EVALUATING PRIORITIES

Measuring women's and children's health and well-being against abortion restrictions in the states

State Brief: Tennessee

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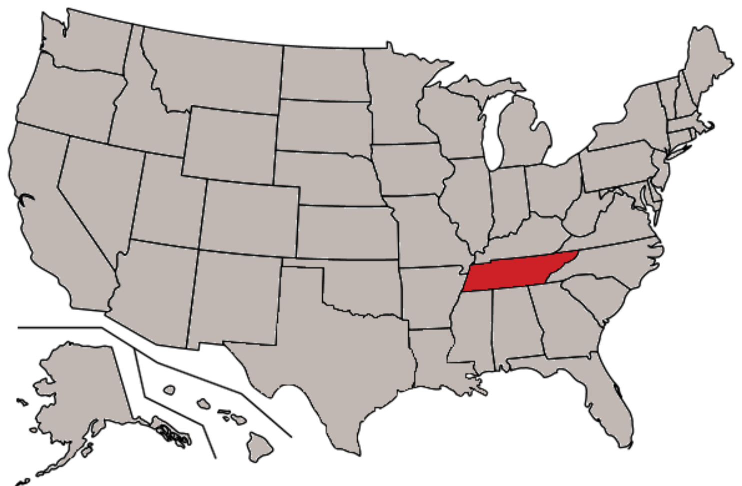
CONTEXT

Since abortion was legalized in the United States (US) in 1973, states have passed hundreds of laws limiting whether, when, and under what circumstances a woman may obtain an abortion.[1] Such attacks on abortion are on the rise; from 2011-2013 states enacted more restrictions than were enacted in the entire previous decade.[2] Anti-choice groups claim these restrictions are necessary to protect and support the health and well-being of women, their pregnancies, and their children, a claim that has become the foundation of many successful proposals to restrict abortion access further.[3]

To support an evidence-based effort to fight back against the onslaught of abortion restrictions, Ibis Reproductive Health and the Center for Reproductive Rights collaborated to evaluate the claims of anti-choice policymakers. We aimed to determine if the concern that anti-choice policymakers say they have for women, pregnancies, and children translates into the passage of state policies known to improve the health and well-being of women and children, or into improved state-level health outcomes for women and children. We also aimed to document how states with relatively few abortion restrictions fare in terms of women's and children's health policies and outcomes. This brief provides a snapshot of the findings detailed in our full report[4] and an in-depth look at our findings for Tennessee.

Tennessee overview



Tennessee, located in the heart of the South, is a mix of urban and rural areas,[5,6] and is the fifth-poorest state in the country.[7] Compared to the US as a whole, Tennessee has a higher proportion of White and Black residents, and a lower proportion of residents who are Hispanic or other races.[6] Tennesseans tend to be more religious than other Americans.[8,9] Its state legislature is strongly anti-choice; Governor Bill Haslam (R), the Tennessee Senate, and the Tennessee House are all anti-choice.[1]

Tennessee is home to an estimated 1,354,890 women of reproductive age.[10] The proportion of Tennessee women who have abortions each year is lower than the national average, as is the percentage of pregnancies ending in abortion.[11] In 2011, there were 14 abortion providers in Tennessee, leaving the majority of Tennessee women living in a county with no abortion provider.[11] More detail about Tennessee can be found in Table 1 below.

Table 1: Key facts about Tennessee

	Tennessee	US
Population, n[6]	6,337,000	310,197,000
Population density, people per square mile[5]	154	87
Metropolitan status, %[6]		
Metropolitan	76	84
Non metropolitan	24	16
Race/ethnicity, %[6]		
White	75	63
Black	16	12
Hispanic	5	17
Other	3	8
Median household income, $[7,12]	42,266	51,771
Religion, %[8,9]		
Very religious	50	40
Moderately religious	31	29
Nonreligious	19	31
Abortion rate, per 1,000 women of reproductive age[11]	13	17
Pregnancies ending in abortion, %[11]	15	18
Women living in county with no abortion provider, %[11]	63	38

METHODS

We examined state-level policies and outcomes related to the well-being of women and children; our definition of well-being is broad, encompassing health, social, and economic status. We then determined what, if any, relationship exists between those policies and outcomes and state-level restrictions on abortion. This involved: (1) selecting indicators[i] of abortion restrictions, outcomes related to women's and children's health and well-being, and policies that support women's and children's health and well-being, (2) scoring the selected state restrictions, outcomes, and policies, and (3) graphically exploring the relationship between abortion restrictions and women's and children's well-being.

[i] "Indicator" refers to the presence or absence of a policy (either an abortion restriction or a policy to support women's or children's well-being) or a health outcome statistic (e.g., infant mortality rate, prevalence of asthma, etc.).

We selected indicators based on evidence of their importance to the well-being of women and children and the availability of up-to-date, state-level data. We ultimately included 76 indicators in five topic areas: abortion restrictions (14), women's health outcomes (15), children's health outcomes (15), social determinants of health (10), and policies supportive of women's and children's health and well-being (22).[ii] The data were collected from a variety of government and nonprofit organizations with expertise in women's and children's health, well-being, and policy.

For each state, we calculated two primary scores: one score for abortion restrictions and one score for overall women's and children's well-being.

- For abortion restrictions, each state was scored 0-14 to reflect the total number of 14 possible abortion restrictions. Any legislation signed into law was counted, including those unenforced due to court challenges. Higher scores indicate more abortion restrictions.
- For overall women's and children's well-being, we calculated scores for each of the four topic areas within women's and children's well-being, then summed the four sub-scores to calculate an overall well-being score. Each state was scored 0 or 1 for each of the selected indicators, for a total possible score of 0-62 (see below for details on how we determined 0 or 1 for indicators in each sub-topic). Higher scores indicate better performance on women's and children's well-being.
- For each indicator in the three health outcome sub-topics (women's health, children's health, and social determinants of health), we determined whether states met a pre-determined benchmark, which was set to be moderately but meaningfully better than the national average. Because the national average for selected indicators is often poor relative to other developed countries, the pre-determined benchmarks do not necessarily reflect an "ideal" but rather are meant to be attainable goals for states.[iii] A state received a score of 1 if it met or exceeded the benchmark and a 0 if it did not. The score for each subtopic is the number of indicators for which a state met or exceeded the benchmark. Total possible

[ii] For a complete list of indicators and data sources, please see our full report, *Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states*. *Research report.*
[iii] For more information on how the benchmarks were calculated, please see our full report, *Evaluating priorities: Measuring women's and children's health and well-being against abortion restrictions in the states. Research report.*

scores were 0-15 for women's health, 0-15 for children's health, and 0-10 for social determinants of health. Higher scores indicate better performance in that sub-topic.

- For indicators of policies to support women's and children's well-being, each state was scored 0-22 to reflect the total number of 22 possible supportive policies. Higher scores indicate more policies supporting women's and children's well-being.

To examine the relationship between abortion restrictions and women's and children's health and well-being, we created a series of scatter plots, comparing states' abortion restriction scores against their total scores on overall women's and children's well-being, as well as against their scores on each of the sub-topics (women's health, children's health, social determinants of health, and supportive policies).

RESULTS

We obtained data on all 76 indicators for all 50 states and the District of Columbia.

Abortion restrictions

Of the 14 abortion restrictions included in this analysis, Tennessee had 11, ranking it the 18th most restrictive state in terms of abortion, tied with seven other states (Arkansas, Florida, Georgia, Idaho, Michigan, Pennsylvania, and Wisconsin).

Table 2: Abortion restrictions

Abortion restrictions	Yes	No
Parental involvement before a minor obtains an abortion	✓	
Mandatory waiting periods between time of first appointment and abortion	✓	
Mandatory counseling prior to abortion	✓	
Requirement to have or be offered an ultrasound		X
Restrictions on abortion coverage in private health insurance plans	✓	
Restrictions on abortion coverage in public employee health insurance plans		X
Restrictions on abortion coverage in Medicaid	✓	
Only licensed physicians may perform abortions	✓	
Ambulatory surgical center standards imposed on facilities providing abortion	✓	
Hospital privileges or alternative arrangement required for abortion providers	✓	
Refusal to provide abortion services allowed	✓	
Gestational age limit for abortion set by law		X
Restrictions on provision of medication abortion	✓	
Below average number of providers (per 100,000 women aged 15-44)	✓	
Total number of restrictions	11	

Women's and children's well-being

Tennessee performed poorly on indicators of women's and children's health and socioeconomic well-being. With a total score of 15, Tennessee ranked 37th out of 51, tied with South Carolina.

Women's Health

Tennessee performed above average on indicators of women's health. The state met the benchmark for five of the 15 women's health outcome indicators evaluated. This score placed the state 18th out of 51, tied with seven other states (Alaska, Delaware, Hawaii, Idaho, Montana, Washington, and Wyoming).

Table 3: Women's health

Women's health indicators	TN	US	Benchmark	TN meets benchmark Yes	No
Cervical cancer screening rate, % of women (range)	83.4	80.9 *(73.2-88.9)*	82.5 or ↑	✓	
Women without health insurance, % of women (range)	17.0	21.0 *(5.0-33.0)*	17.9 or ↓	✓	
Women with no personal health care provider, % of women (range)	13.9	17.3 *(8.0-26.8)*	14.7 or ↓	✓	
Maternal mortality ratio, deaths per 100,000 live births (range)	11.0	12.1 *(1.2-38.2)*	9.0 or ↓		X
Women reporting poor mental health, % of women (range)	33.5	40.1 *(30.1-46.1)*	38.4 or ↓	✓	
Suicide deaths, per 100,000 women (range)	8.0	6.1 *(2.6-12.5)*	5.0 or ↓		X
Prevalence of overweight or obesity, % of women (range)	60.0	56.6 *(47.0-66.4)*	54.5 or ↓		X
Smoking prevalence, % of women (range)	22.7	16.4 *(9.2-27.6)*	14.6 or ↓		X
Prevalence of sexual violence, % of women (range)	44.4	44.6 *(28.9-58.0)*	41.5 or ↓		X
Asthma prevalence, % of women (range)	7.3	10.7 *(7.3-14.1)*	9.9 or ↓	✓	
Proportion of pregnancies unintended, % of pregnancies (range)	56.0	49.0 *(37.0-70.0)*	45.9 or ↓		X
Preterm birth rate, % of live births (range)	12.9	12.0 *(8.4-17.6)*	11.1 or ↓		X
Prevalence of low birth weight, % of live births (range)	9.0	8.1 *(5.7-12.1)*	7.5 or ↓		X
Chlamydia incidence, per 100,000 women (range)	692.5	643.3 *(322.2-1,358.6)*	546.2 or ↓		X
HIV incidence, per 100,000 women (range)	17.3	19.0 *(2.3-177.9)*	6.6 or ↓		X
Number of indicators meeting benchmark				5	

Children's Health

Tennessee performed slightly below average on indicators of children's health. The state met the benchmark for four of the 15 children's health outcome indicators evaluated. This score placed Tennessee in 27th place, tied with Delaware, Ohio, and South Dakota.

Table 4: Children's health

Children's health indicators	TN	US	Benchmark	TN meets benchmark: Yes	TN meets benchmark: No
Children with health insurance, percent of children (range)	92.7	91.1 *(81.7-97.9)*	92.9 or ↑		X
Children with a medical home, percent of children (range)	61.4	57.5 *(45.4-69.3)*	60.3 or ↑	✓	
Children who had both medical and dental preventive visits in the past 12 months, percent of children (range)	70.5	68.1 *(56.0-81.4)*	71.2 or ↑		X
Infants exclusively breastfed for six months, percent of children (range)	4.1	16.4 *(4.1-27.4)*	19.3 or ↑		X
Children receiving complete vaccination, percent of children (range)	73.1	68.4 *(59.5-80.2)*	70.9 or ↑	✓	
Children with emotional, developmental, or behavioral problems that received needed care, percent of children (range)	60.2	61.0 *(40.4-86.3)*	65.1 or ↑		X
Infant mortality rate, per 100,000 infants (range)	801.2	638.7 *(423.6-989.5)*	573.5 or ↓		X
Child mortality rate, per 100,000 children (range)	21.0	17.0 *(9.0-30.0)*	14.6 or ↓		X
Teen mortality rate, per 100,000 teens (range)	57.0	49.0 *(29.0-85.0)*	41.8 or ↓		X
Children overweight or obese, percent of children (range)	34.1	31.3 *(22.1-39.8)*	29.2 or ↓		X
Children living with someone who smokes, percent of children (range)	32.7	24.1 *(12.4-41.0)*	21.3 or ↓		X
Confirmed cases of child maltreatment, per 1,000 children (range)	6.0	9.0 *(1.0-23.0)*	6.7 or ↓	✓	
Children with asthma problems, percent of children (range)	12.0	9.0 *(4.0-16.0)*	7.9 or ↓		X
Teen alcohol or drug abuse, percent of teens (range)	5.8	6.5 *(4.7-9.2)*	6.1 or ↓	✓	
Teen birth rate, per 1,000 female teens (range)	39.0	29.0 *(14.0-47.0)*	24.7 or ↓		X
Number of indicators meeting benchmark				4	

Social Determinants of Health

Tennessee performed very poorly on social determinants of health. The state failed to meet the benchmark for any of the ten indicators included in this analysis. This score ranked Tennessee in last place, tied with Arizona and Arkansas.

Table 5: Social determinants of health

Social determinants of health	TN	US	Benchmark	TN meets benchmark Yes	No
Women participating in the labor force, percent of women (range)	56.1	58.8 *(49.6-66.9)*	60.7 or ↑		X
Women's earnings, % of men's earning (range)	78.0	78.6 *(64.0-92.3)*	81.2 or ↑		X
On-time high school graduation, percent of students (range)	80.4	78.2 *(57.8-91.4)*	81.8 or ↑		X
Women in poverty, percent of women (range)	22.0	20.0 *(10.0-27.0)*	18.1 or ↓		X
Children in poverty, percent of children (range)	26.0	23.0 *(13.0-35.0)*	20.4 or ↓		X
Household food insecurity, percent of households (range)	16.2	14.7 *(8.7-20.9)*	13.5 or ↓		X
Children aged 3-5 not enrolled in preschool or kindergarten, percent of children (range)	45.0	40.0 *(17.0-54.0)*	36.5 or ↓		X
Homelessness rate, per 10,000 population (range)	14.7	20.3 *(8.1-112.5)*	12.2 or ↓		X
Unemployment rate, percent of labor force (range)	6.3	6.3 *(2.6-8.3)*	5.6 or ↓		X
Violent crime rate, per 100,000 population (range)	643.6	386.9 *(122.7-1243.7)*	297.5 or ↓		X
Number of indicators meeting benchmark				0	

Supportive Policies

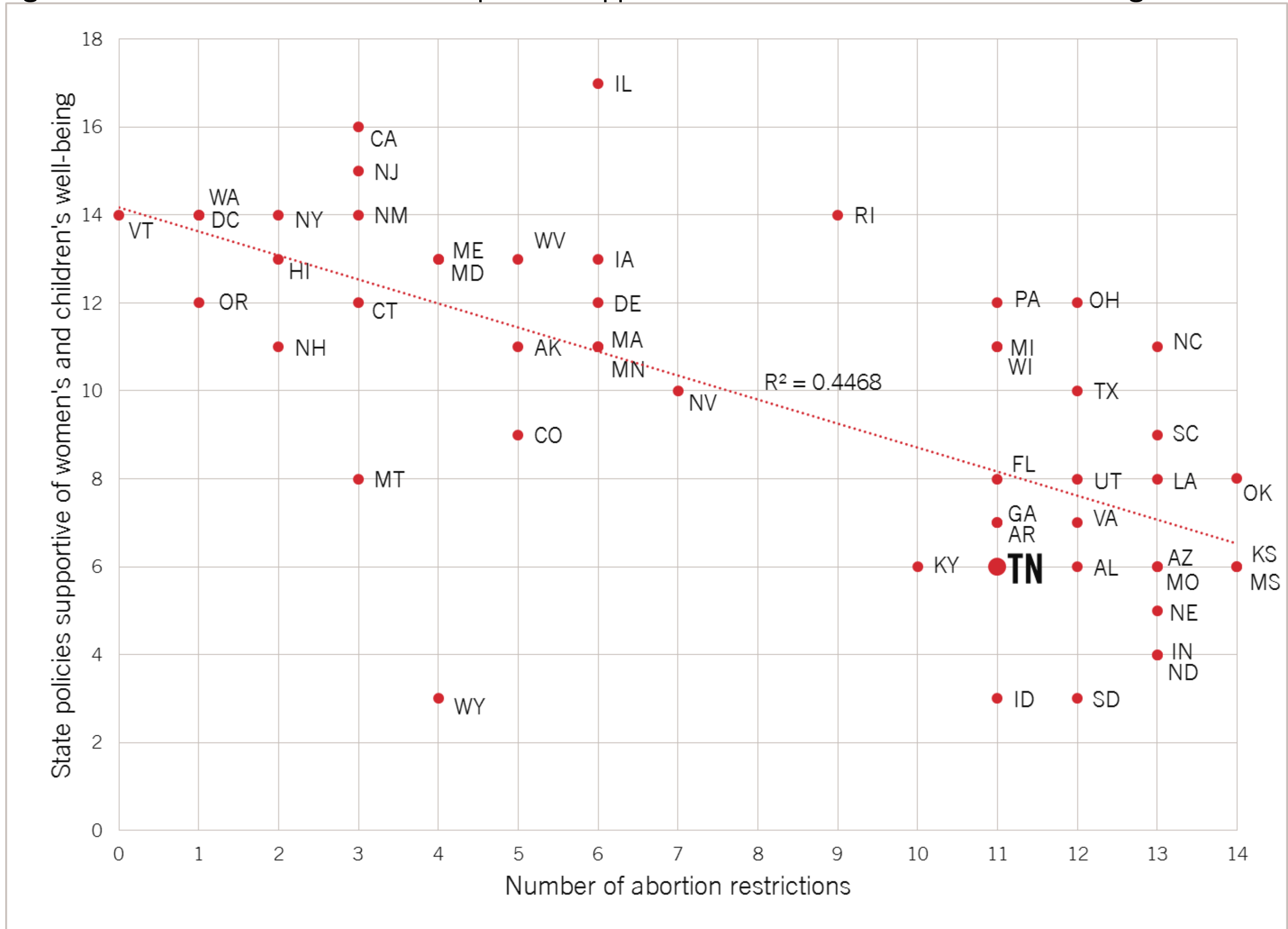
Tennessee performed poorly on policies that support women's and children's well-being. Of the 22 policies included in this analysis, Tennessee had six. This score placed the state 39th out of 51, tied with Alabama, Arizona, Kansas, Kentucky, Mississippi, and Missouri.

Table 6: Supportive policies

Supportive policies	Yes	No
Improving access to health care		
Moving forward with the Affordable Care Act's Medicaid Expansion		X
Allows telephone, online, and/or administrative renewal of Medicaid/CHIP	✓	
Requires domestic violence protocols, training, or screening for health care providers	✓	
Supporting pregnant women		
Medicaid income limit for pregnant women is at least 200% of the federal poverty line		X
Has expanded family/medical leave beyond the FMLA		X
Provides temporary disability insurance		X
Maternal mortality review board in place		X
Requires reasonable accommodations for pregnant workers		X
Prohibits or restricts shackling pregnant prisoners		X
Promoting children's and adolescents' health, education, and safety		
Allows children to enroll in CHIP with no waiting period		X
Requires physical education for elementary, middle, and high school		X
Mandates sex education	✓	
Mandates HIV education	✓	
Has broad eligibility criteria for Early Intervention services for children at risk of developmental delay		X
Initiative(s) to expand Early Head Start in place		X
Requires districts to provide full-day kindergarten without tuition		X
Has firearm safety law(s) designed to protect children		X
Supporting families' financial health		
Allows families receiving TANF to keep child support collected on their behalf	✓	
State minimum wage is above the federal minimum		X
Income limit for child care assistance is greater than 55% of state median income	✓	
Does not have a family cap policy or flat cash assistance grant		X
Promoting a healthy environment		
Requires worksites, restaurants, and bars to be smoke free		X
Total number of supportive policies	6	

Tennessee's lack of supportive policies is consistent with the overall trend we observed of states with more abortion restrictions having fewer evidence-based policies that support women and children (see Figure 1).

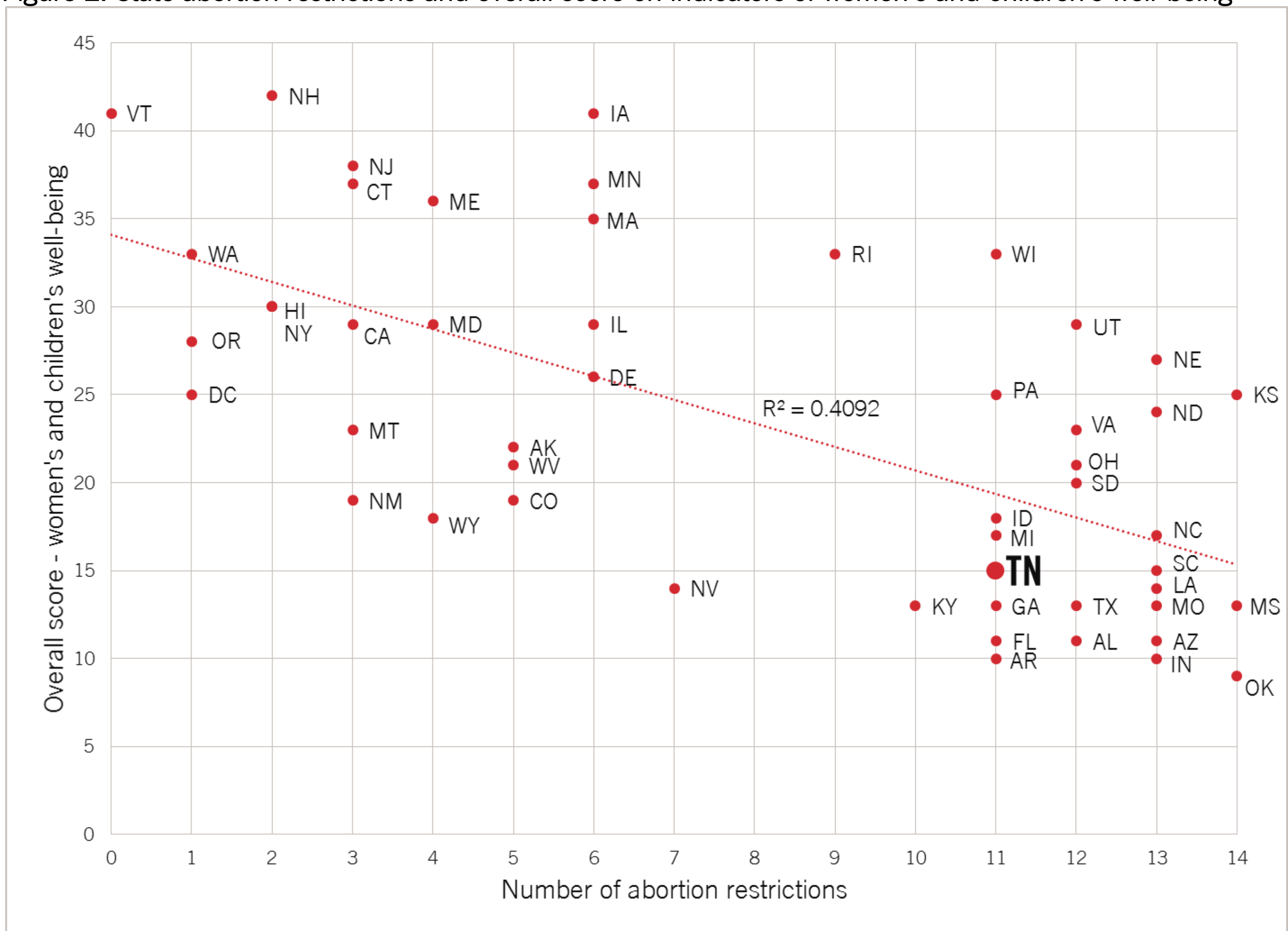
Figure 1. State abortion restrictions and policies supportive of women's and children's well-being



Relationship between abortion restrictions and well-being

Tennessee, one of the more restrictive states in the country for abortion, performed poorly across indicators of children's health, social determinants of health, and policies supportive of women's and children's well-being. While Tennessee performed relatively well on indicators of women's health, the state's overall score is consistent with the general trend we observed that the more abortion restrictions present, the worse a state performed overall on indicators of women's and children's well-being (see Figure 2).

Figure 2. State abortion restrictions and overall score on indicators of women's and children's well-being



DISCUSSION

This analysis shows that, compared to other states, Tennessee has a large number of abortion restrictions. This is troubling as a large body of scientific evidence documents that restricting abortion is not beneficial to women and can interfere with women's reproductive decision-making, increase the risks and costs of the abortion procedure by forcing women to delay desired health care, and lead to a number of emotional and financial harms.[13-19] Despite the existing evidence base, Tennessee policymakers have continued to pass legislation restricting abortion access.

We also found that, compared to other states, Tennessee has relatively poor outcomes on women's and children's well-being. The indicators of women's health, children's health, and social determinants of health included in this analysis are widely accepted indicators of health status.[20-22] There is also considerable evidence of the benefits of putting in place the supportive policies we evaluated and of addressing major social determinants of health.[23-25] Such benefits include improved health and safety, lower poverty rates, decreased reliance on public assistance, and better developmental and educational outcomes for children.[4] Tennessee has enacted only a few policies that support women and children. The state's policies are especially lacking in support for pregnant women, such as increasing access to Medicaid, family leave, disability insurance, establishing a maternal mortality review board, job protection, and protections for pregnant prisoners, as well as in promoting a healthy environment. Moreover, Tennessee's decision not to expand Medicaid under the Affordable Care Act will leave over 100,000 women in the state without access to affordable health care coverage.[26] Compared to other states, women and children in Tennessee have mediocre health outcomes and face substantially greater challenges in their social and economic contexts; concerted efforts to address social determinants of health are clearly needed and there is much room to improve women's and children's health. In particular, children in Tennessee experience high mortality rates; the state's infant mortality, child mortality, and teen mortality rates are all well above the national average.

These data help dismantle the claim that anti-choice policymakers are working to protect and support the health and lives of women, their pregnancies, and their children, as there is little evidence of this in Tennessee's state policies or state-level health outcomes.

Our analysis does have some limitations. While we made every effort to select the most meaningful, evidence-based indicators, any attempt to analyze a concept as broad as women's and children's well-being is a simplification. Specifically, we did not adjust for poverty, which has been shown to play a major role in women's and children's well-being,[27] and is associated with other social issues that may play a role in our findings, such as racism[28] and sexism.[29] However, as detailed in our full report, the data suggest that while household income (an incomplete, but important indicator of poverty[30]) does play a role in our findings, it cannot explain all of the differences observed between states. Among the ten poorest states in the country, those with many abortion restrictions (including Tennessee), had lower scores than those with fewer restrictions.

Additionally, our simple yes/no scoring methodology is limited in its ability to detect the degree of variation in states' health outcomes and does not account for differences in specific policies across states (e.g., 24-hour vs. 72-hour waiting periods prior to an abortion). Nevertheless, we feel this simple approach is also a strength because it facilitates understanding and replicability of our analysis, and makes the information accessible to policymakers and advocates.[31]

Ultimately, we used a straightforward approach to evaluate lawmakers' stated aims to improve the well-being of women, their pregnancies, and their children. Our results show a disconnect between these aims and the policies implemented, emphasizing the need to ensure policies designed to affect well-being are founded on evidence. To ensure better population outcomes, Tennessee policymakers must focus on implementing policies shown to improve the well-being of women and children, and not on restricting access to needed health care services such as abortion.

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