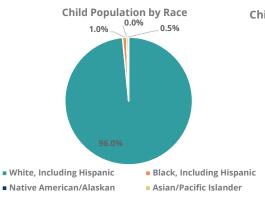
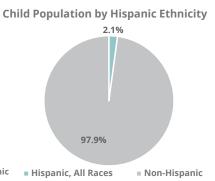
# 80th GRUNDY

Population Under 18: 21.0%







Published May 2023

ECONOMIC WELL-BEING 78TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 29.3%	89th	26.2%	83rd
Severe housing cost burden 7.7%	<b>12th</b>	8.7%	15th
Child care cost burden 28.4%	88th	25.7%	83rd
EDUCATION 71ST	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 26.4%	<b>77th</b>	23.4%	65th
3rd to 8th grade math proficiency 27.7%	63rd	24.3%	61st
Youth graduating high school on time 92.2%	60th	89.0%	76th
HEALTH 89TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 89TH Children who are food insecure 14.5%	Rank 65th		
		Percent/Rate	Rank
Children who are food insecure 14.5%	65th	Percent/Rate	Rank 82nd
Children who are food insecure 14.5%  Children who lack health insurance 8.6%	65th 92nd	21.7% 5.4%	82nd 60th
Children who are food insecure 14.5%  Children who lack health insurance 8.6%  Babies born at a low birthweight 9.5%	65th 92nd 74th	Percent/Rate 21.7% 5.4% 9.1%  Previous	Rank 82nd 60th 62nd Previous
Children who are food insecure 14.5%  Children who lack health insurance 8.6%  Babies born at a low birthweight 9.5%  FAMILY & COMMUNITY 44TH	65th 92nd 74th	Percent/Rate  21.7%  5.4%  9.1%  Previous Percent/Rate	82nd 60th 62nd Previous Rank

Grundy County	Number	Rate	Tennessee Rate	County Rate as a percentage of State Rate	County Rank
Dem	ographic		- Kase	State Nate	
Fotal population (state value is number not rate)	13,613	NA	6,975,170	0.2%	82
opulation under 18 years of age (percent of total population)	2,865	21.0%	22.0%	95.7%	46
Econom	ic Well-B	eing			
outh unemployment	34	20.4%	12.9%	158.1%	81
Per capita personal income (state value is dollars not rate)	\$39,349	NA	\$56,560	69.6%	80
Median home sales price (state value is dollars not rate)	\$180,000	NA	\$283,410	63.5%	50
Children receiving Families First grants (TANF)	105	3.7%	1.5%	244.8%	93
Children receiving Supplemental Nutrition Assistance (SNAP)	1,059	37.0%	24.0%	153.9%	86
air market rent (percent of monthly median household income)	\$883	25.7%	21.1%	121.9%	74
Ed	ucation				
chool age special education services	271	15.6%	12.2%	127.9%	74
EIS participation (percent of children age 0 to 2)	13	2.7%	3.8%	72.9%	51
Cohort high school dropouts (percent of class cohort)	8	5.5%	6.7%	82.3%	65
vent high school dropouts (percent of students grade 9 to 12)	7	1.2%	4.0%	28.8%	26
conomically disadvantaged students	574	33.0%	30.0%	110.0%	52
chool suspensions	61	3.5%	5.1%	69.6%	46
Graduating seniors scoring 21 or better on the ACT at least once	27	23.3%	35.3%	65.9%	78
oung adult college enrollment (percent of graduating seniors)	393	45.0%	52.8%	85.2%	74
<u> </u>	lealth				
leonatal abstinence syndrome (per 1,000 live births)	0	0.00	6.6	0.0%	1
Births to mothers who smoked during pregnancy	26	15.4%	9.1%	169.1%	46
Children on TennCare (Medicaid)	2,453	73.6%	55.3%	133.1%	88
otal TennCare (Medicaid) enrollees	5,042	37.0%	24.9%	148.8%	93
rirths covered by TennCare (Medicaid)	124	73.4%	55.1%	133.3%	81
hildren qualified for Medicaid/CHIP but uninsured	152	8.3%	7.6%		01
		0.570	,,,,,	109.2%	74
•	*	*	6.2	109.2%	
nfant mortality (per 1,000 live births)	*				74
nfant mortality (per 1,000 live births) Jeonatal death (per 1,000 live births)		*	6.2	*	74 *
nfant mortality (per 1,000 live births) Neonatal death (per 1,000 live births) Child deaths (per 100,000 children age 1 to 14)	0	* 0.00	6.2 3.2	* 0.0%	74 * 1
nfant mortality (per 1,000 live births) leonatal death (per 1,000 live births) child deaths (per 100,000 children age 1 to 14) feen violent deaths (per 100,000 youth age 15 to 19)	0	* 0.00 *	6.2 3.2 20.7 69.7	* 0.0% *	74 * 1 *
nfant mortality (per 1,000 live births)  Jeonatal death (per 1,000 live births)  Child deaths (per 100,000 children age 1 to 14)  Gen violent deaths (per 100,000 youth age 15 to 19)  Idequate prenatal care	0 * 0 122	* 0.00 * 0.0 76.3%	6.2 3.2 20.7 69.7 73.9%	* 0.0% * 0.0% 103.2%	74 * 1 * 1 57
nfant mortality (per 1,000 live births) leonatal death (per 1,000 live births) child deaths (per 100,000 children age 1 to 14) leen violent deaths (per 100,000 youth age 15 to 19) lidequate prenatal care lediatric physicians (per 100,000 children)	0 * 0 122 0	* 0.00  * 0.0 76.3% 0.0	6.2 3.2 20.7 69.7 73.9% 76.5	* 0.0% * 0.0% 103.2% 0.0%	74 * 1 * 1 57 57
nfant mortality (per 1,000 live births) leonatal death (per 1,000 live births) child deaths (per 100,000 children age 1 to 14) leen violent deaths (per 100,000 youth age 15 to 19) lidequate prenatal care lediatric physicians (per 100,000 children) cublic school students measured as overweight/obese	0 * 0 122 0 NA	* 0.00 * 0.0 76.3%	6.2 3.2 20.7 69.7 73.9% 76.5 42.8%	* 0.0% * 0.0% 103.2%	74 * 1 * 1 57
nfant mortality (per 1,000 live births) leonatal death (per 1,000 live births) child deaths (per 100,000 children age 1 to 14) leen violent deaths (per 100,000 youth age 15 to 19) lidequate prenatal care lediatric physicians (per 100,000 children) liublic school students measured as overweight/obese leens with STDs (per 1,000 youth age 15 to 17)	0 * 0 122 0 NA <5	* 0.00  * 0.0 76.3% 0.0 41.1% *	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  *	74 * 1 * 1 57 57 23 *
nfant mortality (per 1,000 live births) leonatal death (per 1,000 live births) child deaths (per 100,000 children age 1 to 14) leen violent deaths (per 100,000 youth age 15 to 19) dequate prenatal care lediatric physicians (per 100,000 children) sublic school students measured as overweight/obese leens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5)	0 * 0 122 0 NA	* 0.00  * 0.0 76.3% 0.0 41.1%	6.2 3.2 20.7 69.7 73.9% 76.5 42.8%	* 0.0%  * 0.0% 103.2% 0.0% 96.0%	74 * 1 * 1 57 57 23
nfant mortality (per 1,000 live births)  Ideonatal death (per 1,000 live births)  Child deaths (per 100,000 children age 1 to 14)  Geen violent deaths (per 100,000 youth age 15 to 19)  Idequate prenatal care  Gediatric physicians (per 100,000 children)  Public school students measured as overweight/obese  Geens with STDs (per 1,000 youth age 15 to 17)  WIC participation (percent of children under 5)	0 * 0 122 0 NA <5 481	* 0.00  * 0.0 76.3% 0.0 41.1%  * 61.7% 0.0	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7%	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5%	74 * 1 * 1 57 57 23 * 87
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ithild deaths (per 100,000 children age 1 to 14) Ideonated deaths (per 100,000 youth age 15 to 19) Ideonated prenatal care Ideolatric physicians (per 100,000 children) Idublic school students measured as overweight/obese Ideonated with STDs (per 1,000 youth age 15 to 17) INIC participation (percent of children under 5) Ideonated with STDs (per 100,000 residents)  Family 8	0 * 0 122 0 NA <5 481 0	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%	74 * 1 * 1 57 57 23 * 87 91
Infant mortality (per 1,000 live births)  Neonatal death (per 1,000 live births)  Child deaths (per 100,000 children age 1 to 14)  Gene violent deaths (per 100,000 youth age 15 to 19)  Adequate prenatal care  Pediatric physicians (per 100,000 children)  Public school students measured as overweight/obese  Gens 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 8  Reported child abuse cases	0 * 0 122 0 NA <5 481 0	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%	74 * 1 * 1 57 57 23 * 87 91
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ideonatal death (per 100,000 children age 1 to 14) Ideonatal deaths (per 100,000 youth age 15 to 19) Ideonatal care Ideonate prenatal care Ideolatric physicians (per 100,000 children) Ideolatric physicians (per 100,000 children) Ideolatric school students measured as overweight/obese Ideonate with STDs (per 1,000 youth age 15 to 17) Ideolatric physicians (per 100,000 residents)  Family 8 Ideorated child abuse cases Ideora	0 * 0 122 0 NA <5 481 0	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%	74 * 1 * 1 57 57 23 * 87 91
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ithild deaths (per 100,000 children age 1 to 14) Ideen violent deaths (per 100,000 youth age 15 to 19) Idequate prenatal care Idediatric physicians (per 100,000 children) Ideblic school students measured as overweight/obese Ideens with STDs (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Identists by county (per 100,000 residents)  Family & Identify & Identi	0 * 0 122 0 NA <5 481 0 * *Commu	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2 14.8	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9%	74 * 1 * 1 57 57 23 * 87 91  47 95 92
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ideonatal death (per 100,000 children age 1 to 14) Ideen violent deaths (per 100,000 youth age 15 to 19) Idequate prenatal care Idediatric physicians (per 100,000 children) Ideolic school students measured as overweight/obese Ideons with STDs (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideonated child abuse cases Ideonated child ab	0 * 0 122 0 NA <5 481 0 * *Commu	* 0.00  * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2 14.8 3.3%	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8%	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9% 185.1%	74 * 1 * 1 57 57 23 * 87 91  47 95 92 82
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ideonatal death (per 100,000 children age 1 to 14) Ideen violent deaths (per 100,000 youth age 15 to 19) Idequate prenatal care Idediatric physicians (per 100,000 children) Ideolic school students measured as overweight/obese Ideons with STDs (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideolic school students measured as overweight/obese Ideons with STDs (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideolic school students measured as overweight/obese Ideolic school students Ideolic school	0 * 0 122 0 NA <5 481 0 * *Commu	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2 14.8 3.3% 7.3	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9% 185.1% 111.3%	74  *  1  *  1  57  57  23  *  87  91  47  95  92  82  23
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ideonatal death (per 100,000 children age 1 to 14) Ideen violent deaths (per 100,000 youth age 15 to 19) Idequate prenatal care Idediatric physicians (per 100,000 children) Ideolic school students measured as overweight/obese Ideonatic physicians (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideonatic physicians (per 100,000 residents) Ideonatic physicians (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideonatic physicians (per 1,000 residents) Ideonatic physicians (per 1,000 children) Ideonatic physicians (per 1,000 children) Ideonatic physicians (per 1,000 residents)	0 * 0 122 0 NA <5 481 0 * *Commu	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2 14.8 3.3% 7.3 4.5	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9% 185.1% 111.3% 139.1%	74  *  1  *  1  57  57  23  *  87  91  47  95  92  82  23  85
Infant mortality (per 1,000 live births) Ideonatal death (per 1,000 live births) Ideonatal death (per 100,000 children age 1 to 14) Ideen violent deaths (per 100,000 youth age 15 to 19) Idequate prenatal care Idediatric physicians (per 100,000 children) Ideolic school students measured as overweight/obese Ideonatic with STDs (per 1,000 youth age 15 to 17) IVIC participation (percent of children under 5) Ideonatic by county (per 100,000 residents) Ideonatic by county (per 100,000 residents) Ideonatic by county (per 1,000 children) Ideonatic by county (per 1,000 children) Ideonatic by county (per 1,000 residents)	0 * 0 122 0 NA <5 481 0 * *COMMU 148 42 47 95 99 60 108	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity 5.2% 13.2 14.8 3.3% 7.3 4.5 8.3%	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2 12.3%	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9% 185.1% 111.3% 139.1% 67.3%	74  *  1  *  1  57  57  23  *  87  91   47  95  92  82  23  85  50
Infant mortality (per 1,000 live births) Neonatal death (per 1,000 live births) Child deaths (per 100,000 children age 1 to 14) Feen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care 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) Dentists by county (per 100,000 residents)	0 * 0 122 0 NA <5 481 0 * *Commu	* 0.00 * 0.0 76.3% 0.0 41.1% * 61.7% 0.0  Unity  5.2% 13.2 14.8 3.3% 7.3 4.5	6.2 3.2 20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2	* 0.0%  * 0.0% 103.2% 0.0% 96.0%  * 194.5% 0.0%  112.6% 470.5% 278.9% 185.1% 111.3% 139.1%	74  * 1  * 1  57  57  23  *  87  91  47  95  92  82  23  85

## Grundy

#### **Overall**

At 80th, Grundy County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Family & Community.

#### **Strengths**

Grundy's strongest indicator is the percent of households in the county experiencing a severe housing cost burden, where the county ranks 12th. The county also performs well in the percent of chronic absenteeism among public school students at 12.4%.

#### **Opportunities**

The county's biggest challenge is the percent of children without health insurance, where it ranks 91st. There are opportunities for improvement in the percent of children living below the federal poverty line 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.

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, Grundy County has 152 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.

With a high rate of child poverty, improving outreach to those who may qualify to receive SNAP and WIC benefits to be sure they are aware of these services can help ensure basic needs are met. Additionally, nutrition programs that provide food for school-age children to take home can contribute to food security. Expanding services through Family Resource Centers can also help reach these vulnerable populations. Making parents aware of opportunities to receive education and training through Tennessee Reconnect can also boost household incomes over the longer term. Many neighborhoods with a high concentration of poverty are also food deserts, lacking access to affordable healthy options. Community gardens can provide fresh produce and help mitigate some of the negative health implications of child poverty.

#### **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.