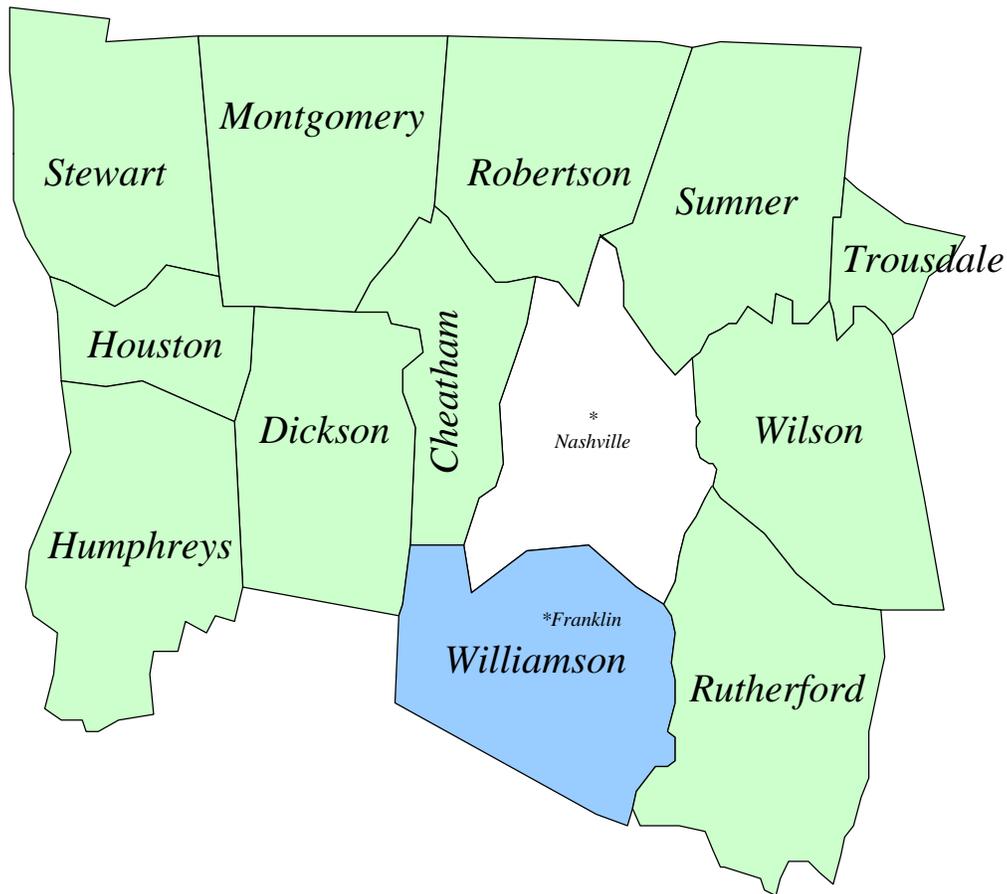


# Community Diagnosis Status Report



## W i l l i a m s o n C o u n t y

Tennessee Department Of Health  
Mid-Cumberland Region  
April 1998

# Introduction

## Mission

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

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

## The Community Diagnosis Process

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

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

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

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

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

## History

The Williamson County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Williamson County Executive. After collaborating with the local health department director in May of 1996, a list of potential council members was presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in June. At this meeting, prospective members were introduced to the “Community Diagnosis” process and the roles and responsibilities of the newly formed Williamson County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as “Appendix A”.

The Council has met monthly since its inception. Council meetings are scheduled for the first Wednesday of each month at the Williamson County Administrative Building in Franklin, Tennessee. Meetings are open to the public from 12:30-1:30 p.m.

## Summary

After reviewing data regarding the major concerns of citizens, the council selected Alcohol, Tobacco, and Other Drugs as the #1 problem in the county. The ranking of this problem was achieved due to the number of people affected, the loss of lives and health related to this problem, and the financial cost to individuals and the community. The council prioritized three additional problems in the county but chose not to give them a ranking. The consensus of the council was to focus on one problem. It is believed the additional priority problems will be affected in a positive manner simply by focusing on the #1 problem, ATOD. The additional prioritized problems are: infectious diseases, motor vehicle accidental deaths (15-24 year age group), and teen pregnancy.

The council has interviewed many experts in the county that address the problems related to ATOD. The council has targeted several prevention projects believed to fill some gaps in current services to the community. These activities are targeted toward middle and high school students and their parents. For more details concerning these strategies see the “Future Planning” section.

# Table of Contents

Section	Page
<b>Introduction</b> .....	<b>2</b>
<b>Table of Contents</b> .....	<b>4</b>
<b>County Description</b> .....	<b>5</b>
<b>Community Needs Assessment</b> .....	<b>7</b>
<b>Health Issues and Priorities</b> .....	<b>10</b>
<b>Future Planning</b> .....	<b>14</b>
<b>Appendices</b> .....	<b>16</b>
<b>A - Council Membership</b> .....	<b>17</b>
<b>B - Behavior Risk Factor Survey Summary</b> .....	<b>19</b>
<b>C – The Community Stakeholder Survey Summary</b> .....	<b>20</b>
<b>D – The Initiating Group Survey.</b> .....	<b>22</b>
<b>E – Data Summary.</b> .....	<b>25</b>
<b>F – HIT Internet Project.</b> .....	<b>29</b>

## County Description

### Demographic And Socioeconomic

1997 Population: 99,097      Median Age 34      Largest age group 40 to 49  
 (Projected fastest growth rate in the State at 37.2% change between 1990 to 2000)

1990 Indicator	Williamson County	Mid-Cumberland Region	State
Age 65 and above	9%		13%
Minorities	6%	10%	17%
Family Households	82.7%	78.8%	72.7%
Householders 65 and above	14.3%	17.1%	21.8%
High School Graduates	81.8%	71.9%	676.1%
Bachelor's Degree or above	34.2%	17.1%	16%
Unemployment Rate	3.1%	5.3%	6.4%
Per capita income	\$19,339	\$13,213	\$12,255
Persons below poverty:	5.8%	10.5%	15.7%
Below poverty: Age 65 and above	15.6%	19.3%	20.9%
Families below poverty with children under 18 years old	5.9%	12%	20.7%

Source: Tennessee Department of Health, Office of Vital Statistics

Williamson County's growth rate is projected to be the highest in the state with a change of 37.2% by the year 2000. Williamson County has the highest per capita income in the State. Residents are well educated and the unemployment rate is well below that of the State. Although there are poverty pockets, the county rates are significantly below those of the region and the State. These comparisons indicate residents have a higher quality of life than the average Tennessean.

### Medical Community

#### 1995 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	163	590
Primary Care M.D.'s	73	1,316
Psychiatric Specialist	8	12,013
Psychiatrists	7	13,729
Child Psychiatrists	1	96,100
Dentists	51	1,884
Psychologists	16	6,006

Medical Community (Continued)

1995 Hospital Data

Number of Facilities	1	Number Medicaid/TennCare Certified	1
Licensed Beds	140	Licensed Percent Occupancy	47.5
Staffed Beds	109	Staffed Percent Occupancy	61.0
Average Daily Census	67	Average Length of Stay	5.2
Total Operating Cost	\$39,860,218	Total Net Revenue	\$44,045,812
Cost Per Patient Day	\$964.09	Percent of Charity Care	0.2

1995 Hospital Utilization

	Most Used	Second Used	Third Used
County Of Hospital	Davidson	Williamson	Dickson
Number of Admissions/Discharges	5,074	3,422	74
Percent of Admissions/Discharges	58.1	39.2	0.8

1995 Nursing Home Data

Number of Facilities	5	Number Medicaid Certified	4
Total Patients	380	Percent Population 65+ in Nursing Home	4.4
Average Length of Stay	274	Turnover	1.15
Licensed Beds	409	Staffed Beds	409
Licensed Percent Occupancy	94.6	Staffed Percent Occupancy	94.6
Licensed Beds Per 1,000 Pop. 65 +	51	Staffed Beds Per 1,000 Population 65 +	51

1995 Nursing Home Utilization

	Most Used	Second Used	Third Used
County Of Nursing Home	Williamson	Davidson	Rutherford
Number of Patients	252	41	12
Percent of Patients	77.5	12.6	3.7

# Community Needs Assessment

## Primary Data

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

### □ Behavior Risk Factor Survey (BRFS)

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

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

The Williamson County BRFS consisted of 201 completed surveys. Of the respondents, 49% were male and 51% female. This compares exactly to the ratio determined by the 1990 census. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Williamson County BRFS is included as Appendix B.

### □ The Community Stakeholder Survey

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and 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 survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the council were asked to complete the stakeholders’ survey as well as distribute the survey to other stakeholders in the community. The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Stakeholder Survey is included as Appendix C.

## Primary Data (Continued)

### □ The Initiating Group Survey

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

## Secondary Data

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

### □ Mortality and Morbidity

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

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

## Secondary Data (Continued)

### □ Program data from other state departments

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

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

### □ Pride Survey

An additional data source reviewed by the council was the Williamson County Schools Pride Questionnaire Report, 1996. This report provided data relevant to students in grades 6, 8, 10, and 12 and their relationship with Alcohol, Tobacco, and Other Drugs.

- Perceived Harm of alcohol and other drugs
- Student use of alcohol and other drugs during the past year
- Location and Time of substance usage
- Perceived Availability of alcohol and other drugs

# Health Issues and Priorities

## Preliminary List

After reviewing the available data sets, the county health council compiled a list of what they considered to be the “Top Ten Health Problems in Williamson County.” This list was achieved by group consensus. The preliminary list of major health problems with pertinent data indicators is provided in alphabetical order.

- Alcohol, Drugs, And Tobacco - Teen, Early Intervention, Violence, Crime
  - High school students in the Mid-Cumberland Region show higher rates of having ever had or used cigarettes, alcohol, and illegal drugs.
  - Twenty-seven percent of High School students in the Mid-Cumberland Region think they may now be addicted to tobacco/nicotine. They are at greater risk for lifetime health problems and use of other illegal substances.
  - Many students have had education and information on this subject but are not deterred. (25% of MC Region students report drug education experiences were of no value)
  
- Cancer
  - Mortality Data does not show a problem - incidence rate probably a detection artifact.
  - Lack of Wellness Programs increases cancer rates.
  - Female breast cancer (incidence) rates are significantly higher in the county (27% & 18% respectively) as compared to the region and State.
  - According to Health statistics, prostate cancer incidence rates in Williamson County are 50% higher than the statewide rate.
  
- Children - Visual And Dental, Body Lice, Immunization And Basic Health Care
  - No statistical data
  - Parents and teachers appear to be uninformd about body lice.
  - Parents are seemingly unaware of the importance of immunizations
  
- Dental Health
  - No statistical data
  - Adequate dental care needs to be provided to indigents in Williamson County.
  - Not accessible to the poor.
  - The new Health Department facility will have facilities for dentistry - hopefully the problem of care for low-income can be resolved.
  - Current TennCare statistics do not reflect the county as a shortage area, however it is unknown how many uninsured are without access to services.

## Preliminary List (Continued)

- Heart Disease, Stroke, Obesity
  - Data does not indicate a problem.
  - Obesity is a major cause of cardiovascular disease and other health related problems.
  - The leading cause of death in Williamson County is “Diseases of the Heart.”
- Infectious Diseases - AIDS, Hepatitis, TB
  - Data does not show a major problem.
  - Many students have had education and information on this subject but are not deterred.
  - We hear a lot about AIDS, but little has been said about hepatitis (B - I think). I hear this is the “new disease” among teens. BGA is requiring immunization against it, yet our public schools are not. Do we need a news campaign about this? What do we know about it?
- Insurance Coverage - Cost Of Medical Services, Elderly Long-Term & Terminal Care
  - No statistical data
  - TennCare has helped but a lot of people are still without coverage.
  - Are there enough TennCare providers to meet the needs of our clientele? (2.5% have no health insurance).
- Motor Vehicle Accidents - Ages 15 To 24
  - The percentage of Mid-Cumberland high school students who report driving after 5 or more drinks or after drug use is higher than for other regions of the State.
  - Above average mortality rates for youth in this group could/should be reduced.
  - Most accidents seem to be attributed to speed.
- Poor Elderly Residents
  - No statistical data
  - Families or other persons seemingly not aware of needs for the elderly.
  - Transportation is a problem for some. Also affordable housing.
- Teen - Pregnancy, Emotional And Mental Health, Health Education, Eating Disorders
  - Pregnancy rates among Nonwhite teens in Williamson County are higher than those of the surrounding region.
  - Students have had education and information on this subject but are not deterred.
  - According to our data, a large number of teens seen in the Health Department smoke and drink. This will lead to numerous health problems.

## Preliminary List (Continued)

- Only 1 obstetrician in Franklin and 1 in Brentwood will accept TennCare recipients. Perhaps the Health Department needs an OB and provisions for delivery?
- Williamson County has a high divorce rate (TN is one of the highest in the country). This is a leading source of emotional and mental health problems for youth.

## Priority Problems List

The Williamson County Health Council reviewed data related to the health status of its residents during 1996. Members combined and condensed their list of priority health problems, after reviewing the primary and secondary data, to reduce the number of major health problems in the county to ten.

Dr. Kerry Gateley, Williamson County Medical Center, offered the following assumption as the council undertook the ranking process.

*“The Williamson County Health Council should identify the problems upon which we can have the most impact with the limited resources that we have available. ...The highest impact interventions are those which affect the largest number of people and have the potential for creating the most dramatic improvements in health. Because of their lifelong impact, interventions aimed at teens often have the greatest potential.”*

Members chose not to use a scientific method in ranking the priority problems in the county. They chose to gain an informal consensus on the rank order of the problems. All agreed on the number one problem based upon their perception of the size, seriousness, and impact of the problem on the county. The council agreed to prioritize three of the remaining nine major problems from the preliminary list. This rationale for this action was an attempt to focus on one issue rather than dilute the energy of the council. Also, the council elected not to assign a rank to the three additional priority problems. The council believes the three remaining priority problems along with many other issues will be affected in a positive manner. The priority problems selected by the council are as follows:

### 1. Alcohol, Tobacco, and Other Drugs

- Substance Usage by students exceeds the 1996 National Average. The Pride Survey indicates especially elevated levels of Tobacco, Marijuana, and Cocaine use by Middle and High School students.
- 10% of the 1996 Juvenile Court cases were Alcohol & Drug related. Statewide, 8% of Juvenile Court cases were Alcohol & Drug related.
- The 1992-1994 Motor Vehicle Accidental Death Rate for the 15-24 age group is 36% higher than the state rate for this age group. In 1995, 40% of all motor vehicle deaths were alcohol related.

## Priority Problems List (Continued)

- Infectious Diseases (AIDS, Hepatitis, TB, STD's)
  - Many students have had education and information on this subject but are not deterred.
  - We hear a lot about AIDS, but little has been said about Hepatitis B. I hear this is the “new disease” among teens. BGA is requiring immunization against it; public schools are not.
  
- Motor Vehicle Accidental Deaths
  - The percentage of Mid-Cumberland high school students who report driving after 5 or more drinks or after drug use is higher than other regions in the State.
  - The 1992-1994 Motor Vehicle Accidental Death Rate for the 15-24 age group is 36% higher than the state rate for this age group. In 1995, 40% of all motor vehicle deaths were alcohol related.
  - The 1992-1994 Motor Vehicle Accidental Death Rate for the 65 & up age group is 41% higher than the state rate for this age group.
  
- Teen Pregnancy
  - Rates for the county are consistently among the lowest in the state. However. When broken out by race, teen pregnancy rates among minorities were slightly above the minority rate for the Region.
  - Although the teen pregnancy rates are the lowest in the state, the number of teens getting pregnant and birthing children are unacceptable, according to the council. It was noted the United States has the highest teen pregnancy rates among industrialized nations. Comparing the county with the state does not reflect the true size and seriousness of this problem.

# Future Planning

## Process

Prior to making recommendations to reduce the problem of alcohol, tobacco, and other drugs, the Williamson County Health Council has sought to become better informed about the issue. Numerous local experts have been interviewed including police officials, judges, and prevention and treatment providers. A resource inventory of prevention and treatment services was compiled to assist in the planning process. The council has utilized the material in the manual, “Communities That Care, Prevention Strategies: A Research Guide to What Works” (Developmental Research and Programs, Inc.) to increase their knowledge of effective ways of reducing the problems associated with Alcohol, Tobacco, and Other Drugs. The following strategies are being implemented in the county under the leadership of the health council.

## Alcohol, Tobacco, and Other Drugs Strategies

### Goal

- ❑ Reduce the number of Williamson County students using alcohol, tobacco, and other drugs

### Objectives

- ❑ Limit the availability of ATOD by educating merchants in the county about the legal penalties of sales to minors
- ❑ Inform students and parents of the educational and legal consequences associated with the possession and/or use of ATOD
- ❑ Provide students with accurate information concerning alcohol, tobacco, and other drugs

### Activities

- ❑ Develop a press release explaining the health council’s work, ATOD as the priority health problem, and council strategies to achieve the stated goal. (Responsible persons: Allen Murray and Rick Moody) Resource: The Review Appeal
- ❑ Develop a brochure/flyer for county students (Responsible persons: Ed Dean and Allen Murray) Resource: Dianne O’Neil and STARS
- ❑ Develop a school newsletter or write articles related to student’s questions concerning the priority health problems. Local people with expertise on a particular topic would be a resource for articles. (Responsible persons: Kathy Harkins, Health Educator, and Ed Dean) Resource: Board of Education

## Alcohol, Tobacco, and Other Drugs Strategies (Continued)

### Activities (continued)

- Attend homeowner association meetings to educate parents about the reality of substance experimentation, warning signs of usage, appropriate parental prevention and intervention strategies, and the legal/educational consequences of substance usage upon students. (Responsible person: Kathy Harkins, Health Educator) Resource: Sheriff Bill LeCates and Jackie Moore, Franklin Chief of Police
- Develop a one page “bulleted” information sheet containing factual county data related to Alcohol, Tobacco, and Other Drugs that can be distributed to residents. Specific effort will made to target the two Ministerial Associations in the county and perhaps gain their involvement with the council’s activities. (Responsible person: John Humphrey, Facilitator) Resource: Ministerial Associations [See Appendix C]

### The Governor’s Prevention Initiative for Children

The Mid-Cumberland Regional Health Council has targeted Williamson County as the recipient of 60% of the funds designated for the Governor’s Community Prevention Initiative for Children in 1998. If the anticipated funding is secured statewide for the GCPIC, Williamson County will receive \$85,000 of the region’s funds. The council has identified its priority risk factors using the data indicators from the “Communities That Care” (CTC) model of prevention planning. Three of the 19 risk factors for children developing adolescent problem behaviors are elevated. They are (1) Transitions & Mobility, (2) Friends Who Engage in the Problem Behavior, and (3) Early Initiation of the Problem Behavior.

Currently, the health council is reviewing effective prevention strategies identified in the CTC material. The emphasis is upon determining if the county has similar prevention programs in place that provides a comprehensive prevention strategy across multiple domains (Community, School, Family, and Individual and Peer). The council will propose a “scope of services” for the GCPIC utilizing a proven prevention strategy to reduce their priority risk factors.

# Appendices

A - Council Membership .....	17
B - Behavior Risk Factor Survey Summary .....	19
C – The Community Stakeholder Survey Summary .....	20
D – The Initiating Group Survey .....	22
E – Data Summary .....	25
F – HIT Internet Project .....	29

# Appendix A

## Williamson County Health Council

### Hospital Administrator

Kerry Gateley, MD (for \*Ron Joyner)  
Williamson County Medical Center  
P.O. Box 681600  
Franklin, TN 37068-1600  
791-0500

### Regional Health Office

Annette Haley  
710 Ben Allen Road  
Nashville, TN 37247-0801  
650-7000

### County Commissioner

Mary E.J. Mills (Vice-Chair)  
P.O. Box 486  
Franklin, TN 37065-0486  
794-2270

### Christ Community Church

Peggy Southard  
605 Grannywhite Pike  
Brentwood, TN 37217  
373-4233

### Alcohol & Drug/Mental Health

Allen Murray  
1320 West Main, Suite 116  
Franklin, TN 37064  
790-5783

### Local Business

Rick Moody (Chair)  
c/o 1<sup>st</sup> Tennessee Bank  
P.O. Box 100  
Franklin, TN 37065-0100  
790-5118

### Dentist

Grant Hensley, DDS  
116 Heatherset Drive  
Franklin, TN 37064  
794-1546/791-8458

### Juvenile Services Director

Betsy Adgent  
408 Century Court  
Franklin, TN 37064  
790-5812

### Community Housing Partnership

Kathy Whalen  
1320 West Main, Suite 421  
Franklin, TN 37064  
790-5556

### U.T. Agricultural Ext. Service

Joan L. Wherley  
1320 West Main, Suite 300  
Franklin, TN 37064  
790-5721

\*Council representative to the Mid-Cumberland Regional Health Council

Williamson County Health Council (Continued)

Supervisor of Middle Schools

Edwin Dean  
1320 West Main, Suite 202  
Franklin, TN 37064  
790-5899

Community Child Care

Hattie Baines  
100 Spring Street  
Franklin, TN 37064  
794-8986

Chamber of Commerce

Joseph L. Willoughby, MD  
1311 West Main Street  
Franklin, TN 37064  
794-8412

Senior Citizens

Frances Greathouse  
P.O. Box 73  
College Grove, TN 37046  
395-4748

Fairview Resident

Helen Cary  
2150 Fairview Boulevard West  
Fairview, TN 37062  
799-0001

Health Department

Sara Hood  
1324 West Main  
Franklin, TN 37064  
794-1542

Department of Children's Services

Mary Ann Dotson  
P.O. Box 680909  
Franklin, TN 37068-0909  
790-5502

Franklin Special School District/MR

Janet Duke  
1600 Kinnard Drive  
Franklin, TN 37064  
790-4718

## Appendix B

### Behavioral Risk Factor Survey (Summary)

Demographic characteristics of the county indicate a younger than average population. The under 18 age group is above the State rate and the 65 and over age group rate is one of the lowest in the State. The county should reflect a lower incidence of death because of these demographic differences. As indicated previously, Williamson County has the lowest rate of death from all causes in Tennessee.

The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking. In 1994, it was estimated that 26.5% of the population smoke cigarettes. That figure has remained steady for many years. It is estimated from the BRF Survey that 30% of Williamson County residents have considered themselves smokers. However, currently 15% of residents remain cigarette smokers. Seventy-two percent of the ex-smokers have ceased smoking for over five years. Estimates are that 80% of residents make a serious effort to limit the fat intake in their diet and 60% are estimated to always or often cook or eat food without adding salt. Although no comparative data is available for these behaviors, 91% of county residents rate the quality of their health as good to excellent.

People with high blood pressure have as much as seven times the risk of stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activities are means to reduce the risk of stroke. It is estimated 65.6% of Tennesseans have a sedentary lifestyle. Results from the BRF Survey indicate that 87% of residents engaged in physical activity or exercise in the past month. As indicated above, 15% of residents are estimated to be cigarette smokers, and in the past year a health professional advised 11% of residents to lose weight. Using insurance industry median weight measurement, 31.9% of Tennesseans are considered obese.

In 1994, the BRF Surveillance Data indicated 11.7% of Tennesseans had no access to Health Insurance. In Williamson County, 2.5% of residents are estimated to have no Health Insurance. An estimated 89% of residents had a checkup within the past year; 95% have had a checkup within the past two years. Sixty-seven percent of women over 30 have had a mammogram, and 95% of women surveyed have had a Pap Smear. This suggests residents use preventative health services at a high rate.

According to the BRFS, the health problems most frequently marked “serious” are as follows:

Allergies (62%)	Alcohol Abuse (53%)	Stress (49%)
Drug Abuse (49%)	High Blood Pressure (47%)	Obesity (44%)
Heart Conditions (43%)	Arthritis (42%)	Teen Pregnancy (41%)
Breast Cancer (32%)	Lung Cancer (30%)	Unintended Pregnancy (28%)
Prostate Cancer (25%)	STD's (24%)	Diabetes (24%)
Child Abuse/Neglect (24%)	Asthma (24%)	Family Violence (23%)
Cervical Cancer (21%)	AIDS (21%)	Colon Cancer (19%)
	Emphysema (18%)	

## Appendix C

### The Community Stakeholder Survey (Summary)

This survey indicates 8% of respondents are without a personal physician. However, all respondents report possessing health insurance coverage. Additional survey information is as follows:

- The most important problems specified by survey respondents (1<sup>st</sup> response):

Access to services (4%)	Access to TennCare Providers (8%)	AIDS (4%)
Alcohol & Drugs (8%)	Cost of Services (28%)	Immunizations (4%)
Elderly Health Care (12%)	Pregnancy Care (4%)	Transportation (8%)
Teen Pregnancy (4%)	No Opinion (16%)	

- The average adequacy ranking of the availability of the major health care services in the community:

No response (8%)	Services not available (7%)	No opinion (15%)
Not adequate (16%)	Very adequate (17%)	Adequate (36%)

- The average satisfaction ranking of the primary care providers in the county:

No response (10%)	Don't know (11%)	Not available (2%)
No opinion (4%)	Not satisfactory (14%)	Satisfactory (42%)
	Very satisfactory (17%)	

- The average satisfaction ranking for the services and characteristics of the local hospital:

No response (9%)	Don't know (7%)	No opinion (6%)
Not Satisfactory (9%)	Satisfactory (41%)	Very satisfactory (29%)

- The average satisfaction ranking for the services and characteristics of the local health department:

No response (9%)	Not familiar with health department (39%)	No opinion (10%)
Not satisfactory (4%)	Satisfactory (29%)	Very satisfactory (9%)

The Community Stakeholder Survey (Summary)  
(Continued)

- The summary of services respondents indicated they would use for particular conditions:

No response (17%)	Baptist (21%)	Centennial (2%)	ER (1%)
Health Care Center (1%)	Health Department (6%)	Private Physician (27%)	
St. Thomas (6%)	Southern Hills (3%)	Vanderbilt (1%)	
Walk-In Clinic (6%)	Williamson County Medical Center (22%)		

- The preventive programs respondents feel would be beneficial in the community (1<sup>st</sup> response):

AIDS, Tobacco, Alcohol & Drug Programs (4%)  
Alternative Medicine & Nutritional Supplement Education (4%)  
Cleaner Air (4%)  
Elderly Services (4%)  
Elementary School Programs: Health Care, Healthy Lifestyles, Smoking Dangers (12%)  
Health Fairs (4%)  
Immunizations (4%)  
Senior Citizens Exercise Programs & Walking Track (4%)  
Smoke Free Workplaces & Public Buildings (4%)  
Smoking Cessation Classes (4%)  
Substance Abuse Programs (4%)  
Teen Workshops: Drugs, Pregnancy, AIDS (4%)  
Weight Loss Programs (4%)

# Appendix D

## The Initiating Group Survey

### □ Strengths Of The Community

- A well organized Health Department
- A hospital sensitive to the needs of all its residents
- Unincorporated areas have strong communities where people are aware of those in the community with needs, and usually, several organized groups carry out service activities, etc.
- Strong Church ties to most communities
- Strong commitment from business and industry to support communities
- Financial resources due to growth
- Cooperative County Commission (Reasonable with Vision)
- Family Loyalty
- Strong Schools
- Strong Church participation
- Wealthy majority of residents
- Service oriented churches
- Low unemployment
- Educated workforce
- Space to grow
- Excellent medical facilities
- Excellent physician staff
- Excellent Health Department
- Excellent support agencies
- Beauty
- Safety
- Access to services and shopping
- Housing
- Cleanliness
- Growth
- Per capita Income
- Community Volunteers
- Money
- Individuals with expertise as mentors and roll models
- A large, settled base of population
- Strong networking between community agencies

### □ Major Problems In The County

- Unplanned pregnancies - teens (5) and other
- Drugs, Alcohol, Cigarettes - teens and adults (A&D 3)
- Hispanic - no insurance, ineligible for TennCare, many children/under immunized

□ Major Problems In The County (Continued)

- TennCare did not solve all the health care problems, i.e. obstetricians, orthopedics, and limited pediatric care
- Many older people on fixed incomes have difficulty meeting their commitments, their personal expenses, drug expenses, and ancillary medical services
- Medicare, Medicaid, and Managed Care are in the position of rationing care (2)
- As a result of Medicare, Medicaid, HCFA, OSHA, and OBRA, government supported patients are being managed with much less efficiency than in previous years
- AIDS
- Body Lice (connotation of other health problems associated with uncleanness)
- Violence
- Very few accessible TennCare MD's for preventative health care
- Large number of elderly among the poor
- Rural and poverty areas that have health problems
- Emotional and mental health of adolescents (ex., children of single parent families)
- Food Safety (Food service employees do not practice safe and sanitary food handling)
- Visual/Dental health of school children
- Health care of students in the poverty level
- Housing is unaffordable to many, however, there is a group working on providing affordable housing at the present time
- Adult TennCare population doesn't have access to preventative services
- Some individuals "choose" not to access health care due to priorities in other areas, i.e. car, TV, etc.
- Many residents (especially elderly) are without running water
- Testing well-water is expensive (\$300) and correction is costlier

□ Ways Health Could Be Improved In The County

- Services for people who need visual and dental health
- More accessible mental health, such as, individual counseling and support groups
- More education regarding health issues
- Nursing home(s) in Fairview
- Neighborhood clinic in Franklin with access to OB care, Pediatrician, or Nurse Practitioner. Teaching parenting, nutrition, and other preventative-type classes
- Access to Drug & Alcohol treatment
- Assistance with AIDS
- Transportation to services
- Study specific problems and design corrections
- Increase personal responsibility for individual health
- Hold employers responsible for providing health care to employees
- Educate the community regarding its problems
- Decrease dependency on the "government" to provide assistance and place responsibility on the community to provide for themselves

- Additional Resources Needed To Improve Health Care
  - Accurate data
  - Programs that go to the people in rural areas
  - Elderly “house calls”
  - “House calls” for high risk newborns with follow up
  - More education
  - Develop programs specific to the needs of each local community, i.e., Brentwood, Franklin, Fairview, etc.
  - Insure Pure/accessible water for all residents
  - Develop volunteer programs/networks
  - Water & Sewer block grants
  
- Problems Or Obstacles To The Health Assessment/Planning Process
  - Lots of competitive “jockeying” among the various health care providers

# Appendix E

## Williamson County Data Summary

### Morbidity & Mortality Data

According to Tennessee's Healthy People 2000, Williamson County has the lowest rate in the State for Deaths From All Causes. A review of the leading causes of death by age group reveals county rates are categorically lower than the Mid-Cumberland Region and the State of Tennessee. Cancer rates for the 45 to 64 age group have been decreasing during the 1983-1994 period. This is significantly below the region and the State. However, cancer rates for the 65 + age group has been slightly increasing during this period and is practically equal to the region and State rates.

The age-adjusted cancer incidence rates for all cancer sites reveals Williamson County exceed both the region and the State. This is true also in regard to sex and race rates. Cancer rates for white males represent the most significant differential between the county and the State. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:

Non-white male lung cancer incidence rates are significantly above that of the region and the State. Non-white female lung cancer rates (although at a lower incident rate) also reflect a significant differential above the region and the State.

Prostate cancer incident rates are significantly higher in Williamson County as compared with the region and the State. This is true of both white and non-white rates.

Female breast cancer incidence rates are significantly higher in the county as compared to the region and the State. The most significant difference is among the white female rates.

The council suggested an explanation for the high cancer incidence rates in Williamson County. Williamson County residents are a very educated and informed citizenry. They may be utilizing health screenings more frequently than other counties and thereby detecting cancer early. Early treatment would be accessed, however the county's cancer incident rates would be increased. This explanation has credence when cancer mortality rates are compared. Although cancer is the leading cause of death for ages 45-64, the Williamson County rates are significantly lower than those of the region and the State. Cancer mortality rates for the 65 and over age group are about equal to the region and slightly less than the State rate. The higher cancer incidence rate in the county has not led to a higher mortality rate. In fact, deaths from "Lung Cancer" and "Female Breast Cancer" are already below the rates for the Year 2000 National Objective. Cancer is the second leading cause of death throughout the U.S.

The leading cause of death in Williamson County is "Diseases of the Heart." This is true in Tennessee and the U.S. The county rate of deaths from Heart Disease is among the lowest in Tennessee and already below the Year 2000 National Objective.

## Morbidity & Mortality Data (continued)

Deaths from Stroke are the third leading cause of death throughout the nation. Williamson County's rate is below the State rate but above the Year 2000 National Objective.

Infant Mortality data reveals Williamson County's Infant Death rate is among the lowest in Tennessee. As of the last report (1992-1994), the county rate is 66% less than the State rate and 50% less than the Year 2000 National Objective.

Accidents and Adverse Effects have the greatest impact on premature death in terms of "Years of Productive Life Lost." This is also true of the region and the State. The majority of premature deaths in this domain are Motor Vehicle Accidental Deaths. Overall, Williamson County's rates are slightly less than the region and the State in this category. However, in the 15-24 age group, there is a significantly higher rate of Motor Vehicle Accidental Deaths as compared to both the region and the State. Also, the 65 and up age group has higher rates than their counterparts in the region and the State in this category.

Violent Death Rates (motor vehicle accidents, suicides, and homicides) are significantly lower in the county when compared as a whole to the region and the State. There are two exceptions when broken out by age groups. The white race, 65 and up age group rates have been consistently higher than the region and the State. Currently, this rate is nearly double the region and State rate. In the 1995 KIDS COUNT material from the Tennessee Commission on Children and Youth, the Teen Violent Death Rate (Ages 15-19) is slightly above the State rate and significantly above the U.S. rate. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of death is firearm-related deaths. Williamson County's rate of deaths from motor vehicle accidents is lower than the State rate but slightly over the Year 2000 National Objective. The county's death rates from homicide and suicide are already below the Year 2000 National Objective.

The incidence of Tuberculosis in the county is significantly lower than the State rate but higher than the Year 2000 National Objective. The incidence of Syphilis is lower than the State rate but slightly higher than the Year 2000 National Objective.

## Program Data From Other Departments

The Williamson County and Franklin School Districts report a higher percentage of students receiving Special Education than the State of Tennessee rate. The council offered several explanations for this occurrence. Students with behavioral problems are being placed in special education, informed parents are accessing this resource frequently, and Williamson County schools have an excellent reputation that attracts families with special needs to the county.

The percent of children under 18 being referred to Juvenile Court in Williamson County is above the average for Tennessee. The Juvenile Services Director provided several reasons for the high rate. Williamson County petitions may be acquired twenty-four a day, seven days a week. The excellent reputation and availability of Juvenile Justice resources in the county have encouraged greater use of the system. The most frequent offense is theft occurring at the Cool Springs Mall. Merchants know a guilty verdict means an automatic 48-hour detention for the offender. This is viewed as an effective

## Program Data From Other Departments (continued)

deterrent and therefore routinely accessed. The rate of children under 18 committed to State Custody by the Court is less than the State rate. This appears to negate the concern that the county has a worse juvenile delinquency problem than comparable communities and verifies current interventions are effective in reducing the commitment rate of children into State Custody.

Williamson County compares very favorably to the State in regard to issues that relate to poverty. The county has 63% fewer persons below the poverty level, 72% fewer children under 18 receiving AFDC (Aid to Families with Dependent Children), and 67% fewer students participating in the Free or Reduced Price Lunch Program compared to the Tennessee rate. Child Abuse and Neglect Cases are 77% fewer in the county compared to the State rate.

## Local Health Department Data

Statistics indicate utilization of services in Williamson County vary somewhat from local health departments in the region and the State. The program groups rank in the same order of use as the region and the State with the exception of the reversal of the top two categories. WIC (Women, Infants, and Children) and Child Health program encounters lead the list of services in the region and the State. WIC encounters are 6% below the State rate and ranks as the second leading program in the county health department.

Dental services are not available at the Williamson County Health Department. Dental services account for 2.7% of the total encounters in local health departments in Tennessee. An assessment of TennCare Dental Coverage prepared for the Mid-Cumberland Community Health Agency in July 1995 designated Williamson County an extreme shortage area for TennCare Dental Care. This was based upon 1 FTE (Full Time Equivalent dental provider available to the population) per 10,507 TennCare population in the county. The Public Health Service Criteria for a shortage designation is one (1) Provider FTE per 5,000 population.

## Pregnancy And Birth Data

The percent of mothers with selected risk factors in the county is slightly less than those of the region and the State. The percent of live births with selected maternal risk factors, all ages and races, for county residents is less than the region and State rates. However, when this is broken out by age and race, the 10-17 age group, nonwhite percentages is significantly higher than the region and the State. The 18-19 age group, nonwhite percentages are also higher than the region and State rates.

Teen Pregnancy (Ages 10-17) rates for the county were compared with Tennessee and the Mid-Cumberland Region during the 1983-1994 time frame. Williamson County's rates are significantly lower than both the Region and Tennessee rates. As a whole, the teen pregnancy rate in the county is one-half of the State rates. However, when broken out into white and non-white rates, non-white rates are slightly higher than the Region while lower than the non-white Tennessee rate. Teen pregnancy rates are among the lowest in the State and currently within the Tennessee 2000 goal. No Year 2000 National Objective has been determined.

## Pregnancy and Birth Data

Low Birthweight rates in the county are below the State rate but slightly higher than the Year 2000 National Objective. The county has the lowest Late or No Prenatal Care rate in the State and this rate is significantly below the Year 2000 National Objective.

# Appendix F

## HIT Internet Project ([server.to/hit](http://server.to/hit))

Health Information Tennessee (H.I.T.)

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

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

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

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

Sandra L. Putnam, Ph.D.  
Director and Research Professor  
UTK Community Health Research Group  
Suite 309, Conference Center Building  
Knoxville, Tennessee 37996-4133  
Phone: (423) 974-4511/(423) 974-4612  
E-Mail: [CHRG@UTKUX.UTCC.UTK.EDU](mailto:CHRG@UTKUX.UTCC.UTK.EDU)