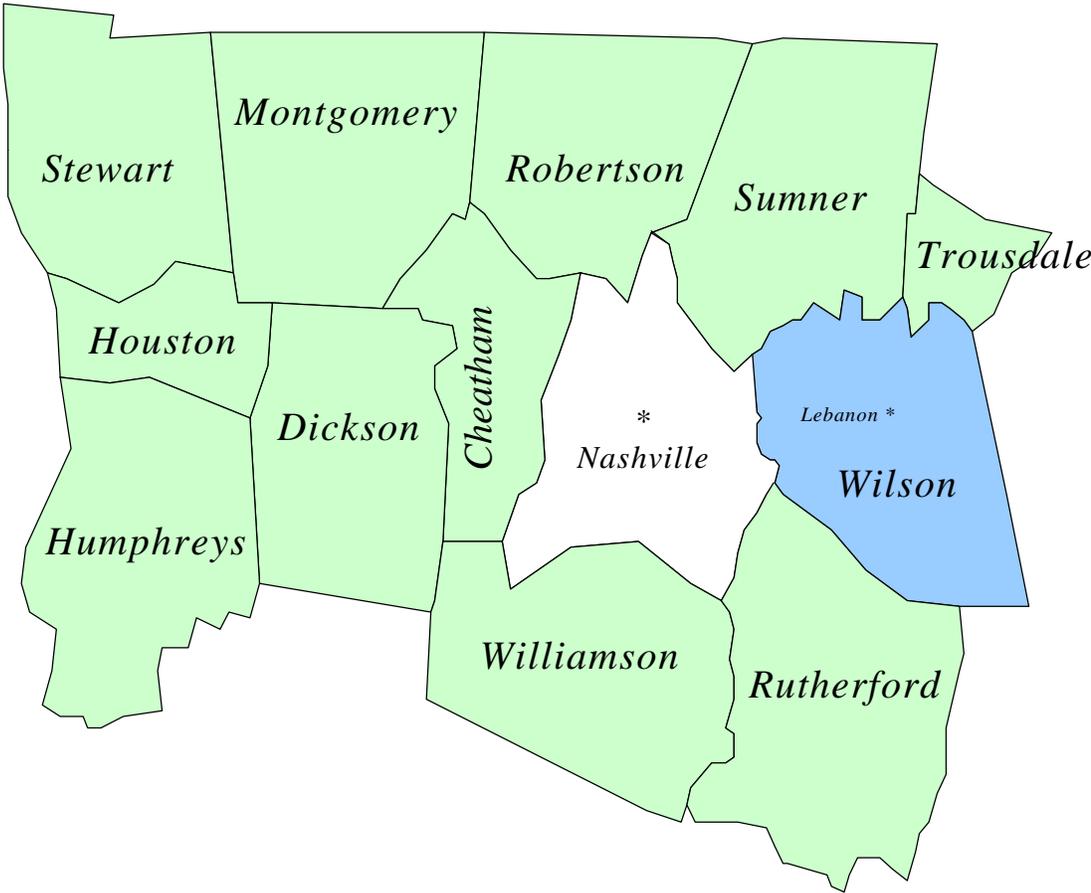


Community Diagnosis
Status Report
The Mid-Cumberland Region



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

The Wilson County Health Council



The Wilson 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 April of 1997 to develop a list of potential council members. Prospective members were contacted and invited to a meeting to be held May 20, 1997. At this meeting, prospective members were introduced to the "Community Diagnosis" process and to the roles and responsibilities of the newly formed Wilson 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 Wilson 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. Currently, meetings are held on the third Tuesday of every month, and are open to the public from 8:30 – 9:30 a.m. Typically meetings are held at Cumberland University’s Student Center.

The Council has had the participation and support of University Medical Center , local healthcare providers, Cumberland University, the local school system, the County Executive, the local health department, and various community organizations. The Council also has participation from residents of each of the major cities in the counties.

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I. COUNTY DESCRIPTION

A Profile of Wilson County

Wilson County has an estimated 1998 population of 80,090. The County has three distinct community populations: Lebanon (the county seat), Mount Juliet, and Watertown. The population projection for the year 2000 is approximately 81,413 and for 2010 projections of 95,145 making it one of the fastest growing counties in the state.

Wilson County has experienced tremendous growth in the retail community during the past several years. A new shopping mall has been completed, and many other centers have undergone expansion or renovation. Lebanon also has a variety of antique shops popular with shoppers. There are over 90 manufacturers, processors, and distributors located in Wilson County providing jobs for some 6500 people.

Included with the county's many medical specialists and providers, are University Medical Center, the Wilson County Health Department, four nursing homes, a mental health center, and several clinics and home health care services.

The county school system includes both public and private schools, and is home to historic Cumberland University. Established in 1842 the University is a four-year private and independent institution which combines a traditional liberal arts curriculum with a business orientation.

The county has two camp grounds , a "Bed and Breakfast", and Cedars of Lebanon State Park which offers opportunities for camping, horseback riding, hiking, swimming and other outdoor activities. Golfing is also popular, with several courses in the county.



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

Total Number of Households: 24,070

	County	Region	State
Percent of households that are family households	81.5	78.8	72.7
Percent of households that are families headed by a female with no husband present	9.3	9.7	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	5.2	5.7	6.9
Percent of households with the householder 65 and up	17.3	17.1	21.8



EDUCATION

	County	Region	State
Number of persons age 25 and older	43,316	380,119	3,139,066
Percent of persons 25 and up that are high school graduates or higher	71.4	71.9	67.1
Percent of persons 25 and up with a bachelor's degree or higher	15.6	17.1	16.0



EMPLOYMENT

	County	Region	State
Number of Persons 16 and Older	51,109	464,333	3,799,725
Percent In Work Force	70.4	69.1	64.0
Number of Persons 16 and Older in Civilian Work Force	35,904	307,228	2,405,077
Percent Unemployed	5.1	5.3	6.4
Number of Females 16 Years and Older with Own Children Under 6	4,401	40,261	287,675
Percent in Labor Force	66.1	63.2	62.9



POVERTY STATUS

	County	Region	State
Per capita income in 1989	\$13,681	\$13,213	\$12,255
Percent of persons below the 1989 poverty level	8.7	10.52091	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	10.4	12.0	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty level	17.3	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 38 out of 150 (25%) surveys were returned from “stakeholders” in the community. 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 17) were surveyed on their perceptions of important health issues, strengths and weaknesses of their community prior to the beginning of the “Community Diagnosis” process.
- 1996 “Behavior Risk Factor Survey” – This survey was modeled after the behavior Risk Factor Survey conducted by the Centers for Disease Control. The survey collected information on adults’ health behaviors and preventive practices related to

several leading causes of death, as well as information related to various community health issues. Random phone calls were made, with a minimum of 200 respondents per county surveyed. The overall statistical reliability of this survey was a confidence level of 90, +/- 6%. The survey provided weighted results to more closely reflect the county population.

- 1996 “Tennessee Alcohol, Tobacco and Other Drugs High School Survey”- A total of 137 high schools with students in grades 9-12 were surveyed across the state. Wilson 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 9th – 12th grade schools by region in Tennessee.
- 1993 “Tennessee Alcohol, Tobacco and Other Drugs Survey” (Adult Household) – Approximately 8000 Tennessee residents were surveyed by telephone by the University of Tennessee (Knoxville). The survey was a statewide random digit dial telephone survey which was conducted for the purpose of providing alcohol and other drug prevention and treatment needs assessment data for use in program planning, evaluation, and resource allocation. The study employed a two-stage probability sample. The twelve Community Services Agencies – four metropolitan counties and 8 non-metropolitan regions – served as sampling units. Data on a range of health behaviors and risks, particularly those related to alcohol and other drugs were available for 70% of Tennessee’s population.

Secondary Data:

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

- 1990 Census/Demographics
- “Wilson 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 that used size and seriousness as factors in determining which health issues had highest priorities. The Council requested a delay in completing the identification of health priorities and their related rankings. The group wished to address the issue of alcohol and drugs after reviewing related data and general group discussion.

Priority Issue

#1 Alcohol and drugs

Other priority issues will be determined at a future date

Justification of Priority Issues

The Council reviewed the following information related to alcohol and drugs:

Alcohol and Drug - Tennessee Alcohol and Drug High-school Survey

This survey was conducted state-wide to assess attitudes, knowledge, and behaviors regarding alcohol and drugs among students in high-school. Wilson County’s High-schools (2 schools) were participants in the study. However, results are only available from a state and regional perspective.

The study had many interesting findings. Approximately 20.2% of the students in the Mid-Cumberland region bought an illegal drug in the last 12 months. 47.6% of the respondents in the region were offered or given illegal drugs within the last 12 months.

67.6% of the respondents in the region have ever smoked cigarettes, while 40.6% of the respondents in the region have ever used marijuana. Approximately 20.4% of the students in the region have used substances that they sniff (paint, glue, etc.).

Alcohol and Drug - Tennessee Adult Household Survey

Wilson County had 81 respondents in this statewide survey on adult health and lifestyles especially related to alcohol, tobacco, and other drug use and risk. For reliable results, approximately 50 respondents are needed. A total of 7,982 residents of the state were interviewed for approximately 25 minutes. Although the data is not county-specific, the results may be used for prevalence estimation and for planning purposes.

This survey suggests that 60% of adults are recent alcohol or drug (AOD) users, estimated at more than 2.2 million adults living in Tennessee households, and that nearly 900,000 of them are currently in need of some form of treatment for AOD use, abuse, or problems, including addiction.

This survey also shows that in terms of recent use during the past 12 months, alcohol is the most popular drug, used by 44% of the respondents in the past 12 months. Cigarettes were used recently as a drug of choice by 31% of the adults interviewed. They report smoking an average of 18 cigarettes or close to a pack a day. This is similar to the national average use of about one-third of adults.

The highest percentage of respondents agreed most strongly with five statements:

1. Work-places should be drug-free
2. Children and youth should be taught in school the dangers of AOD use
3. Children and youth should be educated about HIV/AIDS
4. Parents are role models for their children when it comes to drinking alcohol
5. Enforcement of strict penalties on users to help solve drug abuse problems

Other Survey Data:

- According to the 1996 “Behavior Risk Factor Survey” (BRFS) for Wilson County, 35% of the respondents felt drug use/abuse was a “definite problem” in the community, while 31% felt alcohol was a “definite problem”.
- According to the 1997 “Stakeholders Survey”, alcohol and drug use/abuse was indicated as an important issue facing the community, by many respondents (per “write-in” response).

Juvenile Court:

- Data from the Juvenile Court System (1996) show that of the 881 county youngsters involved in the court system, almost half – 427 or 42% - lived in single-parent homes. The largest referrals were from law enforcement (538) and parents (138). The largest age group referred was ages 16-17. “Drug” offenses, however, accounted for only

3% of juvenile referrals. John LaFever, Juvenile Services/Sheriff's Office, noted that in order for an offense to be classified as a drug offense, multiple items must appear in court documents. Sometimes specific cases are not detailed enough to be labeled as a drug offense, and data may be misleading.

The Council has identified key individuals/programs in the community that could provide additional needed information on this issue. Individuals who have given input to the Council on the alcohol and drug issue include those representing:

The School Resource Program:

Student Resource Officer for the Lebanon/10th District School System, Tony Neal, (Sheriff's Office) attended the November 1997 meeting. According to Mr. Neal, who provides education on drugs/alcohol to ages 12-14 (grades 6-8), there haven't been as many problems with alcohol or weapons – the bigger problems are with drugs. He estimates that 20-30 of the kids in his schools (approximately 400) have a history of trouble with the law, mainly because of drug use. Many of them get their drugs from adults. Mr. Neal believes the problems are with the youth having the wrong friends, not necessarily their family background. There are not many problems with gang-related activities with these particular kids. The school resource program provides alcohol and drug prevention education to students, and gives them an adult to talk to about issues they may be facing.

STARS:

STARS (Students Taking a Right Stand) Program Director Tim Diffenderfer is a member of the Council, and has presented detailed information on the alcohol and drug issue, and the STARS program. The STARS program offers individual counseling sessions, alcohol and drug, anger, and suicide pre-assessments, a variety of groups ("Anger", "Concerned Persons", "Teen Issues", "Changing Families", "Insight", "Grief", "CHOICES", "Stop Smoking", and "Minority Cultural Health"). The program emphasizes an abstinence approach.

Juvenile/Youth Services:

Juvenile Court/Juvenile Services – Judge Haywood Barry and Kim Nokes, Youth Services Officer

Judge Barry and Kim Nokes re-iterated the fact that most of the juveniles coming through the court system are between 15-17 ½ years of age. Both believe that early intervention is the best prevention strategy, and that parent education is also a needed intervention. Once the kids are in court, a pattern of problem behaviors has already been established. They also believe that the best interventions would take place in the schools. The School Resource Center (not affiliated with the Sheriff's School Resource Officers) was discussed. This concept that is currently in Watertown Elementary (Linda Cummings is the Coordinator) ideally is what should bring about positive results. The Center is set up

to make referrals for children with various needs, as well as to provide education and other opportunities for both parents and children. Much of the problem with referrals is there is no where in the county to refer children, and of those that are referred to services, transportation is a problem for most working parents. In addition, those on TennCare or other HMOs are often not getting the level of treatment they need.

According to their experiences, most juvenile offenses are drug-related, while most of the adult cases are alcohol-related. The Judge has seen many “generations” of trouble, indicating that sometimes the problems are within the family unit itself.

Juvenile Services/Sheriff’s Office – John LaFever, Supervisor of the School Resource Program, and of the D.A.R.E. program attended the 1/98 meeting. In discussing data from juvenile court, he noted some issues of concern. In order for an offense to be classified as a drug offense, multiple items must appear in court documents. Sometimes specific cases are not detailed enough to be labeled as a drug offense, and data may be misleading. He believes that approximately 50% of referrals to juvenile court are directly related to alcohol and drugs, while 85%+ are indirectly related in some way.

Sheriff’s Office:

Terry Ashe, Sheriff attended the 1/98 meeting. He discussed the issue of DUI arrests. He noted that many DUIs are spanish-speaking foreigners. He also believes that current DUI laws are not working – there are too many repeat offenders. In his opinion there should be mandatory education and treatment in addition to jail time. He stated that it is important to continue working with kids in the school to educate them at an early age on the dangers of alcohol and drug abuse. Programs such as the SRO program have been successful. He noted that through the SRO program, many crimes had been solved. He mentioned a “Juvenile Crime Stopline” that is in the process of being implemented. The Sheriff also stated that availability of drugs is an issue in the county – all types of drugs are on the streets.

The Sheriff mentioned that there are gangs in Wilson County. The largest gang groups are **not** ghetto-based, but are middle-class white males, primarily from the west end of the county. His recommendation is that there be more teacher in-service training on gang-related activities. There are currently many PTO/Parent trainings in place on gangs, drugs, etc. These gangs are probably kids over the age of 14. It was noted that in some schools with younger kids, there was not much gang activity.

The District Attorney’s Office:

Bobby Hibbett with the District Attorney’s Office attended the 4/98 meeting. Mr. Hibbett is also a member of the Child Fatality Review Team. Mr. Hibbett emphasized that the focus of his office is prosecution vs. prevention; the office supports agencies who focus on prevention. Based on his experiences, alcohol **and** drugs are related to 90% of youth crimes. It was discussed that there are limited opportunities for parent education in the county, and there is also a challenge of getting parents to the programs that do exist.

Mr. Hibbett discussed the recent \$4 million dollars recovered through a drug-bust in the county. Approximately ¼ of this money will go to the Wilson County Drug Task Force, ¼ to the Lebanon Task Force (Mount Juliet opted out of Task Force), and ½ to Metro/Davidson County.

Mental Health/Treatment & Prevention Services:

Cumberland Mental Health – Jim Frost:

Jim Frost attended the 2/98 meeting and discussed the services offered by Cumberland Mental Health, as well as his perspective on alcohol and drug issues. Alcohol and drugs create many problems for an individual including family, health, financial, legal, spiritual, and employment problems. Although education is important, most of the individuals he sees **are aware and educated** about alcohol and drugs. He cited an article in Nashville's "Tennessean" newspaper, dated 2/14/98. Metro police held a drug sting, at the same time and place, five weeks in a row. Each time arrests were made, despite this was a known sting. A total of 75 individuals were arrested during the five week time.

Jim suggested that the county was in need of more of the programs that offer treatment similar to inpatient, except patients go home at night. He also stressed that efforts should be made to involve a wide range of efforts in the prevention of alcohol and drug problems: churches, schools, law enforcement, community agencies, etc.

Cumberland offers several youth programs, including youth camps and backpacking programs. They also offer the "DUI/Youthful Offenders Program" and school-based counseling. Other services include various child, adolescent, and adult outpatient services (therapeutic pre-school, child abuse treatment services, domestic violence program, case management program, and extended care program).

Youth Ranch – Mark Akers:

Mark Akers attended the 2/98 meeting. Mark stated that although the Youth Ranch doesn't have programs specific to alcohol and drug prevention, he does see many kids that have problems themselves, or who have parents with alcohol and drug problems. Mark says that the kids he sees at the Ranch are knowledgeable and educated regarding alcohol and drugs, but are involved anyway.

Mark believes progress could be made in this area by "fine-tuning" TennCare. Often services are difficult to obtain, and when they are obtained, the amount of time for treatment may not be adequate. He also mentioned that innovative education programs are needed, that go beyond explaining the dangers of alcohol and drugs. It was stressed that efforts should be multi-focused, involving the entire community. A final recommendation was that more home-based prevention services be available, as accessing services is difficult for many individuals.

The Youth Ranch is a residential treatment/children's home serving dependent, neglected, abandoned and abused males. Through this family style residential program, a child is in a "family" setting, learns self-worth and self-reliance, and has opportunities for social and cultural opportunities which promote personal growth. This setting may shield a child from developing problem behaviors, including alcohol and drugs. Ranch works with **MAP Academy**, an alternative school, by having full-time staff onsite to work with the kids needing counseling or other services. MAP Academy also offers parenting education through some of its various programs.

In addressing the alcohol and drug issue, the Council identified other important resources and points of interest:

- Cumberland University is working with the YMCA to discuss using students to fulfill volunteer requirements.
- Cumberland University is a resource that could be used to help fill the "void" that may exist with summer programs.
- Cumberland University's Wellness Center is working with a "wellness ministry", to promote alcohol and drug prevention. Leaders from the Church of Christ, Episcopal, Lutheran, Presbyterian, Catholic, Baptist and Methodist churches in the county are working with the Wellness Center to help meet the spiritual needs of students and promote alcohol and drug prevention. The Wellness Center itself already focuses on the medical and emotional needs of students. The ministry holds seminars on campus every other Thursday which relate to twelve step programs, spirituality, and other issues.
- There is an active Youth Leadership Wilson, which uses 3 juniors from each high school to learn about their community.
- There is a group of ministers working on AIDS prevention for children. This may be of interest, as the Council relates the alcohol and drug problems to increases in STDs.
- Fellowship of Christian Athletes (FCA)
- Awareness Campaign in Lebanon – According to the Mayor of Lebanon, the initial campaign involved billboards targeted at parents ("Do you know where your kids are?"). Subsequently, flyers in grocery bags and pizza boxes have been distributed to the residents of Lebanon. The flyers display a heart and a big checkmark and include a list of drug-use symptoms to help parents recognize signs in their children.
- There is a proposal for a community center in Lebanon, which will offer managed weekend activities for the area's youth.
- According to the Sheriff's office, a "Juvenile Crime Stopline" is presently being developed..
- The Wilson County Civic league organizes various programs for members of Wilson County, including a drug awareness and teen pregnancy programs.
- The Wilson County Health Department provides health education to patients, schools, and community groups upon request, which may include drug and alcohol prevention. The Health Department also provides many services which help children get a healthy start, thus reducing the risk for problem behaviors such as alcohol and drug use. These services include prenatal services and HUG (home visits for high risk and teen pregnancies).

- The Lebanon Special School District’s Family Resource Center provides many services, including providing parenting workshops and a parenting library.
- The North Tennessee Private Industry Council offers under-skilled and/or economically disadvantaged youth, teen parents, and adults in the community with education, training, job placement, and supportive services.
- Alcoholics Anonymous has regular meetings in Lebanon, at the College Street Fellowship House.
- Head Start programs are offered throughout the county, including Cedarwood Head Start, Mt. Juliet Head Start, and Head Homes Head Start.
- The Mid-Cumberland Human Resource Agency offers many services, including “Summer Youth Employment and Training”, and “Youth Intervention Program”
- The Wilson County Youth Emergency Shelter provides emergency service to male and female youth between the ages of 12 and 17 who are victims of abuse and neglect or waiting placement in appropriate facilities. The youth attend school during mornings and receive extra tutoring. Counseling and recreation are available during the afternoon and evening with life skills training, an ongoing process. WCYES also provides foster care to children 0-17 years old in trained foster homes throughout Middle Tennessee.

Other Comments and observations:

- It was discussed that latch-key kids are an issue.
- Transportation to various youth programs and activities is an obstacle to solving the problems.
- Although there are many clubs and groups for youth that exist, the programs that the kids really need are not there.
- It was discussed that children’s friends and their own personal characteristics were more important in determining alcohol and drug use than was their family status or other factors.
- Huffing is another problem in the county that falls under “alcohol and drug”
- The Council agreed that the following issues as they relate to alcohol and drugs will be of importance in making their final recommendations:

Cost of lost productivity in the workplace
 Family conflict and disorganization (including divorce and domestic violence)
 Increasing STD’s including HIV/AIDS
 Violence

V. FUTURE PLANNING

The Council continues to meet on a regular basis to address the health priority identified above through the development of goals, objectives, and activities. This “plan of action” will take into account the previously identified resources, and will be outlined in a subsequent report. Subsequent reports will also identify additional priorities.

Attachment A

WILSON COUNTY HEALTH COUNCIL DIRECTORY

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REPRESENTING

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School System

Attachment B

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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