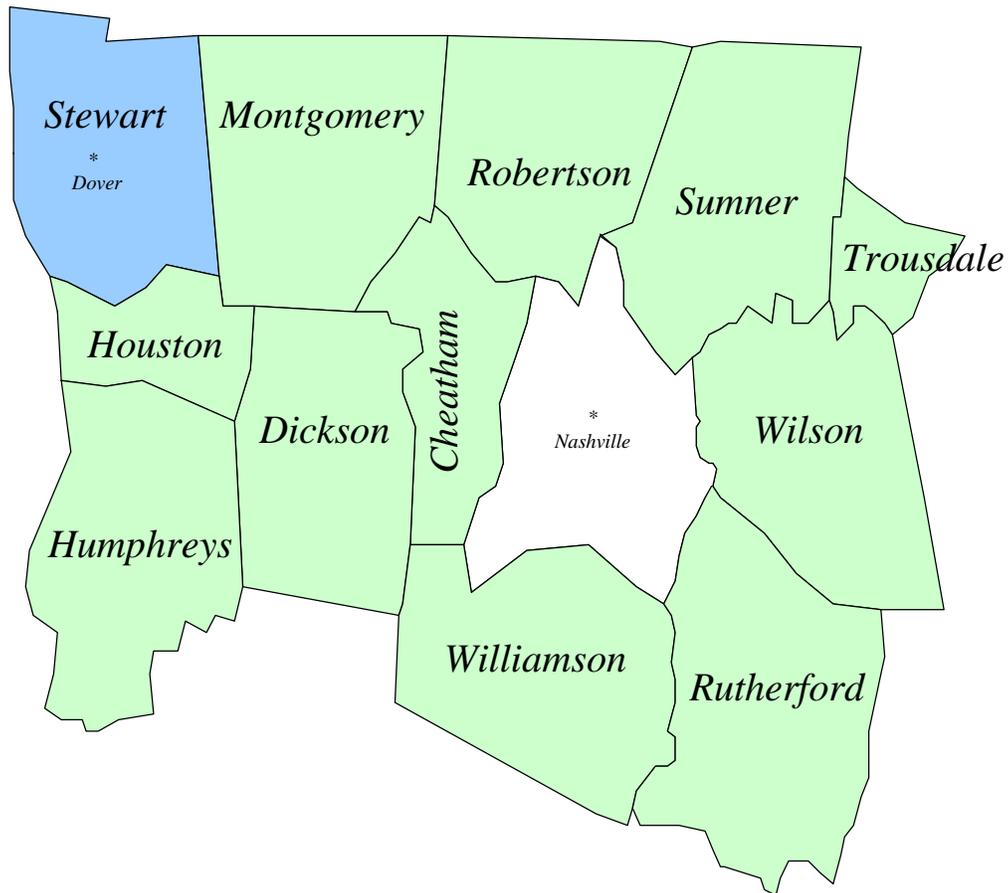


# Community Diagnosis Status Report



Stewart County

Tennessee Department Of Health  
Mid-Cumberland Region  
May 1998

# Introduction

## Mission

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- ❑ Analyze the health status of the community
- ❑ Evaluate the health resources, services, and systems of care within the community
- ❑ Assess attitudes toward community health services and issues
- ❑ Identify priorities, establish goals, and determine a course of action to improve the health status of the community
- ❑ Establish a baseline for measuring improvement over time

## The Community Diagnosis Process

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community”.

Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community “buy-in.” Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based “Community Diagnosis” process should prompt the county health council to ask: Where is the community now? Where does it want to go? How will it get there? It is evident that the community diagnosis process and its outcomes should, at a minimum:

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

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

## History

The Stewart County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Stewart County Executive. After this collaboration in April 1997, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in May 1997. At this meeting, prospective members were introduced to the “Community Diagnosis” process and the roles and responsibilities of the newly formed Stewart County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as “Appendix A”.

The Council has met monthly since its inception. Council meetings are scheduled for the fourth Wednesday of each month at Cindy’s Restaurant, Highway 79, Dover, Tennessee. Meetings are open to the public from 12:30-1:30 p.m.

## Summary

During its first year, the council reviewed and discussed many data sets related to the county’s health status as compared to the State. Initially, the county was designated to receive \$41,660 annually for a three-year period for the Governor’s Community Prevention Initiative for Children. The council developed a prevention strategy that was approved by the Department of Health. The two components of the strategy involved an Afterschool Recreational Program for children in grades 5-7 and a parent training component. The Stewart County Executive’s proposal was awarded the GCPIC grant.

Members began the Community Diagnosis process by developing a preliminary list of issues that appeared to concern a majority of county residents. This list originally consisted of ten problem areas. After combining similar problem areas, eight problem areas remained. Data specific to these concerns was gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the council concluded its study. The preliminary list of problems was validated as the priority problems of the county, and one additional problem area was added after reviewing the data sets. These problems are listed in the “Health Issues and Priorities” section of this document.

After validating the major problems in the county, each problem area was prioritized based upon their perceived size and seriousness (the number of people affected, the impact on health, and the financial cost). The council will compile the results of this ranking process at its May 1998 meeting.

During the data review process, members saw a need for a Community Resource Directory. Currently, no directory of available medical, social services, or other service agency exists. A survey tool is being developed for members to use and a funding source to produce the directories has been identified. Directories will be available to agency staff and residents.

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# County Description

## Demographic And Socioeconomic

1997 Population: 10,166                      Median Age: 40                      Largest age group: 40 to 44  
 Growth rate projected at 10.3% between 1990 and 2000. This growth rate places the county with the fifteenth largest increase in Tennessee.

Indicator	Stewart County	Mid-Cumberland Region	State
Age 65 +	18%		13%
Minorities	2%	10%	17%
Family Households	76.5%	78.8%	72.7%
Householders 65 +	29.7%	17.1%	21.8%
High School Graduates	58.9%	71.9%	67.1%
Bachelor's Degree +	7.7%	17.1%	16%
Unemployment Rate (5-97)	10.4%		4.5%
Per capita income ('96)	\$14,490	\$17,532	\$19,450
Persons below poverty level	16.6%	10.5%	15.7%
Age 65+ below poverty level	24.2%	19.3%	20.9%
Families below poverty level: (with children 18 & below)	15.3%	12%	20.7%
Persons with TennCare ('96)	25.7%	18.8%	22.7%

- Above the State percentage

Stewart County's growth rate is projected to be among the leaders through the year 2000. The actual increase is projected to be nearly 1,000 people during the 1990's. Statistics reveal resident's educational levels and per capita income are significantly below the Region and State average. This indicates employment opportunities may generally be low-tech and low-end of the pay continuum. Poverty in the county is higher than the State average. These comparisons indicate the health status of the typical Stewart County resident may be below that of the average Tennessean.

## Medical Community

### 1996 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	2	5,505
Primary Care M.D.'s	1	11,009
Psychiatric Specialist	-	-
Dentists	3	3,670
Psychologists	-	-

Medical Community (Continued)

1996 Hospital Data

Number of Facilities	0	Number Medicaid/TennCare Certified	
Licensed Beds		Licensed Percent Occupancy	
Staffed Beds		Staffed Percent Occupancy	
Average Daily Census		Average Length of Stay	
Total Expenses		Total Net Revenue	
Cost Per Patient Day		Percent of Charity Care	

1996 Hospital Utilization Data

	Most Used	Second Used	Third Used
County Of Hospital	Montgomery	Davidson	Houston
Number of Admissions/Discharges	905	299	248
Percent of Admissions/Discharges	58.6	19.4	16.1

1996 Nursing Home Data

Number of Facilities	1	Number Medicaid Certified	1
Admissions	35	Percent Population 65+ in Nursing Home	5.5
Average Length of Stay	432	Turnover Rate	0.40
Licensed Beds	88	Staffed Beds	88
Licensed Percent Occupancy	96.2	Staffed Percent Occupancy	96.2
Licensed Beds Per 1,000 pop. 65 +	50.8	Staffed Beds Per 1,000 pop. 65 +	50.8

1996 Nursing Home Utilization Data

	Most Used	Second Used	Third Used
County Of Nursing Home	Stewart	Houston	Montgomery
Number of Patients	67	21	13
Percent of Patients	63.2	19.8	12.3

# Community Needs Assessment

## Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a “major problem” in the surveys formed the basis of the county’s “Preliminary List” of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

### □ Behavior Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

The 1997 Stewart County BRFS consisted of 200 completed surveys. Of the respondents, 49% were male and 51% female. This compares to an estimated ratio of 49.6/50.4 male to female as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Stewart County BRFS is included as Appendix B.

### □ The Community Questionnaire Survey

The community questionnaire survey provides a profile of perceived health care needs and problems facing the community by residents that respond to the survey. The survey includes questions about community issues, the availability of services, and personal health concerns and health care. Members of the council were asked to complete the community survey as well as distribute the survey to other residents in the community. Approximately 125 surveys were distributed, and 77 completed surveys were analyzed.

The Community Questionnaire Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Questionnaire Survey is included as Appendix C.

## Primary Data (Continued)

### □ The Initiating Group Survey

Individuals identified as key informants by local government officials (County Executive, County Health Department Director) completed this survey. These individuals represented the diversity of county in terms of race, sex, profession, and residence. The “key informants” were invited to attend a community meeting to learn more about the “Community Diagnosis” initiative and consider a commitment to serve on the county health council. The Initiating Group Survey includes questions regarding the county’s strengths, major health problems, and programs and/or resources needed to improve the health status of residents. A summary of the Initiating Group Survey is included as Appendix D.

## Secondary Data

The Stewart County Health Council reviewed an extensive amount of data sets comparing the health status of the county with the Mid-Cumberland Region and the State of Tennessee. The secondary data sets (information already collected from other sources for other purposes) were assembled by the State Office of Assessment & Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Additional comparative information was taken from the Tennessee Commission on Children & Youth’s “Kid’s Count” report. Data sets were also collected from the Tennessee Judiciary’s Statistical Services, the Council of Juvenile and Family Court Judges, the Department of Safety, and the 1997 Youth Risk Behavior Survey. A Data Summary is attached as Appendix E.

### □ Mortality and Morbidity

Death and Disease indicators covering the twelve-year period from 1983-1994 were presented for the county, region, and state. This data was presented in chart form using three-year moving averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that create distortions. Included in the Mortality and Morbidity were the following indicators:

- Birth Rate
- Fetal Death Rate
- Infant Death Rate
- Neonatal Death Rate
- Female Breast Cancer Mortality Rate
- Violent Death Rate
- Vaccine Preventable Disease Rate
- Chlamydia Rate
- Gonorrhea Rate
- Leading Causes of Death Rate (Ages 5-14)
- Leading Causes of Death Rate (Ages 25-44)
- Leading Causes of Death Rate (Ages 65 +)
- Cancer Incidence Rate (1990-1992)
- Pregnancy Rate
- Percent Births with Low Birthweight
- Percent Births with High Risk Characteristics
- Crude Mortality Rate
- Motor Vehicle Accident Death Rate
- Nonmotor Vehicle Accident Death Rate
- Tuberculosis Disease Rate
- Syphilis Rate
- Leading Causes of Death Rate (Ages 1-4)
- Leading Causes of Death Rate (Ages 15-24)
- Leading Causes of Death Rate (Ages 45-64)
- Leading Causes of Death (Based on “Years of Productive Life Lost”)

## Secondary Data (Continued)

### □ Program data from other state departments

Data collected from other state departments and reviewed by the health council included the following:

- Percent of students receiving Special Education
- Rate of children under 18 committed to State Custody
- DUI convictions
- Child Abuse and Neglect Rate
- Violent Crime Filings
- Juvenile Court Alcohol & Drug Cases
- Percent of children under 18 referred to Juvenile Court
- Local Health Department utilization of services
- Traffic Crashes and Fatalities
- Divorce Rate
- Property Crime Filings
- Juvenile Court Violent Offense Cases

### □ The Youth Risk Behavior Survey

An additional data source reviewed by the council was the “1997 Youth Risk Behavior Survey.” This survey provided data relevant to students in Tennessee. Due to the lack of a student survey for the county, the council affirmed the statistical data contained in the YRBS as being similar to their students. Information specific to the categories below was useful in determining the highest risk factors for children developing problem behaviors including substance usage.

- Tobacco Use
- Sexual Behaviors
- Alcohol and Other Drug Use
- Dietary Behaviors/Physical Activity

# Health Issues and Priorities

## Preliminary List

After reviewing the primary data sets, the county health council listed those issues they considered the major problems in the county. This list was achieved by group consensus. Below in alphabetical order is the list of problems selected by the council for review.

- ❑ Accidental Death Rate of Persons Age 21 and Under
- ❑ Alcohol, Tobacco, and Other Drugs
- ❑ Cancer
- ❑ Cardiovascular Disease
- ❑ Diabetes (Lack of Services)
- ❑ Juvenile Sex Issues (Unwanted Pregnancies)
- ❑ Limited Access To Health Care (Under-insured, Uninsured, Hospital)
- ❑ No After Business Hours Emergency Care
- ❑ Obesity
- ❑ Unemployment

## Priority Problems List

The Stewart County Health Council reviewed a considerable amount of data related to the health status of its residents during 1997. A summary of the data, as related to each of the preliminary problem areas, was assembled to determine the degree of each problem. Where possible, problem areas were combined. The data validated the preliminary problem list. One additional problem area, Child Abuse and Neglect, was added to the problem list after a complete review of all available data sets.

To establish the priorities among the identified health problems, the council used a modified version of the J.J. Hanlon method. The nine problem areas were ranked 1 through 9 in two categories: size and seriousness (the number of people affected, the impact on health, and the financial cost). The rank assigned in each category was based on each member's perception of the problem from personal awareness and the available data. The rankings for each category were combined to provide a total score for each problem. The problem area with the lowest total score became the individual's #1 ranked problem, and the problem area with the highest total score became the individual's #9 ranked problem. All member score sheets were combined in the same manner to obtain the council's priority problem rankings. The priority problems, their rank and score, and the supporting data utilized to validate each problem area are provided below.

## 1. Cardiovascular Disease and Obesity (44 points)

### Mortality Rates

- ***Diseases of the Heart*** are the leading cause of death throughout the nation. The county rate of deaths from Heart Disease (averaging 39 yearly) during 1994-1996 is equal to the Tennessee rate (126 per 100,000 population) and 26% above the Year 2000 National Objective. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.
- ***Deaths from Stroke*** are the third leading cause of death nationally in Stewart County. Stewart County's rate of deaths from Stroke (averaging 10 yearly) is 10% below the State rate (1994-1996). However, the county rate is 56% above the Year 2000 National Objective. People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activities are means to reduce the risk of stroke.
- ***Diseases of the Heart*** trends (1983-1994) indicate the county deaths for the 25-44 age group is stable and the rate of deaths (3.8 per 10,000 population) is 38% higher than the State rate. The 45-64 age group trend is decreasing and the rate of deaths (22.0 per 10,000 population) is 13% lower than the State rate. The 65 & above age group trend is stable and the rate of deaths (212.1 per 10,000 population) is 8% higher than the State rate.
- ***Cerebrovascular Disease (Stroke)*** trends (1983-1994) indicate the county deaths for the 45-64 age group is decreasing and the rate of deaths (4.1 per 10,000 population) is 14% lower than the State rate. The 65 & above age group trend is stable and the death rate (44.8 per 10,000 population) is 16% below the State rate.
- ***Deaths from Diseases of the Heart*** in 1995 (45 deaths) were 41% above the State rate and 55% above the State rate in 1996 (52 deaths).
- ***Deaths from Cerebrovascular Disease (Stroke)*** in 1995 (13 deaths) were 54% above the State rate and 19% above the State rate in 1996 (10 deaths).

### Risk Factors

- ***Overweight:*** 35.4% of Tennesseans are considered to be overweight (at or above 120% of ideal weight) according to the 1995 Behavioral Risk Factor Survey. According to the 1996 Stewart County BRFS, it is estimated 80% of respondents have never been given advise about their weight by a health care professional.
- ***Smoking:*** 26.5% of Tennesseans are estimated to be current smokers according to the 1995 Behavioral Risk Factor Survey. According to the 1996 Stewart County BRFS, an estimated 62% of residents have considered themselves a "smoker" at some time. Currently, 37% of the residents are smokers. Males represent 40% and females represent 34% of smokers.
- ***High Blood Pressure:*** 26.7% of Tennesseans are estimated to have high blood pressure according to the 1995 Behavioral Risk Factor Survey. According to the 1996 Stewart County BRFS, 20% of residents are estimated to have high blood pressure.
- ***High Cholesterol:*** 66.7% of Tennesseans have had their cholesterol checked in the past 5 years and 18.7% were told it was high by a health professional (1995 BRFS).

## Risk Factors (Continued)

- **Sedentary Lifestyle:** 65.6% of Tennesseans are estimated to live a sedentary lifestyle according to the 1994 Behavioral Risk Factor Survey.

## 2. Cancer (46 points)

### Mortality Rates

- **Malignant Neoplasms (Cancer)** are the second leading cause of death throughout the nation. Deaths from cancer in the county (33) are 37% higher than the State rate during 1996. The **Cancer Deaths** in the county (15) during 1995 were 35% below the State rate. Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer.
- **Cancer Death Trends (1983-1984):** 25-44 age group trend is decreasing and the rate is below the State; 45-64 age group trend is decreasing and the rate is higher than the State; 65 & up age group trend is increasing and the rate is equal to the State.
- **Lung Cancer** is the leading cause of cancer deaths for both men and women. The death rate in Stewart County from lung cancer (averaging 10 yearly) during 1994-1996 is 5% higher than the State rate. The county rate is 17% above the Year 2000 National Objective.
- **Breast Cancer** is the second leading cause of cancer deaths among women in the U.S. According to Tennessee's Healthy People 2000 (1993-1995), Stewart County's (averaging 1 yearly) rate is one of the lowest in the State. The county rate is 52% lower the State rate and 47% below the Year 2000 National Objective.

### Morbidity Rates

1. **Age-Adjusted Cancer Incidence Rates (1990-1992)** for all cancer sites (24.7 per 10,000 population) reveals Stewart County is 18% lower than the region and 24% lower than the State. Cancer rates in the county for the nonwhite race are higher than the Region and the State while rates for the white race are generally lower. This may be due to a very small number of nonwhite persons in the population (2%). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:

- **White Male Lung Cancer** incidence rates (8.0 per 10,000 population) are 1% below the region and 11% below the State rate. **White Female Lung Cancer** incidence rates (2.3 per 10,000 population) are 38% below the region and 37% below the State rate. There was a 0.0 rate for the **nonwhite population** in this category.
- **Prostate Cancer** incidence rates (5.3 per 10,000 population) are 43% lower in Stewart County as compared with the region and 49% lower than the State rate. The **nonwhite male** incidence rate (15.7 per 10,000 population) is 34% higher than the sate rate. This is probably due to the small number of nonwhite males in the county.

## Morbidity Rates (Continued)

- **Female Breast Cancer** incidence rates (5.1 per 10,000 population) are 38% lower in the county as compared to the region and 42% lower than the State rate. There was a 0.0 incidence rate for **nonwhite female population** in the county.
- **White Male Colon Cancer** incidence rates (3.8 per 10,000 population) in the county are 28% higher than the region and 18% higher than the State rate. The **white female colon cancer** rate (.3 per 10,000 population) is 90% lower than the region and the State rate. The **nonwhite population** in the county has a 0.0 incidence rate of colon cancer.

### 2. **1993 Age-Adjusted (Newly Reported) Cancer Case Rate** Per 10,000 Population for all sites (52.7—52 cases) in Stewart County is 31% above the State rate. Rates for specific sites are as follows:

- **Lung Cancer** (12.2—12 cases) in the county is 62% above the State rate.
- **Female Breast Cancer** (12.2—6 cases) in the county is 2% above the State rate.
- **Prostate Cancer** (10.3—5 cases) in the county is 7% below the State rate.
- **Colon Cancer** (4.1—4 cases) in the county is 12% above the State rate.
- **Bladder Cancer** (4.1—4 cases) in the county is 145% above the State rate.

### 3. Alcohol, Tobacco, and Other Drugs (54 points)

- **1996 Juvenile Court Data** reveals 14% (25 cases) of cases were Alcohol and Drug cases. Statewide, 8% of all juvenile court cases were alcohol and drug related.
- **1995/96 Criminal Court Filing Rate** of Drug Offenses in Stewart County is 23.6 per 10,000 population; this rate is 26% below the State rate.
- **1996/97 Criminal Court Filing Rate** of Drug Offenses in Stewart County is 9 per 10,000 population; this rate is 74% below the State rate.
- **1992-1995 (4-year average) DUI Conviction Rate** per 10,000 population in Stewart County is 4.53 or 16% below the State conviction rate for that period.
- **1995 Traffic Fatalities Rate** in Stewart County is 1.9 per 10,000 population; this rate is 22% below the State rate of traffic fatalities. Also, **Alcohol-Related Traffic Fatalities and Traffic Crashes** were 0.0% in Stewart County compared to 39% of statewide fatalities and 40% of statewide crashes.
- **1997 Youth Risk Behavior Survey** indicates students who have ever used cigarettes = 74%, alcohol = 75%, marijuana = 46%, cocaine = 7%.

### 4. Child Abuse & Neglect (Percent of Children Referred to Juvenile Court—Rate of Children Committed to State Care) [76 points]

- The **Child Abuse & Neglect Case Rate** (1993-1994) per 1,000 children under 18 is 85% above the State rate.
- The **Indicated Child Abuse & Neglect Rate** in the county has increased 279% between 1992 and 1996.

## Child Abuse & Neglect (Continued)

- The percent of *children under 18 referred to Juvenile Court* (1994) is 63% above the State rate.
- The rate of *children under age 18 in State Care* (1995) is 8% above the State rate.
- The rate of *children entering State Custody* (1996) is 65% above the State rate.

## 5. Unemployment (83 points)

- **1996 Annual Average Unemployment Rate** for Stewart County was 14.6%. The county rate is 181% above the State annual rate of 5.2%. The county rate is 170% above the U.S. annual unemployment rate. Stewart County's 1996 annual average unemployment rate was the second highest in the state of Tennessee.
- **October 1997 (Preliminary) Labor Force Estimates of Unemployment** for Stewart County is 11.9%. This rate is 138% above the State rate of 5.0% and 153% above the U.S. rate of 4.7%. Stewart County's unemployment rate is estimated to be the sixth highest in the State during October 1997.
- **1995 Per-Capita Personal Income** data reveals Stewart County to rank 75<sup>th</sup> among the 95 counties in Tennessee at \$14,751. This figure is 30% above the lowest ranking county in the State and 53% below the highest ranking in the State.

## 6. Juvenile Sex Issues (Unwanted Pregnancies—STD's) [94 points]

- **Adolescent Pregnancy Rate (per 1,000 population)** of the 15-17 year age group has increased 76% between 1983-1994 (26.2 to 46.1) but remains 17% below the State rate (54.9 to 55.7). The pregnancy rate of the 18-19 year age group has increased 53% between 1983-1994 (89.3 to 136.7) and remains 1% below the State rate (127.2 to 138.2).
- **Adolescent Pregnancy Rate (per 1,000 population)** of the 10-17 year age group during 1994-1996 (averaging 9 yearly) is 17% below the State rate. The rate for this age group during 1993-1995 (averaging 9 yearly) was 24% below the State rate.
- **Adolescent Birth Rate (per 1,000 population)** of the 15-17 year age group (averaging 8 yearly) has increased 70% between 1983-1994 (23.0 to 39.2) but remains 8% below the State rate (37.1 to 42.4). The birth rate of the 18-19 year age group has increased 75% between 1983-1994 (68.9 to 120.6) and currently is 12% above the State rate (89.3 to 107.3).
- **Percent of Pregnancies Occurring to Unwed Women** in the 15-17 year age group has increased 211% between 1983-1994 (three-year averages) but remains 5% below the State rate. The rate occurring in the 18-19 year age group has increased 13% but remains 33% below the State rate.
- **Percentage of Total Births Occurring to Adolescent Mothers (10-17)** in Stewart County between 1994-1996 (3-year average) is 6.1% or 0.4% below the statewide figure of 6.5%.

## 7. Diabetes (95 points)

### Mortality Rates

- ***Diabetes Deaths Trends (1983-1994):*** The 45-64 age group trend is unstable (0.0 rate for 92-94) and the rate of deaths has been consistently lower than the State rate (2.4 deaths per 10,000 population). Diabetes was the 6<sup>th</sup> leading cause of deaths during 1992-1994 in the 45-64 age group. The 65 years & above age group trend is increasing and the rate of deaths (9.7 per 10,000 population) is consistently lower than the State rate (11.9 per 10,000 population). Diabetes is tied with Nephritis/Nephrotic Syndrome as the 7<sup>th</sup> leading cause of death in the 65 years & above age group in Stewart County. Statewide, Diabetes ranks as the 6<sup>th</sup> leading cause of deaths in this age group.

### Morbidity

- It is estimated 8% of county residents have diabetes according to the 1996 Stewart County Behavioral Risk Factor Survey. The 1995 BRFS for Tennessee reported 5.2% of residents have been told by a doctor that they had diabetes.

## 8. Limited Access To Health Care (Under-Insured, Uninsured, Hospital/Emergency Care) [99 points]

- ***Tennesseans Without A Health Care Plan*** in 1995 were estimated at 11.3% according to the Behavioral Risk Factor Survey. In 1996, it was estimated that 6% of residents in Stewart County had no health care coverage according to the BRFS.
- It was estimated that 12.3% of Tennesseans were ***unable to see a doctor due to cost*** by the 1995 BRFS. In 1996, an estimated 15% of residents in Stewart County needed to see a doctor but could not because of cost according to the BRFS.
- An estimated 40% of Stewart County residents indicate their ***health care coverage limits the care*** they receive according to the 1996 BRFS.

## 9. Accidental Death Rate (Age 21/Under) [102 points]

### Mortality Rates (1983-1994)

- ***1-4 year*** age group trend is sporadic; 0.0 death rate since 1991.
- ***5-14 year*** age group death rate has been 0.0 since 1986.
- ***15-24 year*** age group trend is increasing; 2.2 death rate per 1,000 population (1992-1994) is 305% above the State death rate in this age group.
- ***15-24 year*** age group rate of deaths (1.3 to 2.2 per 1,000 population) from Accidents & Adverse Effects in the county has increased 70.4% in the twelve-year span of 1983-1994. During that same time, the State rate of deaths in this age group for this cause decreased 6.2%.
- ***15-24 year*** age group rate of deaths in 1994 (2.5 per 1,000 population) from Accidents & Adverse Effects is 324% above the State rate. This rate represents 3 deaths, 2 were Motor Vehicle Accidents.

Accidental Death Rate (Continued)

- **15-24 year** age group rate of deaths in 1995 (0.8 per 1,000 population) from Accidents & Adverse Effects is 37% above the State rate. This rate represents one death, a Motor Vehicle Accident.
- **Motor Vehicle Accidental Death Rates** per 1,000 population for the 15-24 year age group (1.7) are 274% higher than the State rate for the three-year average 1992-1994. (2 deaths)
- **Motor Vehicle Accidental Death Rates** per 1,000 population for the 15-24 year age group have increased 112.9% (0.8 to 1.7) during the twelve-year span of 1983-1994. During that same time period, State rates for this age group and cause of death have decreased 1.6%.
- **Total Accidental Deaths** (8) during 1996 were 50% above the State rate. **Total Motor Vehicle Accidental Deaths** (5) were 83% above the State rate in 1996.

# Future Planning

## Process

After ranking the major health problems in the county, the council determined the best policy at this time to address the priority problems involved working together as a large group. Forming subcommittees to develop strategies for the priority problems remains a possibility after the council gains experience from the initial planning as a large group.

Currently, the council is working as a group to develop a Community Resource Directory. The goal is to provide increased access for residents with appropriate community resources. The council is working on this project in cooperation with another task force with this specific goal. This task force is composed of representatives from agencies located in Montgomery County but offering services to local residents. Funding for the directory may be available through a grant provided by one of the agencies located in Montgomery County. A member of the health council serves as the coordinator of this project.

The council developed a prevention strategy for the Governor's Community Prevention Initiative for Children that involved an Afterschool Recreational Program and Parent Training. Stewart County was selected for the GCPIC in 1997 based upon the problem indicators used by the Department of Health. The county had the highest combined rate of the problem indicators among the 12 Mid-Cumberland Region counties. The problem indicators included teen pregnancy, school dropouts, referrals to juvenile court, children committed to state care, and adolescent violent deaths.

The council will be involved in evaluating the success of the services offered by the Governor's Community Prevention Initiative for Children in Stewart County. At the conclusion of the three-year grant period, the council will determine the effectiveness of the current strategy in reducing the adolescent problem behaviors and risk factors targeted by the grant.

# Appendices

# Appendix A

## Stewart County Health Council

### Private Industry Council

Ms. Jane Bagwell  
134 Howell Road  
Big Rock, Tennessee 37023  
232-5035

### Manor House Of Dover

Ms. Starla Bogard  
100 Squirrel Drive  
Dover, Tennessee 37058  
232-6290

### Complete Home Health Care

Ms. Phyllis Blake  
PO Box 706  
Dover, Tennessee 37058-0706  
232-6911

### County Executive's Office

Mr. Rick Joiner  
PO Box 487  
Dover, Tennessee 37058  
232-3100

### Alcohol & Drugs

Ms. Marcia Robertson  
Center for Teaching & Learning  
PO Box 367  
Dover, Tennessee 37058

### Medical Center Board

Ms. Margie C. Smith  
760 Cottrell Ridge Road  
Dover, Tennessee 37058  
232-5176

Ms. Donna Shannon  
328 Castle Lane  
Dover, Tennessee 37058  
232-8558

### Resident

Mr. Burris Byrd  
2147 Old Highway 79  
Dover, Tennessee 37058  
232-7202

Rev. John Vaughan  
PO Box 53  
Dover, Tennessee 37058

Mr. David Dunlap  
PO Box 215  
Cumberland City, Tennessee 37050  
827-3217

### Mental Health

Ms. Tina Andress  
Harriett Cohn Center  
511 Eighth Street  
Clarksville, Tennessee 37040  
553-4415

Stewart County Health Council (Continued)

County Commissioner

Ms. Betty Gibbs  
314 Valley View Drive  
Dover, Tennessee 37058  
232-7600

County Health Department

Mr. Skip Lowe, Director  
\*Ms. Susan Wright  
PO Box 497  
Dover, Tennessee 37058-0497  
232-5529

Good Samaritans Organization

Rev. Pat Merrill  
224 Risner Road  
Dover, Tennessee 37058  
232-4500

Juvenile Court

Ms. Mary Warfield  
PO Box 185  
Dover, Tennessee 37058-0185  
232-4101

Regional Health Office

Ms. Karen Hartley  
710 Ben Allen Road  
Nashville, Tennessee 37247-0801  
(615) 650-7000

Pastor

Rev. Ben Menendorf  
212 Natcor Drive  
Dover, Tennessee 37058  
232-0290

Senior Citizens Center

Ms. Charlene Bell  
Ms. Carlene Sexton  
PO Box 321  
Dover, Tennessee 37058  
232-7663

Mental Retardation

Ms. Shirley Taylor  
PO Box 143  
Cumberland City, Tennessee 37050  
827-2600

\* Representative to the Regional Health Council

## Appendix B

### Behavioral Risk Factor Survey (Summary)

#### Demographics

A total of two hundred Stewart County residents responded to the telephone survey conducted by the University of Tennessee. The group surveyed had the following characteristics:

Age Group	Gender	Race	Education	Marital Status	Kids
Under 30 15%	Male 49%	White 96%	1 - 8 7%	Married 74%	0 - 60%
30 - 45 34%	Female 51%	Black 2%	9 - 11 9%	Divorced 10%	1 - 18%
45 - 65 34%		American Indian 2%	HS Graduate 51%	Widowed 9%	2 - 15%
65 & over 17%			Some College 20%	Separated 1%	3 - 5%
			College Grad. 13%	NM 7%	4 + 2%

#### Definite Problems

The ten community problems rated most frequently as a “definite problem” by respondents are as follows:

Rank	Definite Problem	Percent of Respondents
1	Tobacco Use	52%
2	Alcohol Abuse	36%
2	Access to Hospitals	36%
4	Arthritis	35%
5	Cancer	34%
6	High Blood Pressure	33%
7	Heart Conditions	30%
8	Teen Pregnancy	25%
9	Obesity	23%
10	Drug Abuse	20%

#### Behavioral Indicators

- **Cigarette smokers:** Sixty-two (62) percent of respondents report they have considered themselves a “smoker” at some time. Currently, 37% of the respondents are smokers. Male smokers represent 40% and female smokers represent 34% of the survey population.

It is estimated 26.5% of Tennesseans smoke cigarettes: 28% male and 25.1% female. Lung cancer is the leading cause of cancer deaths in the United States for both men and women. In the

## Behavioral Indicators (Continued)

publication “Tennessee’s Healthy People 2000,” Stewart County averaged 10 lung cancer deaths between 1993-1995. This amounted to a 56.5 rate per 100,000 population and a ranking of 24<sup>th</sup> in the State for deaths from lung cancer. The county rate is 16% higher than the State rate of 48.7. The county rate is 35% higher than the Year 2000 National Objective of 42.0 deaths from lung cancer per 100,000 population.

- **Mammograms:** Forty-five (45) percent of females ages 30-45 and 82% of females 45-65 have had a mammogram. Of those females having a mammogram, 61% were performed in the past year and 73% were performed within the past two years. As a comparison, 58.7% of Tennessee women over 50 have had a mammogram and clinical breast exam in the past two years (Tennessee BRFS 1995).
- **Clinical Breast Exam:** One-hundred (100) percent of females ages 30-45 and 88% of females ages 45-65 have had a clinical breast exam. Of those females having a clinical breast exam, 73% were performed within the past year and 85% were performed within the past two years. For purposes of comparison, 90% of females ages 30-45 and 84% of females ages 45-65 in Cheatham County have had a clinical breast exam.

Stewart County’s Female Breast Cancer Mortality Rates (1993-1995) are #89 in the State of Tennessee. During 1994, there were no cases of Female Breast Cancer reported in the county. Breast cancer is the second leading cause of deaths among females in the United States. In the publication “Tennessee’s Healthy People 2000,” Stewart County averaged 1 death of females from breast cancer between 1993-1995. This amounts to a rate of 10.9 per 100,000 population. The county’s rate is 52% below the state rate and 47% below the Year 2000 National Objective. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent.

- **Pap Smear:** Ninety-eight (98) percent of all female respondents report having a pap smear. Of that number, 77% of the test were performed within the past year, and 84% were performed within the past two years. As a comparison, 84.1% of Tennessee women had a pap smear within the past three years (Tennessee BRFS).
- **Health Care Coverage:** Ninety-four (94) percent of respondents report they have health care coverage of some kind. However, 40% feel their coverage limits the care they receive and 15% report they needed to see a doctor but could not because of the cost. According to the 1995 Behavioral Risk Factor Surveillance Data, 11.3% of all Tennessee residents are estimated to have no health care plan and 12.3% were unable to see a doctor due to cost.
- **Quality Of Health:** Seventy-six (76) percent of respondents had a checkup within the past year, and 85% had a checkup within the past two years. Sixty-two (62) percent of the respondents indicated their quality of health as “good” or better while thirty-six (36) percent report their quality of health as “fair or poor.” As a comparison, 17.7% of residents statewide rated their general health status as fair to poor (1995 Tennessee BRFS).

## Behavioral Indicators

- ***Cardiovascular disease antecedents:*** Heart disease and stroke cause more deaths than all other diseases. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, cigarette smoking, and sedentary lifestyle. According to the 1994 Behavioral Risk Factor Surveillance Data, Tennessee estimates 65.6% of its residents have a sedentary lifestyle. The 1995 BRFSS indicates 35.4% are obese, 26.7% were told they had high blood pressure, 18.7% were told by a health professional their cholesterol was too high, and 26.5% are currently smokers. In Stewart County, twenty (20) percent indicated they have had high blood pressure, 18% had been given advice to lose weight, and 37% are currently smokers.
  - People with ***Diabetes*** are 2 to 4 times more likely to have heart disease (more than 77,000 deaths due to heart disease annually). And they are 5 times more likely to suffer a stroke (more than 11,000 diabetes-related stroke-deaths each year).<sup>1</sup> Eight (8) percent of the respondents report they or a household member have had diabetes. By comparison, 5.2% of statewide residents were told by a doctor they had diabetes (1995 Tennessee BRFSS).

In the publication “Tennessee’s Health People 2000,” Stewart County averaged 38 deaths from Coronary Heart Disease between 1993-1995. This amounted to a rate of 134.1 per 100,000 population. This is mathematically equal to the Tennessee rate of 133.6. In 1994, Tennessee’s “Heart Disease Deaths” were 15% higher than the United States. The Stewart County rate is 34% higher than the Year 2000 National Objective of 100.0. Also in this publication, Stewart County averaged 10 deaths from stroke between 1993-1995. The county rate of 32.5 per 100,000 population is 9% below the Tennessee rate of 35.9 and 63% higher than the Year 2000 National Objective of 20.0.

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## Appendix C

### The Community Questionnaire Survey (Summary)

#### Demographics

A total of 77 surveys were analyzed. The following information provides the characteristics of the respondents to the survey.

- |                              |                     |                     |
|------------------------------|---------------------|---------------------|
| □ Years Lived In The County: | Over 10 Years = 78% | 1 To 5 Years = 13%  |
| □ Marital Status:            | Married = 75%       | Divorced = 9%       |
| □ Gender:                    | Female = 77%        | Male = 22%          |
| □ Ethnic Group:              | White = 71%         | Nonwhite = 4%       |
| □ Education:                 | High School = 32%   | College = 34%       |
| □ Occupation:                | Health Care = 19%   | Service = 23%       |
| □ Income:                    | \$30 - 49.9 K = 29% | \$10 - 29.9 K = 24% |

#### Definite Problems

Rank	Problem	Percent of Respondents
1	Unemployment	68%
2	Smoking	65%
3	Heart Conditions	62%
3	High Blood Pressure	62%
5	Teen Alcohol/Drug Abuse	58%
6	Adult Drug Abuse	57%
7	Smokeless Tobacco	55%
7	Teen Pregnancy	55%
9	Arthritis	53%
10	Obesity	52%

#### Other Results

##### □ Availability of Services

##### Adequate

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Dental Care (88%)</li> <li>▪ Local Family Doctors (65%)</li> <li>▪ Ambulance/Emergency Services (64%)</li> <li>▪ Nursing Home Care (58%)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Home Health Care (79%)</li> <li>▪ Eye Care (65%)</li> <li>▪ County Health Department Services (64%)</li> <li>▪ Pharmacy Services (51%)</li> </ul> |
|--|--|

## Availability of Services (Continued)

### Not Adequate

- Child Day Care (58%)
- Specialized Doctors (48%)
- Pharmacy Services (44%)
- Health Insurance (42%)
- Recreational Activities (55%)
- Adult Day Care (47%)
- Transportation for Medical Care (42%)

### Not Available

- Emergency Room Care (55%)
- Specialized Doctors (38%)
- Medical Equipment Suppliers (30%)
- Women's Health Services (25%)
- Hospital Care (55%)
- Alcohol/Drug Treatment (35%)
- Mental Health Services (30%)
- School Health Services (23%)

### □ Personal Information

- Hospital Used: Clarksville Memorial = 65%, Blanchfield Army/Trinity Hospital = 8%
- Health Issues: High Blood Pressure = 17%, Heart Disease/Diabetes = 10%, Cancer = 4%
- Health Status: Excellent = 17%, Very Good = 39%, Good = 31%, Fair & Poor = 12%

# Appendix D

## The Initiating Group Survey

### □ Strengths of Stewart County

- Low Taxes
- Recreation Possibilities
- Very Close Knit Community
- Strong Family Connections
- Traditional Values And Ways
- Caring Community/Pulls Together In Time Of Need
- Real Estate For Retirement
- Bedroom Community For The Area
- People Pull Together In Times Of Crisis
- Work Well Together On A Daily Basis
- Handles Business Informally

### □ Major Health Problems in the County

- Alcohol & Drugs
- Lack Of Preventive Care
- Cardiovascular Disease
- Cancer
- Obesity
- Tobacco Use
- Transmission Of Communicable Diseases (Head Lice, Chicken Pox, Etc.)
- Lack Of Preventive Care (Head Lice, Chicken Pox, Etc.)
- Limited Access To Health Care By Underinsured And Uninsured
- Distance From Ambulance Station To The Rural Parts Of The County
- No Clinics In The County Open After 5:00 P.M.
- Poor Health Care Related To Low Income And Unemployment
- Juvenile Sex Issues (Unwanted Pregnancies, STD's)
- Health Issues Resulting From Anger And Stress
- TB
- Teen Pregnancies/Low Birthweight Babies
- Teen Pregnancy
- High Cholesterol
- Health Issues Related To The Elderly
- High Blood Pressure

### □ Ways Health of Citizens Could Be Improved

- Education
- Focus On School Age Children
- More Local Services (Diagnostic Testing, Preventative Treatment, Regular Checkups At School By Nurse Or Nurse Practitioners)
- Replace Present Ambulance Service With A Competitive Ambulance Service
- Replace Current State Ambulance Inspector (He Favors Some Services More Than Others)
- Through Education - 7<sup>th</sup> Grade Through High School On Teen Pregnancy, Smoking, Drugs, STD's)
- Affordable Access To Health Care

Ways Health of Citizens Could Be Improved (Continued)

- Awareness Of Teen Pregnancy/Tobacco Use/High Cholesterol/High Blood Pressure/Obesity
  - Prevention Programs Addressing Teen Pregnancy And STD's
  - Prevention Programs Addressing Anger Management
- Additional Resources Needed To Improve Health Care
- More School Nurses
  - Mammography Done On Location Quarterly
  - Rabies Clinic For Pets Semi-Annually
  - Larger Clinics Or Small Hospital
  - Nurse At Schools To Identify And Prevent The Spread Of Communicable Diseases
  - Clinics On-Call Twenty-Four Hours A Day
  - OB/GYN - Part-Time In The Community
  - Part-Time Dentist At The Health Department
  - After-Hour Care When Clinics Are Closed

# Appendix E

## Stewart County Data Summary

### Mortality Data

- About seventy-five percent of all deaths are caused by heart disease, cancer, and stroke. Death rates from heart disease declined during the last twenty years while death rates from cancer increased during that period. According to Tennessee's Healthy People 2000, Stewart County's **Deaths From All Causes** is 3% lower than the State rate (1993-1995). The following information compares the leading causes of death in the State of Tennessee with Stewart County:
  - **Diseases of the Heart** are the leading cause of death throughout the nation. The county rate of deaths from Heart Disease (1993-1995) is equal to the Tennessee rate (134 per 100,000 population) and 34% above the Year 2000 National Objective. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.
  - **Malignant Neoplasms (Cancer)** are the second leading cause of death throughout the nation. Deaths from cancer in the county are 9% lower than the State rate (1993-1995). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer.
    - ⇒ **Lung Cancer** is the leading cause of cancer deaths for both men and women. The death rate in Stewart County from lung cancer (1993-1995) is 16% higher than the State rate. The county rate is 35% above the Year 2000 National Objective.
    - ⇒ **Breast Cancer** is the second leading cause of cancer deaths among women in the U.S. According to Tennessee's Healthy People 2000 (1993-1995), Stewart County's rate is one of the lowest in the State. The county rate is 52% lower the State rate and 47% below the Year 2000 National Objective.
  - **Deaths from Stroke** are the third leading cause of death throughout the nation. Stroke are the fourth leading cause of death in Stewart County. Stewart County's rate is 9% below the State rate (1993-1995). However, the county rate is 63% above the Year 2000 National Objective. People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activity are means to reduce the risk of stroke.
  - **Accidents and Adverse Effects** are the fourth leading cause of death in the State and the third leading causes of death in Stewart County (1994). The county rate of deaths from accidents and adverse effects is 117% above the state rate. Deaths from accidents and adverse effects have the greatest impact on premature death in terms of "Years of Productive Life Lost."

## Mortality Data (Continued)

- ⇒ **Motor Vehicle Accidental Deaths** (1992-1994) accounted for 46% of deaths occurring by accident or adverse effects statewide and 50% in Stewart County. However, from 1993-1995 the county's MVA death rates were among the highest in the State (averaging 4 per year); the county rate is 93% higher than the State rate and 185% higher than the Year 2000 National Objective. Since 1986, the MVA death rate has been highest in the 15-24 age group. Statewide statistics (1992-1994) show the 15-24 age group MVA death rates are the highest (44.1 per 100,000). Stewart County has a 165.0 death rate per 100,000 population in this age group representing a 274% differential from the State rate in the 15-24 age group.
- ⇒ **Nonmotor Vehicle Accidental Deaths** represent 54% of statewide deaths and 50% of county deaths from accidents or adverse effects (1992-1994). The county rate in this category is 76% above the State rate. The 65 and up age group has the highest rates for the State and the county. The county rate (97.3 per 100,000 population) is 32% above the State rate. The 15-24 age group has the second highest NVA death rate in the county (55.0 per 100,000 population). This rate is 439% above the state rate for this age group.
- **Chronic Obstructive Pulmonary Disease And Allied Conditions** are the fifth leading cause of death in the State (1994). In Houston County COPD is the sixth leading cause of death. The county rate of death from this cause is 45% below the State rate (1992-1994).
  - **Pneumonia And Influenza** are the fifth leading cause of death in Stewart County (tied with Stroke) in the 1992-1994 mortality data. The county death rate from pneumonia and influenza is 55% above the State rate.
  - **Violent Death Rates** (motor vehicle accidents, homicides, and suicides) in the county were 18% lower in the county when compared to the State during the 1992-1994 period. The latest available data (1993-1995) for these categories follows:
    - ⇒ The **Motor Vehicle Accidental Death Rate** in the county is among the highest in the State (averaging 4 per year); the county is 93% higher than the State and 173% higher than the Year 2000 National Objective. Preventive measures to reduce the MVA death rate include using seat belts, helmet laws, better design in both vehicles and roadways, traffic and drunk driving law enforcement, reduced highway speed, and safety education.
    - ⇒ The **Homicide** rate in the county is 52% higher than the Region but 19% lower than the State. The three-year average (1993-1995) for Stewart County is one (1) homicide per year. The county rate is 33% higher than the Year 2000 National Objective.
    - ⇒ The **Suicide** rate in the county is 49% lower than the Region and 54% lower than the State rate. The county rate is among the lowest in the State. The county rate is 44% lower than the Year 2000 National Objective. Currently the most promising approach to suicide prevention is the early identification and treatment of persons suffering from mental disorders.

## Mortality Data (Continued)

⇒ In the “1995 KIDS COUNT” material from the Tennessee Commission on Children and Youth, the **Teen Violent Death Rate** (Ages 15-19) is 0 due to no violent deaths in 1994. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of teen violent death is firearm-related deaths. One violent death in this age group in Stewart County would place the county rate at 85% above the State rate and 154% above the USA rate for 1992.

- **Infant Mortality** data reveals Houston County’s Infant Death rate (1993-1995) is 45% lower than the State rate. The county rate is 27% lower than the Year 2000 National Objective of 7.0 infant deaths per 1000 live births. Technology advancements plus early and comprehensive care have contributed to the improvement in infant survival over the past several decades.

## Morbidity Data

□ The **Age-Adjusted Cancer Incidence Rates** for all cancer sites (1990-1992) reveals Stewart County is 18% lower than the region and 24% lower than the State. Cancer rates in the county for the nonwhite race are higher than the Region and the State while rates for the white race are generally lower. This may be due to a very small number of nonwhite persons in the population (2%). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual’s risk of developing cancer. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:

- **White male lung cancer** incidence rates are 1% below the region and 11% below the State rate. **White female lung cancer** incidence rates are 38% below the region and 37% below the State rate. There was a 0.0 rate for the **nonwhite population** in this category.
- **Prostate cancer** incidence rates are 43% lower in Stewart County as compared with the region and 49% lower than the State rate. The **nonwhite male** incidence rate is 34% higher than the state rate. This is probably due to the small number of nonwhite males in the county.
- **Female breast cancer** incidence rates are 38% lower in the county as compared to the region and 42% lower than the State rate. There was a 0.0 incidence rate for **nonwhite female population** in the county.
- **White male colon cancer** incidence rates in the county are 28% higher than the region and 18% higher than the State rate. The **white female colon cancer** rate is 90% lower than the region and the State rate. The **nonwhite population** in the county has a 0.0 incidence rate of colon cancer.

**Reportable Disease Rates** available for the county (1994) include the following:

- The **incidence of Non A Non B Hepatitis** in the county is 75% lower than the State rate of 40.8 per 100,000 population. (The county had one reported case in 1994.)

## Morbidity Data (Continued)

- The **incidence of Meningitis** in the county is 53% higher than the State rate of infection of 6.6 cases per 100,000 population. (The county had one reported case in 1994.)
- The **incidence of AIDS/HIV** cases in Stewart County has not been reported. Due to confidentiality, no county information will be released for counties reporting less than five (5) cases. The majority of the AIDS/HIV cases in the State occurred in the four major metropolitan areas because of larger populations.
- No cases were recorded in 1994 of **Lyme Disease, Tuberculosis, Influenza, Hepatitis A, Hepatitis B, Salmonellosis Non-Typhoid, Mumps, Measles, or Rubella** in Stewart County.

**Sexually Transmitted Disease Rates** are serious problems in Metropolitan counties. Stewart County rates are significantly lower than the State.

- The **incidence of Syphilis** (1993-1995) in the county is zero (0) as no resident cases were reported. The Year 2000 National Objective is 10.0 cases per 100,000 population.
- The **incidence of Gonococcal Infections** is 94% less than the State rate.
- The **incidence of Chlamydia** is 63% less than the State rate of infection.

## Pregnancy And Birth Data

- Many factors influence the health and well being of newborns and infants. The following risk factor comparison (1992-1994) may assist in detecting areas of strength or needed improvement:
  - The **percent of mothers with selected risk factors** (education less than 9 years, education 9-11 years, parity [births] 4+, previous termination, previous live birth now dead, previous live birth within the last 24 months) in Stewart County, having one or more factors, is 8% higher than the Region but 11% lower than the statewide percentage.
  - The **percent of live births with maternal risk factors** (smoking, C-Section, weight gain of less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol or drug use) for county residents, having one or more risk factors, is 8% higher than the region and 15% higher than the statewide percentage. In the **adolescent age group** (ages 10-17), the mothers with one or more risk factors is 12% lower than the Region and 14% lower than the State percentage. The percent of mothers in the 18-19 age group, with one or more risk factor, is 26% lower than the Region and 29% lower than the State percentage.
  - The **percent of total births occurring to Adolescent (10-17) Mothers** in Stewart County is 26% higher than the Region but 11% lower than the statewide percentage (1993-1995). There is no Year 2000 National Objective. The **teen pregnancy rate** (per 1,000 women ages 15-17) in the county for 1994 is 5% higher than the Region and 4% higher than the State rate. Adolescents who give birth place themselves and their babies at risk of many health, educational,

## Pregnancy And Birth Data (Continued)

vocational, and social disadvantages. Adolescents (17 and younger) are twice as likely to deliver low-weight babies (less than 5 1/2 pounds). These low-weight babies are 40 times more likely to die in the first month of life than normal weight babies. Teenage parents are more likely to become dependent on public assistance than those who delay childbearing until their twenties.

- The **percent of total births with Low Weight Births** in the county is equal to the Region percentage and 19% lower than the statewide percentage (1993-1995). However, the county percent (7.1) is 42% higher than the Year 2000 National Objective of 5.0% of all births. Low birthweight is a dangerous condition that has been linked to several preventable risks, including lack of prenatal care, maternal smoking, pregnancy before the age of 18, and alcohol and drug use.
- The **percent of total births with Late Prenatal Care** in the county is the 9<sup>th</sup> highest in the State. The county figures are 73% higher than the Region and 39% higher than the statewide percentage (1993-1995). The county percent (26.7) of late prenatal care is 167% above the Year 2000 National Objective of 10.0. The prenatal period can be the starting time for good health or it may be the beginning of a lifetime of illness and shortened life expectancy. Early prenatal care is critical to improving pregnancy outcomes.

## Local Health Department Data

The statistical information below indicates utilization of services at the Stewart County Medical Center are vastly different than those in the Region and the State. **WIC** (Women, Infants, and Children) and **Child Health** program encounters account for 22.3% of all services in the county compared to 59.5% in the Region and 57.7% statewide. **Adult Health** is the largest program in the county with 65.4% of the total services rendered compared to 17% in the Region and 12.8% statewide. **Dental services** are not currently available at the Stewart County Medical Center. A current assessment of TennCare Dental Coverage (January 1997) prepared by Dr. Michelle Vaughan, Mid-Cumberland Regional Office, Tennessee Department of Health, reveals there are adequate TennCare dental providers in the county for the BC/BS, HealthNet, and Access MedPlus population. However, there are no Phoenix providers for the 90 county enrollees. Statistics are unavailable for the PHP TennCare MCO. There are 2,562 residents enrolled in TennCare (1-4-97). A dental shortage area is calculated at one (1) provider (full time equivalent=40 hours) to 5,000 population or greater.

Local Health Department Data (Continued)

State Program	Stewart County		Region		State	
	Percent		Percent		Percent	
	1994	1995	1994	1995	1994	1995
Adult Health	62.8	65.4	15.9	17.0	12.9	12.8
CDC	1.0	0.9	6.2	6.5	4.9	6.7
Child Health	10.8	7.4	28.1	22.0	31.1	26.2
CSS	0.3	0.3	0.7	0.7	2.4	2.7
Dental	0.0	0.0	0.7	0.9	1.4	2.7
Family Planning	8.6	8.3	10.6	10.6	10.7	10.2
Non-Clinical	0.5	2.2	1.0	3.7	3.4	5.7
Prenatal	0.4	0.6	1.5	1.3	1.8	1.5
WIC	15.5	14.9	35.3	37.5	31.6	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Program Data From Other Departments

The following statistics reveals the county does not compare well in regard to child abuse rate, referrals to juvenile court, and children in State custody. Stewart County's Child Abuse and Neglect case rate is 85% higher than the State rate. The rate of referrals to juvenile court is 63% higher than the State rate, and the rate of children in State Care is 8% higher than the State rate. This may indicate a need to develop proactive strategies in the county that will connect families with resources that increase skills in family living.

Other Department Data	County	Mid-Cumberland Region	State
Percent of <i>Children Under 18 Receiving AFDC</i> (95)	9.0	7.2	14.2
Percent of <i>Children Under 18 Below Poverty</i>	15.3	12.0	20.7
Percent of Students Participating in School <i>Free Or Reduced Price Lunch</i> Program (94-95)	44.0	32.4	49.0
<i>Child Abuse And Neglect</i> Case Rates (93-94) per 1,000 Children Under Age 18	17.9	8.4	9.7
Percent of Children <i>Referred To Juvenile Court</i> (94)	6.5	4.5	4.0
<i>Children Under Age 18 In State Care</i> (95) (Rate Per 1,000 Children Under Age 18)	10.5	9.9	9.7
Percent of <i>Students Receiving Special Education</i> (93-94)	19.2	17.5	17.7
Percent of <i>High School Dropouts</i> (Grades 9-12, 1993-1994)	1.3	3.3	4.7

# Appendix F

## HIT Internet Project (server.to/hit)

Health Information Tennessee (H.I.T.)

When the Tennessee Department of Health began its innovative Community Diagnosis Project in 1995, one of the first issues was the need for ready access to summary statistics and data tables at the local level. The goal was to support and enable 14 regional health councils representing all 95 counties to assess and prioritize community needs and plan for effective prevention and/or intervention. In conjunction with the data management and analysis activities for the Health Status Report, the Internet was the chosen medium for data and report dissemination.

The creation of HIT commenced in January 1997. HIT not only provides the usual assortment of previously calculated health and population statistics, but also utilizes a lesser-used Internet feature, Common gateway Interface (CGI). This innovative feature allows the user the opportunity to query various Tennessee health databases in such a way that personalized charts and tables can be produced upon demand. The requested information is calculated at the moment the query is submitted by a self-modifying SAS program residing on a server computer at The University of Tennessee, Knoxville. In this way, information can be presented in an infinitely flexible manner, statewide and substate comparisons can be made locally, and access can be widespread and multifocal.

Anyone with Internet capabilities can access the HIT site at [server.to/hit](http://server.to/hit).

If you have questions about the HIT Internet Project, you may want to contact the group responsible for the development of the HIT site. You may use the address provided below.

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