



A Summary Report of Mortality and Women's Health Issues

DECEMBER 2011

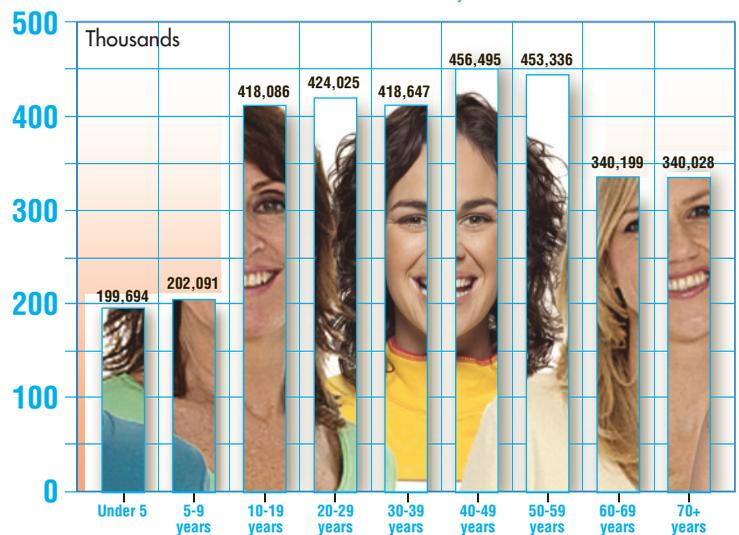
TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Women 2010 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.

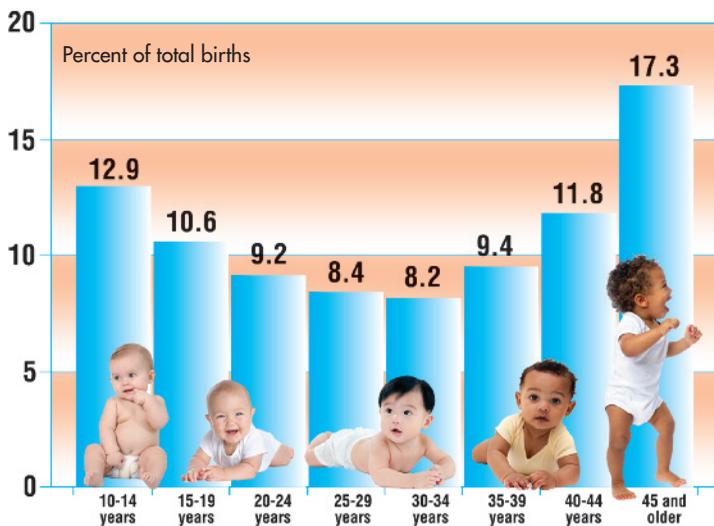
In 2010, the ten-year age group 40-49 contained Tennessee's greatest number of females (456,495). This age group accounted for 14.0 percent of Tennessee's total female population. The percentage of females under 10 years of age was 12.4, while 10.5 percent of females were ages 70 and older. The ethnic group Hispanic females accounted for 4.1 percent of the total female population.

TENNESSEE'S FEMALE POPULATION, BY AGE GROUP, 2010



Source: Population for 2010 based on U.S. 2010 census data.

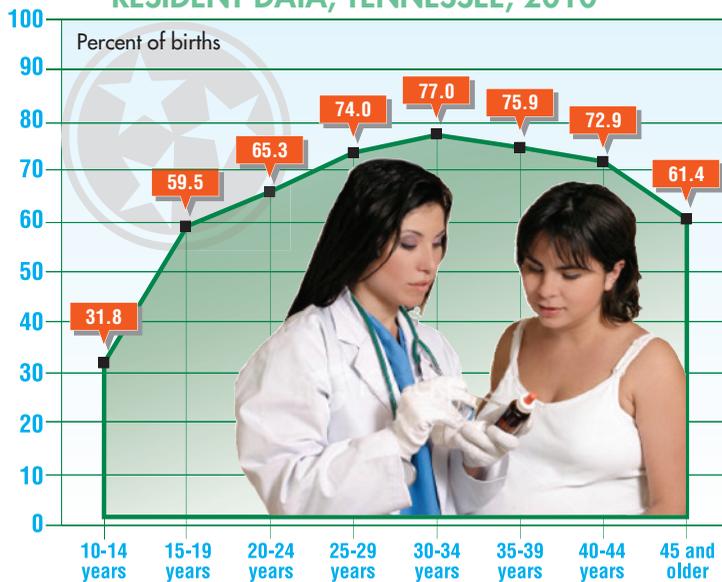
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP, RESIDENT DATA, TENNESSEE, 2010



*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 2010 resident births, 7,166 or 9.0 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 (17.3), followed by mothers age 10-14 years (12.9), and mothers age 40-44 (11.8). Of the total low-weight births, 25.3 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (31.6), while black mothers reported a much lower tobacco use percentage (14.0). 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, 2010



Percentages based on number of births with prenatal care reported.

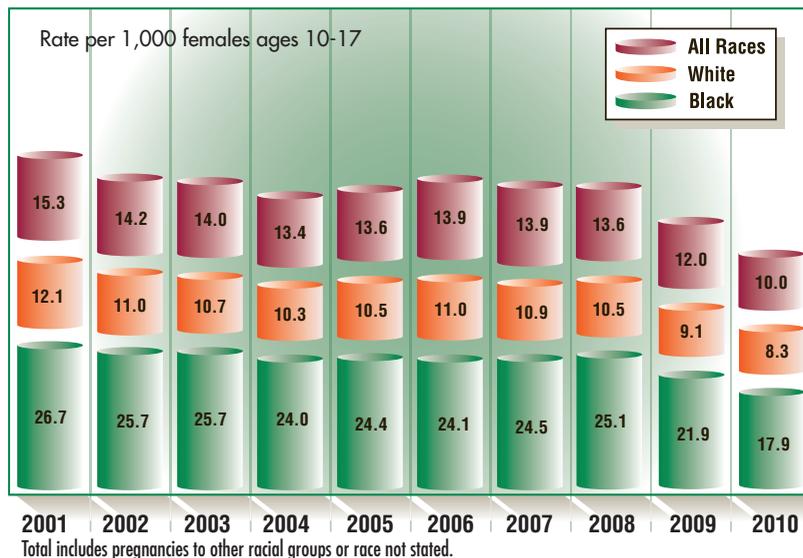
The number of multiple births decreased from 2009 to 2010, and the percent of total births that were multiple births (3.1) also decreased. The 2010 number of multiple births included 2,415 twins, 72 triplets, and 8 births of quadruplets.

NUMBER OF MULTIPLE BIRTHS, RESIDENT DATA, TENNESSEE, 2006-2010

	Total	Twins	Triplets	Quadruplets	Quintuplets or more
2010	2,495	2,415	72	8	-
2009	2,593	2,485	97	3	8
2008	2,747	2,652	92	3	-
2007	2,739	2,607	114	15	3
2006	2,631	2,522	105	4	-

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.

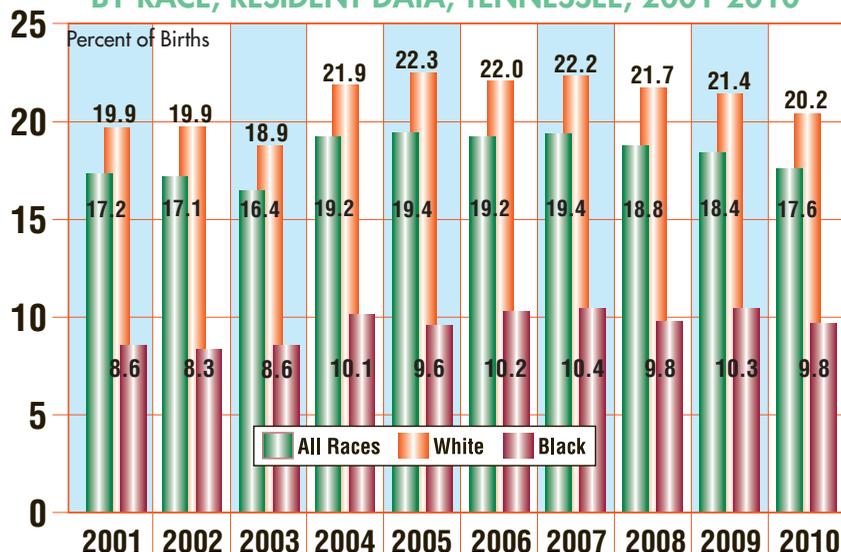
ADOLESCENT PREGNANCY RATES (10-17), BY RACE, RESIDENT DATA, TENNESSEE, 2001-2010



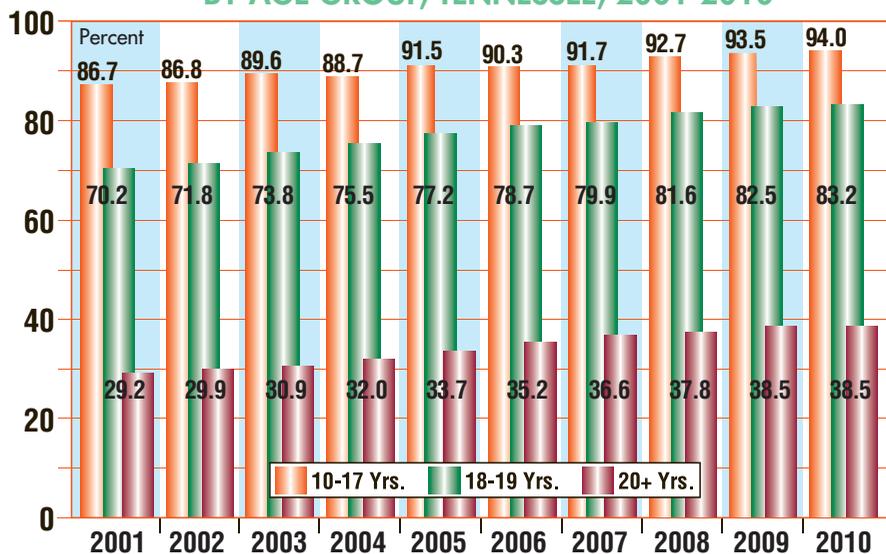
Adolescent pregnancies include births, induced terminations, and reportable fetal deaths. The total pregnancy rate for females ages 10-17 declined 34.6 percent from 15.3 pregnancies per 1,000 females of all races in 2001 to 10.0 in 2010. The white adolescent rate dropped 31.4 percent from 12.1 in 2001 to 8.3 in 2010. The 2001 black rate of 26.7 decreased 33.0 percent to 17.9 pregnancies per 1,000 females in 2010. Overall the adolescent 10-17 pregnancy rates showed a declining trend from 2001 through 2010.

In 2010, 17.6 percent of Tennessee birth certificates for all races indicated tobacco use. For the 10-year period 2001-2010, the reporting of tobacco use on Tennessee resident birth certificates showed the percent for white females was twice the percent for black females. In 2010, the percent for white females who reported smoking during pregnancy was 20.2, while the percent for black females who smoked was 9.8. The Year 2010 national objective for tobacco abstinence is 99 percent.

REPORTED TOBACCO USE DURING PREGNANCY, BY RACE, RESIDENT DATA, TENNESSEE, 2001-2010



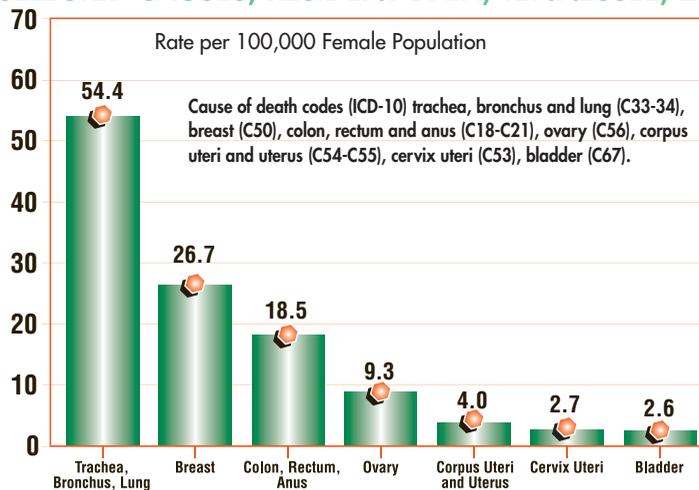
PERCENT OF BIRTHS TO UNMARRIED MOTHERS, BY AGE GROUP, TENNESSEE, 2001-2010



For 2001 through 2010, 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 2001 to 2010, the percent of out-of-wedlock births increased 8.4 percent for mothers aged 10-17, 18.5 percent for mothers aged 18-19, and 31.8 percent for mothers 20 years and older.

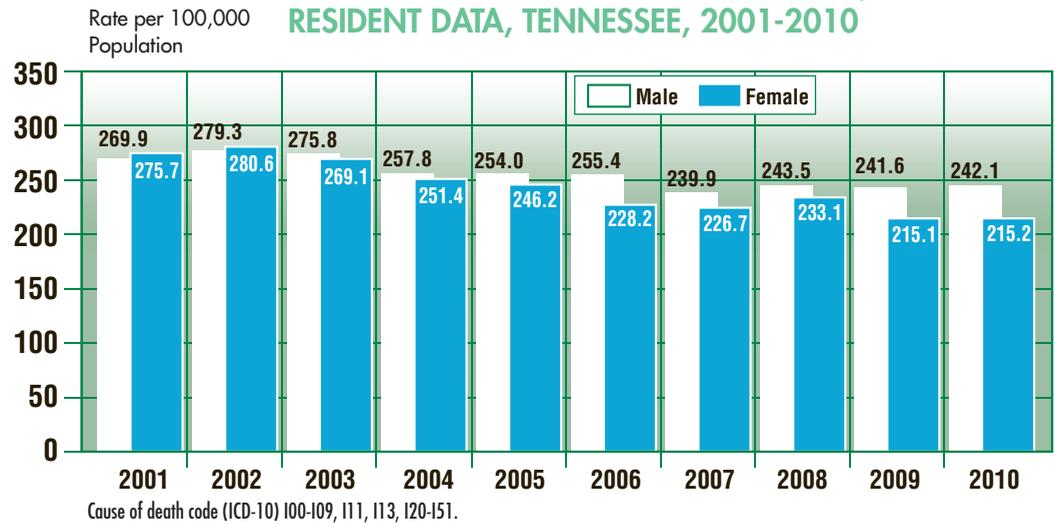
Mortality data collected from Tennessee's death certificates ranks malignant neoplasms as the second leading cause of death for females. There were 6,096 cancer deaths reported for resident females in 2010. Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate per 100,000 females (54.4) followed by breast cancer (26.7). These two causes accounted for 43.3 percent of the total cancer deaths for females in 2010.

CANCER DEATH RATES FOR FEMALES, FOR SELECTED CAUSES, RESIDENT DATA, TENNESSEE, 2010

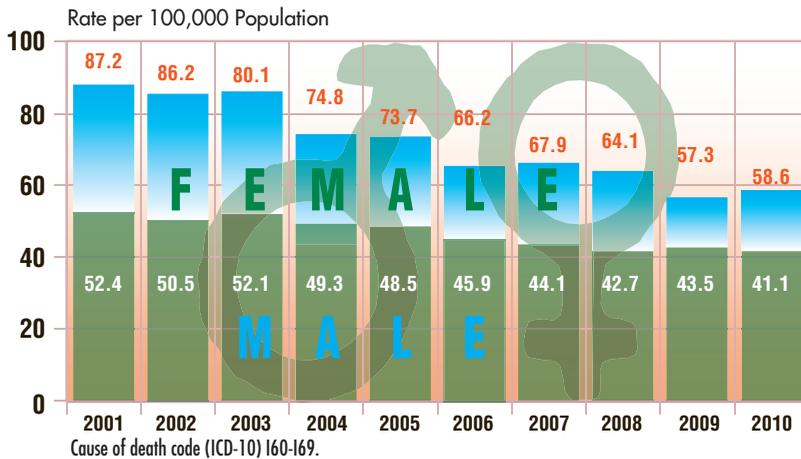


Heart disease, the leading cause of death in Tennessee, has generally declined in recent years. The crude death rate for females decreased 21.9 percent from 2001 to 2010, while the rate for males declined 10.3 percent for the same period. The 2010 death rate per 100,000 males (242.1) exceeded the death rate per 100,000 females (215.2) by 12.5 percent. In the years 2001 and 2002, the death rates for females were greater than the rates for males.

HEART DISEASE DEATH RATES BY GENDER, RESIDENT DATA, TENNESSEE, 2001-2010



CEREBROVASCULAR DISEASE DEATH RATES BY GENDER, RESIDENT DATA, TENNESSEE, 2001-2010

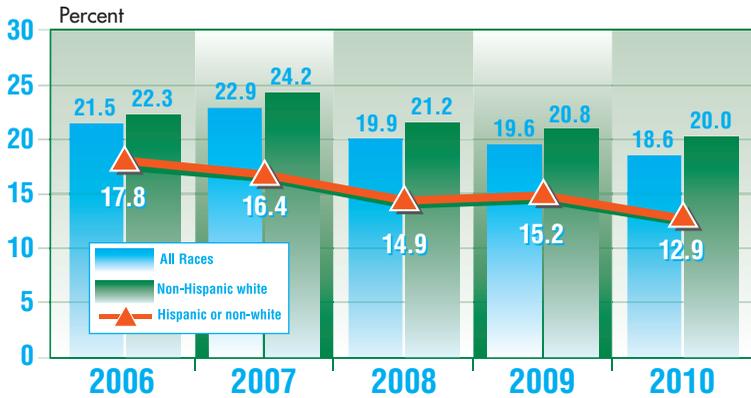


Tennessee's cerebrovascular diseases crude death rate was higher for females than males for the period 2001-2010. Although the rate for both genders decreased during the ten years, the female rate decreased 32.8 percent, while the male rate decreased 21.6 percent. The 2010 rate of 58.6 per 100,000 females was 1.4 times higher than the rate of 41.1 per 100,000 males.

In 2010, diseases of heart and malignant neoplasms accounted for 44.5 percent of the total resident deaths to Tennessee's women. Cerebrovascular diseases which ranked as the fourth leading cause of death for white females was the third cause for black females. Chronic lower respiratory disease ranked third for white females but ranked seventh for black females. Diabetes was the cause for 5.3 percent of deaths to black women and 2.5 percent of the deaths for white women. Alzheimer's disease ranked as the fifth cause for both white and black females.

LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES, BY RACE, WITH PERCENTAGE OF DEATHS, RESIDENT DATA, TENNESSEE, 2010

Cause	Total	Percent	White	Percent	Black	Percent
Total Deaths	29,460	100.0	25,304	100.0	4,016	100.0
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	6,999	23.8	6,026	23.8	950	23.7
2. Malignant neoplasms (C00-C97)	6,096	20.7	5,146	20.3	908	22.6
3. Cerebrovascular diseases (I60-I69)	1,907	6.5	1,616	6.4	279	6.9
4. Chronic lower respiratory disease (J40-J47)	1,881	6.4	1,753	6.9	124	3.1
5. Alzheimer's disease (G30)	1,716	5.8	1,554	6.1	160	4.0
6. Accidents (V01-X59, Y85-Y86)	1,322	4.5	1,180	4.7	136	3.4
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)	338	1.1	299	1.2	35	0.9
7. Diabetes mellitus (E10-E14)	856	2.9	640	2.5	211	5.3
8. Influenza and pneumonia (J10-J18)	766	2.6	695	2.7	69	1.7
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	517	1.8	413	1.6	102	2.5
10. Septicemia (A40-A41)	401	1.4	316	1.2	82	2.0



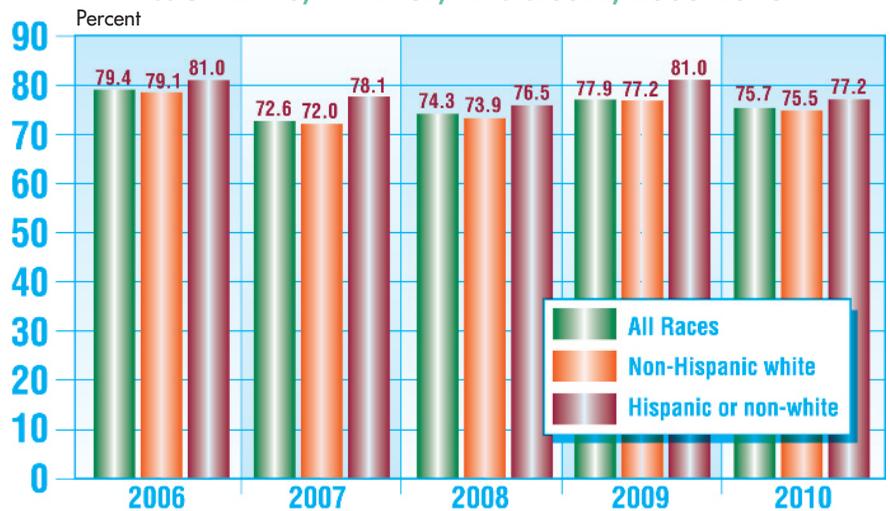
Source: Tennessee Department of Health, Behavioral Risk Factor Surveillance System.

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 2006-2010

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 2006-2010 Tennessee Behavioral Risk Factor Surveillance System. The survey revealed that in 2010 the smoking percentages for total females, non-Hispanic white females, and Hispanic or non-white females decreased slightly 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 2006 through 2010 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, 2006-2010



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, 2006-2010



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

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

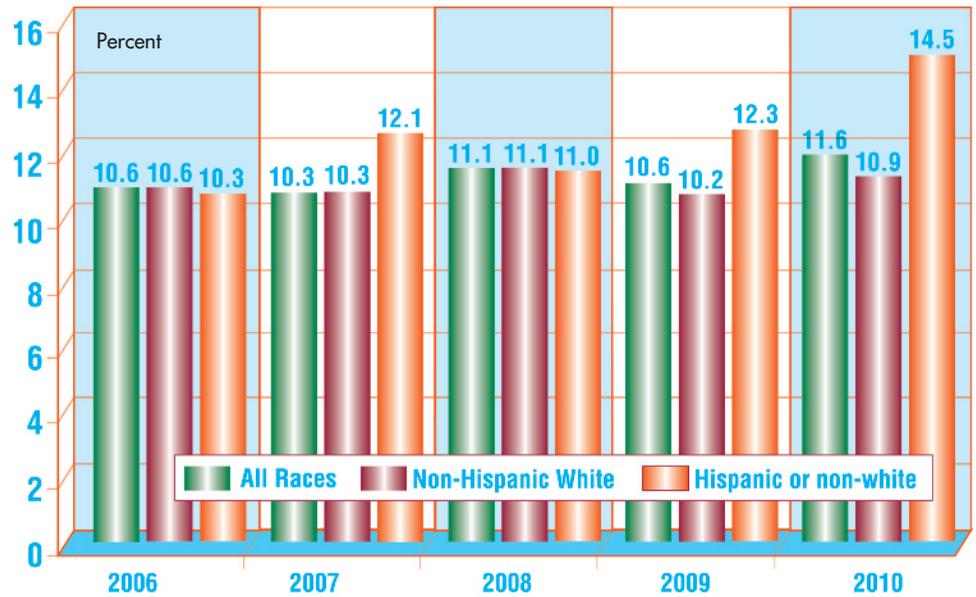
Mortality from invasive cervical cancer can be reduced with early detection from the Pap test. The Tennessee Behavioral Risk Factor Surveillance System survey results indicated that the percent of women 18 years and older that did not have a Pap smear within the past three years overall increased from 2006 to 2010. The survey also showed the 2010 percentage of women not having a Pap test was highest for Hispanic or non-white females. 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 2010, the Tennessee Behavioral Risk Factor Surveillance System indicated 10.9 percent of non-Hispanic white women and 14.5 percent of Hispanic or non-white women reported diabetes. Diabetes was the 7th leading cause of death for women in Tennessee for 2010. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation. Women with diabetes have an increased risk of 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. Beginning in 1999, the Centers for Disease Control and Prevention (CDC) redefined its demographic classification scheme to include the ethnicity factor of Hispanic or non-Hispanic origin in its data collection and presentations. Thus where Tennessee Behavioral Risk Factor Surveillance System (BRFSS) data were previously analyzed and presented according to the broad categories of white, black, and other races groups, current BRFSS data are now presented using the categories of non-Hispanic white and Hispanic or nonwhite. Since the Hispanic population in Tennessee is relatively small in comparison to the total population this new classification scheme is basically a change in terminology and does not significantly differ from the previous classification used. However, the population and vital statistics data presented in this report still follows a racial classification scheme of white, black and other races. Please note that there are technically two different racial definitions employed in this report depending upon the source of the data. This difference should be very minimal in the context of the report.

NOTE: The population estimates for Tennessee used to calculate the rates in this report for 2001 - 2009 were based on figures prepared from the 2000 Census in

PERCENT OF WOMEN WHO REPORTED DIABETES, BY RACE, TENNESSEE, 2006-2010



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

February 2008 by the Division of Health Statistics. The population estimates for 2010 were based on the 2010 Census data. These population figures may result in rates that differ from those published in previous time periods.

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

website at: <http://health.state.tn.us>

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