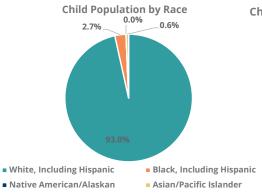
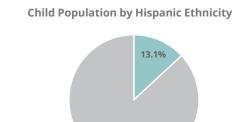
83rd DEKALB Population Under 18: 21.3%







86.9%

Hispanic, All Races Non-Hispanic

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ECONOMIC WELL-BEING 55TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 21.3%	44th	22.5%	63rd
Severe housing cost burden 9.4%	41st	8.6%	14th
Child care cost burden 25.7%	60th	20.7%	28th
EDUCATION 69TH	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 28.1%	67th	22.2%	69th
3rd to 8th grade math proficiency 24.6%	76th	17.3%	81st
Youth graduating high school on time 93.2%	46th	83.6%	90th
HEALTH 90TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 90TH Children who are food insecure 14.6%	Rank 66th		
		Percent/Rate	Rank
Children who are food insecure 14.6%	66th	Percent/Rate 20.1%	Rank 74th
Children who are food insecure 14.6% Children who lack health insurance 8.4%	66th 90th	Percent/Rate 20.1% 5.9%	74th 83rd
Children who are food insecure 14.6% Children who lack health insurance 8.4% Babies born at a low birthweight 9.8%	66th 90th 76th	Percent/Rate 20.1% 5.9% 8.1% Previous	74th 83rd 35th
Children who are food insecure 14.6% Children who lack health insurance 8.4% Babies born at a low birthweight 9.8% FAMILY & COMMUNITY 90TH	66th 90th 76th	Percent/Rate 20.1% 5.9% 8.1% Previous Percent/Rate	74th 83rd 35th Previous Rank

DeKalb County	Number	Rate	Tennessee Rate	County Rate as a percentage of State Rate	County Rank
Dem	ographic		Rate	State Rate	Kalik
otal population (state value is number not rate)	20,478	NA	6,975,170	0.3%	65
Population under 18 years of age (percent of total population)	4,353	21.3%	22.0%	96.6%	38
Econom	ic Well-B	eing			
outh unemployment	26	12.8%	12.9%	99.2%	56
'er capita personal income (state value is dollars not rate)	\$47,634	NA	\$56,560	84.2%	33
Median home sales price (state value is dollars not rate)	\$206,000	NA	\$283,410	72.7%	37
hildren receiving Families First grants (TANF)	74	1.7%	1.5%	113.7%	49
Children receiving Supplemental Nutrition Assistance (SNAP)	1,198	27.5%	24.0%	114.6%	61
air market rent (percent of monthly median household income)	\$907	23.9%	21.1%	113.3%	56
Ed	ucation				
ichool age special education services	416	14.8%	12.2%	121.4%	67
EIS participation (percent of children age 0 to 2)	16	2.3%	3.8%	60.9%	33
Cohort high school dropouts (percent of class cohort)	11	5.8%	6.7%	86.9%	68
vent high school dropouts (percent of students grade 9 to 12)	25	3.0%	4.0%	74.2%	75
conomically disadvantaged students	845	30.0%	30.0%	100.0%	40
chool suspensions	92	3.3%	5.1%	64.1%	42
Graduating seniors scoring 21 or better on the ACT at least once	53	32.5%	35.3%	92.0%	43
oung adult college enrollment (percent of graduating seniors)	640	52.2%	52.8%	98.9%	35
H	lealth				
Neonatal abstinence syndrome (per 1,000 live births)	*	*	6.6	*	*
Births to mothers who smoked during pregnancy	45	18.9%	9.1%	207.8%	73
Children on TennCare (Medicaid)	3,432	68.3%	55.3%	123.6%	78
otal TennCare (Medicaid) enrollees	6,179	30.2%	24.9%	121.2%	69
Births covered by TennCare (Medicaid)	161	67.4%	55.1%	122.3%	57
Children qualified for Medicaid/CHIP but uninsured	265	9.7%	7.6%	127.6%	88
nfant mortality (per 1,000 live births)	*	*	6.2	*	*
Neonatal death (per 1,000 live births)	0	0.00	3.2	0.0%	1
Child deaths (per 100,000 children age 1 to 14)	*	*	20.7	*	*
een violent deaths (per 100,000 youth age 15 to 19)	*	*	69.7	*	*
dequate prenatal care	184	77.3%	73.9%	104.6%	50
Pediatric physicians (per 100,000 children)	0	0.0	76.5	0.0%	57
Public school students measured as overweight/obese	NA	48.8%	42.8%	114.2%	73
Teens with STDs (per 1,000 youth age 15 to 17)	10	14.1	16.6	85.1%	52
VIC participation (percent of children under 5)	497	42.4%	31.7%	133.8%	54
Dentists by county (per 100,000 residents)	4	19.5	41.4	47.1%	61
Family 8	k Commi	unity			
	315	7.2%	4.6%	157.7%	91
eported child abuse cases		7.270			
·		7.1	2.8	252.2%	84
Commitment to state custody (per 1,000 children)	34	7.1	2.8	252.2% 220.1%	84 85
Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children)	34 56	11.7	5.3	220.1%	85
Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Levenile court referrals Recorded marriages (per 1,000 residents)	34 56 88	11.7 2.0%	5.3 1.8%	220.1% 112.9%	85 53
Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents)	34 56 88 143	11.7 2.0% 6.9	5.3 1.8% 6.6	220.1% 112.9% 104.0%	85 53 38
Commitment to state custody (per 1,000 children) Clemaining in state custody (per 1,000 children) Levenile court referrals Clecorded marriages (per 1,000 residents) Clecorded divorces (per 1,000 residents)	34 56 88 143 58	11.7 2.0% 6.9 2.8	5.3 1.8% 6.6 3.2	220.1% 112.9% 104.0% 87.0%	85 53 38 24
Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Livenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents) Coung driver accidents (percent of age 15-24 driver's licenses)	34 56 88 143 58 114	11.7 2.0% 6.9 2.8 6.8%	5.3 1.8% 6.6 3.2 12.3%	220.1% 112.9% 104.0% 87.0% 55.0%	85 53 38 24 28
Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents)	34 56 88 143 58	11.7 2.0% 6.9 2.8	5.3 1.8% 6.6 3.2	220.1% 112.9% 104.0% 87.0%	85 53 38 24

DeKalb

Overall

At 83rd, DeKalb County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Economic Well-Being.

Strengths

DeKalb's strongest indicator is the percent of children who are living in single parent families, where the county ranks 16th. The county also performs well in the percent of households experiencing a severe housing cost burden at 9.4%.

Opportunities

The county's biggest challenge is the percent of chronic absenteeism among public school students, where it ranks 91st. There are opportunities for improvement in the percent of children without health insurance 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.

Evidence-based strategies to address chronic absenteeism begin with early warning prevention and intervention systems, identifying students before their absences hit chronic levels and looking for underlying causes. Implementing positive and supportive engagement strategies to improve students' attendance at, connection to and success in school can help, while counselors who address individual students' challenges with regular attendance improve outcomes. Disciplinary measures that take students out of the classroom are a contributor to chronic absenteeism and not a solution.

Most uninsured children in Tennessee qualify for either TennCare or CoverKids, so high rates of uninsured children can be improved with outreach to make sure families are aware of these insurance opportunities. According to Census Bureau estimates, DeKalb County has 265 children who qualify for these health insurance programs but who nonetheless lack insurance. Communities can utilize free outreach resources from the Connecting Kids to Coverage National Campaign at InsureKidsNow.Gov. Those insured by TennCare or CoverKids must keep current contact information with TennCare to prevent unnecessary breaks in coverage. Members can update information at tenncareconnect.tn.gov or by calling 855-259-0701.

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.