# The State of Tennessee's Babies R



Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

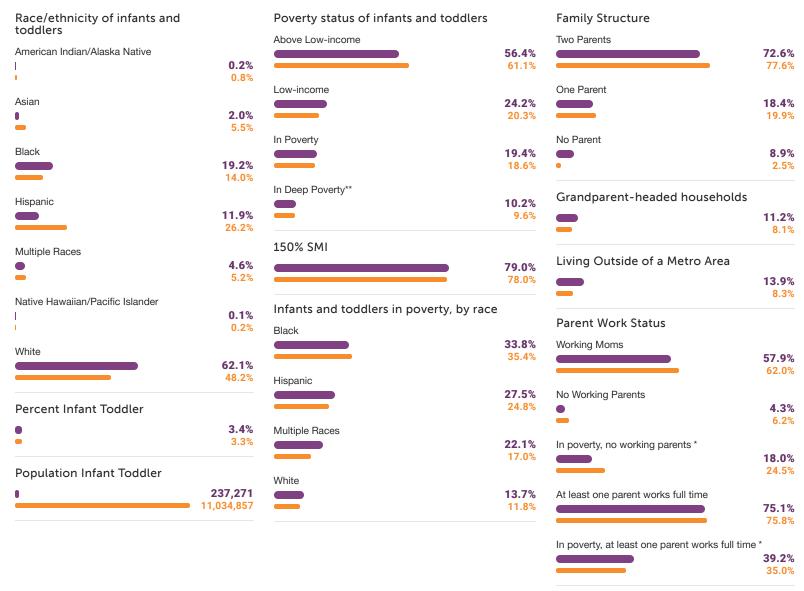
## **Demographics**

Tennessee National Average

#### Infants and toddlers in Tennessee

Tennessee is home to 237,271 babies, representing 3.4 percent of the state's population. As many as 43.6 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four<sup>1</sup>), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

1. Source: U.S. Census Bureau, Population Division. Poverty Thresholds by Size of Family and Number of Children. https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html



<sup>\*</sup>Numbers are small; use caution in interpreting.

Note: N/A indicates Not Available

<sup>\*\*</sup>Subset of "In Poverty"

## **Good Health**

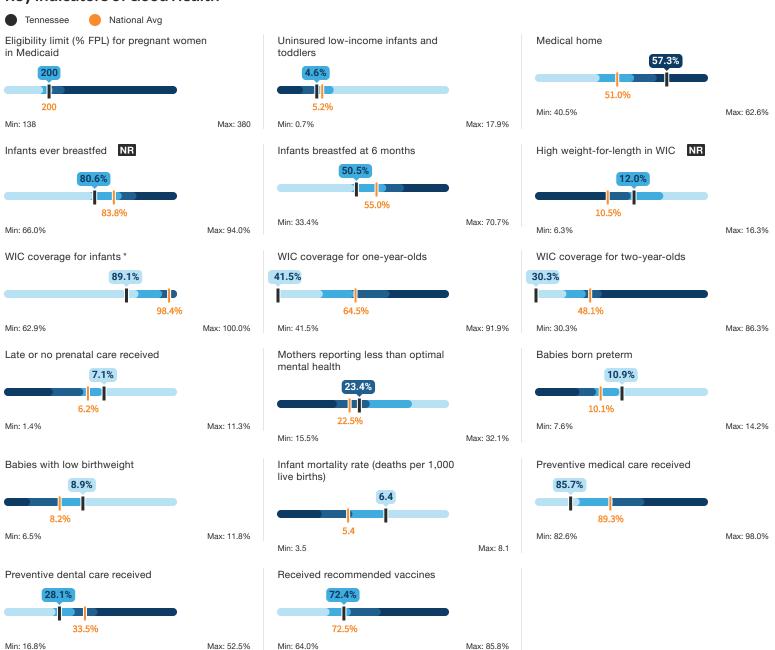


## How are Tennessee's babies faring in Good Health?

Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Tennessee falls in the Getting Started (G) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as nutrition and mental health. Tennessee performs better than national averages on key indicators, such as the percentage of uninsured babies in families with low incomes and babies with a medical home. The state is performing worse than national averages on indicators such as the infant mortality rate and the percentage of eligible 1-year-olds participating in WIC.

#### **Key Indicators of Good Health**



<sup>\*</sup>Numbers are small; use caution in interpreting.

	ood Health Policy in Tennessee				No X
	P maternal coverage for unborn child option				Yes ✓
Pos	stpartum extension of Medicaid coverage			Law covering all pregnant peopl	e for 1 year post-partum
Pre	gnant workers protection			Limited coverage: State employees and private em	ployees with exceptions
Stat	te Medicaid policy for maternal depression screening in well-child visits				Recommended
Med	dicaid plan covers social-emotional screening for young children				Yes 🗸
Med	dicaid plan covers IECMH services at home				Yes ✓
Med	dicaid plan covers IECMH services at pediatric/family medicine practices				Yes ✓
Med	dicaid plan covers IECMH services in early childhood education settings				No X
No	te: N/A indicates Not Available				
Αl	l Good Health Indicators for Tennessee			State Indicator	National Avg
He	alth Care Coverage and Affordability				
R	Eligibility limit (% FPL) for pregnant women in Medicaid	200.0 200.0	R	Uninsured low-income infants and toddlers	<b>4.6%</b> 5.2%
W	Medical home	<b>57.3%</b> 51.0%			
Nu	trition				
	Infants ever breastfed NR	<b>80.6%</b> 83.8%	R	Infants breastfed at 6 months	<b>50.5%</b> 55.0%
	High weight-for-length in WIC NR	12.0% NA	G	WIC coverage for infants	<b>89.1%</b> 98.4%
G	WIC coverage for one-year-olds	<b>41.5%</b> 64.5%	G	WIC coverage for two-year-olds	<b>30.3%</b> 48.1%
Ma	ternal Health				
R	Late or no prenatal care received	6.8% 6.4%		Maternal mortality rate (deaths per 100,000 live births)	NR NA 23.8
0	Mothers reporting less than optimal mental health	<b>21.1%</b> 21.9%			
Ch	ildren's Health				
G	Babies born preterm	10.9% 10.1%	R	Babies with low birthweight	<b>8.9%</b> 8.2%

6.4

85.7%

89.3%

R Preventive dental care received

Received recommended vaccines

28.1% 33.5%

72.4%

72.5%

Note: N/A indicates Not Available.

**G** Preventive medical care received

R Infant mortality rate (deaths per 1,000 live births)

# **Strong Families**



49.8%

Max: 72.2%

Max: 39.5%

Min: 26.6%

## How are Tennessee's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies' immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Tennessee falls in the Reaching Forward (R) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies who live in families that report being resilient and babies living in unsafe neighborhoods, as reported by parents. Tennessee is doing worse than the national average on indicators such as the percentage of babies experiencing food insecurity and babies who could benefit from evidence-based home visiting and are receiving those service.

#### **Key Indicators of Strong Families** Tennessee National Avg TANF benefits receipt among families in Housing instability Crowded housing poverty 16.1% 15.2% Min: 0.5% Max: 8.9% Min: 7.8% Max: 27.6% Max: 75.3% Min: 2.1% Unsafe neighborhoods Low or very low food security Family resilience 18.9% 3.6% Min: 1.0% Max: 11.0% Min: 3.1% Max: 30.2% Min: 80.3% Max: 90.9% 1 adverse childhood experience 2 or more adverse childhood Infant/toddler maltreatment rate NR experiences (per 1,000 children ages 0-2) 19.0% 12.7 18.6% 15.5 Min: 12 2% Max: 26.3% Min: 2.1% Max: 13.7% Min: 2.0 Max: 34.5 Removed from home Time in out-of-home placement NR Permanency: Adopted 32.8% 33.9% 34.2% Min: 2.4 Max: 26.6 Min: 11.5% Max: 63.0% Min: 15.2% Max: 58.5% Permanency: Guardian Permanency: Relative NR Permanency: Reunified 37.7%

7.0%

Min: 0.5%

Max: 23.8%

Potential home visiting beneficiaries served

Min: 1.9%

1.0%

<sup>2.1%</sup> Min: 0.1% Max: 6.2%

<sup>\*</sup>Numbers are small; use caution in interpreting.

	rong Families Policy in Tennessee d family leave					No 🗙
Pai	d sick time that covers care for child					No 🗶
1AT	NF work exemption					Yes 🗸
Sta	te child tax credit					No 🗙
Sta	te Earned Income Tax Credit					No 🗙
No	te: N/A indicates Not Available					
Αl	l Strong Families Indicators for Tennesse	ee		State Indicator	Na <sup>e</sup>	tional Avg
Ва	sic Needs					
R	TANF benefits receipt among families in poverty	<b>16.1%</b> 19.0%	R	Housing instability		3.6% 2.9%
0	Crowded housing	<b>10.6%</b> 15.2%	0	Unsafe neighborhoods		<b>3.1%</b> 5.0%
G	Low or very low food security	18.9% 14.2%				
Ch	ild Well-being and Resilience					
R	Family resilience	<b>87.0%</b> 85.6%		1 adverse childhood experience NR		19.0% 18.6%
R	2 or more adverse childhood experiences	8.2% 7.2%		Infant/toddler maltreatment rate (per 1,000 children ages 0-2)	NR	<b>12.7</b> 15.5
	Removed from home NR	<b>5.7</b> 6.6		Time in out-of-home placement NR		<b>35.4%</b> 33.9%
	Permanency: Adopted NR	<b>32.8%</b> 34.2%		Permanency: Guardian NR		<b>9.7%</b> 7.9%
	Permanency: Relative NR	19.0% 7.0%		Permanency: Reunified NR		<b>37.7%</b> 49.8%
G	Potential home visiting beneficiaries served	1.0% 2.1%				

# **Positive Early Learning Experiences**

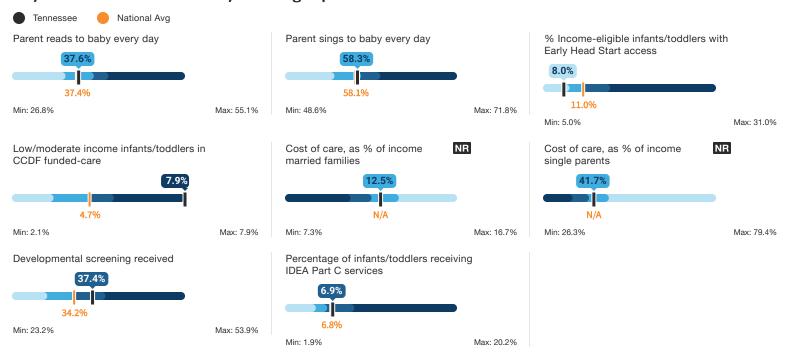


## How are Tennessee's babies faring in Positive Early Learning?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income, ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

Tennessee scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies in families with incomes equal to or below 150 percent of the state median income who received a child care subsidy. Tennessee is doing worse than the national average on indicators such as the percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. Beginning with the 2022 profile, infant care costs as a percentage of the state's median income for single and married parents are not factored into the ranking.

#### **Key Indicators of Positive Early Learning Experiences**



<sup>\*</sup>Numbers are small; use caution in interpreting.

Adult/child ratio		EHS standards met for 1	of 3 age group
Level of teacher qualification required by the state beyond a high sch	hool diploma	No credential beyond a high	school diplom
Group size		EHS standards met for 1	of 3 age group
Infant/toddler professional credential NR			No 🗙
Families above 200% of FPL eligible for child care subsidy			Yes 🗸
State reimburses center-based child care			No 🗙
At-risk children included in Part C eligibility definition NR			No 🗙
Note: N/A indicates Not Available			
All Positive Early Learning Experiences Indi	cators for Ten	nessee State Indicator	National Av
	cators for Teni	nessee State Indicator	National Av
	37.6% 37.4%	R Parent sings to baby every day	58.3% 58.1%
Activities that Support Early Learning  R Parent reads to baby every day	37.6%		58.3%
Activities that Support Early Learning  R Parent reads to baby every day	<b>37.6%</b> 37.4%		58.3% 58.1% 7.9%
Activities that Support Early Learning  R Parent reads to baby every day  Access to Early Learning Programs  G % Income-eligible infants/toddlers with Early Head Start	<b>37.6%</b> 37.4% <b>8.0%</b>	R Parent sings to baby every day	58.3%
Access to Early Learning Programs  G % Income-eligible infants/toddlers with Early Head Start access	37.6% 37.4% 8.0% 11.0% 12.5%	R Parent sings to baby every day  W Low/moderate income infants/toddlers in CCDF-funded care	58.3% 58.1% 7.9% 4.7% 41.7%

34.2%

00.1%

6.8%

99.1% NA

Note: N/A indicates Not Available.

Timeliness of Part C services NR