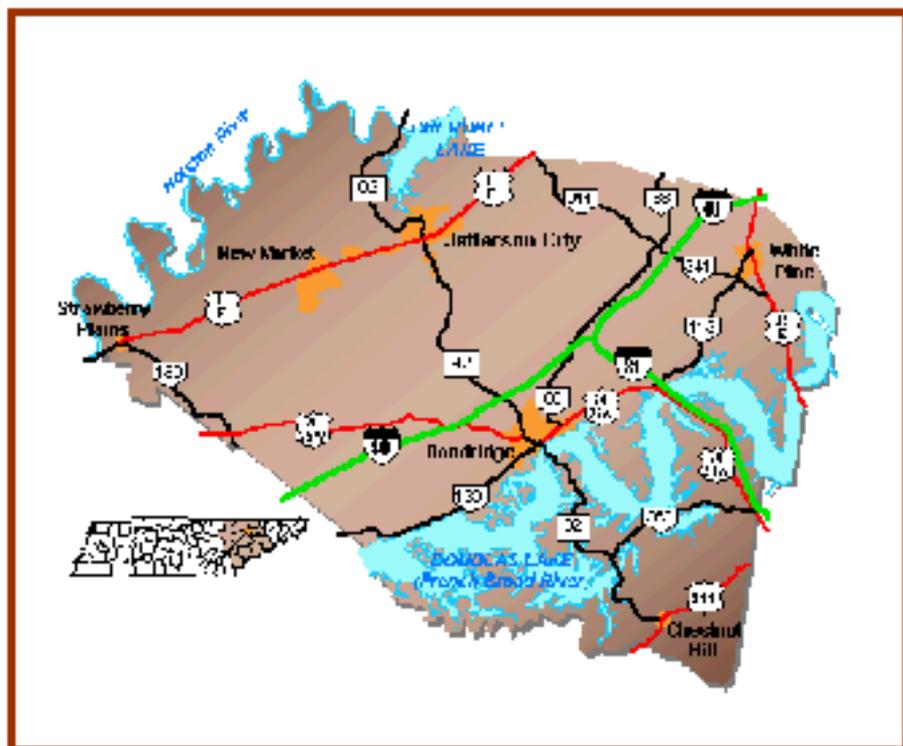


COMMUNITY DIAGNOSIS

Status Report



JEFFERSON COUNTY

1999

*Tennessee Department of Health
East Tennessee Regional Health Office
Community Development Division*

Community Diagnosis

**Jefferson County Health Council
Community Diagnosis Report
Prepared June 1999**

By

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



INTRODUCTION

Community Diagnosis is a community–based community–owned process to identify and address health needs of Tennesseans. As a health assessment and planning process, Community Diagnosis involves:

- ⇒ Analyzing the health status of the community.
- ⇒ Evaluating the health resources, services, and systems of care within the community.
- ⇒ Assessing attitudes toward community health services and issues.
- ⇒ Identifying priorities, establishing goals, and determining course of action to improve the health status of the community.
- ⇒ Establishing a baseline for measuring improvement over time.

In each county Community Diagnosis is implemented through the local county health council with support from the East Tennessee Regional Health Office. The Jefferson County Health Council (JCHC) was established in 1998. The mission of the Jefferson County Health Council is “getting better together in Jefferson County through a focus on health, wellness and prevention”. A list of council members participating in the assessment can be found in Appendix A.

The JCHC began implementation of the Community Diagnosis process in 1998 by conducting a community survey. This was followed by reviewing various data sets and evaluating resources in the community to identify areas of concern that affect the health of Jefferson County citizens.

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

Benefits of Community Diagnosis for the community included:

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

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

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I. COUNTY DESCRIPTION

A. County Profile

Jefferson County, located in the northeastern section of Tennessee, was established in 1792. It was named for President and statesman Thomas Jefferson. Portions of Greene and Hawkins Counties were taken to form Jefferson County. Jefferson County lies between the Holston River to the west and the French Broad River to the east. The county has shoreline on two of the largest lakes in the State of Tennessee, Cherokee and Douglas Lakes.

The county seat of Jefferson County is the town of Dandridge, founded in 1793. It was named in honor of President George Washington’s wife, Martha Dandridge Curis Washington. Dandridge is the second oldest town in Tennessee and is listed on the National Register of Historic Places. The Historical Museum at the Jefferson County Courthouse was established in 1845 and is one of the oldest still in use.

Jefferson City is the largest city in Jefferson County. It was named in honor of Thomas Jefferson, the 3rd President of the United States. Originally, Jefferson City was known as Mossy Creek for the vivid green moss that grew on the banks of its creeks. The community dates back to 1788. The Strawberry Plains community, the only so named in the United States, was named by the first pioneers because of the endless fields of wild strawberries. White Pine is located in the Southeast part of the county and was formerly known as Dandridge Crossing. White Pine received its name in 1872 because a name was needed for the new post office on a government post office form. The Postmaster Esquire Richard White wrote down White Pine for a very tall white pine tree that he could see from his cabin.

Today Jefferson County is rated fourth overall among the state’s 95 counties in growth. With its many business opportunities, access to I-40 the main central East–West route and the quality of life, Jefferson County is experiencing tremendous growth. Jefferson County’s numerous recreational opportunities from golfing, camping, boating, fishing and hunting, and the beautiful mountain vistas are also important factors for the growth the county is experiencing.

Jefferson County Community Profile

Location

Region: East Tennessee

Square Miles: 274

Distance from Knoxville: 45 miles

Population (1998 est.)

Total: 43,663

Cities/Towns/Communities

Baneberry Strawberry Plains

Chestnut Hill White Pine

Dandridge

Jefferson City

Education

Middle Schools----2

K-5 Schools-----5

K-8 Schools-----2

High Schools-----1

Carson-Newman College

Natural Resources

Minerals: Zinc and Limestone
Timber: Pine and Oak
Tobacco

Climate

Annual Average Temperature: 56°
Annual Average Precipitation: 59”
Elevation: 1,000 above sea level

Jefferson County Selected Economic Indicators

Annual Labor Force Estimates (1998)

Annual Total Labor Force: 22,680
Number Employed 21,564
Number Unemployed: 1,116
+Unemployment Rate %: 5.0

+Annual unemployment rate dropped in 1998

Tax Structure

County Property Tax Rate per \$100 value: \$2.76

Per Capita Income (1996 est.) : \$16,205

Table 1

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	2,118	1,776	1,053
Persons per Nurse Practitioner	33,894	7,429	7,134
Persons per Physician Assistant	11,298	15,053	18,664
Persons per Registered Nurse	222	178	106
Persons 10-44 per OB/GYN	8,246	4,509	2,100
Persons per Dentist	2,607	2,414	1,186
Persons per staffed hospital bed	506	491	245
Percent occupancy in community hospitals	40.8	57.3	57.7
Persons per staffed nursing home bed	82	119	135
Percent occupancy in community nursing homes	99.4	96.4	93.6
Physician shortage area for OB	YES		
Physician shortage area for Primary Care	YES		

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

Hospitals	# Beds	Nursing Homes	# Beds
Jefferson Memorial Hospital	67	Jefferson City Health & Rehabilitation Center	186
		Jefferson County Nursing Home	135
		Life Care Center of Jefferson City	121

B. County Process—Overview

The Assessment Process

The Tennessee Department of Health has made a strong commitment to strengthening the performance of the public health system in performing those population-based functions that support the overall health of Tennesseans: assessment, assurance, and policy development.

Community Diagnosis is a public-private partnership to define the county’s priority health problems and to develop strategies for solving these problems. The Jefferson County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive

assessment of the status of health in Jefferson County. The health council contains community representatives from various geographic locations, social-economic levels, and ethnic groups. Extensive amounts of both primary and secondary data were collected and reviewed as the first step in the process. Major issues of concern identified by the community were perception and knowledge of health problems, which were important factors in analyzing the data. Council members identified major issues of concern and each issue was ranked according to size, seriousness, and effectiveness of interventions (Table 7).

Resources

The Jefferson County Health Council is focusing on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Jefferson County Health Council is seeking these additional resources for the development and implementation of intervention programs for priorities identified through the Community Diagnosis process.

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

1. *The Community Stakeholder Survey*

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. Members of the council were asked to complete the stakeholders' survey as well as to identify and obtain comments from other stakeholders in the community. The Community Stakeholder Survey is not a scientific random sample of the community, rather its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. It is one of two sources of primary data used in community diagnosis.

The Jefferson County Stakeholder Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services. In addition, the Jefferson County Health Council incorporated additional questions on issues they felt were important to the community's health into the random sampling Community Stakeholder Survey

Jefferson County Community Stakeholders Survey

of respondents: 279
Male: 24%
Female: 76%

Over sixty-five percent of the respondents had lived in the county for ten or more years. Respondents were asked to rate various health services, as "adequate", "not adequate", "not available", or don't know. Thirty-eight percent of the respondents rated the community health services as "adequate".

Data that concerned the health council were the ratings of "Not Adequate," and "Yes, a Problem," in the health services and health/social issues category. Twenty-eight percent of the respondents felt that specialized doctors were available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include Recreational Activities, School Dropout, Motor Vehicle Death, and Health Insurance (Chart 2).

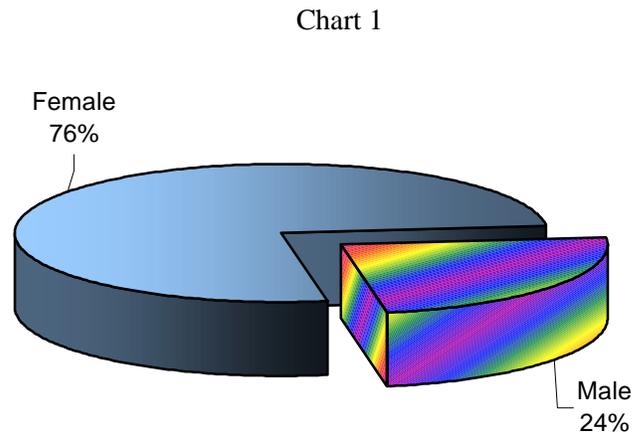
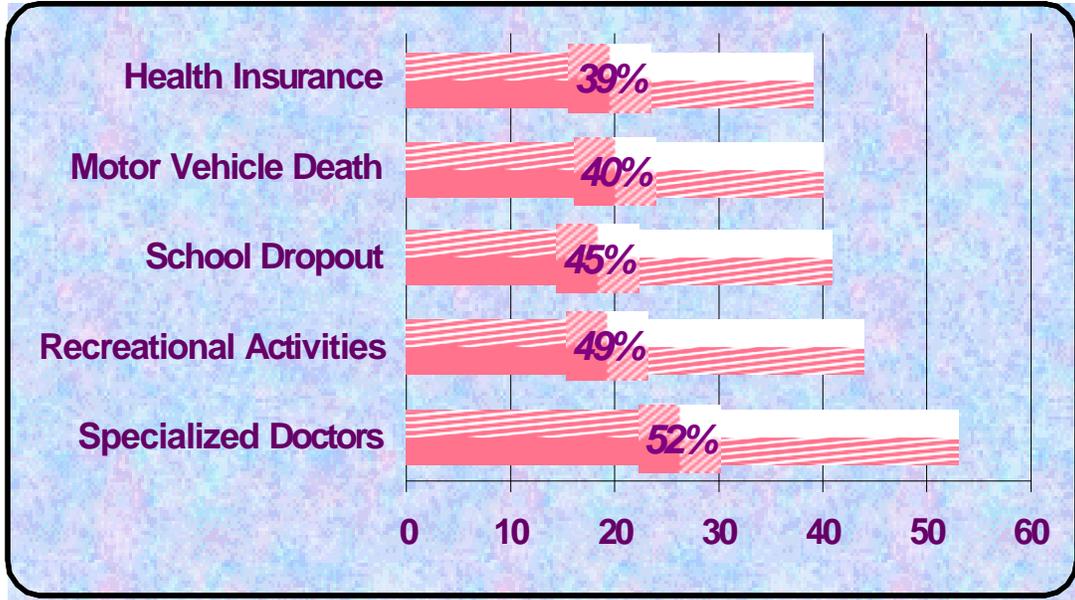
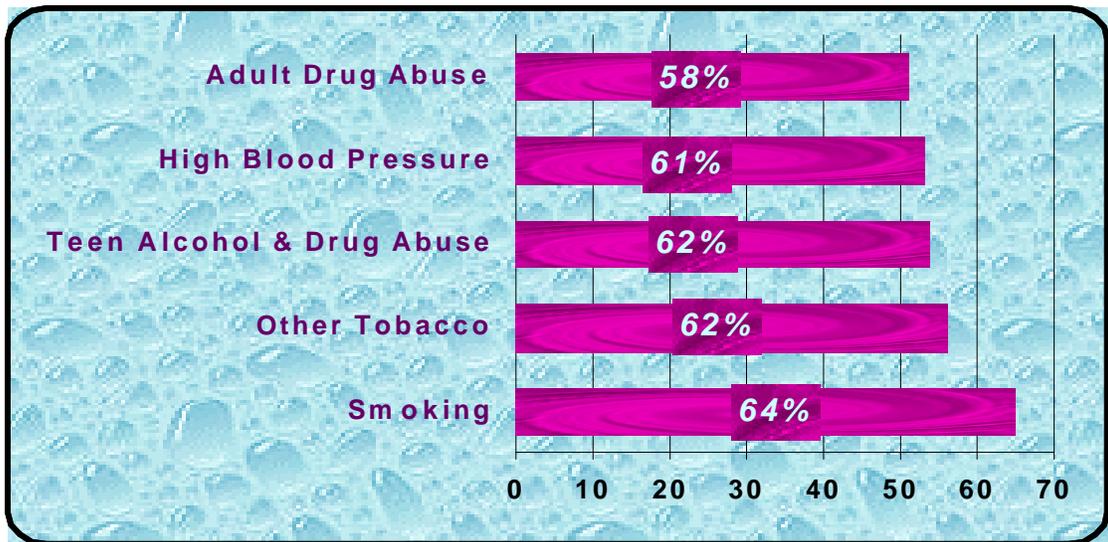


Chart 2
Community Health Care Services
% Responding “Not Adequate”



In the health /social issues category, sixty-five percent felt smoking was a problem in the community. The top five-health/social issues ranked as a problem also included Other Tobacco Teen Alcohol and Drug Abuse, High Blood Pressure, Adult Drug Abuse.

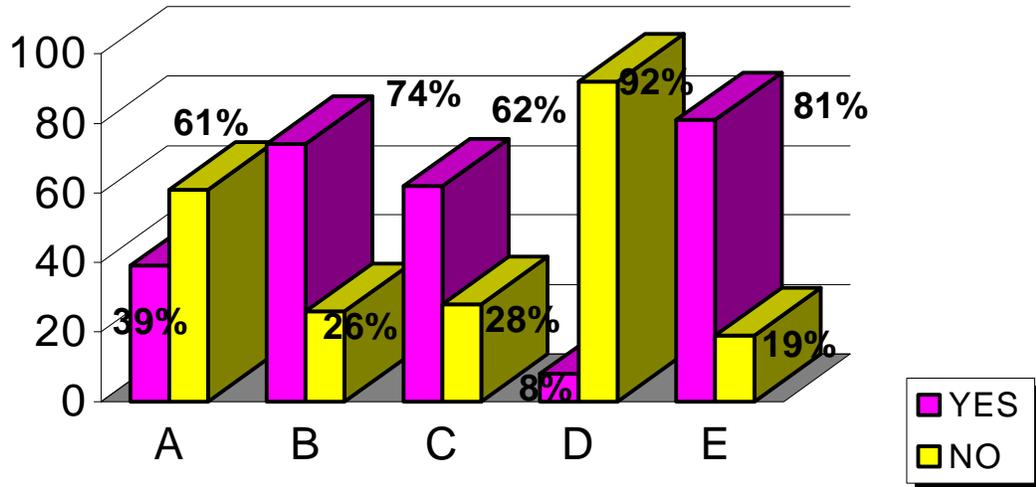
Chart 3
Community Health/ Social Issues
“Yes A Problem”



Results-Additional Stakeholders Questions: Additional questions were added to the stakeholder survey to gain information from the community as it relates to health problems associated with smoking, head lice, dental insurance and the need for a Jefferson County Health Service Directory.

Chart 4
Additional Stakeholders Questions

Community Stakeholder Survey



<u>QUESTIONS</u>	<u>YES</u>	<u>NO</u>
A. Do you have dental insurance?	39%	61%
B. Do you have annual dental check-up?	74%	26%
C. Do you have city water?	62%	28%
D. Is transportation a problem?	8%	92%
(only 5% of yes answers are TN Care Patients)		
E. Are you interested in a Jefferson County Health Service Directory?.....	81%	19%

**Questions F-H are not included in graph.*

F. Concerns about smoking.
77% YES a problem for both adults and teens.

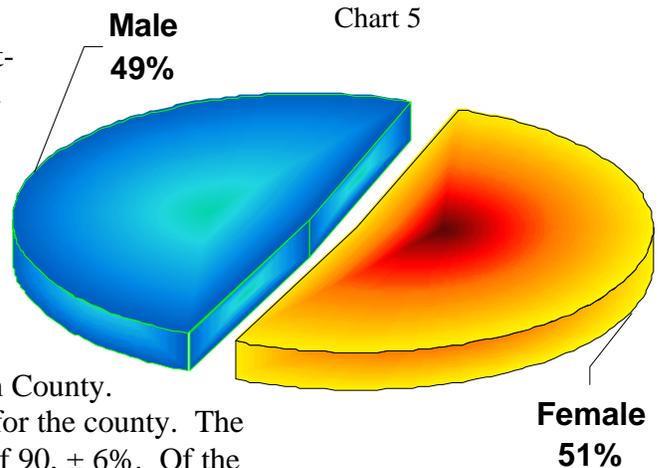
G. Is head lice a health and social concern?
41% YES a problem
29% YES a small problem

H. Most convenient place to pick up a health service directory.
20% doctors office
22% pharmacy
19% other

2. Behavioral Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults were randomly selected using random digit-dialed telephone surveys and are questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.



A sample size of 200 was collected from Jefferson County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of 90, \pm 6%. Of the respondents, 51% were female and 49% male. This is equivalent to 51% female and 49% male for the population of Jefferson County based on the 1990 census (Chart 5).

After review of the data from the BRFS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 2 lists the practices of concern with the year 2000 goal for the nation.

Table 2

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Have high blood pressure	25%	(No Goal)
Smoking (currently smoke)	33%	15%
Needed to see doctor but could not due to cost	17.5%	(No Goal)
Mammogram (had mammogram)	85%	80 %
Have reported having diabetes	8%	(No Goal)

The second area is Health Risk and the third area is Access to Care. These two areas were divided into two categories; 1.) Community issues and 2.) Access to health care. Charts 6a and 6b identify the top responses in these two categories

Chart 6a
Community Issues
 % Saying "Definite Problem"

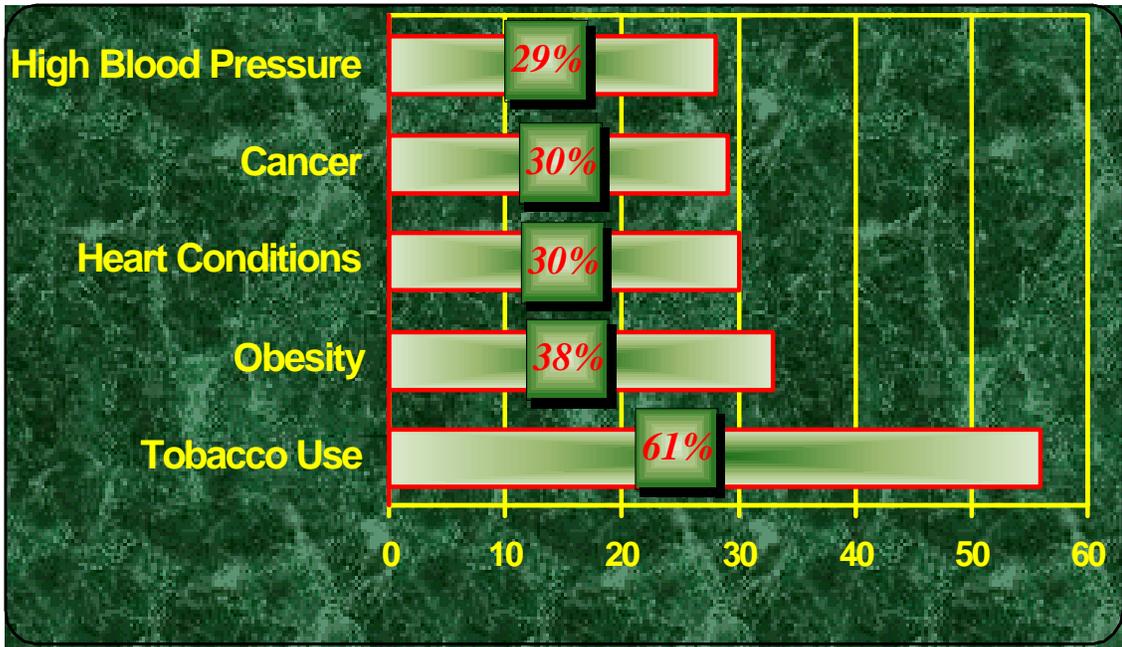
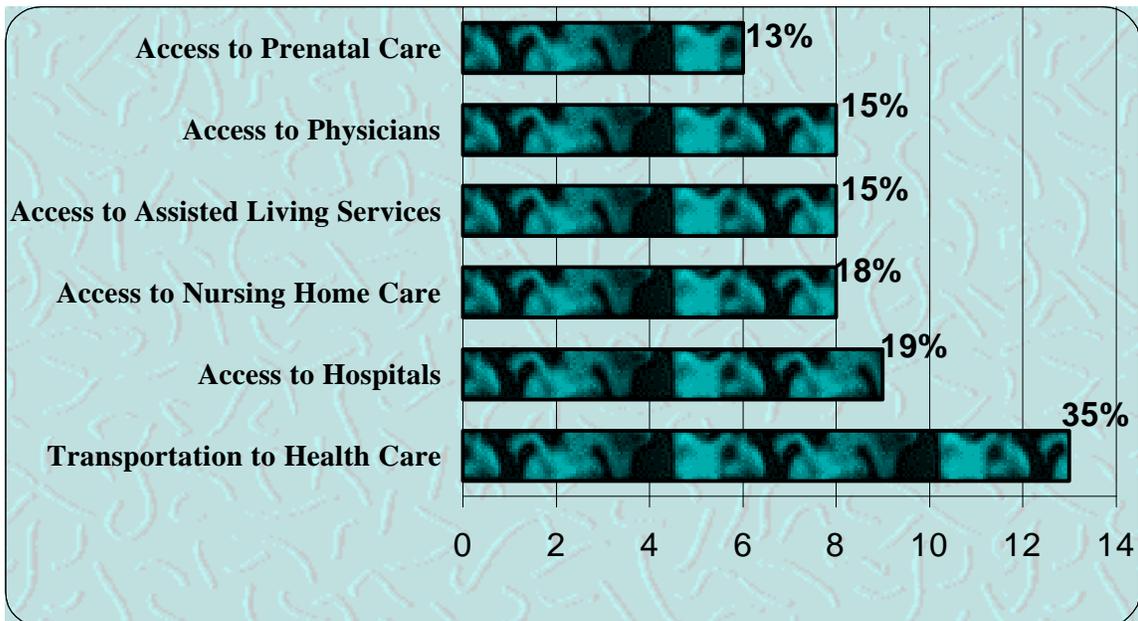


Chart 6b
Access to Health Care
 % Saying "Definite Problem"



B. Secondary Data

Information on the health status, health resources, economy, and demographics of Jefferson County is essential for understanding the existing health problems in the community. The health council received an extensive set of data for the county, which showed the current health status as well as the available health resources. The secondary data (information already collected from other sources for other purposes) was assembled by the State Office of Assessment and Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Socio-economic information was obtained from the Department of Economic and Community Development as well as information from the “Kid’s Count” Report by Tennessee Commission on Children and Youth.

Various mortality and morbidity indicators covering the last 12 years were presented for the county, region, and state. Trend data were presented graphically using three-year moving averages. The three-year moving averages smooth the trend lines and eliminate wide fluctuations in year-to-year rates that distort true trends.

Another section of secondary data included the status of Jefferson County on mortality and morbidity indicators and compared the county with the state, nation, and Year 2000 objectives for the nation.

Issues identified by the council from all secondary data were selected primarily on the comparison of the county with the Year 2000 objectives. The issues identified were:

- 1. Coronary Health Disease
- 2. Infant Death
- 3. Female Breast Cancer
- 4. Motor Vehicle Accidents
- 5. Stroke
- 6. Teen Pregnancy

Table 3
Total 1997 (est.) Population: 52,763
Total Number of Households: 12,329

	County	Region	State
Percent of households that are family households	77.1	76.3	72.7
Percent of households that are families headed by a female with no husband present	9.3	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.5	5.4	6.9
Percent of households with the householder 65 and up	23.2	23.6	21.8

**Table 4
Education**

	County	Region	State
Number of persons age 25 and older	21,504	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	60.5	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	11.7	11.1	16.0

**Table 5
Employment**

	County	Region	State
Number of persons 16 and older	26,836	437,649	3,799,725
Percent in work force	61.2	60.1	64.0
Number of persons 16 and older in civilian work force	16,384	262,392	2,405,077
Percent unemployed	7.3	7.8	6.4
Number of females 16 years and older with own children under 6	1,593	30,082	287,675
Percent in labor force	58.7	57.4	62.9

**Table 6
Poverty Status**

	County	Region	State
Per capita income in 1989	\$10,562	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	15.1	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	17.6	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	24.1	21.1	20.9

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

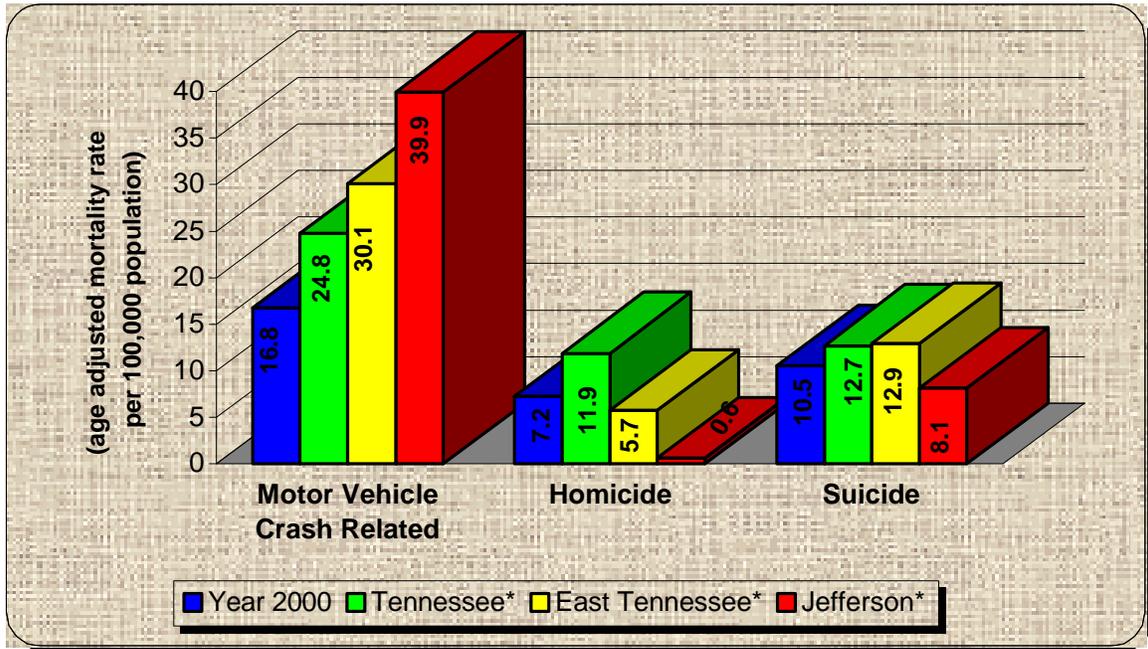


Chart 7a

*Figures for Tennessee, East Tennessee, and Jefferson Co. (Charts 7a & 7b) are a 3-year average from the years 1993 - 1995.

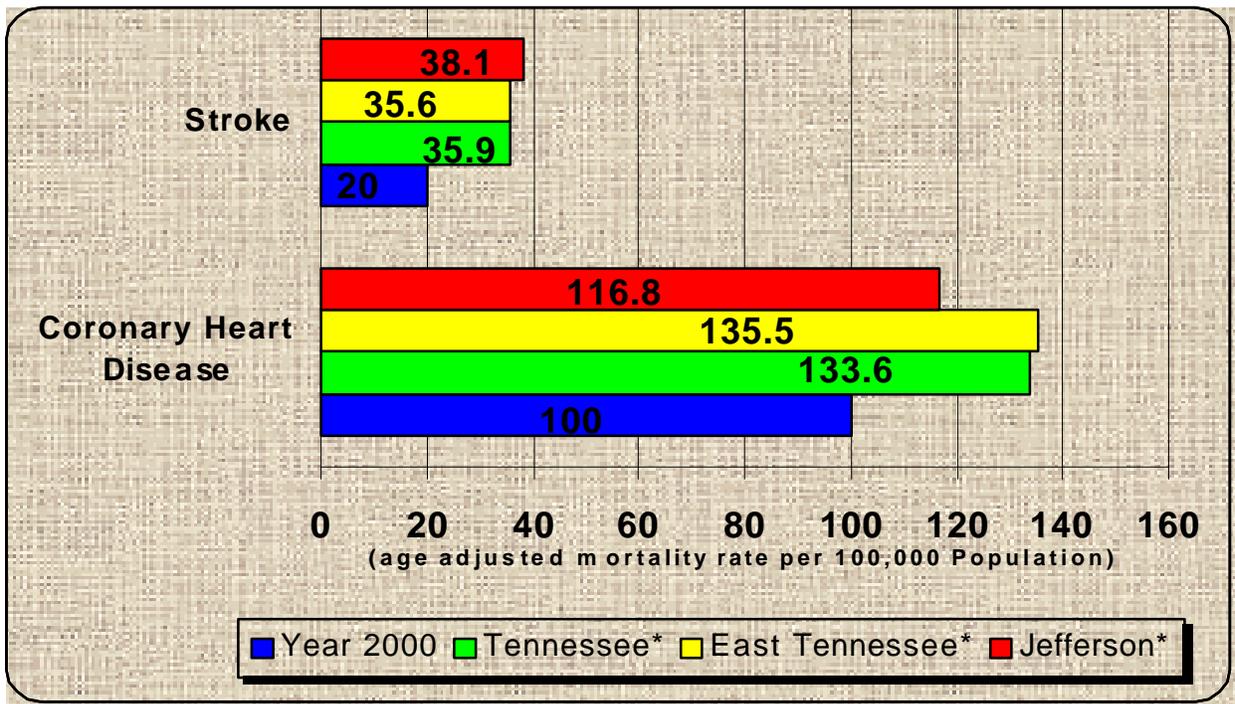
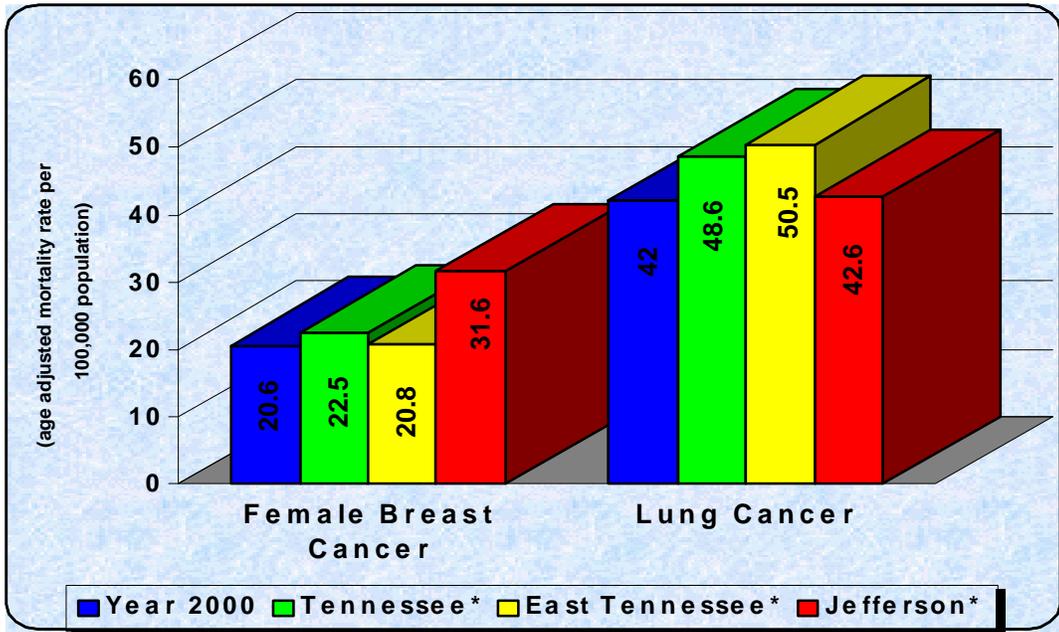


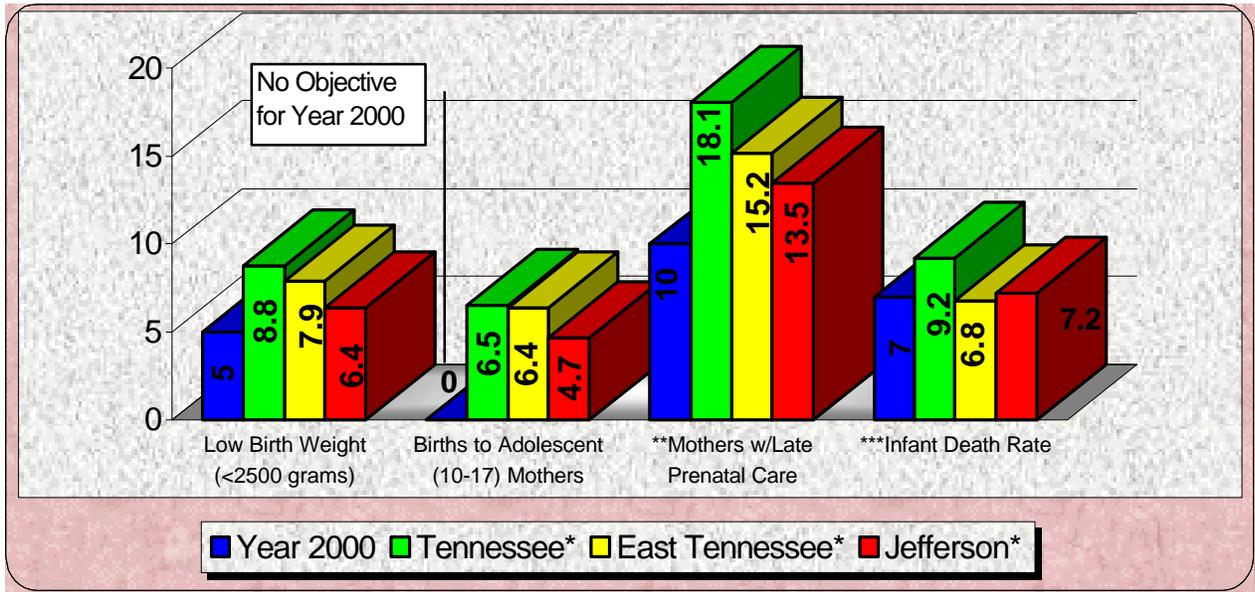
Chart 7b

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



*Figures for Tennessee, East Tennessee, and Jefferson County are a 3-year average from the years 1993 – 1995.

Chart 9
PERINATAL INDICATORS



*Figures for Tennessee, East Tennessee, and Jefferson County are a 3-year average from the years 1993 – 1995
 **Includes 2nd & 3rd trimester care plus no prenatal care.
 ***Figures for Infant Death per 1,000 live births.

III. HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION

At the conclusion of the review of all data from the Community Diagnosis process and other sources, the Jefferson County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The health council then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 7 indicates the health issues in rank order.

Table 7

JEFFERSON COUNTY HEALTH ISSUES / PRIORITIES

Rank Order

- 1. **ADOLESCENT PROBLEM BEHAVIORS**
- 2. **PREVENTIVE HEALTH CARE**
- 3. ***ALCOHOL/SUBSTANCE ABUSE**
 - ***BREAST CANCER**
- 4. **HEART DISEASE**
- 5. **SMOKING/TOBACCO**
- 6. **+DIABETES**
 - **+MOTOR VEHICLE ACCIDENTS**
- 7. **MENTAL HEALTH**
- 7. **ACCESS TO HEALTH CARE RESOURCES**

*Tied for #3 priority

+ Tied for #6 priority

IV. FUTURE PLANNING

The Health Planning sub-committee is charged with developing a Jefferson County Health Plan. This plan will contain prioritized goals, which will be developed by the health council along with proposed intervention strategies to deal with the problems identified and a listing of resources needed to implement those strategies.

V. REFERENCES

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APPENDIX A

APPENDIX A

A. Jefferson County Health Council

<i>Michael Hicks</i>	<i>Chairperson, Jefferson County Health Council, President & CEO Jefferson Memorial Hospital, Inc.</i>
<i>Daryl Brady</i>	<i>Chamber of Commerce</i>
<i>Dr. Dale Bryant</i>	<i>D.D.S.</i>
<i>William Clark</i>	<i>Chief of Police</i>
<i>Jackie Cockran/Greg Miller</i>	<i>Emergency Medical Services</i>
<i>Barbara Dietz</i>	<i>St. Mary's Home Health</i>
<i>Ruth Elswick</i>	<i>Community Representative</i>
<i>Gary Holiway</i>	<i>County Executive</i>
<i>Phil Kindred</i>	<i>Director, Jefferson Family Resource Center</i>
<i>Barbara Leonard</i>	<i>JCHS Health Occupation Instructor</i>
<i>Kathy Marshall</i>	<i>School Nurse Program</i>
<i>Mary McGhee</i>	<i>Jefferson County Health Department</i>
<i>Danny Meridith</i>	<i>Director, Department of Human Services</i>
<i>Gayle Wells</i>	<i>Community Representative</i>

B. Health Information Tennessee (HIT)

The Tennessee Department of Health and The University of Tennessee Community Health Research Group developed Health Information Tennessee (HIT) a web site that was developed in conjunction with the Health Status Report of 1997 to make health related statistical information pertinent to Tennessee available on the Internet. This web site not only provides an assortment of previously calculated health and population statistics, but also allows users an opportunity to query various Tennessee health databases to create personalized charts and tables upon demand. The health data is continually being expanded and updated. You may visit this web site at the following address: www.server.to/hit.

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

