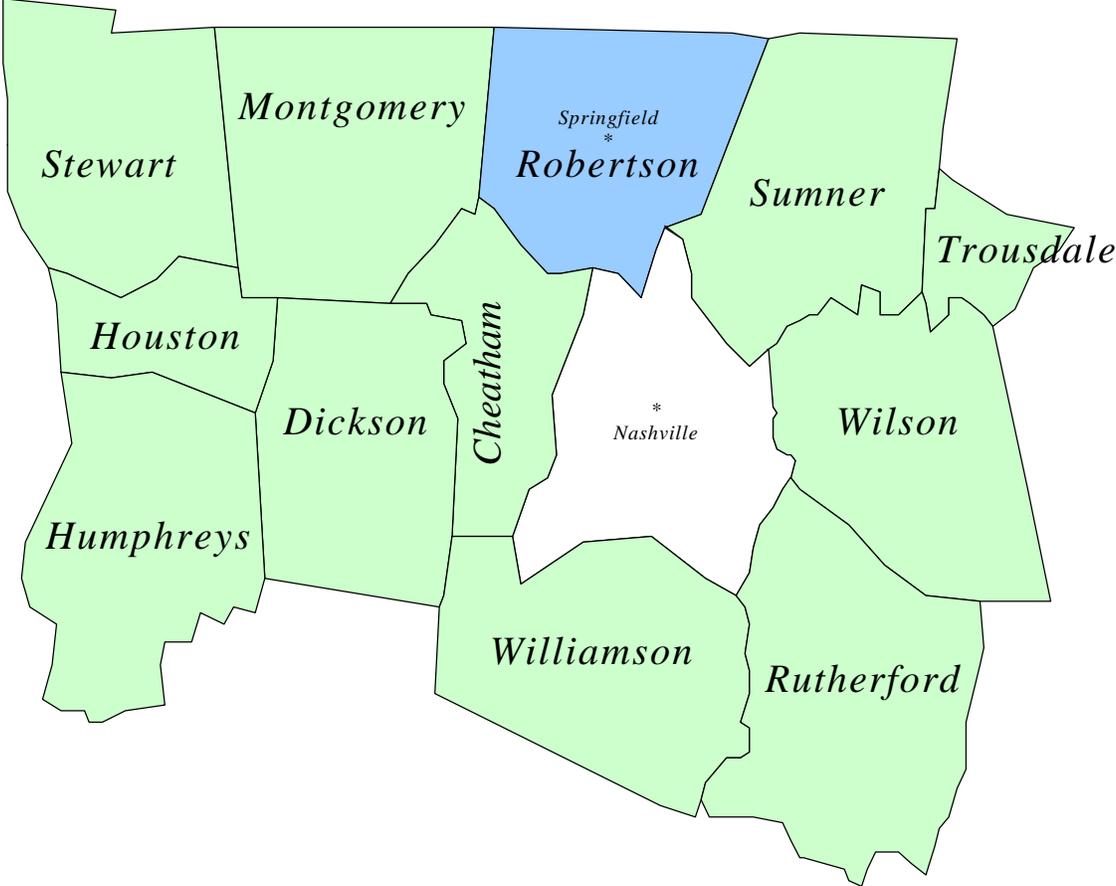


Community Diagnosis
Status Report
The Mid-Cumberland Region



The Robertson 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 Robertson County. We also hope to give a historical perspective and details of the Council and its formation.

The Robertson County Health Council



The Robertson 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 May of 1997 to develop a list of potential council members. Prospective members were contacted and invited to a meeting to be held June 24, 1997. At this meeting, prospective members were introduced to the "Community Diagnosis" process and to the roles and responsibilities of the newly formed Robertson 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 Robertson 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 continues to meet monthly, with meetings held on the second Wednesday of every month. Meetings are open to the public from 12:30 – 1:30 p.m. Typically meetings are held at Five Oaks Restaurant.

The Council agreed to have no formal written bylaws, but did agree on two important issues. The Council should have both a Chair and Co-Chair. Individuals were elected to fill these positions soon after the initial meeting. It was also agreed that the Council should be limited to no more than twenty members, with members required to live or work in the County.

The Council has had the participation and support of Northcrest Medical Center, the local school system, the County Executive, the local health department, the county Ministerial Association, the Sheriff’s Office, Juvenile Services, United Way, and Cornerstone Mental Health. The Council has representation from each large geographic area in Robertson County.

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I. COUNTY DESCRIPTION

A Profile of Robertson County

Robertson County is a growing and progressive Tennessee county. It combines a unique blend of past and present, city and country living, and agriculture and industry providing an excellent quality of life for its citizens.

Robertson County has an estimated 1998 population of 50,618. The County has several distinct community populations, with Springfield being the county seat.

Included with the county's many medical specialists and providers are Northcrest Medical Center, with 100 beds, the Robertson County Health Department, the Robertson County Ambulance Service (each city has its own ambulance service to complement the county service). In 1998 an AIDS/HIV clinic also opened providing a full range of care for AIDS/HIV patients. There is also a dental clinic which serves the community.

There are several private and public elementary, middle, and high schools in addition to a large network for home schooling. According to 1996-1997 information, there were 9,521 students in Robertson County schools. Robertson County employs an estimated 535 teachers.

There are many opportunities to get involved with the community through the numerous churches, civic groups, and charities that have a presence in the county, as well as through the recreational opportunities available. Golfing is popular, along with a variety of activities at the new Robertson County YMCA.



Information taken from the Nashville Area Chamber of Commerce, Robertson County Chamber of Commerce, The Robertson County Time's "Fact Book" and the 1990 Census.

ROBERTSON COUNTY

Total Number of Households: 14,801

	County	Region	State
Percent of households that are family households	80.3	78.8	72.7
Percent of households that are families headed by a female with no husband present	10.4	9.7	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.8	5.7	6.9
Percent of households with the householder 65 and up	21.3	17.1	21.8



EDUCATION

	County	Region	State
Number of persons age 25 and older	26,549	380,119	3,139,066
Percent of persons 25 and up that are high school graduates or higher	65.5	71.9	67.1
Percent of persons 25 and up with a bachelor's degree or higher	9.6	17.1	16.0



EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	31,259	464,333	3,799,725
Percent In Work Force	66.9	69.1	64.0
Number of Persons 16 and Older in Civilian Work Force	20,870	307,228	2,405,077
Percent Unemployed	4.5	5.3	6.4
Number of Females 16 Years and Older with Own Children Under 6	2,780	40,261	287,675
Percent in Labor Force	66.4	63.2	62.9



POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$12,077	\$13,213	\$12,255
Percent of persons below the 1989 poverty level	10.6	10.52091	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	12.1	12.0	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	19.8	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 as a group

Data Reviewed:

Primary Data:

- “Stakeholder’s Survey” – Approximately 40 out of 156 surveys were returned from “stakeholders” in the community (26% 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 then 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 19) were surveyed on their perceptions of important health issues, strengths and weaknesses of their community.
- 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 with students in grades 9-12 were surveyed across the state. Robertson County High Schools were participants in the survey. This study is a 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.
- 1997 “Community Survey” – a total of 37 surveys were returned out of the 160 surveyed, representing a 23% rate of return. Respondents indicated which issues were considered a community problem, as well as identified availability of various services.
- 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 Service 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 review.

- 1990 Census/Demographics
- “Robertson 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 B”. The results, along with related recommendations and current actions, are listed as follows:

	Priority Issues	Score
#1	Alcohol and Drugs (includes lack of mental health services, crime, violence)	50
#2	Cancer (includes breast and lung cancer)	65
#3	Teen Sexuality (includes STDs, teen pregnancy, and low birth weight)	79
#4	Lack of needed services (includes ambulance/emergency services for south end of county, affordable/no-cost health promotion & wellness services, respite care, mental health services)	101
#5	AIDS/HIV	114
#6	OB/GYN Pediatric shortage	130
#7	Lack of knowledge of available services in county	140

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

Justification of Priority Issues

Alcohol and Drug Use/Abuse
including:

- lack of mental health services
- crime
- violence/violent deaths

- Part of the alcohol and drug problem is that nobody wants to tell on neighbors, friends, etc.
- There are no in/outpatient programs to address alcohol/drugs. The mental health center will be starting an outpatient program soon, but this may not meet all of the needs. A need for programs at the state level is also needed – people in state custody are not getting the care that they need. Availability of mental health services was cited as being an issue by 43% of respondents to the “1997 Stakeholders Survey”. 47.5% cited inadequate availability of alcohol and drug treatment services.
- Alcohol abuse was seen as a “definite problem” by 33% of those responding to the “1996 Behavior Risk Factor Survey”. Drug abuse was seen as a “definite problem” by 34% of the respondents.
- 65% of the 1997 “Community Survey” indicated that teen alcohol abuse was a problem in the community. Approximately 65% cited youth violence as a problem in the community.
- Alcohol and drugs were seen as an important issue according to the 1997 “Council Members Survey”. Respondents to this survey also indicated a need for more alcohol and drug treatment services as well as rehab services.
- According to 1996-1997 Chancery, Circuit, and Criminal Court Filings and Dispositions, 829 filings for adults were related to alcohol and drugs (this represents 42% of the total of 1972 filings). 1996 Juvenile Court data shows of the 679 cases reported, 80 (or 12% of the total) were related to alcohol or drugs.
- Approximately 46% of all traffic crashes and fatalities in 1995 in Robertson County were a result of alcohol, according to the Tennessee Fatal Accident Reporting System. There are two major interstates running through the county, which may explain the number of motor vehicle accidents.
- According to the National Clearinghouse for Alcohol and Drug Information, alcohol and other drugs have been linked to many other serious and fatal injuries, including spinal cord injuries, drownings, bicycle crashes, and intentional injury. It is unknown how the statistics for other accidents relate to alcohol and drugs.
- Violent death rates have shown an overall increase of 100% over the 1983-1994 period. Within certain populations, such as nonwhites, there was a 975% increase. Of this large increase, ages 25-44 had the biggest changes.
- Surveys were also done by the Bureau of Alcohol and Drugs, for which there is no county-level statistics available. These surveys can be used to make broad statements about alcohol and drug issues for the State and the Region. Approximately 60% of adults are recent alcohol or drug users, and 900,000 of the 2.2 million Tennessee adults are in need of treatment. The second survey, done in high schools, showed that 47.6% of the students in the Region were offered or given illegal drugs within the last twelve months, and 72.2% had ever had any beer, wine, wine coolers, or liquor to drink. 68.8% reported they have at some point gotten drunk/intoxicated from drinking alcohol.

Cancers:

Lung Cancer

- According to 1991-1993 data, Robertson County has a high rate of deaths from lung cancer , 49.7 per 100,000, versus 42 for the national objective. There is a decreasing trend, however, as the 1994-1996 rate is 39 per 100,000. Lung cancer incidence rates (1990-1992) were 63.2 for the county, which was higher than the Region's rate of 56.3 and the State's rate of 60.
- The 1996 "Behavior Risk Factor Survey" showed that 55% of respondents cited tobacco use as a "definite problem". In this survey it was also found that 27% currently smoke (53 out of 200 respondents), while 59% of respondents have ever smoked. Of the males, 55% currently smoked, and of the females, 53% currently smoked.
- In the 1997 "Community Survey", smoking was seen by 81% of the respondents as being a problem in the community.
- According to the 1996 "Tennessee Alcohol and Drug High School Survey", 40.6% of the respondents in the region have ever used marijuana, and 67.6% of those in the region have ever smoked cigarettes.

Breast Cancer

- Breast Cancer incidence rates for the county were higher than for the state and region, with 103 per 100,000 population vs. 87.5 for the state and 93.3 for the region. There were a lower number of deaths from breast cancer than the national objective, however (12.8 per 100,000 for the county, vs. 20.6 for national objectives).
- According to the 1996 "Behavior Risk Factor Survey", only 71% of females practice breast self-exam. Another 21% of those age 45+ had not had a mammogram.
- Breast Cancer was cited as a problem in the community by 65% of the respondents to the 1997 "Community Survey".

All Cancers

- Cancer of all types is one of the top three causes of death for all age groups in Robertson County, except for ages 5-14.
- In the 1996 "Behavior Risk Factor Survey", 38% of respondents felt cancer was a "definite problem" in the community.

Teen Sexuality

- Teen pregnancy/low birthweight babies
- STDS
- There was an overall increase in teen pregnancy for ages 10-14 (58.8%) over the 1983-1994 time period. According to the 1996 "Kids Count" Report, the county rate for teen pregnancies ages 15-17 has actually decreased 24.7% between 1992 – 1996.

- According to the 1996 “Behavior Risk Factor Survey” approximately 39% of respondents felt teen pregnancy was a problem in the community.
- Approximately 68% of respondents to the 1997 “Community Survey” cited teen pregnancy was a problem in the community.
- The teen STD rate for the county is 1005 vs. 2326 for the state and 868 for the region.
- Per Council Member’s discussion, most parents do not support sex education in the schools for middle school students, which may be a factor in this problem.

Lack of availability of needed health services, including:

- adult care (including day care and care for home-bound patients)
- ambulance/emergency services for the south end of the county
- affordable/no-cost health screenings/health promotion services to encourage good health
- respite care
- According to the 1997 “Community Survey” adult day care was not adequate according to 41% of respondents, and day care for homebound patients was inadequate according to another 30%. This was also cited as a problem in the 1997 “Council Members Survey”. This survey also indicated ambulance/emergency services were a need, as did the 1997 “Stakeholders Survey” (17.5% of respondents).
- The 1997 “Stakeholders Survey” indicates that health promotion services (20% of respondents), and ambulance/EMS services (17.5%) were inadequate. In regards to cost and availability of health promotion and wellness services, particularly in the elderly population, which has a high % of poverty, health care costs are significant. The Health Department has a small amount of money for medical assistance, but this is very limited. Doctors are also very limited in giving out samples.

AIDS/HIV

- As of December 31, 1997 Robertson County had 41 out of 540 cumulative cases of AIDS reported since 1982 in the Middle Tennessee area (excluding Davidson County/Metro). This represents 8% of the reported cases in the Middle Tennessee area. There have been 67 cumulative cases of HIV reported since 1982 for Robertson County residents.
- Robertson County’s rate (1991-1993) for AIDS is 7.8 per 100,000. The state rate of AIDS is 14.1. The national objective is to confine the annual incidence cases to 98,000.

OB/GYN and Pediatric Shortages

- According to the most recent information from the Office of Rural Health, Robertson County ranks 26 out of 95 in terms of OB/GYN shortages in the state. For pediatrics,

the county was ranked 34 out of 95. Per council discussion, although there were pediatric providers in the county, many were not accepting new patients.

- The 1997 “Stakeholders Survey” indicated that 25% of respondents felt that child health services in the county were inadequate.
- A large number of respondents to the 1997 “Community Survey” answered “don’t know” in regards to available services in the community. Approximately 35% did not know about pediatric care available, and another 35% about pregnancy/prenatal care and could not give an opinion on the adequacy of the services.

Lack of knowledge of available services in the county

- In the 1997 “Community Survey”, a large percentage of respondents answered “don’t know” in relation many of the services listed:

Day Care for homebound patients	35%
Pediatric Care	35%
Family Planning	41%
Adult Day Care	30%
Pregnancy Care	35%
Medical Equipment Suppliers	38%
Meals on Wheels	35%
Alcohol/Drug Treatment	54%
Child Abuse/Neglect Svs.	41%
Health Education/Wellness Svs.	49%
School Health Services	49%
Mental Health Services	46%

Large percentages of individuals were also not familiar with services of the local health department. This could indicate that those completing the surveys are not the individuals who use the services, or it could indicate that these services may need more advertisement.

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.

Attachment A

ROBERTSON COUNTY HEALTH COUNCIL

NAMES

REPRESENTING

Barbara Allen
Robertson County Health Department
800 South Brown Street
Springfield, Tennessee 37172
615-384-4504

County Health Department/
Council Chair

Roy Apple
Room 108, Courthouse
Springfield, Tennessee 37172
615-384-2476

Local Elected Official

Dr. J.B. Bassel
900 South Brown Street
Springfield, Tennessee 37172
615-382-8372

Regional Health Council

Becky Brown
5166 Concord road
Springfield, TN 37172
615-384-2491/382-2306

School System

Billy Carneal
100 5th Avenue West
Springfield, Tennessee 37172
615-384-3800

Chamber of Commerce

Linda Caroland
7668 Highway 41 North
Adams, Tennessee 37010
615-696-2359

Local Citizen/Adams

Rebecca Durham
Orlinda Senior Center
7501 Highway 52
Orlinda, Tennessee 37141-2127
615-654-3161

Senior Citizen

Carter Garner
710 Hart Lane
Nashville, Tennessee 37247-0801
615-650-7000

Mid-Cumberland Regional Office

Dr. Jimmy Gentry
Chairman -Robertson Co. Ministerial Association
400 North Main Street
Springfield, TN 37172
615-384-3581

Religious Community

Carol Harrison
Northcrest Hospital
100 Northcrest Drive
Springfield, Tennessee 37172
615-384-1501

Local Hospital/
Council Co-Chair

Bill Holt
Robertson County Sheriff's Office
507 South Brown Street
Springfield, Tennessee 37172
615-384-7972

Alcohol/Drug Representative

Louis Leblanc/Jennifer Evans
511 5th Avenue East
Springfield, Tennessee 37172
615-384-8815

Juvenile Services Representative

Gwen Martin
132 Eagle Pointe
Springfield, Tennessee 37172
615-384-5380

Local Citizen

Evelyn Mitchell
2162 Woodruff Avenue
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615-859-0596(W) 615-643-4961(H)

City of Ridgeway

Patty Moore
204 Stonewall Drive
Springfield, Tennessee 37172
615-382-7908(H) 615-384-8160(W)

United Way

Nancy Old, Director
Robertson County Family Resource Center
700 Bransford Avenue
Springfield, Tennessee 37172
615-382-3104

Family Resource Center

Terri Riley
2614 Frank Abernathy Rd.
Greenbrier, Tennessee 37073
615-643-7813

Mental Health Representative
Mental Health/Mental Retardation

Carol Sletto
517 Fairway Trails
Springfield, Tennessee 37172
615-384-3601

Elected Official/City of Springfield

Andy Stokely
4025 Awe Inspiring Drive
Greenbrier, Tennessee 37073
615-643-3442

Local Business

Attachment B

Robertson 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 #7 being the least serious).

	Size:	+	Seriousness:	X 2	Total:
	(1-7)		(1-7)	X 2	
_____ Cancer	_____	+	()	X 2 = _____	_____
• Breast Cancer					
• Lung Cancer					
_____ Alcohol and Drug Use/Abuse	_____	+	()	X 2 = _____	_____
including:					
• lack of mental health services					
• crime					
• violence					
_____ Teen Sexuality	_____	+	()	X 2 = _____	_____
• STDs					
• Teen Pregnancy, Low Birthweight					
_____ AIDS/HIV	_____	+	()	X 2 = _____	_____
_____ Lack of knowledge of	_____	+	()	X 2 = _____	_____
available services in county					
_____ Lack of availability of needed	_____	+	()	X 2 = _____	_____
health services, including:					
• ambulance/emergency services for south end of county					
• affordable/no-cost health promotion and wellness services					
• respite care					
• mental health services					
_____ OB/GYN and Pediatric Shortages	_____	+	()	X 2 = _____	_____

Attachment C

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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