

Putnam County

COMMUNITY DIAGNOSIS DOCUMENT

A GUIDE TO HEALTHY COMMUNITIES

1997-1999

Compiled by

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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 Putnam 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 Putnam 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:

- **Identifying 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 Putnam County Community Diagnosis Document, which details the process the Putnam 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 Putnam 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 formed the Putnam County Health Council in November 1997 with an initial group of ten community leaders. Mr. Bill Jennings, Cookeville Regional Medical Center, Hospital Administrator was elected as the first chairperson for the Putnam County Health Council. This council has grown to forty-eight involved community people. The council consists of various community leaders such as the town mayor, 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 that 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 Putnam 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 4th Thursday of each month from 12:00 to 1:00 P.M. where meetings are open to the public.

County Description

Geographic

- Putnam County is located at the intersection of Interstate 40 and Highway 111 at the foothills of the Cumberland Mountains in the Upper Cumberland Region of Middle Tennessee.
- Cookeville, the county seat of Putnam, is 80 miles east of Nashville, 100 miles west of Knoxville, and 90 miles from Chattanooga.
- Jackson, Cumberland, Overton, White, DeKalb, and Smith counties of Tennessee surround Putnam County, often referred to as the hub of the Upper Cumberland.
- The average temperature in January is 33.7 degrees and the average for July is 75.1 degrees with annual average precipitation being 58.36 inches.

Land Area

- Cookeville, the county seat of Putnam, was recently listed by “The New Rating Guide to Life in America’s Small Cities” as the number one micropolitan city in Tennessee.
- Putnam County encompasses some 408 square miles.
- Three Corps of Engineer lakes, with over 1,200 miles of shoreline, are within a thirty-minute drive.
- Putnam County is 1,140 feet above sea level.

Economic Base

- The county’s median family personal income is \$27,015.
- The county’s median household personal income is \$21,693.
- Putnam County’s per capita personal income is \$11,004.
- Putnam County’s civilian labor force as December 1998 was 31,960.
- The unemployment rate for Putnam County is 3.1 percent.
- The individual poverty rate for Putnam County is 16.6 percent.
- The family poverty rate for Putnam County is 12.8 percent.
- The top industry employers for Putnam County include Aquatech Inc., Dacco Inc., Fleetguard, Russell Stover Candies, TRW and Tutco.

Demographics

- Putnam County’s education system consists of six K-4 elementary schools, three K-6 elementary schools, two middle schools, three high schools, and one private school.

- Tennessee Technological University a four year, state supported, co-educational university is located in Cookeville.
- The number of TennCare enrollees for Putnam County for 1999 is 8,286.
- The 1997 population for Putnam County was 57,000 with the projected population for the year 2000 being 60,306.
- The median age for a Putnam County resident is 32.3 years of age.

Medical Community

- Putnam County has one regional hospital that has 227 licensed beds.
- The 1997 resident health profile indicates that 57.7 percent of Putnam County residents use the county hospital while 23.8 percent use Davidson County hospitals and 7.9 percent use the Overton County hospital.
- There are four nursing home facilities in Putnam County with a total of 433 licensed beds.
- There are 106 medical doctors and 30 dentists practicing in Putnam County.

References: Tennessee Department of Health, Upper Cumberland Development District

Community Needs Assessment

Primary Data

Putnam 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 service 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 Putnam County community based on the survey results.

		Top Ten Issues Highlighted
Smoking	72%	
Heart Conditions	70%	
High Blood Pressure	69%	
Teen Alcohol/Drug Abuse	61%	
Adult Alcohol Abuse	59%	
Stress	56%	
Obesity	54%	
Adult Drug Abuse	54%	
Domestic Violence	54%	
Child Abuse/Neglect	48%	
Teen Pregnancy	48%	
Smokeless Tobacco	42%	
Diabetes	45%	
Breast Cancer	40%	
Lung Cancer	40%	
Arthritis	40%	
Depression	40%	
Crime	37%	
Lack of Sex Education	34%	
Poor Nutrition for Elderly	31%	
Poverty	31%	
Prostrate Cancer	30%	
Other Cancer	30%	
Poor Nutrition for Children	30%	
Colon Cancer	29%	

Asthma	29%
Sexually Transmitted Diseases	28%
Motor Vehicle Deaths	28%
School Dropout	28%
Eating Disorders	27%
School Safety	27%
Youth Violence	26%
HIV/AIDS	22%
Pneumonia	20%
Teen Suicide	19%
Unemployment	19%
Influenza	16%
Tuberculosis	15%
Gangs	15%
Water Pollution	13%
Hepatitis	12%
Homicide	12%
Adult Suicide	11%
On the Job Safety	11%
Other Accidental Deaths	9%
Air Pollution	9%
Lack of childhood Vaccinations	9%
Toxic Waste	7%
Homelessness	6%

Putnam County Availability of Services

“Adequate” (50% or greater)		“Not Adequate” (25% or greater)	
1) Pharmacy Services	91%	1) Local Family Doctors	45%
2) Eye Care	79%	2) Adult Day Care	42%
3) Dental Care	78%	3) School Health Services	41%
4) Ambulance/Emergency Services	76%	4) Child Abuse/Neglect Services	40%
5) Hospital Care	69%	5) Day Care for Home Bound Patients	38%
6) Emergency Room Care	62%	5) Specialized Doctors	38%
6) County Health Dept Services	62%	5) Alcohol/Drug Treatment	38%
7) Recreational Activities	57%	5) Mental Health Services	38%
7) Medical Equipment Suppliers	57%	6) Health Insurance	37%
8) Home Health Care	56%	7) Health Education/Wellness Services	33%
9) Women’s Health Care	54%	8) Child Day Care	28%
10) Pregnancy Care	55%	8) Nursing Home Care	28%
11) Child Day Care	52%	9) Transportation for Medical Care	26%
		9) Pediatric Care	26%

Personal Information

- The majority of the people completing the survey were from Cookeville and 71% have lived in the county for more than ten years.
- The average age for the community participants was between 40-49 years of age with 10% being single and 75% married.
- The participant response noted that 95% had health insurance, 3% were TennCare enrollees, and 2% receive either SSI or AFDC.
- Eighty-eight percent of the respondents indicated that they are currently employed.

The Community Health Assessment Survey was given to the Putnam County Health Council Members to be distributed throughout the community. A Total of 351 respondents completed the survey. The council agreed there was a good distribution in all areas with the exception of the number of TennCare respondents. The Health Department and Department of Human Services staff agreed to take additional surveys to be completed by TennCare enrollees. The findings of the survey revealed that **smoking, heart conditions, high blood pressure, teen alcohol/drug abuse, and adult alcohol are perceived as top 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 the Putnam County community. 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:

Tobacco Use	56%	
High Blood Pressure	40%	Top Ten Issues Highlighted
Alcohol Abuse	39%	
Cancer	38%	
Heart Conditions	36%	
Arthritis	36%	
Obesity	36%	
Teen Pregnancy	35%	
Drug Abuse	35%	
Animal Control	20%	
Health Problems of the Lungs	17%	
Violence in the Home	16%	
Diabetes	14%	
Environmental Issues	14%	
STD'S	9%	
Mental Health Problems	8%	
Other Violence	6%	
Suicide	2%	

Putnam County's Access to Care Issues Percent Saying Definite Problem

Access to Assisted Living Services	12%
Access to Dental Care	8%
Transportation to Health Care	8%
Access to Nursing Home Care	8%
Access to Physicians or Doctors	7%
Access to Hospitals	5%
Access to Prenatal Care	5%
Access to Birth Control Methods	2%

Access to Pharmacies, Medicines

2%

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: 8%

Not At All: 44%

Questions Regarding Mammograms:

Percent of women reporting having a mammogram:

Yes: 59%

No: 40%

Reasons reported for not having a mammogram:

Doctor not recommended: 8%

Not needed: 8%

Cost too much: 3%

Too young: 68%

No reason: 5%

Not sure/other: 8%

When was last mammogram performed:

In last year: 58%

1-2 years : 19%

> 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, high blood pressure, alcohol abuse, cancer and heart conditions** as the top five health problems facing the community.

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

Secondary Data

Summary of Data Use

Health Indicator Trends Putnam 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.

HEALTH INDICATOR	COUNTY TREND	COUNTY COMPARED TO REGION	COUNTY COMPARED TO STATE
1. Number births/1,000 females	Increasing	Below	Below
2. Percent births to unwed women	Increasing	Below	Below
3. Number teenage pregnancies	Stable	Below	Below
4. Number pregnancies/1,000 females	Increasing	Above	Below
5. Number of pregnancies/1000 females ages 10-14	Unstable	Below	Below
6. Number of pregnancies/1000 females ages 15-17	Stable	Below	Below
7. Number of pregnancies/1000 females ages 18-19	Stable	Below	Below
8. Percent pregnancies to unwed women	Stable	Above	Below
9. Percent of live births classified as low birthweight	Stable	Below	Below
10. Percent of live births classified as very low birthweight	Increasing	Above	Below
11. Percent births w/1 or more high risk characteristics	Stable	Below	Below

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:

- Number of births/1000 females
- Percent of births to unwed women
- Percent of births classified as very low birthweight
- Number of pregnancies/1000

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.

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

The following mortality data shows increasing trends:

- Female breast cancer mortality rate/100,000 women age 40 or more.
- 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.

22. Vaccine preventable disease rate/100,000 population	Stable	Below	Below
23. Tuberculosis disease rate/100,000 population	Decreasing	Above	Above
24. Chlamydia rate/100,000 population	Increasing	Above	Below
25. Syphilis rate/100,000 population	Stable	Above	Below
26. Gonorrhea rate/100,000 population	Stable	Above	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 Putnam County. The data used for Putnam County is based on 1994-96 three year moving averages.

Healthy People 2000 Compared to Putnam County

Health Status Indicators	Putnam County Rate	Tennessee Rate	Nation's Rate
Death from all causes	523.8	563.1	No Objective
Coronary Heart Disease	133.5	134.8	100
Deaths from Stroke	38.3	34	20
Deaths of Females from Breast Cancer	23.7	22.4	20.6
Deaths from Lung Cancer	39.9	47.5	42
Deaths from Motor Vehicle Accidents	25.0	23.6	16.8
Deaths from Homicide	7.4	12.1	7.2
Deaths from Suicide	12.4	12.6	10.5
Infant Deaths	5.5	9.6	7.0
Percent of Births to Adolescent Mothers	4.6	6.6	None
Low Birthweight	5.1	8.7	5.0
Late Prenatal Care	20.9	19.9	10.0
Incidence of AIDS	5.3	14.1	-----
Incidence of Tuberculosis	12.9	11.6	3.5

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

The indicators that are in bold are Putnam County's rate's that are above the state's objectives 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:

- **Number of births/ 1000 females**
- **Percent births to unwed women**
- **Number of pregnancies/1000 females**
- **Percent of live births classified as very low birthweight**
- **Female breast cancer mortality rate/100,000 women age 40 or more**
- **Chlamydia rate/100,000 population**

In analyzing these trends, the council's awareness of these problems increased dramatically. There was much discussion on what may have caused infant and neonatal deaths to rise in 1991-93. The council requested actual numbers on these issues. The council discussed in-depth the increasing trends for percent of births to unwed women, percent of live births classified as very low birthweight and percent of motor vehicle accidental rate.

After a thorough analysis of all data sets, Behavioral Risk Factor Survey, and Community Health Assessment Survey, the council established priorities among a multitude of problems. The following health priorities and their related recommendations are listed below. In order to ensure that all health problems are addressed in the same way, the council utilized a process that is objective, reasonable, and easy to use. The method that was used sets priorities based on the size and seriousness of the problem in conjunction with the knowledge about the effectiveness of potentially available interventions. All issues were identified through the council's discussion, review of the data, and other related "Data Analysis" in the previous section.

PUTNAM COUNTY

Priority Issue	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
Tobacco Use/Smoking/ Smokeless Tobacco	(1)	(1) (9)	In ages 15-24, mortality rates for malignant neoplasm were stable from 89-91 through 93-95. The rate increased in 94-96, but fell below the region and the state. Mortality rates for ages 25-44 decreased from 86-88 through 92-94. The rates have increased since that time, but the rate for 94-96 remains below both the region and the state. In ages 45-64, rates increased from 87-89 through 90-92. Rates have decreased since that time, with the rate for 94-96 being below the state and the region. Rates for ages 65+ have remained fairly stable over the past 10 years. The rates remain high for this group, but the 94-96 rate is below the region and the state. Lung cancer incidence rates for 1995 were 59.7, with the state's rate being 64.2. There were 41 reported cases for 1995.
High Blood Pressure	(2)	(3) Stress Ranked 6th	Deaths from cerebrovascular disease in ages 25-44 decreased from 86-88 through 93-95. The rate increased in 94-96; it is above the region, but below the state. The rates for ages 45-64 have remained high over the past 10 years with the rate for 94-96 being above both the state and the region. Cerebrovascular disease mortality rates for ages 65+ have also remained high over the past 10 years with the rate for 94-96 also being above the state and the region.
Heart Conditions	(5)	(2)	In ages 15-24, deaths from diseases of the heart have dramatically increased since 90-92 with rates being well above the state and the region. Rates for ages 25-44 increased from 85-87 through 89-91, then dropped through 92-94. Since that time, the rates have shown an increase with 94-96 rate being above the region but below the state. Deaths in ages 45-64 have remained high over the past 10 years, but the rate for 94-96 is below the state and the region. Diseases of the Heart mortality

			rates for ages 65+ have also remained high over the past 10 years with the rate for 94-96 being above both the state and the region.
Teen Alcohol and Drug Abuse	(3/7) Addres sed Total Populati on	(4)	No deaths were reported from suicide for ages 5-14 from 85-87 through 93-95, but increased dramatically for 94-96 with the rate being well above the state and the region. Mortality rates from suicide for ages 15-24 have been extremely unstable for the past 10 years with the rate for 94-96 being below the state and the region.
Adult Alcohol Abuse	(3)	(4)	In ages 25-44, deaths from chronic liver disease and cirrhosis increased dramatically from 85-87 through 92-94. Since that time, the rates have decreased with the rate for 94-96 being above the region, but below the state. Mortality rates from chronic liver disease and cirrhosis for ages 45-64 have been unstable over the past 10 years with the rate for 94-96 being below both the state and the region.

Priority Issue	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
Cancer Breast Cancer Lung Cancer	(4)	(11) (11)	<p>In ages 15-24, mortality rates for malignant neoplasms were stable from 89-91 through 93-95. The rate increased in 94-96, but fell below the region and the state. Mortality rates for ages 25-44 decreased from 86-88 through 92-94. The rates have increased since that time, but the rate for 94-96 remains below both the region and the state. In ages 45-64, rates increased from 87-89 through 90-92. Rates have decreased since that time, with the rate for 94-96 being below the state and the region. Rates for ages 65+ have remained fairly stable over the past 10 years. The rates remain high for this group, but the 94-96 rate is below the region and the state. Breast cancer incidence rates for 1995 in Putnam county were 119.6, with the state's rate being 94.4. There were 43 reported cases for 1995. Lung cancer incidence rates for 1995 were 59.7, with the state's rate being 64.2. There were 41 reported cases for 1995.</p>
Obesity	(5)	(7)	See High Blood Pressure: Cerebrovascular Disease trends See Heart Conditions: Diseases of the Heart trends
Adult Drug Abuse	(7)	(7)	
Domestic Violence	(10)	(7)	
Teen Pregnancy	(7)	(8)	<p>Teen pregnancy (ages 10-17) rates have remained fairly stable over the past 10 years, and the 94-96 rate falls below both the state and the region. In ages 10-14, rates declined from 85-87 through 91-93. They have increased since that time with the</p>

			rate for 94-96 being below the state and the region. In ages 15-17, rates have remained stable over the past 10 years, and fall well below the state and the region. In ages 18-19, rates also have been stable, and fall well below the state and the region.
Arthritis	(5)	(11)	
Health Problems of the Lungs	(9)	Lung Cancer Ranked 11th	Deaths from chronic obstructive pulmonary disease for ages 45-64 showed a decreased from 85-87 through 89-91. The rates then increased from until 92-94, at which time the rates again decreased. The rate for 94-96 is below both the state and the region. Rates for ages 65+ have been increasing steadily since 91-93, but the 94-96 rate remains below the state and the region. Lung cancer incidence rates for 1995 were 59.7, with the state's rate being 64.2. There were 41 reported cases for 1995.
Diabetes	(10)	(10)	Death rates from diabetes for ages 25-44 have remained fairly stable over the past 10 years with the exception of a dramatic drop during 92-94. The mortality rate for 94-96 remains below the state and the region. Mortality rates for ages 45-64 have steadily increased since 90-92, and the rate for 94-96 is above both the state and the region. Rates for ages 65+ have remained fairly stable over the past 10 years and remain below the region and the state.
Child Abuse/Neglect	Not addressed	(8)	

Putnam County Priorities

To ensure the accuracy of the council's ranking, the prioritization table provided a means of comparison of all top issues addressed.

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 14.

Seriousness: The most serious problem will be ranked 1.

The least serious problem will be ranked 14.

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)

14 being the lowest rank(the smallest percentage)

Assign a rank for seriousness.

1 being the most serious

14 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 14.

The council then scored and ranked the top issues.

Top Issues

1. Tobacco Use/Smoking/Smokeless Tobacco
2. Heart Conditions
3. Teen Alcohol/Drug Abuse
4. High Blood Pressure
5. Child Abuse/Neglect
6. Adult Alcohol Abuse
7. Cancer (Breast, Lung and other)
8. Domestic Violence
9. Adult Drug Abuse
10. Obesity
11. Teen Pregnancy
12. Health Problems of the Lungs
13. Diabetes
14. Arthritis

At this point of prioritization the Putnam County Health Council Members performed the PEARL TEST.

Propriety - Is the program for the health problem suitable?

Economics - Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?

Acceptability - Will the community accept a program? Is it wanted?

Resources - Is funding available or potentially available for a program?

Legality - Do current laws allow program activities to be implemented?

The initial letters of these factors make up the acronym “**PEARL**”. After applying the PEARL factors to Putnam County’s community, the council ranked the following top three issues:

1. **Teen Alcohol/Drug Abuse**
2. **Teen Pregnancy**
3. **Tobacco Use**

Future Planning

Through the Community Diagnosis process, it was determined that the top issue of concern was the teen alcohol/drug problem in Putnam County. The future plans of the Putnam 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:

A	Phase 1	<u>A</u> ssess the Situation
C	Phase 2	Determine <u>C</u> auses
T	Phase 3	<u>T</u> arget Solutions
I	Phase 4	Design <u>I</u> mplementation
ON	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 **T**arget Solutions and Ideas

- Targeting a solution.
- Identifying potential solutions which 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 Design **I**mplementation, 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 **O**ngoing.

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

Appendices

Appendix 1

Council Makeup

Putnam County Health Council

Jim Shipley
City Manager
45 East Broad Street
Cookeville, TN 38501
Anne Brooks
Plateau Mental Health Center
P.O. Box 3165
Cookeville, TN
Eileen Duncan
Chamber of Commerce
302 South Jefferson Avenue
Cookeville, TN 38501

Dr. Lloyd Franklin: Pediatrician
254 West 7th
Cookeville, TN 38501

Dr. Kenna Williams
340 North Cedar Avenue
Cookeville, TN 38501

Diane Bagby
Herald Citizen
P.O. Box 2729
Cookeville, TN 38501
Dr. Sullivan Smith
2608 Oak Park Drive
Cookeville, TN 38501

Dr. Jimmy Arms
Stevens Street Baptist Church
327 West Stevens Street Church
Cookeville, TN 38501
Randy Porter
Emergency Management Services
270 Carlen Drive
Cookeville, TN 38501
Van Knotts
Putnam County Health Department

Robert and Jean Davis
745 Clark Avenue
Cookeville, TN 38501

Jim Martin
Union Planters Bank
P.O. Box 70
Cookeville, TN
Dr. Rebecca Quattlebaum
Tennessee Technological University
P.O. Box 5036
Cookeville, TN 38501
Gail Stearman, R.N.
Tennessee Technological University
P.O. Box 5001
Cookeville, TN 38501

Dr. Lee Ray Crowe: Physician
128 North Whitney Avenue
Cookeville, TN 38501

Sue Neal
Union Planters Bank
P.O. Box 315
Baxter, TN 38544
Sgt. James Lane
City of Cookeville Police
10 East Broad Street
Cookeville, TN 38501
Collegeside Church of Christ
Attention: Jeff Ingram
252 East 9th Street
Cookeville, TN 38501
Lee Stephenson
First United Methodist Church
204 East Spring Street
Cookeville, TN 38501
Sandi Swack
Putnam County Board of Education
1400 East Spring Street
Cookeville, TN 38501
Eulene Locke
Putnam County Board of Education
1400 East Spring Street
Cookeville, TN 38501
Becky Hawks, TN Dept of Health
Bureau of Health Services Administration
4th Floor, Cordell Hull Building
425 5th Avenue North
Nashville, TN 37247-4501

Sandy Moore
Putnam County Health Department

Sue Standifer, Executive Director
Upper Cumberland Community Service Agency
417 East Broad Street
Cookeville, TN 38501

Sherry Roberts
Tennessee Technological University
P.O. Box 5095
Cookeville, TN 38501
Nancy Judd
TTU School of Nursing
P.O.Box 5001
Cookeville, TN 38501
Donna Bieger
United Way
122 South Madison
Cookeville, TN 38501

Joyce Sievers
421 Universal Drive
P.O. Box 2731
Cookeville, TN 388501
Nathan Honeycutt, Jr.
Cookeville Police Department
P.O. Box 849
Cookeville, TN 38501

Leta Collins
Upper Cumberland Cardiovascular
Thoracic Surgery
100 West 4th Street Suite 330
Cookeville, TN 38501
Kimberly Freeland
Upper Cumberland Regional Health

Mary Reeve
1400 East Spring Street
Cookeville, TN 38501
Angie Beaty
American Cancer Society
508 State Street
Cookeville, TN 38501

Janell Clark
Genesis House Inc.
P.O. Box 1183
Cookeville, TN 38501
Shane Hanley
Epilepsy Foundation of Middle Tennessee
122 South Madison Avenue
Cookeville, TN 38501

Doug McBroom
County Executive
300 East Spring Street
Cookeville, TN 38501
Kathy Daniels
TCCY
435 Gould Drive
Cookeville, TN 38501

Carolyn Isbell
The Stephens Center/Healthy Start
403 University Street
Livingston, TN 38570
Representative Jere Hargrove
Majority Leader
18A Legislative Plaza
Nashville, TN 37243-0142
Cookeville Regional Medical Center
Attention: Gary Beasley
Director of Emergency Room
142 West 5th Street
Cookeville, TN 38501
Elaine Williams
Upper Cumberland Development District
1225 Burgess Falls Road
Cookeville, TN 38501
Reno Martin
City of Cookeville Police
10 East Broad Street
Cookeville, TN 38501
Volunteer Center of Putnam County
Kimberly Henry
122 South Madison Avenue
Cookeville, TN 38501

Dianne Bennett
121 South Dixie
Cookeville, TN 38501
Rhonda Mayfield
108 North Washington Avenue
Cookeville, TN 38501
Cookeville Regional Medical Center
Bernie Mattingly , COO
Attention: Dawn Green
142 West 5th Street
Cokeville, TN 38501

Dr. Charles Womack
320 North Oak Street
Cookeville, TN 38501

Norris Skelly
MADD Putnam
P.O. Box 2663
Cookeville, TN 38501

Christina C. Carr
317 East University Street
Livingston, TN 38570-1509
Rhonda Gooding
Putnam County DHS
269 East South Willow
Cookeville, TN 38501
Bernard Barton
220 Midway Subdivision
Rickman TN 38580

Cindy Fisher
1400 East Spring Street
Cookeville, TN 38501
Julie Tuillen
Gensis House
P.O. Box 1180
Cookeville, TN 38501

BY LAWS
FOR
PUTNAM COUNTY HEALTH COUNCIL

ARTICLE I. NAME

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

ARTICLE II. PURPOSE AND GOALS

The overall mission of the council is to assist the Department of Health by advising the Department regarding the health problems of Putnam 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:

1. Developing a community health assessment which includes health problems and needs identification.
2. Developing goals, objectives, and plans of action to meet these needs along with identifying and securing resources to address these needs.
3. Establishing priorities for all major identified health problems.
4. Identifying department/organization work teams and community agencies which should coordinate efforts with respect to the health problems identified.
5. Drafting and presenting to the Department of Health the community health assessment.
6. Promoting and supporting the importance of reducing the health problems to the Department and the community.
7. Maintaining good communications with the Department via periodic reports from the Council through the Regional Health Council Representative and Community Development Staff.

ARTICLE III. AUTHORITY

1. The Council shall exist as an advisory and support body to Tennessee Department of Health solely for the purpose stated herein and shall not be vested with any legal authority described to Tennessee Department of Health, the State of Tennessee or any of its political subdivisions. Recommendations of the Council will not be binding upon Tennessee Department of Health and the Council is not granted authority to act on behalf of The Department of Health without specific prior written authorization.

ARTICLE IV. MEMBERS

Section 1 – Number

The Council shall consist of no less than 10 members and no more than 30. A vacancy shall not prevent the Council from conducting business. The Council shall consist of an adequate number of voting members so as to be effectively representative of all segments of the community. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups, and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds.

Section 2 – Appointment and Removal

Initial members of the Council shall be appointed by the Director of the Upper Cumberland Regional Office, Tennessee Department of Health upon receiving recommendation from County officials. Future member and /or members to fill vacancies of the Council shall be appointed by the Council. 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 two-thirds (2/3) majority is required for removal. Automatic removal results when a member misses three (3) unexcused consecutive meetings or six (6) meetings in a calendar year. Recommendations for membership will be accepted from any source.

Section 3 – Term of Service

Members shall serve a term of _____. Additional terms may be served as deemed appropriate by the Council. Council officers will serve a term of _____. Appointment and election for new officers will be made by the Council Members.

ARTICLE V. BOOKS AND RECORDS

The Council shall keep minutes of all proceedings of the Council and such other books and records as may be required for the proper conduct of its business and affairs.

ARTICLE VI. MEETINGS

Section 1 – Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every three (3) 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 (5) days written notice to the membership.

Section 3 – Quorum

A quorum shall consist of one-half (1/2) the voting membership of the Council.

Section 4 – Voting

All issues before the Council shall be decided by majority vote of those members entitled to vote and present in person at the meeting. A member not present may not vote by proxy. Each member with voting privileges shall be entitled to one (1) vote.

Section 5 – Public Character of Meetings

All Council meetings will be held open to the public and at a location which is available to all community residents who might seek health care services. All meetings will be appropriately announced for public notice.

Section 6 – Rules of Order

The latest published edition of Robert's Rules of Order shall be the authority for questions pertaining to the conduct of Council business.

ARTICLE VII. OFFICERS

Section 1 – Officers

The officers of the Council shall consist of the Chairman, Vice-Chairman and Secretary.

Section 2 – Chairman

The Chairman will be elected by the Council. The Chairman will preside over all meetings of the Council.

Section 3 – Vice-Chairman

The Vice-Chairman will be selected by the Council. The Vice-Chairman will preside over those Council meetings when the Chairman is absent and will perform such other duties as assigned by the Council.

Section 4 – Secretary

The Secretary will be selected by the Council. The Secretary will keep attendance of all members, will cut out newspaper articles regarding the Council, and will call members of the Council to remind them of meetings.

Section 5 – Term of Office

Elected officers shall be selected at the first meeting of the Council for a term ending the following calendar year. Thereafter, officers shall be elected at the first meeting in the following year for a term of one (1) year. Officers may be re-elected to serve additional terms.

Section 6 – Removal

Any officer may be removed from office for cause by a two-thirds (2/3)-majority vote of the members at any regular or special meeting of the Council.

Section 7 – Vacancies

Any vacancy caused by the resignation, removal, or death of an officer will be filled by action of the Chairman for the unexpired term of the office.

ARTICLE VIII. AMENDMENTS

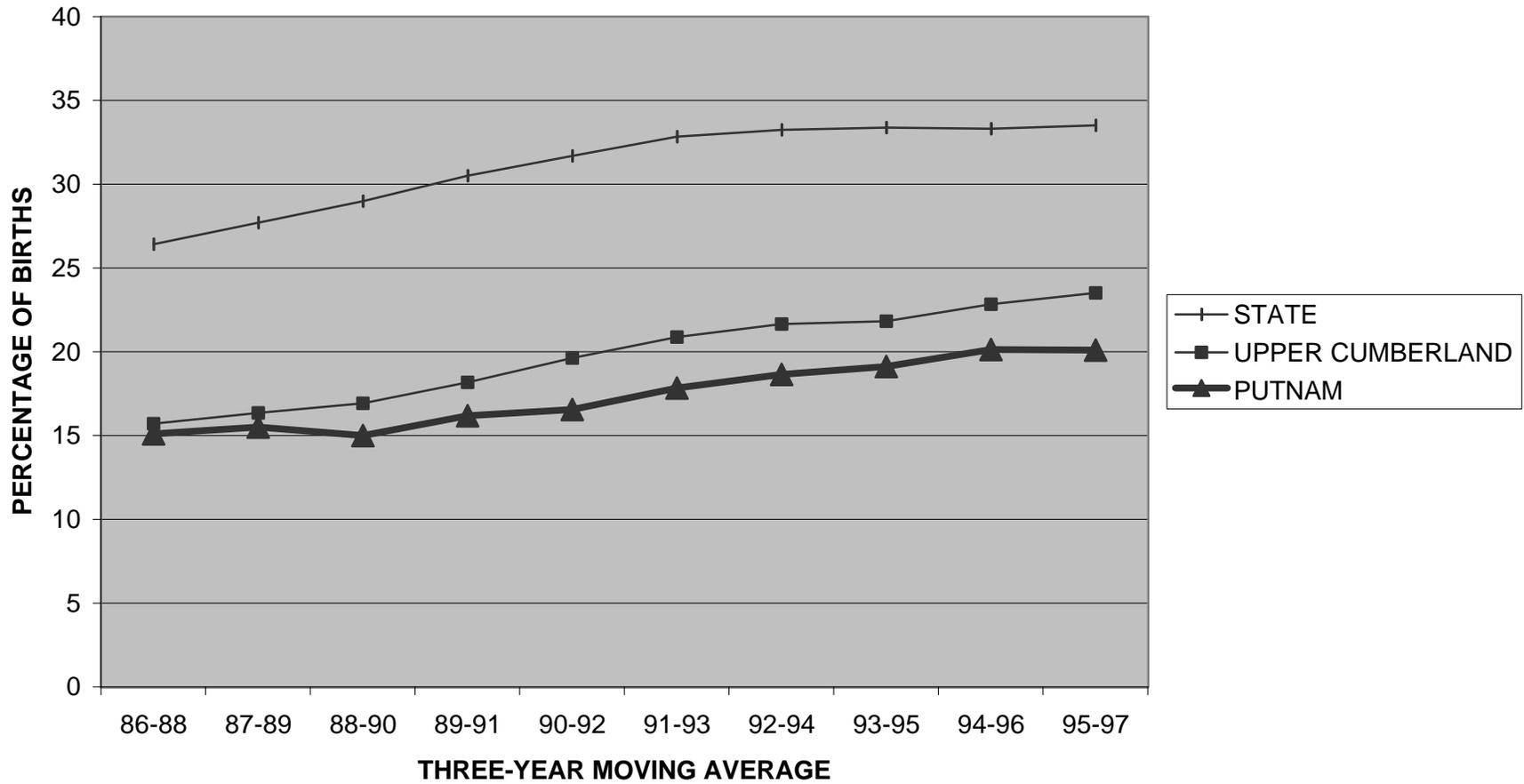
These Bylaws may be amended at any regular or special meeting of the Council. Written notice of the proposed Bylaw change shall be mailed or delivered to each member at least thirty (30) days prior to the date of the meeting. The Department of Health must approve changes in the Bylaws. Bylaw changes require a two-thirds (2/3)-majority vote of the Council members present.

Appendix 3

Pregnancy and Birth Data

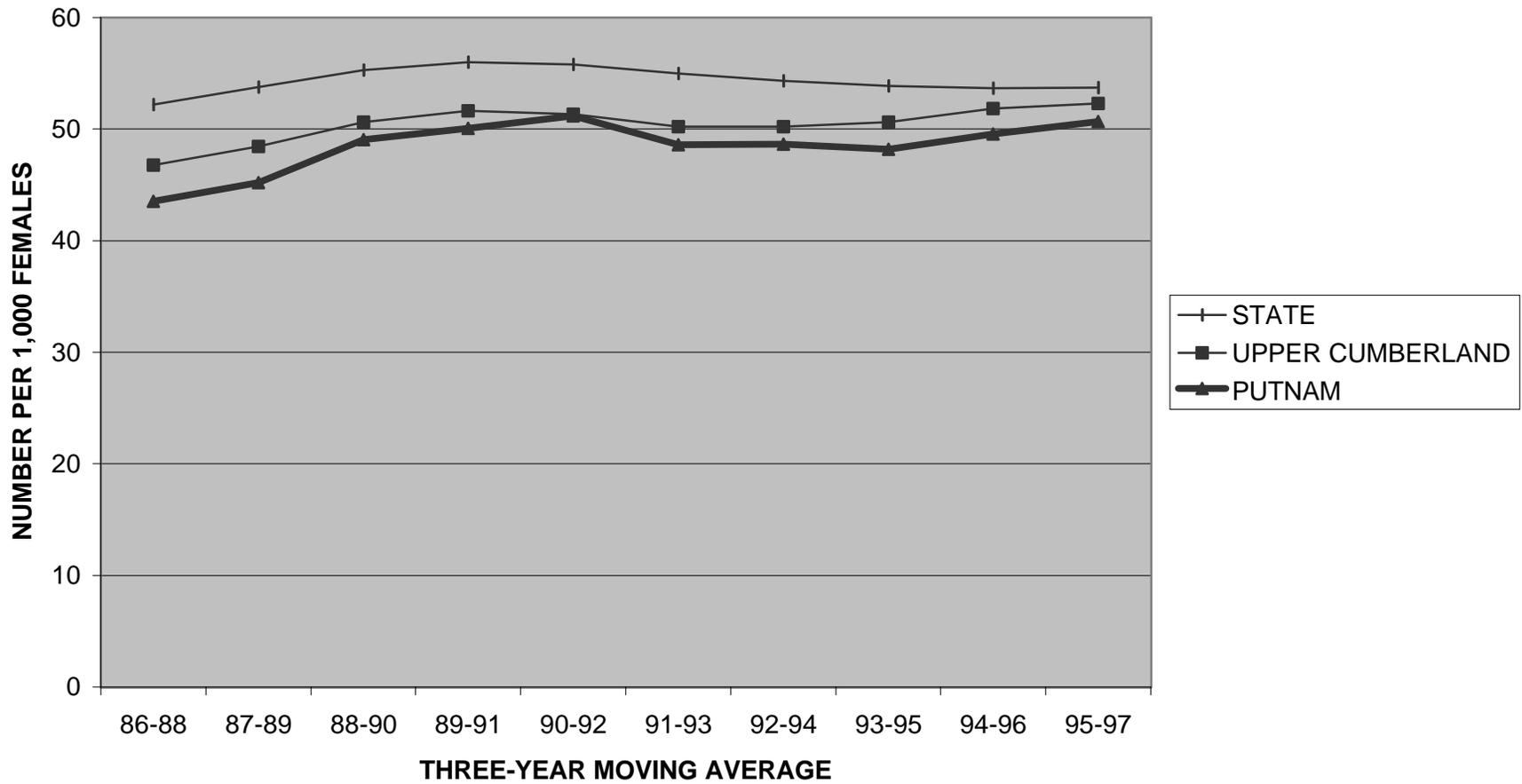
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STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5
PUTNAM	15.1	15.5	15.0	16.2	16.6	17.8	18.7	19.1	20.1	20.1

PERCENTAGE OF LIVE BIRTHS TO UNWED MOTHERS AGES 10-44



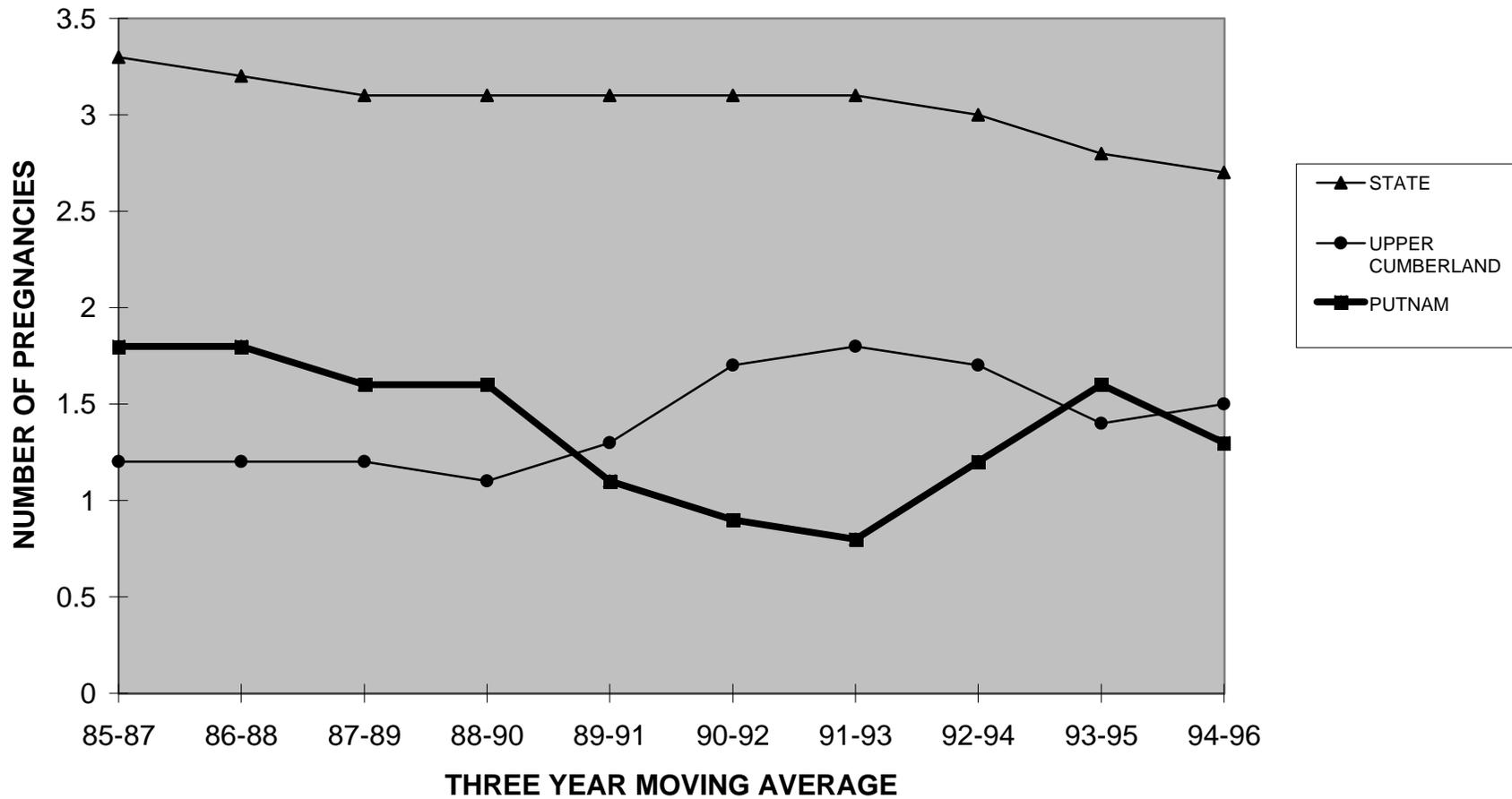
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3
PUTNAM	43.5	45.2	49.1	50.1	51.2	48.6	48.7	48.2	49.6	50.7

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



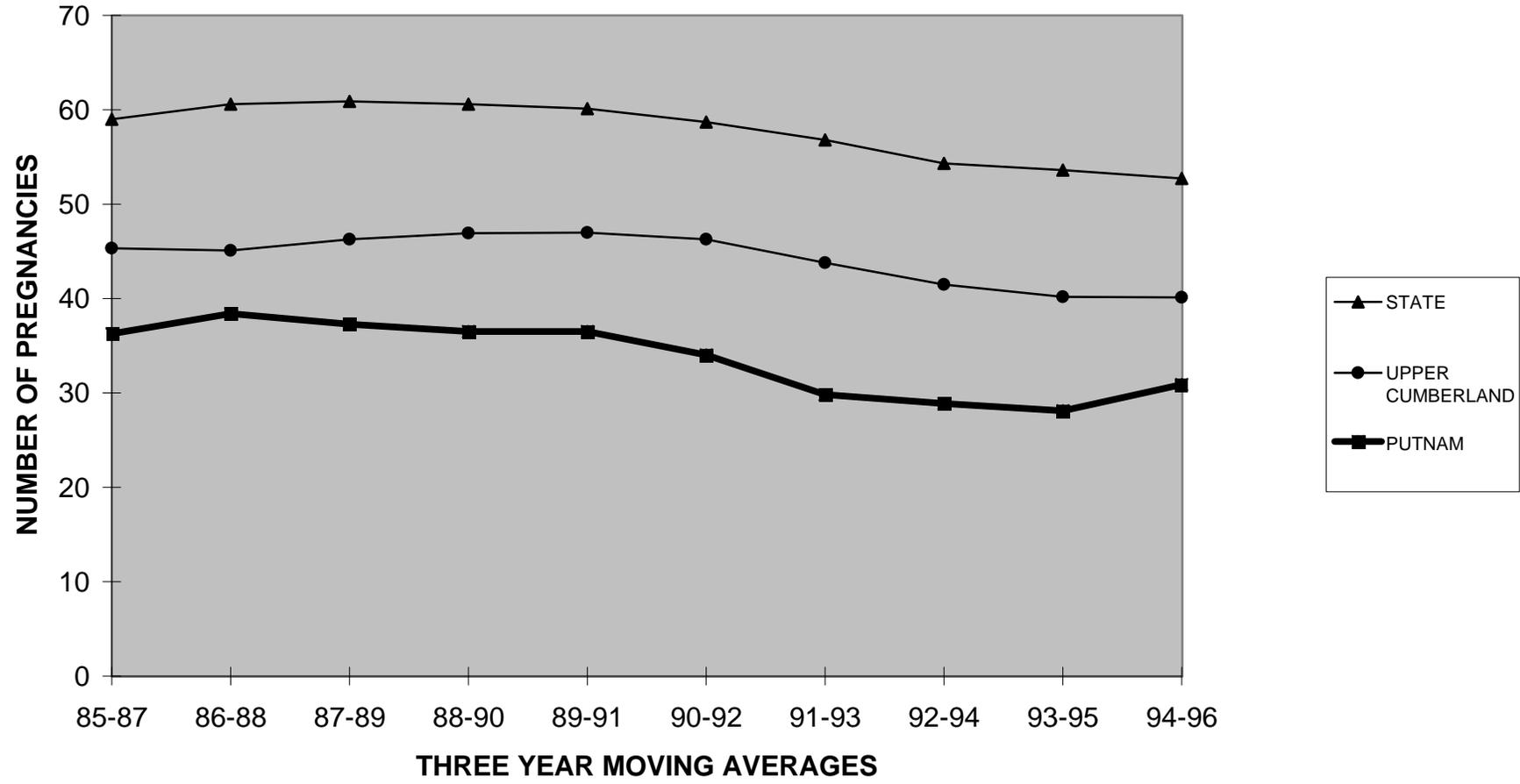
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	3.3	3.2	3.1	3.1	3.1	3.1	3.1	3	2.8	2.7	
UPPER CUMBERLAND	1.2	1.2	1.2	1.1	1.3	1.7	1.8	1.7	1.4	1.5	
PUTNAM	1.8	1.8	1.6	1.6	1.1	0.9	0.8	1.2	1.6	1.3	

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



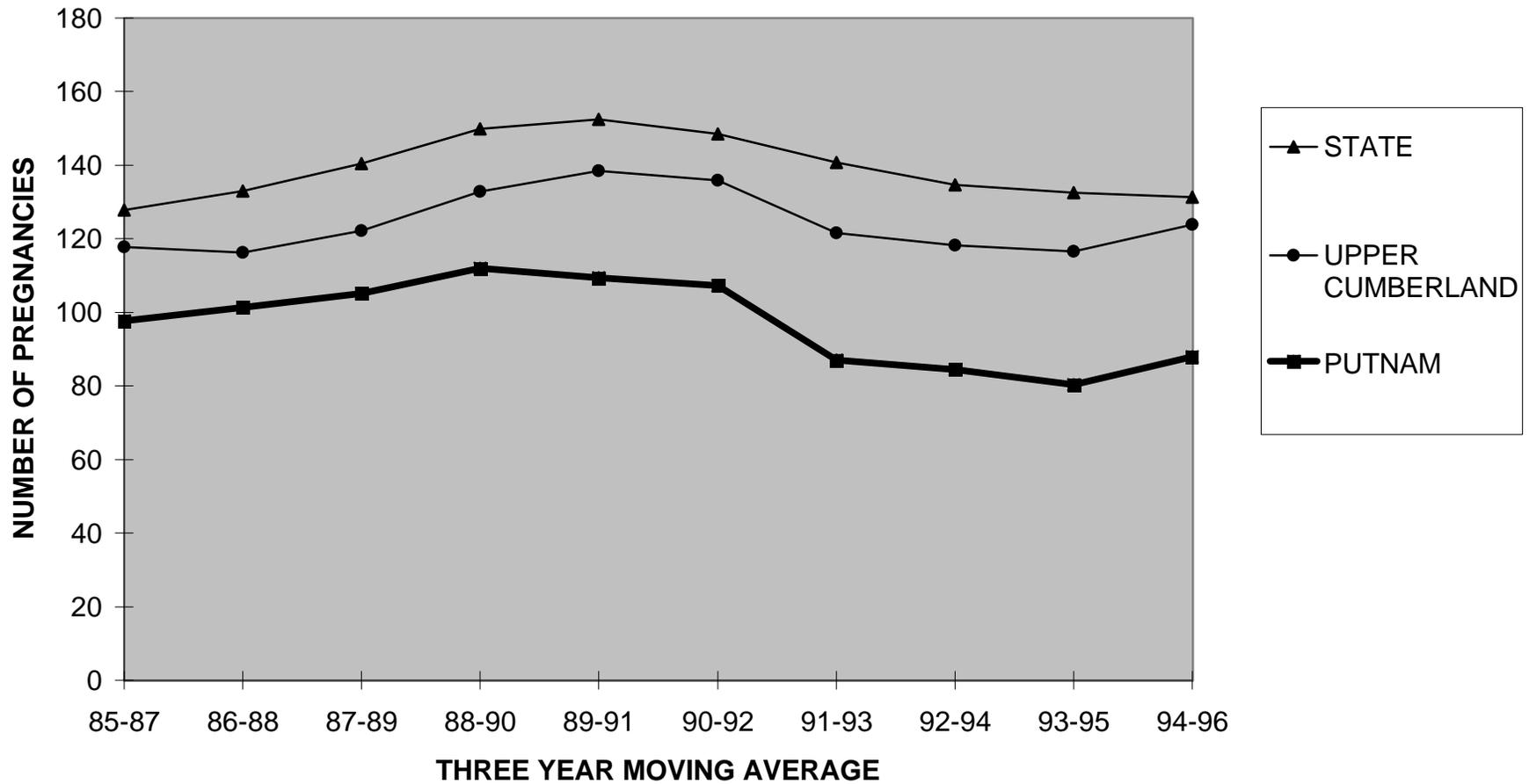
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	59	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7	
UPPER CUMBERLAND	45.3	45.1	46.3	46.9	47	46.3	43.8	41.5	40.2	40.1	
PUTNAM	36.3	38.4	37.3	36.5	36.5	34	29.8	28.9	28.1	30.9	

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



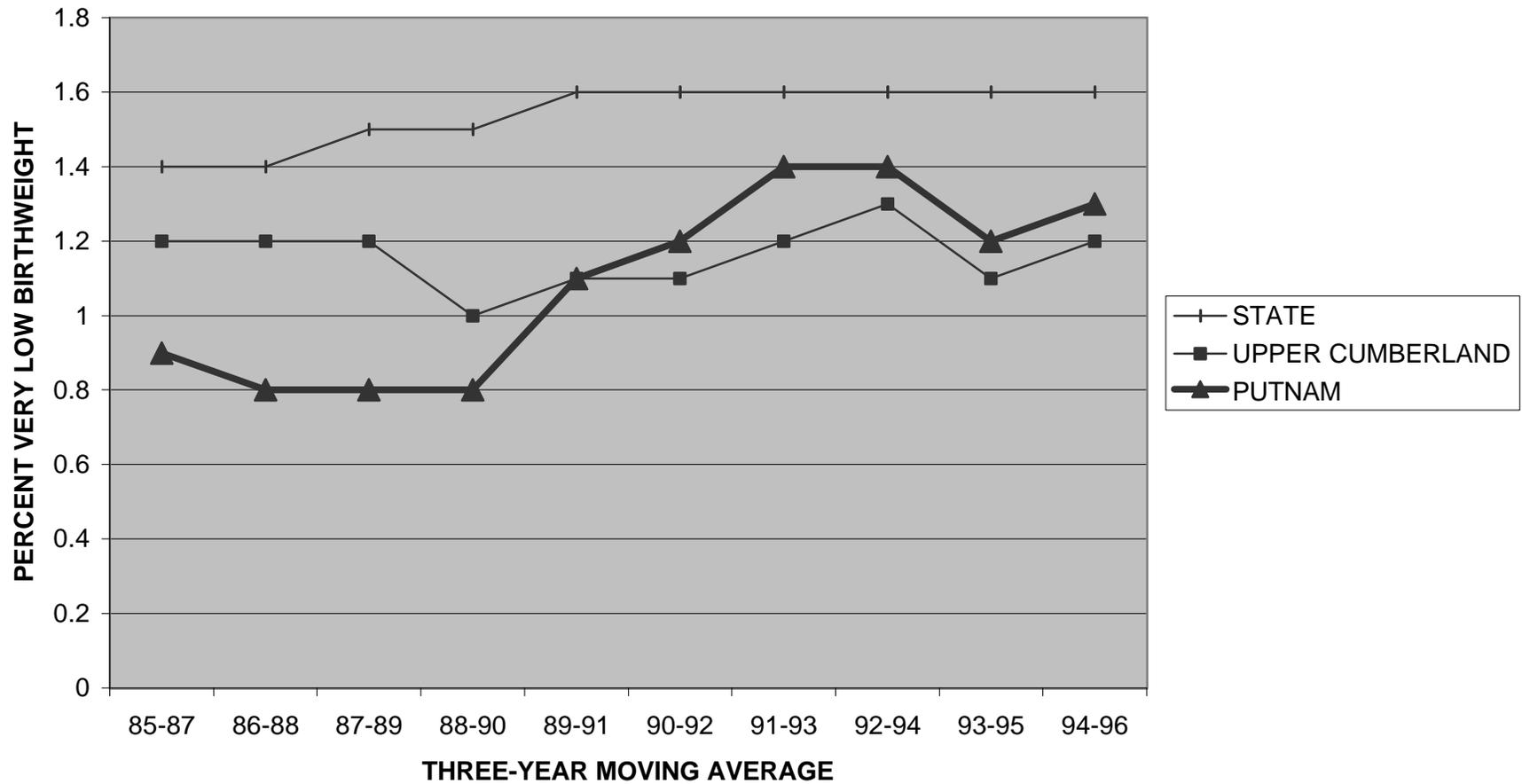
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	127.8	133	140.4	149.8	152.5	148.5	140.7	134.7	132.6	131.3	
UPPER CUMBERLAND	117.8	116.2	122.2	132.8	138.4	135.8	121.5	118.2	116.5	123.8	
PUTNAM	97.7	101.4	105.2	112	109.4	107.3	87	84.5	80.3	88	

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



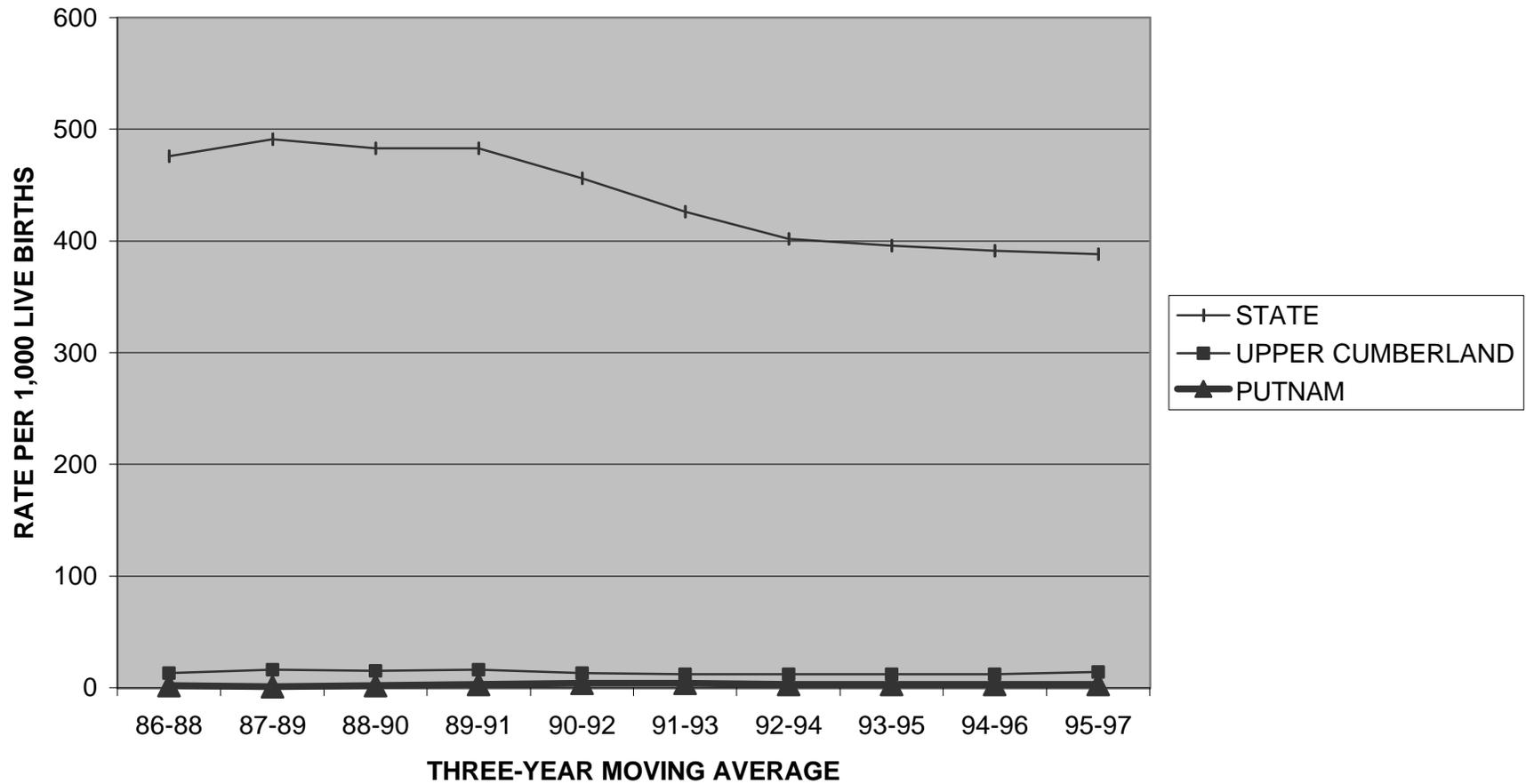
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6
UPPER CUMBERLAND	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2
PUTNAM	0.9	0.8	0.8	0.8	1.1	1.2	1.4	1.4	1.2	1.3

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



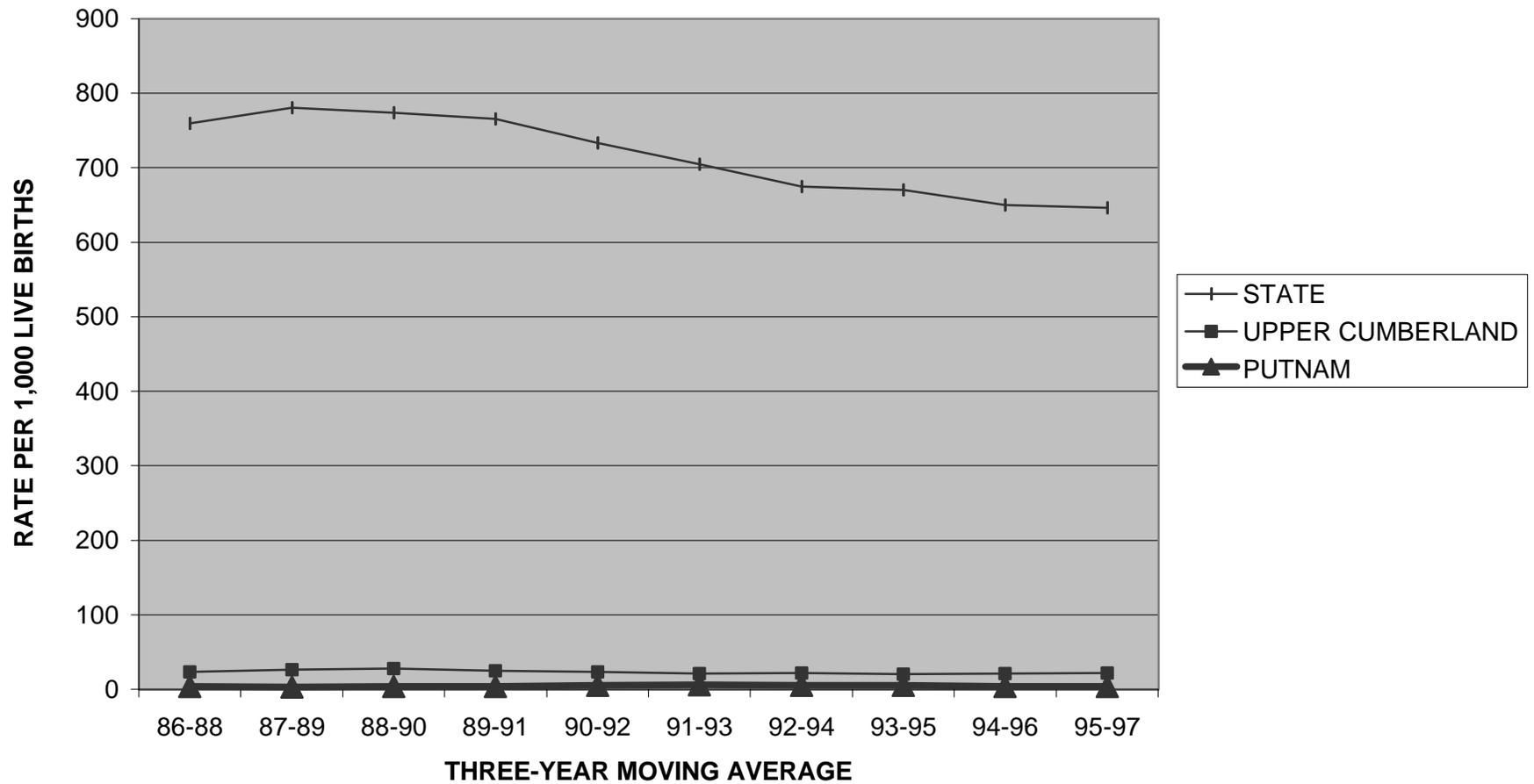
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
PUTNAM	2	1	2	3	4	4	3	3	3	3	

NEONATAL DEATHS PER 1,000 LIVE BIRTHS



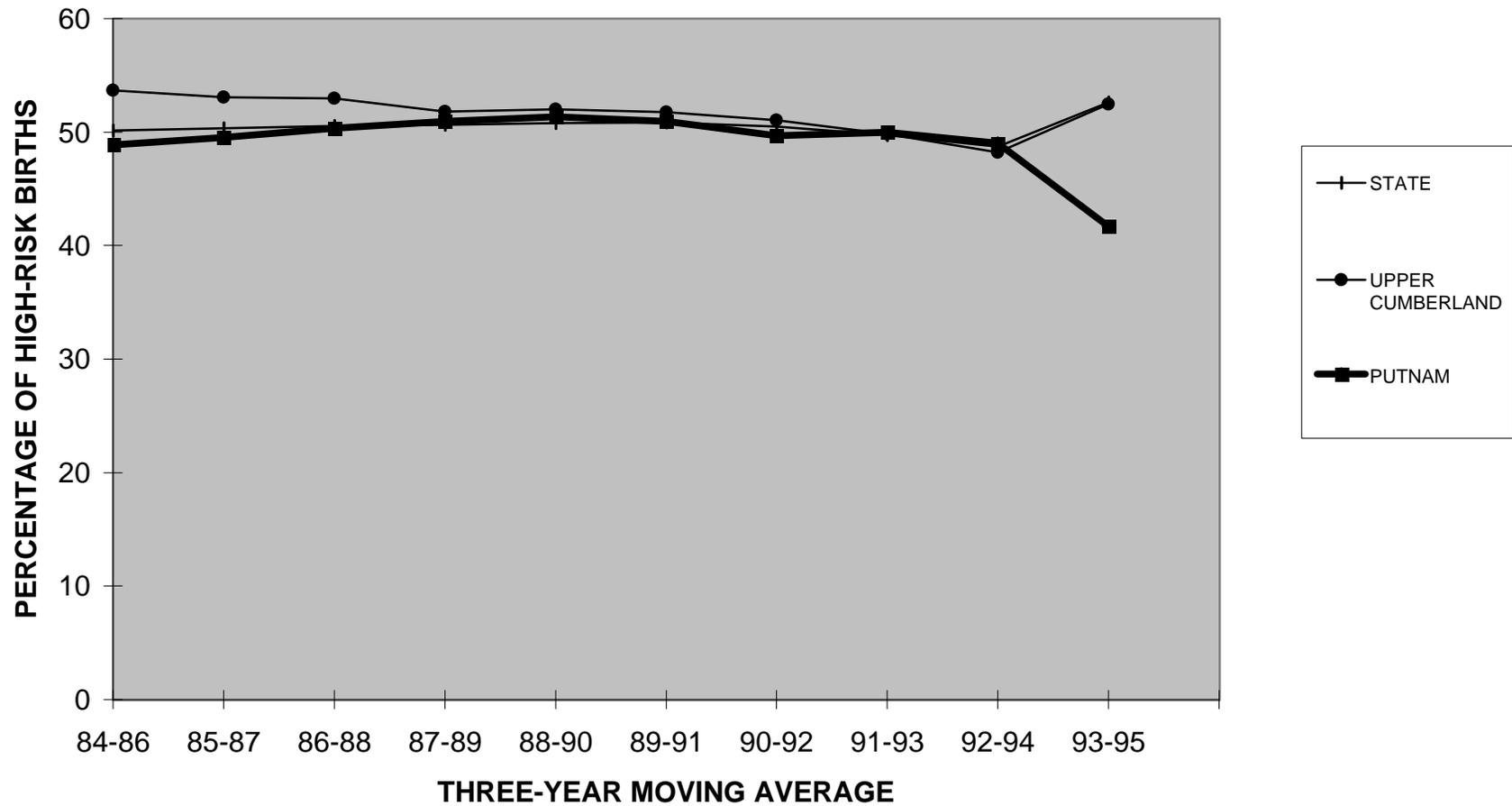
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	760	781	774	766	733	705	675	670	650	646	
UPPER CUMBERLAND	23	26	28	25	23	21	22	20	21	22	
PUTNAM	4	3	4	4	5	6	5	5	4	4	

INFANT DEATHS PER 1,000 LIVE BIRTHS



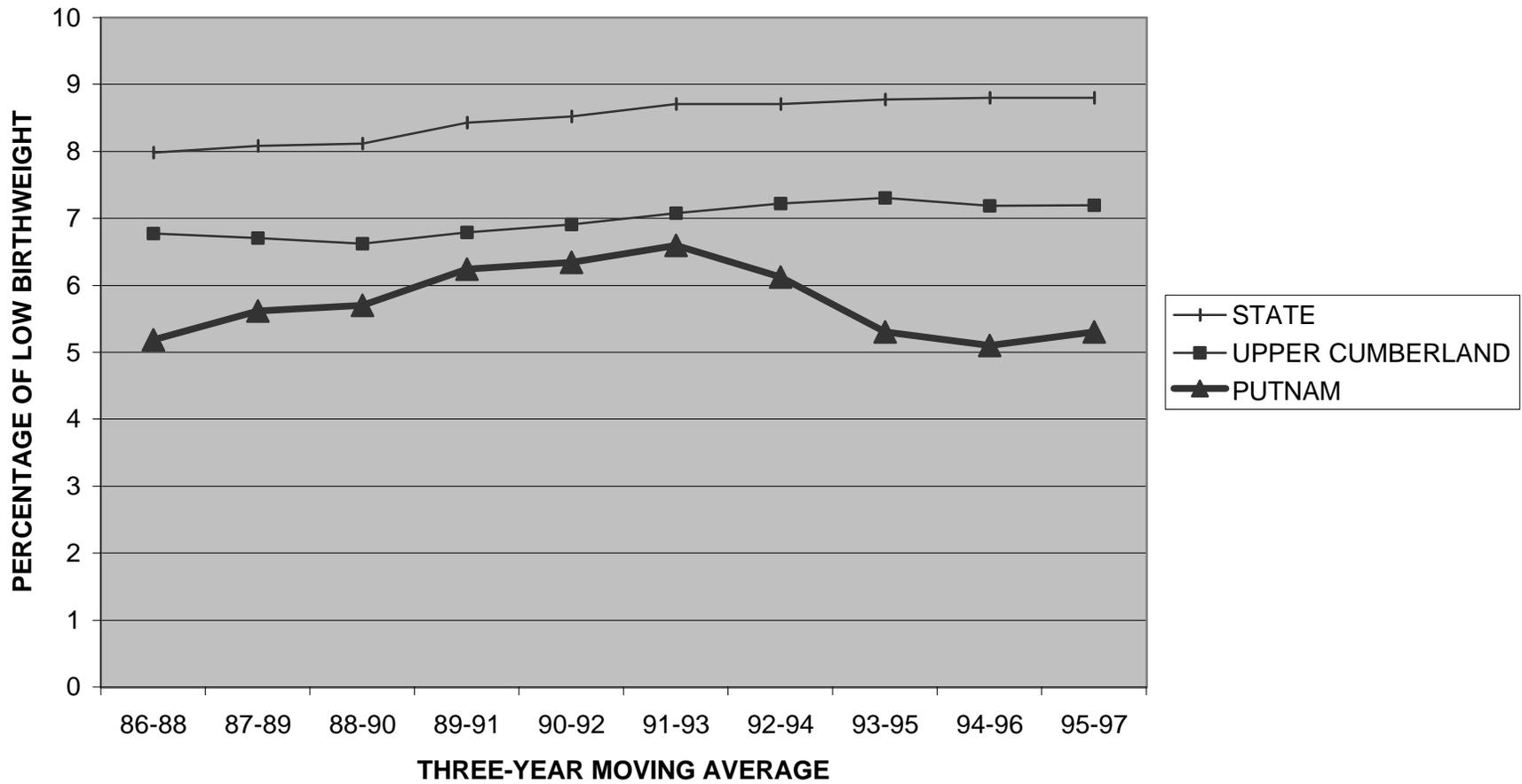
	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	50.1	50.3	50.5	50.6	50.8	50.8	50.5	49.7	48.7	52.6	
UPPER CUMBERLAND	53.7	53.1	53.0	51.8	52.0	51.7	51.0	49.8	48.2	52.5	
PUTNAM	48.9	49.5	50.3	51.0	51.3	51.0	49.7	50.0	49.0	41.7	

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



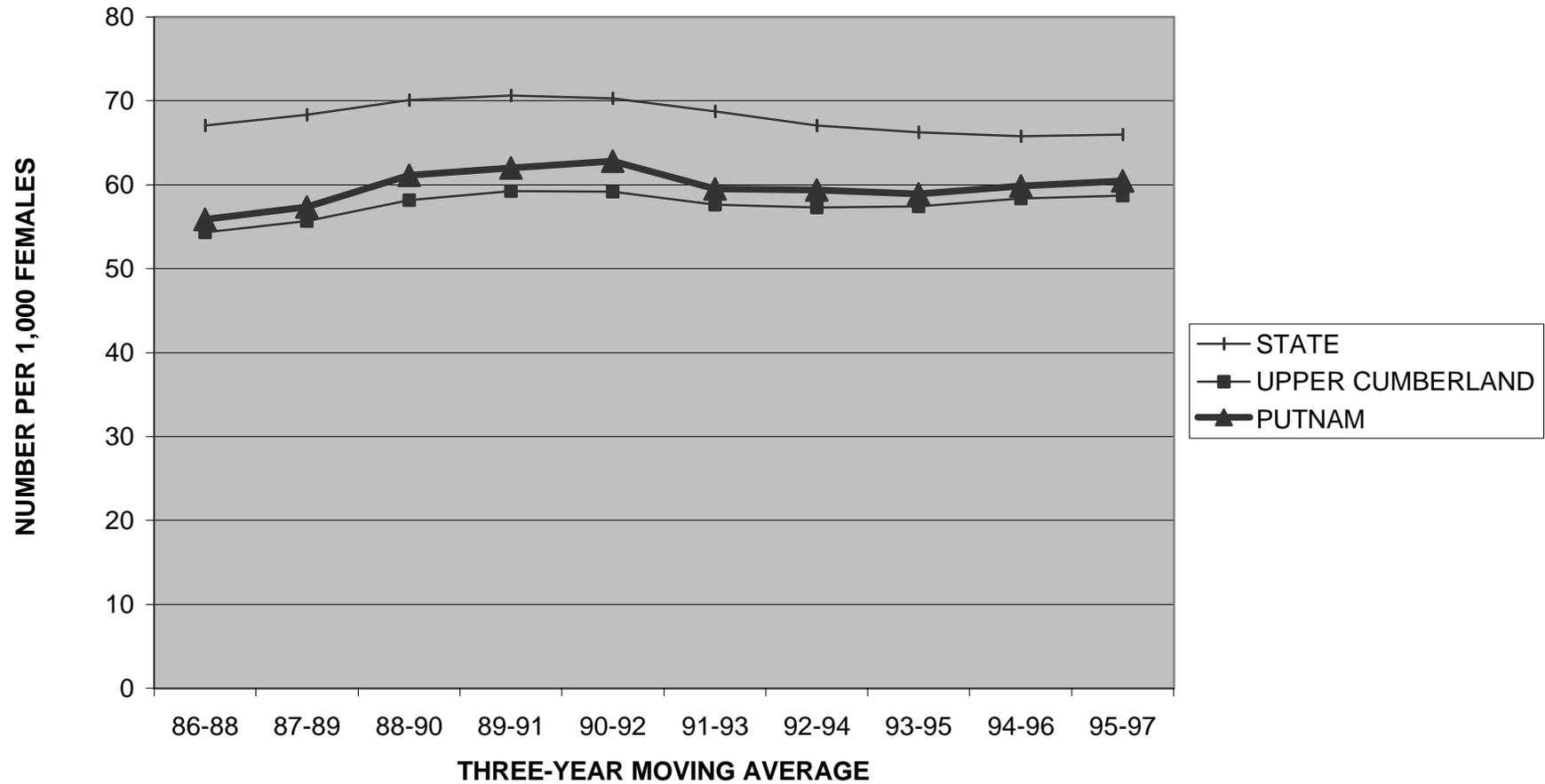
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STATE	8.0	8.1	8.1	8.4	8.5	8.7	8.7	8.8	8.8	8.8
UPPER CUMBERLAND	6.8	6.7	6.6	6.8	6.9	7.1	7.2	7.3	7.2	7.2
PUTNAM	5.2	5.6	5.7	6.2	6.3	6.6	6.1	5.3	5.1	5.3

PERCENTAGE OF BIRTHS WHICH WERE LOW BIRTHWEIGHT



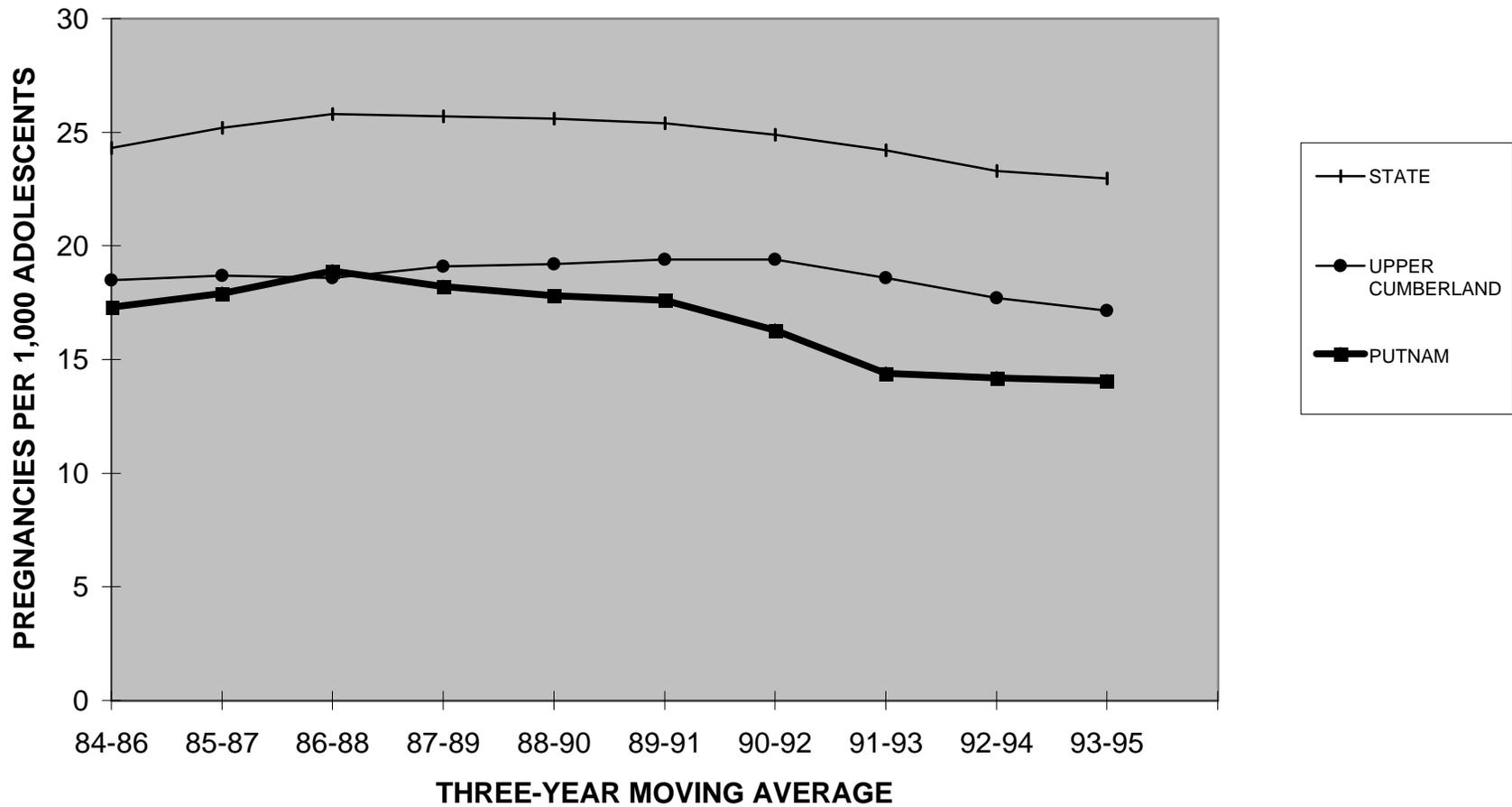
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STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPPER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
PUTNAM	55.8	57.4	61.1	62.0	62.8	59.5	59.4	58.9	59.9	60.4	

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	
PUTNAM	17.3	17.9	18.9	18.2	17.8	17.6	16.3	14.4	14.2	14.1	

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

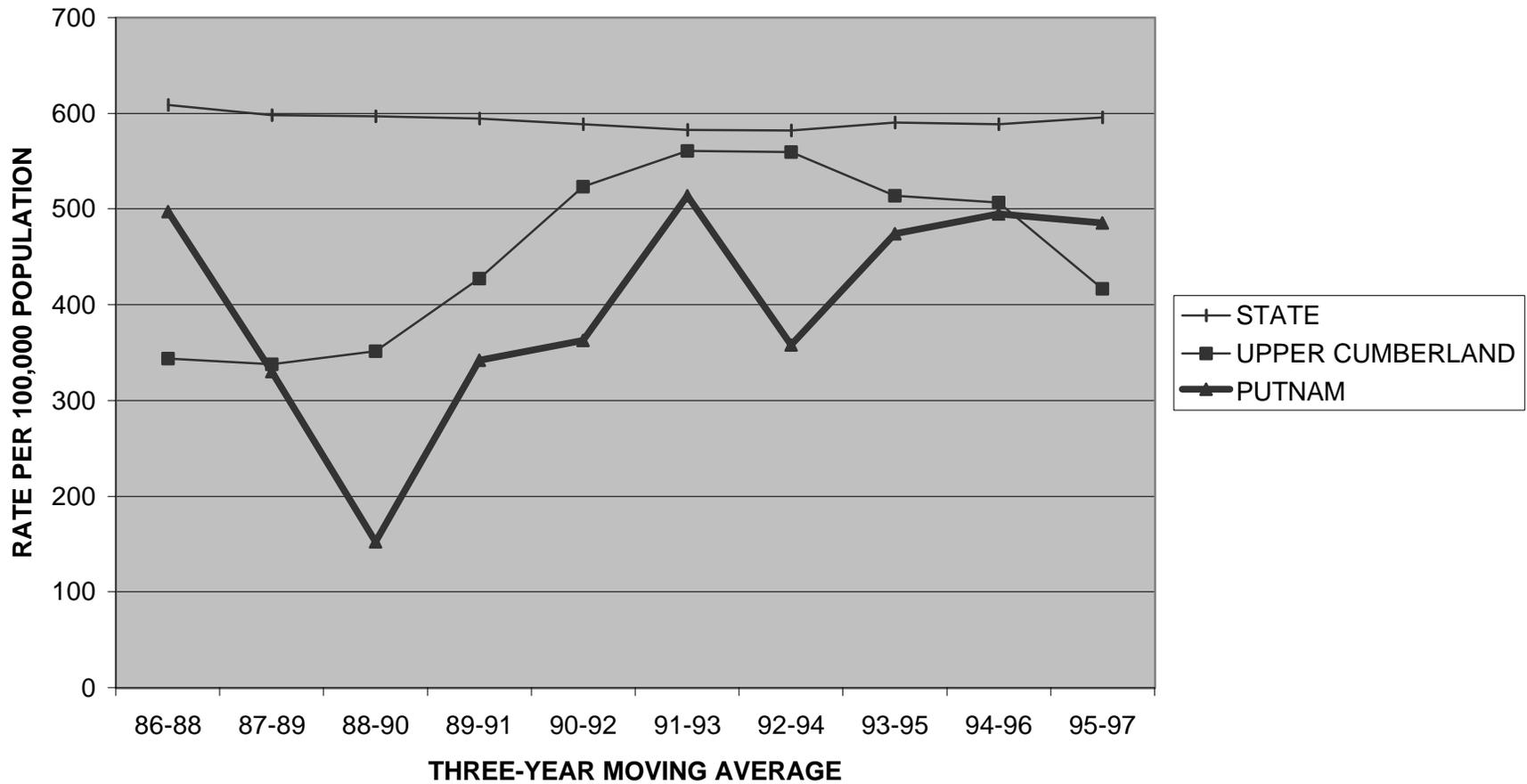


Appendix 4

Mortality Data

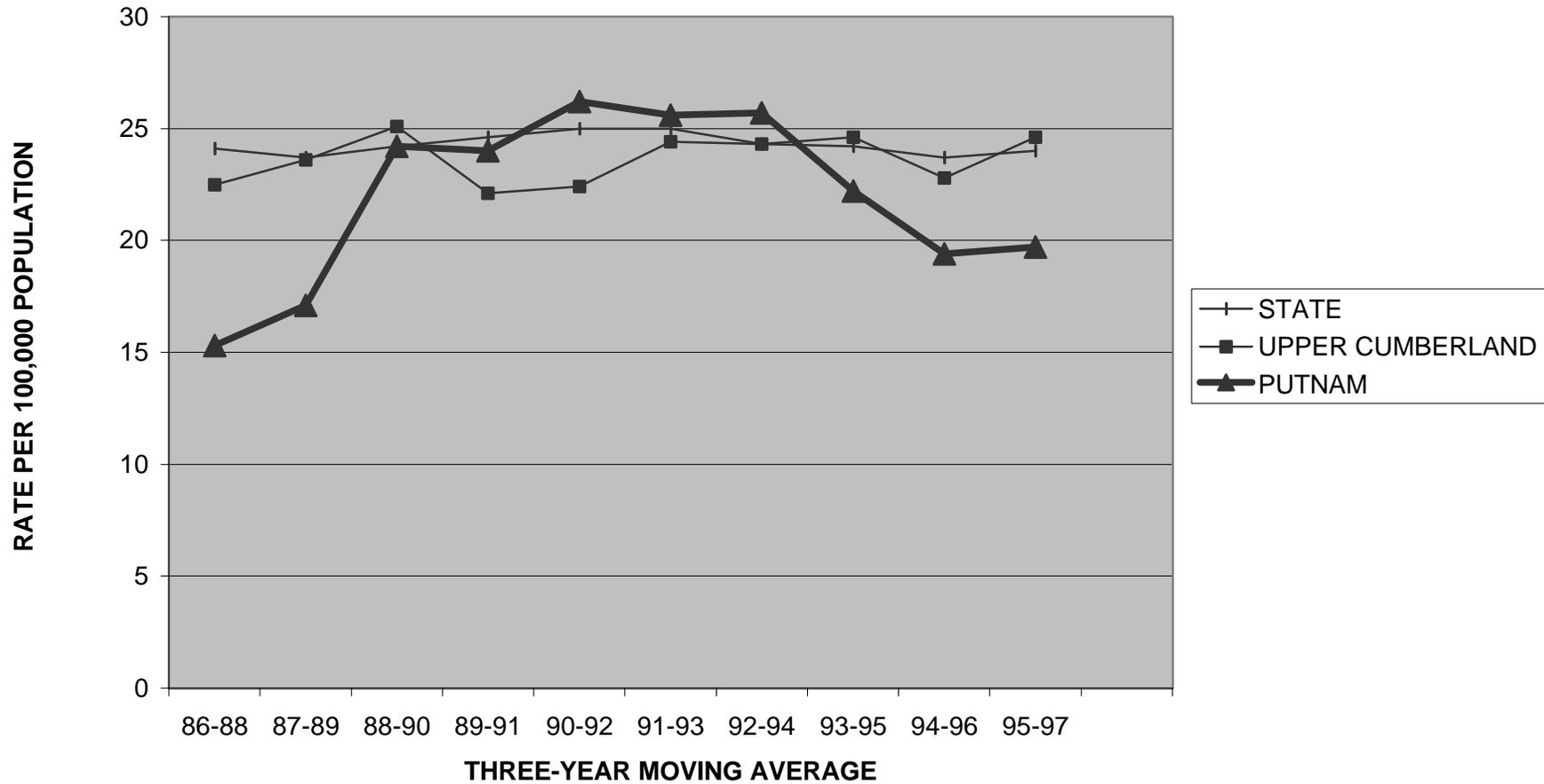
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7	595.7
UPPER CUMBERLAND	344.0	337.6	351.2	427.2	523.4	560.8	559.5	514.1	506.7	416.7
PUTNAM	497.3	330.0	152.6	341.8	362.7	514.0	357.9	474.4	495.0	485.5

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



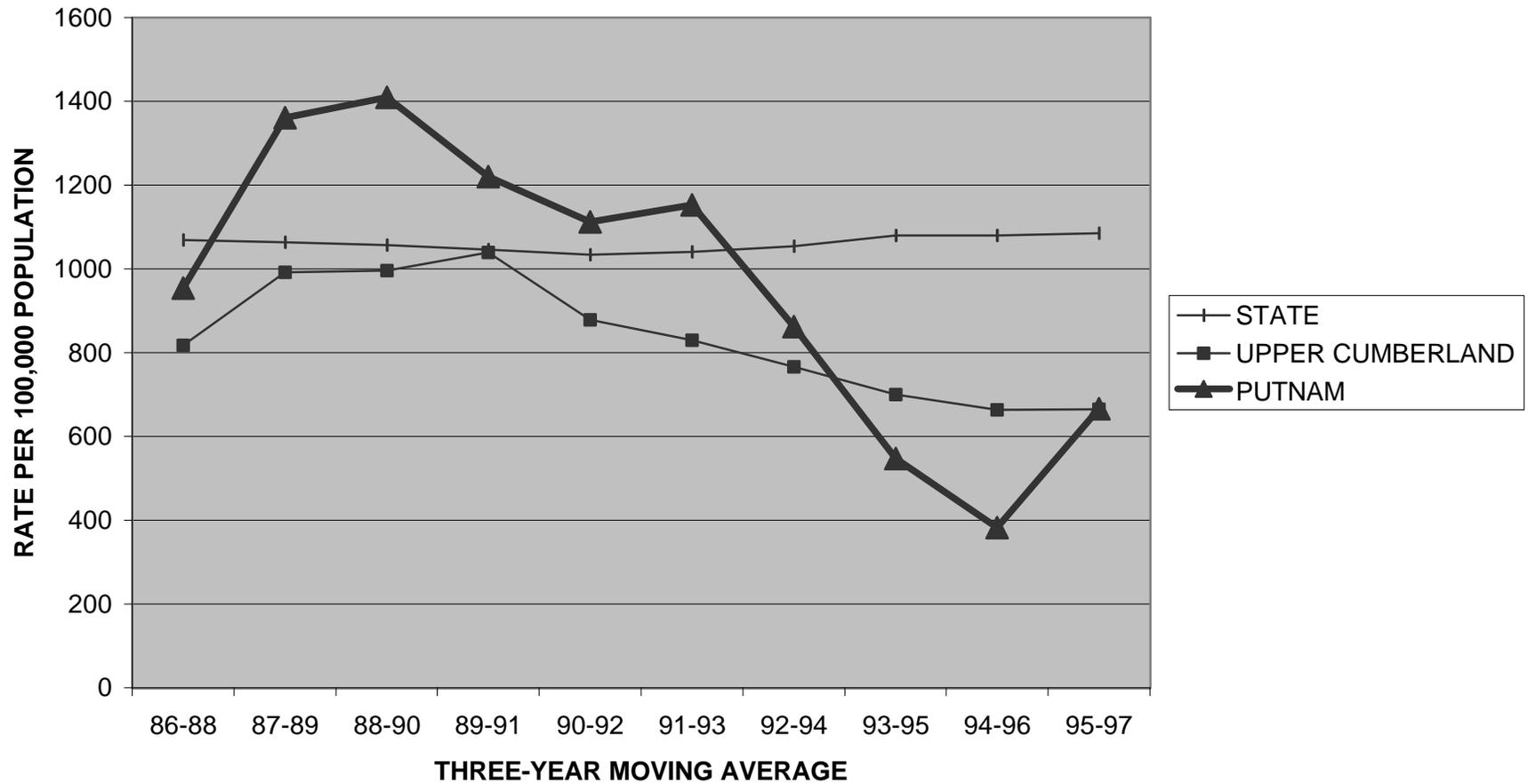
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.4	24.3	24.6	22.8	24.6
PUTNAM	15.3	17.1	24.2	24.0	26.2	25.6	25.7	22.2	19.4	19.7

VIOLENT DEATH RATE PER 100,000 POPULATION



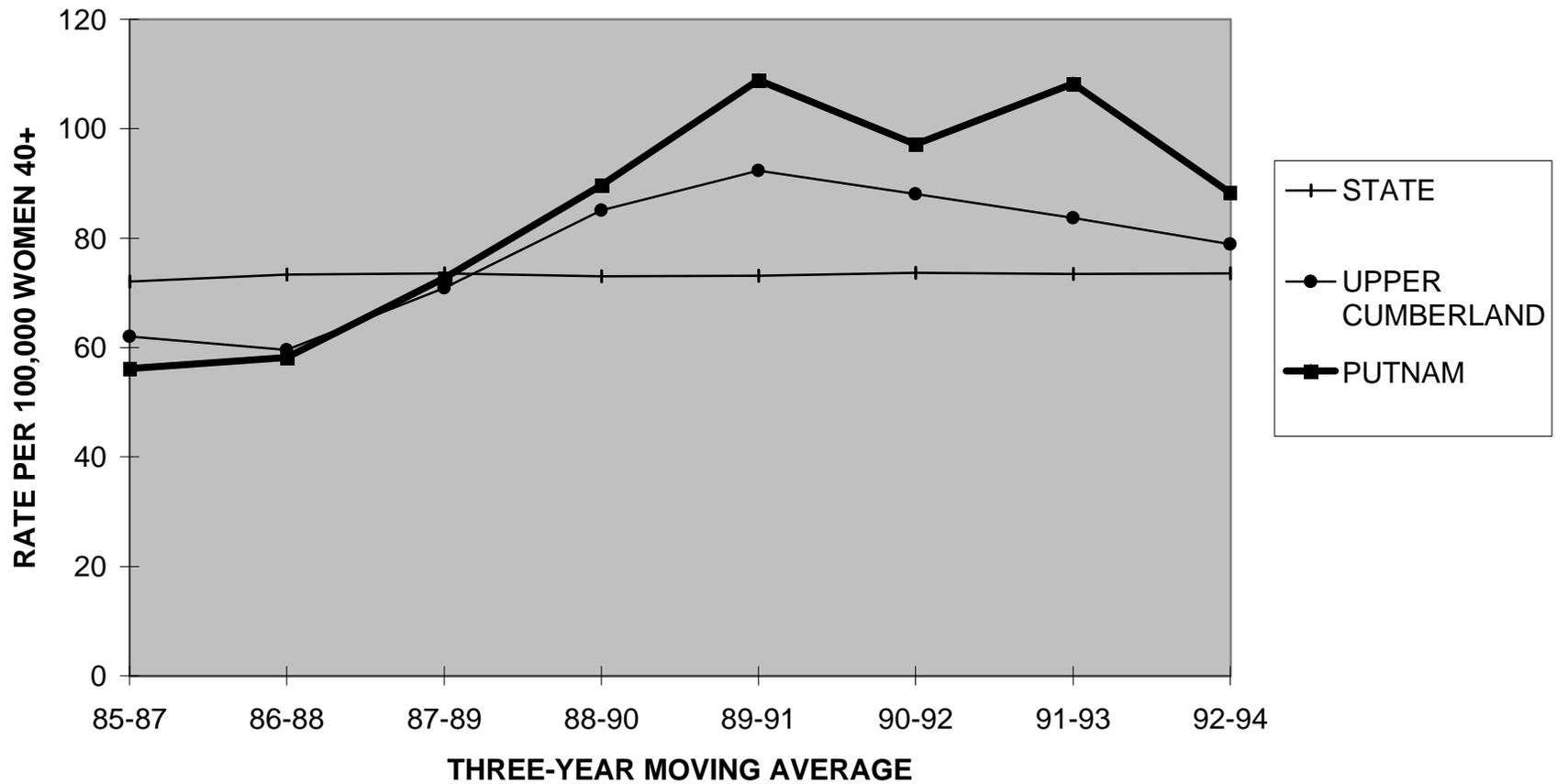
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8
UPPER CUMBERLAND	817.8	992.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1
PUTNAM	953.8	1,360.9	1,409.3	1,220.4	1,112.1	1,152.9	862.1	547.7	382.8	665.6

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



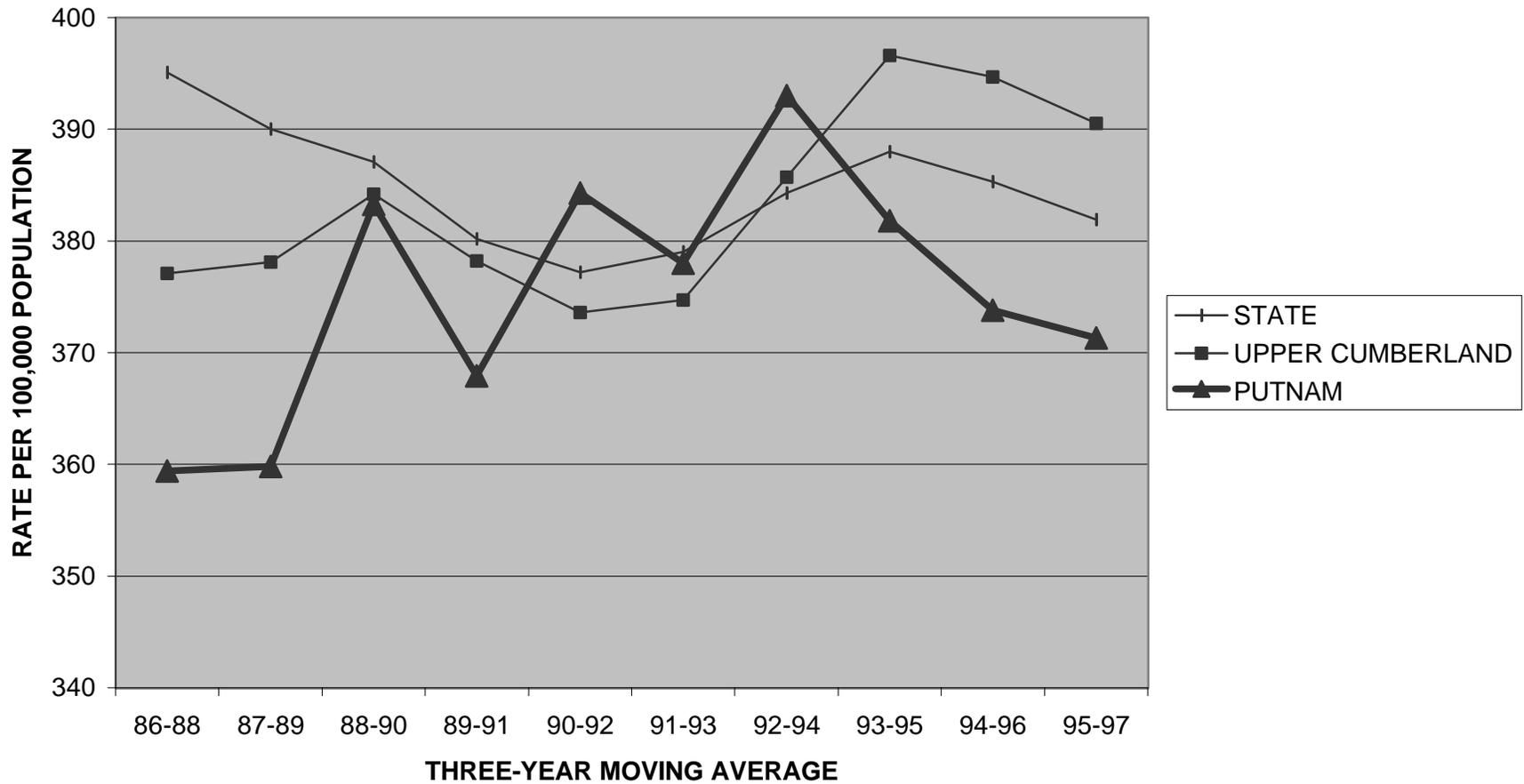
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2	
UPPER CUMBERLAND	62	59.6	70.9	85.1	92.4	88.1	83.7	78.9	75.1	69	
PUTNAM	56.2	58.2	72.7	89.7	108.9	97.1	108.3	88.3	96.3	75.2	

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



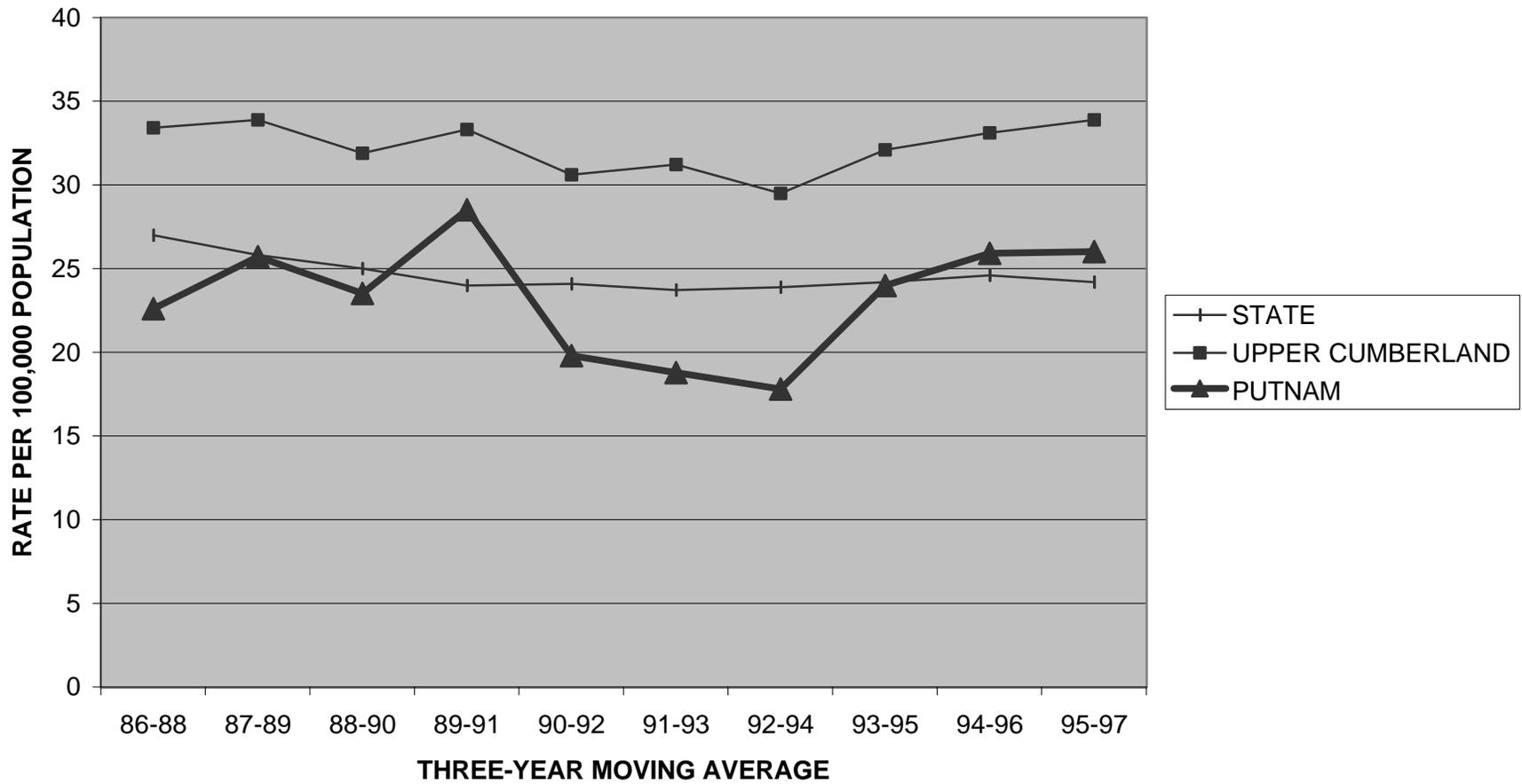
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	395.1	390.0	387.1	380.2	377.2	379.0	384.3	388.0	385.3	381.9	
UPPER CUMBERLAND	377.1	378.1	384.2	378.2	373.6	374.7	385.7	396.6	394.7	390.5	
PUTNAM	359.4	359.8	383.3	367.9	384.3	378.0	393.0	381.8	373.8	371.3	

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



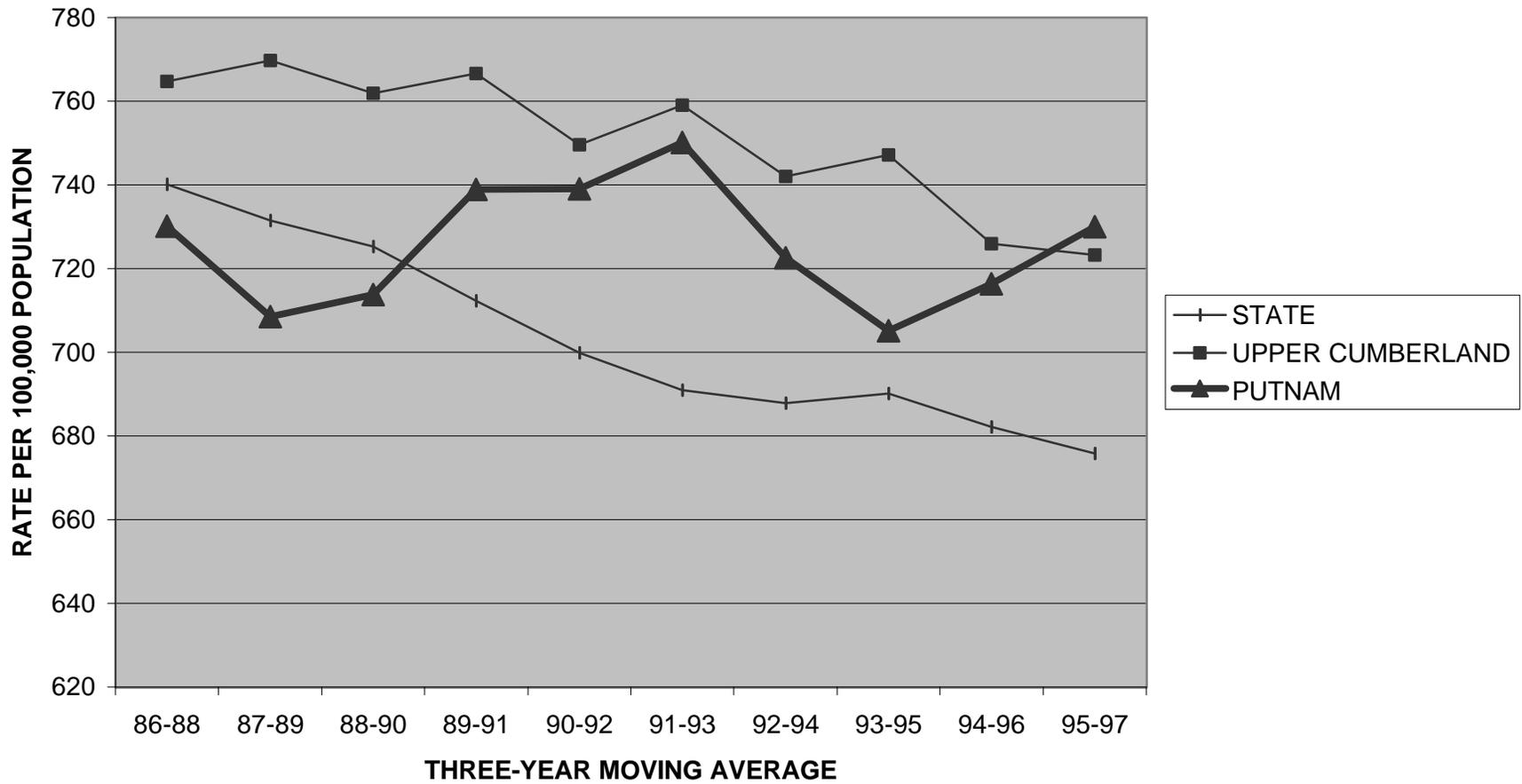
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2	
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9	
PUTNAM	22.6	25.7	23.5	28.5	19.8	18.8	17.8	24.0	25.9	26.0	

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
PUTNAM	730.1	708.5	713.8	738.9	739.0	750.2	722.6	705.1	716.3	730.0

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

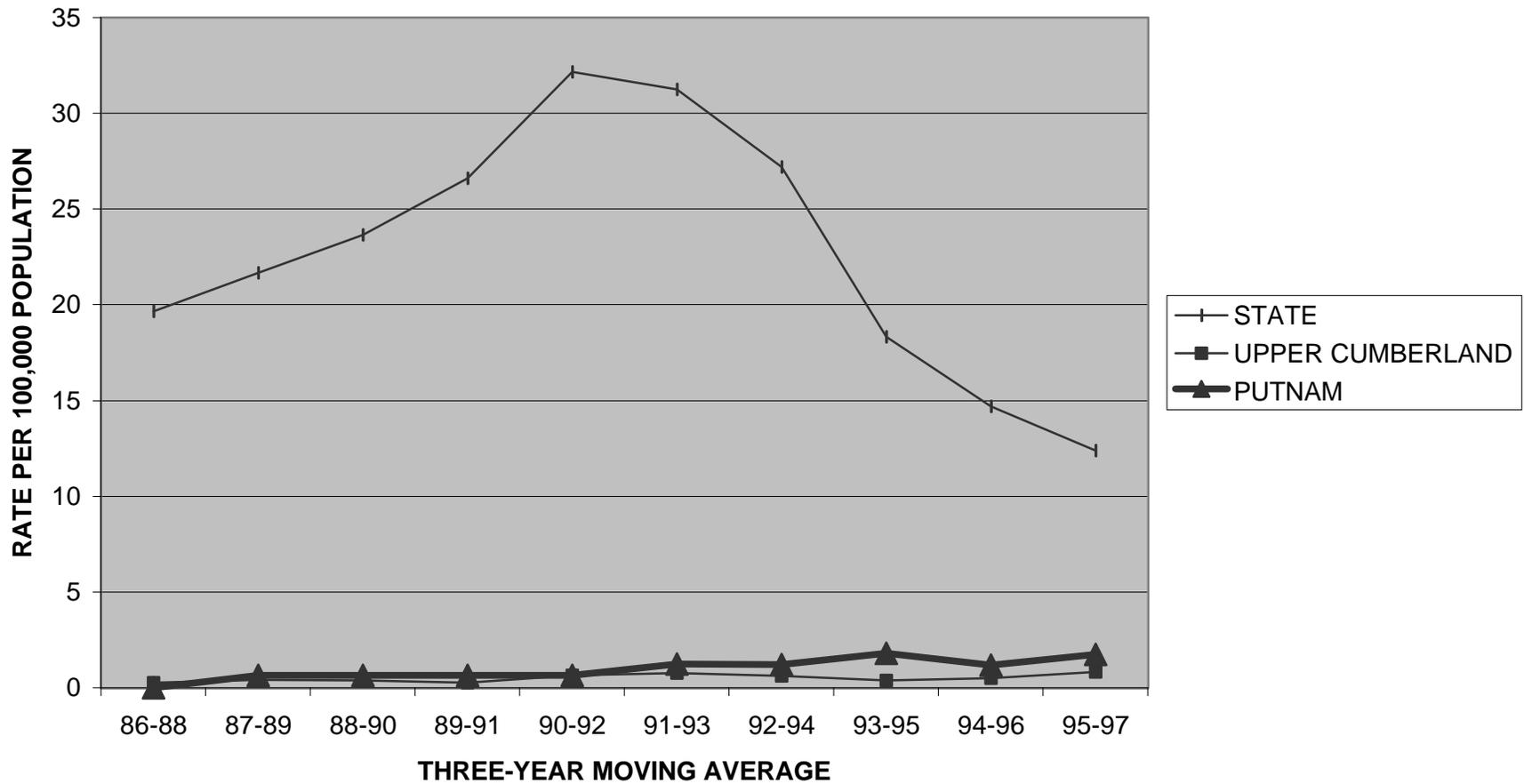


Appendix 5

Morbidity Data

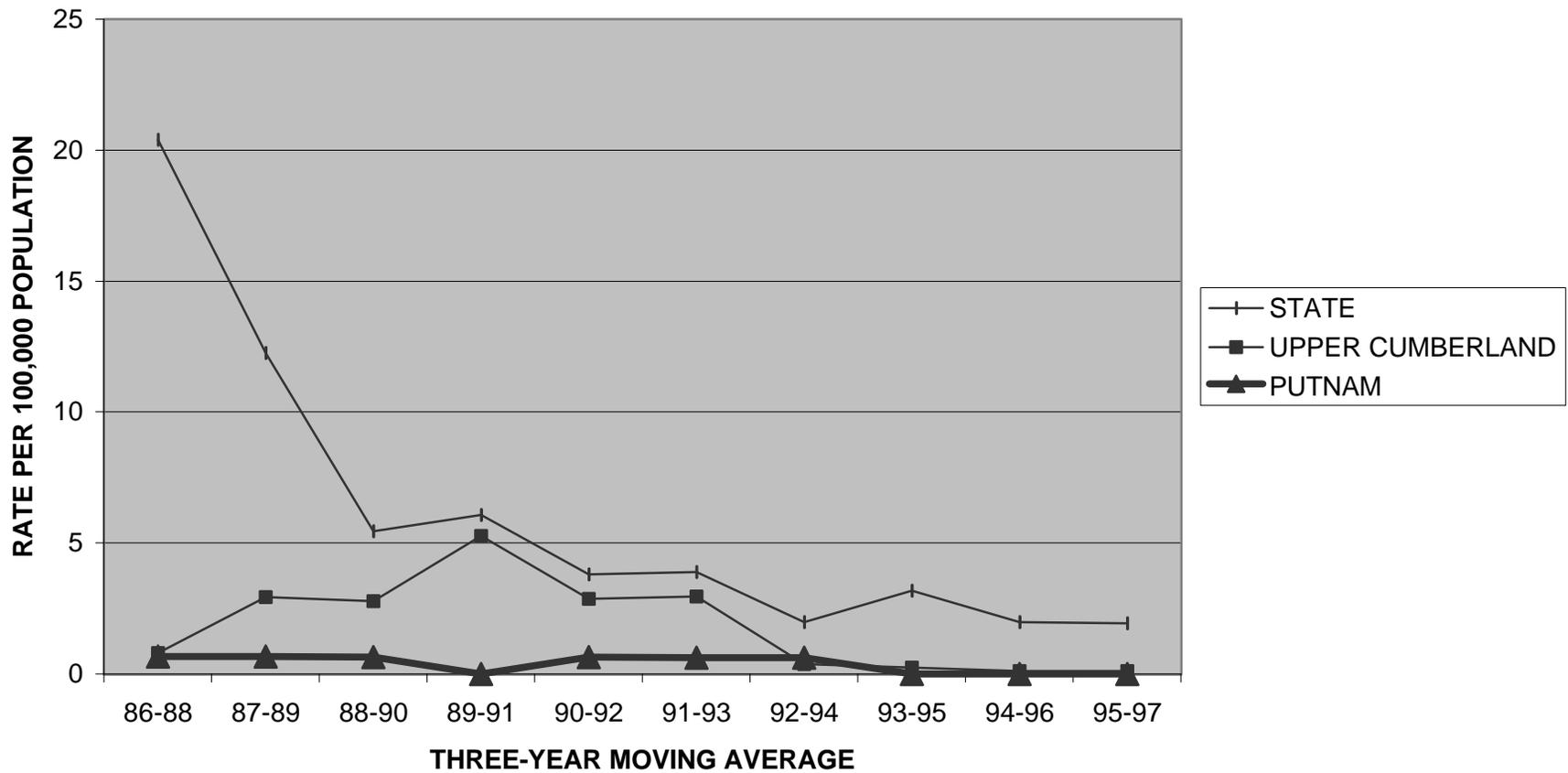
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
PUTNAM	0.0	0.7	0.7	0.6	0.6	1.3	1.2	1.8	1.2	1.7	

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



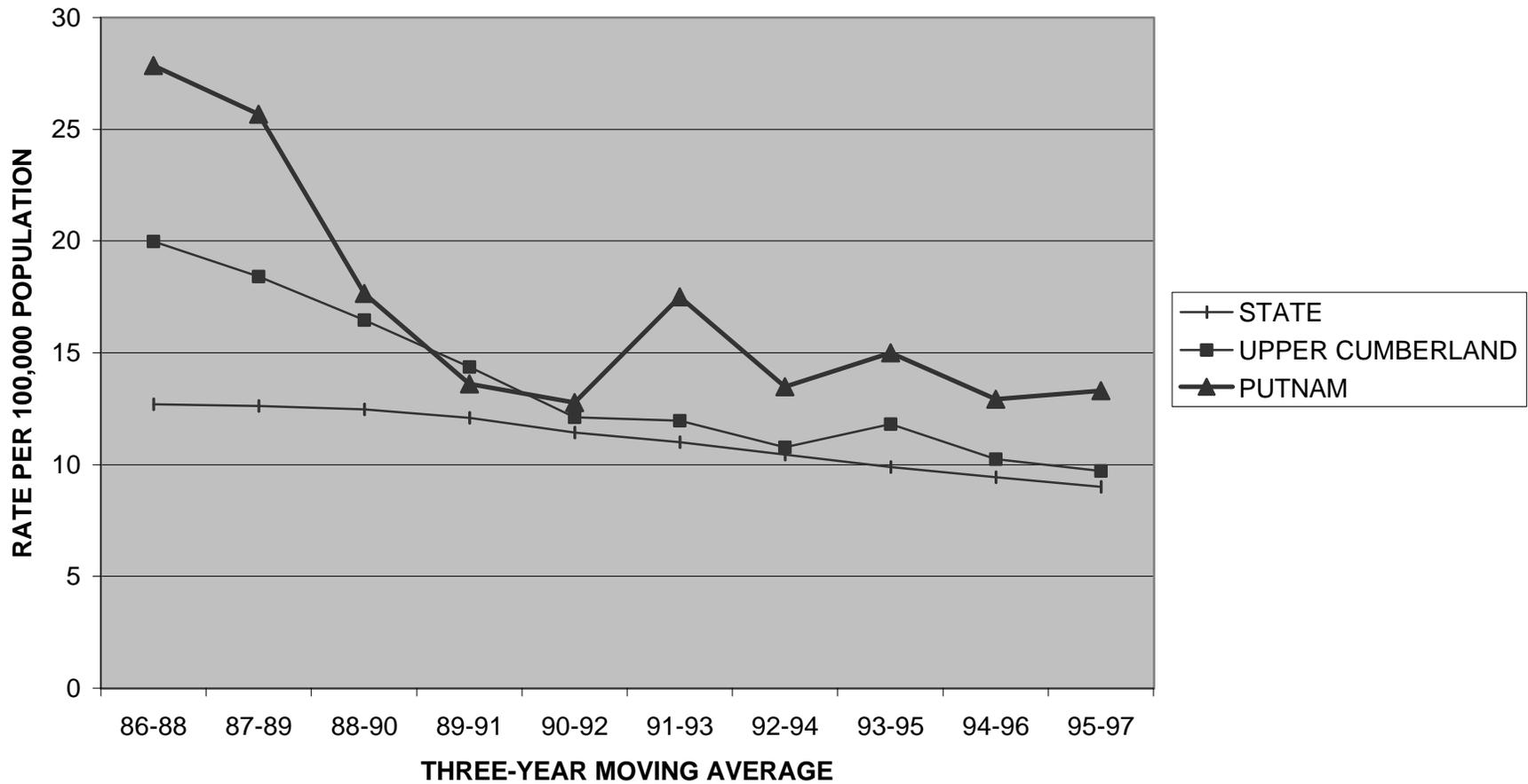
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	20.4	12.3	5.5	6.1	3.8	3.9	2.0	3.2	2.0	1.9
UPPER CUMBERLAND	0.8	2.9	2.8	5.3	2.9	3.0	0.4	0.2	0.1	0.1
PUTNAM	0.7	0.7	0.7	0.0	0.6	0.6	0.6	0.0	0.0	0.0

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



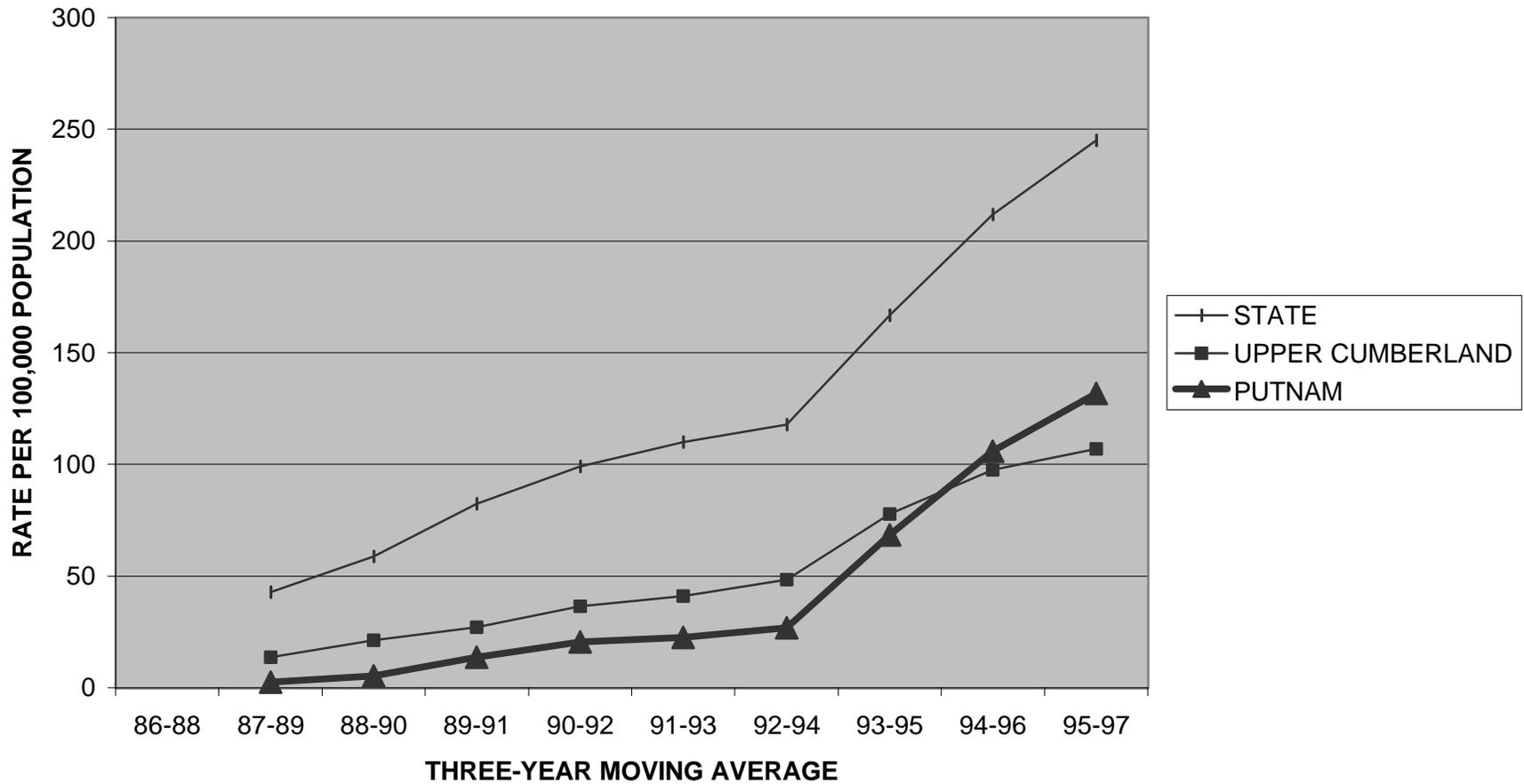
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE	12.7	12.6	12.5	12.1	11.4	11.0	10.5	9.9	9.4	9.0
UPPER CUMBERLAND	20.0	18.4	16.5	14.4	12.1	12.0	10.8	11.8	10.3	9.7
PUTNAM	27.9	25.7	17.6	13.6	12.8	17.5	13.5	15.0	12.9	13.3

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



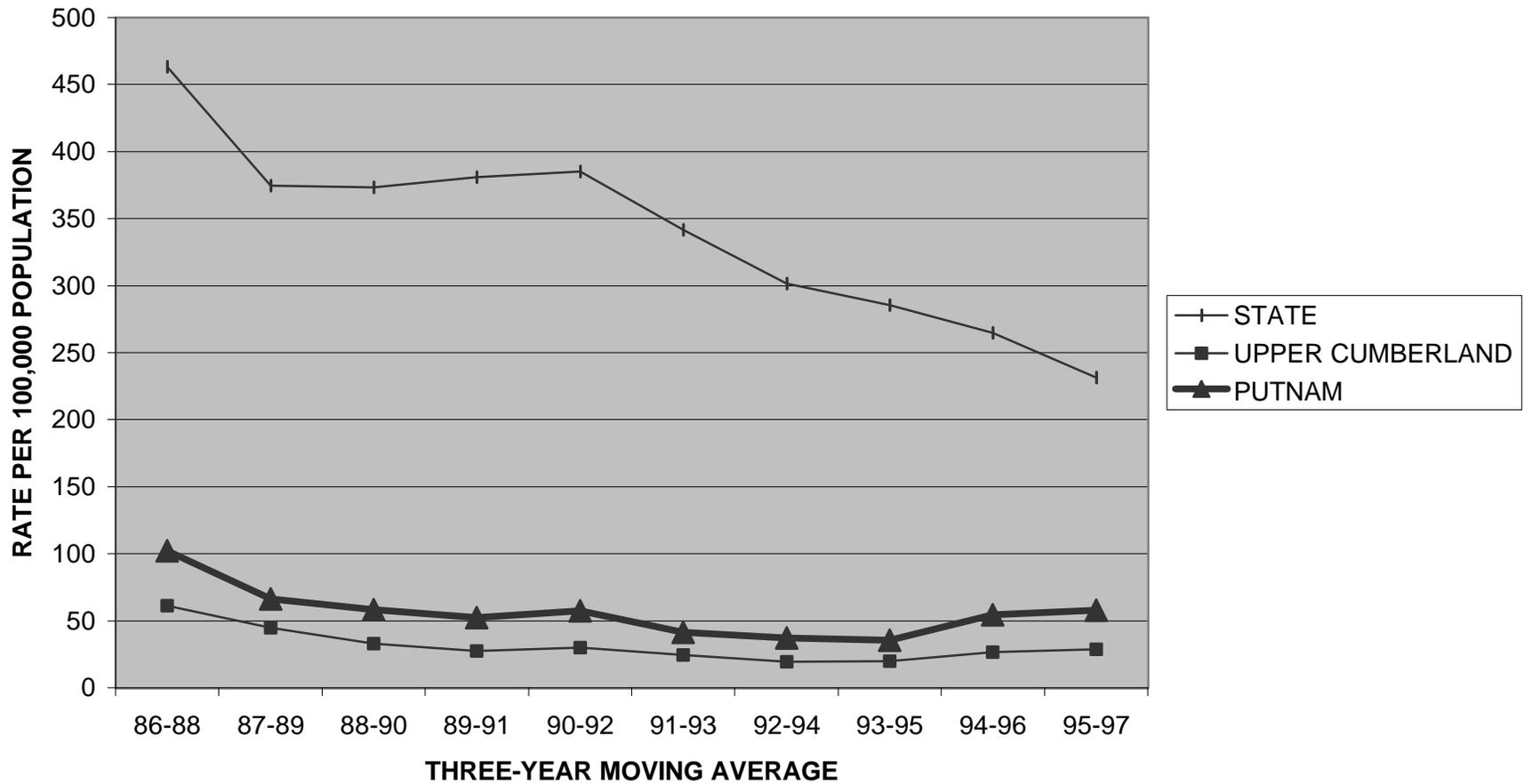
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0
UPPER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8
PUTNAM		2.6	5.2	13.6	20.4	22.5	26.9	68.4	105.8	131.8

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	
PUTNAM	102.2	66.5	58.2	52.5	57.5	41.3	37.4	35.4	54.7	57.8	

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