

WEST TN NEEDS ASSESSMENT

Target Region and Population Details. The West Tennessee region includes 20 counties which lie between the Tennessee and Mississippi Rivers in the western third of the state, bordered by Kentucky on the north, and Mississippi on the south. These counties are predominantly rural, with 17 of the 20 counties having populations below 40,000. The region as a whole has an estimated population of 631,294, slightly less than 10 percent of the state’s population of 6.5 million, and a slight decline from 635,000 in 2010. The region excludes Shelby County and its seat, Memphis, which is the largest city in West Tennessee and the second largest city in the state.

The majority of West Tennessee region residents live in rural areas or small communities with populations of less than 10,000. Jackson (pop. 67,319) is the largest city in the region and the eighth largest city in the state. The economy of the region has historically been agricultural, related to cotton and timber industries, and remains largely defined by this sector and the traditionally blue-collar sectors of manufacturing and transportation. According to a recent analysis, West Tennessee has trailed the rest of the state in job creation over the past decade, has experienced higher unemployment, and lags other parts of the state in educational attainment (with fewer than 10 graduates/1,000 people, compared to 10.6 for the rest of Tennessee).¹ Poverty is seen throughout the region and there are significant health disparities due to poverty and lack of access to preventive healthcare.

Comparative demographics for the region, state and nation are summarized in **Table 1**. West Tennessee has higher rates of poverty and unemployment compared to the state and the nation, according to American Community Survey data for 2014 and current Bureau of Labor Statistics. The poverty rate across the 20 counties is 21.8%, compared to 18.3% for the state and 14.8% for the U.S. The unemployment rate across the 20 counties is 7.2%, higher than both the Tennessee and U.S. rates (5.4% and 4.9%, respectively). The regional poverty rate for children of 28.8% exceeds the national child poverty rate of 21.9%.

	2014 Pop	% pop in poverty	% pop age 0-17	% children in poverty **	% pop age 65+	% pop racial minorities	Unemployment Dec. 2015 *	Median HH income
U.S.	3.18M	14.8	23.1	21.9	14.5	22.6	4.9	\$53,482
Tennessee	6,549,352	18.3	22.8	25.8	15.1	21.1	5.4	\$44,621
West TN region	631,294	21.8	21.9	28.8	17.8	20.2	7.2	\$36,061

Sources: 2014 Quick Facts at www.census.gov/quickfacts; *U.S. Dept. of Labor at www.bls.gov; **2010-2014 ACS

There is a high percentage of single-parent households across the region (37%) compared to the nation (31%), according to ACS 2009-2013 five-year estimates. With only one earner, single-parent households are more likely to be economically stressed and to encounter challenges balancing the demands of employment and health care. This is especially true when children or adults have chronic conditions that require regular monitoring visits with a health care provider.

¹ EMSI, “Economic Analysis of West Tennessee,” prepared for Tennessee Department of Labor and Workforce Development, June 2015. Accessed 3/18/2016 at http://www.economicmodeling.com/wp-content/uploads/SWHRA_formatted-1_5.pdf.

The region has a percentage of senior citizen population greater than the state or the nation. The older population is indicative of the increased likelihood of the presence of chronic diseases that require medication and more frequent monitoring visits.

Health care needs. Information relative to the health topic areas of the Delta grant—diabetes, cardiovascular disease, obesity and stroke—can be found in the results of the Behavioral Risk Factors Surveillance Survey (BRFSS). The Tennessee Department of Health website offers summary data, comparing state and regional results from this survey of self-reported data. According to BRFSS results for 2013, *West Tennessee residents have rates of overweight/obesity, diabetes, heart disease, hypertension, stroke, and self-reported “fair or poor health” that exceed those for the state* as a whole, and lower daily intake of healthy foods. These measures are documented in **Table 2** (from <https://www.tn.gov/health/topic/statistics-brfss>.)

	% have diabetes	% overweight or obese	% have heart disease	% have hypertension	% have had stroke	% report fair/poor health	% ate 5 fruits/veg. per day
West TN	18	74	9	44	5	25	7
State	12	68	6	39	4	23	9

The West Tennessee Delta Consortium has identified **cancer** as an additional area of need for intervention. Early detection and advances in cancer treatment have led to better outcomes and longer survival, such that cancer can be considered a chronic condition that requires management assistance for patients and their caregivers. Nationwide, two out of three people are living at least five years after cancer diagnosis.² This project will provide a cancer education/management class in eight of the 20 West Tennessee counties, six of which have cancer incidence exceeding the state and/or national rates.

The Consortium’s proposed programs for children center on the needs of **children who are overweight or obese**. One in three children in Tennessee is overweight, and the Robert Wood Johnson Foundation ranked Tennessee as having the fifth highest child/adolescent obesity rate. For some children, this condition is complicated by behavioral health needs. Referrals made by the Le Bonheur Mobile Health Unit for children needing behavioral health services more than doubled from 2014 to 2015 (105 and 221 referrals, respectively).

Health Care Services/Shortages. The West Tennessee region, like many other rural areas, has a shortage of health care services. Only three (3) of the 20 counties are not HRSA-designated Medically Underserved Areas (MUAs). Thirteen (13) of the 20 counties are designated by HRSA as Primary Care Health Professional Shortage Areas (HPSA). Haywood, Hardeman, Lake and Lauderdale counties are geographic primary care HPSAs where the entire county has a shortage of health care professionals. Madison County is a partial geographic primary care HPSA where rural census tracts have shortages. Obion, Weakley, Dyer, Benton, Henderson, Decatur,

² Henley SJ, Singh SD, King J, Wilson R, O’Neil ME, Ryerson AB. [Invasive cancer incidence and survival—United States, 2012](#). *MMWR* 2015;64(49).

McNairy, and Hardin have primary care shortages affecting primarily low-income populations. Every county in the region is designated as a mental health HPSA.

Even in communities with adequate health care providers, poverty significantly limits access to care. According to the 2013 BRFSS, 20% of West Tennessee adults needed to see a doctor sometime during the previous year but did not do so due to cost. Lack of health insurance can deter patients from seeking care. Although TennCare (Medicaid) coverage is available for most low-income children in the region, Tennessee has elected not to expand Medicaid coverage under the ACA, leaving many lower-income adults without affordable insurance options.

Program Development/Target Population Involvement. The Consortium carried out a survey in March 2016 of West Tennessee residents and users of health care services. The survey instrument was distributed via email and hard copy to regional County Health Councils, patients at Henry County Medical Center, patients at Hardeman County Community Health Center's three locations, patients at other West Tennessee FQHCs, and to parents of children served by the Le Bonheur Mobile Health Unit at West Tennessee K-12 schools. A total of 503 surveys were received back from all sources, with respondents from all 20 counties excepting Dyer County. The majority of the surveys were from Henry County (44%), with Hardeman (17%) and Hardin (10%) representing other significant response rates. Analysis of the responses showed:

- 56% of the respondents were age 18-55, 25% were age 55-64, 19% were 65 and older.
- The median household size for all respondents was three persons.
- 93% said they had health insurance (including private, TennCare/Medicaid and Medicare).

Asked to define what is necessary for good health and what is needed in their community, responses were as follows:

- 43% wanted longer doctor's office or clinic hours.
- 35% wanted more mental health services.
- 34% wanted school-based health clinics.
- 53% wanted more specialists, such as heart or diabetes doctors.
- 81% identified "reasonably priced medicine" and 55% cited "improved health insurance coverage" as among the top needs.
- 60% said that transportation was a barrier to accessing health care.
- 42% indicated that having home visits by a community health worker was important to good health and 35% said they would like to see more of such home visits.