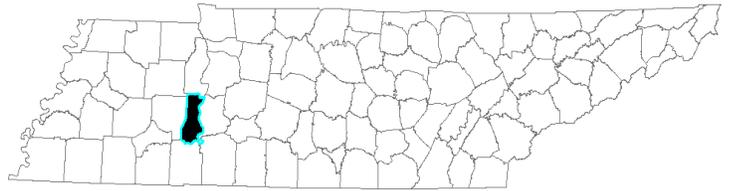
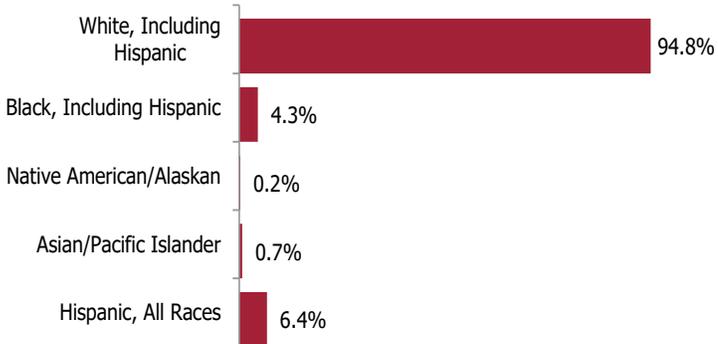


# Decatur

## TCCY Index Rank 77



### Child Population by Race/Ethnicity



### HEALTH

- Low birth-weight babies: **8.9%** (Rank: 45)
- Children without health insurance: **5.5%** (Rank: 91)
- Child and teen deaths: **118.2** per 100,000 (Rank: 92)

### ECONOMIC WELL-BEING

Rank: 57

- Child Poverty: **25.4%** (Rank: 58)
- Median Household Income: **\$38,988** (Rank: 73)
- Fair Market Rent: **\$829** (Rank: 28)

### FAMILY and COMMUNITY

Rank: 38

- School suspension rate: **1.0%** (Rank: 20)
- Teen pregnancy: **11.4** per 1,000 (Rank: 41)
- Substantiated Abuse and Neglect: **7.4** per 1,000 (Rank: 69)

### EDUCATION

Rank: 44

- Third to eighth grade reading proficiency: **31.5%** (Rank: 51)
- Third to eighth grade math proficiency: **46.7%** (Rank: 9)
- High school graduation rate: **89.7%** (Rank: 85)

# Decatur County

Published 10/2019

Demographics 	Decatur County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	11,751	NA	6,715,862	0.2%	85
Population under 18 years of age	2,430	20.7%	22.4%	92.5%	58
Economic Well-Being 	Decatur County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	30	20.0%	12.0%	166.7%	77
Per capita personal income (state is dollars not rate)	\$41,882	NA	\$45,517	92.0%	12
Children receiving Families First grants (TANF)	100	4.1%	3.2%	128.8%	71
Children receiving SNAP	904	37.2%	31.8%	117.1%	50
Children under five receiving WIC	284	41.9%	29.6%	141.7%	58
Education 	Decatur County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	226	14.3%	11.9%	120.2%	72
TEIS participation (per 1,000 in age group)	20	47.62	23.4	203.3%	91
Cohort high school dropouts	2	1.7%	5.5%	30.9%	21
Event high school dropouts	0	0.0%	2.6%	0.0%	1
Economically disadvantaged students	606	38.3%	34.7%	110.4%	56
School expulsions (per 1,000 students)	0	0.0	2.0	0.0%	1
Chronic absenteeism	307	19.6%	13.6%	144.1%	83
Health 	Decatur County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	1	8.93	13.5	66.1%	38
Births to mothers who smoked during pregnancy	34	30.4%	12.7%	239.4%	90
Children on TennCare (Medicaid)	1,537	54.8%	48.4%	113.2%	47
Total TennCare (Medicaid) enrollees	2,947	25.1%	21.8%	115.1%	57
Births covered by TennCare (Medicaid)	75	67.0%	52.3%	128.1%	58
Children qualified for Medicaid/CHIP but uninsured	104	6.4%	5.5%	116.4%	89
Infant mortality (per 1,000 live births)	0	0.00	7.4	0.0%	1
Neonatal death (per 1,000 live births)	0	0.00	4.6	0.0%	1
Child deaths (per 100,000 children age 1 to 14)	1	53.40	22.4	238.4%	83
Teen violent deaths (per 100,000 children age 15 to 19)	1	150.60	52.5	286.9%	91
Adequate prenatal care	78	69.6%	57.4%	121.3%	13
Children under age six screened for lead poisoning	121	15.1%	17.7%	85.4%	64
Public school students measured as overweight/obese	NA	47.5%	39.2%	121.2%	81
Teens with STDs (per 1,000 children age 15 to 17)	0	0.0	17.3	0.0%	1
Medical doctors by county (per 100,000 residents)	6	51.1	239.2	21.4%	49
Dentists by county (per 100,000 residents)	4	34.0	49.0	69.5%	31
Family & Community 	Decatur County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	123	5.1%	4.9%	104.3%	29
Commitment to state custody (per 1,000 children)	9	3.3	3.9	86.0%	28
Remaining in state custody (per 1,000 children)	14	5.2	5.1	102.4%	40
Juvenile court referrals	163	6.7%	4.3%	157.4%	69
Recorded marriages (per 1,000 residents)	81	6.9	8.2	84.1%	36
Recorded divorces (per 1,000 residents)	33	2.8	3.6	77.8%	14
Births to unmarried females	56	50.0%	43.6%	114.7%	78
Regulated child care spaces (state is number not rate)	377	NA	307,218	0.1%	76

## Decatur County

At 77<sup>th</sup>, Decatur County is in the bottom fifth of Tennessee counties in child well-being. The county's highest rankings are based on having a low rate of school suspensions and a high percentage of 3<sup>rd</sup> to 8<sup>th</sup> grade children rated proficient in math on TNReady tests. The county's biggest challenges are a relatively high rate of children without health insurance and a high child and teen death rate.

Additional strengths include low housing costs and a below average rate of pregnancy among girls age 15 to 17.

Additional opportunities for improvement include a low high school graduation rate and below average median household income.

*Policy/Practice/Program Options to Improve Outcomes.* Many of these policies have multiple models for delivery, including public-private partnership and non-profit leadership.

- Most uninsured children in Tennessee qualify for either TennCare or CoverKids, so high rates of uninsured children can be improved with outreach to make sure that families are aware of these insurance opportunities. According to Census Bureau estimates, Decatur County has over 100 children who qualify for these health insurance programs but who nonetheless lack insurance.
- Child and teen deaths can be reduced with consistent enforcement of safety measures like proper car seat and seat belt use, bicycle helmet use and life preserver use around water. The fastest-growing cause of child and teen deaths in recent years has been homicide and suicide, often involving a firearm. Families who own firearms can reduce the risk to children and teens by following safe storage practices.
- Making high school students aware of the community college and technical school benefits available to them through Tennessee Promise can encourage on-time high school graduation.
- With a low median household income, improving outreach to those who may qualify to receive SNAP, WIC and/or TennCare benefits to be sure they are aware of these services can help insure basic needs are met. Additionally, especially with below average median household income, nutrition programs that provide food for school-age children to take home can contribute to nutritionally sound diets for women in their childbearing years. Expanding services through Family Resource Centers can help reach these vulnerable populations.