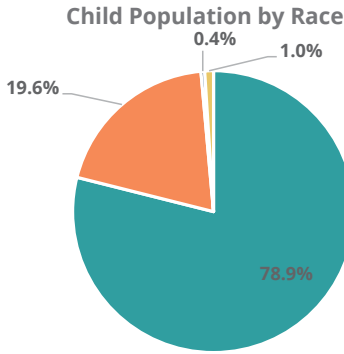
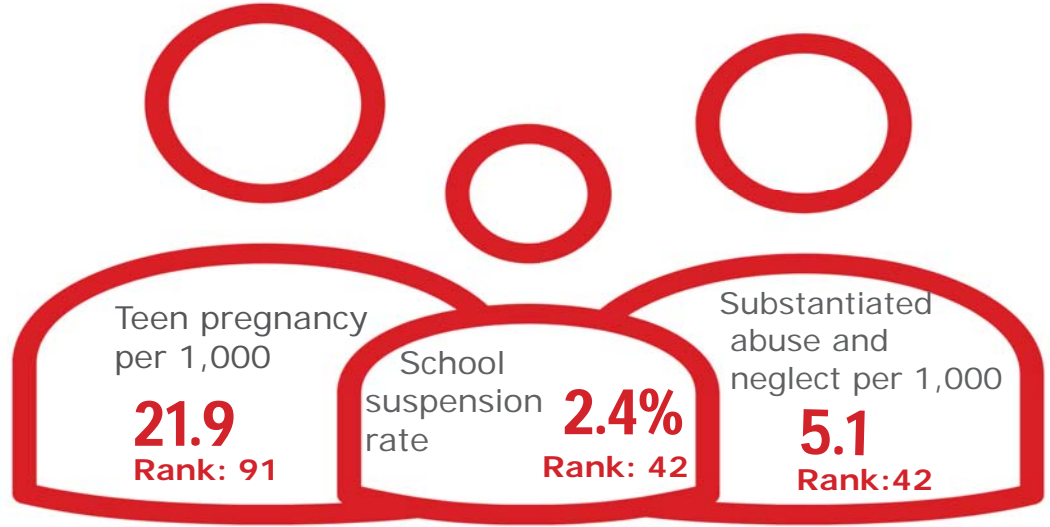


# Family & Community

Rank: 65

## Dyer Rank: 32

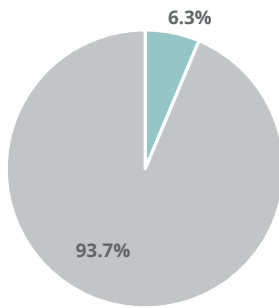


- White, Including Hispanic
- Black, Including Hispanic
- Native American/Alaskan
- Asian/Pacific Islander

# Economic Well-Being

Rank: 65

Child Population by Hispanic Ethnicity

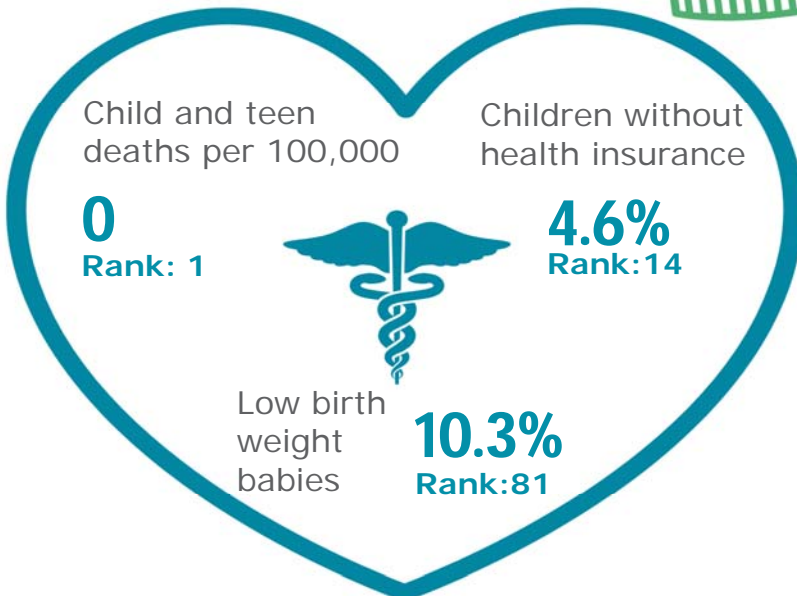


- Hispanic, All Races
- Non-Hispanic



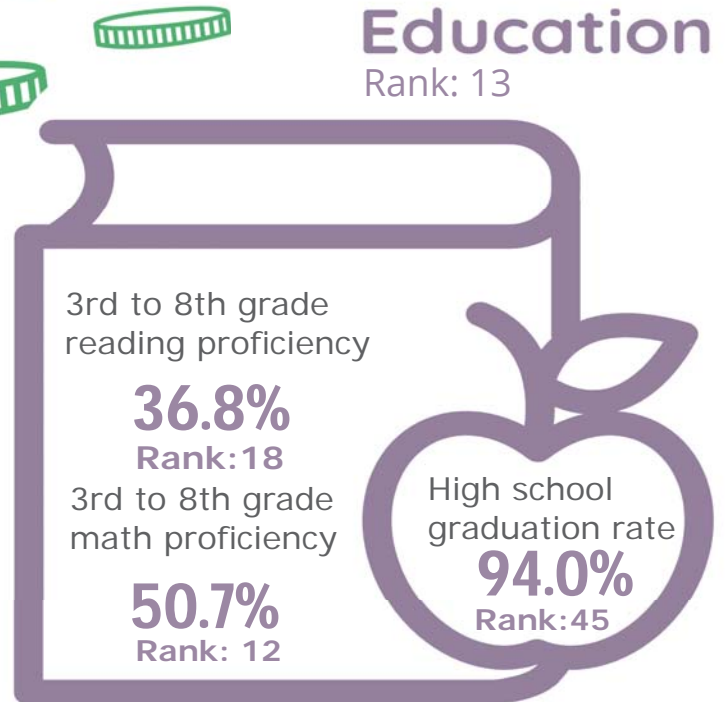
## Health

Rank: 29








## Education

Rank: 13



# Dyer County

Published 1/2021

Demographics 	Dyer County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	37,317	NA	6,769,975	0.6%	41
Population under 18 years of age	8,825	23.6%	22.2%	106.5%	12
Economic Well-Being 	Dyer County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	86	12.7%	11.2%	113.4%	53
Per capita personal income (state is dollars not rate)	\$40,642	NA	\$46,900	86.7%	26
Median home sales price (state is dollars not rate)	\$107,000	NA	\$146,000	73.3%	76
Children receiving Families First grants (TANF)	315	3.6%	2.7%	131.8%	70
Children receiving SNAP	3,135	35.5%	28.2%	126.1%	75
Children under five receiving WIC	927	39.8%	30.6%	130.1%	50
Education 	Dyer County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	728	11.4%	12.3%	92.9%	14
TEIS participation (per 1,000 in age group)	58	41.64	27.9	149.3%	79
Cohort high school dropouts	22	5.0%	8.3%	60.4%	56
Event high school dropouts	16	0.8%	2.2%	38.2%	44
Economically disadvantaged students	4,400	69.4%	65.1%	106.6%	51
School expulsions (per 1,000 students)	3	0.4	2.0	20.0%	61
Chronic absenteeism	837	13.2%	13.3%	99.2%	53
Young adult college enrollment/completion rate	NA	67.2%	62.5%	107.5%	18
Health 	Dyer County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	*	*	11.5	*	*
Births to mothers who smoked during pregnancy	86	19.2%	12.1%	158.7%	37
Children on TennCare (Medicaid)	5,472	53.5%	44.7%	119.6%	58
Total TennCare (Medicaid) enrollees	9,823	26.3%	19.9%	132.3%	85
Births covered by TennCare (Medicaid)	378	84.6%	65.5%	129.2%	76
Children qualified for Medicaid/CHIP but uninsured	280	5.0%	6.5%	76.9%	10
Infant mortality (per 1,000 live births)	4	8.90	6.9	129.0%	70
Neonatal death (per 1,000 live births)	4	8.90	4.4	202.3%	89
Child deaths (per 100,000 children age 1 to 14)	0	0.00	20.5	0.0%	1
Teen violent deaths (per 100,000 children age 15 to 19)	2	82.10	55.7	147.4%	70
Adequate prenatal care	291	65.1%	58.8%	110.7%	39
Children under age six screened for lead poisoning	618	22.1%	17.1%	128.9%	18
Public school students measured as overweight/obese	NA	41.6%	39.3%	105.9%	35
Teens with STDs (per 1,000 children age 15 to 17)	54	28.3	19.0	148.6%	66
Medical doctors by county (per 100,000 residents)	29	77.7	229.1	33.9%	27
Dentists by county (per 100,000 residents)	14	37.5	50.1	74.9%	23
Family & Community 	Dyer County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	451	5.1%	4.7%	109.5%	40
Commitment to state custody (per 1,000 children)	38	3.9	4.1	95.6%	32
Remaining in state custody (per 1,000 children)	44	4.5	5.2	86.7%	33
Juvenile court referrals	238	2.7%	3.5%	76.3%	27
Recorded marriages (per 1,000 residents)	224	6.0	8.0	75.0%	57
Recorded divorces (per 1,000 residents)	106	2.8	3.5	80.0%	20

## Dyer County

At 32<sup>nd</sup>, Dyer County is in the top third of Tennessee counties in child well-being. The county's highest rankings come from no child and teen deaths in 2019 and high percentages of 3<sup>rd</sup> to 8<sup>th</sup> grade children rated proficient in reading and in math on TNReady tests. The county's biggest challenges are a high rate of babies born at a low birth weight and of pregnancy among girls age 15 to 17.

Additional strengths include a low rate of children without health insurance and a below-average rate of substantiated cases of child abuse and neglect.

Additional opportunities for improvement include a high housing costs and the fact that 1 in 4 children in the county live in poverty.

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

- Low birth weight is a persistent and difficult problem, but improvements can occur when care is made available for chronic physical and mental health and substance abuse conditions for women of childbearing age.
- Comprehensive sex education classes that include both encouragement of abstinence and information on birth control have been shown to reduce the number of teen pregnancies.
- Pro-active housing policy that helps ensure affordable housing is available for people to live where they work can improve negative outcomes related to high housing costs.
- Counties can support children who live in poverty by improving outreach to those who may qualify to receive SNAP, WIC and/or TennCare benefits to be sure they are aware of these services. Additionally, nutrition programs that provide food for school-age children to take home can contribute to nutritionally sound diets. Expanding services through Family Resource Centers can also help reach these vulnerable populations.