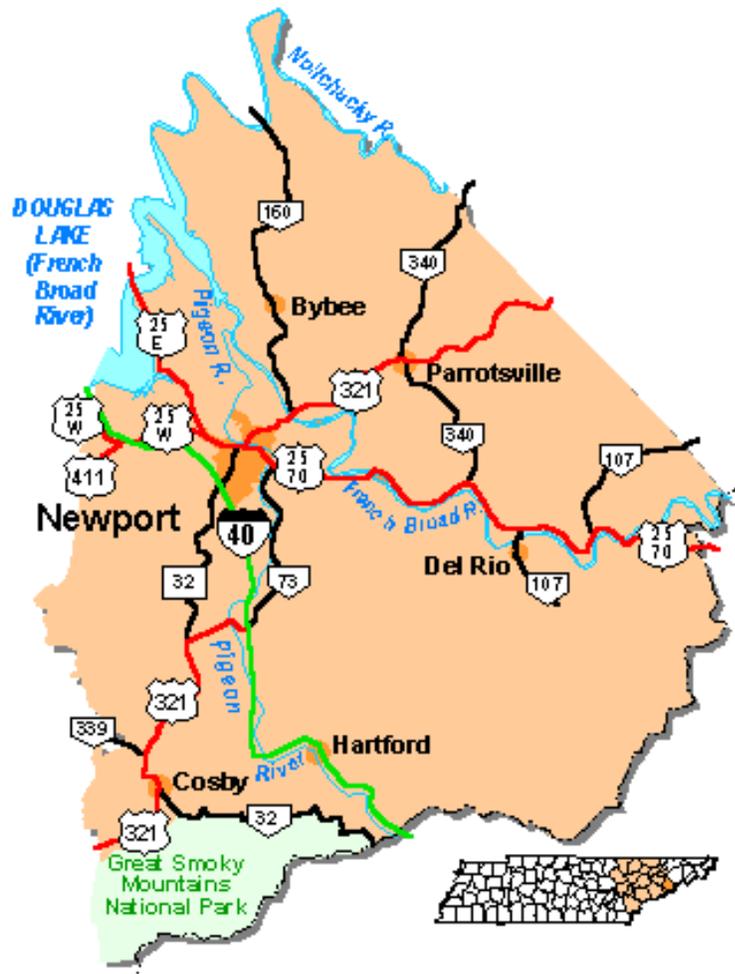


COMMUNITY DIAGNOSIS

Status Report



Cocke County

1998

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

Community Diagnosis

**Cocke 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. In Cocke County, the Cocke County Health Council (CCHC) was first established through the Community Health Agency Act in 1989 to promote accessibility of quality health care for every Cocke County resident. A list of council members participating in the assessment can be found in Appendix A.

The mission of the Cocke County Health Council is “To ensure all people of Cocke County equal access to quality health care by collaborating with other organizations. Facilitating to increase awareness, while emphasizing the importance of uniting resources and services for a better community.”

The CCHC began implementation of the Community Diagnosis process in 1997 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 Cocke County citizens.

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

Benefits of Community Diagnosis for the community included:

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

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

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I. COUNTY DESCRIPTION

A. County Profile

Cocke County created in 1797 from Jefferson County is named for William Cocke (1748-1828). William Cocke was a Revolutionary and War of 1812 soldier, a member of legislatures of Virginia, North Carolina, State of Franklin, Territory South of the River Ohio, Tennessee and Mississippi, and a Chickasaw Indian Agent.



Cocke County is 434.4 square miles in size and is bordered by Madison County, North Carolina to the east; by Haywood County, North Carolina to the south; by Greene County to the northeast; and by Sevier and Jefferson County to the west. Between the Cherokee National Forest, which occupies 47,906 acres in the County, and the Great Smoky Mountain National Park, which has 18,914 acres, Cocke County has almost 105 square miles of protected natural beauty.

Cocke County's employment and economic growth continues to increase and the intense effort to promote tourism and retirement accommodations has created a population surge. With employment opportunities and the combination of rivers and mountains, Cocke County is a something-for-everyone kind of place.

Cocke County Community Profile

Location

Region: East Tennessee
Square Miles: 434
Distance from Knoxville: 45 miles

Population (1996 est.)

County: 31,495

Cities/Towns/ Communities

Newport City
Parrottsville Town
Level

Climate:

Annual Average Temperature: 57°
Elevation: 1,055' above Sea

Centerview
Del Rio
Hartford

Annual Average Precipitation: 44.72"

Education

Cocke County Schools
Newport City Schools,

2 high schools
9 elementary schools

Natural Resources

Minerals: Barite
Timber: Oak, Pine and other hardwoods

Agriculture: Beef, Dairy, and Swine,
Tobacco, Corn, Tomatoes, Fruit

Cocke County Selected Economic Indicators

Labor Force Estimates (1996)

Total Labor Force: 3,240

Male: 860

Female: 1,380

Unemployment Rate: 10.4

Tax Structure

County Property Tax Rate per \$100: \$2.65

Per Capita Income (1994): \$14,139

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	1,625	1,776	1,053
Persons per Nurse Practitioner	3,250	7,429	7,134
Persons per Physician Assistant	0	15,053	18,664
Persons per Registered Nurse	164	178	106
Females 10-44 per OB/GYN	7,332	4,509	2,100
Persons per Dentist	4,178	2,414	1,853
Persons per Staffed Hospital Bed	552	491	245
Percent occupancy in community hospitals	59.2	57.3	57.7
Person per Staffed Nursing Home Bed	142	119	135
Percent occupancy in community nursing homes	98.5	96.4	93.6
Physician shortage area for OB	YES		
Physician shortage area for Primary Care	NO		

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

Hospital

Baptist Hospital of Cocke County—74 beds

Nursing Homes

Baptist Convalescent Center—56 beds

Mariner Health of Newport—150 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 Cocke County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Cocke 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 intervention (Table 15).

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

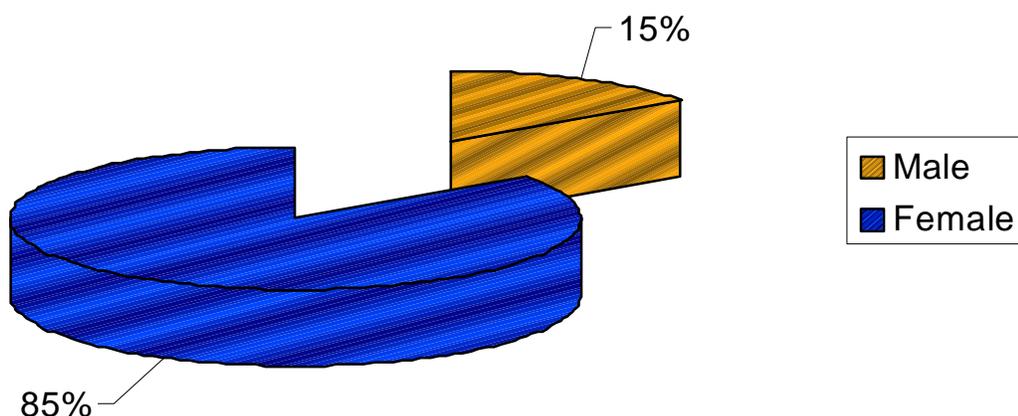
1. *The Community Stakeholder Survey*

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 Cocke 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 72 respondents to the Cocke County Community Survey. Of the 72 respondents, approximately 15% were male and 85% were female.

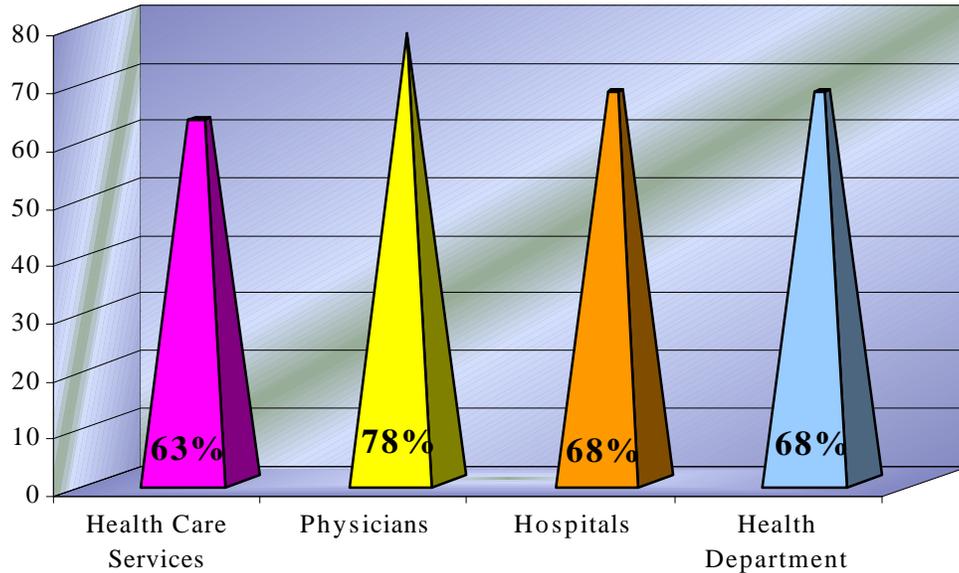
Table 1



Fifty-seven percent of the respondents had lived in the county for twenty or more years. Respondents were asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. Sixty-three 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. Seventy-eight percent of the respondents were either very satisfied or satisfied with the physician services in their community and sixty-eight percent were either very satisfied or satisfied with the hospitals in their community. Health Department services were rated very satisfied or satisfied by sixty-eight percent (Table 2).

Table 2

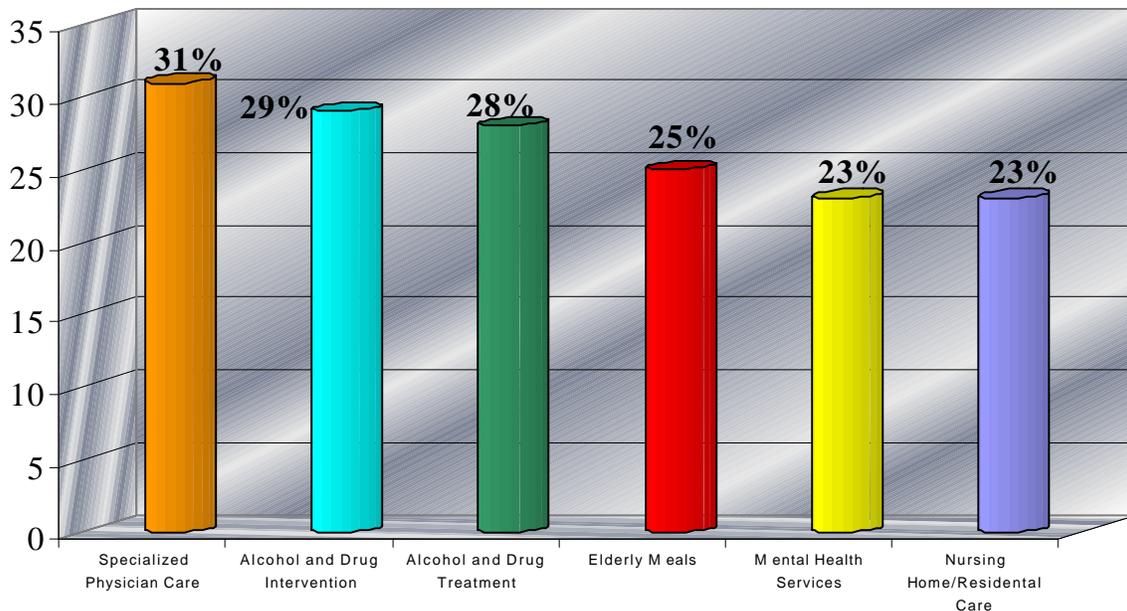
**Community Health Care Services Satisfaction
% Responding Very Satisfied or Satisfied**



Data that concerned the health council were the ratings of “not adequate” in the community health services category. The top five services that were ranked as available but not adequate are Specialized Physician Care, Alcohol and Drug Intervention, Alcohol and Drug Treatment, Elderly Meals, Mental Health Services, and Nursing Home/Residential Care.

Table 3

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



2. Behavioral Risk Factor Survey (BRFS)

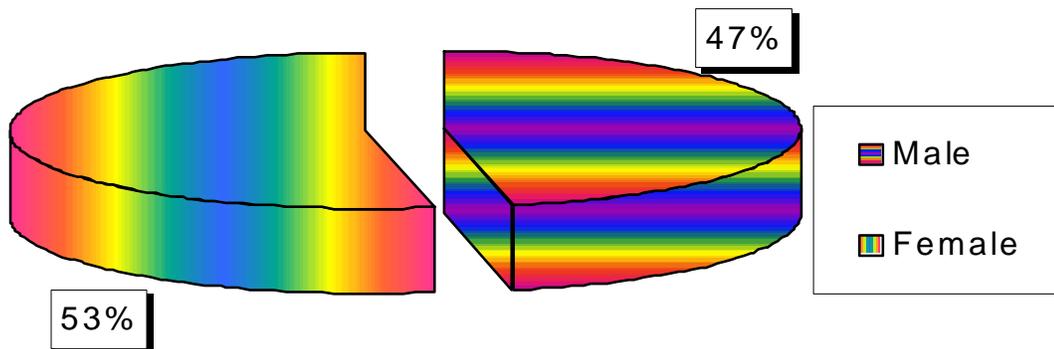
The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices 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 200 was collected from Cocke 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 (Table 4).

This compares to 52.2% female and 47.8% male for the population of Cocke County based on the 1990 census.

Table 4



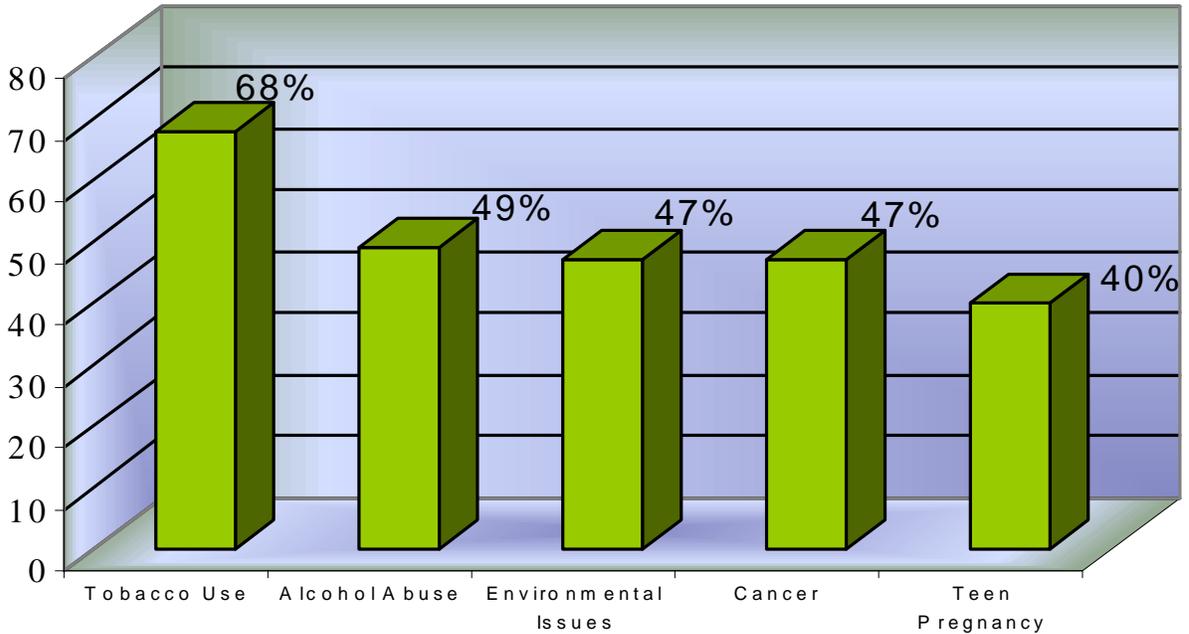
After a review of the data from the BRFS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 5 lists the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

Table 5

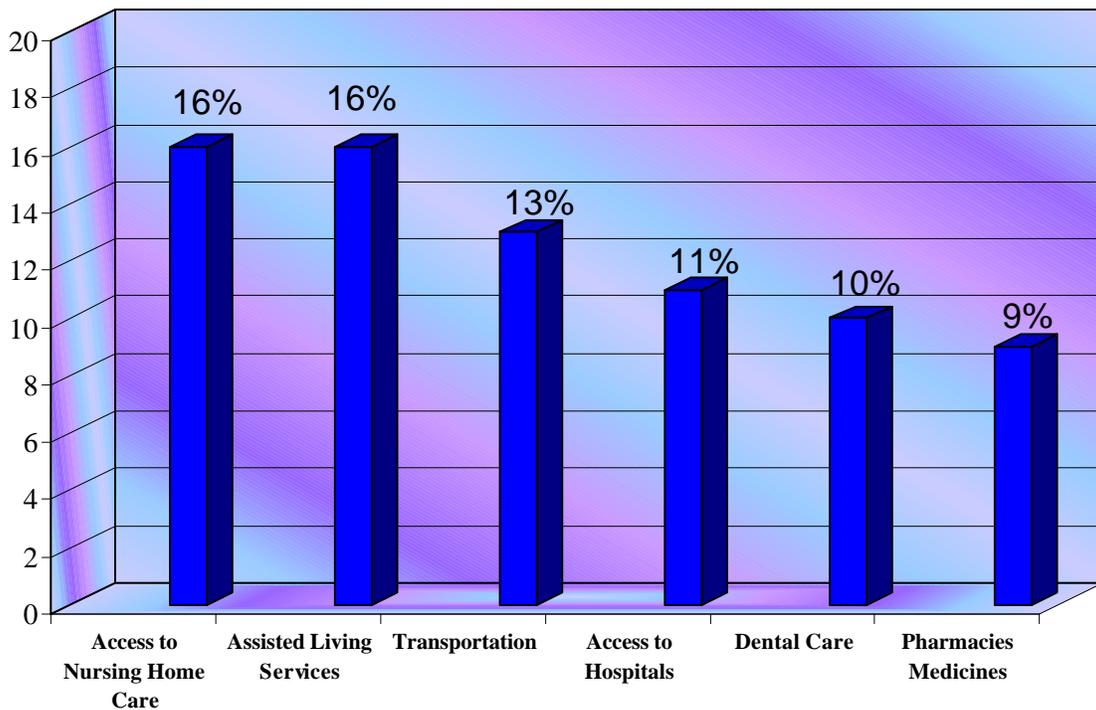
Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Do not have any type of Health Care coverage)	17%	(No Goal)
High Blood Pressure	26%	(No Goal)
Clinical Breast Exam	81%	(No Goal)
Mammogram (had mammogram)	82%	80%
Advised to Lose Weight	20%	(No Goal)

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&6b.

**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 Cocke 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 Cocke 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
- Motor Vehicle Crash-related deaths
- Stroke
- Prenatal Care

Table 7
Total 1996 (est.) Population: 31,495
Total Number of Households: 11,191

	County	Region	State
Percent of households that are family households	75.8	76.3	72.7
Percent of households that are families headed by a female with no husband present	13.4	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.3	5.4	6.9
Percent of households with the householder 65 and up	22.9	23.6	21.8

**Table 8
Education**

	County	Region	State
Number of persons age 25 and older	19,186	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	50.4	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	5.5	11.1	16.0

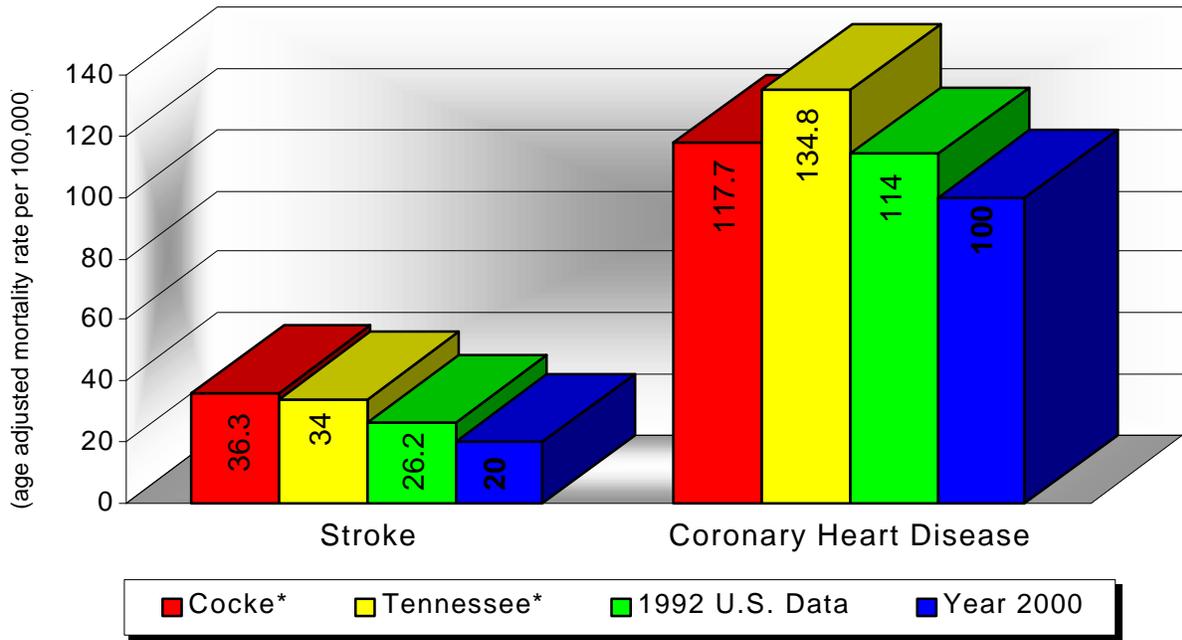
**Table 9
Employment**

	County	Region	State
Number of persons 16 and older	23,054	437,649	3,799,725
Percent in work force	60.7	60.1	64.0
Number of persons 16 and older in civilian work force	13,986	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	1,656	30,082	287,675
Percent in labor force	59.3	57.4	62.9

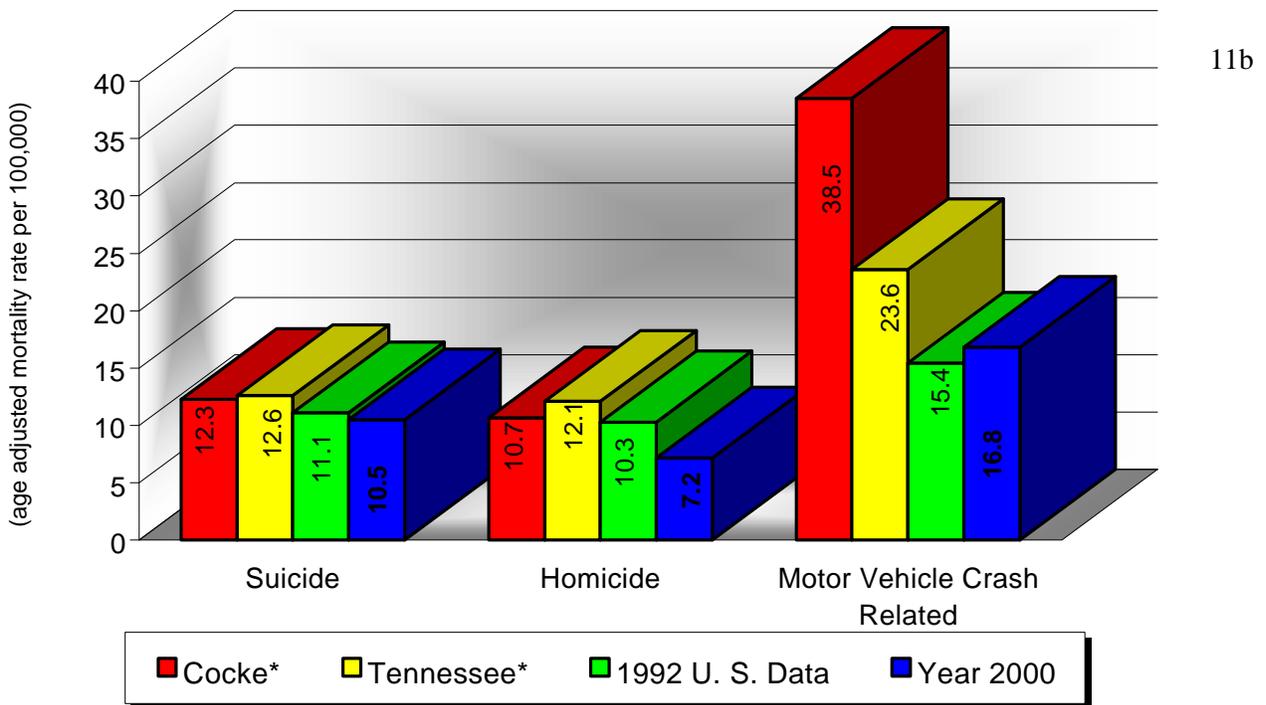
**Table 10
Poverty Status**

	County	Region	State
Per capita income in 1989	\$8,574	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	25.3	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	33.5	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	37.4	21.1	20.9

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



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



STATUS OF COCKE COUNTY ON SELECTED YEAR 2000 OBJECTIVES

AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION

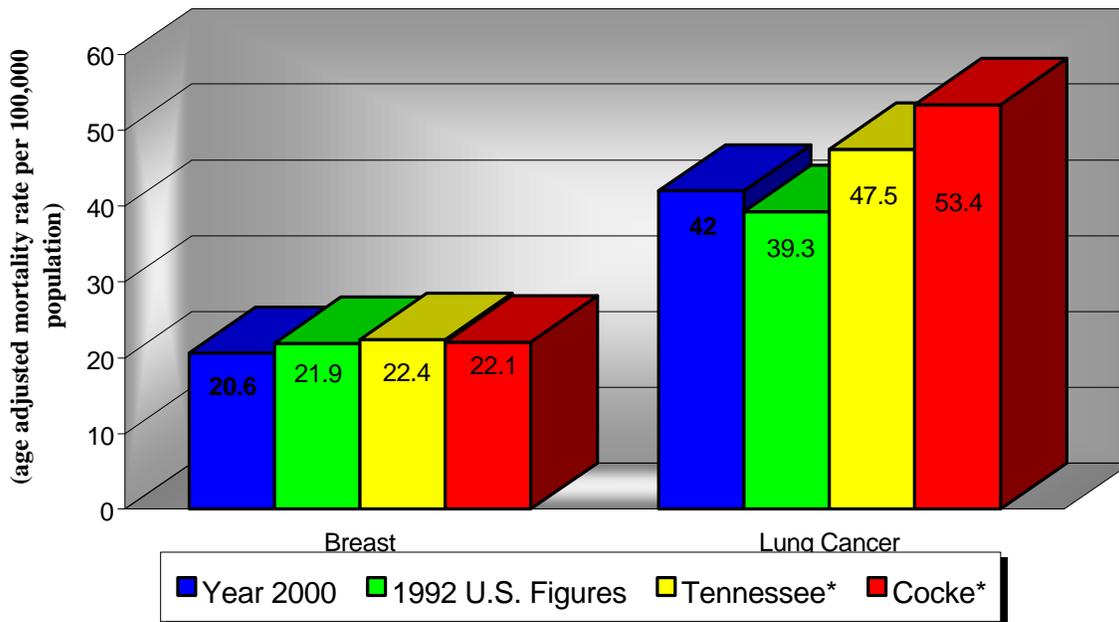


Table 12

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

PERINATAL INDICATORS

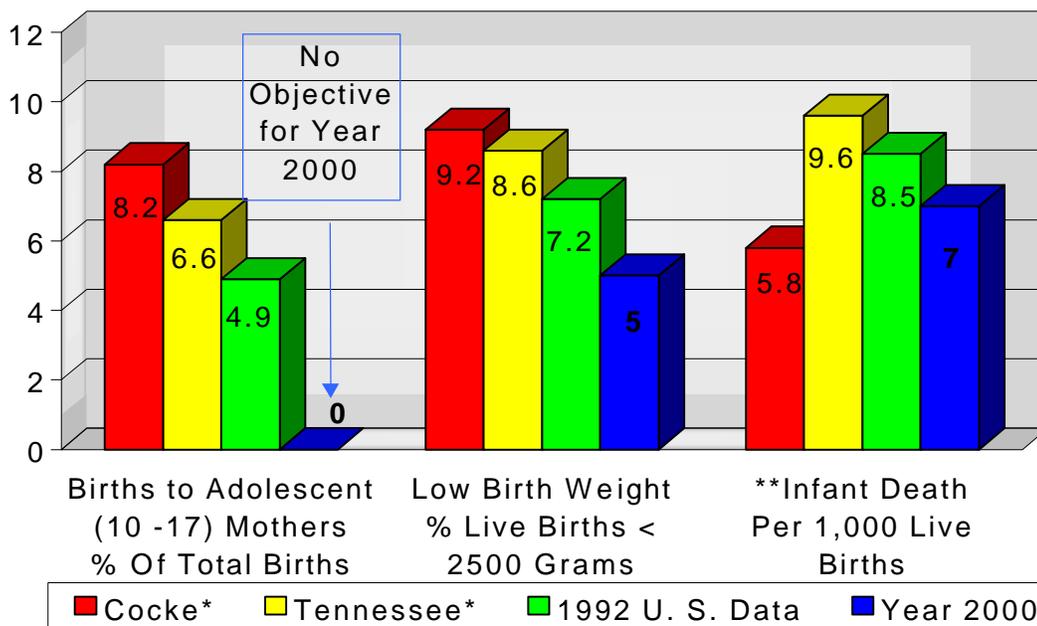


Table 13

*Figures for Tennessee and Cocke 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 Cocke 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 14

COCKE COUNTY HEALTH ISSUES PRIORITIES

- **1. WELLNESS/PREVENTION**
 - **CARDIO-/CEREBROVASCULAR DISEASE**
 - **CANCER**
 - **FLU/PNEUMONIA**
 - **ALCOHOL AND DRUG**
- **2. ADOLESCENT BEHAVIORAL RISK ISSUES**
 - **TEEN PREGNANCIES**
 - **VIOLENT DEATH**
 - **ALCOHOL AND DRUG**
 - **SMOKING**
 - **MOTOR VEHICLE ACCIDENTS**
 - **CHILDREN ENTERING STATE CUSTODY**
- **3. ALCOHOL AND DRUG**
- **4. DENTAL**
- **5. MENTAL HEALTH**
- **6. ELDER CARE**
- **7. TRANSPORTATION**
- **8. SPECIALIZED PHYSICIAN**

IV. FUTURE PLANNING

The Health Planning sub-committee is charged with developing a Cocke 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. Cocke County Health Council

<i>Mr. Larry Stanifer</i>	<i>CEO, Rural Medical Services, Inc Chairperson, Cocke County Health Council</i>
<i>Ms. Delores Branner</i>	<i>Cocke County Head Start</i>
<i>Mr. Wayne Buckner</i>	<i>Administrator, Baptist Hospital of Cocke County</i>
<i>Ms. Betty Carver</i>	<i>County Executive Office</i>
<i>Mr. Harold Cates</i>	<i>County Executive Office</i>
<i>Dr. Rick Greene</i>	<i>Cocke County Health Department</i>
<i>Dr. Mary Huff</i>	<i>Family Practice Center</i>
<i>Ms. Lois Kenyon, R.N.</i>	<i>Cocke County Health Department</i>
<i>Ms. Tracy Linderman</i>	<i>Community Representative</i>
<i>Ms. Glenda Masters</i>	<i>Cocke County Health Department</i>
<i>Mr. Jerry McCurry</i>	<i>Department of Human Services</i>
<i>Ms. Barbara Morris</i>	<i>Smoky Mountain Home Health</i>
<i>Ms. Carla Ponder</i>	<i>Cocke County Schools, Health Services</i>
<i>Ms. Carolyn Proffitt</i>	<i>Family Practice Center</i>
<i>Ms. Kristen Roberts</i>	<i>Community Representative</i>
<i>Mr. Tom Rosberg</i>	<i>Chamber of Commerce</i>
<i>Ms. Cindy Rowland</i>	<i>Baptist Hospital of Cocke County</i>
<i>Ms. Lynn Smith</i>	<i>Community Representative</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.

