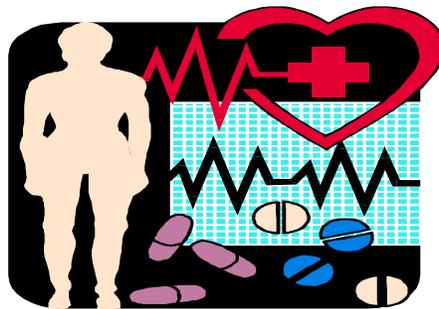


# COMMUNITY DIAGNOSIS

## STATUS REPORT



# PERRY COUNTY

## 1999

TENNESSEE DEPARTMENT OF HEALTH  
SOUTH CENTRAL REGIONAL OFFICE  
COMMUNITY DEVELOPMENT DIVISION

## II. INTRODUCTION

### Mission Statement:

The Perry 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:

Perry County, Tennessee was the seventh county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in December 1997. The initiating meeting was held at the First Christian Church 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 Perry 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 Wednesday of each month.

The first meeting was scheduled for January 1998. Over the next several months 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 Perry County residents concerning the health status of the county and the delivery of the health care within the community.

The Health Council completed their community diagnosis in July 1998. The Perry 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 Perry 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 5 priority health problems. These 5 health and social problems have served as the focal point of the council since that time with emphasis placed on the top priorities. The Council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Tobacco Use**
- 2. Alcohol & Drug Abuse**
- 3. Wellness & Fitness (Access to and Knowledge)**
- 4. Heart Disease**
- 5. Teen Pregnancy**

### **General Statement of Council Makeup**

The Perry 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 18 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, school system, and businesses.

<b>Appendix A: Membership List</b>
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## **IV. PERRY COUNTY DESCRIPTION**

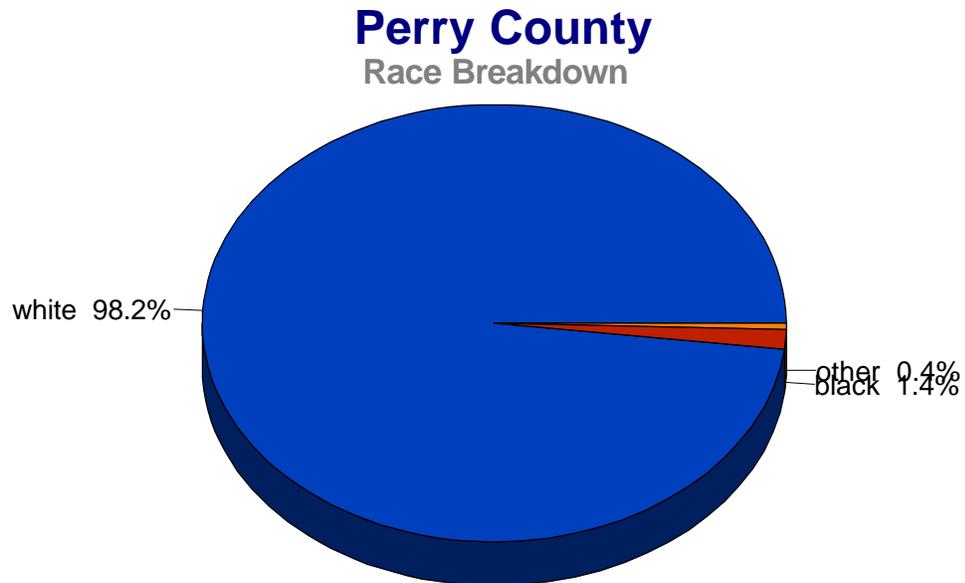
### **A. Geographic & Land Area**

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

Perry County's geographical location is west of the Department of Health's South Central Regional Office. Three counties that are in the South Central region border it: Hickman County to the Northeast, Lewis County to the West, and Wayne County to the South.

### **B. Demographics**

Perry County was formed in 1819 from Humphreys and Hickman counties with Linden as the county seat. According to 1998 population estimates, Perry County has a total population of 7,354. Of this total 98% are Caucasian, 1% are black and less than 1% are classified as other races.

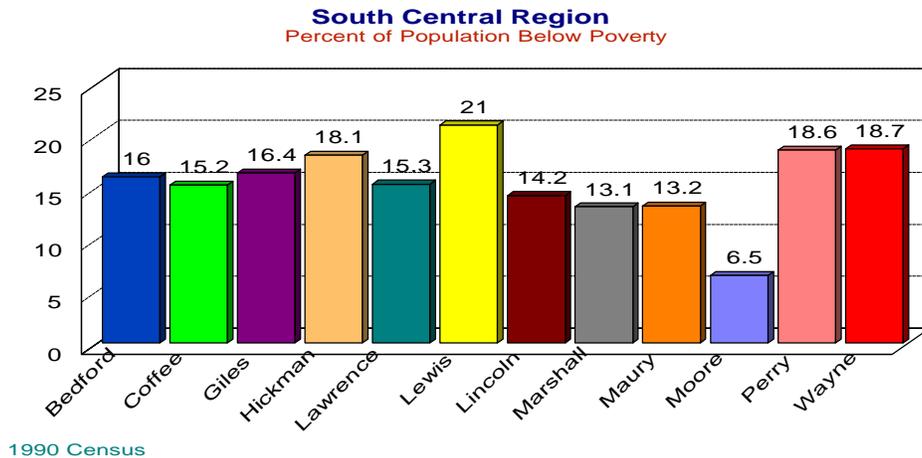


1998 population estimates

### **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 18.6%, which is higher than the regional and state rate. The per capita income for 1996 was \$14,599, which was lower than the state's per capita income of \$19,450.



In 1996, 23.3% of the population was enrolled in TennCare, which was higher than the state's 22.7% for this same period.

During the data analysis phase of Perry County's Community Diagnosis, the council noted that the County had an unemployment rate of 4.2% which was the same as the state's rate for December 1996.

#### **D. Medical Community**

There is one hospital facility located in Perry County – Perry Memorial Hospital. Other utilization of hospitals by residents of the county is as follows: Davidson and Maury Counties.

There is one nursing home in the county – Perry County Nursing Home. At the time of the data gathering, the nursing home was staffed at 98.8% occupancy.

### **V. COMMUNITY NEEDS ASSESSMENT**

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

## **A. Primary Data**

### **Behavior Risk Factor Survey**

The University of Tennessee, Knoxville completed 202 sample telephone questionnaires concerning the health status and availability of care in Perry County.

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

1. Tobacco Use
2. Alcohol Abuse
3. High Blood Pressure
4. Arthritis
5. Cancer

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

1. Access to Prenatal Care
2. Access to Hospitals
3. Access to Dental Care

### **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 Perry County are:

1. Smoking  
Adult Alcohol Abuse  
Teen Alcohol/Drug Abuse
2. High Blood Pressure  
Heart Conditions  
Adult Drug Abuse

3. Smokeless Tobacco
4. Obesity  
Stress
5. Arthritis

The top three health care access issues are:

1. Specialized Doctors
2. Recreational Activities
3. Alcohol/Drug Treatment

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

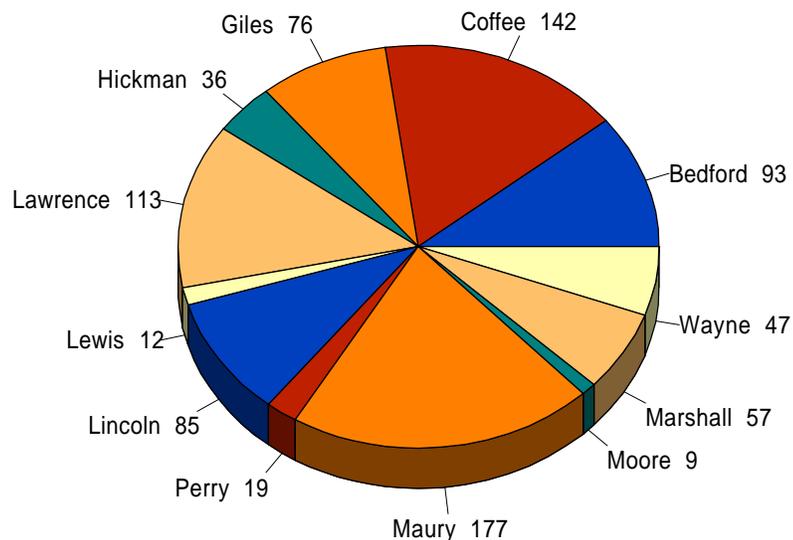
### **B. Secondary Data**

#### 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, 40.1% of the students in Perry 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 Perry 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 Perry 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 Perry County.

#### **Five Leading Causes of Death:**

The Perry 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. Accidents and Adverse Effects  
    Motor Vehicle Accidents

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 Perry County increased from 1994 (with a rate of 39.1) to 1996 (with a rate of 55.6) per 1,000 females aged 15-17 years. 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.

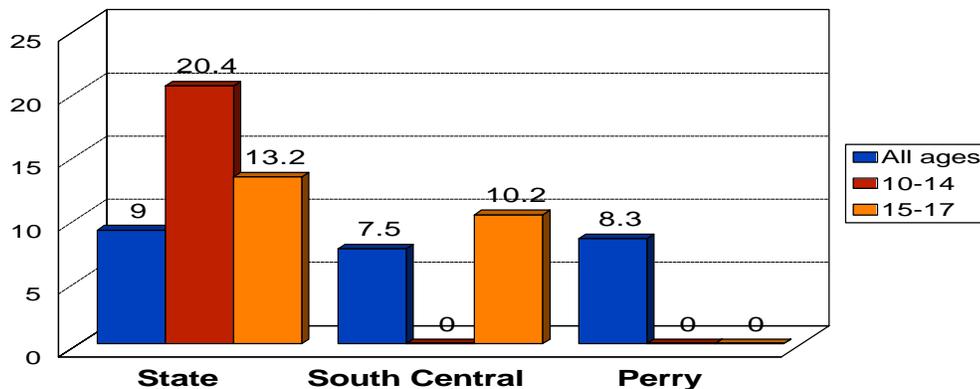
**Birth Data**

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.

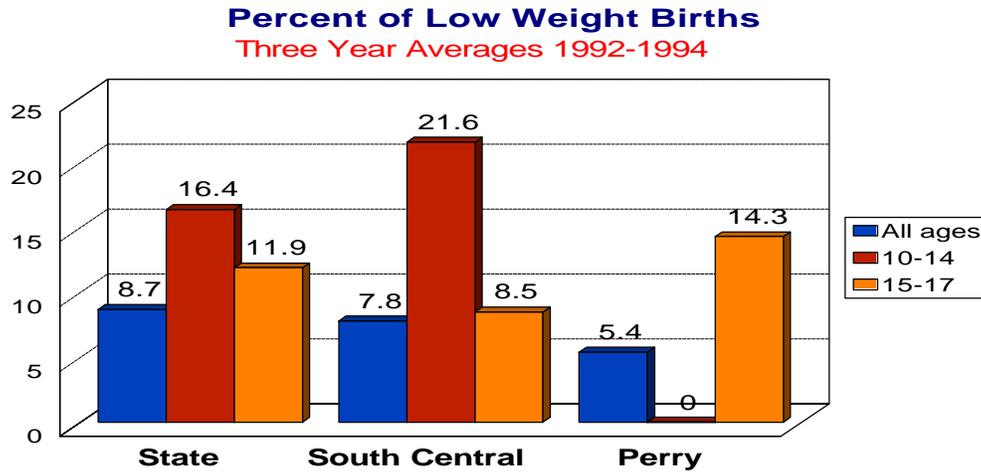
Through presentations by the Community Development staff, the Health Council learned that in Perry County, there were no infant deaths to the babies born to mothers ages 10-14 from 1992-1994. This is true for the South Central Region as well. Infant mortality is reported as a rate of every one infant death per 1,000 live births. Perry County's average infant mortality rate for the years 1992-1994 was 8.3 per 1,000 live births. 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 Perry County the infant mortality rate per 1,000 live births in 1996 was 26.7, which was higher than the rate for 1992 (11.9) and 1994 (11.1). 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 Perry County for teen mothers, especially those 15-17 years. The three year average (1992-94) of low weight babies in the 15-17 years age group was 14.3% of all live births. 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 5.4% for Perry County, 7.8% for the South Central Region, and 8.7% for the state.

**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.



**Prenatal Access and Care:**

The Health Council examined the status of prenatal care delivery in Perry County during the data analysis stage of their community diagnosis. Based on 1998 data, Perry County was a shortage area for prenatal care access. In 1996 41.3% of the births in Perry County were lacking adequate prenatal care.

**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 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 Perry County was the third highest in the South Central Region in 1996.

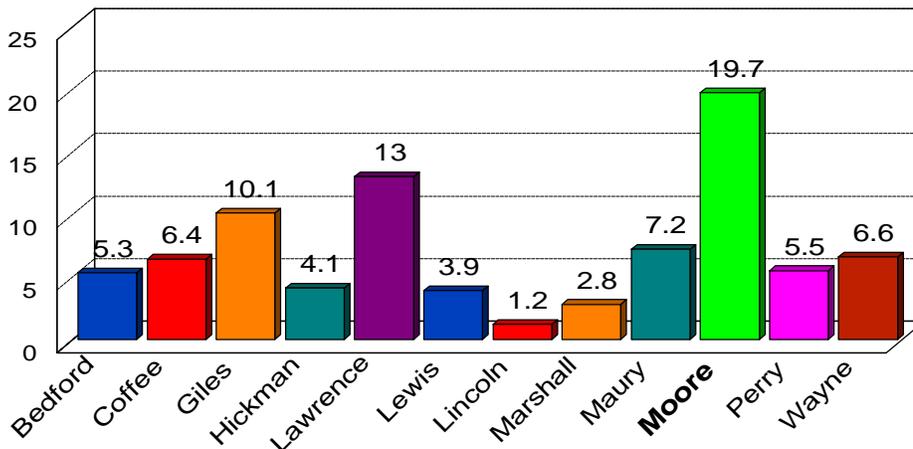
Cancer is the second leading cause of death in the county for those over the age of 45 years. Lung cancer was the leading cancer diagnosis in Perry County followed by colon and prostate cancer; both tied for second. Early diagnosis and treatment can decrease the number of cancer deaths in the county. 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 Perry County during fiscal year 1993-1994 there were 9 cases indicated cases of child abuse with a rate of 5.5 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Perry County’s indicated child abuse rate is lower 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 Perry County during fiscal year 1994-95 the commitment rate of children to state custody was 8.5 per 1,000 (14 children). This number is higher 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 Perry County was 4.7, 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 August of 1998, the Perry County Health Council set their priorities for Perry County as follows:

1. Tobacco Use (all)
2. Alcohol & Drug Abuse
3. Wellness & Fitness
4. Heart Disease
5. Teen Pregnancy

## **FUTURE PLANNING**

The Perry County Health Council received a portion of the CDC Tobacco Prevention and Control grant and has already implemented programs targeting tobacco usage in the county.

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.

# **APPENDIX A**

## **Membership Listing**

**PERRY COUNTY HEALTH COUNCIL**

**Membership List**

**Updated 3/8/2000**

**Total 18**

**Buck Avery**

Administrator  
Baptist Perry Comm. Hospital  
Rt 10, Box 8  
Linden, TN 37096  
589-2121

**Jeremy Breand**

PO Box 173  
Linden, TN 37096  
589-6583

**Gary Dozier**

Pastor  
First Baptist Church  
PO Box 54  
Linden, TN 37096  
589-2227

**Linda Fesmire**

Perry County Bd of Education  
Rt 10, Box 3B  
Linden, TN 37096  
589-2102

**Ashley Hayes, D.D.S.**

PO Box 567  
Linden, TN 37096  
589-2515  
589-3783 Fax

**Barbara Heady**

PO Box 916  
Linden, TN 37096  
589-2104

**Justin Howell**

Rt 1 Box 20  
Linden, TN 37096  
593-2832

**Sheridan Lorraine**

American Cancer Society  
130 S. Poplar  
Florence, AL 35630  
256-767-0825

**Rickey Marshall**

Superintendent for Instruction  
Perry Co Board of Ed  
Rt 10, Box 3Blinden, TN 37096  
589-2102

**Melba McNabb, Director**

Perry Co Council on Aging  
PO Box 367  
Linden, TN 37096  
589-5111

**Sally Mercer**

Director of Nursing  
Baptist Perry Comm Hospital  
Rt 10, Box 8  
Linden, TN 37096  
589-2121

**Clovis Parnell**

Sessions Judge  
PO Box 47  
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**David Rash**

County Director  
Hickman County Health Dept  
111 Murphree Ave  
Centerville, TN 37033  
729-3516

**Dave Rhodes**

Superintendent of Schools

Perry County

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589-2101

**Connie Sharp**

County Development Manager

Lewis County Mental Health Ctr

912 Summertown Hwy

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796-5916

**Eugenia Southall**

UT Extension Office

PO Box 319

Linden, TN 37096

589-2331

**Jackie Wilder**

Counselor

Perry Co High

Rt 10, Box 4

Linden, TN 37096

589-2102

**Stacy Wright**

Health Educator

Hickman Counth Health Dept

111 Murphree Ave

Centerville, TN 37033

729-3516

## **APPENDIX B**

### **Internet Address**

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