

The Health of Tennessee's Women 2008

A Summary Report of Mortality and Women's Health Issues

NOVEMBER 2009

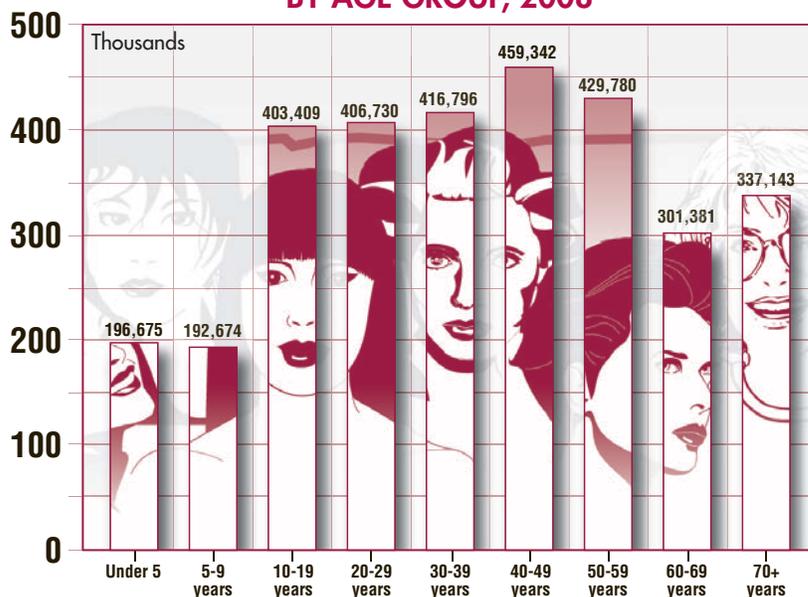
TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Women 2008 provides information about some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as inadequate prenatal care, smoking, poor nutrition, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and behavioral risks for women of all ages are also the focus of this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular, and heart disease.

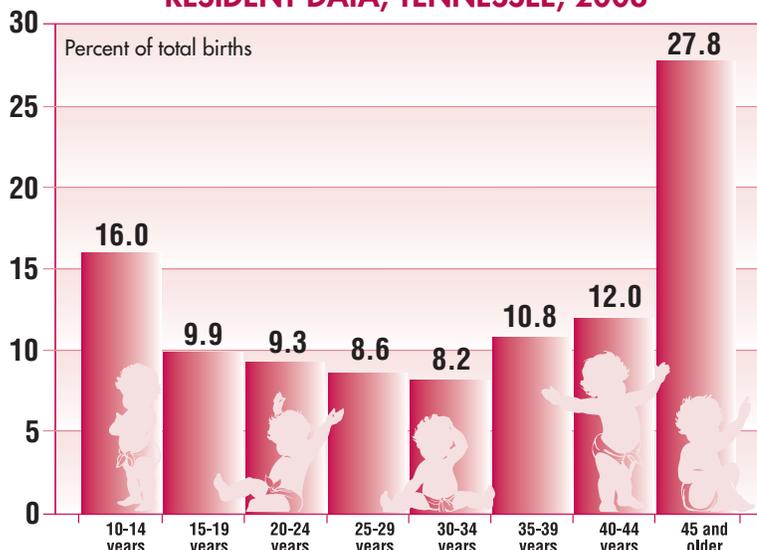
In 2008, the ten-year age group 40-49 contained Tennessee's greatest number of females (459,342). This age group accounted for 14.6 percent of Tennessee's total female population. The percentage of females under 10 years of age was 12.4, while 10.7 percent of females were ages 70 and older.

TENNESSEE'S FEMALE POPULATION, BY AGE GROUP, 2008



Source: Tennessee Department of Health, Division of Health Statistics, February 2008 Population Estimates.

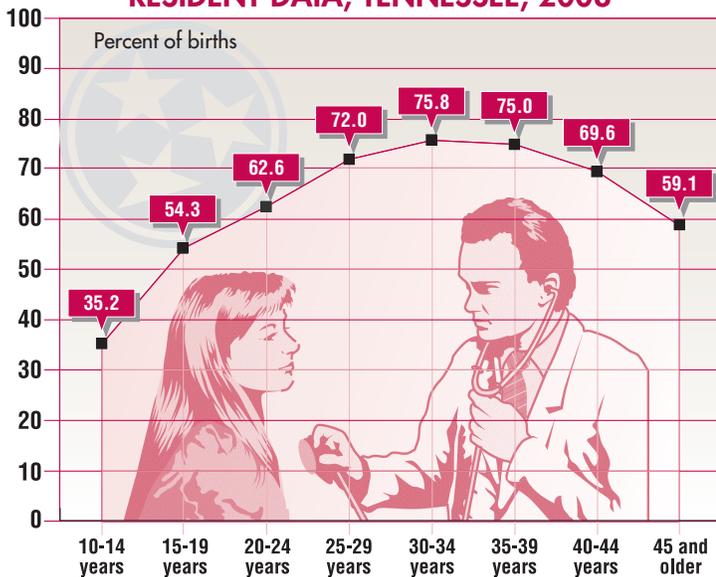
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2008



*A live birth weighing less than 2,500 grams (5 pounds, 8 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total resident births in 2008, 7,844 or 9.2 percent of the babies weighed under 2,500 grams. The greatest percent of low-weight babies were born to mothers ages 45 years and older (27.8), followed by mothers age 10-14 years (16.0), and mothers age 40-44 (12.0). Of the total low-weight births, 26.9 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (33.9), while black mothers reported a much lower tobacco use percentage (14.1). The national objective for low-weight births for the year 2010 is 5.0 percent of total live births.

PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2008



Percentages based on number of births with prenatal care reported.

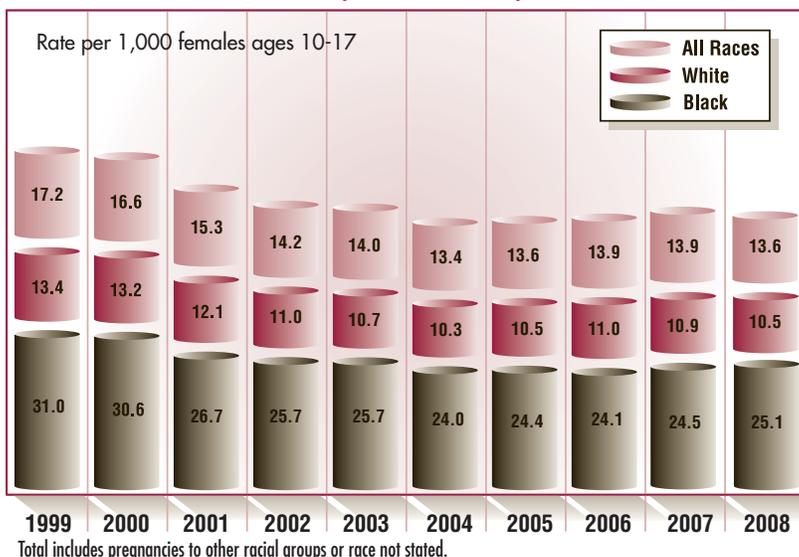
The number of multiple births generally increased over the 5-year period of 2004-2008. The percent of total births that were multiple births was 3.2 in 2008. The 2008 number of multiple births included 2,652 twins, 92 triplets, and 3 births of quadruplets.

NUMBER OF MULTIPLE BIRTHS, RESIDENT DATA, TENNESSEE, 2004-2008

	Total	Twins	Triplets	Quadruplets	Quintuplets
2008	2,747	2,652	92	3	-
2007	2,739	2,607	114	15	3
2006	2,631	2,522	105	4	-
2005	2,709	2,569	128	12	-
2004	2,658	2,525	111	12	10

The number of live births occurring in multiple deliveries may not be indicative of the number of sets of multiple births due to one or more members of a set not being born alive.

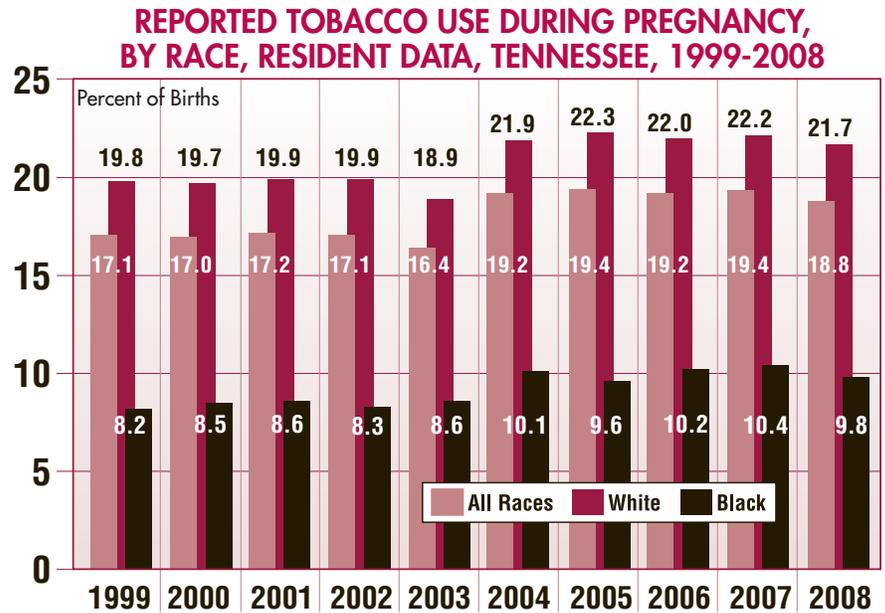
ADOLESCENT PREGNANCY RATES (10-17), BY RACE, RESIDENT DATA, TENNESSEE, 1999-2008



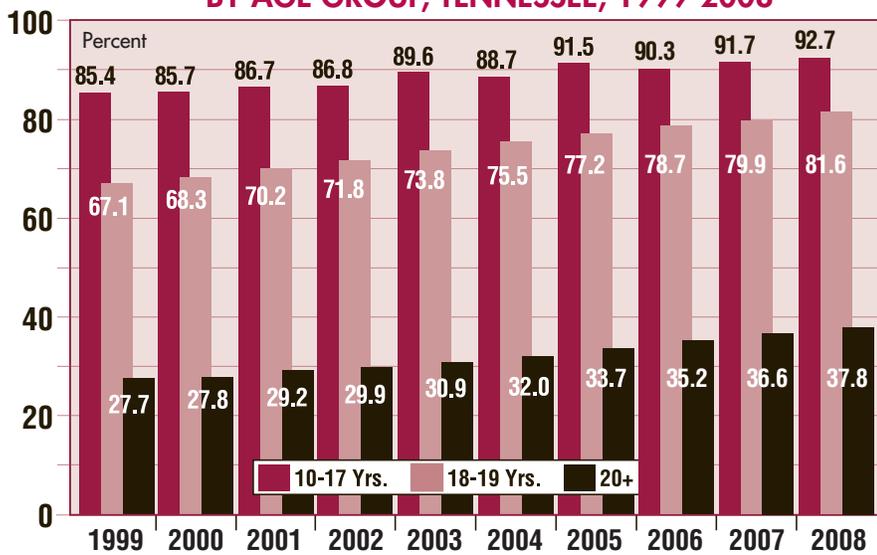
Total includes pregnancies to other racial groups or race not stated.

Adolescent pregnancies include births, abortions, and reportable fetal deaths. The total pregnancy rate for females ages 10-17 declined 20.9 percent from 17.2 pregnancies per 1,000 females of all races in 1999 to 13.6 in 2008. The white adolescent rate dropped 21.6 percent from 13.4 in 1999 to 10.5 in 2008. The 1999 black rate of 31.0 decreased 19.0 percent to 25.1 pregnancies per 1,000 females in 2008. Overall the adolescent 10-17 pregnancy rates showed a declining trend from 1999 through 2008.

In 2008, 18.8 percent of Tennessee birth certificates for all races indicated tobacco use. For the 10-year period 1999-2008, the reporting of tobacco use on Tennessee resident birth certificates showed the percent for white females being over twice the percent for black females. In 2008, the percent for white females who reported smoking during pregnancy was 21.7, while the percent for black females who smoked was 9.8. The Year 2010 national objective for tobacco abstinence is 99 percent.



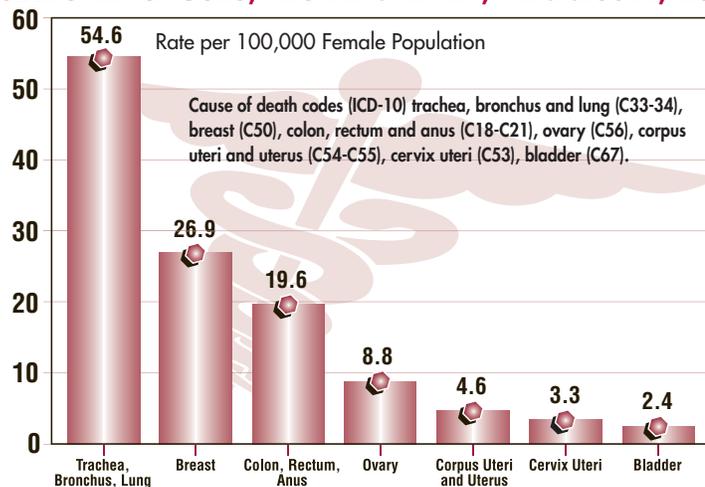
PERCENT OF BIRTHS TO UNMARRIED MOTHERS, BY AGE GROUP, TENNESSEE, 1999-2008



For 1999 through 2008, the highest percent of out-of-wedlock births was to mothers under 18 years of age. These babies were at greatest risk for negative social and economic consequences due to the fact that adolescent mothers very often lack education and job skills. From 1999 to 2008, the percent of out-of-wedlock births increased 8.5 percent for mothers aged 10-17, 21.6 percent for mothers 18-19, and 36.5 percent for mothers 20 years and older.

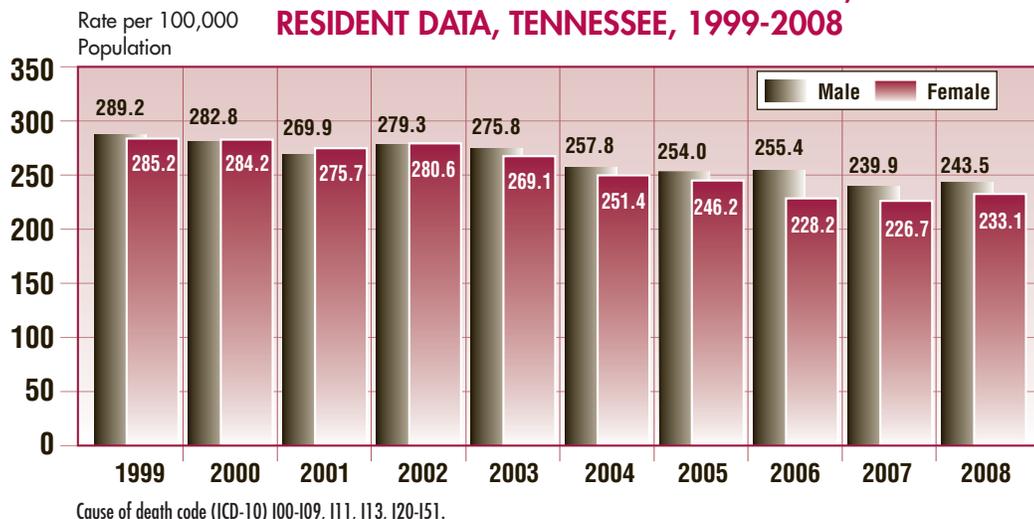
There were 5,958 malignant neoplasm deaths reported for Tennessee resident females in 2008. Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate per 100,000 females (54.6) followed by breast cancer (26.9). These two causes accounted for 43.0 percent of the total cancer deaths for females in 2008.

CANCER DEATH RATES FOR FEMALES, FOR SELECTED CAUSES, RESIDENT DATA, TENNESSEE, 2008

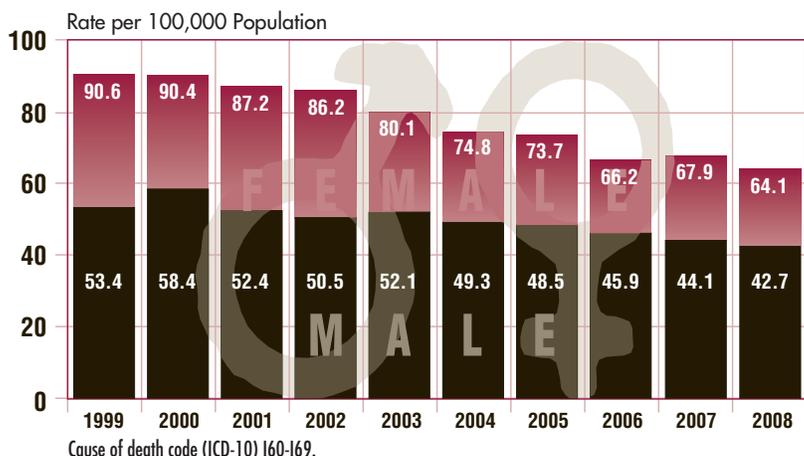


Heart disease, the leading cause of death in Tennessee, has generally declined in recent years. The crude death rate for females decreased 18.3 percent from 1999 to 2008, while the rate for males declined 15.8 percent for the same period. The 2008 death rate per 100,000 males (243.5) exceeded the death rate per 100,000 females (233.1) by 4.5 percent. In the years 2000-2002, the death rates for females were greater than the rates for males.

HEART DISEASE DEATH RATES BY GENDER, RESIDENT DATA, TENNESSEE, 1999-2008



CEREBROVASCULAR DISEASE DEATH RATES BY GENDER, RESIDENT DATA, TENNESSEE, 1999-2008

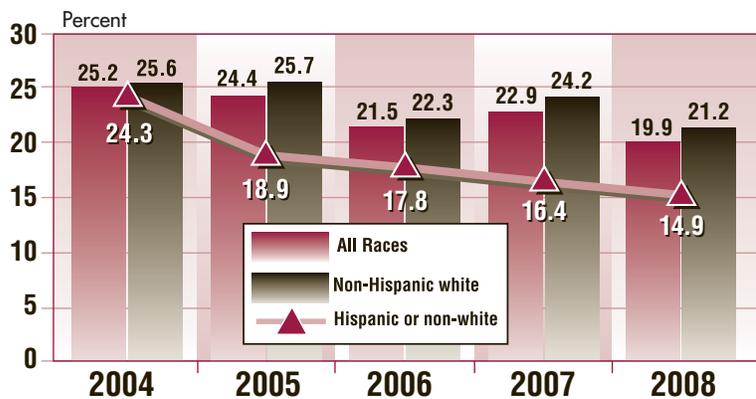


Tennessee's cerebrovascular diseases crude death rate was higher for females than males for the period 1999-2008, although the rate for both genders decreased during the ten years. The 2008 rate of 64.1 per 100,000 females was 1.5 times higher than the rate of 42.7 per 100,000 males.

In 2008, diseases of heart and malignant neoplasms accounted for 44.9 percent of the total resident deaths to Tennessee's women. Chronic lower respiratory disease and cerebrovascular diseases ranked as the third and fourth leading causes of death for white females. Cerebrovascular diseases ranked third and diabetes ranked fourth as the leading causes for black females in 2008. Alzheimer's disease ranked fifth for both races.

LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES, BY RACE, WITH PERCENT OF DEATHS PER 100,000 POPULATION, RESIDENT DATA, TENNESSEE, 2008

Cause	Total	Percent	White	Percent	Black	Percent
Total Deaths	29,567	100.0	25,279	100.0	4,144	100.0
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,328	24.8	6,239	24.7	1,054	25.4
2. Malignant neoplasms (C00-C97)	5,958	20.2	5,051	20.0	869	21.0
3. Cerebrovascular diseases (I60-I69)	2,014	6.8	1,692	6.7	309	7.5
4. Chronic lower respiratory disease (J40-J47)	1,827	6.2	1,703	6.7	121	2.9
5. Alzheimer's disease (G30)	1,771	6.0	1,608	6.4	162	3.9
6. Accidents (V01-X59, Y85-Y86)	1,176	4.0	1,048	4.1	120	2.9
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	325	1.1	282	1.1	39	0.9
7. Diabetes (E10-E14)	944	3.2	694	2.7	244	5.9
8. Influenza and pneumonia (J10-J18)	784	2.7	712	2.8	71	1.7
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	483	1.6	376	1.5	105	2.5
10. Septicemia (A40-A41)	406	1.4	323	1.3	81	2.0



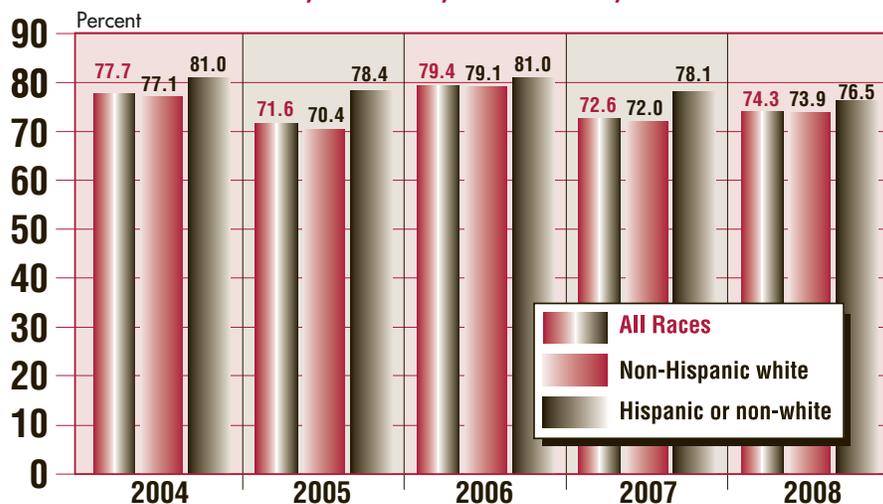
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 2004-2008

Tobacco use is a major risk factor for heart disease, cancer, respiratory, and other diseases. The percent of women aged 18 years and older who reported they were smokers was greater for non-Hispanic whites than Hispanic or non-white females according to data collected from the 2004-2008 Tennessee Behavioral Risk Factor Surveillance System. The survey revealed that in 2008 the smoking percentages decreased for total females, non-Hispanic white females and Hispanic or non-white females and were the lowest for the 5-year period.

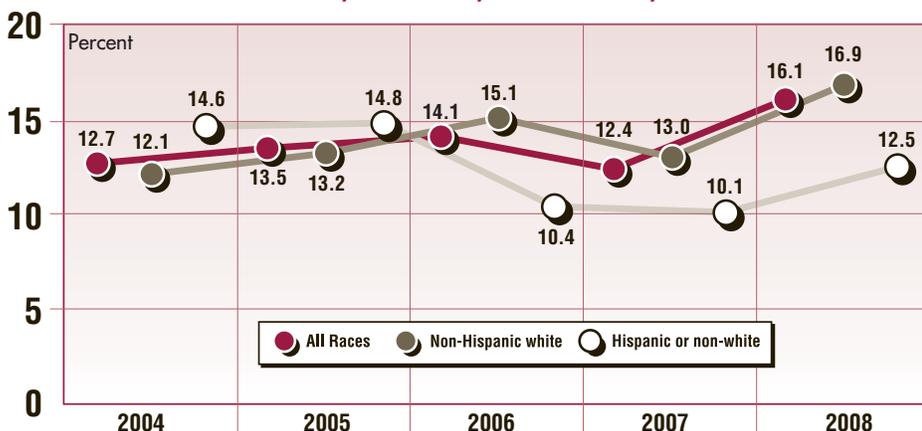
Breast cancer is the second leading cause of cancer death among Tennessee's women. Screening for breast cancer can provide early detection and reduce mortality. Data from the Tennessee Behavioral Risk Factor Surveillance System provides information by race on the percent of women aged 40 and older who stated they had a mammogram within the last two years. The national objective for 2010 is for 70.0 percent of all women aged 40 and older to have had a mammogram within the last two years. Tennessee's 2004 through 2008 survey results have exceeded the 2010 national objective.

PERCENT OF WOMEN AGED 40 AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM WITHIN THE LAST TWO YEARS, BY RACE, TENNESSEE, 2004-2008



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP SMEAR WITHIN THE PAST THREE YEARS*, BY RACE, TENNESSEE, 2004-2008



Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

*Percent includes women who reported never having a PAP Smear.

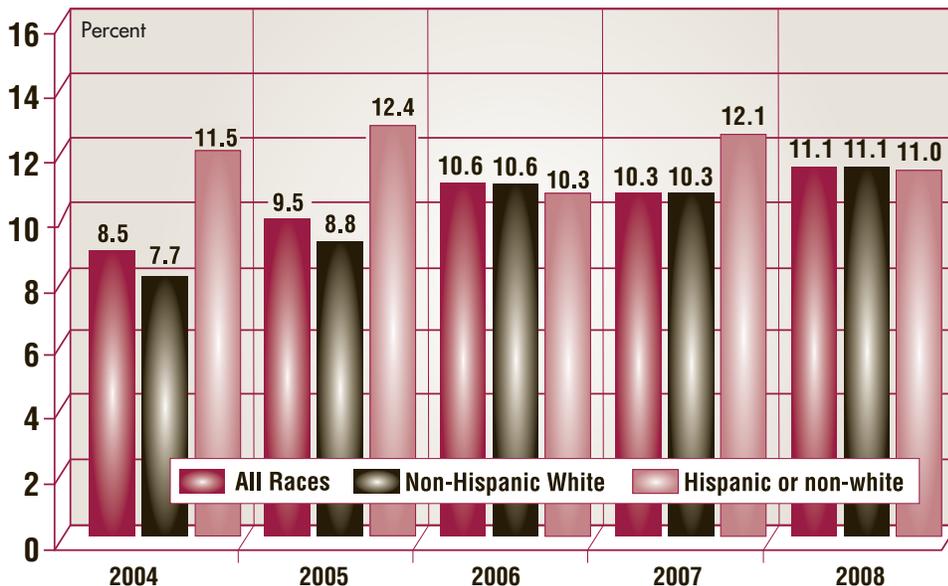
Mortality from invasive cervical cancer can be reduced with early detection from the Pap test. The Tennessee Behavioral Risk Factor Surveillance System results indicate that the percent of women 18 years and older that did not have a pap smear within the past three years increased from 2004 to 2008. The survey also showed the 2008 percentages of women not having a Pap test were the highest for total females, non-Hispanic white females and Hispanic or non-white females for the 5-year period. The 2010 national objective is for 90 percent of women aged 18 years and older to have received a Pap test within the preceding three years.

In 2008, the Tennessee Behavioral Risk Factor Surveillance System indicated 11.1 percent of non-Hispanic white women and 11.0 percent of Hispanic or non-white women reported diabetes. Diabetes was the 7th leading cause of death for women in Tennessee for 2008. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation. Women with diabetes have increased pregnancy complications and higher rates of infants born with birth defects.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

NOTE: Tennessee population estimates used to calculate the rates in this report were based on estimates and projections prepared from the census data for 1990-2000 and 2000-2010 by the Division of Health Statistics in August 2003 and February 2008. These population figures may result in rates that differ from those previously published.

PERCENT OF WOMEN WHO REPORTED DIABETES, BY RACE, TENNESSEE, 2004-2008



Source: Tennessee Department of Health, Tennessee Behavioral Risk Factor Surveillance System.

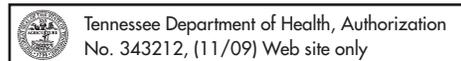
Birth and death certificates filed with the Office of Vital Records supplied statistical data maintained by the Division of Health Statistics for the pregnancy, birth, and death data presented in this report. The source for year 2010 National Objectives was *Healthy People 2010: Objectives for Improving Health*.

Please visit the **Division of Health Statistics** pages on the Tennessee Department of Health Web site at: <http://health.state.tn.us>

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