

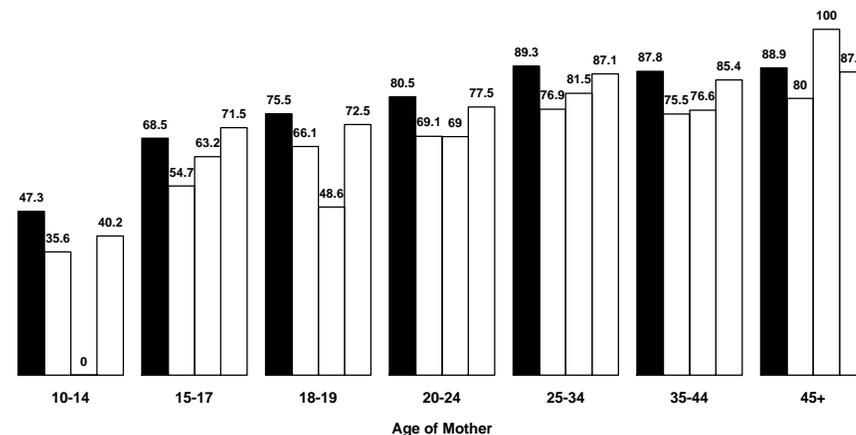
State and federal budget changes, TennCare changes and the declining funding schedule for the federal State Children’s Health Insurance Program raise the possibility of reduced health care coverage for children, and an increase the number of uninsured children in Tennessee. Compared to insured children, uninsured children are:

- ✓ Six times more likely to lack a usual source of health care;
- ✓ Nearly four times more likely to have an unmet health care need;
- ✓ Seen by the doctor fewer than half as frequently (long-term uninsured);
- ✓ Likely to get only 42 percent of the number of inpatient hospital days (Families USA, 2002).

The United States spends more per capita on health care than any other nation (Human Development Report, 2001), despite not providing universal coverage. A recent study reported that taxpayers paid nearly 60 percent of U.S. health care costs, including health financing programs, public employee health benefits, and tax reductions resulting from exemptions on income used to purchase private health care (Woolhandler & Himmelstein, 2002).

Percent of Births Receiving Early Prenatal Care

By Race, Year 2000



Source: TCCY, using data obtained from the Tennessee Department of Health, Bureau of Health Informatics, Health Statistics and Research
 *Note: Numbers for Other Race in 10-14 and 45+ were very small.

Prenatal Care

Maximum opportunity for children to reach their full potential begins with adequate prenatal care. In 2000, only 81.4 percent of pregnant mothers in Tennessee received prenatal care during their first trimester. The pattern of care by race, however, tends to mirror that of national data. In general, seeking and receiving early prenatal care increases with age of the mother. The youngest mothers (i.e., those in the 10-14-year-old age group) demonstrate extremely poor use of prenatal care services.

Adequacy of prenatal care in Tennessee is defined through the Kessner Index. Included in the equation are timing of care and number of prenatal visits, adjusted for gestation length. In addition to a specific number of visits, the interval to the first prenatal visit has to be 13 weeks or less (first trimester) for a rating of adequate prenatal care (Institute of Medicine, National Academy of Sciences, 1973). For 2000, 73.1 percent of expectant mothers in the state received adequate prenatal care, down from 74.4 percent in 1999. Counties with rates in the top 10 percent comprise: Williamson (91.2), Weakley (90.4), Unicoi (89.2), Sumner (88.0), Humphreys (86.3), Wilson (86.2) Blount (85.7), Trousdale (84.9), and Washington (84.7).

Prenatal care for nine months (excluding delivery) averages \$600. Normal deliveries range from \$1,700-\$2,300, with hospital costs for the baby between \$650-\$750. More intensive delivery costs range from \$4,600-\$5,300, with daily hospital costs for babies with problems starting around \$1,700. In general, the U.S. Office of Technology Assessment estimated that prenatal care saves the health care system \$14,000-\$30,000 per baby (Opion 5 Prenatal Care, 2002).

Although the United States failed to meet its Healthy People 2000 goal of 90 percent of pregnant women receiving prenatal care during their first trimester (Knudsen, 2002; NCHS, 2001), the percentage of mothers receiving early care has continued to increase since 1970 (DHHS, 2002). In 2000, 83.1 percent of