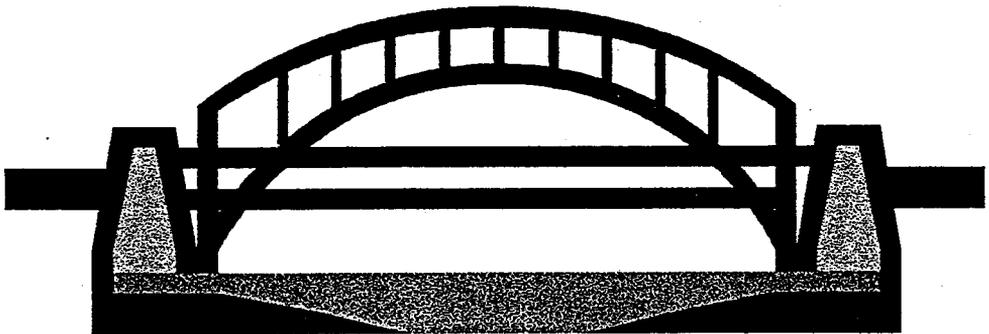


Sullivan County Regional Health Council

Community Diagnosis 1999

“Bridging the Gap to Better Health”



**Sullivan County Regional Health Department
Community Development - Assessment & Planning
Tennessee Department of Health**

**Sullivan County Regional Health Council
Community Diagnosis 1999
“Bridging the Gap to Better Health”**

EXECUTIVE SUMMARY

The Sullivan County Health Council is a diverse group of individuals from various geo-political, economic, and service backgrounds. The group was appointed to analyze the local health status, identify health concerns, and make recommendations for improving the health of Sullivan County residents.

For several months, the Council has reviewed data from surveys, focus groups, key informants, and other sources to form perceptions and set priorities. The essence of this report is limited to compiling the results of that investigation.

The primary data used in this process were *The Community Stakeholder Survey* and the *Behavioral Risk Factor Survey*. Secondary data sources included *the Healthy People 2000 Objectives* and *Tennessee Vital Statistics*. Additionally, key informant stakeholder groups were formed to study specific issues identified by the Council. The top priorities identified by the Council were as follows:

- A. Behavioral Health
- B. Cancer
- C. Elder Care Issues
- D. Lifestyles
- E. Motor Vehicle Deaths
- F. Prenatal Issues
- G. Violence and Abuse

The Sullivan County Community Diagnosis process began in 1996. Since then, major changes have occurred in health care delivery. To address the top priorities above, the Regional Health Council plans to form work groups to reassess needs in light of changes in health care. The work groups will recommend to the Council specific interventions to be made.

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INTRODUCTION

The Sullivan County Regional Health Council was established to identify health priority areas in Sullivan County. The Council is made up of members from a variety of businesses, government, healthcare, and non-profit agencies within Sullivan County. A list of council members can be found in Appendix A.

VISION

To have an optimally healthy environment for all Sullivan County residents through all stages of life.

MISSION

To analyze the health status of all residents in all stages of life, to prioritize health concerns and to make recommendations for improvement.

GOALS

- ◆ To serve as a comprehensive community alliance
- ◆ To identify health care needs
- ◆ To examine the social, economic, and political realities affecting health status of individuals and the community
- ◆ To establish priorities of health concerns based on data analysis
- ◆ To evaluate existing community resources currently addressing health concerns
- ◆ To recommend improvements, which would guide the community in strategic planning for education, prevention and affordable access to care

The Health Council will develop a health plan for Sullivan County. This health plan will contain goals to improve the health of Sullivan County residents. The Health Council will develop intervention strategies to address the priorities of health concerns and will develop a listing of resources needed to implement those strategies.

Community Diagnosis is a community-based, community-owned process designed to assess the health status of Tennesseans. The Community Diagnosis process assists local citizens to do the following:

- Identify their health care needs
- Examine the social, economic, and political realities affecting the local delivery of health care
- Determine what they want and can realistically achieve from a health care system to meet their needs
- Develop and mobilize an action plan based on analysis and planning

This process will help the community answer the following three questions:

1. Where is the community now?
2. Where does it want to be?
3. How will it get there?

This report answers the first question.

I. COUNTY DESCRIPTION

A. County Profile

Sullivan County is located in the center of the Tri-Cities, TN/VA Metropolitan Area. It has two major incorporated cities within the county - Bristol and Kingsport. Bristol is located on the TN/VA state line and therefore presents a unique opportunity for our county. The mountains, rivers, and lakes provide Sullivan County residents with many recreational opportunities.

Sullivan County Profile (1996 Data)

Population

Sullivan County	148,400
Bristol	25,100
Kingsport	43,000
Blountville	2,605
Bluff City	1,673

Education

Sullivan County School System
Bristol, TN City School System
Kingsport, TN City School System
14 Private Schools

Climate

Average Daily Temperature:	Low 26.7 High 85.9
Average Rainfall:	54"
Average Snowfall:	16"

Safety

	Kingsport	Bristol	Sullivan County
Police	92	54	185
Fire	97	44	10 VFD's

Sullivan County Selected Economic Indicators

Employment Base

Manufacturing	25%
Services	25%
Retail	18%
Government	15%
Construction	6%

Per Capita Income

Sullivan County \$18,913

Tax Structure

Property Tax rate per \$100	
Kingsport	2.51
Bristol	2.71
Sullivan Co.	2.86

Labor Force

Total Employment	73,800
Unemployed	3,530 (4.6%)

Health Care Resources

Hospitals	4
Beds	1,342
Doctors	938
Dentists	89
Nursing Homes	7

	SULLIVAN	TENNESSEE
Population per Primary Care Physician	698	1,047
Population per Nurse Practitioner	4,519	38
Population per Registered Nurses	79	106
Population per Dentist	1,499	1,842
Staffed beds per 1,000 population- Hospitals	5.8	3.8
Licensed beds per 1,000 population 65+	46	59

Wellmont Health System is the major provider of healthcare in Sullivan County. Bristol Regional Medical Center and Holston Valley Medical Center in Kingsport are part of the Wellmont Health System. Indian Path Hospital is a part of the Mountain States Health Alliance. HealthSouth Rehabilitation Hospital in Kingsport is the 4th hospital within Sullivan County.

B. County Process

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.

The Sullivan County Regional Health Council Community Diagnosis is a public-private partnership created to define the county's priority health problems and to develop strategies for solving these problems. The Sullivan County Regional Health Council has conducted an assessment of the status of the health in Sullivan County. The survey contains representation from various geographic and socio-economic regions. Primary and secondary data have been collected and reviewed by the council. The Sullivan County Regional Health Council used statistical data and the community's perception of need to identify the priority areas.

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

1. *The Community Stakeholder Survey (1996)*

The Community Stakeholder Survey was completed by physicians, case providers and the members of the Sullivan County Regional Health Council and other members of the community. The Council used the survey to identify the following:

Greatest Health Problems

- Tobacco use
- Lack of physical activity (fitness levels)
- Poor nutrition
- Child abuse and neglect
- Access to care

Greatest Health Service Needs

- Affordable health insurance
- Dental services
- Child care
- Care for the elderly and disable
 - Nursing home care
 - Elder care
 - Care provided in the home
 - Adult day care (not in home)
 - Adult day respite care

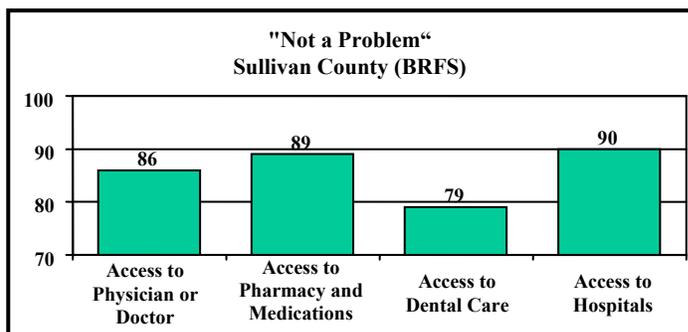
2. *Behavioral Risk Factor Survey (BRFS) (1995)*

The BRFS is a randomly selected representative sample of the residents of the county. The survey was a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control and Prevention. The BRFS collects information from adults on health behaviors and preventative practices related to several leading causes of death such as chronic diseases, injury and HIV infection.

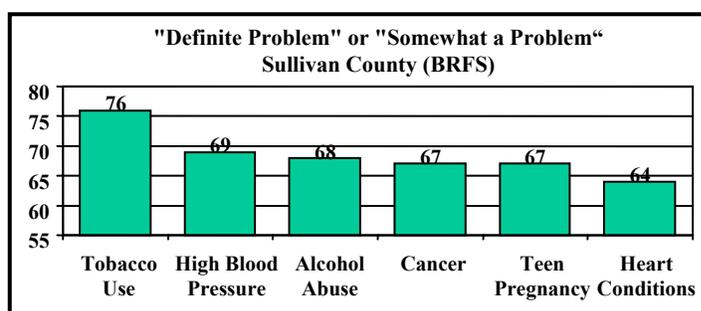
Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were also asked to rate various community health issues.

Two hundred nine Sullivan County residents were surveyed, 101 males and 108 females. Estimates of risk factors were made for the county. Although the sample size was small, useful insights were gleamed from the responses.

Respondents were asked to rate the access to various services as a “definite problem”, “somewhat a problem”, “not a problem”, or “not sure”



The following graph reflects the perception of health problems in Sullivan County.



B. Secondary Data

1. Healthy People2000 Objectives

Healthy People 2000 (HP 2000) is a national strategy designed to improve the health of the United States by establishing health objectives that address the prevention of chronic diseases, injuries, and infectious diseases. The objectives came from the Department of Health and Human Services and were published in 1988. The Healthy People 2000 objectives are cited as appropriate, with each health care priority.

2. Tennessee Vital Statistics

Vital statistics from the Tennessee Department of Health are used as appropriate for comparing the health of Sullivan County with the health of other Tennesseans.

C. Other Assessment Activities

The Sullivan County Regional Health Council established a workgroup to address each health care priority. These groups investigated stakeholder perceptions, HP 2000 objectives, Tennessee vital statistics, as well as other data from federal, state, and local sources. This information was used to assess how issues associated with each health priority affect the residents of Sullivan County now and in the future. This information will then be used by the council to plan appropriate interventions.

III. HEALTH ISSUES AND PRIORITIES

The Sullivan County Regional Health Council has identified the top priorities for Sullivan County in alphabetical order.

A. Behavioral Health

- Alcohol Use
- Drug Use
- Mental Health

B. Cancer

C. Elder Care Issues

D. Lifestyles

- Cardiovascular/ Cardiopulmonary Diseases
- Diabetes
- Nutrition
- Physical Activity (aerobic)
- Tobacco Use

E. Motor Vehicle Deaths

F. Prenatal Issues

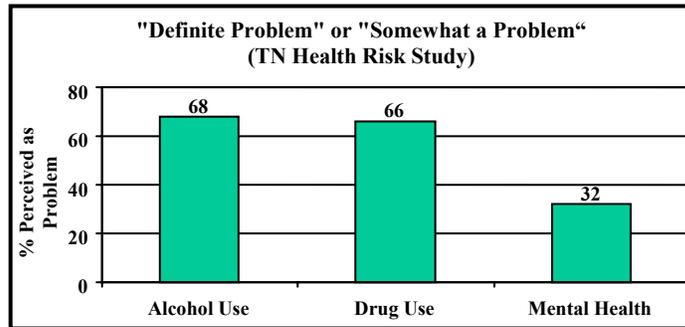
- Prenatal Care
- Teen Pregnancy

G. Violence and Abuse

- Child Abuse and Neglect
- Domestic Violence
- Other Violence

Based upon the reports from the work groups, the Sullivan County Regional Health Council found that all these areas need equal attention. Issues are not ranked because many are interdependent.

A. Behavioral Health



While mental health is not considered as dramatic a problem as alcohol and drug use in Sullivan County, it follows the national average for presenting problems to counseling services. In our county, alcohol and drug use was the presenting problem in 17% of admissions while mental health was the presenting problem in 18% of admissions. Both of these percentages meet or exceed the national average.

In a survey completed by Frontier Health of adolescent drug and alcohol use patterns, the results are similar to those nationally. The following responses were given:

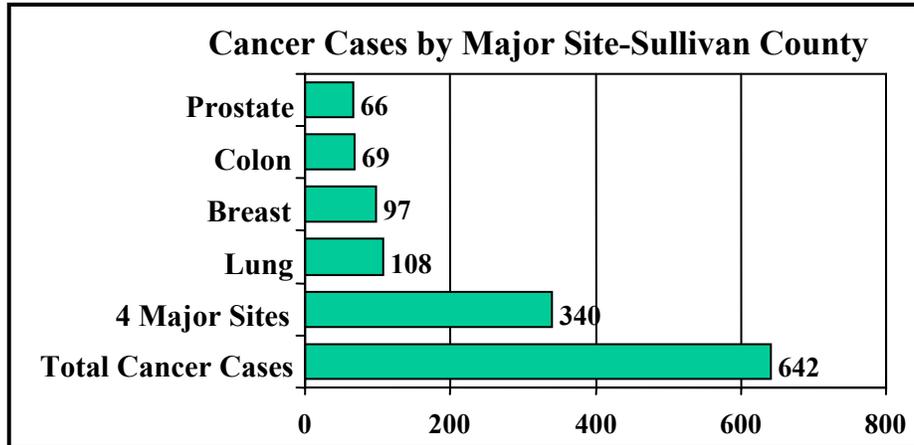
- use of alcohol and other drugs is greater than the number of cases seen by treatment facilities
- marijuana use is increasing among 8th, 10th, and 12th grades
- among 8th and 10th grades, alcohol use has increased
- tobacco use has increased with the number of females increasing faster than males
- other items that have increased as a result of increased drug and alcohol use:
 - sexual activity has increased
 - abusive peer relationships have increased
 - violence in peer to peer and student to faculty has increased
 - gang activity has been noted in Sullivan County

The perception of risk according to youth has not changed since 1990. Of those youth surveyed, 50% felt that marijuana use, as well as other drug use, was not a risk behavior. Fifty-eight percent felt that it was easy to obtain marijuana while 39% felt that obtaining cocaine was easy. Drug use by high school seniors has increased significantly since 1981. Marijuana, inhalants, alcohol and tobacco have seen a recent increase in use by 8th, 10th, and 12th graders. Adolescents and young adults are more likely to identify marijuana or a combination of marijuana and alcohol as the primary reason they seek treatment.

In Sullivan County, there were 1,622 new students seen in one year by treatment facilities in the county with 4, 865 face to face contacts made with adolescents. According to the National Treatment Improvement Evaluation Study (NTIES), both adolescents and young adults were more likely to stay in treatment longer than adults were. Sixty percent of adolescents and 53% of young adults will stay in treatment for more than two months. There are fewer adolescents (30%) and young adults (25%) that actually complete treatment. The number of individuals seeking treatment exceeds the number of available spaces. This presents the greatest challenge in treating patients with alcohol, drug or mental health problems.

B. Cancer

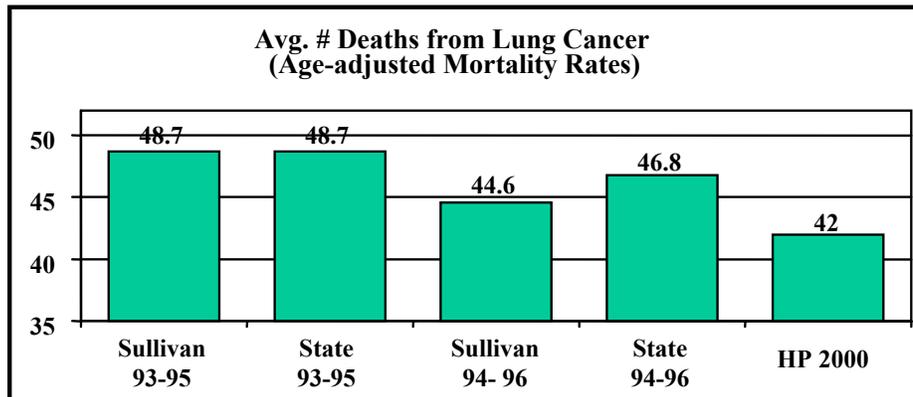
According to those surveyed in the Tennessee Behavior Risk Study, 67% perceive cancer as a “definite problem” or “somewhat a problem” in Sullivan County. Malignant neoplasms are the 2nd leading cause of death among residents over 25 years in this county. Cancer accounts for 1,190 years of potential life lost in Sullivan County.



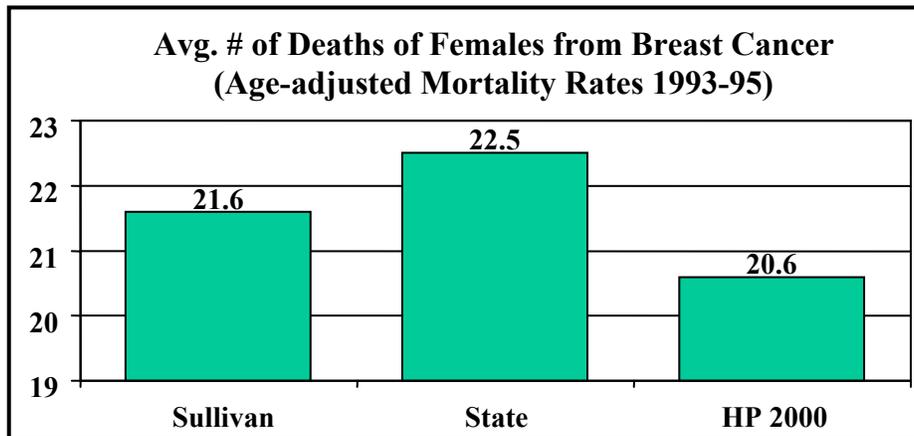
The American Cancer Society guidelines for the prevention or early detection of the 4 major cancers in Sullivan County include:

- Don't use tobacco products.
- Have regular screenings for breast, prostate and colorectal cancers.
- Limit amount of high fat foods in diet and eat 5 fruits and vegetables each day.
- Exercise.

Lung cancer is the most common form of cancer in Sullivan County. As shown in the Lifestyles section of this report, tobacco use has a dramatic impact on the number of lung cancer cases in this county.



With breast cancer being the second most common form of cancer in Sullivan County, it is important to understand the rates of early detection methods by those surveyed. According to those surveyed in the Tennessee Health Risk Study, 84% of women over 45 have received a mammogram at some point. However, 78% of those aged 45-65 and 60% of those over 65 have had a mammogram within the last year. In Sullivan County, 82% of all women surveyed have had a clinical breast exam and 65% of women perform a monthly breast self-exam.



There are many resources and programs available in Sullivan County working with cancer prevention, education and treatment. Some programs include:

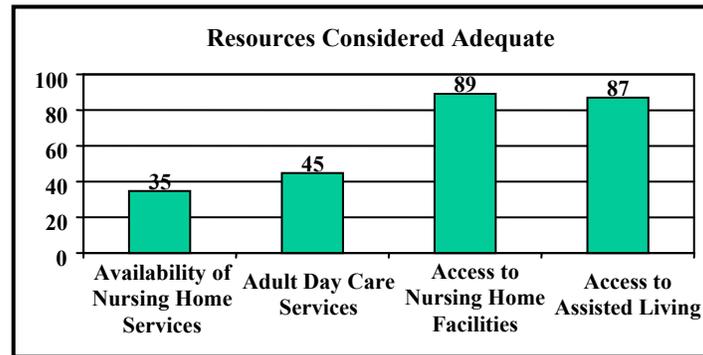
- Reach to Recovery program for breast cancer patients
- Smoke-free worksite assistance
- Look Good... Feel Better program for patients dealing with treatment-related changes in appearance
- NuVoice and Ostomy Club support groups for laryngectomy and ostomy patients
- Patient resource referrals
- Breast Health Awareness
- Great American Smokeout
- Camp Horizon
- Multiple support groups for general cancer patients and specific forms of cancer
- Coalitions to address specific forms of cancer
- Cancer support groups
- Cancer Advisory Boards in Bristol and Kingsport

C. Elder Care Issues

The senior population in Sullivan County is one of the highest in the state of Tennessee. In 1996, there were over 26,000 (17.5%) residents of Sullivan County between 60-79 years of age. Over 5,000 (5%) residents were over 80 years of age. Between 1980 and 2010, the population of 65+ will increase by 28%, and the population over 85 will double.

Nationwide, during 1990, 1.5 million impaired older people used some type of community service at least once. By the year 2000, 2.4 million impaired older people will use such services.

Because of the aging population, the availability of nursing home and adult day care services are becoming increasingly more difficult to obtain. This is illustrated by the Behavioral Risk Factor and Stakeholder Surveys.



In Sullivan County, approximately one third of the senior population live alone, 47% of the 85+ age group live alone. Only 5% of this population is in a nursing home at any given time. As a community, we lack the necessary structure to support/ facilitate independent living and self-sufficiency for the aging population. The needs identified by this workgroup include:

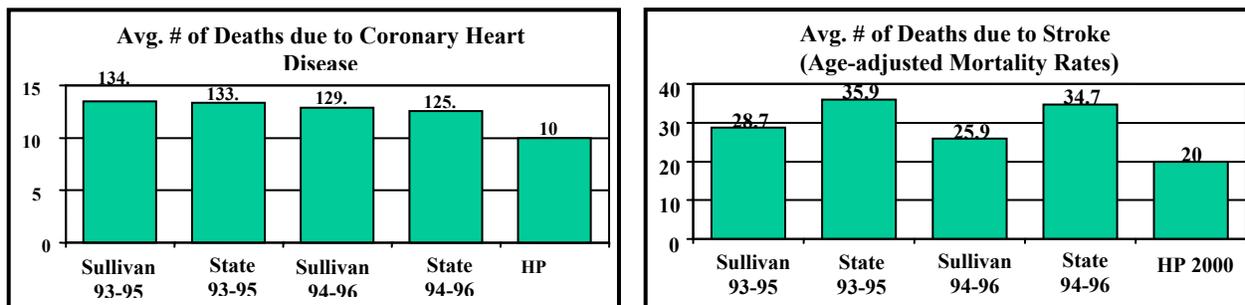
1. Lack of adequate community services to support the senior population.
2. Lack of case management in-home services for seniors.
3. Lack of availability of trained service providers/ care givers.
4. Need for available, affordable, and accessible services when needed.
5. A Medicare and Medicaid waiver is needed that would allow seniors to have choices regarding care services.
6. Lack of available transportation at point of service.

Some of the services that are currently available to assist the elderly and their families in Sullivan County include:

- Wellmont Madison House Adult
- Day Services
- Contact Concern
- Shepherd's Center
- ACCESS
- Friends in Need Health Clinic
- Healing Hands Health Clinic
- Kingsport Renaissance Center
- Bristol Slater Community Center
- Wellmont Parish Nurse Program

Since this report, there have been several assisted living centers built in the community.

D. Lifestyles



The behaviors or lifestyles of its residents directly impact the health of Sullivan County. Diseases of the heart, chronic obstructive pulmonary diseases (COPD), diabetes and lung cancer are among the leading causes of death of residents in Sullivan County over the age of 45. Diseases of the heart are the 3rd leading cause of death among the 25-44 year age group, accounting for 1,025 years of potential life lost in Sullivan County.

According to the Tennessee Behavior Risk Study, the following behaviors and conditions were identified as being either a “definite problem” or “somewhat a problem”

- Tobacco Use 76%
- High Blood Pressure 69%
- Heart Conditions 64%
- Obesity 64%
- Health Problems of the Lungs 54%
- Diabetes 42%

Nutritional concerns/ needs were identified in two recent wellness profiles conducted by two employers within Sullivan County. Approximately 79% of those included in the profiles indicated a need for nutritional changes. According to the Tennessee Behavior Risk Study, 26% of those surveyed had been given advice about their weight. Ten percent of those surveyed identified themselves as having diabetes. The Diabetes Treatment Center of Wellmont - Bristol Regional Medical Center has identified approximately 5.6% of the population of Sullivan County as having diabetes.

While 76% identified tobacco use as a problem, 54% of those responding to the Tennessee Health Risk Study indicated that they smoked cigarettes (48% everyday, 6% some days). However, according to the two wellness profiles conducted, only 7% in one study and 17% in the other indicated cigarette use. This presents many questions regarding true cigarette use.

Studies are currently being conducted in Sullivan County to determine the effect of these lifestyle behaviors, in particular tobacco use, on the increased number of asthma cases within the county. Preliminary results indicate that there is a direct correlation between the two.

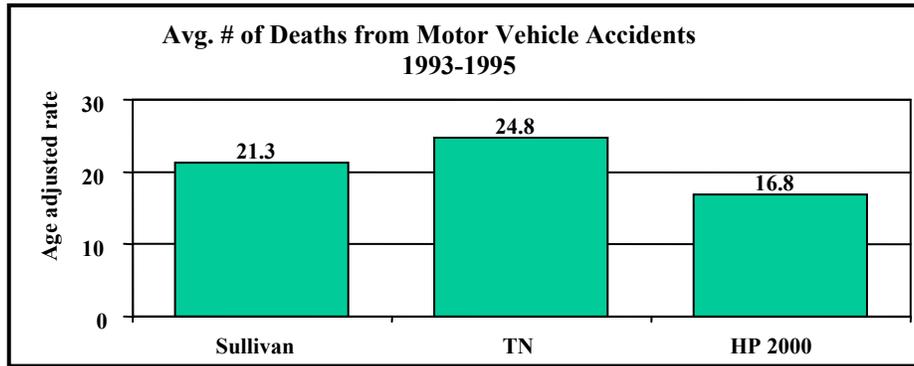
Behaviors

Tobacco Use
Physical Activity
Nutrition
Access to Medical Care

Health Results

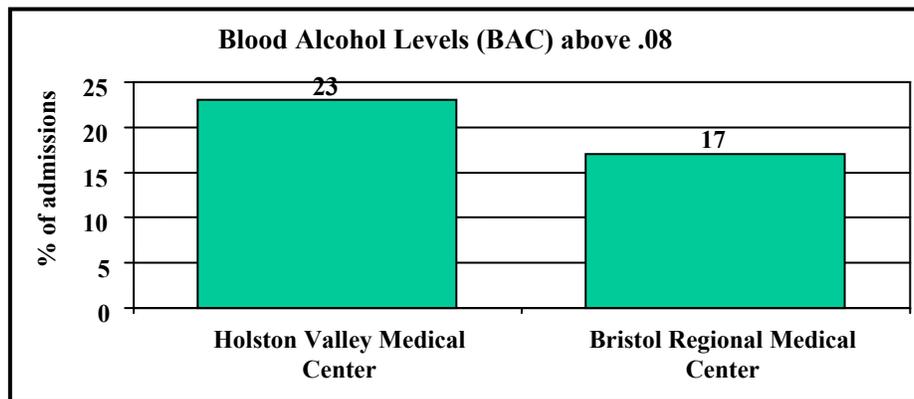
Cardiovascular Diseases
Cardiopulmonary Diseases
Lung Cancer
Obesity
Diabetes

E. Motor Vehicle Deaths



Although the incidence of motor vehicle deaths is lower than the state average, it still greatly exceeds the Healthy People 2000 Objectives. This rate, however, has steadily declined since 1984. Many factors have contributed to this decline including improved engineering of highways, increased enforcement and new laws, and expanded emergency and trauma services.

Of those crashes that resulted in admission to a trauma center, alcohol was a factor in nearly 25% of all admissions.



Other factors associated with crashes, as identified by both the Bristol, TN Police and the Kingsport Police include:

1. Failure to yield
2. Following too close
3. Youthful driver
4. Reckless driving
5. Speeding

The ratio of females to males involved in collisions was much higher in Kingsport. The number of female teens involved in crashes was also higher than expected.

U.S. costs for motor vehicle crashes exceed \$2 million per year. Each admission averages \$2,000 - \$3,000, with some individual cases costing over \$250,000. Over 18% of these individuals will go home with some form of disability from the injuries suffered. In Sullivan

County, motor vehicle deaths are the 3rd leading cause of Years of Potential Life Lost. In Sullivan County and the state of Tennessee, motor vehicle collisions are the leading cause of death among 15-24 year olds. Nationally, motor vehicle collisions are the leading cause of death for 15-20 year olds and 1/3 of those fatalities involves a driver whose license is invalid or has been revoked.

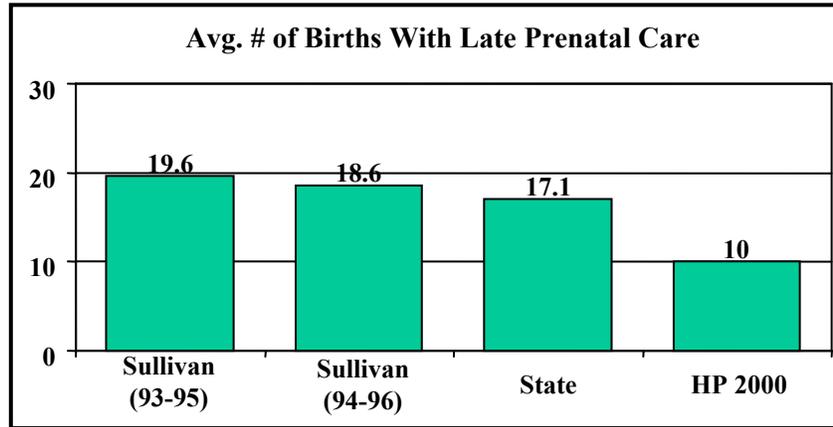
Programs in Sullivan County that address the issues relating to motor vehicle crashes include:

- Kingsport Tomorrow Drive Smart Project
- Community education programs through police and sheriff departments
- Bristol and Kingsport “Why Risk All This” classes for child safety seats
- 55 Alive programs

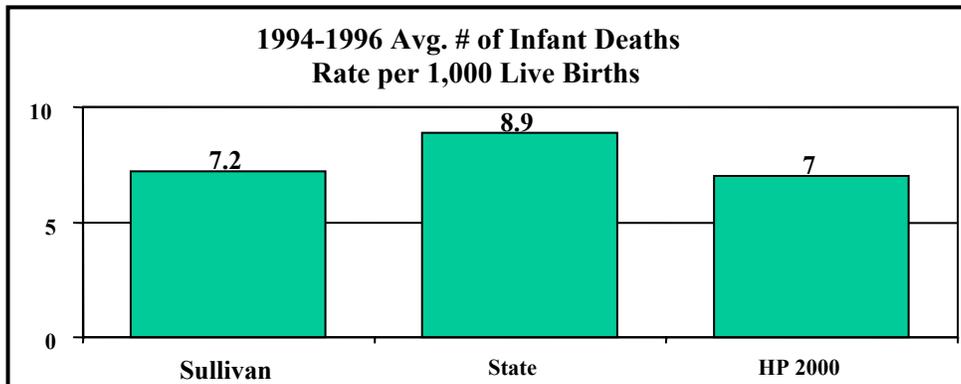
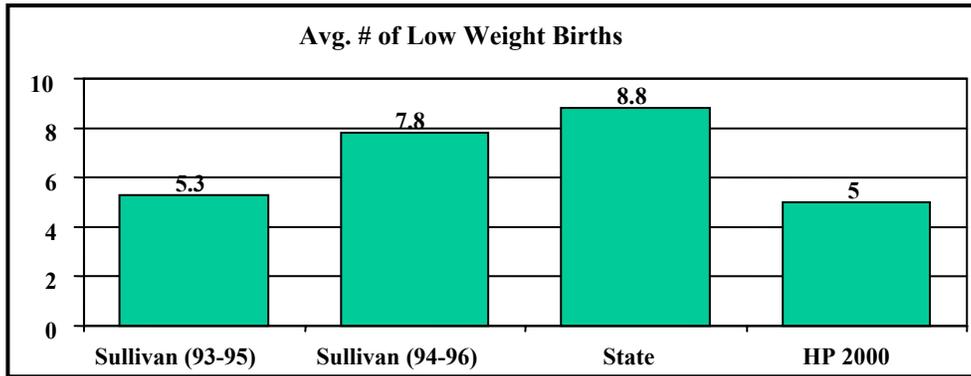
F. Prenatal Issues

Prenatal Care

The number of women in Sullivan County receiving late prenatal care far exceeds both the state average as well as the Healthy People 2000 Objective.

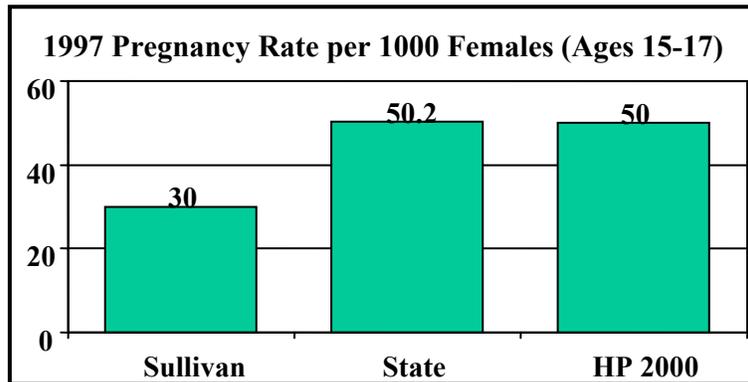


Sullivan County also exceeds the Healthy People 2000 Objectives in both Avg. # of Infant Deaths and Avg. # of Low Weight Births.



Teen Pregnancy

While the teen pregnancy rate for Sullivan County falls below the Healthy People 2000 Objectives, the major concern lies in the area of prenatal care. Of the 1710 births in Sullivan County during 1996 to females ages 10-17, adequate prenatal care was a concern for 33% of those births as compared with 26.7% of births state wide. In 1997, approximately 49% of teen births received less than adequate care. While TennCare provides “presumptive eligibility” for expectant mothers in an effort to improve access to prenatal care, only 16% of those receiving presumptive eligibility services through the Sullivan County Health Department were 15-18 years of age.



The biggest concern with information concerning the level of care revolves around the accuracy of information being received. Several questions arise regarding how and when this information is gathered, as well as, what definitions are used to determine “adequate care”. There is a definite need for increased education for both health care professionals and women of childbearing age. Targeting those groups that see a higher rate of pregnant teenagers can do this.

Agencies working with teenage and pregnant women include:

- March of Dimes
- Sullivan Co. Regional Health Department - Help Us Grow Program
- Sullivan Co. Regional Health Department - TN Adolescent Pregnancy Prevention Program
- YWCA
- Kingsport Even Start

G. Violence and Abuse

Child Abuse and Neglect

Healthy People 2000 has identified as its objective to reduce to less than 25.2 per 1,000 children the rising incidence of maltreatment of children younger than age 18. It also classifies abuse into four categories: physical abuse, sexual abuse, emotional abuse, and neglect.

In Sullivan County during 1996, there were 406 reports of child abuse and neglect. During the same year, 78 cases were referred to Sullivan County District Attorney Greeley Wells, Jr. for prosecution of child sexual or physical abuse. Of the 406 reports of abuse/neglect, 230 were considered to be "unfounded" (not enough evidence to prosecute), 176 cases were considered to be "indicated" (enough evidence to substantiate the claim). Of those reports, incidents of sexual abuse/exploitation were the most reported with minor physical abuse and physical neglect following. In Tennessee, physical neglect was reported in more cases followed by minor physical abuse and child sexual abuse/exploitation.

According to the National Center on Child Abuse and Neglect, approximately 80% of sexual abuse occur within the family structure. Most victims of abuse are female, while the number of male victims is increasing.

Domestic Violence

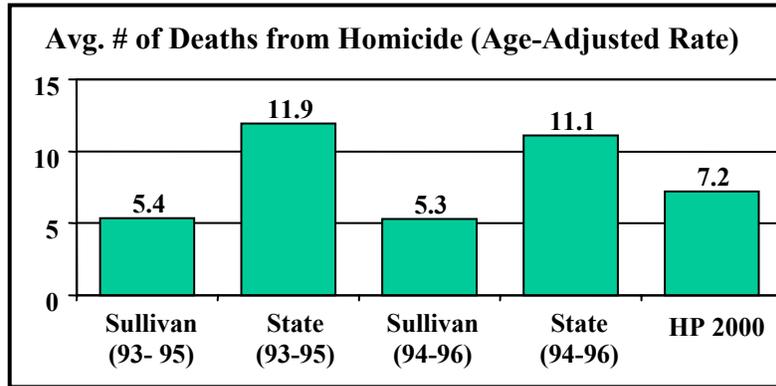
Healthy People 2000 has identified as its objective to reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.

In Sullivan County, there are at least two facilities that serve women and children who are in abusive situations. The majority of individuals served by these facilities are women; however, there have been cases of men calling who are being battered and feel endangered in their homes. Many victims who come to these shelters will return to the violent setting. The occurrence of violence within a family is cyclical, predictable and often viewed as being the victim's fault.

Abuse in the home takes on many forms. Physical abuse is one of the most widely reported form of abuse, however, psychological, emotional, and verbal abuse also occur.

The costs to Sullivan County for abuse, neglect and domestic violence are often difficult to measure. In many cases, victims often do not report the abuse. Cases are also frequently labeled so that victims of assailants are not stigmatized. Because of this, funds are often inappropriately distributed to other agencies.

Other Violence



In Sullivan County, only 28% of those surveyed in the Tennessee Health Risk Study identified violence as a “definite problem” or “somewhat a problem” while 57% of those surveyed said that violence was “not a problem”. While Sullivan County rates are lower than the HP 2000 Objectives, it is still important to continue efforts to address the issues associated with violence in our county.

IV. RESOURCES

- ❖ Community Stakeholder Survey, 1997
- ❖ Behavioral Risk Factor Surveillance System - Centers for Disease Control and Prevention (1995)
- ❖ Tennessee Health Risk Study – 1996
- ❖ Healthy People 2000 - National Health Promotion and Disease Prevention Objectives: U.S. Department of Health and Human Services
- ❖ Tennessee's Health: Picture of the Present, 1996: Tennessee Department of Health Office of Statistics and Information
- ❖ Tennessee Vital Statistics Reports, 1996 and 1997
- ❖ National Treatment Improvement Evaluation Study
- ❖ American Cancer Society Community Fact Sheet, Sullivan County, TN
- ❖ Report of H. Greeley Wells, Jr. District Attorney General, Second Judicial District On the Status of Child & Sexual Abuse Teams for Sullivan County, TN for the Year 1998

V. APPENDICES

Appendix A

Sullivan County Regional Health Council Membership

Mr. Doug Varney, Frontier Health - Chair
Mr. Bill Ray, Sullivan County Regional Health Department - Vice Chair
Mrs. Bonnie Bullock, Wellmont Madison House
Mr. West Sweatt, Bristol, TN/VA Chamber of Commerce
Mr. Tom Haskins, Friends In Need Health Center
Dr. John O'Dell, Sullivan County Schools
Dr. Jerry Miller, Holston Medical Group
Mr. Bill Ring, Kingsport Foundry & Manufacturing
Mrs. Margaret Feierabend, City of Bristol
Mr. Francis MacFarlane, Healing Hands Health Center
Dr. Wilsie Bishop, East Tennessee State University
Dr. Marshall Stambovsky, Sullivan County Regional Health Department
Mrs. Pamela Williams, Sullivan County Regional Health Department
Ms. Sheila Conley, Sullivan County Regional Health Department
Mrs. Nancy Cook, Healing Hands Health Center
Ms. Joan Mullen, RN, MSN Student - East Tennessee State University
Mrs. Debra Shoun, Department of Human Services
Mr. Greg Neal, Wellmont Health System
Mrs. Lisa Williams, Indian Path Medical Center

Past Council Members

Mr. Eddie George, Wellmont Health System
Mrs. Cathy Muse, Department of Human Services
Mrs. Cathy Harvey, Friends In Need Health Center
Mr. Robert Bauer

Appendix B

Behavioral Health Work Group

Randall Jessee, Ph.D. - Frontier Health
Alcohol and Drug Abuse Counselors - Frontier Health
Susan Smith - Sullivan County Regional Health Department

Cancer Work Group

Sunday Feathers - American Cancer Society
Linda Tanner - Wellmont Holston Valley Medical Center
Eileen Bennett - Wellmont Hospice House
Betsy Hay - Wellmont Hospice House

Elder Care Issues

Bonnie Bullock, RN BSCHA - Wellmont Madison House
Rosalee Sites - Wellmont Parish Nursing
Mary Porter - Contact Concern
Lisa Darnell - Access
Katherine Scoggins - Shepherd's Center
Connie Smith - Department of Human Services

Lifestyles

Chad McCracken - Eastman/Johnson & Johnson Health and Wellness
Aulikki Brandt - Wellmont Diabetes Treatment Center
Judy Rasnake, RN - Wellmont Wellcare
Doug Masini, RPST, RRT - United Medical
Linda Stollings - Bristol Family YMCA

Motor Vehicle Deaths

Betsy Preston – Kingsport Tomorrow Safe Communities/NETS
Jeff Strickler - Wellmont Holston Valley Medical Center
Becky Bottoms - City of Kingsport Transportation Department
Beverly Tester - Wellmont Bristol Regional Medical Center
Peggy White
Officer Jerry Mowl - Kingsport Police Department

Prenatal Issues

Dr. Wilsie Bishop - East Tennessee State University
Dr. Michael DeVoe - University Physicians' Practice Group
Sandra Shumaker - Northeast Tennessee Regional Perinatal Center
Becca Wright - Sullivan County Regional Health Department
Susan James - Sullivan County Regional Health Department
Jamie Heaton
Edna Light - Kingsport Housing Authority
Dr. John Heise - Mountain Region Pediatrics, PC

Violence and Abuse

Fran MacFarlane - Healing Hands Health Center
Deb Schurger - Sullivan County Children's Advocacy Center
Anita Greer - Sullivan County Children's Advocacy Center
Carole Wilson - Safe House
Sandy Fisher - Community Service Agency
Beth Owens - Abuse Alternatives
Judy Cole - Department of Children's Services
Bobbie Carico - Department of Human Services