

Highlights

Rutherford County Health Watch provides a brief summary of the county's health status at a particular point in time. This edition of Health Watch highlights the following:

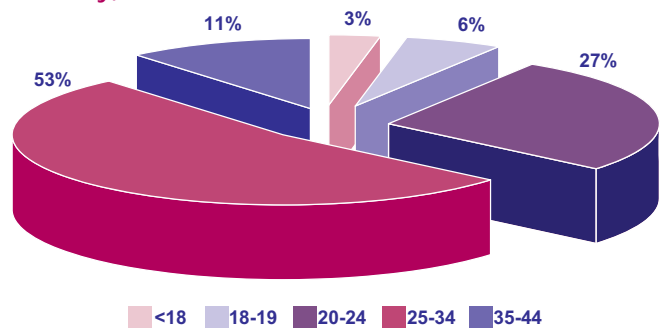
- **Birth outcomes, including infant mortality**
Infant mortality and low birth weight rates down in 2004; cesarean deliveries, inadequate prenatal care, and tobacco use during pregnancy all increased
- **Death measures, including years of potential life lost**
Death rates changed little; cardiovascular and cancer death rates increased; motor vehicle accident deaths decreased; years of potential life lost (YPLL) per death greatest for accidents and suicides
- **Rutherford County health priorities**
Includes cancer and stroke data; cancer rates up for all but black females; stroke rates decreased for all but white males
- **Risk factors among regional residents**
Selected health-related risk factors for Tennessee and Mid-Cumberland Region
- **Fast facts about Rutherford County**
Selected health and vital statistics
- **Important TennCare and Active Living Web sites**

Birth Outcomes

There were 3,334 live births in Rutherford County in 2004, an increase of 8% over the 3,088 live births in 2003. Of these, 9%, or 300 births, were to females aged 10–19. There were 85 births to females under the age of 18 in 2004, a 5% increase from the 81 births in 2003, though still less than the 91 births to young teens in 2001. The number of births to females aged 18–19 increased only slightly, with 215 births in 2004 and 206 in 2003. There was a marked increase in the number of births to females aged 35 and older; births to women in this age group increased 20%, from 293 in 2003 to 353 in 2004. **Figure 1** shows the percentage of live births, by maternal age, in 2004.

Adverse pregnancy and birth outcomes include no or inadequate prenatal care, premature births, and babies born with low birth weight. These outcomes can result in chronic health and medical problems as well as neonatal and infant mortality. The data for Rutherford County offer both positive and negative trends.

FIGURE 1. Live Births by Maternal Age, Rutherford County, 2004



Source: Tennessee Department of Health, Division of Health Statistics.

- The percentage of low and very low weight births decreased from 9.5% in 2003 to 8.2% in 2004.
- The percentage of women receiving inadequate or no prenatal care more than doubled in the last year.
- The rate of pregnant women who smoked increased from 13% in 2003 to 17% in 2004; 18% of white pregnant women were smokers compared to 10% of black pregnant women.
- The rate of cesarean deliveries to county women increased for the fourth straight year, representing more than one-third of deliveries and more than double the goal for Healthy People 2010.

Table 1 presents 2004 birth outcomes for the county and state and compares them with the U.S. Department

TABLE 1. Birth Outcomes, Rutherford County and Tennessee, 2004

Birth Outcome	Rutherford County (%)	Tennessee (%)	Healthy People 2010 Goal (%)
Low birth weight (<2500 g)	8.2	9.5	5.0
Very low birth weight (<1500 g)	1.3	1.7	0.9
Premature births (<37 weeks)	12.4	12.5	7.6
Inadequate or no prenatal care	6.4	9.1	*
Tobacco use during pregnancy	16.8	19.2	1.0

*HP2010 goal is "no more than 10% with no prenatal care in first trimester."
Sources: Tennessee Department of Health, Division of Health Statistics; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

TABLE 2. Birth Outcomes, Percent in Rutherford County, 2001-2004

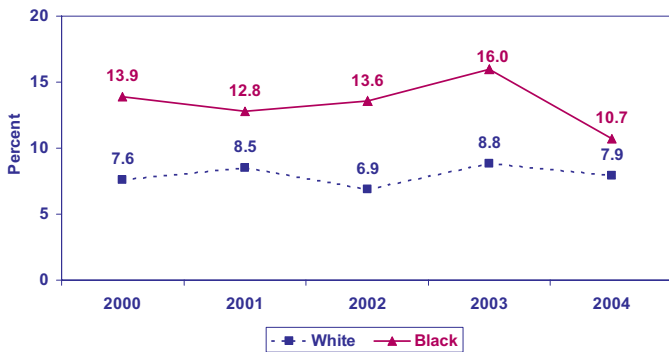
Birth Outcome	2001	2002	2003	2004
Low birth weight (<2500 g)	9.1	7.9	9.5	8.2
Premature births (<37 weeks)	13.0	11.4	12.7	12.4
Inadequate or no prenatal care	4.5	3.5	2.8	6.4
Tobacco use during pregnancy	13.2	13.3	12.6	16.8
Cesarean delivery	28.3	30.3	33.5	36.3

Source: Tennessee Department of Health, Division of Health Statistics.

of Health and Human Services Healthy People 2010 (HP2010) goals. **Table 2** provides rates of specific birth outcomes in Rutherford County over the last four years.

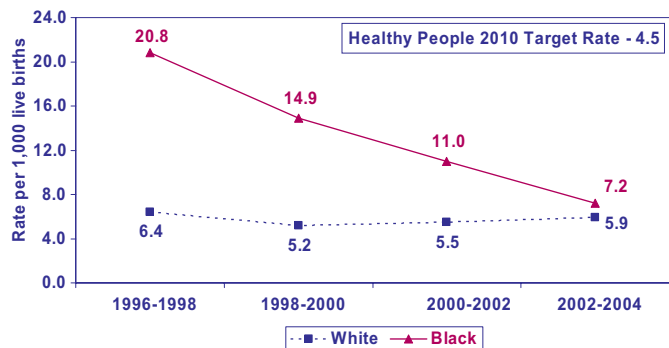
In Rutherford County, rates of low birth weight were down in 2004, especially among babies born to black mothers (see **Figure 2**). The infant mortality rate for 2002-2004 was 5.96 per 1,000 live births, up just slightly

FIGURE 2. Percent Low Birth Weight by Maternal Race, Rutherford County, 2000-2004



Source: Tennessee Department of Health, Division of Health Statistics.

FIGURE 3. Infant Mortality Rates by Maternal Race, Rutherford County, 1996-2004



Source: Tennessee Department of Health, Division of Health Statistics.

from the rate of 5.61 from 1999 to 2001. While the infant mortality rate for blacks is higher than for whites, it has decreased significantly over the last several years (see **Figure 3**).

Death Measures

There were 1,259 deaths recorded in Rutherford County in 2004 with a rate of 632 deaths per 100,000 population.

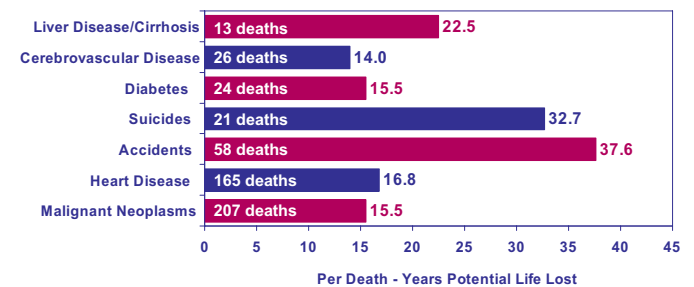
- Of the 95 Tennessee counties, only Williamson had a lower death rate than Rutherford in 2004.
- Heart disease and cancers accounted for more than half of all deaths in Rutherford County in 2004, as they have in the previous four years.
- The average years of potential life lost (YPLL) *per death* was highest for deaths due to accidents, suicide, and chronic liver disease/cirrhosis. This is likely due, in part, to the fact that deaths from these causes generally occur to younger people.

TABLE 3. Death Rates, Rutherford County and Tennessee, 2002-2004

Deaths and Causes	Rutherford Co. Rates			Tennessee Rates		
	2002	2003	2004	2002	2003	2004
Death rate per 100,000 population	623.9	625.3	632.0	976.6	979.8	943.6
Deaths from major cardiovascular diseases	242.8	214.3	225.4	373.2	362.8	339.3
Deaths from malignant neoplasms	138.8	148.0	156.1	216.1	215.7	212.9
Deaths from diabetes mellitus	17.3	18.5	21.6	30.2	31.7	31.9
Deaths from motor vehicle accidents	13.1	19.0	15.1	21.3	22.2	23.3
Deaths from suicides	11.6	9.8	10.5	13.4	13.0	13.4

Source: Tennessee Department of Health, Division of Health Statistics.

FIGURE 4. Deaths and Years of Potential Life Lost, Rutherford County, 2004

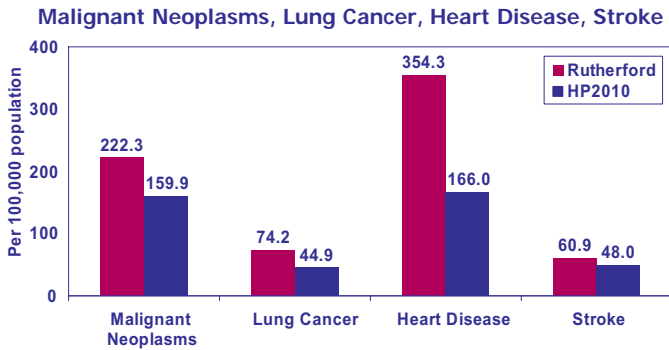


Source: Tennessee Department of Health, Division of Health Statistics.

Table 3 presents death rates for the county and state for 2002–2004. **Figure 4** presents Rutherford County deaths and YPLL, by cause of death, in 2004.

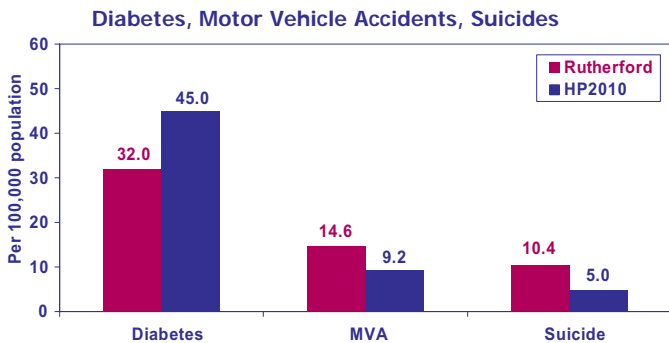
Generally, death rates among Rutherford County residents are higher than Healthy People 2010 target rates, although the county death rate for those with diabetes complications is lower than the HP2010 goal. **Figures 5** and **6** show age-adjusted death rates by selected causes per 100,000 population for Rutherford County and compare them with HP2010 target rates.

FIGURE 5. Age-Adjusted Death Rates by Cause of Death, Rutherford County, 2004, and HP2010 Targets



Note: Lung cancer included with malignant neoplasms; stroke included with heart disease.
 Source: Tennessee Department of Health, Division of Health Statistics.

FIGURE 6. Age-Adjusted Death Rates by Cause of Death, Rutherford County, 2004, and HP2010 Targets



Source: Tennessee Department of Health, Division of Health Statistics.

Tennessee and Rutherford County Health Priorities

The Department of Health Commissioner has identified six health priorities for the state:

- **Three LifeStart priorities** – Infant Mortality, Adolescent Pregnancy, and Prenatal Care
- **Three LifeStyle priorities** – Cardiovascular Disease, Diabetes, and Obesity

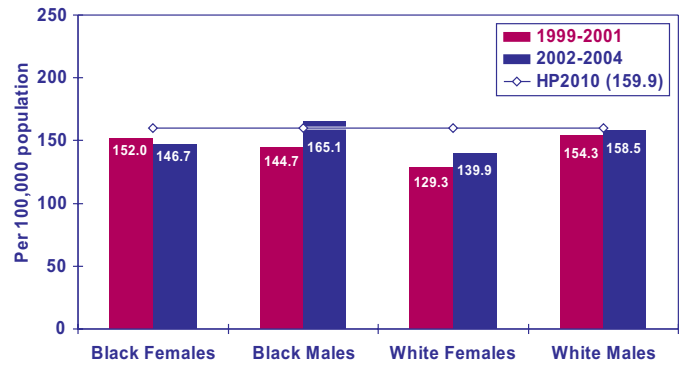
Through a needs assessment, the Department of Health identified two top health concerns for Rutherford County—cancer rates among black females and stroke rates among black males and females.

- Death rates for malignant neoplasms (cancers) increased among black males and white females; the 2002–2004 cancer death rate for black males was higher than the HP2010 target (**Figure 7**).
- Death rates for cerebrovascular disease or stroke have gone down for all but white males, though the 2002–2004 cerebrovascular death rate for white females is still higher than the HP2010 goal (**Figure 8**).

If these trends continue, priority health concerns for the county may shift.

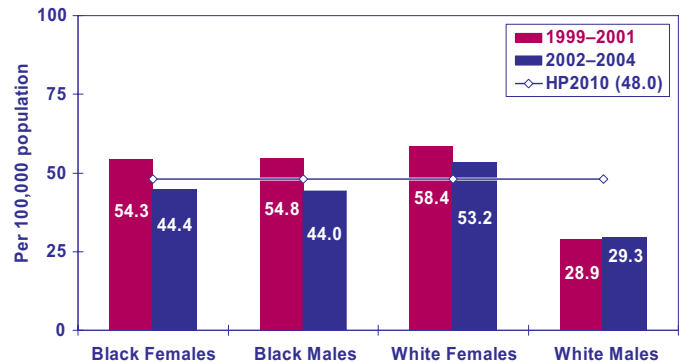
The Rutherford County Wellness Council also identified obesity and child/youth health as priorities. In 2003, 20% of all Tennessee children were overweight or obese; only two states and the District of Columbia had higher rates (Kaiser State Health Facts, 2006). (**Figure 9** below shows the rate of overweight/obese *adults* in the Mid-Cumberland Region.)

FIGURE 7. Death Rates for Malignant Neoplasms (Cancers) by Race and Sex, Rutherford County, 1999–2004



Source: Tennessee Department of Health, Division of Health Statistics.

FIGURE 8. Death Rates for Cerebrovascular Disease (Stroke) by Race and Sex, Rutherford County, 1999–2004

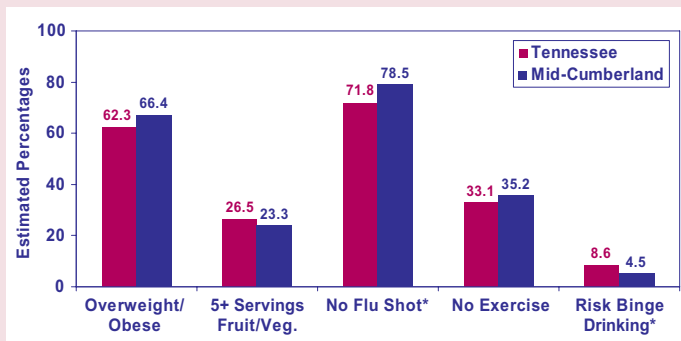


Source: Tennessee Department of Health, Division of Health Statistics.

Risk Factors among Regional Residents

Each year the Department of Health Behavioral Risk Factor Survey (BRFS) asks a sample of Tennessee adults a series of health-related questions. For the first time in 2005, the sample size was large enough to provide regional estimates for several health and lifestyle issues. Rutherford County is in the Mid-Cumberland Region. **Figure 9** shows the percentages of selected risk factors for the Mid-Cumberland Region and compares them with the state. In most cases, regional percentages are worse than overall state percentages.

FIGURE 9. Percentage of Population with Selected Health-Related Risk Factors, Tennessee and Mid-Cumberland Region, 2005



*Mid-Cumberland percentage is worst in state for "no flu shot" and best in state for "risk binge drinking."

Source: Tennessee Department of Health, Division of Health Statistics.

Fast Facts about Rutherford County

- Approximately 30% of the county's population is under age 20; nearly 8% of residents are age 65 and older.
- 87% of county residents are white, 10% are black or African American, and 3% are of another race or ethnicity.
- Between 1997 and 2004, there were 25 SIDS deaths (Sudden Infant Death Syndrome) in Rutherford County. Only three other counties in the state had more—Davidson, Hamilton, and Shelby—all metropolitan counties. Knox County had 24 and Montgomery County had 21 during the same period.
- According to KIDS Count (TCCY, 2005), 15% of Rutherford County children received food stamps in 2004; approximately 20% were eligible for free or reduced price school lunches (2003).
- The Chamber of Commerce (2006) states that Rutherford County is ranked first in the United States for new job growth (Federal Bureau of Labor Statistics), is the third-fastest-growing county in Tennessee with a population of more than 200,000 residents and is one of the top 75 fastest growing counties in the U.S.

Important TennCare and Active Living Web Sites

- **Important TennCare Phone Numbers** – <http://state.tn.us/tenncare/phonenumbers.html>
- **Safety Net Health Options** – www.tnhealthoptions.org/index.html
- **The Active Living Neighborhood, a Wellness Council award for neighborhoods that promote active living** – www.rutherfordcounty.org/rcwc/active%20living%20neighborhood.htm

Prepared by the Center for Health and Human Services, Middle Tennessee State University
Director, M. Jo Edwards, Ed.D., Adams Chair of Excellence in Health Care Services
Acting Assistant Director and Editor, Carol M Smith, M.A.

The Center for Health and Human Services

promotes healthy communities within Tennessee. Through our collaborative affiliations and partnerships, we initiate, facilitate, and disseminate research and health-related information and conduct service programs and projects designed to improve population health within our state and beyond its borders.

Among the center's recent projects are the following:

- **Career Mapping Handbook; Comprehensive Cancer Control Program;**
- **Prevention through Understanding; Investigating Unexpected Child Death;**
- **Smart Mothers Are Resisting Tobacco (S.M.A.R.T. Moms);**
- **Youth Led Tobacco Use Prevention Project.**



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