

- Blacks exhibited a decline of 8% in their age-adjusted coronary heart disease death rate -- from 180 per 100,000 to 167. The Year 2000 target rate for blacks nationally is 115 per 100,000.
- The age-adjusted cancer death rate for the Tennessee population decreased by 1% between 1990-1992 and 1994-1996. For the period 1994-1996, the rate was 138 per 100,000 population. This compares with the Year 2000 target rate for the national population of 130 per 100,000.
- For Tennessee blacks, the age-adjusted cancer death rate declined 3% between 1990-1992 and 1994-1996. Their rate for 1994-1996 was 188 per 100,000 population. The corresponding Year 2000 target rate for the national black population is 175.
- Between 1990-1992 and 1994-1996, the age-adjusted death rate for stroke in the Tennessee population increased by 2%. The rate for 1994-1996 was 35 per 100,000 population. This compares with the Year 2000 target rate for the nation of 20 per 100,000.
- The age-adjusted stroke death rate for whites rose less than 1% between 1990-1992 and 1994-1996. However, the rate for blacks manifested a 10% increase. Their 1994-1996 rate was 62 per 100,000. This was more than double the rate for whites. The Year 2000 target rate for the black population is 27 per 100,000.

The Disease Burden in Tennessee, 1990- 1992 and 1994-1996

- The Global Burden of Disease Study⁵ is a joint project of the World Health Organization, World Bank, and Harvard University. In this study, causes of death are categorized under three broad groups: Group I comprises communicable diseases like HIV and tuberculosis; maternal causes; conditions arising in the perinatal period; and nutritional deficiencies. Group II comprises noncommunicable diseases like heart disease and cancer. Group III comprises injuries - both intentional and unintentional. Group I causes of death predominate at low levels of social economic development, as true for the United States in the past and many less developed countries today. Comparing Tennessee's population broken down by race and sex, using these three categories, could assist in health care planning and prioritizing.

⁵C.J.L. Murray and A.D. Lopez, eds. The Global Burden of Disease, vol. I. (Cambridge, MA: Harvard University Press, 1996).