

# KIDS COUNT



## The State of the Child in Tennessee 2016



Economic  
Well-Being



Education



Health



Family &  
Community



# **KIDS COUNT**

## **The State of the Child in Tennessee**

**Tennessee Commission on Children and Youth**

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Dear Reader:

The Tennessee Commission on Children and Youth (TCCY) is pleased to present *KIDS COUNT: The State of the Child 2016*. This report includes data on the well-being of children in Tennessee. As the Annie E. Casey Foundation's KIDS COUNT partner in Tennessee, TCCY is proud to engage in and support data-driven advocacy for policies and programs that improve outcomes for Tennessee children and families and enhance the state's future economic development and prosperity.

This report examines statewide data in four domains affecting child well-being: Economic Well-Being, Education, Health, and Family & Community. Each has a section explaining its importance to the well-being of children and examining the indicators that TCCY uses to represent that domain in its Index of Child Well-Being. The report also includes a section on early child development and the effects of Adverse Childhood Experiences (ACEs) during those very important early years.

A profile of each county, along with its rank on TCCY's Index of Tennessee Child Well-Being, was released concurrently with this report and is available on the agency website at <http://tn.gov/tccy/topic/kc>. The data presented in this report are also available at the KIDS COUNT Data Center, which is an incredibly easy to use resource open to anyone. In addition to a link to the Data Center, this report also includes a section explaining ways to use the information found there. Data can be sorted in a variety of ways to create custom profiles for individual counties, or to create maps, line graphs or bar charts comparing counties within Tennessee, or Tennessee to other states. The data center includes a wealth of information about the well-being of Tennessee children and families and children across the nation

The Tennessee Commission on Children and Youth's members, staff, and regional council members advocate for children and families to achieve the agency vision:

All children in Tennessee are safe, healthy, educated, nurtured and supported, and engaged in activities that provide them opportunities to achieve their fullest potential.

Statistics posted on the KIDS COUNT Data Center ([www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)) are important resources for efforts by TCCY and service providers, advocates and decision-makers across the state. We all know Tennessee's future prosperity depends on what we do for our children today – the workforce and parents of tomorrow. We encourage all Tennesseans to come together through the Regional Councils on Children and Youth and other organizations to work with TCCY in data-driven efforts for a bright future for the state and for children and families.

Sincerely,



Executive Director

Tennessee Commission on Children and Youth



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Sources and definitions for indicators in this publication are available at [datacenter.kidscount.org](http://datacenter.kidscount.org) as well as on the TCCY website at [tn.gov/tccy/topic/kc](http://tn.gov/tccy/topic/kc)

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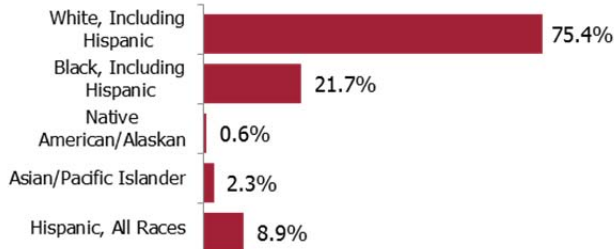


# Tennessee

Individual county profile sheets for all 95 counties include overall rank, rank in each domain, and rank on each indicator. These are available on our website at <http://www.tn.gov/tccy/article/tccy-kc-soc16-counties>



## Child Population by Race/Ethnicity



## HEALTH



Low Birth Weight Babies

9.1 %

Children without health insurance

4.2 %

Child and teen deaths

29.7  
per 100,000



## ECONOMIC WELL-BEING

Child Poverty

24.1 %

Median Household Income

\$47,243

Fair Market Rent

\$874



## FAMILY and COMMUNITY

School suspension rate

5.0 %

Teen pregnancy

13.9 per 1,000

Substantiated Abuse and Neglect

5.9 per 1,000

## EDUCATION



48.4 %

Third to Eighth grade reading proficiency

55.6 %

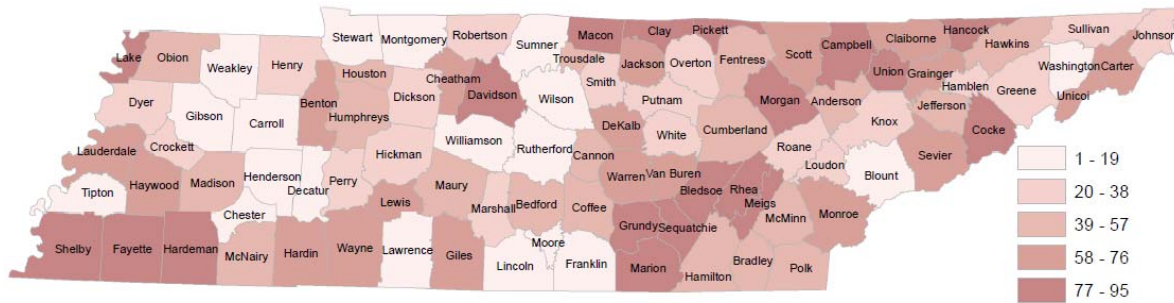
Third to Eighth grade math proficiency

87.8 %

High school graduation rate

# TCCY Index of Child Well-Being

## Counties by Quintile

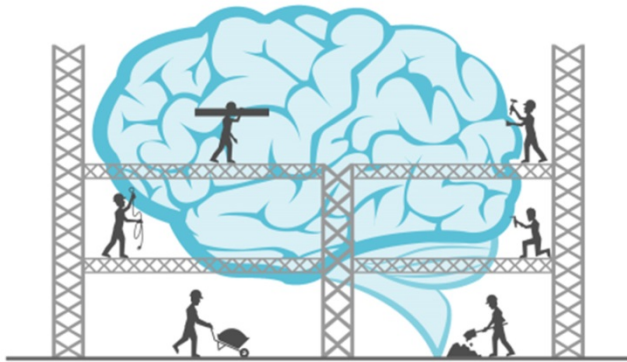


## Counties in Rank Order

<u>Quintile 1</u>	<u>Quintile 2</u>	<u>Quintile 3</u>	<u>Quintile 4</u>	<u>Quintile 5</u>
Williamson	Smith	Jefferson	Jackson	Rhea
Weakley	Sullivan	Hawkins	Monroe	Marion
Wilson	Knox	Cumberland	Cheatham	Hardeman
Rutherford	Henry	Fentress	Unicoi	Meigs
Sumner	Crockett	Bradley	Giles	Pickett
Moore	White	Maurry	Sevier	Cocke
Lincoln	Dyer	Humphreys	Benton	Davidson
Montgomery	Dickson	Obion	Grainger	Bledsoe
Washington	Marshall	Houston	Carter	Hancock
Lawrence	Roane	Trousdale	Lauderdale	Macon
Henderson	Putnam	McNairy	Wayne	Campbell
Blount	Hamblen	Hamilton	Lewis	Fayette
Tipton	Robertson	Coffee	Claiborne	Morgan
Carroll	Overton	Bedford	Hardin	Grundy
Stewart	Greene	Cannon	Van Buren	Sequatchie
Franklin	Perry	McMinn	Warren	Clay
Decatur	Johnson	Anderson	Scott	Union
Chester	Loudon	Madison	Haywood	Lake
Gibson	Hickman	Polk	DeKalb	Shelby

## **BUILDING STRONG BRAINS**

TENNESSEE'S **ACEs** INITIATIVE



## **Addressing Adverse Childhood Experiences: A Case for Attention and Action in Tennessee**

### **The Core Story of Child Development**

The future prosperity of any society depends on its ability to foster the health and well-being of the next generation. When Tennessee invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship.

The early years of life matter because the basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built, establishing either a sturdy or a fragile foundation for all of the development and behavior that follows. A strong foundation in the early years increases the probability of positive outcomes. A weak foundation increases the odds of later difficulties, and getting things right the first time is easier than trying to fix them later.

The interactive influences of genes and experience shape the developing brain. The active ingredient is the “serve and return” relationships children have with their parents and other caregivers in their family or community. Like the process of serve and return in games such as tennis and volleyball, young children naturally reach out for interaction. This process starts in infancy – with facial expressions and babbling – and continues throughout the early years. If adults do not respond by getting in sync, the child’s learning process is incomplete. This has negative implications for later learning. But when children develop in an environment of relationships that are rich in responsive, back-and-forth interactions, these brain-building experiences establish a sturdy architecture on which future learning is built.

Just as a rope needs every strand to be strong and flexible, child development requires support and experiences that weave many different capacities together. Cognitive, emotional and social capacities are tightly connected in the brain. Language acquisition, for example, relies on hearing, the ability to differentiate sounds, and the ability to pay attention and engage in social interaction. Science therefore directs us away from debating which kinds of skills children need most, and toward the realization that they are all intertwined.

Science also points us to pay attention to factors that can disrupt the developmental periods that are times of intense brain construction, because when this activity is derailed, it can lead to lifelong difficulties in learning, memory and cognitive function. Stress is an important factor to consider. Everyday challenges, like learning to get along with new people or in new environments, set off a temporary stress response that helps children be more alert while learning new skills. But true Adverse Childhood Experiences – severely negative experiences such as the loss of a parent through illness, death or incarceration; abuse or neglect; or witnessing violence or substance abuse – can lead to a toxic stress response in which the body’s stress systems go on “high alert” and stay there. This haywire stress response releases harmful chemicals into the brain that impair cell growth and

A silhouette of a child's head facing left, filled with a word cloud. The words are arranged in various sizes and orientations, representing concepts related to social competence. Key words include:

- Families** (large, central)
- Social** (large, central)
- children** (large, central)
- competence** (large, right side)
- skills** (top center)
- support** (top center)
- effectively** (top center)
- promote** (top right)
- workshops** (right edge)
- early** (middle right)
- connections** (middle left)
- child** (middle left)
- attend** (left edge)
- Science** (middle left)
- building** (middle left)
- choice** (middle left)
- problem** (middle right)
- strategy** (middle right)
- strengthening** (bottom center)
- responsibilities** (bottom left)
- management** (bottom left)
- behavioral** (bottom right)
- Protective** (bottom right)
- awareness** (bottom right)
- Research** (bottom right)
- targets** (bottom right)
- self** (bottom right)
- factors** (left edge)
- working** (left edge)
- followed** (left edge)
- professionals** (left edge)
- positive** (middle left)
- function** (middle left)
- acquired** (middle left)
- confidence** (middle right)
- emotions** (middle right)
- communication** (middle right)
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- culture** (middle right)
- language** (middle right)
- values** (middle right)
- attitudes** (middle right)
- beliefs** (middle right)
- experiences** (middle right)
- knowledge** (middle right)
- understanding** (middle right)
- respect** (middle right)
- cooperation** (middle right)
- teamwork** (middle right)
- leadership** (middle right)
- decision-making** (middle right)
- problem-solving** (middle right)
- critical thinking** (middle right)
- creativity** (middle right)
- innovation** (middle right)
- entrepreneurship** (middle right)
- social responsibility** (middle right)
- civic engagement** (middle right)
- global citizenship** (middle right)
- digital literacy** (middle right)
- financial literacy** (middle right)
- health literacy** (middle right)
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- media literacy** (middle right)
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- technology literacy** (middle right)
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- music literacy** (middle right)
- dance literacy** (middle right)
- physical education literacy** (middle right)
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- employability values** (middle right)

The factors children are exposed to affect how well they progress, and communities play a big role. A child's well-

being is like a scale with two sides; one end can get loaded with positive things, while the other end can get loaded with negative things. Supportive relationships with adults, sound nutrition and quality early learning are all stacked on the positive side. Stressors such as witnessing violence, neglect or other forms of toxic stress are stacked on the other. This dynamic system shows us two ways we can achieve positive child outcomes: to tip to the positive side, we can pile on the positive experiences, or we can offload weights from the negative side. Children who have experienced several ACEs are carrying a heavy negative load, and to tip these children toward the positive, innovative states and communities have been able to design high-quality programs for children to prevent Adverse Childhood Experiences whenever possible, and respond to them with strong, nurturing supports to ameliorate their impact when they can't be prevented. These programs have solved problems in early childhood development and shown significant long-term improvement for children.

*As Tennesseans understand the impact of Adverse Childhood Experiences, they will realize the future economic development and prosperity of the state depends on what we do now to prevent these experiences whenever possible and to wrap services around children and families when they can't be prevented.*

4



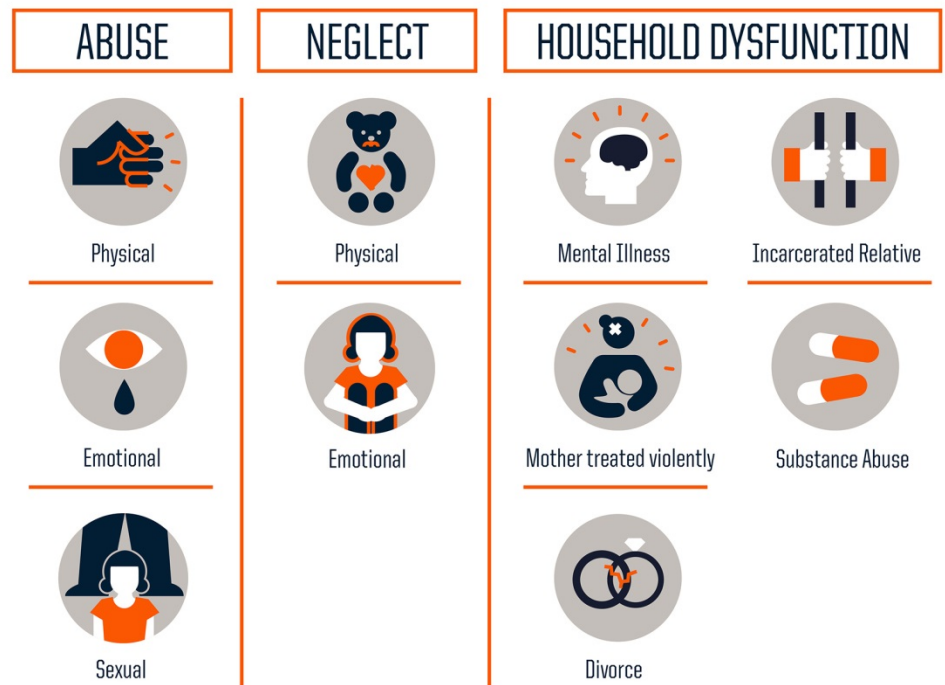
## Adverse Childhood Experiences (ACEs): The Connection between Childhood Toxic Stress and Adult Outcomes

Evidence increasingly points to a significant correlation between particular ACEs and poor adult outcomes in education, earnings and a variety of health issues. This connection was first made by researchers in the 1990s. The Tennessee Department of Health has previously examined ACEs in the state and reported on the initial ACEs study in their publication *Adverse Childhood Experiences in Tennessee: Fact not Fate*.

The Adverse Childhood Experiences (ACE) Study is a large-scale, ongoing research collaboration assessing the link between negative childhood experiences and negative adult outcomes. The study was initiated by Dr. Robert Anda and Dr. Vincent Felitti in 1995-1997 with more than 17,000 participants at Kaiser Permanente in San Diego, California in partnership with the Centers for Disease Control and Prevention (CDC). Each participant in the study had a physical examination and completed a confidential survey that contained questions about childhood maltreatment and family dysfunction as well as current health status and behaviors. Participants with exposure to early traumatic stressors, termed Adverse Childhood Experiences or ACEs, showed an increased risk for both short-term and long-term health and social problems (see figure 1). As the number of ACEs increased for each person so did the amount of risk in a number of categories, suggesting that vulnerability builds with each ACE exposure. Both the findings and ongoing assessment tell a compelling story about the relationship between childhood stress and the risk for a multitude of problems across the lifespan.<sup>1</sup>

Through this study, researchers were able to identify 10 ACEs that correlated significantly with adult outcomes. Those are shown to the right in a graphic from the Robert Wood Johnson Foundation.<sup>2</sup> These ACEs create a harmful level of stress (known as toxic stress) in children that affects their brain structure at a time of rapid brain development. So why do some people with high ACE scores not have negative adult outcomes? Research shows that children who have safe, stable relationships with nurturing adults are more likely to avoid the negative outcomes that can

accompany ACEs. They can develop resilience, which helps to mitigate the effects of ACEs.



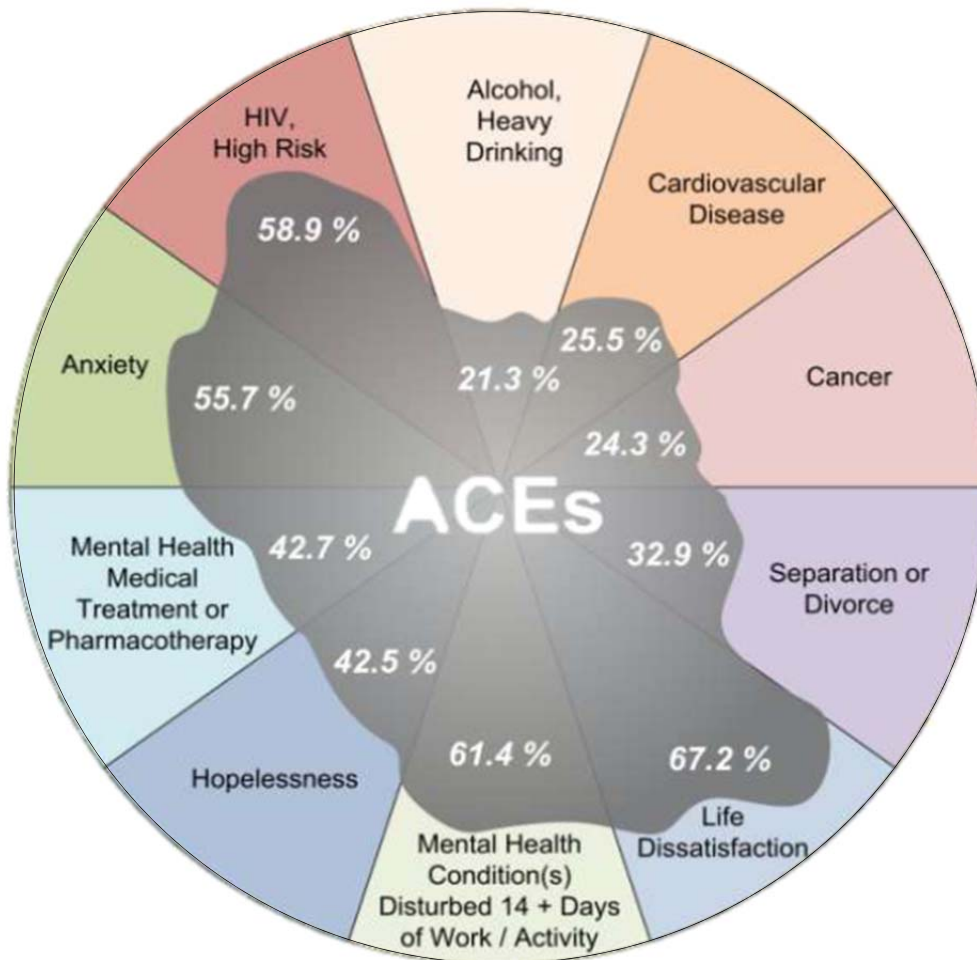
<sup>1</sup> [https://tn.gov/assets/entities/health/attachments/Tennessee\\_ACE\\_Final\\_Report\\_with\\_Authorization.pdf](https://tn.gov/assets/entities/health/attachments/Tennessee_ACE_Final_Report_with_Authorization.pdf)

<sup>2</sup> <http://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>

## Negative Adult Outcomes Correlated with ACEs

What are the negative adult outcomes that have been correlated with an increasing number of ACEs? Ace Interface developed a graphic showing the risk that is associated with childhood toxic stress. They depict the risk from ACEs as an oil spill in the middle, to show how it can spread and affect everyone but also to help visualize the idea that activities aimed at preventing and mitigating the effects of ACEs can act like a sponge to soak up the oil and reduce the harm ACEs can cause across the full spectrum of risk. Reducing ACEs reliably predicts simultaneous decrease in all these conditions.

### Population Attributable Risk



The Centers for Disease Control and Prevention (CDC) estimate that the lifetime costs associated with child maltreatment rise as high as \$124 billion. The largest cost is in lost productivity. Absence from work for sickness or mental health issues related to ACEs has a significant impact in business. Additional costs are incurred for health care, special education services, the child welfare programs that are called upon to serve these children and, too often, the criminal justice system that must absorb them when they grow older.

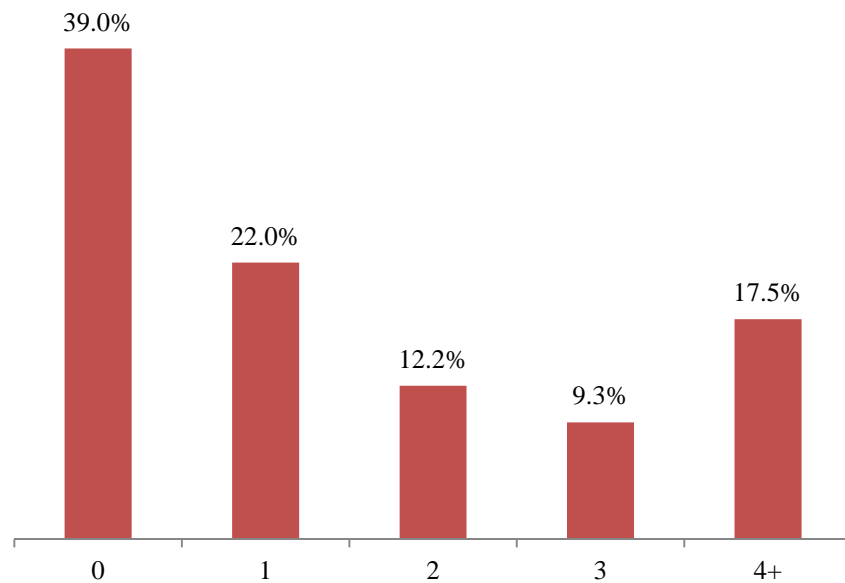


## ACEs in Tennessee

Beginning in 2012, the Tennessee Department of Health added optional questions about ACEs to the annual Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the Centers for Disease Control and Prevention (CDC). These questions are aimed at identifying in Tennessee adults a history of eight of the ten ACEs. Physical and emotional neglect are not included as many adults do not have a good understanding of what qualifies as neglect and the survey questions are not an adequate place to define it. The Department of Health adds the caveat to this data that people who are homeless, in prison or who do not have telephones are not surveyed. These missed parts of the population likely lead to an undercount of ACEs overall.

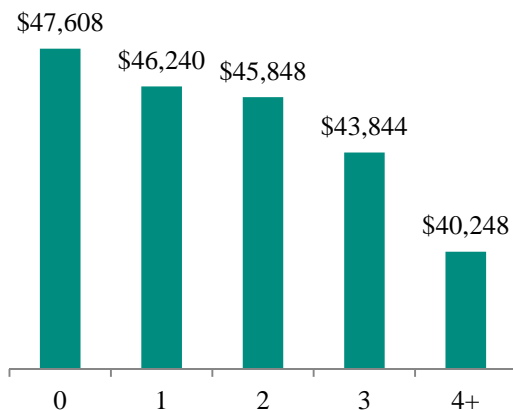
The 2016 BRFSS included 5,979 people (of which 4,650 answered the ACEs questions) and provides an update of previous year's data on the prevalence of ACEs among adults in Tennessee. Fewer than four in 10 Tennessee adults surveyed reported having none of the adverse experiences in the survey. More than one in six reported four or more ACEs in their childhood. The probability of negative adult outcomes often increases sharply at four or more ACEs.

**Number of ACEs Reported by Tennessee Adults, 2016**

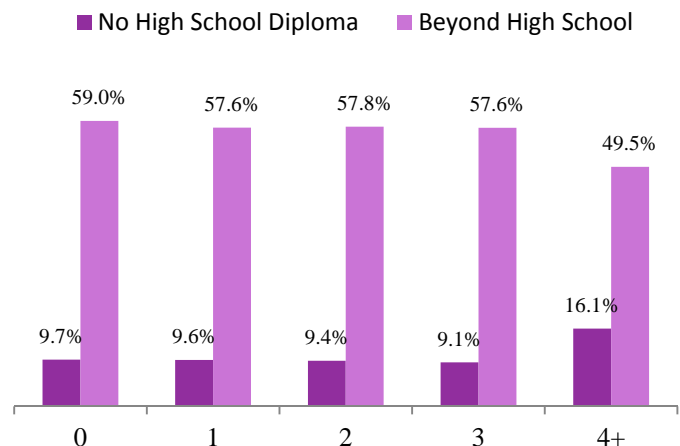


Through the data in the BRFSS, the association of higher numbers of ACEs with particular health, education and economic outcomes can be seen.

**Average Income by Number of ACEs, 2016**

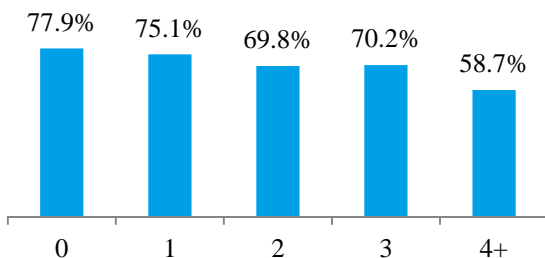


**Educational Attainment by Number of ACEs, 2016**

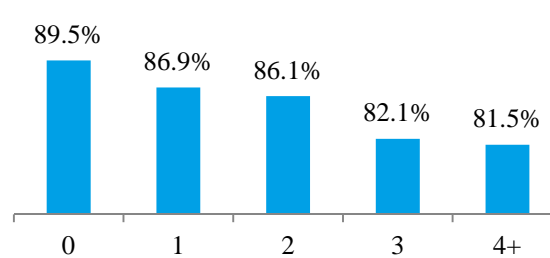


Not all of the health results were statistically significant (meaning that there is a 95 percent chance that the correlation is meaningful and did not occur randomly). Those that were significant are reported below.

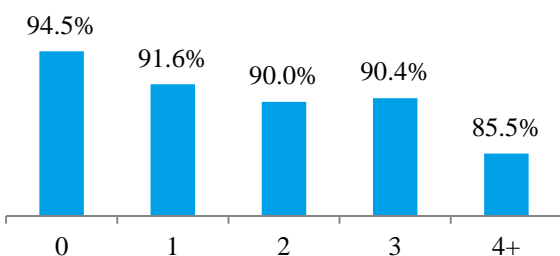
**People Rating Their Health as Excellent or Good, by Number of ACEs, 2016**



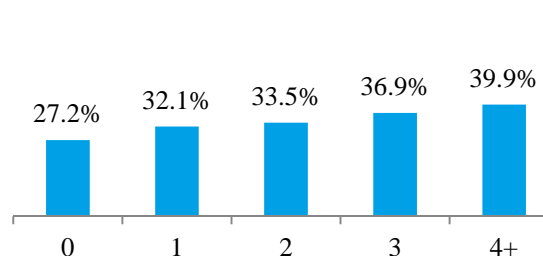
**People Who Have a Provider They Think of as Their Doctor, by Number of ACEs, 2016**



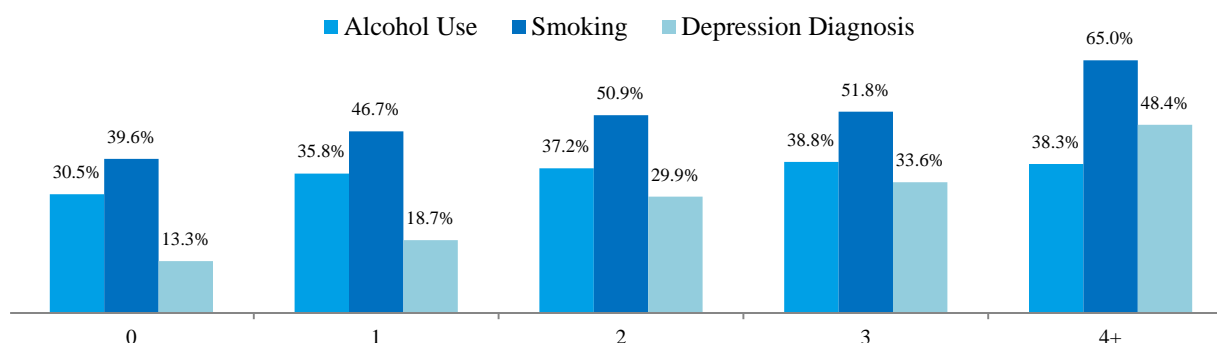
**People Who Have Health Insurance, by Number of ACEs, 2016**



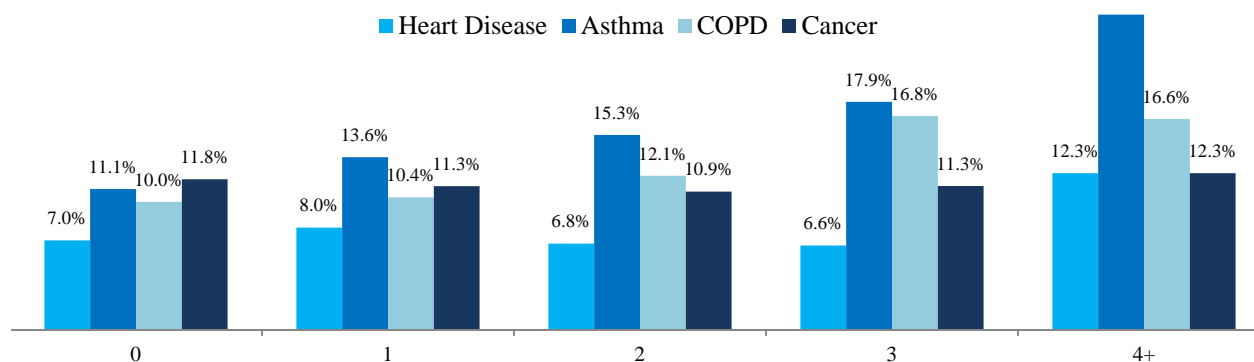
**People Who Meet the Definition of Obesity (BMI > 30), by Number of ACEs, 2016**



**People Who Use Alcohol, Smoke or Who Have Ever Had a Depression Diagnosis, by Number of ACEs, 2016**



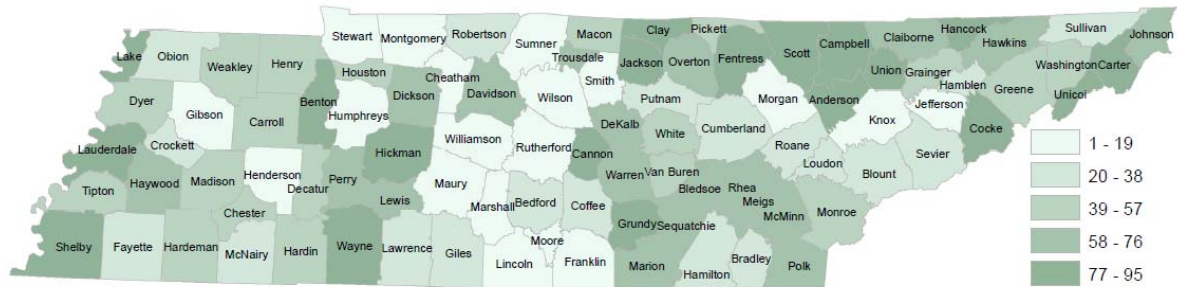
**People Who Have Been Diagnosed With Heart Disease, Asthma, COPD or Cancer, by Number of ACEs, 2016**



# Economic Well-Being



## Counties by Quintile



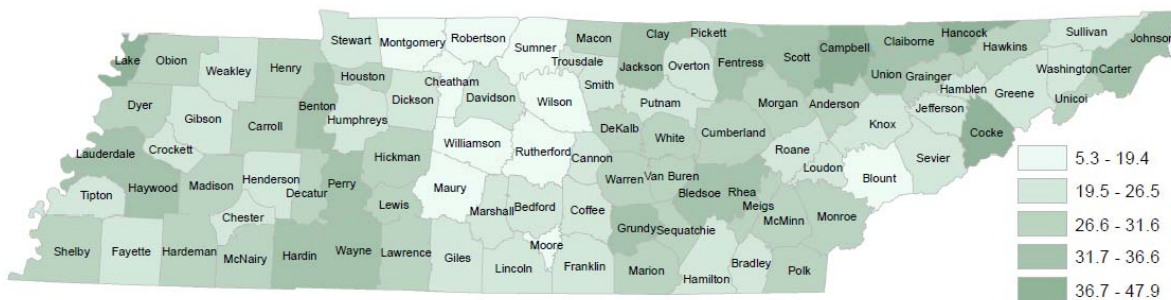
## Counties in Rank Order

<u>Quintile 1</u>	<u>Quintile 2</u>	<u>Quintile 3</u>	<u>Quintile 4</u>	<u>Quintile 5</u>
Williamson	Obion	Greene	DeKalb	Hickman
Moore	Hamilton	Weakley	Bledsoe	Cannon
Wilson	Blount	Houston	Rhea	Benton
Rutherford	Loudon	Decatur	Meigs	Anderson
Franklin	Giles	Tipton	McMinn	Wayne
Sumner	Coffee	Van Buren	Warren	Fentress
Marshall	Lawrence	Macon	Claiborne	Unicoi
Lincoln	Bradley	Washington	Polk	Scott
Humphreys	Robertson	White	Overton	Lauderdale
Cheatham	Roane	Carroll	Lewis	Jackson
Smith	Bedford	Grainger	Perry	Campbell
Morgan	Cumberland	Henry	Dickson	Clay
Maury	Crockett	Chester	Davidson	Shelby
Stewart	McNairy	Madison	Hawkins	Grundy
Gibson	Putnam	Pickett	Haywood	Carter
Knox	Sullivan	Hardeman	Sequatchie	Union
Henderson	Fayette	Dyer	Trousdale	Cocke
Montgomery	Hamblen	Monroe	Johnson	Hancock
Jefferson		Hardin	Marion	Lake

Families need adequate financial resources to make sure their children grow up safe, healthy, educated, nurtured and supported, and engaged in activities that help them reach their potential. One of the greatest barriers to strong families is poverty. Poverty makes it difficult for families to provide for children's basic needs, including healthy food, quality child care and preventive health care. Poverty also increases stress on families and can contribute to depression, anger and impatience in parenting that create an environment of toxic stress for children and can increase the incidence of abuse.

While Adverse Childhood Experiences can and do occur in families at all income levels, poverty, and the stressors it brings, make them more likely. Economic well-being is an important part of the stability and security that contributes to healthy family relationships and positive outcomes for children.

## Percent of Children Living in Poverty

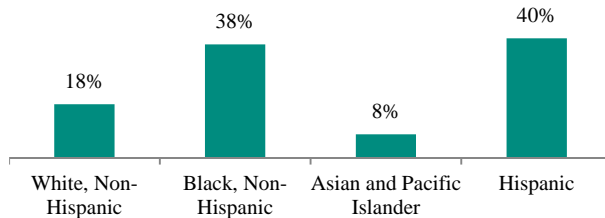


Poverty is so much more than not being able to have many things. It is a constant, pervasive stress about meeting basic needs. It can mean worrying where you will sleep if your current situation falls through. It can mean living at various levels of functionality while dealing with mental illness and/or substance abuse. It can come from suffering a debilitating injury, or losing a spouse to an untimely accident or illness or to a prison term. It may surprise you in the form of unanticipated medical bills. Sometimes it means living in an area of concentrated poverty that lacks the resources to provide adequate services to its children and families, lacks access to enough decent jobs to support its residents, who may lack the resources to move. When children are dealing with these conditions, the lack of stability puts immense stress on them as they develop intellectually, socially and emotionally, and can have lifelong consequences.

The percent of children living in poverty in Tennessee ranges from 5.3 in Williamson County to 47.9 in Lake County. The map above shows some denser areas of rural poverty. Urban poverty does not always show in the data of heavily populated counties, as extremes within a county will average out to something in the middle. Shelby County, for instance, ranks 73 on this measure, which is low but not in the bottom quintile. Areas of heavily-concentrated poverty exist in Shelby County, but it also has affluent areas that counterbalance those. The same is true for all metropolitan areas in Tennessee.

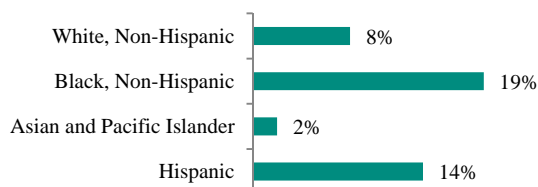
### Percent of Tennessee Children Living in Poverty, by Race, 2015

Source: US Census Bureau, Small Area Estimates



### Percent of Tennessee Children Living in Deep Poverty, by Race, 2015

Source: American Fact Finder



Geographic differences, however, are not the only noticeable ones. Race is an important factor in both urban and rural poverty. Black and Hispanic children are more than twice as likely to live in poverty as white children and almost five times more likely than Asian children. The same pattern holds for families living in deep poverty, generally considered to be half the income that meets the definition of poverty at any family size.

Children's ages also affect the likelihood they live in poverty. Before children reach school age, parents must provide supervision during the work week, usually by having a parent stay out of the labor force or by paying for child care. Either of these options affects family financial resources at the time that children are going through the most rapid brain development and have the greatest need for opportunities to socialize and learn. Research has shown poverty in early childhood is more closely associated with low rates of high school graduation than is poverty in the middle and high school years.

### Percent of Tennessee Children Living in Poverty by Age Group, 2015

Source: Population Reference Bureau



# Median Household Income



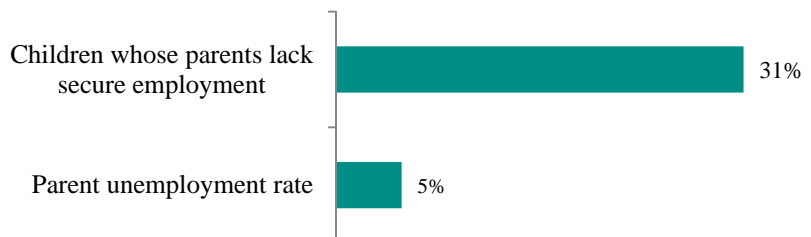
Median household income (MHI) offers information that poverty measures and per capita income measures do not. When more households live below average income than above it, there tend to be wider gaps between wealthier households and poorer households. MHI can give a clearer picture of the typical family when income disparity is high. The Economic Policy Institute ranked Tennessee at 19 among the 50 states in income disparity. The average income of the top one percent of earners in Tennessee is over 20 times the average income of everyone else.<sup>3</sup>

Poverty is significant in the lives of children and families, but income-related stressors do not stop at the poverty line. Many programs have extended family qualification to 250 percent, or even 400 percent, of poverty level. Including an income measure that highlights differences among families both below and above the poverty line offers additional insight into differences across the state.

MHI can also vary significantly throughout the year in individual households. Research has shown that even households with moderate incomes can suffer from lack of stability in their monthly income. In Tennessee, parents had a low unemployment rate of just 5 percent in 2015, but fully a third of children lived in households where parents lacked secure employment.

## Unemployment vs. Secure Employment in Families, 2015

Source: Population Reference Bureau



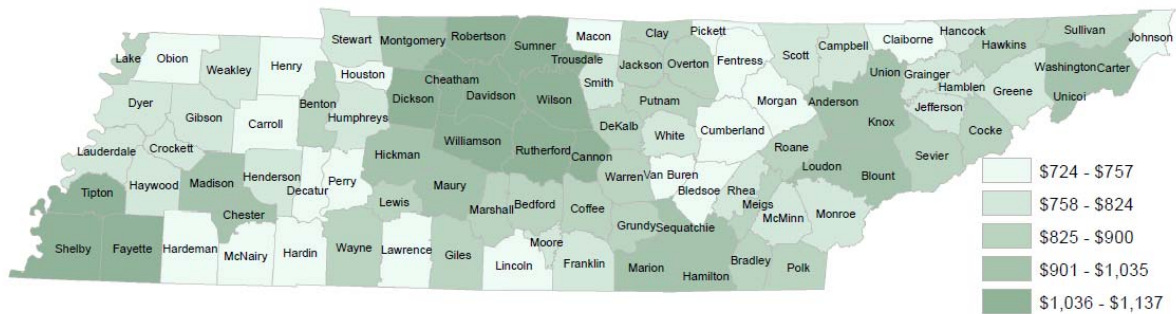
A recent study of hundreds of families tracked every transaction they engaged in from 2012 to 2014. One of the first findings was that even households with full-time workers saw fluctuations of up to one fourth above or below their average income in five months out of the year.<sup>4</sup> Salaries that rely heavily on tips or commissions, seasonal employment, gaps in employment and irregular hours contributed to the instability.

Researchers concluded: “Fundamentally, the instability of households’ cash flows that we saw arises because families bear far more economic risk than they have in the past. Their jobs deliver less-steady income, even when they are full-time. They have less room between their incomes and their spending needs, and less ability to accumulate reserves. And employers and government do less to buffer individual families from the resulting ups and downs.”

<sup>3</sup> <http://www.epi.org/multimedia/unequal-states-of-america/#/Tennessee>

<sup>4</sup> Murdoch, J. and R. Schneider. 2017. “We Tracked Every Dollar 235 U.S. Households Spent for a Year, and Found Widespread Financial Vulnerability.” *Harvard Business Review*, April 12, 2017. <https://hbr.org/2017/04/we-tracked-every-dollar-235-u-s-households-spent-for-a-year-and-found-widespread-financial-vulnerability>

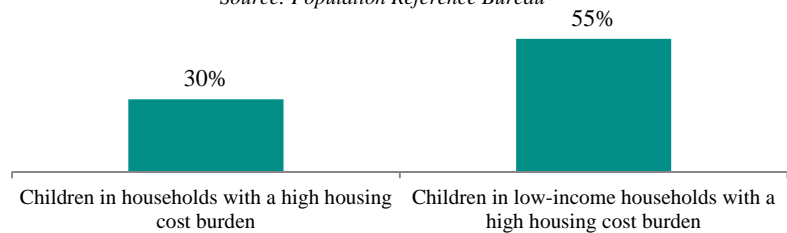
# Fair Market Rent



Fair Market Rent is a measure of housing burden. Generally, a family should not have to spend more than 30 percent of its income on housing. If they do, that is considered to be a high housing cost burden that squeezes the family's ability to pay for other necessities. Since actual housing cost burden data is not available at the county level, Fair Market Rent is our closest approximation. It measures the fortieth percentile (forty percent are below this number) of the rent for three-bedroom housing in each county. It is used to determine eligibility of particular housing units for federal housing subsidies.

## Children in Households with a High Housing Cost Burden, All Households and Low-Income Households, 2015

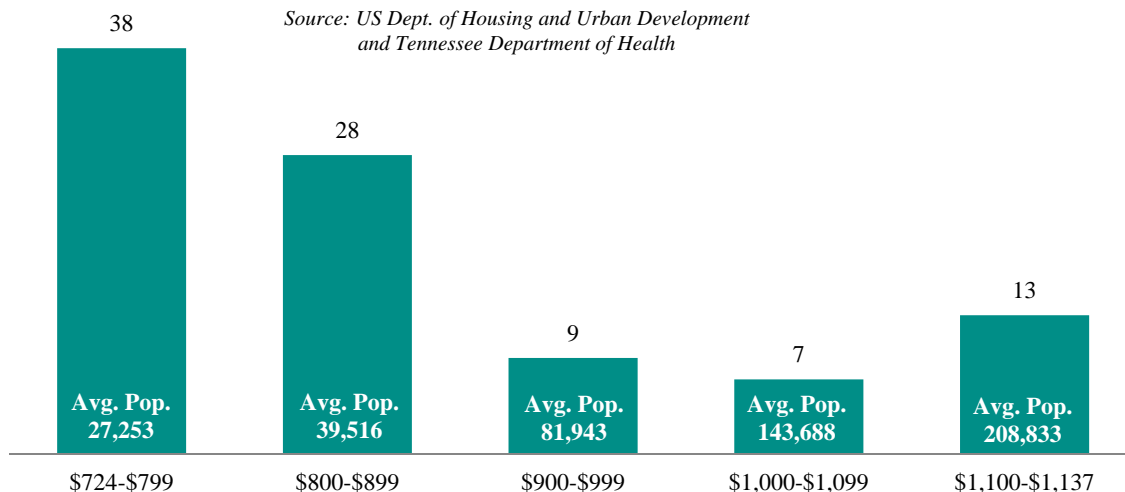
Source: Population Reference Bureau



As is the case in most states, urban areas have higher housing cost burdens than more rural areas in Tennessee. The map above shows higher housing costs in the most populous counties as well as in the "collar counties" that surround them. This can be a particular problem for people who work lower-wage jobs in population centers. They either have to spend high percentages of their wages on housing or live further out and take on the difficulties and costs of a long commute. Most Tennessee counties are on the lower end of the state housing cost burden, but most of the state's people live in areas with housing costs on the higher end. In the rural areas, there are few high-paying jobs, so even the lower rent levels can be challenging for many households.

## Number of Tennessee Counties by Fair Market Rent Level and Average Population of Each Group, 2015

Source: US Dept. of Housing and Urban Development and Tennessee Department of Health

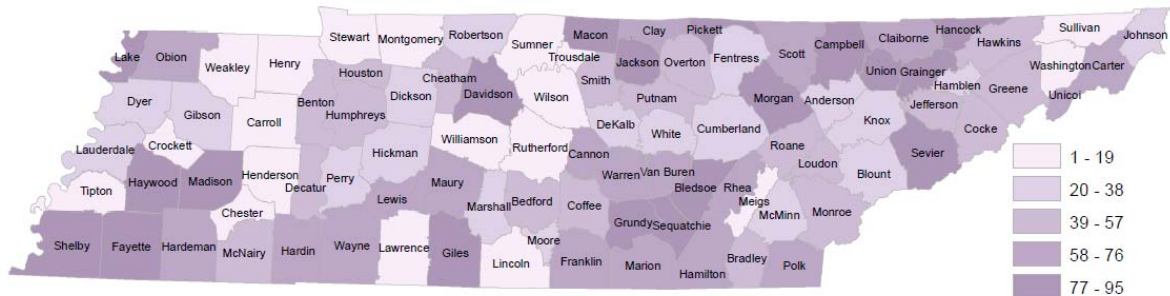




# Education



## Counties by Quintile



## Counties in Rank Order

<u>Quintile 1</u>	<u>Quintile 2</u>	<u>Quintile 3</u>	<u>Quintile 4</u>	<u>Quintile 5</u>
Williamson	Gibson	Benton	Obion	Giles
Trousdale	Moore	Putnam	Polk	Sevier
Stewart	Anderson	Smith	Claiborne	Grainger
Henderson	Blount	Overton	Warren	Morgan
Wilson	Dyer	Bradley	Hamilton	Union
Sumner	Cumberland	Roane	Van Buren	Jackson
Montgomery	Dickson	Greene	Mauzy	Madison
Lawrence	Hamblen	Decatur	Cannon	Campbell
Rutherford	White	Monroe	Lewis	Macon
Washington	Hickman	Loudon	Carter	Pickett
Tipton	Robertson	Hawkins	Scott	Davidson
Lincoln	Perry	Houston	Unicoi	Haywood
Chester	Marshall	Bedford	Franklin	Bledsoe
Henry	Knox	Cocke	Rhea	Shelby
Weakley	DeKalb	Cheatham	Wayne	Grundy
Crockett	Johnson	Humphreys	Marion	Sequatchie
Carroll	Fentress	McNairy	Clay	Lake
Meigs	Lauderdale	Jefferson	Hardeman	Fayette
Sullivan	McMinn	Coffee	Hardin	Hancock

Education is a lifelong endeavor, from quality prenatal care through elementary and high school years and on into adulthood. The earliest years, while the brain is developing at lightning speed, lay the foundation for future success in school and in life. The adolescent years are also a time of growth and brain development. These middle years do not get as much attention as the first three to five years of life, but they are the second-most intense time of brain development. This is when executive function, impulse control, working memory, risk management and associative thinking are developed. The neural connections formed during puberty will be pruned and their functions strengthened up until about age 25. Children and teens spend a significant amount of time in school. They learn critical thinking skills and form important relationships there. School climate, learning philosophy and discipline practices can have a profound effect on child development.

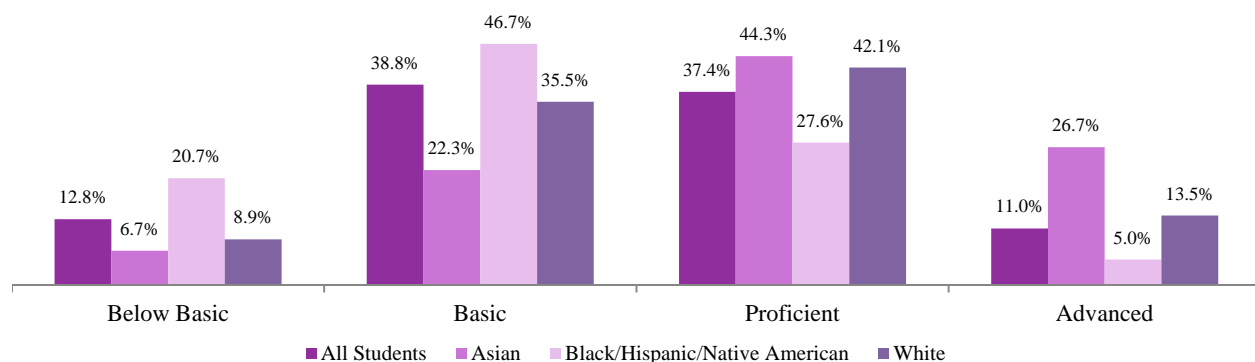
# Percent of Third- to Eighth-Grade Students Demonstrating TCAP Reading Proficiency



As the saying goes, before third grade you learn to read; after third grade you read to learn. Reading proficiency is one of the most basic, yet most important, skills children acquire. In Tennessee, third- through eighth-grade students take state assessment exams (previously called TCAP, now called TNReady) to measure reading proficiency. Scores are rated as below basic, basic, proficient and advanced. Proficiency combines students in both the proficient and advanced groups. A more detailed look at scores and subgroups provides context to the basic proficiency measure.

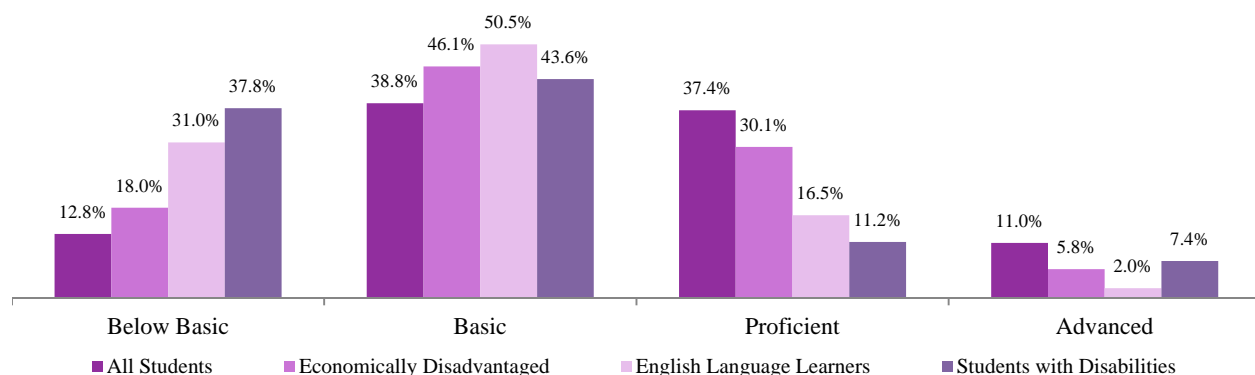
**Percent at Each TCAP Scoring Level, Third- through Eighth-Grade Reading, All Students and Students by Race, 2014-15**

Source: Tennessee Department of Education



**Percent at Each TCAP Scoring Level, Third- through Eighth-Grade Reading, All Students and At-Risk Subgroups, 2014-15**

Source: Tennessee Department of Education



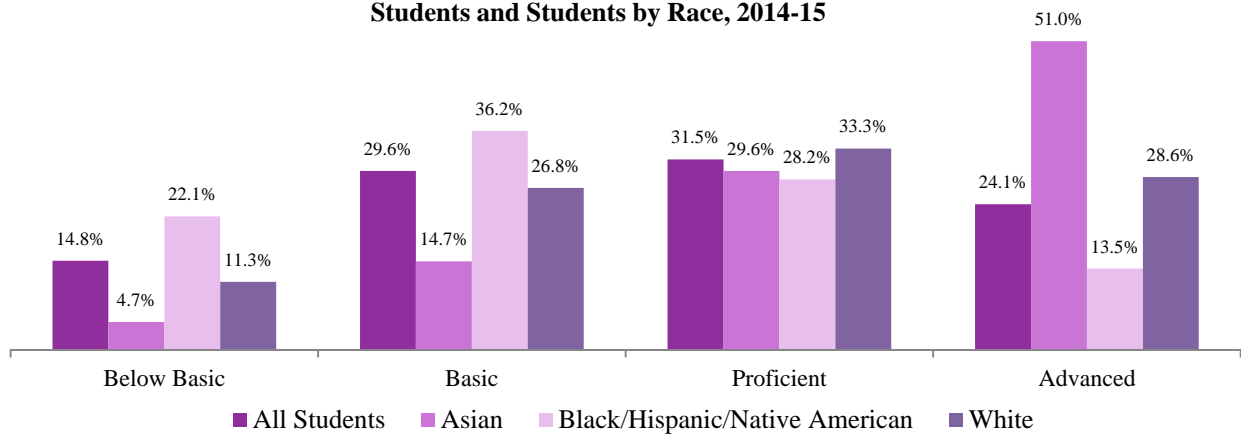


# Percent of Third- to Eighth-Grade Students Demonstrating TCAP Math Proficiency

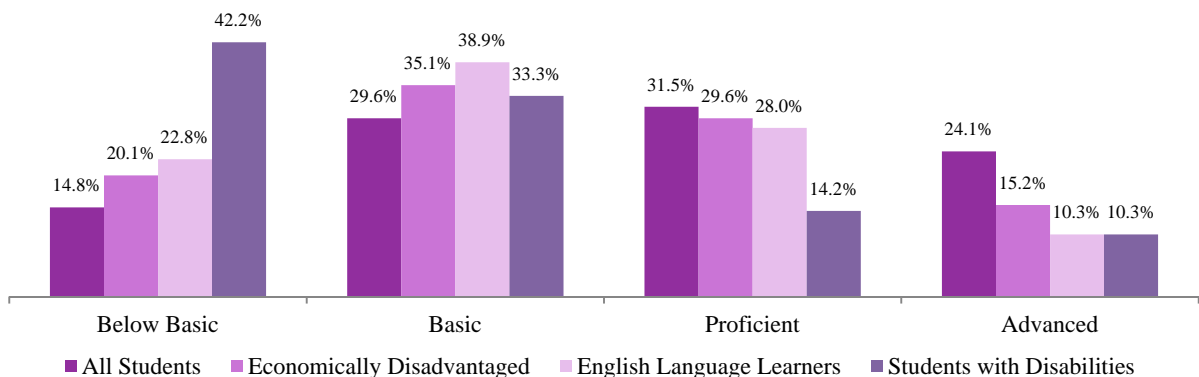


Competence in mathematics is essential for functioning in everyday life, as well as for success in our increasingly technology-based workplaces. Students who take higher-level math courses, which require strong fundamental skills in mathematics, are more likely to attend and to complete college. Math education improves logical and critical thinking. The importance of math extends beyond the academic domain. Young people who transition to adulthood with limited math skills can find it difficult to carry out important independent-living tasks. Basic arithmetic skills are required for everyday computations, and sometimes for job applications. Additionally, competence in math skills is related to higher levels of employability.

**Percent at Each TCAP Scoring Level, Third- through Eighth-Grade Math, All Students and Students by Race, 2014-15**



**Percent at Each TCAP Scoring Level, Third- through Eighth-Grade Math, All Students and At-Risk Subgroups, 2014-15**

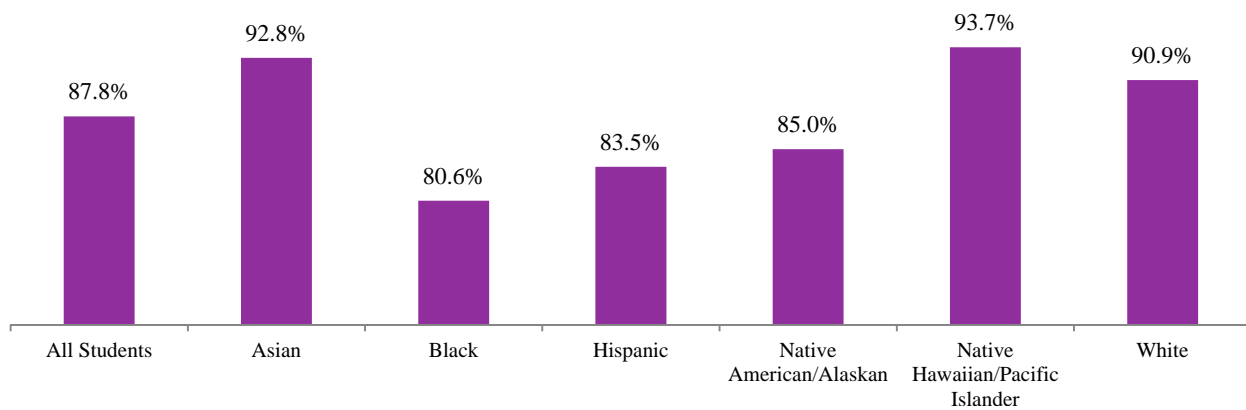


# High School Graduation Rate

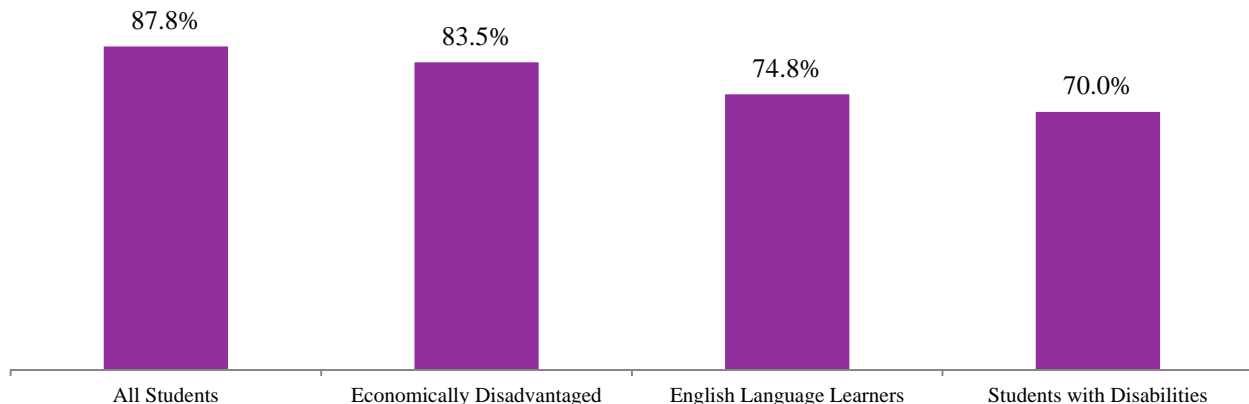


Data consistently show that people who do not graduate from high school suffer higher unemployment rates and lower wages than people who do. College and technical school provide additional improvements on these measures. As a state, Tennessee has one its highest rankings in the national KIDS COUNT data index on the high school graduation rate measure. Good public policies, like compulsory attendance to age 18, and a requirement that youth be in school to get a driver's license before age 18, contribute to Tennessee's achievement in this area. Governor Haslam's Drive to 55 and Tennessee Promise programs provide incentives for higher graduation rates, as they provide tuition-free community college and college of applied technology training to all Tennesseans who have graduated or earned a high school equivalency. As with other education measures, systemic barriers facing children of color cause race to play a role, and risk factors associated with lower graduation rates among some groups of students show up as well.

**High School Graduation for All Students and by Race, 2014-15**



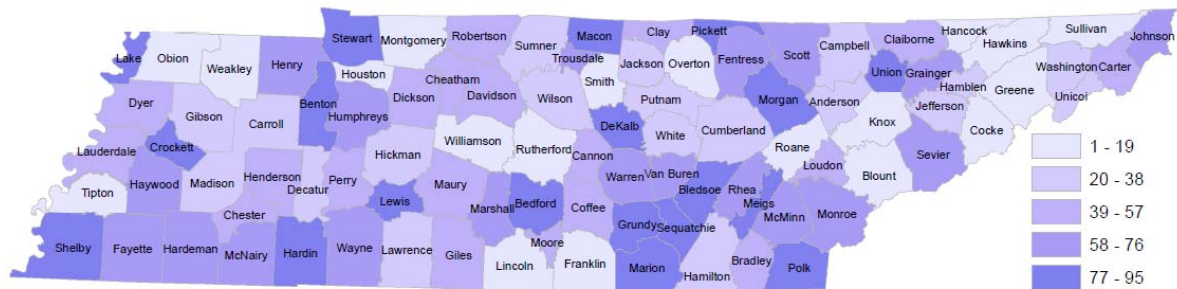
**High School Graduation for All Students and At-Risk Subgroups, 2014-15**



# Health



## Counties by Quintile



## Counties in Rank Order

### Quintile 1

Weakley  
Williamson  
Lincoln  
Montgomery  
Roane  
Tipton  
Smith  
Sullivan  
Knox  
Hawkins  
Blount  
Houston  
Overton  
Hancock  
Franklin  
Rutherford  
Cocke  
Obion  
Greene

### Quintile 2

Cumberland  
Washington  
Campbell  
White  
Putnam  
Jefferson  
Carroll  
Decatur  
Wilson  
Jackson  
Madison  
Sumner  
Lawrence  
Anderson  
Hamilton  
Hickman  
Unicoi  
Hamblen  
Gibson

### Quintile 3

Chester  
Dyer  
Dickson  
Henderson  
Moore  
Bradley  
Cannon  
Carter  
Claiborne  
Robertson  
Coffee  
Giles  
Lauderdale  
Davidson  
Cheatham  
Perry  
Clay  
Loudon  
Maury

### Quintile 4

McMinn  
McNairy  
Johnson  
Haywood  
Van Buren  
Humphreys  
Fentress  
Marshall  
Monroe  
Fayette  
Warren  
Wayne  
Scott  
Rhea  
Henry  
Hardeman  
Sevier  
Trousdale  
Grainger

### Quintile 5

Benton  
Bledsoe  
Marion  
Hardin  
Polk  
Stewart  
Macon  
Shelby  
Lewis  
Crockett  
Union  
Bedford  
Grundy  
DeKalb  
Pickett  
Meigs  
Sequatchie  
Lake  
Morgan

Children who are not healthy struggle to learn in school, to develop relationships and to regulate their own behavior. From prenatal care to vaccines to regular checkups and dental visits, children need access to quality health care. Children also need a stable home, proper nutrition and strong relationships with nurturing adults to help them develop to their potential. Toxic stress from Adverse Childhood Experiences (ACEs), such as physical and emotional neglect or abuse, sexual abuse, loss of a parent through death, divorce or a prison sentence, or family dysfunction from domestic violence, substance abuse or mental health issues can affect a child's health throughout their lives. The section on ACEs at the beginning of this report demonstrates the sometimes surprising connection between childhood toxic stress and adult health problems.

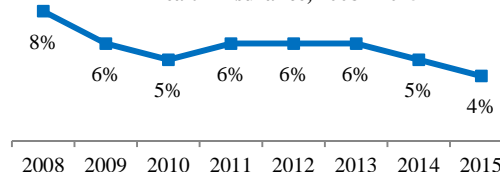
# Percent of Children without Health Insurance



Children lacking health insurance are unlikely to get the regular, basic care they need to stay well and to grow into healthy adults. Lack of regular, preventive care can lead to untreated chronic conditions that affect children's well-being. They require emergency care more often and are more likely to suffer frequent or long-term illness, which is recognized as a cause of chronic absenteeism. They are more likely to have health problems as adults. Tennessee offers either TennCare or CoverKids to children and pregnant women in households with gross income of up to 250 percent of the federal poverty level based on household size. Most children in Tennessee have access to some kind of health insurance, though a small number may not.

The parents of many eligible children do not qualify for public insurance themselves and so are less likely to apply or even to know that they should apply for their children. The percent of Tennessee children who lack health insurance has declined over the last several years as people without health insurance were encouraged to apply for it on the exchange and public insurance or subsidies were offered to many low-income families. Nonetheless, most of the children lacking health insurance qualify for TennCare or CoverKids. The US Census Bureau produces Small Area Health Insurance Estimates by county for various groups. Children and youth under 19 in households below 250 percent of the federal poverty level who lack insurance are among the estimates available.

Percent of Tennessee Children without Health Insurance, 2008 - 2015



## Highest 5

County	Number of Children Eligible for TennCare or CoverKids	Percent of Eligible Children who are Uninsured
Williamson	1,288	10.1%
Loudon	467	7.6%
Moore	51	7.5%
Crockett	184	7.4%
Bedford	634	7.1%

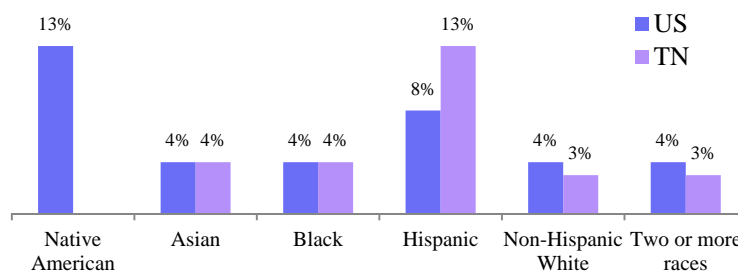
## Lowest 5

County	Number of Children Eligible for TennCare or CoverKids	Percent of Eligible Children who are Uninsured
Lauderdale	167	3.5%
Coke	198	3.5%
Carter	279	3.5%
Haywood	114	3.6%
Hawkins	276	3.6%

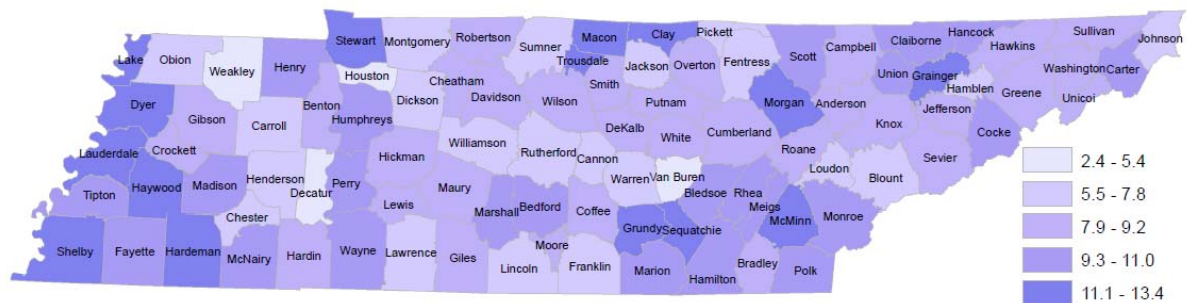
Among just those children who qualify for TennCare or CoverKids, the highest percent uninsured is in Williamson County at 10.1, while the lowest percent uninsured is in Lauderdale, Coke and Carter Counties at 3.5.

Across the United States, Native American children and Hispanic children are the least likely to be covered. Tennessee has a very small Native American population, too small to even include as a separate group, but Tennessee is like other states in that our Hispanic children are over twice as likely to be uninsured than other children.

Percent of Children who are Uninsured, by Race, 2015



# Percent of Babies Born at Low Birthweight



Low birthweight is defined as less than 2,500 grams (about 5 and a half pounds) at birth. The main reason babies are born at a low birthweight is premature delivery, though other less common pregnancy complications can also be the cause. Babies born at a low birthweight are at risk for several complications, including brain bleeds, breathing problems, apnea (one of the causes of SIDS), slow growth and delayed development. There is also an increased risk of particular heart development, digestive and eye problems. The long term risks include higher rates of neurological disorders such as autism and ADHD; increased risk of obesity, metabolic syndrome and diabetes; and higher rates of high blood pressure and heart disease. In addition to these direct risks, having a high rate of babies born at a low birthweight is indicative of a system that is not working correctly to produce the best outcomes for pregnant mothers and infants.

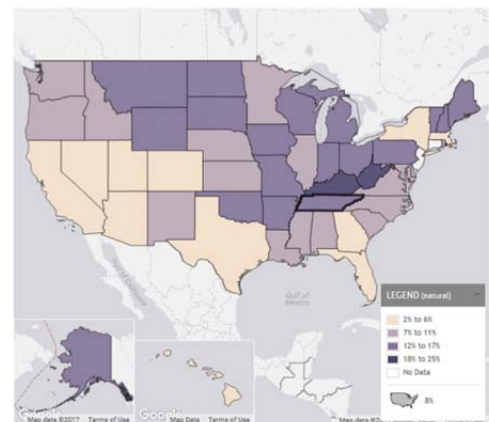
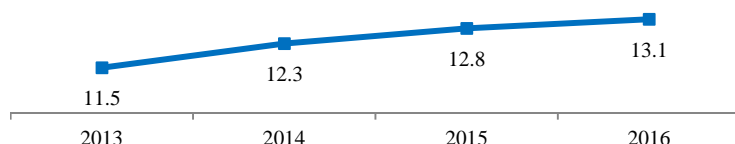
Some of the risk factors contributing to preterm birth and to low birthweight babies include maternal smoking during pregnancy or maternal exposure to secondhand smoke, maternal use of street drugs or abuse of prescription drugs, chronic health conditions, and pregnancy complications such as inadequate pregnancy weight gain, placenta problems and infection during pregnancy. Some groups are more likely to go into preterm labor, including mothers under the age of 17 or over the age of 35, African American mothers, and mothers carrying multiples.

Rates of maternal smoking during pregnancy in Tennessee are twice the national average. Tennessee is not alone in this; the problem is regional, but, as seen in the map to the right, the regional breakdown is not the typical one of southern states exhibiting higher rates of unhealthy behaviors than northern states. West Virginia had the highest rate of pregnant moms smoking in 2015 at one in four. Tennessee's rate was 14 percent, while the rate nationally was eight percent.

Tennessee also has a problem with maternal use of street drugs and/or abuse of prescription drugs, especially opioids. This has been a growing problem nationally and is especially concentrated in rural areas. In Tennessee, rates of Neonatal Abstinence Syndrome (NAS – babies born addicted to certain drugs who must be weaned off them) are highest in the eastern, Appalachian areas of the state, but the problem is moving west at a rapid pace.

## Rate (per 1,000) of Tennessee Babies Born with Neonatal Abstinence Syndrome, 2013-2016

Source: Tennessee Department of Health



## BIRTHS TO MOTHERS WHO SMOKED DURING PREGNANCY (PERCENT) - 2015

National KIDS COUNT  
KIDS COUNT Data Center, [datacenter.kidscount.org](http://datacenter.kidscount.org)  
A project of the Annie E. Casey Foundation

Statewide, the rate of babies born with NAS is growing as the number of pregnant moms using opioids and other drugs that can cause a baby to be born addicted continues to grow.



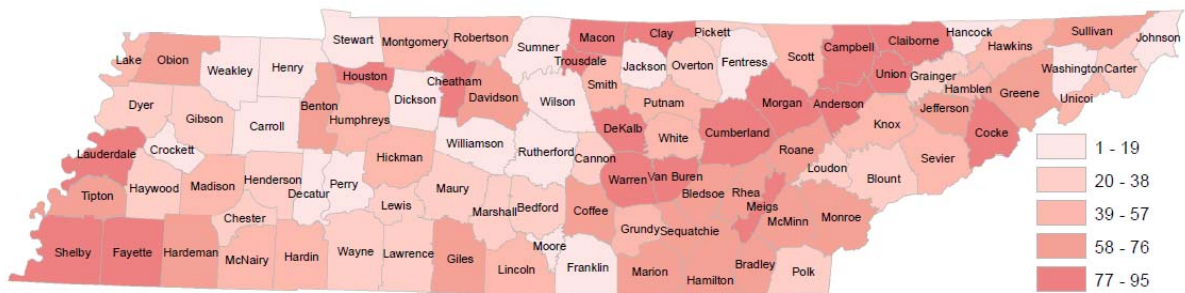
(Rate per 100,000 children age 1 to 19)



# Family & Community



## Counties by Quintile



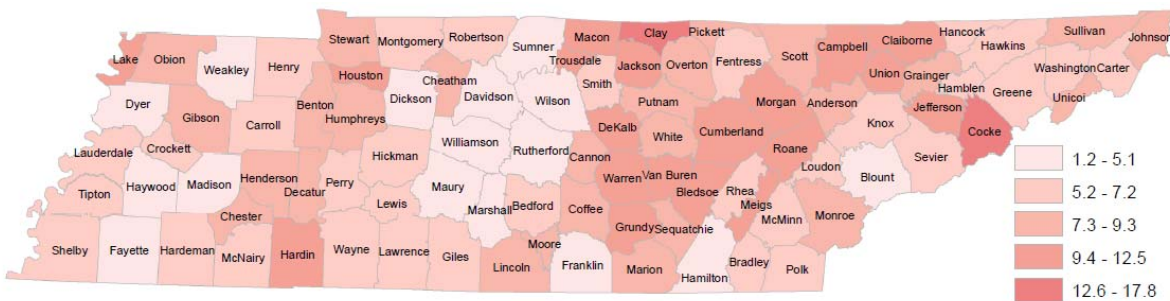
## Counties in Rank Order

<u>Quintile 1</u>	<u>Quintile 2</u>	<u>Quintile 3</u>	<u>Quintile 4</u>	<u>Quintile 5</u>
Williamson	Lewis	Sevier	Giles	Warren
Weakley	Pickett	Hickman	Tipton	Morgan
Decatur	Carter	White	Greene	Lauderdale
Crockett	Polk	Madison	Roane	DeKalb
Franklin	Haywood	Unicoi	Benton	Claiborne
Johnson	Bedford	Robertson	Sullivan	Anderson
Moore	Cannon	Smith	Jefferson	Houston
Dickson	Dyer	Lincoln	Marion	Fayette
Henry	Chester	Hamblen	Bradley	Van Buren
Fentress	Grainger	Hardin	Sequatchie	Cumberland
Rutherford	Maury	Grundy	Hamilton	Cheatham
Jackson	Gibson	Lake	Coffee	Macon
Sumner	Blount	Putnam	McMinn	Trousdale
Perry	Wayne	Montgomery	Bledsoe	Meigs
Carroll	Loudon	Scott	Monroe	Cocke
Washington	Overton	Knox	Obion	Campbell
Stewart	Henderson	McNairy	Hardeman	Union
Wilson	Lawrence	Hawkins	Rhea	Shelby
Hancock	Marshall	Humphreys	Davidson	Clay

Family and community provide the safe, stable, nurturing relationships children need to thrive. Family dysfunction, like abuse, neglect, domestic violence, addiction and mental illness, take a toll by causing levels of stress that are toxic to healthy child development. Strong communities, whether they are relatives, neighbors or school staff and teachers, can provide children with the stable adult relationships they need. Toxic stress can hinder brain development and lead to challenging behavior at school and questionable decision-making like teen substance abuse and early sexual activity. Taking a two-generation approach to childhood trauma can help prevent and mitigate Adverse Childhood Experiences (ACEs) while helping parents learn to deal with their own stress more effectively, making them less likely to take that stress out on their children. Evidence-based home visiting programs have shown to be effective two-generation strategies in early childhood. Helping parents while we help children strengthens families and improves outcomes for children.

# Substantiated Cases of Abuse and Neglect

(Rate per 1,000 children)



The data on child abuse and neglect is useful but inconsistent and incomplete. It is difficult to compare Tennessee to other states because every state reports its data differently. Even a state's own data over time can tell a complex story. When states launch awareness campaigns to combat abuse and neglect, the first thing they often see is an increase because more people recognize it and recognize their responsibility to report it. Nonetheless, over time it has been clear nationally and at the state level that physical and sexual abuse have decreased. At the same time, emotional abuse and neglect have not decreased as much because they are harder to see from the outside and harder to recognize within your own family. In addition, the amount of emotional abuse and neglect that goes unreported is difficult to quantify.

To reach a level of neglect that is clearly defined in law a parent must fail to meet their child's needs in such a widespread way that the child is in serious danger. Neglect is much more than that, however, and understanding it is key to preventing what can be devastating effects to healthy child development. The Harvard Center on the Developing Child has conducted substantial research into different types of unresponsive care.<sup>5</sup>

Chronic under-stimulation and even severe neglect can be reduced with two-generation strategies designed to serve the child and the parent. Quality home visiting programs can teach healthy parenting skills in a compassionate environment. Home visiting and therapeutic training for foster parents can also improve outcomes for children who have been removed from their homes due to a history of neglect and/or abuse.

Tennessee has recently begun another innovative program called Infant Court, a specialized court that brings focused attention to the specific needs of infants and toddlers. The goal is to mitigate the impact of adverse early childhood experiences through a twofold approach: 1) achieving a safe and nurturing permanent home for these infants as soon as possible; and 2) providing training and support to parents, caregivers, and professionals involved with infants to promote healthy brain development and positive mental health.<sup>6</sup> Tennessee's first Infant Courts are in Davidson and Grundy Counties. Legislation passed by the General Assembly in 2017 promotes expansion of the program to five additional courts by 2018 and another five by 2019. Infant Courts are relatively new but have been used in other states and show promise. Compared to traditional court, infants and toddlers in Infant Court: 1) end up in a permanent family two to three times faster, 2) leave foster care a year earlier, and 3) end up with their own family nearly twice as often.

## Science Helps to Differentiate Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
Features	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	"Warehouse-like" conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
Effects	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
Action	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

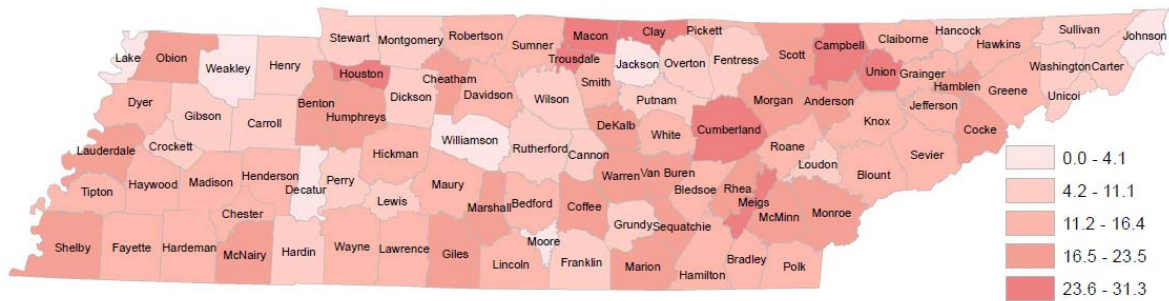
<sup>5</sup> <http://developingchild.harvard.edu/wp-content/uploads/2012/05/The-Science-of-Neglect-The-Persistent-Absence-of-Responsive-Care-Disrupts-the-Developing-Brain.pdf>

<sup>6</sup> <http://aimhitn.org/programs/infant-court>



# Teen Pregnancy

(Rate per 1,000 teens age 15 to 17)



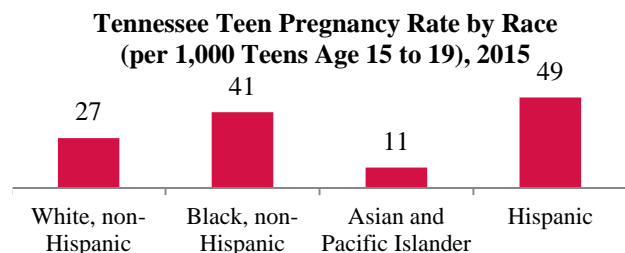
The high social and economic costs of teen pregnancy and child-bearing can have short- and long-term negative consequences for teen parents, their children, and their community. Research shows that pregnancy and childbirth have a significant impact on educational outcomes of teen parents. By age 22, only around 50 percent of teen mothers have received a high school diploma, and only 30 percent have earned a General Education Development (GED) certificate, whereas 90 percent of women who did not give birth during adolescence receive a high school diploma. Only about 10 percent of teen mothers complete a two- or four-year college program. Teen fathers have a 25 to 30 percent lower probability of graduating from high school than teenage boys who are not fathers.

Children who are born to teen mothers also experience a wide range of problems. For example, they are more likely to:

- have a higher risk for low birthweight and infant mortality;
- have lower levels of emotional support and cognitive stimulation;
- have fewer skills and be less prepared to learn when they enter kindergarten;
- have behavioral problems and chronic medical conditions;
- rely more heavily on publicly funded health care;
- have higher rates of foster care placement;
- be incarcerated at some time during adolescence;
- have lower school achievement and drop out of high school;
- give birth as a teen; and
- be unemployed or underemployed as a young adult.

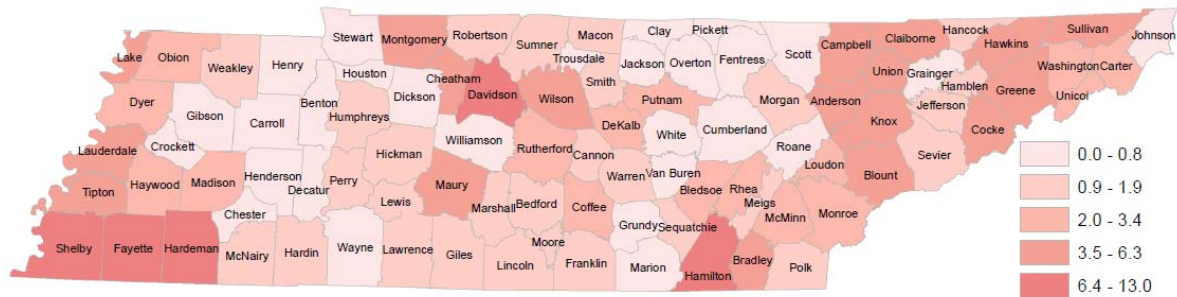
These immediate and long-lasting effects continue for teen parents and their children even after adjusting for the factors that increased the teen's risk for pregnancy—e.g., growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.<sup>7</sup>

The good news about teen pregnancy is that it has been dropping steadily for decades, both nationally and in Tennessee. The bad news is that racial and ethnic disparities in the prevalence of teen pregnancy persist. Good public policy to help prevent teen pregnancy includes reproductive health education and available, affordable birth control. Long Acting Reversible Contraceptive (LARC) availability can also help because they are effective for long periods of time. They include injections, subdermal implants and intrauterine devices (IUDs).



<sup>7</sup> This description and list of costs and risks is directly quoted from youth.com <http://youth.gov/youth-topics/teen-pregnancy-prevention/adverse-effects-teen-pregnancy>

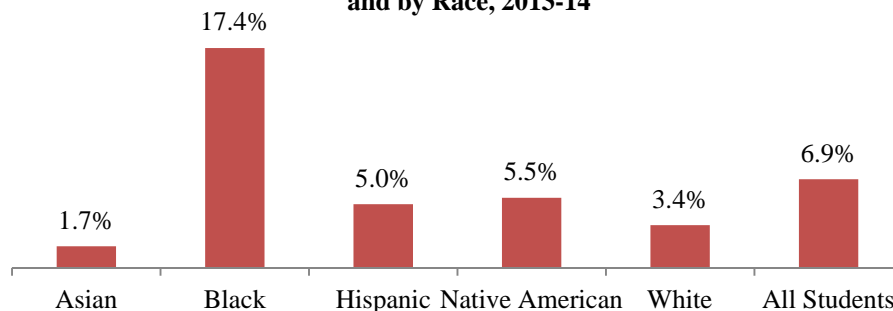
# Percent of Students Suspended from School



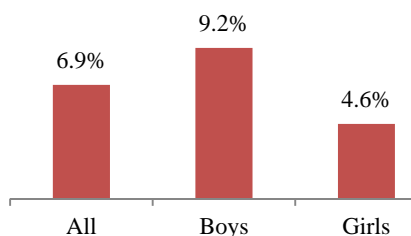
Discipline that removes children from the classroom is known as “exclusionary” and is one of the primary tools teachers use to manage their classrooms. Unfortunately, exclusionary discipline can take a toll on children. Challenging behavior in the classroom is more common among children who are already dealing with higher risks for poor performance in schools. Removing them from classroom instruction and from their peers only exacerbates the problem. There is no evidence that exclusionary discipline is an effective intervention for children with challenging classroom behavior. The Tennessee Department of Education is currently studying pre-k and kindergarten suspension to produce recommendations for reducing the number that occur each year.

Compounding the problems already associated with exclusionary discipline is the fact that there are strong disparities in its use. Boys are much more likely to be suspended than girls; black and Hispanic students are more likely to be suspended than white students; special education students are suspended at a higher rate, often for behaviors that are known to accompany their disabilities. Suspension data broken down into these smaller groups is not yet available for the 2014-15 school year, but 2013-14 data reveals that 27 percent of children in all three of these risk groups (black, male, special education students) were suspended during the school year. Further, research has shown that a child’s size affects his suspension risk, and size increases with age. Suspension rates increase through ninth grade and then level off. The portion of black male special education students suspended in a year grows to one third in the sixth grade and peaks at 41 percent in grade 9.

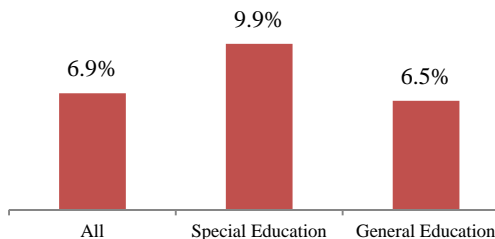
**Percent of Tennessee Students Suspended, All Students and by Race, 2013-14**



**Percent of Tennessee Students Suspended, by Gender, 2013-14**



**Percent of Tennessee Students Suspended, All and by Special Education Status, 2013-14**



**Percent of Tennessee Students Suspended, by Grade, 2013-14**

Grade	Percent Suspended
PK	0.4%
K	1.9%
1	2.1%
2	2.7%
3	3.0%
4	3.9%
5	5.4%
6	8.8%
7	9.9%
8	10.6%
9	13.3%
10	11.8%
11	9.6%
12	8.3%

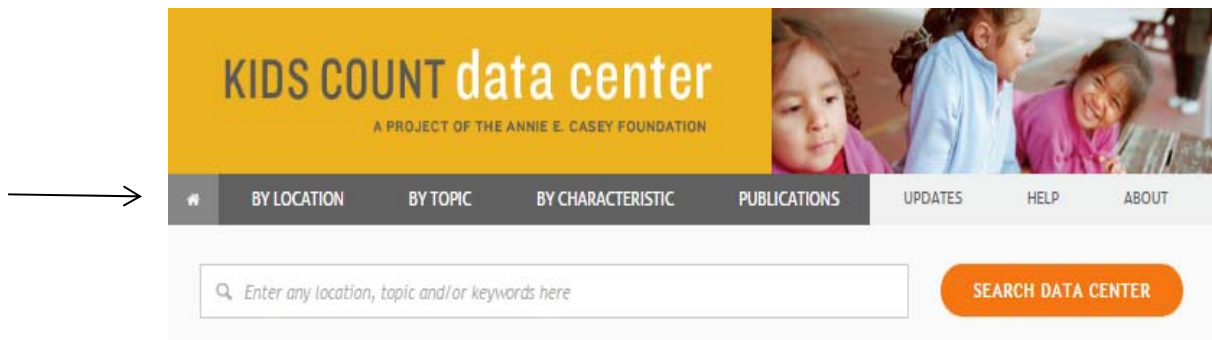
## Appendix: Using the KIDS COUNT Data Center

The Tennessee Commission on Children and Youth serves as the Annie E. Casey Foundation's data grantee in Tennessee. Part of that responsibility is to upload county-level data to the KIDS COUNT data center website at [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org). The KIDS COUNT data center is an excellent resource for indicators of child and family well-being with over 200 statewide indicators and 77 county-level indicators, in addition to a few available for school districts, cities, Congressional districts and zip codes.

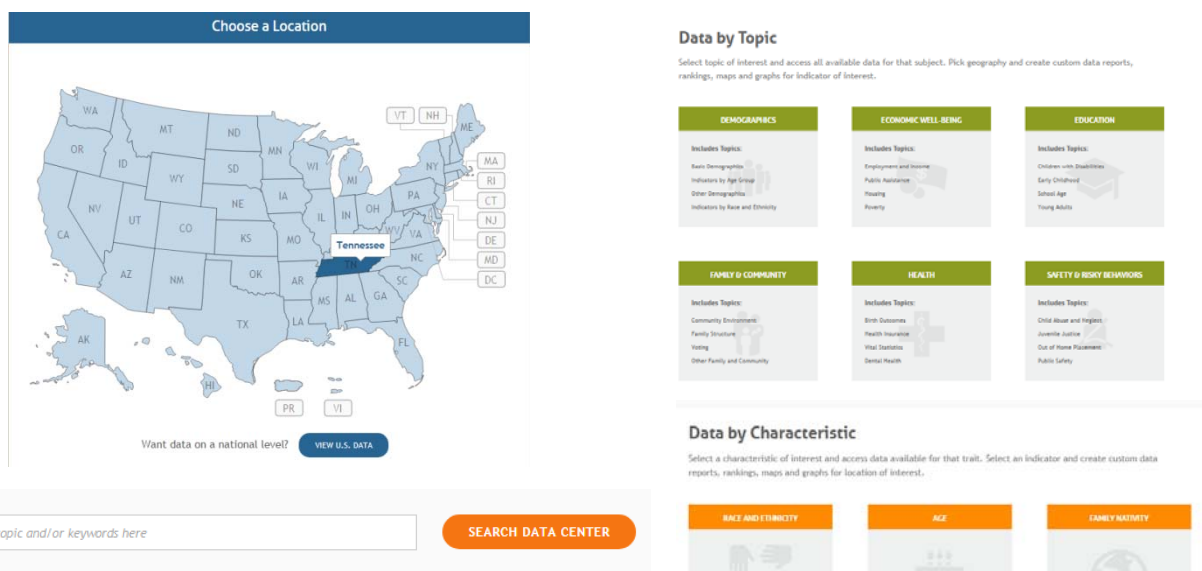
The data center offers users the ability to download raw data, state or county profiles, tables, graphs and maps. It is user-friendly, but some of the basics on using it are included here.

### Navigating from the home page

The bar across the top of the home page offers several ways to access the data:

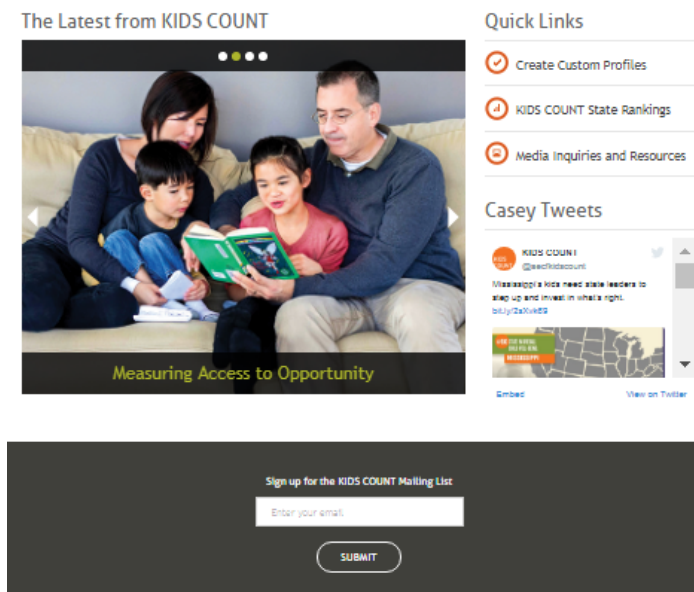


Clicking “Location” takes you to a map of the US, where you can choose US data or click a state for that state’s data. Clicking “Topic” takes you to a list of different areas of information you might be seeking. Clicking “Characteristic” lets you choose data by race/ethnicity, age or family nativity. You can also type whatever you are looking for into the search box and get a list of results based on your search terms. Once you reach a page with a list of indicators, the search box remains at the top while the rest of the choices (location, topic, characteristic) continue to be offered down the left side of the screen.

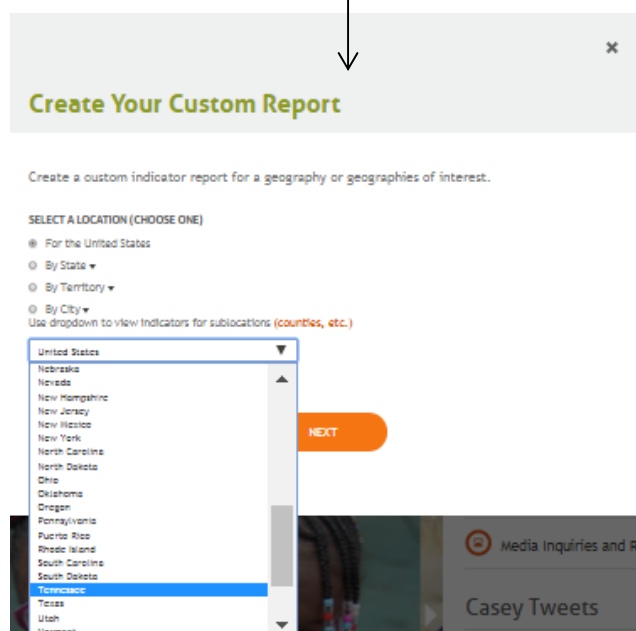


## Running a County Profile

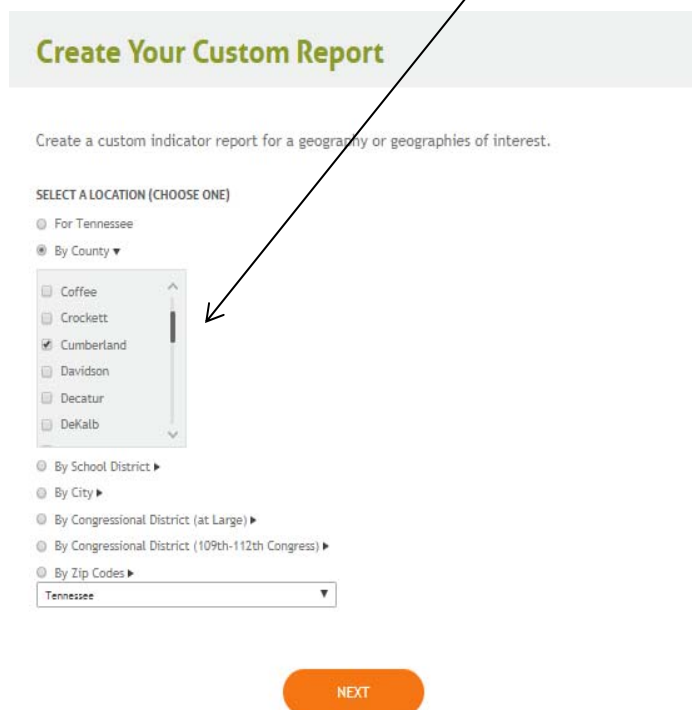
On the homepage, scroll below the map of the US, the icons for topics and the icons for characteristics to the section on the right called “Quick Links” and choose “Create Custom Profiles.” This will bring up a box of choices.



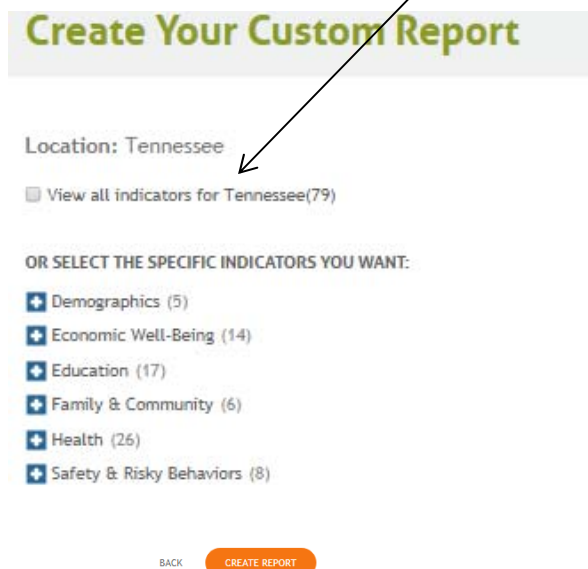
Clicking this brings up this.



For a county profile, go the pull-down menu at the bottom of the box and choose your state of interest. Click Next and then choose “county” and check your county of interest. Click Next.



Choose specific indicators from the lists available or click “View all indicators for Tennessee” for a full profile. Then click “Create Report.”



## Making a table, graph or map

Choose the type of data you want to see. Here we have chosen “county,” which generates a list of all data available by county. When the list comes up, choose an indicator. Here we have chosen “Children in poverty.”

The interface is divided into several sections:

- LOCATIONS:** A dropdown menu set to "Tennessee". Below it, a list of indicators with data sources: "For Tennessee", "By County" (selected), "By School District", "By City", "By Congressional District (at Large)", "By Congressional District (109th-112th Congress)", and "By Zip Codes".
- TOPICS:** A section titled "Choose one topic." with a list of topics: "See All Topics", "Demographics" (selected), "Economic Well-Being", "Education", "Family & Community", "Health", "Safety & Risky Behaviors".
- CHARACTERISTICS:** A section with a list of indicators: "Infants and children receiving WIC", "Participants in the Supplemental Nutrition Assistance F", "Temporary assistance to needy families (TANF)".
- HOUSING:** A section with a list of indicators: "Fair market rent", "Median home sale price", "Housing foreclosures".
- POVERTY:** A section with a list of indicators: "Children in poverty" (highlighted).
- OTHER ECONOMIC WELL-BEING:** A section with a list of indicators: "Earned income tax credit".

The data will come up in a table with all counties and the most recent five years of data available. In a table, you can pick up to five years. If you click “Trend” at the top, you can choose up to 10 years. It will allow you to choose up to seven counties. Click “Uncheck All” under counties and then just choose the ones you want to see. Click “Compare to Tennessee” to add statewide data to the table or graph. Also, under “Data Type,” only one type can be graphically represented at once. The site usually defers to “Number,” though “Percent” usually makes the nicer graph.

The interface shows a table of data with various filters and a legend.

**Legend:**

- For the State
- By County (selected)
- Uncheck All
- Anderson
- Bedford
- Benton
- Bledsoe
- Blount
- Bradley
- Carmichael
- Compare to Tennessee

**YEARS:**

Choose up to 5 years:

- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009

To view all years at one time, download raw data.

**DATA TYPE:**

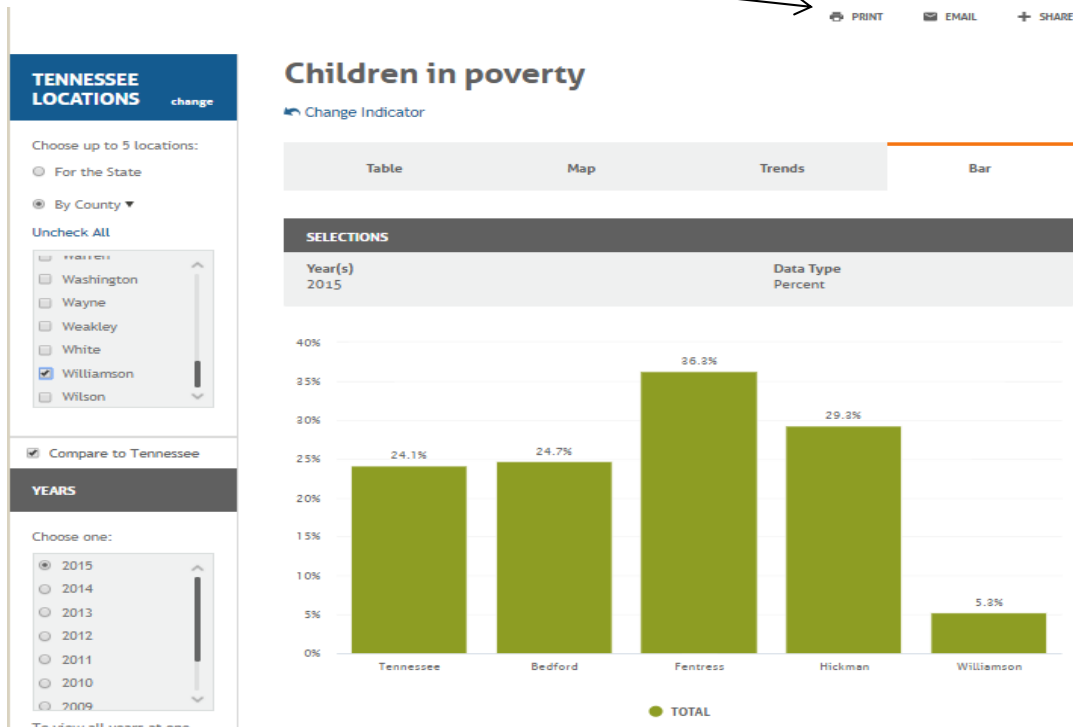
- Number
- Percent

**Table:**

Location	Data Type	2011	2012	2013	2014	2015
Anderson	Number	3,993	4,638	4,658	3,712	4,691
	Percent	25.1%	29.5%	29.8%	23.8%	30.0%
Bedford	Number	3,263	3,082	3,278	3,389	2,981
	Percent	27.6%	25.9%	27.7%	28.4%	24.7%
Benton	Number	1,122	1,137	1,129	1,030	1,014
	Percent	34.5%	35.7%	35.6%	33.0%	32.2%
Bledsoe	Number	893	916	871	823	790
	Percent	34.0%	35.4%	36.3%	35.4%	34.5%
Blount	Number	5,604	5,455	5,327	5,681	5,043
	Percent	21.1%	20.8%	20.3%	21.8%	19.3%
Bradley	Number	6,258	6,331	6,191	5,443	5,457
	Percent					



Choose “Bar” to see a bar chart of up to five locations for one year. You can even print, e-mail or share the results.



One of the greatest features is the ability to run a map comparing the counties in the state or the states in the United States. Choose “Map” and one year of data. Choose number or percent under “Data Type.” The resulting map can be saved or embedded in a web site. Just click “Embed” or “Save” and then follow the directions. If you get lost or confused, there is always a “Help” button at the top of the page.

