

**WEAKLEY COUNTY HEALTH COUNCIL
COMMUNITY NEEDS ASSESSMENT**

1998

VOLUME I

**A REPORT ON THE ASSESSMENT PROCESS, RESULTS
OF THE ASSESSMENT, AND THE INTERVENTION STRATEGIES
PLANNED BY THE WEAKLEY COUNTY HEALTH COUNCIL.**

**NORTHWEST TENNESSEE DIVISION OF ASSESSMENT AND PLANNING
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INTRODUCTION

Mission Statement

The mission of the Community Diagnosis Program is to help communities to assess the county's current health status and problems and to develop a localized plan to improve the health status, the health delivery system, and to correct identified problems.

"Health Departments across the country have not developed good assessment capabilities, but we must concentrate on this function if we are to enter the 21st century with the data and system to recognize health problems as well as resolve them."

Dr. Fredia Wadley, Commissioner
Tennessee Department of Health
February 1995

Definition of Community Diagnosis

Community Diagnosis is a community-based community-owned process to assess the health status of Tennesseans. The process 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.

Summary

Health issues for Weakley County were identified from primary data and secondary data sources, the issues were prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the council will develop a health plan for the priority issues. The plan will contain goals and objectives, which will lead to the improvement of access to care, and improve the health status of residents in Weakley County.

This document provides a description of the community assessment activities of the Weakley County Health Council and the priority health problems identified through the assessment.

Council Make-up

The Weakley County Health Council was established on January 28, 1998, with 35 members. Through attrition the active membership now stands at 20. The membership consists of a broad-based representation of the community that includes: the local health department; local hospital staff, chamber of commerce, mental health, local business, public schools, local government, ministers, private medicine and consumers. The current council membership is located in **Appendices A.**

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COUNTY DESCRIPTION

Geographical Facts

Weakley County is located in the Northwest Region of West Tennessee, bordered on the north by Kentucky, on the west by Obion County, on the east by Henry County and on the south by Carroll and Gibson Counties. Weakley County contains five major townships: Dresden, Gleason, Greenfield, Martin and Sharon. The county is 576 square miles in area and is located approximately 145 miles northwest of Nashville, 125 miles northeast of Memphis.

Weakley County has a total population of 31,972 (1990 census) and Dresden is the county seat. The largest population centers are:

Dresden	2,749
Gleason	1,402
Greenfield	2,105
Martin	9,246
Sharon	1,047

The county operates one school system with several schools scattered throughout the county. There were approximately 5,177 students enrolled in the Weakley County School System during 1997-98. The University of Tennessee at Martin is located in the county.

Economic Base

The economy in Weakley County is diversified and not dominated by anyone source. The county's economic bases consist of retail trade and services, agriculture, and industry.

Total retail sales in 1997 were reported at \$173,293,906 with a per capita personal income in 1996 of \$17,833.

The major crops produced in Weakley County are: tobacco, corn, sweet potatoes, beans, cotton, milo, milk, beef and pork.

There are several industries operating in Weakley County and the county is continuing to grow and expand. The largest industries are MTD Products with 700 employees and World Color with 680 employees.

Health Care

Methodist Health Care, Volunteer Hospital serves Weakley County with a full range of diagnostic, therapeutic and specialty health care services. Volunteer Hospital consists of a 100-bed hospital, a center for wellness and rehabilitation center, and a home health agency. In addition to the hospital there are 32 physicians, 13 dentist and 3 nursing homes.

The Weakley County Ambulance Service, Inc has 6 vehicles and provides both advanced and life support services from stations in Dresden and Martin.

The Weakley County Health Department is the final piece of the health care puzzle, providing services including: WIC, family planning, immunizations, nutritional education and environmental services.

COUNTY DESCRIPTION

Population Facts:

POPULATION

	COUNTY	REGION	STATE
Percent of households that are family households.	71.6	74.7	72.7
Percent of households that are families headed by a female with no husband present.	9.0	11.8	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years.	4.6	6.4	6.9
Percent of households with the householder 65 and up.	27.4	27.5	21.8

EDUCATION

	COUNTY
Number of persons age 25 and older.	19,677
Percent of persons 25 and up that are high school graduates or higher.	56.9
Percent of persons 25 and up with a bachelor's degree or higher.	10.3

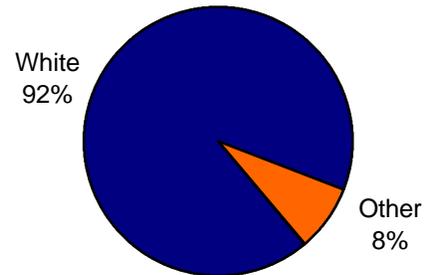
EMPLOYMENT

	COUNTY
Number of Persons 16 and Older.	25,727
Percent In Work Force	61.4
Number of Persons 16 and Older in Civilian Work Force.	15,760
Percent Unemployed.	5.5
Number of Females 16 Years and Older with Own Children Under 6.	1,792
Percent in Labor Force.	69.2

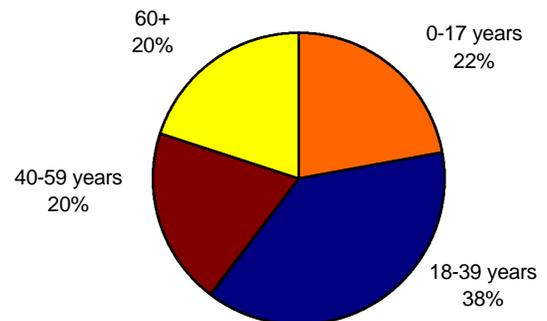
POVERTY STATUS

	COUNTY	REGION	STATE
Per capita income in 1989.	\$9,857	\$9,850	\$12,255
Percent of persons below the 1989 poverty level.	15.5	19.03	15.7
Percent of families with children under 18 years, with income in 1989 below the poverty level.	17.0	23.8	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level .	22.3	27.4	20.9

Weakley County Racial Break Down



Weakley County Age Breakdown



COMMUNITY NEEDS ASSESSMENT

Community Diagnosis Process

The Weakley County Health Council was established on January 28, 1998, by the Community Development Staff of the West Tennessee Regional Health Office in Union City, Tennessee.

An initiating group meeting was held on November 4, 1998. During this meeting community leaders were educated on the community diagnosis process, the role of the health council, and the role of the Department of Health. The majority of the Weakley County Health Council members were appointed at this initial meeting. Other members were included as the assessment process proceeded.

The council began the assessment by collecting primary data through the distribution of a community survey to the residents of Weakley County. This instrument asked respondents about personal health, basic demographic information and opinions on particular health issues. A total of 558 surveys were completed and returned for tabulation.

Although the community survey was completed, the council felt it was important to gather additional information from the medical professionals located in the county. The council distributed a medical provider survey, which asked question they felt were important concerning current services/ diagnosis/treatments that were most frequently provided to the citizens of Weakley.

The Behavioral Risk Factor Survey was also collected in the community in order to gather even more resident data. This survey was a random telephone survey conducted by the University of Tennessee. It provided information on the respondents health behaviors and their perception on community health problems.

Once the primary data was collected and the results tabulated, the council began to evaluate the results and compile a list of the most prominently perceived health problems identified through the collection of surveys.

Using this list, the council began to evaluate secondary data on each perceived health problem, to determine if the problem indeed existed, and to investigate the severity of the problem. The Tennessee Department of Health collects demographic and socioeconomic information, mortality (death) data, morbidity (disease prevalence) data, comparisons of county data to national and state year 2000 objectives, and an extensive set of birth data. In addition, data was obtained through local agencies, the World Wide Web and the National Center for Health Statistics. Data was presented to the council in the form of rates, percentages and ratios of the most current reportable health indicators for the county.

Following the review of secondary data the list of perceived problems was prioritized to ensure that each health issue was addressed and examined with the same objectivity. The scores of this process were tabulated and the health priorities were identified. From the list of the health priorities for Weakley County, the council chose to address these health priorities through sub-committees which will develop community intervention strategies.

Steps of the Process

- 1. Organize a health council**
- 2. Collect and analyze primary data**
- 3. Analyze Secondary data**
- 4. Prioritize the issues**
- 5. Develop interventions**

COMMUNITY NEEDS ASSESSMENT

Primary Data Gathered

The Weakley County Health Council was determined to gather as much information as possible from the residents of Weakley County. The council felt that community input was the most valuable component to completing a thorough assessment. Three different survey instruments were used during the Community Diagnosis Process, and they are listed individually and include a brief explanation of their purpose and distribution.

1. Weakley Co. Community Survey:

The Weakley County Health Council created this survey in an effort to find out the citizen's perceptions of the communities needs. The anonymous questionnaire was distributed throughout the county, which asked their opinions on particular health issues. The instrument also asked respondents about their personal health and some demographic information. With the assistance of council members the surveys were distributed to an appropriate representation of the community. A total of 558 surveys were returned.

2. Weakley County Provider Survey:

The council created this survey in an attempt to obtain information from the primary care physicians and practitioners providing services in Weakley County. The primary care providers and the local health department were asked to complete a one-page survey by which they were asked to identify health problems frequently seen and to offer suggestions on improving health care delivery.

3. Behavioral Risk Factor Survey:

This survey was a random telephone survey conducted by the University of Tennessee. Approximately 200 Weakley County residents were surveyed. A majority of the questions pertained to the respondents' lifestyle and health behaviors, as well as their perception of the community and specific health concerns. It was reported that it took approximately 45 minutes to administer and the surveyors had a difficult time obtaining some of the information.

COMMUNITY NEEDS ASSESSMENT

Perceived Health Problems

Through the collection of primary data in the community, the council compiled a list of several perceived health problems, which they felt were important to improving the health of Weakley County residents. They're perceived list of concerns is as follows:

Perceived Health Problems

- * **Hypertension/Stroke**
- * **Teen Pregnancy**
- * **Alcohol, Drug, Tobacco Use (Youth)**
- * **School Violence/Safety**
- * **After School Program**
- * **Diabetes**
- * **STD Prevention (Youth)**
- * **School Nurse**

Secondary Data Analyzed

The Weakley County Health Council reviewed and analyzed secondary data collected by the Tennessee Department of Health, National Center for Health Statistics, and other sources, in order to determine if the perceived health problems were actually problems that required attention. The Community Development Staff reviewed the entire health data set provided by the Department of Health to ensure that the council did not overlook any major health problems. The categories of data and their source are identified in the chart below.

- * **Demographic and Socioeconomic Population Information**
(U.S. Census - 1990)
- * **U.S. Healthy People 2000 Objectives**
- * **Tennessee Healthy People 2000**
- * **Adolescent Pregnancy Rates**
- * **Live Birth by Age and Race**
- * **Birthweight Trends**
- * **Infant Deaths**
- * **Leading Causes of Death**
- * **Cancer**
- * **Heart Disease**
- * **Diabetes**
- * **Sexually Transmitted Diseases**
(Tennessee Department of Health)
- * **U.S. Teenage Pregnancy Information**
- * **U.S. Teenage Illicit Drug Use**
(National Center for Health Statistics)
(World Wide Web)

HEALTH ISSUES AND PRIORITIES

Prioritizing Method

The members of the Weakley County Health Council through the use of primary and secondary data determined the leading health concerns. This council consisted of representatives of county government, education, health care, the local ministerial alliance and local citizens groups.

The major task of the council was to identify the priority health problems of Weakley County in rank order. Using an modified version of the J.J. Hanlon method, the council rated each health problem according to the size of the health problem to reflect the percentage of the local population affected, the seriousness of the health problem, and the effectiveness or impact of intervening in the problem. Once the problems had been rated on size, seriousness and effectiveness of interventions, the PEARL test was applied to determine the Propriety, Economics, Acceptability, Resources available and Legality of intervening.

Prioritized Health Problems

From the council's list of perceived health problems the following priority problems were established through the rating and prioritizing process, with this list being further prioritized to determine the health concerns selected for intervention in Weakley County.

PRIORITIZED HEALTH PROBLEMS

1. **COMPREHENSIVE SCHOOL HEALTH PROGRAM**
2. **AFTER -SCHOOL PROGRAM**
3. **YOUTH ISSUES
TEEN PREGNANCY
SCHOOL/YOUTH VIOLENCE/ SAFETY
STD PREVENTION
ALCOHOL, DRUG, TOBACCO USE**
4. **HYPERTENSION/STROKE
AND HEART DISEASE**
5. **DIABETES**
6. **CANCER**

Problems Selected for Intervention

1. **COMPREHENSIVE SCHOOL HEALTH PROGRAM**
2. **AFTER-SCHOOL PROGRAM**

HEALTH ISSUES AND PRIORITIES

Priority Problem Justification

The majority of Weakley County Health Councils concerns focused around the youth in their community. They chose their top two problems after reviewing data on Teen Pregnancy; Alcohol, Drug and Tobacco Use; School and Youth Violence/Safety; and STD Prevention. They also reviewed information pertaining to organized afterschool programs and comprehensive school health programs.

The council felt the best and most effective way to deal with the issues facing their youth would be to investigate possibilities of obtaining a comprehensive school health program into the Weakley County School System and developing a after-school program where it would be most needed.

Teen Pregnancy:

In the Next 24 hours: 2,795 teenage girls will become pregnant.

In a Community Health Status survey conducted by the council, 60 percent of the respondents described teen pregnancy as a problem in Weakley County. The following table shows that the number of pregnancies has fluctuated, yet no notable reduction has occurred.

Weakley County Adolescent Pregnancies by Number and Rate
Per 1,000 females aged 10-17 by Race

Race/ Year	1996 # Rate	1995 # Rate	1994 # Rate	1993 # Rate	1992 # Rate	1991 # Rate	1990 # Rate
All	28 14.3	27 14.0	27 14.1	29 15.2	23 12.1	22 11.6	34 17.9
White	28 16.1	19 11.2	21 12.4	25 14.8	21 12.4	19 11.2	30 17.7
Non-White	0	8 39.2	6 29.9	4 20.1	2 10.2	3 14.5	4 19.5

After adjusting for other factors to teen pregnancy, the estimated cost of taxpayers is \$6.9 billion in lost tax revenues, increased health care, foster care, and the criminal justice system.

When adolescent girls give birth, their future prospects decline. Teen mothers complete less school, are more likely to have large families, and are more likely to be single parents. Consequently, over time, an increasing percentage of teens have initiated sex sooner, have sex more frequently, and have sex with a greater number of partners prior to marriage. For example, in 1995, 66 percent of high school students reported having sex prior to graduation.

Children whose mothers were 17 or younger, tend to have more difficulty in school, have poorer health yet receive less health care, have less stimulating and appropriate home environments, have higher incarceration rates, and have higher rates of adolescent pregnancies and births. (Robin Hood Foundation data)

HEALTH ISSUES AND PRIORITIES

Alcohol, Drug and Tobacco Use:

In the next 24 hours: 9,506 teens will take their first drink of alcohol or use drugs. It is reported that 50% of all teens use alcohol or drugs.

The following comparisons are made using the Tennessee High School Survey of 1996 from the Northwest Region participants (Carroll, Gibson, Henry, Lake, Obion, and Weakley) and state totals. Using the 1995-96-school enrollment, estimates of student involvement are derived from the regional percentages.

The 1995-96 Weakley County School Enrollment was for grades 9th through 12th was 1,611.

Questions Asked	Northwest Estimates %	Weakley County Estimate
Smoked Cigarettes	64.5	1,039
Used Smokeless Tobacco	33.9	546
Used Alcohol	70.7	1,139
Gotten Drunk from Alcohol	68.5	1,104
Used Marijuana	31.1	501
Used Crack/Cocaine	5.4	87
Used Inhalants	18.6	300
Bought Drugs at School	14.8	238
Offered/Given Drugs at School	39.5	636
Driven after Drinking (last 12 months)	21.2	342
Driven after Drug Use (last 12 months)	16.6	267

*Average age to begin smoking is 12
Average age of first use of alcohol is 14
Average age of first use of Marijuana is 14
Average age of first use of inhalants is 13*

Tobacco use is addictive and is responsible for more than one of every five deaths in the United States (CDC Report, 1997). On adverse, more than 3,000 young persons, most of them children and teens, begin smoking each day in the United States. Approximately 82 percent of adults aged 30-39 years who have smoked daily had their first cigarette before 18 years of age. National surveys indicate that 70 percent of high school students have tried smoking and that 28 percent reported having smoked cigarettes during the past 30 days (CDC, 1991).

In a community health status survey conducted by the Health Council, of the 558 respondents, 60 percent reported that alcohol and drugs to be a problem in their community, 61% reported youth tobacco use to be a problem.

In 1997, Weakley County reported 75 juvenile alcohol and drug arrests.

School and Youth Violence/Safety:

Weakley County consistently has a high number of juveniles coming into contact with the Weakley County Juvenile Court System. The rate of children entering state custody is 5.8 (per 1,000 children), the state rate is 5.2.

As the following charts indicate, Weakley County's overall rank according to the data indicators for adolescent violent deaths, high school dropouts and the percent of children referred to juvenile court which has continued to escalate over demographically similar counties in the Northwest Region.

HEALTH ISSUES AND PRIORITIES

Rate of Adolescent Violent Deaths 1994-1996 per 1,000 aged 15-19

County	Number	Rate
Weakley	7	77.2
Henry	7	125.2
Carroll	4	67.5

Percent of High School Dropouts 1994-1996 (number of dropouts/enrollment)

County	Number	Rate
Weakley	42	2.6
Henry	33	2.1
Carroll	30	1.9

Percent of Children Referred to Juvenile Court January 1996 to December 1996

County	Number	Rate
Weakley	402	5.0
Henry	284	4.3
Carroll	179	2.6

January 1, 1998 to November 19, 1998, Weakley County had 662 juvenile offences reported with 349 juveniles appearing in court. The following chart indicates the most prevalent offences during this time period broken down by gender.

Offence Statistics By Gender: Weakley County Jan. 1, 1998 through Nov. 19, 1998

Offence	Male	Female	Total
Assault	28	12	40
Theft of Property	62	3	65
Vandalism	44	3	47
Burglary	37	0	37
Possession/Sale Drug Offences	25	5	30
Possession/ Drinking/DUI	28	10	38
Disorderly Conduct	11	4	15
Truancy	72	59	131
Violation of Probation	18	5	23
Custody	25	21	46

School violence and disciplinary problems continue to be on the rise, not only locally but also across the state and the nation. Too many of our youth deal with their problems through the use of violence. The following chart indicates the number of students that have been expelled and suspended in the Weakley County School System. The numbers have increased at an alarming rate.

Weakley County School System

Action	91-92	96-97	97-98
Expelled	0	9	14
Suspended	293	387	496

HEALTH ISSUES AND PRIORITIES

STD Prevention (Youth):

Facts:

- A teenager in the U.S. contracts a STD about every 13 seconds.
- Teens have the highest rates of STDs among all sexually active people.
- Each year 3 million or one out of every 8 is infected with a STD.
- The incidence of AIDS and HIV infections are increasing among adolescents.
- As a result of certain societal factors, (runaway, homeless, rejected by family, incarcerated, dropouts, race, young women, youth in small town and rural communities) some adolescents are at a higher risk of STD.
- National survey data shows that 16 percent of 14-19 year olds reported four or more sexual partners.

Weakley County Estimates

- Based on the ratio of 1:8, approximately 200 Weakley County high school students contracted a STD in 1996.
- There are a total of 61 cases of Chlamydia and 1 case of Syphilis in Weakley County in 1996.
- During the three-year period of 1993-1995 Weakley County averaged 3 cases of Syphilis.

After-school Programs:

- 29% of juvenile offences occurs on school days between the hours of 3:00 p.m. (when young people begin to get out of school) - - and 8:00 pm.
- These are the hours when children are more likely to engage in at-risk behaviors and are more vulnerable to the dangers that still exist in too many neighborhoods and communities.

Children, families and communities benefit in measurable ways from high quality after school programs. By providing after-school programs, we give children safe, engaging environments that motivate and inspire learning outside of the regular school day. Effective programs combine academic, enrichment, cultural, and recreational activities to guide learning and engage children and youth in wholesome activities.

Potential benefits of a Afterschool Program:

- *Decrease Juvenile Crime/Vandalism.*
- *Decrease risky behaviors, such as drug, alcohol and tobacco use.*
- *Improve grades/academic performance*
- *Develop appropriate social skills.*
- *Improve self-confidence.*
- *Improve school attendance and reduce dropout rates.*
- *Improve behavior/handle conflicts in more socially acceptable ways.*
- *Establish positive relationships with peers and authority figures.*

HEALTH ISSUES AND PRIORITIES

Comprehensive School Health Program:

The Weakley County Health Council reviewed several different types of comprehensive School Health Models. The programs that they reviewed were LaBonheur Children's Medical Center, Centers for Disease Control and Prevention and Coordinated School Health Programs. The Council felt that a comprehensive program would most benefit the children of Weakley County rather than a program built around only dispensing of medications.

The areas recommended to be included in a comprehensive School Health Program include:

1. Health Education
2. Physical Education
3. Health Services
4. Nutritional Services
5. Health Promotion for Staff
6. Counseling/Psychological Services
7. Safe School Environment
8. Parental/Community Involvement

Health Planning

Once the council had identified their priority issues, the membership chose to form sub-committees and address the priority health problems separately. A chairperson was elected for each sub-committee, the committees contacted agencies and other residents to meet with them and assist with the development of interventions.

APPENDICES

COUNCIL MEMBERS

Lorna Benson

Weakley County School System

Ruby Black, RN

U.T Martin, Department of Nursing

Dorothy Cook

Northwest TN. Area Agency on Aging

Joe Farmer, Pharmacist

Methodist - Volunteer General Hospital

Coleman Foss, Hospital Administrator

Methodist - Volunteer General Hospital

Tom Gallien, DDS

Ron Gifford, County Executive

Brian Harris

Martin Housing Authority

Tim James, Health Educator

Weakley County Health Department

Bobby Klutts, County Director

Weakley County Health Department

Stacy Lockhart

Weakley County Chamber of Commerce

Kim Montgomery, Nursing Supervisor

Weakley County Health Department

Rev. Roger Oldham

First Baptist Church

Stephanie Robb

Pathways Inc.

John Solman

Weakley County Commissioner

J.D. Sanders, Chief of Police

Martin Police Department

COUNCIL MEMBERS

Suezane Speight

Methodist - Volunteer General Hospital

Mark Traugh, PA

Dresden Medical Associates

Bonnie Tuck

Northwest TN. Human Resources Agency

Beverly Whaley

Regional Prevention Coordinator

INTERNET HOME PAGE INFORMATION

“Hit the Spot” is our abbreviation for Health Information Tennessee - Statistical Profile of Tennessee, which is now on the Internet. The Community Development staff, the county health councils around the state, and the general public now have immediate access to voluminous health statistical information instantly on the Internet.

This Internet project grew out of a partnership between the Department of Health and the Community Health Research Group (CHRG) at UT-Knoxville. CHRG staff under the leadership of its Director, Dr. Sandra Putnam, and Mr. Don Broach have worked closely with the Department of Health’s Director of Assessment and Planning, Judy Dias, and Bill Wirsing to make this project a reality.

Another product which has grown from this fruitful partnership is the *Tennessee Health Status Report of 1997, Volume 1* which was published in paper form in September 1997. Volume 1 is a summary of the health status of Tennesseans in its many aspects and can be viewed on the Internet like turning the pages of a book, after downloading the free Acrobat Reader software which is included in the site.

Volume 2 is a very large database providing the actual statistical information, which was summarized in Volume 1. Volume 2 is available only on the Internet. Everyone is invited to visit and use the site.

Our address is:

www.server.to/hit