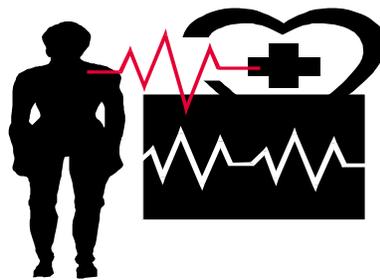


COMMUNITY DIAGNOSIS

STATUS REPORT



WAYNE COUNTY 1999

TENNESSEE DEPARTMENT OF HEALTH
SOUTH CENTRAL REGIONAL OFFICE
COMMUNITY DEVELOPMENT DIVISION

II. INTRODUCTION

Mission Statement:

The Wayne County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability and affordability of quality health care within the South Central Tennessee Public Health Region.

Definition of Community Diagnosis:

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation in order to determine the health needs of the community.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of quantified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

History/Summary:

Wayne County, Tennessee was the eleventh county initiated to the Community Diagnosis process in the South Central Region. Community members formed the council in October 1998. The initiating meeting was held at the Pizza Hut in Waynesboro and was hosted and facilitated by the South Central Region’s Community Development staff.

Those present at the initiating meeting were given an overview of the Community Diagnosis process. The group was informed of the intent of the Department of Health to improve their assessment and planning by giving residents an opportunity to assess health problems at the local level. Everyone present was given the opportunity to become a member of the Wayne County Health Council by indicating their interest on a questionnaire provided by the Community Development staff. They were also encouraged to nominate any community member who might be interested in serving on such a council. The Council elected to meet on the third Wednesday of each month.

The first meeting was scheduled for November 18, 1998. In December, the Council elected Glen Richardson, a minister, to serve as Chairman and pharmacist Jerry Duren as Vice Chair. The Health Council completed their community diagnosis and began a community assessment in September of 1999. The Community Development staff analyzed and prepared health data from several sources for the review of the Health Council. A survey was distributed throughout the community, and the regional Community Development staff tabulated the results. The survey was designed to

measure the perception of Wayne County residents concerning the health status of the county and the delivery of the health care within the community.

The Wayne County Health Council has successfully completed the first phase of the Community Diagnosis process. They are actively seeking resources to address the health problems that face their community.

The council has reviewed primary and secondary data from several sources concerning the health status of Wayne County residents, availability of health care resources, effectiveness of resources, and utilization of resources across the county.

The data that was reviewed by the council, as well as specifics concerning data sources and collection methods, are described in detail within this document. After comparing community perception with actual incidence and prevalence of certain health problems and accessibility issues, the Council applied a scoring mechanism to the list of health problems.

The council agreed upon a list of 5 priority health problems. These 5 health and social problems have served as the focal point of the council since that time. The council will spend a total of two (2) years planning and implementing interventions toward these priorities.

- 1. Alcohol and Drug Abuse/Youth Prevention/Adult Treatment and Intervention/Domestic Violence**
- 2. Tobacco Prevention**
- 3. Diabetes/Nutrition/Exercise**
- 4. Access to Healthcare/Access to Prenatal Care**
- 5. Economics/Unemployment/TennCare**

General Statement of Council Makeup

The Wayne County Health Council is made up of several local residents, each of which represents a vested interest in the county. Currently the council has a membership of 26 individuals. There are representatives from several social service agencies, the County Health Department, local health care providers and administrators, media, school system, law enforcement officers and businesses.

Appendix A: Membership List

III. TABLE OF CONTENTS

- I. Title Page**
- II. Introduction**
 - *Mission Statement of county
 - *Definition of Community Diagnosis
 - *History/Summary
 - *General statement of council makeup
- III. Table of Contents**
- IV. County Description**
 - A. Geographic & Land Area**
 - B. Demographics**
 - C. Economic Base**
 - D. Medical Community**
- V. Community Needs Assessment**
 - A. Primary Data**
 - *Behavior Risk Factor
 - *Community Survey
 - B. Summary of Secondary Data**
- VI. Health Issues and Priorities**
 - *Community Process
 - *Priorities
- VII. Future Planning**
- VIII. Appendices**

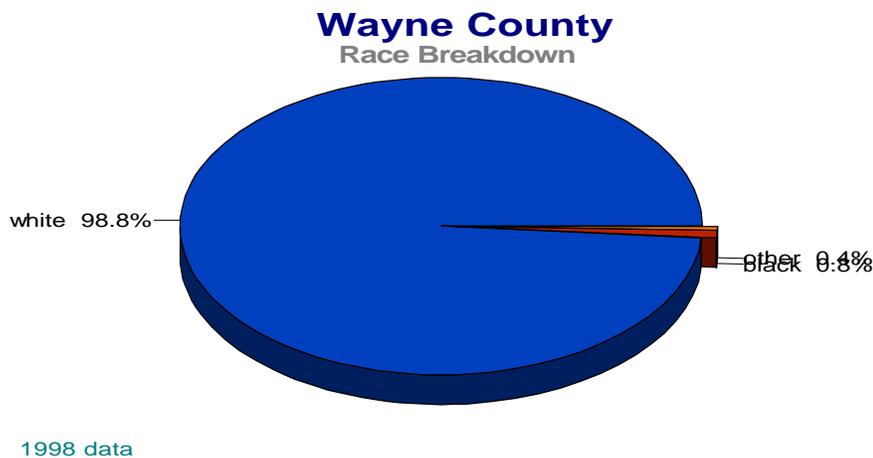
IV. WAYNE COUNTY DESCRIPTION

A. Geographic & Land Area

Wayne County's geographical location is the southwestern border of the South Central region. Three counties in the South Central region border it: Perry County to the North, Lewis County to the Northeast, and Lawrence County to the East.

B. Demographics

The county was settled with Waynesboro as the county seat. According to the 1998 resident data, Wayne County had a total population of 16,619. Of this total 98.8% are Caucasian, .8% are black and less than .4% are classified as other races.

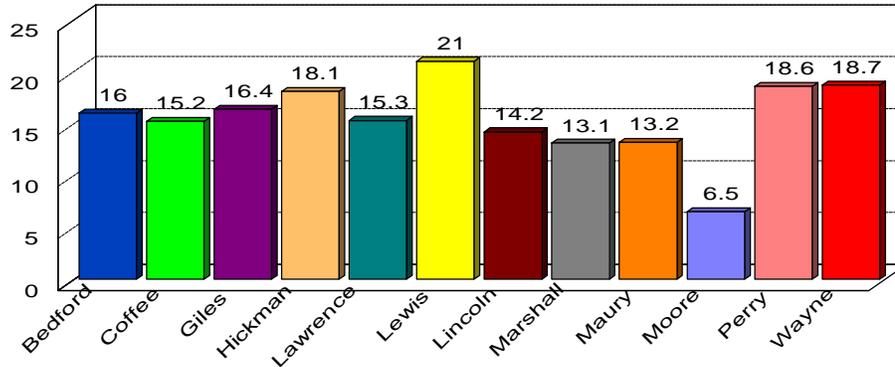


C. Economic Base

According to 1997 Poverty Level Guidelines, an individual earning less than \$657.50 per month is considered impoverished. For a family of four, \$1,337.50 per month is 100% of poverty.

The Health Council was provided with the 1994 estimates based on 1990 census data. Poverty rates for the entire county population was 18.7%, which is higher than the regional (15.2) and state (15.7) rate. The per capita income for 1997-98 was \$12,434, which was lower than the state's per capita income of \$15,194.

South Central Region
Percent of Population Below Poverty



1990 Census

In 1996, 29.4% of the population was enrolled in TennCare, which was lower than the state's 22.7% for this same period.

During the data analysis phase of Wayne County's Community Diagnosis, the council noted that the County had an unemployment rate of 14.7% which was much higher than 3.7% state rate for November 1998.

D. Medical Community

Wayne Medical Center is the only hospital facility located in Wayne County.

There are three nursing homes in the county – C & W Boarding Home, Wayne Care Nursing Home and Wayne County Nursing Home. The summary statistics on the nursing homes in the county for 1997 showed that the nursing homes were staffed at 99.5% occupancy.

V. COMMUNITY NEEDS ASSESSMENT

The following section contains the collection of data as it was presented to the Wayne County Health Council from November 1998 through September 1999. The Community Development staff presented the health data. Several data sources were consulted in order to meet the needs of the Health Council.

Appendix B – Comparison for Behavioral Risk Factor and Community Survey

A. Primary Data

Behavior Risk Factor Survey

The University of Tennessee, Knoxville completed 200 sample telephone questionnaires concerning the health status and availability of care in Wayne County.

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

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

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

1. Access to Prenatal Care
2. Transportation to Health Care
3. Access to Nursing Home
4. Access to Hospital
5. Access to Assisted Living

Stakeholder Survey

The Health Council elected to take advantage of the Stakeholders Survey that was available to them through the Community Development staff. The Health Council distributed the Stakeholders surveys in their community and the Community Development staff tabulated the results. The survey was designed to measure perception of the health care delivery system within the community.

A revised version of the Stakeholders Survey, which is now called the Community Survey, is still used in the Community Diagnosis process. Some of the original input from the Health Council was taken into account in the development of the new tool.

According to this survey (Community Survey), the top five community health problems in the county are:

1. Smoking
2. High Blood Pressure and Unemployment
3. Heart Conditions, Adult Alcohol Abuse, and Adult Drug Abuse
4. Teen Alcohol and Drug Abuse
5. Arthritis and Diabetes

The top five problems concerning access to health care, according the BRFSS, are:

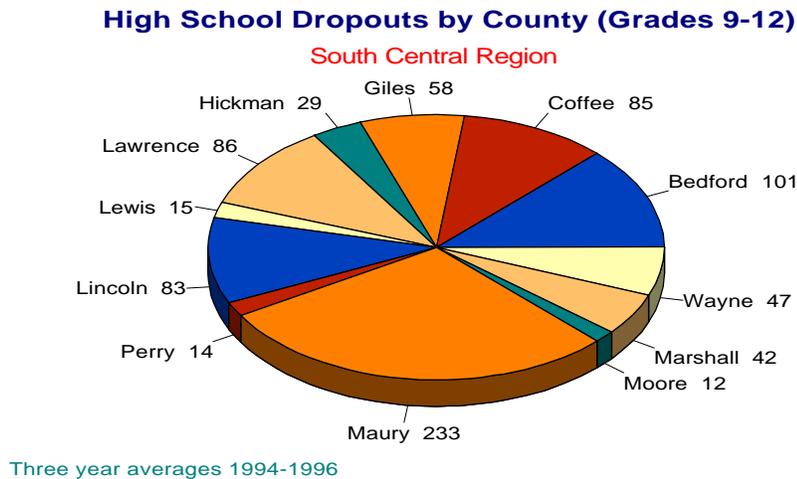
1. Access to Emergency Room Care
2. Access to Child Day Care and Access to Hospital Care
3. Access to Health Insurance
4. Access to Recreational Activities
5. Access to Women's Health Care

B. Secondary Data

Summary of Data Used

Educational Attainment:

The high school dropout rate for the county was 5.0% for 1997-1998. This was higher than the regional rate of 4.1% and the state rate of 4.4%. The average dropout rate from 1994 – 1996 was 5.1 (average number of dropouts was 47). Teen pregnancy, poor grades, drug and/or alcohol abuse, and long hours on a job are some of the things that directly effect the dropout rate.



For fiscal year 1997-1998, 45.2% of the students in Wayne County participate in the school lunch program receiving lunch at free or reduced prices. This is greater than the state rate of 33.1%.

MORBIDITY & MORTALITY

The Wayne County Health Council was presented with statistics concerning reportable diseases and causes of death within the county. The Health Council also reviewed the number of teen pregnancies that had occurred in Wayne County over a ten-year time frame. The Community Development staff provided comparisons of similar data with other counties in the region and across the state to enable the Health Council to recognize significant problems in their own community.

In addition to specific health problems, the council was provided a comprehensive view of the status of children and youth within Wayne County.

Five Leading Causes of Death:

The Wayne County Health Council members were provided with county specific data from 1997 concerning the leading causes of death. The list is as follows:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Accidents and Adverse Effects
 Motor Vehicle Accidents
5. Pneumonia and Influenza

These are consistent with the leading causes of death across the state of Tennessee, as well as the United States.

Teen Pregnancy

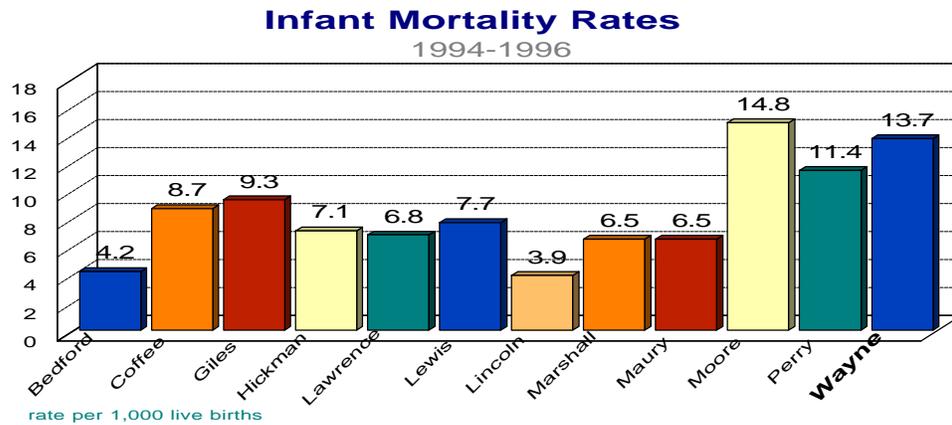
Wayne County's teen pregnancy rate for 1997 (6.7) was lower than the State's rate (20.2) as well as the regional rate (14.7) for females ages 10-17. Tennessee's teen pregnancy rate continues to decline. The rate decreased 3% from 1992 to 1994. The problem of teen pregnancy is compounded by misconceptions. A prevalent one is that it is an adolescent problem when in fact it is an adult problem since 74% of the men involved in the pregnancies among women under 18 were not teens; 35% are aged 18-19, and 39% are at least 20, according to the 1995 Guttmacher study on *Sex and America's Teenagers*. Teens are more likely than older women to have babies whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common to infants of teens than among babies born to women in their 20s. Teenagers who become parents are disadvantaged socially, economically and educationally.

Birth Data

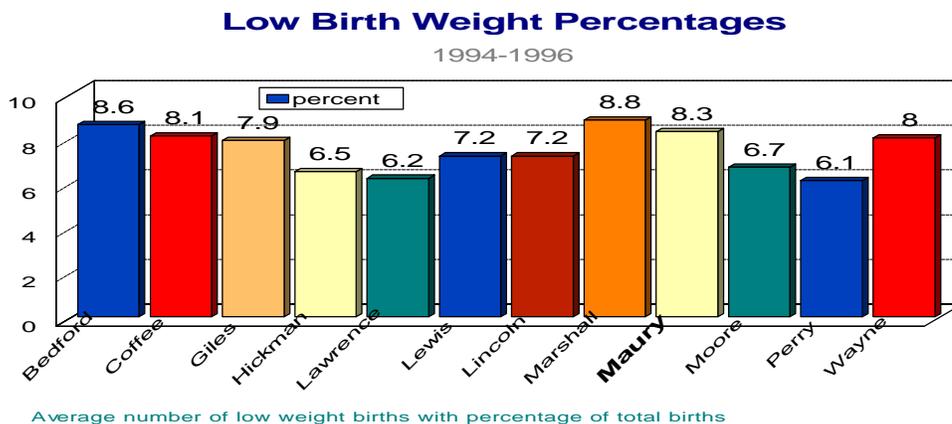
Infant mortality (deaths within the first year following birth) and births of infants that are low-weight are important indicators of a community's health status. Infant mortality is reported as a rate of every one infant death per 1,000 live births.

Through presentations by the Community Development staff, the Health Council learned that Wayne County had an infant mortality rate of 6.3 in 1997 (1 infant death per 1,000 live births). The state had a rate of 8.5 and the regional rate was 6.6. Infant mortality rates measure the effect of major health threats to newborn babies. Early comprehensive care plays a major part in reducing the rate of infant deaths. Fewer babies are dying in Tennessee. The state infant mortality rate has declined 56% since 1973. Wayne County's average infant mortality rate for the years 1994-1996 was 13.7 per 1,000 live births.

Both low birth weight and prematurity are among the leading causes of infant mortality. Low birth weight, a baby born weighing less than 5.9 pounds, is a major determinant of infant deaths. Low birth weight babies are 40 times more likely to die during the first month of life than normal weight infants. If the infant survives, it is much more likely to suffer from multiple health and developmental problems. The three-year average from 1994-1996 for Wayne County was 8.0; Wayne County's low birth weight rate for 1997 was 6.3, decreasing from 7.9 in 1996. The South Central Regional rate was 8.6 and the state rate was 8.8 for this same time period.



Data shows that more than half of the deaths that occurred, many due to low birth weight, was preventable with adequate prenatal care.



Prenatal Access and Care:

The Health Council examined the status of prenatal care delivery in Wayne County during the data analysis stage of their community diagnosis. Based on 1998 data, Wayne County was a shortage area for access to Obstetrics, Pediatrics, and Primary Care. According to the Kessner Index, adequate prenatal care is 1 or more number of prenatal visits if 13 or less gestation and 9 or more prenatal visits if 36 or more weeks pregnant. In 1996, Wayne County had 29.1% of births lacking adequate prenatal care, which was higher than the State at 27.3% and the South Central Region at 27.6%. About ¾ of the females in Wayne County (70.9%) are seeking early prenatal care.

Reportable Diseases:

The Health Council reviewed county specific data on the following reportable diseases. Comparisons were also provided of regional and state data.

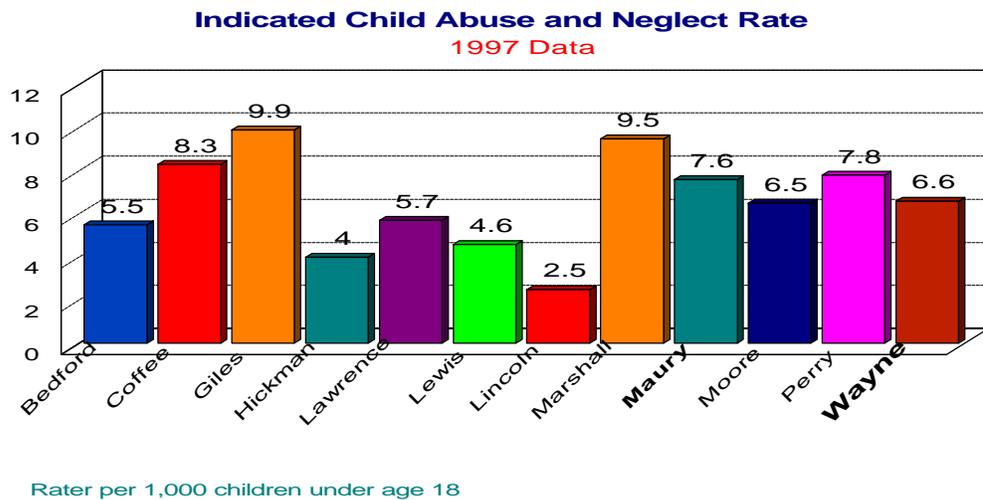
- Syphilis
- Gonococcal Infections
- Chlamydia
- Lyme Disease
- Meningitis
- Tuberculosis
- Influenza
- Hepatitis A
- Hepatitis B
- Hepatitis (Non A, Non B)
- Salmonellosis
- Mumps
- Measles
- Rubella

Chlamydia and Gonococcal infections were the most prevalent in the county. Sexually transmitted disease rates over a ten-year period were presented at the Health Council. The sexually transmitted disease rate (per 100,000) for teens 15-17 years in Wayne County for 1996 was 499.2.

Heart Disease is the leading cause of death in the county followed closely by cancer. Cancer is the leading cause of death in the county for those aged 45-64 years. Lung cancer was the leading cancer diagnosis in Wayne County followed by female breast and prostate cancer. Statewide the most predominant cancers are lung and female breast. Early diagnosis and treatment can decrease the number of cancer deaths in the county. Survival rates increase with earlier diagnosis.

Children and Youth:

The Health Council reviewed data concerning child abuse and neglect. The child abuse and neglect rate is the number of cases per 1,000 children under 18 years old in the population. Child abuse and neglect occur when a child is mistreated, resulting in injury or risk of physical harm. In Wayne County during 1997 there were 27 indicated cases of child abuse, giving the county a rate of 6.6 per 1,000. (Indicated refers to cases that have been investigated with the investigation concluding that an incidence of abuse occurred.) Wayne County's indicated child abuse rate is lower than the state rate of 8.0 and the regional rate of 6.5 for this same period of time. Commitment to state custody is the most serious sanction juvenile courts judge can administer a child. In Wayne County during fiscal year 1997-98 the commitment rate of children to state custody was 3.6 per 1,000 (15 children). This number is smaller than the state's commitment rate of 4.9 and the region's commitment rate of 5.7.



The number of teen violent deaths has grown 30% statewide in the past decade for teens aged 15-19. Violent deaths include motor vehicle accidents, suicides and homicides. The violent death rate of adolescents in Wayne County was 87.3 in 1997 dropping significantly from a rate of 200 in 1994 and 202.4 for 1996. The major cause of teen violent deaths in the county was accidents and adverse effects.

VI. Health Issues & Priorities

Community Process

In January of 2000, the Wayne County Health Council set their priorities for Wayne County as follows:

1. Alcohol and Drug Abuse/Youth Prevention/Adult Treatment and Intervention/Domestic Violence
2. Tobacco Prevention
3. Diabetes/Nutrition/Exercise
4. Access to Healthcare/Access to Prenatal Care
5. Economics/Unemployment/TennCare

FUTURE PLANNING

The Wayne County Health Council has received a portion of the Tobacco Prevention and Control grant and is working towards providing education and a support system for smoking cessation in their community.

The Health Council is currently seeking funding for programs that will target other issues that are plaguing their community.

APPENDIX A

Membership Listing

WAYNE COUNTY HEALTH COUNCIL

Membership List

Updated 9/23/99

Total 26

Glen Richardson

Regional Health Council Member
225 First Avenue South
Collinwood, TN 38450

Beverly Hall, RN

703 S. Main Street
Waynesboro, TN 38485

Nancy Armetta, MD

Center for The Family
P.O. Box 1347
Waynesboro, TN 38485
722-5411

Joe Hall, MD

Wayne Medical Center
P.O. Box 580
Waynesboro, TN 38485
722-5411

David Bass

Church of Christ
P.O. Box 33
Waynesboro, TN 38485
722-5520

Steve Hall, County Director

Marshall County Health Department
206 Legion Avenue
Lewisburg, TN 37091
359-1551

Lillie Brewer, RN

Wayne County Nursing Home
P.O. Box 510
Waynesboro, TN 38485
722-3641

Shirley Harder

Administrator
Wayne Medical Center
P.O. Box 580
Waynesboro, TN 38485
722-5411

Kay Casteel

Director of Nursing
Wayne Medical Center
P.O. Box 580
Waynesboro, TN 38485
722-5411

Misha Johannes

Community Service Agency
1610 Hatcher Lane
Columbia, TN 38401
380-3303

Cindy Duren

UT Extension Office
525 B Hwy 64 East
Waynesboro, TN 38485
722-3229

Carl Skelton

Sheriff
Wayne County Sheriff's Office
P.O. Box 795
Waynesboro, TN 38485
722-3613

Bobby Haley

Ambulance Director
Wayne Medical Center
P.O. Box 580
Waynesboro, TN 38485
722-5411

Sarah Jones

Elementary Principal
Frank Hughes High School
P. O. Box A
Clifton, TN 38425
676-3325

Jerry Duren

Pharmacist
P.O. Box 736
Waynesboro, TN 38485
722-5466

Sierra Knaus

UT Extension Office
525 B Hwy 64 East
Waynesboro, TN 38485
722-3229

Judy Lineberry Vandegriff

Family Practice Center
P.O. Box 940
Waynesboro, TN 38485

Paula Petty

Wayne Medical Center
P.O. Box 580
Waynesboro, TN 38485
722-5411

Betty Smith, Director

Wayne Co. Emergency Resource Center
1250 Old Beech Creek Rd
Waynesboro, TN 38485
722-7353

Sheridan Lorraine

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

Karen Fletcher

Director
Natchez Trace Maternity Ctr.
2104 Dunmire Hollow Rd
Waynesboro, TN 38485
722-5096

Dean Stegall

Vice Principal
Waynesboro Middle School
P.O. Box 637
Waynesboro, TN 38485
722-5545

Judith Whaley

Director
Counseling Center
P.O. Box 865
Lawrenceburg, TN 38464
762-6505

Anne Overton

Wayne County Board of Education
P.O. Box 658
Waynesboro, TN 38485
722-3316

Jerry Pigg

Superintendent
Wayne County Board of Education
P.O. Box 658
Waynesboro, TN 38485
722-3316

Sarah Williamson, Health Educator

Lawrence County Health Dept
2379 Buffalo Rd
Lawrenceburg, TN 38464
762-9406

APPENDIX B

Resources & Internet Address

Wayne County Health Council Data Comparison September 15, 1999

The following is a comparison summary of data collected for, and presented to, the Wayne County Health Council from October, 1998, through August 1999. This comparison is intended to assist the Health Council in assessing community needs, and prioritizing the community's health problems.

After careful review of the data, the Health Council will reach a consensus concerning the top problems in Wayne County. The Health Council can then determine how they can improve the health status of the community.

Community Survey 216 Questionnaires Analyzed “Small Problem” + “Problem” (All indicators that rated “problem” by 60% or greater)

Community Issues	Small Problem/ Problem %	Total
1. Smoking	11/78	89%*
2. High Blood Pressure	13/73	86%
3. Adult Alcohol	12/70	82%*
4. Adult Drug	13/69	82%*
5. Teen A&D	12/69	81%
6. Heart	17/65	82%
7. Smokeless Tobacco	13/65	78%
8. Arthritis	15/64	79%*
9. Diabetes	16/63	73%
10. Unemployment	25/61	86%

* These items place in the top five problems on the Behavior Risk Survey

Behavior Risk Survey

200 Surveys Analyzed

“Definite Problem” Top 7

Health Problem	% Of Respondents
1. Tobacco Use	63%*
2. Cancer	48%
3. Alcohol Abuse	40%*
4. Drug Abuse	40%*
5. Arthritis	40%*
6. HBP	36%*
7. Heart Conditions	33%*

* These problems rank in the Community Survey top ten.

Community Survey Community Resources

Thirty percent or more of the respondents to the Community Survey indicated the following resources to be “Not Adequate” in Wayne County.

Resource	Not/ Adequate	Not/ Available	Total
Recreation	49%	13%	62%
Specialty Care	44%	47%	91%
Health Insurance	41%	3%	44%
Pediatrics	38%	11%	49%
Adult Drug/Tx	37%	13%	50%
Child Day Care	31%	3%	34%
ER	31%	7%	38%
Hospital Care	30%	6%	36%

Behavioral Risk Survey Access To Health Care

Twenty-four percent or more of the respondents of the Behavioral Risk Survey indicated the following access issues to be a “Definite Problem” or “Somewhat a Problem”.

Problem	Definite	Somewhat	Total
Transportation to Health Care	17%	17%	34%
Access to Assisted Living	11%	13%	24%
Prenatal	16%	49%	65%
Hospitals	11%	20%	31%
Nursing Home	8%	23%	31%

Secondary Data Support Of Survey Findings

Causes of Death

Leading Causes of Death 1996:

- 1. Heart Disease**
- 2. Cancer**
- 3. Cerebrovascular Disease**
- 4. Chronic Obstructive Pulmonary Disease**
- 5. Accidents and adverse effects (including MVA)**

County Ranking Among 95 Counties :

1994-1996 three year average, age adjusted

#9 infant mortality

#14 deaths due to heart disease

#14 deaths due to suicide

#16 cases of TB

#43 for low weight births

#46 number of births with late prenatal care

#47 for number of births to adolescent mothers

Smoking is a leading contributor to cancer, heart disease, COPD, and cerebrovascular disease. Smoking and Tobacco Use rank at the top of the Community and Behavior Risk Surveys.

Wayne County's rate for death by suicide is 14th highest in the State. Wayne County's rate for adolescent violent death is the second highest in the region. Alcohol and drug abuse can be major contributors to motor vehicles accidents, adolescent violent deaths, and death from other accidents. Alcohol and drug abuse were among top concerns on both surveys.

Economic Data

- Wayne County had an unemployment rate of 9.0% in April, 1999. The unemployment rate for the County is about twice the State rate.
- TennCare enrollment is about 20% of Wayne County residents, than the State rate of 23.2%.
- School Dropout (a factor in unemployment rates) is among the highest in the region. (5.1% average 1994-1996)

Teen Pregnancy

- Based on 1997 vital records, Wayne County has the second lowest birth rate in the region. (For all ages)
- The percent of out-of-wedlock births is lower in Wayne County than the region and State rates.

- The infant mortality rate for Wayne County (three year average 1992-1994 and 1994-1996) was over 13%. The regional rate for the same three years was 7.5, and the State rate, 9.2. Infant mortality is declining across the regions and the state, but increasing Wayne County.
- Wayne County ranks ninth in the State for infant mortality.
- Teen pregnancy declined between 1996 and 1997. Teen pregnancy rates are lower than State rates.

Health Information Tennessee
Visit us on the web at server.to/hit