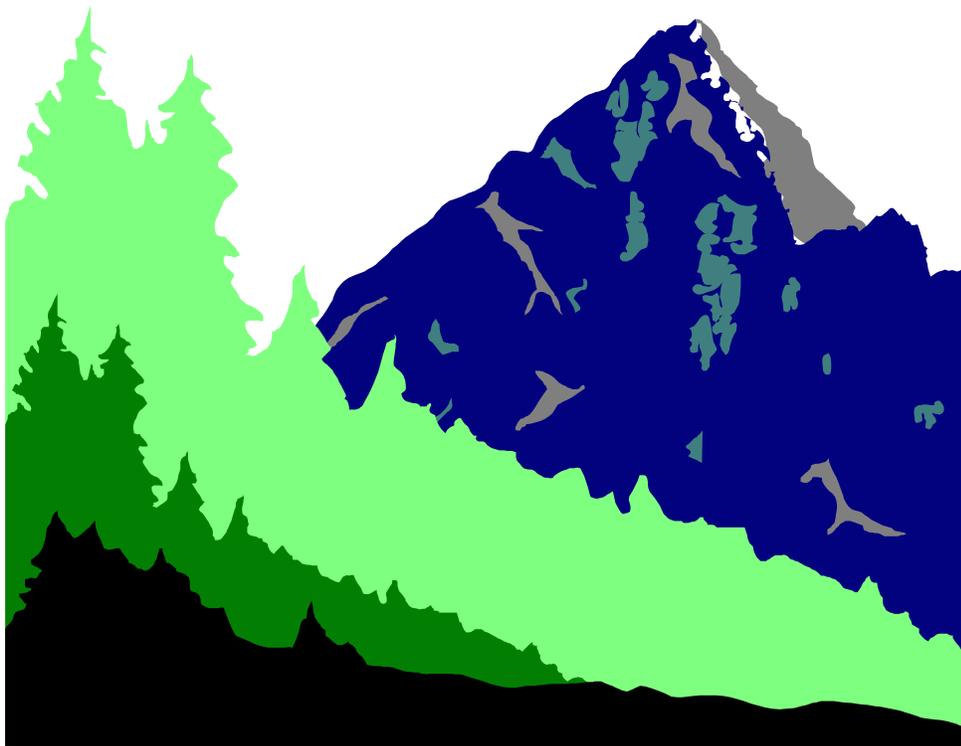


# HAWKINS COUNTY HEALTH COUNCIL

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## *COMMUNITY DIAGNOSIS 1998*



### COMMUNITY DEVELOPMENT ASSESSMENT AND PLANNING

Northeast Tennessee Regional Health Office  
Tennessee Department of Health  
Prepared December 1998

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# Introduction

## Description of Project

Community Diagnosis a community-based, community-owned process to assess the health status of Tennesseans. The Hawkins County Health Council was formed to conduct the community diagnosis process and to facilitate future health planning. The Community Development Program of the Northeast Tennessee Department of Health facilitates the community diagnosis, assessment process, and resulting health planning among all county health councils in the Northeast Tennessee region. The Hawkins County Health Council conducted a community survey, reviewed various data sets and evaluated resources in the community to identify areas of concern that affect the health of its citizens.

Health issues for Hawkins County were identified from the data sources and prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the health council is developing action strategies for Hawkins County to address the identified areas of priority concern. An Action Strategies Report will be published in the future and will contain goals to improve the health of the residents of Hawkins County.

## Hawkins County Health Council and its Mission

The Hawkins County Health Council is a long-standing council made up of members who broadly represent its citizens (please see Appendix for complete list of council members and the diverse areas they represent). All members share a strong desire to promote the highest level of health and well being for all residents of Hawkins County.

The mission of the council in conducting the Community Diagnosis is to develop a community-based, community-owned, and community-directed process to:

- ◆ Analyze the health status of the community
- ◆ Evaluate health resources, services, and systems of care within the community
- ◆ Assess attitudes toward community health services and issues
- ◆ Identify priorities, establish goals, and determine courses of action to improve the health status of the community
- ◆ Establish a baseline for measuring improvement over time

Benefits of the Community Diagnosis process for the community include:

- ◆ The process provides communities with the opportunity to participate in directing the course of health services and delivery systems

- ◆ The process involves communities in the development of health strategies which are directly responsive to the community's needs and are locally designed, implemented, and monitored
- ◆ Community Diagnosis provides justification for budget improvement requests, a foundation of information for grant seeking purposes, and a tool for public relations and community promotion
- ◆ Community Diagnosis provides local-level health information and coordination of strategies to the Northeast Tennessee Regional Health Council, as well as to state-level programs and their regional office personnel
- ◆ The process serves health planning and advocacy needs at the community level. The community leaders, organizations, and local health departments provide leadership to ensure that documented community health problems are addressed

This report provides a description of community development activities to date. Data will be described with emphasis on important issues identified by the Hawkins County Health Council. This report concludes with Hawkins County's resulting priority concerns as identified through the Community Diagnosis process. These priority health concerns include adolescent pregnancy, child abuse and neglect, and alcohol and drug use

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## Section I

### County Description



Hawkins County, Tennessee, is a rural community located in the Northeast Tennessee region. Hawkins County is bordered by Grainger, Greene, Hamblen, Hancock, Sullivan and Washington counties. Scenic landscape and rolling hills add to the county's picturesque beauty.

Hawkins County had a 1996 population of 48,388. The county seat is Rogersville with a 1996 population of 4,262 inhabitants. Hawkins County has a land area of 486.7 square miles with approximately 99.4 persons per square mile. Between 1990 and 1996 Hawkins County recorded an 8.6% increase in population. The county's residents are predominantly white (97.7%). The majority of Hawkins County's citizens (29%) are between 25 and 44 years of age and this age group continues to be the fastest growing segment of the county's population.

Hawkins County had a per capita income of \$14,876 in 1993 and \$15,251 in 1994 for a 2.5% increase. The 1993 median household income was \$26,519. In 1993, there were 8,795 people (18.6% of the total population) who lived in poverty.

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## Section 2

### Needs Assessment

#### A. Community Stakeholder Survey

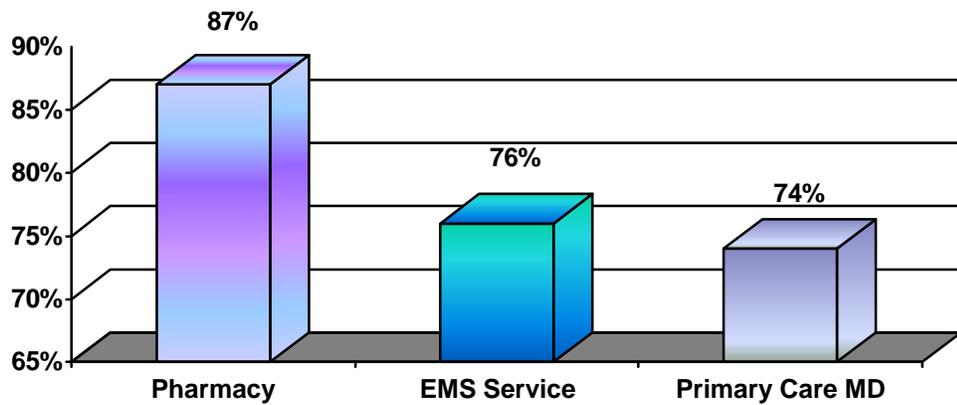
The Stakeholder Survey provides a profile of perceived health care needs and problems facing the community stakeholders who respond to the survey. We see council members and other residents similar in that all have a stake in the overall improvement of Hawkins County's health status and health care. This survey includes questions about the adequacy of availability, accessibility, and level of satisfaction regarding health care services in the community. The Community Stakeholder Survey is not a scientific random sample of the community; rather its purpose is to obtain subjective perceptions of health care from a cross-

section of the community. It is one of two sources of primary data used in the community diagnosis process.

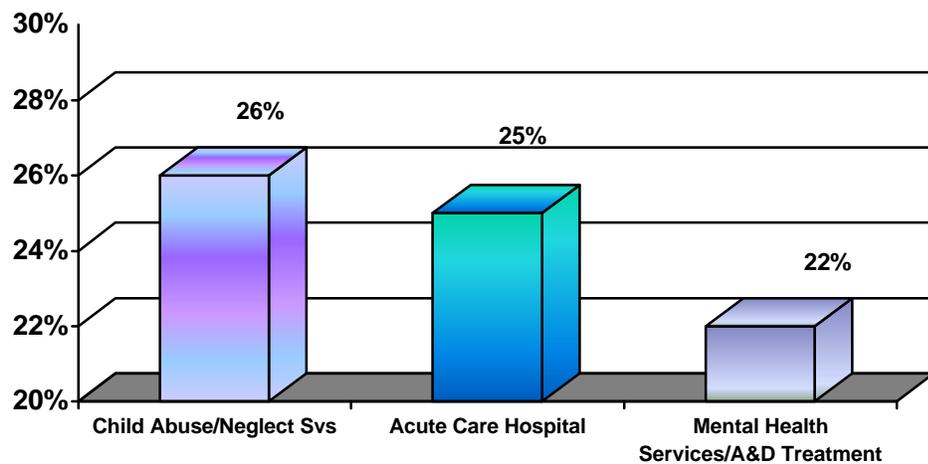
The stakeholders included both the users and providers of health care services. Students from East Tennessee State University were instrumental in the distribution and collection of this data.

Of the 111 respondents, 63% were female. Respondents were predominantly white (96%), married 63%, and 57% of them had lived in the county more than 20 years. The majority of respondents (53%) had a median annual household income of less than \$30,000.

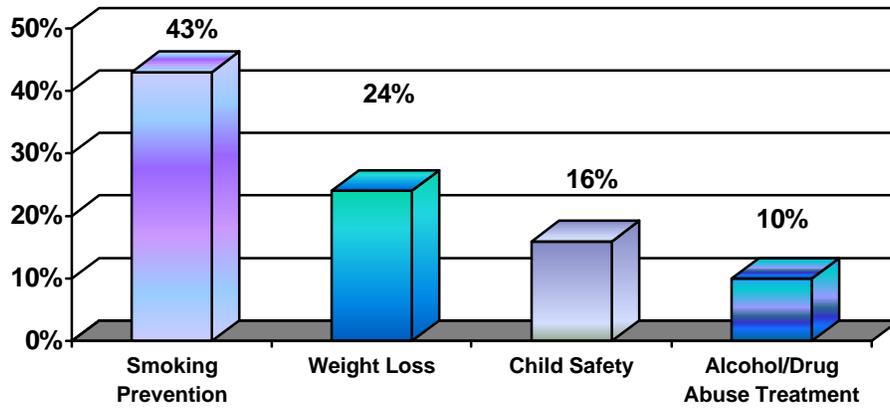
**Services** considered Most Adequate in terms of availability by the highest percentages of respondents included the following:



The following **Health Care Services** were rated Available but Not Adequate by the highest percentage of respondents:



**Preventive Health Services** that were cited by Hawkins County Citizens as *Most Important* to help citizens achieve healthier lifestyles are shown on the following graph:



## B. Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a scientifically conducted, random sample telephone survey, weighted to the county's population characteristics. The survey was conducted by the University of Tennessee Knoxville, Community Health Research Group and is modeled after the BRFS conducted by the Centers for Disease Control. The survey collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

A sample of 203 respondents was collected from Hawkins County residents. This sample size created a representative sample of county residents for estimating county risk factors. Of the respondents, 99% were Caucasian, 69% were married, and 54% were employed. Of the employed respondents, 64% had health care insurance through their employer. The majority of respondents (67%) earned \$35,000 or less annually. One hundred-three (51%) of the respondents were female and ninety-nine (49%) were male.

The council reviewed survey data on several lifestyle and health-related indicators. The table on the next page lists selected health indicators with the corresponding percentages for the Hawkins County respondents and compares them with the national *Healthy People 2000* goals.

Comparison of Selected Behavioral Risk Factors with *Healthy People 2000* Goals

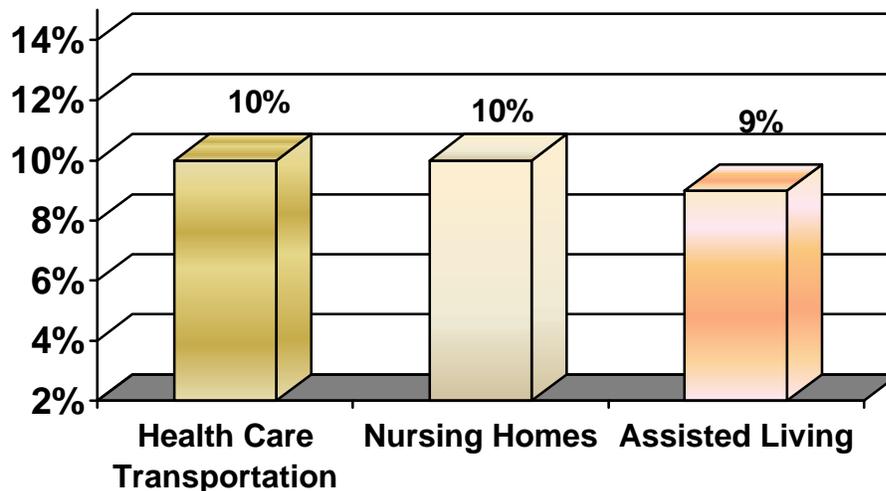
Reported Health Indicator	Hawkins County %	HP 2000 Goal %
Smoking, Current, Everyday	27%*	15%
Overweight**	20%**	20%***
Diabetes	7%	2.5%
Pap Smears	97%	85%
Mammograms	64%	60%

\*Highest percentage (%) under 30 years of age

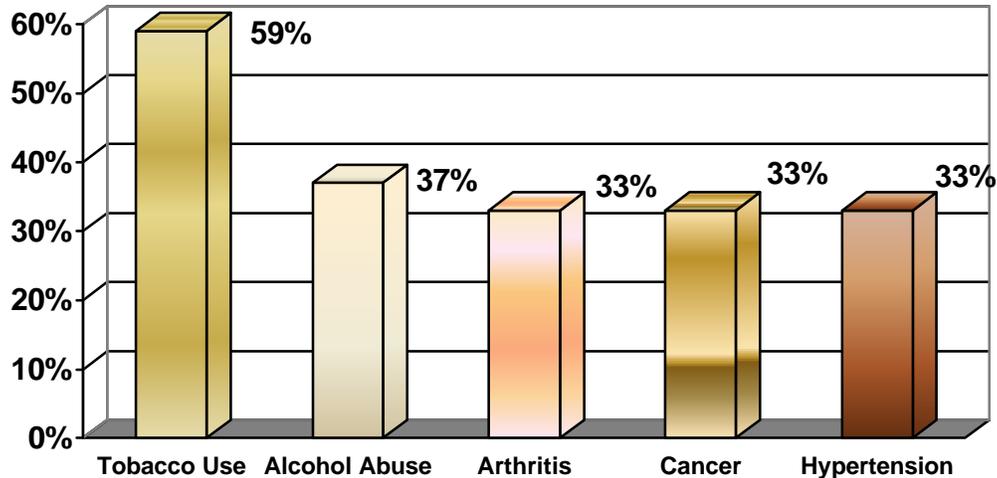
\*\*Have been advised to lose weight by their M.D.

\*\*\*HP 2000's goal for obesity

The BRFSS also collected opinion data on **Access to Health Care**. The top issues identified by respondents as Definite Problems in each category are presented in the chart below:



Finally, the BRFSS collected opinion data on **Perceived Community Health Problems**. The top issues identified by respondents as Definite Problems in each category is presented in the chart below:



Based on the results of the survey, the council identified and recommended development of strategies to address the following conditions/risk behaviors in order to improve the overall health status of Hawkins County's residents:

- ◆ Tobacco Use
- ◆ Alcohol /Drug Abuse
- ◆ Community Health Education and Awareness about insurance utilization/coverage, available health care services, and health promotion
- ◆ School Health Education and Health Promotion

### C. Health Resource Inventory

The Hawkins County Health Council conducted an inventory of health and health-related services and resources for the primary purpose of identifying any gaps or inadequacies/areas of improvement in services. Several services and resources were found available and very adequate for the needs of the community. The council found the following services to be adequate:

- ✓ **Civic/Social Organizations**
- ✓ **Home Health Services**
- ✓ **Hospitals**
- ✓ **Pharmacies**

✓ **Rehabilitation Services**

✓ **Chiropractors**

✓ **Optometrists**

The Health Council recommended that the following services be made more accessible and provide better services to Hawkins County citizens:

- ◆ **EMS Services** – Because of the size of the Hawkins County and placement of EMS units, better coverage in terms of quantity of units is needed.
- ◆ **Law Enforcement** – More deputies and extra units would enhance current services throughout Hawkins County.
- ◆ **Physicians** – A pediatrician and an OB/Gyn specialist would be good staffing additions to make in Hawkins County.
- ◆ **Nursing Homes** – While adequate in number, there is a need for specialty units such as an Alzheimer’s unit.

The Health Council felt that the following services were inadequate or had gaps in their current levels of service:

- ◆ **Mental Health** – There is a group of people who “fall through the cracks” and patients without private mental health insurance or TennCare often do not seek mental health services when necessary.
- ◆ **Dentists** – There is only one dentist in Hawkins County who will see TennCare patients, and the primary focus is on children and youth.
- ◆ **Support Groups** – Citizens must go out of the Hawkins County to attend support groups, and transportation can be a barrier. Also given the number of people in Hawkins County who suffer from diabetes, a diabetes support group could provide needed support locally.
- ◆ **Adult Day Care/Assisted Living** – More funding for these services is needed. Families with disabled and/or elderly members who require semi-skilled or skilled care need respite services. The problem is that these services are prohibitively expensive for many citizens.

It is also worthy to note that the health council felt unsure about the service level of **Alcohol and Drug Abuse Services**.

As final recommendation, the Hawkins County Health Council noted a possible strategy for addressing information about services that various health and community organizations offer. Council members felt that production of a comprehensive community resource directory could aid in the dissemination of community resource information.

#### D. Vital Statistics/Health Status Data

Secondary data (information already collected from other sources for other purposes) provided the Hawkins County Health Council with information about the health status of their community. Information was assembled by the State Office of Assessment & Planning and compiled by the Community Development Program, Northeast Tennessee Region, for the council's analysis. The most current information available was used for this portion of the community assessment process.

Vital statistics cover pregnancy & birth, mortality, and morbidity information for the county, region, and state; each set of information is separated into the categories of *All Races, Non-White, and White*. These statistics are made available in three-year moving averages, which smooth trend lines and eliminate wide fluctuations ('spikes' and 'valleys') in year-to-year rates that distort true trends. Ten (10) three-year averages are available for each health indicator, occurrence, or event for use in examining significant trends in those health indicators. Where applicable, vital statistics comparing the county, region, and state were also compared by the council with the nation's "Healthy People 2000" objectives. Due to the low minority population in Hawkins County, the information was not broken down by race for analysis purposes. Data were compared to the corresponding data for the Northeast Tennessee Region, as well as for the State of Tennessee.

The Vital Statistics Subcommittee received information for the following population and health status indicators:

- ✓ Population Trends 1990 to 1996
- ✓ Average Number of Fetal Deaths per 1,000 Live Births in Females 10-44 from 1990-1995
- ✓ Percent of Low-Weight Births 1991 to 1996
- ✓ Infant Death Rates per 1,000 Live Births 1991 to 1996
- ✓ Percent of Births to Adolescent Mothers 10-17
- ✓ Sexually Transmitted Disease Incidence Rate - 1997
- ✓ Leading Causes of Death (Age-Adjusted) 1995

After the Hawkins County Health Council analyzed the information listed above, the following areas of concern were further investigated:

#### ◆ Sexually Transmitted Diseases - # Cases in Hawkins County in 1997

HIV/ AIDS	Gonorrhea	Chlamydia
30	7	33

*Note: There were no cases of syphilis reported in Hawkins County in 1997.*

◆ **1995 Suicide Rates per 100,000 by Specific Age Groups in Hawkins County**

Age Group	Rate	Population
All Ages	20.5	43,953
25 to 44	37.7	13,256
45 and Over	23.9	16,716

*Note: All Rates for Hawkins County were higher than the State rates of 14.8, 20.6, and 17.4 respectively.*

◆ **1995 Motor Vehicle Accidents Per 100,000 in Hawkins County**

Age Group	Rate	Population
15 to 19	33.7	2,965
25 to 44**	45.3	13,256
45 to 59	11.9	8,390
60 and Over	11.8	8,486
All Ages	20.5	43,953

*Note: Age groups not included had no deaths.*

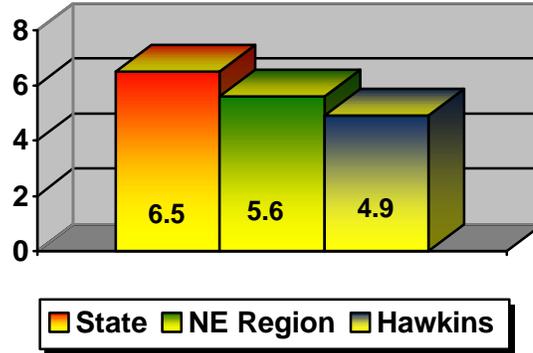
*\*\*Rate is higher than state rate of 29.4 per 100,000 population*

◆ **Diabetes Mellitus Age-Adjusted Death Rate per 100,000 Population in 1995**

Sex	Tennessee	Hawkins County
Male	14.5	26.6
Female	13.9	16.0

- ◆ **Adolescent Pregnancy** – The council felt that there may be more adolescent pregnancies than the data indicates (*see chart on the following page*). One question that the council had was the value the family life component of sex education is making on the adolescent pregnancy rate in Hawkins County. It was noted that there is a disparity in the health education curricula, depending upon the school. While some Hawkins County schools have family life education, others do not.

**1994-1996 PERCENT OF TOTAL BIRTHS TO FEMALES AGE 10-17**  
**COMPARISON OF STATE, NORTHEAST TN REGION AND HAWKINS COUNTY**



**E. Other Secondary Data Sources**

In addition to sources of data previously discussed, the Hawkins County Health Council used information from other sources, weighing the information and statistics analyzed against county demographics, manpower information, managed care, and increase of percentage of births lacking prenatal care from 1992 to 1996. The council continues to assess current information from these additional sources in planning and reassessment of changes in the health of the community.

Some of the additional sources of information which continue to contribute to the council's diagnosis of health status and health care in Hawkins County include the following: (a) the First Tennessee Development District "FACTS" Publication, (b) the Tennessee Commission on Children and Youth "Kids Count" report, (c) the U.S. Department of Commerce/Bureau of the Census, (d) the Tennessee Department of Health (TDH) Office of Health Statistics & Information "Tennessee's Health: Picture of the Present" report, and (e) the TDH & University of Tennessee Community Health Research Group "HIT" Internet Website.

Please visit the Health Information of Tennessee ("HIT") website where county-specific health data is continually being expanded and updated. The address is:

[WWW.SERVER.TO/HIT](http://WWW.SERVER.TO/HIT)

This is an interactive website wherein you may submit custom queries by going to Statistical Profiling of Tennessee ("SPOT") area of the site. Standard tables, reports, and links to related sites of interest are also available at the "HIT" website.

## Section 3

### Health Issues & Priorities

After a review of available data, the council compiled and defined the most important health issues that had been identified through the four-phase community diagnosis process. The list below outlines the concerns from each of the four phases of analysis. Concerns are not listed in order of importance or severity:

Stakeholder	BRFS	Health Statistics	Health Resource Inventory
Acute Care Hospitals	Alcohol Abuse	Adolescent Pregnancy	Adult Day Care/Assisted Living
Child Abuse/Neglect Services	Arthritis	Diabetes	Alcohol/Drug Abuse Treatment
Mental Health Services	Cancer	Motor Vehicle Accidents	Dentists
Smoking Prevention*	Community & School Health Education and Information	Sexually Transmitted Diseases	EMS Services
Weight Loss*	Diabetes	Suicide	Law Enforcement
Child Safety*	Hypertension		Mental Health Services
Alcohol & Drug Abuse Treatment*	Medical Transportation		Nursing Homes
	Tobacco Abuse/Smoking		Physicians

*\*Preventive Health Services Cited by Respondents as Most Important.*

The health council then prioritized the above issues on the basis of the size of population impacted, the seriousness of the health concern, and the effectiveness of potential interventions. Many of the council members had first-hand knowledge about various key health/community issues and resources and felt that lack of information about health care services, insurance utilization information, and health education were critical issues for future strategic planning. Hence, the council voted to create a new category “Community Health Education/Information” to address community concerns about health care resources,

insurance utilization, and disease prevention. In order to target the school-aged children K-12 in Hawkins County with similar information, the council also voted to add “School Health Programs” to the list of important issues. Finally, the council voted to combine alcohol and drug use with tobacco abuse to create the category “ATOD.”

A multi-vote process was utilized to rank the important concerns in order of priority for action planning. The issues listed below emerged as priority concerns. Concerns are listed in the order of the number of votes each received:

#### *HAWKINS COUNTY HEALTH COUNCIL PRIORITY HEALTH CONCERNS:*

- ▶ Community Health Education/Information
- ▶ Alcohol/Drug/Tobacco Abuse (ATOD)\*
- ▶ Assisted Living/Adult Daycare\*
- ▶ School Health Programs (K-12)

*\*These concerns received equal number of votes.*

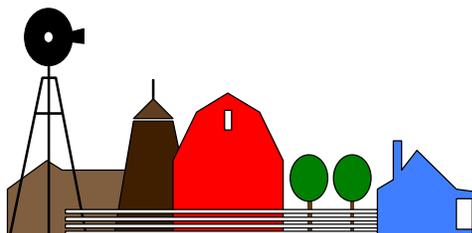
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## Section 4

### Future Health Planning

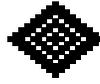
The Hawkins County Health Council set a first strategic planning meeting to develop strategies to address the above priority health concerns. A strategic planning subcommittee was formed to draft goals and objectives and to formulate interventions for the entire Hawkins County Health Council’s approval.

In addition to the council’s assessment efforts documented herein, future reports will include a second document that will describe the council’s specific action strategies. A third document will report changes in specific health indicators, and/or any changes and trends in vital statistics or health care services.



# APPENDIX

# The Hawkins County Health Council



<b>Connie Givens, R.N., Chair</b>	<i>Hawkins County School System</i>
<b>Nancy Barker</b>	<i>Chamber of Commerce</i>
<b>Andrew Bradley, Jr.</b>	<i>Community Representative</i>
<b>Billie Sue Britton</b>	<i>Community Representative</i>
<b>Dan Brooks</b>	<i>ET Iron &amp; Metal</i>
<b>Dale Bryson</b>	<i>Rural Health Services Consortium</i>
<b>Judy Cravens</b>	<i>UT Agricultural Extension Service</i>
<b>Barbara Fricke</b>	<i>Hawkins County Memorial Hospital</i>
<b>Pat Fritz</b>	<i>Hawkins County Health Department</i>
<b>Bruce Goodrow, Ed.D.</b>	<i>ETSU Kellogg Program</i>
<b>Tommy Hepler</b>	<i>Department of Human Services</i>
<b>Bill Justis</b>	<i>Community Representative</i>
<b>Jenny Lawson</b>	<i>Holston Electric Cooperative</i>
<b>Pam Mayo</b>	<i>Department of Human Services</i>
<b>Gary Murrell</b>	<i>Emergency Medical Services</i>
<b>Claude Parrott</b>	<i>County Commission</i>
<b>Rev. John Parrott</b>	<i>Holston Valley Baptist Association</i>
<b>Doug Price</b>	<i>County Executive</i>
<b>Glenn Sheddan</b>	<i>Hawkins County Health Department</i>
<b>Gina Stewart</b>	<i>Pharmacist</i>
<b>Frank Testerman</b>	<i>Hawkins County Memorial Hospital</i>
<b>Toni Weems</b>	<i>Hawkins County Mental Health Center</i>

***\*For more information about the Community Diagnosis assessment process, please contact council members or the Northeast TN Community Development Staff at (423) 439-5900.***