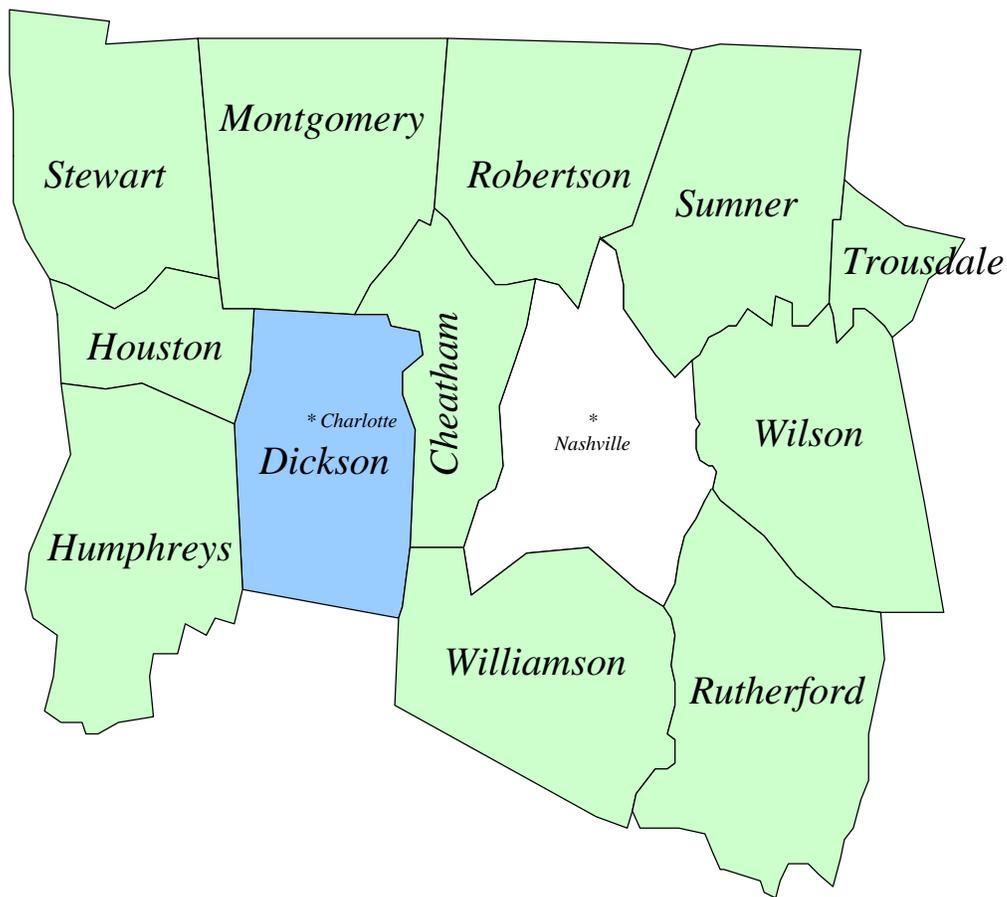


Community Diagnosis Status Report The Mid-Cumberland Region



The Dickson County Health Council

May 1998

INTRODUCTION:

The Community Diagnosis Process

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community”. Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community “buy-in”. Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based “Community Diagnosis” process should prompt the county health council to ask the following:

Where is the community now? Where does it want to go? How will it get there?

It is evident that the “Community Diagnosis” process and its outcomes should, at a minimum:

- ◆ Provide justification for budget improvement requests submitted to the State Legislature;
- ◆ Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, 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 the leadership to ensure that documented community health problems are addressed.

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community.

The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the “Community Diagnosis” process.

This document will explain the “Community Diagnosis” process and outcomes for Dickson County. We also hope to give a historical perspective and details of the Council and its formation.

The Dickson County Health Council



The Dickson County Health Council was developed after a meeting between Tennessee Department of Health Community Development Staff and local county officials. The County's County Executive and County Health Department Director along with the Regional Community Development Staff collaborated in November of 1996 to develop a list of potential council members. Prospective members were contacted and invited to a meeting to be held December 10, 1996. At this meeting, prospective members were introduced to the "Community Diagnosis" process and to the roles and responsibilities of the newly formed Dickson County Health Council. A list of current members is included as "Attachment A". It is important to note that this list does not represent the initial membership, as a result of the addition and deletion of members throughout the existence of the Council.

During early meetings of the Council, the group adopted the overall mission of "Community Diagnosis":

"To promote the health of Dickson County residents by identifying priorities, establishing goals, and determining courses of action to improve the health status of the community by participating in the 'Community Diagnosis' Process. Through this process we will, at a minimum,:

- ◆ Provide justification for budget improvement requests submitted to the State Legislature
- ◆ Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, 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 the leadership to ensure that documented community health problems are addressed.”

The Council has met monthly, and anticipates a quarterly meeting schedule to begin around mid-1998. Currently, meetings are held on the second Tuesday of every month, and are open to the public from 12:30 – 1:30 p.m. Typically meetings are held at Horizon Medical Center.

The Council has established bylaws governing its activity. The Bylaws of the Council are included as “Attachment B”. According to the Bylaws of the Council, the Council must have a Chair and a Co-Chair. Both the Chair and Co-Chair were elected soon after the initial meeting.

The Council has had the participation and support of Horizon Medical Center, the Chamber of Commerce, the local school system, National Healthcare (nursing homes), the County Executive, the County Trustee’s Office, the Department of Human Services, and the local health department.

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I. COUNTY DESCRIPTION

A Profile of Dickson County

Dickson County is a growing community located forty miles west of Nashville on Interstate 40. Its growth coupled with a diverse economy has created an ideal environment for new and expanding businesses as well as high quality communities anyone would be happy to call home.

The county's estimated 1998 population is 42,016. The County seat, Charlotte, is recognized as a historical area with the oldest courthouse in the state still being used as a courthouse.

Dickson County is corporate headquarters for Tennsco, an international manufacturer of industrial shelving and office furniture, and home to several other major employers: Teksid Aluminum Foundry, Quebecor Printing Company, Red Kap Industries, Premdor Entry Systems, A.G. Simpson, and Interstate Packaging just to name a few.

It is also home to Horizon Medical Center, a 176 bed state of the art medical facility, and Horizon Medical Group, Dickson Family Health Center, and the Dickson County Health Department. All facilities provide medical services with approximately sixty physicians practicing in over twenty specialties.

Area households number approximately 15,601 with almost half being homeowners. The average sales price of homes marketed in 1998 was \$95,000.

The county has a county school system with one comprehensive high school. However, growth has mandated that this situation will soon change. The county has completed the first phase of a five phase building program. The second phase which calls for a second high school and has just been approved by the County Commission.

Recreational facilities abound in the county. Montgomery Bell State Park is within the boundaries of Dickson County. It is also home to three golf courses, a number of historical sites and is a short drive to Kentucky Lake and Lake Barkley.

Perhaps its best feature is that it offers a high quality of life just 45 minutes from downtown Nashville and a transportation system accessible to the rest of the country.

Information taken from the Dickson Co. Chamber of Commerce



Other important demographic information:

Total Number of Households: 13,019

	County	Region	State
Percent of households that are family households	77.6	78.8	72.7
Percent of households that are families headed by a female with no husband present	11.6	9.7	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	7.2	5.7	6.9
Percent of households with the householder 65 and up	22.1	17.1	21.8



EDUCATION

	County	Region	State
Number of persons age 25 and older	22,161	380,119	3,139,066
Percent of persons 25 and up that are high school graduates or higher	61.5	71.9	67.1
Percent of persons 25 and up with a bachelor's degree or higher	9.2	17.1	16.0



EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	26,639	464,333	3,799,725
Percent In Work Force	64.5	69.1	64.0
Number of Persons 16 and Older in Civilian Work Force	17,168	307,228	2,405,077
Percent Unemployed	6.5	5.3	6.4
Number of Females 16 Years and Older with Own Children Under 6	2,229	40,261	287,675
Percent in Labor Force	61.4	63.2	62.9



POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$11,162	\$13,213	\$12,255
Percent of persons below the 1989 poverty level	15.4	10.52091	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	19.3	12.0	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	25.9	19.3	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.

III. COMMUNITY NEEDS ASSESSMENT

The following is a listing of both the primary and secondary data reviewed by the Council members. This information was discussed initially as a group, and then discussed in more detail through subcommittees that were formed. A list of subcommittees is as follows:

- ◆ Children and Youth
- ◆ Adults
- ◆ Seniors (Age 55+)

Data Reviewed:

Primary Data:

Primary Data consists of a variety of surveys conducted that were considered when the Council developed their final list of health priorities.

- “Stakeholder’s Survey” – Approximately 49 out of 100 surveys were returned from “stakeholders” in the community, representing a 49% rate of return. This survey profiled perceived health care needs and problems facing the community. This survey was not conducted as a scientific survey, but rather an informal compilation of subjective responses to questions concerning adequacy, accessibility, and level of satisfaction with health care services in the community, as well as to questions on problems and needs. Council members were asked to complete a survey and

obtain completed surveys from other “stakeholders” in the community. Stakeholders were defined as “those individuals interested and involved directly or indirectly in the health care of the community and who have a special interest in a particular issue or action being taken”.

- “Perceptions of the Council Members” – Council members (numbering 20) were surveyed on their perceptions of important health issues, strengths and weaknesses of their community prior to the beginning of the “Community Diagnosis” process.
- 1996 “Behavior Risk Factor Survey” – This survey was modeled after the Behavior Risk Factor Survey conducted by the Centers for Disease Control. The survey collected information on adults health behaviors and preventive practices related to several leading causes of death, as well as information related to various community health issues. Random phone calls were made, with a minimum of 200 respondents per county surveyed. The overall statistical reliability of this survey was a confidence level of 90, +/- 6%. The survey provided weighted results to more closely reflect the county population.
- 1996 “Tennessee Alcohol, Tobacco and Other Drugs High School Survey”- A total of 137 high schools and 73,000 students in grades 9-12 were surveyed across the state. Dickson County High School was a participant in the survey. This study is part of a family of studies to provide comprehensive and accurate scientific data on levels and patterns of alcohol, tobacco, and other drug (ATOD) use and abuse statewide and by region for use by state and local officials and community organizations and agencies. This statewide high school survey concerns health and lifestyles; alcohol and other drug use, abuse, and problems; exposure to violence in schools and elsewhere; and identification of risk and protective factors for a host of adverse consequences. The self-administered, optically scanned survey is based on a random sample of 9th-12th grade schools by region in Tennessee.
- 1993 “Tennessee Alcohol, Tobacco and Other Drugs Survey” (Adult Household) – Approximately 8000 Tennessee residents were surveyed by telephone by the University of Tennessee (Knoxville). The survey was a statewide random digit dial telephone survey which was conducted for the purpose of providing alcohol and other drug prevention and treatment needs assessment data for use in program planning, evaluation, and resource allocation. The study employed a two-stage probability sample. The twelve Community Services Agencies – four metropolitan counties and 8 non-metropolitan regions – served as sampling units. Data on a range of health behaviors and risks, particularly those related to alcohol and other drugs were available for 70% of Tennessee’s population.

Secondary Data:

An extensive set of data was reviewed, including regional, state, county, and national data. Data from the Department of Health and other departments and agencies was reviewed. Trends were shown when available, using three-year moving averages to smooth trend lines and eliminate fluctuations in year-to-year rates.

Data reviewed included:

- 1990 Census/Demographics
- “Dickson County Health Trends – 1984 – 1995” – Summary of Dept. of Health data (Mortality and morbidity, pregnancy and birth data, teen pregnancy, sexually transmitted diseases, motor vehicle and other accidents, infant mortality and child death rates, and other data)
- “Tennessee’s Health, Picture of the Present” 1994
- 1996 Tennessee’s “Healthy People 2000”
- AIDS data – Tennessee Dept. of Health
- 1995 “Assessment of TennCare Dental Coverage” 1995
- Other Program and Health Department data
- “1994 Status Report on Adolescent Pregnancy”
- 1995 “Kids Count: The State of the Child in Tennessee” 1995
- DUI statistics
- Juvenile Court data
- Criminal Court filings
- High School Dropouts and Children receiving special education

IV. Health Issues and Priorities

Upon completion of the data review, all Council members were asked to complete a prioritization process which used size and seriousness as factors in determining which health issues had highest priorities. The “Scoring Sheet” is included as “Attachment C”. The results, are listed as follows:

Priority Issues	*Total Score
Children/Youth	
#1 Teen Pregnancy	65
#2 Accidents (including Motor Vehicle)	72
#3 Low Birthweight	77
Adults	
#1 Alcohol/chronic liver disease	88
#2 Diabetes	95
#3 Low birthweight	99
Seniors (age 55+)	
#1 Heart Disease	55
#2 Stroke	66
#3 Pneumonia/influenza	84
Overall issue affecting each category	
#1 Alcohol abuse/chronic liver disease	294 total

* Note: the **lowest** score has the **highest** priority.

Other Issues of Concern

Other issues that were not included in the “Health Priorities” listing include suicide, pulmonary /chronic Obstructive Pulmonary Disease (COPD), tuberculosis, geriatric care, early identification of children with special needs, child immunizations, and mammography for the poor.

Justification of Priority Issues

Children and Youth:

Teen Pregnancy:

Teen pregnancies have increased in rates (“number per 1,000 women”) for ages 10-14 (40%) and 18-19 (8.6%) for the twelve year period 1983-1994. Twelve year number of pregnancies have increased 100% in ages 10-14 and 9.8% in ages 18-19.

Overall rates showed that for the three year period of 1991-1993, Dickson County ranked number 85 out of 95 counties with 4.9% of all births in females aged 10-17 in the 1996 "Healthy People 2000" report. Dickson County is below the Tennessee percentage of 6.6% of total births to females aged 10-17. Although overall rates and numbers are below the State figures, the younger teens (ages 10-14) have shown increases and are a concern of the Council and from the community. These increases are mostly in the Caucasian population. Approximately 32% of those surveyed in the 1996 Behavior Risk Factor Survey saw teen pregnancy as a "definite problem" in the community.

Accidents (including motor vehicle) :

Accidents are the leading causes of death for ages 1-24. In ages 1-4 there has been a twelve year increase of 63.3% over the 1983-1994 time period, and a 72.7% increase in ages 5-14 in the same period.

Overall Rates for motor vehicle accidents are lower than the state rate of 23.6 per 100,000 at 19.9 per 100,000 according to the "1996 Healthy People 2000" report. The County is above the National objective of 16.8, however. Ages 5-14 have seen a 73.2% increase over the 1983-1994 time period.

The County is making improvements, as the "Years of Productive Life Lost" from accidents for all ages have shown an overall 27.1% decrease over the 1983-1994 period.

Low Birthweight babies:

Dickson County was number 10 out of 95 counties for Low-birthweight babies, according to the "1996 Healthy People 2000" report. Overall, there was a 33.8% increase in low birthweight for all races/ages. For white females aged 15-17 there was a 258.3% increase during the time period 1983-1994. There were other increases in other age groups as well. These increases are higher than both the state and region.

Adults:

Alcohol/Chronic Liver Disease

The County has shown an overall increase in chronic liver disease and cirrhosis of 388.9% in the age 45-64 age group. There was also a 640% increase in "years of potential life lost" due to Chronic Liver Disease over the 1983-1994 year time period. According to the "1996 Behavior Risk Factor Survey", approximately 39% reported alcohol abuse as a "definite problem" in the community. Approximately 36.7% of respondents to the "Stakeholders Survey" indicated that there were inadequate alcohol and drug treatment services available in the community, along with 30.6% indicating inadequate availability of mental health services in the community.

See section below titled "Overall Priority Health Issue" "Alcohol Abuse/Chronic Liver Disease" for additional statistics.

Diabetes

The County has shown overall increases in diabetes of 225.9% in ages 45-64 during the 1983-1994 time period. Diabetes was listed as a “definite” problem by some respondents of the “1996 Behavior Risk Factor Survey”.

Low Birthweight

Dickson County was number 10 out of 95 counties for Low-birthweight babies, according to the “1996 Healthy People 2000” report. Overall, there was a 33.8% increase in low birthweight for all races/ages. For nonwhite females aged 25-29 there was a 275% increase during the time period 1983-1994, and a 57.4% increase in white females of the same age group. Females with 16 years of education showed a 132% increase in birthweights, and those with 17+ years of education showed a 172.2% increase in low birthweights from 1983-1994 – these increases were mostly in the Caucasian population.

Very low birthweights in ages 20-24 showed a 375% increase, while ages 25-29 a 333.3% increase. By education level, 9-11 years showed a 157.1% increase, and 12 years a 366.7% increase. Again, these increases were mostly seen in the Caucasian population.

Seniors (Age 55+):

Heart Disease

Heart disease was the leading cause of death for ages 45-64 and 65+ in the County. Heart disease has shown an overall increase of 16.1% in ages 24-44, and 24.8% in ages 45-64 from 1983-1994. Heart disease also had the 3rd greatest impact on “years of potential life lost” for the County over the same twelve year period. Also in terms of “years of potential life lost”, there were overall increases of 59%. Dickson County had 137.3 deaths per 100,000 due to heart disease according to the “1996 Healthy People 2000” report. This rate is above the national objective of 100 and above the Tennessee rate of 134.8.

Primary data also indicates heart disease is a problem for Dickson County. According to the “1996 Behavior Risk Factor Survey”, approximately 31% of respondents felt heart disease was a “definite problem” in the community. Risk factors for heart disease were also highly prevalent as indicated by the high percentage of respondents who smoked (33% currently smoking, while 51% had smoked at least 100 cigarettes in their lifetimes), and 79% had not been given any advice about their weight despite the fact that obesity was listed as a “definite problem” by 37% of respondents.

Stroke

Stroke was listed as the third most common cause of death for ages 65+ in Dickson County. A twelve-year increase of 9% was seen in ages 65+ from 1983-1994. According to "1996 Healthy People 2000" report, Dickson had 48.4 deaths related to stroke per 100,000 population. This is above both the national objective of 20 and the Tennessee rate of 34. This same report ranks Dickson #6 out of 95 counties for deaths due to stroke.

Pneumonia/Influenza

According to information provided by Horizon Medical Center, pneumonia/influenza was the number one cause of hospital admissions for those ages 55+. Approximately 33% of the 1997 population were ages 45+. Also, pneumonia/influenza has shown a 111.1% increase for ages 65+ from 1983-1994 according to Dept. of Health data.

Overall Priority Issue: Alcohol abuse/Chronic Liver Disease

According to the 1996 "Tennessee Alcohol and Drug High-School Survey" that was conducted statewide, information was reported at a regional level. Approximately 72.2% of respondents in the Mid-Cumberland Region have ever had beer, wine, wine coolers, or liquor to drink. 68.5% reported that they have gotten drunk/intoxicated from drinking alcohol, and the average age of first use was 13.6.

The 1993 "Tennessee Adult Household Survey" had 69 respondents from Dickson County. Although the report was not county specific, the results suggest that 60% of all Tennessee adults are recent alcohol or drug users. The survey also shows that in terms of recent use during the past 12 months, alcohol is the most popular drug, used by 44% of the respondents in the past 12 months.

See section on "Alcohol abuse/Chronic Liver Disease" under "Adults" above, for additional statistics.

V. FUTURE PLANNING

The Council continues to meet on a regular basis to address the health priorities identified, through the development of goals, objectives, and activities. This "plan of action" will be outlined in a subsequent report.

The Mid-Cumberland Regional Health Council has targeted Dickson County as the recipient of 40% of the funds designated for the Governor's Community Prevention Initiative for Children in 1998. If the anticipated funding is secured statewide for the GCPIC, Dickson County will receive \$57,000 of the region's funds. The Council currently is completing the "Communities That Care" (CTC) model of prevention planning, to address the identified "alcohol and drugs" health priority as well to address GCPIC funds that may become available. These results will also be outlined in a subsequent report.

Attachment A

**DICKSON COUNTY HEALTH COUNCIL
DIRECTORY**

Sara Caudill
Director of Elementary Education
817 North Charlotte
Dickson, Tennessee 37055
615-446-7571

School System

Mary Brown
Social Services
NHC
Box 585
Dickson, Tennessee 37055
615-446-8046

Nursing Home/Elderly

Linda Frazier, Trustee
Dickson County Courthouse
Box 246
Charlotte, Tennessee 37036
615-789-4171

County Government
(Local Elected Official)

Ms. Pat Gorzny
Associate Administrator
Horizon Medical Group
111 Highway 70 East
Dickson, Tennessee 37055
615-446-1322

Local Hospital/Medical
Community

Doris Grigsby
707 West College Street
Dickson, TN 37055
615-441-6200

Department of Human Service

Bill Leach, County Director
Dickson County Health Department
301 West End Avenue
Dickson, Tennessee 37055
615-446-2839

County Health Department

Vickie Loose
March of Dimes
112 Rae Lane
Burns, Tennessee 37029-9003
615-446-4542

Local Non-Profit Agency

Judy Nicks, Nursing Director
Mid-Cumberland Regional Office
710 Hart Lane
Nashville, Tennessee 37247-0801
615-650-7000

Regional Health Office

Dorothy Sanders
155 West Piney Road
Dickson, Tennessee 37055
615-446-8364

Senior Citizen

Dr. B.J. Smith
Medical Director
Columbia Horizon Hospital
111 Highway 70 East
Dickson, Tennessee 37055
615-446-0446

Physician\Medical Provider

Ruthelma Warf
Developmental Services
Box 628
Dickson, Tennessee 37056
615-446-3111

Mental Retardation

Rick Wallace, CEO Administrator
Columbia Horizon Hospital
111 Highway 70 East
Dickson, Tennessee 37055
615-441-2357

Local Hospital

Hilda Sullivan
Chamber of Commerce
119 Highway 70 East
Dickson, Tennessee 37055
615-446-2349

County Chamber of Commerce

Attachment B

BYLAWS FOR DICKSON COUNTY HEALTH COUNCIL

ARTICLE I. NAME

The name of this council shall be the Dickson County Health Council.

This body shall be known as the DICKSON COUNTY HEALTH COUNCIL (hereafter referred to as "COUNCIL") and will exist within the geographic boundaries of Dickson County, Tennessee. The council shall exist as a non-incorporated, not-for-profit, voluntary membership community service organization.

ARTICLE II. PURPOSE AND GOALS

The overall mission of the Council is to assist the Department of Health by advising the Department regarding the health problems of Dickson County and thus assist the Department in its responsibility to undertake "Community Diagnosis". The Council will promote the prevention of premature death, disability, and illness by developing a Dickson County community health plan for recommendation to the Department. The role of the Department of Health is to support the Council by providing the resources needed by the Council to undertake the work, and by facilitating the planning process. The following is a proposed objective statement. The mission of the Council is to assist the Department of Health by:

1. Developing a community health plan, which includes health problem and needs identification.
2. Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
3. Establishing priorities for all identified health problems.
4. Identifying department/organization work teams and community agencies, which should coordinate efforts with respect to each health problem.
5. Drafting and presenting to the Department of Health the recommended health plan.
6. Promoting and supporting the importance of reducing the health problems to the Department and the community.
7. Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

ARTICLE III. AUTHORITY

1. The Council shall exist as an advisory and support body to Tennessee Department of Health solely for the purposes stated herein and shall not be vested with any legal authority described to Tennessee Department of Health, the State of Tennessee or any of its political subdivisions. Recommendations of the Council will not be binding upon Tennessee Department of Health and the Council is not granted authority to act on behalf of The Department of Health without specific prior written authorization.
2. The Council shall not have the authority to generate, or otherwise receive, funds or property on its own behalf. Further, the Council shall not generate or receive any monies or property on behalf of Tennessee Department of Health without specific prior approval in writing. Should such authorization be issued any monies or property thereby arising shall be designated for and relinquished directly to Tennessee Department of Health for appropriate accounting and allocation according to Tennessee Department of Health applicable Department of Health policy.
3. The Council shall provide Tennessee Department of Health a strict accounting of all financial transaction arising from Council activities. The financial records and accounts of the Council will be made available to Tennessee Department of Health and/or its official auditors for examination at any time upon reasonable request.

ARTICLE IV. MEMBERS

SECTION 1. NUMBER. The Council shall consist of no less than 15 members and no more than 20. A vacancy shall not prevent the Council from conducting business. Membership will be restricted to Residents of Dickson County. The Council shall consist of an adequate number of voting members so as to be effectively representative of all segments of the community. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups, and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds.

SECTION 2. APPOINTMENT AND REMOVAL. Initial members of the council shall be appointed by the Director of Mid-Cumberland Regional Office, Tennessee Department of Health upon receiving recommendation from County officials. Future members and/or members to fill vacancies of the Council shall be recommended by the Council for appointment by the Regional Director. The Council shall have the right to remove Council members for good cause shown after notice and hearing before the Council as a whole. A two-thirds (2/3) majority is required for removal. Automatic removal results when a member misses three (3) consecutive meetings or six (6) meetings in a calendar year excused absences will be allowed. Some individuals may serve in an advisory capacity.

SECTION 3. TERM OF SERVICE. Members shall serve staggering term of 1-3 years. Additional terms may be served as deemed appropriate by the Council. Council officers will serve a term of one year. Appointment and election for new officers will be made by the Council Members.

ARTICLE V. COUNCILS

Subcommittees may be appointed specializing in concerns relative to specific populations or subject matter.

ARTICLE VI. TASK FORCE

Task forces may be appointed as needed to accomplish specific short-term objectives.

ARTICLE VII. BOOKS AND RECORDS

The Council shall keep minutes of all proceedings of the Council and such other books and records as may be required for the proper conduct of its business and affairs.

ARTICLE VIII. MEETINGS

SECTION 1. REGULAR MEETINGS. The Council will conduct regularly scheduled meetings, at intervals of no less than once every three- (3) months; to be held at a time and place specified by the Council Chairman.

SECTION 2. SPECIAL MEETINGS. The Council Chairman may call a special meeting, as deemed appropriate, upon five- (5) days written notice to the membership.

SECTION 3. QUORUM. A quorum shall consist of one-half (1/2) the voting membership of the council.

SECTION 4. VOTING. All issues before the Council shall be decided by majority vote of those members entitled to vote and present in person at the meeting. A member not present may not vote by proxy. Each member with voting privileges shall be entitled to one (1) vote.

SECTION 5. PUBLIC CHARACTER OF MEETINGS. All Council meetings will be held open to the public and at a location, which is available to all community residents who might seek health care services. All meetings will be appropriately announced for public notice.

SECTION 6. RULES OF ORDER. The latest published edition of Roberts Rules of Order shall be the authority for questions pertaining to the conduct of Council business.

ARTICLE IX. OFFICERS

SECTION 1. OFFICERS. The officers of the Council shall consist of the Chairman and Co-Chairman.

SECTION 2. CHAIRMAN. The Chair will be elected by the Council. The Chairman will preside over all meetings of the Council.

SECTION 3. CO-CHAIRMAN. The Co-Chair will be selected by the Council. The Co-Chairman will preside over those Council meetings when the Chairman is absent and will perform such other duties as assigned by the Council.

SECTION 4. TERM OR OFFICE. Elected officers shall be selected at the first meeting of the Council for a term ending the following calendar year. Thereafter, officers shall be elected at the first meeting in the following year for a term of one (1) year. Officers may be re-elected to serve additional terms.

SECTION 5. REMOVAL. Any officer may be removed from office for cause by a two-thirds (2\3) majority vote of the members at any regular or special meeting of the Council.

SECTION 6. VACANCIES. Any vacancy caused by the resignation, removal, or death of an officer will be filled by action of the Chairman for the unexpired term of the office.

ARTICLE X. AMENDMENTS

These Bylaws may be amended at any regular or special meeting of the Council. Written notice of the proposed Bylaw changes shall be mailed or delivered to each member at least thirty (30) days prior to the date of the meeting. Changes in the Bylaws must be approved by the Department of Health. Bylaw changes require a two-thirds (2\3) majority vote of the Council members present.

ADOPTED BY THE DICKSON COUNTY COMMUNITY HEALTH COUNCIL

THIS THE 10th DAY OF February , 1998

**Pat Gorzny,
CHAIRMAN**

Attachment C

Dickson County Health Council - Health Priorities

Please rank the following most frequently identified health issues according to the **size** of the problem (what portion of the population does it affect?) and the **seriousness** of the problem. (With #1 being most serious and #14 being the least serious).

Children/Youth:	Size: (1-14)	+	Seriousness: (1-14) X 2	Total:
_____ Alcohol Abuse/Chronic Liver Disease	_____	+	() X 2 = _____	
_____ Cancer	_____	+	() X 2 = _____	
_____ Low birthweight/birth defects (particularly in teens)	_____	+	() X 2 = _____	
_____ Lack of adequate dental care	_____	+	() X 2 = _____	
_____ Stroke	_____	+	() X 2 = _____	
_____ Accidents (including motor vehicle accidents)	_____	+	() X 2 = _____	
_____ Teen pregnancy	_____	+	() X 2 = _____	
_____ High school dropouts	_____	+	() X 2 = _____	
_____ Heart disease	_____	+	() X 2 = _____	
_____ Diabetes	_____	+	() X 2 = _____	
_____ Teen Violence	_____	+	() X 2 = _____	
_____ Lack of adequate medical care/providers	_____	+	() X 2 = _____	
_____ Homicide	_____	+	() X 2 = _____	
_____ Pneumonia/influenza in elderly	_____	+	() X 2 = _____	

Adults:	Size:	+	Seriousness:	Total:
	(1-14)		(1-14) X 2	
_____ Alcohol Abuse/Chronic Liver Disease	_____	+	() X 2 = _____	
_____ Cancer	_____	+	() X 2 = _____	
_____ Low birthweight/birth defects (particularly in teens)	_____	+	() X 2 = _____	
_____ Lack of adequate dental care	_____	+	() X 2 = _____	
_____ Stroke	_____	+	() X 2 = _____	
_____ Accidents (including motor vehicle accidents)	_____	+	() X 2 = _____	
_____ Teen pregnancy	_____	+	() X 2 = _____	
_____ High school dropouts	_____	+	() X 2 = _____	
_____ Heart disease	_____	+	() X 2 = _____	
_____ Diabetes	_____	+	() X 2 = _____	
_____ Teen Violence	_____	+	() X 2 = _____	
_____ Lack of adequate medical care/providers	_____	+	() X 2 = _____	
_____ Homicide	_____	+	() X 2 = _____	
_____ Pneumonia/influenza in elderly	_____	+	() X 2 = _____	

Seniors: (age 55+)	Size: (1-14)	+	Seriousness: (1-14) X 2	Total:
_____ Alcohol Abuse/Chronic Liver Disease	_____	+	() X 2 = _____	
_____ Cancer	_____	+	() X 2 = _____	
_____ Low birthweight/birth defects (particularly in teens)	_____	+	() X 2 = _____	
_____ Lack of adequate dental care	_____	+	() X 2 = _____	
_____ Stroke	_____	+	() X 2 = _____	
_____ Accidents (including motor vehicle accidents)	_____	+	() X 2 = _____	
_____ Teen pregnancy	_____	+	() X 2 = _____	
_____ High school dropouts	_____	+	() X 2 = _____	
_____ Heart disease	_____	+	() X 2 = _____	
_____ Diabetes	_____	+	() X 2 = _____	
_____ Teen Violence	_____	+	() X 2 = _____	
_____ Lack of adequate medical care/providers	_____	+	() X 2 = _____	
_____ Homicide	_____	+	() X 2 = _____	
_____ Pneumonia/influenza in elderly	_____	+	() X 2 = _____	

Attachment D

HIT: Health Information Tennessee

Monitoring the Health of Tennessee

(use "server.to/hit" or "http://web.utk.edu/~chrg/hit" to visit this site)

HIT is a pilot project to disseminate data

- to identify population health problems and high risk groups, and**
- to assess need for prevention, treatment, and rehabilitation services in Tennessee.**

This is an official web site of the Tennessee Department of Health and The University of Tennessee, Community Health Research Group.

Be sure to visit SPOT and MAPS/GIS to fully utilize the innovative features of this interactive data site.

Browser Suggestions

The SPOT data analysis section of HIT is best viewed with Netscape(Free!).

At present Internet Explorer is not correctly processing the javascript which underlies the interactive map feature of SPOT. If you do use Internet Explorer then this will be detected by HIT whenever you navigate to or from a javascript enabled area such as SPOT. A warning box will appear asking that you read this explanatory file. Click on the OK button and proceed.

You will still be able to view the maps, but the ability to click on an area of the map in order to make an area selection will not function. The selection boxes below each map are also dependent on javascript. All job submission and retrieval will work with Internet Explorer 3.0 or later.

However, unless you are using Internet Explorer 4 or later, the automatic county identifier feature of SPOT, which is found in both the shaded map and county comparison plot outputs, will be disabled.

We are currently working on the Internet Explorer VBScript code that will parallel Netscape's JavaScript. Since Netscape is now free (as is Internet Explorer) and you can have both Internet Explorer and Netscape installed on your computer simultaneously we hope that you will be patient.

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**Please contact us if you have any questions or to report a problem or error.
e-mail CHRG**