Macon County Community Health Needs Assessment Report

A joint venture of the

Macon County Health Council

and

Macon County General Hospital

July 2012
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Executive Summary

A community health needs assessment was conducted in Macon County Tennessee as a joint venture between the Macon County Health Council and Macon County General Hospital. This project began in September of 2011 and was completed in July of 2012. This document reviews the entire process taken to complete the assessment, the data collected, and a summary of results and priorities. The top five health priorities for the Macon County community were established as cancer, heart disease, diabetes, drug and alcohol abuse and teenage pregnancy. These results will be disseminated to various healthcare groups with an interest in the health of the residents of Macon County as well as to the general public.
Description of Community

Geographic region covered by health needs assessment

This community health needs assessment covers the geographic region of Macon County, Tennessee (TN). Macon County is a predominately rural county on the edge of Highland Rim in north central TN, covering 307 square miles in area (Tennessee Government, 2011a). The county seat of Lafayette is approximately 58 miles from downtown Nashville, TN (Google, 2011). The county is rural, and includes two towns: Lafayette and Red Boiling Springs.

Population Characteristics and demographics

The population of Macon County as determined by the 2010 U.S. Census was 22,248 (U.S. Census Bureau, 2011). Included in that total is the city of Lafayette, the county seat, with a population of 4,474 and the city of Red Boiling Springs with a population of 1,112. Ninety-six percent of the total population is white with the predominant minority race being Hispanic or Latino. There are 8,561 households in the county, and 6,112 of those are family households. Of the family households, 4,670 of them are husband-wife families. Thirty-four percent of the households contain children under the age of 18, and 26.7% contain individuals 65 and over. The median age of the total population is 38.7, and the average household family size is 3.02. Seventy-four percent of houses are owner-occupied, and twenty-six percent are renter occupied housing units (U.S. Census Bureau, 2011).

Macon County is currently designated by the U.S. Department of Health and Human Services (2012) as a Health Professional Shortage Area (HPSA) in all three areas (primary care, mental health and dental) and is currently considered a Medically Underserved Area (MUA).

According to the Community Fact Sheet for Macon County TN from the HRSA Data Warehouse, the following access to care statistics were current as of 2008 (U.S. Department of Health and Human Services, 2011a, chart page 1):

- 3,205 Uninsured individuals (age under 65)
- 2,808 Elderly (age 65+) Medicare beneficiaries
- 998 Disabled Medicare beneficiaries
- 7,264 Medicaid beneficiaries
- 22.9 Primary Care Physicians per 100,000 pop
- 18.3 Dentist per 100,000 pop

According to TennCare enrollment data as of March 15, 2012, there were 5,796 Macon County residents enrolled in the TennCare program (Tennessee Government, 2012a).

Macon County General Hospital is a critical access hospital, and the only hospital in the county. The top three inpatient diagnoses between January 1st, 2011 and September 26th, 2011 were COPD, pneumonia and acute pancreatitis (Macon County General Hospital, 2011). The top three diagnoses during the same time period for 24 hours observation stays were chest pain, dehydration, and syncope and collapse. The top three emergency room discharge diagnoses for the same period were urinary tract infection, viral infection, and otitis media.

According to the Community Health Status Indicators, Macon County Tennessee 2009 report (U.S. Department of Health and Human Services, 2011b, vulnerable populations), the following are defined as vulnerable populations in the county:

- Have no high school diploma (among adults age 25 and older) 5,961
- Are unemployed 866
- Are severely work disabled 1,212
- Have major depression 1,632
- Are recent drug users (within past month) 1,567

An additional indicator of potentially vulnerable populations would be the percent of children receiving free or reduced price lunch at school. According to the Kids Count Data Center, in 2009, 48.1% of Macon county school children qualified for this service (The Annie E. Casey Foundation, 2011). In the same year, 40.1% of Macon County Children received food stamps, and 31.9% of children were considered to be living in poverty (The Annie E. Casey Foundation, 2011).
Description of process and methods used for survey

A six week data collection period was established during the spring of 2012. The needs assessment survey was made available to the county population via paper and electronic formats. Paper surveys were located at specified community locations which were also provided with secure receptacles for collection. Electronic surveys were available to access online through Survey Monkey either by direct email invitation or a link from the Macon County General Hospital website. All paper surveys were manually entered into an electronic form to maximize the results tabulation by a member of the committee. A public awareness campaign was conducted using local radio, newspaper, and television during the time leading up to and continuing through the survey period. Efforts were made to target various geographical and population sub-groups in the county through purposeful recruitment of survey participants at health fairs, public businesses, medical offices and the senior citizen’s center.

Description of method used to include input the broad interests of the community

Efforts were made to include input from people representing various aspects of healthcare and community agencies. Representatives from the State of Tennessee Department of Health, Macon County General Hospital, Office of Coordinated School Health, private healthcare providers and various community agencies were consulted during the needs assessment process.

Needs Assessment Committee Meetings

A community needs assessment committee was formed with key stakeholders from the Macon County Health Council. Committee meetings were conducted to develop a community health needs assessment tool and assessment strategy. The committee participants took into consideration the potential health needs of the community, and broadly evaluated the best ways to elicit the needs from the population as a whole. Each potential survey question was discussed and evaluated in consideration of the geographic, educational and cultural make-up of the community population. These meetings were conducted monthly during the entire needs assessment process.
Macon County Health Council Meetings

Macon County General Hospital along with the Macon County Health Council joined together to conduct the assessment and prioritize the health care needs of residents in the Macon County area. The Health Council helped with testing the survey instrument, promoting the survey to the community, and by making the surveys available in different offices in Macon County. The Health Council was kept informed of the ongoing progress of the survey at its monthly meetings, and members gave guidance according to their areas of expertise.

Personal interviews with a sample of health related community stakeholders

Personal interviews with a variety of community stakeholders were conducted to assess their perception of community health needs for Macon County. These community stakeholders were individuals representing the local hospital, primary care providers, school health system, local extension office, and public health system.
Description of all community health needs identified

Primary Data from survey

The following is a presentation of the raw data from the 566 community health needs assessment surveys that were completed.

Question 1: In what zip code is your home located?

Figure 1

The top three zip codes represented the communities of Lafayette, Red Boiling Springs, and Westmoreland.
Question 2: Which category below includes your age?

Figure 2

Question 3: How many Children age 17 or younger are in your household?

<table>
<thead>
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<th># of Children</th>
<th>Responses</th>
<th>Percent</th>
</tr>
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</tr>
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</tr>
<tr>
<td>7</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Question 4: Which ethnic group do you most identify with?

Figure 3

![Ethnicity Graph]

Question 5: Are you now married, widowed, divorced, separated or never married?

Figure 4

![Marital Status Graph]
Question 6: What is the highest level of school you have completed or the highest degree you have received?

Figure 5

Question 7: What is your current household income?

Figure 6
Question 8: Which of the following best describes your health insurance status?

![Health Insurance Chart]

Question 9: Where did you get this survey?

![Origin of Survey Chart]
Question 10: In your opinion, what do most people die from in your community? (select only one)

Figure 7

![Perceived Causes of Death](image)

Question 11: If you get sick, where would you go first? (ie: flu, upset stomach, blood pressure, diabetes)

Figure 8

![Source of Primary Care](image)
Question 12: If you get sick where do you go if you need hospital care?

Figure 9

Question 13: In your opinion, what is the biggest health issue of concern in your community? (select up to 3)

Figure 10
Question 14: In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (select only one)

Figure 11

![Barriers to Healthcare Access](image)

Question 15: How do you rate your own health?

Figure 12

![Personal Health Rating](image)
Question 16: Which of the following health related behaviors describes you? (select all that apply)

Figure 13

Question 17: Does anyone in your household use tobacco products?

Figure 14
Question 18: Where do you and your family get most of your health information? (select all that apply)

Figure 15

Question 19: Where do you get your information on community news/events?

Figure 16
Primary data from personal interviews

The following were identified as deficits or problem areas for Macon County residents from the interviews conducted with community stakeholders:

- Limited OB/GYN services*
- Patients inactive in personal health management*
- No on-site/local psychiatrist*
- Widespread Poverty*
- Limited specialty healthcare services available in the county
- Drug Abuse
- Physical inactivity
- Financial/economic education
- Emergency preparedness education
- Parental involvement in children’s health needs
- No school system dietician
- Peer pressure among students
- After hours health care access
- Number of primary healthcare providers
- Underutilization of mammography in the elderly population
- Teen pregnancy
- High suicide rate
- Mental health stigma

*Denotes that problem was identified by more than one interviewee

Each stakeholder had differing views on the overall health needs of Macon County residents. There were some needs that were verbalized by more than one stakeholder as noted by an asterisk above.
Secondary data from current statistical sources

**Health Indicator Statistics.** Vital statistics were reviewed from the State of Tennessee 32 recorded statistical areas, and a summary of the statistics deemed most applicable to this assessment will follow. This information was obtained from various data sheets on the Tennessee Department of Health statistics website (Tennessee Government, 2011b). Some additional data was provided via email with the data request department on September 22nd and 23rd, 2011. A reassessment for any new 2010 data was performed on June 20, 2012.

Most of the indicators in the following discussions follow trends over the past 10 years. The results are depicted using numerical and charted data to illustrate trends over time. A basic formula of percent change was used to describe many of the trends over time as discussed on page 66 of the Community Health Assessment Guidebook (North Carolina Division of Public Health, 2010). The purpose of identifying trends is to help identify persistent local health needs.

**Birth data.** A summary of several key birth statistics will follow. Birth data reviewed included live birth rates, percent of live births to unmarried females, percent of live births that are low birthweight, and teenage pregnancy rates.

*Number of Live Birth with Rates per 1,000 population.* The overall birth rate per 1,000 population in Macon County has seen an overall increase of 16.1% over the 2002-2010 year data period. In 2010, there were 13.7 births per 1,000 population (Tennessee Government, 2012b).

*Percent of Live Births to Unmarried Females.* The percent of live births that are to unmarried females in Macon County has seen an overall increase of 84.8% over the 2002-2010 year data period. In 2012, 44.9% of live births were to unmarried females (Tennessee Government, 2012b).

*Percent of Live Births that are Low Birthweight (<2500g).* The percent of live births that are considered low birthweight (<2500g) in Macon County has fluctuated over the 2002-2010 year data period. In 2010, 7.9% of all live births were considered low birthweight (Tennessee Government, 2012b).

*Pregnancy Rates per 1,000 Females Ages 10-19.* The pregnancy rate per 1,000 females age 10-19 in Macon County has seen an overall increase of 11.3% over the 2001-2010 year data period. In 2010,
the pregnancy rate for females ages 10-19 was 37.8 per 1,000 females (Tennessee Government, 2012b). This is the third highest pregnancy rate in this category in the state (Tennessee Government, 2012b). Figure 17 demonstrates the consistently high number of pregnancies in this age group over the past decade (Tennessee Government, 2012, b). Figure 17

**2001-2010 Pregnancy Numbers**  
**Female Ages 10-19 Macon County, TN**

*Infant mortality.* The rate of infant deaths under one year of age in Macon County has seen an overall 48% decline over the 2002-2010 year data period. In 2010, there were 6.5 infant deaths per 1,000 population (Tennessee Government, 2012b).

*Death measures.* A summary of leading causes of deaths by number and rate as well as leading causes of deaths by years of potential lives lost will follow.

*Leading causes of death.* Limited newly available data indicates that the leading causes of death in Macon County in 2010 was diseases of the heart, followed second by malignant neoplasms, and third by chronic lower respiratory diseases (Tennessee Government, 2012b). The top 5 leading causes of death from 2009 in Macon County are depicted in Figure 18 (Tennessee Government, 2011b).
The top 11 leading causes of death from 2009 by rate per 100,000 population in Macon County are depicted in Figure 19 (Tennessee Government, 2011b).
Available trend data for the top six leading causes of death by rate for Macon County, TN during years 2001-2009 are depicted in Figure 20 (Tennessee Government, 2011b). Over the 2001-2009 data period examined, heart disease and malignancy consistently were found to be the top two causes of death. Their rates fluctuated up and down during this period, with diseases of the heart gaining the current lead (Tennessee Government Vital Statistics, email with the data request department on Sept. 23rd, 2011).

Leading causes of death based on years of potential life lost. When you examine the leading causes of death based on years of potential life lost prior to age 75, malignancy becomes the leading cause as depicted in Figure 21 composed of 2009 data (Tennessee Government, 2011b).

Figure 20

![Six Leading Causes of Death for Macon County TN, Rates per 100,000 population 2001-2009](source)
Morbidity. According to the Community Health Status Indicators report, Macon County has a favorable status for almost all infectious diseases in relation to peer counties (U.S. Department of Health and Human Services, 2011b). There is minimal data available for review in the infectious disease area due to low incidence numbers.

Sexually Transmitted Diseases. Four main sexually transmitted disease categories are reported by the State of Tennessee: Chlamydia, Gonorrhea, Primary and Secondary Syphilis and Early Latent Syphilis (Tennessee Government, 2011c). Looking at the data available for Macon County, the only disease with numbers high enough to report with any consistency was Chlamydia. According to Tennessee Department of Health Communicable and Environmental Disease Services, Chlamydia incidence rates are depicted in Figure 22, covering the data years of 2006-2010 (personal electronic communication, Jimmy Nanney, MSPH, Epidemiologist, Tennessee Department of Health, Communicable and Environmental Disease Services, Sept 30, 2011).
BRFSS disease and health maintenance reporting. The State of Tennessee conducts the CDC Behavioral Risk Factor Surveillance Survey (BRFSS) and breaks down the results into state health department regions. Macon County is in the Upper Cumberland Region. Figure 23 is a graph depicting percent of respondents reporting six diseases when responding to the BRFSS questions. The BRFSS data is not stratified to the individual county level (Tennessee Government, 2012b). There are some gaps in the available data for some questions, resulting in some missing results.
Figure 23

**Figure 24** is a graph depicting percent of respondents reporting participation in four health maintenance activities when responding to the BRFSS questions. Again, this is for the entire Upper Cumberland Region, not the individual county (Tennessee Government, 2012b).
The CDC conducts the BRFSS and also stratifies responses into clusters centered on certain metropolitan areas in the state. Figure 25 depicts BRFSS results for the Metropolitan Statistical Area that includes Macon County (Centers for Disease Control and Prevention, 2011a).
County Health Rankings. The University of Wisconsin Population Health Institute’s County Health Rankings, lists each county in Tennessee in rank from 1st (best) to 95th (worst) in the State in the areas of: mortality, morbidity, health behaviors, clinical care, social and economic factors and physical environment (University of Wisconsin Population Health Institute, 2012). There are indicators that are used along with a very specific formula to arrive at these percentile rankings. This data is compiled from BRFSS data, and is compared to national benchmark data. Figure 26 depicts where Macon County stands in 2012 according to these rankings in the six category areas.
**2010 Tennessee State Health Plan.** The State of Tennessee conducted an online survey of state residents prior to completing their latest health plan entitled *2010 Tennessee State Health Plan* (Tennessee Government, 2011d). This survey was completed by 2,431 respondents from all over the state. It was concluded that some of the needs identified by Tennesseans may be generalizable to the local population for the sake of compiling a needs assessment for Macon County, TN. The health conditions thought to be the most important to Tennesseans were (Tennessee Government, 2011d):

1. Obesity and overweight
2. Heart attack, stroke, high blood pressure and cardiovascular disease
3. Diabetes
4. Alcoholism and drug abuse
5. Cancer
A Prioritized description of all community health needs identified

After thorough consideration of the available data, clinical experience and familiarity with the local community, the needs assessment committee prioritized the top five community health needs in Macon County as:

1. Cancer
2. Heart Disease
3. Diabetes
4. Drug and Alcohol Abuse
5. Teenage Pregnancy

Cancer

Cancer was selected as the number one health need in Macon County by the needs assessment committee.

Criteria for selection.

- Cancer was identified on the Community Health Needs Assessment (CHNA) survey (hereafter referred to as the survey) as the number one condition that people die from in Macon County (figure 7, page 13).
- Cancer was the number one health issue of concern in the community according to the survey (figure 10, page 14).
- Malignant neoplasms are the leading cause of death based on years of potential lives lost (YPLL) (figure 21, page 23)
- Malignant neoplasms are the second leading cause of death in Macon County (figure 18, page 21).
- Tobacco use was reported in 46% of households and by 26.8% of individuals completing the survey (figures 13 & 14, page 16). Tobacco use is a well-known carcinogenic.
• 25% of the respondents on the survey reported not getting regular checks up and health screening which are known to be important in the early detection of cancer (figure 13, page 16).

Available health and community resources to address the need.

• Macon County Health Council
• Macon County Health Department
  o Breast and cervical cancer screening programs
• Macon Helps
  o Financial assistance
• Upper Cumberland Area Regional Transportation System
  o Cost effective transportation to medical facilities
• Macon County General Hospital
  o Mammography
  o Out-patient surgery
  o Grief support group
  o Cancer Screenings
• The Hope Clinic
  o Income based primary care
• Select area businesses
  o Employee wellness screenings

Heart Disease

Heart disease was selected as the number two health need in Macon County by the needs assessment committee.
Criteria for selection.

- Heart disease was identified on the survey as the number two condition that people die from in Macon County (figure 7, page 13).
- Heart disease was also the number two health issue of concern in the community according to the survey (figure 10, page 14).
- Heart disease is the leading cause of death in Macon County (figure 18, page 21).
- Heart disease is the second leading cause of death based on YPLL in TN (figure 21, page 23).
- Known risk factors for heart disease were listed as the top 6 personal health behaviors by self-report on the survey: lack of exercise, being overweight, poor eating habits, tobacco use, not getting regular checkups and lack of stress management (figure 13, page 16).
- Tobacco use was reported in 46% of households and by 26.8% of individuals completing the survey (figures 13 & 14, page 16). Tobacco use is a well-known contributor to heart disease.

Available health and community resources to address the need.

- Macon County Health Council
- Macon County Health Department
  - Primary care
  - Smoking cessation hotline
- Local medical offices
  - Primary care
- The Hope Clinic
  - Income based primary care
- Macon County General Hospital
  - Cardiology clinic
  - Emergency department and in-patient treatment
  - Dietary/nutrition counseling
Employee wellness program
Community wellness program
Blood Pressure Screenings

- Comprehensive Rehab
  Wellness program

- Senior Citizen’s Center
  Silver sneakers
  Walking track

- Coordinated School Health
  Student and employee health screenings (BMI)

- UT Extension Office
  Educational classes

- Air Ambulance service in Lafayette

**Diabetes**

Diabetes was selected as the number three health need in Macon County by the needs assessment committee.

**Criteria for selection.**

- Diabetes was identified as the seventh leading cause of death in Macon County according to the state of Tennessee vital statistics (Figure 17, page 21), but it is well established that diabetes contributes greatly to the development and progression of heart disease.

- Diabetes was listed as the third priority need in the 2010 Tennessee State Health Plan (Tennessee Government, 2011b).

- Known risk factors for Diabetes were listed as the top personal health behaviors by self-report on the survey. These included the lack of exercise, being overweight, poor eating habits, and not getting regular checkups (figure 13, page 16).
Available health and community resources to address the need.

- Macon County Health Council
- Macon County Health Department
  - Primary care program
  - Chronic disease education programs
- Primary care medical practices in the community
- The Hope Clinic
  - Income based primary care
- Macon County General Hospital
  - Diabetes education
  - Diabetes screenings
  - Podiatry specialty clinic
  - Ophthalmology services
- Makin’ Macon Fit

Drug and Alcohol Abuse

Drug and alcohol abuse was selected as the number four health need in Macon County by the needs assessment committee.

Criteria for selection.

- Drug and Alcohol abuse was listed as the number four health issue of concern in the community according to the survey (figure 10, page 14).
- Drug and alcohol abuse was listed as the fourth priority need in the 2010 Tennessee State Health Plan (Tennessee Government, 2011b).
- The third leading cause of death in Macon county based on YPLL is accidents and adverse effects (of which would involve many drug and alcohol related deaths) (figure 21, page 23). In addition, the fourth leading cause of death based on YPLL was suicide, of which drug and alcohol abuse
contribute to significantly. According to the Tennessee Suicide Prevention Network, 25%-50% of all suicide victims have drugs or alcohol in their system (Tennessee Suicide Prevention Network, 2012).

- Lack of insurance and in inability to pay for health services was listed as the number one reason that keeps people in the community from seeking medical treatment (figure 11, page 15). This is of particular concern and a barrier to care when in-patient substance abuse treatment is needed.

- Lack of stress management was reported by 22% of the survey respondents (figure13, page 16). This can lead to the development of prescription and illicit drug abuse, as well as alcohol abuse in attempt to manage life stressors.

**Available health and community resources to address the need.**

- Macon County Health Council
  - Teen health panel
- Macon County Health Department
- Valley Ridge Mental Health Center
  - Grant monies for subsidized outpatient treatment programs
- Alcoholics anonymous
- Positive Action Prevention Program

**Teenage pregnancy**

Teenage pregnancy was selected as the number five health need in Macon County by the needs assessment committee.

**Criteria for selection.**

- Macon County has the third highest pregnancy rate per 1,000 females age 10-19 in the state according to the latest 2010 vital statistics data sheets (Tennessee Government, 2012b).

- In 2010, the number of teen pregnancies in Macon County age 10-19 in 2010 was 59, which is considered alarming for a community this size (Tennessee Government, 2012b).
• Teen pregnancy was listed as a priority health concern by 15.8% of the respondents on the survey (figure 10, page 14).

Available health and community resources to address the need.

• Macon County Health Council
  o Teen health panel

• Macon County Health Department
  o Family planning
  o Pregnancy testing

• State of TN Department of Human Services
  o Tenncare for pregnancy teenagers
  o WIC

• Heartbeat Haven Pregnancy Center

• Coordinated School Health

• Community Advisory Board
  o Community Awareness Campaign

Analysis of Needs Assessment Survey Results

The committee reflected on the entire needs process including specific strengths, weaknesses, opportunities and threats. These were identified and discussed throughout the survey process. This reflection is worthwhile when considering the applicability of the results, developing future evidence based programs and initiatives, and when conducting future surveys. A brief discussion of this reflection will follow.

Strengths

The sample size of 566 participants in this survey is considered a strength. In addition the geographic diversity of participants in relation to county zip codes is considered a strength. There was a
good variety of age representation within the sample population, and the primary ethnic population of Hispanic was felt to be adequately represented.

**Weaknesses**

The sample was overly representative of the married population which is considered a possible sample weakness. In addition the high percentage of respondents with household incomes over $60,000 (25%) and incomes less the $20,000 (35%) suggests that there may have been confusion about this question in some way or overrepresentation of certain subgroups of the general population.

According to the CDC’s *Community Health Assessment and Group Evaluation (CHANGE)* Action Guide, in order to see a more distinct trend in stakeholder opinion, at least 13 interviews should be conducted from five different sectors of the community: community-at-large, community institution/organization, healthcare, worksite and school (Centers for Disease Control and Prevention, 2011b). The limited number of stakeholder interviews conducted in conjunction with this needs assessment may thus be an additional weakness.

**Opportunities**

This survey provides an opportunity to use the data to educate healthcare providers in the community and to develop a variety of community health initiatives targeted at identified priority health problems.

**Threats**

Financial and funding constraints are a concern and a threat to the utilization of the data to formulate and develop appropriate interventions. Those involved in community health leadership positions will no doubt have to balance identified needs with existing resources. In addition, community and participant buy-in to any intervention is a potential threat. This applies to healthcare providers as well as community members in general.
Contributors

The following individuals representing the Macon County Health Council and Macon County General Hospital contributed their expertise to the design, implementation and evaluation of this community health needs assessment.

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