

Vanderbilt Institute for Medicine and Public Health
Women's Health Research

2013 Tennessee Women's Health Report Card



TENNESSEE
DEPARTMENT OF HEALTH



VANDERBILT
UNIVERSITY



MEHARRY
MEDICAL COLLEGE

2013 Tennessee Women's Health Report Card

Rationale for grades: Grades are based primarily on comparison to national Healthy People 2020 goals;¹ for indicators without a Healthy People 2020 benchmark, the grade was based on the change from 2006 to 2011 (or 2010, where noted).

The following guidelines were used to assign grades:

A = Equal or better than HP 2020 goal or > 25% improved from 2006 to 2011

B = 1 - 30% worse than HP 2020 goal or > 10 - 25% improved from 2006 to 2011

C = > 30 - 60% worse than HP 2020 goal or between 10% improved and 10% worse from 2006 to 2011

D = > 60 - 90% worse than HP 2020 goal or > 10 - 25% worse from 2006 to 2011

F = > 90% worse than HP 2020 goal or > 25% worse from 2006 to 2011

Notes:

- All data are for women age 15 or older unless otherwise indicated.
- Due to changes in how the Centers for Disease Control and Prevention (CDC) collects data, 2011 results from the Behavioral Risk Factor Surveillance System (BRFSS) cannot be compared to those from earlier years. When comparisons between years are used to determine the grade, note that 2010 data are used.
- Some data for Hispanics are not reported due to small sample size.

Reproductive Health	2006	2011	Grade
Percentage of births that were of VERY low birthweight (less than 1500g)²			
ALL	1.8%	1.5%	B
White	1.4%	1.1%	A
African American	3.4%	2.9%	F
Hispanic	1.0%	1.0%	A
Percentage of births to women less than 18 years of age²			
ALL	4.2%	3.0%	A
White	3.5%	2.5%	A
African American	7.2%	5.1%	A
Hispanic	5.2%	3.9%	B

Number of infant deaths per 1,000 live births (infant mortality rate)²⁻³

Hispanic	4.1	4.8	F
Gonorrhea cases per 100,000 women⁴			
ALL	197.9	153.9	A
White	54.8	35.0	A
African American	632.4	699.5	F
Hispanic	109.7	62.2	A
HIV disease cases per 100,000 women age 19+⁴			
ALL	12.0	9.0	B
White	4.3	2.7	A
African American	50.1	38.7	B
Hispanic	4.6	9.3	F

- Limiting the number of sexual partners and always using condoms will decrease the risk of STIs.
- Regular testing for STIs is important. Women can have STIs without having symptoms. Untreated STIs can cause infertility or problems with pregnancy.²
- Reporting of STIs to public health agencies is not consistent across health care providers, which may lead to inaccurate counts. African Americans and Hispanics are more likely to seek care at public clinics where reporting is usually more complete.

Causes of Death	2006	2011	Grade
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Breast cancer deaths per 100,000 women³			
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ALL	36.0	31.8	C
White	33.2	29.5	C
African American	54.7	50.7	F

Cervical cancer deaths per 100,000 women³			
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ALL	3.1	4.4	F
White	2.6	4.0	D
African American	7.1	7.8	F

Colorectal cancer deaths per 100,000 women³			
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ALL	22.5	22.6	C
White	20.9	21.1	C
African American	34.3	34.4	F

Diabetes deaths per 100,000 women³			
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ALL	36.2	31.6	A
White	29.9	27.0	A

African American	86.4	68.8	B
Heart disease deaths per 100,000 women³			
ALL	273.7	248.9	F
White	262.0	246.0	F
African American	362.6	284.7	F
Homicide deaths per 100,000 women³			
ALL	3.6	3.6	A
White	2.8	2.6	A
African American	7.0	7.7	C
Lung cancer deaths per 100,000 women³			
ALL	71.3	64.2	C
White	71.0	66.9	C
African American	77.7	53.1	B
Motor vehicle deaths per 100,000 women³			
ALL	16.7	10.5	A
White	17.7	10.7	A
African American	10.9	10.7	A
Stroke deaths per 100,000 women³			
ALL	79.0	70.2	F
White	75.3	68.4	F
African American	106.3	84.7	F
Suicide deaths per 100,000 women³			
ALL	7.6	7.6	A
White	8.9	9.0	A
African American	1.6	1.7	A

- Tennessee has the sixth highest cancer death rate among states.⁵ About half of cancer death can be prevented through healthy lifestyle changes.
- Screening tests look for diseases before symptoms appear. Cancer, diabetes, cardiovascular risks, and many mental health conditions can be detected early and lead to more effective treatment.

Causes of Death

- High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease and stroke. Half of Americans have at least one of these risks. Diabetes, overweight and obesity, poor diet, lack of physical activity, and heavy alcohol use can also increase the risk for heart disease and stroke.
- Compared to men, women are more likely to be killed by a spouse, intimate partner, or family member than by a stranger—94% of female victims were murdered by someone they knew.⁶

Modifiable Risk Behaviors	2006	2011	Grade
Percentage of women age 18+ who are current smokers⁷			
ALL	21.5%	21.3%	D
White	22.3%	22.4%	D
African American	19.7%	13.1%	B
Percentage of women age 18+ with diabetes (2006, 2010)⁷			
ALL	10.6%	11.6%	C
White	10.6%	10.9%	C
African American	12.0%	14.9%	D
Percentage of women age 18+ drinking 4+ drinks on one occasion in past month⁷			
ALL	5.4%	5.6%	A
White	5.3%	6.2%	A
African American	5.5%	3.0%	A
Percentage of women age 18+ with high blood pressure⁷			
ALL	31.3%	37.9%	C
White	30.7%	38.5%	C
African American	38.1%	41.4%	C
Percentage of women age 18+ with high cholesterol⁷			
ALL	33.7%	42.0%	F
White	34.0%	44.0%	F
African American	30.5%	39.4%	F

Percentage of women age 18+ who did not engage in leisure time activity⁷

ALL	30.4%	37.2%	B
White	29.5%	37.6%	B
African American	35.2%	42.2%	B

Percentage of women age 18+ who are obese (BMI 30.0+)⁷

ALL	28.1%	30.4%	A
White	25.2%	27.8%	A
African American	47.1%	47.1%	C

- A smoker's risk of cancer decreases every year after quitting. Stopping smoking before middle age reduces the chance of lung cancer by more than 90%.³
- Tobacco use, alcohol use, overweight and obesity, diets low in fruits and vegetables, and lack of physical activity increase cardiovascular risk.
- For people who are not active, even small increases in activity have health benefits.
- Metabolic benefits of exercise can last several hours after the exercise and include improved weight and diabetes control.

Preventive Health	2006	2011	Grade
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Percentage of women age 40+ who have had a mammogram within the past two years⁷

ALL	79.4%	76.2%	B
White	79.1%	74.7%	B
African American	81.9%	83.5%	A

Percentage of women age 18+ who have had a Pap test within the past three years⁷

ALL	85.9%	83.6%	B
White	84.9%	80.8%	B
African American	91.4%	93.3%	A

Percentage of women age 18+ who have ever had a clinical breast exam (2006, 2010)⁷

ALL	88.2%	87.8%	C
White	88.7%	87.8%	C
African American	89.2%	88.6%	C

Percentage of women age 18+ who have not visited a dentist within the past year (2006, 2010)⁷

ALL	33.3%	31.0%	A
White	33.2%	30.9%	A
African American	31.8%	31.8%	A

Percentage of women age 18+ who have had a flu shot within the past year⁷

Barriers to Health	2006	2011	Grade
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Percentage of women age 16+ who live below the poverty level (estimated)⁸

ALL	16.6%	17.2%	C
White	14.1%	14.7%	C
African American	27.6%	27.7%	C
Hispanic	34.2%	32.9%	C

Percentage of households headed by women⁸

ALL	19.5%	20.1%	C
White	14.2%	14.9%	C
African American	48.3%	49.1%	C
Hispanic	15.4%	20.4%	F

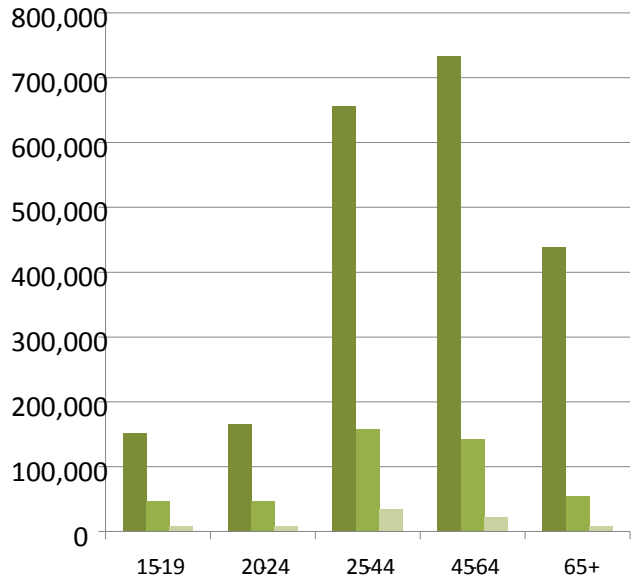
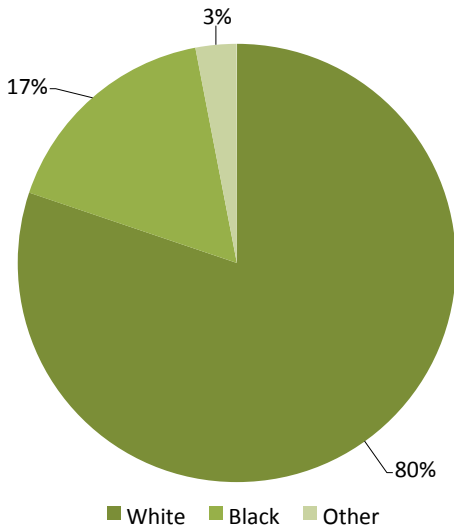
Percentage of women age 18+ who are disabled (includes physical, mental and/or emotional problems) (2006, 2010)⁷

ALL	20.9%	24.9%	D
White	21.4%	26.5%	D
African American	21.0%	19.0%	C
Hispanic	8.6%	8.3%	C

- Socioeconomic disparities strongly influence health. People in the highest income group can expect to live, on average, at least 6.5 years longer than those in the lowest income group.⁹
- Households headed by women are at greater risk of poverty.

Population Estimates for Women Age 15 & Over in Tennessee¹⁰

Race of Tennessee Women 15 & Over, 2011



Population Estimates for

Tennessee Women 15 & Over, 2011

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

5 U.S. Cancer Statistics: An Interactive Atlas. Age- Adjusted Death Rate - All Cancer Sites Combined, 2009. Centers for Disease Control and Prevention. Atlanta, GA. http://apps.nccd.cdc.gov/DCPC_INCA/DCPC_INCA.aspx. Accessed March 25, 2013.

6 When Men Murder Women: An Analysis of 2010 Homicide Data. The Violence Policy Center. September 2012.

7 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 5,700 interviews annually. During 2011, approximately 93,000 unique telephone numbers were required to complete these interviews.

8 U.S. Census Bureau. 2006 and 2011 American Community Survey Tables, Tennessee. <http://factfinder2.census.gov>.

9 Is Poverty a Death Sentence? The Human Cost of Socioeconomic Disparities. U.S. Senate Committee on Health, Education, Labor and Pensions: Subcommittee on Primary Health and Aging. Washington, DC: 2011.

10 Tennessee Department of Health, Office of Policy, Planning, and Assessment, and Division of Health Statistics. 2011 Population Estimates.

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United States Death Statistics

Leading Causes of Death among African Americans and Whites, 2009

All Ages <u>Cause of Death (Not all Causes)</u>	Number of Deaths %		*Death Rates	
	<u>African American</u>	<u>White</u>	<u>African American</u>	<u>White</u>
<u>Heart Diseases</u>	69,681 (24.3)	515,566 (24.7)	235.1	175.8
<u>Cancer</u>	64,645(22.6)	486,987 (23.3)	207.7	172.4
<u>Cerebrovascular Disease</u>	15,878(5.5)	108,761 (5.2)	54.7	37.1
<u>Accidents (unintentional)</u>	12,069(4.2)	102,130 (4.9)	32.0	38.9
<u>Diabetes</u>	11,960(4.2)	54,113(2.6)	39.7	19.0
All Causes	286,593	2,086,139	924.7	729.0

*Rates are per 100,000 and age adjusted to the 2000 US standard population.

Sources: American Cancer Society, 2013; National Center for Health Statistics, Centers for Disease Control and Prevention, as provided by Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With State, Total U.S. (1969-2009) , National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2012. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

Centers for Disease Control and Prevention (CDC)

Dietary Behaviors

- 44.8% of adults reported consuming fruit less than one time daily.
- 24.3% of adults reported consuming vegetables less than one time daily.

Physical Activity

- 37.7% of adults achieved the equivalent of at least 150 minutes of moderate intensity physical activity per week.

Overweight and Obesity

- 35.9% of adults were overweight.
- 31.2% of adults had obesity.

Source: CDC/National Center for Health Statics, 2016