

**Prevalence and Correlates of Illness and Injury in Adults
Aged 18 and Over in Households in Tennessee,
Tennessee Alcohol and Drug Needs Assessment survey, 1992-1993**

**Sponsored by the Bureau of Alcohol and Drug Abuse Services
Conducted by the Community Health Research Group
The University of Tennessee, Knoxville**

Introduction

A statewide survey of a representative sample of Tennessee residents was conducted in 1993 by the Community Health Research Group (CHRG) under the sponsorship of the State of Tennessee Department of Health, Bureau of Alcohol and Drug Abuse Services. The purpose of the survey was to provide alcohol and other drug (AOD) prevention and treatment needs assessment data for use in program planning, evaluation, and resource allocation. The survey provides data to profile the state's prevalence of alcohol and other drug use, abuse and associated problems, and practices, the social context of alcohol consumption, risk factors in AOD use, attitudes and opinions concerning a host of alcohol-and-other-drug-related issues and problems, such as alcoholic beverage sales and service to minors and to intoxicated persons, drunken driving, HIV/AIDS, as well as community knowledge of certain drug effects and relationships, and sample sociodemographic characteristics. Here the survey is used to shed light on the health status, medical care utilization and health care access problems of Tennessee adult residents.

A total of 7,982 adult residents of Tennessee living in households ages 18 years of age and older were interviewed for an average of 25 minutes using random digit dial (RDD) telephone survey techniques. Because the survey was designed to encompass a large array of health and lifestyle issues, including alcohol and other drug (AOD) prevalence, epidemiology, prevention and treatment issues, two versions of the questionnaire were randomly allocated to the sample of adults resulting in half the respondents completing each version. Both versions contain the same core of questions, occupying two-thirds of the interview. The goal was to collect the most data possible from respondents without administering hour-long surveys and reducing response rates.

The survey instrument contained reliable, valid, pretested questions from national, state and local surveys. The RDD telephone survey was conducted over a seven-month period in 1993, after a seven-day intensive training program for interviewers, and a second follow-up training session midway through the survey. Telephone numbers were randomly assigned to local three-digit prefixes also known as Central Office Codes (COC's). The 12 Community Health Agency (CHA)¹ divisions served as sampling units. Business numbers

¹Community Health Agencies are now called Community Service Agencies (CSA) and 14 not 12 regions are included.