

PICKETT COUNTY

COMMUNITY DIAGNOSIS DOCUMENT

A GUIDE TO HEALTHY COMMUNITIES

1997-1999

Compiled by

Upper Cumberland Regional Health Office

Community Development

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Introduction

Mission Statement

The overall mission of the council is to assist the Department of Health by advising the Department regarding the health problems of Pickett County and thus assist the Department in its responsibility to undertake “Community Diagnosis”. The role of the Department of Health is to support the Council by providing the resources needed by the Council to undertake the work, and by facilitating the “Community Diagnosis” process. The following is a proposed objective statement. The mission of the Council is to assist the Department of Health by:

Developing a community health assessment which includes

- Health problems and needs identification
- Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
- Establishing priorities for all major identified health problems and develop/implement strategies for appropriate interventions.
- Drafting and presenting to the Department of Health the community health assessment
- Promoting and supporting the importance of reducing the health problems to the Department and the community
- Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

Community Diagnosis

A simple definition used by the North Carolina 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 qualified 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.

The final outcome of community diagnosis and its products should:

- Provide justification for budget improvement requests submitted to the State Legislature;
- Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level;
- Serve health planning and advocacy needs at the community level. Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed.

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. This document will explain the community diagnosis process and outcomes for Pickett County. We will also provide a historical perspective with details of the council and its formation.

History

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”

The Future of Public Health
Institute of Medicine, 1988

This manual is designed to assist local communities, local and regional health departments, and the state department of health in fulfilling the mission of public health, as defined above. If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. Health care is a very localized phenomenon. The needs and problems of one community may be very different from other communities, even those in close geographical proximity. Community leaders together with local health departments have a responsibility to play key roles in this effort. They should lead their communities in an examination of local health problems and in the development of plans to overcome those problems.

This mission can be accomplished by implementing the three core functions of public health at all levels of government. They are:

Assessment: The assessment function involves the monitoring and surveillance of local problems, the assessment of needs, and the identification of resources for dealing with them.

Policy Development: Policy development goes hand in hand with leadership, which fosters local involvement and a sense of ownership of these policies. It should emphasize local needs and should advocate an equitable distribution of public resources and complementary private activities commensurate with community needs.

Assurance: Assurance means that high quality services, including personal health services, which are needed for the protection to the community are available and accessible to all persons. Each community should receive proper consideration in the allocation of federal, state, and local funds for health. Each community should be informed about how to obtain public health services and/or comply with health requirements.

In summary, community-based health planning is a process, which assists local citizens in their respective communities to do the following:

- **Identifying the community's health care needs.**
- **Examine the social, economic, and political realities affecting the local delivery of health care.**
- **Determine what the community can realistically achieve in a health care system to meet their needs.**
- **Develop and mobilize an action plan based on analysis for the community.**

The end result of the process should answer three questions for the community:

Where is the community now?
Where does the community want to be?
How will it get there?

The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. The following is the Pickett County Community Diagnosis Document, which details the process the Pickett County community utilized to assess its strength, weaknesses, and gaps in resources. A very thorough analysis of health statistical data, community surveys, resources, and key leaders perception of Pickett County's health care status facing the community is presented in document form to be utilized as a baseline document for public relations, grant applications, and as a foundation of the work plan for the future.

Summary

The Pickett County Health Council was first formed in January 1997 by the Tennessee Department of Health Community Development Staff with an initial group of community leaders which consisted of the County Executive, the local mayor, School Superintendent, U.T. Agriculture Extension agency, and the local County Health Department Director. The first initial council meeting took place in January 1997 with approximately 19 community leaders. The Mayor, Mr. Paul Jordan, was elected chair and has remained extremely active in the Community Diagnosis process. He exemplifies the meaning of leadership within a community and constantly seeks to empower the Pickett County Council with his enthusiasm and support. Currently the council has grown to over 53 community leaders who remain actively involved with the issues surrounding Pickett County. The council consists of various community leaders such as the town mayor, county executive, school superintendent, industry representation, health

care providers, mental health care providers, local law enforcement, various community agencies, and other concerned community leaders as determined by council members. (Appendix 1). The Department of Health Community Development Staff facilitates the Community Diagnosis Process which seeks to identify community health care problems by analyzing health statistical data, community surveys, and council perceptions. The initial step in the process is to select a county health council. The basic steps of the Community Diagnosis process are as follows:

- **Assemble the initiating group**
- **Select the County Health Council**
- **Present data to the council**
- **Discuss and define health problems**
- **Analyze the Behavioral Risk Factor Survey**
- **Distribute and Analyze the Community Health Assessment Surveys**
- **Score/Rank health problems**
- **Design interventions**
- **Develop funding strategies**
- **Assess development and effectiveness of interventions**

During the course of the Community Diagnosis Process, the Pickett County Health Council established by-laws (appendix 2) that reflects the mission and goals of the council illustrating their commitment to their community . The council typically meets on the 3rd Thursday of each month from 12:00 to 1:00 P.M. where meetings are open to the public.

County Description

Geographic

- Pickett County, located in the northern portion of the Upper Cumberland Region borders the Kentucky line and is surrounded by Fentress, Scott, Overton, and Clay counties in Tennessee.
- Pickett County is located 118 miles northeast of Nashville.
- This county is predominantly rural with access to Interstate 40 and other U.S. and State highways.
- The average high temperature is 85.7 degrees and the average low is 25.2 degrees with average precipitation being 56.42 inches.

Land Area

- Pickett County is a farming community consisting of 162.9 square miles with population density being 27.9 per square mile.
- Pickett County is located on Dale Hollow Lake and is surrounded by rolling hills.
- The number one farm crop is tobacco.
- The primary state highway in the county is Highway 111.

Economic Base

- The county's median family personal income is \$18,379.
- The county's median household personal income is \$14,993.
- Pickett County's per capita personal income is \$9,564.
- The average weekly income of 1997 wages was \$327.
- The individual poverty rate for Pickett County is 24.9%.
- The family poverty rate for Pickett County is 20.6%.
- The 1999 average labor-force total is 2,220, of those, 2,120 are employed and 100 are unemployed giving Pickett County an unemployment rate of 4.5%.
- The Pickett County economic data reflects that 1,370 individuals work in manufacturing and 980 work in non-manufacturing jobs.

Demographics

- Pickett County's public education system consists of 1 elementary school and 1 Junior High/Senior High School with an approximate enrollment of 850 students.
- The number of TennCare enrollees in Pickett County for 1999 is 887.
- The 1998 population estimate for Pickett County is 4,629.
- The median age for Pickett County residence is 37.7 years.

Medical Community

- There are no hospital facilities operating in Pickett County.
- The Overton Hospital System is the most used by Pickett County residence for hospital services and second is Cookeville Regional in Putnam County.
- There is 1 family practitioner and 1 dentist practicing in Pickett County.
- There is 1 nursing home in the county, which has 63 licensed beds.

References: Tennessee Department of Health, Upper Cumberland Development District

Community Needs Assessment

Primary Data

Pickett County Community Health Assessment Survey

The community health assessment survey provides a profile of perceived health care needs and problems facing the community. Its purpose is to obtain subjective data from a cross section of the health care services, problems and needs in the county. The survey includes questions about the health and social problems affecting the community as well as the availability, adequacy, accessibility and level of satisfaction of health care service in the community. The community survey is not a scientific random sample of the community, however it does represent a cross section of the community, i. e. young families, single parents, the elderly, farmers, business leaders, rural residents, etc. The community development staff distributed the community health assessment survey to the health council members, who then circulated the surveys throughout the community. Results of the survey were tabulated and analyzed using the “Epi Info” computer software. The community development staff presented the final results and analysis of the survey to the county health council. The following list identifies the perceived problems facing the Pickett County community based on the survey results.

		Top Ten Issues Highlighted
Smoking	66%	
Teen Alcohol/Drug Abuse	63%	
High Blood Pressure	58%	
Adult Alcohol Abuse	58%	
Smokeless Tobacco	53%	
Teen Pregnancy	50%	
Heart Conditions	50%	
Arthritis	48%	
Stress	47%	
Lack of Sex Education	44%	
Adult Drug Abuse	43%	
Diabetes	42%	
Lung Cancer	41%	
Obesity	39%	
Unemployment	39%	
Other cancer	37%	
Breast Cancer	28%	
Depression	25%	
School Dropout	26%	
Asthma	24%	
Colon Cancer	23%	
Domestic Violence	22%	

Child Abuse/Neglect	20%
Poverty	18%
Prostrate Cancer	17%
Tuberculosis	17%
Eating Disorders	17%
Sexually Transmitted Diseases	16%
Poor Nutrition for Children	16%
Youth Violence	16%
School Safety	14%
Motor Vehicle Deaths	14%
Water Pollution	14%
Influenza	12%
Other Accidental Deaths	12%
Pneumonia	11%
HIV/AIDS	9%
Crime	7%
Hepatitis	6%
Toxic Waste	6%
Air Pollution	6%
Lack of Childhood Vaccinations	6%
On the Job Safety	5%
Homelessness	5%
Homicide	4%
Gangs	3%
Adult Suicide	2%
Teen Suicide	1%

Pickett County Availability of Services

“Adequate” (50% or greater)		“Not Adequate” (25% or greater)	
1) Ambulance/Emergency Services	88%	1) Specialized Doctors	38%
2) Pharmacy Services	83%	2) Recreational Activities	36%
3) Home Health Care	82%	3) Dental Care	33%
4) County Health Dept. Services	79%	4) Women’s Health Services	29%
5) Nursing Home Care	72%	5) Local Family Doctors	28%
6) Transportation for Medical Care	64%	5) Eye Care	28%
6) Local Family Doctors	64%		
7) Child Day Care	63%		
8) Health Insurance’s	61%		

8) Medical Equipment Suppliers	61%
9) Family Planning	51%

Personal Information

- The majority of the people completing the survey were from Byrdstown and 72% have lived in the county for more than ten years.
- The average age for the community participants was between 18-29 years of age with 51% being single and 41% married.
- The participant response noted that 80% had health insurance, 39% were TennCare enrollees, and 11% receive either SSI or AFDC.

The Community Health Assessment Survey was distributed to all junior and senior high students attending school in Pickett County and to additional community representatives. A total of 109 individuals responded to the survey. The findings of the survey revealed that smoking, teen alcohol/drug abuse and teen pregnancy are perceived as top community concerns. These same issues are seen as top problems/concerns across the region based on survey analysis.

Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a random telephone survey, coordinated through the Centers for Disease Control, which collects information from adults on health behaviors and knowledge related to leading causes of death in each of the states. About half of all deaths occurring annually are now attributed to modifiable behavioral risks. In addition to determining what types of health risks are most prevalent in the population, the BRFS data will be very useful in determining what types of interventions are most needed for other health problems such as excess deaths from a particular chronic disease. A modified version of the standard BRFS was developed specifically for the “Community Diagnosis” process. In addition to the questions on the standard BRFS survey, a series of health issues are listed. The respondent is asked if the issue is a “Definite Problem”, “Somewhat of a Problem”, “Not a Problem”, or “Not Sure”. The list of the health issues with frequency of response as a “Definite Problem” is as follows:

Tobacco Use	64%	
Cancer	52%	Top Ten Issues Highlighted
High Blood Pressure	43%	
Arthritis	43%	
Heart Conditions	39%	
Alcohol Abuse	32%	
Health Problems of Lungs	28%	
Obesity	24%	
Diabetes	20%	
Drug Abuse	20%	
Teen Pregnancy	18%	
Animal Control	15%	
Environmental Issues	9%	
Violence in the Home	6%	
STD’S	3%	
Other Violence	3%	
Suicide	2%	
Mental Health Problems	2%	

Pickett County’s Access to Care Issues Percent Saying Definite Problem

Access to Hospitals	36%
Access to Dental Care	31%
Access to Prenatal Care	9%
Transportation to Health Care	9%
Access to Nursing Home Care	7%
Access to Assisted Living Services	6%
Access to Birth Control Methods	5%
Access to Physicians and Doctors	5%
Access to Pharmacies, Medicines	2%

Other Issues to Consider

Tobacco Use:

Percent of respondents reporting smoking at least 100 cigarettes in their life:

Yes: 56%

No: 44%

Percent of respondents that report current cigarette use:

Daily Use: 50%

Some Use: 8%

Not At All: 42%

Questions Regarding Mammograms:

Percent of women reporting having a mammogram:

Yes: 60%

No: 40%

Reasons reported for not having a mammogram:

Doctor not recommended: 18%

Not needed: 8%

Cost too much: 10%

Too young: 28%

No reason: 28%

Not sure/other: 8%

When was last mammogram performed:

In last year: 62%

1-2 years : 21%

> Than 2 years: 17%

The Behavioral Risk Factor Survey is a random telephone survey conducted by the University of Tennessee. Approximately 200 interviews were obtained from the Pickett County community. The findings of the survey revealed that the community perceives tobacco use, cancer, high blood pressure, arthritis, and heart conditions as top health problems facing the community.

In analyzing the access to care issues as perceived by the community, access to hospitals, prenatal care and physicians are seen as definite concerns by the respondents. The community recognizes that lack of access to health care services can be contributed to the reality that there is no hospital and only one physician practicing in the county.

Secondary Data

Summary of Data Use

Health Indicator Trends Pickett County, Tennessee Using 3-Year Moving Averages

Pregnancy and Birth Data

Data is based on information from the Office of Vital Records, Tennessee Department of Health. All health indicator trends are formatted into three-year moving averages to reflect a trend over the past ten years.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
1. Number births/1,000 females	INCREASING	BELOW	BELOW
2. Percent births to unwed women	INCREASING	BELOW	BELOW
3. Number teenage pregnancies	INCREASING	ABOVE	BELOW
4. Number pregnancies/1,000 females	INCREASING	BELOW	BELOW
5. Number of pregnancies/1000 females ages 10-14	UNSTABLE	ABOVE	BELOW
6. Number of pregnancies/1000 females ages 15-17	INCREASING	ABOVE	ABOVE
7. Number of pregnancies/1000 females ages 18-19	UNSTABLE	BELOW	BELOW
8. Percent pregnancies to unwed women	INCREASING	BELOW	BELOW
9. Percent of live births classified as low birthweight	UNSTABLE	BELOW	BELOW
10. Percent of live births classified as very low birthweight	UNSTABLE	ABOVE	BELOW
11. Percent births w/1 or more high risk characteristics	DECREASING	BELOW	BELOW

12. Infant deaths/1,000 births	STABLE	BELOW	BELOW
13. Neonatal deaths/1,000 births	STABLE	BELOW	BELOW

In analyzing the pregnancy and birth trends, the council focused on the following trends that showed an increasing indicator:

- Number of births/1000 females
- Percent of births to unwed women
- Number of teenage pregnancies
- Number of pregnancies/1000
- Number of pregnancies/1000 females ages 15-17
- Percent of pregnancies to unwed women

Mortality Data

Using information reported by physicians on death certificates, underlying cause of death is coded by staff in Vital Records. The staff uses National Center for Health Statistics rules for assigning codes for underlying cause of death.

14. White male age-adjusted mortality rate/100,000 population	INCREASING	ABOVE	ABOVE
15. Other races male age-adjusted mortality rate/100,000 population	STABLE	BELOW	BELOW
16. White female age-adjusted mortality rate/100,000 population	INCREASING	BELOW	BELOW
17. Other races female age adjusted mortality rate/100,000 population	STABLE	BELOW	BELOW
18. Female breast cancer mortality rate 100,000 women age 40 or more	INCREASING	ABOVE	ABOVE
19. Nonmotor vehicle accidental mortality rate	DECREASING	ABOVE	ABOVE
20. Motor vehicle accidental mortality rate	UNSTABLE	ABOVE	ABOVE
21. Violent death rates/100,000 population	UNSTABLE	ABOVE	ABOVE

The following mortality data shows increasing trends:

- White male age adjusted mortality rate/100,000 population.
- White female age adjusted mortality rate/100,000 population.
- Female breast cancer mortality rate 100,000 women age 40 or more.

Morbidity Data

Based on the number of incidence (new cases) which occur for a given disease in a specified time frame and the number of prevalence (existing cases) for a disease in a specified time period.

22. Vaccine preventable disease rate/100,000 population	STABLE	BELOW	BELOW
23. Tuberculosis disease rate/100,000 population	UNSTABLE	ABOVE	ABOVE
24. Chlamydia rate/100,000 population	INCREASING	BELOW	BELOW
25. Syphilis rate/100,000 population	STABLE	BELOW	BELOW
26. Gonorrhea rate/100,000 population	STABLE	BELOW	BELOW

Healthy People 2000 Objectives

In 1991, the Public Health Service of the U.S. Department of Health and Human Services published Healthy People 2000: National Health Promotion and Disease Prevention Objectives. That report was intended to assist both health providers and consumers in addressing measurable targets to be achieved by the year 2000. The data contained in this report addresses health status indicators for births, deaths, selected diseases, and external influences. The following is a comparison of the objectives to Pickett County. The data used for Pickett County is based on 1994-96 three year moving averages.

Healthy People 2000 Compared to Pickett County

Health Status Indicators	Pickett County Rate	Tennessee Rate	Nation's Rate
Death from all causes	625.4	563.1	No Objective
Coronary Heart Disease	201.9	134.8	100
Deaths from Stroke	32.8	34	20
Deaths of Females from Breast Cancer	23.0	22.4	20.6
Deaths from Lung Cancer	62.0	47.5	42
Deaths from Motor Vehicle Accidents	58.9	23.6	16.8
Deaths from Homicide	7.8	12.1	7.2
Deaths from Suicide	37.1	12.6	10.5
Infant Deaths	7.7	9.6	7.0
Percent of Births to Adolescent Mothers	7.7	6.6	none
Low Birthweight	5.4	8.7	5.0
Late Prenatal Care	15.4	19.9	10.0
Incidence of AIDS	*	14.1	-----
Incidence of Tuberculosis	29.1	11.6	3.5

* Three-year cumulative total cases are less than 5.

The indicators that are in bold are Pickett County's rate's that are above the state's objectives according to Tennessee's Healthy People 2000.

List of Data Sources

TN Department of Health Office of Vital Records
 TN Department of Health Picture of the present, 1997
 TN Department of Health, Health Access
 TN Department of Economic and Community Development
 Upper Cumberland Development District
 Healthy People 2000

Health Issues and Priorities

Community Process

In summary, the Health Indicator Trends that have shown an increasing trend over the past 10 years include:

- **Number of births/ 1000 females**
- **Percent births to unwed women**
- **Number of teenage pregnancies**
- **Number of pregnancies/1000 females**
- **Number of pregnancies/1000 females ages 15-17**
- **Percent of pregnancies to unwed women**
- **White male age-adjusted mortality rate/100,000 population**
- **White female age-adjusted mortality rate/100,000 population**
- **Female breast cancer mortality rate/100,000 women age 40 or more**

In analyzing these trends, the council's awareness of these problems increased dramatically. The Pickett County Health Council expressed concerns with the percent of live births classified as low birth weight and infant deaths per 1000 live births. These issues showed an increasing trend for the years 1992-94 and 1993-95. The local physician noted that he is aware of the county's static data on low birth rate babies and infant deaths. The local physician does not deliver babies or perform any prenatal screenings. Most deliveries and screening are done in adjoining counties. These factors could be contributing to the infant issues facing the Pickett County Community.

After a thorough analysis of all data sets, Behavioral Risk Factor Survey, and Community Health Assessment Survey, the council established priorities among a multitude of problems. The following health priorities and their related recommendations are listed below. In order to ensure that all health problems are addressed in the same way, the council utilized a process that is objective, reasonable, and easy to use. The method that was used sets priorities based on the size and seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. All issues were identified through the council's discussion, review of the data, and other related "Data Analysis" in the previous section.

PICKETT COUNTY
Prioritization Table

Council Ranking	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
Tobacco Use	(1)	(1) (4) Smokeless Tobacco (7) Health Problems of Lungs	Bronchitis disease mortality rate drastically increased in ages 65+ over the past 10 years.
Cancer	(2)	(11) Lung Cancer (13) Other Cancer (14) Breast Cancer	Malignant Neoplasm mortality rates have steadily increased since 1990-92. The rates have shown a slight decrease since 1989-91 for ages 45-64, and have dramatically increased since 1988-90 for ages 65+. The age-adjusted lung cancer mortality rate is above the state and the region, the actual reported number for 1993-95 is 7. Breast cancer mortality rate is also above the state and the region. The rate for Pickett county is 23.0, the state rate is 22.5, and the UC region rate is 20.0. The actual average number of deaths for 1993-95 is 1.
Teen Alcohol Abuse Teen Drug Abuse	(6) (10) (Addressed Total Pop.)	(2)	Refer to Health Status of Tennesseans. UC ranked 4 th in the state in alcohol-related crashes.
High Blood Pressure	(3)	(3) (7) Stress Ranked 7th	Cerebrovascular disease mortality rates in ages 45-64 have shown a steady decrease since 1984-86, and has remained fairly stable in ages 65+.
Adult Alcohol Abuse Adult Drug Abuse	(6) (10) (Addressed Total Pop.)	(3) (9)	Chronic Liver disease and Cirrhosis mortality rates have shown a steady decrease in ages 45-64 since 1988-90.

Teen Pregnancy		(5) (8) Lack of Sex Ed. Ranked 8th	Teenage pregnancy rates remained fairly stable from 1984-86 to 1992-94, but increased dramatically for 1993-95. The teenage pregnancy rate for 1993-95 was below the state, but above the region. The average number of births to teenage mothers for 1994-96 for Pickett county was 3.
Heart Conditions	(5) (8) Obesity Ranked 8 th	(5)	In ages 25-44, heart disease mortality rates have remained fairly stable over the past 10 years. In ages 45-64, heart disease mortality rates have steadily increased since 1987-89. Finally in ages 65+, were on the increase from 1983-85 until 1989-91, but have slowly declined since that time. In age-adjusted comparisons, for deaths due to coronary heart disease for 1994-96, Pickett county ranks #1 in the state. The mortality rate for Pickett county is 201.9 (actual # being 25 per year), the state rate is 125.8, and the UC region rate is 134.8.

Pickett County Priorities

To ensure the accuracy of the council's ranking, the prioritization table provided a means of comparison of all top issues addressed. Teen alcohol and drug abuse ranked 6th on the Behavioral Risk Factor Survey and ranked 2nd on the Community Health Assessment Survey. Tobacco use ranked number 1 on both surveys.

After reviewing and analyzing all primary and secondary data and open discussion among the health council members, the health problems are judged for the factors of:

Propriety - Is the program for the health problem suitable?

Economics - Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

Acceptability - Will the community accept a program? Is it wanted?

Resources - Is funding available or potentially available for a program?

Legality - Do current laws allow program activities to be implemented?

The initial letters of these factors make up the acronym "**PEARL**". After applying the PEARL factors to Pickett County's community, the council focused on teen alcohol/drug abuse issues. A Community Awareness Partnership support group had been formed in the community for adults, teens, and their families to look at alcohol and drug abuse. The community as a whole had expressed great concern over alcohol and drug abuse issues occurring among teens. The (CAP) Community Awareness Partnership and the health council joined forces to begin to address the alcohol and drug abuse concerns among their adolescents. The prioritization table also revealed that the Upper Cumberland region ranks 4th in the state in alcohol related crashes thus supports the health council's need to address this issue.

The following issues are identified as priorities by the Pickett County Health Council:

1. **Teen Alcohol/Drug Abuse**
2. **Tobacco Use**
- 3) **High Blood Pressure**
- 4) **Heart Conditions**
- 4) **Teen Pregnancy**
- 5) **Cancer**

Future Planning

Through the Community Diagnosis process, it was determined that the top issue of concern was the teen alcohol/drug problem in Pickett County. The future plans of the Pickett County Health Council are to go through the action planning steps.

Taking Action Outline

The *Taking Action* cycle is a systematic approach to problem solving. There are five phases of the cycle:

A	Phase 1	<u>A</u> ssess the Situation
C	Phase 2	Determine <u>C</u> auses
T	Phase 3	<u>T</u> arget Solutions
I	Phase 4	Design <u>I</u> mplementation
ON	Phase 5	Make it <u>O</u> ngoing

Phase 1 Assess the Situation

- Identifying priority health issue.
- Answering the question, “How does the priority health issue affect your community?”
- Writing mission statement based on answers to questions.
- Making decision to pursue health-related concern or to select another ingredient to work on.
- Listing community resources that could be applied to the priority health issue.
- Developing answers to the following questions:
 - Who** are the people/group being targeted?
 - What** do they need?
 - Where** do they need it?
 - When** is it needed?
- Identifying additional data and ways to gather information.

Phase 2 Determine Causes

- Reviewing who, what, where, and when for current health concerns and introduction to the “why”.
- Discussing possible causes and the difference between a cause and a symptom.
- Listing causes of the problem, grouping them, and identifying the ones that are creating the problem issue.
- Identifying additional data that may be needed from the target group.

Phase 3 **T**arget Solutions and Ideas

- Targeting a solution.
- Identifying potential solutions which offer the greatest benefit for the causes.
- Listing possible barriers to the solution and actions to correct them.
- Developing criteria for a good solution.
- Revising the health-related concern into a problem statement which includes: the health-related concern, the target population, the cause(s), and the solution or plan of action.

Phase 4 Design **I**mplementation, the Action Plan

- Setting goals and objectives.
- Forming work groups for the following categories: community partners, equipment needs, time lines, marketing plan, and staff needs/training.
- Presenting group/committee reports.
- Finalizing content of the categories.
- Restating goals and objectives.
- Forming budget group.

Budget revisions and final approval of *Action Plan*.

Phase 5 Make it **O**ngoing.

- Forming committees for:
Evaluation
Development/Sustainability
Strategies for short and long term funding options.

Appendices

Appendix 1

Council Makeup

Pickett County Health Council

Jack Whittenburg: County Executive

P.O. Box 280
Byrdstown, TN 38549

Gene Grasham: Minister

536 Sunset Drive
Byrdstown, TN 38549

Dr. Larry Mason:

8401 Hwy. 111
Byrdstown, TN 38549

Larry Rhule: EMT

107 SP Dowdy Road
Byrdstown, TN 38549

Judy Choate

Family Resource Center

1216 Woodlawn Drive
Byrdstown, TN 38556

Tina Storie

Quality Home Health

8405 Hwy. 111
Byrdstown, TN 38549

Tammy Dowdy

Courthouse

P.O. Box 280
Byrdstown, TN 38549

Jeff Amonett

Pickett County Nursing Home

129 Hillcrest Dr.
Byrdstown, TN 38549

March of Dimes

Attention: Julie Veness

1200 Mountain Crk. Rd Suite 130
Chattanooga, TN 37405

Richard Daniels

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Superintendent of Schools

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Janet Masters

Pickett County Health Department

Becky Hawks: TN Dept. of Health

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Byrdstown, TN 38549

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Byrdstown, TN 38549

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Joy Huddleston: Concerned Parent
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Byrdstown, TN 38549

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Appendix 2

By Laws for Pickett County Health Council

ARTICLE 1. NAME

The name of this organization shall be Pickett County Health Council (hereafter referred to as “Council”) and will exist within the geographic boundaries of Pickett County, Tennessee. The council shall exist as a non-incorporated, not-for-profit, voluntary membership community service organization.

ARTICLE 11. MISSION

The County Health Council is to act as an Independent advisory organization whose purpose is to facilitate the availability, accessibility, and affordability of quality health care within the Upper Cumberland Tennessee Public Health Region.

ARTICLE 111. GOALS

The goals of the Council are to assess the present and future health care needs of the Pickett County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific care problems within the community. From its analysis, the Council will:
formally define health care problems and needs within the community,
develop goals, objectives and plans of action to address these needs, and
Formally identify all resources which are available to affect solutions.

ARTICLE 1V. OFFICERS

Section 1: Officers

The officers of the council shall consist of the Chairman, Vice-Chairman, Secretary and Treasure.

Section 2: Chairman

The Chairman will be elected by majority vote of the Council from nominees among its members. The Chairman will preside over all meetings of the Council and set the agenda for each meeting.

Section 3: Vice-Chairman

The Vice-Chairman will be selected by majority vote of the Council from nominees among its members. The Vice-Chairman will preside in the absence of the Chairman assume duties by the Chairman.

Section 4: Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the form of minutes, and will issue notice of all meetings and perform such duties as assigned by the Council. The Secretary/Treasurer shall keep account of all money arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall issue a financial report to the membership. The Secretary/Treasurer shall perform such duties incidental to this office.

Section 5: Term of Office

Officers shall be elected at the meeting in or following July of each year for a term of one year. Officers may be re-elected to serve additional terms.

ARTICLE V. MEMBERS

Membership in the Council shall be voluntary and selected by the Board Directors. The Board of Directors will be composed of the current elected officers of the Council. The Council shall consist of an adequate number of voting members as to be effectively representative of all segments of the community. Leaders in the area of health care, finance, business, industry, civic organizations, advocacy groups, and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds.

ARTICLE VI. MEETINGS

Section 1: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once a month; to be held at a time and place specified by the Council Chairman.

Section 2: Special Meetings

The Council Chairman may call a special meeting, as desired appropriate, upon five days written notice to the membership.

Section 3: Quorum

A quorum shall consist of a majority of voting members present at the Council meeting.

ARTICLE VII. COMMITTEES

The Council may establish such standing or special committees as deemed appropriate for the conduct of its business. Committee membership will be assigned by the Chairman and may consist of both Council members and other concerned individuals who are not members of the Council.

ARTICLE VIII. APPROVAL AND AMENDMENTS

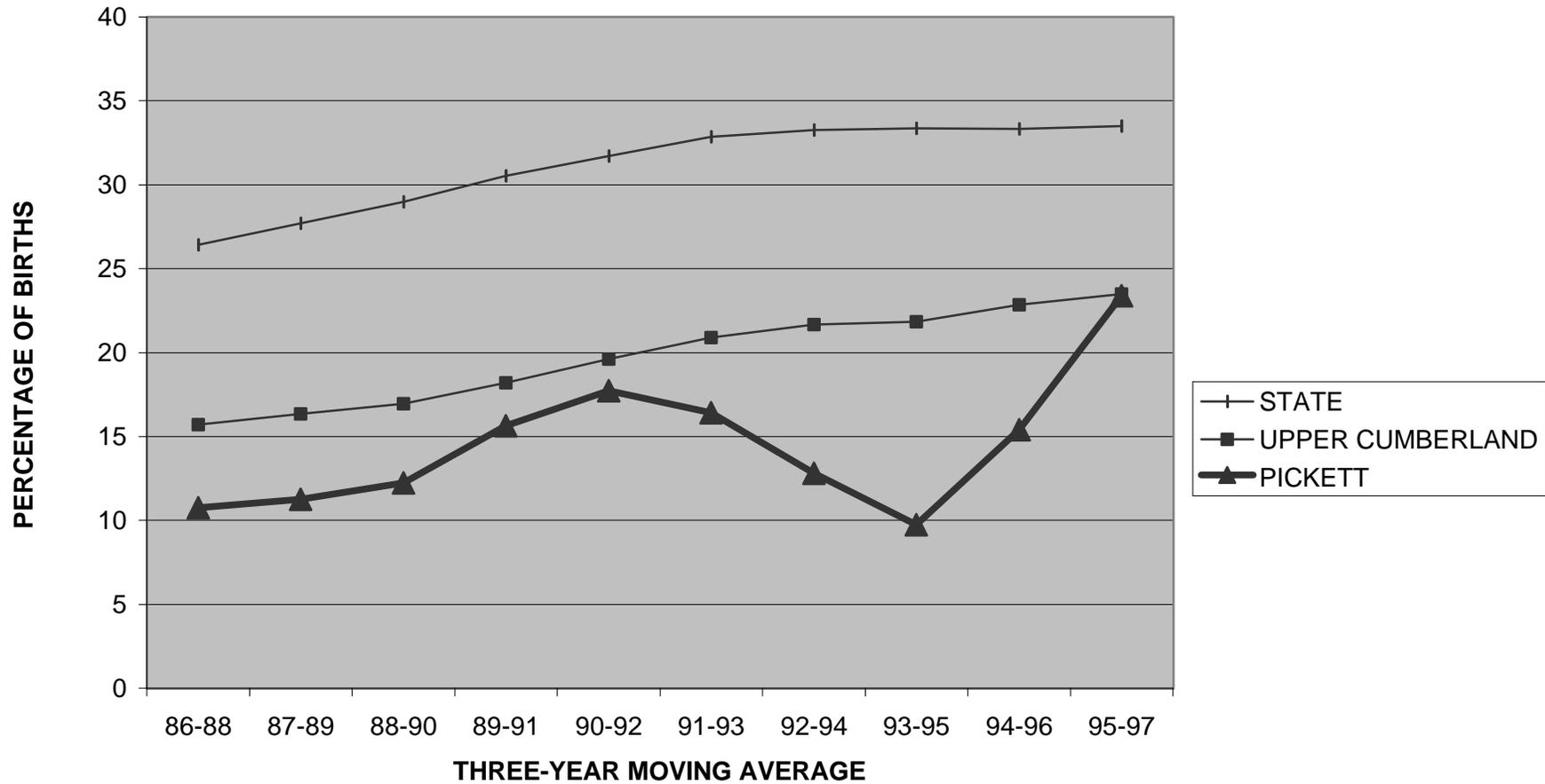
These by laws will become effective upon approval by a majority vote of the membership of the Council. Therefore, these by laws may be amended or repealed at any regular or special meetings called for the purpose by a majority vote of the voting members present, provided that the proposed additions, deletions or changes have been submitted in writing to all Council members not less than thirty (30) days prior to the meeting at which formal action on such amendments are sought.

Appendix 3

Pregnancy and Birth Data

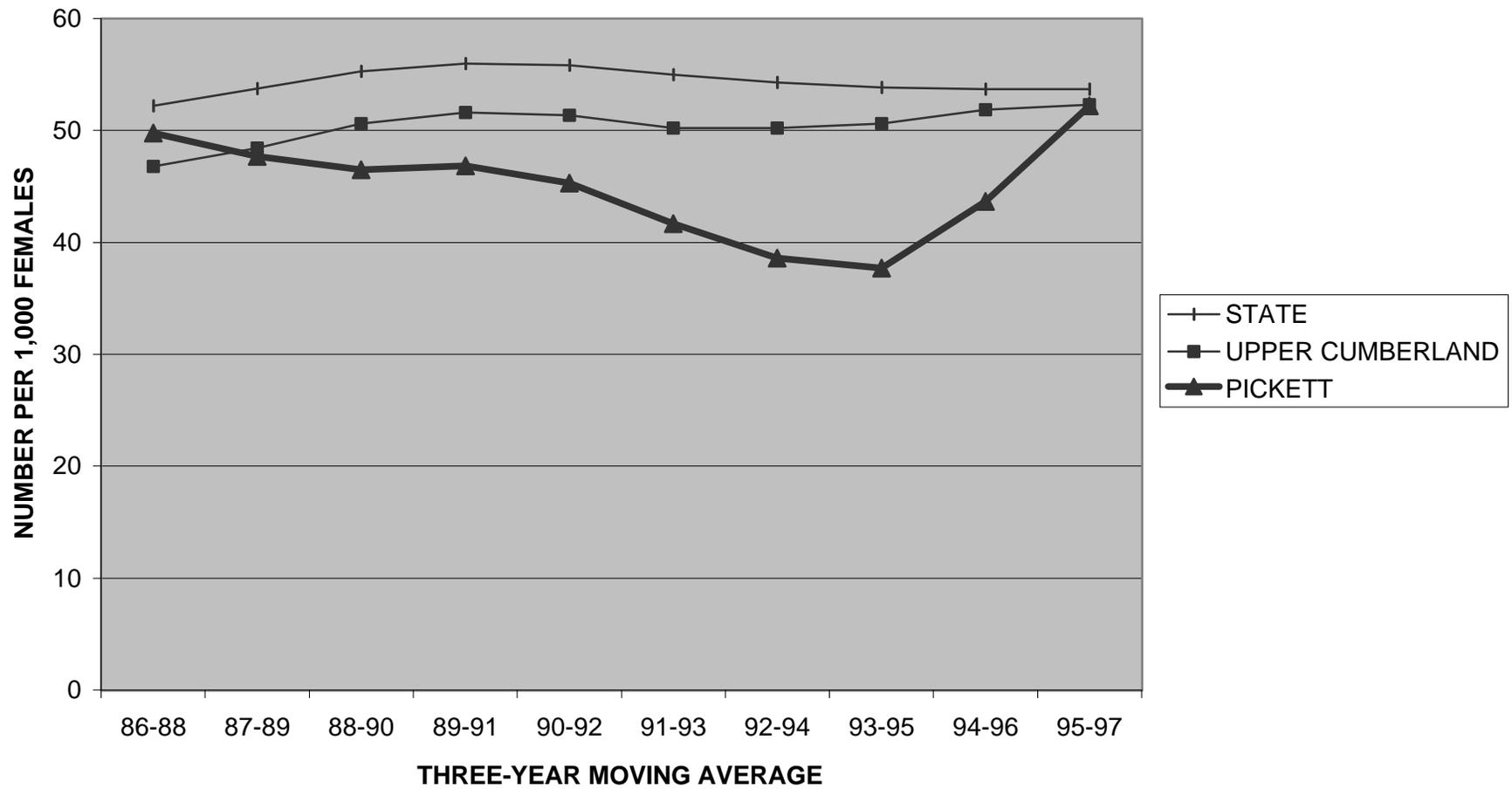
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5	
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5	
PICKETT	10.8	11.3	12.2	15.6	17.7	17.7	16.4	9.7	15.4	23.4	

PERCENTAGE OF LIVE BIRTHS TO UNWED MOTHERS AGES 10-44



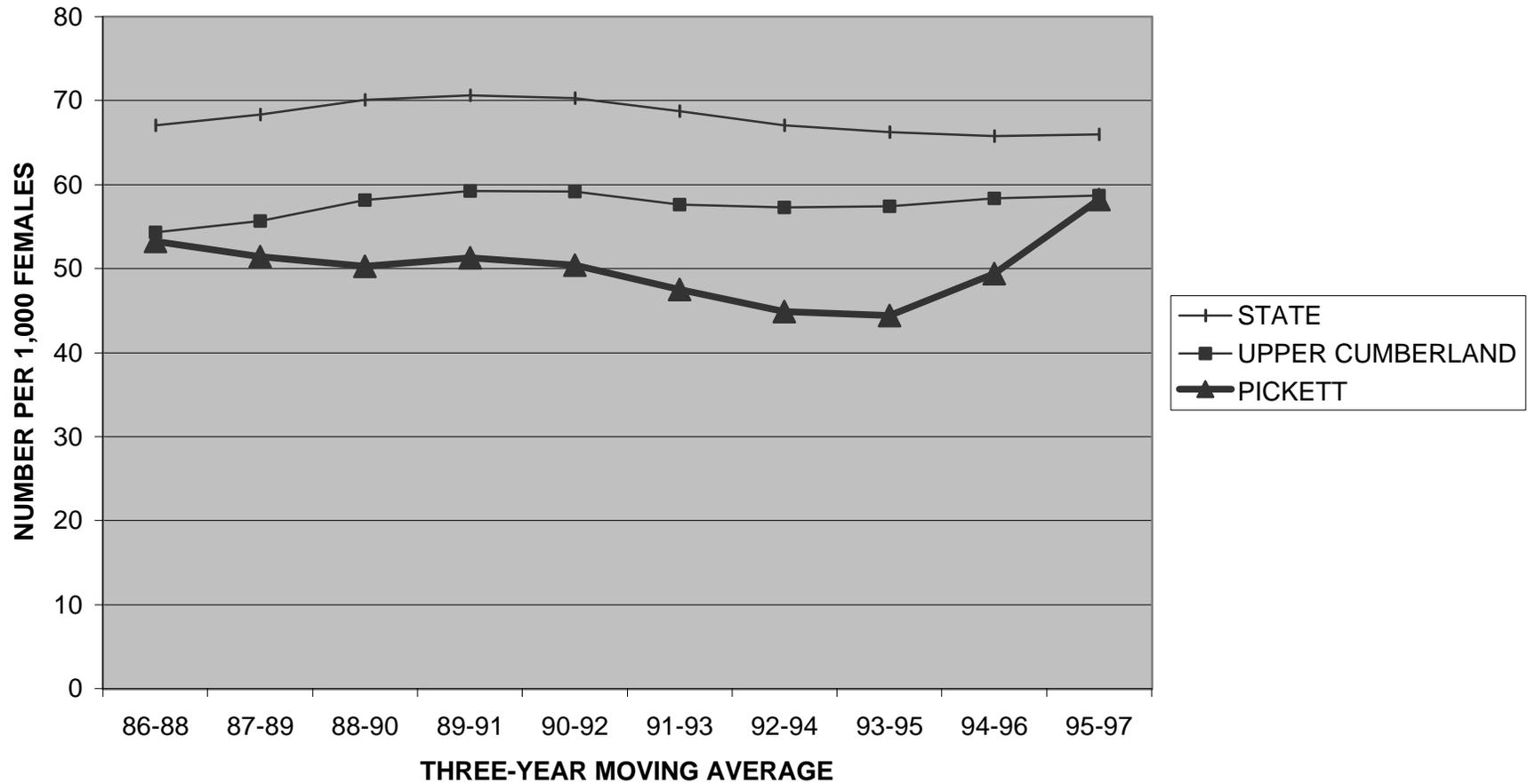
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7	
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3	
PICKETT	49.8	47.7	46.5	46.8	45.3	41.7	38.6	37.7	43.7	52.2	

NUMBER OF LIVE BIRTHS PER 1,000 FEMALES AGES 10-44



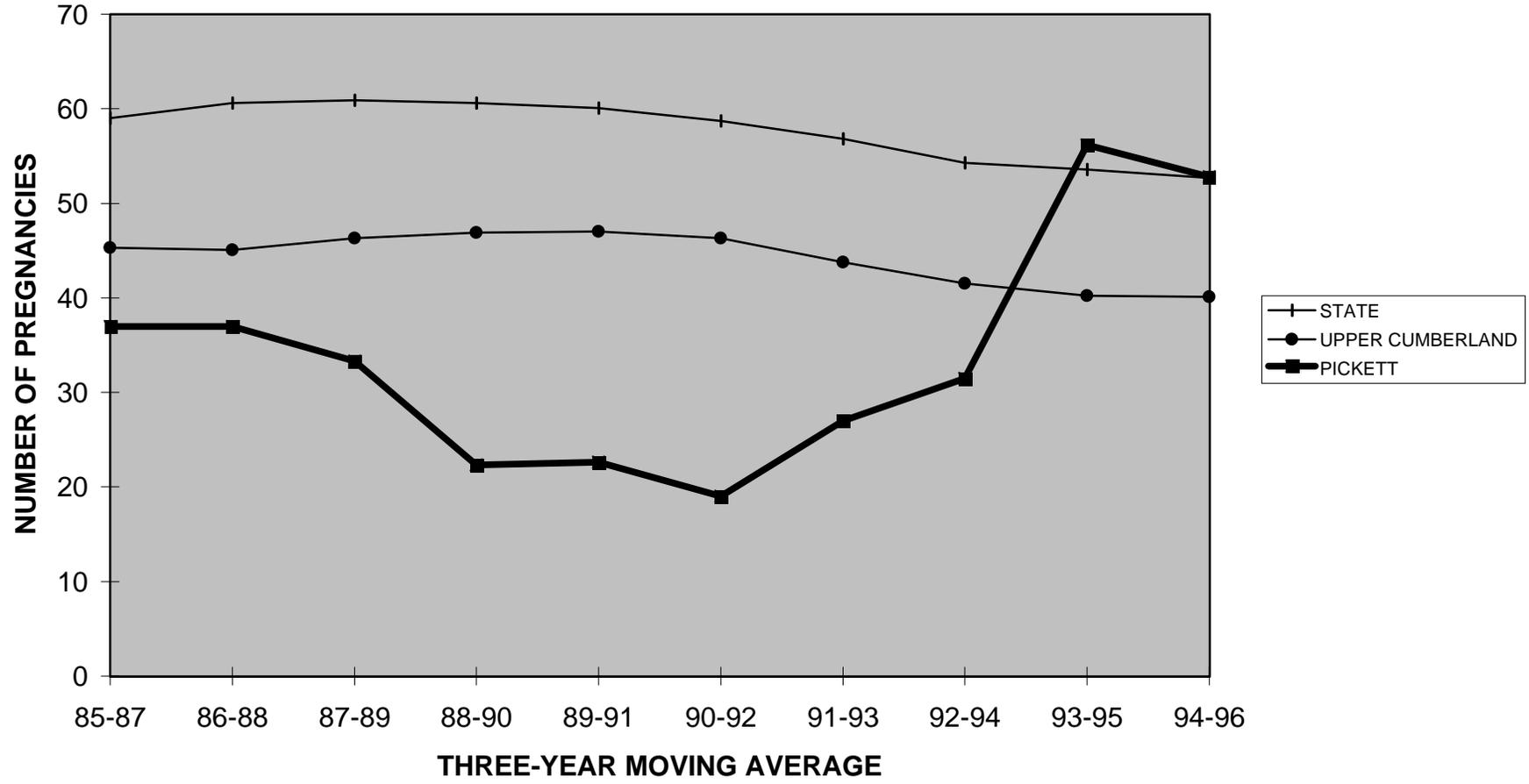
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPPER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
PICKETT	53.2	51.5	50.3	51.3	50.4	47.5	44.9	44.4	49.4	58.2	

NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 10-44



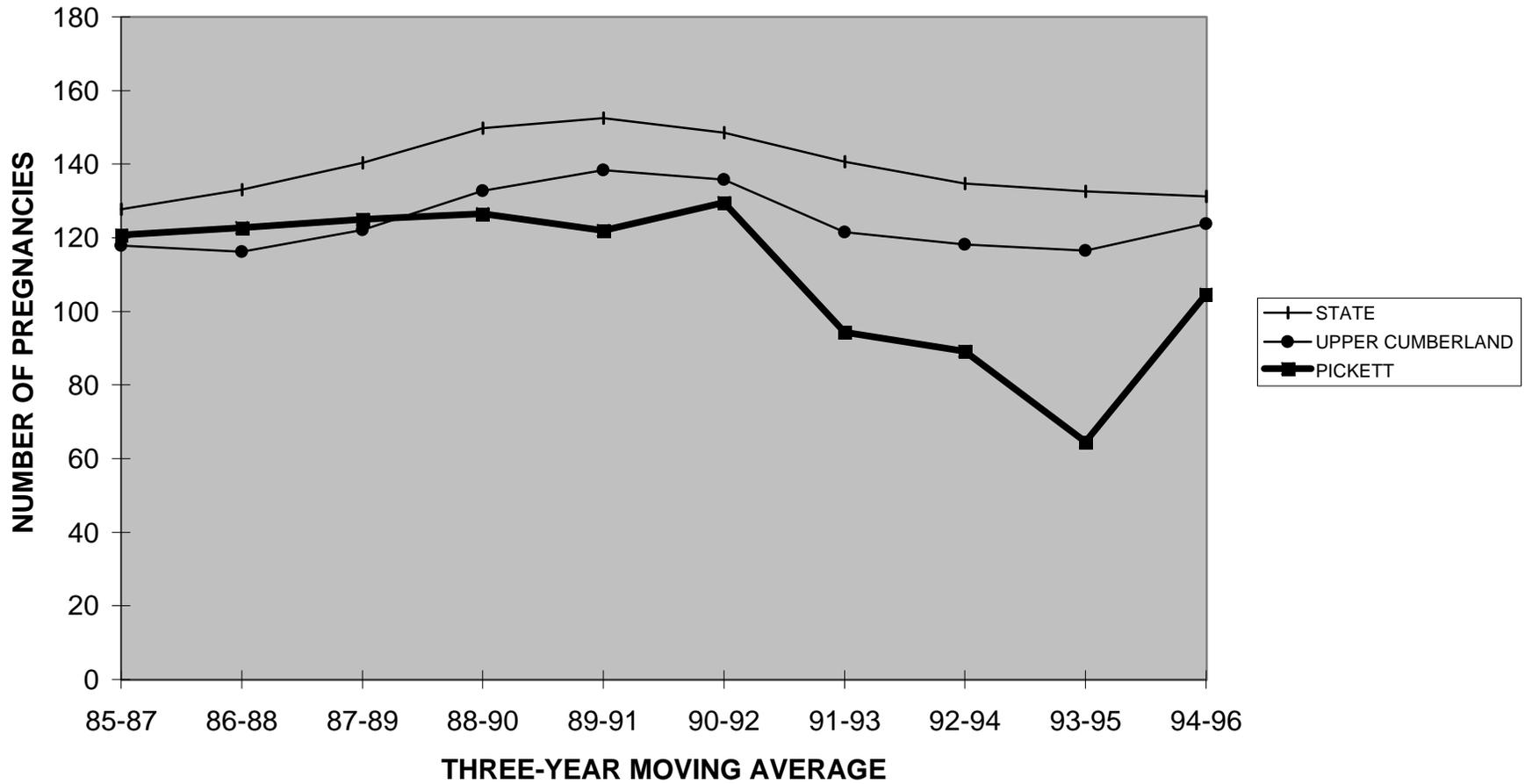
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	59	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7	
UPPER CUMBERLAND	45.3	45.1	46.3	46.9	47	46.3	43.8	41.5	40.2	40.1	
PICKETT	37	37	33.3	22.3	22.6	19	27	31.5	56.2	52.8	

NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 15-17



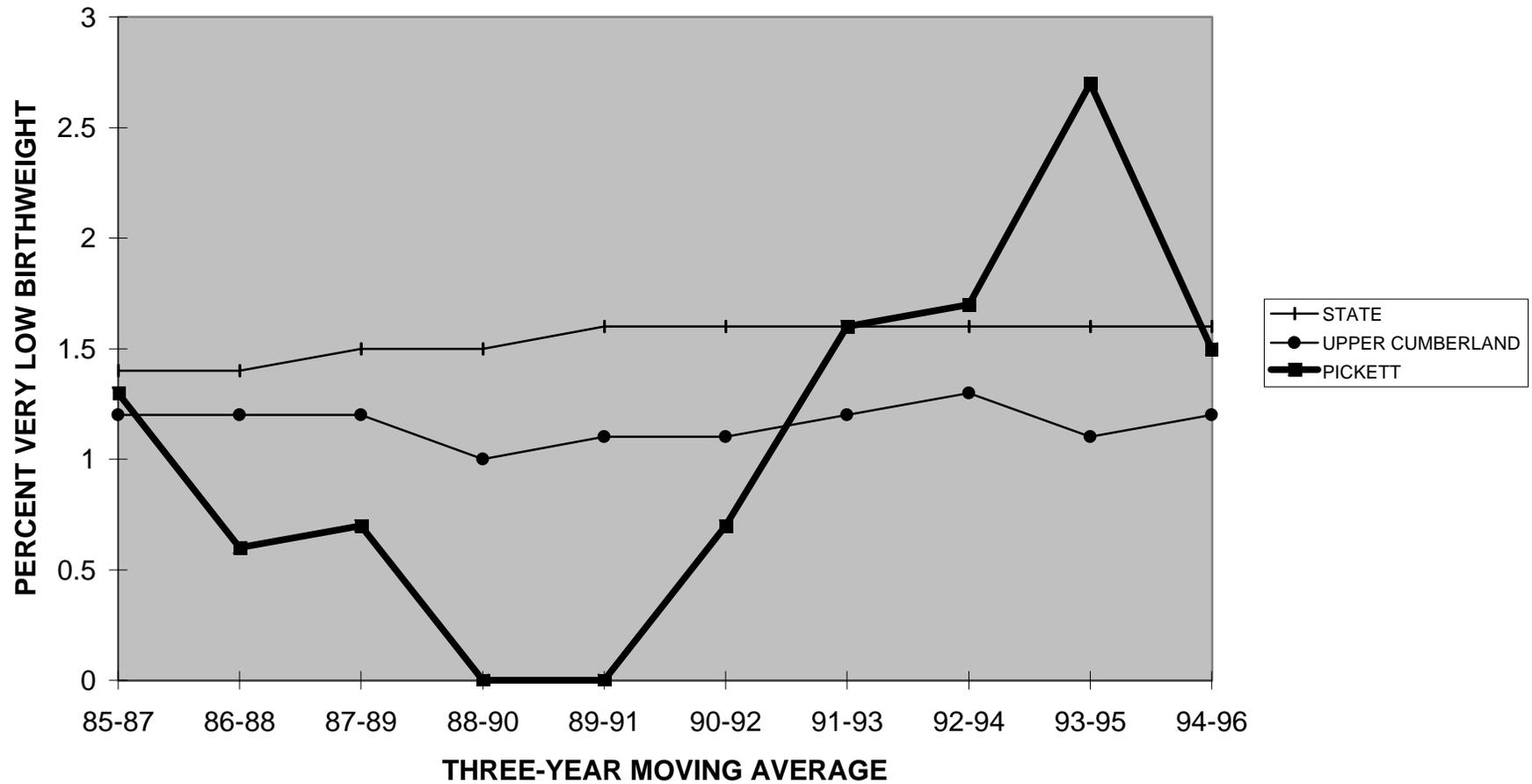
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	127.8	133	140.4	149.8	152.5	148.5	140.7	134.7	132.6	131.3	
UPPER CUMBERLAND	117.8	116.2	122.2	132.8	138.4	135.8	121.5	118.2	116.5	123.8	
PICKETT	120.7	122.8	125	126.5	122	129.6	94.3	89.2	64.5	104.6	

NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 18-19



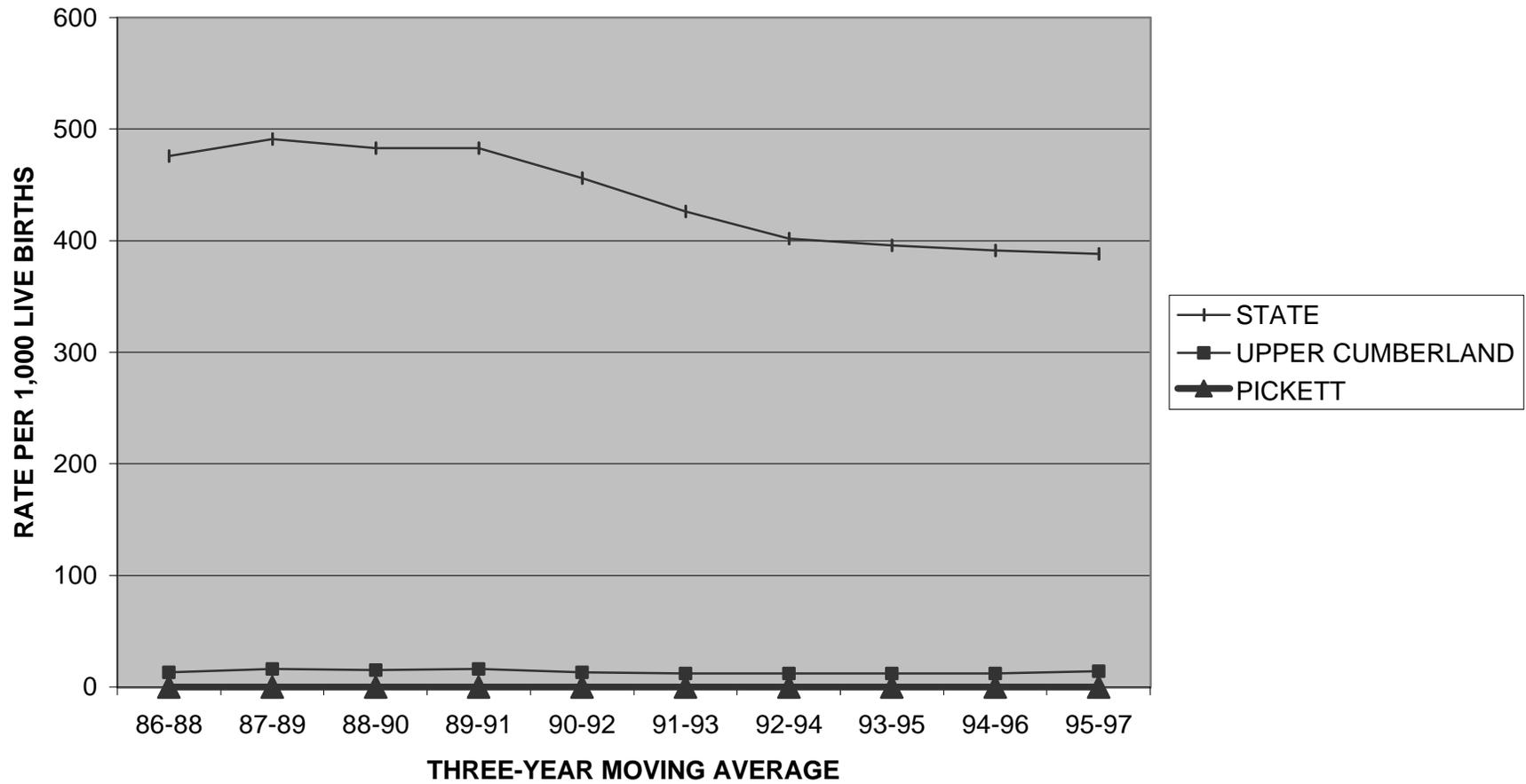
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6
UPPER CUMBERLAND	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2
PICKETT	1.3	0.6	0.7	0	0	0.7	1.6	1.7	2.7	1.5

PERCENT OF LIVE BIRTHS CLASSIFIED AS VERY LOW BIRTHWEIGHT, AGES 10-44



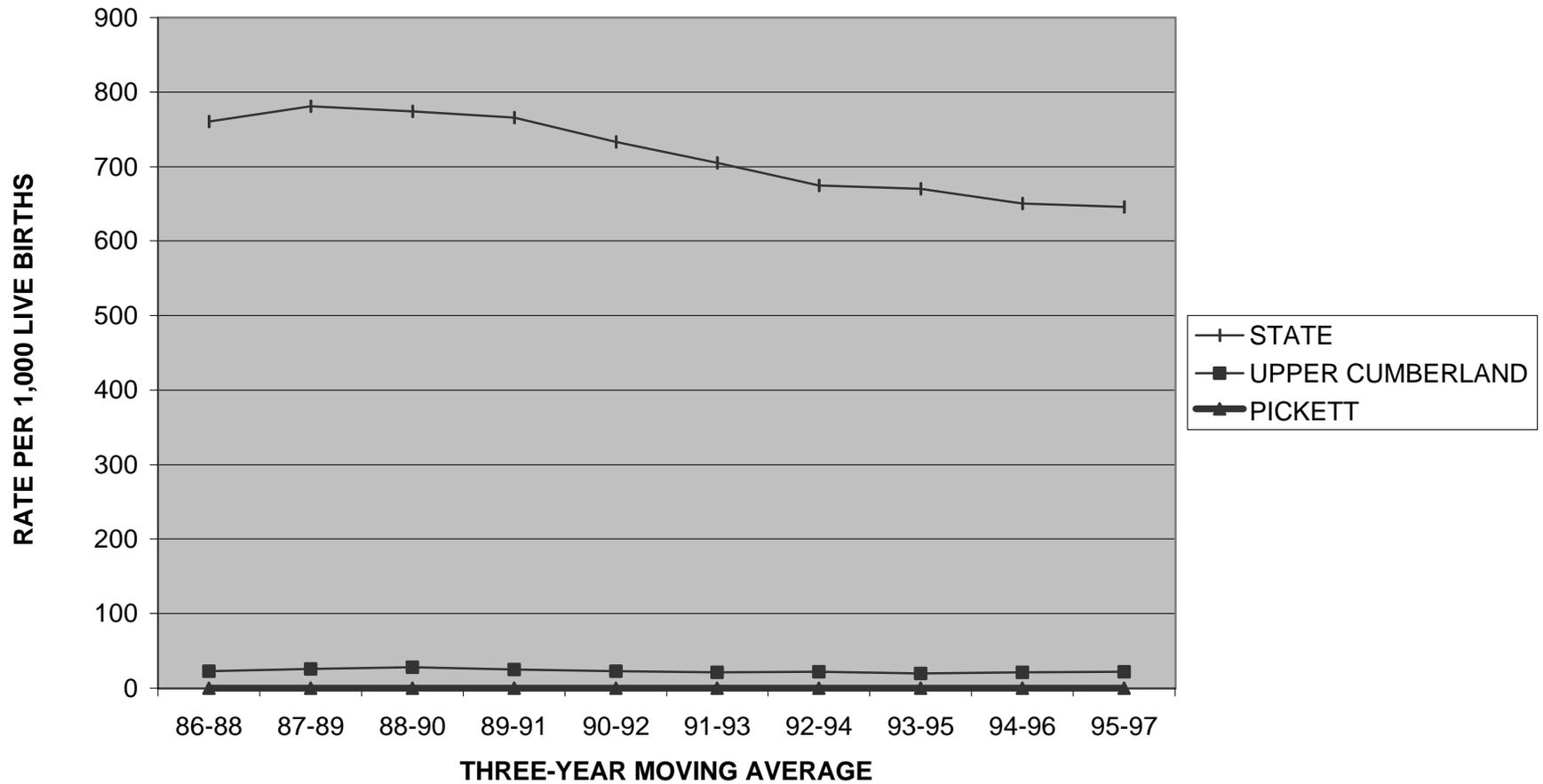
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
PICKETT	0	0	0	0	0	0	0	0	0	0	

NEONATAL DEATHS PER 1,000 LIVE BIRTHS



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	760	781	774	766	733	705	675	670	650	646	
UPPER CUMBERLAND	23	26	28	25	23	21	22	20	21	22	
PICKETT	0	0	0	0	0	0	0	0	0	0	

INFANT DEATHS PER 1,000 LIVE BIRTHS

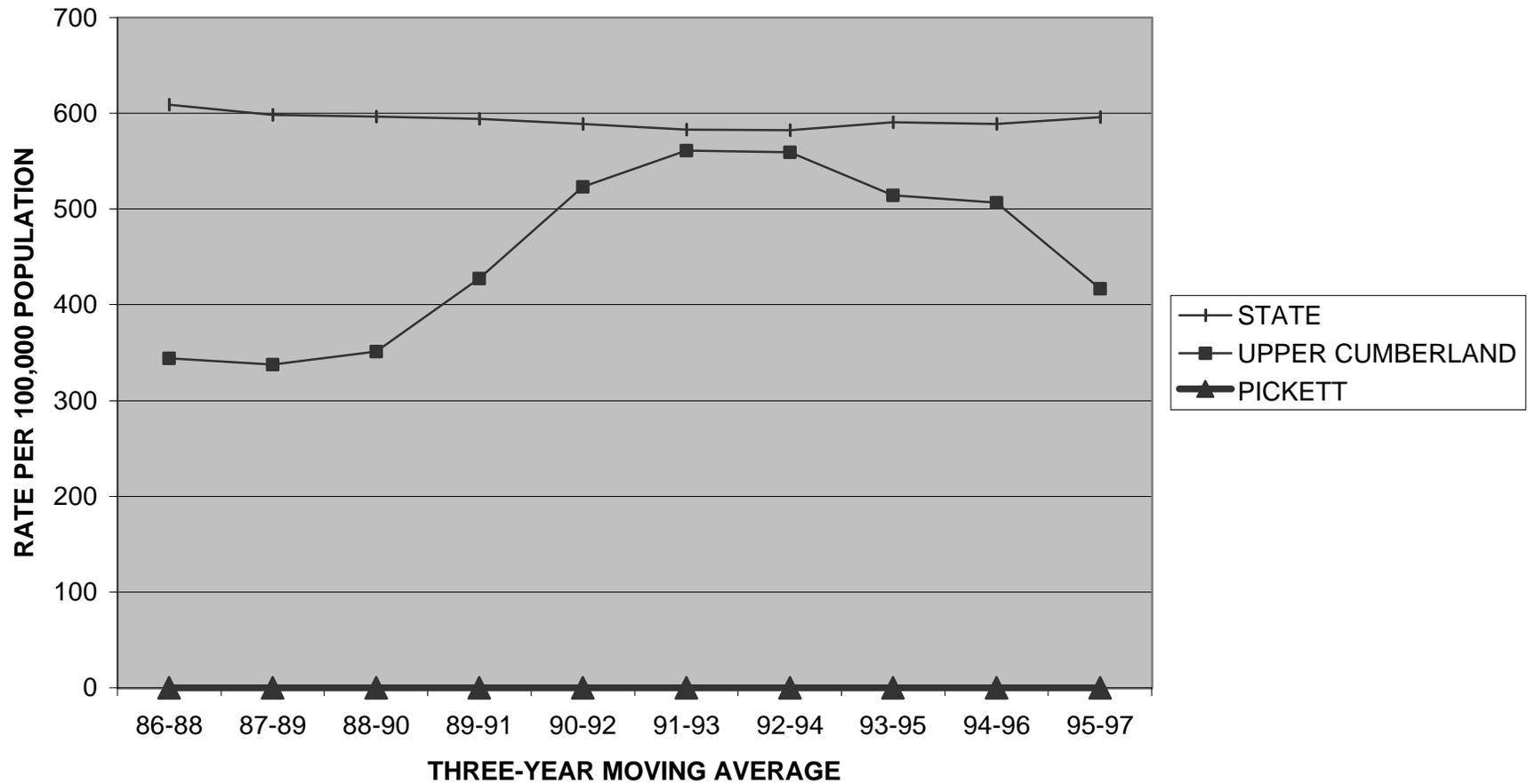


Appendix 4

Mortality Data

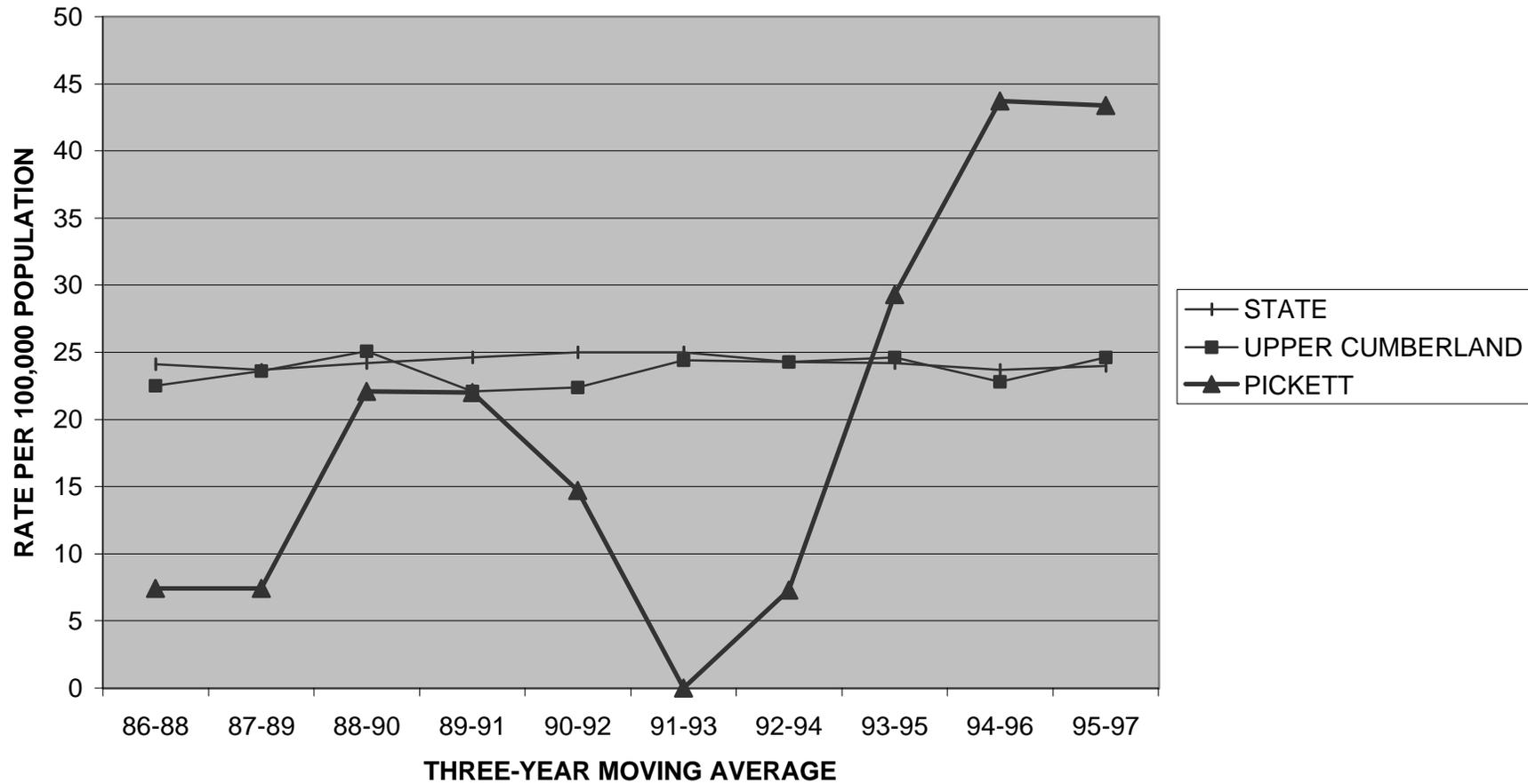
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7	595.7
UPPER CUMBERLAND	344.0	337.6	351.2	427.2	523.4	560.8	559.5	514.1	506.7	416.7
PICKETT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

OTHER RACES FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



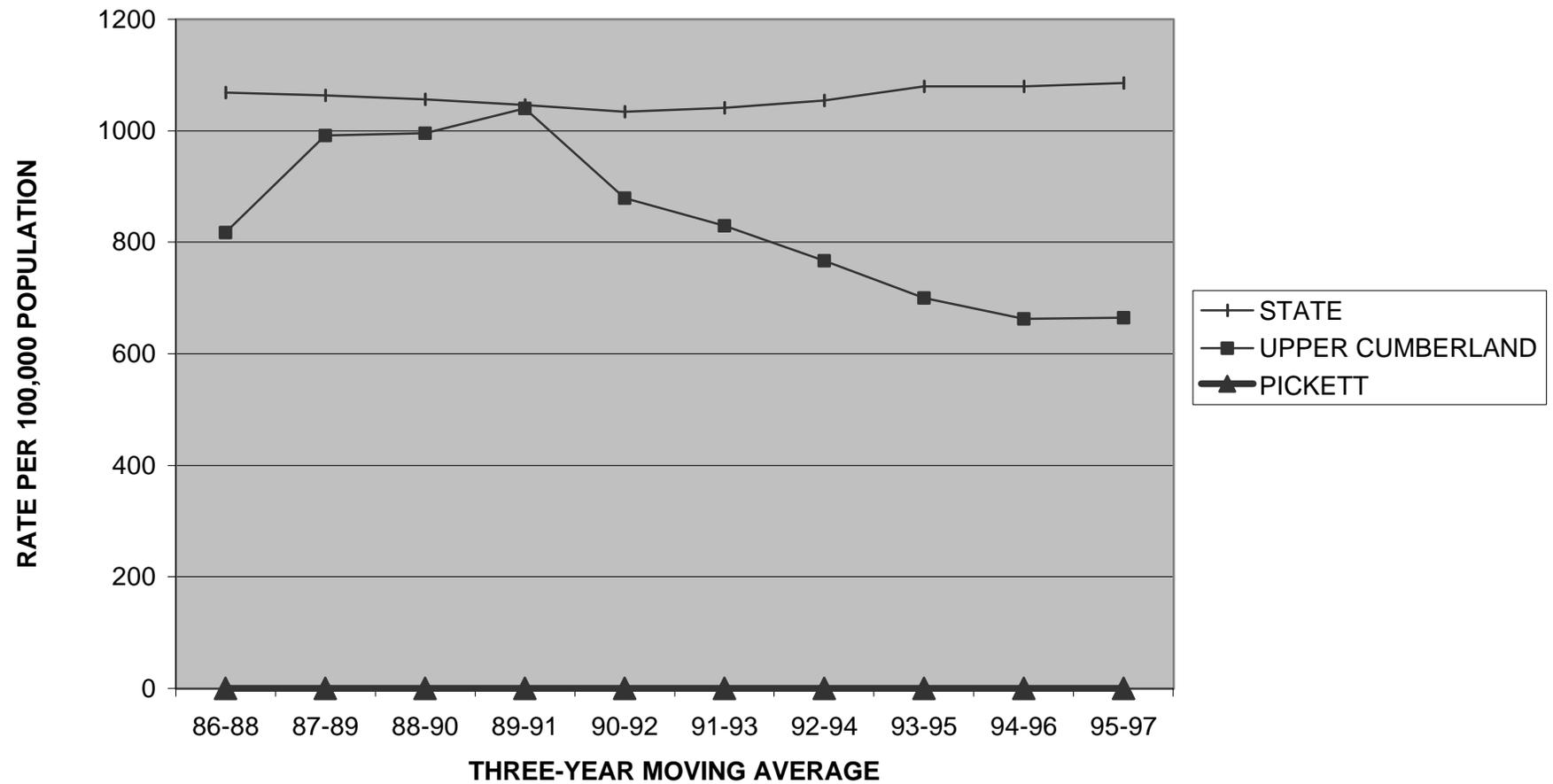
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0	
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.4	24.3	24.6	22.8	24.6	
PICKETT	7.4	7.4	22.1	22.0	14.7	0.0	7.3	29.3	43.7	43.4	

VIOLENT DEATH RATE PER 100,000 POPULATION



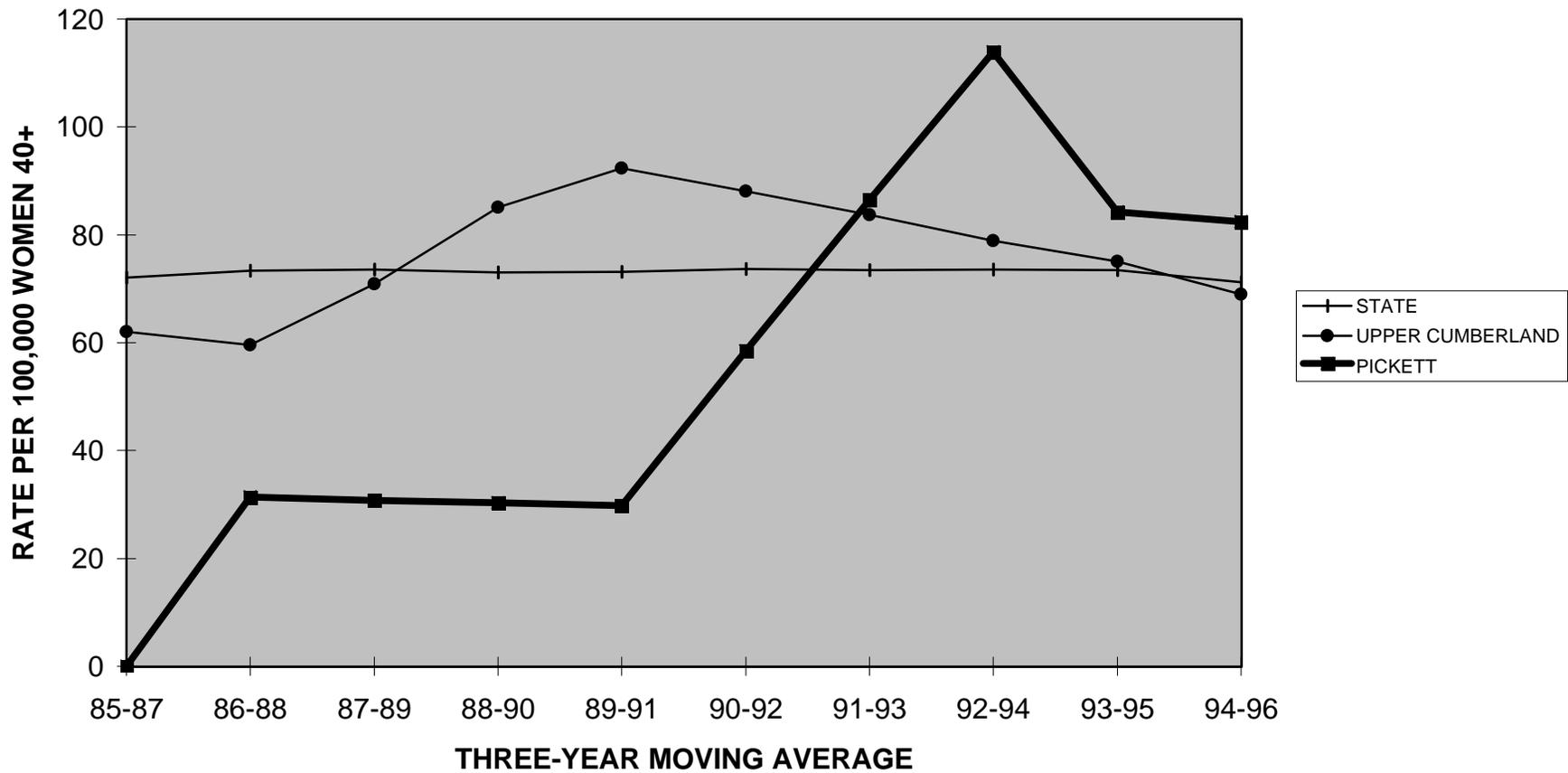
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8
UPPER CUMBERLAND	817.8	992.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1
PICKETT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

OTHER RACES MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



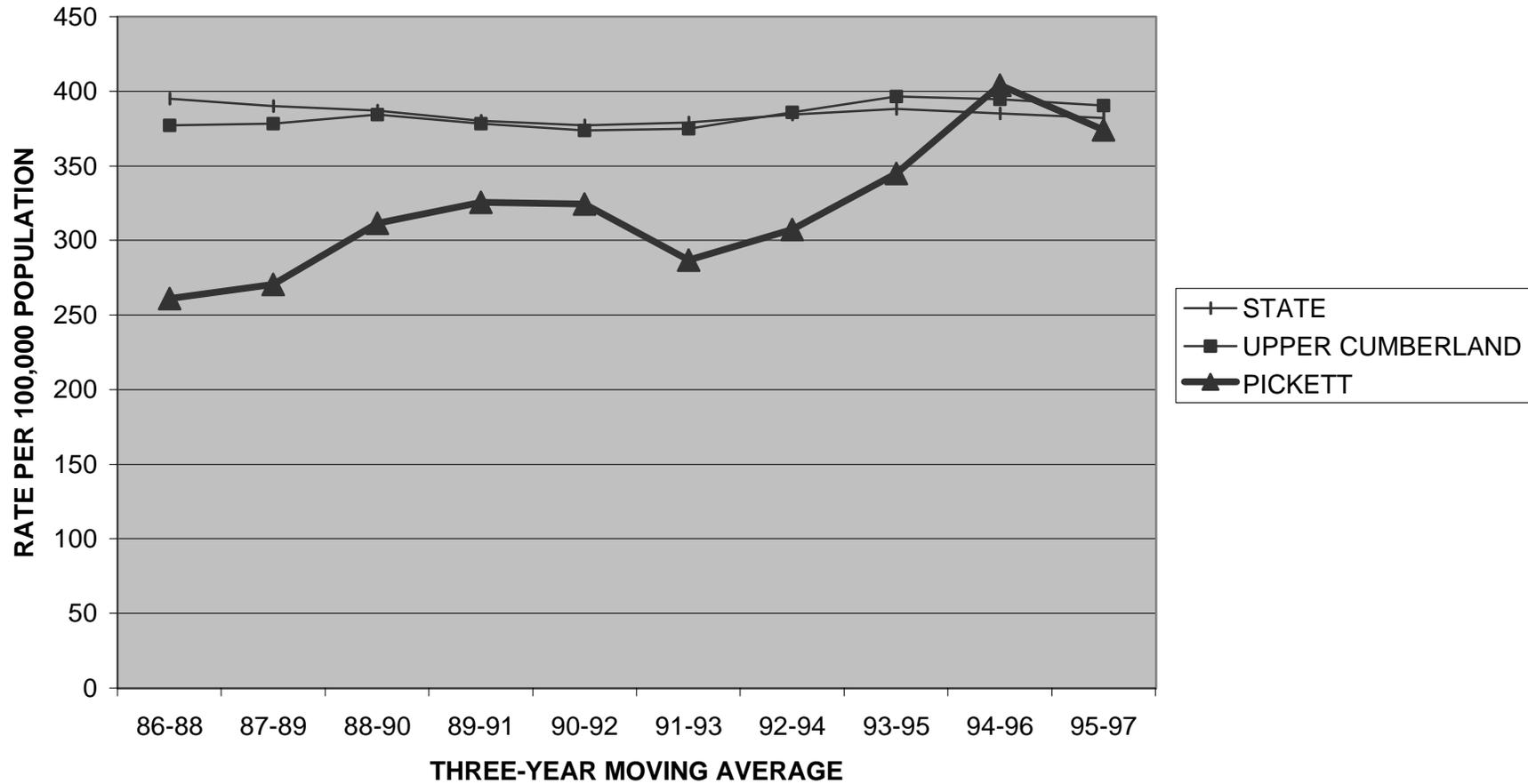
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2	
UPPER CUMBERLAND	62	59.6	70.9	85.1	92.4	88.1	83.7	78.9	75.1	69	
PICKETT	0	31.4	30.8	30.3	29.8	58.5	86.5	113.9	84.2	82.4	

FEMALE BREAST CANCER MORTALITY RATE PER 100,000 WOMEN AGES 40 YEARS AND OLDER



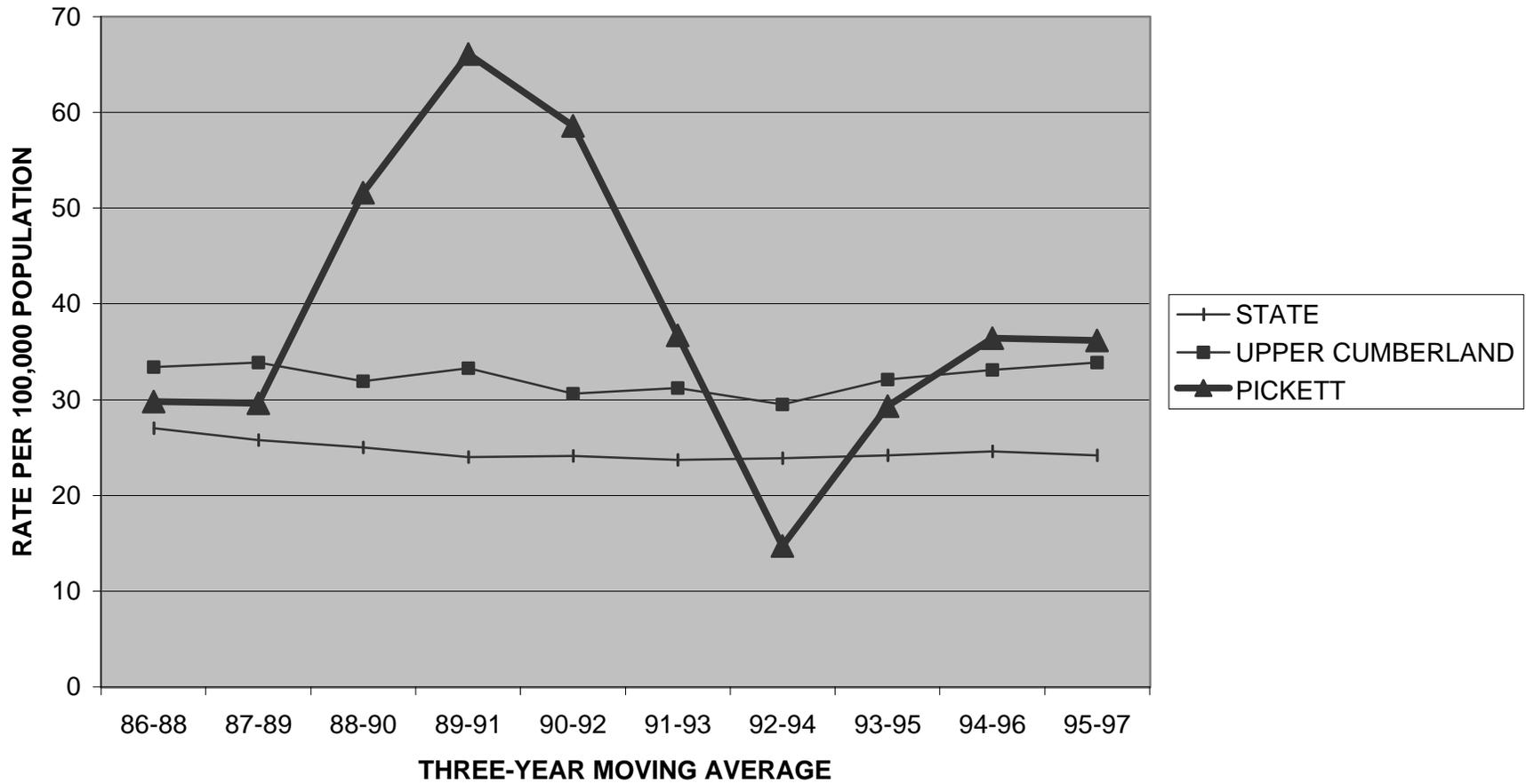
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	395.1	390.0	387.1	380.2	377.2	379.0	384.3	388.0	385.3	381.9	
UPPER CUMBERLAND	377.1	378.1	384.2	378.2	373.6	374.7	385.7	396.6	394.7	390.5	
PICKETT	261.0	270.5	311.5	325.6	324.3	324.3	287.0	307.4	403.9	374.2	

WHITE FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



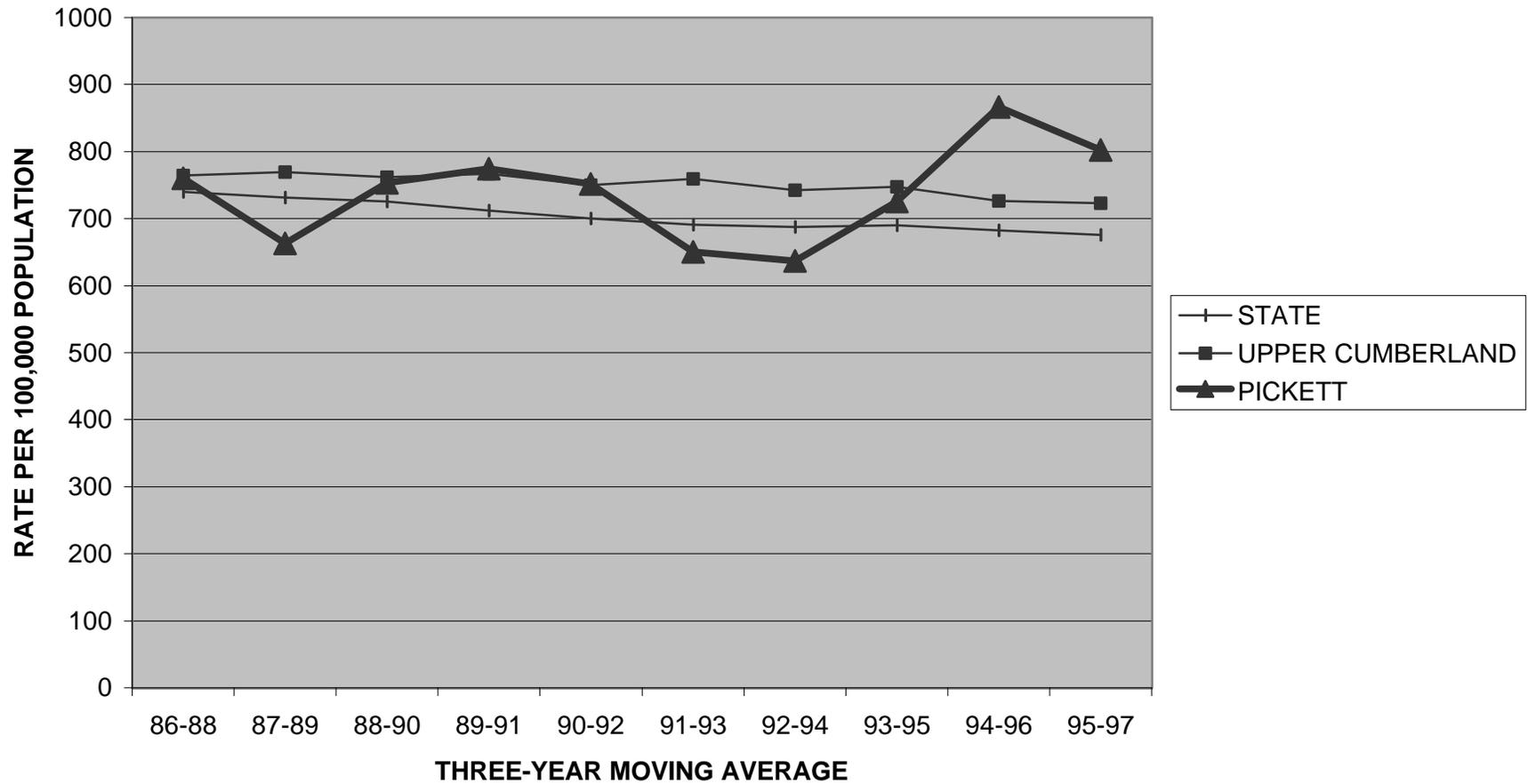
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9
PICKETT	29.8	29.6	51.6	66.1	58.6	36.7	14.7	29.3	36.4	36.2

MOTOR VEHICLE ACCIDENTAL MORTALITY RATE PER 100,000 POPULATION



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	740.2	731.5	725.3	712.3	699.9	691.0	687.8	690.1	682.1	675.8	
UPPER CUMBERLAND	764.7	769.7	761.9	766.6	749.6	759.0	742.0	747.1	726.0	723.2	
PICKETT	760.5	662.6	753.8	774.9	751.8	650.7	637.0	725.4	866.2	802.0	

WHITE MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION

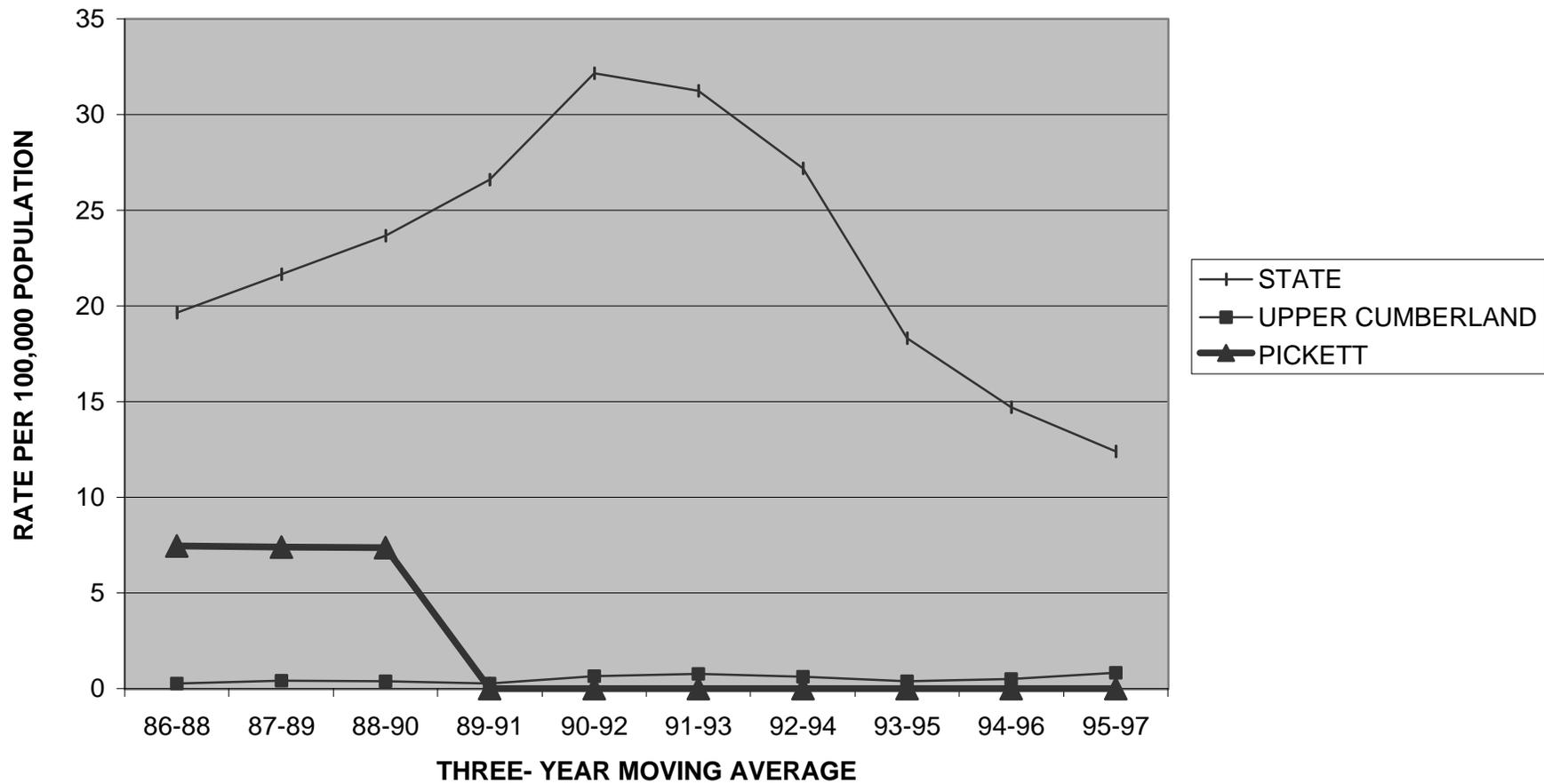


Appendix 5

Morbidity Data

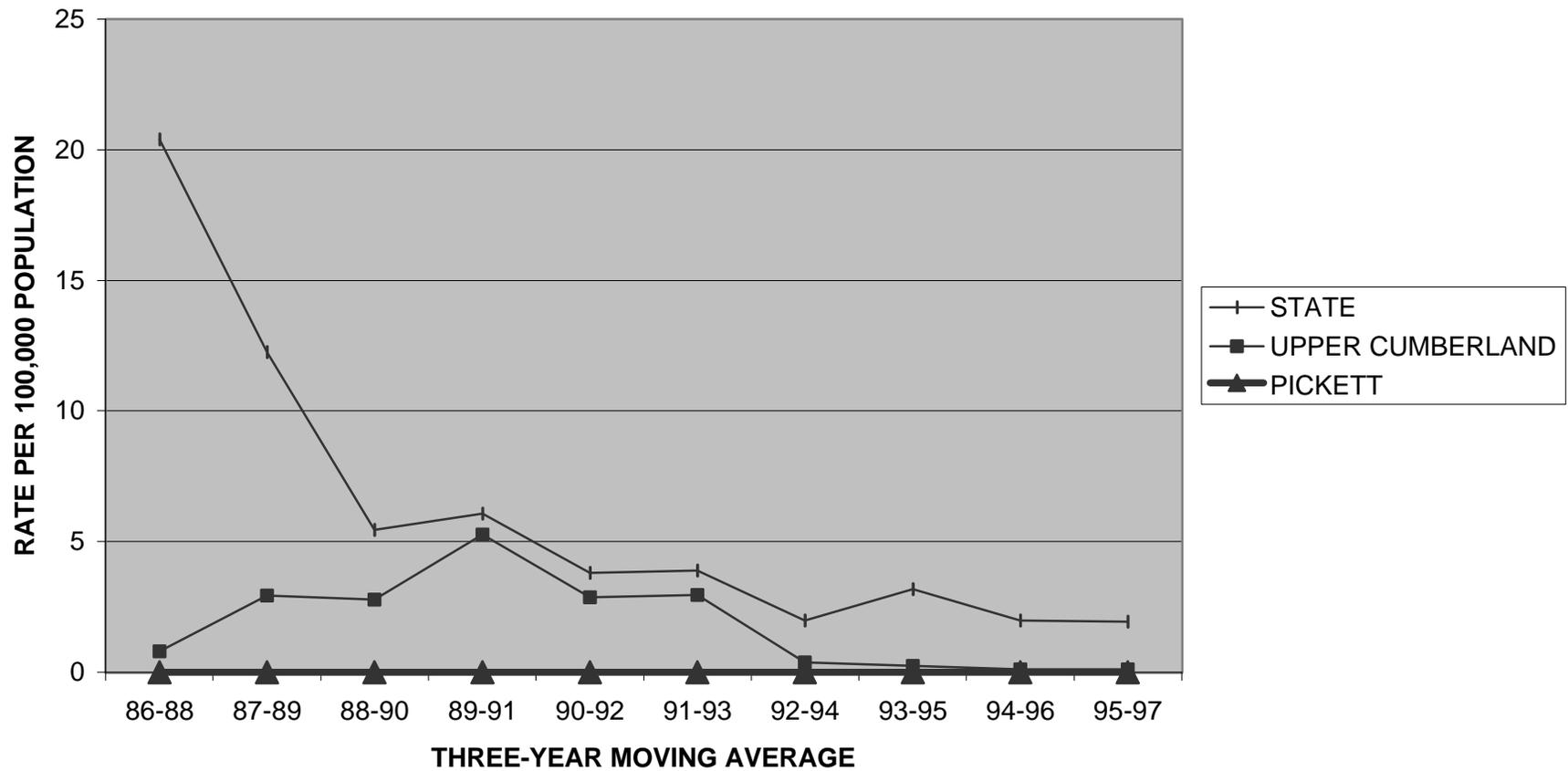
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
PICKETT	7.4	7.4	7.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

SYPHILIS RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



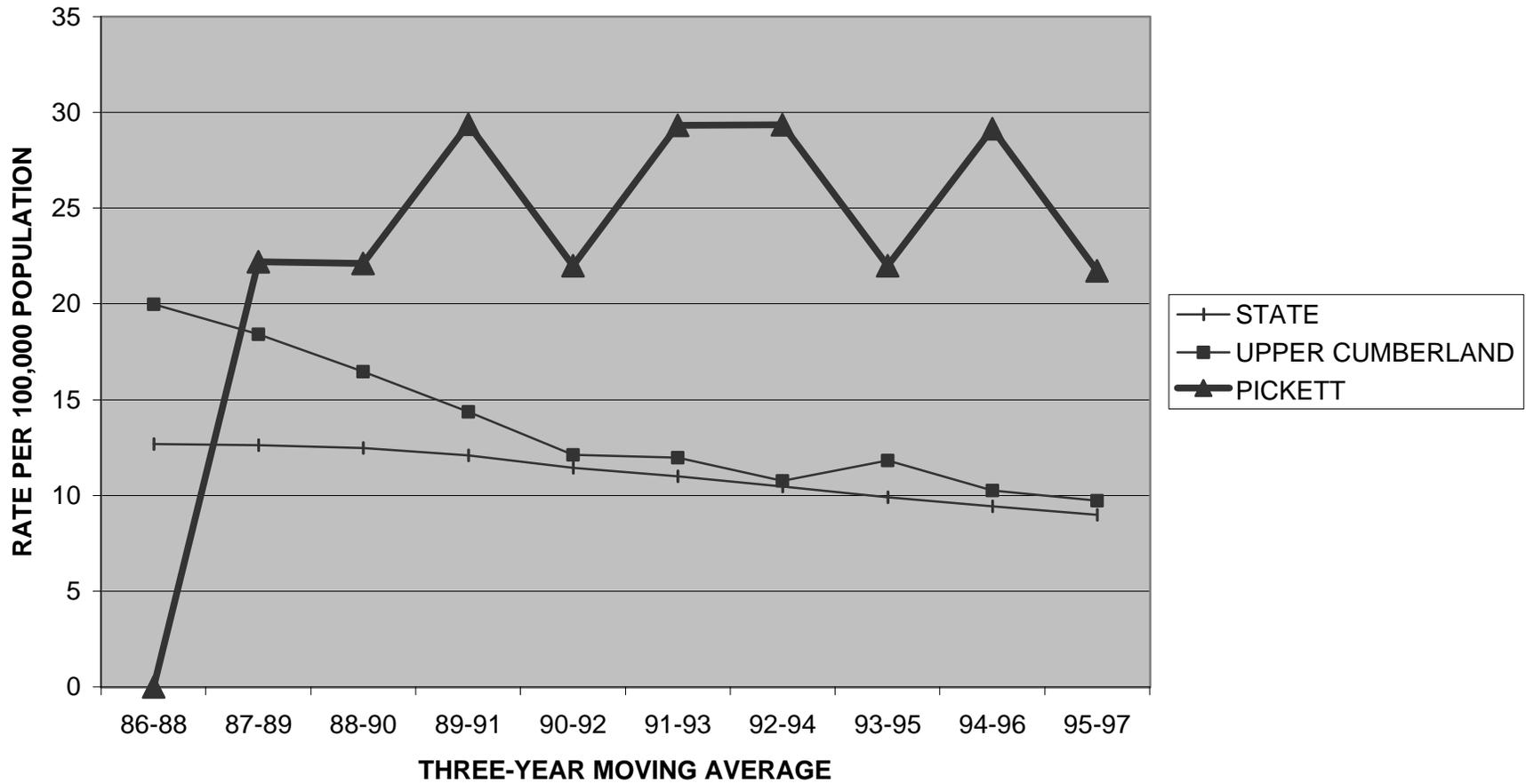
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	20.4	12.3	5.5	6.1	3.8	3.9	2.0	3.2	2.0	1.9	
UPPER CUMBERLAND	0.8	2.9	2.8	5.3	2.9	3.0	0.4	0.2	0.1	0.1	
PICKETT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

VACCINE-PREVENTABLE DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



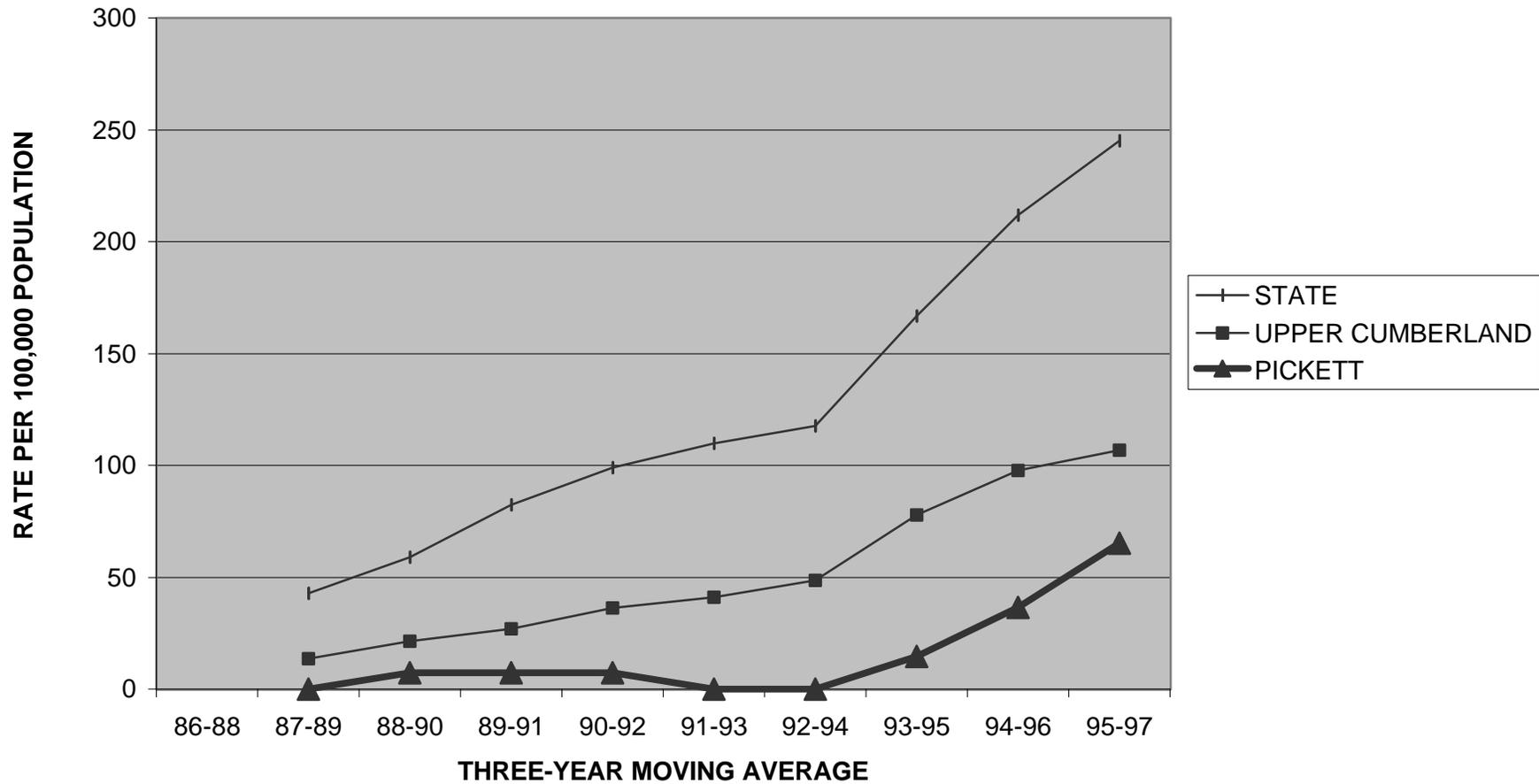
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	12.7	12.6	12.5	12.1	11.4	11.0	10.5	9.9	9.4	9.0
UPPER CUMBERLAND	20.0	18.4	16.5	14.4	12.1	12.0	10.8	11.8	10.3	9.7
PICKETT	0.0	22.2	22.1	29.4	22.0	29.3	29.4	22.0	29.1	21.7

TUBERCULOSIS DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



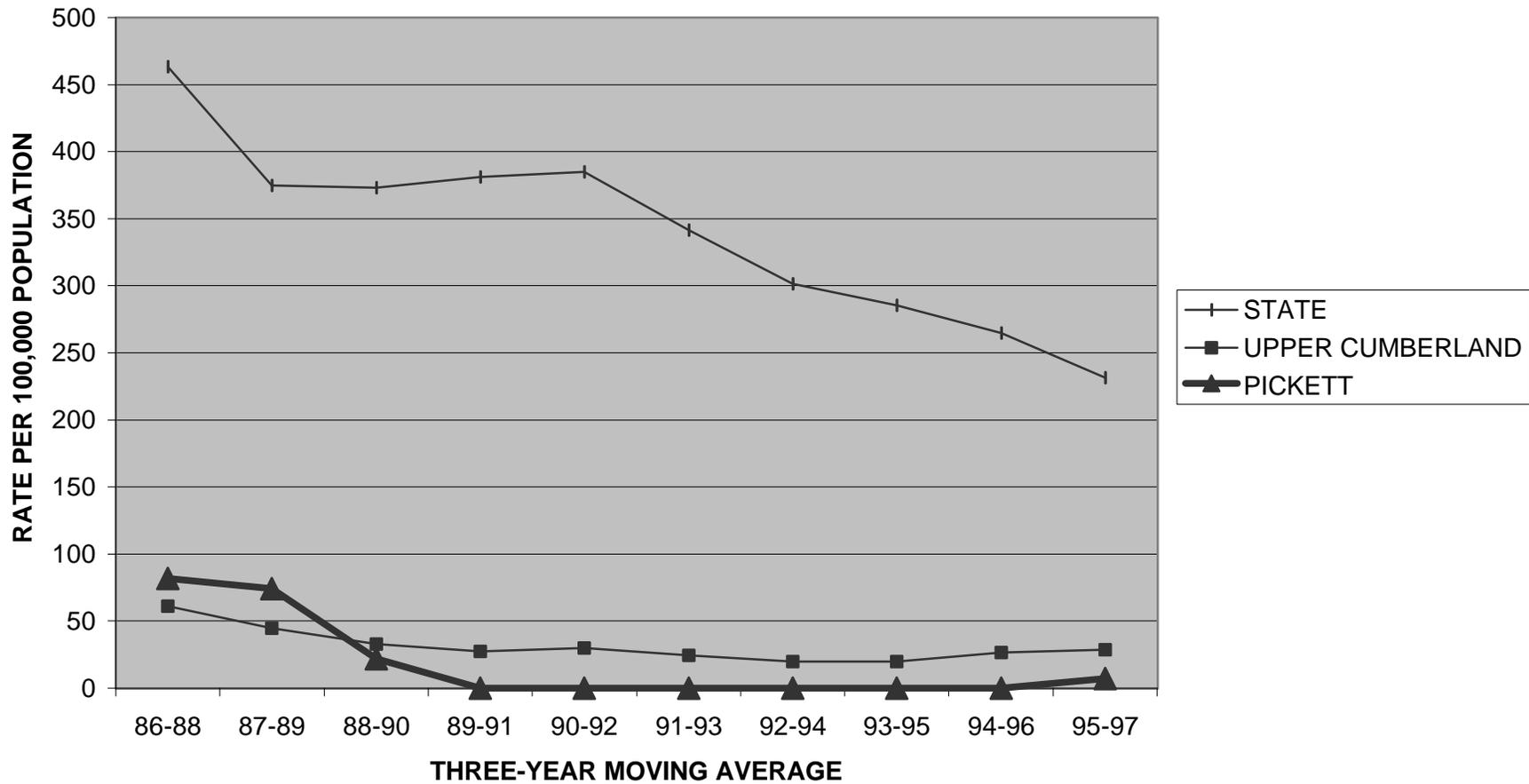
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0
UPPER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8
PICKETT		0.0	7.4	7.3	7.3	0.0	0.0	14.7	36.4	65.1

CHLAMYDIA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	463.3	374.6	373.3	380.9	385.0	341.5	301.5	285.3	264.7	231.4	
UPPER CUMBERLAND	61.1	44.8	33.1	27.5	30.0	24.6	19.6	19.7	26.5	28.8	
PICKETT	81.9	74.0	22.1	0.0	0.0	0.0	0.0	0.0	0.0	7.2	

GONORRHEA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



Appendix 6

Verbiage & Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the TN Department of Health and the UTK Community Health Research Group can be located at: www.server.to/hit