

COMMUNITY DIAGNOSIS

Status Report



SEVIER COUNTY

1999

Tennessee Department of Health
East Tennessee Regional Health Office
Community Development Division

Community Diagnosis

**Sevier County Health Improvement Council
Community Diagnosis Report
Prepared June 1999**

By

**The Community Development Division
East Tennessee Regional Health Office**



INTRODUCTION

Community Diagnosis is a community–based community–owned process to identify and address health needs of Tennesseans. As a health assessment and planning process, Community Diagnosis involves:

- ⇒ Analyzing the health status of the community.
- ⇒ Evaluating the health resources, services, and systems of care within the community.
- ⇒ Assessing attitudes toward community health services and issues.
- ⇒ Identifying priorities, establishing goals, and determining course of action to improve the health status of the community.
- ⇒ Establishing a baseline for measuring improvement over time.

The Sevier County Health Improvement 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 Sevier County citizens. A list of council members participating in the assessment can be found in Appendix A.

As a result of the assessment process, the health council will develop a health plan for Sevier County. The health plan will contain goals to improve the health of Sevier County residents. Intervention strategies will be developed to deal with 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 request.
- 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 (Assessment) activities to-date. Data will be described with emphasis on important issues identified by the council. Summary findings from work done by other organizations are included..

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I. COUNTY DESCRIPTION

A. County Profile

Sevier County established in 1794 was named for John Sevier the first Governor of Tennessee. It is located in the southeastern part of East Tennessee and bordered by Knox and Jefferson Counties to the north, Swain County, North Carolina to the south, Cocke County to the east and Blount County to the west.

Sevierville the eighth oldest town in Tennessee and the county seat of Sevier County was established by an act of the State Legislature July 1795. It is the central shopping center for the county. Sevierville is the birthplace of the famous country singer, Dolly Parton. Dolly's love of the Tennessee Mountains inspired her to invest her time and energy into opening up a first class theme park in Pigeon Forge named "Dollywood".

Surrounded by the Smoky Mountains, Gatlinburg and Pigeon Forge are visited by approximately 9 million guests each year. They are a major tourist attraction for Sevier County, with theme parks, resorts, arcades, golf, horseback riding, craft centers, museums, dinner theaters, ice skating, fishing, camping, mountain climbing, hiking, restaurants, and hundreds of shops. Sevier County offers something for everyone.

Sevier County Community Profile

Location

Region: East Tennessee

Square Miles: 603

Distance from Knoxville: 35 miles

Population (2000 est.)

Total: 62,842

Cities/Towns/Communities

Sevierville

Pigeon Forge

Gatlinburg

Pittman Center

Wear Valley

Dunn Creek

Beech Springs

Knob Creek

Education

3 high schools

6 elementary schools

4 primary schools

2 intermediate schools

4 middle schools

1 special learning center

1 adult high school

1 alternative learning center

1 vocational school

Natural Resources

Minerals: limestone

Timber: Pine, Beech & Oak

Climate

Annual Average Temperature: 59°

Annual Average Precipitation: 45"

Elevation: 942' above sea level

Sevier County Selected Economic Indicators

Annual Labor Force Estimates (1998)

Annual Total Labor Force: 34,226

Number Employed 31,925

Number Unemployed: 2,301

Unemployment Rate %: 6.8

Tax Structure

County Property Tax Rate per \$100 value: \$1.25

*Per Capita Income (1996 est.): \$20,066

Table 1
Health Care Resources

	County	Region	State
Persons per Primary Care Physician	2,422	1,776	1,053
Persons per Nurse Practitioner	9,687	7,429	7,134
Persons per Physician Assistant	19,374	15,053	18,664
Persons per Registered Nurse	274	178	106
Persons 10-44 per OB/GYN	7,202	4,509	2,100
Persons per Dentist	3,633	2,414	1,186
Persons per staffed hospital bed	1,264	491	245
Percent occupancy in community hospitals	53.0	57.3	57.7
Persons per staffed nursing home bed	173	119	135
Percent occupancy in community nursing homes	97.6	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.

Hospitals	# Beds	Nursing Homes	# Beds
Ft Sanders Sevier Medical Center---	79	Ft. Sanders Sevier Medical Center Nursing Home-----	54
		Royal Care of Pigeon Forge-----	120
		Sevier County Health Care Center, Inc.-----	149

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 Tennesseans: 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 Sevier County Health Improvement Council in collaboration Covenant Health and the Tennessee Department of Health conducted an extensive assessment of the status of health in Sevier County. The health council contains community representatives from various geographic locations, social-economic levels, and ethnic groups. Extensive amounts 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 ranked according to size, seriousness, and effectiveness of interventions (Table 7).

Resources

The Sevier County Health Improvement Council is focusing on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Sevier County Health Improvement Council is seeking these additional resources for the development and implementation of intervention programs for priorities identified through the Community Diagnosis process.

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

1. The Community Health Assessment Survey

The Community Health Assessment survey conducted by the Lancaster Consulting Group, LLC, 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 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 survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. The Community Health Assessment 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 diagnosis.

The Lancaster Consulting Group, LLC, conducted 200 random telephone interviews May 1998. Over sixty-five percent of the respondents had lived in the county for ten or more years. Respondents were asked to rate items according to how critical each were in creating a healthy community. Using a 10 point scale a “10” equals critical and “1” equals not critical. Table 1 lists in ranking order the top 5 critical issues identified.

Table 1

ISSUE	SCORE
1. A good place to bring up children	8.8
2. Good Schools	8.7
3. Strong family life	8.6
4. Good access to health care	8.6
5. High quality health care	8.5

*Score is average based on combined # of highest responses.

Respondents were also asked to rate a list of items on how great an obstacle the item would be in the way of improving the health of their community. The items were rated on a scale of 1-6 with six being the greatest obstacle. Table 2 lists in ranking order the top 5 obstacles to improving community health.

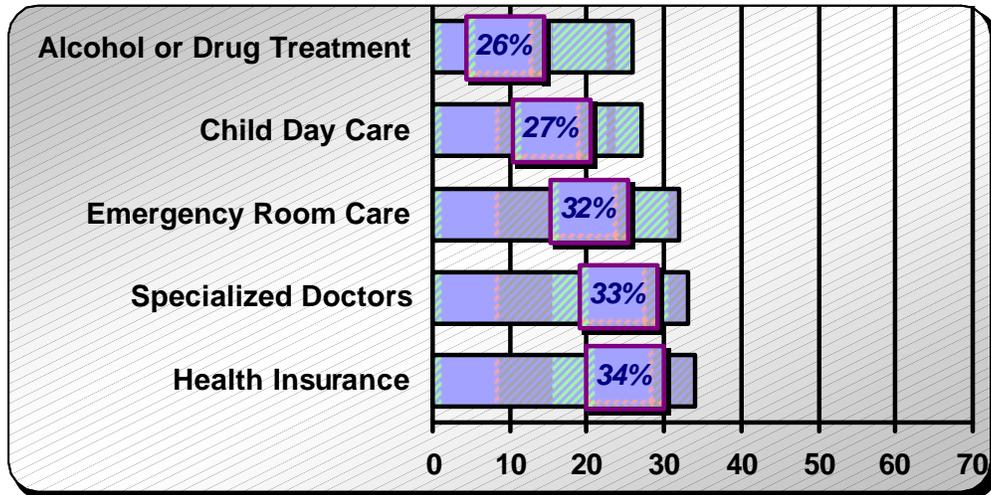
Table 2

OBSTACLES TO COMMUNITY’S HEALTH	SCORE
1. Lack of accountability--no one is held responsible for what happens in the community	4.3
2. Everyone is out for themselves-not the community	4.2
3. Lack of cooperation among community leaders from different sectors	4.2
4. Not enough help or interest from local government officials	4.1
5. Lack of a shared vision of a desired future for the community	4.1

*Score is average based on combined # of highest responses

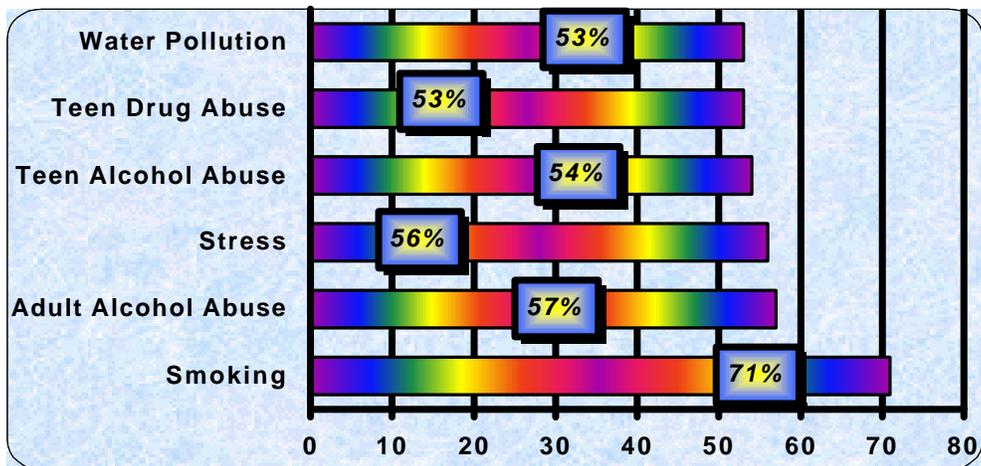
Data that concerned the health council were the ratings of “Not Adequate,” and “Yes, a Problem,” in the health services and health/social issues category. Thirty-four percent of the respondents felt Health Insurance was available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include specialized doctors, emergency room care, child day care, and alcohol or drug treatment. (Chart 1).

Chart 1
Community Health Care Services
% Responding "Not Adequate"



In the health /social issues category, 71 % felt smoking was a big problem in the community. The top six-health/social issues ranked as a big problem also included stress, water pollution, adult and teen alcohol abuse, and teen drug abuse

Chart 2
Community Health/ Social Issues
"Yes A Problem"

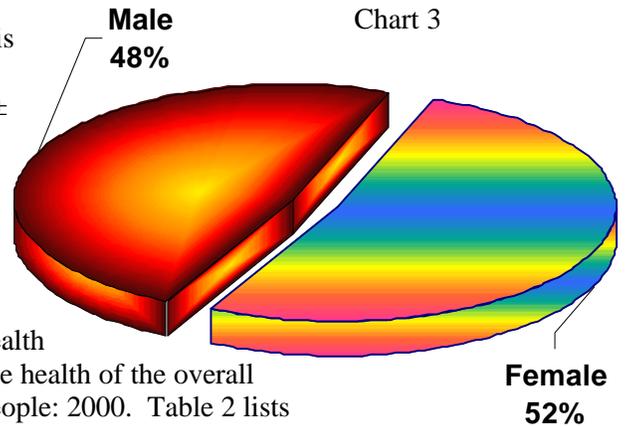


2. Behavioral Risk Factor Survey (BRFS)

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 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 used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

A sample size of 200 was collected from Sevier 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, 52% were female and 48% male. This is equivalent to 52% female and 58% male for the population of Sevier County based on the 1990 census (Chart 3).



After 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 2 lists the practices of concern with the year 2000 goal for the nation.

Table 2

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Mammogram (had mammogram)	80%	80%
Smoking (currently smoke)	26.5%	15%
Have high blood pressure	26%	(No Goal)
Advised to lose weight	19%	(No Goal)
Have Diabetes	7%	(No Goal)

The second area is Health Risk and the third area is Access to Care. These two areas were divided into two categories; 1.) Community issues and 2.) Access to health care. Charts 4a and 4b identify the top responses in these two categories

Chart 4a
Community Issues
 % Saying “Definite Problem”

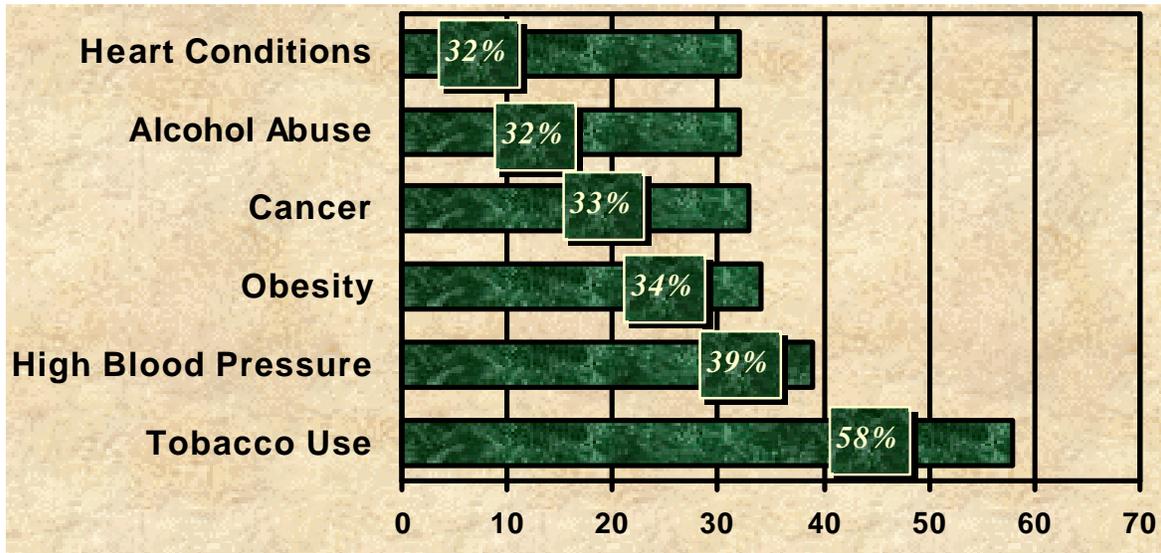
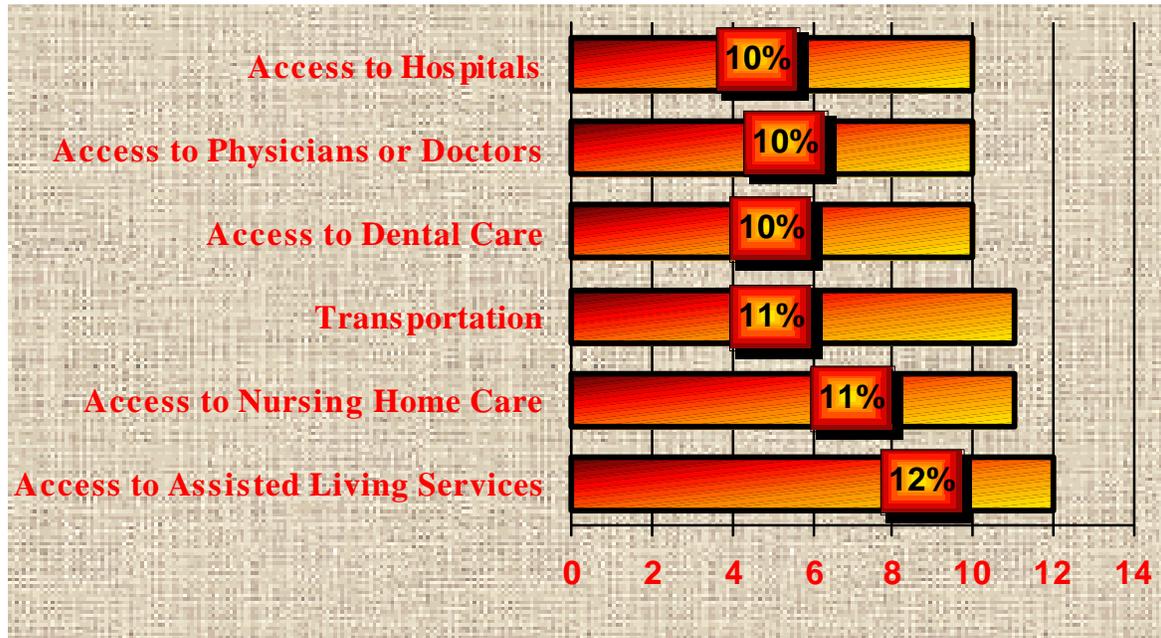


Chart 4b
Access to Health Care
 % Saying “Definite Problem”



B. Secondary Data

Information on the health status, health resources, economy, and demographics of Sevier 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 from the “Kid’s Count” Report by Tennessee Commission on Children and Youth.

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 Sevier 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:

- 1. Coronary Health Disease
- 2. Lung Cancer
- 3. Motor Vehicle Accidents
- 4. Suicide
- 5. Stroke
- 6. Teen Pregnancy
- 7. Late Prenatal Care
- 8. Low Birth Weight

Table 3
Total 1996 (est.) Population: 61,307
Total Number of Households: 19,630

	County	Region	State
Percent of households that are family households	77.3	76.3	72.7
Percent of households that are families headed by a female with no husband present	9.5	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	4.9	5.4	6.9
Percent of households with the householder 65 and up	20.9	23.6	21.8

**Table 4
Education**

	County	Region	State
Number of persons age 25 and older	34,071	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	63	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	10.8	11.1	16.0

**Table 5
Employment**

	County	Region	State
Number of persons 16 and older	40,350	437,649	3,799,725
Percent in work force	66.4	60.1	64.0
Number of persons 16 and older in civilian work force	26,770	262,392	2,405,077
Percent unemployed	9.2	7.8	6.4
Number of females 16 years and older with own children under 6	2,669	30,082	287,675
Percent in labor force	64.1	57.4	62.9

**Table 6
Poverty Status**

	County	Region	State
Per capita income in 1989	\$10,848	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	13.2	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	15.9	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	20.3	21.1	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.

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

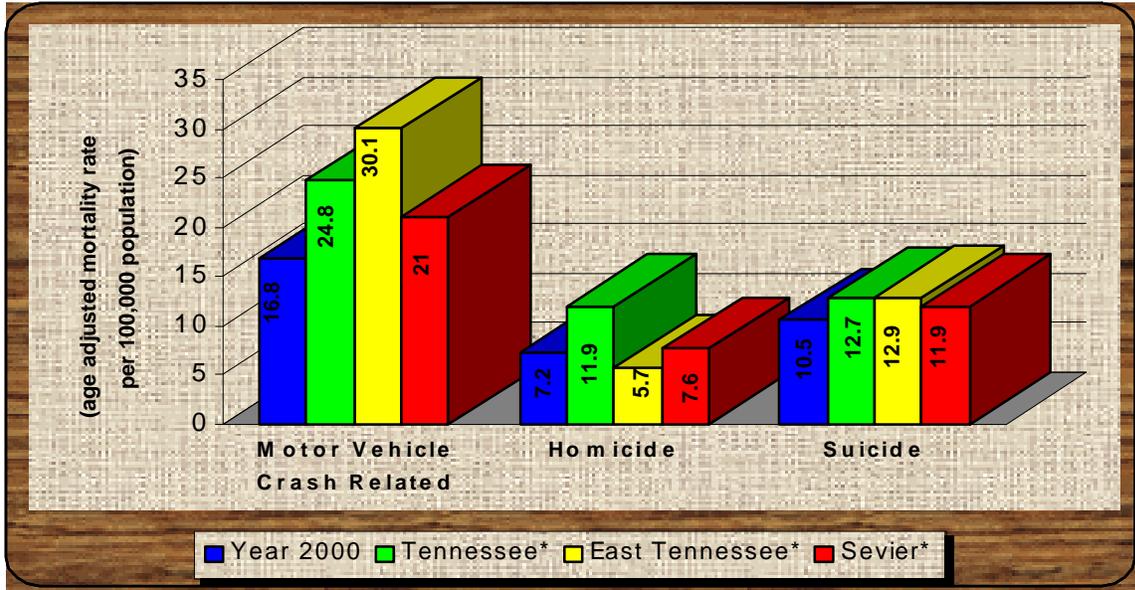


Chart 5a

*Figures for Tennessee, East Tennessee, and Sevier County (Charts 5a & 5b) are a 3-year average from the years 1993 - 1995.

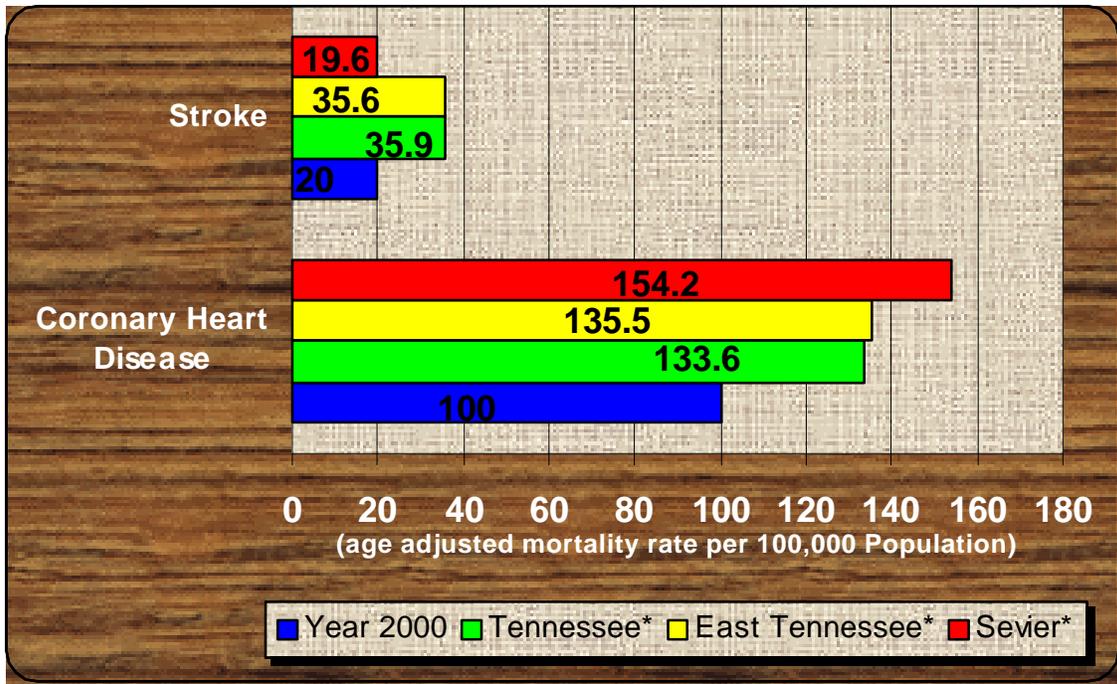
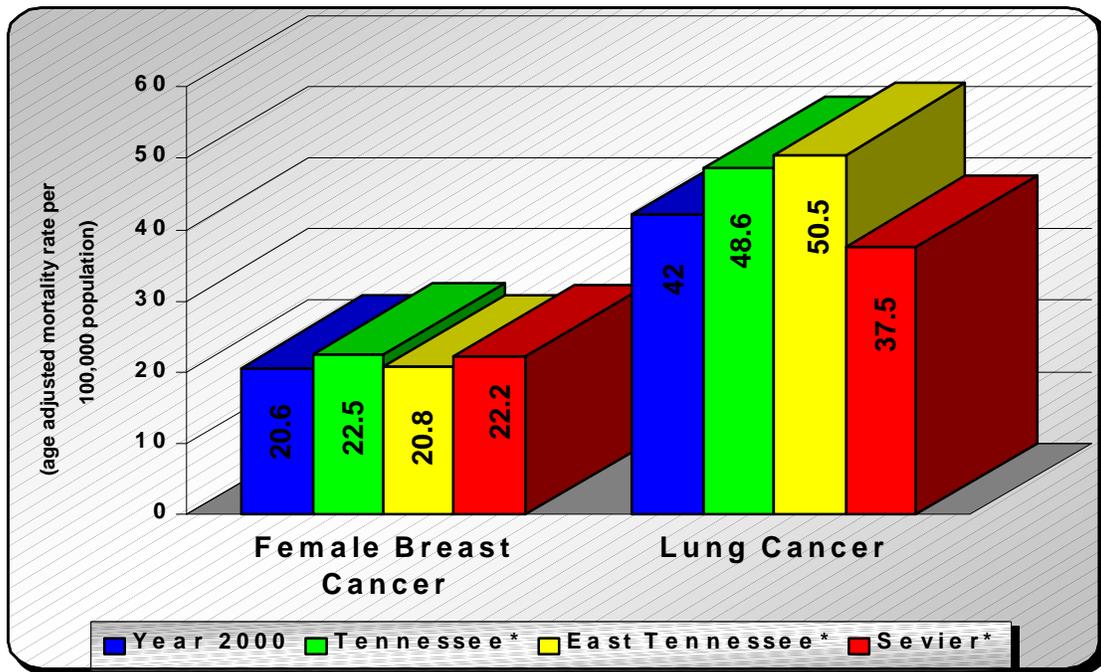


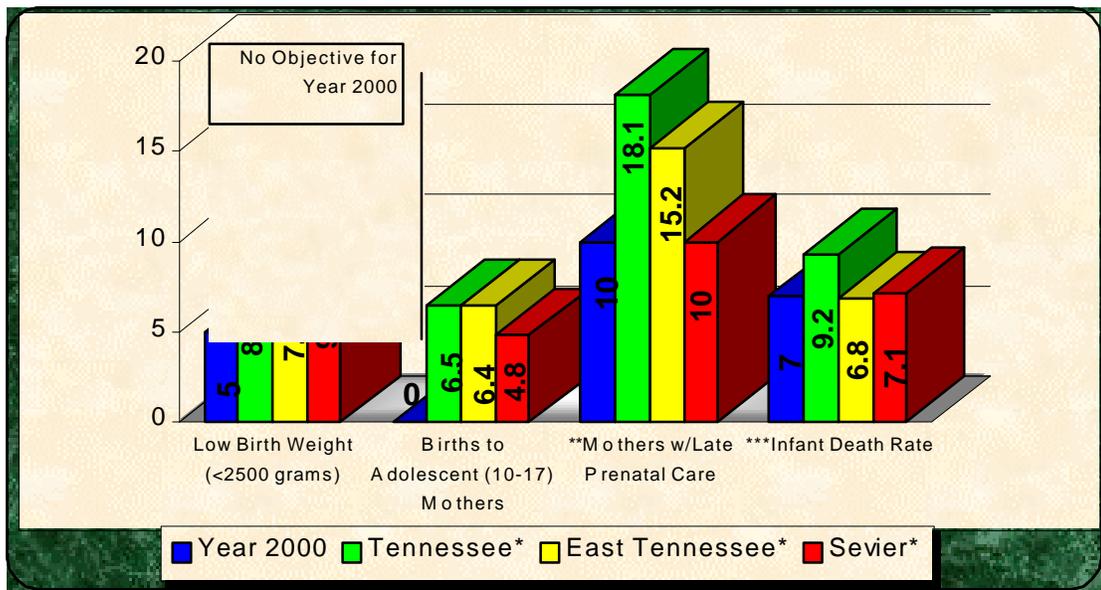
Chart 5b

Chart 6
STATUS OF SEVIER COUNTY ON SELECTED YEAR 2000 OBJECTIVES
AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION



*Figures for Tennessee, East Tennessee, and Sevier County are a 3-year average from the years 1993 – 1995.

Chart 7
PERINATAL INDICATORS



*Figures for Tennessee, East Tennessee, and Sevier County are a 3-year average from the years 1993 – 1995

**Includes 2nd & 3rd trimester care plus no prenatal care.

***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 Assessment process and other sources, the Sevier County Health Improvement 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 7 indicates the health issues in rank order.

Table 7

SEVIER COUNTY ISSUES / PRIORITIES

Rank Order

- **1. ACCESS TO CARE**
- **2. FAMILY SUPPORT:**
 - **Parenting**
 - **Teen Pregnancy**
 - **Drug and Alcohol Abuse**
 - **Teen Violence**
- **3. PREVENTIVE HEALTH**

IV. FUTURE PLANNING

The Health Planning sub-committee is charged with developing a Sevier 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.

V. REFERENCES

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APPENDIX A

APPENDIX A

A. Sevier County Health Improvement Council

<i>G. D. Greenwood</i>	<i>Chairperson, Sevier County Health Improvement Council,</i>
<i>Beverly Chandler</i>	<i>Nurse Superior</i>
<i>Curtis Clabo</i>	<i>Sevier County. Adult Learning Center</i>
<i>Carolyn Davis</i>	<i>Break the Cycle, Sevier</i>
<i>Lorraine Hendricks</i>	<i>Community Representative</i>
<i>Muriel Higgins</i>	<i>Property Mgt./ Real Estate Sales</i>
<i>Coreen Holland</i>	<i>“Imagineer”, Dollywood Foundation</i>
<i>Kim Loveday</i>	<i>Family Resource Center</i>
<i>Steve McClure</i>	<i>Minister, Smoky Mtn. Christian Church</i>
<i>Dr. William Pope</i>	<i>Dentist</i>
<i>Bob Stahlke</i>	<i>Superintendent of Recreation</i>
<i>Mary Stone</i>	<i>Editor – Experienced. Living</i>
<i>Trenta Swann</i>	<i>Community Representative</i>
<i>Austin Stubblefield</i>	<i>Community Representative</i>
<i>Roger Trentham</i>	<i>Director of Personnel, City of Gatlinburg</i>
<i>Mary Vance</i>	<i>Occ. Health Fort Sanders, Sevier</i>
<i>Jim Vaughan</i>	<i>Photo Enhancement</i>
<i>Ellen Wilhoit</i>	<i>Teen Pregnancy Task force Chair</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 Community Development Staff at (423) 546-9221.

