

COMMUNITY DIAGNOSIS

Status Report



BLOUNT COUNTY

1999

Tennessee Department of Health
East Tennessee Regional Health Office
Community Development Division

Community Diagnosis

**Blount County Community Health Initiative Steering Team
Community Diagnosis Report
Prepared January 1999 by The Community Development Division
East Tennessee Regional Health Office**



INTRODUCTION

Community Diagnosis is a community-based, community-owned process to identify and address health needs of Tennesseans. As a health assessment and planning process, Community Diagnosis involves:

- ⇒ Analyzing the health status of the community.
- ⇒ Evaluating the health resources, services, and systems of care within the community.
- ⇒ Assessing attitudes toward community health services and issues.
- ⇒ Identifying priorities, establishing goals, and determining course of action to improve the health status of the community.
- ⇒ Establishing a baseline for measuring improvement over time.

In each county Community Diagnosis is implemented through the local county health council/initiative with support from the East Tennessee Regional Health Office. The Blount County Community Health Initiative Steering Team (BCCHIST) is a non-partisan partnership between the Blount County Chamber of Commerce and Blount Memorial Hospital. The Community Health Initiative Steering Team was created “to work to identify and prioritize the health needs of the citizens of our community in order to respond to these needs and coordinate resources to promote a healthy community.” A list of Health Initiative Steering Team members participating in the assessment can be found in Appendix A.

The implementation of the Community Diagnosis process began in 1997 by conducting a community survey and holding a town meeting to gather information to be considered as part of the identification/assessment process. This was followed by reviewing various data sets and evaluating resources in the community to identify areas of concern that affect the health of Blount County citizens.

As a result of the assessment process, the Community Health Initiative will develop a health plan for Blount County. The Health Plan will contain goals to improve the health of Blount 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 Community Health Initiative. Summary findings from work done by other organizations will be included.

CONTENTS

INTRODUCTION

I.	COUNTY DESCRIPTION -----	1
	A. County Profile -----	1
	<i>Blount County Community Profile</i> -----	1
	<i>Blount County Selected Economic Indicators</i> -----	2
	B. County Process —Overview -----	2
	<i>The Assessment Process</i> -----	2
	<i>Resources</i> -----	3
II.	COMMUNITY NEEDS ASSESSMENT -----	4
	A. Primary Data -----	4
	1. <i>The Community Stakeholder Survey</i> -----	4
	a. <i>Key Leader Stakeholders Survey Results</i> -----	4
	b. <i>Community Stakeholders Survey Results</i> -----	6
	c. <i>Town Meeting Stakeholders Survey Results</i> -----	7
	d. <i>Results-Additional Stakeholder Survey Questions</i> -----	9
	e. <i>Town Meeting</i> -----	11
	2. <i>Behavioral Risk Factor Survey (BRFS)</i> -----	14
	B. Secondary Data -----	16
III.	HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION -----	20
IV.	FUTURE PLANNING -----	20
V.	REFERENCES -----	21
	APPENDIX A -----	I
	A. Blount County Community Health Initiative Steering Team (1997) -----	II
	B. Health Information Tennessee (HIT) -----	III

CHARTS

Chart

1	# of respondents- Key Leader Community Stakeholders Survey	4
2	Key Leader Community Stakeholders Survey, Community Health Care Services Satisfaction % Responding Very Satisfied or Satisfied	5
3	Key Leader Community Stakeholders Survey, Community Health Care Services Most "Not Adequate" Responses.....	5
4	# of respondents- Community Stakeholders Survey	6
5	Community Stakeholders Survey, Community Health Care Services Satisfaction % Responding Very Satisfied or Satisfied	6
6	Community Stakeholders Survey, Community Health Care Services Most "Not Adequate" Responses	7
7	# of respondents- Town Meeting Community Stakeholders Survey.....	7
8	Town Meeting Community Stakeholders Survey, Community Health Care Services Satisfaction % Responding Very Satisfied or Satisfied	8
9	Town Meeting Community Stakeholders Survey, Community Health Care Services Most "Not Adequate" Responses	8
10	Community Stakeholders Surveys Additional Questions	9
11	Town Meeting Community Stakeholders Surveys Additional Questions	10
12	Behavioral Risk Factor Survey (BRFS)-Sample Size.....	14
13a	Community Problems Percentage Saying "Definite Problem".....	15
13b	Access to Health Care Problems Percentage Saying "Definite Problem".....	15
14a	Status of Blount County on Selected Year 2000 Objectives	18
	Age Adjusted Mortality Rate Per 100,000 Population Motor Vehicle Crash Related Homicide Suicide	
14b	Status of Blount County on Selected Year 2000 Objectives	18
	Age Adjusted Mortality Rate Per 100,000 Population Coronary Heart Disease Stroke	
15	Status of Blount County on Selected Year 2000 Objectives	19
	Age Adjusted Mortality Rate Per 100,000 Population Breast Cancer Lung Cancer	
16	Perinatal Indicators.....	19

TABLES

Table

1	Health Care Resources	2
2	Reported Health Practices	14
3	Total 1996 (est.) Population & Total Number of Households.....	16
4	Education.....	17
5	Employment.....	17
6	Poverty Status	17
7	Blount County Health Issues Priorities	20

I. COUNTY DESCRIPTION

A. County Profile

Blount County, one of the oldest counties in Tennessee, was the tenth created when a part of Knox County was separated by the Territorial Legislature in 1795. The new county was named in honor of William Blount, Governor of the Territory of the United States, “South of the River Ohio”, and the founder of the City of Knoxville. The County is 584 square miles and is bordered on the east by the Great Smoky Mountains National Park and on the west by the great chain of lakes created by the Tennessee Valley Authority. The Little River flows out of the Great Smokies winding its way through the County and pours into the Tennessee Valley lakes. The Little Tennessee River parallels the southern border.

Maryville, the county seat, was founded in 1790 and is the Twin City of Alcoa, formerly known as North Maryville. Maryville was named in honor of Mary (Grainger) Blount, wife of Governor William Blount. Alcoa was incorporated in 1919 and was named for the founder of the Aluminum Company of America. Cades Cove, located near Townsend, is a historic district within the Great Smoky Mountains National Park. Cades Cove is a look into the past with preserved homes, churches, and a working mill, which highlight the 11-mile loop road-touring route. Wildlife abounds around the cove with sightings of deer, foxes, wild turkeys, coyotes, woodchucks, raccoons, bears, and red wolves. Cades Cove was settled in 1819 and farmed until the Park formed in the 1930s and receives approximately 2 million visitors each year.

The first primary industrial trade for settlers in Blount County was lumbering. Today, many varied occupational opportunities have replaced lumbering. Over 100 manufacturing plants can be found in Blount County. The principal employers of the county are the Aluminum Company of America (ALCOA), which established its Tennessee operations in 1912, and Nippondenso (Denso).

Blount County Community Profile

Location

Region: East Tennessee
Square Miles: 584
Distance from Knoxville: 16 miles

Population (1996 EST.)

County: 99,010
Male: 47,189
Female: 51,821
Minority: 4.3%

Cities/Towns

Alcoa
Friendsville
Maryville
Rockford
Townsend

Education

Alcoa City Schools
Maryville City Schools
Blount County Schools
3 Private Schools
Maryville College
Pellissippi State Community College

Natural Resources

Minerals: Marble, Crushed Stone, & Clay
Timber: Hardwood & Pine

Climate

Annual Average Temperature: 59°
Annual Average Precipitation: 49"
Elevation: 980' above Sea Level

County Selected Economic Indicators

Labor Force Estimates

Total Labor Force: 48,980
 Unemployment: 2,610
 Unemployment Rate: 5.3

Tax Structure

County Property Tax Rate per \$100: \$2.10
 Per Capita Income (1995): \$19,346

Table 1
Health Care Resources

	County	Region	State
Persons per Primary Care Physician	1,592	1,776	1,053
Persons per Nurse Practitioner	6,982	7,429	7,134
Persons per Physician Assistant	15,128	15,053	18,664
Persons per Registered Nurse	143	178	106
Females 10-44 per OB/GYN	2,783	4,509	2,100
Persons per Dentist	1,852	2,414	1,853
Persons per Staffed Hospital Bed	447	491	245
Percent occupancy in community hospitals	61.0	57.3	57.7
Persons per Staffed Nursing Home Bed	166	119	135
Percent occupancy in community nursing homes	94.1	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.

Hospitals

Blount Memorial Hospital—324 beds

Nursing Homes

Asbury Acres Health Center
 Blount Memorial Transitional Care Unit
 Colonial Hills Nursing Center
 Fairpark Healthcare Center
 Maryville Healthcare and Rehabilitation Center

B. County Process—Overview

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 Tennesseans: 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 Blount County Community Health Initiative Steering Team in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Blount County. The Community Health Initiative 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. Initiative members identified major issues of concern and each issue was then ranked according to size, seriousness, and effectiveness of interventions (Table 7).

Resources

The Blount County Community Health Initiative Steering Team is focusing on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Blount County Community Health Initiative Steering Team is seeking these additional resources for the development and implementation of intervention programs for priorities identified through the Community Diagnosis process.

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

1. *The Community Stakeholder Survey*

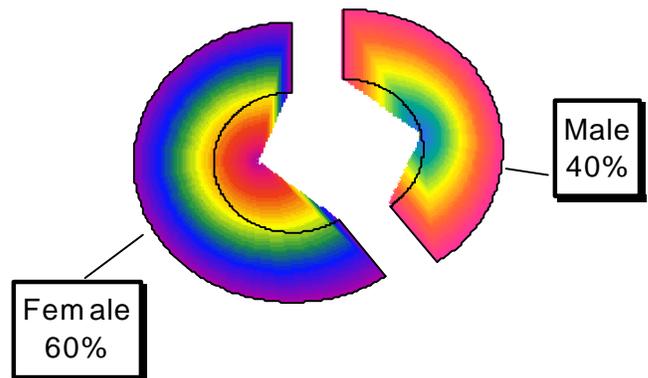
The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. Members of the Initiative were asked to complete the stakeholders' survey as well as to identify and obtain comments from 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. It is one of two sources of primary data used in community diagnoses.

The Blount County Community Health Initiative Steering Team with assistance from the East Tennessee Regional Health Office conducted the Community Stakeholder Survey. Each Health Initiative member surveyed three key leaders in the community. After analyzing the data from the Key Leader Stakeholder Survey, the BCCHI realized that the survey reflected only the high-income population and that they needed data from a better cross section of the county's population. Using the same survey, the BCCHI did a random sampling by zip code through the postal service of various individuals across the county. The Health Initiative Steering Team also decided to hold a Town Meeting and to survey the individuals who attended the meeting. In addition, the Health Initiative incorporated additional questions on issues they felt were important to the community's health into the random sampling Community Stakeholder Survey and the Town Meeting Community Stakeholder Survey. 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.

a. Key Leader Community Stakeholders Survey Results

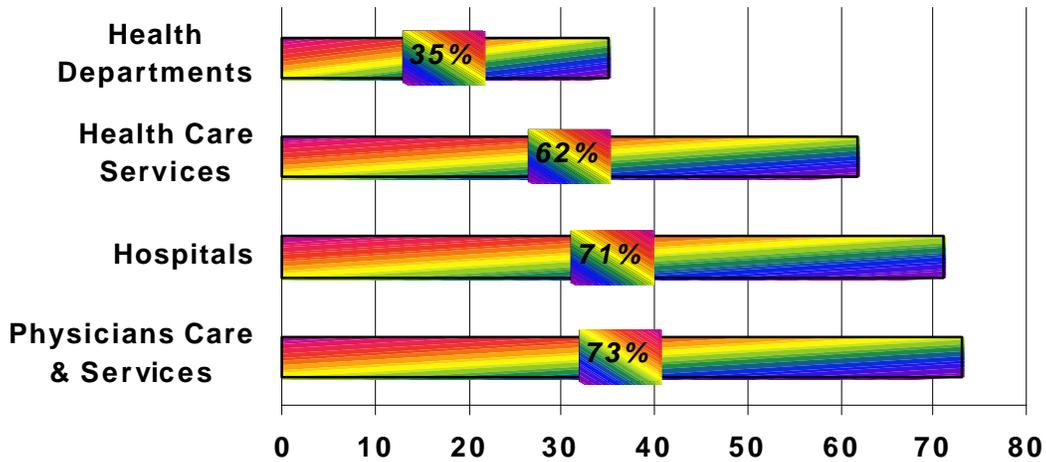
Chart 1

Chart 1 - # of respondents-Key Leader
Community Stakeholders Survey: 57
% Male: 40
% Female: 60



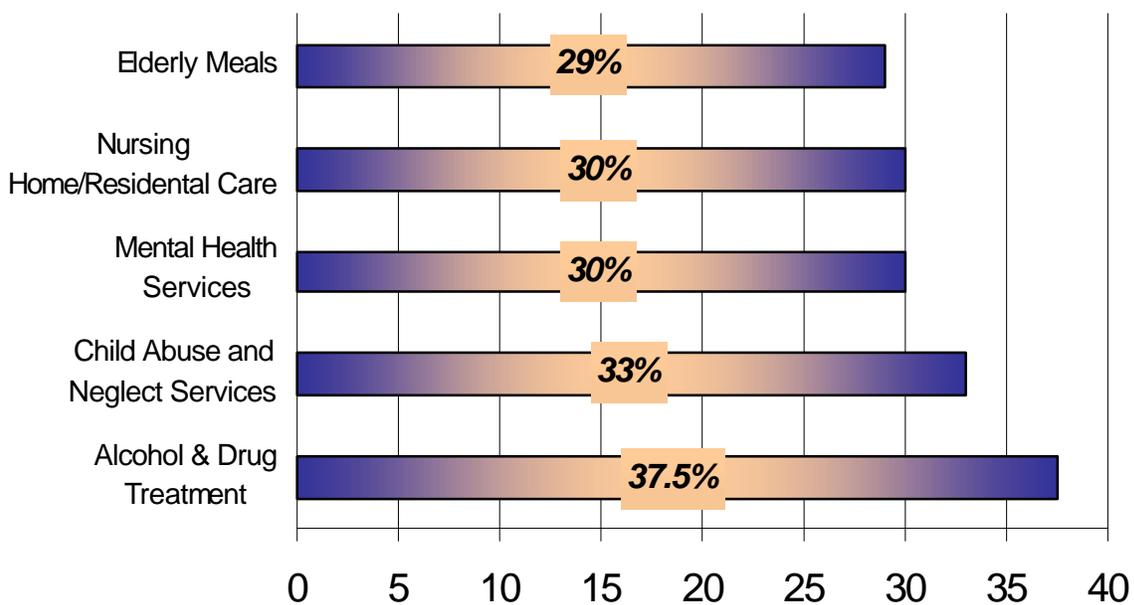
Sixty-two percent of the respondents to the Key Leader survey had lived in the county twenty or more years. They were also asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. Chart 2 and Chart 3 represent respondents' ratings of the various health services.

Chart 2
Key Leaders Community Stakeholders Survey
Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied



As in the Community Stakeholder Survey, data that concerned the Community Health Initiative were the ratings of “Not Adequate” in the community health services category. The Key Leader Survey’s top five services that were ranked as available but not adequate included elderly meals, child abuse and neglect services; nursing home/residential care, alcohol and drug treatment, and mental health services (Chart 3).

Chart 3
Key Leaders Community Stakeholders Survey
Community Health Care Services
Most “Not Adequate” Responses



b. Community Stakeholders Survey Results

Chart 4 - # of respondents-Community Stakeholders Survey: 145

% Male: 39

% Female 61

Seventy-one 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 and thirteen- percent responded that services were available but not adequate.

Over sixty-five percent of the respondents were either very satisfied or satisfied with the physician services and hospital in their community. Only twenty-eight percent of the respondents were very satisfied or satisfied with the local health department services; but approximately sixty-seven percent either had no opinion or were not familiar with the health department services (Chart 5).

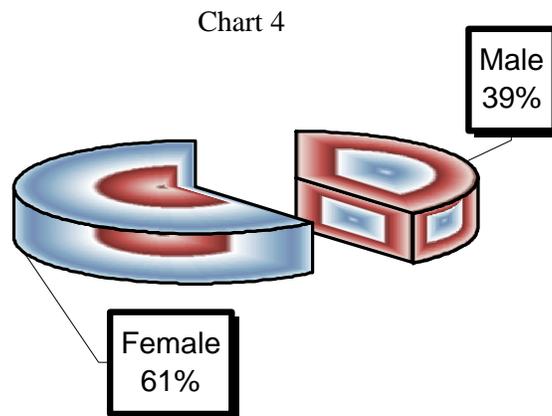
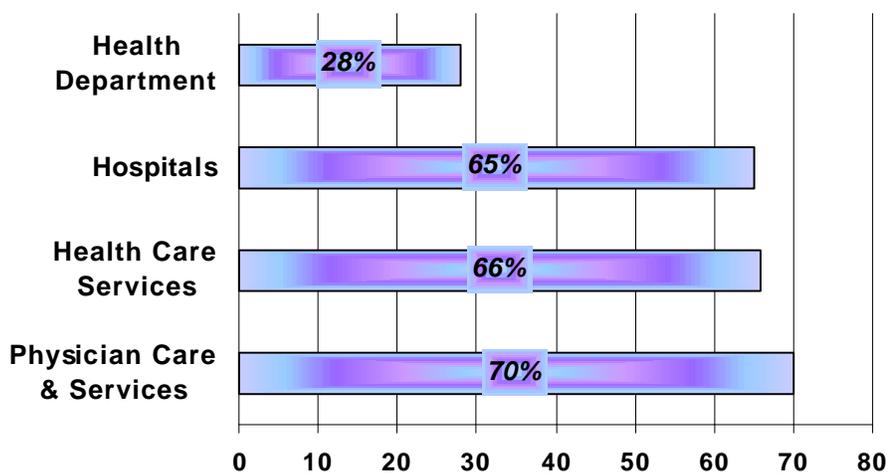
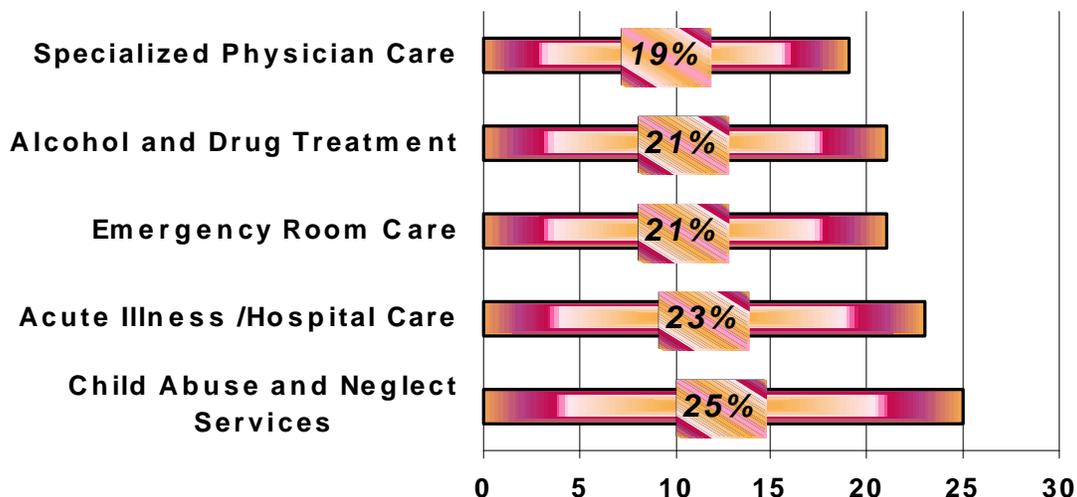


Chart 5
Community Stakeholders Survey
Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied



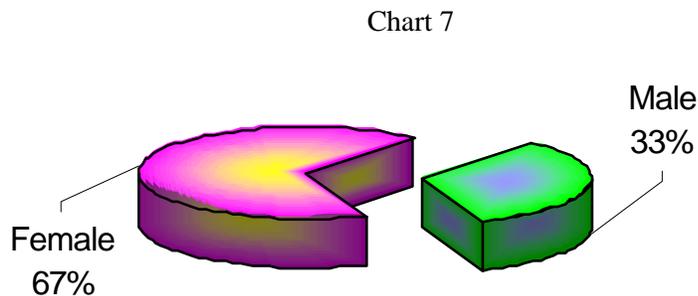
Data that concerned the Community Health Initiative were the ratings of “Not Adequate” in the community health services category. The top five services that were ranked as available but not adequate included acute illness hospital care, child abuse and neglect services; emergency room care, alcohol and drug treatment, and specialized physician care (Chart 6).

Chart 6
Community Stakeholders Survey
Community Health Care Services
Most “Not Adequate” Responses



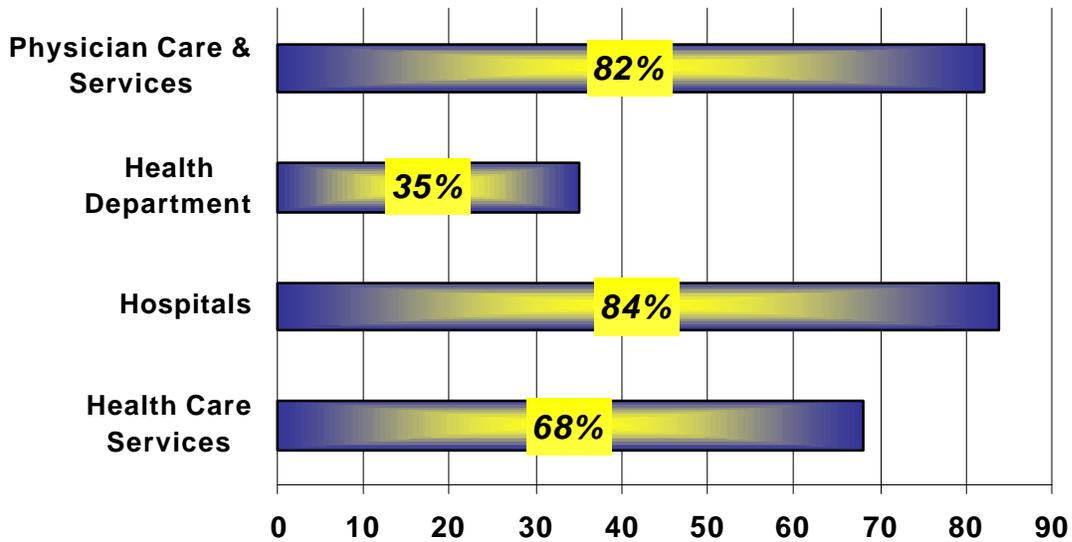
c. Town Meeting Community Stakeholders Survey Results

Chart 7 - # of respondents-
 Town Meeting Community Stakeholders
 Survey: 63
 % Male: 33
 %Female: 67



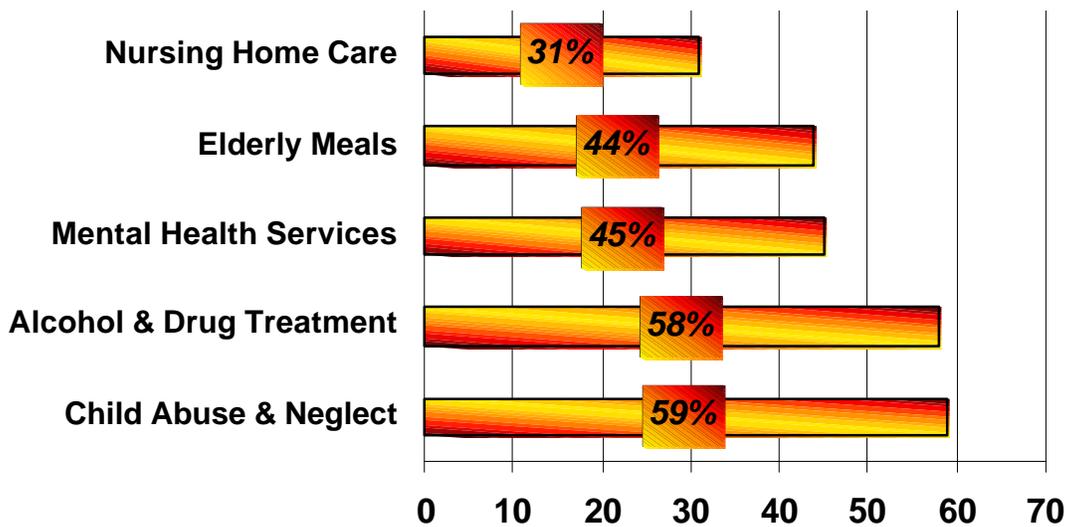
Fifty-eight percent of the respondents to the Town Meeting survey had lived in the county twenty or more years. The respondents were also asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. Chart 8 and Chart 9 represent respondent’s rating of the various health services.

Chart 8
Town Meeting Community Stakeholders Survey
Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied



As in the previous two surveys, data that concerned the Community Health Initiative were the ratings of “Not Adequate” in the community health services category. The top five services that were ranked as available but not adequate in the Town Meeting Survey included nursing home care, elderly meals, child abuse and neglect services; alcohol and drug treatment, and mental health services (Chart 9).

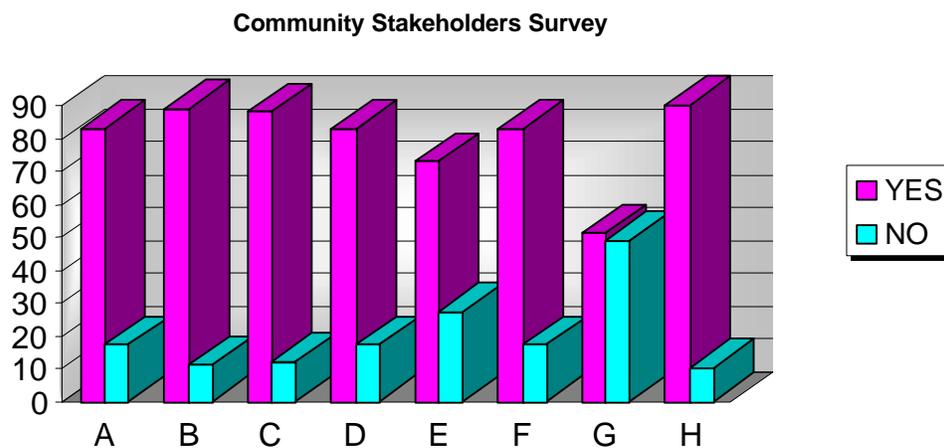
Chart 9
Town Meeting Community Stakeholders Survey
Community Health Care Services
Most “Not Adequate” Responses



d. Results-Additional Stakeholders Questions

Additional questions were added to two of the stakeholder surveys to gain information from the community as it relates to health problems associated with tobacco, alcohol, dental, and safety of the community. Charts 10 and 11 relates the questions presented to the respondents as well as the results.

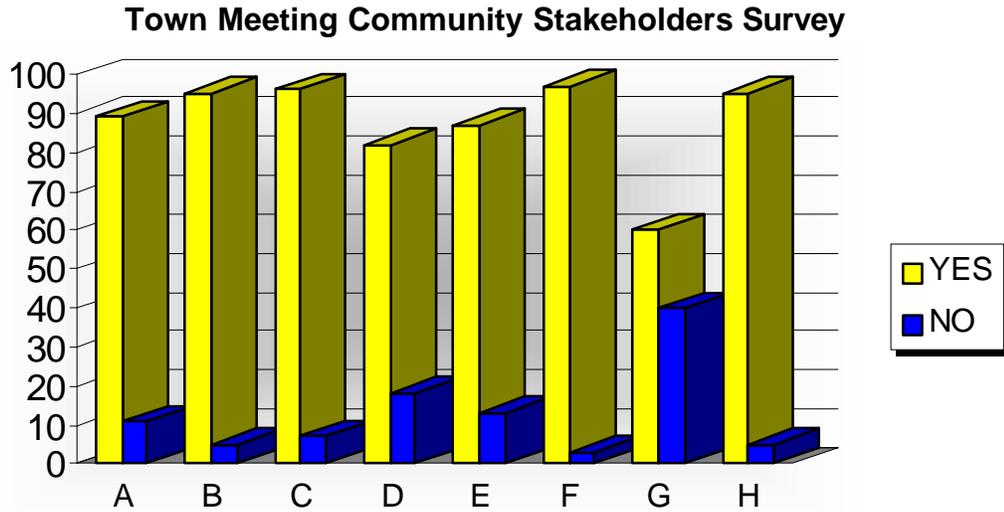
Chart 10
Additional Stakeholders Questions



<u>QUESTION</u>	<u>YES</u>	<u>NO</u>
A. Would you be willing to participate in efforts to improve the safety of our community?	83%	17%
B. Do you feel the availability of tobacco products to persons under the age 18 is a problem?	89%	11%
C. Do you feel the availability of alcohol to persons under age 21 is a problem?	88%	12%
D. Do you feel alcohol consumption is dangerous?	83%	17%
E. Do you feel that being a victim of crime is a health-related issue?	73%	27%
F. Do you have a dentist?	83%	17%
G. Do you have dental insurance?	51%	49%
H. Do your children have a place for regular dental check-ups and preventive dental services?	90%	10%

Chart 11

Additional Stakeholders Questions



<u>QUESTION</u>	<u>YES</u>	<u>NO</u>
A. Would you be willing to participate in efforts to improve the safety of our community?	89%	11%
B. Do you feel the availability of tobacco products to persons under the age 18 is a problem?	95%	5%
C. Do you feel the availability of alcohol to persons under age 21 is a problem?	94%	6%
D. Do you feel alcohol consumption is dangerous?	82%	18%
E. Do you feel that being a victim of crime is a health-related issue?	87%	13%
F. Do you have a dentist?	97%	3%
G. Do you have dental insurance?	60%	40%
H. Do your children have a place for regular dental check-ups and preventive dental services?	95%	5%

*Question I results are not included in charts 10 and 11.

*I. When do you think it is dangerous for people to drink alcohol and drive?

COMMUNITY STAKEHOLDERS SURVEY		TOWN MEETING STAKEHOLDERS SURVEY	
After 1 drink	49%	After 1 drink	49%
After 2 – 3 drinks	43%	After 2 – 3 drinks	44%
After more than 3 drinks	8%	After more than 3 drinks	7%

e. Town Meeting

The Blount County Community Health Initiative Steering Team recognized a need for collaborative efforts among the community where group discussions would generate topics and ideas for future work. They organized a Town Meeting November 1997 for key leaders to come together to work toward a common goal, a healthier Blount County. The goals for the meeting were:

- ◆ Develop a better understanding of the key aspects of health and quality of life in our community and begin to develop a unified vision of health.
- ◆ Talk together about values and concerns.
- ◆ Identify community assets and obstacles in achieving the vision.
- ◆ Create an area for growth among existing efforts, not to duplicate those efforts.

An ad-hoc committee was formed to develop a vision statement of how they would like the community to be in the future and to determine issues concerning assets, obstacles/challenges to achieving that goal. The following is the vision statement developed and a list of those issues ranked by importance by the committee.

Vision Statement:

“A healthy Blount County community is one with a social and physical environment which is conducive to a sense of harmony and unity among its citizens. Institutions and civic groups cooperate to provide educational opportunities, to assure safety, to provide spiritual sustenance and health care, which are accessible to all sectors of the community. Institutions are responsive to the needs of families, without undermining their competence by fostering dependence. In managing growth, community leaders and civic groups have the foresight to put as high a value on the long term health of the community and the environment as on the short term economic interests of individuals.”

As we serve we will be guided by the following beliefs:

That health is reflected by personal responsibility, education, safety, accessible medical care, religious involvement, recreational opportunities, balance and life skills.

That there is planned economic development with wise use of our natural resources.

That youth grow up with self-esteem, absent of substance abuse.

That the special care, services, and resources for seniors promote independence.

That accessibility to services empowers each citizen.

That progressive leadership and cooperation among government entities, communities, and neighborhoods, promote affordable services and living expenses.

That specialized health care services be continually evaluated for need before addition to the community.

That the health of our community is reflected in each of us.

Key Assets:

1. GOOD BASE OF COMMUNITY SERVICES

Strong Religious Base/Churches

Retired Population-Volunteer Resources

Variety of Civic Group, Clubs

Overall Caring People/Volunteers

2. SCHOOL SYSTEM

3. ENVIRONMENT

Maintain Integrity in Smoky Mountains, Townsend, Little River

Growing Population

Tourism

4. HEALTH CARE SYSTEM
 - Good Samaritan Clinic
 - Hospital
 - Professional Association of Health Care Providers
5. INDUSTRIAL DIVERSITY
 - Chamber of Commerce
 - Local Media/Newspaper, Radio, TV
 - Use of Business/Industry for Child/Adult Daycare
 - Maintain Diversity in Economic Climate

Obstacles/Challenges:

1. LACK OF SERVICES AND COMMUNICATION ABOUT SERVICES
 - Lack of services; coordination of services
 - Inadequate sanitation services
 - Lack of facilities
 - Lack of unified community mission to address issues, no plan
 - Child care issues
 - Lack of transportation
 - Communication/availability in resources; changes in resources; including insurance
 - Affordable quality health care
 - Healthcare cost containment
2. PERSONAL RESPONSIBILITY
 - Personal responsibility
 - Motivation for target population
 - Lack of community involvement in political issues, tax rates
 - Leadership/government accountability
 - Adequate funding/cost priorities/public willingness to pay
 - Healthcare cost containment
 - Civic participation/need for volunteers
3. MANAGING GROWTH
 - Managing growth
 - Modify traffic on Alcoa Hwy.
 - Managing diversity; lack of inclusiveness; mix of ethnic groups, dealing with racism
 - Dealing with growth-schools, safety
 - Increasing elderly population
 - Support for end of life/elderly
 - Living costs; housing
 - Teachers leaving Blount County for more money
 - Citizen's leaving for healthcare
4. FAMILY/PARENT/CHILD ISSUES
 - Training parenting skills
 - Break the cycle of abuse
 - Prevention of abuse
 - Family issues; family counseling, premarital counseling
 - Juvenile prevention programs
 - Safety in schools
5. EDUCATION AND AWARENESS
 - Education awareness
 - Increase community involvement by churches
 - Preventive health education/lifelong wellness
 - Illiteracy

After reviewing and analyzing the data of the Community, the Key Leader and the Town Meeting Stakeholder surveys, and data from the Town Meeting, the Community Health Initiative Steering Team developed a report summarizing the process. The following is the summary report:

Key Aspects of Health/Quality of Life/Vision Summary Report:

- I. Healthy Lifestyle Awareness
 - ◆ Individual responsibility, education, self-esteem
 - ◆ Focus on family-parenting skills, nutrition, stop violence/abuse, strong family unit
 - ◆ Youth grow up drug-free, gang elimination
 - ◆ Public safety, personal safety
 - ◆ High quality medical care; affordable, accessible, good delivery
 - ◆ Reduction in tobacco use/teen smoking
 - ◆ Church community, religious, spiritual influences
 - ◆ Recreational facilities
 - ◆ Balance work/family, leisure time
 - ◆ Community outreach
- II. Education/Quality schools
 - ◆ Youth grow-drug free, gang elimination
 - ◆ Community planned development
 - ◆ Quality child/day care facilities
- III. Community-wide land use planning/EPA
 - ◆ Wise land use-green spaces preserved
 - ◆ Environmental protection, water sewage, waste services, clean environment
 - ◆ Community planned development
 - ◆ Outdoor activities, climate, parks and greenways
- IV. Public Transportation
 - ◆ Senior Citizens care/services/resources
- V. Progressive Leadership and Planning
 - ◆ Affordable living expenses: taxes, housing, services, and healthcare
 - ◆ Cooperative government entities; communities work together, forward thinking
 - ◆ Regional coordination of health care services
 - ◆ Adoption to growth, culture and diversity
- VI. Specialized Health Care Needs
 - ◆ Mental Health Services
 - ◆ Continue to attract medical specialties and support for hospital, healthcare agencies
 - ◆ Specialized care in nursing homes
 - ◆ Coordinated, accessible, affordable, high quality support services, including special needs population

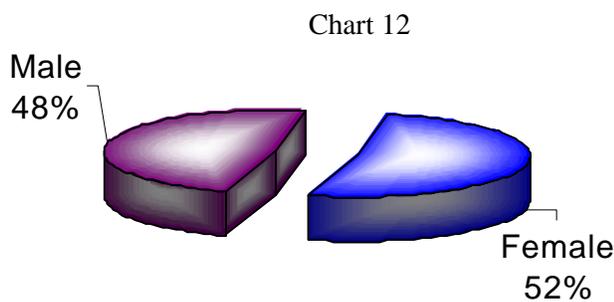
As a result of the Town Meeting, the Blount County Community Health Initiative Steering Team adopted the findings as a working guideline for the group.

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 201 was collected from Blount 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 52% were female and 48% male (Chart 12).



After a review of the data from the BRFS, the Community Health Initiative 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 2 lists the practices of concern with the Year 2000 goal for the nation.

Table 2

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Have High Blood Pressure	28%	(No Goal)
Smoking (currently smoke)	25%	15%
Have Diabetes	12%	(No Goal)
Mammogram (had mammogram) 45 or older	92%	80%
Advised to Lose Weight	17%	(No Goal)

The second area is Health Risk and the third area is Access to Care. The opinion data collected from these two areas were divided into two categories: 1.) Community Problems and 2.) Access to Health Care. Charts 13a and 13b identify the top community issues in these two categories

Chart 13a
Community Problems
Percentage Saying “Definite Problem”

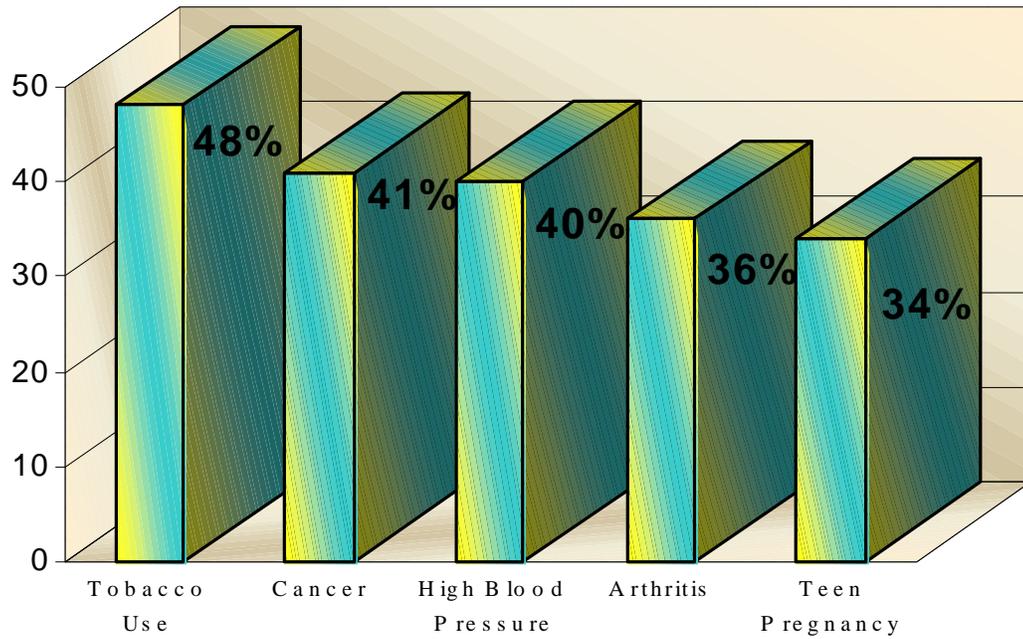
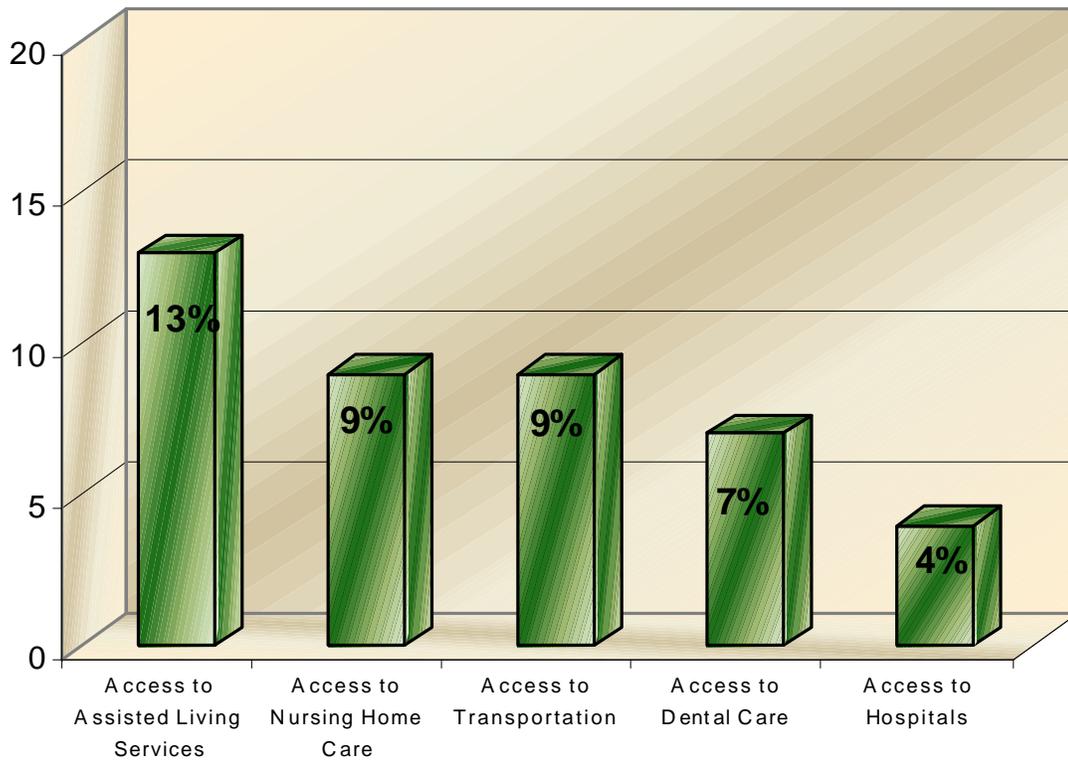


Chart 13b
Access to Health Care Problems
Percentage Saying “Definite Problem”



B. Secondary Data

Information on the health status, health resources, economy, and demographics of Blount County is essential for understanding the existing health problems in the community. The Health Initiative 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 Initiative 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 Blount 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 Health Initiative from all secondary data were selected primarily on the comparison of the county with the Year 2000 objectives. The issues identified were:

- 1. Coronary Heart Disease
- 2. Stroke
- 3. Lung Cancer
- 4. Breast Cancer
- 5. Motor Vehicle Accidents
- 6. Prenatal Care

Table 3
Total 1996 (est.) Population: 97,036
Total Number of Households: 33,624

	County	Region	State
Percent of households that are family households	75.4	76.3	72.7
Percent of households that are families headed by a female with no husband present	9.6	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.9	5.4	6.9
Percent of households with the householder 65 and up	24.1	23.6	21.8

**Table 4
Education**

	County	Region	State
Number of persons age 25 and older	57,983	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	68.5	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	14.3	11.1	16.0

**Table 5
Employment**

	County	Region	State
Number of persons 16 and older	68,751	437,649	3,799,725
Percent in work force	61	60.1	64.0
Number of persons 16 and older in civilian work force	41,715	262,392	2,405,077
Percent unemployed	6.9	7.8	6.4
Number of females 16 years and older with own children under 6	4,489	30,082	287,675
Percent in labor force	58.5	57.4	62.9

**Table 6
Poverty Status**

	County	Region	State
Per capita income in 1989	\$12,674	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	12.4	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	16.7	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	13.7	21.1	20.9

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

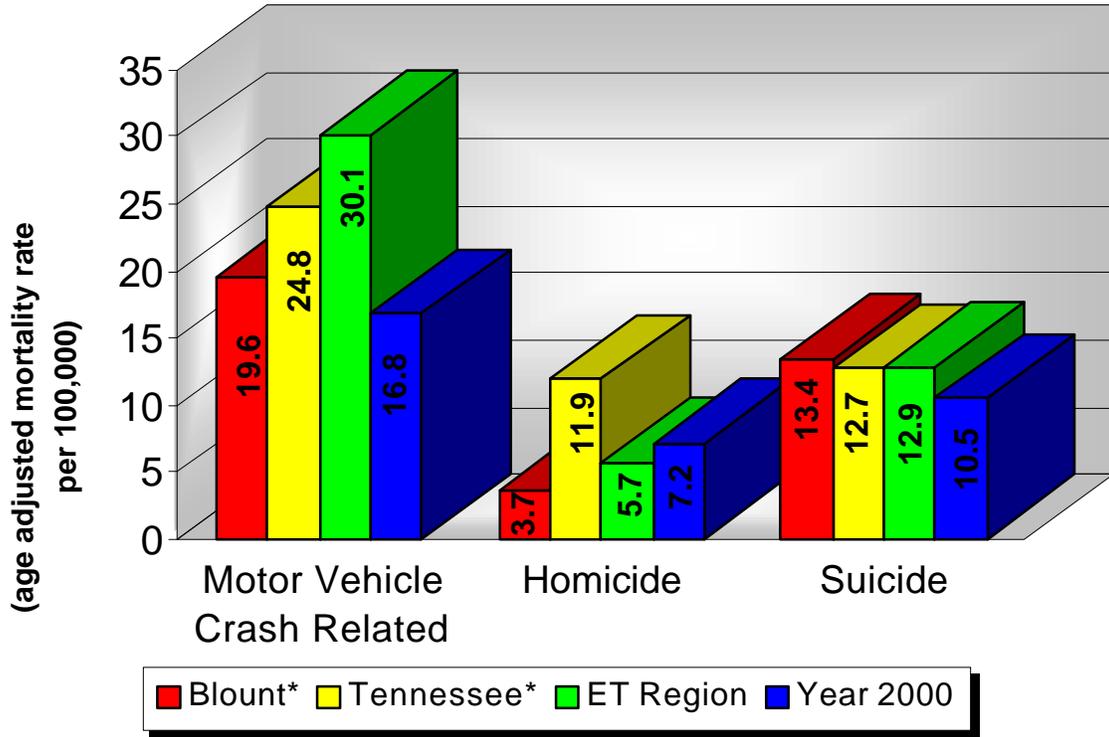


Chart 14a

*Figures for Tennessee and Blount County. (Charts 14a & 14b) are a 3-Year Average from the years 1993-1995.

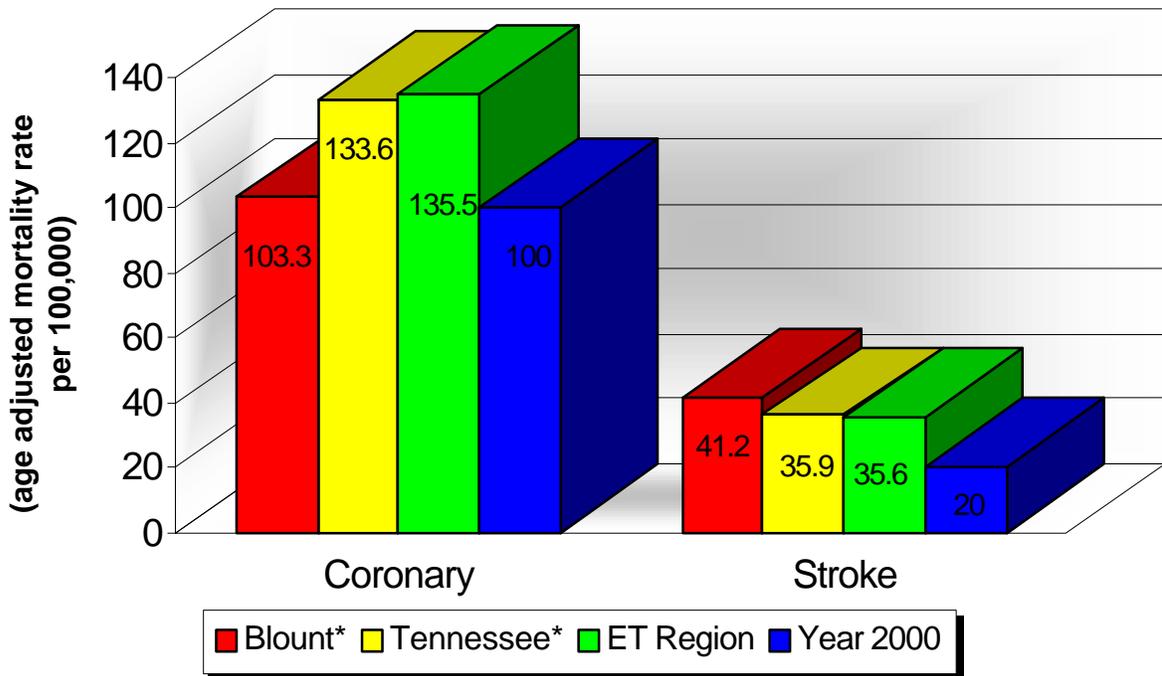
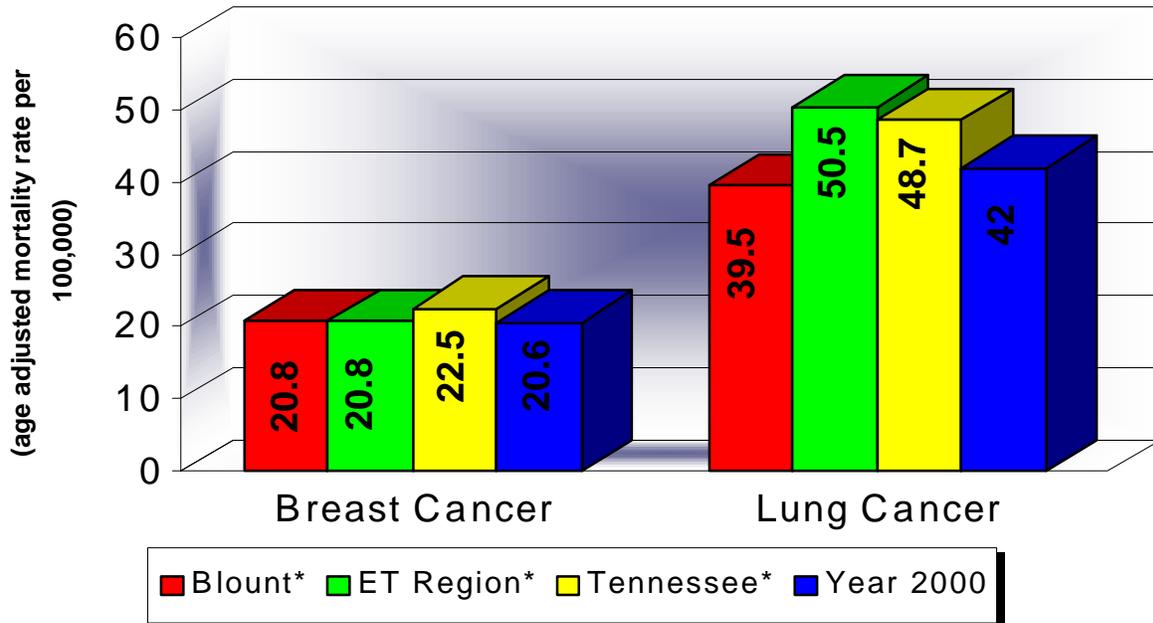


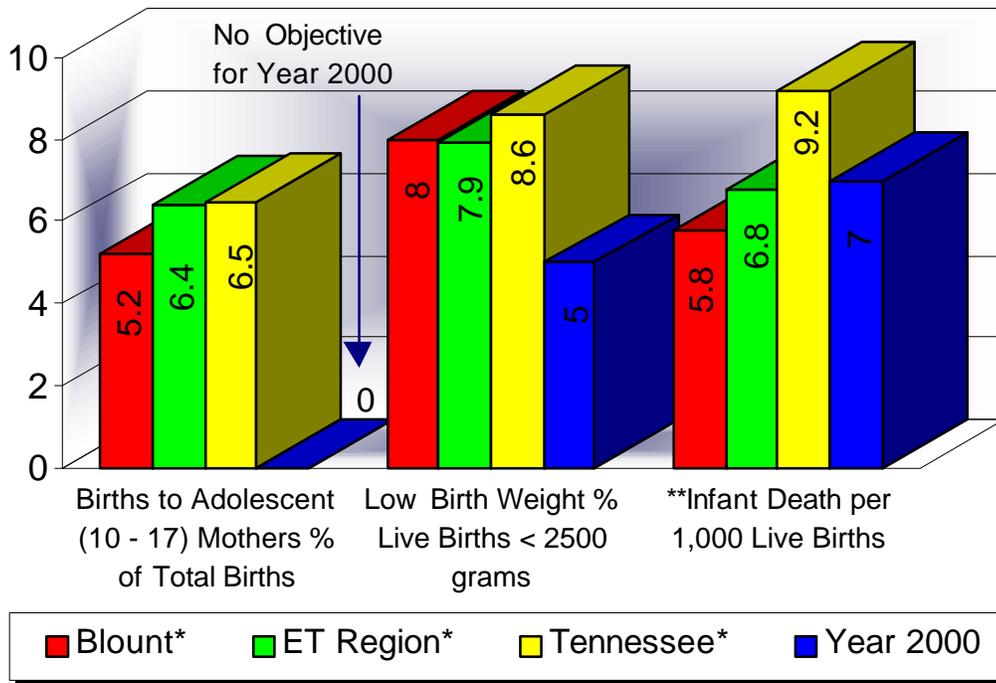
Chart 14b

Chart 15
STATUS OF BLOUNT COUNTY ON SELECTED YEAR 2000 OBJECTIVES
AGE ADJUSTED MORTALITY RATE
PER 100,000 POPULATION



*Figures for Blount Co, ET Region and Tennessee are a 3-year average from the years 1993 –1995.

Chart 16
Perinatal Indicators



*Figures for Blount Co., ET Region and Tennessee are a 3-year average from the years 1993 –1995.

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

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 Blount County Community Health Initiative Steering Team identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The Community Health Initiative Steering Team then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 7 indicates the health issues in rank order.

Table 7

BLOUNT COUNTY HEALTH ISSUES PRIORITIES

- **1. SUBSTANCE ABUSE**
- **(Alcohol/Drug/Tobacco/Rx)**
- **2. TEEN PREGNANCY**
- **3. MENTAL HEALTH**
- **4. ABUSE/VIOLENCE/NEGLECT**
- **5. USING THE HEALTHCARE SYSTEM**
- **6. TRANSPORTATION**
- **7. CANCER**
- **8. RACISM**
- **9. CVD**

IV. FUTURE PLANNING

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

V. REFERENCES

- Blount County Community Health Initiative Steering Team, East Tennessee Regional Health Office
Blount County Community Stakeholder Survey, 1997.
- Blount County Community Health Initiative Steering Team, East Tennessee Regional Health Office
Blount County Key Leader Stakeholder Survey, 1997.
- Blount County Community Health Initiative Steering Team, East Tennessee Regional Health Office
Blount County Town Meeting Stakeholder Survey, 1997.
- Blount County Community Health Initiative Steering Team, *Health Planning Sub-Committee*
- Blount County Government, *About Blount County*, Available:
<http://www.kornet.org/blountco/about.htm>.
- Blount County Community Health Initiative Steering Team, *Town Meeting*, November 3-4, 1997.
- Blount Memorial Hospital, Community Health Report, *Blount Countians Work Together As A Team To Improve Health of Community In The Future*. Summer 1998.
- Board For Licensing HealthCare Facilities, Nashville, TN, *Licensed Nursing Homes in Tennessee Directory*, January 1998.
- Board For Licensing HealthCare Facilities, Nashville, TN, *Licensed Hospitals in Tennessee Directory*, January 1998.
- Community Diagnosis, *A Guide to Healthy Communities*, June 1996
- Hills of Tennessee, Available: <http://www.nostalgiville.com/hills/tn.htm>.
- Tennessee Department of Health Office of Assessment and Planning, *Health Statistics*.
- Tennessee, *Origin of Tennessee County Names*. Available: <http://www.state.tn.us/sos/countys.htm>.
- The Early Times, *Townsend Traveler*, Spring/Summer 1998.
- The University of Tennessee, Knoxville, Center for Business Education Research, *Tennessee Statistical Abstract 1996/97*.
- The University of Tennessee, Knoxville, Community Health Research Group, Tennessee Department of Health, *Tennessee Health Risk Survey*, 1995.
- The University of Tennessee, Knoxville, Community Health Research Group (no date). *Health Information Tennessee*. Available: <http://www.server.to/hit>.
- U.S. Department of Commerce, Bureau of the Census, *1990 Census of Population, General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary, Social, Economic, and Housing Characteristics Tennessee*.
- Welcome to Great Smoky Mountains National Park, *Getting Around The Park*, Available:
<http://www.nps.gov/grsm/cades.htm>.

APPENDIX A

APPENDIX A

1997 Blount County Community Health Initiative Steering Team

<i>Laura Harrill</i>	<i>Facilitator, Blount County Community Health Initiative Steering Team Director, of Community Outreach , Blount Memorial Hospital</i>
<i>Jackie Abbott</i>	<i>Blount Memorial Hospital</i>
<i>Shirley Anderson</i>	<i>Community Representative</i>
<i>Teresa Becker</i>	<i>Recreation & Parks Commission</i>
<i>William Brown</i>	<i>Assisstant Dean, Pellissippi State Community College, Blount Center</i>
<i>Joe Bruce</i>	<i>President, Citizens Bank of Blount County</i>
<i>Melba Bruce</i>	<i>Asbury Centers, Inc.</i>
<i>Cathy Cate</i>	<i>Maryville College</i>
<i>Dee Cleveland</i>	<i>Health Promotion Coordinator, East Tennessee Regional Health Office</i>
<i>George Dalton</i>	<i>City of Alcoa</i>
<i>Sandra Davis</i>	<i>United Way of Blount Co.</i>
<i>Kathy DeLozier</i>	<i>Executive Vice-President Chamber Programs, Blount County Chamber of Commerce</i>
<i>Anthony Dunnings</i>	<i>Martin Luther King Community Center</i>
<i>Dr. Mark Durand</i>	<i>Good Smaritain Clinic</i>
<i>Jeff French</i>	<i>Blount Co. Sheriff's Department</i>
<i>Dr. Jim Friedlob</i>	<i>Appalachian Therapy Center</i>
<i>Betty Hale</i>	<i>Blount Co. Chapter American Red Cross</i>
<i>Mike Infante</i>	<i>ALCOA</i>
<i>Susan Lambert</i>	<i>City of Maryville</i>
<i>Dr. Kenneth Marmon</i>	<i>Health Officer, Blount County Health Department</i>
<i>Ed Mitchell</i>	<i>Maryville Fire Department</i>
<i>Steve Moser</i>	<i>Superintendent, Blount County Schools</i>
<i>Scott Newman</i>	<i>Davis Newman, P.C.</i>
<i>Christy Newman</i>	<i>Peninsula Hospital</i>
<i>Dr. Jane Qualls</i>	<i>Alcoa City Schools</i>
<i>Dr. Robert Ramsey</i>	<i>Dentist</i>
<i>Carol Richardson</i>	<i>TN. Department of Human Resources</i>
<i>Angie Sutherland</i>	<i>Denso Mfg. Tennessee, Inc.</i>

Ex. Officio:

<i>Larry Aldridge</i>	<i>Maryville Daily Times</i>
<i>Ken Garland</i>	<i>Knoxville-News Sentinel</i>

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 Regional Health Office, Community Development Staff at (423) 546-9221.

