

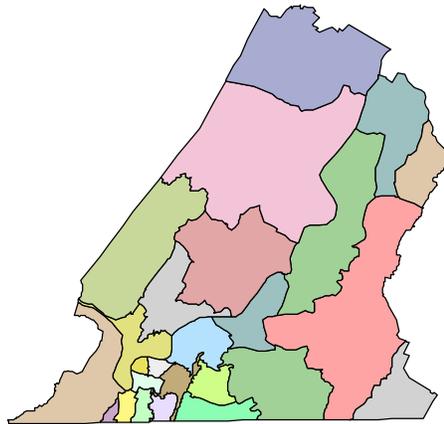
Community Diagnosis Document

Volume 1

COMMUNITY HEALTH PLAN

FOR

HAMILTON COUNTY



**Chattanooga-Hamilton County Regional Health Council
And
Chattanooga-Hamilton County Health Department
Office of Community Health Services
And
Community Development**

June, 1999

EXECUTIVE SUMMARY

The Community Health Plan for Hamilton County, Tennessee is a presentation of important health and health-related issues that together paint a picture of the health status of residents of Hamilton County. The plan includes historical information that summarizes what has occurred in Hamilton County since 1994 with respect to health assessment and planning, and the development of strategies to address health priorities. In these regards, the contributions of the Metropolitan Council for Community Services and the Greater Chattanooga Community Health Task Force are referenced.

The Chattanooga-Hamilton County Regional Health Council has assumed responsibility for the more recent efforts at coordinating and expanding an on-going *community diagnosis process*. A report on this process is presented in “The Community Health Plan for Hamilton County, Tennessee,” (a community diagnosis document).

The community assessment process detailed in the community diagnosis document centers on a review and analysis of the following health indicators which have been determined to be important in gauging the health status of persons residing in Hamilton County: risky behaviors and other behavioral practices as reported by residents, morbidity data, and mortality data.

The findings that emerged from the research point to the revelation that *many of the causes of illness, disability, and premature death for Hamilton County residents are determined by behavior and the personal choices that the people make.*

Five health priorities are presented in the document that were determined to be most important by the community and the Regional Health Council’s Community Health Planning Committee. They are: (1).* Obesity, Diet and Exercise, (2).* Tobacco Use, (3). Risky Sexual Behavior, (4). Alcohol and Drug Use, and (5). Lack of Involvement in Health Screenings and other Preventive Measures. (*Number 1 and 2 are tied for the number one priority ranking.) The report references subcommittees that have been established to develop strategies for addressing each priority area.

Very important to the planning process has been the establishment of a *Health Futures Committee* which is assigned the task of crafting a vision of where Hamilton County could be in the next five to ten years with respect to the health of its residents as the new millenium unfolds. The on-going community diagnosis and planning processes referenced in the report as well as any subsequent strategies and interventions will be integrated with the long-range goals developed by the *Health Futures Committee*.

In conclusion, the Community Health Plan document reports on an unending process which assists local residents in knowing and understanding their health status, in determining what they want and can realistically achieve, and in developing and mobilizing an action plan based on analysis and planning.

Viston Taylor, Chairman
Chattanooga-Hamilton County
Regional Health Council

Community Diagnosis Document

COMMUNITY HEALTH PLAN FOR HAMILTON COUNTY

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I. PREFACE

The community diagnosis component is critically important to an effective health planning process. This first phase of the planning process has been essential to advance partnerships among key stakeholders in Hamilton County. Great opportunities have emerged in our community for individuals, organizations and institutions whose missions focus primarily on health issues and/or the provision of health services.

The recent efforts towards community diagnosis in Hamilton County have encouraged local leaders to pay greater attention to strategies that promote improvements in personal decisions and that also promote healthier behaviors by individuals, families and employers. There is herein the clear indication of the importance of values, lifestyle, the home and the community environment.

These events, resulting in the community diagnosis referenced in this document, reflect the first steps in an on-going planning process. This process is designed to define more broadly what our people consider to be “positive health.” Finally the process employed in Hamilton County provokes on-going dialogue about health in terms of: *“Where is Hamilton County at any point in time?” “Where do we want to be?” and “How will we get there?”*

William Hicks, Chairman
Community Health Planning Committee

II. ACKNOWLEDGMENTS

This report was prepared by the Chattanooga-Hamilton County Regional Health Council and the Community Health Services Office of the Chattanooga-Hamilton County Health Department. Members of the Council contributed to this report under the leadership of Viston Taylor, Chairman of the Regional Health Council and William Hicks, Vice Chairman of the Regional Health Council and Chairman of the Council's Community Health Planning Committee. Staff Members of the Community Health Services Office who contributed significantly to the development of this report were George Moody and Linda Holliday. William D. Ulmer, Director of the Community Health Services Office, was the principal author and writer of the report.

Appreciation is expressed to the leadership and the members of the Chattanooga-Hamilton County Regional Health Council, to the members of the Community Health Planning Committee and to the members of the subcommittees. Rae Bond, Ione Farrar, Ben Miller III, Sheryl Rogers, and William Hicks were subcommittee chairpersons. Much gratitude is given to the leadership and members of the Greater Chattanooga Community Health Task Force for the foundation it helped to lay with respect to the community diagnosis process in Hamilton County. The contributions of Robert Doggart, Immediate Past Chairman of the Regional Health Council, are also recognized for helping to set the stage for the work of the Council. Expressions of sincere appreciation are also directed to the following Chattanooga-Hamilton County Health Department Personnel: Sam Rose, Administrator, Valerie A. Boaz, M.D., Health Officer, the Health Department Directors, along with Judy Frank, Deborah McKeehan, Beverly Vineyard and Judy Pratt for their support and technical assistance.

A special thanks is offered for the technical support provided by Boyce Brawley, Steve White and Ione Farrar with the Metropolitan Council for Community Services. Ann McGintis and Charles Love are tremendously thanked for their important role in making the town meetings possible.

Sincere appreciation is offered for the guidance and assistance provided by Judy Dias, Assistant Director, Bureau of Health Services, and Becky Hawks, Program Director, Office of Community Development, Tennessee Department of Health.

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Chattanooga-Hamilton County Regional Health Council

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Sub Committee Chairpersons

Ione Farrar – Obesity/Lack of Exercise

William Hicks – Tobacco Use

Rae Bond – Risky Sexual Behavior

Ben Miller – Substance Abuse

Sheryl Rogers – Lack of Health Screenings

Greater Chattanooga Community Health Task Force

MEMBERS



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Paul Neely, Chairman, 1995 - 1997

Jo Ann Alexander

Chip Baker

Hugh Barnes

Rae Bond

Oscar Brock

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George Moody

Susan Pollock

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Russell Vatter

Velma Wilson

VI. INTRODUCTION: THE COMMUNITY DIAGNOSIS PROCESS

The Community Health Plan for Chattanooga-Hamilton County is the result of a county-wide health assessment process, synonymously termed “*community diagnosis*.” The Tennessee Department of Health has advocated the development of a regional health plan for each of the twelve regions of the State of Tennessee using the community diagnosis model. These regional health plans, collectively, are to include provisions for each of the 95 Tennessee counties.

For this report, *community diagnosis* was defined by the North Carolina State Center for Health and Environment as “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community.”

The benefits of community diagnosis (community health planning), minimally, are that it:

- provides justification for funding initial budget requests and budget improvement requests, for state-wide categorical health programs, and for special county-specific health or health-related initiatives submitted to the Tennessee General Assembly;
- provides state-level programs and their regional health office personnel with information that fosters better planning, promotion, and coordination of prevention and intervention strategies that target regional and local efforts;
- serves health planning and advocacy needs at the community level. Here, community leaders and local health department personnel provide the leadership to insure that documented community health problems are addressed.

The Committee for the Study of the Future of Public Health, Institute of Medicine, has said that “effective public health action must be based on accurate knowledge of the causes and distribution of health problems,” and recommends that “every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, epidemiological and other studies of health problems.” Accordingly, regional and county health departments now are responsible for forming partnerships with regional and county health councils in order to address mandates by the Tennessee Department of Health.

The Chattanooga-Hamilton County Regional Health Council and the Chattanooga-Hamilton County Health Department have fostered a partnership in completing a report on the local community diagnosis process, with the development of a

Community Health Plan document. A number of other agencies, institutions, and individuals have played significant roles in assisting with the community assessment activities and the preparation of this report.

This community health plan document is intended to:

- **report on the social and general well-being of the residents of Hamilton County;**
- **define the health status of residents of Hamilton County and present a review of the historical events and the evolving local environment that provided the foundation for the results of the community diagnosis (assessment) processes conducted in Hamilton County;**
- **outline the health priorities that have been determined from the assessment processes;**
- **present information and data to support the conclusions drawn about the health status of residents and the health priorities for Hamilton County;**
- **present prospective actions and resources for addressing the priorities noted in the report;**
- **reflect on the development of visionary goal statements for the future health and well-being of Hamilton County residents.**

In summary, the community diagnosis processes presented in this document attempt to answer three questions regarding the health status of local residents:

- **Where is the community now?**
- **Where does the community want to be?**
- **How will the community get there?**

The answers to these questions provide for direction with regard to future health and health-related activities and initiatives, service offerings, and policy development.

VII. BRIEF HISTORY OF THE COMMUNITY DIAGNOSIS PROCESS IN HAMILTON COUNTY

As early as 1994, leaders in the health field in Hamilton County began openly to discuss the many changes that were becoming evident in the health indicators for the population of Hamilton County regarding health and health-related resources and health care financing. During the last quarter of 1994, community leaders and several executives from local hospitals and the health department began to meet on regular occasions to talk about the health status of the community.

During the first quarter of 1995, before formal “community development” initiatives were launched statewide by the Bureau of Health, key players representing the business community, higher education, health insurer groups, and others joined the small group of leaders who had been convened earlier to review and discuss the health status of the community. Their discussions were motivated by a growing interest in determining the health needs of our County residents and the need to identify resources that are required to address those needs.

The *Metropolitan Council for Community Services* convened the necessary groups to move forward the review of health needs and the identification of resources. This agency is recognized locally as the primary technical resource for facilitating community-wide research initiatives and planning in areas inclusive of social and community services, health, and economic and community development. These community leaders were then formally organized by the Metropolitan Council to form the *Greater Chattanooga Community Health Task Force*, (referred to herein after as the Community Health Task Force or Task Force). The purpose of this Task Force was to initiate efforts that would result in an improvement in the health of the residents of Hamilton County.

The assessment process conducted by the Community Health Task force included the analysis of data and information gathered from three sources: (1) a community profile analysis as documented by Metropolitan Council for Community Services in their research report entitled “Life in Hamilton County: Indicators of Community Well-Being,” (2) an inventory of health resources and services, and (3) a telephone survey of 816 adults, age 18 and over, from randomly selected households in Hamilton County.

The findings that emerged from the analysis of data and information led the Task Force to conclude that *personal choices and decisions*, and *the behavior of people* are the primary determinants of premature death among residents of Hamilton County. These conclusions prompted the Task Force to establish a two-fold strategy to improve health among area residents: (1) *reduce risks*, and (2) *expand opportunities*.

In October, 1997, the Advisory Board of the Chattanooga-Hamilton County Health Department was reconstituted and its duties and responsibilities were expanded and assigned to the newly established *Chattanooga-Hamilton County Regional Health Council*, (herein after referred to as the Regional Health Council).

In May, 1999, the Board of Directors for the Metropolitan Council for Community Services dissolved the Community Health Task Force, in recognition of the mission and scope of work of the newly established local Regional Health Council.

The newly formed Regional Health Council subsequently established a Community Health Planning Committee. This Committee initiated processes and work that furthered the efforts already begun by the Community Health Task Force and the Metropolitan Council for Community Services. Many members of the Task Force were integrated into the Regional Health Council, either as Council members or as members of the Council's Planning Committee. The role of the Community Health Planning Committee was determined to be *to engage in an on-going community diagnosis process with respect to assessing the health status of residents in Hamilton County, and to recommend strategies for addressing the needs that emerged from the on-going community diagnosis process.*

VIII. MISSION STATEMENT FOR THE CHATTANOOGA-HAMILTON COUNTY REGIONAL HEALTH COUNCIL

The mission of the Chattanooga-Hamilton County Regional Health Council is to serve as the lead community-based organization in Hamilton County, designated by the Tennessee Department of Health, to provide for local community health assessments, regional health planning, and to provide for input regarding locally based funding decisions for health and health-related programs, services, and initiatives, all in an effort to improve the health of residents of Chattanooga and Hamilton County.

X. SUMMARY OF REGIONAL HEALTH COUNCIL ACTIVITIES

Following the formation of the Chattanooga-Hamilton County Regional Health Council in the Fall of 1997, the Council established by laws, selected Council officers and established Standing Committees.

The early activities of the Council's members were focused mostly on defining the scope of work for the Council. Included was active support for the work of the Community Health Task Force in carrying out initiatives to address the risky behaviors associated with "tobacco product use and seatbelt use."

In Spring, 1998, the Regional Health Council supported the conducting of the Youth Risk Behavior Survey (YRBS) by the Community Health Task Force and the Metropolitan Council for Community Services. This survey was conducted in all

sixteen (16) public high schools in Hamilton County. It established base-line data and information against which subsequent survey results could be measured and comparisons and trends could be documented. (Note: Private schools were not included in this survey effort.)

In May, 1998, the membership of the Chattanooga-Hamilton County Regional Health Council was expanded with the appointment of twelve (12) new members by the County Executive and the Hamilton County Board of Commissioners. This action was responsible for filling vacant membership positions on the Council.

A complete listing of the *initial members* of the Regional Health Council is presented in the first section of this document. *Note: In the Spring and Summer of 1999, another group of persons was appointed to the Regional Health Council to fill terms that expired through May of 1999. A listing of all Council members, current as of July, 1999 and a listing of persons who served on the Community Health Task Force are also included in the first section.*

In light of the Council's responsibility for developing a *Community Health Plan* for Hamilton County, this body established a Community Health Planning Committee in August, 1998. For the ten-month period which followed, the members of this Committee, assisted by Community Development Staff from the Hamilton County Health Department, actively engaged in *community diagnosis processes* to assess the health status of Hamilton County residents. The data and information gathering phase of the community diagnosis process is presented and explained in the next section of this document.

XI. COMMUNITY DIAGNOSIS NEEDS ASSESSMENT

It is important that the identification of health problems be built upon a picture of the community. This description of the county provides a view of what sets the community apart and makes it different from or similar to the state, counties of like size, and/or surrounding areas. It follows, then, that the health status of the community can be determined largely through the use of quantified data, observational data, and user input.

In defining Hamilton County's health status, the Regional Health Council sought to use two types of data: primary and secondary data.

A. PRIMARY DATA

Primary data has been used to provide descriptions of people's behavior, their experiences, and their personal perceptions about health issues, including health problems, social issues and other events of life that impact well-being. Findings from a review of this data are included in Section XI which begins on page 9.

The primary data sources used for this assessment are:

1. Adult Behavioral Risk Factor Survey, 1995

In Fall 1995, the Community Health Task Force, organized by the Metropolitan Council for Community Services, conducted a community survey of the adult population in Hamilton County, using the Adult Behavior Risk Factor Survey, an instrument developed by the Centers for Disease Control and Prevention. Adults in 816 households were surveyed in Hamilton County. The sample size provided 95 percent reliability with a margin of error of + or - 3 percent.

2. Youth Behavioral Risk Factor Survey, 1998

In Spring, 1998, the Community Health Task Force conducted a survey of 2,990 ninth, tenth, eleventh, and twelfth-grade students representing all public high schools in Hamilton County. The Youth Risk Behavior Survey instrument was also developed by the Centers for Disease Control and Prevention. This instrument provided for anonymous self-reported responses. The sample size represented approximately 25 percent of Hamilton County's public high school student population. Here, the sample size was sufficient to provide a margin of error of + or - 3 percent.

3. Community Resident Observations from Town Meetings and Selected Community Groups, 1998 and 1999

Observations offered by members of various community and professional groups were gathered during 1998 and 1999 to assist in constructing a profile of perceived health care needs and problems. These persons are considered as stakeholders for the purposes of this report. These subjective observations, representing cross sections of the community, are not scientific or random.

B. SECONDARY DATA

Secondary data represent information already collected by other sources for a variety of purposes. Much of the *secondary data* assembled for this assessment are data sets that are routinely collected by the Tennessee Department of Health, Office of Health Statistics. Demographic and socioeconomic information has been assembled from the U.S. Department of Commerce, Bureau of the Census, and the Department of Economic and Community Development. Findings from the *secondary data* collected are presented in Section XII, beginning on page 15. A menu of the data is as follows:

1. Resident Health Profile

This information includes assorted demographic data for 1997, including population-characteristics data on the size, racial makeup, age distribution, prevalence of various household types, income levels, and school enrollment information.

2. Leading Causes of Death

These data present the ten leading causes of death for all races, sexes, and ages for 1995 and 1997. An examination of the differences between the leading causes of death between Blacks and Whites for these same time periods were also reviewed. Lastly, using the age-adjusted leading causes of death for Hamilton County, comparisons were made with Davidson, Knox, and Shelby Counties.

3. Health Trends: Multi-Year Rolling Averages

For the period 1985-1996, data for three consecutive-year periods were averaged by taking the total number of events that occurred for the three years, and dividing by the total population over the three years. These rolling (moving) averages help to smooth out jumps in graphs that can occur when using single year values. This methodology was used to show trends.

XII. PRIMARY DATA FINDINGS

1. ADULT BEHAVIOR RISK FACTOR SURVEY

The Adult Behavior Risk Factor Survey was conducted during the Fall of 1995. As reported earlier, one adult, age 18 or older, from each of 816 randomly selected households, was surveyed in Hamilton County. The findings as noted by the Metropolitan Council for Community Services, in their publication entitled "A Report on Community Health," pointed to a number of health indicators and risk factors which were of great concern. Because of their impact, five of these findings are presented below. See Appendix 2-1 for complete summary of survey results.

- It was reported that 24 percent of respondents smoked. The Year 2000 Objectives for the Nation, with benchmarks set by the U.S. Department of Health and Human Services, established the target of 15 percent (or below) of our U.S. population to be engaged in smoking by the year 2000.

Research has confirmed that cigarette smoking is an important risk factor for heart disease, stroke, chronic lung disease, and cancers of the lung, larynx, esophagus, pharynx, mouth, pancreas and bladder. Despite a reduction nationally and locally,

smoking is still responsible for one of every six deaths in the United States. In Hamilton County, cigarette smoking is a contributing factor for a vast number of ranking illnesses among adults, including heart disease (23,455 cases), asthma (15,777 cases), chronic bronchitis (15,676 cases), emphysema (2,121 cases), and high blood pressure (34,164 cases). Note: These case figures have been extrapolated for Hamilton County from the 1995 National Household Survey, for All Ages, conducted by the Centers for Disease Control and Prevention.

We may conclude that tobacco-related illnesses have contributed to many of the leading causes of death for residents of Hamilton County, including diseases of the heart, most cancers, cerebrovascular disease, chronic obstructive pulmonary disease, and atherosclerosis.

- The survey results also pointed out that 30 percent of respondents reported that they were at least 20 percent over the median recommended weight for their body frame, height and age.

Paralleling national trends, overweight and obesity affect a large proportion of Hamilton County adults. Weight management is generally difficult for most people to maintain. Even once such targets are realized, most adults find it extremely difficult and unrealistic to manage and sustain the target, (often because of lifestyle, eating habits, stress, work patterns, and various medical factors).

- **Survey results report that 43 percent of respondents drink alcoholic beverages. 14 percent acknowledge being problem drinkers (either chronic or binge drinkers). And 3 percent admit to driving while under the influence of alcohol.**

According to officials with the U.S. Department of Health and Human Services, people who drink even small amounts of alcohol contribute to alcohol related death and injury in occupational incidents. Alcohol use is associated with more than 45 percent of all motor vehicle crash fatalities. Also available data indicate that roughly one-third of victims of homicide and suicide and 22 percent of victims of boating accidents were intoxicated at the time of death. In 1997, 55 percent of all traffic fatalities in Hamilton County were alcohol related. In addition, the triggering effect of alcoholic beverage consumption in sexual assault and victimization has been documented by both experimental and population-based research since the late 1970s.

- **Findings show that one-third of respondents have never had a cholesterol screen, and, over 40 percent of women, age 50 and over have not had a clinical breast exam or mammogram within the last two years. Note: 97 percent of female respondents reported “yes” to having ever had a pap smear.**

Health screenings can be extremely important when tailored appropriately to an individual’s age and risk. Early diagnosis of disease can have a significant impact on mortality rates, as shown by the results of screening for high blood pressure and high blood cholesterol. Breast cancer is the second most common cause of cancer deaths among women, having been surpassed by lung cancer in the past decade. However, according to the U.S. Department of Health and Human Services, the incidence of breast cancer is more than twice that of lung cancer in women.

- **Results show that 67 percent of respondents reported that they use seatbelts regularly, as recorded in the 1995 Adult Behavior Risk Factor Survey. This compares to the following recorded usage rates documented from annual seatbelt surveys conducted by the Hamilton County Health Department: 58 percent for 1996, 57 percent for 1997, and 63 percent for 1998.**

Motor vehicle accidents were the ninth leading cause of death for adults in Hamilton County for the span of years 1993-1995. Although the national and local use of automobile safety restraints (such as seatbelts) has risen in recent years, increasing the percentage of persons who use them to 85 percent could save about 10,000 persons nationally, and hundreds of persons locally, from death and disability.

2. YOUTH BEHAVIOR RISK FACTOR SURVEY

The Youth Behavioral Risk Factor Survey, conducted in Spring of 1998 wherein 2990 public high school students were surveyed, provided a second source of *primary data* for the community diagnosis processes engaged in by the Regional Health Council. A complete summary of the findings is presented in Appendix 2-2, 2-3. For abbreviated review purposes, the following findings are reprinted from the report published and released in August of 1998, by the Metropolitan Council for Community Services:

- Fifty-eight percent (58%) of respondents reported to have engaged in sexual intercourse. Of these, 22 percent had four or more sex partners. Thirty-nine percent (39%) had engaged in sexual intercourse in the past three months.

Health officials and others have clearly documented that the risk of early sexual activity includes not only unwanted pregnancy, but also infection by sexually transmitted diseases.

- Forty-one percent (41%) of respondents reported to be users of alcohol. About one fourth (24 percent) had used marijuana during the past 30 days.

Experimentation in the use of alcohol and illicit drugs often starts early in life. While the consumption of alcohol by teenagers is on the decline nationally, it continues to be a major problem and a contributing factor in motor vehicle crashes and violence, two of the leading causes of death and disability among young people.

- Thirty-five percent (35%) of the respondents reported that they were current cigarette smokers.

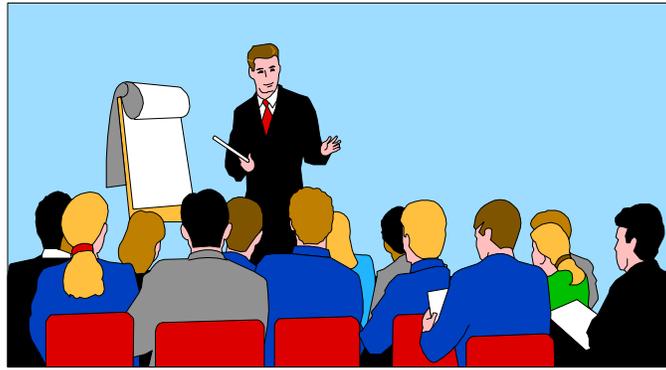
The U.S. Department of Health and Human Services reports that three-fourths of high school seniors who smoke say that they smoked their first cigarette by the 9th grade. Young people, especially teenage girls, are taking up smoking at younger ages. The number of new teenage smokers is now increasing among girls, more so than among boys as of this report.

- A third (34 percent) reported that they had been in a physical fight in the past 12 months. About a quarter (24 percent) had carried a weapon during the last 30 days prior to the survey. (Most had not done so on school property.) About a third (31 percent) had ridden with a driver who had been drinking, and 24 percent had considered suicide over the last year.

Unintentional injuries account for an unprecedented number of deaths and disability among teenage and members of the young adult population in Hamilton County. Motor vehicle accidents, other types of accidents, homicides, and suicide are the leading causes of death for youths in Hamilton County.

3. FINDINGS REPORTED FROM SELECTED GROUP MEETINGS AND TOWN MEETINGS

Additional insights into perceived and reported health problems from various segments of the community are recorded for important consideration.



The following is a listing of responses from professional and community groups reflecting the health and health-related issues that they identified and reported to the Council and/or to the Health Department's Community Development staff. *The subjects or topics documented herein are presented as they were provided to researchers, and do not necessarily reflect rank order.*

- **Hamilton County Health Department Employee Focus Group**

List of Health Issues Presented by Employees

- 1. Substance Abuse**
 - Tobacco Use
 - Alcohol & Drug Use
- 2. Violence**
 - Domestic
 - Suicide
 - Homicide
- 3. Communicable Diseases**
 - Sexually Transmitted Diseases
 - HIV
- 4. Health Access Barriers**
 - Culture Sensitivity
 - Language Barriers
 - Awareness of Services
- 5. Adolescent Health**
 - Teen Pregnancy
 - Teen Health Services
- 6. Adult Health**
 - Senior Health
 - Male Health Care
 - Adult Immunizations
- 7. Wellness**
 - Lack of Exercise
- 8. Special Ethnic Diseases**
 - Sickle Cell
- 9. Chronic Illness**
 - Cancer
 - Diabetes
- 10. Lack of Health funding**
 - Preventive Health Serv.

- **Chattanooga Minority Health Coalition**

List of Health Issues Presented by the Health Committee of the Coalition

1. *Sensitivity to Minority Health Disparities*
2. *Sexually Transmitted Diseases (Teens)*
3. *Alcohol and Drug Abuse*
4. *Violence (Youth and Domestic)*
5. *Senior Health Services*
6. *Wellness/Preventive Services*
7. *Immunizations*
8. *Mental Health Services*
9. *Environmental Health*
10. *Chronic Disease Prevention (Heart Disease, Cancer, Stroke, etc.)*

- **Dalewood Town Meeting**

List of Health and Health Related Issues Presented by Residents

1. *Obesity in Children*
 - Better Menu Choices for School Lunch Programs
 - Need Physical Education Programs Restored in All Schools
2. *Access to Medical and Dental services for Elderly*
3. *Home Health Care for Elderly*
4. *Policy Restrictions That Force Cut-Backs in Medications for Elderly*
5. *Mental Health Problems of Elderly and Youth*
6. *Parenting Skills Training Needed for Teen Parents and Adult Parents*
7. *Health Services for Middle Income Family Members Who Lack Insurance*
8. *Community -Wide Health Screenings*
 - Wellness and Preventive Screening Services
9. *Affordable Health Insurance for All*
10. *More Frequent Community Meetings*

- North Hamilton County Town Meeting

List of Health and Health Related Issues Presented by Residents

1. *Eroding Family Values*
 - Discipline
 - Modeling Behavior
2. *Personal Decisions Regarding Health, Food Choices, etc.*
3. *School Physical Education Programs (Restore)*
4. *School Lunch Programs (Better Choices)*
5. *Community Health Screenings (More Needed)*
6. *Access To Health Services*
 - Transportation
 - Availability of Providers
7. *Education About Health Risk*
 - Simplify Health Messages
 - Contradictions in Messages
8. *Cost of Health Care*
9. *Dental Services for Youth*
10. *Diabetes Screenings*
11. *Respiratory Screenings*
12. *Cancer Screening*
13. *Cost of Medications for Elderly*

- Eastdale Neighborhood Association

List of Health and Health Related Issues Presented by Residents

1. *Access to Preventive Health Services*
 - Health Screenings in Community Settings
 - Immunizations
2. *Community/Environmental Sanitation Problems*
 - Poor Housing in Some Areas
 - Trash on Streets and in Yards
3. *Stray Animals*
4. *Follow-up of Complaints (City & County Officials)*
5. *Health Programs for Children*

XIII. SECONDARY DATA FINDINGS

A review of the *secondary data* secured from the Tennessee Department of Health and other sources has allowed for the study of epidemiological data and population data gathered for Hamilton County. Mortality data was reviewed for 1995 and 1997. Some morbidity data was extrapolated for Hamilton County for 1995 from national data obtained from the Centers for Disease Control and Prevention. Trends are also presented for various health indicators .

1. LEADING CAUSES OF DEATH

Data from the Tn. Department of Health reveals that, for 1995 and 1997, the ten *leading causes of death* for Hamilton County (both genders, all races and ages) were:

<u>1995</u>	<u>1997</u>
1. Diseases of the Heart	1. Diseases of the Heart
2. All Cancers	2. All Cancers
3. Cerebrovascular Disease	3. Cerebrovascular Disease
4. Chronic Obstructive Pulmonary Disease	4. COPD
5. Pneumonia and Influenza	5. Pneumonia and Influenza
6. Accidents and Adverse Effects	6. Accidents and Adverse Effects
7. Atherosclerosis	7. Atherosclerosis
8. Diabetes	8. Diabetes
9. Alzheimers Disease	9. Chronic Liver Disease
10.HIV/AIDS	10. Homicide/ Legal Intervention

It should be noted that the top five on both lists have not changed in the last eight years. When *race* is considered, the ten leading causes of death for Whites and for Blacks are somewhat different. Note: The charts presented on the following pages are presented for two years, 1995 and 1997. Data for most of the last 10 years is very similar.

For 1995, the top three leading causes of death for both races is the same, (Diseases of the Heart, Cancer, Cerebrovascular Disease). For Whites, Chronic Obstructive Pulmonary Disease is fourth, while Pneumonia and Influenza rank fourth for Blacks. Accidents were the fifth leading cause of death for both Whites and Blacks .

For 1997, again, Whites and Blacks have the same top three leading causes of death. For Blacks, it should be noted that Diabetes jumped from the ninth leading cause of death in 1995 to the fourth leading cause of death in 1997. Also for Blacks, Hypertension moved up into the top ten rankings.

Homicide does not appear in the top ten rankings for either year when data for Whites is isolated. It is the sixth leading cause of death for Blacks for 1995 and 1997.

**1997 Top 10 Leading Causes of Death for Hamilton County
By Race**

CAUSES OF DEATH

RATES/100,000 Pop.

White

1. Diseases of the heart	349.5
2. All Cancer	234.7
3. Cerebrovascular Diseases	74.1
4. Chronic Obstructive Pulmonary Disease	50.5
5. Pneumonia and Influenza	44.5
6. Accidents and Adverse Effects	35.5
7. Atherosclerosis	30.8
8. Diabetes Mellitus	17.1
9. Suicide	12.0
10. Alzheimers	10.3

Black

1. Diseases of the Heart	364.6
2. All Cancer	216.3
3. Cerebrovascular Disease	89.0
4. Diabetes Mellitus	47.1
5. Accidents and Adverse Effects	40.1
6. Homicide and Legal Intervention	34.9
7. All other Infectious and Parasitic Diseases	34.9
8. Pneumonia and Influenza	29.7
9. Hypertension	17.4
10. Chronic Liver Diseases	15.7

Source: Tennessee Department of Health

3. HEALTH TRENDS IN HAMILTON COUNTY: FINDINGS

As referenced in Section X, trend data is presented as multi-year rolling averages that are computed for various health indicators. Again, the total number of events that occurred for a three year period are divided by the total population over the three year time frame. Then, the groupings of consecutive “three year time frames” are reviewed over a particular span of time. The trends noted in this study were for an eleven (11) year span of time, 1986-1997. The following observations were noted for selected health indicators:

I. Pregnancy and Birth Experience (Source: Tennessee Department of Health)

- a. Number of live births is decreasing for all races and all ages and is below the state trend for this category*
- b. Percent of live Births , classified as low birthweight, for all races and all ages is increasing and is above the statewide trend for this category*
- c. Percent of live births, to White mothers classified as low birthweight, , for all ages is increasing, and is above the statewide trend for this category.*
- d. Percent of live births, to Black mothers classified as low birthweight, for all ages shows a fluctuating trend and is above the statewide trend for this category*
- e. Percent of live births to unwed mothers, all races, ages 10-44, has been fluctuating for most of the 12 year span but has decreased since 1996. Hamilton County is above the statewide trend for this category.*
- f. Percent of live births to unwed mothers, White, ages 10-44, is increasing and is above the state trend for this category*
- g. Percent of live births to unwed mothers, Black, ages 10-44, has been fluctuating for most of the 12 year span. The County trend is above the statewide trend.*
- h. Teen pregnancy rate for all races, ages 10-17, is decreasing. This trend is below the statewide trend.*

II. The Morbidity Experience (Source: Tennessee Department of Health)

- a. Syphilis rate, male and female, all races, all ages, fluctuated from 1986-1992 but has been decreasing since 1993. This trend is below the statewide trend.*
- b. Syphilis rate for White females has been decreasing and is below the statewide trend*
- c. Syphilis rate for White males has been decreasing and is below the statewide trend*
- d. Syphilis rate for Black females has been increasing but is below the statewide trend*
- e. Syphilis rate for Black males has been increasing but is below the statewide trend*
- f. Chlamydia rate for males and females, all races, all ages, has been increasing and is above the statewide trend.*
- g. Gonorrhea rate, both genders, all races/ ages, is decreasing but above the state.*

Other Morbidity Findings (Source: CDC, 1995 National Household Survey, both genders, all ages and races, Data extrapolated for Hamilton County)

<u>Illness</u>	<u>Rate per 1,000</u>
a. <i>Diabetes</i>	209.9
b. <i>Chronic Sinusitis</i>	141.3
c. <i>High Blood Pressure (Hypertension)</i>	120.8
d. <i>Hay Fever or Allergic Rhinitis w/Out Asthma</i>	97.2
e. <i>Heart Diseases</i>	82.9
f. <i>Asthma</i>	55.8
g. <i>Chronic Bronchitis</i>	55.4
h. <i>Varicose Veins of Lower Extremities</i>	29.7
i. <i>Cerebrovascular Disease</i>	12.7
j. <i>Emphysema</i>	8.0
k. <i>Hardening of the Arteries</i>	7.2

III. The Mortality Experience (Source: Tennessee Department of Health)

- a. *Infant mortality rate for all races has fluctuated throughout the span of years in question and is above the statewide trend for this category.*
- b. *Infant mortality rate for Whites has fluctuated and is above the statewide trend.*
- c. *Infant mortality rate for Blacks has increased but is below the statewide trend.*
- d. *Neonatal mortality rate for all races has fluctuated throughout the span of years in question, but is above the statewide trend for this category.*
- e. *Neonatal mortality rate for Whites has fluctuated over the span of years in question, and is above the statewide trend.*
- f. *Neonatal mortality rate for Blacks has been increasing but is below the statewide trend.*
- g. *Non-motor vehicle accidental deaths, for all races, all ages, has been decreasing and is below the statewide trend.*
- h. *Motor vehicle accidental deaths, for all races, all ages, has been decreasing and is below the statewide trend for this category.*
- i. *Violent death rate for all races, all ages, has been decreasing and is below the statewide trend*
- j. *Violent death rate for Whites, all ages, has been decreasing but is above the statewide trend*
- k. *Violent death rate for Blacks, all ages, has been decreasing and is below the statewide trend for this category.*

XIV. CONCLUSIONS FROM ALL FINDINGS

As noted in an earlier section of this document, formal community health assessment and health planning processes in Hamilton County began several years ago, before the local regional health council was established. The key findings that evolved from these early initiatives pointed to the revelation that many of the causes for illness and premature death for the residents of Hamilton County are *behavior oriented*. The community diagnosis processes engaged by the Regional Health Council were also very involved with respect to the body of data and information included for review, the formal assessment processes engaged, and the community input received. The primary conclusion that has evolved is the same as that realized from earlier community health planning efforts. Namely, that many of the causes of illness and most of the causes of premature death for Hamilton County residents lie in the behavior of the people. (Behavior/Morbidity/Mortality Charts, Appendix 3 - 1, 3 - 2.)

In review of the leading causes of death for residents of Hamilton County, the top five causes for Whites and Blacks were predominantly influenced by lifestyle. Comparisons of some health indicators for Hamilton County were also made with other Tennessee metropolitan counties. For example, when making a comparison with Davidson County for 1997, using age-adjusted data, we find that Hamilton County had a higher rate only for heart disease. When considering our leading causes of death for 1997 and making a comparison with the state, we find that Hamilton County led the state with higher rates for heart disease and homicide.

In considering the findings from the Adult Behavior Risk Factor Survey and Youth Behavior Risk Factor Survey, it is clear that a great number of the residents of Hamilton County, children and adults, are routinely engaging in risky behaviors. These studies also suggest that most people who engage in one risky behavior are likely to engage in multiple risky behaviors. As noted in the document, "A Report on Community Health," published by the Metropolitan Council for Community Services, "these behaviors reinforce one another and point to an underlying outlook on life with weak commitments to health." (Health as defined not as simply the absence of illness, but as the total well-being of a person with regard to his physical, emotional, economic, and spiritual status.)

Much of the very important "first-hand" information gathered from community town meetings and neighborhood association meetings, as well as from the Minority Health Coalition, and the Health Department's employee focus group, also clustered around the behaviors of people as individuals and as family members. Frequently, themes around values and personal choices were voiced. And, there was an acknowledgment of the need for a greater commitment to prevention in general and services to teens and the elderly. Many people attending the meetings repeatedly spoke of the need for individuals to alter their lifestyles, for families to get "back to basics" in teaching values to their young, and the need for area health resources, including providers and

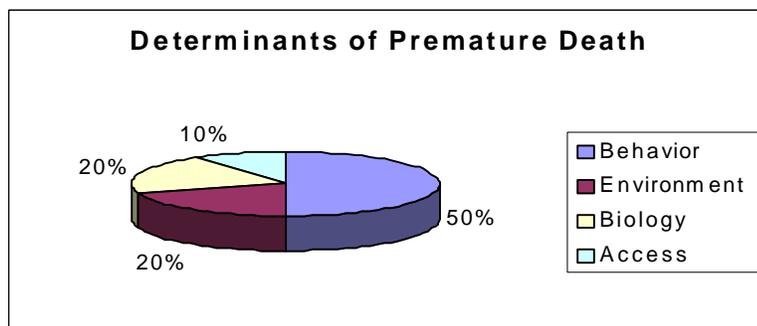
insurers, to remove the barriers of cost, location and supply of prevention programs and services.

The plight of young people is important as evidenced by survey results and the views offered by respondents. The poor eating habits of youth, juvenile obesity, concern over school lunch and physical education programs, coupled with the self-reported behavior of youth, in areas of sexual behavior, use of alcohol and drugs, and their involvement in violence, presents the Chattanooga and Hamilton County community with serious challenges. As reported, three fourths of Black students (71 percent) have had sexual intercourse, while half of White students (52 percent) have engaged in this form of sexual activity. And, almost half of White students (46 percent) and a third of Black students (32 percent) consumed alcohol during the month that preceded the survey. Then, it is reported that about a third of public high school students, (33 percent of Black students and 31 percent of White students), had been in a physical fight within the year preceding the survey. Clearly, strategies are needed to address the serious problems being experienced by our youth.

Important issues regarding minority health disparities also require attention. The syphilis rate for Black males and females has been increasing since 1994. And HIV and AIDS cases are increasing more rapidly among the Black population. Revealing, too, is the increasing Black infant mortality rate in Hamilton County, as noted in the Health Trends section of this document. “Homicide and Legal Intervention” and “Chronic Liver Disease” are high ranking causes of death among Blacks when data by race is isolated. Implications could be made with respect to lifestyle, relationships, and even stress management. Such findings support the development of strategies to address these and other disparities.

Most all of the health indicators point to events and occurrences that are symptomatic of the lifestyles, and the poor choices and behavior of people.

In the November 10, 1993, publication of the Journal of The American Medical Association, Michael McGinnis and William Foege write in their article, entitled, “Actual Causes of Death in The United States,” that fifty percent of all premature deaths occurring in the U.S. are determined by *behavior*. As noted in the chart below, the remaining fifty percent of deaths are determined by a combination of environmental, biological, and access factors.



The causes of premature death in Hamilton County mirror the causes of premature death throughout most areas of the United States. The incidence of death attributable to the leading causes in Hamilton County can be reduced by changing the personal choices and behavior of individuals. Goal statements and strategies for altering behavior should focus on a set of priority areas that are impacted by personal choices.

XV. HEALTH PRIORITIES FOR HAMILTON COUNTY

The Chattanooga-Hamilton County Regional Health Council has completed the initial phase of the development of a Community Health Plan for Hamilton County. The Council has adopted the following health priorities around which goal statements, the development of action plans denoting recommended interventions, the identification of resources, the designation of time frames, and the monitoring and evaluation of outcomes can be accomplished:

- 1. a. Obesity, Diet, and Lack of Exercise***
 - b. Tobacco Use***
- 2. Risky Sexual Behavior**
- 3. Alcohol and Drug Use**
- 4. Lack of Involvement in Health Screenings and Other Preventive Measures**

*“Obesity, Diet and Exercise,” and “Tobacco Use” were tied for first place in the priority ranking.

XVI. SUBCOMMITTEES AND FUTURE ACTION STEPS

The Regional Health Council has begun to work on the next phase of the development of a Community Health Plan for Hamilton County. The Council has established a subcommittee for each of the priorities. Each subcommittee is chaired by a member of the Council's Community Health Planning Committee. The membership of each subcommittee, however, is made up of a combination of Council members and other agency representatives and community residents.

A "health focused vision statement" for Hamilton County will be drafted by a Health Futures Committee slated to be convened in late Summer of 1999. The task of this committee will be to craft a vision of where Hamilton County could be in the next five to ten years with respect to the health of its residents as the new millenium unfolds.

As the work for each subcommittee continues, the collection of ideas developed by committee members will be refined to correlate with the framework and broad goals established by the Health Futures Committee.

The Subcommittees have completed a draft of a collection of ideas and responses to the following subject categories for each of the health priorities:

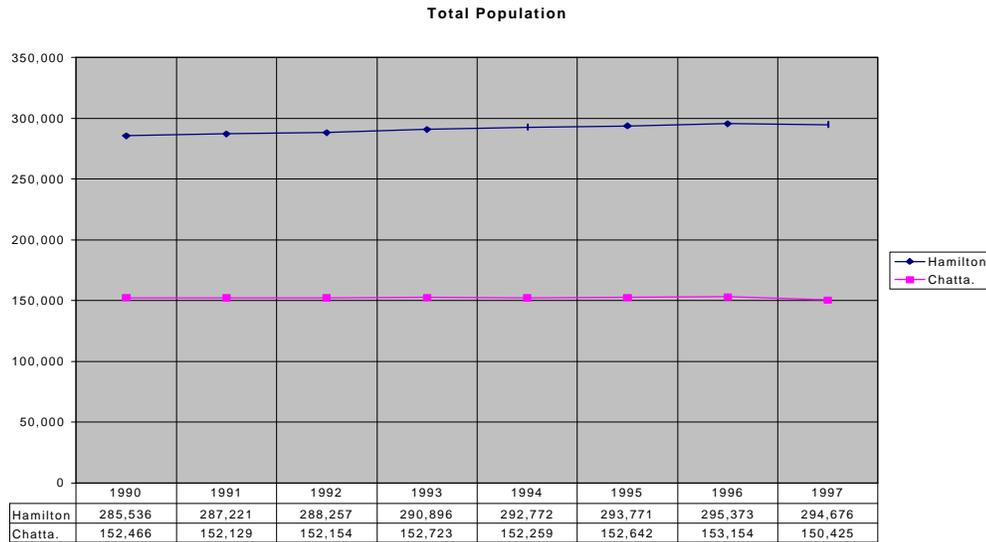
- **Suggested Actions**
What needs to be done?
- **By Whom?**
Who will take action?
- **By When?**
By what date will the action be done?
- **Resources & Support Needed/Available**
What financial, human and other resources are needed and available?
- **Potential Barriers or Resistance**
What situations, individuals and/or processes may pose problems that could negatively impact the suggested actions, resources, or timelines?
- **How Will Success Be Measured?**
*What events or data will determine if the problem is being corrected?
What will determine the extent to which desired outcomes have been achieved?*

See Appendix 5 for charts reflecting the results of the work of each subcommittee.

REVIEW OF SELECTED DEMOGRAPHIC DATA FOR HAMILTON COUNTY

POPULATION

Hamilton County is the fourth largest metropolitan area in Tennessee. The U. S. Department of Commerce, Bureau of the Census, has estimated Hamilton County's population for 1997 to be 294,676 persons. As noted in the chart below, there was a 3.2 percent increase in the population of Hamilton County for the eight-year period, 1990 - 1997. This represents a relatively flat growth rate.



Source: U. S. Department of commerce, Bureau of the Census

The estimated population for the City of Chattanooga for 1997 is 150,425 persons. This figure is down by 1.3 percent from the 1990 census figure, which was 152,466.

In contrasting the population figures of the City and County, it is suggested that there is a trend reflecting that City dwellers are relocating to County communities.

As a point for comparison, the population of Tennessee for the period 1990 to 1997 increased by 10.1 percent, from 4,877,185 to 5,368,198, while the City and County were experiencing a relatively flat growth trend, as noted previously.

RACE AND ETHNICITY

With regard to the *racial makeup* of Hamilton County, census data estimates for 1997 reflect that 79.2 percent of the population were white, 19.5 percent were black, and 1.3 percent were of other racial or ethnic minorities. The racial mix between White and Black residents remained rather stable during the period of 1990 through 1997.

HOUSEHOLD INFORMATION

With regard to *households* and *household income* for residents of Hamilton County, census data estimates reflect the following for 1997:

Households

Married Couple Families	70.83 %
Other, Male Head	3.75 %
Other Female Head	24.62 %

Household Income

< \$15,000	21.28 %
\$15,000 - \$25,000	15.12 %
\$25,000 - \$50,000	29.39 %
\$50,000 - \$100,000	24.87 %
\$100,000 +	9.98 %

***Source:** U. S. Department of Commerce, Bureau of the Census

EDUCATION

According to documentation included in the report entitled, "Life in Hamilton County: Indicators of Community Well-Being, 1998," as noted and published by the Metropolitan Council for Community Services, *total primary enrollment in public schools*, grades K - 6, declined 8.9% over the span of years from the 1990 - 1991 school year through the 1997 - 1998 school year.

Total secondary enrollment in public schools for the same period increased by 19.3%. These percentages take into account the merger between the city and county school system. The source of this data was the Hamilton County School System and the Chattanooga Public School System.

Total private school enrollment in Hamilton County increased for the span of eight school years, 1990 - 1991 through 1997 - 1998, by 16%. As noted in the publication by the Metropolitan Council for Community Services, approximately one in every five students in Hamilton County is enrolled in a private school. The source further denotes that "the rate of private school enrollment in Hamilton County is twice that of Tennessee as a whole."

It is reported that the *dropout rates* for grades 9 through 12, for the public schools have declined by 3 percentage points over the span of years from the 1990 - 1991 school year through the 1997 - 1998 school year. However, the rate increased from the 1995 - 1996 school year through the 1997- 1998 school year

1997 Demographic Estimates for Hamilton County

Total Population 294,676

Households 120,878

		<u>Race</u>	
		<u>White</u>	<u>Black</u>
Married Couple Families	77.0%	83.6%	45.4%
Other, Male Head	4.0%	3.5%	6.0%
Other, Female Head	19.0%	12.9%	48.6%

Household Income

		<u>Race</u>	
		<u>White</u>	<u>Black</u>
< \$15,000	28.1%	23.7%	48.6%
\$ 15,000-\$25,000	18.8%	18.5%	20.6%
\$25,000-\$50,000	32.8%	34.5%	24.7%
\$50,000-\$100,000	16.8%	19.1%	5.7%
\$100,000 +	3.5%	4.2%	0.4%

Race

White	80.2%
Black	18.2%
Other	1.6%

Gender

Male	47.0%
Female	53.0%

Employment Status

Unemployment Rate

Chattanooga	5.0
Hamilton County	5.0

Adult Behavior Risk Factor Survey, 1995 Results *

<u>Access to Health Care</u>	
Percentage of Area Residents with No Health Care Coverage	
Total Hamilton County 11%	
<u>Sex</u>	<u>Race</u>
Male 15%	White 9%
Female 6%	Non-White 15%
Income	
Income <\$15,000	14%
\$15,000<\$25,000	17%
\$25,000<\$35,000	7%
\$35,000<\$50,000	9%
\$50,000 and over	1%

<u>Could Not See Doctor Due To Cost Last Year</u>	
Total Hamilton County 11%	
<u>Sex</u>	<u>Race</u>
Male 10%	White 11%
Female 12%	Non-White 13%
Income	
Income<\$15,000	14%
\$15,000<\$25,000	21%
\$25,000<\$35,000	9%
\$35,000<\$50,000	6%
\$50,000 and over	3%

Behavioral Risk Factor Surveillance
Prevalence TRENDS

Current Smokers	24%
Do Not "Always" Use Seat Belts	33%
Overweight>20% Over Median	30%
Alcohol Consumption	
Current Drinkers	43%
Chronic Drinkers	11%
Binge Drinkers	4%
Drink and Drive	3%
High Blood Pressure	14%
Never Had Cholesterol Tested	32%
No Leisure Time Physical Activity	23%

<u>Has a Usual Place for Medical Care</u>	
Total Hamilton County	79%

<u>How Long since routine CHECKUP</u>	
Total Hamilton County	< 1 year - 68% > 5 years 8%

<u>Mammogram within 2 Years</u>	
Hamilton County, Females, All Ages	48%

<u>Had Pap Smear within 2 Years</u>	
Hamilton County, Females, All Ages	81%

<u>Health Status</u>		
General Health (as reported by respondents)		
Total Hamilton County		
Excellent	23%	
Very Good	34%	
Good	28%	
Fair	11%	
Poor	5%	
Number of Days in Past Month		
Physical/Mental Health Not Good		
	Physical	Mental
Median	2.9%	3.7%
None	71%	66%
1-3	14%	13%
4-7	4%	8%
8-14	3%	2%
15-30	8%	11%
Number of Days in Past Month Activities Limited		
Due to Poor Physical or Mental Health		
Median	3.18%	
None	71%	
1-3	11%	
4-7	6%	
8-14	2%	
15-30	10%	
<u>Overweight*</u>		
Total Hamilton County	26%	

* based on body mass Index

Cholesterol Screening: Ever Checked

Total Hamilton County	68%
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Selected Year 2000 Health Objectives

Health People 2000 Objectives	Year 2000 Target	Area Residents 1995
Overweight (Objective #1)	20% or below	26%
BMI Ages 18 and up		
Cigarette Smoking (Objective #3.4) Ages 18 and up	15% or below	24%
Seat Belt Use (Objective #9.12) Ages 18 and up	85% or greater	67%
Cholesterol Screening w/in Preceding Five Years (Objective #15.14) Ages 18 and up	75% or greater	64%
Clinical Breast Exam and Mammogram (had within 2 years) (Objective #16.11) Women ages 50 and up	60% or greater	37%
Pap Smear, Women with Intact Uterine Cervix (ever had) (Objective #16.12) Ages 18 and up	95% or greater	97%

Youth Risk Behavior Survey Hamilton County High School Students, 1998

Tobacco Use	RESULTS	Sexual Behavior																																																												
<p style="text-align: center;">Current Smoker</p> <p style="text-align: center;">Total 35%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 37%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 44%</td> </tr> <tr> <td>Female 32%</td> <td>Black 17%</td> <td></td> </tr> </table> <p style="text-align: center;">Daily Smoker</p> <p style="text-align: center;">Total 16%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 18%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 22%</td> </tr> <tr> <td>Female 15%</td> <td>Black 3%</td> <td></td> </tr> </table> <p><small>*represents statistically differences at the p<0.01 level</small></p>	Male 37%	<u>Race*</u>	White 44%	Female 32%	Black 17%		Male 18%	<u>Race*</u>	White 22%	Female 15%	Black 3%			<p style="text-align: center;">Even Had Sexual Intercourse</p> <p style="text-align: center;">Total 58%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 62%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 52%</td> </tr> <tr> <td>Female 55%</td> <td>Black 71%</td> <td></td> </tr> </table> <p style="text-align: center;">Had Sexual Intercourse in Past Three Months</p> <p style="text-align: center;">Total 39%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 25%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 16%</td> </tr> <tr> <td>Female 19%</td> <td>Black 32%</td> <td></td> </tr> </table> <p style="text-align: center;">Had Four or More Partners</p> <p style="text-align: center;">Total 22%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 45%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 25%</td> </tr> <tr> <td>Female 37%</td> <td>Black 32%</td> <td></td> </tr> </table> <p style="text-align: center;">Used Condom Last Time</p> <p style="text-align: center;">Total 56%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 60%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 50%</td> </tr> <tr> <td>Female 51%</td> <td>Black 64%</td> <td></td> </tr> </table> <p style="text-align: center;">Forced Intercourse</p> <p style="text-align: center;">Total 9%</p> <p><u>Sex</u></p> <table style="width: 100%;"> <tr> <td>Male 9%</td> <td style="text-align: center;"><u>Race*</u></td> <td>White 7%</td> </tr> <tr> <td>Female 9%</td> <td>Black 12%</td> <td></td> </tr> </table> <p><small>*represents statistically significant differences at the p<0.01 level</small></p>	Male 62%	<u>Race*</u>	White 52%	Female 55%	Black 71%		Male 25%	<u>Race*</u>	White 16%	Female 19%	Black 32%		Male 45%	<u>Race*</u>	White 25%	Female 37%	Black 32%		Male 60%	<u>Race*</u>	White 50%	Female 51%	Black 64%		Male 9%	<u>Race*</u>	White 7%	Female 9%	Black 12%																			
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Youth Risk Behavior Survey Hamilton County High School Students, 1998

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RESULTS

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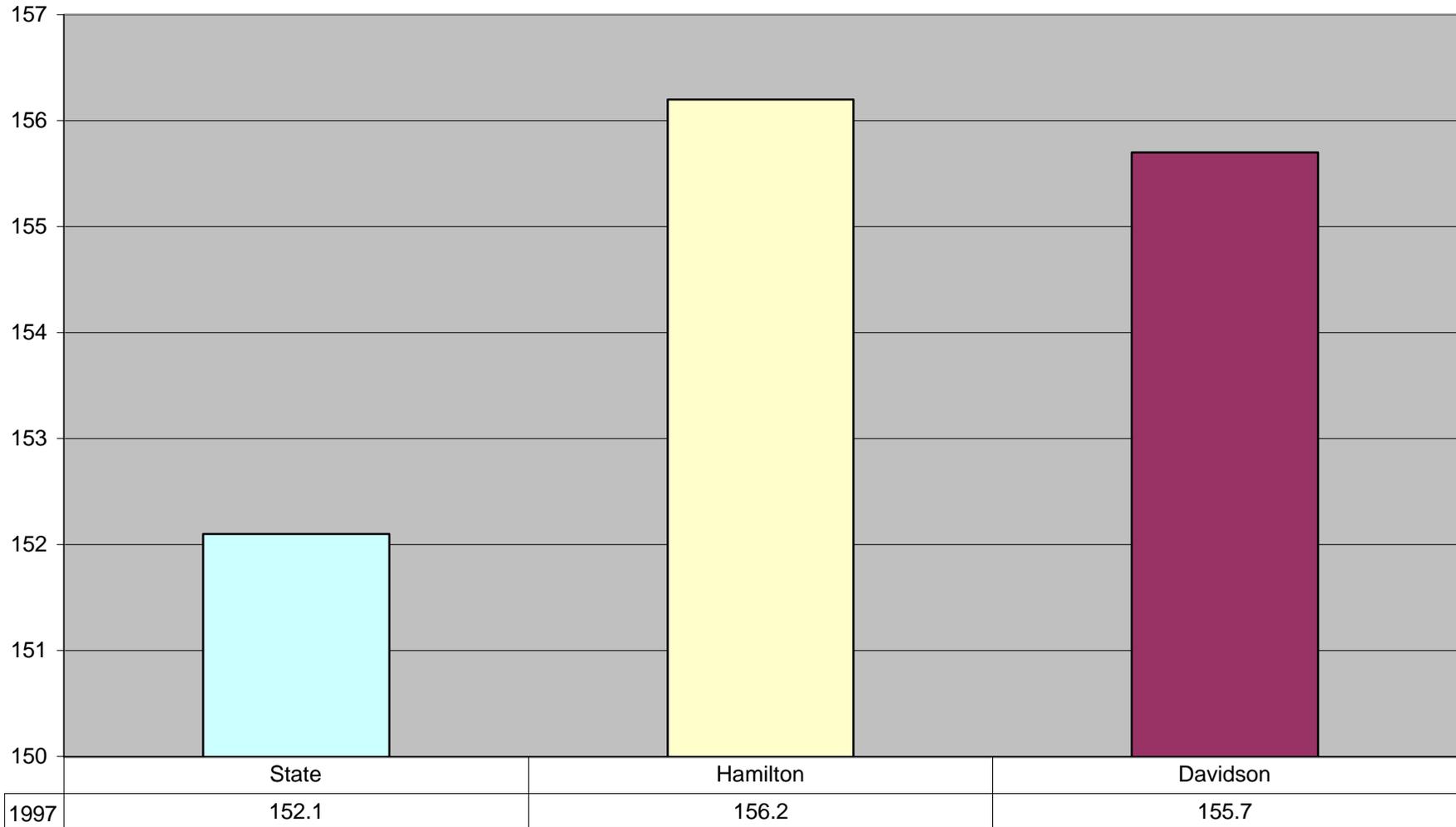
HAMILTON COUNTY
Adult Risky Behaviors, Morbidity and Mortality Review

Risky Behaviors	Cases	Percentage	Morbidity	Rate per		Mortality	Rate per	
				Cases	1,000		Cases	100,000
No Cholesterol Screening in 5 Yrs	78,746	36	Diabetes	59,348	209.9	Diseases of Heart	980	448.0
Inconsistent Seat Belt Usage	74,371	34	Chronic Sinusitis	39,965	141.3	All Cancer	701	320.5
Being Overweight	59,060	27	High Blood Pressure (Hypertension)	34,164	120.8	Cerebrovascular	270	123.4
Smoking	54,685	25	Hay Fever or Allergic Rhinitis without Asthma	27,509	97.2	COPD	120	54.9
No Leisure Time	50,310	23	Heart Diseases	23,455	82.9	Pneumonia & Influenza	113	51.7
Physical Activity	45,037	53	Heart Rhythm Disorder	9,849	34.8	Accidents & Adverse Effects	96	43.9
No Mammogram in Past Two Years, Age 35 and older	45,037	53	Ischmic Heart Disease	8,735	30.8	Atherosclerosis	65	29.7
High Blood Pressure	32,811	15	Heart Murmurs	5,008	17.7	Diabetes Mellitus	53	24.2
No Rectal Exam, Age 40 and older	29,921	23	Other Diseases of Heart excluding Hypertension	4,861	17.1	Alzheimers Diseases	41	18.7
Binge Drinking	21,874	4	Tachycardia or Rapid Heart	2,588	9.1	HIV/AIDS	38	17.3
No Pap Smear in Past Two Years, Age 35 and older	18,695	22	Other and Unspecified Heart Rhythm	2,323	8.2			
Chronic Drinking	8,749	4	Asthma	15,777	55.8			
			Chronic Bronchitis	15,676	55.4			
			Varicose Veins of Lower Extremities	8,411	29.7			
			Cerebrovascular Diseases	3,607	12.7			
			Emphysema	2,121	8.0			
			Hardening of the Arteries	2,058	7.2			
			Source: CDC National Household Survey, All Ages, 1995 Data Extrapolated for Hamilton County.					
					Rate per			
			Morbidity	Cases	100,000			
			Gonococcal	993	351.2			
			Chlamydia	785	277.16			
			Syphilis	161	56.9			
			HIV Diagnosis	83	29.4			
			AID's Diagnosis	82	29.0			
			Tuberculosis	32	11.3			
			Influenza	3	1.1			
					Age Adj.			
					per 100,000			
			All Cancer	1,387	375.2			
			Lung	255	69.3			
			Female Breast	230	112.8			
			Prostate	209	138.9			
			Colon	102	25.7			
			Bladder	42	10.5			
*Source: Rates from 1995 Adult Behavior Survey, Cases Extrapolated using Population, Age 19 +, for Hamilton County			*Source: Tennessee Department of Health, All Ages, 1995.			*Source: Tennessee Department of Health, Bureau of Health Statistics and Information, Age 19 +, 1995 for Hamilton County.		

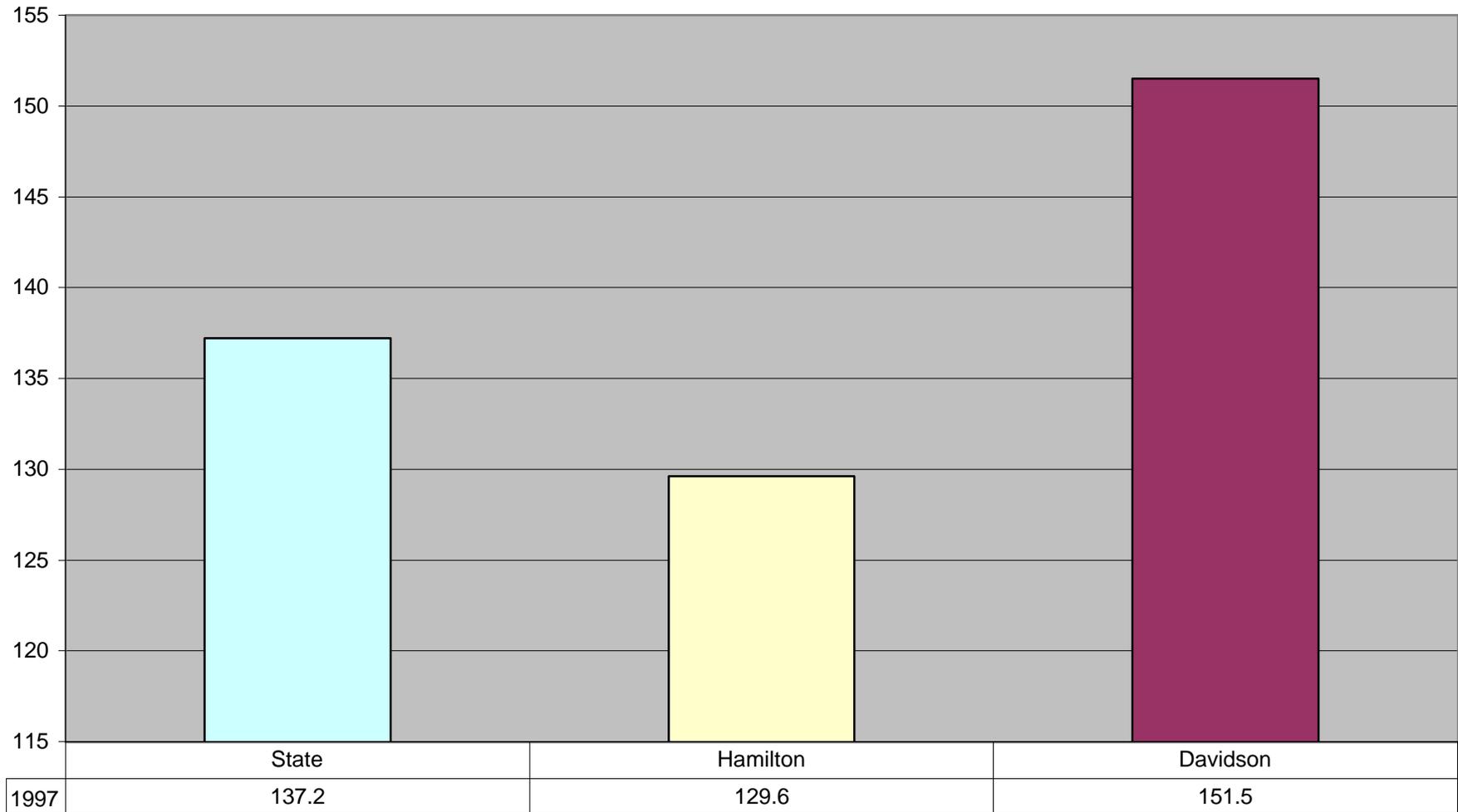
HAMILTON COUNTY
Youth Risk Behaviors, Morbidity and Mortality Review

Risky Behaviors	Cases	Percentage	Morbidity	Cases	Rate per
Behaviors that Contribute to Injuries			Chlamydia	325	1640.9
Rode with driver who had been drinking in last month	6,139	31	Teen Pregnancy (females 10-17)	323	20.7**
Carried weapon in last month	4,753	24	Gonococcal	197	994.6
Rarely or never used seat belt	4,555	23	Primary and Secondary Syphilis (teens 15-19)	5	26.0
Drove after drinking	2,178	11	HIV Diagnosis	2	10.1
Attempted suicide in last year	1,782	9	AID's Diagnosis	0	0.0
Tobacco, Drugs, and Alcohol Use					
Had at least one drink in past month	8,120	41	Mortality	Cases	Rate per
On school property	792	4	All Deaths	10	50
Smoked in past month	6,932	35	Motor Vehicle Accidents	3	15
On School property	2,970	15	Accidents and Adverse effects	3	15
Been offered, sold, or given illegal drugs at school last year	6,535	33	Homicides	2	10
Used marijuana at least once in past month	4,753	24	Suicide	1	5
On School property	792	4	Congenital Anomalies	1	5
Ever used inhalants	3,961	20			
Sexual Behaviors					
Ever had sexual intercourse	11,487	58			
Used condom during last sexual intercourse	11,091	56			
Sexual intercourse in past three months	7,724	39			
Had four or more sexual partners	4,357	22			
Sexual intercourse for 1st time before age 13	2,574	13			
Even been pregnant or gotten someone pregnant	1,782	9			
Dietary Behaviors and Physical Activity					
Participated in aerobic activity 3 or more days each week	10,299	52			
Enrolled in physical education	6,337	32			
Eats five or more servings of fruits/vegetable's each day	3,565	18			
Source: Rates from Hamilton County Youth Risk Behavior Survey, 1998. Cases Extrapolated using Hamilton County Population, Age 14-18			**Rate per 1,000		
			Source: Tennessee Department of Health, Bureau of Health Statistics and Information, 1996, Age 14-18		

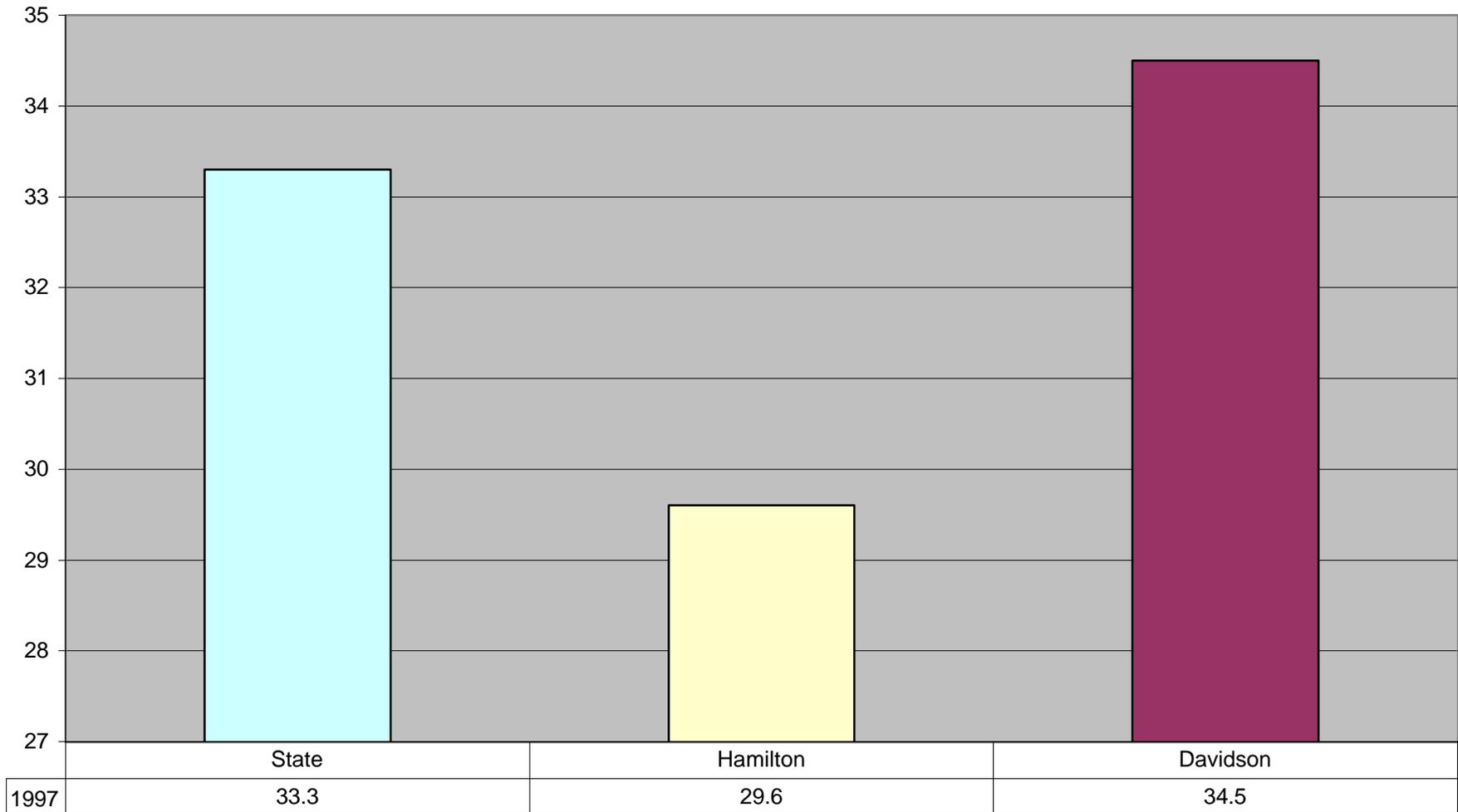
Hamilton County Causes of Death #1 Diseases of Heart (Age - Adjusted Rates per 100,000)



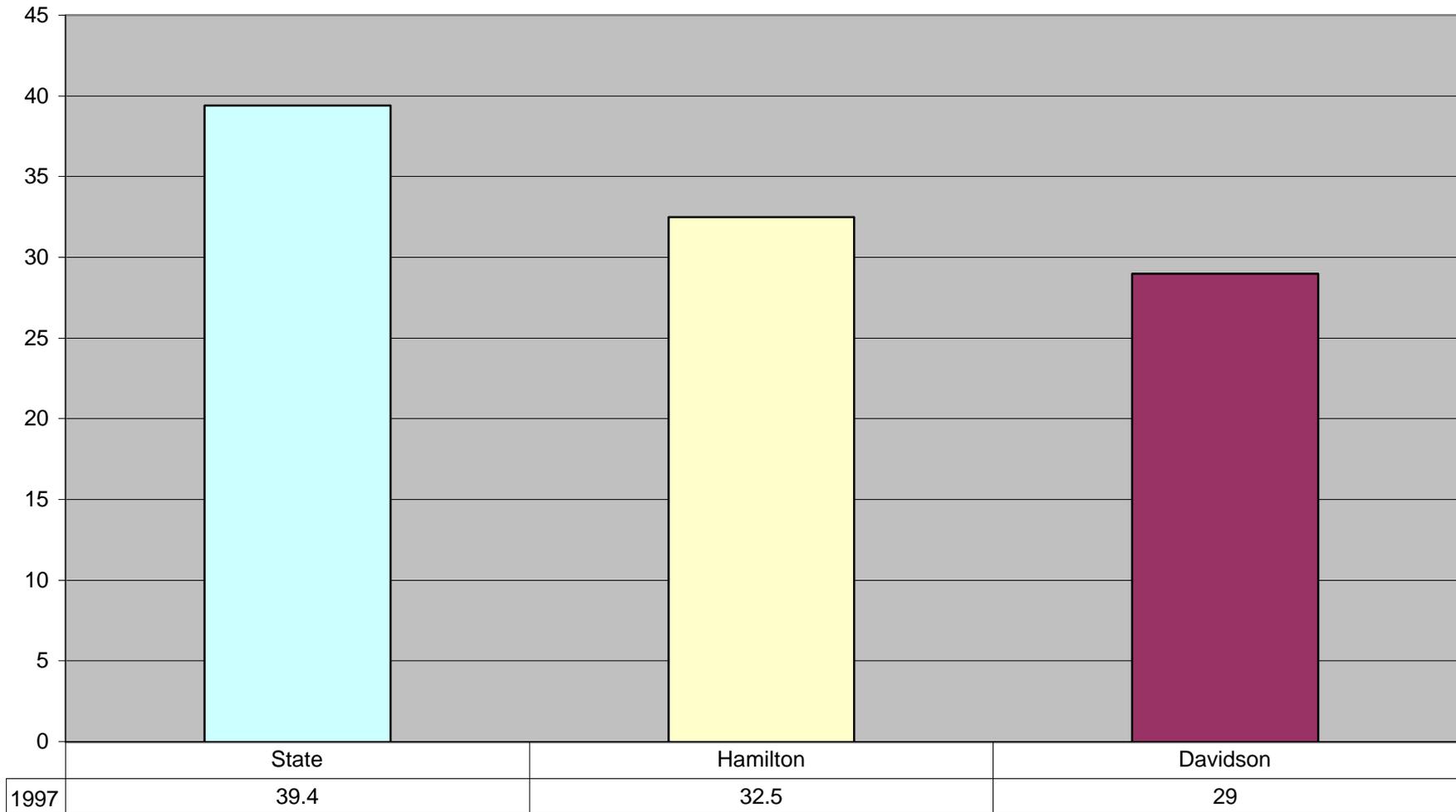
Hamilton County Causes of Death #2 All Cancer (Age - Adjusted Rates per 100,000)



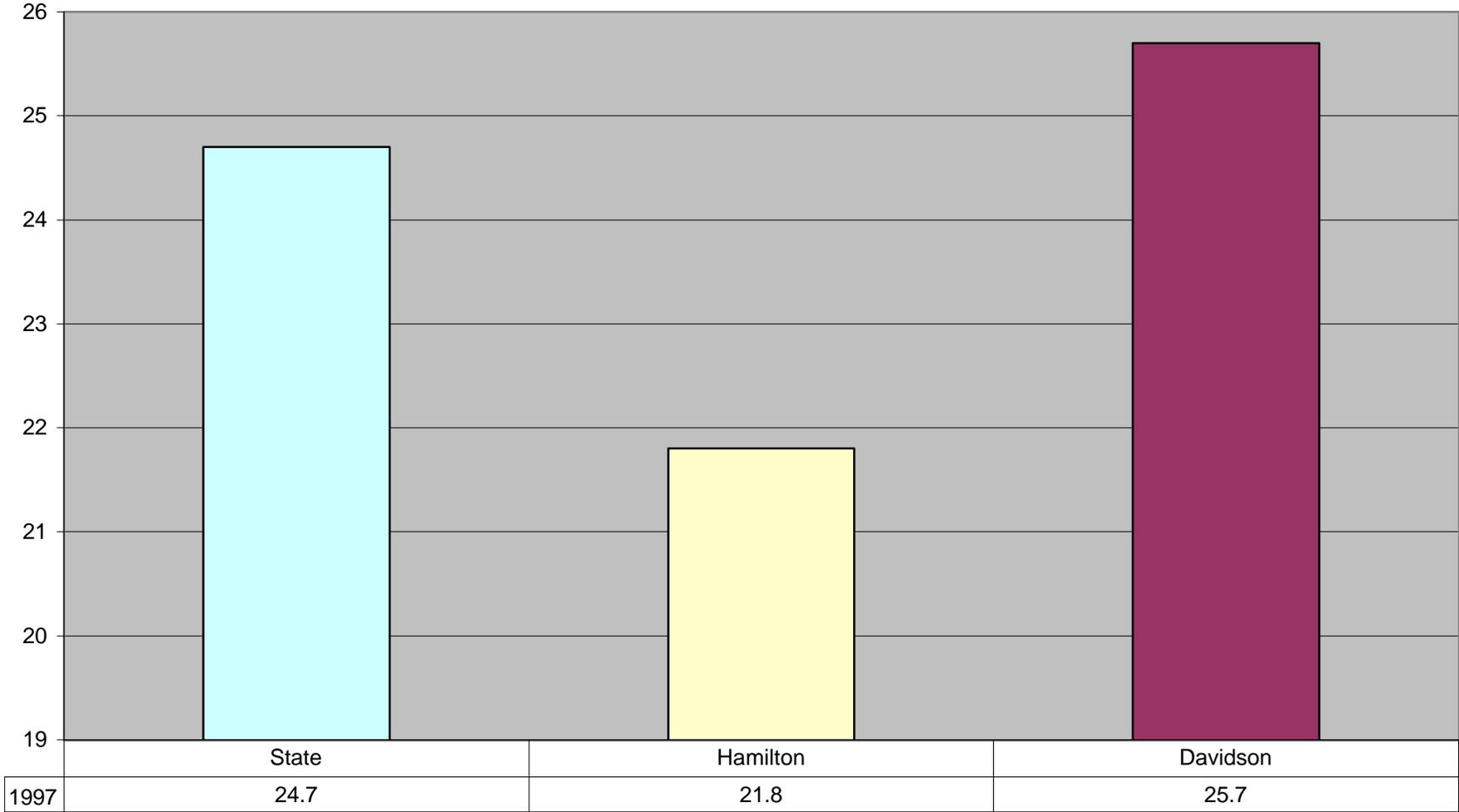
Hamilton County Causes of Death #3 Cerebrovascular Diseases (Age - Adjusted Rates per 100,000)



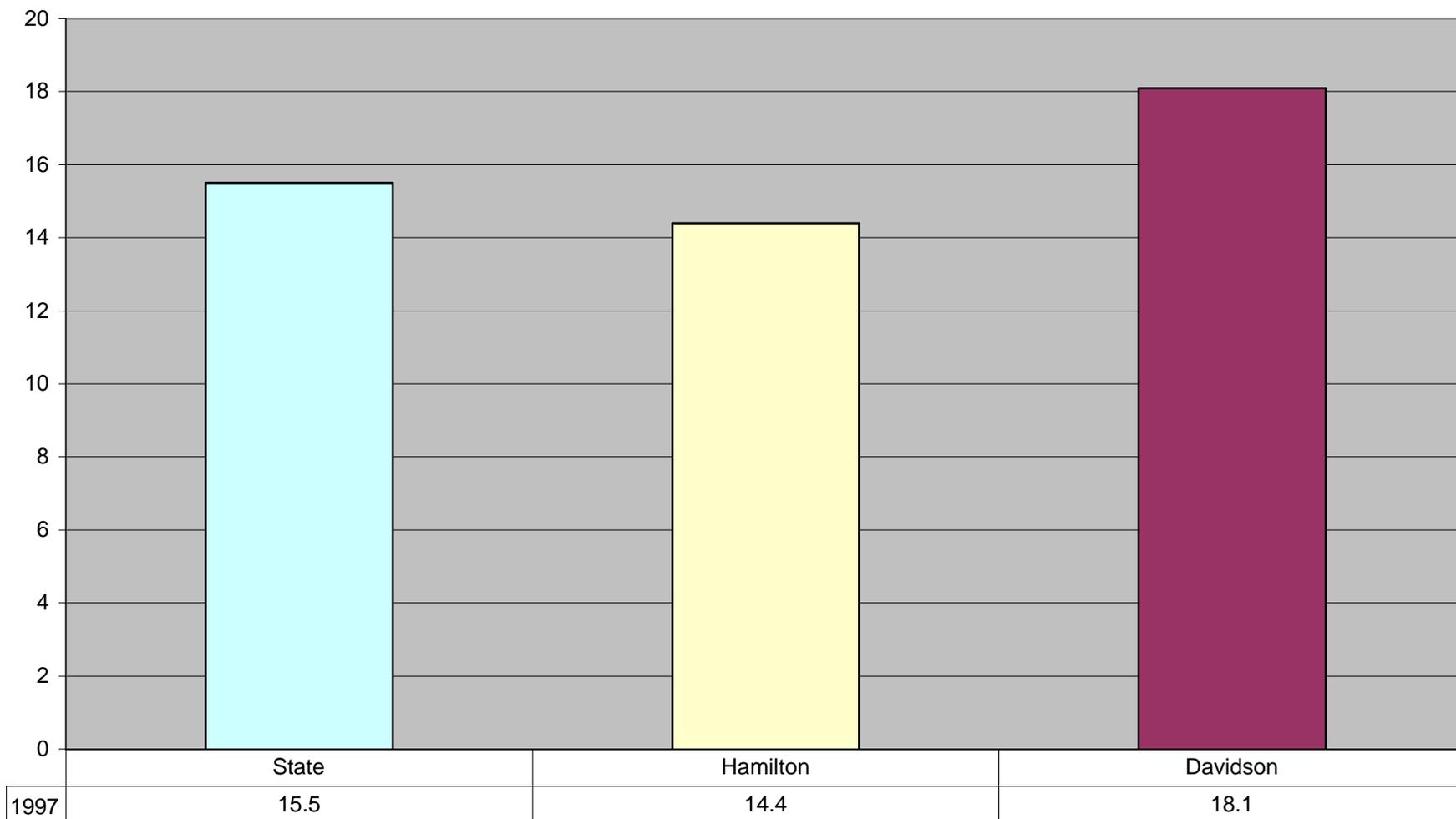
Hamilton County Causes of Death #4 Accidents and Adverse Effects (Age - Adjusted Rates per 100,000)



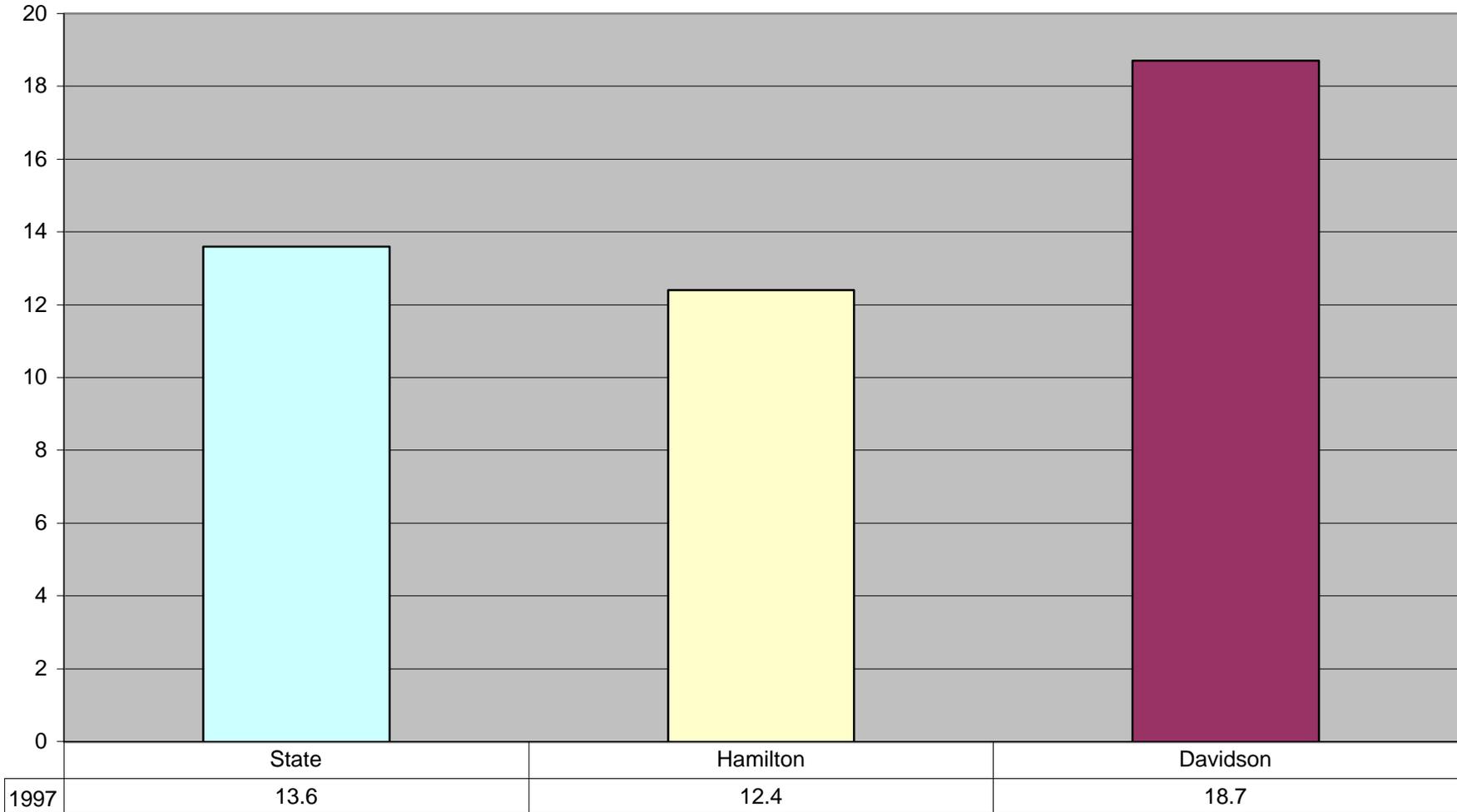
Hamilton County Causes of Death #5 COPD (Age - Adjusted Rates per 100,000)



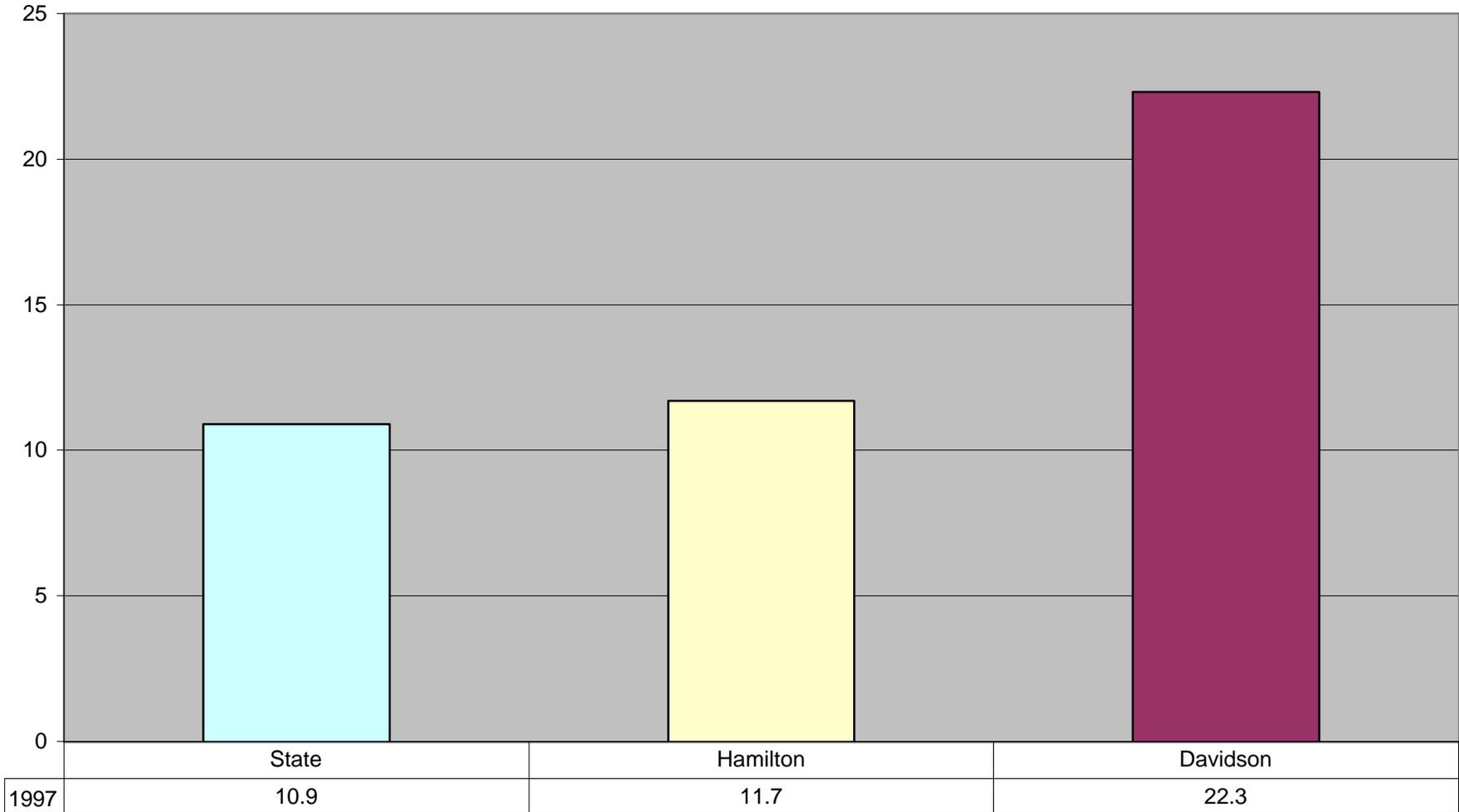
Hamilton County Causes of Death #6 Pneumonia and Influenza (Age - Adjusted Rates per 100,000)



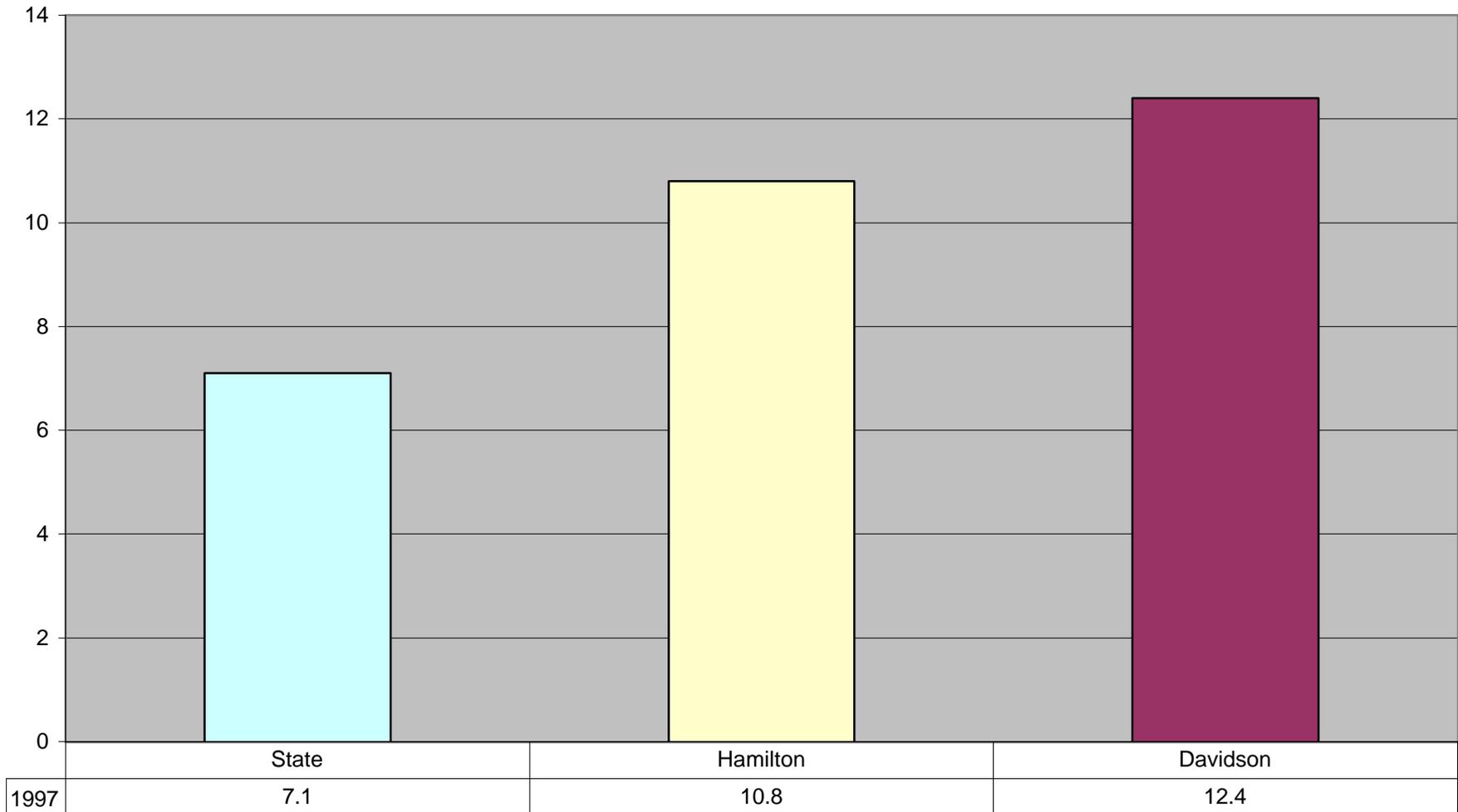
Hamilton County Causes of Death #7 Diabetes Mellitus (Age - Adjusted Rates per 100,000)



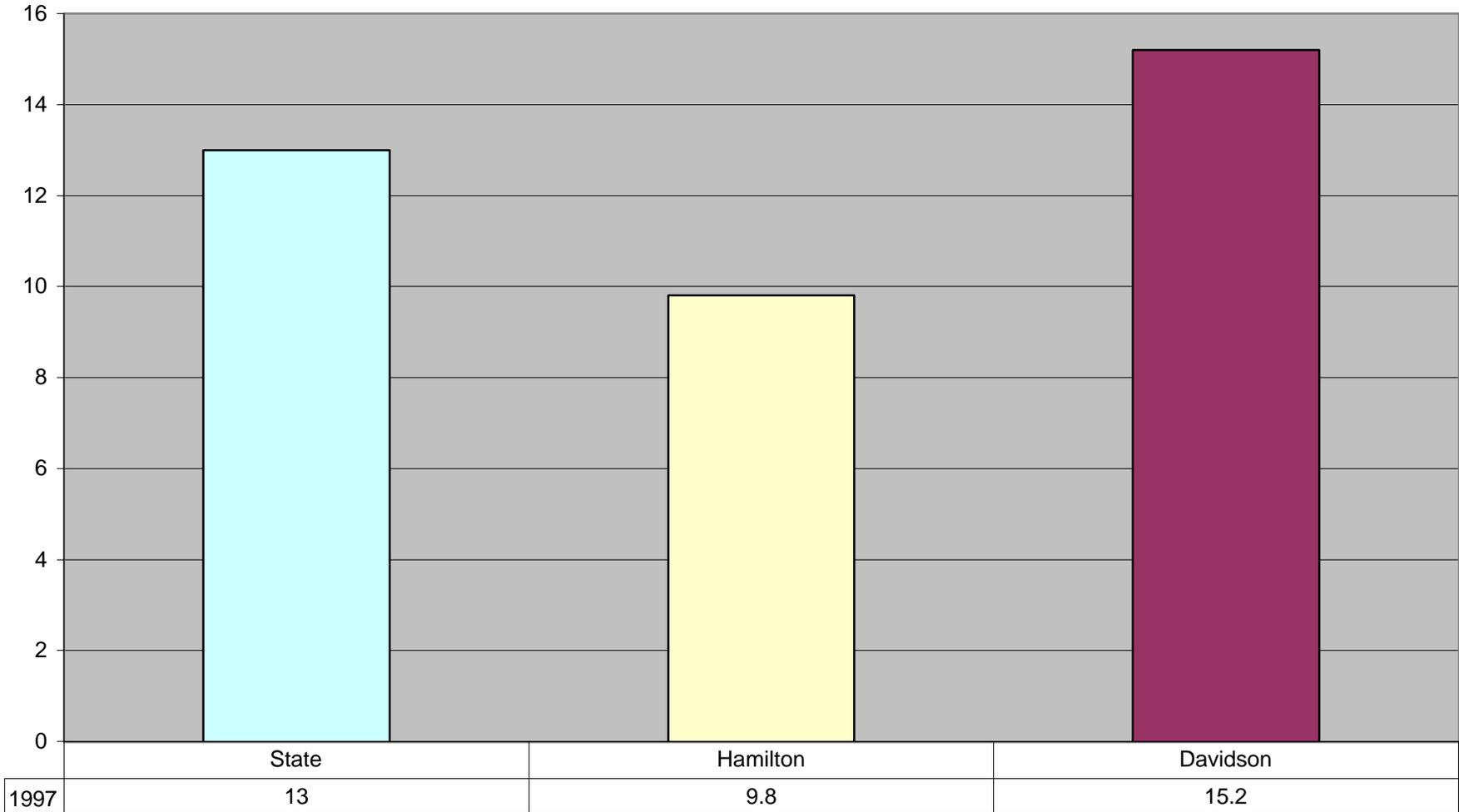
Hamilton County Causes of Death #8 Homicide & Legal Intervention (Age - Adjusted Rates per 100,000)



Hamilton County Causes of Death #9 All other Infectious & Parasitic Diseases (Age - Adjusted Rates per 100,000)



Hamilton County Causes of Death #10 Suicide (Age - Adjusted Rates per 100,000)



CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #1 Obesity/Diet/Lack of Exercise

Focus: "21 Day Fitness Program" or Other Optional Community-Base Fitness Activities

<p>Suggest Action: What needs to be done?</p>	<ol style="list-style-type: none"> 1. Appoint experienced person(s) to recruit committee members to develop optional Community-based strategies. 2. Determine what sub-population groups should be targeted and seek grants for support funding. 3. Get buy in from area fitness centers/programs 4. Develop menu of exercise programs using area fitness facilities, recreation centers, schools and parks. 5. Develop exercise programs that can be implemented by individuals or groups without using a fitness facility (i.e. walk your child to school, floor exercises, chair exercises).
<p>By Whom? Who will take the action</p>	<ol style="list-style-type: none"> 1. Committee will recruit persons familiar with fitness programs and fitness facilities to develop and implement exercise programs, and activities. 2. Committee will recruit other appropriate citizens in targeted neighborhoods to implement the plan (i.e. church leaders, garden clubs, neighborhood associations).
<p>By When? By what date Resources and support Needed/Available.</p>	<p>The proposed 21-day plan will be implemented in the year 2000 during a time period that will generate the most attention from the media and the most involvement from area citizens.</p> <ol style="list-style-type: none"> 1. Financial resources will be needed to cover the cost of painted materials, purchasing incentive prizes, snacks for community gatherings, fees for experts, mileage for community leaders. 2. Human resources needs will be extensive. Personnel to lead and implement the program in all parts of the county, experts to train community leaders and support staff to provide needed administrative support. 3. Political resources will include buy-in from local county commissioners, City Council members, school board members, Mayor's Office, The Chamber of Commerce, etc. 4. Implement the program through organized groups and entities such as large and small businesses, the police force, firefighters, city and county employees (will require individuals familiar with the politics and regulations of these organizations).
<p>Potential Barriers/ Resistance</p>	<ol style="list-style-type: none"> 1. Area fitness facilities may feel that their territory is being invaded. The importance of emphasizing community wellness will be important in developing these partnerships. 2. Members of the population that are to be targeted with this program may show some resistance to a change in their daily routine and lifestyle. 3. Resistance may be demonstrated through non-participation of individuals and facilities.
<p>How Success Measured?</p>	<ol style="list-style-type: none"> 1. Daily diaries or journals from participants can help measure success. 2. Developing a measurement tool that includes before and after statistics perhaps including blood pressure, weight, lung capacity, flexibility, body fat measurements, etc.

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #1 Tobacco Use

(*"Tobacco Use" is tied with "Obesity, Diet and Lack of Exercise" for the #1 Priority)

Strategy Area: A. AWARENESS

Strategy Focus: Establish Internet Presence As Means to Pursue Plan Goals and Objectives

Re: Reduction of Disease, Disability and Death due to Tobacco Use.

Suggested Action: What needs to be done?	Establish an Internet Presence for Hamilton County tobacco cessation advocates; hyperlink to other internet sites for purposes of: legislative and regulatory advocacy; education; consumer and community awareness regarding tobacco risks.
By When?	December, 1999.
Resources and Support Needed/ Available	Chattanooga Coalition Against Tobacco; American Cancer Society; American Lung Association; American Heart Association; Medical Society of Chattanooga and Hamilton County; Virtual Organization of Chattanooga; BellSouth Company; Chattanooga-Hamilton County Health Department; all media; U.T. Chattanooga; Chattanooga State Technical Community College
Potential Barriers/ Resistance	Tobacco farmers, tobacco wholesalers/retailers; tobacco Companies.
How Success Measured?	Establishment of Internet presence; # "hits" to site; self-administered interactive surveys.

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #1 Tobacco Use

Strategy Area: B. ADVOCACY

Strategy Focus: Increase Tobacco Use Tax by 20% over 1999 levels

<p>Suggested Action: What needs to be done?</p>	<p>Engage Hamilton County State Senators and Legislators in aggressive campaign to raise the tobacco products use tax and to assure that the proceeds from the increase go to tobacco use prevention and use cessation programs that target Hamilton County youth.</p>
<p>By When?</p>	<p>End of 2000 Spring legislative session.</p>
<p>Resources and Support Needed/ Available</p>	<p>State Senators, State Legislators: Chattanooga Coalition Against Tobacco; American Cancer Society; American Lung Association; American Heart Association; Chattanooga-Hamilton County Health Department; all media; educators.</p>
<p>Potential Barriers/ Resistance</p>	<p>Tobacco farmers, tobacco wholesalers/retailers; tobacco Companies.</p>
<p>How Success Measured?</p>	<p>Passage of tobacco use tax increase.</p>

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #1 Tobacco Use

Strategy Area: C. EDUCATION

Strategy Focus: Physicians/Clinicians Involvement in Risk Reduction

<p>Suggested Action: What needs to be done?</p>	<p>Engage Hamilton County physicians and other medical/health clinicians in efforts to encourage patients and others at risk via second-hand smoke, (parents, siblings, relatives), to reduce, eliminate use of tobacco products and thereby reduce the incidence of disease, disability, and death due to tobacco use.</p> <p>Review, with the intent towards adaptation and implementation, the Pediatrics Risk Assessment Protocol for use by other primary care specialists (FPs, OB/GYNs, IMS) to intensify physician office focus on tobacco risks among patients; educate and encourage physicians to implement protocol in concert with patient consultations regarding the elimination of tobacco use.</p> <p>Engage pharmaceutical companies producing tobacco/smoking cessation products to partner with Hamilton County physicians to offer smoking cessation kits, and other pharmaceutical aids at a significant discount for distribution in physicians' practice locations.</p>
<p>By When?</p>	<p>Beginning January 2000</p>
<p>Resources and Support Needed/ Available</p>	<p>Physicians; nurses; other clinical support personnel; office administrative staff; pharmaceutical companies which produce smoking/tobacco use cessation products and kits; all media.</p>
<p>Potential Barriers/ Resistance</p>	<p>Addicted patients; physician office staff; tobacco companies.</p>
<p>How Success Measured?</p>	<p>Number of smoking cessation kits disseminated; number of patient consultations about tobacco use risks; number of referrals to smoking cessation programs; number of patients surveyed in physicians office who reported that they eliminated use of tobacco products; reduction in prevalence of tobacco use as reported via Adult and Youth Risk Behavior surveys</p>

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #2 Risky Sexual Behavior

<p>Suggested Action: What needs to be done?</p>	<ol style="list-style-type: none"> 1. Develop public information campaigns. 2. Identify positive model programs for recommended use in the community. 3. Engage the news media in public education. 4. Develop parent involvement initiatives, talk to their children (life issues). 5. Develop messages & strategies to mobilize the community (healthy behaviors). 6. Collaborate with organizations & coalitions on prevention strategies.
<p>By When?</p>	<p>May, 1999 through Fall, 1999 to lay foundation.</p>
<p>Resources and Support Needed/ Available</p>	<p>Develop a list of community resources. (July - August 1999) Look at programs currently available to identify gaps and additional needs.</p>
<p>Potential Barriers/ Resistance</p>	<ol style="list-style-type: none"> 1. Funding 2. Lack of coordination
<p>How Success Measured?</p>	<ol style="list-style-type: none"> 1. Reduction in Teen Pregnancy rate 2. Reduction in Sexually Transmitted Disease rate 3. Reduction in new cases of HIV 4. Reduction in reported involvement of youth in sexual behavior (Youth Behavioral Risk Survey)

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #3 Alcohol and Drug Abuse

<p>Suggested Action: What needs to be done?</p>	<ol style="list-style-type: none"> 1. Identify substances that are currently being abused. 2. Determine action steps. 3. Identify individual and organizational resources. 4. Develop a data base of resources. 5. Conduct a needs assessment survey specifically focused on A&D use 6. Identify high risk populations.
<p>By When?</p>	<p>May, 1999 through Fall, 1999</p>
<p>Resources and Support Needed/ Available</p>	<p>Subcommittee members will identify resources, which will include:</p> <ol style="list-style-type: none"> 1. Alcohol & Drug Counseling and Treatment Programs. 2. Therapist in private practice 3. Police Officials 4. Health Professionals 5. Mental Health Professionals
<p>Potential Barriers/ Resistance</p>	<ol style="list-style-type: none"> 1. Members participation 2. Limited trained personnel 3. Funding 4. Coordination
<p>How Success Measured?</p>	<ol style="list-style-type: none"> 1. Results reported from The Adult and Youth Behavioral Risk Surveys 2. Surveys of A&D Practitioners 3. Records of the number of Alcohol/Drug related traffic crashes and fatalities 4. Hospital Records

CHATTANOOGA HAMILTON COUNTY HEALTH PLAN

Health Priority Issue #4: Lack of Involvement in Health Screenings and Other Preventive Measures

<p>Suggested Action: What needs to be done?</p>	<ol style="list-style-type: none"> 1. Develop Schedule for Public Health Screenings 2. Organize city-wide Community Health Fairs and Screenings 3. Involve Insurers and Providers as Partners 4. Target small and large businesses as screening sites (include education and follow-up) 5. Establish a Central Data/Information Bank to coordinate and document Health Fairs and Screenings
<p>By Whom?</p>	<ol style="list-style-type: none"> 1. Council's Health Screening Sub Committee to Coordinate 2. Health Organizations, Providers and Insurers.
<p>By When?</p>	<ol style="list-style-type: none"> 1. Conduct four city-wide Community Health Fairs with screenings annually 2. Conduct two (2) in Fall and two (2) in Spring/Summer
<p>Potential Barriers/ Resistance</p>	<ol style="list-style-type: none"> 1. Lack of interest in people targeted to attend screenings 2. Middle age population rarely attend Health Fairs 3. Few businesses promote Health Screenings 4. Funds 5. Physician's involvement vary historically.
<p>How Success Measured?</p>	<ol style="list-style-type: none"> 1. Survey of providers to determine the extent of increase in patients who have early diagnosis due to health screenings. 2. Results of Adult and Youth Behavioral Risk Surveys with reference to questions regarding participation in health screenings.