

KIDS COUNT
STATE OF THE CHILD
2022



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THE STATE OF THE CHILD IN TENNESSEE

2022

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TABLE OF CONTENTS

• Demographics	1
• Special Topics	3
• Resilient Communities	4
• Adverse Childhood Experiences	5
• Family-Friendly Workplaces	7
• Youth & Young Adults	9
• COVID-19	11
• Economics	12
• Poverty	13
• Supplemental Poverty Measure	16
• Housing	17
• Education	19
• Education Outcomes	20
• Support Services	22
• Early Childhood Education	23
• Health	26
• Overall Health	27
• Mental Health	28
• Substance Use	30
• Risk Behaviors	31
• Food & Nutrition	32
• Access to Health Care	33
• Maternal Mortality	34
• Maternal and Infant Care	35
• Dental Care	36
• Child Welfare and Youth Justice	37
• Child Welfare	38
• Youth Transitions	39
• Domestic Violence	40
• Human Trafficking	41
• Suspension & Expulsion	42
• Youth Justice	43
• Abbreviations & Definitions	45
• Federal Poverty Guidelines	47
• References	48

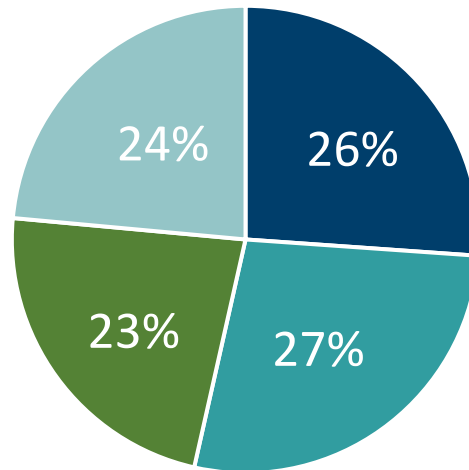


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DEMOGRAPHICS

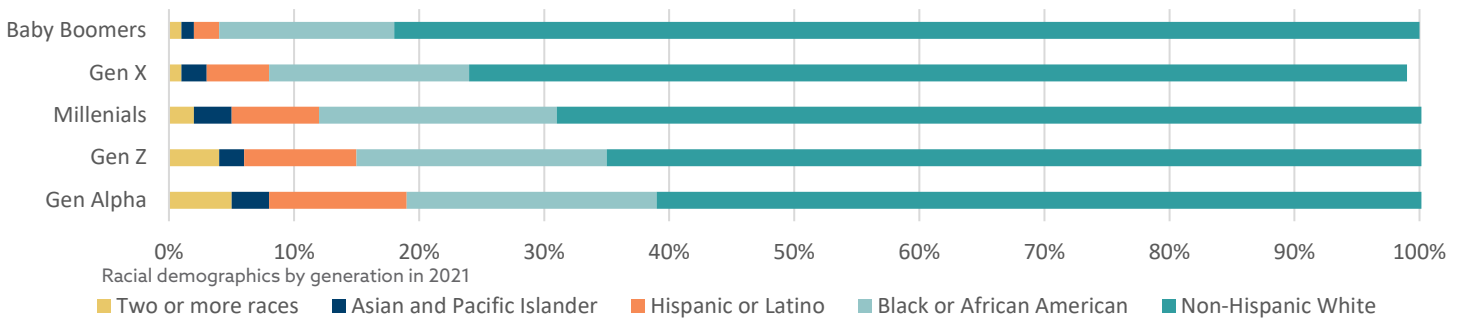
Tennessee continues to become more diverse with each new generation. Generation Alpha is our most racially diverse yet.

Tennessee child population is nearly evenly split among the ages with the largest share being 13 year olds at 5.74 percent and the smallest share being those under 1 at 4.72 percent. ¹

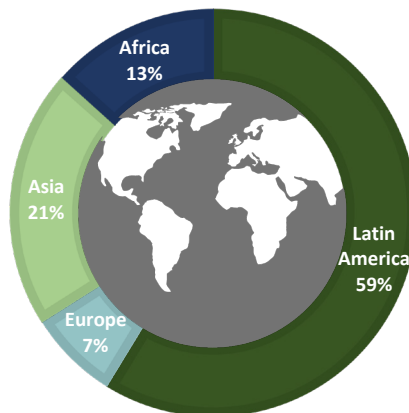


■ Under 5 ■ 5 to 9 ■ 10 to 13 ■ 14 to 17

Each generation of Tennesseans has grown increasingly diverse.²



Although still the most common continent of origin, Tennessee saw a decrease of families originally from Latin America between 2019 and 2021. The percent of families from Africa increased from 8 percent to 13, representing a 62 percent increase.³



1 IN 8

Tennessee children are a part of an immigrant family.⁴

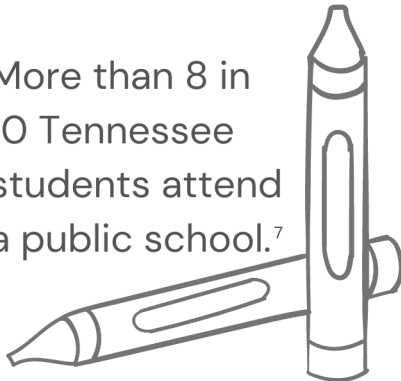
1 IN 10

Tennessee school age children speak a language other than English at home.⁵

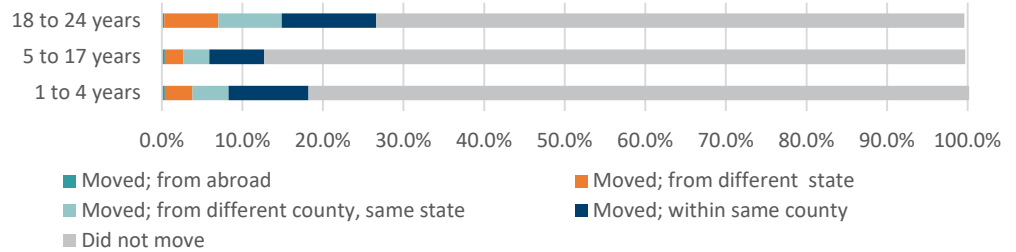
DEMOGRAPHICS

Children have a variety of experiences that make them who they are. Supporting healthy development requires our programs to be equipped serve a variety of needs.

More than 8 in 10 Tennessee students attend a public school.⁷

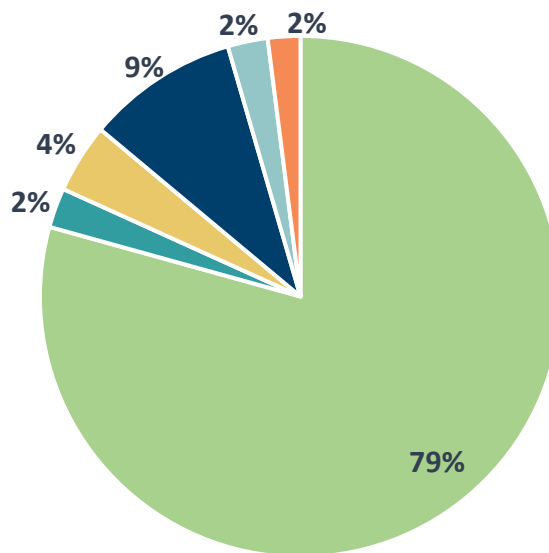


Among children that moved in the last year, moves within the same county were the most common.⁶



Eight out of 10 Tennessee children live in their biological parents home. Nearly one in 10 live in their grandparents' home.⁸

- Biological child
- Adopted child
- Stepchild
- Grandchild
- Other relatives



Tennesseans under 18 by relationship to householder

Creating a Tennessee where all children have what they need to lead a healthy, engaged and productive life requires recognizing their diverse experiences and individual needs.

According to American Community Survey, **approximately one in 20** Tennessee children under 18 have a disability.⁹ Tennessee had nearly **125,000 students aged 3-21 with IDEA-related IEPs in 2020-21**. Some IDEA classifications, such as many Specific Learning Disabilities, may not be captured in ACS estimates.

Among children in Tennessee:⁹
One in 19 have a cognitive difficulty;
One in 80 have a self-care difficulty;
One in 100 have a vision difficulty;
One in 125 have an ambulatory difficulty; and
One in 165 have a hearing difficulty

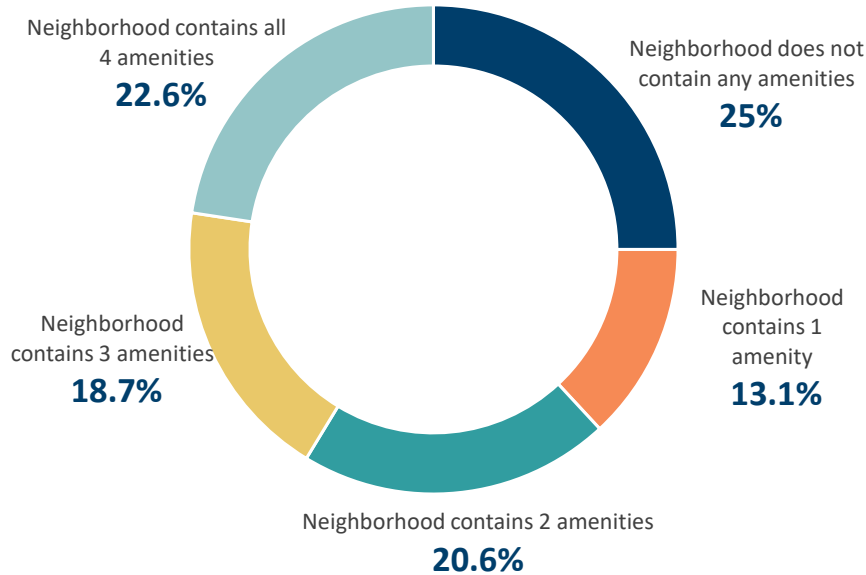
SPECIAL TOPICS



RESILIENT COMMUNITIES

Supporting resilient families and children requires investing in the infrastructure that contributes to positive social and community connections.

Does this child live in a neighborhood that contains certain amenities -- parks, recreation centers, sidewalks or libraries?¹



A child's neighborhood and built environment paired with their social and community context play a significant role as social determinants of health.

Positive social connections can support healthy child development while simultaneously acting as a protective factor against toxic stress that can derail development, health and social skills.

A child's environment, particularly access to green space, walkability of neighborhoods and community playgrounds can support healthy behaviors, encourage physical activity, and positively impact children's cognitive and motor development.

60% of Tennessee children live in a supportive neighborhood²

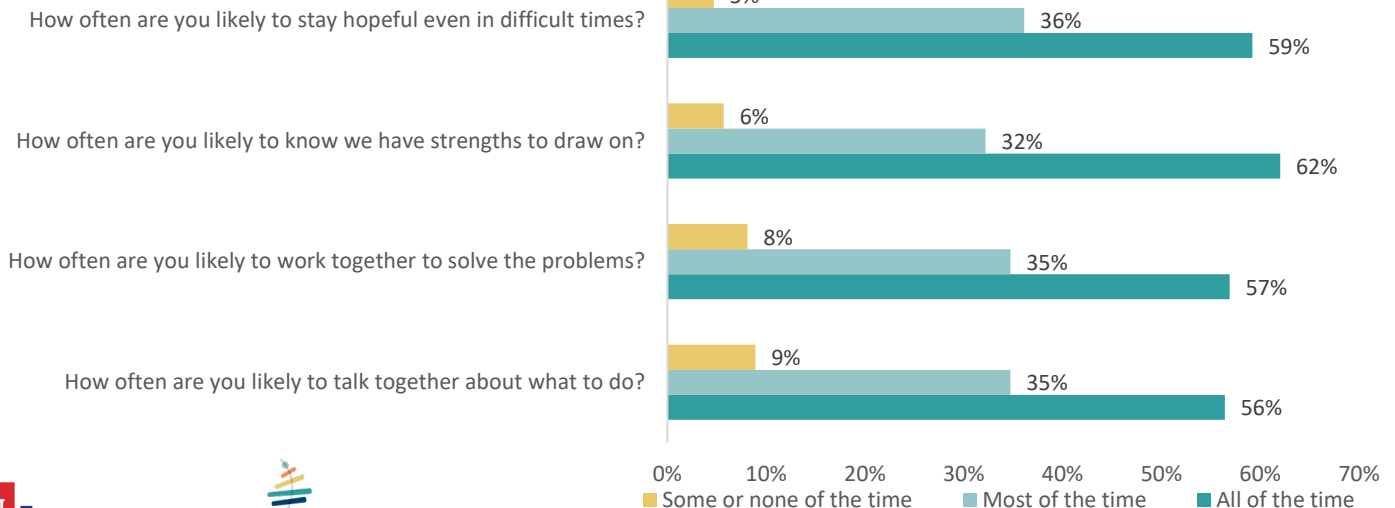


Characteristics of a supportive neighborhood include:

- People in this neighborhood help each other out
- We watch out for each other's children in this neighborhood; and
- When we encounter difficulties, we know where to go for help in our community

Indicators of family resilience³⁻⁶

When your family faces problems...



CHILDHOOD ADVERSITY

Tennessee children experience adversity at a higher level than their counterparts across the nation.

Since the original Adverse Childhood Experiences (ACEs) study, researchers have begun to examine broader definitions of adversity, including the role of community environments. Childhood, particularly the earliest years and adolescence, are critical times of development. Early adversity can have significant impacts on future health, social development, academic success and economic prosperity. Whether those experiences occur in the household or community, they are damaging.

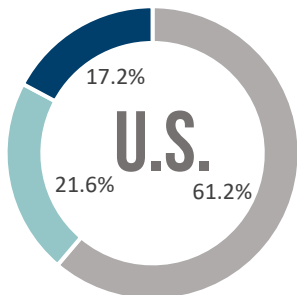
The most recent data regarding adversity children across Tennessee are experiencing comes from the two-year averages (2020-2021) of the National Survey of Children's Health (NSCH). Although referred to as Adverse Childhood Experiences in the survey, the indicators slightly differ from the commonly known 10 ACEs from the original study. Graphs on this page and the following use data from NSCH.¹

The two main differences is the NSCH substituted questions about abuse or neglect for questions about community-based experiences and a question regarding financial hardship. Additionally, the ACEs questionnaire is typically given to adults, asking them to recall their experiences prior to turning 18. The questions in this survey were asking about experiences of those currently under 18, typically answered by the householder or caregiver, which could be an explanation for the omission of abuse or neglect indicators.

2020-2021 National Survey of Children's Health Adverse Experiences Indicators²

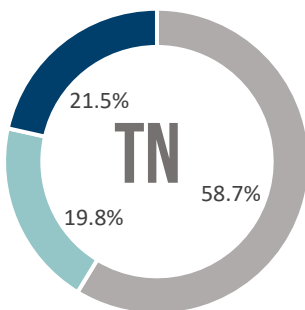
To the best of your knowledge, has this child ever experienced the following:

- Parent or guardian who got divorced or separated?
- Parent or guardian died?
- Parent or guardian served time in jail?
- Live with anyone who was mentally ill, suicidal, or severely depressed?
- Lived with anyone who had a problem with alcohol or drugs?
- Victim of violence or witnessed violence in neighborhood?
- Treated or judged unfairly because of their race or ethnic group?
- Treated or judged unfairly because of their sexual orientation or gender, 6-17 years? ; and
- Since this child was born, how often has it been very hard to cover the basics, like food or housing, on your family's income?



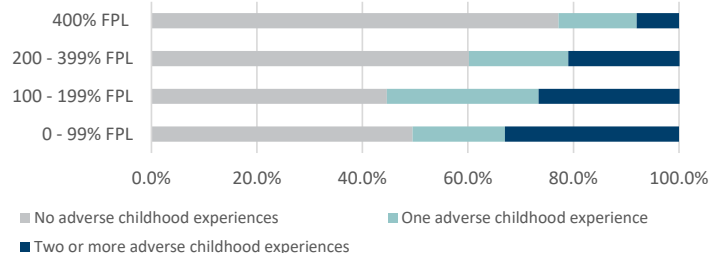
Children in Tennessee report higher level of adversity than their counterparts across the country, with 41 percent of Tennessee children having at least one adverse experience.³

- No adverse childhood experiences
- One adverse childhood experience
- Two or more adverse childhood experiences



Black children in Tennessee are nearly twice as likely to have at least two adverse experiences as white children in Tennessee.⁴

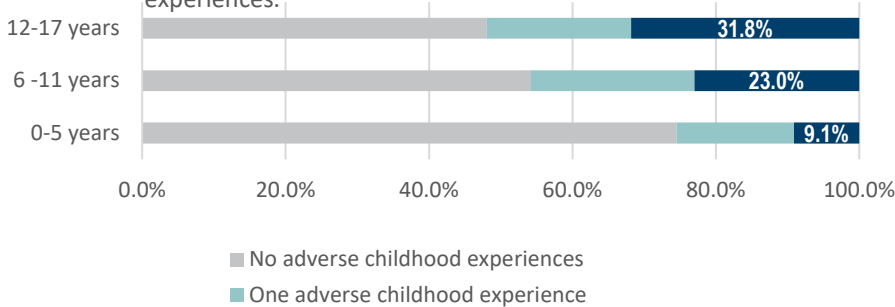
One in three children below the poverty line in Tennessee had two or more adverse experiences, compared to one in 12 of children living at 400% FPL or higher.⁵



CHILDHOOD ADVERSITY

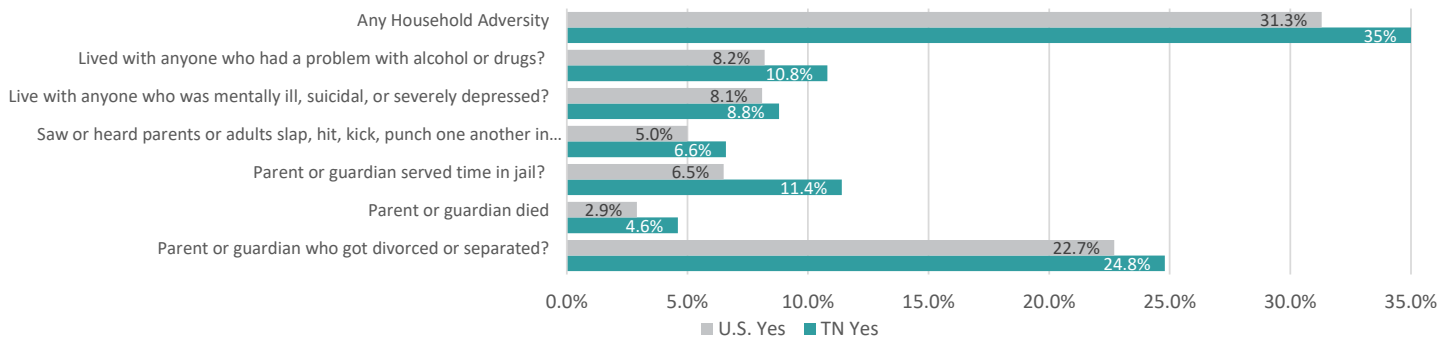
Household adverse experiences are the most common among Tennessee children, with more than one in three reporting some level of household adversity.

As children grow up, their exposure to adversity increases. Nearly one in three Tennessee teens have had two or more adverse experiences.⁶



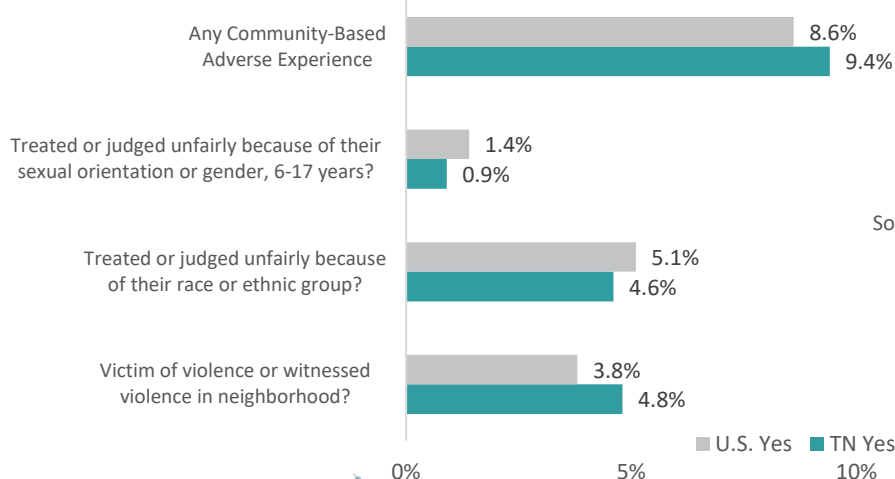
Among Tennessee youth, **35 percent reported some level of household adversity, while 9.4 percent reported community-based adversity.**^{7,8} All indicators of household adversity were more common among Tennessee youth than the national average. **The most substantial difference being youth who has a parent or guardian that has served time in jail, one in nine in Tennessee compared to one in 16 nationally.**¹⁰

To the best of your knowledge, has this child ever experienced the following:⁷⁻¹³

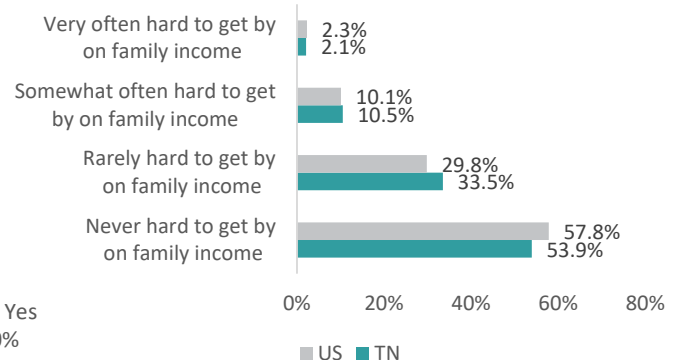


Any community-based adversity was also more common among Tennessee youth than the rest of the nation.¹⁴ Yet, indicators of discrimination were lower than the national average.^{15, 16} Children in Tennessee were more likely to have been a victim of or witness to violence in their neighborhood.

To the best of your knowledge, has this child ever experienced the following:¹⁴⁻¹⁷



Since this child was born, how often has it been very hard to cover the basics, like food or housing, on your family's income?¹⁸



FAMILY-FRIENDLY POLICIES

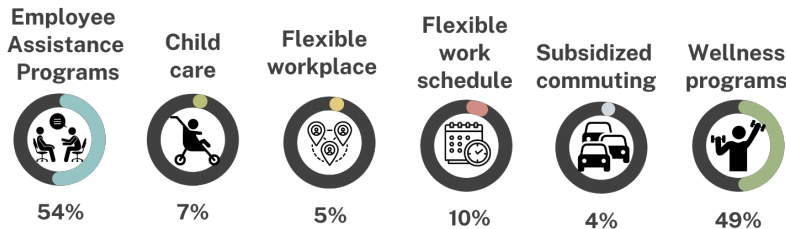
A significant number of Tennesseans are both employees and caregivers. Allowing them time to engage in both roles sets them up for success.

Only one in five workers in TN, KY, MS & AL have access to paid family leave.¹

FAMILY-FRIENDLY POLICIES AND THE STATE OF THE CHILD

Though not a topic we have included in the past, the presence of family-friendly workplace policies acts as a protective factor for almost all of the issues addressed throughout the *State of the Child*. Policies such as paid family leave, breastfeeding support and child care assistance are all critical to the long-term improvement of childhood outcomes in family and community development, health, economics, and education

Percentage of employees in Alabama, Kentucky, Mississippi and Tennessee with access to various quality of life benefits.



Employers reporting implementation of Paid Family and Medical Leave had "No noticeable effect" or "Positive effect" on:



FAMILY-FRIENDLY FAST FACTS

- A study on the impact of paid leave found the **median duration of breastfeeding doubled for all mothers who took leave.**²
Breastfeeding is linked with numerous immediate and long-term health benefits such as providing antibodies to protect from illness, significant nutritional value, and a reduction in sudden infant death syndrome (SIDS), type 1 diabetes, obesity and asthma.³ Breastfed babies have fewer ear infections, lower rates of infant mortality and fewer hospitalizations.³
- Paid maternity leave **decreased the likelihood of preterm birth by 6.6 percent** and the percentage of babies born at a low birth weight by 3.2 percent.⁴
- A study of OECD countries found a **5.3 percent decrease in neonatal mortality and a 2.4 percent decrease in infant mortality** two years after adopting paid maternity leave.⁵
- Evaluation of associations between state-wide paid family leave policies and Abusive Head Trauma (AHT) hospital admissions found a **significant decrease in the states with PFL policies compared to those without.**⁶
AHT is the leading cause of death related to child maltreatment. Instances of AHT peak when infants are 9-20 weeks old.⁶
- Paid leave after giving birth resulted in a **51 percent decrease in the likelihood of maternal rehospitalization** when compared to those taking unpaid leave or no leave.⁷
- When mothers' maternity leaves were 12 weeks or less, **each additional week of leave was associated with a lower odds of experiencing postpartum depression.**⁸
- Women who took at least a month of paid leave were **54% more likely to report an increase in wages a year after the birth of their child** than those who did not take leave.⁹
- The time fathers spend caring for their children has nearly tripled since 1965.**¹⁰
- A study of men in professional roles found 3 out of 4 took a week or less of leave after the birth or adoption of a child.¹⁰ **Among lower income men, 60 percent took no time off.**¹⁰
- Paid family leave reduced childhood food insecurity by 1.41 percentage points** and very low food insecurity rates by 2.29.⁹
- Women who take paid leave are **35 percent less likely to report receiving public assistance** one year after birth.⁹

FAMILY-FRIENDLY POLICIES

Tennessee Commission on Children and Youth is excited to work with businesses in their efforts to support Tennessee families.



THE BEST PLACE FOR WORKING PARENTS®

Tennessee Commission on Children and Youth is excited to continue to support children, youth, families and our state's workforce by joining the national Best Place for Working Parents® initiative (bestplace4workingparents.com). Beginning in early 2023, Tennessee will join four states and eight cities working to support evidenced-based workplace policies by offering local business leaders the opportunity to determine whether their organization qualifies to earn a Best Place for Working Parents® designation, positioning them among the leading family-friendly businesses in the U.S.

The Best Place for Working Parents® is a growing network of business leaders who are implementing research-backed family-friendly policies that benefit working parents and businesses' bottom line. Through a first-of-its-kind 3-minute online self-assessment, businesses are able to instantly see if they qualify for a Best Place for Working Parents® designation and view how their family-friendly policies fare against other businesses of similar size and industry.

THE 10 EVIDENCED-BASED POLICIES INCLUDE:



Company-paid health care coverage



Paid time off



Parental Leave



Breastfeeding Support



"Best Place" designation



Onsite child care



Child care assistance



Backup child care



Flexible hours



Working remotely

YOUTH & YOUNG ADULTS

Tennessee youth and young adults are the most likely to engage in health risk behaviors. These choices in adolescence can have long-lasting negative impacts.

THOUGH YOUNG ADULTS IN TENNESSEE ARE MOSTLY HEALTHY, MANY LACK ACCESS TO REGULAR PREVENTIVE CARE.

88 percent of young adults in Tennessee report having some form of health insurance.¹



One in six young adults delaying care in Tennessee reported needing to see a doctor but not because they could not afford it.²

89 percent of Tennessee 18-24 year olds reported being in good, very good or excellent health.³

YOUNG ADULTS ARE THE MOST LIKELY AGE GROUP TO ENGAGE IN HEALTH RISK BEHAVIORS.

Though still the most common among 18-24, those reporting heavy drinking has decreased from 8.8 percent in 2019 to 7.2 percent in 2021.⁴ Binge drinking has slightly increased from 24.7 to 25.1 percent.⁵

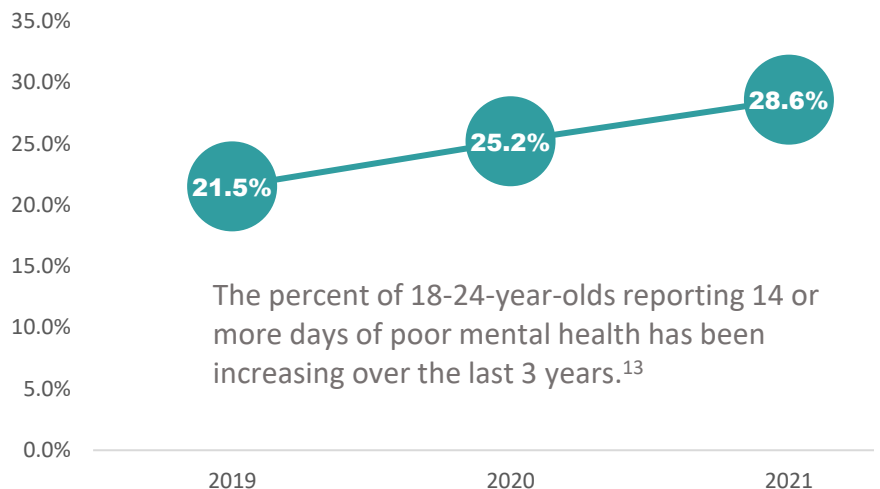
One in five young adults in Tennessee reported not participating in any physical activities in the last month.⁶

18-24 year olds were the least likely to report wearing a seatbelt. One in eight reported they did not always or nearly always wear their seatbelt.⁷

Reported pain reliever misuse among those age 18-25 in Tennessee has been on the decline. Though still the age group with the highest prevalence, misuse has decreased from one out of 13 in 2015-16 to one out of 22 in 2019-2020 reporting misuse of pain relievers within the last year.^{8,9}

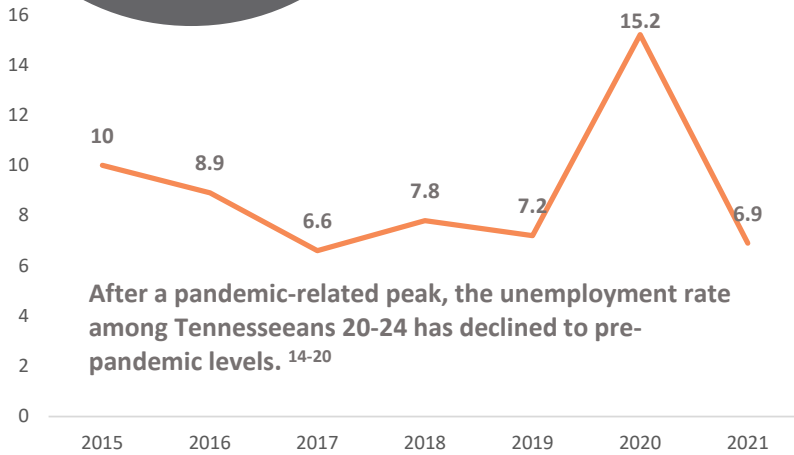
18-24-year olds in Tennessee were the most likely age group to report current e-cigarette use at 29.3 percent. The next closest group (25-34 years old) reported rates of usage at 13.9 percent.¹⁰ One in seven Tennessee young adults reported using e-cigarettes every day, up from one in 18 in 2017.¹¹

In 2021, 30.5 percent of Tennessee young adults reported that they had ever been told they have a form of depression.¹²

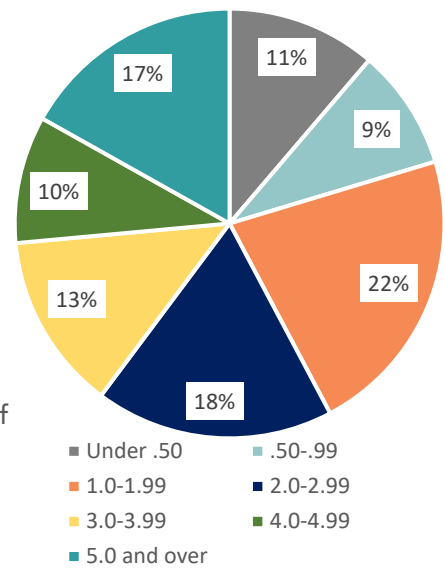


YOUTH & YOUNG ADULTS

Young people entering the workforce face a set of challenges that their older counterparts do not.



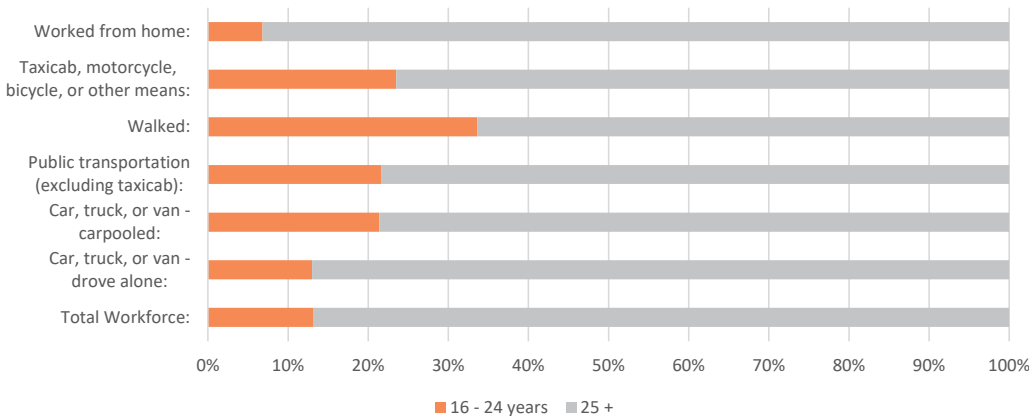
One in five Tennesseans age 18-24 are living below the Federal Poverty Line.²¹ Approximately 42 percent are making less than \$27,180.²²



Young adults can face significant challenges as they enter the job market. They have historically been more impacted by recessions and were most significantly affected by pandemic-related layoffs. Additionally, upward mobility has become more and more challenging. Only half of adults who were born in the 80s are out-earning their parents compared to 90 percent of those born in the 40s.²³

The challenges with upward mobility become more pronounced when young adults experienced household financial hardship growing up. A study published in 2022 found nearly 60 percent of those who experienced economic hardship continued to struggle financially in their 30s. Among those with childhood economic hardship, 22 percent lived in extreme economic hardship in their 20's, earning on average \$4,000 per year. Another 36 percent made \$19,000 annually and only had one employer benefit.²⁴

Tennesseans age 16-24 are one in eight workers, yet they comprise:²⁵
 one-third of those walking to work
 one-fourth of those using a taxi, bike, motorcycle or other means
 one-fifteenth of those working from home

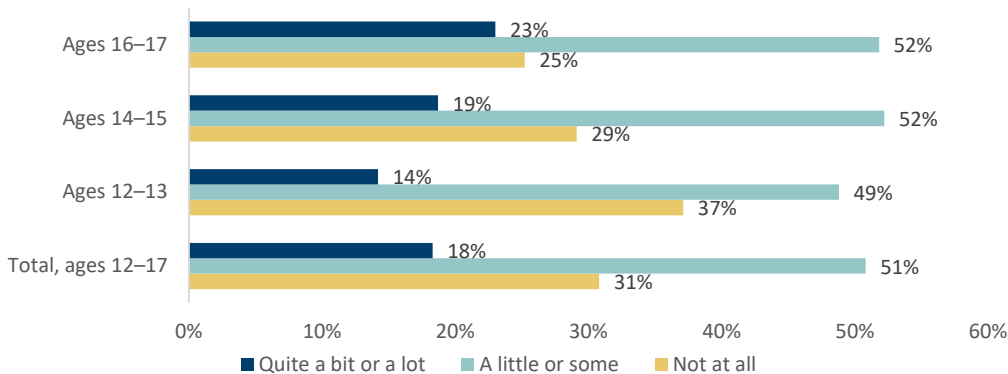


On average, seven percent of Tennesseans have a commute longer than 60 minutes. Among those using public transportation it is 21 percent.¹⁹

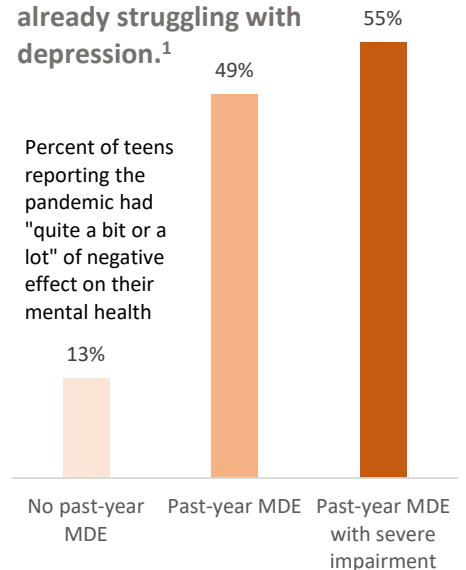
COVID-19

Across the United States, 215,700 children lost a caregiver to COVID-19. The impact of this permanent loss will continue as the pandemic subsides.

The majority of United States teens felt the pandemic had "a little or some" negative impact on their mental health.¹



The pandemic had an outsized effect on teens who were already struggling with depression.¹



LOSS OF A CAREGIVER

One of the long-lasting impacts of the pandemic is the number of children who lost a primary caregiver due to COVID-19. As of mid-November 2022, it is estimated that across the United States **215,700 children have lost one or both of their caregivers** and 231,100 have lost a primary caregiver.²

The loss of a primary caregiver is a permanent and devastating loss for so many of our nation's children to be experiencing. Many aspects of a child's life can be upended as they deal with parental deaths. In addition to the trauma of the loss, they may be placed in the foster care system, be separated from other family ties, experience less stable housing, endure economic distress, and be at a heightened risk of being victims of abuse, violence, or developing mental health challenges.³ Studies conducted earlier in the pandemic found that over half of the children who lost a caregiver were between 10-17 years old.³ **Additionally, 70% had lost a paternal caregiver.**³ Both of these factors could lead children to face additional challenges of caring for younger siblings or forfeiting educational opportunities to obtain employment to provide for their family.

LONG COVID

As of October 2022, more than one in seven Tennessee adults reported having experienced long COVID, as defined by symptoms lasting 3 months or longer. When looking at only Tennessee adults who previously had COVID, that number jumps to 27%. **Approximately one out of 15 adults in Tennessee experienced a reduction in their ability to carry out day-to-day tasks.** The mental distress associated with these long symptoms can take its toll on individuals and make engaging in care-giving activities difficult.

"Psychologically and socially, long COVID takes a mental health toll when patients are unable to work, take care of their families or engage in previously meaningful activities. Pain and disability take an undeniable toll on a patient's mental state as well."

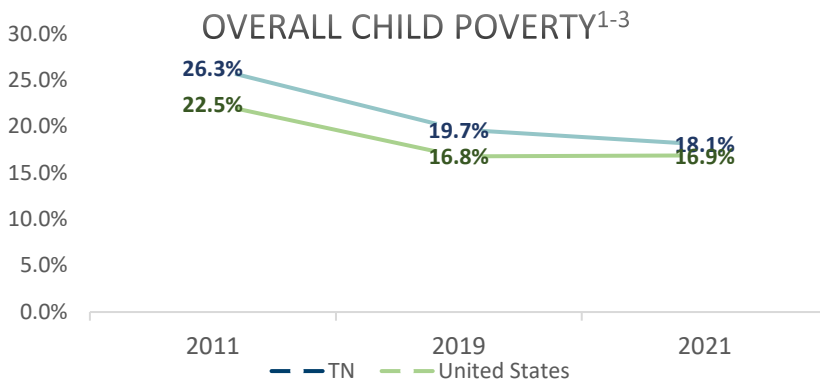
- Dr. Anna Dickerman⁵

ECONOMICS



POVERTY

Between 2019 and 2021 Tennessee saw an historic decline in child poverty, particularly among our youngest Tennesseans.

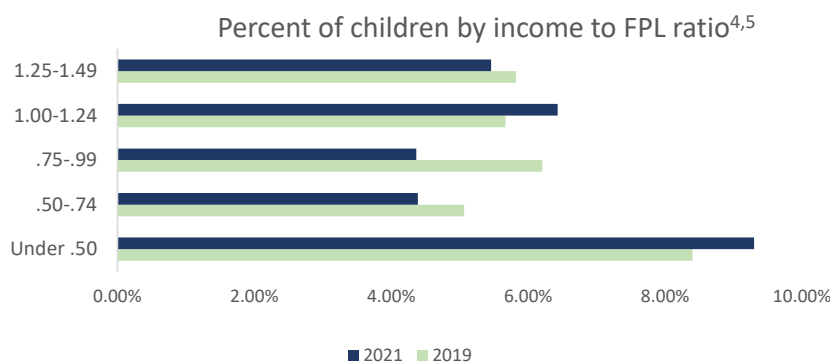
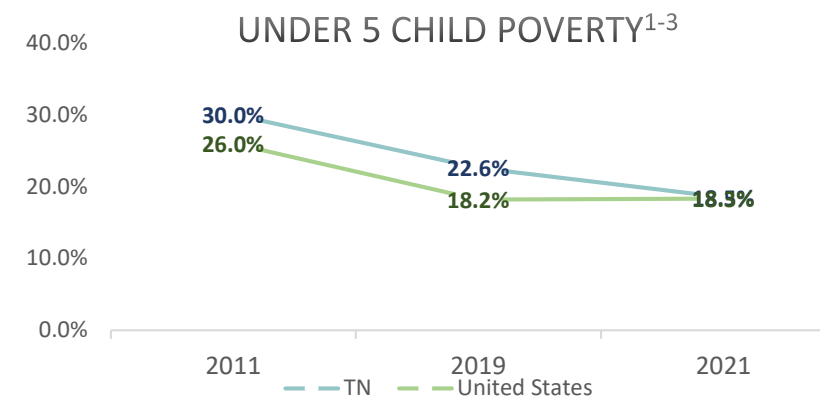


Recently Tennessee has seen historic declines in child poverty at a level not seen in the rest of the country. Nationally, child poverty has seen a significant decline over the last decade.^{1,2} While Tennessee declined over the decade, the state also experienced a significant drop between 2019 and 2021.^{2,3}

Tennessee saw a particularly significant decrease in the percent of children under five living in poverty.^{2,3} This is encouraging due to the historical tendency for this group to experience the highest rates of poverty. Further, the rapid amount of brain development occurring in the first five years that can be negatively impacted by experiencing poverty.

Separating out the percent of children by how their household income compares to the FPL provides insight into the shifts we saw in child poverty. The percent of Tennesseans living below 50 percent of the poverty line (\$960 a month for a family of 3) increased by 10 percent while those living between .50-.99 FPL (\$96-\$1918 per month) decreased by 22 percent.^{4,5}

We additionally saw an uptick in the number of children living 1.00-1.24 FPL.^{4,5} Using the family of 3 brackets, this correlates to a full-time wage of \$12-\$15 per hour. Tennessee saw an 8.8 percent increase in weekly wage growth from Q1 2021 to Q1 2022, ranking the state 11th in the nation for wage growth.⁶ Market demands for higher wages could be contributing to the decrease in those just under the poverty line and an increase in those 100-124 percent FPL.

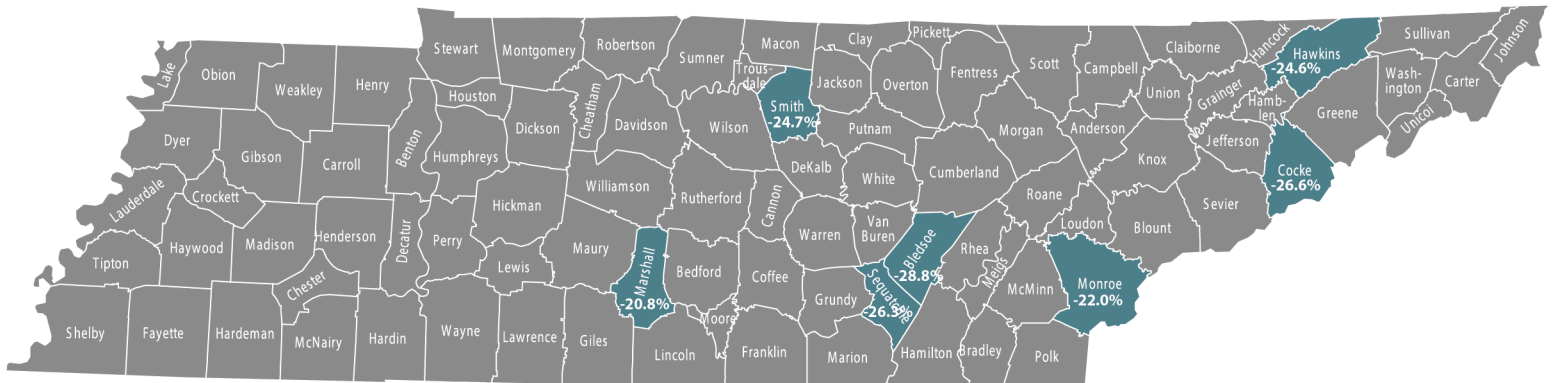


As we will discuss in the next section, expanded support of non-cash benefits during the pandemic would not be calculated in the Official Poverty Measure. However, the expanded unemployment benefits Tennesseans received would be included in these figures.

POVERTY

Several Tennessee counties saw child poverty drop by nearly 25 percent between 2019 and 2021.

Rural counties, particularly in the eastern half of the state, saw the most significant declines in child poverty between 2019-2021⁷



COUNTIES WITH THE LARGEST DECADE DECLINES⁷

County	2011	2021	Percent Decline
Wilson	16.6%	8.3%	-50.0%
Williamson	7.3%	3.9%	-46.6%
Greene	37.8%	20.2%	-46.6%
Bradley	27.8%	15.2%	-45.3%
Overton	33.7%	19.2%	-43.0%
Hamilton	28.3%	16.8%	-40.6%
Robertson	22.4%	13.3%	-40.6%

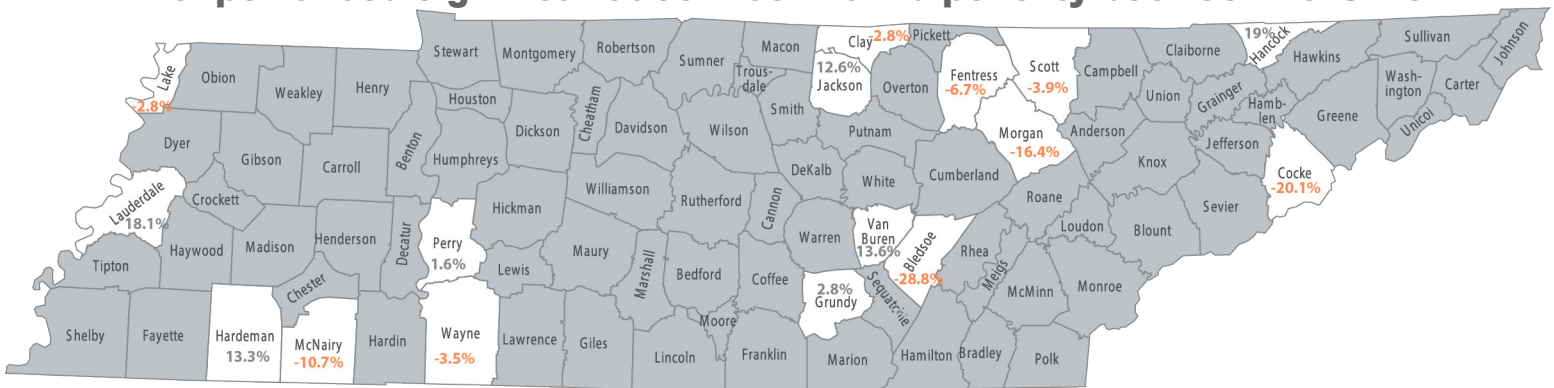
COUNTIES WITH THE LARGEST TWO YEAR DECLINES⁷

County	2019	2021	Percent Decline
Bledsoe	40.6%	28.9%	-28.8%
Sequatchie	30.8%	22.7%	-26.3%
Smith	22.3%	16.8%	-24.7%
Hawkins	30.1%	22.7%	-24.6%
Monroe	27.3%	21.3%	-22.0%
Marshall	20.2%	16.0%	-20.8%
Coker	41.3%	33.0%	-20.1%

POVERTY

Tennessee's investment in our rural and distressed communities is reflected in our child poverty declines.

Many counties identified as distressed by the Governor in 2019 experienced significant declines in child poverty between 2019-2021.^{7,8}



Counties shaded white indicate those identified as distressed in 2019. Orange text indicates a decline in child poverty while gray indicates an increase.

Through leadership by the Governor, Tennessee has focused on investing in rural communities. In 2019, through the Governor's first executive order, departments focused on increasing economic and educational opportunities in counties identified as distressed by the Appalachian Regional Commission.⁸ Initiatives with a focus on vocational training, expanding access to broadband and health care were at the forefront of this statewide effort. At the time, 15 communities were identified including Lake, Lauderdale, Hardeman, McNairy, Perry, Jackson, Clay, Grundy, Van Buren, Bledsoe, Fentress, Morgan, Scott, Hancock and Coke.⁸ While that number has decreased to 10, the map above shows the original 15 and the substantial declines in child poverty many of these distressed counties have seen since 2019.⁹ Bledsoe experienced the most significant decline with a 28.8 percent decrease in child poverty.⁷ Average weekly wages in Bledsoe have gone from \$674 in 2019 to \$828 in 2022, representing an \$8,008 annual increase.^{6,10}

Percent of counties in Tennessee experience child poverty declines by years⁷

Between 2011-2021

100%

of counties had a decline in child poverty

Between 2019-2021

58%

of counties had a decline in child poverty

Between 2019-2020

71%

of counties had a decline in child poverty

Between 2020-2021

32%

of counties had a decline in child poverty

SUPPLEMENTAL POVERTY MEASURE

Historic federal investment in families through the expanded Child Tax Credit lifted 2.91 million U.S. children out of poverty.

The official poverty measure (OPM), calculated as three times the cost (in current year prices) of a minimum food diet in 1963, is often regarded as an outdated measure that fails to capture the full spectrum of poverty across America.² When considering resources, the OPM only includes a household's pretax cash income.² Although it comes with challenges, the OPMs use throughout decades provides the opportunity for historical comparison.

In 2010, the Supplemental Poverty Measure (SPM) was developed by the Census Bureau and Office of Management and Budget. This additional measure of poverty includes the cash value of benefits such as SNAP, tax credits, TANF and WIC. The SPM includes a broader cost calculation of expenses including food, transportation, medical care, child care and geographic differences. In Tennessee, using a 3-year average of 2019-21, the OPM was 12.2 percent while the SPM was 9.1 percent.²

THE CHILD TAX CREDIT LIFTED 2.91 MILLION CHILDREN OUT OF POVERTY IN 2021¹

Number of children lifted out of poverty in 2021 by support program¹

Refundable Tax Credits: **4.89 Million**

Child Tax Credit: **2.91 Million**

3rd Stimulus Payment: **2.27 Million**

SNAP: **891,000**

Housing Subsidies: **595,000**

Unemployment Insurance: **525,000**

School Lunch: **271,000**

TANF: **109,000**

WIC: **39,000**

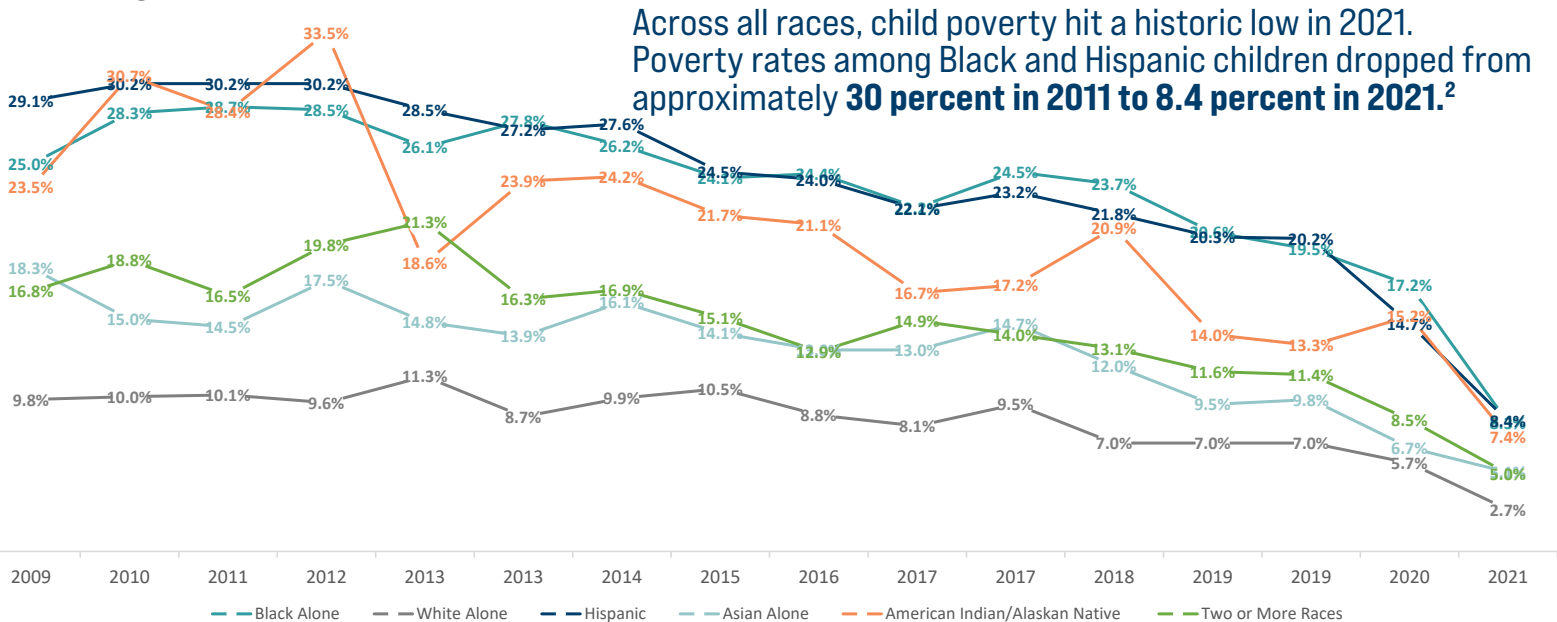
Across the nation, the number of children living below the Supplemental Poverty Measure dropped from

one in eight in 2019²



to

one in 20 in 2021²



HOUSING

More than one in four Tennesseans are housing cost-burdened. Among those who are low-income, more than 3 out of four are housing cost-burdened.

A high housing cost-burden is when a household spends more than 30 percent of their monthly income on rent, mortgage, home-related insurance or other related expenses.¹

Research has shown that when households experience a high housing cost-burden, they are less likely to have enough resources to cover food, clothing, medical expenses and other needs.²

More than one in four Tennessee households are cost-burdened. For lower-income brackets that number increases to three out of four households.³

IN THE LAST YEAR:

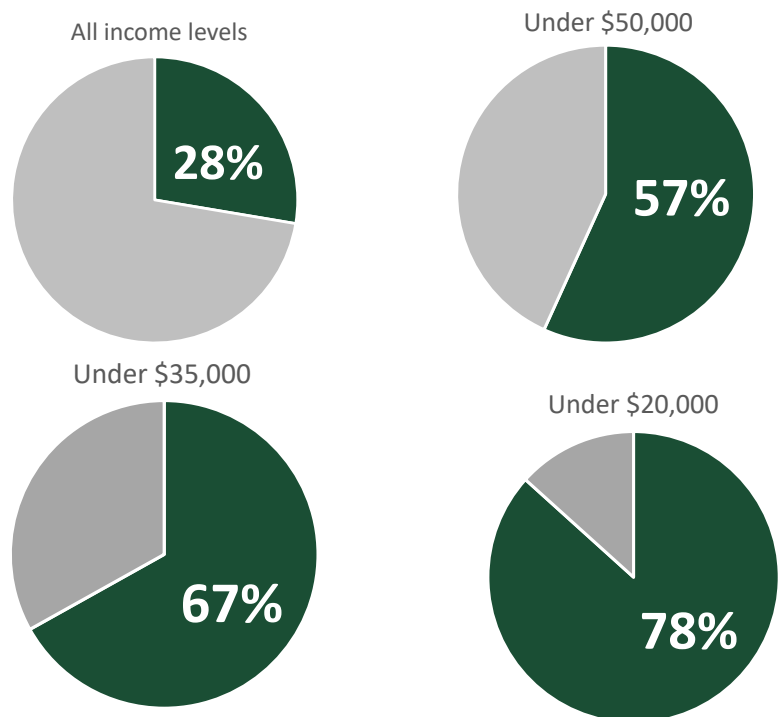
The number of extremely low income renter households increased by **15,795.⁴**

The **shortage** of rental homes that are affordable and available for extremely low income renters increased to **127,102.⁴**

At the beginning of 2022, **one in four** Tennessee households with children had little or no confidence in their ability to make their next housing payment.⁵

41% of occupied housing units in Tennessee were built prior to 1979, placing children who live in them at higher risk of lead exposure.⁶

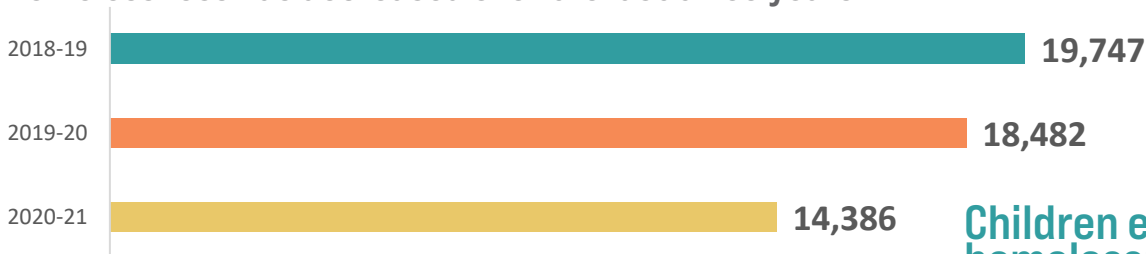
PERCENTAGE OF TENNESSEANS SPENDING 30% OR MORE OF THEIR EARNINGS ON HOUSING COSTS BY INCOME³



HOUSING

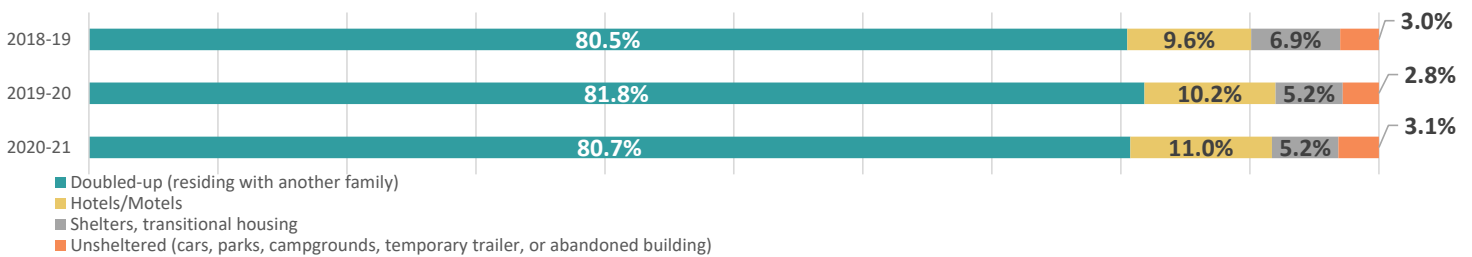
The number of students in Tennessee who are unhoused has decreased over the last 3 years, but there has been a slight increase percent of those children sleeping in less safe environments.

The number of Tennessee's public school students who are experiencing homelessness has decreased over the last three years.⁷



Children experiencing homelessness have 3x the rate of emotional and behavioral problems of children who are housed.⁸

There has been a slight increase in the percent of Tennessee's public school students experiencing homelessness whose primary nighttime residence is unsheltered (e.g., cars, parks, campgrounds, temporary camper, or abandoned building)⁷



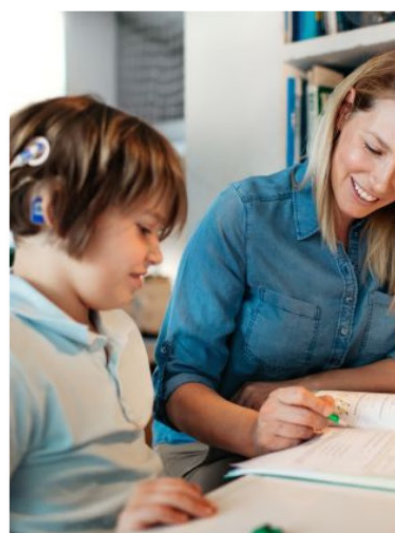
When children are unhoused or experience housing instability it can have long-term negative health, social, developmental and economic outcomes. Infants who experienced an episode of homelessness had higher rates of respiratory illness and more emergency room visits resulting in higher medical costs.⁹ These complications remained significantly higher compared to those who had stable housing through age six.⁹

On a given night in Tennessee there are

- 2,678 individuals
- 765 people in families with children
- 130 unaccompanied youth
- 492 veterans and
- 377 chronically homeless individuals
- staying in emergency shelters, transitional housing programs, or safe havens.¹⁰**

The United States health system will spend **\$34.3 billion** between 2017-2027 treating health issues arising in children due to a lack of stable housing.¹¹

EDUCATION



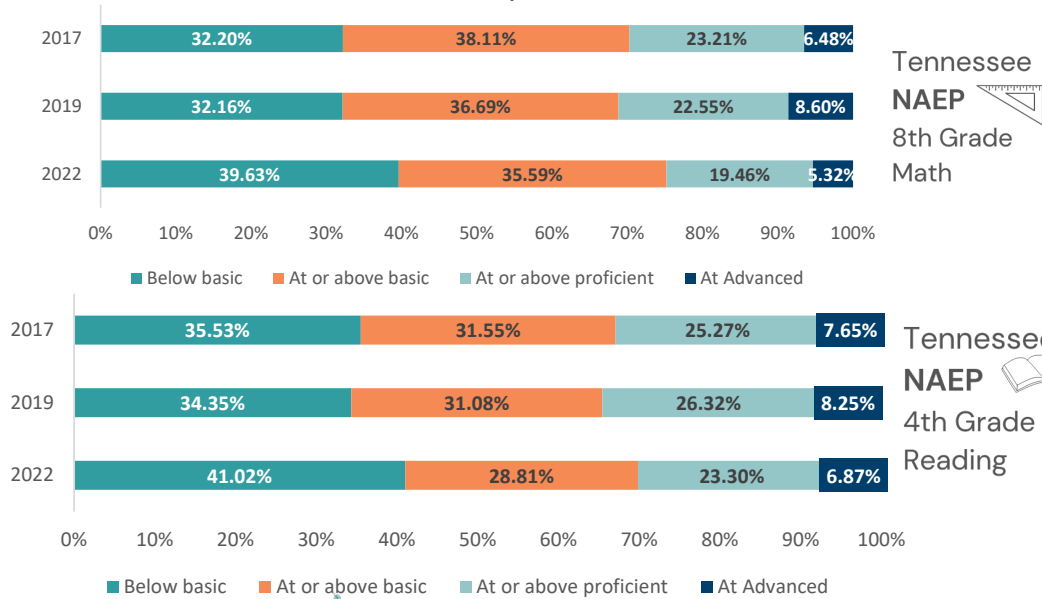
EDUCATION OUTCOMES

In 2021, 30 percent of Tennessee fourth-graders scored at or above proficient reading levels. This does not mean that the remaining 60 percent are unable to read.

Tennessee Comprehensive Assessment Program (TCAP) testing reports scores by performance-level categories of proficiency, including: Below, Approaching, On-Track and Mastered. Raw scores are scaled into these categories based on cutoff points established by Tennessee educators. The Tennessee Department of Education describes the meaning of these categories as:¹

Level 1 (Below)	Level 2 (Approaching)	Level 3 (On-track)	Level 4 (Mastered)
Performance at this level demonstrates that the student has a minimal understanding and has a nominal ability to apply the grade/course-level knowledge and skills defined by the Tennessee Academic Standards.	Performance at this level demonstrates that the student is approaching understanding and has a partial ability to apply the grade/course-level knowledge and skills defined by the Tennessee Academic Standards.	Performance at this level demonstrates that the student has a comprehensive understanding and has a thorough ability to apply the grade/course-level knowledge and skills defined by the Tennessee Academic Standards.	Performance at this level demonstrates that the student has an extreme understanding and has an expert ability to apply the grade/course-level knowledge and skills defined by the Tennessee Academic Standards.

“This description applies to all subject areas tested by TCAP, including math, reading and science, so it does not provide a clear indication of the reading abilities of students in each of the categories. Tennessee’s standards and grade categories are state-specific, but the combined percentage of students who score “below” and “approaching” is similar to the percentage who score Basic on National Assessment of Educational Progress (NAEP) tests (NAEP does not divide its below-proficient category into two sets as Tennessee does). NAEP describes the skills that those who are at the Basic proficiency level in reading in fourth grade are nonetheless likely to display, making clear that “below proficient” is not the same as illiterate. The graphs below show how Tennessee students have on performed on NAPE tests over the last five years.²



In 2022, 59 percent of Tennessee fourth-graders scored at or above basic in reading while 30 percent scored at or above proficient.² On the next page we will outline some of skills the and understanding expected at each of these levels.

EDUCATION OUTCOMES

Students ranking below proficient still show reading ability and comprehension but are not as adept at using knowledge gained from reading in other contexts.

NAEP Basic³

When reading literary texts such as fiction, poetry, and literary nonfiction, fourth-grade students performing at the NAEP Basic level can likely

- determine the relevant meaning of familiar words using context within the same sentence or paragraph
- identify a specific detail to make a simple inference about the characters' actions, motivations, or feelings, using a single point or multiple points in the text if they are in close proximity
- sequence or categorize events from the story
- make a general reference to an appropriate section of the text or provide some support for ideas related to the plot or characters
- find meaning or provide evidence from one of the texts when making a comparison across texts
- identify explicit details from the text
- state an opinion with general support from one section of the text

When reading informational texts such as articles and excerpts from books, fourth-grade students performing at the NAEP Basic level can likely

- determine the relevant meaning of familiar words using context from a single section of the text
- locate a specific detail from the text and make simple inferences from one section of the text
- restate a problem or solution presented in a single section of the text
- provide a description of a text feature or author's craft using a general reference to the text
- provide an opinion using a general reference to the text

NAEP Proficient³

When reading literary texts such as fiction, poetry, and literary nonfiction, fourth-grade students performing at the NAEP Proficient level can likely

- determine the meaning of words using context from multiple sections of the text
- provide a reason why a particular detail is important to the story
- identify the key events to determine main idea and make complex inferences about the characters' actions, motivations, or feelings, using relevant evidence within or across texts
- describe the impact of a character's actions or explain how characters influence others
- recognize a text's structure and organization
- draw conclusions from single or multiple locations across a text and provide limited support from the text
- develop an opinion with relevant support from a text

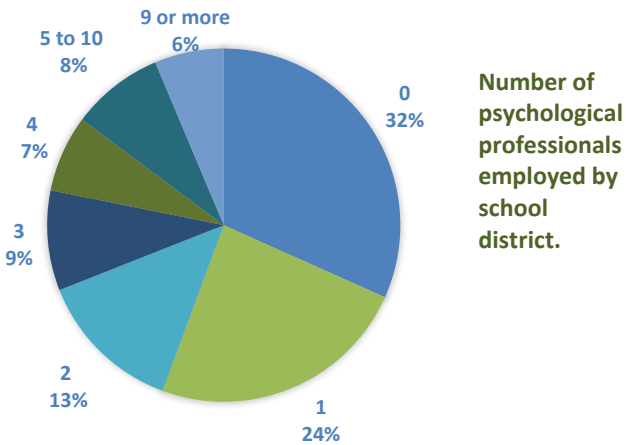
When reading informational texts such as articles and excerpts from books, fourth-grade students performing at the NAEP Proficient level can likely

- determine the relevant meaning of words with multiple meanings
- use a specific detail from the text to make inferences or provide a description or an explanation about text features
- provide an opinion with relevant support from the text
- restate a problem or solution presented in a single section of the text
- describe, explain, or draw conclusions about text structures (e.g., compare and contrast, cause and effect, sequence and order)
- integrate ideas across a text to determine purpose and main idea

SUPPORT SERVICES

Addressing our state's youth mental health crisis requires getting children access to the support services they need.

56% OF SCHOOL DISTRICTS HAD ZERO OR ONE PSYCHOLOGICAL PROFESSIONALS ON STAFF. ¹



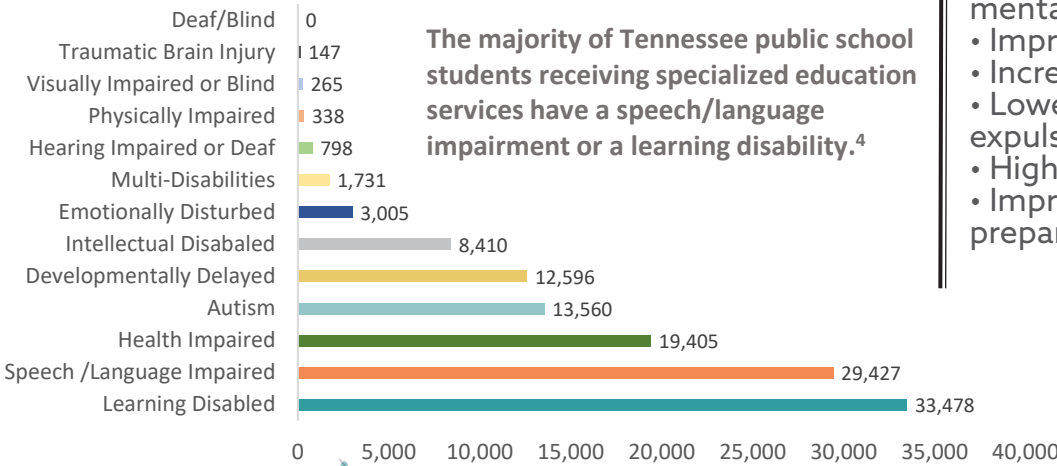
IN THE 2021-2022 SCHOOL YEAR APPROXIMATELY

24 districts do not meet the goal of one certified counselor per 500 students.²

88% of school districts offered alternative breakfast programs.²

Out of 136 reporting districts, 84 percent reported they do not deny physical education as a form of punishment, a significant increase from 56 percent in 2020-21.²

In 2021-2022, public school districts employed 459 social workers. The previous year Tennessee public schools had an average daily attendance of 908,976 students.^{2,3}



While students attend school primarily to obtain an education, the need for social, emotional and physical support services at schools cannot be overstated.

Aside from their homes, children spend more time at school than anywhere else. Behavioral, emotional or physical health conditions are often first identified in schools.

Half of all mental health conditions begin by age 14.⁵

Studies from 2016 revealed that one in six children in the U.S. had a mental health disorder. Approximately half did not receive treatment.⁵

Students are six times more likely to get evidence-based mental health treatment when it is offered in schools compared to other community settings.⁶

Schools that employ more mental health providers see:⁸

- Improved school safety
- Increased attendance rates
- Lower rates of suspension and expulsion
- Higher graduation rates
- Improved workforce preparation

EARLY EDUCATION

The lack of affordable and accessible child care creates financial and social stressors on many Tennessee families.

CHILD CARE BY THE NUMBERS

Cost of center-based child care in Tennessee by age¹

Infant: **\$10,780**

Toddler: **\$9,998**

4-Year-Old: **\$8,759**

Before/After School: **\$2,937**

Percent of infant care to median income of a single-parent family¹

40.3 percent

Percent of infant care to median income of a married-couple family¹

12 percent

Percent of Tennessee parents of children under 5 reporting inadequate child care hurt their work productivity or career opportunities²

98 percent

Tennessee's economic losses in 2022 due to insufficient child care³

\$2.6 Billion

Percent of Tennessee parents who have had pay or hours reduced or changed to part time due to child care challenges³

35 percent

Tennessee parents that have turned down career advancement in the last 6 months due to child care³ challenges

32 percent

87 percent of Tennessee voters support increased state funding for Tennessee's voluntary Pre-K program to allow every 4-year-old the option to attend, if their parents want them to.⁴

The cost of center-based care for an infant and 4-year-old in Tennessee is **81 percent higher** than the average annual rent across all housing types in the state.¹



\$19,539



\$10,764

Investing in our youngest Tennesseans means ensuring that early childhood education is accessible, affordable, and high-quality.

Accessible:

Among surveyed parents, accessibility was the most significant challenge in finding care for their child. Approximately 70 percent cited accessibility as the key challenge they face.³ In 2019, 48 percent of Tennesseans lived in a child care desert. Since then accessibility has been further impacted by the pandemic. Further, finding care for times outside of Monday-Friday daytime hours can be a significant hurdle many working families must overcome.

Affordable:

Close behind accessibility, affordability of care is a frequent challenge for Tennessee families with 58 percent citing it as their most significant challenge.³ High cost of child care can put it out of reach for many working families. Infant-based child care costs in 2022 were the equivalent of a minimum-wage worker's pretax income from January 1st to September 18th 2022.¹ For single parent at just over 150% FPL (\$13 per hour), it is equivalent to income from January 1st to May 23rd.¹

High-Quality:

Though less often cited than accessibility and affordability, half of Tennessee parents reported quality as their main challenge.³ Accreditation by The National Association for the Education of Young Children (NAEYC) is the gold standard for high-quality care. Only 1.5 percent of Tennessee's licensed or certified programs are NAEYC accredited.²

EARLY EDUCATION

Tennessee can expand programs to support young children and their caregivers.

The information on this page and the next comes from the Prenatal-to-3 Policy Impact Center, at Vanderbilt University's Peabody College of Education and their Prenatal-to-3 State Policy Roadmap. Additional information can be found on their website at pn3policy.org

As discussed on the previous page, child care across the nation is extremely expensive and Tennessee is no exception. Child care subsidies provide financial assistance, through federal and state funds, to help with the costs associated with child care while a caregiver is working or enrolled in education or training programs. Tennessee has one of the higher income subsidy limits at 85% of State Median Income. States have significant control over how they administer these funds leading to various opportunities to increase access to care.

While Tennessee has expanded eligibility and increased the reimbursement rate for infants in center-based care by 32 percent, there continues to be opportunity to increase access to care by decreasing the co-payment and increasing the base reimbursement rate to meet or exceed the true cost of care, or at a minimum meet or exceed the 75th percentile. Eight states have a monthly co-payment of 0 percent of income for a family of 3 at 150% FPL.

Access to programs that support infants & families

Evidence-Based Home Visiting (EBHV)

Estimated % of eligible children under age 3 served in EBHV

2.5 percent

Best State: 35.1 percent

Worst State: 0.8 percent

Reduced Administrative Burden for SNAP

% of eligible families with children under age 18 **not** receiving SNAP

2.0 percent

Best State: 2.0 percent

Worst State: 26.7 percent

Early Head Start

Estimated % of income-eligible children with access to Early Head Start

3.8 percent

Best State: 31.0 percent

Worst State: 3.8 percent

Share of Child Care Costs

for an infant in center-based care paid by a family of 3 at 150 percent FPL

24.2 percent

Best State: 0.0 percent

Worst State: 54.8 percent

Working Poverty

percent of children under 3 who are living near poverty with at least one parent working full-time

27.2 percent

Best State: 9.2 percent

Worst State: 33.2 percent

Health Coverage

percent of low-income women of childbearing age who do not have any health insurance

24.0 percent

Best State: 3.8 percent

Worst State: 47.8 percent

EARLY EDUCATION

Tennessee's programmatic support for families ranks below most other states.

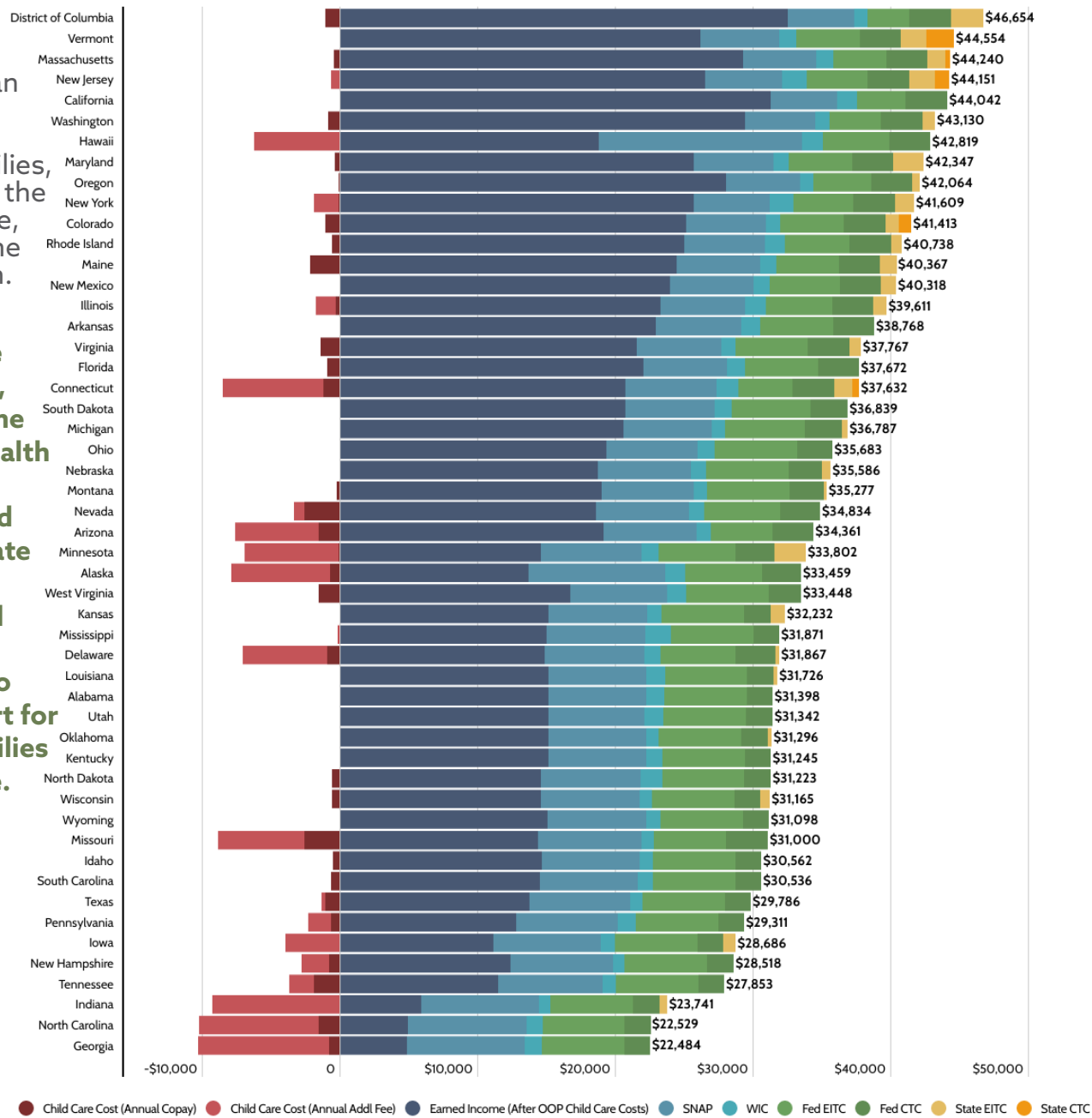
The information on this page and the previous comes from the Prenatal-to-3 Policy Impact Center, at Vanderbilt University's Peabody College of Education and their Prenatal-to-3 State Policy Roadmap. Additional information can be found on their website at pn3policy.org

The Impact of State Policy Choices on Family Resources Across States

Annual Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits

In the figure on the right, you can see the varying dollar amount available to families, contrasted with the cost of child care, depending on the state they live in.

Increasing state minimum-wage, expanded income eligibility for health insurance, paid family leave, and a refundable state earned income tax credit are all opportunities for Tennessee to increase support for infants and families across the state.



To the extent possible, data reflect state policies as of October 1, 2022. All earnings, benefits (both federal and state), and child care costs are based on a family of three comprised of a single parent working a full-time, minimum wage job with two children in full-time, center-based child care (an infant and a toddler). For detailed source notes and additional information see [Methods and Sources](#).

HEALTH



OVERALL HEALTH

Pandemic-related delays in well-child visits led to a decline in the number of childhood vaccinations administered.

One in four Tennessee children has a mental, emotional, developmental or behavioral disorder.¹

20 percent of children in Tennessee live in a home where someone smokes.²

90 percent of children in Tennessee are reported to be in excellent or very good health.³

74 percent of Tennessee children 12-17 had a preventative medical visit in the last year.⁴

22 percent of Tennesseans 10-17 are obese, representing a slight increase from previous years and the 5th highest percentage in the country.⁵

1 in 7 Tennessee K-12 students have a chronic illness or disability diagnosis.⁶ The most common are asthma, ADD/ADHD and mental health diagnoses.⁶

CHILDHOOD VACCINATIONS

In 2021, **75 percent** of Tennessee children had received the full series of recommended vaccines at 24 months.⁷

Tennessee has seen a decline in on-time childhood vaccinations over the last two years, highlighting a need for children to catch up on routine vaccinations they may have missed during the pandemic.

Between 2019 and 2021, 220,000 fewer doses of childhood vaccines were administered to Tennessee children.⁷

Healthy People 2020 (HP2020) was a national effort launched in 2010 with various science-based health objectives and goals for states to focus their action toward. HP2020 included 12 vaccination-related objectives. In 2019, Tennessee met three of the objectives. In 2020, the state met five, but fell back to three in 2021.⁷

Aside from an encouraging increase in doses of the Influenza and Hepatitis B vaccines, all other vaccination rates decreased between 2020 and 2021.⁷ In 2021, Tennessee fell below the HP2020 objective for polio vaccination for the first time in a decade.⁷

MENTAL HEALTH

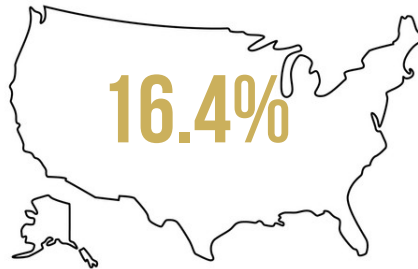
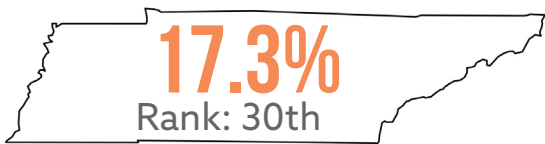
Tennessee faces a particular challenge when it comes to youth mental health and access to treatment.

YOUTH MENTAL HEALTH

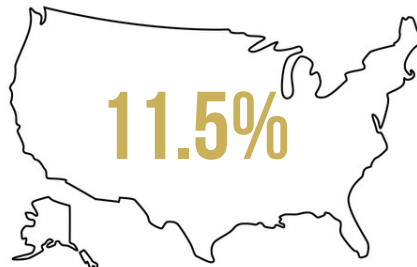
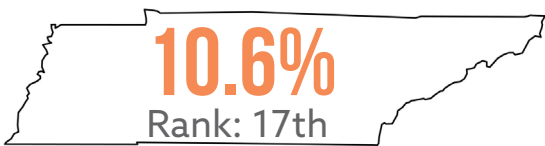
Mental Health America 2023 Ranking the States¹



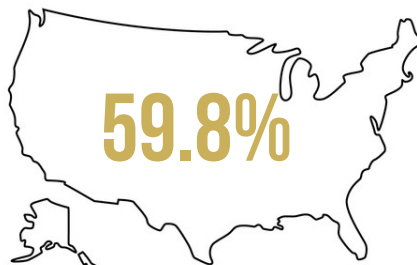
YOUTH WITH AT LEAST ONE MAJOR DEPRESSIVE EPISODE (MDE)



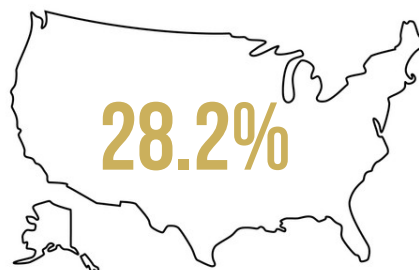
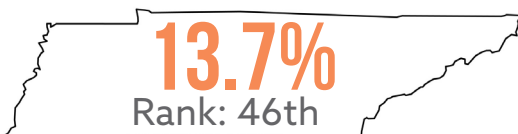
YOUTH WITH SEVERE MAJOR DEPRESSIVE EPISODE



YOUTH WITH MDE WHO DID NOT RECEIVE MENTAL HEALTH SERVICES



YOUTH WITH SEVERE MDE WHO RECEIVED SOME CONSISTENT TREATMENT



When looking at the prevalence of mental health challenges among youth, particularly depression, Tennessee sees similar or lower rates than the national average.

Tennessee falls significantly below the national average when it comes to ensuring youth who are struggling have access to treatment. Appropriate care for mental health challenges is critical to mitigating potential adverse outcomes and supporting long-term health.

Tennessee ranks 40th in Access to Care.¹ While the state performs above the national average in 3 of the 4 indicators pertaining to adults, the low ranking is attributable primarily to youth indicators and workforce availability.¹ **Tennessee ranks 46th in Mental Health Workforce availability with one mental health provider for every 590 individuals compared to 350:1 nationally.**¹

MENTAL HEALTH

Although youth mental health challenges were increasing before the pandemic, it exacerbated many of these emerging problems.

TENNESSEE HAD 144 DEATHS BY SUICIDE AMONG THOSE UNDER 24 IN 2020, EQUATING TO 7,956 POTENTIAL YEARS OF LIFE LOST.²

Among high school students nationally, in the 12 months before the survey,³



one in five seriously considered taking their own life.



more than one in seven made a plan of how they would end their life.

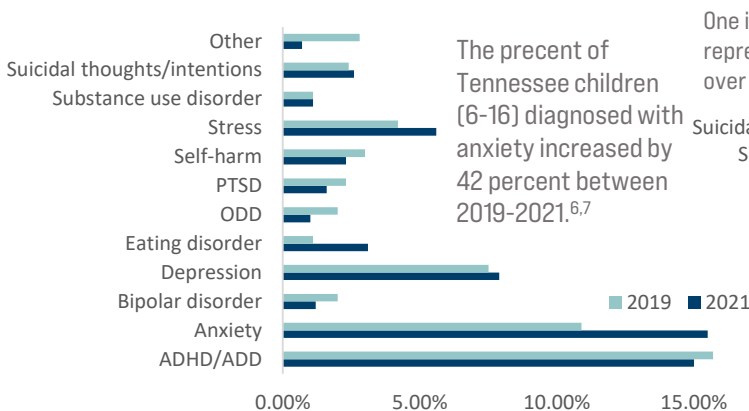


one in 11 attempted to end their life.

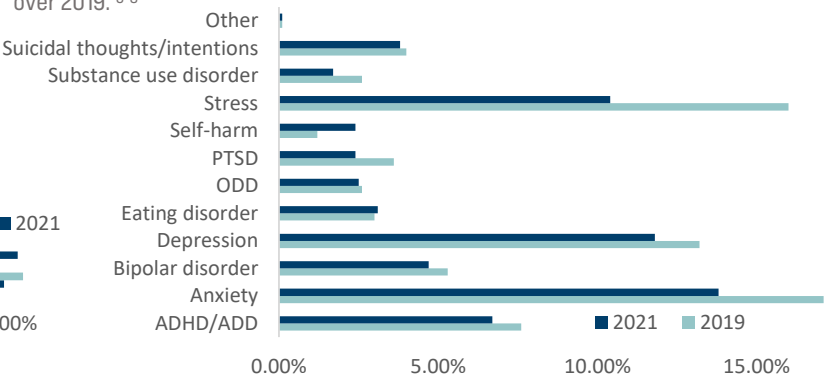
Emergency room visits among adolescent girls

Between March and October of 2020, across all Emergency Department visits the proportion of visits of those aged 5-11 and 12-17 for mental health concerns increased by 24 percent and 31 percent respectively.⁴ A study comparing weekly emergency room department visits in 2020, 2021 and January 2022 to 2019 found the pandemic appeared to be particularly hard on the mental health of girls. Comparing weekly visits to those in 2019, researchers found increased visits among females age 12-17 in 2020 for eating disorders and tic disorders.⁴ In 2021, visits increased for depression, eating disorders, OCD, and tic disorders. By 2022, visits had increased for anxiety, trauma, stressor-related, eating disorders, OCD, and tic disorders.⁴ In general, adolescent males had a decrease in the number of mental health related visits during the same time frame.⁴ The study found the number of emergency department visits for eating disorders among adolescent girls doubled during the pandemic. At the same time visits for tic disorders roughly tripled.⁴

This increase in eating disorders among adolescents is concerning due to the high mortality rate of eating disorders. Eating disorders have the one of highest mortality rates of any mental health condition.⁵ Youth and young adults between 15-24 who have anorexia have 10 times the risk of dying compared to their peers.⁵ A study of co-occurring disorders found among individuals hospitalized for an eating disorder, 97 percent had a co-condition.⁵ The most common co-occurring condition being mood disorders.⁵



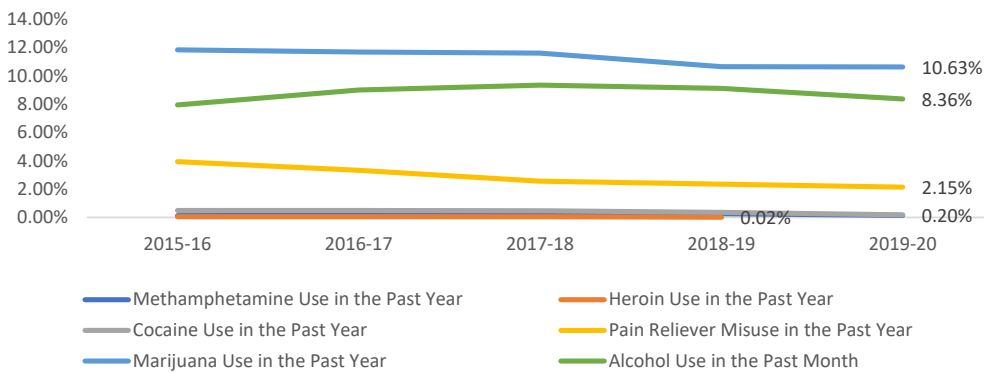
One in six parents are concerned their child (6-16) may have undiagnosed anxiety. This represents a decline from more than one in five in 2020, but still a 31.5 percent increase over 2019.⁶⁻⁸



SUBSTANCE USE

Youth substance use declined during the pandemic and appears to be staying below pre-pandemic levels for many substances.

Substance use among Tennesseans 12-17 has remained fairly consistent from 2015-2020.²



Monitoring the Future, a national survey of substance use behaviors among 8th, 10th and 12th grade students provides insight into how the pandemic impacted teen substance use on a national level.¹

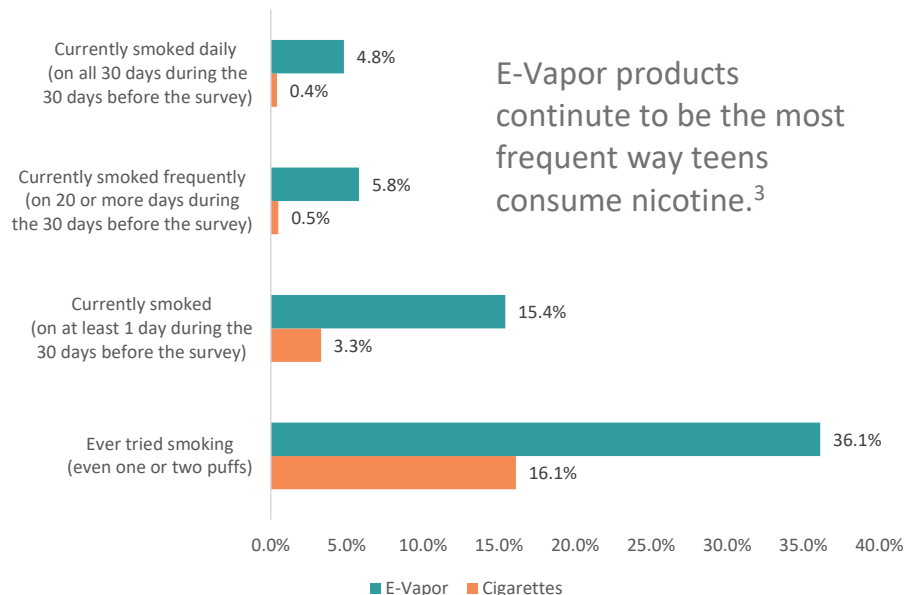
They found that use of cannabis, nicotine and alcohol all decreased during the pandemic.¹ Cannabis and nicotine use remained below pre-pandemic levels in 2022 while alcohol use returned back to 2020 levels.¹ The number of students who had used any illicit drug decreased during the pandemic and remained below pre-pandemic numbers in 2022.¹ Non-prescribed use of Adderall increased back to pre-pandemic levels, but still represents a decline from 2015.¹

15% of students reported strongly agreeing or agreeing they drank more alcohol during the COVID-19 pandemic than when it started.³

12% of students strongly agree or agree that they used drugs more during the COVID-19 pandemic than before it started.³

In 2021, one in 10 U.S. high school students reported ever taking prescription pain medicine without a doctors order or differently than instructed.³

While nationally the percent of students who smoke cigarettes or have ever tried cigarette smoking continues to decline, more than a third of students reported ever vaping.³ One in eighteen students reported vaping 20 or more days within the last month.³



E-Vapor products continue to be the most frequent way teens consume nicotine.³

RISK BEHAVIORS

For many teen risk behaviors, Tennessee has historically trended higher than the national average.

The Adolescent Behaviors and Experiences Survey (ABES) was conducted among high schoolers in the U.S. during early to mid-2021.¹ Although, the results are not available on a state level, similar questions were asked in the 2019 Youth Risk Behavior Surveillance System, which does offer Tennessee data.² Percentages below indicate national results of the ABES, the arrows indicate if Tennessee's percentage was higher or lower than the national average in 2019. If an arrow is not present, there is not a 2019 data point available.

Did not always wear a seat belt
(when riding in a car driven by someone else)

34 percent ↑ Tennessee higher than national average

Texted or e-mailed while driving a car or other vehicle
(on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)

32 percent ↑ Tennessee higher than national average

Carried a gun
(not counting the days when they carried a gun only for hunting or for a sport such as target shooting, on at least 1 day during the 12 months before the survey)

3.5 percent ↑ Tennessee higher than national average

Were in a physical fight
(one or more times during the 12 months before the survey)

16 percent ↑ Tennessee higher than national average

Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood

One in five

Were electronically bullied
(counting being bullied through texting, Instagram, Facebook, or other social media, ever during the 12 months before the survey)

14 percent ↓ Tennessee lower than national average

Were bullied on school property
(during the 12 months before the survey, among students who attended school in-person during the 12 months before the survey)

13 percent ↑ Tennessee higher than national average

Did not go to school because they felt unsafe at school or on their way to or from school
(on at least 1 day during the 30 days before the survey, among students who attended school in-person during the 30 days before the survey)

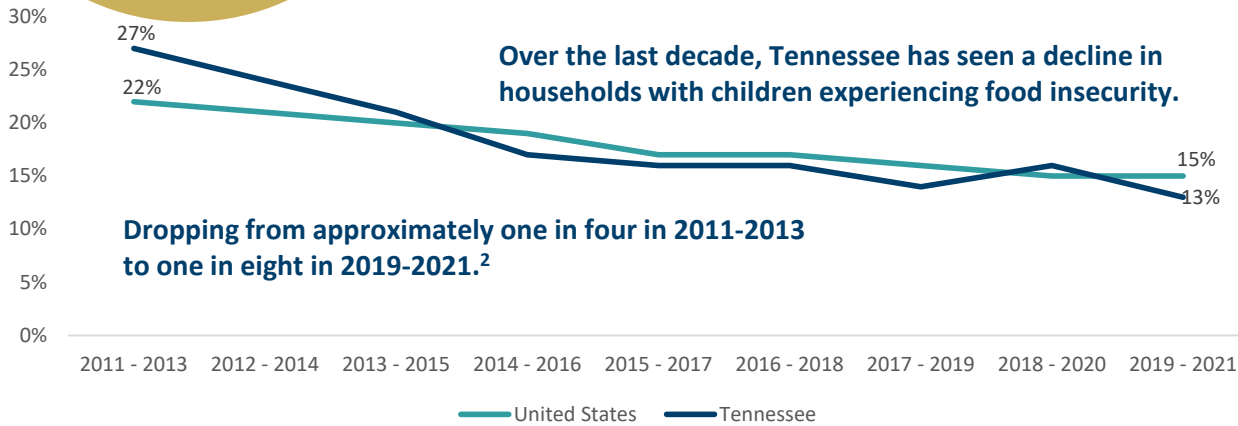
6.5 percent ↑ Tennessee higher than national average

Carried a weapon on school property
(such as a gun, knife, or club, on at least 1 day during the 30 days before the survey, among students who attended school in-person during the 30 days before the survey)

3.3 percent

FOOD & NUTRITION

Children’s rapidly-developing brains and bodies make them particularly vulnerable to the negative impacts of food insecurity.

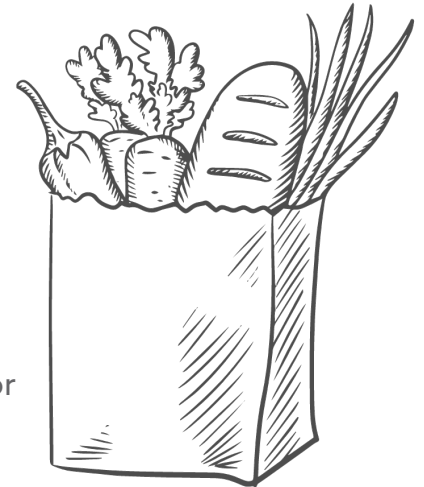


TENNESSEE IS ONE OF 12 STATES THAT STILL CHARGES TAXES ON GROCERIES.³

State	2020 Food Tax (State Rate)	2020 Food Tax (Weighted County Average)	2020 Total Food Tax (State & County)
KS	6.50%	1.13%	7.63%
MS	7.00%	NA	7.00%
TN	4.00%	2.47%	6.47%
ID	6.00%	NA	6.00%
AL	4.00%	1.97%	5.97%
OK	4.50%	0.70%	5.20%
SD	4.50%	NA	4.50%
GA*	0.00%	3.32%	3.32%
MO	1.23%	1.99%	3.22%
UT	1.75%	1.25%	3.00%
LA*	0.00%	2.89%	2.89%
VA	1.50%	1.00%	2.50%
NC*	0.00%	2.00%	2.00%
IL	1.00%	0.71%	1.71%
AR	0.13%	1.39%	1.52%
AK*	0.00%	0.93%	0.93%
SC*	0.00%	0.74%	0.74%
CO	0.00%	0.25%	0.25%

Nearly **one in five** Tennessee children experienced food insecurity in 2020.¹

In August of 2022, Tennessee offered a grocery tax holiday, waiving the state sales tax on food and food ingredients. This month-long reprieve saved the average Tennessean \$15 or \$45 for a family of 3.⁴



Nationally, those in the lowest income bracket spend one fourth of their income on groceries. While those making above \$150,000 spend one twentieth.⁵

*Does not have a state-level tax, but permits counties and municipalities to levy a tax.

Between September 14th-September 26th, 2022, 23 percent of Tennessee households with children reported sometimes or often not having enough to eat in the previous week.⁶ During that same time period **53 percent reported having difficulty paying for usual expenses.**⁷ Nationally, those figures were 14 percent and 47 percent respectively.^{6,7}

ACCESS TO HEALTH CARE

Ensuring parental health coverage and reducing administrative burdens could increase the number of Tennessee children with insurance.

In 2020, 64 percent of uninsured children in Tennessee remained uninsured despite being eligible for coverage.^{1,2}

In 2021, 4.9 percent of Tennesseans under 19 did not have health insurance.³ Of our youngest Tennesseans, those under 6, 3.8 were uninsured.³ Well-child visits and childhood vaccinations are critical to supporting long-term health and addressing any arising health challenges.

Many children in Tennessee are eligible for health insurance through TennCare or CoverKids yet remain uninsured. Ensuring those children eligible for coverage receive it and are able to access health care would improve Tennessee's individual, communal and statewide child health outcomes.

Initiatives that have been shown to increase children's health care coverage and participation

MEDICAID EXPANSION

Tennessee is currently one of 11 states that have chosen not to expand Medicaid coverage to adults under 138% FPL.⁴ In 2021, approximately 170,000 uninsured Tennessee adults (19-64) fell below 138% FPL, comprising 37% of all uninsured adults.⁵

Children are more likely to have and maintain health care coverage when their parents are covered. In 2014, the ten states that experienced the largest gains in child health insurance participation had all expanded Medicaid.⁶

When parents have health insurance, children are more likely to receive the care they need and the preventative care that can avert further health complications and costs. A twelve-year study of low-income parent-child pairs found that when the parent was enrolled in Medicaid, the child had a 29-percentage point higher probability of receiving a well-child visit.⁷

CONTINUOUS ELIGIBILITY

Currently, all Medicaid recipients have been able to maintain coverage since the Public Health Emergency was declared in January 2020. The public health emergency is set to expire April 1, 2023 leaving many Tennesseans vulnerable to coverage loss. In December of 2022, the federal government passed a bill requiring state Medicaid programs to provide 12 months of continuous coverage for children.

Tennessee currently has 12-month continuous eligibility for CoverKids, allowing children in that program to maintain health care coverage despite temporary changes in parental income. Currently children covered by TennCare do not have this assurance and are more vulnerable to loss of coverage, commonly referred to as "Medicaid Churn."⁸ A study of households with low or moderate income found "they experienced an average of 2.5 months each year in which income fell by more than 25 percent, and 2.6 months in which income increased by 25 percent."^{8,9}

The expansion of continuous eligibility to children on TennCare will help ensure all children across the state get the health care they need when they need it.

EXPRESS LANE ENROLLMENT (ELE)

Between 2019 and 2020, a Vanderbilt Child Health Poll found that over a third of parents reporting a loss of children's health coverage attributed that loss to a paperwork issue.¹⁰

ELE works to streamline the application process for Medicaid/CHIP as many eligible families are often already receiving other means-tested programs such as WIC, TANF, or SNAP. ELE allows states to use information from these programs to determine eligibility or renewal.¹¹

This flexibility allows states to more efficiently coordinate their government programs, leading to administrative and program savings while ensuring that children who are eligible for health care gain or maintain necessary coverage.¹²

MATERNAL MORTALITY

Tennessee saw an uptick in maternal mortality between 2019 and 2020.

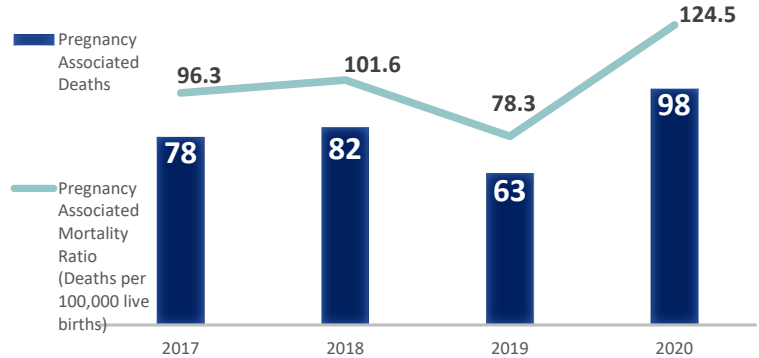
All data comes from the Tennessee Maternal Mortality Report¹
 Pregnancy-associated deaths: The death of a woman during pregnancy or within one year of the end of pregnancy from any cause. Pregnancy-associated deaths can further be classified into pregnancy-related deaths or pregnancy-associated, but not related deaths.

The number of deaths increased from 63 in 2019 to 98 in 2020.

Comparing 2020 to 2019, the Pregnancy-Associated Mortality Ratio increased by 51 percent. This is attributed an increase in deaths and a change in definitions.

Compared to 2019, the percent of deaths occurring between conception and 12-months postpartum that were directly caused as a result of being pregnant increased by 27 percent.

Tennessee experienced a spike in maternal mortality in 2020.

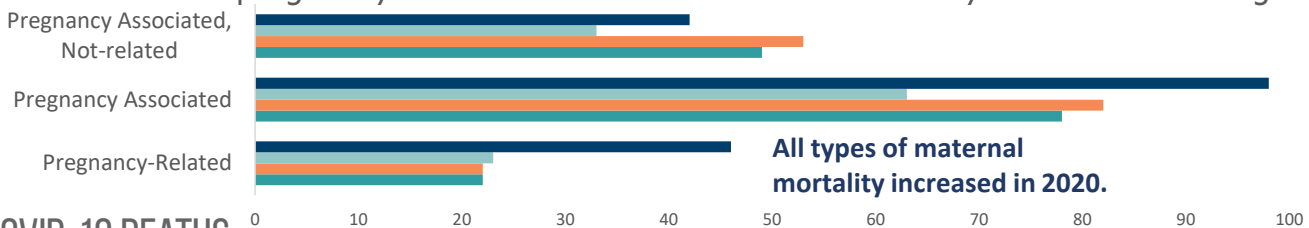


90 percent of pregnancy-related deaths between 2017-2020 were determined to have been preventable.

The leading cause of pregnancy-related deaths was cardiovascular or coronary conditions.

For pregnancy-associated, but not related deaths acute overdose was the leading cause.

More than half of pregnancy-associated deaths occurred 43-365 days after birth. During this time



All types of maternal mortality increased in 2020.

COVID-19 DEATHS

In 5 of the 98 deaths the individual had a positive COVID-19 test within the previous 12 months. In three of the cases, COVID-19 was the leading underlying factor of death. In the remaining two cases it was listed as contributing factor.

MATERNAL HEALTH DISPARITIES

Black women in Tennessee are 2.5x more likely to die from a pregnancy-related cause than white women

Discrimination was a contributing factor to 1 out of 3 pregnancy-related deaths in 2020.

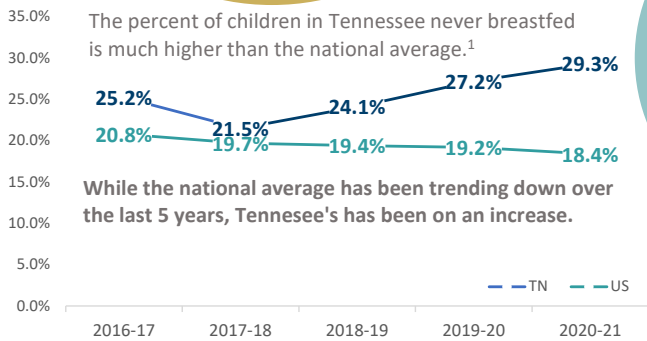
When discrimination was noted, overdose was the leading cause of death. Fear of legal consequences, lack of referral and delay in diagnosis and treatment were noted as contributing factors.

HEALTH INSURANCE

Seven out of 10 pregnancy-associated deaths were among women covered by TennCare at the time of birth. Roughly half of pregnancy-related deaths were among women covered by TennCare. In April 2022, TennCare extended maternal health coverage from 60 days to 12 months post-birth. Since the beginning of the federal Public Health Emergency in January 2020, individuals on Medicaid have been able to retain their coverage.

INFANT & MATERNAL CARE

Despite improvements, Tennessee still falls below the national average in many indicators of infant and maternal health.



1 in 7 Tennessee infants were born premature, ranking Tennessee 49th out of 51.²

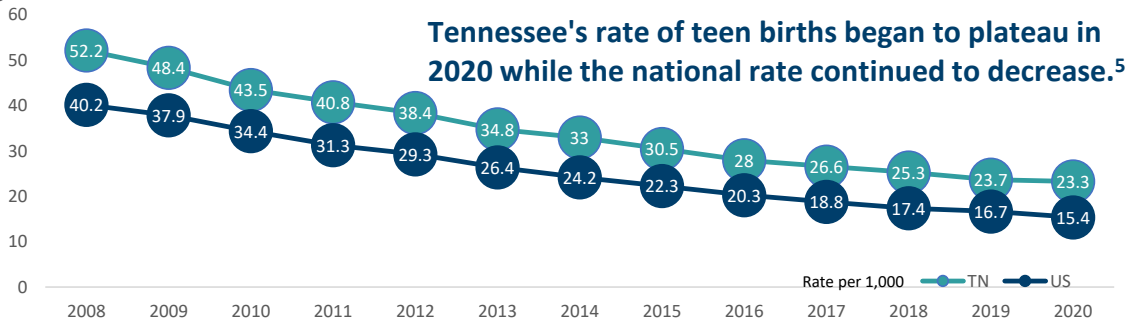
Tennessee ranks 42nd in infant mortality.²

- Maternal Clinical Care³**
 - Well-woman Visit**
Tennessee: 72.2 percent
National: 72 percent
Rank: 32nd
 - Cervical Cancer Screening**
Tennessee: 78.9 percent
National: 77.1 percent
Rank: 14th
 - Adequate Prenatal Care:**
Tennessee: 73 percent
National: 74.7 percent
Rank: 38th
 - Postpartum Visit:**
Tennessee: 88.7 percent
National: 88.4 percent
Rank: N/A

Maternity Practices in Infant and Nutrition Care (mPINC)

Administered since 2007, the mPINC measures the quality of hospital practices to support breastfeeding. In addition to hospitals receiving individual scores, each state receives its own score. Scores range from 0 to 100 with higher scores indicating better maternity practices within the state's birthing hospitals. **In 2020, Tennessee had the lowest score in the nation at 70. As a whole, the united states was 81.⁴**

Teen Births



Neonatal Withdrawal Syndrome

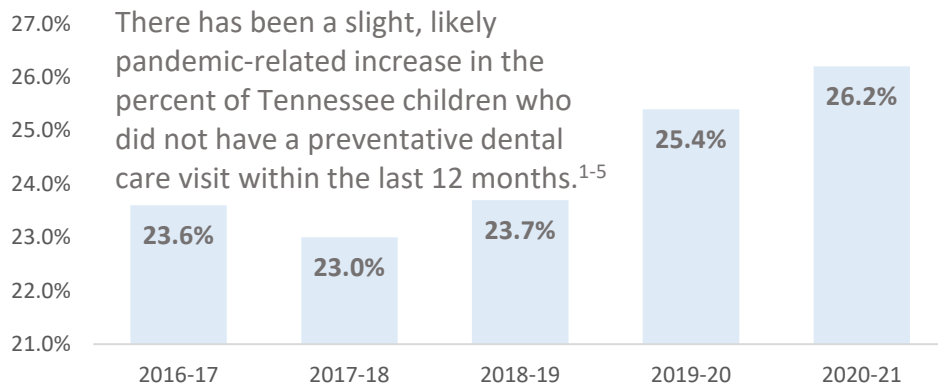
Since a peak in 2017, the rate of infants born exposed to substances was on the decline in 2018 and 2019.⁶ In 2020, coinciding with the pandemic, Tennessee saw an increase in the rate of cases. The most frequent substance infants are exposed to is medication used for opioid use disorder (MOUD), representing 62 percent of cases in 2020.⁶

Although it can result in withdrawal, MOUD is the safest option to address opioid use disorder during pregnancy and is recommended by the American College of Obstetricians and Gynecologists and the Substance Abuse and Mental Health Services Administration.⁷ Quickly stopping use can result in preterm labor or miscarriage.⁸ MOUD improves birth outcomes and decreases the chances of a preterm birth.⁸

Women with opioid use disorder (OUD) face many barriers to treatment, pregnancy status being one of them.⁹ In one study, callers representing pregnant women were 17 percent less likely to be granted an appointment with an OUD treatment clinician.⁹ MOUD is a critical element to improving outcomes for Tennessee infants and parents with OUD and mitigating potential negative effects. Particularly, as we move forward out of the pandemic, Tennessee must ensure care for pregnant women with OUD is affordable, accessible, comprehensive and collaborative.

DENTAL CARE

Tennessee's Community Water Fluoridation program ranks among the best in the country



More than 8 out of 10 Tennessee children (1-17) reported no oral health problems.⁶ Among those reporting problems the most common was tooth decay or cavities followed by toothaches and bleeding gums.⁷⁻⁹

There has been a slight, likely pandemic-related increase in the percent of Tennessee children who did not have a preventative dental care visit within the last 12 months.¹⁻⁵

The rate of preventative care closely aligns with the 77 percent of Tennessee parents who report their children's teeth are in excellent or very good condition.¹⁰

One of the challenges Tennessee faces is the ratio of dental care providers to the population. Tennessee ranks 45th in the nation with 48.8 providers per 100,000.¹¹ Nationally that rate is 62.3.¹¹

To meet the current standard, Tennessee will need an estimated 700 additional dentists.¹¹ Access to dental care is a critical component to child, maternal and adult health but Tennessee had six counties without a dentist and 86 designated as a Dental Health Professional Shortage Area.¹¹

Beginning in January 2023, all adults with TennCare coverage will be eligible for dental care. This is an important step in improving access to care for all Tennesseans. This expanded coverage has the potential to increase demand on an already strained system. As of October 2022, there were 732,678 adults 21 to 65 years old enrolled in TennCare who will likely be eligible for dental benefits beginning January 2023.¹³

Community Water Fluoridation

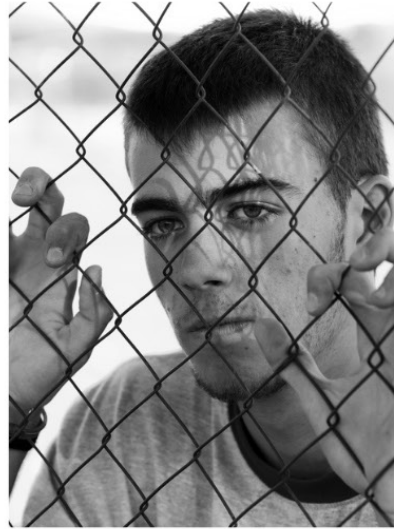
Tennessee has been an historical leader in community water fluoridation with 95 percent of Tennesseans receiving optimally fluoridated water in 2004, ranking 5th in the nation.¹¹ Since then, Tennessee has slightly declined to 89 percent and 17th in rank, but remains significantly above the nation in the portion of the community receiving optimally fluoridated water.¹¹

"Community water fluoridation is the most effective and economical way to prevent tooth decay for all ages delivering benefits to everyone in a community, regardless of their age, income, or education. Over 75 years of scientific evidence has consistently shown that community water fluoridation both safe and effective with studies proving that water fluoridation reduces dental decay by 20 to 40 percent."

- Tennessee Department of Health¹¹

NEARLY NINE OUT OF 10 Tennesseans are served by Community Water Fluoridation.¹¹

CHILD WELFARE & YOUTH JUSTICE



CHILD WELFARE

After traumatic events such as abuse or neglect, our child welfare system should act as a safeguard, caring for all of the child's needs while preventing further trauma.

In FY2021 Tennessee had:

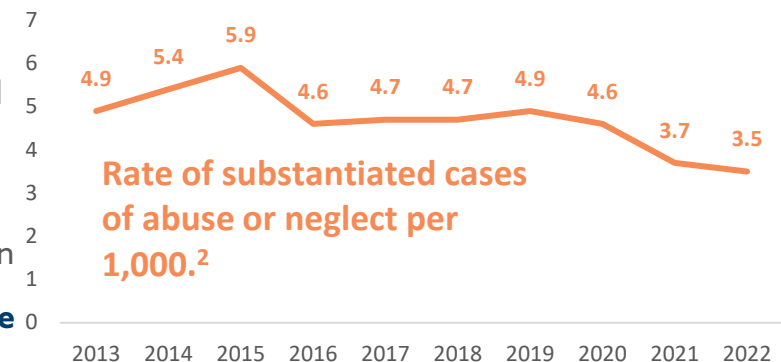
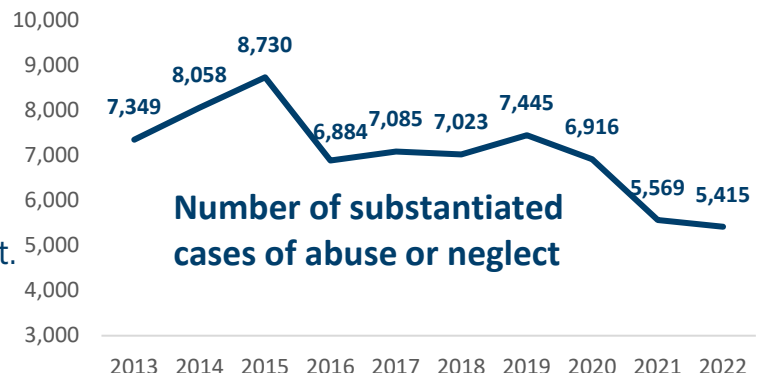
- 157,108 Tennessee Child Abuse Hotline reports.¹
- 70,486 CPS investigation and assessment hotline cases.¹

In FY2022 Tennessee had:²

- 5,415 substantiated cases of child abuse or neglect.

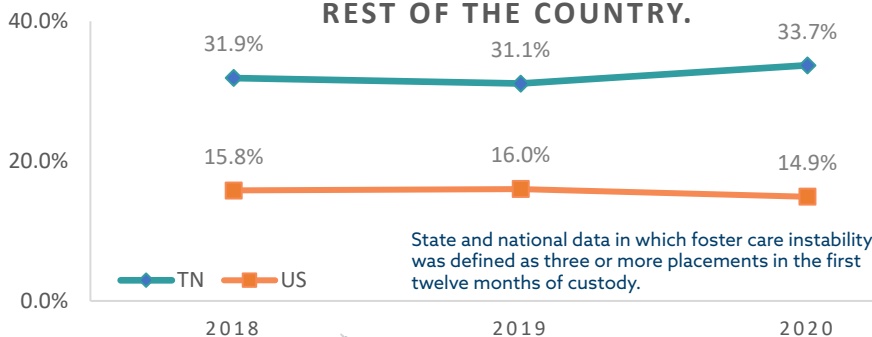
Safe, stable and nurturing homes help support child development. Being removed from their home can be potentially traumatic for a child, making the need for our child welfare system to be actively working against re-traumatization critical. Reducing the number of placements and the time in state custody can help in minimizing the trauma a child experiences.

Nearly one in 10 children were in custody for more than two years. In 2020, one in five children entering foster care were reentering care after a prior episode.³ **One in eight were reentering care after less than 12 months.**³



"A key goal of foster care is to ensure that kids are living in stable, lifelong families. Foster care is meant to be a temporary solution that ends once a parent can get their life back on track or a relative, guardian or adoptive family agrees to raise the child involved. Research has shown — again and again — that every child needs a solid and unshakable attachment to at least one parenting adult and that this relationship is key to a young person's development and well-being. Foster parents are adults who temporarily step in to raise children who have been abused or neglected or whose biological parents are unable to care for them. Foster parents try to give each child in their care as much normalcy as possible while also preparing them to be reunited with family or adopted." - Annie E Casey Foundation

TENNESSEE STRUGGLES WITH FOSTER CARE INSTABILITY AT A LEVEL NOT SEEN IN THE REST OF THE COUNTRY.



Tennessee has had the highest rate of foster care instability in the nation every year from 2016-2020.⁵ In 2020, Puerto Rico had the closest instability rate at 25.9 percent compared to Tennessee's 33.7 percent.⁵

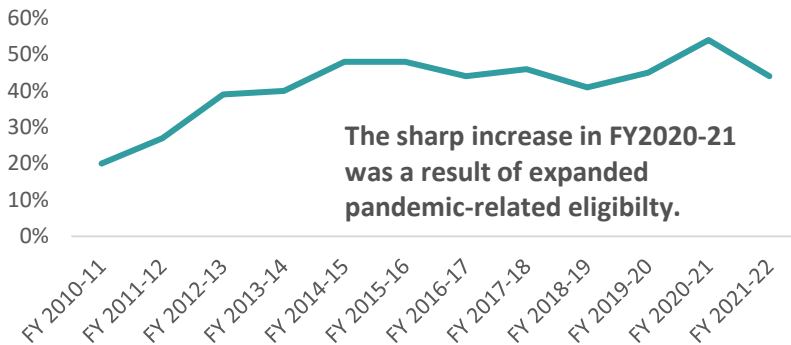
YOUTH TRANSITIONS

Supporting our youth as they age out of the foster care system can help set them up for long-term success.

One in five foster youth in Tennessee are between the ages of 16-20.¹

The percent of older youth in foster care varies widely across the states, partially due to 17 states not having extended foster care eligibility.² At the low end, some states have rates of 6 and 8 percent. Delaware, Colorado, Virginia, Connecticut and Tennessee have the largest percent of older youth ranging from 21 to 25 percent.¹

Acceptance of Extension of Foster Care Services has been steadily increasing since its inception.³



In Tennessee, young adults who age out of the foster care system are eligible for Extension of Foster Care services until they turn 21. Through this program they can receive:³

- Education and Training Vouchers (up to \$5,000 a year) for post-secondary education
- Placement support in an approved placement or an Independent Living Allowance
- Independent Living Wrap-Around Services
- Access to life skills classes and leadership opportunities
- Support of a child and family team, Family Service Worker and court representatives to help achieve goals.

In FY2021 Tennessee had 801 youth age out of foster care.³

Of those 801, 680 were eligible for Extension of Foster Care Services (EFCS).³ Of those eligible, 44 percent accepted EFCS.³

Outcomes from other states²

A study comparing outcomes from youth who remained in foster care at 19 compared to 19-year-old youth in neighboring states required to leave care at 18 found:

Among those aging out at 18:

- 1-in-5 were experiencing homelessness and 36 percent had experienced homelessness at least once by age 26;
- Only 46 percent of youth were employed; and
- Their average income at 26 was \$18,323 lower than youth in the general population, \$13,989 compared to \$32,312.

Among those remaining in care:

- The odds of being employed or in high school at 19 were doubled;
- They were twice as likely to have completed their first year of college by 21; and
- Pregnancies occurring before age 20 by were reduced by 38 percent.

\$72,000 estimated increase in per-person lifetime earnings by extending foster care

DOMESTIC VIOLENCE

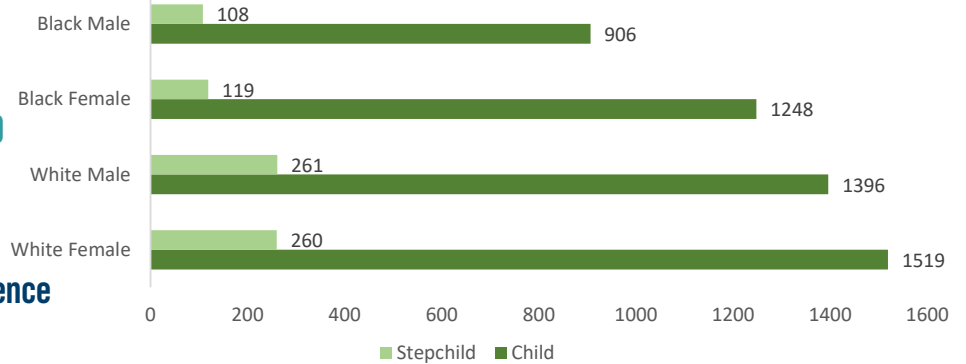
Tennessee children and teens are exposed to an alarming rate of domestic violence.

Children were more than one in ten Tennessee domestic violence victims in 2021.¹

Children and young adults (0-24) were 29 percent of domestic violence victims in Tennessee.¹

8.6 percent of all reported domestic violence victims were youth whose offender was their parent or step-parent.¹

The most common cases of domestic violence involving children occurred with a white female child and their parent, but Black children make up roughly 21 percent of the population and 41 percent of stepchild/child victims.¹



In 2019, more than

ONE IN SIX

Tennessee high school girls reported experiencing physical dating violence in the last year.^{3**}

That was significantly **higher than anywhere else** in the nation and nearly **twice as high as the national rate.**³

ABES survey results from 2021 indicate²

- Nearly one in 10 high schoolers reported experiencing sexual violence.*
- One in 13 reported sexual dating violence.**
- One in 16 reported physical dating violence.**
- More than half reported that a parent or other adult in their home swore at them, insulted them, or put them down during the COVID-19 pandemic.
- One in nine reported that a parent or other adult in their home hit, beat, kicked, or physically hurt them in any way during the COVID-19 pandemic.



The highest rates were among 11th grade girls at 20 percent.³

*One or more times during the 12 months before the survey

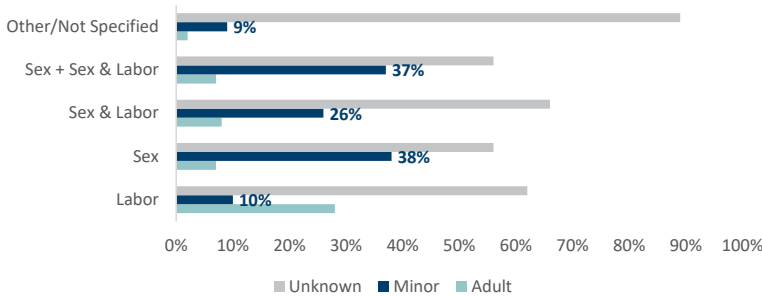
** One or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey.

If you or someone you know is experiencing domestic violence free, confidential support can be found at thehotline.org, by texting "START" to 88788, or calling the Tennessee Domestic Violence Helpline: 1-800-356-6767

HUMAN TRAFFICKING

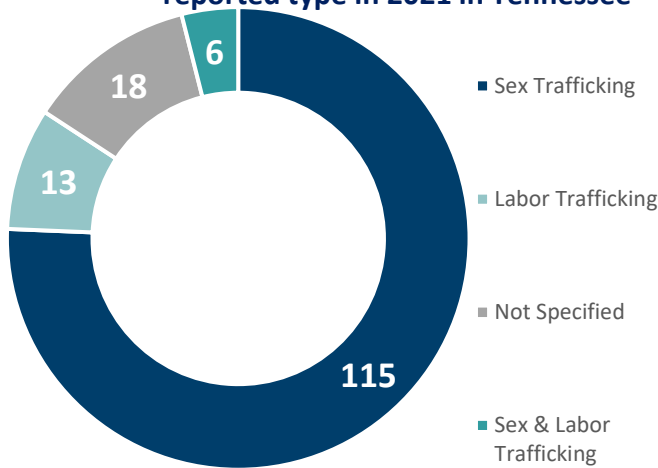
The most common scenario among victims of sex-trafficking is that they know and trust their trafficker. In 2020, 42 percent were recruited by a family member.

Age at entry into exploitation by type



"Age at Entry into Exploitation" refers to the age of likely victims when the first commercial sex act or the first time initiating labor/services occurred. Given the significance of whether a likely victim is an adult or minor, if the actual age is unknown and the apparent age is close to the adult/minor boundary (ex. a likely victim is described as being 16-20), Unknown is selected.

Sex trafficking was the most commonly reported type in Tennessee²



Numbers represent the number of cases. Each case can have multiple victims. In 2021, Tennessee had 152 identified cases from the Human Trafficking Hotline and 217 victims.

Reporting has shown that nearly every victim has a vulnerability that is taken advantage of by the trafficker.¹ Reducing instances of trafficking requires shoring up social supports and addressing the inadequacies in our current systems that leave people vulnerable.

2020 TOP FIVE RISK FACTORS/VULNERABILITIES¹

SEX TRAFFICKING -

1. Substance Use Concern
2. Runaway/Homeless Youth
3. Unstable Housing
4. Mental Health Concern
5. Recent Migration/Relocation

LABOR TRAFFICKING -

1. Recent Migration/Relocation
2. Self-reported Economic Hardship
3. Unstable Housing
4. Criminal Record/Criminal History
5. Substance Use Concern

As many aspects of our world adapted to the pandemic, unfortunately so did exploitation and human trafficking. Numbers of human trafficking cases reported to the national hotline remained steady throughout 2020 while the reported means of recruitment shifted to match an increasingly virtual world.¹

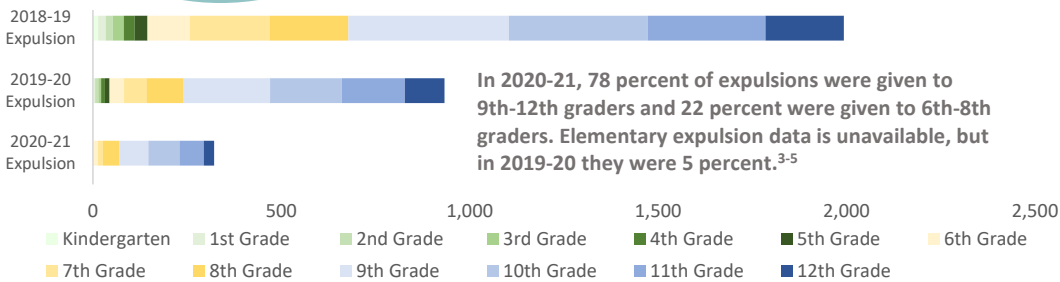
Nationally, reported human trafficking recruitment online increased by 22 percent in 2020.¹ During pandemic shutdowns, there was a significant drop in many common recruitment venues. Recruitment from strip clubs dropped by 46 percent, foster homes by 70 percent and schools by 38 percent.¹

While those venues decreased, we saw a rise in recruitment via social media platforms. The number of reports of recruitment through Facebook and Instagram increased 125 percent and 95 percent respectively compared to 2019.¹ Numbers from 2021 indicate that these changes may have been pandemic-related, as we have seen a shift back to 2019 recruitment trends.

Nonetheless, the longstanding fact that most victims know and trust their trafficker remained true. In 2020, trafficking by family members or caregivers increased from 21 to 31 percent. Recruitment by intimate partners increased to 27 percent.¹ **Among victims of sex trafficking, recruitment by a family member or intimate partners is even more common; 42 percent were recruited by a family member and 39 percent by an intimate partner.¹**

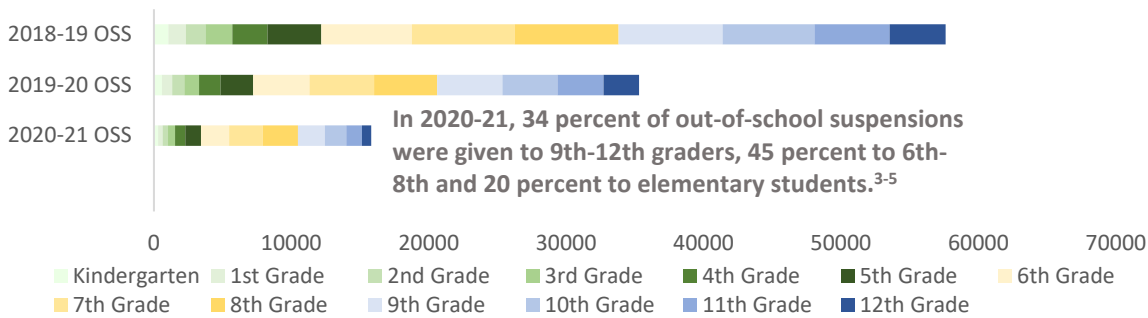
SUSPENSION & EXPULSION

While there has been a decline in suspensions and expulsions since 2018-19, we will have to wait to evaluate if this is an impact of the pandemic or representative of alternative discipline practices.



Tennessee has seen a decline in expulsions and out-of-school suspensions since the 2018-19 school year.¹ Data from the 2021-2022 school year, which is not yet available, will provide better insight into whether this

decline is due to implementation of alternative discipline methods that allow student to remain academically engaged or if this decline is correlated to pandemic-related virtual learning. Students who are suspended or expelled face negative outcomes, such as being 10 times more likely to drop out of high school.² Students who have been suspended are more likely to be arrested in the future.² Research of middle school suspensions found no evidence that more exclusionary disciplinary practices reduced behavioral future incidents.³ The students who received out-of-school suspensions were more likely to be suspended again and miss more days due to suspensions than those who had received in-school-suspension.³ When these suspensions or expulsions happen earlier on in a child's education, it can have compounding effects.



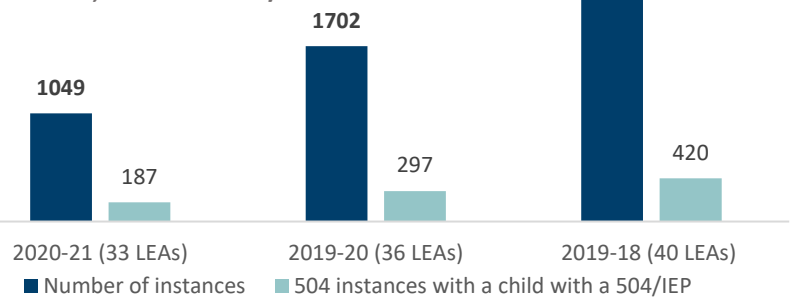
Between the 2018-19 and 2020-21 school years, 1,952 kindergartners received out-of-school suspension and at least 17 were expelled.³⁻⁵

Between the 2019-20 and 2020-21 school year, the number of LEAs with policies that do not permit the use of corporal punishment increased from 25 to 46 representing roughly 34 percent of students.⁶

For the last 22 years, American Academy of Pediatrics has recommended that "corporal punishment in schools be abolished in all states by law and that alternative forms of student behavior management be used."⁷

Among LEAs reporting instances of corporal punishment in 2020-21, the average rate was 10.25 instances per 1,000 students.⁷ The most frequent occurrence in an LEA was 142 per 1,000 and the least frequent .24 per 1,000.⁷

In the 2020-21 school year there were 1,049 instances of corporal punishment across 33 LEAs. Among those, 187 had a 504/IEP.⁷



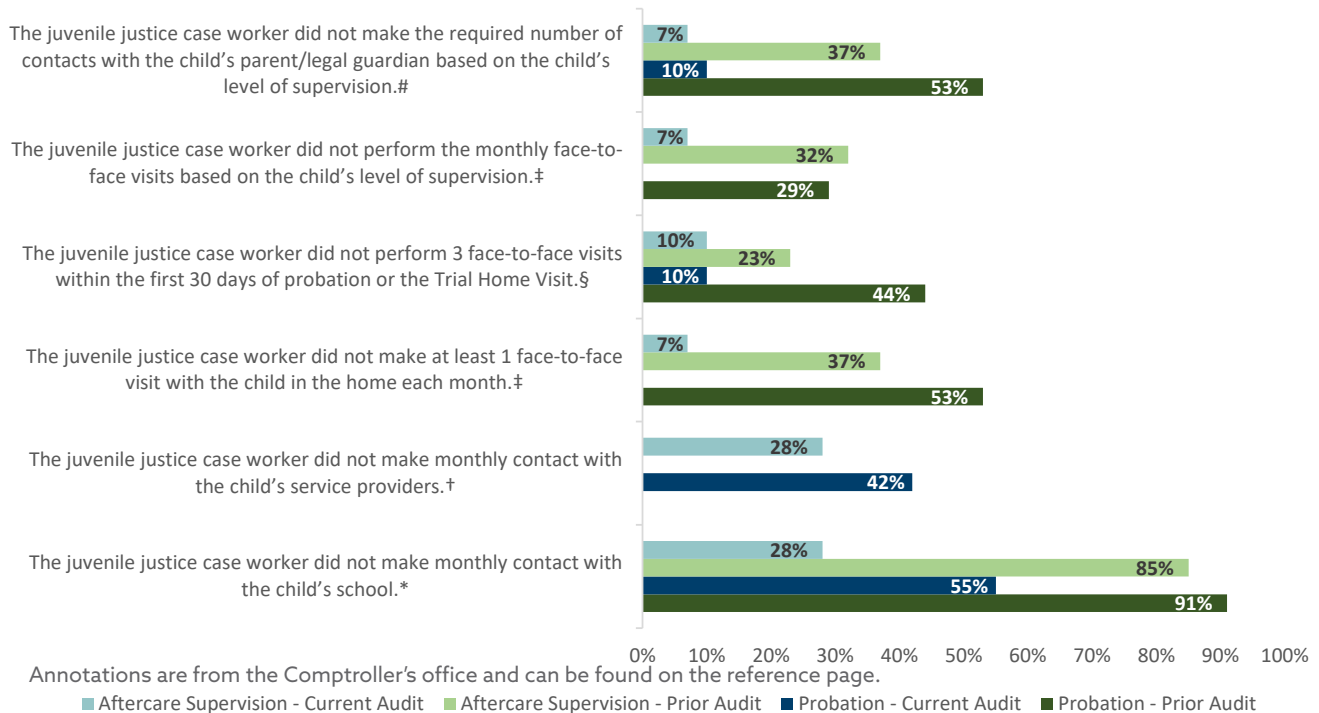
Comparison between years should not be made due to varying number of LEAs reporting and pandemic-related out of school time.

YOUTH JUSTICE

Supporting a successful transition home after detention is an important responsibility of our youth justice system.

Supporting a child as they return to their community after detention is a critical part of a successful youth justice system. Consistent wrap-around services that draw on the child's family, school and community strengths can be the difference that prevents further involvement with the justice system. After its most recent performance audit of the Department of Children's Services, the Comptroller's office reports some improvement in this area, but there is still room to expand supports during these key transitions to set all Tennessee children up for future success.

The figure below is from the Comptroller's Audit Report.¹ Current audit findings are shown in blue shades and are compared to previous audit findings shown in green. While the chart clearly shows improvement, in 53 percent of probation cases reviewed the juvenile justice caseworker still did not make the required number of contacts with the child's parent/legal guardian based on the child's level of supervision.¹ Engaging the family or caregivers in a child's rehabilitation is a key component to ensuring children are supported and engaged in their communities.



The expected contacts in probation/aftercare are listed below:¹

Probation/Aftercare

- 3 face-to-face visits in the first 30 days with 1 being in the home
- 1 face-to-face visit per month in the home
- 1 contact with the parent/legal custodian per month
- 1 contact with school officials per month
- 1 contact with service providers per month

Intensive Probation/Aftercare

- 3 face-to-face visits in the first 30 days with 1 being in the home
- 3 face-to-face visits per month with 1 being in the home
- 2 contacts with the parent/legal custodians per month
- 1 contact with school officials per month
- 1 contact with service providers per month

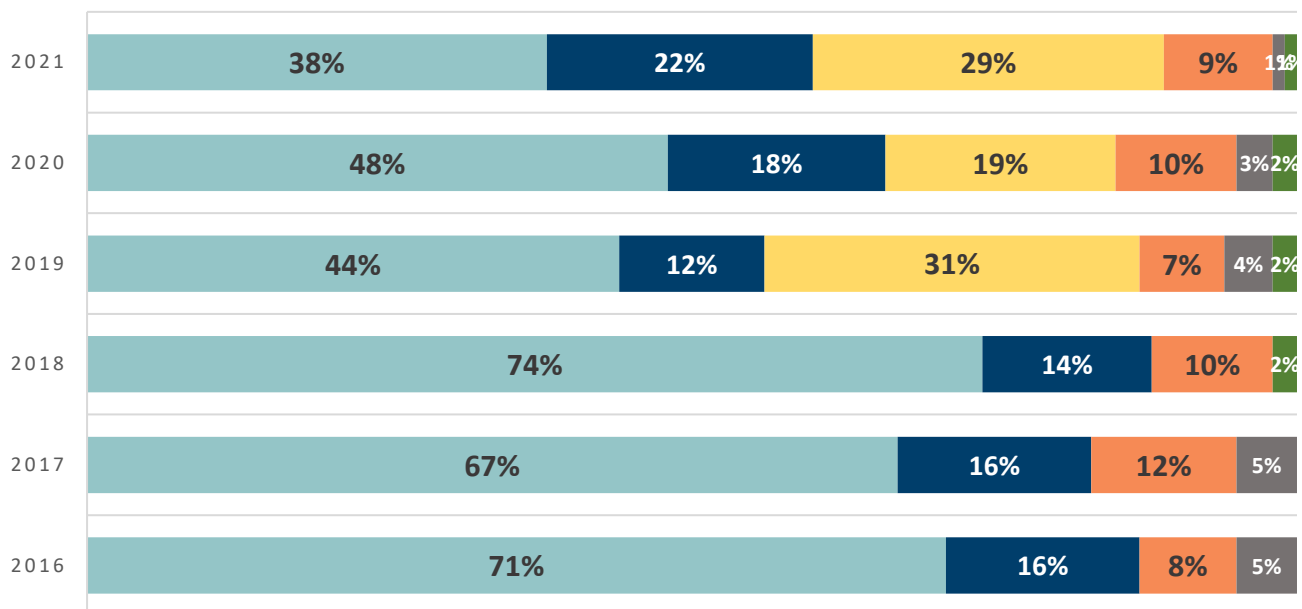
YOUTH JUSTICE

Tennessee has seen a significant decrease in community-based placements over the last four years.

Each year, at the beginning of April, the Department of Children’s Services takes a one-day snapshot of where children in DCS custody as delinquent cases are placed. Although this represents just one day out of the year, it gives us an idea of how we are choosing to house and rehabilitate our youth who have entered the justice system.

Additionally since we have several years of one-day snapshots, we can compare trends over time.²⁻⁷ In 2018, 74 percent of our youth were in community placements and 14 percent were in Youth Development Centers (YDC).⁵ Now, the percentage of youth in community placements has dropped to 38 percent and the percentage of youth in YDCs or hardware secure facilities has increased to 22 percent.² This change represents a 48 percent decrease in community placements and a 52 percent increase in hardware secure/YDC placements.

■ Community Placement ■ Youth Development Centers ■ JJ Enhanced/Staff Secure ■ Jail/Detention ■ Runaway ■ Other



Maintaining connections to their family and community is a critical component of the rehabilitation of youth. Engaging the family and community as a partner has been shown to help reduce recidivism.⁸ This becomes extremely challenging when youth are placed in facilities across the state, or even out of state. In September 2022, DCS had 371 children placed out of state.² While travel to out-of-state detention facilities presents more obvious challenges, similar challenges arise when family members cannot afford the time or resources to travel across the state to visit their child.

Community placements with a wide array of services should be readily available for any child in need, with detention as a last resort. When detention is necessary small community-based facilities with extensive treatment should be used. Research has shown that the negative impact of institutionalization is more likely to affect adolescents at low risk for re-offending.⁹

Abbreviations & Definitions

ABES – Adolescent Behaviors and Experiences Survey

It is the first nationally representative look at the effects of the COVID-19 pandemic on the health of our nation's youth. It was funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Findings are detailed in five articles in the MMWR Surveillance Supplement. ABES was a 110-question online survey completed by US high school students in early-mid 2021. ABES found that the COVID-19 pandemic affected youth in a number of areas.

ACEs- Adverse Childhood Experiences Survey

The CDC-Kaiser Permanente adverse childhood experiences (ACE) study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being. The original ACE study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

ACS – American Community Survey

The American Community Survey (ACS) is a demographics survey program conducted by the U.S. Census Bureau. It regularly gathers information previously contained only in the long form of the decennial census, such as ancestry, citizenship, educational attainment, income, language proficiency, migration, disability, employment, and housing characteristics. Sent to approximately 295,000 addresses monthly (or 3.5 million per year), it is the largest household survey that the Census Bureau administers.

2021 ACS 1-year Supplemental Estimates are based on data collected from January 1, 2021 to December 31, 2021, and they are available for geographic areas with populations of 20,000 or more.

DCS – Tennessee Department of Children's Services

FPL – Federal Poverty Line

The Census Bureau determines poverty status by using an official poverty measure (OPM) that compares pre-tax cash income against a threshold that is set at three times the cost of a minimum food diet in 1963 (in current year prices) and adjusted for family size. See the federal poverty guidelines chart on the next page for this years' thresholds.

Household Pulse Survey -

The U.S. Census Bureau, in collaboration with multiple federal agencies, is in a unique position to produce data on the social and economic effects of coronavirus and other emergent issues on American households. The Household Pulse Survey is designed to deploy quickly and efficiently, collecting data to measure household experiences during the coronavirus pandemic and recovery. Data will be disseminated in near real-time to inform federal and state response and recovery planning. Data collection began on April 23, 2020 and has continued throughout 2022. At the time production of the State of the Child began the most recent available data reflected September 14 - 26, 2022. For consistency, authors used that time frame when available. Due to the nature of the survey, responses fluctuate across survey periods.

IEP – Individualized Education Plan

An Individualized Education Plan (or Program) is also known as an IEP. This is a plan or program developed to ensure that a child with an identified disability who is attending an elementary or secondary educational institution receives specialized instruction and related services. The IEP is developed by a team of individuals from various educational disciplines, the child with a disability, family members, and/or designated advocates.

NAEP - The National Assessment of Educational Progress

The National Assessment of Educational Progress provides important information about student achievement and learning experiences in various subjects. Also known as The Nation's Report Card, NAEP has provided meaningful results to improve education policy and practice since 1969. Results are available for the nation, states, and 27 urban districts

SNAP – Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. The program is administered by the USDA Food and Nutrition Service (FNS) through its nationwide network of FNS field offices.

SPM – Supplemental Poverty Measure

The Supplemental Poverty Measure (SPM) is a measure of economic deprivation—having insufficient financial resources to achieve a specified standard of living. The SPM addresses some of the limitations of the official poverty measure, without supplanting it outright.

Both the SPM and the official measure determine the poverty status of people and families by comparing their financial resources against poverty thresholds that are valued in dollars. For both measures, poverty thresholds vary by family size and composition, and families whose resources are lower than the thresholds are considered to be poor. The measures differ in their definitions of

- need, as it is used in the thresholds (the dollar amounts used to determine poverty status),
- financial resources that are considered relevant for comparing against the measure of need as specified in the thresholds, and
- family, for the purpose of assigning thresholds and counting resources.

TANF – Temporary Assistance for Needy Families

The TANF program, which is time limited, assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs. The Federal government provides grants to States to run the TANF program. These State TANF programs are designed to accomplish four goals:

1. to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. to end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage;
3. to prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
4. to encourage the formation and maintenance of two-parent families.

States have broad flexibility to carry out their programs. The States, not the Federal government, decide on the design of the program, the type and amount of assistance payments, the range of other services to be provided, and the rules for determining who is eligible for benefits.

TCAP - Tennessee Comprehensive Assessment Program

Tennessee Comprehensive Assessment Program (TCAP) has been the state's testing program since 1988, and it includes TCAP assessments in math, English language arts, social studies, and science, as well as alternative assessments, like MSAA and TCAP-Alt, for students with special needs.

WIC- The Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has provided food, food vouchers, and nutritional support and education for pregnant women and mothers of infants since 1974. About half the infants born in the United States benefit from WIC. WIC is administered by the U.S. Department of Agriculture (USDA), which also runs school lunch and breakfast programs.

YRBS – Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. YRBSS is a system of surveys. It include a national school-based survey conducted by CDC and state, territorial, tribal and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. The most recent published results are from surveys conducted in 2019. Data from 2021 is expected soon.

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)																	
2021 Annual																	
Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%	275%	300%
1	\$3,220	\$6,440	\$9,660	\$12,880	\$16,100	\$17,130	\$17,388	\$17,774	\$19,320	\$22,540	\$23,184	\$23,828	\$25,760	\$28,980	\$32,200	\$35,420	\$38,640
2	\$4,355	\$8,710	\$13,065	\$17,420	\$21,775	\$23,169	\$23,517	\$24,040	\$26,130	\$30,485	\$31,356	\$32,227	\$34,840	\$39,195	\$43,550	\$47,905	\$52,260
3	\$5,490	\$10,980	\$16,470	\$21,960	\$27,450	\$29,207	\$29,646	\$30,305	\$32,940	\$38,430	\$39,528	\$40,626	\$43,920	\$49,410	\$54,900	\$60,390	\$65,880
4	\$6,625	\$13,250	\$19,875	\$26,500	\$33,125	\$35,245	\$35,775	\$36,570	\$39,750	\$46,375	\$47,700	\$49,025	\$53,000	\$59,625	\$66,250	\$72,875	\$79,500
5	\$7,760	\$15,520	\$23,280	\$31,040	\$38,800	\$41,283	\$41,904	\$42,835	\$46,560	\$54,320	\$55,872	\$57,424	\$62,080	\$69,840	\$77,600	\$85,360	\$93,120
6	\$8,895	\$17,790	\$26,685	\$35,580	\$44,475	\$47,321	\$48,033	\$49,100	\$53,370	\$62,265	\$64,044	\$65,823	\$71,160	\$80,055	\$88,950	\$97,845	\$106,740
7	\$10,030	\$20,060	\$30,090	\$40,120	\$50,150	\$53,360	\$54,162	\$55,366	\$60,180	\$70,210	\$72,216	\$74,222	\$80,240	\$90,270	\$100,300	\$110,330	\$120,360
8	\$11,165	\$22,330	\$33,495	\$44,660	\$55,825	\$59,398	\$60,291	\$61,631	\$66,990	\$78,155	\$80,388	\$82,621	\$89,320	\$100,485	\$111,650	\$122,815	\$133,980
9	\$12,300	\$24,600	\$36,900	\$49,200	\$61,500	\$65,436	\$66,420	\$67,896	\$73,800	\$86,100	\$88,560	\$91,020	\$98,400	\$110,700	\$123,000	\$135,300	\$147,600
10	\$13,435	\$26,870	\$40,305	\$53,740	\$67,175	\$71,474	\$72,549	\$74,161	\$80,610	\$94,045	\$96,732	\$99,419	\$107,480	\$120,915	\$134,350	\$147,785	\$161,220
11	\$14,570	\$29,140	\$43,710	\$58,280	\$72,850	\$77,512	\$78,678	\$80,426	\$87,420	\$101,990	\$104,904	\$107,818	\$116,560	\$131,130	\$145,700	\$160,270	\$174,840
12	\$15,705	\$31,410	\$47,115	\$62,820	\$78,525	\$83,551	\$84,807	\$86,692	\$94,230	\$109,935	\$113,076	\$116,217	\$125,640	\$141,345	\$157,050	\$172,755	\$188,460
13	\$16,840	\$33,680	\$50,520	\$67,360	\$84,200	\$89,589	\$90,936	\$92,957	\$101,040	\$117,880	\$121,248	\$124,616	\$134,720	\$151,560	\$168,400	\$185,240	\$202,080
14	\$17,975	\$35,950	\$53,925	\$71,900	\$89,875	\$95,627	\$97,065	\$99,222	\$107,850	\$125,825	\$129,420	\$133,015	\$143,800	\$161,775	\$179,750	\$197,725	\$215,700
2021 Monthly																	
Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%	275%	300%
1	\$268	\$537	\$805	\$1,073	\$1,342	\$1,428	\$1,449	\$1,481	\$1,610	\$1,878	\$1,932	\$1,986	\$2,147	\$2,415	\$2,683	\$2,952	\$3,220
2	\$363	\$726	\$1,089	\$1,452	\$1,815	\$1,931	\$1,960	\$2,003	\$2,178	\$2,540	\$2,613	\$2,686	\$2,903	\$3,266	\$3,629	\$3,992	\$4,355
3	\$458	\$915	\$1,373	\$1,830	\$2,288	\$2,434	\$2,471	\$2,525	\$2,745	\$3,203	\$3,294	\$3,386	\$3,660	\$4,118	\$4,575	\$5,033	\$5,490
4	\$552	\$1,104	\$1,656	\$2,208	\$2,760	\$2,937	\$2,981	\$3,048	\$3,313	\$3,865	\$3,975	\$4,085	\$4,417	\$4,969	\$5,521	\$6,073	\$6,625
5	\$647	\$1,293	\$1,940	\$2,587	\$3,233	\$3,440	\$3,492	\$3,570	\$3,880	\$4,527	\$4,656	\$4,785	\$5,173	\$5,820	\$6,467	\$7,113	\$7,760
6	\$741	\$1,483	\$2,224	\$2,965	\$3,706	\$3,943	\$4,003	\$4,092	\$4,448	\$5,189	\$5,337	\$5,485	\$5,930	\$6,671	\$7,413	\$8,154	\$8,895
7	\$836	\$1,672	\$2,508	\$3,343	\$4,179	\$4,447	\$4,514	\$4,614	\$5,015	\$5,851	\$6,018	\$6,185	\$6,687	\$7,523	\$8,358	\$9,194	\$10,030
8	\$930	\$1,861	\$2,791	\$3,722	\$4,652	\$4,950	\$5,024	\$5,136	\$5,583	\$6,513	\$6,699	\$6,885	\$7,443	\$8,374	\$9,304	\$10,235	\$11,165
9	\$1,025	\$2,050	\$3,075	\$4,100	\$5,125	\$5,453	\$5,535	\$5,658	\$6,150	\$7,175	\$7,380	\$7,585	\$8,200	\$9,225	\$10,250	\$11,275	\$12,300
10	\$1,120	\$2,239	\$3,359	\$4,478	\$5,598	\$5,956	\$6,046	\$6,180	\$6,718	\$7,837	\$8,061	\$8,285	\$8,957	\$10,076	\$11,196	\$12,315	\$13,435
11	\$1,214	\$2,428	\$3,643	\$4,857	\$6,071	\$6,459	\$6,557	\$6,702	\$7,285	\$8,499	\$8,742	\$8,985	\$9,713	\$10,928	\$12,142	\$13,356	\$14,570
12	\$1,309	\$2,618	\$3,926	\$5,235	\$6,544	\$6,963	\$7,067	\$7,224	\$7,853	\$9,161	\$9,423	\$9,685	\$10,470	\$11,779	\$13,088	\$14,396	\$15,705
13	\$1,403	\$2,807	\$4,210	\$5,613	\$7,017	\$7,466	\$7,578	\$7,746	\$8,420	\$9,823	\$10,104	\$10,385	\$11,227	\$12,630	\$14,033	\$15,437	\$16,840
14	\$1,498	\$2,996	\$4,494	\$5,992	\$7,490	\$7,969	\$8,089	\$8,269	\$8,988	\$10,485	\$10,785	\$11,085	\$11,983	\$13,481	\$14,979	\$16,477	\$17,975

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Special Topics

Resilient Communities

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* Error rate is for a sample of 75 cases, except the Child Protective Investigative Team (CPIT) errors, which apply to the 26 severe cases in our sample.

† According to DCS Policy 14.3, "Screening, Priority Response and Assignment of Child Protective Services Cases," Priority 1 (P-1) cases "are initiated by face-to-face contact with the [alleged child victim] ACV no later than twentyfour (24) hours"; P-2 cases "are initiated by face-to-face contact with the ACV within two (2) business days"; and P-3 cases "are initiated by face-to-face contact with the ACV within three (3) business days."

‡ The "Protocol for Completion of the Family Advocacy and Support Tool (FAST)" requires case managers to submit the safety assessment component of the FAST to the supervisor within five business days from the intake date and requires the supervisor to approve it within three business days of submission by the case manager.

§ DCS Policy 14.7, "Child Protective Services Investigation Track," and Policy 14.26, "Child Protective Services Assessment Track," require case managers to classify cases within 30 days, with exceptions for investigations marked as "severe," which are to be classified within 60 days.



TENNESSEE COMMISSION ON
CHILDREN & YOUTH

The Tennessee Commission on Children and Youth is an independent state agency created by the Tennessee General Assembly. Its primary mission is to lead systems improvement for all children and families through data-driven advocacy, education and collaboration.

Information on the agency is available at www.tn.gov/tccy