
Bradley County

Community Diagnosis Volume I: Health Status Report



Bradley County Health Council

and

**Tennessee Department of Health
Southeast Tennessee Regional Office
Assessment and Planning
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INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Bradley County Health Council (BCHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in 1996, the Community Diagnosis Process has enabled BCHC members to:

- Analyze the health status of the community
- Evaluate health resources, services and systems of care within the community
- Assess attitudes toward community health services and issues
- Identify priorities
- Establish a baseline for measuring improvement over time

Meeting monthly, the BCHC has given careful consideration to county-specific primary data and secondary data. The collection of primary data consisted of a stakeholder survey, a behavioral risk factor survey, and observational information from BCHC members. The stakeholder survey (see yellow pages) is an opinion-based, non-scientific survey asking key members of the community how they feel about certain local health services. The behavioral risk factor survey (see green pages) is a scientific survey that asks respondents about their lifestyles, in an attempt to identify any activities that may be a risk to their health. It is a random sample of 200 Bradley County residents and is to be representative of the entire county. BCHC members supplemented the two survey instruments with their own observations of situations, events, interactions, observed behaviors, prevailing community attitudes, and practices.

To compliment the primary data, the BCHC analyzed a wealth of secondary data (see blue pages). The county-specific data includes birth, morbidity and mortality statistics and basic demographic information. Most of the data was presented showing multiple year rates, dating back to 1983, so that the council was able to look for trends in the data. The BCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Bradley County is following or deviating from the trend of the surrounding counties or the trend of the state as a whole and whether the county is progressing toward national objectives.

As part of the information collection, the BCHC utilized the Bradley County resource directory, provided by the Bradley County United Way, to identify gaps in the community’s network of services. The inventory of resources provides a comprehensive listing of existing programs, community groups, agencies, and other services that are available to the community to help address identified health issues. The directory also includes available resources that are external to the county (i.e. Managed Care Organizations).

After several data dissemination sessions, the BCHC prioritized the health issues highlighted in the assessment. A formula, scoring the size of the problem, seriousness of the problem, and effectiveness of available interventions, was applied to each health issue. Cognizant of the assessment results, each member

applied his or her own score to the problem and a sum total of all council members' scores determined the order of priority. The council then decided how many of the priority health issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

This Community Diagnosis Health Status Report provides a description of the assessment portion of the Community Diagnosis Process. The planning portion, to be chronicled upon completion of the process, will entail the formalizing of strategic interventions to deal with the highest priority health issues. Soliciting input from additional residents and experts in the community, the BCHC will develop intervention strategies and resources from both public and private sources will be identified to implement the interventions. The BCHC will monitor the implementation and evaluate each intervention semi-annually.

To this point, the benefits of the Community Diagnosis Process have included:

- Direct participation of county residents in initiating change in the health services and delivery system
- Armed with appropriate data and analysis, the BCHC has been made aware of the county's current health status and, as a result, has become poised to design, implement, and monitor interventions to improve problematic areas
- Provides justification for budget improvement requests
- Provides to state-level programs and their regional office personnel information and coordination of prevention and intervention strategies in Bradley County
- Serves health planning and advocacy needs in Bradley County; Bradley County leaders and the Bradley County Health Department will ensure that documented community health issues are addressed

What follows is documentation of the assessment portion of the Bradley County Community Diagnosis Process, including a description of all data considered, with emphasis on priority health issues identified by the council.

I. HISTORY

The Bradley County Health Council was established in 1994 to address the health needs of Bradley County residents and oversee the health status of Bradley County. The council is made up of local health care professionals, elected officials, and other local citizens. Since 1994, the council has orchestrated various activities to address health needs including forums for TennCare issues, free dental and eye clinics for the indigent, free health screenings, aiding in the establishment of the Good Samaritan free primary care clinic, and other special projects for the population of Bradley County. All of these efforts have been successful. Begun in 1996, the Community Diagnosis Process has offered the council a systematic approach to identifying health issues in a manner that is sensible, effective, and assures long-term improvement.

II. MISSION STATEMENT

The mission of the Bradley County Health Council is to assure that quality health care is accessible, available, and affordable to fellow residents.

III. SELECTED DEMOGRAPHIC DATA

Total Number of Households: 27,604

| | Bradley County | Southeast Region | State |
|---|----------------|------------------|-------|
| Percent of households that are family households | 76.6 | 77.1 | 72.7 |
| Percent of households that are headed by a female with non husband present | 10.3 | 10.3 | 12.6 |
| Percent of households that are families headed by a female with no husband present and with children under 18 years | 5.5 | 5.3 | 6.9 |
| Percent of households with the householder 65 and up | 18.9 | 22.7 | 21.8 |

EDUCATION

| | Bradley County | Southeast Region | State |
|---|----------------|------------------|-----------|
| Number of persons age 25 and older | 46,833 | 163,220 | 3,139,066 |
| Percent of persons 25 and up that are high school graduates or higher | 64.4 | 58.0 | 67.1 |
| Percent of persons 25 and up with a bachelor's degree or higher | 11.9 | 9.7 | 16.0 |

EMPLOYMENT

| | Bradley County | Southeast Region | State |
|--|----------------|------------------|-----------|
| Number of persons 16 and older | 57,740 | 198,393 | 3,799,725 |
| Percent in work force | 66.7 | 61.5 | 64.0 |
| Number of persons 16 and older in civilian work force | 38,507 | 121,844 | 2,405,077 |
| Percent unemployed | 5 | 6.9 | 6.4 |
| Number of females 16 years and older with own children under 6 | 4,221 | 14,022 | 287,675 |
| Percent in labor force | 63.3 | 59.6 | 62.9 |

POVERTY STATUS

| | Bradley County | Southeast Region | State |
|--|----------------|------------------|----------|
| Per capita income in 1989 | \$11,768 | \$10,235 | \$12,255 |
| Percent of persons below the 1989 poverty level | 13.8 | 17.05897 | 15.7 |
| Families with children under 18 years, percent with income in 1989 below poverty level | 18.2 | 21.7 | 20.7 |
| Percent of persons age 65 years and older with income in 1989 below the poverty level | 20.8 | 23.5 | 20.9 |

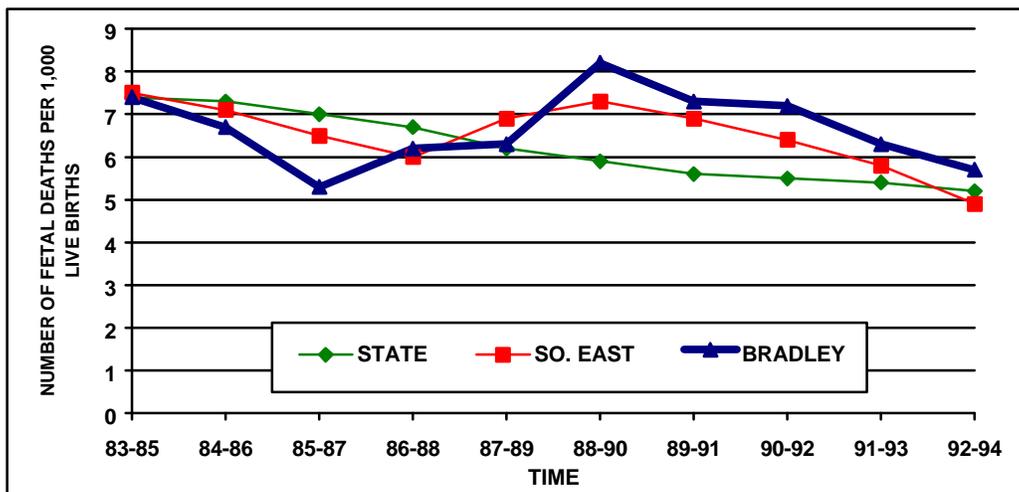
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

IV. SECONDARY DATA

Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for Bradley County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. The data covers a twelve-year trend and is provided in three-year averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that may distort the true trends. Bradley County's data is compared to the corresponding state and Southeast Region (Bradley, Polk, McMinn, Meigs, Rhea Bledsoe, Sequatchie, Grundy, Franklin, and Marion Counties) rates, national "Year 2000 Objectives," and includes rates for white, non-white, and all races combined. The secondary data used in the Community Diagnosis Process is described below, with *graphs and tables used to highlight issues recognized as potential problems* by the Bradley County Health Council.

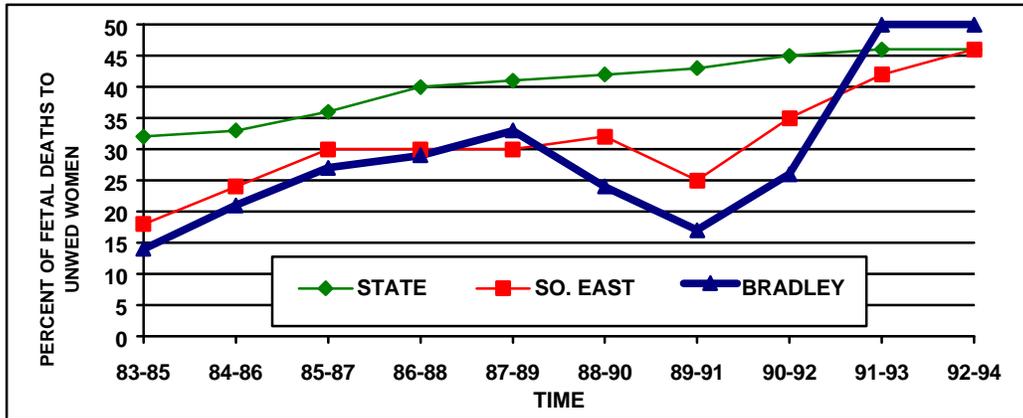
Bradley County Pregnancy And Birth Experience

- **Number of Births Per 1,000 Females Ages 10-44** - The Bradley County trend has remained stable. Traditionally, the trend is slightly lower than the State and equal to the Southeast Region. Women of child-bearing age in Bradley County give birth to approximately 1,000 babies each year (50 per 1,000 females ages 10-44).
- **Percentage of Births to Unwed Mothers Ages 10-44** - While the Bradley County trend has increased, so has that of the Southeast Region and the State. Traditionally, the trend is lower than the State and equal to the Southeast Region. Annually, 25% of Bradley County births occur to unwed mothers.
- **Number of Abortions Per 1,000 Live Births to Females Ages 10-44** - In the last decade, trends have decreased on the county, Southeast Region, and State levels. Traditionally, Bradley County's trend is higher than the Southeast Region and significantly lower than the State.
- **Percentage of Abortions to Unwed Females Ages 10-44** - The Bradley County trend has mirrored that of the Southeast Region and the State. All have remained stable throughout the twelve-year trend. Across the State, Southeast Region, and Bradley County, approximately 75% of all abortions occur to unwed females.
- **Number of Fetal Deaths Per 1,000 Live Births to Females Ages 10-44** - The Bradley County rate is higher than the State and the Southeast Region. More specifically, the 18-19 year old age group posted a 234.5% increase from 1983 to 1994. With regard to the 18-19 year old age group, the 1983-1985 three-year average rate was 5.8 and the 1992-1994 three-year average rate was 19.4.



| AGE GROUP | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | Percent Change |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| 18-19 | 5.8 | 3.0 | 3.0 | 2.9 | 2.7 | 5.0 | 4.8 | 14.9 | 18.1 | 19.4 | 234.5 |

- **Percentage of Fetal Deaths to Unwed Females Ages 10-44 - The Bradley County rate is higher than the State and the Region. More specifically, the 20-24 year old age group posted a 266.5% increase from 1983 to 1994.**



| AGE GROUP | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | Percent Change |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| 20-24 | 18.2 | 33.3 | 50.0 | 50.0 | 62.5 | 50.0 | 40.0 | 40.0 | 57.1 | 66.7 | 266.5 |

- **Number of Pregnancies Per 1,000- Females Ages 10-44 - The Bradley County trend has remained stable. Traditionally, the trend is lower than the State and equal to the Southeast Region. Annually, approximately 6% (60 per 1,000) of Bradley County female residents 10-44 become pregnant.**
- **Percentage of Births Considered Low Birthweight - Recently, the trend has increased to meet that of the Southeast Region but remains below the State. Annually, approximately 7% of all Bradley County births are deemed low birthweight (higher than the national "Year 2000 Objective" of 5%).**
- **Percentage of Pregnancies to Unwed Mothers Ages 10-44 - The Bradley County trend has slightly increased, but remains lower than the State and equal to the Southeast Region. Roughly 1/3 of all Bradley County pregnancies occur to unwed mothers.**
- **Teenage Pregnancy Rate (Number of Pregnancies Per 1,000 Females Ages 10-17) - Since 1990, the trend in Bradley County has continued to decrease. The trend is equal to the Southeast Region and lower than the State. Annually, about 2% (20 per 1,000) of females ages 10-17 become pregnant in the county.**
- **Number of Live Births According to Mother's Age (10-17), 1990-1994 - The Bradley County teenage birth rate is lower than the State and consistent with the Southeast Region. However, the number of births to 15 year olds increased from 3 births in 1990 to 11 births in 1994.**

| BIRTHS | 1990 | 1991 | 1992 | 1993 | 1994 |
|--------------|------|------|------|------|------|
| 13 YEARS OLD | 0 | 0 | 1 | 1 | 1 |
| 14 YEARS OLD | 1 | 3 | 1 | 2 | 1 |
| 15 YEARS OLD | 3 | 9 | 5 | 8 | 11 |
| 16 YEARS OLD | 20 | 24 | 24 | 16 | 15 |
| 17 YEARS OLD | 46 | 27 | 44 | 37 | 35 |
| TOTAL | 70 | 70 | 75 | 64 | 63 |

- **Number of Previous Pregnancies Occurring to Teenage Mothers (Ages 10-17) - From 1990 to 1994, a high percentage (16.6%) of Bradley County teenage mothers have previously been pregnant.**

| BIRTHS | 1990 | 1991 | 1992 | 1993 | 1994 |
|---------------------|------|------|------|------|------|
| NEVER PREGNANT | 51 | 61 | 60 | 59 | 54 |
| 1 PREV. PREGNANCY | 16 | 9 | 11 | 4 | 8 |
| 2 PREV. PREGNANCIES | 2 | 0 | 3 | 1 | 1 |
| 3 PREV. PREGNANCIES | 1 | 0 | 1 | 0 | 0 |
| TOTAL | 70 | 70 | 75 | 64 | 63 |

Bradley County Mortality Experience

- **Number of Infant Deaths Per 1,000 Live Births -** Bradley County's twelve-year trend is slightly unstable due to small numbers. Historically, the trend is lower than the State and equal to the Southeast Region. Annually, county residents give birth to about 1,000 babies each year of which an average of 9 will not live through their first year. The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- **Number of Neonatal Deaths Per 1,000 Live Births -** While the trend is moderately unstable due to small numbers, Bradley County's rate of neonatal deaths is higher than the Southeast Region, but lower than the State. However, all trends hover between 3 and 8 neonatal deaths per 1,000 live births during the twelve-year period.
- **Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population -** The leading cause of death for 1-4 year olds was accidents and adverse affects. The Bradley County trend is unstable due to small numbers and is lower than the State and higher than the Southeast Region. The rates have decreased over the twelve-year trend (25.6 deaths per 100,000 in 1983 to 17.1 deaths per 100,000 in 1994).
- **Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for 5-14 year olds was accidents and adverse affects, also. While characterized as slightly unstable due to small numbers, the Bradley County trend has decreased dramatically (28 deaths per 100,000 in 1983 to 6.4 deaths per 100,000 in 1994), and is lower than the State and the Southeast Region.
- **Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population -** Although the leading cause of death for the 15-24 year old age group was accidents and adverse affects, Bradley County's trend is lower than that of the State and the Southeast Region. However, from 1983 to 1994, there was a 51.9% increase in the number of deaths attributed to suicide for the 15-24 year old age group.

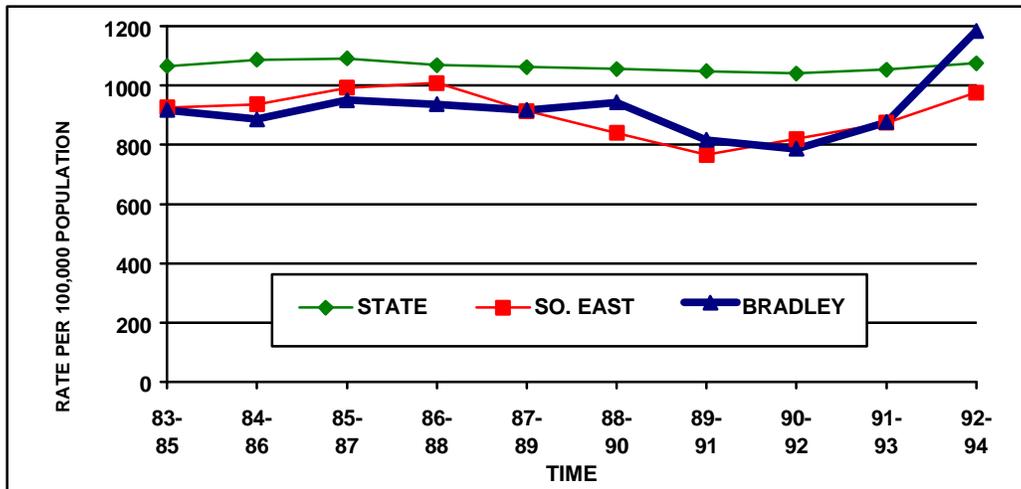
| CAUSE | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | Percent Change |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| Suicide | 13.3 | 13.4 | 13.5 | 21.7 | 16.4 | 13.8 | 5.6 | 11.3 | 11.4 | 20.2 | 51.9 |

- **Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for the 25-44 year old age group is accidents and adverse affects. Traditionally, Bradley County's trend is slightly unstable due to small numbers, but is lower than that of the State and the Southeast Region. However, from 1983 to 1994, there was a 18.5% increase in the number of deaths attributed to malignant neoplasms for the 25-44 year old age group.

| CAUSE | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | Percent Change |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| Malignant Neoplasms | 32.4 | 30.3 | 31.4 | 34.0 | 35.1 | 34.7 | 27.2 | 30.0 | 29.9 | 38.4 | 18.5 |

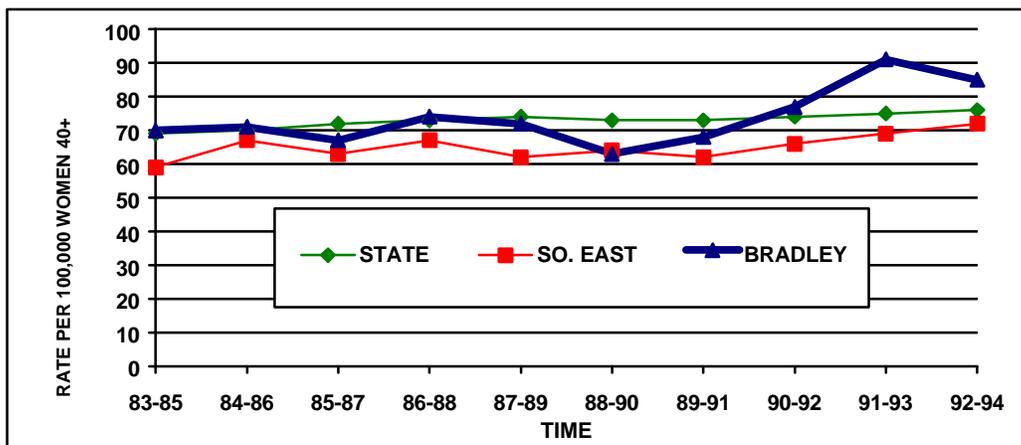
- **Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for the 45-64 year old age group was malignant neoplasms. While characterized as unstable, the Bradley County trend has remained consistent with the State and the Southeast Region throughout the twelve-year trend. The trend was generally higher in the early 1990's with a 1989 to 1991 three-year average rate of 335.6 and a 1991 to 1993 three-year average rate of 341.5, before coming back down with a 1992 to 1994 three-year average rate of 298.8.
- **Leading Cause of Death for 65+ Year Olds With Morality Rates Per 100,000 Population -** The leading cause of death for the 65+ year old age group was diseases of the heart. The Bradley County trend is stable and lower than that of the State and the Southeast Region from 1983-1994.
- **White Male Age-Adjusted Mortality Rate Per 100,000 Population -** The Bradley County trend is historically higher than the State and lower than the Southeast Region. The trend is characterized as unstable, fluctuating between a 1992-1994 three-year average low rate of 679 and a 1987-1989 three-year average high rate of 777.

- **Other Races Male Age-Adjusted Mortality Rate Per 100,000 Population - The Bradley County trend is higher than the State and the Southeast Region. From 1983-1994, there was a 29.2% increase in the age-adjusted mortality rate for non-white males.**



| | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | % Change |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| STATE | 1066 | 1087 | 1092 | 1069 | 1063 | 1056 | 1049 | 1041 | 1054 | 1075 | 0.8 |
| SE REGION | 926 | 937 | 993 | 1009 | 914 | 840 | 766 | 820 | 875 | 977 | 5.6 |
| BRADLEY | 917 | 886 | 951 | 937 | 917 | 943 | 817 | 786 | 877 | 1185 | 29.2 |

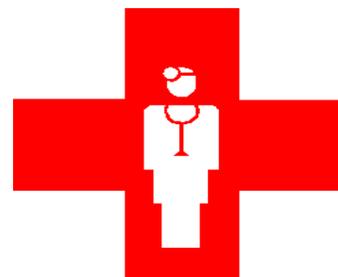
- **White Female Age-Adjusted Mortality Rate Per 100,000 Population - Consistent with the State and the Southeast Region, the Bradley County trend has remained stable over the twelve-year trend. The county rate is equal to both the State and the Southeast Region fluctuating between a 1990-1992 three-year average low rate of 370 to a 1983-1985 three-year average high rate of 410.**
- **Other Races Female Age-Adjusted Mortality Rate Per 100,000 Population - The Bradley County trend is unstable. Historically, the trend is lower than the State and higher than the Southeast Region. Furthermore, the trend has decreased from the 1983-1985 three-year average rate of 653 to the 1992-1994 three-year average rate of 548.**
- **Female Breast Cancer Mortality Rate Per 100,000 Women Ages 40+ - The Bradley County trend is increasing and is historically higher than the State and the Southeast Region. Over the twelve-year trend there was a 20.8% increase in the female breast cancer mortality rate.**



| | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | % Change |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| STATE | 69 | 70 | 72 | 73 | 74 | 73 | 73 | 74 | 75 | 76 | 9.4 |
| SE REGION | 59 | 67 | 63 | 67 | 62 | 64 | 62 | 66 | 69 | 72 | 22.2 |
| BRADLEY | 70 | 71 | 67 | 74 | 72 | 63 | 68 | 77 | 91 | 85 | 20.8 |

- **Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - In comparison with the State and the Southeast Region, the Bradley County trend is markedly lower. Over the twelve-year trend, the county rates show a consistent decrease. However, the 1992-1994 three-year average rate of 18 is higher than the national “Year 2000 Objective” (16.8).
- **Non-Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Bradley County trend is stable. The county trend is traditionally lower than the State and the Southeast Region. The rate fell between 18 and 22 per 100,000 population over the twelve-year trend.

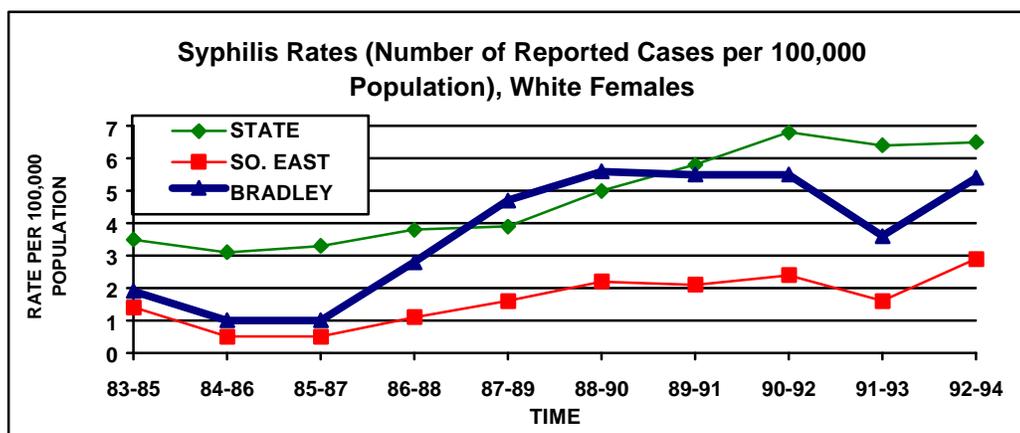
- **Violent Death Rates Per 100,000 Population** - From 1983 to 1994, the Bradley County trend remained stable. The county has been consistently lower than the State and the Southeast Region.



Bradley County Morbidity Experience

- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, the Bradley County trend has narrowly increased. The county’s rates are slightly higher than the Southeast Region, dramatically lower than the State, and equal to the national “Year 2000 Objective” of 10.

More specifically, there has been a 362.5% increase in the syphilis rate for white females (Ages 25-44) from 1983-1994. With regard to the 25-44 year old age group of white females, the 1983-1985 three-year average rate was 3.2 and the 1992-1994 three-year average rate was 14.8.



| AGE GROUP | 83-85 | 84-86 | 85-87 | 86-88 | 87-89 | 88-90 | 89-91 | 90-92 | 91-93 | 92-94 | Percent Change |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------|
| 25-44 | 3.2 | 0.0 | 3.1 | 6.1 | 6.0 | 8.9 | 5.9 | 8.8 | 2.9 | 14.8 | 362.5 |

- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - Since 1987, Bradley County’s trend has increased steadily. From 1987 to 1994, the county’s rates were lower than the State and equal to the Southeast Region. The 1987-1989 three-year average rate was 7.8 and the 1992-1994 three-year average rate was 45.9.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - The Bradley County trend is decreasing over the twelve-year trend. Historically, the county falls below the State and higher than the Region. The county’s 1992-1994 three-year average rate of 64.4 is considerably lower than the national “Year 2000 Objective” of 100.

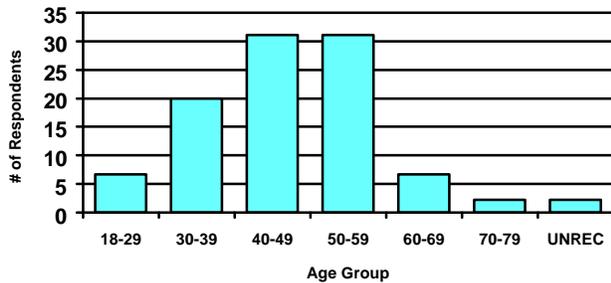
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population)** - Bradley County's rates are characterized by instability. While the 1992-1994 three-year average rate of 10.1 is equal to that of the State, the county has had historically higher periods. The county has remained slightly higher than the Southeast Region and markedly higher than the national "Year 2000 Objective" of 3.5.
- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population)** - From 1983-1994, the Bradley County trend has been stable. The county is lower than the State and equal to the Southeast Region. Rates have fluctuated between the 1992-1994 three-year average rate of 1.3 and the 1989-1991 three-year average rate of 3.6.
- **Cancer Prevalence Rates (Cases Per 100,000 Population), 1990-1992** - In all age groups, Bradley County's Cancer prevalence rates are equal to or below the State and Southeast Region rates during the period of 1990 to 1992. The county cancer prevalence rate for all age groups during this period was 305.9 compared to a Southeast Region rate of 331.5 and a State rate of 380.3.

V. STAKEHOLDER SURVEY

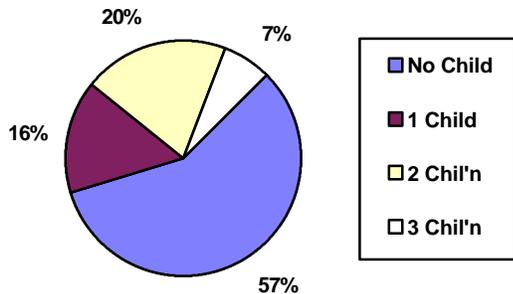
The Bradley County Stakeholder Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young 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 survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the BCHC were asked to complete the stakeholders' survey as well as identify and obtain comments from various other stakeholders in the community. The 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. There were 45 respondents to the Bradley County Stakeholder Survey. Although *none of the issues recognized as potential problems arose directly from the Stakeholder Survey*, the BCHC considered heavily the perceptions of the respondents in determining underlying symptoms.

Stakeholder Demographics

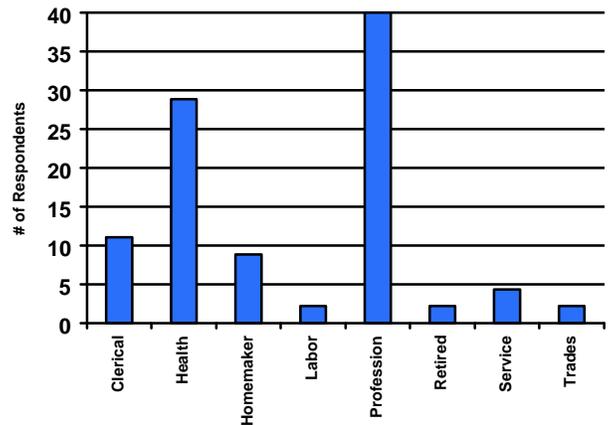
- 28 females (62.2%) and 15 males (33.3%) responded to the Stakeholder Survey, of those, 73% were married, 16% divorced, 4% widowed and 7% never married.
- A majority (78%) of respondents have been long-time (10+ years) residents.
- A majority of respondents fell within the 40-59 year old age group.



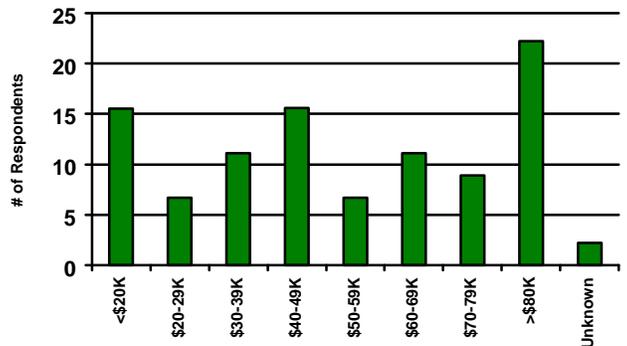
- When asked, "HOW MANY CHILDREN 18 OR UNDER ARE LIVING AT YOUR RESIDENCE?," a slight majority of respondents answered "none."



- A majority of respondents held professional or health-related jobs.



- The question, "WHAT IS YOUR APPROXIMATE HOUSEHOLD INCOME?," yielded the following results:



- Of all respondents, 2.2% were Asian, 4.4% were Black, 4.4% were Native Americans, 84.4% were White, and 4.4% fell into the "Other" category.

Stakeholder Opinions

- When asked, “WHAT, IN YOUR OPINION, ARE THE MOST IMPORTANT PROBLEMS FACING OUR COMMUNITY HEALTH SERVICES?,” the following results were obtained:

| PROBLEMS | Freq. | Percent | Cum. |
|----------------------|------------|---------------|---------------|
| Accessibility | 49 | 42.2% | 42.2% |
| Cost | 18 | 15.5% | 57.8% |
| Lack of Ed. of Serv. | 5 | 4.3% | 62.0% |
| Other | 44 | 37.9% | 100.0% |
| TOTAL | 116 | 100.0% | 100.0% |

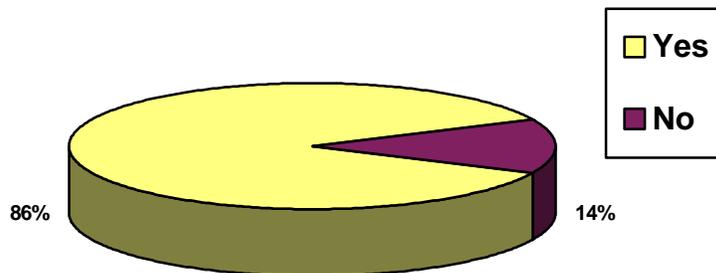
- 97.7% of respondents had some form of health care insurance.
- Of those respondents with health care insurance, 4.5% have TennCare coverage.

- When asked, “TO WHICH HOSPITAL DOES YOUR PRIMARY CARE PHYSICIAN REFER PATIENTS?,” a majority of respondents listed Bradley Memorial Hospital.

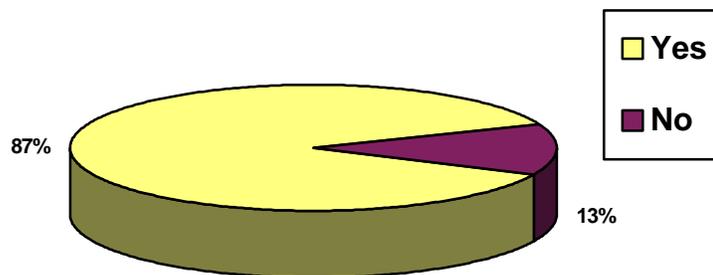
| HOSPITAL | Freq. | Percent | Cum. |
|-------------------------|-----------|---------------|---------------|
| Bradley Mem. Hospital | 30 | 65.2% | 65.2% |
| Cleveland Com. Hospital | 7 | 15.2% | 80.4% |
| Erlanger Med. Center | 2 | 4.3% | 84.7% |
| Memorial Hospital | 1 | 2.2% | 86.9% |
| Other | 1 | 2.2% | 89.1% |
| Out of State | 1 | 2.2% | 91.3% |
| Parkridge Med. Center | 1 | 2.2% | 93.5% |
| Unrecorded | 3 | 6.5% | 100.0% |
| TOTAL | 46 | 100.0% | 100.0% |

- When asked, “IS TRANSPORTATION A PROBLEM FOR YOU?,” 98% of respondents answered “no.”

- When asked, “DO YOU HAVE A PERSONAL PHYSICIAN?,” a majority of respondents answered “yes.”

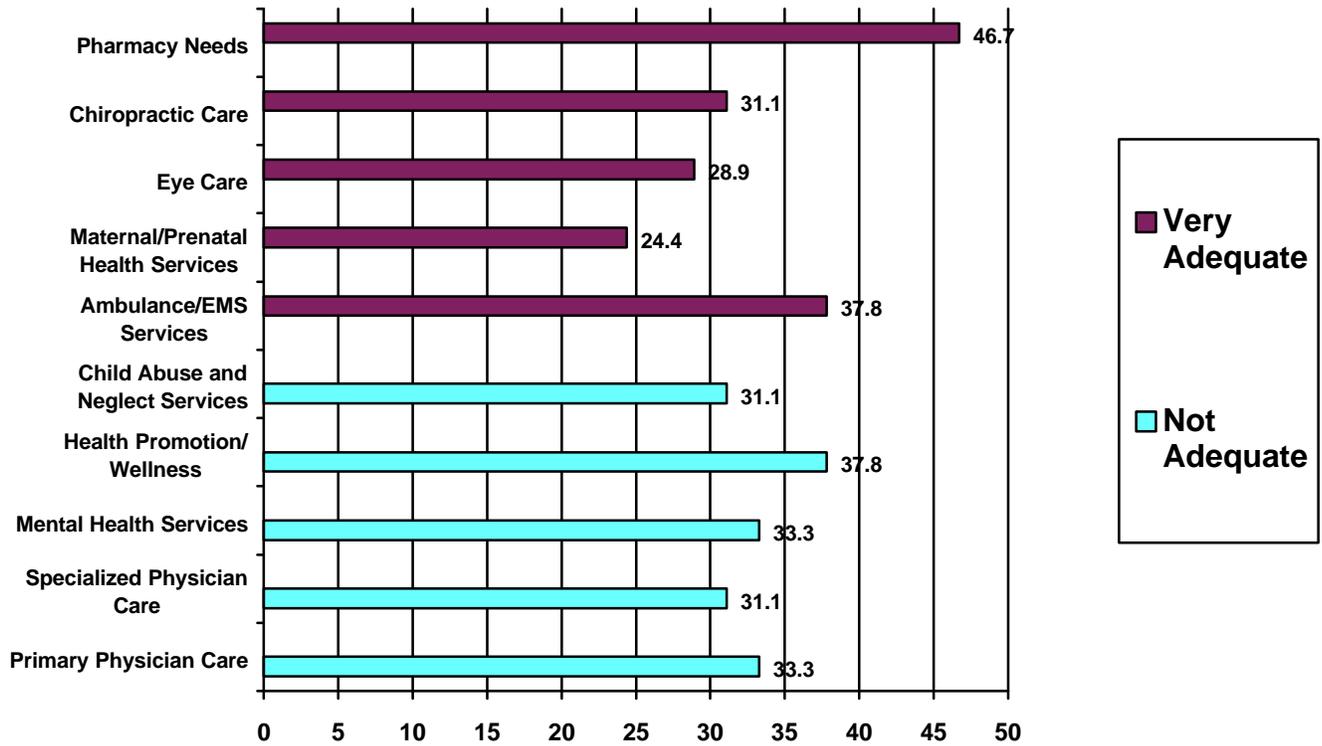


- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” again, a majority of respondents answered “yes.”



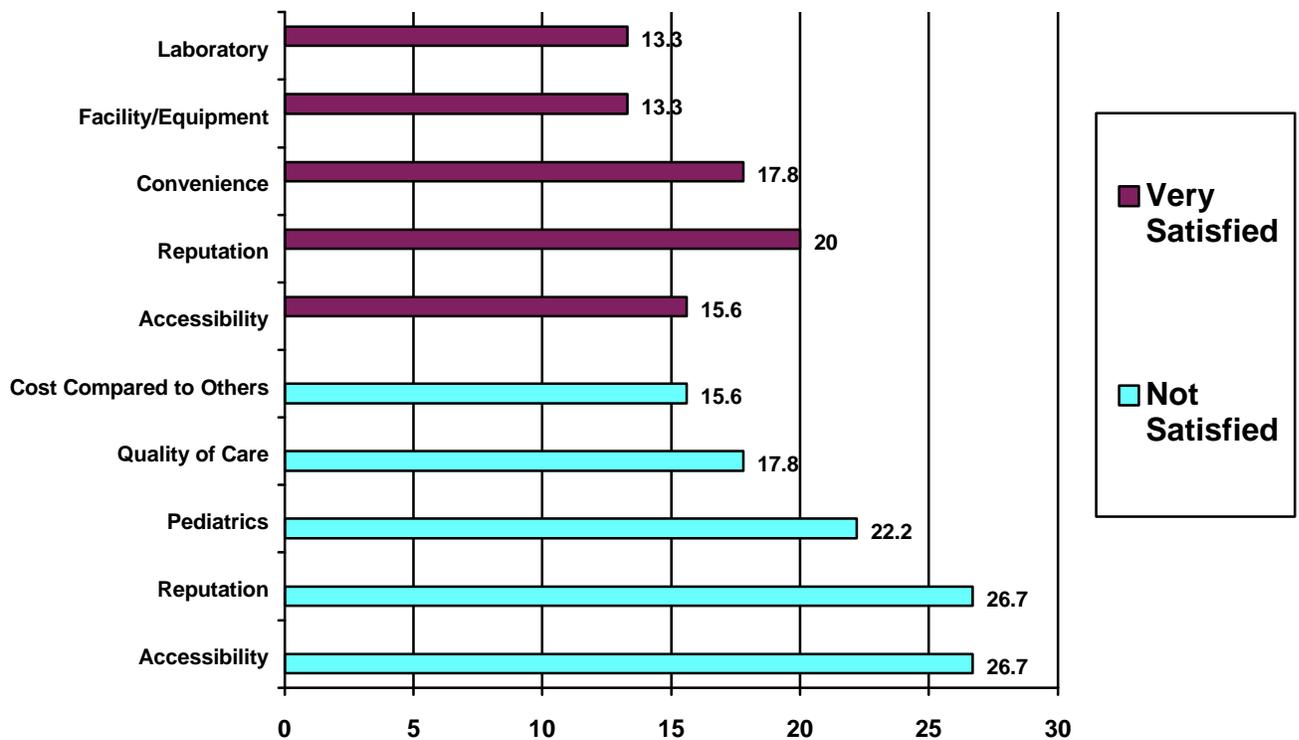
- When asked, “IN YOUR OPINION, HOW ADEQUATE IS THE AVAILABILITY OF THE FOLLOWING HEALTH CARE SERVICES IN YOUR COMMUNITY?,” the survey yielded the following results:

TOP FIVE “VERY ADEQUATE” AND “NOT ADEQUATE” RESPONSES BY PERCENTAGE



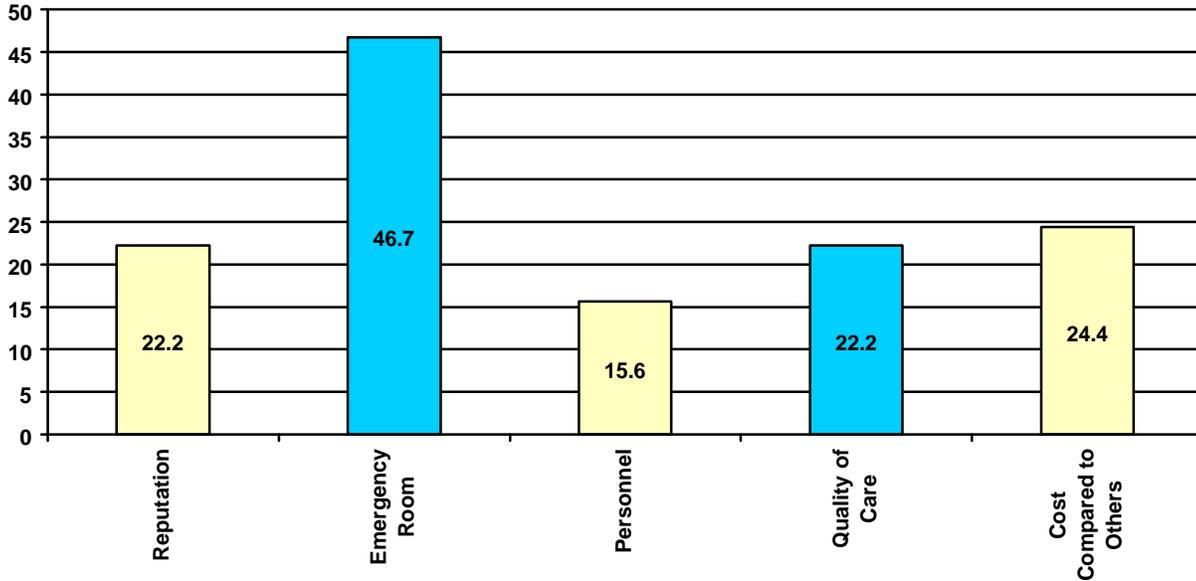
- When asked, “HOW SATISFIED ARE YOU WITH PRIMARY HEALTH CARE PROVIDED BY HEALTH CARE PROVIDERS IN YOUR COMMUNITY?,” the following results were obtained:

TOP FIVE “VERY SATISFIED” AND “NOT SATISFIED” RESPONSES BY PERCENTAGE

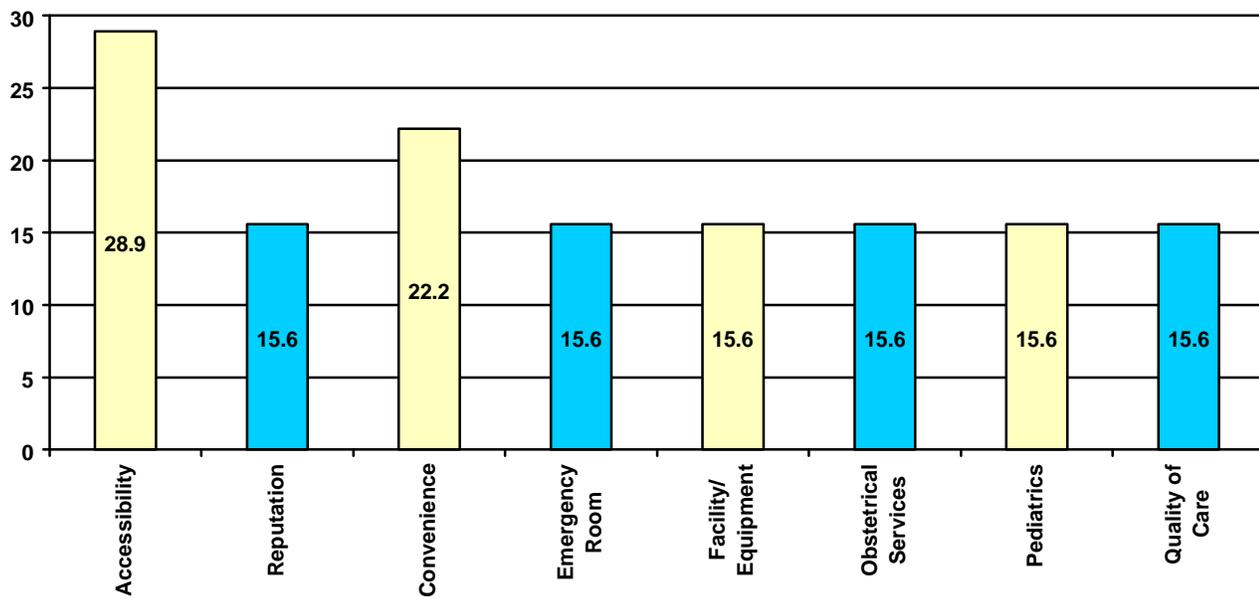


- When asked, “HOW SATISFIED ARE YOU WITH THE FOLLOWING SERVICES AND CHARACTERISTICS OF THE LOCAL HOSPITALS?,” the survey yielded the following results:

TOP FIVE “NOT SATISFIED” RESPONSES BY PERCENTAGE

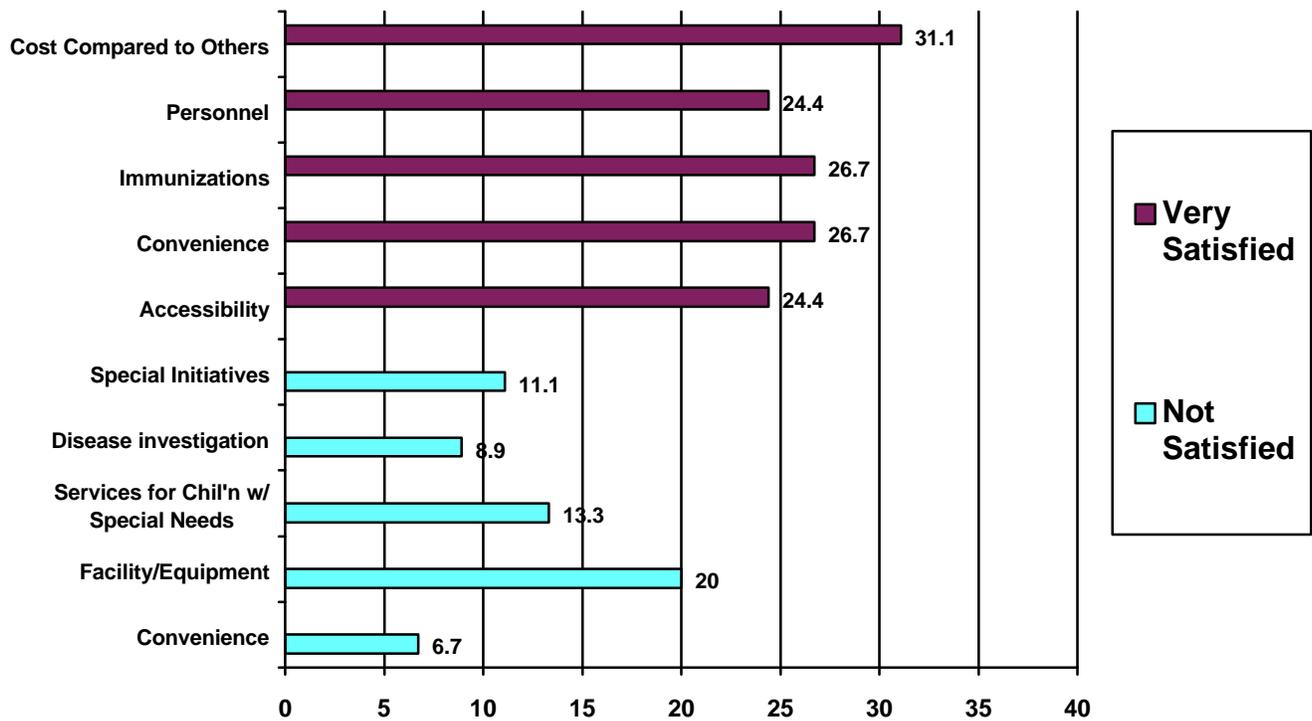


TOP FIVE “VERY SATISFIED” RESPONSES BY PERCENTAGE
(TOP TWO WITH SIX TIED FOR THIRD)



- When asked, "HOW SATISFIED ARE YOU WITH THE FOLLOWING SERVICES AND CHARACTERISTICS OF THE LOCAL HEALTH DEPARTMENT," the following results were obtained from the survey:

TOP FIVE "VERY SATISFIED" AND "NOT SATISFIED" RESPONSES BY PERCENTAGE



- When asked, "WOULD YOU RECOMMEND THE LOCAL HOSPITAL TO A FRIEND FOR THE FOLLOWING SERVICES?," respondents gave the following answers:

| | YES | NO | DK | | YES | NO | DK |
|----------------------------|-----|-----|----|--------------------------|-----|-----|-----|
| CUT FINGER | 87% | 9% | 4% | INPATIENT SURGERY | 73% | 16% | 11% |
| BROKEN ARM | 91% | 7% | 2% | OBSTETRICAL CARE | 58% | 24% | 18% |
| OUT PATIENT SURGERY | 75% | 18% | 7% | GYNECOLOGICAL | 54% | 24% | 22% |

- When asked, "IF YOU SHOULD NEED HEALTH CARE SERVICES FOR THE FOLLOWING, WHERE WOULD YOU GO?," the survey yielded the following:

| CUT FINGER | Freq. | Percent | Cum. |
|----------------------|-----------|---------------|---------------|
| Bradley Mem. Hosp. | 16 | 36.4% | 36.4% |
| Cleveland Com. Hosp. | 4 | 9.1% | 45.5% |
| Private Physician. | 16 | 36.4% | 81.8% |
| Unrecorded | 2 | 4.5% | 86.4% |
| Walk-In-Clinic | 6 | 13.6% | 100.0% |
| TOTAL | 44 | 100.0% | 100.0% |

| BROKEN ARM | Freq. | Percent | Cum. |
|----------------------|-----------|---------------|---------------|
| Bradley Mem. Hosp. | 28 | 62.2% | 62.2% |
| Cleveland Com. Hosp. | 5 | 11.1% | 73.3% |
| Memorial Hosp. | 1 | 2.2% | 75.6% |
| Other | 1 | 2.2% | 77.8% |
| Private Physician | 7 | 15.6% | 93.3% |
| Unrecorded | 3 | 6.7% | 100.0% |
| TOTAL | 45 | 100.0% | 100.0% |

| OUTPATIENT SURGERY | Freq. | Percent | Cum. |
|---------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 28 | 62.2% | 62.2% |
| Cleveland Com. Hosp. | 3 | 6.7% | 68.9% |
| Erlanger Med. Center | 2 | 4.4% | 73.3% |
| Memorial Hosp. | 3 | 6.7% | 80.0% |
| Other | 1 | 2.2% | 82.2% |
| Private Physician | 6 | 13.3% | 95.6% |
| Unrecorded | 2 | 4.4% | 100.0% |
| TOTAL | 45 | 100.0% | 100.0% |

| GYNECOLOGICAL SERVICES | Freq. | Percent | Cum. |
|-------------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 9 | 20.9% | 20.9% |
| Cleveland Com. Hosp. | 1 | 2.3% | 23.3% |
| Don't Know | 1 | 2.3% | 25.6% |
| East Ridge Hosp. | 3 | 7.0% | 32.6% |
| Health Department | 1 | 2.3% | 34.9% |
| Memorial Hosp. | 2 | 4.7% | 39.5% |
| Other | 2 | 4.7% | 44.2% |
| Private Physician | 21 | 48.8% | 93.0% |
| Unrecorded | 3 | 7.0% | 100.0% |
| TOTAL | 43 | 100.0% | 100.0% |

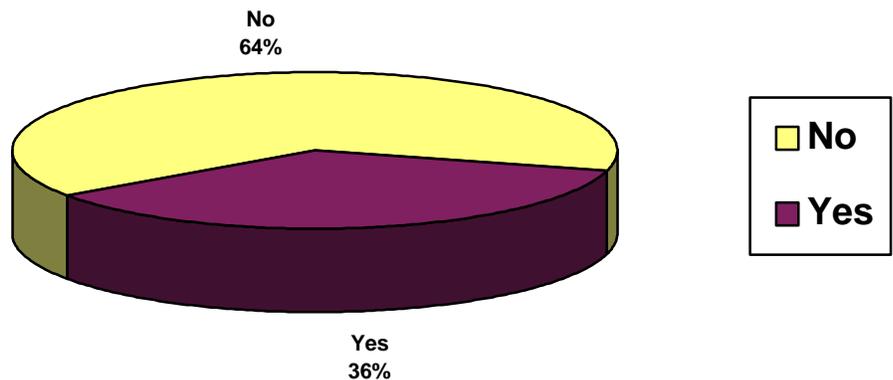
| INPATIENT SURGERY | Freq. | Percent | Cum. |
|--------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 32 | 71.1% | 71.1% |
| Cleveland Com. Hosp. | 2 | 4.4% | 75.6% |
| Don't Know | 1 | 2.2% | 77.8% |
| Erlanger Med. Center | 3 | 6.7% | 84.4% |
| Memorial Hosp. | 3 | 6.7% | 91.1% |
| Other | 1 | 2.2% | 93.3% |
| Private Physician | 1 | 2.2% | 95.6% |
| Unrecorded | 2 | 4.4% | 100.0% |
| TOTAL | 45 | 100.0% | 100.0% |

| VACCINATIONS/ IMMUNIZATIONS | Freq. | Percent | Cum. |
|------------------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 4 | 8.9% | 8.9% |
| Cleveland Com. Hosp. | 1 | 2.2% | 11.1% |
| Health Care Center | 1 | 2.2% | 13.3% |
| Health Department | 19 | 42.2% | 55.6% |
| Private Physician | 18 | 40.0% | 95.6% |
| Unrecorded | 2 | 4.4% | 100.0% |
| TOTAL | 45 | 100.0% | 100.0% |

| OBSTETRICAL CARE | Freq. | Percent | Cum. |
|-------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 11 | 25.6% | 25.6% |
| Cleveland Com. Hosp. | 1 | 2.3% | 27.9% |
| Don't Know | 1 | 2.3% | 30.2% |
| East Ridge Hosp. | 2 | 4.7% | 34.9% |
| Erlanger Med. Center | 1 | 2.3% | 37.2% |
| Memorial Hosp. | 2 | 4.7% | 41.9% |
| Other | 2 | 4.7% | 46.5% |
| Private Physician | 18 | 41.9% | 88.4% |
| Unrecorded | 5 | 11.6% | 100.0% |
| TOTAL | 43 | 100.0% | 100.0% |

| FAMILY PLANNING SERV. | Freq. | Percent | Cum. |
|------------------------------|--------------|----------------|---------------|
| Bradley Mem. Hosp. | 3 | 7.3% | 7.3% |
| Cleveland Com. Hosp. | 1 | 2.4% | 9.8% |
| Don't Know | 1 | 2.4% | 12.2% |
| Health Care Center | 1 | 2.4% | 14.6% |
| Health Department | 17 | 41.5% | 56.1% |
| Other | 1 | 2.4% | 58.5% |
| Private Physician | 12 | 29.3% | 87.8% |
| Unrecorded | 5 | 12.2% | 100.0% |
| TOTAL | 41 | 100.0% | 100.0% |

- When asked, “DO YOU THINK YOUR COMMUNITY IS INTERESTED IN PROVIDING TAX SUPPORT FOR SOME HOSPITAL AND HEALTH SERVICES?,” a majority of respondents answered “no.”



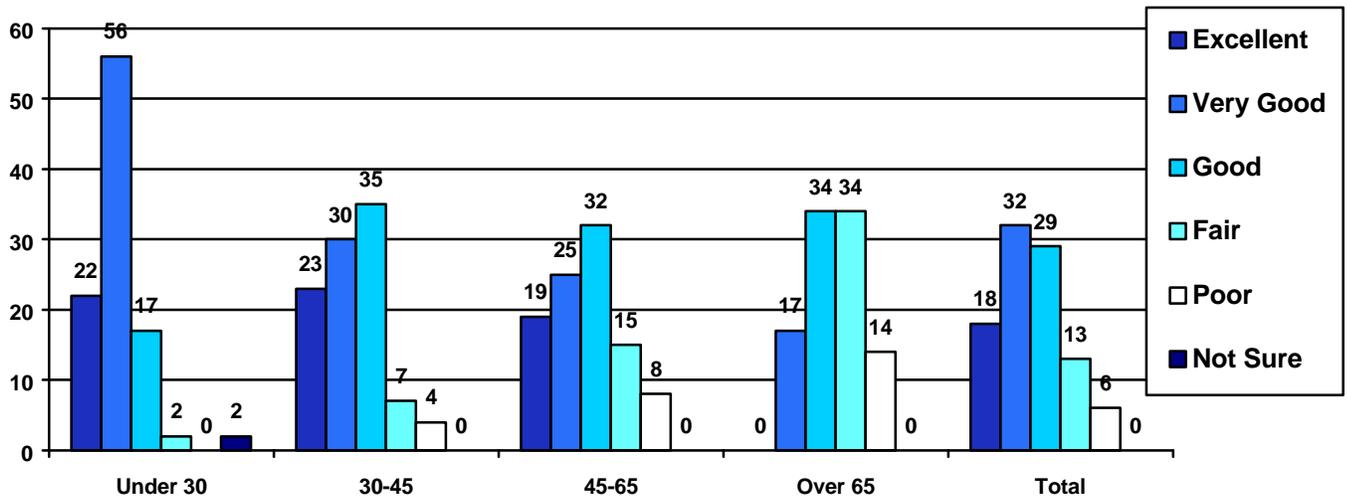
VI. BEHAVIORAL RISK FACTOR SURVEY

The Bradley County Behavioral Risk Factor Survey is a randomly selected, representative sample of the residents of the county. The survey that was used is a telephone interview format, modeled after the Behavioral Risk Factor Survey conducted by the Centers for Disease Control. The survey 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. The overall statistical reliability of the survey is a confidence level of 90, plus or minus 6%.

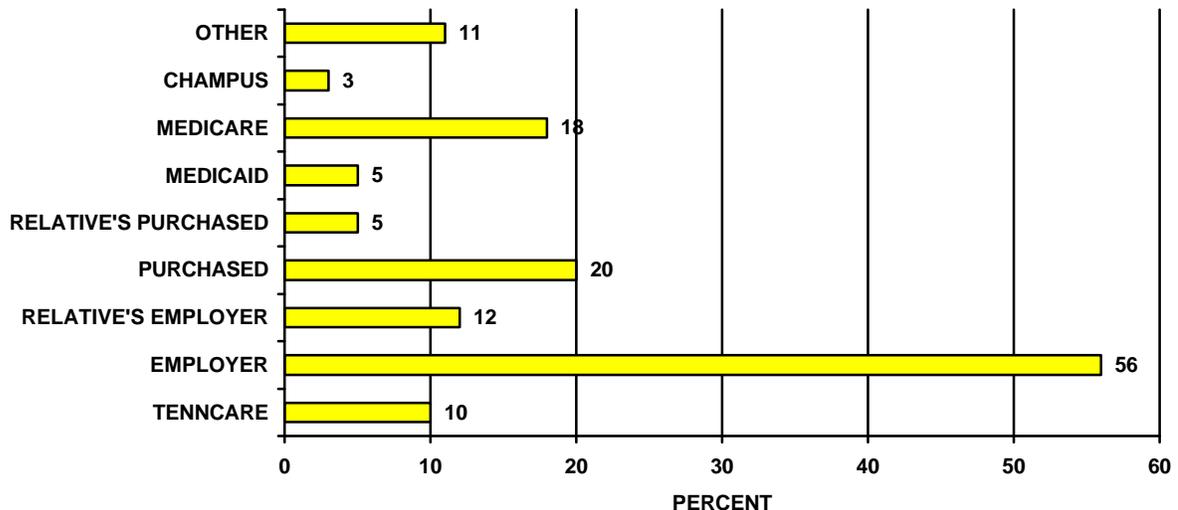
Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of 200 was collected from Bradley County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

Behavioral Risk Factor Survey Results

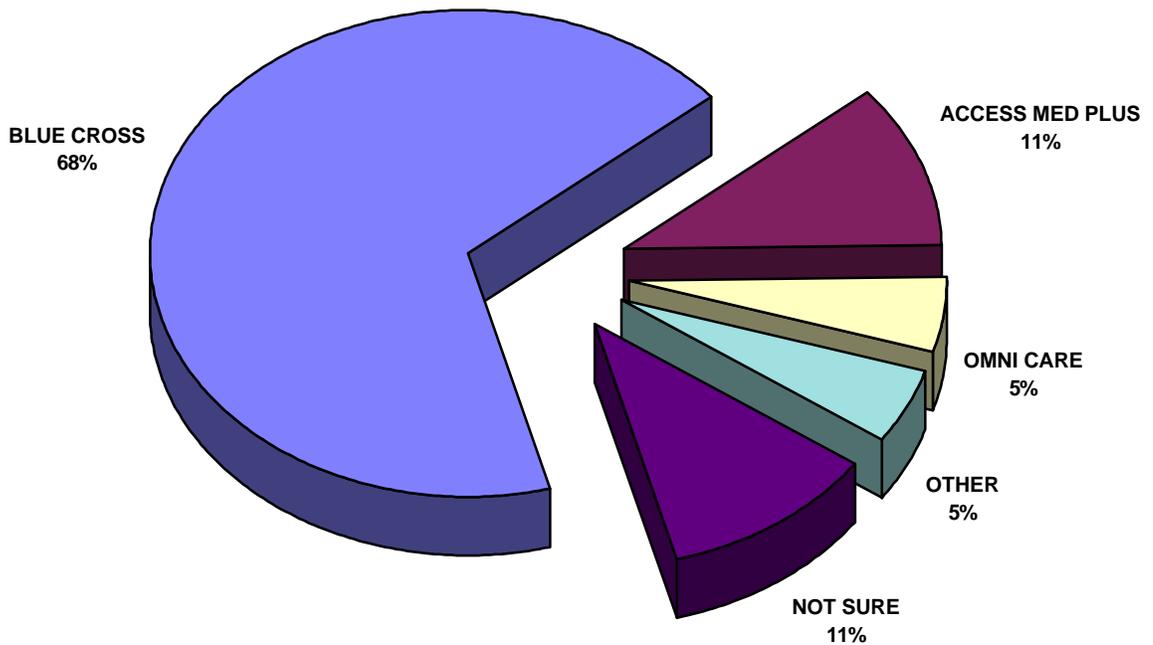
- When asked, "HOW WOULD YOU RATE YOUR OVERALL QUALITY OF HEALTH?," the survey yielded the following results:



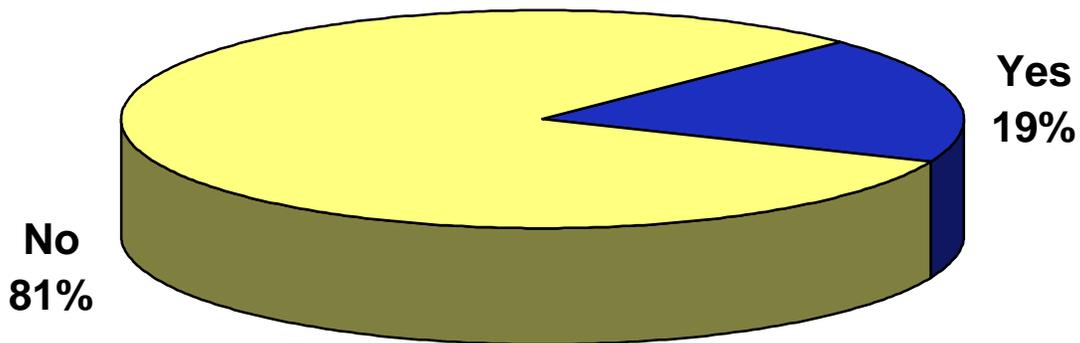
- When asked, "WHAT TYPE OF INSURANCE COVERAGE DO YOU HAVE?," the following response was obtained:



- When asked, “WHICH MCO PROVIDES YOUR TENNCARE COVERAGE?,” respondents answered in the following manner:

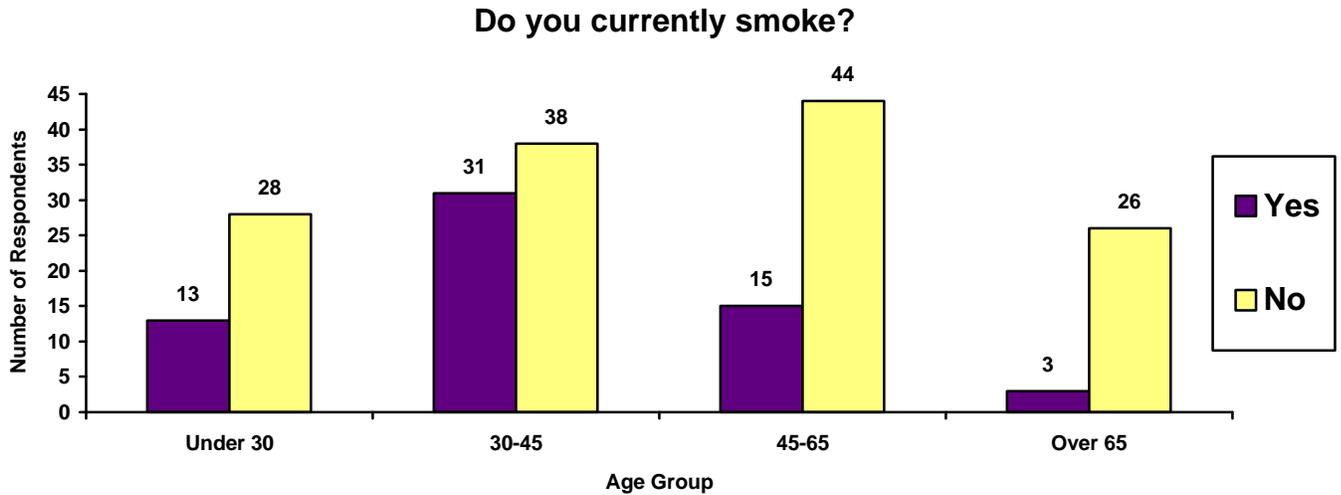


- **When asked, “HAVE YOU NEEDED TO SEE A DOCTOR, BUT COULD NOT BECAUSE OF COST?,” the survey yielded the following results:**

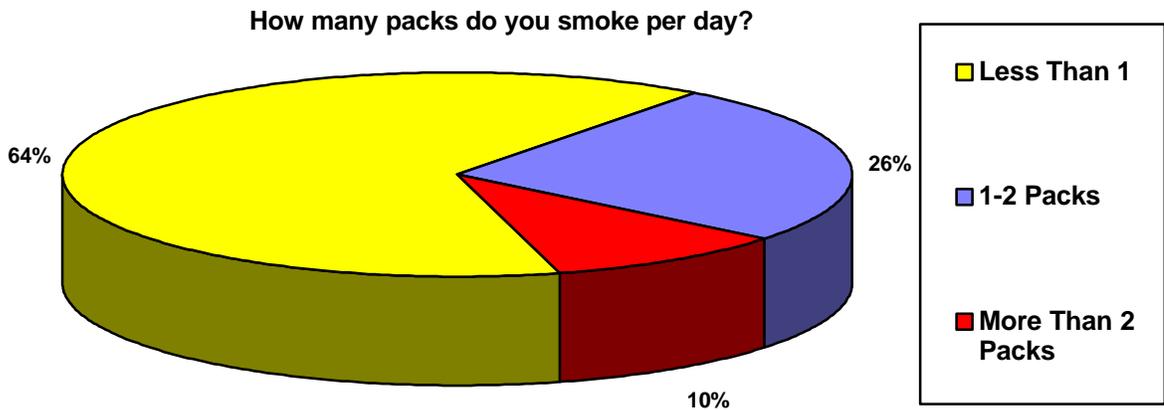
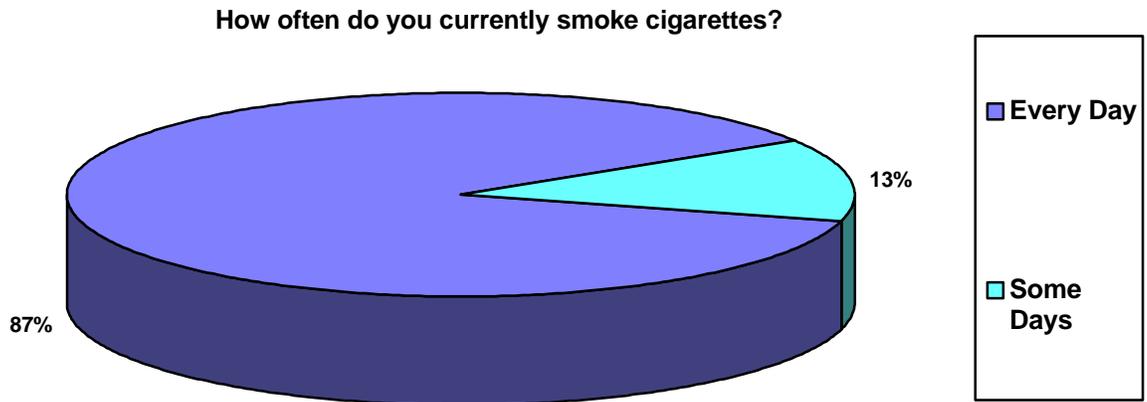


- When asked, “HAVE YOU HAD ANY PHYSICAL ACTIVITY OR EXERCISE IN THE PAST MONTH?,” 78% in the Under 30 age group, 75% in the 30-45 age group, 75% in the 45-65 age group, and 59% in the Over 65 age group answered affirmatively.

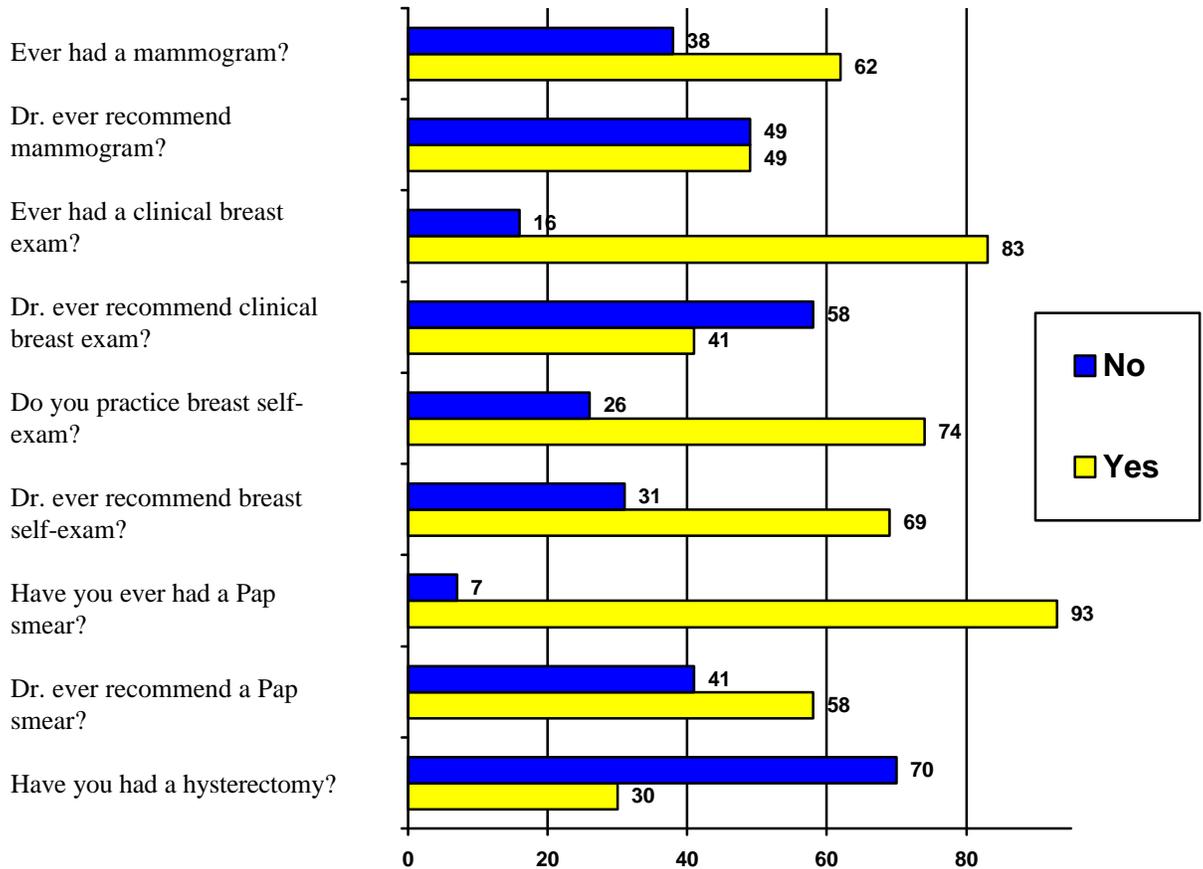
- ****When asked the following questions about their LEVEL OF SMOKING, a minority of respondents were smokers - However there were 31 smoking respondents in the 30-45 year old age group. This age group had the highest number of smoking respondents.**



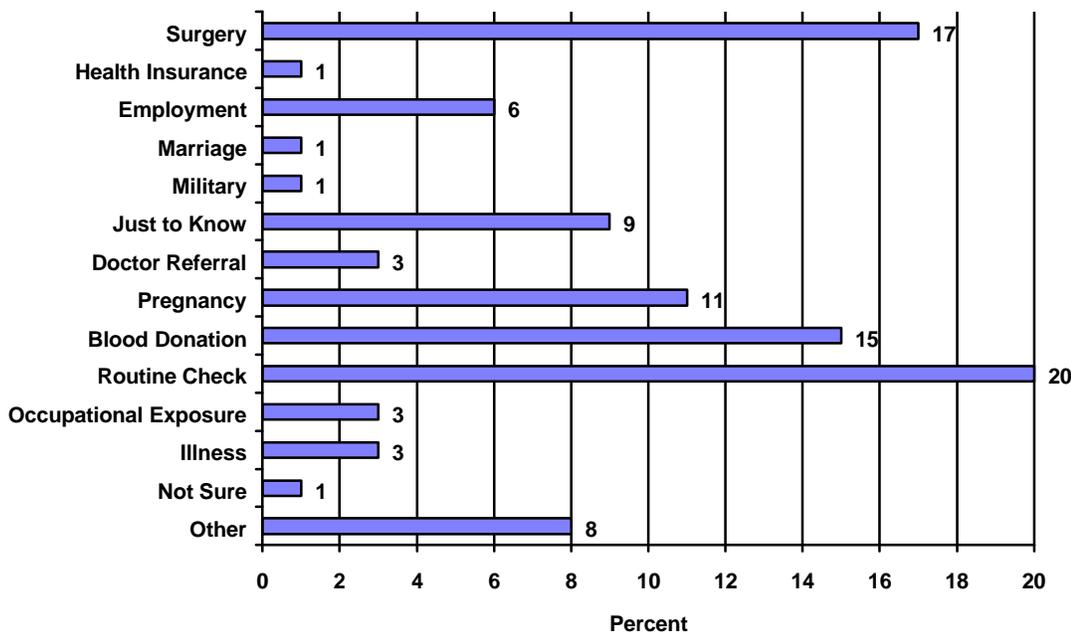
Concerning the thirty-one 30-45 year olds who claimed to currently smoke:



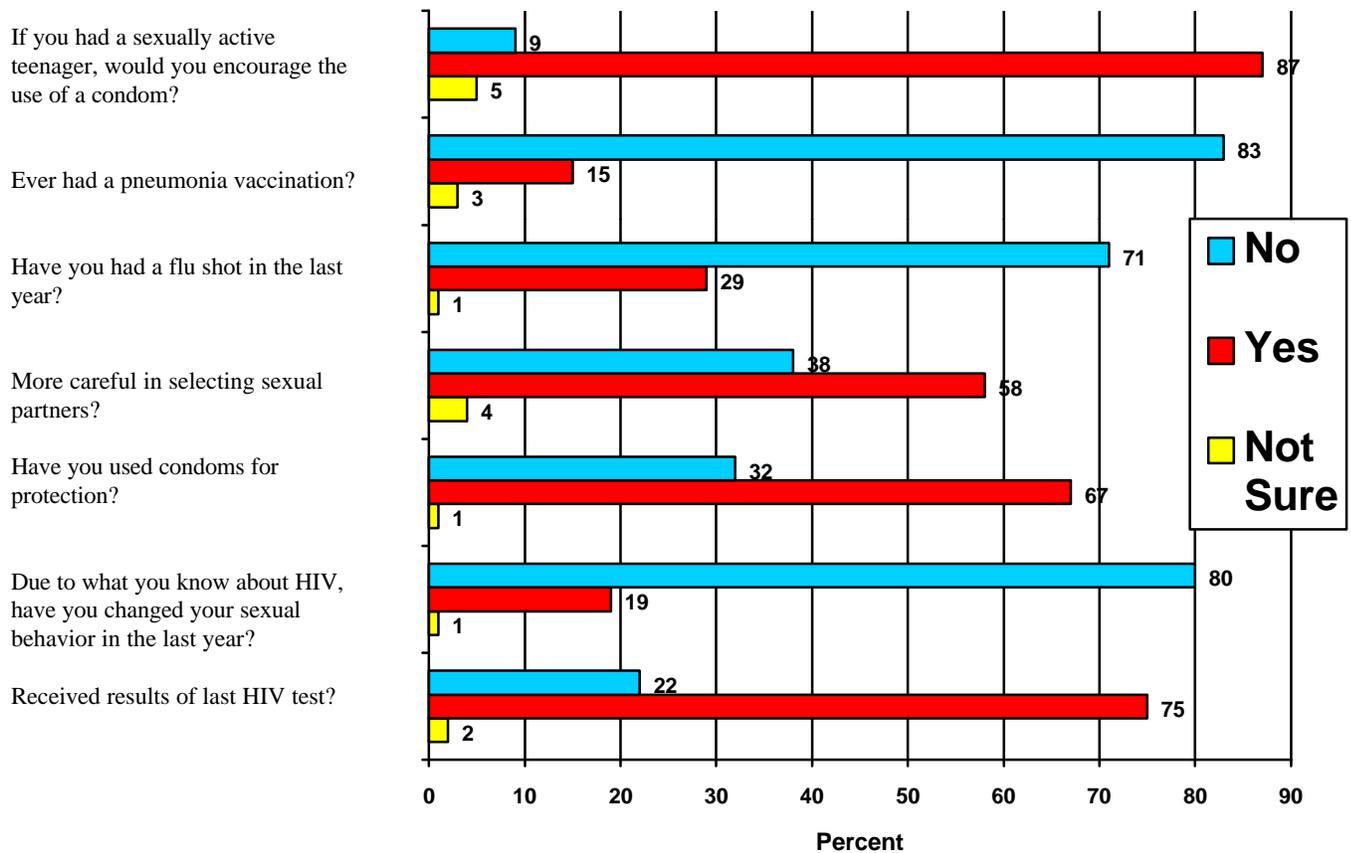
- When asking the following FEMALE-RELATED QUESTIONS, the survey yielded the following results:



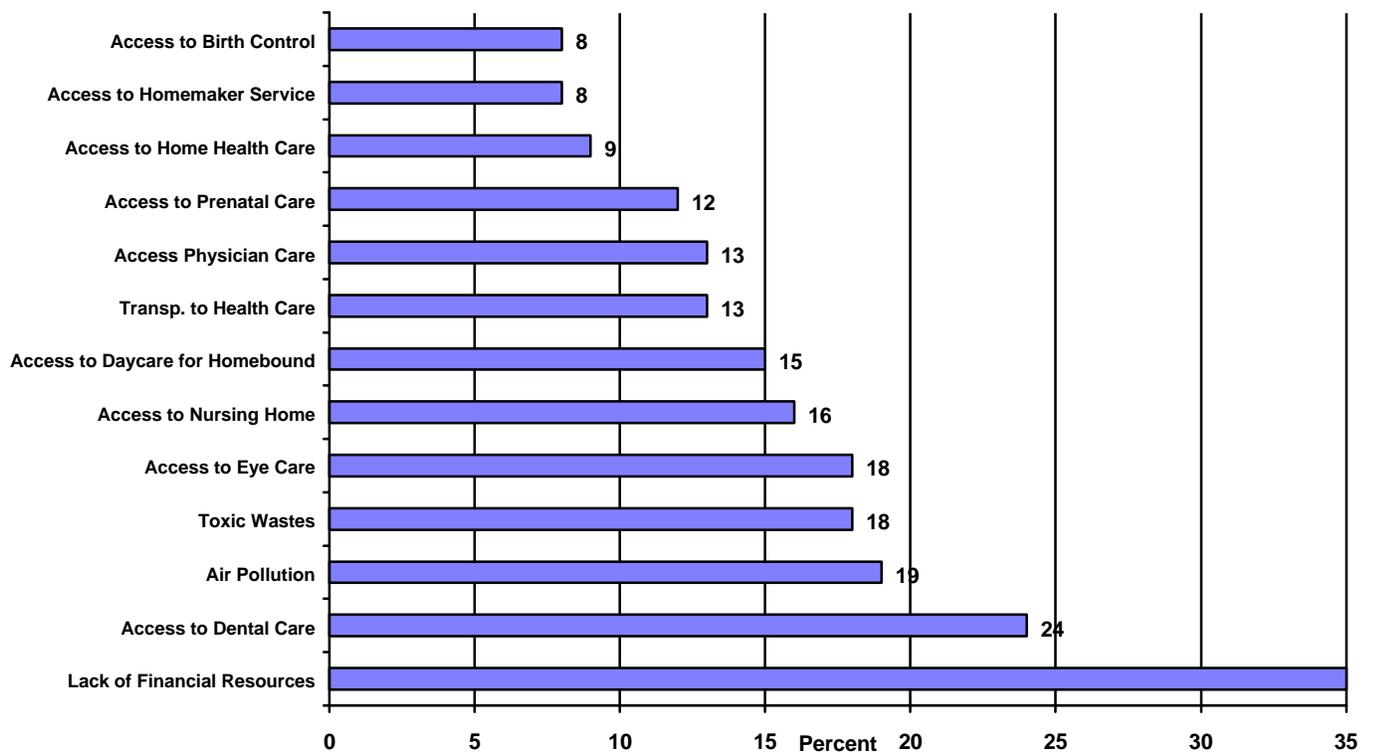
- **When asked, “WHAT WAS THE MAIN REASON FOR YOUR LAST HIV BLOOD TEST?,” a majority of those surveyed answered “routine check” - The council was concerned that respondents answering “routine check” were under the impression that they were actually being tested for HIV during a routine check-up. Generally, a routine check-up does not include a blood test for the AIDS virus.**



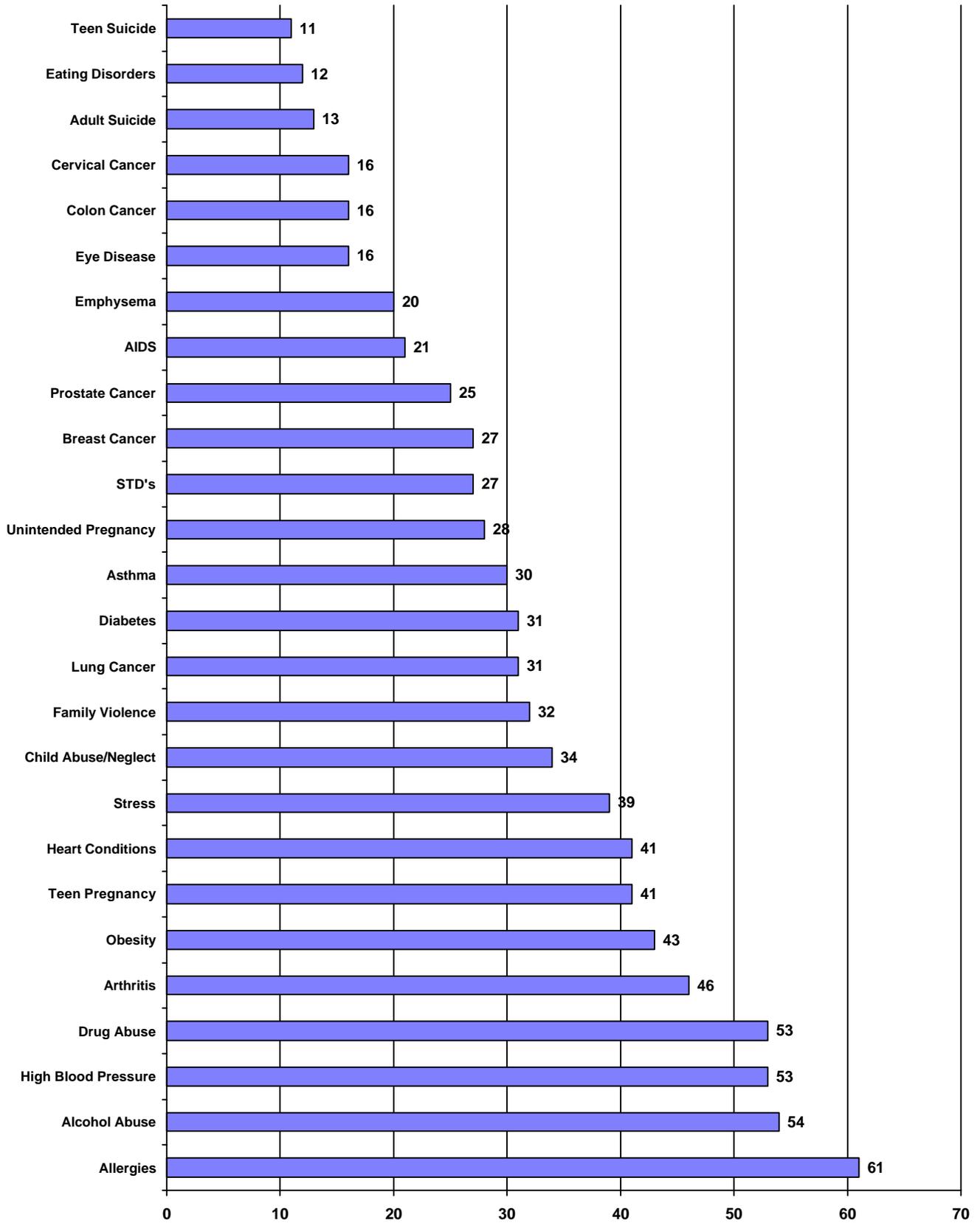
- When asked the following GENERAL QUESTIONS, respondents gave the following responses:



- When asked about the following issues, respondents that stated “DEFINITE PROBLEM” were as follows:



- When asked about the following issues, respondents that stated “DEFINITE PROBLEM” were as follows:



VII. IDENTIFICATION AND PRIORITIZATION

Upon completion of the data review, the BCHC carefully considered the problems that had been highlighted throughout the process which included the following:

Pregnancy and Birth Data

- Total Number of Fetal Deaths Per One Thousand Live Births to Females (Ages 18-19) *PAGE-6*
- Percentage of Fetal Deaths to Unwed Females (Ages 20-24) *PAGE-7*
- Number of Live Births According to Mother's Age (15 Year Olds) *PAGE-7*
- Number of Previous Pregnancies Occurring to Teenage Mothers (Ages 10-17) *PAGE-7*

Mortality Data

- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per One Hundred Thousand Population (Suicide) *PAGE-8*
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Malignant Neoplasms) *PAGE-8*
- Other Races Male Age-Adjusted Mortality Rates Per One Hundred Thousand Population *PAGE-9*
- Female Breast Cancer Mortality Rate Per One Hundred Thousand Women (Ages 40+) *PAGE-9*

Morbidity Data

- Syphilis Rate Per One Hundred Thousand Population (White Females, Ages 25-44) *PAGE-10*

Behavioral Risk Factor Survey Data

- Respondents Needed to See a Doctor, But Could Not Because of Cost *PAGE-19*
- Level of Smoking (Ages 30-45) *PAGE-20*
- Respondents Main Reason for Last HIV Blood Test *PAGE-21*

Finally, the BCHC prioritized the recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, an effectiveness of intervention.

BRADLEY COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

| Health Problem | A Size | B Seriousness | C Effectiveness of Intervention | D Priority Score (A+B+C=D) | **Final Rank |
|---|-----------|------------------|---------------------------------------|----------------------------------|--------------|
| # of Fetal Deaths Per 1000 Live Births (Ages 18-19) | | | | | |
| % of Fetal Deaths to Unwed Females (Ages 20-24) | | | | | |
| # of Live Births to Mothers (Age15) | | | | | |
| Number of Previous Pregnancies to Teenagers | | | | | |
| Deaths to Suicide in 15-24 Year Old Age Group | | | | | |
| Deaths to Malignant Neoplasms in 24-44 Year Old Age Group | | | | | |
| Mortality Rate for Non-White Males | | | | | |
| Female Breast Cancer Mortality Rate (Ages 40+) | | | | | |
| Syphilis Rates for White Females (Ages 25-44) | | | | | |
| Needed to See a Doctor, But Could Not Because of Cost | | | | | |
| Level of Smoking (Ages 30-45) | | | | | |
| Main Reason for Last HIV Blood Test | | | | | |

**The Final Rank will be determined by assessing the Priority Score column. The lowest total will be ranked #1 and the highest total will be ranked #12.

A sum total of all council members' scores determined the final order of priority to be as follows:

TOTALS

| | <i>SCORE</i> | <i>RANK</i> |
|---|--------------|-------------|
| Female Breast Cancer Mortality Rate (Ages 40+) | 76 | 1 |
| Needed to See a Doctor, But Could Not Because of Cost | 102 | 2 |
| Leading Cause of Death Data - Suicide (Ages 15-24) | 113 | 3 |
| Number of Fetal Deaths Per One Thousand Live Births (Ages 18-19) | 118 | 4 |
| Percentage of Fetal Deaths to Unwed Females (Ages 20-24) | 123 | 5 |
| Leading Cause of Death Data - Malignant Neoplasms (Ages 25-44) | 126 | 6 |
| Number of Live Births According to Mother's Age (Age 15) | 134 | 7 |
| Level of Smoking (Ages 30-45) | 140 | 8 |
| Number of Previous Pregnancies to Teenage Mothers | 153 | 9 |
| Mortality Rate for Non-White Males | 172 | 10 |
| Syphilis Rates for White Females (Ages 25-44) | 182 | 11 |
| Main Reason for Last HIV Blood Test | 186 | 12 |

After all 12 recognized health problems had been prioritized, the council was left to decide how many issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

VIII. FINAL PRIORITIZED ISSUES

The BCHC choose the following issues for strategic planning purposes:

1. **Female Breast Cancer Mortality Rates For Women 40+**
2. **On Behavioral Risk Factor Survey, Many Answered That They Needed To See A Doctor, But Could Not Because Of Cost**
3. **Suicide, Particularly In The 15-24 Year Old Age Group**
4. **Cancer, Particularly In The 25-44 Year Old Age Group**
5. **4 Issues Combined Into One Broad Category Of Early Age Pregnancy Issues:**
 - **Number Of Fetal Deaths Per One Thousand Live Births (Ages 18-19)**
 - **Percentage Of Fetal Deaths To Unwed Females (Ages 20-24)**
 - **Number Of Live Births According To Mother's Age (Age 15)**
 - **Number Of Previous Pregnancies To Teenage Mothers**

IX. CLOSING

This Community Diagnosis Health Status Report has provided a description of the assessment portion of the Community Diagnosis Process. The strategic planning portion will entail the formalizing of strategic interventions to deal with the aforementioned priorities. Soliciting input from additional residents and experts in the community, the BCHC will develop intervention strategies. Strategic planning will require consideration of the entire sequence of interacting factors that contribute to the problem, identifying contributing health links, identifying both public and private resources to address the problem and identifying barriers to reducing the problem. Upon completion of the strategic planning process, the BCHC will publish Volume II: The Community Diagnosis Strategic Planning Document, detailing all goals, objectives and specific interventions. The final edition, Volume III: The Community Diagnosis Evaluation Document will monitor the implementation and evaluate each intervention.

The Tennessee Department of Health Southeast Regional Assessment and Planning staff would like to thank the Bradley County Health Council for their continued support and dedication throughout the Community Diagnosis Process. Their tireless efforts have and will continue to positively affect the health of Bradley County.