

# **Cannon County**

## **COMMUNITY DIAGNOSIS DOCUMENT**

### **A GUIDE TO HEALTHY COMMUNITIES**

1997-1999

**Compiled by**

Upper Cumberland Regional Health Office

**Community Development**

**200 West 10<sup>th</sup> Street**

**Cookeville, TN 38501**

Phone: (931) 528-7531

**Email:** [mparsons@mail.state.tn.us](mailto:mparsons@mail.state.tn.us)

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# *Introduction*

## Mission Statement

The overall mission of the council is to assist the Department of Health by advising the Department regarding the health problems of Cannon County and thus assist the Department in its responsibility to undertake “Community Diagnosis”. The role of the Department of Health is to support the Council by providing the resources needed by the Council to undertake the work, and by facilitating the “Community Diagnosis” process. The following is a proposed objective statement. The mission of the Council is to assist the Department of Health by:

Developing a community health assessment which includes

- Health problems and needs identification
- Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
- Establishing priorities for all major identified health problems and develop/implement strategies for appropriate interventions.
- Drafting and presenting to the Department of Health the community health assessment
- Promoting and supporting the importance of reducing the health problems to the Department and the community
- Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

## Community Diagnosis

A simple definition used by the North Carolina Center for Health and Environmental Statistics of a community diagnosis is “ a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community.” By using this definition, we acknowledge that significant input from residents of the local area is essential to performing a community diagnosis effectively. Although a great deal of qualified health data can be obtained from the State, the process will only be successful if local citizens are fully involved and are comfortable with the eventual findings. This is why the formation and effective utilization of county health councils are vital in achieving accurate results.

The final outcome of community diagnosis and its products should:

- Provide justification for budget improvement requests submitted to the State Legislature;
- Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level;
- Serve health planning and advocacy needs at the community level. Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed.

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. This document will explain the community diagnosis process and outcomes for Cannon County. We will also provide a historical perspective with details of the council and its formation.

## History

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”

The Future of Public Health  
Institute of Medicine, 1988

This manual is designed to assist local communities, local and regional health departments, and the state department of health in fulfilling the mission of public health, as defined above. If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. Health care is a very localized phenomenon. The needs and problems of one community may be very different from other communities, even those in close geographical proximity. Community leaders together with local health departments have a responsibility to play key roles in this effort. They should lead their communities in an examination of local health problems and in the development of plans to overcome those problems.

This mission can be accomplished by implementing the three core functions of public health at all levels of government. They are:

**Assessment:** The assessment function involves the monitoring and surveillance of local problems, the assessment of needs, and the identification of resources for dealing with them.

**Policy Development:** Policy development goes hand in hand with leadership, which fosters local involvement and a sense of ownership of these policies. It should emphasize local needs and should advocate an equitable distribution of public resources and complementary private activities commensurate with community needs.

**Assurance:** Assurance means that high quality services, including personal health services, which are needed for the protection to the community are available and accessible to all persons. Each community should receive proper consideration in the allocation of federal, state, and local funds for health. Each community should be informed about how to obtain public health services and/or comply with health requirements.

In summary, community-based health planning is a process, which assists local citizens in their respective communities to do the following:

- **Identify the community's health care needs.**
- **Examine the social, economic, and political realities affecting the local delivery of health care.**
- **Determine what the community can realistically achieve in a health care system to meet their needs.**
- **Develop and mobilize an action plan based on analysis for the community.**

The end result of the process should answer three questions for the community:

Where is the community now?  
Where does the community want to be?  
How will it get there?

The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process. The following is the Cannon County Community Diagnosis Document, which details the process the Cannon County community utilized to assess its strength, weaknesses, and gaps in resources. A very thorough analysis of health statistical data, community surveys, resources, and key leaders perception of Cannon County's health care status facing the community is presented in document form to be utilized as a baseline document for public relations, grant applications, and as a foundation of the work plan for the future.

## Summary

The Tennessee Department of Health Community Development Staff established the Cannon County Health Council in February 1997 with an initial group of sixteen community representatives. Mr. James Adkins, with the Woodbury Nursing Home, was elected as the first chairperson for the Cannon County Health Council. This council has grown to fifty-six actively involved community people. The council consists of various community leaders such as the county executive, school superintendent, industry representation, health care providers, mental health care providers, local law enforcement, various community agencies, and other concerned community leaders as determined by council members. (Appendix 1) The Department of Health Community Development Staff facilitates the Community Diagnosis Process. The Community Diagnosis process seeks to identify community health care problems by analyzing health statistical data, community surveys, and council perceptions. The initial step in the process is to select a county health council. The basic steps of the Community Diagnosis process are as follows:

- **Assemble the initiating group**
- **Select the County Health Council**
- **Present data to the council**
- **Discuss and define health problems**
- **Analyze the Behavioral Risk Factor Survey**
- **Distribute and Analyze the Community Health Assessment Surveys**
- **Score/Rank health problems**
- **Design interventions**
- **Develop funding strategies**
- **Assess development and effectiveness of interventions**

During the course of the Community Diagnosis Process, the Cannon County Health Council established by-laws (Appendix 2) that reflects the mission and goals of the council illustrating their commitment to their community. The council typically meets on the 1st Thursday of each month from 12:00 to 1:00 P.M. where meetings are open to the public.

# *County Description*

## Geographic

- Cannon County is located in the heart of middle Tennessee in the Upper Cumberland Region.
- Short Mountain, the highest point between the Appalachians and the Ozarks, is located in Cannon County.
- This county geography varies from flat farmlands to rolling hills.
- Warren, Coffee, Bedford, Rutherford, Wilson, and DeKalb counties of Tennessee surround Cannon County.
- The average temperature for July is 75.2 degrees and the average for January is 38.0 with annual average precipitation being 66.70 inches.
- Cannon County is located approximately 53 miles from Nashville.

## Land Area

- Cannon is considered to be a “bedroom community” providing a rural/small town atmosphere for people who work in nearby Nashville and Murfreesboro.
- Cannon County encompasses some 266 square miles.
- There are two incorporated towns within the county: Woodbury (the county seat) and Aubertown.
- Cannon County has an elevation of 750 feet.

## Economic Base

- The county’s median family personal income is \$27,481.
- The county’s median household personal income is \$22,847.
- Cannon County’s per capita personal income is \$9,863.
- Cannon County’s labor force employment as of June 1999 was 5,210.
- The unemployment rate for Cannon County is 4.2 percent.
- The individual poverty rate for Cannon County is 14.5 percent.
- The family poverty rate for Cannon County is 12.1 percent.
- The major industry employers for Cannon County include Crane Interiors Inc., Olten Packaging, and Woodbury Apparel.

## Demographics

- The Cannon county Public Education System consists of Cannon County Junior/ High School and six grammar schools.
- The number of TennCare enrollees for Cannon County for 1999 is 1,515.

- The county's population has increased more than 10 percent in the last five years to more than 13,500 people.
- The median age for a Cannon County resident is 35.4 years of age.

## Medical Community

- The Stones River Hospital is located in Woodbury and has 85 licensed beds.
- There is one nursing home facility in Cannon County that has a total of 102 licensed beds.
- There are nine medical doctors and three dentists practicing in Cannon County.
- According to the 1997 resident health profile, 45.7 percent of Cannon County residents utilize the county hospital, 29.9 percent use the Rutherford County hospital, and 17.3 utilize Davidson County hospitals.

References: Tennessee Department of Health, Upper Cumberland Development District

# *Community Needs Assessment*

## Primary Data

### Cannon County Community Health Assessment Survey

The Community Health Assessment Survey provides a profile of perceived health care needs and problems facing the community. Its purpose is to obtain subjective data from a cross section of the health care services, problems and needs in the county. The survey includes questions about the health and social problems affecting the community as well as the availability, adequacy, accessibility and level of satisfaction of health care services in the community. The community survey is not a scientific random sample of the community, however it does represent a cross section of the community, i.e. young families, single parents, the elderly, farmers, business leaders, rural residents, etc. The community development staff distributed the Community Health Assessment Survey to the health council members, who then circulated the surveys throughout the community. Results of the survey were tabulated and analyzed using the “Epi Info” computer software. The community development staff presented the final results and analysis of the survey to the county health council. The following list identifies the perceived problems facing the Cannon County community based on the survey results.

		<b>Top Ten Issues Highlighted</b>
<b>Smoking</b>	<b>72%</b>	
<b>Teen Alcohol/Drug Abuse</b>	<b>68%</b>	
<b>High Blood Pressure</b>	<b>66%</b>	
<b>Heart Conditions</b>	<b>65%</b>	
<b>Adult Alcohol Abuse</b>	<b>64%</b>	
<b>Adult Drug Abuse</b>	<b>57%</b>	
<b>Diabetes</b>	<b>55%</b>	
<b>Obesity</b>	<b>55%</b>	
<b>Smokeless Tobacco</b>	<b>55%</b>	
<b>Teen Pregnancy</b>	<b>54%</b>	
<b>Arthritis</b>	<b>54%</b>	
<b>Stress</b>	<b>52%</b>	
<b>Lack of Sex Education</b>	<b>46%</b>	
Child Abuse/Neglect	41%	
Domestic Violence	40%	
School Dropout	39%	
Depression	39%	
Asthma	38%	
Lung Cancer	36%	
Breast Cancer	34%	
Motor Vehicle Deaths	34%	
Poor Nutrition for the Elderly	32%	
School Safety	32%	
Poor Nutrition for Children	31%	
Eating Disorders	31%	
Poverty	31%	

Crime	31%
Other Cancer	30%
Unemployment	29%
Colon Cancer	28%
Prostrate	24%
Influenza	24%
Pneumonia	23%
Youth Violence	21%
Sexually Transmitted Diseases	18%
Water Pollution	17%
Teen Suicide	15%
HIV/AIDS	14%
Other Accidental Deaths	13%
Adult Suicide	11%
Toxic Waste	10%
Air Pollution	9%
On the Job Safety	9%
Lack of Childhood Vaccinations	8%
Homicide	7%
Hepatitis	6%
Tuberculosis	6%
Gangs	5%
Homelessness	5%

### Cannon County Availability of Services

“Adequate” (50% or greater)		“Not Adequate” (25% or greater)	
1) Pharmacy Services	88%	1) Recreational Activities	55%
2) Ambulance/Emergency Services	83%	2) Specialized Doctors	52%
3) Home Health Care	73%	3) Women’s Health Services	41%
4) County Health Dept. Services	72%	4) School Health Services	38%
4) Local Family Doctors	72%	4) Family Planning	38%
5) Dental Care	71%	5) Health Insurance	36%
6) Eye Care	70%	5) Pediatric Care	36%
7) Nursing Home Care	69%	5) Alcohol/Drug Treatment	36%
8) Emergency Room Care	59%	5) Health Education/Wellness Services	36%
8) Hospital Care	59%	6) Adult Day Care	35%
		7) Child Abuse/Neglect Services	34%
		7) Mental Health Services	34%
		8) Child Day Care	31%
		9) Emergency Room Care	30%
		10) Meals on Wheels	26%
		11) Medical Equipment Suppliers	25%
		11) Hospital Care	25%
		11) Pregnancy Care	25%

## Personal Information

- The majority of the people completing the survey were from Woodbury and 78% have lived in the county for more than ten years.
- The majority of the participants completing the survey were between the ages of 30-59 years with 13% being single and 69% married.
- The participant response noted that 93% had health insurance, 15% were TennCare enrollees, and 6% receive either SSI or AFDC.
- Seventy-six percent of the respondents indicated that they are currently employed while eighteen percent indicated they were unemployed.

The Community Health Assessment Survey was given to the Cannon County Health Council Members to be distributed throughout the community. The council members agreed that possible target locations for distributing the surveys should include the Hospital Emergency Room, Doctors offices, Pharmacies, Parent/Teacher Conferences, Senior Citizens Center, and Churches. A Total of 157 respondents completed the survey. The findings of the survey revealed that **smoking, teen alcohol/drug abuse, high blood pressure, heart conditions, and adult alcohol abuse** are perceived as the top five community concerns. Many of the same issues are seen as top problems/concerns across the region based on survey analysis.

## Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a random telephone survey, coordinated through the Centers for Disease Control, which collects information from adults on health behaviors and knowledge related to leading causes of death in each of the states. Approximately 200 interviews were obtained from Cannon County. About half of all deaths occurring annually are now attributed to modifiable behavioral risks. In addition to determining what types of health risks are most prevalent in the population, the BRFS data will be very useful in determining what types of interventions are most needed for other health problems such as excess deaths from a particular chronic disease. A modified version of the standard BRFS was developed specifically for the “Community Diagnosis” process. In addition to the questions on the standard BRFS survey, a series of health issues are listed. The respondent is asked if the issue is a “Definite Problem”, “Somewhat of a Problem”, “Not a Problem”, or “Not Sure”. The list of the health issues with frequency of response as a “Definite Problem” is as follows:

<b>Tobacco Use</b>	<b>52%</b>	
<b>Cancer</b>	<b>37%</b>	<b>Top Ten Issue Highlighted</b>
<b>High Blood Pressure</b>	<b>36%</b>	
<b>Alcohol Abuse</b>	<b>36%</b>	
<b>Arthritis</b>	<b>33%</b>	
<b>Teen Pregnancy</b>	<b>33%</b>	
<b>Heart Conditions</b>	<b>31%</b>	
<b>Obesity</b>	<b>29%</b>	
<b>Drug Abuse</b>	<b>28%</b>	
<b>Health Problems of the Lung</b>	23%	
<b>Environmental Issues</b>	<b>23%</b>	
<b>Animal Control</b>	<b>20%</b>	
<b>Diabetes</b>	<b>15%</b>	
STD'S	10%	
Violence in the Home	10%	
Mental Health Problems	8%	
Other Violence	6%	
Suicide	6%	

### Cannon County's Access to Care Issues Percent Saying Definite Problem

Transportation to Health Care	13%
Access to Prenatal Care	12%
Access to Assisted Living Services	8%
Access to Nursing Home Care	6%
Access to Birth Control Methods	5%
Access to Dental Care	5%
Access to Physicians or Doctors	5%
Access to Hospitals	5%
Access to Pharmacies, Medicines	3%

## Other Issues to Consider

### Tobacco Use

Percent of respondents reporting smoking at least 100 cigarettes in their life:  
Yes: 48%  
No: 52%

Percent of respondents that report current cigarette use:  
Daily Use: 47%  
Some Use: 14%  
Not At All: 40%

### Questions Regarding Mammograms

Percent of women reporting having a mammogram:  
Yes: 51%  
No: 48%

Reasons reported for not having a mammogram:  
Doctor not recommended: 13%  
Not needed: 16%  
Cost too much: 4%  
Too young: 47%  
No reason: 18%  
Not sure/other: 2%

When was last mammogram performed:  
In last year: 65%  
1-2 years : 13%  
> Than 2 years: 23%

The survey included health risks, utilization of prevention and screening services, and perception of health problems. The findings of the survey revealed that the community perceives **tobacco use, cancer, high blood pressure, alcohol abuse, and arthritis** as the top five health problems facing the community.

In analyzing the access to care issues as perceived by the community, **transportation to health care, access to prenatal care, access to assisted living services, and access to nursing home care** are seen as definite concerns by the respondents.

# Secondary Data

## Summary of Data Use

### Health Indicator Trends Cannon County, Tennessee Using 3-Year Moving Averages

#### Pregnancy and Birth Data

Data is based on information from the Office of Vital Records, Tennessee Department of Health. All health indicator trends are formatted into three-year moving averages to reflect a trend over the past ten years.

<b>HEALTH INDICATOR</b>	<b>COUNTY TREND</b>	<b>COUNTY COMPARED TO REGION</b>	<b>COUNTY COMPARED TO STATE</b>
1. Number births/1,000 females	Stable	Equal	Below
2. Percent births to unwed women	Increasing	Above	Below
3. Number teenage pregnancies	Decreasing	Below	Below
4. Number pregnancies/1,000 females	Stable	Equal	Below
5. Number of pregnancies/1000 females ages 10-14	Unstable	Above	Below
6. Number of pregnancies/1000 females ages 15-17	Decreasing	Below	Below
7. Number of pregnancies/1000 females ages 18-19	Decreasing	Below	Below
8. Percent pregnancies to unwed women	Increasing	Below	Below
9. Percent of live births classified as low birthweight	Increasing	Above	Below

10. Percent of live births classified as very low birthweight	Unstable	Below	Below
11. Percent births w/1 or more high risk characteristics	Increasing	Above	Above
12. Infant deaths/1,000 births	Stable	Below	Below
13. Neonatal deaths/1,000 births	Stable	Below	Below

In analyzing the pregnancy and birth trends, the council focused on the following trends that showed an increasing indicator:

- Percent pregnancies to unwed women
- Percent of births to unwed women
- Percent of live births classified as very low birthweight
- Percent births w/1 or more high risk characteristics

## Mortality Data

Using information reported by physicians on death certificates, underlying cause of death is coded by staff in Vital Records. The staff uses National Center for Health Statistics rules for assigning codes for underlying cause of death.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
14. White male age-adjusted mortality rate/100,000 population	Decreasing	Below	Above
15. Other races male age-adjusted mortality rate/100,000 population	Unstable	Above	Above
16. White female age-adjusted mortality rate/100,000 population	Increasing	Above	Above
17. Other races female age adjusted mortality rate/100,000 population	Unstable	Above	Above
18. Female breast cancer mortality rate 100,000 women age 40 or more	Decreasing	Below	Below
19. Nonmotor vehicle accidental mortality rate	Increasing	Above	Above
20. Motor vehicle accidental mortality rate	Decreasing	Above	Above
21. Violent death rates/100,000 population	Unstable	Below	Below

The following mortality data shows increasing trends for:

- White female age-adjusted mortality rate/100,000 population
- Nonmotor vehicle accidental mortality
- Chlamydia rate/100,000 population

## Morbidity Data

Based on the number of incidence (new cases) which occur for a given disease in a specified time frame and the number of prevalence (existing cases) for a disease in a specified time period.

<b>HEALTH INDICATOR</b>	<b>COUNTY TREND</b>	<b>COUNTY COMPARED TO REGION</b>	<b>COUNTY COMPARED TO STATE</b>
22. Vaccine preventable disease rate/100,000 population	Stable	Below	Below
23. Tuberculosis disease rate/100,000 population	Unstable	Below	Below
24. Chlamydia rate/100,000 population	Increasing	Below	Below
25. Syphilis rate/100,000 population	Stable	Below	Below
26. Gonorrhea rate/100,000 population	Stable	Below	Below

## Healthy People 2000 Objectives

In 1991, the Public Health Service of the U.S. Department of Health and Human Services published Healthy People 2000: National Health Promotion and Disease Prevention Objectives. That report was intended to assist both health providers and consumers in addressing measurable targets to be achieved by the year 2000. The data contained in this report addresses health status indicators for births, deaths, selected diseases, and external influences. The following is a comparison of the objectives to Cannon County. The data used for Cannon County is based on 1994-96 three year moving averages.

### Healthy People 2000 Compared to Cannon County

Health Status Indicators	Cannon County Rate	Tennessee Rate	Nation's Rate
Death from all causes	516.5	563.1	No Objective
<b>Coronary Heart Disease</b>	137.8	134.8	100
<b>Deaths from Stroke</b>	44.2	34	20
Deaths of Females from Breast Cancer	12.7	22.4	20.6
Deaths from Lung Cancer	35.2	47.5	42
<b>Deaths from Motor Vehicle Accidents</b>	46.9	23.6	16.8
Deaths from Homicide	5.1	12.1	7.2
<b>Deaths from Suicide</b>	20.4	12.6	10.5
Infant Deaths	4.6	9.6	7.0
Percent of Births to Adolescent Mothers	4.9	6.6	None
<b>Low Birthweight</b>	9.0	8.7	5.0
<b>Late Prenatal Care</b>	20.2	19.9	10.0
Incidence of AIDS	*	14.1	-----
Incidence of Tuberculosis	11.6	11.6	3.5

\* Three-year cumulative total cases are less than 5.

The health status indicators in bold are the rates for Cannon County that are above the state's objective rates according to Tennessee's Healthy People 2000.

#### List of Data Sources

TN Department of Health Office of Vital Records  
 TN Department of Health Picture of the present, 1997  
 TN Department of Health, Health Access  
 TN Department of Economic and Community Development  
 Upper Cumberland Development District  
 Healthy People 2000

# *Health Issues and Priorities*

## Community Process

In summary, the Health Indicator Trends that have shown an increasing trend over the past 10 years include:

- **Percent births to unwed women**
- **Percent pregnancies to unwed women**
- **Percent of live births classified as very low birthweight**
- **Percent births w/1 or more high risk characteristics**
- **White female age-adjusted mortality rate/100,000 population**
- **Nonmotor vehicle accidental mortality rate**
- **Chlamydia rate/100,000 population**

In analyzing these trends, the council's awareness of these problems increased dramatically. There was discussion concerning plans to have a health fair with wellness issues being a top priority. There was consideration given to conducting the health fair at the hospital and/or the schools for all ages with the possibility of sponsoring the fair for two days. One day would be specific for the elderly and another day for the youth and include stress management and acceptance programs. Americorps members suggested focusing on the entire population and include smoking programs.

After a thorough analysis of all data sets, the Behavioral Risk Factor Survey, and the Community Health Assessment Survey, the council established priorities among a multitude of problems. In order to ensure the accuracy of the council's ranking, the Community Development staff developed a Prioritization Table that provided a means of comparison between all top issues addressed. This table presents the order ranking of each issue from both surveys and then compares the actual data to each issue. The data may either reinforce or refute the council's perceptions about their top concerns. The Prioritization Table is a culmination of the information presented to the council over the last several months and is provided in a concise and well-organized manner.

## CANNON COUNTY PRIORITIZATION TABLE

Priority Issue	Comm. Quest.	BRFS	Health Indicator Trends (Secondary Data)
Tobacco Use/Smoking/ Smokeless Tobacco	(1) (7)	(1)	In ages 5-14 malignant neoplasms were above the state and the region from 88-90 through 90-92, but dropped below the state and region from 91-93 through 94-96. In ages 25-44 malignant neoplasms have been unstable over the past 10 years. It was above the state and region from 93-95 through 94-96. In ages 45-64 malignant neoplasms were above the state and the region from 91-93 through 93-95, but were below the state and region from 94-96. In ages 65+ malignant neoplasms were above the state and region from 89-91, but has fallen below the state and region from 90-92 through 94-96. In ages 45-64 Chronic Obstructive Pulmonary Disease was above the state from 92-94 and 94-96. In ages 65+ Chronic Obstructive Pulmonary Disease was above the state and region from 87-89 through 90-92 and 92-94. It was below the state and region from 93-95 through 94-96.
Teen Alcohol/Drug Abuse	(2)	(4/9) Addressed Total Population	In ages 15-24 the suicide rate was well above the state and region from 86-88 through 89-91 and from 91-93 through 94-96. In ages 25-44 the suicide rate was above the state and region from 87-89 through 89-91 and from 91-93 through 94-96. In ages 45-64 the suicide rate was above the state and region from 85-87 through 86-88 and from 92-94 through 93-95.
High Blood Pressure	(3)	(3)	Cerebrovascular Disease was above the state and region from 87-89 through 89-91 and 94-96 in ages 45-64. In ages 65+ Cerebrovascular Disease was above the state and region from 85-87 through 86-88 and from 89-91 through 94-96.
Heart Conditions	(4)	(7)	In ages 25-55 Diseases of the Heart have been unstable since 88-90. It was above the state and region from 89-91, 91-93 and 93-95 through 94-96. In ages 45-64 Diseases of the Heart were above the state and region from 87-89 through 92-94, but were below both from 94-96. In ages 65+ Diseases of the Heart were above the state and region from 85-87 through 86-88 and 90-92 through 94-96.
Adult Alcohol Abuse	(5)	(4)	In ages 45-64 Chronic Liver Disease and Cirrhosis have been unstable over the past 10 years but have been below the state and region. The Tennessee Department of Safety reports there were 35 fatal crashes from 1990 through 1997. Twenty-ones of these crashes were alcohol related. Out of these crashes there were 37 fatalities with 21 alcohol related.

<b>Priority Issue</b>	<b>Comm. Quest.</b>	<b>BRFS</b>	<b>Health Indicator Trends (Secondary Data)</b>
Adult Drug Abuse	(6)	(9)	
Diabetes	(7)	(13)	
Obesity	(7)	(8)	See High Blood Pressure: Cerebrovascular Disease trends See Heart Conditions: Diseases of the Heart trends
Teen Pregnancy	(8)	(6)	Teen pregnancy rates for girls ages 10-14 have been unstable for the past 10 years. Teen pregnancy rates for girls ages 15-17 have been somewhat unstable over the past ten years but have remained under the state rate. Teen pregnancy rates for girls ages 18-19 were above the state and region from 91-93 but below from 93-95 through 94-96. There were a total of 29 pregnancies in girls ages 10-19 in 1997. The rate of 36.9 is below the state rate of 42.5. There were no pregnancies in girls ages 10-14 for 1997. There were 5 pregnancies in ages 15-17 in 1997. There were 24 pregnancies in ages 18-19 in 1997.
Arthritis	(8)	(5)	
Stress	(9)	Not Addressed	See High Blood Pressure: Cerebrovascular Disease trends
Lack of Sex Education	(10)	Not Addressed	See Teen Pregnancy trends
Cancer Lung Cancer Other Cancer Breast Cancer	(15) (19) (16)	(2)	See Tobacco Use/Smoking/Smokeless Tobacco: Malignant Neoplasm trends. Breast Cancer mortality rates for women ages 40 and above were above the state and region from 89-91 through 90-92 but have been below the state and region from 91-93 through 94-96. The lung cancer incidence rate for 1995 was 99.6, with the state's being 64.2. There were 16 reported cases of lung cancer in Cannon County in 1995. There were 6 reported cases of breast cancer in 1995. The incidence rate for breast cancer in 1995 was 76.2 with the state's rate being 94.4.
Health Problems of the Lungs	Lung Cancer Ranked 15th	(10)	See Tobacco Use/Smoking/Smokeless Tobacco: Chronic Obstructive Pulmonary Disease trends See Cancer incidence rates

# Cannon County Priorities

In order to ensure that all health problems were addressed in the same manner, the council utilized a process termed “Score and Rank”. This process is an objective, reasonable and easy to use procedure that determines the priority issues. Each health and social concern is assigned a rank based on the size and the seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. The Score and Rank Process is outlined below:

## Score and Rank Process

Consider the following:

**Size:** This reflects the percentage of the local population affected by the problem.

The largest percentage will be ranked 1.  
The smallest percentage will be ranked 5.

**Seriousness:** The most serious problem will be ranked 1.  
The least serious problem will be ranked 5.

Keep in mind:

- What is the emergent nature of the health problem? Is there an urgency to intervene? Is their public concern? Is the problem a health problem?
- What is the severity of the problem? Does the problem have a high death rate? Does the problem cause premature morbidity or mortality?
- Is there actual or potential economic loss associated with the health problems? Does the health problem cause long term illness? Will the community have to bear the economic burden?
- What is the potential or actual impact on others in the community?

**STEP 1:** Assign a rank for size.

1 being the highest rank (the largest percentage)  
5 being the lowest rank (the smallest percentage)

Assign a rank for seriousness.

1 being the most serious  
5 being the least serious

**STEP 2:** Add size and seriousness

**STEP 3:** The final rank will be determined by assessing the totals. The lowest total will have a final rank of 1 and the highest total will have a final rank of 5.

The results of the Score and Rank Process were:

### **Top Issues**

1. Teen Issues
2. Tobacco Use/Smoking/Smokeless Tobacco
3. Adult Alcohol and Drug Abuse
4. Wellness Issues
5. Cancer

# *Future Planning*

Through the Community Diagnosis process, it was determined that the top issue of concern was **teen issues** in Cannon County. The council identified teen issues to include: alcohol and drug abuse, teen pregnancy, high school dropouts, family relations, and youth violence. The future plans of the Cannon County Health Council are to go through the action planning steps.

## **Taking Action Outline**

The *Taking Action* cycle is a systematic approach to problem solving. There are five phases of the cycle:

<b>A</b>	Phase 1	<u>A</u> ssess the Situation
<b>C</b>	Phase 2	Determine <u>C</u> auses
<b>T</b>	Phase 3	<u>T</u> arget Solutions
<b>I</b>	Phase 4	Design <u>I</u> mplementation
<b>ON</b>	Phase 5	Make it <u>O</u> ngoing

### **Phase 1**      Assess the Situation

- Identifying priority health issue.
- Answering the question, “How does the priority health issue affect your community?”
- Writing mission statement based on answers to questions.
- Making decision to pursue health-related concern or to select another ingredient to work on.
- Listing community resources that could be applied to the priority health issue.
- Developing answers to the following questions:
  - Who** are the people/group being targeted?
  - What** do they need?
  - Where** do they need it?
  - When** is it needed?
- Identifying additional data and ways to gather information.

### **Phase 2**      Determine Causes

- Reviewing who, what, where, and when for current health concerns and introduction to the “why”.
- Discussing possible causes and the difference between a cause and a symptom.
- Listing causes of the problem, grouping them, and identifying the ones that are creating the problem issue.
- Identifying additional data that may be needed from the target group.

### **Phase 3**      **Target Solutions and Ideas**

- Targeting a solution.
- Identifying potential solutions that offer the greatest benefit for the causes.
- Listing possible barriers to the solution and actions to correct them.
- Developing criteria for a good solution.
- Revising the health-related concern into a problem statement which includes the health-related concern, the target population, the cause(s), and the solution or plan of action.

### **Phase 4**      **Implementation, the Action Plan**

- Setting goals and objectives.
- Forming work groups for the following categories: community partners, equipment needs, time lines, marketing plan, and staff needs/training.
- Presenting group/committee reports.
- Finalizing content of the categories.
- Restating goals and objectives.
- Forming budget group.

Budget revisions and final approval of *Action Plan*.

### **Phase 5**      **Make it Ongoing.**

- Forming committees for:  
Evaluation  
Development/Sustainability  
Strategies for short and long term funding options.

# *Appendices*

# Appendix 1

## Council Makeup

### Cannon County Health Council

Joy Lorance  
Cannon County Health Department  
301 West Main Street  
Woodbury, TN 37190  
Richie Hunter  
Woodbury Drug Center  
221 West Main Street  
Woodbury, TN 37190  
Kimberly Freeman  
Regional Health Department

Tommy Woodson  
Woodson's Pharmacy  
304 West Main Street  
Woodbury, TN 37190  
Ray Minton  
Election Commissioner  
Woodbury, TN 37190

Thea Prince  
313 West Main Street  
Woodbury, TN 37190  
Larry Davis  
UCHRA  
301 West Main Street  
Woodbury, TN 37190  
Tim Spry  
First National Bank  
801 West Main Street  
Woodbury, TN 37190  
Bill Smith  
Union Planters  
200 West Water Street  
Woodbury, TN 37190  
Ricky Cope  
Cannon County Ambulance Service  
301 West Main Street  
Woodbury, TN 37190  
Jeanette Dillard  
215 Parker Drive  
Bradyville, TN 37026

Shirley Measles  
Cannon County Health Department  
301 West Main Street  
Woodbury, TN 37190

James Adkins  
Woodbury Nursing Home  
119 West High Street  
Woodbury, TN 37190  
Nancy Smoot, Director  
Columbia Homecare  
118 North Jefferson  
Winchester, TN 37398-1442  
Gary Bryant, M.D.  
Columbia Stones River Professional Bldg.  
370 Doolittle Road Suite 4  
Woodbury, TN 37190  
Diane McMahan  
Board of Education  
Woodbury, TN 37190

Andy Bryson  
Cannon Courier Inc.  
201 West Water Street  
Woodbury, TN 37190  
Jerry Barnett  
3508 Bunt Burgin Road  
Woodbury, TN 37190  
Barbara Parker, School Superintendent  
Board of Education  
Main Street  
Woodbury, TN 37190  
Margie Petro  
Cannon County High School  
1 Lion Drive  
Woodbury, TN 37190  
Charles Brandon Jr.  
110 Alexander Drive  
Woodbury, TN 37190

Clayton Glenn, Agency Extension  
3498 McMinnville Highway  
Woodbury, TN 37190

Freda Henson  
Woodbury Grammar School  
501 West Colonial Street  
Woodbury, TN 37190  
Wilma Jo Melton  
459 Tommy Parker Road  
Woodbury TN 37190

Shannon Horn  
Woodbury Health Department  
301 West Main Street  
Woodbury, TN 37190  
Ann McBride  
1967 Wilson Hollow Road  
Woodbury, TN 37190  
Stephen Nobes  
Department of Human Services  
325 Bryant Lane  
Woodbury, TN 37190  
Erskine Peoples  
BlueCare  
801 Pine Street  
Chattanooga, TN 37402-2555  
Roger Turney  
291 Knob Hill Road  
Aubertown, TN 37016

Carrie Hawk  
1206 Hillsboro Street  
Manchester, TN 37355  
Catherine Player  
Courthouse  
Woodbury, TN 37190

Angie Beaty  
American Cancer Society  
508 State Street  
Cookeville, TN 38501  
Cindy Smith  
Stones River Hospital  
324 Doolittle Road  
Woodbury, TN 37190  
Cyndi Bush  
612 Lehman Street  
Woodbury, TN 37190

Mary Lou Goins  
310 South Dillon  
Woodbury, TN 37190  
Max Ruhl  
Random House  
800 George Scott Road  
Woodbury, TN 37190  
Karen Brown  
Stones River Hospital  
324 Doolittle Road  
Woodbury, TN 37190

Lisa Davenport  
Woodbury Housing  
401 McFerrin Street  
Woodbury, TN 37190

Aneta Dodd  
2364 Geedville Road  
Bradyville, TN 37026

Greg Rogers  
78 Mockingbird Lane  
Woodbury, TN 37190  
Sandra Mason  
Woodbury Grammar School  
501 West Colonial Street  
Woodbury, TN 37190  
Ton Burnett  
Woodbury Police Department  
Public Square  
Woodbury, TN 37190  
Buffalo Valley, Inc.  
P.O. Box 117  
501 Park South Avenue  
Hohenwald, TN 38462  
Renaë Duke  
4564 Hollow Springs Road  
Bradyville, TN 37026  
Becky Hawks, TN Dept. of Health  
Bureau of Health Srv. Admin., 4<sup>th</sup> Floor  
Cordell Hull Bld., 425 5<sup>th</sup> Ave. North  
Nashville, TN 37147-4501  
Carla Youree  
202 Walter Street  
Woodbury, T 37190

Donald Fann  
Arts Center of Cannon County  
P.O. Box 111  
Woodbury, TN 37190  
Dean Barker  
Board of Education  
Main Street  
Woodbury, TN 37190  
Karen Zabriskie  
6241 North Short Mountain Road  
Liberty, TN 37095  
B.J. Coomes  
313 West Main  
Woodbury, TN 37190

Pam Cunningham  
Woodbury Housing  
401 McFerrin Street  
Woodbury, TN 37190

Dale Bush  
County Executive  
Cannon County Courthouse  
Woodbury, TN 37190

Charlie Wilder  
110 Alexander  
Woodbury, TN 37190  
Leah Bengé  
110 McBroom Street  
Woodbury, TN 37190  
Dale Peterson  
410 West Main Street  
Woodbury, TN 37190  
Connie Bryant  
P.O. Box 11  
Woodbury, TN 37190

Bruce Steelman  
202 Water Street  
Woodbury, TN 37190  
Mackensie Blu  
301 West Main Street  
Woodbury, TN 37190  
Kristy Miller  
Warren County Health Department

# Appendix 1

## BY LAWS FOR CANNON COUNTY HEALTH COUNCIL

### ARTICLE I. NAME

The name of this organization shall be Cannon County Health Council (hereafter referred to as “COUNCIL”) and will exist within the geographic boundaries of Cannon County, Tennessee. The Council shall exist as a non-incorporated, not-for-profit, voluntary membership service organization.

### ARTICLE II. MISSION

The Cannon County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability, accessibility, and affordability of quality health care with in the Upper Cumberland Tennessee Public Health Region.

### ARTICLE III. GOALS

The goals of the Council are to assess the present and future health care needs of the Cannon County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific health care problems within the community. From its analysis, the Council will: (1) formally define health care problems and needs within the community, (2) develop goals, objectives and plans of action to address these needs, and (3) formally identify all resources which are available to affect solutions.

### ARTICLE IV. OFFICERS

#### Section 1: Officers

The officers of the council shall consist of the Chairman, Vice-Chairman, Secretary and Treasurer. Appointment and election for officers will be made council members.

#### Section 2: Chairman

The Chairman will be elected by majority vote of the Council from nominees among its members. The Chairman will preside over all meetings of the Council and will set the agenda for each meeting.

#### Section 3: Vice-Chairman

The Vice-Chairman will be selected by majority vote of the Council from nominees among its members. The Vice-Chairman will preside in the absence of the Chairman and assume duties by the Chairman.

#### Section 4: Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the form of minutes, and will issue notice of all meetings and perform such duties as assigned by the Council. The Secretary/Treasurer shall keep account of all money arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall perform such duties incidental to this office.

#### Section 5: Term of Office

Officers shall be elected at the meetings in or following July of each year for term of one year. Officers may be re-elected to serve additional terms.

### ARTICLE V. MEMBERS

Membership of the Council shall be voluntary and selected by the Board of Directors. Board of Directors will consider recommendations for membership from any source. The Board of Directors will be composed of the current elected of the Council. The Council shall consist of no less than (10) ten and no more than (30) thirty voting members as to be effectively representative of all segments of the community. Leaders in the area of health care, finance, business, industry, civic organizations, social welfare agencies, advocacy groups, government, religious ethnic, educational, media-public relations, and law enforcement may be invited to serve. The Council shall also invite the membership of representatives from diverse socioeconomic backgrounds. The Council shall have the right to remove Council members for good cause shown after notice and hearing before the Council as a whole. A (2/3) two-thirds majority is required for removal. Automatic removal results when a member misses (6) six meetings in a calendar year.

### ARTICLE VI. MEETINGS

#### Section 1: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every (2) two months, to be held at a time and place specified by the Council Chairman.

#### Section 2: Special Meetings

The Council Chairman may call a special meeting, as deemed appropriate, upon five days written notice to the membership.

#### Section 3: Quorum

A quorum shall consist of a majority of voting members present at the Council meeting.

## ARTICLE VII. COMMITTEES

The Council may establish such standing or special committees as deemed appropriate for the conduct of its business. Committee membership will be assigned by the Chairman and shall consist of Council members.

## ARTICLE VIII. APPROVAL AND AMENDMENT

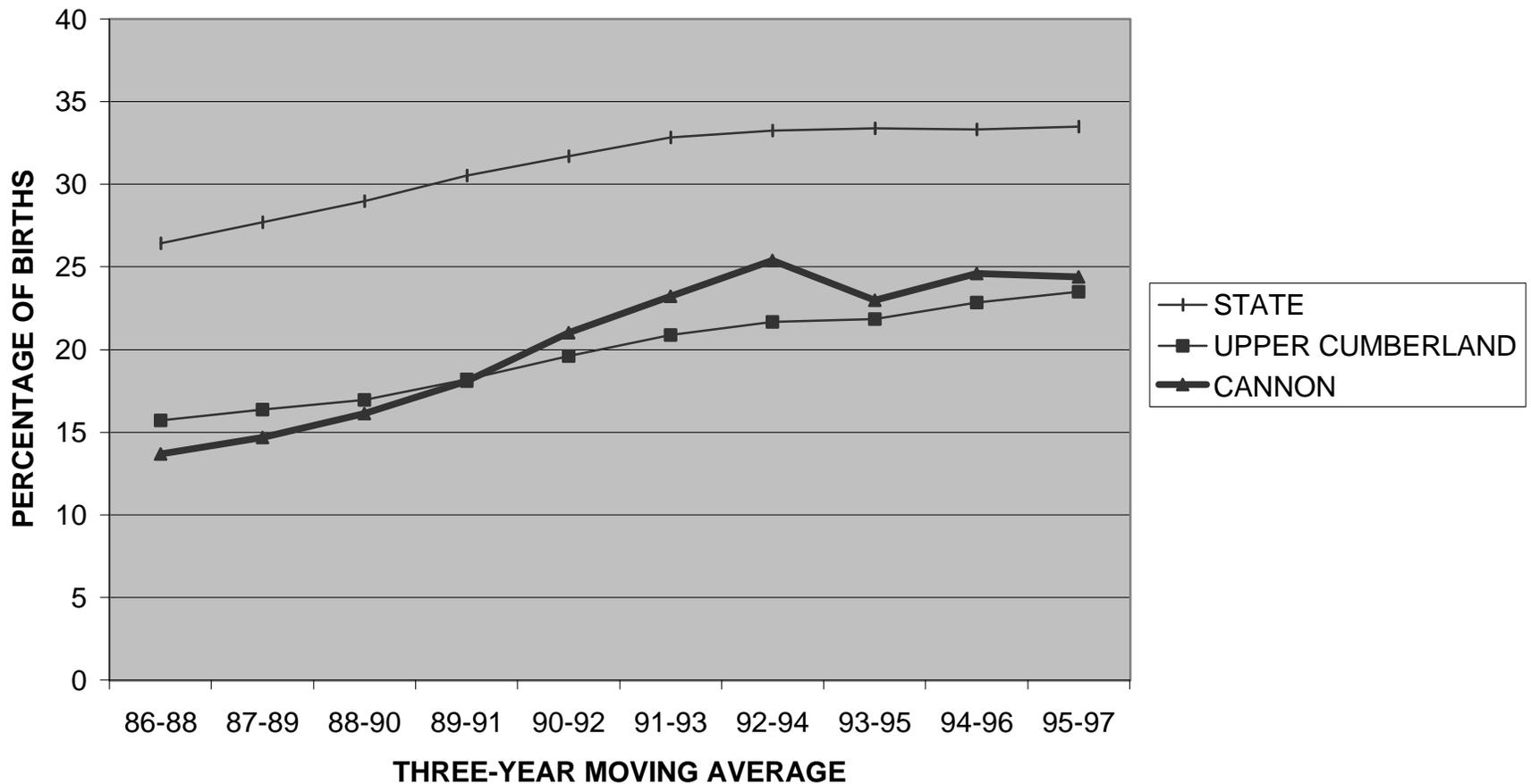
These by-laws will become effective upon approval by a majority vote of the membership of the Council. Thereafter, these bylaws may be amended or repealed at any regular or special meeting called for the purpose by a majority vote of the voting members present, provided that the purposed additions, deletions, for changes have been submitted in writing to all Council members not less than (30) days prior to the meeting at which formal action on such amendments are sought.

# Appendix 3

## Pregnancy and Birth Data

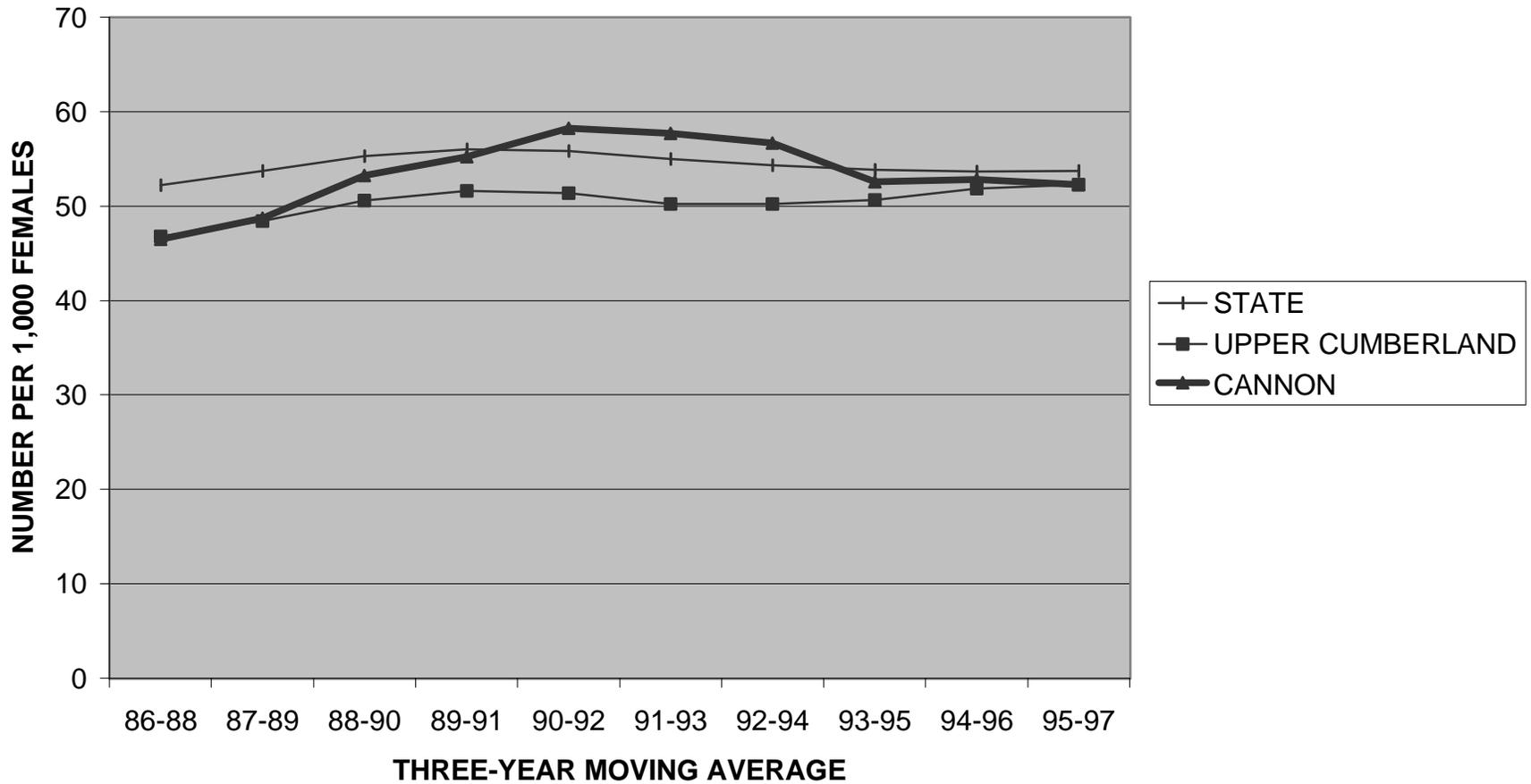
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5	
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5	
CANNON	13.7	14.7	16.1	18.1	21.0	23.2	25.4	23.0	24.6	24.4	

**PERCENTAGE OF LIVE BIRTHS TO UNWED MOTHERS AGES 10-44**



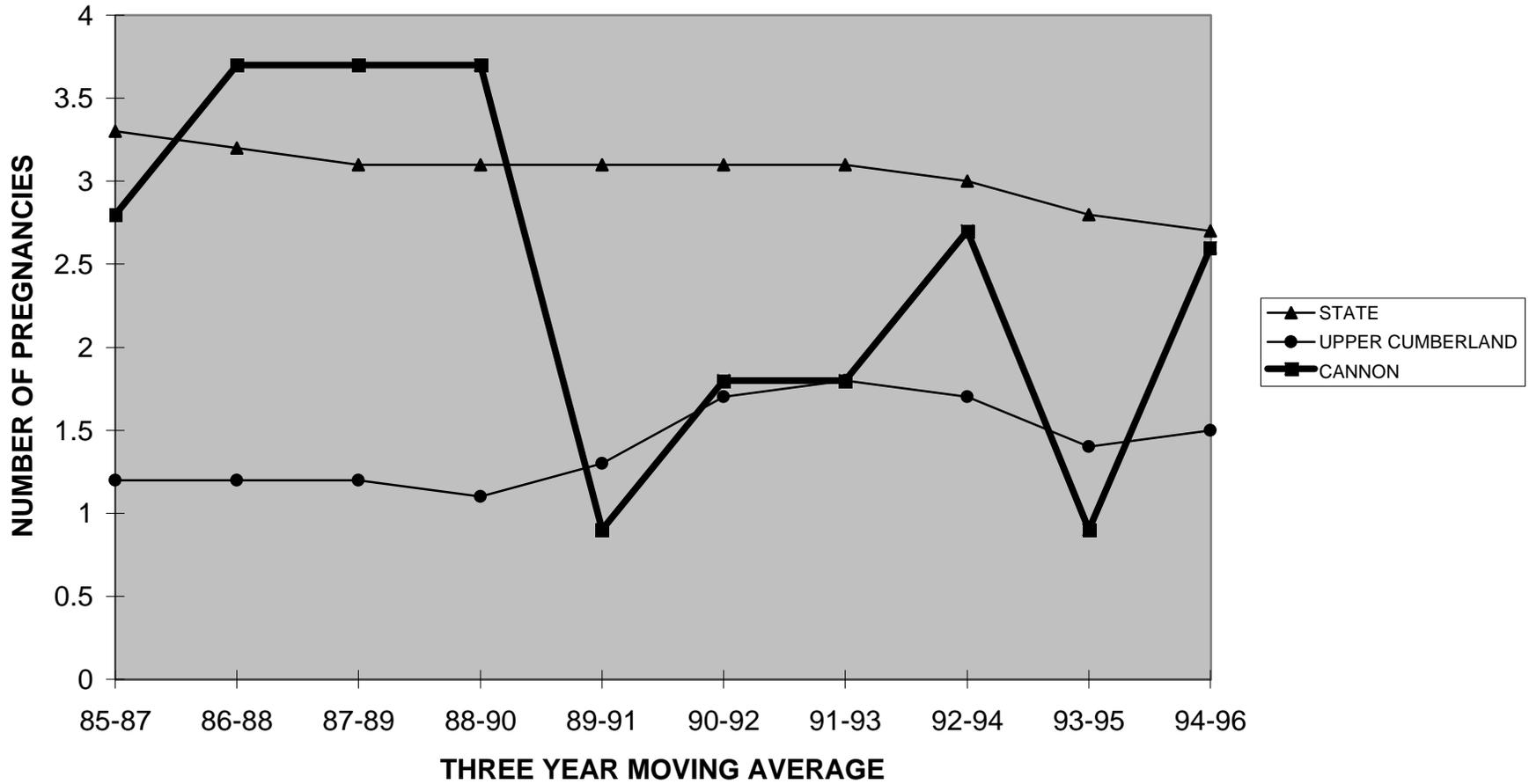
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3
CANNON	46.5	48.7	53.2	55.2	58.2	57.7	56.7	52.6	52.8	52.3

**NUMBER OF LIVE BIRTHS PER 1,000 FEMALES AGES 10-44**



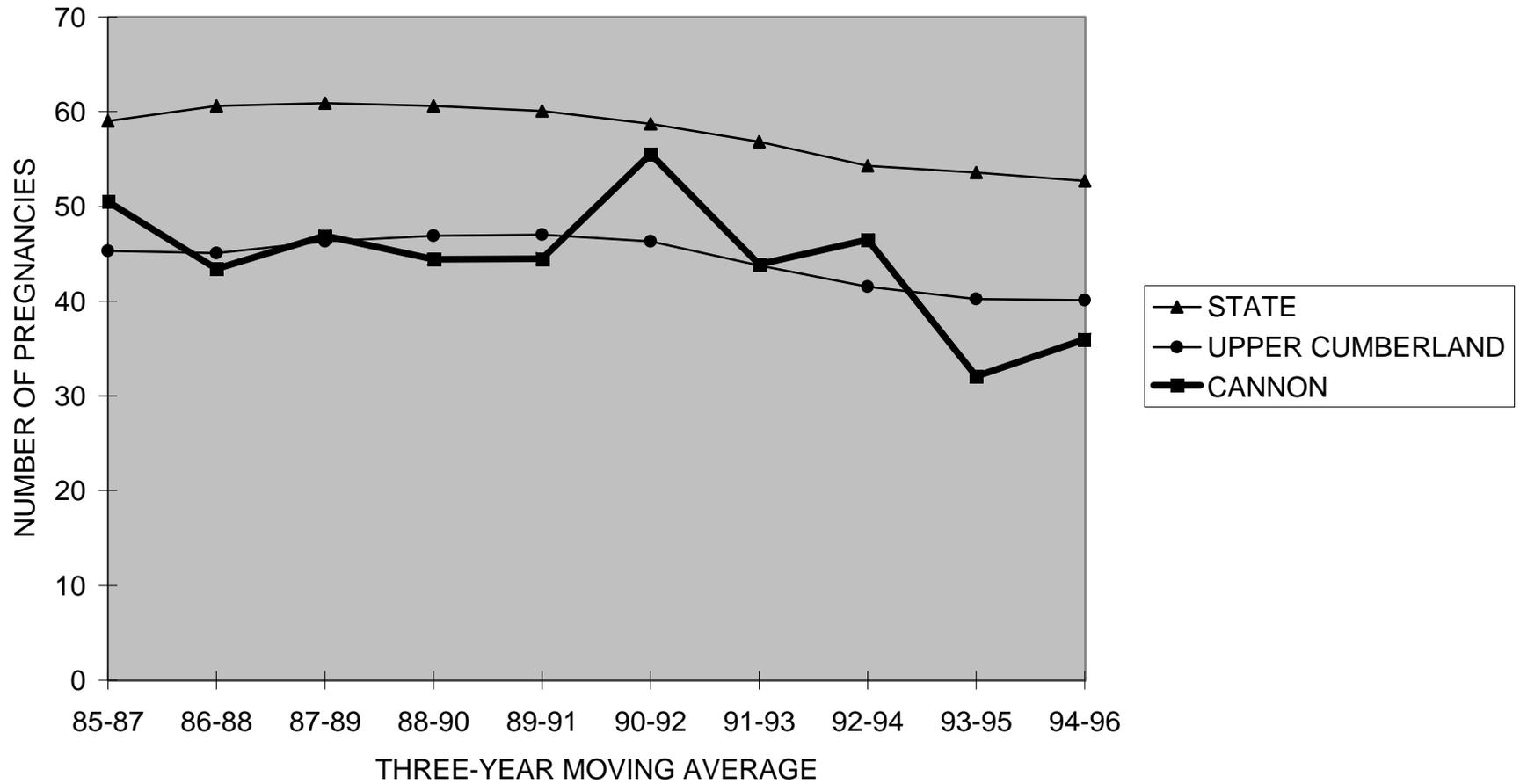
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	3.3	3.2	3.1	3.1	3.1	3.1	3.1	3	2.8	2.7	
UPPER CUMBERLAND	1.2	1.2	1.2	1.1	1.3	1.7	1.8	1.7	1.4	1.5	
CANNON	2.8	3.7	3.7	3.7	0.9	1.8	1.8	2.7	0.9	2.6	

**NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 10-14**



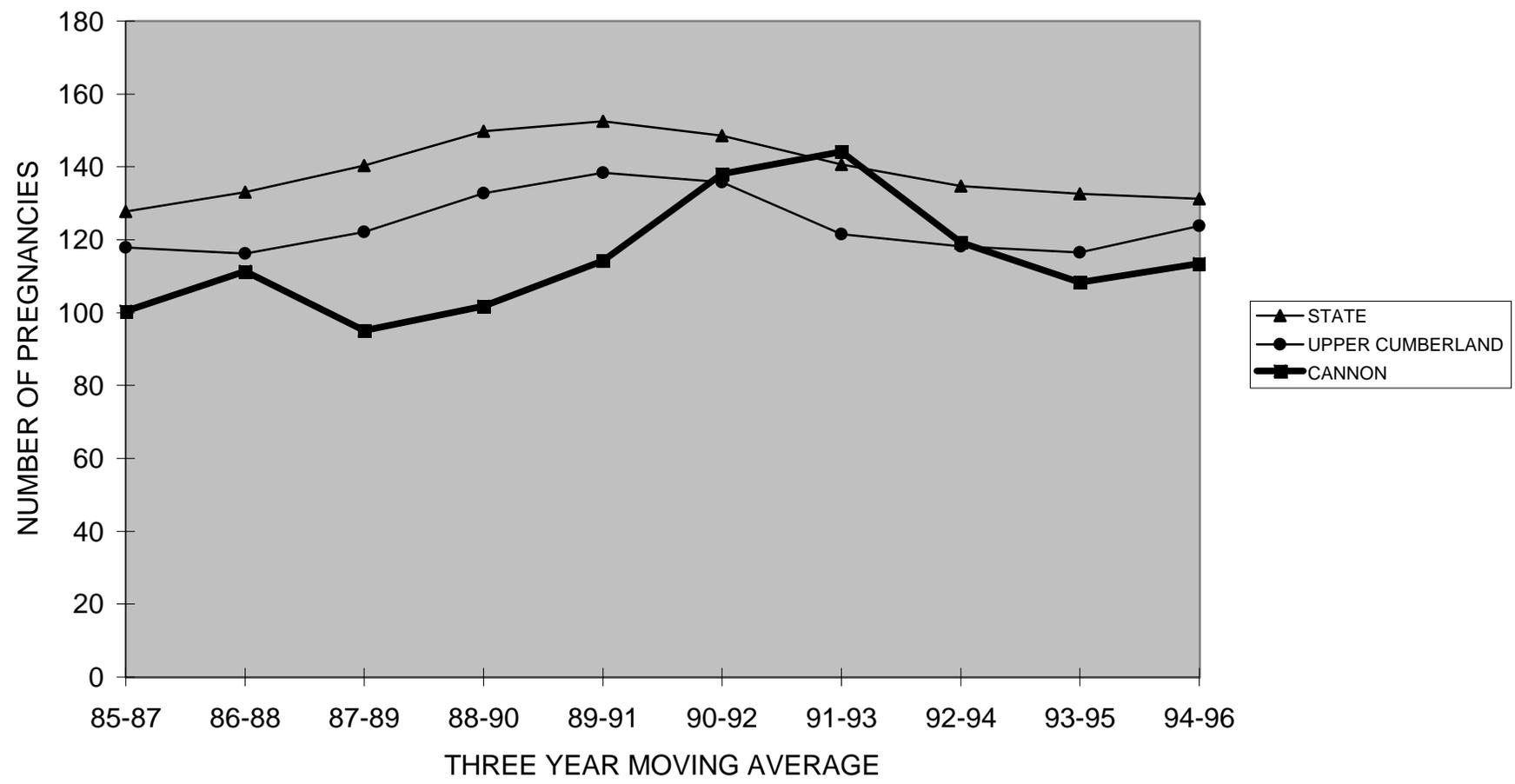
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	59	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7	
UPPER CUMBERLAND	45.3	45.1	46.3	46.9	47	46.3	43.8	41.5	40.2	40.1	
CANNON	50.5	43.4	46.9	44.4	44.5	55.5	43.9	46.5	32.1	36	

**NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 15-17**



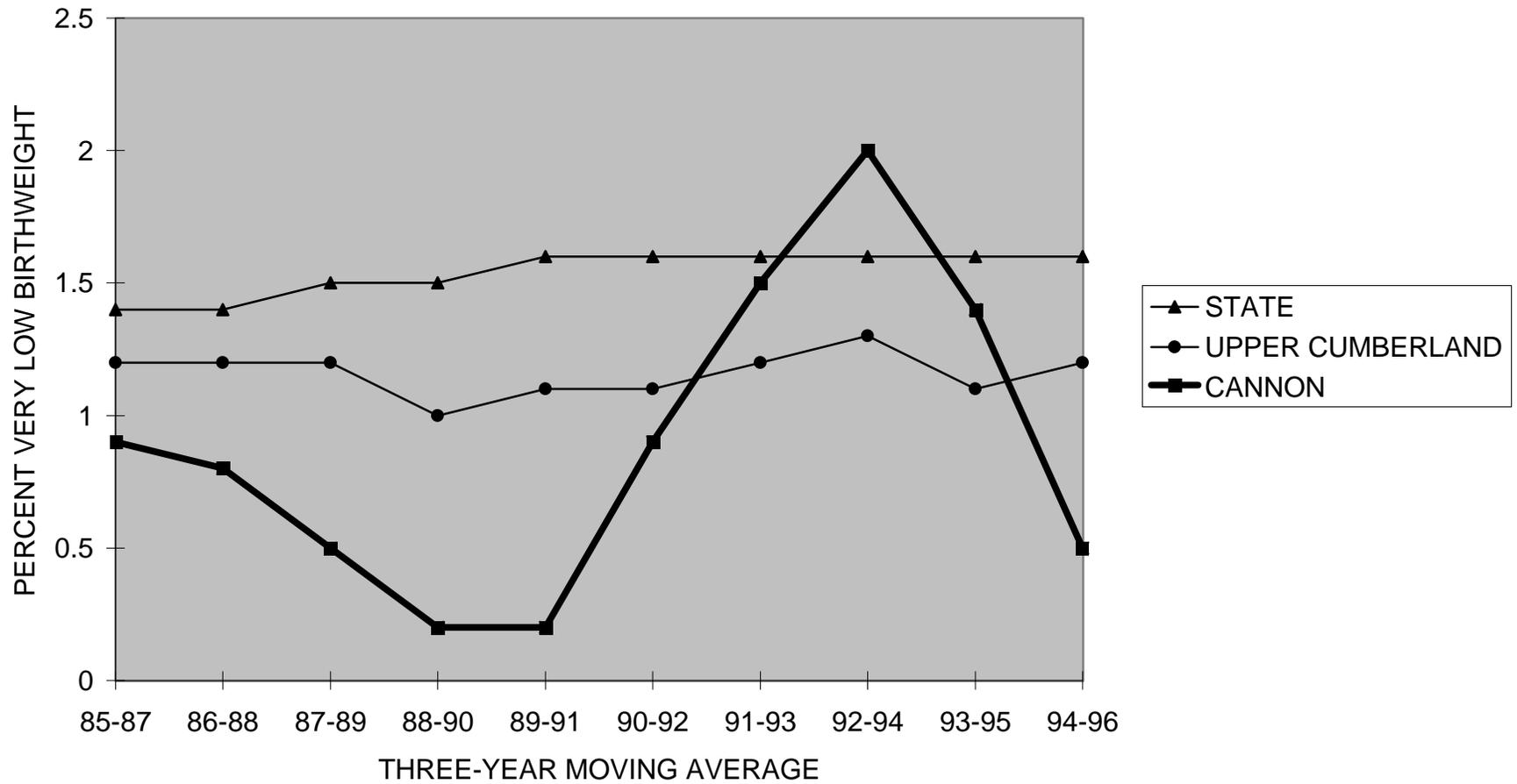
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	127.8	133	140.4	149.8	152.5	148.5	140.7	134.7	132.6	131.3	
UPPER CUMBERLAND	117.8	116.2	122.2	132.8	138.4	135.8	121.5	118.2	116.5	123.8	
CANNON	100.4	111.4	95.1	101.7	114.3	138.1	144.2	119.2	108.3	113.4	

**NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 18-19**



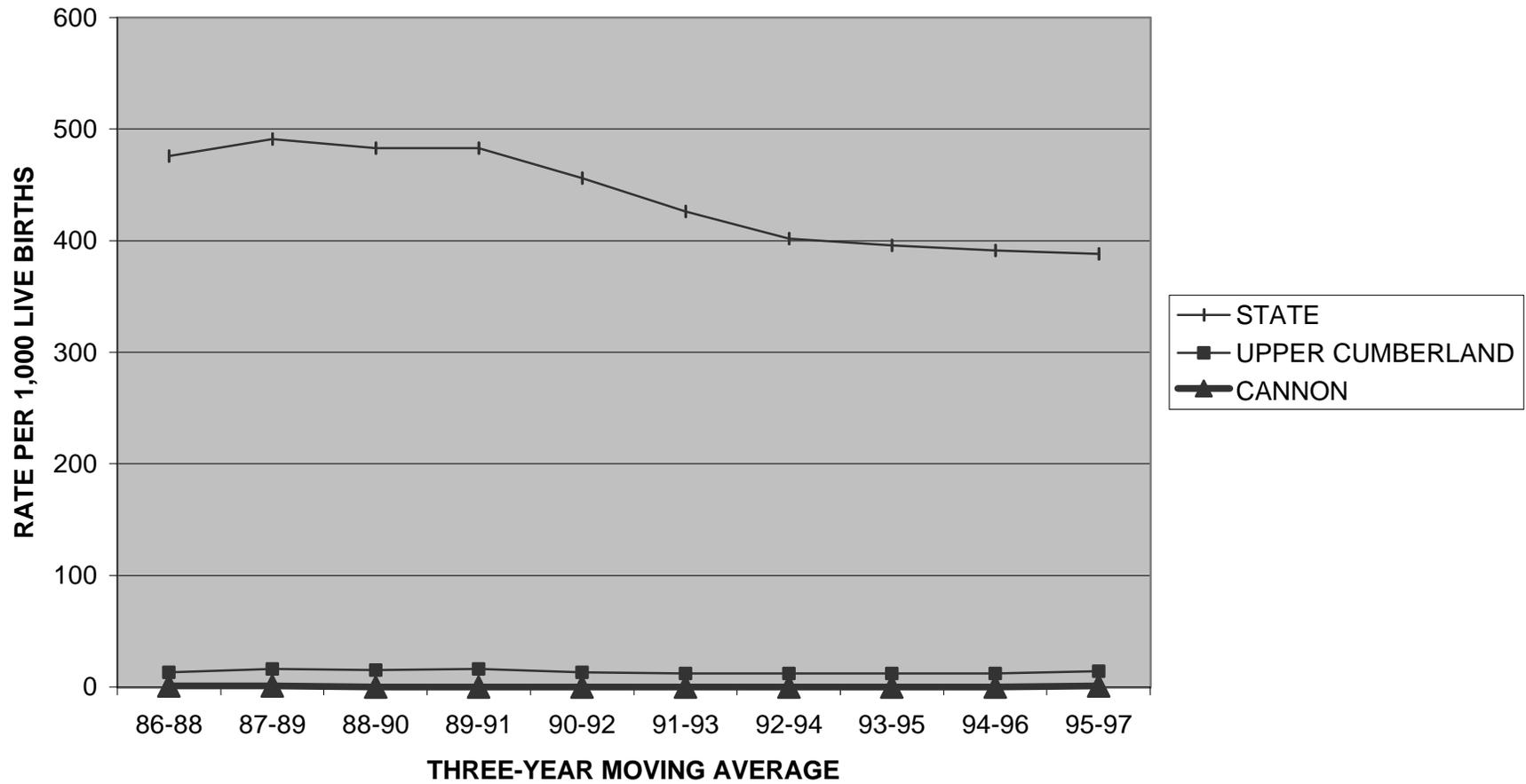
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6
UPPER CUMBERLAND	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2
CANNON	0.9	0.8	0.5	0.2	0.2	0.9	1.5	2	1.4	0.5

**PERCENT OF LIVE BIRTHS CLASSIFIED AS VERY LOW BIRTHWEIGHT, AGES 10-44**



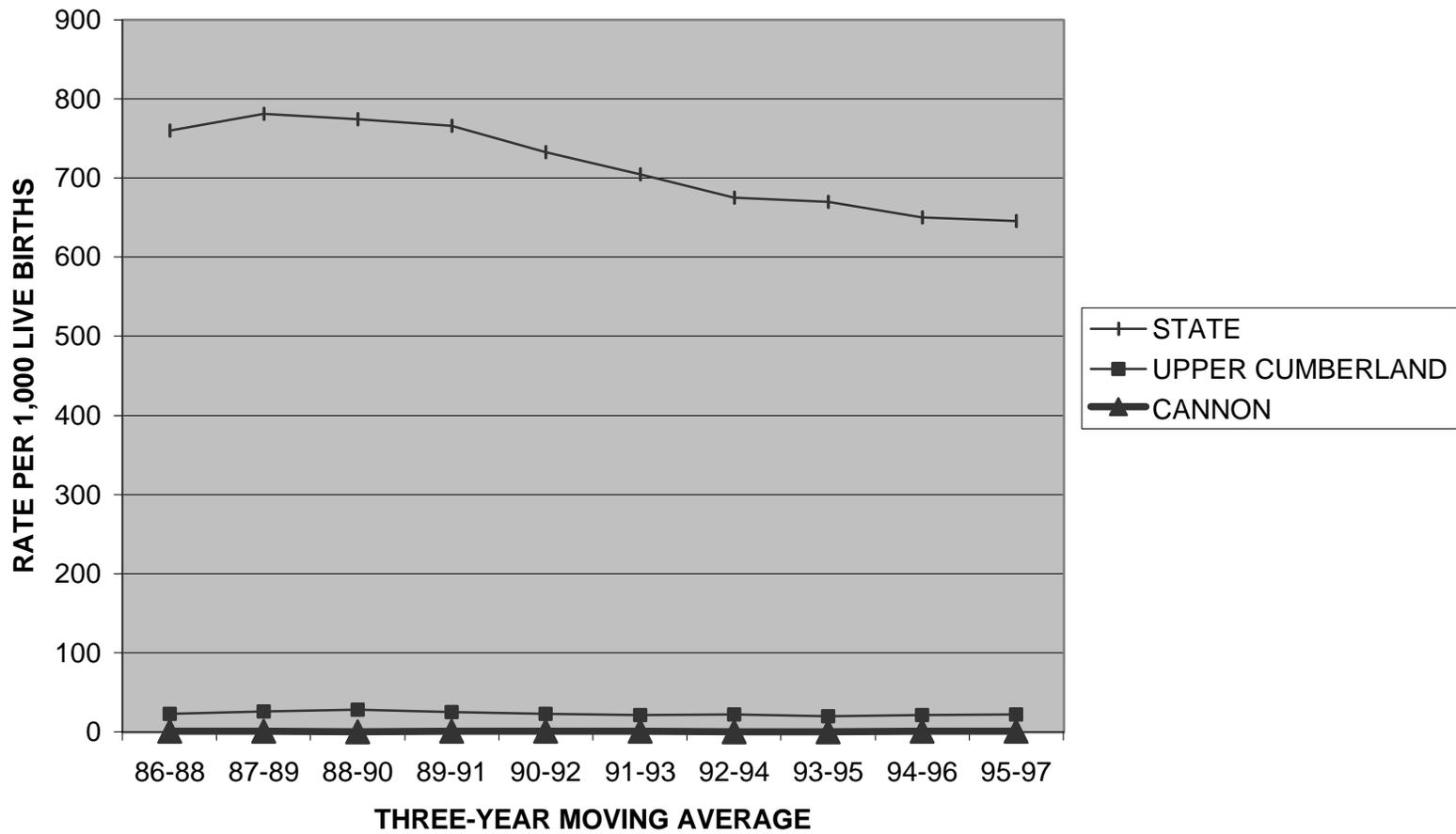
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
CANNON	1	1	0	0	0	0	0	0	0	1	

**NEONATAL DEATHS PER 1,000 LIVE BIRTHS**



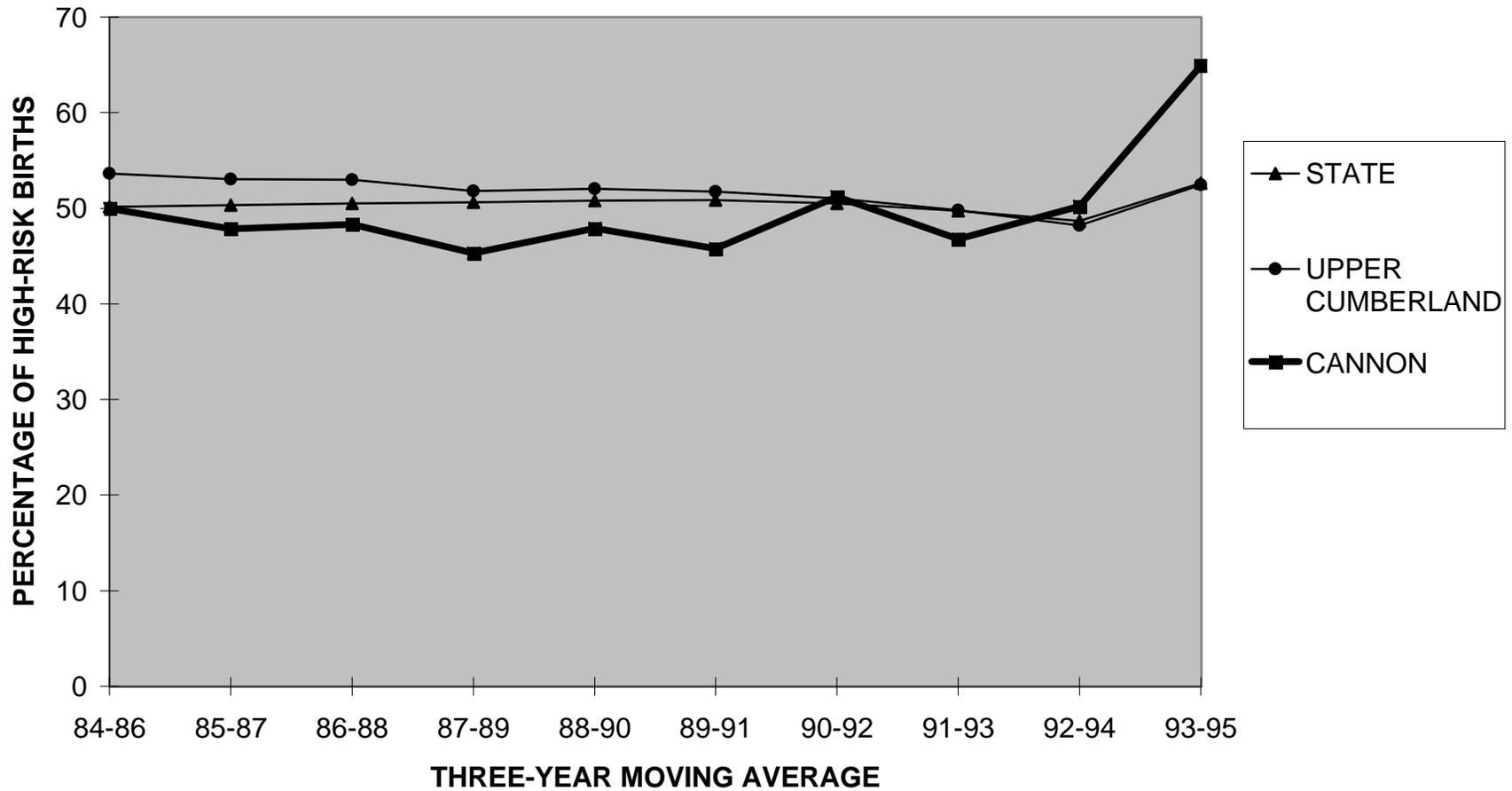
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	760	781	774	766	733	705	675	670	650	646	
UPPER CUMBERLAND	23	26	28	25	23	21	22	20	21	22	
CANNON	1	1	0	1	1	1	0	0	1	1	

**INFANT DEATHS PER 1,000 LIVE BIRTHS**



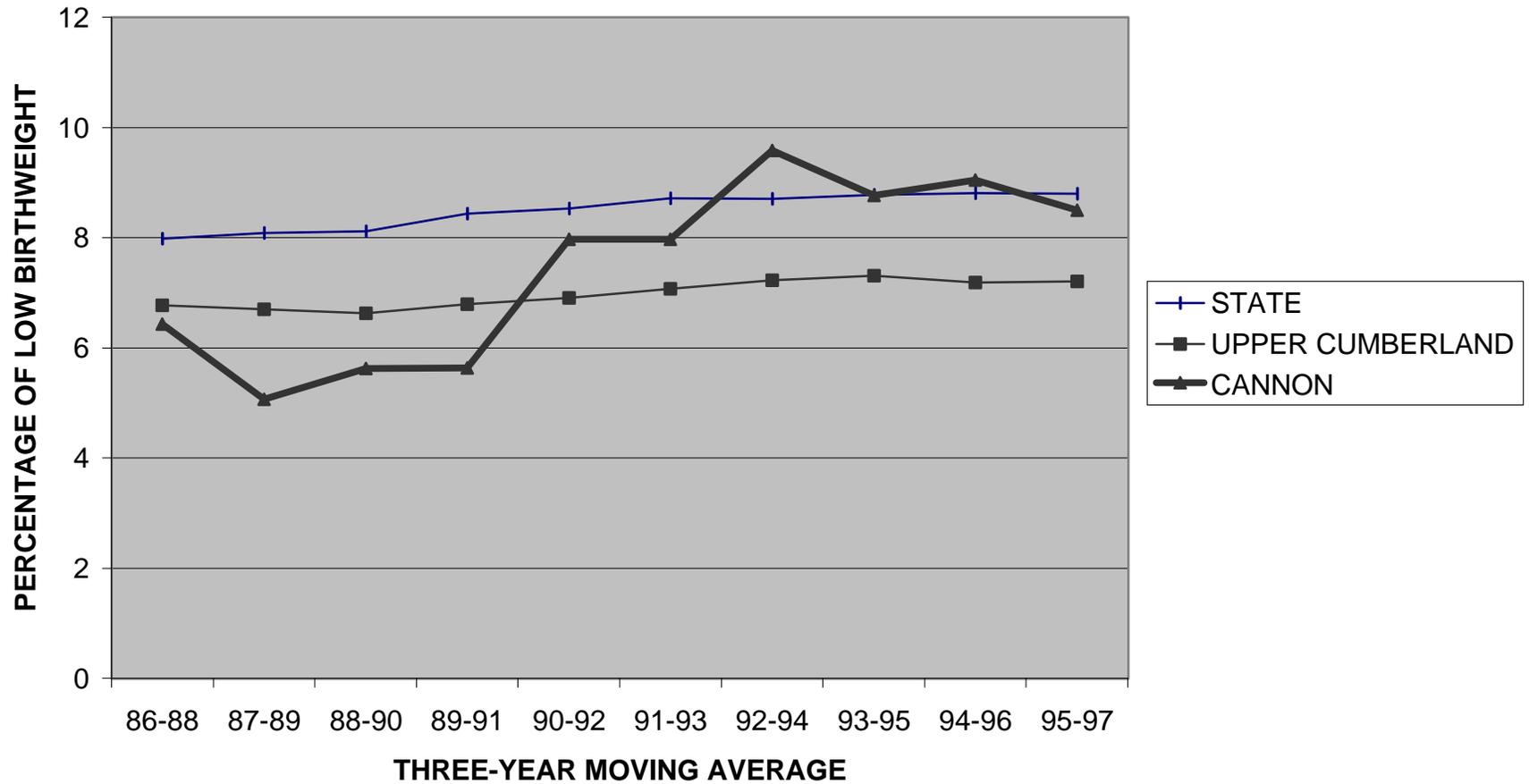
	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	50.1	50.3	50.5	50.6	50.8	50.8	50.5	49.7	48.7	52.6	
UPPER CUMBERLAND	53.7	53.1	53.0	51.8	52.0	51.7	51.0	49.8	48.2	52.5	
CANNON	50.0	47.8	48.3	45.3	47.9	45.8	51.2	46.8	50.2	64.9	

**PERCENTAGE OF BIRTHS WITH ONE OR MORE HIGH-RISK CHARACTERISTICS\***



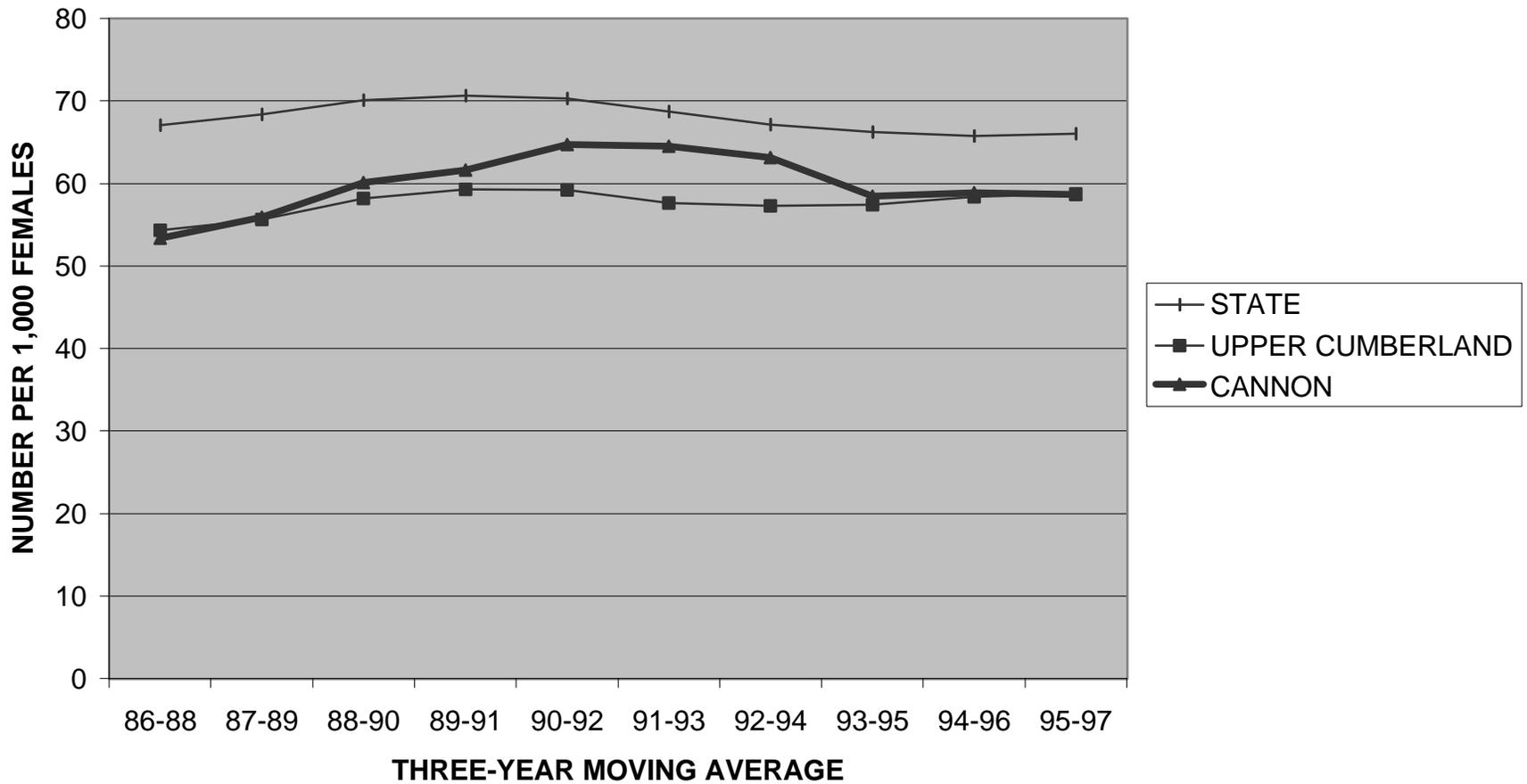
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	8.0	8.1	8.1	8.4	8.5	8.7	8.7	8.8	8.8	8.8	
UPPER CUMBERLAND	6.8	6.7	6.6	6.8	6.9	7.1	7.2	7.3	7.2	7.2	
CANNON	6.4	5.1	5.6	5.6	8.0	8.0	9.6	8.8	9.0	8.5	

**PERCENTAGE OF BIRTHS WHICH WERE LOW BIRTHWEIGHT**



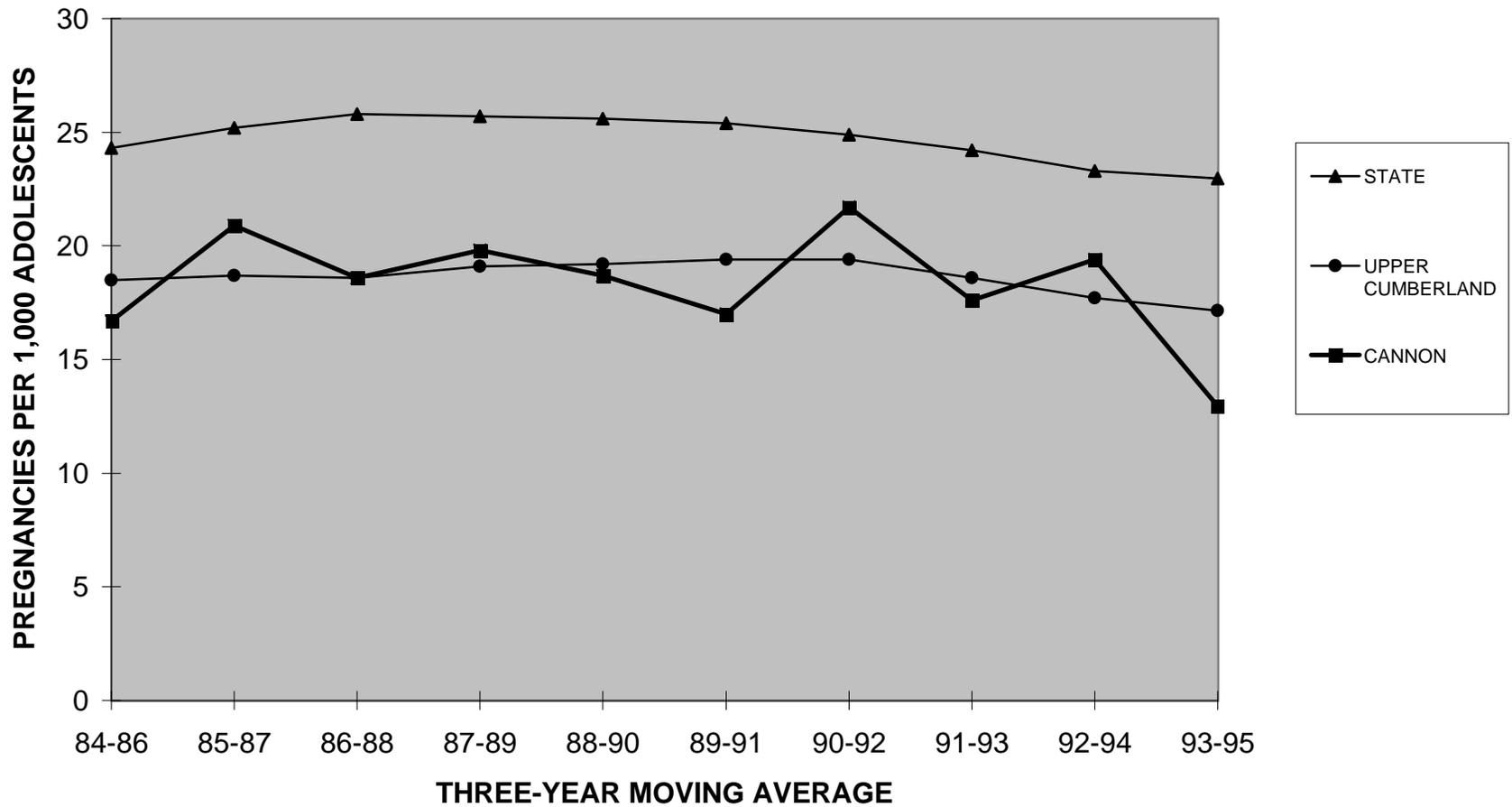
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPPER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
CANNON	53.4	55.9	60.1	61.6	64.7	64.5	63.1	58.4	58.8	58.7	

**NUMBER OF PREGNANCIES PER 1,000 FEMALES AGES 10-44**



	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	24.3	25.2	25.8	25.7	25.6	25.4	24.9	24.2	23.3	23.0	
UPPER CUMBERLAND	18.5	18.7	18.6	19.1	19.2	19.4	19.4	18.6	17.7	17.2	
CANNON	16.7	20.9	18.6	19.8	18.7	17.0	21.7	17.6	19.4	12.9	

**TOTAL NUMBER OF TEENAGE PREGNANCIES PER 1,000 FEMALES AGES 10-17**

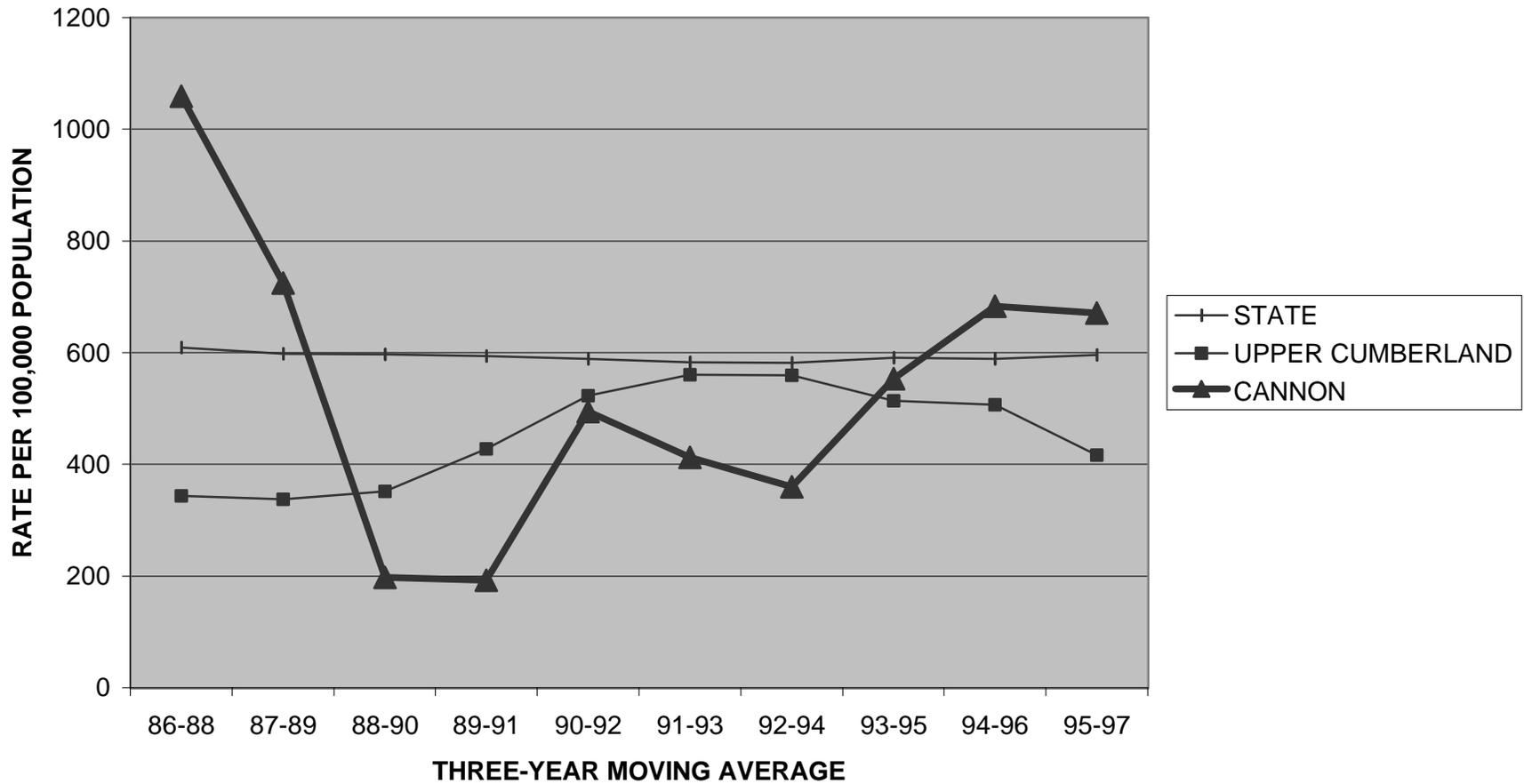


# Appendix 4

## Mortality Data

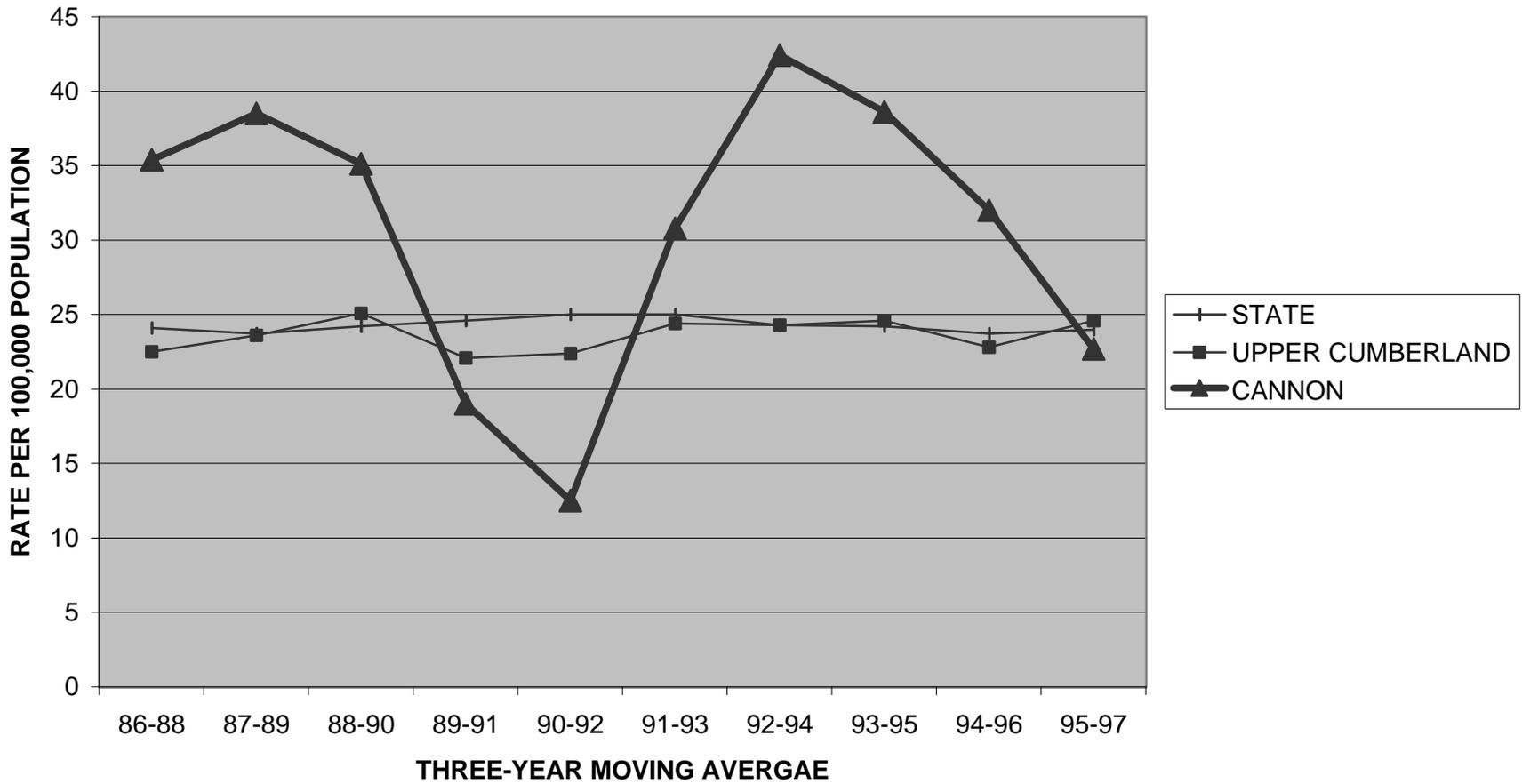
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7	595.7
UPPER CUMBERLAND	344.0	337.6	351.2	427.2	523.4	560.8	559.5	514.1	506.7	416.7
CANNON	1,058.9	724.8	197.8	192.2	494.3	412.1	359.8	553.6	683.2	671.4

**OTHER RACES FEMALE AGE-ADJUSTED MORALITY RATE PER 100,000 POPULATION**



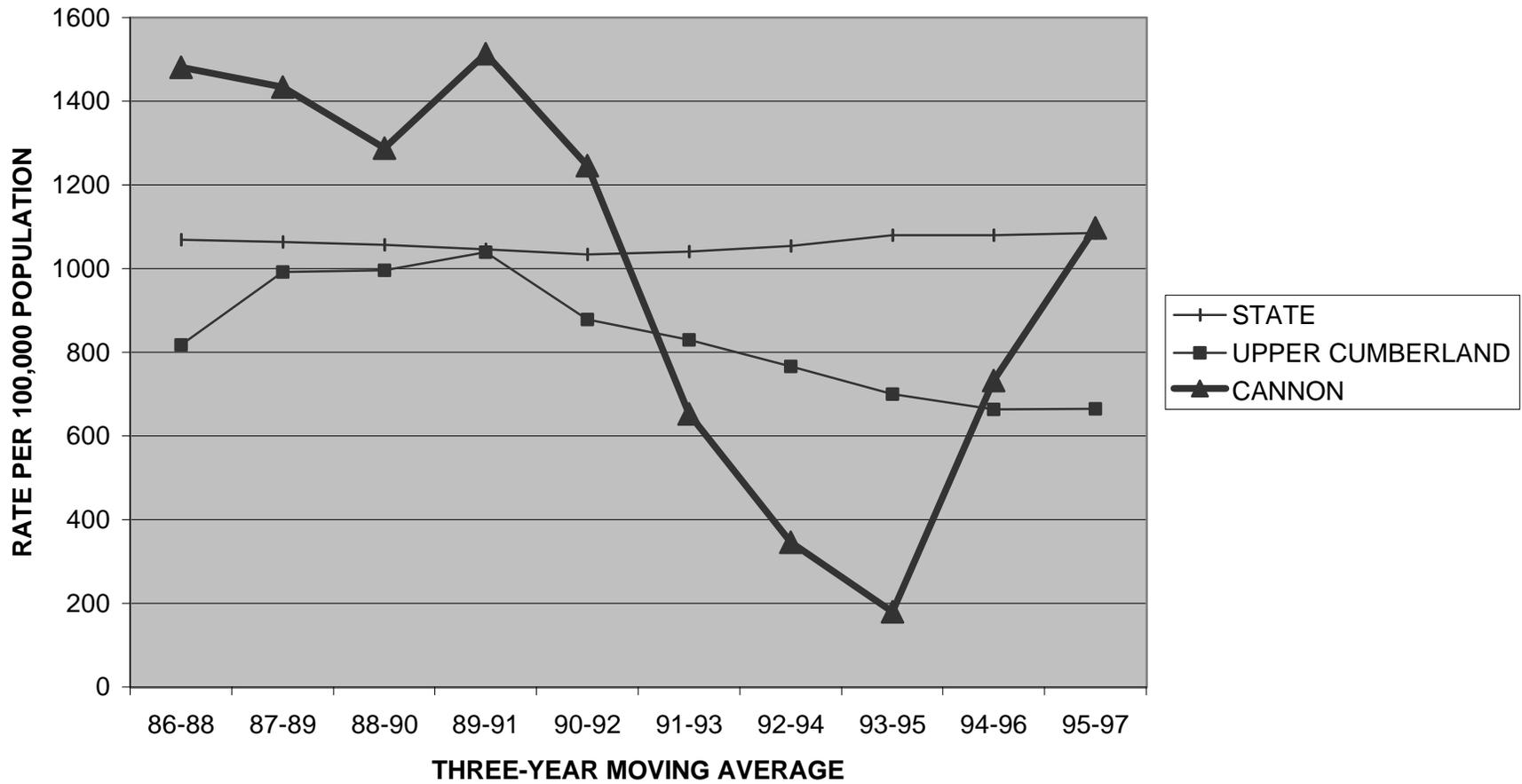
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.4	24.3	24.6	22.8	24.6
CANNON	35.4	38.5	35.1	19.0	12.5	30.8	42.4	38.6	32.0	22.7

**VIOLENT DEATH RATE PER 100,000 POPULATION**



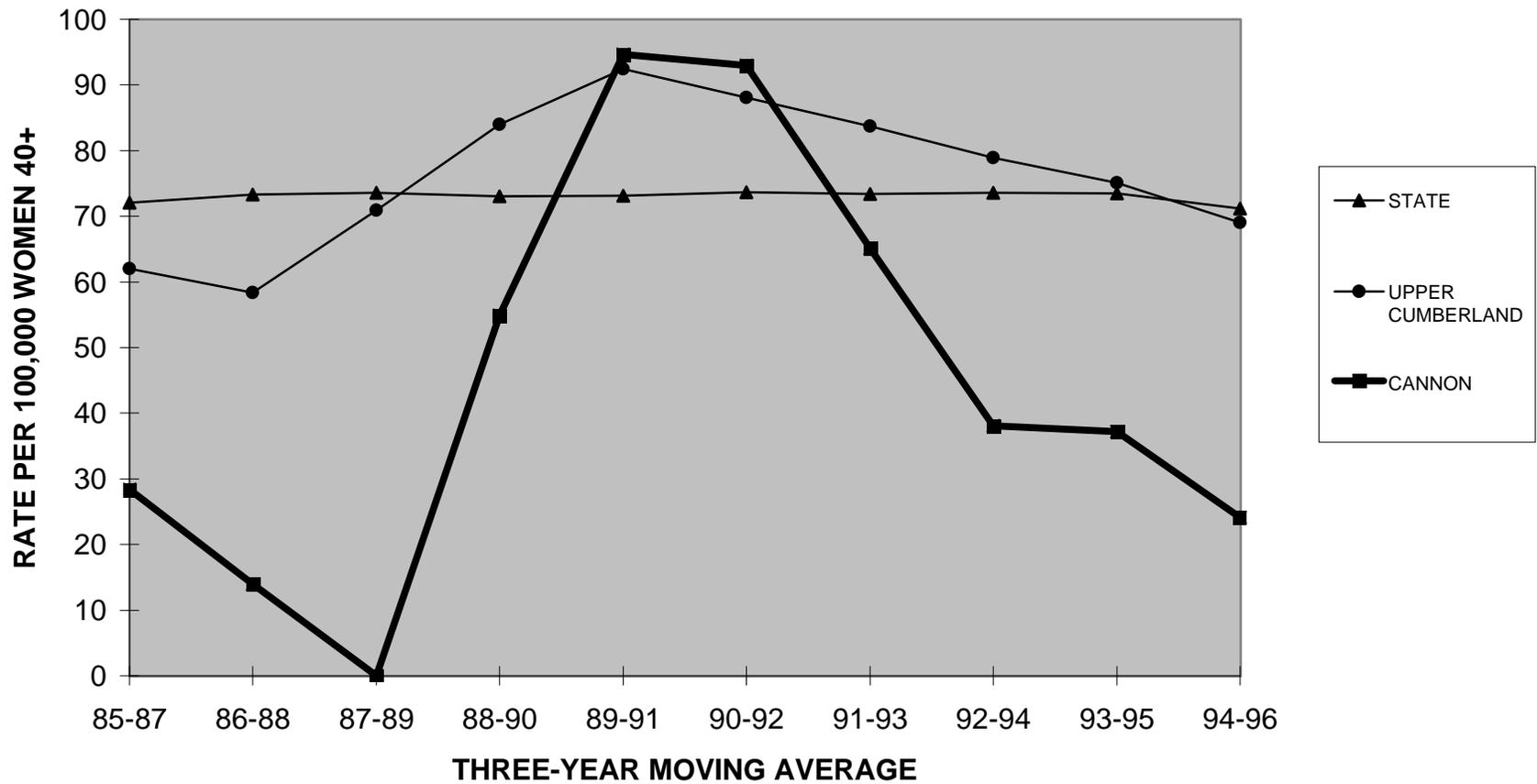
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8
UPPER CUMBERLAND	817.8	992.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1
CANNON	1,481.0	1,433.2	1,288.1	1,513.0	1,245.4	652.7	346.1	179.4	733.0	1,096.8

**OTHER RACES MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION**



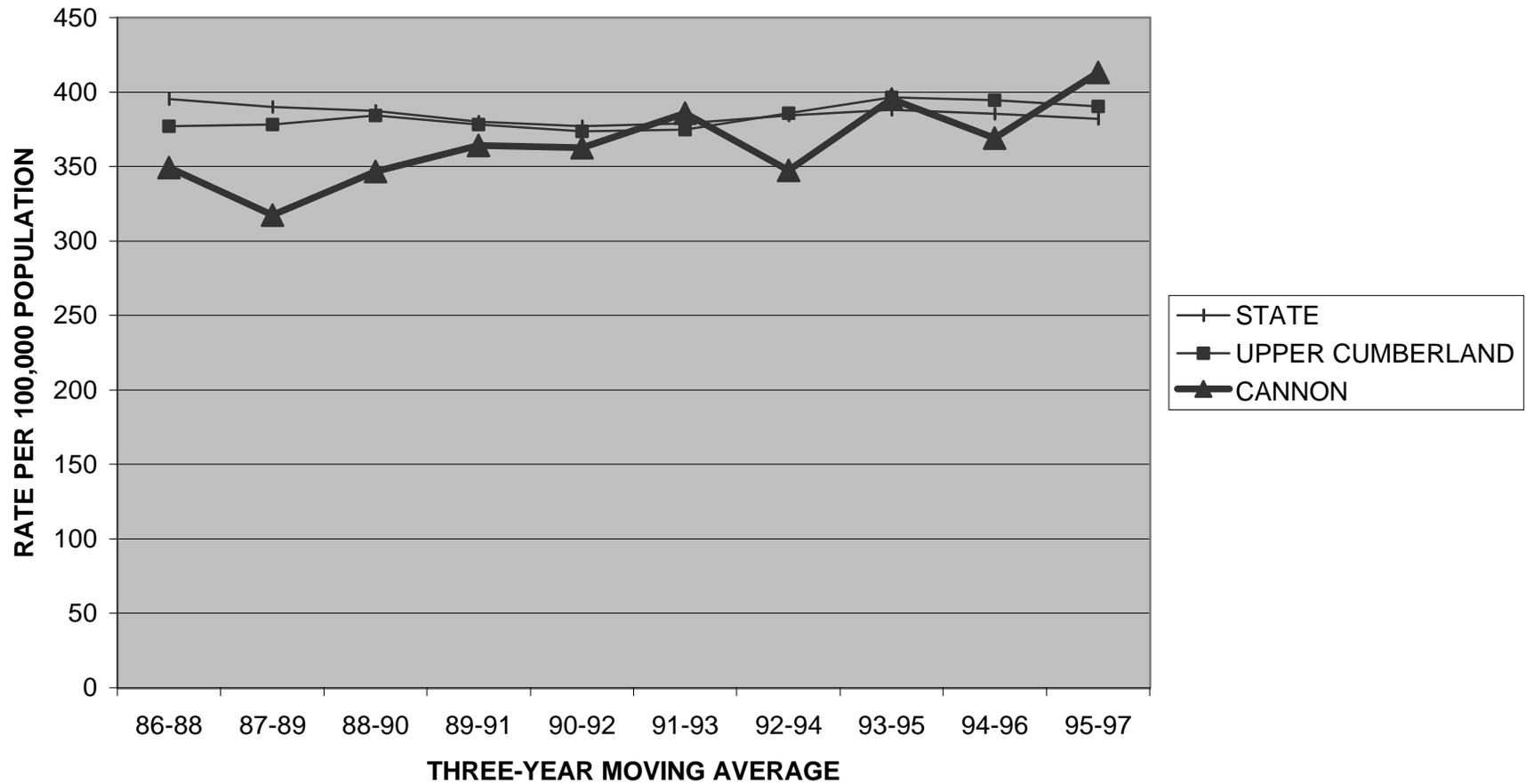
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2	
UPPER CUMBERLAND	62	58.4	70.9	84	92.4	88.1	83.7	78.9	75.1	69	
CANNON	28.4	14	0	54.9	94.7	93	65.1	38.1	37.2	24.1	

**FEMALE BREAST CANCER MORTALITY RATE PER 100,000 WOMEN  
AGES 40 YEARS AND OLDER**



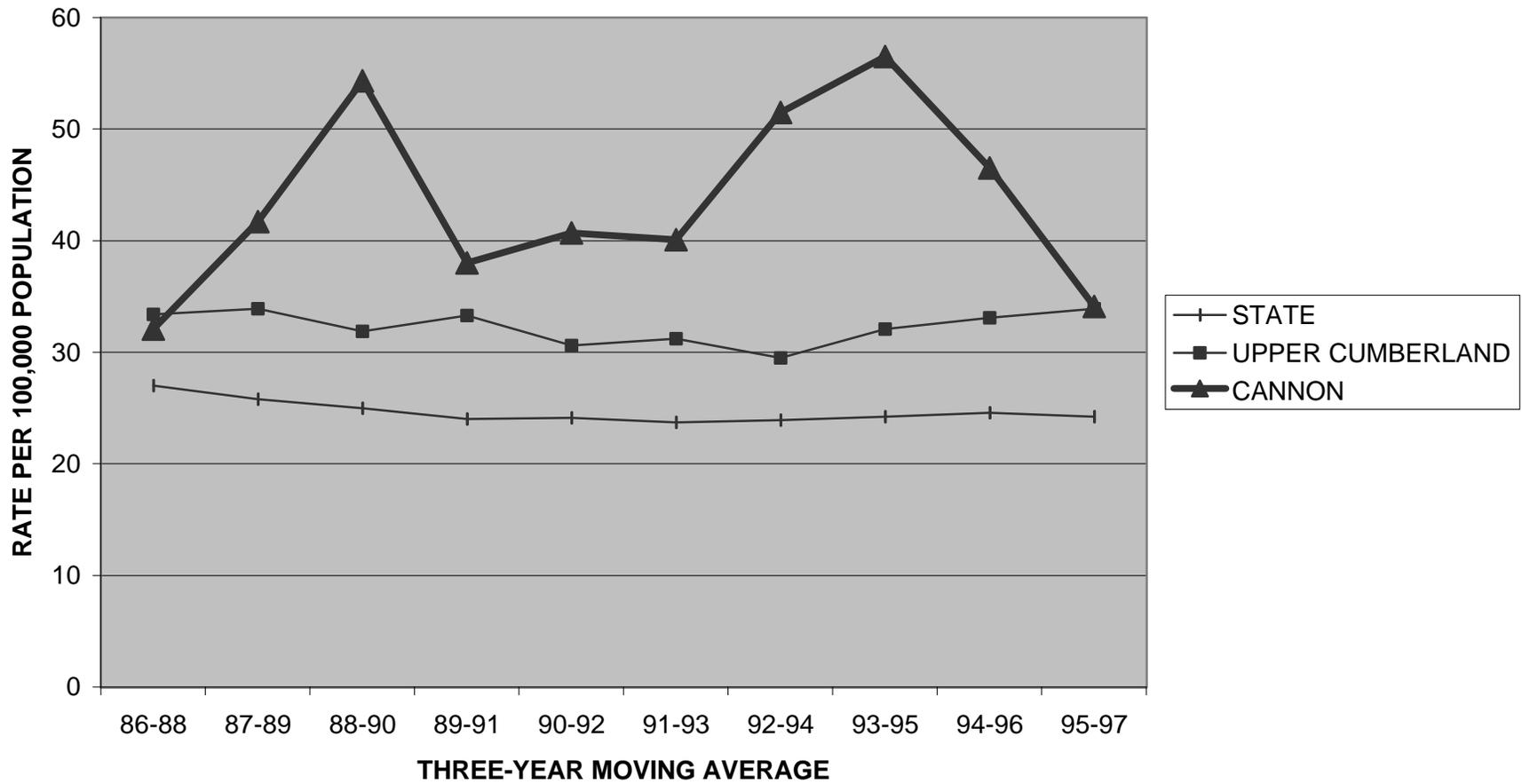
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	395.1	390.0	387.1	380.2	377.2	379.0	384.3	388.0	385.3	381.9	
UPPER CUMBERLAND	377.1	378.1	384.2	378.2	373.6	374.7	385.7	396.6	394.7	390.5	
CANNON	349.4	317.2	346.6	364.2	362.5	385.9	347.2	395.1	369.0	413.1	

**WHITE FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION**



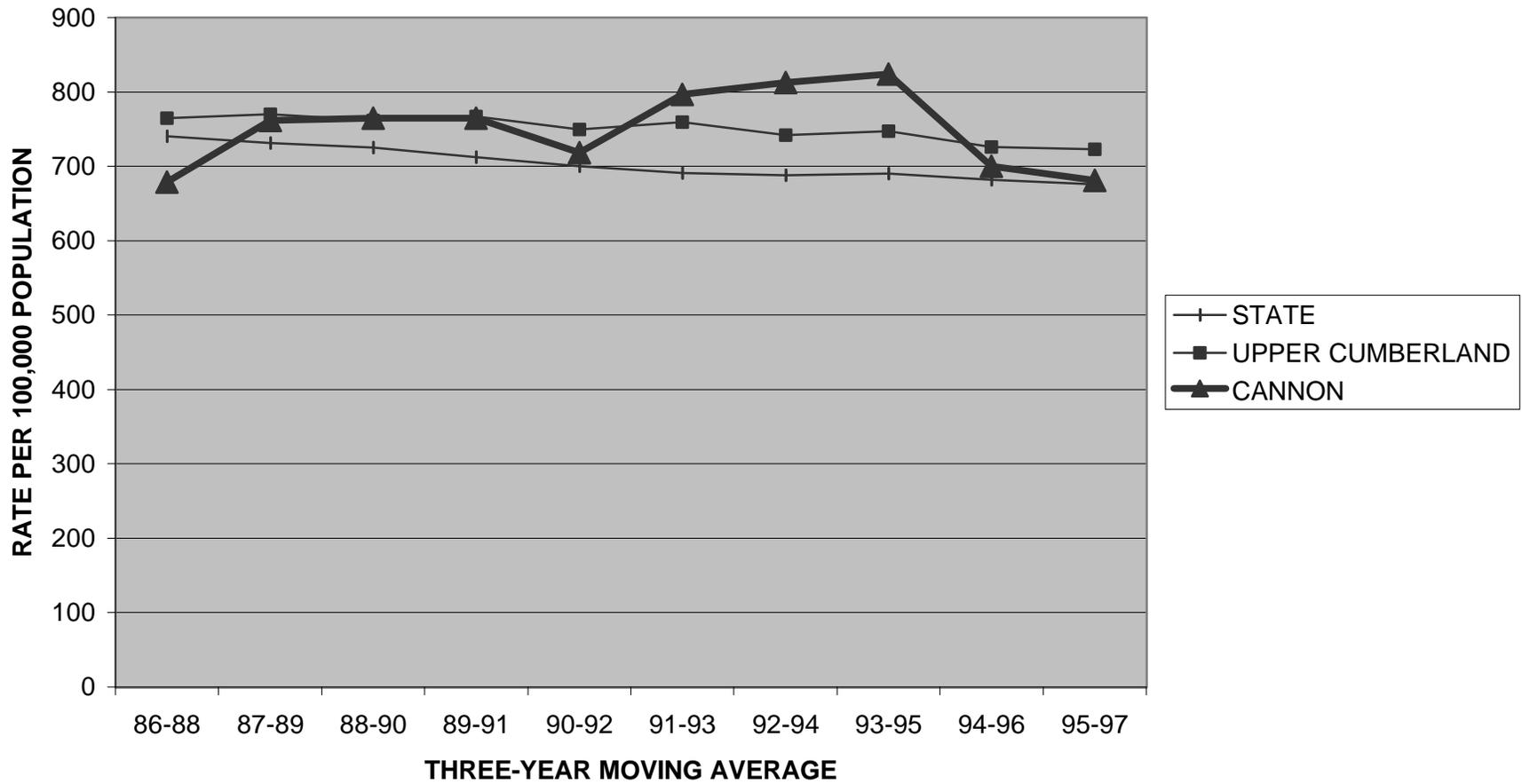
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9
CANNON	32.1	41.7	54.3	38.0	40.7	40.1	51.5	56.5	46.5	34.1

**MOTOR VEHICLE ACCIDENTAL MORTALITY RATE PER 100,000 POPULATION**



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	740.2	731.5	725.3	712.3	699.9	691.0	687.8	690.1	682.1	675.8	
UPPER CUMBERLAND	764.7	769.7	761.9	766.6	749.6	759.0	742.0	747.1	726.0	723.2	
CANNON	678.6	761.9	764.7	764.7	718.2	796.4	812.6	824.2	699.9	681.3	

**WHITE MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION**

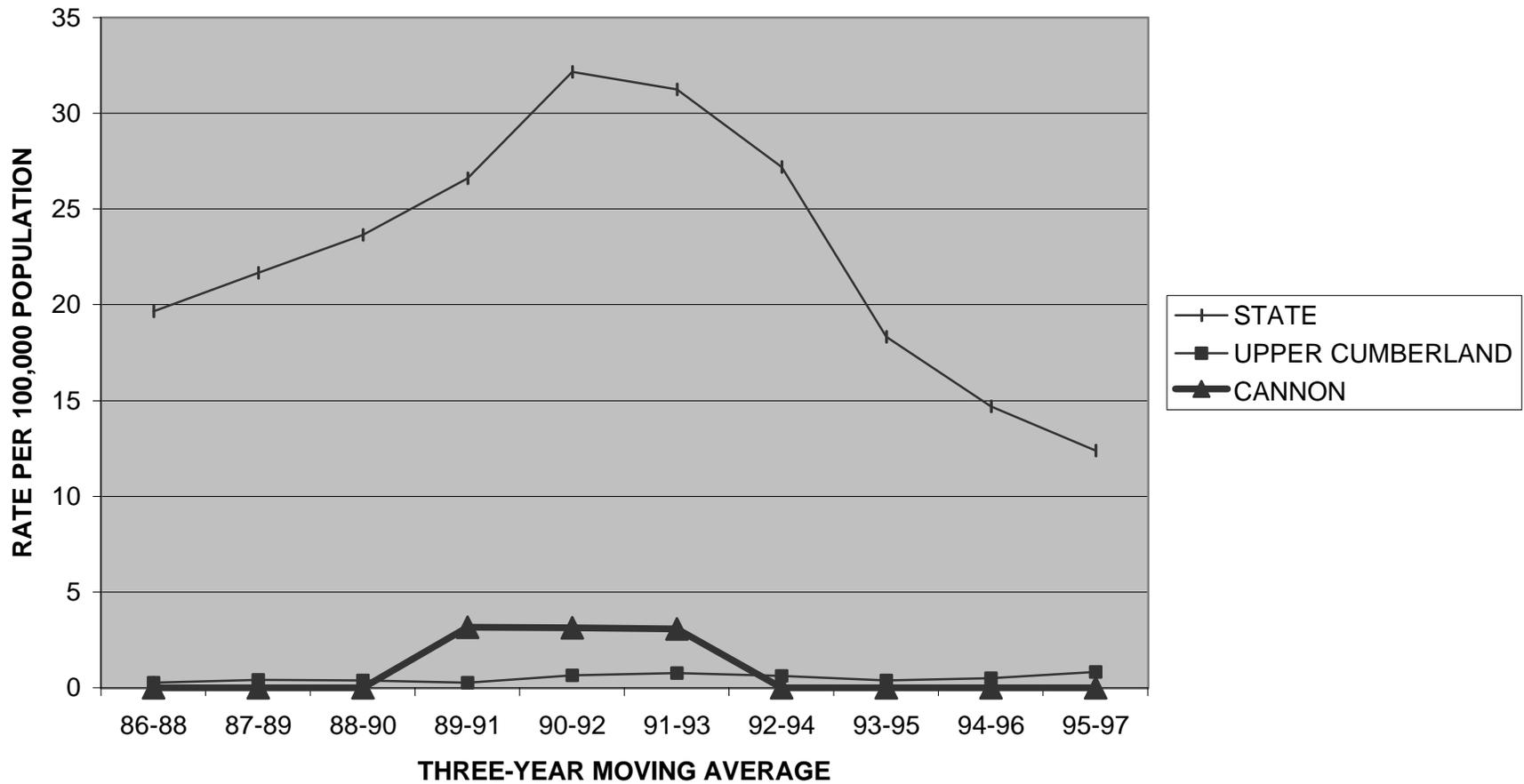


# Appendix 5

## Morbidity Data

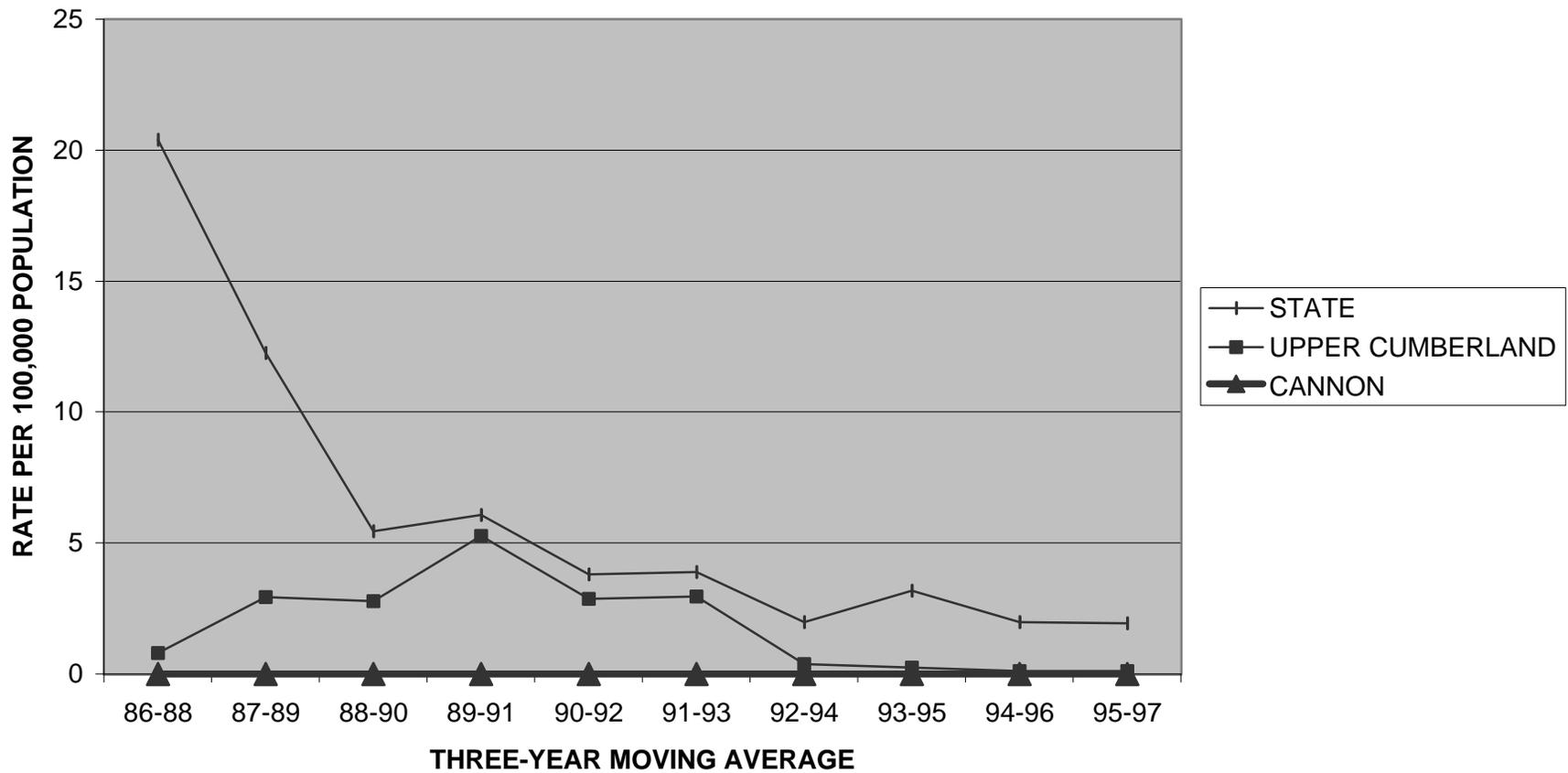
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
CANNON	0.0	0.0	0.0	3.2	3.1	3.1	0.0	0.0	0.0	0.0	

**SYPHILIS RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)**



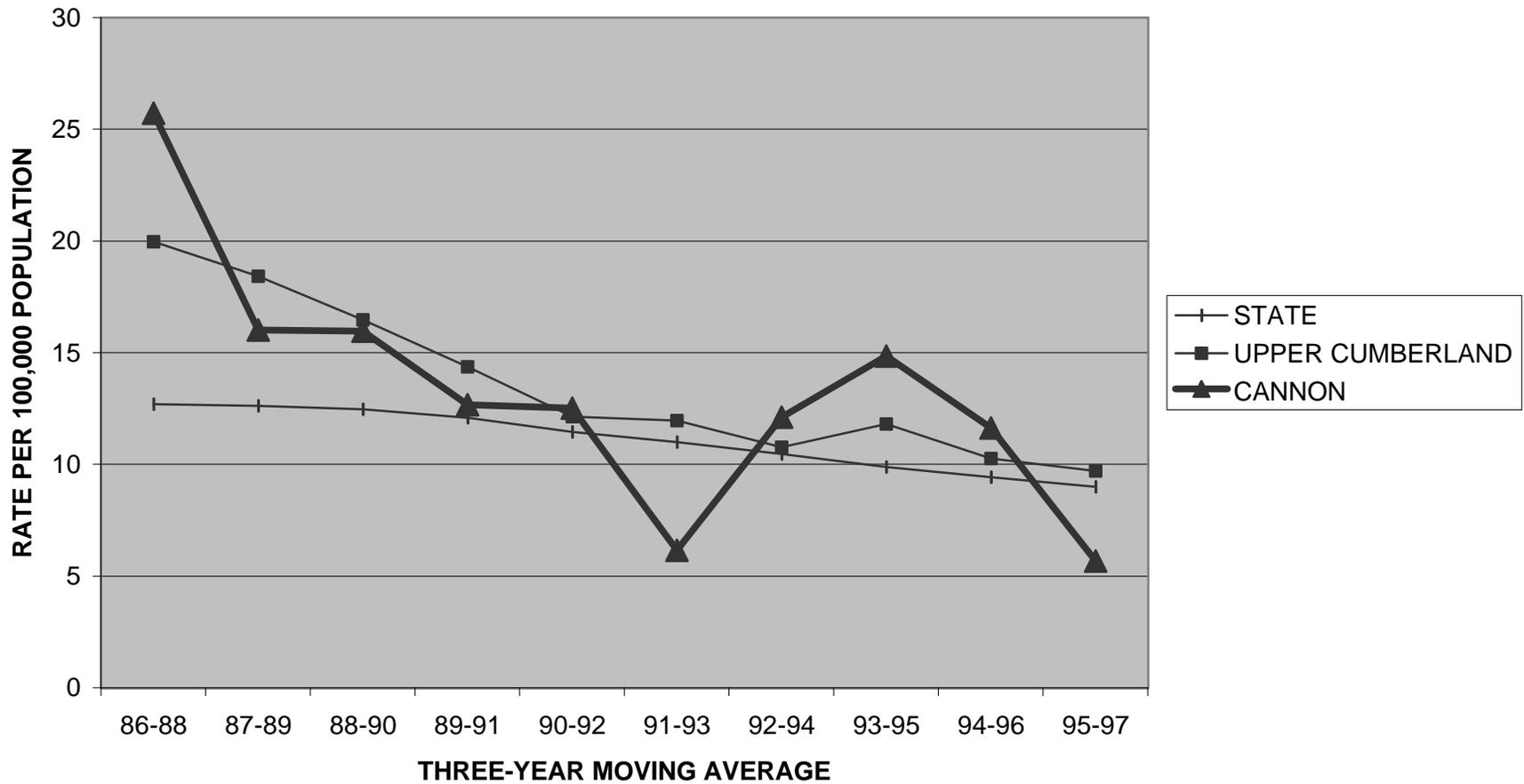
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	20.4	12.3	5.5	6.1	3.8	3.9	2.0	3.2	2.0	1.9
UPPER CUMBERLAND	0.8	2.9	2.8	5.3	2.9	3.0	0.4	0.2	0.1	0.1
CANNON	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

**VACCINE-PREVENTABLE DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)**



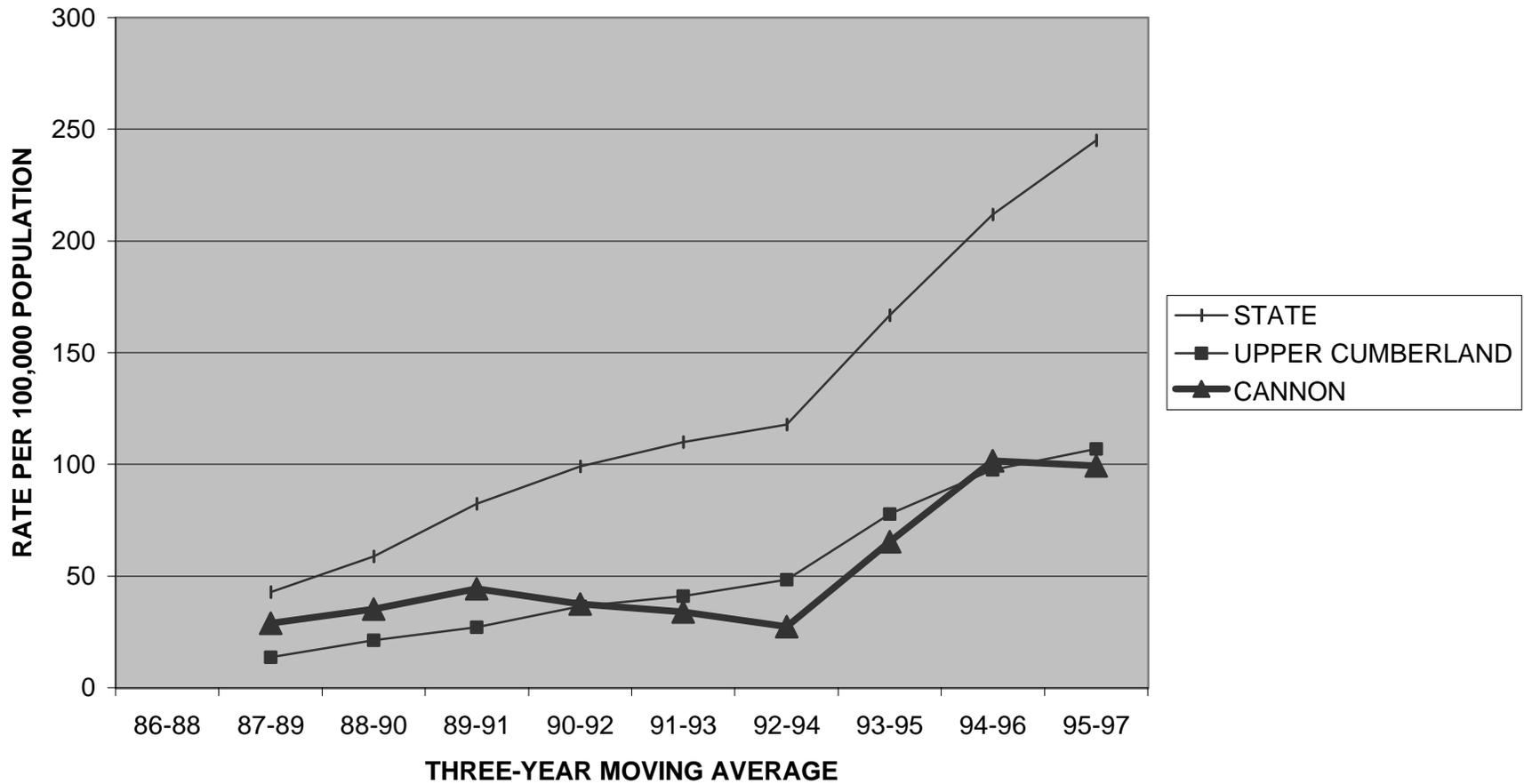
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	12.7	12.6	12.5	12.1	11.4	11.0	10.5	9.9	9.4	9.0
UPPER CUMBERLAND	20.0	18.4	16.5	14.4	12.1	12.0	10.8	11.8	10.3	9.7
CANNON	25.7	16.0	16.0	12.7	12.5	6.2	12.1	14.9	11.6	5.7

**TUBERCULOSIS DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)**



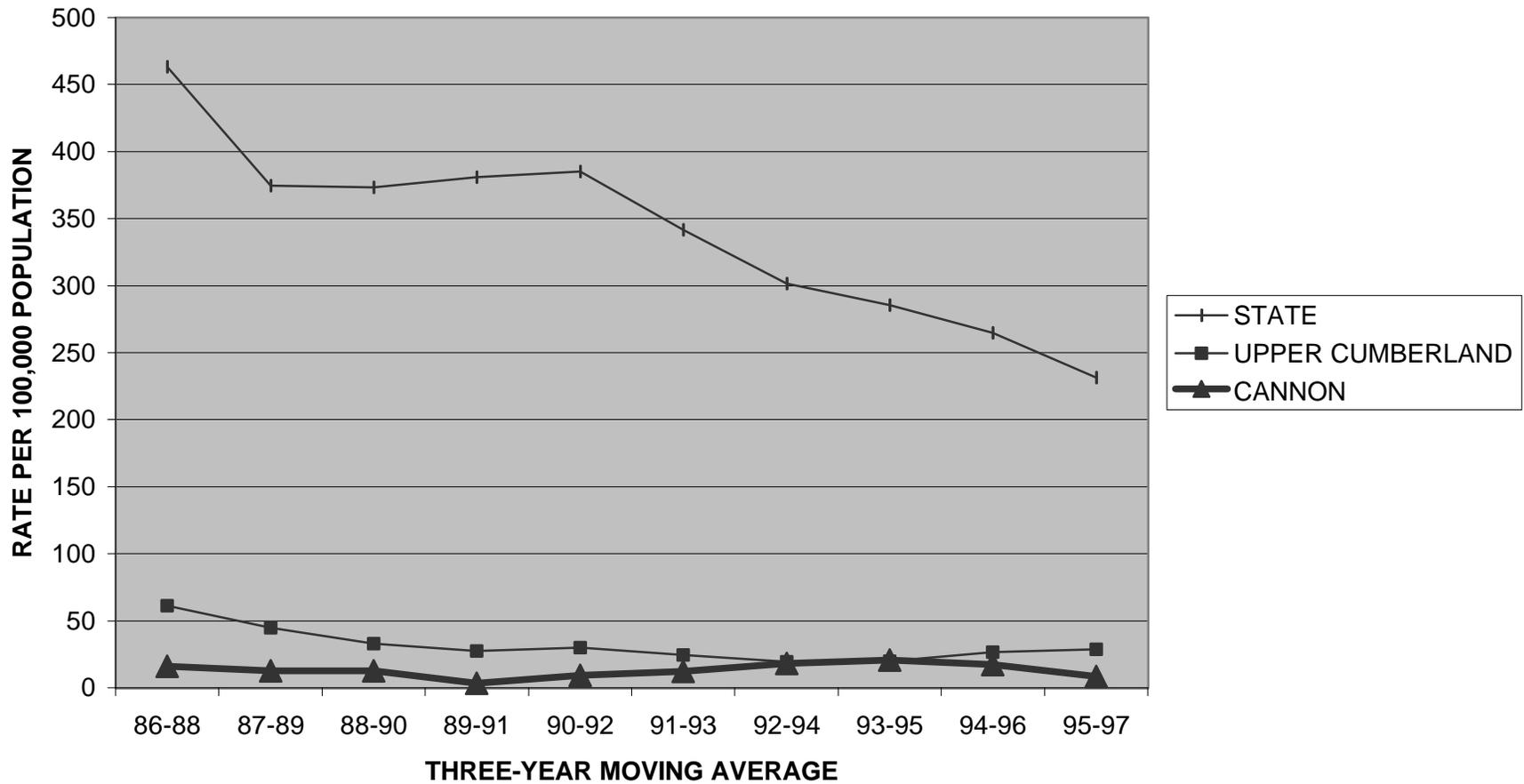
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0
UPPER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8
CANNON		28.8	35.1	44.4	37.6	33.9	27.3	65.4	101.7	99.4

**CHLAMYDIA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)**



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	463.3	374.6	373.3	380.9	385.0	341.5	301.5	285.3	264.7	231.4	
UPPER CUMBERLAND	61.1	44.8	33.1	27.5	30.0	24.6	19.6	19.7	26.5	28.8	
CANNON	16.1	12.8	12.8	3.2	9.4	12.3	18.2	20.8	17.4	8.5	

**GONORRHEA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)**



## Appendix 6

### Verbiage & Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the TN Department of Health and the UTK Community Health Research Group can be located at: [www.server.to/hit](http://www.server.to/hit)