HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

TENNESSEE

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 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

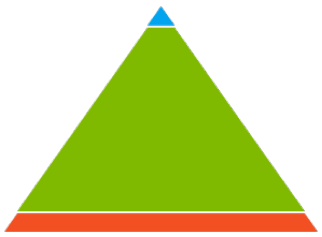
Source	FY 2015 Expenditures
Federal Allocation	$12,908,500
State MCH Funds	$29,957,475
Local MCH Funds	$0
Other Funds	$0
Program Income	$4,392,222

FY 2015 Expenditures

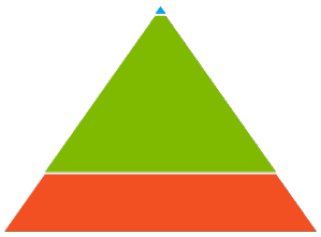
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,113,940	$1,128,966
Enabling Services	$10,730,551	$24,301,110
Public Health Services and Systems	$1,064,009	$8,919,621

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	57,213	$338,427	0.7%
Infants < 1 Year	78,350	$2,060,683	4.4%
Children 1-22 Years	608,825	$10,692,789	23.0%
CSHCN	22,004	$8,205,325	17.7%
Others *	507,163	$25,110,221	54.1%
Total	1,273,555	$46,407,445	100%

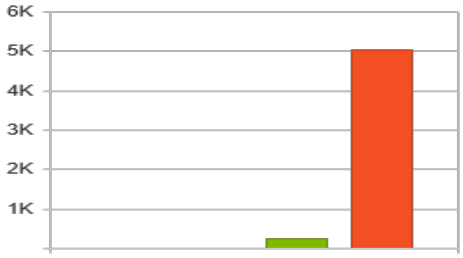
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	255
Other Toll-Free Calls:	5,051



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of press releases, PSAs and/or social media messages promoting preventive health care visits for women of reproductive age
NPM 1	Well-Woman Visit	ESM 1.2	Number of webinars for providers on increasing preventive care visits among women in their clinics
NPM 1	Well-Woman Visit	ESM 1.3	Number of quarterly site-level family planning utilization reports distributed to local health departments
NPM 1	Well-Woman Visit	ESM 1.4	Number of region-level pregnancy-related service utilization reports distributed to regional health departments
NPM 5	Safe Sleep	ESM 5.1	Number of safe sleep educational material distributed
NPM 5	Safe Sleep	ESM 5.2	Percent of infant deaths to be reviewed by child fatality review teams
NPM 5	Safe Sleep	ESM 5.3	Percent of VLBW (Very Low Birth Weight) infants being delivered at Level III or IV birthing facilities
NPM 5	Safe Sleep	ESM 5.4	Percent of newborns with a positive metabolic screen who receive follow-up to definitive diagnosis and clinical management
NPM 5	Safe Sleep	ESM 5.5	Number of individuals served by the Tennessee Adolescent Pregnancy Prevention Program (TAPPP)
NPM 6	Developmental Screening	ESM 6.1	Number of unique page views to the Developmental Milestones and Developmental Screenings kidcentraltn.com sites
NPM 6	Developmental Screening	ESM 6.2	Number of health department nurses trained in the START Autism and MCHAT-R/F program
NPM 6	Developmental Screening	ESM 6.3	Percent of Developmental Screenings performed across the state for participants enrolled in an Evidence-Based Home Visiting Program
NPM 7	Injury Hospitalization	ESM 7.1	Number of parents and caregivers receiving car seat education
NPM 7	Injury Hospitalization	ESM 7.2	Number of counties that adopt Count It! Drop It! Lock It! educational programs
NPM 7	Injury Hospitalization	ESM 7.3	Percent of families who receive injury prevention education through the AAP checklist among families participating in Evidence Based Home Visiting programs

NPM 7	Injury Hospitalization	ESM 7.4	Number of schools in the top ten crash rate counties (among ages 15-18) that conduct evidence-informed teen safe driving programming
NPM 7	Injury Hospitalization	ESM 7.5	Number of drug disposal bins installed statewide
NPM 7	Injury Hospitalization	ESM 7.6	Number of press releases, social media posts and presentations about adolescent falls
NPM 7	Injury Hospitalization	ESM 7.7	Number of suicide-related articles, social media posts and trainings provided by TDH
NPM 8	Physical Activity	ESM 8.1	Number of Gold Sneaker-recognized childcare facilities in Tennessee
NPM 8	Physical Activity	ESM 8.2	Average number of monthly calls to the Tennessee Breastfeeding Hotline (TBH)
NPM 8	Physical Activity	ESM 8.3	Number of Baby Friendly-designated Tennessee birthing hospitals
NPM 8	Physical Activity	ESM 8.4	Number of Run Clubs for 5th through 8th graders
NPM 8	Physical Activity	ESM 8.5	Number of school districts (LEAs) that received CSPAP training
NPM 8	Physical Activity	ESM 8.6	Number of school districts (LEAs) that received Smarter Lunchroom training
NPM 8	Physical Activity	ESM 8.7	Number of shared-use agreements (any type) between two or more entities in Tennessee
NPM 11	Medical Home	ESM 11.1	Number of providers trained and provided information on medical home implementation
NPM 11	Medical Home	ESM 11.2	Number of families that receive patient centered medical home training
NPM 11	Medical Home	ESM 11.3	Percentage of children served by the Children's Special Service (CSS) program receiving services in a medical home
NPM 12	Transition	ESM 12.1	Number of adolescents on the Adolescent Advisory Council
NPM 14	Smoking	ESM 14.1	Number of child care facilities that voluntarily implement a tobacco-free campus policy
NPM 14	Smoking	ESM 14.2	Number of tobacco users who call the Tennessee Tobacco Quitline

NPM 14	Smoking	ESM 14.3	Percent of primary caregivers enrolled in home visiting who reported using any tobacco products at enrollments and were referred to tobacco cessation counseling or services within three months of enrollment

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percentage of children ages 0-17 experiencing two or more adverse childhood experiences	Child Health
SPM 2	Percentage of infants born to Tennessee resident mothers who initiate breastfeeding	Child Health
SPM 3	Percent of live births that were the result of an unintended pregnancy	Women/Maternal Health

Executive Summary

NEEDS ASSESSMENT

States are required to conduct a comprehensive needs assessment every five years 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. During the years between the comprehensive needs assessments states are expected to conduct on-going needs assessments in order identify any significant changes in needs and capacity.

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.

As a part of our ongoing needs assessment, the state hosts MCH stakeholder meetings twice a year. These meetings are open to anyone who is connected to the MCH population. During these meetings participants are asked to develop the action plan for the coming year by considering program and population level data.

Another part of the state’s effort to continually assess needs is the public comment survey that is sent out with a copy of the grant application/report annually. This survey collects information on emerging health concerns, unmet health needs, health care system capacity, and general recommendations for the grant.

KEY ACCOMPLISHMENTS AND PLANS FOR COMING YEAR

The MCH population is broken down into subpopulation categories called health domains. There are six domains:

- Women’s and Maternal Health
- Perinatal and Infant Health
- Child Health
- Adolescent Health

- Children with Special Health Care Needs
- Cross-cutting and Life Course

Each section below (organized by domain) highlights selected accomplishments for the previous year and contains a brief description of high-level strategies for the current grant cycle (2016-2020). Other accomplishments and additional details about specific planned activities can be found in the MCH Block Grant Report/Application.

Women's/Maternal Health

In 2015, 70.0% of women entered prenatal care in the first trimester, up slightly from 69.6% in 2011. 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 14.1% in 2014, down from 17.6% in 2010. 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 (35.2% in 2015), and high rates of maternal mortality (19.6 per 100,000 live births in 2014).

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 is utilizing these strategies to address this priority:

- Increase general awareness of the importance of preventive health care visits for women of childbearing age.
- Engage primary care providers on the importance of promoting preventive health care 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 2014 (6.9). Most notably the number of sleep-related deaths decreased by almost 25% from 2012-2014. The percentage of early elective deliveries and inductions among Tennessee births has dropped from more than 15% in 2012 to consistently below 1% in 2016. 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; 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 is utilizing these strategies to address this priority:

- Educate parents and caregivers on safe sleep.
- Review infant deaths through multidisciplinary teams to enhance data collection.
- Support quality improvement and regionalization efforts to improve perinatal outcomes.
- Provide follow-up for abnormal newborn screening results.
- Reduce unintended pregnancies.

Child Health

The percentage of Tennessee children without health insurance decreased to 1.5% in 2015 (down from 3.9% in 2010). Tennessee has a >90% completion rate on four (Polio, MMR, HepB, and Varicella) of seven key childhood vaccines. 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 is focusing 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 is utilizing these strategies to address these priorities:

- Increase general awareness among parents and caregivers 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.
- Provide injury prevention education to parents and caregivers.

Adolescent Health

The rate of teen births (adolescents aged 15-17) decreased 30% from 2010 to 2014. The percentage of adolescents receiving a preventive visit increased from 81.1% in 2007 to 85.9% in 2012. Similarly, from 2011 to 2014 adolescent vaccination rates increased for meningococcal, Tdap, and HPV (among females) vaccines; HPV vaccination rates increased among males from 2012 to 2014. 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 is focusing 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 is utilizing 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.
- Increase evidence based or evidence informed activities related to motor vehicle safety being implemented in schools.
- Increase awareness of proper storage and disposal of medications.
- Increase general awareness of the causes of adolescent hospitalizations due to falls.
- Increase awareness of the signs and risk factors of suicide attempts.

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 is utilizing 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 Children's Special Services, Tennessee's Title V CYSHCN program.
- Support 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. Based on 2014 BRFSS data, nearly one quarter (24.2%) of the adult population smoke. Among women who gave birth in Tennessee 15.0% reported smoking during pregnancy in 2014. 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 is utilizing 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.