

Mothers and Babies: The Health of Tennessee's Future



In 2004, nine of every 1,000 babies born alive in Tennessee died before their first birthday, a rate higher than every other state in the nation except Louisiana and Mississippi. The rates are even higher for black infants: 17 of every 1,000 die before age one. Tennessee has the third highest infant mortality rate in the nation and the fifth highest preterm birth and low birth weight rates. The long-term tangible effects of poor birth outcomes have high economic and social costs, borne by the state and its citizens.

Report Findings:

Poor maternal health affects infant health, leading to long-term health issues with high costs for Tennessee.

- Preterm and low weight births contribute to increased health and education expense. All health care payers—individuals, businesses and the State—share costs associated with the survival, lifelong health problems, and developmental delays of these infants.

Tennessee's maternal and infant health care system appears to lack human, financial and structural resources.

- Many Tennessee counties lack sufficient obstetric care resources, including care providers. In 2003, 15 of Tennessee's 95 counties had no obstetric provider.
- The state receives less money from the federal Maternal and Child Health (MCH) Block Grant than any other state in this health region except Mississippi.
- Neither the Maternal and Child Health Section nor the Office of Women's Health allocates sufficient resources for females of child-bearing age. In addition, the Office of Women's Health has not been funded or sufficiently staffed since its inception in 2000.
- Tennessee lacks a broad-based long-term focus on reducing poor birth outcomes
- Tennessee invests less than the regional and national averages in building program infrastructure, which includes MCH data collection systems.

In 2002, the total charges associated with low weight births alone were estimated to be \$160 million in Tennessee.

Recommendations:

- The General Assembly may wish to create an Obstetrical Care Task Force to discuss potential strategies for protecting the availability of health care services in rural areas and for low-income residents.
- The Department of Health and the MCH Section should:
 - Reconsider its allocation of resources for programs and services for women of reproductive age.
 - Make the reduction of infant mortality and low birth weight rates priorities and carry out relevant program activities accordingly
 - Place greater emphasis on building the infrastructure of MCH programs and information/data systems relevant to maternal and infant health
- The Maternal and Child Health Section should consider formally working with both the Office of Rural Health and the Office of Disparity Elimination, to assess the geographic availability and distribution of women's health and maternal and infant health services and use the information to better assess maternal and child health needs.

View the full report at <http://www.comptroller.state.tn.us/cpdivorea.htm>

For more information, contact Erin Lyttle at (615) 401-7889/
Erin.Lyttle@state.tn.us or Jessica Gibson at (615) 401-7878/
Jessica.Gibson@state.tn.us

Comptroller of the
Treasury
R-04-06