



2011
Tennessee
Women's Health
Report Card



TENNESSEE
DEPARTMENT OF HEALTH



2011 Tennessee Women's Health Report Card

Rationale for grades: Grades were based primarily on comparison to national Healthy People 2020 goals;¹ if there was a disparity between groups grades were reduced by one letter grade. For indicators without a Healthy People 2020 benchmark the grade is based on the change from 2004 to 2009.

The following guidelines were used:

A = Equal or better than HP 2020 goal or > 25% improved from 2004 to 2009

B = 1 - 30% worse than HP 2020 goal or > 10 - 25% improved from 2004 to 2009

C = > 30 - 60% worse than HP 2020 goal or between 10% improved and 10% worse from 2004 to 2009

D = > 60 - 90% worse than HP 2020 goal or > 10 - 25% worse from 2004 to 2009

F = > 90% worse than HP 2020 goal or > 25% worse from 2004 to 2009

Note: All data are for women age 15 or older, unless otherwise indicated; Some data for Hispanics is not included based on small sample size which may not be accurate.

Reproductive Health	2004	2009	Grade
Percentage of births that were of VERY low birthweight (<1500g)²			
ALL	1.7%	1.7%	B
White	1.4%	1.3%	A
African American	3.2%	3.1%	F
Hispanic	1.0%	1.0%	A
Number of infant deaths per 1,000 live births (infant mortality rate)²⁻³			
ALL	8.6	8.0	C
White	6.4	6.0	A
African American	17.4	16.0	F
Hispanic	5.3	6.6	B
Percentage of births to women age < 18 years²			
ALL	4.1%	3.7%	C
White	3.3%	3.1%	C
African American	7.6%	6.4%	C
Hispanic	5.2%	4.5%	C
Percentage of women who smoked during pregnancy²			
ALL	19.2%	18.4%	F
White	21.9%	21.4%	F
African American	10.1%	10.3%	F
Hispanic	3.2%	2.4%	D
Percentage of births with a short birth interval (24 months or less)²			
ALL	25.4%	26.0%	C
White	24.3%	24.7%	C
African American	29.6%	31.0%	C
Hispanic	25.0%	23.5%	C

- 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.
- Smoking during pregnancy significantly increases the risk of having a preterm or low birth weight baby, and is linked to health and developmental problems in childhood. Women in Tennessee, White women in particular, are nearly twice as likely to smoke while pregnant as women nationally.⁴
- An interval of more than 24 months is associated with better health outcomes for mother and child.

Sexually Transmitted Infections	2004	2009	Grade
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Chlamydia cases per 100,000 women⁵

ALL	646.1	825.3	F
White	275.1	334.4	A
African American	1353.5	2445.6	F
Hispanic	936.4	1299.6	F

Early latent, primary, and secondary syphilis cases per 100,000 women⁵

ALL	4.6	9.2	F
White	0.7	2.7	F
African American	24.0	40.3	F
Hispanic	7.0	10.6	F

Gonorrhea cases per 100,000 women⁵

ALL	171.6	166.0	A
White	58.7	41.9	A
African American	482.4	644.9	F
Hispanic	81.3	166.5	A

HIV disease cases per 100,000 women (19+)⁵

ALL	11.9	10.5	A
White	3.6	2.7	A
African American	52.0	48.0	F
Hispanic	23.2	22.4	D

- HIV and other sexually transmitted infection risk continues to be higher among African-American women. Safer sex practices, including limiting the number of sexual partners and using condoms during every sexual encounter, should be encouraged for all women.
- Sexually transmitted infections are reported to state and national public health agencies. Reporting is not consistent across health care providers, which may lead to inaccurate counts of these infections. African Americans and Latinos are more likely to seek care at public clinics where reporting is more complete.

Causes Of Death	2004	2009	Grade
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Breast cancer deaths per 100,000 women³

ALL	36.1	34.1	D
White	35.5	33.4	D
African American	41.5	41.1	F

Cervical cancer deaths per 100,000 women³

ALL	3.9	3.6	D
White	3.4	2.8	B
African American	6.7	7.6	F

Colorectal cancer deaths per 100,000 women³

ALL	20.0	17.9	B
White	19.6	17.5	B
African American	23.3	21.2	C

Diabetes deaths per 100,000 women³

ALL	40.7	35.6	A
White	36.7	32.8	A
African American	64.6	53.5	A

Causes Of Death	2004	2009	Grade
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Heart disease deaths per 100,000 women³

ALL	310.2	264.0	F
White	321.1	276.2	F
African American	280.1	226.5	F

Homicide deaths per 100,000 women³

ALL	3.0	3.2	A
White	2.5	2.6	A
African American	5.4	6.2	B

Lung cancer deaths per 100,000 women³

ALL	66.2	69.6	C
White	70.9	76.1	D
African American	47.2	42.0	A

Motor vehicle deaths per 100,000 women³

ALL	13.8	10.1	A
White	15.0	10.7	A
African American	8.7	7.8	A

Stroke deaths per 100,000 women³

ALL	92.3	70.4	F
White	95.7	72.4	F
African American	81.0	65.4	F

Suicide deaths per 100,000 women³

ALL	5.4	6.1	A
White	6.3	6.9	A
African American	1.9	2.2	A

- Lifestyle factors including poor nutrition, being overweight, lack of exercise, smoking and uncontrolled high blood pressure are risks for chronic disease.
- Lung cancer deaths are significantly more common among White women, primarily due to higher rates of smoking.⁶
- Despite a higher rate of new breast cancer cases among White women, African-American women have a higher risk of death from breast cancer, primarily due to more aggressive cancers.
- Heart disease is the number one killer of women in the United States and in Tennessee.
- Early diagnosis and treatment of depression improves quality of life and can substantially lessen the risk of suicide.
- In 2009, 31% of Tennessee motor vehicle deaths were due to alcohol impaired driving.⁷
- In recent years, about one-third of female homicide victims were killed by an intimate partner.⁸

Modifiable Risk Behaviors	2004	2009	Grade
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Percentage of women age 18+ who are current smokers⁹

ALL	25.2%	19.6%	D
White	25.6%	20.8%	D
African American	23.4%	15.0%	B

Modifiable Risk Behaviors	2004	2009	Grade
Percentage of women age 18+ with diabetes ⁹			
ALL	8.6%	10.6%	D
White	7.7%	10.2%	F
African American	12.9%	12.1%	C
Percentage of women age 18+ who are disabled ⁹			
ALL	19.2%	23.8%	D
White	20.6%	25.6%	D
African American	12.8%	17.0%	F
Percentage of women age 18+ drinking 5+ drinks on one occasion in past month ^{9^A}			
ALL	3.5%	4.7%	F
White	3.3%	4.5%	F
African American	2.8%	4.9%	F
^A In 2006, the question changed to 4+ drinks to constitute binge drinking in women			
Percentage of women age 18+ with high blood pressure ⁹			
ALL	32.5%	33.5%	B
White	31.7%	31.1%	B
African American	38.9%	46.3%	D
Percentage of women age 18+ with high cholesterol ⁹			
ALL	35.2%	31.9%	F
White	36.3%	32.8%	F
African American	26.8%	28.8%	F
Percentage of women age 18+ who did not engage in leisure time activity ⁹			
ALL	32.5%	33.0%	B
White	30.7%	32.7%	B
African American	45.4%	36.6%	B
Percentage of women age 18+ who are obese (BMI 30.0+) ⁹			
ALL	27.5%	34.1%	B
White	25.5%	30.7%	B
African American	36.8%	52.7%	D

- Tobacco use harms nearly every organ of the body and is also associated with breast and cervical cancers.
- Overweight and obesity contribute to the development and difficulty of treating chronic conditions such as early heart disease, high blood pressure, infertility, diabetes, and respiratory problems.
- A healthy diet includes a variety of fruits and vegetables, whole grains, lean protein, and limited saturated fats.
- Thirty minutes a day of moderate exercise like walking can help reduce a person's risk of heart disease, diabetes, and other conditions. Longer and more demanding physical activity is even more protective.
- Regular physical activity is associated with better maintenance of body weight, more effective weight loss, improved balance, clearer thinking, and better quality sleep.
- Binge drinking leads to impaired judgment and may result in unintended consequences such as sexually transmitted infection, pregnancy, injuries, complication of chronic disease management (i.e., diabetes, neurologic conditions), and psychological distress (i.e., remorse or guilt).

Preventive Health Practices	2004	2009	Grade
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Percentage of women age 50+ who have had a mammogram within the past two years⁹

ALL	78.9%	80.5%	C
White	78.2%	80.1%	C
African American	80.3%	83.5%	C

Percentage of women age 18+ who have had a Pap test within the past three years⁹

ALL	87.3%	82.3%	C
White	87.9%	81.5%	C
African American	86.4%	86.1%	C

Percentage of women age 18+ who have ever had a clinical breast exam⁹

ALL	88.8%	87.7%	C
White	90.4%	88.4%	C
African American	86.2%	85.8%	C

Percentage of women age 18+ who have not visited a dentist within the past 12 months^{9*}

ALL	26.9%	32.3%	A
White	26.6%	32.1%	A
African American	27.8%	36.4%	A

* Data collected in 2004 and 2008

Percentage of women age 18+ who have had a flu shot within the past year⁹

ALL	38.0%	42.0%	C
White	41.2%	45.5%	C
African American	27.8%	27.0%	D

Hospitalizations among women age 65+ for hip fracture per 100,000 women^{9**}

ALL	466.1	379.2	A
White	486.7	374.9	A
African American	238.1	185.8	A

** Inpatient stays only, ICD-9-CM codes 8208, 8209, 73314 (in any diagnosis field)

- Pregnant women and people living with a chronic disease are at risk for developing complications from the flu. Complications may include ear and sinus infections, bronchitis or pneumonia of a severity that can increase risk of dying from the flu. Everyone 6 months of age and older should get vaccinated against the flu.
- Mammograms are vital to detecting cancerous lesions that may grow in breast tissue. Women age 20-30 should have a clinical breast exam at least every 3 years. Women 40 and over should be examined every year.
- Tooth decay can be painful and interfere with daily activities such as smiling, eating, and chewing. Most oral health diseases are preventable. Take care of your smile by visiting your dentist and making changes such as drinking more water, eliminating tobacco use, and reducing the number of sodas you drink.

Barriers to Health

2004

2009

Grade

Percentage of women age 18+ with health insurance coverage¹⁰

ALL	90.6%	87.2%	B
White	91.2%	88.3%	B
African American	88.7%	85.0%	B

Percentage of women age 16 to 64 who are unemployed or looking for work¹⁰

ALL	7.7%	10.4%	F
White	6.7%	8.9%	F
African American	12.5%	16.2%	F
Hispanic	7.5%	13.4%	F

Percentage of women age 16+ who live below the poverty level (estimated)¹⁰

ALL	14.9%	16.9%	D
White	12.7%	13.9%	C
African American	24.0%	28.2%	D
Hispanic	17.3%	42.1%	F

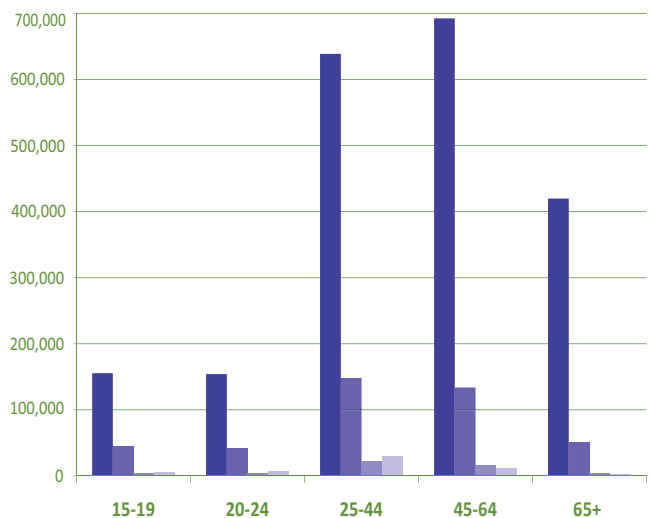
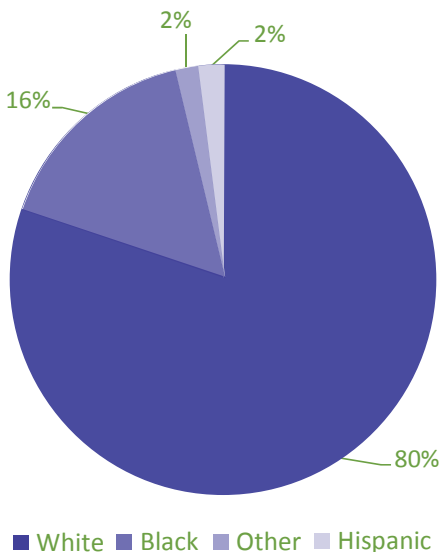
Percentage of households headed by women¹⁰

ALL	19.9%	19.8%	C
White	14.7%	14.6%	C
African American	50.0%	49.1%	C
Hispanic	13.8%	15.5%	D

- More than 1 in 3 adults in the United States have low health literacy, which can limit participating in and getting the most benefit from one’s healthcare. Ask questions to assure you understand any diagnoses, treatments, or preventive care.
- Income and education change use of specialty care by influencing knowledge and understanding of the need of specialized care.

Population Estimates for Women Ages 15 & Over in Tennessee¹¹

Race and Ethnicity of Tennessee Women Ages 15 & Over, 2009



Population Estimates for Women Ages 15 & Over in Tennessee, 2009

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.

¹ U.S. Department of Health and Human Services. Healthy People 2020. Washington, DC. <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>. Previous report card grades were based on comparisons to the Healthy People 2010 goals. Targets for many of the indicators changed during development of the Healthy People 2020 goals. These changes have resulted in better or worse grades based on the new Healthy People 2020 targets.

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

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

⁴ Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2003. National vital statistics reports; vol 54 no 2. Hyattsville, MD: National Center for Health Statistics. 2005.

⁵ Tennessee Department of Health, Office of Policy, Planning, and Assessment, Division of Health Statistics and National Electronic Telecommunications System for Surveillance Reporting System.

⁶ Jemal A, Siegel R, Ward E, Hao Y, Xu J and Thun MJ. Cancer statistics, 2009. CA Cancer J Clin. 2009 Jul-Aug;59(4):225-49.

⁷ National Highway Traffic Safety Administration. Highlights of 2009 motor vehicle crashes. Washington, DC: U.S. Department of Transportation; August 2010. <http://www-nrd.nhtsa.dot.gov/Pubs/811363.pdf>.

⁸ Bureau of Justice Statistics. Homicide trends in the U.S. Washington, DC: U.S. Department of Justice. <http://bjs.ojp.usdoj.gov/content/homicide/intimates.cfm>.

⁹ Tennessee 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 5,600 interviews annually. During 2009, approximately 72,000 unique telephone numbers and over 210,000 call attempts to those numbers were required to complete these interviews.

¹⁰ U.S. Census Bureau. 2004 & 2009 American Community Survey Tables, Tennessee. <http://factfinder.census.gov>.

¹¹ Tennessee Department of Health, Office of Policy, Planning, and Assessment, and Division of Health Statistics. 2009 Population Estimates.

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