

- Among whites, age-adjusted HIV/AIDS death rates rose 40% from 4 per 100,000 in 1990-1992 to 5.6 per 100,000 in 1994-1996. The corresponding death rate among blacks increased 173%, from 9.8 per 100,000 in 1990-1992 to 26.8 per 100,000 in 1994-1996.
 - A much larger increase in the rate of HIV/AIDS deaths was observed for black males than white males. Age-adjusted death rates among the former increased 163% from 19 per 100,000 in 1990-1992 to 50 per 100,000 in 1994-1996. Among white males, rates increased 32% from 7.7 per 100,000 in 1990-1992 to 10.2 per 100,000 in 1994-1996.
 - The age-adjusted HIV/AIDS death rate among black females was 2.6 per 100,000 in 1990-1992, compared with 8.5 per 100,000 in the 1994-1996 reporting period, an increase of 227%. The rate for white females was 1 per 100,000 in 1994-1996, a 150% increase over the 1990-1992 rate of 0.4.
- A leading cause of death in 1996 among blacks was diabetes. Diabetes ranked in the five leading causes of death for black females alone, while COPD was ranked among the five leading causes of death for white females alone. The age-adjusted diabetes death rate among black females was 32, compared to 11 for white females, 27 for black males, and 12 for white males. Excess diabetes death rates among elderly blacks were observed. Diabetes death rates among black females aged 65 and older were 281, compared to 118 among their white counterparts. For elderly black males, diabetes death rates were 210; for elderly white males, 113 per 100,000.
- Considering diabetes morbidity, a higher percentage of black females (10%) in Tennessee in 1993 was diagnosed with diabetes than white females (6%).
- Poor black females were 63% more likely than nonpoor black females to report being diabetic in 1993.

Source: Tennessee Mortality Data, TDH, 1996. Tennessee Alcohol, Tobacco and Drug High School Survey, 1995-1997, CHRGT-DH. Tennessee AOD Adult Needs Assessment Survey, 1993, CHRGT-DH.