Community Health Status Report

Coffee County
Tennessee

JULY 2000

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

NACCHO ASTHO PHF

Providing information for improving community health

Please refer to the CHSI companion document, "Community Health Status Report: Data Sources, Definitions, and Notes" for all sources, methods, and calculations.

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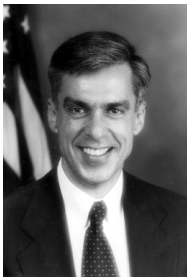
DEPARTMENT OF HEALTH & HUMAN SERVICES

July 2000



Dear Public Health Community:

The Health Resources and Services Administration (HRSA),U.S. Department of Health and Human Services is pleased to provide this Community Health Status Report for your county. In response to your requests for local health information, HRSA funded a collaboration among the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Public Health Foundation to publish this first report for all counties across the United States.

Public health is about many things – health behaviors, primary and preventive care, access to services, deaths and births, populations at particular risk, life expectancy, reports of health, and environmental health. We present a gamut of indicators for your use. We encourage you to supplement this information with other State- and locally-developed data.

For counties already engaged in community health assessment projects, we hope this report will provide valuable, updated information. For counties not yet formally involved in such projects, hopefully this report will spur interest and dialogue with community partners around initiating such a project.

A unique offering of this report is the comparison of your county to its peers — other communities similar in size, population composition, and density. Indicators for your community have been made available by grouping several years together to give your community a stable measure and by providing State, national, or estimated measures when local measures are not readily available.

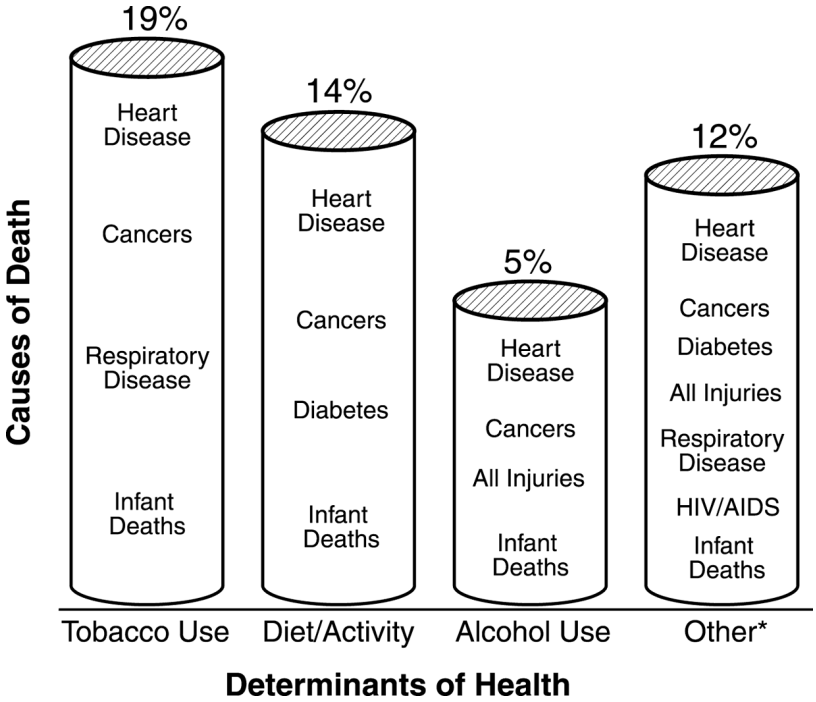
The Health Status Report for your county and others is available for viewing and printing from the Web at http://www.communityhealth.hrsa.gov, as is the companion document with data definitions. Please provide us your comments at this site or by contacting those listed on the back panel.

Sincerely,

Claude Earl Fox, M.D., M.P.H., Administrator, HRSA

FIPS CODE: 47 - 031

Half of all deaths can be attributed to these factors



* Other lifestyle and personal behavior (nongenetic) risk factors include microbes, toxins, firearms, sexual behavior, motor vehicles, and drug use. Source: McGinnis, J.M., & Foege, W.H. (1993). Actual causes of death in the United States. JAMA., 270(18), 2207-2212.

While we may measure deaths due to heart disease, cancers, or infant deaths, we should always keep in mind that factors such as tobacco, diet, activity, and alcohol use substantially contribute to these deaths. For example, as shown in the above graphic, tobacco use accounts for 19 percent of all U.S. deaths.

Coffee County, TN

Population size:	45,520
Population density (people per square mile):	106
Individuals living below poverty level:	13.9%

Age distribution

Under Age 18:	25.2%
Age 65-84:	12.4%
Age 85+:	1.5%

Nonwhite population

Black:	4.0%
American Indian:	0.2%
Asian/Pacific Islander:	0.9%
Hispanic origin:	1.1%

PEER COUNTIES

These peer counties (counties and county-like geographic areas) were grouped on the basis of frontier status, population size, poverty and age structure. There are 39 counties like Coffee County, TN. (See the next panel.) Below is the range of values represented by the peer areas.

Population size:	26,133 - 49,967
Population density (people per square mile):	14 - 306
Individuals living below poverty level:	10.6 - 14.1 %

Age distribution

Under Age 18:	20.7 - 26.1%
Age 65-84:	7.7 - 13.2%
Age 85+:	0.9 - 2.0%

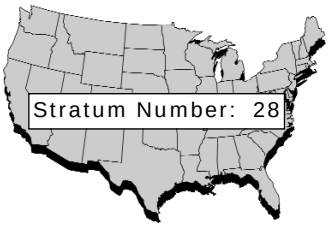
Nonwhite population

Black:	0.1 - 39.4%
American Indian:	0.1 - 5.1%
Asian/Pacific Islander:	0.1 - 3.0%
Hispanic origin:	0.4 - 13.0%

Source: U.S. Census Bureau, 1997. These population figures are used for calculations throughout brochure, when appropriate.

PEER COUNTIES

Blount County, AL
La Plata County, CO
Catoosa County, GA
Habersham County, GA
Latah County, ID
Fayette County, IN
Jefferson County, IN
Ellis County, KS
Franklin County, KY
Henderson County, KY
Jessamine County, KY
Scott County, KY
Shelby County, KY
Franklin County, ME
Cass County, MI
Callaway County, MO
Johnson County, MO
Buffalo County, NE
Granville County, NC
Person County, NC
Hardin County, OH
Hocking County, OH
Huntingdon County, PA
Union County, PA
Cherokee County, SC
Kershaw County, SC
Brookings County, SD
Coffee County, TN
Franklin County, TN
Jefferson County, TN
Loudon County, TN
Addison County, VT
Windham County, VT
Amherst County, VA
Culpeper County, VA
Franklin County, VA
Kittitas County, WA
Jefferson County, WV
Dunn County, WI



Healthy People 2010 Vision:
Healthy People in Healthy Communities

Healthy People 2010 Goal:
Increase quality and years of healthy life

Coffee County, TN

AVERAGE LIFE EXPECTANCY (1990)[1]

75.0 years

- Range among peer counties[2] (74.4 - 78.0)
- Median for all U.S. counties [75.4]

ALL CAUSES OF DEATH (1993-97)[3]

1,016.6 deaths/100,000 population *(Age-adjusted to year 2000 standard)*

- Range among peer counties[2] (758.3 - 1,016.6)
- Median for all U.S. counties [923.2]

SELF-RATED HEALTH STATUS (1993-97)[4]

23.8 % *(Percent of adults who report fair or poor health)*

- Range among peer counties[2] (7.1-23.8%)
- Median for all U.S. counties [14.7%]

AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH (1993-97)[4]

4.5 days *(Average number of unhealthy days reported in a 30-day period)*

- Range among peer counties[2] (3.3-6.5)
- Median for all U.S. counties [5.1]

Indicates a status favorable to peers.

Indicates a status less than favorable.

A blank indicates that no comparison was made.

nrf No report, fewer than 10 deaths reported during the 5-year time period or fewer than 50 respondents to the survey.

1 Developed by Harvard University for the Health Resources and Services Administration's Bureau of Primary Health Care.
2 Eighty percent of the peer group values fall within this range.
3 National Center for Health Statistics.
4 Behavioral Risk Factor Survey; local estimates were developed by Centers for Disease Control and Prevention and are constructed from State-level data.

Healthy People 2010 Goal: Eliminate Health Disparities

Coffee County, TN

	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	10%	nrf	nrf	nrf
Birth Defects	20%	nrf	nrf	nrf
Ages 1-14				
Injuries	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	61%	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	20%	nrf	nrf	nrf
Cancer	15%	nrf	nrf	nrf
Suicide	13%	nrf	nrf	nrf
Heart Disease	17%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-65				
Cancer	38%	nrf	nrf	nrf
Heart Disease	30%	nrf	nrf	nrf
Ages 65+				
Heart Disease	33%	36%	nrf	nrf
Cancer	23%	20%	nrf	nrf

nrf No report, fewer than 20 deaths in the race/ethnicity and age group or less than 10% of the deaths.

Local data are presented for the Nation's top leading causes of death in each age group. Columns, within age categories, do not total 100% because all causes of death are not listed.

The most complete ethnicity data available are reported.

Source: National Center for Health Statistics, Vital Statistics Reporting System, 1993-1997.

Coffee County, TN

County Percent		Peer County Range[1]	Birth Measures
7.9	🔍	5.2-9.1	Low Birth Wt. (<2500 g)
1.2	●	0.7-1.9	Very Low Birth Wt. (<1500 g)
12.5	🔍	7.7-13.4	Premature Births (<37 weeks)
6.5	🔍	2.1-7.3	Teen Mothers, <18
1.1	●	0.6-2.2	Older Mothers, 40+
28.4	🔍	19.2- 34.6	Unmarried Mothers
14.0	●	10.4-24.0	No Care in First Trimester

County Rate		Peer County Range[1]	Infant Mortality[2]
6.5	●	4.6-11.3	Infant Mortality
6.9	●	4.5-9.0	White Infant Mortality
nrf		0.0-38.8	Black Infant Mortality
3.9	●	2.4- 7.3	Neonatal Infant Mortality
2.6	●	1.5-4.6	Post-neonatal Infant Mortality

County Rate		Peer County Range[1]	Death Measures[3]
36.6	🔍	22.2-35.2	Breast Cancer (Female)
22.6	🔍	13.9-30.6	Colon Cancer
249.3	🔍	152.9-282.6	Coronary Heart Disease
6.0	🔍	1.3-7.9	Homicide
71.9	🔍	35.8-80.2	Lung Cancer
23.7	🔍	13.6-31.9	Motor Vehicle Injuries
82.6	🔍	52.5-85.5	Stroke
19.7	🔍	8.1-16.6	Suicide
22.4	🔍	15.3-26.5	Unintentional Injury

The total number of births during this time period was 3,040 and the total number of deaths was 2,296.

● Indicates a status favorable to peer county median value and 🔍 indicates that a closer look and perhaps reduction of the percent or rate may be needed. (A blank indicates that no comparison was made).

nrf No report, fewer than 500 births and 3 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

1 Eighty percent of the peer group values fall within this range.
2 Infant Mortality: deaths per 1,000 live births (Neonatal: < 29 days; Post-neonatal: 1 - 12 months).
3 Rates are age-adjusted to year 2000 standard; per 100,000 population.

Source: National Center for Health Statistics, Vital Statistics Reporting System, 1993-1997.

U.S. Percent 1997	Healthy People 2010 Target	Birth Measures
7.5	5.0	Low Birth Wt. (<2500 g)
1.4	0.9	Very Low Birth Wt. (<1500 g)
11.4	7.6	Premature Births (<37 Weeks)
12.7	No objective	Teen Mothers, <18
2.1	No objective	Older Mothers, 40+
32.4	No objective	Unmarried Mothers
17.0	10.0	No Care in First Trimester

U.S. Rate 1997	Healthy People 2010 Target	Infant Mortality[1]
7.2	4.5	Infant Mortality
6.0	4.5	White Infant Mortality
13.7	4.5	Black Infant Mortality
4.8	2.9	Neonatal Infant Mortality
2.5	1.5	Post-Neonatal Infant Mortality

U.S. Rate 1997	Healthy People 2010 Target	Death Measures[2]
28.6	22.2	Breast Cancer (Female)
21.6	13.9	Colon Cancer
216.0	166.0	Coronary Heart Disease
7.2	3.2	Homicide
58.1	44.8	Lung Cancer
15.8	9.0	Motor Vehicle Injuries
62.0	48.0	Stroke
11.4	6.0	Suicide
33.3	20.8	Unintentional Injury

Healthy People 2010 is grounded in science, built through consensus, and designed to measure progress.

1 Infant Mortality: deaths per 1,000 live births (Neonatal: < 29 days; Post-neonatal: 1 - 12 months).
2 Rates are age-adjusted to year 2000 standard; per 100,000 population.

Source: National Center for Health Statistics, Vital Statistics Reporting System, 1993-1997.

Coffee County, TN

Your County's Health Status Compared to the U.S. Rate	Your Health Status Compared to Peers: Unfavorable	Your Health Status Compared to Peers: Favorable
Unfavorable	Low Birth Wt. (<2500 g), Premature Births (<37 weeks), Breast Cancer (Female), Colon Cancer, Coronary Heart Disease, Lung Cancer, Motor Vehicle Injuries, Stroke, Suicide	White Infant Mortality, Post-neonatal Infant Mortality
Favorable	Teen Mothers, <18, Unmarried Mothers, Homicide, Unintentional Injury	Very Low Birth Wt. (<1500 g), Older Mothers, 40+, No Care in First Trimester, Infant Mortality, Neonatal Infant Mortality

The Relative Health Importance table creates four categories of relative concern by simply comparing a county to its peers and to the U.S.

A county's indicators in the upper left-hand box ( ) are higher than the U.S. and its peers and may warrant more attention. Conversely, indicators in the lower right-hand box ( ) of the table compare favorably to both peers and the U.S. The other boxes represent intermediate levels of health where a county's rate is higher than either its peers or the U.S., but not both.

Source: Death Rates and Birth Measures Tables from pages 6-7.

Methodology: Studnicki, J. et al. (1997). Commmunity health report card: Comprehensive Assessment for Tracking Community Health (CATCH), Best Practices and Benchmarking in Healthcare, Vol 2(5), 196-207.

VULNERABLE POPULATIONS

Coffee County, TN

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable populations include:

People with no high school diploma[1] (among adults age 25 and older):	10,650
Unemployed individuals (1998):	1,100
People who are severely work disabled[1]:	1,900
Those suffering from major depression[1]:	2,290
Recent drug users[1] (within past month):	2,200

ENVIRONMENTAL HEALTH

Coffee County, TN

Infectious diseases[2] (1994-1998):

	Cases	Reported	Expected
✓	E. coli	1	(3)
✓	Salmonella	12	(28)
✓	Shigella	1	(10)

Toxic chemicals released annually[3] (EPA, 1996): 383,090 pounds

National air quality standards met by county[3] (1998):

Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Yes	Yes	Yes	Yes	Yes	Yes

✓ Indicates a status favorable to peers.

🔍 Indicates a status less than favorable.

nnn This was not a nationally notifiable condition for the entire time period.

1 The most current estimates of prevalence, obtained from various sources, (see the companion document for details), were applied to 1997 county population figures.

2 Prevention of these diseases is linked to having clean water, and proper hygiene and food handling. The expected number (in parentheses) is based on the occurrence of cases among peer counties. Source: Centers for Disease Control and Prevention.

3 Environmental Protection Agency (Toxic Chemical Release Inventory, AIRSData).

INFECTIOUS DISEASE CASES

Coffee County, TN

These diseases respond to public health control efforts. The expected number (in parentheses) is based on the occurrence of cases among peer counties.

		Cases	Expected
	AIDS	rna	rna
	Haemophilus influenzae B	nnn	nnn
✓	Hepatitis A	4	(8)
✗	Hepatitis B	12	(5)
✓	Measles	0	(0)
✓	Pertussis	0	(9)
✓	Congenital Rubella Syndrome	0	(0)
	Syphilis	rna	rna
	Tuberculosis	rna	rna

✓ Indicates a status favorable to peers.

✗ Indicates a status less than favorable.

rna The release of data for all counties has not been authorized.

nnn This was not a nationally notifiable condition for the entire time period.

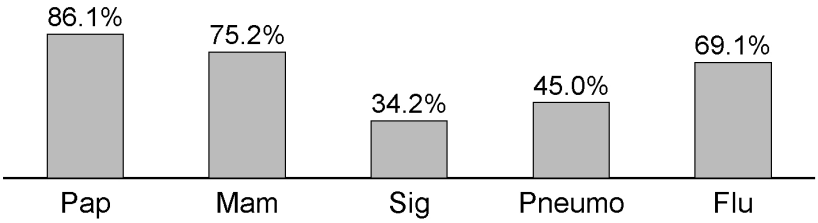
Source: Centers for Disease Control and Prevention, 1994-1998.

CHILD PREVENTIVE SERVICES USE

Indicators such as immunizations, dental caries, and the prevalence of lead screening are not collected at the national level and must be obtained locally.

ADULT PREVENTIVE SERVICES USE (%)

Tennessee

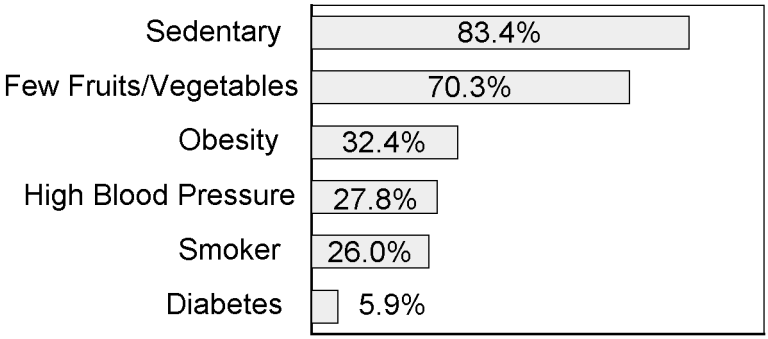


Source: Behavioral Risk Factor Surveillance System.
Pap smears among women 18+, past three years, (1998).
Mammography screening among women 50+, past 2 years, (1998).
Sigmoidoscopy screening among adults 50+, past five years, (1997).
Pneumonia vaccine among adults 65+, ever, (1998).
Flu vaccine among adults 65 and older, past year, (1997).

RISK FACTORS FOR PREMATURE DEATH

Tennessee

Communities may wish to obtain information about these measures, collected and monitored at the local level.



Prevalence estimates are from the Behavioral Risk Factor Surveillance System (BRFSS), (High Blood Pressure) 1997, (all others) 1998. For local estimates, contact your State BRFSS office.

ACCESS TO CARE

Coffee County, TN

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

Uninsured individuals in the State (1998)[1]:	724,000
Medicare beneficiaries (1998)[2]:	
Elderly (Age 65+):	6,930
Disabled:	1,160
Medicaid beneficiaries: *The number of beneficiaries for each county is not available nationally, but may be obtained from your State.*	
Primary care physicians per 100,000 pop. (1998)[3]:	65.9
Dentists per 100,000 pop. (1998)[3]:	54.9
Community/Migrant Health Centers (1999)[3]:	No
Health Professional Shortage Area (12/17/99)[3]:	No

1 Estimate of uninsured individuals in the State was obtained from the U.S. Census Bureau, Current Population Survey, 1998.
2 Health Care Financing Administration.
3 Area Resource File, Health Resources and Services Administration.

VISION

Healthy People in Healthy Communities

MISSION

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

PUBLIC HEALTH

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source: Public Health Functions Steering Committee, Fall 1994.

SELECTED TERMS

Age-Adjusted death rates allow comparison of rates between communities with different age structures. Rates have been adjusted to the year 2000 standard, the standard recommended for years 1999 and later.

Expected number of infectious disease cases has been calculated by applying the rate observed for all the peer counties to the county population.

Death rates and birth measures are consistent with U.S. Healthy People 2010 objectives.

EPA air quality standards measured and exceeded are reported. Monitoring is conducted in areas believed to be at risk and is not done in every jurisdiction.

Leading causes of death are provided for underlying cause of death categories constituting 10% or more of the deaths in that race/ethnicity and age group.

Prevalence rates indicate the number in a population who have a certain characteristic at any time during the period. The BRFSS survey has been weighted to represent the State's adults.

Persons enrolled in Medicaid or Medicare are program beneficiaries. The number of persons under age 65 receiving Medicare may represent a measure of disability in children and adults. Persons over age 65 with Medicaid coverage may also represent a population having greater medical needs.

Relative health importance determinations of "unfavorable" were rates above the peer or the U.S. rate.

Vulnerable populations of the work disabled, those depressed, and recent drug users were estimated. Work disabled used a regression-based county-specific estimate. National age- or race-specific rates of major depression and recent drug use were applied to the county population to obtain the county estimate.

For complete information regarding data definitions and sources, please refer to the companion document, available on HRSA's web site at:

www.communityhealth.hrsa.gov

PROVIDED TO YOU COURTESY OF:

For more information, please contact your State or local health department or the project partners, or visit the Community Health Status Indicators Project web site at:

www.communityhealth.hrsa.gov

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