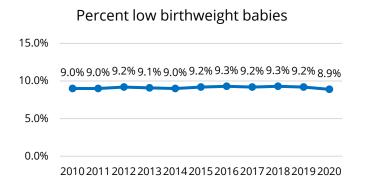
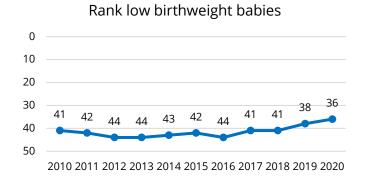
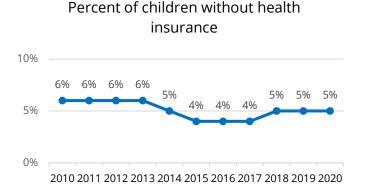
Health

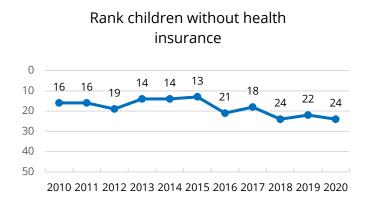
The four indicators that make up the Health domain are the percentage of babies born at low birth weight, the percentage children who lack health insurance, the child and teen death rate, and the percentage of youth age 10 to 17 who are overweight or obese.





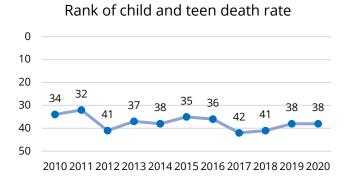
- The percent of babies who are born at a low birthweight in Tennessee has decreased a small amount compared to more recent highs. This includes a rank improvement, suggesting Tennessee improved more than other states.
- There is some disproportionality by race in this measure, with white and Hispanic babies least likely to be born at a low birthweight at just over 7 percent. Asian babies are closer to 10 percent born at a low birthweight, and African American babies have the highest likelihood at almost 15 percent. Improvement in disparity could bring great improvement overall.
- Babies born with a low birthweight have a high probability of experiencing developmental problems and short- and long-term disabilities and are at greater risk of dying within the first year of life. Smoking, poor nutrition, poverty, stress, infections, violence and inadequate prenatal care can increase the risk of a baby being born at a low birthweight.



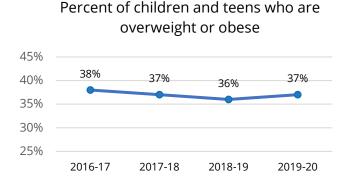


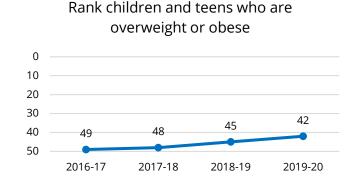
- Tennessee was an early leader on children with health insurance, as the state maintained its TennCare expansion for children when it otherwise pulled the expansion back. Other states expanding Medicaid for children and parents have chipped away at that advantage. In the past few years Tennessee has gone backward on this measure for the first time in a decade.
- This is one of the few measures where black, white and Asian children have parity. This tends
 to happen in areas with heavy federal investment aimed at at-risk children. The state's
 Hispanic children lag far behind, however, with fully 17 percent lacking health insurance.

• Children without health insurance coverage are less likely than insured children to have a regular health care provider and to receive care when they need it. They are also more likely to receive treatment after their condition has worsened, putting them at greater risk of hospitalization. Having health insurance can protect families from financial devastation when a child experiences a serious or chronic illness.



- Tennessee's child and teen death rate reversed last year's reduction to reach its highest level in a decade. The state's rank is not at its worst, suggesting other states' rates have increased more than Tennessee's has. This measure does not include infant (under 1 year) deaths.
- In Tennessee, the rate of child and teen deaths among black children is more than twice that white children. Hispanic children fall between the two.
- The child and teen death rate reflects a broad array of factors: physical and mental health; access to health care; community factors; use of safety practices and levels of adult supervision. In 2020, firearms surpassed automobiles as the leading cause of death for children and youth for the first time.





- This measure was only added to the KIDS COUNT index of child well-being a few years ago. It
 is not one that Tennessee children rate well on, though the few years of available data show
 some improvement, including continued rank improvement.
- This measure is not available by race, but a related measure—children who are not in good or excellent health—shows 8 percent of white children have significant health issues while fully 25 percent of black children do.
- Childhood obesity is associated with a higher chance of premature death and disability in adulthood. Overweight and obese children are more likely to stay obese into adulthood and to develop noncommunicable diseases like diabetes and cardiovascular diseases at a younger age.