
COMMUNITY DIAGNOSIS: SHELBY COUNTY, TENNESSEE



a report on the health status of the state's largest and most populous county

COMMUNITY DIAGNOSIS: SHELBY COUNTY, TENNESSEE

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C O N T E N T S

I.	Introduction	4
	Mission Statements Overview	
II.	County Description	7
	Geographic and Land Area Map II-1: Shelby County Geographic Boundaries Economic Base Demographics Table II-A: Demographic Comparison of Shelby County, Memphis and Local MSA Table II-B: Medical Community Statistics for The City of Memphis Table II-C: Clinical Time Devoted to Providing Primary Care Services by Physicians (MD & DO) Licensed in Primary Care Specialties Medical Community	
III.	Community Needs Assessment	12
	Primary Data Secondary Data	
IV.	Local Health Issues and Priorities	13
	Educational & Community Based Programs Table IV-A: Behavioral Risk Factors for Adults in Shelby County, 1993-1998 Maternal & Infant Health Table IV-B: Mortality Rates for Shelby County Table IV-C: Causes of Death for Infants Under 1 Year of Age – 1996 Table IV-D: Maternal and Child Health Indicators for Shelby County Clinical Preventive Services: Health Access & Coordinated Community Services Systems Table IV-E: Potential Barriers to Primary Care Access in Shelby County Map IV-1: Shelby County Census with Current HPSA Designation Surveillance & Data Systems Heart Disease & Stroke School Health Advisory	
V.	Future Planning	25
VI.	Appendices	26
	SCHRC Participants SCHRC Timeline PEARL Process Results Sources Health Information Tennessee (HIT)	

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INTRODUCTION

Mission

Implementation of the Community Diagnosis process in Shelby County required wide-spread support and involvement from the community. The process was facilitated by the intergovernmental leadership and assistance provided by officials from the Community Development Section (CDS), Tennessee Department of Health, working with and through the Memphis and Shelby County Department of Health (MSCHD). CDS served as the bridge between the Regional Health Council and officials in the MSCHD.

The Shelby County Government

Our mission is to provide Shelby County residents with services in the most citizen friendly, cost-effective efficient manner and to provide leadership that inspires all the citizens of Shelby County to achieve a higher quality of life. We will create a globally competitive region known for quality.

The City of Memphis Government

The mission of the City of Memphis Government, through its employees, is to ensure responsive and cost-effective services for our citizens, which optimize every individual's opportunity for an enhanced quality of life and the pursuit of success as a valued member of our diverse communities.

The Shelby County Regional Health Council (SCRHC)

The mission of the Shelby County Regional Health Council is to serve as an advocate for the community in identifying, examining, prioritizing and reporting of Memphis and Shelby County's community/health concerns and the strategies which can be used to improve these concerns.

Overview

Definition

The Community Diagnosis process provides 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.” North Carolina State Center for Health and Environmental Statistics

The Community Diagnosis Process implemented by the Shelby County Regional Health Council is a deductive process that utilizes both qualitative and quantitative data to assess the local, regional and national health context. The process requires significant input from local citizens. Given the large size and diversity of its population as well as the seriousness of its public health needs, the Council early recognized the importance of including community representatives who comprise a fair and balanced representation of the County’s general population. (See Appendix A for a complete listing of SCRHC participants.)

History of Process

In response to an increased recognition that health care is a very localized phenomenon, a nationwide public health reform effort has successfully gained support for the improved collaboration and linkage between departments of public health and the communities they serve. As part of this effort, the Tennessee Department of Health instituted a program in 1996 to strengthen the performance of Tennessee’s public health system. Directing that a Regional Health Council be established in each of the state’s twelve health regions and a county health council in each of the 95 counties, local leaders across the State of Tennessee have implemented a Community Diagnosis process. This community-driven process helps local residents identify specific health care needs of its community and recommend new prevention and/or intervention strategies to improve the quality of life of its residents. The Shelby County Regional Health Council, serving as both the county and regional council due to its large population, was established in May 1997. By the time the Council was developing its action plans in June 1998, the Regional Health Council had involved over 150 representatives from the community. The final plan was publicly presented September 1998. Implementation of the 1998 Community Diagnosis Plan occurred between September 1998 and August 1999, with one of its committees, Maternal and Infant Health Committee, continuing its work as part of a federal grant. (See Appendix B for a detailed time line of SCRHC activities.) Other committees also continue to meet on an as needed basis.

The Community Development Section, Tennessee Department of Health, was responsible for planning and facilitating the formation of the Regional Health Council and for providing direct staff support throughout the Community Diagnosis process. The group worked under the supervision of the Director of Regional Health, also the Director of the Memphis/Shelby County Health Department. Composed of approximately 50 representatives from the private, nonprofit, and governmental sectors, including health professionals, academics,

clergy, business leaders, and consumers, the Shelby County Regional Health Council implemented a three-step analytic process. Through use of the Community Diagnosis, Council members:

- examined epidemiological data on the health status in Shelby County,
- assessed both the significance of various health issues on quality of life in the community and weighed the impact that community intervention could realistically have on each issue, and
- developed an action plan for each of the five council-identified issues.

Through the examination of a large body of data and the Council's understanding of local social, political, and economic realities affecting the delivery of health care, the Council identified five health issue priorities. A multi-voting system was used to set these priorities. The Council members were divided into three discussion groups from 26 categories of health issues drawn from Healthy People 2000. Each Council member was directed to distribute \$10,000 in \$1,000 increments among five (or fewer) categories of health issues. Members were asked to consider each health issue's propriety, economics, acceptability, resources, and legality (PEARL). The PEARL process was modified for use with a volunteer council. Totals were calculated for each group and ranked by total number of dollars allocated and number of votes received. (See Appendix C for detailed information regarding the PEARL process results.) Using this information as a baseline, the Council selected the following five health issues as priorities warranting their attention:

- Clinical Preventive Services & Health Access
- Maternal & Infant Health
- Education & Community Based Programs
- Surveillance & Data Systems
- Heart Disease & Stroke

On December 9, 1997, five Health Priority Issue Committees (HPICs) were created by the Council. Each committee was charged with producing a Community Health Plan for their respective issue. Each committee was directed to present, by June 1998, the following:

- Suggested Action(s) to be taken
- Identification regarding Whom will take the action
- Identifying When the action will be done
- Identification of Resources and Support Needed/Available
- Potential Barriers or Resistance
- How Success will be Measured.

Outcome Summary

In keeping with the national trend to address public health in a more holistic manner, this report presents a comprehensive look at the top health concerns of the Memphis/Shelby County area. Beyond simply providing a needs assessment, the Community Diagnosis process successfully joined an impressive group of health advocates that worked diligently to establish a direct set of action steps to have the community's problems identified and addressed. A variety of resources contributed

to this final product. (See Appendix D for information regarding references used in preparing this report.) Dissemination of the findings here will be primarily through a web site posting similar information on all counties in Tennessee. (See Appendix E for information regarding the Health Information Tennessee web site.) Additionally, printed copies of this report will be available to local, state and national authorities as well as local businesses and foundations.

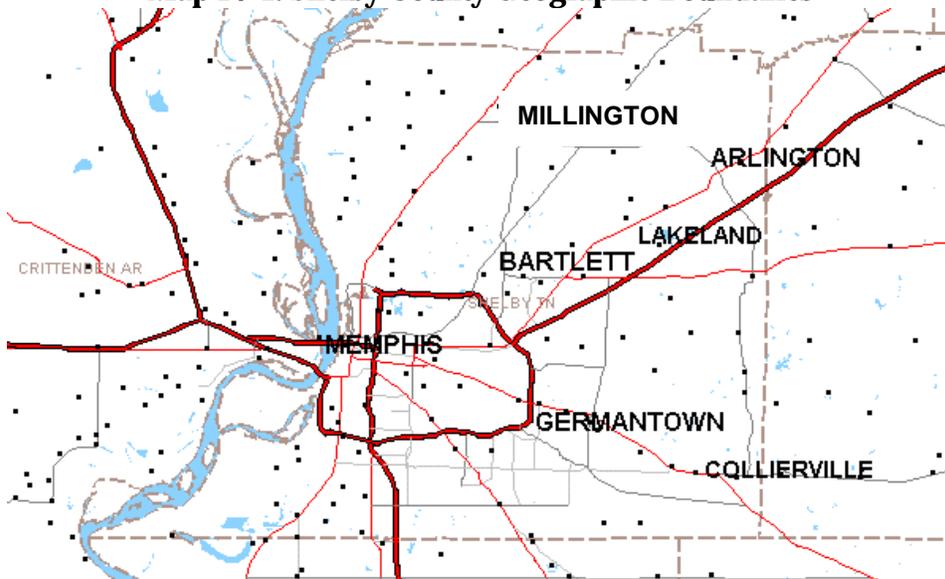
D E S C R I P T I O N

As part of the land purchased from the Chickasaw Indians in the early 1800s, the western district of Tennessee became a U S property during a deal negotiated by Isaac Shelby. Shelby County was officially created in 1819 and named after the statesman who made its purchase possible. Covering the southwestern most area in the state, Shelby is also the largest county in Tennessee, by size and population. Of its seven incorporated cities, Memphis, the largest urban center in the state, serves as the county seat. Although highly urbanized, and suburbanized, over 300 square miles within the county boundaries remain unincorporated.

Geographic and Land Area

Located on the Chickasaw Bluffs overlooking the Mississippi River, Shelby County's geographic location makes it prime for economic development. The 755 square mile territory has an average elevation of 331 feet above sea level. The state's lowest point, 182 feet above sea level, is located along the western border of the county on the eastern bank of the Mississippi River. Resting on the 35th latitude, the annual average temperature in the area is 62 degrees.

Map IV-1: Shelby County Geographic Boundaries



The majority of the county falls within the Coastal Plain Region. This topographical boundary begins at the bluffs and is characterized by level areas with only rolling hills and wide stream valleys. The Alluvial Plains are between the River's edge and the bluffs. This slim strip of land is below 300 feet above sea level and, when well drained, is utilized predominantly as farmland due to its rich soil. The lowest areas in the plains form small lakes and marshy swamps that, combined with the hot and humid climate, make prime breeding territories for insects.

Shelby is surrounded by Tipton and Fayette counties in Tennessee, as well as Desoto County, Mississippi, to the south and Crittenden County, Arkansas, to the west. These political boundaries hold little distinction through the course of everyday life for their citizens. Known as the "tri-state area", the counties are so integrated that the region serves as a metropolitan statistical area (MSA). Memphis serves as a commercial, distribution and health services center.

E c o n o m i c B a s e

Shelby County enjoys a strong economic base with a healthy mix of commerce, industry and agriculture. Well-known as the "Distribution Center of America," Memphis' wide variety of intermodal transportation capabilities make it a prime location for a number of large businesses. The area is conveniently located at the intersection of interstates 55 and 40 and allows easy access to seven U S and 15 state highways. Two railway companies and more than 200 motor freight companies are located in the area. The international airport accommodates over 260 flights daily, carrying both passengers and freight. Additionally, the Mississippi River port in Memphis is situated on a nine-foot deep channel that provides a navigable waterway for barges traveling a north-south route.

With over 440,000 persons in the local labor force, both the county and the city boast a 3.7% unemployment rate. Some of the area's largest corporate employers include FedEx, Northwest Airlines, Baptist Memorial Hospital, Methodist Hospital, The Regional Medical Center (The MED), Cleo Inc., Kroger and First Tennessee Bank. Seven institutions of higher learning and over 200 elementary and secondary schools located within the county support and train the growing local workforce.

D e m o g r a p h i c s

The demographics of the area are best represented in a comparison of the county, the City of Memphis and the MSA populations. (See Table II-A below for detailed demographic information.)

The region's demographic characteristics show a variety of important issues facing the local citizens. Although growth throughout the MSA has been impressive during recent years, the City's population has been in decline. Shelby County is expected to have over 943,000 citizens by 2010.

Additional statistics dramatize the challenges facing these local governments. Just over 18% of the county's residents are living in poverty and the great majority (70.6%) of these citizens are either below 18 or over 65 years of age. The City's poverty rates are even higher. In 1990 the county had 327,796 housing units, of which almost 80% were built prior to lead based paint regulation. The same year, the City recorded 248,573 housing units of which nearly half were built during the post-war housing boom from 1950 to 1969. With an estimated shortage of over 11,000 affordable units, the area is not only faced with a lack of housing but also a declining housing stock. Throughout the area, up to 10,000 people are homeless during any given time period. Considering the overwhelmingly urban population (only 4% of the county's residents live in rural or farm settings), issues such as overcrowding and dense populations are of great health concern to public officials.

Table II-A: Demographic Comparison of Shelby County, Memphis and Local MSA

Demographic Characteristic	Shelby County	City of Memphis	Local MSA
Population	868,825 (1998)	603,507 (1998)	1,105,094 (1999)
Change since 1990	+4.7%	-3.5%	+9.7%
Rank in U S	43	18	40
Female	52.4%	52.2%	58.2%
Under 5 years old	8.1%	7.8%	N/A
Older than 75 years old	4.3%	5.1%	N/A
White	55.1%	44%	58.2%
Black	43.6%	54.8%	40.6%
All other races	1.3%	1.2%	1.2%
Educational Attainment (1990)			
High School Graduate	27.2%	27.9%	28.3%
Post Secondary Degree	18.4%	15.2%	17.1%
Total Households	303,571	229,829	356,997
Median household income (1990)	\$27,132	\$27,178	\$26,994
Per capita income (1996)	\$26,277	\$22,674	\$24,945
Persons below poverty level (1990)	146,683	136,123	N/A

Source: Bureau of Business and Economic Research

Medical Community

As Memphis has traditionally served as a commercial and distribution center, Memphis has similarly served as a regional health center and resource for the Mid-South. Although the large proportion of citizens using health services in Memphis originate from Western Tennessee, Desoto County in Mississippi, and Crittenden County in Arkansas, patients from all of the Mid-South Region rely on medical care, especially specialty care, provided by Memphis practitioners. Consequently, the largest non-governmental economic sector by employment is the health care industry. There are almost 5,000 hospital beds in the City of Memphis (see II-B for further information on medical facility capacity). Baptist Health Care Corporation, the Regional Medical Center, UT Bowld Hospital, Methodist Healthcare System, and St. Francis Hospital all offer primary, secondary, and tertiary care services to patients in the Mid-South. St. Jude Children's Research Hospital, known internationally for its medical research programs, has announced a billion dollar expansion to be completed by 2005 that will double the facility's size and expand its research capacity for genetic and infectious diseases. Professionals in the areas of genetics, perinatal, intensive infant, trauma and burn recovery care draw from a 100 to 200 mile radius.

Further adding to the challenge of providing the requisite mix and array of medical care services, Memphis practitioners serve not only the insured but also the underinsured and uninsured. Given the high concentration of poverty in urban Memphis as well as the rural areas of the Mid-South, serving the medical needs of this population for the Region is a daunting task. Consequently, the data systems that collect information on the number of licensed physicians providing primary care in Shelby County overestimate physician availability. According to data from the NationsHealth Data Warehouse, the city reports over 13,000 health care professionals working in the community. See Table II-B for the county and MSA medical community information. However, a more in-depth analysis of the amount of clinical time actually devoted to primary care services found significantly reduced practitioner availability for primary care. Insufficient numbers of primary care practitioners result in further barriers to access for the medically underserved population as primary care physicians may not accept TennCare patients or may have limited hours in centrally located facilities close to this population. The practitioner supply problem is exacerbated by the number of physicians statistically labeled as providing primary care when they actually have specialty, subspecialty, teaching, or administrative responsibilities that reduce their availability to provide primary care. See Table II-C for the results of a 1997-98 survey on primary clinical services conducted by the Community Development Section, MSHCD.

Indigent care numbers for the area demonstrate the same scenario. Shelby County has 175,000 men, women and children enrolled in TennCare and an estimated 64,100 people uninsured. In recent years, some innovative health care programs have evolved in Memphis' nonprofit sector. These groups are trying to reach clients at the community level and improve access and understanding through holistic care. The success of these facilities has been impressive, however, funding and availability of volunteer medical care providers limits their reach.

Table II-B: Medical Community Statistics for Shelby County & MSA

Capacity	Number	
	Shelby County	MSA
Licensed Physicians ^o	2420	2560
Estimated Full Time Equivalent ^o	630	665
Persons per Physician	359	427
Acute Care Hospitals	13	17
Acute Care Hospital Beds	4940	5330
Beds per 1000 people	5.7	4.9
Nursing Homes	28	36
Nursing Home Beds	4320	5298
Dental Offices	414	460
Home Health Care Organizations	56	64
Ambulatory Surgical Centers	17	18
Federally Qualified Health Centers	2	4
Drug Stores	134	165

Source: NationsHealth Data Warehouse

- o All licensed medical doctors, including those fully retired, in research, academic or administrative positions and in specialized and super-specialized practices
- o Information currently under development for upcoming 2000 HPSA application

Table II-C: Clinical Time Devoted to Providing Primary Care Services by Physicians (MD & DO) Licensed in Primary Care Specialties

COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E
Primary Care Specialty	No Licensed in Shelby County for this Line Specialty	FTE of Column B when Providing Clinical Primary Care	Number of Physicians Accepting TennCare Patients	FTE of Column D when Providing Clinical Primary Care
Family Medicine or General Practice	166	83.16	83	39.18
General Internal Medicine	201	67.80	103	28.68
General Pediatric	222	87.13	124	44.97
Obstetricians who Provide Obstetrical Care	636	192.46	372	103.34
TOTAL	1225	430.55	682	216.17

This survey was conducted by the Community Development Section of the Memphis & Shelby County Health Department for the Health Access Committee of the SCRHC in 1997 – 98.

C O M M U N I T Y N E E D S A S S E S S M E N T

P r i m a r y D a t a

Where appropriate, the SCRHC committees used primary data to focus their efforts to the local setting.

- Survey of Residents in two Memphis communities identified as underserved
- Behavioral Risk Factor Survey (BRFS) - Designed by the Center for Disease Control and conducted annually by the University of Tennessee, Knoxville

S e c o n d a r y D a t a

Shelby County Regional Health Council members were provided with an extensive amount of socio-demographics, health status, and health resource information. The secondary data were compiled by the staff of the Community Development Section. Data reports from the State Department of Health, Memphis & Shelby County Health Department (MSCHD), and Memphis Alliance for Public Health Research (MAP) were especially useful when benchmarked with national and/or regional data.

Types of Data Gathered and Utilized

- Demographic Information, collected by the Census Department, with comparisons by census tract and zip code for the Memphis metropolitan area:
 - Age
 - Race
 - Marital Status
 - Poverty Status
 - Family/Household Status
- Population, Housing, and Economic Analysis, 1970-1990, prepared by the Memphis and Shelby County Division of Planning and Development
- Area Socio-Health Profiles for Shelby County Planning Districts, prepared for the Community Health Agency
- Health Provider Data
 - Primary Care Physicians
 - number and full time equivalent in primary care specialties
 - TennCare MCOs
 - number of enrollees
 - number and type of gatekeeper physicians
 - Underserved Areas
 - detailed data by census tract submitted to office of shortage designation, HHS

- Health and Vital Statistics Data
 - MSCHD *Annual Report*
 - Birth Data
 - Mortality and Morbidity Rates for Shelby County
 - Adolescent Pregnancy Rates
 - Sexually Transmitted Diseases
 - HIV/AIDS
 - Abstinence Only Sex Education, RFP
 - KIDS COUNT*, Tennessee Commission on Children and Youth
 - Healthy People 2000*
 - Tennessee Health Risk Survey, 1997*, prepared by John Scheb, Social Science Research Institute, University of Tennessee, Knoxville
 - Serving the Underserved, 1994* – Memphis and Shelby County Community Health Agency – Tennessee Dept. of Health

LOCAL ISSUES & PRIORITIES

Five Health Priority Issue Committees (HPICs) were formed that reflect the priorities identified by the council.

- Maternal & Infant Health
- Clinical Preventive Services & Health Access
- Heart Disease & Stroke
- Surveillance & Data Systems
- Education and Community Based Programs

(See Appendix F for individual HPIC plans.)

Maternal & Infant Health

Issues and Priorities

The goal of the Maternal & Infant Health Committee was to address barriers in the community that prevent the healthy development and maturation of all children. The committee reviewed a variety of local statistics for mother and child indicators. (See Tables IV-B, IV-C and IV-D below for detailed information regarding mother and child indicators.)

Activities

After reviewing the pertinent statistics, the committee set detailed action plans to combat the critical concerns of the county's citizens. The committee set two priorities to focus their work.

1. Decrease the incidence of low birth weight to less than 8% of all live births by the year 2002.
2. Increase awareness and utilization of quality parenting classes.

Table IV-B: Mortality Rates for Shelby County

Infant Population	Rate	Race
All Infants (1996) •	5.9	White
	17.1	Non-White
Neonates (1994)°	4.1	White
	12.8	Non-White
Post Neonates (1994)°	1.6	White
	7.9	Non-White

Source: Maternal & Infant Health Vital Statistics Summary

- Number of infant deaths under 1 year of age per live births x 1000
- Number of infant deaths under 28 days of age per live births x 1000
- ◌ Number of infant deaths at least 28 days to 1 year of age per live births x 1000

Table IV-C: Causes of Death for Infants Under 1 Year of Age – 1996

Cause of Death	Shelby County		Tennessee	
	Number	Rate	Number	Rate
Congenital Anomalies	32	2.2	139	1.9
Infections Specific to Perinatal	8	.4	26	.4
Short Gestation & Low Birth-Weight	47	3.2	91	1.2
Sudden Infant Death Syndrome	24	1.6	98	1.3
Respiratory Distress Syndrome	9	.6	26	.4

Source: Maternal and Infant Health Needs Assessment - 1998

Number of deaths from a specific cause per 100,000 population.

Accomplishments

- The committee recommended that the Department of Health update and redistribute a directory of adolescent pregnancy and prevention services. *Where Can I Turn* (WCIT) is designed to assist adolescents and their advisors in finding appropriate services in their time of need.
- The committee designed the formation of a larger committee, the Maternal and Infant Coalition, an advocacy group made up of government, private and community members. The committee plans to use the coalition to involve a more diverse group of participants, implement a hotline for pregnancy information and referrals and create a link between community-based childbirth classes and parenting skills training.
- The committee plans to work with the new coalition to collect information regarding local parenting classes. The classes will be categorized by location (neighborhood and zip code) and public transportation access. The information will be published in a handbook to be distributed with additional prenatal and infant health information.

Table IV-D: Maternal and Child Health Indicators for Shelby County

Indicator	Number	Percent	Mother's Race
Low Birth Weight Births (1996)	296	5.2%	White
% of all births	1126	13.2%	Non-White
Mothers Receiving Adequate Prenatal Care (1994)	5163	84.3%	White
	4587	52.5%	Non-White
Non-Marital Births (1996)	959	16.8%	White
	6149	71.9%	Non-White
Live Births to Mothers – All Ages (1996)	5722		White
	8550		Non-White
Live Births to Mothers – Ages 10-14 years (1996) % by race category	4	.07%	White
	89	1.0%	Non-White
Live Births to Mothers – Ages 15-17 years (1996) % by race category	137	2.4%	White
	891	10.4%	Non-White
Live Births to Mothers – Ages 18-19 years (1996) % by race category	329	5.8%	White
	1069	12.5%	Non-White
Live Births to Mothers – Ages 20-34 years (1994) % by race category	4874	79.6%	White
	5923	67.8%	Non-White
Live Births to Mothers – Ages 35+ years (1996) % by race category	755	12.3%	White
	591	6.8%	Non-White
Repeat Pregnancies – Ages 10-17 years (1994) % by age category	249	21.1%	All
Repeat Live Births – Ages 10-17 years (1994) % by age category	183	15.5%	All

Source: Maternal & Infant Health Vital Statistics Summary

- Shelby County uses the Kessner Index to evaluate pregnancy care. An adequate rating on this index is roughly equivalent to receiving prenatal care in the first trimester.
- The committee addressed the growing language barrier that often prohibits the Mid-Southern Latino population from finding appropriate care. Through *¡Hablemos Español!*, residents can receive interpretation services, locate health pamphlets and literature written in Spanish, arrange appointments and get transportation to and from medical services. The project also works to enhance cultural diversity among health care workers, increase Hispanic enrollment in TennCare (particularly among pregnant women), increase immunization for Hispanic children and encourage prenatal care during the first trimester for pregnant Hispanic women. These services are designed to relieve fear of deportation or arrest as a result of participating in a health care program. The interpreter program is already running successfully in five clinics and the local TennCare office.
- The Health Department reached its goal to insure full immunization against vaccine preventable diseases for 90% of all children 24 months and younger in Shelby County. The committee has been actively involved in helping reach this goal.

Heart Disease & Stroke

Issues and Priorities

Nationally, a growing number of the health care community are increasingly concerned with the rising mortality rate due to heart disease and stroke since 1992. Although the scientific community suggested several reasons for the increase, clearly the statistics demonstrate that a rise in body weight and decrease in number of exercisers lend credibility to the argument that lifestyle behavior is a factor in this rise in mortality and morbidity.

In Shelby County, the concerns are even greater. West Tennessee joins northern Mississippi and eastern Arkansas as the stroke belt of the U S, falling in the top five regions for obesity, inactivity and smoking. Of all deaths in Shelby County, 68.8% are from heart disease, cancer, stroke or pulmonary diseases. Currently, Tennessee's coronary heart disease mortality rate is 48% higher than national targets. After review of the exercise, weight and smoking data, the committee agreed that a full 50% of the mortality and morbidity in Shelby County is due to behavioral risk factors. (See Table IV-A below for more detailed information regarding behavioral risk factors.)

Table IV-A: Behavioral Risk Factors for Adults in Shelby County, 1993 – 1998

Behavior	Percent of Population	
	Female	Male
Chronic Drinkers (60+ drinks per month)	NA	3.3%
Report Ever Drinking and Driving	0.6%	2.1%
Currently Smoking	20.8%	29.0%
Overweight	31.4%	33.5%
Trying to Lose Weight	43.1%	26.7%
Sedentary Lifestyle	37.7%	35.8%
Seldom/Never Use Seatbelt	18.8%	23.6%

Source: NationsHealth Data Warehouse

Activities

The committee promotes policies and activities that will reduce the incidence and prevalence of heart disease. The committee collaborates with local organizations that can advance this cause, such as the American Heart Association and the Memphis Hypertension Preventive Medicine Coalition.

Accomplishments

- The committee organized an initiative to promote heart healthy items on Memphis area menus. The committee is working closely with the Memphis Area Restaurant Association to encourage local restauranteurs to become actively involved in the health of the people they serve by making these menu items available. The committee will publicize the initiative with a brochure that will highlight participating restaurants.
- The committee will work to change health perceptions with a number of different initiatives.
 - **Media:** work with the local radio, television and print media to spread the message that health problems/outcomes can be greatly influenced by lifestyle changes
 - **Schools:** introduce and encourage the use of the American Heart Association's Heart Power curriculum in every elementary school in the Shelby County, Memphis City and Catholic Diocese school systems; Phase II will be implementation of same plan with the Child & Adolescent Trial for Cardiovascular Health (CATCH) program
 - **Community Groups/Agencies:** recognize that social, spiritual, intellectual, physical and psychological health are inextricably intertwined. This initiative will focus on reaching citizens through groups such as church health groups, vacation bible schools, personal care homes and retirement centers; the committee will introduce and encourage the use of the American Heart Association's Heart Power and Search Your Heart Kit curricula in these types of facilities
 - **Movie Theatres:** produce a series of entertaining slides/videos that emphasize the personal power of intervention in heart disease and stroke; video will be shown at local Malco theatres
 - **Educational Videos:** increase distribution of sets of videos that educate viewers on the effects of diet, low sodium, diabetes, low fat and low sugar; target groups will be churches, libraries and other public agencies
- Building on the work of the previous initiatives, the committee will try to change the behaviors of Shelby County residents that put them at risk of heart disease and stroke.
 - **Community Park Intervention Programs:** create walking and activity clubs within the parks; offer heart education programs that include speakers and other activities
 - **Mall Walking Program:** begin local chapter of Mall Walkers Organization; coordinate with local mall owners to make arrangements for walkers; publish a mall walking brochure that will cover appropriate mileage, stretching and basics of exercise; include health education programs in the malls

- *Memphis Botanic Gardens/Memphis City School Facilities:* investigate the opportunity to open the Memphis Botanic Garden and Memphis City Schools to increase their use for public exercise programs
- The committee plans to initiate an exercise challenge between local neighborhoods. The committee will work with local neighborhood associations and churches, as well as the Memphis Neighborhood Night Out, City Beautiful and Walking in Memphis programs.

Educational & Community-Based Programs

Issues and Priorities

As part of a healthy community, residents should have the necessary knowledge, skills, capacity, and opportunity to enjoy individual, family, school and community health. Citizens should understand and participate in decision-making concerning their health care. Local health care professionals can affect resident participation through educational and community-based programs that spread awareness of health care issues and inform the consumer public.

In Shelby County, a variety of issues need wider awareness and education. Adolescent pregnancy, violence, substance abuse, parenting, public safety and crime are all issues identified by the committee assigned to assess educational and community-based programs. Access to programs that provide tutoring, mentoring, sports and fitness activities, substance abuse treatment and smoking cessation assistance are also key curricula needs.

Activities

The Educational and Community-Based Programs Committee developed a comprehensive community plan to coordinate specific efforts that address the issues affecting health care in the local market. The committee used the diagnosis process to expand networking among the SCRHC members. Collaboration between the different agencies involved proved to be an important benefit of participation in this committee.

The committee generated primary data to establish the needs of the constituents. Organizers used a self-report survey to collect basic demographic information and resident opinions regarding major health concerns. Residents from the Greenlaw/Manassas neighborhood in northwest Memphis were polled. Based on the responses from 355 residents and other supporting information, the committee prioritized the needs for the community and set specific action plans to address these needs.

Accomplishments

- The committee compiled and reviewed the Greenlaw/Manassas survey results. The neighborhood's residents were overwhelmingly concerned

with high blood pressure and diabetes. Other responses regarding personal health concerns were cancer, arthritis and heart problems. The residents said that they were addressing these concerns through programs from the Health Department, TennCare and their private doctors. A number of residents (25) noted that they were involved in programs at a local hospital, St. Joseph, that has since closed. When asked about the top health concerns for their community, the respondents overwhelmingly agreed that drugs and violence are the primary issues. Residents also noted that gangs, safety and crime need attention as well. The results showed that the neighbors are shockingly unaware of any programs to address these concerns. Less than 10% of the respondents could name a specific program or service, including the Memphis Police, Shelby County Sheriffs or Neighborhood Watch that could help restore their community.

- In response to the low awareness of service agencies and programs, the committee compiled and updated resource directories for alcohol and drug abuse reduction and prevention, violence reduction and prevention, adolescence pregnancy prevention and parenting skills development. The directories are available to residents through the public library system.
- Four community resource directories detailing agencies or programs which deal with adolescent pregnancy prevention and care, alcohol and drug abuse reduction, violence and abuse prevention and parenting education and training.
- The committee's work also generated some valuable partnerships that have produced grant awards to enact different parts of the action plan.
 - \$50,000 Abstinence grant for enhancing morality in public school students
 - \$30,000 from the Memphis & Shelby County Medical Society for summer enrichment camp for youth in the Greenlaw/Manassas community
 - \$330,000 from the United Way's *Success by 6* campaign to provide intervention programs and quality of life improvement opportunities for students in four downtown schools
 - \$100,000 United Way grant for a family resource center in Carnes Elementary School

Clinical Preventive Services & Health Access

Issues and Priorities

Keeping with the purpose of the council, this SCHRC committee was focused on promoting and maintaining optimum health for all residents by encouraging preventive primary and home health care services and advocating equal access to these services for all segments of their constituency. The council focussed their assessment on the barriers to access, the Health Professional Shortage Area (HPSA)

designations throughout the county and the implementation of a Coordinated Community-Wide Delivery System (CCDS).

Currently, the underserved populations in the region are experiencing high barriers to primary care access. The committee considered the barriers cumulatively based on three categories. (See Table IV-E below for detailed information on barriers to access.)

Table IV-E: Potential Barriers to Primary Care Access in Shelby County as developed by the Clinical & Preventive Services Committee of the SCRHC

B A R R I E R	
Ranked within each category in order of severity and importance	
S U P P L Y	1. Lack of primary care providers
	2. Violence and crime in residential areas or where physician is located
	3. Office hour availability of providers
	4. Location of providers
	5. Lack of sites for providers
	6. Lack of sub-specialists willing to provide care
	7. Technological disconnects among clinics and Health Department; Data integrity issues
	8. Pressure from managed care to contain costs
	9. Language incompatibility between clients and providers
	10. Lack of services that are culturally appropriate or targeted to low literacy levels
D E M A N D	1. Consumer level of education
	2. Consumer distrust of medical community
	3. Consumer life-style, beliefs and culture
	4. Consumer ignorance of ordinary bodily function
	5. Insufficient insurance
	6. Cost of pharmaceuticals
	7. Co-payment levels
	8. Difficulty in getting time off of work to attend medical appointments
	9. Inadequate affordable housing
	10. Little or no affordable housing for the poor elderly
	11. Lack of telephone service
	12. Lack of culturally sensitive or second language personnel
S U P P L Y D E & M A N D	1. Lack of preventive orientation toward health care
	2. Transportation
	3. Psychological and cultural barriers
	4. Mental health – not obtaining or taking medication
	5. Level of infirmity or disability
	6. Lack of third party payers
	7. Regulations, reimbursement procedures and paperwork
	8. Language barrier

HPSA designation is also key for increasing access in the community. HPSA districts receive increased benefits and federal aid such as Medicare incentive payments, scholarships for health care professionals, loan repayment programs and assistance for community health centers, health education programs, health department clinics and programs for the homeless.

Another issue of interest to the committee members was the lack of coordinated care among agencies serving indigent, uninsured or special needs (i.e. trauma, burn or wound victims) populations. No control prevented duplication of services or ensured fiscal accountability. By creating a network of health care organizations that directly provide services or supervise referrals, these individuals can be more accurately cared for while one facility becomes ultimately responsible for their treatment outcomes and health status. This issue became a primary focus of the committee's work and as they focused on creating a Coordinated Community-wide Delivery System (CCDS), it became apparent that the Mayor's Action Committee was also developing this idea. The SCRHC committee joined the Mayor's Action team and combined efforts to bring the CCDS to an implementation stage. The committee's efforts laid the ground work for two grants that followed, the Health Start Initiative grant that was awarded to the Health Department and the Data Grant that went to The MED.

Activities

The committee identified the barriers to access throughout the area and discussed the need for an integrated, community-wide health network. The members reviewed the major stakeholders in the process, provider shortage area designations and the progress of integration between physicians, clinics and The MED. Additionally, the committee developed the following definition of the CCDS.

The CCDS is the voluntary and cooperative effort of the SCRHC. The system will be a comprehensive public/private health care system that promotes a healthier community and addresses the continuum of health requirements for low-income residents. It seeks to broaden access to primary care and preventive services while containing costs through an innovative delivery strategy that consolidates community resources and uses the most appropriate, highest-value delivery approach. This strategy also emphasizes prevention and the involvement of new players including social service agencies, child welfare advocates, houses of worship, and educational institutions in a comprehensive, community-based approach to health promotion and maintenance.

Accomplishments

- The committee monitored the 1998 review of Shelby County HPSA designations. Although the Health Department gained designation in 37 census tracts in six planning districts, 34 tracts in the downtown area were lost. The net gain makes 60 tracts covered by HPSA benefits within the

Shelby County boundaries. (See Map IV-1 below for detailed information on Shelby County HPSA designations.)

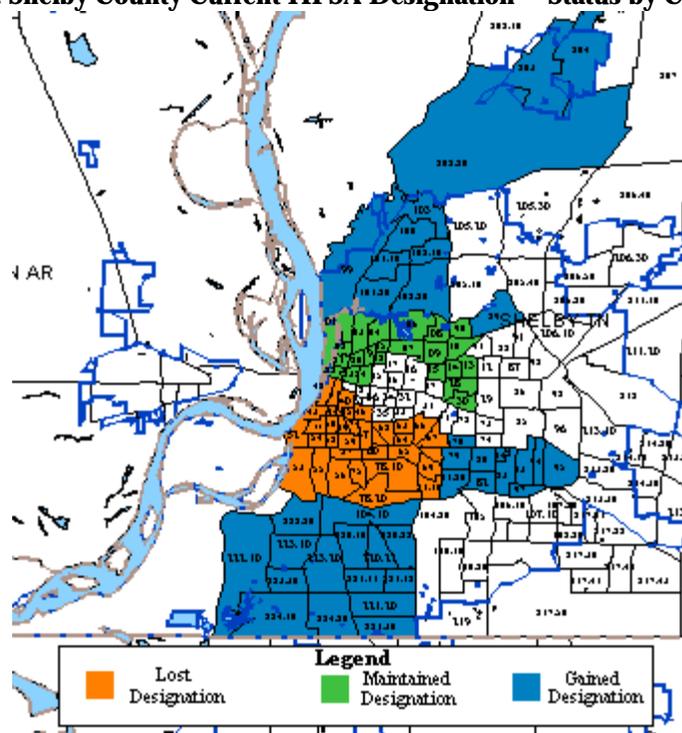
- To further the work of the CCDS, the committee helped introduce the major players and key stakeholders in the local medical community to the system and its purposes. The committee planned a pilot project to test the system using the objectives of the Maternal and Infant Health committee.
- The MED, the Health Loop (comprised of 7 public health clinics and 4 MED clinics that are horizontally integrated) and the Memphis Health Center (an urban 330 clinic) have received a \$998,000, one-year CAP grant.

Surveillance & Data Systems

Issues and Priorities

The Health Department’s ability to assess the needs of the community that it serves is greatly dependent on the quality and availability of data regarding the health status of its constituency. The systematic collection, analysis and use of health information is called public health surveillance. This process is one of the core functions of public health, enabling effective and responsive programs that address the health needs of a community.

Map IV-1: Shelby County Current HPSA Designation Status by Census Tract



- Designation given to a geographical district by the U S Department of Health & Human Services to indicate a shortage of primary care physicians

Shelby County has historically battled poor quality data, incomplete data and inadequate documentation of evaluations and outcomes in the assessment of the community's health status. The system lacks concurrent controls to eliminate duplication or foreseeable gaps in the data. Agencies and researchers frequently express frustration with the inaccessibility of earlier data sets. In addition, many community organizations do not have the resources to bear the high cost of accessing, collecting and analyzing data.

The availability of meaningful real time health data on Shelby County's citizens would dramatically enhance the potential to respond to emerging public health issues. The ability to plan educational and health activities would also be greatly advanced. The committee was dedicated to the development of a coordinated community based infrastructure for surveillance and data systems that will meet the *Healthy People 2000/2010* objectives.

Activities

The committee worked with a group of key community organizations already involved with surveillance and data systems.

Accomplishments

- The committee designed a model for a coordinated infrastructure to collect, analyze and share community health information under the administration of a consortium of community participants. The model provides a blueprint for technology infrastructure that will address most criteria requested by national grantmakers who would be potential funders for the implementation of such a project.
- The committee compiled a resource guide for community data elements. The guide highlights basic data sets and elements used nationally for assessment. The information includes indicators for health status and risks, utilization of resources and capacity, community assets, unmet needs and system responsiveness. The guide reflects the local sources for information available about the local community as reported by community members.
- As by-products of their work, the committee produced an evaluation model and a dissemination model. These tools were shared with the chairs of the other SCRHC committees.
- The United Way, the Assisi Foundation and The University of Memphis Prevention Center have carried the committee's work forward. These three organizations have formed a new working committee known as Mid-South Community Assessment Collaborative (MSCAC).

School Health Advisory Committee

At the May 1998 meeting, the Regional Health Council voted to support the formation of an advisory board for school health issues. Subsequently, the Memphis and Shelby County Regional School Health Advisory Council was formed and held its first meeting in spring 1999. The committee members are administrators, principals, teachers, counselors, school health nurses, parents and other parent-teacher organization representatives. They represent the city of Memphis and Shelby County systems, the independent and private schools, and parochial and other religious schools. Additionally, there are several representatives from the College of Education, The University of Memphis.

Conclusion

The five HPICs initially formed in the spring 1997. The groups have met and discussed issues relevant to the prioritized topical areas of service since that time. The committees continue to monitor the implementation of plans developed earlier in the Community Diagnosis process, as well as address any current issues in public health.

FUTURE PLANNING

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

The work of the 1998 Regional Health Council is a critical first step in empowering the community to take responsibility for its public health. Significant community action remains necessary to improve the quality of life for Shelby County citizens. This is especially true in the areas of health care access for the uninsured and underinsured, the continued need for high quality data from which to make health policy decisions, and community support for health prevention programs, such as smoking cessation, obesity and good nutrition. However, as the work of the Council demonstrates, significant involvement with citizens in the community is essential to identify health issues and to build the capacity for community commitment to public health concerns. In fact, these very citizens are the assets that strengthen community health.

Building and maintaining the community's health care delivery system also requires community commitment. To be effective, citizens must have access to sufficient numbers of qualified health professionals and services and a health care system that supports private-public partnerships. Challenges that threaten the health care system in Shelby County include an inadequately funded TennCare system, high levels of uninsured households, lack of geographic access to needed health care services due to transportation barriers, and the growing financial struggles of the academic medical center in Memphis.

The SCHRC will continue to monitor these issues. In June, 2000, the Public Health Department learned that it had been granted the Healthy Start Initiative grant from the Department of Health and Human Services. SCHRC will play a major role in this initiative in an advisory capacity.

The Memphis and Shelby County Health Department remains committed to the Community Diagnosis process. If challenges to the County's public health are left unaddressed, the community faces diminished capacity in the future to improve public health and prevent unnecessary disease, death and decreased overall health status in the region.

A P P E N D I X A:

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Ms. Elizabeth Bradshaw, Executive Director
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Ms. Nellie Campbell, Supervisor, Health Promotion
Ms. Karen Carothers, Executive Director
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Memphis Family Care Centers
Tennessee House of Representatives
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Shelby County Government
Memphis and Shelby County Health Department
Memphis Business Group on Health
Memphis Area Restaurant Association
Methodist Hospitals of Memphis, Residency Training Program
Parenting Center
Community Development Section - Health Planning Office
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Methodist Senior Health Care
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 Ms. Willie Slate, Director Memphis City Schools
 American Heart Association
 LeBonheur Children's Medical Center, UT Department of Pediatrics
 Memphis & Shelby Co. Medical Society Alliance
 Community Service Agency Gov.'s Prevention Initiative for Children
 West TN. Area Health Education Council, Inc.
 Chicksaw Boy Scouts
 Community Development Section, Health Planning Office
 Memphis and Shelby County Health Department
 City of Memphis-Public Works Division Memphis City School Board
 School Health Programs
 Centro Hispano de Asistencia Social (CHAS)
 St. Joseph Hospital
 Exchange Club
 Memphis and Shelby County Health Department
 U of M, University Prevention Center /Mem Alliance
 Shelby County Schools
 United Way of the Mid-South
 Shelby County Government
 Centenary United Methodist Church
 American Heart Association
 Community Development Section, Health Planning Office
 Shelby Co. Dept. of Housing - Grants
 Methodist Hospitals
 MIFA
 Memphis and Shelby County Health Dept.
 St. Joseph Hospital
 Whitehaven Southwest Mental Health Center
 Sacred Heart Church
 University of Tennessee, Memphis
 Methodist North Cardiac Rehab
 Greenlaw/Manassas Neighborhood Resident
 Delta Area Agency on Aging, TN Commission on Aging
 Grant Information Center
 Memphis and Shelby County Health Department
 Memphis and Shelby County Health Department
 March of Dimes
 Bluff City Medical Society
 Memphis and Shelby County Health Department
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 The Regional Medical Center
 Memphis and Shelby County Health Department
 The Church Health Center
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 University of Memphis - Center for Research and Education
 Alzheimer's Association
 St. Frances Hospital
 Latino Memphis Conexcion
 University of Tennessee Preventative Medicine
 Jackson Station; C.H.A.S.; Jackson Avenue Methodist Church
 Tri-State Defender
 M&SC Public Library & Info. Center
 The Partnership for Women's and Children's Health
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Ms. Marandia Thompson, Consumer	Resident of Lauderdale Courts Housing Development
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Ms. Kyndel Turvaville, Vista Volunteer	Grant Information Center
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Ms. Jan Young, Programs Officer	Assisi Foundation of Memphis

A P P E N D I X B:

SCRHC Timeline

Initiating Meeting	May 13, 1997	Introduce Community Diagnosis process Initial group survey of health issues Solicit community representatives
Data Gathering	June 24, 1997	Review process Formalize mission statement Review health issues survey Distribute health information (state and community data)
Data Analysis	August 12, 1997	Distribute and analyze data
Data Analysis	September 23, 1997	Distribute and analyze data Multi-vote to select 10 health issues Begin resource identification. Discuss election of chair and co-chair
Problem Identification	October 28, 1997	Secondary data for 10 identified issues Analyzed - 5 issues selected
Intervention Development	December 9, 1997	5 committees formed and began to meet Team leaders selected Chair and co-chair elected
Committee Meetings	January 1998 – October 1999	
Executive Committee Meetings	January 1998 – June 1999	
Draft Report - MSCRHC1	June 1998	
Public Report	September 1998	
Implementation	September 1998 – November 2000	
Final Report - MSCRHC1	October 2000	

A P P E N D I X D:

Modified PEARL Process Results

October 1997

Rank	Health Issue	Total Amount Allocated	Number of Votes Received
1	Clinical Preventive Services/Health Access/IDS	\$74,000	23
2	Educational & Community Based Programs	\$52,000	18
3	Maternal & Infant Health	\$32,000	16
4	Surveillance & Data Systems	\$21,000	8
5	Heart Disease & Stroke	\$20,000	15
6	Alcohol & Other Drugs	\$19,000	12
7	Violent & Abusive Behavior	\$15,000	10
8	Tobacco	\$15,000	10
9	Children	\$14,000	4
10	Cancer	\$13,000	8
11	HIV Infection	\$11,000	6
12	Nutrition	\$9,000	7
13	Physical Activity & Fitness	\$8,000	5
14	Diabetes & Chronic Disabling Conditions	\$8,000	5
15	Mental Health & Mental Disorders	\$7,000	4
16	Adolescents & Young Adults	\$7,000	2
17	Immunization & Infectious Diseases	\$6,000	5
18	Older Adults	\$6,000	5
19	Family Planning	\$5,000	5
20	Sexually Transmitted Diseases	\$5,000	4
21	Environmental Health	\$3,000	2
22	Adults		
23	Food & Drug Safety		
24	Occupational Safety & Health		
25	Oral Health		
26	Unintentional Injuries		
	Total	\$350,000.00	174[®]

[®]Total represents 35 respondents

A P P E N D I X D:

Sources

1999-2000 Tennessee Blue Book

1999-2001 Consolidated Plan for Housing & Community Development

Bureau of Business & Economic Research – [www. people.memphis.edu/~bberlib/index2.htm](http://www.people.memphis.edu/~bberlib/index2.htm)

The City of Memphis – www.ci.memphis.tn.us

NationsHealth Data Warehouse – www.nationshealthdata.com

Shelby County Government – [www. co.shelby.tn.us](http://www.co.shelby.tn.us)

State of Tennessee – www.state.tn.us

U S Census Bureau – www.census.gov

Maternal and Infant Health Needs Assessment - 1998 (D. Norris-Tirrell)

Maternal and Infant Health Vital Statistics Summary for Shelby County, Tennessee (March 2, 1998)

Memphis Neighborhood Timeline: an anthropological perspective on community building (1996;
S. E. Hyland, J. Foster & M. Richarson)

Report of the Integrated Delivery System Committee to Mayor Jim Rout (May 22, 1996)

A P P E N D I X E:

Health Information Tennessee (HIT)

The Tennessee Department of Health and The University of Tennessee Community Health Research Group developed Health Information Tennessee (HIT). HIT is a web site that posts health related information about Tennessee's counties and has interactive capabilities that allow users to query various databases to create personalized charts and tables. You may visit this site at www.server.to/hit.

A P P E N D I X F:

HPIC Plans

Health Priority Issue #1: Clinical Preventive Services/Health Access/I.D.S. Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Identify major players and stakeholders (e.g., providers, institutions, and coalitions). • Communicate effectively the IDS and CCDS concepts to major players, stakeholders and the community at large. • Develop, in stages, the Memphis/Shelby County Integrated Delivery System (IDS). • Develop, in stages, the Memphis/Shelby County Coordinated Community-Wide Delivery System (CCDS). • Design and test a pilot project with an initial focus on maternal and infant health issues such as low birth weight and parenting skills that have been identified by the Maternal and Infant Health Committee of SCRHC. • Phase into the pilot project the objectives of other Health Priority Issue Committees in a logical and/or feasible progression.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • The Clinical Preventive Services: Health Access/IDS Committee • The Shelby County Mayor’s Office, the City of Memphis Mayor’s Office • The Shelby County Health Department, the MED, and community-based action/advocacy groups • The Bureau of TennCare, TennCare MCOs, BHOs, hospitals and providers, community-based advocacy groups • Major educational institutions such as UT-Memphis, U of M, and area schools of nursing
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Start date – September 1998</p> <p>9 months – Planning and infrastructure development</p> <p>9 months – Implementation, data collection, and evaluation</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<p><i>Available Resources/Support:</i></p> <ul style="list-style-type: none"> • The Community Integrated Service System (CISS) grant awarded to the SCRHC for community diagnosis process. • Other ongoing and future grants for similar purposes. • Volunteered time and talents from members of the Clinical Preventive Services/IDS Committee and from health care institutions and community action groups Shelby County Health Care Center & Nursing Homes. <p><i>Needed Resources/Support:</i></p> <ul style="list-style-type: none"> • Financial and human resource supports from TennCare Bureau, TennCare MCOs and BHOs, Shelby County Health Department, and the MED. • Financial support from local and national foundations, federal funding agencies such as AHCPH and NIH.

<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Lack of trust among players. • Competition between public and private providers. • Lack of understanding of the mission and function of SCRHC. • Lack of understanding of the purposes of IDS and CCDS. • Resistance to change.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<p><i>Process Successes:</i></p> <ul style="list-style-type: none"> • Progress made in the development and implementation of the proposed actions. <p><i>Outcome Successes:</i></p> <ul style="list-style-type: none"> • Improvements in insurance coverage and reduction of the uninsured. • Reduction of incidence of low birth weight births and increases in immunization rates. • Improvements in the delivery of primary and preventive services to the needy population.

Health Priority Issue #2: Educational and Community-Based Programs Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Community awareness/education campaign focused on wellness and early detection of diseases; semi-annual health fairs in the community. • Assure accessibility of community health care facilities-hours of operation, transportation, culturally appropriate service delivery. • Establish fitness and exercise programs for adults/elderly in community centers and churches. • Open a senior citizens center in the community. • Develop and implement health promotion programs aimed specifically at children in the community that utilize organized sports and health and nutrition education. • Develop health awareness campaigns that focus on lifestyle changes such as smoking cessation. • Promote healthy eating habits, stress reduction. • Put a walking trail in one of the area parks, complete with exercise equipment.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Area health department clinics, Memphis Health Center Clinic • Memphis Park Commission • Area Neighborhood Associations • Hurt Village Residents Associations • V.I.C.E.K.I.D.S. • Community centers • Lauderdale Court Community Partnership (Health Committee) • Area churches, day care centers • Hope and Healing Center • Memphis Fire Department

<p>By When? <i>By what date will the action be completed?</i></p>	<p>Begin January 1999</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Diabetes Association, American Cancer Society, Heart Association. • UT Agriculture Extension Service. • St. Jude Hospital, St. Joseph Hospital. • Area churches. • Memphis Park Commission. • Identification of facility for senior citizens center. • Caldwell Initiative. • Hope and Healing Center. • Public libraries. • Memphis City Schools. • Department of Human Services (Families First). • BRIDGES. • Girls, Inc. • Delta Area Agency on Aging.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Lack of motivation by residents for individual lifestyle changes. • Cultural attitudes regarding early intervention, eating habits. • Huge coordination effort.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Fewer emergency room visits (long-term). • Lowered blood pressure readings (self-report). • Gradual weight loss (self-report). • Survey of residents indicates healthier lifestyles/habits for family. • Health statistics.

Health Priority Issue #2: Educational and Community-Based Programs Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Develop and implement comprehensive law enforcement/community policing and community action plan – plan should include police sub-stations; police patrols; cleaning up of vacant lots and identification and tearing down of vacant/crack houses; instituting strong Neighborhood Watch. • Increase availability of treatment programs and services to community residents. • Convene NA, AA and CA support groups in locations that are accessible to community residents. • Establish at least two (2) community-based recovery centers. • Develop community-based counseling programs that are run by trained community residents and uses a peer counseling approach.
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<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Memphis Police Department • Holy Community Church, Inner City Church • Neighborhood Watch • City Council • Sheriff's office (Crime Prevention Bureau) • City Beautiful Commission • HCD • Hurt Village Residents Association, North Memphis Neighborhood Association • Bickford Community Center, Greenlaw Community Center • St. Joseph Hospital Care Unit • City Department of Public Works
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>October 1, 1998</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Police Department. • City Council. • Sheriff's Office (crime prevention dollars). • Federal and locally elected officials. • DA's office. • City Department of Public Works. • Memphis City Beautiful Commission (use of Community Centers for support group sessions). • Assisi Foundation. • Community Foundation Staff to convene support groups in churches. • Community centers. • Housing developments. • Neighborhood Associations to help in identification of community space to house recovery centers, area churches, civic organizations. • United Way.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Criminals will not go easily. • Some distrust of law enforcement by residents. • Fragmentation of services could develop if clear, concise plan not implemented. • Turf protection. • Confidentiality issues.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Increase in arrests and convictions for drugs and other crimes. • Number of vacant houses and lots cleaned up. • Reduction in criminal activity by area residents. • Surveys indicate more positive feelings about community. • Active participation in support groups/programs. • Increased participation in civic life.

Health Priority Issue #2: Educational and Community-Based Programs Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Develop a comprehensive community-wide strategic plan that coordinates the social, health, economic, educational, and spiritual redevelopment efforts for the community.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Downtown Saints (subject to approval of DS Board of Directors) and in cooperation with community agencies and organizations.
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Beginning July 1, 1998 – ongoing</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Community Foundation. • Center for Neighborhoods. • Lauderdale Courts Community. • DA's office. • Partnership. • United Way, Heart Association. • Housing and Community Development. • United Methodist Church, other area churches. • Center City Commission. • Political Representatives, Civic Organizations. • Memphis Police Department, Sheriff's Office, Memphis Fire Dept. • St. Jude Hospital, St. Joseph Hospital. • Neighborhood Watch, Neighborhood Associations. • Assisi Foundation. • Regional Health Council. • City Department of Public Works. • Shelby County CSA. • BRIDGES. • Diabetes Association, American Cancer Society. • UT Agricultural Extension Service. • Memphis Park Commission, Memphis City Beautiful Commission, Memphis Park Commission. • Memphis and Shelby County Health Department Clinics, Memphis Health Center Clinic. • Community centers, area day care centers. • Caldwell Initiative. • Hope and Healing Center. • Library. • Memphis City Schools. • Department of Human Services, Memphis Housing Authority. • Hurt Village Resident Association. • V.I.C.E.K.I.D.S. • Delta Area Agency on Aging. • MIFA Teen Job Services. • Abe Scharff YMCA. • Girls, Inc. • Comprehensive Community Planning Services.

<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Turf protection. • Funding streams. • Huge coordination effort. • Policy issues. • Community lack of trust.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Degree to which collaborative activities/efforts materialize as a result of the plan.

Health Priority Issue #2: Educational and Community-Based Programs Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Develop prevention programs in strategically placed areas of the Greenlaw/Manassas and Lauderdale Courts communities. • Programs should serve children in Hurt Village, Lauderdale Courts and children who live in other areas of the communities, outside of the housing developments. • Program curricula should address such issues as adolescent pregnancy prevention, school drop-out, violence, substance abuse, tutoring, and mentoring. • Programs should also include a strong parental involvement and education component. • Sports/fitness activities should also be a component of the program.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Holy Community Church • Inner City Church • Hurt Village Residents Association • North Memphis Neighborhood Association • V.I.C.E.K.I.D.S. • Neighborhood Watch • MHA • Catholic Charities • MIFA Teen Job Service • Girls, Inc. • Abe Scharff YMCA
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Beginning January 1999 – September 1999 (apply for funding)</p>

<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Assisi Foundation. • Memphis HCD. • United Way. • Hyde Foundation. • Community Prevention. • Memphis (city) Office of Human Services. • Community Foundation. • TN Commission on Children and Youth. • United Methodist Church. • Memphis City Schools.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Small, community-based organizations that may resist intrusion of other organizations into the community.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Reduction in number of children involved with Juvenile Court. • Decrease in: drop-out rate for neighborhood children (long term). • Births to teens. • Area crime statistics. • Increase in school attendance rates and academic performance. • Survey of residents indicates increased satisfaction.

Health Priority Issue #3: Maternal & Infant Health Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>Initiative #1: Decrease incidence of low birth weight to no more than 8% by the year 2002.</p> <ul style="list-style-type: none"> • Early entry into a comprehensive program of prenatal care, with special attention given to • the needs of the poor who cannot obtain TennCare.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • A Maternal and Infant Health Coalition, to be formed among: Managed Care Organizations (MCO's), TennCare Bureau, Hospital Association, Providers, MSCHD, and Community-based organizations.
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Start date: September, 1998. By June, 1999 the Coalition will be established and will have begun work on its plan. By March, 2000 the Coalition will have completed and implemented its plan.</p>

<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • A hot line that women can call to access pregnancy information, including pregnancy testing, referrals, and resources (prenatal and post-partum). Coalition should investigate existing hot lines and see if they can be expanded or modified, such as the Campaign for Healthier Babies hot line. • Potential support from: <ul style="list-style-type: none"> MCO's March of Dimes TennCare Bureau Women, Infants and Children (WIC) Program Alcohol and Drug agencies Memphis and Shelby County Health Department (MSCHD) University of Tennessee. • Need more individuals from different ethnic groups providing care in order to improve those groups' access to and utilization of services. • Need media support for hot line. • Need monitoring and evaluation team. • Need community-based childbirth classes linked with existing providers of parenting classes.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • TennCare Bureau (i.e. difficult to access assistance). • Status-quo. • Providers (due to lack of reimbursement for Presumptive Eligibility). • For Hispanics and other ethnic minorities: language barrier, fear of deportation, etc. • Lack of transportation and affordable, quality child care. • Turf issues.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • By the number of calls to the hot line. • Assessment of the Coalition and project evaluation at 9, 18 and 27 months. • Utilization of/attendance at childbirth classes. • Later, through OB providers: <ul style="list-style-type: none"> improved statistics on low birth weight a marked increase in early entry into prenatal care especially in high risk populations adequate numbers of prenatal visits a decrease in the incidence of congenital syphilis a reduction in the number of babies born with addictions a reduction in the perinatal transmission of HIV. • Early treatment of mothers with sexually transmitted diseases. • Increase the number of mothers agreeing to HIV tests.

Health Priority Issue #3: Maternal & Infant Health Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>Initiative #2: Increase awareness and utilization of quality parenting classes.</p> <ul style="list-style-type: none"> • Identify locations of parenting classes by community and zip code and determine which bus lines serve those areas. • Publish information in a handbook to be distributed throughout the community and mailed to pregnant women along with prenatal and infant care information.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Maternal and Infant Health Coalition
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Start date: September, 1998. By June, 1999 the Coalition will be established and will have begun work on its plan. By March, 2000 the Coalition will have completed and implemented its plan, including publication of the handbook.</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<p><i>Available:</i></p> <ul style="list-style-type: none"> • WIC Program. • Families First Child Management Program. • MSCHD. • Memphis/Shelby County Public Library. • Community centers. • Parenting Center. • Neighborhood stores. • Primary care clinics. • Pediatric offices. • Churches. • Commercial Appeal. • Other media. <p><i>Need funding/Potential sources:</i></p> <ul style="list-style-type: none"> • Local and state government. • Governor's Prevention Initiative. • Tennessee Commission on Children and Youth. • Local foundations.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Access to classes (transportation, times and locations of classes). • Lack of incentives to attend classes. • Possible cost associated with classes. • Lack of child care. • Turf issues. • Parents' lack of motivation to carry out learned activities (i.e. having the child immunized and well baby checkups).

<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Number of handbooks distributed. • Number of resulting referrals to agencies with parenting classes. • Number of parents attending classes. • Parent evaluations of classes. • Increase in immunization rate. • Decrease in the incidence of child abuse and neglect. • Increase in the number of children who enter school “ready to learn.” • Increase in the number of WIC enrollees. • Increase in the number of breastfeeding mothers.
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Health Priority Issue #4: Surveillance and Data Systems

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<ul style="list-style-type: none"> • Develop a coordinated community based infrastructure for surveillance and data systems to meet HP 2000/2010 objectives.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Working group of key community organizations already involved with surveillance and data systems • Funding agencies
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>December 18, 1999</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<p><i>Available:</i></p> <ul style="list-style-type: none"> • Basic idea, interest and commitment. • Partial linkage of information. • Space, hardware, and software (partially available). <p><i>Needed:</i></p> <ul style="list-style-type: none"> • Cooperative working partnership of key agencies. • \$300,000 over three years. • space, hardware, and software.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Reluctance to change. • Fear of costs. • Initially overwhelming. • Tenuous University fiscal strength and support. • Historical turfs.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Design accepted with funding commitment for a minimum implementation and operation period of not less than three years.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>A. Initiative #1: Heart Healthy Menu Items – Memphis Area Restaurants</p> <ul style="list-style-type: none"> • It is important for the restaurants in Shelby County to become involved and active in the health of the people they serve by making available “heart healthy” menu items. • End product: A brochure which highlights participating restaurants and heart healthy menu items signified by “heart emblem.” • Health Department Office of Nutrition to supply menu item and recipe analysis.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • George Falls (owner of Paulettes – point person) • Gloria Mercier (Memphis and Shelby County Health Department) • Donna Crawford (American Heart Association)
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>This will begin September 1, 1998 First published brochure – January 1, 1999</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Financial resources, main funding through Restaurant Owners Association. • Cardiac Rehabilitation departments of the three hospitals (Baptist, Methodist, St. Francis). • Utilization of following to highlight participating restaurants: Tri-state Defender Welcome Wagon Downtownner CR departments in hospitals Chamber of Commerce. • Important to get Commercial Appeal Food editor to feature heart healthy restaurant items regularly.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • No resistance is expected. • It is expected, however, that it will be a progressive program of acceptance by the restaurant owners and chefs.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Check with restaurant owners to determine number of heart healthy items ordered.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>B. Initiative #2a: Changing Health Perception – Media</p> <ul style="list-style-type: none"> • Before people can and are willing to change health habits, they must perceive they have the need and ability to change. Often people are paralyzed by the misperception that they can't do anything about their pending health problems because of genetics, finances, access, or lack of knowledge. This initiative crosses the public and private sectors with the objectives of changing people's perceptions about their health – current and future.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Judy Seals (Tri-state) • Gloria Mercier (Memphis and Shelby County Health Department) • Linda Hall (Baptist Hospital) • The media will be approached: <ul style="list-style-type: none"> • Talk radio (WDIA – Bev Johnson, CLOK – Health Segment of Tuesday) • TV (channel 5 – Jane Segal and the three channel's health news) • Local newspapers
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Begins by September 1, 1998 – ongoing effort – should not ever end.</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Need to approach the Women and Communication Groups, The Electronic Media Forum. • Important to educate the media on its responsibilities to the community as a public education service. • Financial resources are not the question. Accepting responsibility for education is. • See Health Partners Video as a beginning.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Resistance from the media with the argument of cost and financial loss from advertising.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • The number of columns, stories, articles, and educational activities presented by the various media.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>C. Initiative #2b: Changing Health Perception – Schools</p> <ul style="list-style-type: none"> • Before people can and are willing to change health habits, they must perceive they have the need and ability to change. Often people are paralyzed by the misperception that they can't do anything about their pending health problems because of genetics, finances, access, or lack of knowledge. This initiative crosses the public and private sectors with the objectives of changing people's perceptions about their health – current and future.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Memphis and Shelby County Schools, Catholic Schools • Targets: 2nd, 3rd, and 4th grades • Susan Klyman (Shelby County Schools) • Donna Crawford (American Heart Association)
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<ul style="list-style-type: none"> • Initiative will begin August, 1998. It will be ongoing with additional programs annually. • Second level of intervention targeted for 1999 – CATCH Program = Child Adolescent Trial for Cardiovascular Health.
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • All elementary schools in Shelby County and Memphis City Schools including Catholic Dioceses have the ability to have the American Heart Association's – Heart Power. • Assessments of which schools have kits and training to get kits used more in class.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • No resistance expected, matter of planning to introduce education to teacher before school.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Number of classes which are held at each school and pupil response using art, essay, or stories.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>D. Initiative #2c: Changing Health Perception – Church Health Groups, Vacation Bible Schools, Personal Care Homes, Retirement Centers, etc.</p> <ul style="list-style-type: none"> • Before people can and are willing to change health habits, they must perceive they have the need and ability to change. Often people are paralyzed by the misperception that they can't do anything about their pending health problems because of genetics, finances, access, or lack of knowledge. This initiative crosses the public and private sectors with the objectives of changing people's perceptions about their health – current and future. • Social, spiritual, intellectual, physical, and psychological health are inextricably intertwined.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Ministerial Alliance • Memphis Interfaith Association • Retired Senior Volunteers Program • Daycare Association • Foster Grandparents • Head Start • Robert McFalls (Delta Area Agency on Aging – Leader of this initiative) • Donna Crawford (American Heart Association) • Tommie Cervetti (County Mayor's Office on Aging) • Juanita White (Tennessee Commission on Children and Youth) • Christy Cornell
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<ul style="list-style-type: none"> • Introduced in 1998, begins by September 1, 1998 – additive and ongoing.
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • American Heart Association – Search Your Heart Kit, Heart Power.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Barriers. • Inertia.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Number of education programs delivered and stories.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>E. Initiative #2d: Changing Health Perception – Movie Theaters</p> <ul style="list-style-type: none"> • Before people can and are willing to change health habits, they must perceive they have the need and ability to change. Often people are paralyzed by the misperception that they can't do anything about their pending health problems because of genetics, finances, access, or lack of knowledge. This initiative crosses the public and private sectors with the objectives of changing people's perceptions about their health – current and future. • Produce a series of entertaining slides which emphasize the personal power of intervention in heart disease and stroke.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Linda Hall (Baptist Hospital) • Jimmy Tashy (Malco Theaters)
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Initiate September 1, 1998 – continuous revisiting</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Slides. • Quick Videos – see Health Partners anti-smoking video. • \$40,000 for video production.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • None apparent.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Response from viewers.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>F. Initiative #2e: Changing Health Perception – Educational Videos and Library Channel</p> <ul style="list-style-type: none"> • Before people can and are willing to change health habits, they must perceive they have the need and ability to change. Often people are paralyzed by the misperception that they can't do anything about their pending health problems because of genetics, finances, access, or lack of knowledge. This initiative crosses the public and private sectors with the objectives of changing people's perceptions about their health – current and future. • MIFA, Delta Area Agency on Aging and Memphis Shelby County Health Department – have produced a collaborative set of videos which educate with regard to diet, low sodium, diabetes, low fat, low sugar. Expand this library of videos and make them available to churches, libraries, and other public agencies.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Robert McFalls (Delta Area Agency on Aging) • Gloria Mercier (Memphis and Shelby County Health Department)
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Ongoing</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Financial resources are available through Delta Area Agency on Aging. • Need distribution process.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • None apparent.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Number viewed. • Number of times they are played.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>G. Initiative #3a: Changing Behavior – Community Park Intervention Programs</p> <ul style="list-style-type: none"> • Behavior change is a process, not an event. In order for people to change behavior, they have to move through stages, sometimes regressing and progressing as many as three to four times (e.g. smoking cessation). • Changing perceptions will help to move people through the beginning stages – precontemplation and contemplation. • Create walking and activity clubs within the parks. Heart Education programs.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Memphis Park Commission – John Malmo, Marily Boyd Drew • Linda Hall and other committee members work with the park commission to increase activity and health education opportunities.
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Initiate by September 1, 1998 – ongoing</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Speakers. • Activities. • Heart Association Information.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • None perceived.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Number of activities and attendees.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>H. Initiative #3b: Changing Behavior – Mall Walking Program</p> <ul style="list-style-type: none"> • Behavior change is a process, not an event. In order for people to change behavior, they have to move through stages, sometimes regressing and progressing as many as three to four times (e.g. smoking cessation). • Changing perceptions will help to move people through the beginning stages – precontemplation and contemplation. • There is a Mall Walkers Organization. Start a local chapter. Engage the Mall Owners of Memphis, open malls, arrange publication of when, what, how far, etc.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Mall Owners • Mall Walkers Organization • Hospital Cardiac Rehabilitation Programs • American Heart Association • Methodist, Baptist, St. Francis Hospitals
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Begin – September 1, 1998</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Need to publish a mall walking brochure – mileage, stretching, basics of exercise. • Financial support for publishing booklet – mall operators? • Target health education programs in malls.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Security issues. • Safety and liability issues.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Size of the organization. • Number of booklets picked up. • Number of health education programs in the mall.

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>I. Initiative #3c: Changing Behavior – Memphis Botanic Garden, Memphis City School Grounds</p> <ul style="list-style-type: none"> • Behavior change is a process, not an event. In order for people to change behavior, they have to move through stages, sometimes regressing and progressing as many as three to four times (e.g. smoking cessation). • Changing perceptions will help to move people through the beginning stages – precontemplation and contemplation. • Investigate the opportunity to open Memphis Botanic Garden and Memphis City Schools to increase public use for exercise.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Linda Hall (Baptist Wellness Complex) • Jerry Hank
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Initiate by September 1, 1998</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Support of City and County School Boards and Memphis Botanic Garden Administration.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Liability. • Insurance. • Security.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	

Health Priority Issue #5: Heart Disease & Stroke Committee

<p>Suggested Actions</p> <p><i>What needs to be done?</i></p>	<p>J. Initiative #4 – Neighborhoods</p> <ul style="list-style-type: none"> • Work with the Neighborhood Association and the Association of Churches to initiate an exercise challenge between neighborhoods.
<p>By Whom?</p> <p><i>Who will take the action?</i></p>	<ul style="list-style-type: none"> • Vernun E. Hanrahan • Center for Neighborhoods • Memphis Neighborhood Night Out. • City Beautiful. • Walking in Memphis.
<p>By When?</p> <p><i>By what date will the action be completed?</i></p>	<p>Initiate by September, 1998</p>
<p>Resources & Support Needed/Available</p> <p><i>What financial, human, political, & other resources are needed and available?</i></p>	<ul style="list-style-type: none"> • Advertising dollars. • Organizational meetings. • Neighborhood buy-in.
<p>Potential Barriers or Resistance</p> <p><i>What individuals and organizations might resist? How?</i></p>	<ul style="list-style-type: none"> • Security. • Safety.
<p>How Success Measured?</p> <p><i>What events or data can be used to determine if the problem is being corrected?</i></p>	<ul style="list-style-type: none"> • Miles walked.