

WHITE COUNTY

COMMUNITY DIAGNOSIS DOCUMENT

A GUIDE TO HEALTHY COMMUNITIES

1996/1997

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I. Introduction:

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

The Future of Public Health
Institute of Medicine, 1988

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

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

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

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

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

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

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

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

Where is the community now?

Where does it want to be?

How will it get there?

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

II. Community Diagnosis Defined

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.

The final outcome of community diagnosis and its products should:

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

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

III. White County Health Council

The White County Health Council was established in 1994 by the Upper Cumberland Community Health Agency currently known as the Upper Cumberland Community Services Agency. The Health Council's membership is comprised of community leaders representing various agencies. (Attachment 1) The Department of Health Community Development Staff coordinated with the White County Health Council in January of 1996 in order to facilitate the Community Diagnosis Process. The Health Council's dedication and commitment to the process was evident through their willingness to become one of the state's pilot projects for the Community Diagnosis Process.

During the course of the Community Diagnosis Process, the White County Health Council established **Bylaws** (Attachment 2) that reflect the mission and goals of the council illustrating their commitment to their community. The Council typically meets on the last Tuesday of each month from 11:30 a.m. to 1:00 p.m. where meetings are open to the public.

Mission Statement

The White County Health Council is to act as an independent advisory organization whose purpose is to facilitate the *availability, accessibility* and *affordability* of quality health care within the White County community.

Goals

The goals of the Council are:

- to assess the present and future health care needs of the White County community
- to examine the available health care, economic, political and social resources
- to address unmet health care needs, improve existing services, and solve specific health care problems within the community.

From its analysis, the Council will:

- formally define health care problems and needs within the community
- develop goals, objectives and plans of action to address these needs
- formally identify all resources which are available to effect solutions.

The council has coordinated county-wide community health fairs on an annual basis since its existence. The National Mediguard has been extremely supportive of White County and has assisted in community-wide screenings each year since 1996. Widespread media coverage and public relations have become an intricate part of the council. News releases are published on a regular basis in the local newspaper summarizing the council's activities and progress in Community Diagnosis. There is much local support to provide community awareness as to the assessment of the health care needs of White County.

IV. Community Diagnosis: Overview of the process

The Community Diagnosis process seeks to identify community health care problems by analyzing health statistical data, community surveys, and council perceptions. The initial step in the process is to select a county health council. Through local community leaders, a county health council is formed. This council may consist of various community leaders such as the Mayor, County Executive, Hospital Administrator, School Superintendent, industry representation, health care providers, mental health care providers, Nursing Home representation, local law enforcement, various community agencies, and other community leaders as determined by council members. Once the council is formed, the Department of Health Community Development Staff facilitates the process. The basic steps of the Community Diagnosis process are as follows:

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

The following documentation provides a summary of the findings of White County via the Community Diagnosis Process. As of this writing, the White County Health Council is currently designing interventions and developing funding strategies to address the key issues prioritized during the Community Diagnosis Process. After very intense analysis of top issues, a resource assessment is currently in progress to determine existing services with the possibility of reallocating funding. One of the top issues is the increasing trend in ***Female Breast Cancer Mortality Rates***. Not only does the health statistical data support this trend, but the community assessments also exhibit a strong concern for female breast cancer. It is anticipated that the council will expand on this issue by utilizing the American Cancer Society as a resource to address this health care need. The council is committed to providing more female breast cancer community awareness and education to the citizens of White County. As mentioned earlier, each year the Council provides free health screenings to the citizens of White County whether through the local hospital or the National Mediguard. With assistance from the American Cancer Society and the White County Community Hospital, local citizens are provided reduced-cost mammograms via the community health screenings. The Council is committed to continue searching for

avenues to help defray costs of mammograms and keep the community aware through education concerning Female Breast Cancer.

Another top issue that has surfaced through the process, has been the increasing trend of ***Teenage Pregnancies***. The Council is committed to a continued effort to combat teen pregnancies through early prevention efforts. A subcommittee has formed to analyze the teen pregnancy issue further and is in the process of seeking outside funding through a Teenage Pregnancy Reduction Grant funded by Emory State University. Currently the school system is working diligently to provide ongoing awareness and education to school children about issues regarding teen pregnancies. The local YMCA is in the process of building a Teen Center and is collaborating with the school in trying to deal with this issue.

As mentioned earlier, the White County Health Council provides free health screenings each year via a health fair. There is excellent community involvement with representation from various local agencies. Some of the free health screenings provided to the community include: weight/height, blood pressure, cholesterol, blood typing, urinalysis, dental examinations, eye and hearing, immunizations, and physicals. A cooperative effort between the White County Community Hospital, White County Health Department, White County Health Council, and the Tennessee Army National Guard has resulted in annual community-wide health screenings.

V. County-Specific Information

White County Profile

- White County, located in the Upper Cumberland Region, is surrounded by three of the largest populated counties in the region, Putnam, Warren, and Cumberland.
- White County's population of 21,343 (1995 estimate) is predominantly rural with 42.9% below the 200% poverty guidelines while 26% are on TennCare.
- The county's per capita personal income is \$15,239 which is below the region and the state averages.
- The county is predominantly rural with access to Interstate 40 and various state highways
- Corporate industries such as Mallory Controls, Inc., Red Kap Ind., and Thomas Industries employ approximately 1500 people total. The county has several industrial businesses located in the area. The Chamber of Commerce along with local business leaders actively recruit industry to the area.
- The total labor force in White County is 11,830 with 10,870 employed resulting in an 8.1 unemployment rate.
- White County's public educational system has six elementary schools, one middle/Jr. high school, and one high school in the county with a total enrollment of approximately 3,791.
- The local hospital, White County Memorial Hospital, houses 60 beds with a separate geriatric unit.
- There are 14 physicians located in White County and 3 Physician Assistants.
- White County's TennCare Dental ratio to TennCare enrollees ranks them 33 in the state for Dental needs. The TennCare Dental population utilizes the local health department to meet their needs. The Dentist to TennCare enrollees ratio is 1:11,212 trying to serve the TennCare population.
- According to the state's Health Access Plan for 1997, White County is designated as a shortage area statewide in Pediatric Care and TennCare Providers ranking in the top 30 counties across the state.

References: Tennessee Department of Health, Upper Cumberland Development District

VI. Data Analysis

1. Health Indicator Trends

- A. Demographics/Population**
- B. Pregnancy and Birth Data**
- C. Mortality Data**
- D. Morbidity Data**

2. Behavioral Risk Factor Survey

3. Stakeholders Survey

4. Healthy People 2000 Objectives

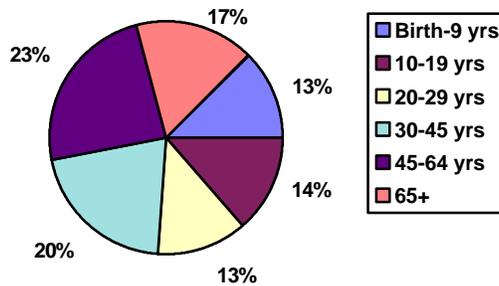
1. Health Indicator Trends

The following data was analyzed for White County through the Community Diagnosis process. All data has been taken from the Tennessee Department of Health, Office of Statistics from the most current years available. A summary follows each data set illustrating the council's perception of health indicator trends that have shown an increasing trend over the time period 1983-1994. In data sets where it was available, 1995 and 1996 data has been noted.

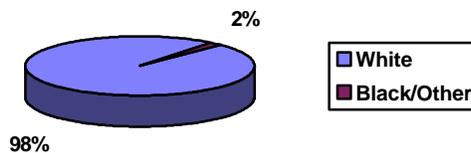
A. Demographics/Population

White County's population estimates for 1995 total 21,343 of that the following chart illustrates the percent of the population according to age groups and race.

Population according to age



Population according to race



The total number of households are 7,722 with 77.5 % representing family households. The percent of households that are families headed by a female with no husband present are 14.4% and 4.5% of these households have children under 18 years of age. The percent of households with the householder age 65 and over is 27.5%. Out of the total population, 60% are over the age of 30. Of this age group over 53.2% are high school graduates or higher with only 7.6% receiving a bachelor's degree or higher. Of the remaining 40%, there appears to be almost equal population distribution between the age

groups. Within the age group of 16 and older 61.8% are in the work force of that 75.2% are females age 16 years and older with their own children.

The percent of persons below the 1990 census poverty level is 17, which is above the states percent of 15.7. The percent of families with children under 18 years and below the 1990 census poverty level is 17.2%. In the age group 65 and older, the percent of persons below the 1990 census poverty level is 26.6.

References: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population

Health Indicator Trends
White County
Three-year moving averages
1983-1994 County Trend

B. Pregnancy and Birth Data (See Attachment 3 for corresponding graphs)

Health Indicator	County Trend	County Compared To Region	County Compared To State
1. Number births/1,000 females	Stable	Equal	Lower
2. Percent births to unwed women	INCREASING	Higher	Lower
3. Number fetal deaths/1,000 births	Unstable	Lower	Lower
4. Percent fetal deaths to unwed women	Unstable	Lower	Lower
5. Number pregnancies/1,000 females	Stable	Equal	Lower
6. Percent pregnancies to unwed women	INCREASING	Equal	Lower
7. Total Number of Teenage Pregnancies per 1,000 Females Ages 10-17	INCREASING	Higher	Lower
8. Percent births, low birthweight	Stable	Higher	Lower
9. Percent births w/or 1 or more high risk characteristics	Stable	Higher	Higher
10. Infant deaths/1,000 births	Unstable	Higher	Higher
11. Neonatal deaths/1,000 births	Unstable	Higher	Lower

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

- **Percent of births to unwed women**
- **Percent of pregnancies to unwed women**
- **Number of Teenage Pregnancies ages 10-17**

Of particular concern to the council was the number and percent of babies born to unwed mothers at a young age. Further data analysis revealed the following:

Number of pregnancies with rates per 1,000 females, (1996 data)

Ages	White	State
10-19	46.6	43.1
15-17	53.7	51.9
18-19	173.9	129.9

Average Number of Births with Late Prenatal Care, 1994-96:

Number: 55% of total births = 20.8

Average Number of Births to Adolescent (10-17) Mothers, 1994-96:

Number: 20% of total births = 7.4

White County ranked 4th in the region for number of births with late prenatal care. Late prenatal care in this instance is defined as “late care including 2nd and 3rd trimester care plus no prenatal care”. White County’s teenage pregnancy rates were above the state’s rate in 1996 in ages 10-19 and more specifically ages 15-17 and ages 18-19. Of particular concern to the council, is the increasing rates in certain age groups corresponding with the increase in unwed mothers. These two factors correlate with the fact that 55% of the pregnancies were treated with late prenatal care only. It is imperative that adequate prenatal care along with an uncomplicated delivery contribute to beginning a healthy life.

C. Mortality Data:

Using information reported by physicians on death certificates, underlying cause of death is coded by staff in Vital Records. The staff uses National Center for Health Statistics rules for assigning codes for underlying cause of death. Tennessee does not capture immediate or multiple cause of death. (See Attachment 4 for corresponding graphs)

Health Indicator	County Trend	County compared to Region	County compared to State
1. Total Crude Mortality rate/1,000 population	Stable	Higher	Higher
2. White male Crude Mortality rate/1,000	Stable	Equal	Higher
3. Other races male crude mortality rate/1,000 population	Unstable	Higher	Higher
4. White female Crude Mortality rate/1,000 population	INCREASING	Higher	Higher
5. Other races female crude mortality rate/1,000 population	INCREASING	Higher	Higher
6. White male age-adjusted mortality rate/100,000 population	Stable	Equal	Higher
7. Other races male age-adjusted mortality rate/100,000	Unstable	Lower	Lower
8. White female age-adjusted mortality rate/100,000 population	INCREASING	Higher	Higher
9. Other races female age-adjusted mortality	INCREASING	Higher	Higher

rate/100,000 population			
10. Female breast cancer mortality rate/100,000 women, age 40+	INCREASING	Higher	Higher
11. Nonmotor vehicle accidental mortality rate	Stable	Lower	Higher
12. Motor vehicle accidental mortality rate	Stable	Lower	Equal
13. Violent death rates/100,000 population	Stable	Lower	Lower

In analyzing the Mortality Data, the council focused on the following increasing trends:

- **Female crude mortality rate**
- **Female age-adjusted mortality rate**
- **Female breast cancer mortality rate**

Further mortality data analysis revealed the following:

- **Female Breast Cancer Mortality rates have shown a dramatic increase since 1989.**
- **Female Breast Cancer Mortality rates have almost doubled and remain above the region.**
- **Malignant Neoplasm's mortality rates (cancer) are above the 1996 state's rate. White: 283.5 vs. State: 218.7**
- **In ages 45-64, malignant neoplasm's mortality rates increased from 1987 to 1994.**
- **Average number of deaths due to stroke with age-adjusted mortality rates for 1994-96 is above the region and the state's rate: White County: 40.2, Region: 33.7, State: 34.7.**
- **Diseases of the Heart mortality rate is above the 1996 state's rate. White: 342.9 vs. State: 304.0**

D. Morbidity Data:

Based on the number of incidence (new cases) which occur for a given disease in a specified time frame and the number of prevalence (existing cases) for a disease in a specified time period. (See Attachment 5 for corresponding graphs)

Health Indicator Trend	County Trend	County compared to Region	County compared to State
1. Vaccine preventable disease rate/100,000 population	Decreasing	Lower	Lower
2. Tuberculosis disease rate/100,000	INCREASING	Higher	Higher
3. Chlamydia rate/100,000 population	INCREASING	Lower	Lower
4. Syphilis rate/100,000 population	Stable	Equal	Lower
5. Gonorrhea rate/100,000 population	Stable	Equal	Lower

Further 1996 analysis of morbidity data revealed the following:

Cerebrovascular Disease Rate is above the 1996 state's rate:

White County - 114.3 vs the State's rate - 76.4

White County:

The number of reported AIDS cases for - 12

The number of reported HIV cases - 6.

Regional data:

AIDS - 105 cases

HIV - 119 cases

The number of TB cases shows an increasing trend since 1990, but has since declined and leveled off.

Chronic Liver Disease and Cirrhosis rates have shown an increasing trend over the past 10 years.

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

- *Percent of births to unwed women*
- *Percent of pregnancies to unwed women*
- *Total number of teenage pregnancies*
- *Number of births with late prenatal care*
- *Female mortality rate*
- *Female breast cancer rate*
- *Tuberculosis disease rate*
- *Chlamydia disease rate*

In analyzing these trends, the council's overall awareness of these problems increased dramatically. One of their overall concerns with respect to pregnancy and birth data is the increase in teenage pregnancies and pregnancies to unwed mothers. Along with these concerns, is the perception that many teens are sexually active thus the increase in STD's and teen pregnancies. With regards to communicable disease control, within the total Upper Cumberland Region, STD rates have exhibited an increasing trend since 1994 including Chlamydia, Gonorrhea, and Syphilis. Total regional cases of AIDS and HIV are increasing each year. Tuberculosis and sexually transmitted diseases including HIV/AIDS continue to pose significant health threats in Tennessee. Local health departments provide testing, counseling, treatment and contact tracing to control the spread of these diseases. Efforts to promote childhood immunizations are another extremely important responsibility. The Department of Health provides immunizations, tracks immunization rates through an annual survey of 24-month old children, and provides outreach to encourage parents to immunize their children against diphtheria, pertussis, tetanus, polio, measles, mumps, and rubella.

Female breast cancer mortality rates have increased so dramatically for White Countians in the past several years, that the issue has raised several questions for the council regarding cancer issues overall. Malignant Neoplasm's data reveals that there is an increasing trend in cancer mortality rates for White County over the past 10 years. Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer. Breast cancer is the second leading cause of cancer deaths among women next to lung cancer in the United States. Further analysis of these issues and others follows in the Behavioral Risk Factor Survey analyzing the community's perception of the top concerns and problems.

2. Behavioral Risk Factor Survey

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

<i>Allergies</i>	64%
<i>Alcohol Abuse</i>	60%
<i>Drug Abuse</i>	58%
<i>Arthritis</i>	56%
<i>Teen Pregnancy</i>	54%
<i>High Blood Pressure</i>	54%
<i>Obesity</i>	47%
<i>Heart Conditions</i>	45%
<i>Unintended Pregnancy</i>	36%
<i>Stress</i>	30%
<i>Lung Cancer</i>	30%
<i>Diabetes</i>	30%
<i>Child Abuse/Neglect</i>	30%
<i>Breast Cancer</i>	28%
Asthma	26%
Prostate Cancer	24%
Family Violence	24%
STD'S	20%
Colon Cancer	19%
AIDS	18%
Cervical Cancer	19%
Emphysema	15%
Eye Disease	10%
Eating Disorders	10%
Teen Suicide	7%
Adult Suicide	7%

The top 10 issues have been highlighted.

Access To Care Issues:

<i>Lack of Financial Resources</i>	34%
<i>Access to Dental Care</i>	18%
<i>Access to Prenatal Care</i>	16%
<i>Access to Eye Care</i>	15%
<i>Toxic Wastes</i>	14%
<i>Access to Nursing Home Care</i>	14%
<i>Access to Daycare for Homebound</i>	14%
Air Pollution	12%
Transportation to Health Care	10%
Access to Physician Care	9%
Access to Homemaker Services	5%
Access to Home Health Care	5%
Access to Birth Control	4%

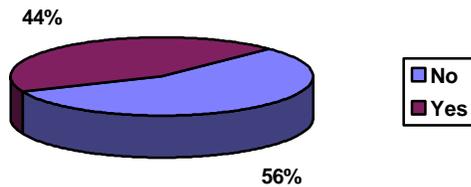
The top 5 issues have been highlighted

Other issues to consider:

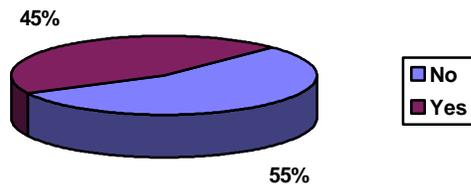
Tobacco Use:

Percent of the population surveyed that considers themselves a smoker according to gender and age:

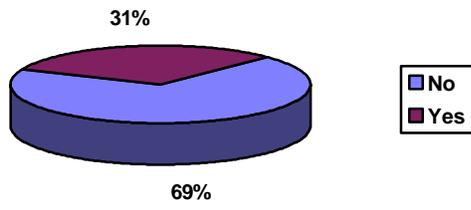
Male Smokers



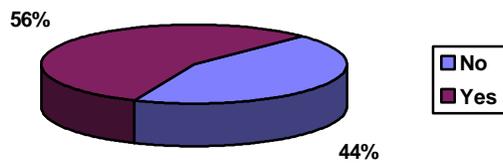
Female Smokers



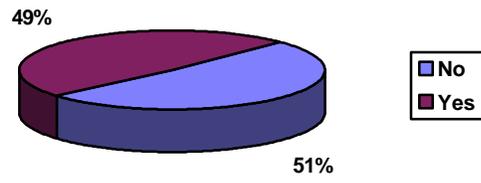
Under 30 Smokers



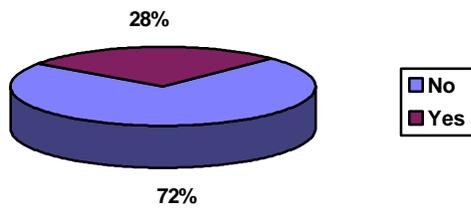
30-45 Smokers



45-65 Smokers



Over 65

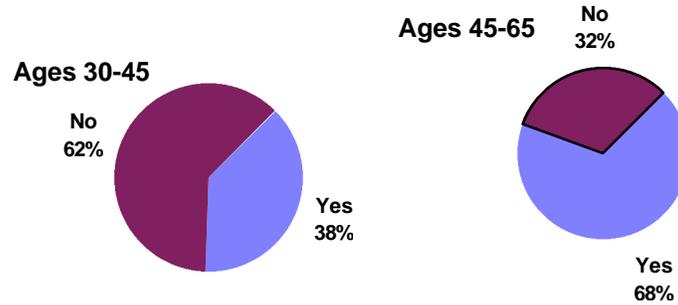


Questions regarding Mammograms

Percent of the female respondents that have had a mammogram according to age:

30-45:	44%
45-65:	88%
Over 65:	65%

Has a Doctor ever recommended a mammogram?



Questions regarding sexual behavior:

Due to what the respondent understands about HIV has that changed their sexual behavior?

Ages: Under 30: 69% responded No
30-45: 84% responded No

Sexual Intercourse with more than one partner?

Ages: Under 30: 58% responded Yes
30-45: 67% responded Yes

Have you used condoms for protection?

Ages: Under 30: 74% responded Yes
30-45: 60% responded Yes

More careful in selecting sexual partners?

Ages: Under 30: 75% responded Yes
30-45: 54% responded Yes

If you had a sexually active teenager, would you encourage use of a condom?

Ages: Under 30: 88% responded Yes
30-45: 91% responded Yes
45-65: 80% responded Yes
Over 65: 76% responded Yes

The BRFS reveals the community's perception of health-related issues and concerns. Initially the BRFS included Allergies in the survey, after its revision Allergies were excluded in the other counties. Tobacco Use was included in the revision and therefore White County's BRFS does not reflect the overall community perception of Tobacco Use. In most all of the Upper Cumberland counties that were administered the revised BRFS, **Tobacco Use** was the **Number One** community concern. Even though, White County's BRFS does not reveal this directly, the council surmised based on smoking questions asked that Tobacco Use would be in the top 10 problems if it had been addressed as such. Therefore, based on the questions asked pertaining to smoking habits and the fact that Lung Cancer was ranked in the top 10 problems, the council inserted Tobacco Use as a top priority.

According to the BRFS, Alcohol and Drug Abuse were ranked as top concerns of the community with teen pregnancy and unintended pregnancies ranking close to them. The council's perception is that very often these four problems are interrelated and can lead to a combination of health related problems. Across the region, alcohol/drug issues, and teenage pregnancies are in the top 10 concerns within each community.

Arthritis and High Blood Pressure are also top concerns of the community. Across the region, high blood pressure has continuously ranked as a top concern for most counties. Obesity, Heart Conditions, and Stress are also ranked as top concerns of the community. It is the council's perception that these conditions can be interrelated and one condition may be the result of the other. Therefore, the council perceived these conditions as a total Wellness issue to be addressed as a whole.

The issue of Child Abuse/Neglect ranked in the top ten. It should be noted that the council perceived many times the issue of Alcohol and Drug Abuse, Teen Pregnancy, and Unintended Pregnancy correlated to Child Abuse and Neglect.

Breast Cancer also ranked as a top priority for the community as well as an increasing number of Breast Cancer deaths as noted earlier. The council determined through data analysis and BRFS analysis, that Female Breast Cancer was a top priority for the community.

Access to Care Issues:

In analyzing the access to care issues as perceived by the community, the lack of financial resources is a definite concern for the respondents. After reviewing poverty data and employment information, the council's concern is that this issue is much broader in scope and correlates to other access to care issues. Within the top areas of concern access to dental care, prenatal care and eye care, are issues that the council has focused on in merging information from other sources. Access to prenatal care is an issue that could be linked with the increasing trend in late or no prenatal care as illustrated previously in the pregnancy and birth data. In future meetings, analysis of the increasing trend of late prenatal care will be studied by the council. Access to prenatal care will be analyzed with

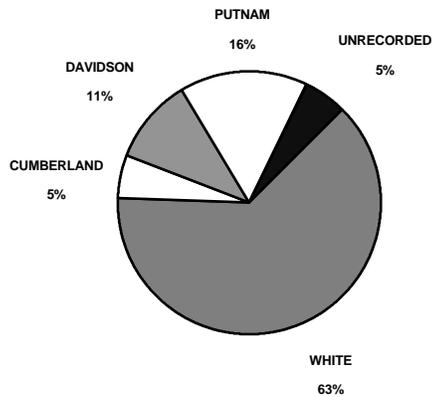
some of the issues focusing on the percent of the population on TennCare and whether this population has access to adequate care.

3. Stakeholders Survey

The stakeholder survey will provide a profile of perceived health care needs and problems facing the community and the stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The stakeholders represented a cross section of the community, i.e., young families, single parents, the elderly, farmers, business leaders, and rural residents, etc. The stakeholders included both users and providers of health services. The survey included questions about the availability, adequacy, accessibility, and level of satisfaction of health care services in the community. The stakeholder survey is not a scientific, random sample of the community. Its purpose is to obtain data from a cross section of the community about the health care services, problems, and needs in the county.

The results of the Stakeholders Survey is as follows:

In which county does your personal health care provider practice?



To which hospital does your personal health care provider refer patients?

Cookeville General	21.1%
Southern Hills	5.3%
St. Thomas	5.3%
White Cnty Hosp.	52.6%
Unrecorded	15.8%

Primary Health Providers

Satisfied

Accessibility
Reputation
Convenience
Facility and Equipment
Quality of Care
Cost, compared to others

Not Satisfied

Obstetrical Care
Pediatrics

Availability of Health Care Services

Available/Adequate

Primary Care Physician
Specialized Physician Care
Acute Illness Hospital Care
Emergency Room
Ambulance Service
Dental Services
Child Health
Eye Care
Chiropractic Needs
Pharmacy Needs

Not Adequate to meet the demands

Maternal/Prenatal Services
Family Planning
Health Promotion
Alcohol and Drug Treatment
Wellness Services
Child Abuse/Neglect

Most Important Problems Facing Community Health Services

Teen Pregnancy
Alcohol and Drugs
Nursing Home Availability and Affordability
Respite Care for Elderly

Preventive Health Care Strategies Needed to Achieve Healthier Lifestyles

Smoking Cessation
Weight Loss
Teen Pregnancy Prevention
Alcohol/Drug Issues
Child Safety (Seat Belts and Bicycle Helmets)
Cancer Screenings
Routine Health Screenings

4. Healthy People 2000 Objectives

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

Healthy People 2000 Compared to White County

Health Status Indicators	White County Rate	Tennessee Rate	Nation's Rate
Death from all causes	548.5	563.1	No Objective
Coronary Heart Disease	122.0	134.8	100
Deaths from Stroke	40.2	34	20
Deaths of Females from Breast Cancer	38.1	22.4	20.6
Deaths from Lung Cancer	36.7	47.5	42
Deaths from Motor Vehicle Accidents	34.2	23.6	16.8
Deaths from Homicide	8.1	12.1	7.2
Deaths from Suicide	14.5	12.6	10.5
Infant Deaths	7.5	9.6	7.0
Percent of Births to Adolescent Mothers	7.4	6.6	none
Low Birthweight	6.9	8.7	5.0
Late Prenatal Care	20.8	19.9	10.0
Persons Under 18 Below Poverty	17.2	20.7	none
Incidence of Aids	*	14.1	-----
Incidence of Tuberculosis	9.3	11.6	3.5

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

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

VII. Health Priorities and Recommendations

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

Prioritized Health Issues:

- 1. Female Breast Cancer**
- 2. Tobacco Use**
- 3. Teenage Pregnancy**
- 4. Alcohol Abuse**
- 5. Drug Abuse**
- 6. Wellness: Obesity, High Blood Pressure, Heart Conditions**
- 7. Child Abuse/Neglect**
- 8. STD's/AIDS**

As of this writing, the White County Health Council is currently designing interventions and developing funding strategies to address several of the key issues prioritized during the Community Diagnosis Process. After very intense analysis of top issues, a resource assessment is currently in progress to address existing resources to determine reallocation and collaboration. One of the top issues is the increasing trend in *Female Breast Cancer Mortality Rates*. Not only does the health statistical data support this trend, but the community assessments also exhibit a strong concern for female breast cancer. It is anticipated that the council will expand on this issue by utilizing the American Cancer Society as a resource to address this health care need. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent. The council is committed to providing more female breast cancer community awareness and education to the citizens of White County. As mentioned earlier, each year the Council provides free health screenings to the citizens of White County whether through the local hospital or the National Mediguard. With assistance from the American Cancer Society and the White County Community Hospital, local citizens are provided reduced-cost mammograms via the community health screenings. The Council is committed to continue searching for avenues to help defray costs of mammograms and keep the community educated about issues concerning female breast cancer.

With the increasing trend of *Teenage Pregnancies*. The Council is committed to a continued effort to combat teen pregnancies through early prevention efforts. A subcommittee has formed to analyze the teen pregnancy issue further and is in the process of seeking outside funding through a Teenage Pregnancy Reduction Grant funded by Emory State University. A subcommittee of the health council has collaborated to coordinate the grant proposal. The subcommittee consists of representatives of the health council including the local school system, YMCA, and Healthy Start. Currently the school system is working diligently to provide ongoing awareness and education to school children about issues regarding teen pregnancies.

In regards to **Obesity and Wellness issues**, the White County Health Council is committed to providing health care screenings each year via a health fair. There is excellent community involvement with representation from various local agencies. Some of the free health screenings provided to the community include: weight/height, blood pressure, cholesterol, blood typing, urinalysis, dental examinations, eye and hearing, immunizations, and physicals. A cooperative effort between the White County Community Hospital, White County Health Department, White County Health Council, and the Tennessee Army National Guard has resulted in annual community-wide health screenings. One of the outcrops of the community-wide health screenings has been a Teen Health Fair held in the high school during school hours. Through this health fair, all Juniors and Seniors in the high school went through a health screening including: weight/height, blood pressure, eye and hearing exams, and immunizations. The response from the community was overwhelmingly positive and the council anticipates coordinating this event along with the community-wide screening on an annual basis.

In subsequent meetings, the council has agreed to address the issues of Tobacco Use, Alcohol Abuse, Drug Abuse, Child Abuse/Neglect, and STD's/AIDS. Community Diagnosis is an ongoing process, continually assessing the health status and interventions of the county. Many issues correlate to one other and may be addressed in other interventions. All interventions and programs will be evaluated as to the effectiveness of the outcomes. Accurate, continuous community assessments are vital to the health and well-being of our society. As new priorities surface along with interventions, thorough data analysis along with the perception of the communities will remain the focus of the Community Diagnosis process.

VIII. Attachments

Attachment 1: White County Health Council

White County Health Council

Wallace Austin
Director
Chamber of Commerce
16 W. Bockman Way
Sparta, TN 38583

Ron Bennett
Director
White Co. Emer. Med. Serv.
139 Douglas Drive
Sparta, TN 38583

Mary Brown: American Cancer Society
1185 Flat Rock Road
Sparta, TN 38583

Tammy Clevenger
Generations
401 Sewell Drive
Sparta, TN 38583

Dora Cummings
Family Resource Center
White Co. Bd. of Education
136 Baker Street
Sparta, TN 38583

Woody Phillips
Sparta Expositor
34 W. Bockman Way
Sparta, TN 38583

Doris Gamble: Red Cross
PO Box 127
Sparta, TN 38583

Gwendolyn Elligan: Minority
23 Clondike Street
Sparta, TN 38583

Viva Everson
Heart Fund
Route 6 Box 11
Sparta, TN 38583

Glenn McRoberts: Special Needs
222 Randall Street
Sparta, TN 38583

Doug Benningfield: Industry
505 Knob Hill Drive
Sparta, TN 38583

Kathy Clark: Nursing Supervisor, Health Dept.
135 Walker Street
Sparta, TN 38583

Kim Creasy: RHI Board
White County Health Department
135 Walker Street
Sparta, TN 38583

Tommy Denton
County Executive
White County Courthouse
Sparta, TN 38583

Peggy Dodson: Home Health
Route 4
Sparta, TN 38583

Charles Dycus
Principal
White County High School
229 Allen Drive
Sparta, TN 38583

Ann Cooper
Renaissance Club
3951 Old Smithville Hwy
Sparta, TN 38583

Henrietta Goodwin
Administrator
Sparta Homecare
456 Vista Drive
Sparta, TN 38583

Robbie Phillips
Plateau Mental Health Center
P.O. Box 3165
Cookeville, TN 38502-3165

Royce Henry: Community Volunteer
724 North Edgewood Drive
Sparta, TN 38583

Ella Ree Johnson
Home Demonstrations Club
117 S. Main Street
Sparta, TN 38583

Colonel Mike Kimberly
Special Projects Officer
TN Army National Guard
Dozier Bldg., 2933 Armory Dr.
Nashville, TN 37204

Van Knotts
White County Director
Putnam County Health Dept.
121 Dixie Avenue
Cookeville, TN 38501

Bob McCormack: Ministerial Assoc.
9756 Monterey Hwy
Sparta, TN 38583

Jean McFall: Community Volunteer
Executive Secretary
Caney Fork Electric Corp.
Route 1, Box 99B
Walling, TN 38587

Richard Minchey
YMCA
123 Moore St., PO Box 566
Sparta, TN 38583

Lynn Mitchell
Youth Services Officer
White County Courthouse
Room 310
Sparta, TN 38501

Dr. Charles Mitchell: Physician
108 Highland Drive
Sparta, TN 38583

Meryel Dean Mullins
Help Center
North Main Street
Sparta, TN 38583

Margaret Pearson: Chairperson
Community Volunteer
P.O.Box 22
Sparta, TN 38583

Fonda Elrod: Access MedPlus
338 Arlington Drive
Cookeville, TN 38501

Carolyn Isbell
The Stephens Center
403 University Street
Livingston, TN 38570

Brenda Roberts
Senior Citizen's Center
Baker Street
Sparta, TN 38583

Avalyn Pittman: School Nurse
White County Board of Education
136 Baker Street
Sparta, TN 38583

Ben Sparkman
Manager, Upper Cumb. Reg.
Dept. of Youth Development
440 Neal Street East
Cookeville, TN 38501

Ramona Stallworth
PHC Home Health Care
181 Moses Drive
Sparta, TN 38583

Allen Tatum: Pharmacist
Pay Less Drugs
516 Bockman Way
Sparta, TN 38583

Kacie Fitzpatrick
Stephens Center/Healthy Start
403 University Street
Livingston, TN 38570

Colonel Bill Wynns
Special Projects Officer
TN Army National Guard
Vol. Trn. Site, Bldg. 606, Smyrna Air Base

Smyrna, TN 37167

Barry Keel: Administrator
White County Hospital
401 Sewell Drive

Sparta, TN 38583

Robbie Phillips
Plateau Mental Health Center
P.O. Box 3165
Cookeville, TN 38502-3165
Dr. James C. Wardlaw: Physician
455 Vista Drive
Sparta, TN 38583

Julie Veness
March of Dimes
1200 Mountain Crk.Rd., Suite 130
Chattanooga, TN 37405

Jane Wilson-Mitchell: Regional Health Council, RHAT Executive Director
407 Oakland Drive
Sparta, TN 38583

Mary Evans
Head Start
126 South Carter
Sparta, TN 38583

Billy Jenkins
White County School Board

Jeanne Bruce
White County Hospital
401 Sewell Drive
Sparta, TN 38583
Cheri Cropper
Nathional Health Care

Attachment 2: White County Bylaws

**BY LAWS
FOR
WHITE COUNTY HEALTH COUNCIL**

ARTICLE I. NAME

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

ARTICLE II. MISSION

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

ARTICLE III. GOALS

The goals of the Council are to assess the present and future health care needs of the White County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific health care problems within the community. From its analysis, the Council will: (1) formally define health care problems and needs within the community, (2) develop goals, objectives and plans of action to address these needs, and (3) formally identify all resources which are available to affect solutions.

ARTICLE IV. OFFICERS

Section 1: Officers

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

Section 2: Chairman

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

Section 3: Vice-Chairman

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

Section 4: Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the

form of minutes, and will issue notice of all meetings and perform such duties as assigned by the Council. The Secretary/Treasurer shall keep account of all money arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall issue a financial report to the membership. The Secretary/Treasurer shall perform such duties incidental to this office.

Section 5: Term of Office

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

ARTICLE V. MEMBERS

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

ARTICLE VI. MEETINGS

Section I: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every two (2) months, to be held at a time and place specified by the Council Chairman.

Section 2: Special Meetings

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

Section 3: Quorum

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

ARTICLE VII. COMMITTEES

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

ARTICLE VIII: APPROVAL AND AMENDMENTS

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

ADOPTED BY THE WHITE COUNTY HEALTH COUNCIL

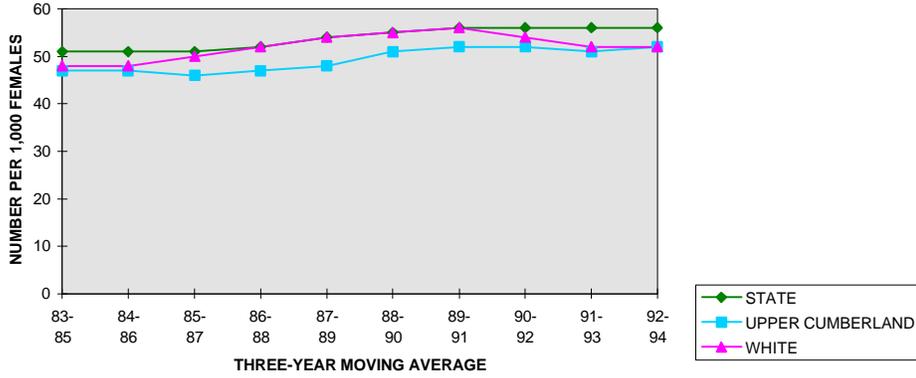
This the _____ Day of _____, 1997.

Chairman Date

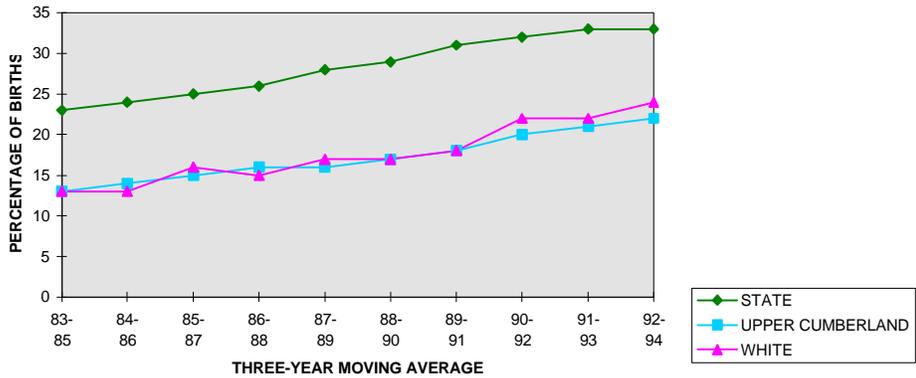
Vice-Chairman Date

Attachment 3 Pregnancy and Birth Data

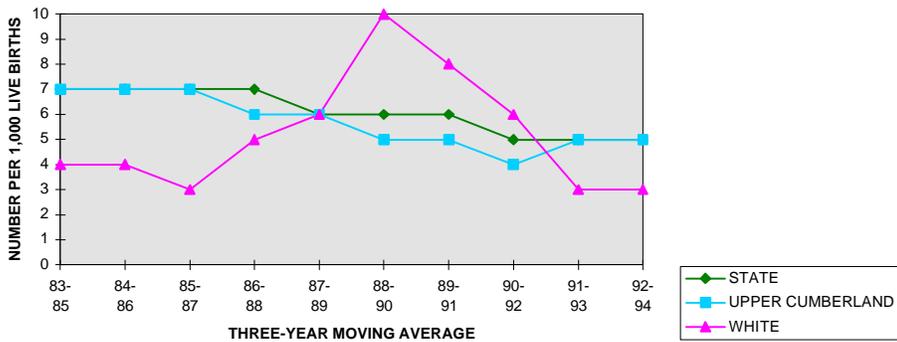
TOTAL NUMBER OF BIRTHS PER 1,000 FEMALES AGES 10-44



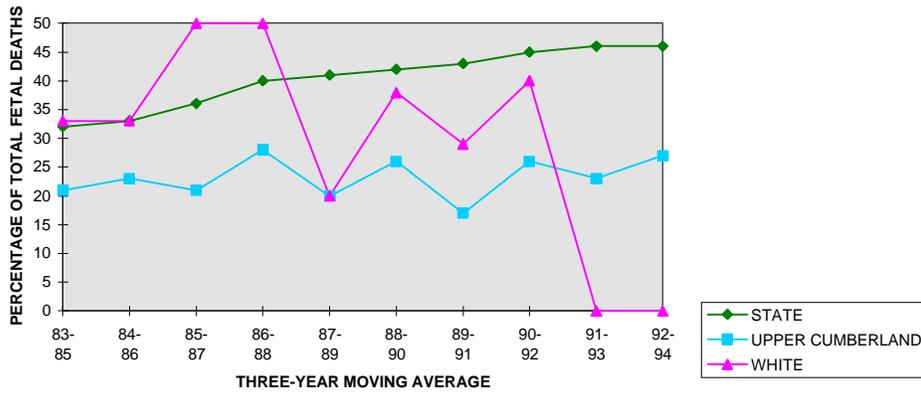
PERCENTAGE OF BIRTHS TO UNWED MOTHERS AGES 10-44



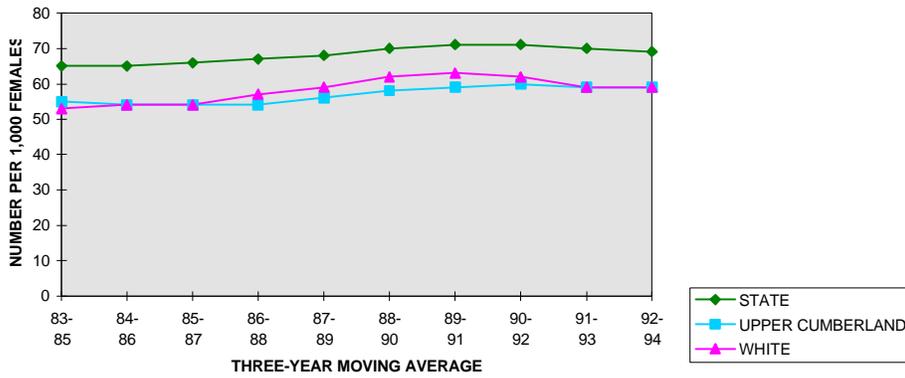
TOTAL NUMBER OF FETAL DEATHS PER 1,000 LIVE BIRTHS TO FEMALES AGES 10-44



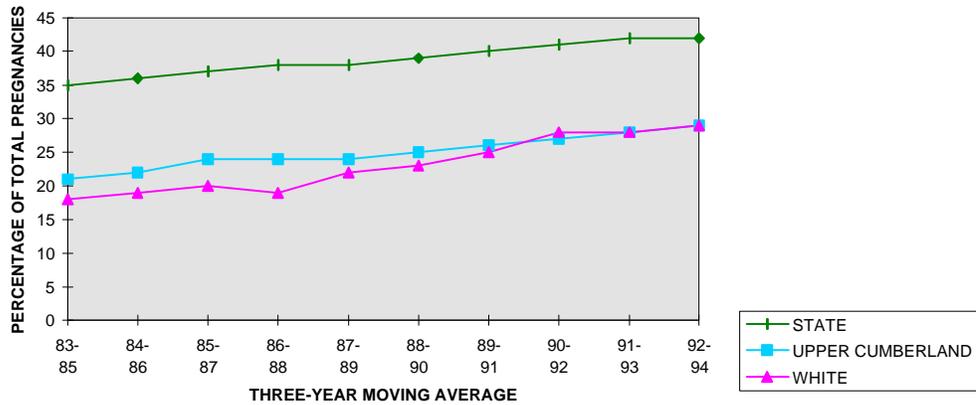
PERCENTAGE OF FETAL DEATHS TO UNWED FEMALES AGES 10-44



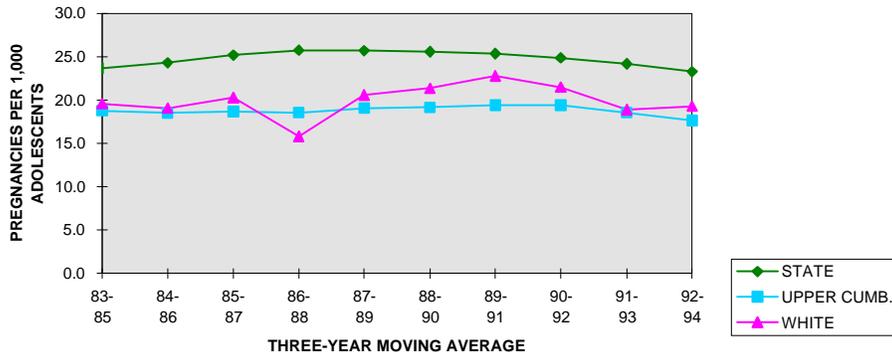
TOTAL NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 10-44



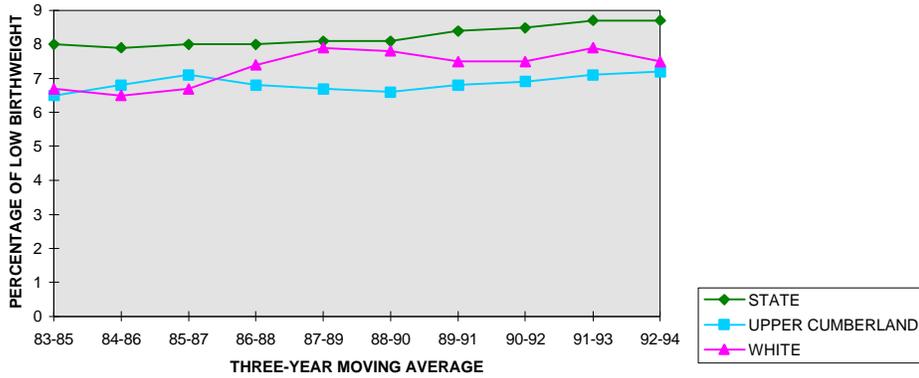
PERCENTAGE OF PREGNANCIES TO UNWED MOTHERS AGES 10-44



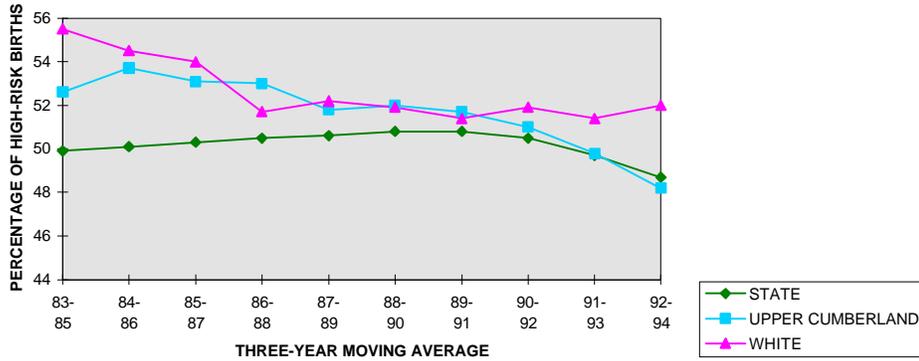
**TOTAL NUMBER OF TEENAGE PREGNANCIES
PER 1,000 FEMALES AGES 10-17**



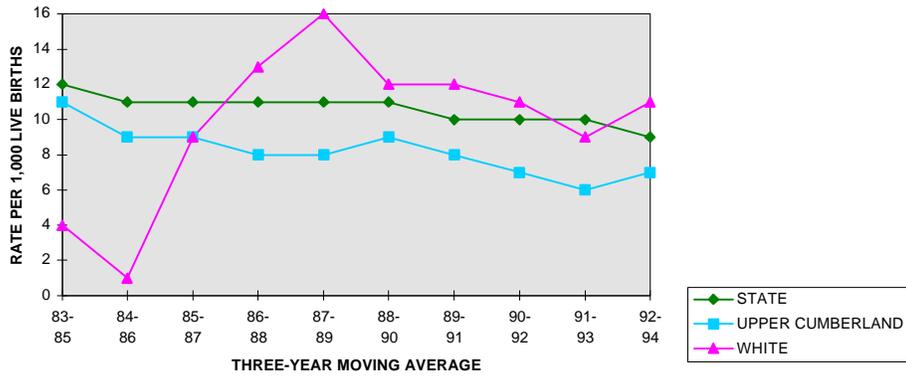
PERCENTAGE OF BIRTHS WHICH WERE LOW BIRTHWEIGHT



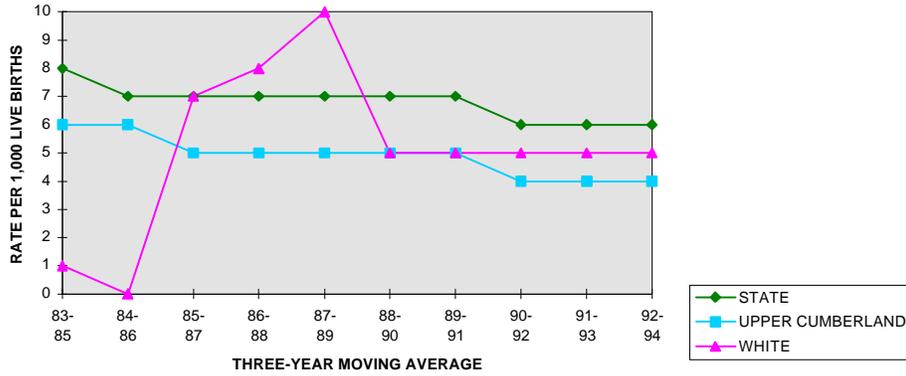
**PERCENTAGE OF BIRTHS WITH ONE OR MORE HIGH RISK
CHARACTERISTICS***



INFANT DEATHS PER 1,000 LIVE BIRTHS

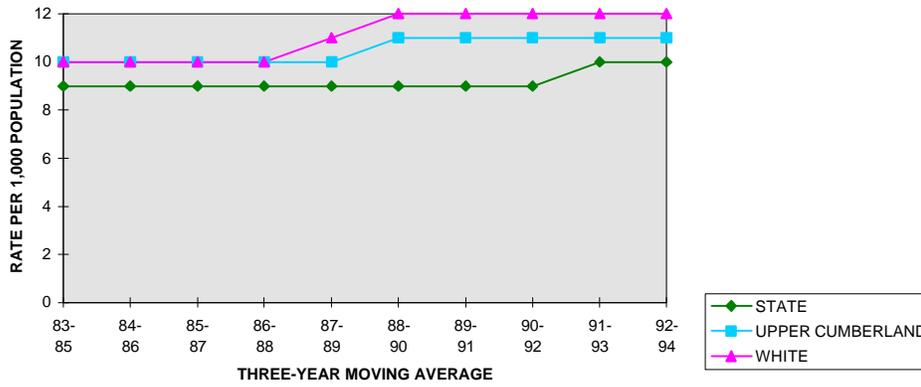


NEONATAL DEATHS PER 1,000 LIVE BIRTHS

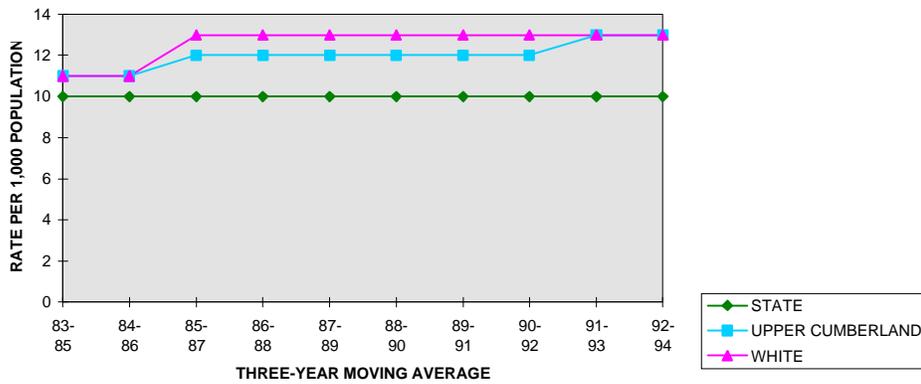


Attachment 4 Mortality Data

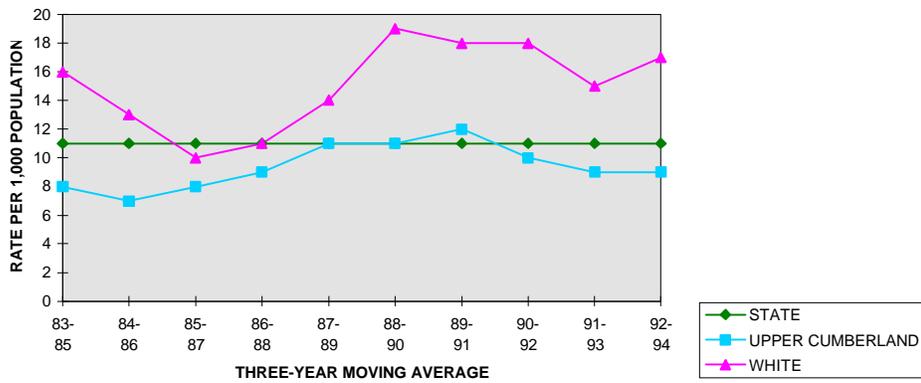
TOTAL CRUDE MORTALITY RATE PER 1,000 POPULATION



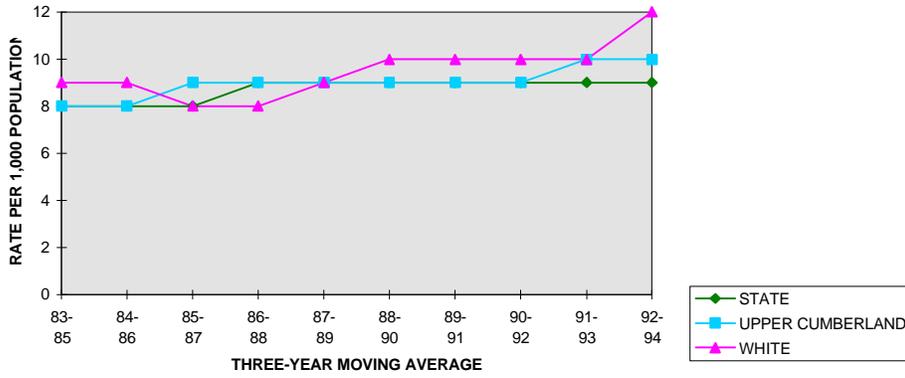
WHITE MALE CRUDE MORTALITY RATE PER 1,000 POPULATION



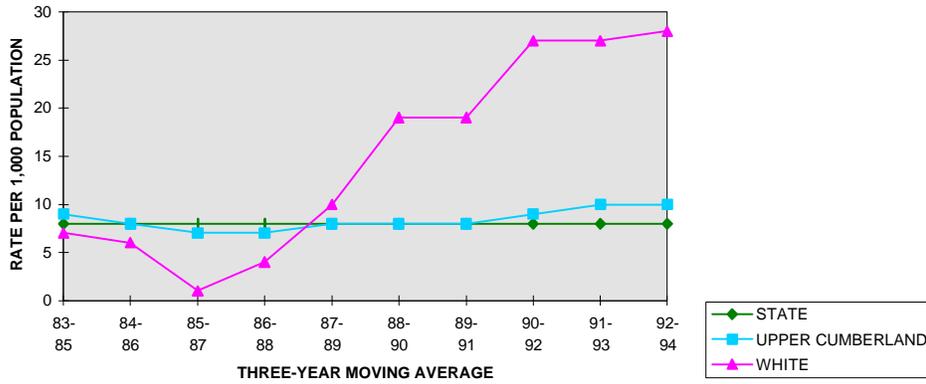
OTHER RACES MALE CRUDE MORTALITY RATE PER 1,000 POPULATION



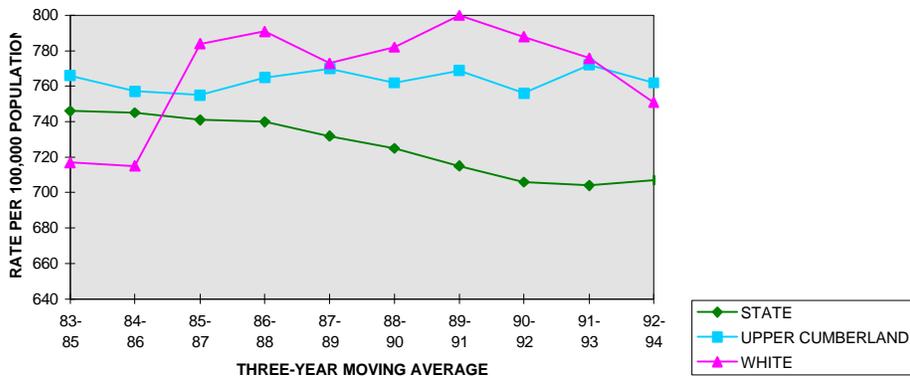
WHITE FEMALE CRUDE MORTALITY RATE PER 1,000 POPULATION



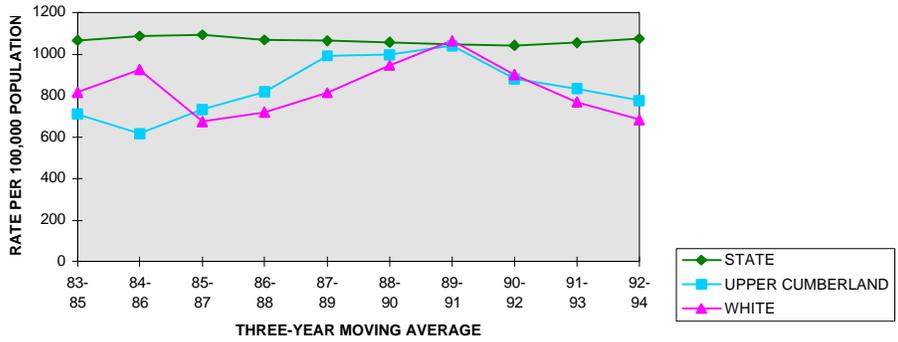
OTHER RACES FEMALE CRUDE MORTALITY RATE PER 1,000 POPULATION



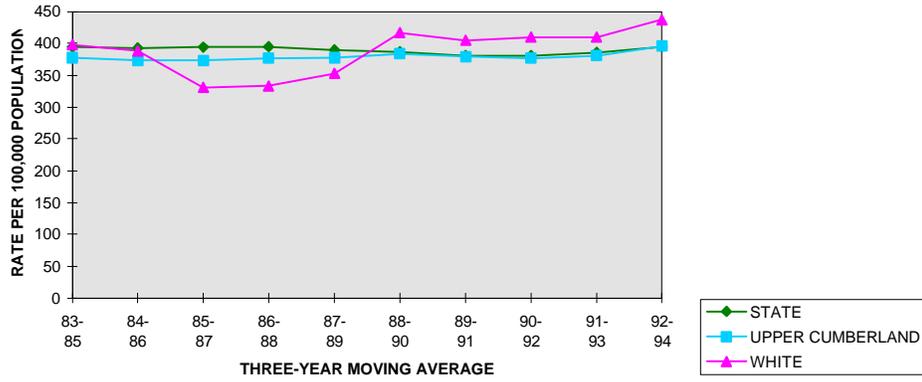
WHITE MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



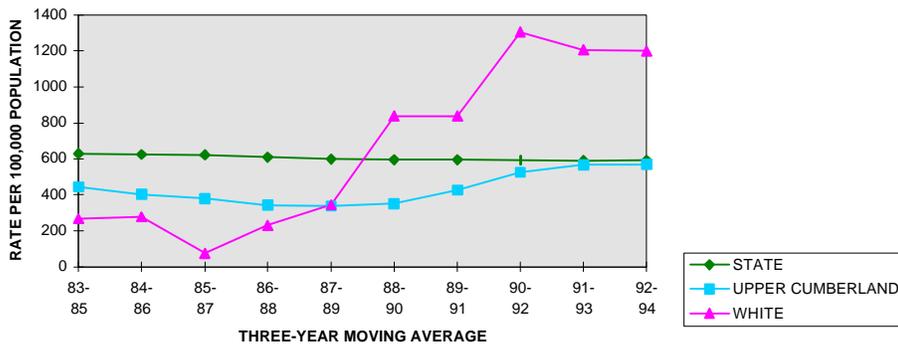
**OTHER RACES MALE AGE-ADJUSTED MORTALITY RATE
PER 100,000 POPULATION**



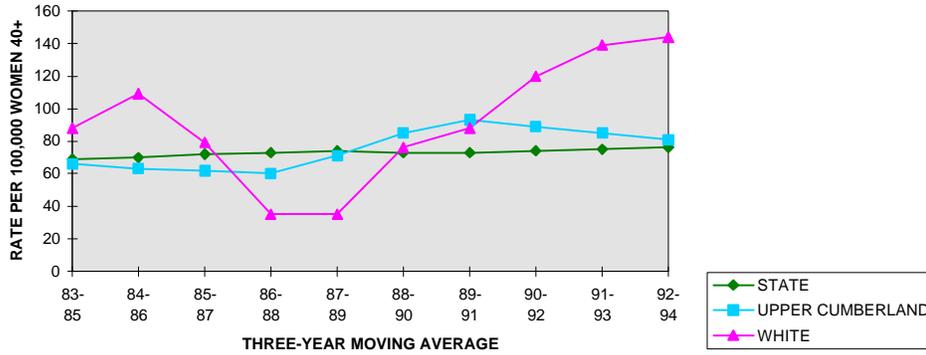
**WHITE FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000
POPULATION**



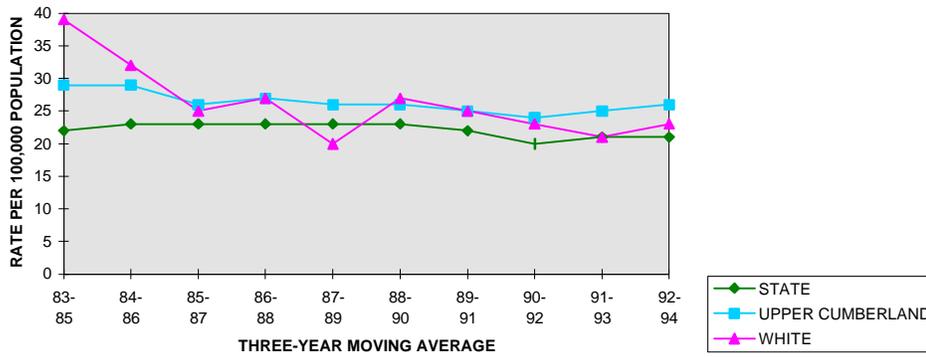
**OTHER RACES FEMALE AGE-ADJUSTED MORTALITY RATE
PER 100,000 POPULATION**



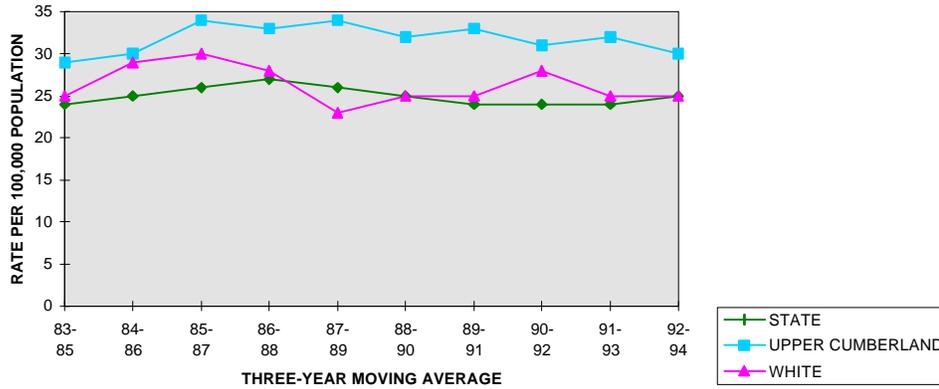
**FEMALE BREAST CANCER MORTALITY RATE
PER 100,000 WOMEN AGES 40 YEARS AND OLDER**



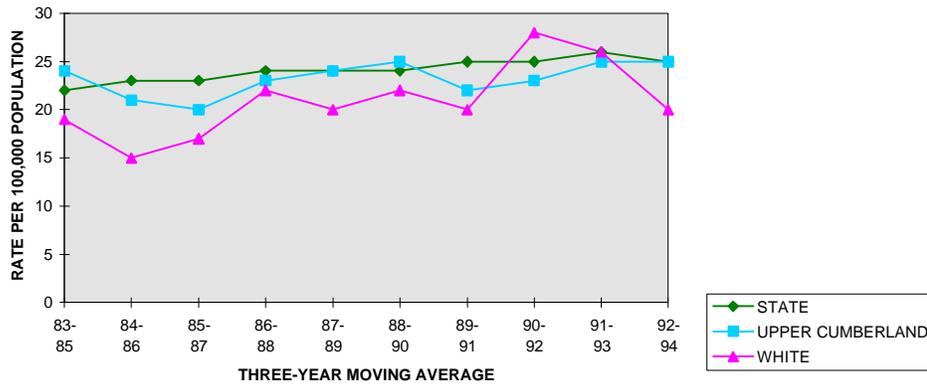
**NONMOTOR VEHICLE ACCIDENTAL MORTALITY RATE PER 100,000
POPULATION**



**MOTOR VEHICLE ACCIDENTAL MORTALITY RATE PER 100,000
POPULATION**

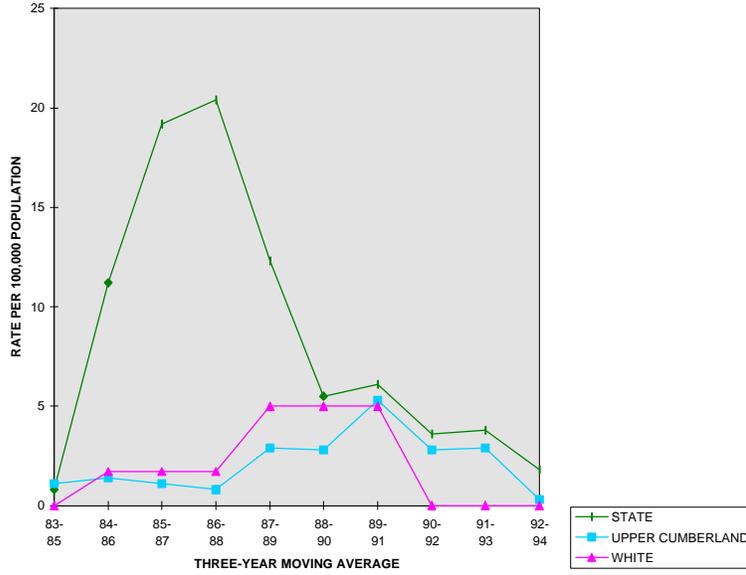


VIOLENT DEATH RATES PER 100,000 POPULATION

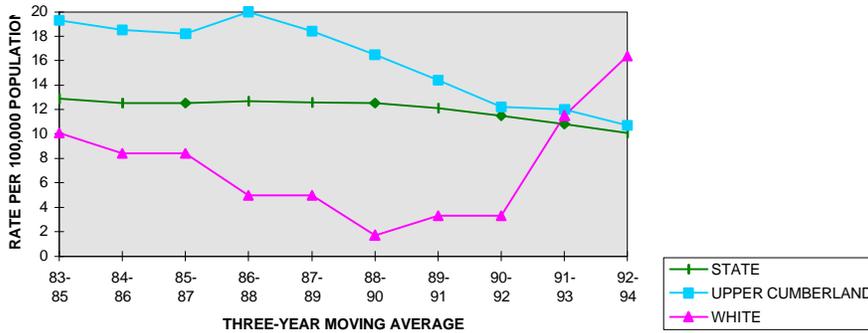


Attachment 5 Morbidity Data

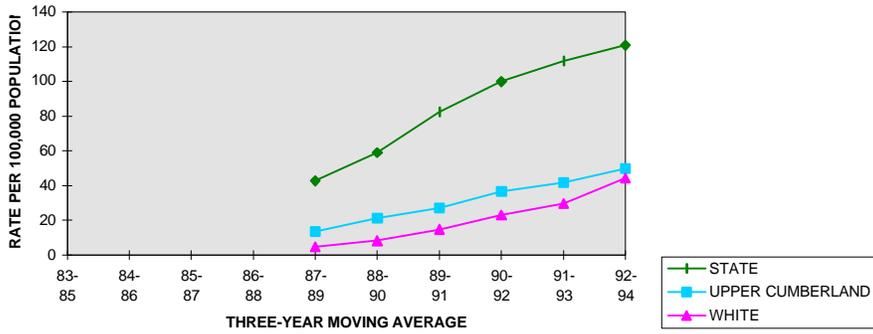
VACCINE-PREVENTABLE DISEASE RATES
(NUMBER OF REPORTED CASES PER 100,000 POPULATION)



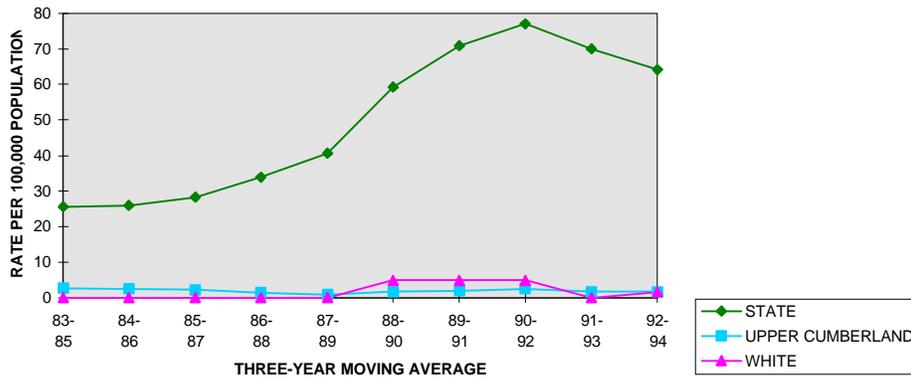
TUBERCULOSIS DISEASE RATES
(NUMBER OF REPORTED CASES PER 100,000 POPULATION)



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



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



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

