

- ◆ **Child Care:** Child care for second and third shift workers is needed. Day care facilities also have long waiting lists. Sick child care is another problem for many working parents in Greene County.
- ◆ **Mental Health Services:** Waiting lists, process changes, and the need for funding were all cited as concerns.
- ◆ **Law Enforcement:** The City of Greeneville has adequate coverage, but due to the county's expansive geographic size, response time is lengthy.
- ◆ **Alcohol & Drug Treatment Services:** Treatment is difficult to access and prevention and education outreach is needed.

The council recognized a future need for the development and distribution of a comprehensive directory of health resources since many services were available, yet many citizens in the county did not know how to access needed community and health care services.

D. Vital Statistics/Health Status Data

This secondary data (information already collected from other sources for other purposes) provides the council with information about the health status of their community. It was assembled by the State Office of Assessment & Planning and compiled by the Community Development Program, Northeast Region, for the council's analysis.

Vital statistics cover pregnancy & birth, mortality, and morbidity information for the county, region, and state; each set of information is separated into the categories of *All Races*, *Non-white* and *White*. These statistics are made available in three-year moving averages, which smooth trend lines and eliminate wide fluctuations ('spikes' and 'valleys') in year-to-year rates that distort true trends. Ten (10) three-year averages are made available for each health indicator, occurrence, or event for use in examining significant trends in those health indicators. Where applicable,

vital statistics comparing the county, region, and state were also compared by the council with the nation's "Healthy People 2000" objectives.

Due to the low minority population (3%) in Greene County, most of the information was not broken down by race for the purposes of the analysis. Data were compared to the corresponding data for the Northeast Tennessee Region, as well as for the State of Tennessee.

Two separate subcommittees were formed to examine health statistics. One group, the *morbidity and mortality health statistics subcommittee*, examined the leading causes of disease and death in Greene County. Another group, the *pregnancy and birth statistics subcommittee* examined information on prenatal care, births, infant deaths, and the number of pregnancies in the county. Each subcommittee reported results to the full council separately and made recommendations specific to their analysis.

Each subcommittee received data on the county, as compared to the region and the state, over the ten sets of 3-year averages (11 years of data). *The pregnancy and birth statistics subcommittee* received specific information for the following health status indicators:

- GENERAL FERTILITY RATE (# births per 1,000 females age 10-44)
- PERCENT OF BIRTHS TO UNWED FEMALES AGES 10-44
- FETAL DEATHS PER 1,000 FEMALES AGES 10-44
- # FETAL DEATHS OCCURRING TO UNWED FEMALES AGES 10-44
- NEONATAL DEATH RATES PER 1,000 LIVE BIRTHS FEMALES AGES 10-44
- POSTNEONATAL DEATH RATES PER 1,000 LIVE BIRTHS
- LOW BIRTHWEIGHT
- PREGNANCY RATE IN FEMALES (WED AND UNWED) AGES 10-44
- % BIRTHS WITH ONE OR MORE MATERNAL RISK FACTORS FEMALES AGES 10-44