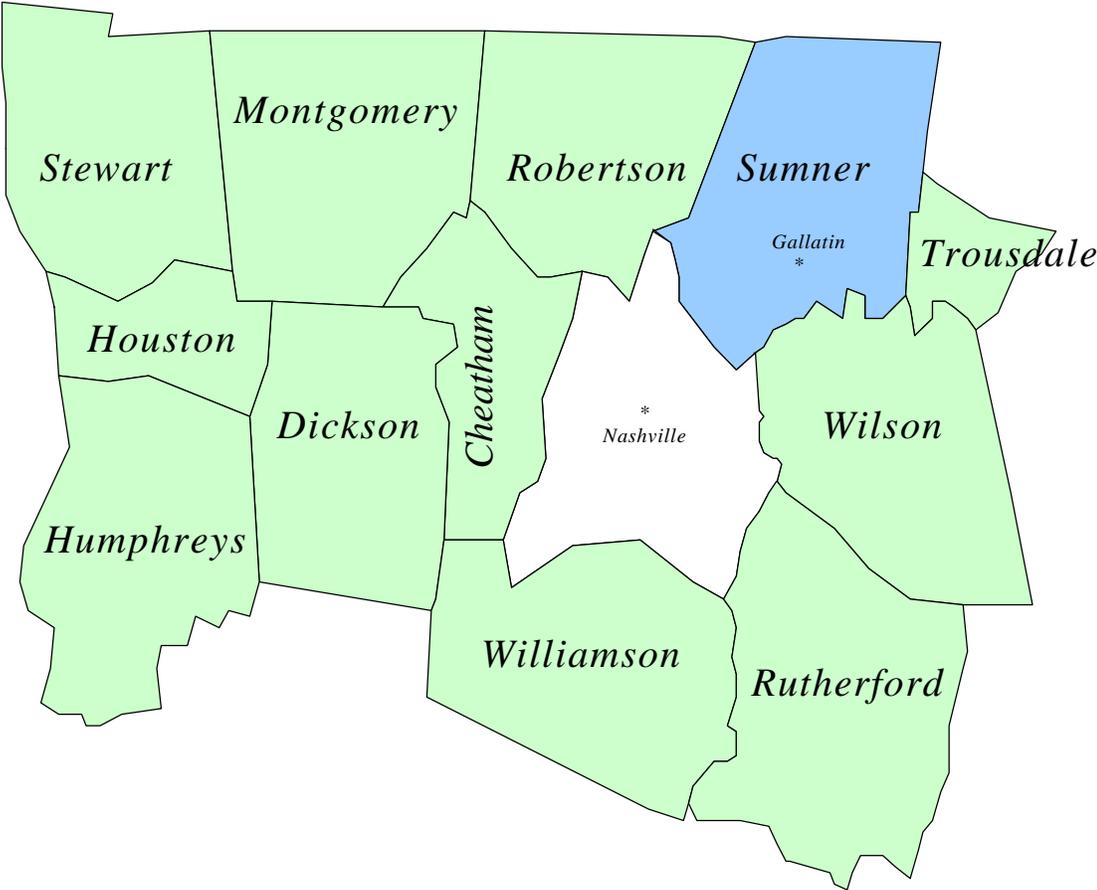


Community Diagnosis  
Status Report  
The Mid-Cumberland Region



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

## The Sumner County Health Council



The Sumner County Health Council was developed after a meeting between Tennessee Department of Health Community Development Staff and local county officials. The County Health Department Director along with the Regional Community Development Staff collaborated in January of 1997 to develop a list of potential council members. Prospective members were contacted and invited to a meeting to be held January 19, 1997. At this meeting, prospective members were introduced to the “Community Diagnosis” process and to the roles and responsibilities of the newly formed Sumner 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 Sumner 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 fourth Wednesday of every month. Meetings are open to the public from 12:00 – 1:00 p.m. Typically meetings are held at Sumner Regional Medical Center.

The Council has 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 five members. The Council has adopted bylaws that outline its structure and activities. See “Attachment B” for a copy of the bylaws.

The Council has had the participation and support of each of the local hospitals, Columbia Hendersonville, Sumner Regional Medical Center, and Tennessee Christian Medical Center/Portland. The Council also has had participation and the support of the local school system, the local health department, Pathfinders, Volunteer State Community College, Project C.I.R.C.L.E.S., Willowbrook Home Health Care, and several members of the medical community. The Council has representation from each large geographic area in Sumner County.

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## **I. COUNTY DESCRIPTION**

### **A Profile of Sumner County**

Sumner County has an estimated 1998 population of 120,560. The County has six distinct community populations: Gallatin (county seat), Hendersonville, Portland, Westmoreland, White House, and Millersville. Between 1970 and 1990 the population went from 56,106 to 103,281 according to the Census Bureau. By 2010, the population is expected to be approximately 147,691, a 43% increase from 1990 figures.

According to the 1990 Census 52% of the land in Sumner County was used for farming at that time. The County also has many industries and opportunities for a variety of employment. Many come from Nashville/Davidson County and surrounding counties to work.

Included with the county's many medical specialists and providers, are Hendersonville Hospital, Sumner Regional Medical Center, and Tennessee Christian Medical Center/Portland.

Sumner County is home to Volunteer State Community College, as well as city and county schools from elementary to the high school level.

Several sports are enjoyed through the local schools and include football, basketball, and baseball. There are multiple parks, golf courses, country clubs, swimming pools, and recreation areas.

Sumner County is a great place to be!



Information taken from the Nashville Area Chamber of Commerce, Sumner County Chamber of Commerce, and the 1990 Census.

# SUMNER COUNTY

Total Number of Households: 36,850

	County	Region	State
Percent of households that are family households	80.1	78.8	72.7
Percent of households that are families headed by a female with no husband present	9.6	9.7	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.4	5.7	6.9
Percent of households with the householder 65 and up	17.4	17.1	21.8



## EDUCATION

	County	Region	State
Number of persons age 25 and older	65,477	380,119	3,139,066
Percent of persons 25 and up that are high school graduates or higher	70.6	71.9	67.1
Percent of persons 25 and up with a bachelor's degree or higher	14.4	17.1	16.0



## EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	77,992	464,333	3,799,725
Percent In Work Force	69.6	69.1	64.0
Number of Persons 16 and Older in Civilian Work Force	54,131	307,228	2,405,077
Percent Unemployed	4.9	5.3	6.4
Number of Females 16 Years and Older with Own Children Under 6	6,467	40,261	287,675
Percent in Labor Force	67.2	63.2	62.9



## POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$13,497	\$13,213	\$12,255
Percent of persons below the 1989 poverty level	9.1	10.52091	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	10.2	12.0	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	18.8	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.

#### Primary Data:

- “Stakeholder’s Survey” – Approximately 25 out of 125 surveys were returned from “stakeholders” in the community (20% 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 25) were surveyed on their perceptions of important health issues, strengths and weaknesses of their community prior to beginning 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 with students in grades 9-12 were surveyed across the state. Five Sumner County High Schools were participants 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 9<sup>th</sup> – 12<sup>th</sup> 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). This 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-state probability sample. The twelve Community Services Agencies – four metropolitan counties and eight 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.

- 1990 Census/Demographics
- “Sumner 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, along with related recommendations and current actions, are listed as follows:

##### **Priority Issues**

#1 Alcohol and Drugs (including lack of affordable mental health services)	25
#2 Prenatal Concerns (including unhealthy babies/teen pregnancy)	36
#3 Cancer	58
#4 Accidents	64
#5 STD’s	65
#6 Violent Deaths (homicide, suicide)	67
#7 Cerebro/cardiovascular Disease	75
#8 Access to and Availability of Elderly Health Services	No Score
#9 Diabetes	No Score

\* Note: the **lowest** score has the **highest priority**. **Issues #8 and #9 were additions, and were not included in the scoring process.**

##### **Other Issues of Concern**

Other issues that were not included in the “Health Priorities” listing include child abuse and neglect, disorders affecting children including ADHD (attention deficit and hyperactivity disorder), inadequacy of TennCare providers for medical and dental, and difficulties with the TennCare process in general, inadequate services for homemakers, and for home care, general access to transportation, and wellness/health promotion services.

## Justification of Priority Issues

### #1 Alcohol and drugs

- According to the “Council Members Survey” there is a lack of affordable mental health services in the county.
- According to the 1996 “Behavior Risk Factor Survey”, approximately 67% of respondents felt there was a definite alcohol problem in the county, as well as a drug problem, which was also cited as a problem by 67% of respondents.
- Chancery, Circuit, and Criminal Court filings for fiscal year 1996-1997 show approximately 314 of the 2403 filings were drug-related. DUI figures were combined with “other motor vehicle offenses” and could not be separated. Tennessee Dept. of Safety reports an average of 557 DUI convictions per year from 1992 –1995 for Sumner County. The Department also reports 29 traffic fatalities in 1995, of which 41.4% (or 12) were alcohol related.
- Juvenile Court data for 1996 showed that 332 (or 9%) of 3512 cases were in some way related to alcohol and drugs (possession, DUI, sale of controlled substances, etc.).
- Chronic Liver Disease and Cirrhosis has increased 327.3% in ages 25-44 according to Department of Health data. The rates are close to state rates, but are higher than the region.
- Although results were not available at the county level, the 1997 Tennessee Health Status Report found statewide that nearly 1/3 (29%) of high school students had been offered, sold, or given an illegal drug on school property in the twelve months prior to the “Youth Risk Behavior Surveillance System” Survey. Between 1993 and 1995 in Tennessee marijuana use among high school students increased from 32.5% to 40%. The increase affected females somewhat more than males, whose lifetime marijuana use increased by 29% and 23% respectively. Alcohol use among high school students remained high and constant between 1991 and 1995 in Tennessee, and average age at first use has remained at between 13 and 14 years of age.
- Again, although results were not available at the county level, the “Youth and Adult Alcohol, Tobacco, and Other Drug Use in Tennessee 1991 and 1993-1995” report gives information that can be related to the county. In 1993, 64% of Tennessee adults had drunk alcoholic beverages at least once in their lifetimes. Two-thirds of them had drunk alcoholic beverages in the past 12 months (were recent drinkers), and ¼ of recent drinkers had at least one episode of heavy drinking in the past 12 months. That translates into 393,000 Tennessee adult heavy drinkers. Two consequences most often experienced by adult drinkers were being asked not to drive when drinking (24%) and having arguments or fights while drinking alcohol (23%).

### #2 Prenatal Concerns

- Unhealthy babies – there were significant increases in live births considered “**very low birth weight**” according to Department of Health data. Overall there was a twelve-year average increase of 85.7%. In the age group 15-17 there was an overall 412.5% increase and in ages 30-34 there was an overall 800% increase. Mothers with diabetes increased overall by 61.5% over the twelve year period. The county rate for late or no prenatal care was 10.3 (1994-1996 3 year average), very close to the national objective of 10 per 100,000.

- Teen pregnancy – there was an increase of 16.7% in the number of pregnancies for teens age 10-14 during 1983-1994 (typically between 1-2 pregnancies per year). Ages 15-17 and 18-19 showed overall decreases, although there were approximately 42 – 51 in number per year for ages 15-17, and between 117 and 138 per year in number for ages 18-19. There was an increase in low birthweight babies born to teens age 15-17 of 59.8%. As previously stated, there was an overall increase of 412.5% in **very low** birthweight babies born to teens age 15-17. In the 1996 “Behavior Risk Factor Survey”, approximately 68% of respondents saw teen pregnancy as “somewhat of a problem” or a “definite problem”. There is no national objective for teen pregnancy, but Sumner County’s births to adolescents aged 10-17 (5.8% of total births) was lower than the state percentage of 6.5.

### #3 Cancer

- During 1993 there were 340 cases of cancer in the county. The leading causes were lung (with a rate of 46.8 per 100,000 or 56 cases) and breast (with a rate of 97.4 per 100,000 or 56 cases). These rates were significantly lower than the state’s incidence rates (75.1 for lung cancer and 87.5 for breast cancer). The county is higher than the national objective of 20.6 **deaths** per 100,000 for breast cancer with a rate of 23.6. This is also higher than the Tennessee rate of 22.4. These figures are from the 1996 “Healthy People 2000” report. The 1997 report gives information on deaths from lung cancer. Rates for the county were 37.1, which is below the national objective of 42 per 100,000 and the state rate of 46.8. Despite small overall decreases, cancer remains one of the leading causes of death for ages 25+. It was seen as a problem by 66% of the respondents to the “1996 Behavior Risk Factor” Survey.

### #4 Accidents

- Although there have been overall decreases for accidents, they remain the number one cause of death for ages 1-44 (\*Note – the statistics viewed for leading causes of death do not separate motor vehicle from other accidents). There is no national objective for accidents.
- During the 1994-1996 period, the rate of motor vehicle accidental deaths was 20.5 per 100,000 population. Over the past twelve years there have been increases in ages 45+. Ages 45-64 showed an overall 33.1% increase and ages 65+ showed a 51.3% increase. The rate of 20.5 is higher than the national objective of 16.8, but is below the state rate of 24.3. As stated above, the Department of Safety reported 29 traffic fatalities in 1995, of which 41.4% (or 12) were alcohol related.

## **#5 STDs**

- Trend information from the Department of Health shows increases in rates of chlamydia. There was an overall eight-year increase of 887% with a 3,290% increase in ages 25-44. The rates still remained lower than for the region and state. The rates for syphilis were unstable (although lower than the national objective), however gonorrhea has shown increases over the past four years. In ages 5-14 there was a 430% increase over twelve years. There is no national objective for gonorrhea. AIDS has an average rate of 7.7 per 100,000 in the county for years 1994-1996. This represents approximately 9 cases per year. The national objective is to confine U.S. annual incidence cases to 98,000.
- The 1996 “Kids Count” report shows the STD rate for teens ages 15-17 was 1232.5 per 100,000. This was an increase of 252.1% from 1992-1996. This was lower, however, than the state rate of 2348.9 per 100,000.

## **#6 Violent Deaths**

- Violent deaths, which include homicides and suicides, averaged 13.5 per 100,000 population during 1992 – 1994 and showed increases in ages 45-64 of 60.9% and in ages 15-24 of 5.8% over twelve years according to Department of Health data. The 1996 “Kid’s Count” reports the teen violent death rate at 46.6 per 100,000. The trend from 1992-1996 showed a 37.9% decrease. This is below the state’s rate of 91.8.
- Homicide – homicides averaged 4.6 per 100,000 (5 per year) for the years 1994-1996. This is below the national objective of 7.2 and the state rate of 11.1. Homicide was the fifth leading cause of death based on “years of potential life lost”.
- Suicide – deaths from suicide averaged 10.9 per 100,000 during years 1994-1996 (12 per year), which is below the state rate of 12.1, and close to the state rate of 10.5. Suicide, however, is the sixth leading cause of death in terms of “years of potential life lost”. It was the second leading cause of death for those aged 15-24.

## **#7 Cardio/Cerebrovascular Disease**

- Sumner County has a higher rate of deaths due to heart disease than the national objective of 100 per 100,000 population with an average of 126.4 deaths per 100,000 (approximately 263 per year) for the years 1994-1996. This is also above the state rate of 125.8. Heart disease has shown increases for all ages except 15-24, according to Department of Health data. This particular age group has shown a 43.5% increase from 1983-1994.
- The 1996 “Behavior Risk Factor Survey” reports health behaviors that may contribute to this problem. 29% of respondents were currently smoking cigarettes (58 out of 203 respondents). 20% had been told they had high blood pressure, while only 19% had been given advice by their doctor about their weight. However, obesity was seen as a problem in the community by 66% of the respondents. Heart conditions were seen as a problem in the community by 67% of the respondents. Obesity, poor lifestyle habits, and heart disease were also found in the “Council Members Survey” to be problems in the community.
- Sumner County’s rate of deaths due to stroke was 10.9 per 100,000, which is slightly above the national average of 10.5 and below the state rate of 12.1. Deaths due to stroke have

shown overall twelve year increases in ages 25-44 (69.7%) and ages 65+ (25.6%) according to Department of Health information.

#### **#8 Access to and availability of Elderly Health Services**

- The 1996 “Behavior Risk Factor Survey” indicates problems with access to various services (for all ages). 9% of the respondents to this survey were age 65+, closely matching the 1996 65+ population which was 10.6%. Transportation to health care services was seen as a problem by 34% of respondents, access to assisted living services by 28% of respondents, and access to nursing home care by 24% of respondents.

#### **#9 Diabetes**

- The 1996 “Behavior Risk Factor Survey” indicates that 42% of the respondents felt diabetes was a problem in the community.
- According to Department of Health data, diabetes was a risk factor in about 4-5% of total births. Over six years, there have been overall increases of 61.5%.
- There have been increases in deaths due to diabetes over the 1983-1994 time period, per Department of Health data. Although diabetes is not one of the “top five” causes of death, and rates are somewhat similar to that of the state and region, the county rates have shown increases. Ages 25-44 (diabetes is the #8 cause of death) have shown a 72.7% increase, 45-64 (diabetes is the #6 cause of death) a 293.3% increase, and 65+ (diabetes is the #6 cause of death) a 51.6% increase.

### **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 Council will also be involved in recommendations for additional Governor’s Community Prevention Initiative funding, as Sumner County’s “Project C.I.R.C.L.E.S.” was funded under the 1996-1997 Initiative. A formal evaluation of all projects started in 1996 will be available in March of 1999 from the University of Tennessee in Memphis. This will be a key resource for health councils and planning committees to use for future recommendations.

**Attachment A**

**SUMNER COUNTY HEALTH COUNCIL DIRECTORY**

<u>NAME</u>	<u>REPRESENTING</u>
Shelley Ames, Director of Administrative Services Hendersonville Hospital 355 New Shackle Island Road Hendersonville, Tennessee 37075 615-264-4000	Local Hospital
Fred Dinwiddie City Hall 100 South Russell Street Portland, TN 37148 615-325-6776, fax 325-7075	City of Portland
Pat Conner Board of Education 225 East Main Street Gallatin, Tennessee 37066 615-451-5200	Alcohol & Drug\ Dept. Of Education
Les Downes, Council Chair Sumner Regional Medical Center Box 1558 Gallatin, Tennessee 37066 615-452-4210 (W), 615-451-5523 (F)	Hospital/Council Chair
Mary Howard Hayes Sumner Co. Health Dept. 411 S. Water Street Gallatin, Tennessee 37066-3310 615-452-4811	County Health Dept./ March of Dimes
Dan Hoyle Pathfinders 435 E. Main Street Gallatin, Tennessee 37066 615-452-5688 (W) 615-452-5695 (F)	Mental Health/Alcohol & Drug Representative

Nita Johnson  
Director of Personnel  
Volunteer State  
1480 Nashville Pike  
Gallatin, Tennessee 37066-3188  
615-452-8600 Ext. 3590

Local University

Brenda Kimberly  
Mid-Cumberland Regional Office  
710 Ben Allen Road  
Nashville, Tennessee 37247-0801  
615-650-7000

Regional Health Dept.

Wanda Kirby  
Family Resource Center  
516 Carson Street  
Gallatin, Tennessee 37066  
615-451-5298

Family/Social Services

Emily Lowrance  
2231 Highway 31 East  
Gallatin, Tennessee 37066  
615-230-1612

Mental Health/Mental  
Retardation

Ed Mayberry, Council Co-Chair  
Chamber of Commerce  
Box 26  
Gallatin, Tennessee 37066  
615-452-4000

Local Chamber of Commerce/  
March of Dimes  
Send mail to:  
First Independent Bank  
Box 717  
Gallatin, Tennessee 37066  
615-452-9000

Joyce Portela/Grant Corbett  
Tennessee Christian Medical Center  
105 Red Bud Drive  
Portland, Tennessee 37148  
615-325-7301

Local Hospital

Kecia Ray  
Board of Education  
225 East Main Street  
Gallatin, TN 37066  
615-451-5200

Board of Education/  
Schools

Dr. Joe Stanfield, Chiropractor  
450 W. Main Street, B-4  
Gallatin, TN 37066  
615-451-4306 (W) 615-451-2634 (F)

Medical provider

Diane Taylor  
Special Education  
225 East Main Street  
Gallatin, Tennessee 37066  
615-451-5420

School System

Sue TeHennepe  
Kelly Assisted Living  
295 Plus Park Blvd., Suite 106  
Nashville, Tennessee 37217  
615-367-2990, fax 366-8689

Home Health

Debbie Williams  
Willowbrook Home Health Care  
125 A Haven Street  
Hendersonville, Tennessee 37075  
615-824-4931, 615-824-9268 (F)

Home Health Agency

Elizabeth Word  
151 Lake Valley Road  
Hendersonville, Tennessee 37075  
615-824-5095

Regional Health Council/  
Local Resident

## **Attachment B**

### **BYLAWS FOR THE SUMNER COUNTY HEALTH COUNCIL**

#### **ARTICLE I. NAME**

The name of this council shall be the Sumner County Health Council. This body shall be hereafter referred to as “Council” and will exist within the geographic boundaries of Sumner County, Tennessee. The Council shall exist as a 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 needs of Sumner 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 Sumner 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 objectives 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.
8. Listening to community organizations present the unique needs of the segment of the community by which they serve.

#### **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 properties on behalf of Tennessee Department of Health without specific prior approval in writing. Should such authorization be issued any monies or properties 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.

#### **ARTICLE IV. MEMBERSHIP**

**SECTION 1. NUMBER.** The Council shall consist of no less than 10 members and no more than 25. A vacancy shall not prevent the Council from conducting business. Membership will be restricted to Residents of Sumner 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, education, 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.** Members to fill vacancies of the Council shall be recommended by the Council and appointed 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. Recommendations for the membership will be accepted from any source.

**SECTION 3. TERM OF SERVICE.** Members shall serve a term of Three (3) years. Additional terms may be served as deemed appropriate by the Council. Council officers will serve a term of One (1) year. Appointment and election of new officers will be made by the Council Members. Members will leave with the Council the handouts and notebook to be passed on to new members when the term of services expires.

#### **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 ten (10) 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 available to community residents. All meetings will be appropriately announced for public notice.

**SECTION 6. RULES OF ORDER.** The latest published edition of Robert's 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 Chairman will be elected by the Council. The Chairman will preside over all meetings of the Council.

**SECTION 3. CO-CHAIRMAN.** The Co-Chairman 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 OF 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 Council by motion, second, and voting majority.

**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. Bylaw changes require a two-thirds (2\3) majority vote of the Council members present.

**ADOPTED BY THE SUMNER COUNTY HEALTH COUNCIL**

**THIS THE 24th DAY OF June , 1998**

**Les Downes,  
CHAIRMAN**

**Ed Mayberry  
CO-CHAIRMAN**

**Attachment C**

**Score Sheet for Health Priorities**

## Attachment C

### Sumner 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: (1-7)	+	Seriousness: (1-7) X 2	Total:
_____ Cancer	_____	+	( ) X 2 = _____	
_____ Alcohol and Drug Use/Abuse including: • lack of mental health services	_____	+	( ) X 2 = _____	
_____ Prenatal Concerns, including: • Unhealthy babies/low birthweight • Teen Pregnancy	_____	+	( ) X 2 = _____	
_____ STDs	_____	+	( ) X 2 = _____	
_____ Accidents	_____	+	( ) X 2 = _____	
_____ Cerebro/Cardiovascular Disease	_____	+	( ) X 2 = _____	
_____ Violent Deaths (homicides/suicides)	_____	+	( ) 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.**

#### **Tennessee Department of Health Contact:**

**Bill Wirsing**

**Tennessee Department of Health, Research and Development**

**Cordell Hull Building, 6th Floor**

**426 5th Avenue, North**

**Nashville, Tennessee 37247-5261**

**615-532-7901**

**Community Health Research Group Contact:**

**Sandra L. Putnam, Ph.D.**

**Director and Research Professor**

**Community Health Research Group**

**The University of Tennessee**

**Suite 309, Conference Center Building**

**Knoxville, Tennessee 37996-4133**

**sputnam1@utk.edu**

**423-974-4511**

**423-974-4521 (FAX)**

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