
Meigs County

Community Diagnosis Volume I: Health Status Report



Meigs County Health Council

and

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

TABLE OF CONTENTS

Introduction	2
I. History	4
II. Mission Statement	4
III. Selected Demographic Data	4
IV. Secondary Data	6
V. Stakeholder Survey	12
VI. Behavioral Risk Factor Survey	16
VII. Identification and Prioritization	24
VIII. Final Prioritized Issues	27
IX. Closing	27
X. Updated Data Review	Attachment 1

MEIGS COUNTY HEALTH COUNCIL

June Gott

Chairperson, Meigs County Health
Department

Garland Lankford

Vice-Chair, Retired

Susan Barnett

Teen Learning Center

David Brown, DDS

Retired

Ruth Culvahouse

Retired

Christopher Gott

Hamilton County Juvenile Court

Teresa Grant

Hope Center

Duane Johns

Meigs County Department of Human Services

Jim Mercer

Meigs County Chancery Court Clerk

Steve Miller

Meigs County Bank

Wanda Morrow

Rev. Michael Ogle, Sr.

Decatur United Methodist Church

Christine Plank

Athens Regional Medical Center

R. Shane Roberts, MD

Family Practice Physician

Manvesh Sinha, MD

Meigs County Primary Care Center

Don Thompson

Meigs County Emergency Medical Services

Charles Turner

Facilitator, Tennessee Department of Health

INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Meigs County Health Council (Meigs CHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in 1997, the Community Diagnosis Process has enabled Meigs 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 Meigs 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 Meigs 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 207 Meigs County residents and is to be representative of the entire county. Meigs 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 Meigs 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 1983, so that the council was able to look for trends in the data. The Meigs CHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Meigs 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 Meigs 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 Meigs 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 Meigs CHC will develop intervention strategies and resources from both public and private sources. The Meigs 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 Meigs 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 Meigs County
- Serves health planning and advocacy needs in Meigs County; Meigs County leaders and the Meigs County Health Department will ensure that documented community health issues are addressed

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

I. HISTORY

The Meigs County Health Council was established in 1994 to address the health needs of Meigs County residents and oversee the health status of Meigs 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 dental and eye clinics for the indigent, free health screenings, and other special projects for the population of Meigs County. All of these efforts have been successful. Begun in 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 Meigs 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: 2,996

	Meigs County	Southeast Region	State
Percent of households that are family households	77.9	77.1	72.7
Percent of households that are headed by a female with non husband present	8.7	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.4	5.3	6.9
Percent of households with the householder 65 and up	20.9	22.7	21.8

EDUCATION

	Meigs County	Southeast Region	State
Number of persons age 25 and older	5,185	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	52.7	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	6.6	9.7	16.0

EMPLOYMENT

	Meigs County	Southeast Region	State
Number of persons 16 and older	6,275	198,393	3,799,725
Percent in work force	58.8	61.5	64.0
Number of persons 16 and older in civilian work force	3,685	121,844	2,405,077
Percent unemployed	6.9	6.9	6.4
Number of females 16 years and older with own children under 6	376	14,022	287,675
Percent in labor force	47.9	59.6	62.9

POVERTY STATUS

	Meigs County	Southeast Region	State
Per capita income in 1989	\$9,237	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	22.3	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	25.8	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	29.5	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 Meigs 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. Meigs 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 Meigs County Health Council.

Meigs County Pregnancy And Birth Experience

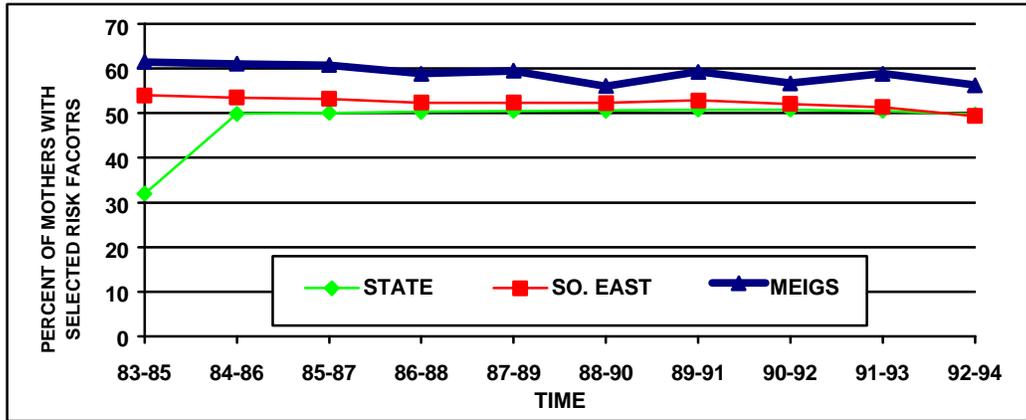
- **Number of Births Per 1,000 Females Ages 10-44** - The Meigs County trend has increased. Traditionally, the trend is lower than the State and the Southeast Region. Women of child-bearing age in Meigs County give birth to approximately 100 babies each year (46.6 per 1,000 females ages 10-44).
- **Percentage of Births to Unwed Mothers Ages 10-44** - While the Meigs County trend has increased, so has that of the Southeast Region and the State. Traditionally, the trend is lower than the State and the Southeast Region. However, the Meigs County trend surpassed the Southeast Region in 1990. Annually, 20% of Meigs County births occur to unwed mothers.
- **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. Traditionally, Meigs 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 Meigs County trend is decreasing and is lower than the Southeast Region and state. In Meigs County approximately 72% of all abortions occurred to unwed females compared to approximately 75% for the Southeast Region and State.
- **Number of Fetal Deaths Per 1,000 Live Births to Females Ages 10-44** - The Meigs County rate is decreasing and is lower than the Southeast Regional and State.
- **Percentage of Fetal Deaths to Unwed Females Ages 10-44** - Meigs County has had no reported fetal deaths to unwed females age 10-44 since 1986.
- **Number of Pregnancies Per 1,000- Females Ages 10-44** - The Meigs County trend has remained stable. Traditionally, the trend is lower than the State and equal to the Southeast Region. Annually, approximately 5.5% (55 per 1,000) of Meigs County female residents 10-44 become pregnant.
- **Percentage of Pregnancies to Unwed Mothers Ages 10-44** - The Meigs County trend has increased, but remains lower than the State and equal to the Southeast Region. The age group with the highest percentage increase is 25-29 year olds with a 181% increase follow by 30-34 year olds with 68.2% increase over the twelve-year trend. In the 1992-1994 three year trend cycle roughly 32% of all Meigs County pregnancies occur to unwed mothers.

AGE GROUP	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
30-34	12.95	11.8	13.3	17.6	17.2	12.5	3.7	6.3	15.2	21.7	68.2

- **Percentage of Births Considered Low Birthweight** - In 92-94 the Meigs county trend was 4.6% . The county trend is decreasing and is lower than the Southeast Region, State and National Year 2000 objective (5%). Females age 30-34 had the highest percent of births classified as low birth weight.

AGE GROUP	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
30-34	4	3.3	4	6.7	8	6.5	3.7	9.7	6.5	7.1	77.5

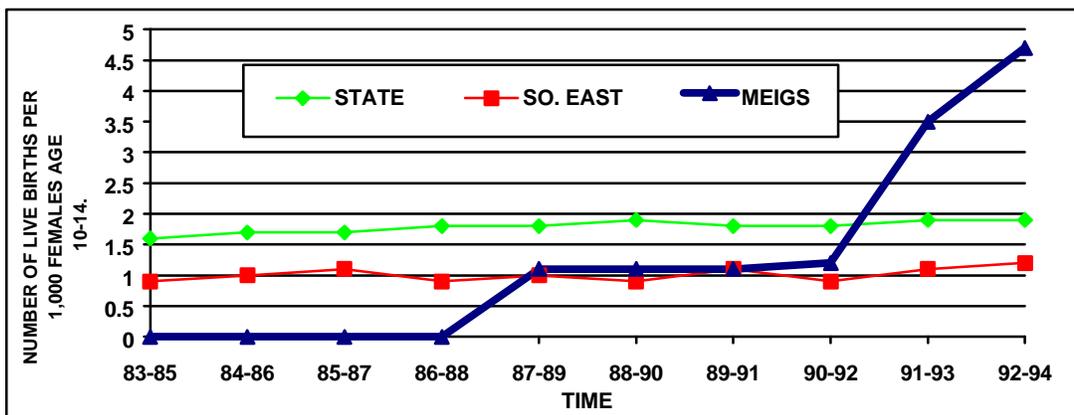
- **Percent of Births with One or More Risk Factors, Mothers Ages 10-44** - *Risks include: Mother with less than a high school education; four or more previous live births; a previous termination; a previous live birth now dead; or a previous live birth within the last twenty-four months. The Meigs County trend has decreased but remains higher than the Southeast Region and the State. Having less than a high school education is the leading risk factor.



AGE GROUP	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
10-44	61.5	61.1	60.8	58.9	59.5	56.1	59.3	56.7	58.9	56.3	-8.5

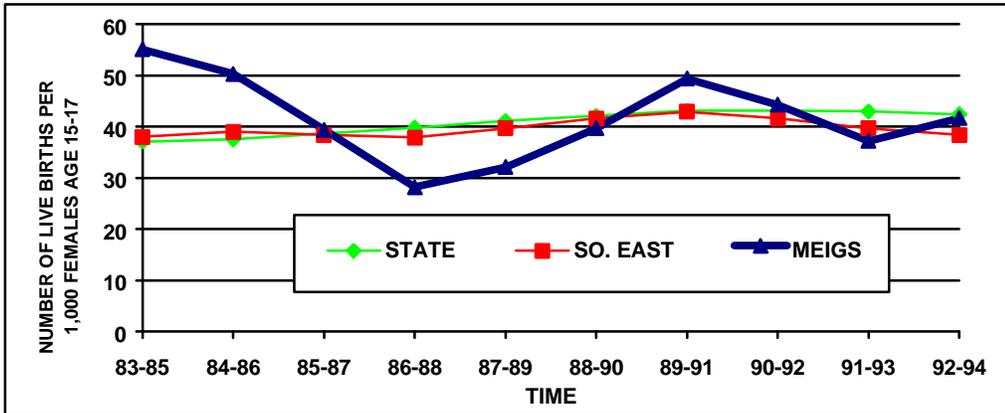
- **Teenage Pregnancy Rate (Number of Pregnancies Per 1,000 Females Ages 10-17)** - The trend in Meigs County has continued to decrease. The trend is equal to the Southeast Region and lower than the State. Annually, about 2% (20 per 1,000) of females ages 10-17 become pregnant in the county.

- **Teen Birth Rate (Number of Live Births Per 1,000 Females Ages 10-14)** - The Meigs County trend is increasing and is higher than the Southeast Region and State.



AGE GROUP	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
10-14	0	0	0	0	1.1	1.1	1.1	1.2	3.5	4.7	

- **Teen Birth Rate (Number of Live Births Per 1,000 Females Ages 15-17)** - The Meigs County trend has decreased but remains relatively high, is higher than the Southeast Region and equal with the State.



AGE GROUP	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
15-17	55.1	50.3	39.4	28.2	32.1	39.7	49.4	44.3	37.2	41.7	-24.3

- **Number of Live Births According to Mother's Age (10-17), 1990-1994** - The number of births to teenagers age 10-17 has fluctuated as indicated below. However, the numbers increased from 9 births in 1990 to 13 births in 1994.

BIRTHS	1990	1991	1992	1993	1994
13 YEARS OLD	0	0	0	2	0
14 YEARS OLD	0	0	1	0	1
15 YEARS OLD	1	3	1	1	1
16 YEARS OLD	4	3	2	2	3
17 YEARS OLD	4	4	1	2	8
TOTAL	9	10	5	7	13

- **Number of Previous Pregnancies Occurring to Teenage Mothers (Ages 10-17)** - From 1990 to 1994, a high percentage (11%) of Meigs County teenage mothers had previously been pregnant.

BIRTHS	1990	1991	1992	1993	1994
NEVER PREGNANT	8	8	5	7	11
1 PREV. PREGNANCY	1	2	0	0	1
2 PREV. PREGNANCIES	0	0	0	0	1
TOTAL	9	10	5	7	13

Meigs County Mortality Experience

- **Number of Infant Deaths Per 1,000 Live Births** - Meigs County's twelve-year trend is unstable due to small numbers. The rate has decreased 39.6% over the twelve year trend but has recently move above the Southeast Region and the State with a rate of 9.9 per 1,000 live births. Annually, county residents give birth to about 100 babies each year of which an average of 1 will not live through their first year. The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- **Number of Neonatal Deaths Per 1,000 Live Births** - The trend is unstable due to small numbers, Meigs

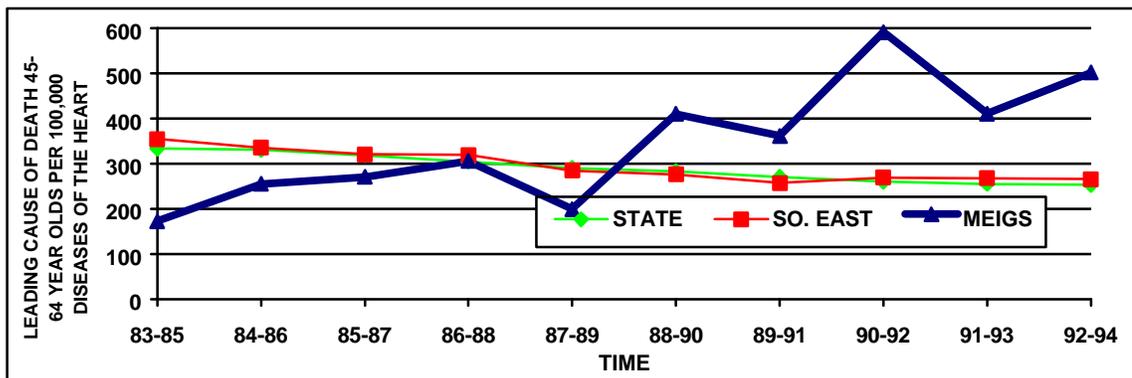
County's rate of neonatal deaths is lower than the Southeast Region and the State. The rate has decreased 66.7% over the twelve year trend period.

- **Number of Post-neonatal Deaths Per 1,000 Live Births** - The trend is unstable due to small numbers, Meigs County's rate of post-neonatal deaths is higher than the Southeast Region and the State. The trend period began at a rate of 6.6 per 1,000 live births and ended with a rate of 6.6.

- **Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population** - Meigs county had no reported deaths in the 1-4 year old age group during the twelve year period 1983-1994.
- **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 malignant neoplasms. The Meigs County trend appears, at first observation, to have significantly increased beginning in the 1989-1991 trend period. Further investigation revealed a single death in 1992 causing the trend to increase. This is a characteristic related to the small population as it relates to a rate per 100,000 population.
- **Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for the 15-24 year old age group was accidents and adverse affects. Meigs County's trend is higher than that of the Southeast Region and the State. Further examination into the problem revealed on average one person per year is killed due to accidents and adverse effects in this age group.
- **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, Meigs County's trend is slightly unstable due to small numbers. The trend is decreasing but is higher than the State and the Southeast Region. On average two to three people in this age group die due to accidents and adverse effects. However, the rate for deaths attributed to malignant neoplasms increased during the twelve year period from a rate of zero deaths in 83-85 to a rate of 68/100,000 in 92-94. Further, from 1983 to 1994, there was a 185.3% increase in the number of deaths attributed to diseases of the heart. On average, one or two deaths occur each year from both diseases of the heart and malignant neoplasms. The important note here is the trend with diseases of the heart and malignant neoplasm throughout the remaining life cycles.

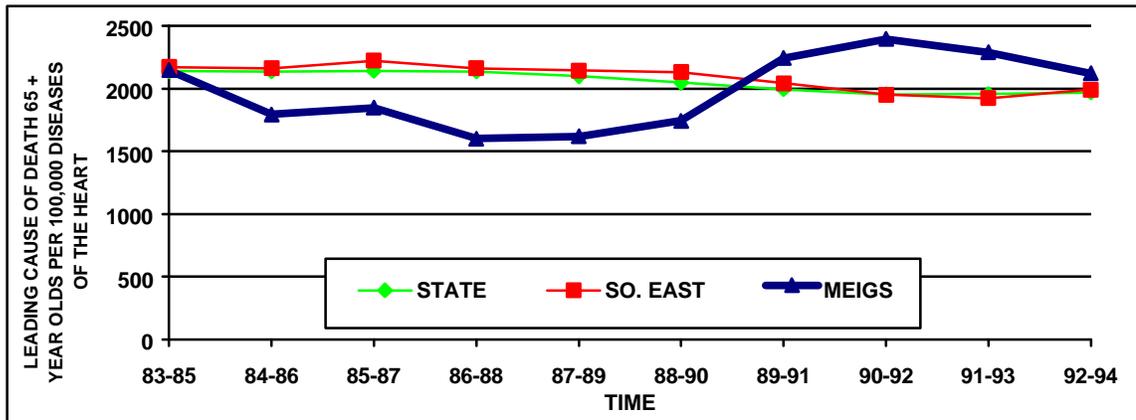
CAUSE	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
Malignant Neoplasms	0.0	14.1	28.0	41.6	41.3	27.3	27.2	27.2	40.8	68.0	-0-
Disease of the Heart	14.3	14.1	28.0	41.6	41.3	27.3	13.6	0.0	27.2	40.8	185.3

- **Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population** - The leading cause of death for the 45-64 year old age group is diseases of the heart. The Meigs County trend is increasing and is higher than the State and Southeast Region. This rate has been consistently higher since 1988. On average one to ten deaths occur annually among this age group due to diseases of the heart.



CAUSE	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
Malignant Neoplasms	259.7	212.2	313.2	306.4	299.6	175.9	133.3	203.4	268.2	277.2	6.7
Bronchitis, Chronic, Unspec.	21.6	42.6	41.8	40.8	20.0	58.6	95.2	110.9	71.5	52.0	140.7

- Leading Cause of Death for 65+ Year Olds With Morality Rates Per 100,000 Population - The** leading cause of death for the 65+ year old age group was diseases of the heart. The Meigs County rate is decreasing but has remained higher than the State and the Southeast Region since 1989. Deaths due to diseases of the heart average thirty-five per year.



CAUSE	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
Malignant Neoplasms	826.1	996.8	808.6	930.8	1008.3	1291.0	1257.6	1097.8	882.9	964.6	16.8
Bronchitis, Chronic, Unspec.	165.2	199.4	154.0	186.2	216.1	244.2	237.9	232.9	228.9	321.5	94.67
Pneumonia & Influenza.	123.9	159.5	192.5	223.4	216.1	244.2	271.9	332.7	294.3	257.2	107.6

- White Male Age-Adjusted Mortality Rate Per 100,000 Population** - The Meigs County trend is historically higher than the State and the Southeast Region. The trend increased 27.6% over the twelve year trend cycle from a three year average rate of 655.1/100,000 in 1983-1985 to a three year average rate of 836.2/100,000 in 1992-1994.
- Other Races Female Age-Adjusted Mortality Rate Per 100,000 Population** - The Meigs County trend decreased 65.1% over the twelve year trend cycle and is characterized as unstable. Historically, the trend has been higher than the State and the Southeast Region but decreased during the three year period 1992-1994 to a rate of 276.9/100,000 a rate below the State and Southeast Region.
- Other Races Male Age-Adjusted Mortality Rate Per 100,000 Population** - The Meigs County trend increased 22.8% over the twelve year trend cycle but remains lower than the State and the Southeast Region. The trend is characterized as unstable due to the small population.
- Female Breast Cancer Mortality Rate Per 100,000 Women Ages 40+** - The Meigs County trend increased 17.5% over the twelve year trend cycle from a three year average rate of 45.6/100,000 in 1983-1995 to 53.6/100,000 in 1992-1994. The trend, however remains lower than the State and the Southeast Region.
- White Female Age-Adjusted Mortality Rate Per 100,000 Population** - The Meigs County trend increased 44.3% over the twelve year trend cycle and is higher than the State and the Southeast Region. The three year average rate increased from 350.1/100,000 in 1983-1985 to a rate of 505.3/100,000 in 1992-1994.
- Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Meigs County trend is unstable moving from three year average trend rates similar to the State and Southeast Region to rates below both then back up ending the twelve year trend with rates higher than the State and the Southeast Region. The trend has just recently started to show a decrease. However, the 1992-1994 three-year average rate of 36.6/100,000 is higher than the national "Year 2000 Objective" of 16.8/100,000.

- **Non-Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Meigs County trend decreased 62.8% over the twelve year trend period. The trend started with a three year average rate of 21.8/100,000 in 1983-1985 decreasing to 8.1/100,000 in 1992-1994, a rate below the State and the Southeast Region.

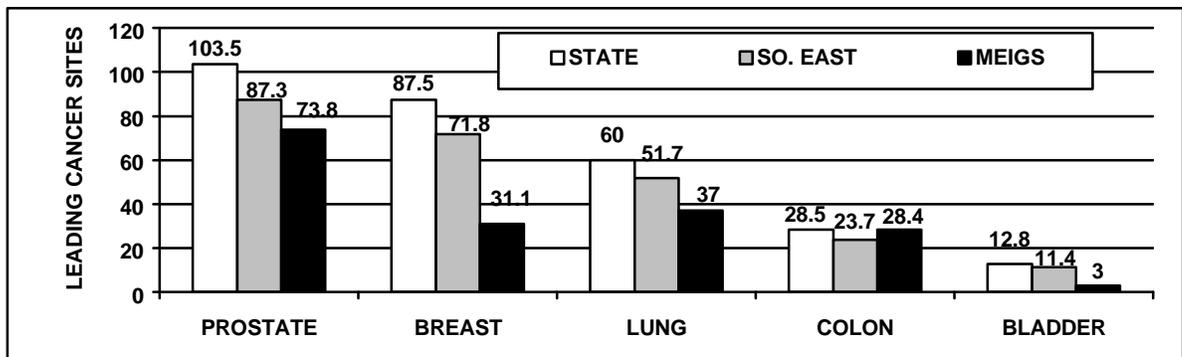
- **Violent Death Rates Per 100,000 Population** - The Meigs County trend decreased 53.4% over the twelve year trend period. The trend started with a three year average rate of 17.4/100,000 in 1983-1985 ending with a three year average rate of 8.1/100,000 in 1992-1994, a rate below the State and the Southeast Region.

Meigs Morbidity Experience

- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, Meigs County has had no reported cases of Syphilis.
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - Since 1987, Meigs County’s trend has decreased steadily. The county rate has remained lower than the State and has recently dropped below the Southeast Region’s rate. The 1987-1989 three-year average rate was 38/100,000 and the 1992-1994 three-year average rate was 28.7.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, Meigs County’s rate decreased 92.2%. The 1987-1989 three-year average rate was 52.3/100,000 and the 1992-1994 three-year average rate was 4.1. The county’s rates are lower than the Southeast Region (48.7) and dramatically lower than the State (309.3), and the national “Year 2000 Objective” (100).
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population)** - Meigs County’s
- **Leading Cancer Sites 1990-1992** - The leading cancer site in Meigs County is in the prostate. The rates for colon cancer is equal with the State but slightly higher than the Southeast Region. The other cancer site rates are lower than the State and Southeast Region.

rates are unstable but are currently lower than the Southeast Region and the State. Throughout the twelve year time frame the rate has decreased 100% from a three year average rate of 13.1/100,000 in 1983-1994 to 0 in 1992-1994 and is now lower than the national “Year 2000 Objective” of 3.5.

- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population)** - The Meigs County trend has decreased and is lower than the State and Southeast Region .
- **Cancer Incidence Rates Per 100,000 Population (ALL Sites) 1990-1992** - The Meigs County rate of 296.3/100,000 is lower than the State rate of 380.3 and the Southeast Region rate of 331.5. Approximately, 26 cases of cancer are identified in Meigs County each year.



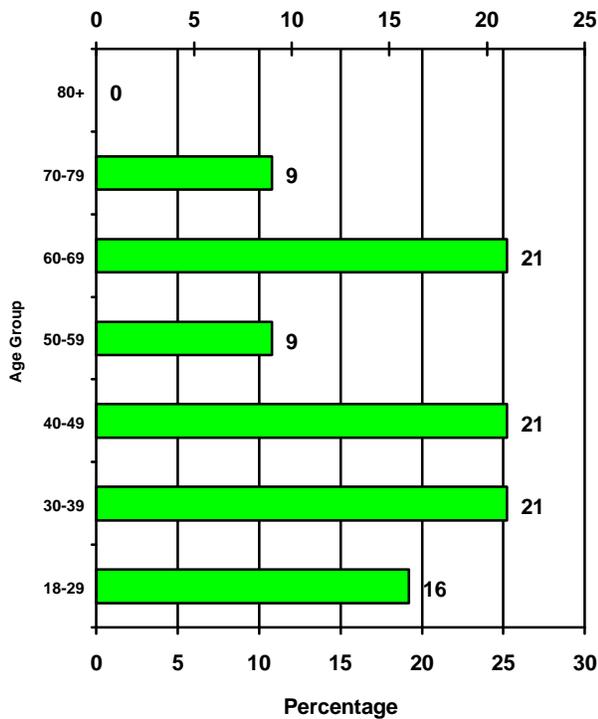
CANCER SITE	PROSTATE	BREAST	LUNG	COLON	BLADDER
STATE	103.5	87.5	60.0	28.5	12.8
SOUTHEAST	87.3	71.8	51.7	23.7	11.4
MEIGS	73.9	31.1	37	28.4	3

V. STAKEHOLDER SURVEY

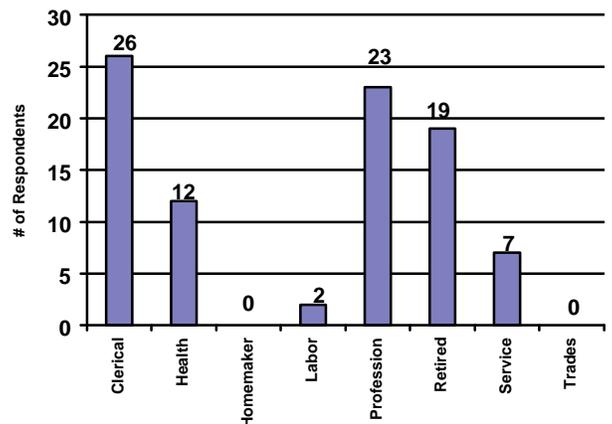
The Meigs County Stakeholder Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services. The survey includes questions about the adequacy, accessibility, and level or satisfaction of health care services in the community. Members of the Meigs County Health Council 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 43 respondents to the Meigs County Stakeholder Survey. *Several of the issues recognized as potential problems arose directly from the Stakeholder Survey, those issues are denoted by an asterix.*

Stakeholder Demographics

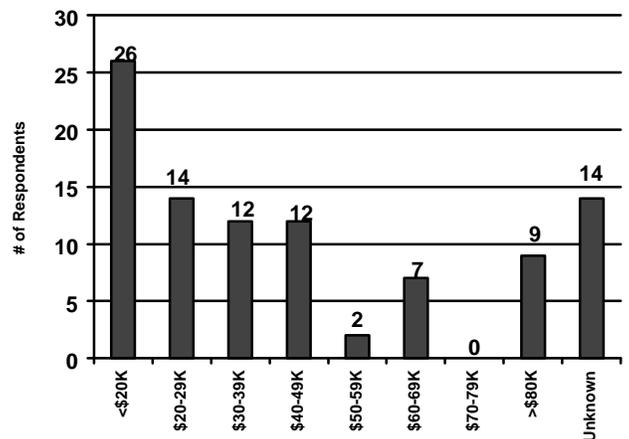
- 35 females (81%) and 6 males (14%) responded to the Stakeholder Survey. 2 (5%) of the respondents did not answer this question. 77% of the respondents were married, 7% divorced, 12% widowed and 2% never married.
- A majority (74%) of respondents have been long-time (10+ years) residents.
- The most represented age groups were 30-39, 40-49, and 60-69.



- A majority of respondents held professional jobs, clerical jobs or were retired. 12% were health care workers.



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



- Of all respondents, 98% were White, and 2% did not respond.

Stakeholder Opinions

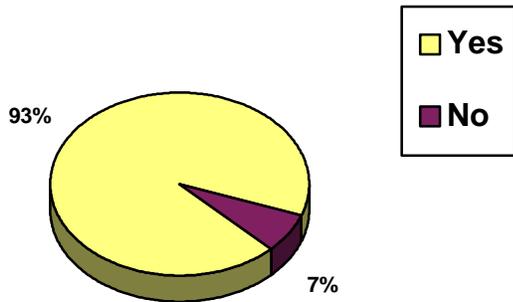
- ****When asked, “WHAT, IN YOUR OPINION, ARE THE MOST IMPORTANT PROBLEMS FACING OUR COMMUNITY HEALTH SERVICES?,” the following results were obtained:**

PROBLEMS	Freq.	Percent	Cum.
Lack of Health Care	29	34%	34%
Lack of EMS	19	22%	56%
Health Conditions	10	12%	68%
Health Promotions	5	6%	74%
Lack of Exercise			
Program/Facilities	5	6%	80%
Habits/Addictions	4	5%	85%
Teen/Youth Issues	4	5%	90%
Other	9	10%	100.0%
TOTAL	85	100.0%	100.0%

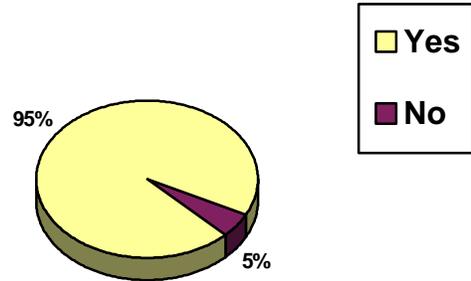
- When asked, “TO WHICH HOSPITAL DOES YOUR PRIMARY CARE PHYSICIAN REFER PATIENTS?,” a majority of respondents listed Athens Regional Medical Center.

HOSPITAL	Freq.	Percent	Cum.
Athens Regional	27	63%	63%
Erlanger Med. Center	2	5%	68%
Memorial Hospital	2	5%	73%
Bradley Memorial	5	11%	84%
Sweet Water	1	2%	86%
Other	2	5%	91%
No Response	4	9%	100.0%
TOTAL	43	100.0%	100.0%

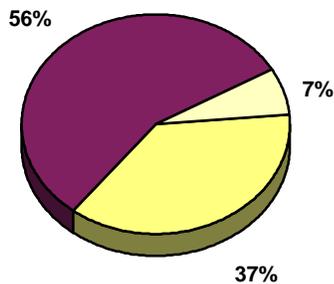
- When asked, “DO YOU HAVE A PERSONAL HEALTH CARE PROVIDER?” a majority of respondents answered “yes.”



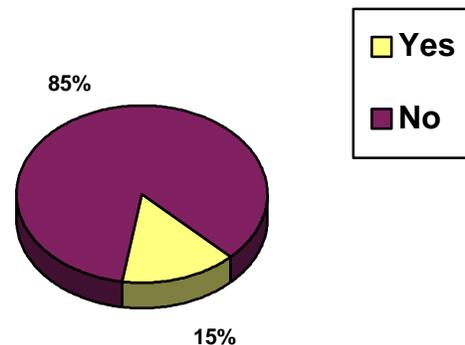
- When asked, “DO YOU HAVE HEALTH INSURANCE?” a majority of respondents answered “yes.”



- When asked, “DOES HE/SHE PRACTICE IN THIS COUNTY?,” a majority of respondents answered “no.”

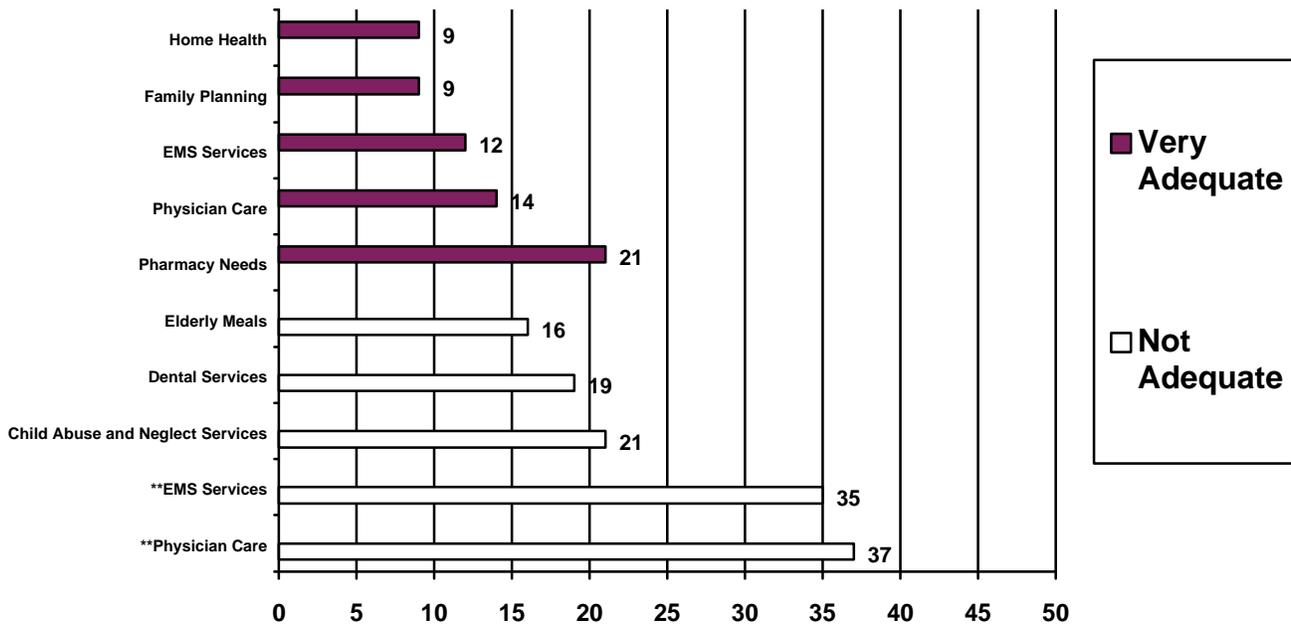


- Of those respondents with health care insurance, 9% had TennCare coverage and 23% had Medicare.
- When asked, “IS TRANSPORTATION A PROBLEM FOR YOU?,” 15% of respondents answered “yes.”



- ****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 “VERY ADEQUATE” AND “NOT ADEQUATE” RESPONSES BY PERCENTAGE



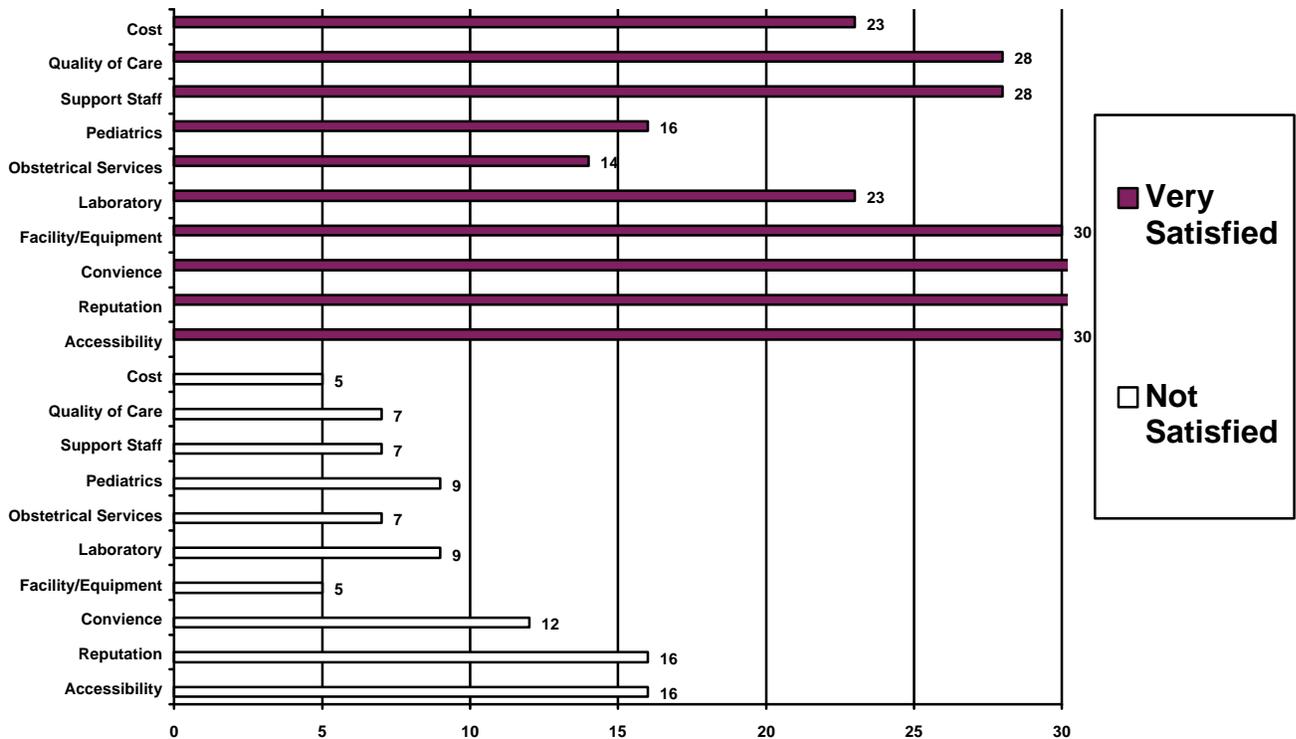
- ****In addition the survey yielded the following results to the above question:**

****53% of the respondents answered that spousal abuse services were not available in the community.**

****70% of the respondents answered that health promotion services were not available in the community**

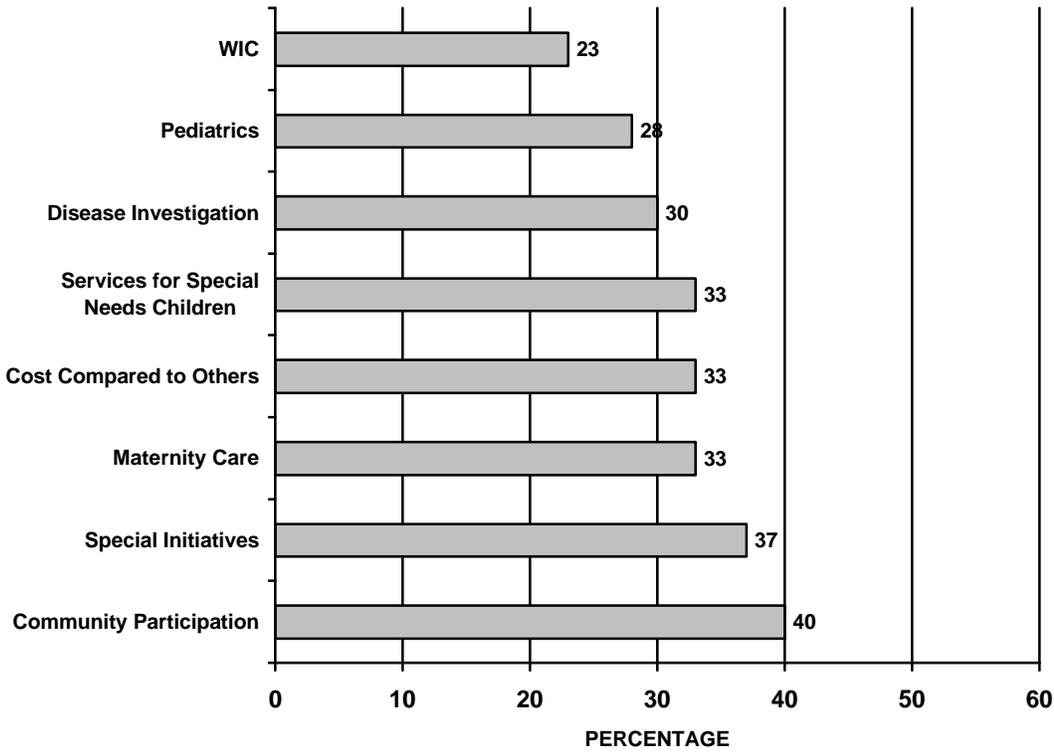
- When asked, “HOW SATISFIED ARE YOU WITH PRIMARY HEALTH CARE PROVIDED BY HEALTH CARE PROVIDERS IN YOUR COMMUNITY?,” the following results were obtained:

TOP TEN “VERY SATISFIED” AND “NOT SATISFIED” RESPONSES BY PERCENTAGE

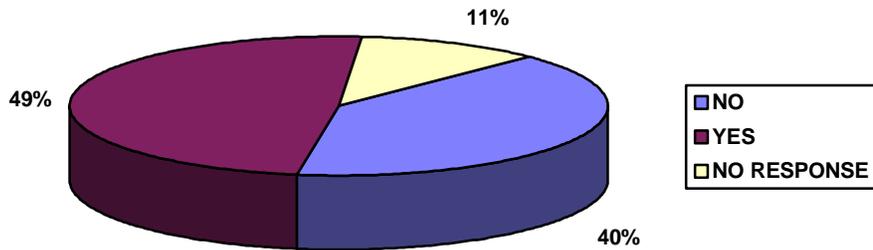


- ****When asked, “HOW SATISFIED ARE YOU WITH THE FOLLOWING SERVICES AND CHARACTERISTICS OF THE LOCAL HEALTH DEPARTMENT,” respondents answered “not familiar with the local health department” as follows:**

“NOT FAMILIAR WITH THE LOCAL HEALTH DEPARTMENT” RESPONSES BY PERCENTAGE



- When asked, “DO YOU THINK YOUR COMMUNITY IS INTERESTED IN PROVIDING TAX SUPPORT FOR SOME HOSPITAL AND HEALTH SERVICES?,” a majority of respondents answered “no.”



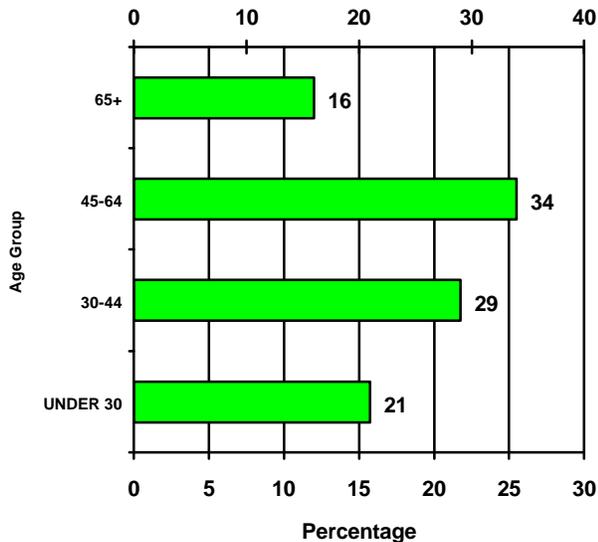
VI. BEHAVIORAL RISK FACTOR SURVEY

The Meigs 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 207 was collected from Meigs County. *Issues recognized as potential problems are in bold and are denoted by asterisk.*

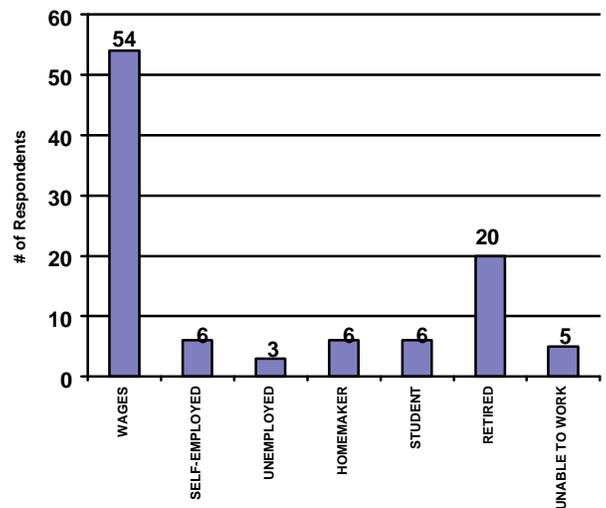
Behavioral Risk Factor Demographics

- Of the 207 respondents, 103 were male, 104 were female, of those 68% were married, 7% divorced, 10% widowed, 2% separated, and 13% never married.
- Of the 207 respondents, 202 respondents were white, 3 were African American, 1 was American Indian, and 1 was Asian.. None of the respondents claimed a Hispanic origin.
- The largest percentage of respondents fell within the 45-65 year old age group.

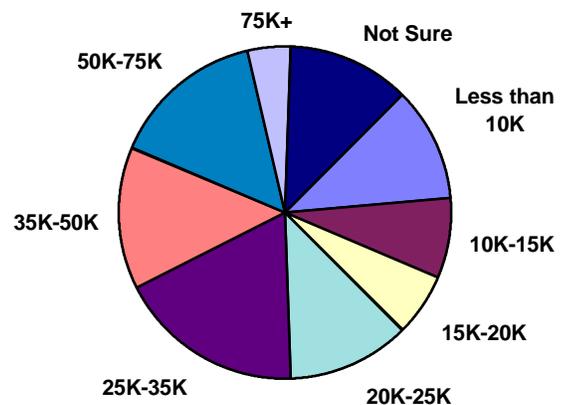


- Approximately 25% of the respondents had less than a high school education, 44% had earned their high school degree, 21% had some college 9% were college graduates, and 1% never attended.

- A majority of the respondents (54%) earned their living through wages, while 20% were retired

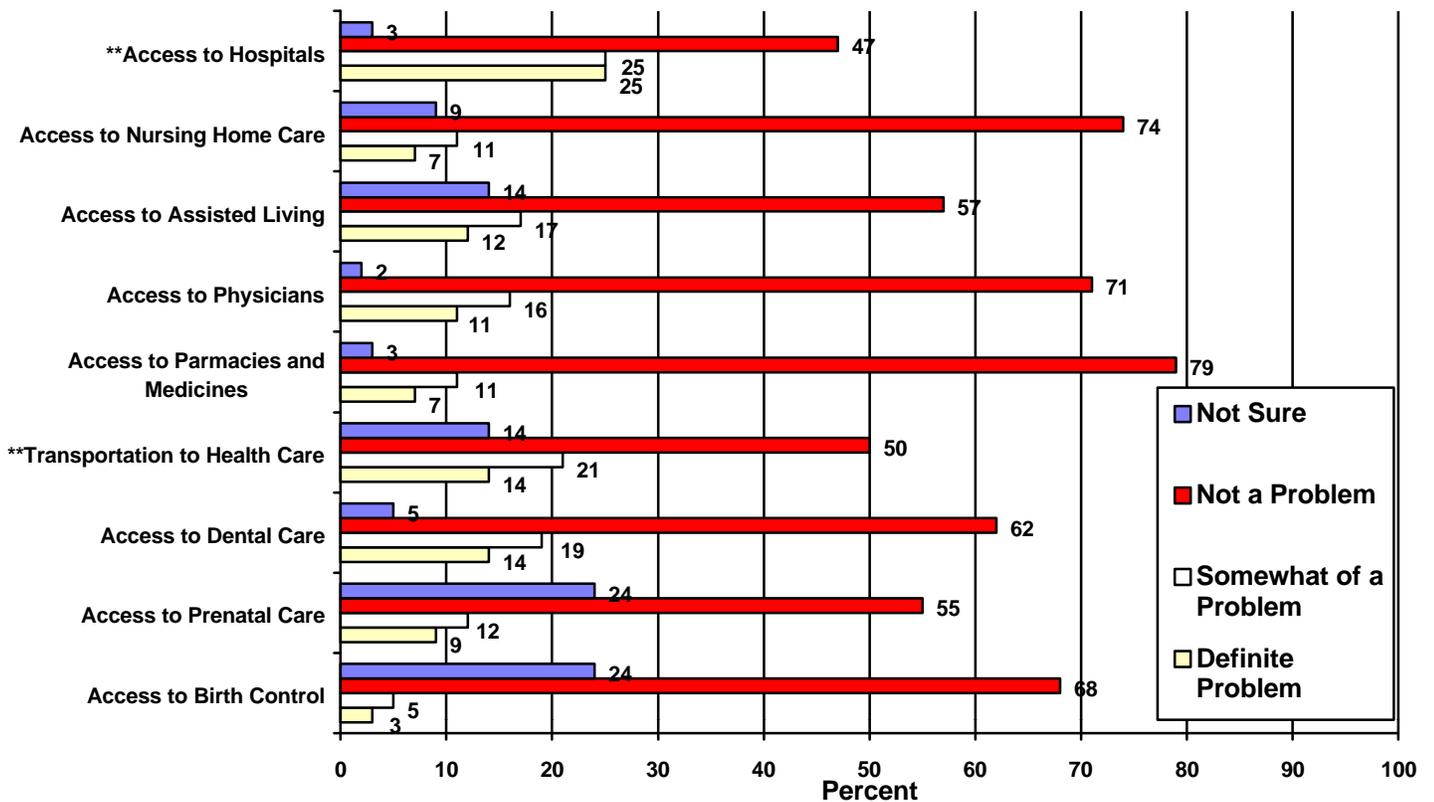


- The household income levels of the respondents were well dispersed.

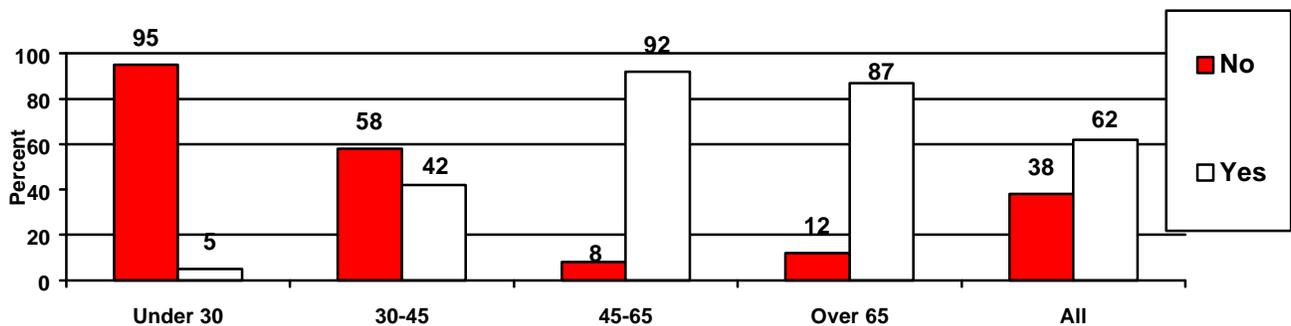


Behavioral Risk Factor Results

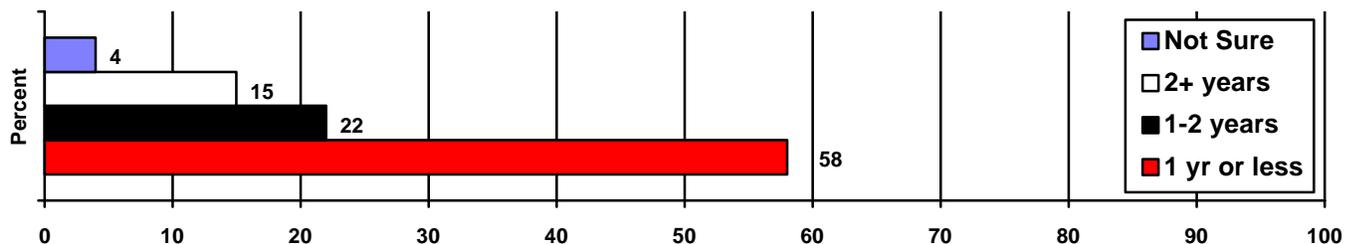
- **When asked whether they felt the following were community problems, responses were as follows:**



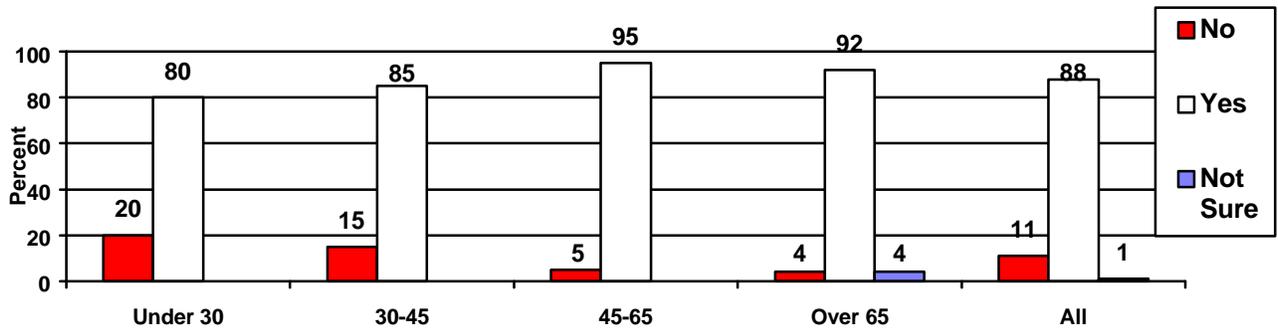
- When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



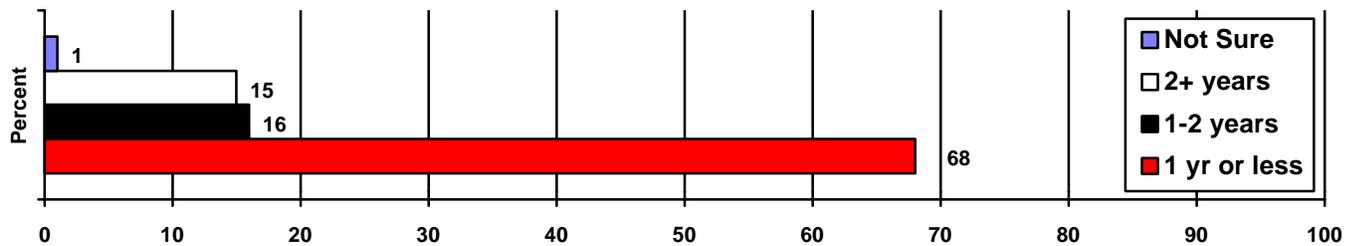
- When respondents that answered yes to the above question were asked "WHEN WAS YOUR LAST MAMMOGRAM?," they responded:



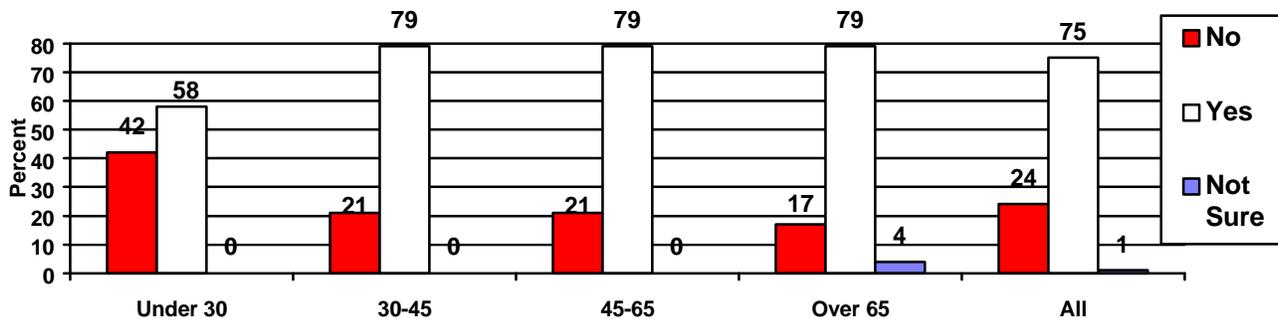
- When asked "HAVE YOU EVER HAD A CLINICAL BREAST EXAM?," the following responses were obtained:



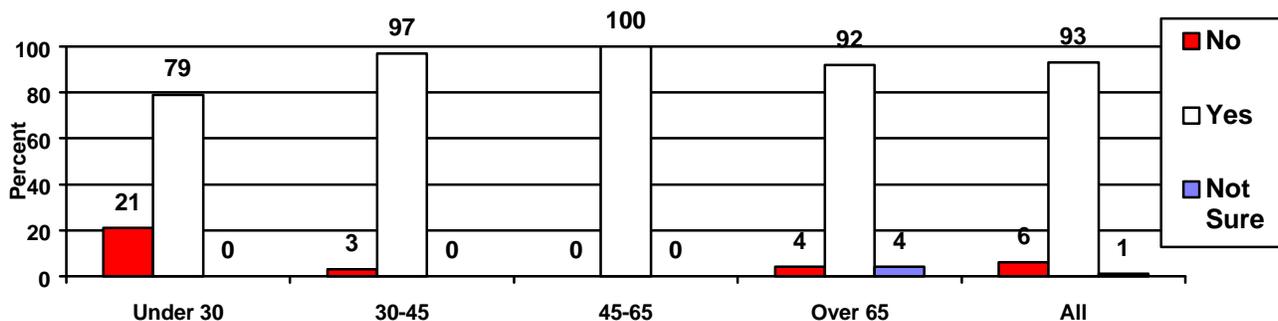
- When respondents that answered yes to the above question were asked "WHEN WAS YOUR LAST CLINICAL BREAST EXAM?," they responded:



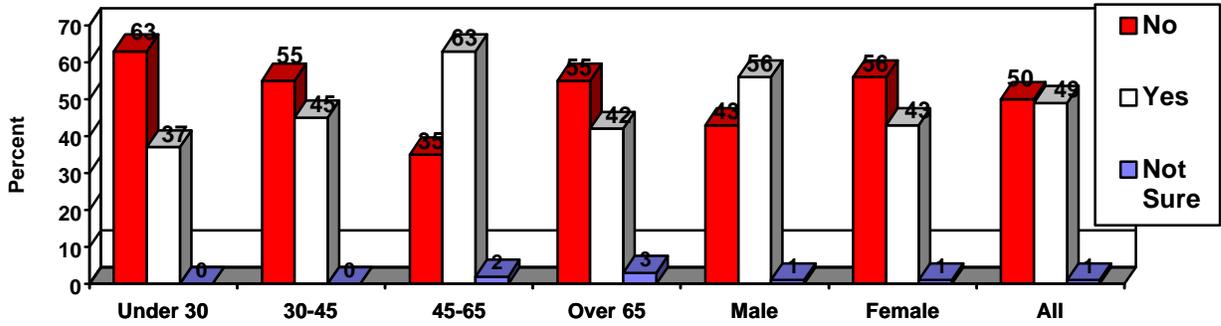
- When asked "DO YOU PRATICE BREAST SELF-EXAMINATION?," the following responses were obtained:



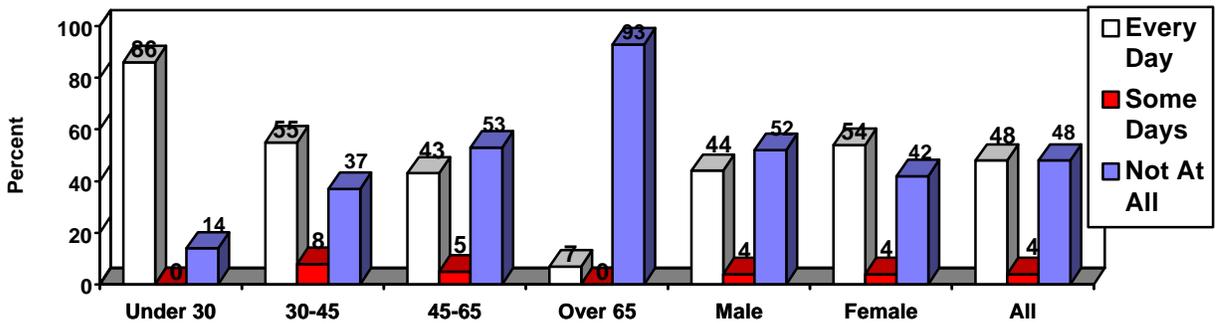
- When asked "HAVE YOU EVER HAD A PAP SMEAR?," the following responses were obtained:



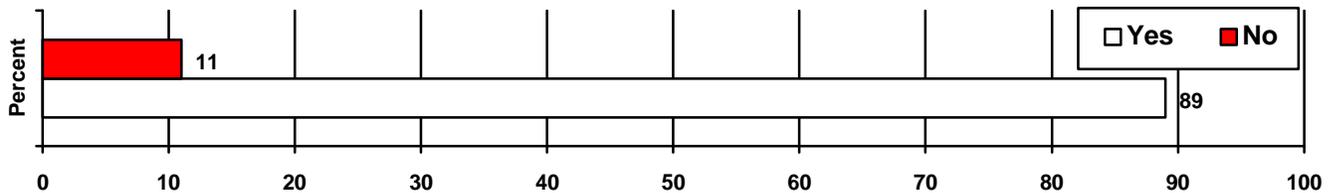
- ****When asked “HAVE YOU EVER SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?,” Meigs County residents responded:**



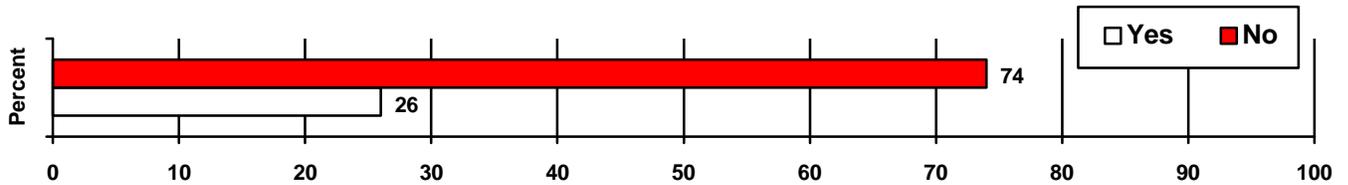
- ****When Meigs County Resident’s who responded yes to the previous question were asked, “HOW OFTEN DO YOU NOW SMOKE CIGARETTES?,” they responded:**



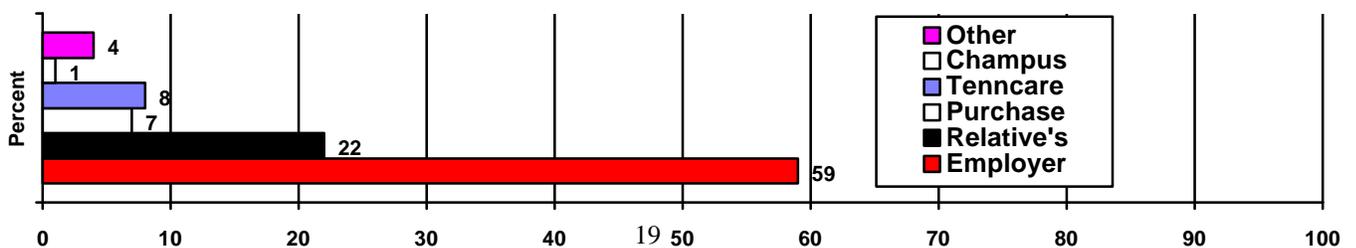
- When asked “DO YOU HAVE ANY KIND OF HEALTH CARE INSURANCE”, Meigs county residents responded as follows:



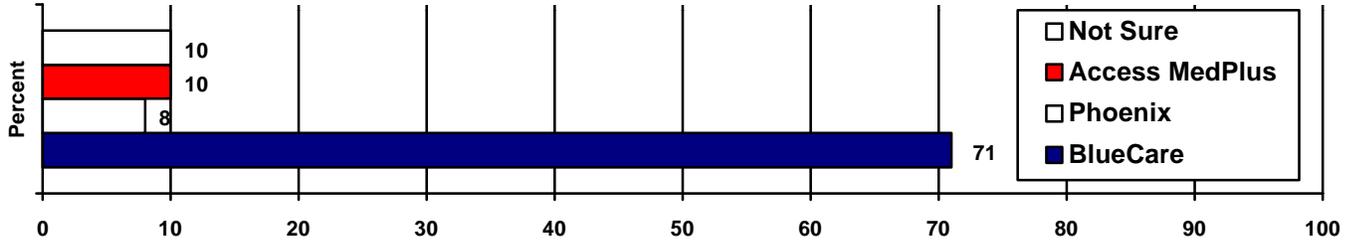
- When asked “DO YOU HAVE MEDICARE?”, Meigs county residents responded as follows:



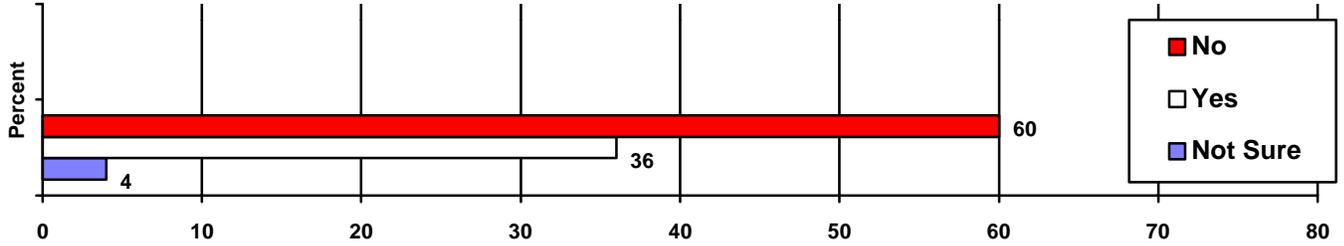
- When asked “WHAT TYPE OF HEALTH CARE COVERAGE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?”, Meigs County residents responded:



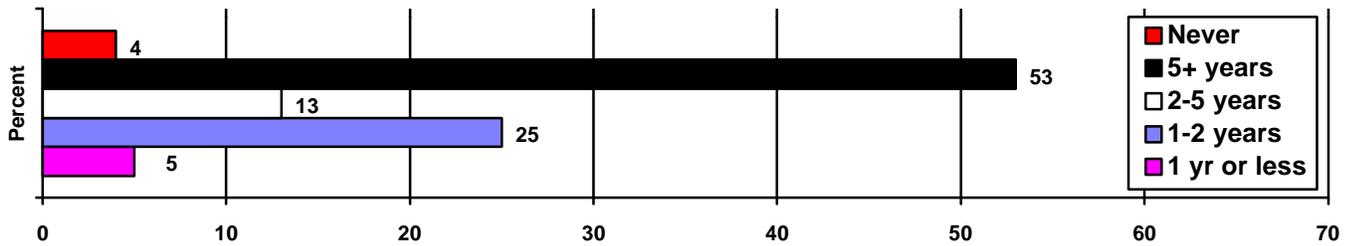
- When asked “WHICH MCO PROVIDES YOUR TENNCARE COVERAGE?”, Meigs County residents responded:



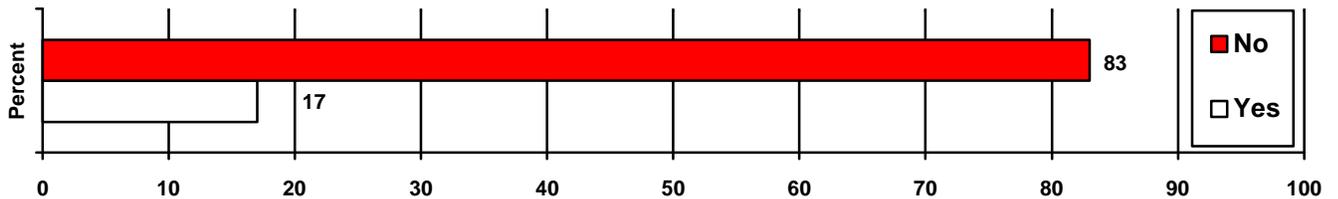
- When respondents with insurance were asked “DO YOU FEEL THAT YOUR COVERAGE LIMITS THE CARE YOU RECEIVE”, they responded:



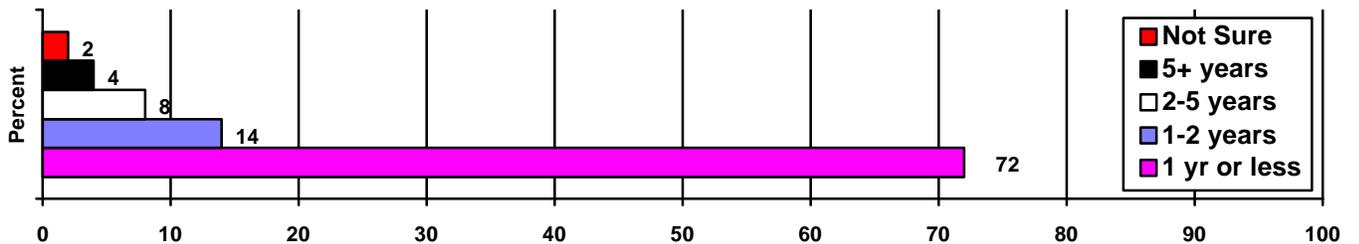
- When respondents without insurance were asked “HOW LONG SINCE YOU’VE HAD HEALTH CARE COVERAGE?”, they responded:



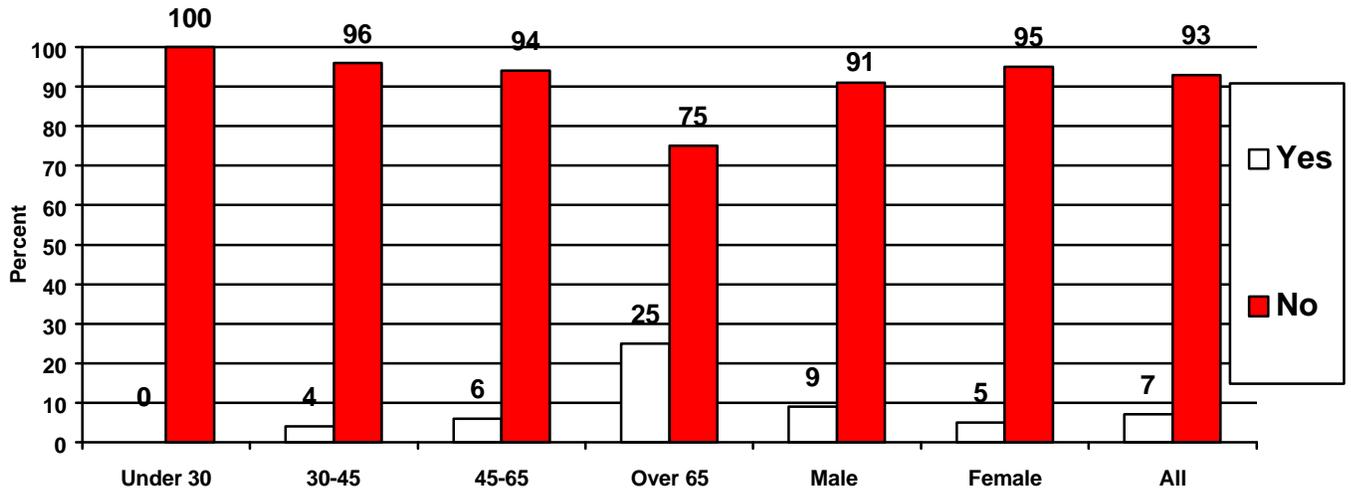
- When asked “HAVE YOU NEEDED TO SEE THE DOCTOR BUT COULD NOT DUE TO COST”, Meigs County residents responded:



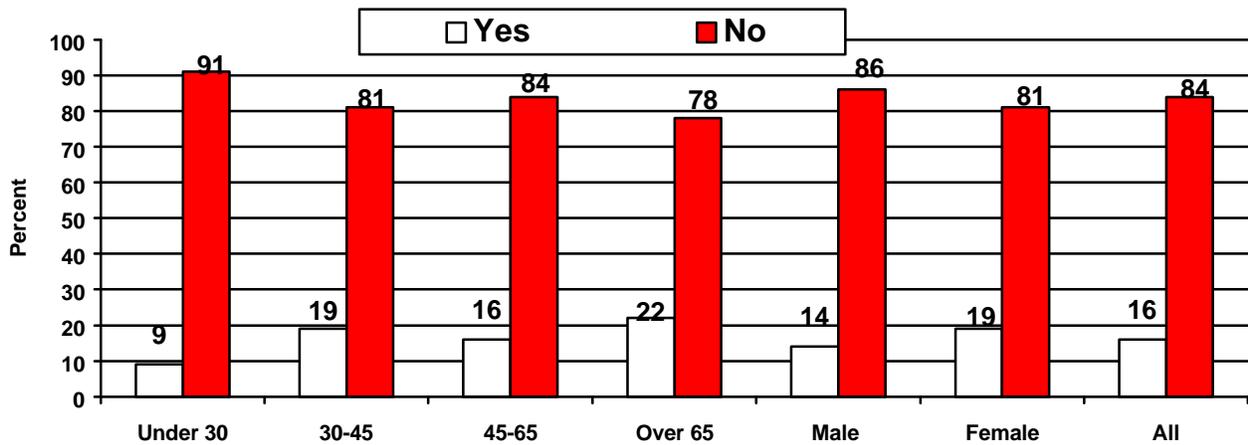
- When asked “HOW LONG SINCE YOUR LAST CHECKUP?”, Meigs County residents responded:



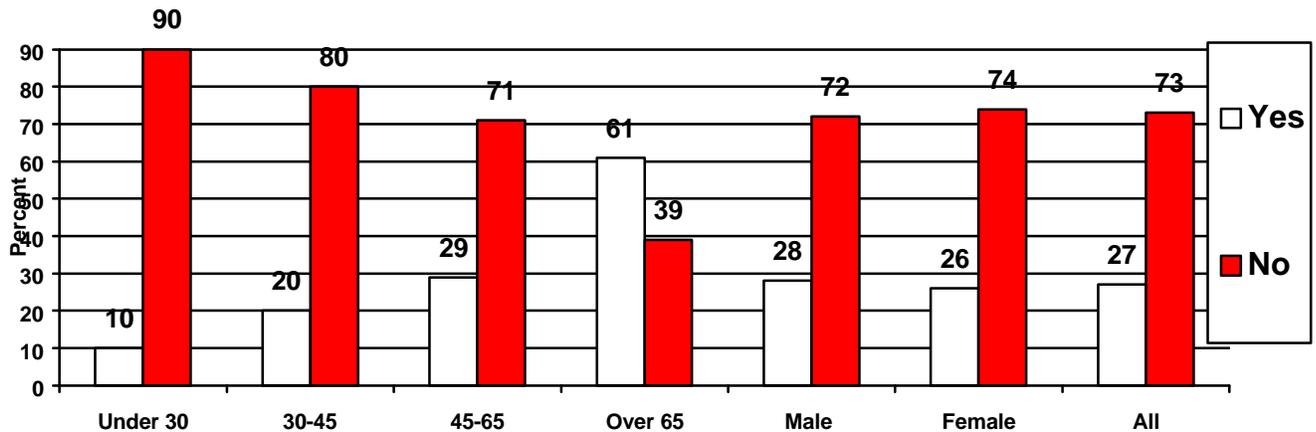
- When asked "HAVE YOU EVER HAD DIABETES?," Meigs County residents responded:



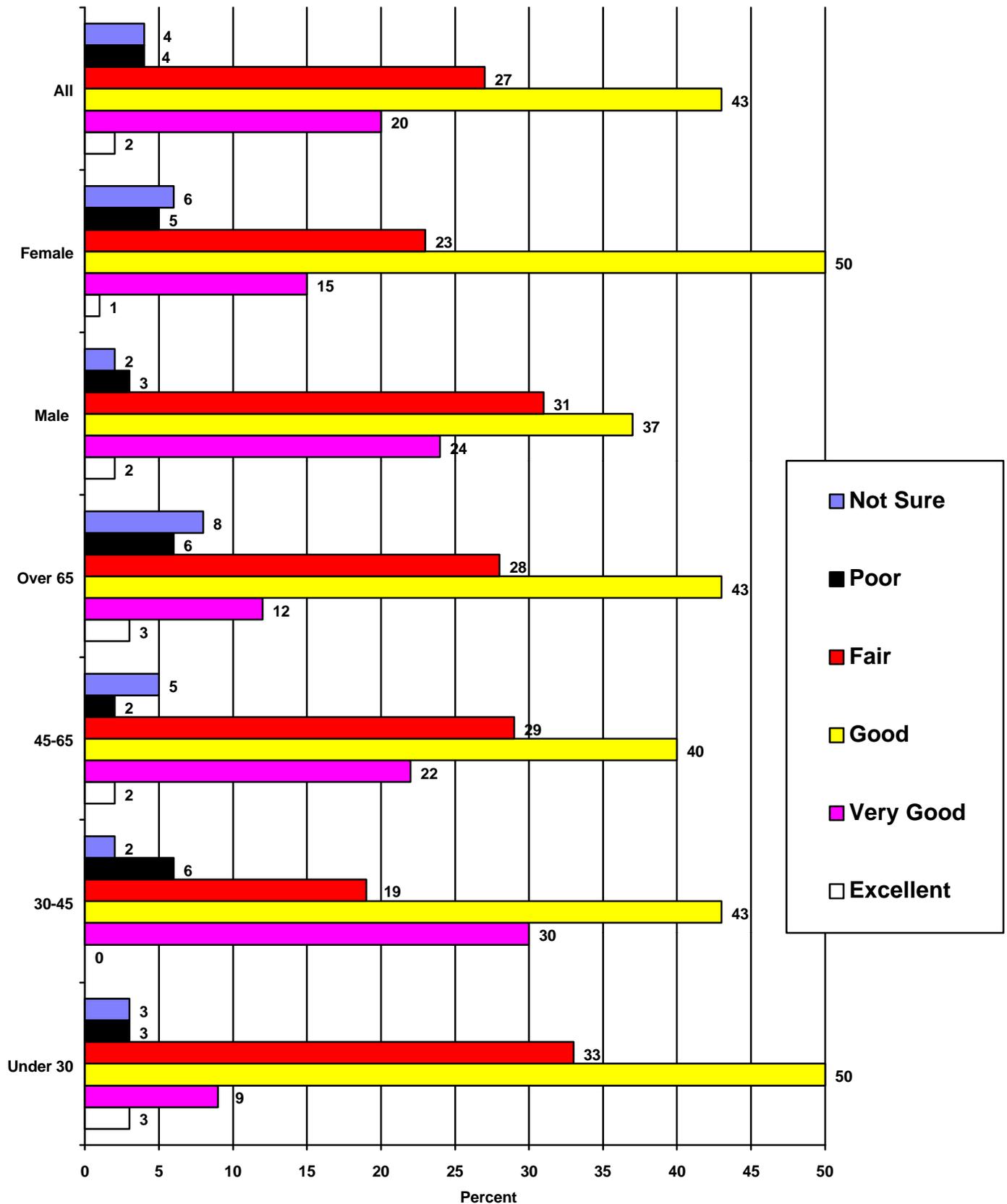
- When asked "HAVE YOU EVER BEEN ADVISED TO LOSE WEIGHT," Meigs County residents responded:



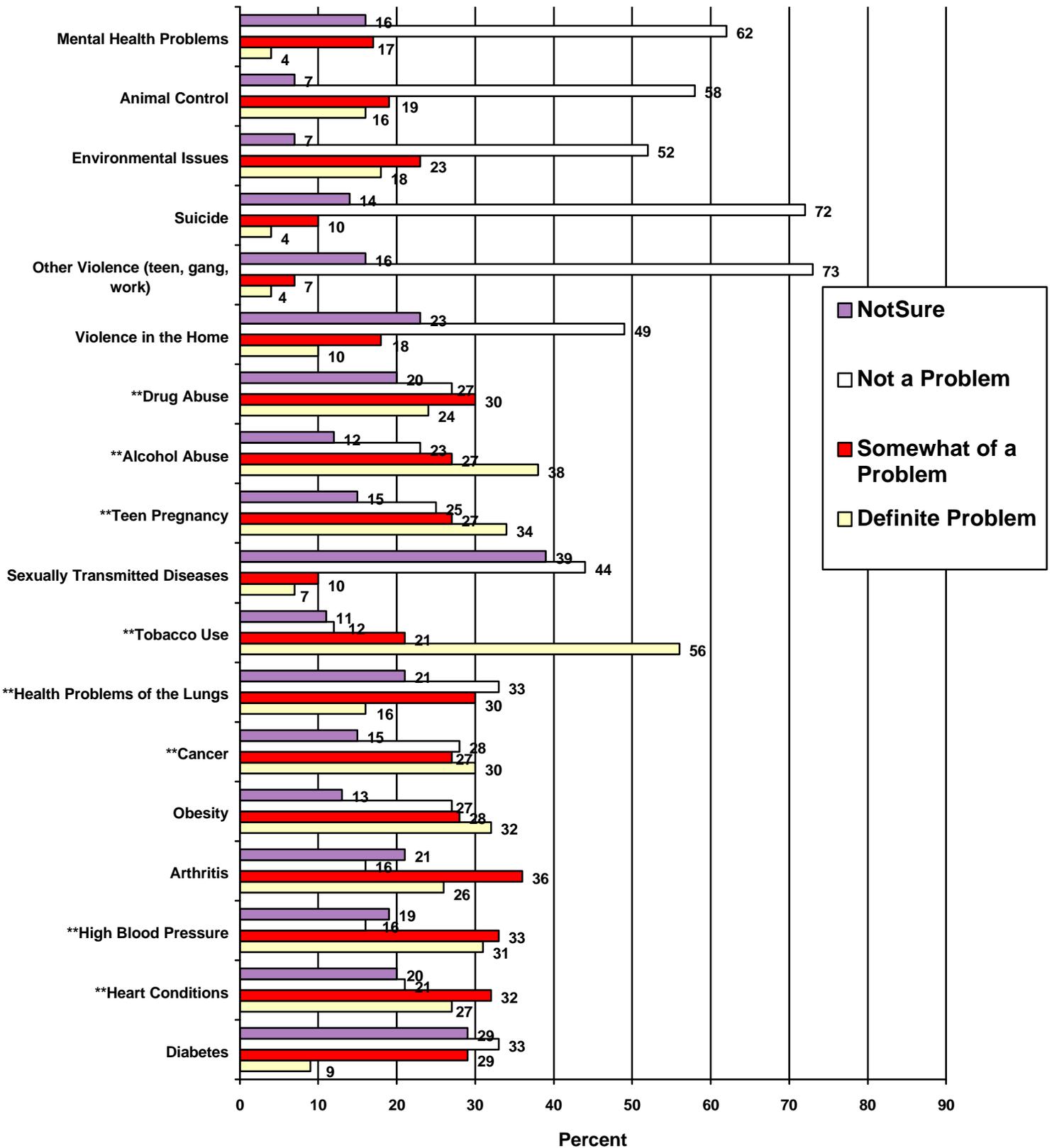
- **When asked "HAVE YOU EVER HAD HIGH BLOOD PRESSURE?," Meigs County residents responded:**



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



- ****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 Meigs County Health Council carefully considered the problems that had been highlighted throughout the process which included the following:

Pregnancy and Birth Data

- Percent of Pregnancies to Unwed Mothers (30-34) **PAGE 6**
- Percent of Births Considered Low Birthweight (30-34) **PAGE-6**
- Percent of Births With One or More Maternal Risk Factors **PAGE-7**
- Birth Rate Per One Thousand Females (10 -14) **PAGE-7**
- Birth Rate Per One Thousand Females (15 -17) **PAGE-8**
- Number of Live Births According to Mothers Age (10-17) **PAGE 8**
- Number of Previous Pregnancies Occurring to Women (10 - 17) **PAGE-8**

Mortality Data

- Leading Causes of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer and Heart Disease) **PAGE-9**
- Leading Causes of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Heart Diseases, Cancer, Bronchitis and Chronic Unspecified) **PAGE-9**
- Leading Cause of Death for 65+ Year Olds With Mortality Rates Per One Hundred Thousand Population (Heart Disease, Cancer, Bronchitis, Chronic Unspecified, and Flu and Pneumonia) **PAGE-10**

Morbidity Data

- Leading Cancer Site 1990- 1992 for Meigs County Residents **PAGE-11**

Stakeholder Survey Data

- Most Important Problem Facing our Community Health Services **PAGE-13**
 - ◇ Lack of Emergency Medical Services
- Adequacy of Health Care Services in the Community **PAGE-14**
 - ◇ Lack of Emergency Medical; Inadequate Physician Services; Lack of Services Related to Domestic Violence; Lack of Health Promotion
- Satisfaction and Familiarity with the Local Health Department **PAGE-15**

Behavioral Risk Factor Survey Data

- When Asked Whether They Felt the Following Were Community Problems **PAGE-17 and 23**
 - ◇ Access to Hospitals; Transportation to Health Care; Drug Abuse; Alcohol Abuse; Teen Pregnancy; Tobacco Use; Cancer; High Blood Pressure; Heart Conditions
- When Asked have You Ever Smoked At Least 100 Cigarettes in Your Life? **PAGE-19**
- When Asked How Often Do You Smoke Now? **PAGE-19**
- Have You Ever Had High Blood Pressure? **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 Meigs County Health Council then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, and effectiveness of intervention.

MEIGS COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Number of Births to Teenagers					
Undesirable Birth Outcomes					
Leading Causes of Death (Diseases of the Heart, Cancer, Respiratory Conditions)					
Access to Hospital					
Access to Transportation					
Substance Abuse (Including Alcohol, Drugs, and Tobacco)					
High Blood Pressure					
Lack of Emergency Medical Services					
Inadequate Physician Services					
Lack of Services Related to Domestic Violence					
Lack of Health Promotion					

**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 #11.

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>
Leading Causes of Death (Heart Diseases, Cancer, and Respiratory Cond).	40	1
Substance Abuse including Alcohol, Drugs and Tobacco	58	2
Number of Births to Teenagers	64	3
Lack of Emergency Medical Services	70	4
Inadequate Physician Services	92	5
High Blood Pressure	99	6
Lack of Services Related to Domestic Violence	108	7
Undesirable Birth Outcomes	111	8
Lack of Health Promotion Programs	112	9
Access to Transportation	117	10
Access to Hospital	119	11

After all 11 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 Meigs County Health Council selected the following issues for strategic planning purposes:

1. **LEADING CAUSES OF DEATH (DISEASE OF THE HEART, CANCER, AND RESPIRATORY CONDITIONS) AND HIGH BLOOD PRESSURE.**
2. **SUBSTANCE ABUSE INCLUDING TOBACCO, ALCOHOL, AND DRUGS**
3. **NUMBER OF BIRTHS TO TEENAGERS PER 1,000**
4. **LACK OF EMERGENCY MEDICAL SERVICES**
5. **INADEQUATE PHYSICIAN SERVICES**
6. **LACK OF SERVICES RELATED TO DOMESTIC VIOLENCE**
7. **UNDESIRABLE BIRTHS OUTCOMES FOR 30-34, 35-39 AND BIRTH RISK FACTORS(LESS THAN A HIGH SCHOOL EDUCATION)**

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 Meigs County Health Council 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 Meigs County Health Council 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 Meigs 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 Meigs County.

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

ATTACHMENT I. UPDATED DATA REVIEW

This section is a review of updated secondary data (1985-1996) on the issues the Meigs CHC chose as priority issues. After Meigs CHC reviewed the secondary data and before the publication of this document updated data had been released by the State Office of Health Statistics and Information for Meigs County. This review is intended to help the Meigs CHC to continue to focus on issues that are priorities for the county.

Meigs County Pregnancy And Birth Experience

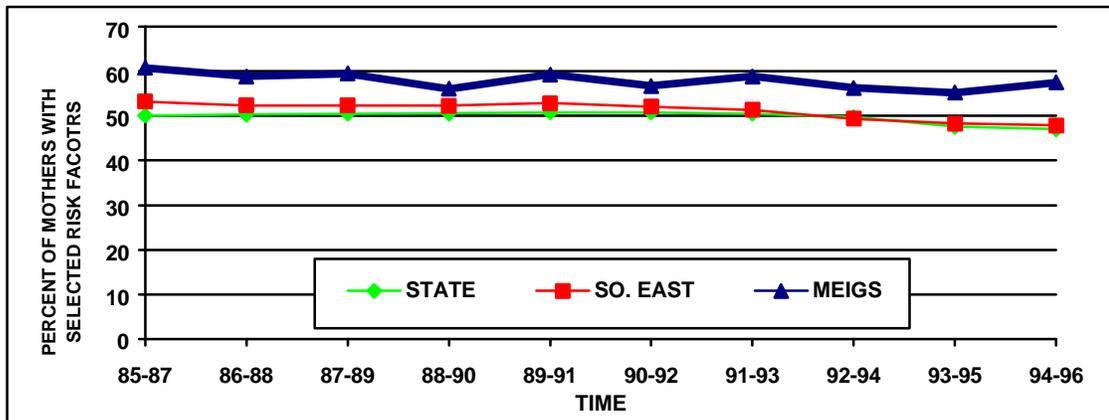
- Percentage of Pregnancies to Unwed Mothers Ages 10-44** - The Meigs County trend for 30-34 year old females has began to decrease. The rate remains lower than the State and has moved below the Southeast Region's rate. The age group with the highest percentage increase is 35-39 year olds with a 180% increase followed by 18-19 year olds with a 55% increase over the twelve-year trend. In the 1994-1996 three year trend cycle, 27% of all Meigs County pregnancies occur to unwed mothers.

AGE GROUP	30-34										Percent Change
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	19.1	19.9	20.3	21.6	22.5	23.0	23.2	22.7	22.3	21.7	13.2
SOUTHEAST	12	13.6	14	16.2	16.5	16.7	16.9	16.9	17.1	15.9	31.6
MEIGS	13.3	17.6	17.2	12.5	3.7	6.3	15.2	21.7	15.8	11.9	-11.7

- Percentage of Births Considered Low Birthweight** - In the 94-96 three-year trend period 7.5% of all Meigs County births were considered low birthweight. The county trend is increasing; is slightly lower than the Southeast Region and State, however, it has moved above the National Year 2000 objective of 5%. Females age 30-34 are now the second highest age group with births classified as low birth weight. The highest is 35-39 showing a 200% increase of the twelve year trend.

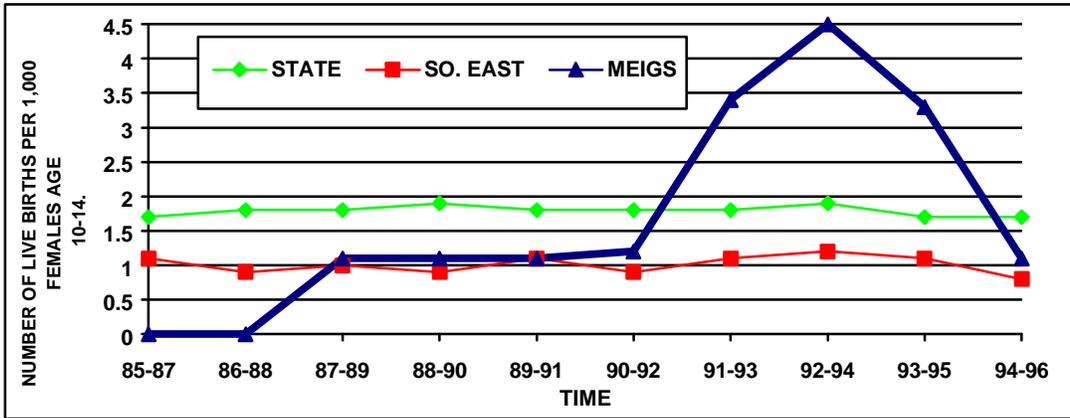
AGE GROUP	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
15-17	4.8	6.7	0	9.5	11.5	13	10.5	4.8	4.2	6.5	35.5
30-34	4	6.7	8	6.5	3.7	9.7	6.5	7.1	1.9	9.3	131.5
35-39	8.3	0	0	0	12.5	14.3	14.3	20	28.6	25	200

- Percent of Births with One or More Risk Factors, Mothers 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 Meigs County trend continues to decrease but remains higher than the Southeast Region and the State. Having less than a high school education remains the leading risk factor.



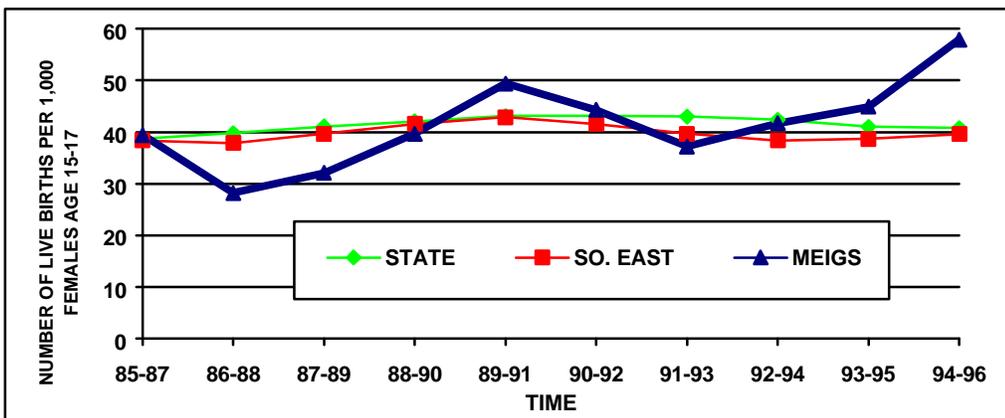
AGE GROUP	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
10-44	60.8	58.9	59.5	56.1	59.3	56.7	58.9	56.3	55.2	57.5	-5.4

- **Teen Birth Rate (Number of Live Births Per 1,000 Females Ages 10-14)** - The Meigs County trend is beginning to decrease; remains higher than the Southeast Region but has moved below the State's rate.



AGE GROUP	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
10-14	0	0	1.1	1.1	1.1	1.2	3.5	4.5	3.3	1.1	

- **Teen Birth Rate (Number of Live Births Per 1,000 Females Ages 15-17)** - The Meigs County trend continues to increase; remains higher than the Southeast Region and the State.



AGE GROUP	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
15-17	39.4	28.2	32.1	39.7	49.4	44.3	37.2	41.7	44.9	57.93	47.1

- **Number of Live Births According to Mother's Age (10-17), 1992-1996** - The number of births to teenagers age 10-17 has fluctuated as indicated below. However, the numbers increased from 5 births in 1992 to 12 births in 1996.

BIRTHS	1992	1993	1994	1995	1996
13 YEARS OLD	0	2	0	0	0
14 YEARS OLD	1	0	1	0	0
15 YEARS OLD	1	1	1	1	3
16 YEARS OLD	2	2	3	2	2
17 YEARS OLD	1	2	8	4	7
TOTAL	5	7	13	7	12

- **Number of Previous Pregnancies Occurring to Teenage Mothers (Ages 10-17) - From 1992 to 1996, a high percentage (17%) of Meigs County teenage mothers had previously been pregnant.**

BIRTHS	1992	1993	1994	1995	1996
NEVER PREGNANT	5	7	11	7	10
1 PREV. PREGNANCY	0	0	1	0	1
2 PREV. PREGNANCIES	0	0	1	0	1
TOTAL	5	7	13	7	12

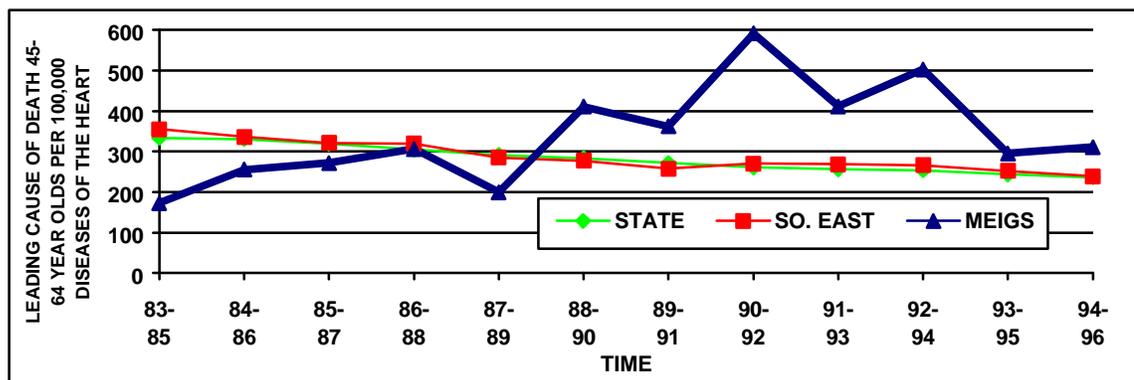
Meigs County Mortality Experience

- **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 remains accidents and adverse affects. Traditionally, Meigs County's trend is slightly unstable due to small numbers. The 94-96 three year trend period of 205.5/ 100,000 showed a marked increase from the previous two trend periods of 77/100,000 and 75.5/100,000 respectively. Meigs County's trend is much higher than the Southeast Region and the State. On average two to three people in this age group die due to accidents and adverse effects.

The rate for deaths attributed to malignant neoplasms continued to increase during the twelve year period from a rate 28/100,000 in 1985-1987 to a rate of 74.4/100,000 in 1994-1996. Further, the rate of deaths attributed to diseases of the heart continues to increase. On average one or two deaths occur each year among this age group from both diseases of the heart and malignant neoplasms. The important note here is the trend with diseases of the heart and malignant neoplasm throughout the remaining life cycles.

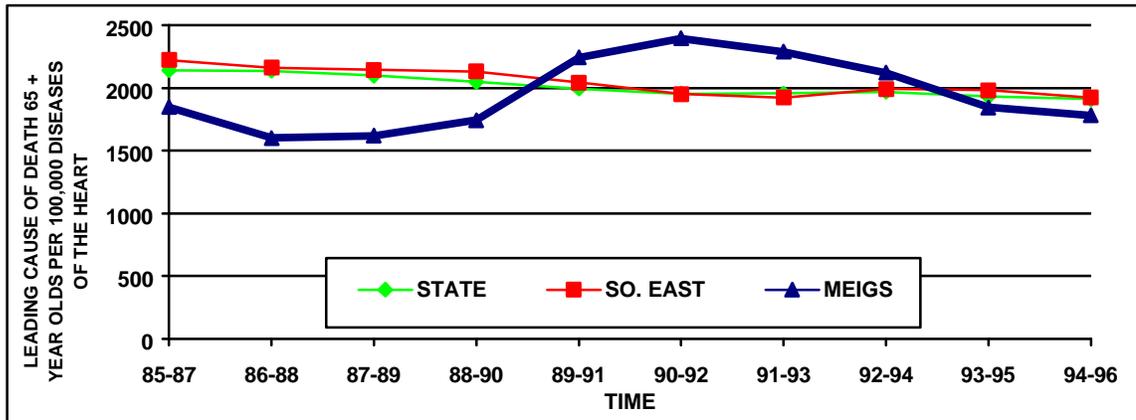
CAUSE	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
Malignant Neoplasms	28.0	41.6	41.3	27.3	27.2	27.2	40.8	68.0	62.9	74.7	167.7
Disease of the Heart	28.0	41.6	41.3	27.3	13.6	0.0	27.2	40.8	50.3	56.0	100.7

- **Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population -** The leading cause of death for the 45-64 year old age group is diseases of the heart. The Meigs County trend is beginning to decrease but remains just slightly higher than the Southeast Region and State. This rate has been consistently higher since 1988. On average one to ten deaths occur annually among this age group due to diseases of the heart.



CAUSE	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
Malignant Neoplasms	313.2	306.4	299.6	175.9	133.3	203.4	268.2	277.2	186.6	222.2	-29.1
Bronchitis, Chronic, Unspec.	41.8	40.8	20.0	58.6	95.2	110.9	71.5	52.0	31.1	29.6	-29.2

- Leading Cause of Death for 65+ Year Olds With Morality Rates Per 100,000 Population** - The leading cause of death for the 65+ year old age group is diseases of the heart. The Meigs County rate is decreasing and has recently moved below the State and the Southeast Region. Deaths due to diseases of the heart average thirty-five per year.



CAUSE	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	Percent Change
Malignant Neoplasms	808.6	930.8	1008.3	1291.0	1257.6	1097.8	882.9	964.6	790.4	707.2	-12.5
Bronchitis, Chronic, Unspec.	154.0	186.2	216.1	244.2	237.9	232.9	228.9	321.5	380.6	339.5	14.8
Pneumonia & Influenza.	192.5	223.4	216.1	244.2	271.9	332.7	294.3	257.2	204.9	198	2.9

Meigs County Morbidity Experience

- Leading Cancer Sites 1990-1992** - The information on page 11 is the most current data available.