



2009
Tennessee
Women's Health
Report Card



TENNESSEE
DEPARTMENT OF HEALTH



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Rationale for grades: Grades were based primarily on comparison to national Healthy People 2010 goals;¹ if the trend for the indicator appeared to be worsening; those grades were reduced by one letter grade. For indicators without a Healthy People 2010 benchmark the grade is based on the change from 2002 to 2007.

The following guidelines were used:

A = Equal or better than HP 2010 goal or > 25% improved from 2002 to 2007

B = 1 - 30% worse than HP 2010 goal or > 10 - 25% improved from 2002 to 2007

C = > 30 - 60% worse than HP 2010 goal or between 10% improved and 10% worse from 2002 to 2007

D = > 60 - 90% worse than HP 2010 goal or > 10 - 25% worse from 2002 to 2007

F = > 90% worse than HP 2010 goal or > 25% worse from 2002 to 2007

Note: All data are for women age 15 and older, unless otherwise indicated

Reproductive Health	2002	2007	Grade
Percentage of births that were of VERY low birth weight (<1500g) ²			
ALL	1.7%	1.7%	D
White, Non-Hispanic	1.3%	1.3%	C
African American, Non-Hispanic	3.4%	3.3%	F
Hispanic	0.6%	0.9%	B
Number of infant deaths per 1,000 live births (infant mortality rate) ^{2,3}			
ALL	9.4	8.3	D
White, Non-Hispanic	7.1	6.2	C
African American, Non-Hispanic	18.4	16.4	F
Hispanic	6.2	5.8	B
Percentage of births to women age < 18 years ²			
ALL	4.4%	4.1%	C
White, Non-Hispanic	3.5%	3.4%	C
African American, Non-Hispanic	7.9%	7.1%	B
Hispanic	5.4%	4.9%	C
Percentage of women enrolled in prenatal care in the first trimester ²			
ALL	82.8%	67.0%	C
White, Non-Hispanic	85.9%	70.4%	C
African American, Non-Hispanic	72.3%	53.9%	D
Hispanic	58.7%	43.5%	D
Percentage of women who did not receive prenatal care ²			
ALL	1.4%	4.7%	D
White, Non-Hispanic	0.9%	3.7%	C
African American, Non-Hispanic	3.5%	8.8%	F
Hispanic	5.3%	11.1%	F

- Infant mortality, the number of babies who die before their first birthday each year, has declined in recent years. However, African American mothers continue to experience a disproportionate burden of infant deaths, more than twice as many as white mothers.
- Prenatal care, a key factor in preventing preterm birth, is an avenue for women and their partners to address pregnancy concerns, seek information, and most importantly monitor the health of the mother-to-be and the developing fetus.

Sexually Transmitted Infections 2002 2007 Grade

Chlamydia cases per 100,000 women⁴

ALL	425.4	633.0	F
White, Non-Hispanic	185.6	242.7	F
African American, Non-Hispanic	851.6	2032.2	F
Hispanic	428.3	914.8	F

Early latent, primary, and secondary syphilis cases per 100,000 women⁴

ALL	8.6	8.2	F
White, Non-Hispanic	1.9	2.2	F
African American, Non-Hispanic	40.5	36.2	F
Hispanic	8.2	0.0	A

Gonorrhea cases per 100,000 women⁴

ALL	153.8	169.5	F
White, Non-Hispanic	43.5	46.1	F
African American, Non-Hispanic	433.2	691.1	F
Hispanic	29.7	62.0	F

HIV disease cases per 100,000 women age 19+^{4,5}

ALL	5.1	6.5	F
White, Non-Hispanic	2.0	1.5	A
African American, Non-Hispanic	30.9	43.4	F
Hispanic	5.4	11.3	F

- HIV infection among African American women has increased. This trend may reflect sexual history with partners who practice risky behaviors and lack of knowledge and communication of HIV status.
- Higher rates of sexually transmitted infections among African Americans and Latinos may be partially due to their being more likely to go to public clinics where reporting is more complete.

Causes Of Death 2002 2007 Grade

Rates for Hispanics are not included as these calculations were based on small sample sizes (< 50) and may therefore not be accurate.

Breast cancer deaths per 100,000 women³

ALL	36.1	34.4	D
White, Non-Hispanic	36.2	33.3	C
African American, Non-Hispanic	36.9	43.7	F

Cervical cancer deaths per 100,000 women³

ALL	4.0	3.9	F
White, Non-Hispanic	3.5	3.5	D
African American, Non-Hispanic	7.1	5.7	F

Colorectal cancer deaths per 100,000 women³

ALL	19.4	19.2	C
White, Non-Hispanic	19.6	19.0	C
African American, Non-Hispanic	19.4	20.9	C

Causes Of Death	2002	2007	Grade
Diabetes deaths per 100,000 women ³			
ALL	41.3	34.1	A
White, Non-Hispanic	35.5	30.9	A
African American, Non-Hispanic	74.8	53.8	B
Heart disease deaths per 100,000 women ³			
ALL	347.3	278.7	D
White, Non-Hispanic	358.2	289.3	D
African American, Non-Hispanic	319.6	250.4	C
Lung cancer deaths per 100,000 women ³			
ALL	64.7	68.8	D
White, Non-Hispanic	69.3	74.0	F
African American, Non-Hispanic	45.5	47.2	C
Stroke deaths per 100,000 women ³			
ALL	106.7	83.4	D
White, Non-Hispanic	109.3	86.7	D
African American, Non-Hispanic	101.7	72.5	C
Homicide deaths per 100,000 women ³			
ALL	4.0	2.8	A
White, Non-Hispanic	2.7	2.0	A
African American, Non-Hispanic	9.6	6.3	F
Motor vehicle deaths per 100,000 women ³			
ALL	13.3	12.2	C
White, Non-Hispanic	14.2	13.4	C
African American, Non-Hispanic	9.4	7.3	A
Suicide deaths per 100,000 women ³			
ALL	5.6	6.5	C
White, Non-Hispanic	6.5	7.5	D
African American, Non-Hispanic	1.2	1.7	B

- Lifestyle factors like poor nutrition, being overweight, lack of exercise, smoking, and uncontrolled high blood pressure are risks for chronic disease.
- Lung cancer death rates are significantly higher among white women, primarily due to higher rates of smoking.⁶
- Despite a higher rate of new breast cancers among white women, African American women have a higher death rate, primarily due to more aggressive cancers and a later stage at breast cancer diagnosis.⁶
- Heart disease is the number one killer of women in the US. In Tennessee, deaths from heart disease were 58% higher than the national Healthy People 2010 target.¹
- Early diagnosis and treatment of depression improves quality of life and can substantially lessen the chance of someone committing suicide.
- Alcohol is a major contributor to deaths from motor vehicle injury.

Modifiable Risk Behaviors	2002	2007	Grade
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Percentage of women age 18+ with diabetes⁸

ALL	8.4%	10.3%	D
White, Non-Hispanic	7.8%	10.3%	F
African American, Non-Hispanic	12.4%	12.1%	C
Hispanic (2001, 2007)	4.6%	2.8%	A

Percentage of women age 18+ who are obese (BMI 30.0+)⁸

ALL	23.3%	28.8%	D
White, Non-Hispanic	21.4%	27.8%	D
African American, Non-Hispanic	35.8%	38.7%	F
Hispanic	14.3%	21.0%	C

Percentage of women age 18+ who are current smokers⁸

ALL	24.8%	22.9%	F
White, Non-Hispanic	25.3%	24.2%	F
African American, Non-Hispanic	20.0%	16.4%	C
Hispanic	36.7%	21.8%	D

Percentage of women age 18+ with high blood pressure⁸

ALL	31.1%	32.0%	F
White, Non-Hispanic	30.6%	30.8%	F
African American, Non-Hispanic	35.5%	42.2%	F
Hispanic	26.0%	23.6%	C

Percentage of women age 18+ with high cholesterol⁸

ALL	30.5%	33.8%	F
White, Non-Hispanic	31.9%	36.3%	F
African American, Non-Hispanic	22.5%	24.2%	D
Hispanic	31.6%	26.0%	C

Percentage of women age 18+ who did not engage in leisure time activity⁸

ALL	35.7%	34.3%	D
White, Non-Hispanic	34.2%	33.4%	D
African American, Non-Hispanic	43.3%	42.1%	F
Hispanic	42.6%	27.5%	D

Percentage of women age 18+ drinking 5+ drinks* on one occasion in past month⁸

ALL	4.1%	5.1%	D
White, Non-Hispanic	3.9%	5.1%	F
African American, Non-Hispanic	5.3%	3.8%	A
Hispanic	3.3%	17.0%	F

*In 2006, the question changed to 4+ drinks to constitute binge drinking in women.

Percentage of women age 18+ who are disabled (2001, 2007)⁸

ALL	17.0%	20.6%	F
White, Non-Hispanic	17.9%	21.1%	F
African American, Non-Hispanic	13.5%	17.1%	D
Hispanic	11.4%	29.6%	F

Modifiable Risk Behaviors

- Tobacco use is a major contributor to lung disease, heart disease, and stroke mortality and is also associated with breast and cervical cancers.
- Overweight and obesity contribute to the development of chronic conditions such as heart disease, high blood pressure, infertility and respiratory problems. Even a loss of 5-10% of body weight can reduce risk of health problems.
- A well-balanced diet, including a variety of fruits and vegetables, whole grains, lean protein, and limited saturated fats, is important for overall health and reduces the risk of chronic conditions.
- Even modest increases in physical activity can lead to considerable improvements in conditions such as high blood pressure. Getting 30 minutes of moderate exercise, like walking most days of the week, can help reduce a person's risk of heart disease, diabetes, and other conditions.

Preventive Health Practices

	2002	2007	Grade
Percentage of women age 40+ who have had a mammogram within the past two years ⁸			
ALL	75.3%	75.8%	A
White, Non-Hispanic	76.3%	74.8%	A
African American, Non-Hispanic	69.7%	82.7%	A
Hispanic	84.4%	81.7%	A
Percentage of women age 18+ who have ever had a clinical breast exam ⁸			
ALL	88.8%	90.4%	C
White, Non-Hispanic	89.3%	90.5%	C
African American, Non-Hispanic	88.5%	91.9%	C
Hispanic	97.3%	80.6%	D
Percentage of women age 18+ who have had a Pap test within the past three years ⁸			
ALL	88.9%	87.6%	B
White, Non-Hispanic	88.4%	87.0%	B
African American, Non-Hispanic	94.2%	93.9%	A
Hispanic	90.2%	74.7%	C
Percentage of women age 18+ who have not visited a dentist within the past 12 months (2002, 2006) ⁸			
ALL	26.2%	33.3%	F
White, Non-Hispanic	25.6%	33.2%	F
African American, Non-Hispanic	28.0%	31.8%	D
Hispanic	33.4%	62.0%	F
Hospitalizations among women age 65+ for hip fracture per 100,000 women ⁸			
ALL	521.2	382.6	A
White, Non-Hispanic	531.4	380.4	A
African American, Non-Hispanic	328.6	187.0	A
Hispanic	101.5	1167.5	F

- Outreach efforts in the state of Tennessee have led to an increase in breast cancer screening among African American women.
- Osteoporosis risk can be reduced through increased exercise, improved calcium and Vitamin D intake, and treatment with medications.
- Regular dental care is important for overall health; poor oral health can lower quality of life, and oral infections may be associated with chronic diseases like diabetes and heart disease.

Barriers To Health

2002

2007

Grade

Percentage of women age 18+ with no health insurance coverage⁸

ALL	10.6%	11.6%	C
White, Non-Hispanic	9.1%	10.6%	D
African American, Non-Hispanic	15.9%	12.9%	B
Hispanic	11.8%	16.5%	F

Percentage of women age 16+ who are unemployed or looking for work⁹

ALL	4.0%	4.2%	C
White, Non-Hispanic	3.1%	3.2%	C
African American, Non-Hispanic	7.5%	8.6%	D
Hispanic	6.9%	5.6%	B

Percentage of women age 16+ who live below the poverty level⁹

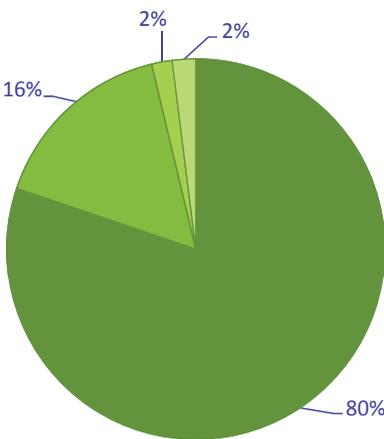
ALL	12.0%	12.9%	C
White, Non-Hispanic	10.0%	10.8%	C
African American, Non-Hispanic	21.0%	21.7%	C
Hispanic	15.7%	17.9%	D

Percentage of households headed by women⁹

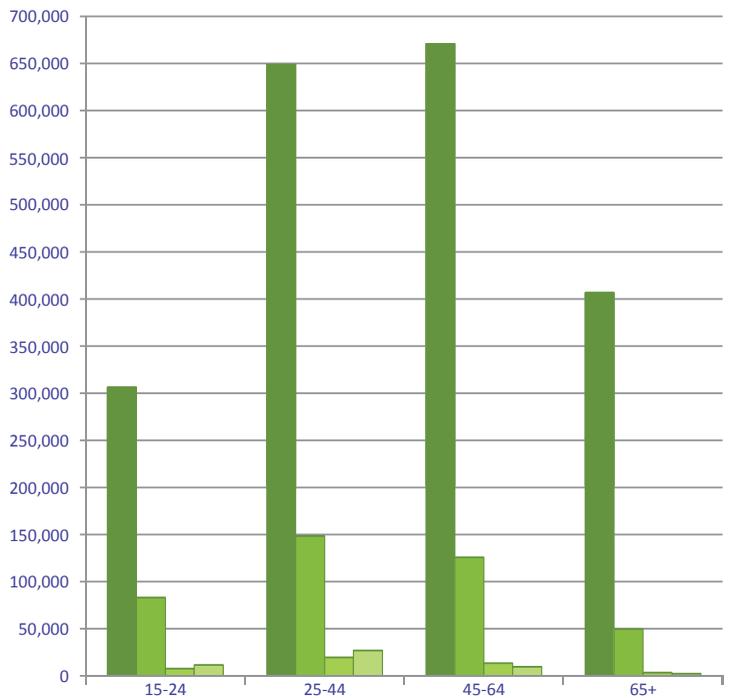
ALL	18.9%	19.4%	C
White, Non-Hispanic	13.2%	14.3%	C
African American, Non-Hispanic	51.1%	47.1%	C
Hispanic	11.9%	16.5%	F

- Health insurance coverage has declined in Tennessee. Rising unemployment is likely to result in more women being uninsured.¹⁰

Population Estimates for Women Ages 15 & Over in Tennessee¹¹



Race and Ethnicity of Tennessee Women Ages 15 & Over, 2007



2007 Population Estimates for Women Ages 15 & Over in Tennessee

Data Sources and Notes

Reporting data by race and ethnicity: Presenting data by race and ethnicity can allow the state to target resources and interventions to populations most in need. An individual's race and ethnicity do not cause a particular health problem. Many factors including income, education, access to health care, and family history are among the major causes of the lower health status among minority communities, when compared to whites. Few sources of health data record these types of socioeconomic data, although most do collect information on race and ethnicity.

¹Healthy People 2010, United States. Healthy people 2010. Second ed. Washington, DC: US Dept. of Health: 2000.

²Live birth certificates for all TN residents. Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

³Death certificates for all TN residents. Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

⁴Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics; National Electronic Telecommunications System for Surveillance Reporting System.

⁵Hall HI, Song R, Rhodes P, et al. Estimation of HIV incidence in the United States. JAMA. Aug 6 2008;300(5):520-529.

⁶Jemal A, Siegel R, Ward E, Hao Y, Xu J, Thun MJ. Cancer statistics, 2009. CA Cancer J Clin. Jun 9 2009.

⁷Heron M, Hoyert DL, Murphy SL, Xu J, Kochaneck KD, Tejada-Vera B. Deaths: final data for 2006. Natl Vital Stat Rep. 2009;57(14):1-80.

⁸Tennessee Behavioral Risk Factor Surveillance System (BRFSS) is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control

and Prevention to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity. Tennessee currently conducts approximately 5,000 interviews annually. During 2007, approximately 49,000 unique telephone numbers and over 170,000 call attempts to those numbers were required to complete these interviews.

⁹US Census Bureau, 2002 & 2007 American Community Survey Tables, Tennessee. <http://factfinder.census.gov>.

¹⁰DeNavas-Walt C, Proctor BD, Smith JC, U.S. Census Bureau. Income, Poverty, and Health Insurance Coverage in the United States: 2007. Washington, DC: U.S. Government Printing Office; 2008.

¹¹Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics; 2007 Population Estimates.

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Greater Memphis Area Advanced Practice Nurses

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