



# Health

the **Ochs Center**  
for metropolitan studies

The State of the Region **2010**

## Executive Summary

Hamilton County is the center for health care in the region. Seven of nine community hospitals in the Metro area and 79% of the region's primary care physicians are located in Hamilton County. Moreover, 47% of the 72,525 admissions to Hamilton County hospitals in 2008 were non-Hamilton County residents, including 21% from Georgia.

The percentage of adults in the Metro area who smoke "every day or on most days" ranges from 20% in Hamilton County to 30% in Catoosa County. According to self-reported weight and height, obesity rates among Metro area adults ranges from 27% among Dade County residents to 31% among Marion and Sequatchie County residents.<sup>1</sup>

Age-adjusted mortality rates in the region ranged from 808.3 per 100,000 in Catoosa County to 1,080.8 per 100,000 in Marion County, with a six-county average of 954.0 per 100,000. The infant mortality rate ranged from 5.5 per 1,000 births in Catoosa County to 12.6 per 1,000 births in Sequatchie County.

Sixty-two percent of Hamilton County adult residents say they are in excellent or very good health, a greater percentage than the nationwide median (56%). Yet, age-adjusted death rates in Hamilton County exceed national rates by 5.6% overall and by anywhere from 4.6% to 45.1% for heart disease, stroke, and chronic lower respiratory disease. Infant mortality rates in Hamilton County exceed national rates by 42.6%. Among benchmark counties, Hamilton County had the fourth highest premature death rate.

The Alzheimer's disease death rate in Hamilton County is almost double the national rate. Three-year (2006-2008) age-adjusted death rates for Alzheimer's disease were 48 per 100,000 in Hamilton County, compared with a national rate of 24.7 per 100,000 in 2007. Alzheimer's disease mortality in Hamilton County is also 31.5% higher than the state of Tennessee, which had the second highest rate in the nation in 2006 (after Washington). Moreover, Alzheimer's disease mortality in Hamilton County exceeds the three largest counties in the state. The Alzheimer's Association reports that the disease is widely underreported as a cause of death. It is unclear the extent to which higher mortality rates in Hamilton County are due to better reporting among area physicians or actual increased prevalence of Alzheimer's disease.

Between 2004 and 2008, uninsured admissions to Hamilton County hospitals increased by 123%. Over the same time period, overall admissions declined by 2.8% and TennCare patient volume decreased by 26%. Among Hamilton County emergency departments, overall patient volume increased by 7.8 %, but the number of uninsured visits increased by 62%. The rise in uninsured patient volume may be attributed, at least in part, to 2005 changes in the TennCare program, when coverage for individuals in the uninsured and uninsurable expansion groups was eliminated, affecting 170,000 individuals statewide.

Hamilton County hospitals have absorbed the costs of providing care to these increased numbers of uninsured patients. The amount of charity care provided by local hospitals increased from \$33.9 million in 2004 to \$90.8 million in 2008, an increase of 168%.<sup>2</sup>

Health disparities between African Americans and whites in Hamilton County continue. African American adults were more than twice as likely as white adults to be uninsured (25% versus 13%). Death rates among African Americans in Hamilton County were significantly higher than among whites, especially for deaths due to diabetes (more than double), heart disease (61% higher), stroke (20% higher) and cancer (18% higher).

Maternal and infant health disparities between African Americans and whites in Hamilton County are particularly striking. In 2008, African American babies were two and one-half times more likely to die before their first birthday than white babies (17.4 versus 6.8 per 1,000 births). Low birthweight and preterm birth (born before 37 weeks gestation) are among the leading causes of infant mortality. In 2008, the prevalence of low birthweight among African Americans was almost three times higher than whites (20% versus 7%), and the prevalence of preterm births among African Americans was almost double the prevalence among whites (21% versus 12%).

Some risk factors associated with poor birth outcomes include delayed or no prenatal care, teenage childbearing, unmarried childbearing, and low educational attainment of mother. More than 40% of African American mothers had delayed or no prenatal care in 2008, compared to 30% of white mothers. African American mothers were more likely than white mothers to be teenagers (23% versus 9%), unmarried (82% versus 29%), and non-high school graduates (30% versus 13%).

Birth data from 2001 to 2008 reflects the growing population of Latinos in Hamilton County. The number of babies born to Latino mothers grew from 204 in 2001 (6.1% of all births) to 486 (11.4% of all births). While some birth risk factor rates among Latinos are significantly higher than countywide rates, birth outcomes among Latinos are equal to or better than countywide rates. Nearly two-thirds (63%) of Latino mothers did not receive early prenatal care in 2008 (compared to 37% countywide) and three out of four had not completed high school (compared to 25% countywide). Yet, only 7% of Latino births in 2008 were low birthweight (compared to 10% countywide) and 14% were preterm (equal to county rate).

Among benchmark counties, Hamilton County had the fourth highest premature death rate (8,534 per 100,000 population). Shelby County, Tennessee had the highest reported premature death rate (10,646 per 100,000), while Ada County, Idaho had the lowest reported premature death rate (5,531 per 100,000).<sup>3</sup>

Another health outcome measure is the percentage of adults who describe their overall health as “fair” or “poor” (fair or poor health). Among benchmark counties, Hamilton County had the highest percentage of adults with fair or poor health.

Eight out of thirty-six Hamilton County subregions located in and around the urban core and in Bonny Oaks/Highway 58 area had the highest infant health risks. These subregions had among the highest rates of preterm births, low birthweight, delayed or no prenatal care, teenage mothers, unmarried mothers, and mothers without a high school degree.