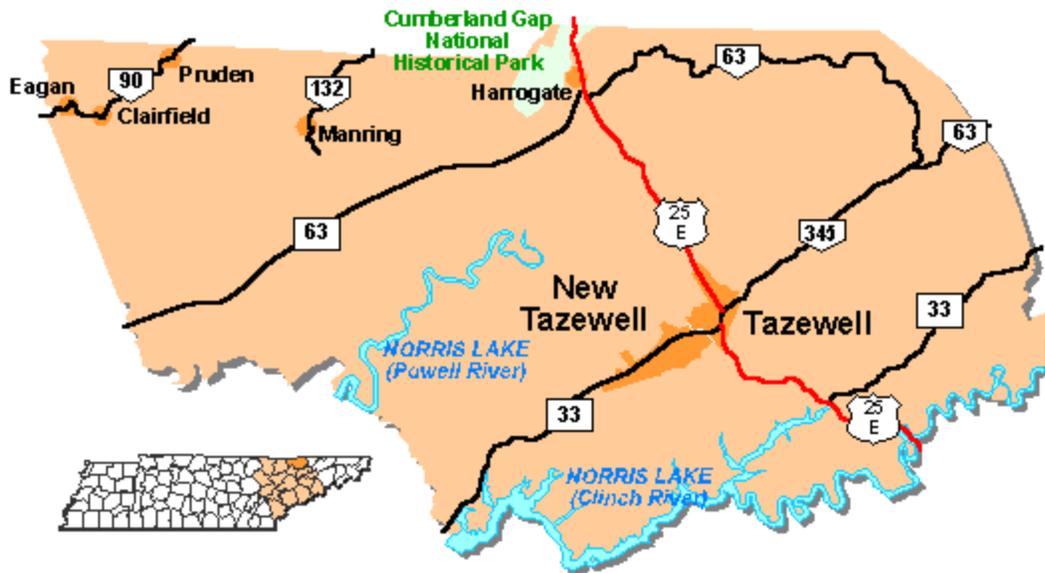


COMMUNITY DIAGNOSIS

Status Report



Claiborne County

1998

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

Community Diagnosis

**Claiborne County Health Council – Community Diagnosis Report
Prepared September 1998 by Health Assessment & Planning 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, establish goals, and determine 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 Claiborne County Health Council (CCHC) was established in 1991 to promote accessibility of quality health care for every Claiborne County resident. A list of council members participating in the assessment can be found in Appendix A.

The mission of the CCHC is “To promote health care access to residents by recruiting physicians and allied health care professionals to under-served areas and to improve the equality of life for area residents by promotion physical and mental health through various educational, preventive, and financial initiatives.”

The CCHC began implementation of the Community Diagnosis process in 1996 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 Claiborne County citizens.

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

Benefits of Community Diagnosis for the community included:

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

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

CONTENTS

INTRODUCTION

I.	COUNTY DESCRIPTION -----	1
	A. County Profile -----	1
	<i>Claiborne County Community Profile</i> -----	1
	<i>Claiborne County Selected Economic Indicators</i> -----	1
	<i>Health Care Resources</i> -----	2
	B. County Process —Overview -----	2
	<i>The Assessment Process</i> -----	2
	<i>Resources</i> -----	2
II.	COMMUNITY NEEDS ASSESSMENT -----	3
	A. Primary Data -----	3
	1. <i>The Community Stakeholder Survey</i> -----	3
	2. <i>Behavioral Risk Factor Survey (BRFS)</i> -----	5
	B. Secondary Data -----	7
III.	HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION -----	12
IV.	FUTURE PLANNING -----	12
IV.	REFERENCES -----	13
APPENDIX A -----		I
	A. Claiborne County Health Council -----	II
	B. Health Information Tennessee (HIT) -----	II

TABLES

Tables

1	Respondents-Claiborne County Community Survey	3
2	Community Health Care Services Satisfaction % Responding Very Satisfied or Satisfied	4
3	Community Health Care Services Most "Not Adequate" Responses.....	4
4	Sample Size--Claiborne County Behavioral Risk Factor Survey	5
5	Reported Health Practices	5
6a	Community Problems Percentage Saying "Definite Problem".....	6
6b	Access To Health Care Problems Percentage Saying "Definite Problem"	6
7	Total 1995 Population and Total Number of Households	7
8	Education.....	8
9	Employment.....	8
10	Poverty Status	8
11a	Age Adjusted Mortality Rate Per 100,000 Population..... Suicide Homicide Motor Vehicle Crash Related	9
11b	Age Adjusted Mortality Rate Per 100,000 Population..... Stroke Coronary Health Disease	9
12	Age Adjusted Mortality Rate Per 100,000 Population..... Breast Lung Cancer	10
13	% Women Receiving Prenatal Care 1 st Term.....	11
14	Perinatal Indicators.....	11
15	Claiborne County Health Issues Priorities	12

I. COUNTY DESCRIPTION

A. County Profile

Claiborne County was created in 1801 from Grainger and Hawkins counties; named in honor of William C. C. Claiborne (1775-1817), judge of the superior court of Tennessee, U. S. congressman and senator, governor of the Mississippi Territory and of Louisiana. Claiborne County is 434 square miles in size with approximately 60.2 persons per square miles and is divided by the Cumberland Mountains. The Cumberland Gap is the main local route via the Cumberland Gap Parkway from North to South. Part of the Wilderness Road can be walked in Cumberland Gap, Tennessee, which is a town in one of Claiborne County's five census county divisions. It offers one of the most scenic views of the pinnacle and gap. The Gap was first explored in 1750 by Thomas Walker, who was hired to find land beyond the Blue Ridge Mountains. He found the door that would lead settlers to the region. During the Civil War, the gap was called the Keystone of the confederacy and the Gibraltar of America. Both the North and South protected the Gap against an invasion, which never came. The Federal Army finally abandoned it in 1866.

Today the Cumberland Gap is the main local route North and South, via Cumberland Gap Parkway. In 1966, a four-lane tunnel opened under the gap providing a new North-South, East-West route, restoring the gap as it was with the first pioneers. This expansion for tourism will inspire new economic and employment opportunities for the region as the county continues to prosper and grow.

Claiborne County Community Profile

Location

Region: East Tennessee
Square Miles: 434
Distance from Knoxville: 40 miles

Population (1995 est.)

County: 26,137
Male: 12,666
Female: 13,471
Minority: 1.7%

Cities/Towns

Cumberland Gap Town
New Tazewell Town
Tazewell Town

Education

County School System
1 Private &/or Parochial,
2 Technology Centers
Lincoln Memorial College

Climate

Annual Average Temperature: 56°
Annual Average Precipitation: 47"
Elevation: 1,340' above Sea Level

Natural Resources

Minerals: Coal
Timber: Oak, Poplar, Hickory, Cedar and Pine

Claiborne County Selected Economic Indicators

Labor Force Estimates

Total Labor Force: 12,847
Unemployment: 649 (5.1% of labor force)
Unemployment Rate: 8.0

Tax Structure

County Property Tax Rate per \$100: \$3.18

Per Capita Income (1994): \$13,403

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	1,803	1,776	1,053
Persons per Nurse Practitioner	13,507	7,429	7,134
Persons per Physician Assistant	5,403	15,053	18,664
Persons per Registered Nurse	148	178	106
Females 10-44 per OB/GYN	(1)	4,509	2,100
Persons per Dentist	5,403	2,414	1,853
Persons per Staffed Hospital Bed	450	491	245
Percent occupancy in community hospitals	69.0	57.3	57.7
Person per Staffed Nursing Home Bed	94	119	135
Percent occupancy in community nursing homes	97..9	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.
(1)-No OB/GYN physician in county*

<i>Hospital</i>	<i>Nursing Homes</i>
Claiborne County Hospital—85 beds	Claiborne County Nursing Home, Tazewell—50 beds Laurel Manor Health Care, New Tazewell—134 beds Tri State Comprehensive Care Center, Harrogate—116 beds

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 Tennessee's assessment, assurance and policy development.

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

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

- | | |
|--|--------------------------------------|
| <ol style="list-style-type: none"> 1. ALCOHOL USE – TOBACCO USE* 2. HEART DISEASE – RESPIRATORY DISEASE⁺ 3. CANCER 4. SPECIALIZED CARE 5. DENTAL CARE | <p>*TIED FOR #1
+TIED FOR #2</p> |
|--|--------------------------------------|

Resources

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

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

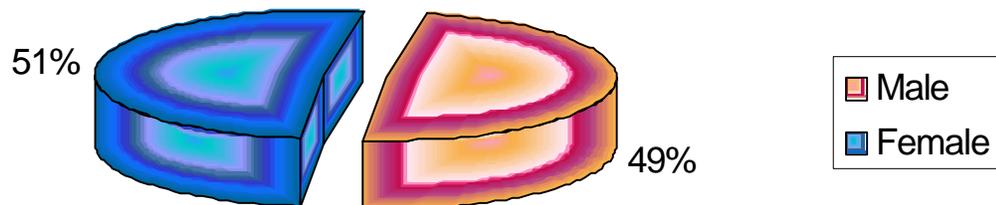
1. *The Community Stakeholder Survey*

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

There were 51 respondents to the Claiborne County Community Survey. Of the 51 respondents, 49% were male and 51% were female.

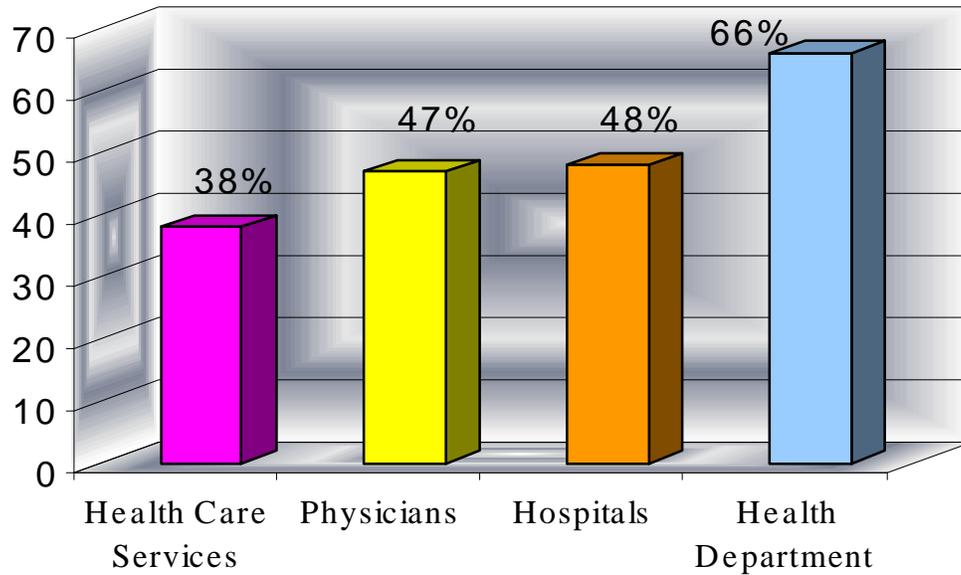
Table 1



Eighty percent of the respondents had lived in the county for twenty or more years. Respondents were asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. Thirty-eight percent of the respondents rated the community health care services as very adequate or adequate and thirty-one percent respondent that services were available but not adequate. Forty-seven percent of the respondents were either very satisfied or satisfied with the physician services in their community and forty-eight percent were either very satisfied or satisfied with the hospitals in their community. Health Department services were rated very satisfied or satisfied by 65%. (See Table 2).

Table 2

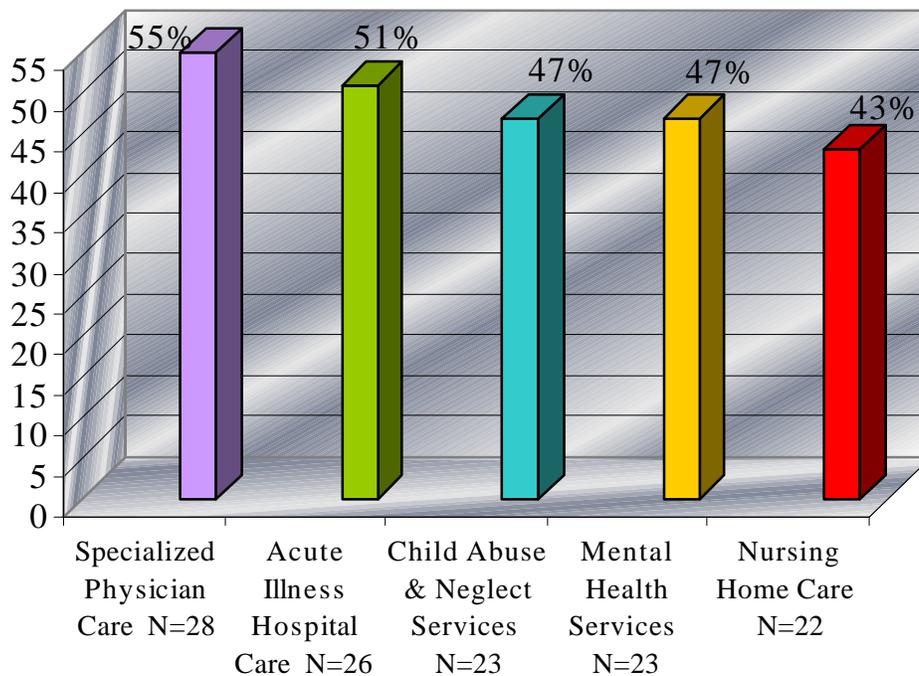
**Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied**



Data that concerned the health council were the ratings of “not adequate” in the community health services category. Services for child abuse and neglect, and mental health tied for not being adequate in the community. The top five services that were ranked as available but not adequate also included specialized physician care, acute illness & hospital care, and nursing home care.

Table 3

**Community Health Care Services
Most “Not Adequate” Responses**



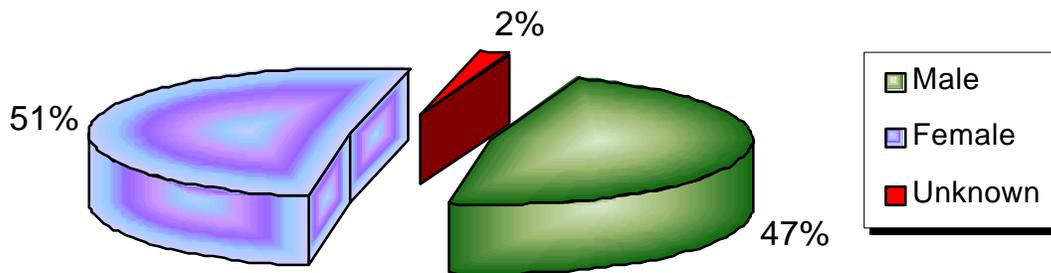
2. Behavioral Risk Factor Survey (BRFS)

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 Claiborne 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 51% were female and 47% male (see Table 4). This compares to 51% female and 49% male for the population of Claiborne County based on the 1990 census.

Table 4



After a review of the data from the BRFS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 5 lists the practices of concern with the Year 2000 goal for the nation.

Table 5

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Exercise (no exercise in last month)	21%	(No Goal)
Smoking (currently smoke)	35%	15%
High Blood Pressure	28%	(No Goal)
Mammogram (had mammogram)	50%	80%
Advised to Lose Weight	18%	(No Goal)
Ever had Diabetes	49%	(No Goal)
Clinical Breast Exam (Yes)	79%	(No Goal)

The opinion data collected by the BRFSS on community issues was divided into two categories: 1.) Community Problems and 2.) Access to Health Care. The top issues in the areas are identified in Tables 6a&b.

Table 6a
Community Problems
Percentage Saying “Definite Problem”

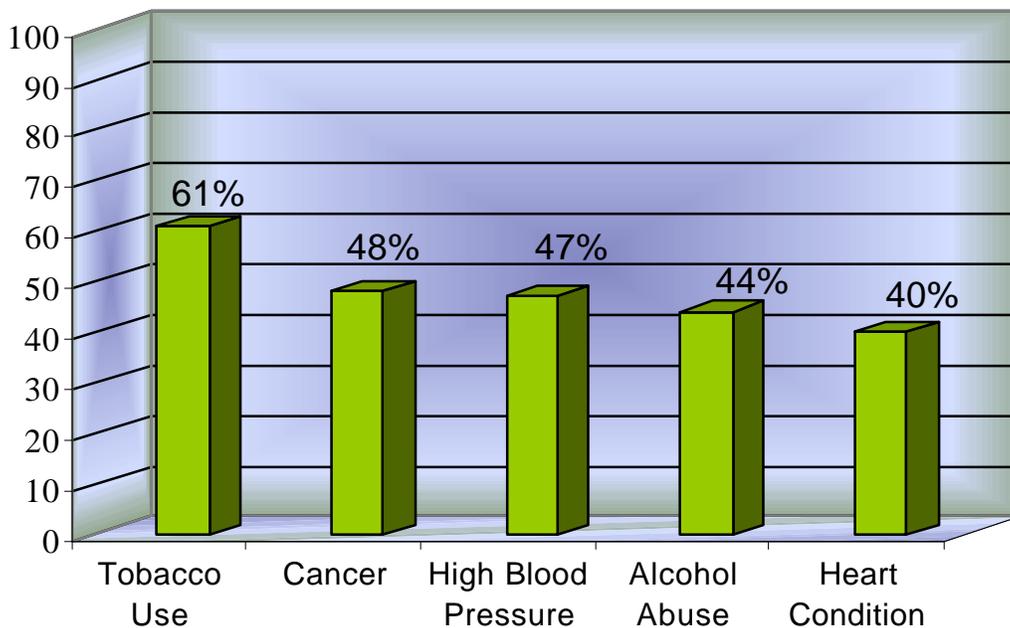
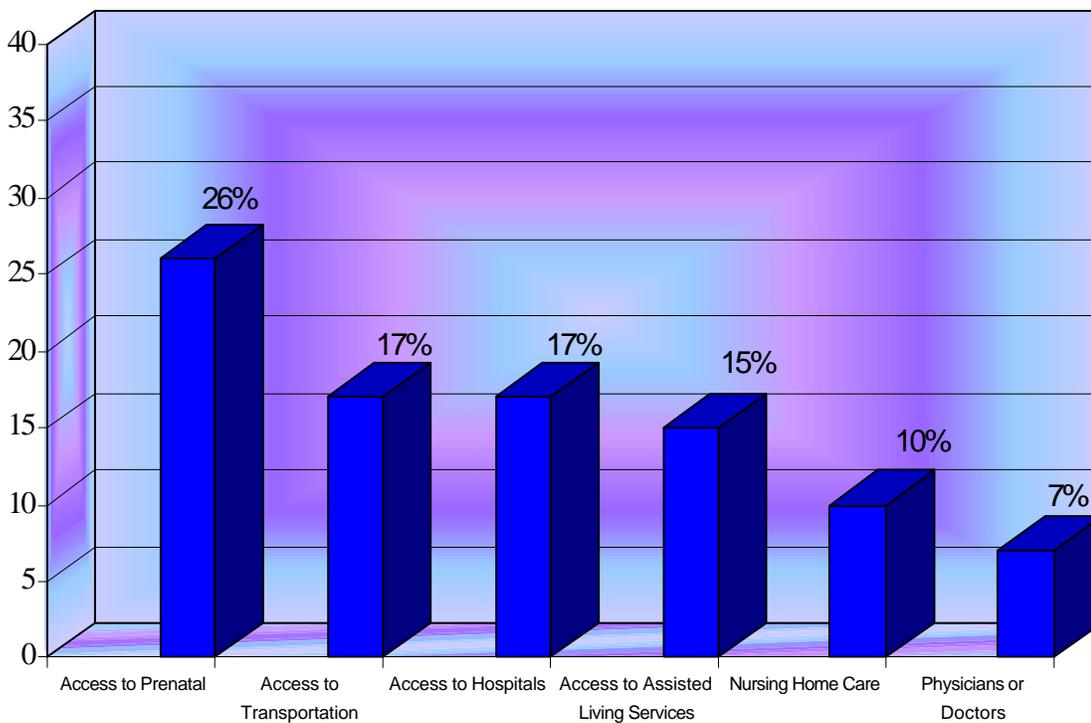


Table 6b
Access to Health Care Problems
Percentage Saying “Definite Problem”



B. Secondary Data

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

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

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

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

- Coronary heart disease
- Lung Cancer
- Stroke
- Homicide
- Suicide

Table 7
Total 1996 (est.) Population: 18,280
Total Number of Households: 5,841

	County	Region	State
Percent of households that are family households	78.7	76.3	72.7
Percent of households that are families headed by a female with no husband present	10.5	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.1	5.4	6.9
Percent of households with the householder 65 and up	23.3	23.6	21.8

**Table 8
Education**

	County	Region	State
Number of persons age 25 and older	16,574	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	50.8	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	8.0	11.1	16.0

**Table 9
Employment**

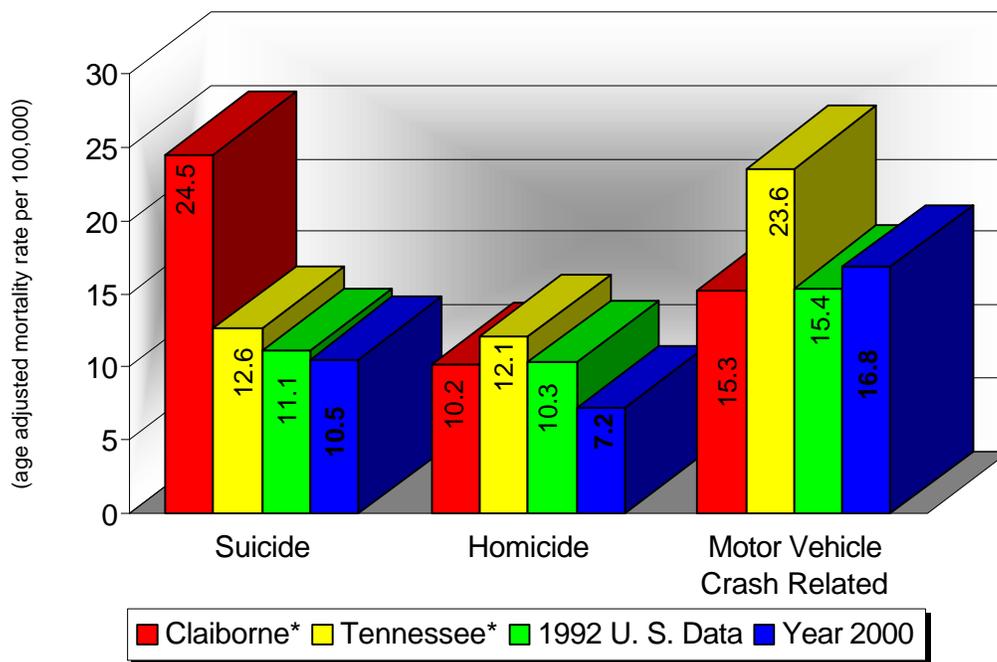
	County	Region	State
Number of persons 16 and older	20,343	437,649	3,799,725
Percent in work force	54.4	60.1	64.0
Number of persons 16 and older in civilian work force	11,040	262,392	2,405,077
Percent unemployed	8.0	7.8	6.4
Number of females 16 years and older with own children under 6	1474	30,082	287,675
Percent in labor force	551.7	57.4	62.9

**Table 10
Poverty Status**

	County	Region	State
Per capita income in 1989	\$8,371	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	25.7	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	31.3	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	31.8	21.1	20.9

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

11a



*Figures for Tennessee and Claiborne Co. (Tables 11a & 11b) are a 3-Year Average from the years 1991-1993.

11b

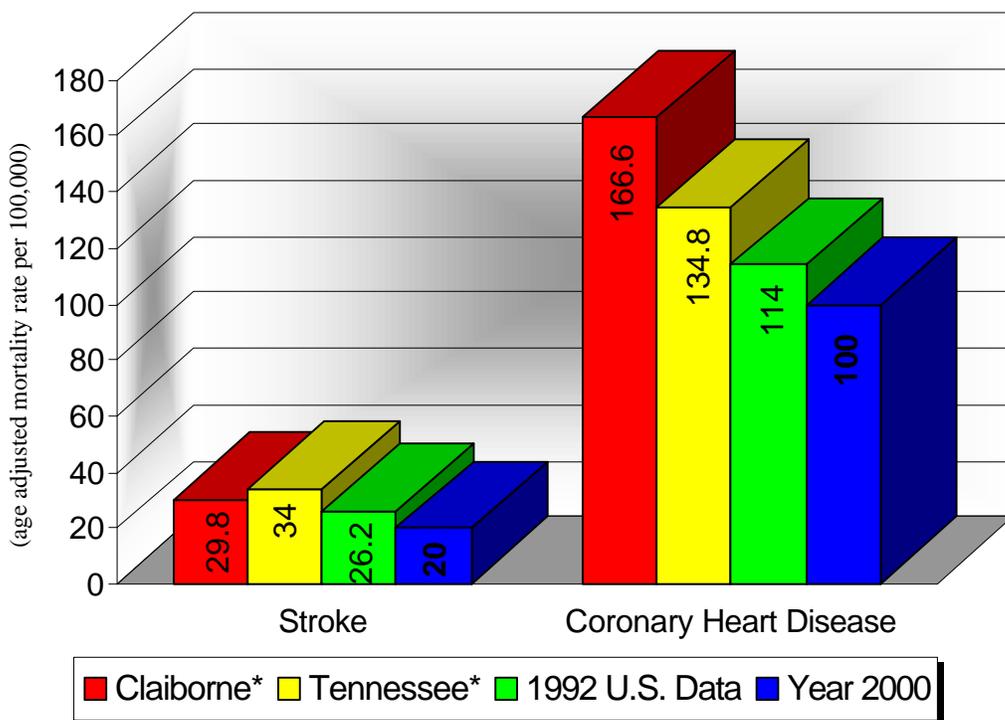
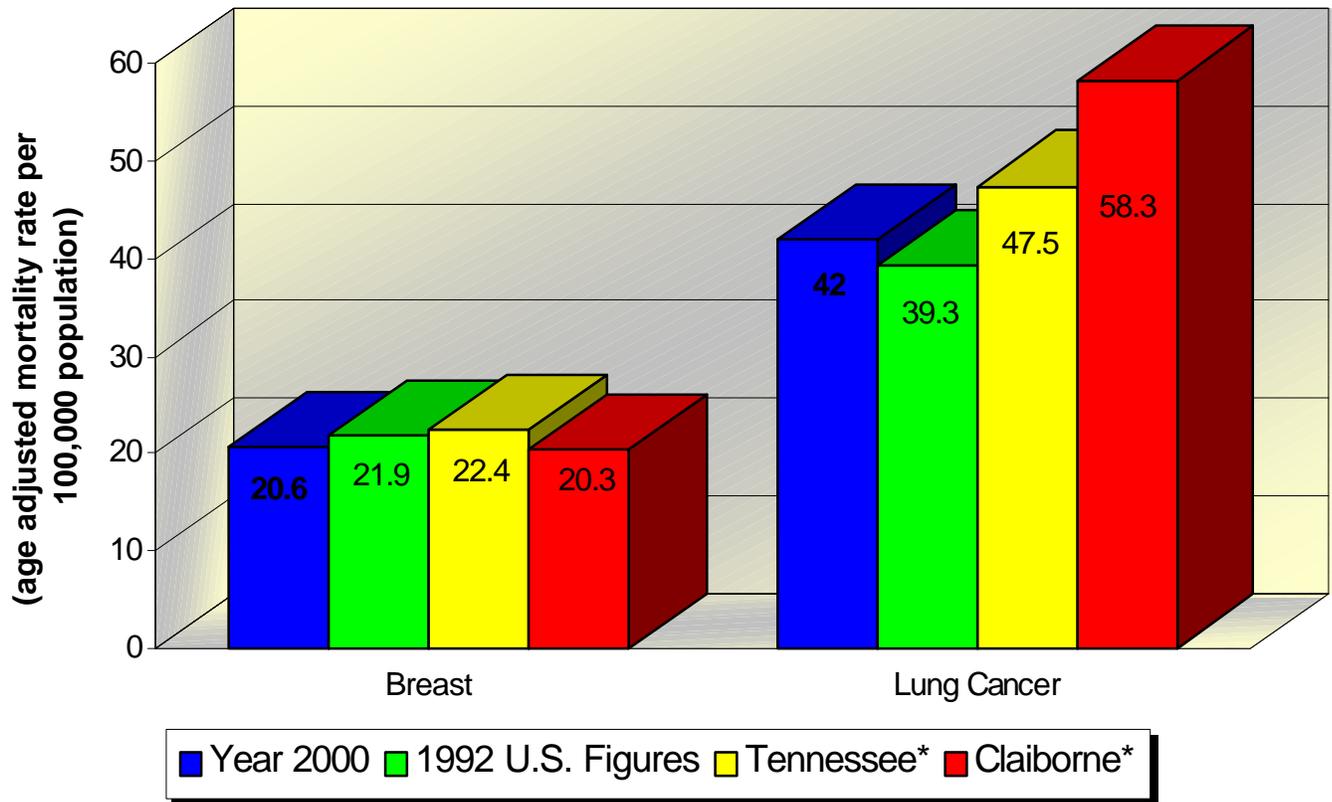


Table 12

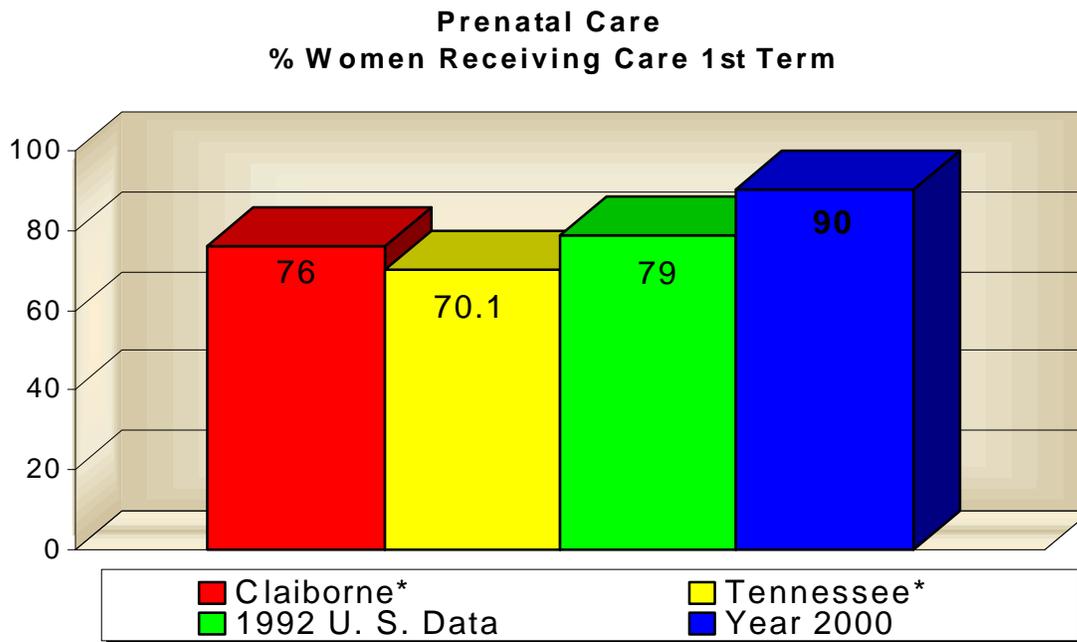
STATUS OF CLAIBORNE COUNTY ON SELECTED YEAR 2000 OBJECTIVES AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION



***Figures for Tennessee and Claiborne Co., Breast and Lung Cancer are a 3-year average from the years 1991 –1993.**

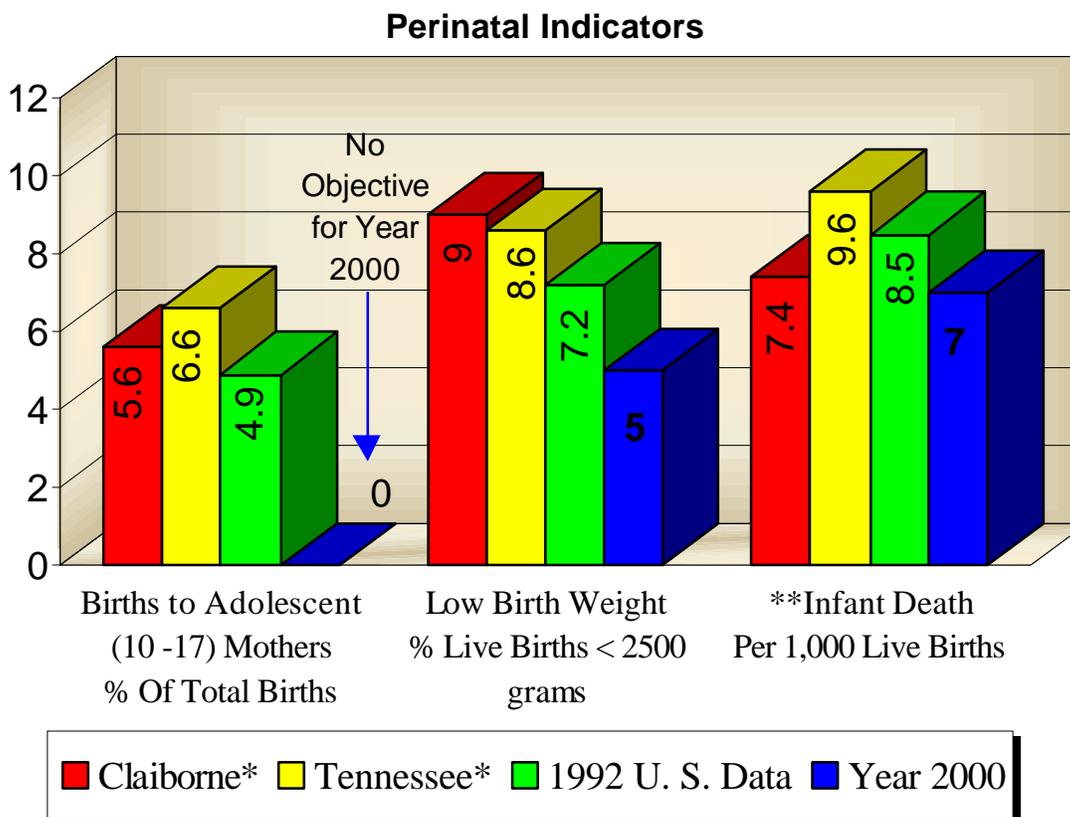
**STATUS OF CLAIBORNE COUNTY ON SELECTED YEAR 2000 OBJECTIVES
PERINATAL INDICATORS**

Table 13



*Figures for Claiborne County are a 2-year average from the years 1992 – 1994.

Table 14



*Figures for Tennessee and Claiborne County are a 3-year average from the years 1991 –1993.

**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 Claiborne 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 15 indicates the health issues in rank order.

Table 15

CLAIBORNE COUNTY HEALTH ISSUES PRIORITIES

- 1. ALOCHOL USE – TOBACCO USE^{*}
- 2. HEART DISEASE – RESPIRATORY DISEASE⁺
- 3. CANCER
- 4. SPECIALIZED CARE
- 5. DENTAL CARE
- 6. ACUTE HOSPITAL CARE
- 7. PRENATAL CARE
- 8. SUICIDE
- 9. HEALTH EDUCATION
- 10. COST OF PHYSICIAN CARE

***Tied for #1 priority**

+Tied for #2 priority

IV. FUTURE PLANNING

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

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APPENDIX A

APPENDIX A

A. Claiborne County Health Council

<i>Dr. Joyce Hopson</i>	<i>Chairperson, Claiborne County Health Council</i>
<i>Joanne Bailey</i>	<i>Claiborne County Health Department</i>
<i>Darrell Brittian</i>	<i>County Executive</i>
<i>Mike Cosby</i>	<i>Department of Human Services</i>
<i>Terry England</i>	<i>Vice-President, Data Processing, England Corsiar</i>
<i>Q. G. Fortson</i>	<i>Executive Director, Claiborne County Chamber of Commerce</i>
<i>Thelma Hayes</i>	<i>Community Representative</i>
<i>Oscar Hicks</i>	<i>Pharmacist</i>
<i>Mike Hutchins</i>	<i>Claiborne County Hospital</i>
<i>Wayne Mewhinney</i>	<i>Law Enforcement Representative</i>
<i>Dr. Jeff Munson</i>	<i>Cherokee Health System</i>
<i>Dr. Roy Norris</i>	<i>Claiborne County School Superintendent</i>
<i>Dr. Luis Pannocchia</i>	<i>New Tazewell Family Practice</i>
<i>Sandy Peters</i>	<i>Claiborne School Nurse</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 **server.to/hit**.

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

