population, was 24% lower than the 1990 rate of 27.2 per 100,000. It was 32% less than the 1997 rate, the highest rate recorded for this sub-population during the 1990s (30.3 suicides per 100,000 population). However, the 2001 rate was still 55% higher than the lowest rate for this group, which fell in 1998, at 13.3 per 100,000. White male suicide rates dropped by 15% between 1990 to 2001 (from 28.1 to 23.8, respectively), while suicide rates among white and black females dropped by 11% and 79%, respectively, over the period of observation.

- Lung cancer is a major public health problem that primarily afflicts the middle-aged and elderly populations. Unlike elderly white and black males, whose lung cancer death rates have been stable and declining respectively, females age 65 years and older of both races exhibited upward trends in their lung cancer rates during the 1990s. For white females, the 2001 rate (233.6 per 100,000 population) was 33% higher than the corresponding 1990 rate (157.2). The rate for black females (258.8 per 100,000) was 55% higher than the 1990 rate (166.9).

- There are signs of success in the battle against lung cancer. At ages 35-64 years, white and black females, and white and black males all manifested declines in their lung cancer death rates during the 1990s. Declines were especially marked among black males in this age-group whose lung cancer death rates fell from 144 in 1990 to 77.9 in 2001, a decline of 46%. White females in that age-group showed the least change (46.3 per 100,000 in 1990 versus 38.6 in 2001), a decline of close to 17%. Comparison of 2001 age-specific lung cancer death rates to corresponding 1990 rates revealed a 25% decline among black females (to 36.6 per 100,000), and a 24% decline among white males (to 80.3 per 100,000).

- Other changes in time trends relative to causes of death are declines in heart disease death rates over time, from 316.1 in 1990 to 273.2 in 2001, both for white Tennesseans (321.9 vs. 291.0) and black Tennesseans (304.7 vs. 237.3).

- Diseases of the lower respiratory system, also referred to as COPD (chronic obstructive pulmonary disease) have increased as causes of death, from 38.5 in 1990 to 51.2 in 2001 (a change not attributable to changes in coding from ICD-9 to ICD-10). This increase affected only whites, whose death rates from COPD rose from 41.7 to 59.1 between 1990 and 2001. This increase contrasts with death rates from this cause among blacks, which fell somewhat over the period from 24.3 to 22.4 deaths per 100,000.

- Stroke and cancer death rates overall have remained flat over time, as have chronic liver disease and cirrhosis death rates. However, diabetes death rates have risen from 18.7 to 30.4 between 1990 and 2001, with increases for both whites (17.9 to 28.6) and blacks (24.3 vs 45.3).

  - Increases in diabetes death rates have been especially dramatic among black males, whose rates rose from 16.9 in 1990 to 37.8 in 2001, a 124%