

The State of Tennessee's Babies

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.

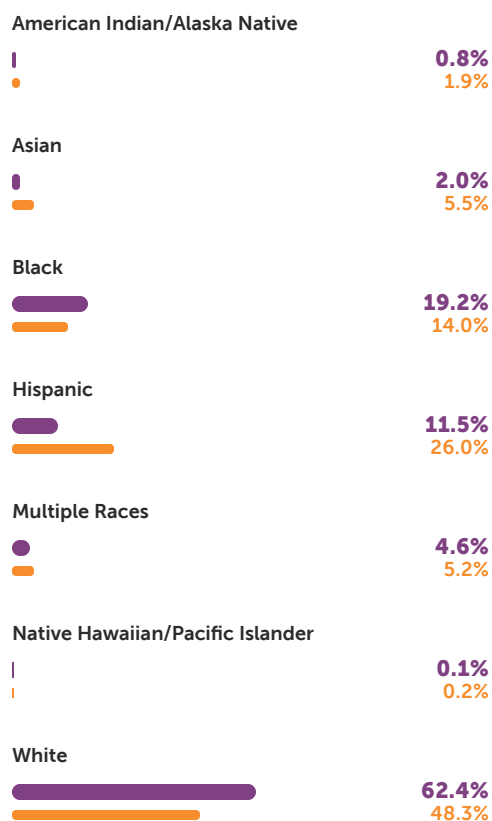
Demographics

 Tennessee  National Average

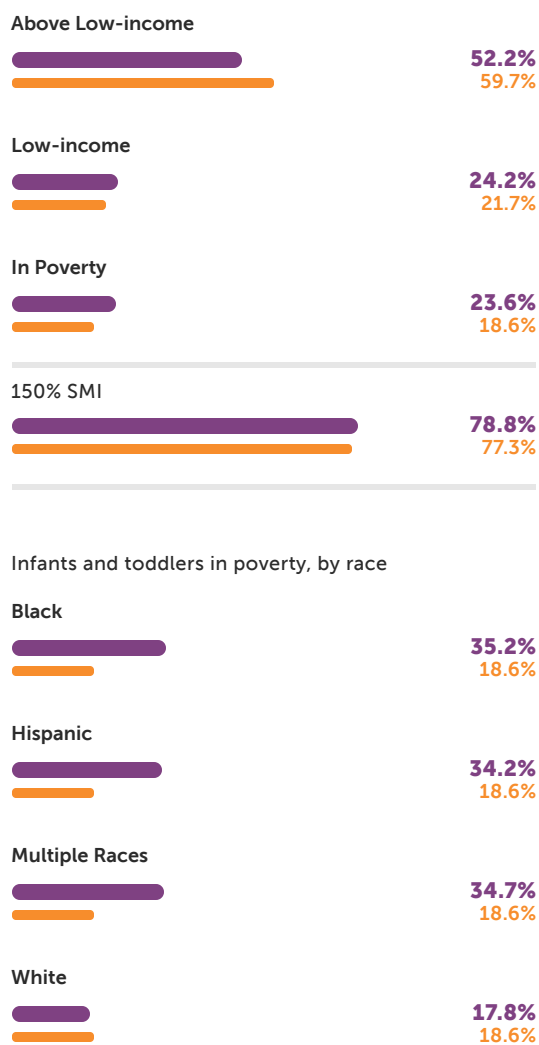
Infants and toddlers in Tennessee

Tennessee is home to 242,447 babies, representing 3.5 percent of the state's population. As many as 47.8 percent live in households with incomes less than twice the federal poverty line (in 2020, about \$52,400 for a family of four), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

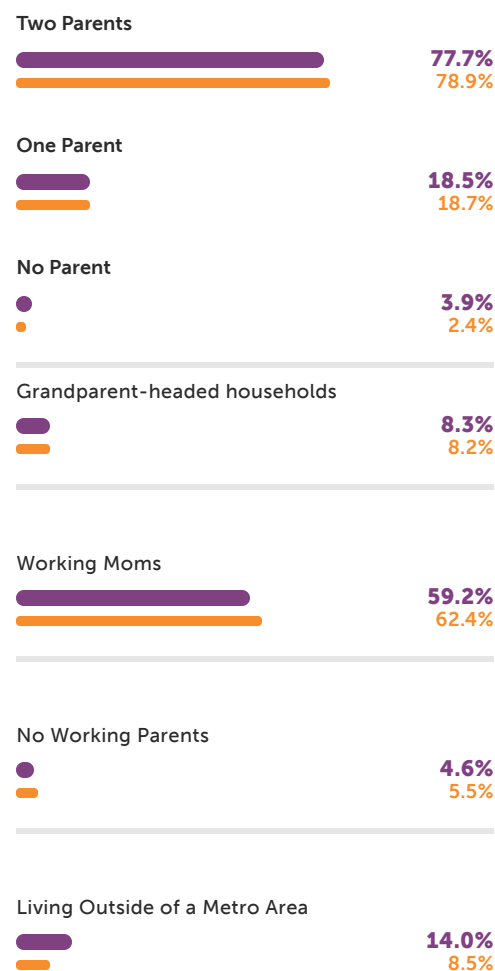
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family Structure



Percent Infant Toddler



Population Infant Toddler

242,447

Note: N/A indicates Not Available

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 percentages of uninsured babies in families with low income 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 babies ever breastfed.

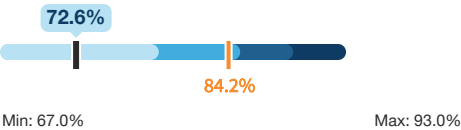
Key Indicators of Good Health

● Tennessee ● National Avg

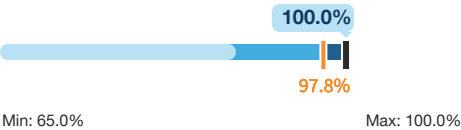
Eligibility limit (% FPL) for pregnant women in Medicaid



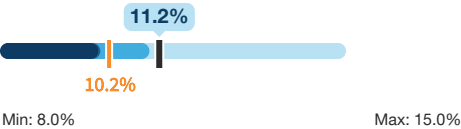
Infants ever breastfed **NR**



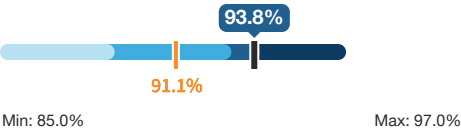
WIC Coverage



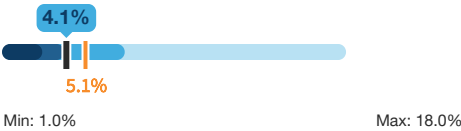
Babies born preterm



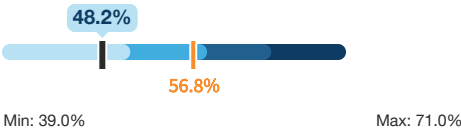
Preventive medical care received



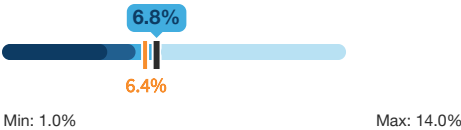
Uninsured low-income infants and toddlers



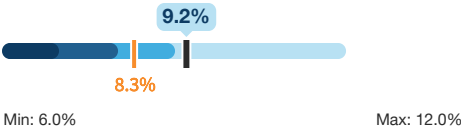
Infants breastfed at 6 months **NR**



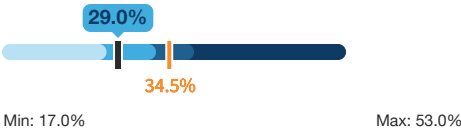
Late or no prenatal care received



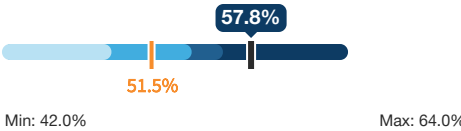
Babies with low birthweight



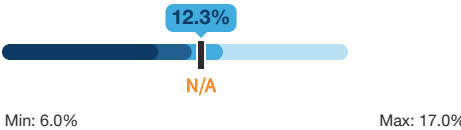
Preventive dental care received



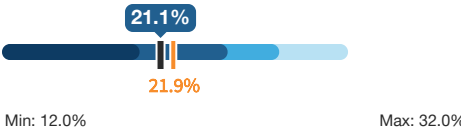
Medical home



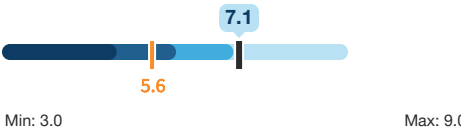
High weight-for-length **NR**



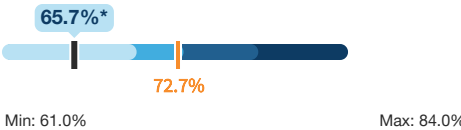
Mothers reporting less than optimal mental health



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



Received recommended vaccines



**Numbers are small; use caution in interpreting.*

Good Health Policy in Tennessee

Medicaid expansion state		No	✗
CHIP maternal coverage for unborn child option	NR	Yes	✓
Postpartum extension of Medicaid coverage		No law beyond mandatory 60 days	
Pregnant workers protection		Limited coverage: State employees and private employees with exceptions	
State Medicaid policy for maternal depression screening in well-child visits		Recommended	
Medicaid plan covers social-emotional screening for young children		Yes	✓
Medicaid plan covers IECMH services at home		Yes	✓
Medicaid plan covers IECMH services at pediatric/family medicine practices		Yes	✓
Medicaid plan covers IECMH services in early childhood education settings		No	✗

Note: N/A indicates Not Available

All Good Health Indicators for Tennessee

State IndicatorNational Avg

Health Care Coverage and Affordability

Eligibility limit (% FPL) for pregnant women in Medicaid	200.0 200.0	Uninsured low-income infants and toddlers	4.1% 5.1%
Medical home	57.8% 51.5%		

Nutrition

Infants ever breastfed	NR	Infants breastfed at 6 months	48.2% 56.8%
High weight-for-length	NR	WIC coverage	100.0% 97.8%

Maternal Health

Late or no prenatal care received	6.8% 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR NA 20.1
Mothers reporting less than optimal mental health	21.1% 21.9%		

Children’s Health

Babies born preterm	11.2% 10.2%	Babies with low birthweight	9.2% 8.3%
Infant mortality rate (deaths per 1,000 live births)	7.1 5.6	Preventive dental care received	29.0% 34.5%
Preventive medical care received	93.8% 91.1%	Received recommended vaccines	65.7% 72.7%

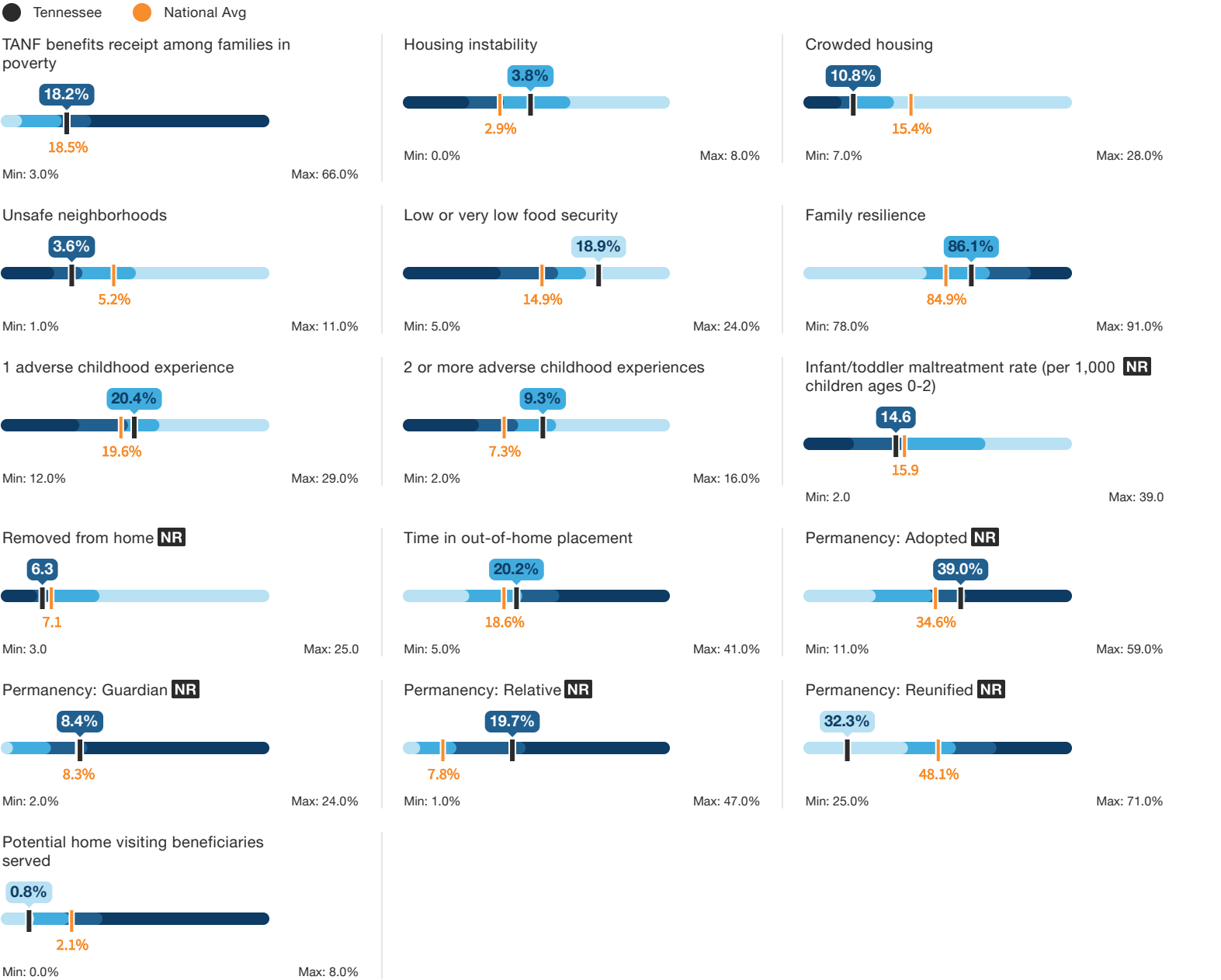
Note: N/A indicates Not Available.

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 living in crowded housing and the infant/toddler maltreatment rate. Tennessee is doing worse than the national average on indicators such as the percentages of babies who experience food insecurity and babies who have had two or more adverse experiences.

Key Indicators of Strong Families



*Numbers are small; use caution in interpreting.

Strong Families Policy in Tennessee

Paid family leave	No ✖
Paid sick time that covers care for child	No ✖
TANF work exemption	No ✖
State child tax credit	No ✖
State Earned Income Tax Credit	No ✖

Note: N/A indicates Not Available

All Strong Families Indicators for Tennessee

● State Indicator ● National Avg

Basic Needs

O TANF benefits receipt among families in poverty	18.2% 18.5%	R Housing instability	3.8% 2.9%
O Crowded housing	10.8% 15.4%	O Unsafe neighborhoods	3.6% 5.2%
G Low or very low food security	18.9% 14.9%		

Child Well-being and Resilience

R Family resilience	86.1% 84.9%	1 adverse childhood experience NR	20.4% 19.6%
R 2 or more adverse childhood experiences	9.3% 7.3%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2)	NR 14.6 15.9
Removed from home NR	6.3 7.1	Time in out-of-home placement NR	0.2% %
Permanency: Adopted NR	39.0% 34.6%	Permanency: Guardian NR	8.4% 8.3%
Permanency: Relative NR	19.7% 7.8%	Permanency: Reunified NR	32.3% 48.1%
G Potential home visiting beneficiaries served	0.8% 2.1%		

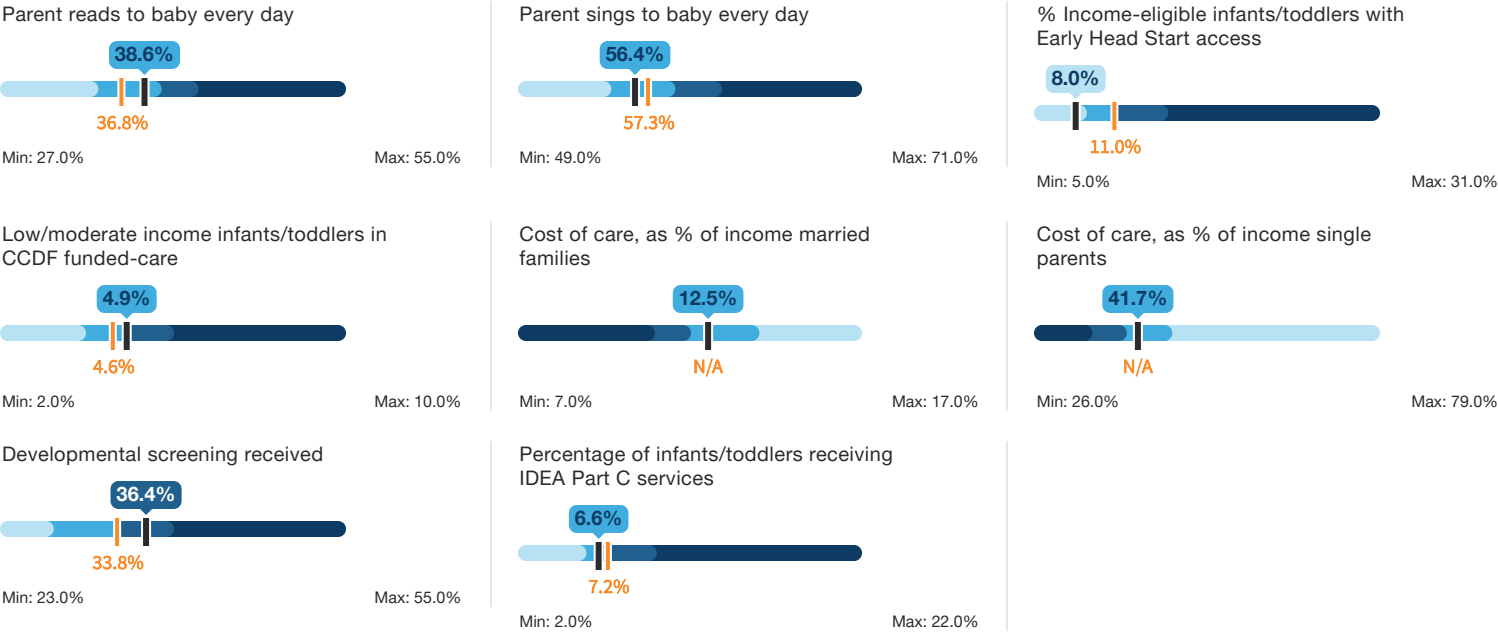
How are Tennessee's babies faring in Positive Early Learning Experiences?

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 higher 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 lower 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

Tennessee National Avg



*Numbers are small; use caution in interpreting.

Positive Early Learning Experiences Policy in Tennessee

Adult/child ratio		EHS Standards met for 1 of 3 age groups
Level of teacher qualification required by the state beyond a high school diploma		No ✕
Group size		EHS Standards met for 1 of 3 age groups
Infant/toddler professional credential	NR	No ✕
Families above 200% of FPL eligible for child care subsidy		Yes ✓
Allocated CCDBG funds		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 Indicators for Tennessee

State IndicatorNational Avg

Activities that Support Early Learning

Parent reads to baby every day	38.6% 36.8%	Parent sings to baby every day	56.4% 57.3%
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Access to Early Learning Programs

% Income-eligible infants/toddlers with Early Head Start access	8.0% 11.0%	Low/moderate income infants/toddlers in CCDF-funded care	4.9% 4.6%
Cost of care, as % of income married families	NR	Cost of care, as % of income single parents	NR
	12.5% NA		41.7% NA

Early Intervention

Developmental screening received	36.4% 33.8%	Percentage of infants/toddlers receiving IDEA Part C services	6.6% 7.2%
Timeliness of Part C services	NR		
	99.2% NA		

Note: N/A indicates Not Available.