

COMMUNITY DIAGNOSIS

Status Report



Anderson County 1998

Tennessee Department of Health
East Tennessee Regional Health Office
Health Assessment and Planning Division

Community Diagnosis

**Anderson County Health Council – Community Diagnosis Report
Prepared May 1998 by Health Assessment & Planning Division
East Tennessee Regional Health Office**

INTRODUCTION

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The Anderson County Health Council (ACHC) in cooperation with the East Tennessee Regional Office of the Department of Health identified Anderson County as a pilot county for the community diagnosis process. The council conducted a community survey, reviewed various data sets and evaluated resources in the community to identify areas of concern that affect the health of Anderson County citizens.

The Anderson County Health Council was established in 1968 to promote and ensure the highest level of health and well being for every Anderson County resident. A board of directors governs the health council activities. The twenty-seven-member board broadly represents Anderson County. It contains members from various geographic locations, social-economic levels and ethnic groups. The directors are elected to three-year terms with terms established so that one-third is elected each year. A list of council members participating in the assessment can be found in Appendix A.

The mission of the ACHC is to promote and ensure the highest level of health obtainable for every person by enabling citizens and organizations of our community to join together.

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 course of action to improve the health status of the community.
- ⇒ Establish a baseline for measuring improvement over time.

Other organizations within the community were conducting similar assessments. The ACHC was able to review the information gathered from the other assessment processes and consider the findings as part of the identification process. Health issues for Anderson County were identified and prioritized for size, seriousness, and effectiveness of intervention.

As a result of the assessment process, the health council will develop a health plan for Anderson County. The Health Plan will contain goals to improve the health of Anderson County residents. Intervention strategies will be developed to deal with the problems identified and a listing of resources needed to implement those strategies.

Benefits of Community Diagnosis for the community included:

- Providing communities the opportunity to participate in directing change in the health services and delivery system.
- Armed with appropriate data and analysis, communities can focus on health status assessment and the development of locally designed, implemented, and monitored health strategies.
- Provide justification for budget improvement requests.
- Provide to state-level programs and their regional office personnel, information 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 leadership to ensure that documented community health problems are addressed.

This document provides a description of the Community Diagnosis activities to-date. Data will be described with emphasis on important issues identified by the council. Summary findings from work done by other organizations will be included.

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I. COUNTY DESCRIPTION

A. County Profile

Proud History, Bright Future

Anderson County was originally a part of Knox County, which once extended all the way to the Kentucky border. However, by 1801 there were enough people in the region above Copper Ridge and Poplar Creek to warrant the establishment of a new county, named Anderson for Judge Joseph Anderson. A county seat was decreed and built that year, near a popular spring and ford on the north side of the Clinch.

The town was originally named Burrville for Aaron Burr, but in 1809, in the wake of Burr's disgrace, it was renamed Clinton for Thomas Jefferson's vice president, George Clinton.

As in most of East Tennessee, the mountainous terrain and the settlement and land distribution pattern did not lend themselves to the sprawling farms and plantations which, in other parts of the South, relied on slave labor. Though slave holding was not unheard of here, it was a distinct minority position: when the slavery issue pulled the South and Tennessee into secession and war in 1860, Anderson Countians found their loyalties bitterly divided

More significantly, the mining of coal from the mountains developed into a major industry. Coal and land companies dominated this region, and communities, centered on the mining life, grew up at Coal Creek, Beech Grove, Briceville, and Rosedale. The life was hard, with long hours of toil and regular loss of life in cave-ins and other disasters. The coal industry has declined in recent years, but the sturdy descendents of these mineworkers, still living in the old communities, are a living heritage of this demanding way of life.

The coal industry in the north of the county brought growth to Clinton, as well. The railroad from Knoxville to the coalfields reached Clinton in 1869, providing the town uncommonly easy ingress and egress for what had been, still, an isolated area. The legal affairs of the mining operations were conducted in the county seat, and there was general, steady commercial and industrial growth.

The very face of Anderson County changed in 1934 when the Tennessee Valley Authority, one of the more ambitious New Deal agencies, chose a site near Coal Creek for construction of its first major dam. The dam was named for Nebraska Senator George Norris, a major TVA backer.

The huge project provided thousands of jobs and kept the county relatively prosperous during the heart of the Depression. Many families suffered the tragedy of forced evacuation, however; and whole communities were dismantled and moved to make way for the coming reservoir.

When the Norris Dam floodgates were closed in 1936, the region gained a source of cheap electricity for the vast rural areas, which had done without up to that time. However, the most important result was the control gained over the mighty Clinch River, which had annually brought havoc-making floods to towns and farmlands downstream.

Drastic change again came to Anderson County in 1942 with creation of the city of Oak Ridge, originally a secret wartime project and now the largest community in the county. At the height of World War II, thousands of construction workers, technicians, and top nuclear physicists were shipped to the huge complex in the county's West End, chosen for its isolation and seclusion. Only a few knew the true nature

of the project, and all were sworn to secrecy. Three large plants were built, along with administrative buildings, barracks, houses, churches, stores, and other facilities needed to accommodate the 75,000 people at the height of the Manhattan Project. It was not until the dropping of atomic bombs in 1945, which ended the war with Japan that the inhabitants learned what they had been constructing.

After the War, the Oak Ridge plants remained in operation as research and nuclear production centers. Many of the workers stayed on, started families, and continued the community life they had begun together. In 1955, the federal government sold the residential and commercial sections of the city to private concerns; in 1959, the town was incorporated. Oak Ridge has continued to grow as a research and technology center of international stature.

Anderson County likewise continues to grow and prosper on the firm foundation of Appalachian tradition and 21st-century technological foresight. New industry, new business, and new residents find this area to their liking, with its beautiful surroundings and friendly, industrious people. The future of Anderson County looks as varied, interesting, and bright as its past.

Anderson County Community Profile

Location

Region: East Tennessee
Square Miles: 338
Distance from Knoxville: 12 miles

Education

Anderson County School District
Clinton City School District
Oak Ridge School District
Roane State Community College

Natural Resources

Minerals: Coal, Limestone, Natural Gas, Shale
Timber: Pine, White Oak, Hickory, Poplar
Agriculture: Livestock, and Poultry;
Tobacco, Corn, Soybeans, Strawberries

Population (1995)

County: 71,216
Clinton: 9,474
Lake City: 2,166
Norris: 1,303
Oak Ridge: 27,310
Oliver Springs: 3,433

Climate

Annual Average Temperature: 57°
Annual Average Precipitation: 56"
Elevation: 839' above Sea Level

Anderson County Selected Economic Indicators

Estimated Available Labor (1995) Total: 1,130

Male: 610
Female: 520
Surrounding Area: 11,060 (est. total)

Labor Force Estimates

Civilian Labor Force: 36,990
Unemployment: 1,410 (3.8% of labor force)
Total Employment: 35,580

Per Capita Income

\$18,587

Tax Structure

County Property Tax Rate per \$100: \$3.07

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	1,066	1,776	1,053
Persons per Nurse Practitioner	4,263	7,429	7,134
Persons per Physician Assistant	8,527	15,053	18,664
Persons per Registered Nurse	111	178	106
Females 10-44 per OB/GYN	2,725	4,509	2,100
Persons per Dentist	1,197	2,414	1,853
Persons per Staffed Hospital Bed	239	491	245
Percent occupancy in community hospitals	67.0	57.3	57.7
Person per Staffed Nursing Home Bed	116	119	135
Percent occupancy in community nursing homes	92.6	96.4	93.6
Physician shortage area for OB	YES		
Physician shortage area for Primary Care	NO		

Note: Manpower data are 1996; shortage areas, 1995; facilities, 1994.

Anderson County has one hospital located in Oak Ridge. Methodist Medical Center of Oak Ridge, affiliate of Covenant Health System, is the second-largest employer in Oak Ridge. The Medical Center is a 301-bed acute care hospital staffed by more than 160 physicians representing 30 medical/surgical specialties. Methodist Medical Center is the first hospital to receive the 1997 Tennessee Quality Governor's Award, the highest state award for quality that a Tennessee organization can receive.. Anderson County is also served by five nursing homes with a total of 617 beds. There are approximately 42 primary care physicians serving Anderson County.

Recreation

American Museum of Science & Energy; Big Ridge State Park; Cove Lake State Park; Cumberland Trail; Lenoir Museum; Mountain Lake Marina & Campground; Museum of Appalachia; Norris Lake; Norris Dam; Norris Dam Marina; Norris Dam State Resort Park; Grist Mill; Savage Gardens; TVA River Bluff Small Wild Area; Other facilities include state hunting preserve; TVA lakes and marinas with public boat-launches; white water rafting; sculling; and city/county parks, golf courses, swimming pools, country clubs, theaters, and bowling centers.

B. County Process

The Assessment Process

The Tennessee Department of Health has made a strong commitment to strengthening the performance of the public health system in performing those population-based functions that support the overall health of Tennessee's assessment, assurance and policy development.

Community Diagnosis is a public-private partnership to define the county's priority health problems and to develop strategies for solving these problems. The Anderson County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Anderson County. The health council contains community representatives from various geographic locations, social-economic levels, and ethnic groups. An extensive amount of both primary and secondary data were collected and reviewed as the first step in the process. Major issues of concern identified by the community were perception and knowledge of health problems, which were important factors in analyzing the data

Council members identified major issues of concern and each issue was then ranked according to size, seriousness, and effectiveness of interventions. The top five priorities for Anderson County are.

- 1. CARDIOVASCULAR DISEASE**
- 2. CANCER**
- 3. CEREBROVASCULAR DISEASE (STROKE)**
- 4. FAMILY VIOLENCE**
- 5. LACK OF DENTAL CARE**

Resources

A focus will be placed on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Additional resources will be sought for the development of intervention and implementation strategies identified by the health council.

II. COMMUNITY NEEDS ASSESSMENT

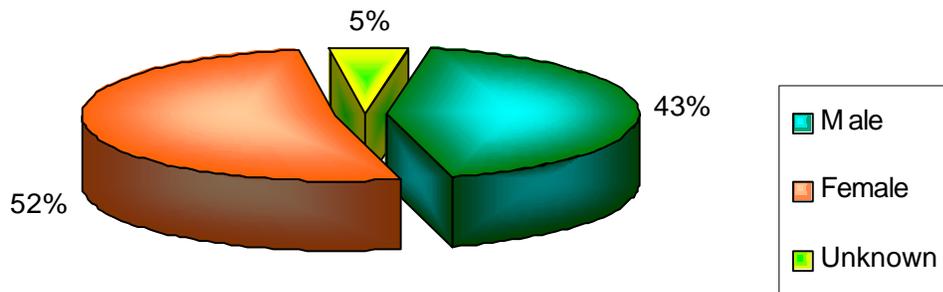
A. Primary Data

1. 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 of satisfaction with health care services in the community. Members of the council were asked to complete the stakeholders' survey as well as identify and obtain comments from other stakeholders in the community to participate in the survey. 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. It is one of two sources of primary data used in community diagnoses.

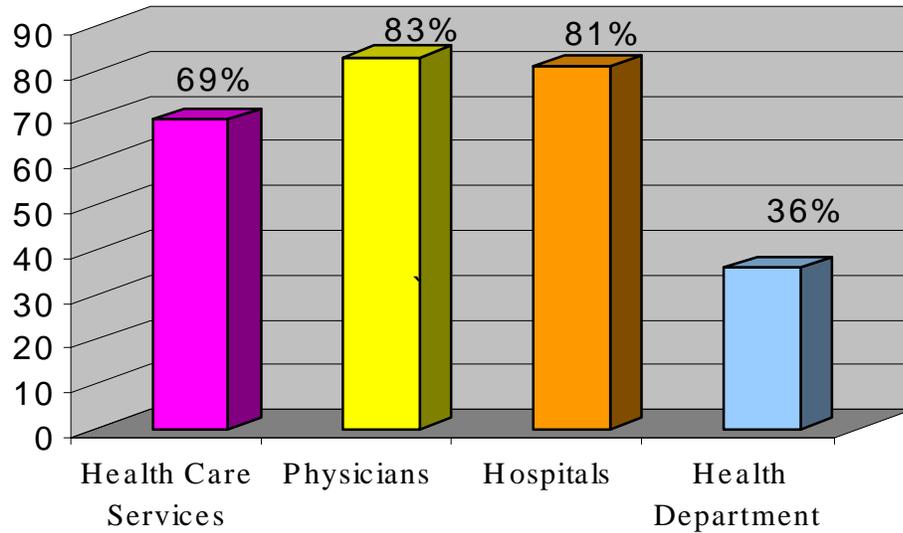
The Anderson County Stakeholder Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services. The council worked with the Oak Ridge Health Agreement Steering Panel to develop additional questions for the Community Stakeholder Survey to address environmental issues. A special emphasis was placed on securing an adequate sample from the Scarboro community of Oak Ridge. This area has received special attention due to its close proximity to the Oak Ridge Reservation.

There were 274 respondents to the Anderson County Community Survey, with a sample of 30 from the Scarboro Community. Of the 277 respondents, 43% were male and 52% were female.



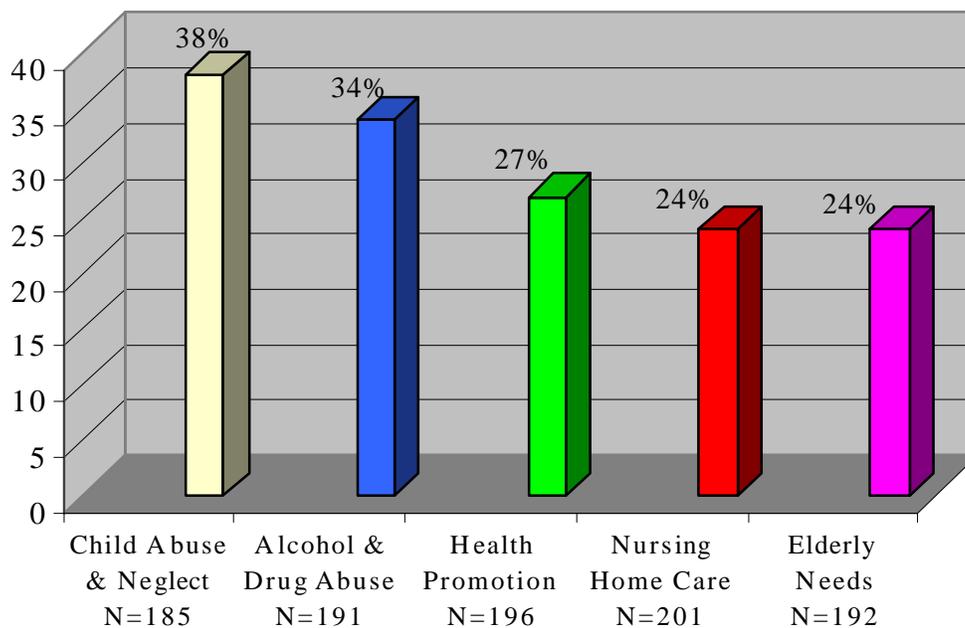
Sixty-seven percent of the respondents had lived in the county for twenty or more years. Respondents were asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. The majority of the respondents rated the community health care services as very adequate or adequate. Over 80% of the respondents were either very satisfied or satisfied with the physician services and hospitals in their community and over half of the respondents had no opinion about the services at the health department (See Table 2).

Table 2
Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied



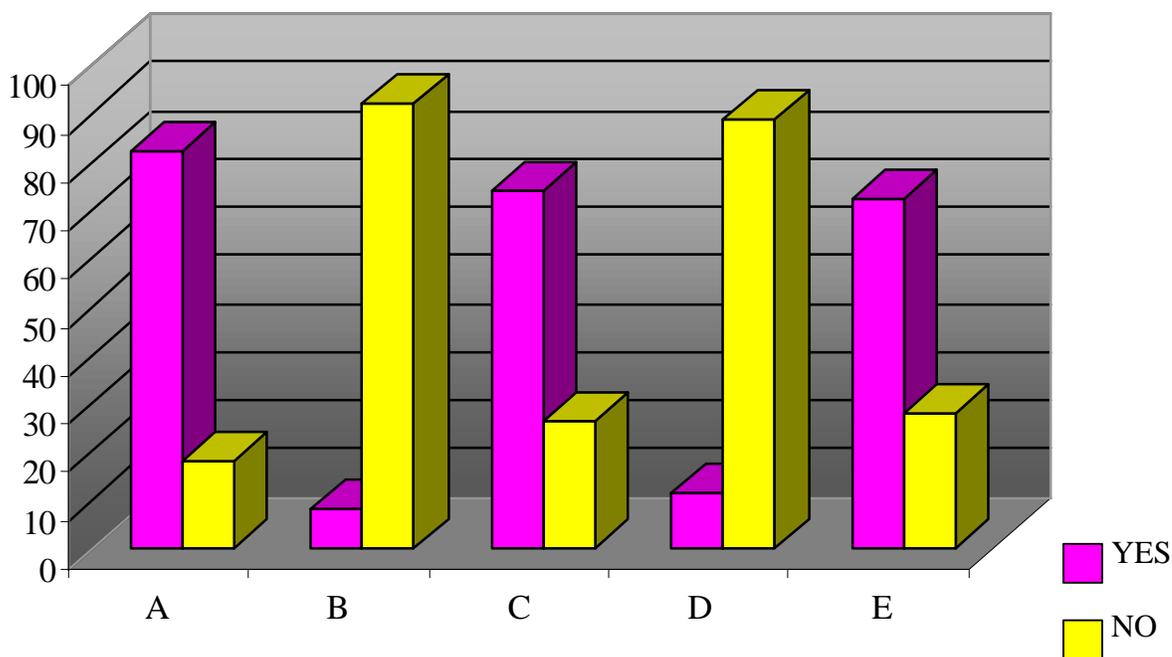
Data that concerned the health council were the ratings of “not adequate” in the community health services category. Over 70 of the respondents felt that services for child abuse and neglect were available in the community but not adequate to address the issue. The top five services that were ranked as available but not adequate also include alcohol and drug abuse, health promotion and education, nursing home/residential care and elderly nutrition.

Table 3
Community Health Care Services
Most “Not Adequate” Responses



Five additional questions were added to the stakeholder survey to gain information from the community as it relates to health problems associated with occupation and environmental pollution. A concern was also addressed about the ability of health providers to diagnose and treat health problems related to occupation. There were a total of 309 respondents to this survey. Again a special emphasis was placed in gathering information from the Scarborough area. Table 4 relates the questions presented to the respondents as well as the results.

Table 4
Occupational Health Survey



<u>QUESTION</u>	<u>YES</u>	<u>NO</u>
A. Do you have a regular health provider?	82.2%	17.8%
B. Have you or any of your household members experienced health problems at work?	8.3%	91.7%
C. Do you believe your health provider can diagnose and treat health problems that are caused at work?	73.9%	26.1%
D. Have you or any of your household members experienced health problems from exposure to environmental pollution?	11.4%	88.6%
E. Do you believe your health provider can diagnose and treat problems caused by environmental pollution?	72.3%	27.7%

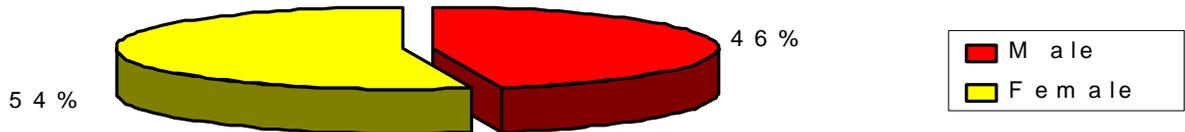
2. Behavioral Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey 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 random 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.

A sample size of 208 was collected from Anderson County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of 90, ± 6%. Of the respondents 54% were female and 46% male. This compares to 52% female and 48% male for the population of Anderson County based on the 1990 census.

Table 5



After a review of the data from the BRFS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 6 lists the practices of concern with the Year 2000 goal for the nation.

Table 6

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Exercise (no exercise in last month)	21%	15%
Smoking (currently smoke)	23%	15%
Pneumonia (have not had vaccine)	80%	(No Goal)
Mammogram (had mammogram)	68%	80%
Diet within range		
Never add salt to food	32%	(No Goal)
Fruit and Vegetable >5 a day	16%	(No Goal)
Advised to lose weight	15%	(No Goal)

The opinion data collected by the BRFSS on community issues was divided into two categories: 1.) Community Problems and 2.) Access to Health Care. The top issues in the areas are identified in Tables 7a&b.

Table 7a
Community Problems
Percentage Saying “Definite Problem”

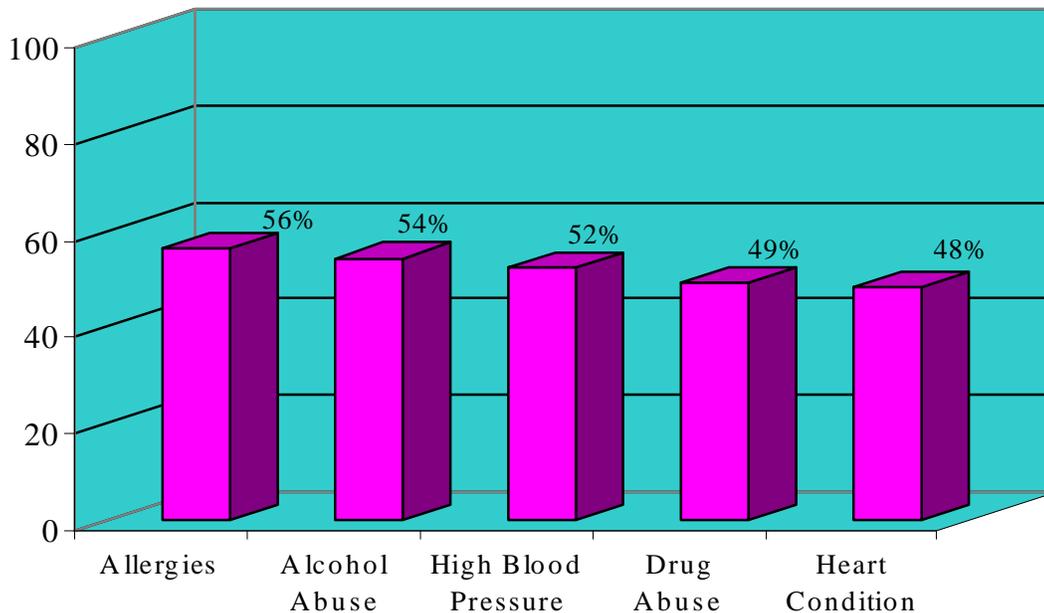
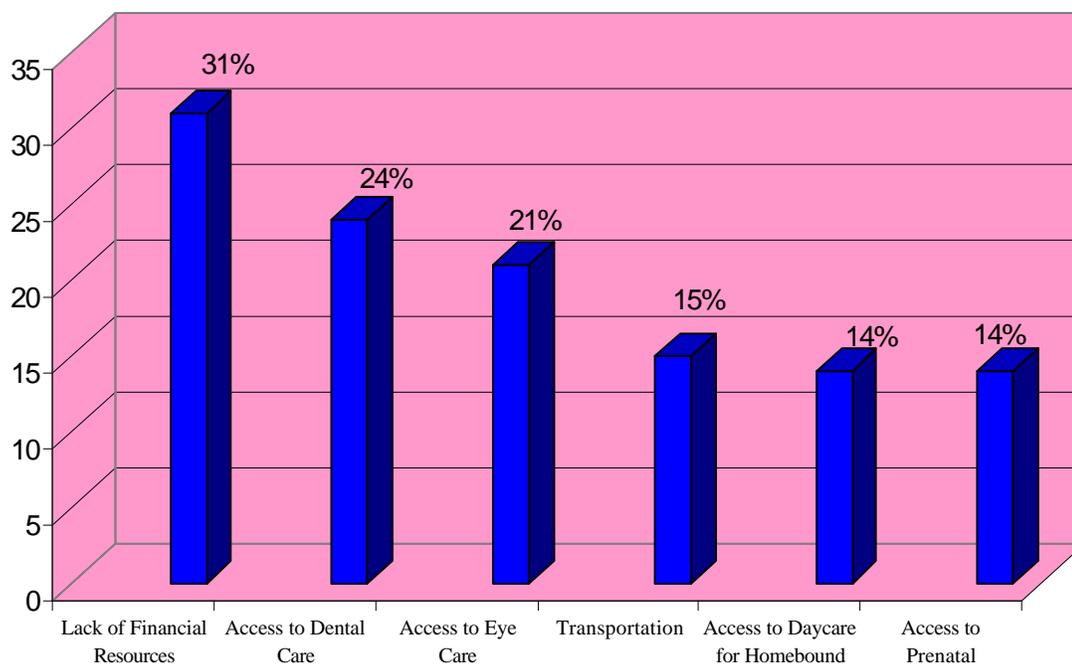


Table 7b
Access to Health Care Problems
Percentage Saying “Definite Problem”



It was also noted that 32% said toxic wastes were a definite problem and 22% identified air pollution as a definite problem. Cancer was divided into four types in this survey. The following table lists the type of cancer and the percent of respondents indicating it as a definite problem within the community.

Table 8

	Definite Problem
Colon Cancer	18%
Lung Cancer	33%
Breast Cancer	31%
Prostate Cancer	28%

B. Secondary Data

Information on the health status, health resources, economy, and demographics of Anderson County is essential for understanding the existing health problems in the community. The health council received an extensive set of data for the county which showed the current health status as well as the available health resources. The secondary data (information already collected from other sources for other purposes) was assembled by the State Office of Assessment and 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. Socio-economic information was obtained from the Department of Economic and Community Development as well as information put together by the Tennessee Commission on Children and Youth in their “Kid’s Count” report.

Various mortality and morbidity indicators covering the last 12 years were presented for the county, region, and state. Trend data were presented graphically using three-year moving averages. The three year moving averages smooth the trend lines and eliminate wide fluctuations in year-to-year rates that distort true trends.

Another section of secondary data included the status of Anderson County on mortality and morbidity indicators and compared the county with the state, nation and Year 2000 objectives for the nation.

Issues identified by the council from all secondary data were selected primarily on the comparison of the county with the Year 2000 objectives. The issues identified were:

- Coronary heart disease
- Infant death
- Lung cancer
- Motor vehicle accidents
- Suicide
- Homicide
- Stroke
- Teen pregnancy

Table 9
Total 1997 (est.) Population: 68,204
Total Number of Households: 27,384

	County	Region	State
Percent of households that are family households	72.5	76.3	72.7
Percent of households that are families headed by a female with no husband present	10.8	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.8	5.4	6.9
Percent of households with the householder 65 and up	25.8	23.6	21.8

Table 10
Education

	County	Region	State
Number of persons age 25 and older	46,176	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	72.4	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	18.6	11.1	16.0

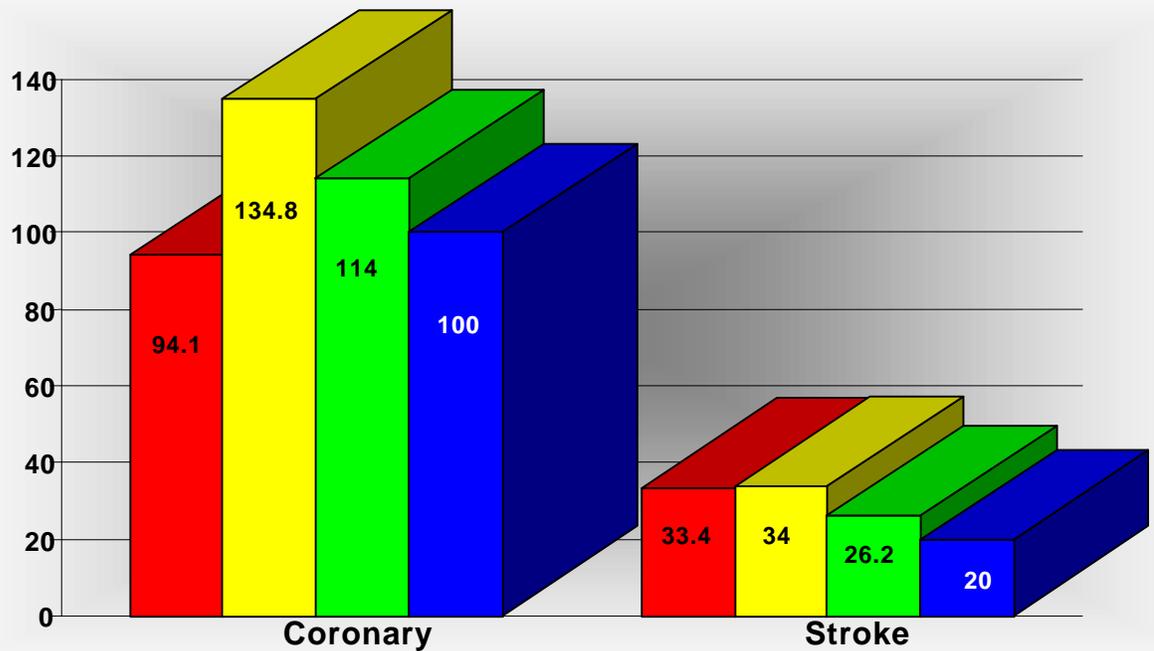
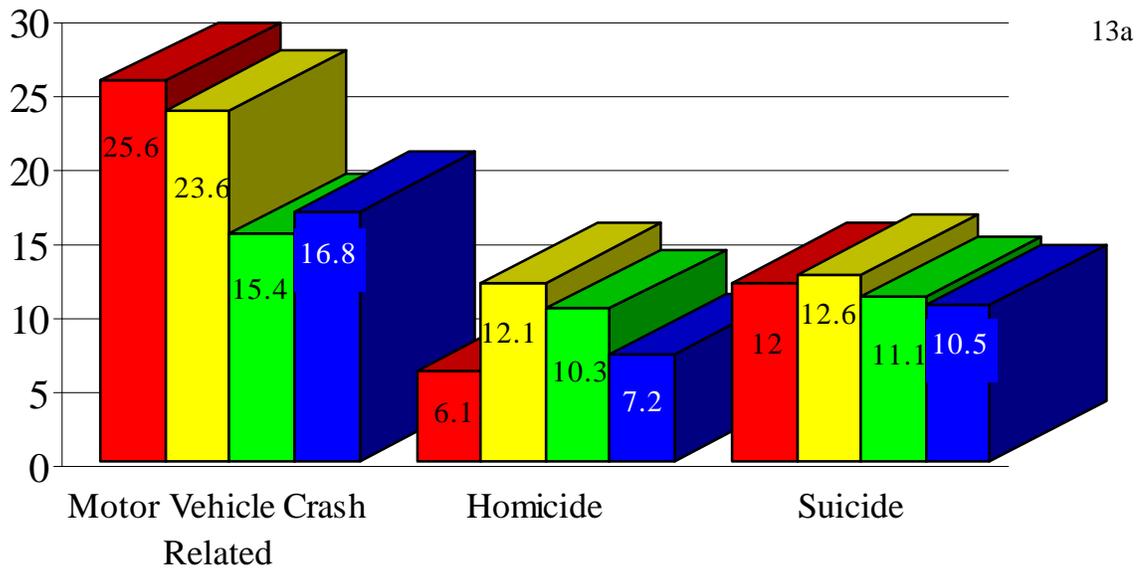
**Table 11
Employment**

	County	Region	State
Number of persons 16 and older	53,773	437,649	3,799,725
Percent in work force	61.2	60.1	64.0
Number of persons 16 and older in civilian work force	32,822	262,392	2,405,077
Percent unemployed	6.3	7.8	6.4
Number of females 16 years and older with own children under 6	3,805	30,082	287,675
Percent in labor force	58.6	57.4	62.9

**Table 12
Poverty Status**

	County	Region	State
Per capita income in 1989	\$13,182	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	14.3	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	20.0	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	12.8	21.1	20.9

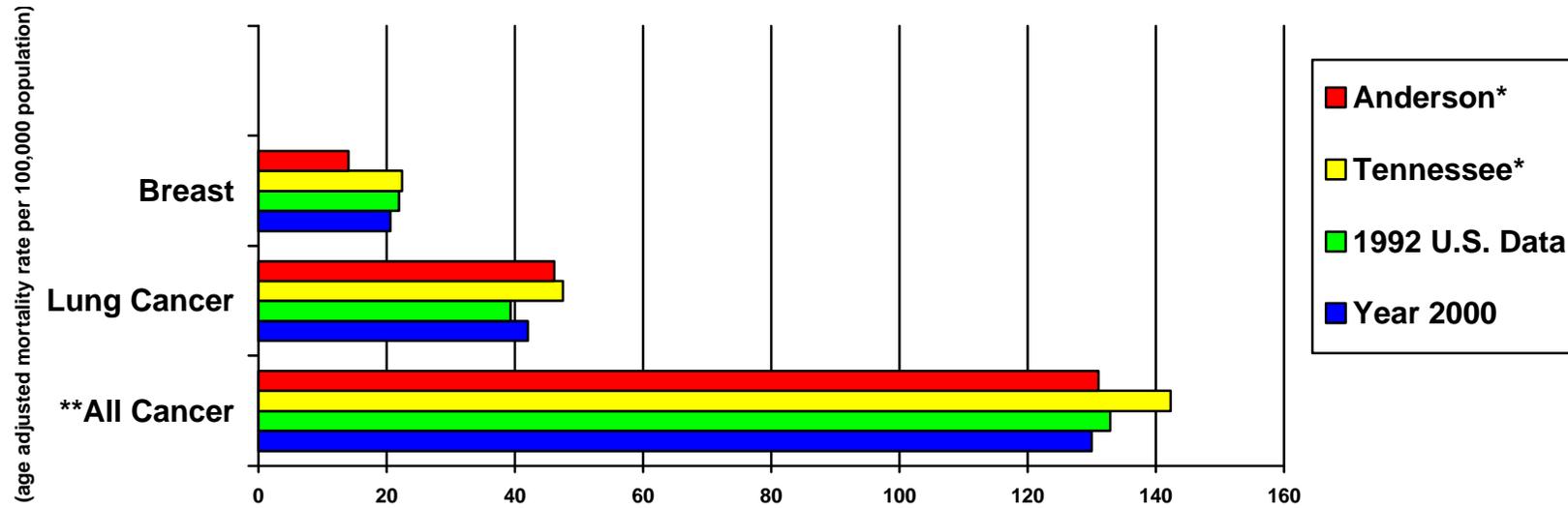
**Status of Anderson County on Selected Year 2000 Objectives
Age Adjusted Mortality Rate per 100,000 Population**



*Figures for Tennessee and Anderson Co. (Tables 13a & 13b) are a 3-Year Average from the years 1991-1993.

TABLE 14

STATUS OF ANDERSON COUNTY ON SELECTED YEAR 2000 OBJECTIVES AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION



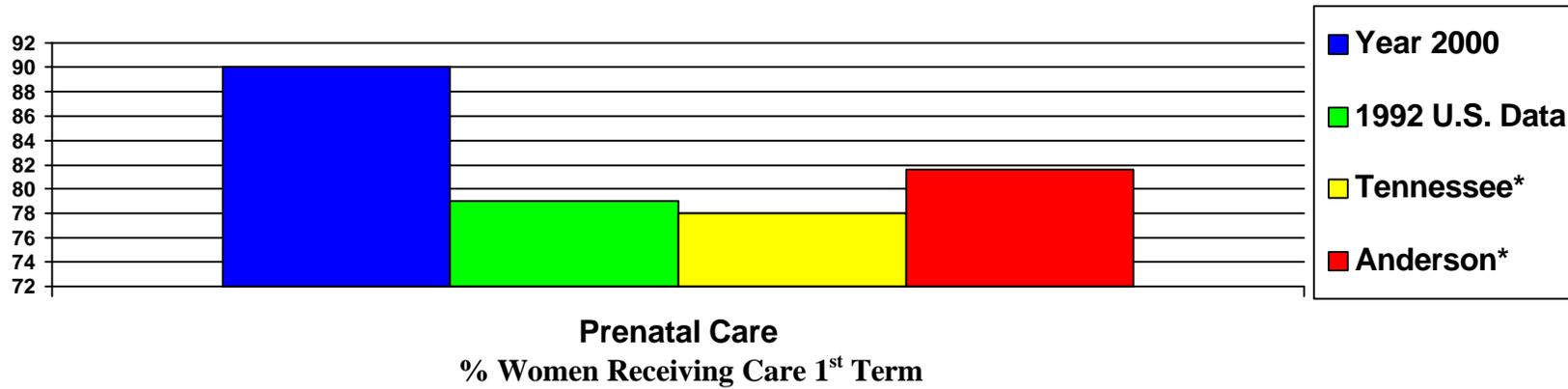
* Figures for Tennessee and Anderson Co., Breast and Lung Cancer are a 3-Year Average from the years 1991–1993.

** Figures for Tennessee, Anderson Co., and Year 2000 are a 4-Year Average from the years 1990–1994.

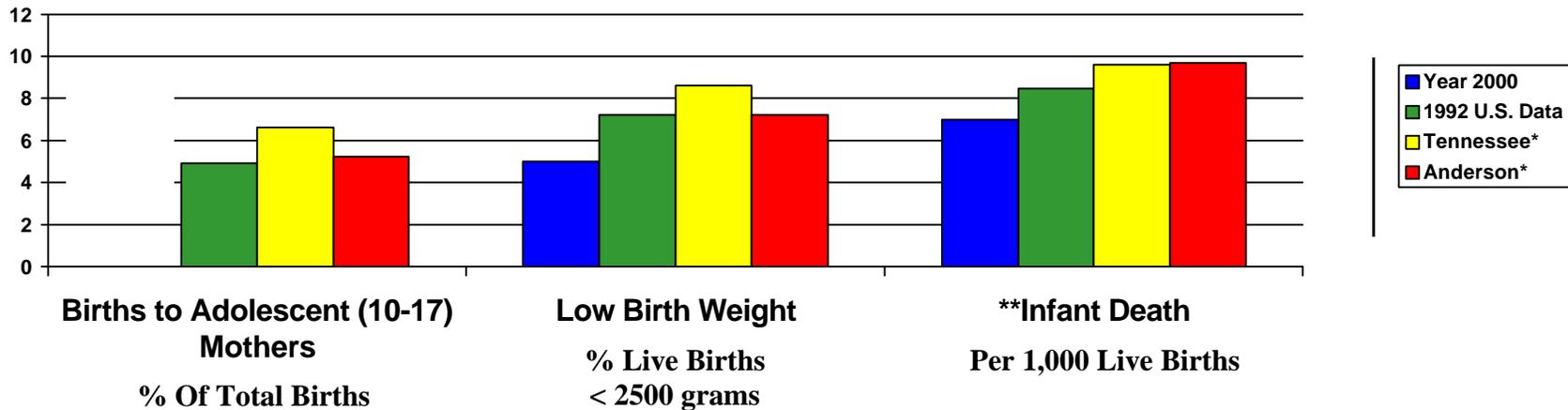
** Figure for U.S. Data is a 2-Year Average from the years 1992–1993.

TABLE 15

STATUS OF ANDERSON COUNTY ON SELECTED YEAR 2000 OBJECTIVES PERINATAL INDICATORS



* Figures for Anderson Co. are a 4-Year Average from the years 1990-1994.



* Figures for Tennessee and Anderson County are a 3-Year Average from the years 1991-1993.

** Figures for Infant Death per 1,000 live births.

C. Other Community Assessment Activities

Several other community agencies were conducting similar assessment activities simultaneous with the Anderson County Health Council's Community Diagnosis. The health council postponed identification and prioritization of health issues until these data from various sources could be reviewed. A synopsis of additional information reviewed by the council from the Anderson County Healthy Communities Initiative (an alliance between Fort Sanders Health Systems and Methodist Medical Center of Oak Ridge) and the Anderson County Community Needs Assessment Report conducted by United Way of Anderson County is presented below.

1. Focus Groups

Six focus groups were conducted in December of 1995 by the Lancaster Consulting Group for the Anderson County Healthy Communities Initiative. Four general population groups were recruited at random from the greater Anderson County area and two groups with community leaders of Anderson County. Both the general population groups were made up of a broad range of ages, incomes, education and gender. The objectives were: 1.) Ascertain feelings as to what greatest health related needs are of the community. 2.) Determine what the community can do to address the needs.

Information gathered from the focus groups was a definition of health, how health is created, key health issues and areas that should receive the most attention. The results of the three top key issues and the three top areas that should receive the most attention from both groups are provided in Tables 16 and 17.

Table 16

KEY HEALTH ISSUES IN ANDERSON COUNTY	
Community Leader Responses	General Population Responses
1. Health Education	1. Teen pregnancy, Parenting skills, Life and Health education, Early sex education
2. Access to and Cost of medical care, Health Insurance	2. Access to and Cost of medical care, Health Insurance
3. Aging population	3. Substance abuse
3. Crime/Violence (Domestic, Child abuse, General)	3. Environment/Radiation
3. Teen pregnancy, Parenting skills/Family crisis, Life education, Early sex education	

Table 17

AREAS THAT SHOULD RECEIVE THE MOST ATTENTION IN ANDERSON COUNTY	
Community Leader Responses	General Population Responses
1. Health Education	1. Teen pregnancy, Parenting skills, Life and Health education, Early sex education
2. Access to and Cost of medical care, Health Insurance	2. Access to and Cost of medical care, Health Insurance
3. Parenting skills/Family in crisis	3. Substance abuse
	3. Environment/Radiation

Additional similar focus groups were later conducted with the Scarboro Community of Oak Ridge in May and June of 1997. Four focus groups were recruited at random from the Scarboro Community. The objectives were to: 1.) Ascertain the feelings as to what the greatest health related needs are of the community. 2.) Determine what the community can do to address the needs.

The following tables indicates the key health issues and areas that should receive the most attention by the four focus groups in the Scarborough Community.

Table 18

KEY HEALTH ISSUES AND AREAS THAT SHOULD RECEIVE THE MOST ATTENTION			
Group 1	Group 2	Group 3	Group 4
1. Substance abuse	Substance abuse	Substance abuse	Substance abuse
2. Teen pregnancy	Cancer	Parenting skills	Cancer
3. Literacy	Teen pregnancy	Unemployment	Environment (Pollution)

2. Knowledge and Attitude Survey

During September of 1995, the Lancaster Consulting Group conducted telephone interviews with 200 residents of Anderson County. The purpose was to ascertain the level of knowledge of and overall attitude toward specific health care and health related issues. The overall statistical reliability is a confidence level of 95, ± 5%. The following are statements that were extracted from information provided by the survey.

❖ Heart Disease

Anderson County residents have a good knowledge base of the risk factors for heart disease and the types of behaviors that can minimize risk. Seventy to eighty-nine percent of the respondents knew that cigarette smoking, lowering high blood pressure, regular exercise, weight reduction if overweight, choosing low fat foods, lowering a high-cholesterol level and eating fewer high-cholesterol foods are actions that people could take which would have a moderate effect in preventing heart disease. Forty-three percent of the respondents get “a lot” of their diet and health information from news stories and news programs.

❖ Hypertension

When given several blood pressure values, 86% of the respondents were able to choose the correct value representing a healthy blood pressure reading. In addition 85% knew that stroke could be a consequence of not treating high blood pressure. Interestingly, taking medication was identified by only 10% as a health behavior that could be effective in reducing blood pressure.

❖ Cancer

Of those surveyed, 51% believe there is a connection between personal behaviors and risk of cancer and that personal behavior causes more cancer than family history and environmental pollution. The vast majority of respondents were very concerned (31%) or somewhat concerned (51%) about getting cancer in the future.

3. Community Forum

Over 80 Anderson County residents attended a community forum on August 9, 1996, at the Museum of Appalachia in Norris to discuss issues of concern in their community. They were requested to provide a vision of a healthier Anderson County along with the "Assets and Obstacles" to creating that vision. Issues of concern were identified and placed on a "mind map". Priorities were then made by the group in various domains. Table 19 lists the domains and the top two issues in each area.

Table 19

Community	Health	Government	Education	Law Enforcement	Geriatric
1) Focus on Child 2) Reinventing the Family	1) Universal Health Insurance 2) Teen Pregnancy Prevention	1) Jobs/Economic Development 2) Safe Housing 2) Recycling 2) Less reliance on government	1) Year round school 2) Smaller classrooms	1) Law enforcement 2) Equal treatment of victims	1) Full services for the elderly

Table 20

**Anderson County Community Health Forum
Overall Top Five Issues:**

1. Focus on the Child
2. Universal Health Insurance
3. Reinventing the Family
4. Teen Pregnancy Prevention
5. Full Services for the Elderly

4. United Way Needs Assessment

The United Way of Anderson County in conjunction with other United Way agencies in the region conducted a region-wide needs assessment. The United Way of Anderson County assembled a committee of volunteers to provide leadership necessary to collect the data. Three data collection methods were used for this assessment: A.) A household survey, B.) A key informant survey, C.) The compilation of demographic and secondary data. The household survey was a random phone sample from the four counties conducted by the Directions Data Research Company. A total sample size of 1,040 was used in order to achieve a 95% confidence and a sampling error of 3.5 percentage points. Two hundred and thirteen surveys were recorded in Anderson County.

The key informant portion of the assessment was designed to determine how certain key community people perceived the health and human service issues facing Anderson County. Two hundred and twenty-three surveys were mailed to United Way member agencies, corporate executives, elected officials, United Way board members, government staff members, and service club leaders. Sixty-nine surveys were returned for a completion rate of 31%. The respondents were asked to review a listing of unmet needs and indicate how serious those particular needs were in their community. The top ten response areas were:

Table 21

KEY INFORMANT SURVEY

- | | |
|------------------------------|--|
| 1. Child Care | 6. Crime Prevention |
| 2. Delinquency Prevention | 7. Youth Violence |
| 3. Child Protection Services | 8. Short Term Shelter |
| 4. Transportation | 9. Parenting Education |
| 5. Teen Pregnancy Services | 10. Outpatient Medical Care---Physical Illness |

The respondents were asked to prioritize the top three unmet needs using the list of unmet needs. The prioritized needs were:

Table 22

KEY INFORMANT SURVEY: Prioritized Needs

- * Delinquency Prevention
- * Youth Violence
- * Crime Prevention
- * Child Protection Services
- * Child Care
- * Teen Pregnancy
- * Transportation
- * Parenting Education
- * Literacy Education
- * Financial Assistance

The respondents were asked to respond to a list of potential barriers to services. Below are the most significant barriers according to the key informant survey.

Table 23

KEY INFORMANT SURVEY: Potential Barriers

1. Lack of Information About Available Services
2. Lack of Transportation
3. Lack of Child Care
4. Cost of Services
5. Reluctance to go Outside Family and Friends for Help
6. Wait Too Long
7. Eligibility Restrictions
8. Prior Bad Experience
9. Did Not Like Services
10. Inconvenient Hours/Days

Following the collection of data a sub-committee was formed to prioritize the areas of emphasis for United Way and Anderson County. The committee consisted of United Way Board members, agency directors, and community volunteers. The committee reviewed the data and combined survey responses and demographic data to highlight five target areas.

Table 24

- ◆ Strong families
- ◆ Self sufficiency
- ◆ Accessibility to services
- ◆ Right to safety
- ◆ Healthy community

III. HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION

At the conclusion of the review of all data from the Community Diagnosis process and other sources, the Health Planning sub-committee of the Anderson County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The sub-committee then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 25 indicates the health issues and the scoring for size, seriousness, and effectiveness of intervention.

**Table 25
ANDERSON COUNTY HEALTH PROBLEM PRIORITY WORKSHEET**

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Cardiovascular disease	2	2	2	6	1
Cancer	4	1	5	10	2
Cerebrovascular Disease (stroke)	6	3	3	12	3
Family Violence	3	4	6	13	4
Lack of Dental Care	5	11	1	17	5
Tobacco Use	1	5	11	17	6
Pneumonia COPD	8	7	7	22	7
Arthritis	7	10	9	26	8
Motor Vehicle Accidents	14	9	4	27	9
Substance Abuse	9	6	16	31	10
Mental Health	11	8	14	33	11
Homebound Services	12	14	8	34	12
Teen Pregnancy	10	12	12	34	13
Nutrition	13	13	13	39	14
Infant Death	17	15	10	42	15
Homicide	16	16	15	47	16
Suicide	15	17	17	49	17

**The Final Rank is determined by assessing the Priority Score column. The lowest total from column D is ranked #1 and the highest total is ranked #17.

IV. FUTURE PLANNING

The Health Planning sub-committee is charged with developing an Anderson County Health Plan. This plan will contain prioritized goals which will be developed by the health council along with proposed intervention strategies to deal with the problems identified and a listing of resources needed to implement those strategies.

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APPENDIX A

APPENDIX A

A. Anderson County Health Council

Jeanie Bertram	Executive Director, Anderson County Health Council
Carol Baxter	<i>Covenant Health System</i>
Elaine Beene	<i>YWCA</i>
Nancy Foster	<i>Anderson County Head Start</i>
Jean Cole	<i>Planned Parenthood</i>
Doris Doherty-Ripley	<i>Department of Human Services</i>
Jinny Dunlap	<i>Community Representative</i>
Odell Griffin	<i>Community Representative</i>
Betsy Jernigan	<i>Oak Ridge Schools</i>
Lola Kelly	<i>Department of Human Services</i>
Kevin Ledden	<i>Juvenile Court</i>
Adina Long	<i>McNeely Clinic</i>
Delores Moyer	<i>Health Consultant</i>
Pam Obenshain	<i>Clinch River Home Health</i>
Barry Pelizzari	<i>Circuit Court Clerk</i>
Ashely Sexton	<i>Mavrick Productions</i>
Curits Sexton	<i>Reired Family Practice</i>
Dr. Paul Spray	<i>Orthopedic Surgeon Office</i>
Kerry Trammell	<i>Oak Ridge Health Care Center</i>
Jim Vines	<i>Community Representative</i>
Doris Webber	<i>Oak Ridge Head Start</i>
Alma Fletcher	<i>Community Representative</i>
Karl West	<i>Community Representative</i>
Jack Greene	<i>Jefferson Drugs</i>
Kathy Murphy	<i>Community Representative</i>
Carlton Salyer	<i>Health Officer, Anderson County Health Department</i>
Peggy Meier	<i>Community Representative</i>
Committee Member	
Chris Hines	<i>Ridgeview Mental Health</i>

B. Health Information Tennessee (HIT)

The Tennessee Department of Health and The University of Tennessee Community Health Research Group developed Health Information Tennessee (HIT) a web site that was developed in conjunction with the Health Status Report of 1997 to make health related statistical information pertinent to Tennessee available on the Internet. This web site not only provides an assortment of previously calculated health and population statistics, but also allows users an opportunity to query various Tennessee health databases to create personalized charts and tables upon demand. The health data is continually being expanded and updated. You may visit this web site at the following address **www.server.to/hit**.

◆ For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Health Assessment and Planning Staff at (423) 546-9221.