

Rutherford County Health Watch

MTSU CENTER FOR HEALTH AND HUMAN SERVICES

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Rutherford county's health status can be described by reviewing data reflecting access to health care, morbidity, mortality, fertility, substance abuse and social and economic statuses. This "snapshot" view of data was selected from variety of public and private sources to inform and activate the community to improve the conditions that affect the health of us all.

Rutherford County- Tennessee's fastest growing county between 1980 and 1996.	<u>Estimated Population</u>		<u>1990</u>		<u>1997</u>	
	Rutherford County (Total Population)		118,570		159,543	
	Murfreesboro		44,922	37.9%	53,966	
	33.8%					
	Smyrna		14,717	12.4%	20,708	12.9%
	LaVergne		7,499	6.3%	13,562	
	8.5%					
Children Under 18		31,773	26.8%			
Adults 55+		17,866	15.1%			

Between 1995 and 1996, the region's population expanded by 2.1% - 1.5% of which was due to in-migration from elsewhere in the United States. Student demographics of the Rutherford County schools indicate that the percentage of the Hispanic population doubled during that time.

<u>Health Indicators</u>	<u>1992</u>	<u>1996</u>	<u>%</u>
<u>Change</u>			
Births lacking adequate prenatal care 12.0%	39.8%	27.8%	-
Low-birth-weight babies 11.1%	7.2%	8.0%	
Infant mortality rate/1,000 live births 43.6%	5.5	7.9	
Child death rate/100,000 (ages 1-14) 41.8%	39.7	23.1	-
Teen violent death rate/100,000 31.8% (ages 15-19)	71.1	93.7	
Teen pregnancy rate/1,000 (ages 15-17) 15.5%	54.8	46.3	-
Sexually transmitted disease rate/ 61.6% 100,000 (ages 15-17)	893.7	1444.0	

Area residents have access to 288 beds and over 100 physicians at the Middle Tennessee Medical Center and to 842 beds at the Alvin C. York Veteran's Administration Medical Center; there is, however, a shortage of dental care for TennCare recipients at this time.

Reported HIV & AIDS Cases since 1982 97 HIV 80 AIDS During 1997, eight cases of AIDS and 19 cases of HIV were reported in Rutherford County ranking it fifth among the 12 Mid-Cumberland counties and 40th in the state with a rate of 53.7 cases of AIDS per 100,000 people.	<u>Social Indicators</u>			
	<u>1992</u>	<u>1996</u>	<u>% Change</u>	
	Students receiving special education		17.1%	13.2%
	High school dropouts (grades 9-12)	5.8%	4.7%	-19.0%
	Indicated child abuse & neglect rate/ 1,000	2.1	4.1	95.2%
Children < 18 referred to juvenile court	1.9%	2.6%	36.8%	
Rate of children in state care/1,000	5.2	3.9	-25.0%	

<u>Economic Indicators</u>	<u>1992</u>	<u>1996</u>	<u>% Change</u>
Per capita income	\$15,948.	\$19,716.	23.6%
Children under 18 receiving AFDC	6.7%	4.8%	-28.4%
Population receiving food stamps	7.1%	4.6%	-35.2%
Children receiving free or reduced - price lunches	18.3%	19.6%	7.1%

Persons with incomes at or below the federal poverty level are 3.2 times more likely to suffer from depression, 3.8 times more likely to have problems with daily living activities, and 4.6 times more likely to have memory troubles.

The New England Journal of Medicine

For the first time in six years, the Mid-State Economy is less vigorous than the rest of the nation. Job creation has slowed since 1995 causing the rate of unemployment to remain virtually unchanged as the nation's has continued to drop. Although tourism remains prosperous, the region's tight labor markets have hurt manufacturers of durable goods. With most available labor already employed, firms can expand only by boosting wages.

Business and Economic Research Center, MTSU

TENNESSEE ...
ranks among the bottom ten states in ReliaStar's 1997 overall health rankings and among the bottom 13 states for the following lifestyle measures: prevalence of smoking, motor vehicle deaths, violent crime, risk for heart disease and high school graduation. Heart disease, infectious disease, total mortality and premature death also rank very

**Years Per Life Lost
Rutherford County**
(Disease with greatest impact on premature death.)

<u>Race</u>	<u>Disease</u>	<u>YPLL</u>
Caucasian	1. Cancer	830
	2. Accidents (including motor vehicle)	767
	3. Heart Disease	640
African American	1. Perinatal Conditions	129

Where We Stand

Between 1983-1985 and 1992-1994, Rutherford experienced significant % increases in:

- Accidents & Adverse Effects, (Ages 1-4)**
- Homicide, (Ages 15-24)**
- Stroke, (Ages 25-44)**

The county's rates of breast (79.8) and prostate (67.3) cancer have been

poorly. Since 1990, Tennessee's ratings have been adversely affected by failing to decrease the prevalence of smoking as much as other states have.

2. Homicide	115
3. Cancer	105

Caucasians represent approximately 89% of the county's population; African Americans only 9%.

consistently higher than the state and region while the rates of its three most prevalent diseases (gonococcal infections, chlamydia and syphilis) have been lower than the state's.

Health Priorities	Recommendations for Rutherford County
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-Developed by the Rutherford County Community Wellness Council

<p><u>Children, Youth, & Families</u> PROBLEM #1 Teen-age Pregnancy & Drugs</p> <p>Rutherford County had 324 out-of-wedlock births, 41.1% of total births in 1995; a high school dropout rate in Tennessee is 16.4 with 17.8% in Rutherford County. High dropout rates leave 18-24 young adults with less opportunity to provide for a child and direction and motivation to prevent out-of-wedlock births. Women with less than a high school diploma are at least three times as likely to have a baby as unmarried women with some college.</p> <p>PROBLEM #2: Coordination & Duplication of Services</p>	<ol style="list-style-type: none"> 1. A grant has been approved to reduce the number of out-of-wedlock pregnancies in female's 18-24 years old in Rutherford County. This year, forty persons (male & female including at-risk 18-24 year olds, high schools, dropouts, and 19-24 year old females with one or more children out of wedlock) will be brought to MTSU for a six-week program involving two hours each week. Topics such as birth control, marriage, survival skills, and self-esteem will be discussed, and each will be paired with a young adult from the community who will act as a mentor. A small stipend will be given to those subjects who complete the program. Participants will be contacted every six months for one and half years to determine the effectiveness of the program. If well received, efforts will be made to extend and continue the program to all at-risk young adults in the county. 2. A community summit was held promoting opportunities and overall health and wellbeing for county youth. 264 persons participated, 58 of which were youth. A community resource and referral center was proposed to provide a central hub for information on needed services for children, youth and families and a network to link youth and adults with volunteer opportunities in the community. United Way of Rutherford County is developing the information center.
<p><u>Preventative Care</u> PROBLEM #1: High prevalence of Cardiovascular Disease, Cancer, & STD's</p>	<ol style="list-style-type: none"> 1. A community-wide health carnival was held August 23, 1997 at MTSU's Murphy Center offering health screenings, classes on "heart healthy" topics, demonstrations by local dance teams and schools, and fitness walks. Plans are being made to target at-risk areas of the community.
<p><u>OB/GYN and Prenatal Care</u> PROBLEM #1: Access and inadequate resources for the indigent and uninsured</p> <p>PROBLEM #2. Late entry into prenatal care</p> <p>PROBLEM #3. High rates of smoking with pregnant women and women of child-bearing age are causing an increase in risk factors associated with low birthweight babies (i.e. smoking, hypertension, and diabetes)</p>	<p>TennCare...Tennessee's managed-care alternative to Medicaid was implemented in 1993 covering approximately 760,000 existing Medicaid recipients and almost 350,000 previously uninsured Tennesseans. Mental health services were included in 1997, after which legislators began to consider long term care. Phoenix Healthcare, created to serve TennCare members, now offers a statewide managed-care network with more than 100 hospitals, 2,650 physicians, and 37,000 enrollees. Rutherford county currently has 21,160 TennCare participants and 37 provider sites.</p> <ol style="list-style-type: none"> 3A. To work with a private or public agency to implement contracts in prenatal clinics which would require contracts of all prenatal TennCare providers and patients at the initiation of prenatal care to stop smoking while pregnant. 3B. To work with the local boards of education and the State Department of Health to formulate an ongoing anti-smoking education program to prevent smoking in youth.
<p><u>Elderly</u> PROBLEM # 1 High Cost of Health Care</p> <p>PROBLEM #2 Lack of education/prevention services</p> <p>PROBLEM #3 Elder access to care</p> <p>Approximately 20% of households in the age</p>	<p><i>Medicare Changes Affecting Rutherford's Seniors</i></p> <p>Since February, most Tennessee seniors are no longer able to be reimbursed by Medicare for intermittent home care services such as feeding, bathing, dressing, toileting, transferring, etc. in connection with venipuncture (the drawing of blood for blood samples). Such services have traditionally enabled individuals to remain at home as long as possible. A waiver to the Medicaid State Plan allows limited home and community based services to the elderly, but only in Shelby; Davidson and Hamilton counties. AARP and other advocacy groups recently called for changes in public policy to expand the availability of home and community based services under the Medicaid program to serve those who have been terminated from Medicare home health services</p>

65+ group do not have a vehicle, and thus possibly inadequate transportation.

and to provide a choice of community alternatives to nursing home care.

Charles Hewgley, TN Commission on Aging

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AIDS Data (State of Tennessee, Office of Statistics - April 30, 1996

Rutherford County had 66 out of 417 cumulative cases of AIDS reported since 1982 in the Middle Tennessee area (excluding Davidson county/metropolitan area). This represents 16% of the reported cases in the Middle Tennessee area. Statewide there have been 5,835 reported cases with ages 20-49 having the highest prevalence rates. Males make up 89.39% of the cases while females make up 10.61% of the cases.

Continued commitment to prevention, medical treatment,
and support services remains critical.

HIV continues to be a threat for persons engaging in risk behaviors regardless of gender, age, or race. Better intervention programs appear to be slowing the growth of the epidemic and improved medical treatment appears to be reducing the number of infants born with HIV and AIDS due to perinatal transmission, severe clinical AIDS diagnoses, and deaths due to AIDS