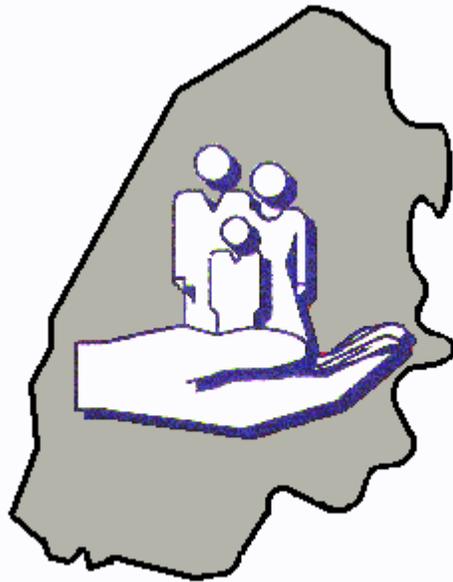

Rhea County

Community Diagnosis Volume I: Health Status Report



Rhea County Health Council

and

**Tennessee Department of Health
Southeast Tennessee Regional Office
Assessment and Planning**

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INTRODUCTION

This document is the result of a county-wide health needs assessment, known as the Community Diagnosis Process, conducted by the Rhea County Health Council (RCHC) and facilitated by the Tennessee Department of Health Assessment and Planning program. Begun in 1997, the Community Diagnosis Process has enabled RCHC 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 RCHC 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 RCHC members. The stakeholder survey (see yellow pages) is an opinion-based, non-scientific survey asking key members of the community how they feel about certain local health services. The behavioral risk factor survey (see green pages) is a scientific survey that asks respondents about their lifestyles, in an attempt to identify any activities that may be a risk to their health. It is a random sample of 200 Rhea County residents and is to be representative of the entire county. RCHC 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 RCHC 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 RCHC was able to compare county-specific statistics with regional and state rates and “Year 2000 Objectives” to determine whether Rhea 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 RCHC utilized the Rhea County resource directory, provided by the We Care of Rhea 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 RCHC 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 in Volume II, 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 RCHC will develop intervention strategies and resources from both public and private sources will be identified to implement the interventions. The RCHC will monitor the implementation and evaluate each intervention and will publish results in Volume III.

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

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

I. HISTORY

The Rhea County Health Council was established in 1996 to address the health needs of Rhea County residents and oversee the health status of Rhea County. The council is made up of local health care professionals, elected officials, and other local citizens. Since 1996, the council has orchestrated various activities to address health needs including forums for TennCare issues, free health screenings, and other special projects for the population of Rhea County. All of these efforts have been successful. Begun in January of 1997, the Community Diagnosis Process has offered the council a systematic approach to identifying health issues in a manner that is sensible, effective, and assures long-term improvement.

II. MISSION STATEMENT

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

III. SELECTED DEMOGRAPHIC DATA

Total Number of Households: 9,185

	Rhea County	Southeast Region	State
Percent of households that are family households	76	77.1	72.7
Percent of households that are headed by a female with non husband present	11.8	10.3	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.6	5.3	6.9
Percent of households with the householder 65 and up	24.7	22.7	21.8

EDUCATION

	Rhea County	Southeast Region	State
Number of persons age 25 and older	15,592	163,220	3,139,066
Percent of persons 25 and up that are high school graduates or higher	56	58.0	67.1
Percent of persons 25 and up with a bachelor's degree or higher	8.5	9.7	16.0

EMPLOYMENT

	Rhea County	Southeast Region	State
Number of persons 16 and older	19,068	198,393	3,799,725
Percent in work force	58.9	61.5	64.0
Number of persons 16 and older in civilian work force	11,215	121,844	2,405,077
Percent unemployed	7.9	6.9	6.4
Number of females 16 years and older with own children under 6	1,217	14,022	287,675
Percent in labor force	61.8	59.6	62.9

POVERTY STATUS

	Rhea County	Southeast Region	State
Per capita income in 1989	\$9,333	\$10,235	\$12,255
Percent of persons below the 1989 poverty level	19.0	17.05897	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	23.8	21.7	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	23.4	23.5	20.9

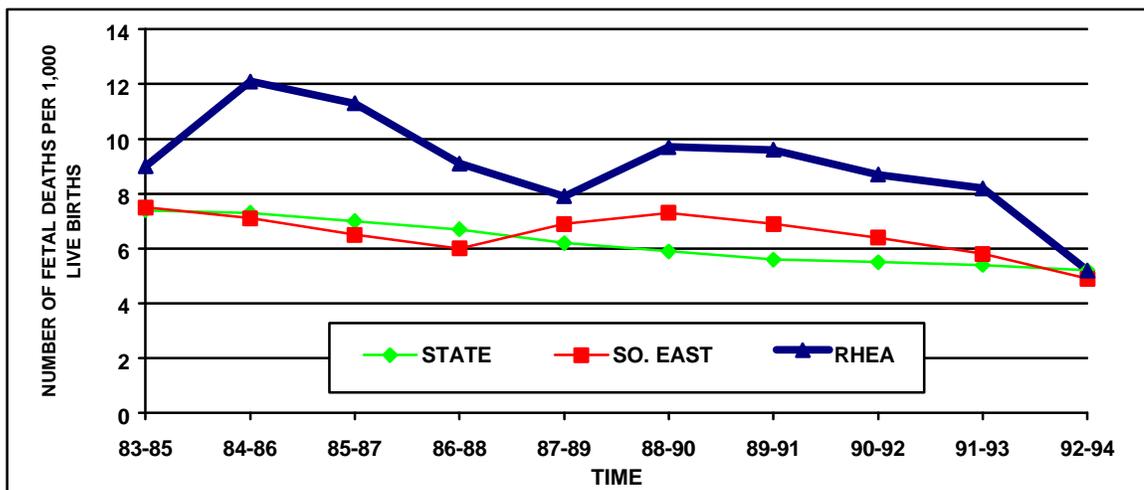
Sources: U.S. Department of Commerce, Bureau of the Census, 1990 Census of Population General Population Characteristics, Tennessee, and 1990 Census of Population and Housing, Summary Social Economic, and Housing Characteristics Tennessee.

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 Rhea 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. Rhea County's data is compared to the corresponding state and Southeast Region (Bradley, Polk, McMinn, Meigs, Rhea, Bledsoe, Sequatchie, Grundy, Franklin, and Marion 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 Rhea County Health Council.

Rhea County Pregnancy And Birth Experience

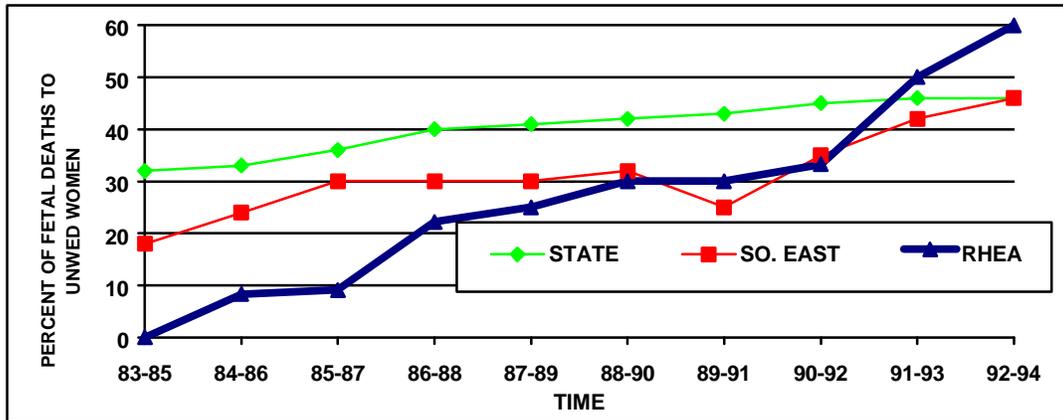
- **Number of Births Per 1,000 Females Ages 10-44** - The Rhea County trend has decreased during the 1990's. Traditionally, the trend is slightly higher than the Southeast Region, but lower than the State. Women of child-bearing age in Rhea County give birth to approximately 330 babies each year (53 per 1,000 females ages 10-44).
- **Percentage of Births to Unwed Mothers Ages 10-44** - While the Rhea County trend has increased, so has that of the Southeast Region and the State. Traditionally, the trend is lower than the State and higher than the Southeast Region. Annually, 28% of Rhea 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
- **Number of Fetal Deaths Per 1,000 Live Births to Females Ages 10-44** - The Rhea County rate is decreasing, but has traditionally been higher than the State and the Southeast Region.



YEAR	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	Percent Change
RHEA CO.	9.0	12.1	11.3	9.1	7.9	9.7	9.6	8.7	8.2	5.2	-42.2

(NOTE: Fetal death and abortion statistics no longer available after 1994.)

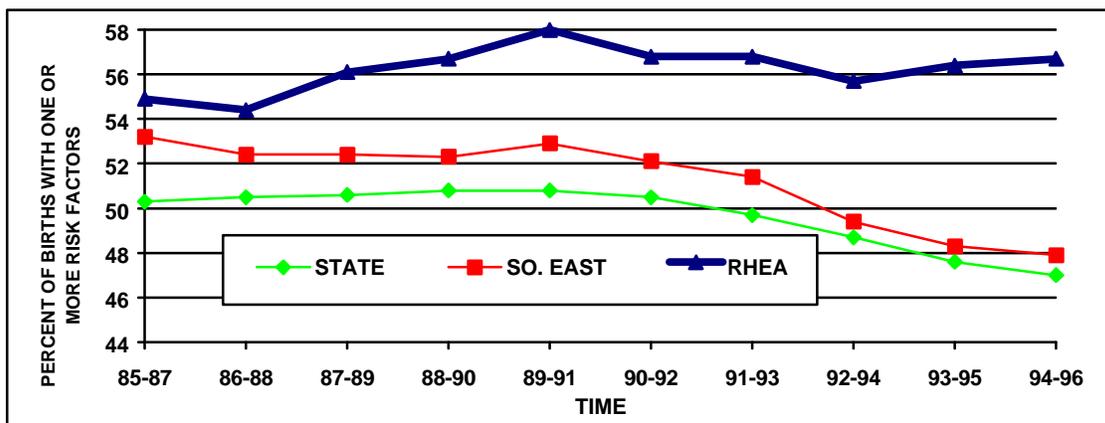
- **Percentage of Fetal Deaths to Unwed Females Ages 10-44** - The Rhea County rate is higher than the State and the Region. More specifically, their rate increased from 0% in 1983-1985 to 60% in 1992-1994.



YEAR	83-85	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94
RHEA CO.	0.0	8.3	9.1	22.2	25.0	30.0	30.0	33.3	50.0	60.0

(NOTE: Fetal death and abortion statistics no longer available after 1994.)

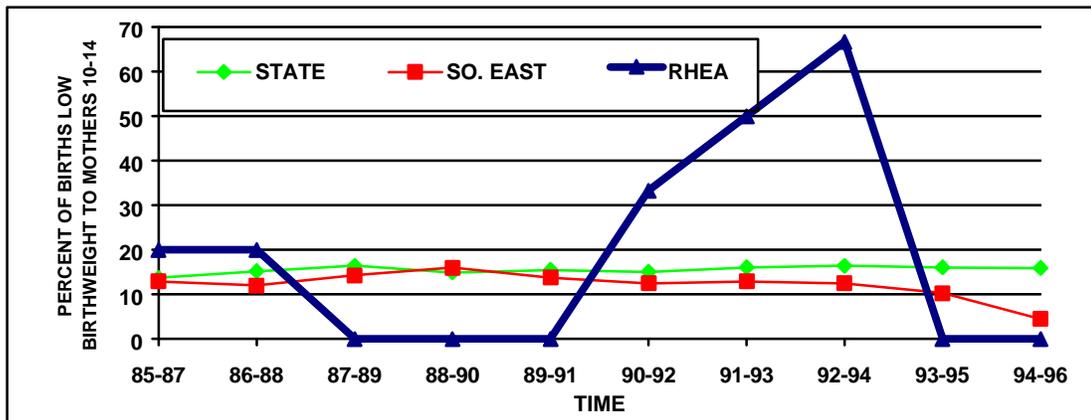
- **Number of Pregnancies Per 1,000- Females Ages 10-44** - The Rhea County trend has remained stable. Traditionally, the trend is lower than the State and slightly higher than the Southeast Region. Annually, approximately 6% (60 per 1,000) of Rhea County female residents 10-44 become pregnant.
- **Percentage of Pregnancies to Unwed Mothers Ages 10-44** - The Rhea County trend has slightly increased, but remains lower than the State and equal to the Southeast Region. Roughly 1/3 of all Rhea County pregnancies occur to unwed mothers.
- **Percentage of Births with One or More Maternal Risk Factors, Females Ages 10-44** - (Risk factors include: mother with less than a high school education, four or more previous live births, previous termination, previous live birth now dead, previous live birth within last twenty-four months.) The Rhea County rate is climbing and is higher than the State and the Region.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
RHEA CO.	54.9	54.4	56.1	56.7	58.0	56.8	56.8	55.7	56.4	56.7

- **Percentage of Births Considered Low Birthweight (All Mothers Age 10-44)** - Recently, the trend has increased but remains below the State and the region. Annually, approximately 7% of all Rhea County births are deemed low birthweight (a rate higher than the national "Year 2000 Objective" of 5%).
- **Teenage Pregnancy Rate (Number of Pregnancies Per 1,000 Females Ages 10-17)** - Since 1990, the trend in Rhea County has continued to decrease. The trend is lower than both the Southeast Region and the State. Annually, about 1.6% (16 per 1,000) of females ages 10-17 become pregnant in the county.

- **Percentage of Births Considered Low Birthweight (Mothers age 10-14) -** The Rhea County rate has been unstable, with periods showing rates higher than the State and the Region. More specifically, their rate fluctuated from 0% in 1987-1989 to 66.7% in 1992-1994, and back down to 0% in 1994-1996.



YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
RHEA CO.	20.0	20.0	0.0	0.0	0.0	33.3	50.0	66.7	0.0	0.0

- **Annual Number of Live Births to Mothers Age 10-17, 1990-1994 -** The Rhea County statistics showed some inconsistencies not only in the number of births to teenagers each year, but also in the age at which the births occurred. Generally speaking, most teenage births in Rhea County occur to those 15 and over, resembling the State and Southeast Region.

statistics followed State and Regional trends by showing a steady decrease in the number of teenage mothers having their second, third or even fourth child. Specifically, in 1990, nearly 22% of teenage births in the county occurred to teen mothers who had previously been pregnant. However, in 1994, only 7% of the teenage births in Rhea County occurred to previously pregnant mothers.

- **Number of Previous Pregnancies Occurring to Mothers Age 10-17, 1990-1994 -** The Rhea County

Rhea County Mortality Experience

- **Number of Infant Deaths (Death of a live born infant less than 1 year of age) Per 1,000 Live Births -** Rhea County's rate, while unstable due to small numbers, has decreased during the twelve-year trend. The trend is currently lower than the State and has recently risen higher than the Southeast Region. Annually, county residents give birth to about 330 babies each year of which an average of 3 will not live through their first year. The national "Year 2000 Objective" is 7.0 per 1,000 live births.
- **Number of Neonatal Deaths (Death of a live born infant under 28 days of age) Per 1,000 Live Births -** While the trend is moderately unstable due to small numbers, Rhea County's rate of neonatal deaths has recently increased and is slightly higher than the Southeast Region and the State. The data shows that most infant deaths occurring in Rhea County do, in fact, occur within the first 28 days of life.

- **Number of Postneonatal Deaths (Death of a live born infant over 28 days of age, but under 1 year) Per 1,000 Live Births -** While the trend is moderately unstable due to small numbers, Rhea County's rate of postneonatal deaths has decreased and is lower than the State and equal to the Southeast Region.
- **Leading Cause of Death for 1-4 Year Olds With Mortality Rates per 100,000 Population -** The leading cause of death for 1-4 year olds was accidents and adverse affects. The Rhea County trend is unstable due to small numbers but is drastically lower than the State and the Southeast Region. The rates have decreased over the twelve-year trend (25.5 deaths per 100,000 in 1985 to 0.0 deaths per 100,000 in 1996).

- **Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per 100,000 Population -** Although traditionally accidents and adverse affects is the leading cause of death for this age group, the health council found cancer to be increasing. Cancer mortality rates in this age group were higher than the State and the Southeast Region. Such rates represent 1 to 2 deaths attributable to cancer each year.

YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
RHEA -CANCER 5-14 year olds	0.0	0.0	0.0	0.0	0.0	19.0	18.8	27.8	9.2	13.7

- **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 was accidents and adverse affects, also. While characterized as slightly unstable due to small numbers, the Rhea County trend has slightly increased during the twelve-year trend and has recently surpassed the State and the Southeast Region.
- **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, Rhea County's trend is slightly unstable due to small numbers, but is generally lower than that of the State and the Southeast Region. However, from 1985 to 1996, there was a 61.2% increase in the number of deaths attributed to heart disease in the 25-44 year old age group and represents 3-4 deaths annually.

YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	<i>Percent Change</i>
RHEA - HEART 25-44 year olds	38.1	38.0	38.0	28.4	23.5	9.4	23.2	45.9	54.7	61.4	61.2

- **Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per 100,000 Population -** Malignant Neoplasms or cancer is the leading cause of death for this age group. The health council found cancer to be increasing in Rhea County and cancer mortality rates to be higher than the State and the Southeast Region. Such rates represent roughly 20 deaths attributable to cancer annually.

YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	<i>Percent Change</i>
RHEA - CANCER 45-64 year olds	247.6	277.9	313.9	321.8	320.4	303.1	338.6	335.7	344.1	309.4	25.0

- **Leading Cause of Death for 65+ Year Olds With Mortality Rates Per 100,000 Population -** Heart disease was the leading cause of death for this age group and county rates had decreased over the twelve year trend, however the council found flu and pneumonia mortality rates to be on the increase. Such rates represent roughly 8 deaths attributable to flu and pneumonia annually.

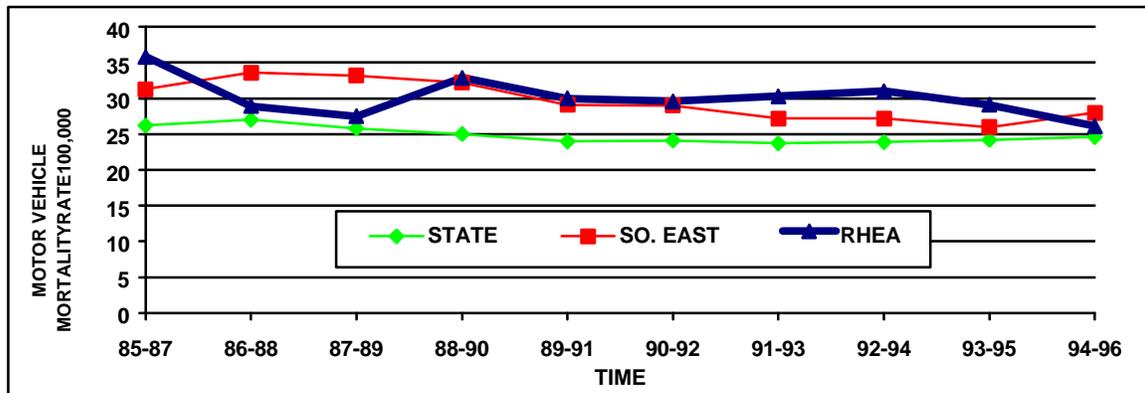
YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	<i>Percent Change</i>
RHEA - FLU AND PNEUMONIA 65+ year olds	136.3	153.7	140.3	186.2	201.1	186.4	198.9	227.8	263.4	231.2	69.6

- **White Male Age-Adjusted Mortality Rate Per 100,000 Population -** The Rhea County trend has historically been unstable with periods when rates were higher than the State and the Southeast Region and other periods when rates were lower than the State and the Southeast Region. However, in recent years the trend has begun to decrease and is presently lower than both the State and Region.
- **Other Races Male Age-Adjusted Mortality Rate Per 100,000 Population -** The Rhea County trend is unstable due to small numbers. However in recent years the trend has been on a steady decrease and is

- White Female Age-Adjusted Mortality Rate Per 100,000 Population** - Consistent with the State and the region, the Rhea County trend has remained fairly stable over the twelve-year trend. The county rate is equal to the State and slightly higher than the Southeast Region fluctuating between a 1991-1993 three-year average low rate of 370 to a 1993-1995 three-year average high rate of 412.

- Other Races Female Age-Adjusted Mortality Rate Per 100,000 Population** - The Rhea County trend has historically been unstable with periods when rates were higher than the State and the Southeast Region and other periods when rates were lower than the State and the Southeast Region. However, during the latest time frame (1994-1996) the trend is lower than both the State and Region.

- Motor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Rhea County trend has historically been higher than the State and the Southeast Region. Over the twelve-year trend there was a 27.1% decrease in the mortality rate, but it still remains higher than the State.

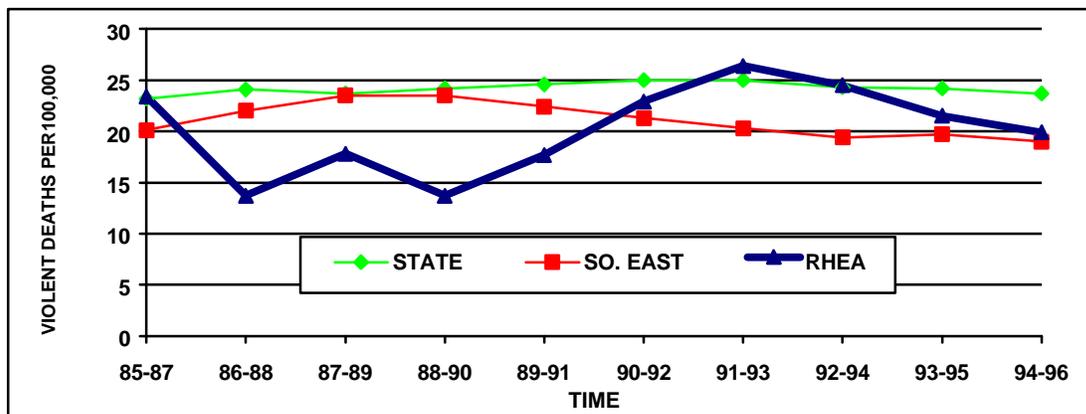


YEAR	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	% Change
RHEA	35.8	28.9	27.5	32.9	30.0	29.6	30.3	31.0	29.1	26.1	-27.1

- Nonmotor Vehicle Accidental Mortality Rate Per 100,000 Population** - The Rhea County trend is unstable but traditionally lower than both the State and the Region. During the latest time frame (1994-1996) the rate increased and is higher than the State but remains lower than the Southeast Region.

- Female Breast Cancer Mortality Rate Per 100,000 Women Ages 40+** - The Rhea County trend is decreasing but has historically been higher than the State and the Southeast Region. Current rates are slightly higher than the State and equal to the Region.

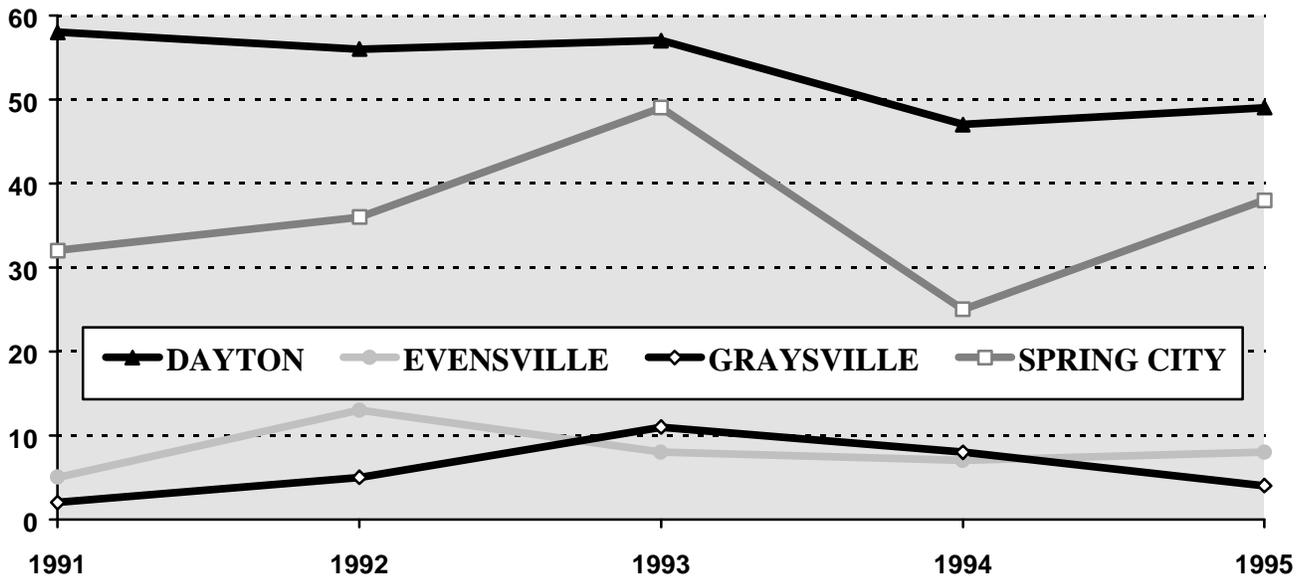
- Number of Violent Deaths Per 100,000 Population** - The Rhea County trend had increased significantly during the late 80's and early 90's, but has recently dropped below the State trends. The 1994-1996 rate of 19.9 remains higher than the Southeast Region. Current rates represent approximately 5-6 violent deaths annually.



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	23.2	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7
SE REGION	20.1	22.0	23.5	23.5	22.4	21.3	20.3	19.4	19.7	19.0
RHEA	23.4	13.7	17.8	13.7	17.7	22.9	26.4	24.5	21.5	19.9

Rhea County Morbidity Experience

- **Syphilis Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, the Rhea County trend has remained stable. The county's rates are lower than the Southeast Region, lower than the State, and lower than the national "Year 2000 Objective" of 10.
- **Chlamydia Rates (Number of Reported Cases Per 100,000 Population)** - Since 1987, Rhea County's trend has increased steadily. However from 1987 to 1996, the county's rates were dramatically lower than the State and slightly lower than the Southeast Region. The 1987-1989 three-year average rate was 4.1 and the 1994-1996 three-year average rate was 54.8.
- **Gonorrhea Rates (Number of Reported Cases Per 100,000 Population)** - Over the twelve-year trend, the Rhea County trend has remained stable. The county's rates are drastically lower than the Southeast Region, the State, and the national "Year 2000 Objective" of 100.
- **Vaccine-Preventable Disease Rates (Number of Reported Cases Per 100,000 Population)** - The Rhea County trend has decreased over the twelve year time frame. The county is drastically lower than the State and the Southeast Region
- **Tuberculosis Disease Rates (Number of Reported Cases Per 100,000 Population)** - Rhea County's rates are characterized by instability. Throughout the twelve year time frame the rate has fluctuated considerably. The 1994-1996 three-year average rate of 6.2 is lower than both the State and the Southeast Region but still markedly higher than the national "Year 2000 Objective" of 3.5.
- **Cancer Incidences for Rhea County Residents by Zip Code, 1991-1995** - Incidences indicate the number of new cases which arose each year. In nearly all areas of the county cancer incidences increased during the period of 1991 to 1995.



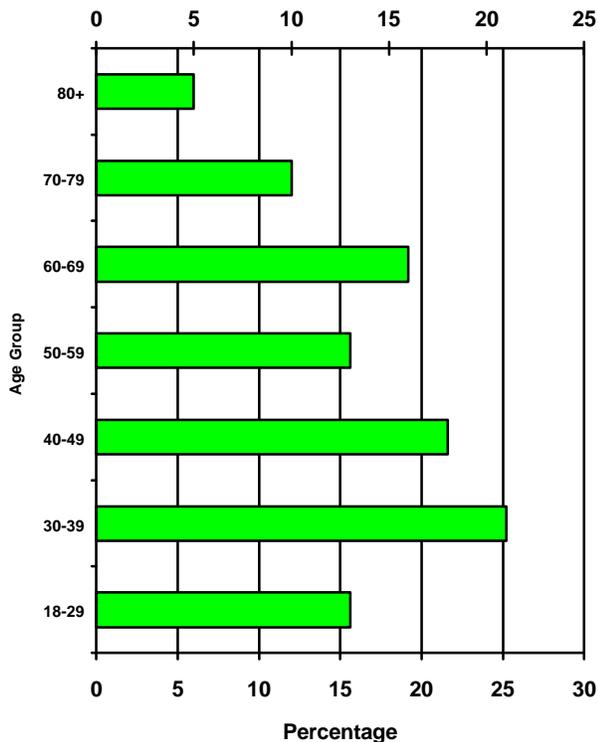
YEAR	1991	1992	1993	1994	1995	PERCENT CHANGE
DAYTON (37321)	58	56	57	47	49	-15.5
EVENSVILLE (37332)	5	13	8	7	8	60.0
GRAYSVILLE (37338)	2	5	11	8	4	100.0
SPRING CITY (37381)	32	36	49	25	38	18.8

V. STAKEHOLDER SURVEY

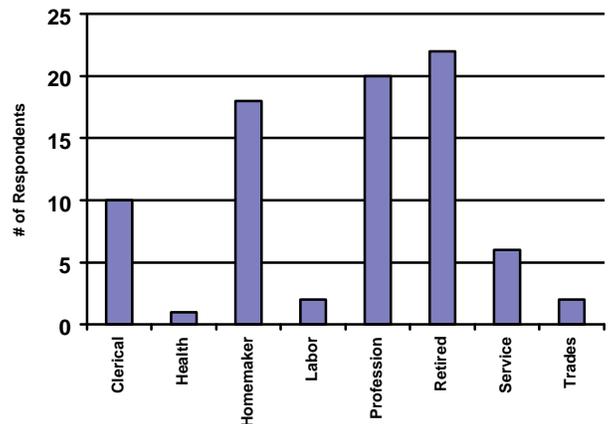
The Rhea County Stakeholder Survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken, i.e., young families, 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 RCHC 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 165 respondents to the Rhea County Stakeholder Survey. *Several of the issues recognized as potential problems arose directly from the Stakeholder Survey, those issues are denoted by an asterisk.*

Stakeholder Demographics

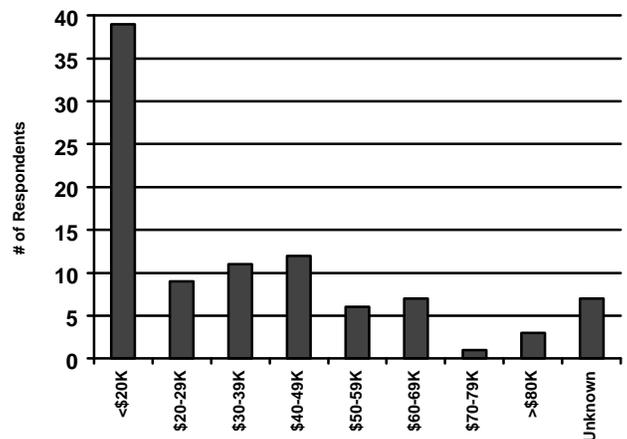
- 115 females (70%) and 50 males (30%) responded to the Stakeholder Survey, of those, 52% were married, 15% divorced, 13% widowed and 10% never married.
- A majority (74%) of respondents have been long-time (10+ years) residents.
- A majority of respondents fell within the 30-39 year old age group.



- A majority of respondents held professional jobs, worked in the home or were retired.



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



- Of all respondents, 2% were Black, 1% were Native Americans, 96% were White, and 1% fell into the "Other" category

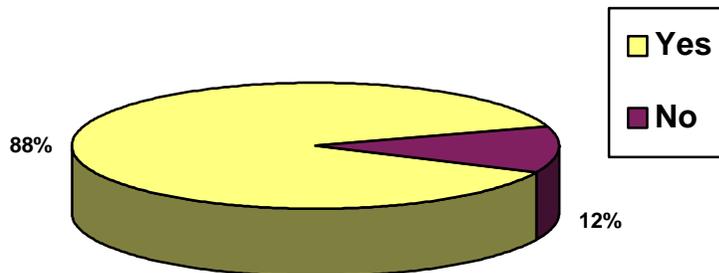
Stakeholder Opinions

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

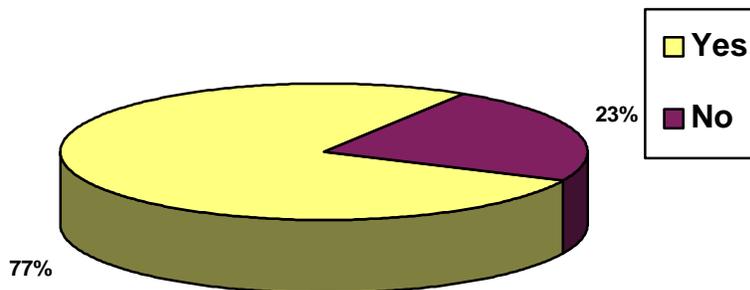
PROBLEMS	Freq.	Percent	Cum.
Lack of Health Care	60	23%	23%
Health Conditions	40	15%	38%
Sex. Trans Diseases	28	11%	49%
Cost of Care	21	8%	57%
Habits/Addictions	21	8%	65%
Elderly Care Issues	21	8%	73%
Other	72	27%	100.0%
TOTAL	263	100.0%	100.0%

- 86% of respondents had some form of health care insurance.
- Of those respondents with health care insurance, 30% have TennCare coverage.

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



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



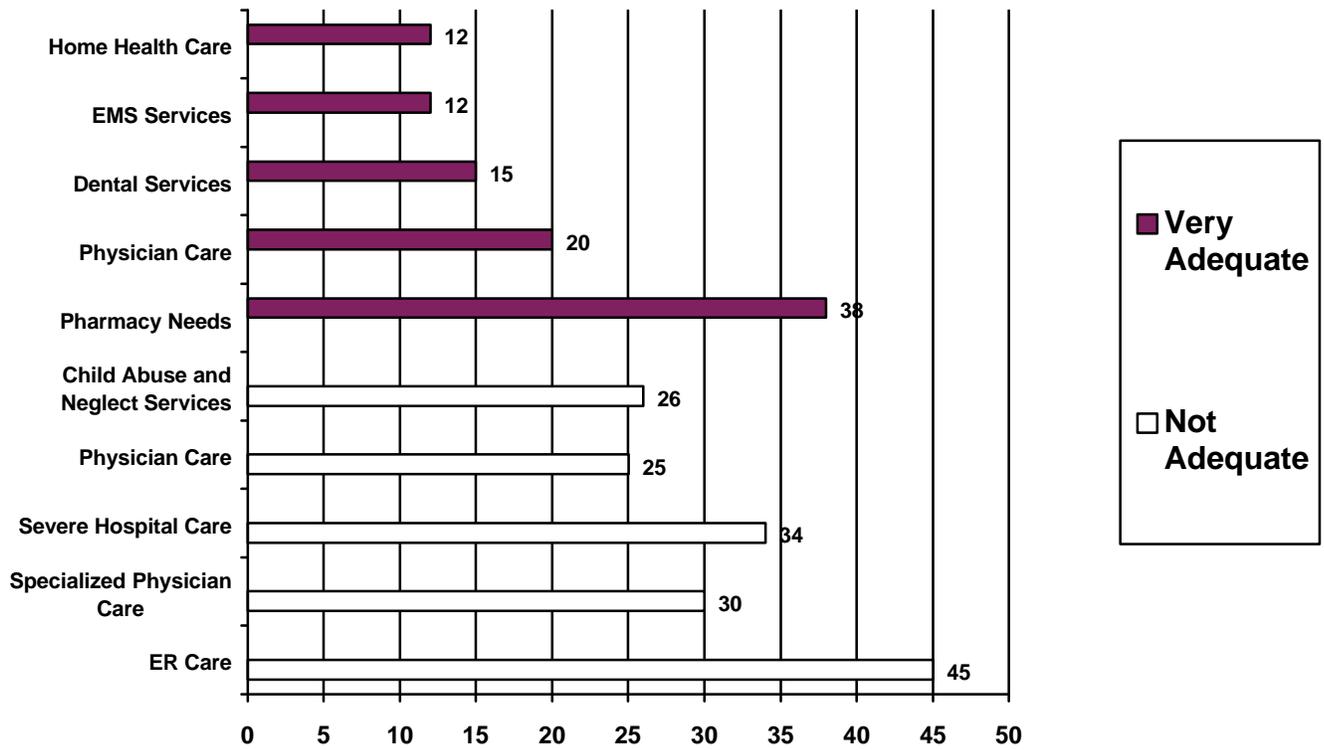
- When asked, “TO WHICH HOSPITAL DOES YOUR PRIMARY CARE PHYSICIAN REFER PATIENTS?,” a majority of respondents listed Rhea Medical Center.

HOSPITAL	Freq.	Percent	Cum.
Rhea Medical Center	70	46%	46%
Erlanger Med. Center	35	23%	69%
Memorial Hospital	12	8%	77%
Bradley Memorial	2	1%	78%
Other	32	21%	100%
TOTAL	151	100.0%	100.0%

- When asked, “IS TRANSPORTATION A PROBLEM FOR YOU?,” 15% of respondents answered “yes.”

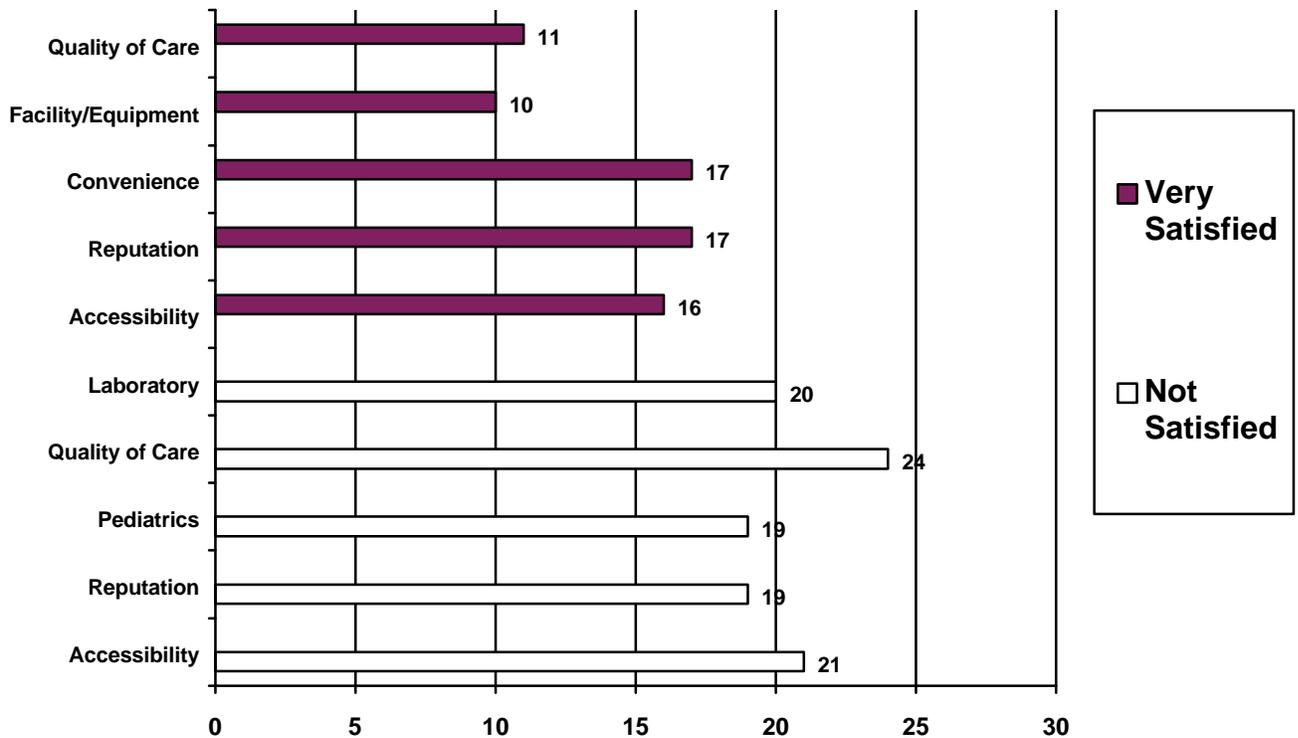
- ****When asked, “IN YOUR OPINION, HOW ADEQUATE IS THE AVAILABILITY OF THE FOLLOWING HEALTH CARE SERVICES IN YOUR COMMUNITY?,” the survey yielded the following results:**

TOP FIVE “VERY ADEQUATE” AND “NOT ADEQUATE” RESPONSES BY PERCENTAGE



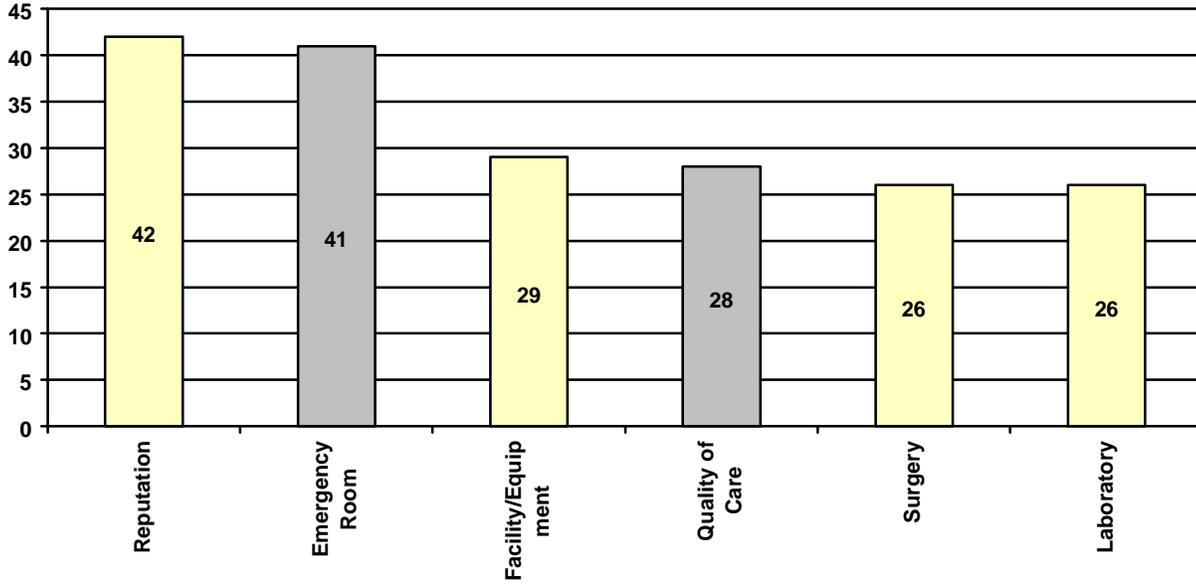
- ****When asked, “HOW SATISFIED ARE YOU WITH PRIMARY HEALTH CARE PROVIDED BY HEALTH CARE PROVIDERS IN YOUR COMMUNITY?,” the following results were obtained:**

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

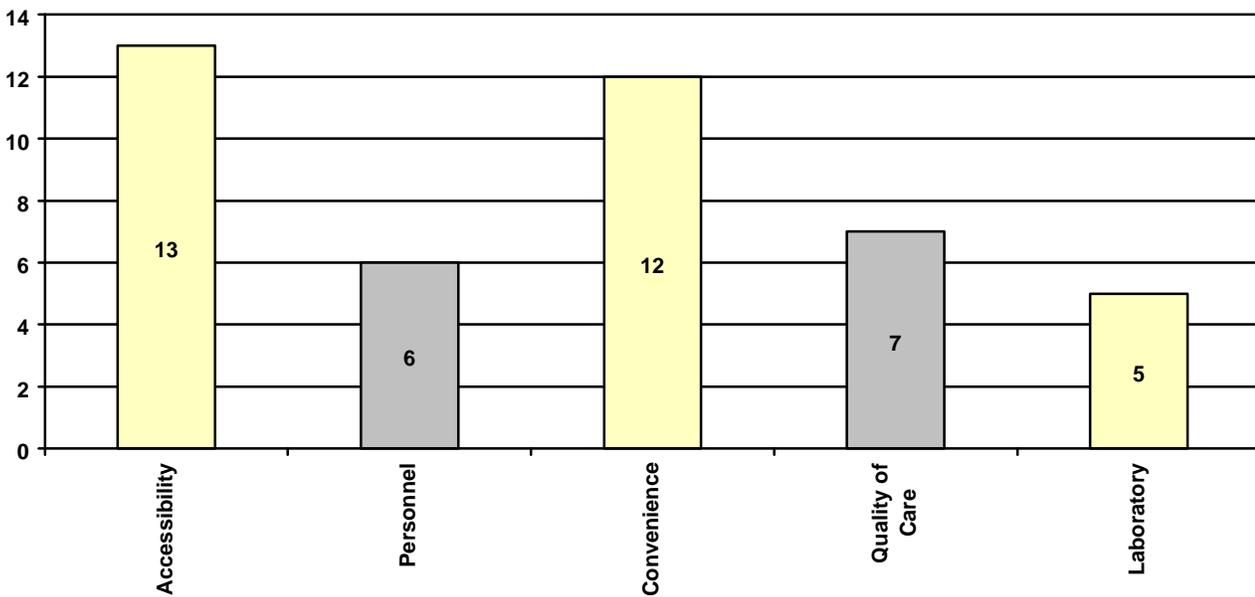


- ****When asked, “HOW SATISFIED ARE YOU WITH THE FOLLOWING SERVICES AND CHARACTERISTICS OF THE LOCAL HOSPITALS?,” the survey yielded the following results:**

TOP FIVE “NOT SATISFIED” RESPONSES BY PERCENTAGE

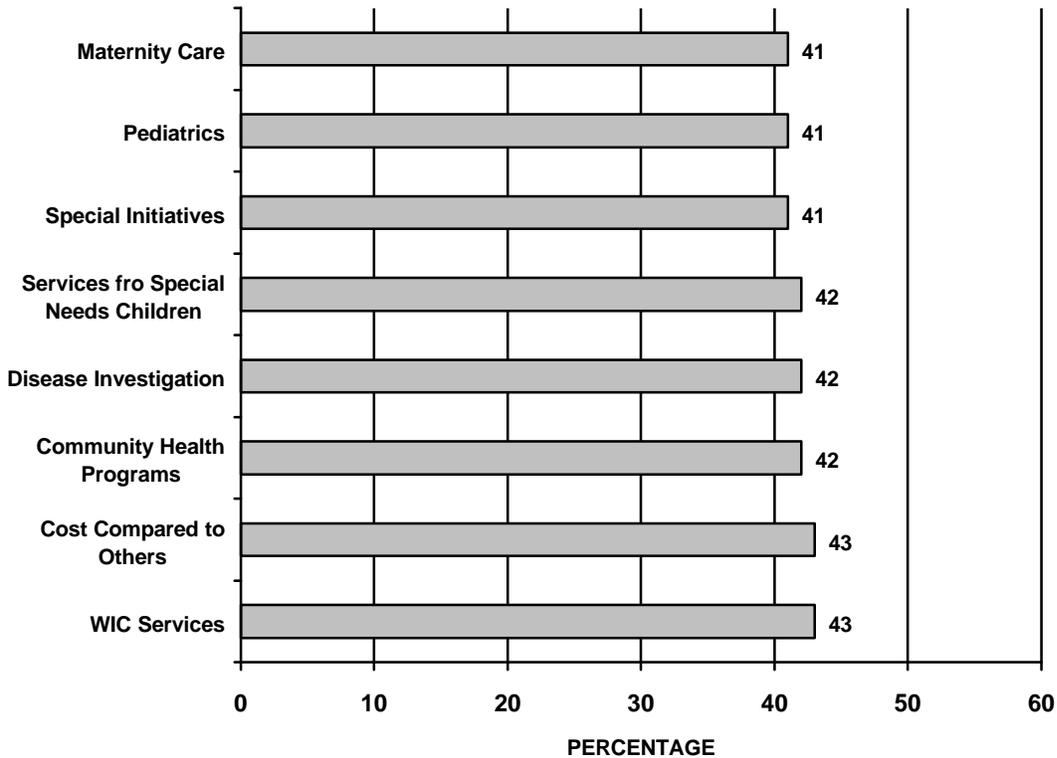


TOP FIVE “VERY SATISFIED” RESPONSES BY PERCENTAGE



- ****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, “WOULD YOU RECOMMEND THE LOCAL HOSPITAL TO A FRIEND FOR THE FOLLOWING SERVICES?,” respondents gave the following answers:**

	YES	NO	DK		YES	NO	DK
CUT FINGER	55%	21%	17%	INPATIENT SURGERY	15%	56%	23%
BROKEN ARM	32%	43%	18%	OBSTETRICAL CARE	5%	54%	33%
OUT PATIENT SURGERY	19%	54%	21%	GYNECOLOGICAL	7%	54%	29%

- ****When asked, “IF YOU SHOULD NEED HEALTH CARE SERVICES FOR THE FOLLOWING, WHERE WOULD YOU GO?,” the survey yielded the following:**

CUT FINGER	Percent	Cum.
Rhea Medical Center	41	41%
Erlanger	4	45%
Walk-In-Clinic	1	46%
Private Physician.	24	70%
Memorial	1	71%
Health Department	0	71%
Other	18	89%
No Response	11	100%
TOTAL	100.0%	100.0%

BROKEN ARM	Percent	Cum.
Rhea Medical Center	29	29%
Erlanger	24	53%
Walk-In-Clinic	0	53%
Private Physician.	10	63%
Memorial	6	69%
Health Department	0	69%
Other	20	89%
No Response	11	100%
TOTAL	100.0%	100.0%

OUTPATIENT SURGERY	Percent	Cum.
Rhea Medical Center	20	20%
Erlanger	35	55%
Walk-In-Clinic	0	55%
Private Physician.	4	59%
Memorial	7	66%
Health Department	0	66%
Other	22	88%
No Response	12	100%
TOTAL	100.0%	100.0%

GYNECOLOGICAL SERVICES	Percent	Cum.
Rhea Medical Center	6	6%
Erlanger	27	33%
Walk-In-Clinic	0	33%
Private Physician.	15	48%
Memorial	7	55%
Health Department	1	56%
Other	18	74%
No Response	26	100%
TOTAL	100.0%	100.0%

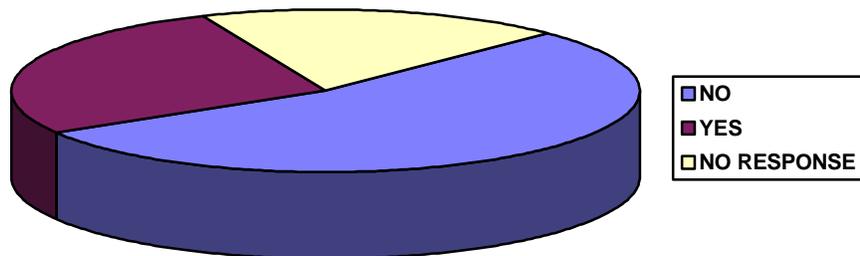
INPATIENT SURGERY	Percent	Cum.
Rhea Medical Center	15	15%
Erlanger	34	49%
Walk-In-Clinic	0	49%
Private Physician.	2	51%
Memorial	15	66%
Health Department	0	66%
Other	21	87%
No Response	13%	100%
TOTAL	100.0%	100.0%

VACCINATIONS/ IMMUNIZATIONS	Percent	Cum.
Rhea Medical Center	15	15%
Erlanger	5	20%
Walk-In-Clinic	1	21%
Private Physician.	33	54%
Memorial	2	56%
Health Department	24	80%
Other	5	85%
No Response	15	100%
TOTAL	100.0%	100.0%

OBSTETRICAL CARE	Percent	Cum.
Rhea Medical Center	4	4%
Erlanger	32	36%
Walk-In-Clinic	0	36%
Private Physician.	8	44%
Memorial	5	49%
Health Department	0	49%
Other	13	62%
No Response	38%	100%
TOTAL	100.0%	100.0%

FAMILY PLANNING	Percent	Cum.
Rhea Medical Center	5	5%
Erlanger	4	9%
Walk-In-Clinic	1	10%
Private Physician.	9	19%
Memorial	3	22%
Health Department	16	38%
Other	10	48%
No Response	52	100%
TOTAL	100.0%	100.0%

- 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.”



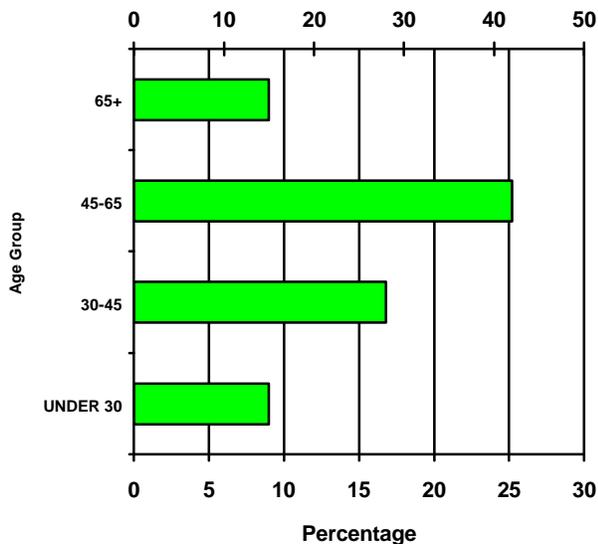
VI. BEHAVIORAL RISK FACTOR SURVEY

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

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

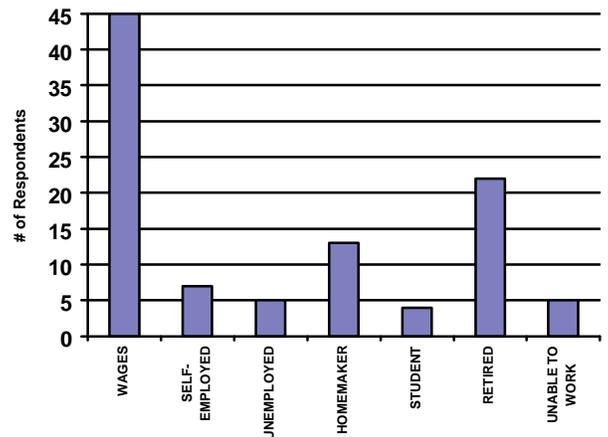
Behavioral Risk Factor Demographics

- Of the 200 respondents, 97 were male, 103 were female, of those 69% were married, 10% divorced, 10% widowed, 2% separated, and 18% never married.
- 198 respondents were white, 1 was African American, and 1 was American Indian. Three of the respondents claimed a Hispanic origin.
- A majority of respondents fell within the 45-65 year old age group.

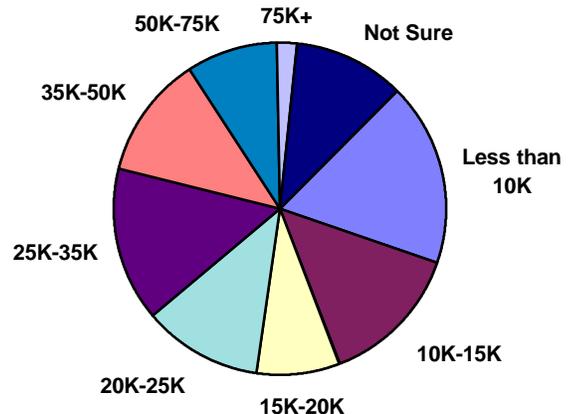


- Approximately 25% of the respondents had less than a high school education, 44% had earned their high school degree, 23% had some college and 9% were college graduates

- A majority of the respondents (45%) earned their living through wages, while 22% were retired

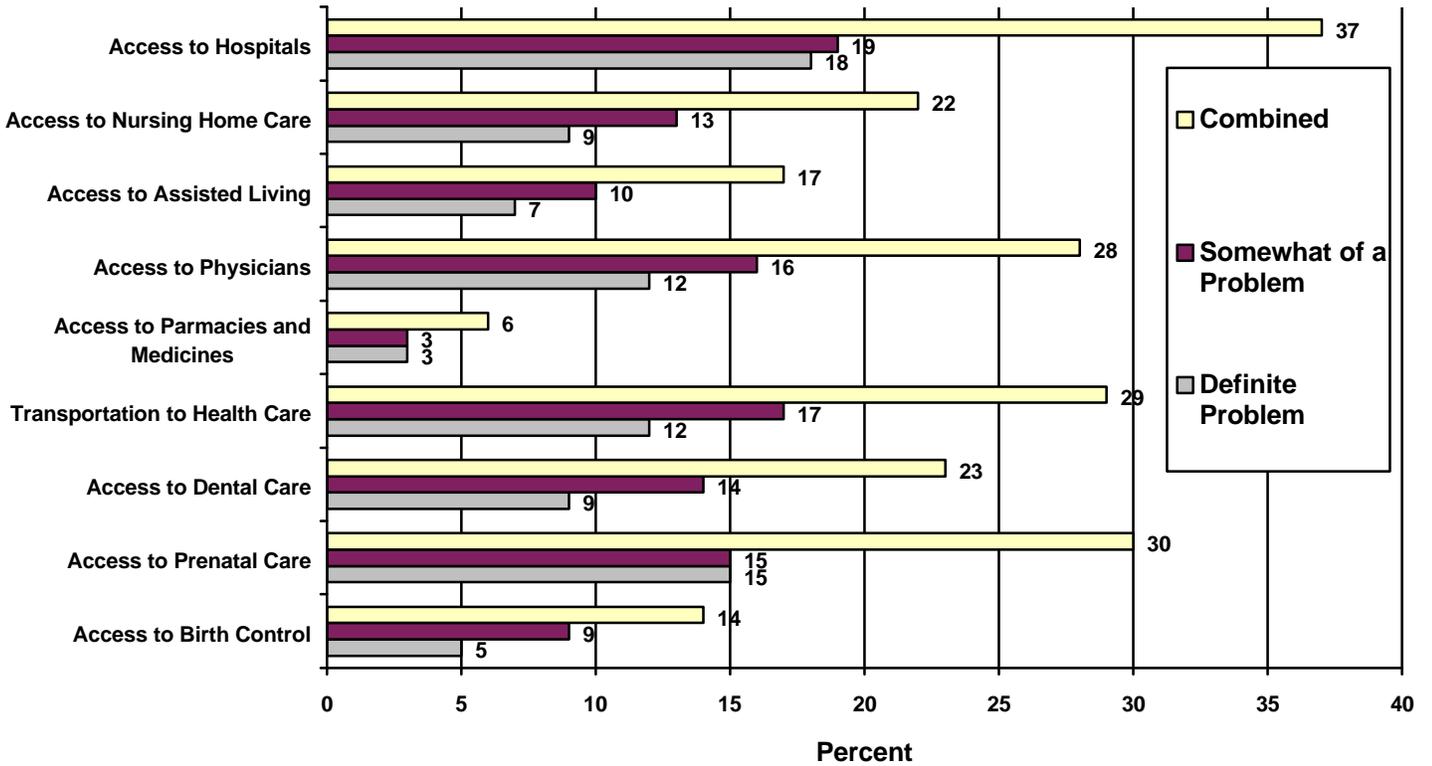


- The household income levels of the respondents were well dispersed with the largest group earning less than \$10,000.

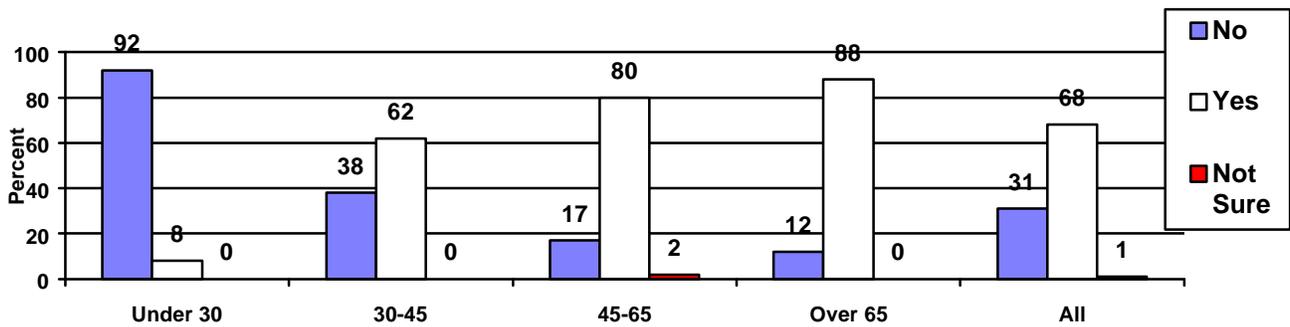


Behavioral Risk Factor Results

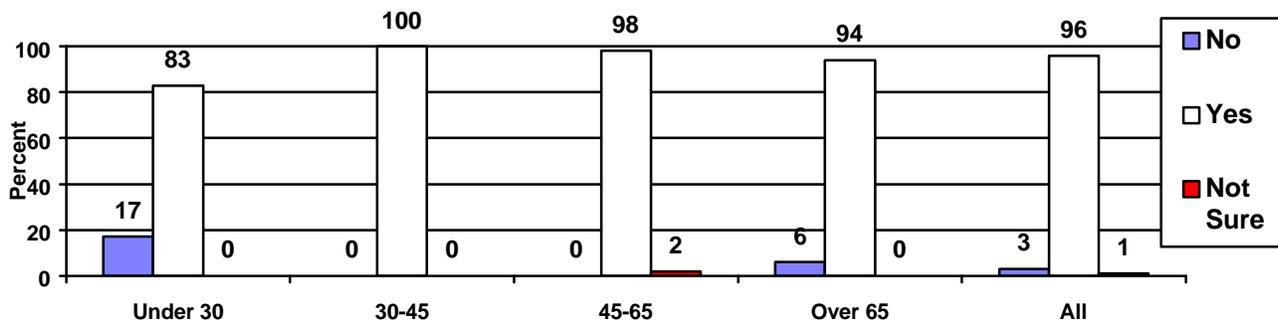
- ****When asked whether they felt the following were community problems, responses were as follows:**



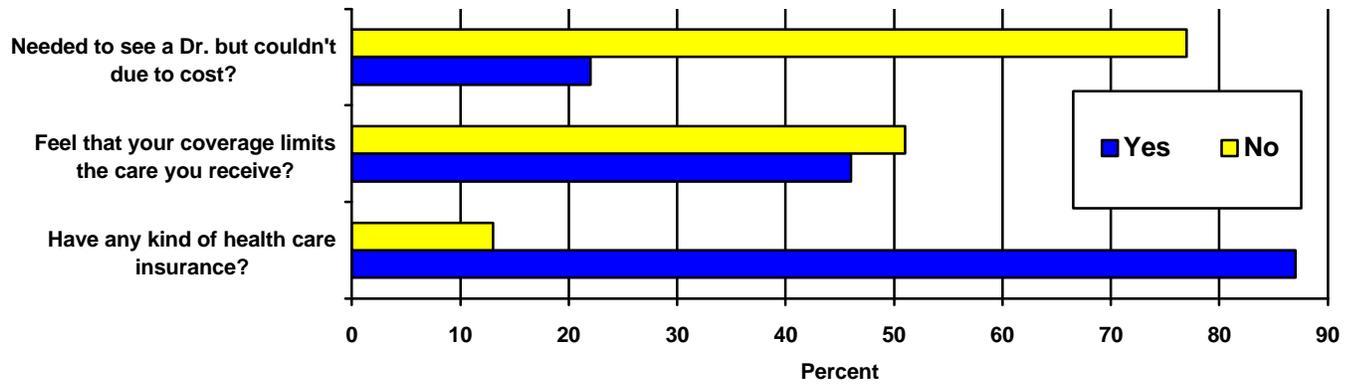
- When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



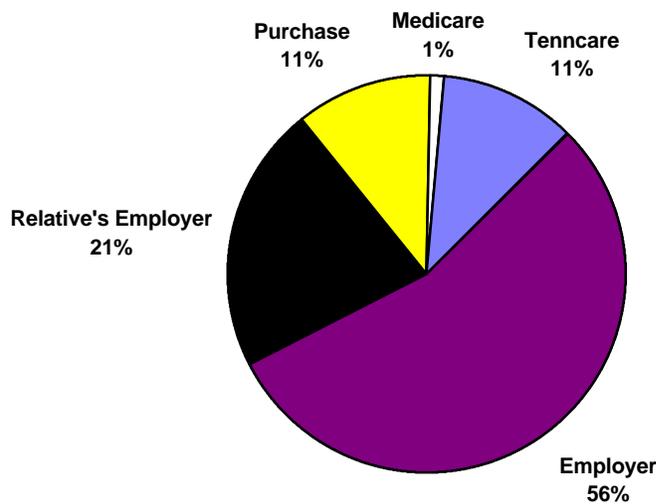
- When asked "HAVE YOU EVER HAD A PAP SMEAR?," the following responses were obtained:



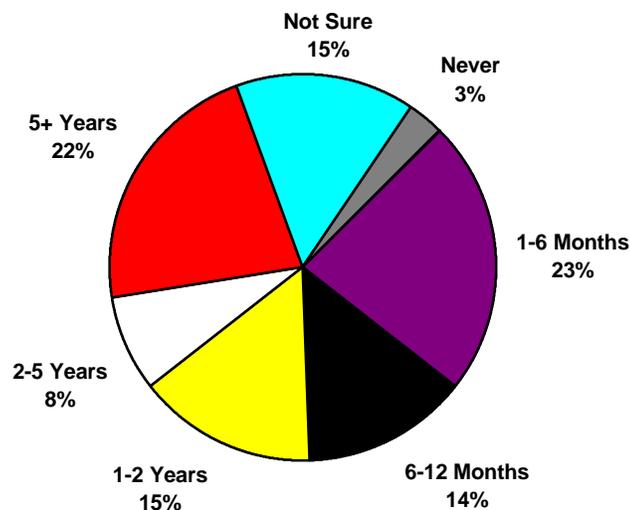
- ****When asked the following questions regarding their health care coverage, Rhea county residents responded as follows:**



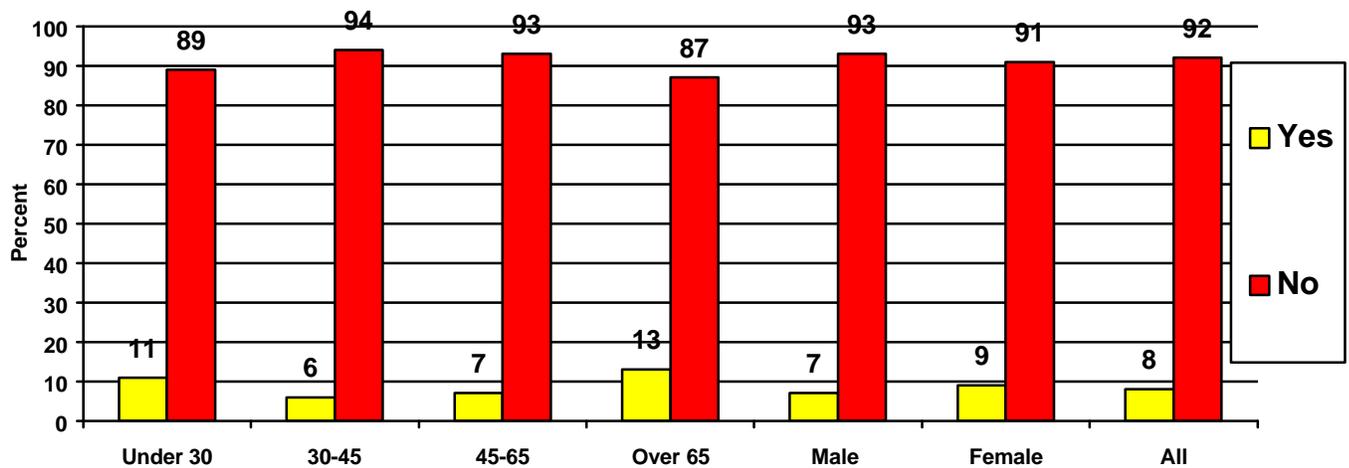
- When asked “WHAT TYPE OF HEALTH CARE COVERAGE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?”, the survey yielded the following results:



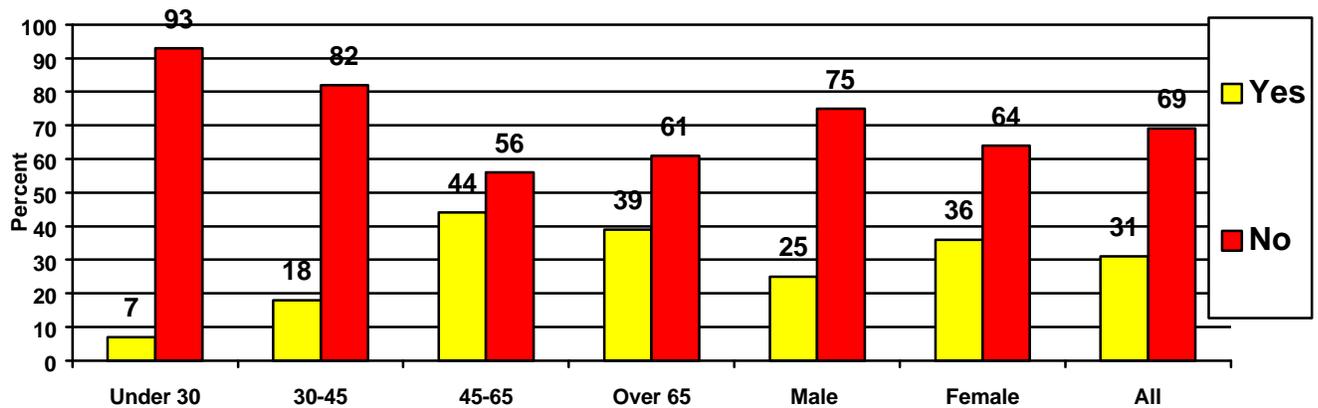
- ****When asked “HOW LONG SINCE YOU’VE HAD HEALTH CARE COVERAGE?”, the survey yielded the following results:**



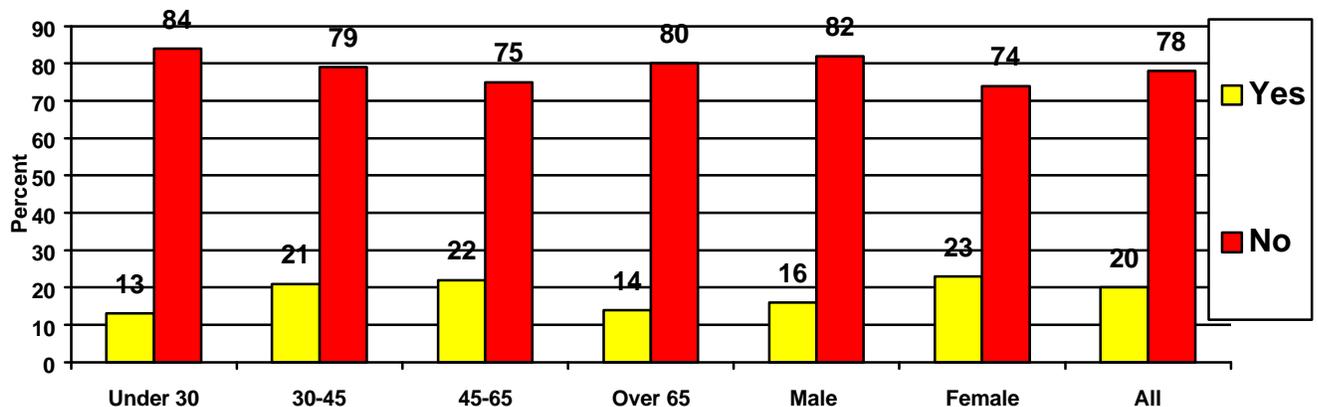
- When asked if they have ever had diabetes, Rhea County residents responded:



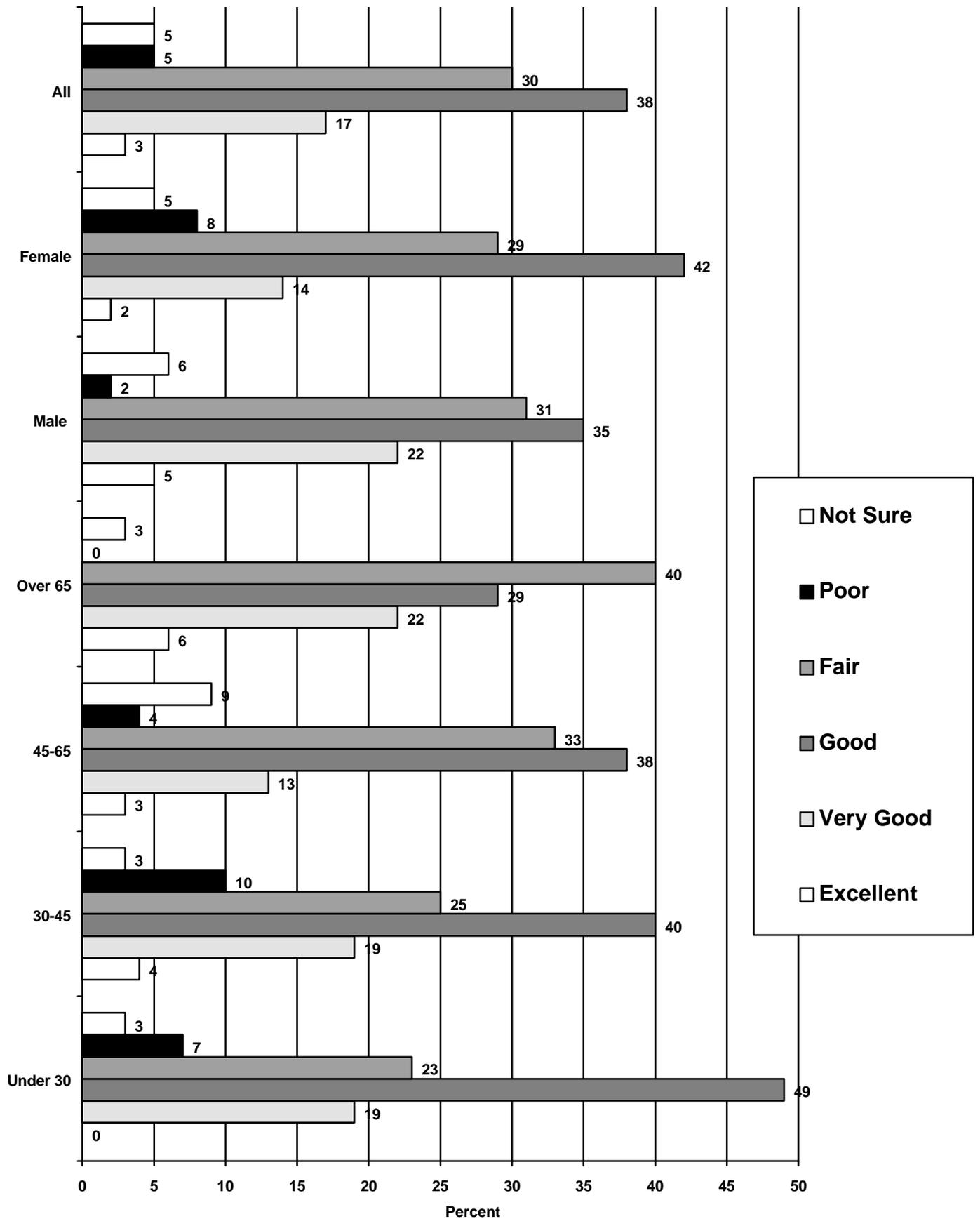
- **When asked if they have ever had high blood pressure, Rhea County residents responded:**



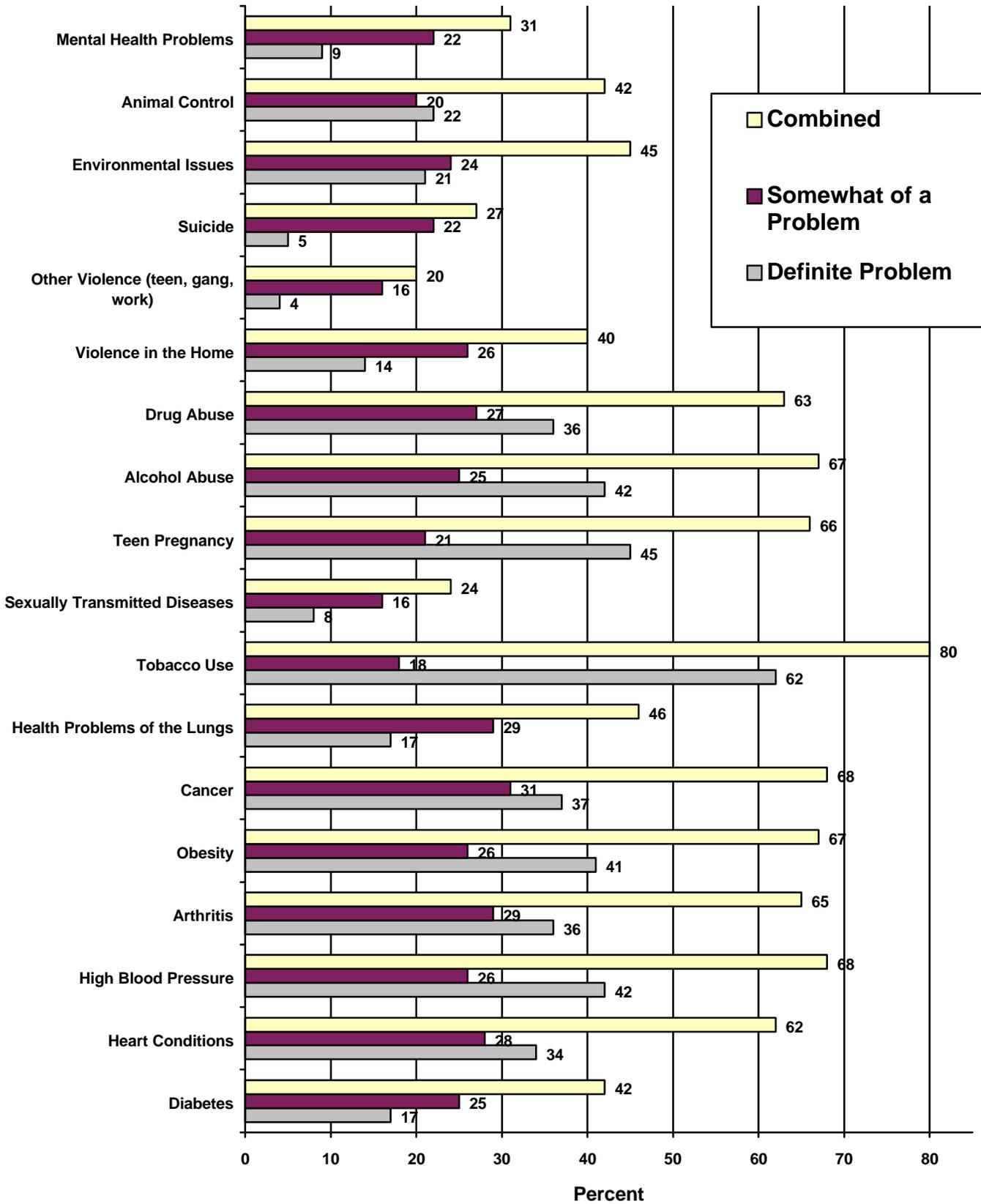
- When asked if they have ever been advised to lose weight, Rhea County residents responded:



- When asked to rate their overall health, Rhea 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 RCHC carefully considered the problems that had been highlighted throughout the process which included the following:

Pregnancy and Birth Data

- Total Number of Fetal Deaths Per One Thousand Live Births to Females (All Ages) **PAGE-6**
- Percentage of Fetal Deaths to Unwed Females (All Ages) **PAGE-7**
- Number of Births with One or More High Risk Factors (All Ages) **PAGE-7**
- Number of Live Births Considered Low Birthweight (10-14 Year Olds) **PAGE-8**

Mortality Data

- Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) **PAGE-9**
- Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Heart Disease) **PAGE-9**
- Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Cancer) **PAGE-9**
- Leading Cause of Death for 65+ Year Olds With Mortality Rates Per One Hundred Thousand Population (Flu and Pneumonia) **PAGE-9**
- Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population **PAGE-10**
- Violent Death Rates Per One Hundred Thousand Population **PAGE-10**

Morbidity Data

- Cancer Incidences for Rhea County Residents by Zip Code **PAGE-11**

Stakeholder Survey Data

- Most Important Problem Facing our Community Health Services **PAGE-13**
- Adequacy of Health Care Services in the Community **PAGE-14**
- Satisfaction with Physician Care and Services **PAGE-14**
- Satisfaction with Local Hospital **PAGE-15**
- Satisfaction with the Local Health Department **PAGE-16**
- Would You Recommend the Local Hospital for Services? **PAGE-16**
- If You Should Need Health Care Services, Where Would You Go? **PAGE-16**

Behavioral Risk Factor Survey Data

- When Asked Whether They Felt the Following Were Community Problems **PAGE-19 and 23**
- Does Your Health Care Coverage Limit the Care You Receive? **PAGE-20**
- How Long Since You've Had Health Care Coverage? **PAGE-20**
- 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 RCHC then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, an effectiveness of intervention.

RHEA COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Percent of births with late or no prenatal care					
Heart disease mortality rates for 25-44 year olds					
Cancer mortality and incidence rates for 45-64 year olds					
Flu and pneumonia mortality rates for 65+ year olds					
Motor vehicle accidental mortality rates					
Violent death rates					
Nonmotor vehicle accidental mortality rates					
Health care coverage limits care received					
High Blood Pressure					
Services for special needs children at the local health department					
Leaving county for health care that is offered locally					
Recommend local hospital for services					

**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 #12.

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

TOTALS

	<i>SCORE</i>	<i>RANK</i>
Cancer mortality and incidence rates for 45-64 year olds	89	1
Percent of births with late or no prenatal care	90	2
Flu and pneumonia mortality rates for 65+ year olds	99	3
High Blood Pressure	100	4
Leaving county for health care that is offered locally	108	5
Heart disease mortality rates for 25-44 year olds	118	6
Health care coverage limits care received	119	7
Violent death rates	122	8
Services for special needs children at the local health department	124	9
Motor vehicle accidental mortality rates	132	10
Recommend local hospital for services	143	11
Nonmotor vehicle accidental mortality rates	171	12

After all 12 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 RCHC choose the following issues for strategic planning purposes:

1. **Cancer mortality and incidence rates for 45-64 year olds**
2. **Percent of births with late or no prenatal care**
3. **Flu and pneumonia mortality rates for 65+ year olds**
4. **High Blood Pressure/Heart disease mortality rates for 25-44 year olds**
5. **Leaving county for health care that is offered locally**

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 RCHC 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 RCHC 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 Rhea 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 Rhea County.