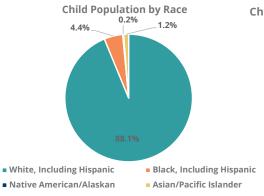
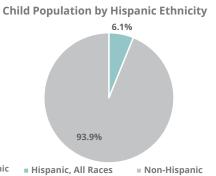
# 42nd ANDERSON

Population Under 18: 20.9%







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ECONOMIC WELL-BEING 53RD	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 18.7%	24th	17.5%	21st
Severe housing cost burden 10.7%	<b>71st</b>	10.3%	59th
Child care cost burden 25.0%	56th	24.9%	78th
EDUCATION 24TH	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 37.0%	<b>20th</b>	30.7%	20th
3rd to 8th grade math proficiency 37.2%	30th	31.9%	33rd
Youth graduating high school on time 94.9%	35th	93.3%	40th
HEALTH 34TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 34TH Children who are food insecure 12.5%	Rank 38th		
		Percent/Rate	Rank
Children who are food insecure 12.5%	38th	Percent/Rate	Rank 25th
Children who are food insecure 12.5%  Children who lack health insurance 5.1%	38th 11th	Percent/Rate  15.8%  4.8%	25th 30th
Children who are food insecure 12.5%  Children who lack health insurance 5.1%  Babies born at a low birthweight 9.5%	38th 11th 73rd	Percent/Rate  15.8%  4.8%  8.7%  Previous	25th 30th 50th
Children who are food insecure 12.5%  Children who lack health insurance 5.1%  Babies born at a low birthweight 9.5%  FAMILY & COMMUNITY 65TH	38th 11th 73rd	Percent/Rate  15.8%  4.8%  8.7%  Previous Percent/Rate	25th 30th 50th Previous Rank

Anderson County	Number	Rate	Tennessee Rate	County Rate as a percentage of State Rate	County Rank
Demo	ographic		Kate	State Rate	Kalik
otal population (state value is number not rate)	77,573	NA	6,975,170	1.1%	18
opulation under 18 years of age (percent of total population)	16,196	20.9%	22.0%	94.9%	49
Economi	ic Well-E	eing			
outh unemployment	138	13.0%	12.9%	100.8%	60
er capita personal income (state value is dollars not rate)	\$50,901	NA	\$56,560	90.0%	17
Median home sales price (state value is dollars not rate)	\$222,390	NA	\$283,410	78.5%	32
hildren receiving Families First grants (TANF)	252	1.6%	1.5%	104.4%	42
hildren receiving Supplemental Nutrition Assistance (SNAP)	3,863	23.8%	24.0%	99.3%	31
air market rent (percent of monthly median household income)	\$1,287	26.3%	21.1%	125.0%	78
Edu	ucation				
School age special education services	1,752	15.2%	12.2%	124.6%	72
EIS participation (percent of children age 0 to 2)	122	5.1%	3.8%	134.3%	88
Cohort high school dropouts (percent of class cohort)	34	3.7%	6.7%	55.4%	45
vent high school dropouts (percent of students grade 9 to 12)	70	1.9%	4.0%	46.9%	50
conomically disadvantaged students	3,136	27.1%	30.0%	90.5%	26
chool suspensions	723	6.8%	5.1%	133.8%	70
Graduating seniors scoring 21 or better on the ACT at least once	337	40.9%	35.3%	115.6%	11
oung adult college enrollment (percent of graduating seniors)	2,911	57.0%	52.8%	108.0%	17
H	lealth				
Neonatal abstinence syndrome (per 1,000 live births)	24	29.27	6.6	443.7%	37
Sirths to mothers who smoked during pregnancy	141	17.2%	9.1%	189.2%	58
Children on TennCare (Medicaid)	11,106	58.9%	55.3%	106.5%	36
otal TennCare (Medicaid) enrollees	19,829	25.6%	24.9%	102.7%	34
Sirths covered by TennCare (Medicaid)	493	60.1%	55.1%	109.2%	31
hildren qualified for Medicaid/CHIP but uninsured	541	6.2%	7.6%	81.6%	29
nfant mortality (per 1,000 live births)	*	*	6.2	*	*
leonatal death (per 1,000 live births)	*	*	3.2	*	*
child deaths (per 100,000 children age 1 to 14)	*	*	20.7	*	*
rinid deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19)	*	*	69.7	*	*
	651		73.9%	108.0%	37
	וכט			100 0%	
		79.8%			
ediatric physicians (per 100,000 children)	9	55.6	76.5	72.7%	17
ediatric physicians (per 100,000 children) ublic school students measured as overweight/obese	9 NA	55.6 41.1%	76.5 42.8%	72.7% 96.0%	17 22
ediatric physicians (per 100,000 children) ublic school students measured as overweight/obese eens with STDs (per 1,000 youth age 15 to 17)	9 NA 27	55.6 41.1% 9.5	76.5 42.8% 16.6	72.7% 96.0% 57.3%	17 22 27
ediatric physicians (per 100,000 children) rublic school students measured as overweight/obese eens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5)	9 NA 27 1,231	55.6 41.1% 9.5 30.1%	76.5 42.8% 16.6 31.7%	72.7% 96.0% 57.3% 94.8%	17 22 27 19
ediatric physicians (per 100,000 children) rublic school students measured as overweight/obese eens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5)	9 NA 27	55.6 41.1% 9.5	76.5 42.8% 16.6	72.7% 96.0% 57.3%	17 22 27
ediatric physicians (per 100,000 children) ublic school students measured as overweight/obese eens with STDs (per 1,000 youth age 15 to 17) //C participation (percent of children under 5)	9 NA 27 1,231 41	55.6 41.1% 9.5 30.1% 52.9	76.5 42.8% 16.6 31.7%	72.7% 96.0% 57.3% 94.8%	17 22 27 19
ediatric physicians (per 100,000 children) ublic school students measured as overweight/obese eens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family &	9 NA 27 1,231 41	55.6 41.1% 9.5 30.1% 52.9	76.5 42.8% 16.6 31.7%	72.7% 96.0% 57.3% 94.8%	17 22 27 19
rediatric physicians (per 100,000 children) rublic school students measured as overweight/obese reens with STDs (per 1,000 youth age 15 to 17) rublic participation (percent of children under 5) rublic participation (per 100,000 residents)  Family & Reported child abuse cases	9 NA 27 1,231 41	55.6 41.1% 9.5 30.1% 52.9	76.5 42.8% 16.6 31.7% 41.4	72.7% 96.0% 57.3% 94.8% 127.5%	17 22 27 19 8
rediatric physicians (per 100,000 children) rublic school students measured as overweight/obese reens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children)	9 NA 27 1,231 41 **Commo	55.6 41.1% 9.5 30.1% 52.9 Unity	76.5 42.8% 16.6 31.7% 41.4	72.7% 96.0% 57.3% 94.8% 127.5%	17 22 27 19 8
Rediatric physicians (per 100,000 children) Rublic school students measured as overweight/obese Reens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Rentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children)	9 NA 27 1,231 41 **Commonday	55.6 41.1% 9.5 30.1% 52.9 Unity	76.5 42.8% 16.6 31.7% 41.4	72.7% 96.0% 57.3% 94.8% 127.5%	17 22 27 19 8
Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Feens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Revenile court referrals	9 NA 27 1,231 41 **Commondary	55.6 41.1% 9.5 30.1% 52.9 <b>Unity</b> 5.9% 5.4 10.5 0.0%	76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8%	72.7% 96.0% 57.3% 94.8% 127.5% 129.0% 192.1% 198.2%	17 22 27 19 8 66 71 76
Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Feens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Revenile court referrals Recorded marriages (per 1,000 residents)	9 NA 27 1,231 41 **Commondary	55.6 41.1% 9.5 30.1% 52.9 Unity 5.9% 5.4 10.5	76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6	72.7% 96.0% 57.3% 94.8% 127.5% 129.0% 192.1% 198.2% 0.7% 89.9%	17 22 27 19 8 66 71 76 13 67
rediatric physicians (per 100,000 children) rublic school students measured as overweight/obese reens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Revenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents)	9 NA 27 1,231 41 **COMMI 959 97 189 2 460 222	55.6 41.1% 9.5 30.1% 52.9 <b>Unity</b> 5.9% 5.4 10.5 0.0% 5.9 2.9	76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2	72.7% 96.0% 57.3% 94.8% 127.5%  129.0% 192.1% 198.2% 0.7% 89.9% 89.5%	17 22 27 19 8 66 71 76 13 67 26
Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents)  Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents) Recorded divorces (per 1,000 residents) Regulated child care spaces (percent of age 15-24 driver's licenses) Regulated child care spaces (percent of children age 0 to 12)	9 NA 27 1,231 41 **COMMI 959 97 189 2 460	55.6 41.1% 9.5 30.1% 52.9 Unity 5.9% 5.4 10.5 0.0% 5.9	76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6	72.7% 96.0% 57.3% 94.8% 127.5% 129.0% 192.1% 198.2% 0.7% 89.9%	17 22 27 19 8 66 71 76 13 67

## **Anderson**

#### **Overall**

At 42nd, Anderson County is in the top half of Tennessee counties in child well-being. The county's strongest area was Education.

#### **Strengths**

Anderson's strongest indicator is the percent of children without health insurance, where the county ranks 11th. The county also performs well in the percent of students who scored "On Track" or "Mastered" in TCAP Reading at 37.0%.

#### **Opportunities**

The county's biggest challenge is the percent of babies who were born at a low birthweight, where it ranks 73rd. There are opportunities for improvement in the percent of households in the county experiencing a severe housing cost burden as well.

### Policy/Practice/Program Options to Improve Outcomes

Many of these policies have multiple models for delivery, including public-private partnership, non-profit partners and community engagement.

Babies are born at a low birthweight either because they are born too early or they did not grow as much as they should. Ensuring women of childbearing age have access to treatment for chronic physical and mental health and substance abuse conditions creates an environment for healthy pregnancies. While the state has not expanded TennCare to close some of these access gaps, improving outreach to ensure those who do qualify are aware of those benefits, as well as others such as SNAP, WIC and TANF, contributes to general good health prior to pregnancy. Once a woman is pregnant, access to regular prenatal care is key. Preexisting risks are properly managed and unexpected complications are found and treated early when pregnant women receive regular care. Community-based doulas have been shown to improve health outcomes for babies, including reducing the number of babies born at a low birthweight.

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. These policies might include approving more apartment construction and allowing rental of accessory dwelling units, creating a standard zoning approval process and applying for affordable housing trust fund competitive grants. Improving ease of usage and communication with landlords and renters using Housing Choice Vouchers can increase the number of landlords willing to accept vouchers.

#### **Indicator Definitions and History**

**Children living in poverty -** Percent of children living in a household below the federal poverty line. Source: US Census Bureau Small Area Income and Poverty Estimates (2021).

**Severe housing cost burden -** Percent of households spending 50% or more of their income on housing. Source: American Community Survey, 5-year estimates (2017-2021). New to the county profiles, it replaces Fair Market Rent. It is more closely aligned to a KIDS COUNT national indicator, does not apply only to rental housing, and is a rate rather than a dollar value.

Child care cost burden - Child care costs for a household with two children as a percent of median household income. Source: Produced by the University of Wisconsin Population Health Institute using The Living Wage Calculator (2022) and Small Area Income and Poverty Estimates (2021). This is new to the rankings and replaces Median Household Income (MHI). We wanted an indicator expressed as a percentage rather than a dollar amount as well as one that related to a common family expense. Income is already somewhat measured in poverty estimates. In addition, this indicator uses MHI in its calculation.

**3rd to 8th grade reading proficiency -** Percent of third- to eighth-grade students who scored "ontrack" or "mastered" on the Tennessee Comprehensive Assessment Program (TCAP) reading and language test. Source: Tennessee Department of Education (2021-22).

**3rd to 8th grade math proficiency -** Percent of third- to eighth-grade students who scored "on-track" or "mastered" on the Tennessee Comprehensive Assessment program (TCAP) math test. Source: Tennessee Department of Education (2021-22).

**Youth graduating high school on time -** Percent of ninth-grade cohort that graduates in four years. Source: Tennessee Department of Education (2021-22).

Children who are food insecure - Percent of children who sometimes lack access to adequate food. Source: Map the Meal Gap (2021). This is new to the rankings and replaces child and teen death rates, which, because the Department of Health has tightened its data suppression rules, is no longer available for all counties. We did not have an indicator for all counties to line up with overweight/obesity data in the national ranking, so we searched for an one related to nutrition and healthy eating.

**Children who lack health insurance -** Percent of children who lack health insurance. Source: US Census Bureau Small Area Health Insurance Estimates (2020).

**Babies born at a low birthweight -** Percent of live births where baby weighs less than 2,500 grams (5.5 pounds), averaged over three years. Source: Tennessee Department of Health (2019-21), with three counties estimated using American Community Survey 5-year data (2015-19, 2016-20, 2017-21). It has been in our county profiles from the beginning, though it was previously just one-year data. The Department of Health has tightened its data suppression rules, and dozens of counties' data were unavailable with one-year numbers. Three-year numbers still left three counties suppressed. Those were estimated from 5-year American Community Survey data.

Children living in single parent families - Single-parent households as a percent of all households with children. Source: American Community Survey, 5-year estimates (2017-2021). New to the county profiles, it replaces births to unmarried females, which in turn replaced teen births. As the Tennessee Department of Health tightened its data suppression rules, teen birth data was no longer available for all counties. Children born to unmarried females was always an attempt to roughly estimate teen births using different data. In moving from actual counts to ACS 5-year estimates, we decided to use this indicator over teen births as it affects families with parents of all ages.

Children who are chronically absent - Children who are absent 10 percent or more of school days for any reason, including excused/unexcused absences and out-of-school suspensions. Source: Tennessee Department of Education (2021-22). New to the county profiles, it replaces school suspensions, which have suppressed data for many counties.

Victims of abuse or neglect per 1,000 - Child victims of abuse or neglect. In cases with multiple children each child is counted individually. The total is the number of children associated with substantiated cases of severe abuse and of determinations of "Services Court Ordered" or "Services Needed" in cases of non-severe abuse or neglect. Children with multiple cases during the year are counted only once. The rate is per 1,000 children. Source: Tennessee Department of Children's Services (2021). This has been in our county rankings from the beginning, but we have moved to counting children rather than cases.