HRSA
Health Resources & Services Administration

# Title V MCH Block Grant Program

# TENNESEE

## State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership – Tennessee

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( https://mchb.tvisdata.hrsa.gov )

## State Contacts

| MCH Director | CSHCN Director | State Family or Youth Leader |
|---|---|---|
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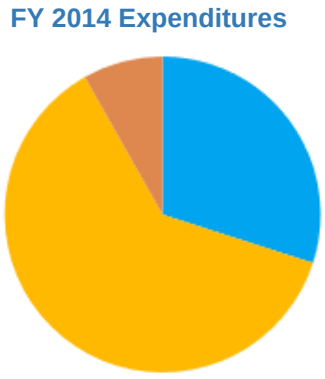
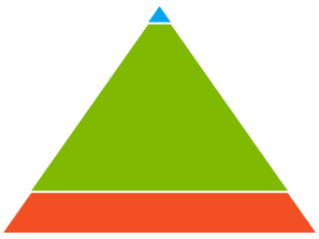
## Funding by Source

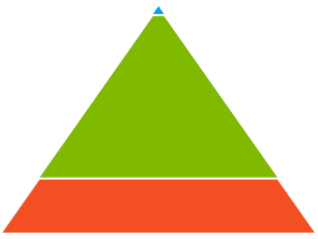
| Source | FY 2014 Expenditures |
|---|---|
| Federal Allocation | $15,054,289 |
| State MCH Funds | $31,087,436 |
| Local MCH Funds | $0 |
| Other Funds | $0 |
| Program Income | $4,113,120 |




## Funding by Service Level

| Service Level | Federal | Non-Federal |
|---|---|---|
| Direct Services | $1,071,824 | $1,211,039 |
| Enabling Services | $11,288,820 | $25,569,573 |
| Public Health Services and Systems | $2,693,645 | $8,419,944 |



## Total Reach of Title V in Serving MCH Populations

| Populations Served | Individuals Served | FY 2014 Expenditures | % |
|---|---|---|---|
| Pregnant Women | 81,609 | $429,115 | 0.9% |
| Infants < 1 Year | 87,181 | $2,206,664 | 4.4% |
| Children 1-22 Years | 904,389 | $12,695,774 | 25.6% |
| CSHCN | 22,244 | $8,996,886 | 18.1% |
| Others * | 402,005 | $25,360,332 | 51.0% |
| Total | 1,497,428 | $49,688,771 | 100% |

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

**FY 2014 Expenditures**

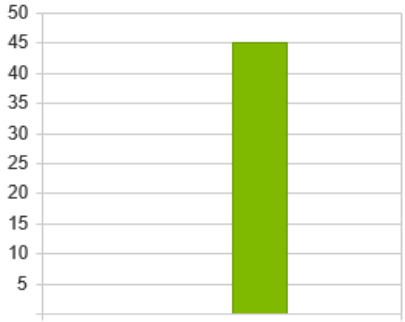
**FY 2014 Individuals Served**

## Selected National Performance Measures

| Measure # | Measure Short Name | Population Domain |
|---|---|---|
| NPM 1 | Well-Woman Visit | Women/Maternal Health |
| NPM 5 | Safe Sleep | Perinatal/Infant Health |
| NPM 6 | Developmental Screening | Child Health |
| NPM 7 | Injury Hospitalization | Child Health, Adolescent Health |
| NPM 8 | Physical Activity | Child Health, Adolescent Health |
| NPM 11 | Medical Home | Children with Special Health Care Needs |
| NPM 12 | Transition | Children with Special Health Care Needs |
| NPM 14 | Smoking | Cross-Cutting/Life Course |

## Communication Reach

| Communication Method | Amount |
|---|---|
| State Title V Website Hits: | 0 |
| State Title V Social Media Hits: | 0 |
| State MCH Toll-Free Calls: | 45 |
| Other Toll-Free Calls: | 0 |



# Executive Summary

**NEEDS ASSESSMENT**

Every five years, states are required to conduct a comprehensive needs assessment to identify priority needs of the maternal and child health (MCH) population and to determine the capacity of the public health system to meet those needs.

The Tennessee Department of Health (TDH) conducted the Needs Assessment for the 2016-2020 cycle during 2014/15 in conjunction with over 70 MCH stakeholders. Key components of the Needs Assessment included:

- Broad community input through 26 focus groups and 5 community meetings across Tennessee. The groups consisted of key MCH populations, including: health department consumers, under-represented minorities, families with young children, families of children and youth with special health care needs, and healthcare providers.
- Quantitative analysis of more than 160 key indicators of the MCH population.
- Synthesis of input and priority-setting by MCH stakeholder group.

As a result of the Needs Assessment, TDH identified priority needs for the MCH population for the 2016-2020 Block Grant cycle. These priorities include:

- Improve utilization of preventive care for women of childbearing age.
- Reduce infant mortality.
- Increase the number of infants and children receiving a developmental screen.
- Reduce the number of children and adolescents who are overweight/obese.
- Reduce the burden of injury among children and adolescents.
- Reduce the number of children exposed to adverse childhood experiences.
- Increase the number of children (both with and without special health care needs) who have a medical home.
- Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children).

During the Needs Assessment, stakeholders identified several “emerging issues” among MCH population groups. Title V is already working on these issues and as they evolve, will continue to identify ways to address them.

- Substance abuse among women of childbearing age: Tennessee has high rates of opioid prescribing, misuse and abuse as well as drug-related overdose. Opioid misuse and abuse among women of childbearing age has led to an epidemic of Neonatal Abstinence Syndrome (NAS). TDH is working to identify and implement primary prevention strategies related to NAS, namely to 1) prevent opioid misuse/abuse from ever occurring, and 2) prevent unintended pregnancies among women who are at high risk of opioid misuse/abuse.
- Electronic nicotine delivery systems: The use of electronic nicotine delivery systems (including e-cigarettes) among youth is on the rise. There are serious concerns about youth e-cigarette use related to long-term tobacco use, as well as unintentional nicotine poisoning among young children.
- Autism spectrum disorders: With the rising incidence of autism spectrum disorders, there is growing recognition of the need for early screening as well as more rapid diagnosis and connection to treatment. Additionally, public health and health care systems need to identify ways to improve the system of care for children with autism and their families.

**KEY ACCOMPLISHMENTS AND PLANS FOR COMING YEAR**

The MCH population is broken down into subpopulation categories called health domains. Each section below (organized by domain) highlights selected accomplishments for the previous year and contains a brief description of high-level strategies for the new grant cycle (2016-2020). Other accomplishments and additional details about specific planned activities can be found in the MCH Block Grant Report/Application.

<u>Women’s/Maternal Health</u>
In 2013, 71.1% of women entered prenatal care in the first trimester, up from 69% in 2009. TDH has worked to facilitate referral of pregnant women to prenatal care through case management and home visiting programs as well as through presumptive Medicaid eligibility determination in local health departments. The percentage of women smoking during pregnancy declined to 16.1%, down from 18.6% in 2009. In 2013, the General Assembly appropriated $5 million annually to TDH (tobacco master settlement funding) to reduce the burden of tobacco-related morbidity and mortality in Tennessee. This funding is being used in all 95 counties and one of the focus areas is to reduce smoking among pregnant women. Despite these successes, challenges for this domain include: high rates of unintended pregnancy (47.5% in 2011), high percentage of obesity among women of childbearing age (30.2% in 2012), and high rates of maternal mortality (31.2 per 1,000 live births in 2012).

For FY 2016-20, the major priority for this domain is to increase preventive care for women of childbearing age. A focus on this priority will help to address the aforementioned challenges, improve the overall health of this population, and lead to improved birth outcomes. Tennessee’s Title V Program will utilize these strategies to address this priority:

- Increase general awareness of the importance of an annual preventive health care visit for women of childbearing age.
- Engage primary care providers on the importance of promoting preventive health care visits for women of childbearing age.
- Continue to provide high-quality family planning services through local health departments in all 95 counties.
- Provide pregnancy-related services to women of childbearing age.

Perinatal/Infant Health

Tennessee's infant mortality rate dropped by 15% from 2009 (8.0 per 1,000 live births) to 2013 (6.0). The percentage of early elective deliveries and inductions among Tennessee births has dropped from more than 15% in 2012 to consistently below 2% in 2015. Nearly all (>99%) of Tennessee infants receive a newborn screen. The percentage of infants who are ever breastfed has increased to 74.9%, and in 2013, Tennessee utilized Title V funding to launch a statewide breastfeeding hotline offering 24/7 telephone support by lactation specialists. Despite these successes, challenges persist for this domain. These include: marked black/white disparities in infant mortality rates; high rates of sleep-related infant deaths (accounting for 20% of all infant deaths); and high rates of babies being born prematurely and at low birth weight.

In FY 2016-20, the major priority for this domain is to reduce infant mortality. This priority is a continuation from the previous five-year cycle, as Tennessee's infant mortality rate still exceeds the national average. Title V will utilize these strategies to address this priority:

- Educate parents on safe sleep.
- Review infant deaths through multidisciplinary teams to enhance data collection.
- Support the system for regionalization of high risk perinatal care for pregnant women and infants.
- Provide follow-up for abnormal newborn screening results.
- Reduce unintended pregnancies.

Child Health

The percentage of Tennessee children without health insurance decreased to 2.4% in 2014 (down from 3.9% in 2010). Tennessee has a >90% completion rate on four of seven key childhood vaccines; for the remaining three vaccines, completion rates for 3 doses of each is approximately 95%. BMI data measured by school staff reveal that rates of overweight and obesity have decreased among K-12 students from 41% in the 2007-08 school year to 38.3% in 2013-14. Despite these successes, several key challenges remain, including: high rates of obesity among toddlers; high prevalence of adverse childhood experiences (ACEs) among Tennessee children (52% of children experience at least one ACE); and low rates of developmental screening.

Stakeholders identified four priority needs for this domain. For the 2016-20 cycle, Tennessee will focus on these four priority areas: 1) increase the number of infants and children receiving a developmental screen; 2) reduce the number of children who are overweight/obese; 3) reduce the burden of injury among children; and 4) reduce the number of children exposed to adverse childhood experiences Title V will utilize these strategies to address these priorities:

- Increase general awareness of the need for developmental screening.
- Support providers to integrate developmental screening as a part of routine care.
- Explore opportunities for incorporating developmental screening into settings outside of primary care.
- Increase general awareness of adverse childhood experiences (ACEs) in the community.
- Collect Tennessee-specific data on ACEs and utilize that data to inform program and policy decisions.
- Continue the Gold Sneaker voluntary recognition program for licensed child care centers.
- Operate the Tennessee Breastfeeding Hotline.
- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Promote the use of child safety seats.
- Promote safety in youth sports.
- Promote safe storage of medications.
- Disseminate child injury data to community partners.
- Provide injury prevention education to parents and caregivers.

Adolescent Health

The rate of teen births decreased 25% from 2010 to 2013. The percentage of adolescents receiving a preventive visit increased from 81.1% in 2007 to 85.9% in 2012. Similarly, adolescent vaccination rates increased from 2010 to 2013 (male and female HPV, Tdap, and meningococcal vaccines). Despite these successes, numerous opportunities for improvement exist in this domain. Tennessee has an increasing rate of youth suicide and the rate of deaths from motor vehicle crashes remains high. Additionally, more than a third of adolescents are overweight/obese, making them more likely to be overweight/obese as adults.
For the 2016-20 cycle, Tennessee will focus on these two priority areas related to improving adolescent health: 1) reduce the number of adolescents who are overweight/obese and 2) reduce the burden of injury among adolescents. Title V will utilize these strategies to address these priorities:

- Support the Office of Coordinated School Health in school-based efforts to promote physical activity and good nutrition.
- Collaborate with Chronic Disease Prevention and Health Promotion staff to engage communities in enhancing physical activity opportunities for youth.
- Reduce hospitalization rates due to motor vehicle accidents.
- Reduce hospitalization rates through promotion of proper storage and disposal of medications.
- Reduce hospitalization rates due to falls.
- Increase injury prevention information provided to the public.

Children and Youth with Special Healthcare Needs (CYSHCN)

Over the past five years, Tennessee has improved on four of the six national core measures related to children and youth with special health care needs and exceeds the national average on all measures. These include: families partner in shared decision-making (72.3%); CYSHCN have a medical home (45.9%); families of CYSHCN have adequate insurance (70.4%); CYSHCN receive early and continuous screening (79.1%); families of CYSHCN can easily access community-based services (71.5%); CYSHCN receive support for transitions to adult health care, work, and independence (41.8%). Despite Tennessee's relatively high performance on these outcome measures, there is substantial room for improvement on each measure.

In FY2016-20, the priority for this domain is to increase the number of children (both with and without special health care needs) who have a medical home. Title V will utilize these strategies to address these priorities:

- Support primary care providers in implementing a medical home approach to care.
- Increase general awareness of the importance of a medical home approach to care.
- Link families to medical homes through the Children's Special Services program.
- Enhance youth participation in the transition process.

Cross-Cutting/Life Course Issues

Tobacco exacts a major toll on the health of Tennessee's MCH population across the life course. Nearly one quarter (24.3%) of the adult population smokes, and 16.1% of women smoke during pregnancy. While pregnancy smoking has declined over the past few years, little progress has been made in the overall smoking rate among Tennesseans. High rates of smoking contribute to poor women's health and poor birth outcomes while secondhand smoke exposure leads to morbidity among Tennessee's children.

In FY2016-20, the priority for this domain is to reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children). Title V will utilize these strategies to address these priorities:

- Continue the Gold Sneaker voluntary recognition program for licensed child care centers (one of the policy areas is promotion of tobacco-free child care campuses).
- Collaborate with Tobacco Prevention and Control staff to promote the Tennessee Tobacco QuitLine.
- Refer participants in Title V programs to smoking cessation services where appropriate.

**PLAN FOR MEASURING PROGRESS**

MCH stakeholders identified at least one national performance measure (NPM) for each of the six MCH population domains. Tennessee's Title V program will report on the NPMs listed below each year. We will also develop evidence-based strategy measures for each priority; these will be reported in 2016. Additionally, we will develop a state performance measure (SPM) for the ACEs priority under the child health domain, since there is not a NPM available to adequately measure this priority.

| Health Domain | Tennessee Priority | Related National Performance Measure |
|---|---|---|
| Women's and Maternal | Improve utilization of preventive care for women of childbearing age. | Percent of women with a past preventative medical visit. |
| Perinatal and Infant | Reduce infant mortality. | Percent of infants placed to sleep on their backs. |
| Child | Increase the number of infants and children receiving a developmental screen. | Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool. |
| Child | Reduce the number of children exposed to adverse childhood experiences. | No national performance measure relates to this priority. Tennessee will create a state performance measure for this priority in 2016. |
| Child and Adolescent | Reduce the number of children and adolescents who are overweight/obese. | Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day. |

| | | |
|---|---|---|
| Child and Adolescent | Reduce the burden of injury among children and adolescents. | Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19. |
| CSHCN | Increase the number of children (both with and without special health care needs) who have a medical home. | Percent of children with and without special health care needs having a medical home.<br>Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care. |
| Cross-cutting/Life Course | Reduce exposure to tobacco among the MCH population (pregnancy smoking and secondhand smoke exposure for children). | Percent of women who smoke during pregnancy.<br>Percent of children who live in households where someone smokes. |