

KIDS COUNT



State of the Child
in Tennessee

2004



Tennessee Commission on Children and Youth, Tennessee KIDS COUNT
Andrew Johnson Tower, 9th Floor, 710 James Robertson Parkway
Nashville, TN 37243-0800

(615) 741-2633

(800) 264-0904

Fax: (615) 741-5956

E-mail: Pam.K.Brown@state.tn.us

www.tennessee.gov/tccy



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Acknowledgments

TCCY Executive Director and Executive Editor – Linda O’Neal

Tennessee KIDS COUNT Director – Pam Brown

Tennessee KIDS COUNT Statistical Analyst – Edwina Chappell

Writers – Aaron Armstrong, Pam Brown, Edwina Chappell, Erika Conwell, Fay Delk, Dominick Grimaldi, Steve Petty and Danny Price

Layout – Fay L. Delk

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Data Sources

Metropolitan Nashville-Davidson County Juvenile Court

Jim Sanders

Jim Swack

Middle Tennessee State University, Department of Economics and Finance

E. Anthon Eff, Ph.D.

Tennessee Council of Juvenile and Family Court Judges

Joan Archer

Allen Russell

Tennessee Department of Children’s Services

Lance Griffin

Petrina L. Jones-Jesz

Anne Pruett

Tennessee Department of Education

Anna Kniazewycz

Terry Long

Nan McKerley

Hugh Shelton

Nancy Stetten, Ph.D.

Debbie Thomas

Tennessee Department of Finance and Administration

Keith Gaither

Gary L. Smith

Tommy Whittle

Tennessee Department of Health

Marsha Arnold

Joe Beaver

Gail Casey

Mohammad Serkhail Habibi

Bonnie Harrah

David Lundberg

Jerry Moss

Edward Surovey

Kathy Vaughan

Tennessee Department of Human Services

Afeef Al-hasan

Wayne Arnold

Michelle Mowery Johnson

Kerry Mullins

Neil Nance

Donelle Sanders, Jr.

Tennessee Department of Labor and Workforce Development

Mark Herron

Tennessee Department of Revenue

Randy Gustafson

University of Tennessee, Center for Business and Economic Research

Julie Marshall

KIDS COUNT Advocacy

Tennessee Commission on Children and Youth Advocacy Efforts Using KIDS COUNT Data

Over the years the Tennessee Commission on Children and Youth has engaged in a variety of advocacy efforts aimed at improving Tennessee's ranking on various national KIDS COUNT indicators. The majority of these advocacy efforts include TCCY working with a broad range of advocates, state departments and service providers to achieve improvements. Many of the activities impact more than one KIDS COUNT indicator. Advocacy activities are organized by KIDS COUNT indicator.

Low-birthweight babies. Tennessee has not improved on this indicator, and there are no clearly proven strategies to sufficiently impact this problem, but efforts to reduce low-birthweight babies continue. These efforts have included:

- ★ Encouraging Medicaid, and then TennCare coverage, of pregnant women to improve provision of prenatal care;
- ★ Working on teen pregnancy prevention efforts at the state, regional and local levels;
- ★ Participating in planning TennCare outreach activities;
- ★ Active participation in Health Care Policymakers activities;
- ★ Helping publicize the national Smoking Cessation hotline because of the link between prenatal tobacco use and low-birthweight babies;
- ★ Supporting access to prenatal care and substance abuse treatment, while opposing criminalization of prenatal substance abuse because it would be a deterrent to prenatal and other medical care.

Infant mortality rate reduction efforts include:

- ★ Encouraging Medicaid, and then TennCare coverage, of pregnant women to improve provision of prenatal care;
- ★ Working on teen pregnancy prevention efforts at the state, regional and local levels;
- ★ Participating in planning TennCare outreach activities;
- ★ Active participation in Health Care Policymakers activities;
- ★ Helping publicize the national Smoking Cessation hotline because of the link between prenatal tobacco use and low-birthweight babies and between low birthweight and infant mortality;
- ★ Supporting access to prenatal care and substance abuse treatment, while opposing criminalization of prenatal substance abuse as a deterrent to prenatal and other medical care.

Child death rate reduction efforts include:

- ★ Supporting improvements in child restraint laws;
- ★ Supporting improvements in seat belt laws;

- ★ Supporting poison control efforts;
- ★ Supporting TennCare outreach for improvements in immunizations and EPSDT.

Teen deaths by accident, homicide and suicide reduction efforts include:

- ★ Supporting graduated driver licensing;
- ★ Participating actively in the Suicide Prevention Network at the state and regional levels, including co-sponsoring training across the state.

Teen birth rate reduction efforts include:

- ★ Advocating for pre-kindergarten programs for high risk 4-year-olds as a long-term strategy to impact this and other indicators;
- ★ Working on teen pregnancy prevention efforts at the state, regional and local levels;
- ★ Supporting mandatory Family Life and HIV-AIDS Prevention Education in schools;
- ★ Supporting Department of Health Community Prevention Initiative and arranging for initial training of regional staff and councils in risk and resilience factors approach to community planning;
- ★ Distributing Model Adolescent Pregnancy Prevention Replication grants until funds were no longer available.

Teens who are high school dropouts reduction efforts include:

- ★ Advocating for pre-kindergarten programs for high risk 4-year-olds as a long-term strategy to impact this and other indicators;
- ★ Supporting linking driver licensing to school attendance;
- ★ Supporting increasing mandatory attendance age to 18;
- ★ Supporting truancy prevention efforts;
- ★ Supporting efforts to keep children in school through more common-sense zero tolerance.

Teens not attending school and not working (16-19) reduction efforts include:

- ★ Advocating for pre-kindergarten programs for high risk 4-year-olds as a long-term strategy to impact this and other indicators;
- ★ Working with Jim Casey Youth Opportunities Project at Vanderbilt Child and Family Policy Center and Department of Children's Services to improve transition services for teens aging out of foster care;
- ★ Supporting linking driver licensing to school attendance;
- ★ Supporting increasing mandatory attendance age to 18;
- ★ Supporting truancy prevention efforts;
- ★ Supporting efforts to keep children in school through more common-sense zero tolerance.

Children living in families where no parent has full-time, year-round employment reduction efforts include:

- ★ Advocating for Families First policies that enable parents to receive education, training and supportive services necessary for transition from welfare to work;
- ★ Advocating for improvements in child care availability and reimbursement so families would have child care for their children while working.

Children in poverty reduction efforts include:

- ★ Advocating for elimination of the low-income reserve in the new Child Support Guidelines, excluded from final guidelines, resulting in low income families receiving more child support than in the past;
- ★ Advocating for pre-kindergarten programs for high risk 4-year-olds as a long-term strategy to impact this and other indicators.

Families with children headed by a single parent

Both Tennessee and the nation have not improved on this indicator, and there are not clearly proven strategies to sufficiently impact this problem. One strategy used in other states is a state Earned Income Tax Credit (EITC), which is not a feasible alternative in Tennessee. Other efforts included:

- ★ Supporting Families First policies that reduce disincentives for marriage;
- ★ Supporting mandatory Family Life Education in schools;
- ★ Supporting Parenting Plan legislation and its implementation.

The 2004 National KIDS COUNT Data Book indicates Tennessee has made progress at a higher rate than the national average on four indicators (child death rate, teen death rate, teens who are high school dropouts and teens 16-19 not attending school and not working) and is close to the national rate of improvement on the teen birth rate.

When a state starts so far behind, it is almost impossible to keep making progress in comparison to other states because even the top-ranked states are continuously working to improve their outcomes. Tennessee Commission on Children and Youth and the KIDS COUNT project are committed to monitoring and promoting positive outcomes for the children and families in Tennessee.



Executive Summary

The 2004 *KIDS COUNT: The State of the Child in Tennessee* focuses on the Unmet Needs of Children and Families. The issues range from economics to the health and education indicators that predict successful outcomes for children. Although Tennessee does poorly on many indicators of child well-being, it is important to note that we have made some progress. It is difficult, however, to improve on rankings against other states when they, too, are striving to improve the lives of their citizens. The cumulative ranking of 43 on indicators of child well-being in the 2004 National KIDS COUNT Data Book could be much better with an improvement on two indicators, infant mortality and low birthweight babies. Tennessee's overall economic development is intrinsically linked to the health and well-being of its youngest citizens.

Tennessee ranked:

- ★ 42nd on a three-year average of median household income for 2001-2003 in the 50 states;
- ★ 39th nationally in state employee average salary, \$8,000 below the national average;
- ★ In the bottom 10 states having the highest percentage of people with disabilities who are not working;
- ★ 44th in the number of adults ages 25 and older with a bachelor's degree;
- ★ 11th worst on food insecurity;
- ★ 35th in the percent of children living in poverty;
- ★ 44th in infant mortality rates;
- ★ 45th in low-birthweight babies;
- ★ 46th in the overall health of its residents;
- ★ 45th in math proficiency;

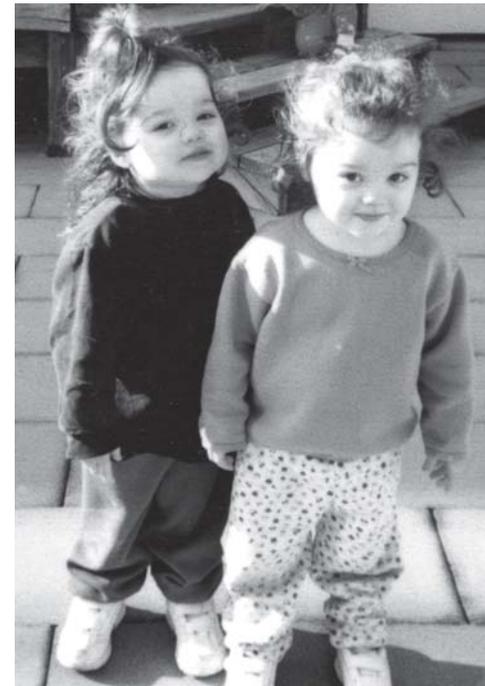
- ★ 45th in the percentage of per-pupil spending that comes from federal sources;
- ★ 46th in per-pupil education spending;
- ★ 10th in the percent of uninsured children in 2001-02;
- ★ 41st in teen pregnancy;
- ★ 41st in households with computers;
- ★ 44th in infant mortality;
- ★ 42nd in overall crime-rate;
- ★ 45th in short-term employment growth;
- ★ 46th in high school attainment;
- ★ 49th in income distribution;
- ★ 43rd in high school graduation rates.

Tennessee had:

- ★ Nearly 10 percent of its teens ages 12-17 reporting that they used an illicit drug within the month prior to the National Survey of Drug Use and Health (NSDUH);
- ★ Over a third of its teens ages 12-17 reporting being at great risk of using marijuana at least once per month;
- ★ 14 percent of its teens reporting using alcohol in the month prior to the survey;
- ★ 11.2 percent of its teens reporting driving a car under the influence of alcohol within the 30 days prior to the survey (YRBS);
- ★ An estimated 65,013 youth who have a serious alcohol problem;
- ★ An estimated 54,802 youth (84.5 percent) who need alcohol and drug treatment and don't get it;
- ★ 3,169 women, 3,592 children and 171 men who were identified by shelter staff as needing domestic violence

- shelter or services and were turned away due to a lack of funding;
- ★ 13.6 percent of public school enrollees under age 21 are classified as special education students;
- ★ A 20 percent increase in special education students over the past 10 years;
- ★ Over 6,000 students every year who lose their driver's license due to truancy;
- ★ Over 11 percent of its households that are food insecure, with 3.3 percent experiencing hunger;
- ★ 18 percent of its public school students receiving a free or reduced-price breakfast;
- ★ Need for an estimated 56 additional public defenders to ensure that juvenile defendants have court representation;
- ★ 68 counties with no Healthy Start program, with immunization rates for those 27 counties with Healthy Start programs at 95 percent, versus 81 percent for those with no Healthy Start Program;
- ★ No Even Start Program in 69 counties in the state;
- ★ 45 percent of its residents under the age of 21 covered by TennCare;
- ★ Three counties with no dentist available, Grundy, Picket and Van Buren counties;
- ★ 68 percent of all inmates in the Tennessee Department of Correction system who did not have either a General Equivalency Diploma (GED) or a high school diploma prior to conviction;
- ★ 80 percent of its citizens over the age of 25 with a high school diploma, compared to the United States at 84 percent;
- ★ 22 percent of its citizens over the age of 25 with a Bachelor's Degree, compared to the United States, with 26 percent;
- ★ 15 Court Appointed Special Advocate (CASA) programs serving 26 counties with a need for all 95 counties to have services;

- ★ CASA volunteers who served 3,546 children during FY 2003-04, giving an estimated 74,104 hours of volunteer time;
- ★ 25 Child Advocacy Centers (CAC) that are members of the Tennessee Chapter of Children's Advocacy Centers; an additional three CAC Task Forces are in various stages of development;
- ★ More than 6,500 children served by CAC programs during 2003;
- ★ CACs working collaboratively with over 149 law enforcement agencies and 23 of the 31 Judicial Districts; there are 22 additional counties that would benefit from having a Child Advocacy Center to provide services;
- ★ 78,600 children receiving Social Security benefits during 2002, and 25,000 children being lifted above the poverty line as a result of living in a family receiving Social Security benefits.



KIDS COUNT CLIKS

The KIDS COUNT Network is comprised of state-based KIDS COUNT projects in 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. Network members share the common goal of using data to advance change on behalf of children and families.

What Data are Available?

The CLIKS website brings together data on the well-being of children collected by KIDS COUNT grantees from state and local sources. The unique system allows users to access state-specific inventories of data from local sources, such as health departments, human services agencies and schools. The content of state pages is determined by a participating KIDS COUNT partner using data from local jurisdictions. CLIKS can be a powerful new tool for community leaders, policymakers, service providers, parents and others who want to take a closer look at the local factors that affect the lives of children and families.

What Kinds of Reports Can I Generate?

- ★ **Profiles** give you detailed information about a single state or region.
- ★ **Graphs** allow you to view indicators graphed over time.
- ★ **Maps** provide color-coded state maps based on CLIKS data.

- ★ **Rankings** allow you to view all of the regions within a state, ranked according to an indicator.
- ★ **Raw Data** gives you the opportunity to download CLIKS data as delimited files.

To use the CLIKS website go to www.aecf.org/cgi-bin/CLIKS.cgi. For example, select Profiles from the above menu of items. You will then see a list of states. If you click on Tennessee you will get a summary of indicators for Tennessee as a whole. Or, if you click on the plus sign to the left of Tennessee you will get a list of counties for selection. Select the county you want to view and a summary of multi-year data for all available indicators will appear. You can also generate graphs, maps and rankings and download raw data. Each section has specific directions included at the site.

All the Tennessee data were provided by the KIDS COUNT project of the Tennessee Commission on Children and Youth. Specific questions regarding CLIKS can be directed to pam.k.brown@state.tn.us.

Tennessee Commission on Children and Youth Website

All current editions of *The State of the Child in Tennessee*, as well as other publications produced by the Commission, can be found at <http://www.tennessee.gov/tccy/>.

CLIKS: www.aecf.org/cgi-bin/cliks.cgi
TCCY: www.tennessee.gov/tccy

★ The State of
Child Health
in Tennessee ★



Access to Health Care

Access to health care is an integral part of the well-being of children and youth. Children with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being and oral health (America's Children, 2003). Child well-being is enhanced when adequate supplies of health-care professionals are available, and health coverage is provided outside government programs.

America's Health: State Health Rankings (United Health Foundation, 2004) considers 17 factors for its rankings. These include risk factors that indicate behaviors and activities related to healthiness, like poverty, and outcomes that measure morbidity and mortality. Lower values for rankings indicate the healthier states; larger ranking values reflect less healthy states.

Tennessee's overall health ranking has declined over the past three years, from 40th in 2001 to 48th in 2004; in 1990, the state's ranking was 33rd. Strengths for the state in 2004 included moderate access to prenatal care and a low rate of uninsured population, although the rate of uninsured increased from 10.8 percent in 2003 to 13.2 percent in 2004.

Problem areas are the high infant mortality rate, 9.2 deaths per 1,000 live births, and a low high school graduation rate, with only 56.7 percent of incoming ninth graders graduating within four years. Other factors contributing to the downward trend are the high prevalence of smoking, obesity and violent crime; high rate of deaths from cardiovascular disease; high rate of cancer deaths; high total mortality rate; and premature death rate. Tennessee ranks in the bottom 10 states on these seven contributing factors (United Health Foundation, 2004).

In addition, as Tennessee's population continues to grow the availability of medical doctors does not appear to be keeping pace. As of July 2004, the physician supply in Tennessee was 224.4 per 100,000, compared to 218.6 in 1997. During the same time period, Tennessee's population increased by 7.2 percent, but physician supply per 100,000 increased by only 2.7 percent.

- ★ Only 20 Tennessee counties (21.1 percent) have physician supply levels in excess of the 1965 national rate of 139 physicians per 100,000.
- ★ Lower physician supply rates are more prevalent in rural areas of the state.

Higher levels of physician supply are important because they signal better access to health care (Guagliardo et al, 2003). Adequate physician supply also factors into quality of care. Patients can be seen in a timely manner, and time lags to visit specialists will be minimal. Unfortunately, the type of insurance coverage an individual has plays a role in the adequacy of physician supply.

The Kaiser Family Foundation 2002-03 data show Tennessee tied with New York and South Carolina at 10th of the 50 states when ranked on the distribution of children ages 18 and under covered by Medicaid (2004), TennCare in Tennessee. Five of 17 Southern states topped Tennessee in this ranking.

- ★ Forty-five percent of Tennessee residents under the age of 21 years were covered by TennCare in 2003.
- ★ The number of TennCare enrollees in all age groups younger than 18 years, except children up to age 1, declined from 2002 to 2003.
- ★ Enrollees ages 2-5 years declined by 2 percent; ages 6-12 dropped by more than 5 percent; and ages 13-18 decreased

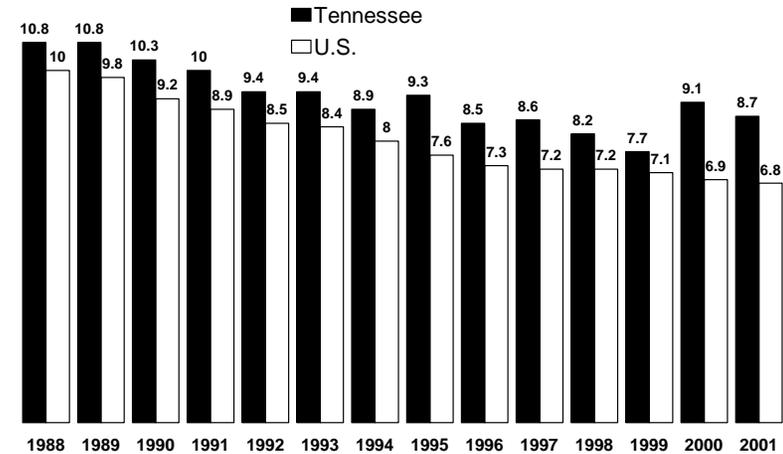
by nearly 3 percent.

- ★ The decline in enrollment for each of these categories occurred due to a change in eligibility beginning July 1, 2002, when new enrollment for children was restricted to Medicaid-only categories.
- ★ Prior to July 2002 all children under 200 percent of poverty were eligible for TennCare. After July 2002, children under 200 percent of poverty with parents who had access to insurance were no longer eligible.

Proposed changes to the TennCare program, including the plan to institute premiums and co-pays for adults on Medicaid, signals a new way of health care service delivery for low-income people in Tennessee. For children the biggest change in TennCare services is the state's new definition of "medical necessity." Medical necessity will be defined as the least costly alternative[s] for which there is adequate "clinical scientific evidence" of its safety and effectiveness, adequate to address the medical condition. The determination of what is "medically necessary" will no longer be in the hands of the child's doctor, but in the hands of the TennCare Bureau or contracted HMO. The new definition is more restrictive than any other state Medicaid program, Federal Employee Health Benefits contractor or private insurance plan (Kaiser Commission on Medicaid and the

Infant Mortality Rates (Per 1,000 Live Births)

14-Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation, National KIDS COUNT Data Book.

Uninsured, 2004). According to the Children's Defense Fund, all children in TennCare are being put at risk of losing essential health care. Additionally, some children who remain on TennCare will be impacted by their parents' loss of coverage and the adverse impact on parental health. See Appendix (page 85) for related state map. 

Infant Mortality

Infant mortality is an important indicator of health (MacDorman et al., 1994) because it is associated with a variety of health factors like maternal health, socioeconomic conditions, access to medical care, quality of medical care and public health practices (America's Children, 2003).

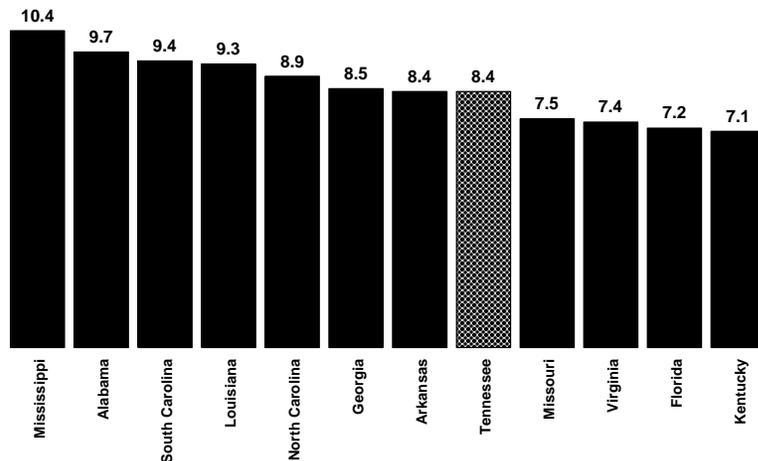
Infant mortality defines short-term outcomes of live births and serves as a predictor, giving a crude estimate of how a community or nation will thrive. Too many deaths before the age of 1 yield a poor

prognosis. Babies never have the chance to grow up, to dream dreams, or contribute to the community or nation.

The *Healthy People 2000* and *Healthy People 2010* publications incorporate several varieties of objectives related to infant mortality. For *Healthy People 2010*, the primary objective is to reduce infant deaths to 4.5 per 1,000 live births. The baseline year is 1998 with the national baseline at 7.2; Tennessee's baseline rate was 8.2, worse than the national rate.

Infant Mortality Rates per 1,000 Live Births in the Southern States

Four-Year Average 1998-2001



Source: Annie E. Casey Foundation, National KIDS COUNT Data Book

- ★ Tennessee's infant mortality rates continue to be worse than national rates.
- ★ Using a four-year average, 1998-2001, out of 12 Southern states, Tennessee ranked 5thth (NCHS, 2004).
- ★ In 2001, the state ranked 44th of 50 states in infant mortality (Annie E. Casey Foundation, 2004).
- ★ More than one third of Tennessee counties reflected infant mortality rates above the state average of 9.4 for 2002. Two of the five major counties, Shelby and Davidson, reflected above average rates.
- ★ The state's 2002 rate shows a reversion to the 1992 and 1993 levels.
- ★ In 2002, infant mortality for African-American babies (18.4 deaths per 1,000 live births) in Tennessee was two and a half times the rate for White babies (7.1 per 1,000 live births). 🌐

Births of Low Weight

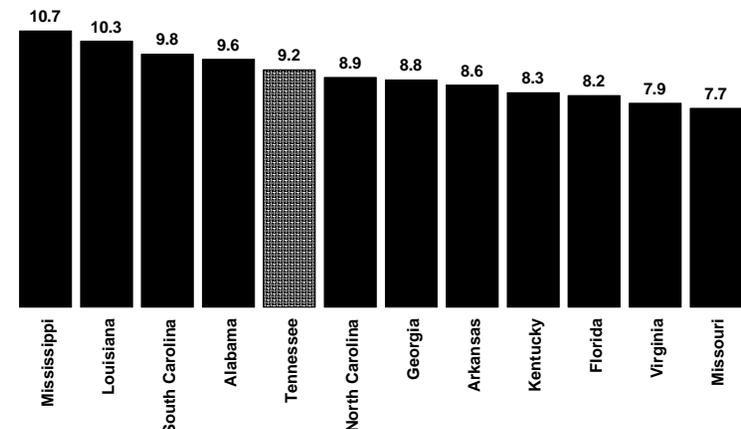
One of the preventable risk factors long associated with infant mortality is low birthweight. (Healthy People 2010, 2004). By definition, babies weighing less than 2,500 grams (5.5 pounds) at birth are designated as low weight, a definition established in 1919 by Finnish pediatrician Arvo Ylppo (Kiely et al., 1994).

Low birthweight affects almost one in every 13 babies born each year in the United States, and it is a significant factor in nearly two-thirds of all infant deaths. Babies of low birthweight are more likely than normal weight babies to have health problems during the newborn period. Many of them are cared for in intensive care nurseries during this period of their lives (March of Dimes, 2004).

Babies of low weight can be categorized as low weight (between

Percent Low Birthweight Babies in the Southern States

4-Year Average 1999-2002



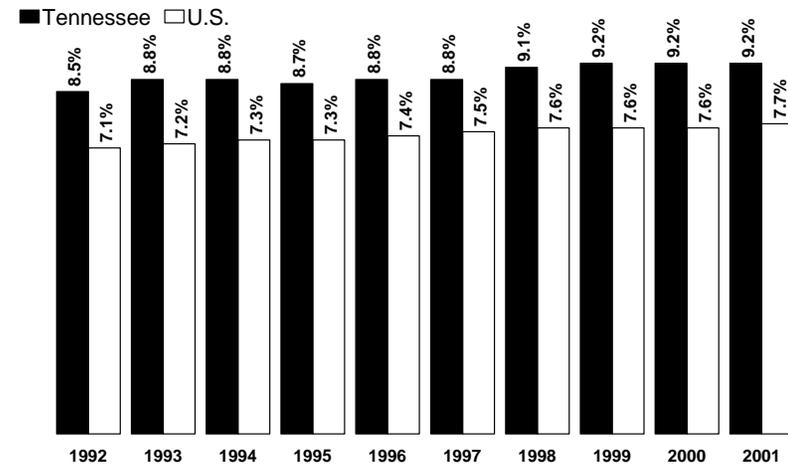
Source: Annie E. Casey Foundation, National KIDS COUNT Data Book.

1,500 and 2,499 grams), very low weight (between 1,000 and 1,499 grams) and extremely low weight (less than 1,000 grams). Birth weight is inversely related to prolonged and more expensive hospital stays, as well as higher mortality, especially neonatal mortality (death within the first 28 days of life). This means smaller babies have longer, more costly hospital stays, and they are at greater risk of dying within the first month of life (Edwards, Conner & Soll, 2004; March of Dimes, 2004).

- ★ In 2001, Tennessee ranked 45th of 50 states in births of low weight (Annie E. Casey Foundation, 2004).
- ★ Tennessee's percent of low birthweight babies remained steady from 1999 to 2002 at 9.2 percent (Tennessee Department of Health, 2004).
- ★ The state average consistently exceeds the national average; from 1999 to 2002, the state average was 9.2 percent compared to 7.6 percent and 7.8 percent for the nation (National Center for Health Statistics, 2004).
- ★ Using four years of data (1999-2002), Tennessee ranked eighth worst when compared with 12 southern states (National Center for Health Statistics, 2004).
- ★ In 2002, nearly two thirds (62) of Tennessee counties had low birthweight percentages above the national rate of 7.8.

Percent Low-Birthweight Babies

Less Than 2,500 Grams (5.5 Pounds)
10-Year Comparison Between Tennessee and U.S.



Source: The Annie E. Casey Foundation, National KIDS COUNT Data Book.

- ★ In 2003, Tennessee's percent of low weight births showed a slight increase, 9.4 percent compared to the 9.2 percent rate the state had maintained over the last six years. Forty Tennessee counties (42.1 percent) reflect rates above the state average in 2003. All major counties exceeded the state average, except Knox with 9.3 percent.

Child Immunizations

To most people immunization is as American as apple pie. One of the greatest public health achievements in modern times, immunization has saved millions of lives. Today, the United States has the highest coverage rates of childhood vaccines and the lowest incidence of vaccine-preventable disease in its history. In fact, vaccines have been so successful that many people today have little firsthand knowledge of the diseases they prevent and their devastating effects. As a result, the public tends to take for granted

the enormous protective benefits of vaccines (Grant Makers Health, 2000).

Children are born with immunity to contagious diseases, but that natural protection is only temporary. As a result, immunizations are required to protect children from diseases that can interfere with their development and longevity (KidsHealth, 2002). Immunizations also protect the community by decreasing the spread of infectious diseases

(Adetunji et al., 2003). Recommendations call for children to receive immunizations against 11 diseases. Many are administered as combined vaccines during routine well-child check-ups in the first two years of life (Adetunji et al., 2003). The Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) recommend that all health-care providers adopt the Standards for Child and Adolescent Immunization Practices and that they promote the 90 percent vaccination rate of 2-year-olds, the goal of Healthy People 2010 (U.S. Department of Health and Human Services, 2000).

Tennessee's child immunization results are based on a survey of 24-month-old children across each health region. Tennessee's most recent sample includes 1,626 children born in April 2001. Prior to 2002, results focused on the extent to which 2-year-olds were receiving minimal coverage, or four doses of DTaP (Diphtheria, Tetanus, and Pertussis), three doses of

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-18 years
Hepatitis B		HepB #1					HepB #3			HepB Series			
			HepB #2										
Diphtheria, Tetanus, Pertussis				DTaP	DTaP	DTaP		DTaP			DTaP	Td	Td
<i>Haemophilus influenzae</i> type b				Hib	Hib	Hib	Hib						
Inactivated Poliovirus				IPV	IPV	IPV				IPV			
Measles, Mumps, Rubella							MMR #1				MMR#2	MMR #2	
Varicella							Varicella			Varicella			
Pneumococcal Conjugate				PCV	PCV	PCV	PCV			PCV	PPV		
Influenza						Influenza (Yearly)				Influenza (Yearly)			
- - - - - Vaccines below this line are for selected populations - - - - -													
Hepatitis A										Hepatitis A Series			

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.

■ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

- Range of recommended ages
- Preadolescent assessment
- ▨ Only if mother HBsAg(-)
- Catch-up immunization


 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION


The Childhood and Adolescent Immunization Schedule
 is approved by:
Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
American Academy of Pediatrics www.aap.org
American Academy of Family Physicians www.aafp.org

More information regarding vaccine administration can be obtained from the websites above or by calling
800-CDC-INFO
 ENGLISH & ESPAÑOL
[800-232-4636]
 Keep track of your child's immunizations with the
CDC Childhood Immunization Scheduler
www.cdc.gov/nip/kidstuff/scheduler.htm

IPV (Polio), and one dose of MMR (Measles, Mumps and Rubella) describing the 4:3:1. This year's report incorporates the maximum standard that adds three doses of Hib (Influenzae), three doses of HBV (Hepatitis B), and one dose of Varicella (Chicken Pox). Therefore, the new standard is a 4:3:1:3:3:1 coverage level.

- ★ Tennessee is not close to achieving the 90 percent complete immunization coverage goal for the newer, more stringent standard. Statewide, the achieved goal was 75.1 percent and 78 percent for 2002 and 2003. The trend from 2002 to 2003 was positive, but still some distance from the goal.
- ★ The Mid-Cumberland health region came closest to meeting

- the 90 percent complete coverage goal with a rate of 89 percent, followed by Hamilton County with 87 percent.
- ★ West Tennessee and Shelby County health regions bring up the rear in goal completion with 69.3 percent and 62.4 percent, respectively. 🌐

Nurse Home Visiting Programs

Home visiting is a long-standing, well-known prevention strategy used by states and communities to improve the health and well-being of women, children and families, particularly those who are at risk. Early investments in home visiting programs have been shown to reduce costs due to foster care placements, hospitalizations and emergency room visits, unintended pregnancies and other more costly interventions (National Governors Association, 2002). Although home visiting programs for babies have long been accepted as effective in preventing child abuse and identifying physical and developmental needs, there are still many locations in Tennessee that do not offer these services.



The following Tennessee programs offer services to newborn babies and their families.

Healthy Start

Healthy Start is designed to help promote healthy beginnings for children through education, support and adequate health care. Without adequate health care, a child may be at risk of preventable, lifelong health and learning problems.

Healthy Start is an intensive home visiting program that seeks to prevent child abuse and neglect and promote family health. Families who participate must be assessed at elevated risk for child abuse or neglect to be eligible for the program. Services are provided by contract agencies funded by federal grants through the Tennessee departments of Health (DOH) and Children's Services (DCS). Tennessee Healthy Start Programs follows the national Healthy Families America program model, with families able to reach program staff 24 hours a day, seven days a week. The voluntary program targets first-time parents, beginning prenatally, continuing through the child's fifth year, and tapering off as a family's needs diminish.

During fiscal year 2004 the DOH Healthy Start Programs served 1,752 children from 1,416 families, and:

- ★ 45 percent of the mothers were less than 18 years of age;
- ★ 88 percent of mothers were unmarried;
- ★ 96 percent of the participants had an annual income less than \$10,000 per year; and
- ★ 98.5 percent of the children participating in Healthy Start programs remained at home free from abuse, neglect, and/or harm.

While Tennessee's overall immunization rate was 81 percent during fiscal year 2004, Healthy Start participants were at 95 percent, and the percent of Healthy Start children up to date on immunizations by their second birthday was 96.3 percent.

Despite positive outcomes for children who participate in Healthy Start Programs, only 27 counties in Tennessee have these programs. The remaining 68 counties are going without this service due to limited funding, a barrier to implementing additional programs across the state.

27 Program Counties:

East: Blount, Jefferson and Loudon;

Metro: Davidson, Knox, Madison and Shelby;

Mid-Cumberland: Montgomery and Stewart;

South Central: Bedford, Coffee, Lincoln, Marshall and Moore;

Upper Cumberland: Jackson, Overton, Putnam and White;

West: Benton, Carroll, Chester, Crockett, Gibson, Henry, Lake, Obion and Weakley;

Major components of the Healthy Start Program include:

Family Needs Assessment including the following functions:

- ★ Screening of hospital records;
- ★ Assessment interview;
- ★ Referrals/follow-up.

Families are offered the following Home Visiting services:

- ★ Intensive home-based family support and education;

- ★ Creative outreach;
- ★ 24-hour availability;
- ★ Parent support/lay counseling under professional supervision;
- ★ Parent-child interaction curriculum and interventions;
- ★ Linkage with a medical home;
- ★ Referrals and advocacy;
- ★ Parent groups;
- ★ Participant levels varied with intensity of service, based on need;
- ★ Long-term follow-up to age 5;
- ★ Child development screening;
- ★ Child health tracking (well-care, immunizations).

CHAD (Child Health and Development) Program

The CHAD home visiting program is intended to prevent child abuse and neglect and promote family health. Services are provided to 22 Tennessee counties by local Department of Health personnel.

Services provided are:

- ★ Assessments;
- ★ Screenings;
- ★ Child development education;
- ★ Parenting education;
- ★ Parenting and health support.

Families receiving CHAD services must either meet a financial requirement or have had involvement with the Child Protective Services system. Families may receive services until the child turns 6 years of age, with prenatal services provided only for pregnant girls who are less than 18 years of age. In fiscal year 2004 CHAD served 1,427 children from 1,024 families in 22 Program Counties.

Northeast: Carter, Greene, Hancock, Hawkins, Johnson, Unicoi and Washington;

East: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger,

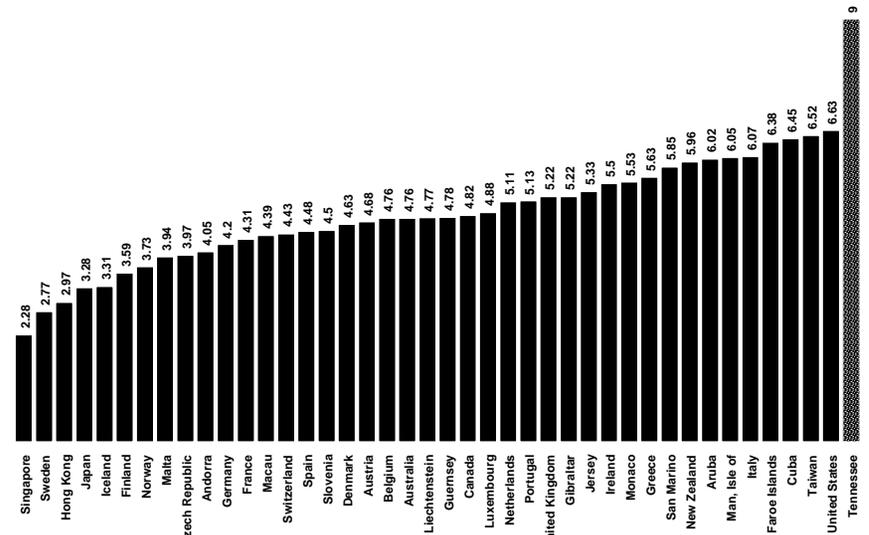
Comparison of National Infant Mortality Rates: 2004

Deaths Per 1,000 Live Births

Help Us Grow Successfully (HUGS) Program

The Help Us Grow Successfully (HUGS) Program offers home visiting and care coordination services in 74 Tennessee counties for pregnant women, postpartum women up to two years, and women who have lost a child under the age of two years and children birth through the age of five. Vital to the program are the prevention and/or intervention services offered in the home setting as it provides an opportunity to gain greater understanding of the client’s needs, constraints and supports available in the home. These services assist participants in gaining access to health care, psychosocial, educational and other necessary services to promote good health practices, improve general well-being, prevent developmental delays and reduce maternal and/or infant morbidity and mortality.

There were 36,541 visits to children during FY 2003-2004.



Source: National Center for Health Statistics. Tennessee 2002 data, Tennessee Department of Health

Nurses for Newborns Foundation

Nurses for Newborns Foundation (NFNF) is a private, not for profit organization founded in 1991 with a mission to provide a safety net for families most at risk. NFNF programs are designed to help prevent infant mortality and child abuse and neglect through home-based services that provide education, health care and positive parenting skills. The foundation offers programs that serve teen moms, moms who are mentally or physically challenged, infants who are sick and general population families who are in need. In addition to the medical component of its programs they assist families in getting connected with additional medical, social or public services they need.

In August of 2001, Nurses for Newborns began serving families in Tennessee. The program currently serves Davidson, Rutherford,

Counties currently without HUGS services:		
Mid-Cumberland Region	West TN. Region	Southeast Region
Cheatham County	Benton County	Bledsoe County
Houston County	Chester County	Franklin County
Humphreys County	Haywood County	Grundy County
Robertson County	Henry County	Marion County
Stewart County	Obion County	Meigs County
Trousdale County	Tipton County	Polk County
	Weakly County	Rhea County
		Sequatchie County

Williamson, Maury, Dickson, Hickman, Cheatham, the southern two-thirds of Sumner, Robertson, the western half of Wilson, Montgomery and Stewart counties, as well as Fort Campbell. NFNF provides home visits utilizing experienced registered nurses who do physical assessment and case management for families at risk. The programs include babies who are medically fragile, teen mothers and mothers with physical or mental disabilities. Each program collaborates with local agencies to prevent child abuse and neglect.



“fragile” include prematurity, low birthweight, Down’s syndrome, drug or alcohol exposure, cardio-respiratory abnormalities, seizure disorders, physical handicaps and more. The program begins after the infant leaves the hospital, with most infants having spent time in a neonatal intensive care unit.

- ★ The Safe Beginnings (SBG) program is open to any mother who has mental, emotional or physical challenges and can start prenatally.

- ★ The Bridge to the Future (BTF) program serves families with “medically fragile” infants, irregardless of their socioeconomic status. Some characteristics of “medically

- ★ The Teen Parent (TPT) program serves teens who will be under age 19 at the time they give birth. Services can begin during pregnancy or at birth.

Oral Health

Oral health is often overlooked. Many Americans do not have dental insurance (American Dental Education Association, 2004), despite the fact that dental disease is the “silent epidemic.” Regular visits to dental professionals reduce the likelihood of life-threatening conditions such as diabetes and low birthweight that are linked to poor oral health (Delta Dental, 2004).

- ★ The number of dentists in Tennessee increased from 1997 to 2004, but the 2004 rate per 100,000, 48.5, is well below the 2020 national goal of 52.7 (ADEA, 2004).
- ★ The federal government estimates 30-plus million Americans live in areas of “dental shortage” – where there is less than one full-time dentist for a population of four to five thousand (ADEA, 2004).

- ★ Three rural Tennessee counties had no licensed, practicing dentists as of July 2004: Grundy, Pickett and Van Buren.

The Tennessee Department of Health provides a public dental care delivery program to deliver clinical dental services to segments of the population that would not otherwise receive care. Dental facilities housed within local health departments are located in 48 of 89 rural counties and 5 of 6 metropolitan regions. Dental services are provided on a part-time or full-time basis depending on the location. Specific information on availability of services or eligibility guidelines can be obtained from the local county health department. Three mobile dental clinics located in the Mid-Cumberland, Northeast and West Tennessee Regions began operation in 2004 to provide dental services to high risk children in underserved areas.

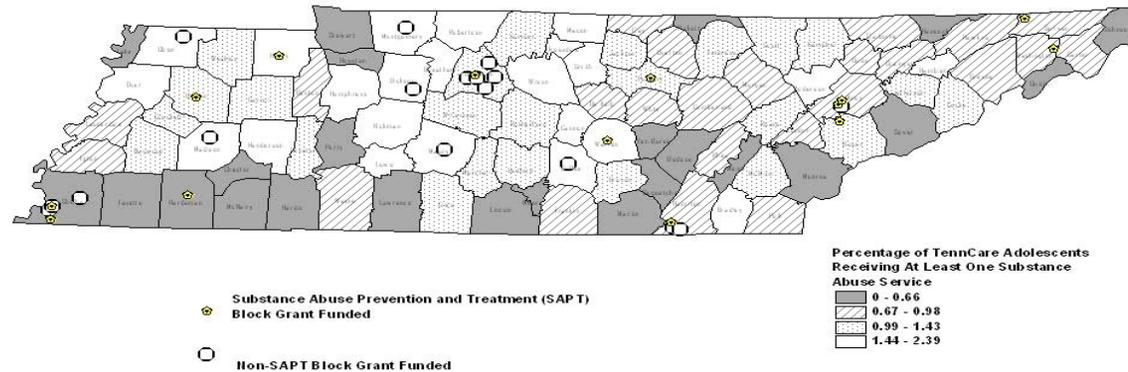
Adolescent Alcohol and Drug Use

TennCare Adolescents With Access to Substance Abuse Treatment*

Adolescent alcohol and drug treatment continues to be an area of unmet need based on the percentage of children estimated to need treatment and the lack of access to recovery services.

Tennessee administered the Youth Risk Behavior Survey (YRBS), completed by 1,940 students in 44 public high schools during the spring of 2003. The school response rate was 83 percent; student response rate was 81 percent; and the overall response rate was 67 percent with results representative of all students in grades 9-12.

Students complete a self-administered, anonymous, 87-item questionnaire designed to protect the privacy of students by allowing anonymous and voluntary participation. Local parental permission procedures are followed before survey administration. The YRBS is one component of the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention in



*Percentage of TennCare Adolescents with Substance Abuse Access - Year 2000; Adolescent Treatment Facility Data - November 22, 2004

Adolescents with Access to Substance Abuse Treatment" map shows the distribution of adolescent substance abuse treatment facilities, both public and privately funded. Sixty-two counties in Tennessee have no services for adolescents who might need services, although some of the service providers may be based out of one county and serve several surrounding counties. All of the counties having no alcohol and drug services are located in rural areas.

The overlay of hatch markings is broken into quartiles that indicate how many adolescents on TennCare received at least one substance abuse service.

collaboration with representatives from 71 state and local departments of education and health, 19 federal agencies, and national education and health organizations across the states.

The Youth Risk Behavior Surveillance System was designed to focus the nation on behaviors among youth related to the leading causes of mortality and morbidity among both youth and adults, and to assess how these risk behaviors change over time. The Youth Risk Behavior Surveillance System measures behaviors that fall into six categories:

1. Behaviors that result in unintentional injuries and violence;
2. Tobacco use;
3. Alcohol and other drug use;
4. Sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies;
5. Dietary behaviors; and
6. Physical activity.

YRBS results in Tennessee in 2003:

- ★ 11.2 percent reported driving a car while under the influence of alcohol within the past 30 days;
- ★ 74 percent reported taking at least one drink of alcohol on one or more days of their life;
- ★ 26.2 percent reported taking their first drink of alcohol other than a few sips before age 13.

Additional information about the Youth Risk Behavior Surveillance System can be obtained from <http://www.cdc.gov/yrbss>.

According to a customized report from the George Washington University Medical Center specific to Tennessee:

- ★ 65,013 Tennessee youth have a serious alcohol problem;
- ★ 84.5 percent do not get treatment;
- ★ 54,802 youth out of 65,013 need alcohol treatment and do not get it.

Of the 65,013 young people in Tennessee with serious alcohol problems they are:

- ★ 8.5 times more likely to have serious problems with other drugs;
- ★ 7 times more likely to drink and drive;
- ★ 3.5 times more likely to be arrested;

- ★ 2 times more likely to smoke;
- ★ 1.5 times more likely to have a C+ average or lower and are likely to miss twice as much school;
- ★ 1.5 times more likely to require hospital emergency room care.

Nationally between 2002 and 2003 there was no significant change in the overall drug and alcohol use patterns. However, there were an estimated 2.6 million new marijuana users in 2002, an average of 7,000 Americans per day trying marijuana for the first time. About two thirds, 69 percent, of the new users were under age 18. The percent of youth aged 12-17 indicating that smoking marijuana once a month was a great risk increased from 32.4 percent in 2002, to 34.9 percent in 2003. There were no significant changes in the percentages of youth reporting risks associated with using cigarettes, alcohol, cocaine, heroin, and LSD. However, about 10.9 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey. (DHHS, 2003)

In 2002, of teens aged 12-17 in Tennessee:

- ★ Nearly 10 percent (9.78 percent) reported using an illicit drug within the month prior to the National Survey of Drug Use and Health (NSDUH);
- ★ 6.8 percent reported using marijuana in the month prior to the survey;
- ★ 33 percent reported that they were at great risk of using marijuana at least once per month;
- ★ 5.6 percent reported using illicit substances other than marijuana in the month prior to the survey;
- ★ 2.3 percent reported using cocaine within the past year;
- ★ 14 percent reported alcohol use in the month prior to the survey;
- ★ 39 percent reported perceptions that they were at great risk of having five or more drinks of alcohol once or twice a week;
- ★ 9 percent of reported past year dependence or abuse of illicit

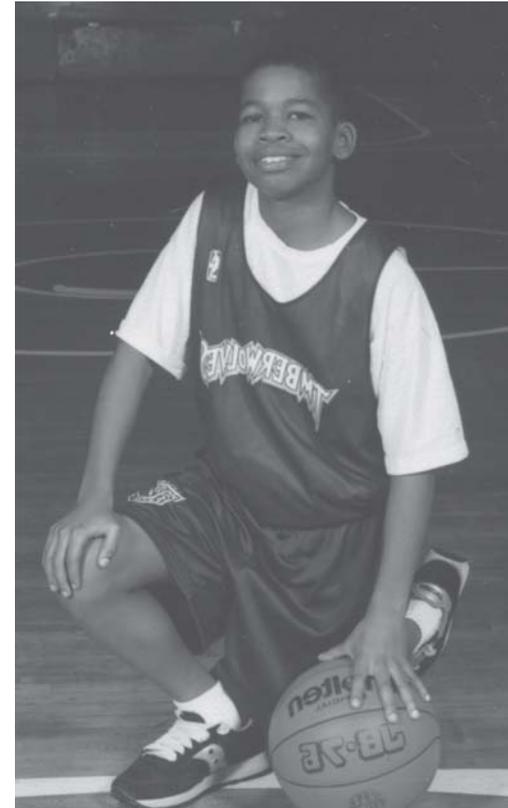
- ★ drugs and or alcohol;
★ Nearly 5 percent reported needing but not receiving treatment

for illicit drug use in the past year, and 5.1 percent reporting they needed but did not receive treatment for alcohol use. 

Obesity

According to a recent study conducted by the Trust for America's Health (TFAH), Tennessee ranked ninth highest in adult obesity in the nation at 25 percent, second highest in overweight high school students at 15.2 percent, and 31st in overweight low-income children ages 2-5 at 11.3 percent. The state spent an estimated \$315 per person in 2003 on medical costs related to obesity, the sixth highest amount in the United States.

Nearly 119 million American adults, 65 percent of the population, are currently overweight or obese. Direct and indirect costs of obesity in America are more than \$117 billion per year. Since states and the federal government have a crucial role to play in fighting the obesity epidemic, TFAH conducted a study of government action and concluded that America does not have the aggressive, coordinated national and state strategies needed to address the crisis, which threatens to make the epidemic worse. 



The State of
Education
in Tennessee



Actual Differences in Quantity of Words Heard

In a typical hour, the average child would hear:

Welfare:	616 words
Working Class:	1,251 words
Professional:	2,153 words

Actual Differences in Quality of Words Heard

Welfare:	5 affirmations, 11 prohibitions
Working Class:	12 affirmations, 7 prohibitions
Professional:	32 affirmations, 5 prohibitions

Source: Hart and Risley, 1995

Bridging the Gaps through Early Childhood Education

Tennessee's Pilot Pre-Kindergarten program serves at risk 4-year-olds who need quality early childhood learning experiences to be ready for school. The first priority for enrollment is children whose family incomes fall below 185 percent of the federal poverty level, followed by children at risk for abuse and neglect, in state custody or with Individualized Education Plans where community placement is the least restrictive environment (National Institute for Early Childhood Education, 2004).

The Tennessee Department of Education (TDOE) current estimates between 38,000-40,000 children in Tennessee meet the eligibility requirement due to limited family income. Yet, only 15,000 children participate in Head Start Programs in Tennessee, with an estimated 3,000-5,000 served in public school settings. The needs of the remaining 20,000-plus low-income children go unmet.

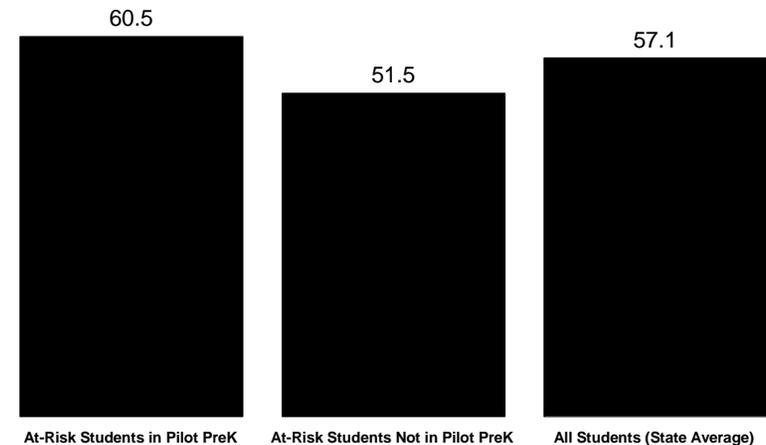
Children from low-income families entering kindergarten are on average one to one and a half years behind middle class children in language and other cognitive skills. Researchers estimate that the school readiness gap accounts for half the K-12 achievement gap reported by schools. This gap on average is equivalent to four grade levels by the time of high school graduation (Rural Cumberland Resources, 2004).

“Quality early childhood education will offer at risk children the opportunity to enter school on a level playing field and equip children with the knowledge and skills to succeed in school and later in life.”

*Sandra Williamson, TN Department of Education
Early Childhood Education Consultant, 2004*

Comparison of Average Total Battery Scores on First Grade Achievement Tests, SY 2001-2002

Cohort II, 1999-2000 Students



Source: Tennessee State Board of Education

State funding for the Early Childhood Education (ECE) Pilot Program started in 1988. ECE funds are distributed through a competitive grant process, and programs are operated by public schools, Head Start, private child care providers and institutions of higher education.

A review of First Grade Achievement Test Scores highlights how important it is to provide full-day and full-year pre-kindergarten programs to provide children with maximum benefits. At-risk children who received only a half year program when pre-kindergarten first started did better than a matched group of at-risk students not in pre-K, but in the second year when students received a full-day, full-year program, their scores were not only better than comparable students, they were better than the state average.

In 2002 and 2003, \$6 million in state funds was supplemented with \$9 million in federal Temporary Assistance to Needy Families (TANF) surplus funds. When these funds were exhausted, additional state funds (\$4 million) were allocated to ECE, but there was still a substantial reduction in overall funding, from \$98,000 to \$65,000 per classroom. However, the extraordinary commitment of local education agencies and other providers to continuing these important programs resulted in the loss of only two classrooms statewide.

In 2005, Governor Bredesen proposed \$25 million to begin funding a voluntary statewide pre-kindergarten program for all 4-year-old children. The General Assembly appropriated \$25 million in excess lottery proceeds for pre-kindergarten programs, but provided the funding on a non-recurring basis. Under the legislation, pre-kindergarten funding is allocated by the Department of Education using the Basic Education Program funding formula. Because the \$25 million for pre-kindergarten programs is non-recurring, there will be continue to be a need for advocacy to ensure funds essential pre-kindergarten programs are appropriated.

Creating equal educational opportunities for all children in Tennessee will help to bridge the gap in unmet needs. Yet without adequate funding, thousands of Tennessee children will lack a quality early childhood education. Studies indicate publicly funded early childhood programs significantly decrease the gap in school performance between children from poor families and their peers. The Tennessee Department of Education (TDOE) estimates nearly half the children from Tennessee's poor families have no access to quality preschool programs (TDOE 2004).

Research tells us investing early in our children is the wisest investment of our dollars. If we don't invest now we will pay later. Studies show children who do not participate in a quality pre-kindergarten experience are five times more likely to become chronic lawbreakers. Without a quality preschool experience, children from low-income families face a bleak future. Based on

long-term research studies, for each class of 20 at risk children who do not have a quality pre-school experience:

- ★ 9 will be identified in need of special education, with an IQ of <85;
- ★ 11 will repeat one or more grades;
- ★ 11 will not graduate from high school;
- ★ 16 will not have the skills necessary for post secondary education;
- ★ 7 children will be destined to commit 5 or more crimes and require incarceration.

Early childhood education provides the foundation for learning to avoid these negative outcomes. Yet funding resources are not sufficient to support early childhood education programs in Tennessee. The National Education Institute for Early Education Research (2003) suggests state spending per child in the pre-kindergarten program is a key determinant of program quality and a measure of the state support for *equal* access to a good preschool education. The public as a whole will reap the benefits of investing early in children. Long-term educational and societal benefits include:

- ★ Increased test scores;
- ★ Decreased special education placement;
- ★ Increase in high school graduation rates;
- ★ Increase in college attendance;
- ★ Decreases in crime and delinquency; and
- ★ Improved employment and earnings.

Research also tells us what we need to do to help children succeed. Tennessee's fiscal constraints and service gaps mean as citizens we are not providing the opportunities necessary for children to succeed.

All families deserve access to the services and supports needed to provide strong relationships and rich experiences to provide children with a foundation for all future learning. At a minimum such services include health care, prenatal care, childhood immunizations, economic security, basic nutrition, adequate housing, family support services and high-quality early childhood education. 

K-12 Education

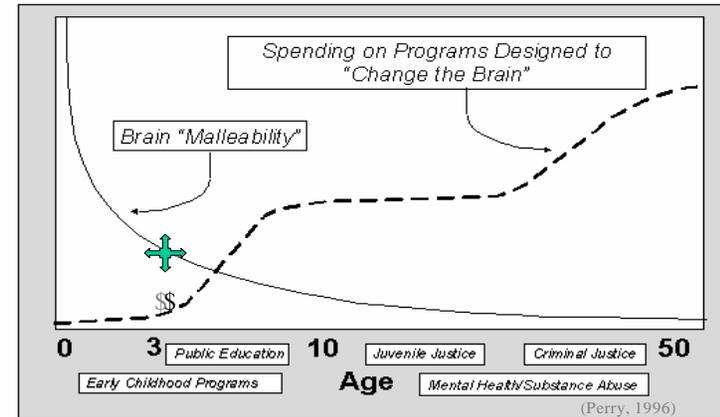
In no area of child well-being does the failure to fully meet needs ultimately cost the state more than in education. An undereducated workforce contributes to a stagnating economy, and student lack of success and failure to affiliate with schools often feeds them directly into the justice system. Lack of school success also leaves individuals with a personal sense of failure.

Is Tennessee meeting the education needs of its students and its employers? On two measures it would appear Tennessee's K-6 and secondary school needs are not being met. On the 2003 National Assessment of Educational Progress math results, Tennessee's average scores for both fourth and eighth grades were better than those of only three other states, Alabama, Mississippi and New Mexico, and the District of Columbia (D.C.). The only other state with a lower percentage of students at or above the proficient level for fourth grade reading was Texas, and only Texas and West Virginia had lower percentages for eighth graders.

Tennessee ranked 44th in per pupil expenditures for 2002. It ranked 45th in the percentage that comes from federal sources (Digest of Education Statistics, 2003).

The Education Trust (2004) reported state and local revenue per student for children in the state's lowest poverty school districts exceeded that in the highest poverty districts by \$570 in school year 2001-02. This means, for example, Haywood County, which has more than 60 percent of its students receiving free and reduced-price lunches, has more than \$2 million less than would a similar size system in a higher level income county. That represents 10 percent of the system's budget. A legal challenge, originally filed in 1988, demanded Tennessee equalize educational funding across the state. The Tennessee Supreme Court issued an opinion that the state's

Education Spending



The least amount of funding is invested at a time when the brain is most receptive to input and growth.

Source: Tennessee State Board of Education

funding plan, the Basic Education Program (BEP), included a salary equity plan that did not successfully equalize salaries. An evaluation of the state's in the BEP to equalize funding by the Tennessee Advisory Commission on Intergovernmental Relations found that the changes had been successful.

Tennessee ranked 34th in the share of local education costs. The state is one of 38 that provide extra poverty-based funding, providing \$155 per student, a fraction of the \$5,199 provided by Massachusetts (Education Trust, 2004).

A study produced for the Coalition for Tennessee's Future (2003), a group of educational professional organizations, found to meet the basic needs of education an additional \$1.15 billion in new state and local funding was needed.

The National Report Card on Higher Education (NCES, 2004) rated Tennessee as having improved over the past decade on its ability to prepare students for college, but it still rated the state a C- on preparation for college, in part for its low graduation rates.

On the 2004 U.N. Human Development Report's Education Index, the United States ranked 15th. Nearly 21 percent of U.S. citizens lacked functional literacy skills. The United States spent only 5.6 percent of its gross national product on education.

No Child Left Behind Act

Federal legislation, the No Child Left Behind (NCLB) Act, has changed the landscape of American public education. Supporters of the law tout its focus on accountability. Others call it an unfunded mandate. It raised the demands on state education agencies, but Congress failed to appropriate funds commensurate with the act's demands. The National Priorities Project (2004), a national advocacy group, estimated that, for Tennessee, the current and proposed budget underfunded the Title I grant for educating at-risk students by \$115 million, grants to recruit and retain highly qualified teachers by \$4 million and 21st Century Community Learning Centers for disadvantaged students and their families by \$16 million.

The No Child Left Behind Act, which became law in 2002, expanded the federal role in education and changed the landscape of public education. Schools and state education agencies are held more accountable for student progress, as measured by performance testing.

Testing. By the 2005-06 school year states must begin testing students in grades three through eight annually in reading and mathematics. Additional tests in science are to be included by 2007-08. Fourth and eighth graders must participate in the National Assessment of Educational Progress in reading and math every other year. Comparisons will be made between these tests results to assure that state testing is meeting national standards. States must bring all students up to the proficient level on state tests by the 2013-14 school year (Education Week, 2004). Tennessee, with its value-

Tennessee and U.S. Educational Attainment

Percent of People 25 Years Old and Over

	High School Graduates	Bachelor's Degree
U.S.	84 Percent	26 Percent
Tennessee	80 Percent	22 Percent

Source: National Center for Education Statistics, 2004

added testing analysis, has been a pioneer in measuring the impact of schools and teachers on learning.

States were also required to furnish annual report cards, and, by 2005-06, every core-content area teacher must be highly qualified in each subject taught. Other educational professionals and paraprofessional standards are being and will be required. Nationally, only 47 percent of secondary math teachers met the standard in 1999-2000 (Brown Center on Education Policy, 2004). In Tennessee during the 2002-03 year, 1,382 teachers, or 2 percent of

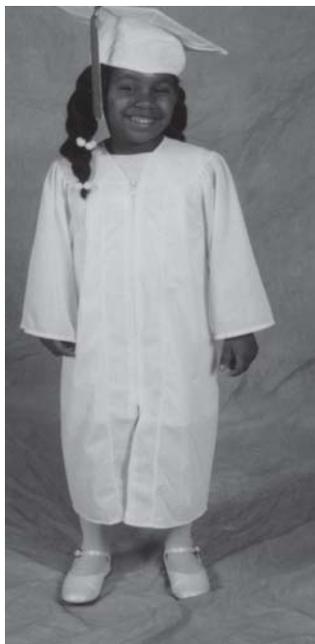
the total, were not certified to teach (Tennessee Department of Education, 2003). An additional 649 were teaching outside their fields. These figures dropped to 821 non-certified teachers and 505 educators teaching outside their fields in 2004.

A Rand Corporation study found that the best thing schools could do to raise student achievement was to reduce class sizes. The state of Tennessee has established lower pupil-teacher ratios. However, that increased the need for trained teachers. The NCLB highly qualified teacher requirement also increases the need for trained teachers. Governor Bredesen included raises for teachers in his 2005-06 budget. Teach Tennessee, a program to recruit and train professionals in other fields to teach, is another effort by the state Department of Education to increase the pool of highly qualified teachers (Seivers, 2004).

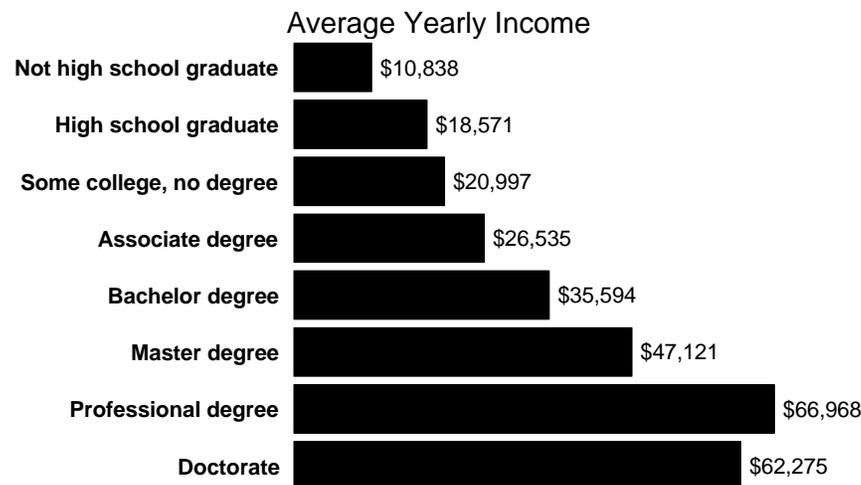
NCLB requires states to release annual report cards listing:

- ★ Student academic achievement disaggregated by subgroups;
- ★ Comparison of students at basic, proficient and advanced levels of academic achievement;
- ★ Graduation rates;
- ★ Professional qualifications of teachers;
- ★ Percentages of students not tested; and
- ★ Whether the school has been identified as “in need of improvement.”

Schools. Schools must make adequate yearly progress toward meeting the student proficiency levels. Schools receiving federal Title I funds, which have been reformulated to better target disadvantaged children, will be:



Relationship Between Level of Education and Income



Source: US Bureau of Labor Statistics, US Census Bureau

- ★ Given technical assistance and their students offered the opportunity to transfer to another public school after the first year they fail to make adequate progress;
- ★ Offered supplemental education services, including tutoring, after the third year in which they fail to meet the goals.
- ★ Subject to other corrective changes, including state-takeover and giving students the option to transfer to private schools, taking public funding with them.

Tennessee Schools’ Success with NCLB Guidelines. Eighty-one percent of the state’s schools have met the federal NCLB guidelines. Another 11 percent failed on only one category. Among the state’s schools, 165 were identified as high priority schools for the 2004-05 school year. More than a third (38 percent) are in Memphis, although the number of schools in the system represent 11 percent of those in the state (Tennessee Department of Education, 2004).

Even Start: Family Literacy in Tennessee

Family Literacy Programs provide a valuable service, uniquely designed to break the cycle of intergenerational poverty and low literacy skills through early childhood education and adult literacy training focused on the entire family unit. Family Literacy Services are provided on a voluntary basis, with intense intervention designed to bring about sustainable change.

Despite the benefits, the Department of Education Family Literacy Program suggests there is a much greater need, indicating a need for at least one Even Start Program in every county in the state. Currently, Even Start programs are located in only 26 counties in Tennessee.

According to the Tennessee Department of Education:

- ★ One in every five children in Tennessee lives in poverty;
- ★ 21 percent of adults, one in every five, have Level 1 literacy skills on a 1 to 5 scale, with 1 the lowest. Adults at Level 1 literacy have difficulty with reading, writing and computational skills;
- ★ 41 percent of children in Tennessee live in low-income families (nationally, 37 percent).

Eligible families for Even Start must meet the following criteria:

- ★ At least one child who is under the age of 8; and
- ★ An adult who provides the child's primary care and who does not have a high school diploma.

Even Start Programs were initially established under the U.S. Elementary and Secondary Education Act of 1965, reauthorized in 2000-01 as the No Child Left Behind Act. The focus of Even Start



Family Literacy programs is to promote adult education by assisting parents to improve their education, parenting and job training skills through:

- ★ Assessment of educational needs;
- ★ GED preparation and completion;
- ★ Job Training.

Even Start also helps prepare children for greater school success by providing early childhood educational experiences that include health and support services.

Even Start gives parenting support by assisting parents in developing a greater understanding of both early childhood development and their role as their child's first teacher. Better educated parents lead to better prepared children with better life outcomes for the entire family. Even Start provides:

- ★ Parenting classes;
- ★ Parent support groups;
- ★ Family-centered activities;
- ★ Ways to help children learn.

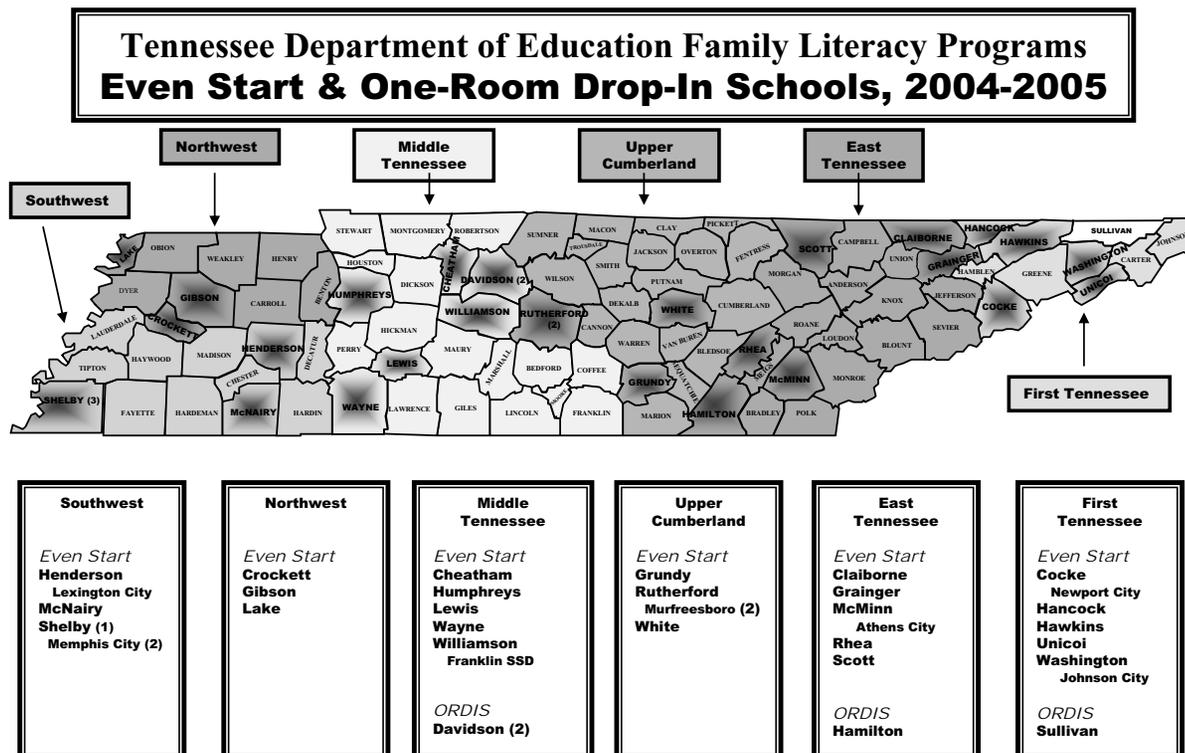
Even Start aims also to empower parents to become their child's first teacher through the parent and child together program, which promotes interactive literacy activities between parents and children.

Tennessee's Even Start Programs work beyond helping low income

families to acquire basic job skills and meet educational needs. They seek to help families maximize opportunities to become self-sustaining and maintain self-sufficiency through encouraging higher education and vocational skills training. (R. Goldstein, TDOE, personal communication, 2004).

Even Start programs are designed to combat the multifaceted complexities poor and low-income families face. Limited funding presents barriers to implementing additional Even Start Family Literacy programs throughout the state.

For good public policy, making every effort to help Tennessee families help themselves break the cycle of intergenerational poverty and its associated ills should be a priority. With more funding dedicated to provide needed resources for families, Tennessee would be able to achieve sustainable improvement. 🌐



School Lunch and Breakfast

Unquestionably, food is necessary for survival. However, the quality and timing of that food makes the difference between simply maintaining life and achieving personal success and fulfillment. Students without access to sufficient food are ill-equipped to meet the challenges of today's accountability-based school atmosphere. The rise in obesity among school-age children has led to a different focus on the food served to children during school and available to them at other times.

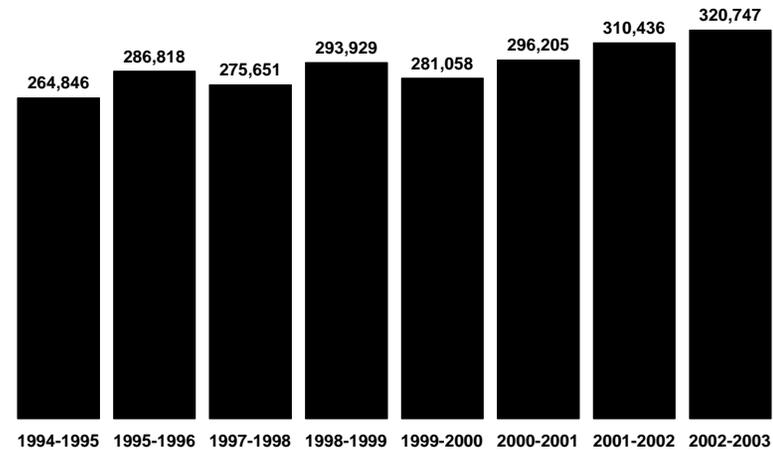
The U.S. Department of Agriculture funds an annual study of the incidence of hunger and food insecurity. Food insecurity is defined as limited or uncertain availability of nutritionally adequate and safe food, or an inability to acquire acceptable foods in socially acceptable ways.

More than 11 percent of households in Tennessee were found to be food insecure and 3.3 percent were food insecure with hunger in 2002. Tennessee ranked 11th in the nation in food insecurity (Center on Hunger and Poverty, FRAC, 2002).

The Center on Hunger and Poverty's (2002) evaluation of research found test scores were negatively related to household food hardship or to food insecurity. Kindergarteners from "marginally food-insecure" households gained less math knowledge over a school year. Other achievement-related findings were that insufficient nutritional diets were related to grade repetition, a higher level of absenteeism and tardiness and an increase in suspensions of high school students.

In addition, hunger and food insecurity were found to be related to:

Number of Students Receiving Free or Reduced Price School Lunches 1994-2003



- ★ Poorer overall health status and ability to resist illness and greater incidence of health problems and hospitalizations;
- ★ Increased aggression, hyperactivity and need for mental health services and interpersonal relationship difficulties.

According to the Food Research and Action report, 55 percent of the students participating in the School Lunch Program received free or reduced-price lunches. Eighty percent of all students eating breakfast at school participated in the free or reduced pricing.

During the 2002-03 school year, Tennessee schools served 99,081,935 school lunches and 32,494,472 school breakfasts to an

average of 85,782 and 185,087 students in 1,609 and 1,493 schools, respectively. This total includes state-run schools.

According to Food Research and Action, 91 percent of the schools in Tennessee providing lunch also provided breakfast, ranking the state 14th in the nation in school breakfast participation. Twenty-three percent of students in Tennessee ate breakfast at school, and 18 percent, 167,452, received free or reduced-price breakfasts. Nationally, 6.5 million children and 73,058 schools participated in the School Breakfast Program.

Participation in and eligibility for the school nutrition assistance programs have been used as a measure of the extent of poverty within



a system. Eligibility for free or reduced-price meals is based on federal poverty guidelines. Families whose household incomes are at or below 185 percent of the poverty guideline for their household size are eligible for reduced-price lunches and breakfasts. To receive meals free, families must have incomes at or below 130 percent of the poverty guideline.



In 2004-05, families of four with incomes of \$34,873 or less were eligible for reduced-price lunches. Four-member families with incomes at or below \$24,505 were eligible for free lunches. Schools are reimbursed by the U.S. Department of Agriculture for costs related to the meals. The federal reimbursement to Tennessee school systems in 2002-03 totaled \$127 million for school lunches and \$35 million for school breakfasts (FRAC, State of the States, 2004).

In 1999, according to the U.S. Department of Health and Human Services, 16 percent of children ages 6-11 years and 16 percent of adolescents were overweight. The incidence of adolescent overweight has tripled in the past 20 years.

The Tennessee General Assembly passed a bill in 2004 to establish guidelines for foods sold in schools in addition to the meals served under the federal feeding programs. Concerns were that snack foods and soft drinks sold by schools provided a high concentration of calories but little or no nutritional value and competed with the nutritional foods sold in schools' cafeterias. The State Board of Education has promulgated rules for child nutrition, which can be found at www.state.tn.us/sbe/rul_reg.html.

The 2003 Tennessee Youth Risk Behavior Survey found 15 percent of students were at risk of being overweight and another 15 percent were overweight. Nearly 40 percent of students reported failing to eat a green salad during a week, and only 18 percent reported eating five or more fruits and vegetables daily. 

Special Education

Students with physical, emotional and mental challenges also challenge the state's ability to educate them. Special education students are much less likely to graduate from high school than other students. Nationally, in 1999-2000, 56.2 percent of special education students graduated with a regular diploma.

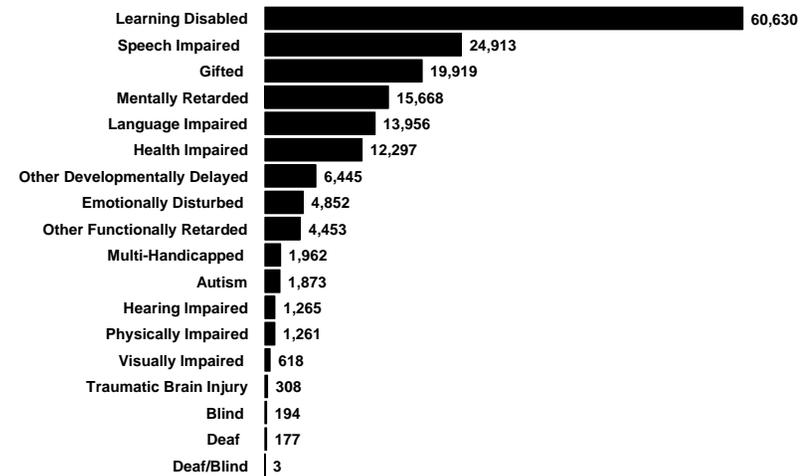
In Tennessee 13.6 percent of the public school enrollment of students ages 0 to 21 were classified as special education students in 2001-02, marginally higher than the national average of 13.4 percent. This does not include gifted students, which raises the Tennessee percentage to 15.

In 2003, 2,656 students (6 percent of total students graduating in Tennessee) earned special education diplomas. This does not include the special education students who completed individualized education programs and passed the Tennessee proficiency test to graduate with a regular diploma.

The number of special education students has increased over 10 years by 20 percent in Tennessee and by 32 percent nationally. The number of students overall increased, but, more importantly, federal regulations have expanded the definition of students eligible for special education services. The category specific learning disabilities, which includes disabilities in listening, speaking, basic reading of words, reading comprehension, written expression, mathematics problem solving and mathematics calculations) is responsible for much of the increase (Horn, 2001).

Specific learning disabilities made up 21 percent of those served in 1976-77 and 44 percent in 2001-02. Those with specific learning disabilities made up 1.8 percent of the total school enrollment in 1976-77 and 6 percent in 2000-01.

Children Receiving Special Education Services by Primary Disability 2002-03



Source: Tennessee Department of Education

Speech and language impairments made up 35 percent of those served in 1976-77 and 17 percent in 2000-01. Mental retardation was 26 percent of those served by special education programs in 1976-77 and 9.5 percent in 2000-01.

A report on educator supply and demand produced in December 2003 identified finding special education teachers as a special area of concern (Department of Education, 2003). The Tennessee Department of Education has contracted with eight colleges and universities to help recruit and train special education teachers to fill more than 1,500 slots (Department of Education, 2004). Special education enrollment had been predicted to increase in 74 percent of Tennessee's school districts. Special need was projected for those

who can teach students with visual and hearing impairments (Department of Education, 2003). A national study of teacher supply and demand by the American Association for Employment in Education (2002) found all fields of special education teaching were experiencing shortages.

In 2003, nearly one in five Tennessee public school students (18 percent or 170,794) received special education services (Annual Statistical Report, 2003). More than 32 percent of these students (55,040) were represented in Tennessee's four largest counties.

- ★ Shelby County had 16 percent, or 27,027 students, receiving special education in the Memphis and Shelby County systems.
- ★ Davidson County had 7 percent (11,738).
- ★ Knox County had 5 percent (7,976).
- ★ Hamilton County had 4 percent (8,299).

Nationally during the 1999-2000 school year, 11 percent of students ages 6 to 17 enrolled in school were classified as having a disability, compared to 12 percent of Tennessee students (DOE, 2001). Eighty-seven percent of Tennessee children receiving special education services were ages 6 through 17.

In the 2002-03 school year, the state spent \$520 million educating special education students. Nationally, in 1999-2000, approximately \$78.3 billion (including special education and regular funding) was spent to educate children, with an average per pupil cost of \$12,474.

The No Child Left Behind law requires all children be tested and academic standards be established for all children (Council for Exceptional Children, 2003). However, according to the U.S. Department of Education, accommodations must be made for

TCAP Scores for Tennessee Eighth Graders

	Reading Comprehension	Language Comprehension	Math	Science	Social Studies
8 th graders with disability	16	12	15	17	17
8 th graders without disability	60	66	62	58	56

Report Card, 2004

students as required under the Individuals with Disabilities Education Act (IDEA). Proposed regulations would allow states to set alternative academic standards for students with "significant cognitive disabilities and for those with limited English proficiency." As special education students are not excluded, Tennessee tests them using the Tennessee Comprehensive Achievement Program (TCAP).

The IDEA calls for students to be educated in the least restrictive environment feasible. Nationally in 1999-2000, 96 percent of students with disabilities were served in regular classrooms; however, 53 percent of these students were served outside the classroom for more than 21 percent of the school day (24th Annual Report, DOE, 2002). Tennessee requires special education coursework for certified general education teachers (Education Commission of the States, 2002). Inclusion of special education students has been controversial, and some regular classroom teachers have complained of the additional burden, but research has found:

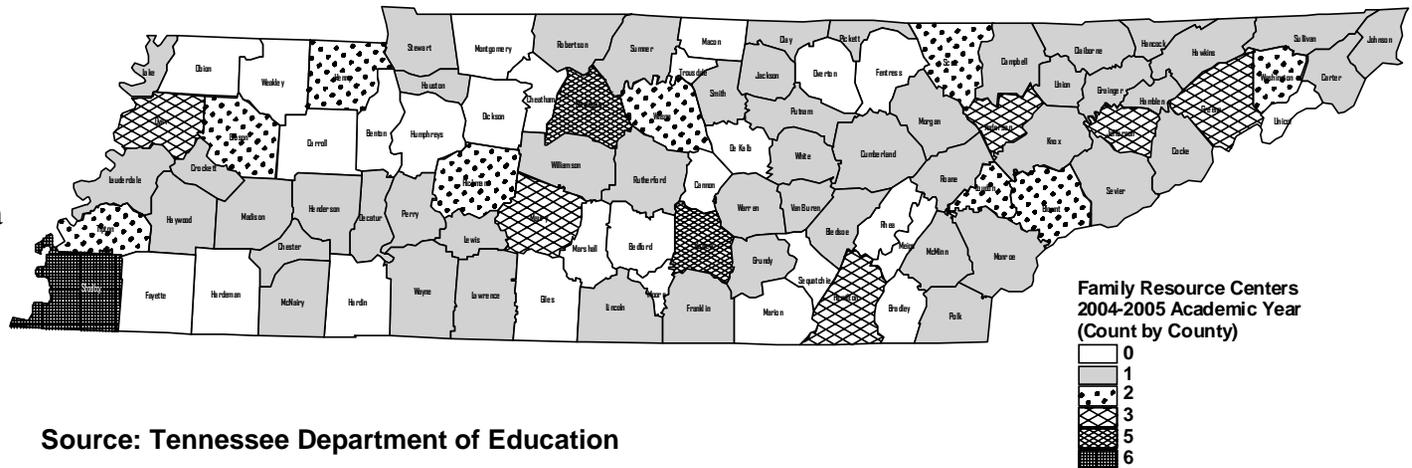
- ★ A reduced fear of human differences;
- ★ Growth in social cognition;
- ★ Improvement in self-concept of non-disabled students;
- ★ Reduced costs for school systems;
- ★ Increased employment rates (WEAC, 2001). 

Family Resource Centers in Tennessee

Family Resource Centers are community-based programs designed to meet the diverse needs unique to local communities.

Family Resource Centers 2004-2005 Academic Year

In 1993, the Tennessee General Assembly recognized the increasing number of children experiencing a combination of high risk environments as a result of poverty, families with substance abuse, domestic violence, and dysfunctional families. In order to establish a network of prevention and early intervention programs, the General Assembly passed legislation granting local education agencies (LEAs) the authority to establish Family Resource Centers.



Source: Tennessee Department of Education

Administered by the Department of Education, the family resource center (FRC) program was created to help local education agencies coordinate state and community services to better meet the needs of families with children. Schools cannot solve all the problems alone; however schools are in a prime position to be the catalyst in networking effective prevention and intervention programs. (School-Based Support Services, 2004)

Many of Tennessee’s children enter school unprepared to learn. Children entering school ill prepared are placed further at risk of educational failure and face worse life outcomes in comparison to children who have been adequately prepared to enter school. “A child living with poverty, hunger, homelessness, abuse, neglect, loss, mental illness, substance abuse, or family conflict is unlikely to succeed academically and socially in school. Schools are not equipped to address these issues” (Comptroller, 2004). However the

mission of FRCs is to assist and help families through information and training and to help families learn to resolve problems through the collaborative efforts of many disciplines within the community, including educational, medical, psychological, business and social services.

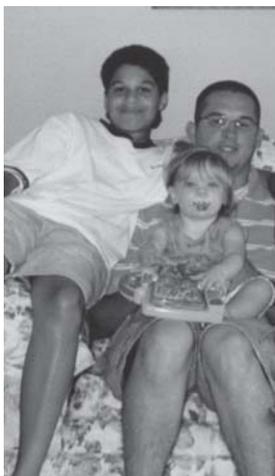
According to the Department of Education, family resource centers create close alliances with other state and federal programs in order to enhance all program areas. Many of the centers work in collaboration with Adult Basic Education, Even Start, Title I preschool programs, Safe and Drug Free Schools, Homeless Education programs, Head Start and Families First (welfare reform in Tennessee). Family resource centers along with the collaborating

federal and state programs all serve to build and strengthen the lives of Tennessee's community members who are most in need. There are 104 family resource centers serving school communities in 79 school systems in 65 of Tennessee's 95 counties.

Reports from the Department of Education indicate, "There's a need to have a least one FRC in every county of the state; however, funding issues have created barriers to implementing more resource centers across the state" (J. Bushing, personal communication, 2004). Without adequate funding, family resource centers are limited in their ability serve families most in need. Adequate funding for family resource centers will lead to better life outcomes for children and families most in need in Tennessee. 

Tennessee School Social Workers

The School Social Work Association of America reports only 75 school social workers are employed in Tennessee schools, covering 136 school districts and 1,677 schools with 973,626 students across the state (Tennessee Department of Education, 2004). School social workers must be certified and have a Master of Social Work Degree to work in a Tennessee school.



Continuing in the efforts to promote students' academic and social development, school social workers play an important part in linking home, school and community. The school social worker acts as an advocate for students and their families by linking them with the right resources in the community. They also work in cooperation with teachers and other school personnel to help students and families overcome barriers to a student's academic growth.

The State Board of Education Tennessee Licensure Standards require school social workers to complete a program in Social Work to learn specific skills designed to address social work practice in the school setting. Prospective school social workers work on developing cultural sensitivity toward race, ethnicity and emotional and economic differences in order to understand students' needs, and develop the ability to identify at-risk-students, those with disabilities, economic conditions, domestic disruptions and other environmental factors. They become a liaison between home and school, assisting parents in understanding their child's educational needs, interpreting assessments to parents and helping parents with parenting skills. School social workers function in areas of case management, accessing resources in the community for benefits of the student and family. Through the use of social histories they develop the ability to recognize and support children with special needs. Finally, they have an understanding of the laws on local, state and federal levels that affect students (Licensure Standards: School Social Worker 1993). 

School Dropout

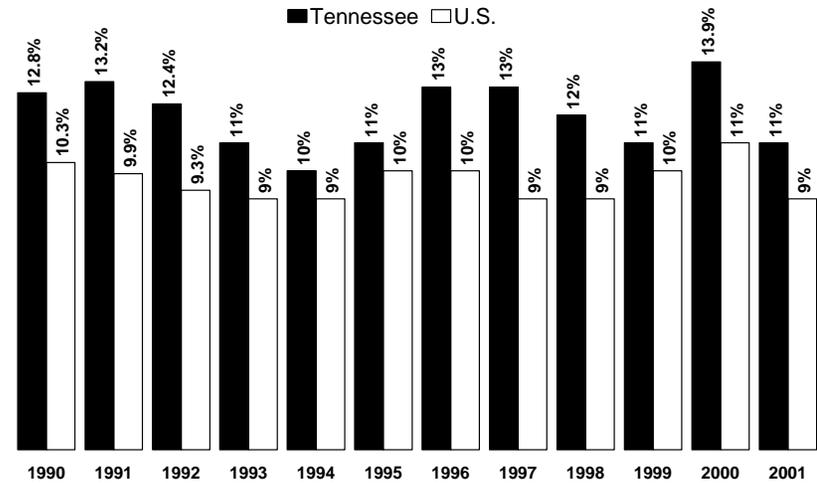
Higher educational attainment is a significant protective factor for most indicators of child well-being. Tennessee ranks 44th in the number of adults ages 25 or older with a bachelor's degree and in the number of adults with a high school diploma. This low level of attainment sets the state up to for other deficits in health and other indicators.

The No Child Left Behind Act included high school graduation rate as one of the measures school districts and high schools must meet. High schools must either achieve a 90 percent graduation rate or show they are on track to meet the 90 percent graduation rate by school year 2013-14. Certificates of attendance, General Education Development (GED) diplomas and special education diplomas do not count. Of the 48,341 Tennessee students who graduated in 2003, 91 percent earned regular diplomas, 6 percent earned special education diplomas and 3 percent earned certificates of attendance. Tennessee uses the National Center for Education Statistics methodology to determine graduation rates.

School failure and failure to complete an education are associated with justice concerns. Agency data for September 2004 indicate 68 percent of all inmates in the Tennessee Department of Correction system failed to complete either a high school diploma or a GED prior to placement within the prison system (M. Gasiiecki, personal communication, 2004).

School dropout is most clearly related to income. Based on 2002 data, adults 25 years and older with some college make, on average, nearly twice the annual median income of those with some high school, and those with a college degree make more than three times as much (National Center for Education Statistics, 2002, Digest of Education Statistics 2004).

Percent of Teens Aged 16-19 Who Are High School Dropouts
10-Year (Academic Years) Comparison Between Tennessee and U.S. Average



Source: The Annie E. Casey Foundation, 2003 Kids Count Data Book. The figures shown here for Tennessee represent three-year averages of the cohort rate. National figures represent data from the Current Population Survey (CPS).

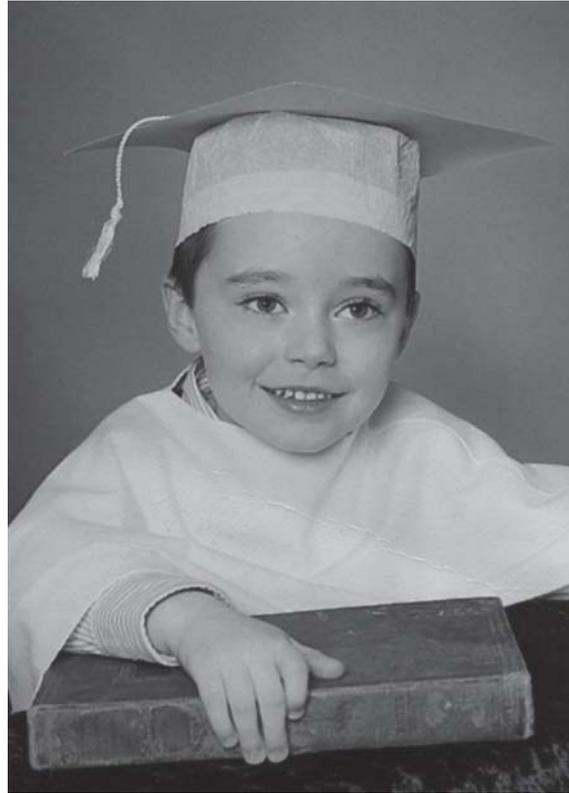
According to the U.S. Department of Education, poor academic performance is the strongest risk factor for dropping out of school. Truancy and grade retention are also related to school dropout. Student characteristics related to dropping out include teen pregnancy, speaking English as a second language and being from a lower socioeconomic background. Nationally, foreign-born students have a 28 percent dropout rate and represent nearly a third of all dropouts (Child Trends).

Higher education is generally associated with better public health outcomes. A study of people over age 65 found those with a high school diploma lived 2.4 to 3.9 years longer than those without,

more than twice the differences between those for people of different races (Guralnik et al, 1993). To a certain extent, this is related to better health habits. A study of adult women found those with parents of higher education were more likely to eat more fruits and vegetables, not to have a gun in the home and to have a regular physician (Frank, Elon & Hogue, 2003).

Low educational attainment within the state sets it up for future problems. School success and retention is positively associated with higher parental education. The state's family literacy efforts, which attempt to simultaneously improve both parental and child educational attainment, address this problem. One especially creative program pioneered in Tennessee was the One-Room-Drop-In School. The state operated six schools in public housing locations. In addition to scheduled adult education services, the programs offered tutoring, test preparation, parent counseling, access to computer labs and social services referrals. Programs identified and responded to local needs. Individual programs offered lending libraries, tax preparation and after-school tutoring. In 2000-01, the programs served 137 young children, 674 school-age children, and 815 adults. In 2002-03 the program served 1,648 people. However, in 2004, the legislature cut funding and reduced the number of programs by a third. (See section on the Even Start Program on page 22, also.)

The National Center for Education Statistics reported the number of high school graduates increased by 2.3 percent from 1993-94 to 1999-2000 and projected a slight increase by 2012.



Strategies to Reduce Dropout

Effective strategies for reducing school dropout include:

- ★ An emphasis on reading programs and individualized instruction or tutoring;
 - ★ Fixes in the No Child Left Behind Act for low performing schools;
 - ★ Community collaboration;
 - ★ Family involvement;
 - ★ Early childhood education;
 - ★ Teaching that addresses different learning styles;
 - ★ Violence prevention programs.
 - ★ Systemic renewal;
 - ★ Professional development;
 - ★ Alternative schooling;
 - ★ Instructional technologies;
 - ★ Service learning;
 - ★ Conflict resolution;
- ★ Out-of-school experiences;
 - ★ Reading and writing programs;
 - ★ Career education/workforce readiness.
- Life After High School.** Students who fail to complete high school within the expected time period are not irretrievably sentenced to educational failure. A 2000 study of students who were in the eighth grade in 1988 found a majority of the students who had ever dropped out of school completed either a high school diploma or a GED (General Educational Development) degree by 2000. Sixty-three percent earned a high school diploma or GED, and 43 percent enrolled in postsecondary education. An additional 5 percent were working on a diploma or GED. 

Coordinated School Health

The Tennessee Department of Education established the Office of School Health Programs following the Tennessee General Assembly's passage of Coordinated School Health Legislation in 2000 with the primary mission to promote child and adolescent school health programs to improve health outcomes for children. The Coordinated School Health Project (CSHP) was developed to support the connection between good health practices, academic achievement and lifelong wellness. The CSHP works in partnership with the Tennessee Department of Health in building cooperation and collaboration for implementation of school and community health programs at the state and local level.

Tennessee has a total of 130 school systems, 1,677 public schools and 911,735 students throughout the state, but only 10 counties are a part of the CSHP pilot. School nurses are a critical part of CSHP. In the pilot project the ratio of nurses is one to 985 students as compared to the state ratio of one nurse to 1,185 students. The recommended national ratio is one nurse for every 750 children, with the ratio for medically fragile children much lower.

There are only 500 nurses serving students in Tennessee schools, and most are local education agency employees. Some are contracted from Home Health agencies or hospitals; many times one nurse will have five or more schools she visits during a week. Improving the ratio of nurses to students is a critical piece in implementing the eight components of the Coordinated School Health Program:

★ Health education;

- ★ Physical education;
- ★ Health services;
- ★ Nutrition services;
- ★ Health promotion for staff;
- ★ Counseling and psychological services;
- ★ Healthy school environment;
- ★ Parent/community involvement.

Each component of CSHP reflects the broad scope of services offered to support opportunities for children, families, youth, school staff and the larger communities. Tennessee needs to support the health and well-being of all students in the state, not just 10 pilot counties.

Schools by themselves cannot, and should not be expected to, address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves also must be systematically involved.

However, schools can provide a critical facility in which many agencies might work together to maintain the well-being of young people. (CDC, 2004)



For more information on Tennessee's Coordinated School Health Program go to, <http://www.state.tn.us/education/ci/cischhealth/cihlthmainpage2.htm>. 

School Safety/Truancy

School safety is woven into other educational issues. Children need a secure and stable environment in which to learn.

One percent of all Tennessee school children were served in alternative schools, according to the state's annual statistical report. Nationally, 7 percent of the serious disciplinary actions were referrals to specialized (alternative) schools. Other disciplinary actions included suspensions of five or fewer days (83 percent) and removals with no services (expulsions).

Nationally, responses to the potential for violence include classroom management training, training on early warning signs to identify potentially violent students and crime prevention training. Other responses involve parents in the schools.

The most frequent response to school safety concerns is to monitor and control access to school buildings: 97 percent of schools require visitors to sign in and out.

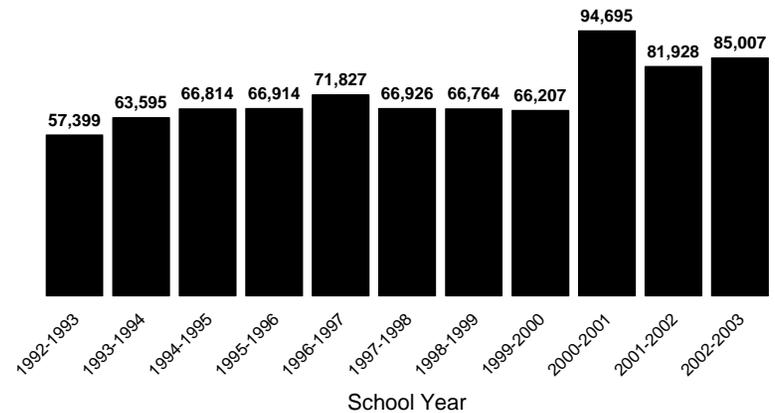
School personnel identified factors that hampered their efforts:

- ★ Inadequate alternative programs for disruptive students;
- ★ Inadequate funds;
- ★ IDEA policies on disciplining disabled students;
- ★ Inadequate classroom management training;
- ★ Lack of parental support for school practices.

Youth Risk Behavior Survey. In 2003, 5.9 percent of Tennessee students said they stayed away from school at least one day in the previous month because of fears for their safety. This was up from 3.9 four years earlier. However, the increased level of reported fear was not supported by the reports of actual violence. The percentage

Number of Suspensions in Tennessee Schools Over Time

1992-1993 to 2002-2003



Source: Tennessee Department of Education.

of students reporting being threatened with a weapon dropped from 8.6 percent in 1999 to 8.4 in 2003, and the number of students reporting being in a fight on school property dropped from 13.3 percent in 1999 to 12.2 in 2003.

Nationally, in school year 1999-2000, 71 percent of schools (59,000 public schools) experienced at least one violent incident, but only 20 percent experienced serious violent incidents. Although 36 percent of schools reported violent incidents to the police, only 15 percent reported serious violent incidents.

School problems serve as a direct gateway into the juvenile justice system. Nearly two thirds of public schools experienced physical

attacks in which no weapon was used. Other frequent incidents included threats of physical attacks and vandalism (more than half of schools each) and theft (46 percent). Student bullying was the most frequently reported discipline problem in school (Crime and Safety in America's Public Schools, 2004).

Truancy, signaling student disaffection with school and learning, is a warning sign of school dropout and juvenile crime problems. It is also associated with poor academic performance and drug use. A report by the Tennessee Comptroller's Office of Educational Accountability (2004) estimated 50,000 of the state's approximately 900,000 students are absent each day. The schools, community and students all lose when the student is not in the classroom.

The state suspended the drivers' licenses of 6,488 students in 2002 because of their school attendance records, and 7,672 cases of truancy were brought before the juvenile courts. According to the Comptroller's report, 20 percent of referrals to juvenile court in some counties were for truancy. Truancy was the most common status offense referred to Tennessee juvenile courts in 2002, making up 32 percent of all unruly charges. In a sort of "briar patch" discipline, 29,806 students were suspended from school because of their failure to attend classes. A total of 215 students were expelled for truancy in 2002.

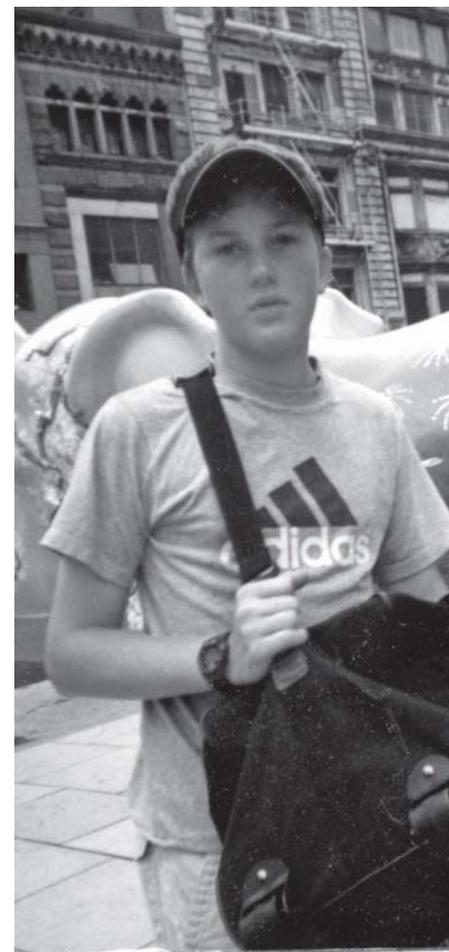
In addition to sanctioning young drivers in its effort to address truancy, the state:

- ★ Refers habitually truant children to the Department of Children's Services' Family Crisis Intervention Program to address problems that may be causing the truancy;
- ★ Requires that Families First participants maintain regular school attendance for their children in order to continue to receive full benefits;
- ★ Uses the powers of the juvenile court system to sanction truants and their families.

However, most efforts to address truancy occur on the local level. Memphis City and Shelby County schools began a collaborative program to address truancy in 2000. The program, which involves police efforts, a special truancy prosecutor and services to identify and treat the source of the problem, reduced recidivism dramatically. In 1999-2000, 24 percent of truants were repeat offenders, a rate that dropped to 3 percent by 2001-02.

Causes of truancy include:

- ★ Friends who are truants;
- ★ Poor relationships with teachers;
- ★ Lack of engagement with material;
- ★ Fear of bullying or teasing;
- ★ Need to work to support family or in family business;
- ★ Poverty and inability to purchase materials for school;
- ★ Low self-esteem;
- ★ Alcohol or drug abuse;
- ★ Language barriers;
- ★ Lack of social skills;
- ★ Failure of parents to value and support education;
- ★ Frequent family moves;
- ★ Lack of parental discipline;
- ★ Need to care for younger siblings. 🌐



Alternative Schools

Alternative schools in Tennessee are not an alternative to education, but a specialized way of educating students who are not succeeding in traditional schools. Tennessee alternative school programs serve students who:

- ★ Have violated zero-tolerance school policies;
- ★ Have continually violated school rules;
- ★ Had suspensions for 10 or more days;
- ★ Have had assessments that reflect an inability to make good decisions;
- ★ Have poor self esteem;
- ★ Have an inability to manage themselves;
- ★ Have life and social skills management problems.

Tennessee Code Annotated (TCA) 49-6-3402 allows local boards of education to establish alternative schools for grades 1-12. The code states that for students in grades 7-12 at least one alternative school should be made available. Tennessee has a total of 160 alternative programs governed by standards and principles established by the state. Education in these schools should parallel that of the student's original school. All a student's work and any credits earned while in alternative school are to be transferred back to the student's original school. Enrollment in alternative school is temporary. No student can graduate by only attending alternative school, and students who have been properly assessed and found eligible for special education services will be placed under special education laws (TCA 49-10-601).

Teachers in alternative schools are subject to the same licensure requirements as regular schools, and there is an emphasis on the inclusion of support services and counseling to promote the student returning to regular school.

An April 2005 report by the Comptroller of the Treasury found that the quality of alternative school programs varied significantly across the state. Disparities were evident in funding, staff, curriculum and support services.

Several factors promoting disparities are:

- ★ State mandates, which provide little enforceable guidance for quality program components;
- ★ Local education agencies, which determine the resource allocation and priority of the alternative program within the school system;
- ★ Alternative schools lacking systems of accountability to ensure program quality;
- ★ Inadequate funding (identified by half of alternative school directors as a concern);
- ★ Lack of needed counseling, psychological and support services in many alternative school programs.

Additional findings:

- ★ Less than 50 percent of alternative school directors indicated academic skills are "always" assessed upon entry to the program;
- ★ Only 75 percent of alternative schools have enough teachers to meet the 12-to-1 student-teacher ratio standards set by the State Board of Education;
- ★ Individual teachers are frequently responsible for the instruction of multiple grade levels and many subjects;
- ★ Many alternative school teachers are not qualified to teach all the children and all the subjects assigned to them;
- ★ Alternative school teachers need better training on how to work with at-risk students.

Although most alternative school programs attempt to model the core curriculum of the regular school system, the inability to provide comparable instruction for more advanced coursework stems mostly from shortages of teachers, space, money and technology.

Problem areas are:

- ★ Honors and advanced placement;
- ★ The provision of science labs;
- ★ Foreign languages;
- ★ Vocational and elective course work.

Due to the minimum mandate to serve suspended and expelled students, the criteria for sending students to alternative schools varies by school system, and school systems can send students to alternative school for reasons other than suspension and expulsion. Although policies and procedures to maintain due process rights are well articulated prior to students' going to alternative schools, complaint processes or grievance procedures for students within the state's alternative schools are less clear.

Behavior management standards are not uniformly followed statewide. The lack of clear expectations and open communication among staff, students and parents hinders the quality of behavior management in many programs. The relative isolation of alternative school programs makes this a significant issue.

The transition process for students leaving alternative school is underdeveloped, or is not followed in most programs, and does not include long-term follow-up. Many alternative school directors indicated the need to aid students' transition and follow-up, including:

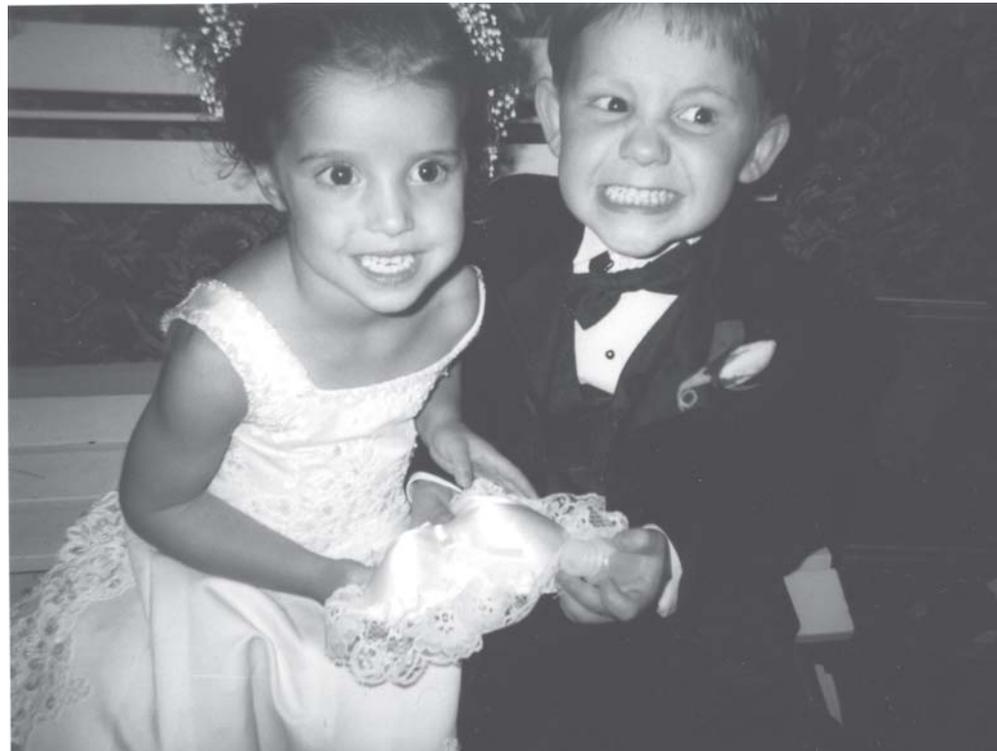
- ★ A transition staff coordinator;
- ★ Better data collection of student outcomes;



- ★ On-going communication with regular schools;
- ★ Partnerships and collaboration with more community agencies.

Neither the department of education or school systems systematically measure performance outcomes like dropout, graduation or attendance of alternative school students. Although reduction of poor educational outcomes is a frequently cited goal, methods to systematically measure performance outcomes are not common. Without these measures, accountability for performance relies heavily upon inconsistent, anecdotal evidence, and predictions of students' performance are mixed, and the effectiveness of the alternative school programs left unclear (Comptroller of Treasury, 2005). 

★ The State of
Child Well-Being
in Tennessee ★



Families First

The Families First Act of 1996 was signed May 13, 1996, and received approval July 25, 1996, as a waiver under section 1115 of the Social Security Act authorizing the State of Tennessee to implement its own plan for a Temporary Assistance for Needy Families (TANF) Program, known as the Families First Program. The effective implementation date was September 1, 1996, and the waiver was approved for 11 years.

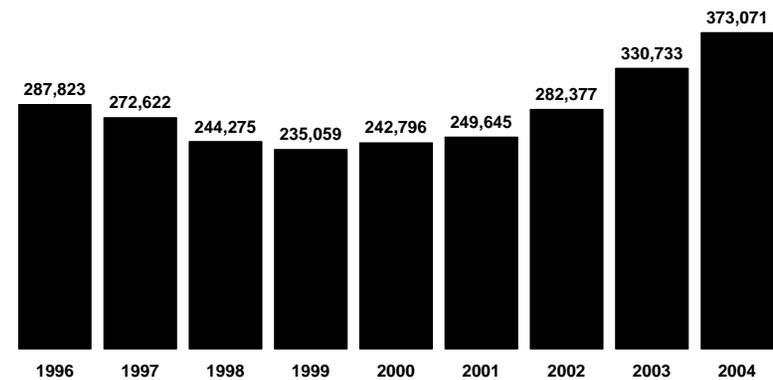
The stated program goals for Families First are to:

- ★ Strengthen families by establishing firm, but fair, expectations of parents for work, responsible parenting and supporting their children;
- ★ Permit adults to marry and retain benefits while receiving Families First;
- ★ Build a better workforce by requiring work, offering education and training opportunities and providing case management for families;
- ★ Reduce poverty through work requirements, carefully planned benefit packages and transitional services (TDHS, TANF 2004).

Additional goals supporting TANF include:

- ★ Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- ★ Ending the dependence of needy parents on government benefits by promoting job preparation, work and marriage;
- ★ Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies (TDHS, TANF 2004).

Number of Children in Tennessee Who Received Food Stamps Monthly Average, FY 1996-2004



Source: Tennessee Department of Human Services.

The Tennessee Department of Human Services is responsible for administering and supervising Families First, determining initial eligibility, conducting semi-annual reviews and providing maintenance and case management functions for recipients. The program provides financial assistance and TennCare (Medicaid) for all eligible families. Eligible recipients include families with a pregnant woman or a dependent child where the income and resources do not exceed the Families First limits.

Caretakers in a needy family are required to complete a Personal Responsibility Plan (PRP) that includes a commitment to cooperate with all child support requirements, ensures children have

immunization and health checks and ensure children and teen parents stay in school. All caretakers, unless they have a work exemption, are required to have a work plan that requires a full-time commitment to work and/or preparing for work. The PRP is a vital part of the Families First commitment to core values of work and self-sufficiency.

Tennessee's goals for work and self-sufficiency through Families First are as follows:

- ★ Welfare Families will have goal-oriented, time-limited, individual work plans that carry them through logical and productive steps to self-sufficiency.
- ★ Sanctions will be imposed when a family fails, without good cause, to comply with the work plan.
- ★ Families will be given the opportunity to complete high school or to earn a GED and advance their skills.
- ★ Cash benefits will be limited to 18 months of eligibility (or up to 24 months in counties with unemployment rates twice the unadjusted state average), with a 60-month lifetime limit.
- ★ Participants who go to work and lose cash benefits will continue to receive transitional benefits, including child-care assistance and TennCare coverage. Families may also qualify for Food Stamps and receive an income disregard and stabilized rent during their move out of welfare (TDHS, TANF 2004).

Every able-bodied parent and caretaker will have a specified number of work hours per week upon signing the Personal Responsibility Plan (PRP) and will be offered necessary support services, including child care and transportation. If an activity or support service is unavailable and cannot be arranged, the time limit is extended for a period of unavailability.

Since it began in 1996 the Families First Program has served over 250,000 families. As of September 2004 Families First was serving 73,831 assistance groups with 57,013 adults and 139,189 children;

18,251 cases are child only. The average monthly benefit for participating families is \$168.90, and the average monthly wage of employed participants is \$660.39. Current case closures average 4,000 cases each month. In September 2004 case closures were 4,408; 185 were closed due to the 18-month time limit. Since inception, 9,912 cases have been closed for time limits. After an absence from the program of more than two months, at some point during the next 55 months, 32.8 percent of cases that close re-enter the program.

A comprehensive review of Families First recipients as of October 2003 was released in a report dated July 2004 entitled *Families First: 2003 Case Characteristics Study*, the fifth in a series of reports from 1993, 1995, 1997 and 2000. Selected information from this study reveals urban and rural differences and demographics on recipients:

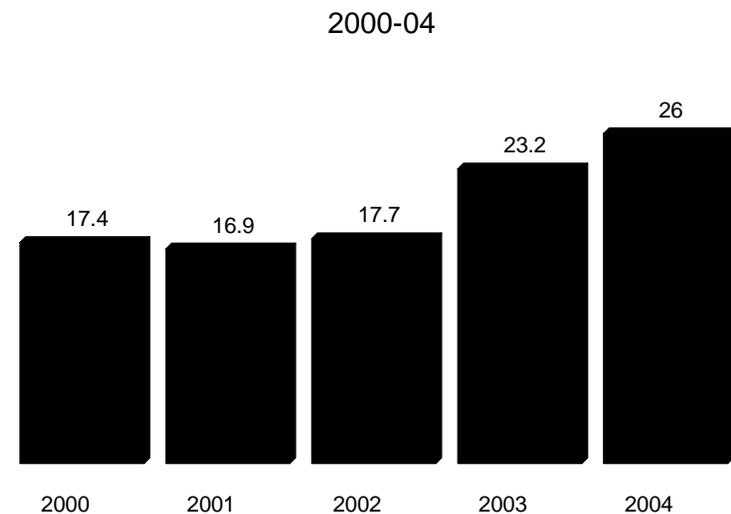
- ★ Caseloads have expanded 37.1 percent since October 2000 (51,347) to 70,391.
- ★ 60.7 percent of recipients resided in urban areas, with over half living in Shelby County.
- ★ 69.9 percent of recipients lived in rental property, with 39.2 percent paying full market rent and 30.7 percent living in subsidized housing.
- ★ 16 percent reported they own or are buying their home, and 14.0 percent live in rent-free housing.
- ★ 41.9 percent resided in a household with a car (one third of urban families versus a little more than half for rural families).
- ★ 95.7 percent of caretakers were female.
- ★ 58.3 percent of all caretakers were African-American; three fourths of rural caretakers were White.
- ★ 56.7 percent of all caretakers have never been married, but only 6.8 percent of urban caretakers have been married.
- ★ 68 percent of caretakers did not have a checking or savings account.
- ★ 18.1 percent of families had used a check-cashing service within last year.

- ★ 96.5 percent received assistance due to the absence of a parent.
- ★ 59.7 percent of Eligible Adults (EA) had a high school diploma or GED.
- ★ 23.1 percent of EAs have participated in Families First Job Search program.
- ★ 19 percent of EAs had attended Adult Education classes.
- ★ 17.2 percent of EAs had participated in Families First job training programs.
- ★ 95.6 percent of families with children younger than 13 years of age living with an adult with a work requirement needed child care while the adult works or attends school and/or training programs.
- ★ 51 percent of families needing child care had their entire fees paid by DHS.
- ★ \$219 was the average monthly amount of payment for child care by families, when the family had to pay the fees.
- ★ Nearly nine in ten households had incomes less than half the poverty level.
- ★ More than two out of three families earned no income.
- ★ 82.5 percent of families received food stamps with an average allotment of \$324 per month.
- ★ 74.2 percent had received transportation assistance; 12 percent had car repair assistance; 7 percent had help in preparing for a job exam; and 1.6 percent have had help in getting a license.

Although these select statistics provide some insight into the lives of those receiving cash assistance through Families First, they do not highlight the challenges affecting Tennessee's poor, especially their children.

In Tennessee in 2003, 247,397 children, 18 percent of all children, lived in poverty, ranking Tennessee 35th in the nation. Those in poverty and their children often face challenges to self-sufficiency

Rate Per 100 Children on Food Stamps



Source: Tennessee Department of Human Services

due to lack of education, low-wage jobs, unemployment and difficulty accessing benefits and services for which they are eligible. Programs such as Families First and TennCare have improved the lives of many Tennessee families, but apparent gaps still remain.

The unmet needs for Families First recipients are seen in the gaps in services that affect the lives of those populations who are more likely to suffer the effects of poverty, predominantly the children. There are few or no programs to reduce certain long-term public costs associated with poverty and low educational attainment.

Longitudinal studies have shown quality early childhood programs that include family support services are linked to cost-saving relationships between preschool participants and various quality of life factors such as lower levels of juvenile delinquency and adult criminal behavior. Funding pre-kindergarten programs to improve the lives of its citizens and lower its poverty rate would begin to address some of poverty's long-term cost to Tennessee. 🌐

Food Stamps/WIC

Food is among the most basic needs. When nutrition needs go unmet, other needs are even less likely to be achieved. As communities and families, we must protect our children as they grow and develop.

Based on a three-year average for 2000-02, the most recent information available, 11 percent of Tennessee households were food insecure with 3 percent so food insecure that at least one family member went without food at some point during the year.

Nationally, 3.8 million households had at least one family member go hungry at some time during the year. Children went hungry in 265,000 households, 0.7 percent of all households with children.

In 2002, 871,000 Tennesseans were eligible for food stamps; an estimated 66 percent of those participated in the program. In 2004, Tennessee ranked seventh in the nation, receiving a special \$3 million award for having one of the best participant access rates in the Food Stamp Program (USDA). Despite high participation rates, approximately 300,000 Tennesseans still did not receive the nutrition and health benefits through access to adequate food. Based on the average food stamp benefit of \$83.88 per person, Tennessee lost out on over \$25 million per month in federal dollars (FRAC, State of the States 2005). A U.S. Department of Agriculture (USDA) study has shown that every food stamp dollar spent generates \$1.84 in local economic activity, meaning an even greater loss to the state's economy.

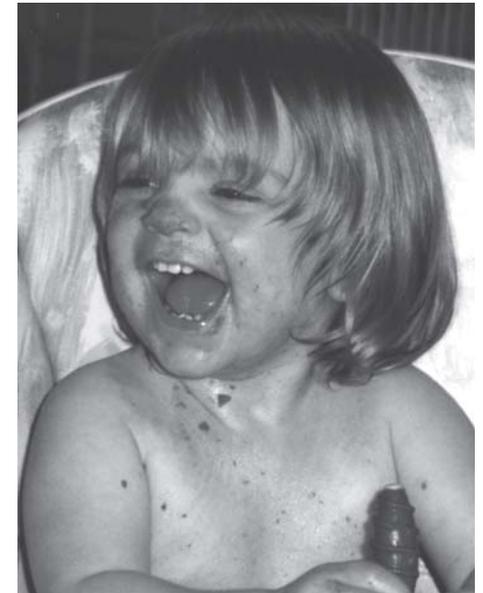
Nationally, the USDA reported only half the people eligible for food stamps received them. A study of eligible nonparticipants found that half of the people knew about the program but did not realize they

were eligible (ERS/USDA. Food Stamp Program Access Study, 2004).

The USDA has said that adequate nutrition can be obtained for a school-age child at a cost of \$27.50 per week but that the average family pays \$37.50 per person.

Another successful food assistance program is the Supplemental Nutrition Program for Women, Infants and Children (WIC). The WIC program provides nutrition assistance and nutrition information referrals to nutritionally at-risk pregnant and postpartum women and children under age five whose household income is below 185 percent of poverty. WIC operates through clinics and local health departments, delivering services to individuals in their communities. Research has shown that WIC lowers infant mortality, especially neonatal mortality, improves children's diets, helps prevent obesity, improves growth and better prepares children for school. WIC also saves money by preventing future costly health problems (FRAC, WIC in the States, 2005).

In 2004, on average, 155,394 Tennesseans participated in the WIC program each month (FRAC, State of the States, 2005). Federal funding for WIC in Tennessee was \$98 million. 



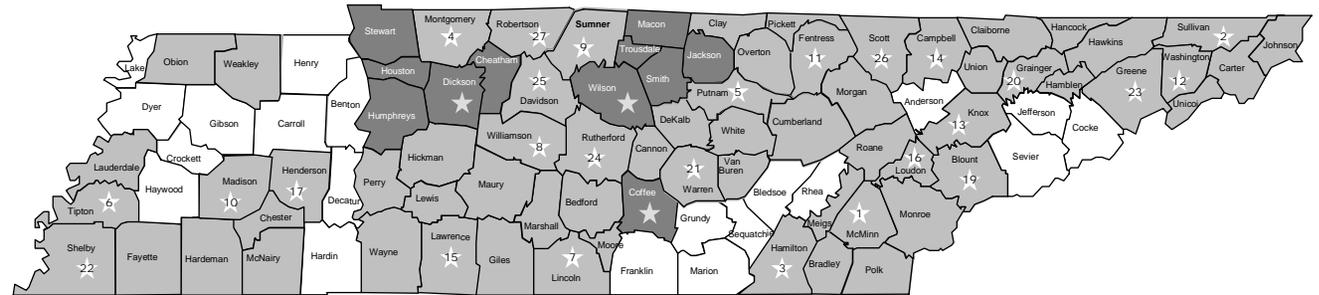
Child Advocacy Centers

In 1985, the Tennessee General Assembly enacted legislation providing for Child Protective Investigative Teams (CPIT), with a goal of having at least one Children's Advocacy Center (CAC) in each of Tennessee's 31 judicial districts. By 1999 there were 10 CACs across the state. Today, there are 25 CACs that are members of the Tennessee Chapter of Children's Advocacy Centers, and an additional three CAC Task Forces are in various stages of development. CACs are located in both rural and urban communities across the state, providing services to 73 counties. CACs work collaboratively with over 149 law enforcement agencies and 23 of the 31 Judicial Districts. In 2003, Tennessee Chapter member programs served more than 6,500 children in Tennessee.

The Tennessee Chapter of Children's Advocacy Centers (TNCAC) is a chapter member of the National Children's Alliance. TNCAC's mission is to promote, assist and support development, growth and continuation of child advocacy centers in their service to abused and neglected children and their families. In addition, the Tennessee Chapter provides technical assistance, training and other resources to

all communities seeking to plan, establish, expand or sustain a Children's Advocacy Center. The National Children's Alliance requires CACs to follow 10 program components in order to establish and maintain membership:

Child Advocacy Center Locations and Counties Served



- Currently Developing Programs
- ★ Dickson, 23rd Judicial District
 - ★ Lebanon, 15th Judicial District
 - ★ Tullahoma, 14th Judicial District

1	Athens	10th Judicial District Children's Advocacy Center
2	Blountville	Children's Advocacy Center of Sullivan County
3	Chattanooga	Children's Advocacy Center of Hamilton County
4	Clarksville	Montgomery County Child Advocacy Center
5	Cookeville	Upper Cumberland Child Advocacy Center
6	Covington	Tipton County Child Advocacy Center
7	Fayetteville	Junior's House, Inc.
8	Franklin	Williamson County Child Advocacy Center
9	Gallatin	Sumner County Child Advocacy Center
10	Jackson	Madison County Child Advocacy Center
11	Jamestown	Children's Center of the Cumberlands Satellite Office
12	Johnson City	Children's Advocacy Center of the 1st Judicial District
13	Knoxville	Childhelp USA Children's Center of East Tennessee
14	LaFollette	REACHS Children's Center of the Cumberlands
15	Lawrencburg	Kid's Place/A Child Advocacy Center
16	Lenoir City	Child Advocacy Center of the 9th Judicial District
17	Lexington	Henderson County Child Advocacy Center
18	Martin	Child Advocacy Center of the 27th Judicial District
19	Maryville	Blount County Children's Advocacy Center
20	Maynardville	Childhelp USA Children's Center of East Tennessee Satellite Office
21	McMinnville	Children's Advocacy Center for the 31st Judicial District
22	Memphis	Memphis Child Advocacy Center
23	Mosheim	Child Advocacy Center of the 3rd Judicial District
24	Murfreesboro	Child Advocacy Center of Rutherford County
25	Nashville	Nashville Child Advocacy Center
26	Oneida	Children's Center of the Cumberlands
27	Springfield	Robertson County Child Advocacy Center

- Counties Served
- Counties Developing Services
- Counties Not Served

1. Child-Appropriate/Child-Friendly Facility;
2. Multidisciplinary Team (MDT):
 - ★ law enforcement;
 - ★ child protective services;
 - ★ prosecution;
 - ★ mental health;
 - ★ medical;
 - ★ victim advocacy;
 - ★ children’s advocacy center.
3. Organizational Capacity;
4. Cultural Competency and Diversity;
5. Forensic Interviews;
6. Medical Evaluation;
7. Therapeutic Intervention;
8. Victim Support/Advocacy;
9. Case Review;
10. Case Tracking.

“Child Advocacy Center staffs are often the best trained and most experienced in their communities regarding alleged child victimization, and they can influence the competence of the community through consultation, case review meetings, professional training and community education.”

T.P. Cross, W. Walsh and L.M. Jones
the Crimes Against Children Research Center, 2003.

“Tennessee is becoming a leader in establishing Child Advocacy Centers, providing proper management, treatment, and counseling to our young victims of abuse. Join me in my support of Child Advocacy Centers and protect our children from suffering and abuse.”

Andrea Conte
First Lady of Tennessee

- ★ That offers an environment in which child victims feel more comfortable describing events in the presence of all agencies involved;
- ★ Where law enforcement personnel, district attorneys and CPS case managers investigate alleged incidents of child sexual abuse and severe abuse;
- ★ Where physically, sexually and emotionally abused children may receive counseling and psychological services to help them overcome the trauma of abusive events.

Child Advocacy Centers seek to combine the experience and expertise of Child Protective Investigative Teams (CPITs) in Tennessee, the Department of Children’s Services Child Protective Services (CPS), law enforcement, prosecutors and medical and mental health professionals to address the needs of children. The process of sharing physical space, time and information allows the entire team to maintain focus on the child victim. Because cooperating professionals observe the victim together, and hold joint staffings, the number of required interviews is reduced, making the process much less frightening to the child victim. By eliminating duplication of effort and needless delays and by assuring cooperative follow-up, local centers improve effectiveness of all agencies, some of which formerly may have worked in isolation.

CACs offer children and their families a friendly place:

- ★ Where families may receive the support needed when they learn that a child in the family may have been abused;
- ★ Where trained professionals and volunteers can work together to improve the safety and well being of children through intervention and prevention in their communities.

Research has shown children are more likely to provide accurate and truthful information to investigators, clinicians and other professionals when services are age-appropriate and provided in a supportive and nurturing environment. Attention to the needs and abilities of children is the hallmark of a Children’s Advocacy Center program and is the fundamental standard required for membership in the Tennessee Chapter of Child Advocacy Centers. For children who have been abused, knowing there are sensitive and responsive adults who will help can make all the difference in the world.

One of the main barriers in developing a CAC is resistance from the local district attorney, with the chief complaint being a lack of funds or personnel to support a CPIT. Also, local law enforcement must be willing to collaborate with DCS and community leaders for a CAC to be effective. There are still six judicial districts without CAC services, and without community support they may never develop a

program. First Lady of Tennessee Andrea Conte, a longtime advocate for victims' rights issues, carried out "Andrea Walks for Tennessee's Children," which offered a unique opportunity to raise awareness about the problem of child sexual abuse, raise greatly needed funds to support the 25 CACs across the state and raise community support for developing CACs in underserved judicial districts. 

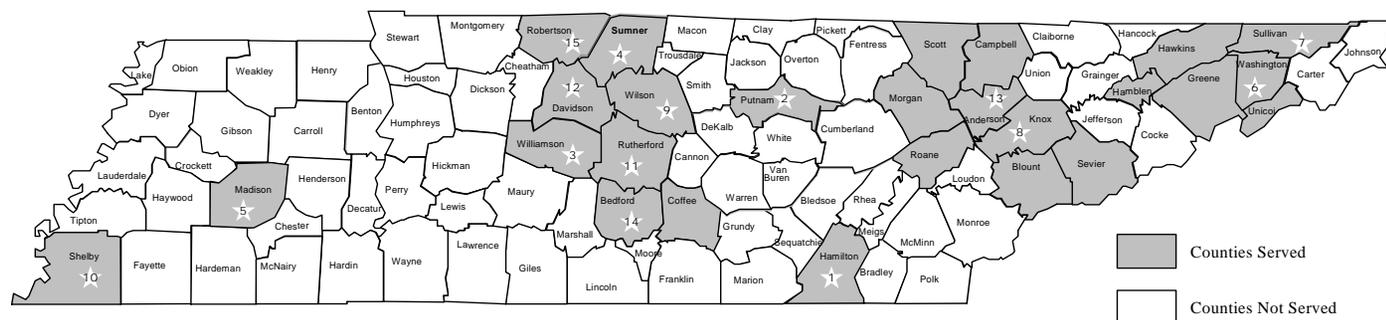
Court Appointed Special Advocates

Tennessee opened its first Court Appointed Special Advocates (CASA) program to train volunteers in 1984. Since then, CASA agencies across the state have grown to serve more than 3,500 children a year, but there are still programs serving only 26 of the 95 counties in the state. These agencies recruit, screen and train volunteers who are appointed by juvenile court judges to advocate for abused and neglected children in juvenile court.

These volunteers:

- ★ Get to know the child;
- ★ Research the facts surrounding why the child is brought before juvenile court;
- ★ Recommend to the court what is in the best interest of the child;
- ★ Facilitate communication among helping agencies;
- ★ Monitor the child to make sure that she or he does not get lost in a bureaucratic system.

Court Appointed Special Advocates Locations and Counties Served



Office Location	Counties Served
1 Chattanooga	Hamilton County
2 Cookeville	Putnam County
3 Franklin	Williamson County
4 Gallatin	Sumner County
5 Jackson	Madison County
6 Johnson City	Greene, Washington, and Unicoi Counties
7 Kingsport	Hawkins and Sullivan Counties
8 Knoxville	Blount, Hamblen, Knox, and Sevier Counties
9 Lebanon	Wilson County
10 Memphis	Shelby County
11 Murfreesboro	Rutherford County
12 Nashville	Davidson County
13 Oak Ridge	Anderson, Campbell, Morgan, Roane, and Scott Counties
14 Shelbyville	Bedford and Coffee Counties
15 Springfield	Robertson County

CASA serves children referred by juvenile court who have been battered, molested or neglected. CASA advocates are trained volunteers appointed by the court to ensure the children have someone looking out for their best interest until a safe, permanent home is found. No other agency or individuals advocate for or follow the child in this manner. The value of CASA volunteers is that they know the child and if it is in a child's best interest to stay with his/her parents or guardians, be placed in foster care, be placed with other relatives or be freed for permanent adoption.

Between July 1, 2003, and June 30, 2004, 936 Tennessee CASA volunteers served 3,546 children in 25 counties. Volunteers gave an estimated 74,104 hours helping Tennessee's children. If valued at a modest \$17.19 per volunteer hour, a rate established by the *Independent Sector*, CASA volunteers gave \$1,273,847 of advocacy to Tennessee's most vulnerable children.

Although most CASA agencies have few paid staff, the number of paid personnel depends on the size of the volunteer force. National and state CASA standards require one staff supervisor for every 30 volunteers. Standards also dictate that CASA volunteers pass a criminal background check and receive a minimum of 30 hours of special training before serving as child advocates.

For Tennessee to meet the needs of its abused and neglected children, all abused children need to be identified and brought before a Tennessee juvenile court. According to the current executive director of the Tennessee Court Appointed Special Advocate Association (TCASAA), three challenges stand in the way of Tennessee meeting the needs of abused children.

- ★ The greatest challenge to implementing and continuing a CASA program is funding. Most CASA programs begin in one county and then spread to neighboring counties if the agency's Board of Directors chooses to do so. This pattern is common for programs serving large rural areas. To remain

"Unless a court wants CASA, there will be no CASA in that court"

*Charlotte Thomason,
Executive Director,
TCASAA*

viable these agencies need stable funding at a minimum of \$15,000 per county in order to have the manpower to recruit, train and supervise volunteers. Today three CASA agencies in northeastern Tennessee (CASA of the Tennessee Heartland, CASA of Sullivan County and CASA of Northeastern Tennessee) are serving multiple counties (10) while receiving only \$15,000 each in state dollars; four other agencies receive no state funding. Programs serving Rutherford, Robertson, Putnam, Coffee and Bedford counties must raise all of their operating budgets, putting these programs at risk. Most funds are raised from grants, special events, donations from individuals and businesses, state and federal agencies and private organizations. The Tennessee Commission on Children and Youth administers state funding for CASA programs and has requested additional funding for them each year for many years, but this funding has not been included in the appropriations bills.

- ★ CASA programs serve at the pleasure of the court. Without the support of the local court, neither the National CASA Association nor the TCASAA will recommend the start-up of a CASA program. For both organizations it is a matter of policy. The court, within the boundaries of judicial ethics, can help a new CASA program by working with TCASAA in identifying community leadership and resources. Most judges want to know that the CASA program operating in their court will provide adequate leadership and supervision to the volunteer advocates.

★ Every CASA program springs from community support, and the dedication of one special person who is willing to spearhead an effort to get CASA started. If CASA programs had funding to pay such an individual, program start-up would go much more

quickly. Few dedicated people are able to work full-time for nothing. Abused and neglected children are a community problem, and leadership for a new CASA program needs to come from the local community. 

Juvenile Justice

A 2003 study reported 53 percent of all youth in juvenile justice facilities throughout the United States experienced mental health problems. The report found 15 percent of youth were prescribed some type of psychiatric medication; 42 percent were known to have substance abuse problems; and 30 percent had co-occurring mental health and substance abuse problems.

Only 7 percent of youth referred to juvenile courts receive referrals to mental health and/or substance abuse treatment. This is alarming, considering staff at juvenile justice secure detention facilities generally do not have the training needed to work with youth with mental health or substance abuse treatment needs or developmental disabilities.

Tennessee's juvenile justice system faces many problems, including a need for adequate training for juvenile court judges, referees and court staff; sufficient prosecutors in juvenile court, resources for public defenders to hire an adequate number of staff to provide legal representation for juvenile defendants; and adequate training for juvenile justice facilities and their staff to work with youth dealing with mental health, substance abuse and developmental disability issues.

Tennessee's population of children between the ages of 0-18 is 1,427,042. The Department of Children's Services (DCS) reported 14,436 children in state custody at one time or another from July 1, 2002, through June 30, 2003, with 9,918 remaining in state's custody as of June 2003. Of the 7,229 youth who entered state's custody in FY 2003-04, one-third were adjudicated delinquent in juvenile court.

Tennessee Disproportionate Minority Contact (DMC)

Percent of Total Youth in Juvenile Justice System For Each Category, 2003

	Total Youth	White	African-American	Other
Population ages 10-17	645,809	76.9%	21.6%	1.5%
Referral to Juvenile Court	78,379	62.2%	30.9%	6.9%
Cases Diverted	16,501	78.4%	18%	3.6%
Cases Involving Secure Detention	15,141	36%	61.6%	2.4%
Cases Petitioned (Charge Filed)	71,310	62.2%	31%	6.8%
Cases Resulting in Delinquent Findings	34,466	56.7%	40.4%	2.9%
Cases Resulting in Probation Placement	13,121	75.3%	21.6%	3.1%
Cases Resulting in Secure Confinement in Juvenile Detention Facilities	4,780	63.3%	31.7%	5%
Cases Transferred to Adult Court	201	34.3%	62.7%	3%

Source: Tennessee Council on Juvenile and Family Court Judges. Note: Data were not available for other minority populations.

Many of those children will not receive the level of services to succeed in life before leaving custody.

There are 31 District Public Defenders Offices throughout the state of Tennessee that employ approximately 290 attorneys. Of these, only 76 attorneys provide legal representation to juveniles. There are several judicial districts where the District Public Defender Offices do not handle juvenile cases. Several public defenders reported that they did not have the staff to cover all the courts. Juvenile courts are funded by the individual counties, and public defenders are required

to serve state courts first. In these districts, juvenile court judges assign local attorneys to represent juveniles who cannot afford legal counsel. Cases are randomly assigned to attorneys who may neither have the time nor expertise to provide adequate legal services for juvenile defendants. Caseload studies have shown a statewide need for 56 additional public defenders to handle the workload. No additional positions have been funded, and some open positions have been left unfilled because of budget cuts.

Additional problems plague the juvenile justice system in Tennessee with the disproportionate number of minority youth who wind up in the juvenile justice system. The chart on the previous page describes

disparity in each stage of the juvenile justice system in Tennessee. Minority children are over-represented at every step in the juvenile justice system except cases diverted. White children are more likely to have their cases diverted than are African-Americans.

Efforts are being made in Tennessee to address disparity and how youth are treated in the juvenile justice system. The Disproportionate Minority Contact (DMC) Task Force has members in each region of the state working collaboratively with the courts and community leaders to change how youth are treated in the juvenile justice system. For more information on how to be involved please visit <http://www.tennessee.gov/tccy/dmc.html>. 

Tennessee Youth Court Program

Youth courts are real courts presided over by a judge, and the sentences ordered must be completed. Typically the teen, parents and court officer must all agree for the case to be referred to youth court, and the young offender must admit guilt. These courts are an example of balanced and restorative justice, a philosophy that works to help offenders understand the consequences of their actions and help prevent them from committing another crime by addressing underlying issues. Furthermore, youth courts may have lower administrative costs than traditional juvenile courts, and a greater portion of their offenders may complete their assigned sanctions.

What makes this program unique is that all positions except the judge are filled by teens who volunteer their time with the program. According to the Tennessee program coordinator, “The law directs us to seek teen volunteers who aren’t necessarily the star athlete or head of the student council – a ‘jury of one’s peers’ will be young people from different backgrounds and interests.” In addition to the volunteer teens, youth courts use members of the community, like professionals and nonprofit leaders, to help these programs succeed.

Attorneys, judges, police officers, teachers and licensed counselors help train and guide the teen volunteers.

In May 2000, Tennessee’s General Assembly passed legislation that outlined a Teen Court Program. Youth courts, also known as teen courts or peer courts, are diversion programs where youth sentence their peers for crimes and other violations. The program is generally for first-time non-violent juvenile offenders. In Tennessee, youth courts can hear cases like:

- ★ Assaults;
- ★ Burglary;
- ★ Theft of property;
- ★ Vandalism;
- ★ Forgeries;
- ★ Cruelty to animals;
- ★ Unauthorized use of vehicle;
- ★ Criminal attempts;
- ★ Disorderly conduct;
- ★ Harassment;

- ★ Criminal trespass;
- ★ Traffic offenses;
- ★ Runaway;
- ★ Truancy;
- ★ Curfew violation;
- ★ Unruly behavior;
- ★ Simple possession of certain illegal substances;
- ★ Possession, use, etc. of alcoholic beverages;
- ★ Tobacco possession.

“Youth courts are not only beneficial to the teens that have their cases decided in these courts, but are also a great way to get teen volunteers connected to their communities.”

**Anjanette Eash,
Program Coordinator**

Endorsed by the Tennessee Council of Juvenile and Family Court Judges, the first teen court commenced in May 2001. This teen court, located in Bristol, was the first to begin after the legislation was passed. In August 2001, a youth court coordinator was hired by the Tennessee Bar Association to manage the program with Edward Byrne Memorial Grant funds through the Office of Criminal Justice Programs. Within the first year of operation, youth courts were established in Haywood, Montgomery and Sumner counties, and have since expanded to include Fayette, Jackson, Jefferson, Williamson and Wilson counties. According to the coordinator, youth court programs are also being developed in Cheatham, Cumberland, Lake and Madison counties.

Typically the courts are held in an official courtroom to not detract from the seriousness of the experience. Teens are taught proper courtroom procedure, how to question a witness, how to present a case and evidence, how to file cases and how to determine a fair sentence. The youth court jury can order the offender to complete community service, write letters of apology or an essay, pay financial restitution or attend classes (i.e., traffic school, smoking cessation, etc.).

Community service is part of 99 percent of sentences in youth courts across the country, and frequently the agency to be served is specified and related to the offense. For instance, if a young person is in youth court for vandalism that resulted in fire damage, he or she may be

sentenced to complete community service hours at a local hospital burn unit.

Studies show young people who have their cases resolved in youth courts have a 50 percent lower recidivism rate than youth who appear in traditional juvenile courts. Teen volunteers believe the youth courts let

juvenile offenders, as well as their parents, know there are young people in the community trying to make a difference. They also feel the youth court teaches them how to work with others and make group decisions. Youth courts are recognized for their volunteerism, educational benefits and for building stronger communities.

There are several barriers to development of a youth court, including lack of support, lack of funding and lack of cases. If the juvenile court judge does not want a youth court in his or her county, it would be an uphill battle to implement one. This can also be a problem for an existing youth court if a newly elected judge does not support the program. Also, if a youth court’s coordinator takes another job or abandons his or her duties, the program would fail without guidance and direction.

Probably the most prevalent barrier faced by the youth court program is funding. There are no federal or state funds exclusively for youth courts. However, if a community really wants a youth court, it is going to find a way to overcome the lack of dedicated funds. The National Youth Court Center has seen many youth court programs fail across the country due to a loss in funding. Even if there is support and funding, a youth court that would only meet four or five times per year due to a lack of cases is probably not suitable for a jurisdiction because the cost of operating a youth court would outweigh the need. 

Domestic Violence

Domestic violence intervention is a critical need in Tennessee. Although many individuals were served in Tennessee, according to Office of Criminal Justice Programs, there were still 3,169 women, 1,281 children and 171 men who were left out of protective shelters due to limited funding.

Domestic violence is the leading cause of injury to women between the ages of 14 and 44 (www.TCADSV.org). It occurs in all cultures, races, occupations and income levels. Domestic violence is not just a push, slap or punch; victims suffer severe injuries resulting in emergency room visits and sometimes death (YMCA Domestic Violence Center, 2004).

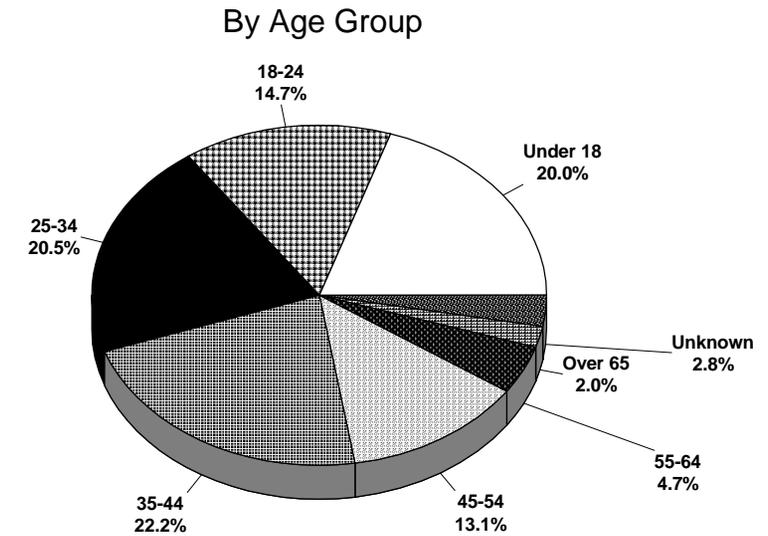
Women, children and sometimes men may live in fear of someone within their own household. Domestic violence is partner violence, spouse abuse, child abuse, battering and wife beating. Every situation is different from the next, and abuse can take on many forms (When Violence Hits Home, YHTP).

Domestic Violence: The Facts reports domestic violence as the number one public health issue facing women and children in the United States and also a violation of human rights. Myths suggest domestic violence affects few people, only occurs in poor urban areas, and that violent acts are limited to a push, slap or punch.

Tennessee recognizes and acknowledges domestic violence as a major crime that needs attention. There are 50 domestic violence programs, seven sexual assault crisis centers and seven dual issue programs located across the state offering opportunities for:

- ★ Emergency shelter;

Domestic Violence Victims



Source: Tennessee Bureau of Investigation

- ★ 24 hour hotlines;
- ★ Food; clothing and other essential items;
- ★ Advocacy;
- ★ Transportation;
- ★ Counseling;
- ★ Community education;
- ★ Support groups;
- ★ Volunteer programs;
- ★ Sexual assault nursing exam;
- ★ Sexual assault response team and rape aggression defense training (www.TCADSV.org).

In addition, the Tennessee Coalition Against Domestic and Sexual Violence (TCADSV) offers other services and activities for domestic violence prevention and education in Tennessee. Some of these are:

- ★ Training and technical assistance to communities regarding domestic Violence, sexual assault and other domestic issues, training for law enforcement and allied professionals;
- ★ A Resource Center on Domestic Violence and Sexual Assault that provides information regarding issues surrounding domestic violence and sexual assault;
- ★ The Law Enforcement Training Project provides statewide ongoing training with technical assistance to law enforcement agencies regarding new policies and how they should be implemented;
- ★ The Domestic Violence State Coordinating Council, established by the Tennessee Legislature with a goal to develop policies and curriculums for law enforcement agencies and the court.

TCADSV reported that at Tennessee's 50 Domestic Violence programs and activities in 2002-2003, there were:

- ★ 42,574 new clients served;
- ★ 49,924 crisis calls received and 58,250 information requests;
- ★ 100,541 volunteer support hours;
- ★ Shelter provided for 10 men, 3,797 women and 3,592 children.

Of the clients served:

- ★ 80.5 percent were White;
- ★ 16.2 percent were African-American;
- ★ 2.4 percent were Hispanic;
- ★ 0.7 percent were Asian or Pacific Islanders;
- ★ 0.2 percent were Native American/Alaskan Native.

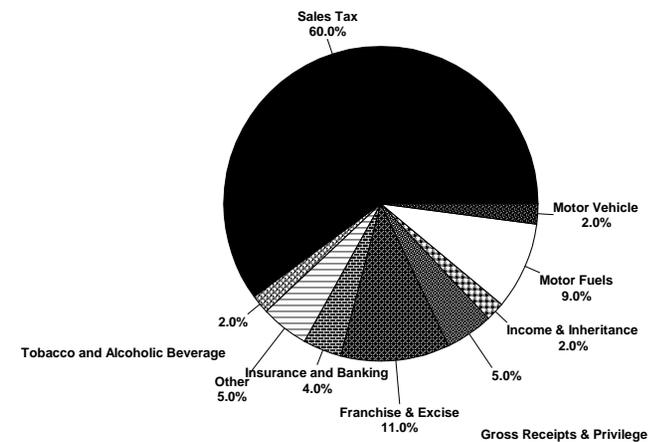
The Tennessee Coalition Against Domestic and Sexual Violence reports it is doing more to increase awareness of domestic violence through outreach to communities and schools. 

Tennessee Taxes

On the evening of Thursday, July 12, 2001, rioters stormed the Tennessee State Capital to protest the rumored discussion of a plan to implement a state income tax in conjunction with a referendum on a constitutional amendment to ultimately determine the fate of such a tax. Egged on by talk radio, protesters referred to in television newscasts as 'freedom fighters,' threw a rock through the window of the Governor's office, kicked and beat on meeting room doors, spat on legislators of both parties and lobbyists of all political stripes and accosted state employees conducting business on the capital grounds. If tax reform were not dead, it was certainly on its way to the trauma center.

A year later, after falling five votes short of the necessary 50 on an

Where Your State Tax Dollar Comes From 2004-05 Budget Summary



Source: Tennessee Fact Book

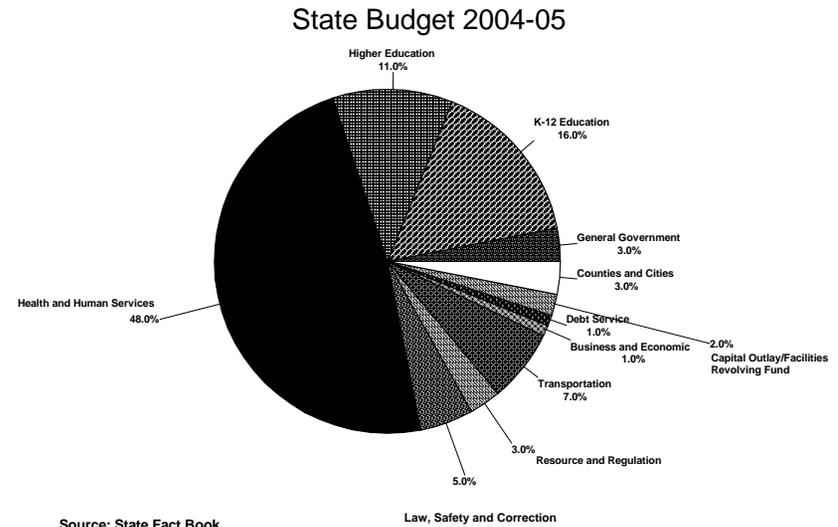
income tax vote in the House of Representatives, the Tennessee General Assembly passed the largest tax increase in state history, predominately a one cent sales tax increase, giving Tennessee the highest average state and local sales tax at 9.35 percent, and one of the most regressive tax systems in the nation. Even after raising almost a billion dollars in new revenue, the following two fiscal years required combined budget cuts of almost 15 percent in some areas to balance the budget.

Tennessee's reliance on the sales tax is remarkable to say the least, leaving it highly susceptible to the ebb and flow of the nation's economy. It has been said that when the U.S. economy catches cold, the Tennessee budget gets pneumonia. Sixty percent of Tennessee's tax revenue is derived from the sales and use tax. However, not only is Tennessee at the mercy of the success of the world's largest economy, but also the shopping habits of its own citizens. Tennessee borders eight states, all with a lower sales tax, and given its long, narrow configuration, some 70 percent of the state's population live within a short drive of one or more of those states. Coupled with the growth of online shopping and catalog purchases, the sales and use tax encourages a subtle form of tax evasion with no mechanism for enforcement. In addition to inefficiency, it also reduces business opportunities and jobs as retail establishments relocate across state lines in border-towns and cities, saving their customers enough on sales tax alone to make it worth the short drive.

Congress recently extended the moratorium banning Internet sales taxes on both Internet service and purchases made over the Internet. It has been estimated that Tennessee lost almost half a billion dollars in state and local revenue in 2003 to online purchases, and by 2008 losses will reach almost a billion dollars.

The Tennessee sales tax is also highly regressive. Not only do low- and middle-income families pay a higher percentage of their income in taxes, since they tend to spend all or most of what they make, but Tennessee is also one of the few states that still applies the sales tax to

Where Your Tax Dollar Goes



Source: State Fact Book

groceries and clothing, putting a heavy burden on families with children.

Congress restored deductibility of sales taxes from federal income taxes in October 2004, dealing tax reform its death blow in many opinions around the state. However, restoring the deductibility only highlights the regressive nature of the tax, since only one in four Tennesseans files an itemized return. In view of the fact that the change allows for the deduction of income taxes or sales taxes but not both, states that have strived for more balanced tax bases are at a disadvantage and may call for further changes. Calls for broad reforms of the tax code in Washington leading to a flat income tax with no deductions, or conversion to a national sales tax or other consumption taxes could make deductibility a moot point. The effects of a national sales tax on the Tennessee retail sector, the state budget and the national economy are unfathomable considering estimates of the tax rate at a minimum of 23 percent. Removing the deduction for state income and sales taxes has also been suggested as a way to pay for reducing or eliminating taxation on capital gains and investment incomes.

Tennessee is one of only nine states that does not have a broad personal income tax. It also does not have a state property tax.

The other significant taxes in Tennessee's tax base are Corporate Franchise and Excise taxes, also among the highest in the nation; the inheritance tax; the Hall Income Tax imposed on interest and dividends; and the Professional Privilege tax. Tennessee has numerous other excise taxes on alcohol, beer, tobacco, business,

gross receipts, etc., that flow into the General Fund and are also shared with local governments.

Tennessee's gasoline tax is earmarked for the highway fund. The gasoline tax in Tennessee, often, for good or bad, considered the most protected, is a "user" tax based on the purchase of fuel. The gasoline tax has built one of the best highway systems in the country, all paid for with cash. The same cannot be said about the schools at the end of the road. 🌍

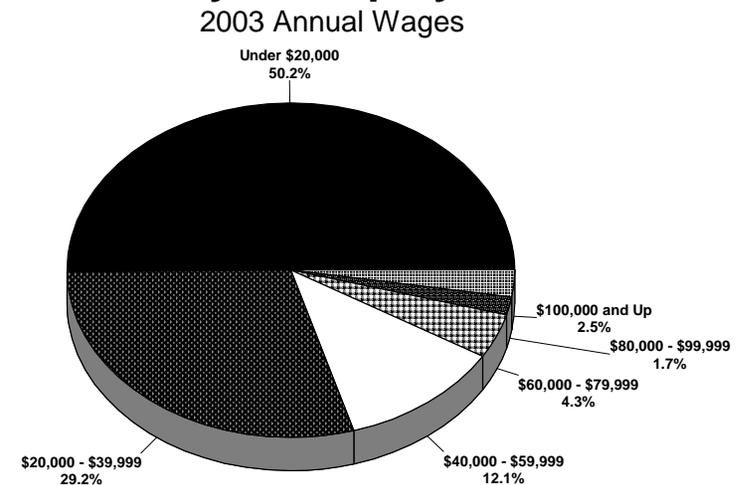
State Employee Salaries

Tennessee state government employees earn less money for similar work than those working for most private employers, local governments and the federal government and the U.S. average; the Southeast average; and the average for all but two other Southeastern states, Alabama and Florida. Tennessee is ranked 39th nationally in state employee average salary, over \$8,000 below the national average.

A Social Worker II in Tennessee makes an average salary 20 percent less than the U.S. average, and 45 other states pay social workers more. The state's social workers also make 20 percent less than the Metropolitan Nashville government pays.

Although Tennessee has a lower turnover rate than private sector employers, re-training new employees is still a considerable expense. Job classes requiring skills common to services provided by other government entities experience high turnover. In the largest state job class, Correctional Officer, employees are hired, provided extensive training and, after one year of experience, can go to work for the sheriff in the large urban counties, providing essentially the same service, and receive a salary boost of 30 percent or more. Since state and local governments provide so many similar services, this occurs up and down the job classes. State government has long been

Wages of Tennessee Employees Covered By Unemployment Law



Source: Tennessee Department of Labor and Workforce Development

a place where people gain valuable experience to move into better paying positions in the private sector.

Tennessee lacks a comprehensive strategic employee compensation plan. It has been 20 years since state government completed and

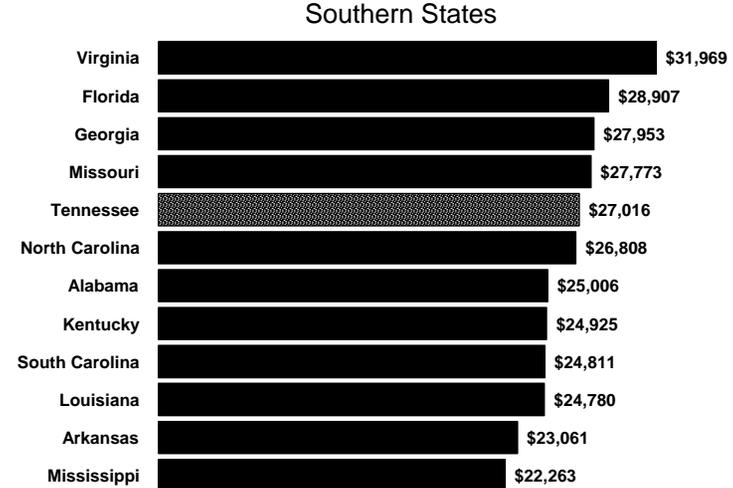
implemented a comprehensive compensation classification study. Salary increases are legislated each year in adoption of the state budget as done by only two other states, North Carolina and Wyoming.

Other states build annual increases into their classification and compensation systems.

Tennessee recently passed legislation tying legislative pay raises to state employee pay raises. However, Tennessee’s pay for legislators is so low, \$16,500. The small percentages of increases in recent years (2 percent in 2004-05 and 3 percent for 2005-06) will make little difference for them or for state employees. State law established merit pay for state employees in 1982, though it has never been funded.

Tennessee does have a richer benefit package than private sector employers. However, the state only recently increased its share of

Per Capital Income by State Using 2003 Estimates

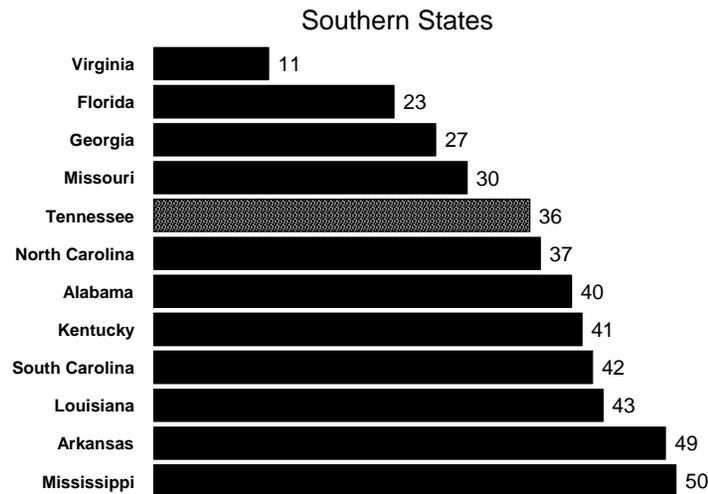


Source: U.S. Census, Bureau of Economic Analysis, See also Table 653, Statistical Abstract of the United States, 2004-2005. Note: When States share the same rank, the next lower rank is omitted. Because of rounded data, States may have identical values but different ranks.

health insurance premiums to 80 percent, still 10 percent below the surrounding states’ average and slightly less than the Tennessee private sector average. The richness in the benefit package is attributed to paid leave, a shorter work week (37.5 hours) and a defined benefit retirement package. Like all other states, Tennessee provides a 401(k) deferred compensation plan. Tennessee provides a matching contribution of the first \$20, one of only 13 states that does so, though less generous than the other 12 (Comptroller, 2004).

The state also has difficulty attracting younger, quality applicants, though it is unclear what role low salaries play since younger adults tend not to work for government or public agencies. The average age of state employees has been increasing since 1987, resulting in higher health care costs in the state employee insurance program. The average age of Tennessee state employees is over 46 years. Over half of all agency managers and administrators are currently

National Ranking of Per Capital Income by State Using 2003 Estimates

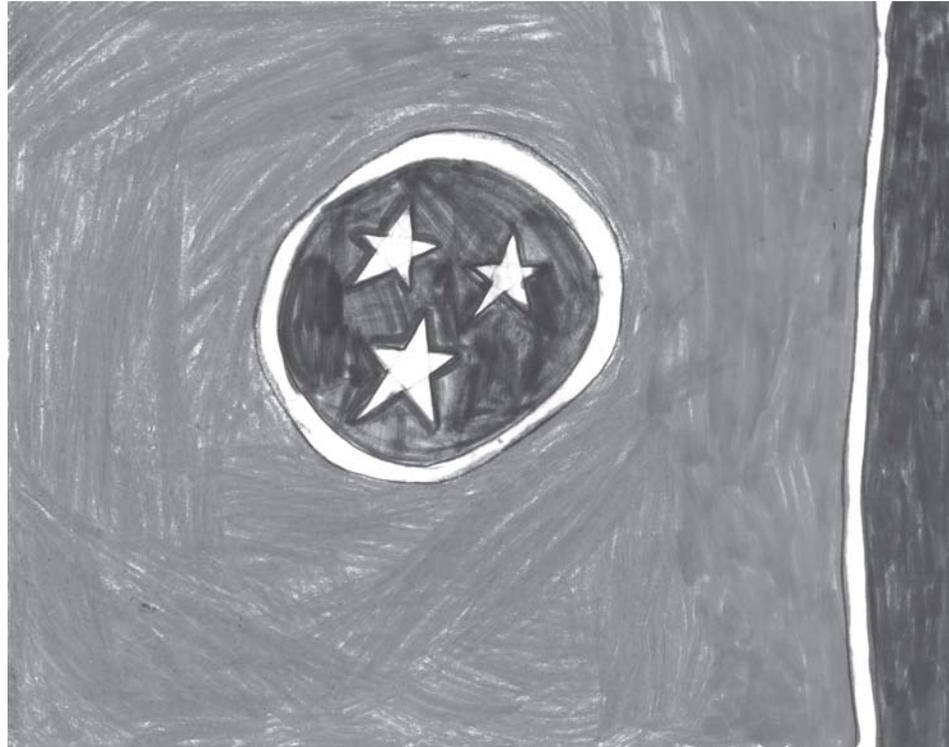


Source: U.S. Census, Bureau of Economic Analysis, See also Table 653, Statistical Abstract of the United States, 2004-05. Note: When States share the same rank, the next lower rank is omitted. Because of rounded data, States may have identical values but different ranks.

eligible for full or partial retirement benefits, leading some to fear a “brain drain” of its most experienced employees who provide the historical memory for many agencies in the coming years. State government needs to build its management infrastructure for the future. Attraction of younger employees is essential to build the workforce for the coming years.

Despite low salaries Tennessee state employees are well tenured compared to the work force as a whole and other government employers nationwide. The median tenure for state employees is nine years.

Tennessee has fewer state employees per capita than all but two Southeastern states. 



KIDS COUNT: The State of the Child in Tennessee, 2004, cover art is the work of Skye Adamson, 9, and Zoe Adamson, 7, children of Trevor Adamson and Bonnie S. Moses.

Other photographs were provided by TCCY staff members from their family collections.

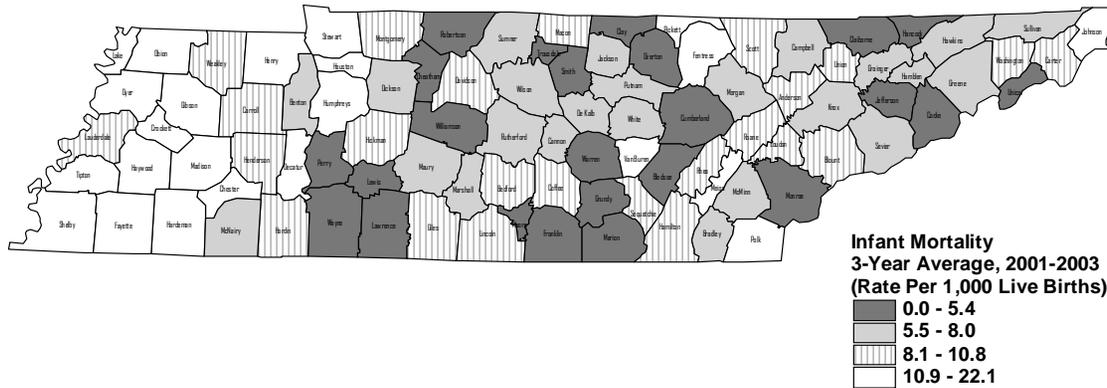
Primary Indicators

Maps and Tables



Infant Mortality

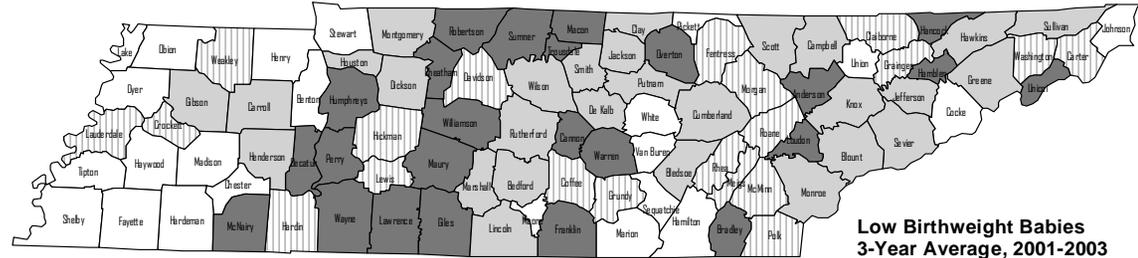
Deaths of Children Younger than Age 1



2001-2003			2001-2003			2001-2003		
County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000	County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000	County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000
Anderson	23	9.6	Hamilton	123	10.4	Morgan	4	6.0
Bedford	16	9.0	Hancock	1	4.8	Obion	14	11.2
Benton	3	6.2	Hardeman	14	14.1	Overton	3	4.4
Bledsoe	1	2.7	Hardin	7	8.5	Perry	1	3.6
Blount	36	9.3	Hawkins	14	7.3	Pickett	2	12.9
Bradley	23	6.5	Haywood	15	17.1	Polk	13	22.1
Campbell	11	7.5	Henderson	10	9.3	Putnam	16	6.3
Cannon	3	6.7	Henry	12	11.3	Rhea	10	8.4
Carroll	11	10.2	Hickman	9	10.5	Roane	14	8.4
Carter	18	10.1	Houston	4	13.1	Robertson	14	5.3
Cheatham	4	2.8	Humphreys	9	13.9	Rutherford	59	6.5
Chester	8	14.2	Jackson	2	6.7	Scott	9	9.2
Claiborne	4	3.7	Jefferson	6	3.8	Sequatchie	4	8.9
Clay	0	0.0	Johnson	8	17.4	Sevier	22	7.9
Cocke	5	4.0	Knox	92	6.3	Shelby	595	13.9
Coffee	21	10.8	Lake	3	13.0	Smith	3	4.7
Crockett	7	12.0	Lauderdale	12	9.9	Stewart	8	17.5
Cumberland	5	3.3	Lawrence	8	4.5	Sullivan	39	8.0
Davidson	238	9.0	Lewis	1	2.3	Sumner	36	6.6
Decatur	6	16.0	Lincoln	12	10.4	Tipton	25	11.9
De Kalb	4	6.1	Loudon	12	8.2	Trousdale	0	0.0
Dickson	12	6.4	Macon	7	8.9	Unicoi	2	3.9
Dyer	17	11.2	Madison	48	12.2	Union	6	8.3
Fayette	15	12.5	Marion	5	4.9	Van Buren	2	10.9
Fentress	7	11.6	Marshall	9	8.0	Warren	9	5.4
Franklin	3	2.2	Mauzy	20	6.6	Washington	39	10.0
Gibson	26	14.3	McMinn	11	5.9	Wayne	1	2.1
Giles	11	10.8	McNairy	6	6.0	Weakley	9	8.2
Grainger	6	7.3	Meigs	6	13.9	White	6	6.8
Greene	14	6.4	Monroe	8	4.9	Williamson	20	3.8
Grundy	3	4.9	Montgomery	58	8.3	Wilson	22	5.8
Hamblen	15	6.1	Moore	0	0.0	Tennessee	2,135	9.1

Note: Three-Year Total is the sum of deaths from any cause to children younger than age 1 in calendar years 2001, 2002 and 2003. Rate is the 3-year-moving average per 1,000 children of the same age range across the three calendar years. TCCY obtained death and live birth data from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY calculated rates and formatted displays.

Low Birthweight



Low Birthweight Babies
3-Year Average, 2001-2003
(Rate Per 100 Live Births)

- 5.7 - 8.0
- 8.1 - 8.8
- 8.9 - 9.7
- 9.8 - 15.2

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson	191	8.0
Bedford	149	8.4
Benton	50	10.3
Bledsoe	32	8.5
Blount	318	8.2
Bradley	282	8.0
Campbell	129	8.7
Cannon	32	7.1
Carroll	93	8.6
Carter	170	9.5
Cheatham	105	7.3
Chester	62	11.0
Claiborne	96	9.0
Clay	19	8.3
Cocke	124	9.9
Coffee	178	9.2
Crockett	56	9.6
Cumberland	135	8.8
Davidson	2,450	9.3
Decatur	23	6.1
De Kalb	57	8.7
Dickson	167	8.8
Dyer	159	10.5
Fayette	127	10.6
Fentress	58	9.6
Franklin	91	6.6
Gibson	153	8.4
Giles	77	7.6
Grainger	74	9.0
Greene	184	8.5
Grundy	58	9.5
Hamblen	185	7.6

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	1,380	11.6
Hancock	16	7.7
Hardeman	130	13.1
Hardin	79	9.6
Hawkins	161	8.3
Haywood	101	11.5
Henderson	94	8.7
Henry	105	9.9
Hickman	82	9.6
Houston	26	8.5
Humphreys	51	7.9
Jackson	25	8.4
Jefferson	130	8.3
Johnson	50	10.9
Knox	1,257	8.6
Lake	35	15.2
Lauderdale	111	9.2
Lawrence	114	6.4
Lewis	39	8.9
Lincoln	98	8.5
Loudon	111	7.6
Macon	51	6.5
Madison	423	10.7
Marion	104	10.1
Marshall	95	8.5
Maurry	242	8.0
McMinn	177	9.6
McNairy	79	7.9
Meigs	42	9.7
Monroe	136	8.4
Montgomery	566	8.1
Moore	18	10.7

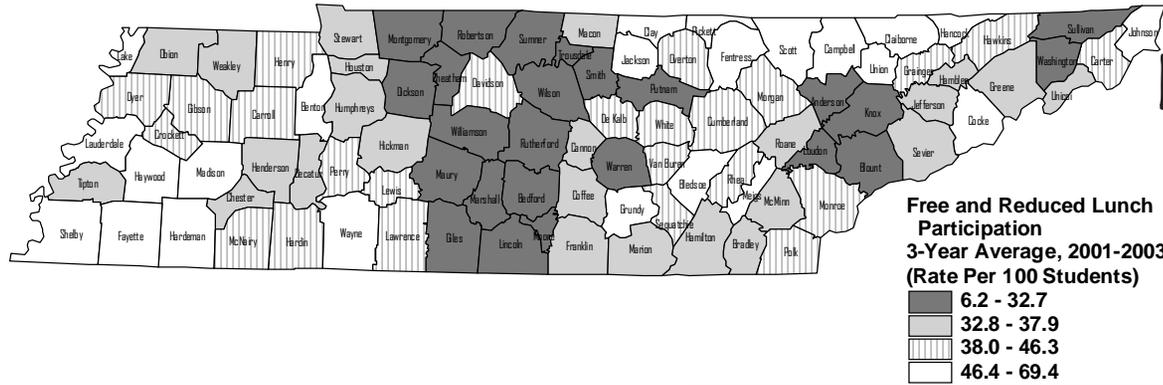
2001-2003

County	3-Yr. Total
Morgan	6
Obion	12
Overton	3
Perry	2
Pickett	1
Polk	5
Putnam	20
Rhea	11
Roane	14
Robertson	19
Rutherford	80
Scott	8
Sequatchie	4
Sevier	23
Shelby	4,700
Smith	5
Stewart	5
Sullivan	43
Sumner	42
Tipton	22
Trousdale	2
Unicoi	4
Union	7
Van Buren	1
Warren	13
Washington	34
Wayne	3
Weakley	9
White	8
Williamson	32
Wilson	33
Tennessee	21,766

Note: Three-Year Total is the sum of babies classified as low birthweight (weighing less than 2500 grams or 5.5 lbs.) in calendar years 2001, 2002 and 2003. Rate is the average percentage of babies classified as low birthweight over the three-year period. TCCY obtained low birthweight and live birth data from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY calculated rates and formatted displays.

Free and Reduced-Price Lunches

Rate Per 100 students



2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson*	10,073	29.0
Bedford	5,784	32.3
Benton	3,498	49.1
Bledsoe	2,732	53.3
Blount*	11,016	23.7
Bradley*	12,773	34.0
Campbell	9,680	55.2
Cannon	2,060	34.5
Carroll*	5,867	41.0
Carter*	10,604	45.9
Cheatham	3,777	19.4
Chester	2,419	34.7
Claiborne	7,477	57.5
Clay	1,958	56.9
Cocke*	7,961	52.7
Coffee*	8,463	33.1
Crockett*	3,262	42.5
Cumberland	8,722	45.5
Davidson	74,984	38.9
Decatur	1,663	36.5
DeKalb	2,814	38.3
Dickson	6,302	27.8
Dyer*	7,779	40.5
Fayette	7,456	70.7
Fentress	4,067	60.8
Franklin	5,450	33.6
Gibson*	9,682	39.7
Giles	3,976	30.9
Grainger	4,049	44.3
Greene*	10,037	36.7
Grundy	3,038	57.9
Hamblen	9,035	35.7

2001-2003

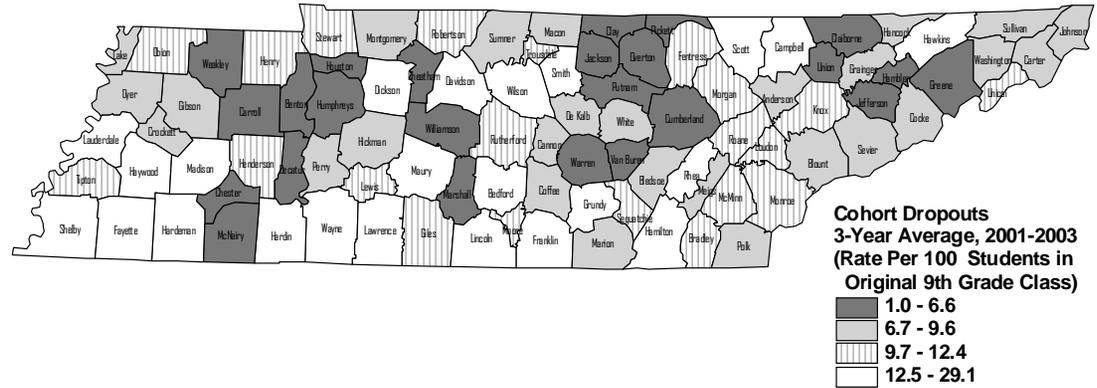
County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	39,813	34.8
Hancock	2,022	63.8
Hardeman	7,906	61.6
Hardin	4,826	44.4
Hawkins*	9,025	41.5
Haywood	7,336	69.2
Henderson*	4,218	33.5
Henry*	5,841	41.9
Hickman	3,683	34.2
Houston	1,492	37.1
Humphreys	3,094	36.1
Jackson	2,540	53.5
Jefferson	7,141	36.8
Johnson	3,512	54.1
Knox	38,500	26.0
Lake	1,496	58.6
Lauderdale	7,658	58.6
Lawrence	7,847	39.9
Lewis	2,140	38.4
Lincoln*	4,364	30.3
Loudon*	6,245	32.0
Macon	3,586	35.1
Madison	18,952	48.2
Marion*	4,748	37.8
Marshall	3,799	27.8
Maury	9,526	29.8
McMinn*	7,942	35.4
McNairy	4,556	39.1
Meigs	2,500	48.3
Monroe*	8,061	43.6
Montgomery	19,208	27.7
Moore	642	23.6

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Morgan	3,978	42.1
Obion*	5,475	35.4
Overton	4,022	45.1
Perry	1,462	44.5
Pickett	1,067	53.0
Polk	2,850	41.4
Putnam	7,845	29.7
Rhea*	4,769	37.8
Roane*	7,240	35.3
Robertson	6,800	24.6
Rutherford*	17,406	19.8
Scott*	6,962	63.2
Sequatchie	2,326	44.4
Sevier	12,169	34.8
Shelby*	220,452	47.8
Smith	2,873	31.6
Stewart	2,096	35.7
Sullivan*	19,635	30.3
Sumner	12,401	19.8
Tipton*	11,480	37.3
Trousdale	1,082	29.8
Unicoi	2,521	37.0
Union	4,093	49.6
Van Buren	1,043	45.6
Warren	5,360	33.1
Washington*	12,109	27.5
Wayne	3,499	46.8
Weakley	4,694	33.7
White	4,438	41.9
Williamson*	4,226	6.1
Wilson*	6,320	15.2
Tennessee	927,388	36.3

Note. An asterisk denotes multiple school districts within a county. Number is average daily participation of students eligible for free and reduced lunch for the 2000-01, 2001-02 and 2002-03 school years. Rate is computed by dividing average daily participation by average daily attendance over the same school years and is a percent. Data for state special schools are included in the state total. The Division of School Nutrition supplied average daily participation and average daily attendance data for school districts and state special schools. TCCY collapsed school-district data into county level, calculated rates (percent of eligible free and reduced lunch students that participate on a day-to-day basis), and formatted displays.

Cohort Dropout



2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson*	308	9.4
Bedford	191	13.1
Benton	23	3.1
Bledsoe	42	8.2
Blount*	405	9.6
Bradley*	400	12.4
Campbell	204	13.1
Cannon	50	8.8
Carroll*	67	5.3
Carter*	161	7.6
Cheatham	54	2.8
Chester	38	5.6
Claiborne	58	4.7
Clay	3	1.0
Cocke*	108	7.3
Coffee*	195	8.7
Crockett*	54	6.9
Cumberland	129	6.6
Davidson	3,648	15.3
Decatur	22	4.7
DeKalb	80	9.6
Dickson	391	20.5
Dyer*	168	9.3
Fayette	251	22.8
Fentress	28	12.2
Franklin	284	18.9
Gibson*	204	8.9
Giles	155	12.0
Grainger	60	8.0
Greene*	161	6.3
Grundy	142	19.2
Hamblen	165	6.3

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	2,003	14.6
Hancock	22	7.2
Hardeman	195	17.0
Hardin	130	13.1
Hawkins*	365	16.7
Haywood	197	17.5
Henderson*	126	11.0
Henry*	158	12.0
Hickman	79	8.5
Houston	17	5.4
Humphreys	45	6.0
Jackson	22	6.2
Jefferson	100	6.5
Johnson	59	9.1
Knox	1,318	10.0
Lake	27	8.9
Lauderdale	175	13.2
Lawrence	237	13.1
Lewis	67	12.2
Lincoln*	216	15.9
Loudon*	180	10.5
Macon	156	9.6
Madison	576	29.1
Marion*	101	9.1
Marshall	93	3.1
Maury	324	17.4
McMinn*	170	11.8
McNairy	64	2.6
Meigs	40	8.1
Monroe*	185	10.1
Montgomery	633	9.6
Moore	33	10.8

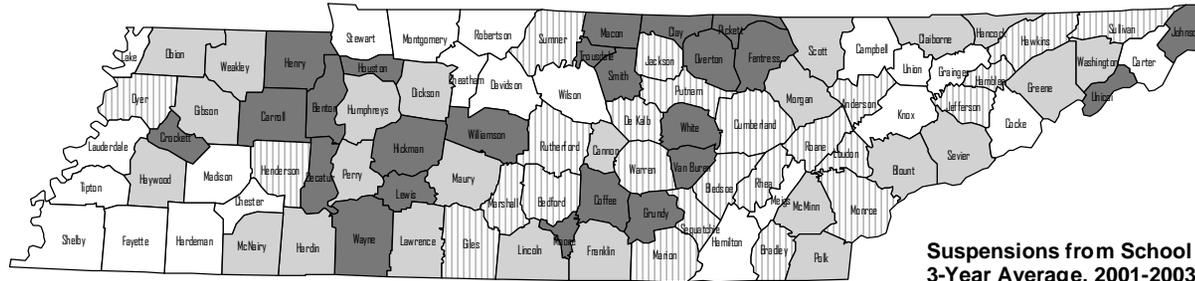
2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Morgan	87	9.8
Obion*	178	11.7
Overton	45	6.0
Perry	29	9.1
Pickett	5	2.9
Polk	51	7.6
Putnam	150	5.8
Rhea*	184	15.8
Roane*	252	10.9
Robertson	289	12.0
Rutherford*	879	10.9
Scott*	178	15.9
Sequatchie	65	12.4
Sevier	256	7.2
Shelby*	8,631	20.2
Smith	111	12.9
Stewart	65	12.4
Sullivan*	558	8.8
Sumner	578	8.9
Tipton*	337	11.5
Trousdale	37	10.5
Unicoi	64	9.7
Union	28	3.6
Van Buren	11	5.5
Warren	89	6.0
Washington*	420	9.4
Wayne	86	12.7
Weakley	87	5.9
White	109	9.3
Williamson*	318	5.8
Wilson*	528	13.0
Tennessee	31,067	12.6

Note: An asterisk denotes multiple school districts within a county. Three-year-total is the sum of dropouts from the base 9th grade class for the following school years: 1997-98, 1998-99, and 1999-2000. Students enrolled in grade nine during these school years failed to graduate with their classes of 2001, 2002 and 2003, respectively. Rate is the average percent of dropouts across graduating classes for the three school years. The state total excludes data for state special schools. The Research Division of the Tennessee Department of Education provided dropout and net enrollment data. TCCY collapsed school-district data into county-level data, calculated rates (percents) and formatted displays.

School Suspensions

3-Year Average Rate Per 100 Students



Suspensions from School
3-Year Average, 2001-2003
(Rate Per 100 Students)

- 0.7 - 2.9
- 3.0 - 4.8
- 4.9 - 7.1
- 7.2 - 20.4

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson*	2,543	6.5
Bedford	1,418	7.0
Benton	236	2.9
Bledsoe	390	6.7
Blount*	2,476	4.8
Bradley*	2,294	5.3
Campbell	2,037	10.1
Cannon	280	4.2
Carroll*	299	1.8
Carter*	2,021	7.7
Cheatham	1,728	7.9
Chester	581	7.4
Claiborne	524	3.4
Clay	87	2.3
Cocke*	1,228	7.2
Coffee*	704	2.5
Crockett*	152	1.8
Cumberland	1,205	5.5
Davidson	33,567	14.8
Decatur	61	1.2
DeKalb	425	5.1
Dickson	1,154	4.6
Dyer*	1,271	6.0
Fayette	2,281	20.4
Fentress	102	1.4
Franklin	851	4.7
Gibson*	942	3.6
Giles	856	5.9
Grainger	754	7.4
Greene*	1,326	4.4
Grundy	98	1.4
Hamblen	1,510	5.2

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	15,814	11.5
Hancock	103	3.1
Hardeman	1,501	10.3
Hardin	423	3.4
Hawkins*	1,746	7.1
Haywood	511	4.5
Henderson*	927	6.7
Henry*	250	1.7
Hickman	130	1.1
Houston	116	2.6
Humphreys	299	3.2
Jackson	260	4.9
Jefferson	1,450	6.7
Johnson	182	2.4
Knox	15,417	9.1
Lake	293	10.0
Lauderdale	1,161	8.2
Lawrence	678	3.2
Lewis	168	2.7
Lincoln*	639	3.9
Loudon*	1,155	5.6
Macon	211	1.8
Madison	3,826	8.8
Marion*	755	5.7
Marshall	746	4.9
Maury	1,385	3.9
McMinn*	1,183	4.7
McNairy	608	4.6
Meigs	479	8.4
Monroe*	1,383	6.7
Montgomery	6,299	7.5
Moore	21	0.7

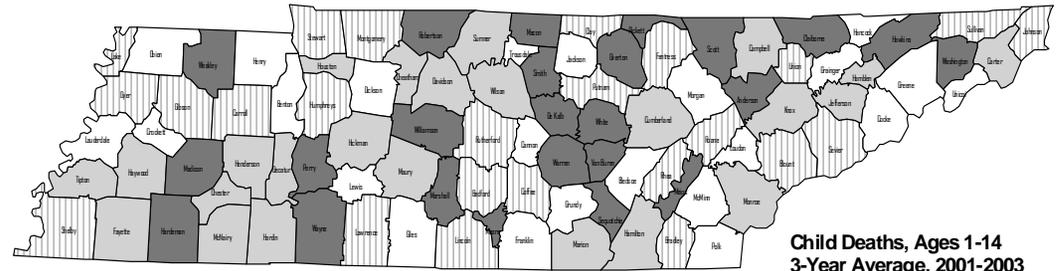
2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Morgan	402	3.8
Obion*	830	4.7
Overton	98	1.0
Perry	113	3.0
Pickett	28	1.2
Polk	264	3.4
Putnam	1,633	5.4
Rhea*	1,066	7.1
Roane*	1,194	5.1
Robertson	2,329	7.6
Rutherford*	6,468	6.3
Scott*	534	4.4
Sequatchie	329	5.6
Sevier	1,763	4.4
Shelby*	96,738	18.4
Smith	267	2.7
Stewart	541	8.1
Sullivan*	3,997	5.3
Sumner	4,372	5.3
Tipton*	2,765	8.0
Trousdale	37	0.9
Unicoi	212	2.7
Union	730	7.8
Van Buren	19	0.8
Warren	1,230	6.3
Washington*	1,759	3.5
Wayne	137	1.7
Weakley	754	4.8
White	212	1.8
Williamson*	1,153	1.5
Wilson*	4,136	9.1
Tennessee	261,630	9.0

Note: An asterisk denotes multiple school districts within a county. Three-year-total is the sum of unduplicated suspensions for the following school years: 2000-01, 2001-02, and 2002-03. Rate is the average percent of suspensions across the three specified school years. The state total excludes data for state special schools. The Research Division of the Tennessee Department of Education provides suspension and net enrollment data. TCCY re-formatted the school-district data into county level data and calculated rates (percents).

Child Death

Ages 1 to 14, 3-Year Average



**Child Deaths, Ages 1-14
3-Year Average, 2001-2003
(Rate Per 100,000 Children)**

- 0.0 - 15.9
- 16.0 - 24.1
- 24.2 - 32.1
- 32.2 - 114.2

2001-2003		
County	3-yr. Total	3-Yr. Avg. Rate Per 100,000
Anderson	6	15.7
Bedford	6	25.1
Benton	4	47.2
Bledsoe	3	45.0
Blount	14	24.4
Bradley	16	31.9
Campbell	4	18.9
Cannon	3	38.6
Carroll	4	25.3
Carter	5	17.7
Cheatham	5	21.1
Chester	2	21.6
Claiborne	1	6.2
Clay	1	25.2
Cocke	6	33.4
Coffee	8	28.2
Crockett	5	57.5
Cumberland	4	16.9
Davidson	64	21.2
Decatur	1	17.0
DeKalb	1	10.5
Dickson	9	32.8
Dyer	6	26.6
Fayette	4	23.5
Fentress	3	32.1
Franklin	7	32.9
Gibson	8	29.3
Giles	6	36.0
Grainger	4	35.3
Greene	14	42.2
Grundy	4	46.9
Hamblen	7	21.8

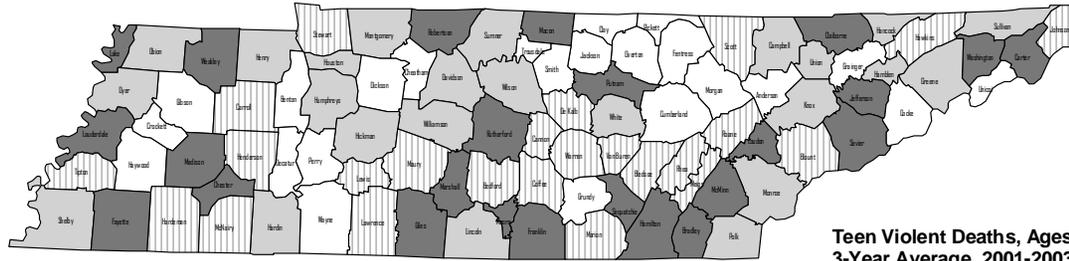
2001-2003		
County	3-yr. Total	3-Yr. Avg. Rate Per 100,000
Hamilton	32	19.3
Hancock	4	114.2
Hardeman	2	12.6
Hardin	3	21.6
Hawkins	4	13.5
Haywood	3	23.4
Henderson	3	20.4
Henry	7	44.1
Hickman	3	22.5
Houston	1	21.1
Humphreys	3	29.9
Jackson	2	34.6
Jefferson	6	24.1
Johnson	2	24.9
Knox	40	19.7
Lake	1	30.4
Lauderdale	7	43.8
Lawrence	7	28.5
Lewis	3	44.1
Lincoln	5	28.7
Loudon	7	34.6
Macon	0	0.0
Madison	9	15.9
Marion	3	19.9
Marshall	1	6.2
Maury	10	23.6
McMinn	10	35.3
McNairy	3	21.7
Meigs	1	15.0
Monroe	4	17.2
Montgomery	23	24.7
Moore	0	0.0

2001-2003		
County	3-yr. Total	3-Yr. Avg. Rate Per 100,000
Morgan	4	37.4
Obion	6	33.3
Overton	1	9.2
Perry	0	0.0
Pickett	0	0.0
Polk	3	34.8
Putnam	8	24.4
Rhea	4	25.7
Roane	7	25.9
Robertson	2	5.8
Rutherford	36	30.2
Scott	2	15.4
Sequatchie	0	0.0
Sevier	10	25.7
Shelby	171	28.6
Smith	1	9.4
Stewart	2	28.0
Sullivan	19	24.4
Sumner	13	16.0
Tipton	7	19.8
Trousdale	2	48.0
Unicoi	7	83.8
Union	3	27.1
Van Buren	0	0.0
Warren	3	13.7
Washington	7	12.9
Wayne	1	12.0
Weakley	0	0.0
White	2	15.9
Williamson	9	9.9
Wilson	12	21.3
Tennessee	786	23.7

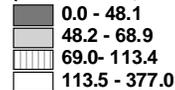
Note: Three-Year Total is the sum of deaths from any cause to children ages 1-14 in CY 2001, 2002 and 2003. Rate is the three-year-moving average per 100,000 children of the same age range for the same three calendar years. TCCY obtained death figures and population estimates from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY calculated rates and formatted displays.

Teen Violent Death

Ages 15 to 19



Teen Violent Deaths, Ages 15-19
3-Year Average, 2001-2003
(Rate Per 100,000 Teens)



2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100,000
Anderson	16	113.6
Bedford	6	74.7
Benton	6	196.7
Bledsoe	2	77.4
Blount	17	79.5
Bradley	5	26.4
Campbell	5	64.1
Cannon	3	111.6
Carroll	6	99.4
Carter	5	45.1
Cheatham	10	126.6
Chester	1	24.0
Claiborne	1	16.2
Clay	2	131.9
Cocke	8	122.5
Coffee	10	98.1
Crockett	4	127.4
Cumberland	10	119.3
Davidson	63	56.9
Decatur	3	142.0
De Kalb	3	85.7
Dickson	12	127.7
Dyer	4	51.2
Fayette	3	46.3
Fentress	8	230.9
Franklin	4	44.5
Gibson	12	126.5
Giles	3	47.0
Grainger	5	125.3
Greene	6	49.7
Grundy	8	271.5
Hamblen	6	52.6

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100,000
Hamilton	30	48.1
Hancock	1	68.4
Hardeman	5	85.6
Hardin	3	61.1
Hawkins	11	108.7
Haywood	7	162.7
Henderson	5	95.8
Henry	4	67.5
Hickman	3	63.6
Houston	1	66.9
Humphreys	2	56.1
Jackson	8	377.0
Jefferson	3	31.3
Johnson	3	100.1
Knox	49	60.1
Lake	0	0.0
Lauderdale	0	0.0
Lawrence	8	92.8
Lewis	2	77.3
Lincoln	4	62.0
Loudon	3	43.8
Macon	1	22.9
Madison	9	42.8
Marion	4	70.1
Marshall	1	17.0
Mauzy	12	74.9
McMinn	4	40.8
McNairy	4	84.9
Meigs	2	88.6
Monroe	5	60.4
Montgomery	16	52.7
Moore	0	0.0

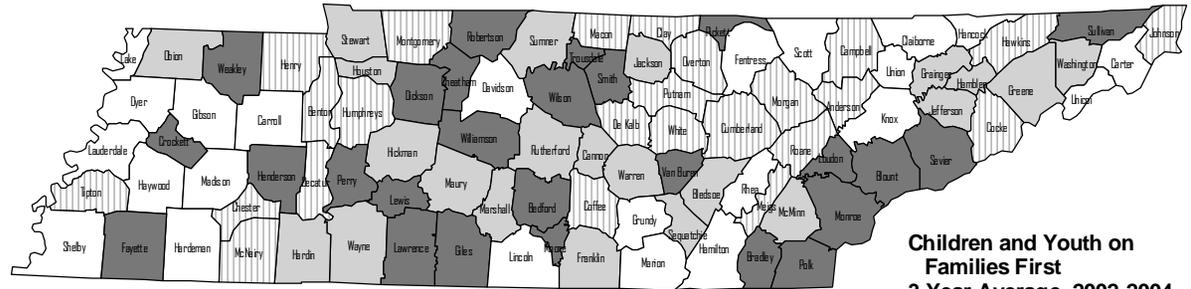
2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100,000
Morgan	6	149.1
Obion	4	64.2
Overton	6	150.9
Perry	3	192.8
Pickett	2	198.8
Polk	2	68.9
Putnam	5	32.7
Rhea	5	80.8
Roane	7	69.8
Robertson	3	24.7
Rutherford	21	48.1
Scott	4	85.0
Sequatchie	0	0.0
Sevier	6	42.4
Shelby	105	51.8
Smith	5	125.7
Stewart	3	113.4
Sullivan	18	63.9
Sumner	20	67.5
Tipton	12	93.1
Trousdale	2	134.4
Unicoi	4	125.5
Union	2	50.4
Van Buren	1	92.3
Warren	8	103.2
Washington	7	32.7
Wayne	6	183.7
Weakley	2	20.8
White	3	63.5
Williamson	16	53.0
Wilson	12	62.6
Tennessee	767	63.7

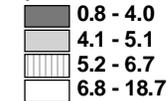
Note: Three-Year Total is the sum of deaths from motor vehicle or other accidents, suicides, or homicides for youth ages 15-19 in calendar years 2001, 2002 and 2003. Rate is the three-year-moving average per 100,000 youth of the same age range for the same three calendar years. TCCY obtained death figures and population estimates from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY calculated rates and formatted displays.

Families First

Children Ages 0 to 17



Children and Youth on Families First
3-Year Average, 2002-2004
(Rate Per 100 Persons Ages 0-17)



2002-2004

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson	2,965	6.0
Bedford	1,230	3.9
Benton	581	5.3
Bledsoe	384	4.3
Blount	2,529	3.4
Bradley	1,631	2.5
Campbell	1,702	6.2
Cannon	447	4.5
Carroll	1,884	9.2
Carter	2,511	6.9
Cheatham	565	1.8
Chester	715	6.0
Claiborne	1,669	7.9
Clay	314	6.2
Cocke	1,534	6.6
Coffee	2,072	5.7
Crockett	439	3.9
Cumberland	1,968	6.4
Davidson	52,808	13.7
Decatur	508	6.7
DeKalb	643	5.2
Dickson	1,194	3.4
Dyer	2,298	7.9
Fayette	875	3.9
Fentress	836	6.9
Franklin	1,223	4.4
Gibson	2,902	8.2
Giles	856	4.0
Grainger	686	4.7
Greene	2,146	5.0
Grundy	953	8.7
Hamblen	2,120	5.1

2002-2004

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	22,989	10.8
Hancock	696	15.2
Hardeman	1,811	8.8
Hardin	897	5.0
Hawkins	2,057	5.4
Haywood	1,334	8.2
Henderson	761	4.0
Henry	1,367	6.6
Hickman	842	4.8
Houston	273	4.5
Humphreys	711	5.5
Jackson	380	5.0
Jefferson	1,474	4.5
Johnson	665	6.3
Knox	19,491	7.5
Lake	566	13.2
Lauderdale	2,126	10.3
Lawrence	937	3.0
Lewis	239	2.7
Lincoln	1,546	6.8
Loudon	815	3.1
Macon	878	5.3
Madison	8,563	11.9
Marion	1,357	6.9
Marshall	929	4.4
Maury	2,839	5.1
McMinn	1,754	4.8
McNairy	1,172	6.6
Meigs	533	6.1
Monroe	1,001	3.3
Montgomery	6,548	5.5
Moore	116	2.8

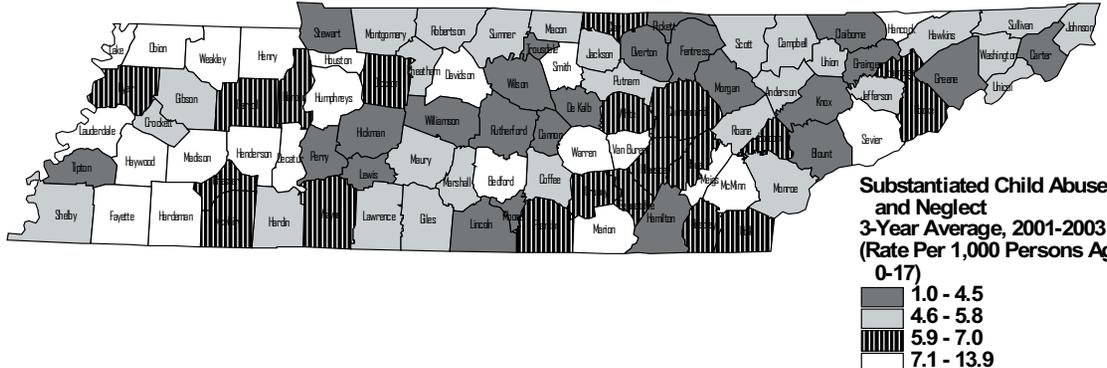
2002-2004

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Morgan	833	6.0
Obion	971	4.1
Overton	773	5.5
Perry	156	2.8
Pickett	118	3.7
Polk	271	2.4
Putnam	2,634	6.2
Rhea	1,769	8.8
Roane	2,145	6.0
Robertson	1,571	3.5
Rutherford	7,440	4.9
Scott	1,482	8.8
Sequatchie	410	4.6
Sevier	1,448	2.9
Shelby	143,295	18.7
Smith	388	2.8
Stewart	426	4.6
Sullivan	4,020	4.0
Sumner	4,868	4.5
Tipton	2,678	5.8
Trousdale	182	3.4
Unicoi	779	7.1
Union	1,137	7.8
Van Buren	134	3.4
Warren	1,299	4.6
Washington	3,188	4.5
Wayne	444	4.1
Weakley	951	4.0
White	886	5.4
Williamson	906	0.8
Wilson	1,141	1.6
Tennessee	372,112	8.7

Note: Three-Year Total is the sum of children and youth receiving Families First each month, on the average, in fiscal years 2002, 2003 and 2004. Rate is the average percentage of children and youth below the age of 18 on Families First over the three-year period. TCCY obtained Families First numbers from the Tennessee Department of Human Services. Population estimates used to calculate rates are obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY re-organized the data and performed all rate calculations.

Child Abuse

Substantiated Child Abuse Rate per 1,000

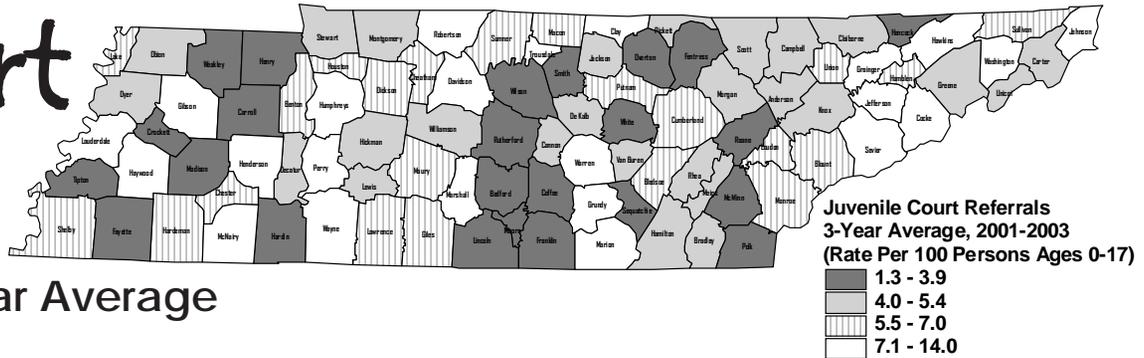


2001-2003			2001-2003			2001-2003		
County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000	County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000	County	3-Yr. Total	3-Yr. Avg. Rate Per 1,000
Anderson	272	5.5	Hamilton	880	4.1	Morgan	58	4.0
Bedford	251	7.6	Hancock	50	10.8	Obion	182	7.9
Benton	67	6.1	Henderson	140	7.3	Overton	83	4.5
Blount	58	6.4	Hardin	108	5.8	Perry	22	4.0
Blount	302	4.1	Hawkins	210	5.5	Pickett	8	1.9
Broadley	425	6.6	Haywood	208	12.9	Polk	67	6.1
Campbell	158	5.7	Henderson	181	9.8	Putnam	218	5.1
Cannon	40	4.0	Henry	168	8.1	Rhea	134	6.6
Carrroll	144	7.0	Hickman	51	3.0	Roane	169	4.8
Center	127	3.5	Houston	46	7.7	Robertson	238	5.3
Cheatham	161	5.3	Humphreys	117	9.0	Rutherford	446	2.9
Chester	79	6.6	Jackson	38	4.8	Scott	574	5.6
Clatsop	88	4.1	Jackson	147	4.8	Sequatchie	57	6.6
Clay	91	6.1	Johnson	58	5.6	Sevier	392	7.8
Coker	137	5.9	Knox	1,167	4.5	Shelby	3,819	5.0
Coffee	178	4.9	Lake	50	13.9	Smith	120	8.7
Crockett	62	5.6	Lauderdale	217	10.8	Stewart	39	4.2
Cumberland	204	6.7	Lawrence	168	5.3	Sullivan	577	5.3
Davidson	2,988	7.7	Levie	17	1.9	Sumner	555	5.2
DeKalb	57	7.5	Lincoln	85	3.8	Tipton	209	4.5
DeKalb	55	4.5	Loudon	157	6.0	Trousdale	19	3.5
Dickson	252	6.6	Macon	77	4.7	Union	62	5.7
Dyer	187	6.5	Madison	368	11.9	Union	68	4.6
Fayette	191	3.4	Marion	174	8.9	Van Buren	35	9.0
Fentress	54	4.5	Marshall	122	5.8	Warren	300	10.6
Franklin	179	6.5	Meigs	528	5.8	Washington	355	5.1
Gibson	188	5.4	McHenry	268	7.4	Wayne	67	6.2
Giles	108	4.9	McIntire	122	6.9	Weakley	196	6.8
Grainger	59	4.1	Meigs	65	7.6	White	112	6.8
Greene	198	4.5	Monroe	178	5.8	Williamson	169	1.4
Grundy	74	6.8	Montgomery	684	5.8	Wilson	310	4.3
Hamblen	265	6.4	Moore	4	1.0	Tennessee	28,864	5.6

Note: Three-Year Total is the sum of substantiated numbers for Child Abuse and Neglect, provided by the Tennessee Department of Children's Services, for calendar years 2001, 2002 and 2003. Rate is the moving average per 1,000 under-age-18 residents for the same three calendar years. Population estimates were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY calculated rates and formatted displays.

Juvenile Court Referrals

Young People <18 Years Old, 3-Year Average



2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson	2,617	5.3
Bedford	1,180	3.9
Benton	654	6.0
Bledsoe	564	6.5
Blount	4,394	5.9
Bradley	2,540	4.0
Campbell	1,266	4.6
Cannon	477	4.8
Carroll	627	3.1
Carter	1,554	4.2
Cheatham	1,944	6.4
Chester	691	5.8
Claiborne	1,023	4.8
Clay	361	7.1
Cocke	2,863	12.3
Coffee	1,409	3.9
Crockett	302	2.7
Cumberland	1,745	5.7
Davidson	36,978	9.6
Decatur	306	4.0
DeKalb	548	4.4
Dickson	2,168	6.2
Dyer	1,304	4.5
Fayette	745	3.3
Fentress	447	3.7
Franklin	1,044	3.8
Gibson	2,543	7.3
Giles	1,279	5.9
Grainger	1,428	9.8
Greene	2,284	5.4
Grundy	1,003	9.2
Hamblen	2,308	5.6

2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Hamilton	11,615	5.4
Hancock	141	3.0
Hardeman	1,187	5.8
Hardin	672	3.8
Hawkins	3,076	8.1
Haywood	2,182	13.5
Henderson	1,650	8.7
Henry	681	3.3
Hickman	867	5.1
Houston	351	5.9
Humphreys	943	7.3
Jackson	390	5.2
Jefferson	2,359	7.4
Johnson	933	8.9
Knox	11,398	4.4
Lake	252	5.9
Lauderdale	2,863	14.0
Lawrence	1,763	5.6
Lewis	419	4.7
Lincoln	791	3.5
Loudon	1,791	6.9
Macon	1,140	7.0
Madison	2,262	3.1
Marion	1,440	7.3
Marshall	1,636	7.8
Maur	3,261	5.9
McMinn	1,361	3.8
McNairy	1,253	7.1
Meigs	384	4.5
Monroe	1,628	5.5
Montgomery	5,618	4.8
Moore	153	3.7

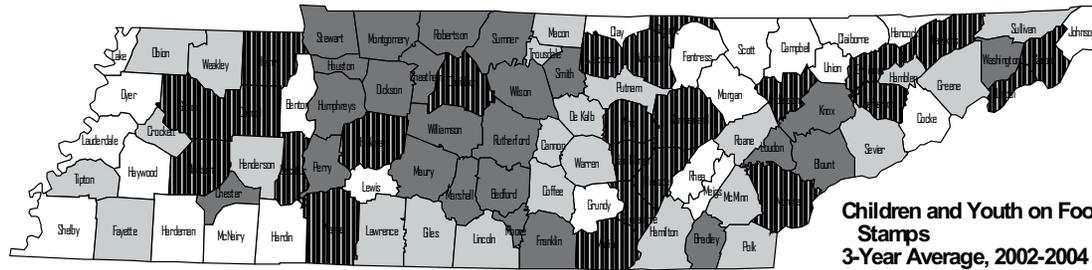
2001-2003

County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Morgan	614	4.4
Obion	1,250	5.4
Overton	309	2.2
Perry	472	8.5
Pickett	168	5.2
Polk	154	1.4
Putnam	2,612	6.1
Rhea	920	4.5
Roane	466	1.3
Robertson	3,721	8.3
Rutherford	3,056	2.0
Scott	783	4.7
Sequatchie	307	3.5
Sevier	5,440	10.8
Shelby	45,017	5.9
Smith	241	1.7
Stewart	420	4.6
Sullivan	7,053	7.0
Sumner	6,686	6.3
Tipton	850	1.8
Trousdale	460	8.6
Unicoi	504	4.6
Union	1,002	7.0
Van Buren	171	4.4
Warren	2,290	8.1
Washington	6,697	9.6
Wayne	989	9.1
Weakley	733	3.1
White	538	3.3
Williamson	6,422	5.4
Wilson	2,706	3.7
Tennessee	250,107	5.9

Note: Three-year total is the sum of juvenile court referrals for unduplicated counts of young people under the age of 18 for calendar years 2001, 2002 and 2003. Rate is based on population estimates for youth in the same age range during the same time frame. The Tennessee Council of Juvenile and Family Court Judges supplied referral data; 2003 numbers were obtained from the web page under Statistical Reports, 2003 Yearly Summaries. For 2003, the Davidson County court supplied its own numbers. Sullivan County includes Sullivan Divisions I and II courts, and Bristol. Washington County, includes the Johnson City court. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics provided population estimates. TCCY collapsed and massaged all data, calculated rates (percents) and formatted displays.

Food Stamps

3-Year Average for Youth <18 Years of Age



Children and Youth on Food Stamps
3-Year Average, 2002-2004
(Rate Per 100 Persons Ages 0-18)

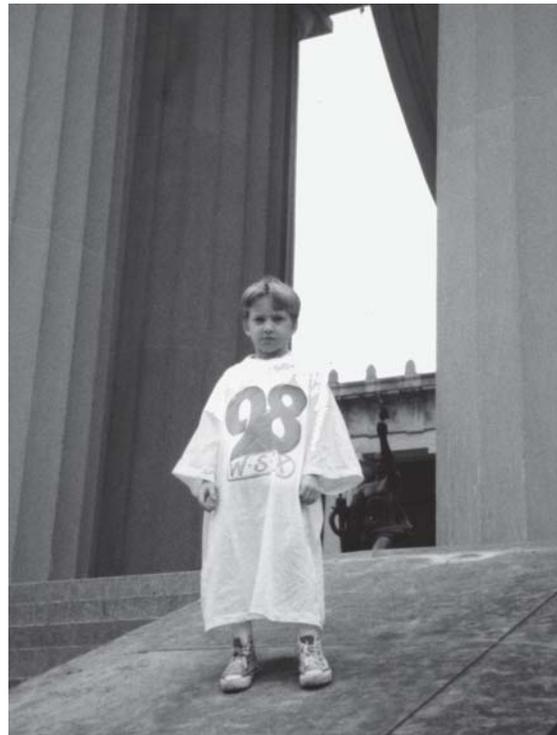
- 3.2 - 20.1
- 20.2 - 23.0
- 23.1 - 27.4
- 27.5 - 42.0

2002-2004			2002-2004			2002-2004		
County	3-Yr. Total	3-Yr. Avg. Rate Per 100	County	3-Yr. Total	3-Yr. Avg. Rate Per 100	County	3-Yr. Total	3-Yr. Avg. Rate Per 100
Anderson	12,302	24.3	Hamilton	47,394	22.4	Morgan	4,430	31.6
Bedford	5,739	18.4	Hancock	1,931	42.0	Obion	4,308	20.5
Benton	3,084	28.2	Hardeman	5,862	28.4	Overton	3,286	23.2
Blount	2,219	25.1	Hardin	5,800	32.2	Perry	1,048	18.7
Blount	13,501	18.2	Hawkins	8,930	23.2	Pickett	824	26.0
Bradley	12,039	18.6	Haywood	5,308	32.8	Polk	2,455	21.9
Campbell	10,309	37.3	Henderson	4,109	21.6	Fulton	8,877	20.8
Cannon	2,038	20.3	Henry	5,355	25.8	Rhea	5,688	28.3
Carroll	5,409	26.4	Hickman	4,049	23.2	Roane	8,177	23.0
Carter	9,317	26.3	Houston	1,176	19.2	Robertson	6,337	14.2
Cheatham	3,285	10.6	Humphreys	2,425	18.6	Rutherford	13,407	12.7
Chester	2,382	19.9	Jackson	2,062	27.4	Scott	6,838	40.9
Cherokee	7,242	34.5	Jefferson	7,959	24.5	Sequatchie	2,144	24.3
Clay	1,409	27.6	Johnson	3,231	30.8	Sevier	10,641	21.0
Cocke	8,297	35.6	Knox	45,834	17.6	Shelby	290,637	32.7
Coffee	7,324	21.3	Lake	1,628	38.1	Smith	2,348	16.7
Crockett	2,467	21.9	Lauderdale	6,424	31.1	Stewart	1,763	18.9
Cumberland	7,648	25.0	Lawrence	7,052	22.3	Sullivan	20,938	20.9
Davidson	34,881	24.7	Lewis	2,552	28.4	Sumner	15,524	14.5
Decatur	2,027	26.6	Lincoln	4,712	20.7	Tipton	10,038	21.8
DeKalb	2,839	22.7	Loudon	4,654	17.8	Trousdale	1,138	22.3
Dickson	5,895	16.0	Macon	3,800	23.0	Union	2,658	24.3
Dyer	8,207	28.3	Madison	19,327	26.8	Union	4,337	29.8
Fayette	4,820	21.5	Marion	5,009	25.6	Van Buren	931	23.6
Fentress	4,408	36.4	Marshall	3,713	17.6	Warren	6,500	22.8
Franklin	4,336	15.7	Mary	11,235	20.1	Washington	12,731	18.1
Gibson	9,548	27.1	McMinn	7,690	21.1	Wayne	2,913	26.7
Giles	4,615	21.3	McNairy	5,282	29.8	Weakley	4,979	21.1
Granger	3,882	25.1	Moore	2,531	28.8	White	4,015	24.3
Greene	9,155	21.3	Monroe	7,698	25.6	Williamson	3,912	3.2
Grundy	3,755	34.3	Montgomery	18,556	15.6	Wilson	7,329	10.0
Hamblen	9,117	21.9	Moore	542	13.2	Tennessee	985,181	23.0

Note: Three-Year Total is the sum of children and youth receiving food stamps each month, on the average, in fiscal years 2002, 2003 and 2004. The rate is the average percentage of children and youth below the age of 18 on food stamps over the three-year period. TCCY obtained food stamp numbers from the Tennessee Department of Human Services. Population estimates used to calculate rates are obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. TCCY re-organizes the data and performs all rate calculations.

Secondary Indicators

Maps and Tables ★



Secondary Indicators

County	TennCare Younger than Age 21, 2003		Total TennCare, 2003		Medical Doctors by County of Practice, 2004		Dentists by County of Practice, 2004		WIC Participants Younger than Age 6, 2003		Total Food Stamps, 2004		Reported Child Abuse Cases, 2003
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	639,780	38.2	1,402,105	24.0	13,231	224.4	2,861	48.5	113,766	24.5	804,795	13.6	32,925
Anderson	7,419	39.1	17,865	24.9	186	259.2	53	73.8	1,253	25.5	10,616	14.8	357
Bedford	4,529	37.7	9,218	23.3	29	72.1	12	29.8	1,009	28.2	5,203	12.9	288
Benton	2,253	54.1	5,555	33.3	9	53.7	5	29.8	415	38.6	3,299	19.7	93
Bledsoe	1,474	43.4	3,613	28.6	4	31.4	2	15.7	275	30.3	2,073	16.3	92
Blount	9,330	32.1	21,869	20.0	180	162.6	63	56.9	1,545	20.3	12,041	10.9	448
Bradley	8,437	32.5	19,207	21.2	142	154.9	35	38.2	1,813	25.2	10,656	11.6	625
Campbell	6,243	58.8	16,890	41.8	37	91.1	10	24.6	1,084	37.8	9,662	23.8	205
Cannon	1,408	36.4	3,395	25.8	6	45.1	4	30.1	259	24.4	1,828	13.7	73
Carroll	3,503	43.8	8,935	30.0	28	93.6	8	26.7	575	27.1	4,996	16.7	174
Carter	6,594	45.4	16,733	29.3	44	76.8	16	27.9	1,151	29.6	9,261	16.2	174
Cheatham	2,761	23.8	6,112	16.3	10	26.2	5	13.1	537	16.6	2,795	7.3	368
Chester	1,706	32.7	3,984	24.8	7	43.1	2	12.3	280	21.4	2,154	13.3	70
Claiborne	4,599	56.0	12,587	41.3	30	97.6	7	22.8	892	42.6	6,591	21.5	143
Clay	1,110	55.8	3,023	37.6	6	74.4	2	24.8	225	44.0	1,565	19.4	36
Cocke	5,386	59.9	13,701	39.8	22	63.3	6	17.3	914	37.4	8,087	23.3	168
Coffee	5,303	37.5	12,196	24.7	85	170.4	29	58.1	1,100	28.4	6,333	12.7	461
Crockett	1,919	44.0	4,280	28.9	3	20.1	3	20.1	525	45.5	2,236	15.0	74
Cumberland	5,313	45.3	12,766	26.2	87	176.1	14	28.3	959	30.1	6,651	13.5	367
Davidson	61,530	39.7	121,064	20.8	2,911	495.7	463	78.8	9,892	21.3	73,779	12.6	3,656
Decatur	1,400	47.9	3,734	31.7	9	76.2	4	33.9	332	40.8	1,946	16.5	70
DeKalb	2,001	41.5	5,189	28.9	14	77.2	4	22.1	375	28.1	2,698	14.9	169
Dickson	4,508	33.3	9,722	21.8	51	112.7	18	39.8	893	23.9	5,102	11.3	426
Dyer	5,145	46.5	12,154	32.2	57	150.3	14	36.9	834	27.4	7,359	19.4	310
Fayette	3,288	38.1	7,209	23.9	12	39.1	8	26.0	686	28.6	4,069	13.2	146
Fentress	2,994	63.8	8,377	49.3	12	70.0	4	23.3	451	35.6	4,519	26.4	147
Franklin	3,497	30.9	8,475	21.1	47	116.4	16	39.6	678	23.1	3,810	9.4	265
Gibson	6,106	45.1	14,199	29.4	36	74.2	15	30.9	1,299	34.4	8,261	17.0	196
Giles	3,038	35.9	7,208	24.2	27	90.0	9	30.0	467	21.0	4,319	14.4	201
Grainger	2,578	45.6	7,119	33.4	6	27.8	4	18.5	525	33.2	3,570	16.5	95
Greene	6,395	38.3	16,894	26.4	97	150.6	20	31.0	1,298	28.7	8,171	12.7	281
Grundy	2,483	58.9	6,703	46.0	4	27.3	0	0.0	457	38.2	3,541	24.2	105
Hamblen	6,305	39.3	14,943	25.2	122	203.9	32	53.5	1,253	27.1	7,929	13.3	352

★ Secondary Indicators

County	TennCare Younger than Age 21, 2003		Total TennCare, 2003		Medical Doctors by County of Practice, 2004		Dentists by County of Practice, 2004		WIC Participants Younger than Age 6, 2003		Total Food Stamps, 2004		Reported Child Abuse Cases, 2003
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	639,780	38.2	1,402,105	24.0	13,231	224.4	2,861	48.5	113,766	24.5	804,795	13.6	32,925
Hamilton	29,745	35.5	65,309	21.0	1,050	337.3	201	64.6	5,507	24.5	37,662	12.1	1,173
Hancock	1,114	62.1	3,202	47.0	2	29.3	1	14.6	247	54.5	2,063	30.2	29
Hardeman	3,854	48.1	8,846	30.6	22	75.2	10	34.2	885	41.0	4,783	16.3	212
Hardin	3,748	54.3	9,389	36.0	16	60.9	7	26.6	616	32.9	5,592	21.3	229
Hawkins	6,251	42.7	15,274	27.9	29	52.4	11	19.9	1,182	28.7	8,225	14.9	242
Haywood	3,246	52.1	6,941	35.0	14	70.5	7	35.3	656	37.6	4,580	23.1	182
Henderson	2,988	40.6	7,241	27.7	14	53.1	6	22.8	520	25.7	4,076	15.5	175
Henry	3,787	47.5	8,870	28.2	46	145.6	16	50.6	715	33.3	4,886	15.5	181
Hickman	2,843	42.2	6,395	27.4	7	29.4	7	29.4	379	20.5	3,727	15.7	202
Houston	942	41.2	2,380	29.2	7	85.5	1	12.2	219	32.3	1,159	14.2	97
Humphreys	1,852	37.2	4,453	24.4	10	54.5	3	16.4	370	27.7	2,127	11.6	187
Jackson	1,388	47.7	3,885	34.6	4	35.3	4	35.3	221	28.0	2,089	18.4	75
Jefferson	5,263	40.4	12,441	26.9	27	57.4	11	23.4	773	22.1	7,179	15.3	228
Johnson	2,194	54.4	6,117	34.2	12	66.5	4	22.2	410	38.5	3,365	18.6	103
Knox	31,530	29.4	72,403	18.5	1,480	376.1	228	57.9	5,534	19.5	38,638	9.8	1,729
Lake	919	50.8	2,527	31.8	3	37.7	1	12.6	288	60.4	1,656	20.8	48
Lauderdale	4,105	51.0	9,114	32.7	10	35.5	7	24.9	737	32.2	5,790	20.6	276
Lawrence	4,579	37.7	11,108	27.3	31	75.6	8	19.5	940	28.6	6,553	16.0	381
Lewis	1,740	50.7	3,983	34.2	6	51.0	1	8.5	358	38.2	2,433	20.7	85
Lincoln	3,383	38.5	8,004	25.0	27	83.7	7	21.7	533	22.4	4,429	13.7	183
Loudon	3,587	36.1	8,563	21.1	28	68.2	19	46.3	678	24.6	4,076	9.9	197
Macon	2,629	41.8	6,183	29.3	7	32.9	3	14.1	369	20.7	3,399	16.0	162
Madison	11,808	41.0	24,690	26.3	352	371.9	57	60.2	2,214	28.2	14,032	14.8	906
Marion	3,392	44.7	8,424	30.0	25	88.6	5	17.7	481	23.9	4,644	16.5	189
Marshall	2,597	32.0	5,775	20.9	18	64.2	7	25.0	527	23.9	3,291	11.7	192
Maury	7,254	33.6	15,789	21.9	168	230.1	32	43.8	1,347	22.8	9,360	12.8	504
McMinn	5,256	37.4	12,905	25.7	59	116.3	20	39.4	892	22.9	6,813	13.4	459
McNairy	3,613	53.3	9,428	37.8	14	55.9	7	28.0	536	28.6	5,193	20.7	196
Meigs	1,636	49.8	3,791	33.1	4	34.6	1	8.6	244	25.4	2,309	20.0	140
Monroe	5,113	43.7	12,600	31.1	31	75.5	9	21.9	992	31.9	6,922	16.9	231
Montgomery	12,457	26.9	24,009	17.1	161	112.9	58	40.7	3,547	26.1	14,318	10.0	977
Moore	429	26.8	969	16.5	3	50.8	1	16.9	95	22.6	476	8.1	24

Secondary Indicators

County	TennCare Younger than Age 21, 2003		Total TennCare, 2003		Medical Doctors by County of Practice, 2004		Dentists by County of Practice, 2004		WIC Participants Younger than Age 6, 2003		Total Food Stamps, 2004		Reported Child Abuse Cases, 2003
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	639,780	38.2	1,402,105	24.0	13,231	224.4	2,861	48.5	113,766	24.5	804,795	13.6	32,925
Morgan	2,746	50.5	6,675	33.1	10	49.1	4	19.7	508	35.2	4,162	20.5	107
Obion	3,360	37.6	8,012	24.5	40	122.0	15	45.8	753	29.1	4,430	13.5	227
Overton	2,269	41.3	6,370	31.2	19	92.5	4	19.5	494	32.3	3,283	16.0	163
Perry	800	37.3	2,047	26.6	4	51.9	1	13.0	197	34.6	1,014	13.2	60
Pickett	618	48.8	1,839	36.5	2	39.3	0	0.0	145	41.8	924	18.2	27
Polk	1,791	41.8	4,575	28.1	16	97.8	3	18.3	445	35.3	2,405	14.7	100
Putnam	6,412	34.7	15,693	24.3	146	223.3	33	50.5	1,128	24.4	8,072	12.3	455
Rhea	3,646	45.5	8,690	29.9	13	44.4	8	27.3	551	26.2	5,203	17.8	161
Roane	5,369	39.3	13,729	26.1	41	77.4	16	30.2	827	21.9	7,480	14.1	223
Robertson	5,018	29.1	10,832	18.9	45	77.1	15	25.7	1,089	23.5	5,473	9.4	336
Rutherford	14,906	24.1	29,368	15.1	294	147.6	84	42.2	2,981	17.4	15,573	7.8	775
Scott	4,170	63.8	10,310	47.2	20	90.6	5	22.6	760	41.6	6,574	29.8	111
Sequatchie	1,558	46.4	3,692	31.2	3	25.0	3	25.0	298	30.5	1,961	16.3	100
Sevier	8,627	44.0	18,711	25.0	64	84.0	22	28.9	1,260	23.9	9,384	12.3	305
Shelby	136,830	46.4	245,273	26.8	2,631	285.6	603	65.5	20,162	23.7	167,271	18.2	4,890
Smith	1,759	32.6	4,284	23.4	13	69.9	4	21.5	281	19.2	2,083	11.2	125
Stewart	1,211	33.8	2,940	22.8	6	45.9	3	22.9	265	28.3	1,520	11.6	51
Sullivan	14,222	36.8	35,385	23.0	536	348.2	103	66.9	3,104	29.6	18,338	11.9	771
Sumner	11,321	27.7	24,482	18.0	152	109.8	54	39.0	2,024	18.0	13,115	9.5	584
Tipton	6,540	37.1	12,836	23.8	41	74.8	10	18.2	1,003	21.9	7,991	14.6	265
Trousdale	905	43.4	2,220	29.7	5	66.2	1	13.2	152	27.5	1,155	15.3	18
Unicoi	1,950	46.0	5,552	31.2	14	78.5	5	28.0	530	45.4	2,823	15.8	90
Union	2,776	49.7	6,397	34.1	5	26.2	2	10.5	643	41.5	3,658	19.2	102
Van Buren	669	43.6	1,855	33.2	1	17.8	0	0.0	157	36.9	973	17.3	45
Warren	4,594	41.8	11,354	28.9	41	103.5	10	25.2	1,030	33.3	5,871	14.8	359
Washington	9,302	32.6	23,455	21.3	561	505.2	62	55.8	2,203	28.6	11,701	10.5	437
Wayne	1,926	45.0	4,865	28.3	12	69.4	3	17.3	332	30.8	2,681	15.5	150
Weakley	3,417	31.6	7,861	22.3	28	79.0	8	22.6	691	27.3	4,656	13.1	229
White	2,842	44.6	7,187	30.5	20	84.1	10	42.1	634	36.8	3,674	15.5	246
Williamson	4,010	9.0	8,967	6.6	349	248.8	94	67.0	761	6.4	3,566	2.5	225
Wilson	6,345	22.7	13,928	14.9	92	96.6	29	30.5	1,100	14.2	6,472	6.8	359

★ Secondary Indicators

County	Adequate Prenatal Care, 2003		Teen Pregnancy, 2003		Births to Teens, 2003		Births to Unmarried Females, 2003		Teens with STD, 2003		Commitment to State Custody, 2003		Remaining in Custody, 2003	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Tennessee	78,841	73.9	4,020	34.8	3,203	27.8	29,326	37.2	4,210	17.6	7,229	4.5	9,918	6.2
Anderson	824	78.6	48	32.1	37	24.7	272	33.0	31	10.2	78	4.3	134	7.4
Bedford	605	72.9	29	35.9	26	32.2	236	39.0	13	7.9	96	8.4	103	9.0
Benton	164	77.4	11	34.8	10	31.6	59	36.0	9	13.7	18	4.5	26	6.5
Bledsoe	123	81.3	3	13.5	3	13.5	44	35.8	2	3.6	5	1.5	9	2.8
Blount	1,308	81.6	51	24.5	42	20.2	399	30.5	37	8.5	93	3.4	139	5.0
Bradley	1,172	72.4	46	28.3	37	22.8	355	30.3	45	13.2	113	4.6	174	7.1
Campbell	535	77.9	25	31.1	25	31.1	179	33.5	12	7.6	50	4.9	49	4.8
Cannon	133	82.0	3	10.8	0	0.0	38	28.6	0	0.0	10	2.7	27	7.3
Carroll	351	81.2	18	29.1	13	21.0	133	37.9	26	21.4	33	4.3	54	7.1
Carter	627	78.1	28	27.2	25	24.3	201	32.1	19	9.0	48	3.5	62	4.5
Cheatham	465	87.1	17	18.5	14	15.2	127	27.3	5	2.7	44	3.9	63	5.6
Chester	198	74.2	8	27.8	6	20.8	53	26.8	12	19.3	19	4.0	26	5.5
Claiborne	372	77.4	13	20.8	12	19.2	95	25.5	2	1.6	97	12.4	80	10.2
Clay	64	68.8	4	24.8	4	24.8	14	21.9	3	9.9	1	0.5	5	2.6
Cocke	439	67.0	27	39.6	27	39.6	197	44.9	26	19.0	78	9.1	108	12.6
Coffee	638	62.1	37	35.4	26	24.9	232	36.4	19	9.1	105	7.8	121	8.9
Crockett	193	66.3	11	34.0	11	34.0	74	38.3	16	24.3	12	2.9	10	2.4
Cumberland	513	81.5	21	23.9	18	20.5	165	32.2	11	6.2	119	10.6	107	9.5
Davidson	8,900	81.7	416	46.8	319	35.9	3,677	41.3	507	27.2	799	5.5	1,096	7.5
Decatur	120	80.0	6	28.0	4	18.7	28	23.3	1	2.2	12	4.3	7	2.5
DeKalb	232	78.0	14	38.8	13	36.0	76	32.8	6	8.0	54	11.8	48	10.5
Dickson	628	77.9	25	25.1	21	21.1	206	32.8	34	16.7	104	8.0	154	11.8
Dyer	476	59.5	29	36.4	29	36.4	210	44.1	52	31.6	28	2.6	50	4.7
Fayette	406	67.2	26	41.1	21	33.2	160	39.4	21	15.3	39	4.7	47	5.7
Fentress	193	80.8	4	11.2	3	8.4	61	31.6	2	2.8	28	6.3	34	7.6
Franklin	473	49.3	28	36.4	22	28.6	150	31.7	16	10.2	88	8.3	93	8.8
Gibson	586	67.6	34	34.7	31	31.6	264	45.1	45	22.5	98	7.6	110	8.5
Giles	345	77.4	24	36.5	22	33.4	122	35.4	22	16.8	43	5.3	78	9.7
Grainger	283	75.6	15	36.9	11	27.0	66	23.3	5	6.1	33	6.1	38	7.0
Greene	739	73.9	41	34.8	39	33.1	226	30.6	24	9.8	131	8.2	171	10.8
Grundy	208	51.0	13	44.2	11	37.4	66	31.7	2	3.3	26	6.4	28	6.9
Hamblen	825	66.3	52	49.9	44	42.2	295	35.8	14	6.0	73	4.8	137	8.9

Secondary Indicators

County	Adequate Prenatal Care, 2003		Teen Pregnancy, 2003		Births to Teens, 2003		Births to Unmarried Females, 2003		Teens with STD, 2003		Commitment to State Custody, 2003		Remaining in Custody, 2003	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Tennessee	78,841	73.9	4,020	34.8	3,203	27.8	29,326	37.2	4,210	17.6	7,229	4.5	9,918	6.2
Hamilton	3,943	79.7	206	34.7	169	28.4	1,502	38.1	296	24.3	288	3.6	549	6.9
Hancock	70	81.4	4	26.1	3	19.6	18	25.7	2	6.7	3	1.7	9	5.2
Hardeman	330	65.5	29	49.1	27	45.7	191	57.9	35	28.2	45	5.9	45	5.9
Hardin	281	78.6	15	31.1	15	31.1	97	34.5	12	11.4	16	2.4	41	6.2
Hawkins	653	70.1	38	33.9	34	30.4	185	28.3	17	7.7	113	8.1	119	8.5
Haywood	310	59.4	18	43.9	17	41.5	168	54.2	22	26.1	31	5.2	46	7.7
Henderson	369	71.5	23	43.5	20	37.8	116	31.4	20	18.7	28	4.0	35	5.0
Henry	315	76.2	24	38.2	18	28.7	124	39.4	33	26.0	28	3.7	38	5.0
Hickman	287	79.1	19	41.9	16	35.2	105	36.6	6	6.0	42	6.5	37	5.7
Houston	100	53.0	5	31.1	5	31.1	44	44.0	2	6.0	9	4.1	14	6.3
Humphreys	209	73.2	12	33.1	11	30.3	72	34.4	8	10.3	60	12.6	44	9.2
Jackson	107	67.3	5	25.4	4	20.3	41	38.3	0	0.0	24	8.6	33	11.9
Jefferson	510	77.3	23	29.0	20	25.2	123	24.1	28	16.0	81	6.6	101	8.2
Johnson	158	70.3	5	16.7	5	16.7	48	30.4	3	4.6	30	7.7	37	9.5
Knox	5,058	79.6	206	30.1	154	22.5	1,483	29.3	225	16.0	341	3.4	603	6.0
Lake	80	56.3	1	8.1	1	8.1	42	52.5	12	48.8	5	3.0	4	2.4
Lauderdale	400	68.5	36	66.8	32	59.4	192	48.0	35	31.2	99	13.0	111	14.6
Lawrence	584	69.0	15	17.3	14	16.1	160	27.4	9	4.9	56	4.8	58	5.0
Lewis	182	71.4	9	35.2	8	31.3	62	34.1	5	8.9	15	4.6	11	3.3
Lincoln	387	66.4	25	35.8	20	28.7	121	31.3	24	17.4	51	6.1	69	8.2
Loudon	496	73.4	25	34.0	23	31.3	145	29.2	11	7.2	55	5.8	53	5.6
Macon	268	78.0	13	27.8	37	79.2	84	31.3	4	4.2	43	7.1	69	11.5
Madison	1,337	68.9	77	41.9	14	7.6	610	45.6	142	37.1	151	5.6	181	6.7
Marion	372	71.2	13	22.9	13	22.9	127	34.1	15	12.7	52	7.2	63	8.7
Marshall	361	80.1	12	20.3	63	106.8	126	34.9	10	8.0	46	5.9	62	8.0
Maury	1,042	78.4	63	38.8	13	8.0	399	38.3	51	14.8	82	4.0	96	4.7
McMinn	573	69.5	45	46.4	12	12.4	200	34.9	52	26.2	86	6.4	100	7.4
McNairy	329	83.6	15	32.7	44	95.9	120	36.5	9	9.2	33	5.1	36	5.5
Meigs	127	70.1	3	12.8	3	12.8	35	27.6	2	3.9	4	1.3	4	1.3
Monroe	543	75.9	22	27.0	18	22.1	154	28.4	10	5.9	49	4.4	49	4.4
Montgomery	2,298	55.7	88	31.0	60	21.1	696	30.3	108	18.1	174	4.0	210	4.8
Moore	51	76.5	0	0.0	0	0.0	16	31.4	1	4.1	4	2.6	2	1.3

★ Secondary Indicators

County	Adequate Prenatal Care, 2003		Teen Pregnancy, 2003		Births to Teens, 2003		Births to Unmarried Females, 2003		Teens with STD, 2003		Commitment to State Custody, 2003		Remaining in Custody, 2003	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Tennessee	78,841	73.9	4,020	34.8	3,203	27.8	29,326	37.2	4,210	17.6	7,229	4.5	9,918	6.2
Morgan	222	81.1	8	20.9	8	20.9	70	31.5	3	3.6	20	3.9	25	4.8
Obion	410	75.1	8	12.9	6	9.7	142	34.6	35	26.5	28	3.3	23	2.7
Overton	238	80.3	10	27.4	9	24.7	43	18.1	3	3.8	29	5.5	28	5.3
Perry	90	64.4	3	18.9	2	12.6	26	28.9	0	0.0	35	17.0	30	14.6
Pickett	55	85.5	4	44.9	4	44.9	11	20.0	0	0.0	1	0.8	1	0.8
Polk	188	63.8	5	17.1	4	13.7	62	33.0	0	0.0	17	4.1	21	5.1
Putnam	851	73.2	27	23.2	22	18.9	249	29.3	19	7.8	98	5.8	137	8.1
Rhea	396	80.6	20	35.5	17	30.2	147	37.1	12	10.1	18	2.4	30	4.0
Roane	528	80.1	16	15.5	12	11.6	172	32.6	14	6.6	72	5.5	89	6.8
Robertson	914	72.4	36	28.7	32	25.5	299	32.7	14	5.3	101	6.1	112	6.8
Rutherford	3,088	83.0	98	26.1	78	20.8	927	30.0	37	4.8	51	0.9	93	1.6
Scott	317	80.4	11	24.3	10	22.1	88	27.8	3	3.2	75	12.0	60	9.6
Sequatchie	163	84.7	7	31.8	7	31.8	51	31.3	2	4.3	40	12.4	43	13.3
Sevier	958	70.6	48	33.8	39	27.5	276	28.8	9	3.0	103	5.5	136	7.3
Shelby	14,155	61.8	1040	51.1	777	38.2	7,596	53.7	1500	35.7	545	1.9	1,250	4.4
Smith	220	66.8	12	30.2	9	22.6	70	31.8	3	3.5	35	6.8	37	7.2
Stewart	141	51.8	10	38.6	10	38.6	54	38.3	2	3.6	13	3.8	12	3.5
Sullivan	1,644	71.7	82	28.5	69	23.9	486	29.6	65	11.0	253	6.8	305	8.2
Sumner	1,886	88.1	74	23.7	52	16.7	570	30.2	40	6.2	161	4.1	208	5.3
Tipton	682	71.7	47	33.9	38	27.4	278	40.8	48	16.6	75	4.4	101	6.0
Trousdale	95	81.1	4	29.0	2	14.5	29	30.5	3	9.7	1	0.5	1	0.5
Unicoi	169	76.9	5	16.4	5	16.4	53	31.4	1	1.5	37	9.1	44	10.9
Union	246	82.9	18	44.2	16	39.3	61	24.8	3	3.6	37	6.9	53	9.9
Van Buren	62	75.8	2	20.8	2	20.8	16	25.8	1	4.8	16	11.0	31	21.2
Warren	544	70.2	28	34.6	25	30.9	170	31.3	18	11.0	104	9.9	116	11.1
Washington	1,363	80.2	47	25.4	39	21.1	439	32.2	42	10.8	159	6.0	162	6.1
Wayne	161	65.2	12	38.5	8	25.6	49	30.4	2	2.9	30	7.4	31	7.7
Weakley	350	82.6	17	24.7	16	23.2	113	32.3	10	7.2	51	5.3	61	6.3
White	302	78.1	17	36.2	13	27.7	98	32.5	9	8.9	86	14.1	101	16.6
Williamson	1,867	93.8	39	10.8	21	5.8	232	12.4	18	2.4	93	2.1	103	2.4
Wilson	1,268	85.3	44	21.6	32	15.7	363	28.6	46	11.0	126	4.7	157	5.8

Secondary Indicators

County	School-Age Special Education, 2003		School Expulsions, 2003		Event Dropouts, 2003		Youth Unemployment, 2003		Recorded Marriages, 2002		Recorded Divorces, 2002		Regulated Child Care Spaces, 2004
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	110,379	12.1	2,288	2.4	8,122	3.0	34,660	18.8	75,909	13.1	29,792	5.1	331,938
Anderson	1,757	14.5	56	4.3	120	3.1	270	13.4	640	9.0	341	4.8	3,397
Bedford	861	12.7	1	0.1	36	2.0	310	21.2	337	8.7	272	7.0	1,353
Benton	323	13.3	2	0.7	2	0.3	140	40.0	138	8.3	87	5.2	343
Bledsoe	331	18.5	1	0.5	12	2.3	100	41.7	130	10.4	2	0.2	317
Blount	2,162	12.8	17	1.0	99	2.1	400	12.7	1,574	14.6	795	7.3	4,550
Bradley	1,249	9.2	25	1.7	143	3.4	560	20.2	999	11.1	566	6.3	2,708
Campbell	710	11.7	10	1.6	108	6.1	230	22.1	522	13.0	244	6.1	777
Cannon	276	12.9	0	0.0	24	3.6	30	10.0	85	6.5	61	4.7	307
Carroll	649	13.3	1	0.2	18	1.1	160	22.5	210	7.1	82	2.8	936
Carter	1,029	13.0	6	0.7	49	1.8	240	14.9	477	8.4	335	5.9	1,826
Cheatham	680	9.9	7	1.0	12	0.5	190	18.6	308	8.3	253	6.8	1,873
Chester	166	6.6	5	1.9	16	2.1	140	20.9	108	6.8	67	4.2	348
Claiborne	583	12.6	8	1.6	24	1.8	100	15.2	305	10.1	61	2.0	820
Clay	161	14.1	5	4.0	1	0.3	60	26.1	77	9.6	28	3.5	320
Cocke	762	14.1	18	3.2	20	1.2	160	21.6	292	8.6	215	6.3	1,040
Coffee	1,317	14.7	18	1.9	67	2.3	240	14.3	445	9.1	291	5.9	2,582
Crockett	335	12.6	1	0.4	14	1.7	170	34.7	119	8.1	48	3.3	532
Cumberland	892	12.9	40	5.5	12	0.6	220	15.1	433	9.0	352	7.3	1,353
Davidson	9,151	13.3	214	2.8	1,163	6.7	2,850	17.1	5,363	9.3	2,317	4.0	35,593
Decatur	265	17.7	0	0.0	10	2.3	100	26.3	96	8.2	34	2.9	386
DeKalb	370	14.3	1	0.4	45	5.4	50	8.9	234	13.2	128	7.2	396
Dickson	1,098	13.6	0	0.0	69	2.9	170	15.2	424	9.6	329	7.5	1,722
Dyer	822	12.2	9	1.3	36	1.9	200	21.5	392	10.4	290	7.7	1,620
Fayette	463	13.4	19	5.2	75	8.4	190	22.6	253	8.5	130	4.4	804
Fentress	275	12.3	0	0.0	2	0.7	150	33.3	170	10.1	129	7.6	328
Franklin	815	14.1	1	0.2	104	5.6	210	17.2	349	8.8	149	3.7	1,178
Gibson	1,011	12.3	3	0.3	28	1.1	400	30.3	426	8.8	198	4.1	2,067
Giles	481	10.9	8	1.7	43	2.9	190	19.4	273	9.2	132	4.4	727
Grainger	454	13.7	9	2.6	15	1.5	170	31.5	166	7.9	99	4.7	136
Greene	1,524	15.8	9	0.9	75	2.4	410	19.2	553	8.7	464	7.3	1,890
Grundy	501	22.3	4	1.7	18	2.5	60	20.0	159	11.0	84	5.8	222
Hamblen	1,029	11.2	40	4.2	116	4.2	250	12.3	476	8.1	443	7.5	2,044

★ Secondary Indicators

County	School-Age Special Education, 2003		School Expulsions, 2003		Event Dropouts, 2003		Youth Unemployment, 2003		Recorded Marriages, 2002		Recorded Divorces, 2002		Regulated Child Care Spaces, 2004
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	110,379	12.1	2,288	2.4	8,122	3.0	34,660	18.8	75,909	13.1	29,792	5.1	331,938
Hamilton	4,762	11.8	251	5.7	465	3.8	1,180	14.3	4,194	13.6	1,501	4.9	20,316
Hancock	142	13.8	0	0.0	4	1.1	30	21.4	50	7.4	44	6.5	149
Hardeman	699	15.7	9	1.9	75	5.6	110	20.4	387	13.5	103	3.6	591
Hardin	461	12.3	7	1.7	50	4.5	220	28.9	405	15.6	113	4.4	361
Hawkins	1,265	16.1	17	2.0	112	4.6	370	29.4	379	7.0	379	7.0	1,143
Haywood	380	10.8	0	0.0	41	4.2	230	39.7	151	7.6	64	3.2	1,415
Henderson	547	12.5	5	1.1	91	7.2	220	26.5	249	9.6	360	13.9	594
Henry	489	10.6	0	0.0	31	2.1	380	36.9	357	11.4	188	6.0	1,221
Hickman	602	15.8	1	0.2	20	1.7	120	22.6	189	8.2	103	4.5	605
Houston	139	9.7	1	0.7	9	2.0	90	52.9	48	5.9	55	6.8	187
Humphreys	375	12.5	1	0.3	6	0.6	80	16.7	154	8.5	112	6.2	460
Jackson	248	14.8	1	0.6	4	0.9	40	13.8	88	7.9	32	2.9	318
Jefferson	942	13.4	16	2.1	11	0.5	310	21.4	326	7.1	98	2.1	976
Johnson	368	16.0	4	1.6	11	1.5	70	20.6	161	9.1	101	5.7	531
Knox	5,755	10.9	128	2.2	423	2.5	1,210	10.4	2,803	7.2	2,181	5.6	20,426
Lake	154	17.1	6	6.2	19	7.3	10	9.1	77	9.7	23	2.9	138
Lauderdale	727	16.0	1	0.2	27	2.0	190	35.8	243	8.8	186	6.7	924
Lawrence	996	14.9	1	0.1	44	2.1	300	24.2	308	7.6	242	6.0	1,290
Lewis	298	15.1	9	4.3	13	2.0	50	18.5	115	10.0	78	6.8	502
Lincoln	463	9.3	0	0.0	61	3.8	140	17.5	357	11.2	217	6.8	1,081
Loudon	597	8.7	15	2.2	26	1.3	140	12.6	398	9.9	150	3.7	1,122
Macon	415	11.7	6	1.6	43	4.1	120	35.3	171	8.2	134	6.4	416
Madison	2,099	15.4	0	0.0	121	2.9	2,630	18.0	836	9.0	380	4.1	5,483
Marion	520	11.6	6	1.4	32	2.6	160	18.8	389	13.9	158	5.7	799
Marshall	544	11.3	8	1.6	33	2.3	70	30.4	271	9.9	191	7.0	582
Maury	1,485	13.3	1	0.1	85	2.4	1,690	24.6	548	7.7	424	6.0	3,367
McMinn	1,126	14.3	3	0.4	50	2.1	820	31.5	476	9.6	303	6.1	825
McNairy	353	8.3	11	2.5	13	1.1	70	30.4	650	26.2	142	5.7	346
Meigs	227	12.3	0	0.0	10	1.6	20	9.1	108	9.5	29	2.6	161
Monroe	843	12.7	3	0.4	73	3.6	330	28.9	405	10.1	220	5.5	839
Montgomery	2,281	9.2	73	2.6	228	3.0	550	13.9	1,759	12.7	974	7.0	7,065
Moore	145	15.3	0	0.0	9	3.4	10	6.3	16	2.8	30	5.2	212

Secondary Indicators

County	School-Age Special Education, 2003		School Expulsions, 2003		Event Dropouts, 2003		Youth Unemployment, 2003		Recorded Marriages, 2002		Recorded Divorces, 2002		Regulated Child Care Spaces, 2004
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number
Tennessee	110,379	12.1	2,288	2.4	8,122	3.0	34,660	18.8	75,909	13.1	29,792	5.1	331,938
Morgan	421	13.0	1	0.3	34	3.4	130	31.0	215	10.7	93	4.6	146
Obion	593	11.1	2	0.3	33	2.0	270	28.1	345	10.6	193	5.9	964
Overton	499	15.3	0	0.0	8	0.9	90	13.8	203	10.0	121	6.0	579
Perry	202	17.9	0	0.0	7	1.8	50	26.3	58	7.6	29	3.8	165
Pickett	76	10.9	1	1.3	3	1.2	20	13.3	52	10.4	10	2.0	88
Polk	208	8.2	6	2.2	24	3.1	100	32.3	378	23.3	86	5.3	248
Putnam	1,303	13.2	1	0.1	21	0.7	350	16.1	539	8.4	259	4.1	3,330
Rhea	424	9.4	0	0.0	48	3.6	210	23.6	254	8.8	169	5.9	725
Roane	950	12.9	14	1.9	112	4.9	240	18.5	449	8.6	363	6.9	1,696
Robertson	1,338	13.8	2	0.2	75	2.7	280	13.6	791	14.0	349	6.2	1,619
Rutherford	3,425	9.7	137	3.8	121	1.3	1,240	17.7	1,435	7.5	1,304	6.9	11,491
Scott	402	10.4	6	1.4	29	2.4	250	38.5	231	10.7	136	6.3	872
Sequatchie	294	15.4	1	0.5	13	2.3	30	12.5	173	14.8	68	5.8	425
Sevier	1,532	11.7	8	0.6	73	1.8	280	11.9	23,076	313.6	458	6.2	2,334
Shelby	18,279	11.2	790	4.5	1,897	4.1	5,410	21.7	6,792	7.5	2,799	3.1	118,682
Smith	405	12.9	0	0.0	30	3.0	170	24.3	167	9.2	117	6.5	462
Stewart	320	15.2	5	2.2	13	1.9	70	25.9	88	6.9	74	5.8	245
Sullivan	2,851	12.4	104	4.3	167	2.3	680	17.7	1,243	8.1	927	6.0	5,940
Sumner	3,009	12.5	18	0.6	117	1.3	770	15.7	984	7.3	732	5.5	6,486
Tipton	1,351	12.1	4	0.3	82	2.4	510	30.5	434	8.2	517	9.8	1,695
Trousdale	222	17.4	5	3.8	14	3.5	30	20.0	93	12.6	29	3.9	263
Unicoi	382	15.0	0	0.0	3	0.4	60	14.6	177	10.0	82	4.6	301
Union	438	14.3	1	0.3	7	0.8	140	21.5	135	7.3	101	5.5	199
Van Buren	78	9.9	0	0.0	3	1.2	60	50.0	51	9.2	30	5.4	85
Warren	944	15.8	0	0.0	39	2.1	220	20.6	397	10.2	237	6.1	1,339
Washington	1,765	11.3	3	0.2	106	2.0	380	11.8	911	8.4	581	5.3	4,961
Wayne	376	14.7	0	0.0	11	1.4	80	21.6	112	6.6	99	5.8	275
Weakley	539	11.2	3	0.6	23	1.6	410	28.1	254	7.2	202	5.7	1,515
White	516	13.2	13	3.5	23	1.9	130	21.3	228	9.7	131	5.6	745
Williamson	2,502	9.8	0	0.0	117	1.5	410	10.3	768	5.8	568	4.3	8,886
Wilson	1,786	11.5	41	2.6	53	1.2	510	17.1	734	8.0	587	6.4	6,237

Secondary Indicators

	Total Population, 2003	Total Hispanic Population (Regardless of Race), 2003	Population Younger than Age 18, 2003	Hispanic Population Younger than Age 18 (Regardless of Race), 2003	Minority Population Younger than Age 18, 2003	Per Capita Personal Income, 2002	Fair Market Rent- 3 Bdrm., 2004	Median Housing Cost, 2002	Housing Cost Index, 2001
County	Number	Number	Number	Number	Number	Amount	Amount	Amount	Rate
Tennessee	5,840,260	151,023	1,427,042	47,872	335,318	\$27,611	\$578	\$114,000	1.000
Anderson	71,608	912	16,476	334	1,262	\$27,100	\$676	\$89,900	0.917
Bedford	39,514	3,620	10,399	1,174	1,066	\$23,635	\$503	\$80,000	0.774
Benton	16,684	180	3,638	62	151	\$20,470	\$494	\$65,000	0.682
Bledsoe	12,647	155	2,945	60	114	\$19,262	\$494	\$58,500	0.602
Blount	109,412	1,307	24,753	434	1,320	\$25,353	\$676	\$118,500	1.083
Bradley	90,681	2,227	21,521	680	1,465	\$25,733	\$577	\$96,000	0.925
Campbell	40,419	308	9,103	93	122	\$20,409	\$494	\$80,300	0.742
Cannon	13,173	192	3,343	71	63	\$23,924	\$494	\$86,500	0.815
Carroll	29,802	469	6,837	188	886	\$22,231	\$494	\$65,000	0.622
Carter	57,126	580	12,203	186	244	\$20,233	\$629	\$74,000	0.797
Cheatham	37,519	527	10,325	179	202	\$25,956	\$924	\$119,000	1.063
Chester	16,037	183	3,989	74	559	\$21,366	\$692	\$85,500	0.738
Claiborne	30,484	222	7,007	57	128	\$21,082	\$494	\$70,000	0.677
Clay	8,033	132	1,705	34	52	\$20,220	\$494	\$48,000	0.686
Cocke	34,408	424	7,771	132	316	\$18,777	\$494	\$75,000	0.664
Coffee	49,381	1,316	12,216	447	738	\$24,780	\$553	\$86,000	0.807
Crockett	14,817	976	3,763	386	599	\$22,613	\$494	\$67,950	0.619
Cumberland	48,698	676	10,211	241	108	\$22,339	\$543	\$91,800	0.890
Davidson	582,462	32,417	128,104	9,504	52,704	\$35,959	\$924	\$131,900	1.080
Decatur	11,784	267	2,542	66	140	\$21,749	\$494	\$48,500	0.537
DeKalb	17,946	800	4,161	210	96	\$21,739	\$494	\$79,950	0.853
Dickson	44,671	596	11,848	189	831	\$23,893	\$924	\$105,000	0.983
Dyer	37,724	519	9,667	178	1,834	\$24,124	\$536	\$75,000	0.761
Fayette	30,174	354	7,462	112	3,020	\$26,073	\$870	\$130,000	1.122
Fentress	17,005	106	4,037	39	19	\$20,388	\$494	\$55,950	0.519
Franklin	40,077	761	9,202	245	676	\$22,048	\$516	\$92,950	0.813
Gibson	48,370	644	11,756	195	2,987	\$23,063	\$494	\$72,500	0.657
Giles	29,817	303	7,209	95	1,092	\$23,705	\$501	\$66,600	0.723
Grainger	21,330	265	4,894	79	26	\$20,363	\$494	\$77,850	0.775
Greene	64,012	764	14,320	224	548	\$24,275	\$494	\$83,125	0.796
Grundy	14,562	168	3,653	52	21	\$19,611	\$494	\$55,295	0.499
Hamblen	59,375	4,091	13,875	1,206	940	\$24,747	\$520	\$95,000	0.932

Secondary Indicators

County	Total Population, 2003	Total Hispanic Population (Regardless of Race), 2003	Population Younger than Age 18, 2003	Hispanic Population Younger than Age 18 (Regardless of Race), 2003	Minority Population Younger than Age 18, 2003	Per Capita Personal Income, 2002	Fair Market Rent- 3 Bdrm., 2004	Median Housing Cost, 2002	Housing Cost Index, 2001
	Number	Number	Number	Number	Number	Amount	Amount	Amount	Rate
Tennessee	5,840,260	151,023	1,427,042	47,872	335,318	\$27,611	\$578	\$114,000	1.000
Hamilton	310,300	6,138	70,652	1,858	20,874	\$30,572	\$713	\$112,000	1.081
Hancock	6,812	28	1,531	6	20	\$14,758	\$494	\$62,500	0.578
Hardeman	28,950	294	6,889	51	3,503	\$18,010	\$494	\$67,000	0.627
Hardin	26,092	314	6,006	96	311	\$22,431	\$494	\$79,500	0.718
Hawkins	54,843	471	12,811	143	295	\$21,564	\$629	\$86,750	0.800
Haywood	19,807	623	5,393	220	3,181	\$20,292	\$516	\$74,750	0.711
Henderson	26,119	286	6,328	88	652	\$22,138	\$494	\$75,500	0.708
Henry	31,458	362	6,908	137	862	\$23,279	\$494	\$72,000	0.730
Hickman	23,373	266	5,810	83	164	\$18,083	\$532	\$80,000	0.750
Houston	8,149	115	2,037	41	95	\$20,743	\$494	\$55,000	0.561
Humphreys	18,214	174	4,344	71	203	\$22,396	\$494	\$75,000	0.767
Jackson	11,242	112	2,511	42	15	\$20,578	\$494	\$59,500	0.568
Jefferson	46,322	721	10,816	219	356	\$21,742	\$494	\$100,000	0.897
Johnson	17,899	176	3,498	55	38	\$16,269	\$494	\$74,950	0.737
Knox	390,386	5,567	86,822	1,786	12,412	\$30,327	\$676	\$110,055	1.101
Lake	7,952	129	1,425	47	386	\$13,369	\$494	\$41,400	0.518
Lauderdale	27,853	373	6,873	106	2,848	\$17,784	\$494	\$63,000	0.620
Lawrence	40,722	476	10,548	149	290	\$21,200	\$494	\$72,000	0.691
Lewis	11,654	160	2,998	66	83	\$19,138	\$494	\$62,500	0.601
Lincoln	31,993	378	7,592	108	757	\$23,521	\$494	\$72,000	0.689
Loudon	40,516	1,038	8,716	387	242	\$26,212	\$676	\$119,000	1.101
Macon	21,069	423	5,501	133	59	\$21,262	\$494	\$63,000	0.660
Madison	93,875	1,918	24,071	598	10,307	\$25,983	\$692	\$93,500	0.872
Marion	28,087	229	6,510	72	358	\$22,496	\$713	\$87,500	0.826
Marshall	27,688	976	7,041	331	685	\$25,524	\$536	\$82,000	0.779
Maury	72,049	2,889	18,624	926	3,376	\$26,562	\$619	\$108,450	0.930
McMinn	50,251	1,064	12,161	402	903	\$21,407	\$496	\$83,450	0.743
McNairy	24,927	268	5,902	98	522	\$22,040	\$494	\$65,000	0.577
Meigs	11,436	76	2,928	26	37	\$19,711	\$494	\$99,900	0.823
Monroe	40,514	816	10,009	317	350	\$18,833	\$494	\$85,000	0.754
Montgomery	140,458	7,691	39,607	2,784	10,890	\$25,689	\$654	\$94,275	0.893
Moore	5,863	54	1,373	20	29	\$21,959	\$494	\$90,640	0.825

Secondary Indicators

County	Total Population, 2003 Number	Total Hispanic Population (Regardless of Race), 2003 Number	Population Younger than Age 18, 2003 Number	Hispanic Population Younger than Age 18 (Regardless of Race), 2003 Number	Minority Population Younger than Age 18, 2003 Number	Per Capita Personal Income, 2002 Amount	Fair Market Rent- 3 Bdrm., 2004 Amount	Median Housing Cost, 2002 Amount	Housing Cost Index, 2001 Rate
Tennessee	5,840,260	151,023	1,427,042	47,872	335,318	\$27,611	\$578	\$114,000	1.000
Morgan	20,194	135	4,660	52	37	\$18,976	\$494	\$67,000	0.613
Obion	32,681	741	7,815	207	1,118	\$24,837	\$506	\$67,375	0.671
Overton	20,423	161	4,720	40	37	\$20,172	\$494	\$67,000	0.645
Perry	7,683	69	1,865	29	49	\$22,076	\$494	\$49,000	0.508
Pickett	5,045	52	1,058	15	7	\$17,541	\$494	\$74,000	0.686
Polk	16,272	133	3,735	40	32	\$21,902	\$494	\$75,750	0.709
Putnam	64,576	2,441	14,254	800	491	\$23,705	\$550	\$98,500	0.934
Rhea	29,057	570	6,706	201	286	\$20,492	\$500	\$85,000	0.777
Roane	52,690	405	11,848	150	544	\$23,878	\$505	\$93,000	0.814
Robertson	57,326	1,769	15,007	431	1,606	\$25,413	\$924	\$122,000	1.018
Rutherford	194,625	6,330	51,075	2,015	7,105	\$26,946	\$924	\$119,000	1.055
Scott	21,829	133	5,624	66	33	\$17,270	\$494	\$56,500	0.515
Sequatchie	11,846	111	2,942	34	19	\$20,026	\$494	\$73,423	0.703
Sevier	74,863	1,024	16,876	327	372	\$24,603	\$676	\$125,000	1.239
Shelby	914,478	29,545	255,113	9,254	157,834	\$32,914	\$870	\$122,000	1.197
Smith	18,341	236	4,672	78	172	\$23,533	\$494	\$85,500	0.800
Stewart	12,881	146	3,101	71	118	\$20,560	\$494	\$80,000	0.729
Sullivan	153,631	1,263	33,496	437	1,206	\$26,306	\$629	\$89,850	0.924
Sumner	136,331	2,846	35,709	955	3,151	\$27,410	\$924	\$137,000	1.191
Tipton	53,861	728	15,416	280	3,665	\$23,468	\$870	\$117,000	0.931
Trousdale	7,471	145	1,793	53	176	\$21,129	\$519	\$67,486	0.762
Unicoi	17,783	394	3,645	145	33	\$22,671	\$629	\$86,000	0.797
Union	18,735	169	4,847	52	42	\$18,096	\$676	\$82,359	0.779
Van Buren	5,585	18	1,314	1	4	\$20,565	\$494	\$45,000	0.614
Warren	39,251	2,375	9,499	712	451	\$22,510	\$494	\$69,900	0.733
Washington	110,017	1,744	23,439	560	1,496	\$24,323	\$629	\$107,000	1.025
Wayne	17,173	156	3,632	53	74	\$16,256	\$494	\$35,500	0.494
Weakley	35,282	474	7,852	137	744	\$21,625	\$494	\$62,000	0.648
White	23,596	289	5,515	112	155	\$19,411	\$494	\$67,000	0.703
Williamson	136,589	3,965	40,123	1,378	2,769	\$42,370	\$924	\$219,900	1.729
Wilson	93,520	1,390	24,521	495	2,060	\$30,120	\$924	\$141,300	1.233

★ Appendix, Data Definitions and Sources ★

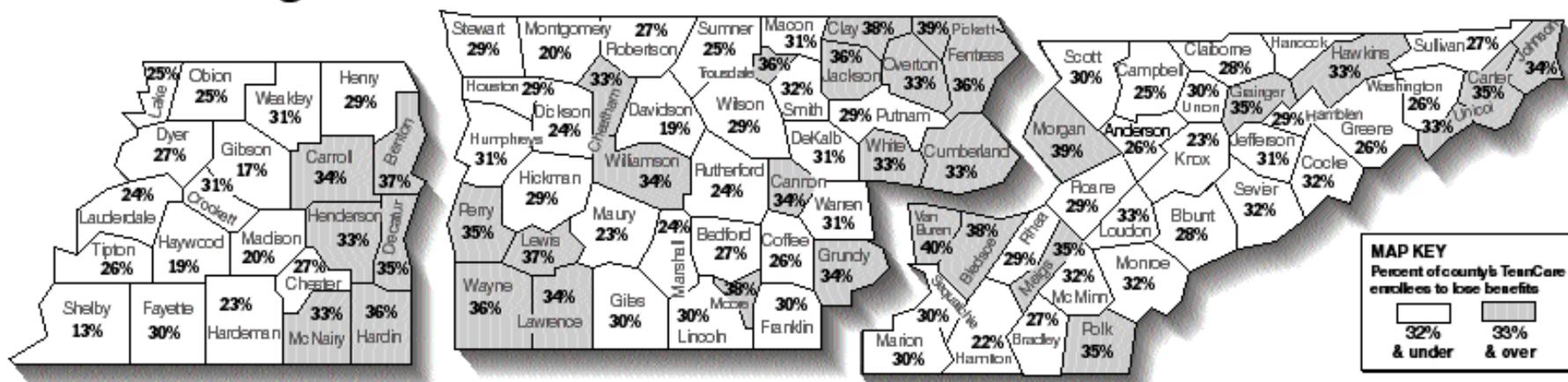


Appendix: TennCare Cuts by County

County-by-county look at the effect of TennCare changes

Gov. Phil Bredesen's proposed changes will remove 323,000 TennCare recipients - 43% of them in the eastern part of the state, a third of them in Middle Tennessee and 24% from the western region. Overall, one in four TennCare enrollees will be knocked off

the program. However, in some counties, the percentage of those losing TennCare is much higher, often approaching 40%. The chart below reveals how many residents were on TennCare at the beginning of last year and how many will be eliminated from the program.



WEST

County	TennCare enrollees	Enrollees cut
Benton	5,175	1,935
Carroll	8,407	2,883
Chester	3,793	1,081
Crockett	4,009	1,239
Decatur	3,516	1,220
Dyer	11,426	3,112
Fayette	6,684	2,011
Gibson	13,246	2,225
Hardeman	8,234	1,917
Hardin	8,751	3,174
Haywood	6,554	1,238
Henderson	6,795	2,251
Henry	8,292	2,445
Lake	2,433	610
Lauderdale	8,614	2,082
Madison	23,289	4,593
McNairy	8,987	2,925
Obion	7,416	1,889
Shelby	232,611	30,822
Tipton	12,201	3,132
Weakley	7,367	2,255

MIDDLE

County	TennCare enrollees	Enrollees cut
Bedford	8,657	2,315
Cannon	3,194	1,086
Cheatham	5,643	1,876
Clay	2,837	1,069
Coffee	11,437	3,025
Cumberland	11,965	3,891
Davidson	113,931	21,487
DeKalb	4,945	1,523
Dickson	9,144	2,157
Fentress	7,996	2,876
Franklin	7,898	2,346
Giles	6,755	2,001
Grundy	6,309	2,170
Hickman	6,060	1,748
Houston	2,250	644
Humphreys	4,219	1,290
Jackson	3,713	1,395
Lawrence	10,416	3,566
Lewis	3,577	1,350
Lincoln	7,454	2,261

County	TennCare enrollees	Enrollees cut
Macon	5,789	1,820
Marshall	5,380	1,317
Maury	14,953	3,493
Montgomery	22,509	4,468
Moore	888	334
Overton	5,957	1,954
Perry	1,865	651
Pickett	1,738	683
Putnam	14,765	4,210
Robertson	10,018	2,658
Rutherford	27,601	6,566
Smith	4,014	1,266
Stewart	2,652	780
Sumner	23,107	5,857
Trousdale	2,101	749
Warren	10,600	3,244
Wayne	4,512	1,619
White	6,724	2,199
Williamson	8,253	2,792
Wilson	12,938	3,775

EAST

County	TennCare enrollees	Enrollees cut	County	TennCare enrollees	Enrollees cut
Anderson	16,994	4,389	Loudon	8,012	2,655
Bedsole	3,379	1,289	Marion	7,840	2,363
Bourne	20,592	5,663	McMinn	11,958	3,784
Bradley	17,807	4,777	Meigs	3,570	1,264
Campbell	16,152	4,065	Monroe	11,765	3,745
Carter	15,692	5,476	Morgan	6,314	2,456
Claiborne	12,014	3,313	Polk	4,217	1,472
Cooke	12,988	4,142	Rea	8,190	2,335
Grainger	6,750	2,380	Roane	12,913	3,756
Greene	15,780	4,144	Scott	9,874	2,936
Hamblen	14,017	4,033	Sequatchie	3,455	1,051
Hamilton	61,032	13,244	Sevier	17,571	5,699
Hancock	3,057	1,055	Sullivan	33,162	8,900
Hawkins	14,306	4,701	Unicoi	5,177	1,714
Jefferson	11,728	3,686	Union	6,047	1,789
Johnson	5,756	1,982	Van Buren	1,766	707
Knox	67,724	15,667	Washington	21,792	5,558

SOURCE: Governor's office
KENT TRAMS / STAFF

Data Definitions

This year's book contains 41 indicators. The first 11 indicators are Primary Indicators: Indicators we believe play a significant role in child well-being in Tennessee. They provide a good snapshot of the economic, educational, physical and social health of children. The remaining indicators are Secondary Indicators. The story told by these indicators most likely mirrors that of a related Primary Indicator.

Data are reported for a variety of time periods. In some instances, data reflect calendar year (CY). Other data may be indicative of fiscal year (FY). All education data are reported by school year (SY).

Primary Indicators

Number and rate statistics are presented in tables across a three-year average. Maps for each Primary Indicator reflect three-year averages also because that is the most stable statistic. The stability should be most notable at the county level. Counties having smaller populations will still show higher rates, but three-year averages help relate the story better.

- ★ **Low Birthweight Babies.** Low birthweight babies comprise infants who weighed less than 2,500 grams or 5.5 pounds (5 lbs., 8 oz.) at birth in a calendar year. The rate, a percent, is the ratio of the number of low birthweight babies, multiplied by 100, to the total number of babies born that survived. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided live birth and low birthweight data. KIDS COUNT extracted the data and calculated the rate.
- ★ **Infant Mortality.** Any child who dies before reaching his or her first birthday defines infant mortality. The infant mortality rate constitutes the ratio of the number of infants who die during a calendar year per 1,000 live births. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied live birth and infant mortality counts. KIDS COUNT extracted the data and calculated the rate.
- ★ **Child Deaths.** Child deaths encompass children, between the ages of 1 and 14 years of age, who die from any cause within a calendar year. The rate is the ratio of child deaths to the total child population for children of the specified age ranges. It is calculated per 100,000 due to low incidence. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided child death data. KIDS COUNT extracted the data and calculated the rate.
- ★ **Teen Violent Deaths.** This indicator examines deaths of teens between the ages of 15 and 19 in a calendar year that result from one of the following: motor vehicle or other accidents, homicides or suicides. Again, due to the low incidence, the rate is per 100,000 teens in the specified age range. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied teen death statistics. KIDS COUNT extracted the data and calculated the rate.

- ★ **Free and Reduced Lunch Participation.** Data reflect the average number of students on free and reduced-price lunch who participate in the program on any given day during a school year. The rate is the ratio of average daily participation (ADP) for eligible students to average daily attendance (ADA). Participation figures are lower than eligibility figures because not all eligible students actually participate in the program. The Tennessee Department of Education, Division of School Nutrition, supplied ADP and ADA data. KIDS COUNT reconfigured the data by county, then calculated the rate. Statewide data include the six state special schools: West Tennessee School for the Deaf, Alvin C. York Institute, Tennessee School for the Blind, Tennessee School for the Deaf, Tennessee Department of Children’s Services and Tennessee Department of Corrections.

- ★ **Cohort Dropouts.** Cohort dropouts represent the number of students no longer enrolled as 12th graders, compared to their numbers as ninth graders. The rate, a percentage, is the ratio of these two populations. The Tennessee Department of Education’s Research Division supplied the data by school district per school year. KIDS COUNT reconfigured the data by county, then calculated the rate. State special schools were excluded from statewide figures.

- ★ **Children on Families First (TANF).** Families First is Tennessee’s Temporary Assistance to Needy Families (TANF) program. Prior to 1996, it was known as the Aid to Families with Dependent Children (AFDC) program. Through Families First, financial help is given in the form of cash payments. Funding actually comes from the federal government. KIDS COUNT only reports statistics for children, that is, persons younger than 18 years of age who participate in the program per fiscal year. The rate captures the percentage of children in the resident population receiving TANF funds. The Tennessee Department of Human Services provided data for the indicator. KIDS COUNT organized and analyzed the data to obtain the rate.

- ★ **Children on Food Stamps.** The Food Stamp Program is another federally funded program. Participants are allotted money for food but in the form of vouchers or electronic benefits, not cash payments. KIDS COUNT collects food stamp data on the entire population of recipients by fiscal year, but this particular indicator focuses only on children, that is, persons between the ages of 0 and 17 years. The calculated rate is a percent. Tennessee’s Department of Human Services supplied the data. KIDS COUNT organized, summarized and computed rates based on the data.

- ★ **Substantiated Child Abuse.** Child abuse data are for a calendar year and are based only on cases for which sufficient evidence exists. The rate represents the number of cases per 1,000 children younger than 18 years of age. The Tennessee Department of Children’s Services supplied substantiated case data. Population estimates used in the calculation of the rates were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT calculated the rate.

- ★ **Juvenile Court Referrals.** Referrals to juvenile court reflect unduplicated counts of children younger than age 18 who are brought to juvenile court during a calendar year. The rate is the percent of referrals, given the total under-age-18 population in Tennessee. There are more juvenile courts than counties, so Sullivan County comprises Sullivan Divisions I and II, and Bristol; Washington County,

includes the Johnson City court. The Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) provided referral data for all courts except Davidson County, which submitted its own referral numbers. KIDS COUNT reconfigured referral data by county and computed the rate.

- ★ **School Suspensions.** Suspensions are representative of a school year and reflect unduplicated counts of suspensions. The rate is a percent, computed by multiplying the count by 100 and dividing by net enrollment for the appropriate school year. The Tennessee Department of Education's Research Division submitted suspension data by school district. KIDS COUNT reconfigured the data by county, then calculated the rate. State special schools were excluded from statewide figures.

Secondary Indicators

For this book, there are 30 Secondary Indicators. This number represents an increase of eight indicators. Additional indicators include the following: Medical Doctors by County of Practice, Dentists by County of Practice, Reported Child Abuse Cases, Births to Unmarried Females, Recorded Marriages, Recorded Divorces, Total Hispanic Population and Hispanic Population Younger Than Age 18. Due to an inability to secure recent housing data, Median Housing Cost is reported in lieu of Mean Housing Cost. The lack of housing data also resulted in the republication of the Housing Cost Index from the 2003 book.

- ★ **TennCare Enrollees Under Age 21.** TennCare is the health care system for persons who are Medicaid eligible or for individuals who do not or cannot secure health insurance. Number and rate (percent) are provided for persons younger than 21 years of age who were on TennCare in December 2003. The Bureau of TennCare supplied counts, with rates computed by KIDS COUNT. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics provided population estimates used in rate calculations. Statewide totals include out-of-state and unconfirmed county enrollees.
- ★ **Total TennCare Population.** This indicator includes persons of all ages who were served through the TennCare health care system as of December 2003. The Bureau of TennCare supplied count data and the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided appropriate population estimates. KIDS COUNT does rate calculations by county and statewide. State totals include out-of-state and unconfirmed county enrollees.
- ★ **Medical Doctors by County of Practice.** The indicator shows the number of practicing physicians in a county per 100,000 total resident population as of July 2004. Tennessee's Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided physician and population data. KIDS COUNT is responsible for rate calculations.
- ★ **Dentists by County of Practice.** The indicator shows the number of practicing dentists per county per 100,000 total resident population as of July 2004. Tennessee's Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics provided dentist and population data. KIDS COUNT is responsible for rate calculations.

- ★ **Children Under Age 6 in WIC.** This indicator captures only eligible children below the age of six years in FY 2003. Tennessee’s Department of Health provided child and population counts, with rate calculations by KIDS COUNT.
- ★ **Total Food Stamps Population.** Included in this indicator are estimates of the number and percentage of persons receiving food coupons during FY 2004, by county and statewide. Estimates are based on monthly averages. The Tennessee Department of Human Services provided the data. KIDS COUNT organized and analyzed data, including rate calculations. Population estimates were denominators and came from the Tennessee Department of Health.
- ★ **Reported Child Abuse Cases.** Another of the added indicators, numbers include all reports of child abuse to Child Protective Services in CY 2003. The numeric value is the sum of substantiated and unsubstantiated cases for the given calendar year.
- ★ **Adequate Prenatal Care.** The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided 2003 live birth and adequacy of care data. Rates, calculated by KIDS COUNT, are percentages that use the number of live births as the denominator. For 2003, the numerator includes physicians’ estimates of weeks of gestation, which means the data are not comparable to the rates in previous publications.
- ★ **Teen Pregnancy.** The population of interest is pregnant 15- to 17-year-olds during CY 2003, regardless of the pregnancy outcome. The 2003 rate is per 1,000 teens. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics supplied count and population estimates. KIDS COUNT computed the rates per 1,000 females in the specified age group.
- ★ **Births to Teens.** Of the 15- to 17-year-olds who were pregnant in CY 2003, this indicator examines those who actually gave birth, regardless of birth outcome. Rates are per 1,000 females in the specified age group. The Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided all data for this indicator including population estimates. Again, KIDS COUNT calculated the rates.
- ★ **Births to Unmarried Females.** The indicator shows the number and rate (percent) of births for unmarried females across the state in 2003. Birth numbers for unmarrieds were obtained from the Tennessee Department of Health website. Population estimates were supplied directly from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT computed the rate.
- ★ **Teens with Sexually Transmitted Diseases.** This indicator yields data on young people, ages 15 to 17, who were diagnosed with chlamydia, gonorrhea or syphilis during CY 2003. The Tennessee Department of Health, Division of AIDS/HIV/STD, provided counts by county and statewide. Population estimates came from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. The rates, calculated by KIDS COUNT, represent per 1,000.

- ★ **Commitment to State Custody.** The indicator shows children younger than 19 years of age (per 1,000) who were committed to state custody during FY 2003. The Tennessee Department of Children’s Services provided counts. Population estimates were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT computed the rates.
- ★ **Remaining in State Custody.** Included in this indicator are children ages 0 to 19 who were still in custody on June 30, 2003. The Tennessee Department of Children’s Services provided counts and Tennessee’s Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics supplied population estimates. Data are reflective of children still in custody by county of commitment. Rates, calculated by KIDS COUNT, are per 1,000.
- ★ **School-Age Special Education.** The indicator shows counts and percentages (rates) for public school students with special education eligibility during SY 2004. Students range in age from 6 to 21 years. Children classified as gifted or as having a functional delay are excluded from the numbers. The Special Education Division of Tennessee’s Department of Education provided counts, based on a December 2003 report. Average daily membership (ADM) for the fifth month of school during SY 2004 served as the denominator; the department’s Research Division provided ADM. KIDS COUNT reorganized the data by county and calculated the rates. Special state schools are not included in statewide data.
- ★ **School Expulsions.** SY 2003 data reflect unduplicated counts of expulsions. The rate is per 1,000, with net enrollment for SY 2003 as the denominator. Tennessee’s Department of Education, Research Division, provided all data. KIDS COUNT reorganized the data by county and calculated the rates. State special schools are excluded from statewide figures.
- ★ **Event Dropouts.** This indicator yields a crude measure of the number and percentage of students who drop out of school any given year. Data are for SY 2003. The Tennessee Department of Education’s Research Division supplied all necessary data. KIDS COUNT reorganized data by county and calculated the rate. State special schools are excluded from statewide calculations.
- ★ **Youth Unemployment.** Unemployment rates of young people ages 16-19 for CY 2003 are captured by this indicator. Tennessee’s Department of Labor and Workforce Development, Employment Security Division, Research and Statistics supplied data and rates. KIDS COUNT reformatted both data and rates.
- ★ **Recorded Marriages.** The indicator reflects the number of marriage licenses issued by county and statewide in 2002, though the actual marriage ceremony could have been performed in another state. Data were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics website. Rates are per 1,000 total resident population in 2002. KIDS COUNT prepared the files for use in this publication.

- ★ **Recorded Divorces.** Numbers are indicative of divorces recorded by county and statewide in 2002; annulments were excluded. Data were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, website. The rates are per 1,000 total resident population in 2002. KIDS COUNT prepared the files for use in this publication.

- ★ **Regulated Child Care Spaces.** Tennessee’s Department of Human Services (DHS) provided counts of regulated child care spaces statewide and by county. Counts include spaces for which DHS has official monitoring responsibility. Data are for FY 2004.

- ★ **Total Population.** Data represent 2003 population estimates and include all residents, by county and statewide, regardless of age. Estimates were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT extracted the data.

- ★ **Total Hispanic Population.** Data represent 2003 population estimates and include all Hispanic residents by county and statewide. The estimates ignore race. For example, any person of Hispanic origin is included in the numbers, whether the person is White, African-American, Asian, etc. An African American with Hispanic ethnicity is included in the numbers, just like a person of totally Spanish heritage. Estimates were obtained from the Tennessee Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics. KIDS COUNT extracted the data.

- ★ **Population Younger Than Age 18.** The Office of Policy Planning and Assessment, Division of Health Statistics in Tennessee’s Department of Health provided 2003 population data by age. The data include persons ranging in age from birth to 17 years. KIDS COUNT manipulated and extracted the data.

- ★ **Hispanic Population Younger Than Age 18.** The definition for this indicator is akin to that for Total Hispanic Population, except that only persons between the ages of 0 and 17 years are included. Again, race is ignored; a person can be Hispanic and of a particular race, for example, White. Data are for 2003. Tennessee’s Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, provided population data by age. KIDS COUNT manipulated and extracted the data.

- ★ **Minority Population Younger Than Age 18.** This indicator includes 2003 population estimates for nonwhite children by county and statewide. White children of Hispanic ethnicity are not included in the numbers, so the values are most likely underestimates. Tennessee’s Department of Health, Office of Policy Planning and Assessment, Division of Health Statistics, supplied population estimates by age. KIDS COUNT manipulated and extracted the data.

- ★ **Per Capita Personal Income.** Data are for 2002 and provided by the Tennessee Department of Revenue. These data are also available online from the Regional Economic Information System (REIS), Bureau of Economic Analysis. KIDS COUNT extracted the data.

- ★ **Fair Market Rent.** The indicator represents FY 2004 final fair market rents for existing housing. Data are available by county and can be accessed from the following: www.huduser.org/datasets/FMR/FMR2004F/FMR2004F_County.xls. Fair market rents are for three-bedroom apartments. KIDS COUNT compiled the data.
- ★ **Median Housing Cost.** No new data could be collected from the Tennessee Housing and Development Association's (THDA) Department of Research, Planning, and Technical Services. Therefore, data made available for the 2003 book were used to display median home sale values for new and existing homes sold in 2002. The data are displayed by county and statewide. KIDS COUNT extracted the data to address the indicator.
- ★ **Housing Cost Index.** This index provides a way to more precisely estimate home costs across counties. Referenced as the 2001 Housing Cost Index, it was constructed using data from 1999-2001. The Department of Economics, Middle Tennessee State University, supplied the data. KIDS COUNT reformatted the index. The index is the same as that shown in the 2003 *State of the Child in Tennessee* book.

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