
Marion County

Community Diagnosis Volume I: Health Status Report



**Marion County Health Council
and
Tennessee Department of Health
Southeast Tennessee Regional Office
Assessment and Planning**

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INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Marion County Health Council (MCHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in 1997, the Community Diagnosis Process has enabled MCHC members to:

- Analyze the health status of the community
- Evaluate health resources, services and systems of care within the community
- Assess attitudes toward community health services and issues
- Identify priorities
- Establish a baseline for measuring improvement over time

Meeting monthly, the MCHC has given careful consideration to county-specific primary data and secondary data. The collection of primary data consisted of a stakeholder survey, a behavioral risk factor survey, and observational information from MCHC members. The stakeholder survey (see yellow pages) is an opinion-based, non-scientific survey asking key members of the community how they feel about certain local health services. The behavioral risk factor survey (see green pages) is a scientific survey that asks respondents about their lifestyles, in an attempt to identify any activities that may be a risk to their health. It is a random sample of 200 Marion County residents and is to be representative of the entire county. MCHC members supplemented the two survey instruments with their own observations of situations, events, interactions, observed behaviors, prevailing community attitudes, and practices.

To compliment the primary data, the MCHC analyzed a wealth of secondary data (see blue pages). The county-specific data includes birth, morbidity and mortality statistics and basic demographic information. Most of the data was presented showing multiple year rates, dating back to 1985, so that the council was able to look for trends in the data. The MCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Marion County is following or deviating from the trend of the surrounding counties or the trend of the state as a whole and whether the county is progressing toward national objectives.

As part of the information collection, the MCHC utilized the Marion County resource directory, provided by the Family Center, to identify gaps in the community’s network of services. The inventory of resources provides a comprehensive listing of existing programs, community groups, agencies, and other services that are available to the community to help address identified health issues. The directory also includes available resources that are external to the county (i.e. Managed Care Organizations).

After several data dissemination sessions, the MCHC prioritized the health issues highlighted in the assessment. A formula, scoring the size of the problem, seriousness of the problem, and effectiveness of available interventions, was applied to each health issue. Cognizant of the assessment results, each member

applied his or her own score to the problem and a sum total of all council members' scores determined the order of priority. The council then decided how many of the priority health issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

This volume of the Community Diagnosis Health Status Report provides a description of the assessment portion of the Community Diagnosis Process. Volume II will chronicle the planning portion of the Community Diagnosis Process and will include a formal description of the strategic interventions developed by the MCHC with input from other interested community residents to deal with the highest priority health issues. In Volume III, the implementation and effectiveness of the interventions developed by the MCHC will be evaluated.

To this point, the benefits of the Community Diagnosis Process have included:

- Direct participation of county residents in initiating change in the health services and delivery system
- Armed with appropriate data and analysis, the MCHC has been made aware of the county's current health status and, as a result, has become poised to design, implement, and monitor interventions to improve problematic areas
- Provides justification for budget improvement requests
- Provides to state-level programs and their regional office personnel information and coordination of prevention and intervention strategies in Marion County
- Serves health planning and advocacy needs in Marion County; Marion County leaders and the Marion County Health Department will ensure that documented community health issues are addressed

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

I. HISTORY

The Marion County Health Council was established in 1994 to address the health needs of Marion County residents and oversee the health status of Marion County. The council is made up of local health care professionals, elected officials, and other local citizens. Since 1994, the council has orchestrated various activities to address health needs including forums for TennCare issues, free health screenings, and other special projects for the population of Marion County. All of these efforts have been successful. Begun in August of 1997, the Community Diagnosis Process has offered the council a systematic approach to identifying health issues in a manner that is sensible, effective, and assures long-term improvement.

II. MISSION STATEMENT

The mission of the Marion County Health Council is to assure that quality health care is accessible, available, and affordable to fellow residents.

III. SELECTED DEMOGRAPHIC DATA

Total Number of Households: 9,215

	Marion County	Southeast Region	State
Percent of households that are family households	77.8	77.1	72.7
Percent of households that are headed by a female with non husband present	11.2	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.4	5.3	6.9
Percent of households with the householder 65 and up	22.5	22.7	21.8

EDUCATION

	Marion County	Southeast Region	State
Number of persons age 25 and older	15,993	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	51.9	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6.4	9.7	16.0

EMPLOYMENT

	Marion County	Southeast Region	State
Number of persons 16 and older	19,183	198,393	3,799,725
Percent in work force	60.4	61.5	64.0
Number of persons 16 and older in civilian work force	11,564	121,844	2,405,077
Percent unemployed	8.3	6.9	6.4
Number of females 16 years and older with own children under 6	1,515	14,022	287,675
Percent in labor force	52.5	59.6	62.9

POVERTY STATUS

	Marion County	Southeast Region	State
Per capita income in 1989	\$9,274	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	19.3	17.05897	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	24.9	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	27.5	23.5	20.9

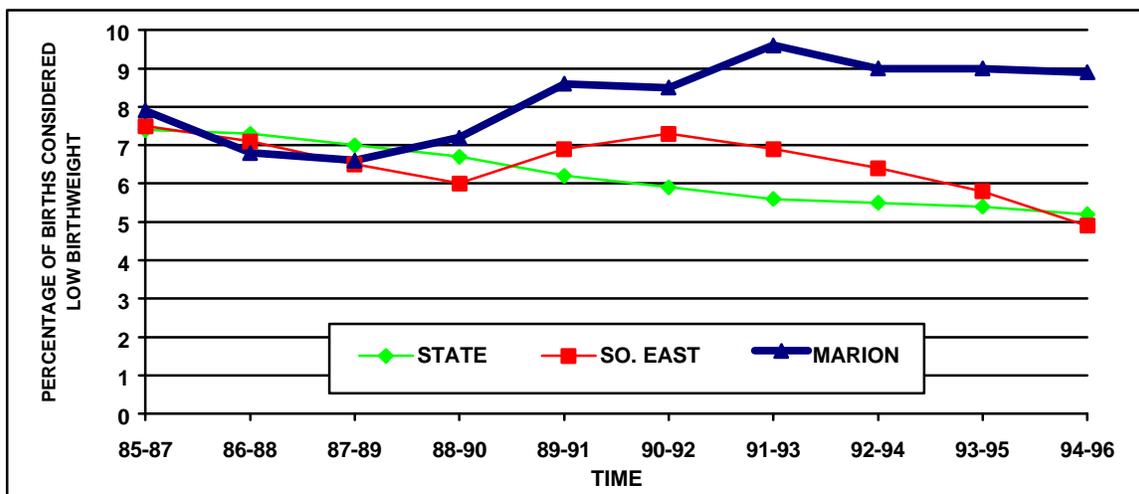
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

IV. SECONDARY DATA

Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for Marion County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. The data covers a twelve-year trend and is provided in three-year averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that may distort the true trends. Marion County's data is compared to the corresponding state and Southeast Region (Bledsoe, Bradley, Franklin, Grundy, McMinn, Meigs, Polk, Rhea, and Sequatchie Counties) rates, national "Year 2000 Objectives," and includes rates for white, non-white, and all races combined. The secondary data used in the Community Diagnosis Process is described below, with *graphs and tables used to highlight issues recognized as potential problems* by the Marion County Health Council.

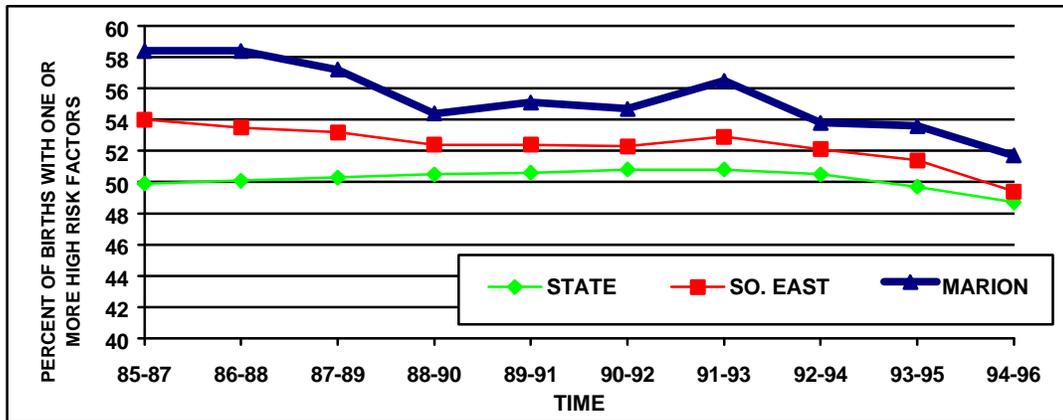
Marion County Pregnancy And Birth Experience

- **Number of Births Per 1,000 Females Ages 10-44** - The Marion County trend has increased during the 1990's. Traditionally, the trend is slightly higher than the Southeast Region, but lower than the State. Women of child-bearing age in Marion County give birth to approximately 325 babies each year (50 per 1,000 females ages 10-44).
- **Percentage of Births to Unwed Mothers Ages 10-44** - The Marion County trend has increased, so has that of the Southeast Region, while the trend for the state has decreased. Traditionally, the trend is lower than the State, but higher than the Southeast Region. Annually, 23% of Marion County births occur to unwed mothers.
- **Percentage of Births Considered Low Birthweight (All Mothers Age 10-44)** - The Marion County rate is relatively stable. Traditionally, Marion County's rate has been higher than the Southeast Region and the State. Annually, 8% of all Marion County births are deemed low birthweight (a rate higher than the "Year 2000 Objective" of 5%).
- **Number of Abortions Per 1,000 Live Births to Females Ages 10-44** - In the last decade, trends have decreased in the county, Southeast Region, and State levels. Traditionally, Marion County's trend is lower than the Southeast Region and significantly lower than the State.
- **Percentage of Abortions to Unwed Females Ages 10-44** - The Marion County trend was fairly unstable throughout the twelve-year period, unlike the Southeast Region and the State, which have both increased. Across the State, the Southeast Region, and in Marion County approximately 75% of all abortions occur to unwed females.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	7.9	6.8	6.6	7.2	8.6	8.5	9.6	9.0	9.0	8.9	12.7

- **Percent of Births with One or More High Risk Factors, All Ages** - (High Risk Factors include: mother with less than a high school education, four or more previous live births, previous termination, previous live birth now dead, previous live birth within last twenty-four months.) While the Marion County rate is decreasing it remains higher than the Southeast Region and the State. The health council also highlighted some increases in select risks such as the 117.4% increase in mothers with hypertension and the 242.9% increase in mothers age 18-19 who abuse alcohol and drugs.

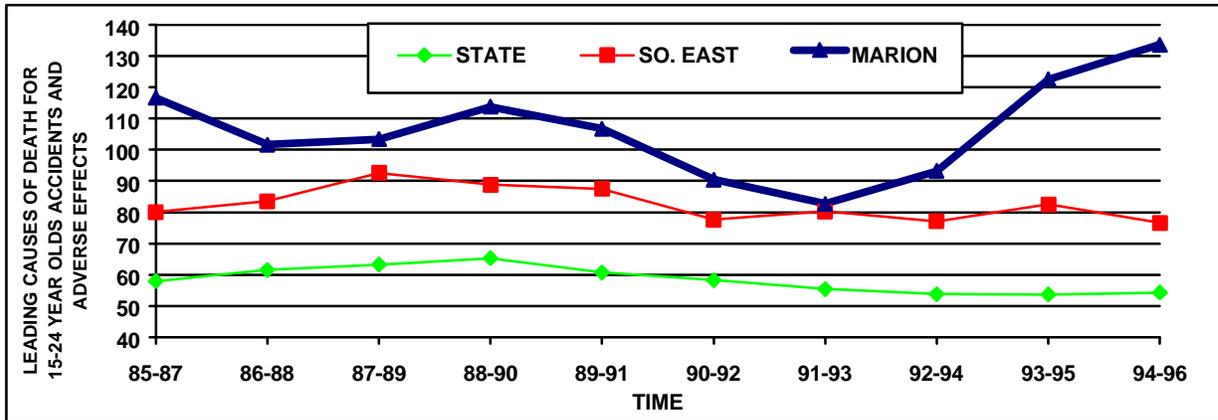


YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	58.4	58.4	57.2	54.4	55.1	54.7	56.5	53.8	53.6	51.7	-11.5

- **Number of Fetal Deaths Per 1,000 Live Births to Females Ages 10-44** - The Marion County rate has decreased, so has the trend of the Southeast Region and the State. Traditionally, the county trend has been higher than the Southeast Region, in the mid-nineties the trend dipped lower than both the Southeast Region and the State and remained lower.
- **Percentage of Fetal Deaths to Unwed Females Ages 10-44** - The Marion County rate was fairly unstable over the twelve year trend. Traditionally, the trend has been higher than the Southeast Region and the State, but recently the trend has been lower than both.
- **Number of Pregnancies Per 1,000 Females Ages 10-44** - The Marion County trend has remained stable. Traditionally, the trend is slightly higher than the Southeast Region and lower than the State. Annually, approximately 6% (60 per 1,000) of Marion County female residents 10-44 become pregnant.
- **Percentage of Pregnancies to Unwed Mothers Ages 10-44** - The Marion County, Southeast Region, and the State trends have increased throughout the twelve year period. The Marion County trend is slightly higher than the Southeast Region, but lower than the State. Roughly, 1/3 of all Marion County pregnancies occur to unwed mothers.
- **Teenage Pregnancy Rate (Number of Pregnancies Per 1,000 Females Ages 10-17)** - The trend in Marion County has decreased over the twelve year period. The trend is higher than the Southeast Region, but lower than the State. Annually, 2.5% (25 per 1,000) of females ages 10-17 become pregnant in the county.
- **Annual Number of Live Births to Mothers Age 10-17, 1990-1994** - The Marion County statistic was consistent over the four year period. Generally speaking, most teenage births in Marion County occur to those 15 and over, resembling the State and Southeast Region.
- **Number of Previous Pregnancies Occurring to Mothers Age 10-17, 1990-1994** - The number of teenage mothers having their second, third, or even fourth child in Marion County, the Southeast Region, and the State appears to be steadily decreasing. Specifically, in 1990, nearly 17% of teenage births in the county occurred to teen mothers who had previously been pregnant. However, in 1994, only 11% of the teenage births in Marion County occurred to previously pregnant mothers.

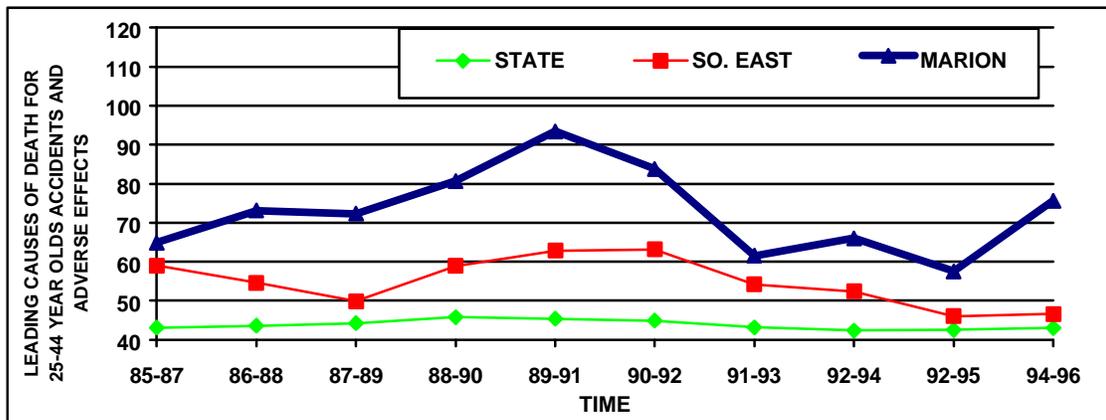
Marion County Mortality Experience

- **Number of Infant Deaths (Death of a live born infant less than 1 year of age) Per 1,000 Live Births** - Marion County's rate, while unstable due to small numbers, has decreased during the twelve-year trend. The trend is currently lower than the Southeast Region and the State. Annually, county residents give birth to about 325 babies each year of which an average of 3 will not live through their first year (11 per 1,000 Live Births). The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- **Number of Neonatal Deaths (Death of a live born infant under 28 days of age) Per 1,000 Live Births** - While the trend is unstable due to small numbers, Marion County's rate has recently decreased and is lower than the Southeast Region and the State. The data shows that most infant deaths occurring in Marion County do, in fact, occur within the first 28 days of life.
- **Number of Postneonatal Deaths (Death of a live born infant over 28 days of age, but under 1 year) Per 1,000 Live Births** - While the trend is unstable due to small numbers, Marion County's rate of postneonatal deaths has decreased recently and is lower than the Southeast Region and the State.
- **Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population** - The leading cause of death for 1-4 year olds was accidents and adverse affects. The Marion County trend is fairly unstable, but currently the trend is drastically lower than the Southeast Region and the State.
- **Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for 5-14 year olds was accidents and adverse effects. The Marion County trend is fairly unstable, however the trend is currently lower than the Southeast Region and the State.
- **Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population** - Accidents and adverse affects is the leading cause of death for this age group. Traditionally, the rate for Marion County is higher than both the Southeast Region and the State. From 1985-1996, the number of deaths attributed to accidents and adverse effects in the 15-24 year old age group increased 14.6%.



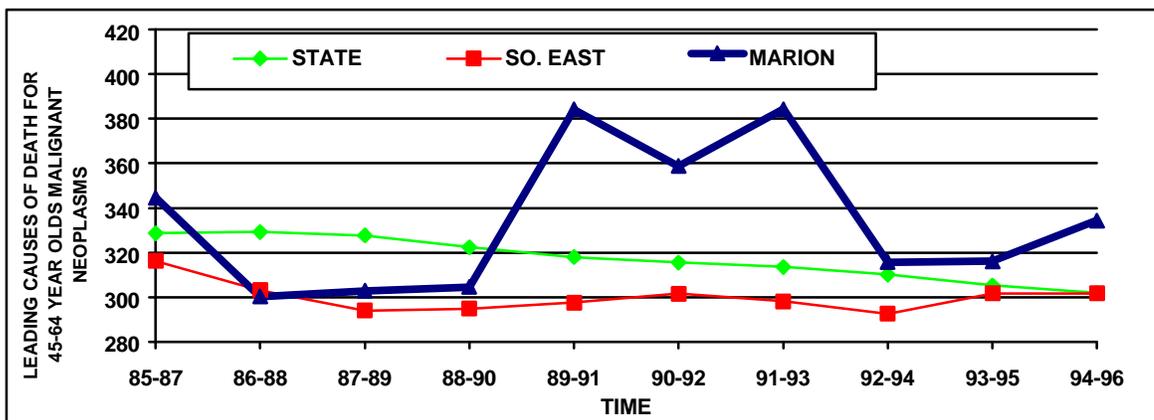
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	116.7	101.7	103.4	113.8	106.8	90.5	82.7	93.2	122.6	133.7	14.6

- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for the 25-44 year old age group is accidents and adverse affects. Traditionally, Marion County's trend is slightly unstable due to small numbers, but is generally higher than that of the Southeast Region and the State. From 1985 to 1996 there was a 16.5% increase in the number of deaths attributed to accidents and adverse effects in the 25-44 year old age group.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	64.9	73.1	72.3	80.7	93.4	83.8	61.5	66	57.5	75.6	16.5

- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population -** Malignant Neoplasms or cancer is the leading cause of death for this age group. In Marion County the cancer mortality trends are unstable, but are higher than the State and the Southeast Region. Such rates represent roughly 20 deaths attributable to cancer annually in the 45-64 year old age group.

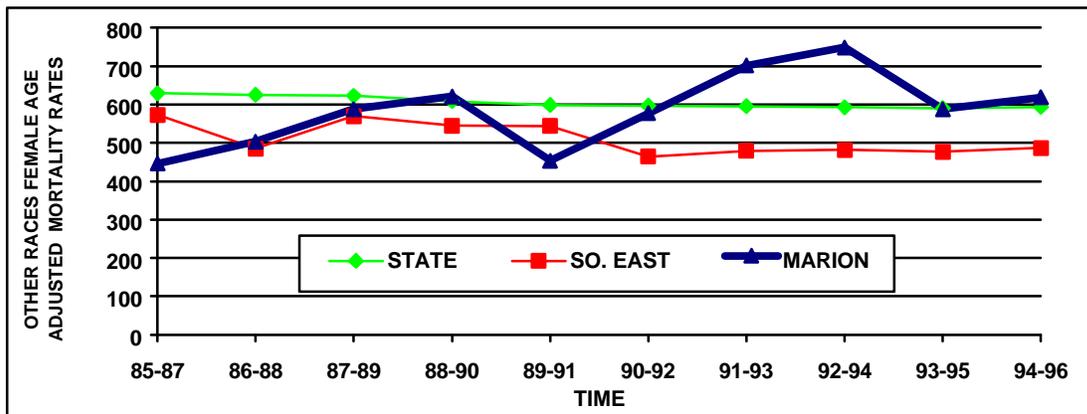


YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	344.6	300.2	302.9	304.5	384.2	358.8	384.3	315.7	316.1	334.4	-3.0

- **Leading Cause of Death for 65+ Year Olds With Mortality Rates Per 100,000 Population - Heart disease** was the leading cause of death for this age group. However, the health council noted in this age group Marion County exhibited a 151.5% increase in deaths to pneumonia and influenza, a 130.7% increase in deaths to atherosclerosis (hardening of the arteries), a 115.1% increase in deaths to diabetes mellitus, and a 32% increase in deaths to malignant neoplasms over the 12 year trend.

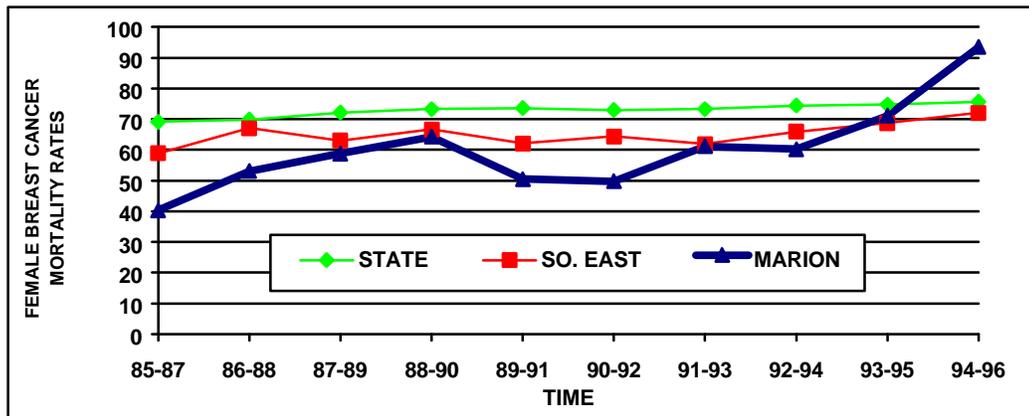
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
FLU AND PNEUMONIA	127.4	149.1	181.9	225.4	268.1	232.6	197.6	152.3	247.9	320.4	151.5
ARTHERO-SCLEROSIS	46.3	22.9	22.7	225.4	301.6	365.5	241.5	217.6	150.9	106.8	130.7
DIABETES MELLITUS	69.5	68.8	68.2	56.4	55.9	77.5	98.8	97.9	107.8	149.5	115.1
MALIGNANT NEOPLASMS	1019	1020	1045	1048	1150	1118	1174	1142	1271	1345	32.0

- **White Male Age-Adjusted Mortality Rate Per 100,000 Population** - The Marion County trend has historically been higher than the Southeast Region and the State. Over the past twelve years, the trend has begun to decrease and is presently only slightly higher than both the Southeast Region and State.
- **White Female Age-Adjusted Mortality Rate Per 100,000 Population** - Consistent with the State and the region, the Marion County trend has remained fairly stable over the twelve-year trend. The county rate is slightly higher than the Southeast Region and the State.
- **Other Races Male Age-Adjusted Mortality Rate Per 100,000 Population** - The Marion County trend is unstable. However, in recent years the trend has steadily decreased, and currently it is higher than the Southeast Region, but lower than the State.
- **Other Races Female Age-Adjusted Mortality Rate Per 100,000 Population** - The Marion County trend has historically been unstable due to small numbers. Currently, the county trend is higher than the Southeast region and the State. Over the twelve-year trend there was a 38.6% increase in mortalities in this demographic.



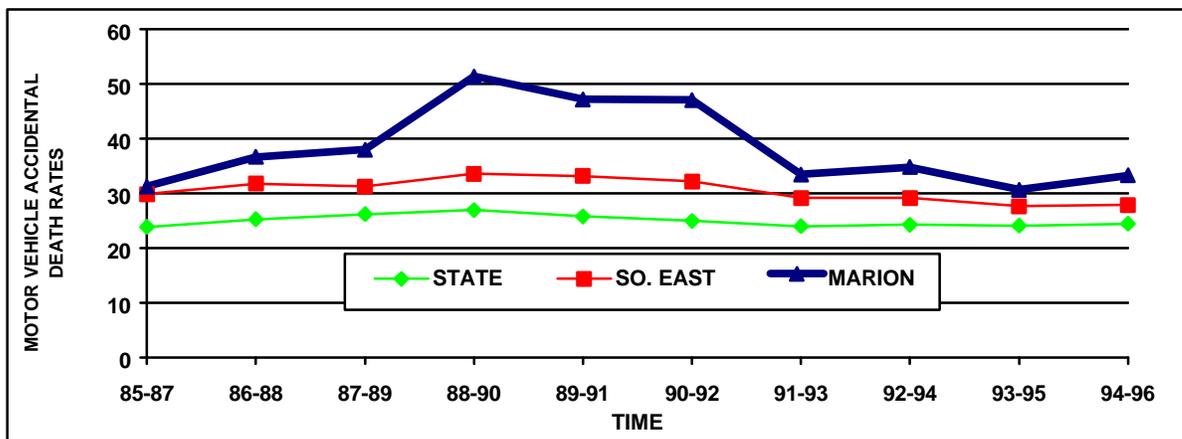
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	445.8	503.6	587.7	621.0	453.2	577.3	701.0	748.8	587.4	618.1	38.6

- Female Breast Cancer Mortality Rates Per 100,000 Women Ages 40+ - Traditionally, the Marion County trend is lower than the Southeast Region and the State. However, in recent years the county trend has been increasing and is now higher than the Southeast Region and the State.



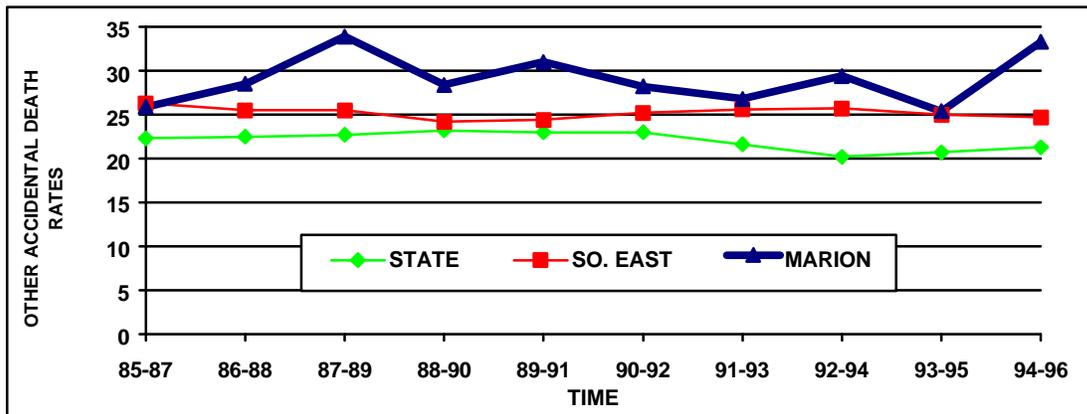
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	40.3	53.1	58.8	64.3	50.5	49.7	61.1	60.2	71.1	93.5	132.0

- Motor Vehicle Accidental Mortality Rate Per 100,000 Population - The Marion County trend has historically been higher than the Southeast Region and the State. Over the twelve year trend there was a 6.4% increase in the mortality rate.



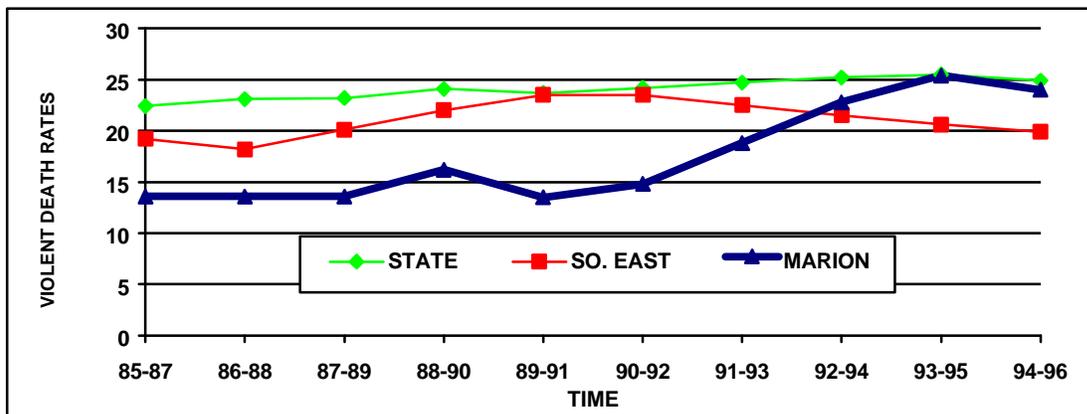
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	31.3	36.7	38.0	51.4	47.2	47.1	33.5	34.8	30.7	33.3	6.4

- **Other Accidental Mortality Rate Per 100,000 Population** - The Marion County trend is stable. Traditionally, Marion County rates have been higher than the Southeast Region and the State. More specifically, the council noted the rates for the white 15-24 year old age group increased 580.7% over the twelve year period.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	25.9	28.5	33.9	28.4	31.0	28.2	26.8	29.4	25.4	33.3	28.6

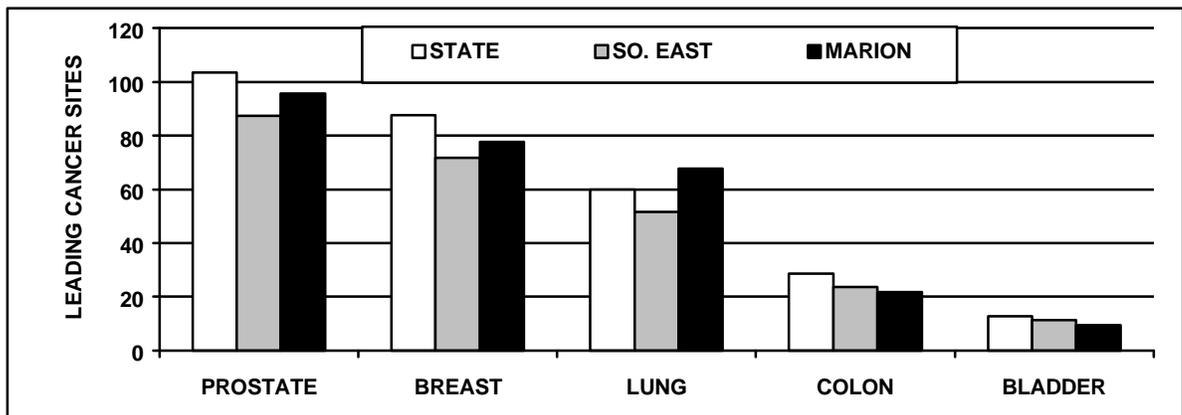
- **Violent Death Rates Per 100,000 Population** - The Marion County trend is increasing. Historically, Marion County rates have been lower than the Southeast Region and the State. However, since 1990 the county's rates have been higher than the region. After further investigation the health council found the increase is directly attributable to suicide.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
MARION	13.6	13.6	13.6	16.2	13.5	14.8	18.8	22.8	25.4	24.0	76.5

Marion County Morbidity Experience

- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, the Marion County trend has remained stable. The county's rates are lower than the Southeast Region, lower than the State, and lower than the national "Year 2000 Objective" of 10.
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - Since 1987, Marion County's trend has increased steadily. However from 1987 to 1996, the county's rates were lower than the Southeast Region and dramatically lower than the State. The 1987-1989 three-year average rate was 2.7 and the 1992-1994 three-year average rate was 22.7.
- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population)** - The Marion County trend is stable. Traditionally, the county's rate is lower than the Southeast Region and the State.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, Marion County's rate has remained stable. The county's rates are slightly lower than the Southeast Region and dramatically lower than the State, and the national "Year 2000 Objective" of 100.
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population)** - Marion County's rates are decreasing and are currently lower than the Southeast Region and the State. Throughout the twelve year time frame the rate has decreased 67.1% and is now lower than the national "Year 2000 Objective" of 3.5.
- **Cancer Incidence Rates Per 100,000 Population Ages 25+ 1990-1992** - The Marion County rate is higher than the Southeast Region, but lower than the State. Approximately, 60 cases of cancer are identified in Marion County each year.
- **Leading Cancer Sites 1990-1992** - The leading cancer site in Marion County is the prostate. The rates for three out of five of the cancer sites below are higher than the Southeast Region. The only cancer rate in Marion County that is higher than the State is the rate for lung cancer.



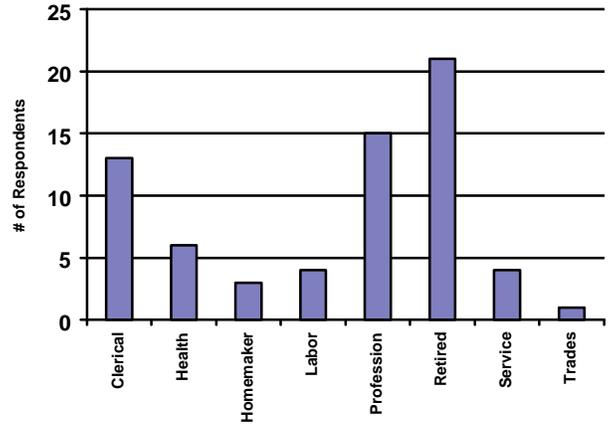
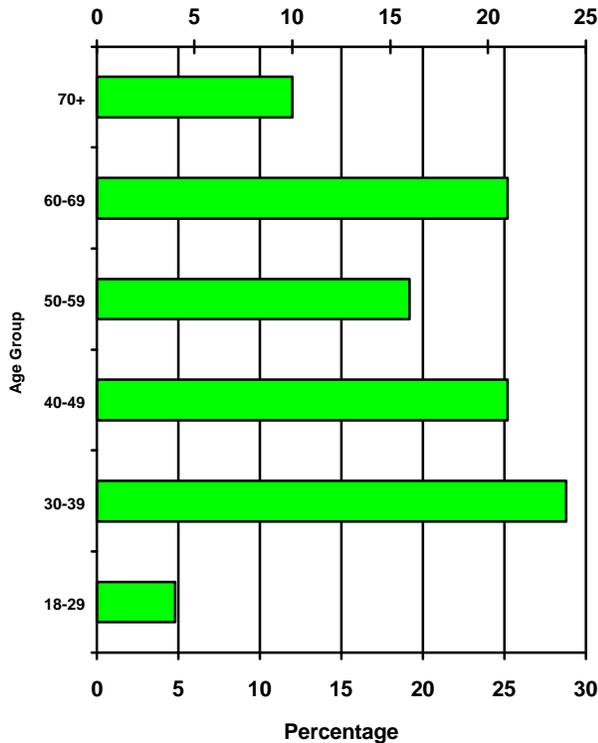
CANCER SITE	PROSTATE	BREAST	LUNG	COLON	BLADDER
STATE	103.5	87.5	60.0	28.5	12.8
SOUTHEAST	87.3	71.8	51.7	23.7	11.4
MARION	95.6	77.6	67.6	21.7	9.3

V. STAKEHOLDER SURVEY

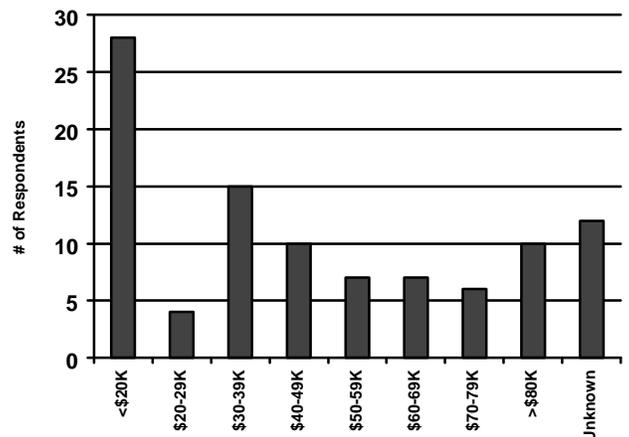
The Marion County Stakeholder Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, single parents, the elderly, business leaders, and consumers. The stakeholders include both the users and providers of health services. The survey includes questions about the adequacy, accessibility, and level of satisfaction of health care services in the community. Members of the MCHC were asked to complete the stakeholders' survey as well as identify and obtain comments from various other stakeholders in the community. The 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. There were 68 respondents to the Marion County Stakeholder Survey. *The MCHC did not feel that any of the findings from this survey should be recognized as potential problems. However, the council felt it important to consider the survey data when it supplements the secondary data and the findings from the Behavioral Risk Factor Survey.*

Stakeholder Demographics

- 50 females (74%) and 17 males (25%) responded to the Stakeholder Survey, of those, 75% were married, 7% divorced, 7% widowed and 9% never married.
- A majority (82%) of respondents have been long-time (10+ years) residents.
- A majority of respondents fell within the 30-39 year old age group.
- A majority of respondents held professional jobs, clerical jobs, worked in health care field or were retired.



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



- Of all respondents, 1% were Black, 3% were Native Americans, 68% were White, and 28% fell into the "Other" or "No Response" category

Stakeholder Opinions

- When asked, “ABOUT HEALTH AND SOCIAL CONCERNS IN YOUR COMMUNITY,” the following were the top ten concerns:

Problems	Percent
Smoking	89
Heart Conditions	87
Arthritis	86
Poverty	86
Obesity	85
Diabetes	84
Breast Cancer	81
Teen Alcohol/Drug Abuse	81
Motor Vehicle Deaths	80
Teen Pregnancy	79

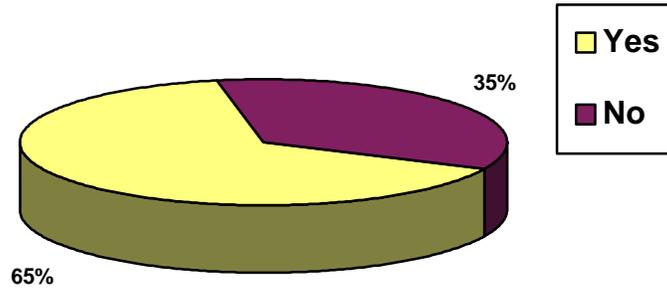
- When asked, “WHICH HOSPITAL DO YOU USE?,” the following results were obtained.

HOSPITAL	Freq.	Percent	Cum.
South Pittsburg Hospital	26	38%	38%
Erlanger Med. Center	14	21%	59%
Memorial Hospital	12	18%	71%
Parkridge Med. Center	5	7%	78%
Other	11	16%	100%
TOTAL	68	100.0%	100.0%

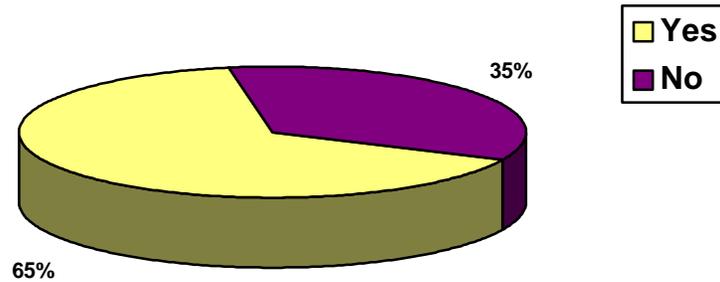
- When asked, “IF THE AVAILABILITY OF TRANSPORTATION FOR MEDICAL CARE IS ADEQUATE?,” 28% of respondents answered “no”.

- 93% of respondents had some form of health care insurance, of those respondents with health care insurance, 16% had TennCare coverage.

- When asked, “DO YOU HAVE A FAMILY DOCTOR OR HEALTH CARE PROVIDER?,” a majority of respondents answered “yes.”

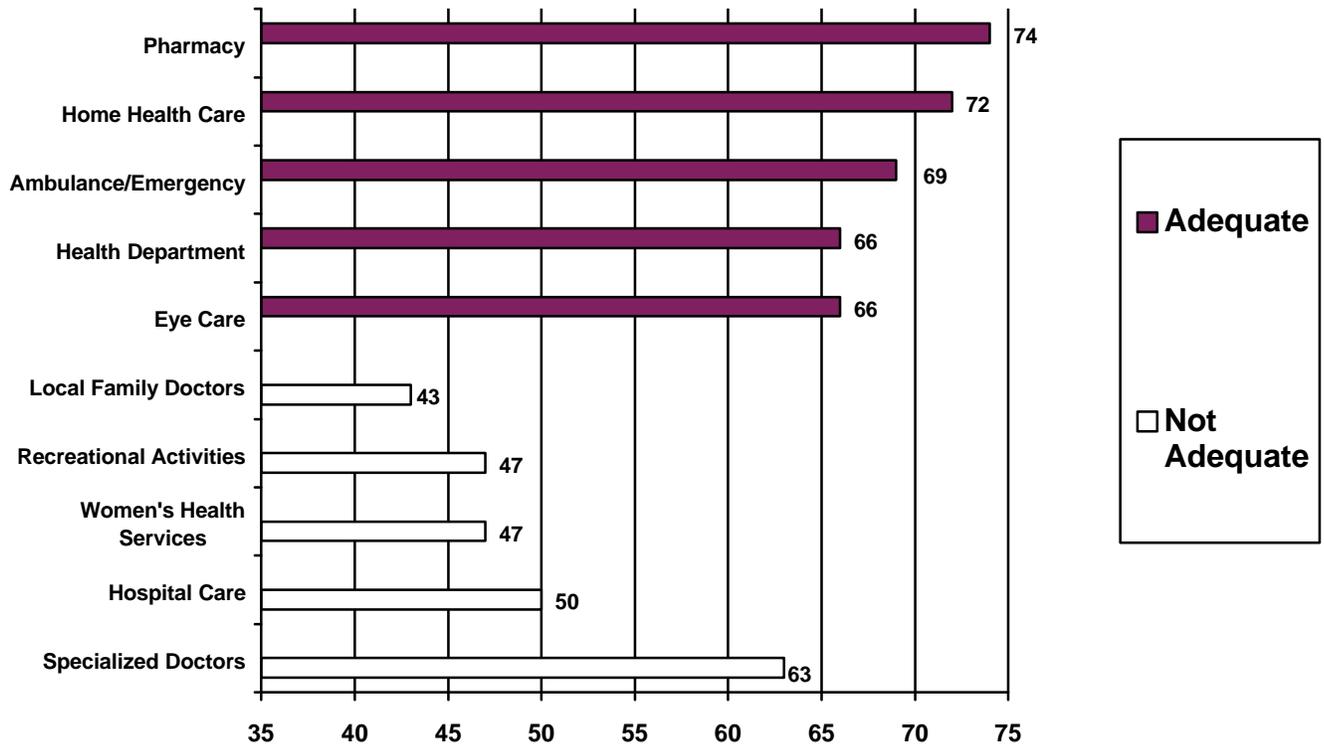


- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” again, a majority of respondents answered “yes.”



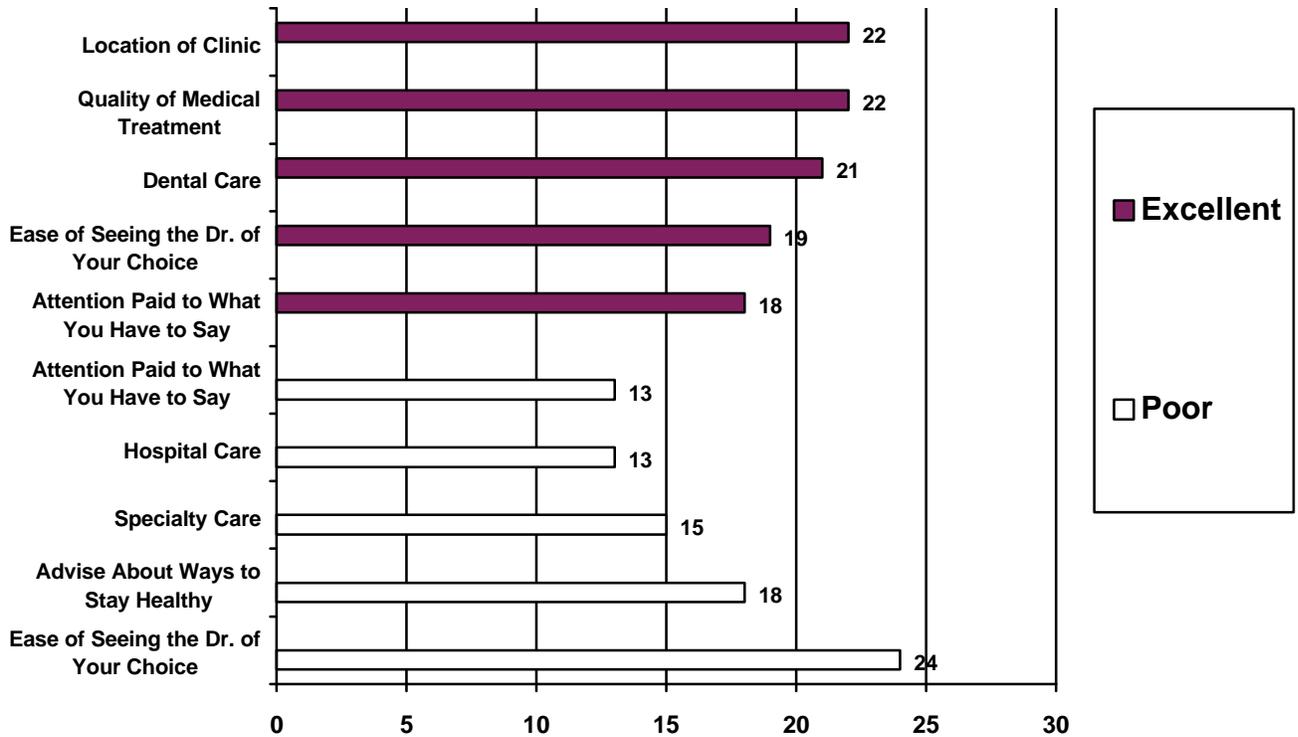
- When asked, "IN YOUR OPINION, HOW ADEQUATE IS THE AVAILABILITY OF THE FOLLOWING HEALTH CARE SERVICES IN YOUR COMMUNITY?," the survey yielded the following results:

TOP FIVE "ADEQUATE" AND "NOT ADEQUATE" RESPONSES BY PERCENTAGE

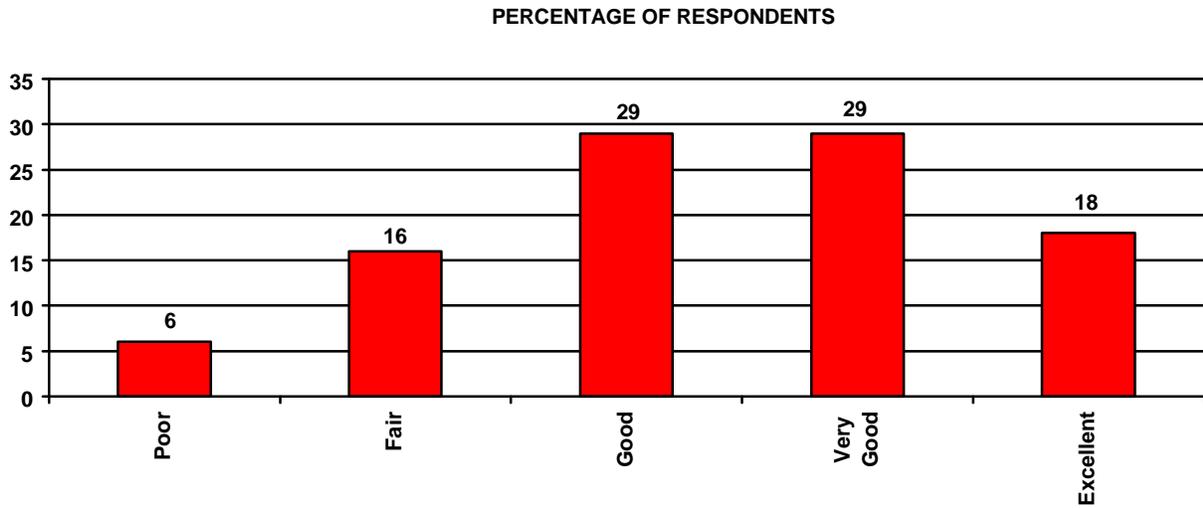


- When asked, "HOW WOULD YOU RATE THE FOLLOWING ASPECTS OF THE HEALTH CARE YOU RECEIVED DURING THE PAST YEAR?," the following results were obtained:

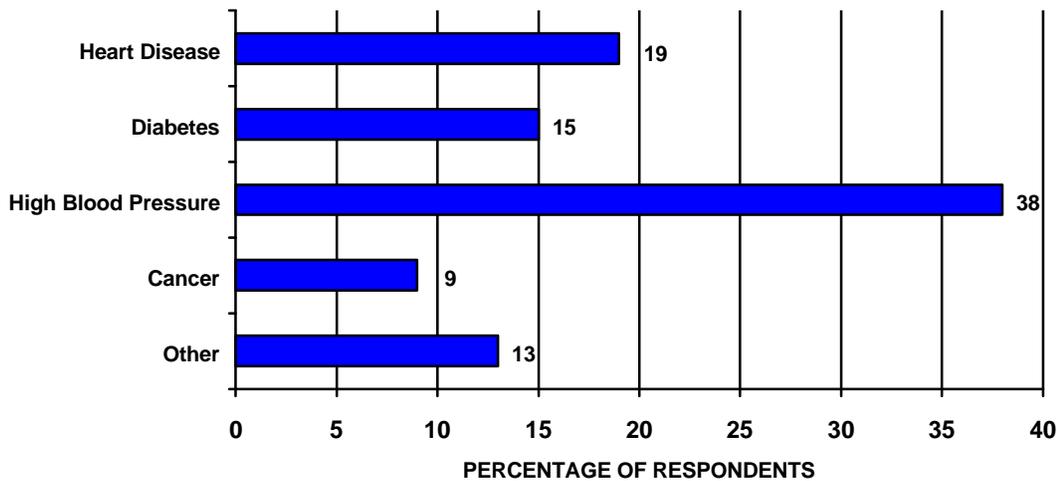
TOP FIVE "EXCELLENT" AND "POOR" RESPONSES BY PERCENTAGE



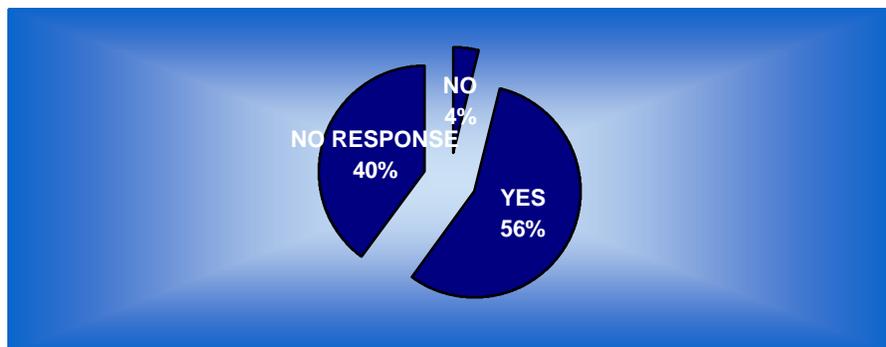
- When presented the following statement, “IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:,” the survey yielded the following results:



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



- When asked, “IF YES, HAVE YOU BEEN TREATED FOR ANY OF THESE CONDITIONS?,” a majority of respondents answered “yes”



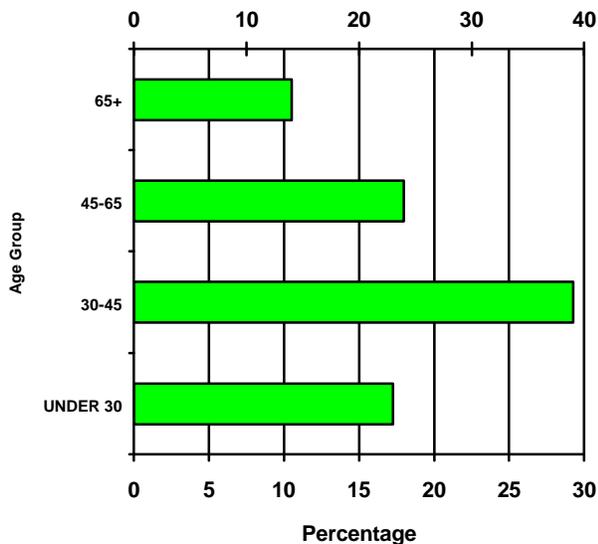
VI. BEHAVIORAL RISK FACTOR SURVEY

The Marion County Behavioral Risk Factor Survey is a randomly selected, representative sample of the residents of the county. The survey that was used is a telephone interview format, modeled after the Behavioral Risk Factor Survey conducted by the Centers for Disease Control. The survey collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection. The overall statistical reliability of the survey is a confidence level of 90, plus or minus 6%.

Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of 200 was collected from Marion County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

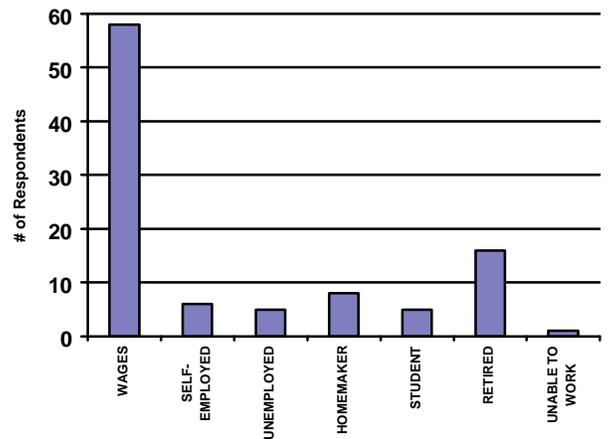
Behavioral Risk Factor Demographics

- Of the 200 respondents, 98 were male, 102 were female, of those 57% were married, 16% divorced, 13% widowed, 1% separated, and 13% never married.
- 191 respondents were white, 8 were African American, and 1 other. Three of the respondents claimed a Hispanic origin.
- A majority of respondents fell within the 30-45 year old age groups.

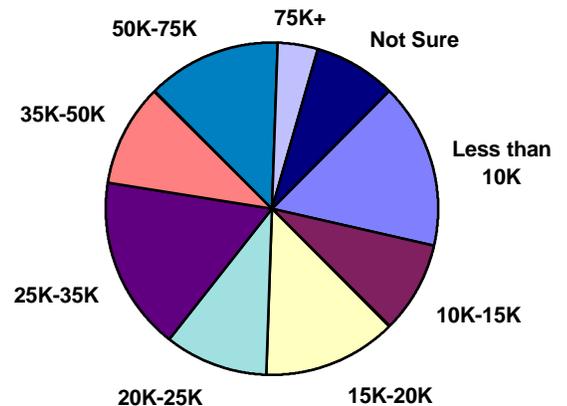


- Approximately 28% of the respondents had less than a high school education, 39% had earned their high school degree, 25% had some college and 9% were college graduates

- A majority of the respondents (58%) earned their living through wages, while 16% were retired

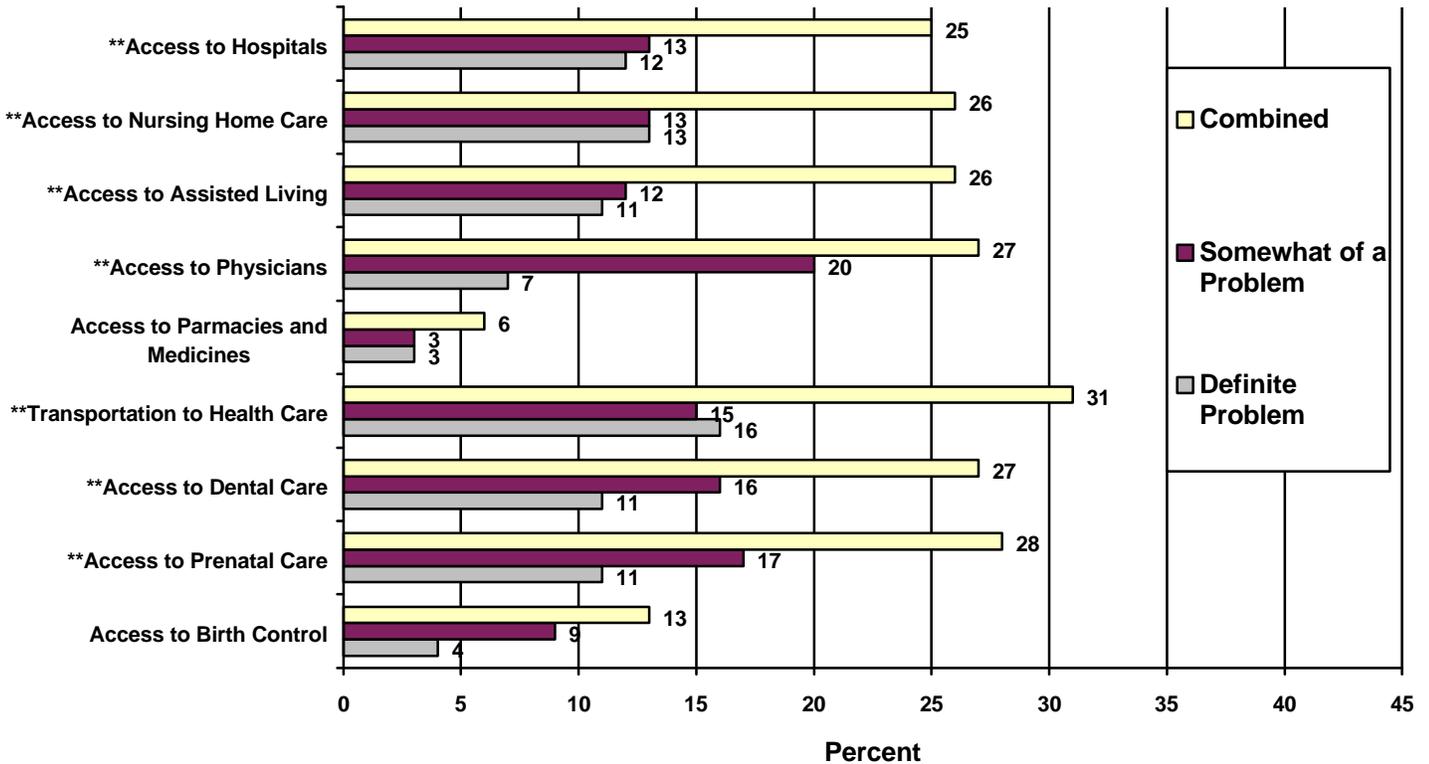


- The household income levels of the respondents were well dispersed with the largest group earning between \$25,000-\$35,000.

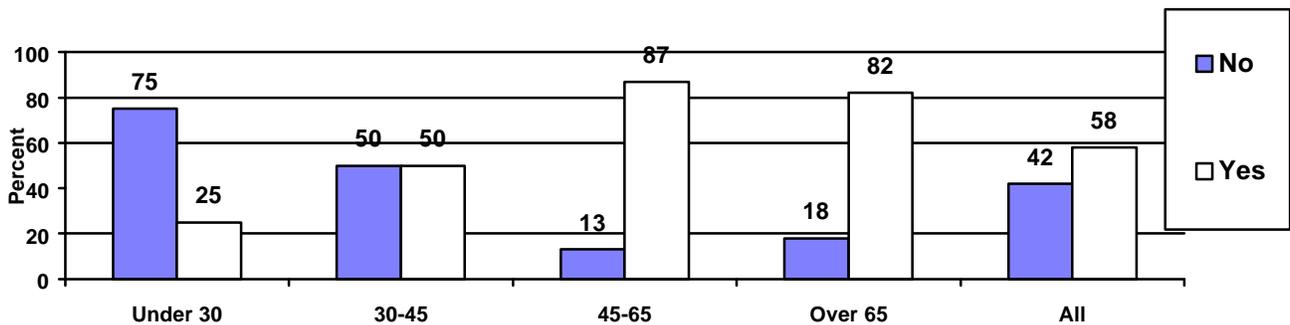


Behavioral Risk Factor Results

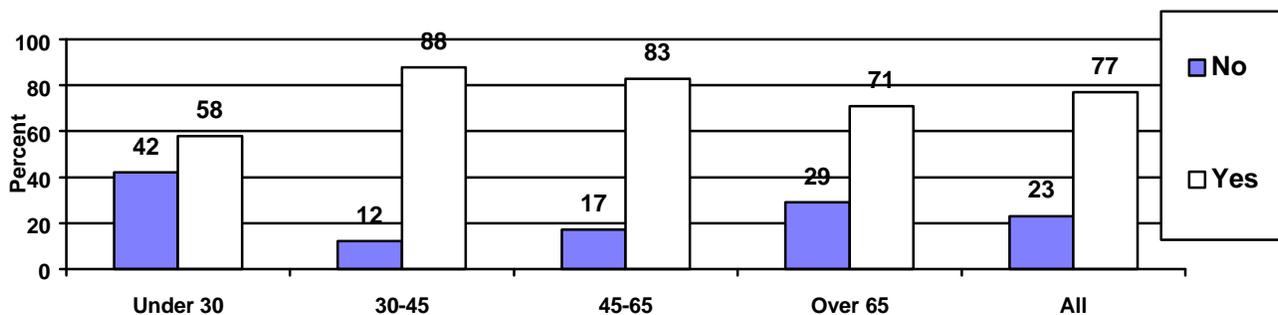
- When asked whether they felt the following were community problems, responses were as follows:



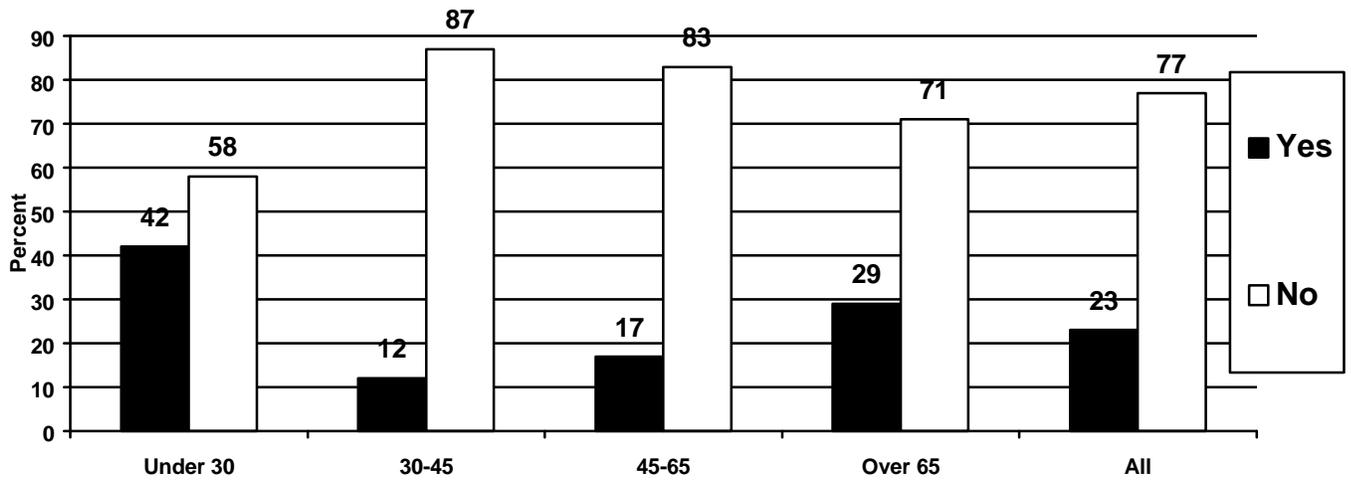
- **When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



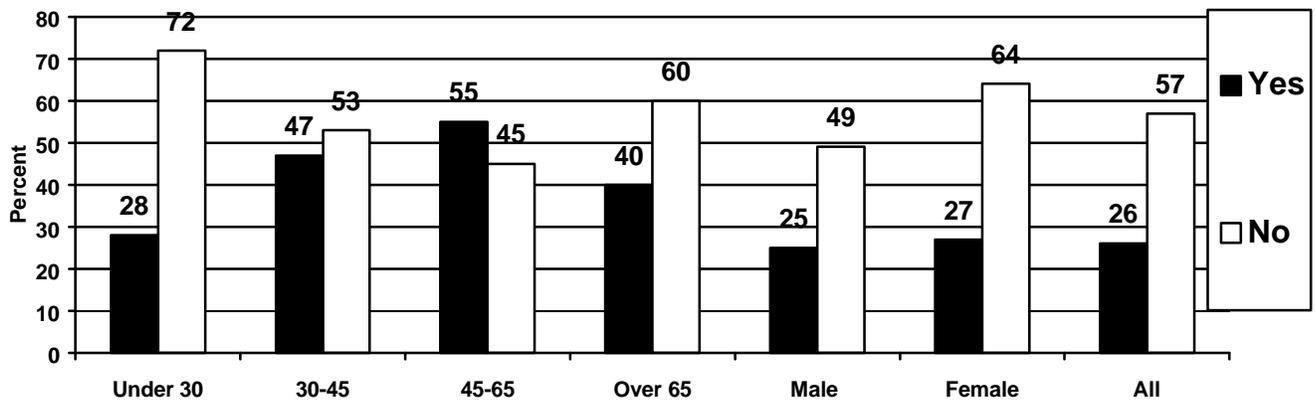
- **When asked "DO YOU PRACTICE BREAST SELF-EXAMINATION?," the following responses were obtained:



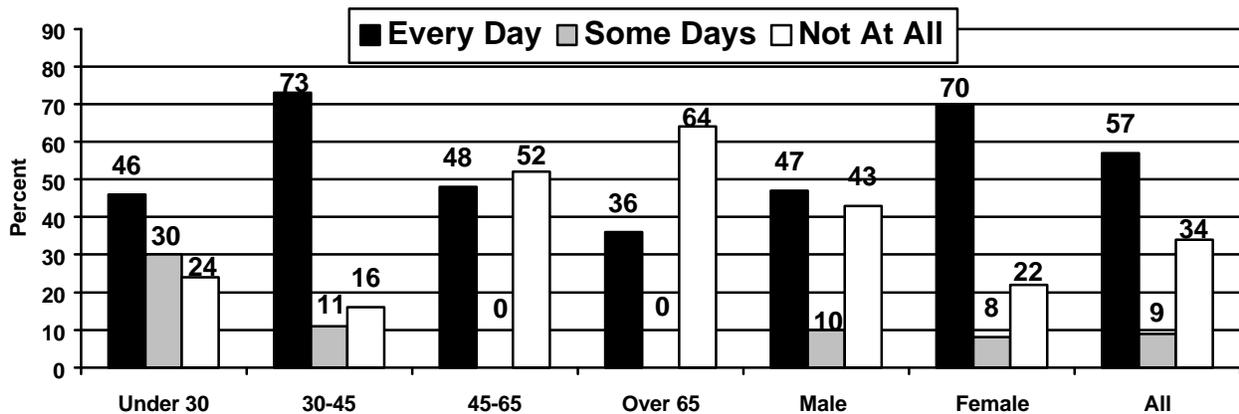
- ****When asked “HAVE YOU EVERY HAD A PAP SMEAR?,” Marion County residents responded:**



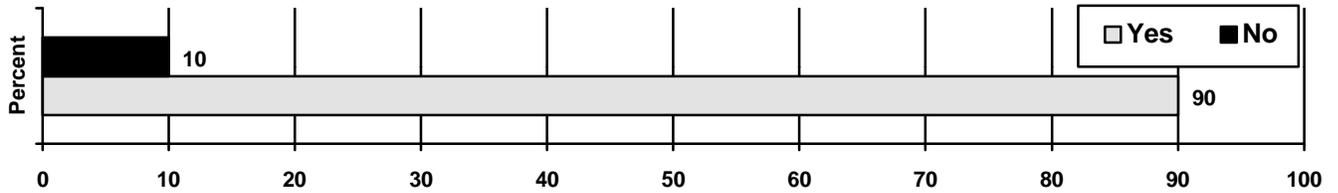
- When asked, "HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?," Marion County residents responded:



- ****When Marion County residents who responded yes to the previous question were asked, “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?,” they responded:**



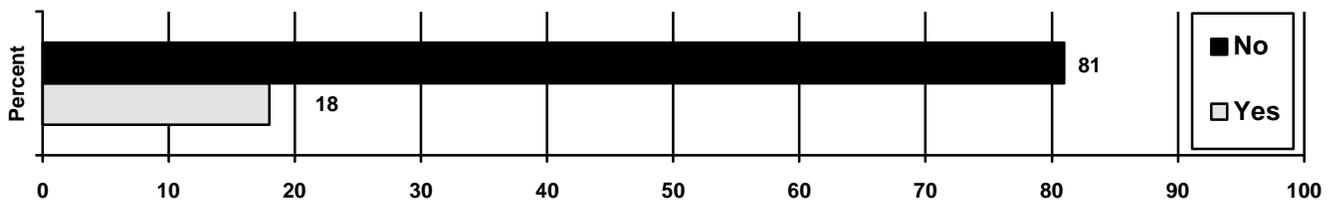
- When asked “DO YOU HAVE ANY KIND OF HEALTH CARE INSURANCE”, Marion county residents responded as follows:



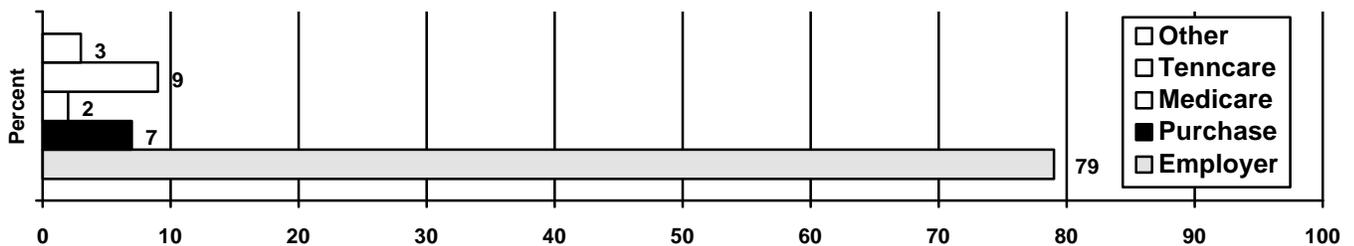
- When respondents with insurance were asked “DO YOU FEEL THAT YOUR COVERAGE LIMITS THE CARE YOU RECEIVE”, they responded:



- **When asked “HAVE YOU NEEDED TO SEE THE DOCTOR BUT COULD NOT DUE TO COST”, Marion County residents responded:**



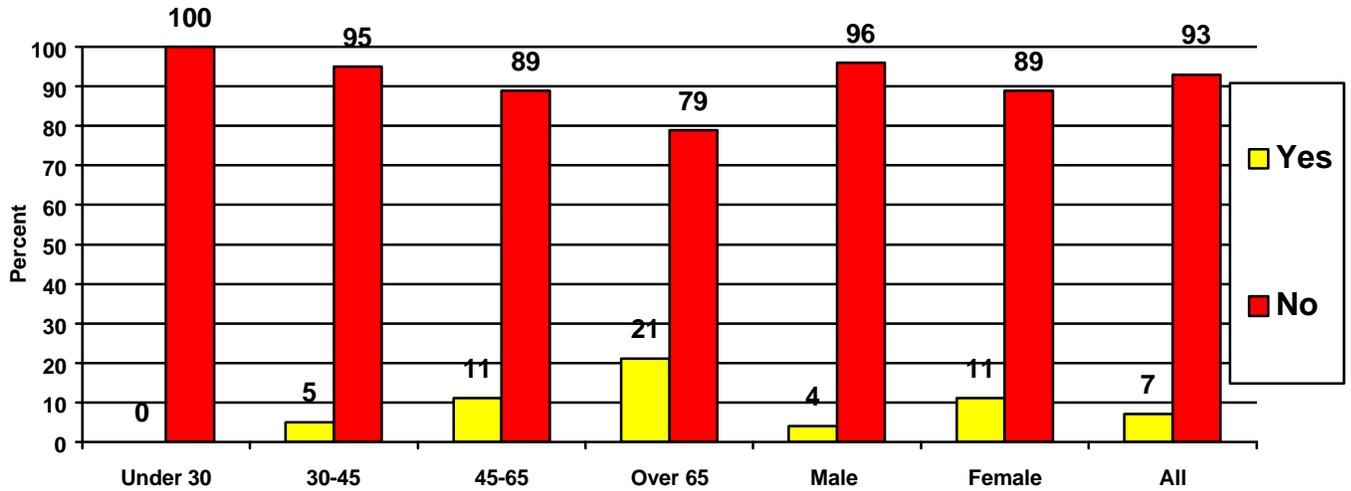
- When asked “WHAT TYPE OF HEALTH CARE COVERAGE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?”, Marion County residents responded:



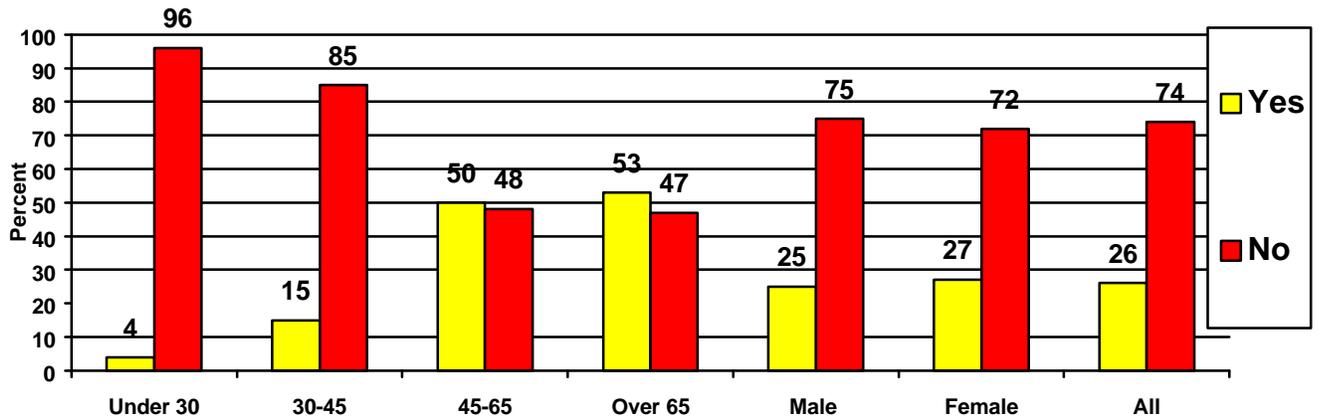
- When respondents without insurance were asked “HOW LONG SINCE YOU’VE HAD HEALTH CARE COVERAGE?”, they responded:



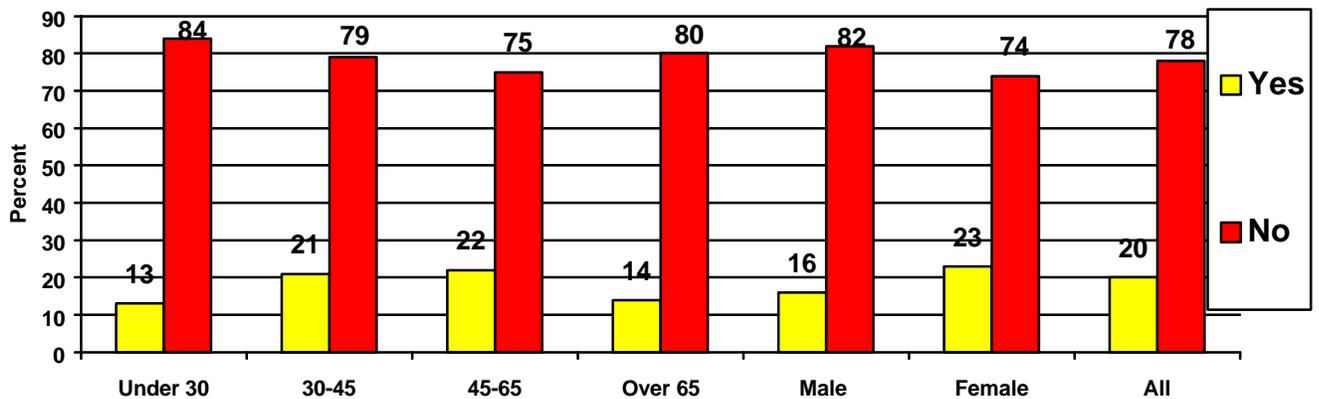
- When asked if they have ever had diabetes, Marion County residents responded:



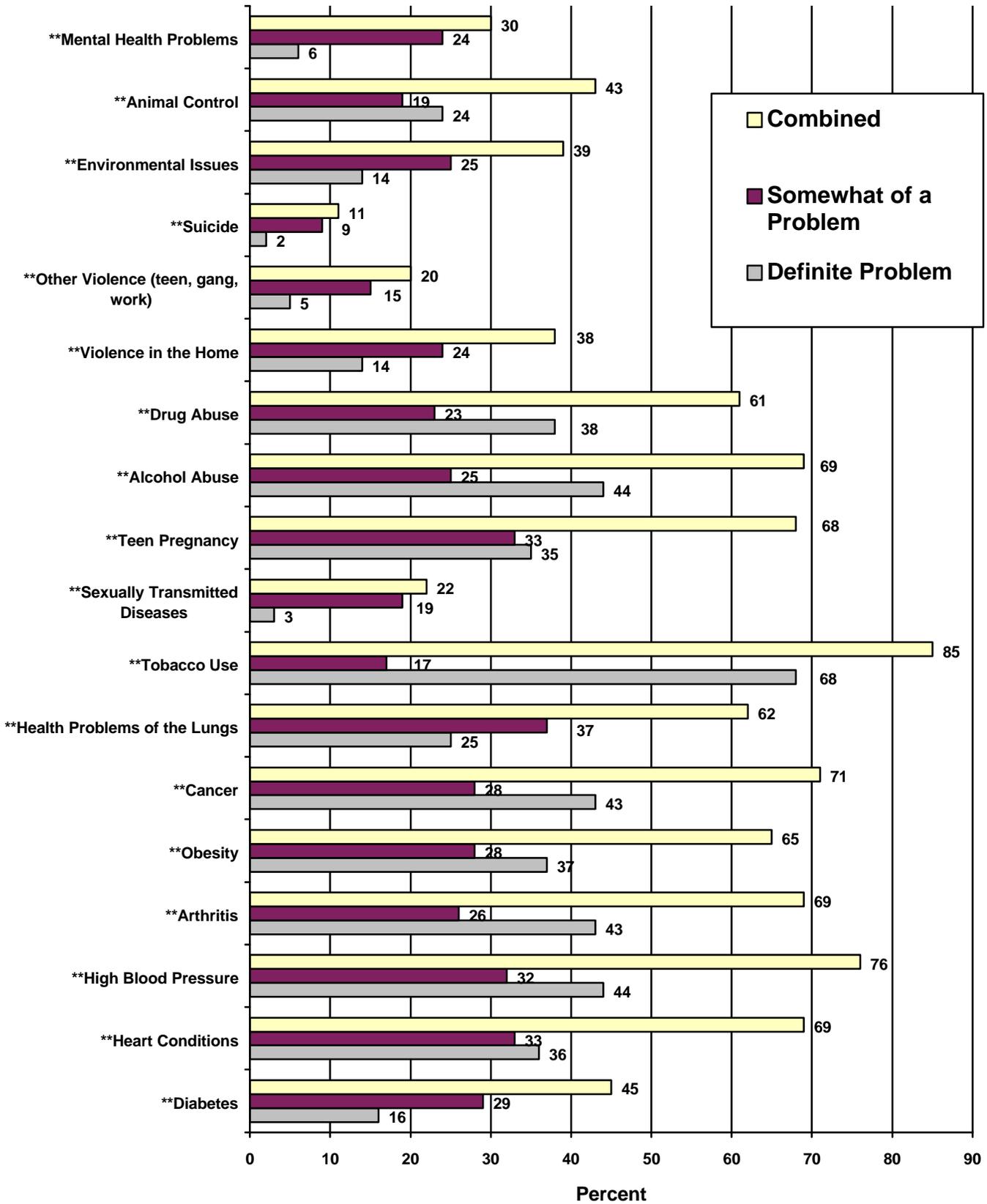
- When asked if they have ever had high blood pressure, Marion County residents responded:



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



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



VII. IDENTIFICATION AND PRIORITIZATION

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

Pregnancy and Birth Data

- Percentage of Births Considered Low Birthweight All Mothers Age 10-44 *PAGE-6*
- Percent of Births with One of More High Risk Factors All Ages *PAGE-7*

Mortality Data

- Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) *PAGE-8*
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) *PAGE-9*
- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) *PAGE-9*
- Leading Cause of Death for 65+ Year Olds With Mortality Rates Per One Hundred Thousand Population (Heart Disease) *PAGE-10*
- Other Races Female Age-Adjusted Mortality Rate Per One Hundred Thousand Population *PAGE-10*
- Female Breast Cancer Mortality Rates Per One Hundred Thousand Women Ages 40 Plus *PAGE-11*
- Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population *PAGE-11*
- Other Vehicle Accidental Mortality Rates Per One Hundred Thousand Population *PAGE-12*
- Violent Death Rates Per One Hundred Thousand Population *PAGE-12*

Morbidity Data

- Leading Cancer Sites 1990-1992 *PAGE-13*

Stakeholder Survey Data

- The MCHC did not feel that any of the findings from the this survey should be recognized as potential problems.

Behavioral Risk Factor Survey Data

- When Asked Whether They Felt the Following Were Community Problems *PAGE-19 and 23*
- Have You Ever Had A Mammogram? *PAGE-19*
- Do You Practice Breast Self-Examination? *PAGE-19*
- Have You Ever Had A Pap Smear? *PAGE-20*
- How Often Do You Now Smoke Cigarettes? *PAGE-20*
- Have Needed To See A Doctor But Could Not Due To Cost? *PAGE-21*

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

MARION COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Prenatal Care					
Accidents and Adverse Effects (15-24 Year Olds)					
Cancer (45+ Year Olds) (Lung, Colon, Breast, Prostate)					
Deaths to Flu and pneumonia (Ages 65+)					
Deaths to Diabetes (Ages 65+)					
Perception of Inaccessible Care					
Under-utilization of Prevention Services					
Affordability of Health Care					
Alcohol and Drug Abuse					

**The Final Rank will be determined by assessing the Priority Score column. The lowest total will be ranked #1 and the highest total will be ranked #9.

A sum total of all council members' scores determined the final order of priority to be as follows:

TOTALS

	<i>SCORE</i>	<i>RANK</i>
Cancer (45+ Year Olds)	29	1
Under-utilization of Prevention Services	32	2
Prenatal Care	40	3
Alcohol and Drug Abuse	42	4
Affordability of Care	61	5
Perception of Inaccessible Care	61	5
Accidents and Adverse Effects	63	6
Deaths to Flu and Pneumonia (Ages 65+)	69	7
Deaths to Diabetes (Ages 65+)	73	8

After all 9 recognized health problems had been prioritized, the council was left to decide how many issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

VIII. FINAL PRIORITIZED ISSUES

The MCHC choose the following issues for strategic planning purposes:

1. **Under-utilization of Prevention Services**
2. **Alcohol and Drug Abuse**
3. **Accessible and Affordable Health Care**

IX. CLOSING

This Community Diagnosis Health Status Report has provided a description of the assessment portion of the Community Diagnosis Process. The strategic planning portion will entail the formalizing of strategic interventions to deal with the aforementioned priorities. Soliciting input from additional residents and experts in the community, the MCHC will develop intervention strategies. Strategic planning will require consideration of the entire sequence of interacting factors that contribute to the problem, identifying contributing health links, identifying both public and private resources to address the problem and identifying barriers to reducing the problem. Upon completion of the strategic planning process, the MCHC will publish Volume II: The Community Diagnosis Strategic Planning Document, detailing all goals, objectives and specific interventions. The final edition, Volume III: The Community Diagnosis Evaluation Document will monitor the implementation and evaluate each intervention.

The Tennessee Department of Health Southeast Regional Assessment and Planning staff would like to thank the Marion County Health Council for their continued support and dedication throughout the Community Diagnosis Process. Their tireless efforts have and will continue to positively affect the health of Marion County.