

# **Community Diagnosis**

**Community Diagnosis Summary**

**Rutherford County Health Council**

**Council Membership**

## **Community Diagnosis**

In June 1996, the Department of Health began implementation of a new initiative entitled "Community Diagnosis". This activity is designed to assist communities in developing a consensus about the priority health problems in their individual communities and developing strategies to address the issues identified. The completion of the Community Diagnosis process should answer the following questions for the community:

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

In order to initiate the process, local citizens from each county have been identified to be a part of their County's Health Council. These citizens represent various factions within their respective communities. Membership includes representatives from the health care industry (hospital administrators, physicians, nurses, dentists, health department personnel, etc.), local business, school systems, mental health, mental retardation, clergy, children's services, local governments, etc.

These individuals meet together on a monthly basis. The initial stage of the process included gathering data from various types of surveys conducted within the communities. After the surveys have been completed, the Council analyzes this information as well as all data supplied from the Department of Health. Following the analysis of data, health issues are identified, priorities are determined and strategies are developed. The final stage of the process is the development of a document, which will summarize the county's findings and activities as well as identify areas in which dollars should be directed.

Each council within the Mid-Cumberland Region is in a different stage of the process. Rutherford County's Health Council was established as one of the region's pilot counties in July 1996 and the following is a description of their activities to date.

**Rutherford County Health Council**  
**(Community Wellness Council of Rutherford County)**

**Established in July 1996**

Rutherford County was one of two pilot counties selected to begin the “Community Diagnosis” process in the Mid-Cumberland Region. Because of the size of the Council, the group decided to form subcommittees to analyze data for the following areas/populations: Children, Youth, and Families, OB/GYN and Prenatal, Elder Care, and Preventive Care. The following is a description of their identified priorities, the process they have followed and their activities to date.

**Health Priorities:**

1. Teen Pregnancy and drugs
2. Cardiovascular Disease
3. Cancer
4. STD's
5. Inadequate resources for indigent/uninsured (prenatal)
6. High Cost of Health Care (elderly)
7. Inadequate Resources for school health care
8. Lack of education/prevention (elderly)
9. Access to care (elderly)
10. Late entry into prenatal care
11. High rate of smoking in pregnant women/women of childbearing age
12. Lack of coordination/duplication of services (children)

**Process:**

The Community Wellness Council of Rutherford County continues to meet every other month as a group, with subcommittees that may meet at additional times. Since completing the “Community Diagnosis” process, each subcommittee has been active in addressing health issues specific to that committee.

## **Activities:**

### Children, Youth, and Families subcommittee:

- ❑ The Children, Youth, and Families subcommittee completed the “Communities that Care” risk and resource assessment and developed plans for a community resource, referral and case management program. The program was also to include a volunteer component in which children, youth, and families were matched with opportunities for participation in meaningful activity through volunteerism. This program was developed after getting additional input from the 300+ participants of the American Community Summit of Rutherford County which was held in the fall of 1997. There were a significant number of youth participating in the Summit who provided valuable input. This program was funded by 1997-1998 Governor’s Community Prevention Initiative for Children.
- ❑ Subcommittee members continue to work with Summit participants to address priority health issues. Currently, a cooperative mentoring program has been developed for two targeted schools, and is being funded by a grant from the Chamber of Commerce. This was an outcome of the needs assessment completed by the Council and the Community Summit.
- ❑ Other needs identified that have been addressed include parenting programs held in the housing projects that are sponsored by the police department and hospital.

### Preventive Health subcommittee:

- ❑ The Preventive Health subcommittee has worked with MTSU to set up problem-solving teams in Riverdale, Oakland, and Lavergne High Schools to discuss tobacco issues.
- ❑ The CDC’s Youth Risk Behavior Survey is planned for January of 1999, and follow-up interventions will be planned contingent upon locating funding for the project.
- ❑ The subcommittee has developed a program promoting physical activity by identifying walking trails through the use of markers, maps, brochures, etc. for the county.
- ❑ The group is addressing teen pregnancy in conjunction with MTSU’s “Out-of-Wedlock Pregnancy Prevention Program”.
- ❑ The subcommittee’s activities and findings, along with the Council’s overall activities and findings are put together as the “Health Watch” newsletter, which has been published twice thus far.

### OB/GYN/Prenatal subcommittee:

- ❑ The OB/GYN/Prenatal subcommittee has advocated for changes in prenatal care for the indigent through communication with TennCare, especially as it relates to smoking cessation and early entry into prenatal care.
- ❑ The subcommittee is pursuing working with the schools to insure curriculum used to prevent tobacco use is consistent with the 1996 Surgeon General’s Report on smoking.

Elderly subcommittee:

- ❑ The Elderly subcommittee recently hosted a luncheon in conjunction with Middle Tennessee Medical Center for professionals in the community who deal with issues of the elderly. Surveys were completed by those in attendance as well as others. Needs were discussed and future plans are presently being developed based on the luncheon and surveys.
- ❑ The subcommittee is presently pursuing developing a “Council on Aging” in conjunction with a local assisted living facility.

Overall:

- ❑ The Council as a whole has issued several press releases and held television interviews on a variety of Council activities.
- ❑ The Council continues to support community efforts such as grant applications and is also supporting the media campaign promoting varicella and pneumococcal vaccines in conjunction with the Mid-Cumberland Regional Office’s Marketing committee.
- ❑ The Council has designed a banner with their name and logo for use at community events such as health fairs and festivals.