

COMMUNITY DIAGNOSIS

Status Report



Morgan County

1998

Tennessee Department of Health
East Tennessee Regional Health Office
Health Assessment and Planning Division

Community Diagnosis

**Morgan County Health Council – Community Diagnosis Report
Prepared September 1998 by Health Assessment & Planning Division
East Tennessee Regional Health Office**



INTRODUCTION

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The Morgan County Health Council (MCHC) in cooperation with the East Tennessee Regional Office of the Department of Health implemented the Community Diagnosis process. The council conducted a community survey, reviewed various data sets and evaluated resources in the community to identify areas of concern that affect the health of Morgan County citizens.

The Morgan County Health Council was established in 1974 to recruit doctors through the National Health Service Corp. It contains members from various geographic locations and social-economic levels. The directors are elected to three-year terms with terms established so that one-third is elected each year. A list of council members participating in the assessment can be found in Appendix A.

The mission of the MCHC is to promote the improvements of health and health services to the residents of Morgan County, including but not limited to:

1. Providing comprehensive preventive and medical services,
2. Bringing together for joint planning and coordination all groups in the county concerned with health,
3. Encouraging cooperation between residents of the county and area health resources.

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

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

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

Benefits of Community Diagnosis for the community included:

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

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

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I. COUNTY DESCRIPTION

A. County Profile

Morgan County was first inhabited by Woodland Indians, reasonably so with its 345,000 mostly woodland acres. The Cherokees also used the land as a hunting ground. Permanent settlement began soon after Indian title to the land was extinguished in 1805. In 1817 the legislature created Morgan County from Anderson and Roane Counties and named it after General Daniel Morgan. (1736-1802), an American Revolutionary War officer who commanded the troops that defeated the British at Cowpens, and U. S. Congressman from Virginia. German and Swiss settlers colonized the area from 1845 to 1850. Thomas Hughes, British author, statesman and social reformer, founded Historic Rugby in 1880. Today, more than 20 of its original buildings remain and are on the national Register of Historic Places. The Cincinnati-Southern Railway was built through the county in 1880. This provided an opening for the development of the vast reserves of timber and coal. Until that time subsistence farming was the major occupation.

Morgan County Community Profile

Location

Region: East Tennessee
Square Miles: 539
Distance from Knoxville: 44 miles

Population (1996 est.)

County: 18,280
Male: 9,760
Female: 8,520
Minority: 2.5%

Cities

Oakdale City
Wartburg City

Education

Morgan County School System
3 Kindergarten through grade 12,
2 Elementary schools
1 High school
1 Vocational school

Climate

Annual Average Temperature: 57°
Annual Average Precipitation: 57"
Elevation: 1,348' above Sea Level

Natural Resources

Minerals: Coal, Oil, Natural Gas
Timber: Pine and Oak

Morgan County Selected Economic Indicators

Labor Force Estimates

Total Labor Force: 7,837
Unemployment: 645 (3.8% of labor force)
Unemployment Rate: 8.3

Tax Structure

County Property Tax Rate per \$100: \$6.05

Per Capita Income (1994): \$11,914

Health Care Resources

	County	Region	State
Persons per Primary Care Physician	3,540	1,776	1,053
Persons per Nurse Practitioner	17,698	7,429	7,134
Persons per Physician Assistant	8,849	15,053	18,664
Persons per Registered Nurse	421	178	106
Females 10-44 per OB/GYN	(1)	4,509	2,100
Persons per Dentist	5,899	2,414	1,853
Persons per Staffed Hospital Bed	(2)	491	245
Percent occupancy in community hospitals	(2)	57.3	57.7
Person per Staffed Nursing Home Bed	142	119	135
Percent occupancy in community nursing homes	95.9	96.4	93.6
Physician shortage area for OB	YES		
Physician shortage area for Primary Care	YES		

*Note: Manpower data are 1996; shortage areas, 1995, facilities, 1994.
 (1)-No OB/GYN physician in county
 (2)-No Hospital in county*

B. County Process—Overview

The Assessment Process

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

Community Diagnosis is a public-private partnership to define the county's priority health problems and to develop strategies for solving these problems. The Morgan County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Morgan County. The health council contains community representatives from various geographic locations, social-economic levels, and ethnic groups. An extensive amount of both primary and secondary data were collected and reviewed as the first step in the process. Major issues of concern identified by the community were perception and knowledge of health problems, which were important factors in analyzing the data.

Council members identified major issues of concern and each issue was then ranked according to size, seriousness, and effectiveness of interventions. The top five priorities for Morgan County are.

- 1. CANCER**
- 2. INSURANCE FOR ELDERLY**
- 3. MOTOR VEHICLE ACCIDENTS**
- 4. MENTAL HEALTH**
- 5. HEALTH PROMOTION**

Resources

A focus will be placed on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Additional resources will be sought for the development of intervention and implementation strategies identified by the health council.

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

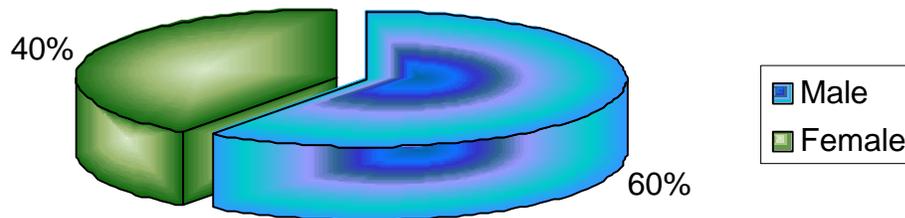
1. The Community Stakeholder Survey

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

The Morgan County Stakeholder Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services.

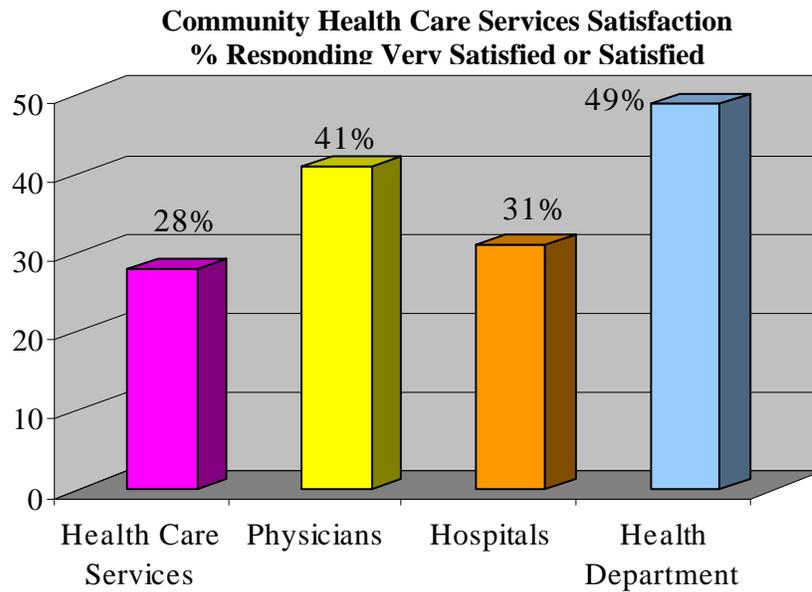
There were 48 respondents to the Morgan County Community Survey. Of the 48 respondents, 40% were male and 60% were female.

Table 1



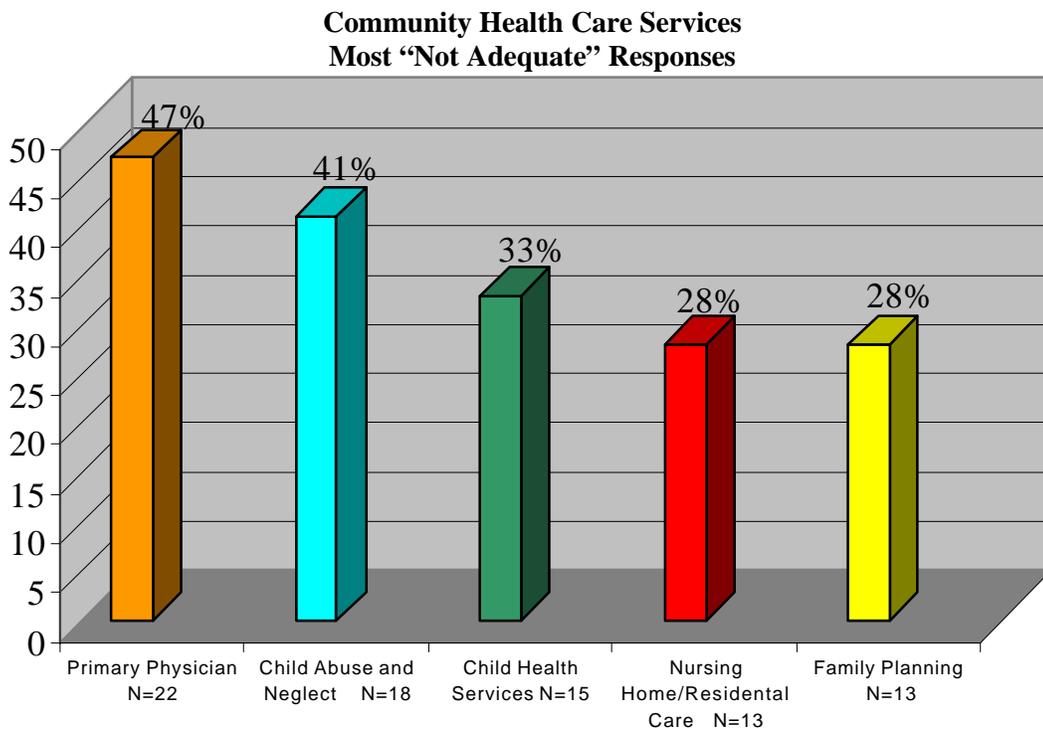
Eighty-eight percent of the respondents had lived in the county for twenty or more years. Respondents were asked to rate various health services as very adequate or very satisfied, adequate or satisfied, available but not adequate, available but no opinion on service, or not available. Only one-fourth of the respondents rated the community health care services as very adequate or adequate. Over 40% of the respondents were either very satisfied or satisfied with the physician services and hospitals in their community. Health Department services were rated very satisfied or satisfied by 49%. (See Table 2).

Table 2



Data that concerned the health council were the ratings of “not adequate” in the community health services category. Many of the respondents felt that services for child abuse and neglect were available in the community but not adequate to address the issue. The top five services that were ranked as available but not adequate also include child health services, nursing home/residential care, primary physicians, and family planning.

Table 3



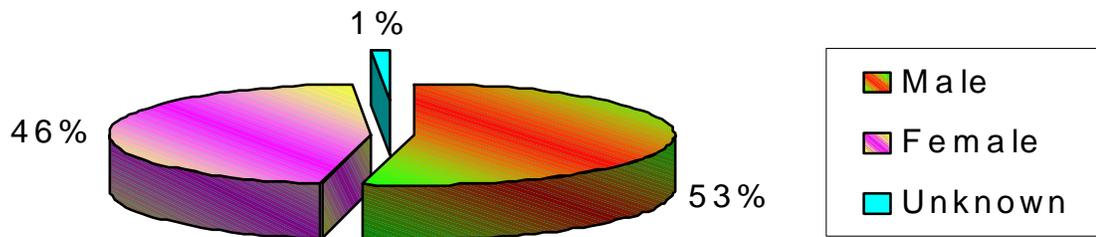
2. Behavioral Risk Factor Survey (BRFS)

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

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

A sample size of 201 was collected from Morgan County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of 90, ± 6%. Of the respondents 46% were female and 53% male (see Table 4). This compares to 47% female and 53% male for the population of Morgan County based on the 1990 census.

Table 4



After a review of the data from the BRFS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 5 lists the practices of concern with the Year 2000 goal for the nation.

Table 5

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Have had high blood pressure	32%	(No Goal)
Smoking (currently smoke)	37%	15%
Women reported over 2 years since last pap smear	18%	(No Goal)
Mammogram (had mammogram)	75%	80%
Advised to lose weight	19%	(No Goal)

The opinion data collected by the BRFSS on community issues was divided into two categories: 1.) Community Problems and 2.) Access to Health Care. The top issues in the areas are identified in Tables 6a&b.

Table 6a
Community Problems
Percentage Saying “Definite Problem”

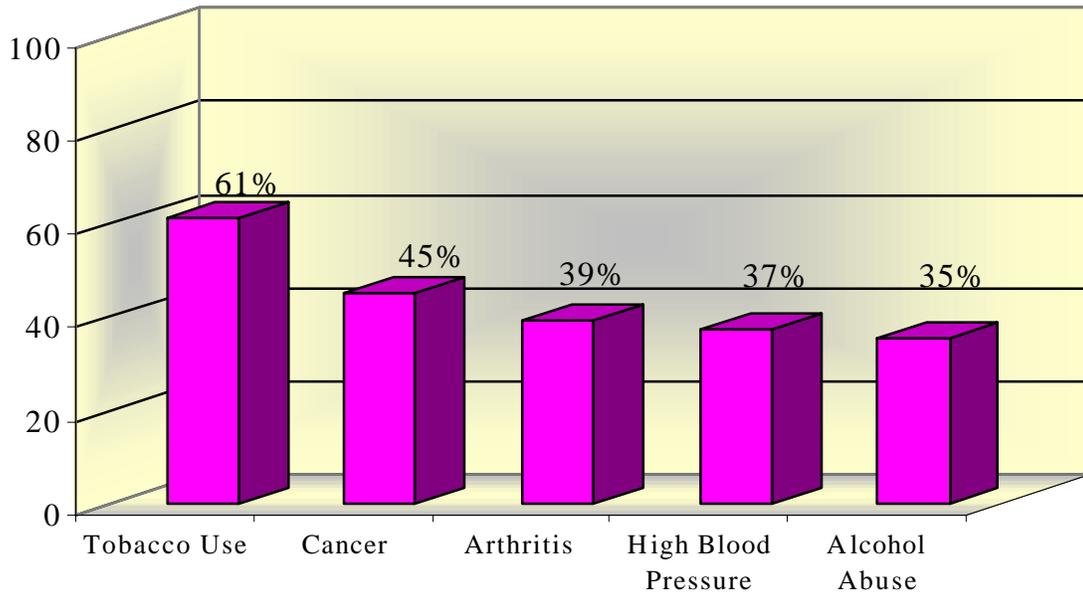
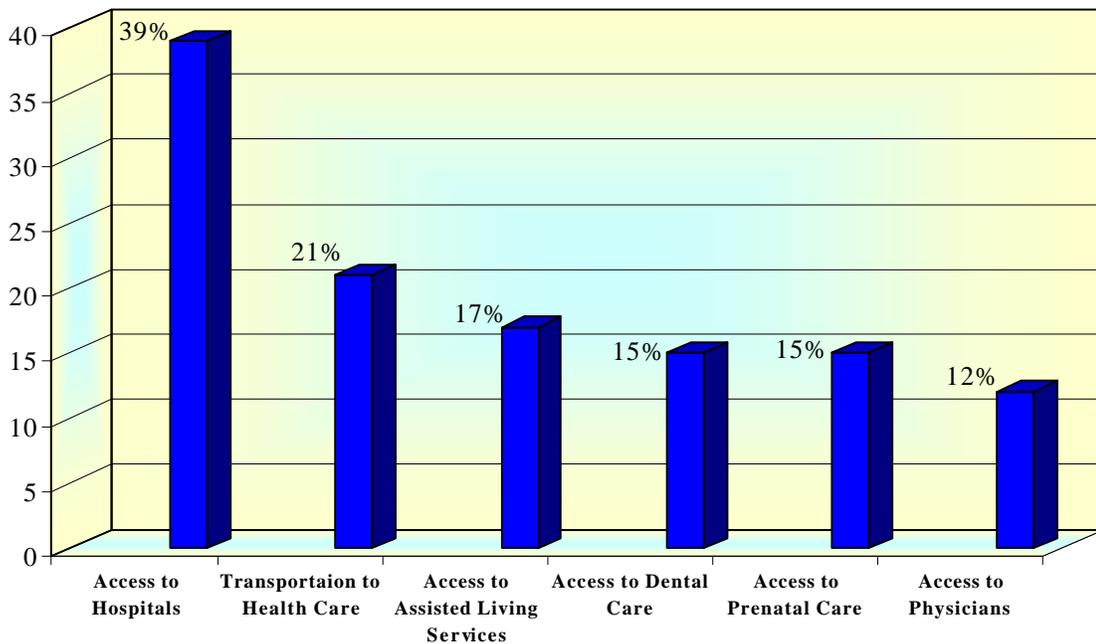


Table 6b
Access to Health Care Problems
Percentage Saying “Definite Problem”



B. Secondary Data

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

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

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

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

- Cancer
- Coronary heart disease
- Lung cancer
- Motor vehicle accidents
- Non-motor vehicle accidents
- White male mortality

Table 7
Total 1996 (est.) Population: 18,280
Total Number of Households: 5,841

	County	Region	State
Percent of households that are family households	79.1	76.3	72.7
Percent of households that are families headed by a female with no husband present	11.6	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.3	5.4	6.9
Percent of households with the householder 65 and up	23.5	23.6	21.8

**Table 8
Education**

	County	Region	State
Number of persons age 25 and older	11,086	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	56.7	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	3.7	11.1	16.0

**Table 9
Employment**

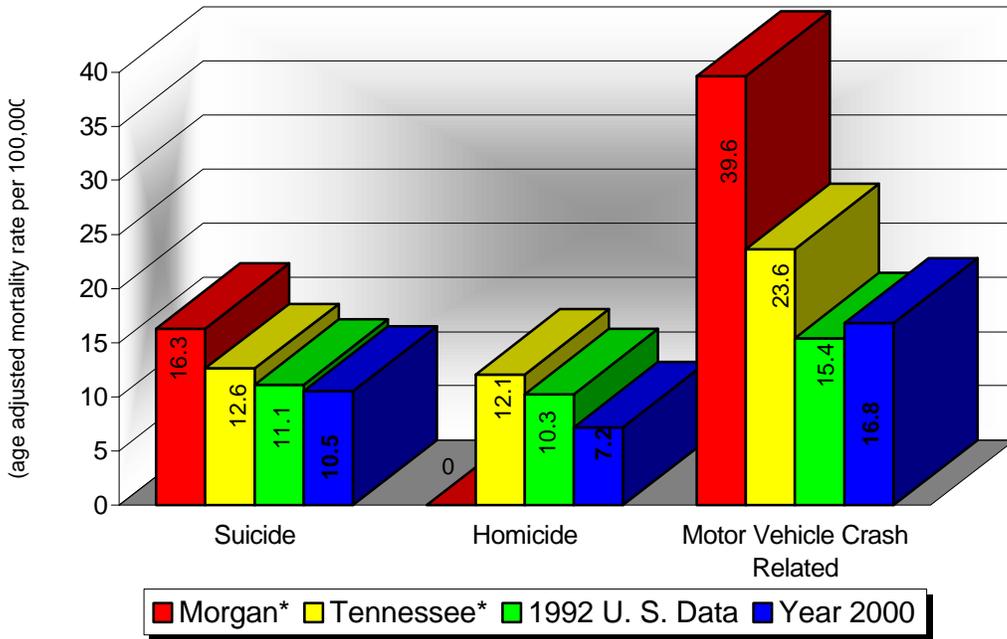
	County	Region	State
Number of persons 16 and older	13,403	437,649	3,799,725
Percent in work force	51.6	60.1	64.0
Number of persons 16 and older in civilian work force	6,907	262,392	2,405,077
Percent unemployed	11.3	7.8	6.4
Number of females 16 years and older with own children under 6	978	30,082	287,675
Percent in labor force	55.6	57.4	62.9

**Table 10
Poverty Status**

	County	Region	State
Per capita income in 1989	\$7,722	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	20.2	17.1	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	23.4	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	28.8	21.1	20.9

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

11a



*Figures for Tennessee and Morgan Co. (Tables 11a & 11b) are a 3-Year Average from the years 1991-1993.

11b

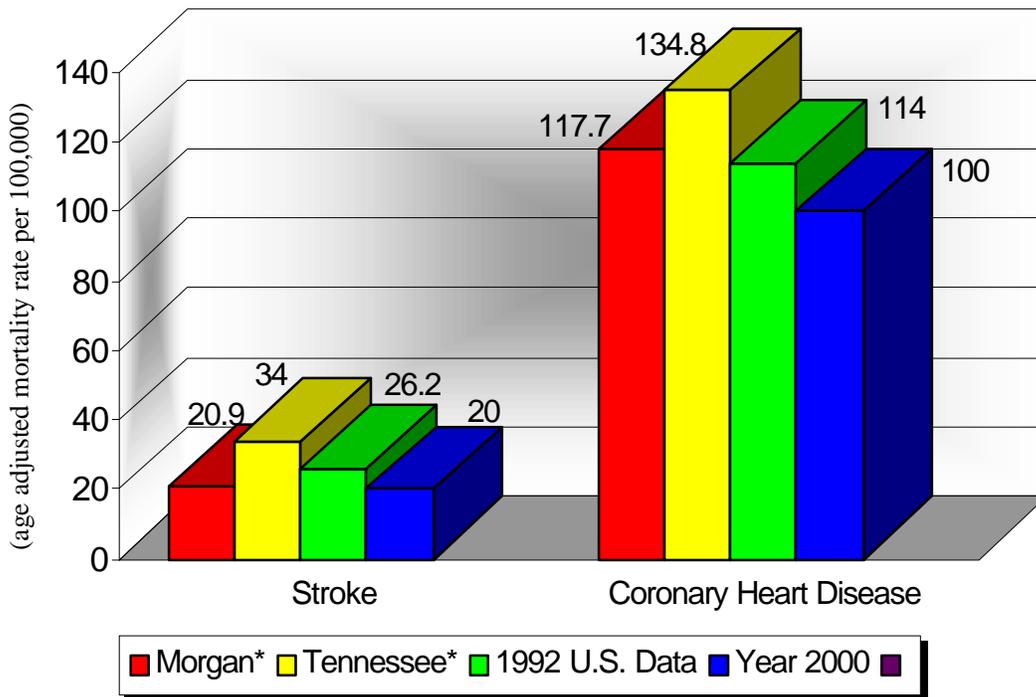
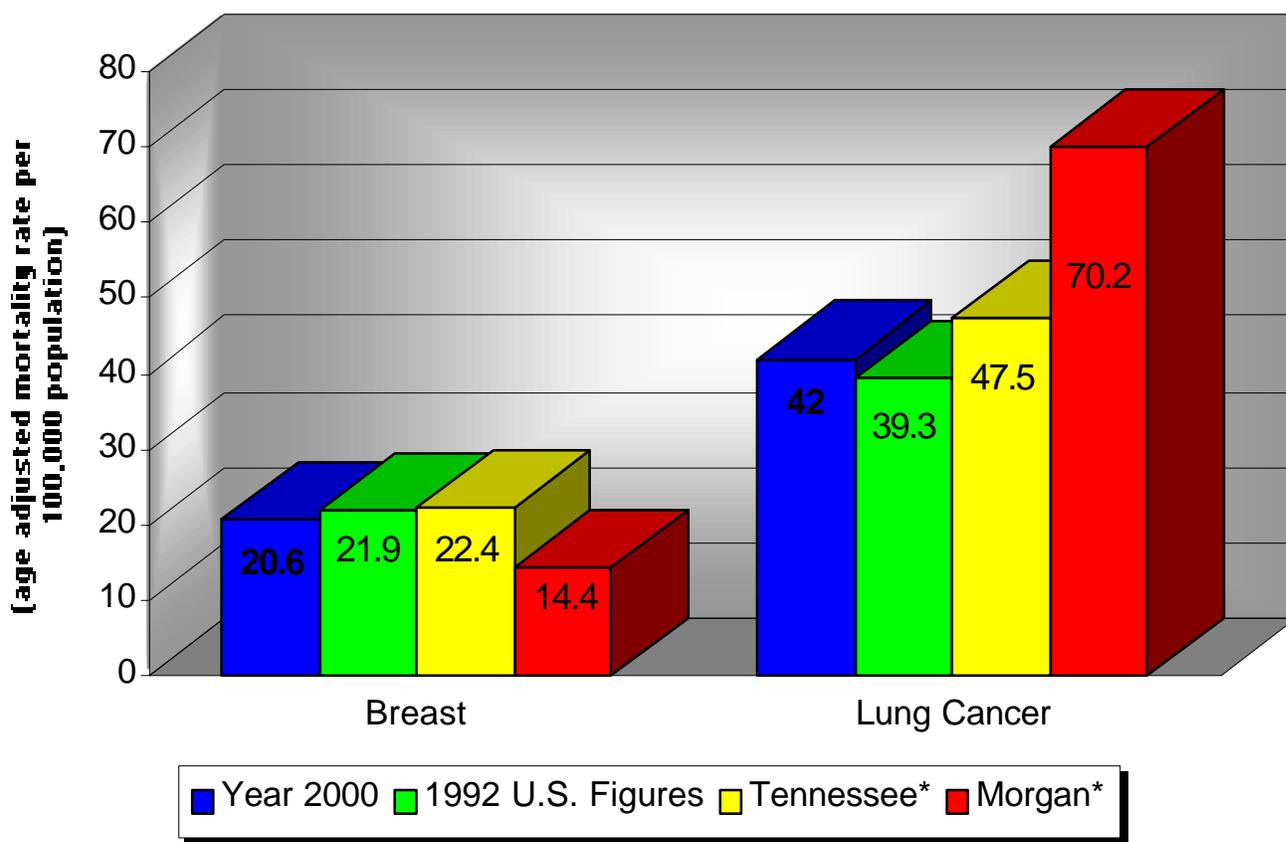


Table 12

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

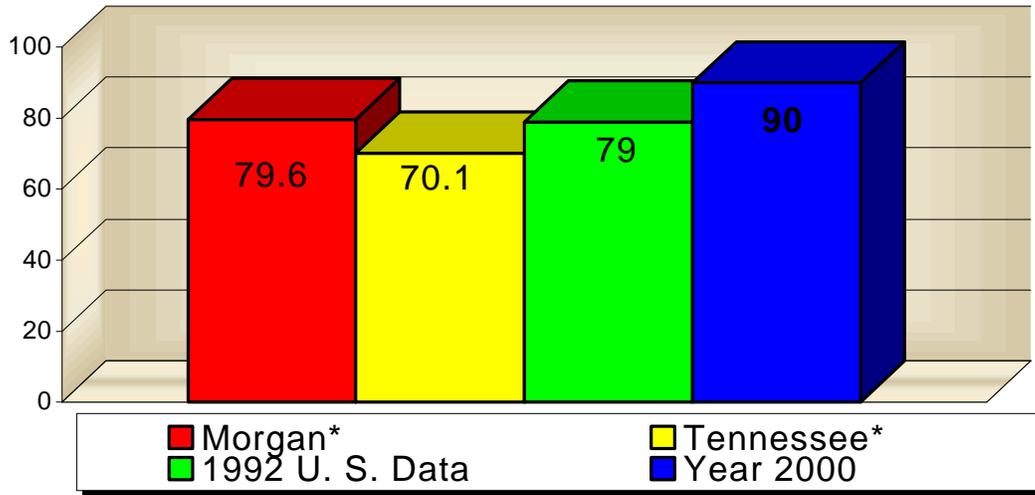


*Figures for Tennessee and Morgan Co., Breast and Lung Cancer are a 3-year average from the years 1991 –1993.

STATUS OF MORGAN COUNTY ON SELECTED YEAR 2000 OBJECTIVES PERINATAL INDICATORS

Table 13

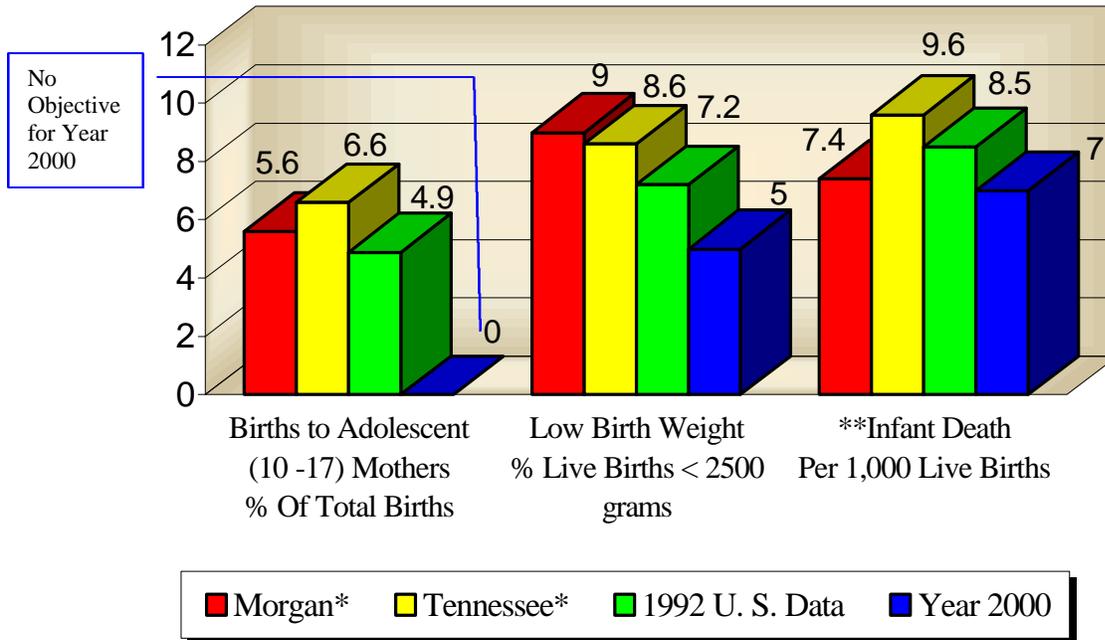
% Women Receiving Prenatal Care 1st Term



*Figures for Morgan County are a 2-year average from the years 1992 – 1994.

Table 14

Perinatal Indicators



*Figures for Tennessee and Morgan County are a 3-year average from the years 1991 –1993.

**Figures for Infant Death per 1,000 live births.

III. HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION

At the conclusion of the review of all data from the Community Diagnosis process and other sources, the Morgan County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The health council then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 15 indicates the health issues in rank order.

Table 15

MORGAN COUNTY HEALTH ISSUES PRIORITIES

- **1. CANCER**
- **2. INSURANCE FOR ELDERLY**
- **3. MOTOR VEHICLE ACCIDENTS**
- **4. MENTAL HEALTH**
- **5. HEALTH PROMOTIONS**
- **6. HEART**
- **7. ALCOHOL & DRUG**
- **8. TOBACCO USE**
- **9. TEEN PREGNANCY**
- **10. TRANSPORTATION**
- **11. WHITE MALE MORTALITY**
- **12. EYE CARE**
- **13. NON-MOTOR VEHICLE ACCIDENTS**

IV. FUTURE PLANNING

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

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APPENDIX A

APPENDIX A

A. Morgan County Health Council

<i>Freda Bennette</i>	<i>Morgan County Schools</i>
<i>John Galloway</i>	<i>Administrator ,Morgan County Health Council</i>
<i>Avilee Galloway</i>	<i>Community Representative</i>
<i>Leon Hannahan</i>	<i>Community Representative</i>
<i>Anna Harlan</i>	<i>Community Representative</i>
<i>David Hennessee</i>	<i>Director, Vocation School Morgan County</i>
<i>Betty Jackson</i>	<i>Community Representative</i>
<i>Pat Jones</i>	<i>Finance Secretary</i>
<i>Tommy Kilby</i>	<i>County Executive</i>
<i>Tiny Langley</i>	<i>Community Representative</i>
<i>Sandy Lanvender</i>	<i>Radio Station WECO</i>
<i>Norma Mathis</i>	<i>Morgan County Health Department</i>
<i>Margie Dean Redmon</i>	<i>Community Representative</i>
<i>Russell Redmon</i>	<i>Community Representative</i>
<i>Bobby Sexton</i>	<i>Community Representative</i>

B. Health Information Tennessee (HIT)

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

≥For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Health Assessment and Planning Staff at (423) 546-9221.

