our address is:

www.server.to/hit