

Community Diagnosis

**Campbell County Health Council
Community Diagnosis Report
Prepared June 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 with support from the East Tennessee Regional Health Office. The Campbell County Health Council (CCHC) was established in 1990 “to bring awareness to the people of Campbell County in the delivery of the highest level of health services and create a bond between those medical resources and the residents they serve in providing joint planning for greater health care”. A list of council members participating in the assessment can be found in Appendix A.

The CCHC began implementation of the Community Diagnosis process in 1998 by conducting a community survey. This was followed by reviewing various data sets and evaluating resources in the community to identify areas of concern that affect the health of Campbell County citizens.

As a result of the assessment process, the health council will develop a health plan for Campbell County. The Health Plan will contain goals to improve the health of Campbell County residents. Intervention strategies will be developed to deal with 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 request.
- Provide to state-level programs and their regional office personnel, information and coordination of prevention and intervention strategies at the local level.
- Serve health planning and advocacy needs at the community level. Here the community leaders and local health departments provide leadership to ensure that documented community health problems are addressed.

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

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I. COUNTY DESCRIPTION

A. County Profile

Campbell County one of the extreme northern counties of East Tennessee was established in 1806 from parts of Anderson and Claiborne Counties. It is bordered on the east by Claiborne and Union Counties and on the west by Scott County. Campbell County was named for Colonel Arthur Campbell, a soldier of the Revolutionary and Indian Wars

The town of Jacksboro was designated as the county seat in 1808. Jacksboro named in honor of Andrew Jackson went through several name changes before its present day name. It was formerly known as Walnut Grove (because of the abundance of walnut trees) then changed to Jacksonboro in 1819 to honor Jackson, then Jacksborough and finally Jacksboro. It is said that the final name change came because there was significant disapproval by Campbell Countians of Andrew Jackson’s activities as president.

The next major town in Campbell County is LaFollette. LaFollette was formerly known as Big Creek Gap. In 1895, residents petitioned to have the name changed in honor of Harvey and Grant LaFollette owners and operators of the LaFollette Coal, Iron and Railway Company.

Campbell County is in aggressive pursuit of new business and industry while providing support features for existing business and industry to grow. The County is blessed with recreational facilities for residents and visitors to enjoy from boating, hiking, camping, fishing, and golfing to para sailing. There are two state parks Cove Lake and Indian Mountain, with Big Ridge and Norris State Parks, which includes Norris Lake, joining Campbell County with neighboring Anderson and Union Counties.

Campbell County offers a readily available work force, plant sites, excellent training assets and a cooperative and supportive local government and Chamber of Commerce along with recreational facilities that leave no excuses not to have fun.

Campbell County Community Profile

Location

Region: East Tennessee

Square Miles: 447

Distance from Knoxville: 32 miles

Population (1998 est.)

Total: 38,241

Cities/Towns/Communities

LaFollette Lake City

Jellico Clinchmore

Caryville Fincastle

Jacksboro Habersham

Elk Valley

Education

schools, K – 12: 16

Student/Teacher Ratio: 1714.0505 : 1

% Continuing Higher Education: 37.7

Technology Centers : 2

Natural Resources

Minerals: Coal, Limestone, Iron, Oil, Sand

Timber: Pine, Oak, Hickory, Poplar, Gum

Agriculture: Livestock, and Poultry; Tobacco

Fruit, Vegetables, Hay

Climate

Annual Average Temperature: 56°

Annual Average Precipitation: 61”

Elevation: 1,172 above sea level

Campbell County Selected Economic Indicators

Annual Labor Force Estimates (1998)

Annual Total Labor Force: 17,232
 Number Employed 16,153
 Number Unemployed: 1,079
 +Unemployment Rate %: 6.3
 +Annual unemployment rate above state and national averages

Tax Structure

County Property Tax Rate per \$100 value: \$3.01

*Per Capita Income (1996 est.) : \$14,823

*Per-capita income estimate below state and national averages

Table 1

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	1,459	1,776	1,053
Persons per Nurse Practitioner	5,837	7,429	7,134
Persons per Physician Assistant	7,004	15,053	18,664
Persons per Registered Nurse	205	178	106
Persons 10-44 per OB/GYN	2,892	4,509	2,100
Persons per Dentist	4,378	2,414	1,186
Persons per staffed hospital bed	289	491	245
Percent occupancy in community hospitals	53.7	57.3	57.7
Persons per staffed nursing home bed	91	119	135
Percent occupancy in community nursing homes	98.3	96.4	93.6

Physician shortage area for OB NO

Physician shortage area for Primary Care YES

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

Hospitals	# Beds	Nursing Homes	# Beds
Jellico Community Hospital	54	Beech Tree Manor	110
LaFollette Medical Center	67		

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 Campbell County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Campbell County. The health council contains community representatives from various geographic locations, social-economic levels, and ethnic groups. Extensive amounts of both primary and secondary data were collected and reviewed as the first step in the process. Major issues of concern identified by the community were perception and knowledge of health problems, which were important factors in analyzing the data. Council

members identified major issues of concern and each issue was ranked according to size, seriousness, and effectiveness of interventions (Table 7).

Resources

The Campbell County Health Council is focusing on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Campbell County Health Council 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*

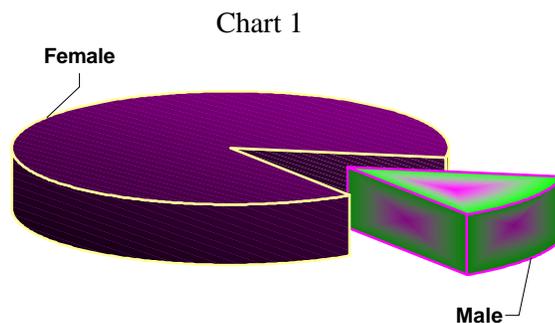
The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. Members of the council 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 diagnosis.

The Campbell County Stakeholder Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services.

Campbell County Community Stakeholders Survey

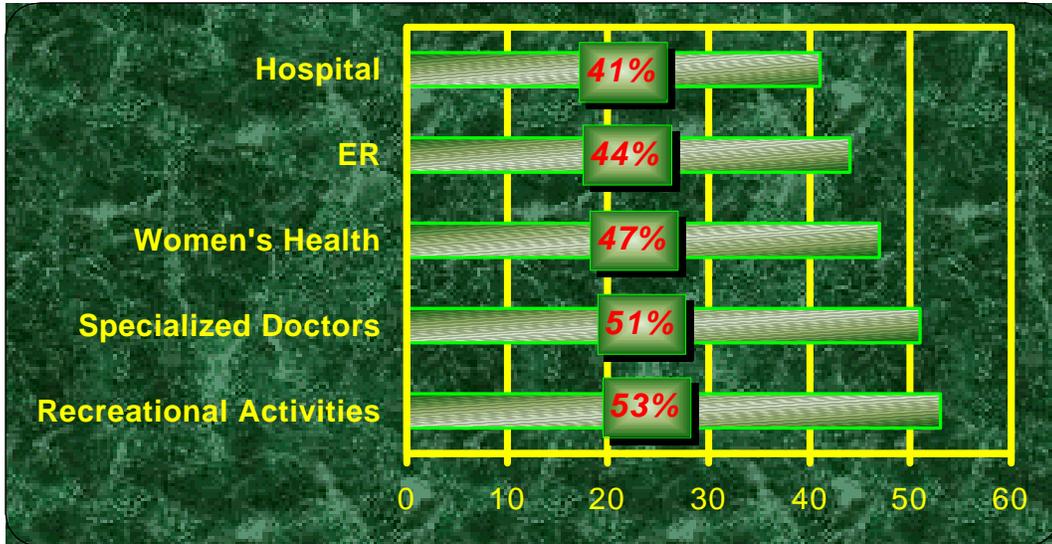
of respondents: 131
Male: 13%
Female: 87%

Seventy-four percent of the respondents had lived in the county for ten or more years. Respondents were asked to rate various health services, health/social concerns, and aspects of healthcare received.



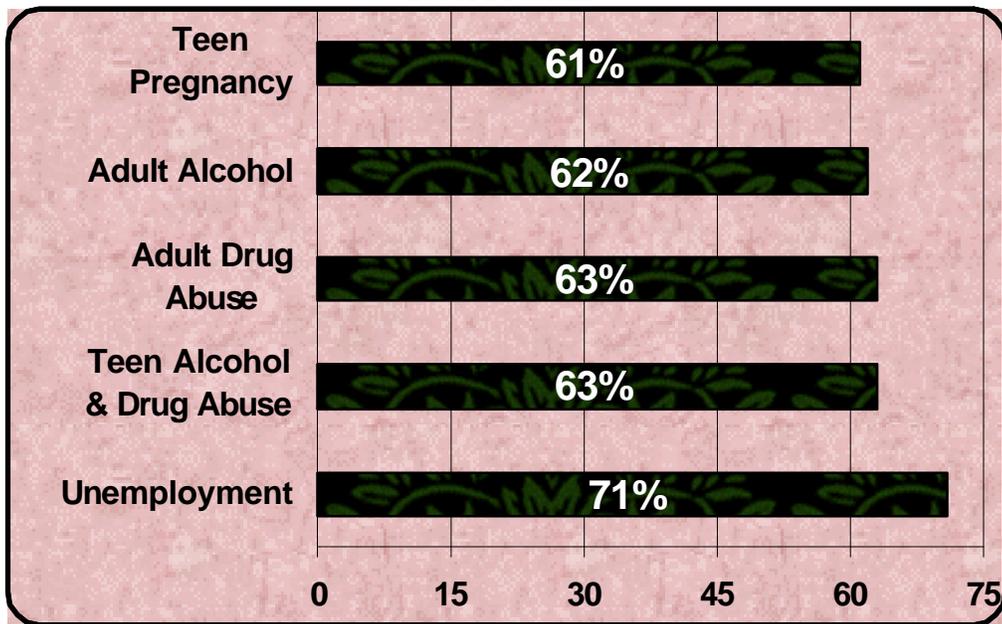
Data that concerned the health council were the ratings of “Not Adequate,” and “Yes, a Problem,” in the health services and health/social issues category. Fifty-three percent of the respondents felt that recreational activities were available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include Specialized Doctors, Women’s Health, ER, and Hospital (Chart 2).

Chart 2
Community Health Care Services
% Responding "Not Adequate"



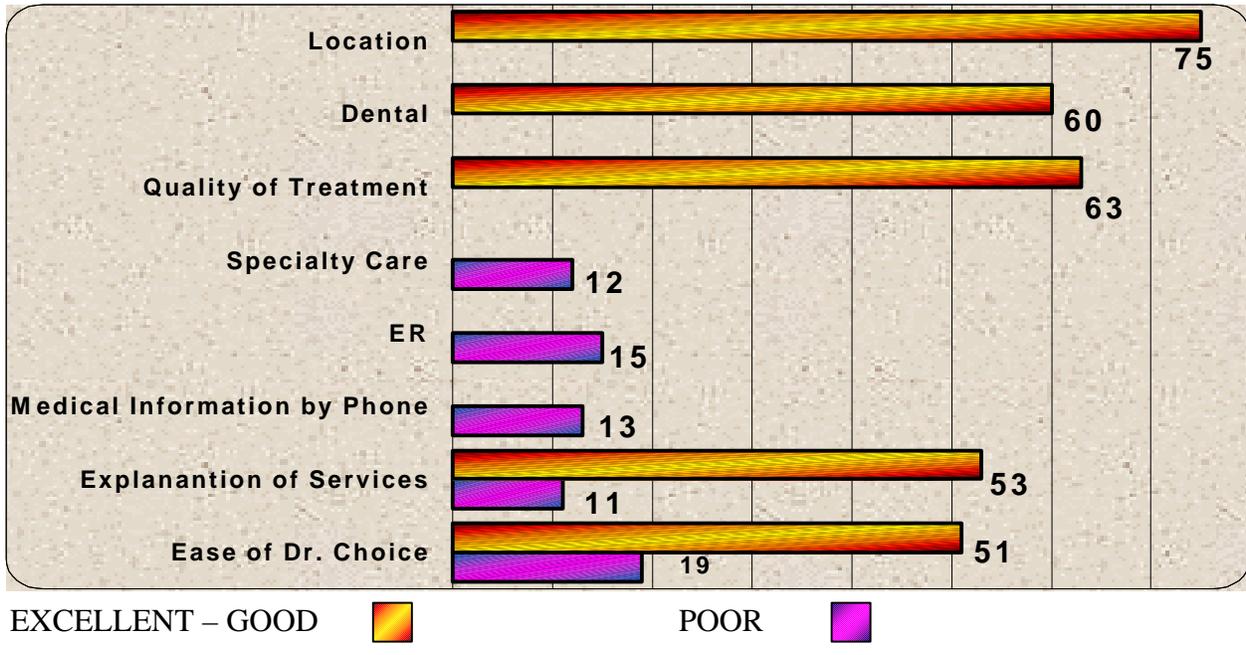
In the health /social issues category, seventy-one percent felt unemployment was a problem in the community. The top five-health/social issues ranked as a problem also included Teen Alcohol and Drug Abuse, Adult Drug Abuse, Adult Alcohol Abuse, Teen Pregnancy.

Chart 3
Community Health/ Social Issues
"Yes A Problem"



Respondents were asked to rate the aspects of health care received. The following is the responses rating services Poor to Excellent – Good.

Chart 4
ASPECTS OF HEALTHCARE RECEIVED

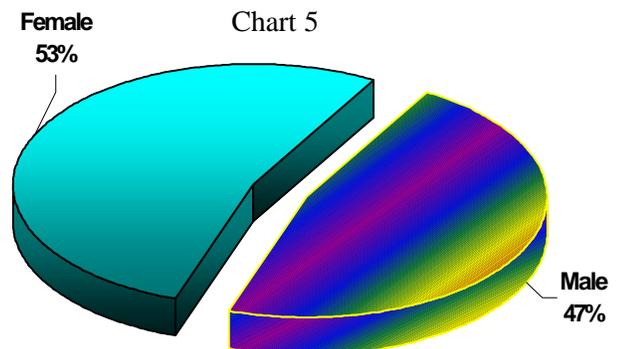


2. Behavioral Risk Factor Survey (BRFS)

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 were 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 199 was collected from Campbell 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, 53% were female and 47% male. This compares to 52% female and 48% male for the population of Campbell County based on the 1990 census (Chart 5).



After review of the data from the BRFSS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 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)	65%	15%
Needed to see doctor but could not due to cost	24%	(No Goal)
Mammogram (had mammogram)	63%	80 %
Advised to lose weight	20%	(No Goal)

The second area is Health Risk and the third area is Access to Care. These two areas were divided into two categories; 1.) Community issues and 2.) Access to health care. Charts 6a and 6b identify the top responses in these two categories

**Chart 6a
Community Issues
% Saying "Definite Problem"**

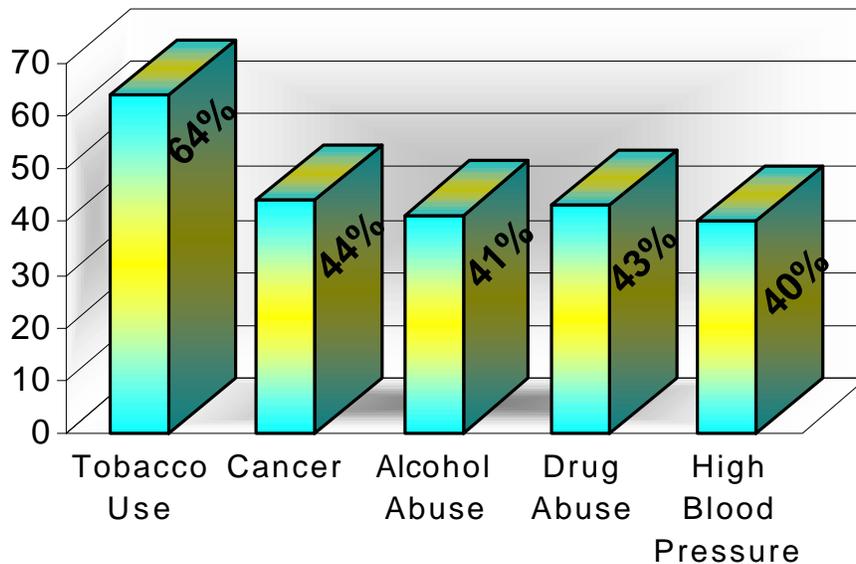
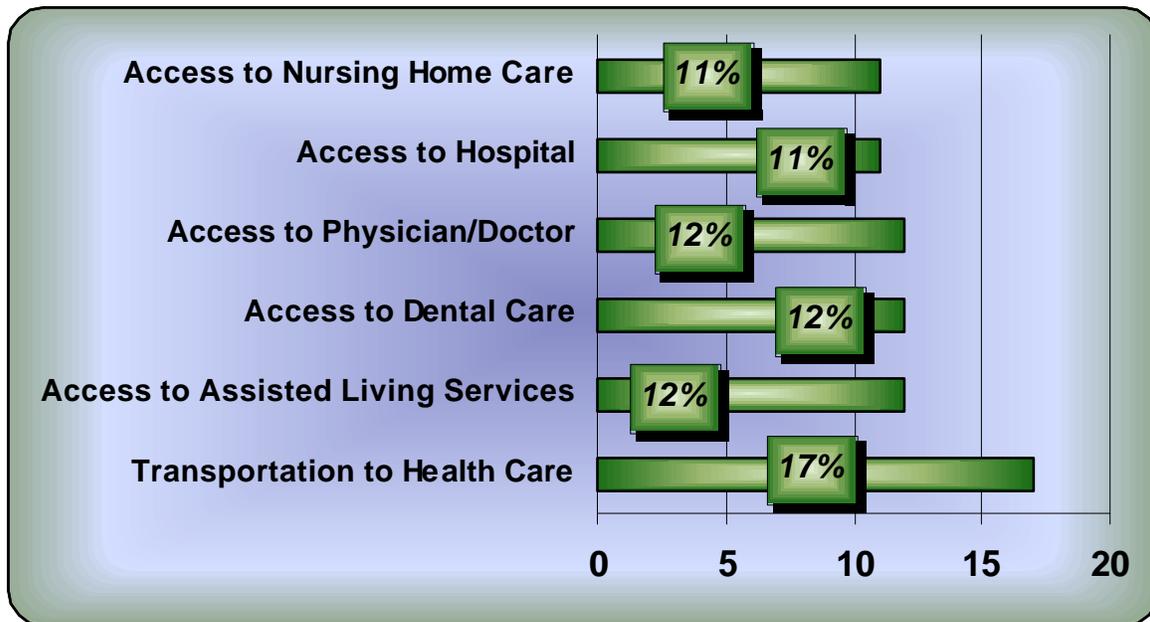


Chart 6b
Access to Health Care
% Saying “Definite Problem”



B. Secondary Data

Information on the health status, health resources, economy, and demographics of Campbell County is essential for understanding the existing health problems in the community. The health council received an extensive set of data for the county, which showed the current health status as well as the available health resources. The secondary data (information already collected from other sources for other purposes) was assembled by the State Office of Assessment and Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Socio-economic information was obtained from the Department of Economic and Community Development as well as information from the “Kid’s Count” Report by Tennessee Commission on Children and Youth.

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 Campbell County on mortality and morbidity indicators and compared the county with the state, nation, and Year 2000 objectives for the nation.

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

- 1. Coronary Health Disease
- 2. Infant Death
- 3. Lung Cancer
- 4. Motor Vehicle Accidents
- 5. Female Breast Cancer
- 6. Homicide
- 7. Stroke
- 8. Teen Pregnancy

Table 3
Total 1996 (est.) Population: 52,763
Total Number of Households: 19,429

	County	Region	State
Percent of households that are family households	77.2	76.3	72.7
Percent of households that are families headed by a female with no husband present	12.9	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.2	5.4	6.9
Percent of households with the householder 65 and up	26.5	23.6	21.8

Table 4
Education

	County	Region	State
Number of persons age 25 and older	22,563	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	47.5	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6.6	11.1	16.0

**Table 5
Employment**

	County	Region	State
Number of persons 16 and older	27,324	437,649	3,799,725
Percent in work force	50.5	60.1	64.0
Number of persons 16 and older in civilian work force	13,782	262,392	2,405,077
Percent unemployed	10.8	7.8	6.4
Number of females 16 years and older with own children under 6	2,025	30,082	287,675
Percent in labor force	46.2	57.4	62.9

**Table 6
Poverty Status**

	County	Region	State
Per capita income in 1989	\$8,098	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	26.8	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	37.5	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	22.2	21.1	20.9

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

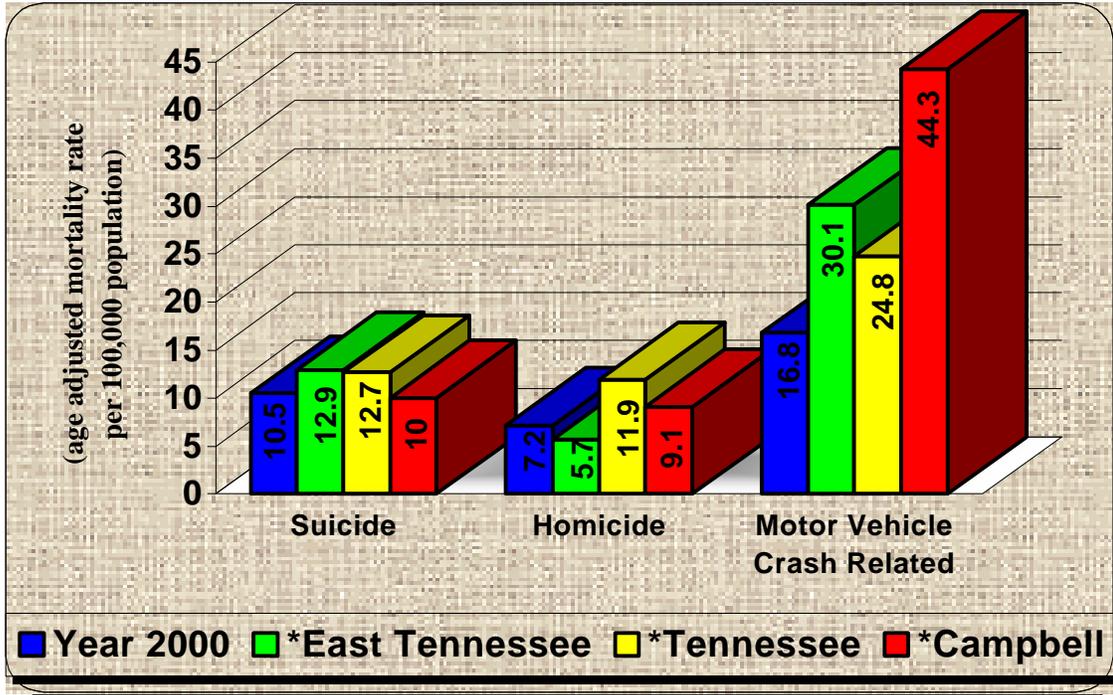


Chart 7a

*Figures for Tennessee, East Tennessee, and Campbell Co. (Charts 7a & 7b) are a 3-year average from the years 1993 - 1995.

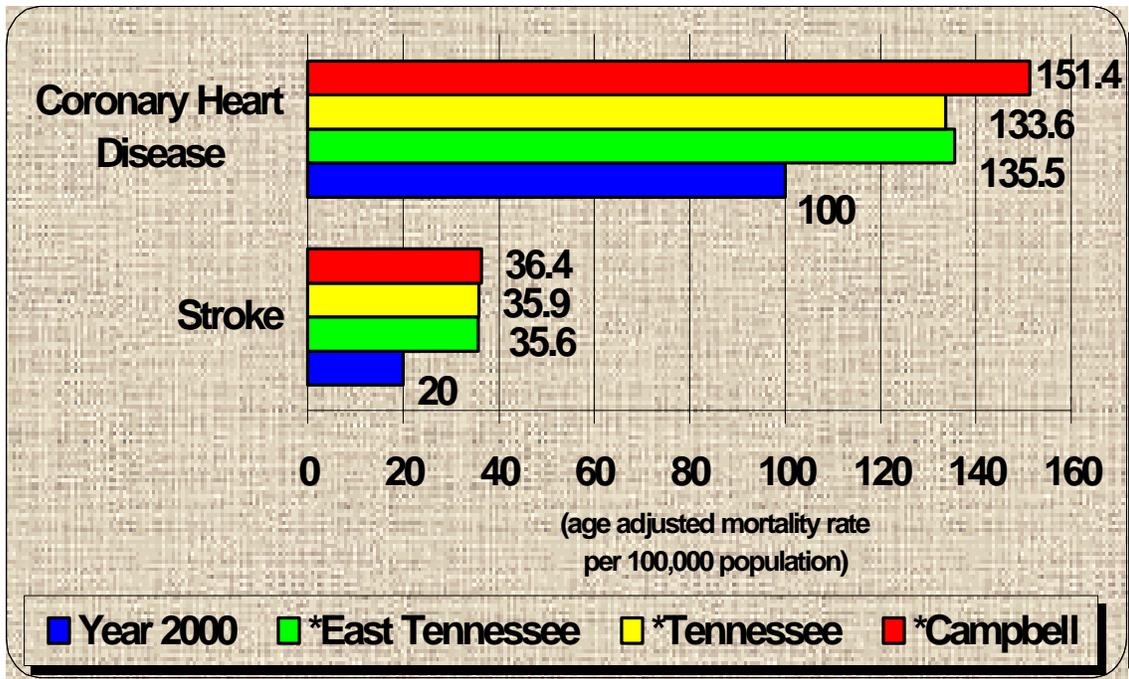
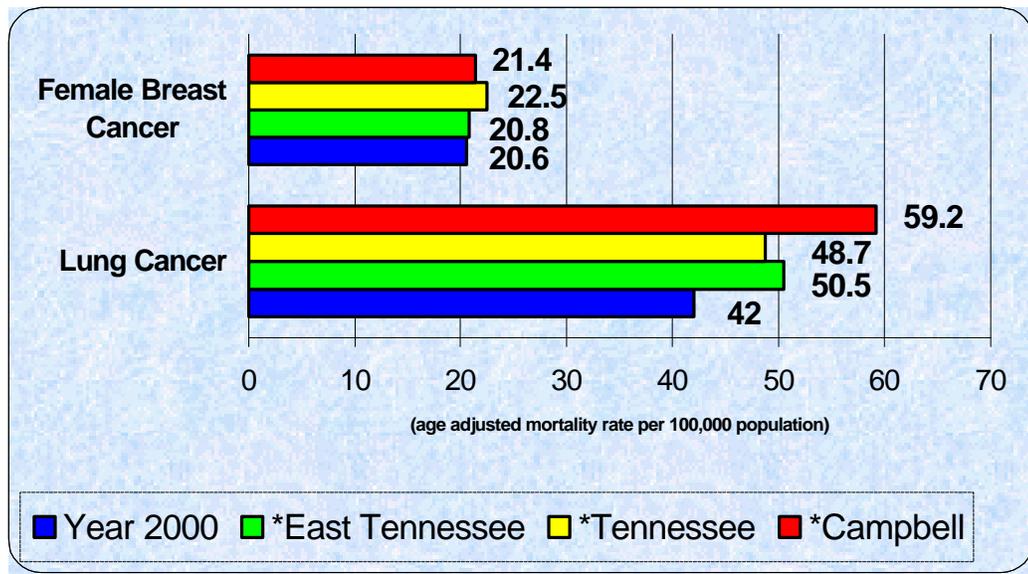


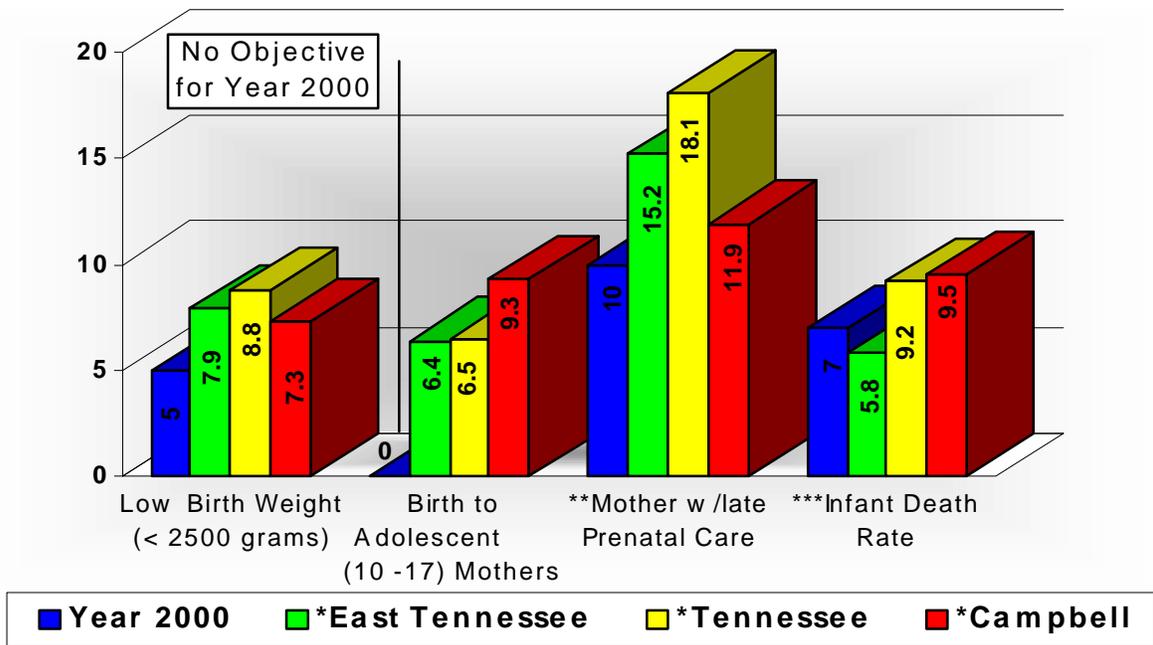
Chart 7b

Chart 8
STATUS OF CAMPBELL COUNTY ON SELECTED YEAR 2000 OBJECTIVES
AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION



*Figures for Tennessee, East Tennessee, and Campbell County are a 3-year average from the years 1993 – 1995.

Chart 9
PERINATAL INDICATORS



*Figures for Tennessee, East Tennessee, and Campbell County are a 3-year average from the years 1993 –1995

**Includes 2nd & 3rd trimester care plus no prenatal care.

***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 Campbell County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The health council 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

CAMPBELL COUNTY HEALTH ISSUES / PRIORITIES

Rank Order

- 1. DENTAL
- 2. CHILD HEALTH
- 3. ALCOHOL, DRUG and TOBACCO
- 4. MOTOR VEHICLE ACCIDENTS
- 5. TEEN PREGNANCY
- 6. *CARDIO VASCULAR DISEASE
 - *DOMESTICE VIOLENCE
 - *TRANSPORTATION
- 7. CANCER

*Tied for #6 priority

IV. FUTURE PLANNING

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

V. REFERENCES

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APPENDIX A

APPENDIX A

A. Campbell County Health Council

<i>Kenny Baird</i>	<i>Chairperson, Campbell County Health Council</i>
<i>Jo Ann Bailey</i>	<i>Campbell County Health Department</i>
<i>Jim Bunch</i>	<i>Jellico Community Hospital</i>
<i>Diane Carr</i>	<i>Office on Aging</i>
<i>Fred Cole</i>	<i>REACHS, Inc.</i>
<i>Brenda Cross</i>	<i>ETCSA</i>
<i>Dianna Davis</i>	<i>Campbell County Health Department</i>
<i>J.J. Dower</i>	<i>Community Representative</i>
<i>Peggy Elkins</i>	<i>LaFollette Medical Center</i>
<i>Effie Goins</i>	<i>Campbell County Health Department</i>
<i>Pam Hodge</i>	<i>Jellico Community Hospital</i>
<i>Robert Kibler</i>	<i>REACHS, Inc.</i>
<i>Jane Lawless</i>	<i>LaFollette Medical Center</i>
<i>Nick Lewis</i>	<i>Administrator, LaFollette Medical Center</i>
<i>Delores Moyer</i>	<i>LaFollette Medical Center</i>
<i>Kathy Myers</i>	<i>LaFollette Medical Center</i>
<i>Cindy Nance</i>	<i>REACHS, Inc.</i>
<i>Sue Nance</i>	<i>CSA</i>
<i>Sue Norman</i>	<i>LaFollette Medical Center</i>

B. Health Information Tennessee (HIT)

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

☞ For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Community Development Staff at (423) 546-9221.

