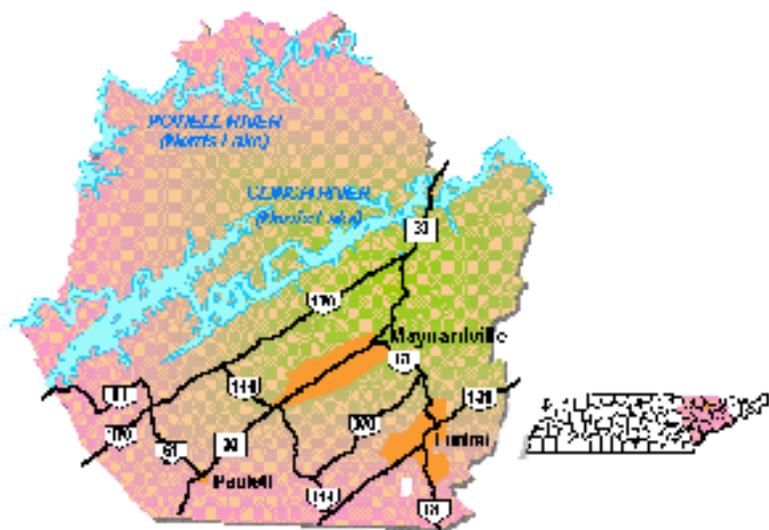


# *COMMUNITY DIAGNOSIS*

## *Status Report*



# *UNION COUNTY*

## *1999*

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

# **Community Diagnosis**

**Union County Health Council  
Community Diagnosis Report  
Prepared May 1999**

**By**

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

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## 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.

In each county Community Diagnosis is implemented through the local county health council with support from the East Tennessee Regional Health Office. The Union County Council (UCHC) was established in 1991 “to promote health and health services, to increase awareness of available services and to jointly plan with other organizations in the county to provide better health for all the residents of Union County”. A list of council members participating in the assessment can be found in Appendix A.

The UCHC began implementation of the Community Diagnosis process in 1998 by conducting a community survey. This was followed by reviewing various data sets and evaluating resources in the community to identify areas of concern that affect the health of Union County citizens.

As a result of the assessment process, the health council will develop a health plan for Union County. The Health Plan will contain goals to improve the health of Union 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 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

Union County was named for the strong sentiment of the people of the eastern part of Tennessee for the preservation of the Federal Union. The first act to establish the County was in 1850, but it did not meet the requirements of the constitution. The act was amended November 21, 1858, providing for the formation of Union County from parts of Knox, Grainger, Claiborne, Campbell, and Anderson Counties.

The Clinch River divides Union County located 24 miles north of Knoxville with an area of 247 square miles into two very nearly equal parts. The Powell River borders a large portion of the county's northern border. There are three county census divisions in Union County Luttrell, Maynardville, and Sharps Chapel. Maynardville, formerly known as Liberty, was established in 1858 as the county seat. Maynardville, located in the western part of the county was named in honor of Horace Maynard in gratitude for his counsel on the organization of the county seat.

Big Ridge State Park, located in Maynardville, was one of five demonstration parks developed by the Tennessee Valley Authority in cooperation with the Nation Park Service and the Civilian Conservation Corps as an example of public recreation development along TVA lakeshores. The 3,687-acre park lies on the southern shore of Norris Lake. The park offers tourist and locals camping, boating, hiking, tennis, and fishing, a great vacation of sporting and relaxation. In addition, Union County is the birthplace of county music stars Roy Acuff, Chet Atkins, and Carl Smith.

### *Union County Community Profile*

<i>Location:</i>	<i>Population (1996 est.)</i>
Region: East Tennessee	Total: 14,783
Square Miles: 247	Male: 7,242
Distance from Knoxville: 24 miles	Female: 7,541
	Minority: 0.5%

<i>Cities/Towns/Communities</i>	<i>Education</i>
Maynardville	Elementary 4
Luttrell	Middle/Jr. High 1
Sharps Chapel	Senior High 1

<i>Natural Resources</i>	<i>Climate</i>
Minerals: Limestone	Annual Average Temperature: 58°
Timber: Pine, Oak & Walnut	Annual Average Precipitation: 56"
	Annual Average Snowfall: 14"
	Elevation: 1,050 above sea level

## Union County Selected Economic Indicators

### Annual Labor Force Estimates 1998

Annual Total Labor Force: 7,621  
 Number Unemployed: 319  
 +Unemployment Rate %: 4.2

+Annual unemployment rate rose during the last two quarters of 1998.

### Tax Structure

County Property Tax Rate per \$100 value: \$3.01  
 \*Per Capita Income (1996) : \$12,924

\*Per-capita income estimate well below state and national averages

Table 1

### Health Care Resources

	County	Region	State
Persons per Primary Care Physician	14,987	1,776	1,053
Persons per Nurse Practitioner	7,494	7,429	7,134
Persons per Physician Assistant	0	15,053	18,664
Persons per Registered Nurse	394	178	106
Persons 10-44 per OB/GYN	-	4,509	2,100
Persons per Dentist	7,494	2,414	1,186
Persons per staffed hospital bed	*	491	245
Percent occupancy in community hospitals	*	57.3	57.7
Persons per staffed nursing home bed	189	119	135
Percent occupancy in community nursing homes	96.6	96.4	93.6

Physician shortage area for OB

NO

Physician shortage area for Primary Care

YES

Note: Manpower data are 1996; shortage areas, 1995; facilities, 1994.

\*No hospitals located in county

Hospitals	Nursing Homes	# Beds
No hospitals in county	Wariota Health Care Center	77

## 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 Union County Health Council in collaboration with the East Tennessee Regional Health Office conducted an extensive assessment of the status of health in Union 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 Union County Health Council is focusing on identifying existing resources. Cooperation of various agencies could allow redirection of such resources to target identified priorities. Union County Health 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 Stakeholder Survey

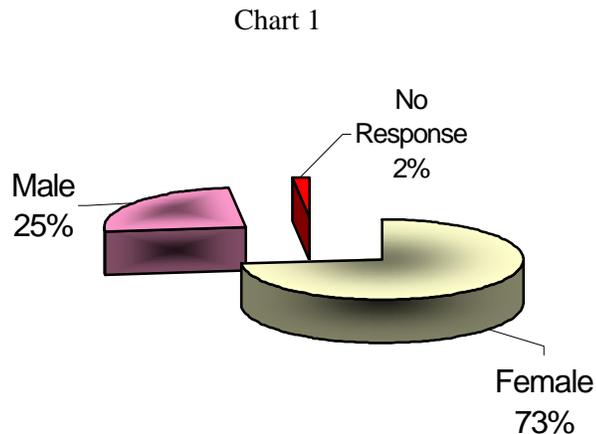
The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions 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 diagnosis.

The Union 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.

#### Union County Community Stakeholders Survey

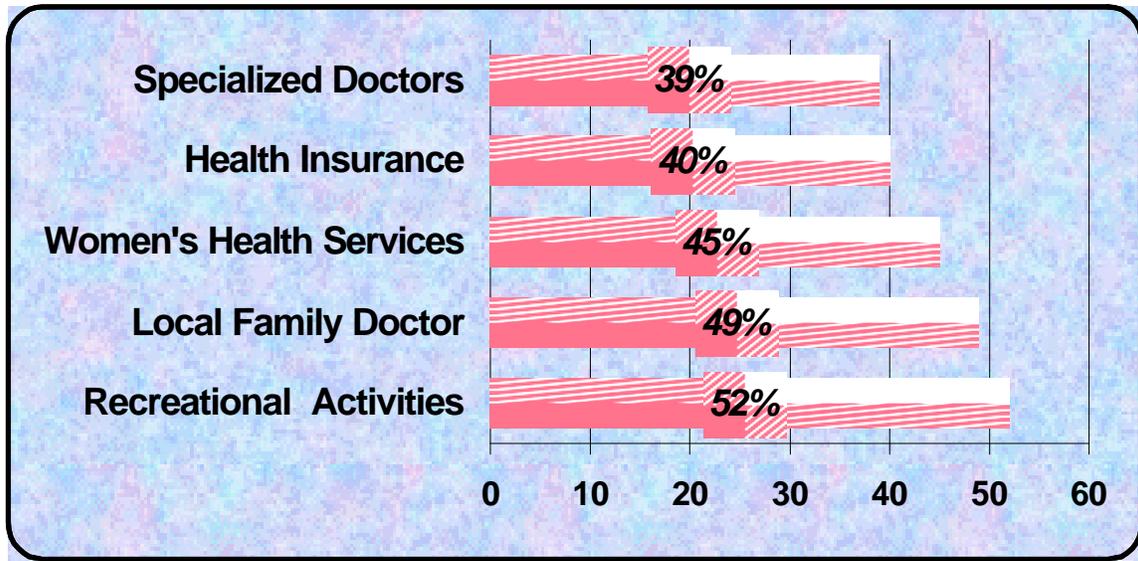
# of respondents: 117  
Male: 25%  
Female: 74%  
No Response 2%

Seventy-eight percent of the respondents had lived in the county for ten or more years. Respondents were asked to rate various health services, health/social concerns, and aspects of healthcare received.



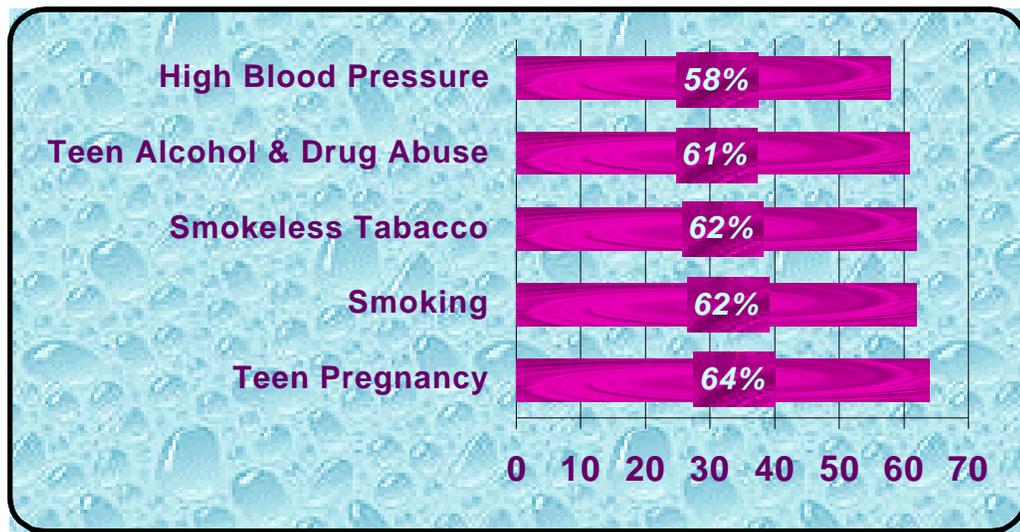
Data that concerned the health council were the ratings of “Not Adequate,” and “Yes, a Problem,” in the health services and health/social issues category. Fifty-two percent of the respondents felt that recreational activities were available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include Local Family Doctors, Women’s Health, Health Insurance, and Specialized Doctors (Chart 2).

**Chart 2**  
**Community Health Care Services**  
**% Responding "Not Adequate"**



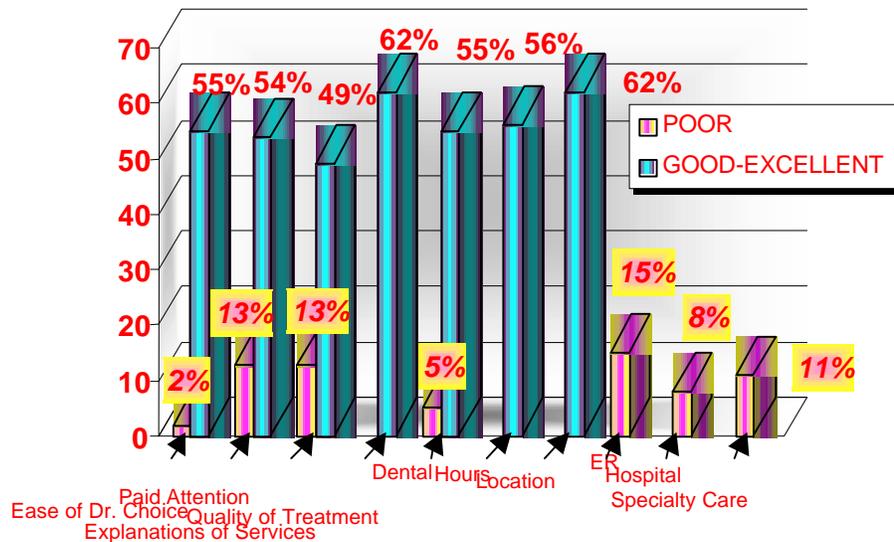
In the health /social issues category, sixty-two percent felt that smoking was a problem in the community. The top five-health/social issues ranked as a problem also included Smokeless Tobacco, Teen Alcohol & Drug Abuse, Teen Pregnancy, and Adult Drug Abuse (Chart 3).

**Chart 3**  
**Community Health/ Social Issues**  
**"Yes A Problem"**



Respondents were asked to rate the aspects of health care received during the past year (1997). The following is the responses rating services Poor to Good-Excellent.

Chart 4 ASPECTS OF HEALTHCARE RECEIVED

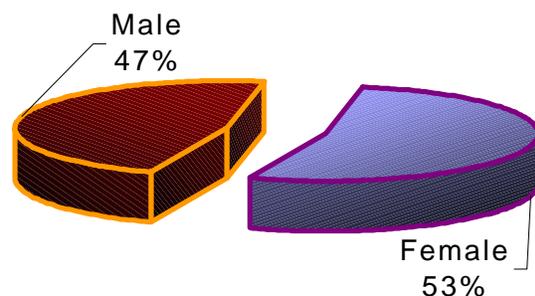


The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices 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 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.

Chart 5

A sample size of 200 was collected from Union County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of  $90, \pm 6\%$ . Of the respondents, 53% were female and 47% male. This compares to 51% female and 49% male for the population of Union County based on the 1990 census (Chart 5).



After review of the data from the BRFSS, 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
Have high blood pressure	32%	(No Goal)
Smoking (currently smoke)	42%	15%
Have diabetes	7%	(No Goal)
Women >2 years since last pap exam	24%	(No Goal)
Advised to lose weight	21%	(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 6a and 6b identify the top responses in these two categories

Chart 6a  
Community Issues % Saying “Definite Problem”

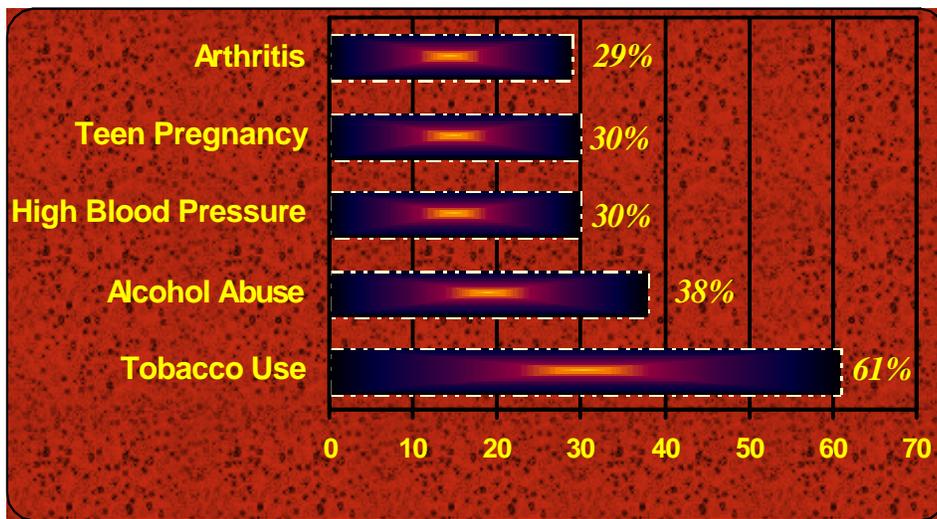
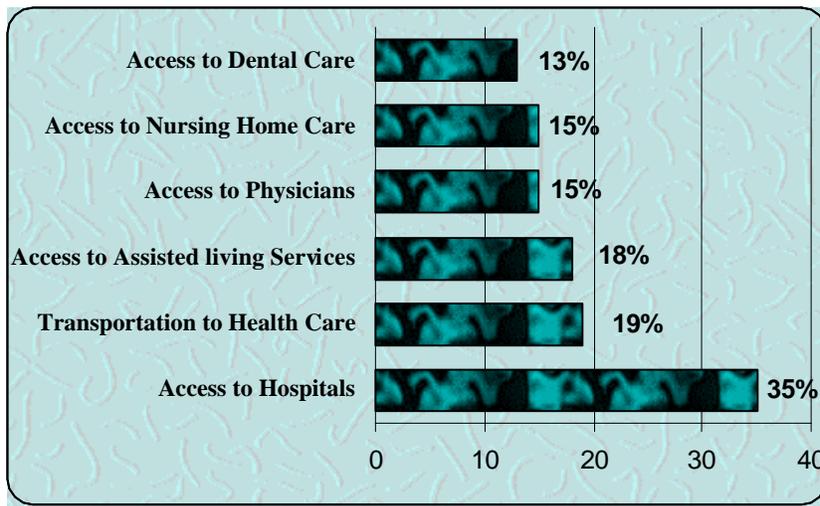


Chart 6b  
**Access to Health Care**  
**% Saying “Definite Problem”**



## **B. Secondary Data**

Information on the health status, health resources, economy, and demographics of Union 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 Union 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 Crash Related Deaths
- 4. Suicide
- 5. Stroke
- 6. Incidence of Tuberculosis
- 7. Teen Pregnancy
- 8. Late Prenatal Care

**Table 3**  
**Total 1996 (est.) Population: 52,763**  
**Total Number of Households: 19,429**

	County	Region	State
Percent of households that are family households	80.9	76.3	72.7
Percent of households that are families headed by a female with no husband present	10.3	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.2	5.4	6.9
Percent of households with the householder 65 and up	20.0	23.6	21.8

**Table 4**  
**Education**

	County	Region	State
Number of persons age 25 and older	8,583	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	45.6	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	4.5	11.1	16.0

**Table 5  
Employment**

	<b>County</b>	<b>Region</b>	<b>State</b>
Number of persons 16 and older	10,389	437,649	3,799,725
Percent in work force	60.6	60.1	64.0
Number of persons 16 and older in civilian work force	6,283	262,392	2,405,077
Percent unemployed	6.6	7.8	6.4
Number of females 16 years and older with own children under 6	808	30,082	287,675
Percent in labor force	57.1	57.4	62.9

**Table 6  
Poverty Status**

	<b>County</b>	<b>Region</b>	<b>State</b>
Per capita income in 1989	\$8,351	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	21.3	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	24.9	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	32.9	21.1	20.9

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

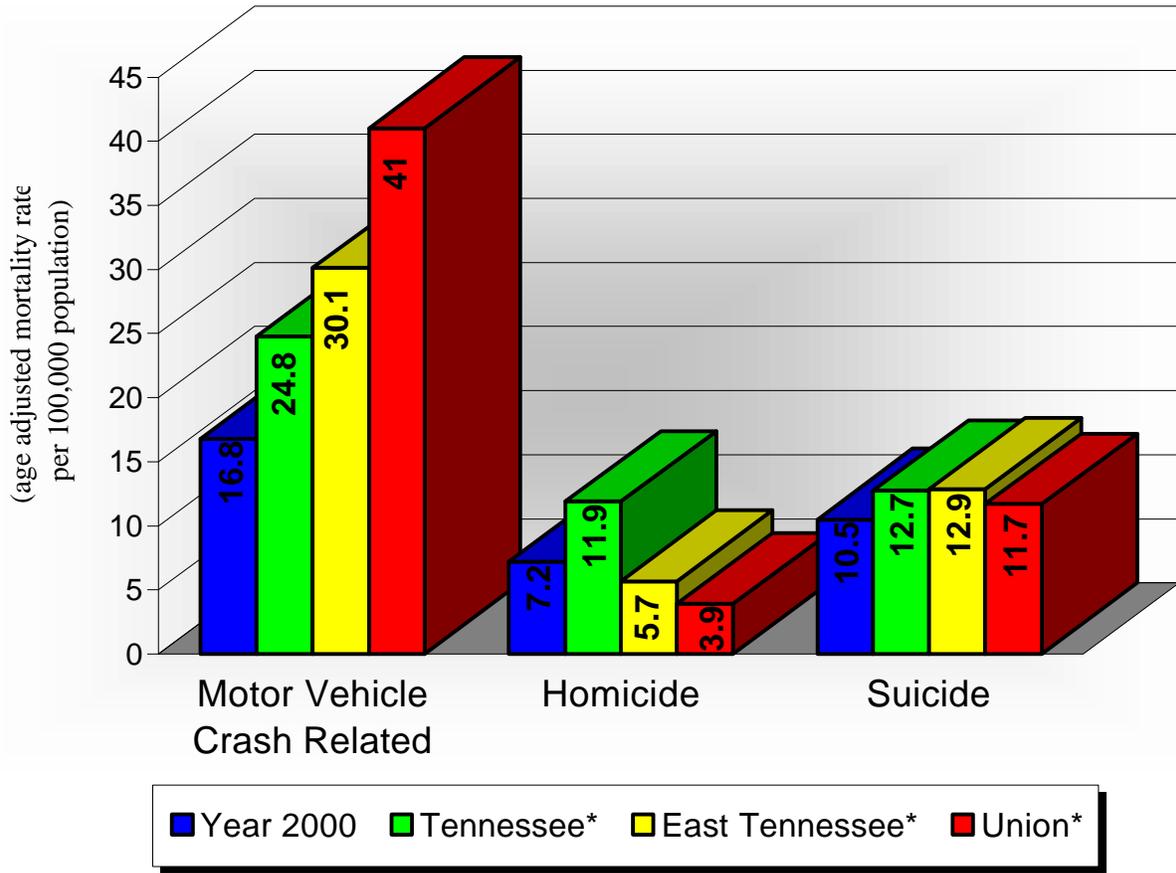


Chart 7a

\*Figures for Tennessee, East Tennessee, and Union Co. (Charts 7a & 7b) are a 3-year average from the years 1993 - 1995.

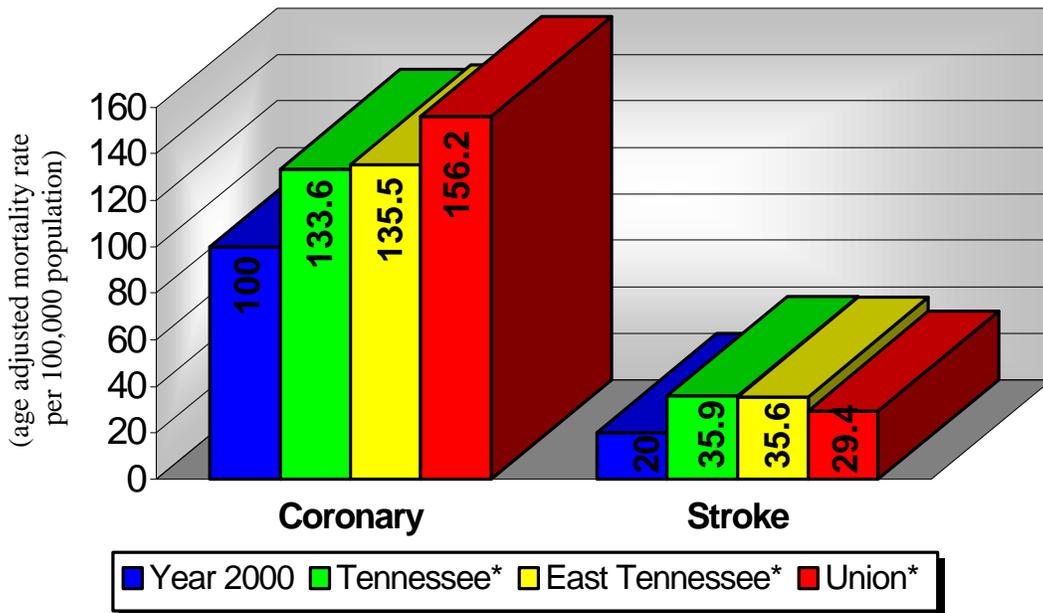
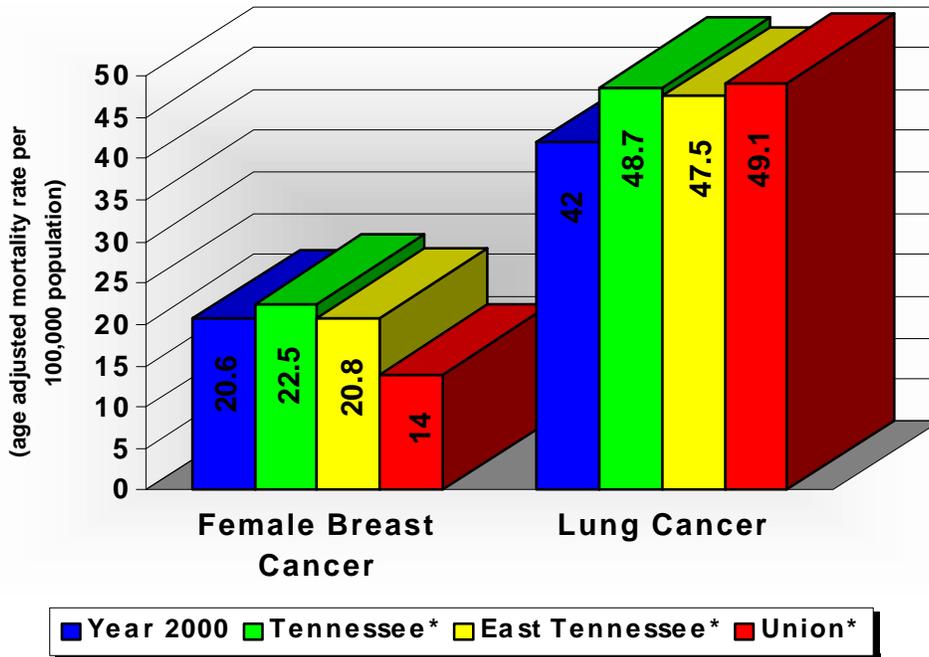


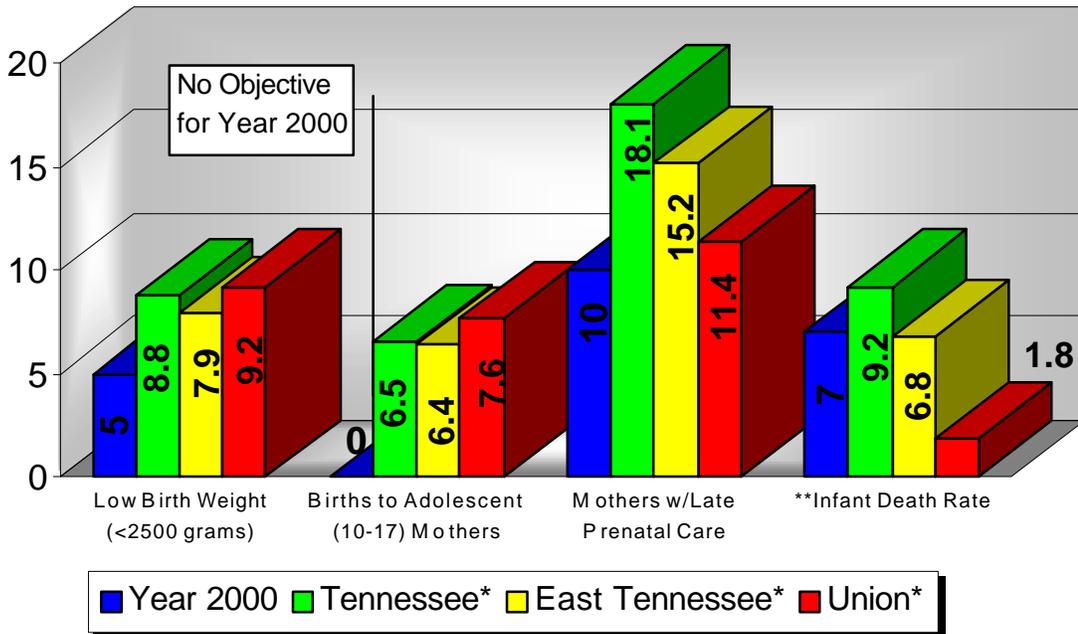
Chart 7b

**Chart 8**  
**STATUS OF UNION COUNTY ON SELECTED YEAR 2000 OBJECTIVES**  
**AGE ADJUSTED MORTALITY RATE**  
**PER 100,000 POPULATION**



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

**Chart 9**  
**PERINATAL INDICATORS**



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

\*\*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 Union 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 7 indicates the health issues in rank order.

Table 7

#### **UNION COUNTY HEALTH ISSUES / PRIORITIES**

**Rank Order**

- **1. TEEN PREGNANCY**
- **2. ALCOHOL AND TOBACCO USE**
- **3. ACCESS TO HEALTH CARE**
- **4. HEART DISEASE / HIGH BLOOD PRESSURE**
- **5. ELDER-CARE SERVICE**
- **6. CANCER**
- **7. MOTOR VEHICLE ACCIDENTS**
- **8. TB**

### **IV. FUTURE PLANNING**

The Health Planning sub-committee is charged with developing a Union 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. Union County Health Council**

<i>William Whited</i>	<i>Chairperson, Union County Health Council</i>
<i>Pat Clark</i>	<i>Community Representative</i>
<i>Jill Beason</i>	<i>St. Mary's Senior Center</i>
<i>Jane Bowman</i>	<i>Union County Health Department</i>
<i>Debbie Brantley</i>	<i>Department of Human Service</i>
<i>Randy Capps</i>	<i>County Executive Office</i>
<i>Pearl Coffey</i>	<i>Family Resource Center</i>
<i>Katherine Cox</i>	<i>GCPI Coordinator, Union County</i>
<i>Carol S. Hunter</i>	<i>Asst. Extension Agent</i>
<i>Junior Loy</i>	<i>Sheriff, Union County Sheriff's Department</i>
<i>Shirley Keaton</i>	<i>Commercial Bank</i>
<i>Patricia McKelvey</i>	<i>Union County Schools</i>
<i>Shannon Polson</i>	<i>Union County Medical Center</i>
<i>Kathleen Patneau</i>	<i>Union County Medical Center</i>
<i>Marie Rhyne</i>	<i>Business &amp; Profession Club</i>
<i>Imogene Seltzer</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](http://www.server.to/hit).

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☞ For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Community Development Staff at (423) 546-9221.

