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Rutherford County Health Watch provides a brief summary of the county's health status at a particular point in time. This edition of Health Watch highlights the new county health rankings and important health-related websites.

Rutherford County Health Rankings

The Tennessee Department of Health, working with the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, has compiled 2014 County Health Rankings and Roadmaps for each Tennessee county. Researchers examined and analyzed information on 34 factors that can have a negative or positive impact on health. They then ranked the counties on each health factor and overall. Of the 34 Health Measures, Rutherford County ranks 40th or below in ten and 10th or above in thirteen.

Overall, Rutherford County has ranked in the top three counties for the past five years.

2010	2011	2012	2013	2014
3	3	3	2	2

Rutherford County ranked lower than 40th in these ten Health Measures:

- 42 Primary care physicians
- 64 Violent crime
- 45 Diabetic screening
- 66 Driving alone to work
- 50 Alcohol-impaired driving deaths
- 69 Drinking water violations
- 59 Long commute driving alone
- 77 Sexually transmitted infections
- 61 Severe housing problems
- 81 Air pollution-particulate matter

Division of Policy, Planning and Assessment. 2014 Understanding County Health Trends.

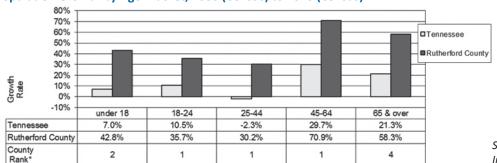
Nashville: Tennessee Department of Health, Division of Policy, Planning and Assessment, Prepared by Adam C. Jarvis, April 2014

Rutherford County ranked in the top 10 for these thirteen Health Measures:

- 2 Injury deaths
- 2 Premature death
- 3 Some college
- 3 Adult smoking
- 3 Physical inactivity
- 4 Children in poverty
- 5 Poor or fair health
- 5 Unemployment
- 5 Mammography screening
- 5 Inadequate social support
- 7 Poor mental health days
- 8 Teen births
- 10 Access to exercise

With a population of 274,454, Rutherford County is the fifth most-populated Tennessee county; eighty three percent (83%) of those inhabitants live in urban areas. The median age of Rutherford residents is thirty-two; 8.2% of the population is over sixty-five, and 26.2% are under eighteen. In 2011, Rutherford county ranked 25th in per capita personal income (\$32,404 versus \$36,567 for Tennessee). We ranked 4th on poverty rate, 12.1% of residents, unfortunately that rate is higher than the 9% of 2000. Nineteen and a half percent of county households received Supplemental Nutritional Assistance (food stamps) in 2012.

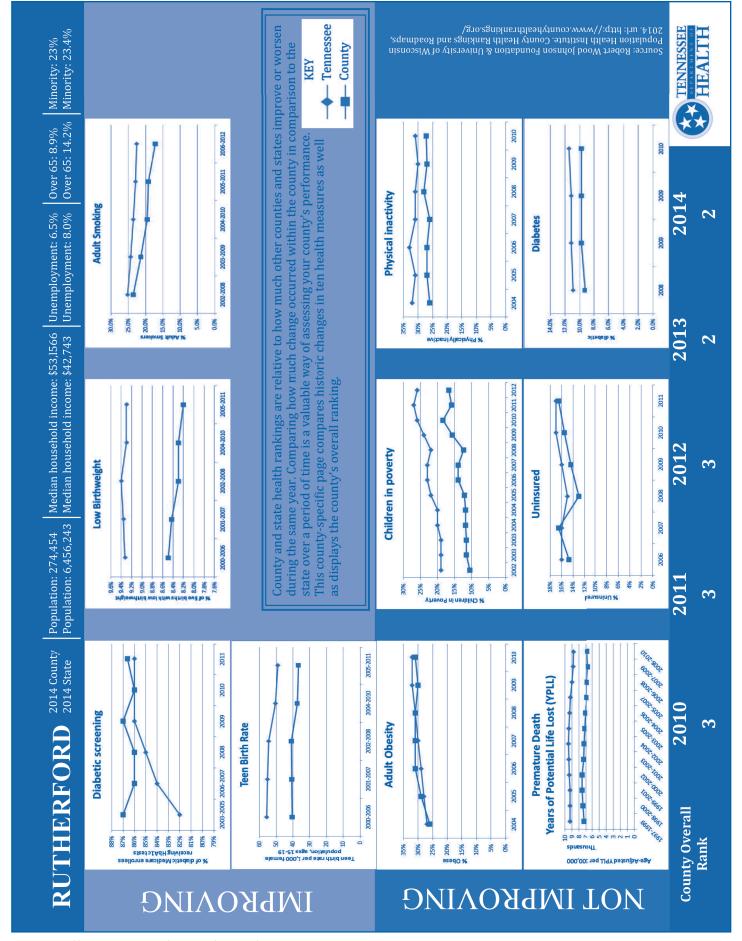
Population Growth by Age Bracket, 2000 (Census) to 2010 (Census)



Source: Tennessee Advisory Committee on Intergovernmental Relations (TACIR) 2014

Rutherford County Snapshot
Source: http://www.countyhealthrankings.org/app/tennessee/2014/rankings/rutherford/county/out comes/overall/additional

Demographics Population 274,454 6,456,243 % below 18 years of age 26% 23% % 65 and older 9% 14% % Females 51% 51% % Rural 17% 34% Health Outcomes Unjusted (age 75) 10% 11% HIV prevalence rate per 100,000 365 432 Health goald (age 75) mortality per 100,000 365 432 Infant mortality (within 1 year, per 1,000 live births) 6 9 Child mortality (under age 18, per 100,000) 54 70 Health Behaviors Food insecurity 14% 18% Limited access to healthy foods 6% 8% Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200		Rutherford	Tennessee
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Diabetes 10% 11%	% Females	51%	51%
Diabetes 10% 11% HIV prevalence rate per 100,000 155 301 Premature age-adjusted (age 75) mortality per 100,000 365 432 Infant mortality (within 1 year, per 1,000 live births) 6 9 Child mortality (under age 18, per 100,000) 54 70 Health Behaviors Food insecurity 14% 18% Limited access to healthy foods 6% 8% Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	% Rural	17%	34%
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Child mortality (under age 18, per 100,000) Health Behaviors Food insecurity Limited access to healthy foods 6% 8% Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Premature age-adjusted (age 75) mortality per 100,000	365	432
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Food insecurity 14% 18% Limited access to healthy foods 6% 8% Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Child mortality (under age 18, per 100,000)	54	70
Limited access to healthy foods 6% 8% Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Health Behaviors		
Motor vehicle crash deaths per 100,000 13 19 Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Food insecurity	14%	18%
Drug poisoning deaths per 100,000 10 15 Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Limited access to healthy foods	6%	8%
Health Care Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Motor vehicle crash deaths per 100,000	13	19
Uninsured adults 21% 21% Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Drug poisoning deaths per 100,000	10	15
Uninsured children 7% 6% Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Health Care		
Health care costs \$10,200 \$10,201 Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Uninsured adults	21%	21%
Could not see doctor due to cost 14% 17% Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Uninsured children	7%	6%
Social and Economic Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Health care costs	\$10,200	\$10,201
Median household income \$53,566 \$42,743 Children eligible for free lunch 34% 48%	Could not see doctor due to cost	14%	17%
Children eligible for free lunch 34% 48%	Social and Economic		
	Median household income	\$53,566	\$42,743
Homicide rate (deaths per 100,000) 4 8	Children eligible for free lunch	34%	48%
	Homicide rate (deaths per 100,000)	4	8



Driving and Health

Four of the Health Measures on which Rutherford County ranks below 40th are related to driving:

- · 50th on alcohol-impaired driving deaths,
- 59th on long commute driving alone,
- · 66th on driving alone to work, and
- 51st on air pollution-particulate matter.

To move from a rank of 50 into the top ten on alcohol-impaired driving deaths, we need to reduce the number of alcohol-impaired driving deaths by 14%.

SmartCommute Tennessee lists ridesharing options available across the state and suggestions for creating new ones. http://www.tdot.state.tn.us/smartcommute/carpool.htm The site lists benefits of carpooling:

- · Less stress commuting to and from work;
- Financial savings by sharing the cost of the commute;
- · No more driving around looking for parking;
- Relaxation, as a rider you have some free time;
- Reduced travel time if an HOV lane is available; and
- Helping protect the environment with a reduction in pollution through less auto emissions

There are several established options for people commuting between Nashville, Smyrna, and Murfreesboro or who work in Nashville or Murfreesboro. Commuters in other locations may need to use the options that match individuals with specific schedules and destinations or may benefit from Park and Ride, vanpooling, and ride-sharing programs.

Diabetic Screening

Rutherford County ranks 45th in the percent of diabetic Medicare enrollees who receive HbAlc screening, a blood test that computes average blood sugar levels over several months. HbAlc screening is valuable because it measures risk factors for diabetes complications. To reach the top ten Rutherford County would need to screen an additional 3/100 diabetic Medicare enrollees.

Small Starts to Good Health—http://healthiertn.com

The Healthier Tennessee website lists simple things that children through retirees can do to take small steps to improve their health and the health of their loved ones and coworkers. These simple actions can help you adopt good habits, reduce your risk of getting sick, give you more energy, increase your chances of staying healthy well into your nineties, and increase your quality of life—most won't cost you a dime.

Health-Related Data and Center Project and Partner Websites

- Centers for Disease Control and Prevention: www.cdc.gov
- Driving Your County to the Top Ten: http://health.state.tn.us/ statistics/PdfFiles/TDH_2014_Drive_Your_County_to_Top_Ten_ Report_No34321 8.pdf
- 2014 Understanding County Health Trends: http://hea Ith.state. tn.us/ statistics/PdfFiles/TDH_2014_ Understanding_County_ Hea Ith Trends 343250.pdf
- Tennessee State Health Plan 2012: http://www.tennessee.gov/ hsda/pdfs/State%20Health%20Plan%20201 2%20May%20 23%202013%20FINAL.pdf
- Health Information Tennessee, Tennessee Department of Health: http://hit.state.tn.us/home.aspx
- Healthy People 2020: www.healthypeople.gov
- County Health Rankings: www.countyhealthrankings.org

- Tennessee Institute of Public Health: www.etsu.edu/tniph
- Tennessee Obesity Taskforce: www.eatwellplaymoretn.org
- Tennessee Cancer Control Project: http://health.state.tn.us/ cccp/TN_Cancer_Coalition_State_Pl an_2013-2017.pdf
- Tennessee Comprehensive Cancer Control Coalition: http:// health.tn.gov/cccp/index .htm
- Tennessee Department of Health: http://health.state.tn.us/ index.htm
- Kids Count Data Center: http://datacenter.kidscount.org/
- Wellness Council of Rutherford County
- United States Department of Labor, Bureau of Labor Statistics: www.bls.gov
- Tennessee Tobacco Quitline: -1-800-QUIT-NOW (1-800-784-8669) http://health.state.tn.us/tobaccoquitline.htm

Prepared by the Center for Health and Human Services, Middle Tennessee State University • Director, M. Jo Edwards, Ed.D., Adams Chair of Excellence in Health Care Services

The Adams Chair of Excellence in Health Care Services and its Center for Health and Human Services initiates and strengthens academic programs in health and human services to support workforce development and promote healthy communities. Through collaborative affiliations and partnerships, we disseminate research and health-related information and conduct education and outreach projects designed to improve population health.

The center's recent projects include Tennessee Comprehensive Cancer Control Program, Prevention through Understanding: Investigating Unexpected Child Death, SIDS Risk Reduction Education, Anti-Tobacco Advocacy Initiative, and Rutherford SMART Moms.

Please visit our website or contact us for more information at www.mtsu.edu/achcs; MTSU Box 99, Murfreesboro, TN 37132; or call 615-898- 2905.



