

HEALTH WATCH



Highlights

Rutherford County Health Watch provides a brief summary of the county's health status at a particular point in time. The last edition of the *Health Watch* was published in December 2007; this new issue highlights the following:

- **Rutherford County health rankings**
Rutherford County ranked fourth healthiest among the 95 counties in Tennessee
- **Community health status for Rutherford County**
Rutherford health indicators compared with peer counties across the United States
- **Birth outcomes and death measures**
County outcomes and measures compared with national Healthy People 2010 goals
- **Rutherford County health priorities**
As determined by the Rutherford County Wellness Council
- **Important health-related Web sites and phone numbers**

Rutherford County Health Rankings

In 2008, the Tennessee Institute for Public Health (TNIPH) updated and published its County Health Rankings Index and individual county profiles, using 2007 data. To develop the index, the TNIPH measured **Health Outcomes**—mortality, low birth weight, and health status—and **Health Determinants**—health care, health behaviors, socioeconomic factors, and physical environment.

Overall, Rutherford County is ranked fourth healthiest among the 95 counties in Tennessee. **Table 1** shows health outcomes for the state and the county along with Rutherford County's rank for each outcome. Though the county has an average ranking for babies born at low birth weight, its overall mortality and general health status rankings are excellent. **Table 2** presents a selection of health determinants included in the TNIPH report.

TABLE 1. Health Outcomes, Rutherford County and Tennessee, 2007

Health Outcome	Tennessee	Rutherford County	Rutherford Rank*
Mortality (years potential life lost per 100,000 population)	9,803	6,706	4
Low birth weight (percent)	9.2	8.7	41
General health status (percent reporting fair/poor health)**	20.8	16.7	4

*Rank based on 95 counties; the lower the number, the better the health outcome.

**Regional data; county-level data not available.

Source: Tennessee Institute of Public Health, County Health Rankings: 2007 Index

Rutherford Strengths Compared to Other Tennessee Counties

- Few residents with no health insurance
- Cigarette smoking is comparatively low
- Most adults have high school diploma
- Low unemployment rate
- Low ratio of children living in poverty

Rutherford Challenges Compared to Other Tennessee Counties

- Binge drinking rate is high
- High rate of sexually transmitted diseases
- Violent crime cases relatively high
- Air quality cancer risk and hazard index are high

To see other county health rankings or view the complete report, go to <http://state.tn.us/tniph/> and click *Tennessee County Health Rankings: 2007 Index*.

TABLE 2. Selected Health Determinants, Rankings for Rutherford County, 2007

Health Care (overall rank - 13)	Ranking*	Health Behaviors (overall rank - 8)	Ranking*
No health insurance**	2	Cigarette smoking**	6
Doctors per capita	20	Smoking during pregnancy	7
Dentists per capita	20	Overweight/Obesity (BMI > 30)**	26
No influenza vaccinations**	41	Low fruit/vegetable consumption (< 5/day)**	4
No diabetic eye exams	13	Binge drinking**	83
No diabetic HbA1c testing	28	Sexually transmitted diseases	72
No biennial mammography**	18	Violent crime cases	66
Socioeconomic Factors (overall rank - 4)	Ranking*	Physical Environment (overall rank - 18)	Ranking*
Adults with high school diploma	4	Air quality cancer risk	81
Unemployment	3	Air quality hazard index	83
Children age 0-17 in poverty ratio	3	Lead poisoned children	60
Divorce rate	78	Pre-1950 housing	2

*Ranking based on 95 counties; the lower the number, the better the ranking.

**Regional data; county-level data not available.

Source: Tennessee Institute of Public Health, County Health Rankings: 2007 Index

Community Health Status for Rutherford County

The U.S. Department for Health and Human Services recently developed Community Health Status Indicators (CHSI) for all 3,141 counties in the United States. These indicators are intended to provide an overview of key health measures for local communities and to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for members of the community who are interested in the health of their counties or regions. The CHSI presents indicators such as deaths due to heart disease and cancer as well as behavioral factors including tobacco use, diet, physical activity, alcohol and drug use, and other factors that can substantially contribute to deaths and poor health outcomes. Overall, the report contains over 200 indicators.

TABLE 3. Birth and Death Measures, Rutherford, Peer Counties, and U.S., 2001-2003

Rutherford Percent	Status	Peer Co. Range	Birth Measures	U.S. Percent 2003	HP2010 Target
8.8	👁️	5.6 - 7.8	Low birth weight (<2,500 grams)	7.9	5.0
15.0	👁️	9.5 - 12.6	Premature Births (<37 weeks)	12.3	7.6
2.6	👁️	1.0 - 3.6	Births to Women under 18	3.4	No objective
1.5	👍	1.5 - 3.6	Births to Women over 40	2.6	No objective
Rutherford Rate	Status	Peer Co. Range	Infant Mortality*	U.S. Rate 2003	HP2010 Target
6.4	👁️	4.2 - 7.8	Infant Mortality	6.8	4.5
5.5	👁️	3.9 - 7.5	White non-Hispanic Infant Mortality	5.7	4.5
10.5	👍	0.0 - 31.3	Black non-Hispanic Infant Mortality	13.6	4.5
8.3	👁️	0.0 - 9.2	Hispanic Infant Mortality	5.6	4.5
4.1	👍	2.7 - 5.7	Neonatal Infant Mortality (<28 days)	4.6	2.9
2.3	👁️	1.1 - 2.8	Post-neonatal Infant Mortality (day 28 to 1 year)	2.2	1.2
Rutherford Rate	Status	Peer Co. Range	Death Measures*	U.S. Rate 2003	HP2010 Target
27.1	👁️	18.3 - 29.6	Breast Cancer (female)	25.3	21.3
18.0	👍	15.1 - 24.1	Colon Cancer	19.1	13.7
233.2	👁️	109.3 - 211.5	Coronary Heart Disease	172.0	162.0
67.6	👁️	38.9 - 67.6	Lung Cancer	54.1	43.3
71.0	👁️	45.4 - 67.8	Stroke	53.0	50.0
11.8	👁️	7.3 - 13.9	Suicide	10.8	4.8

👍 Indicates a status favorable to peer county median values.
 👁️ Indicates that a closer look and perhaps reduction to the percent or rate may be needed.

*Infant mortality rates per 1,000 live births; other death rates per 100,000 population.
 Source: National Center for Health Statistics, Vital Statistics Reporting System, 2001-2003.

While the TNIPH Index offers comparisons between Rutherford County and other counties across Tennessee, the CHSI data provides comparisons among states. For Rutherford County, the CHSI identifies 56 peer counties representing 24 states across the U.S. Selected data from the CHSI are reported below. **Figures 1 and 2** present self-reported health status and unhealthy days information. Rutherford residents report that they are in poorer health than those in their peer counties. However, they also report fewer unhealthy days than many others in the U.S.

Figure 1. Self-rated Health Status, Rutherford County, Peers, and Other U.S. Counties, 2000-2006

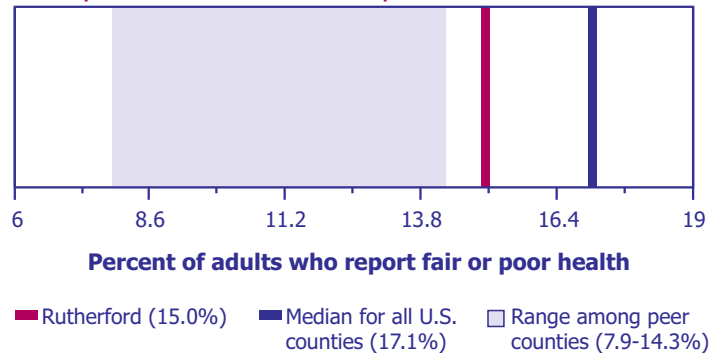
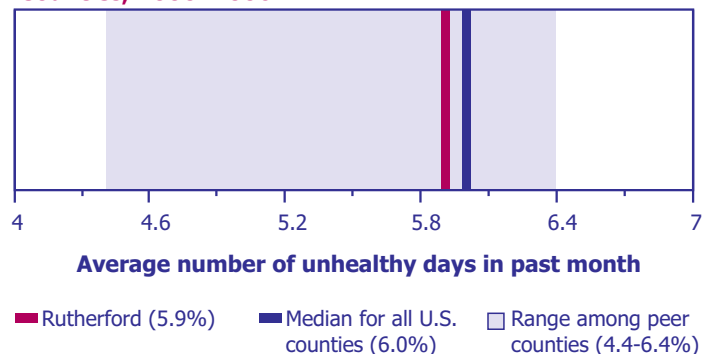


Figure 2. Average Number of Unhealthy Days in Past Month, Rutherford County, Peers, and Other U.S. Counties, 2000-2006



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2000-2006.

Table 3 compares birth and death measures among county groups. **Table 4** presents infectious disease cases in Rutherford County. For complete information on the CHSI, see the online report at <http://communityhealth.hhs.gov/homepage.aspx?j=1>. Community profiles can be downloaded in a brochure format; the site is also developing a map-building section to visually and geographically display health-related data.

Birth Outcomes

There were 3,641 live births in Rutherford County in 2006, the last year for which data are available. This was an increase of 4% over the 3,491 live births in 2005. Women aged 20-34 accounted for 78% of all births; 11% of births were to women 35 and older and 4% were to teens under 18 years of age.

Adverse pregnancy and birth outcomes can impact the health of the community. Low birth weight, for example, can lead to chronic health and medical problems as well as neonatal and infant mortality. **Table 3** shows

TABLE 4. Infectious Disease Cases, Rutherford County, 2001-2003

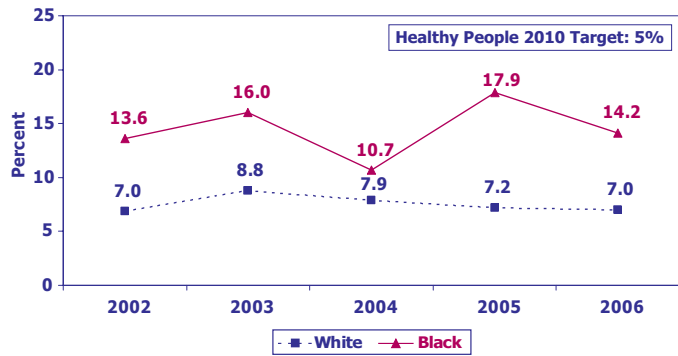
Status	Environmental Infectious Disease Cases	Reported Cases	Expected Cases
♣	E. coli	9	12
♣	Salmonella	67	76
♣	Shigella	2	23
Status	Preventive Infectious Disease Cases	Reported Cases	Expected Cases
♣	Haemophilus influenzae B	4	6
♣	Hepatitis A	11	12
♣	Hepatitis B	0	6
♣	Measles	0	0
♣	Pertussis	5	23
♣	Congenital Rubella Syndrome	1	0
♣	Syphilis	2	0

♣ Indicates a status favorable to peers.

Source: Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System, 2001-2003.

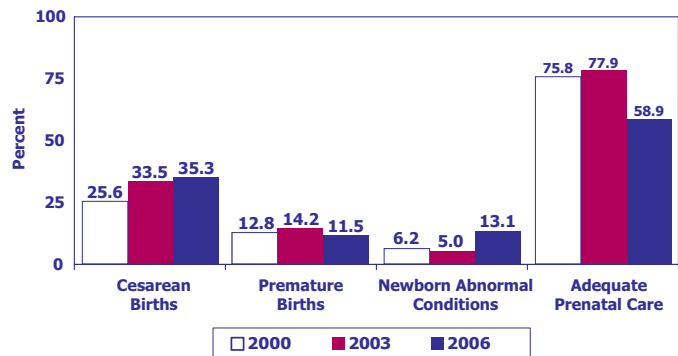
2001–2003 data compared to other counties in the U.S. In 2006, while the rate of low weight births continued to decrease overall, the rate for black infants was double that of white infants. Low birth weight percentages for both groups exceed the Healthy People 2010 (HP2010) target rate of 5% (see **Figure 3**). Other selected birth outcomes are presented in **Figure 4**. Cesarean births and newborn abnormal conditions increased while premature births and the percentage of women receiving adequate prenatal care decreased from 2000 to 2006.

FIGURE 3. Percent Low Birth Weight by Maternal Race, Rutherford County, 2002–2006



Source: Tennessee Department of Health, Health Information Tennessee Web site, retrieved 12/08.

FIGURE 4. Selected Birth Outcomes and Risk Measures for Rutherford County in 2000, 2003, 2006



Source: Tennessee Department of Health, Health Information Tennessee Web site, retrieved 12/08.

Death Measures

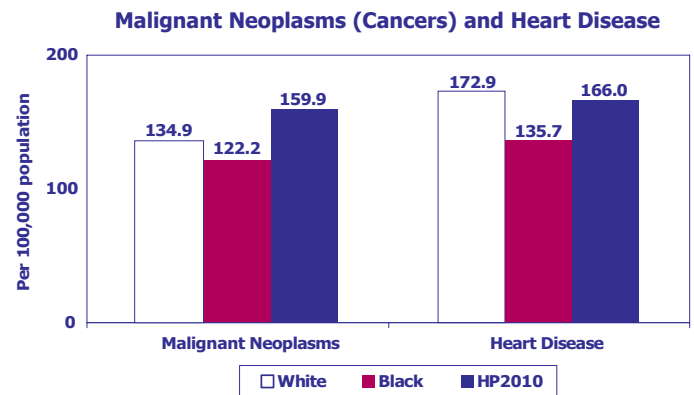
There were 1,330 deaths recorded in Rutherford County in 2006, with a rate of approximately 6 deaths per 1,000 population. Of the 95 Tennessee counties, only Williamson had a lower death rate than Rutherford. The infant mortality rate in 2006 was 5.2 deaths per 1,000 live births, higher than the HP2010 goal of 4.5.

Heart disease and cancers accounted for over half of all deaths as they have in the previous six years. While the overall death rates for black and white residents were nearly identical, there were racial differences for some causes of death. For example, in 2006

- fewer black residents died from heart disease and cancer than did white residents;
- deaths due to diabetes complications were lower than HP2010 targets, but the rate for blacks was more than double the rate for whites;
- white residents died from motor vehicle accidents at a rate more than double that of black residents; and
- the suicide rate was higher for blacks than for whites, but both groups had rates well above the HP2010 target.

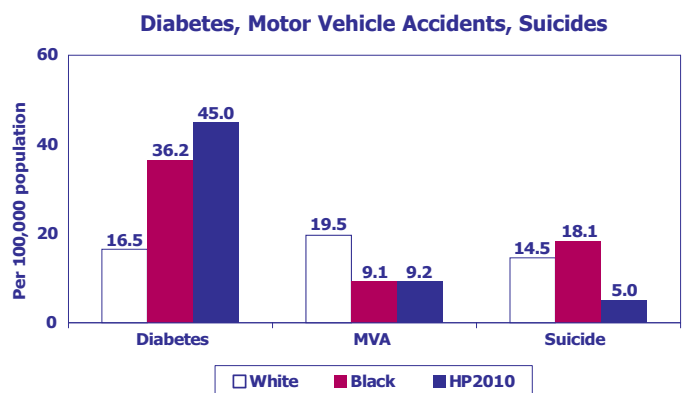
Table 3 shows 2001–2003 data compared to other counties in the U.S. **Figures 5 and 6** present and compare age-adjusted death rates by race and selected causes of death to the HP2010 target rates.

FIGURE 5. Age-Adjusted Death Rates by Race and Cause of Death, Rutherford County, 2006, and HP2010 Targets



Source: Tennessee Department of Health, Health Information Tennessee Web site, retrieved 12/08.

FIGURE 6. Age-Adjusted Death Rates by Race and Cause of Death, Rutherford County, 2006, and HP2010 Targets



Source: Tennessee Department of Health, Health Information Tennessee Web site, retrieved 12/08.

Rutherford County Health Priorities

In 2007, the Rutherford County Wellness Council identified three health initiatives listed below. The council plans to review these measures and will update its priorities by spring 2009.

Healthy Children

Support, educate, and advocate for a comprehensive school health plan through

- community awareness—publicity and developing community relationships;
- teacher in-service training;
- offering the expertise of the council; and
- intergenerational modeling behavior.

Workplace Wellness

Advocate for worksite wellness programs; gather data, use existing resources, and develop relationships to reach employers and employees in the county.

Active Living Neighborhoods

- Identify target audiences.
- Revitalize and recreate the Active Living model.
- Increase awareness of the Active Living Award.

Web Sites for Health-Related Data

- Center for Disease Control and Prevention (main site)
www.cdc.gov
- Community Health Status Indicators, U.S. Department for Health and Human Services
<http://communityhealth.hhs.gov/homepage.aspx?j=1>
- Health Information Tennessee, Tennessee Department of Health
<http://hit.state.tn.us/home.aspx>
- Healthy People 2010 (main site)
<http://www.healthypeople.gov>

- Tennessee Advisory Committee on Intergovernmental Relations, County Profiles
http://state.tn.us/tacir/county_profiles.html

- Tennessee Institute of Public Health, County Health Rankings
<http://state.tn.us/tniph/> and click *Tennessee County Health Rankings: 2007 Index*

Center Project and Partner Web Sites

- Adams Chair of Excellence in Health Care Services, Center for Health and Human Services
www.mtsu.edu/~achcs
- Health Care Career Map
www.healthcarecareermap.org
- March of Dimes, Tennessee Chapter
www.marchofdimes.com/tennessee
- Prevention through Understanding: Investigating Unexpected Child Death
www.mtsu.edu/learn/sids
- Student Tobacco Outreach Prevention Program (STOP)
www.state.tn.us/thec/Divisions/GEARUP/STOP/stop.html
- Tennessee Comprehensive Cancer Control Project
http://health.state.tn.us/CCCP/TCCC_Plan.pdf
- Tennessee Department of Health (main site for programs)
<http://health.state.tn.us/programs.htm>
- Tennessee Non-smokers Protection Act, including information on reporting violations
<http://state.tn.us/smokefreetennessee/>
- Tennessee Tobacco QuitLine
1-800-QUIT-NOW (1-800-784-8669)

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Allied Health Workforce Study; Career Mapping Handbook; Comprehensive Cancer Control Program; Folic Acid Education; Prevention through Understanding: Investigating Unexpected Child Death; SIDS Risk Reduction Education; Student Tobacco Outreach Prevention Program

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