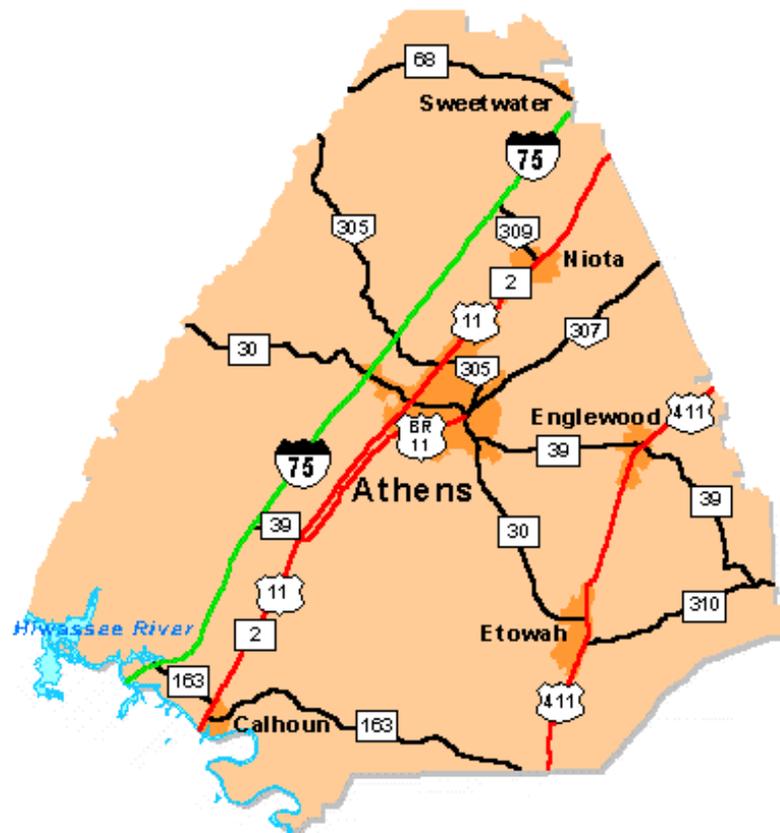

McMinn County

Community Diagnosis Volume I: Health Status Report



**McMinn County Health Council
and
Tennessee Department of Health
Southeast Tennessee Regional Office
Assessment and Planning
(423) 634-3124**

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Bennie Brown, R.N.	Woods Memorial Hospital
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James F. Slowey, M.D.	Athens Women's Clinic
James W. Thompson	Tennessee Wesleyan College
Verdine Thompson	Mental Health Advocate
John Workman	Athens Regional Medical Center

INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the McMinn County Health Council (McMinn CHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in September 1997, the Community Diagnosis Process has enabled McMinn CHC 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 McMinn CHC 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 McMinn CHC 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 202 McMinn County residents and is to be representative of the entire county. McMinn CHC 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 McMinn CHC 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 McMinn CHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether McMinn 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 McMinn County Health Council utilized the resource directory, provided by the United Way of McMinn County, 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 McMinn CHC 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 Community Diagnosis Health Status Report provides a description of the assessment portion of the Community Diagnosis Process. The planning portion, to be chronicled upon completion of the process, will entail the formalizing of strategic interventions to deal with the highest priority health issues. Soliciting input from additional residents and experts in the community, the McMinn CHC will develop intervention strategies and resources from both public and private sources. The McMinn CHC will monitor the implementation and evaluate each intervention.

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 McMinn CHC 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 McMinn County
- Serves health planning and advocacy needs in McMinn County; McMinn County leaders and the McMinn County Health Department will ensure that documented community health issues are addressed

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

I. HISTORY

The McMinn County Health Council was established in February 1993 to address the health needs of McMinn County residents and oversee the health status of McMinn County. The council is made up of local health care professionals, elected officials, and other local citizens. Since 1993, the council has orchestrated various activities to address health needs including forums for TennCare issues, free dental and eye clinics for the indigent, free health screenings, aiding in the establishment of the Good Faith Clinic (a free primary care clinic for the indigent), and other special projects for the population of McMinn County. All of these efforts have been successful. Begun in September 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 McMinn 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: 16,351

	McMinn County	Southeast Region	State
Percent of households that are family households	76.2	77.1	72.7
Percent of households that are headed by a female with non-husband present	10.7	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.9	5.3	6.9
Percent of households with the householder 65 and up	24.4	22.7	21.8

EDUCATION

	McMinn County	Southeast Region	State
Number of persons age 25 and older	27,830	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	57.1	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	10.5	9.7	16.0

EMPLOYMENT

	McMinn County	Southeast Region	State
Number of persons 16 and older	33,426	198,393	3,799,725
Percent in work force	61.3	61.5	64.0
Number of persons 16 and older in civilian work force	20,454	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	2,403	14,022	287,675
Percent in labor force	56.7	59.6	62.9

POVERTY STATUS

	McMinn County	Southeast Region	State
Per capita income in 1989	\$10,508	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	17.2	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	22.5	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	23.7	23.5	20.9

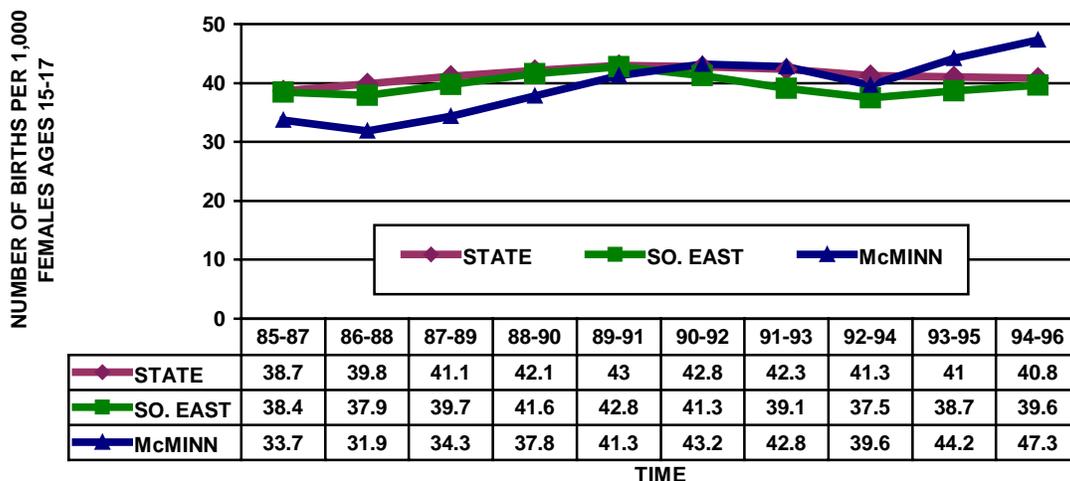
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

IV. SECONDARY DATA

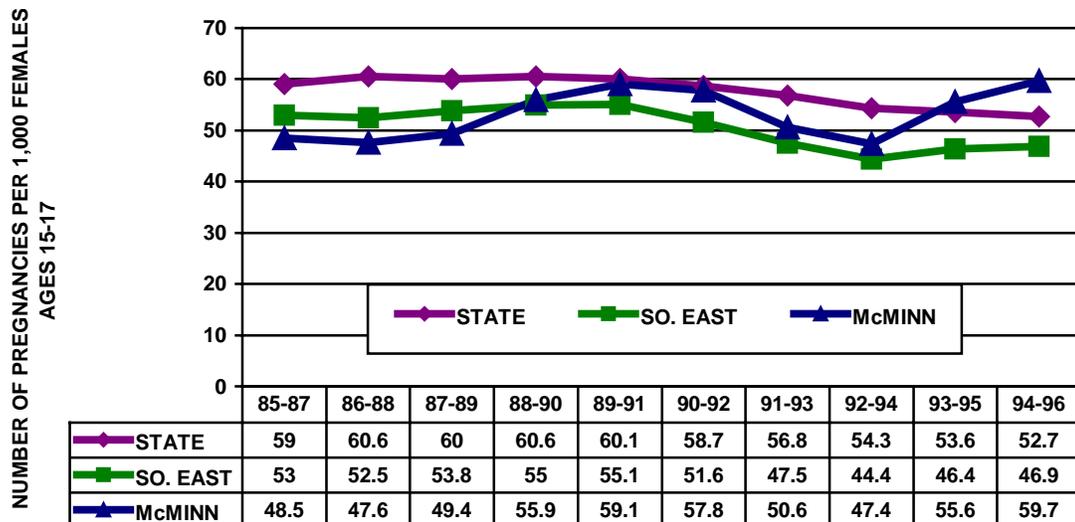
Secondary data (information already collected by other sources for other purposes) is assembled each year by the State Office of Health Statistics and Information for McMinn County. This data includes county-specific birth statistics, morbidity or disease statistics and mortality or death statistics. 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. McMinn County’s data is compared to the corresponding state and Southeast Region (Bledsoe, Bradley, Franklin, Grundy, McMinn, Marion, 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 McMinn County Health Council.

McMinn County Pregnancy And Birth Experience

- **Number of Births per 1,000 Females Ages 10-44** – The McMinn County birth rate increased between 1985 and 1996. The county’s rate is equal to the rate for the Southeast Region, but lower than the state rate. Annually, women of childbearing age in McMinn County give birth to approximately 545 children.
- **Number of Pregnancies per 1,000 Females Ages 10-44** – The McMinn County pregnancy rate increased between 1985 and 1996 by 3.9%. Approximately, 656 women of childbearing age in the county become pregnant each year.
- **Number of Births per 1,000 Females Ages 10-14** – The McMinn County rate is decreasing, is equal to the Southeast Region’s rate, but is lower than the State. Annually, about one birth occurs to a teenager 10-14 years old.
- **Number of Pregnancies per 1,000 Females Ages 10-14** – the county pregnancy rate for females 10-14 is decreasing. The rate is equal to the Southeast Region, but lower than the state. Annually, an average of three females 10-14 become pregnant.
- **Number of Births per 1,000 Females Ages 15-17** -- The county trend is increasing and is higher than the region and state. The county trend showed a 40.2% increase from 1985 to 1996. Annually, females 15-17 gave birth to an average of 37 children.



- **Number of Pregnancies per 1,000 Females Ages 15-17** – The county trend is increasing and is higher than the Southeast Region and the State. The county trend showed a 23.1% increase from 1985-1996. Annually an average of 50 females 15-17 become pregnant.



- **Number of Live Births 1992-1996 Ages 10-17** – The number of live births to females age 10-17 has increased. The data is in raw numbers and is not comparable to the state and region.

BIRTHS	1992	1993	1994	1995	1996
12 YEARS OLD	0	0	0	1	0
13 YEARS OLD	1	0	1	2	0
14 YEARS OLD	0	1	0	1	1
15 YEARS OLD	2	7	3	4	7
16 YEARS OLD	15	12	11	14	15
17 YEARS OLD	21	18	22	33	24
TOTAL	39	38	37	53	47

- **Percent of Births to Unwed Mothers Ages 10-44** – The county trend is increasing, equal to the Southeast Region, but lower than the state. The county trend showed a 55.1% increase from 1985 to 1996. The average annual births over the reporting period numbered 545, with 26.6% to unwed females, averaging 145 births to unwed mothers.

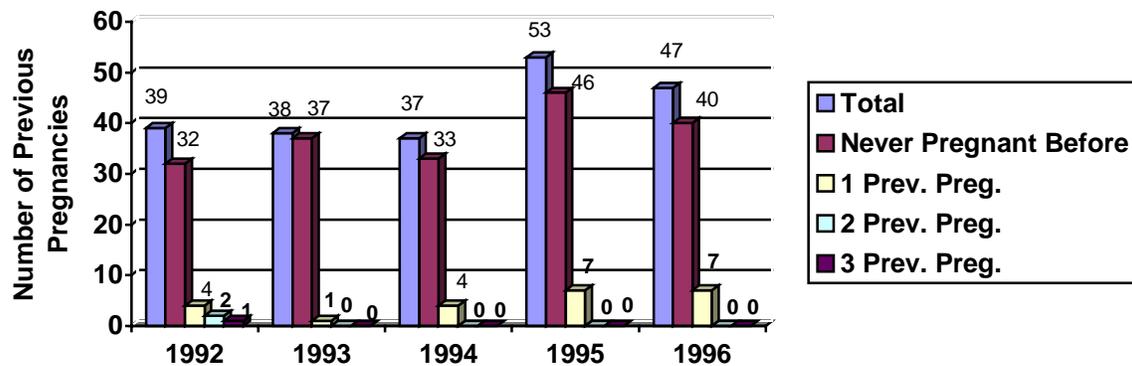
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	25.3	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3
S.E.	17.2	17.8	19.3	20.6	22.5	23.6	24.5	25.6	26.3	26.5
McMINN	17.1	17.4	19.9	20.2	21.9	22.4	24.5	26.5	26.8	26.6

- **Percent of Pregnancies to Unwed Mothers Ages 10-44** – The county trend is increasing, is higher than the Southeast Region, but lower than the State. The county trend showed a 26.9% increase from 1985 to 1996.

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	36.6	37.5	38.1	39.2	40.4	41.3	42.0	42.1	42.1	41.9
S.E.	26.2	26.5	27.5	28.7	29.9	30.6	30.9	31.8	32.3	32.0
MCMINN	26.8	27.7	29.8	30.9	31.2	30.9	31.4	33.7	34.7	34.1

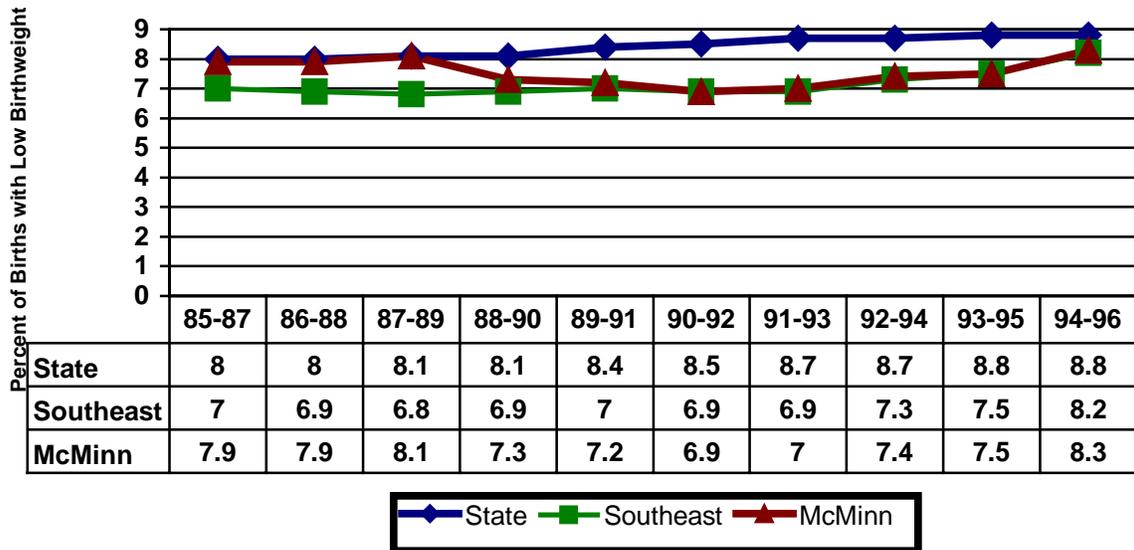
- **Number of Previous Pregnancies Occurring to Mother (1992-1996) Ages 10-17** – The number of pregnancies to females age 10-17 with previous pregnancies is increasing. The data is in raw numbers and is not comparable to the state and region.

Number of Previous Pregnancies to Mothers, Ages 10-17

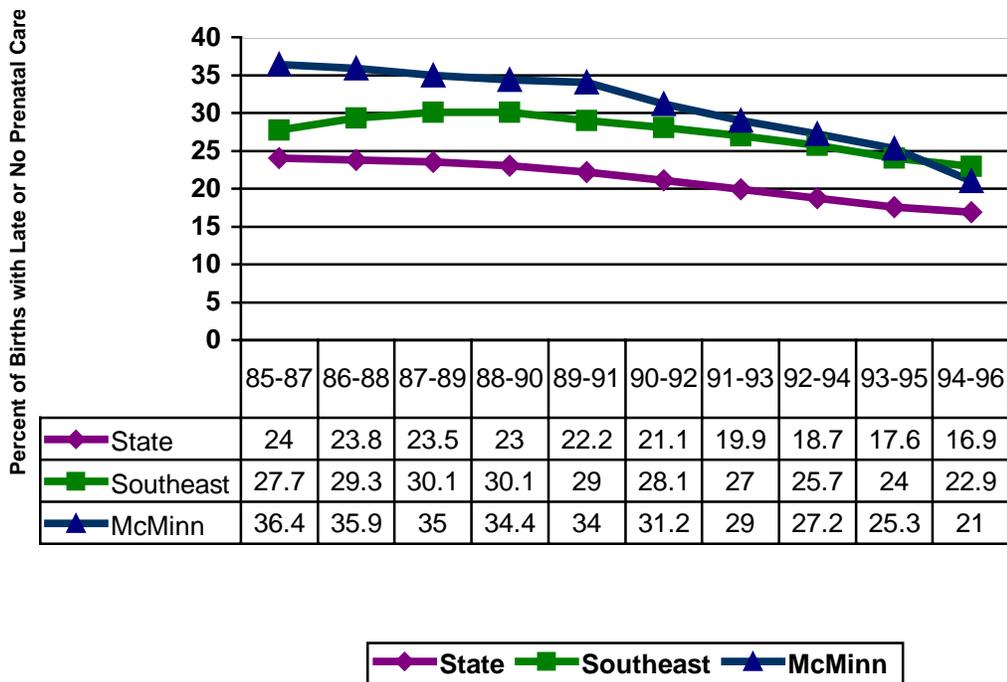


BIRTHS	1992	1993	1994	1995	1996
TOTAL	39	38	37	53	47
NEVER PREGNANT BEFORE	32	37	33	46	40
1 PREVIOUS PREGNANCY	4	1	4	7	7
2 PREVIOUS PREGNANCIES	2	0	0	0	0
3 PREVIOUS PREGNANCIES	1	0	0	0	0

- **Percent of Births with Low Birthweight** – The county trend is increasing, equal with the Southeast Region, lower than the state, but higher than the National Objective of 5%. The county’s three-year trend in 1994-1996 was 8.3%. The trend also showed the county with a 5.1% increase from 1985-1996.



- **Percent of Births with Late or No Prenatal Care** – The county trend is decreasing but is higher than the region, state and National Objective (10%). The county trend rate in 1994-1996 was 21%. The total average births per year for the county was 554, with 21% late or no prenatal care, which averages 116 per year. The county showed a 42.3% decrease in this area over the twelve-year reporting period.



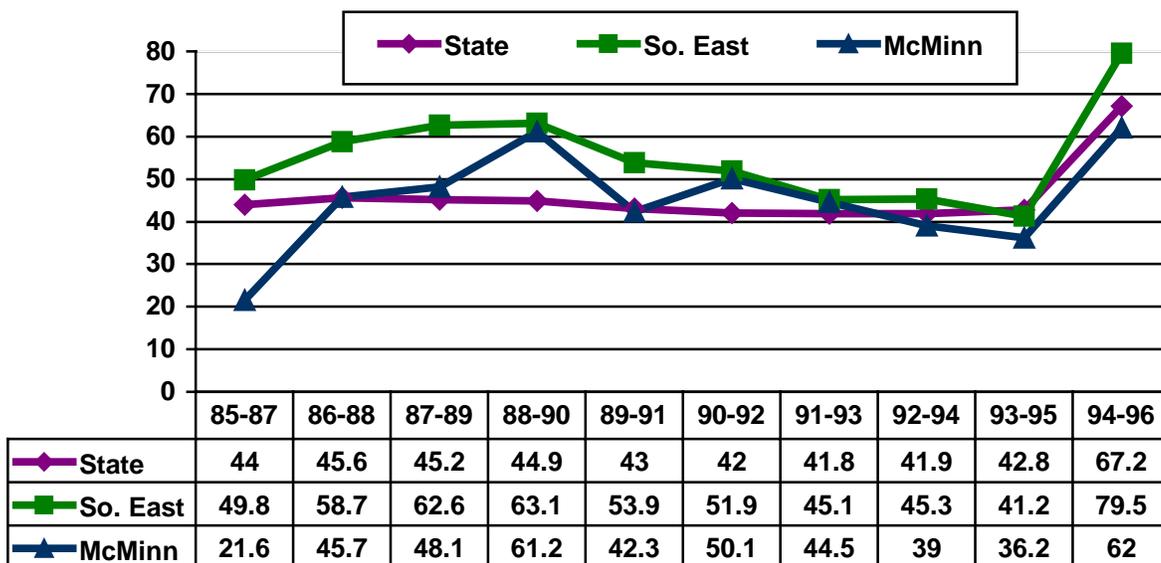
- **Percent of Mothers with One or More Selected Risk Factors, Ages 10-44** – Risks include: mother with less than a high school education; four or more previous live births; a previous termination; a previous live birth now dead; or a previous live birth within the last twenty-four months. The McMinn County trend is decreasing. Traditionally, the trend has been lower than the region and higher than the State. However, the trend remains lower than the region, but is now equal to the state.
- **Percent of Births with Selected Maternal Risk Factors, Ages 10-44** – Risks include: Smoking; C-Section; weight gain less than 15 pounds; anemia; diabetes; hypertension; labor and delivery complication; alcohol and/or drug use. The county trend has remained stable and is equal with the Southeast Region and State.

McMinn County Mortality Experience

- **Number of Infant Deaths per 1,000 Live Births (Death of a live born infant less than one year of age)** – McMinn County’s twelve-year trend rate, while unstable due to small numbers, has decreased between 1985 and 1996. The county rate is lower than the rate for the Southeast Region and State. The county’s rate of 7.2 per 1,000 live births was about equal to the “Year 2000” objective of 7 per 1,000 live births.
- **Number of Neonatal Deaths per 1,000 Live Births (Death of a live born infant under 28 days of age)** – The county’s neonatal mortality rate, while unstable, has shown no change over the twelve-year trend cycle. The county rate is lower than the Southeast Region and State. The county’s neonatal death rate of 5.4 per 1,000 live births is higher than the national “Year 2000” objective of 4.5.
- **Number of Post-neonatal Deaths per 1,000 Live Births (Death of a live born infant over 28 days, but under one year of age)** – McMinn County’s trend, while unstable, decreased 33.3% between 1985 and 1996. The county’s rate of 1.8 per 1,000 live births is lower than the Southeast Region, State, and national “Year 2000” objective.
- **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 in McMinn County is accidents and adverse effects. The county’s rate increased 43.1% from 1985 to 1996. In comparison, the county’s rate is equal with the Southeast Region, but lower than 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 in McMinn County is accidents and adverse effects. The county’s rate increased 123.6% from the 1985-1987 three-year average of 11 per 100,000 population to 24.6 per 100,000 population in the 1994-1996 three-year average

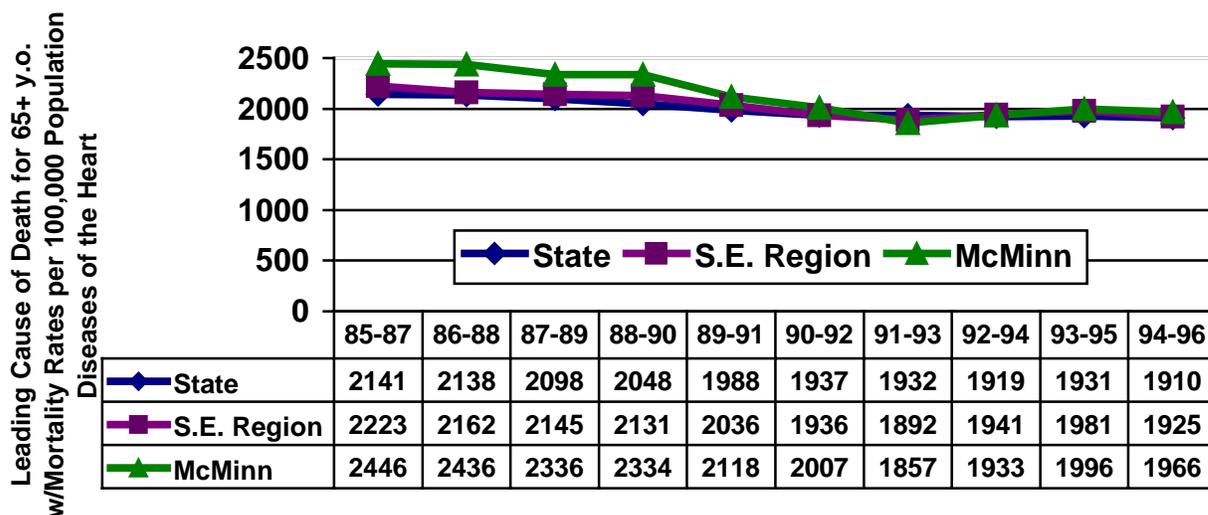
- Leading Cause of Death for 15-24 Year Olds with Mortality Rates per 100,000 Population** – The leading cause of death for 15-24 year olds in McMinn County is accidents and adverse effects. The county trend decreased 44% from 1985 to 1996. It was noted, however, that the homicides among this age group increased from 5.2 in 1985-1987 to 16.6/100,000 in 1994-1996.
- Leading Cause of Death for 25-44 year olds with Mortality Rate per 100,000 Population – Accidents and Adverse Effects:** McMinn County’s rate of death from accidents and adverse effects is increasing and is lower than the region but about equal with the state. The county trend increased 187% from 1985-1996. For the period 1994-1996, the rate was 62 per 100,000.

Leading Cause of Death for 25-44 y.o. Mortality Rate per 100,000 Accidents & Adverse Effects



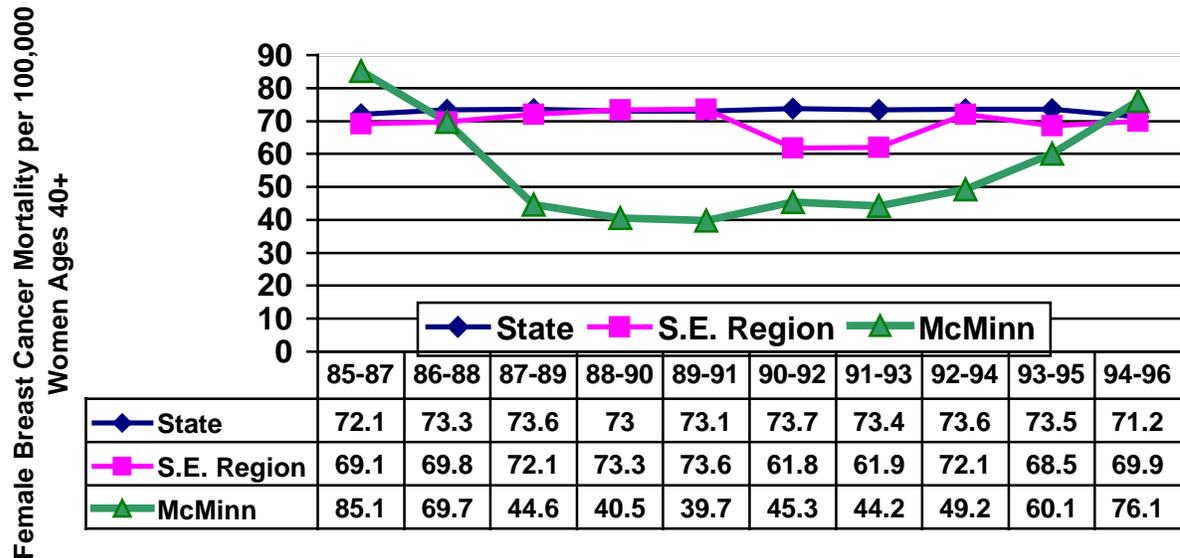
- Leading Cause of Death for 45-64 Year Olds with Mortality Rates per 100,000 Population** – The leading cause of death for 45-64 year olds in McMinn County is Malignant Neoplasms (Cancer). The trend has remained stable from 1985-1996 and is equal to the Southeast Region and State.

- Leading Cause of Death for 65+ Year Olds with Mortality Rate per 100,000 Population – Diseases of the Heart:** McMinn’s rate of death from diseases of the heart is equal to the Southeast Region and the State. The county showed a 19.6% decrease from 1985-1996. For the period 1994-1996 the rate was 1,965.5/100,000. On average, 132 die annually among this age group from disease of the heart. (Numbers were rounded to fit the graph.)



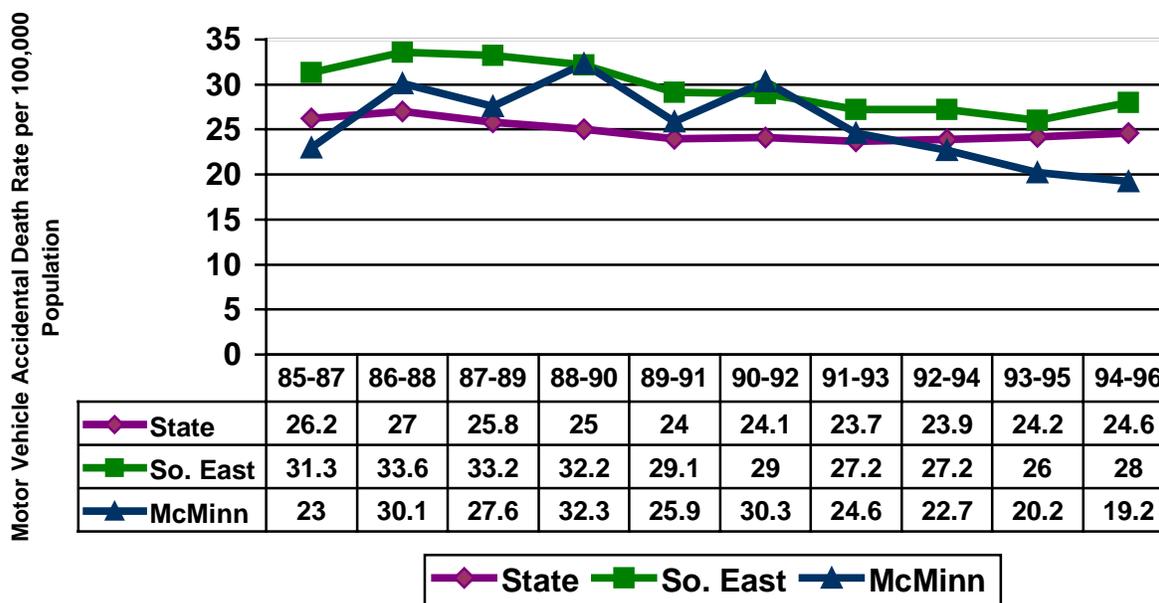
- White Male Age-Adjusted Mortality Rates per 100,000 Population** – The county trend has remained fairly stable. However, the rate has exceeded that of the Southeast Region and State.
- Other Race Male Age-Adjusted Mortality Rates per 100,000 Population** – The county trend decreased 12.9% from 1985-1996. The county rate is lower than both the Southeast Region and State.
- White Female Age-Adjusted Mortality Rates per 100,000 Population** – The county trend has remained fairly stable over the twelve-year trend cycle. The county rate is lower than both the Southeast Region and State.
- Non-White Female Age-Adjusted Mortality Rates per 100,000 Population** – The county trend has remained fairly stable over the twelve-year trend cycle. The county rate is lower than both the Southeast Region and the State.

- CANCER—Female Breast Cancer Mortality Rate per 100,000 Women Age 40+ --** In the twelve-year period, the county trend has been traditionally lower than the state and the region but recently began to increase. The mortality rate from breast cancer showed a sharp decrease during the first half of the trend periods, but began significantly increasing during the second half of the trend periods. In looking at 1996 data only, the McMinn County breast cancer mortality rate was 44.1 per 100,000 and was higher than the state (31.2) and higher than the region (36.6). The county saw a 10.65 decrease during the reporting period. On average, eight (8) women age 40+ die from breast cancer each year.



- Cancer Rates per 100,000 Population – 1996 Data Only**
 - Genital Organs** – McMinn County’s mortality rate of 37.1 per 100,000 is higher than the state (27.1) and higher than the region (32.3).
 - Lip, Oral Cavity, and Pharynx** – The county’s mortality rate of 4.4 per 100,000 is higher than the state (3.9) but lower than the region (5.8).
 - Lymph Node and Bone Marrow** – McMinn County’s mortality rate of 19.7 per 100,000 is higher than the state (14.1) and higher than the region (10.2).
 - Heart, Lung, and Chest Cavity** – McMinn County’s mortality rate of 86.3 per 100,000 is higher than the state (73.3) and higher than the region (75.8).
 - Urinary Organs** – McMinn County’s mortality rate of 15.3 per 100,000 is higher than the state (8.8) and higher than the region (10.2).
 - Other Unspecified Sites** – The county’s mortality rate of 26.3 per 100,000 is higher than the state (23.8) but only slightly lower than the region (26.6).
- Other Accidental Mortality Rates per 100,000 Population** – McMinn County trend has remained fairly stable is lower than the region, but higher than the State.
- Violent Death Rates per 100,000 Population** – McMinn County’s violent death rate has remained fairly stable. It is higher than the Southeast Region but lower than the State.

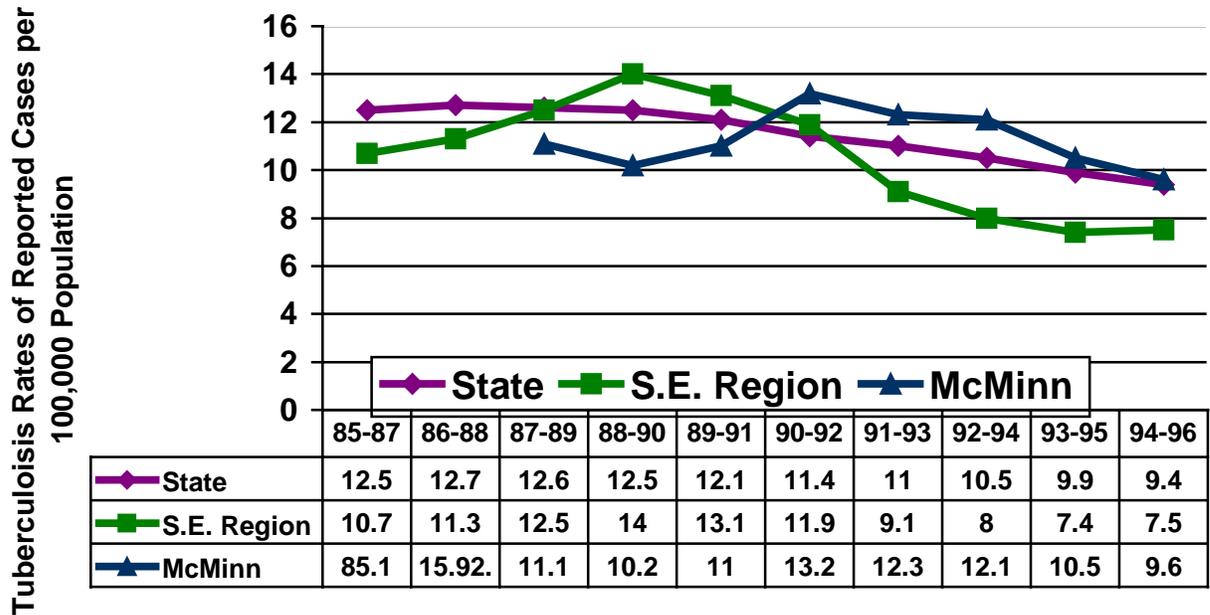
- **Motor Vehicle Accidental Death Rate per 100,000 Population** -- The county trend is decreasing, is lower than the region, but is higher than the state and the National Objective of 16.8 per 100,000 population. McMinn County's rate during 1994-1996 was 19.2 per 100,000.



McMinn County Morbidity Experience

- **Syphilis Rates (Number of Reported Cases per 100,000 Population)** – McMinn County's syphilis rates began to increase during the 1991-1993 three-year period. The county's rate is equal with the Southeast Region but lower than the State. Moreover, the county's rate has been consistently lower than the national "Year 2000" objective of 10/100,000 reported cases.
- **Chlamydia Rates (Number of Reported Cases per 100,000 Population)** – The county's chlamydia rate is increasing, is equal with the Southeast Region but lower than the state. Though the State rates are higher, the trend patterns are similar.
- **Gonorrhea Rates (Number of Reported Cases per 100,000 Population)** – The Gonorrhea rates in McMinn County is decreasing. The county's rate is higher than the Region, but lower than the State. The County, Region and State trends all have similar patterns of decreases.

- **Tuberculosis Disease (Number of Reported Cases per 100,000 Population)** – The county trend is decreasing but is higher than the state and region and the National Year 2000 Objective of 3.5 per 100,000. The county averages four (4) deaths per year.



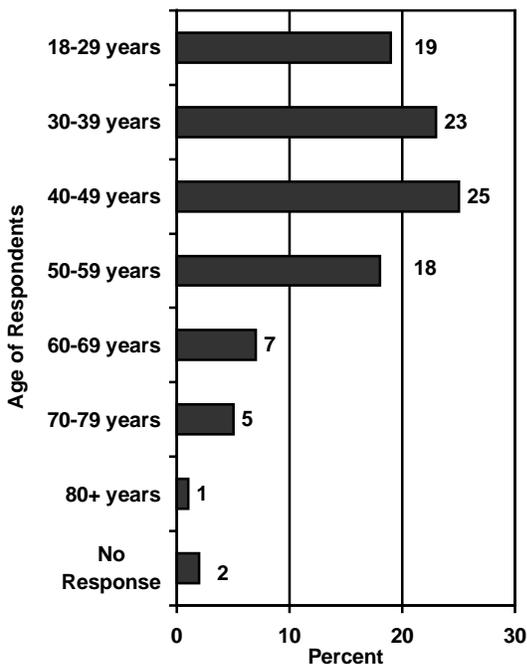
- **Vaccine Preventable Disease Rate (Number of Reported Cases per 100,000 Population)** – The county’s vaccine preventable disease rate is decreasing. The county’s rate, in comparison, is lower than both the Southeast Region and State.

V. STAKEHOLDER SURVEY

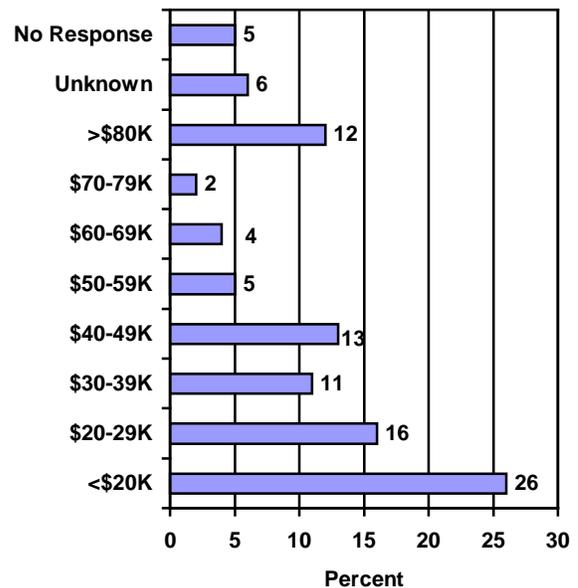
The McMinn County Stakeholder Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, single parents, the elderly, business leaders, consumers, and rural residents. 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 McMinn CHC were asked to complete the stakeholder 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 288 respondents to the McMinn County Stakeholder Survey. **Some issues were recognized as potential problems and are in bold and denoted by an asterisk.**

Stakeholder Demographics

- 172 females (60%), and 104 males (36%) responded to the survey. 12 (4%) did not respond to this question.
- 64% were married, 11% divorced, 6% widowed, 2% separated, and 12% never married (5% did not respond).
- A majority of the respondents (56%) have lived in the county more than 20 years.
- Most of those responding fell into the 30-39 and 40-49 year-old age groups (48%), while only 1% were 80 and older.



- The reported household income of respondents fell into the following categories:



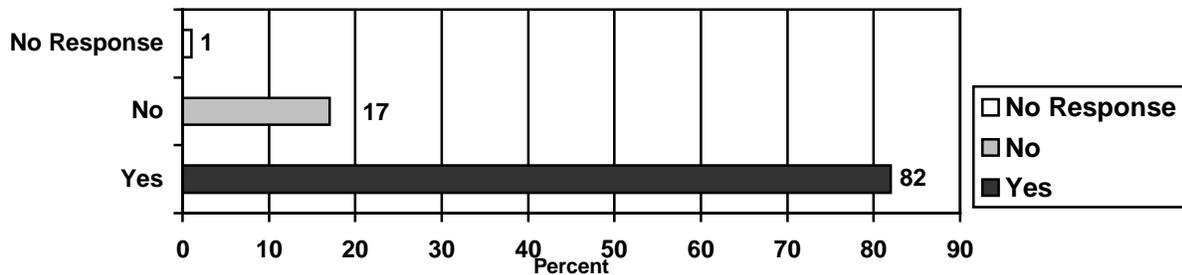
- 88% of those surveyed were White or Caucasian; 8% were Black; 1% were American Indian; and, 4% fell into the “Other” or “No Response” category.
- Occupations of the respondents fell into the following categories:

Homemaker	6%	Labor	14%
Service	6%	Prof. Services	25%
Retail	2%	Clerical	14%
Skilled	3%	Health Care	11%
Retired	7%	Other	9%

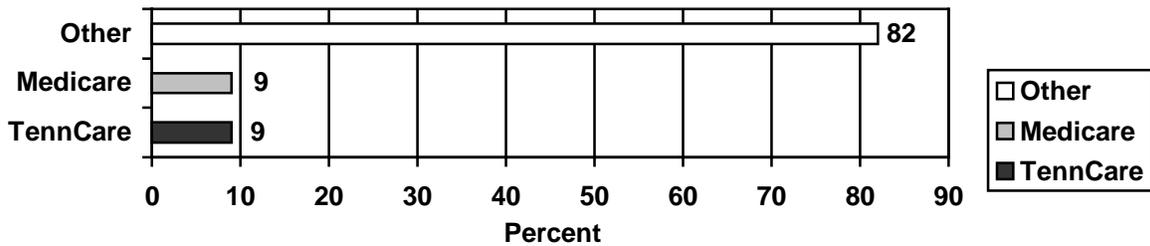
- When asked, “Do you have a personal health care provider?”, 86% of those responding said, “Yes”, and 14% said, “No”.
- Of those answering “Yes” to the question above, 76% have a provider that practices in the county, 3% practice in Bradley County, 2% in Hamilton County, and 1% in Monroe County.
- When respondents’ providers referred them to a hospital, the following results were given:

Athens Regional Medical Center	49%
Woods Memorial Hospital	20%
Bradley Memorial Hospital	5%
Sweetwater	2%
Erlanger Hospital	1%
Memorial Hospital	1%
Other	4%

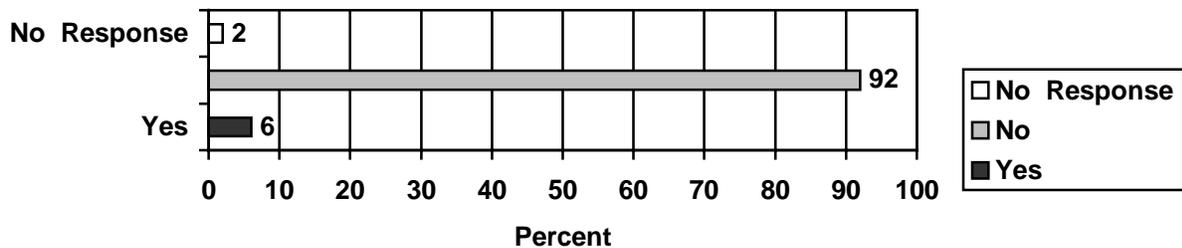
- When asked, “Do you have health insurance?”, 82% said, “Yes”, and 17% said, “No”.



- 9% of the respondents said they had TennCare coverage, and another 9% said they had Medicare coverage for their health insurance.

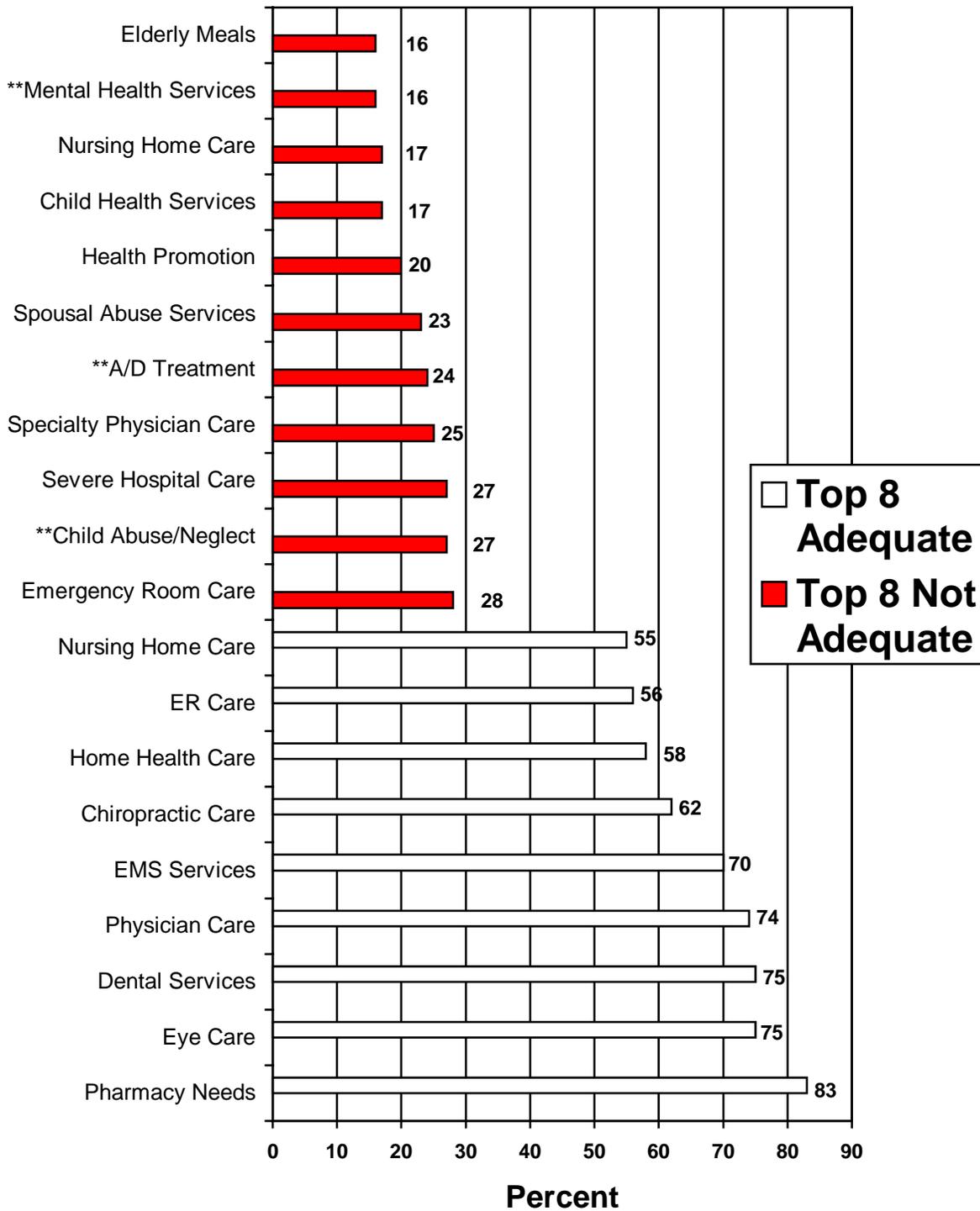


- When asked about transportation to health care, only 6% said transportation was a problem.



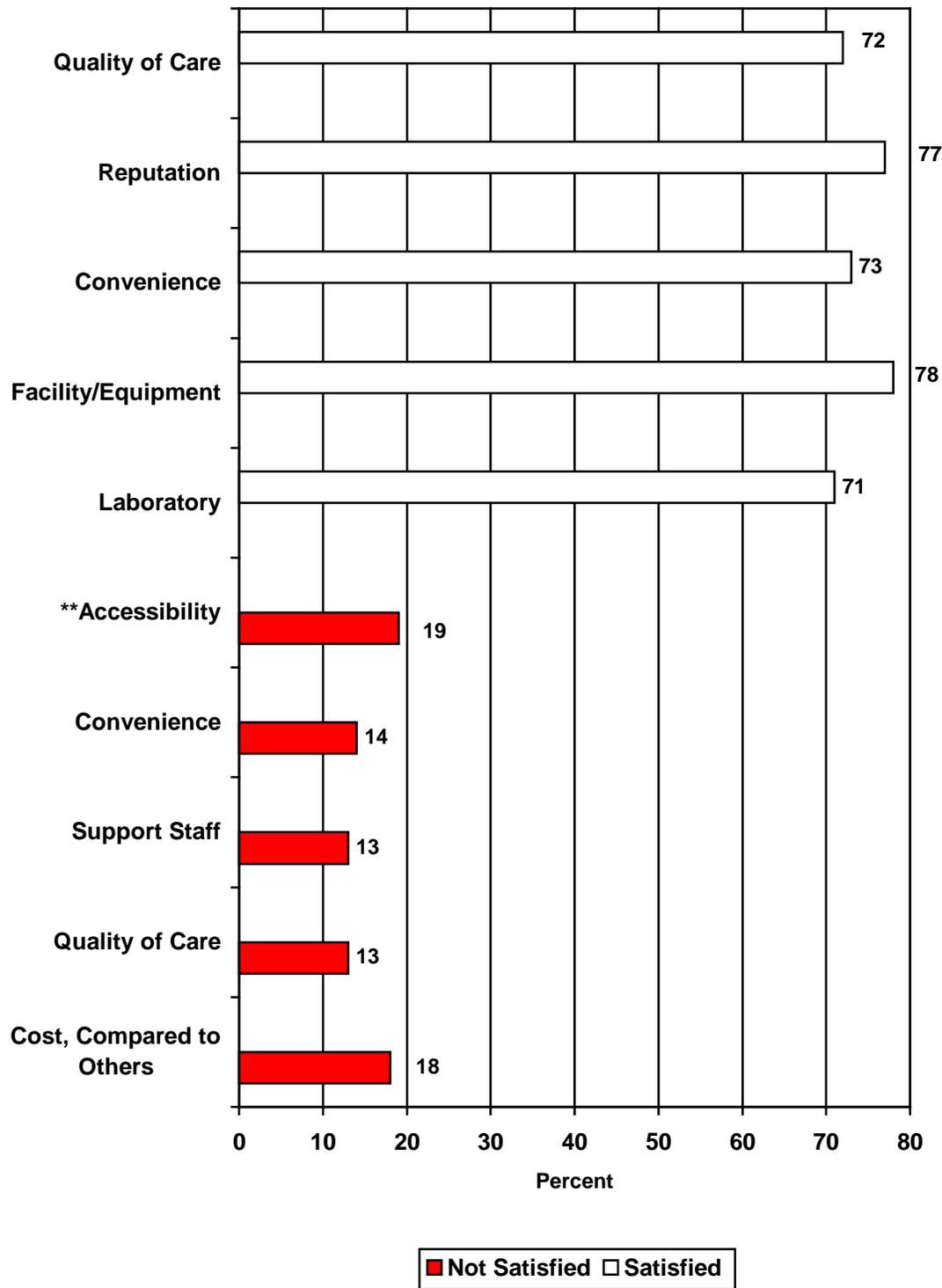
Stakeholder Opinions

**** When asked about the availability of different services in their community, respondents rated the following as their top seven adequately available and top seven not adequately available services:**

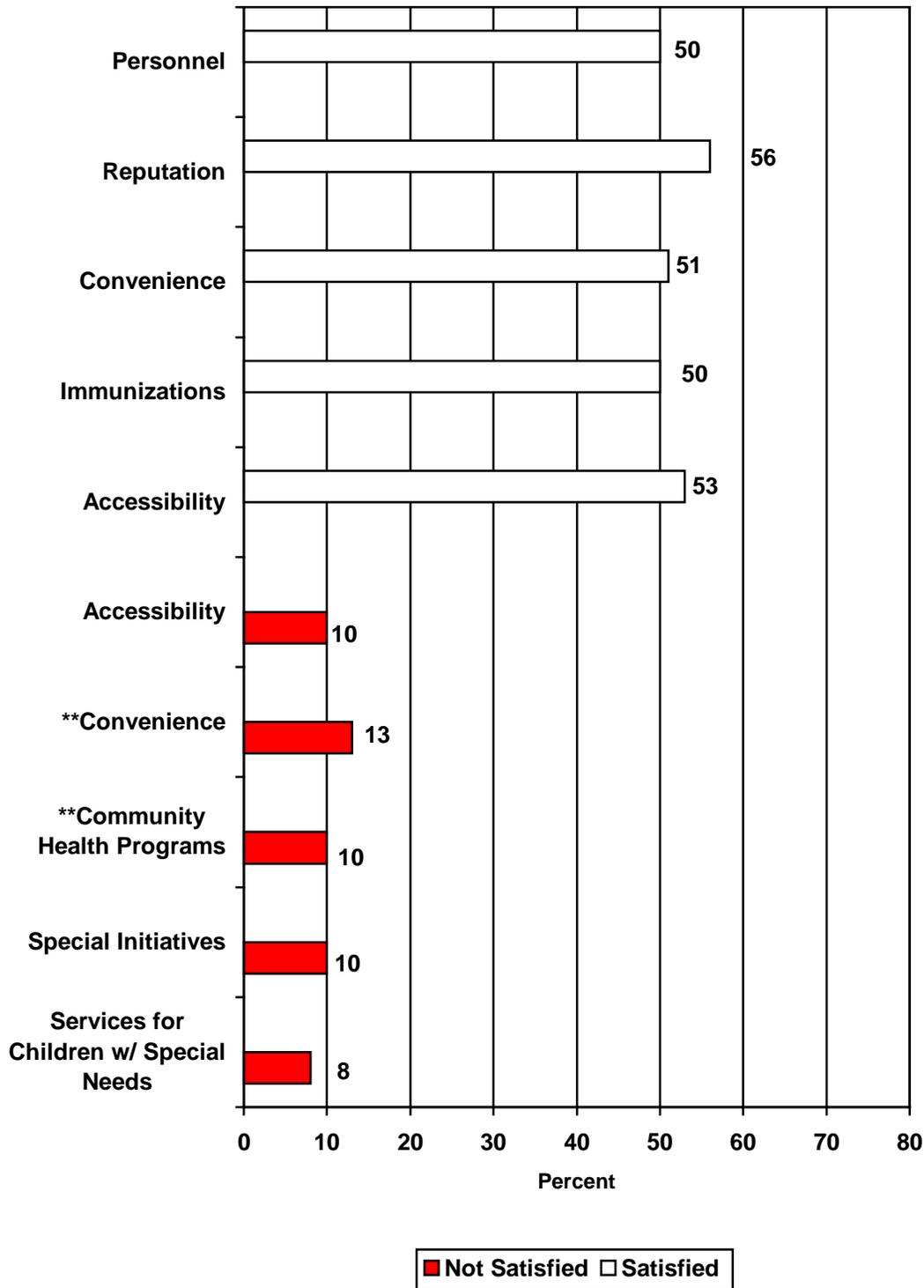


**Senior Day Care was noted as a “Service Not Available”.

- ****When asked, “How satisfied are you with physician care and physician services in your community?”, the following results for the top five “Satisfied” and top five “Not Satisfied” were noted:**

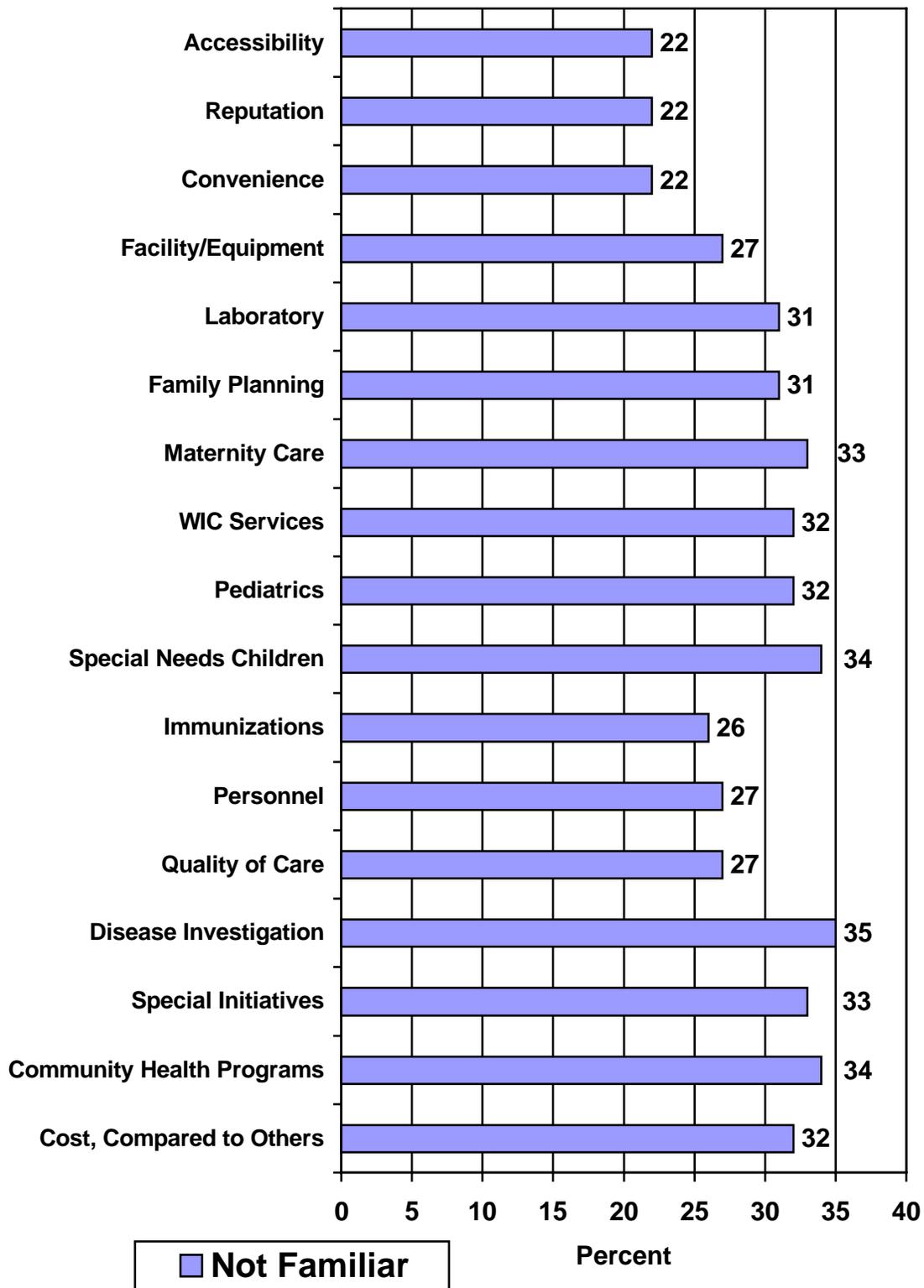


- ****When asked, “How satisfied are you with the services and characteristics of the local health department?”, the top five “Satisfied” and top five “Not Satisfied” results were noted:**

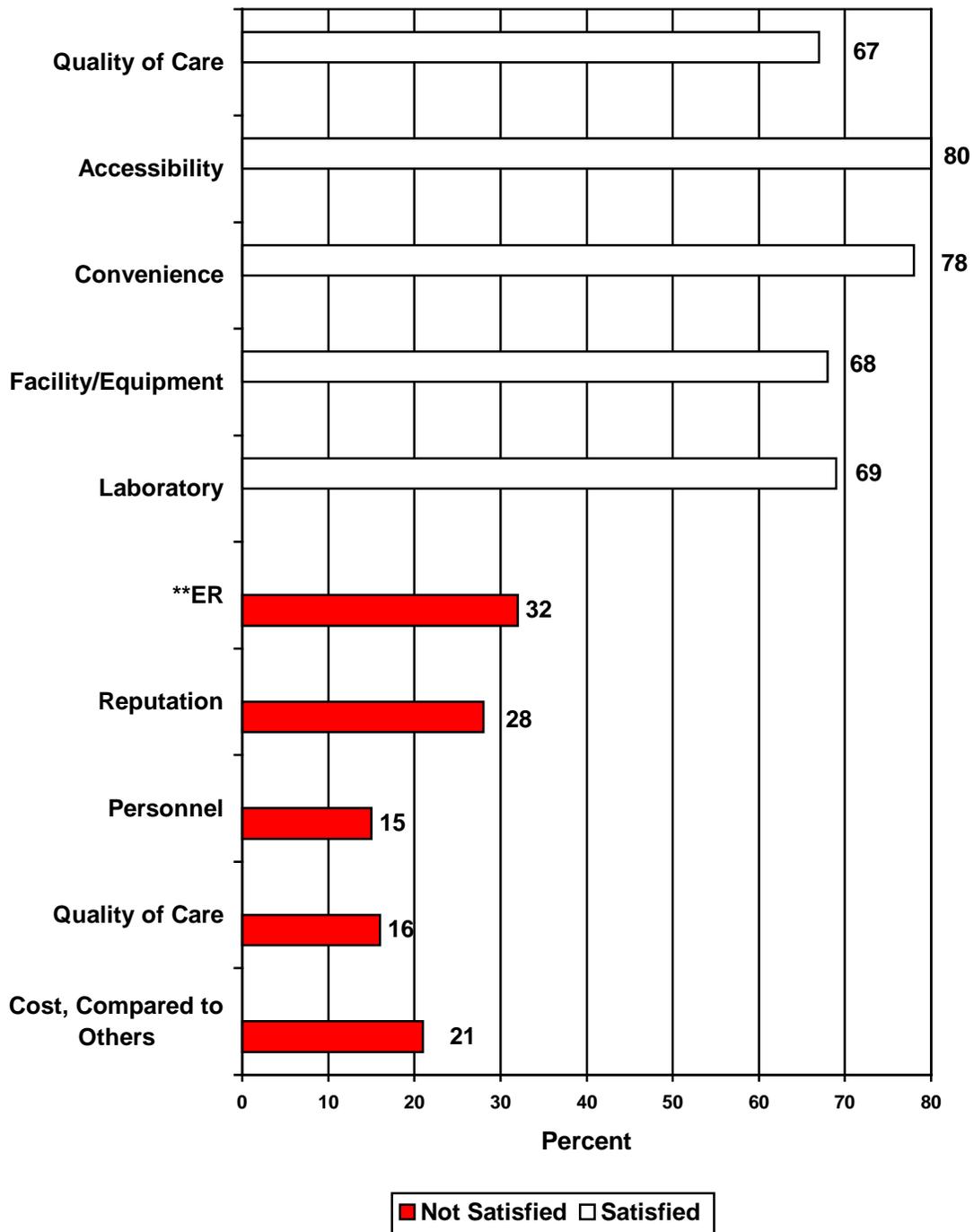


****Only 29% of those surveyed were satisfied w/Health Department’s Community Health Programs.**

- ****When asked, “How satisfied are you with the services and characteristics of the local Health Department?”, the following percentages of respondents answered, “not familiar with local Health Department”:**



- ****The top five “Satisfied” and top five “Not Satisfied” responses were noted when respondents were asked, “How satisfied are you with the services and characteristics of the local hospital(s)?”:**



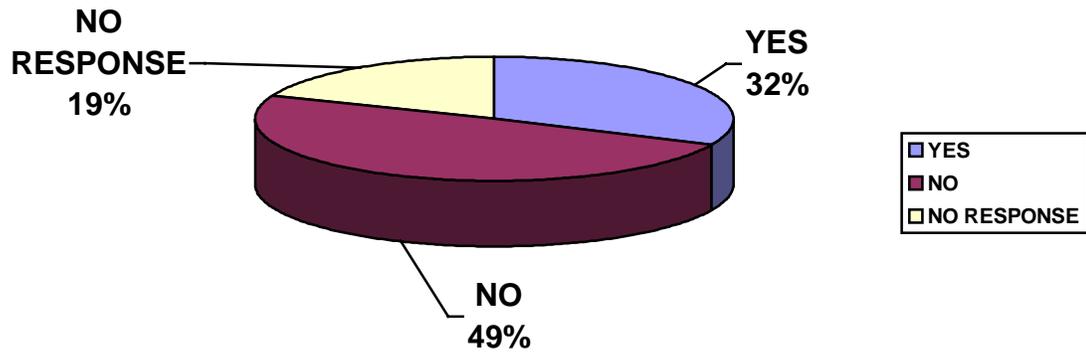
- When asked if they would recommend the local hospital to a friend for the following services, these responses were tallied:

CONDITION	YES	NO	DON'T KNOW	NO RESPONSE
Cut finger	75%	16%	5%	4%
Broken arm	76	15	5	4
Outpatient surgery	64	22	11	3
Inpatient surgery	57	26	14	4
Obstetrical care	50	22	20	8
GYN services	52	23	18	7

- Respondents were asked, "Where would you go if you should need health care services for the following occurrences?". Percentages are shown for all responses.

CONDITION	LOCATION FOR HEALTH SERVICE							
Cut Finger	Athens RMC	39%	Erlanger	0%	Dr's. Office	23%	Walk-in Clinic	2%
	Woods Mem.	15	Memorial	0	Health Dept.	0	Other	7
	Sweetwater	1	Bradley	2	Cleveland	0		
Broken Arm	Athens RMC	43%	Erlanger	0%	Dr's. Office	10%	Walk-in Clinic	0%
	Woods Mem.	20	Memorial	0	Health Dept.	0	Other	8
	Sweetwater	1	Bradley	5	Cleveland	1		
Outpatient Surgery	Athens RMC	40%	Erlanger	1%	Dr's. Office	6%	Walk-in Clinic	0%
	Woods Mem.	17	Memorial	0	Health Dept.	0	Other	11
	Sweetwater	1	Bradley	6	Cleveland	0		
Inpatient Surgery	Athens RMC	37%	Erlanger	1%	Dr's. Office	1%	Walk-in Clinic	0%
	Woods Mem.	17	Memorial	0	Health Dept.	0	Other	19
	Sweetwater	0	Bradley	5	Cleveland	0		
OB Care	Athens RMC	21%	Erlanger	1%	Dr's. Office	15%	Walk-in Clinic	0%
	Woods Mem.	8	Memorial	0	Health Dept.	0	Other	12
	Sweetwater	0	Bradley	5	Cleveland	1		
GYN Services	Athens RMC	18%	Erlanger	1%	Dr's. Office	27%	Walk-in Clinic	0%
	Woods Mem.	6	Memorial	1	Health Dept.	3	Other	10
	Sweetwater	1	Bradley	5	Cleveland	1		
Immunizations	Athens RMC	14%	Erlanger	0%	Dr's. Office	32%	Walk-in Clinic	0%
	Woods Mem.	6	Memorial	0	Health Dept.	26	Other	3
	Sweetwater	1	Bradley	1	Cleveland	0		
Family Planning	Athens RMC	10%	Erlanger	0%	Dr's. Office	15%	Walk-in Clinic	0%
	Woods Mem.	6	Memorial	0	Health Dept.	21	Other	5
	Sweetwater	0	Bradley	1	Cleveland	0		

- The respondents were asked, “Do you think your community is interested in providing tax support for some hospital and health services?”. 49% said, “NO”; 32% said, “YES”; and 19% did not respond.



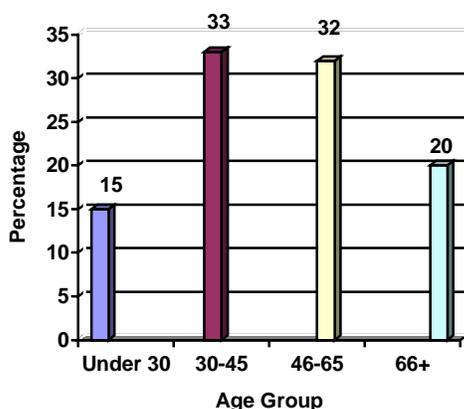
VI. BEHAVIORAL RISK FACTOR SURVEY

The McMinn 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%.

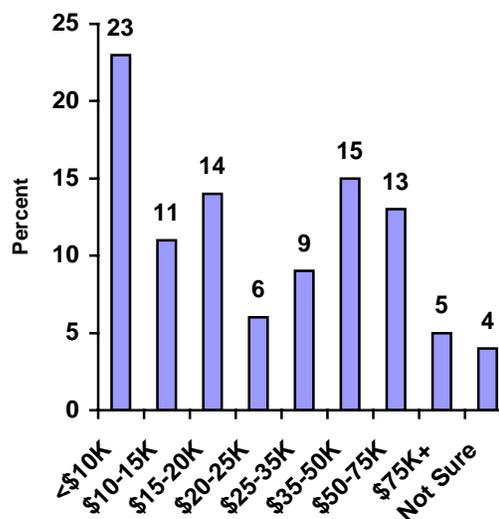
Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of 202 was collected from McMinn County. *Issues recognized as potential problems are in bold and are denoted by an asterisk.*

Behavioral Risk Factor Demographics

- Of the 202 respondents, 97 were male, 105 were female; of those, 63% were married, 10% divorced, 14% widowed, 1% separated, and 11% never married.
- Of those responding, 187 were white, 10 were African-American, 3 were Asian, and 2 other.
- The largest portion of respondents fell within the 30-65 year-old age group.
- Of the respondents, 43% earned their living through wages; 10% were self-employed; 2% were unemployed; 12% said they were homemakers; 3% were students; 23% were retired; and 6% said they were unable to work.
- The household income levels of the respondents breaks down as follows:



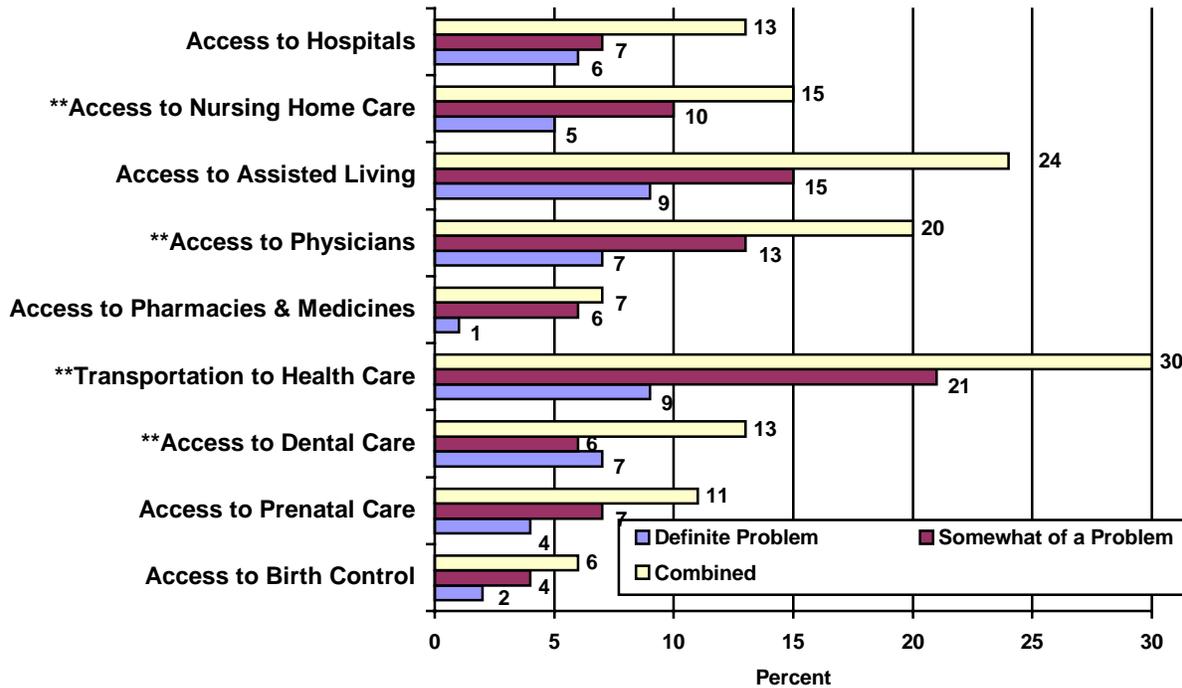
Household Income



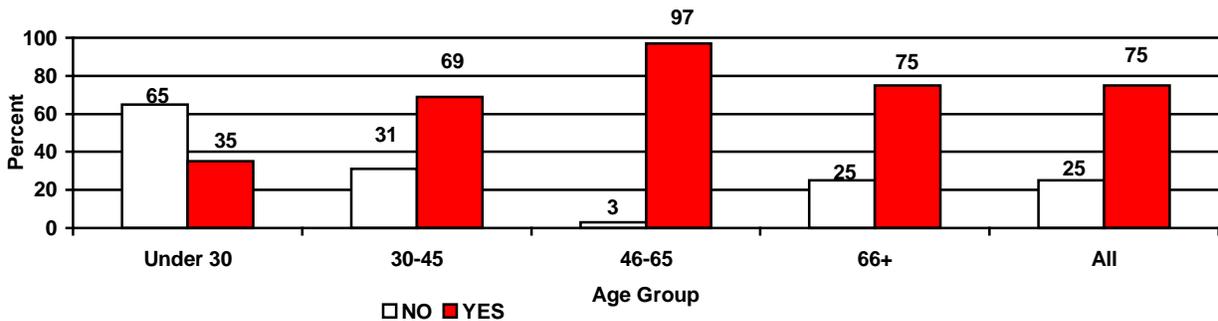
- Approximately 24% of the respondents had less than a high school education; 41% had earned their high school degree; 22% had some college; and 11% were college graduates.

Behavioral Risk Factor Results

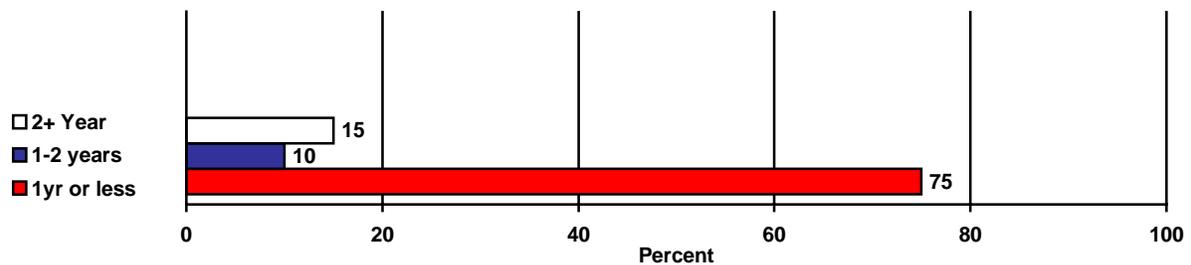
- ****Respondents were asked to say if the following were a definite problem or somewhat of a problem (combined results are also shown):**



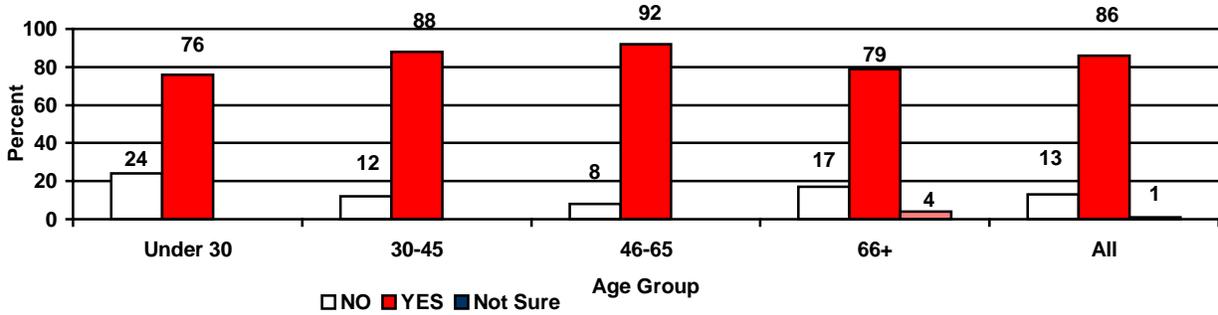
- When asked, "HAVE YOU EVER HAD A MAMMOGRAM?", the following responses were obtained:



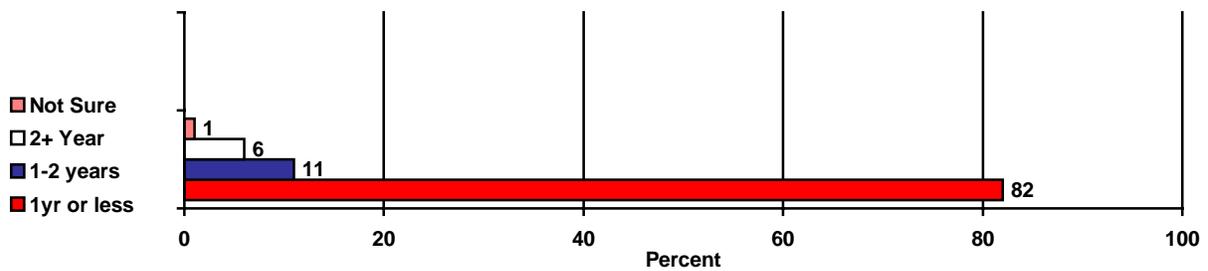
- When respondents that answered "YES" to the above question were asked, "WHEN WAS YOUR LAST MAMMOGRAM?", they responded:



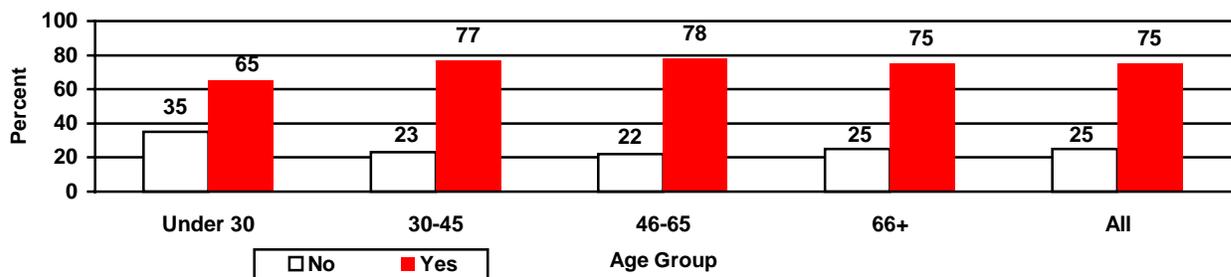
- When asked, “HAVE YOU EVER HAD A CLINICAL BREAST EXAM?”, the following responses were obtained:



- When respondents that answered “YES” to the above question were asked, “WHEN WAS YOUR LAST CLINICAL BREAST EXAM?,” they responded:



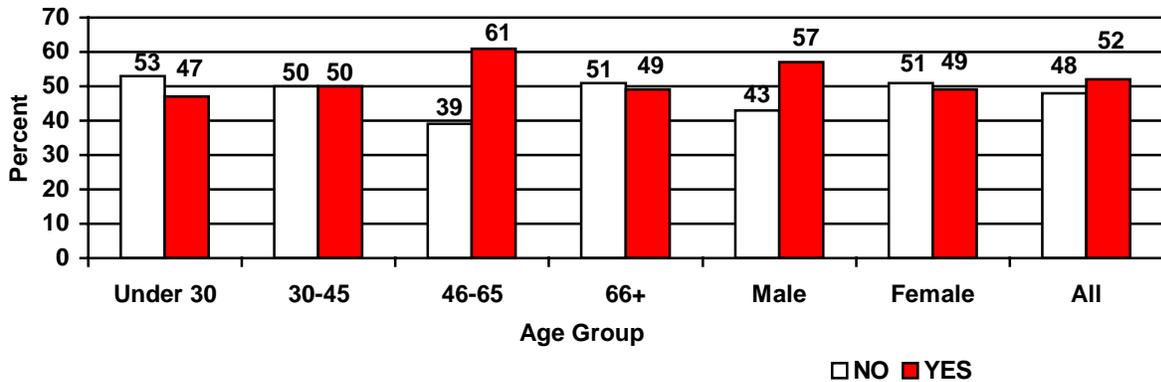
- When asked, “DO YOU PRACTICE BREAST SELF-EXAMINATION?”, the following responses were obtained:



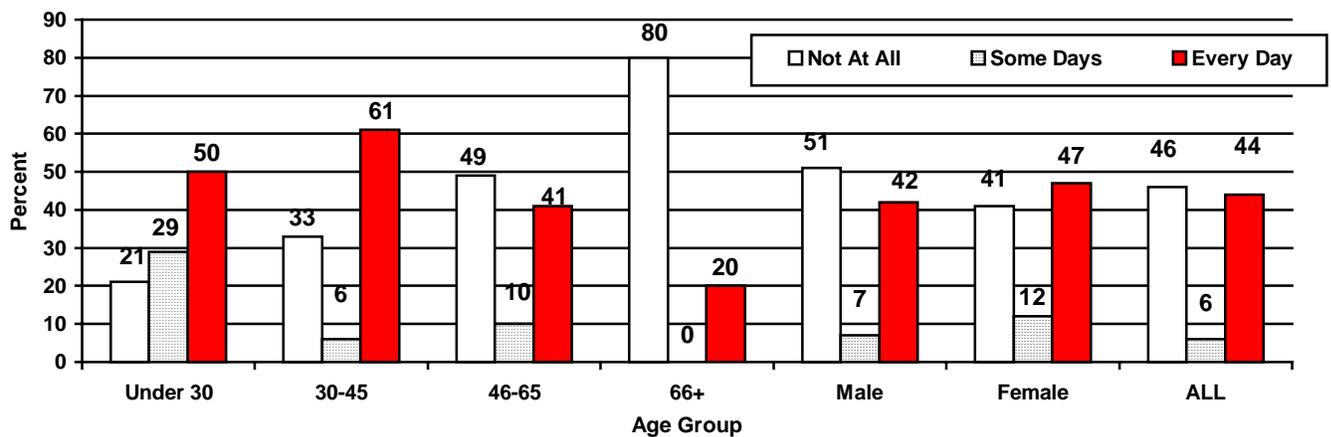
- When asked, “HAVE YOU EVER HAD A PAP SMEAR?”, the following responses were obtained:



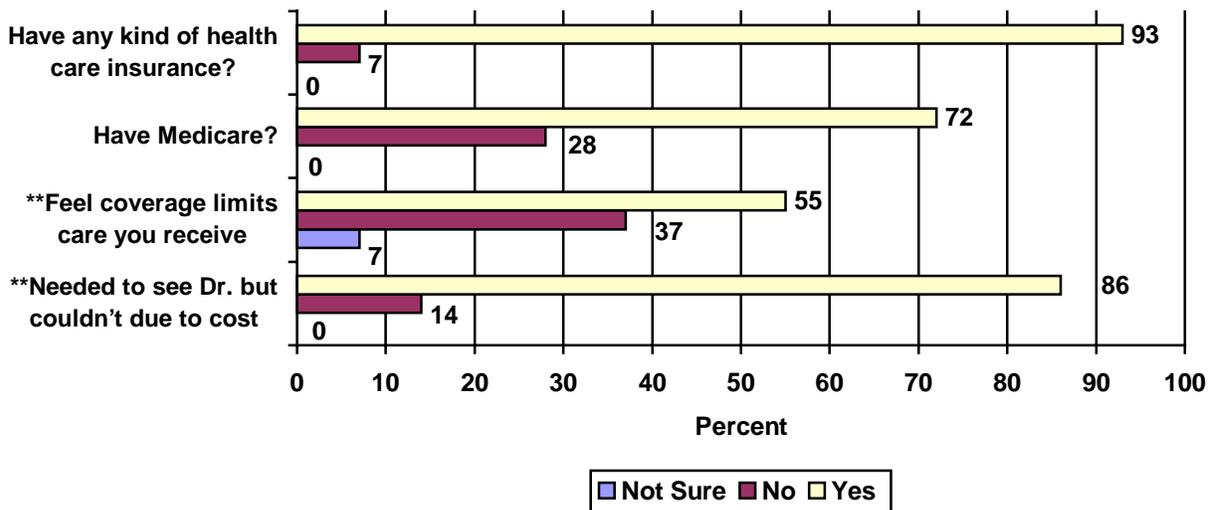
- ****When asked, “HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?”, the following results were noted:**



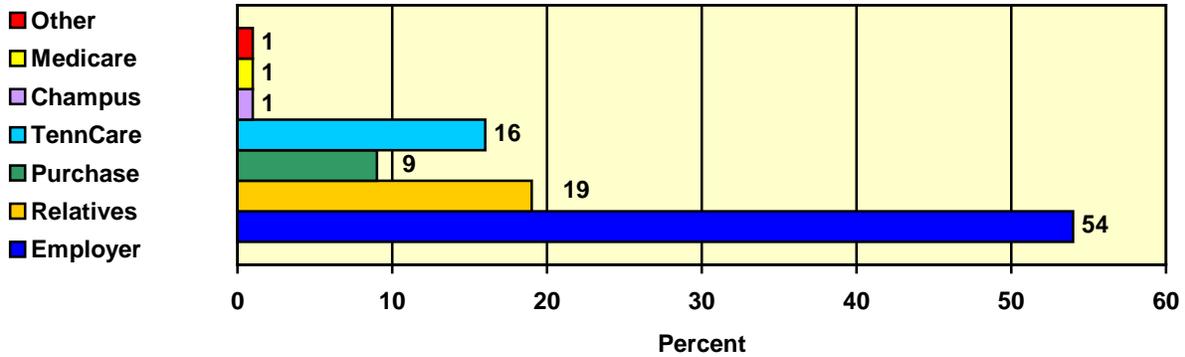
- ****The respondents were asked, “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?”, the results were:**



- ****When asked about their health care coverage, McMinn County residents responded:**

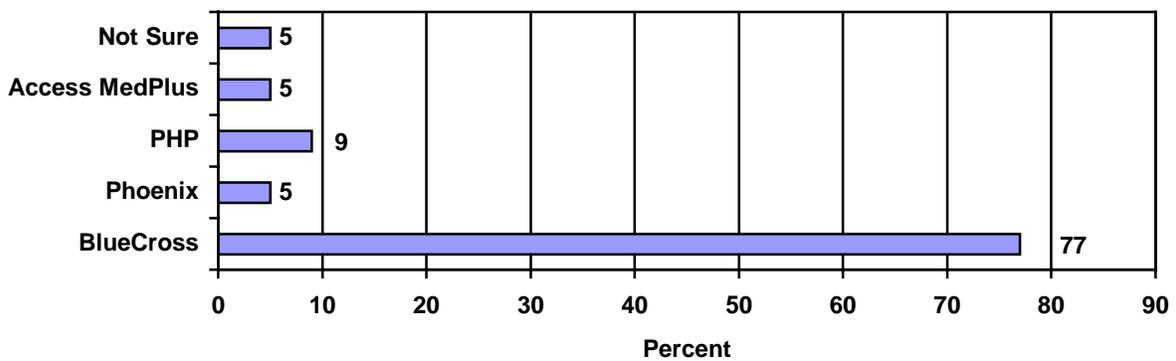


- When asked, “WHAT TYPE OF HEALTH CARE COVERAGE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?”, the following results were obtained:

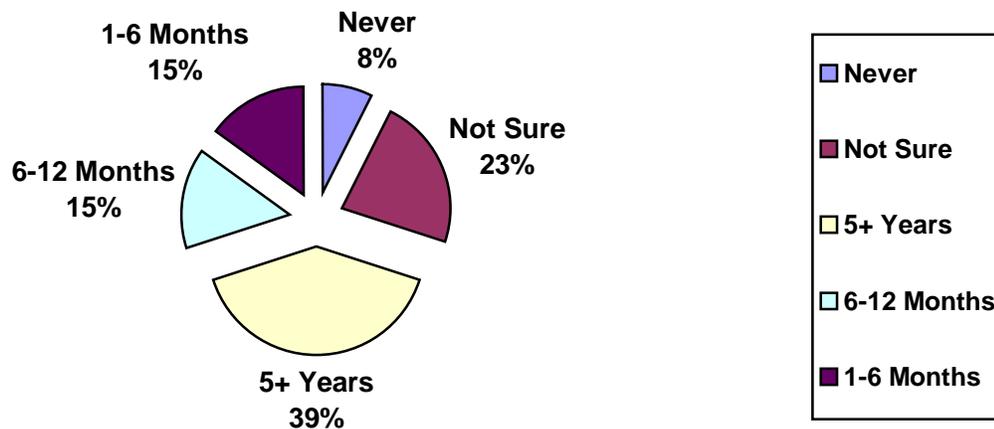


(Other 1%; Medicare 1%; Champus 1%; TennCare 16%; Purchase 9%; Relative’s Employer 19%; Employer 54%)

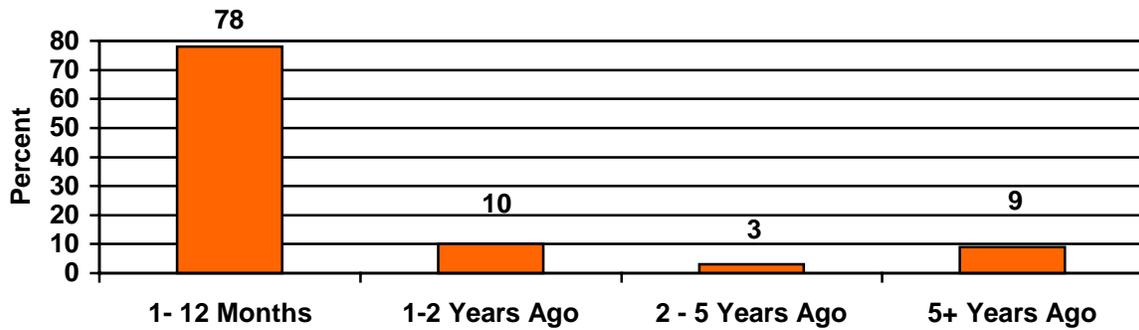
- When asked, “WHICH MCO PROVIDES YOUR TENNCARE COVERAGE?”, the following results were noted:



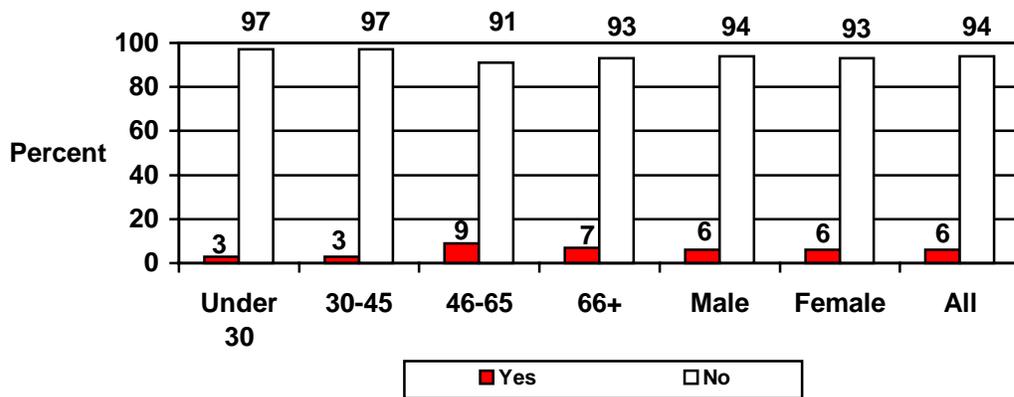
- When the respondents were asked, “HOW LONG SINCE YOU HAD HEALTH CARE COVERAGE?”, the following results were obtained:



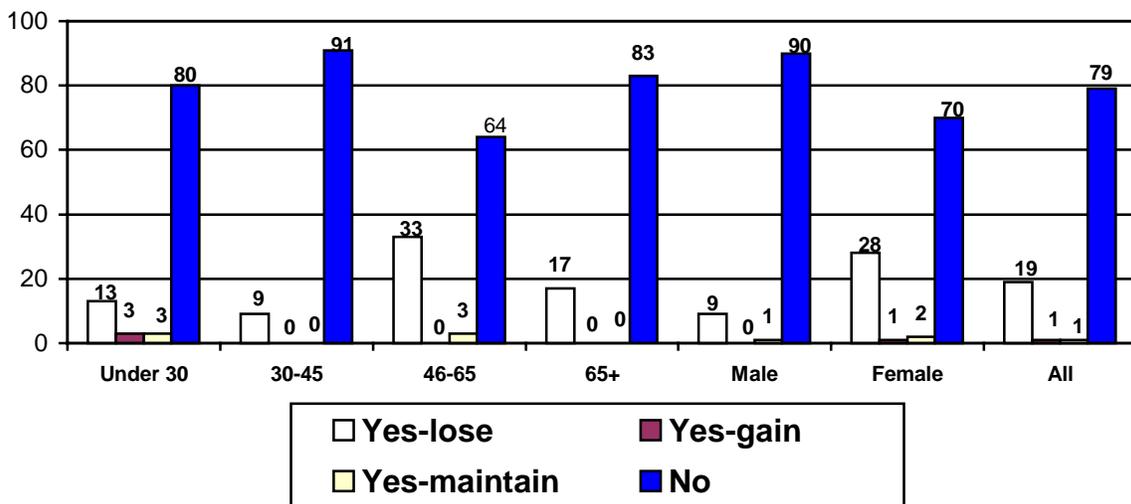
- Respondents were asked, “HOW LONG SINCE YOUR LAST CHECKUP?”. The following results were noted:



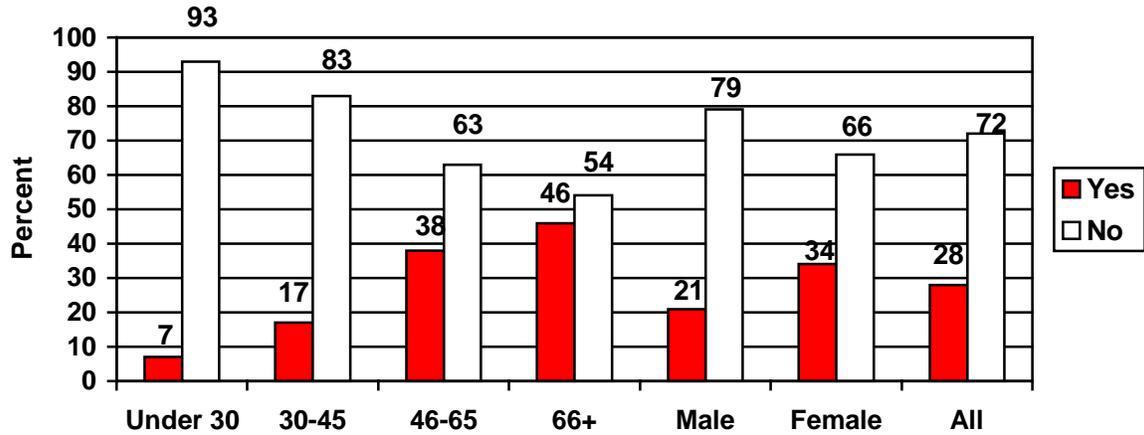
- When asked, “HAVE YOU EVER HAD DIABETES?”, the respondents answered:



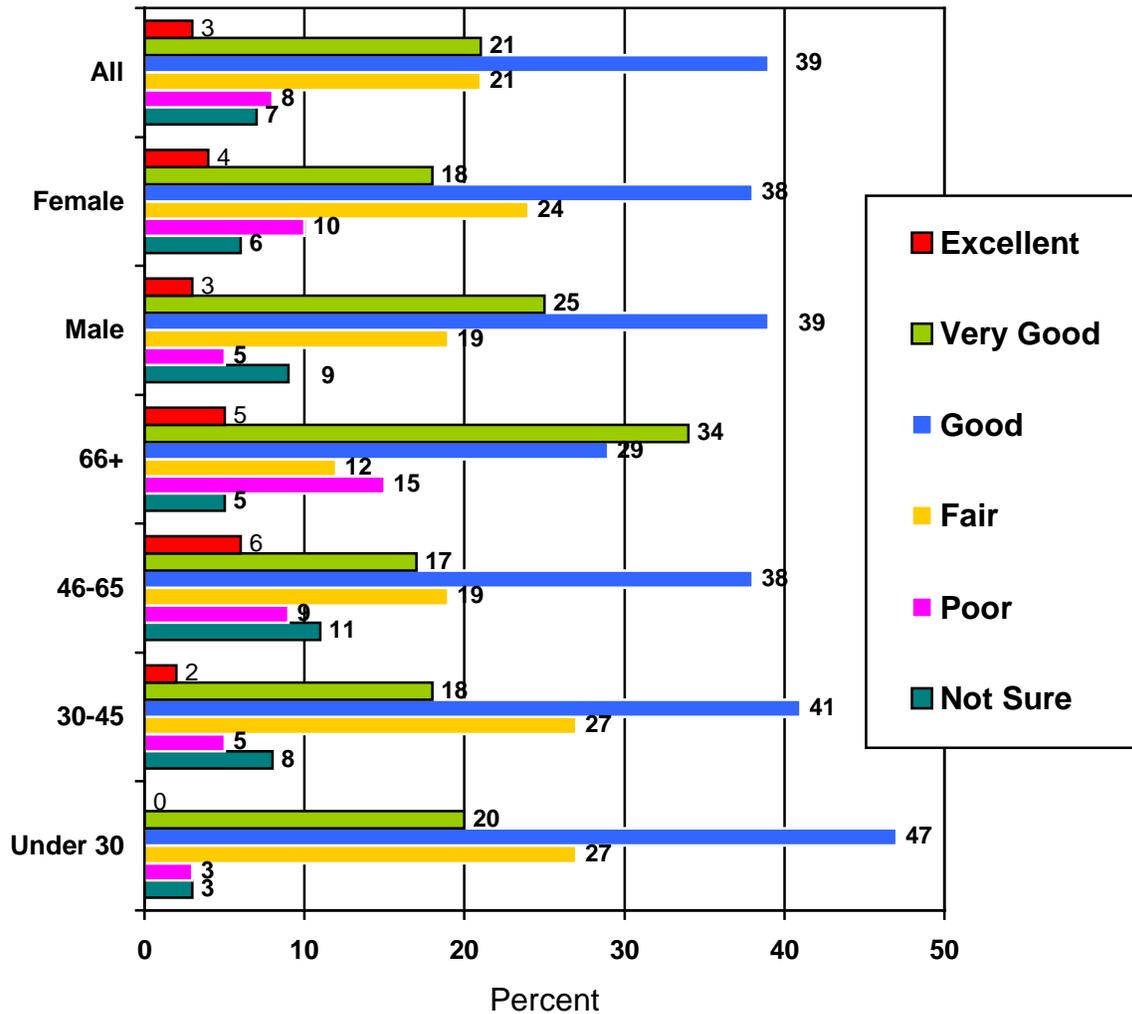
- When asked, “HAVE YOU EVER BEEN GIVEN ADVICE ABOUT WEIGHT?”, McMinn County residents responded:



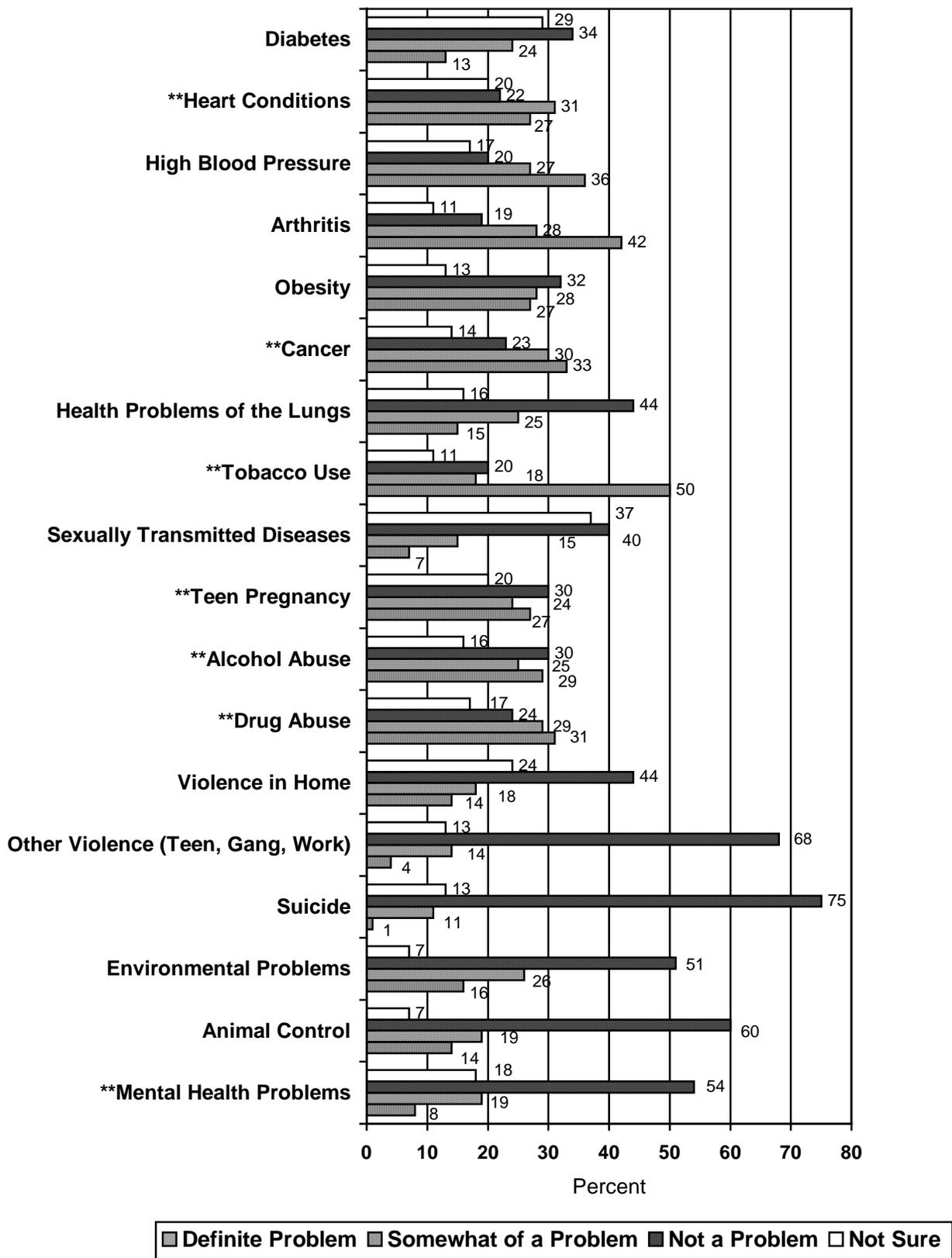
- ****When asked, “HAVE YOU EVER HAD HIGH BLOOD PRESSURE”, the respondents gave the following answers:**



- When asked to rate their overall health, McMinn County residents responded as follows:



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



VII. IDENTIFICATION AND PRIORITIZATION

Upon completion of the data review, the McMinn CHC carefully considered the problems that had been highlighted throughout the process and included the following:

Pregnancy and Birth Data

- Number of Births per 1,000 Females (Ages 15-17) **PAGE 6**
- Number of Pregnancies per 1,000 Females (Ages 15-17) **PAGE 7**
- Number of Live Births 1992-1996 (Ages 10-17) **PAGE 7**
- Percent of Births to Unwed Mothers (Ages 10-44) **PAGE 7**
- Percent of Pregnancies to Unwed Mothers (Ages 10-44) **PAGE 8**
- Number of Previous Pregnancies Occurring to Mothers 1992-1996 (Ages 10-17) **PAGE 8**
- Percent of Births with Low Birth Weight **PAGE 9**
- Percent of Births with Late or No Prenatal Care **PAGE 9**

Mortality Data

- Leading Cause of Death for 25-44 year olds with Mortality Rate per 100,000 Population (Accidents and Adverse Effects) **PAGE 11**
- Leading Cause of Death for 65+ year olds with Mortality Rate per 100,000 Population (Diseases of the Heart) **PAGE 12**
- Female Breast Cancer Mortality Rate per 100,000 Women (Ages 40+) **PAGE 13**
- Cancer Rates for:
 - Genital Organs **PAGE 13**
 - Lip, Oral Cavity, and Pharynx **PAGE 13**
 - Lymph Node and Bone Marrow **PAGE 13**
 - Heart, Lung, and Chest Cavity **PAGE 13**
 - Urinary Organs **PAGE 13**
 - Other Unspecified Sites **PAGE 13**
- Motor Vehicle Accidental Death Rate per 100,000 Population **PAGE 14**

Morbidity Data

- Tuberculosis Disease Rate per 100,000 Population **PAGE 15**

Stakeholder Survey Data

- Availability of Services (Alcohol and Drug Treatment) **PAGE 18**
- Availability of Services (Child Abuse and Neglect) **PAGE 18**
- Availability of Services (Mental Health) **PAGE 18**
- Availability of Services (Senior Day Care) **PAGE 18**
- Accessibility of Physician Care & Physician Services **PAGE 19**
- Not Familiar with the Health Department **PAGE 21**
- Satisfaction with Services and Characteristics of the Local Hospital **PAGE 22**

Behavioral Risk Factor Survey

- Access to Physicians **PAGE 27**
- Transportation to Health Care **PAGE 27**
- Access to Dental Care **PAGE 27**
- Smoking **PAGE 29**
- Feel Coverage Limits Care Received **PAGE 29**
- Ever Given Advice about Weight **PAGE 31**
- High Blood Pressure **PAGE 32**
- Drug Abuse **PAGE 33**
- Alcohol Abuse **PAGE 33**
- Tobacco Use **PAGE 33**
- Health Care Coverage Limits the Care Received **PAGE 33**
- Mental Health Problems **PAGE 33**
- Teen Pregnancy **PAGE 33**
- Cancer **PAGE 33**
- Heart Condition and High Blood Pressure **PAGE 33**

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

McMINN COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness Of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Cancer					
Teen Pregnancy					
Leading Cause of Death for 65+ y.o. Diseases of the Heart					
Substance Abuse					
Accidents & Adverse Effects					
Percent of Births with Low Birthweight					
Availability of Child Abuse and Neglect Services					
Pregnancy to Unwed Mothers					
Health Care Coverage Limits the Care Received					
Mental Health Problems					
Access to Physicians					
Availability of Mental Health Services					
Percent of Births with Late or No Prenatal Care					
Tuberculosis Disease Rate per 100,000 Population					
Transportation to Health Care					
Access to Dental Care					
Satisfaction w/Services and Characteristics of Local Hospital					
Ever Given Advice about Weight					
Not Familiar w/Health Department					
Availability of Senior Day Care Services					

****The Final Rank will be determined by assessing the Total column. The lowest total will be ranked #1 and the highest total will be ranked #20. Should two or more issues yield the same total, final rank will be left up to the council member.**

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

TOTALS

	SCORE	RANK
Cancer	52	1
Teen Pregnancy	74	2
Leading Cause of Death for 65+ y.o. (Diseases of the Heart)	96	3
Substance Abuse	130	4
Accidents and Adverse Effects	132	5
Percent of Births with Low Birthweight	147	6
Availability of Child Abuse and Neglect Services	148	7
Pregnancy to Unwed Mothers	149	8
Health Care Coverage Limits the Care Received	150	9
Mental Health Problems	170	10
Access to Physicians	171	11
Availability of Mental Health Services	175	12
Percent of Births with Late or No Prenatal Care	189	13
Tuberculosis Disease Rate per 100,000 Population	190	14
Transportation to Health Care	203	15
Access to Dental Care	218	16
Satisfaction with Services and Characteristics of Local Hospital	224	17
Ever Given Advice about Weight	228	18
Not Familiar with the Health Department	231	19
Availability of Senior Day Care Services	254	20

After all 20 recognized health issues 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

After reviewing the scores, the council was asked which issues should be addressed. After combining several issues, the McMinn CHC chose the following issues for strategic planning purposes:

1. **CANCER**
2. **TEEN PREGNANCY**
3. **LEADING CAUSE OF DEATH FOR 65+ Y.O. w/MORTALITY RATE PER 100,000 POPULATION (DISEASES OF THE HEART)**
4. **SUBSTANCE ABUSE**
5. **ACCIDENTS AND ADVERSE EFFECTS**

The council will address each issue, one at a time, beginning with #1, Cancer.

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 McMinn CHC 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 McMinn CHC 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 evaluation of each intervention.

The Tennessee Department of Health, Southeast Regional Assessment and Planning staff, would like to thank the McMinn 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 McMinn County.

If you would like more information about the health council or would like to join the council in their efforts to positively affect the above issues, please call (423) 634-3124 and ask to speak with someone from Assessment and Planning.

This report is also available on the *World Wide Web*, thanks to a joint effort of the Tennessee Department of Health and The University of Tennessee at: *server.to/hit*, under the reports heading.