



# **Community Diagnosis**

**Hamblen County Health Council  
Community Diagnosis Report  
Prepared March 1999**

**By**

**The Community Development Division  
East Tennessee Regional Health Office**

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## 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 Hamblen County Health Council (HCHC) was established in 1997 “to promote access to quality health care, while encouraging wellness, prevention and education through collaboration with other organizations to all residents of Hamblen County.” A list of council members participating in the assessment can be found in Appendix A.

The HCHC 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 Hamblen County citizens.

As a result of the assessment process, the health council will develop a health plan for Hamblen County. The Health Plan will contain goals to improve the health of Hamblen 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

Hamblen County was established in 1870, from Jefferson, Grainger, and Greene Counties, after the citizenry of the area petitioned the Tennessee General Assembly to be recognized as a new county. In order to secure the recommendation of State Senator William Green of Hawkins County, he was given the privilege of naming the new county after his grandfather, Hezekiah Hamblen. Hezekiah had been an attorney and member of the Hawkins County circuit and county courts for many years.

Hamblen County is located 40 miles east of Knoxville and is 174 square miles. Hawkins County borders it to the north, Jefferson and Cocke Counties to the south, Greene County to the east and Grainger to the west. Hamblen County has easy access to Interstate 81 and 41, U. S. Highways 11E and 25E, and State Highways 66, 160, 342. Morristown the county seat is ideally suited for manufacturing, warehousing and distributing facilities because it lies within 600 miles of 75% of the U.S. Population and access to major highways and interstates.

Hamblen County, which is bordered by Cherokee Lake, has numerous recreational opportunities. Panther Creek State Park covering approximately 1,435 acres is located in the Hamblen County community of Panther Springs. Panther Springs is one of the country's oldest settlements. According to legend, Panther Creek and Panther Springs received their names from a panther being shot by a Colonel Bradley of Virginia and falling into the spring. Hamblen County is also rooted in historical landmarks, one of which is Crockett's Tavern. It was built by John Crockett in 1796 and was home to young Davy Crockett. Hamblen County is diverse in its recreational opportunities, its historical landmarks, and its progressive attitude in industrial recruitment and development.

### *Hamblen County Community Profile*

#### ***Location:***

Region: East Tennessee  
Square Miles: 174  
Distance from Knoxville: 40 miles

#### ***Population (1996 est.)***

Total: 50,480  
Male: 24,319  
Female: 26,161  
Minority: 5.7

#### ***Cities/Towns/Communities***

Morristown  
Russellville  
Talbott  
Lowland  
Whitesburg

#### ***Education***

Elementary 12  
Middle/Jr. High 4  
Sr. High 2  
Private or Parochial 5  
Technology Centers 1  
Colleges 2

#### ***Natural Resources***

Minerals: Zinc and Coal  
Timber: Oak

#### ***Climate***

Annual Average Temperature: 59.6°  
Annual Average Precipitation: 45.85"  
Annual Average Snowfall: 11.9"  
Elevation: 1,351 above sea level

***Hamblen County Selected Economic Indicators***

*Labor Force Estimates 1998*

Annual Total Labor Force: 29,857  
 Number Unemployed: 1,318  
 Unemployment Rate %: 4.5

*Tax Structure*

County Property Tax Rate per \$100 value: \$2.76  
*Per Capita Income (1996) : \$19,805*

Table 1

***Health Care Resources***

	<b>County</b>	<b>Region</b>	<b>State</b>
Persons per Primary Care Physician	1,707	1,776	1,053
Persons per Nurse Practitioner	25,601	7,429	7,134
Persons per Physician Assistant	25,601	15,053	18,664
Persons per Registered Nurse	132	178	106
Persons 10-44 per OB/GYN	1,788	4,509	2,100
Persons per Dentist	1,652	2,414	1,186
Persons per staffed hospital bed	266	491	245
Percent occupancy in community hospitals	40	57.3	57.7
Persons per staffed nursing home bed	155	119	135
Percent occupancy in community nursing homes	95.3	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.*

***Hospitals - # Beds***

Lakeway Regional Hospital—135 (Psych 12)  
 Morristown Hamblen Hospital Association—155

***Nursing Homes - # Beds***

Life Care Center of Morristown—161  
 Morristown-Hamblen Hospital Association- (sub-acute unit)—15  
 The Heritage Center—197

**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 Hamblen County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Hamblen 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 15).

***Resources***

Hamblen County Health Council will focus on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Hamblen County Health Council will seek 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 Hamblen County Stakeholders 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.

#### Hamblen County Community Stakeholders Survey

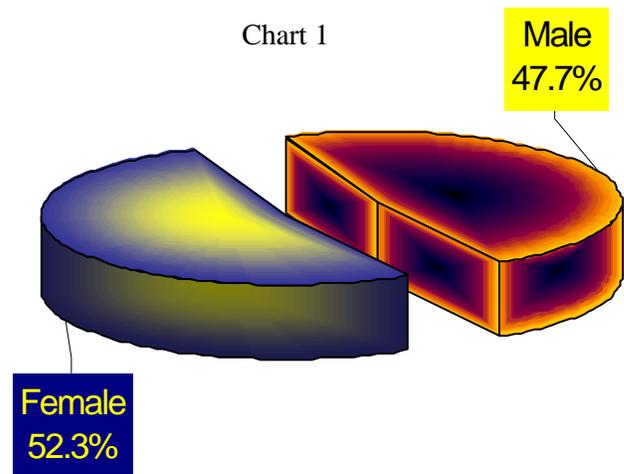
# of respondents: 350

Male: 47.7

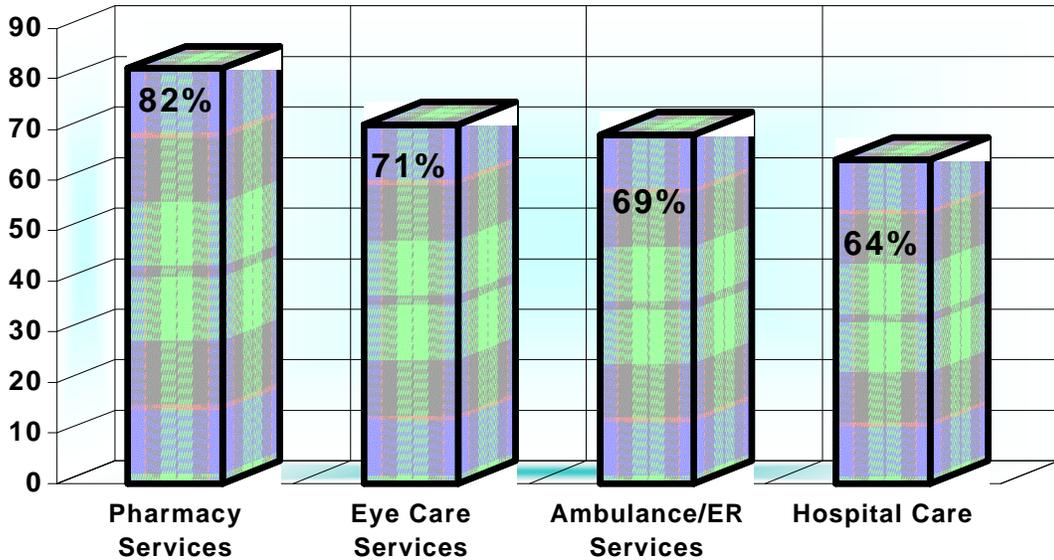
Female: 52.3

Sixty-two percent of the respondents had lived in the county for twenty or more years.

Respondents were asked to rate various health services and health/social concerns as adequate, not adequate, not available; Yes, a problem, Yes, a small problem, No, not a problem, or no opinion on service or concerns. The top four health care services that were rated as adequate are Pharmacy Services, Eye Care Services, Ambulance/ER Services, and Hospital Care (Chart 2).

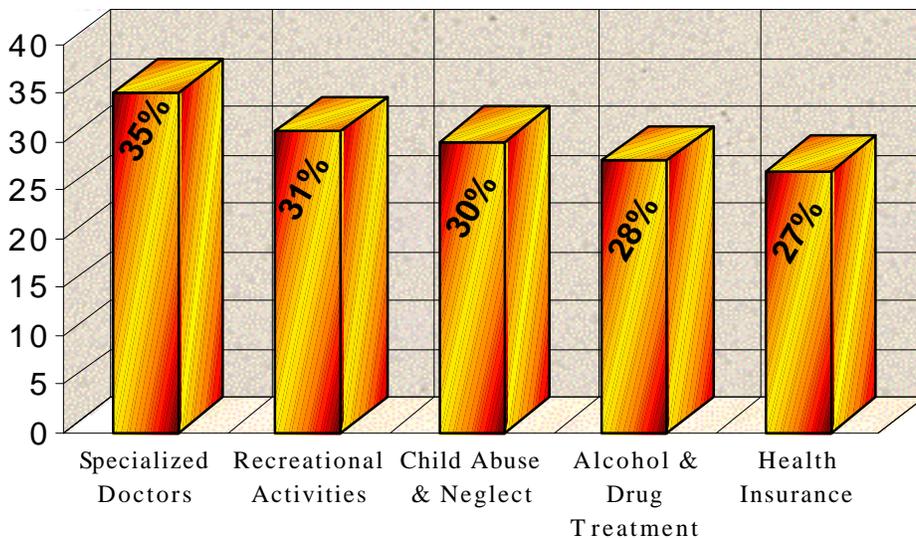


**Chart 2**  
**Community Health Care Services**  
**% Responding “Adequate”**

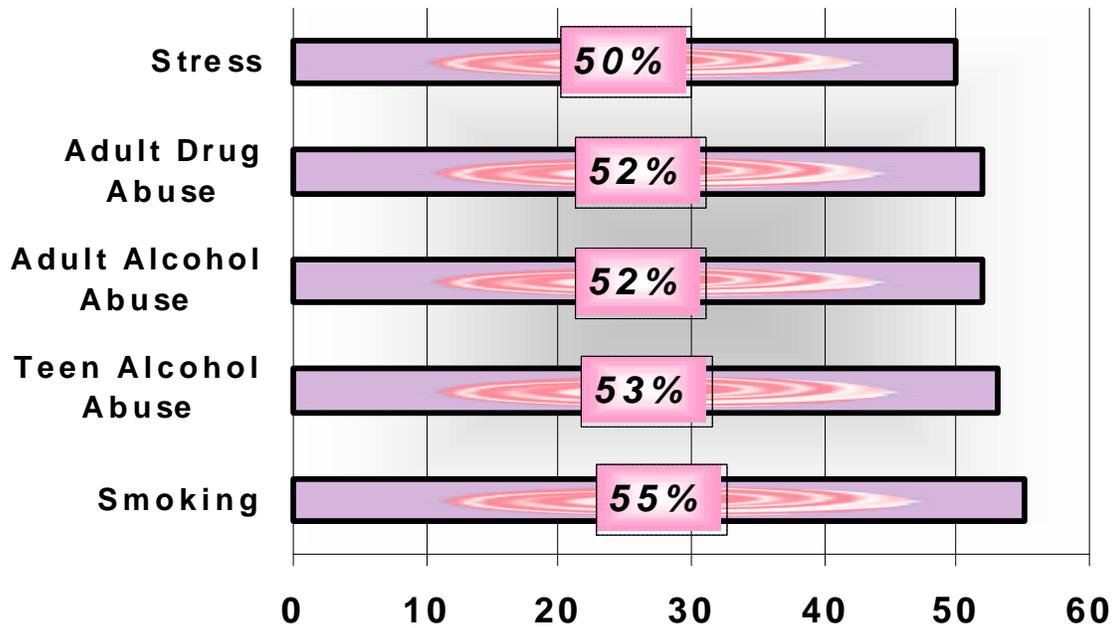


Data that concerned the health council were the ratings of “Not Adequate,” and “Yes, a Problem,” in the health services and health/social issues category. Thirty-five percent of the respondents felt that services for specialized doctors were available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include Recreational Activities, Child Abuse & Neglect, Alcohol and Drug Treatment, and Health Insurance (Chart 3). In the health /social issues category fifty-five percent felt that smoking was a problem in the community. The top five-health/social issues that were ranked as a problem also included Teen Alcohol Abuse, Adult Alcohol Abuse, Adult Drug Abuse, and Stress (Chart 4).

**Chart 3**  
**Community Health Care Services**  
**% Responding “Not Adequate”**



**Chart 4**  
**Community Health/ Social Issues**  
**“Yes A Problem”**

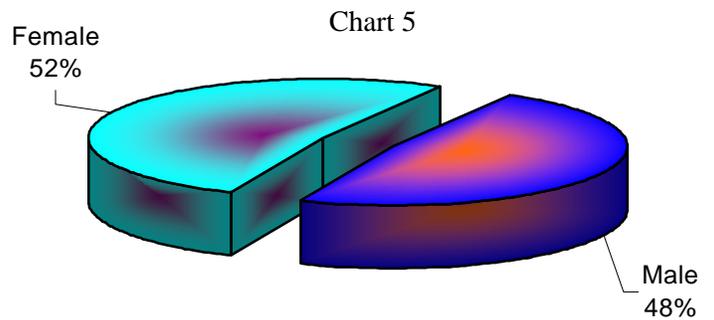


*2. Behavioral Risk Factor Survey (BRFS)*

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 200 was collected from Hamblen 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, 52% were female and 48% male. This compares to 52.3% female and 47.7% male for the population of Hamblen 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
Needed to see a doctor but could not due to cost	15%	(No Goal)
Smoking (currently smoke)	26%	15%
Have had Clinical Breast exam	88%	(No Goal)
Mammogram (had mammogram)	83%	80%
Diet within range		
Have high blood pressure	33%	(No Goal)
Advised to lose weight	22%	(No Goal)
Have diabetes	8%	(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 problems and

2.) Access to health care.

Charts 6a and 6b identify the top community issues in these two categories.

Chart 6a  
Community Problems % Saying "Definite Problem"

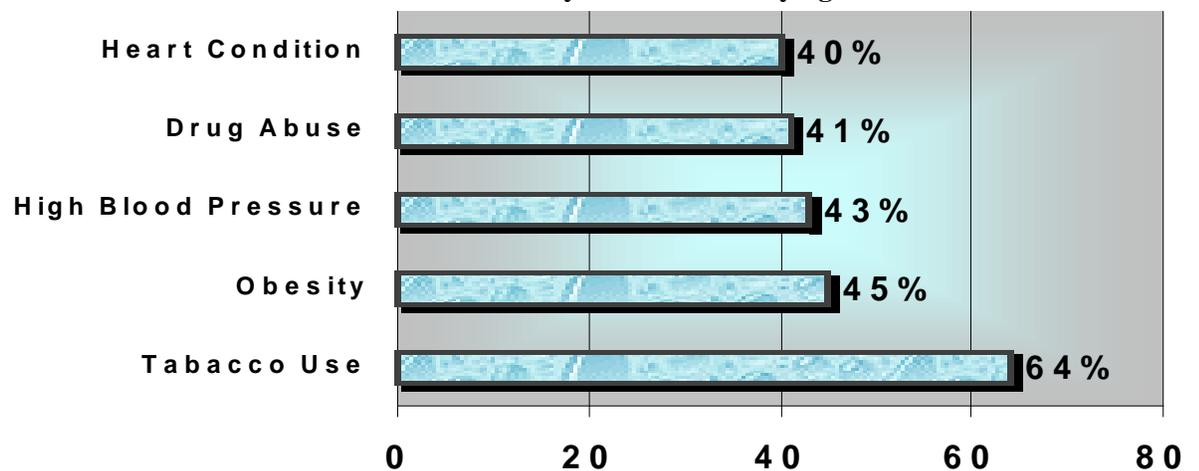
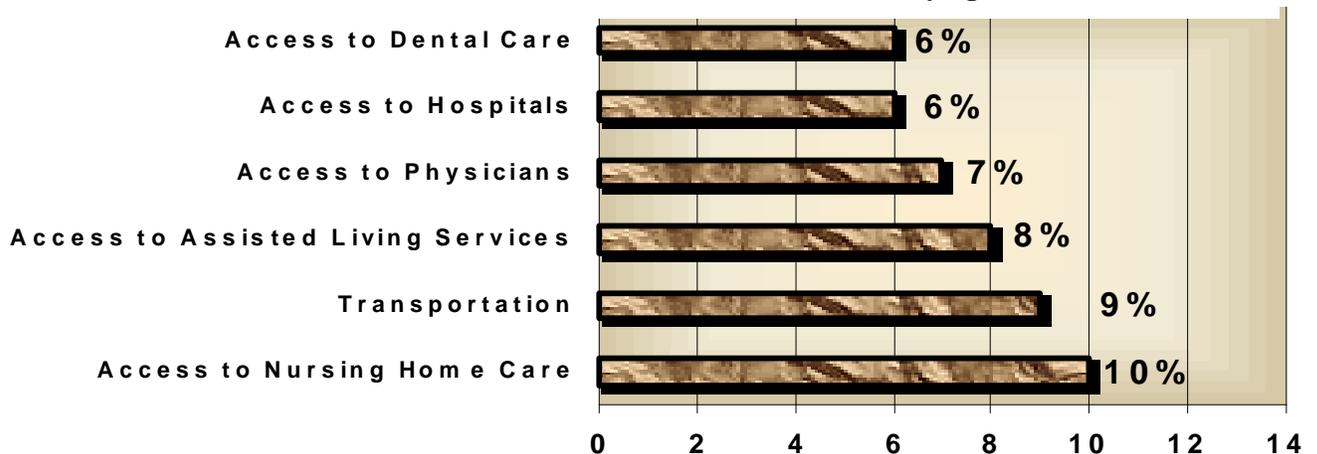


Chart 6b  
Access to Health Care % Saying "Definite Problem"



## B. Secondary Data

Information on the health status, health resources, economy, and demographics of Hamblen 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 Hamblen 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. Suicide
- 6. Stroke
- 7. Teen Pregnancy
- 8. Late Prenatal Care

**Table 2**  
**Total 1996 (est.) Population: 52,763**  
**Total Number of Households: 19,429**

	County	Region	State
Percent of households that are family households	76.1	76.3	72.7
Percent of households that are families headed by a female with no husband present	11.9	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.5	5.4	6.9
Percent of households with the householder 65 and up	20.2	23.6	21.8

**Table 3  
Education**

	<b>County</b>	<b>Region</b>	<b>State</b>
Number of persons age 25 and older	33,214	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	61.6	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	11.2	11.1	16.0

**Table 4  
Employment**

	<b>County</b>	<b>Region</b>	<b>State</b>
Number of persons 16 and older	40,176	437,649	3,799,725
Percent in work force	63.9	60.1	64.0
Number of persons 16 and older in civilian work force	25,650	262,392	2,405,077
Percent unemployed	6.2	7.8	6.4
Number of females 16 years and older with own children under 6	2,635	30,082	287,675
Percent in labor force	60	57.4	62.9

**Table 5  
Poverty Status**

	<b>County</b>	<b>Region</b>	<b>State</b>
Per capita income in 1989	\$11,127	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	13.9	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	18.9	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	21.1	21.1	20.9

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

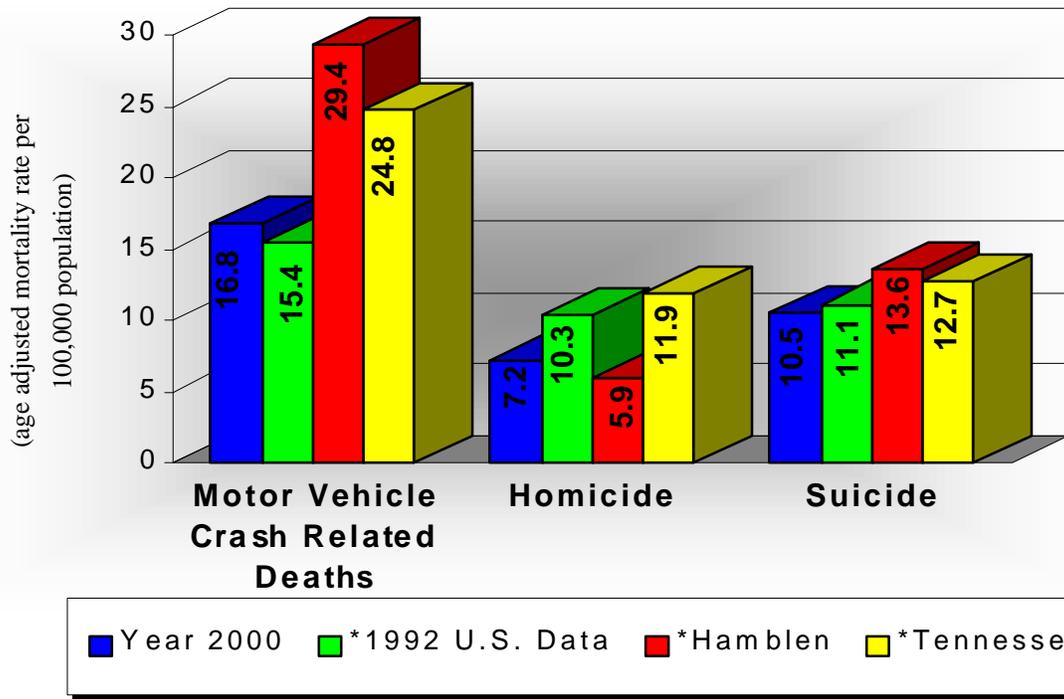


Chart 7a

\*Figures for Tennessee, U.S. Data, and Hamblen Co. (Charts 7a & 7b) are a 3-year average from the years 1991 - 1993.

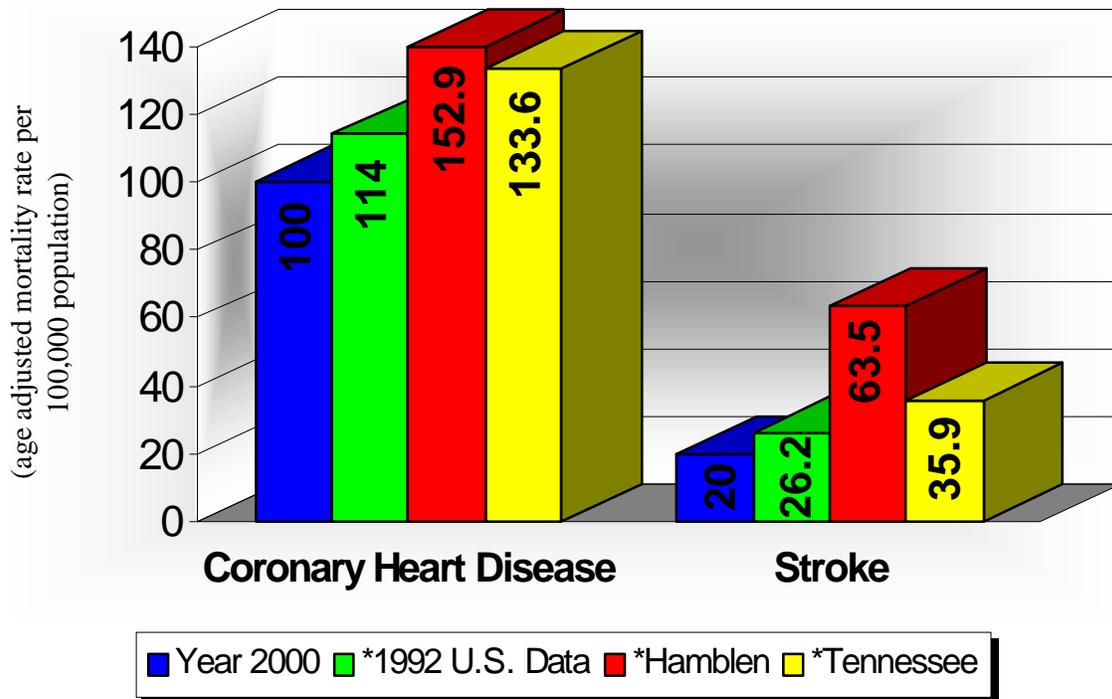
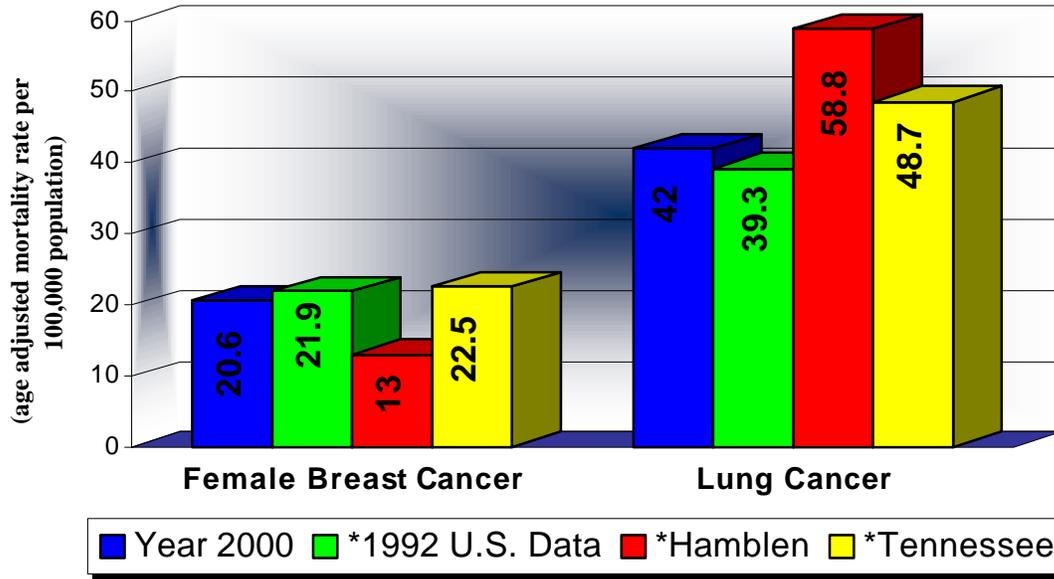


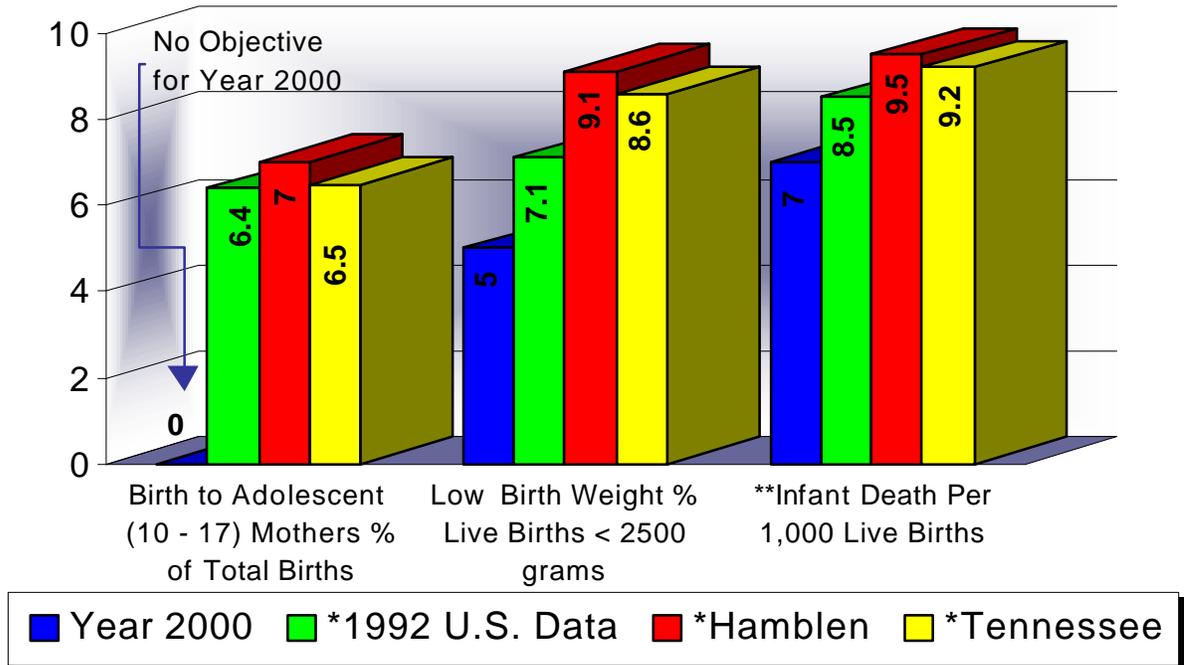
Chart 7b

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



\*Figures for Tennessee, U.S. Data, and Hamblen County are a 3-year average from the years 1991 – 1993.

**Chart 9**  
**PERINATAL INDICATORS**



\*Figures for Tennessee, U. S. Data, and Hamblen 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 Hamblen 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

#### **HAMBLEN COUNTY HEALTH ISSUES / PRIORITIES**

Rank Order

- **1. ALCOHOL / TOBACCO / OTHER DRUGS**
- **2. LIFESTYLE ISSUES:**
  - Diet
  - Exercise
  - High Blood Pressure
- **3. \*TEEN PREGNANCY**
- **3. \*COMMUNITY MULTI-PURPOSE COMPLEX**
- **4. DENTAL**
- **5. AVAILABILITY & ACCESS TO SPECIALTY CARE**
- **6. HEALTH CONDITIONS:**
  - Heart Disease
  - Cancer
  - T. B.
- **7. COMMUNITY AWARENESS**
- **8. INFANT HEALTH ISSUES**

\*Tied for #3 priority

### **IV. FUTURE PLANNING**

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

<i>Jim Senter</i>	<i>Chairperson, Hamblen County Health Council, Samaritan Group, LLC</i>
<i>Richard Clark</i>	<i>Administrator, Morristown-Hamblen HealthCare System</i>
<i>Stancil Ford</i>	<i>State Representative</i>
<i>Bill Conklin</i>	<i>Cherokee Health System</i>
<i>Rosie Freeman</i>	<i>Director, Reachout</i>
<i>Kay Hale</i>	<i>DCEA Head Start</i>
<i>Tommy Haun</i>	<i>State Senator</i>
<i>David Purkey</i>	<i>County Executive</i>
<i>Sharee Long</i>	<i>County Executive Office</i>
<i>Mary Ruth McGhee</i>	<i>County Health Director</i>
<i>Mike Pierce</i>	<i>Morristown-Hamblen HealthCare System</i>
<i>Dr. Sam Sheppard</i>	<i>Board of Education</i>
<i>Robert Wampler</i>	<i>Administrator, Lakeway Regional Hospital</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.server.to/hit](http://www.server.to/hit).

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

