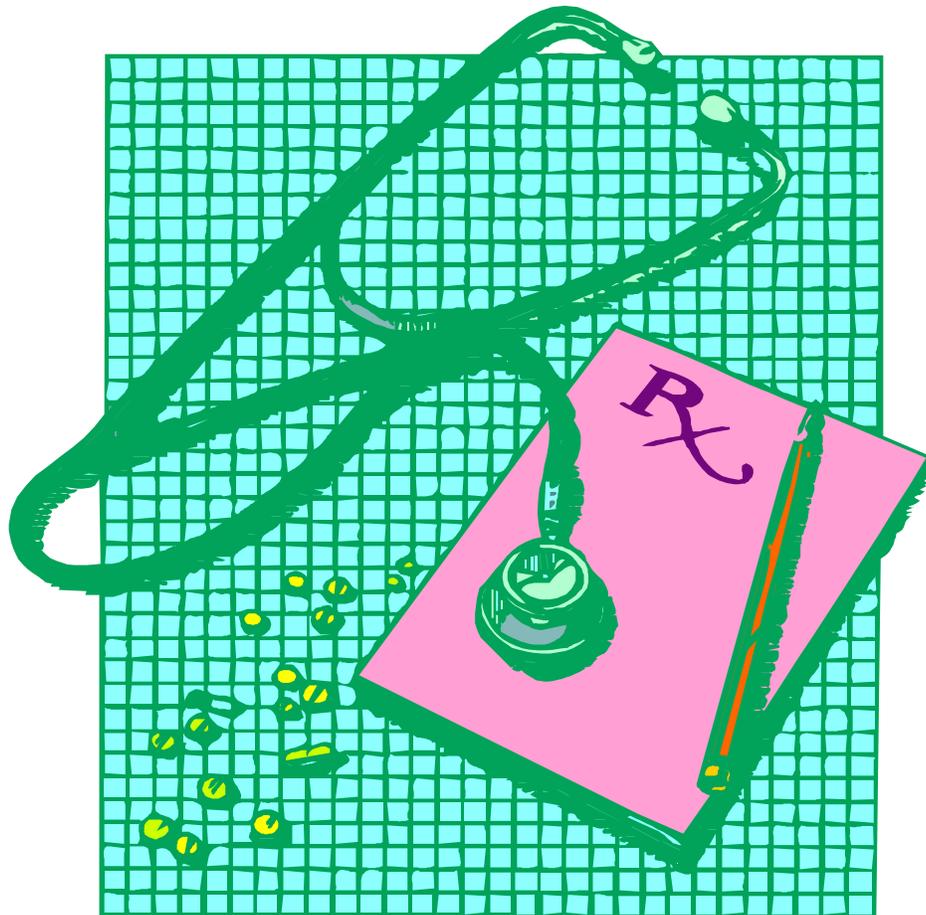


# WASHINGTON COUNTY HEALTH COUNCIL

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## *COMMUNITY DIAGNOSIS 1998*



### COMMUNITY DEVELOPMENT ASSESSMENT AND PLANNING

Northeast Tennessee Regional Health Office  
Tennessee Department of Health  
Prepared June 1999

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# Introduction

## Description of Project

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The Washington County Health Council was formed to conduct the community diagnosis process and future health planning. The Community Development Program of the Northeast Tennessee Department of Health facilitates the community diagnosis, assessment process, and resulting health plans among all county health councils in the Northeast Tennessee region. The Washington County Health 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 its citizens.

Health issues for Washington County were identified from the data sources and prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the health council is developing action strategies for Washington County to address the identified areas of priority concern. An Action Strategies Report will be published in the future and will contain goals to improve the health of the residents of Washington County.

## Washington County Health Council and its Mission

The Washington County Health Council is a long-standing council made up of members who broadly represent its citizens (please see Appendix for complete list of council members and the diverse areas they represent). All members share a strong desire to promote the highest level of health and well being for all residents of Washington County.

The mission of the council in conducting the Community Diagnosis is to develop a community-based, community-owned, and community-directed process 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 goals, and determine courses of action to improve the health status of the community,
- ◆ Establish a baseline for measuring improvement over time.

Benefits of the Community Diagnosis process for the community include:

- ◆ The process provides communities with the opportunity to participate in directing the course of health services and delivery systems,

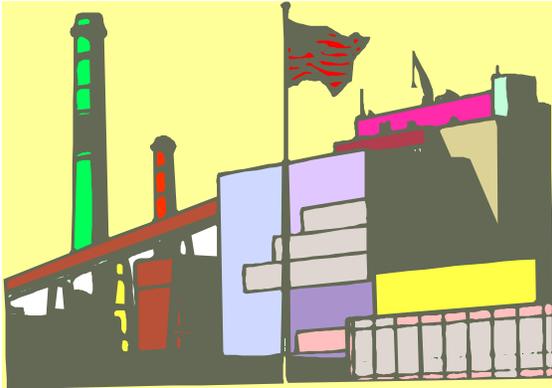
- ◆ The process involves communities in the development of health strategies which are directly responsive to the community's needs and are locally designed, implemented, and monitored,
- ◆ Community Diagnosis provides justification for budget improvement requests, a foundation of information for grant seeking purposes, and a tool for public relations and community promotion.
- ◆ Community Diagnosis provides local-level health information and coordination of strategies to the Northeast Tennessee Regional Health Council, as well as to state-level programs and their regional office personnel.
- ◆ The process serves health planning and advocacy needs at the community level. Here the community leaders, organizations, and local health departments provide leadership to ensure that documented community health problems are addressed.

This report provides a description of community development activities to date. Data will be described with emphasis on important issues identified by the Washington County Health Council. This report concludes with Washington County's resulting priority concerns as identified through the Community Diagnosis process. These priority health concerns include adult dental care, adolescent health issues, and alcohol and drug abuse.

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## Section I

### County Description



Washington County, Tennessee, is located in the Northeast Tennessee region. Washington County is bordered on the east by Carter and Unicoi counties, on the west by Greene and Hawkins counties, and to the north by Sullivan county. The scenic mountain landscape, mild climate, and close proximity to a variety of cultural, educational, and recreational resources add to the county's attractiveness.

Washington County had a 1997 population of 101,558. The county seat is Jonesborough with a 1997 population of 3,472 inhabitants. The largest city in Washington County is Johnson City with a 1997 population of 55,542. Johnson City is home to East Tennessee State University, several hospitals, and the James H. Quillen College of Medicine. Washington County has a land area of 326 square miles with approximately 311 persons per square mile. Between 1990 and 1997 Washington County recorded an 10% increase in population. The county's residents are predominantly white (95%), and the majority of the county's citizens (31%) are between 25 and 44 years of age.

Washington County had a per capita income of \$19,336 in 1994 and \$21,201 in 1996 for a 9.6% increase. The 1993 median household income was \$27,602. In 1993, there were 15,152 people (16% of the total population) who lived in poverty.

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## Section 2

### Needs Assessment

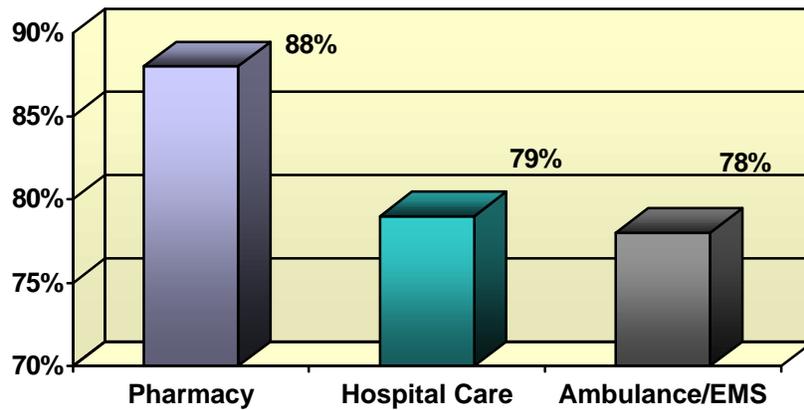
#### A. Community Stakeholder Survey

The Stakeholder Survey provides a profile of perceived health care needs and problems facing the community stakeholders who respond to the survey. We see council members and other residents similar in that all have a stake in the overall improvement of Washington County's health status and health care. This survey includes questions about the adequacy of availability, accessibility, and level of satisfaction regarding health care services in the community. The Community Stakeholder Survey is not a scientific random sample of the community; rather its purpose is to obtain subjective perceptions of health care from a cross-

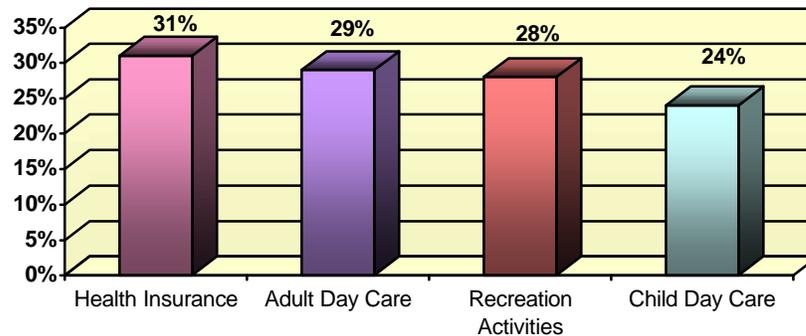
section of the community. It is one of two sources of primary data used in the community diagnosis process.

In order to attain a broad demographic mix of stakeholders, respondents included 98 (63%) employer-based respondents, 20 (13%) senior citizens, 18 (11%) clients from the Washington County Health Department, 11 (7%) clients from the Department of Human Services, and 9 (6%) homeless individuals. These stakeholders were both users and providers of health care services. Various members of the Washington County Health Council were instrumental in the distribution and collection of the surveys. Of the 156 respondents, 69% were female. Over one-half of respondents identified themselves as white (61%) and 56% of the total respondents identified themselves as married. Forty-eight percent (48%) of respondents had some college or were college graduates and 63% of the respondents had lived in Washington County for longer than ten years.

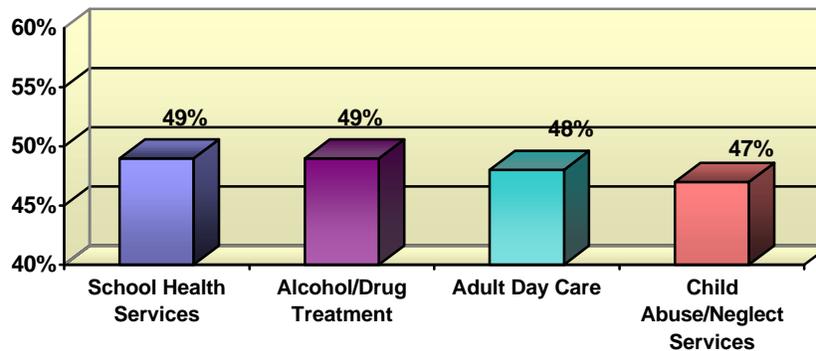
**Health Care Services** considered Most Adequate in terms of availability by the highest percentages of respondents included the following:



The following **Health Care Services** were rated Least Adequate in terms of availability by the highest percentage of respondents:



The graph below displays the **Health Care Services** about which the greatest percentage of respondents were *not knowledgeable*:



**Community Health Issues** that were perceived by the respondents as the *greatest community health issues* are bulleted below:

- ◆ **Smoking:** Most cited problem. Eighty-two percent (82%) of respondents cited smoking as a community health problem.
- ◆ **High Blood Pressure (77%) / Stress (75%) / Heart Conditions (74%):** High blood pressure ranked second on the list of community health issues. Since high blood pressure is often interrelated with stress and high blood pressure, the health council decided to “bundle” these perceived problems into the same category.
- ◆ **Crime (75%) / Adult Alcohol & Drug Abuse (71%) / Teen Alcohol & Drug Abuse (71%):** - Crime, along with stress was third on the list of perceived community health problems. Since crime is often correlated with alcohol and drug abuse, the health council decided to “bundle” these perceived problems into the same category.

The stakeholder survey also had space for comments from respondents. Several comments highlighted the need for **adult dental care for indigent and homeless citizens**, **shorter waiting periods in doctor offices**, and the **need for parenting classes** and a more **effective criminal justice system for juvenile offenders**.

Based on the results of the Stakeholder Survey, the Washington County Health Council recommended that *community and social service agencies be made aware of the survey results* and that *coordination of resources through one agency* be considered in the future.

## B. Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a scientifically conducted, random sample telephone survey that is weighted to the county’s population characteristics. The survey was conducted by the University of Tennessee., Knoxville, Community Health Research Group and is modeled after the BRFS 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.

A sample of 200 respondents was collected from Washington County residents. This sample size created a representative sample of county residents for estimating county risk factors. Of the respondents, 97% were Caucasian, 68% were married, and 53% were employed. Of the respondents who were employed, 78% had health care insurance through their employer. The majority of respondents (57%) earned \$35,000 or below annually. One hundred twelve (56%) of respondents were female and eighty-eight (44%) were male.

The council reviewed survey data on several lifestyle and health-related indicators. The table below lists selected health indicators with the corresponding percentages for the Washington County respondents and compares them with the national Healthy People 2000 goals.

**Comparison of Selected Behavioral Risk Factors with Healthy People 2000 Goals by 200 Respondents in Washington County During Community Diagnosis Process**

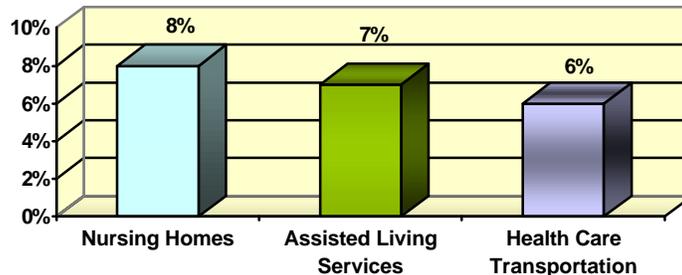
Reported Health Indicator	Washington County %	HP 2000 Goal %
Smoking, Current, Everyday	26.5%*	15%
Overweight**	18%**	20%***
Diabetes	10%	2.5%
Pap Smears	97%	85%
Mammograms	63%	60%

\*Majority under the age of 30.

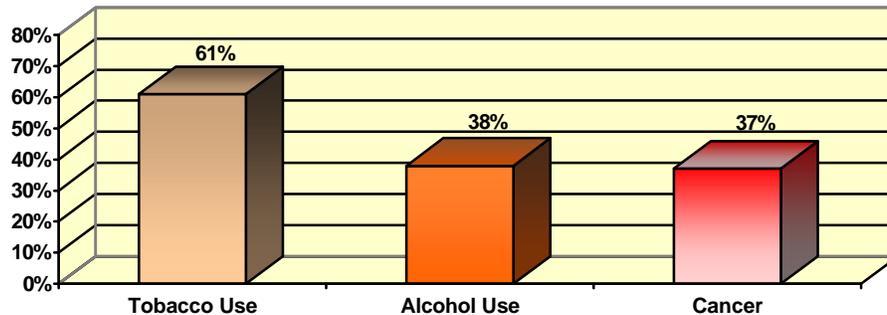
\*\*Have been advised to lose weight by their M.D.

\*\*\*HP 2000's goal for obesity

The BRFS also collected opinion data on **Access to Health Care**. The top issues identified by respondents as Definite Problems in each category are presented in the chart below:



Finally, the BRFSS collected opinion data on **Perceived Community Health Problems**. The top issues identified by respondents as Definite Problems in each category is presented in the chart below:



Based on the results of the BRFSS survey, the council identified and recommended development of strategies to address the following conditions/risk behaviors in order to improve the overall health status of Washington County's residents:

- ◆ **Access to Health Care** – including cost of health care, provider choice, utilization of health care benefits, and health care for older adults
- ◆ **Community Health Education and Awareness** – especially with diabetes education, education about weight control and its correlation with chronic diseases such as diabetes and high blood pressure, education about the need for regular health checkups, smoking cessation and prevention, and preventive health for females
- ◆ **Alcohol/ & Drug Abuse/Healthy Lifestyle** – Both were recommended for adolescents and young adults

### C. Health Resource Inventory

The Washington County Health Council conducted an inventory of health and health-related services and resources for the primary purpose of identifying gaps in service. After analysis of the resources in the county, the Washington County Health Council determined that three special population groups were in need of additional resources. The table on the following page lists the resources identified as inadequate in Washington County by special population group.

**Community & Health Resources Identified as Inadequate by Population Subgroup by Washington County Health Council During Community Diagnosis Process**

Disabled & Older	Indigent and/or Homeless	Children & Youth
Daycare	Dentists/Oral Surgeons	Group Homes
Audiologists	Prescription Drugs	Headstart Programs
Group/Nursing Homes	Alcohol/Drug Treatment	Juvenile Court Services
Housing	Community Health Clinics	School Nurses
Transportation for Medical Care	Outpatient Mental Health	
Assisted Living		

**D. Vital Statistics/Health Status Data**

Secondary data (information already collected from other sources for other purposes) provided the Washington County Health Council with information about the health status of their community. It was assembled by the State Office of Assessment & Planning and compiled by the Community Development Program, Northeast Tennessee Region, for the council's analysis.

Vital statistics cover pregnancy & birth, mortality, and morbidity information for the county, region, and state; each set of information is separated into the categories of *All Races, Non-White, and White*. These statistics are made available in three-year moving averages, which smooth trend lines and eliminate wide fluctuations ('spikes' and 'valleys') in year-to-year rates that distort true trends. Ten (10) three-year averages are available for each health indicator, occurrence, or event for use in examining significant trends in those health indicators. Where applicable, vital statistics comparing the county, region, and state were also compared by the council with the nation's "Healthy People 2000" objectives.

Data were compared to the corresponding data for the Northeast Tennessee Region, as well as for the State of Tennessee.

The Vital Statistics Subcommittee received information for the following population and health status indicators:

- ✓ Population Trends 1990 to 1996
- ✓ Average Number of Fetal Deaths per 1,000 Live Births in Females 10-44 from 1990-1995

- ✓ Percent of Low-Weight Births 1991 to 1996
- ✓ Infant Death Rates per 1,000 Live Births 1991 to 1996
- ✓ Percent of Births to Adolescent Mothers 10-17
- ✓ Sexually Transmitted Disease Incidence Rate - 1997
- ✓ Leading Causes of Death (Age-Adjusted) 1995

After the Washington County Health Council analyzed the above information, specific areas of concern were investigated. The information below lists the areas investigated and the results of the more detailed investigation:

◆ **Suicide Rates Per 100,000 Population 1994-1996 :**

Area	Rate
Washington	13.8
NE Region	13.5
Tennessee	12.1

◆ **Chronic Obstructive Pulmonary Disease 1993-1995: Age Adjusted Death Rates per 100,000 from 1993-1995:**

Area	Rate
Washington	29.7
NE Region	26.7
Tennessee	24.5

*Note: In 1995 there were 56 deaths from COPD in Washington County in citizens 40 years of age and older. This represents a rate of 134.3 deaths per 100,000 population.*

◆ Cancer – 1995 Specific Cancer Sites/Rates by Gender/Race – Washington County

Site	Sex	Race	# Deaths	Rate per 100,000 Population
Genital Organs	Male	White	14	30.2
		Black	2	112.9
	Female	White	9	21.0
		Black	1	58.8
Breast Cancer	Female	White	17	36.6
		Black	0	0.0
Respiratory and Intrathoracic Organs	All	White	58	64.9
		Black	0	0.0
Digestive Organs and Peritoneum	All	White	44	49.2
		Black	3	86.4
Urinary Organs	All	White	10	11.2
		Black	0	0.0
Lymphatic and Hematopoietic Tissues	All	White	21	23.5
		Black	1	28.8
Leukemia	All	White	7	7.8
		Black	1	28.8
Lip/Mouth/Pharynx	All	White	1	1.1
		Black	0	0.0
All Other/Unspecified Sites	All	White	43	48.1
		Black	3	86.4

◆ **Washington County, Tennessee – Top Causes of Death in 1995 – White and Black (Age-Adjusted Rates per 100,000 are in Parentheses)**

White	Black
Heart Disease (134.0)	Cancer (256.7)
Cancer (132.7)	Heart Disease (129.7)
COPD (32.5)	Diabetes Mellitus (65.5)
Cerebrovascular Disease (29.9)	Motor Vehicle Crashes (29.3)
Motor Vehicle Crashes (21.9)	All Other Accidents (29.3)
Pneumonia/Influenza (17.4)	Homicide & Legal Intervention (28.4)
Suicide (14.1)	All Other Infections (28.4)
Diabetes Mellitus (11.9)	Ulcer of Stomach/Duodenum (24.8)
Liver Disease (11.9)	Benign Neoplasms (16.0)

◆ **Washington County – Selected Social and Health Indicators for Children 18 and Under – 1992 and 1996 Compared**

Indicator	1996	1992	% Change
Child Death Rate per 100,000 ages 0-14	19	13	50%
Teen Violent Death Rate per 100,000 ages 15-19	45	28	62%
Percent of High School (Grades 9-12) Dropouts	5%	4%	33%
Percent of Children Under 18 Referred to Juvenile Court	10%	8%	36%
Indicated Child Abuse & Neglect Rate per 1,000	8	7	15%

*Source: Tennessee Commission on Children and Youth, Kids Count 1996*

**E. Other Secondary Data Sources**

In addition to sources of data listed above, the Washington County Health Council used information from other sources, weighing the information and statistics analyzed against county demographics, manpower information, managed care, and increase of percentage of

births lacking prenatal care from 1992 to 1996. The Washington County Health Council continues to assess current information from additional sources as they plan and reassess changes in the health of their community.

Some of the additional sources of information which continue to contribute to the Health Council's diagnosis of health status and health care in Washington County include: (a) the First Tennessee Development "FACTS" Publication, (b) the U.S. Department of Commerce/Bureau of the Census, (c) The Tennessee Department of Health Office of Health Statistics & Information "Tennessee' Health Picture of the Present" report, and (d) the Tennessee Department of Health and University of Tennessee Community Health Research Group's "HIT" Internet Website.

Please visit the Health Information Tennessee (HIT) Website where county-specific health data is continually expanded and updated. HIT's address is:

[WWW.SERVER.TO/HIT](http://WWW.SERVER.TO/HIT)

This is an interactive website wherein you may submit custom queries by going to Statistical Profiling of Tennessee (SPOT) area of the site. Standard tables, reports, and links to related sites are also available at the HIT Website.

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## Section 3

### Health Issues and Priorities

After a review of available data, the Washington County Health Council compiled and defined the most important health issues that had been identified through the four-phase community diagnosis process. The list on the following page outlines the concerns from each of the four phases of analysis.

Please note that the identified concerns are not listed in order of importance or severity.

**COMMUNITY DIAGNOSIS: Identified Concerns from Each Subcommittee**

<b>STAKEHOLDER</b>	<b>BEHAVIORAL RISK FACTOR SURVEY</b>	<b>HEALTH RESOURCES INVENTORY</b>	<b>VITAL STATISTICS</b>
Dental Care for Indigent and Homeless Adults	Access to Health Care including Cost, Provider Choice	Daycare, Housing, Group/Nursing Homes/Assisted Living, for <b>Disabled/Older Adults</b>	Suicide
Need for Parenting Classes	Community Health Education and Awareness  <i>(includes obesity, diabetes, women and minority health issues)</i>	Dentists, Oral Surgeons, Alcohol & Drug Treatment, Community Health Clinics, Outpatient Mental Health Care <b>for Indigent/Homeless</b>	Chronic Obstructive Pulmonary Disease
Effective Juvenile Justice System	Alcohol & Drug Abuse	Group Homes, Headstart Programs, Juvenile Court Services, School Nurses for <b>Children and Youth</b>	Cancer
Shorter Waiting Periods in Doctor's Offices	Healthy Lifestyle		Minority Health
Crime			# Children Referred to Juvenile Court
Alcohol & Drug Abuse			Death Rates in Children 0-14
High Blood Pressure/Heart Disease/Stress			# Reported Cases Child Abuse/ Neglect
Pharmacy Services for Indigent/Homeless			Teen Violent Deaths
Smoking			# High School Dropouts

**Note: Concerns are not in order of severity of concern.**

The Washington County Health Council then prioritized the identified areas of concern based on the following: (a) the size of population impacted, (b) the seriousness of the health concern both present and in the future, and (c) the effectiveness of potential interventions.

Using a multi-vote process, the important concerns in order of priority were ranked. The issues listed below emerged as priority health concerns for Washington County.

### **WASHINGTON COUNTY HEALTH COUNCIL PRIORITY HEALTH CONCERNS**

- ▶ *Dental Care for Homeless/Indigent Adults*
- ▶ *Teen (ages 12-21) Health/Community Issues*
- ▶ *Adult Alcohol/Drug Abuse*
- ▶ *Community Health Issues/Education*
- ▶ *Health Insurance/Access/Provider Choice*

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## **Section 4**

### **Future Health Planning**

The Washington County Health Council set the first strategic planning meeting to develop plans to address the above priority health concerns. Two strategic planning subcommittees were formed to draft goals and objectives and to formulate interventions for the entire Washington County Health Council's approval.

In addition to the council's assessment efforts documented herein, future reports will include a second document that will describe the council's specific action strategies. A third document is also planned and will report changes in specific health indicators and/or any changes and trends in vital statistics or health care services.



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# **APPENDIX**

# *The Washington County Health Council*

*June 1999*

<b>Donna Miller, Ph.D., Chair</b>	<i>Tri-Cities Health Alliance</i>
<b>Kathy Benedetto</b>	<i>Frontier Mental Health Services</i>
<b>David Calhoun</b>	<i>Department of Health &amp; Human Services</i>
<b>John Campbell</b>	<i>City Manager, City of Johnson City</i>
<b>Tim Carson</b>	<i>Johnson City Health Center</i>
<b>Mildred Cooper</b>	<i>Community Representative</i>
<b>Sandi Fisher, Ed.D.</b>	<i>Northeast Community Services Agency</i>
<b>Mark Fox</b>	<i>Milligan College</i>
<b>Joann Gilmer</b>	<i>General Shale</i>
<b>John Goah</b>	<i>Minority Health/Johnson City Seniors Center</i>
<b>E.C. Goulding, M.D.</b>	<i>Northside Hospital</i>
<b>Gwen Hendricks</b>	<i>Appalachian Christian Village</i>
<b>Tom Hodge</b>	<i>Johnson City Press</i>
<b>George Jaynes</b>	<i>Washington County Executive</i>
<b>Janet Kinley</b>	<i>Regional Office Division Mental Retardation</i>
<b>Gary Mabrey</b>	<i>Chamber of Commerce</i>
<b>Carol Macnee, R.N., Ph.D.</b>	<i>ETSU College of Nursing</i>
<b>Joette Norman</b>	<i>March of Dimes</i>
<b>Rusty Seaver, D.D.S.</b>	<i>Private Dentist</i>
<b>Larry Warkoczeski</b>	<i>Johnson City Medical Center</i>
<b>Kathy Whitaker</b>	<i>NE TN Area Agency on Aging</i>
<b>Diane Wise</b>	<i>TN Commission on Children &amp; Youth</i>

***\*For more information about the Community Diagnosis assessment process, please contact council members or the Northeast TN Community Development Staff at (423) 439-5900.***