

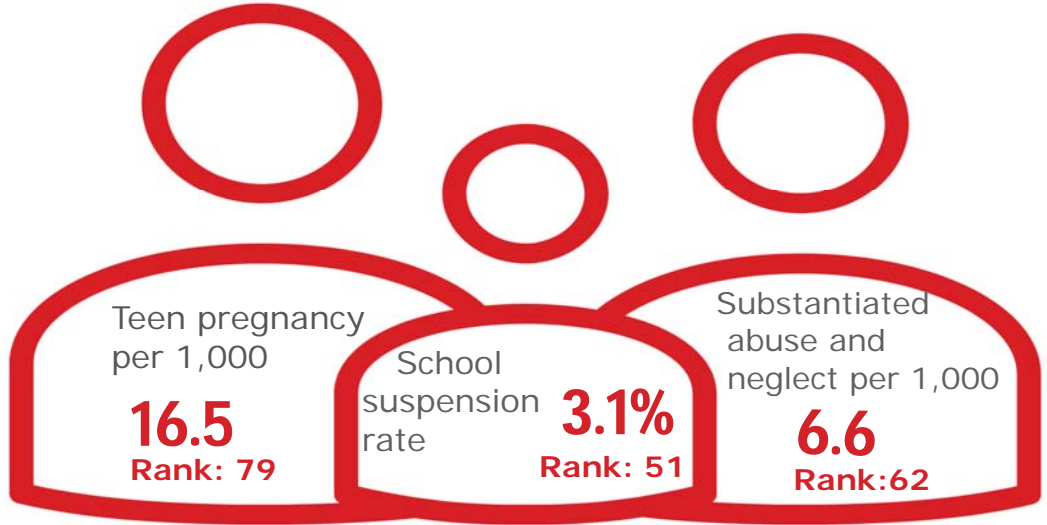


Family & Community

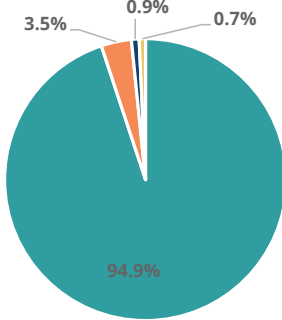
Rank: 72

Monroe

Rank: 79



Child Population by Race

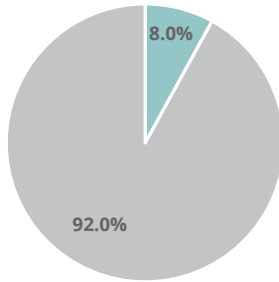


- White, Including Hispanic
- Black, Including Hispanic
- Native American/Alaskan
- Asian/Pacific Islander

Economic Well-Being

Rank: 48

Child Population by Hispanic Ethnicity

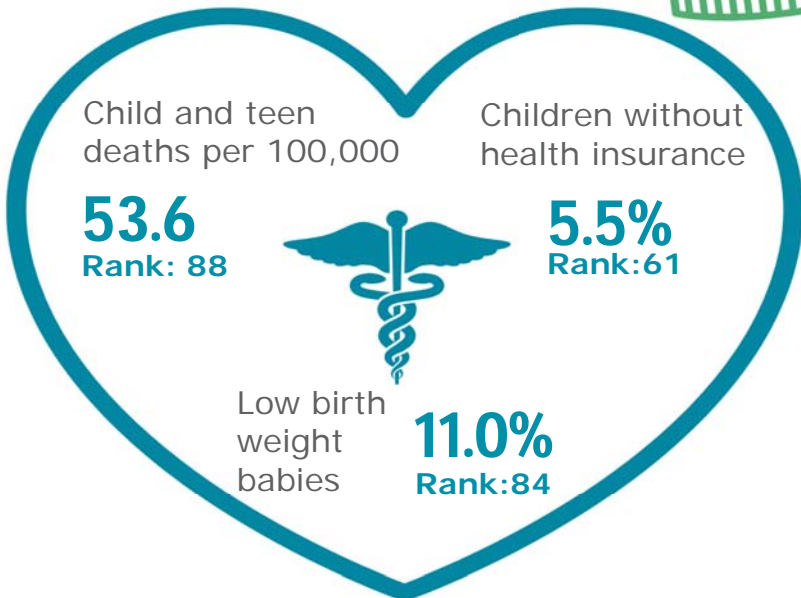


- Hispanic, All Races
- Non-Hispanic



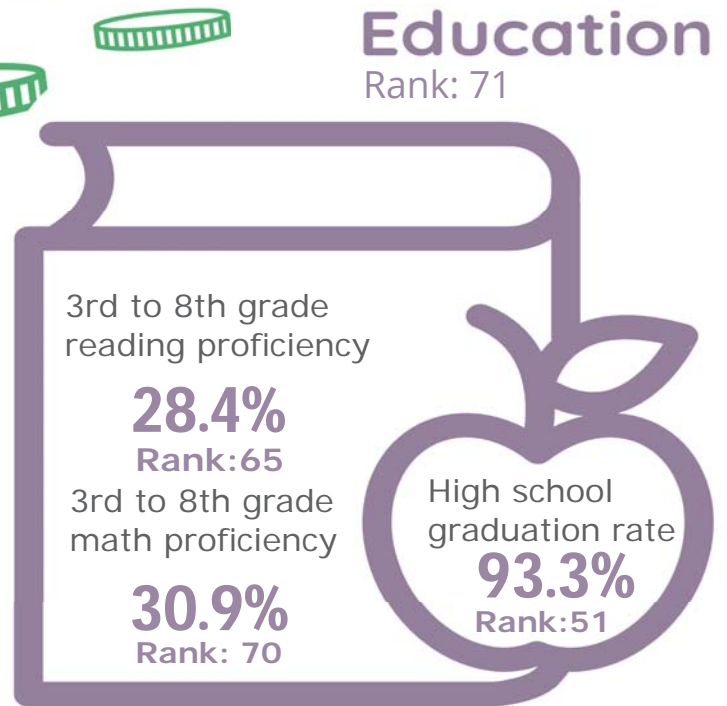
Health

Rank: 91








Education

Rank: 71



Monroe County

Published 1/2021

Demographics 	Monroe County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	46,366	NA	6,769,975	0.7%	34
Population under 18 years of age	9,683	20.9%	22.2%	94.1%	49
Economic Well-Being 	Monroe County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	159	26.4%	11.2%	235.7%	92
Per capita personal income (state is dollars not rate)	\$33,338	NA	\$46,900	71.1%	72
Median home sales price (state is dollars not rate)	\$147,100	NA	\$146,000	100.8%	35
Children receiving Families First grants (TANF)	241	2.5%	2.7%	91.7%	40
Children receiving SNAP	3,094	32.0%	28.2%	113.5%	54
Children under five receiving WIC	963	38.1%	30.6%	124.5%	46
Education 	Monroe County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	1,016	15.2%	12.3%	123.2%	78
TEIS participation (per 1,000 in age group)	22	14.34	27.9	51.4%	4
Cohort high school dropouts	35	6.7%	8.3%	80.7%	72
Event high school dropouts	19	0.9%	2.2%	40.9%	46
Economically disadvantaged students	4,855	72.9%	65.1%	112.0%	57
School expulsions (per 1,000 students)	10	1.4	2.0	70.0%	84
Chronic absenteeism	1,086	16.3%	13.3%	122.6%	77
Young adult college enrollment/completion rate	NA	45.4%	62.5%	72.6%	93
Health 	Monroe County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	7	13.81	11.5	120.2%	34
Births to mothers who smoked during pregnancy	127	25.0%	12.1%	206.6%	77
Children on TennCare (Medicaid)	5,938	52.7%	44.7%	117.7%	56
Total TennCare (Medicaid) enrollees	10,754	23.2%	19.9%	116.6%	59
Births covered by TennCare (Medicaid)	422	83.2%	65.5%	127.2%	69
Children qualified for Medicaid/CHIP but uninsured	385	5.9%	6.5%	90.8%	37
Infant mortality (per 1,000 live births)	5	9.90	6.9	143.5%	77
Neonatal death (per 1,000 live births)	2	3.90	4.4	88.6%	59
Child deaths (per 100,000 children age 1 to 14)	4	53.60	20.5	261.5%	88
Teen violent deaths (per 100,000 children age 15 to 19)	2	72.30	55.7	129.8%	68
Adequate prenatal care	341	67.3%	58.8%	114.5%	31
Children under age six screened for lead poisoning	409	13.5%	17.1%	78.9%	69
Public school students measured as overweight/obese	NA	46.8%	39.3%	119.1%	82
Teens with STDs (per 1,000 children age 15 to 17)	12	7.1	19.0	37.4%	9
Medical doctors by county (per 100,000 residents)	20	43.1	229.1	18.8%	53
Dentists by county (per 100,000 residents)	13	28.0	50.1	56.0%	43
Family & Community 	Monroe County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	530	5.5%	4.7%	117.3%	50
Commitment to state custody (per 1,000 children)	87	8.1	4.1	198.9%	81
Remaining in state custody (per 1,000 children)	65	6.0	5.2	116.3%	46
Juvenile court referrals	797	8.2%	3.5%	232.9%	80
Recorded marriages (per 1,000 residents)	344	7.4	8.0	92.5%	25
Recorded divorces (per 1,000 residents)	157	3.4	3.5	97.1%	38

Monroe County

At 79th, Monroe County is in the bottom fifth of Tennessee counties in child well-being. The county's best rankings include above-average high school graduation rates and below-average housing costs. The county's biggest opportunities for improvement are a high rate of child and teen deaths and babies born at a low birth weight.

An additional strength is a child poverty rate that is lower than many counties in Tennessee, though at 23% it is still too high.

Additional challenges include high rates of pregnancy among girls age 15-17 and low rates of 3rd to 8th grade students rated as proficient on TNReady math and reading tests.

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, as well as 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 for women in their childbearing years. Expanding services through Family Resource Centers can help reach these vulnerable populations.
- Child and teen deaths can be reduced with consistent enforcement of safety measures like proper car seat and seat belt use, bicycle helmet use and life preserver use around water. The fastest-growing cause of child and teen deaths in recent years has been homicide and suicide, often involving a firearm. Families who own firearms can reduce the risk to children and teens by following safe storage practices.
- 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.
- Increased access to pre-K can help both math and reading proficiency in later grades. Early assessment of reading skills coupled with appropriate interventions where needed can improve reading proficiency, while increasing STEM opportunities in elementary and middle schools can help improve 3rd to 8th grade math proficiency.