



Healthy Tennessee Report 2026

OUR MISSION AND PURPOSE

Opportunities for all - starting with affordability

At BlueCross, our mission is Peace of Mind through Better Health, and our purpose is affordability. We want every Tennessean to have the opportunity to pursue their health goals.



WHO WE SERVE

3.3 million unique members

Every person BlueCross serves, and every person at our company, has their own story. Understanding and respecting one another better helps us collaborate to support our members and their health.



By the numbers:

We employ more than

6,500

people in almost all
95 Tennessee counties
and 30+ states

We work with over

55,000

providers to give
our members options

In 2024, we paid out

\$20B

for health care services on
behalf of our members

Our foundation has given

\$170M

to support Tennessee
communities since 2005



OUR FOCUS

Improving health through targeted, data-driven outreach

Now in our third year creating this report, we're seeing demonstrable improvements in many of the measures we originally identified. Over the past few years, we've launched several campaigns to reduce gaps in care in areas with the most opportunity — and we're proud to say that these targeted efforts are driving improved outcomes.

MAKING PROGRESS

Where we've seen success so far

Since our first edition of this report, we've seen positive results among our commercially insured population on:

- › Controlling high blood pressure
- › Managing blood glucose levels
- › Prenatal care
- › Colorectal cancer screening rates
- › Childhood immunization status
- › and more

Our next campaign will seek to help us better understand the health journey of members with breast cancer through three stages:

- › Prevention and diagnosis
- › Treatment and support
- › Recovery, follow-up and recurrence



Using that data, we want to identify where health outcomes start to diverge — so we can help all members have the best chance of success from the start.

How this outreach works

- › We created our own Social Risk Index (SRI) to identify the social risks our members face.
- › We recognized the efforts of provider groups who excelled at serving members with high social risk levels.
- › BlueCross and providers are using Health Starts partners to connect members with community resources.
- › We're constantly gathering more data from members so we can evolve our support.



What We Know:

Understanding the challenges we face will help us move forward to improve health for everyone we serve.



WHAT WE KNOW

Social factors affecting health outcomes

Many common social risk factors affect how a person experiences the health care system. So we've assigned members to low, medium, and high risk groups based on their number and significance of known social risks.

The risk data comes from information reported in claims and clinical settings, geographic data, and even member surveys.

Our data shows that having a high number of social risks makes a person less likely to get recommended care. This insight helps us predict who may need extra support.

SOCIAL DRIVERS OF HEALTH

22 key risk factors

RISK FACTOR	MEMBERS MAY EXPERIENCE
Food insecurity	Possibly lacking reliable food supply or facing malnutrition
Housing	Experiencing homelessness or uncertainty about their living situation
Financial Strain	Having trouble affording necessities
Debt burden	Likely to be in the lowest credit score segment
Income	Earning less than the Federal Poverty Level
Employment	Being unemployed or being employed in a service industry segment
Medical cost burden	Facing difficulty affording medical costs
Language	Not speaking English or having another type of language barrier
Literacy	Having a low reading level
Education	Having less than a high school education
Health literacy	Having trouble understanding health problems and information
Transportation	Lacking convenient transportation or needing transportation assistance
Primary care access	Not having convenient access to primary care providers
Behavioral health access	Not having convenient access to behavioral care providers
Home safety	Safety concerns in their home such as lack of heat or air conditioning, fall, or trip hazards, faulty electrical wiring, or lead paint
Crime safety	Living in a situation with potential for violent crimes
Environmental safety	Poor water, air, or soil quality due to local environmental factors
Racial discrimination	Facing the possibility of discrimination because of race or ethnicity
Disability discrimination	Facing the possibility of discrimination because of an intellectual or physical disability
Social support	Living alone or without community connections
Internet Access	Limited or no high-speed internet access, or living in an area with below average high-speed internet access
Internet Capable Device Access	Limited access to a computer, phone, or tablet that's capable of internet access, or living in an area with below average access to such devices



WHAT WE KNOW

Using data to improve health outcomes

We've compiled decades of data to create our proprietary Social Risk Index, and we use it to identify the social barriers our members face by targeting our members' specific needs. We then equip our care teams with the training, tools, and resources to effectively provide the necessary services and supports.

SOCIAL DRIVERS OF HEALTH

Social risk factors and geography

In this edition of the report, we've added valuable data that highlights how geography correlates with other social risk factors. This combination yields new insights into the challenges faced by our unique member populations.



Housing

Members in Middle Tennessee experience approximately 1.5 times the housing-related risk or frequency, compared to statewide averages.



Language

Nearly 40% of Hispanic members and over 20% of Asian members experience a language barrier while seeking care.



Safety

Members in West Tennessee have over 2.5 times the crime safety risk of those in East and Middle Tennessee.



Debt Burden

West Tennessee members are more than 2.5 times more likely to experience debt burden.



Food Insecurity

Members in East Tennessee have about 1.5 times the risk of food insecurity than those in West and Middle Tennessee.



HEALTHY TENNESSEE REPORT

What this report tracks

This report tracks 8 of the top health metrics for 2 million members across the state to show how social risk factors, backgrounds and geography correlate with health disparities.

Commercial or Medicaid: What's the difference?

Each page has two sets of charts based on where members get coverage:

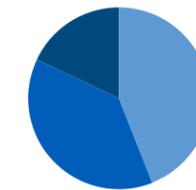
- › **Commercial** members get coverage through their jobs, or directly from BCBST.
- › **BlueCare** members get coverage through TennCare, Tennessee's Medicaid program.

We split this data because Medicaid (BlueCare) members tend to face more social risk factors and health disparities than commercial members.

Who our members are

The charts below show how our total membership adds up – where they live, what their backgrounds are, and what level of social risk they have.

Our commercial members at a glance:



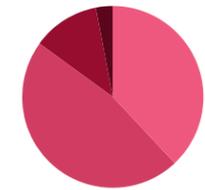
Geography

- East 44.19%
- Middle 38.3%
- West 17.51%



Demographics*

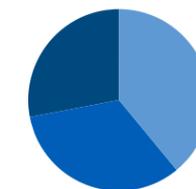
- White 79.70%
- Black 9.96%
- Asian 1.78%
- Hispanic 2.7%



Social Risks

- No known risks 38.37%
- Low 47.25%
- Medium 11.52%
- High 2.86%

Our Medicaid members at a glance:



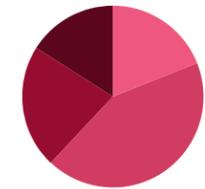
Geography

- East 38.77%
- Middle 33.03%
- West 28.20%



Demographics*

- White 59.41%
- Black 25.32%
- Asian 1.00%
- Hispanic 9.03%



Social Risks

- No known risks 19.10%
- Low 42.96%
- Medium 22.24%
- High 15.70%

* Demographic data includes both race and ethnicity, which are separate categories. We also have members with other backgrounds that aren't detailed in our metrics because of more limited data.

* All screening data based on MY2024 HEDIS rates. The NCOA HEDIS measure specification has been adjusted pursuant to NCOA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for internal quality improvement purposes. All stratified rates are based on data from BCBST administrative systems only. No attempt was made to manually abstract data from patients' medical records. HEDIS® – The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCOA.



HEALTHY TENNESSEE REPORT

Maternal health - Prenatal care timeliness

Our full report tracks three areas of maternal health care, including prenatal care timeliness, prenatal immunizations, and postpartum care. In Tennessee, 74% of pregnancy-related deaths were preventable, and a majority correlate with health disparities affecting minority communities.¹

Pregnant women are encouraged to start their prenatal care journey early to help ensure a safe and healthy pregnancy and delivery — and to continue with recommended visits after the baby is born.

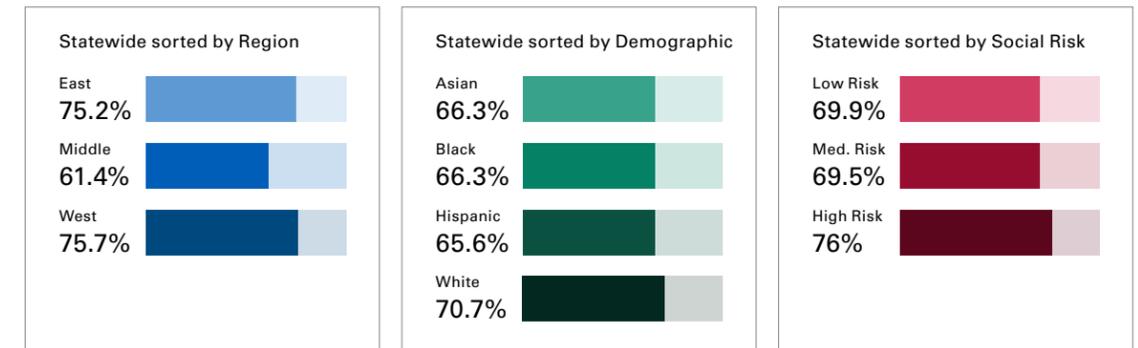


What We're Measuring

This data shows the percentage of pregnant members who receive prenatal services within their first trimester.

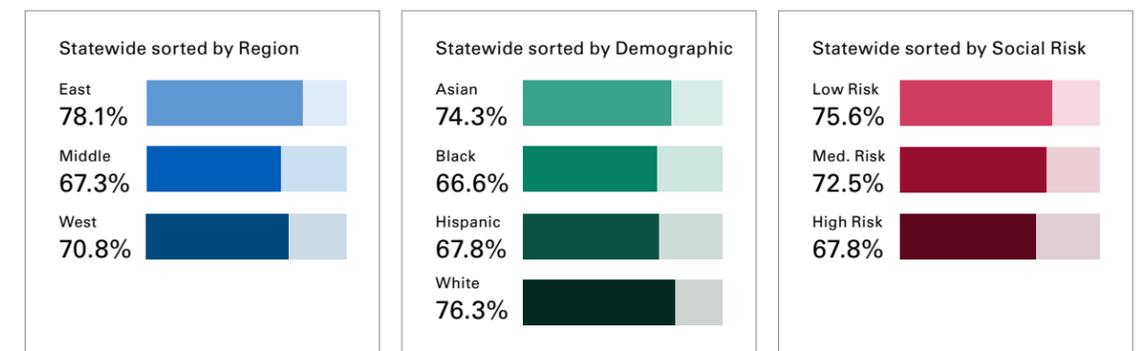
Commercial members

On average, 69.8% of eligible commercial members got this care. Here's how it differs by geography, background and social risk:

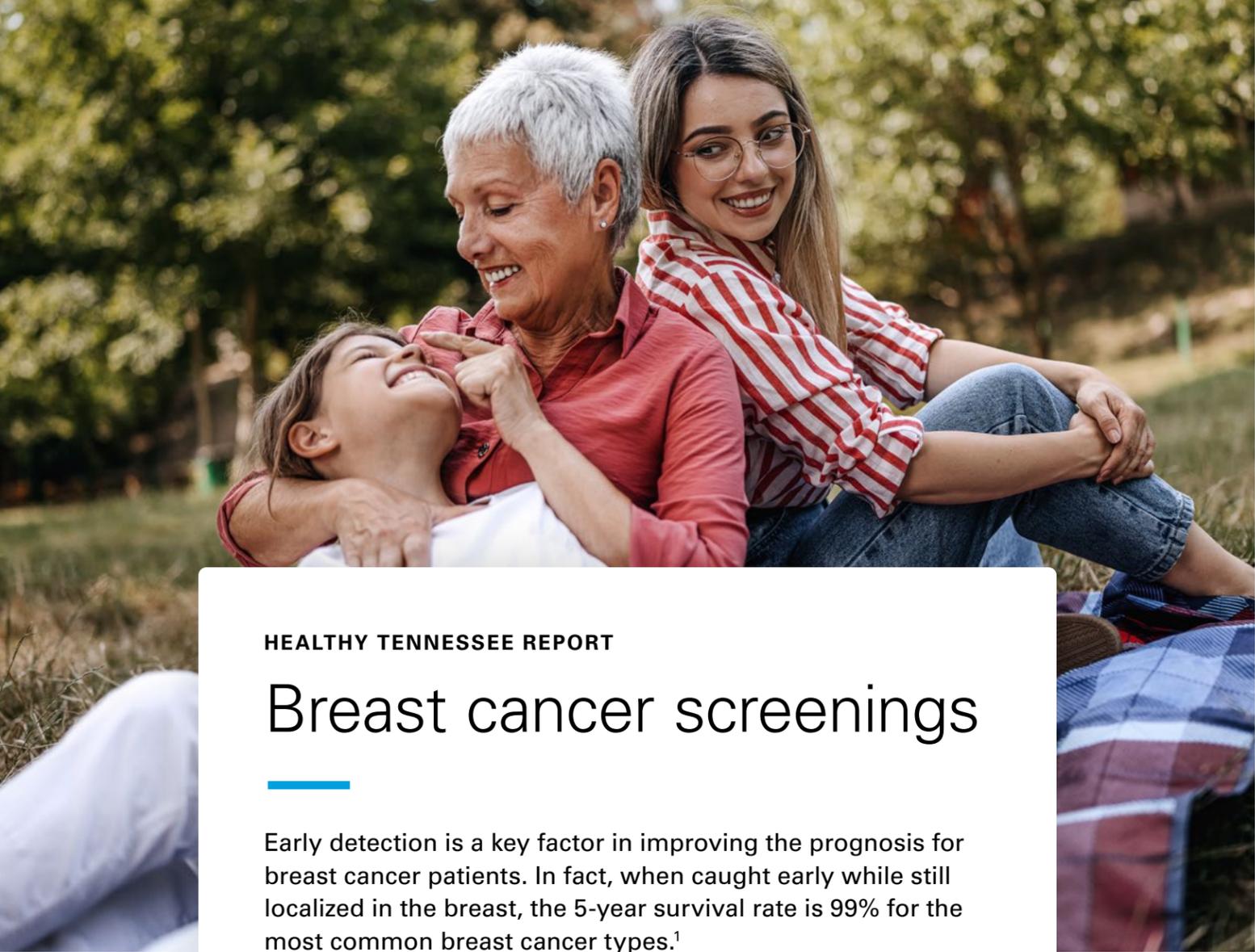


Medicaid members

On average, 72.4% of eligible Medicaid members got this care. Here's how it differs by geography, background and social risk:



¹ [Tennessee Department of Health, 2025 Maternal Mortality in Tennessee report](#)



HEALTHY TENNESSEE REPORT

Breast cancer screenings

Early detection is a key factor in improving the prognosis for breast cancer patients. In fact, when caught early while still localized in the breast, the 5-year survival rate is 99% for the most common breast cancer types.¹

New recommendations, coverage and insights

In April 2024, national standards officially changed to recommend mammograms starting at age 40. We adjusted our coverage guidelines to match, and our 2024 claims show that:

- › 72.6% of commercial members ages 40-50 got a screening
- › 40.1% of Medicaid members ages 40-50 got a screening

Our full data set on the next page reflects the age 50 guideline that was in place for the full year, but we'll expand on this in next year's report.

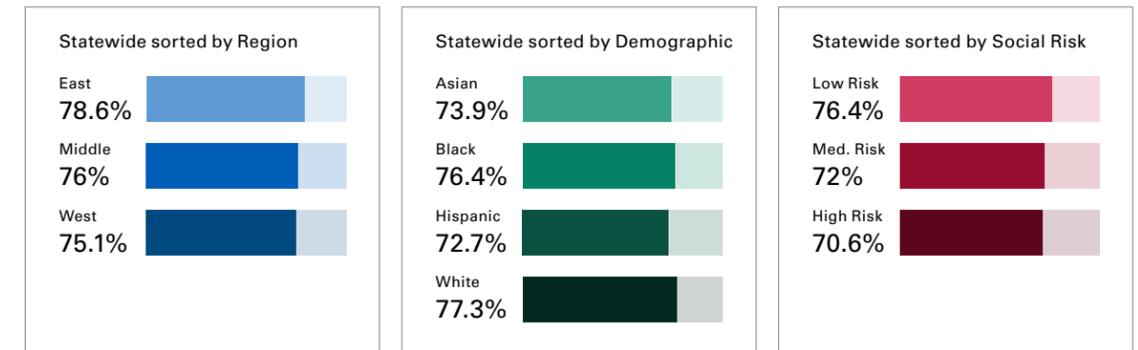


What We're Measuring

These charts represent members ages 50+ who had a mammogram to screen for breast cancer at least once every 3 years.

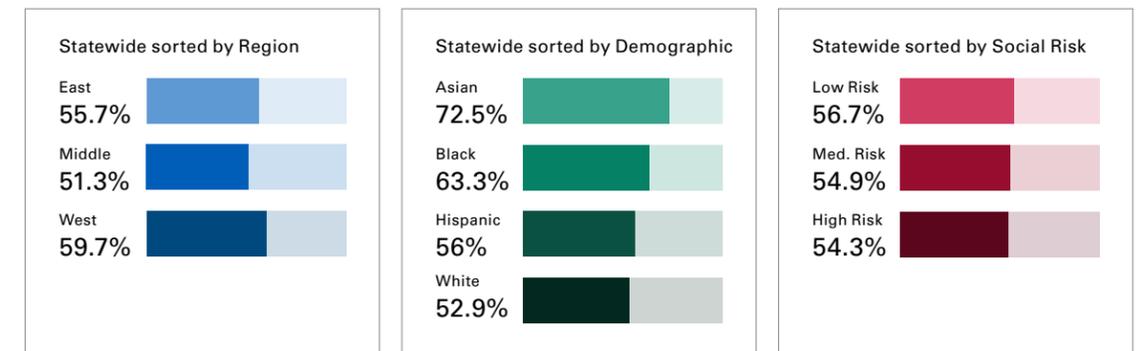
Commercial members

On average, 77% of eligible commercial members got this screening. Here's how it differs by geography, background and social risk:



Medicaid members

On average, 55.7% of eligible Medicaid members got this screening. Here's how it differs by geography, background and social risk:



¹ [Survival Rates for Breast Cancer](#)



HEALTHY TENNESSEE REPORT

Childhood immunization

Children who miss their early vaccinations aren't just at risk for developing and spreading preventable diseases. They're also more likely to face additional health disparities later in life. Although Tennessee still ranks low in adherence to the recommended vaccine schedule, we've seen improvements since our first edition of this report.

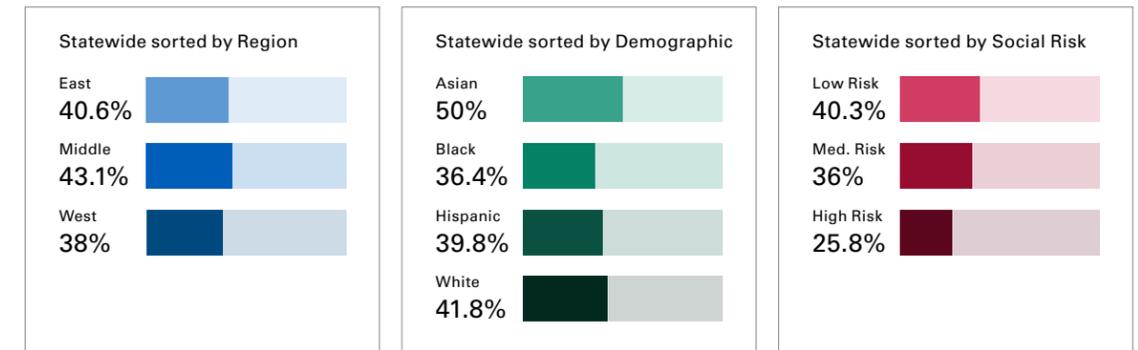


What We're Measuring

These charts show the percentage of members who receive recommended age-appropriate vaccines before their 2nd birthday.

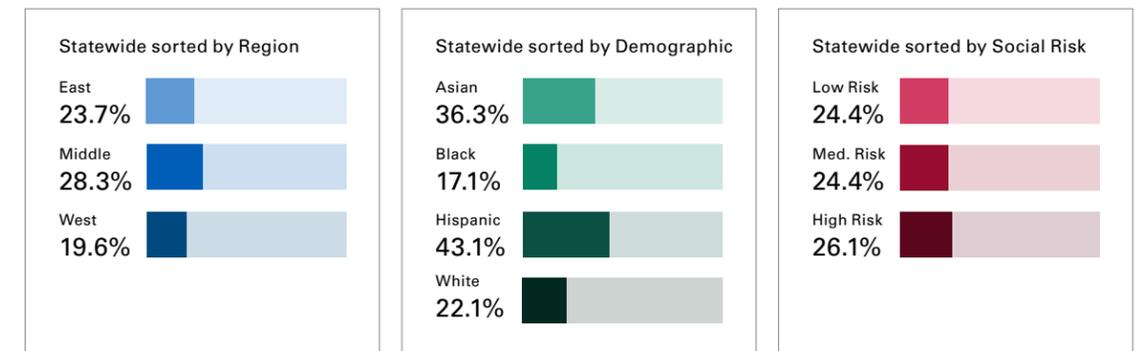
Commercial members

On average, 41.2% of eligible commercial members got these immunizations. Here's how it differs by geography, background and social risk:



Medicaid members

On average, 24% of eligible Medicaid members got these immunizations. Here's how it differs by geography, background and social risk:





HEALTHY TENNESSEE REPORT

Child and adolescent well-care visit

Across the state, children face financial, geographic, and language barriers when it comes to getting their regular annual visits. In 2022, nearly 1 in 6 Tennessee children were living below the poverty level. Members with more social risks, including poverty, were least likely to get annual well-checks – and get the healthy start they deserve.

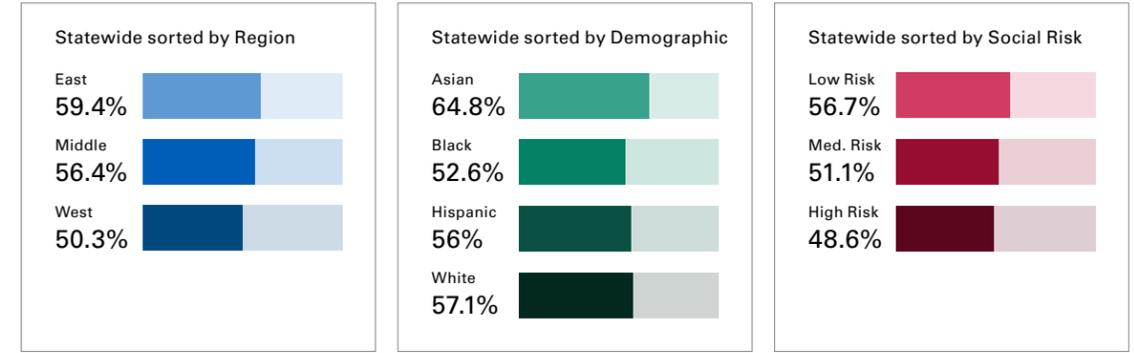


What We're Measuring

This data shows the percentage of members ages 3-21 who have a well-care visit once a year.

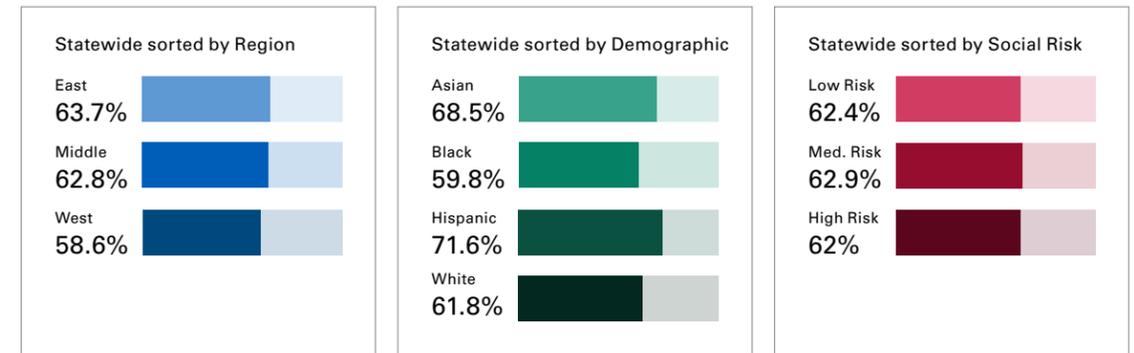
Commercial members

On average, 56.7% of eligible commercial members got this care. Here's how it differs by geography, background and social risk:



Medicaid members

On average, 62% of eligible Medicaid members got this care. Here's how it differs by geography, background and social risk:





HEALTHY TENNESSEE REPORT

Behavioral health - Taking antidepressants as prescribed

Better health begins with access to care. The number of mental health specialists who accept our coverage rose 9% between 2022-2023 and another 20% between 2023-2024. However, mental health struggles can still carry more stigma than physical conditions. And we know that poor mental health can play a role in developing other chronic diseases — so medication adherence is a key factor in helping members reduce future risks.

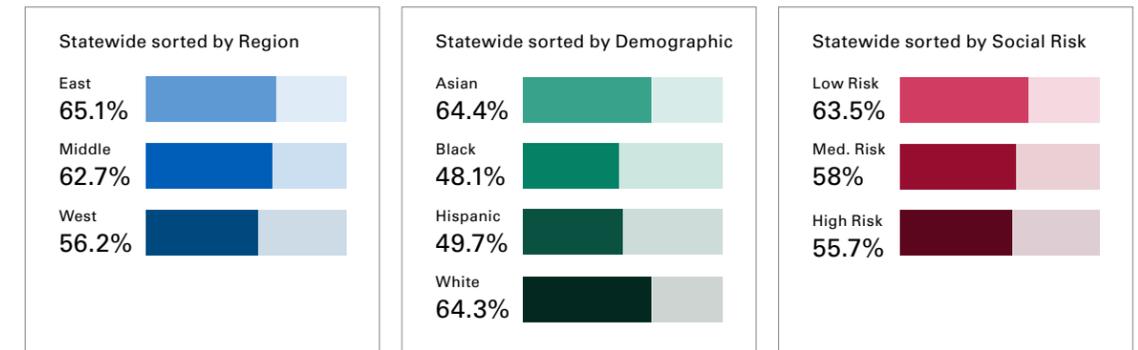


What We're Measuring

This data shows the percentage of members ages 18+ with major depression who are prescribed antidepressants and remain on them at least 180 days.

Commercial members

On average, 62.6% of eligible commercial members took medication as directed. Here's how it differs by geography, background and social risk:

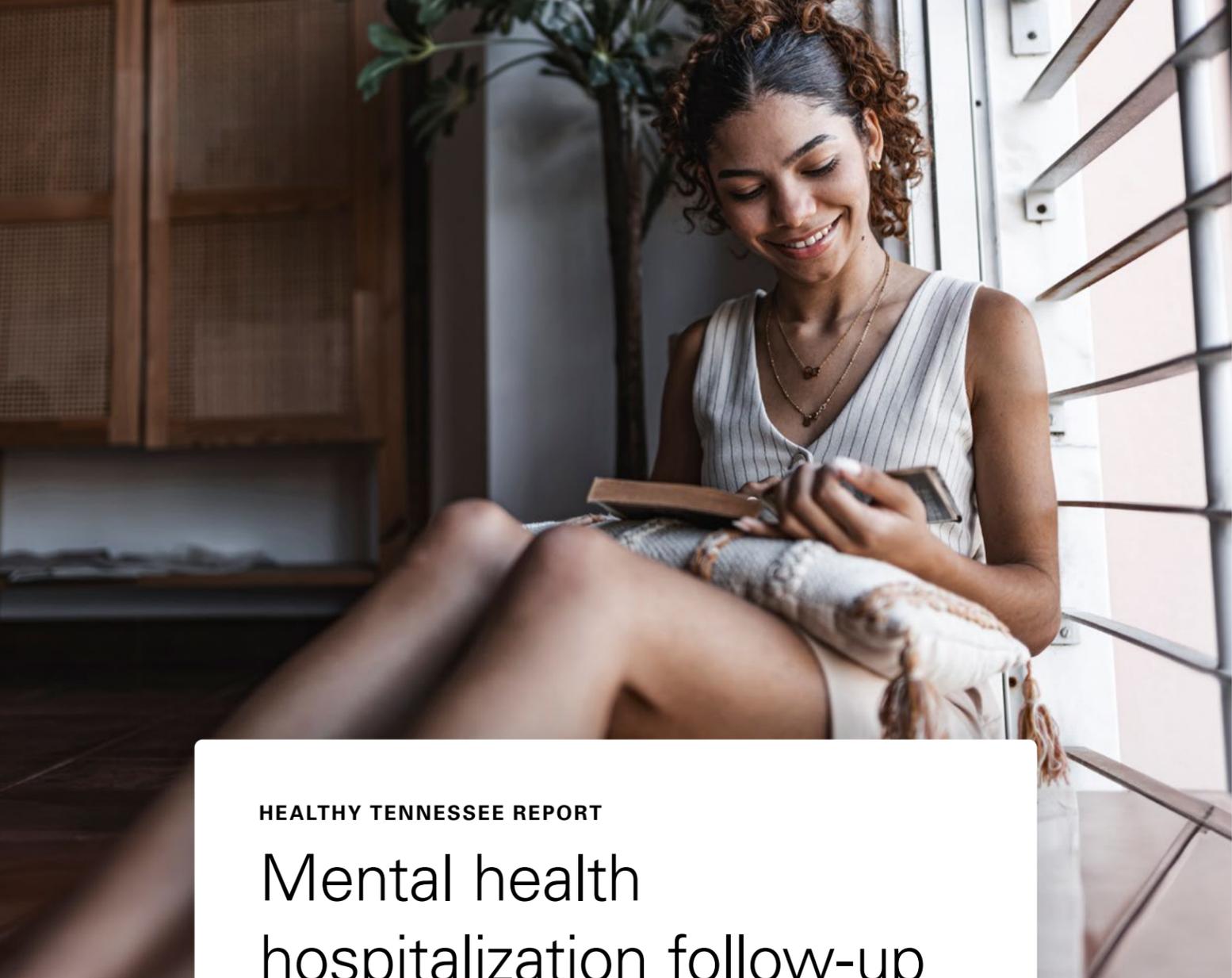


Medicaid members

On average, 41.9% of eligible Medicaid members took medication as directed. Here's how it differs by geography, background and social risk:



* N/A = Race or ethnicity groups with fewer than 30 members are not displayed to minimize the amount of random variation in the rates and to protect the privacy of our members.



HEALTHY TENNESSEE REPORT

Mental health hospitalization follow-up

The measures tracked in this report work hand-in-hand to improve members' mental health outcomes. Research shows that timely follow-up care for mental health related hospitalizations — whether with a primary care provider or mental health specialist — is associated with fewer readmissions and increased medication adherence.¹ It's especially important in Tennessee: This measure has one of the lowest average adherence rates in the report. And in 2023, our statewide suicide rate was 22% higher than the national rate.²

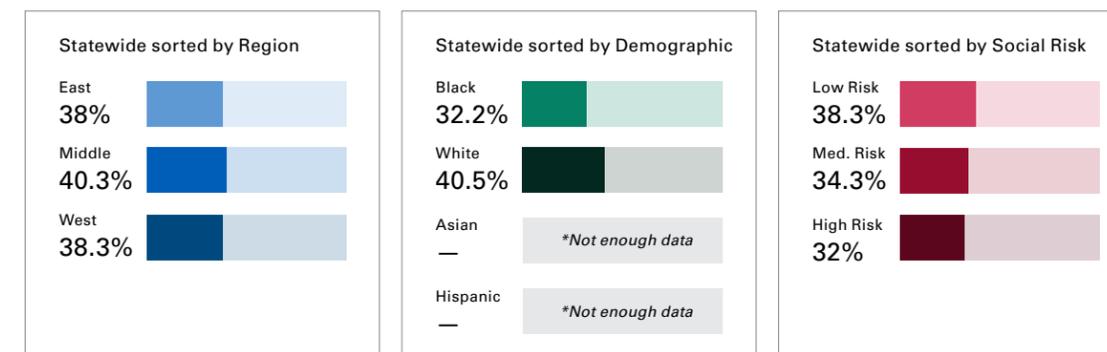


What We're Measuring

These charts show members ages 6+ who were hospitalized for mental illness or intentional self-harm and received follow-up care within 7 days of discharge.

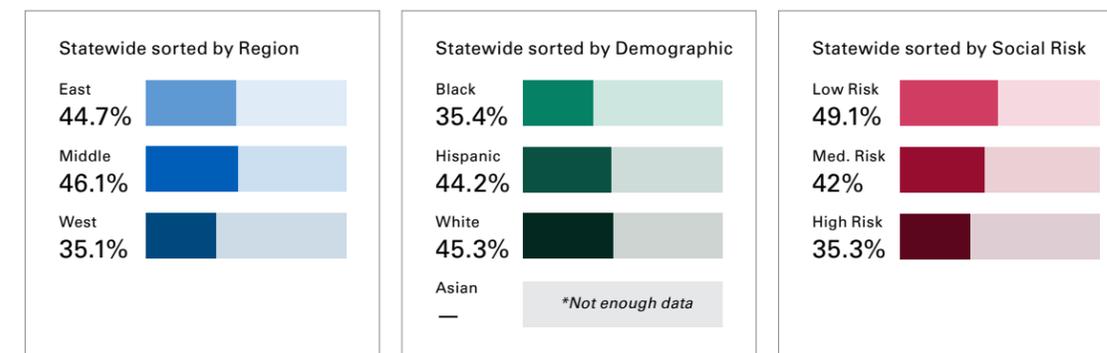
Commercial members

On average, 38.9% of eligible commercial members got this care. Here's how it differs by geography, background and social risk:



Medicaid members

On average, 42.5% of eligible Medicaid members got this care. Here's how it differs by geography, background and social risk:



¹ [NCOA, "Follow-Up After Hospitalization for Mental Illness \(FUH\)"](#)

² [TN.gov | 2025 Suicide Prevention Annual Report](#)



HEALTHY TENNESSEE REPORT

Controlling high blood pressure

High blood pressure often leads to heart disease and stroke, which are common causes of death in Tennessee. And while it is controllable through a combination of medication and lifestyle measures, nearly a third of adults in Tennessee don't exercise or get regular physical activity outside of work.

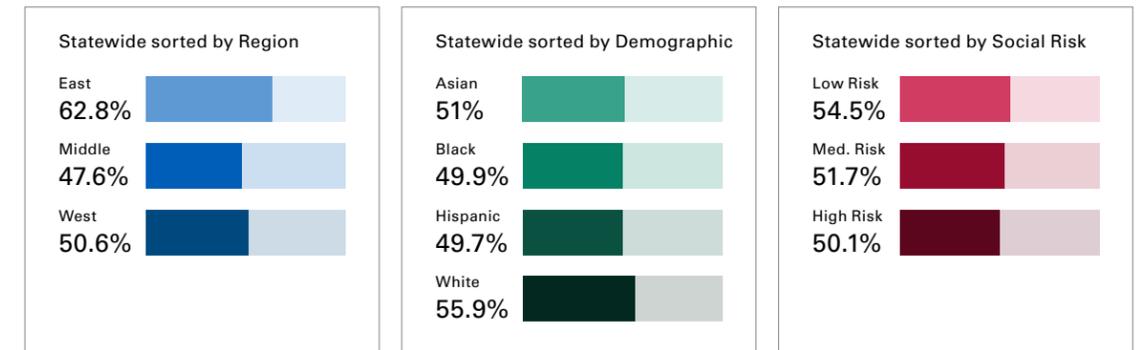


What We're Measuring

This data shows members ages 18+ with a hypertension diagnosis whose blood pressure was controlled to <140/90 during the calendar year.

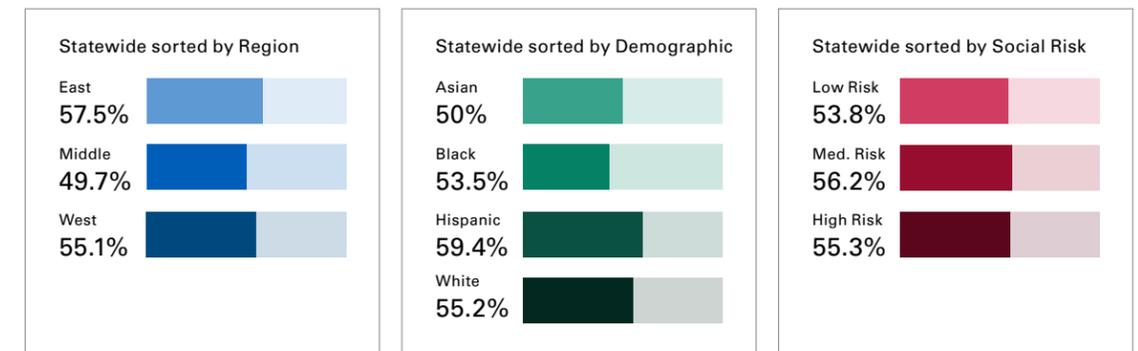
Commercial members

On average, 55% of eligible commercial members got this screening. Here's how it differs by geography, background and social risk:

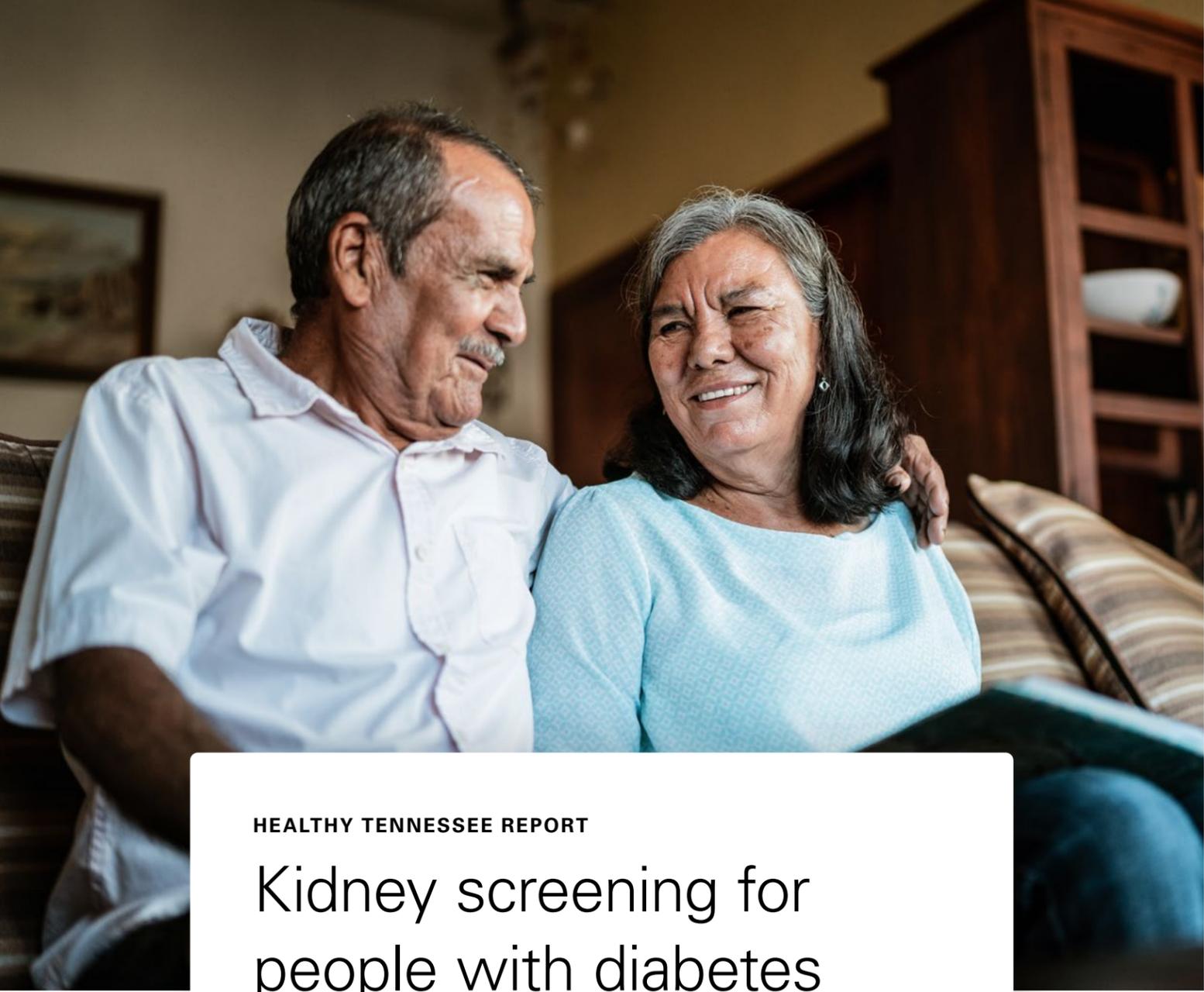


Medicaid members

On average, 54.8% of eligible Medicaid members got this screening. Here's how it differs by geography, background and social risk:



¹ [TN.gov, 2025 State of Health Report](https://www.tn.gov/2025/01/2025-State-of-Health-Report/)



HEALTHY TENNESSEE REPORT

Kidney screening for people with diabetes

Diabetes is one of the most common chronic conditions affecting Tennesseans. Nearly 15% of adults in the state have diabetes — and another 35% of adults have pre-diabetes but don't know it. Diabetes is also a leading cause of kidney disease. Once a member is diagnosed with diabetes, regular screenings can help prevent or delay the progression of this serious related condition. However, of the four regular screenings for members with diabetes, the kidney screening has the lowest overall adherence.

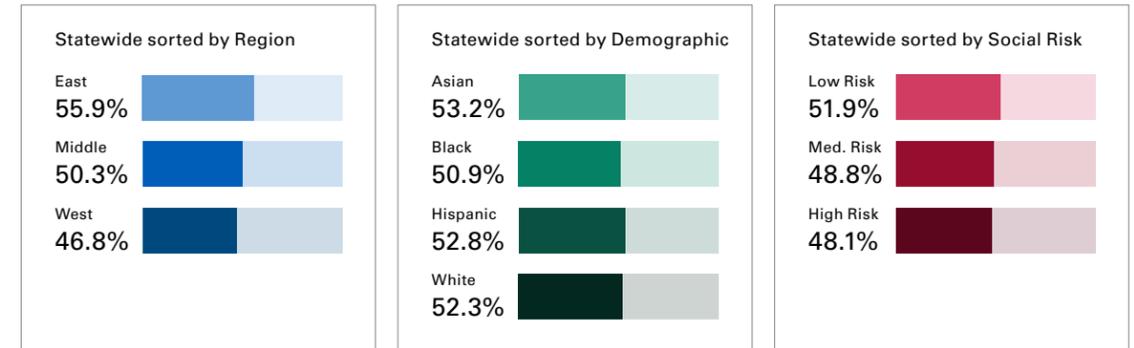


What We're Measuring

These charts represent members ages 18+ who have diabetes and received a kidney health evaluation (includes eGFR and a uACR) at least once a year.

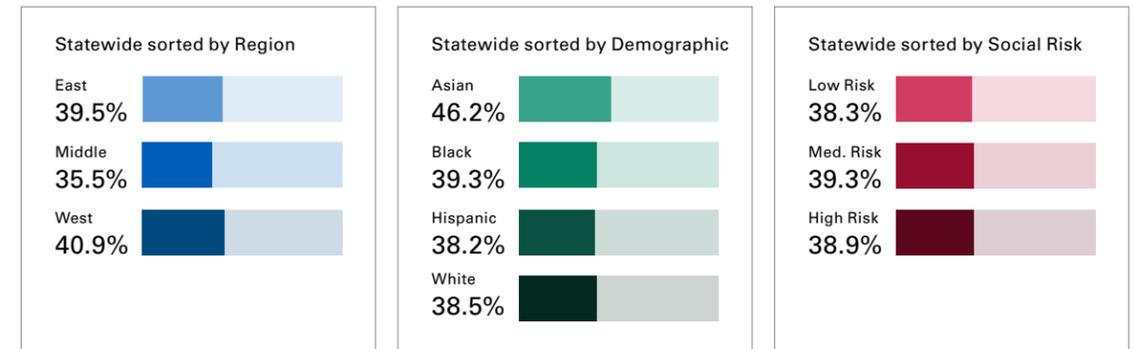
Commercial members

On average, 52.3% of eligible commercial members got this screening. Here's how it differs by geography, background and social risk:



Medicaid members

On average, 38.8% of eligible Medicaid members got this screening. Here's how it differs by geography, background and social risk:



Every day we're working together to improve the lives of the people we serve

We believe everyone deserves a fair opportunity to attain their highest level of health. That's why we're working to improve health outcomes for all our members.

At BlueCross, we recognized that we first had to understand the scope of the challenge. The Healthy Tennessee Report shares what we've learned about how geography, demographics and social risk factors all intersect to affect health outcomes.



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We'll update this report each year, sharing valuable insights and metrics that show our progress on these specific goals.