

Rutherford County Health Priorities

The Central Office of the State Department of Health conducted a data assessment and identified the following two top health concerns for Rutherford County:

1. Cancer rates among black females, and
2. Stroke rates among black males and females.

The Rutherford County Wellness Council will review the complete health department report as part of its annual data assessment. Previously, the Council identified the following priorities for the county:

1. Teen Pregnancy/Drugs
2. Cardiovascular Disease
3. Cancer
4. Sexually Transmitted Diseases
5. Inadequate Resources for Indigent/Uninsured Prenatal Visits
6. Inadequate Resources for School Health Care
7. Lack of Education/Prevention for Elderly
8. Access to Care for Elderly
9. Late Entry into Prenatal Care
10. High Rate of Smoking among Pregnant Women and Women of Childbearing Age
11. Lack of Coordination/Duplication of Services for Children, Youth, and Families

Fast Facts About Rutherford County

- Approximately 26% of the county's population is under the age of 18; nearly 8% are age 65 and older
- Nearly 87% of county residents are white, 10% are black or African American, 3% are Hispanic or Latino
- Nine percent of the county's population is living at or below the poverty line. The rate is nearly the same for the youngest and oldest residents—8.9% for children under 18 years of age and 9.4% for those aged 65 and older
- Nearly 23% of residents over the age of 25 have bachelor's degrees or higher compared to 20% for Tennessee
- The American Lung Association gives Rutherford County a grade of "F" for its air quality. To see state and county data, go to www.lungaction.org/reports/statefhear2003.html and click on Tennessee.

TennCare in Rutherford County

- The total TennCare enrollee rate for all Rutherford County residents in 2001 was 15.4 per 100 population; for those under the age of 21 the rate was 24.1 per 100 population.
- As of December 2002, approximately 72% of enrollees were white, 19% were black or African American, and 3% were Hispanic.
- Females accounted for 59% of all county enrollees as of December 2002, males accounted for 41% of enrollees.
- The number of TennCare enrollees decreased 2.5% between fiscal year (FY) 2002 and 2003. It was the first decrease in four years, from 23,535 at the end of FY 2000, to 26,817 for FY 2001, 27,379 for FY 2002, and 26,705 at the end of FY 2003.

Source: U.S. Census Bureau (2000); Kids Count: The State of the Child in Tennessee (2002); American Lung Association (2003); Bureau of TennCare (personal communication 10/16/03).

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The Center for Health and Human Services

collaborates with public and private institutions to develop programs designed to improve the health of the middle and greater Tennessee community. The Center's recent projects include:

Allied Health Supply and Demand Study; Child Lead Poisoning Prevention Program; Prevention Through Understanding: Investigating Unexpected Infant Death; Smart Mothers Are Resisting Tobacco (S.M.A.R.T. Moms); Tobacco Use Prevention Among Minority Youth; and Youth Led Tobacco Prevention in Rutherford County

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Rutherford County HEALTH WATCH

Center for Health and Human Services, Middle Tennessee State University • Vol. 5, No. 1, Fall 2003

Highlights

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

• Population migration

Rutherford County continued to grow

• Birth outcomes including infant mortality

Birth rates increased, disparities among white and black women continued

• Death measures

Death rates remained steady, suicide rates increased for fourth straight year

• Communicable diseases

Rates on downward trend for the county and throughout state

• Fast facts about Rutherford County

Includes TennCare data

• Rutherford County health priorities

Cancer and stroke among black residents top state health department concerns

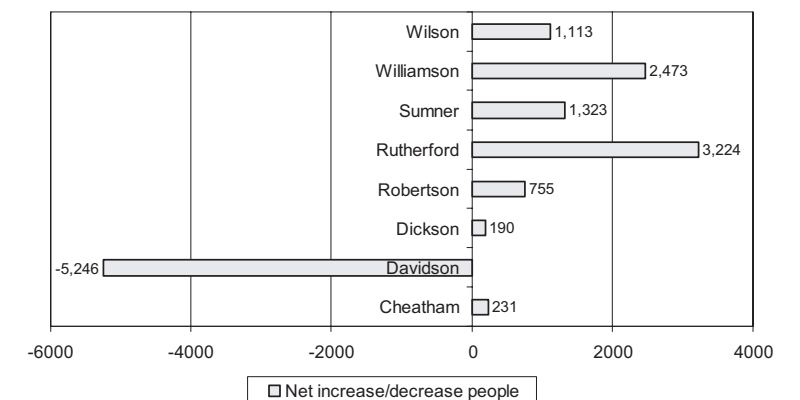
Population Migration

Population migration into Rutherford County continued to increase, with more people migrating into Rutherford than into any of the surrounding seven counties of the Nashville metropolitan area. According to a report by the Business and Economic Research Center at Middle Tennessee State University (MTSU) using Internal Revenue Service data for 2000-2001, 13,126 people migrated into the county while 9,902 migrated out, amounting to a net increase of 3,224 people. The median income for people moving into the county is slightly higher than for those moving out, but it is lower than the median income of five of the seven neighboring counties. **Figures 1 and 2** show the net migration of people and median income of newcomers for the eight counties in the Nashville metropolitan area.

While the median income among Rutherford County newcomers is lower than for most of the surrounding areas, it has increased over the last two years. In tax year 1999-2000, the median income for those migrating in was only \$78 more than for those migrating out. In 2000-2001, the difference increased to \$329. The difference in the median income of foreign residents migrating in versus those migrating out continued to be significant. Foreign residents moving into Rutherford

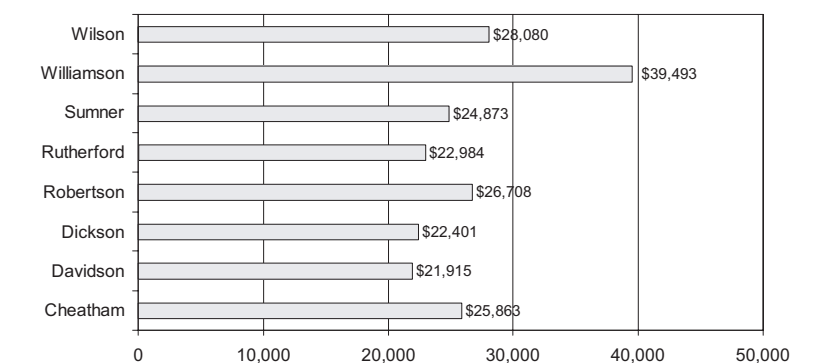
County had a median adjusted gross income of \$4,249 while those migrating out had a median income of \$14,166, a difference of \$9,917. While the total number of foreign residents moving in and out of the county is small, those moving in may have greater health care needs based on low economic status and may be least able to obtain care. As the county's population continues to grow, so will its need for affordable and accessible health care.

FIGURE 1. Population Migration by County, 2000-2001



Source: Midstate Economic Indicators, Vol. 13, No. 1

FIGURE 2. Median Income of Newcomers by County, 2000-2001

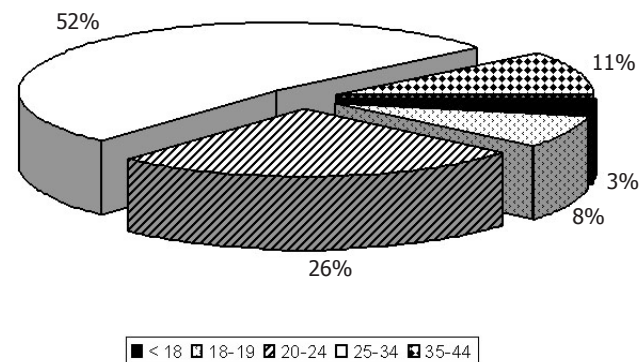


Source: Midstate Economic Indicators, Vol. 13, No. 1

Birth Outcomes

There were 3,040 live births in Rutherford County in 2001, an increase of 9% over the 2,794 live births in 2000. Of these, 11% or 334 births were to teenagers. There were 91 births to females under the age of 18 in 2001, a decrease of 22% from the 117 births to young teens in 2000. The percentage of births to females aged 18 and 19 increased nearly 17% over the last year, from 208 births in 2000 to 243 in 2001. Births to females aged 35 and older also increased, from 275 in 2000 to 326 in 2001. **Figure 3** shows the percentage of live births by maternal age in 2001.

FIGURE 3. Live Births by Maternal Age, Rutherford County, 2001



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research

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. The rate of women receiving late or no prenatal care decreased over the last year; the percentage of women who smoked while pregnant also has decreased, though it is still high. However, premature and low birth weight babies as well as cesarean deliveries have increased. **Table 1** presents 2001 birth outcomes for the county and state and compares them with the U.S. Department of Health and Human Services Healthy People 2010 (HP2010) goals. **Table 2** provides rates of

TABLE 1. Birth Outcomes, Rutherford County and Tennessee, 2001

Birth Outcome	Rutherford County (%)	Tennessee (%)	Healthy People 2010 Goal (%)
Low birth weight (<2500 g)	9.1	9.2	5.0
Very low birth weight (<1500 g)	1.4	1.7	0.9
Premature births (<37 weeks)	13.0	11.3	7.6
Inadequate or no prenatal care	4.5	7.3	*
Tobacco use during pregnancy	13.2	17.2	1.0

* HP2010 goal is "no more than 10% with no prenatal care in first trimester."

Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

specific birth outcomes in Rutherford County over the last four years.

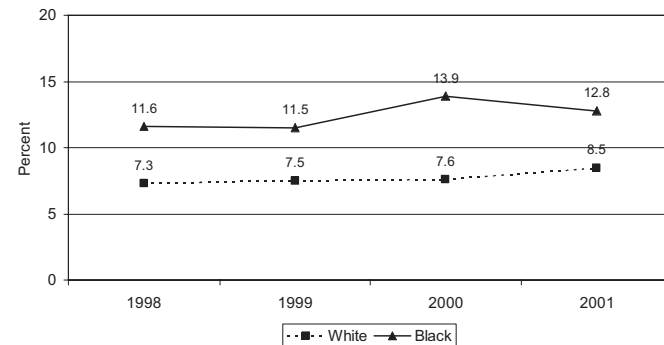
Infant mortality rates have fluctuated over the years for Rutherford County and for the state. The county infant mortality rate was 6.6 per 100,000 in 2001, up from 5.7 in 2000. In general, the low birth weight and infant mortality rates for babies born to black mothers were higher than those for white mothers; the black infant mortality rate was more than double the rate for whites. **Figures 4** and **5** show low birth weight and infant mortality rates for Rutherford County by maternal race.

TABLE 2. Birth Outcomes, Percent in Rutherford County, 1998-2001

Birth Outcome	1998	1999	2000	2001
Low birth weight (<2500 g)	7.8	7.9	8.5	9.1
Premature births (<37 weeks)	10.0	11.7	11.0	13.0
Inadequate or no prenatal care	6.1	6.0	6.4	4.5
Tobacco use during pregnancy	16.0	14.7	15.5	13.2
Cesarean delivery	20.6	21.6	25.6	28.3

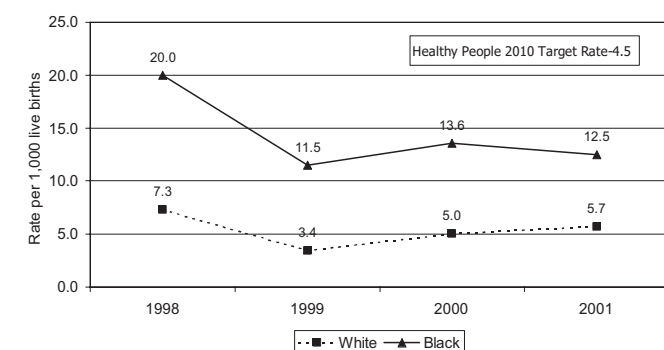
Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

FIGURE 4. Percent Low Birth Weight by Maternal Race, Rutherford County, 1998-2001



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

FIGURE 5. Infant Mortality Rates by Maternal Race, Rutherford County, 1998-2001



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

Death Measures

There were 1,143 deaths recorded in Rutherford County in 2001. There has been very little change in the overall county and state death rates during the last three years. In Rutherford County, deaths from malignant neoplasms (cancers) decreased from 2000 to 2001, and deaths due to cardiovascular diseases increased slightly during the same period. The mortality rate for diabetes mellitus increased for both the county and the state. A disturbing trend was found for suicide deaths. While the death rates are small, Rutherford County rates have increased over the last four years, from 8.4 per 100,000 population in 1998 to 13.7 in 2001. At the same time, the suicide rates for Tennessee declined from 13.6 in 1998 to 12.4 in 2001. **Table 3** presents death rates for the county and state for 1999-2001. **Figure 6** presents Rutherford County deaths by cause of death in 2001. Heart disease and cancer accounted for over half of all deaths in Rutherford County in 2001.

TABLE 3. Death Rates, Rutherford County and Tennessee, 1999-2001

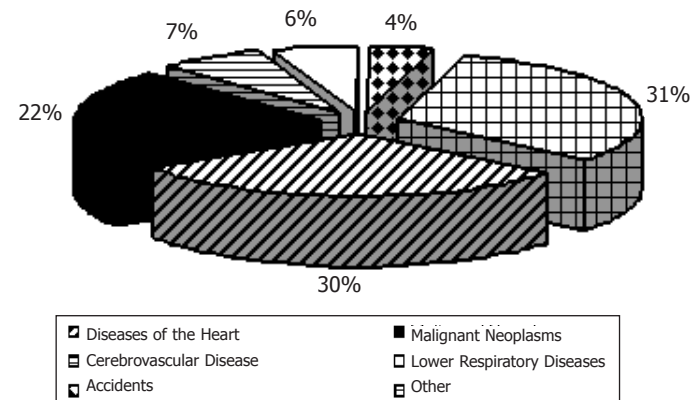
Deaths and Causes	Rutherford Co. Rates			Tennessee Rates		
	1999	2000	2001	1999	2000	2001
Total deaths per 1,000 population	6.1	6.3	6.0	9.8	9.7	9.6
Deaths from cardiovascular disease	243.9	224.7	236.0	391.5	381.0	368.1
Deaths from malignant neoplasms	140.0	153.8	133.1	221.5	220.2	216.9
Deaths from diabetes mellitus	18.1	14.8	20.0	26.1	27.9	30.4
Deaths from motor vehicle accidents	21.6	18.1	16.3	23.3	24.2	22.7
Deaths from suicides	9.9	11.5	13.7	13.1	12.8	12.4

Note: Total deaths are per 1,000 population; other death rates are per 100,000 population.

Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

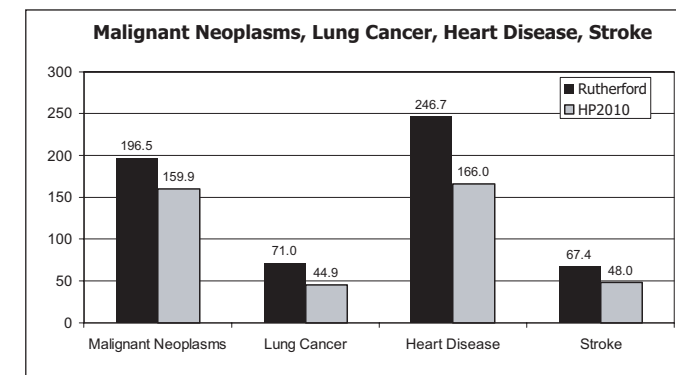
Generally, death rates among Rutherford County residents are higher than Healthy People 2010 target rates, although the county death rate for those with diabetes complications is lower than the HP2010 target. **Figures 7** and **8** show selected rates of death per 100,000 population for Rutherford County and compares them with HP2010 target rates.

FIGURE 6. Deaths by Cause of Death, Rutherford County, 2001



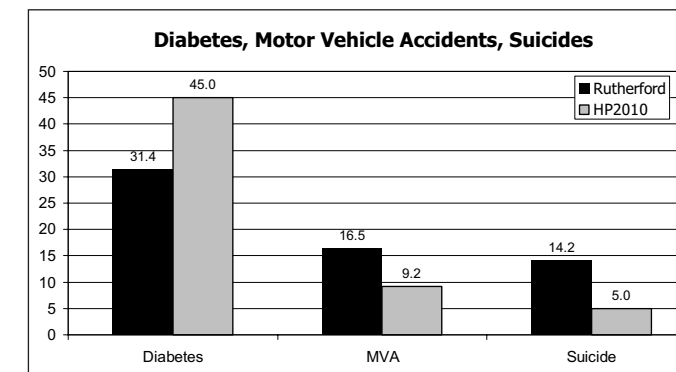
Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

FIGURE 7. Death Rates by Cause of Death, Rutherford County, 2001, and HP2010 Targets



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

FIGURE 8. Death Rates by Cause of Death, Rutherford County, 2001, and HP2010 Targets



Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.

Communicable Diseases

Between 2000 and 2001, the rates of gonorrhea, syphilis, and tuberculosis decreased for Rutherford County and Tennessee for both metro and non-metro regions. Rutherford County's rates for syphilis and tuberculosis were very close to the Healthy People 2010 target rates, but the rates for gonorrhea were much higher. The rates for Tennessee were higher than those for Rutherford; metro region rates were higher than those for the state as a whole. **Table 4** presents rates of gonorrhea, syphilis, and tuberculosis for Rutherford County, the state of Tennessee and Tennessee metro regions, and compares them with HP2010 target rates.

TABLE 4. Communicable Diseases, Rutherford County, Tennessee, and Metro Regions, 2000-2001

Communicable Disease	HP2010 Target	Rutherford		Tennessee		Metro Regions	
		2000	2001	2000	2001	2000	2001
Gonorrhea	19.0	102.2	70.5	208.7	176.7	383.3	343.6
Primary/Secondary Syphilis	0.2	2.7	0.5	9.4	5.8	19.0	12.8
Tuberculosis	1.0	1.6	1.1	6.7	5.5	8.9	8.0

Note: Rates are per 100,000 population.
Source: Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research; Health Information Tennessee and Statistical Profiling of Tennessee.