

Community Health Needs Assessment (CHNA): Benton County

Conducted by:

**Jackson-Madison County General Hospital
Department of Business Development and Planning**

**Victoria S. Lake
Jocelyn D. Ross**

**For:
Camden General Hospital**

**Update 2015
Initial CHNA 2012**

In fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return

**RESOLUTION OF THE BOARD OF TRUSTEES
OF
JACKSON-MADISON COUNTY GENERAL HOSPITAL DISTRICT
AND
CAMDEN GENERAL HOSPITAL, INC.
AND
BOLIVAR GENERAL HOSPITAL, INC.
AND
MILAN GENERAL HOSPITAL, INC.
AND
PATHWAYS OF TENNESSEE, INC.**

COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

WHEREAS, the Patient Protection and Affordable Care Act, enacted March 10, 2010, required public and not-for-profit hospitals to perform a Community Health Needs Assessment for each hospital; and

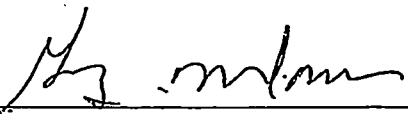
WHEREAS, the staff of the District has conducted such an Assessment and prepared the report as required for each of its hospitals; and

WHEREAS, the Assessments were prepared in accordance with IRS rules and regulations as amended; and

WHEREAS, the Board finds that the Assessments substantially meet the requirements of the of the Patient Protection and Affordable Care Act and the IRS rules and regulations as amended, and that the Implementation Strategies set forth in the Assessments shall be implemented in accordance with Management recommendations.

NOW, THEREFORE, BE IT RESOLVED, that the Community Health Needs Assessments given to the Board are approved and adopted.

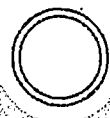
ADOPTED, this the 27th day of October, 2015.



GREG MILAM, Chairman

Exhibit: G-2

Community Health Needs Assessments



- Acute Care Hospitals-Partnered with Tennessee Department of Health-Health Councils on assessments
- Mental Health Hospital-Partnered with Tennessee Department of Mental Health and Substance Abuse Crisis Providers and Pathways Advisory Board
- Updated data reports and listing of resources provided to Health Councils, Crisis Providers, and Region VI

Community Health Needs Assessments



	Identified Health Issues By County						
	Benton	Chester	Crockett	Gibson	Hardeman	Haywood	Madison
							X
Heart Conditions					X		X
High Blood Pressure					X		X
Cancer					X		X
Obesity (including children)	X	X	X	X	X		X
Diabetes (including children)		X			X		X
Injury Prevention							X
Expanded Food & Nutrition	X						
Infant Mortality/Teen Pregnancy	X	X	X	X	X	X	
Alcohol/Tobacco/Other Drugs	X	X	X	X			
Chronic Illness Awareness/Education				X		X	
Violence Prevention						X	

Community Health Needs Assessments Implementation Strategies



- Use of *HealthAwares* with follow-up for those identified through risk assessment
- Alice and Carl Kirkland Cancer Center services
- LIFT wellness center and primary care clinics
- Disease management
- Local health screenings, health fairs, community events
- Governors Foundation for Health & Wellness
- 100 Mile Club Gold Medal
- Help Us Grow Successfully
- TENNdercare Program

Community Health Needs Assessments Implementation Strategies



- Baby and Me
- Teens Against Tobacco Use
- Tennessee Suicide Prevention Network
- Prescription for Success: Prevention and Treatment of Prescription Drug Abuse in Tennessee
- Safe, Affordable Housing for individuals or families with mental illness, substance abuse, or co-occurring
- Numerous mental health, substance abuse outreach programming

Community Health Needs Assessments Evaluation



- Evaluation based on goals and objectives for each county assessment
- Meeting minutes of monthly and quarterly county health councils, Crisis Providers, Region VI, Pathways Advisory Board will be reviewed for achievement of stated goals, objectives, and implementation strategies.
- Copies of all implementation strategy program or event materials will be maintained in Assessment Notebooks
- Assessment documentation
- Assessments will be updated in 2018

Patient Protection and Affordable Care Act-Required Community Health Needs Assessments



CONDUCTED BY:
WEST TENNESSEE HEALTHCARE
DEPARTMENT OF BUSINESS DEVELOPMENT
AND PLANNING

Community Health Needs Assessments



- Conducted to fulfill requirements of the Patient Protection and Affordable Care Act enacted March 10, 2010 and IRS CFR Parts 1, 53, and 62
- Required for all public and not-for-profit hospitals
- Procedures followed IRS 501 (r) requirements
- Assessments conducted for each hospital owned by the Jackson-Madison Co General Hospital District

Community Health Needs Assessment



- Assessments conducted for the following counties:
- Camden General Hospital-Benton County
- Bolivar General Hospital-Hardeman County
- Milan General Hospital-Gibson County
- Jackson-Madison County General Hospital-Madison, Chester, Crockett, Haywood Counties
- Pathways of Tennessee-Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, Weakley Counties

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Benton County Community Health Needs Assessment Executive Summary

Camden General Hospital in partnership with the Benton County Health Council to review and update the community health needs assessment of Benton County, Tennessee fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Benton County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Benton County as well as staff from the local and regional health departments.

Representatives of Camden General Hospital met with the Benton County Health Council on Tuesday, April 14, 2015 in the Conference Room at Camden General Hospital. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community. The Benton County Health Council represents the broad interests of the community including coordinated school health, non-profit, community agencies, senior citizen centers, private businesses, healthcare and hospital, local and regional health departments.

The Benton County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

Obesity/Physical Inactivity

Expanded Food & Nutrition

Infant Mortality/Teen Pregnancy

Alcohol, Tobacco, and Other Drugs

Goal 1: The Benton County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity.

Goal 2: The Benton County Health Council will address tobacco use among youth and adults in Benton County.

Goal 3: The Benton County Health Council will address substance abuse and use among youth and adults in Benton County.

Goal 4: The Benton County Health Council will focus on teen pregnancy and infant mortality in the community.

Camden General Hospital will work with the Benton County Health Council to implement the following activities to address the goals, objectives, and prioritized health issues identified for the community.

- Implement the 100 Mile Club®Gold Medal
- Collaborate on the annual Health Expo and health screenings
- Promote various 5K runs and duathlons
- Collaborate with Tennessee Nutrition & Consumer Education Program (TNCEP)
- Coordinate with Children Special Services and Helping US Grow Together (HUGS) to address infant mortality
- Implement the Baby and Me Tobacco Free Program
- Conduct advertising on dangers of E-cigarettes

Introduction

Camden General Hospital in partnership with the Benton County Health Council to review and update the community health needs assessment of Benton County, Tennessee fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return. The Benton County Health Council is organized under the auspices of the State of Tennessee Department of Health, and is composed of community members who represent diverse spectrums of Benton County as well as staff from the local and regional health departments. The Chair of the Gibson County Health Council is with the Benton County Schools.

Description of the Hospital and Community

Camden General Hospital was acquired by the Jackson-Madison County General Hospital in 1995. Effective December 2005 Camden General Hospital converted to a critical access hospital with 25 licensed beds, all of which are in service. The Hospital is a member of the American Hospital Association, the Tennessee Hospital Association, and is accredited by The Joint Commission. Camden General Hospital has been approved by the U.S. Department of Health and Human Services for participation in Medicare and Medicaid Programs. The service area for Camden General Hospital is Benton County.

The Hospital provides inpatient and outpatient services, emergency services 14 hours a day/7 days a week, an accredited laboratory that operates 24 hours a day, general medicine services, internal medicine services, pharmacy, radiology (diagnostic X-Ray, computerized axial tomography, magnetic resonance imaging), respiratory care, sleep laboratory, and physical therapy.

The designated "community" for the needs assessment is Benton County, Tennessee. With a 2013 population estimate of 16,290, Benton County is located in the rural Northwest Tennessee approximately 145 miles East of Memphis and 93 miles West of Nashville. The population is 95.1 percent Caucasian, 2.4 percent African American, and 1 percent Other races. According to the American Community Survey (2009-2013), 22.1 percent of the population is below the Federal poverty level. The per capita personal income level is \$18,456. The population under 65 years of age represents 78 percent while the over age 65 population is 22.0 percent of the

total. About 21.5 percent of the population age 25 and older does not have a high school diploma or GED; 44.8 percent have a high school diploma; 20.2 percent have some college, and 13.6 percent have an Associate's degree or higher.

Benton County has a wide range of industries that employ individuals living in and around the county. Benton County is home to manufacturers or businesses such as: Arnold's Fabricating and Machine, ATA Defense, Berry Machine & tool, Carhartt, DuPont, Jones Plastic, Palmer Tool, Unimin, Vulcan Materials, Benton County Cable, and Benton County Electric System. The community houses an economic development center, the UT Martin Reed Center.

The county seat of Benton County is Camden, Tennessee. The City of Big Sandy, City of Camden, Benton County Government, and the Benton County School System are all located in Benton County. The public school system has eight schools and serves approximately 2,290 students.

Community Needs Assessment Update

Representatives of Camden General Hospital met with the Benton County Health Council on Tuesday, April 14, 2015 in the Conference Room at Camden General Hospital. The mission of the Health Council is to act as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community. The Benton County Health Council represents the broad interests of the community including coordinated school health, non-profit, community agencies, senior citizen centers, private businesses, healthcare and hospital, local and regional health departments. Members of the Benton County Health Council include:

Donna Moore	Benton County School System
Holli Allen	TN Dept. of Health-TennderCare
Renee Douglas	Benton County School System
Betty Haskins	Camden General Hospital
Denny Smith	Camden General Hospital
Leah Rogers	Volunteer Homecare
Heather Smith	UT/TSU Extension Service
Jennifer Williams	Benton County Health Department
Tracy Byrd	Benton County Health Department
Chanda Freeman	West TN Regional Health Department
Traci Becker	100 Mile Club

The Benton County Health Council meets on a quarterly basis to develop and implement strategies to address the health priorities of the county. The Health Council was presented data on health needs from two sources. The first was the **County Health Rankings & Roadmaps. A Healthier Nation, County by County. 2013 Rankings Tennessee** from the University of

Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The second were data compiled from the State of Tennessee and various sources by the Jackson-Madison County General Hospital. From these two sources, members of the Health Council were asked to narrow the list of health issues to the top 5-10 issues. A survey was then distributed to Health Council members where they were to prioritize these issues from 1-5. The issues with the most votes were identified as the health priorities by the Council.

The top identified health issues are:

Obesity/Physical Inactivity

Expanded Food & Nutrition

Infant Mortality/Teen Pregnancy

Alcohol, Tobacco, and Other Drugs

Goal and Objectives

Goal: The Benton County Health Council will work to reduce the obesity rate in the county by promoting healthy community behaviors and physical activity

Objective 1: By December 31, 2018, the Benton County Health Council will promote the daily benefits of proper eating and physical activity to at least 200 residents of Benton County each year.

Objective 2: By December 31, 2018, the Benton County Health Council will conduct at least four activities a year to promote physical activity among Benton County residents.

Goal: The Benton County Health Council will address tobacco use among youth and adults in Benton County.

Objective 1: By December 31, 2018, Benton County will have utilized the "Baby and Me" Program to reduce smoking among pregnant moms.

Goal: The Benton County Health Council will address substance abuse and use among youth and adults in Benton County.

Objective 1: By December 31, 2018, four education sessions will be held each year to deter substance abuse and use in the public school systems

Objective 2: By December 31, 2018 Benton County will focus on healthy lifestyles for children, youth, and adults in a holistic fashion through programming at senior citizen centers and other community events.

Goal: The Benton County Health Council will focus on teen pregnancy and infant mortality in the community.

Objective 1: By December 31, 2018, the promotion of the HUGS program targeted case management program will be increased to address infant mortality.

Objective 2: By December 31, 2018, promotion of the Children's Special Services program will be increased to focus on reducing infant mortality in Benton County.

Implementation Strategies

Camden General Hospital will work with the Benton County Health Council to implement the following activities to address the goals, objectives, and prioritized health issues identified for the community.

Obesity/Physical Activity/ Expanded Food and Nutrition

The Health Council will work to enroll Benton County schools in the 100mile club. The 100 Mile Club®Gold Medal complete Program is designed to improve the health and well-being of children at school through daily physical activity in noncompetitive, supportive, fully-inclusive environment. The program provides incentives along the way, as students learn lessons in goal-setting, determination, and team spirit. Information on the 100mile club is attached.

The Hospital and Health Council will continue to collaborate on an annual Health Expo. The 2015 Health Expo was held on March 14. The Health Expo had 150 attendees with 20 vendor booths including vendors focused on substance abuse, obesity, and tobacco use. The Expo included a 5K run and bike ride. At the Health Fair, the Hospital offers screenings for hypertension, the influenza vaccination, height, weight, and BMI.

The Hospital and Health Council will continue to promote various 5K runs and duathlons throughout the county.

The Hospital and Health Council will collaborate with the Benton County Tennessee Nutrition & Consumer Education Program (TNCEP). This Program focuses on improved nutrition and education for children and families. The TNCEP promotes the program "Power U." This is a curriculum that contains ten 30-minute interactive lessons designed for 4th grade students that focuses on healthy eating coupled with exercise to prevent weight gain.

The TNCEP also promotes healthy eating through “ Eat Smart Cooking Basics” healthy recipes and information on commodity distribution, and education program throughout the county.

Infant Mortality/Teen Pregnancy

The Health Council has worked with the Children Special Services and the Helping Us Grow Together (HUGS) Programs to address infant mortality. The Children's Special Services (CSS) Program may provide coverage for comprehensive medical care and other non-medical resources for children with physical disabilities from birth to 21 years of age. Diagnostic and financial eligibility criteria must be met to participate in the program. A child/youth is eligible for the program if s/he is under the age of 21, and has been diagnosed with a physical disability which requires medical, surgical, dental or rehabilitation treatment. CSS may pay for services related to the child/youth's eligible diagnosis, including:

Diagnostic Evaluation	Medical and surgical treatment
Hospitalization	Care coordination
Rehabilitation services	Physical & occupational therapy
Medications	Braces & artificial limbs
Speech & language therapy	Durable medical equipment
Hearing aids/supplies	Wheelchairs & walkers

Special formula/food

Examples of common diagnoses are:

Asthma	Diabetes
Cardiac related	Hearing loss
Cerebral palsy	Obesity (greater than 95th percentile)
Congenital hydrocephalus	Seizure disorders
Cystic fibrosis	Sickle cell anemia

Financial eligibility is based on family size and income level. A family's income must be at or below 200 percent of the federal poverty level. Each child and family receives a transition plan in the Children's Special Services program. Transition planning is a process that is personal, individualized, deliberate, coordinated, developmentally appropriate, age appropriate, and culturally competent.

The Help Us Grow Successfully program is a targeted case management program that provides home-based intervention services to pregnant/postpartum women, children birth through the age of five (5) years and their primary caregivers. Home visitors form a unique and voluntary relationship with a family. Home visitors screen for and identify potential problems, provide education, and connect families with resources in their communities. The HUGS program seeks to prevent or reduce risks as well as promote health and wellness. The HUGS program is designed:

- To improve pregnancy outcomes
- To improve maternal and child health and wellness
- To improve child development
- To maintain or improve family strengths

The Hospital and Health Council will promote the TENNderCare Program which is a free program of checkups and health care services for children from birth to age 21 who are TennCare eligible. TENNderCare provides free medical and dental checkups, free medical and dental services, free behavioral health services. The medical checkup includes health history, complete physical exam, lab tests (as needed), immunizations, vision/hearing screening, developmental/behavioral screening (as needed), and advice on how to keep your child healthy.

Tobacco Use

Funding from the Tobacco Settlement was provided to the Tennessee Department of Health for fiscal years 2014-2016 to address the state's high rate of tobacco use and prevent expensive related medical costs. The plan to distribute \$15 million over three years has been generated with input from all 95 counties. The plan included a variety of projects to target behaviors designed to protect the health of Tennessee's most vulnerable populations: unborn babies, pregnant women and children.

The "Baby and Me" Program will be used next year funded through the Tobacco Settlement Grant Program. The program is designed for pregnant women who smoke to stop smoking with incentives in place. The program has four (4) prenatal quit smoking classes. Participants are asked to quit smoking and remain so during the pregnancy. Participants are asked to take monthly breath tests for proof of being tobacco free. Those participants who remain smoke free after the baby is born receive monthly vouchers for free diapers up to 12 months.

The Tobacco Settlement Funds for Benton County will also be used for purchasing billboards, instructional materials on the dangers of E-cigarettes, and signage at the ballparks.

Evaluation

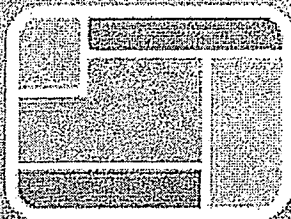
The Benton County Health Council meets on a quarterly basis at Camden General Hospital. Extensive meeting minutes are maintained from each meeting. (Example minutes from January 13, 2015 are attached). Minutes of all these meetings will be reviewed for achievement of the stated goals, objectives, and implementation strategies. The Administrator of Camden General Hospital and chair of the Health Council will forward the minutes to the West Tennessee Healthcare Department of Business Development and Planning for monitoring.

Conclusion

The Benton County Community Health Needs Assessment 2015 update was presented and approved by the West Tennessee Healthcare Board of Trustees on October 27, 2015. The Plan will be updated in 2018.

Process for establishing health ranking in each county

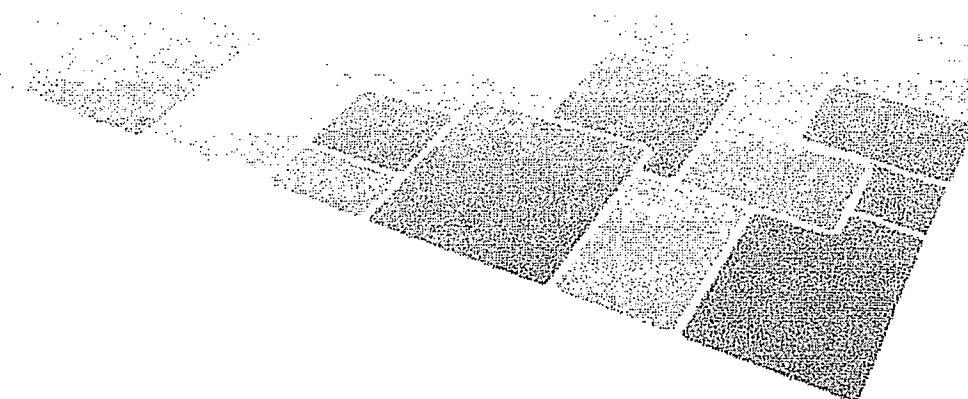
- 1) Each Health Council Member was presented with data/statistic from County Health Rankings & Roadmaps and Vital Statistics for their prospective county.
- 2) The process looked specifically at health outcomes, health behaviors and the top leading causes of death for the county.
- 4) Through general discussing they were asked to narrow their list down to a top 5
- 5) The top 5 was narrowed down to a top 3 by the utilization of the survey that was given to each. The top 3 health issues that had the most votes were identified as their health priorities.



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings* Tennessee



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research for Policy and Practice

Introduction

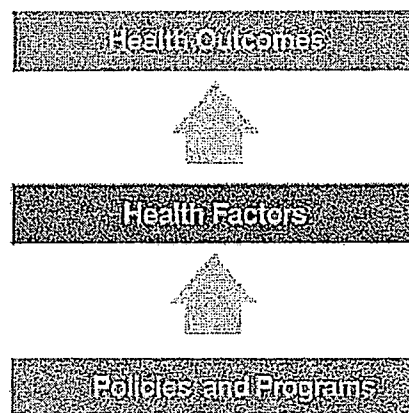
Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office—in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate what we know when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants

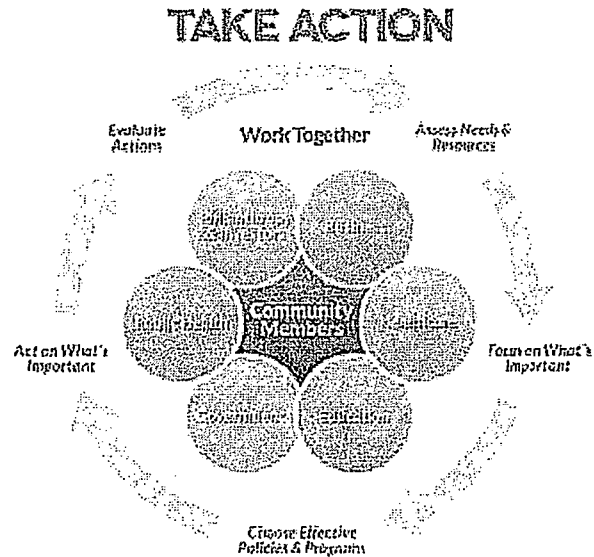
The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



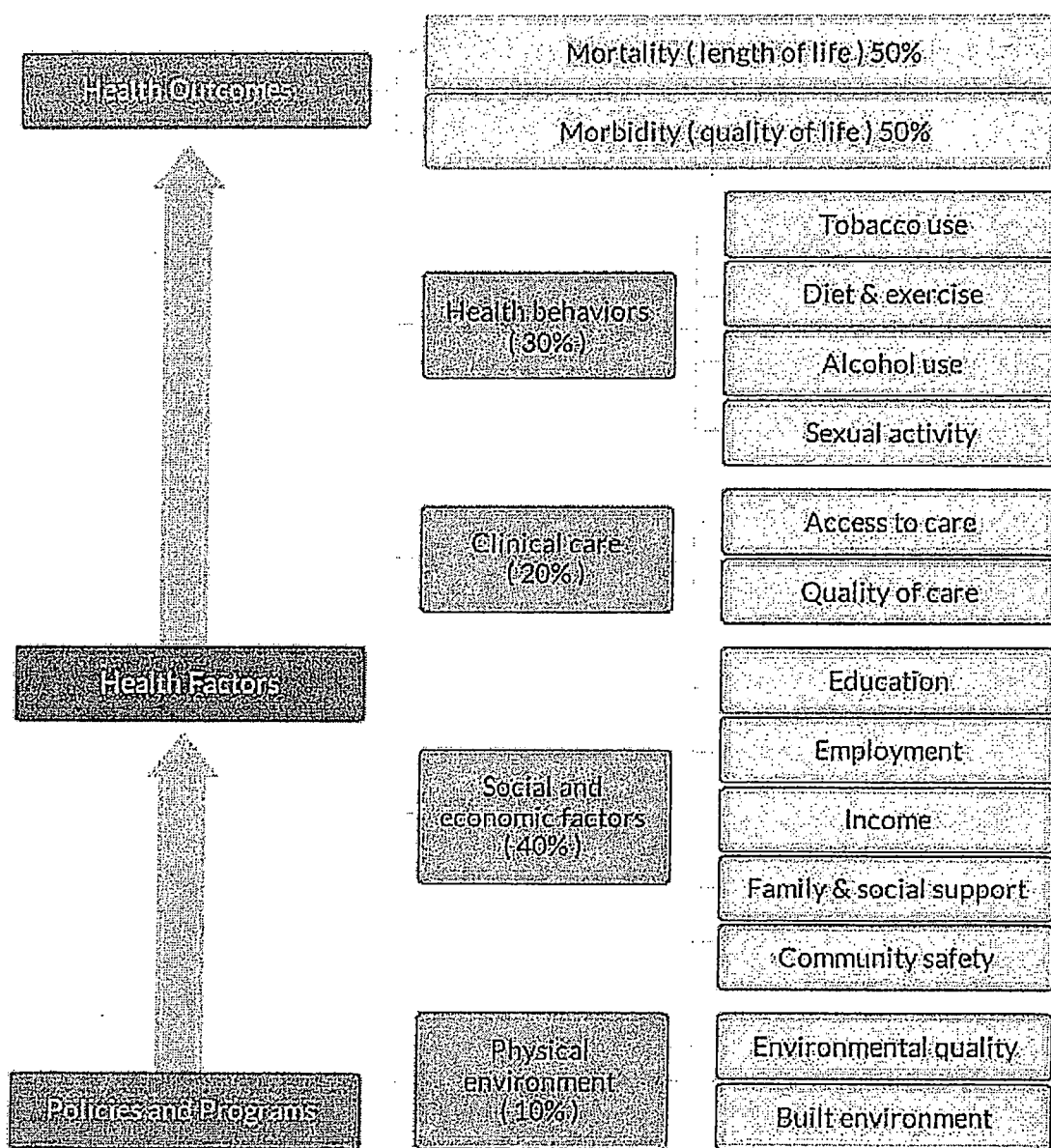
Roadmaps to Health Action Center

The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 *County Health Rankings* report ranks Tennessee counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

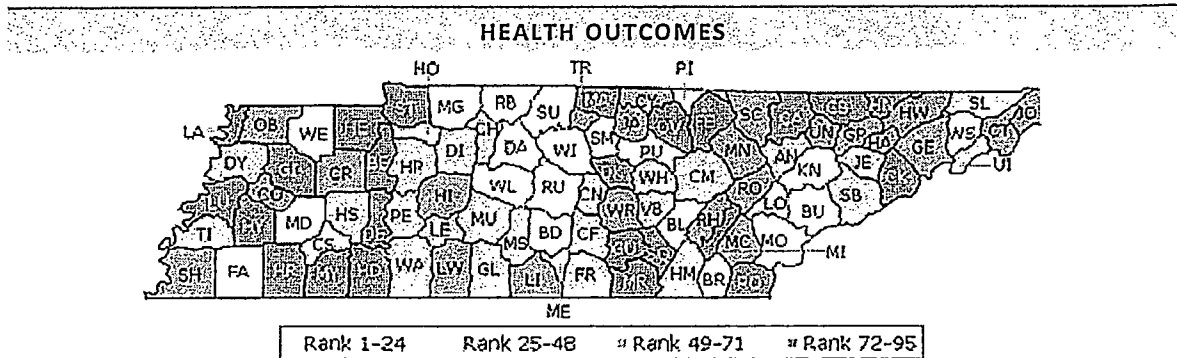
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



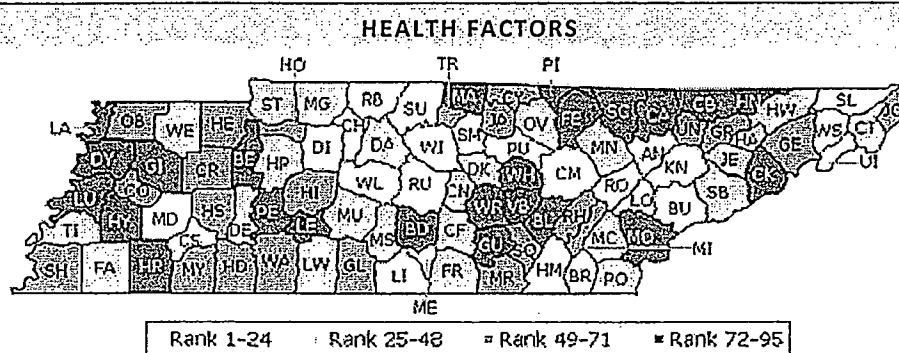
County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Tennessee's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	34	Fentress	92	Lauderdale	84	Roane	55
Bedford	24	Franklin	33	Lawrence	51	Robertson	10
Benton	88	Gibson	74	Lewis	47	Rutherford	2
Bledsoe	20	Giles	26	Lincoln	63	Scott	57
Blount	4	Grainger	54	Loudon	7	Sequatchie	91
Bradley	17	Greene	65	Macon	89	Sevier	25
Campbell	94	Grundy	95	Madison	22	Shelby	53
Cannon	36	Hamblen	58	Marion	90	Smith	8
Carroll	66	Hamilton	28	Marshall	31	Stewart	81
Carter	61	Hancock	93	Maury	32	Sullivan	43
Cheatham	30	Hardeman	73	McMinn	69	Sumner	3
Chester	12	Hardin	79	McNairy	77	Tipton	39
Claiborne	86	Hawkins	56	Meigs	87	Trousdale	71
Clay	62	Haywood	75	Monroe	23	Unicoi	44
Cocke	85	Henderson	29	Montgomery	11	Union	59
Coffee	38	Henry	82	Moore	6	Van Buren	27
Crockett	52	Hickman	64	Morgan	60	Warren	68
Cumberland	45	Houston	16	Obion	49	Washington	21
Davidson	13	Humphreys	37	Overton	76	Wayne	40
Decatur	80	Jackson	50	Perry	48	Weakley	15
DeKalb	83	Jefferson	41	Pickett	19	White	46
Dickson	42	Johnson	70	Polk	78	Williamson	1
Dyer	35	Knox	14	Putnam	9	Wilson	5
Fayette	18	Lake	72	Rhea	67		



County	Rank	County	Rank	County	Rank	County	Rank
Anderson	11	Fentress	79	Lauderdale	95	Roane	16
Bedford	78	Franklin	27	Lawrence	39	Robertson	24
Benton	76	Gibson	77	Lewis	82	Rutherford	3
Bledsoe	73	Giles	56	Lincoln	18	Scott	92
Blount	6	Grainger	59	Loudon	10	Sequatchie	49
Bradley	21	Greene	66	Macon	91	Sevier	40
Campbell	83	Grundy	89	Madison	22	Shelby	67
Cannon	46	Hamblen	43	Marion	55	Smith	17
Carroll	58	Hamilton	8	Marshall	44	Stewart	33
Carter	41	Hancock	94	Maurry	34	Sullivan	13
Cheatham	14	Hardeman	90	McMinn	37	Sumner	5
Chester	23	Hardin	68	McNairy	63	Tipton	30
Claiborne	80	Hawkins	31	Meigs	61	Trousdale	57
Clay	54	Haywood	88	Monroe	84	Unicoi	20
Cocke	86	Henderson	65	Montgomery	32	Union	69
Coffee	29	Henry	71	Moore	9	Van Buren	81
Crockett	62	Hickman	70	Morgan	36	Warren	74
Cumberland	15	Houston	52	Obion	53	Washington	4
Davidson	28	Humphreys	26	Overton	47	Wayne	51
Decatur	45	Jackson	64	Perry	85	Weakley	35
DeKalb	48	Jefferson	38	Pickett	75	White	72
Dickson	19	Johnson	60	Polk	42	Williamson	1
Dyer	87	Knox	2	Putnam	12	Wilson	7
Fayette	25	Lake	93	Rhea	50		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Williamson	1	Williamson
2	Rutherford	2	Knox
3	Sumner	3	Rutherford
4	Blount	4	Washington
5	Wilson	5	Sumner
6	Moore	6	Blount
7	Loudon	7	Wilson
8	Smith	8	Hamilton
9	Putnam	9	Moore
10	Robertson	10	Loudon
11	Montgomery	11	Anderson
12	Chester	12	Putnam
13	Davidson	13	Sullivan
14	Knox	14	Cheatham
15	Weakley	15	Cumberland
16	Houston	16	Roane
17	Bradley	17	Smith
18	Fayette	18	Lincoln
19	Pickett	19	Dickson
20	Bledsoe	20	Unicoi
21	Washington	21	Bradley
22	Madison	22	Madison
23	Monroe	23	Chester
24	Bedford	24	Robertson
25	Sevier	25	Fayette
26	Giles	26	Humphreys
27	Van Buren	27	Franklin
28	Hamilton	28	Davidson
29	Henderson	29	Coffee
30	Cheatham	30	Tipton
31	Marshall	31	Hawkins
32	Mauzy	32	Montgomery
33	Franklin	33	Stewart
34	Anderson	34	Mauzy
35	Dyer	35	Weakley
36	Cannon	36	Morgan
37	Humphreys	37	McMinn
38	Coffee	38	Jefferson
39	Tipton	39	Lawrence
40	Wayne	40	Sevier
41	Jefferson	41	Carter
42	Dickson	42	Polk

Rank	Health Outcome	Rank	Health Factor
43	Sullivan	43	Hamblen
44	Unicoi	44	Marshall
45	Cumberland	45	Decatur
46	White	46	Cannon
47	Lewis	47	Overton
48	Perry	48	DeKalb
49	Obion	49	Sequatchie
50	Jackson	50	Rhea
51	Lawrence	51	Wayne
52	Crockett	52	Houston
53	Shelby	53	Obion
54	Grainger	54	Clay
55	Roane	55	Marion
56	Hawkins	56	Giles
57	Scott	57	Trousdale
58	Hamblen	58	Carroll
59	Union	59	Grainger
60	Morgan	60	Johnson
61	Carter	61	Meigs
62	Clay	62	Crockett
63	Lincoln	63	McNairy
64	Hickman	64	Jackson
65	Greene	65	Henderson
66	Carroll	66	Greene
67	Rhea	67	Shelby
68	Warren	68	Hardin
69	McMinn	69	Union
70	Johnson	70	Hickman
71	Trousdale	71	Henry
72	Lake	72	White
73	Hardeman	73	Bledsoe
74	Gibson	74	Warren
75	Haywood	75	Pickett
76	Overton	76	Benton
77	McNairy	77	Gibson
78	Polk	78	Bedford
79	Hardin	79	Fentress
80	Decatur	80	Claiborne
81	Stewart	81	Van Buren
82	Henry	82	Lewis
83	DeKalb	83	Campbell
84	Lauderdale	84	Monroe
85	Cocke	85	Perry
86	Claiborne	86	Cocke
87	Meigs	87	Dyer
88	Benton	88	Haywood
89	Macon	89	Grundy
90	Marion	90	Hardeman

Rank	Health Outcomes	Rank	Health Factors
91	Sequatchie	91	Macon
92	Fentress	92	Scott
93	Hancock	93	Lake
94	Campbell	94	Hancock
95	Grundy	95	Lauderdale

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

CREDITS

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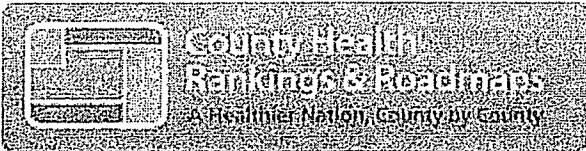
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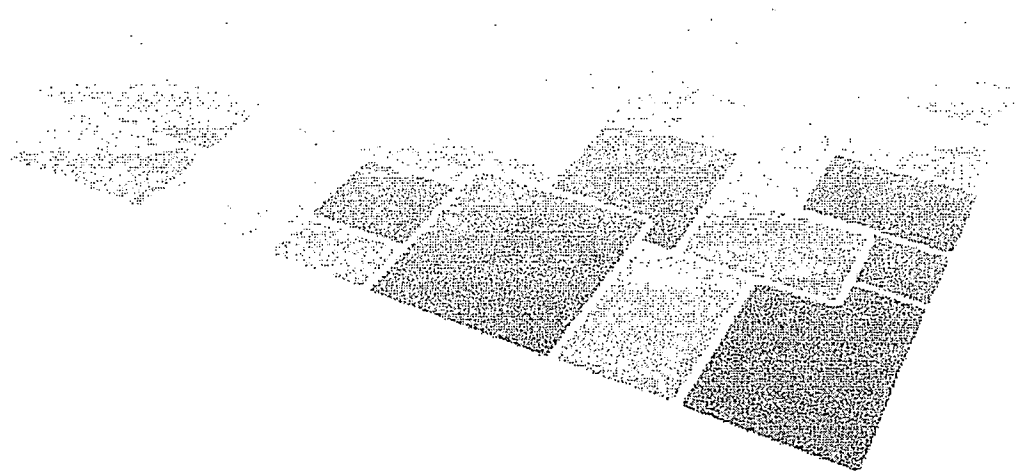
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countyhealthrankings.org



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Benton County Community Health Assessment
Update of Size of Health issues 2015
Prioritization of Health Issues

Influenza in rural West Tennessee
Sentinel Provider Influenza-Like Illness Surveillance Data

Patients
2014-November 35

Heart Conditions

Death from Diseases of the Heart Per 100,000

	Benton			TN		
	Total	White	Black	Total	White	Black
2013	460.5	477.5	0.0	226.7	245.1	183.1
2012	476.4	500.6	0.0	220.6	241.2	165.2
2011	486.9	483.6	0.0	221.0	239.7	175.3
2010	351.7	362.2	0.0	228.3	254.0	181.8
2009	500.8	241.1	0.0	228.0	241.1	185.8

Source: Tennessee Department of Health.

Has a doctor, nurse, or other health professional ever told you that you had a heart attack or myocardial infarction? (percent)

	Northwest	TN
2012	6.8	6.7
2011	7.3	5.2

Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease? (percent)

	Northwest	TN
2012	8.5	7.2
2011	7.7	5.0

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

High Blood Pressure

Deaths from Cerebrovascular Disease per 100,000

	Benton			TN		
	Total	White	Black	Total	White	Black
2013	49.1	51.6	0.0	48.1	50.5	45.8
2012	36.6	32.1	0.0	46.3	48.6	42.9
2011	91.3	95.4	0.0	50.1	52.8	46.2
2010	78.8	82.6	0.0	50.1	54.3	45.6
2009	90.5	93.4	0.0	50.6	51.9	48.2

Source: Tennessee Department of Health.

Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? (percent)

	Northwest	TN
2012	39.8	39.7
2011	41.9	38.7
2010	46.3	35.4
2009	39.3	32.6
2007	39.1	33.8
2005	39.6	30.2

Are you currently taking medicine for your high blood pressure? (percent)

	Northwest	TN
2012	78.0	80.0
2011	84.2	78.3
2010	86.0	85.6
2009	85.7	81.8
2007	86.1	84.0
2005	81.5	83.4

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Diabetes

Deaths from Diabetes per 100,000

	Benton			TN		
	Total	White	Black	Total	White	Black
2013	30.7	32.3	0.0	27.9	27.1	36.8
2012	18.3	19.3	0.0	28.2	27.4	36.7
2011	42.6	44.5	0.0	27.1	26.3	35.7
2010	60.6	63.5	0.0	26.4	26.4	35.0
2009	36.2	31.1	0.0	28.2	26.8	37.7

Source: Tennessee Department of Health.

Have you ever been told by a doctor that you have diabetes, not including gestational diabetes? (percent)

	Northwest	TN
2012	13.2	11.9
2011	12.8	11.2
2010	11.1	11.3
2009	12.2	10.3
2008	11.6	10.4
2007	12.3	11.9
2006	12.2	10.7
2005	10.9	9.1

Have you ever been told that diabetes has affected your eyes or that you have retinopathy? (percent)

	Northwest	TN
2012	29.7	22.8
2011	32.9	21.7
2010	11.1	25.7
2009	12.2	27.4
2008	11.6	21.0
2007	12.3	25.9
2006	12.2	18.6
2005	10.9	20.1

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Percentage of Population Diagnosed with Diabetes

	Benton	TN
2014	14	11
2013	14	11
2012	14	11
2011	14	11

Source: Robert Wood Johnson Foundation and University of Wisconsin

Allergies

1 in 5 Americans suffer from all types of allergies

Allergies have increased in prevalence since the 1980s across age, sex, racial groups.

Approximately 50 million people experience allergies.

Allergies are the 5th leading chronic disease among all ages.

Dental Care

Have you visited a dentist, dental hygienist or dental clinic within the past year? (percent)

	Northwest	TN
2012	45.9	38.6
2010	46.7	33.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

TennCare dental benefits are only provided to minors and orthodontists are not typically covered

Low socioeconomic groups, minorities, and those living in fluoride deficient communities are at a high risk for oral disease and are the least likely to be able to access dental care.

Teenage Pregnancy

Pregnancies Age 10-17 per 1,000 Females

	Benton			TN		
	Total	White	Black	Total	White	Black
2012	12.0	11.5	0.0	8.3	7.0	14.0
2011	15.4	15.1	0.0	8.9	7.3	15.5
2010	9.5	7.7	0.0	10.0	8.3	17.9
2009	19.8	20.9	0.0	12.0	9.1	21.9

Pregnancies Age 15-17 Per 1,000 Females

	Benton			TN		
	Total	White	Black	Total	White	Black
2012	25.5	23.5	0.0	21.2	18.1	33.9
2011	38.7	37.9	0.0	22.4	18.9	36.5
2010	23.3	18.9	0.0	24.8	21.1	42.1
2009	45.5	48.0	0.0	29.6	22.4	55.5

Source: Tennessee Department of Health.

All Cancers**Deaths from Malignant Neoplasms Per 100,000**

	Benton			TN		
	Total	White	Black	Total	White	Black
2013	337.7	354.9	0.0	214.5	231.0	176.4
2012	311.5	327.3	0.0	211.2	226.5	176.3
2011	395.6	400.9	0.0	210.2	224.6	180.1
2010	369.9	387.6	0.0	212.9	234.6	178.9
2009	356.0	354.8	0.0	216.2	226.9	183.5

Source: Tennessee Department of Health.

Obesity**Adults who have a body mass index greater than 25-overweight or obese
(percent)**

	Northwest	TN
2012	61.8	65.4
2011	66.9	66.5
2010	71.4	67.8
2009	68.8	69.0
2008	74.8	68.0
2007	68.1	67.4
2006	66.9	65.3
2005	64.8	62.3

**Adults who have a body mass index greater than 30-obese
(percent)**

	Northwest	TN
2012	no data	31.1
2011	30.1	29.2
2010	38.5	31.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Obesity continued

Percent of Adults who have a body mass index greaster than 25-overweight or obese

	Benton	TN
2014	34	32
2013	33	32
2012	33	32
2011	31	31
2010	30	31

Source: Robert Wood Johnson Foundation and University of Wisconsin
Population Health Institute.

Asthma

Have you ever been told by a doctor, nurse, or other health care professional
that you had asthma? (percent)

	Northwest	TN
2012	13.5	11.0
2011	8.8	10.4
2010	6.5	9.3
2009	14.6	11.9
2008	16.6	12.6
2007	13.4	12.4
2006	10.3	11.7
2005	17.2	11.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Asthma in Tennessee 6 percent in adults; 9.5 percent in Children-2010
2002-2007 childhood hospitalizations for Asthma Ages 10-17 Northwest TN

Inpatient hospitalizations per 100,000	200
Emergency Room visits per 100,000	828
Average inpatient charges per stay	\$5,845
Average Outpatient charge per visit	\$800

Source: Tennessee Department of Health.

Lack of Financial Resources

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (percent)

	Northwest	TN
2013	22.9	17.6
2012	26.0	18.0
2011	16.9	20.9
2010	17.4	17.7
2009	25.2	17.5
2008	17.5	15.9
2007	17.8	16.5
2006	15.7	14.8
2005	10.0	13.3

Children in Poverty-Percent of children under 18 in poverty

	Benton	TN
2014	36	26
2013	35	27
2012	34	26
2011	29	22
2010	25	23

Uninsured Adults-Percent Population Under Age 65 without health insurance

	Benton	TN
2014	23	21
2013	18	21
2012	19	20
2011	17	19
2010	14	15

Percent Children Living in Single-Parent households

	Benton	TN
2014	28	35
2013	28	35
2012	31	35
2011	29	34

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

All People in Poverty-Percent

	Benton	TN
2009-2013	22.1	17.6

Source: County and City QuickFacts.

**Lack of Financial Resources continued
Unemployment**

	Benton	TN	US
Oct-14	8.6	7.1	5.8
Sep-14	8.3	7.3	5.9
Oct-13	9.7	8.1	7.2

Source: Tennessee Department of Labor & Workforce Development

Tobacco Use**Adult Smoking-Percent of Adults that report smoking at least 100 cigarettes**

	Benton	TN
2014	25	23
2013	28	23
2012	30	24
2011	no data	24
2010	no data	25

Source: Robert Wood Johnson Foundation and University of Wisconsin
Population Health Institute.

Are you a current smoker?

	Northwest	TN
2012	28.1	24.9
2011	27.1	23.0
2010	22.3	20.1
2009	29.0	22.0
2008	55.3	23.1
2007	30.3	24.3
2006	27.1	22.6
2005	24.0	26.7

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Binge/Excessive Drinking--Percent who report in the past 30 days

	Benton	TN
2014	8	9
2013	8	10
2012	9	9
2011	11	9
2010	11	9

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.

During the past 30 days have you had at least one drink--beer, wine, malt beverage, liquor? (percent)

	Northwest	TN
2012	20.0	38.6
2011	26.8	37.5
2010	22.6	28.2
2009	21.1	25.1
2008	22.8	33.6
2007	29.6	32.9
2006	25.9	29.5
2005	28.3	34.7

Have you had five or more drinks on one occasion (5 for women;4 for men)(percent)?

	Northwest	TN
2012	5.8	11.3
2011	6.9	10.0
2010	6.9	6.6
2009	4.5	6.8
2008	8.0	10.5
2007	10.4	9.0
2006	6.7	8.6
2005	11.4	8.6

Source: Tennessee Department of Health. Behavioral Risk Factor Surveillance System.

Estimated number and percent of people over age 18 with a dependence on illicit drugs or alcohol in the past year

	Benton	TN
2010-2012	1,037/7.91	8.20
2008-2010	1,036/7.90	8.04
2006-2008	992/7.85	8.86

Number of unique TDMHSAS A&D Treatment Admissions as a percent of people over age 18 with a dependence on or abuse of illicit drugs or alcohol in the past year.

	Benton	TN
Fy2014	45/4.34	3.95
Fy2013	34/3.28	3.53
Fy2012	55/5.31	3.52

Number and percent TDMHSAS funded treatment admissions with alcohol identified as substance abuse

	Benton	TN
Fy2014	9/*	44.2
Fy2013	10/*	45.4
Fy2012	16/*	45.3

Number and percent TDMHSAS funded treatment admissions with opioids identified as substance abuse

	Benton	TN
Fy2014	19/*	40.2
Fy2013	12/*	28.4
Fy2012	40/72.7	39.1

Number and percent TDMHSAS funded treatment admissions with METH identified as substance abuse

	Benton	TN
Fy2014	12/*	11.6
Fy2013	25/45.5	12
Fy2012	16/*	10.1

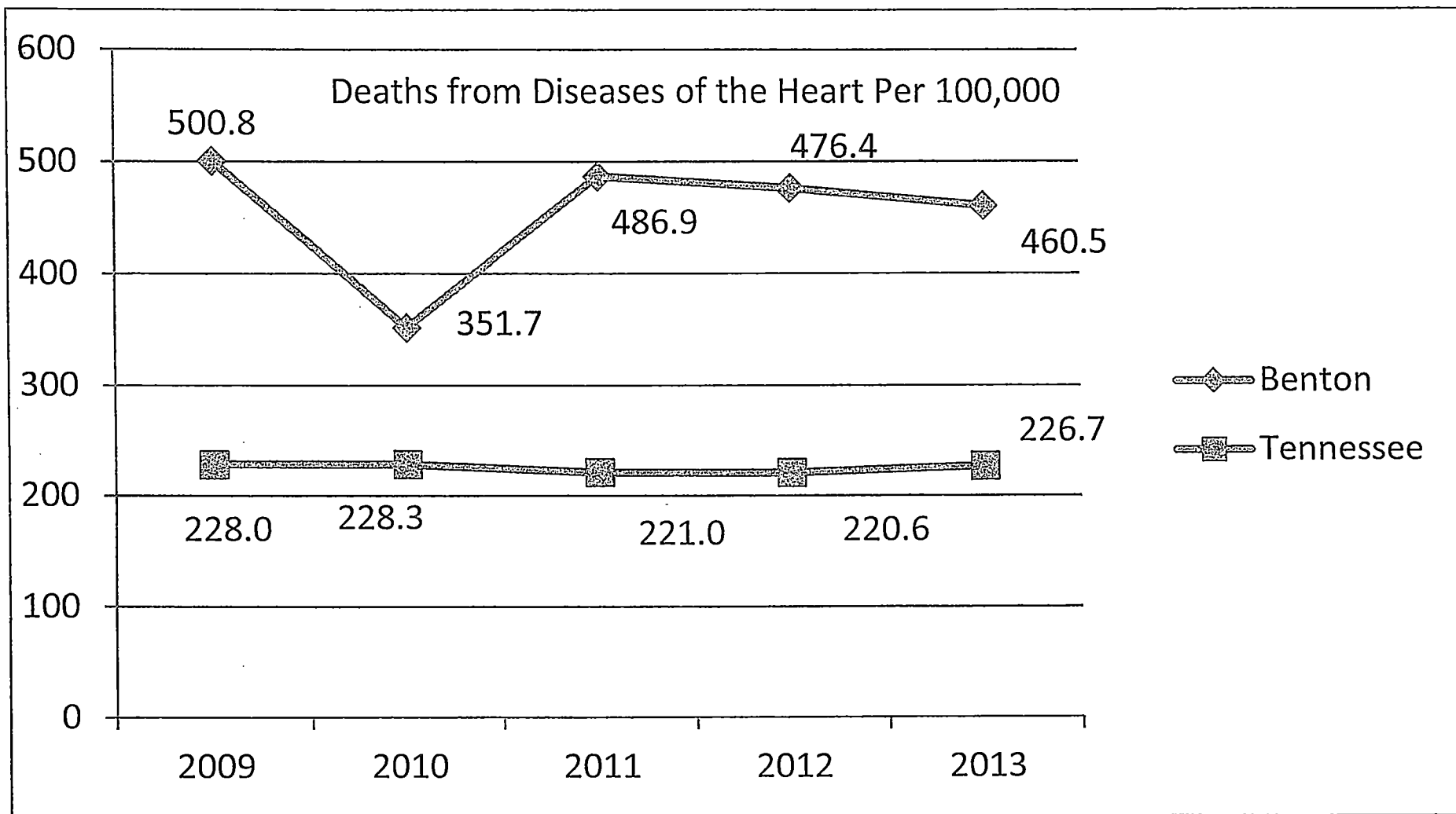
Number and percent TDMHSAS funded treatment admissions with other illicit drugs identified as substance abuse

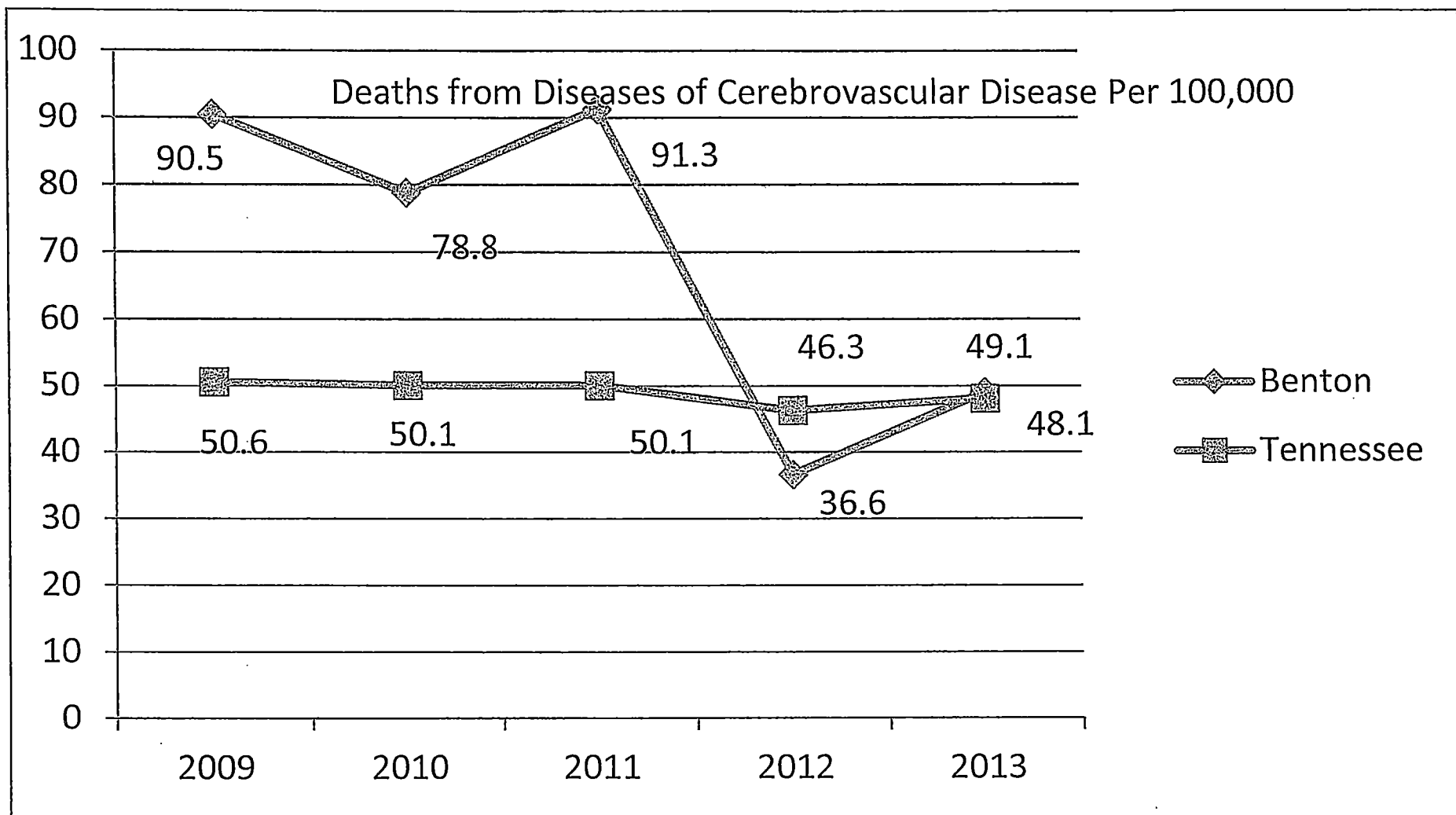
	Benton	TN
Fy2014	13/*	38.6
Fy2013	21/38.2	37.3
Fy2012	11/*	36.9

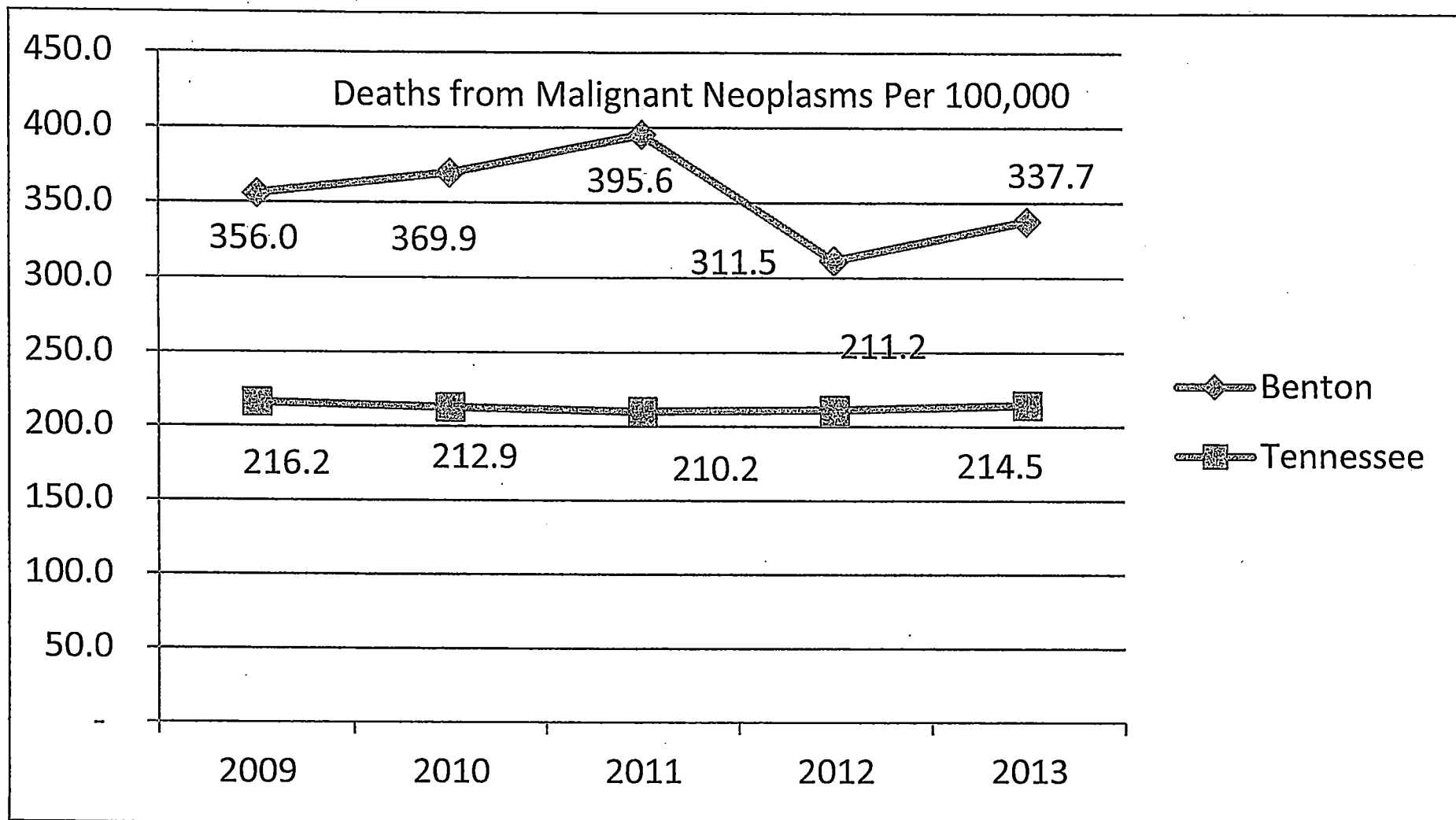
Number of drug related arrests for adults over 18 in Benton County

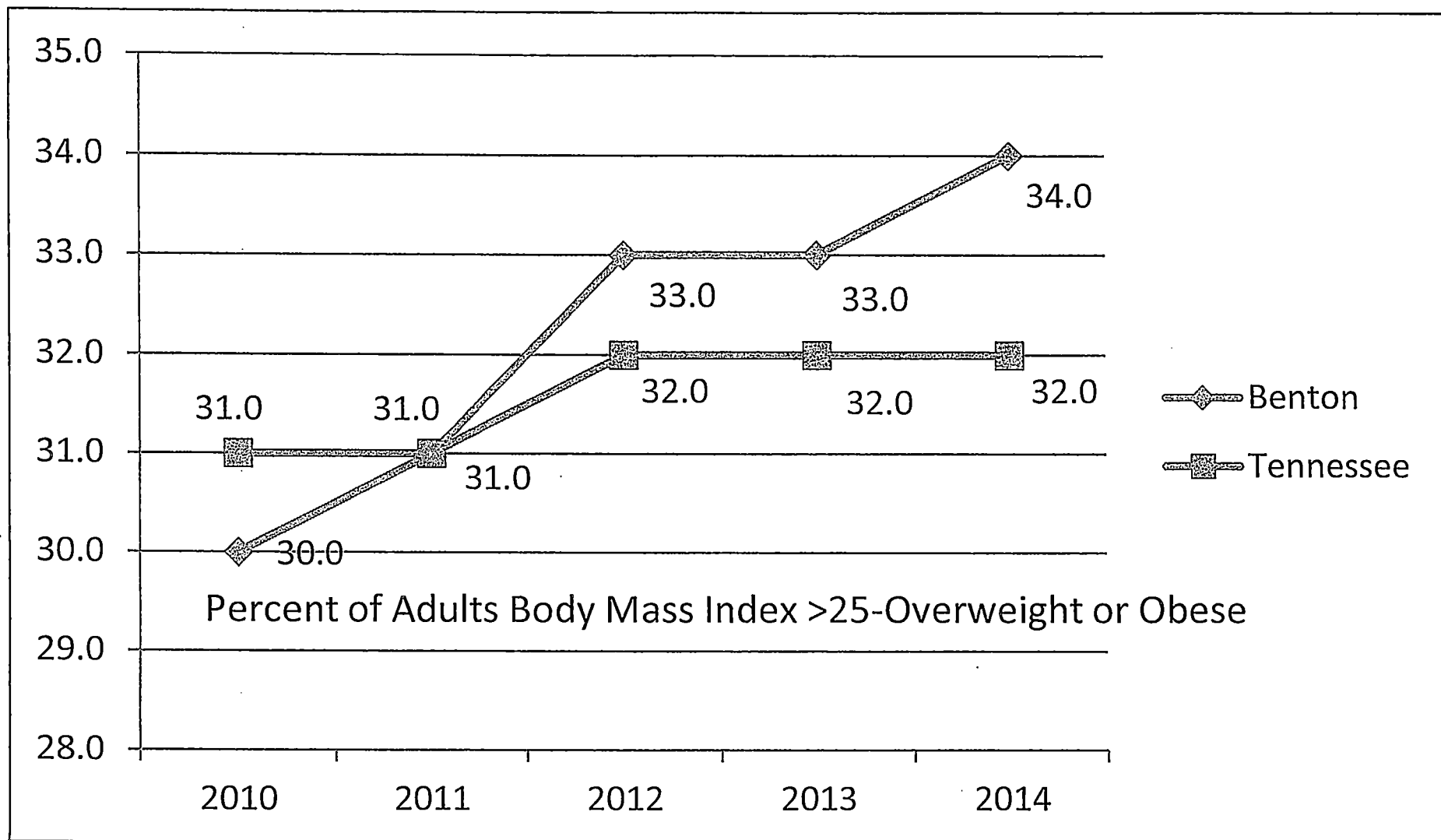
Cy2013	86
Cy2012	137
Cy2011	112

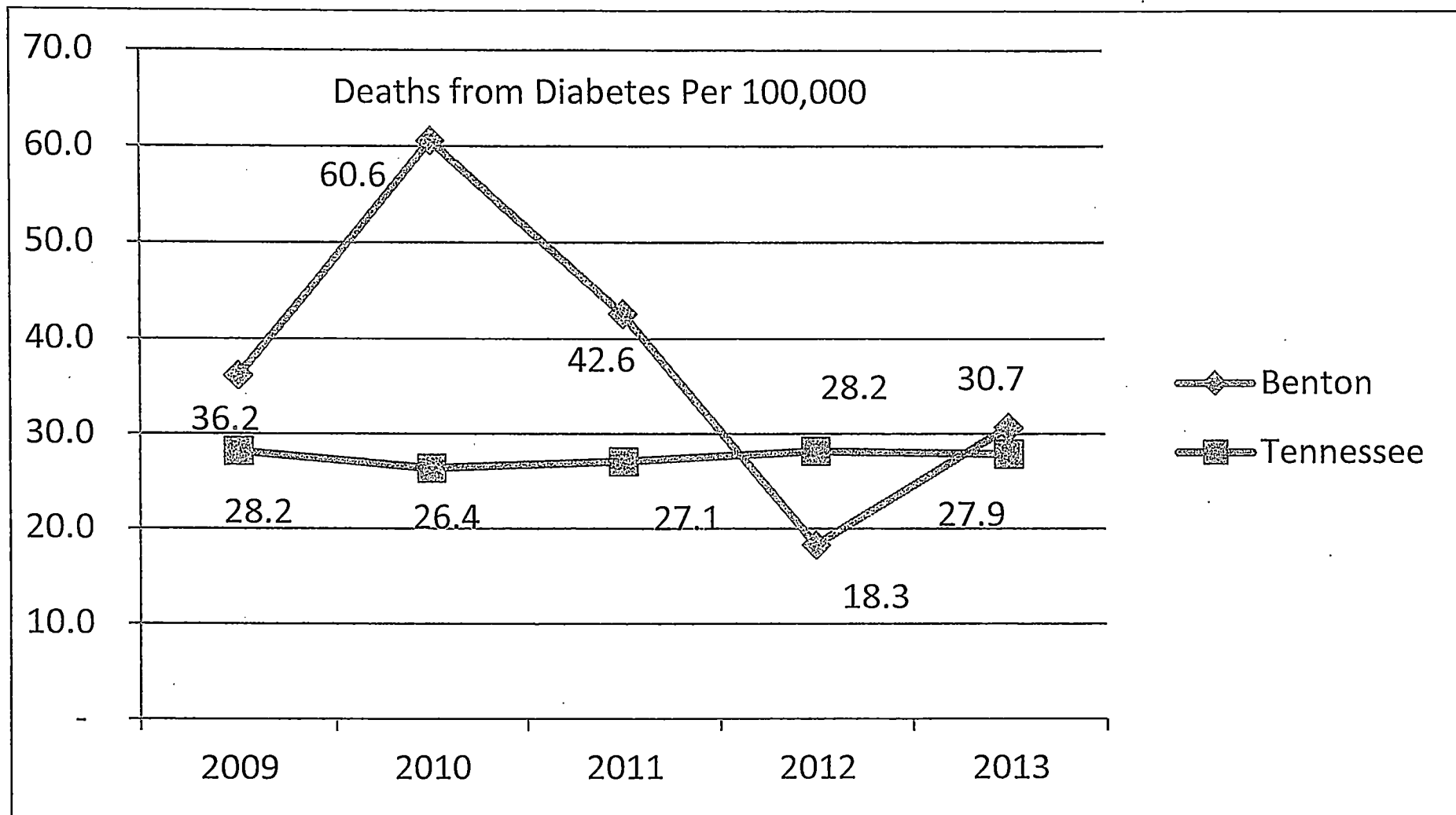
Source: Tennessee Department of Mental Health and Substance Abuse
Services. Tennessee Behavioral Health County Data Book 2014











Benton County Community Health Needs Assessment Effectiveness of Interventions-Community Resources

The following is a list of community resources for each health issue identified by the community committee. The list contains community agencies and public entities that specifically work with a particular health issue as well as potential agencies that can become partners with Benton County for specific health issues.

Influenza

Benton County Health Department
Physician Clinics
Benton County School System
Community Senior Centers (Camden, Big Sandy)

Heart Conditions

American Heart Association
Physician Clinics
Local Churches
Community Senior Centers (Camden, Big Sandy)
American Association of Retired Persons

High Blood Pressure

American Heart Association
American Stroke Association
Physician Clinics
Community Senior Centers (Camden, Big Sandy)

Cancer

American Cancer Society
Physician Clinics
Local Churches
Community Senior Centers (Camden, Big Sandy)
American Association of Retired Persons

Obesity

American Heart Association
American Diabetes Association
American Stroke Association
Physician Clinics
Community Senior Centers (Camden, Big Sandy)
Benton County School System
Natchez Trace State Park
Big Sandy Campground
Two Rivers Campground
Local Fitness Club
Local Churches

Afterschool Programs
Local Retirement Homes

Asthma

Asthma and Allergy Foundation
Physician Clinics
Benton County School System

Diabetes

American Diabetes Association
Physician Clinics
Benton County School System
Community Senior Centers (Camden, Big Sandy)
Local Churches

Allergies

Asthma and Allergy Foundation
Physician Clinics

Dental Care

Benton County Health Department
TennCare

Teenage Pregnancy

Benton County Health Department
Benton County School System
Tennessee Department of Children's Services
Benton County Juvenile Court
Local Churches
Afterschool Programs

Lack of Financial Resources

Tennessee Department of Human Services
Social Security Administration
Northwest Human Resource Agency
TennCare
Benton County Health Department
Benton County School System
Second Harvest Food Bank

Tobacco Use, Alcohol, and Drug Abuse

American Cancer Society
Physician Clinics
Alcoholics Anonymous
Recovery Ranch
Benton County Community Anti-Drug Coalition

Local City Police Departments
Benton County Sheriff's Office
City and County Government
General Sessions and Circuit Courts
Benton County School System
Tennessee Department of Corrections
Carey Counseling Center
Damascus Road, Inc.

Benton County Health Council

A G E N D A

- Welcome & Introductions.....Donna Moore
- Old Business
 - Approval of Minutes..... Donna Moore
 - Tobacco Settlement Update.....Melinda Davis/Tracy Byrd
- New Business
 - Health Expo Review.....Sara Kilgore
 - 100 mile club..... Kara Lubin, Founder
 - TENNderCARE Update.....Holli Allen
 - CSS/Hugs Update.....Jennifer Williams
- Announcements
 - Community Needs Assessment.....Jocelyn Ross
 - TNCEP Update.....Heather Smith
- Adjourn

Next Meeting: Tuesday July 14, 2015

Mission Statement

The Benton County Council acts as a working council whose purpose is to address health issues of significance, resource availability and allocation, and to develop strategies to improve health outcomes within the community.

April 14, 2015

12:00 – 1:00 p.m.

**Camden General Hospital
175 Hospital Drive
Camden, TN 38320**

Monthly Health Observances

April 2015
National Public Health Week
Child Abuse Prevention

May 2015
Stroke Awareness
Teen Pregnancy Prevention

June 2015
National Safety Month

Benton County Health Council Meeting Minutes

Camden General Hospital

Date: January 13, 2015

Time: 12:00pm

The meeting was called to order at 12:05 by Donna Moore, Chair.

In attendance: Melinda Davis, Donna Moore, Tracy Byrd, Trena Moffett, Renee Douglas, Janie Nicholson, Heather Smith, Denny Smith, Chanda Freeman, Debra Essary

Old Business:

Approval of Minutes: There was a motion to approve the October 2014 minutes as written by Renee Douglas and a second to the motion by Janie Nicholson. The motion was approved by all.

Tobacco Settlement Update: Tracy Byrd gave everyone an updated report of how Baby and Me and TATU projects progressed through year 1. It was also noted that the FYI Clinic in Camden has been trained for BAM, but have no current participants. The second year will continue with Baby and me and TATU projects respectively. The primary focus for year two will be on the promotion of Baby and me. The possibility of a billboard to be placed on 641 was mentioned. Trena Moffett also added that she would be glad to help promote in the childcare facilities that she covers. Another idea of promoting Baby and me at the local food pantries was mentioned. Michelle Wright is the contact person that we should reach out to and find out more information. The next food pantry date is set for February 28, 2015 at Camden High School.

New Business:

County Health Rankings: Melinda Davis gave out the updated county health rankings to all HC members. Benton County has decreased a small percentage but seems to be staying consistent. Dyer County was noted as having increased their health rankings. The HC brainstormed on the factors that could have contributed to that move. Active HC, focusing on one health topic and getting the whole community involved, and having the key stakeholders around the table were suggestions that were mentioned that could have had an impact in their successful health rankings improving. Dyer County also received a significant grant that has allowed playground equipment and other healthy apparatus to be constructed.

County Brochures: Melinda Davis presented the county brochures that have been approved and printed for Benton County. She encouraged the HC members to hand out 2-3 brochures to different people in the community and expressed the need to invite more community members to join our council. Melinda Davis is also going to email out a copy to all HC members to use as a promotional tool for the council.

HC Plan: Chanda Freeman from the WTRO discussed the HC plan. The purpose being stated to publicize the HC and increase membership in hopes for a healthier community. In general most people have no idea what the HC is or what it does for and with the community. The importance of explaining to the public and trying to get as many key stakeholders on board as possible was a key factor. The council brainstormed certain groups of people that should try to be targeted to join our council. Senior, retired population, stay at home moms, faith based leaders, and other medical providers in the Benton county area, were just a few that were mentioned. It was discussed how that the need to increase the health of the community was very important for the business industry when trying to sell the county to others that might be interested in locating here. All HC members gave input on what they considered a health community to be. Some were as follows: families exercising together, fewer trips to the ER, healthier meal choices.

Health Expo: Heather Smith from UT Ext. updated the HC on the date for the Health Expo. March 14, 2015 from 9-12 has been set as the date. Last year's event went very well. The HC is looking for someone to target substance abuse. The chamber of commerce is handling the registration. A planning session has been schedule on February 3, 2015 at 12pm at Camden General Hospital.

Announcements:

Melinda Davis: Next Meeting on April 14, 2015 at 12:00pm at Camden General Hospital.

Heather Smith: Continuing with Healthier TN in the local businesses, please contact her for details. She also had her yearly TNCEP update.

Tracy Byrd: Free flu shots at the HD as long as they last.

Donna Moore: Baseball walk on February 22, 2015.

Adjournment: The meeting was adjourned at 1:15.

Minutes submitted by Melinda Davis, January 15, 2015.



WELCOME TO THE CLUB

100 MILE CLUB®
SINCE 1993

Your school has sent this information home to introduce The 100 Mile Club® to you and your family. Starting soon, participating students will go out to the playground, stretch out, and walk or run a little bit. The miles and love for running begin to build almost instantly!



Upon joining, your child will receive an official 100 Mile Club® Challenge Accepted identification card.



When your child reaches 25 miles, he or she will earn an exclusive 100 Mile Club® tee shirt that is designed to show off their accomplishments during the year.

Along the journey toward 100 miles, your child will practice personal goal setting, team spirit, perseverance, poise, confidence, and honest self-evaluation.



Throughout the year we will offer mile credits to students who wish to participate in designated sanctioned local events. You can also visit www.100mileclub.com to learn more. These events include charity walks and other organized walks and runs where you can join your child in their journey to reach their goals.

The first milestone earned is our signature T-shirt and serves as the students' "incentive chart" which they earn after logging 25 miles. To further reinforce the value of their perseverance, a golden pencil is awarded at 50 miles and a wristband at 75. All students receive a certificate of completion at years end.



When your child reaches 100 miles, he or she will be awarded a beautiful gold medal at our Year-End Medal Ceremony where every participant celebrates their total miles completed. The value of these simple tokens celebrate the milestones met. They also develop new confidence, poise, increase physical fitness levels, and self-esteem.

We look forward to celebrating your child's accomplishments both on the track and in the classroom.

www.100mileclub.com

To sign up your child simply fill out the information and send it to school with your child.
We encourage parents and entire families to enroll as well. Returning families...welcome back!

Date: _____

School Name: _____

Student (1) _____ Teacher _____

Student (2) _____ Teacher _____

Student (3) _____ Teacher _____

Student (4) _____ Teacher _____

Parent Name(s): _____ Parent Signature _____

(student MUST have at least one parent's signature)

Best Phone: (____) _____ - _____

Email: _____

One year program enrollment of \$10.00 per participant is enclosed for me/my student.

- ☐ Yes, I am interested in sponsoring ____ participant(s) for additional \$10.00 per participant
☐ Yes, I am interested in volunteering or becoming an assistant coach within our community.

Suggested T-Shirt Size: Child: __ Sm __ Med __ Lg Adult: __ Sm __ Med __ Lg __ XL __ 2XL __ 3XL

Total amount enclosed \$ _____ Cash _____ Check # _____ Make Checks payable directly to your child's school.



Thank you for your interest in The 100 Mile Club®! It is EASY, really fun, spectacularly unifying, and would be a great addition to any school or community! It is the sole mission of The 100 Mile Club® to create a simple, sustainable answer to the current health crisis in our youth: daily physical activity in a nonthreatening, supportive, inclusive environment.

Let us know about you:

Name _____ Title _____

Email _____ Phone _____

Address _____ City/State _____ Zip _____

County _____ School District _____

How did you learn about us? _____

Please check ALL that apply. ☺

- I am interested in bringing 100 Mile Club to:

- ☐ A school(s)
- ☐ Our community
- ☐ A business
- ☐ Other: _____

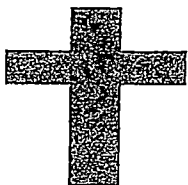
- I am interested in receiving a sample packet of your signature 100 Mile Club incentives. Please send them to:

- ☐ The address above.
- ☐ The following address: _____

- ☐ I would like a follow-up call and additional information about The 100 Mile Club®!

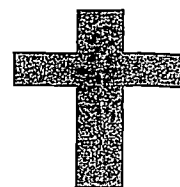
Thank you!

The 100 Mile Club®
2191 Fifth St., Suite 211, Norco, CA 92860
951-340-2290



Runnin' for Missions

5K and Fun Run



The First Baptist Church Belize Mission Team will be hosting a 5K run/walk for anyone ages 10 years and up and a Fun Run for anyone under 10 years.

The proceeds will be used for assisting the Mission Team with expenses for the mission trip. We will be working with high school students in Ontario Village with door-to-door evangelism and outreach in their community.

When: May 9, 2015 @ 8:00 am

Registration begins @ 7:00 am

Where: Camden Junior High School Parking Lot

Pre-registration form due by April 26, 2015 - \$20.00

Late registration - \$25.00

Registration for Fun Run - \$5.00 if you want T-shirt - \$10.00

Make checks payable to: First Baptist Church For: Belize Mission Trip

Contact Person : Joey Cooper

Address : 248 Mabry Street

City State : Camden, Tenn. 38320

Phone Number : 731-584-8571

Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Phone : _____ Sex : _____ Age @ Race : _____

Awards will be given 3 deep in the following categories :

Overall Male & Female, Master Male & Female, and every 5 year age group up to 70+

All Kids who participates in the Fun Run will receive an award

T-Shirt Size Youth — XS S M L Adult - XS S M L XL 2XL 3XL

T-Shirts guaranteed only to those who pre-register by April 26.

_____ Date _____

Signature or Parent Signature (if under 18 yrs of age)

In consideration of my acceptance as a participant in this event, I hereby waive release any and all rights and claims for damages I may have against First Baptist Church, Camden and any person involved with this event for any claims and liability. I also certify that I am physically fit and sound to participate in this event.

Race4Life Duathlon

**Proceeds to benefit
FYI Clinic**

Date: June 6, 2015

**Time: 7am Registration
8am Race**

Pre-register by: 00/00/00

Entry fees:

\$20 Pre-Registration 5K ONLY

\$25 Race Day Registration 5K ONLY

\$25 Pre-Registration Duathlon

\$30 Race Day Registration Duathlon

\$50 Pre-Registration Relay Team

\$60 Race Day Registration Relay Team

Entry Fees are non-refundable

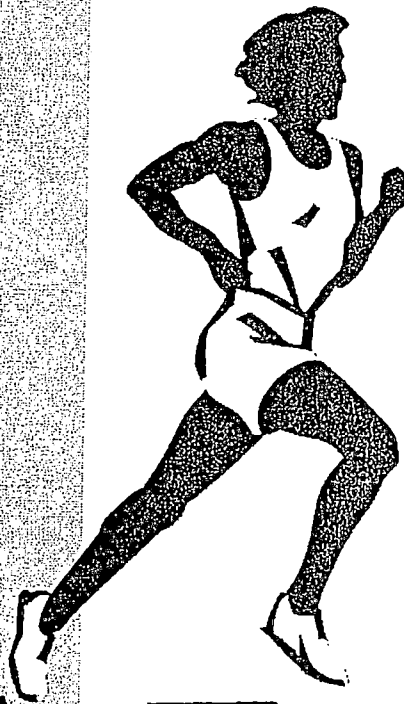
Certification: The 5K course is certified by the USATF/RRTC-Certification Code TN12074MS.

ANSI or SNELL approved helmets are required for bikers.

For more information or to register call:

731-584-1717

731-441-0334



PRIZES

Awards will be given 3 deep for the 5K and Duathlon for both male and female in the following categories:

Overall Male/Female
Masters Male/Female
Grandmasters Male/Female
19 and under
20-29
30-39
40-49
50-59
60-69
70 and over

Mail form and entry fee to:

FYI Clinic
1241 Hwy 70 W.
Camden, TN 38320

Phone: 731-584-1717
Fax: 731-584-1771

E-mail: shannon@fyiclinic.com

Name _____

Address _____

Phone _____

Email _____

Sex _____ Age on race day _____

T-shirts and awards will not be mailed.

T-shirt Size: S M L XL

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____

RACE: _____ 5K ONLY _____ DUATHLON _____ RELAY

OFFICE
TENNESSEE DEPARTMENT OF HEALTH
WEST TENNESSEE REGION



Jennifer Williams
Social Worker

Phone: 731-986-1990
Fax: 731-986-1995

Carroll County Health Dept.
633 High Street
Huntingdon, TN 38344



South Central Region
1216 Trotwood Avenue
Columbia, TN 38401
931-380-2532

Southeast Tennessee Region
540 McCallie Avenue, Suite 450
Chattanooga, TN 37402
423-634-6319

Upper Cumberland Region
1100 England Drive
Cookeville, TN 38501
931-528-7531

West Tennessee Region
295 Sumnar Avenue
Jackson, TN 38301
731-423-6600

ices

Metropolitan Health Offices

Metro Public Health Department
Nashville/Davidson County
2500 Charlotte Avenue
Nashville, TN 37243
615-340-5697

Hamilton County Health Department
921 East Third Street
Chattanooga, TN 37403
423-209-8080

Knox County Health Department
140 Dameron Avenue
Knoxville, TN 37917
865-215-5190

Shelby County Health Department
814 Jefferson Avenue
Memphis, TN 38105
901-544-7600

Sullivan County Health Department
P.O. Box 630
Blountville, TN 37617
423-279-2777



Children and Youth with Special Health Care Needs (CYSHCN)

Family Health and Wellness
Tennessee Department of
Health



*Embracing special children today, for
independent citizens tomorrow.*

Children's Special Services (CSS)

CSS may provide comprehensive medical care for children with physical disabilities from birth to 21 years



of age. Diagnostic and financial eligibility criteria must be met to participate in the program.

The CSS Program is coordinated through all 95 Tennessee local health departments.

Diagnostic Eligibility

A child under the age of 21 who is diagnosed with a physical disability which requires medical, surgical, dental or rehabilitative treatment may be diagnostically eligible.

Financial Eligibility

This is based on family size and income level. The child's family income must be at or below 200% of the federal poverty level.



Services

Based upon an eligible diagnosis, possible services for which CSS may pay include:

- Diagnostic evaluation
- Hospitalization
- Rehabilitation services
- Prescription drug coverage

- Speech & language therapy
- Hearing aids
- Medical & surgical treatment
- Care coordination
- Physical & occupational therapy
- Braces and artificial limbs
- Durable medical equipment
- Wheelchairs & walkers
- Special formula/foods



Please contact your local health department or one of our regional/metro offices (located on the back of the brochure) for more information.

Tennessee Department of Health
Division of Family Health and Wellness
Children and Youth with Special Health Care Needs
Andrew Johnson Tower, 8th Floor
710 James Robertson Parkway
Nashville, TN 37243
615 741 5555

Qualifying Medical Diagnoses may include, but are not limited to:

1. Cardiology

- Aneurysm
- Aortic Stenosis or Insufficiency
- Asplenia
- Arrhythmia
- Arrhythmia requiring drug therapy or pacemaker
- Atrial Septal Defect
- AV Fistula
- Cardiomyopathies
- Coarctation of the Aorta
- Congestive Heart Failure
- Congenital Heart Disease
- Congenitally Corrected Transposition
- Complicated Congenital Defects
- Double Outlet Right Ventricle
- Ebstein's Anomaly
- Eisenmenger's Syndrome
- Endocardial Cushion Defect
- Hypoplastic left ventricle
- Hypertension
- Interrupted Aortic Arch
- Mitral Stenosis, Atresia or Insufficiency
- Myocarditis
- Patent Ductus Arteriosus
- Pulmonary Atresia
- Pulmonary Insufficiency
- Pulmonary Stenosis
- Renal Artery Stenosis
- Rheumatic Fever
- Rheumatic Heart Disease
- Single Ventricle and Common AV Valve
- Tetralogy of Fallot
- Transposition of Great Arteries
- Tricuspid Atresia
- Truncus Arteriosus
- Total Anomalous Pulmonary Venous Connection
- Vascular Ring/Slings
- Ventricular Septal Defect

2. Collagen-Vascular

- Ankylosing Spondylitis
- Dermatomyositis
- Eczema (chronic)

Collagen-Vascular (continued)

- Systemic Lupus Erythematosus
- Polyarteritis Arthritis
- Polyarteritis Nodosa
- Psoriatic Arthritis
- Rheumatoid Arthritis
- Scleroderma
- Takayasu Arteritis

3. Dermatology

- Eczema
- Giant Melanocytic Nevus
- Melanoma
- Psoriasis

4. Digestive Disorders/Gastroenterology

- Anorectal Atresia
- Celiac Disease ¹
- Congenital Lactase Deficiency²
- Crohn's Disease
- Chronic Multiple Stage Obstructive Condition
- Chronic Pancreatitis
- Cystic Fibrosis
- Diaphragmatic Hernias
- Eosinophilic Esophagitis
- Esophageal Atresias
- Gastroesophageal Reflux
- Glycogen Storage Disease
- Hepatic conditions
- Hirschsprung's Disease
- Inguinal Hernia
- Intestinal Obstruction
- Juvenile Polyposis
- Lactose Malabsorption³
- Necrotizing Enterocolitis
- Obesity
- Omphalocele and Gastroschisis
- Irritable Bowel Syndrome
- Short Bowel Syndrome
- Tracheoesophageal Fistula
- Ulcerative Colitis

¹ Celiac diagnosis must be confirmed by a gastroenterologist or metabolic genetic physician.

² Congenital Lactase Deficiency must be confirmed by a gastroenterologist using a test of absorption or malabsorption

³ Lactose Malabsorption must be confirmed by a gastroenterologist using a test of absorption or malabsorption

Digestive Disorders/Gastroenterology (continued)
Wilson Disease

5. Endocrinology/Genetic

Addison's Disease
Chromosomal disorders
Congenital Adrenal Hyperplasia (CAH)
Cystic Fibrosis
Diabetes Mellitus
Dubowitz Syndrome
Failure to Thrive ⁴
Galactosemia
Genetic and metabolic Inborn Errors of Metabolism
Graves Disease
Growth Hormone Deficiency ⁵
Hashimoto's Thyroiditis
Hyperthyroidism
Hypopituitary Dysfunction
Hypothyroidism
Hypocorticalism
Hypogonadism
Metabolic disorders of amino acids
Phenylketonuria (PKU)
Pheochromocytoma
Obesity

6. Genito-Urinary

Acute Renal Failure
Ambiguous Genitalia
Cystic/Dysplastic Kidney
Ectopic Ureter
Epispadias
Epispadias-extrophy
Hypospadias
Neurogenic bladder
Obstructive Myopathy (variable severity)
Reflux-more severe conditions (i.e. posterior ureteral valves etc.)
Posterior Urethral Valves – mild

⁴ Weight below the 2nd percentile for gestation-corrected age and sex on more than one occasion, weight less than 80 percent of ideal weight for age, a rate of weight change that causes a decrease of two or more major percentile lines (90th, 75th, 50th, 25th, 10th, and 5th) over time (eg, from 75th to 25th). The CSS nutritional policy should be followed in providing nutritional supplements

⁵ Growth hormone deficiency must be confirmed by an endocrinologist. Growth hormone replacement therapy (medication) is only approved for a maximum of six (6) months. A redetermination will be made at the end of the initial 6 month period following receipt of medical records.

Genito-Urinary (continued)

Recurrent Urinary Tract Infections
Undescended Testicle
Ureteropelvic Junction Obstruction
Ureterocele
Urethral Stricture
Vesicoureteral Reflux

7. Hematology-Oncology

Benign Tumors, Hemangiomas, Lymphangiomas, and Neurofibromas
Brain Tumors
Ewing's Sarcoma
Hemoglobinopathies (SC - SS etc.)
Hemophilia
Histiocytosis-X
Hodgkin's Disease
Idiopathic Thrombocytopenic Purpura
Lymphocytic Leukemia
Myelocytic Leukemia
Neuroblastoma
Non-Hodgkin's Lymphoma
Osteogenic Sarcoma
Retinoblastoma
Rhabdomyosarcoma
Thalassemia Major
Von Willebrand Disease
Wilms' Tumor

8. Infectious Disease

HIV/AIDS⁶
Tuberculosis
Lyme Disease

9. Immunology

Immunologic Deficiency Disorder
Raynaud Phenomenon
Rheumatic Fever

⁶ The Following criteria must be met for CSS Medical Services for Children diagnosed with HIV or AIDS.

1. Children who become HIV Positive or who have AIDS as a result of a contaminated blood transfusion associated with treatment for hemophilia must apply for the Department of Health, Bureau of Health Services, Hemophilia Program before being placed on CSS.
2. Children must apply for the Department of Health, HIV Drug Assistance Program (HDAP).
3. Children must apply for the Department of Health Ryan White Program.

10. Neurology and Neurosurgery

Acquired or late onset Hydrocephalus (Aqueductal stenosis, etc.)
Aneurysms
Arachnoidal Cysts
Arnold-Chiari Malformation
Arteriovenous Malformations
Brain Abscess
Cervical Fracture with quadriplegia without respiratory disability
Cervical fracture with complete quadriplegia with respiratory disability
Congenital Diplegia
Congenital Hydrocephalus
Congenital Quadriplegia
Craniofacial Reconstruction
Craniosynostosis
Depressed Skull Fracture
Dermal Sinus - spinal or cranial
Diastatomyelia
Distal peripheral nerve injuries
Encephalocele
Extensive head injuries
Extensive deep arteriovenous malformations
Guillain-Barre Syndrome
High level or extensive Peripheral Nerve Injuries
Hydranencephaly
Intracranial Neoplasm
Intraspinal Neoplasm
Intracranial Tumor (benign or malignant)
Intraspinal Tumor (benign or malignant)
Malignant Intracranial Neoplasm-repeat resection
Malignant Intraspinal Neoplasm-repeat resection
Meningocele with full skin cover and no neuro deficit
Meningomyelocele (High and Low level)
Myasthenia Gravis
Plagiocephaly (excluding cranial shaping for positional head deformities)
Reye's Syndrome
Ruptured Disc
Seizure Disorders
Skull Lesions
Spina Bifida
Subdural Hematoma
Syringomyelia
Tethered Cord Syndrome (tight filum)
Thoracolumbar spinal fracture with paraplegia

11. Neuromuscular Diseases

- Familial dysautonomia
- Glycogenesis II, V, VII, IX, X, or XI
- Mitochondrial myopathy
- Motor-sensory neuropathy
- Muscle carnitine deficiency
- Muscle carnitine palmityltransferase deficiency
- Muscular dystrophies
- Myotonia congenita
- Myotubular myopathy
- Nemaline rod myopathy
- Paramyotonia congenita
- Periodic paralysis
- Spinal muscular atrophy

12. Ophthalmologic

- Amblyopia
- Anisometropia (> 1.5 D)
- Astigmatism (> 1.5 D)
- Hypermetropia ($> +3.5$ D)
- Myopia (> 2.0 D)
- Aniridia
- Congenital cataract
- Esotropia
- Eye injuries
- Herpes Simplex Eye Disease
- Nystagmus
- Pediatric Cataract
- Pediatric Glaucoma
- Ptosis
- Retinopathy of Prematurity
- Strabismus
- Esotropia
- Exotropia
- Hypertropia

13. Oral Surgery/Orthodontic Conditions

- Benign tumors and cysts of jaws
- Craniofacial anomalies
- Cleft lip and/or palate
- Pierre Robin anomaly: hypoplasia of the mandible, glossoptosis cleft palate
- Treacher Collins Syndrome: mandibular facial dystosis
- Apert's Craniofacial Synostosis
- Goldenhar Syndrome
- Growth deformity of jaws
- Pain and dysfunction of the temporomandibular joint secondary to internal derangement

Oral Surgery/Orthodontic Conditions (continued)
(refer also to Section 16 Plastic)

14. Orthopedic

Amputees, congenital or acquired
Angular or torsional deformity of extremities
Arthrogryposis
Benign Bone Tumors – bone cysts; histiocytosis-X, osteochondroma, etc
Blount's Disease
Cerebral Palsy
Impending or painful hip dislocation
Club foot
Complications of fractures; infections, non-union, avascular necrosis
Congenital dislocation of hip or knee
Diagnostic workup (e.g., limping child; painful joints, etc.)
Epiphyseal Injury
Foot deformities (matatarsus varus, calcaneo-valgus)
Leg length problems
Legg-Perthes Disease (Surgical Treatment)
Myelodysplasia
Neurofibromatosis
Osteochondroses, including Legg-Perthes
Osgood Schlatters, etc.
Osteomyelitis
Pyoarthrosis
Rheumatoid and other arthritis
Scoliosis
Slipped Capital Femoral Epiphysis
Spinal fracture
Syndactylism, Polydactylism
Synovitis, non-specific
Tumors of bone or soft parts, malignant or benign

15. Otolaryngology

Acoustic Tumors
Aphasia
Conductive Hearing Loss of 25 dB or greater (not due to effusion)
Conductive Hearing Loss of 25 dB or greater (due to persistent middle ear effusion)
Congenital Malformation of external ear canal, middle ear or inner ear
Choanal Atresia, unilateral or bilateral
Chronic Sinusitis
Cholesteatoma
Chronic Mastoiditis
Dyspraxia limited to diagnosis and speech therapy
Laryngeal Papillomatosis
Mastoiditis

Otolaryngology (continued)

Meniere's Disease
Meningitis (residual effects)
Moderate to severe language or articulation disorder related to an eligible CSS diagnosis limited to diagnosis and speech therapy
Motor speech disorder secondary to neuromuscular diseases related to an eligible CSS diagnosis limited to diagnosis and speech therapy
Otitis Media
Otosclerosis
Perforated tympanic membranes
Sensorineural Hearing Loss
Severe sleep apnea or cor pulmonale due to hypertrophy of tonsils or adenoids

16. Plastic

Burn reconstruction
Cleft Lip and/or Palate (including orthodontia, appropriate dental care, speech and hearing therapy)
Congenital facial abnormalities
Congenital hand deformities
Congenital Nevi, extensive
Congenital Ptosis
Hemangiomas (non-cosmetic)
Malignant tumors with good prognosis
Microtia
Pressure ulcers
Trauma, lacerations, avulsions, etc.

17. Respiratory

Asthma
Bronchiectasis
Bronchopulmonary Dysplasia (BPD)
Chronic Obstructive Pulmonary Disease
Congenital Cystic Adenomatoid Malformation (CCAM)
Congenital Lobar Emphysema
Cystic Fibrosis
Malacia (Tracheomalacia, Tracheobronchomalacia, Bronchomalacia, etc.)

18. Syndrome(s)⁷

Achondroplasia syndrome
Andermann syndrome

⁷ CSS will cover "syndromes" to the extent that there are associated physical diagnoses. In accordance with state rules and regulations, we cannot cover for developmental, behavioral, mental, or psychological conditions that may be associated with syndromes.

Syndrome(s) (continued)

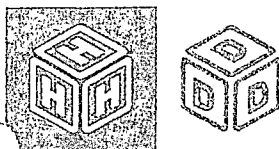
Alport syndrome
Angelman syndrome
Apert syndrome
Bardet-Biedl syndrome
Beckwith-Wiedemann syndrome
Char syndrome
CHARGE syndrome
Cohen syndrome
Cri-du-chat syndrome
Crouzon syndrome
Cushing's syndrome
Dandy Walker syndrome
Denys-Drash syndrome
DiGeorge syndrome
Down syndrome
Duane syndrome
Dubowitz syndrome
Edwards syndrome
Ehlers Danlos syndrome
Fragile X syndrome
Goldenhar syndrome
Gorlin syndrome
Guillain-Barre' syndrome
Holt-Oram syndrome
Hunter syndrome
Hurler syndrome
Irritable bowel syndrome
Kallman syndrome
Kearns-Sayre syndrome
KID syndrome
Kippel-Trenaunay-Weber syndrome
Klinefelter syndrome
Marfan's syndrome
Meckel-Gruber syndrome
Noonan syndrome
Patau syndrome
Pendred syndrome
Perlman syndrome
Pickwickian syndrome
Pierre-Robin syndrome
Prader- willi syndrome
Raynaud's syndrome
Rett syndrome
Reye's Syndrome
Serotonin syndrome

Syndrome(s) (continued)

Short bowel syndrome
Sotos syndrome
Stickler syndrome
Tethered Cord syndrome
Tourette syndrome
Townes-Brocks syndrome
Treacher Collins syndrome
Turner syndrome
Usher syndrome
Van der Woude syndrome
WAGR syndrome
Weaver syndrome
Werner Syndrome
West syndrome
Williams Syndrome

Withdrawal Syndromes:

- Benzodiazepine Syndrome
- Fetal Alcohol Syndrome (FAS)
- Neonatal Abstinence Syndrome (NAS)
 - Two major types of neonatal abstinence syndrome are recognized: neonatal abstinence syndrome due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn and postnatal neonatal abstinence syndrome secondary to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn.
- Neonatal Nicotine Syndrome
- Wolf-Hirschhorn Syndrome



health

TENNderCare is a free program of checkups and health care services for children from birth to age 21 who are TennCare eligible. These services make sure babies, children, teens, and young adults receive the health care they need.

What does TENNderCare provide?

- Free medical and dental checkups
- Free medical and dental and services
- Free behavioral health services

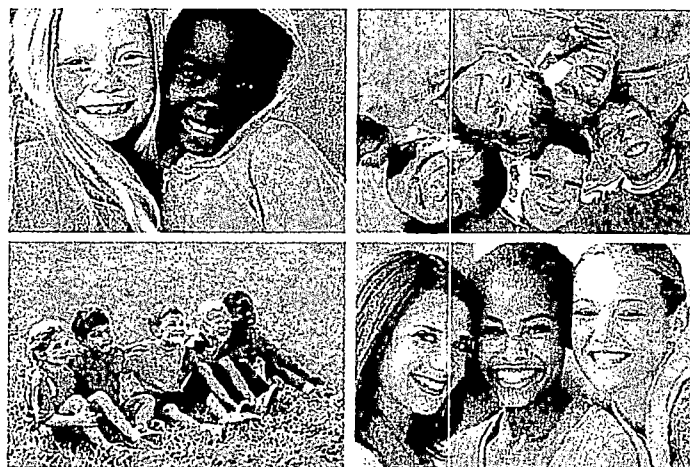
How Often Should Your Child Get A Checkup?

Birth	9 Months
3-5 Days	12 Months
1 Month	15 Months
2 Months	18 Months
4 Months	24 Months
6 Months	30 Months
Every Year: Ages 3-20	

Questions?

Contact your health plan or your local TENNderCare staff.

Benton County Health Department
225 Hospital Drive
Camden TN 38320
731-584-4944 or 4539



Your child's **FREE** medical checkup will include:

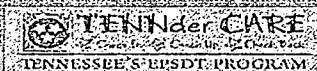
- Health history
- Complete physical exam
- Lab tests (as needed)
- Immunizations
- Vision/hearing screening
- Developmental/behavioral screening (as needed)
- Advice on how to keep your child healthy



We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color, birthplace, language, sex, age, religion or disability.

WEST TN COMMUNITY ACTIVITIES BENTON COUNTY

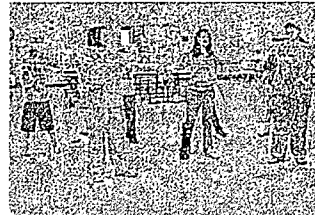
2015



WHAT IS TENNDERCARE?

- TENnderCARE is a full program of check ups and health care services for children aged 0-21 who have TennCare.
- These services make sure babies, children, teens, and young adults receive the health care they need.
- Every child and teen needs regular healthy checkups, even when they seem healthy.

COORDINATED SCHOOL HEALTH SCREENINGS



DENTAL HEALTH MONTH 2015 - FEBRUARY BENTON COUNTY

February

TENNderCare partnered with Benton County Health Educator and Coordinated School Health to outreach to 210 children in Camden and Holladay Elementary Schools. We also visited the local daycares and Head Start.



CHILD HEALTH WEEK 2014 - OCTOBER

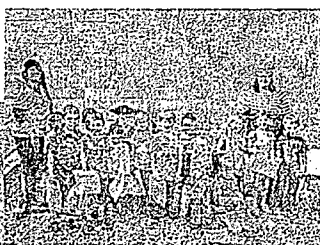


Hardeman County
"Walk to School" Day



Hardin County
Spooktacular

TENnderCARE hosted a "Walk to School Day" and other health related events in partnership with Coordinated School Health, UT Extension, Public Health Educators, and County PPI Teams



Henderson County
Little Acorn Carnival

COMMUNITY OUTREACH EVENTS



Hunter Hills Apartment
Hardin County



Back to School Bash



Commodity Distribution
All Counties



Family Fitness Day
McNairy County



Family Fitness Night
Lauderdale County

Meeting Agenda
Benton County TNCEP Coalition Meeting
Camden General Hospital
Tuesday, April 14, 2014

• Welcome and Introductions

Upcoming programs

Commodity Handout April 16

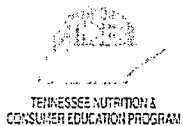
Eat Smart, First United Methodist Church in May or June

Finished Programs

Power U, Briarwood, Holladay, Big Sandy

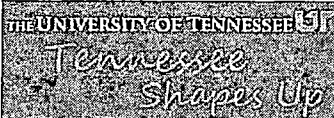
• Celebration Coalition Day in spring of 2015


• Next Meeting: July 2015

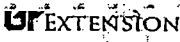


This FCS program is funded under an agreement with the Tennessee Department of Human Services and USDA SNAP

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment







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2009 Professional Development Conference (Agents Only)
2011 Professional Development Conference (Agents Only)

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Power U

Power U is an innovative curriculum that contains ten 30-minute lessons developed for fourth grade students by professors in the UT Extension Family & Consumer Sciences Department. The message centers around the positive impact that healthy eating combined with daily physical activity have on health status, especially on preventing excessive weight gain. The lessons are interactive and fun for students and teachers. The Tennessee K-8 Healthful Living Standards are identified for each lesson.

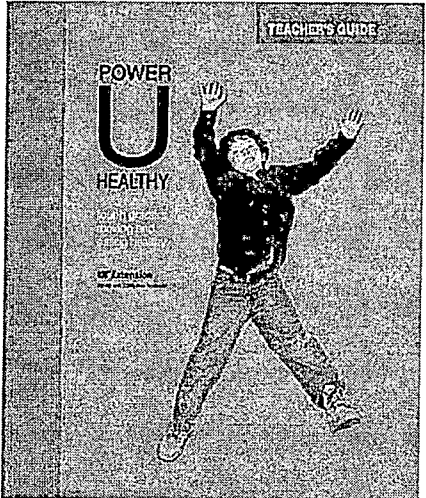
The Power U Teaching Kit includes:

- Teachers guide
- Food cards for fiber, calcium, and fruit and vegetables
- Music CD
- VHS tape on portions
- Reproducible masters for the family newsletters, student activity sheets and transparency masters

Funds for the development of *Power U* curriculum were provided by BlueCross BlueShield of Tennessee Health Foundation, the Memorial Foundation and Tennessee Farm Bureau Groups: Tennessee Rural Health and Tennessee Farmers Insurance Companies.

The Tennessee Department of Education School Nutrition Program contributed funds to assist with printing costs.

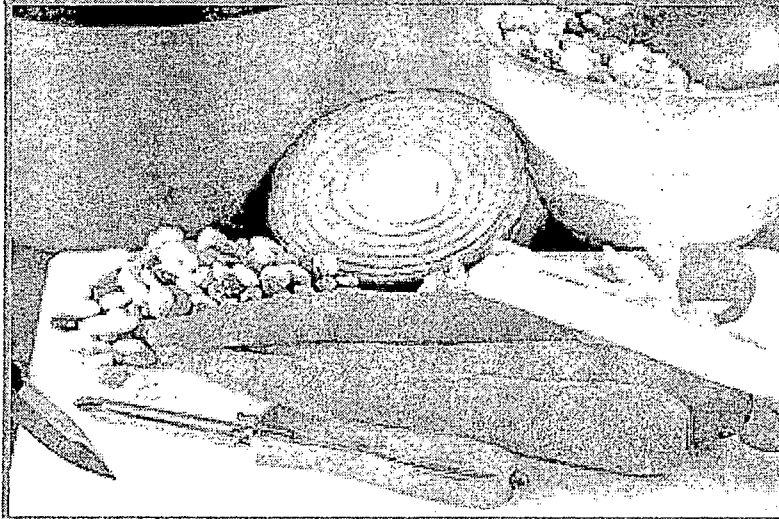
Your [county Extension office](#) can provide you with more information about *Power U* in your county.



Expanded Food & Nutrition Education Program

EAT SMART

Get Your
Family to
the Table



Cooking Basics

Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Introduction

This publication provides information you may find helpful when you prepare recipes.

- Kitchen equipment (page 2)
- Measuring (page 3)
- Measurement equivalents (page 4)
- Recipe preparation steps (page 5)
- Cooking terms (pages 6-7)
- Ingredient substitutions (pages 8-11)
- Trimming the fat from our diets (pages 12-14)
- Healthy cooking tips (page 15)
- Cooking with herbs, spices and seasonings (pages 16-18)
- Seasoning your food with less salt (page 19)
- Food yields (pages 20-21)
- Putting out a cooking fire (page 22)

Use this information to prepare all your recipes.

Then enjoy the food you've prepared!



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Kitchen Equipment

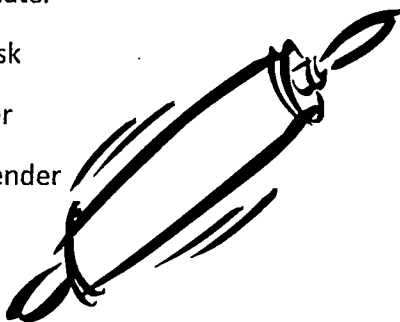
Put an "X" in front of the kitchen equipment on the left you already have or substitute items on the right as needed. There may be other items you could substitute.

Kitchen Equipment

- _____ Measuring cup
- _____ Strainer
- _____ Cookie sheet
- _____ Rolling pin
- _____ Potato masher
- _____ Measuring spoons
- _____ Vegetable peeler
- _____ Mixing bowls
- _____ Cutting board
- _____ Pie pan
- _____ Round cake pan
- _____ Biscuit/cookie cutters
- _____ Ladle for serving soup
- _____ Pancake turner
- _____ Cooling rack
- _____ Rotary beater
- _____ Wire whisk
- _____ Pot holder
- _____ Pastry blender
- _____ Grater

Substitute Items

- _____ Marked jar or baby bottle
- _____ Pan with a lid or cover
- _____ Cake pan, pizza pan
- _____ Smooth bottle or glass
- _____ Forks
- _____ Regular teaspoon and/or tablespoon
- _____ Sharp knife
- _____ Kettle, pan or storage containers
- _____ Sturdy plate
- _____ Flat cake pan
- _____ Square or oblong pan
- _____ Lids, rim or jars, rim of cans, glasses
- _____ Cup with handle
- _____ Two knives, fork
- _____ Oven rack
- _____ Fork
- _____ Two forks or jar with tight lid
- _____ Folded towel
- _____ Two knives
- _____ Sharp knife



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Measuring

DO NOT MEASURE ANY INGREDIENTS OVER THE MIXING BOWL.

One of the skills needed to prepare food is measuring. Let's review some important points about measuring.

Measuring Liquid Ingredients

- Use a liquid measuring cup to measure water, oil, fluid milk, juices and syrup.
- Measure liquids in marked, clear containers.
- Set measuring cup on a flat surface. Check at eye level to make sure the correct amount is measured.

Measured Dry Ingredients

- Measure dry ingredients in containers that allow you to level off the ingredients across the top edge.
- Use a dry measuring cup to measure ingredients like flour, sugar, cornmeal, dry milk and solid shortening.
- Sift or fluff dry ingredients, like flour, with a fork before measuring.
- Spoon dry ingredients into dry measuring cup. Level off ingredients with the flat edge of a knife.



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Measurement Equivalents

3 teaspoons = 1 tablespoon

4 tablespoons = $\frac{1}{4}$ cup

5 $\frac{1}{3}$ tablespoons = $\frac{1}{3}$ cup

8 tablespoons = $\frac{1}{2}$ cup

10 $\frac{2}{3}$ tablespoons = $\frac{2}{3}$ cup

12 tablespoons = $\frac{3}{4}$ cup

16 tablespoons = 1 cup

16 ounces = 1 pound

2 tablespoons = 1 fluid ounce

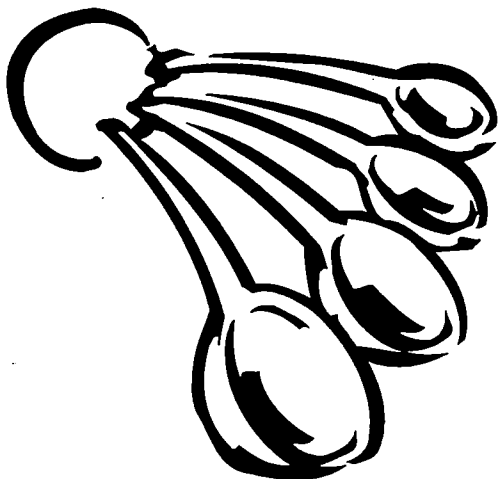
1 cup = 8 fluid ounces

1 cup = $\frac{1}{2}$ pint

2 cups = 1 pint

4 cups = 1 quart

4 quarts = 1 gallon



Abbreviations

Tbsp. = tablespoon

Tsp. = teaspoon

Oz. = ounce

*Starting with the Basics:
Food, Equipment and Knowledge*

Cooking Basics: Recipe Preparation Steps

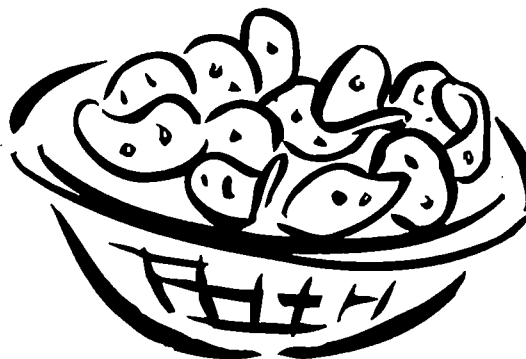
1. Read the recipe to make sure you have all the food and equipment you need. Be sure you have enough time to prepare the recipe.
2. Clear and clean a work area.
3. Set out all ingredients needed.
4. When necessary, preheat the oven, then grease and flour pans.
5. Prepare the recipe.



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Cooking Terms

- Boil:** To heat liquid until bubbles break to the surface, or to cook in boiling water.
- Broil:** To use direct heat to cook.
- Coat:** To cover entire surface with a mixture, such as flour or bread crumbs.
- Core:** Using a sharp knife, remove the core/seeds of a fruit.
- Cream:** To stir one or more foods until they are soft.
- Crisp-tender:** Describes the "doneness" of vegetables when they are cooked only until tender and remain slightly crisp in texture.
- Cut in:** To mix fat into dry ingredients using a pastry blender, fork or two knives, with as little blending as possible until fat is in small pieces.
- Dice:** To cut into small, square-shaped pieces.
- Drain:** To put food and liquid into a strainer (or colander), or to pour liquid out of a pot by keeping the lid slightly away from the edge of the pan and pouring away from you.
- Flute:** To pinch the edge of dough, such as on a pie crust.
- Fold:** To mix by turning over and over.
- Fork-tender:** Describes the "doneness" of a food when a fork can easily penetrate the food.
- Knead:** To mix by "pushing" and by folding.



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Cooking Terms (cont.)

- Marinate:** To soak in a seasoned liquid to increase flavor and tenderness.
- Mince:** To cut or chop food into small pieces.
- Mix:** To combine ingredients using a fork or spoon.
- Oil:** To apply a thin layer of vegetable oil on a dish or pan. Vegetable spray may be used instead.
- Sauté:** To cook in a small amount of fat or water.
- Scald:** To heat milk until bubbles appear (bubbles should not be "breaking" on the surface).
- Shred:** To rub foods against a grater to divide into small pieces.
- Simmer:** To cook at a temperature that is just below the boiling point. Bubbles form slowly but do not reach the surface.
- Steam:** To cook over boiling water.
- Stir fry:** A method of cooking in which vegetables are fried quickly to a crisp-tender state while stirring constantly.
- Stock:** Water in which vegetable(s) or meat has been cooked. Stock liquid should be stored in the refrigerator.

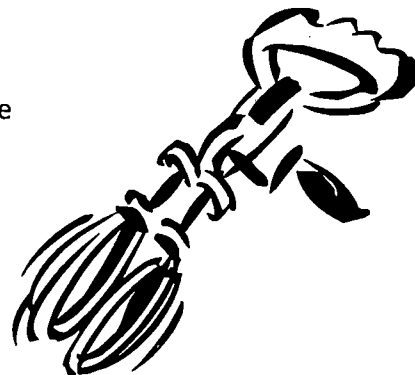


Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Ingredient Substitutions

Have you ever been all set to prepare a favorite dish and suddenly discover you do not have one of the ingredients for your recipe? Here are some substitutions that can be used.

<u>Ingredient</u>	<u>Amount</u>	<u>Substitutions</u>
Baking powder	1 teaspoon	$\frac{1}{4}$ teaspoon baking soda plus $\frac{5}{8}$ teaspoon cream of tartar, or $\frac{1}{4}$ teaspoon baking soda plus $\frac{1}{2}$ cup sour milk, or buttermilk (if using sour milk or buttermilk, decrease liquid called for in recipe by $\frac{1}{2}$ cup)
Beef or chicken broth	1 (14 $\frac{1}{2}$ oz.) can	2 teaspoons instant beef or chicken bouillon granules with water to equal amount of broth specified
Bouillon cube	1	1 tablespoon soy sauce
Dry bread crumbs	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup cracker crumbs, corn meal or 1 cup soft bread crumbs
Butter	1 cup	$\frac{7}{8}$ to 1 cup shortening plus $\frac{1}{2}$ teaspoon salt, or 1 cup margarine
Catsup or chili sauce	1 cup	1 cup tomato sauce plus $\frac{1}{2}$ cup sugar and 2 tablespoons vinegar (for use in cooking only)
Corn syrup	1 cup	1 cup sugar plus $\frac{1}{4}$ cup liquid (use the type of liquid that is called for in the recipe)
Cornstarch	1 tablespoon	2 tablespoons all-purpose flour, or 2 tablespoons quick-cook tapioca

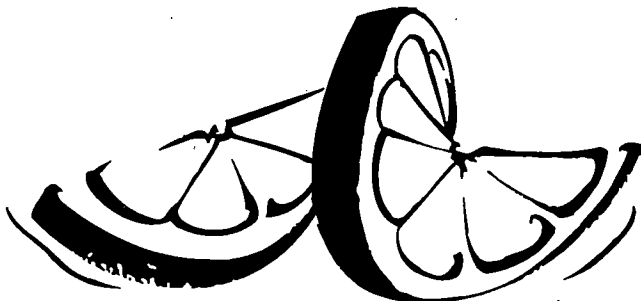


Starting with the Basics: Food, Equipment and Knowledge

Handout

Cooking Basics: Ingredient Substitutions (cont.)

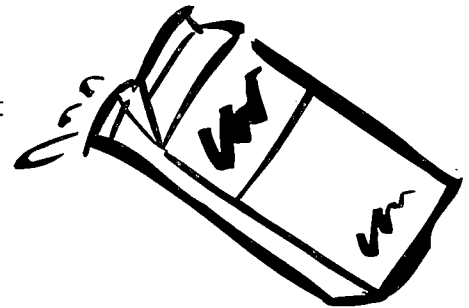
<u>Ingredient</u>	<u>Amount</u>	<u>Substitutions</u>
Egg (cake batter only)	1	2 tablespoons mayonnaise
Flour, all-purpose	1 tablespoon	$\frac{1}{2}$ tablespoon cornstarch or quick-cooking tapioca (for thickening)
Flour, all-purpose	1 cup sifted	1 cup plus 2 tablespoons sifted cake flour or 1 cup unsifted all-purpose flour minus 2 tablespoons
Flour, cake	1 cup sifted	1 cup minus 2 tablespoons sifted all-purpose flour
Garlic	1 clove, small	$\frac{1}{8}$ teaspoon garlic powder
Gelatin, flavored	3 ounce package,	a tablespoon plain gelatin plus 2 cups fruit (prepared with water) juice
Herbs, fresh	1 tablespoon	1 teaspoon dried herbs
Honey	1 cup	$1\frac{1}{2}$ cups sugar plus $\frac{1}{4}$ cup liquid (use liquid called for in recipe)
Lemon	1 medium	2-3 tablespoons juice and 1-2 teaspoons rind



*Starting with the Basics:
Food, Equipment and Knowledge*

Cooking Basics: Ingredient Substitutions (cont.)

<u>Ingredient</u>	<u>Amount</u>	<u>Substitutions</u>
Lemon juice	1 teaspoon	½ teaspoon vinegar (for use as acid source in cooking only)
Milk, buttermilk	1 cup	1 cup yogurt or 1 cup sour milk (make sour milk by putting 1 tablespoon of vinegar or lemon juice in a measuring cup and add milk to 1 cup mark)
Milk, whole	1 cup	½ cup evaporated milk plus ½ cup water
Milk, skim	1 cup	5 tablespoons nonfat dry milk and 1 cup water
Onion, fresh	1 small	1 tablespoon dry minced onion, rehydrated
Prepared mustard	1 tablespoon	1 teaspoon dried mustard
Parsley, dried	1 teaspoon	3 teaspoons chopped fresh parsley
Shortening, melted	1 cup	1 cup vegetable oil
Sour cream	1 cup	1 cup yogurt
Sugar, white	1 cup	1 cup corn syrup minus ¼ cup liquid in recipe, or 1 cup brown sugar (firmly packed), or 1 cup honey (reduce liquid in recipe by ¼ cup), or 1¾ cup confectioners (powdered) sugar (packed)



*Starting with the Basics:
Food, Equipment and Knowledge*

Cooking Basics: Ingredient Substitutions (cont.)

<u>Ingredient</u>	<u>Amount</u>	<u>Substitutions</u>
Tomato juice	1 cup	½ cup tomato sauce plus ½ cup water
Tomato sauce	1 (15 oz. can)	1 (6 oz. can) tomato paste and 1 cup water
Tomatoes	1 (16 oz. can)	3 fresh medium tomatoes, cut up
Yogurt	1 cup	1 cup buttermilk, or sour milk (make sour milk by putting 1 tablespoon vinegar or lemon juice in a measuring cup and add milk to 1 cup mark)



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Trimming the Fat from Our Diets

1. Choose meat with the least amount of fat.
2. Remove fat.
 - Trim off the fat you can see from meat and poultry. Remove the skin from poultry.
 - Remove fat from canned meats.
 - Buy tuna packed in water.
 - Chill soups and stews and remove the solid fat layer from the top.
3. Cook meats by:
 - Baking
 - Microwaving
 - Broiling
 - Grilling
 - Boiling
 - Stir-frying
 - Cook with little or no added fat. Use non-stick pans or spray with cooking spray.
4. Drain fat after browning ground meat. To remove even more fat, rinse the browned ground meat crumbles with hot (not boiling) water. Then blot with a paper towel.



Starting with the Basics: Food, Equipment and Knowledge

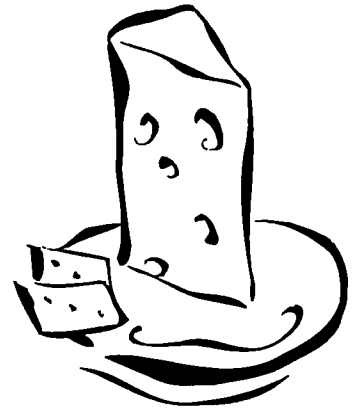
Cooking Basics: Trimming the Fat from Our Diets (cont.)

5. Eat meat in moderation. Add more grains, fruits and vegetables to your meal.

A deck of cards is about the size of 3 ounces of meat, poultry or fish. Three ounces of meat, cooked and boneless, is a serving for one adult.

6. Cook with less fat.

- Replace whole milk in recipes with low fat or skim milk.
- Replace cream in recipes with evaporated skim milk.
- Use smaller amounts of full-fat cheese, such as cheddar, or use lower-fat cheese, such as part skim mozzarella.
- Decrease the amount of fat in recipes. Do not decrease fat if the recipe has already been reduced in fat. Start by decreasing the fat by $\frac{1}{4}$. For example, if a cake recipe calls for 1 cup of margarine, use $\frac{3}{4}$ cup of margarine. The fat in recipes for quick bread, muffins and some soft cookies can be decreased by $\frac{1}{2}$. For example, if a muffin recipe calls for 1 cup oil, use $\frac{1}{2}$ cup oil.
- Replace chocolate and nuts with raisins or chopped fresh fruits or canned fruits.
- Replace sour cream with nonfat or low-fat source cream or low-fat yogurt.
- Decrease the amount of oil in homemade salad dressings. Try using one part oil to two parts vinegar.



7. Use skim milk or low-fat milk in place of whole milk. It may be easier to take one step at a time. Start by switching from whole milk to 2 percent low-fat milk. Later, switch to 1 percent low-fat and then to skim milk.

8. Add less fat to food.

Small amounts of these fatty extras can add a lot of fat. Use these sparingly:

- butter or margarine

Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Trimming the Fat from Our Diets (cont.)

- sour cream
- oil or shortening
- salad dressing
- cream cheese
- mayonnaise
- bacon grease or bacon
- tartar sauce
- non-dairy creamer (liquid or powder)

9. Many foods taste good with less fat. Substitute nonfat or low-fat items for high-fat items.

- *Sandwiches:* use mustard, ketchup, low-fat or nonfat salad dressing, onion, tomato, lettuce and sprouts.
- *Vegetables, soups and dried beans:* Flavor vegetables with Low-fat margarine spreads, onion, garlic, lemon juice, spices, salsa or vinegar. Flavor soups and bean dishes with lean diced ham, smoked turkey or bouillon instead of fatty cuts of meat like salt pork.
- *Bread, muffins and rolls:* Use jam, jelly, fruit spreads or small amounts of low-fat margarine or low-fat spreads.
- *Pasta, potatoes and rice:* Use low-fat margarine or low-fat yogurt on potatoes. Rice and pasta do not need fat added to the cooking water.



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Healthy Cooking Tips

Ways to Increase Fiber

- Choose whole grain instead of refined products. For example, use whole wheat flour, brown rice, oatmeal, whole cornmeal and barley.
- Whole-wheat flour can usually be substituted for up to $\frac{1}{2}$ of the white flour in recipes. For example, if a recipe calls for 2 cups of flour, try 1 cup of white and 1 cup of whole-wheat flour.
- Add fruits to muffins, pancakes, salads and desserts. Add vegetables to casseroles and salads.
- Add grated or mashed vegetables or fruits to sauces or baked goods. For example, you can add grated carrots to spaghetti sauce and meat loaf.

Ways to Decrease Sugar

- Try using $\frac{1}{4}$ to $\frac{1}{3}$ less sugar in baked foods and desserts. *For example, if a fruit pie recipe calls for 1 cup of sugar, use $\frac{3}{4}$ or $\frac{2}{3}$ cup sugar. This works best with quick breads, cookies, pie fillings, custard, puddings and fruit crisps. It may not work for some cakes. Do not decrease the small amount of sugar in plain yeast breads because it provides food for the yeast and helps the bread rise.
- You do not have to add sugar when canning or freezing fruits. Or, you can buy unsweetened frozen fruit or fruit canned in its own juice or water.
- Increase the amount of cinnamon or vanilla in a recipe to make it seem sweeter.*

**Do not do this if sugar in the recipe has already been reduced.*



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Cooking with Herbs, Spices and Seasoning

Herbs and spices can add flavor and variety to your food. Use a little at first, then add more when you are sure you like the flavor. To substitute dry herbs for fresh, use $\frac{1}{4}$ teaspoon powder or 1 teaspoon crushed for 1 tablespoon fresh chopped herbs. Some herbs and spices are expensive. You might want to buy only a few of the less expensive herbs and spices you will use.

Herbs and spices lose flavor and can spoil or get buggy if kept in the cupboard longer than a year. If you use herbs and spices slowly, buy small containers, or store them in the freezer.

Herbs, Spices and Seasonings

Uses

Allspice	A mixture of cinnamon, nutmeg and cloves. Use in fruit desserts, pumpkin pie, apple cider, cakes, cookies, chicken, beef and fish dishes
Basil	Tomato and egg dishes, stews, soups and salads
Bay leaves	Tomato dishes, fish and meat dishes
Celery seed	Juices, soups, salads, vegetables, pot roasts, poultry, rolls and biscuits
Chili powder	Chili, bean and rice dishes
Chives	Potato dishes, soups, dips and sauces
Cilantro (Coriander leaves)	Latin American, Indian and Chinese dishes, salsa, stir fries, legume or rice salads, hot cooked rice, grilled chicken or fish, or a dish of ripe tomatoes. Use fresh if possible.
Cinnamon	French toast, fruit and fruit salads, sweet potatoes, pumpkin and squash, puddings and apple desserts, ham or pork chops



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Cooking with Herbs, Spices and Seasoning

Herbs, Spices and Seasonings

Uses

Cloves	Whole cloves on ham or pork roast; ground cloves to season pear or apple desserts, beets, beans, tomatoes, squash and sweet potatoes
Coriander seed	Middle Eastern dishes, spice cakes and cookies, soups, roast pork and salad dressing
Cumin	Mexican, Middle Eastern and Indian dishes; beef and lamb, dry bean dishes, marinades, chili and tomato sauces; ingredient in curry powder
Dillweed	Tuna or salmon salad, potato salad, pickles, dips and sauces
Garlic	Mexican, Italian and Oriental dishes and in salad dressings; can be used fresh or dried, minced or powder
Ginger (fresh)	Oriental dishes, marinades for chicken or fish, fruit salad, dressings
Ginger (ground)	Gingerbread, spice cake, pumpkin pie, poultry or meat, soups, stews, stuffing, squash, sweet potatoes
Ground peppers: black, Cayenne & white pepper	Meats, casseroles, vegetables and soups
Italian seasoning	A mixture of marjoram, oregano, basil and rosemary; use in Italian dishes such as spaghetti
Marjoram	Egg and cheese dishes, meats, fish, poultry and vegetables



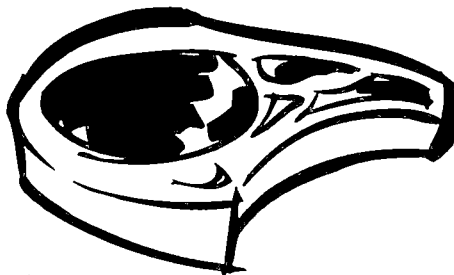
Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Cooking with Herbs, Spices and Seasoning

Herbs, Spices and Seasonings

Uses

Mint	Fruit salads and fruit soups, melon, berries, cold fruit beverages, cooked carrots or peas, chilled yogurt soup, lamb, tabbouleh
Mustard	Sauces for meat and fish, in marinades, salad dressings, chutneys, pickles and relishes
Nutmeg	Cooked fruits, pies and desserts, baked items, spinach, sweet potatoes, eggnog and French toast
Onion	Any dish where onion flavor is desired; can be used fresh or dried (minced or powder)
Oregano	Italian dishes, chili, omelets, beef stew, meat loaf, pork and vegetables such as broccoli or tomatoes
Parsley	Meat, soup or vegetable dishes; adds color
Paprika	Stew, chicken, fish, potatoes, rice and hard-cooked eggs
Rosemary	Egg dishes, meats, fish, soups and stews, and vegetables
Thyme	Fish, poultry or meats, in soups or stews, vegetable salads



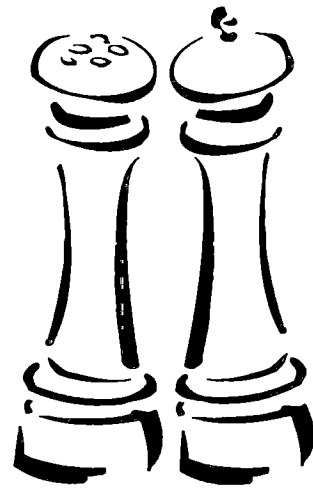
Starting with the Basics: Food, Equipment and Knowledge

Seasoning Your Food with Less Salt

Try using herbs and spices to season your food. You may find that you can cut down the amount of salt you use.

Some seasonings contain salt and/or sodium. Use these sparingly:

- Garlic salt
- Celery salt
- Seasoned salt
- Soy sauce
- Onion salt
- Monosodium glutamate (MSG)



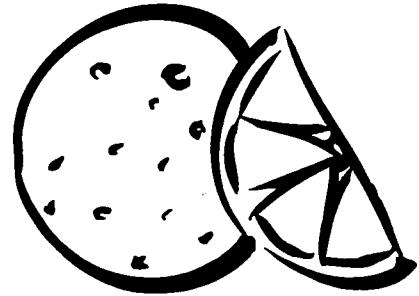
Many seasoning mixtures contain a lot of salt – read the label!

Adopted from "Cooking with Herbs and Spices: in "creative cooking" from the University of Wisconsin Extension.

Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Food Yields

Apples	1 pound	= 3 medium = 3 cups slices
Bananas	1 pound	= 3–4 medium = 1½ cups mashed = 2 cups sliced
Beans (dry)	1 pound	= 2–2½ cups (dry) = 6 cups cooked
Bread crumbs	4 slices bread	= 2 cups fresh crumbs = 1½ cups dry crumbs
Butter, margarine or shortening	1 pound	= 2 cups
Cabbage	1 pound	= 6 cups shredded = 2–3 cups cooked
Carrots	1 pound	= 3 cups sliced = 1½ cups shredded
Cheese	4 ounces	= 1–1½ cups shredded
Coffee	1 pound	= 40–50 cups brewed
Cornmeal	1 pound	= 3 cups (dry) = 12 cups cooked
Eggs (medium)	1 dozen	= 2 cups
Eggs whites (large)	8 eggs	= 1 cup
Flour, all purpose	1 pound	= 4 cups sifted
Flour, whole wheat	1 pound	= 3½–3¾ cups
Graham crackers	12 squares	= 1 cup crumbs
Ground meat (beef, pork, turkey)	1 pound	= 2 cups ground
Lemons	1 lemon	= 2–4 tablespoons juice
Macaroni, spaghetti	1 pound	= 5 cups (dry) = 8–10 cups cooked
Milk, evaporated	6 ounce can	= 1½ cups reconstituted
Oatmeal	½ cup (dry)	= 1 cup cooked
Onions	1 pound	= 3 large
Oranges	1 orange	= 6 tablespoons juice



Starting with the Basics: Food, Equipment and Knowledge

Cooking Basics: Food Yields (cont.)

Potatoes	1 pound	= 3 medium = 3½ cups sliced = 2 cups mashed
Raisins	1 pound	= 1 ¾–3 cups
Rice, regular white		
or brown	1 pound	= 2½ cups (dry) = 7½ cups cooked
Saltines	22 crackers	= 1 cup crumbs
Sugar,		
white-granulated	1 pound	= 2 cups
Sugar, brown	1 pound	= 2¼ cup (firmly packed)
Yeast (active dry)	1 packet	= 1 tablespoon

From Jane Brody's Good Food Gourmet, 1990, W.W. Norton & Co. Inc.



Starting with the Basics: Food, Equipment and Knowledge

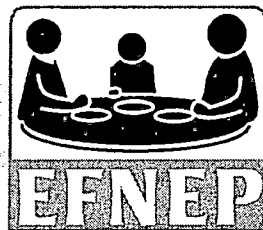
Cooking Basics: Putting Out a Cooking Fire

1. Turn the stove or oven off immediately!
2. Use a fire extinguisher to put out a fire.
 - If you do not have a fire extinguisher, cover the pan with a lid or other non-flammable object to suffocate the fire.
 - If covering the pan is not possible, pour salt or baking soda on the fire.
3. If the fire does not go out immediately, call the fire department.

Don't throw water on grease fires.

The best way to put out a fire is with a fire extinguisher. Many buildings, such as apartment buildings, must have fire extinguishers in the hall or other areas close to each unit. If there is a fire extinguisher where you live, know where it is located and how to use it.





Expanded Food and Nutrition Program

11-0178 SP732-10M-11/11 R12-5310-206-013-12

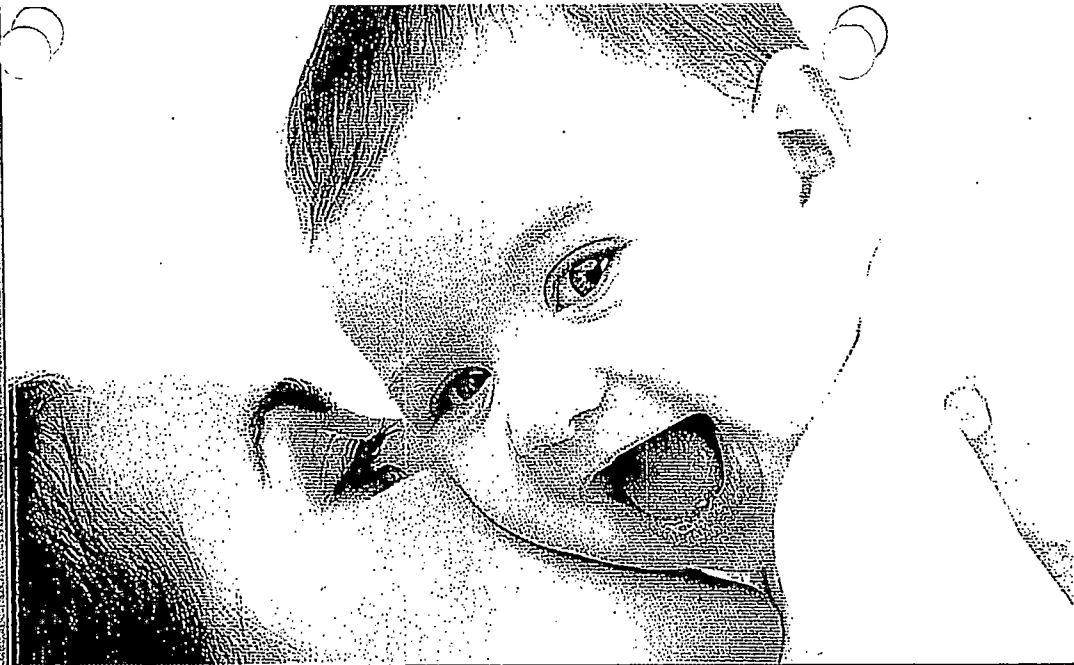
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Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.



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to Quit Smoking
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The BABY & ME
Tobacco Free
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Requirements

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Health Department
1250 Manufacturer's Row
Trenton, TN 38382
(731) 855-7601

Humboldt Clinic
149 N. 12th Avenue
Humboldt, TN 38343
(731) 784-5491

Milan Clinic
6501 Telecom Drive
Milan, TN 38358
(731) 686-9240

- Enroll in the BABY & ME Tobacco Free Program and participate in the 4 prenatal quit smoking sessions.
- Quit Smoking and stay quit during your pregnancy.
- Agree to take a monthly breath test to prove you are tobacco free.
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