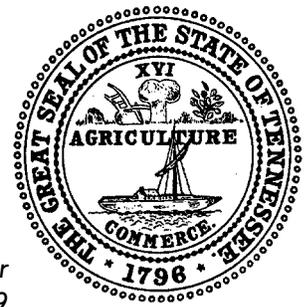


TENNESSEE



“As long as babies are dying in the South or being born with disabling conditions that could have been prevented, we must continue to push for programming for the children of tomorrow.”

–Senator Douglas Henry, Lead Legislator
Southern Regional Task Force on Infant Mortality, 1989

As in many Southern states, Tennessee’s infant mortality rates have been rising over recent years (9.4 in 2002 vs. 8.1 in 2001 vs. 7.4 in 2000). This may be linked to the declining number of mothers seeking prenatal care within the first trimester of pregnancy (82.8 in 2002, compared to 84.3 in 1999). The rates of infants born with a low birth weight remained steady from 1999 to 2002, with no significant improvements. Though the teen pregnancy rate has dropped from 74.0 in 2000, to 64.9 in 2002, it continues to be high. In 1999, one in every 1,000 teenage girls aged 15-17 became pregnant and, by age 21, one out of every five required treatment for sexually transmitted diseases. Haywood County had the highest rate for teenage pregnancy at 28.9, followed by McNairy County at 26.9, and Hardeman County at 26.3.⁵⁴

In an effort to address out-of-wedlock births and infant mortality, the Department of Health has established several programs and initiatives that are geared toward communities and populations at risk for adverse health outcomes to help improve the overall well-being of children and their families. In 2000, the Department of Health funded 18 community-based, abstinence-only education projects across the state. They were charged with providing curricula and activities focusing on abstinence until marriage and life skills. Programming targeted 10-17 year-olds with a focus on 10-14 year-olds. Projects included a hospital district, the Boys and Girls Club, a Girl Scout troop, crisis pregnancy support centers, and school-based programs. The goal is to reduce premature death, disease, and disability through a combination of programs, wellness initiatives, and chronic disease interventions. Prevention efforts comprise innovative techniques to inform the public and promote the adoption of healthy lifestyles.

Child Care Resource Centers: available across the state to help child care providers and professionals improve the quality of child care. The Centers are the result of a collaborative project involving the Department of Human Services, Department of

State Facts 2001*

Infant Mortality Rate	8.1
Preterm Birth Rate	14.0
Low Birth Weight Infants	9.2
Prenatal Care in First Trimester	82.8
Pregnancy/Maternal Smoking	17.1
Teenage Birth Rate (age 15-19)	58.4
Birth Rate to Unmarried Women (age 15-44)	35.7

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

Health, and the Developmental Disabilities Council. There currently are 11 Child Care Resource Centers across the state serving 95 counties.

Healthy Start: an intensive home visiting program for first time parents. Its goals are health promotion and child abuse prevention. Eligible families may begin the program during the time period of the third trimester of pregnancy through the child turning four months of age. Families may remain in the program until the child is 5 years of age.

Parents Encouraging Parents (P.E.P.): a state-wide parent-to-parent network established to offer support and information to parents of children with mental, physical, or developmental disabilities, chronic illnesses, or special needs. *Support parents*—trained volunteers who have developed effective coping skills and strategies in parenting a child with special needs—are matched with *referred parents*—parents with a child who is newly diagnosed, in crisis or transition, or simply in need of support and information. Parents are matched as closely as possible based on the child’s diagnosis, family structure, and cultural, racial, or religious factors. The frequency and duration of contacts are determined by the referred parents’ needs and preferences. All information is kept confidential. P.E.P. provides practical advice and information, as well as emotional support and encouragement.



Children's Special Services (CSS): provides services to eligible children with special healthcare needs. CSS has three components: medical services, care coordination, and the P.E.P. program.

Family Planning Program: provides education and counseling, medical examinations, laboratory tests, and contraceptive supplies for any person of reproductive age. Services are available in all 95 counties at 129 clinic sites, which include all local health departments, planned parenthood clinics, some student health clinics, and primary care clinics.

Prenatal Care Program: provides basic prenatal care services at all local health department clinics, including pregnancy testing, education, presumptive eligibility and TennCare enrollment, referral for WIC, and referral for obstetric medical management. Selected counties across the state provide full service obstetrical care for pregnant women.

Perinatal Regionalization Program: established to provide diagnosis and treatment of certain life-threatening conditions of pregnant women and newborn infants. The five regional perinatal centers across the state have made this specialized care available by providing a statewide mechanism to healthcare providers for consultation and referral of high-risk patients; transport of these patients, if necessary; personnel skilled in high-risk perinatal care; post-graduate education for physicians, nurses, and other medical personnel; and site visits to local hospitals.

Tennessee Adolescent Pregnancy Prevention Program (TAPPP): promotes community awareness and involvement in adolescent pregnancy and parenting issues; facilitates collaboration among various sectors of the community to enhance and increase prevention efforts; coordinates, improves and expands services available to pregnant and parenting adolescents. There are 13 regional and metro TAPPP coordinators in the state.

Help Us Grow Successfully (HUGS) Program: assists pregnant women, postpartum women for up to two years, and infants and children up to age 6 in gaining access to medical, social, and educational services. HUGS services are available in all 95 counties.

Child Health and Development (CHAD) Program: available in 23 counties for pregnant women and children from birth to age 6. CHAD helps prevent or reduce abuse, neglect and developmental delays by providing parent support and education services.

Child Fatality Prevention Teams: created through the Child Fatality Review and Prevention Act of 1995, as multi-discipline, multi-agency local teams to review all deaths of children 17 years of age or younger in the 31 judicial districts. The state Child Fatality Prevention Teams review the reports from the local teams, analyze statistics of the incidence and causes of child deaths, and make recommendations to the governor and General Assembly to promote the safety and well being of children. Tennessee is part of a national movement to identify why children are dying and what preventative measures can be taken.

TennCare: provides a system of healthcare/managed healthcare program to children and adults who are Medicaid eligible or who lack access to health insurance. Currently, the state is moving toward a plan that will stop short of returning to traditional Medicaid by preserving full coverage for children, and limiting benefits and reducing enrollment for adults. The plan for "Basic TennCare" will preserve full coverage for all 612,000 children currently on the program and maintains a reasonable level of benefits for 396,000 adults who are eligible for Medicaid. As many as 323,000 adults who are not eligible for Medicaid will lose TennCare coverage—although 24 percent of those enrollees will continue to be covered under Medicare. The conversion to Basic TennCare is expected to be substantially complete by 2006.⁵⁵

TennCare began in January 1994 as an experiment to expand Tennessee's Medicaid program to deliver healthcare to a larger number of people for the same amount of money. But the program was beset by problems and cost overruns, especially by rising healthcare and prescription drug costs. TennCare's \$7.1 billion annual budget now accounts for nearly one in three dollars the state spends. For example, TennCare's pharmacy benefit in recent years has grown at a rate of 26 percent annually versus average growth of 17 percent in neighboring states' healthcare plans. The total cost of TennCare's pharmacy benefit (\$2.11 billion) now is greater than the cost of Tennessee's higher education system (\$1.89 billion).⁵⁶

