

Tennessee Title V Maternal and Child Health Block Grant
2015 Report/2017 Application

Attachments

1. State Overview: MCH Indicators
2. State Overview: Leading Causes of Death for MCH Populations in Tennessee
3. State Overview: Obstetric/Pediatric Resource Shortage Areas
4. State Overview: MCH-Related Mandates
5. State Overview: D70 Grant
6. Needs Assessment Summary: Organizational Charts
7. Public Input: Summary of Public Comments
8. Glossary

Attachment 1.
State Overview: MCH Indicators

Table 1: National Survey of Children with Special Health Care Needs (2009/10)

Outcome Measure	TN %	Nation %
CSHCN whose families are partners in shared decision-making for child's optimal health	72.3	70.3
CSHCN who receive coordinated, ongoing, comprehensive care within a medical home	45.9	43.0
CSHCN whose families have adequate private and/or public insurance to pay for the services they need	70.4	60.6
CSHCN who are screened early and continuously for special health care needs	79.1	78.6
CSHCN who can easily access community based services	71.5	65.1
Youth with special health care needs who receive the services necessary to make appropriate transitions to adult health care, work, and independence	41.8	40.0

Table 2: Health Disparities among MCH Indicators

	% Of Births with Risk Factor		
Risk Factors (2014)	Black NH	White NH	Hispanic
Low birthweight (<2500g)	13.9	7.9	6.1
Preterm birth (<37 weeks)	13.8	10.2	8.9
Teenage mother (10-17 years)	3.4	1.8	2.8
Unmarried mother	78.1	33.9	49.9
No prenatal care	4.4	0.8	3.1
Late prenatal care (started 2 nd or 3 rd trimester)	33.1	24.0	44.0
Smoked during pregnancy (any trimester)	8.8	18.9	2.7

Attachment 2.

State Overview: Leading Cause of Death for MCH Populations in Tennessee

Analysis of Leading Causes of Death

Understanding the causes of mortality in a state helps to highlight important areas of opportunity for public health practitioners. In the tables below, leading causes of death for Tennessee are compared with those in the United States as a whole (Source: CDC WONDER, 2010-2014).

Among all the age groups, Tennesseans die at a higher rate for the causes listed in the table compared to the same cohort nationally. In the few cases where the relative order of cause of death in Tennessee is different from that of the rest of the nation, the rates of death in Tennessee are typically higher than the remainder of the country.

Infants (Age <1)

Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Congenital malformations	164.5	Congenital malformations	124.2
2	Short gestation and low birth weight	117.8	Short gestation and low birth weight	105.3
3	Accidents (unintentional injuries)	51.5	Sudden infant death syndrome	44.3
4	Sudden infant death syndrome	32.5	Maternal complications of pregnancy	39.6
5	Maternal complications of pregnancy	25.2	Accidents (unintentional injuries)	29.1

Toddlers/Preschoolers (Age 1-4)

Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Accidents	9.4	Accidents	8.3
2	Congenital malformations	3.9	Congenital malformations	3
3	Homicide	3.1	Homicide	2.3
4	Cancer	2.7	Cancer	2.2
5	Diseases of the heart	1.2	Diseases of the heart	1

Children (Age 5-14)

Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Accidents	4.6	Accidents	3.8
2	Cancer	2.4	Cancer	2.2
3	Congenital malformations	0.8	Suicide	0.8
4	Homicide	0.6	Congenital malformations	0.8
5	Suicide	0.6	Homicide	0.7

Adolescents and Young Adults (Age 15-24)

Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Accidents	33.9	Accidents	27.4
2	Homicide	12.4	Suicide	11.1
3	Suicide	11.6	Homicide	10.2
4	Cancer	3.8	Cancer	3.6
5	Diseases of the heart	2.7	Diseases of the heart	2.2

Women of Childbearing Age (Age 15-44)

Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Accidents	28.4	Accidents	19.1
2	Cancer	17	Cancer	14.4
3	Diseases of the heart	11.7	Diseases of the heart	7.4
4	Suicide	6.7	Suicide	6
5	Homicide	4	Homicide	2.9

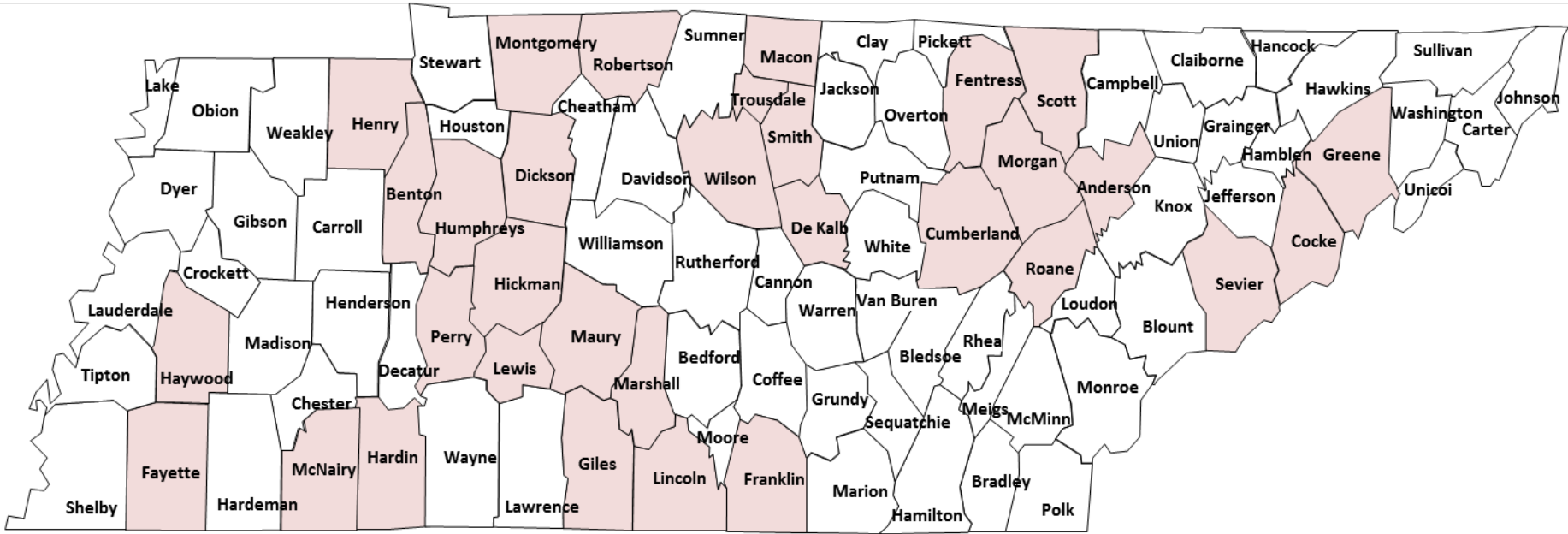
Population at Large (All ages, both sexes)


Rank	TN Cause	TN Rate per 100,000	US Cause	US Rate per 100,000
1	Diseases of the heart	227.3	Diseases of the heart	192.4
2	Cancer	214.1	Cancer	185.5
3	Chronic lower respiratory diseases	58.2	Chronic lower respiratory diseases	45.9
4	Accidents	55.4	Cerebrovascular disease	41.4
5	Cerebrovascular disease	49.7	Accidents	40.1

Attachment 3.

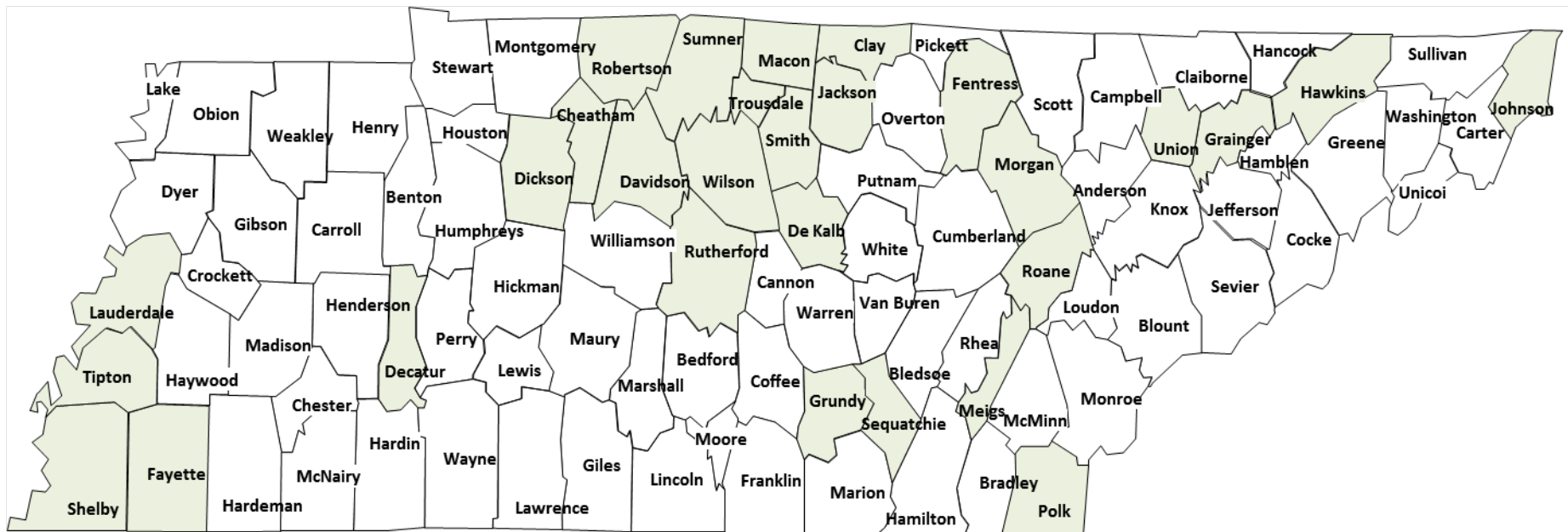
Obstetric/Pediatric Resource Shortage Areas

Top 30 Health Resource Shortage Areas Obstetrics, 2015



 2015 Health Resource Shortage Areas for Obstetrics

Top 30 Health Resource Shortage Areas Pediatrics, 2015



2015 Health Resource Shortage Areas for Pediatrics

Attachment 4.
State Overview: MCH-Related Mandates

DOMAIN	Relevant Legislation/Rules
Maternal/ Women's Health	<ul style="list-style-type: none"> • TCA 39-13-110, Female Genital Mutilation • TCA 39-15-2, Abortion • TCA 68-1-18, Office of Women's Health • TCA 63-10-2, Pharmacist Prescribing Contraception • TCA 68-1-1805, Increase Gynecological Cancer Awareness • TCA 68-34-1, Family Planning • TCA 68-3, Maternal Mortality Review and Prevention • TN Rules 1200-16 (Family Planning) • USC Title 42, Chapter 6, Subchapter VIII, §300, Population Research and Family Planning Programs • USC Title 42, Chapter 6A, Subchapter XIII, §300k, Preventive Health Measures with Respect to Breast and Cervical Cancers
Perinatal/ Infant Health	<ul style="list-style-type: none"> • TCA 56-7-2508, Insurance Coverage for Hearing Screening • TCA 68-1-11, Sudden, Unexplained Child Death • TCA 68-1-8, Care of Newborn Infants • TCA 68-1-803, Perinatal Advisory Committee • TCA 68-142-2, Fetal and Infant Mortality Review (FIMR) • TCA 68-5-2, Newborn Eye Treatment • TCA 68-5-6, Pregnancy Serologic Testing • TCA 68-5-4, Newborn Testing—Metabolic Defects • TCA 68-5-405, Newborn Glucose Testing • TCA 68-5-5, Genetic Testing • TCA 68-5-503, Genetics Advisory Committee • TCA 68-5-506, Birth Defects Registry • TCA 68-5-507, Critical Congenital Heart Disease Screening • TCA 68-5-9, Early Detection of Hearing Loss • TCA 68-58-1, Breastfeeding • TN Rules 1200-15-1-1 (Newborn Screening)
Child Health	<ul style="list-style-type: none"> • TCA 37-3-703, Healthy Start Pilot Project • TCA 49-6-5001, Immunization of School Children • TCA 55-9-602, TN Child Passenger Restraint Law • TCA 68-1-24, TN Nurse Home Visitor Program Act • TCA 68-1-125, Evidence-Based Home Visiting • TCA 68-142-1, Child Fatality Review and Prevention Act of 1995 • TN Rules 1200-11-4, Child Safety Fund • USC Title 42, Chapter 6A, Subchapter II, §254-c8, Healthy Start for Infants • USC Title 42, Chapter 7, Subchapter V, §711, Maternal, Infant, and Early Childhood Home Visiting Programs

Last updated: 9/19/2016

Children and Youth with Special Healthcare Needs	<ul style="list-style-type: none"> • TCA 56-7-2368, Insurance Coverage for Hearing Aids • TCA 68-12-1, Treatment of Disabled Children • TCA 68-12-106, CSS Advisory Committee • TN Rules 1200-11-3 (CSS Program)
Adolescent Health	<ul style="list-style-type: none"> • TCA 37-3-5, Teenage Pregnancy • USC Title 42, Chapter 7, Subchapter V, §710, Separate Program for Abstinence Education
Cross-Cutting/Life Course	<ul style="list-style-type: none"> • TCA 39-17-18, Nonsmoker Protection Act • TCA 68-10-1, Sexually Transmitted Diseases

D70 Integrated Systems of Services for Children and Youth with Special Health Care Needs

Major outcomes and accomplishments of the D70 Integrated Systems of Services for Children and Youth with Special Health Care Needs Grant included an increased capacity for CYSHCN to receive coordinated, comprehensive care within a medical home in Tennessee, through an increase in the number of physicians implementing medical home, patient and family-centered care, care coordination and transition concepts in their practices. The Tennessee Pediatric Society Foundation (TNPSF) of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) facilitated various consultative sessions with pediatric primary care practices to promote patient-centered medical home (PCMH) services and provide consultation with regard to medical home development to practices across the state. As a result of the medical home promotions and outreach, the East Tennessee State University Children's Hospital (ETSU) has given approval for its general pediatric department to be annexed under a local federally qualified health center (FQHC). One of the exciting outcomes of the PCMH consultation with the East Tennessee State University, Children's Hospital is the development of a patient centered medical home federally qualified health care guide. This published guide will be useful in providing guidance to other Tennessee providers that choose to implement medical home concepts in their practices and seek National Committee for Quality Assurance (NCQA) certification. Outside of the general pediatrics practice, ETSU has also implemented a chronic illness management and care coordination program. One important outcome of the grant funded medical home activities is that content expertise in the area of medical home has been cultivated and members of the state team have been trained and certified by NCQA and are continuing to provide consultation, training and assistance to providers considering NCQA medical home certification.

Other outcomes include: 1) increased parents' knowledge and ability to navigate the health care and other community support systems, leading to an improved parent satisfaction with their health care services and their ability to partner in decision-making on behalf of CYSHCN in Tennessee; 2)

establishment of the Tennessee Parent-to-Parent Program in March 2014, and an increase in number of successfully matched parents and satisfaction levels of parents who were matched to parent mentors through this program; 3) an increase in number of trained parent mentors, leading to increased capacity building for the Tennessee Parent-to-Parent Program; 4) an improved capacity for CYSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care leading to an increase in the number of youth who will be transition ready by age eighteen; 5) establishment of diagnoses-based support groups to provide valuable peer support for CYSHCN and their families; 6) development of an electronic resource directory; 7) development and publishing a medical home booklet for families – “Partnering With Your Doctor”; 8) dissemination of “Transition” resources; 9) hosting a parent summit and 10) establishing a youth advisory council.

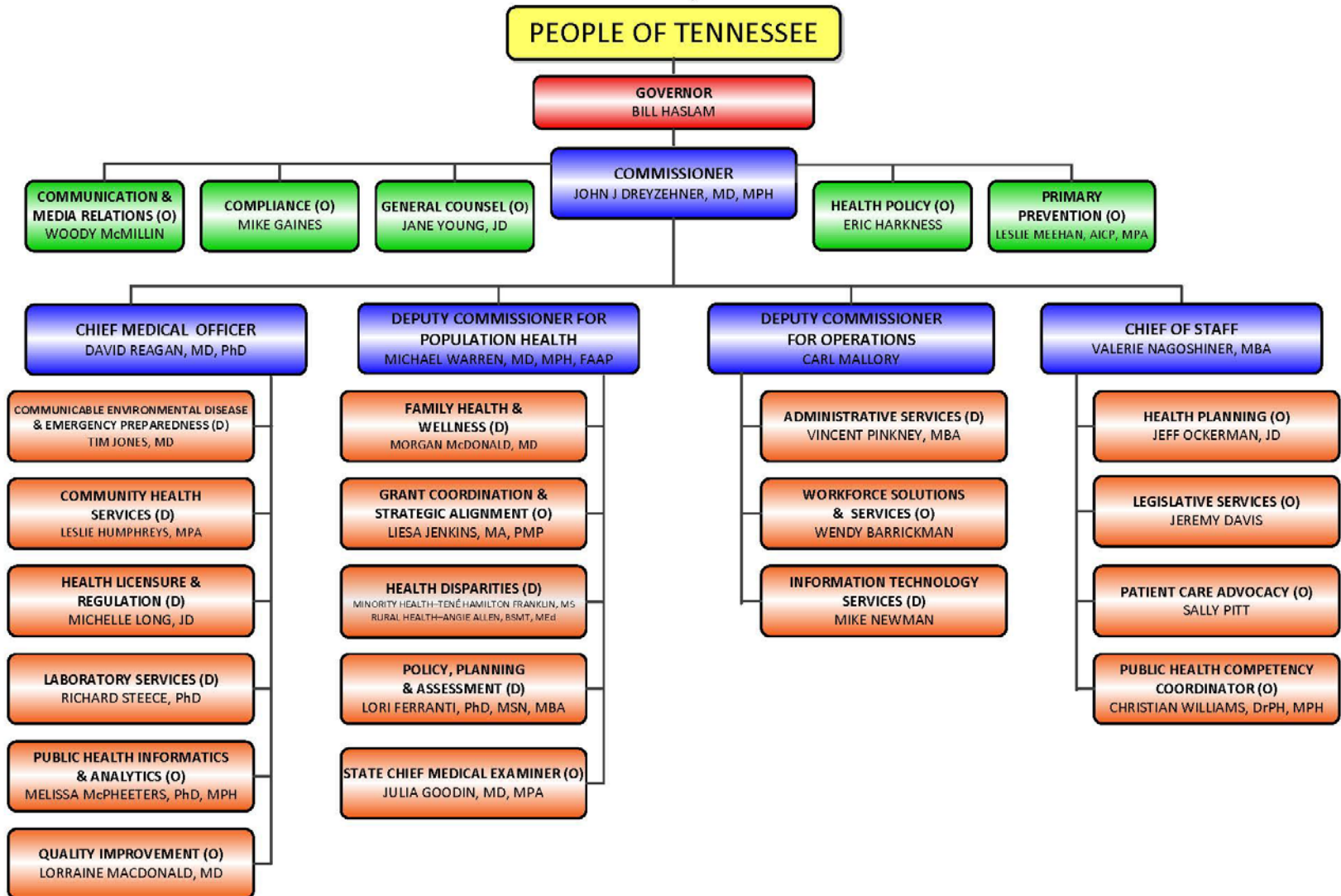
Activities that are being sustained beyond the grant include the Parent-to-Parent Program, the online resource directory, consultative services with pediatric practices considering NCQA certification, statewide collaborative efforts on transition readiness and parent training and leadership opportunities.

Attachment 5.
Needs Assessment Summary: Organizational Charts

Organizational Charts (all current as of May 2016)

- 1. Tennessee Department of Health
- 2. Division of Family Health and Wellness

Tennessee Department of Health
as of May 2016

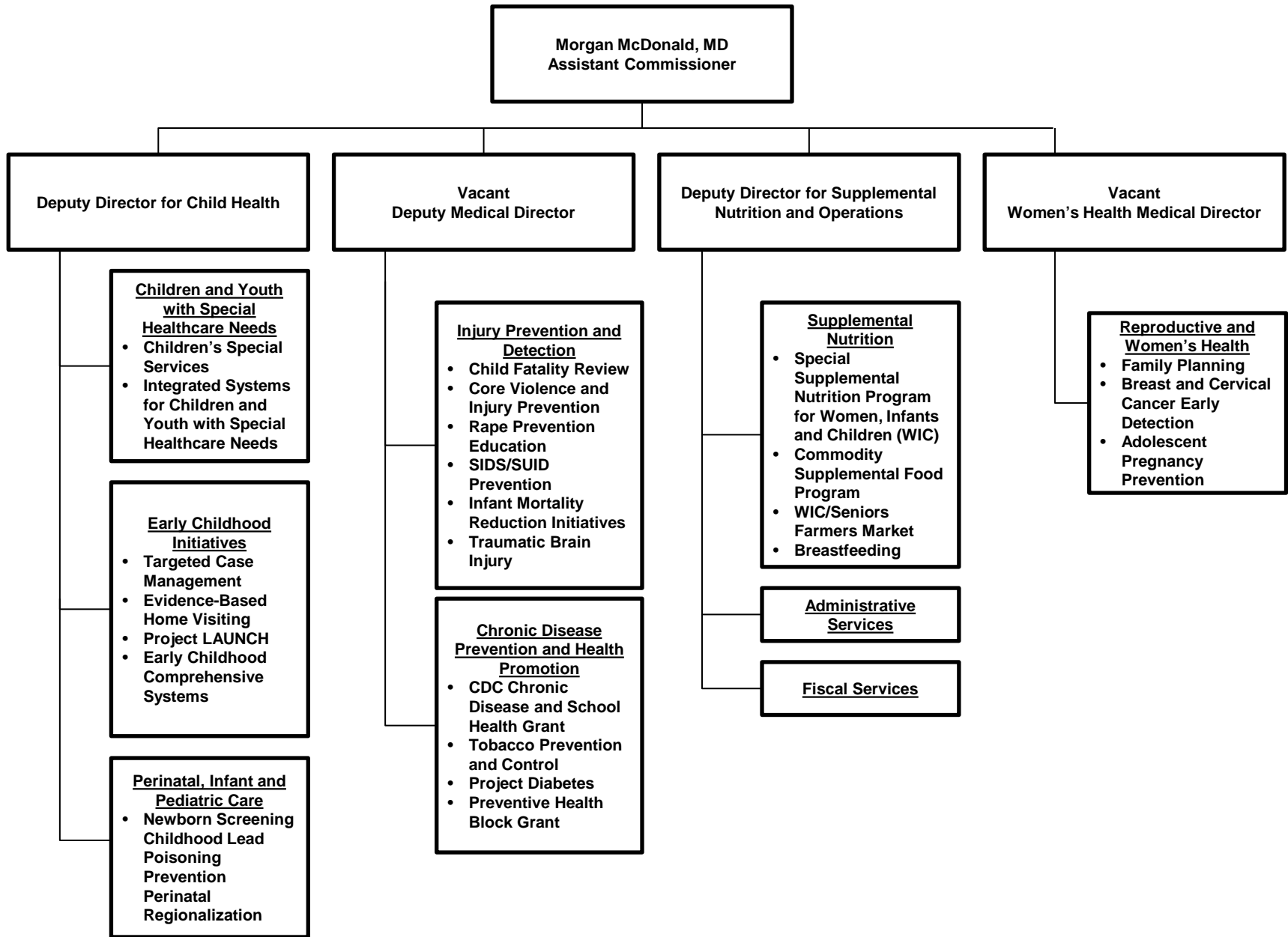


Divisions (D) consist of multiple offices or sections and multiple programs

Offices (O) and sections may consist of multiple programs and are designated "office" or "section" based on historical usage

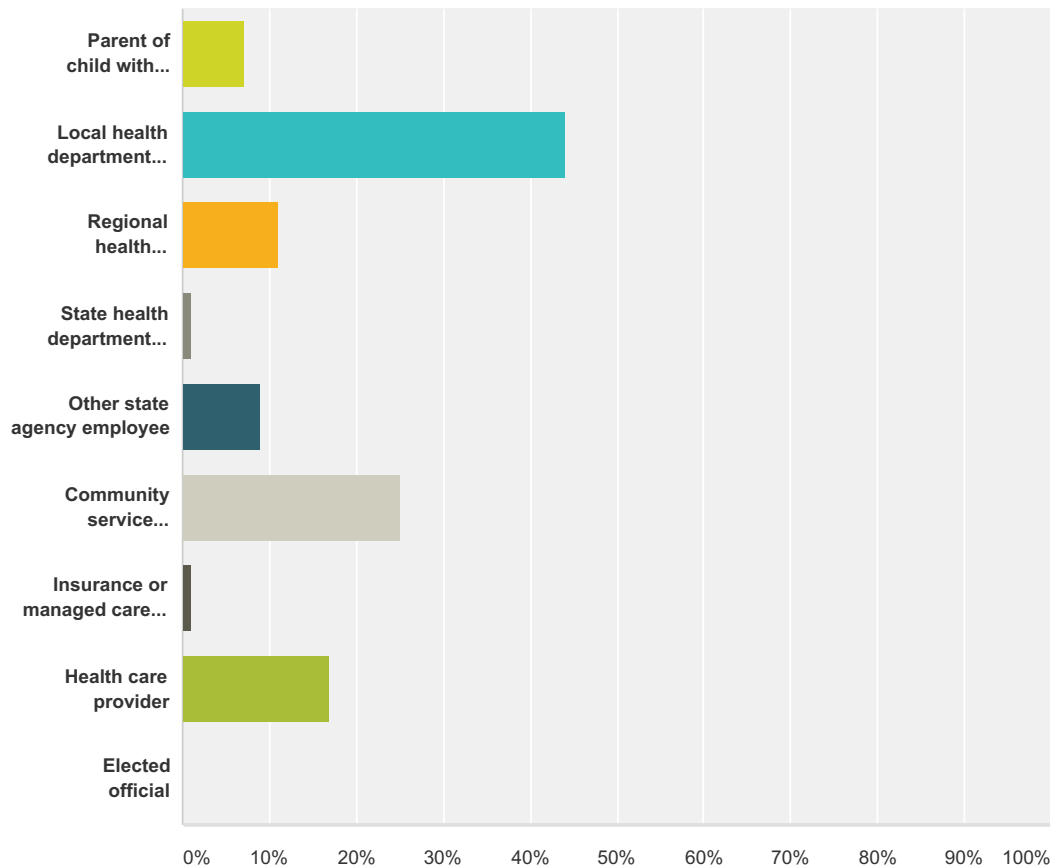
Division of Family Health and Wellness

Thematic Organizational Chart (Current as of May 2016)



Q1 What is your role? Check ALL that apply.

Answered: 100 Skipped: 8



Answer Choices		Responses	
Parent of child with special health care needs		7.00%	7
Local health department employee		44.00%	44
Regional health department employee		11.00%	11
State health department (Central Office) employee		1.00%	1
Other state agency employee		9.00%	9
Community service provider		25.00%	25
Insurance or managed care organization employee		1.00%	1
Health care provider		17.00%	17
Elected official		0.00%	0
Total Respondents: 100			

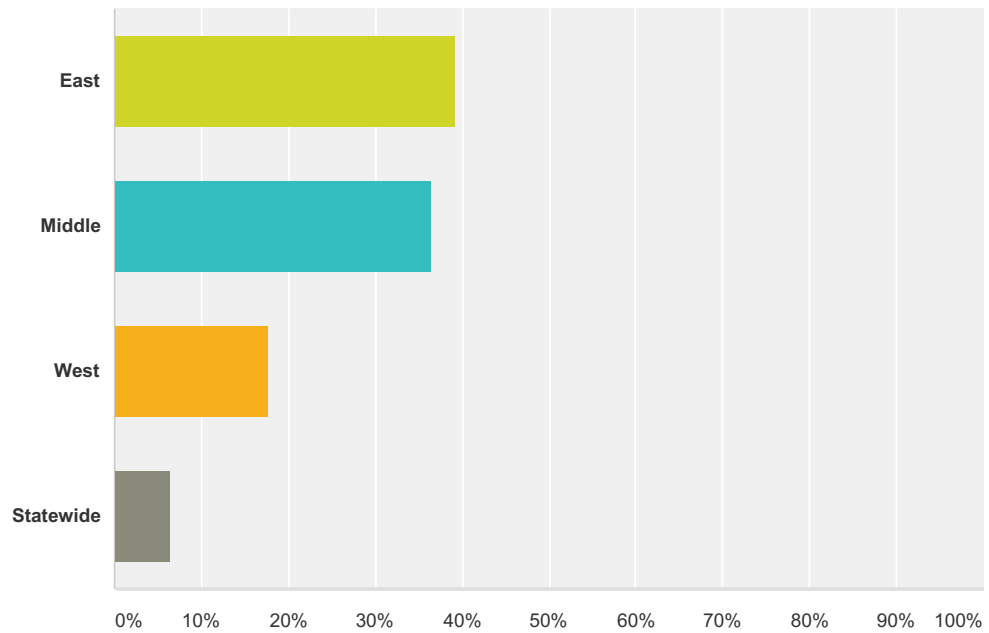
#	Other (please specify)	Date
1	Registered Dietitian in School setting	7/3/2016 3:01 PM
2	student	7/3/2016 7:37 AM

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3	Graduate student; MCH Nutrition Leadership trainee	7/1/2016 12:21 PM
4	Work for non-profit	6/30/2016 8:04 PM
5	Medical College research employee	6/28/2016 2:23 PM
6	state grant contracted employee	6/27/2016 1:28 PM
7	Nonprofit partner	6/15/2016 9:41 AM
8	Community based organization	6/14/2016 10:09 AM
9	Trainee	6/10/2016 6:56 PM
10	CEO of Children's Hospital at Erlanger	6/9/2016 7:43 AM
11	provider association executive	6/9/2016 6:28 AM
12	TCCY	6/7/2016 8:50 AM
13	Professor of public health with a focus on adolescent health	6/6/2016 11:26 AM

Q2 In which region of the state do you work or live?

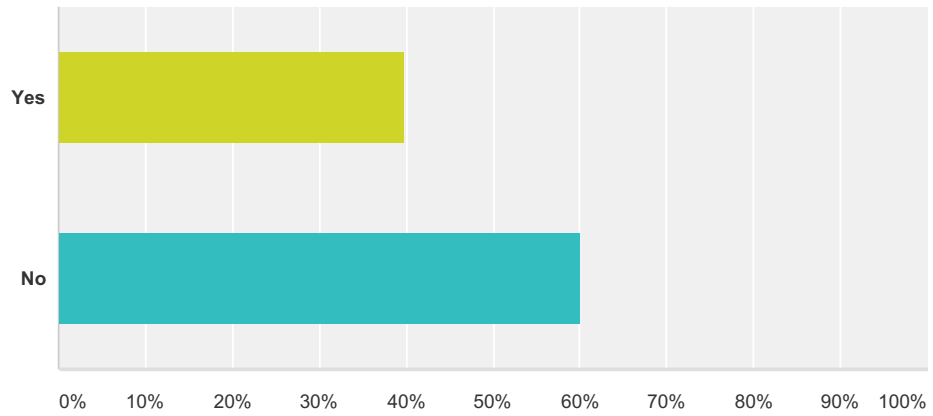
Answered: 107 Skipped: 1



Answer Choices	Responses	
East	39.25%	42
Middle	36.45%	39
West	17.76%	19
Statewide	6.54%	7
Total		107

Q3 Have you ever read a draft of the MCH block grant before?

Answered: 108 Skipped: 0



Answer Choices	Responses	
Yes	39.81%	43
No	60.19%	65
Total		108

Q4 If you would like for us to send you a final copy of the grant once approved by HRSA, please provide your email address:

Answered: 32 Skipped: 76

#	Responses	Date
1	carolyn.perryburst@knoxschools.org	7/3/2016 3:01 PM
2	kamrielreed@gmail.com	7/3/2016 7:37 AM
3	randameade@gmail.com	7/1/2016 12:21 PM
4	rosalind.knight@shelbycountyttn.gov	7/1/2016 7:17 AM
5	cheryl.hill@knoxcounty.org	6/30/2016 11:14 AM
6	LaurenH@hamiltontn.gov	6/29/2016 11:32 AM
7	Gail.harmon@tn.gov	6/29/2016 7:05 AM
8	jelzey@mmc.edu	6/28/2016 2:23 PM
9	danni.lambert@tn.gov	6/28/2016 1:34 PM
10	mark.lollis@nashville.gov	6/28/2016 10:53 AM
11	Rharris@tnvoices.org	6/28/2016 9:23 AM
12	ellen.okelley@vanderbilt.edu	6/28/2016 9:10 AM
13	jordan.roberts@centerstone.org	6/27/2016 9:04 PM
14	Cheryl.Brown@WTH.org	6/27/2016 1:28 PM
15	jane.hankins@stjude.org	6/27/2016 12:35 PM
16	fpalmer@uthsc.edu	6/27/2016 11:55 AM
17	cynthia.hudson@knoxcounty.org	6/15/2016 8:36 AM
18	rwhelchel@met-min.org	6/14/2016 4:23 PM
19	Jackie.M.Thompson@TN.gov	6/14/2016 3:18 PM
20	kimberly.hargrove@centerstone.org	6/14/2016 1:46 PM
21	alicia.verlinde@knoxcounty.org	6/14/2016 12:35 PM
22	rae@chattmd.org	6/14/2016 11:59 AM
23	kara_a@tndisability.org	6/14/2016 10:09 AM
24	tina.farr@tn.gov	6/14/2016 10:05 AM
25	nromans1616@aol.com	6/14/2016 9:54 AM
26	candice.prince@tn.gov	6/10/2016 10:39 AM
27	Amy.Riggins@tn.gov	6/10/2016 9:54 AM
28	don.mueller@erlanger.org	6/9/2016 7:43 AM
29	marynellbchat@gmail.com	6/9/2016 6:28 AM
30	jenn.croft@tn.gov	6/8/2016 9:59 AM
31	linda.busby@shelbycountyttn.gov	6/7/2016 8:40 AM
32	tina.lester@nashville.gov	6/6/2016 9:55 AM

Q5 After reviewing the MCH Block Grant Report/Application, are there any comments or thoughts that you would like to share with us? If so, please use the space below.

Answered: 21 Skipped: 87

#	Responses	Date
1	no	7/3/2016 3:02 PM
2	This is a very comprehensive report/application that takes into account multiple stakeholders interests. It is a very strong application.	6/30/2016 10:52 AM
3	It is great to see the involvement of parents, family members, youth/young adults and family organizations. It seems as though these participants are vital members of the team.	6/30/2016 8:14 AM
4	I believe there are many wonderful opportunities to partner with new and continuing initiatives around ACEs and infant mortality reduction. Please consider leveraging existing training and partnership opportunities around these.	6/28/2016 10:54 PM
5	Support for ACE related awareness seemed unspecific. Prevention of ACEs not suggested. Additionally, lack of regional and local mass transit did not seem to appear as a targeted barrier to services & care. Are ecological, nonclinical determinants of health not within the purview? The word "transportation" only appears 6 times, and largely as a problem without a concomitant solution. Firearms, esp. related to intimate partner violence and homicide, are notably missing despite higher than national rates of IPV/DV & homicide. The word weapon only appears once. Firearm/gun zero.	6/28/2016 3:11 PM
6	Examine definition of screening and use of term "ACEs screening" and consider substituting ACEs Questionnaire or ACEs Survey. While there is widespread use of the term ACEs Screening, the ACEs Questionnaire is a questionnaire not a screening tool. Tools such as the NEAR Science toolkit which are used in home visiting programs use the term ACEs Questionnaire. Page 77. Strategy 2 EMS2 consider changing word Screened to Surveyed. Activity 2d. consider changing word screening to Questionnaire or survey.	6/28/2016 10:06 AM
7	No	6/27/2016 6:45 PM
8	An emerging issue is overdosing or underdosing medication administration by healthcare providers for children in an emergency.	6/27/2016 3:39 PM
9	none	6/27/2016 2:25 PM
10	no	6/27/2016 1:28 PM
11	More investment in research and provision of care for individuals with sickle cell disease.	6/27/2016 12:36 PM
12	None	6/21/2016 3:00 PM
13	I had no idea how much work was put into the grant	6/14/2016 3:19 PM
14	There are none at this time.	6/14/2016 2:18 PM
15	The comprehensive case management and unified, coordinated care seem to be done seamlessly. If this were in our area, it would make our jobs so much easier.	6/14/2016 1:54 PM
16	I am always struck by how outstanding TDH is, how effective and wide your reach is, and am deeply appreciative of the input you seek from stakeholders.	6/14/2016 1:17 PM
17	there no mention that I could see of dealing with huge problem of prescription drug(esp opioid) abuse among pregnant women.	6/14/2016 11:49 AM
18	This program has been extremely important in improving maternal/child health. The Safe Sleep initiatives supported by the Block Grant have been instrumental in the 24% reduction in sudden infant death syndrome in Tennessee that we've seen over the past 2-3 years. This is just one example of the importance of this program.	6/9/2016 7:23 AM
19	n/a	6/8/2016 9:59 AM
20	MCH Block Grant funds are critically important for providing essential services in Tennessee.	6/6/2016 1:56 PM

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21	<p>Thank you for soliciting comments. I have several comments. First, there is no commitment to appropriately adapting and implementing evidence-based interventions (EBIs). Several of the programs you specifically proposed (e.g., Golden Sneakers and the Coordinated School Health programs) are not EBIs that have been rigorously evaluated or, even worse, have preliminary evidence that they are NOT effective (e.g., Golden Sneakers, school physical activity programs to reduce obesity). Yet you propose to continue to fund them. In the era of scarce public health dollars, we cannot afford to continue to fund programs that have no theoretical evidence base or empirical evidence of effectiveness. In contrast, some of the programs you propose to fund (e.g., Quitline) have a strong evidence base. Second, you propose to prevent injuries such as motorized vehicle accidents and suicides, yet you have no mention of substance use prevention (in particular opioids, which are now causing an increase in women's mortality rate), policy or education activities around distracted driving (e.g., texting while driving), or mental health services. I am not entirely sure what type of activities Title V can fund, but if it can fund tobacco control activities, it certainly should be able to fund other substance use prevention and treatment. Finally, there is some brief mention of wrap-around services for mothers and infants with NAS, but there is no mention of prevention of NAS through the prevention of unintended pregnancies among women who are using opioids or weaning pregnant women from opioids. Funding for both these activities is desperately needed, and could be highly cost effective, given the cost of \$60,000, on average, during the first six weeks of life for an NAS infant (not to mention that we don't know the long-term effects of being born opioid-dependent or the high social costs for children and society for having drug-dependent mothers). Thank you for soliciting input.</p>	6/6/2016 11:37 AM
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Q6 Women's/Maternal Health

Answered: 53 Skipped: 55

#	Responses	Date
1	Lack of resources, available doctors and choice. Financial barriers to preventative care or screenings.	7/2/2016 12:03 AM
2	Unplanned pregnancy Intimate partner abuse (physical, mental, and/or emotional) Substance abuse/misuse Obesity	7/1/2016 1:21 PM
3	Continued education for all women, especially ones of lower socioeconomic status.	6/30/2016 8:06 PM
4	Breastfeeding moms who return to work-pumping schedule/logistics are not well covered in breastfeeding classes. For example, personally, I did not realize you shouldn't pump until the milk stops flowing in the early first weeks. I would pump for 45 minutes and created an oversupply, got plugged ducts and mastitis. I've still nursing and pumping at work my now 10 1/2 month old but I wanted to quit when all of that happened. It's a gap in the education for mothers who intend to breastfeed and return to work in a full or part-time capacity.	6/30/2016 12:11 PM
5	Health disparities related to obesity, food insecurity, pregnancy complications, and drug addiction.	6/30/2016 11:02 AM
6	poor care due to lack of transportation to providers.	6/30/2016 9:53 AM
7	yes	6/30/2016 8:15 AM
8	Hepatitis B and C testing and education	6/29/2016 3:22 PM
9	-drug rehabilitation and recovery -preconception care/obesity	6/29/2016 1:15 PM
10	Lack of providers, transportation	6/29/2016 7:12 AM
11	Access to birth control, access to health screenings	6/28/2016 10:56 PM
12	Post-natal mental health; firearms & homicide related to IPV	6/28/2016 3:11 PM
13	I see many women (more than ever before) struggling to conceive. Many fall prey to unscrupulous MD's who prey upon their "infertility" charging/recommending services that are very high cost. Women are poorly educated on reproduction. Education of those seeking pregnancy needs to be a focus.	6/28/2016 1:51 PM
14	Lack of preconception care and information about pregnancy spacing	6/28/2016 12:11 PM
15	Women's health screening for uninsured women. Guaranteed Maternity leave for mothers.	6/28/2016 10:58 AM
16	Prenatal care and substance Abuse treatment	6/28/2016 9:29 AM
17	Poor Pregnancy outcomes Low breastfeeding initiation and duration rates Closely spaced pregnancies	6/28/2016 7:41 AM
18	Fetal Alcohol , Smoking, Maternal Perinatal Depression (specialized treatment)	6/27/2016 4:40 PM
19	Co-morbid issues related to mental health, substance abuse, and domestic abuse. Also, with the ACA, a lot of younger clients have insurance and high deductibles that still put them having difficulty obtaining care when referrals are made.	6/27/2016 2:51 PM
20	women with sickle cell disease who are pregnant have too many complications. Better provision of care of this group is needed.	6/27/2016 12:38 PM
21	Maternal depression and toxic stress	6/27/2016 12:00 PM
22	Substance abuse, poor pre-conceptual health/obesity	6/23/2016 8:01 AM
23	Drug use and Zika	6/21/2016 3:59 PM
24	access to care	6/21/2016 3:39 PM
25	Methadone/Suboxone use during pregnancy	6/21/2016 3:03 PM
26	Lack of access to health care services	6/21/2016 10:26 AM
27	Adolescents/Women not seeking care for family planning services.	6/20/2016 2:45 PM
28	lot of women don't have health care unable to afford to see MD	6/16/2016 3:56 PM
29	Access: Transportation needs and language barriers	6/15/2016 9:45 AM

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30	Drug addiction (Lack of treatment facility) Young women (Concern of STIs) Mental health Support for parenting teens (female) obesity Reduce unintended pregnancy Sexual violence	6/15/2016 9:31 AM
31	Willingness to access available health care and knowledge of the resources both available and unavailable	6/14/2016 4:27 PM
32	Transportation/education on getting transportation	6/14/2016 3:27 PM
33	Mothers are being screened for depression both prenatally and post partum, however there is a lack of follow up. In addition, birth spacing education and resources.	6/14/2016 2:09 PM
34	In my experience many women are testing high for PPD, and all they were ever given was the screen. They were given no explanation of what it was, their score, or even referred to mental health providers. the lack of availability for a woman to have control (in non emergency situations) of her birth is disheartening and sometimes traumatic for the mothers we serve.	6/14/2016 2:09 PM
35	vaping	6/14/2016 1:18 PM
36	maternal prescription drug abuse	6/14/2016 11:56 AM
37	intimate partner violence, pregnancy spacing	6/14/2016 11:18 AM
38	women and obesity women and reproductive health justice Pregnant women with hx of poor birth outcomes and the need to use more aggressive to promote use of progesterone (remove preauth requirements), aspirin and preeclampsia, Improve access to health insurance for women of preconception age and pregnant women. current presumptive eligibility process too long.	6/14/2016 10:10 AM
39	Smoking and related health risks,obesity	6/14/2016 9:03 AM
40	Assessment, prevention, and treatment of substance use disorders in women of child bearing age. Alternative methods of pain management for women of child bearing age. Buprenorphine providers for pregnant and postpartum women who require opioid replacement therapy.	6/13/2016 5:47 PM
41	Smoking and associated health risks, Obesity	6/13/2016 1:56 PM
42	routine pelvic exam, prenatal care	6/10/2016 10:41 AM
43	Breastfeeding	6/10/2016 9:55 AM
44	Impact of growing abortion restrictions on women's health Substance abuse including tobacco Impact of growing numbers of hospitals eliminating OB services	6/9/2016 7:32 AM
45	-Educating women on ACEs and the impact on their health & ways to build resilience. -System of Care coordination - Integrated healthcare -Educating moms to be on toxic stress and the impact on fetal development & connecting to services that reduce stress	6/8/2016 10:32 AM
46	Reduce the unplanned pregnancies in both teens and adults.	6/8/2016 8:54 AM
47	Prescription abuse	6/7/2016 8:52 AM
48	Continue educate to promote early and prenatal care in general.	6/7/2016 8:45 AM
49	Need for more ready access to long acting reversible contraception.	6/6/2016 2:01 PM
50	Preventing unintended pregnancy, substance use (especially opioid addiction), mental health	6/6/2016 11:40 AM
51	Opioid use/addiction. There is a need for prevention and treatment services as well as training of medical professionals that treat this category.	6/6/2016 11:13 AM
52	No access to detoxification services for pregnant women.	6/6/2016 11:03 AM
53	Patient buy in to follow up for lifestyle changes.	6/6/2016 10:45 AM

Q7 Perinatal/Infant Health

Answered: 46 Skipped: 62

#	Responses	Date
1	Smoking while pregnant; doctor prescribed medication during pregnancy, lack of breastfeeding resources.	7/2/2016 12:03 AM
2	Environmental exposure to second hand smoke Physical abuse Poor nutrition (too much fat/low nutrient foods) Diaper dermatitis/discomfort (diapers are changed frequently bc diapers are expensive)	7/1/2016 1:21 PM
3	Timing of solid food introduction; not adding cereal to bottles; recognizing and responding appropriate to hunger, satiety and sleepiness cues and behaviors.	6/30/2016 12:11 PM
4	Infant mortality rate racial disparities, although improved, still are alarming. Neonatal abstinence syndrome (NAS). Lead-based paint in subsidized housing.	6/30/2016 11:02 AM
5	poor care due to lack of transportation to providers no information concerning social emotional needs as priority, doctors not checking in on this though as the research shows outcomes in this area increase health, mental health and greater life success across the lifespan.	6/30/2016 9:53 AM
6	yes	6/30/2016 8:15 AM
7	Parental education, transportation	6/29/2016 7:12 AM
8	Non accidental injury, the impact of poverty on health and family wellness, income inequality and the impact on parents of young infants	6/28/2016 10:56 PM
9	Nutrition	6/28/2016 3:11 PM
10	Safe sleep remains a concern. Hospital staff are still not modeling safe sleep. This should be mandated. As with car seats... An infant should not leave the hospital without a documented safe sleep space and safe sleep education.	6/28/2016 1:51 PM
11	NAS	6/28/2016 12:11 PM
12	The need for space to breast feed in public areas. Access to quality health care and housing.	6/28/2016 10:58 AM
13	Preventing infant death	6/28/2016 9:29 AM
14	Prematurity Infant mortality	6/28/2016 7:41 AM
15	Parent/Child Attachment and Bonding especially for mothers with significant trauma and at risk situations	6/27/2016 4:40 PM
16	toxic stress and adverse childhood experiences	6/27/2016 12:00 PM
17	NAS/prenatal smoking/non-compliance with safe sleep	6/23/2016 8:01 AM
18	Premature deliveries increasing from drug dependency	6/21/2016 3:03 PM
19	Mortality	6/21/2016 10:26 AM
20	NAS	6/20/2016 3:22 PM
21	Urging pregnant women to seek early prenatal care.	6/20/2016 2:45 PM
22	teen pregnancy some don't get started with their care early enough	6/16/2016 3:56 PM
23	Increased awareness and transportation needs	6/15/2016 9:45 AM
24	Low birth weight	6/15/2016 9:31 AM
25	Willingness to access available health care and knowledge of the resources both available and unavailable	6/14/2016 4:27 PM
26	Illegal drugs and pregnancy	6/14/2016 3:27 PM
27	Breastfeeding: Parents are oftentimes receiving the wrong information and are being directed to supplement or altogether quit and go to formula. There has been a decrease in the amount of breastfeeding mothers in Tennessee due to lack of support and knowledgeable staff. In addition, we are seeing more and more now parents stating that providers have encouraged switching children to whole milk before the age of one years old.	6/14/2016 2:09 PM

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28	We are not fortunate to have a baby friendly hospital in our area. There is often a lack of empathy on the part of medical staff and skin to skin, etc after birth is not encouraged or sometimes the mother doesn't even have an option to do it. There is also multiple providers giving contradictory advice on breastfeeding, encouraging 2 hour supplementation of a normal, healthy weight baby. The mixed messages of information and the encouragement to supplement are leading to mothers who desired to breastfeed, quitting and switching to formula due to confusion and loss of milk production.	6/14/2016 2:09 PM
29	vaping and continued emphasis on NAS	6/14/2016 1:18 PM
30	maternal prescription drug abuse with secondary brain damage to infants. Dr. Nadine Trainer an expert in this area	6/14/2016 11:56 AM
31	how pregnancy spacing effects the infant	6/14/2016 11:18 AM
32	Maintain EPSDT screening efforts through health departments; Include mental and behavioral health eval and treatment as appropriate; Maintain smoke free environments, including play grounds, etc.; Maintain preventable death programs such as safe sleep	6/14/2016 10:10 AM
33	Exposure to 2nd. hand smoke, obesity	6/14/2016 9:03 AM
34	Mom /Dad on drugs	6/13/2016 4:05 PM
35	Exposure to 2nd. hand smoke and associated health risks	6/13/2016 1:56 PM
36	Our county doesn't have a birthing center or hospital that provides OB services. Our prenatal clients must go to surrounding counties.	6/13/2016 11:35 AM
37	Breastfeeding	6/10/2016 9:55 AM
38	The potential for a Zika virus epidemic Substance exposure including tobacco Impact of growing numbers of hospitals eliminating OB services	6/9/2016 7:32 AM
39	- Helping moms understand the impact of toxic stress on fetal development - more skill building for new moms to promote optimal infant mental health -integrated healthcare with a skill-building/teaching component for parents - reinforcement through engaging social media - knowledge about how ACEs can impact brain development.	6/8/2016 10:32 AM
40	Babies continue to sleep in parents bed. Breastfeeding rates need to increase.	6/8/2016 8:54 AM
41	NAS, low birth weight	6/7/2016 8:52 AM
42	Need continued work to outreach to provide more education to decrease infant mortality. Educate to decrease shaking baby syndrome.	6/7/2016 8:45 AM
43	Safe sleep to reduce the avoidable unsafe sleep deaths. Need for more home visiting resources to meet the needs of more children/families to help prevent and mitigate the impact of adverse childhood experiences.	6/6/2016 2:01 PM
44	Neonatal abstinence syndrome	6/6/2016 11:40 AM
45	There is a continued need to model and teach safe sleep practices. There is a growing need to emphasize the safety of immunizations. There is a special need to dispel myths surrounding immunizations and autism spectrum disorder relationships.	6/6/2016 11:13 AM
46	Making sure that resources that are available get used by everyone that is eligible.	6/6/2016 10:45 AM

Q8 Child Health

Answered: 46 Skipped: 62

#	Responses	Date
1	although getting better in some areas, access to healthy eating and healthy food is limited. High sugar foods and lack of exercise. Lack of knowledge for parents on how this affects health.	7/2/2016 12:03 AM
2	Poor nutrition (lack of nutrient dense foods, too much sugar and fat) Inadequate safe places to play Abuse and neglect Obesity Exposure to secondhand smoke	7/1/2016 1:21 PM
3	The built environment in school and afterschool programs; limiting/educating about sugar sweetened beverages (Rethink Your Drink); physical activity opportunities that are indoor or addressing the built environment in certain neighborhoods; not using food as a reward.	6/30/2016 12:11 PM
4	Lead-based paint in subsidized housing. Obesity, especially among low-income, black, and Hispanic children.	6/30/2016 11:02 AM
5	poor care due to lack of transportation to providers no information concerning social emotional needs as priority, doctors not checking in on this though as the research shows outcomes in this area increase health, mental health and greater life success across the lifespan	6/30/2016 9:53 AM
6	yes	6/30/2016 8:15 AM
7	-adverse childhood experiences -identifying needs early	6/29/2016 1:15 PM
8	Dental/Oral Health in children under 4 years of age	6/29/2016 12:56 PM
9	Bullying, peer pressure, tobacco, drugs	6/29/2016 7:12 AM
10	Exposure to trauma, access to resources for families to mitigate ACEs and also build resilience to buffer the impact of trauma.	6/28/2016 10:56 PM
11	Nutrition & ACEs	6/28/2016 3:11 PM
12	Negative Anti-immunization ads/movies need to be disproven. The negative health impact of this movement to not immunize is clearly seen as herd immunity fails.	6/28/2016 1:51 PM
13	Access to and education about natural environments on a regular basis. Bike lanes, trails, healthier school lunches	6/28/2016 11:15 AM
14	Access to quality education, food, and housing.	6/28/2016 10:58 AM
15	Preventing ACEs; Mental health	6/28/2016 9:29 AM
16	Obesity, mental health	6/27/2016 6:46 PM
17	Improving resiliency in children with high ACE scores	6/27/2016 4:40 PM
18	see previous notation suicide	6/27/2016 3:39 PM
19	screening, identification, and intervention for childhood developmental delays which include prevention of adverse childhood experiences	6/27/2016 12:00 PM
20	ACES/obesity/sedentary lifestyle	6/23/2016 8:01 AM
21	Lack of access due to parental income	6/21/2016 10:26 AM
22	obesity	6/20/2016 3:22 PM
23	Increasing physical activity.	6/20/2016 2:45 PM
24	Transportation needs: even when some insurance providers provide transportation, they typically only transport a 1-2 children leaving a single mom to decide between leaving other children unsupervised at home or missing appointments. Also, because appointments must be made 48+ hours in advance which does not cover emergencies.	6/15/2016 9:45 AM
25	Childhood obesity Youth sports (safety)	6/15/2016 9:31 AM
26	Helping transfers to WIC to TN from other states transfer insurance coverage to set up a local pediatrician.	6/15/2016 9:14 AM
27	Lack of health decision/action empowerment by school nurses	6/14/2016 4:27 PM
28	child fatality	6/14/2016 3:27 PM

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29	Drug use and inhalants: this is a health concerns that use to get a lot of attention but seems that in recent years, there has been a decrease in prevention. This area is still a health concerns because children's brains are still growing and they are not able to fully evaluate participating in this in conjunction with what the long term serious health effects could be. You see on social media daily teachers and parents alike discussing concerns such as this because they caught a child huffing paint or gasoline.	6/14/2016 2:09 PM
30	There are strong concerns about vaccinations leading to some parent's opting out of vaccines and introducing their children to common diseases to "naturally" expose them and "build up immunities." Some of those concerns may be valid as there are risks for reaction to vaccines sometimes leading to death, and nothing seems to be done to make these vaccinations safer and reduce risks.	6/14/2016 2:09 PM
31	behavioral health crises	6/14/2016 1:18 PM
32	Lack of mental health providers Lack of routine childhood immunizations	6/14/2016 11:56 AM
33	Adequate nutrition programs are a must for TN's children to help combat childhood obesity; parents can receive through multiple avenues such as EPSDT visits, WIC visits, etc. Perhaps more community based dieticians will be of help in this.	6/14/2016 10:10 AM
34	Obesity, lack of physical activity, poor diet	6/14/2016 9:03 AM
35	Obesity,lack of physical activity, and poor diet	6/13/2016 1:56 PM
36	routine dental exams, insurance not providing dental coverage	6/10/2016 10:41 AM
37	Obesity	6/10/2016 9:55 AM
38	Firearm related deaths	6/9/2016 7:32 AM
39	- Integrated health -knowledge about how ACEs impact brain development - explanation of brain development and common behaviors -skill building at doctors visits on parenting skills	6/8/2016 10:32 AM
40	Increase routine physicals after 5 years of age and especially teens.	6/8/2016 8:54 AM
41	ACEs	6/7/2016 8:52 AM
42	Educate to have immunization UTD. Early health care promotional activities to promote good choices.	6/7/2016 8:45 AM
43	Medical health home. Effective interventions to prevent and mitigate the impact of adverse childhood experiences.	6/6/2016 2:01 PM
44	Mental health, overweight/obesity	6/6/2016 11:40 AM
45	There is a growing need for infant/child trained occupational therapists to serve the needs of children that have experiences drug dependency.	6/6/2016 11:13 AM
46	Encouraging more exercise and non-sedentary activities.	6/6/2016 10:45 AM

Q9 Adolescent Health

Answered: 46 Skipped: 62

#	Responses	Date
1	Seeing a growing trend of adolescents' being kicked out of their homes and with no insurance. Parents do not qualify for TNcare or Blue care and will not go on Marketplace.	7/2/2016 12:03 AM
2	Unplanned pregnancy Substance abuse Inadequate safe/affordable areas to be physically active and hang out with friends (rural areas have limited access to parks, pools, etc) Bullying Partner abuse (physical, mental and emotional)	7/1/2016 1:21 PM
3	Addressing the effects of social media and games on their overall emotional health/growth. Also the effect of both on physical health.	6/30/2016 8:06 PM
4	Tobacco use prevention, including dipping or smokeless tobacco. HPV vaccination of both boys and girls and educating parents about the vaccine.	6/30/2016 12:11 PM
5	Obesity, especially among low-income, black, and Hispanic children.	6/30/2016 11:02 AM
6	no information concerning social emotional needs as priority, doctors not checking in on this though as the research shows outcomes in this area increase health, mental health and greater life success across the lifespan	6/30/2016 9:53 AM
7	yes	6/30/2016 8:15 AM
8	Teen Pregnancy	6/29/2016 3:22 PM
9	-adverse childhood experiences - identifying and addressing needs early	6/29/2016 1:15 PM
10	Transition to adult health care. Obesity, smoking, substance abuse.	6/29/2016 9:58 AM
11	Bullying, peer pressure, tobacco, drugs, lack of community activities for this age group	6/29/2016 7:12 AM
12	Nutrition	6/28/2016 3:11 PM
13	Reproductive health MUST be taught in public schools. This is often requested by teachers and families. The "Moral majority" rejects this education in schools as "it encourages sexual promiscuity". This education should be required curriculum.	6/28/2016 1:51 PM
14	Access to and education about natural environments on a regular basis. Bike lanes, trails, healthier school lunches	6/28/2016 11:15 AM
15	Access to resources for education, health care, employment, summer and after school programs, and access to health food choices.	6/28/2016 10:58 AM
16	Suicide; addressing ACEs	6/28/2016 9:29 AM
17	Obesity, tobacco, mental health	6/27/2016 6:46 PM
18	Opiate/drug use/alcohol during pregnancy Sedentary life styles and unhealthy food choices	6/27/2016 4:40 PM
19	suicide	6/27/2016 3:39 PM
20	In our high risk populations, needed family planning services are not accessible due to transportation issues (middle school age).	6/27/2016 2:51 PM
21	Transition to adult care for patients with sickle cell disease is a huge gap currently. Many get lost and do not transition appropriately. Better services and research for adolescents and young adults with sickle cell disease is desperately needed.	6/27/2016 12:38 PM
22	preconception health	6/27/2016 12:00 PM
23	Obesity/sedentary lifestyle/smoking-vaping	6/23/2016 8:01 AM
24	Teen Pregnancy/STD increase	6/21/2016 3:03 PM
25	STD's	6/21/2016 10:26 AM
26	drug abuse	6/20/2016 3:22 PM
27	Encouraging well child exams.	6/20/2016 2:45 PM
28	Increase HPV vaccination rates Increase education on STIs in schools and community Increase awareness of healthy relationships Violence	6/15/2016 9:31 AM

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29	Lack of health decision/action empowerment by school nurses	6/14/2016 4:27 PM
30	Pregnancy prevention since we are not able to talk to children in schools	6/14/2016 3:27 PM
31	Safe Sex/protection/pregnancy/STDs: increase in early adolescent and teen pregnancies across the state over the last 5 years because there are very little prevention trainings being delivered to this population. The programs and information are available in most areas but its not actually reaching our teen populations due to outside influences creating barriers. (ex: school systems)/ Also there is very limited education to this age population pertaining to puberty and their changing bodies and emotional needs.	6/14/2016 2:09 PM
32	In our area, lack of education and practical, realistic expectation of teen sexual activity has spiked a increase in teen pregnancy and stds.	6/14/2016 2:09 PM
33	behavioral health crises	6/14/2016 1:18 PM
34	Prescription/opioid drug abuse with secondary teen pregnancies Lack of mental health providers	6/14/2016 11:56 AM
35	Young men and sexual responsibility Young men and STD education and preventive health services Increase behavioral and mental health counseling efforts to help curtail violence among communities of young men who are often incarcerated rather than provided aggressive counseling for anger management, or young men who are diagnosed with ADHD are treated in elementary through middle school but are abruptly pulled off these intense meds as soon as they graduate. this is a system failure. No human can endure this type of treatment. TDH officials please add this as a closer area to monitor and put plans in place to eliminate this practice	6/14/2016 10:10 AM
36	Teen pregnancy, smoking, obesity	6/14/2016 9:03 AM
37	Smoking, teen pregnancy	6/13/2016 1:56 PM
38	Obesity	6/10/2016 9:55 AM
39	Firearm related deaths	6/9/2016 7:32 AM
40	- helping parents understand brain development in the adolescent years and skill building -pregnancy prevention and IPV prevention strategies	6/8/2016 10:32 AM
41	Needs to increase HPV vaccine rate in both males and females with HPV9.	6/8/2016 8:54 AM
42	Unresolved childhood trauma	6/7/2016 8:52 AM
43	Increase education on all health care related issues such as STD, substance abuse, etc.	6/7/2016 8:45 AM
44	Need for more ready access to long acting reversible contraceptives. Ready access to health, mental health and substance abuse prevention and treatment.	6/6/2016 2:01 PM
45	Mental health, substance use, overweight/obesity	6/6/2016 11:40 AM
46	Encouraging regular check-ups and emphasizing needed immunizations.	6/6/2016 10:45 AM

Q10 Children and Youth with Special Health Care Needs

Answered: 26 Skipped: 82

#	Responses	Date
1	available resources- especially summer resources when school not in session.	7/2/2016 12:03 AM
2	Inadequate support systems Gaps in services Need for help to hire paid caregivers (for example my twin 12 year old nephews have severe cerebral palsy and need care beyond what an average 'babysitter' can and will be willing to provide. it is difficult for their mother to work outside the home and as a single mother she has to.) Poor education opportunities in rural areas Need for changing areas in public places such as Wal-Mart, rest areas, etc. (Families have no where to change their older adolescent children who no longer fit on changing tables....this hinders the families' abilities to enjoy activities outside the a home and travel)	7/1/2016 1:21 PM
3	Transition and Care coordination remain huge on the landscape for this category.	6/30/2016 8:06 PM
4	Overweight and obesity. Transitioning services for adolescents with special health care needs.	6/30/2016 11:02 AM
5	more in home services would be helpful	6/30/2016 9:53 AM
6	yes	6/30/2016 8:15 AM
7	Expanding family supports, navigation support, access to medical homes. Early ID and intervention.	6/29/2016 9:58 AM
8	Lack of knowledge of how to access available services, insurance, transportation	6/29/2016 7:12 AM
9	Infants and toddlers, with Special Health Care Needs, are still slipping through the cracks. With earlier is better & MORE effective in mind... Better newborn and toddler screening MUST be implemented.	6/28/2016 1:51 PM
10	Access to and education about natural environments on a regular basis. Bike lanes, trails, healthier school lunches	6/28/2016 11:15 AM
11	Family/peer support programs	6/28/2016 9:29 AM
12	Bullying by others	6/27/2016 4:40 PM
13	establishing medical home and coordination of services	6/27/2016 12:00 PM
14	Lack of access to care due to parental income	6/21/2016 10:26 AM
15	Increase local resources for children with special needs.	6/20/2016 2:45 PM
16	continuation of funds to continue with the CSS program.	6/14/2016 3:27 PM
17	Specialized care and help isn't available to families in more rural areas, they must travel in excess to receive medical services and oftentimes any kind of support at all. Limited education and support.	6/14/2016 2:09 PM
18	Very little specialized care clinics. The majority of our families have to drive 1-2 hours for specialized care.	6/14/2016 2:09 PM
19	behavioral health crises	6/14/2016 1:18 PM
20	Lack of effective transition to adult care	6/14/2016 11:56 AM
21	Economic impact of non-health related care on families (behavioral testing, respite care, earning potential due to missed time at work, etc)	6/9/2016 7:32 AM
22	-evidence-based caregiver support	6/8/2016 10:32 AM
23	Rural areas have limited medical specialists.	6/8/2016 8:54 AM
24	Less barriers on seeking services-less slipping through the cracks.	6/7/2016 8:45 AM
25	Medical health home and specialized services when needed.	6/6/2016 2:01 PM
26	Making sure that the families know programs that can help them with these children.	6/6/2016 10:45 AM

Q11 Cross-Cutting Issues (issues that span multiple populations across the life course)

Answered: 36 Skipped: 72

#	Responses	Date
1	access to transportation	7/2/2016 12:03 AM
2	Substance abuse Inadequate green space/leisure areas	7/1/2016 1:21 PM
3	Gang violence, bullying, and substandard housing in low-income communities.	6/30/2016 11:02 AM
4	no information concerning social emotional needs as priority, doctors not checking in on this though as the research shows outcomes in this area increase health, mental health and greater life success across the lifespan	6/30/2016 9:53 AM
5	prescription drug misuse and abuse	6/30/2016 9:46 AM
6	yes	6/30/2016 8:15 AM
7	-adverse childhood experiences as child/parent	6/29/2016 1:15 PM
8	Cultures, drugs, tobacco,	6/29/2016 7:12 AM
9	Generational transmission of trauma	6/28/2016 10:56 PM
10	Adult ACEs as a vector for child abuse & violence	6/28/2016 3:11 PM
11	Smoking is being replaced by "e-cigarettes". Many MD's feel this is a lesser of two evils". This sends the message to "e-cigarette" smokers that this is acceptable for their health. These individuals report as "Non-smoker". This needs to be better addressed and captured in data.	6/28/2016 1:51 PM
12	Access to and education about natural environments on a regular basis. Bike lanes, trails, programs that foster exercise on a daily basis.	6/28/2016 11:15 AM
13	Affordable housing, access to employment resources including a living wage, access to quality food and healthcare.	6/28/2016 10:58 AM
14	Understanding by general public, day care workers, health care providers, educators, social service workers and the business sector of the impact of ACEs and how to become trauma informed within their respective sectors.	6/28/2016 10:09 AM
15	Mental health	6/27/2016 6:46 PM
16	Early intervention to improve social emotional development, intervention for parents who are challenged by their child's difficult behavior at an early age rather than waiting until school age, increase parental awareness of ACEs and their effect on both their own lives and the lives of their children- breaking the cycle.	6/27/2016 4:40 PM
17	ACE	6/27/2016 3:39 PM
18	Transition to adult care	6/27/2016 12:38 PM
19	promoting resiliency to reduce the effects of adverse childhood experiences	6/27/2016 12:00 PM
20	Smoking-vaping/obesity	6/23/2016 8:01 AM
21	Lack of quality health care services	6/21/2016 10:26 AM
22	Transportation	6/15/2016 9:45 AM
23	Exercise/nutrition Dementia Tobacco use Violence	6/15/2016 9:31 AM
24	access to nutritional food, lack of education about the deliciousness of nutritious food for those who've never experienced it, folks too poor to afford even \$2 copays for meds, limited literacy skills for those receiving prescription medications	6/14/2016 4:27 PM
25	very legitimate issues	6/14/2016 3:27 PM
26	Vaccinations are a cross cutting issues due to unvaccinated individuals and intergenerational contact could lead to a vast and quick spread of disease.	6/14/2016 2:09 PM
27	vaping, behavioral health crises	6/14/2016 1:18 PM
28	Prescription drug abuse/poverty/mental health issues	6/14/2016 11:56 AM

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29	Smoking, obesity	6/14/2016 9:03 AM
30	The potential for a Zika virus epidemic Substance exposure including tobacco Impact of growing numbers of hospitals eliminating OB services Poverty and access to healthcare, especially preventive care	6/9/2016 7:32 AM
31	Adverse childhood experiences awareness and response	6/8/2016 10:32 AM
32	Preventing and mitigating adverse childhood experiences (ACEs) because they are intergenerational and have such a strong negative impact on health, mental health and longevity.	6/6/2016 2:01 PM
33	Substance use, mental health, overweight/obesity	6/6/2016 11:40 AM
34	Opioid addiction.	6/6/2016 11:13 AM
35	Lack of housing options for those transitioning out of drug and alcohol treatment.	6/6/2016 11:03 AM
36	Attitudes about lifestyle changes needing to be personally driven, not just something the insurance company tells you to do.	6/6/2016 10:45 AM

Q12 Are there specific programs or aspects of the system that are working particularly well?

Answered: 42 Skipped: 66

#	Responses	Date
1	Home visiting; community education programs in jails. Father engagement. Incentive programs and care coordination.	7/2/2016 12:06 AM
2	Headstart, WIC, University Extension programs	6/30/2016 12:17 PM
3	Home visiting program, newborn screenings.	6/30/2016 11:06 AM
4	I think home visitation and new HRSA programs are the most potentially effective programs available.	6/30/2016 9:55 AM
5	not sure	6/30/2016 8:22 AM
6	Family Planning - health dept being able to do the Quick Start.	6/29/2016 3:23 PM
7	safe sleep programs	6/29/2016 1:16 PM
8	Infant Mortality Review Program	6/29/2016 12:58 PM
9	Family Planning and WIC	6/29/2016 7:14 AM
10	Communication and collaboration	6/28/2016 10:58 PM
11	The uptake of Long Acting Reversible Contraceptives seem to be increasing with education.	6/28/2016 1:57 PM
12	FIMR program, SAFE Sleep initiative, ACE Statewide initiative focus, ACE initiatives in Memphis and Nashville.	6/28/2016 10:12 AM
13	Interdepartmental collaboration is on the up and up and can only benefit from continues coordinated services and blended funding.	6/28/2016 9:35 AM
14	Evidence based early home visiting programs are providing the support , education and coaching for many families and the results are positive	6/27/2016 4:47 PM
15	TN Emergency Medical Services for Children	6/27/2016 3:41 PM
16	I think our family planning program is working well. with the increased use of LARCs in teen/ young adult population.	6/27/2016 2:54 PM
17	Newborn screening for sickle cell disease	6/27/2016 12:38 PM
18	Healthier Beginnings	6/27/2016 12:01 PM
19	Gold Sneaker program engages community buy in and involvement Baby and Me addresses tobacco use and incentives on a one on one bases FIMR/Infant Mortality Reduction has engaged community stakeholders with a cohesive effort to address issues on the local level identified through case reviews.	6/23/2016 8:06 AM
20	Baby and me decreasing maternal smoking during pregnancy and also breastfeeding education increasing younger breastfeeding mothers in clinic.	6/21/2016 3:05 PM
21	Presumptive TNCare	6/21/2016 10:27 AM
22	Baby and Me Tobacco Free is a much needed great program for pregnant women and their significant others that smoke. HUGS(Help Us Grow) visitation program by social workers within the health department is a great program for pregnant women and children.	6/20/2016 2:53 PM
23	Car Seat Safety and Safe Sleep programs have been extremely beneficial	6/15/2016 9:45 AM
24	Adolescent Pregnancy programs have done well. Continue support for abstinence based programs. Abstinence based, not abstinence only, is the most	6/15/2016 9:38 AM
25	CSS, HUGS, TN BF Hotline.	6/15/2016 9:15 AM
26	TN Agriculture Dept cooking and nutrition classes, esp - just not enough of them decentralized food distribution by the CAFB	6/14/2016 4:28 PM
27	WIC is working well, numbers are going down now	6/14/2016 3:30 PM

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28	Home visiting programs are making headway and helping to decrease infant mortality rates, lower child abuse and neglect rates, and connect parents to mental health and other providers. By being in the home, a relationship is built and trust is formed. When trust is formed, home visitors are able to help caregivers foster better attachments with their children as well as help them tackle problems and issues with goal and support planning.	6/14/2016 2:16 PM
29	The current focus on Adverse Childhood experiences and programs that focus on Parental and Infant mental health to lower the risk of child abuse and neglect. Home visiting programs seem to be the most successful and beneficial	6/14/2016 2:16 PM
30	NAS, newborn screens, Perinatal Advisory Committee, Genetic Advisory Committee, the tremendous amount of input you seek from stakeholders on every aspect of every program - huge thanks	6/14/2016 1:19 PM
31	considering resources available the system functions adequately	6/14/2016 11:58 AM
32	WIC	6/14/2016 9:04 AM
33	WIC and screening by nurses and Docs	6/13/2016 4:07 PM
34	WIC	6/13/2016 1:57 PM
35	WIC is a very good program. Our immunization program is very good but so few of our clients use our services. We have a great Family Planning program. Basically all of our clinic services are very good, we just aren't serving the population that needs us.--I am not sure why clients do not take advantage of the service. When asked-most reply " I don't know."	6/13/2016 11:40 AM
36	Baby and Me	6/10/2016 10:41 AM
37	YES--Perinatal regionalization is working extremely well as a network for dissemination of best practices and new public health initiatives across the state! Promotion of breastfeeding including the hotline	6/9/2016 7:40 AM
38	Baby and Me Tobacco Free Back to Sleep	6/8/2016 8:55 AM
39	Noted more communication between agencies than in the past.	6/7/2016 8:47 AM
40	Immunization compliance is pretty good.	6/6/2016 2:03 PM
41	I feel that the trainings we receive on Sex Trafficking and Cultural Competency are helpful in making us aware of being more attentive to patient needs.	6/6/2016 11:20 AM
42	Good co-ordination of community mental health providers and addiction facilities.	6/6/2016 11:04 AM

Q13 Are there specific programs or aspects of the system that are not working particularly well?

Answered: 31 Skipped: 77

#	Responses	Date
1	baby and me smoking cessation.	7/2/2016 12:06 AM
2	Immunization rates could be higher, addressing misconceptions about immunizations I think is very much needed and educating all public health staff on the most updated information regarding immunizations so we have a consistent message when informing community members.	6/30/2016 12:17 PM
3	Adolescent pregnancy prevention--abstinence education is not an evidence-based prevention strategy.	6/30/2016 11:06 AM
4	More information from health care providers or collaboration or understanding about our programs, so that they would be more interested in supporting services through referral and encouragement to stay engaged in programs due to the social-emotional needs that infants and children have in order to succeed in all areas of their lives.	6/30/2016 9:55 AM
5	It would be great if Children Special Services were able to cover more diagnosis and not based on income. It is unfortunate that services for Autism are not covered.	6/30/2016 8:22 AM
6	policy change around drug use and rehabilitation	6/29/2016 1:16 PM
7	WIC	6/29/2016 12:58 PM
8	TennCare Kids	6/29/2016 7:14 AM
9	Making training available broadly to family serving agencies and ensure adhere due to evidence base program fidelity	6/28/2016 10:58 PM
10	HPV immunization levels. HPV immunizations should be FREE to all who desire them. This is cancer prevention 101!	6/28/2016 1:57 PM
11	Addressing autism in TN with children who have co-occurring mental help and DD.	6/28/2016 9:35 AM
12	Coordination of the referral process for infant, early childhood/family services, avoiding duplication with some and lack of identification of others	6/27/2016 4:47 PM
13	Mental health service availability	6/27/2016 2:54 PM
14	Transition to adult care	6/27/2016 12:38 PM
15	STD/HIV prevention services	6/21/2016 10:27 AM
16	mental health services	6/14/2016 4:28 PM
17	Communication between systems and programs are not going very well.	6/14/2016 3:30 PM
18	Not extending home visiting programs as far as expanding to new counties but also not being able to fully staff a county's home visiting program (too many referrals and turning families away because there is too little staff) when the community is requesting that based on progress being made by the programs. This is a problem because it doesn't allows us to see the full scope and benefit of home visiting within a county and eventually throughout the state because we are only serving a small portion of families displaying the need while others are just not able to acquire services at all.	6/14/2016 2:16 PM
19	Not extending home visiting programs into more rural areas that may not have the necessary statistics to guarantee grant funds, but that have expressed the need	6/14/2016 2:16 PM
20	I can think of none.	6/14/2016 1:19 PM
21	As noted above	6/14/2016 11:58 AM
22	ADHD treatment of children throughout school and an abrupt end of such treatment upon graduation. This formula creates a disaster. There needs to be a tapering off or a transitioning of treatment support into adulthood to help maintain stability of symptoms.	6/14/2016 10:13 AM
23	The registration process is very time consuming.	6/13/2016 11:40 AM

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24	I'm not sure about a particular program not doing well, but it seems that there may be variability across the state regarding how well programs are implemented. Developing best practices guidelines might help even things out if this is a problem.	6/9/2016 7:40 AM
25	More integrated health, more system of care, more public health response to toxic stress/ACEs	6/8/2016 10:33 AM
26	Reducing unplanned pregnancies. Increasing breastfeeding rates.	6/8/2016 8:55 AM
27	Need even more communication between providers.	6/7/2016 8:47 AM
28	Insufficient focus on preventing and mitigating the impact of adverse childhood experiences.	6/6/2016 2:03 PM
29	I think that we could have the above trainings annually with perhaps a mini update at the 6 month point	6/6/2016 11:20 AM
30	There is a need to differentiate home visiting from care coordination models (HUGS).	6/6/2016 11:15 AM
31	Lack of cooperation with providers around detoxification services for pregnant women.	6/6/2016 11:04 AM

Q14 Are there particular populations in the state for whom (or specific regions of the state in which) the system needs to provide additional supports? If so, please indicate who or where and what types of supports are needed.

Answered: 32 Skipped: 76

#	Responses	Date
1	seeing an increased need for families who are right outside the income guidelines for such programs as WIC and Families First. Also, limited resources in Hickman and Lewis Counties and practically no resources in Perry, Humphries and Houston counties.	7/2/2016 12:06 AM
2	Rural areas need more assistance with providing safe areas for families to be physically active with their children and safe areas for youth and teens to hang out.	7/1/2016 1:23 PM
3	Breastfeeding, working mothers-always! Adoptive parents or caregivers of NAS babies.	6/30/2016 12:17 PM
4	Our state still has a waiting list for the Medicaid waiver that is about 6000 people long. Not enough of our families that have children with disabilities are receiving the services and supports that they need.	6/30/2016 8:22 AM
5	Children and youth on the Autism Spectrum	6/29/2016 9:59 AM
6	Seniors - this is an area that is most appreciative and most overlooked	6/29/2016 7:14 AM
7	Rural areas and lack of resources to address health concerns	6/28/2016 10:58 PM
8	Appalachian regions continue to suffer with substance abuse issues. Recovery centers/facilities are few and far between. They are too expensive and have a long waiting lists. More facilities are needed and patients must not be given so many hoops to jump thru for admission.	6/28/2016 1:57 PM
9	Opiod addiction more prevention and treatment, ACE related public health primary prevention funding	6/28/2016 10:12 AM
10	Rural areas are desperate for help. Maury, Macon, Hickman, etc are all seeking supports for their constituents. Other counties need it but don't have the advocates.	6/28/2016 9:35 AM
11	Inner city minorities/ would like to see a program with home visiting for pregnant women thru 1st year of infants life like the connect one community doula program	6/28/2016 7:41 AM
12	All areas need more intensive/clinical services available for families with young children with behavior problems and parents/infants with bonding and attachment issues. Targeting courts for "safe baby" type teams could be helpful. Many rural areas also have difficulty providing the infant and early childhood services that are needed within their community and many don't have resources for transportation to more urban areas for service.	6/27/2016 4:47 PM
13	Continue to see large Hispanic population with language and transportation issues.	6/27/2016 2:54 PM
14	Pregnant women with substance abuse issues	6/27/2016 1:45 PM
15	Sickle cell disease - genetic counseling and case management to help with transition to adult care.	6/27/2016 12:38 PM
16	fathers	6/27/2016 12:01 PM
17	A need for more STD education in the school systems	6/21/2016 3:05 PM
18	NA	6/21/2016 10:27 AM
19	Those without transportation	6/15/2016 9:45 AM
20	Support for substance abuse treatment	6/15/2016 9:38 AM
21	I can't think of any system over another	6/14/2016 3:30 PM

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22	Southern Middle Tennessee: Many of the counties in Southern Middle Tennessee have a lack of services and programs in general. These rural populations need home visiting and other types of supports as much or more than bigger, vaster counties because these counties have services, places to acquire help, and are constantly the ones who receive new programming. These rural counties have a need and aren't always fairly considered because a variety of reasons but are oftentimes the counties who have the highest rates of unreported child abuse, neglect, etc.	6/14/2016 2:16 PM
23	The southern middle Tennessee area is in need of more support in all areas of paternal, maternal, prenatal and child mental and physical health. Home visiting programs are limited, and the lack of coordinated care between different medical and health professionals of is often hurtful and may even be to the detriment of the client. case management helps build connections and relationships between providers which leads to more focus on the individual's best interests.	6/14/2016 2:16 PM
24	Mental health Drug abuse	6/14/2016 11:58 AM
25	Memphis, Chattanooga, Hamilton County, are a few of the areas that are in high need of additional resources in multiple health issues	6/14/2016 10:13 AM
26	Teens	6/14/2016 9:04 AM
27	Important to pay more attention to hospital closures and service limitations in community hospitals (OB services) to provide a list of "hot spot communities" to direct resources to.	6/9/2016 7:40 AM
28	children in poverty and children of color	6/8/2016 10:33 AM
29	Staff throughout the system and throughout the state need more training regarding prevention and responding to adverse childhood experiences.	6/6/2016 2:03 PM
30	There needs to be more attention to opioid addiction and NAS, including prevention of drug use, prevention of unintended pregnancies, and affordable and timely drug treatment. There also need to be changes in state policies that, for example, allow methadone clinics to offer effective, voluntary birth control; reduce barriers to Medicaid payment for IUDs or hormonal implants immediately after delivery, better regulation of pain clinics, etc.	6/6/2016 11:42 AM
31	May need to have some training on NAS to incorporate it into more patient education as needed.	6/6/2016 11:20 AM
32	We need home visiting programs to serve opioid using mothers and their infants in at least Upper Cumberland - Northeast Tennessee.	6/6/2016 11:15 AM

Q15 What specific recommendations do you have for strengthening and improving the health of mothers, children and families in the state? (This may include a variety of recommendations such as but not limited to: recommend to collect certain types of data to better understand an issue; reform or restructure an aspect of the service system; strengthen an existing policy that impacts health; OR share information with stakeholders to provide education about a particular policy).

Answered: 33 Skipped: 75

#	Responses	Date
1	I believe most of the efforts to improve maternal and family health are working. The state just needs more unfortunately. It is difficult at times to work with families to decrease ACEs and stress when there is few or no resources to offer. Most of the time it is simply diapers or needing transportation to access a resource that is not available. In addition, I am bombarded by other agency staff looking for resources in counties that do not have programs targeting maternal and infant health. In particular for my area are Humphreys, Perry and Houston. I was told recently by staff at CCC&R that Humphreys county does not have one licensed day care. This drastically reduces a family's options as far as health and safety of their child in order for them to improve their financial status. I also believe more in home therapies such as MBD are needed. I know this is only available in a few areas and it is much needed. And finally more father resources. I am also seeing an increasing trend of fathers with sole custody.	7/2/2016 12:14 AM
2	I think sharing relevant information in a variety of ways is crucial for today's world. The key is to get the vital information out and to have opportunities to further explain and engage the most vulnerable populations.	6/30/2016 8:08 PM
3	There is limited, and in some cases, no data on fruit and vegetable consumption (and other healthy foods) in the elementary aged population. It would be great if somehow this information could be captured during lunch or breakfast of nationally funded programs such as the NSLP or SBP.	6/30/2016 12:18 PM
4	Pediatric obesity prevention is key--need measures related to dietary intake, physical activity, and children's food environments. Gold sneakers recommendations should be part of licensing for child care facilities.	6/30/2016 11:09 AM
5	Getting more information to the Tennessee Pediatric Association and influencing policy that would promote ASQs and linkage in pediatric offices. As well as promoting EPDS in pediatric offices for moms and linkage.	6/30/2016 9:57 AM
6	It is always important to keep families, children, youth, parents informed of our changing health care system. Family organizations are a great way to keep other families aware of health related matters, so it is important to help fund these family organizations.	6/30/2016 8:27 AM
7	Strengthen policy around medical assisted therapy for pregnant women.	6/29/2016 1:17 PM
8	I think we need major restructuring for the WIC program in Tennessee. Wait times in clinics are too long due to the amount of paperwork that must be filled out by the client. We need updated tools for clients to use in the grocery stores to help them know how to spend their vouchers.	6/29/2016 1:11 PM
9	Leverage opportunities presented in recent federal legislation to support and fund prevention programming such as home visiting and maternal health.	6/28/2016 10:59 PM
10	Witnessing domestic violence is a form of child abuse, but indicators from state data suggest TN has a DV problem, but not a child abuse problem. This suggests that the abuse of children is not being properly attributed or tracked, or perhaps defined. Global neonatal home visits/parenting classes should be state policy.	6/28/2016 3:15 PM

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11	Methadone clinic are a crutch to recovery. They have no concern of a woman's reproductive ability, and are not truthful to women about the probably effects this substance will have on their neonate. Stricter laws should be passed that require all women undergo pregnancy testing and receive reliable contraceptives before any narcotic substance is prescribed. MD's should be held accountable.	6/28/2016 2:01 PM
12	I suggest broadening our definition of health to include other social issues that have an affect on health.	6/28/2016 11:00 AM
13	Continue to collect BRFSS ACE data; greater emphasis on trauma informed environments	6/28/2016 10:13 AM
14	1. Interagency agreements at the state level to assure a coordinated system of screening, assessment and referral for all infants and young children. Build a process that works. 2. Offer Perinatal depression screening for all pregnant and new moms up to 1 year of age and support training and resources for EBT for this issue. 3. Offer a statewide credentialing system for all who work with children/families birth to three. Provide accessible and appropriate training to help staff obtain the appropriate credentials. 4. Further emphasis on early childhood development as it relates to assessment, trauma, ACEs, attachment/bonding, evidence based treatment, etc. 5. Assurance of financial support to make screening, assessment, quality home visiting, evidence based treatments, and other services needed most during the first three years of life. 6. More A & D treatment options for pregnant and parenting mothers. 7. Support Father Engagement efforts and activiites	6/27/2016 4:55 PM
15	Hold HMOs accountable for reimbursing providers of patients with SCD.	6/27/2016 12:39 PM
16	Continuation of 17P project to address pre-term birth rates	6/23/2016 8:11 AM
17	Broaden access to health care	6/21/2016 10:27 AM
18	Provide the needed care where poor mothers, children and families already gather for support. Incentivize accessing services that may be wholly new to that population.	6/14/2016 4:30 PM
19	Overall better communication between the programs.	6/14/2016 3:31 PM
20	In order to strengthen and improve the health of mothers, children, and families in Tennessee, we need a more unified goal. We need unified care to reach a level where its common practice for providers to exchange information so that all people involved in the care of a mother, child, or the whole family have access to vital information needed to help families make informed decisions, meet medical needs, acquire needed help, promote good choices, etc. Without unified care, there are a lot of professionals working in different capacities with the same end goal: to help this person, however, we are all going about it from a different perceptive and we all feel that our one need we are helping a family with should be a priority with unified care all providers would work together as a team.	6/14/2016 2:20 PM
21	home visiting and coordinating care between providers.	6/14/2016 2:18 PM
22	a quicker turn-around on data release related to behavioral health crises and other issues	6/14/2016 1:20 PM
23	Provide more mental health services. Direct Home /community services to better understand living conditions	6/14/2016 12:01 PM
24	Encourage parents to have adequate health follow-up.	6/14/2016 9:08 AM
25	Work to bring back family structure. Offer incentives for families to stay together as opposed to being single. Offer parenting classes that promotes a family structure of 2 parents that work to do what is best for their children.	6/13/2016 11:43 AM
26	Strengthen partnerships with TennCare to ensure that insurance providers used to manage TennCare recipients are supporting programs and access to care in the key areas that the block grant is supporting. For instance, back transporting convalescing neonates closer to home makes for a truly bidirectional regionalization system but is not supported by TennCare.	6/9/2016 7:44 AM
27	Supporting "grass roots" to "grass tops" knowledge of ACEs/impact of toxic stress and supporting change in practice, policy, philosophy and funding that support and create child health.	6/8/2016 10:40 AM
28	The TN Dept of Health needs to have access to the school systems, to educate students and teachers. Family Planning needs to be freely discusses in schools.	6/8/2016 8:57 AM
29	Like programs to combine to work on different health issues. Increase awareness of what is available as resources to families across the state. This would be a dream--where all services are cross referenced in one big reference booklet on online.	6/7/2016 8:52 AM
30	Increased emphasis on preventing and mitigating the impact of adverse childhood experiences because they are intergenerational and have such a substantial impact across the life span.	6/6/2016 2:05 PM
31	A greater focus on evidence-based interventions and policies that both save money and promote the public's health.	6/6/2016 11:43 AM
32	More public information about health concerns and programs that are available to address them.	6/6/2016 11:21 AM
33	Monitor how individual hospitals supply data to the NAS Surveillance System. There is strong evidence that hospitals make these determinations in a haphazard manner.	6/6/2016 11:17 AM

Q16 Other general comments

Answered: 6 Skipped: 102

#	Responses	Date
1	Thanks for asking and working to make things better.	6/14/2016 4:30 PM
2	home visiting. coordinated care. case management. collect data on communities that strive to coordinate care between all providers, relationships with home visiting and other programs, and of course, ace scores and their impacts on individuals physical and mental health.	6/14/2016 2:18 PM
3	Good Luck!	6/14/2016 12:01 PM
4	Drugs in system of prenatals affects the welfare of their baby and their well being for the rest of their lives...cannot be denied...society reflects it!!!	6/13/2016 4:12 PM
5	Thanks for all you do!	6/6/2016 2:05 PM
6	Thanks for asking for input.	6/6/2016 11:43 AM

Attachment 7. Glossary

Acronym	Meaning
17-OHP	17-hydroxyprogesterone
AAA	American Automobile Association
AEGP	Abstinence Education Grant Program
ACA	Affordable Care Act
ACE	Adverse childhood experience(s)
ACF	Administration for Children and Families
ACOG	American Congress of Obstetricians and Gynecologists
AMCHP	Association of Maternal and Child Health Programs
BMI	Body mass index
BRFSS	Behavioral Risk Factor Surveillance System
CAC	Certified Application Counselor
CCHD	Critical congenital heart disease
CCR&R	Child Care Resource and Referral Tennessee Network
CDA	Child Development Associate
CDC	Centers for Disease Control and Prevention
CDC WONDER	Centers for Disease Control and Prevention, Wide-ranging OnLine Data for Epidemiologic Research
CFR	Child Fatality Review
CHAD	Child Health and Development
CHAMPS	Changing High-Risk Asthma in Memphis through Partnership
CHAT	Children's Hospital Alliance of Tennessee
CHIP	Children's Health Insurance Program (CoverKids in Tennessee)
CLC	Certified Lactation Counselor
CMS	Centers for Medicare and Medicaid Services
CoIIN	Collaborative Improvement and Innovation Network to Reduce Infant Mortality
CSH	Coordinated School Health
CSHCN	Children with Special Health Care Needs
CSPAP	Comprehensive School Physical Activity Program
CSS	Children's Special Services (Title V CYSHCN Program in Tennessee)
CSTE	Council of State and Territorial Epidemiologists
Core VIPP	Core Violence and Injury Prevention Program
CYSHCN	Children and Youth with Special Health Care Needs
D70	State Implementation Grants for Enhancing the System of Services for Children and Youth with Special Health Care Needs
DCS	Tennessee Department of Children's Services
DMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
DOSE	Direct On-Scene Education
DVD	Digital Video Disc
ECC	Early Childhood Caries

Acronym	Meaning
ECCS	Early Childhood Comprehensive Systems
EHDI	Early Hearing Detection and Intervention
EHDI-IS	Early Hearing Detection and Intervention Information System
EMS	Emergency Medical Services
EPSDT	Early Periodic Screening, Diagnosis and Treatment
FAAP	Fellow, American Academy of Pediatrics
FACOEM	Fellow, American College of Occupational and Environmental Medicine
FFM	Federally Facilitated Marketplace
FHW	Division of Family Health and Wellness (Tennessee Department of Health)
FIMR	Fetal and Infant Mortality Review
FTE	Full-Time Equivalent
FV	Family Voices
FY	Fiscal Year
GAC	Genetics Advisory Committee
GBYS	Guide By Your Side
GED	General Educational Development
GYN	Gynecology (or gynecological)
H&V	Hands and Voices
HCFA	Health Care Finance and Administration
HDD	Hospital Discharge Data
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	United States Department of Health and Human Services
Hib	Haemophilus Influenzae Type B
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HP2020	Healthy People 2020
HPSA	Health Professional Shortage Area
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
HUGS	Help Us Grow Successfully
IBCLC	International Board-Certified Lactation Consultant
IDEA	Individuals with Disabilities Education Act
IFSP	Individual Family Service Plan
IIS	Immunization Information Systems
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LBW	Low Birth Weight
LEA	Local Educational Agency
LEND	Leadership Education in Neurodevelopmental Disabilities
LHD	Local Health Department
LTF/LTD	Lost to Follow-Up/Lost to Documentation
MCH	Maternal and Child Health
M-CHAT R	Modified Checklist for Autism in Toddlers, Revised

Acronym	Meaning
M-CHAT R/F	Modified Checklist for Autism in Toddlers, Revised with Follow Up
MCH-PHLI	Maternal and Child Health Public Health Leadership Institute
MCHB	Maternal and Child Health Bureau
MCO	Managed Care Organization
MD	Medical Doctor
MIECHV	Maternal, Infant and Early Childhood Home Visiting
MPA	Master of Public Administration
MPH	Master of Public Health
mPINC	Maternity Practices in Infant Nutrition and Care
NAS	Neonatal Abstinence Syndrome
NBS	Newborn Screening
NS-CSHCN	National Survey of Children with Special Health Care Needs
NCQA	National Committee for Quality Assurance
NICU	Neonatal Intensive Care Unit
NIS	National Immunization Survey
NPM	National Performance Measure
NSCH	National Survey of Children's Health
OCSH	Office of Coordinated School Health
OMHDE	Office of Minority Health and Disparities Elimination
PA/PE	Physical Activity/Physical Education
PDSA	Plan, Do, Study, Act
PHE	Public Health Educator
PKU	Phenylketonuria
PPA	Division of Policy, Planning and Assessment
PPHF	Prevention and Public Health FundsS
PPI	Primary Prevention Initiative
PRAMS	Pregnancy Risk Assessment Monitoring System
PTBMIS	Patient Tracking Billing Management Information System
QI	Quality Improvement
QPR	Question, Persuade, and Refer
QRIS	Quality Rating and Improvement System
RBRVS	Resource Based Relative Value System
REAL	Responsible Epicurean and Agricultural Leadership
RUSP	Recommended Uniform Screening Panel
SBDPP	Tennessee School-Based Dental Prevention Program
SBIRT	Screening, Brief Intervention and Referral to Treatment
SDY	Sudden Death in the Young
SIM	State Innovation Model
SLM	Smarter Lunchroom Movement
SPM	State Performance Measure
SSDI	State Systems Development Initiative
SSRI	Selective Serotonin Reuptake Inhibitor
STI	Sexually Transmitted Infection
SUID	Sudden Unexpected Infant Death

Acronym	Meaning
SUIDI	Sudden Unexplained Infant Death Investigation
TAPPP	Tennessee Adolescent Pregnancy Prevention Program
Tdap	Tetanus, diphtheria, and acellular pertussis
TDC	Tennessee Disability Coalition
TDEC	Tennessee Department of Environment and Conservation
TDH	Tennessee Department of Health
TDOE	Tennessee Department of Education
TEIS	Tennessee Early Intervention Services
TennIIS	Tennessee Immunization Information System
TFS	Tennessee Family Support Program
THA	Tennessee Hospital Association
THDA	Tennessee Housing and Development Agency
TIP	Tennessee Immunization Program
TIPQC	Tennessee Initiative for Perinatal Quality Care
TIPS	Tennessee Intervention for Pregnant Smokers
Title V	Title V of the Social Security Act – Maternal and Child Health Services Block Grant
Title X	Title X of the Public Health Services Act – Family Planning Program
Title XIX	Title XIX of the Social Security Act – Grants to States for Medical Assistance Programs (Medicaid)
Title XVI	Title XVI of the Social Security Act - Supplemental Security Income (SSI) for the Aged, Blind, and Disabled
TNAAP	Tennessee Chapter of the American Academy of Pediatrics
TNAFP	Tennessee Academy of Family Physicians
TNYCWC	Tennessee Young Child Wellness Council
TPSF	Tennessee Pediatric Society Foundation
TRIAD	Treatment and Research Institute for Autism Spectrum Disorders
TRPA	Tennessee Recreation and Parks Association
TSPN	Tennessee Suicide Prevention Network
UCP	United Cerebral Palsy
USDA	United States Department of Agriculture
USHFC	United States Healthful Food Council
UT CBER	University of Tennessee Center for Business and Economic Research
UTK	University of Tennessee at Knoxville
VLBW	Very Low Birth Weight
WIC	Special Supplemental Nutrition Program for Women, Infants and Children
YRBSS	Youth Risk Behavior Surveillance System