

affects accessibility. TennCare coverage for children exists, but is currently conducted by less than two full-time providers and reimbursement rates are extremely low, creating access problems. For indigent adults, coverage is unavailable and services are grossly inadequate. Because unalleviated dental problems are costly to the entire community, these service problems must be addressed.

- ◆ **Child Day Care:** Adequate with the exception of availability for older children (over 12) and overall cost for quality care.
- ◆ **Specialty Services:** The full-time presence of a pulmonologist and urologist (and increased related pulmonary and cardiac rehabilitation services) is indicated and supported by the population in need of such services.
- ◆ **Podiatry:** An increasing elderly population and the diabetic population supports the need for additional services of this kind.
- ◆ **Transportation for Health Care:** A definite need was noted for increased availability and access to health care transportation, particularly for non-emergent situations.
- ◆ **Counseling & Support Group Services:** The need for increasing community awareness about the availability of existing services, or more widespread advertising, is indicated.
- ◆ **Renal Dialysis Center:** The need for this service definitely supports the presence of a center.

D. Vital Statistics/Health Status Data

This secondary data (information already collected from other sources for other purposes) provides the council with information about the health status of their community. It was assembled by the Office of Health Statistics and Information, Tenn. Dept. of Health, and compiled by the Community Development Program, Northeast Region, for the council's analysis.

Vital statistics cover pregnancy & birth, mortality, and morbidity information for the county, region, and state; each set of information is separated into the categories of *All Races*, *Non-white* and *White*. These statistics are made available in three-year moving averages, which smooth trend lines and eliminate wide fluctuations ('spikes' and 'valleys') in year-to-year rates that distort true trends. Multiple three-year averages are made available for each health indicator, occurrence, or event for use in examining significant trends in those health indicators over a significant period time. Where applicable, vital statistics comparing the county, region, and state were also compared by the council with the nation's "Healthy People 2000" objectives.

A great variety of health status data was made available to the council, including the following health indicators:

- PREGNANCIES (# and rate) by Age of Mother; Wed & Unwed
- LIVE BIRTHS (# and rate) by Age of Mother; Wed & Unwed
- LOW & VERY LOW BIRTHWEIGHT
- LATE/NO PRENATAL CARE
- % Of Births by GESTATIONAL AGE
- % Of Mothers w/Selected RISK FACTORS
- % Of Live Births w/Selected Maternal RISK FACTORS
- PARITY DATA: # of Births w/#s of Previous Live Births
- ENCOUNTER DATA for Programs Serving Children
- MORTALITY RATES:
 - INFANTS
 - NEONATAL
 - POST-NEONATAL
 - CRUDE DEATH RATES
 - YEARS OF LIFE LOST
- LEADING CAUSES OF DEATH: Mortality Rates and Years of Life Lost