
Franklin County

Community Diagnosis Volume I: Health Status Report

Franklin County Health Council

and

**Tennessee Department of Health
Southeast Tennessee Regional Office
Assessment and Planning
(423)-634-3124**

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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 Franklin County Health Council (FCHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in 1998, the Community Diagnosis Process has enabled FCHC 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 FCHC has given careful consideration to county-specific primary data and secondary data. The collection of primary data consisted of a Community Assessment survey, a behavioral risk factor survey, and observational information from FCHC members. The Community Assessment 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 Franklin County residents and is to be representative of the entire county. FCHC 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 FCHC 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 1985, so that the council was able to look for trends in the data. The FCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Franklin 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 FCHC utilized the Franklin County resource directory, provided by the Southeast Tennessee Human Resource Agency (SETHRA), 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.

After several data dissemination sessions, the FCHC 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 in Volume II, will entail the formalizing of strategic interventions to deal with the highest priority health issues. Soliciting input from additional experts in the community, the FCHC will develop intervention strategies and both public and private resources will be identified to implement the interventions. The FCHC will monitor and evaluate each intervention, and will publish results in Volume III.

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 FCHC 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 regarding the prevention and intervention strategies in Franklin County
- Serves health planning and advocacy needs in Franklin County; Franklin County leaders and the Franklin County Health Department will ensure that documented community health issues are addressed

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

I. HISTORY

The Franklin County Health Council was established in 1992 to address the health needs of Franklin County residents and oversee the health status of Franklin County. The council is made up of local health care professionals, elected officials, social service workers and other local citizens. Since 1992, the council has orchestrated various activities to address health needs including forums for TennCare issues, free health screenings, free dental and eye clinics and other special projects for the population of Franklin County. Begun in May of 1998, 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 Franklin 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: 9,185

	Franklin County	Southeast Region	State
Percent of households that are family households	78.1	77.1	72.7
Percent of households that are headed by a female with non husband present	9.0	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.3	5.3	6.9
Percent of households with the householder 65 and up	25.9	22.7	21.8

EDUCATION

	Franklin County	Southeast Region	State
Number of persons age 25 and older	22,461	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	63.5	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	13.1	9.7	16.0

EMPLOYMENT

	Franklin County	Southeast Region	State
Number of persons 16 and older	27,246	198,393	3,799,725
Percent in work force	61.1	61.5	64.0
Number of persons 16 and older in civilian work force	16,512	121,844	2,405,077
Percent unemployed	7.3	6.9	6.4
Number of females 16 years and older with own children under 6	2,015	14,022	287,675
Percent in labor force	66.3	59.6	62.9

POVERTY STATUS

	Franklin County	Southeast Region	State
Per capita income in 1989	\$10,513	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	14.4	17.05897	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	17.3	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	20.5	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

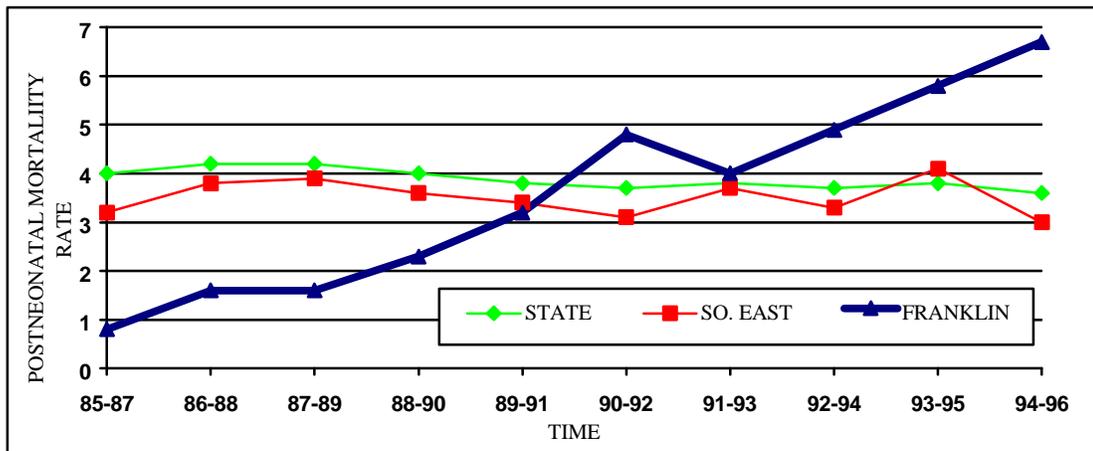
Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for Franklin County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. 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. Franklin 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 Franklin County Health Council.

Franklin County Pregnancy And Birth Experience

- **Number of Births Per 1,000 Females Ages 10-44**
- The Franklin County trend has remained stable throughout the twelve year time frame. Traditionally, the trend is slightly lower than the Southeast Region, and the State. Women of child-bearing age in Franklin County give birth to approximately 410 babies each year (47 per 1,000 females ages 10-44).
- **Number of Births Per 1,000 Females Ages 10-14**
- The Franklin County trend has been fairly unstable throughout the twelve year time frame, but has begun to decrease. Traditionally, the trend is slightly higher than the Southeast Region, but lower than the State. On average one to two girls age 10-14 give birth annually.
- **Number of Births Per 1,000 Females Ages 15-17**
- The Franklin County trend has decreased steadily since 1990 and is lower than both the Southeast Region and the State. On average approximately 17 girls age 15-17 give birth annually in Franklin County, a rate of 20 per 1,000 girls. Regional and state trends traditionally hover around 40 per 1,000.
- **Percentage of Births to Unwed Mothers Ages 10-44**
- While the Franklin County trend has increased, so has that of the Southeast Region and the State. Traditionally, the trend is lower than the State and the Southeast Region. Annually, 23% of Franklin County births occur to unwed mothers.
- **Number of Pregnancies Per 1,000- Females Ages 10-44**
- The Franklin County trend has remained stable. Traditionally, the trend is lower than the State and slightly lower than the Southeast Region. Annually, approximately 5.3% (53 per 1,000) of Franklin County female residents 10-44 become pregnant.
- **Percentage of Pregnancies to Unwed Mothers Ages 10-44**
- The Franklin County trend has slightly increased during the twelve year time frame, but remains lower than the State and the Southeast Region. Approximately 30% of all Franklin County pregnancies occur to unwed mothers.
- **Percentage of Births Considered Low Birthweight (All Mothers Age 10-44)**
- Traditionally the trend has been unstable but has remained below the State and the region. Annually, approximately 7.4% of all Franklin County births are deemed low birthweight (a rate higher than the national "Year 2000 Objective" of 5%).
- **Percent of Mothers with one or More Selected Risk Factors, Females Age 10-44** (Risk factors include: mother with less than a high school education, four or more previous live births, previous termination, previous live birth now dead, and/or previous live birth within the last 24 months)
- The trend has steadily decreased during the 90's and is well below the State and the region.
- **Percent of Live Births with Late or No Prenatal Care, Females Age 10-44**
- The Franklin County trend has continued to decrease throughout the twelve year time frame. Since the early 90's the trend has dipped below the State and the Southeast Region. Approximately 15% of all Franklin County births have had late or no prenatal care, a figure slightly higher than the Year 2,000 National Objective of 10%.

Franklin County Mortality Experience

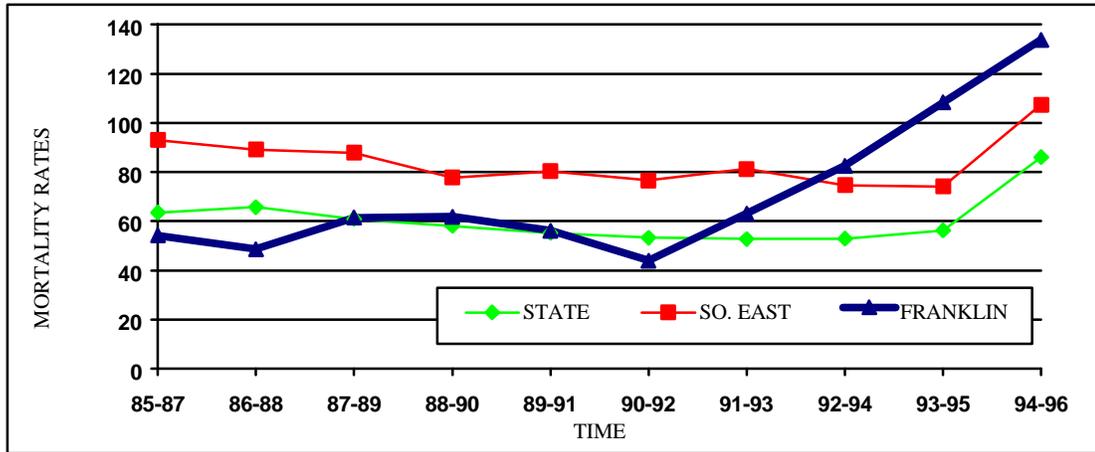
- **Number of Infant Deaths (Death of a live born infant less than 1 year of age) Per 1,000 Live Births** - Franklin County's rate, while unstable due to small numbers, has marginally decreased during the twelve-year trend. The trend is currently equal to the State and is higher than the Southeast Region. Annually, county residents give birth to about 410 babies each year of which an average of 4 will not live through their first year (8.8 per 1,000). The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- **Number of Neonatal Deaths (Death of a live born infant under 28 days of age) Per 1,000 Live Births** - While the trend is moderately unstable due to small numbers, Franklin County's rate of neonatal deaths has significantly decreased over the last several years and is lower than the Southeast Region, the State and the Year 2,000 National Objectives.
- **Number of Postneonatal Deaths (Death of a live born infant over 28 days of age, but under 1 year) Per 1,000 Live Births** - While the trend is moderately unstable due to small numbers, Franklin County's rate of postneonatal deaths has shown a marked increase and is significantly higher than the State, the region and Year 2,000 National Objectives. The data shows that most infant deaths occurring in Franklin County do, in fact, occur after the first 28 days of life.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	4.0	4.2	4.2	4.0	3.8	3.7	3.8	3.7	3.8	3.6
SE REGION	3.2	3.8	3.9	3.6	3.4	3.1	3.7	3.3	4.1	3.0
FRANKLIN	0.8	1.6	1.6	2.3	3.2	4.8	4.0	4.9	5.8	6.7

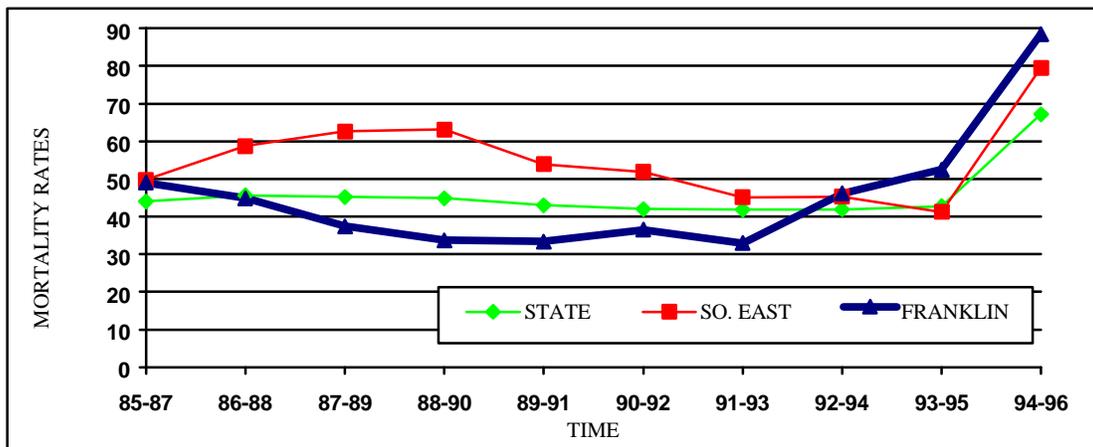
- **Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population** - The leading cause of death for 1-4 year olds was accidents and adverse affects. The Franklin County trend is unstable due to small numbers. After a period of increased rates in the mid 90's the rate has started to decline in recent years and is currently higher than the region but lower than the State.
- **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 again was accidents and adverse affects. The Franklin County trend is unstable due to small numbers. However, the trend has primarily decreased over the twelve year time frame and is markedly lower than the State and the Southeast Region.

- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for 15-24 year olds was accidents and adverse affects, also. While characterized as slightly unstable due to small numbers, the Franklin County trend has increased during the twelve-year trend and has recently surpassed the State and the Southeast Region.



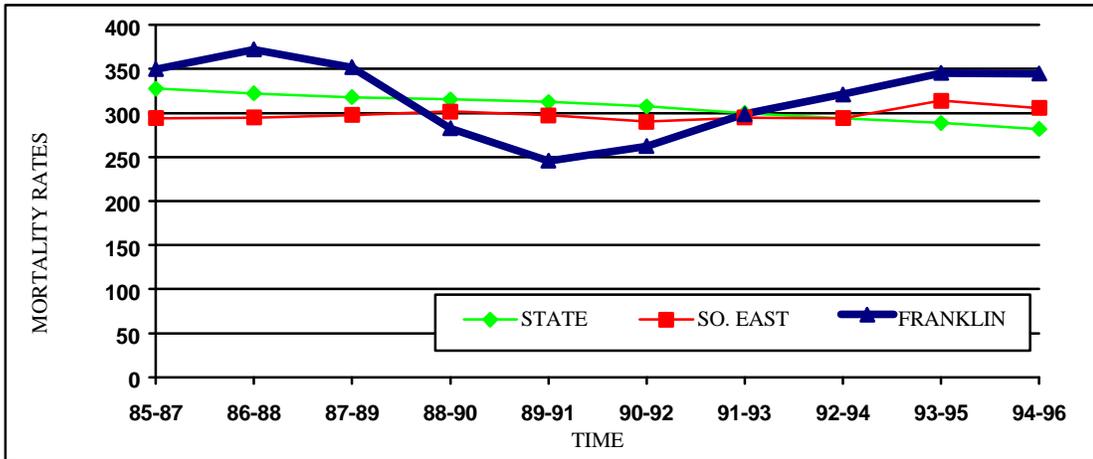
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	63.5	65.7	61.0	58.1	55.2	53.3	52.8	52.9	56.3	86.0
SE REGION	93.0	89.2	87.8	77.7	80.3	76.6	81.3	74.2	74.2	107.4
FRANKLIN	54.2	48.7	61.4	61.9	56.2	44.0	63.1	82.5	108.3	133.8

- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for 25-44 year olds was again accidents and adverse affects. The Franklin County trend has increased during the twelve-year trend, showing a sharp increase in the mid to late 1990's and has recently surpassed the State and the Southeast Region.



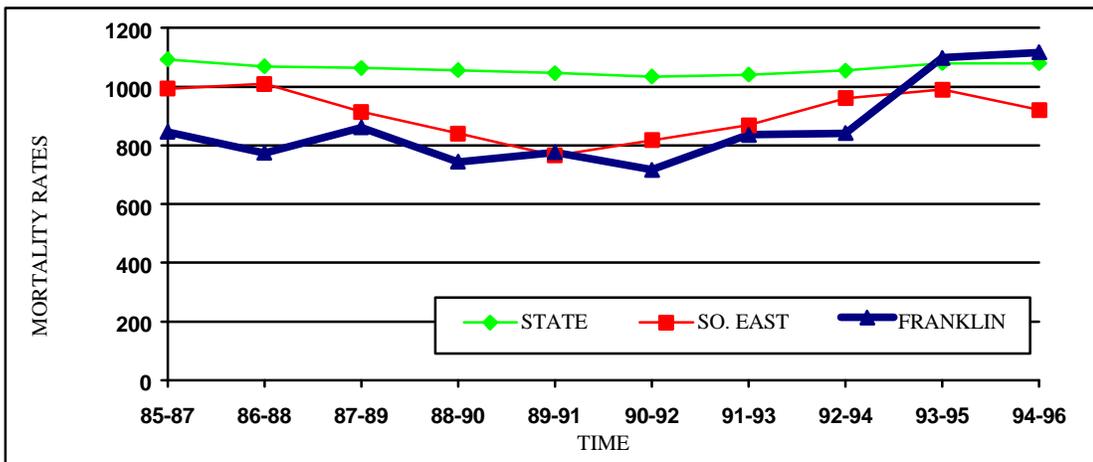
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	44.0	45.6	45.2	44.9	43.0	42.0	41.8	41.9	42.8	67.2
SE REGION	49.8	58.7	62.6	63.1	53.9	51.9	45.1	45.3	41.2	79.5
FRANKLIN	49.0	44.9	37.4	33.7	33.4	36.5	33.0	46.1	52.5	88.5

- **Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population - Malignant Neoplasms or cancer is the leading cause of death for this age group. The council found cancer to be increasing in Franklin County and cancer mortality rates to be higher than the State and the region.**



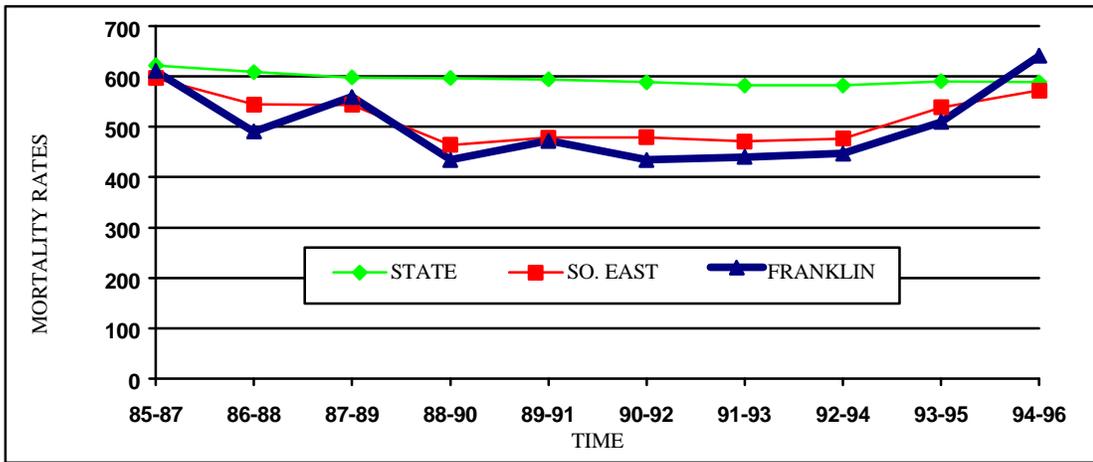
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	327.7	322.4	318.0	315.5	312.7	307.4	300.0	294.0	288.8	281.7
SE REGION	294.0	294.9	297.6	301.6	297.2	290.1	294.7	294.0	314.1	305.7
FRANKLIN	349.8	372.1	352.0	282.4	245.6	262.3	299.0	321.1	345.6	344.7

- **Leading Cause of Death for 65+ Year Olds With Mortality Rates Per 100,000 Population - Heart disease was the leading cause of death for this age group and county rates had slightly decreased over the twelve year trend. Traditionally Franklin County's heart disease mortality rates for those 65 and over have been below the state and the region.**
- **White Male Age-Adjusted Mortality Rate Per 100,000 Population - The Franklin County trend has historically been unstable with periods when rates were higher than the State and the Southeast Region and other periods when rates were lower than the State and the Southeast Region. However, in recent years the trend has begun to decrease and is presently lower than both the State and Region.**
- **Other Races Male Age-Adjusted Mortality Rate Per 100,000 Population - The Franklin County trend is unstable due to small numbers. However in recent years the trend has been on a steady increase and is currently higher than both the State and the Southeast Region.**



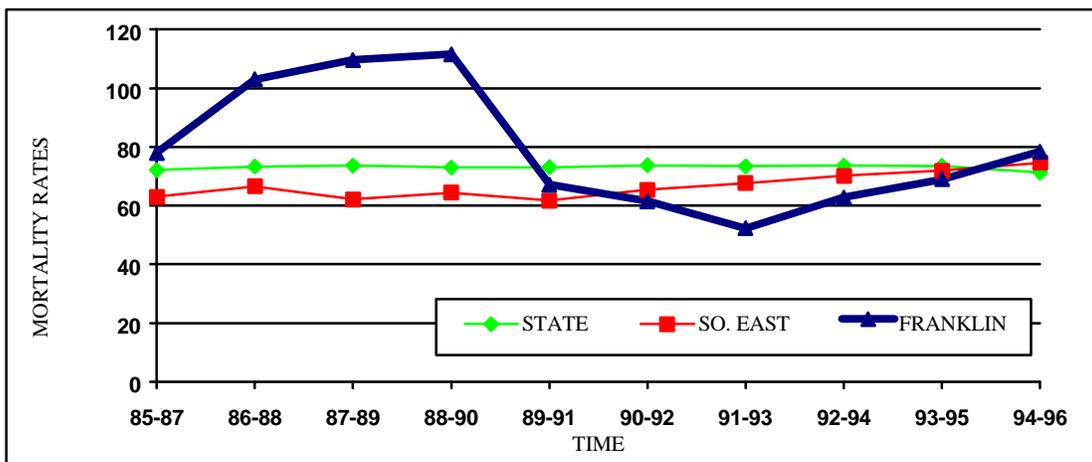
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	1092.4	1068.8	1063.0	1056.2	1046.5	1034.4	1040.8	1054.3	1079.7	1080.0
SE REGION	992.5	1008.8	913.5	840.3	765.6	817.3	867.9	960.5	989.2	920.3
FRANKLIN	845.1	773.8	860.6	743.7	775.9	716.8	835.9	841.3	1098.2	1116.6

- White Female Age-Adjusted Mortality Rate Per 100,000 Population** - Unlike the State and the region, the Franklin County trend has remained fairly unstable over the twelve-year trend. The county trend dipped in the late 1980's but has gradually increased since. The current rate is equal to the State and slightly lower than the Southeast Region.
- Other Races Female Age-Adjusted Mortality Rate Per 100,000 Population** - The Franklin County trend has historically been somewhat unstable but currently is on the increase. During the latest time frame (1994-1996) rates are higher than the State and the Southeast Region.



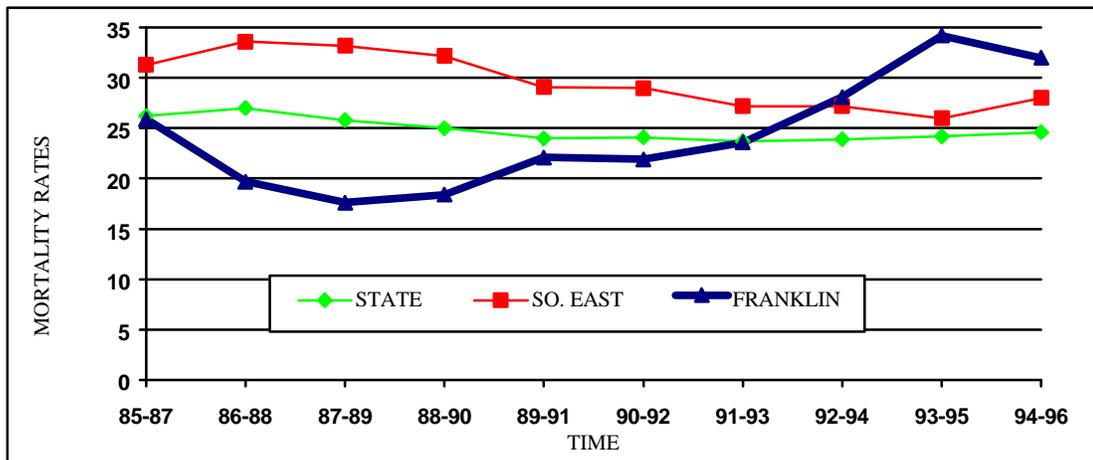
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	622.3	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7
SE REGION	596.7	544.6	544.1	464.0	478.8	479.4	470.9	476.7	538.7	572.4
FRANKLIN	610.6	490.6	559.5	434.4	472.4	434.4	440.1	447.0	509.8	640.9

- Female Breast Cancer Mortality Rate Per 100,000 Women Ages 40+** - The Franklin County trend has historically been inconsistent. Trends soared in the late 80's, dipped in the early 90's and seem to be steadily increasing. Current rates are slightly higher than the State and the Southeast Region.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	72.1	73.3	73.6	73.0	73.1	73.7	73.4	73.6	73.5	71.2
SE REGION	63.0	66.6	62.1	64.4	61.7	65.4	67.6	70.1	71.9	74.6
FRANKLIN	77.9	103.0	109.6	111.5	67.1	61.5	52.2	62.8	68.9	78.4

- **Motor Vehicle Accidental Mortality Rate Per 100,000 Population - The Franklin County trend has increased 23% over the twelve year time frame. While typically staying well below the state and region in the 1980's, more recent data shows trends to be higher than the State and the Southeast Region.**



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	26.2	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6
SE REGION	31.3	33.6	33.2	32.2	29.1	29.0	27.2	27.2	26.0	28.0
FRANKLIN	25.9	19.7	17.6	18.4	22.1	21.9	23.6	28.1	34.2	32.0

- **Nonmotor Vehicle Accidental Mortality Rate Per 100,000 Population - The Franklin County trend is unstable but traditionally higher than both the State and the region. However, during the latest time frame (1994-1996) the rate decreased and remained higher than the State but dropped lower than the region.**
- **Number of Violent Deaths Per 100,000 Population - The Franklin County trend has moderately increased during the twelve year time frame, but has remained below the State and the Southeast Region.**

Franklin County Morbidity Experience

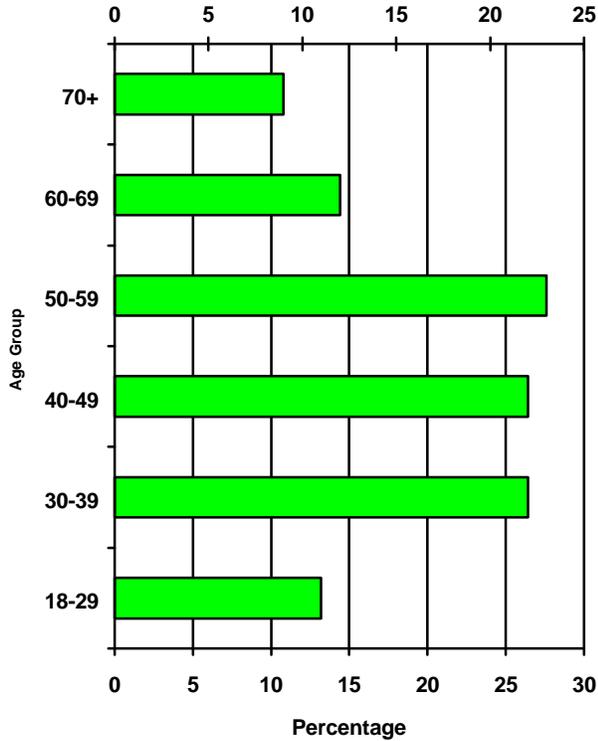
- **Syphilis Rates (Number of Reported Cases Per 100,000 Population) - Over the twelve-year trend, the Franklin County trend has remained stable. The county's rates are lower than the Southeast Region, lower than the State, and lower than the national "Year 2000 Objective" of 10.**
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population) - Since 1987, Franklin County's trend has increased steadily. However from 1987 to 1996, the county's rates were dramatically lower than the State and nearly equal to the Southeast Region. The 1988-1990 three-year average rate was 2.9 and the 1994-1996 three-year average rate was 76.8.**
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population) - Traditionally the Franklin County trend has remained stable. The county's rates are lower than the State, region and the national "Year 2000 Objective" of 100.**
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population) - Franklin County's rates have steadily decreased since the late 1980's. Current rates are considerably lower than the State and the region, however just above the national "Year 2000 Objective".**
- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population) - The Franklin County trend has remained remarkably low over the twelve year time frame. The county is drastically lower than the State and the Southeast Region.**

V. COMMUNITY ASSESSMENT SURVEY

The Franklin County Community Assessment 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. Stakeholders may 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 FCHC were asked to complete the Community Assessment Survey as well as identify and obtain comments from various stakeholders and other community members. The Community Assessment 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 74 respondents to the Franklin County Community Assessment Survey. *Several of the issues recognized as potential problems arose directly from the Community Assessment Survey, those issues are denoted by an asterix.*

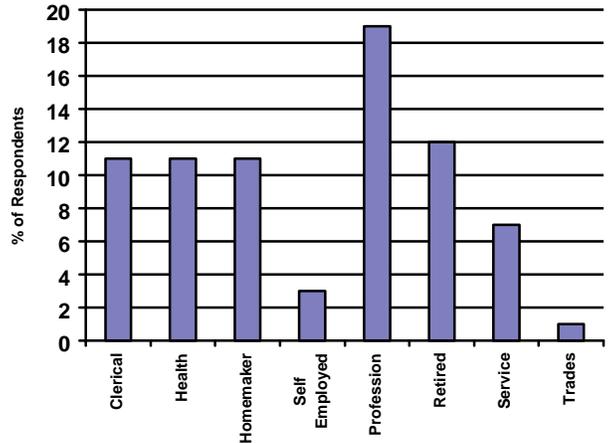
Community Assessment Demographics

- 52 females (70%) and 22 males (30%) responded to the Community Assessment Survey, of those, 73% were married, 8% divorced, 5% widowed and 12% never married.
- A majority (77%) of respondents have been long-time (10+ years) residents.
- A majority of respondents fell within the 30-60 year old age range.

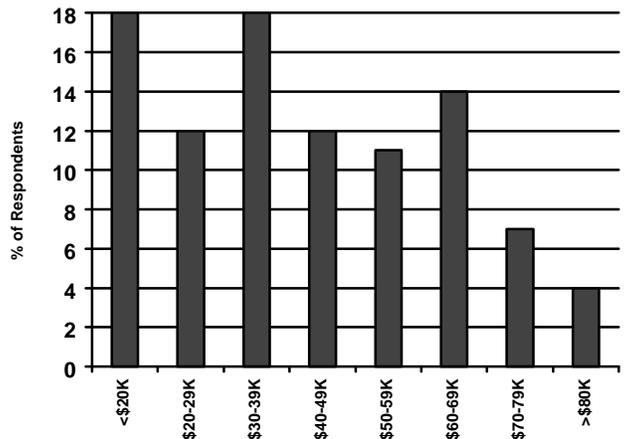


- Of all respondents, 4% were African American, and 96% were White.

- Many of the respondents held professional jobs, or were retired.

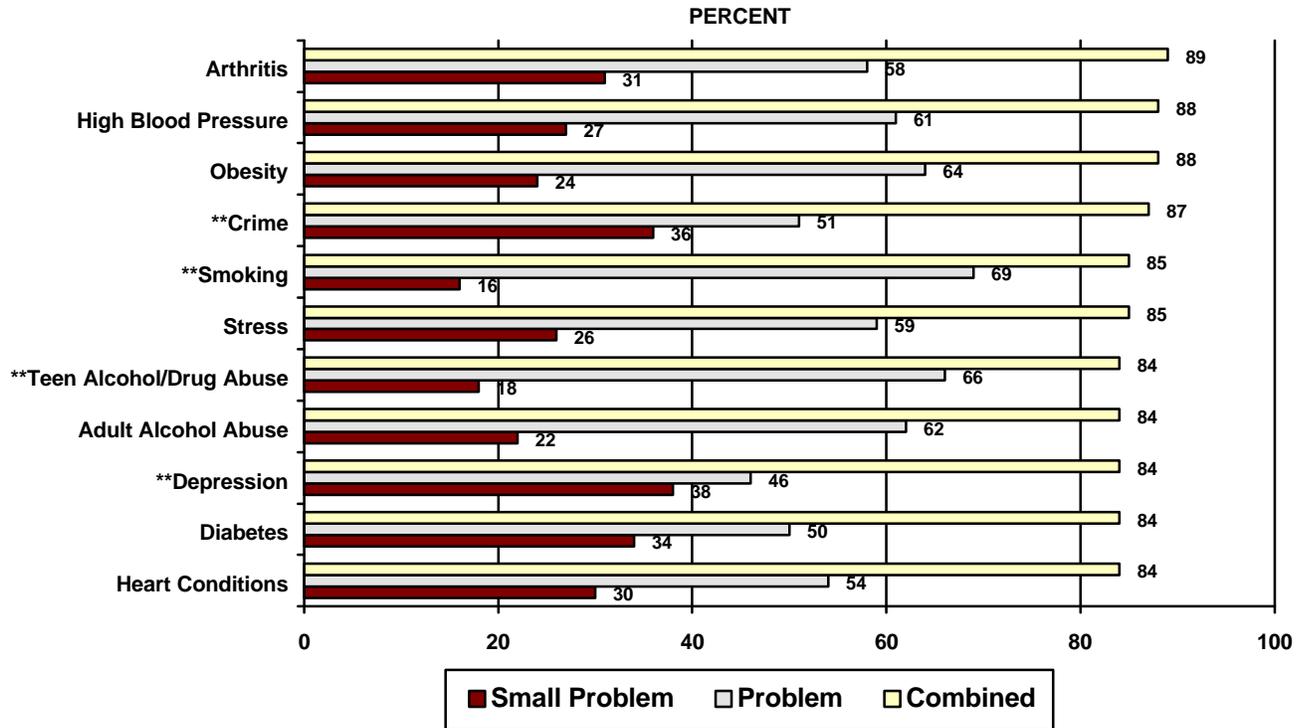


- The question, “WHAT IS YOUR APPROXIMATE HOUSEHOLD INCOME?,” yielded the following results:

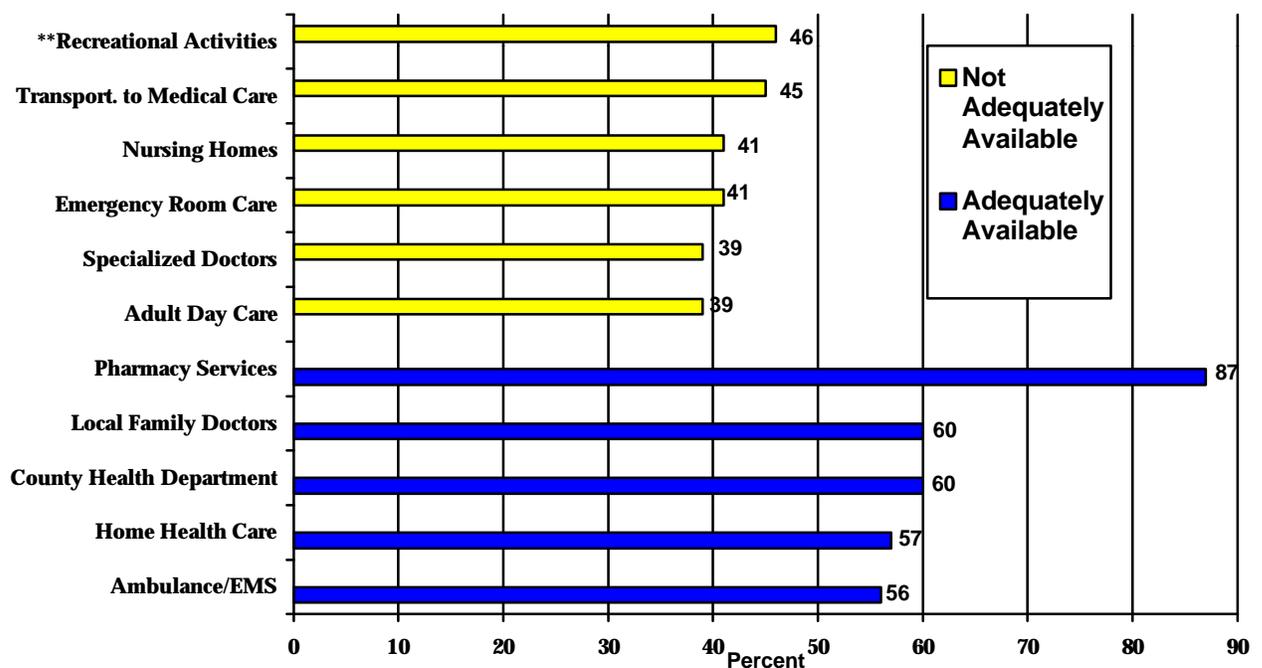


Community Assessment Opinions

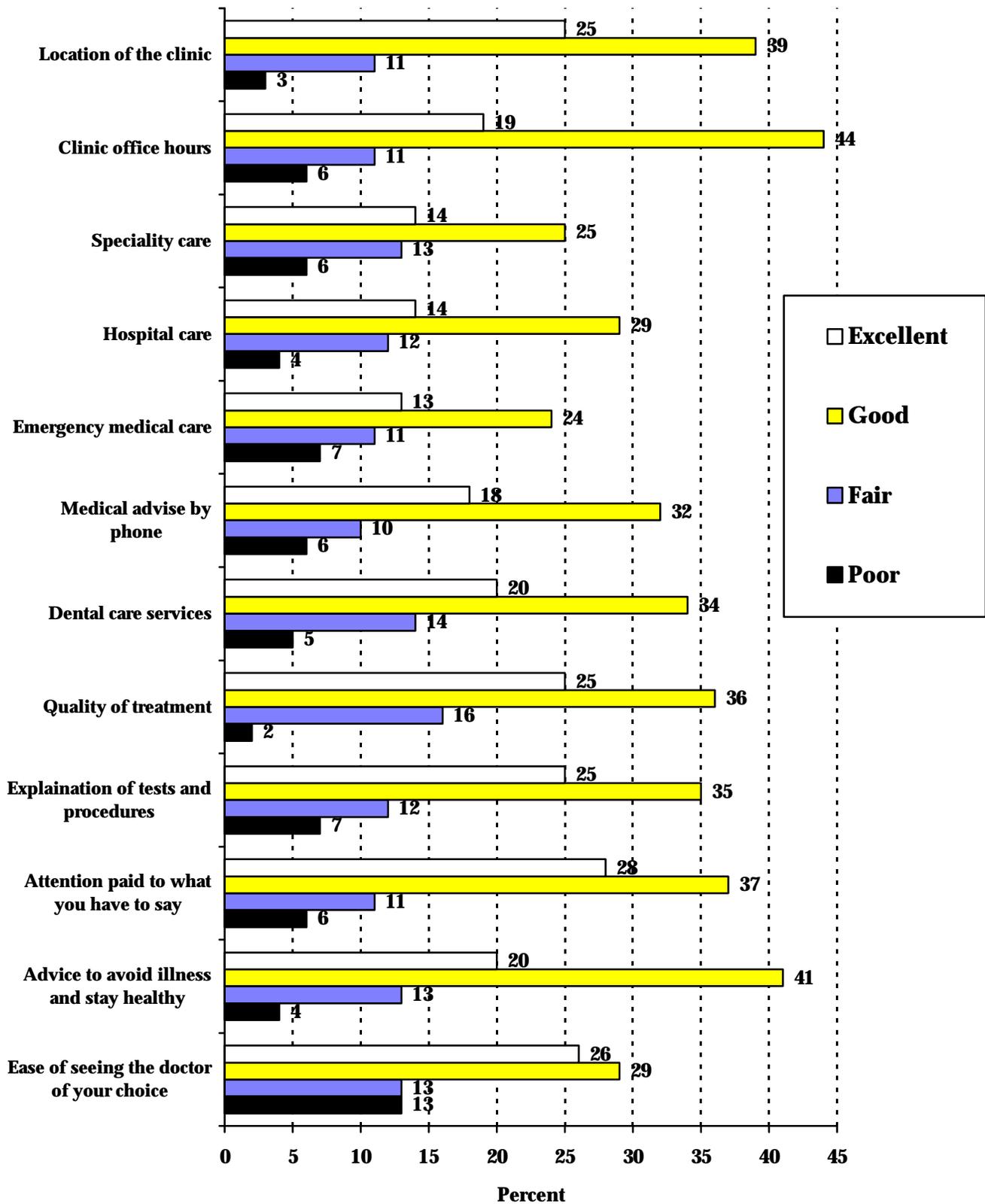
- ****When given a list of health and social concerns, respondents were asked if they considered it a “problem”, a “small problem”, or “not a problem.” Below are the top ten problem issues according to the results.**



- ****When asked about the availability of different services in their community, respondents rated the following as their top five not adequately available, and top five adequately available services:**



- When asked “HOW WOULD YOU RATE THE FOLLOWING ASPECTS OF THE CARE YOU RECEIVED DURING THE PAST YEAR?” the following responses were obtained:

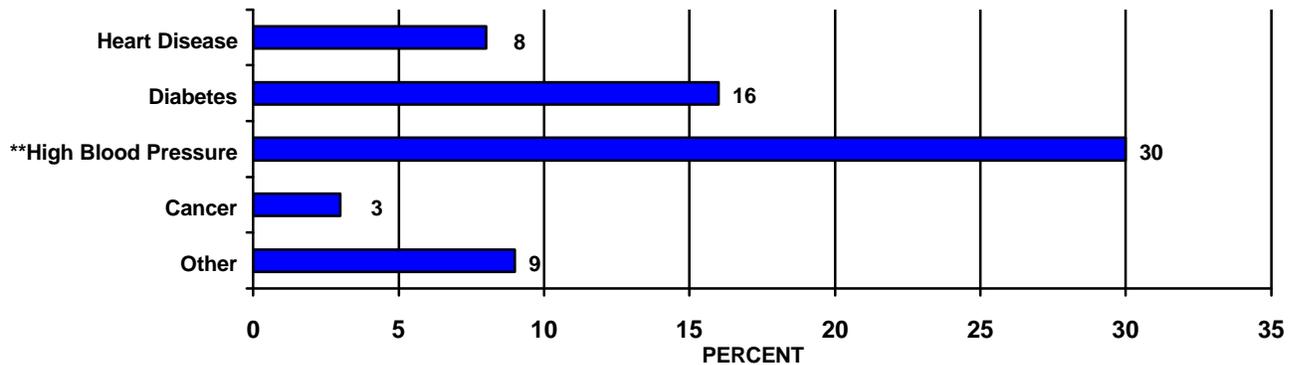


- When asked about health care coverage, 95% of respondents had some form of health care insurance.
- Of those respondents with health care insurance, 12% had TennCare coverage.
- When asked, “DO YOU HAVE A PERSONAL HEALTH CARE PROVIDER?,” a majority of respondents (93%) answered “yes.”
- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” again, a majority of respondents (73%) answered “yes.”

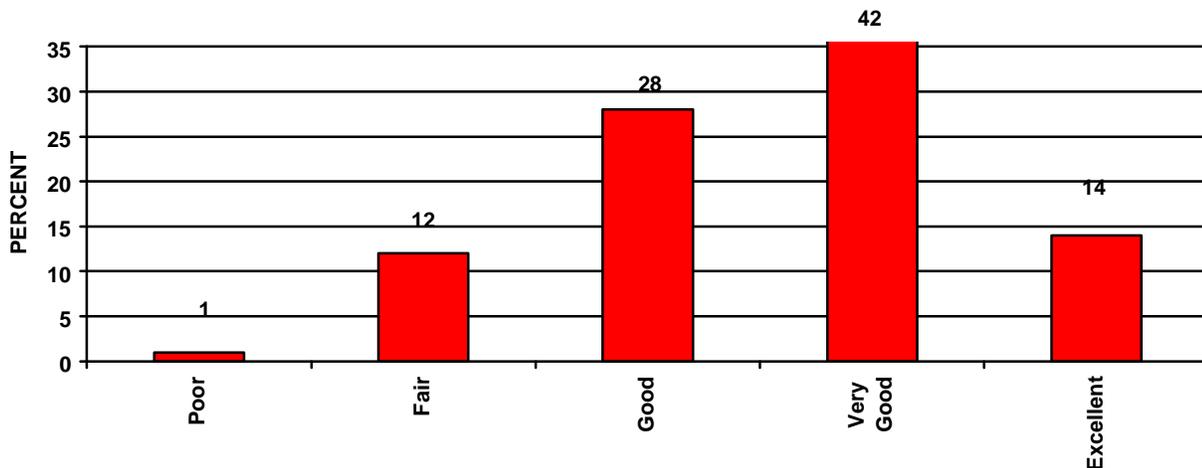
- When asked, “WHICH HOSPITAL DO YOU USE?,” the following results were obtained.

HOSPITAL	Freq.	Percent	Cum.
Southern TN Med. Ctr.	53	72%	72%
Harton Regional	4	5%	77%
Emerald Hodgson	2	3%	80%
Vanderbilt	2	3%	83%
St. Thomas	2	3%	86%
Out of State	1	1%	87%
No Response	10	13%	100%
TOTAL	74	100.0%	100.0%

- ****When asked, “HAVE YOU BEEN TOLD BY A DOCTOR THAT YOU HAVE HEALTH PROBLEMS RELATED TO ANY OF THE FOLLOWING CONDITIONS,” the following percentage of respondents answered “yes”.**



- When asked. “IF YES, HAVE YOU BEEN TREATED FOR ANY OF THESE CONDITIONS?,” 70% of the respondents answered “yes”.
- When presented the following statement, “IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:,” the survey yielded the following results:



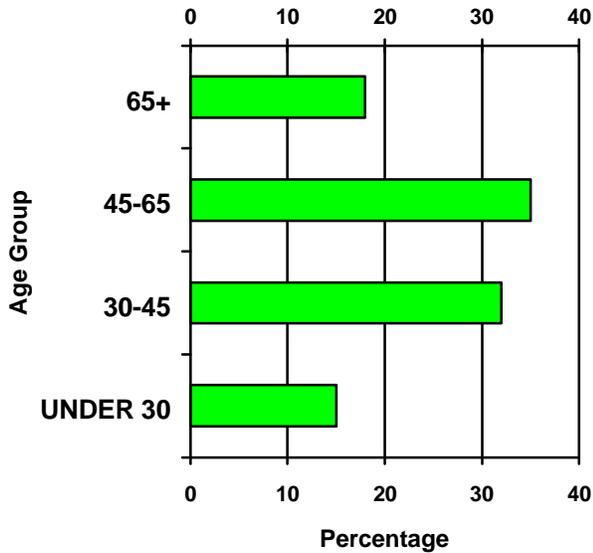
VI. BEHAVIORAL RISK FACTOR SURVEY

The Franklin 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 approximately 200 was collected from Franklin County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

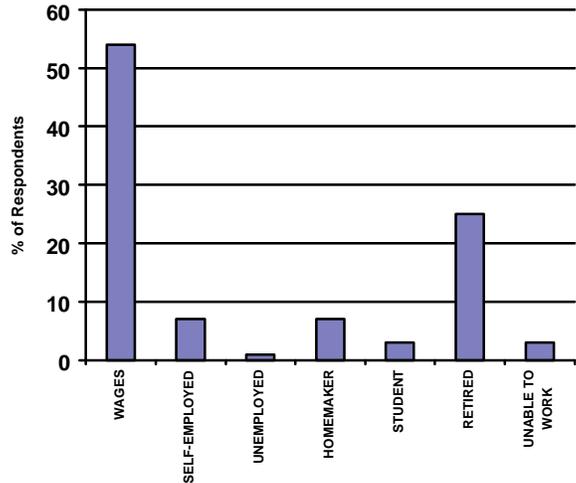
Behavioral Risk Factor Demographics

- Of the 204 respondents, 99 were male, 105 were female, of those 68% were married, 9% divorced, 14% widowed, and 8% never married.
- 195 respondents were white, 7 were African American, and 2 were classified as Other. Two of the respondents claimed a Hispanic origin.
- The largest percentage of respondents fell within the 45-65 year old age group.

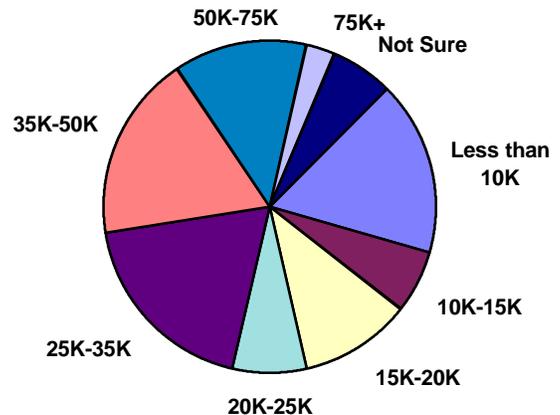


- Approximately 23% of the respondents had less than a high school education, 35% had earned their high school degree, 28% had some college and 13% were college graduates

- A majority of the respondents (54%) earned their living through wages, while 25% were retired

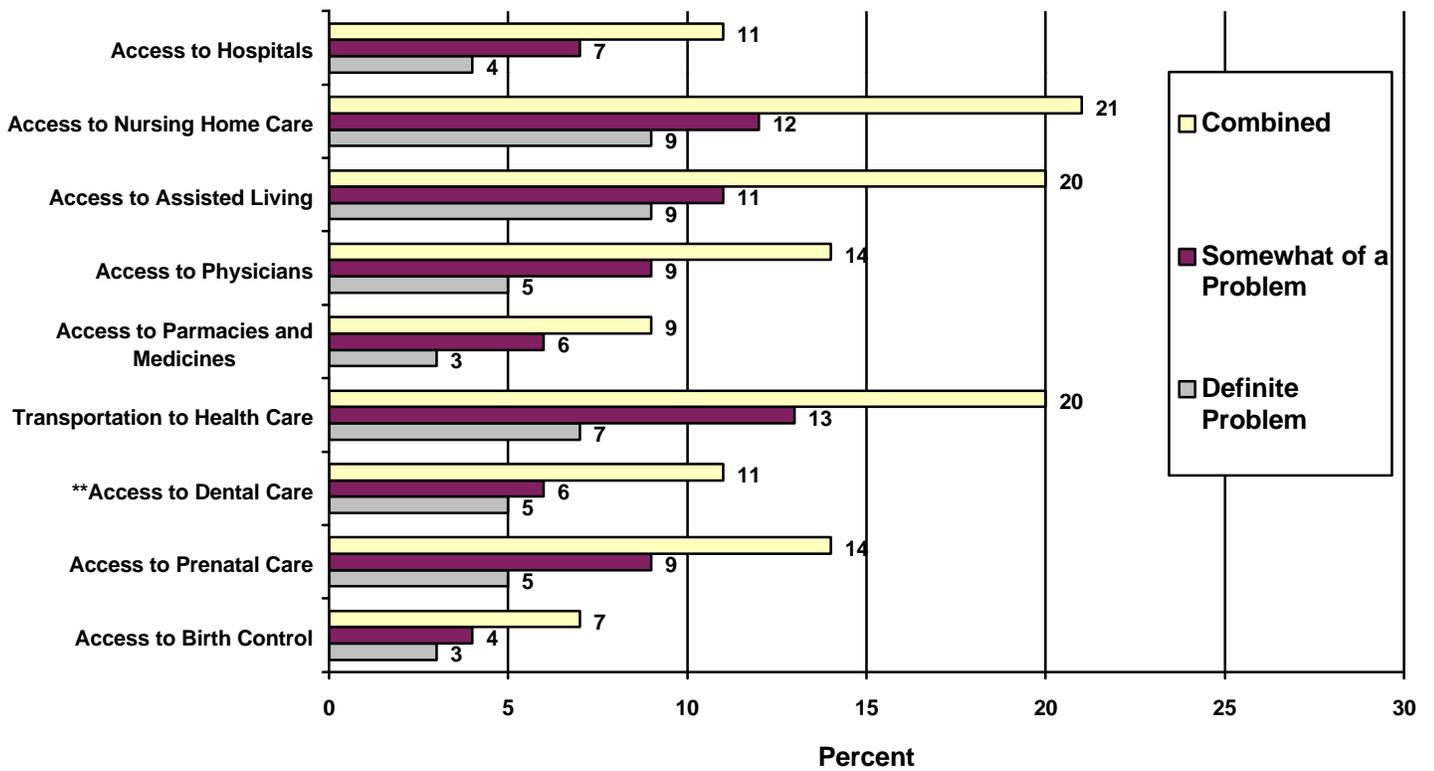


- The household income levels of the respondents were well dispersed with the largest group earning between \$25,000 and \$35,000.

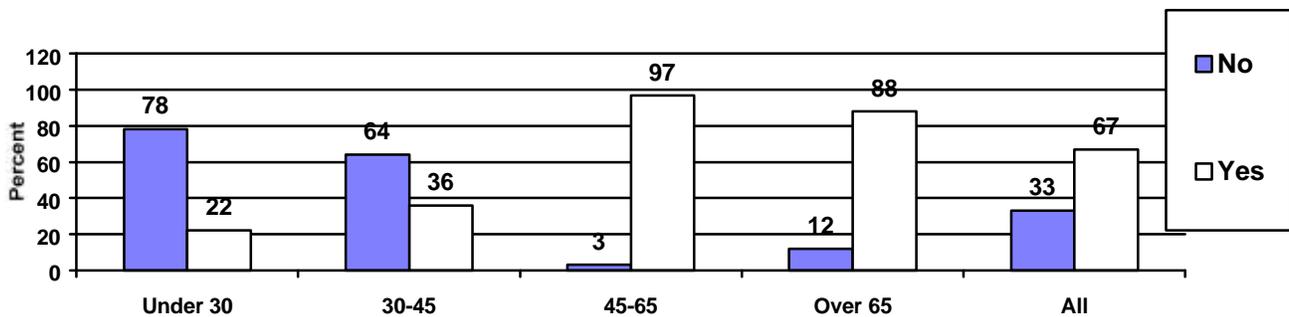


Behavioral Risk Factor Results

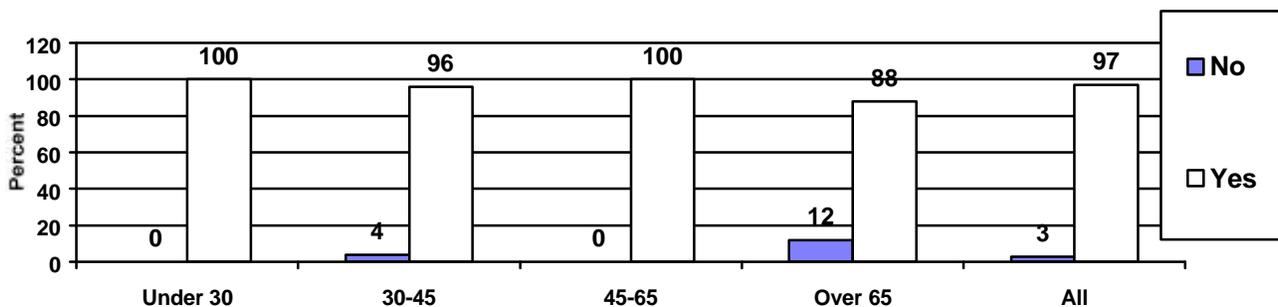
- ****When asked whether they felt the following were community problems, responses were as follows:**



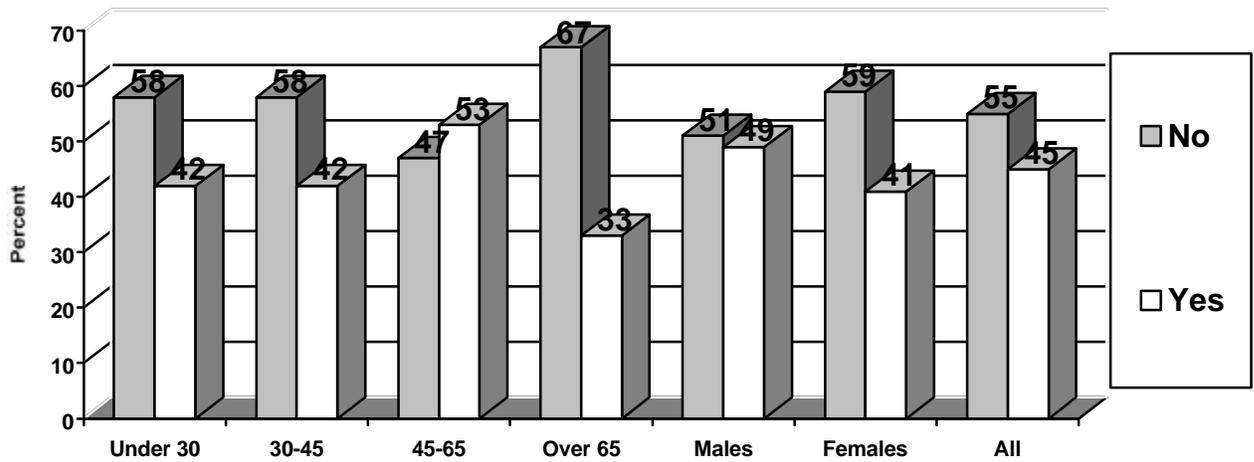
- When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



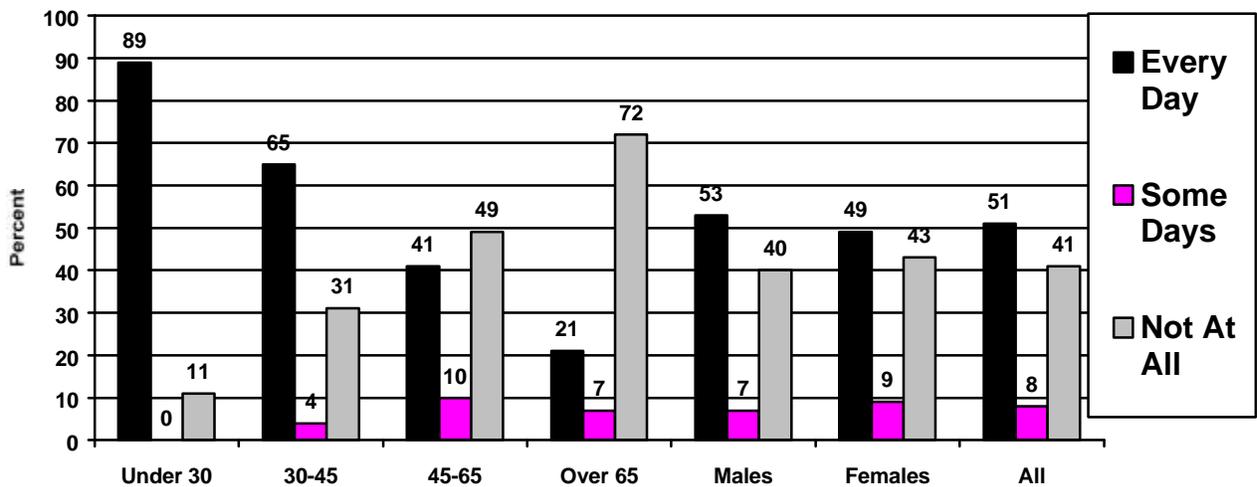
- When asked "HAVE YOU EVER HAD A PAP SMEAR?," the following responses were obtained:



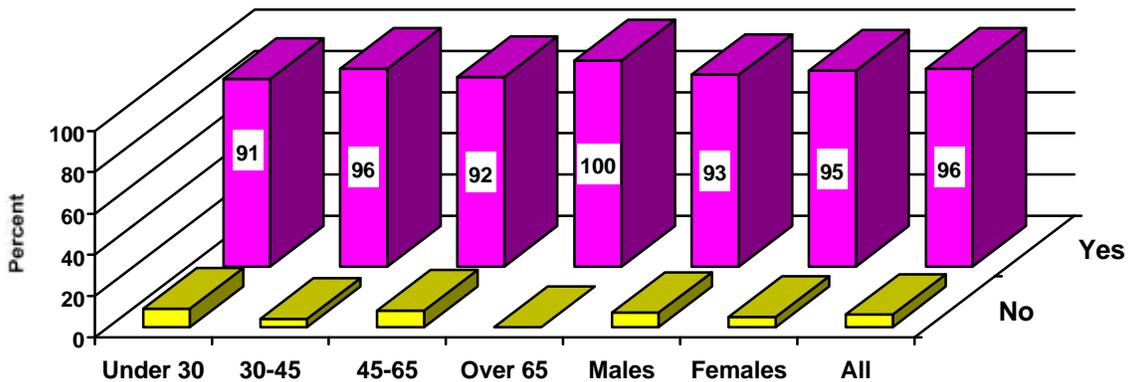
- When asked “HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?,” the following responses were obtained:



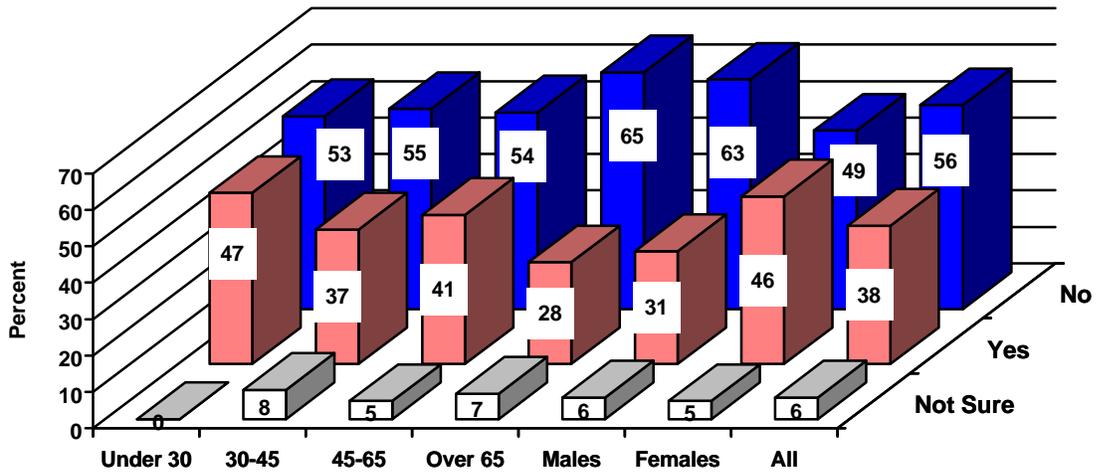
- **Of the 91 respondents who admitted smoking at least 100 cigarettes in their life (above), when asked “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?,” the following responses were obtained:**



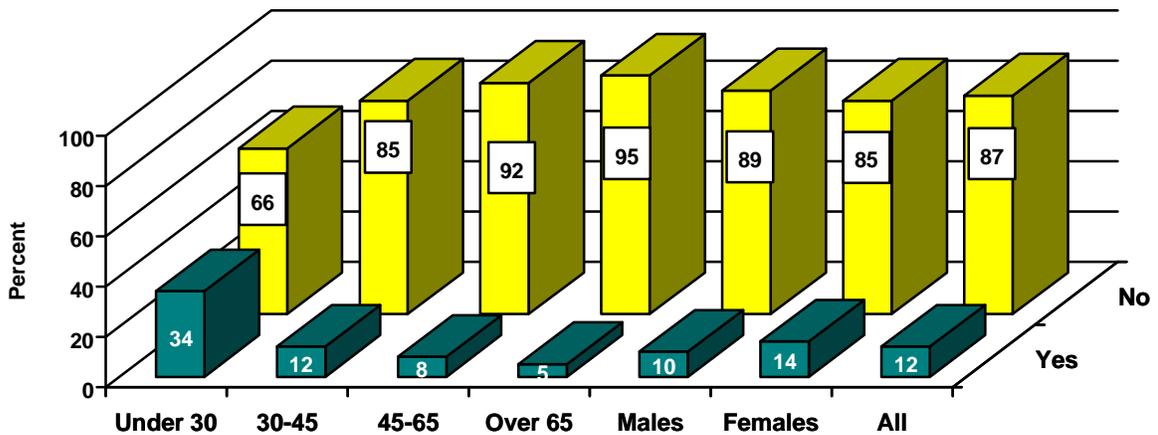
- When asked, “DO YOU HAVE HEALTH CARE COVERAGE?” the following responses were obtained:



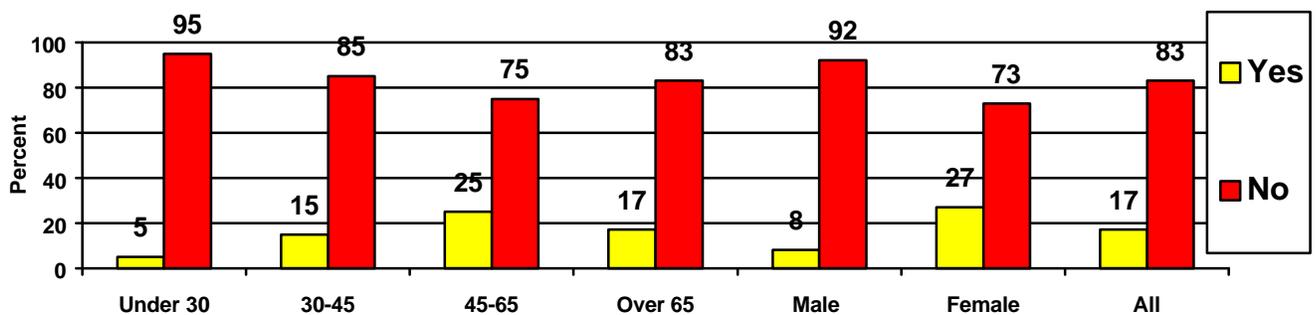
- ****When asked, “DO YOU FEEL YOUR HEALTH CARE COVERAGE LIMITS THE CARE YOU RECEIVE?” the following responses were obtained:**



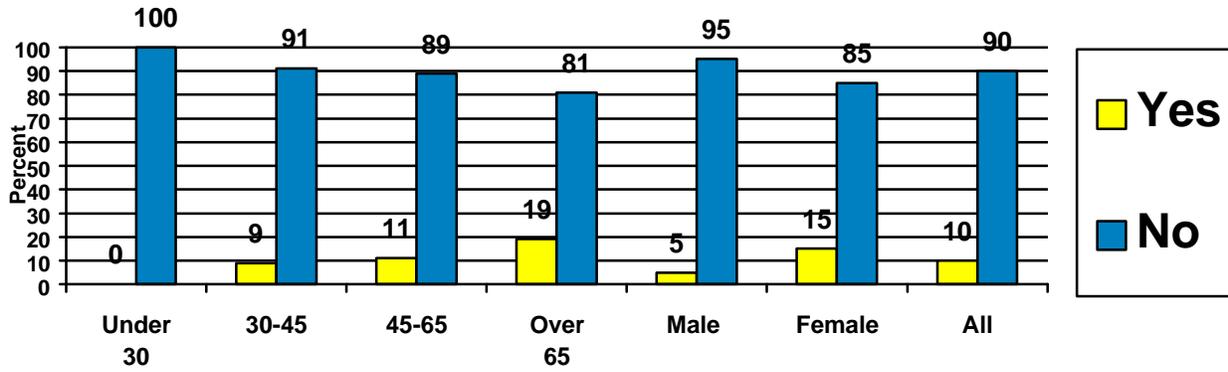
- When asked, “IN THE PAST MONTH HAVE YOU NEEDED TO SEE A DOCTOR BUT COULDN’T DUE TO COST?” the following responses were obtained:



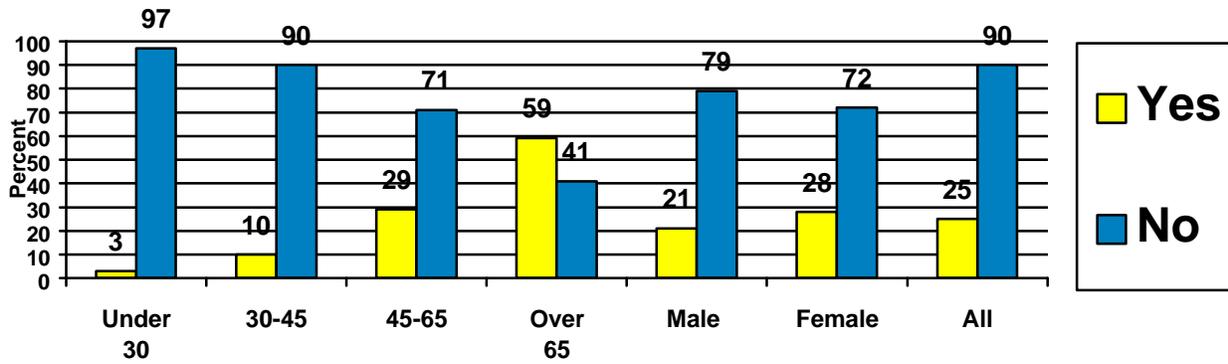
- When asked if they have ever been advised to lose weight, Franklin County residents responded:



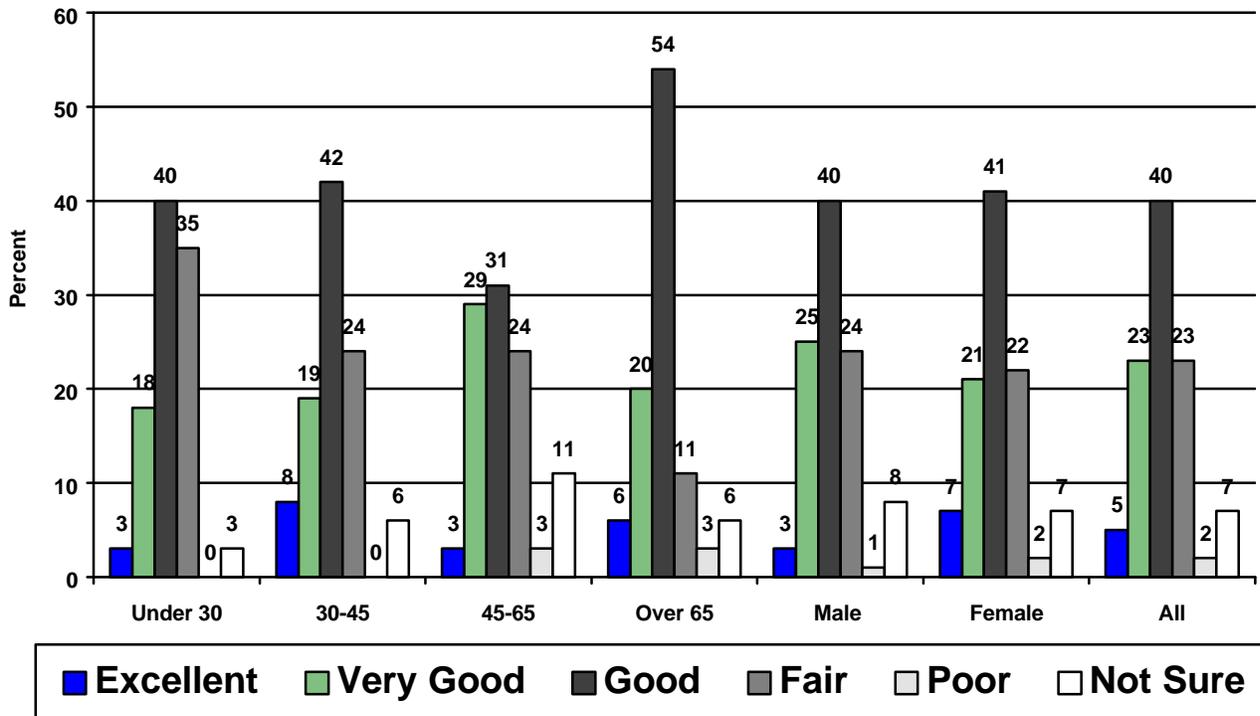
- When asked if they have ever been told they had diabetes, Franklin County residents responded:



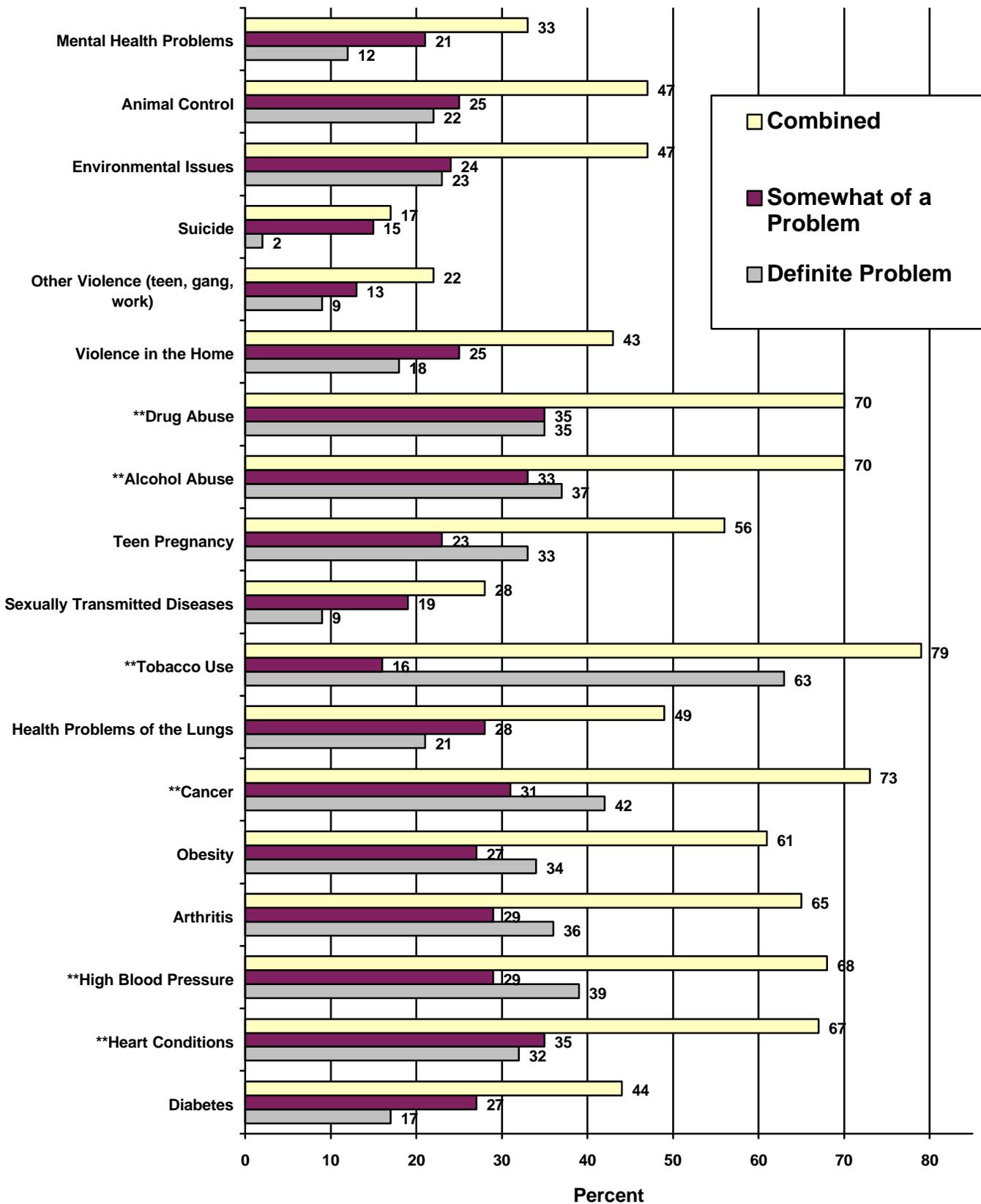
- When asked if they have ever been told they had high blood pressure, Franklin County residents responded:



- When asked, "HOW WOULD YOU RATE YOUR OVERALL QUALITY OF HEALTH?" the following responses were obtained:



- ****When asked whether they felt the following were community problems, responses were as follows:**



VII. IDENTIFICATION AND PRIORITIZATION

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

Mortality Data

- Number of Postneonatal Deaths Per 1,000 Live Births **PAGE-7**
- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) **PAGE-8**
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) **PAGE-8**
- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) **PAGE-9**
- Other Races Male Age-Adjusted Mortality Rates Per 100,000 Population **PAGE-9**
- Other Races Female Age-Adjusted Mortality Rates Per 100,000 Population **PAGE-10**
- Female Breast Cancer Mortality Rates Per 100,000 Women, Age 40+ **PAGE-10**
- Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population **PAGE-11**

Community Assessment Survey Data

- Health and Social Concerns (Crime, Smoking, Teen Alcohol/Drug Abuse, Depression) **PAGE-13**
- Availability of Health Care Services in the Community (Recreational Activities) **PAGE-13**
- Told By A Doctor They Have Health Problems Related To High Blood Pressure **PAGE-15**

Behavioral Risk Factor Survey Data

- When Asked Whether They Felt the Following Were Community Problems (Access to Dental Care) **PAGE-17**
- How Often Do You Now Smoke Cigarettes **PAGE-18**
- Does Your Health Care Coverage Limit the Care You Receive? **PAGE-19**
- When Asked Whether They Felt the Following Were Community Problems (Drug Abuse, Alcohol Abuse, Tobacco Use, Cancer, High Blood Pressure, Heart Conditions) **PAGE-21**

In order to make the list of issues more manageable the council combined related issues and eliminated some issues that effected only a small number of residents. The FCHC then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, an effectiveness of intervention.

FRANKLIN COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Number Of Postneonatal Deaths Per 1,000 Live Births					
Leading Cause of Death for 45-64 (Cancer)					
Other Races Male Age-Adjusted Mortality Rates					
Motor Vehicle Accidental Mortality Rates					
Alcohol and Drug Abuse in Teens					
Depression					
Recreational Activities Unavailable					
Community Problems (Access to Dental Care)					
Tobacco Use					
Health Care Coverage Limits Care Received					
High Blood Pressure/Heart Conditions					

**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 #11.

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>
Alcohol and Drug Abuse in Teens	27	1
Leading Cause of Death for 45-64 (Cancer)	30	2
Tobacco Use	52	3
Motor Vehicle Accidental Mortality Rates	71	4
High Blood Pressure/Heart Conditions	73	5
Depression	76	6
Health Care Coverage Limits Care Received	82	7
Number Of Postneonatal Deaths Per 1,000 Live Births	87	8
Other Races Male Age-Adjusted Mortality Rates	99	9
Community Problems (Access to Dental Care)	111	10
Recreational Activities Unavailable	115	11

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

After reviewing the scores the council was asked how many issues they would like to take on. The top six issues were selected by the council because of their relatedness. The council felt that the issues of teen alcohol and drug abuse could be combined with tobacco use, motor vehicle accidents, and depression and be addressed as “youth wellness”.

Thus, the FCHC choose the following issues for strategic planning purposes:

1. Youth Wellness
2. Cancer as Leading Cause of Death 45-64 Year Olds
3. High Blood Pressure, Heart Conditions

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 FCHC 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 FCHC 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 Franklin 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 Franklin County.

If you would like more information about the health council or would like to join the council in their efforts to positively effect the above issues, please call (423) 634-3124 and ask to speak with someone with Assessment and Planning.

This report is also available on the world wide web thanks to a joint effort of the Tennessee Department of Health and the University of Tennessee at server.to/hit under the reports heading.