DOCUMENT RESUME

ED 424 964 PS 027 096

TITLE	Kids Count: The State of the Child in Tennessee, 1992.
INSTITUTION	Tennessee State Commission on Children and Youth, Nashville.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	1992-00-00
NOTE	95p.; For related Tennessee Kids Count documents, see PS 027 097-027 102.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Adolescents; Birth Weight; Child Abuse; *Child Health; Child Neglect; *Children; Counties; Demography; Dropout Rate; Early Parenthood; Elementary Secondary Education; Infant Mortality; Juvenile Justice; Mental Health; Mortality Rate; One Parent Family; *Poverty; Prenatal Care; *Social Indicators; Special Education; Statistical Surveys; Tables (Data); Trend Analysis; Violence; Welfare Recipients; *Well Being
IDENTIFIERS	Child Mortality; *Indicators; Sexually Transmitted Diseases; *Tennessee

ABSTRACT

This Kids Count report is the first to examine the well being of Tennessee's children. The statistical portrait is based on 17 indicators of child well being: (1) children in single-parent families; (2) family income; (3) children living in poverty; (4) children in families receiving Aid to Families with Dependent Children (AFDC); (5) percent of population receiving food stamps; (6) percent of students participating in child nutrition programs; (7) children referred to juvenile courts; (8) births lacking adequate prenatal care; (9) low-birthweight infants; (10) infant mortality rate; (11) percent of under-21 population eligible for Medicaid; (12) teen pregnancy rate; (13) sexually transmitted disease rate; (14) child death rate; (15) teen violent death rate; (16) high school dropout rate; and (17) percent of students receiving special education. Following an executive summary, the report presents the data in three sections. Section 1, "Families and Communities," reveals that 21 percent of children live in single-parent families, the percent of children in poverty is 20.7 percent, about 14 percent of children are in families receive AFDC, and about 4 percent of children were referred to juvenile courts in 1991. Section 2, "Health," reports that 32.3 percent of births lacked adequate prenatal care and the pregnancy rate for non-white teens was 2.5 times greater than that for white teens. Section 3, "Education," indicates that the percent of high school dropouts was 6.3 and that 16 percent of students received special education. (KB)

TENNESSEE kids count

Kids Count

The State of the Child in Tennessee 1992

Tennessee Commission on Children and Youth

Dear Reader:

Information that pieces together and defines the quality of life for Tennessee's children and families is the subject of *KIDS COUNT: The State of the Child in Tennessee*. Woven into children's lives are the common threads that make up the fabric of life: families, communities, health, safety, and education.

A society, like fabric in a quilt, is only as strong as its weakest piece. With few important exceptions - notably the reduction of infant mortality and low birth weight - the fabric of life for many children has deteriorated. Children's health, social, economic, and educational needs remain unmet. Tennessee's future will be less secure if the serious plight of our most vulnerable citizens is not articulated and heard.

Tennessee KIDS COUNT speaks for our children in a language that adults understand. That language consists of statistical indicators of the well-being of children across the state and in each county. The goal of *Tennessee KIDS COUNT: The State of the Child in Tennessee* is to give adults the multiple pieces of information that form the patchwork of children's lives, with which they may repair the damaged fabric and create an ever more successful, strong, and beautiful design.

Linda O'Neal
Executive Director,
Tennessee Commission on Children and Youth

EXECUTIVE SUMMARY

Kids Count: The State of the Child in Tennessee is the most comprehensive study to date on 25 health, social, and economic indicators of well-being for children in the state. This is the first annual publication by the Tennessee Kids Count Project, which is administered by the Tennessee Commission on Children and Youth, an independent state agency that advocates for improvement in the quality of life for children and families.

The goal of Tennessee Kids Count is to increase public awareness of the plight of many children and encourage grassroots support for public and private efforts to improve their quality of life.

Tennessee is one of 37 states to receive a four-year, $400,000 Kids Count grant. The Kids Count grant program is funded by The Annie E. Casey Foundation, the nation's largest philanthropy devoted exclusively to disadvantaged children. Based in Greenwich, Connecticut, the foundation was established by the founders of United Parcel Service to improve family and community environments that shape young people's health, development, education, opportunities, and aspirations.

The national Kids Count project is administered by the Center for the Study of Social Policy, an independent, non-profit research and policy analysis organization based in Washington, D.C. The center is committed to promoting change through analysis of existing and proposed social policies and programs in the areas of income support, human services, disabilities, and health care.

It is through the Kids Count project that understandable information about the well-being of children is gathered and disseminated so citizens, advocates, policy makers, and political leaders will have timely and reliable information.

Major Findings

The statistical information in this report was gathered from raw data and reports generated by other Tennessee state agencies, Tennessee state departments, the U.S. Census Bureau, and other sources of data on children.

An analysis of the data in this report reveals vital information on the quality of life for Tennessee's children. The major findings of this report are listed here.

Section I - Families and Communities

Population

While the overall child population declined in Tennessee from 1980 to 1990, there was an increase in the number of children under six years old.

Most children today share their parents with their parents' jobs. In 1990, 46.7 percent of Tennessee children lived in two-parent families with both parents working.

Of mothers with children under six years, 62.9 percent worked outside the home in 1990, as did 74.5 percent of those with children ages 6 to 17.

Over the past 30 years, the number of single-parent families tripled in Tennessee - a higher rate than the rest of the nation.

In 1990, 21 percent of Tennessee's children lived in single-parent homes compared to the national rate of 19.4 percent.

Family Income

Tennessee's national ranking on per capita income has improved. The state's current ranking is 35, up from a ranking of 42 in 1979.

The gap between Tennessee's richest and middle-class families was the fifth largest among the states.

Fifty percent of all Tennessee counties have per capita incomes below $10,000.

Children in Poverty

The majority of poor children in Tennessee live in single-parent families, are younger than six years old, are white, and live in rural areas.

There were 247,366 children - one in five - living in poverty in Tennessee during 1990.

There are more children living in poverty in Tennessee than most states. In 1990, 20.7 percent of Tennessee children lived in poverty, compared to 17.9 percent nationally.

Recent estimates of poverty, based on the number of people eligible for AFDC and Food Stamps, indicate the child poverty rate in 1992 was higher than 1990.

AFDC

When adjusted for inflation, the amount each AFDC family receives has decreased 53 percent in Tennessee since 1970.

There were 163,816 children - one in seven - from 93,369 families in Tennessee who received financial support from AFDC in January 1992.

Tennessee's AFDC payments are 48th lowest in the nation.

Food Programs

From 1987 to 1991, the number of Food Stamp cases in Tennessee increased 35 percent.

Many eligible students do not receive federally subsidized breakfasts at school even though they participate in the lunch program because their schools do not offer the breakfast program. During the 1991-92 school year, 241,508 students participated in the lunch program while only 102,307 students participated in the breakfast program.

Family Preservation Programs

In 1991-92, 1,282 families completed one of the 28 Home Ties programs, Tennessee's family preservation services.

Home Ties is cost effective. By 1991-92, the state had saved $4,461,535.35 for the 619 children who were not in state care 12 months after the programs were completed.

In 1991-92, 69.9 percent of the children who completed Home Ties programs did not experience out-of-home placements within 12 months after the programs' completion.

For children who experienced out-of-home placements, those from families that participated in Home Ties stayed in state care less than half the amount of time than children from families that did not participate in the intervention.

Mental Health Programs

There were 22,711 youths served by public mental health programs in 1990-91.

It is estimated that an additional 11,496 children who were eligible to receive services were not served during 1990-91.

Juvenile Justice System

There has been a significant reduction in the number of status offenders in state and local secure correctional facilities from 4,078 children in the early 1980s to only 101 children in 1990-91.

The number of children in adult jails decreased dramatically from approximately 10,000 in 1980 to 23 in 1990.

Juvenile court referrals increased 16 percent from 1985 to 1991.

In 1990, only one in four children referred to juvenile court lived with both parents.

Two thirds of the children referred to juvenile courts in 1991 lived in single-parent families headed by their mothers.

Children in State Care

On July 31, 1992 there were 8,623 children in state care - 6,823 in the care of the Department of Human Services, 1,220 in the care of the Department of Youth Development, 174 in the care of the Department of Mental Health and Mental Retardation, 315 in the care of the Department of Education, and 91 in two or more departments.

Children spend an average of 2.5 years in the Department of Human Services' foster care program.

New commitments of children to state custody peaked in 1990, and declined in 1991 and again in 1992.

Section II - Health

In 1990, 32.3 percent of all women who gave birth did not receive adequate prenatal care.

Medicaid paid for 50 percent of all births in 1990.

6,160 babies weighed less than 5.5 pounds at birth in 1990.

770 infants died before their first birthday in 1990.

333 children aged 1 - 14 died in 1990.

One in three children was eligible for Medicaid in 1990.

Teen Pregnancy

In 1990, 6,872 teenage girls in Tennessee were pregnant. Girls aged 10 to 14 experienced 512 pregnancies. Girls aged 15 to 17 had 6,360 pregnancies.

The pregnancy rate for non-white teens was two and a half times greater than that for white teens.

Teen Violent Deaths

In 1990, 275 teens aged 15 to 19 died violent deaths: 160 teens were killed in motor vehicle accidents; 44 were victims of homicides; 40 committed suicide; and 31 died in other accidents.

Section III - Education

There are 500,929 adults aged 25 and older in Tennessee with less than a ninth grade education, according to the 1990 census.

During the 1990-91 school year, 15,223 students in grades 9-12 dropped out of Tennessee schools.

Tennessee ranked 51st among all states and Washington D.C. in per-capita expenditures of state and local governments for public elementary and secondary schools in 1988-89.

Tennessee ranks only 46th in the nation in per-pupil expenditures. For the 1992-93 school year, Tennessee spent an average of $4,009 per pupil compared with the $5,598 national average and the $4,787 average in the Southeast.

There are vast differences in per-pupil expenditures by county. For example, the Oak Ridge School System in Anderson County spent $5,312 per pupil while the Richard City School System in Marion County spent $2,417 during the 1991-92 school year.

Many students are not mastering grade-level skills as measured on the 1991-92 Tennessee Comprehensive Achievement Test results.

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SECTION I
Families and Communities

The well-being of our children can be determined by how well families and communities work cooperatively to provide a secure, stable, environment for children to grow and develop. Children are dependent on their families for love and support and their communities for programs and services.

This section provides data on the demographics of Tennessee communities and families. Also, information on programs and services for children and families living together is reported.

Information on children who cannot live with their families is also provided. For children in state care, this section discusses efforts made to ensure that they are in the most appropriate placement and, whenever possible, are placed in their home community.

POPULATION

In 1990, there were 1,216,604 children in Tennessee - 24.9 percent of the population. Compared to the adult population, a higher percentage of Tennessee children are minorities. Although the total Tennessee population is 17 percent minority, the child population is almost 22 percent minority.[1] Minorities in Tennessee are mostly African American.

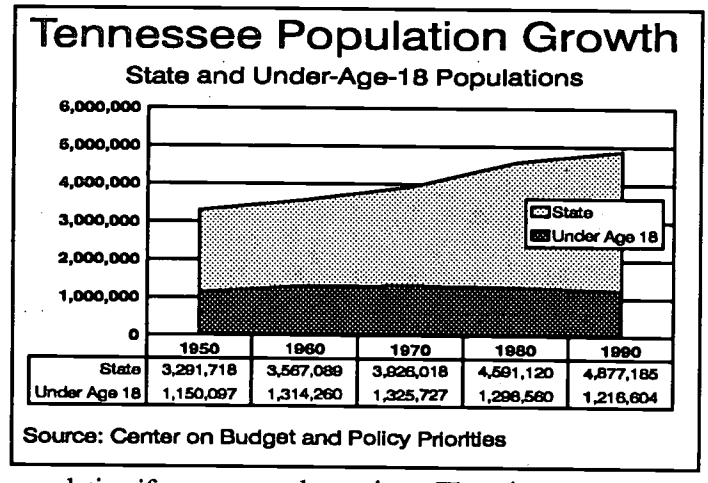
Tennessee's population growth during the past 40 years has been slower than the nation's growth. The state population grew by 48 percent while the national population grew by 65 percent.[2] Tennessee's increase in its elderly population is the most significant recent demographic change. From 1980 to 1990, the number of Tennesseans age 65 or older increased by more than 100,000 - an increase of almost 20 percent.[3] Migration from other states and immigration from other countries are other factors in the state's population growth over the last 40 years.

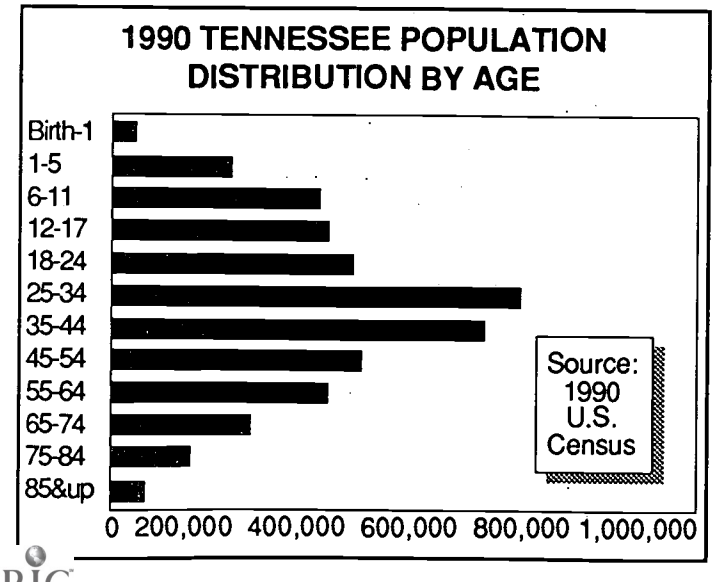
As Tennessee's elderly population has increased, its child population has declined. After peaking in 1970,[4] a 6.4 percent decline in the child population occurred between 1980 and 1990.[5] Tennessee is among 33 states whose child populations declined in the past 10 years.[6]

Tennessee's shrinking child population reflects the recent national trend of more people of child-bearing age having smaller families or being childless.

This demographic trend is a clear departure from the past. The child population increased dramatically following World War II. As this large "baby boom" generation has aged, the number of children in the total population has declined because this group has not reproduced at the rate their parents did. During the same time, the elderly population has grown as life expectancy has increased.

It is unlikely that there will be significant growth in the child population if current trends continue. There is a recent trend, however, for a larger percentage of Tennessee's child population to be younger. There were more children under age six in 1990 compared to 1980. From 1980 to 1990, there were: a 2.1 percent increase in the number of children under six; 5.6 percent fewer children in the 6-to-11 age group; and 14.4 percent fewer children aged 12 to 17.[7]





As the rest of the nation, Tennessee has become increasingly urbanized. According to the 1990 census, 40 percent of the total population lives in the four urban counties of Shelby, Davidson, Knox, and Hamilton. Many areas of the state, however, remain rural. Forty-six of Tennessee's 95 counties have populations less than 25,000.[8] Families living in Tennessee's metropolitan areas have greater access to and availability of services. Very few resources, however, are available to families living in sparsely populated rural counties.[9]

Another population trend affecting Tennessee children was the increase in the number of mothers working outside the home, which increased by 20 percent from 1980 to 1990. The largest increase, 23 percent, was among mothers with children under 6. In 1970, 58 percent of mothers were in the labor force - 51 percent with children under age 6. In 1990 in Tennessee, 69.4 percent of women with children under 18 were in the labor force. Of mothers with children under age 6, 62.9 percent worked outside the home, as did 74.5 percent of those with children ages 6-17. [10] Although working mothers have improved their families' finances, many work longer hours to do so.[11]

Nationally, the real median income of young families with children declined by 32 percent between 1970 and 1990, from $23,705, in 1990 dollars, in 1970 to $16,219 in 1990. Middle-income, dual-earner families with mothers employed outside the home lost up to 56 percent of the mothers' income to work-related expenses.[12]

Tennessee Population and Percent of Population under 18 Years, 1990

County	Total Population	Number Under 18	Percent Under 18
Anderson	68,250	16,334	23.9
Bedford	30,411	7,715	25.4
Benton	14,524	3,340	23.0
Bledsoe	9,669	2,368	24.5
Blount	85,969	19,662	22.9
Bradley	73,712	18,248	24.8
Campbell	35,079	9,003	25.7
Cannon	10,467	2,637	25.2
Carroll	27,514	6,531	23.7
Carter	51,505	11,389	22.1
Cheatham	27,140	7,606	28.0
Chester	12,819	3,014	23.5
Claiborne	26,137	6,668	25.5
Clay	7,238	1,674	23.1
Cocke	29,141	6,984	24.0
Coffee	40,339	10,379	25.7
Crockett	13,378	3,257	24.3
Cumberland	34,736	8,121	23.4
Davidson	510,784	116,541	22.8
Decatur	10,472	2,392	22.8
Dekalb	14,360	3,462	24.1
Dickson	35,061	9,576	27.3
Dyer	34,854	8,907	25.6
Fayette	25,559	7,641	29.9
Fentress	14,669	3,829	26.1
Franklin	34,725	8,530	24.6
Gibson	46,315	11,051	23.9
Giles	25,741	6,429	25.0
Grainger	17,095	4,171	24.4
Greene	55,853	12,797	22.9
Grundy	13,362	3,718	27.8
Hamblen	50,480	12,082	23.9
Hamilton	285,536	69,010	24.2
Hancock	6,739	1,701	25.2
Hardeman	23,377	6,621	28.3
Hardin	22,633	5,652	25.0
Hawkins	44,565	10,594	23.8
Haywood	19,437	5,638	29.0
Henderson	21,844	5,452	25.0
Henry	27,888	6,371	22.8
Hickman	16,754	4,019	24.0
Houston	7,018	1,691	24.1
Humphreys	15,795	3,971	25.1
Jackson	9,297	2,114	22.7
Jefferson	33,016	7,238	21.9
Johnson	13,766	3,191	23.2
Knox	335,749	75,112	22.4
Lake	7,129	1,565	22.0
Lauderdale	23,491	6,403	27.3
Lawrence	35,303	9,215	26.1
Lewis	9,247	2,479	26.8
Lincoln	28,157	6,980	24.8
Loudon	31,255	7,332	23.5
McMinn	42,383	10,374	24.5
McNairy	22,422	5,503	24.5
Macon	15,906	4,024	25.3
Madison	77,982	20,325	26.1
Marion	24,860	6,527	26.3
Marshall	21,539	5,454	25.3
Maury	54,812	14,278	26.0
Meigs	8,033	1,997	24.9
Monroe	30,541	7,731	25.3
Montgomery	100,498	26,633	26.5
Moore	4,721	1,203	25.5
Morgan	17,300	4,462	25.8
Obion	31,717	7,837	24.7
Overton	17,636	4,242	24.1
Perry	6,612	1,660	25.1
Pickett	4,548	1,117	24.6
Polk	13,643	3,294	24.1
Putnam	51,373	11,245	21.9
Rhea	24,344	6,158	25.3
Roane	47,227	11,107	23.5
Robertson	41,494	11,385	27.4
Rutherford	118,570	31,773	26.8
Scott	18,358	5,381	29.3
Sequatchie	8,863	2,286	25.8
Sevier	51,043	12,209	23.9
Shelby	826,330	226,307	27.4
Smith	14,143	3,539	25.0
Stewart	9,479	2,106	22.2
Sullivan	143,596	32,254	22.5
Sumner	103,281	28,448	27.5
Tipton	37,568	11,487	30.6
Trousdale	5,920	1,421	24.0
Unicoi	16,549	3,597	21.7
Union	13,694	3,669	26.8
Van Buren	4,846	1,273	26.3
Warren	32,992	8,294	25.1
Washington	92,315	20,085	21.8
Wayne	13,935	3,576	25.7
Weakley	31,972	7,037	22.0
White	20,090	4,804	23.9
Williamson	81,021	23,558	29.1
Wilson	67,675	18,539	27.4
Tennessee	**4,877,185**	**1,216,604**	**24.9**

Source: The 1990 U.S. Census Population and Housing, Summary Tape File 1, Prepared by the Center for Business and Economic Research, The University of Tennessee, Knoxville, TN, 1991.

SINGLE-PARENT FAMILIES

Many of today's families are headed by single parents. By 1990, the number of married-couple families with their own children had decreased by six percent in Tennessee compared to 1980.[13]

This represents a historic shift nationwide: the displacement of the traditional family - married couples raising children - as society's predominant household type.

Over the past 30 years, the number of single-parent families tripled in Tennessee - a higher rate than the rest of the nation.[14] More than one in five children in Tennessee in 1990 lived in a single-parent family.

In 1990, 21 percent of Tennessee's children lived in single-parent homes compared to the national rate of 19.4 percent.[15]

The number of single-parent families headed by females in 1990 increased 23.7 percent, and single-parent homes headed by males, though only three percent of families with children, increased by 56.3 percent over the decade.[16]

Differences by region show that more than 25 percent of the children in six Tennessee counties live in single-parent homes.[17]

The six counties with the highest percentages of children living with single-parents are: Shelby (30.4 percent), Davidson (28.4 percent), Haywood (27.4 percent), Madison (26.4 percent), Hardeman (25.8 percent), and Lake (25.7 percent).

One in two African-American families is headed by a single female parent, while more than eight of ten white families are married couples.[18]

Differences between white and non-white birth rates reveal that minority children are likely to have very young mothers. The birth rate for non-white girls aged 10 to 14 is 785 percent higher than for white girls, and 257 percent higher for all girls aged 15 to 17. For non-white girls aged 18 and 19, the rate is 62 percent higher than white girls. For the age range of 20 to 24, the rate of non-white births is 42 percent higher than white births. Birth rates are similar for white and non-white mothers over age 25. [19]

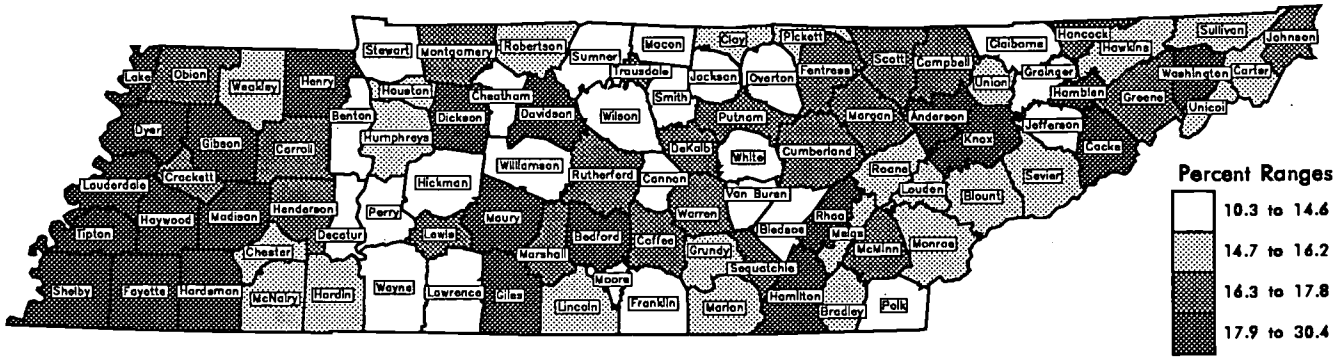
These families of young, single mothers are more likely to experience economic, social and psychological stresses that put them at greater risk for living in poverty, requiring public assistance, and publicly funded services.

Since household expenses are a hardship for poor parents, many families live with relatives who are not members of their nuclear families. In 1990, the families of 68,689 Tennessee children lived with relatives - a 67.3 percent increase since 1980.

The census reports information on families living with relatives using the term "subfamilies." A subfamily is a married couple with or without children, or a single parent with one or more children under 18, that lives in a household and are related to either the householder or the householder's spouse.[20]

The number of children in single-parent subfamilies increased by 84 percent for 1980 to 1990, while the number in married-couple subfamilies decreased 5.6 percent.[21] Additionally, there are children in households headed by a relative (other than a parent) or a non-relative in which there is no parent present.

Percent of Children Under 18 in Single-Parent Families, 1990



County	Children	
	Number	Percent
Anderson	3,025	18.5
Bedford	1,468	19.0
Benton	471	14.1
Bledsoe	301	12.7
Blount	3,043	15.5
Bradley	2,934	16.1
Campbell	1,595	17.7
Cannon	368	14.0
Carroll	1,129	17.3
Carter	1,834	16.1
Cheatham	934	12.3
Chester	456	15.1
Claiborne	960	14.4
Clay	267	15.9
Cocke	1,389	19.9
Coffee	1,847	17.8
Crockett	573	17.6
Cumberland	1,344	16.5
Davidson	33,070	28.4
Decatur	341	14.3
Dekalb	600	17.3
Dickson	1,852	19.3
Dyer	1,885	21.2
Fayette	1,693	22.2
Fentress	650	17.0
Franklin	1,049	12.3
Gibson	2,363	21.4
Giles	1,183	18.4
Grainger	542	13.0
Greene	2,195	17.2
Grundy	562	15.1
Hamblen	2,392	19.8
Hamilton	15,811	22.9

County	Children	
	Number	Percent
Hancock	282	16.6
Hardeman	1,710	25.8
Hardin	866	15.3
Hawkins	1,618	15.3
Haywood	1,523	27.0
Henderson	945	17.3
Henry	1,169	18.3
Hickman	572	14.2
Houston	271	16.0
Humphreys	620	15.6
Jackson	286	13.5
Jefferson	1,033	14.3
Johnson	568	17.8
Knox	15,252	20.3
Lake	402	25.7
Lauderdale	1,496	23.4
Lawrence	1,290	14.0
Lewis	404	16.3
Lincoln	1,117	16.0
Loudon	1,157	15.8
McMinn	1,803	17.4
McNairy	876	15.9
Macon	552	13.7
Madison	5,364	26.4
Marion	1,058	16.2
Marshall	954	17.5
Maury	2,764	19.4
Meigs	322	16.1
Monroe	1,165	15.1
Montgomery	4,649	17.5
Moore	125	10.4
Morgan	740	16.6
Obion	1,387	17.7

County	Children	
	Number	Percent
Overton	587	13.8
Perry	187	11.3
Pickett	181	16.2
Polk	379	11.5
Putnam	1,855	16.5
Rhea	1,257	20.4
Roane	1,776	16.0
Robertson	1,725	15.2
Rutherford	5,376	16.9
Scott	939	17.5
Sequatchie	378	16.5
Sevier	1,857	15.2
Shelby	68,803	30.4
Smith	405	11.4
Stewart	229	10.9
Sullivan	5,027	15.6
Sumner	4,081	14.3
Tipton	2,545	22.2
Trousdale	235	16.5
Unicoi	528	14.7
Union	545	14.9
Van Buren	186	14.6
Warren	1,413	17.0
Washington	3,698	18.4
Wayne	440	12.3
Weakley	1,129	16.0
White	702	14.6
Williamson	2,435	10.3
Wilson	2,491	13.4

Tennessee	**255,855**	**21.0**
U.S.A.*		**24.7**

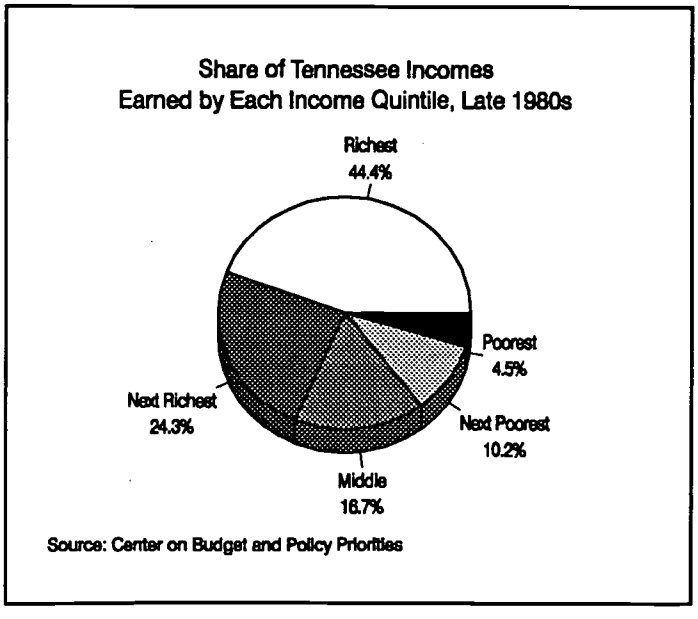
Source: 1990 Census information provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.
Note: * U.S. rate is for 1990.

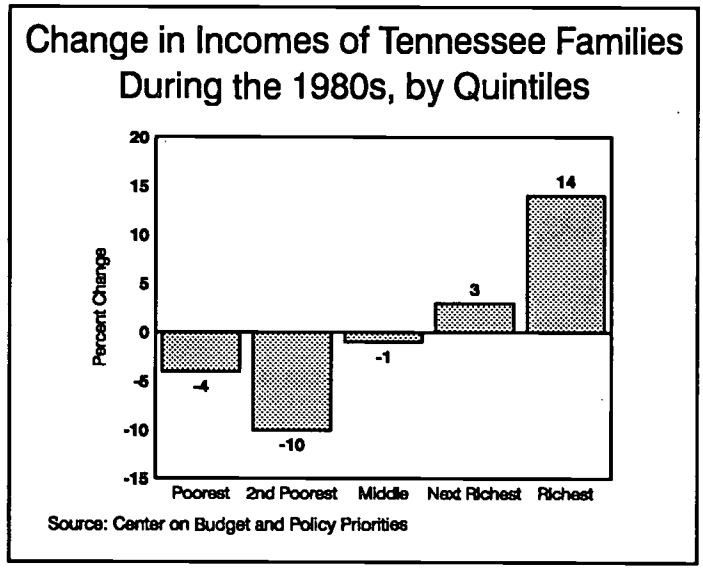
FAMILY INCOME

Nationally and in Tennessee, the ecomonic growth of the 1980s was shared unevenly among the rich, the poor and the middle class, with the rich faring substantially better than the other classes. That shift of income toward the wealthy was exaggerated in Tennessee. The economic status of large numbers of children was adversely affected because children are disproportionally clustered in less affluent families.

During the 1980s, the gap between Tennessee's rich and middle-class families was the 45th largest - with 50th largest being the worst - among the 50 states. The gap between rich and poor families in Tennessee was the 39th largest.[22]

More recent figures show little improvement. Tennessee's per capita income, $12,244, ranks 35th in the nation. Tennessee families with children have average incomes 16 percent less than the national average income of similar families. [23]





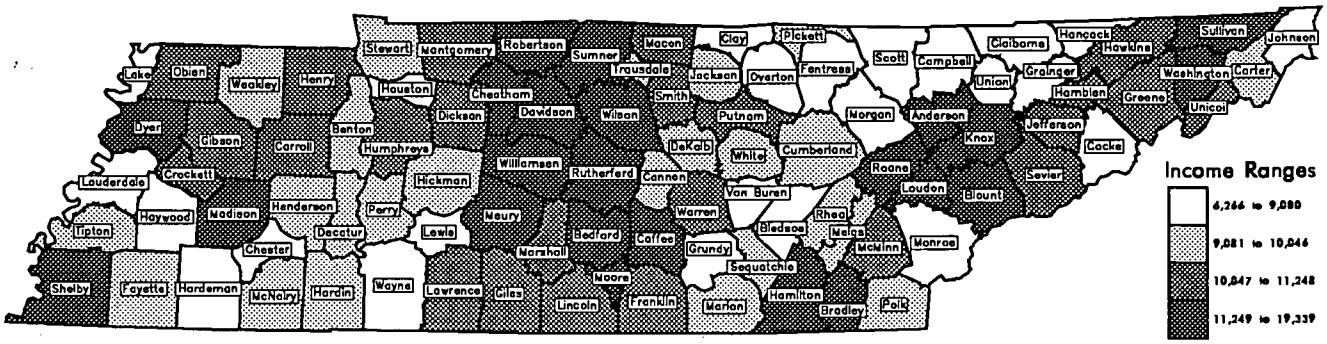
And, 50 percent of all Tennessee counties have per capita incomes below $10,000. In spite of the lack of adequate income for many families, 70 percent of all Tennessee family income was received by wealthy families.[24]

In addition to being unevenly distributed by class, wealth in Tennessee is unevenly distributed among counties. The per capita income of Williamson County, Tennessee's wealthiest county, was $19,339 in 1989 - three times more than the state's poorest county, Hancock Couny, whose per capita income was $6,266.[25]

Child Support

The economic well-being of many children with absent parents depends on child support payments. Child support can make the difference between self-sufficiency and welfare dependency. It can also help lift children out of poverty. Many absent parents make reliable child support payments; some parents, however, do not.

Per Capita Income by County, 1990



County	Per Capita Income In Dollars
Anderson	13,182
Bedford	11,311
Benton	10,046
Bledsoe	8,053
Blount	12,674
Bradley	11,768
Campbell	8,098
Cannon	9,863
Carroll	10,121
Carter	9,809
Cheatham	11,868
Chester	8,281
Claiborne	8,371
Clay	8,753
Cocke	8,574
Coffee	11,416
Crockett	10,636
Cumberland	9,782
Davidson	15,195
Decatur	9,345
Dekalb	9,570
Dickson	11,162
Dyer	11,270
Fayette	9,627
Fentress	6,927
Franklin	10,513
Gibson	10,277
Giles	10,983
Grainger	8,415
Greene	10,161
Grundy	7,227
Hamblen	11,127
Hamilton	13,619

County	Per Capita Income In Dollars
Hancock	6,266
Hardeman	8,650
Hardin	9,654
Hawkins	10,358
Haywood	8,696
Henderson	9,564
Henry	10,423
Hickman	9,723
Houston	9,060
Humphreys	10,614
Jackson	9,159
Jefferson	10,562
Johnson	7,531
Knox	14,007
Lake	8,285
Lauderdale	8,607
Lawrence	10,094
Lewis	8,180
Lincoln	10,704
Loudon	12,006
McMinn	10,508
McNairy	9,185
Macon	10,158
Madison	11,655
Marion	9,274
Marshall	11,248
Maury	11,942
Meigs	9,237
Monroe	9,080
Montgomery	11,056
Moore	11,545
Morgan	7,722
Obion	11,096

County	Per Capita Income In Dollars
Overton	8,622
Perry	9,260
Pickett	9,564
Polk	9,311
Putnam	11,004
Rhea	9,333
Roane	12,015
Robertson	12,077
Rutherford	12,536
Scott	7,803
Sequatchie	9,377
Sevier	10,848
Shelby	13,330
Smith	10,950
Stewart	9,935
Sullivan	12,725
Sumner	13,497
Tipton	9,796
Trousdale	9,618
Unicoi	10,727
Union	8,351
Van Buren	8,186
Warren	10,472
Washington	11,949
Wayne	8,240
Weakley	9,857
White	9,299
Williamson	19,339
Wilson	13,681

Tennessee	**12,255**
U.S.A.*	**14,420**

Source: 1990 Census infomation provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.

Family Income... Continued

Efforts to enforce child support payments have been implemented. In 1990, more than $8.2 million was collected from the 37,000 cases referred to the Tax Refund Intercept Program. The Tennessee Department of Human Services reported a 300 percent increase in the number of absent parents who were located, which created an 18 percent increase in child support payments in 1990-91. [26]

A "Child Support Improvement Project" evaluation of the federal Title IV-D child support enforcement program in Tennessee identified a number of problems. Case readings of 20 percent of child support enforcement cases at six local offices revealed varying compliance with federal time standards. In small offices 87 percent of cases, in large offices 60 percent of cases, and in medium offices 50 percent of cases met federal time standards. A small office has less than 6,000 cases, a medium office 6,000 to 12,000, and a large office more than 12,000. The federal criteria for substantial compliance is 75 percent.[27]

The study further found that local offices, particularly large ones, were not meeting national averages for paying cases and annual collections per case. Thirteen percent of Tennessee cases were paying child support compared to a national average of 16 percent. Average annual collection per paying case in Tennessee was $1,755 compared to the national average of $2,760. Average annual collection per paying case varied: $1,351 in large offices, $2,251 in medium offices, and $2,504 in small offices.

A major backlog of approximately 43,000 cases, $3 million, was identified in the computer unit. Considerable staff time was consumed in managing the backlog. Additionally, statistical reporting to the Department of Human Services was often inaccurate and contributed to the backlog problems.[28]

The study identified high caseloads as a major barrier to effective child support enforcement. Lack of case accountability was cited as contributing to low percentage of paying cases, low collection per case, and inaccurate reporting. Recommendations for improving child support enforcement in Tennessee included additional staff, improved training, improved data collection, and performance-based contracts.[29]

The American dream of home ownership ... is impossible for many Tennesseans

Housing and Homelessness

The American dream of home ownership or even renting decent housing is impossible for many Tennesseans.

The average monthly rent on a moderately priced one-bedroom apartment in Tennessee is $370. To pay $370 monthly rent and household bills, a renter must earn $7.12 an hour - 167 percent more than the minimum wage earned by many low-income and homeless Tennesseans.[30]

Counting the homeless population is difficult since there is a "hidden homeless" population. Many of these individuals are not counted because they live doubled up in public housing units with friends or relatives. By disclosing their residences, they put

Family Income... Continued

themselves and the legal residents of the units at risk of eviction.[31]

There is no comprehensive state effort in Tennessee to determine how many people are homeless. Three souces of information on the homeless population are the Tennessee Departments of Education and Human Services and local homeless coalitions such as the Nashville Coalition for the Homeless.

The Nashville Coalition for the Homeless conducts a biannual count of those who are obviously homeless such as people in shelters, on the streets, and living in cars. In the June 1992 survey, 1,006 homeless persons were found in downtown Nashville and its shelters. One hundred were children. The survey said homeless families with children in Nashville increased 48 percent from 1991 to 1992. [32]

Average Tennessee Housing Costs

Location	House Payment	Rent
Urban	$550/Month	$379/Month
Rural	$383/Month	$246/Month

Source: Linda Loviza, Tennessee Housing Development Agency.

The single source of statewide information on homeless children is the Tennessee State Department of Education, which administers the Stewart B. McKinney Homeless Assistance Act.

This information is limited, however, since many school systems under-report or fail to report the number of homeless children in schools. Only 84 out of 140 school systems completed surveys on homeless children in 1991.

Another reason that many homeless children are not counted is that many are younger than school age or are not enrolled in school.[33]

The 1991 survey reported 1,280 homeless children attending Tennessee schools. Elementary schools (K-6) accounted for 50 percent of the homeless children (634), middle/junior highs (7-9) for 29 percent (379), and high schools for 21 percent (267). [34]

In May, 1988, the Tennessee Department of Human Services conducted an extensive survey of 682 homeless persons in Tennessee with emphasis on families. Survey respondents were equally divided between males and females and were representative of the homeless population.

Of the homeless people surveyed, 63 percent had children.

Of the individuals who have children, 42 percent indicated their families were homeless with them.

Other key findings from the survey were:

- 90 percent said they did not choose to be homeless.
- 59 percent did not graduate from high school.
- 48 percent were looking for work.
- 40 percent were unemployed because they could not find a job; only 3 percent did not want to work.
- 24 percent reported divorce or family break-up as a cause of their homelessness.
- 23 percent were employed.[35]

UNEMPLOYMENT

Loss of employment not only diminishes financial resources, it also increases stress on family life and may lead to homelessness.

Tennessee's unemployment of 6.3 percent in September of 1992 was lower than the national rate of 7.5 percent. However, like per capita income, the unemployment rate varies significantly among counties.

Many Tennessee counties had very high levels of unemployment, with rural counties having worse unemployment rates.

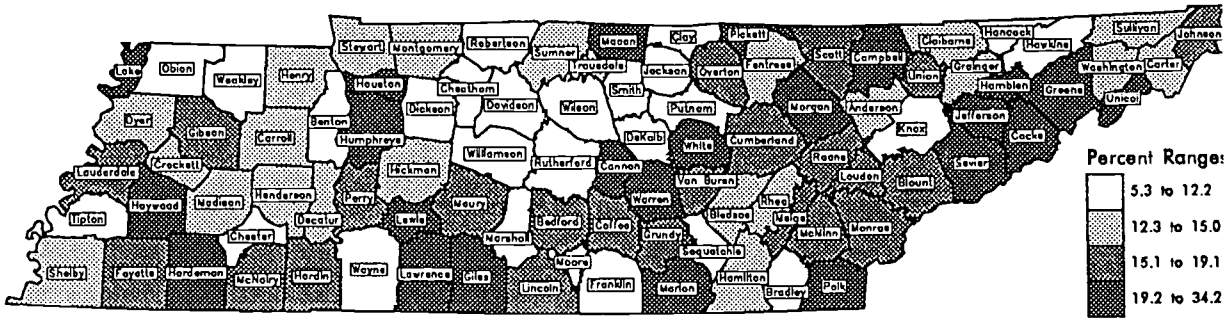
For example, rural Campbell County, which had the state's highest unemployment rate in 1991, had a rate of 17.7 percent. Williamson County - the county with the highest per capita income - had an unemployment rate of 3.4 percent.

All of the 22 counties in which unemployment was in the double-digits were rural.

Youth Unemployment

Youth Unemployment (16-19 Years Old) Rate, 1990

Note: This rate is percent.

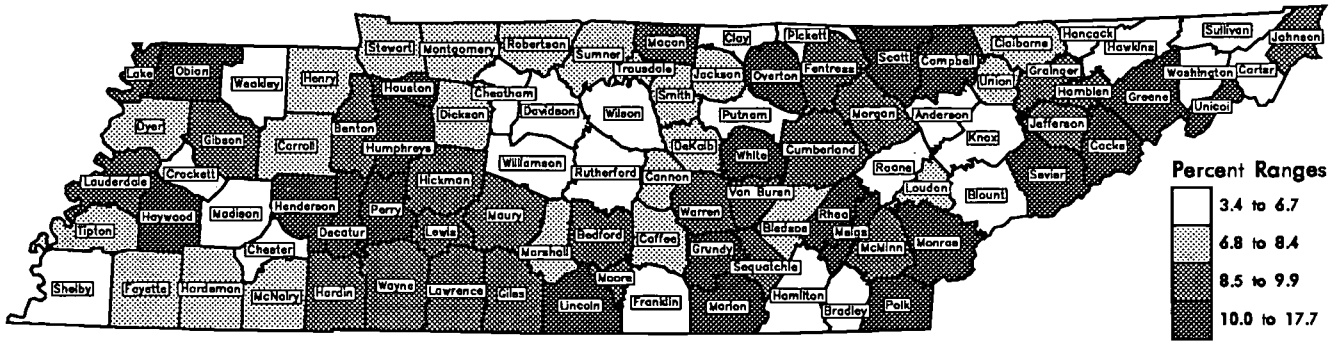


In 1990, the estimated unemployment rate of youth ages 16 to 19 in Tennessee was 14.1 percent. Rates varied from a high of 30.6 percent in Humphreys County to a low of 5.3 percent in Sequatchie County.

While 15 counties had youth unemployment rates of 20 percent or greater, only 16 counties had single-digit youth unemployment rates.

Annual Average Unemployment Rate, 1991

Note: This rate is percent.



County	Unemployment	
	Number	Percent
Anderson	1,660	4.9
Bedford	1,310	9.4
Benton	680	8.9
Bledsoe	380	7.5
Blount	2,550	6.4
Bradley	2,630	6.6
Campbell	2,180	17.7
Cannon	360	8.2
Carroll	1,120	8.0
Carter	1,630	6.4
Cheatham	700	5.3
Chester	320	6.5
Claiborne	930	7.9
Clay	260	4.7
Cocke	1,850	13.7
Coffee	1,310	7.1
Crockett	460	5.9
Cumberland	1,520	9.8
Davidson	13,130	4.6
Decatur	590	13.2
Dekalb	570	7.6
Dickson	1,170	6.9
Dyer	1,390	7.7
Fayette	850	7.9
Fentress	650	9.5
Franklin	1,020	6.0
Gibson	1,980	8.6
Giles	920	8.5
Grainger	670	8.9
Greene	3,240	12.3
Grundy	660	12.3
Hamblen	2,430	9.2
Hamilton	8,510	5.9

County	Unemployment	
	Number	Percent
Hancock	200	6.4
Hardeman	790	7.0
Hardin	990	9.8
Hawkins	1,260	5.9
Haywood	940	10.6
Henderson	1,090	10.0
Henry	930	7.3
Hickman	720	9.8
Houston	350	10.7
Humphreys	760	14.8
Jackson	360	8.3
Jefferson	1,400	8.6
Johnson	530	8.9
Knox	7,660	4.6
Lake	260	9.7
Lauderdale	1,020	9.6
Lawrence	1,610	9.9
Lewis	420	8.9
Lincoln	1,330	10.1
Loudon	1,140	7.2
McMinn	2,120	9.9
McNairy	920	8.3
Macon	760	9.3
Madison	2,360	5.7
Marion	1,020	10.0
Marshall	900	8.4
Maury	2,870	8.9
Meigs	510	12.3
Monroe	1,910	11.2
Montgomery	2,830	8.0
Moore	170	8.6
Morgan	580	8.6
Obion	1,440	10.1

County	Unemployment	
	Number	Percent
Overton	880	11.4
Perry	320	10.4
Pickett	120	6.3
Polk	670	15.3
Putnam	1,870	6.7
Rhea	1,210	11.3
Roane	1,650	6.7
Robertson	1,660	7.6
Rutherford	3,260	5.4
Scott	1,080	12.9
Sequatchie	320	8.8
Sevier	2,550	10.3
Shelby	21,390	5.4
Smith	530	7.3
Stewart	410	7.4
Sullivan	3,430	4.4
Sumner	3,670	6.8
Tipton	1,180	7.1
Trousdale	310	8.3
Unicoi	930	10.9
Union	420	7.4
Van Buren	240	9.4
Warren	1,430	9.5
Washington	2,610	5.3
Wayne	650	8.6
Weakley	1,020	6.1
White	910	10.7
Williamson	1,440	3.4
Wilson	2,130	5.9

Tennessee	**160,000**	**6.6**
U.S.A.	**8,426,000**	**6.7**

Source: Tennessee Department of Employment Security.

CHILDREN IN POVERTY

Every 34 minutes another child is born into poverty in Tennessee [36].

In 1990, 247,366 children lived in poverty in the state.[37] A higher percentage of children live in poverty in Tennessee than the nation as a whole. In 1990, 20.7 percent of Tennessee children lived in poverty, compared to 17.9 percent nationally.[38]

Since 1990, the situation has worsened in Tennessee. The 1990 census shows the percentage of poor children increased 1.9 percent from 1980 to 1990.[39] Recent estimates of poverty, based on the number of people eligible for AFDC and Food Stamps, indicate the child poverty rate is even higher today.

Children in Tennessee are poorer than the state population as a whole. Twenty percent of Tennessee children live in poverty, compared to 15.7 percent of the total population.[40]

A majority of poor children in Tennessee live in single-parent families, are younger than six years old, are white, and live in rural areas.

Of children in single-parent families, 79.6 percent lived in poverty in 1990 compared to 11 percent who lived in two-parent families.[41]

Of children under age six, 23.7 percent lived in poverty compared to 19.3 percent of children aged 6 to 17 in 1990. Of the young children under six living in single-parent families with their mothers, 62.7 percent lived in poverty in 1990.[42]

The majority (56.6 percent) of poor children living in Tennessee are white. African-American children comprise 42.1 percent of children in poverty, and children of other minority groups are less than two percent of poor children.[43]

Although there are more poor white children than other races, an African-American child is almost three times as likely to live in poverty as a white child. A Native American child is twice as likely to live in poverty as a white child.[44]

Small rural counties have the highest percentages of children in poverty. In eight counties, more than one third of the children are poor. In the most populous counties, however, the highest numbers of children are in poverty. In Shelby, Davidson, Hamilton, and Knox counties 107,225 children lived in poverty in 1990.

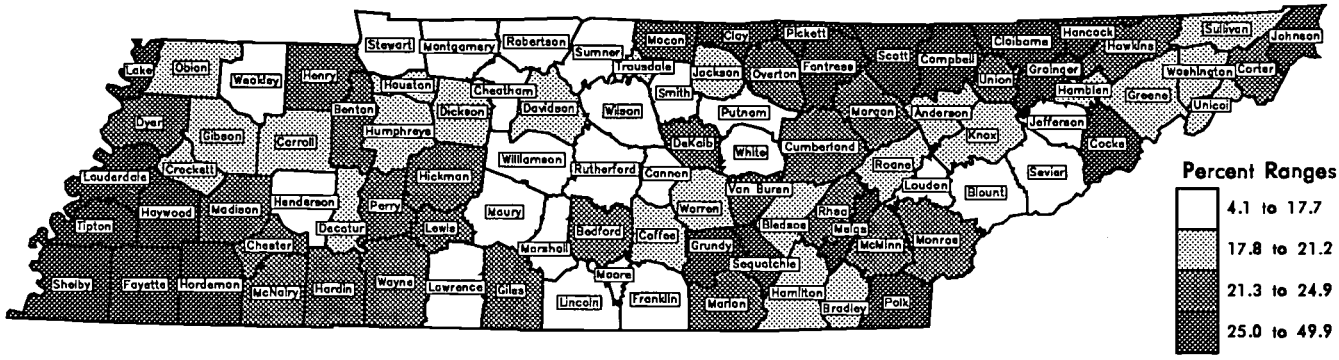
Tennessee Children Living In Poverty By Race,* 1990

Race	Number Living in Poverty	Percent Living In Poverty
All Races	251,529	21%
White	142,418	15.2%
African-American	106,024	43%
Hispanic*	2,400	24.1%
Asian-American	1,438	15.7%
Native American	906	30.8%

Source: "The Challenge of Change: What the 1990 Census Tells Us About Children." Page 62. Prepared by the Population Reference Bureau for The Center for the Study of Social Policy

* Hispanic includes more than one race.

Percent of Children Under 18 in Poverty, 1990



County	Poverty	
	Number	Percent
Anderson	3,206	20.0
Bedford	1,648	21.5
Benton	697	21.4
Bledsoe	448	20.5
Blount	3,230	16.7
Bradley	3,214	18.2
Campbell	3,302	37.5
Cannon	368	14.5
Carroll	1,160	18.0
Carter	2,460	22.0
Cheatham	832	11.2
Chester	668	22.4
Claiborne	2,049	31.3
Clay	454	27.4
Cocke	2,294	33.5
Coffee	1,990	19.2
Crockett	623	19.5
Cumberland	2,003	24.9
Davidson	21,965	19.4
Decatur	481	20.8
Dekalb	786	23.2
Dickson	1,820	19.3
Dyer	1,882	21.6
Fayette	2,308	31.4
Fentress	1,479	39.3
Franklin	1,449	17.3
Gibson	2,293	21.2
Giles	1,366	21.5
Grainger	1,047	25.9
Greene	2,495	20.2
Grundy	1,040	28.5
Hamblen	2,230	18.9
Hamilton	12,428	18.4

County	Poverty	
	Number	Percent
Hancock	842	49.9
Hardeman	1,938	29.6
Hardin	1,354	24.7
Hawkins	2,343	22.5
Haywood	1,870	33.7
Henderson	955	17.7
Henry	1,534	24.8
Hickman	904	23.1
Houston	354	21.2
Humphreys	743	19.1
Jackson	376	18.1
Jefferson	1,230	17.6
Johnson	1,140	36.3
Knox	13,447	18.2
Lake	580	38.2
Lauderdale	1,728	27.6
Lawrence	1,576	17.3
Lewis	537	22.7
Lincoln	1,061	15.5
Loudon	1,285	17.6
McMinn	2,279	22.5
McNairy	1,218	22.4
Macon	924	23.4
Madison	4,590	22.8
Marion	1,599	24.9
Marshall	884	16.5
Maury	2,210	15.8
Meigs	510	25.8
Monroe	1,671	22.1
Montgomery	4,447	16.9
Moore	49	4.1
Morgan	1,025	23.4
Obion	1,413	18.2

County	Poverty	
	Number	Percent
Overton	907	21.6
Perry	377	23.0
Pickett	332	30.5
Polk	817	25.1
Putnam	1,903	17.3
Rhea	1,447	23.8
Roane	2,193	20.1
Robertson	1,348	12.1
Rutherford	3,448	11.0
Scott	1,741	33.4
Sequatchie	607	27.7
Sevier	1,894	15.9
Shelby	59,385	26.7
Smith	521	14.8
Stewart	307	15.3
Sullivan	5,830	18.3
Sumner	2,854	10.2
Tipton	3,095	27.2
Trousdale	276	19.8
Unicoi	736	20.6
Union	894	24.9
Van Buren	307	24.6
Warren	1,658	20.5
Washington	4,112	20.7
Wayne	768	22.1
Weakley	1,187	17.0
White	830	17.2
Williamson	1,375	5.9
Wilson	1,886	10.4

Tennessee	**247,366**	**20.7**
U.S.A.	**11,161,836**	**17.9**

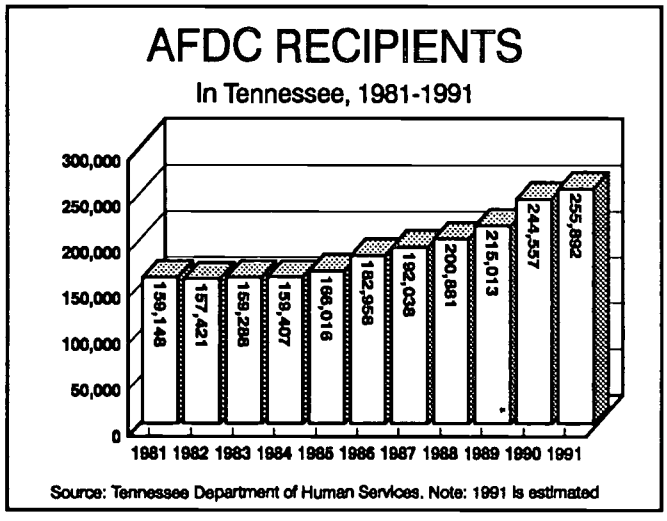
Source: 1990 Census information provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.

AFDC

One in seven Tennessee children in January 1992 received financial support from Aid to Families with Dependent Children (AFDC), which provides subsistence-level income for thousands of children and families.

The AFDC payment for a mother and two children, the typical AFDC family in Tennessee, is $185 per month.[45] This cash payment is only 19.2 percent of the poverty-level income of $11,570 per year for a three-person family.[46] Tennessee's AFDC payments are 48th lowest in the nation.[47] Even if the family receives the maximum amount of Food Stamps, $292 per month for a family of three, [48] the combined AFDC and Food Stamps benefits are equal to only 49.4 percent of the poverty level. When AFDC payments are adjusted for inflation, there has been a 53 percent decrease in Tennessee since 1970.[49]

Tennessee has experienced significant growth in the number of AFDC recipients in recent years. In January 1992, there were 93,369 families receiving AFDC payments, including 174,816 children. These figures represent an increase of more than 10,000 families since January, 1991.[50]



The majority of children on AFDC live in the four urban counties. Eighty-three percent of children on AFDC reside in Davidson, Hamilton, Knox and Shelby Counties. In Shelby County alone, 23.9 percent of all children receive AFDC payments.

Tennessee statutes require the Department of Human Services to establish a "standard of need" - that is, the amount of cash a family requires for basic subsistence in addition to Food Stamps, Medicaid, and subsidized housing benefits they might receive. The standard of need is also the maximum net income that a family can have and still be eligible for AFDC benefits.[51] AFDC grants are set by the state at a percentage of the standard of need, which dropped from 47.5 percent in 1991-92 to 43.5 percent in 1992-1993.[52]

The current standard of need for a family of three is $426 per month [53], 44.1 percent of the federal poverty level. The last major revision of the standard of need was in 1982. In 1991, the Center for Business and Economic Research at the University of Tennessee concluded that an accurate standard of need for a family of three would be at least $677 per month.[54]

The public perceives welfare to be long-term, multi-generational, and involve families with many children. Contrary to this perception, a comprehensive 1988 survey of families receiving AFDC payments in Tennessee revealed that 82 percent of the mothers had not been on welfare as children. More than half of the families had received AFDC for less than two years.[55]

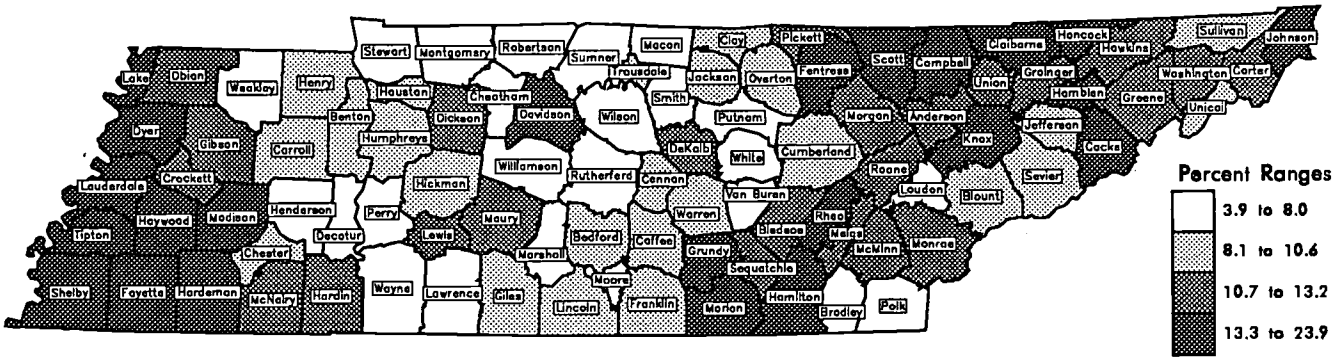
The survey revealed that the typical AFDC family was a mother in her early thirties with two children. Ninety percent of the AFDC caseload consisted of families comprised of mothers and one to three children; 41 percent of families had only one child. Over three-fourths of all AFDC families had only one or two children, over half of whom were under age 6. Almost half of all families receiving AFDC were white.[56]

AFDC benefits were the sole source of income for most of the families; only 15 percent received child support from the absent parent. Although 80 percent of the mothers receiving AFDC benefits had work histories, 89 percent were not employed at the time of the survey. Six of ten AFDC caretakers cited employment as one of their top three needs, but less than two out of five had completed high school.[57]

Over half of the families receiving AFDC did not live in public or subsidized housing. Three-fourths of the families did not own an automobile, and one-third did not even have a telephone.[58]

Federal welfare reform legislation, the Family Support Act of 1988, was designed to provide education and training to AFDC recipients so that they might become self-sufficient. The act requires that the state provide matching monies to receive federal Job Opportunities and Basic Skills (JOBS) money to fund the education and training. During fiscal year 1991-1992, Tennessee matched only 14 percent of the federal JOBS funding available to the state. These funds in conjunction with federal Job Training and Partnership Act (JTPA) funds provided services for 13 percent of the state's AFDC recipients. Twenty percent must be served by 1995 or the state will face a reduction in federal matching funds. More AFDC recipients volunteered to participate in the program, called JOBSWORK, than could be assisted.[59]

Percent of Children Receiving AFDC, January, 1992



County	AFDC	
	Number	Percent
Anderson	1,871	11.5
Bedford	735	9.5
Benton	286	8.6
Bledsoe	311	13.1
Blount	1,790	9.1
Bradley	1,408	7.7
Campbell	1,874	20.8
Cannon	220	8.3
Carroll	694	10.6
Carter	1,272	11.2
Cheatham	529	7.0
Chester	305	10.1
Claiborne	919	13.8
Clay	154	9.2
Cocke	1,207	17.3
Coffee	990	9.5
Crockett	355	10.9
Cumberland	684	8.4
Davidson	23,188	19.9
Decatur	180	7.5
Dekalb	408	11.8
Dickson	1,079	11.3
Dyer	1,258	14.1
Fayette	1,407	18.4
Fentress	561	14.7
Franklin	737	8.6
Gibson	1,420	12.8
Giles	679	10.6
Grainger	460	11.0
Greene	1,430	11.2
Grundy	675	18.2
Hamblen	1,814	15.0
Hamilton	10,770	15.6

County	AFDC	
	Number	Percent
Hancock	403	23.7
Hardeman	1,366	20.6
Hardin	741	13.1
Hawkins	1,272	12.0
Haywood	1,174	20.8
Henderson	425	7.8
Henry	613	9.6
Hickman	402	10.0
Houston	145	8.6
Humphreys	324	8.2
Jackson	179	8.5
Jefferson	766	10.6
Johnson	477	14.9
Knox	10,014	13.3
Lake	345	22.0
Lauderdale	1,363	21.3
Lawrence	683	7.4
Lewis	267	10.8
Lincoln	619	8.9
Loudon	576	7.9
McMinn	1,161	11.2
McNairy	683	12.4
Macon	311	7.7
Madison	3,425	16.9
Marion	909	13.9
Marshall	392	7.2
Maury	1,652	11.6
Meigs	264	13.2
Monroe	1,001	12.9
Montgomery	2,141	8.0
Moore	47	3.9
Morgan	570	12.8
Obion	897	11.4

County	AFDC	
	Number	Percent
Overton	399	9.4
Perry	77	4.6
Pickett	120	10.7
Polk	174	5.3
Putnam	829	7.4
Rhea	1,099	17.8
Roane	1,237	11.1
Robertson	817	7.2
Rutherford	2,119	6.7
Scott	1,042	19.4
Sequatchie	300	13.1
Sevier	993	8.1
Shelby	54,065	23.9
Smith	281	7.9
Stewart	146	6.9
Sullivan	2,906	9.0
Sumner	1,546	5.4
Tipton	2,076	18.1
Trousdale	131	9.2
Unicoi	307	8.5
Union	478	13.0
Van Buren	102	8.0
Warren	847	10.2
Washington	2,157	10.7
Wayne	248	6.9
Weakley	510	7.2
White	363	7.6
Williamson	969	4.1
Wilson	1,201	6.5

Tennessee	**174,816**	**14.4**

Source: Statistics, January, 1992, Tennessee Department of Human Services.

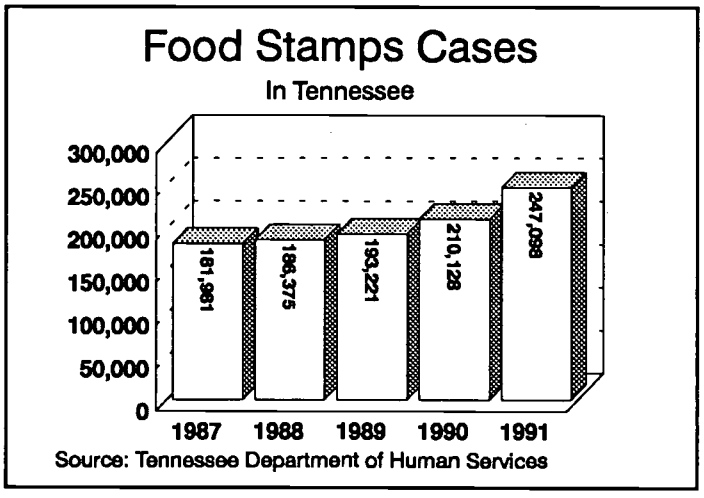
FOOD STAMPS

The Food Stamps program served 681,581 Tennesseans - 14 percent of the population - in January, 1992. [60] The Food Stamps program is federally funded and provides food coupons to eligible individuals and families. The program is funded and regulated by the United States Department of Agriculture, Food and Nutrition Service and administered in Tennessee by the Department of Human Services.

The number of Food Stamps cases in Tennessee increased by 35 percent from 1987 to 1991. In 1990-1991, the average monthly value of Food Coupons issued was $154.49 per household or $60.76 per person.[61]

The maximum Food Stamps benefit for a family of three is $292 a month.[62]

The amount of Food Stamps a household receives is established by federal regulations and based on the Thrifty Food Plan, one of four food plans developed by the United States Department of Agriculture for use as standards of family food use and costs. The Thrifty Food Plan is the least expensive of the four food plans: Thrifty; Low Cost; Moderate; and Liberal. It is the only one that is not based on actual consumption patterns.[63]



Several studies have shown that households spending their money on the food equivalent to the Thrifty Food Plan receive only a fraction of the Recommended Daily Allowances for 11 nutrients.

The level of benefits in the Food Stamp Program assumes that families are able to spend 30 percent of their cash income on food. So the amount of food coupons that each family receives is equal to the cost of the Thrifty Food Plan minus 30 percent of the family's cash income.[64]

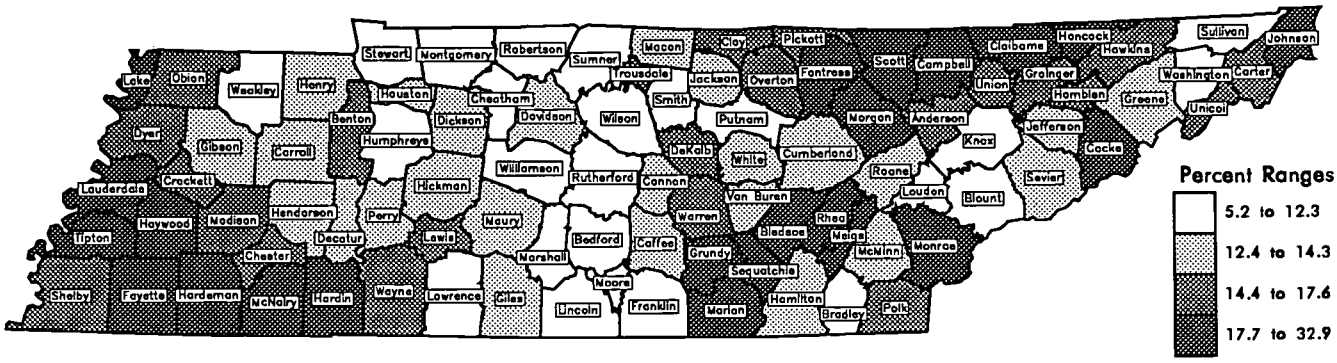
BACKGROUND:

FOOD PROGRAMS FOR NEEDY FAMILIES AND CHILDREN

Four food programs assist needy families and children in Tennessee: Food Stamps; Special Supplemental Food Program for Women, Infants, and Children (WIC); Commodity Supplemental Food Program (CSFP); and the Child Nutrition Program. The goal of these programs is to enable poor families and children to have adequate diets.

Supplemental food programs for low-income women and children are especially needed. Congress found that substantial numbers of pregnant, postpartum, and breast-feeding women, infants, and young children from families with inadequate income are especially at risk with respect to their physical and mental health due to either inadequate nutrition, health care, or both.

Percent of Population Receiving Food Stamps, January, 1992



County	Recipients	
	Number	Percent
Anderson	9,836	14.4
Bedford	3,550	11.7
Benton	2,155	14.8
Bledsoe	1,926	19.9
Blount	9,242	10.8
Bradley	8,643	11.7
Campbell	9,744	27.8
Cannon	1,315	12.6
Carroll	3,779	13.7
Carter	7,934	15.4
Cheatham	2,721	10.0
Chester	1,938	15.1
Claiborne	5,475	20.9
Clay	1,230	17.0
Cocke	6,712	23.0
Coffee	5,069	12.6
Crockett	2,017	15.1
Cumberland	4,645	13.4
Davidson	67,491	13.2
Decatur	1,362	13.0
Dekalb	2,151	15.0
Dickson	4,623	13.2
Dyer	5,553	15.9
Fayette	5,468	21.4
Fentress	3,771	25.7
Franklin	3,916	11.3
Gibson	6,458	13.9
Giles	3,356	13.0
Grainger	3,006	17.6
Greene	7,982	14.3
Grundy	3,735	28.0
Hamblen	7,433	14.7
Hamilton	38,848	13.6

County	Recipients	
	Number	Percent
Hancock	2,101	31.2
Hardeman	5,363	22.9
Hardin	5,029	22.2
Hawkins	6,986	15.7
Haywood	5,187	26.7
Henderson	2,912	13.3
Henry	3,827	13.7
Hickman	2,319	13.8
Houston	921	13.1
Humphreys	1,825	11.6
Jackson	1,314	14.1
Jefferson	4,430	13.4
Johnson	3,141	22.8
Knox	37,241	11.1
Lake	1,744	24.5
Lauderdale	5,284	22.5
Lawrence	4,356	12.3
Lewis	1,631	17.6
Lincoln	3,304	11.7
Loudon	3,714	11.9
McMinn	5,806	13.7
McNairy	3,975	17.7
Macon	2,096	13.2
Madison	11,396	14.6
Marion	4,854	19.5
Marshall	2,306	10.7
Maury	7,696	14.0
Meigs	1,491	18.6
Monroe	6,035	19.8
Montgomery	10,120	10.1
Moore	348	7.4
Morgan	3,808	22.0
Obion	4,565	14.4

County	Recipients	
	Number	Percent
Overton	2,846	16.1
Perry	862	13.0
Pickett	665	14.6
Polk	2,045	15.0
Putnam	4,895	9.5
Rhea	4,885	20.1
Roane	6,741	14.3
Robertson	4,112	9.9
Rutherford	8,431	7.1
Scott	6,035	32.9
Sequatchie	1,661	18.7
Sevier	6,838	13.4
Shelby	135,008	16.3
Smith	1,603	11.3
Stewart	1,133	12.0
Sullivan	16,992	11.8
Sumner	9,302	9.0
Tipton	7,301	19.4
Trousdale	885	14.9
Unicoi	2,397	14.5
Union	2,401	17.5
Van Buren	671	13.8
Warren	4,824	14.6
Washington	10,814	11.7
Wayne	2,116	15.2
Weakley	3,068	9.6
White	2,488	12.4
Williamson	4,195	5.2
Wilson	6,158	9.1

Tennessee	**681,581**	**14.0**

Source: Statistics, January, 1992, Tennessee Department of Human Services.

CHILD NUTRITION PROGRAMS

During the 1991-92 school year, 343,815 students received free- or reduced-price breakfasts and lunches through the Child Nutrition Program in Tennessee public schools. The goal of the program is to provide financially disadvantaged school-age children with nutritous meals to enable them to become more productive and healthier students.

The federally subsidized free- and reduced-price breakfast and lunch programs were established by the federal Child Nutrition Act of 1966 [65] and the Tennessee School Nutrition Standards Act of 1986.[66] For a student to be eligible to receive free or reduced price meals, school personnel use criteria based on the number of children in the family and the annual income.

According to the Tennessee Department of Education, for a child in a family of four to receive free breakfasts and lunches in the 1993 school year, the family's annual household income could not exceed $18,135. To received reduced-price meals, the income could not exceed $25,808.

To lead healthier lives, children should be taught about good nutrition and learn in a nurturing environment that encourages them to make healthful choices. The school cafeteria should be the ideal place for students to learn to make healthy choices.

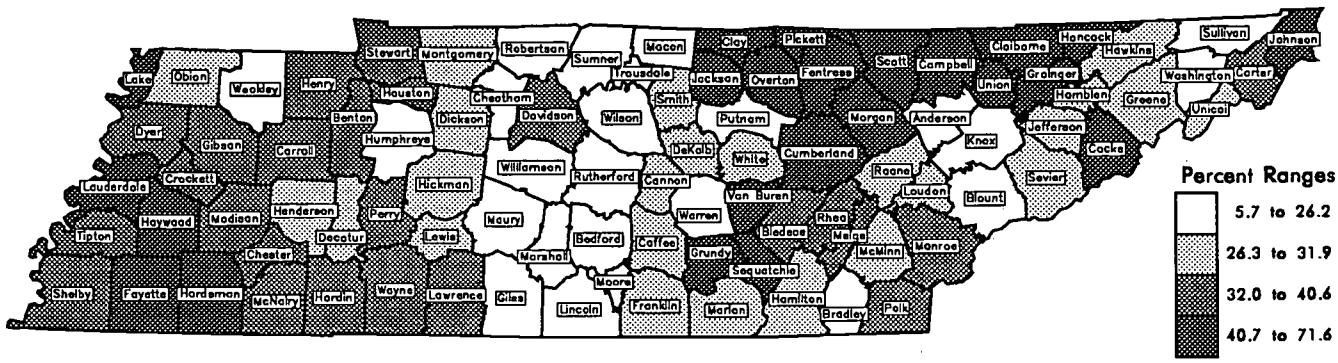
However, researchers found that school lunches were high in fat and many breakfast programs were nonexistent. The school lunches tend to have a larger proportion of calories from fat than the 30 percent recommended by dietary guidelines.[67] Few fruits and vegetables were offered.

And many students do not receive federally subsidized breakfasts because their schools do not offer them.[68] Researchers found that 41,000 schools nationwide that could serve breakfasts did not. According to recent findings, "chronic health problems once thought reserved for adults are occurring in young people. More than one-third of the children eating lunch at schools already have one of these three risk factors - obesity, hypertension, or high cholesterol. According to the American Academy of Pediatrics, the number of overweight kids is up to 40 percent.[69] Particularly, children were more likely to be obese if they participated in federally subsidized school lunch programs and skipped breakfast, according to a recent study on childhood obesity.[70]

More than one-third of the children eating lunch at schools already have one of these three risk factors - obesity, hypertension, or high cholesterol.

Overweight acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life.[71] Childhood obesity is associated with "risk factors for heart disease, diabetes, emotional distress, orthopedic disorders and respiratory disease. Moreover, medical research shows that 40 percent of obese children become obese adults, and for teenag-

Percent of Students Participating in Child Nutrition Lunch* Program, 1991-1992



County	Lunch	
	Number**	Percent***
Anderson	2,788	24.1
Bedford	1,343	25.3
Benton	821	35.2
Bledsoe	550	38.4
Blount	2,953	21.3
Bradley	2,685	25.6
Campbell	2,927	50.4
Cannon	538	31.6
Carroll	1,541	32.2
Carter	3,153	40.3
Cheatham	985	18.8
Chester	744	35.0
Claiborne	2,217	52.4
Clay	670	54.2
Cocke	2,297	48.3
Coffee	1,939	26.3
Crockett	825	35.5
Cumberland	2,169	40.9
Davidson	20,827	33.7
Decatur	615	29.8
Dekalb	767	31.8
Dickson	1,801	27.3
Dyer	2,001	32.6
Fayette	3,119	71.6
Fentress	1,412	66.2
Franklin	1,572	28.8
Gibson	2,584	32.5
Giles	1,064	25.2
Grainger	1,182	42.1
Greene	2,469	28.9
Grundy	1,083	69.2
Hamblen	2,422	30.1
Hamilton	11,531	28.5

County	Lunch	
	Number**	Percent***
Hancock	790	68.7
Hardeman	2,454	52.7
Hardin	1,312	36.1
Hawkins	2,097	31.9
Haywood	2,402	60.2
Henderson	1,076	31.1
Henry	1,493	33.4
Hickman	739	27.1
Houston	460	37.9
Humphreys	659	24.2
Jackson	616	45.6
Jefferson	1,443	28.4
Johnson	1,044	50.2
Knox	10,566	22.6
Lake	580	55.0
Lauderdale	2,703	57.0
Lawrence	1,906	32.1
Lewis	508	29.8
Lincoln	1,213	25.1
Loudon	1,487	27.7
McMinn	1,959	26.8
McNairy	1,278	33.8
Macon	632	22.7
Madison	4,674	36.3
Marion	1,404	31.4
Marshall	843	20.9
Maury	2,300	22.9
Meigs	573	40.6
Monroe	2,006	38.0
Montgomery	4,774	28.9
Moore	148	16.9
Morgan	1,296	42.7
Obion	1,651	30.1

County	Lunch	
	Number**	Percent***
Overton	1,142	43.0
Perry	373	35.5
Pickett	395	53.5
Polk	671	32.1
Putnam	1,953	23.8
Rhea	1,427	34.9
Roane	1,921	27.7
Robertson	1,736	22.9
Rutherford	3,995	18.3
Scott	2,380	60.9
Sequatchie	641	43.4
Sevier	2,504	28.8
Shelby	52,599	39.9
Smith	736	28.8
Stewart	556	36.8
Sullivan	5,203	23.9
Sumner	2,783	15.2
Tipton	3,063	37.9
Trousdale	262	24.4
Unicoi	672	27.8
Union	948	42.5
Van Buren	324	44.4
Warren	1,197	21.2
Washington	3,415	25.7
Wayne	850	35.8
Weakley	1,248	26.2
White	987	30.2
Williamson	1,210	5.7
Wilson	1,637	13.7

Tennessee	241,508	31.1

Source: School Food Services Cumulative - Analysis Report, prepared by the Office of Local Disbursement, Department of Education, State of Tennessee, June, 1992.

Note: * This program provides free and reduced price lunches for eligible children.

** Based on the annual cumulative number of program lunches divided by the average number of school days.

*** Based on the average school daily attendance for the schools participating in lunch program.

Child Nutrition Programs ... Continued

ers, 80 percent who are obese become obese adults."[72]

Unfortunately, many eligible Tennessee students are not served by the federally subsidized breakfast program even though they participate in the lunch program. Researchers identified several reasons for schools' lack of participation in the breakfast program.[73] Two possible deterrents were mentioned: the expenses incurred, such as cafeteria workers' salaries; and the need to rearrange bus and class schedules. Moreover, some communities have objected to the breakfast program "on the grounds that families should eat breakfast together."[74] This erroneously assumes that all families will eat breakfast together. Many children may be going to school hungry as a result of this false assumption. "The availability of school breakfasts to students may be the difference between being attentive and learning in school, and falling behind," the report concludes.[75]

Some communities have objected to the breakfast program "on the grounds that families should eat breakfast together." This erroneously assumes that all families will eat breakfast together.

Another diet-related health issue is that teenagers are notorious for their poor eating habits. Society's overemphasis on thinness has made many teenage girls obsessed with dieting. In a 1990 youth risk behavior survey, over 50 percent of the female respondents aged 15 to 17 skipped one or more meals in the last 30 days to

Tennessee Youth Eating Habits

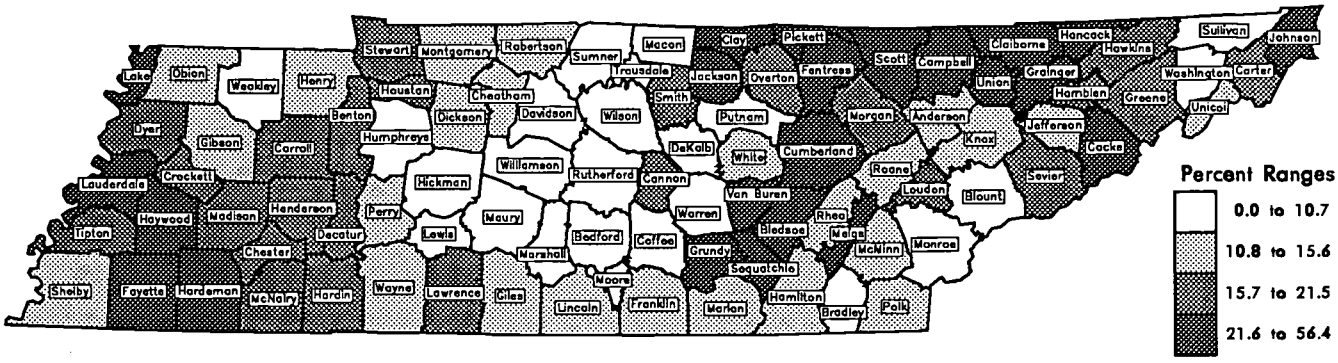
A Recent Survey* of Tennessee High School Students Revealed:

- 39.9 percent reported consuming no green or yellow vegetables the previous day.
- 38 percent reported eating no fruit or drinking any fruit juice the previous day.
- 64.8 percent had one or more servings of fried foods the previous day.
- 36.4 percent reported skipping one or more meals the previous week.
- 6.1 percent reported skipping 15 or more meals the previous week.
- 9.5 percent reported purposely vomiting to lose weight.
- 3.7 percent reported taking diet pills to lose weight.

Source: Tennessee Department of Health and Environment 1990 Annual Report, Status of Tennessee's Public Schools, Tennessee Public School Nurse Program

* Unweighted data

Percent of Students Participating in Child Nutrition Breakfast* Program, 1991-1992



County	Breakfast	
	Number**	Percent***
Anderson	1,416	12.2
Bedford	505	9.5
Benton	435	18.6
Bledsoe	543	37.9
Blount	1,182	8.5
Bradley	1,012	9.6
Campbell	1,680	28.9
Cannon	289	17.0
Carroll	780	16.3
Carter	1,673	21.4
Cheatham	589	11.2
Chester	392	18.4
Claiborne	1,511	35.8
Clay	397	32.1
Cocke	1,553	32.7
Coffee	768	10.4
Crockett	480	20.7
Cumberland	1,337	25.2
Davidson	855	1.4
Decatur	370	17.9
Dekalb	153	6.3
Dickson	823	12.5
Dyer	964	15.7
Fayette	2,456	56.4
Fentress	845	39.6
Franklin	765	14.0
Gibson	942	11.9
Giles	651	15.4
Grainger	637	22.7
Greene	1,424	16.7
Grundy	759	48.5
Hamblen	1,332	16.6
Hamilton	5,123	12.7

County	Breakfast	
	Number**	Percent***
Hancock	480	41.7
Hardeman	1,580	33.9
Hardin	600	16.5
Hawkins	1,085	16.5
Haywood	1,471	36.9
Henderson	594	17.1
Henry	695	15.6
Hickman	261	9.6
Houston	228	18.8
Humphreys	189	6.9
Jackson	386	28.6
Jefferson	747	14.7
Johnson	525	25.3
Knox	5,299	11.3
Lake	256	24.2
Lauderdale	1,883	39.7
Lawrence	969	16.3
Lewis	119	7.0
Lincoln	629	13.0
Loudon	992	18.5
McMinn	1,024	14.0
McNairy	626	16.5
Macon	199	7.1
Madison	2,223	17.2
Marion	616	13.8
Marshall	208	5.2
Maury	717	7.1
Meigs	358	25.4
Monroe	510	9.7
Montgomery	2,134	12.9
Moore	27	3.1
Morgan	654	21.5
Obion	675	12.3

County	Breakfast	
	Number**	Percent***
Overton	538	20.2
Perry	157	14.9
Pickett	189	25.7
Polk	296	14.1
Putnam	823	10.0
Rhea	545	13.3
Roane	1,031	14.9
Robertson	959	12.7
Rutherford	1,546	7.1
Scott	1,440	36.9
Sequatchie	358	24.2
Sevier	1,451	16.7
Shelby	18,426	14.0
Smith	467	18.3
Stewart	308	20.4
Sullivan	2,184	10.0
Sumner	1,185	6.5
Tipton	1,358	16.8
Trousdale	0	0.0
Unicoi	325	13.5
Union	491	22.0
Van Buren	162	22.3
Warren	565	10.0
Washington	1,417	10.7
Wayne	350	14.7
Weakley	426	8.9
White	463	14.2
Williamson	385	1.8
Wilson	870	7.3

Tennessee	**102,307**	**13.2**

Source: School Food Services Cumulative - Analysis Report, prepared by the Office of Local Disbursement, Department of Education, State of Tennessee, June, 1992.

Note: * This program provides free and reduced price breakfasts for eligible children.

** Based on the annual cumulative number of program breakfasts divided by the average number of school days.

*** Based on the average daily attendance for the schools participating in lunch program.

Child Nutrition Programs ... Continued

lose weight.[76] The obsession with losing weight may contribute to eating disorders such as anorexia nervosa and bulimia.During the past 20 years the incidence of anorexia nervosa doubled.[77]

The original intent of the school nutrition program was to protect the health and well-being of the nation's children.[78]

To achieve this goal, children should not only be provided with healthful foods in the cafeteria, but should also receive comprehensive instruction in nutrition. The importance of providing appropriate nutrition education is recognized as a significant factor in health promotion and disease prevention. Schools have a responsibility to all their students to make nutritious, well-balanced meals available in an environment that will encourage their selection.[79]

While recognition of these facts is growing, "there is increased pressure to deal with shrinking school budgets with increased instructional time. Pressures at the state and local levels make it difficult for school administrators to be good gatekeepers of their students' food supply. Many school nutrition programs are finding that their ability to provide nutritious, affordable meals to all children is in jeopardy.

The nutritional quality and financial integrity of child nutrition programs are at risk."[80]

The Women, Infants, and Children Program

Women, Infants and Children (WIC), established by congress in 1972, has been in operation in Tennessee since 1974. The purpose of the WIC program is to improve the health and nutrition of at-risk, low-income pregnant, breast-feeding, and postpartum women, infants and children under age five.[81]

WIC helps needy women, infants and children have the nutritious foods they need and also provides nutritional education to help them make good use of the food and to improve their eating habits.

There are approximately 190,000 WIC-eligible women and children in Tennessee. During May, 1992, WIC served 118,787 of them - about 62 percent of those eligible.

WIC is not an entitlement program. People who meet eligibility criteria can "participate only if funds are available. Congress must appropriate funds each year to enable the program to continue."[82]

Expenditures on WIC "have demonstrated excellent cost-benefit ratios. Since prenatal food supplementation through WIC has been shown to decrease the incidence of low birth weight and prematurity."

continued

The WIC Program ... Continued

"WIC results in reduced need for newborn intensive care and returns savings greater than expenditures within the first year."[83]

Estimated savings in Medicaid costs for each dollar spent on prenatal WIC range from $1.92 to $4.21.[84] WIC has shown benefits to children such as decreased anemia and decreased school behavior problems.[85]

To be eligible to receive WIC, women, infants, and children must meet income guidelines and have documented medical or nutritional needs.

If individuals are receiving Food Stamps, AFDC or Medicaid, they are automatically income-eligible for WIC.

People eligible for WIC receive:

- health screening to identify nutrition-related problems;
- early entry into health care for pregnant women and regular, consistent health care for infants and children;
- vouchers redeemable at local grocery stores for milk, cheese, eggs, iron-fortified cereals, juice, peanut butter, iron-fortified formula, infant cereal, and juice for infants;
- nutrition education to learn about food and its relationship to health.

Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) was initiated to provide supplemental foods to low-income pregnant and breast-feeding women, infants, and children and to elderly persons (age 60 and older) who have inadequate diets.

Approximately 28,000 participants receive CSFP benefits in Tennessee.

According to the Tennessee Department of Health, which administers the program, women, infants, and elderly persons must live in an area where CSFP is operating. In Tennessee, it operates only in Dyer, Davidson and Shelby counties.[86]

They must also meet the income guidelines for benefits under existing federal, state or local food, health or welfare programs for low-income persons.

The following services are provided for eligible persons certified for CSFP:

- commodity foods to meet the nutritional and developmental needs of the population served;
- nutritional education, which emphasizes the relationship between nutrition and health, helps participants improve their nutritional status through optimal use of the supplemental and other foods, and assists participants in developing sound dietary habits which can be maintained after CSFP; and
- referral to appropriate health care services.

CHILD CARE & HEAD START

Child care has become a basic need for many Tennessee children and families. Increases in the numbers of single-parent families and mothers in the work force have escalated the need for child care.

By 1990, 69.4 percent of women with children under 18 were in the labor force, which included 62.9 percent of women with children under age 6 and 74.5 percent of women with children ages 6 to 17.[87] Child care availability is a concern in the location of business and industry since employers understand the need for child care for many employees.

In 1989, of every five children who needed child care, the Department of Human Services estimated that:

- one received care in a licensed facility,
- two were cared for by relatives, and
- two received care in unregulated situations.[88]

Low wages and high turnover rates erode the quality of child care services. In 1989, more than half of all child care workers in the United States earned only $5 per hour or less, and only 2 of 5 received employment benefits. The staff turnover rate was 41 percent annually, up from a 15 percent turnover rate in 1977.[89]

Tennessee has experienced a steady increase in the availability of licensed child care homes and centers. Efforts have been made to expand child care alternatives and resources through registration of child care providers who serve too few children to require licensing.

Head Start programs provide quality early childhood learning experiences for disadvantaged children. National Head Start Program Performance Standards require all programs to include five components: education, health, nutrition, social services, and parent involvement.[90]

Eligibility for the Head Start program is based on the annual household income of the children's families. The annual income must be at or below the established federal poverty guidelines.

Sixty-eight percent of Tennessee Head Start families had incomes less than $8,000 per year and 40 percent received public assistance. Only 3 percent of the heads of households of the children in Head Start programs had more than a high school education.[91]

During the 1991-1992 school year, the 22 Tennessee Head Start programs served 12,444 children at an annual cost per child of $3,065. These children were from 11,038 families, over half of which were single-parent families. Two-thirds of the children served during the 1991-1992 school year were four-years old; one-fourth were three-years old. The remainder were under three or five and older. The children were evenly divided between boys and girls and were 58 percent white, 40 percent African-American, and 2 percent other races. Although federal regulations require that at least 10 percent of children served by Head Start be children with disabilities, 14 percent of children enrolled in Tennessee were children with disabilities.[92]

Unfortunately, Tennessee does not provide state funds to expand Head Start services. Kindergarten was not mandated in Tennessee until 1992 with the passage of the Educational Improvement Act. Although the cost-effectiveness and benefits for children are well-documented, few Tennessee school systems provide educational services to children prior to kindergarten.

Good early childhood education programs provide children with important age-appropriate activites to assist in their intellectual, physical, and emotional development. High-quality preschool programs share the following characteristics:

- learning experiences begun at as early an age as possible;
- a small number of children per teacher;
- services provided to the parents as well as the child;
- frequent home visits;
- parents involved in the instruction of the child.[93]

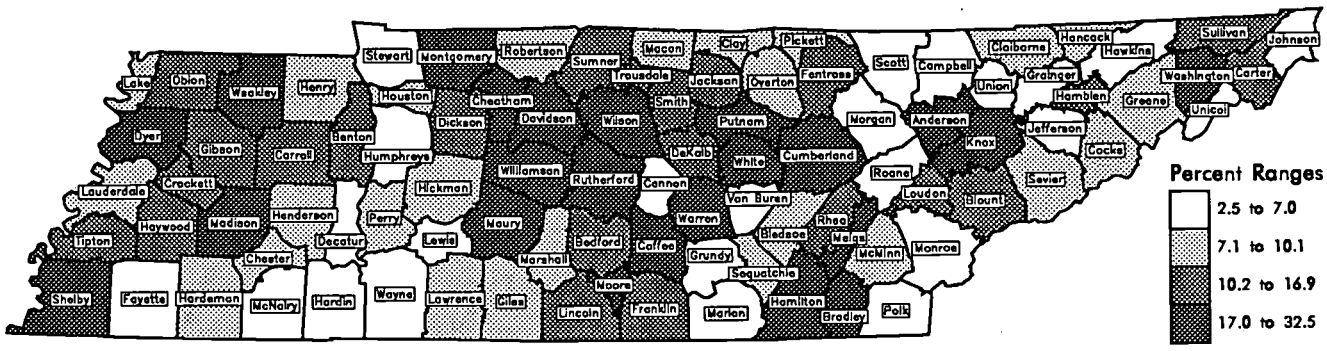
Preschool programs with these characteristics are beneficial for all children but especially poor children. There have been long-term studies of disadvantaged children into adulthood who participated in early childhood education programs. Their progress was compared to children who did not participate in the programs. The studies identified many positive outcomes such as:

- decreased mental retardation;
- decreased years in special education;
- decreased delinquency and crime;
- decreased use of welfare assistance;
- decreased teenage pregnancy;
- decreased school dropouts;
- increased literacy;
- increased enrollment in post-secondary programs;
- increased employment.[94]

In addition to the benefits for children, the programs are cost effective. Longitudinal studies indicate that for every $1 invested in quality early childhood learning experiences, $3-$7 is saved in future costs to society. These expenditures would otherwise be necessary to address such consequences as special education, school dropout, welfare dependency, teenage pregnancy, crime and delinquency, and unemployment.[95]

Availability of Child Care, July, 1991

Capacity of Child Care Agencies



County	Day Care Capacity	Day Care Percent*
Anderson	3,578	30.6
Bedford	923	16.7
Benton	290	12.5
Bledsoe	125	7.8
Blount	1,718	12.2
Bradley	2,623	20.4
Campbell	274	4.4
Cannon	127	6.7
Carroll	646	13.8
Carter	1,068	13.4
Cheatham	1,646	29.8
Chester	159	7.4
Claiborne	409	8.9
Clay	93	8.1
Cocke	437	9.1
Coffee	1,633	21.7
Crockett	318	13.6
Cumberland	1,100	19.4
Davidson	24,973	28.7
Decatur	87	5.3
Dekalb	298	12.3
Dickson	1,100	15.9
Dyer	1,231	19.4
Fayette	244	4.5
Fentress	292	11.2
Franklin	729	12.2
Gibson	1,097	13.8
Giles	449	9.8
Grainger	115	4.0
Greene	777	8.7
Grundy	135	5.3
Hamblen	1,312	15.6
Hamilton	12,761	25.7

County	Day Care Capacity	Day Care Percent*
Hancock	100	8.2
Hardeman	384	8.1
Hardin	243	6.2
Hawkins	395	5.4
Haywood	441	11.0
Henderson	380	9.8
Henry	442	9.7
Hickman	231	8.2
Houston	88	7.6
Humphreys	101	3.6
Jackson	180	12.6
Jefferson	321	6.6
Johnson	97	4.5
Knox	14,816	26.9
Lake	76	7.1
Lauderdale	449	9.6
Lawrence	675	10.1
Lewis	44	2.5
Lincoln	784	15.6
Loudon	561	10.9
McMinn	665	9.1
McNairy	139	3.6
Macon	248	8.5
Madison	4,250	28.7
Marion	246	5.4
Marshall	370	9.5
Maury	2,223	21.2
Meigs	247	18.1
Monroe	220	4.1
Montgomery	3,446	17.1
Moore	182	22.1
Morgan	175	5.7
Obion	681	12.8

County	Day Care Capacity	Day Care Percent*
Overton	255	8.8
Perry	116	10.1
Pickett	68	8.6
Polk	136	6.2
Putnam	1,589	19.5
Rhea	478	11.2
Roane	494	6.5
Robertson	733	8.8
Rutherford	6,791	29.0
Scott	111	3.0
Sequatchie	135	8.4
Sevier	667	7.8
Shelby	31,878	19.0
Smith	410	15.9
Stewart	52	3.7
Sullivan	3,778	16.9
Sumner	3,271	16.1
Tipton	916	10.9
Trousdale	137	13.4
Unicoi	121	4.9
Union	113	4.3
Van Buren	65	7.0
Warren	1,209	20.5
Washington	2,496	17.6
Wayne	74	2.9
Weakley	992	19.6
White	1,103	32.5
Williamson	3,121	18.3
Wilson	2,417	17.9

Tennessee	**160,393**	**18.3**

Source: Statewide Directory of Licensed, Approved, and Registered Child Care Agencies in Tennessee, Day Care Services Unit, Department of Human Services, July, 1991.

Note: * Percent is determined by the child care agencies' capacities divided by the child population under 13 years old.

FAMILY VIOLENCE

Violence among family members, child abuse, and parental neglect have devastating effects on children.

In homes where violence among adults occurs, children are at risk of suffering physical abuse themselves.

Regardless of whether children are physically abused, the emotional effects of witnessing domestic violence are very similar to the psychological trauma associated with being a victim of child abuse.

Each year, an estimated minimum of 3.3 million children in the United States witness domestic violence.

The effects of family violence on children are:

• Children in homes where domestic violence occurs are physically abused or seriously neglected at a rate 1500 percent higher than the national average in the general population.

• Research suggests that battering is the single most common factor among mothers of abused children.

• A major study of more than 900 children at battered women's shelters found that nearly 70 percent of the children were themselves victims of physical abuse or neglect.

Nearly half of the children had been physically or sexually abused. Five percent had been hospitalized due to the abuse.

However, only 20 percent had been identified and served by child protective services prior to coming to the shelter.

The same study found that the male batterer most often abused the children, in about one-fourth of the cases both parents abused the children, and in a few instances only the mother.

• Children from violent homes have higher risks of alcohol/drug abuse and juvenile delinquency.

• Children are present in 41 to 55 percent of homes where police intervene in domestic violence calls.

• Children in homes where domestic violence occurs may experience cognitive or language problems, developmental delay, stress-related physical ailments (such as headaches, ulcers, and rashes), and hearing and speech problems.

• Boys who witness domestic violence are more likely to batter their female partners as adults than boys raised in nonviolent homes.[96]

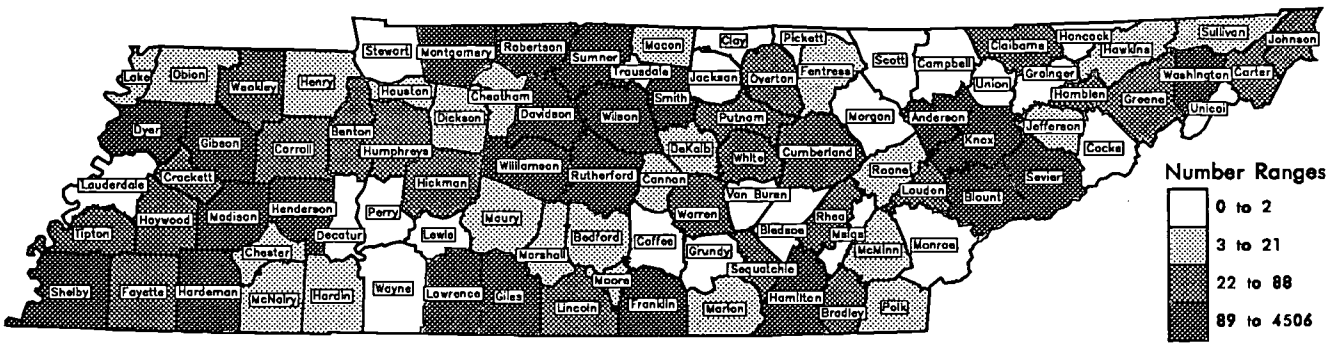
Victims of child abuse and family violence are not simply victims of criminal acts - serious as those are. Their future growth is compromised as well. Abused children often become juvenile and adult abusers themselves.

This cycle of violence, whether intra-familial, or adult-to-child, can be broken. Treatment interventions can restore the victims to self-worth and competency in coping with the initial and subsequent effects of their victimization.[97]

Tennessee Code Annotated 40-7-103 requires law enforcement agencies in Tennessee to collect family violence statistics, but there is no requirement that they issue reports on the data or submit it to a central authority.

The Tennessee Department of Human Services requested family violence statistics from every law enforcement agency in the state and prepared a report for planning purposes. In 1988, 18,712 family violence reports were received from law enforcement agencies in 74 counties in Tennessee; 21 small, rural counties did not submit statistics. [98]

Incidents of Family Violence, 1988



County	Family Violence Number
Anderson	512
Bedford	13
Benton	44
Bledsoe	0
Blount	245
Bradley	65
Campbell	0
Cannon	9
Carroll	65
Carter	27
Cheatham	8
Chester	13
Claiborne	75
Clay	0
Cocke	0
Coffee	2
Crockett	68
Cumberland	28
Davidson	4,506
Decatur	0
Dekalb	19
Dickson	16
Dyer	154
Fayette	44
Fentress	13
Franklin	457
Gibson	142
Giles	103
Grainger	0
Greene	40
Grundy	0
Hamblen	34
Hamilton	2,281

County	Family Violence Number
Hancock	0
Hardeman	143
Hardin	17
Hawkins	21
Haywood	53
Henderson	97
Henry	7
Hickman	40
Houston	12
Humphreys	32
Jackson	0
Jefferson	21
Johnson	65
Knox	954
Lake	16
Lauderdale	0
Lawrence	154
Lewis	0
Lincoln	49
Loudon	39
McMinn	9
McNairy	3
Macon	13
Madison	746
Marion	9
Marshall	9
Maury	12
Meigs	0
Monroe	0
Montgomery	442
Moore	5
Morgan	0
Obion	4

County	Family Violence Number
Overton	30
Perry	0
Pickett	0
Polk	3
Putnam	80
Rhea	46
Roane	6
Robertson	286
Rutherford	356
Scott	2
Sequatchie	88
Sevier	104
Shelby	4,098
Smith	162
Stewart	0
Sullivan	21
Sumner	661
Tipton	26
Trousdale	0
Unicoi	0
Union	0
Van Buren	0
Warren	29
Washington	206
Wayne	2
Weakley	64
White	44
Williamson	134
Wilson	309

Tennessee	**18,712**

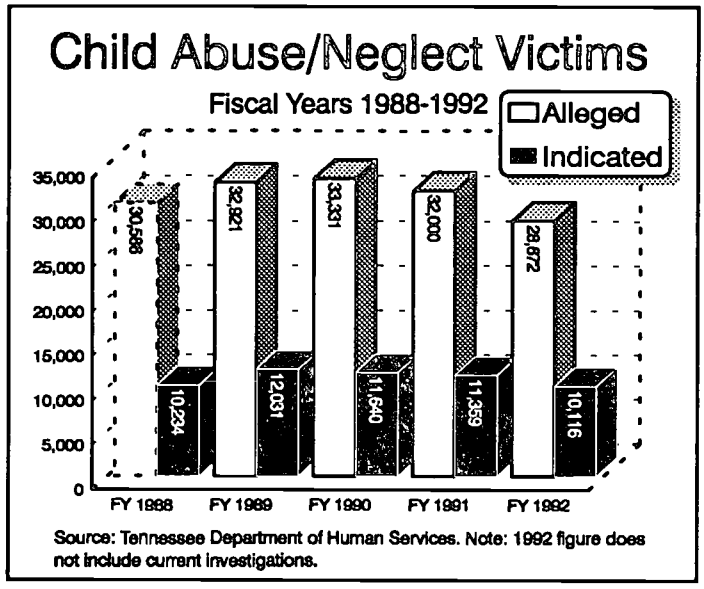
Note: Counties with zero incident are small and rural counties that did not submit statistics.

CHILD ABUSE AND NEGLECT

Many parents think they have protected their children from child abuse if they warn them to avoid strangers.

Statistically, strangers are the least of their worries.

Abusers are most frequently parents, family members, friends, and neighbors. Strangers represent the smallest percentage of perpetrators. Child care personnel represent the next smallest percentage of abusers.



Source: Tennessee Department of Human Services. Note: 1992 figure does not include current investigations.

Allegations of child abuse or neglect must be made to the Tennessee Department of Human Services (DHS) directly, or to law enforcement or juvenile courts, who then notify DHS.

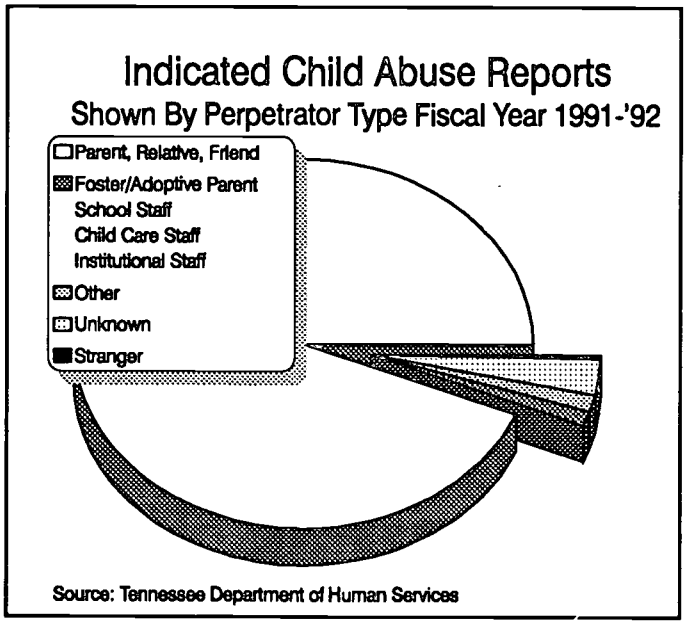
DHS investigations are pursued in the following cases:

1) reports alleging physical abuse or neglect of children from birth to 18 years,

2) reports alleging sexual abuse of children from birth to 18 years, and

3) reports alleging sexual abuse of children 13 to 18 years old, provided that the alleged perpetrator is a relative, caretaker, or someone residing in the home.[99]

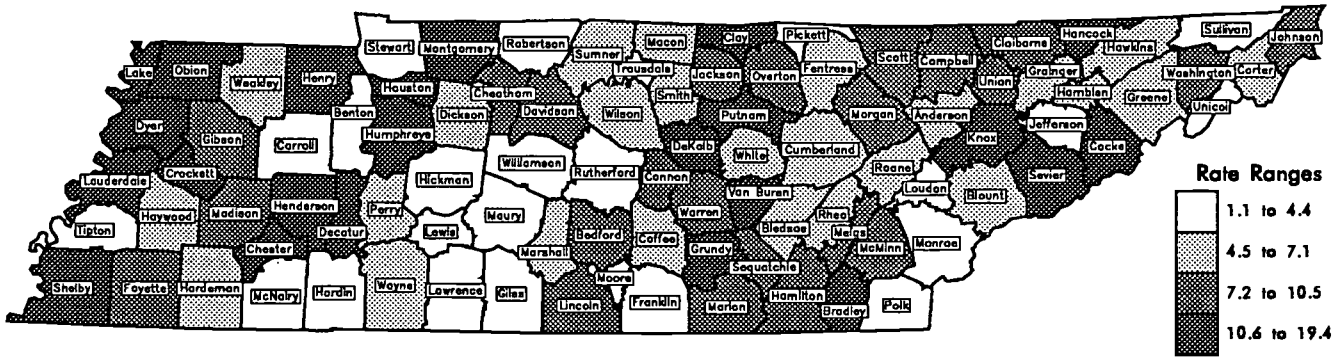
Children are removed from their homes during the investigation only "if needed to protect the child," *Child Protective Services A Parents' Guide*, a DHS brochure, says. "In many cases this does not happen and the child can stay in his or her home," the brochure says. "Sometimes, if needed to protect the child, [the parents and/or other adults in the home], relatives and DHS can work out a plan for the child to live with relatives for a while during the investigation. A child is placed in temporary foster



Source: Tennessee Department of Human Services

Indicated Child Abuse & Neglect Rate*, 1991-1992

Note: This rate is Per 1,000, NOT percent.



County	Child Abuse	
	Number	Rate
Anderson	112	6.9
Bedford	56	7.3
Benton	4	1.2
Bledsoe	16	6.8
Blount	104	5.3
Bradley	226	12.4
Campbell	66	7.3
Cannon	25	9.5
Carroll	29	4.4
Carter	81	7.1
Cheatham	55	7.2
Chester	49	16.3
Claiborne	53	7.9
Clay	20	11.9
Cocke	119	17.0
Coffee	63	6.1
Crockett	60	18.4
Cumberland	50	6.2
Davidson	903	7.7
Decatur	40	16.7
Dekalb	38	11.0
Dickson	58	6.1
Dyer	114	12.8
Fayette	71	9.3
Fentress	26	6.8
Franklin	9	1.1
Gibson	110	10.0
Giles	20	3.1
Grainger	19	4.6
Greene	86	6.7
Grundy	54	14.5
Hamblen	70	5.8
Hamilton	667	9.7

County	Child Abuse	
	Number	Rate
Hancock	33	19.4
Hardeman	44	6.6
Hardin	21	3.7
Hawkins	68	6.4
Haywood	28	5.0
Henderson	76	13.9
Henry	69	10.8
Hickman	16	4.0
Houston	29	17.1
Humphreys	44	11.1
Jackson	20	9.5
Jefferson	23	3.2
Johnson	26	8.1
Knox	803	10.7
Lake	23	14.7
Lauderdale	111	17.3
Lawrence	36	3.9
Lewis	6	2.4
Lincoln	57	8.2
Loudon	26	3.5
McMinn	81	7.8
McNairy	21	3.8
Macon	26	6.5
Madison	177	8.7
Marion	57	8.7
Marshall	25	4.6
Maury	40	2.8
Meigs	18	9.0
Monroe	13	1.7
Montgomery	302	11.3
Moore	3	2.5
Morgan	32	7.2
Obion	94	12.0

County	Child Abuse	
	Number	Rate
Overton	42	9.9
Perry	11	6.6
Pickett	2	1.8
Polk	14	4.3
Putnam	131	11.6
Rhea	33	5.4
Roane	56	5.0
Robertson	20	1.8
Rutherford	67	2.1
Scott	48	8.9
Sequatchie	24	10.5
Sevier	162	13.3
Shelby	2,744	12.1
Smith	22	6.2
Stewart	5	2.4
Sullivan	91	2.8
Sumner	146	5.1
Tipton	44	3.8
Trousdale	3	2.1
Unicoi	15	4.2
Union	37	10.1
Van Buren	19	14.9
Warren	81	9.8
Washington	144	7.2
Wayne	16	4.5
Weakley	40	5.7
White	34	7.1
Williamson	52	2.2
Wilson	92	5.0

Tennessee	**10,116**	**8.3**

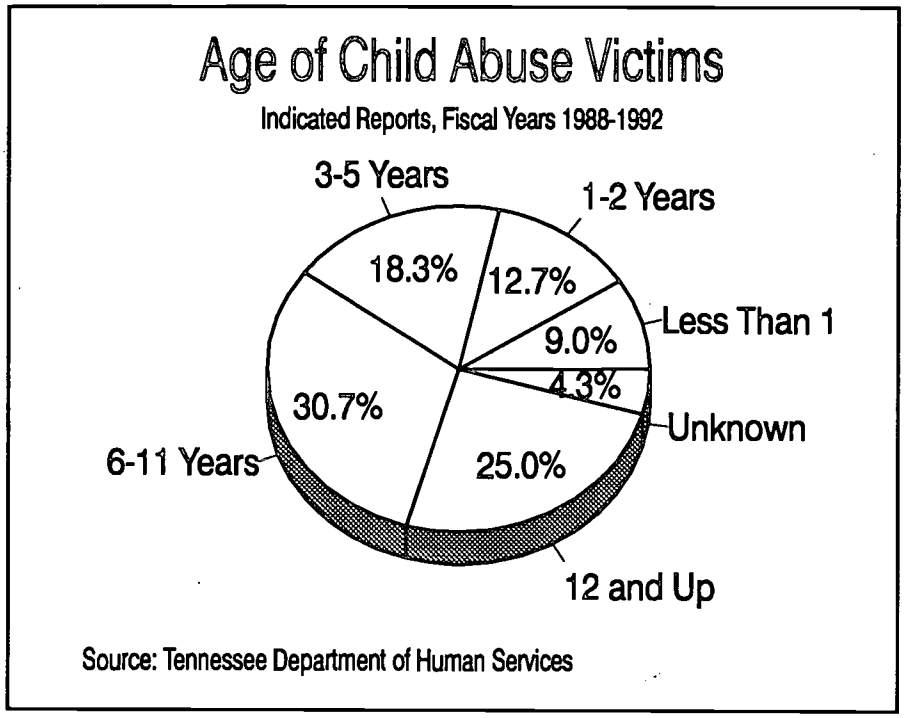
Source: Tennessee Department of Human Services.

Note: * The rate is the number of child abuse and neglect cases per 1,000 children under 18 years old.

Child Abuse and Neglect ... Continued

care ... by court order only if it is the only way to protect the child."

After an investigation is conducted by DHS, a particular case is determined indicated or unfounded. If the investigation concludes that an incidence of abuse occurred, the case is declared "indicated." If the investigation concluded that it did not occur, it is "unfounded."

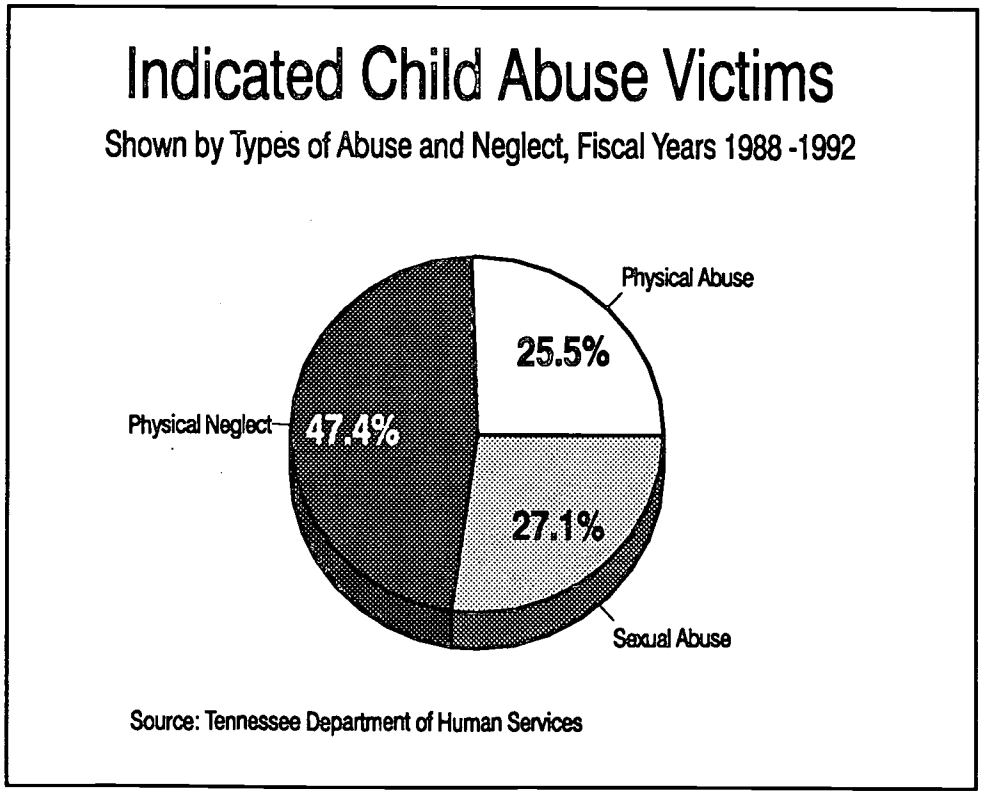


If the report is declared indicated, DHS arranges for services needed to protect and help the child.

Services will also be arranged to help adults in the home so that the child may remain in the home, or, if the child has been removed, so that he or she can be returned to his or her home. (See Family Preservation Services, next page.)

The highest numbers of indicated child abuse referrals in 1991 were in the most populous counties, with 20 percent of all indicated child abuse and neglect in Shelby County. The highest rates of indicated child abuse and neglect cases were in small rural counties.

Six rural counties had child abuse indicated rates more than double the rate for the state as a whole.[100]



FAMILY PRESERVATION PROGRAMS

Tennessee is avoiding unnecessary and expensive out-of-home placements of children through the Family Preservation Services' Home Ties Program.

Home Ties is founded upon five shared beliefs of the state departments serving Tennessee's children. Those beliefs are:
1) A child's own family of origin is the best possible environment for the child to grow up in.
2) Parents play a critical role in shaping a sense of identity and well being for their children.
3) Whatever strengthens or threatens the family directly affects the child.
4) The ability to be an effective parent can be weakened by stress and/or a crisis situation.
5) Most parents want to be good parents and can be helped to change their behavior and enhance their parenting abilities when problems occur.[101]

Home Ties is a behavior-oriented, intensive, short-term, in-home, crisis-intervention, and family-education program based on the Homebuilders' model of Tacoma, Washington. Home Ties is designed to work with families who have many severe problems that place at least one child at imminent risk of out-of-home placement.[102]

FAMILY PRESERVATION CHARACTERISTICS

Families

- Only 18% have 2 birth/adoptive parents
- 48% have annual incomes below $10,000
- Average of 2.3 children per family

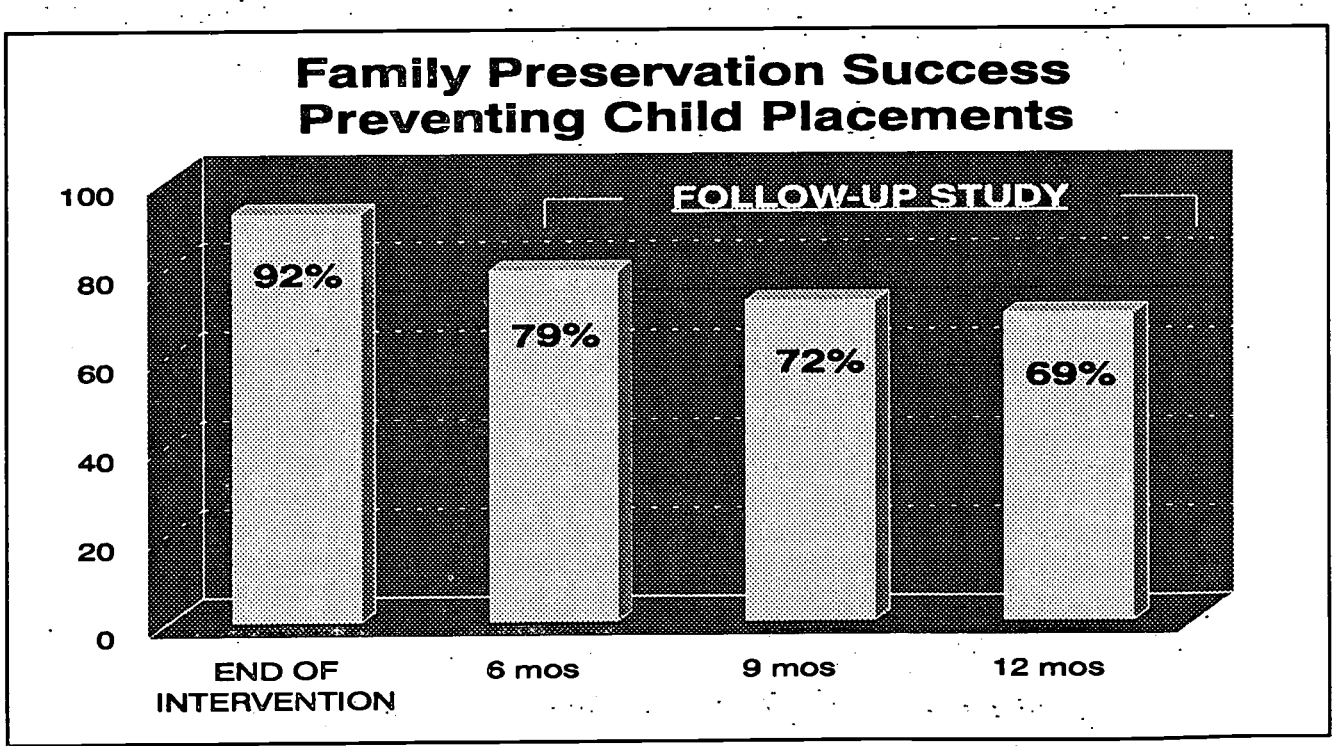
Children

- 72% are white; 27% are black
- 62% are ages 13-18
- 37% had prior arrest records
- 45% had prior out-of-home placements

The first eight Home Ties programs in Tennessee opened in October, 1989. By May, 1992, Home Ties had been expanded to all counties.[103]

The number of children receiving Home Ties services has increased from 469 in 1989-1990 to 1,523 in 1991-1992.[104]

In 1991-1992, 1,282 families completed one of the 28 Home Ties programs. For those who completed Home Ties, 12 months after completion of the



Family Preservation Programs ... Continued

program, 69.9 percent did not experience out-of-home placements. For children who experienced out-of-home placements, those from families who participated in Home Ties stayed in state care less than half the time of children from families that did not participate in this intervention, DHS officials said.

Based on the cost for placements where children were destined at the time of referral to Home Ties, the program has been cost effective. The average cost of placement per child for the 619 children who had not been placed out of home for 12 months following Home Ties services was $10,119, and the average cost per child for Home Ties was $2,911. The total cost savings for these 619 children was $4,461,535.

In the first 33 months of operation, 2,479 families with 2,936 children at risk of placement were accepted into Home Ties programs. The average number of children per family was 2.3, and the average number of children at risk of placement was 1.2. [7]

SPECIAL-NEEDS ADOPTIONS

Children who cannot return to their birth families need the stable, nurturing environments provided by adoptive placements.

The disparity between the number of children awaiting adoption and the number placed in Tennessee indicates that there are more children for whom finding adoptive placements is difficult than there are families available to adopt them.

In 1991-1992, 214 adoptive placements were made by the Tennessee Department of Human Services (DHS). DHS counselors provide adoption services to find permanent homes for children who cannot return to their birth families. Of those children who were adopted in 1991-92, 60 percent were six years old or younger and 68 percent were white. More than one-third had been awaiting adoption for more than a year. [106]

In December 1991 there were 530 children in DHS custody who were awaiting adoption. Of this group, 449 children were "special needs" adoption: children who have difficulty getting adopted. Special needs children are: white children nine-years-old or older; disabled children; African-American children of any age; or sibling groups of three or more children.[107]

In 1990-91, DHS made adoptive placements for 218 children. Sixty percent of the adoptions were for special needs children. Adoption Assistance was provided for 87 percent of the adoptions. This assistance was for financial and/or medical subsidy to help families care for the special needs children.[108]

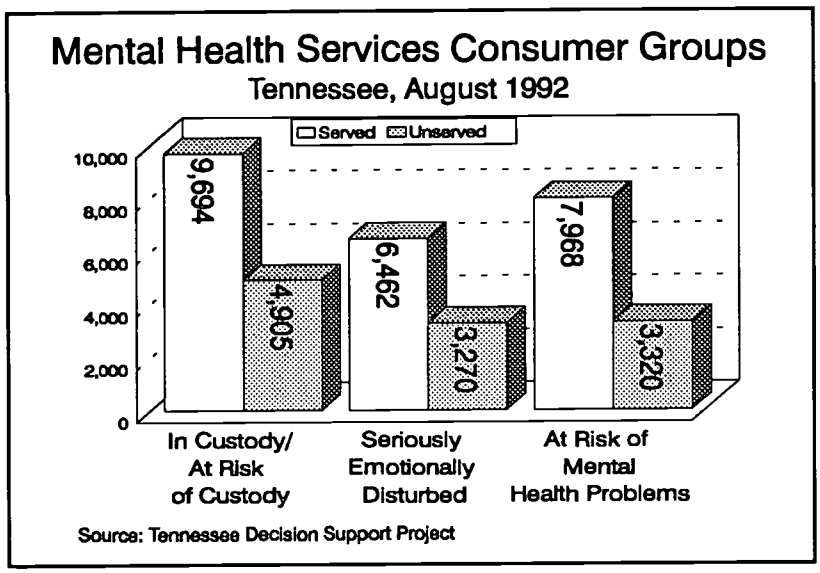
Most non-special-needs adoptions are handled by private agencies in Tennessee. Minority adoptions are assisted by ALITA (A Lifetime Investment Through Adoption) and voluntary organizations such as Friends of Black Children and One Church, One Child.[109]

African-American children are a significant percentage of the children in the custody of the Tennessee Department of Human Services who are awaiting adoptive families.

MENTAL HEALTH

A total of 22,711 youths have been identified as members of "priority populations" and receive public mental health services in Tennessee. It is estimated, however, that 11,496 more children who are also members of the priority populations are not being served.

Priority populations are identified to ensure that those most in need are targeted to receive services. The child populations include: children in custody or at risk of custody; children with serious emotional disturbances; and children at risk of mental health problems.



A better system of support and treatment for Tennessee children needing mental health services, called the Master Plan, was recently developed to provide children with mental health services, including children with serious emotional disturbances, children at risk of developing mental health problems, and children in or at risk of state custody.

The goal of the Master Plan is to serve children in their home communities whenever possible. The plan calls for a cooperative working relationship between the state departments serving children. These state departments work cooperatively in evaluating current services and creating additional services. The Master Plan was the result of a year-long collaboration with the Departments of Mental Health and Mental Retardation, Finance and Administration, service providers, advocates, and consumers.

The Master Plan, in keeping with public law and national trends, provides for an optimal system of mental health services and facilities needed to accommodate these services by:

- reducing the number of regional mental health institute beds;
- establishing alternatives to state hospitals in designated receiving facilities or general hospitals;
- phasing down current regional mental health institute operations;
- increasing the staff/patient ratio in regional mental health institutes;
- funding a comprehensive community support program.

Since the goal of the Master Plan is to serve children in their home communities, community support program services are provided and include:

- targeted case management
- day treatment
- outpatient services
- residential services
- independent living services
- early intervention and family support
- respite care
- family preservation program
- therapeutic foster care
- crisis intervention
- BASIC ("Better Attitudes and Skills in Children", a school-based intervention program)

The goal of targeted case management is to prevent psychiatric hospital placements for children. This is achieved while avoiding state custody. If state custody cannot be avoided, the child is placed in the least restrictive environment.

Outpatient services for children and their families are available in every Tennessee county through the 31 community mental health centers and include:

- individual and group counseling;
- marital and family therapy;
- consultation and education;
- school-based counseling;
- medication evaluation and monitoring; and
- emergency and court-ordered psychological evaluations.

Programs for babies and pre-school age children who have emotional problems, developmental delays, and those at risk of being abused are served through early intervention and family support services. These programs include:

- the Regional Intervention Program, which offers training to families with pre-school-age children with either behavior problems, developmental delays, or both;
- the Infant Stimulation Program, which offers early intervention to parents with few parenting skills whose children are two through five years old;
- the Therapeutic Nursery System for pre-school children who have been or are at risk of being abused or neglected.

JUVENILE JUSTICE SYSTEM

The entry point to the juvenile justice system in Tennessee is generally through law enforcement agencies or juvenile courts.

Law enforcement officers have the authority to take a child into custody if the child is alleged to have committed an illegal act, to have run away, or is subject to an immediate threat to his/her health or safety.

The number of children in adult jails has been reduced from approximately 10,000 in 1980 to 23 in 1990.

In 1991, law enforcement agencies were the referral source for approximately half of all cases referred to Tennessee juvenile courts. The other half of the cases originated in the juvenile courts. Primary referral sources included parents, relatives, victims, schools, and state departments.[110]

Petitions are filed in juvenile court by law enforcement officers and by other persons who have knowledge of or reason to believe the facts alleged in the petition.

There is little uniformity in the organization of the juvenile court system in Tennessee. Some juvenile court judges have only juvenile jurisdiction. Others have domestic relations, general sessions, probate, or other jurisdictions in addition to juvenile.

Presently there are 98 separate juvenile courts with 106 judges. All judges are white; 99 are male and 7 are female.[111] Judges are elected officials who serve eight-year terms.

Juvenile courts hear proceedings involving youth charged with delinquent or status offenses, petitions involving abuse or neglect of children, custody disputes, traffic offenses by juveniles, child support cases, and some other domestic relations cases.

Juvenile courts are authorized to establish positions for full-time or part-time youth services officers (YSOs).

The responsibilities of YSOs include conducting intake, providing counseling and referral services for children and their families, keeping court records, investigating cases, and submitting reports and recommendations to the juvenile courts.

YSOs may divert cases from official court adjudication if they can be handled more appropriately on an informal basis. All juvenile courts currently have YSOs, a 50 percent increase since 1982.

Juvenile courts have access to facilities for placement of youth pending court action. Availability of resources varies by county and may include private facilities.

Most counties do not have detention facilities for juveniles, but contract with other counties for necessary placements. In Tennessee there are currently nine secure juvenile detention centers and 15 temporary holding resources (non-secure facilities with secure capabilities for short-term placements).[112]

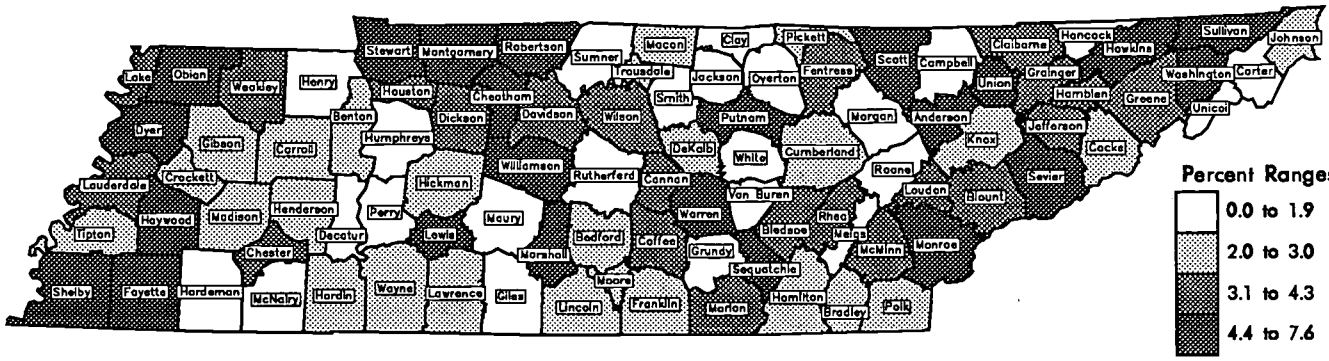
Services are operated on a 24-hour-a-day basis or as needed. Facilities are locally operated and often administered by the juvenile court judge.

The federal Juvenile Justice and Delinquency Prevention (JJDP) Act has had a positive impact on the juvenile justice system in Tennessee.

In order to remain eligible for federal JJDP Act funds, Tennessee has deinstitutionalized status offenders - children who are unruly, truant, runaway, but not charged with an offense that would be illegal for an adult - and removed children from adult jails.

Percent of Children* Referred to Juvenile Courts,

January 1991 - December 1991



County	Referrals	
	Number	Percent
Anderson	760	4.7
Bedford	230	3.0
Benton	80	2.4
Bledsoe	82	3.5
Blount	621	3.2
Bradley	369	2.0
Campbell	44	0.5
Cannon	95	3.6
Carroll	181	2.8
Carter	204	1.8
Cheatham	337	4.4
Chester	110	3.6
Claiborne	277	4.2
Clay	30	1.8
Cocke	153	2.2
Coffee	336	3.2
Crockett	71	2.2
Cumberland	235	2.9
Davidson	4,937	4.2
Decatur	44	1.8
Dekalb	99	2.9
Dickson	296	3.1
Dyer	404	4.5
Fayette	362	4.7
Fentress	126	3.3
Franklin	173	2.0
Gibson	256	2.3
Giles	111	1.7
Grainger	166	4.0
Greene	531	4.1
Grundy	47	1.3
Hamblen	399	3.3
Hamilton	1,500	2.2

County	Referrals	
	Number	Percent
Hancock	19	1.1
Hardeman	33	0.5
Hardin	136	2.4
Hawkins	608	5.7
Haywood	332	5.9
Henderson	162	3.0
Henry	97	1.5
Hickman	86	2.1
Houston	62	3.7
Humphreys	74	1.9
Jackson	17	0.8
Jefferson	227	3.1
Johnson	83	2.6
Knox	1,828	2.4
Lake	68	4.3
Lauderdale	251	3.9
Lawrence	272	3.0
Lewis	137	5.5
Lincoln	187	2.7
Loudon	252	3.4
McMinn	380	3.7
McNairy	85	1.5
Macon	105	2.6
Madison	556	2.7
Marion	256	3.9
Marshall	356	6.5
Maury	39	0.3
Meigs	11	0.6
Monroe	353	4.6
Montgomery	1,352	5.1
Moore	29	2.4
Morgan	68	1.5
Obion	402	5.1

County	Referrals	
	Number	Percent
Overton	64	1.5
Perry	18	1.1
Pickett	34	3.0
Polk	89	2.7
Putnam	627	5.6
Rhea	232	3.8
Roane	198	1.8
Robertson	592	5.2
Rutherford	602	1.9
Scott	293	5.4
Sequatchie	103	4.5
Sevier	562	4.6
Shelby	14,112	6.2
Smith	48	1.4
Stewart	125	5.9
Sullivan	1,958	6.1
Sumner	553	1.9
Tipton	335	2.9
Trousdale	31	2.2
Unicoi	0	0.0
Union	237	6.5
Van Buren	10	0.8
Warren	468	5.6
Washington	1,530	7.6
Wayne	83	2.3
Weakley	301	4.3
White	85	1.8
Williamson	1,117	4.7
Wilson	751	4.1

Tennessee	**47,782**	**3.9**

Source: Tennessee Council of Juvenile and Family Court Judges, Nashville, Tennessee.

Note: Number of referrals reported by juvenile courts based on number of reported intakes of children. There are 27 white and 8 nonwhite children unknown by county.

*or children under 18 years old.

Juvenile Justice ... Continued

The number of status offenders institutionalized has been reduced from 4,078 in the early 1980s to 101 in 1990. The number of children in adult jails has been reduced from approximately 10,000 in 1980 to 23 in 1990.[113]

The number of children referred to Tennessee juvenile courts increased by 16 percent from 1985 to 1991. During this period, two-thirds of referrals were boys and one-third were girls. White children comprised 60 to 65 percent of all juvenile court referrals; African-American children were 35 percent of the referrals. Only one in four children referred to juvenile court lived with both parents; two-thirds lived with their mothers only.[114]

In 1991, serious crimes against persons were only 2.4 percent of all juvenile court cases, but the number of murder charges against juveniles increased two and a half times from 1985 to 1991. Serious property crimes were 10.6 percent of the referrals to juvenile courts in 1991. One in four 1991 juvenile court cases was for a status offense, and 5.8 percent involved dependent, neglected, or abused children.

Juvenile courts have a variety of disposition options for children. In keeping with the treatment orientation of the courts, the majority of children are referred to service providers. Only seven percent of the children before the juvenile courts are placed in state custody.[115]

The juvenile court referral rate for non-white youth is more than double the rate for white youth.[116] Over-representation of minorities in the juvenile justice system is a major concern of the federal JJDP Act.

Tennessee is engaged in efforts to assess the extent of this problem and identify strategies to address it.

Prevention of juvenile delinquency is obviously better than remediating its adverse effects, but prevention is a long-term process with no quick fix solutions.

"We wonder why our social problems keep getting worse, yet we continue to deal with them after they've occurred. We keep pouring in tax money to try to patch up the problems."[117]

Many of the programs that have demonstrated success in preventing juvenile delinquency are the same ones that prevent other social problems: parenting education/training and family support services, quality early childhood education, improvements in school climate, and peer-focused prevention.[118]

Implementation of these and other prevention and early intervention programs is needed to avoid juvenile delinquency and other negative outcomes.

Dept. of Youth Development Placements, July 31, 1991

	Percentage of White Males and Females by Placement		Percentage of African American Males and Females by Placement	
	Male	Female	Male	Female
Biological/Adoptive Home	0.9	0.0	0.0	2.9
Relative's Home	0.0	0.0	0.0	2.9
Emergency Shelter	0.4	2.8	0.2	0.0
Assessment Center	1.9	0.0	0.0	0.0
Foster Home	0.7	1.9	0.6	2.9
Specialized Foster Home	1.6	4.7	0.0	0.0
Group Home	19.7	38.3	12.4	14.7
Halfway House	2.3	6.5	1.4	2.9
Psychiatric Hospital	1.6	0.0	0.4	2.9
Local Detention	0.4	0.9	0.0	2.9
Alcohol and Drug (short term)	3.7	0.0	0.8	0.0
Alcohol and Drug (long term)	10.2	2.8	4.3	0.0
Residential Treatment	11.1	13.1	10.7	23.5
Wilderness Program	7.2	0.9	3.9	0.0
Mental Retardation Developmental Center	0.2	0.0	0.6	0.0
DYD Development Center	30.2	20.6	60.1	29.4
Other	4.2	5.6	3.1	11.8
Runaway	3.9	1.9	1.2	2.9
	100	100	100	100

Source: Children's Plan Baseline Survey, Tennessee Commission on Children and Youth, 1992

THE CHILDREN'S PLAN

The Children's Plan is a massive overhaul of the delivery of services to children at risk of entering state custody in Tennessee. It attempts to provide services that are:

- family-focused;
- community-based;
- provided in the least restrictive environment;
- flexibly funded to meet identified needs regardless of the custodial department; and
- more accountable.

A May 1989 study of children in state care concluded that one in ten children would have been better placed at home rather than in an out-of-home placement. The study revealed that only 59 percent of the children in state care were in appropriate placements. Forty-one percent of children were inappropriately placed; 10 percent needed more intensive placements and 31 percent needed less intensive placements.[119]

The goals of the Children's Plan are to:

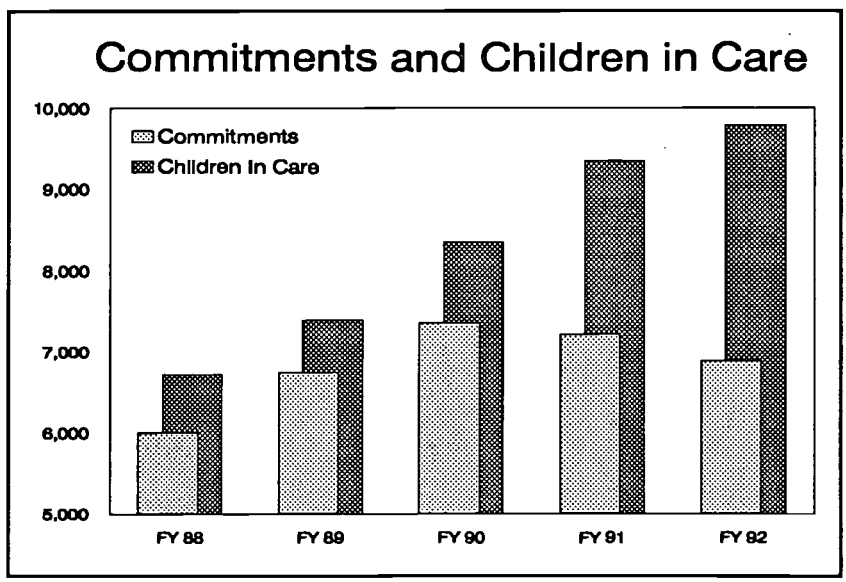
1. Reduce the number of children in state care.
2. Provide more appropriate placements and services for children coming into state care.
3. Improve management of the children's services system.
4. Maximize the collection of federal funds.

The Children's Plan is implemented through Assessment and Care Coordination Teams (ACCTs) located in Community Health Agencies (CHAs) across Tennessee. As quasi-governmental agencies, CHAs serve as a liaison between the state and community in a coordinated and collaborative effort to provide services for children and families. CHAs are in a unique position to stimulate creative community responses to the varying needs of children and families and to facilitate increased emphasis on prevention, early intervention, and strengthened supports for families.

ACCT case managers conduct assessments of children committed to state care, as well as those at imminent risk of out-of-home placement. A computer-assisted system helps match each child with the most appropriate placement alternatives. The case manager then develops a plan of care for the child and family in collaboration with the parents, the child if age-appropriate, and the state department that has custody. The ACCT case manager arranges the initial placement, and the custodial department is responsible for implementing services identified in the plan.

Changes in the state's contracting system open all placement resources to any appropriate child, regardless of the state department having custody. Improvements in determining eligibility for federal funds has produced over $50 million in additional federal revenue. There are plans for the development of a management information system to serve all children in state care, and for expanded early intervention services.

Implementation of statewide family preservation services, Home Ties, and the Children's Plan have reduced new commitments of children to state care, but the number of children in custody at the end of each year has continued to increase.[120]



The Children's Plan will also focus on reunifying children with their families. If that is not possible, adoptive families will be found.

The Children's Plan is an innovative effort to change the way services are delivered to children who are at risk of state custody and their families.

The Children's Plan Baseline Survey

The Baseline Survey provides point-in-time information about children in state care on July 31, 1991. This information provides a basis of comparison to examine the extent that the goals of the Children's Plan are being met and to identify areas that might need additional attention as the plan progresses.

The information presented in this section is a small part of the information available from the survey. The map and table present the numbers and rates of children in state care per 1,000 children ages 0 through 17 by the county of the court from which they were referred.

Of the 8,623 children in state care on July 31, 1991, 55 percent were male and 45 percent were female. They were 64.4 percent white; 33.3 percent African-American; .3 percent Asian; .4 percent Hispanic; .2 percent Native American; and 1.4 percent were of another race.

There were 1,220 youth in the custody of the Department of Youth Development (DYD) which provides treatment programs and services for juvenile offenders. DYD had a custody rate of 3 per 1,000 youths aged 12 through 17 in the general population.

The custody rates for white and non-white were 2.1 and 6 per 1,000, respectively. The juvenile court referral rate for non-white youth is more than twice that of white youth. Non-white youth are more likely than white youth to be placed in more restrictive placements such as a DYD youth development center, among the most restrictive of state government placements for children.

The Department of Mental Health and Mental Retardation (DMHMR) had 174 children and youth in care. DMHMR had a rate of .2 per 1,000 children and youth ages 7 through 17 in the general population. The rate was lower for young children—.06 in care per 1,000 children ages 7 through 11 and .3 per 1,000 youth ages 12 through 17.

Children and youth in the custody of the Department of Human Services (DHS) numbered 6,823. DHS' custody rate was 5.6 per 1,000 children and youth in the general population. All children in DHS custody are classified as receiving foster care, but they are in a variety of types of placements. By this definition, 6,890 children were in foster care - including 68 children in the joint custody of DHS and other state departments. On average, children spent 2.5 years in foster care. For white children, the average stay in foster care was 2.4 years and for non-white children 2.8 years.

The Tennessee Department of Education had 315 children in care at Tennessee Preparatory School (TPS), a residential school serving children who are dependent, neglected, unruly, or in danger of becoming delinquent. TPS had a custody rate of .4 youth per 1,000 youth ages 12 through 17 in the general population.

In addition to the children in the custody of one state department, 91 children were found to be in the custody of more than one state department. DYD and DHS had joint custody of 27 children. DYD and MHMR had joint custody of 24 children. DHS and MHMR had joint custody of 40 children. Three were reported to be in the custody of three state departments, but were included in joint custody data.

Departmental Custodian by Race

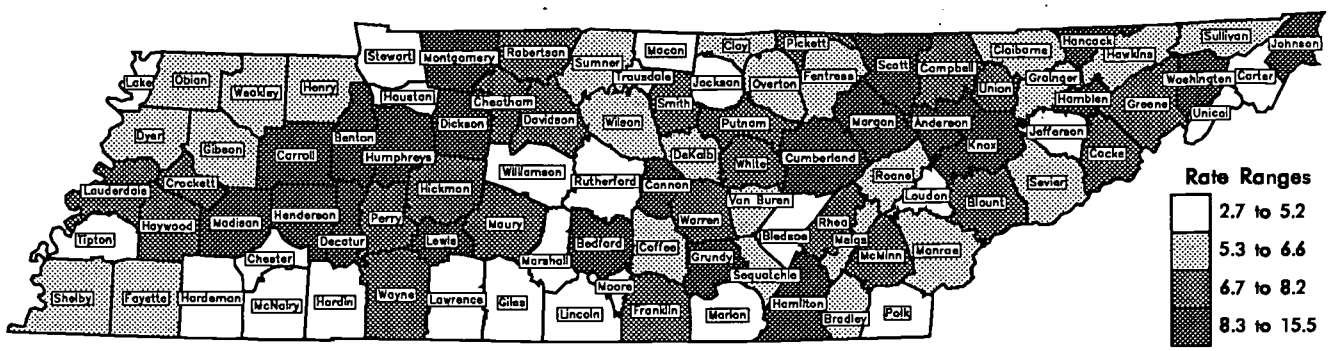
	White	African American	Asian	Hispanic	Native American	Other
Dept. Human Services	65.3	32.1	0.3	0.5	0.2	1.7
Dept. Youth Development	56.2	43.1	0.2	0.0	0.2	0.2
Dept. MH/MR*	81.0	17.9	0.0	0.0	0.6	0.6
Tenn. Preparatory School	67.8	31.8	0.0	0.0	0.0	0.3
Joint Custody	70.9	27.9	0.0	0.0	0.0	1.2
All Children	64.4	33.3	0.4	0.4	0.2	1.4

* Mental Health and Mental Retardation

Source: Children's Plan Baseline Survey, Tennessee Commission on Children and Youth, 1992

Children in State Care on July 31, 1991

Note: This rate is Per 1,000, NOT percent.



	Children In State Care	
	Number	Rate
Anderson	159	9.7
Bedford	105	13.6
Benton	32	9.6
Bledsoe	9	3.8
Blount	162	8.2
Bradley	121	6.6
Campbell	64	7.1
Cannon	41	15.5
Carroll	56	8.6
Carter	57	5.0
Cheatham	56	7.4
Chester	8	2.7
Claiborne	42	6.3
Clay	10	6.0
Cocke	49	7.0
Coffee	67	6.5
Crockett	23	7.1
Cumberland	94	11.6
Davidson	917	7.9
Decatur	25	10.5
DeKalb	23	6.6
Dickson	115	12.0
Dyer	48	5.4
Fayette	42	5.5
Fentress	21	5.5
Franklin	60	7.0
Gibson	70	6.3
Giles	20	3.1
Grainger	23	5.5
Greene	86	6.7
Grundy	31	8.3
Hamblen	121	10.0
Hamilton	648	9.4

County	Children In State Care	
	Number	Rate
Hancock	26	15.3
Hardeman	22	3.3
Hardin	29	5.1
Hawkins	70	6.6
Haywood	39	6.9
Henderson	58	10.6
Henry	35	5.5
Hickman	32	8.0
Houston	7	4.1
Humphreys	36	9.1
Jackson	10	4.7
Jefferson	32	4.4
Johnson	31	9.7
Knox	641	8.5
Lake	7	4.5
Lauderdale	43	6.7
Lawrence	48	5.2
Lewis	27	10.9
Lincoln	30	4.3
Loudon	36	4.9
McMinn	76	7.3
McNairy	28	5.1
Macon	20	5.0
Madison	169	8.3
Marion	30	4.6
Marshall	18	3.3
Maury	99	6.9
Meigs	13	6.5
Monroe	43	5.6
Montgomery	284	10.7
Moore	5	4.2
Morgan	51	11.4
Obion	52	6.6

County	Children In State Care	
	Number	Rate
Overton	25	5.9
Perry	13	7.8
Pickett	8	7.2
Polk	14	4.3
Putnam	91	8.1
Rhea	44	7.1
Roane	64	5.8
Robertson	82	7.2
Rutherford	166	5.2
Scott	59	11.0
Sequatchie	13	5.7
Sevier	67	5.5
Shelby	1,316	5.8
Smith	27	7.6
Stewart	7	3.3
Sullivan	195	6.0
Sumner	167	5.9
Tipton	59	5.1
Trousdale	4	2.8
Unicoi	13	3.6
Union	25	6.8
Van Buren	7	5.5
Warren	68	8.2
Washington	205	10.2
Wayne	26	7.3
Weakley	37	5.3
White	38	7.9
Williamson	113	4.8
Wilson	107	5.8

Tennessee	**8,623***	7.1

Note: The population ages 1-17 is calculated from 1990 Census data tables provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.

* Includes 11 children in state care whose county of commitment was not specified.

TENNESSEE FAMILIES AND COMMUNITIES FACT SHEET

- 1 in 4 Tennesseans is a child (under 18).
- 22% of Tennessee children are minorities.
- 4 in 10 Tennessee children live in Tennessee's four urban counties.
- 7 in 10 Tennessee children have mothers in the labor force.
- Only 5 percent of children before juvenile courts are placed in state custody.
- More than a fifth of Tennessee children lived in single-parent families in 1990.
- Half of Tennessee's African-American families in1990 were headed by single females; 4 in 5 white families were married couples.
- Tennessee ranked 35th nationally in per capita income in ($12,244 per person).
- Another child is born into poverty in Tennessee every 34 minutes.
- At least a fifth of Tennessee children live in poverty.
- 1 in 7 Tennessee children is supported by AFDC.
- About a third of Tennessee children receive free or reduced-price lunches.
- More than 10,000 allegations of child abuse in Tennessee are "indicated" each year.

SECTION II

HEALTH

Childhood is the prime time of human development. During this time it may be easier to prevent the initiation of some behaviors with negative health consequences than to intervene once they have become established. Likewise, it may be easier to establish healthful habits during childhood and adolescence than later in life. Beginning with adequate prenatal care, childhood is the opportune time for such healthy development.[1]

To promote the good health of our young people, care must be taken to teach them that personal responsibility is truly the key to good health.[2] They should also be protected from preventable diseases and accidents, and provided with better access to preventive health services.

PRENATAL CARE

Early and consistent prenatal care is the best defense against low birth weight and infant mortality. Only 67.7 percent of births, however, had adequate prenatal care in Tennessee during 1990, as determined by the Kessner's index [3].

It should be noted that 18 counties provided adequate prenatal care to over 75 percent of their unborn children. However, in seven counties - Stewart, Grundy, Haywood, Montgomery, White, Houston, and Sullivan - at least half of all births were preceded with inadequate prenatal care.

The Maternal and Child Health branch of the Tennessee Department of Health has established an objective to increase the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy from 67.7 percent in 1990 to at least 90 percent in 2000.[4] To reach this goal, more Tennessee women must get adequate care during pregnancy.

The purpose of prenatal care is to carefully monitor women throughout their pregnancies to prevent or ameliorate any medical problems. There is no substitute for such care. A woman who fails to receive early prenatal care endangers her child's life and perhaps her own. Active maternal involvement in prenatal care will reduce infant deaths during the first critical year of life.[5]

During this nine-month period, the unborn child's need for proper nourishment and suitable conditions is greater than at any other time.[6] Health and contentment during pregnancy depend largely on proper guidance by a competent health care professional, i.e., a physician, midwife, or specially trained nurse. Preconceptional care is now being given more attention so that the woman has an established relationship with a physician who knows her medical history.

After a pregnancy test has shown positive results, monthly prenatal care visits should begin during the first trimester (the first three months of the pregnancy). If a relationship with the physician has not already been established, a medical history will be gathered to determine illnesses, hereditary tendencies, and the course of past pregnancies. Precautionary measures can then be instituted.[7]

Special care during pregnancy may be required depending on the expectant mother's medical history. Certain previous medical illnesses such as heart, liver, or kidney ailments indicate the need for monitoring, because they may result in a high-risk pregnancy. Diseases such as diabetes, tuberculosis, and gonorrhea especially call for vigilance.[8]

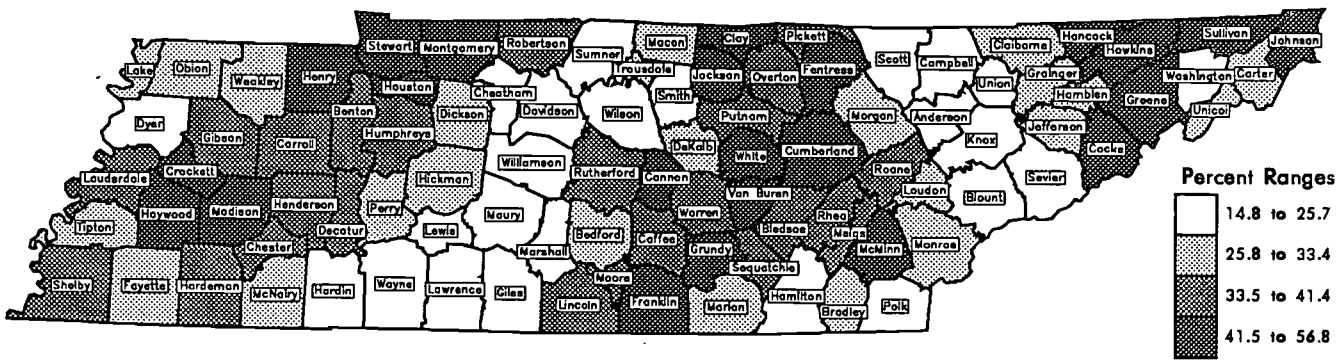
New technologies have enabled doctors to identify and provide better care for high-risk pregnancies. "Among the new technologies at their disposal are amniocentesis, sonography (ultrasound), fetal monitoring, and biochemical tests that provide early warning of fetal distress or growth retardation."[9]

In addition to using these new technologies, prenatal care includes:

- Blood, urine and other tests;
- Ongoing medical care such as blood pressure checks, monitoring the mother's weight, measurement of the uterine growth, checks of the baby's heart beat and pelvic exams as needed;
- Prenatal education on pregnancy, labor, delivery, baby care, parenting and family planning;
- Answers to the pregnant woman's questions;
- Information about other services that may be needed; and
- Nutritional assessment and counseling.[10]

Women fail to receive prenatal care for two principle reasons. The primary reason is limited income. Even Medicaid eligibility does not ensure early prenatal care. A March 1991 survey of 57 obstetricians and gynecologists in Knoxville indicated only two of them would accept a woman on Medicaid as a patient.[11] In spite of this, Medicaid paid for almost 50 percent of the births in 1990, according to the Tennessee Department of Health.

Percent of Births Lacking Adequate Prenatal Care, 1990



County	Prenatal Care	
	Adequate	Not Adequate
Anderson	74.3	25.7
Bedford	68.3	31.7
Benton	61.3	38.7
Bledsoe	65.0	34.9
Blount	75.3	24.7
Bradley	71.7	28.2
Campbell	78.3	21.7
Cannon	53.3	46.7
Carroll	64.4	35.6
Carter	69.7	30.2
Cheatham	75.2	24.7
Chester	62.3	37.7
Claiborne	72.6	27.3
Clay	56.7	43.3
Cocke	57.5	42.5
Coffee	65.6	34.4
Crockett	57.1	42.9
Cumberland	52.2	47.7
Davidson	78.4	21.7
Decatur	65.0	35.0
Dekalb	72.4	27.6
Dickson	68.4	31.6
Dyer	78.9	21.1
Fayette	67.6	32.4
Fentress	55.8	44.2
Franklin	56.6	43.5
Gibson	63.6	36.5
Giles	74.6	25.4
Grainger	69.5	30.5
Greene	52.2	47.8
Grundy	45.7	54.3
Hamblen	67.3	32.6
Hamilton	75.1	24.9

County	Prenatal Care	
	Adequate	Not Adequate
Hancock	57.6	42.3
Hardeman	58.7	41.4
Hardin	76.8	23.1
Hawkins	51.1	48.9
Haywood	47.5	52.6
Henderson	59.9	40.1
Henry	53.3	46.8
Hickman	69.2	30.8
Houston	50.7	49.3
Humphreys	64.0	36.1
Jackson	57.3	42.8
Jefferson	72.2	27.8
Johnson	55.1	44.9
Knox	76.9	23.1
Lake	66.7	33.3
Lauderdale	62.3	37.7
Lawrence	77.1	22.9
Lewis	77.2	22.8
Lincoln	64.0	36.0
Loudon	67.7	32.4
McMinn	58.4	41.6
McNairy	66.8	33.2
Macon	69.4	30.6
Madison	53.1	46.9
Marion	70.7	29.4
Marshall	74.9	25.1
Maury	74.4	25.6
Meigs	62.6	37.3
Monroe	66.6	33.4
Montgomery	48.2	51.9
Moore	59.6	40.4
Morgan	70.2	29.8
Obion	71.1	28.9

County	Prenatal Care	
	Adequate	Not Adequate
Overton	66.2	33.8
Perry	66.7	33.4
Pickett	62.7	37.3
Polk	75.7	24.3
Putnam	61.1	38.8
Rhea	65.5	34.4
Roane	64.7	35.3
Robertson	64.3	35.6
Rutherford	61.1	39.0
Scott	75.4	24.6
Sequatchie	64.2	35.8
Sevier	75.1	24.9
Shelby	62.0	38.0
Smith	74.7	25.3
Stewart	43.2	56.8
Sullivan	50.8	49.1
Sumner	77.3	22.8
Tipton	68.1	31.9
Trousdale	67.5	32.5
Unicoi	73.5	26.5
Union	77.5	22.4
Van Buren	54.7	45.3
Warren	61.9	38.1
Washington	74.6	25.5
Wayne	81.3	18.6
Weakley	67.5	32.5
White	49.8	50.2
Williamson	85.2	14.8
Wilson	76.5	23.5

Tennessee	67.7	32.3

Source: Tennessee's Health - Picture of Present, Part Two, Health Planning Commission, 1992.

The second reason that women fail to receive adequate care is that many live in rural counties with serious shortages of obstetrical practitioners. In seven counties where 50.8 percent or less of the pregnant women received adequate care, only limited prenatal services were available. These counties also lack physicians providing obstetrical services.

If serious complications develop with a pregnancy, tertiary care (which is medical treatment for serious complications) is available through five perinatal centers in Tennessee. These centers provide medical, surgical, and ambulatory services, as well as education, training, and transport throughout the state to high-risk pregnant women and/or high-risk newborns.

Women who receive adequate prenatal care can often eliminate the need for tertiary care, as well as avoid such problems as low-birth-weight babies, birth defects, or infant deaths. Prevention is the best and most cost-effective way to promote the health of our next generation,[12] and prenatal care is one of the best forms of prevention.

Medical Risk Factors in Pregnancy and Childbirth

In 1990, more than 375,000 babies exposed to drugs were born nationwide to women of all economic levels and from all racial groups.[13] Pregnant women who smoke tobacco, drink alcohol, and/or take drugs risk the health of their unborn children. Alcohol and drug use during pregnancy may lead to serious medical complications at birth such as low birth weight, birth defects, or later developmental problems. It may also lead to the death of infants due to extreme low birth weight or severe birth defects.

Tobacco Use

Smoking is a major contributing factor to low birth weight among all groups, irrespective of race, legitimacy, mother's education, or early entry into prenatal care.[14] Researchers found "a reduction in birth weight ranging from 150 to 300 grams among maternal smoking-affected babies. The babies of . . . mothers (who smoked) can have retarded growth in the womb and may be delivered before their due date (pre-term delivery), thus their risk of poor development and even death."[15]

One in five births (21.8 percent) in Tennessee during 1990 was to a mother who smoked. "The proportions were higher for whites than for other races. One in four (24.4 percent) births to white women was to a smoker, compared to 13.8 percent of births to women of other races."[16]

Among low-weight births, the disproportionate effect of tobacco is very evident. "While one in five births was to a smoker, smoking during pregnancy was reported in one in three low-weight births."[17]

Alcohol Use

Low-weight births can also result from alcohol use, especially heavy use, during pregnancy. For the baby whose mother drank heavily during pregnancy, fetal alcohol syndrome may develop, causing life-long physical and mental impairments.[18]

In 1990, two percent of newborns in Tennessee were exposed to alcohol during pregnancy as reported on their birth certificates. "White mothers reported less consumption (1.6 percent) than did African-Americans and other races (3.2 percent). As with tobacco consumption, alcohol usage was disproportionately present among low-weight births."[19]

Illegal Drug Use

The frequency of illegal drug use has been on the upswing throughout the 1980s. The use of cocaine and its popular and inexpensive derivative, crack, have shown the most dramatic increase since the 1980s.[20] Some other illegal drugs taken by pregnant women include opiates and marijuana.

The numbers of drug-affected children has risen dramatically since 1985 when cocaine and crack

became popular on the streets.[21] Cocaine-exposed newborns can have many physical problems in the first years of life, including birth defects such as deformed hearts, lungs, digestive systems or limbs. Most of these newborns are small and underweight, nearly all are irritable and difficult to soothe, and many suffer permanent neurological damage. For these children, coping with the normal activities of daily life will be difficult.[22]

Effects on Children of Maternal Substance Abuse

Today the first generation of cocaine-exposed children is enrolling in public schools. The long-term effects of prenatal drug exposure are being observed by researchers. These children "present a variety of developmental, neurological, and behavioral challenges - including unusually short attention spans, hyperactivity, and sudden temper flare-ups, speech and language delays, poor task organization, and an exaggerated need for structured routine."[23]

Researchers for the National Association for Perinatal Addiction Research and Education offer hope for these children with their assertion that "under the right circumstances, cocaine-exposed children can attain the same developmental milestones as other children."[24] For many schools, pilot programs such as those initiated in Los Angeles and Washington, D.C. may provide part of the answer. "Certainly, smaller classrooms that provide a structured learning environment are important, as are conscientious teachers who can provide individualized attention, patience, and consistency. With care and compassion from parents, teachers, and administrators, children born damaged by cocaine and crack may still be able to participate productively - to grow emotionally, socially, and intellectually - in the nation's schools."[25]

The Addicted Mother

Although the public is becoming better informed about how a pregnant woman's substance abuse can harm her fetus and cause problems throughout childhood, it is "less attuned to the pain the woman herself experiences as a result of her addiction."[26]

There is a growing number of women who are using illegal drugs. A 1991 National Institute of Drug Abuse survey reported that 7.7 percent of all American women had used an illicit drug within the past month.[27]

In spite of the number of pregnant women and mothers addicted to drugs or alcohol, policymakers, treatment providers, and the public have traditionally downplayed the needs of women addicted to drugs and alcohol. While there is a growing number of treatment centers for women, "people still believe that women don't need treatment nearly as much as men,"[28] according to psychologists Hortensia Amaro and Norma Finklestein.

"There is a tradition of bias in how we do research, and drug abuse research is not an exception,"[29] according to Amaro. In addition, researchers are not using the available data to understand the unique problems of female drug abuse. For example, a review of the national numbers reveals that "cocaine use went up 37 percent among women from the last quarter of 1990 to the second quarter of 1991, compared to 29 percent for men. And heroin-related emergency room visits between the two quarters rose 46 percent among women, compared to 16 percent for men."[30]

According to Finklestein, "Social attitudes, lack of resources and a fragmented system conspire to keep women addicts from utilizing the treatments that are available. As in the past, people today view women addicts as 'fallen' women, as sexually promiscuous, weak-willed and negligent of their children. And if a woman is pregnant, there is even greater contempt for her, since she is blamed for damaging her fetus."[31]

Treatment programs for these women are scarce since most programs are designed for single, male alcoholics and drug abusers. "And not all programs that treat women use gender-specific treatment approaches - a critical element in a successful program."[32]

Pregnant, addicted women and mothers also face "psychological barriers to treatment. These include not wanting to put their children in foster care while they're in treatment; fear of losing custody of their children; and the societally-induced belief that 'they are terrible people and bad mothers.' "[33]

LOW BIRTH WEIGHT

Too many babies in Tennessee are born with low birth weight. In 1990, 8.2 percent of our babies were born weighing less than 5.5 pounds, In 1989, the national average was 7 percent. and Tennessee ranked 44th among the states.

Improvement in this area is of paramount importance. Low birth weight is a major determinant of infant mortality, especially among those groups characterized by socioeconomic disadvantage.[34] These babies are 40 times more likely to die during the first month of life than normal-weight infants.[35]

If these infants survive, they are more likely to have multiple health and developmental problems because of their fragile conditions. They are at risk in developing chronic respiratory problems such as asthma.[36] Babies with low birth weight may experience neurological problems associated with prematurity which result in seizures, epilepsy, hydrocephalus, cerebral palsy, or mental retardation.[37] They may also have hearing or vision problems which could be so severe that the result is blindness or deafness. Problems of the central nervous system may occur that could lead to meningitis or encephalitis.[38] These babies are also at risk for developing learning problems such as learning disabilities, hyperactivity, emotional problems, and/or mental illness.[39]

Factors causing low birth weight are:

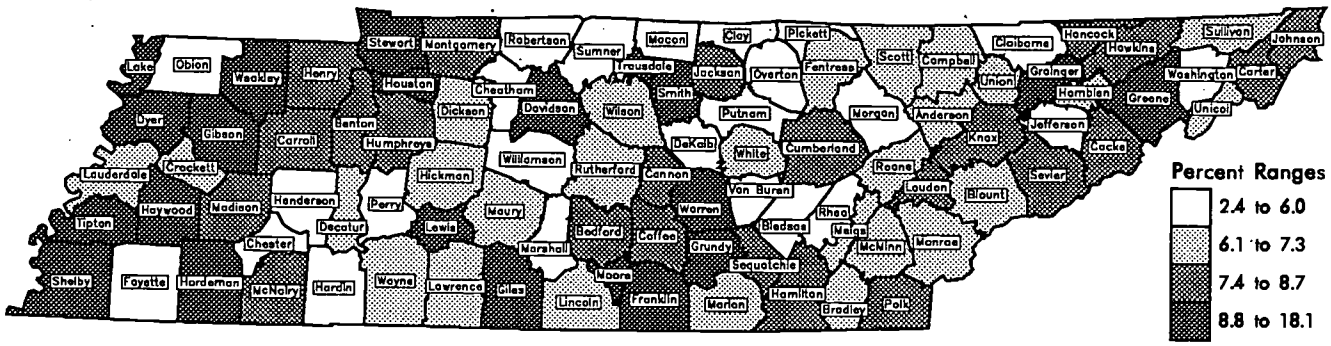
- Women who do not receive adequate prenatal care. They are three times more likely to deliver a low-birth-weight baby who needs extended hospital care than those who do.[40]
- Too many children are having children. In 1991, out of the 6,959 pregnancies of children aged 10 to 17, there were 5,000 births. Pregnant children run a high risk of having premature babies.[41]
- Women who smoke cigarettes, drink alcohol or take drugs.
- Pregnant women who are unmarried, lack health insurance, and lack access to a health care provider.[42]

The care for these babies during their infancy through their childhood is extremely expensive. The lifetime costs of caring for a low birth weight baby can exceed $400,000. Every low-birth-weight birth that could be averted would save the U.S. health care system between $14,000 and $30,000.[43] The most tragic aspect of this problem is that prenatal care, which may prevent low birth weight in the first place, can cost as little as $400.[44]

When comparing counties to the state average of 8.2% low-weight births, it is important to note that of the 20 lowest ranking counties, all except Shelby County (10.7 percent) and Davidson County (9 percent) are rural. Even in urban areas where women should have access to prenatal care, too many women do not receive adequate prenatal care, and too many babies are born with low birth weight.

Tennessee's objective for the year 2000 is to reduce low birth weight to no more than 7.1 percent of live births. To meet this goal will mean not only to ensure access to prenatal care for all pregnant women, but also to target programs to poor women in urban areas who are at risk of having babies with low birth weight.

Percent of Low-Birth-Weight Babies, 1990



County	Low-Birth-Weight Babies	
	Number	Percent
Anderson	59	6.8
Bedford	33	7.5
Benton	15	8.3
Bledsoe	3	2.4
Blount	72	6.3
Bradley	69	6.4
Campbell	31	6.7
Cannon	13	8.7
Carroll	27	7.4
Carter	48	8.1
Cheatham	25	6.0
Chester	5	3.4
Claiborne	15	4.3
Clay	3	3.3
Cocke	35	8.6
Coffee	50	7.6
Crockett	11	6.3
Cumberland	37	8.7
Davidson	787	9.0
Decatur	9	7.3
Dekalb	10	5.7
Dickson	37	6.5
Dyer	53	9.6
Fayette	20	5.3
Fentress	11	6.4
Franklin	38	9.1
Gibson	63	9.1
Giles	35	9.3
Grainger	31	14.8
Greene	59	8.8
Grundy	18	9.8
Hamblen	49	6.6
Hamilton	347	7.9

County	Low-Birth-Weight Babies	
	Number	Percent
Hancock	7	8.2
Hardeman	35	9.2
Hardin	18	5.6
Hawkins	46	8.3
Haywood	30	9.5
Henderson	13	4.6
Henry	29	8.6
Hickman	13	6.6
Houston	7	9.6
Humphreys	16	7.6
Jackson	9	7.7
Jefferson	23	5.7
Johnson	12	8.7
Knox	377	8.0
Lake	9	11.1
Lauderdale	27	7.1
Lawrence	37	6.2
Lewis	13	10.2
Lincoln	30	7.2
Loudon	33	7.7
McMinn	34	6.3
McNairy	23	8.1
Macon	12	5.5
Madison	96	7.6
Marion	24	7.2
Marshall	18	6.0
Maury	57	6.8
Meigs	7	6.5
Monroe	29	6.5
Montgomery	150	7.4
Moore	5	8.8
Morgan	12	5.3
Obion	26	6.0

County	Low-Birth-Weight Babies	
	Number	Percent
Overton	11	5.0
Perry	3	3.6
Pickett	2	3.9
Polk	13	7.7
Putnam	40	5.5
Rhea	20	5.6
Roane	37	7.3
Robertson	38	5.8
Rutherford	144	7.2
Scott	20	6.8
Sequatchie	10	7.5
Sevier	62	8.4
Shelby	1,700	10.7
Smith	23	11.6
Stewart	13	10.4
Sullivan	123	6.8
Sumner	86	5.9
Tipton	65	9.6
Trousdale	15	18.1
Unicoi	11	6.6
Union	13	7.0
Van Buren	3	5.7
Warren	41	8.8
Washington	64	5.4
Wayne	14	7.3
Weakley	36	9.1
White	20	7.3
Williamson	65	5.8
Wilson	73	7.2

Tennessee	**6,160**	**8.2**
U.S.A.*		**7.0**

Source: Tennessee's Health - Picture of the Present, Part Two, Health Planning Commission, 1992.
Note: * U.S. rate is for 1989.

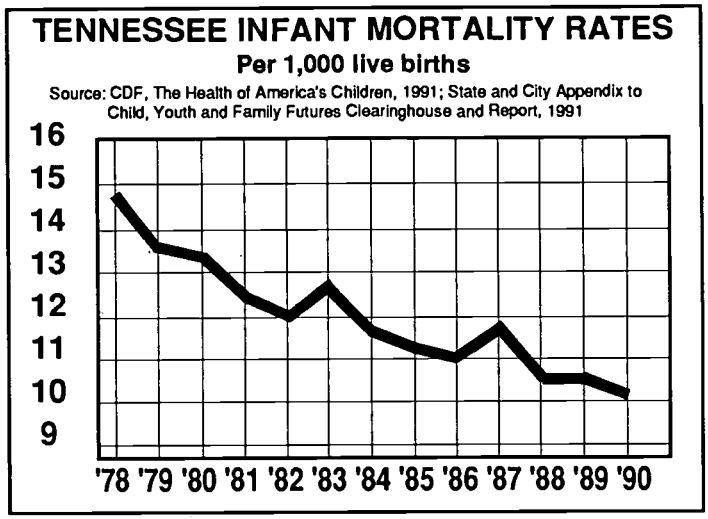
INFANT MORTALITY

Seven hundred and seventy babies died before their first birthdays in Tennessee during 1990. These losses are made even more tragic with the realization that at least half of the deaths - many due to low birth weight - were preventable through adequate prenatal care.[45] For the unborn babies who still can be saved, "front-end maternity and early infant care are matters of life or death."[46]

The five leading causes of infant mortality are: birth defects, Sudden Infant Death Syndrome, short gestation/low birth weight, Respiratory Distress Syndrome, and infections specific to the perinatal period. Some of the factors which influence infant mortality rates include: lack of prenatal care; multiple births; birth weight; gestational age; age of mother; prior pregnancy outcome; socioeconomic status; maternal smoking; and race.[47]

African-American infants nationwide "born to college-educated parents are almost twice as likely to die before their first birthday as white infants, even after such variables as the mother's age, marital status, amount of prenatal care and number of previous deliveries are taken into account."[48]

Harvard Medical School researchers have found that African-American women have "higher rates of infection, bleeding and pregnancy-induced hypertension, suggesting that there is probably no single cause for the greater rate of complications in black births."[49]



Whatever the causes, the fact remains that, in Tennessee, if the 1990 mortality rate for African-American babies had been 8 per 1,000, the same rate as for white babies, 174 African-American babies would not have died.

The Tennessee and national health objectives and the national objective are to reduce the infant mortality rate by the year 2000 to no more than 8 per 1,000 live births.

In order to reduce Tennessee's current infant mortality rate from 10.3 to 8 per 1,000 live births, it is imperative that all pregnant women receive affordable, convenient prenatal care.

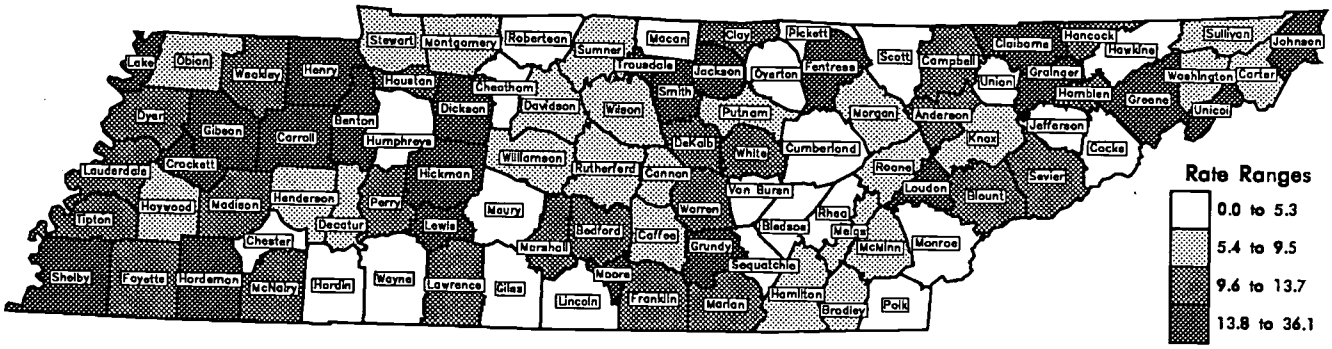
Tennessee Infant Mortality Rate (Per 1,000 live Births) By Leading Causes, 1990

Causes	Number	Rate
Birth Defects	174	2.3
Sudden Infant Death Syndrome	112	1.5
Short Gestation and Low Birth Weight	86	1.1
Respiratory Distress Syndrome	50	0.7
Infections Specific to Perinatal Period	25	0.3

Source: Tennessee's Health: Picture of the Present Part Two, 1992

Infant Mortality Rate (Per 1,000 Live Births), 1990

Note: This rate is Per 1,000, NOT percent.



County	Infant Mortality	
	Number	Rate
Anderson	9	10.4
Bedford	5	11.4
Benton	3	16.6
Bledsoe	0	0.0
Blount	11	9.6
Bradley	8	7.4
Campbell	6	12.9
Cannon	1	6.7
Carroll	7	19.2
Carter	4	6.8
Cheatham	1	2.4
Chester	0	0.0
Claiborne	6	17.3
Clay	1	11.1
Cocke	2	4.9
Coffee	6	9.1
Crockett	4	22.9
Cumberland	2	4.7
Davidson	83	9.5
Decatur	1	8.1
Dekalb	2	11.5
Dickson	11	19.2
Dyer	7	12.7
Fayette	4	10.7
Fentress	3	17.4
Franklin	5	11.9
Gibson	10	14.5
Giles	1	2.6
Grainger	3	14.3
Greene	12	17.8
Grundy	4	21.7
Hamblen	10	13.5
Hamilton	35	8.0

County	Infant Mortality	
	Number	Rate
Hancock	1	11.8
Hardeman	7	18.4
Hardin	1	3.1
Hawkins	1	1.8
Haywood	2	6.3
Henderson	2	7.1
Henry	5	14.8
Hickman	3	15.2
Houston	1	13.7
Humphreys	1	4.7
Jackson	2	17.1
Jefferson	2	5.0
Johnson	4	29.0
Knox	33	7.0
Lake	2	24.7
Lauderdale	5	13.2
Lawrence	7	11.7
Lewis	3	23.6
Lincoln	2	4.8
Loudon	7	16.4
McMinn	3	5.6
McNairy	3	10.6
Macon	0	0.0
Madison	17	13.4
Marion	4	12.0
Marshall	4	13.4
Maury	4	4.7
Meigs	1	9.3
Monroe	0	0.0
Montgomery	18	8.9
Moore	1	17.5
Morgan	2	8.8
Obion	4	9.2

County	Infant Mortality	
	Number	Rate
Overton	1	4.6
Perry	1	11.9
Pickett	0	0.0
Polk	0	0.0
Putnam	5	6.8
Rhea	0	0.0
Roane	4	7.9
Robertson	2	3.0
Rutherford	11	5.5
Scott	0	0.0
Sequatchie	0	0.0
Sevier	10	13.6
Shelby	228	14.4
Smith	4	20.2
Stewart	1	8.0
Sullivan	15	8.3
Sumner	11	7.5
Tipton	9	13.2
Trousdale	3	36.1
Unicoi	4	24.1
Union	1	5.3
Van Buren	0	0.0
Warren	5	10.8
Washington	9	7.5
Wayne	1	5.2
Weakley	5	12.7
White	3	10.9
Williamson	9	8.0
Wilson	9	8.9

Tennessee	**770**	**10.3**
U.S.A.*		9.8

Source: Tennessee's Health - Picture of the Present, Part Two, Health Planning Commission, 1992.
Note: * U.S. rate is for 1989.

ACCESS TO HEALTH CARE

Routine well-baby and healthy-child medical check-ups are important tools for monitoring normal growth and development and for early identification of potential disease or problems. A part of preventive health treatment is the provision of immunizations on a recommended schedule. Immunizations are essential to avoid preventable diseases which can leave life-long disabilities and even result in death. But in 1992, only 71 percent of Tennessee two year olds were adequately immunized.[50]

Eligibility for Medicaid is an important means of providing access to and payment for health care for more than 400,000 poor Tennessee children, which is more than a third of all Tennessee children.[51] The Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program is the federally mandated service for providing medical care for indigent children who are Medicaid recipients.

Medicaid reforms included in the Omnibus Budget Reconciliation Act of 1989 expanded Medicaid coverage and strengthened the EPSDT program by:

- Mandating that states extend Medicaid coverage to all children under age 6, with family incomes below 133 percent of the federal poverty level;
- Requiring state EPSDT programs to cover a reasonable schedule of both periodic health and developmental, vision, hearing and dental exams, as well as inter-periodic exams whenever a health, developmental or educational professional has reason to suspect that a child has a new (or worsen-
- roblem; and
- Requiring states to cover virtually any medically necessary care recognized under federal law for children whose periodic or inter-periodic screenings disclose a health problem, even if such services otherwise are not covered under the state's Medicaid plan.[52]

It is significant that the EPSDT program not only requires "screening," but also mandates "treatment." Medicaid reimbursement for treatment needs identified in the EPSDT process is significantly more comprehensive than routine Medicaid coverage.

Unfortunately, thousands of Tennessee children who are eligible to receive EPSDT services are never screened and, consequently, never treated. The percent of eligible children who are screened diminishes significantly as they get older. The chart (left) reflects the percentage of EPSDT eligible children who received screenings by various age groups.[53]

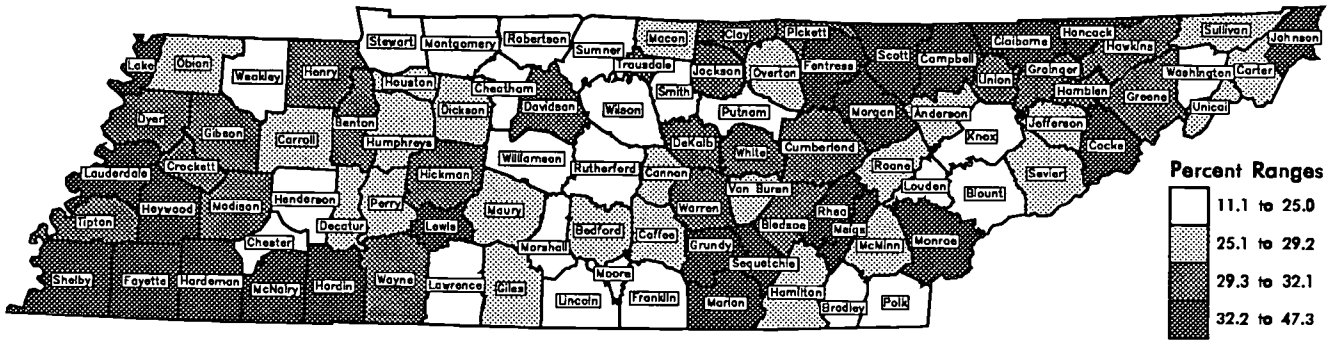
EPSDT SCREENING PARTICIPATION
Oct. 1, 1990 - Sep. 30, 1991
Based on screening participation among those who have qualified, *not* all who may qualify.
Source: Department of Health and Environment - Bureau of Medicaid Statistics

CLIENT AGE	NUMBER EPSDT ELIGIBLE	NUMBER ELIGIBLES SCREENED	PERCENT SCREENED
Less than 1	36,017	34,656	96
1 to 5	169,644	46,196	27
6 to 14	135,587	14,580	11
15 to 20	85,672	4,111	5
All Ages	426,920	99,543	23

Tennessee has renamed its EPSDT program "Check-Up for Children and Teens." Advocates can only hope that this emphasis on "check-up" in the new title is not intended to minimize the importance of treatment, particularly since so few eligible children even receive screening services.

Improved outreach should assist in expanding the number of eligible children receiving EPSDT screening services, as well as needed follow-up treatment. Provision of screening and early intervention services is an important strategy for improving health conditions for many of Tennessee's most disadvantaged children.

Percent of Population Under 21 Years Eligible for Medicaid, 1991-1992



County	Medicaid Eligible	
	Number	Percent
Anderson	5,163	27.2
Bedford	2,326	25.7
Benton	1,200	30.9
Bledsoe	887	31.8
Blount	5,611	23.9
Bradley	5,157	23.2
Campbell	4,594	43.3
Cannon	858	28.1
Carroll	2,237	28.8
Carter	3,811	27.1
Cheatham	1,831	21.1
Chester	1,022	25.0
Claiborne	2,804	35.1
Clay	627	31.9
Cocke	3,350	40.2
Coffee	3,423	28.5
Crockett	1,179	31.3
Cumberland	2,915	30.5
Davidson	44,624	31.4
Decatur	823	29.2
Dekalb	1,208	29.9
Dickson	3,026	27.2
Dyer	3,071	29.3
Fayette	2,881	33.1
Fentress	1,860	41.2
Franklin	2,375	22.7
Gibson	3,915	30.1
Giles	1,934	25.1
Grainger	1,579	31.6
Greene	4,786	31.3
Grundy	1,774	40.6
Hamblen	4,302	29.7
Hamilton	23,469	28.6

County	Medicaid Eligible	
	Number	Percent
Hancock	881	44.4
Hardeman	3,055	40.1
Hardin	2,566	38.8
Hawkins	3,686	29.3
Haywood	2,454	38.0
Henderson	1,545	24.4
Henry	2,220	29.9
Hickman	1,446	30.7
Houston	561	28.2
Humphreys	1,164	25.3
Jackson	749	30.3
Jefferson	2,466	26.1
Johnson	1,594	42.3
Knox	22,741	24.1
Lake	864	45.6
Lauderdale	2,831	38.2
Lawrence	2,678	24.9
Lewis	1,040	36.1
Lincoln	1,890	23.1
Loudon	1,932	22.5
McMinn	3,596	29.2
McNairy	2,118	33.4
Macon	1,223	25.9
Madison	7,483	30.5
Marion	2,620	34.3
Marshall	1,341	21.1
Maury	4,446	26.9
Meigs	795	33.4
Monroe	3,316	35.3
Montgomery	6,716	20.4
Moore	289	20.5
Morgan	1,780	33.9
Obion	2,683	29.0

County	Medicaid Eligible	
	Number	Percent
Overton	1,424	28.5
Perry	473	25.1
Pickett	397	31.0
Polk	916	23.4
Putnam	3,313	21.4
Rhea	2,733	36.8
Roane	3,382	25.7
Robertson	2,850	21.9
Rutherford	6,397	16.2
Scott	2,937	47.3
Sequatchie	948	34.6
Sevier	3,998	27.8
Shelby	93,203	34.7
Smith	1,016	25.0
Stewart	592	24.0
Sullivan	9,682	25.2
Sumner	6,033	18.4
Tipton	3,989	30.5
Trousdale	505	30.2
Unicoi	1,113	25.9
Union	1,330	31.0
Van Buren	416	27.7
Warren	3,025	31.1
Washington	6,365	24.9
Wayne	1,343	32.1
Weakley	1,775	18.1
White	1,673	29.8
Williamson	2,929	11.1
Wilson	3,938	18.5

Tennessee	**416,086**	**28.6**

Source: Tennessee Department of Health.

Note: The population under 21 years old is from the tables provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.

TEEN PREGNANCY

In 1990, 6,872 girls ages 10 to 17 in Tennessee were faced with the unexpected news that they were pregnant. For the young women who faced the consequences of early, unplanned pregnancy, the choices were difficult and few. The impact on the baby, mother, and father lasts a lifetime.

Teenage sexuality is a topic that often raises controversy, but research shows that today's teens are sexually active. In a 1990 study, randomly selected students from 20 Tennessee high schools completed a youth-risk behavior survey. The results showed that 64.3 percent of all high school students reported having had sexual intercourse, ranging from 49 percent of 9th graders to 77.9 percent of 12th graders. Fifteen years old was the most frequently reported age of first sexual intercourse.[54]

During the past three years, Tennessee's teen pregnancy rate has remained stable. The 1990 statewide teen pregnancy rate for girls ages 15 to 17 was 63.4 per 1,000. Girls ages 10 to 14 had 512 pregnancies; girls ages 15 to 17 had 6,360 pregnancies. There were second pregnancies for 1,300 girls. The pregnancy rate for non-white teens was two and a half times higher than that for white teens. Tennessee teen pregnancy rates are historically higher in the western part of the state and the urban areas. Fifty percent of all teen pregnancies in Tennessee in 1990 were in the four urban counties.[55]

Three predominant factors determine why teenagers become pregnant and carry the pregnancy to term: sexual behavior/frequency; lack of contraceptive use; and the teenagers' attitudes about early parenthood.[56]

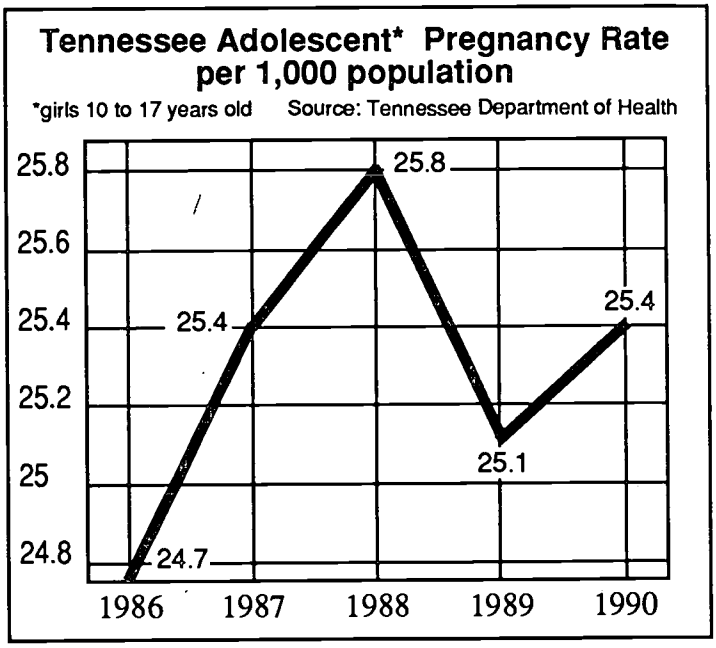
The teen pregnancy problem is not unique to Tennessee. Available evidence indicates that the proportion of teenagers having sexual intercourse in the United States is similar to other developed countries such as Sweden, Canada, England, Wales, France and the Netherlands. However, the United States teen pregnancy rate is much higher than other countries report.[57]

The main reason for higher pregnancy rates in the United States is that American adolescents are less likely to use contraceptives regularly, or use them less effectively, than teens in other developed countries.[58] Sexually active American teenagers most frequently use the birth control pills or condoms as contraceptive methods. However, only 56.7 percent of sexually active high school students reported using any contraception during the last sexual intercourse experience.[59]

Teenagers' attitudes toward getting pregnant vary greatly depending upon the benefits of deferring parenthood. Girls with little hope for going to college or having professional careers are more likely to become pregnant.[60]

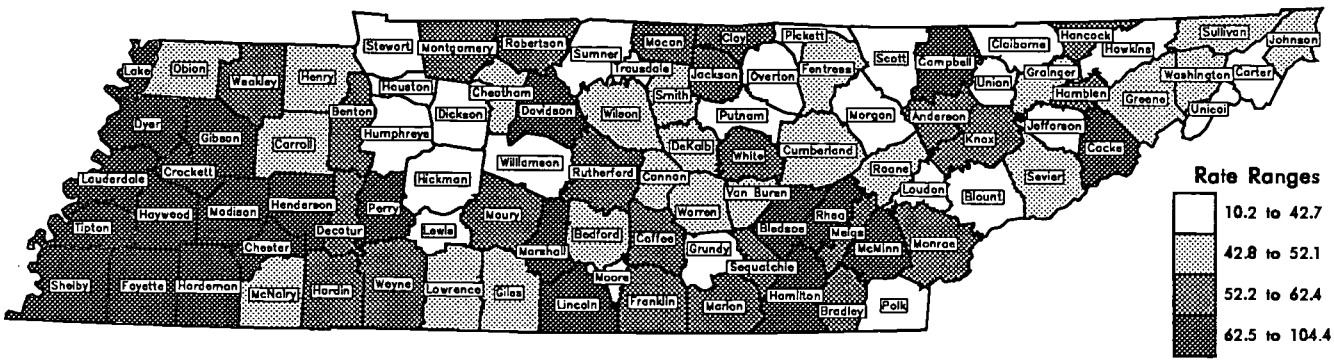
There are numerous health, educational, social, and financial disadvantages for teen parents.

A teen mother is less likely to receive adequate prenatal care, which increases the probability of complications during pregnancy, labor and delivery, and increases the risks of premature birth, low birth weight, and infant mortality. An adolescent is twice as likely to deliver a low-birth-weight baby who is 40 times more likely to die in the first month of life than a normal-weight baby and four times more likely to die in the first year of life. Low-birth-weight babies often develop disabling conditions



Teen Pregnancy Rate (Per 1,000 Women Ages 15-17), 1990

Note: This rate is Per 1,000, NOT percent.



County	Teen Pregnancy	
	Number	Rate
Anderson	75	54.0
Bedford	31	46.6
Benton	20	61.0
Bledsoe	15	80.2
Blount	70	40.4
Bradley	97	60.1
Campbell	55	62.9
Cannon	10	45.9
Carroll	23	44.2
Carter	44	41.2
Cheatham	30	49.5
Chester	18	71.1
Claiborne	17	26.4
Clay	8	54.4
Cocke	45	68.8
Coffee	52	60.6
Crockett	21	77.8
Cumberland	39	50.2
Davidson	658	75.5
Decatur	13	59.9
Dekalb	15	50.7
Dickson	30	39.0
Dyer	59	78.0
Fayette	41	70.9
Fentress	16	45.8
Franklin	44	57.1
Gibson	63	67.7
Giles	25	43.6
Grainger	18	48.6
Greene	58	48.3
Grundy	10	28.7
Hamblen	60	53.3
Hamilton	397	68.8

County	Teen Pregnancy	
	Number	Rate
Hancock	7	52.6
Hardeman	39	73.2
Hardin	30	59.6
Hawkins	33	33.0
Haywood	45	104.4
Henderson	30	65.2
Henry	26	50.5
Hickman	12	35.4
Houston	5	29.6
Humphreys	14	42.7
Jackson	11	57.3
Jefferson	27	40.4
Johnson	15	49.3
Knox	335	55.6
Lake	10	69.4
Lauderdale	42	85.4
Lawrence	38	49.0
Lewis	9	40.4
Lincoln	41	68.4
Loudon	27	41.7
McMinn	61	65.3
McNairy	24	50.1
Macon	18	55.0
Madison	142	91.1
Marion	36	59.2
Marshall	34	73.0
Maury	63	61.2
Meigs	10	59.2
Monroe	42	59.3
Montgomery	109	56.8
Moore	2	17.9
Morgan	15	38.4
Obion	39	52.1

County	Teen Pregnancy	
	Number	Rate
Overton	10	26.0
Perry	10	64.1
Pickett	1	10.2
Polk	13	36.5
Putnam	40	42.7
Rhea	38	64.3
Roane	47	48.1
Robertson	53	62.4
Rutherford	133	54.8
Scott	19	40.6
Sequatchie	10	52.9
Sevier	53	48.8
Shelby	1,686	96.1
Smith	13	43.5
Stewart	8	41.2
Sullivan	148	49.9
Sumner	102	42.1
Tipton	66	76.9
Trousdale	4	37.7
Unicoi	13	34.5
Union	13	41.4
Van Buren	5	52.1
Warren	34	49.0
Washington	78	43.0
Wayne	18	57.9
Weakley	32	55.9
White	23	58.5
Williamson	50	26.3
Wilson	72	51.4

Tennessee	**6,360**	**63.4**

Source: Tennessee's Health - Picture of the Present, Part Two, Health Planning Commission, 1992.

that can result in later learning problems.[61]

Teen parents are less likely to finish high school compared to those who postpone parenthood. In a follow-up study of women ages 20-29, 68 percent of mothers who had their first child before age 15, and 51 percent of mothers who had their first child between ages 15 and 17 still had not completed 12 years of schooling. Similarly, a study of teen fathers found them 40 percent less likely to finish high school.[62] Many teen males fail to realize that child support laws require them to provide financial support for any children they father.

A teen couple who has a baby is less likely to stay together than an older couple. In Tennessee, almost 50 percent of white teen births and 98 percent of non-white teen births occur out of wedlock.[63] National data indicate that the divorce rate among married teen parents is three times higher than the rate for married parents who have their first child after age 20.[64]

The economic outlook for teen mothers is not promising. The lifetime earnings of teen mothers are about half the earnings of mothers who have their first child in their twenties. Many teen parents drop out of school to assume parenting roles. Consequently, many become dependent upon public assistance. The Tennessee Department of Human Services reports that 80 percent of the Aid to Families with Dependent Children (AFDC) caseload consists of families begun by births to teenagers.[65]

The financial cost of teenage pregnancy is significant. In 1991 Tennessee spent approximately $426 million dollars in services related to adolescent childbearing. This figure includes outlays for only the three largest public programs which serve families in need: AFDC, Medicaid, and Food Stamps. It excludes indirect public costs associated with adolescent child bearing such as remedial education, child care, job training, housing subsidies, supplemental food programs, special education, and foster care.[66]

In spite of the cost of teen pregnancy, insufficient funds are spent to prevent it. Of $426 million spent by the State on services related to teen child bearing, only $4.6 million was spent on prevention. Preventive measures include family planning and special preventive programs.

It is well documented that Tennessee faces a serious problem in teen pregnancy. Statewide coordinated efforts have been initiated to address Tennessee's teenage pregnancy problem, including: Family Life Education, the Adolescent Pregnancy Initiative, and Teen Pregnancy Prevention and Teen Parenting Model and Replication Programs.

Tennessee enacted legislation (TCA 49-6-1301) mandating a Family Life Education curriculum in school systems in 1991-92 where the teen pregnancy rate in the county is greater than 19.5 per 1,000 girls ages 15-17. In spring, 1992, the Tennessee Department of Education surveyed school systems to verify compliance with this mandate. Eighty-two percent were in compliance and 99 percent would be in compliance by school year 1992-1993.

The Adolescent Pregnancy Initiative, an outgrowth of the Tennessee State Plan for Adolescent Pregnancy, was developed interdepartmentally and placed under the direction of the Tennessee Department of Health. It focuses on three primary efforts: community awareness and involvement; preventing teen pregnancy; and improving and coordinating services for pregnant and parenting teens.

Activities are spearheaded by councils consisting of cross-sections of individuals, agencies, and organizations committed to addressing teen pregnancy and parenting issues. Each council is staffed by a regional coordinator.

State law (TCA 37-3-111) authorizes the Tennessee Commission on Children and Youth and the state departments of Education, Health, Human Services, Labor, and Youth Development to designate model community-based teenage pregnancy prevention and parenting programs annually.

During the past four years an interdepartmental work group has identified 23 model programs which are "worthy of emulation" in their teen pregnancy prevention or teen parenting services. In addition, replications of model programs have been funded.

Adolescent pregnancy is a complex problem in our society. There is no single strategy, easy answer or quick fix to the problem. Solutions must be joint efforts of adolescents - both male and female - parents, communities, schools, businesses and government. All must be committed to comprehensive, coordinated efforts to reduce teen pregnancy. And needed services and increased opportunities must be provided for teens who become parents.

Failure to address the behaviors and conditions that lead to teen pregnancy ensures greater future demands for health, welfare, educational, and social services.

Substance Abuse

The excessive use of tobacco, alcohol, and illegal drugs has long-term and lasting effects on children that cross all class and racial boundaries.

Drug use affects judgment and heightens emotions. It often contributes to teen violence toward self and others, accidents, truancy, unsafe sexual activity, and family conflicts. Studies have linked drug abuse to increased criminal activity, increased school dropouts, a higher driver-accident rate, and more susceptibility to disease.[67]

During 1991, there were 2,898 juvenile court referrals for possessing or drinking alcohol; 637 for drunkenness; 335 for marijuana possession; 367 for controlled substance possession; and 452 for other drug charges. Under the Drug Free Youth Act, Tennessee juvenile court judges in 1991 withdrew driver's licenses or the right to apply for driver's licenses from 1,495 minors.[68]

Cigarettes and smokeless tobacco are used by many young people. Nationally, 70 percent of teens have smoked cigarettes at least once.[69] Since 90 percent of today's adult smokers began smoking before age 18, getting teens not to begin smoking or to quit smoking is critical.[70]

In 1992, there were 3,000,000 deaths worldwide caused from smoking. By 2020 it is estimated that there will be 10,000,000 deaths from smoking. Among these preventable deaths, 434,000 will be in the United States, where thousands of children start smoking every day.[71]

Children exposed to second-hand smoke at home have a 30 percent greater chance of developing lung cancer than children in non-smoking families,[72] and will also have an increased chance of developing colds, bronchitis, pneumonia, chronic coughs, and ear infections.[73]

The use of smokeless tobacco is increasing among rural males who are beginning at an earlier age. In 1985, 20 percent of 12- through 17-year-old boys used smokeless tobacco. Several current surveys indicate a national average of 17 percent of third to sixth grade boys use smokeless tobacco more than once a week.[74]

Regular snuff users run a greater chance of contracting oral cancer. They are 50 times more likely to get oral cancer than people who don't use snuff.[75]

Additionally, the habitual use of smokeless tobacco leads to:

- Leukoplakia, leathery white patches inside the mouth. Five percent of diagnosed cases develop into oral cancer.
- Decreased capacity to taste and smell, and a resulting overuse of salt and sugar, both of which are unhealthy if used in excess.
- Dental problems, such as receding gums, tooth enamel reduction, and increased tooth decay, as well as bad breath and discolored teeth.[76]

> Fifty-five percent of all 10th graders ... reported that they had been a passenger in a car in which the driver was under the influence of alcohol or drugs.

A recent survey indicated that 85 percent of Tennessee high school students have tried alcohol at least once. More than 35 percent reported using marijuana at least once, and 7 percent said they had used cocaine.[77]

Fifty-five percent of all 10th graders and 61 percent of all 12th graders reported that they had been a passenger in a car in which the driver was under the influence of alcohol or drugs.[78] Between 1985 and 1989, approximately 40,600 American youth ages 15 to 24 died in alcohol-related vehicle accidents.[79]

Legal interventions to prevent juvenile substance abuse include laws to prohibit sales of smoking materials to minors and which make possession and consumption of alcohol and drugs illegal for minors, and the Drug Free Youth Act. Tennessee is one of 48 states that have outlawed the sale of tobacco products to minors, but enforcement is often lax.

The insidious nature of drug abuse demands vigorous efforts in early education and intervention to inform children of the dangers of drugs.

SEXUALLY TRANSMITTED DISEASES

The rapid spread of the Human Immunodeficiency Virus (HIV) represents a critical threat to the health of Tennessee's adolescents.

It is even more dangerous than the most alarming risk-taking behaviors: substance abuse; sexual intercourse at an early age; exposure to multiple partners; failure to use birth control; and reluctance to seek treatment for sexually transmitted diseases.

Although these are significant concerns in themselves, even more alarming is their role in the acquisition and spread of the deadly HIV infection.

Approximately one million people in the United States are infected with HIV, but not yet diagnosed with full Acquired Immune Deficiency Syndrome (AIDS).

In Tennessee, 6,000 to 8,000 Tennesseans are believed to be HIV-positive.[80]

The lifetime cost of treating one patient with HIV/AIDS (from diagnosis to death) for 1992 is $102,000, an amount which leaves nearly half of all AIDS patients destitute. A 48 percent increase in the cumulative cost of treating all persons with HIV/AIDS is expected from 1992 to 1995.[81]

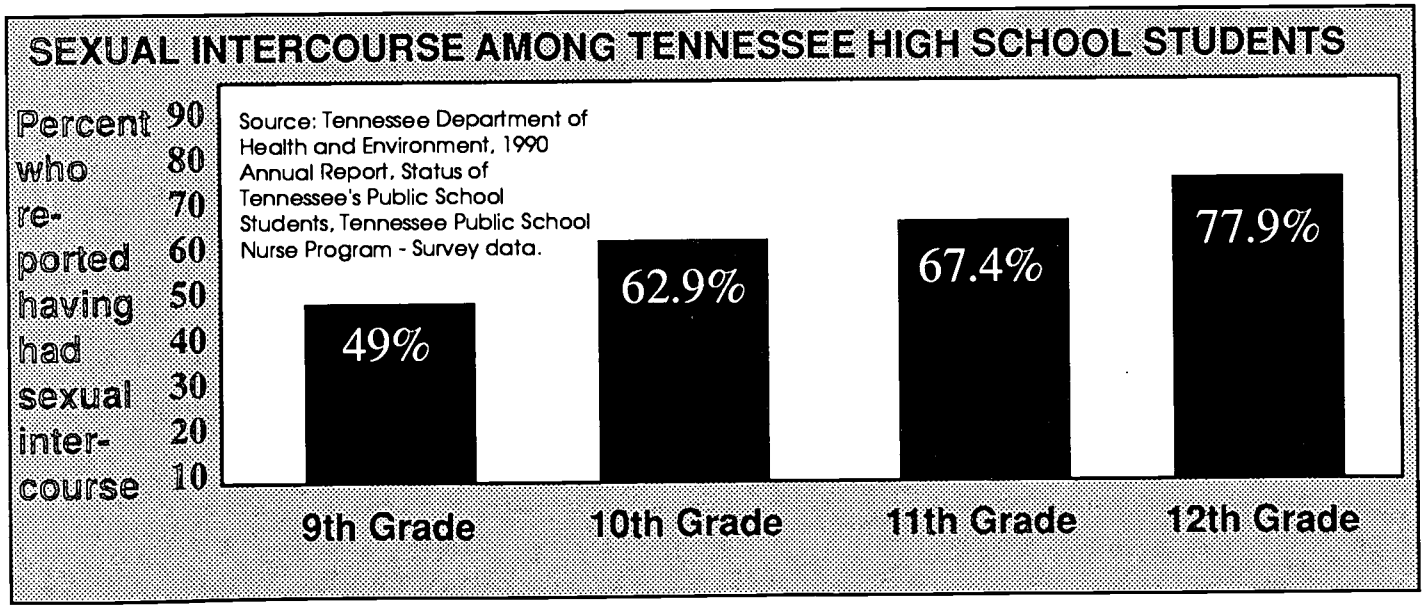
From January 1, 1982, through October 31, 1992, 2,264 cases of AIDS were reported in Tennessee, resulting so far in 1,403 AIDS-related deaths.[82]

More than one-fifth of people with AIDS are in their 20s. With a ten-year latency period between HIV infection and the onset of AIDS symptoms, most of these people probably became infected with HIV as teenagers.[83]

In Tennessee from January through October, 1992, 815 cases of HIV were reported, 25 of which were adolescents 13 to 19 years old. African-American females are disproportionately represented with 17 of the 25 diagnosed cases among adolescents.[84]

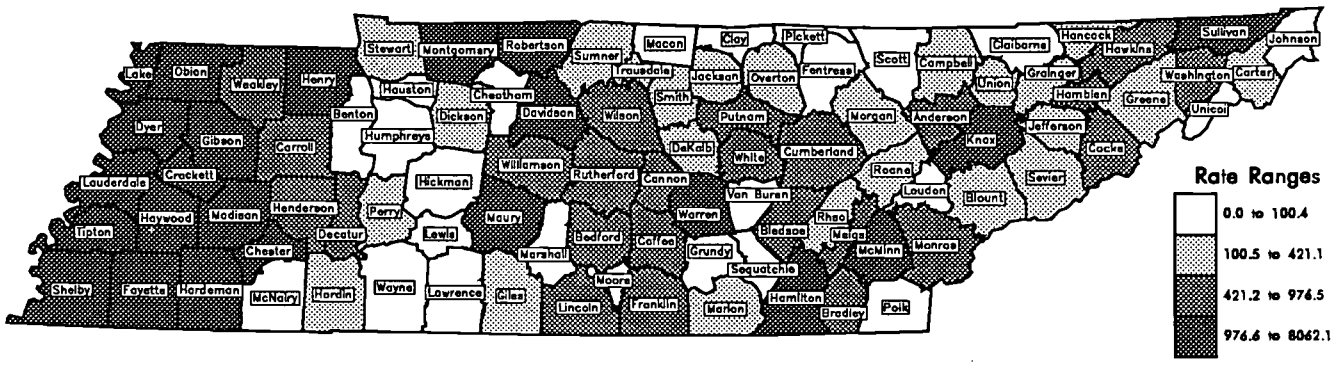
The risk of transmission of HIV among teens is heightened by several factors:[85]

- Drug and alcohol abuse: While intravenous drug use provides a direct route for HIV transmission, non-injection drugs and alcohol can compromise judgment.
- Multiple sex partners: The younger the teenagers are when they initiate sexual intercourse, the more likely they are to have multiple partners, thus increasing their chances of acquiring HIV.
- Genital ulcers: Ulcers associated with syphilis or genital herpes facilitate transmission of HIV.



Sexually Transmitted Disease Rate (for Teens 15-17), 1991

Note: This rate is Per 100,000, NOT percent.



County	STD Number	STD Rate
Anderson	23	496.2
Bedford	22	976.5
Benton	1	100.4
Bledsoe	7	847.5
Blount	20	330.0
Bradley	44	737.8
Campbell	3	103.9
Cannon	5	691.6
Carroll	10	505.6
Carter	5	127.8
Cheatham	1	51.5
Chester	21	1697.7
Claiborne	1	44.9
Clay	0	0.0
Cocke	15	662.0
Coffee	12	424.3
Crockett	21	2243.6
Cumberland	22	870.6
Davidson	1,112	3203.3
Decatur	5	697.4
Dekalb	2	195.9
Dickson	4	150.8
Dyer	49	1897.8
Fayette	61	2874.6
Fentress	0	0.0
Franklin	20	681.7
Gibson	49	1504.5
Giles	8	396.8
Grainger	5	378.8
Greene	17	411.8
Grundy	1	86.4
Hamblen	27	673.3
Hamilton	851	4119.3

County	STD Number	STD Rate
Hancock	2	421.1
Hardeman	79	4455.7
Hardin	2	117.9
Hawkins	17	497.4
Haywood	87	5811.6
Henderson	11	716.1
Henry	21	1145.7
Hickman	0	0.0
Houston	0	0.0
Humphreys	0	0.0
Jackson	1	153.1
Jefferson	11	371.7
Johnson	0	0.0
Knox	600	2407.9
Lake	12	2390.4
Lauderdale	43	2571.8
Lawrence	2	76.7
Lewis	0	0.0
Lincoln	19	960.6
Loudon	2	91.0
McMinn	32	995.0
McNairy	1	64.1
Macon	1	89.0
Madison	319	5284.1
Marion	5	249.5
Marshall	1	63.7
Maury	95	2534.7
Meigs	3	464.4
Monroe	17	649.6
Montgomery	87	1106.2
Moore	0	0.0
Morgan	3	211.0
Obion	27	1070.2

County	STD Number	STD Rate
Overton	2	148.6
Perry	1	215.1
Pickett	0	0.0
Polk	1	87.4
Putnam	20	427.2
Rhea	7	337.7
Roane	10	284.3
Robertson	34	1172.0
Rutherford	88	893.7
Scott	0	0.0
Sequatchie	0	0.0
Sevier	4	107.6
Shelby	5,177	8062.1
Smith	3	312.5
Stewart	2	299.4
Sullivan	108	1028.2
Sumner	28	350.0
Tipton	64	2221.5
Trousdale	1	246.3
Unicoi	1	84.4
Union	3	291.8
Van Buren	0	0.0
Warren	25	1040.8
Washington	45	628.8
Wayne	1	95.2
Weakley	23	762.9
White	8	567.8
Williamson	29	497.2
Wilson	35	710.1

Tennessee	**9,664**	**2636.4**

Source: Center for Disease Control, 1992.

Note: There are 2 STD cases in the military and 49 out-of-state STD cases not included in the state total.

CHILD DEATHS

The leading cause of death of Tennessee's children is preventable.

The primary killer of Tennessee's children ages 1 to 14 is accidents. And nearly half of them are motor vehicle accidents.

The best and easiest way to prevent child deaths is the use of child restraints and safety belts. "A Vanderbilt University study found that restrained children are 11 times more likely to survive a traffic crash than those who are not in a safety seat."[86] Compliance with Tennessee's 1977 child restraint law was estimated to be about 40 percent in 1990 - up from about 9 percent in 1977.[87]

The Tennessee Highway Patrol handed out more than 8,000 tickets for violating the child restraint law in 1991.[88] However, penalties handed out in traffic courts for failure to use child safety restraints are often slight or non-existent, which may send a message to parents that their use is not important. So the state Department of Safety also tries educating the public about the danger of not restraining children in moving vehicles.

Through Tennessee's news media, the state safety department has recently been stressing the "Deadly Equation" - the method of calculating the force of the impact an unrestrained child will bear in a traffic accident. The equation is speed of the vehicle times the weight of the child. A 30-pound child, for example in a car going 50 miles an hour can hit a windshield or dashboard with a force of 1,500 pounds.

Another area in which state government is trying to reduce child death and injury is by improving its pediatric emergency medical services.

Currently, about 70 percent of Tennessee's population is served by Advanced Life Support emergency medical services.[89] The availability of such services can make the difference in whether a victim of trauma or acute illness lives or dies. The goal of the Tennessee Health Department's Emergency Medical Services (EMS) is to bring that up by 2,000.[90]

EMS is also working to obtain federal funding to help improve pediatric emergency medical care by improving training for emergency medical personnel and by making more pediatric emergency medical equipment available. Pediatric emergency medical care is "not just scaled-down adult treatment." Children can react very differently than adults to emergency treatment.[91]

Emergency medical personnel in Tennessee have pediatric emergency medical training, but it is "not comprehensive, not institutional." And, because children make up between five and ten percent of emergency cases, the training received is less-often used.[92]

While Tennessee's child death rate has declined from 44 per 100,000 in 1980 to 35 in 1990, it lags behind the national rate in 1989 of 32.4. Any further improvements will be the result of individual, as well as governmental, efforts.

"Young children ... cannot protect themselves. This is the responsibility of trusted, caring adults; parents; other family members; teachers and caregivers. But young children can learn to identify dangers and problem situations; they can begin to learn and follow basic safety rules..."[93]

A child safety curriculum must, under state law, be taught in all licensed child care centers and pre-school centers. Parents whose children are taught the required safety curriculum can reinforce its lessons and parents whose children are not taught the curriculum can take responsibility for teaching their children about safety.

Safety education is generally not difficult to obtain. Free or inexpensive training is available for other activities that may be dangerous for children such as swimming lessons, gun safety courses, and boating safety courses.

Another way parents can greatly increase their children's safety is to use smoke alarms. They are relatively inexpensive and many fire departments will give them to citizens who cannot afford them.

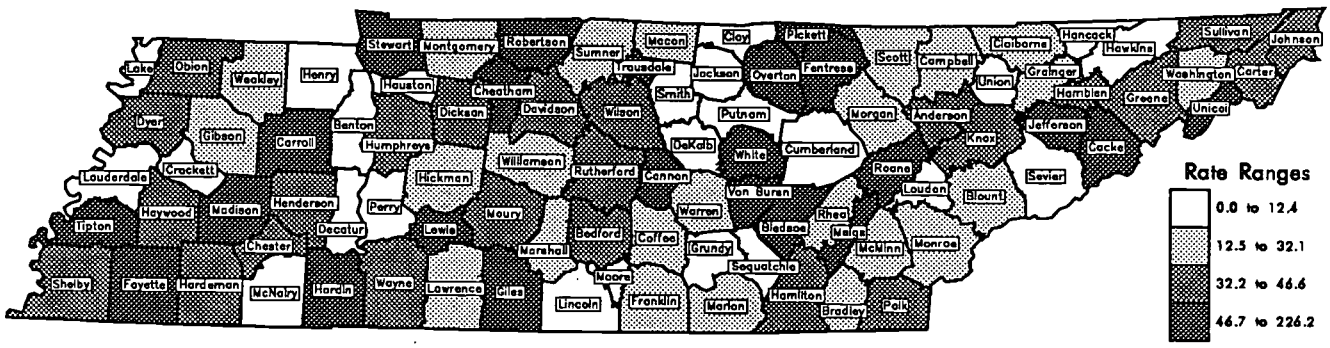
Child Death Rate Per 100,000 by Leading Causes, 1990

Source: Tennessee's Health: Picture of the Present Part Two, 1992

	Children Ages 1-4		Children Ages 5-14	
Causes	Rate	Number Deaths	Rate	Number Deaths
Accidents	26.2	70	13.0	88
Motor Vehicle Accidents (Included in 'Accidents,' Above)	10.9	29	6.8	46
Birth Defects	5.2	14	0.9	6
Heart Disease	3.4	9	0.6	4
Cancer	3.0	8	3.3	22
2 or More Causes	2.6	7	NA	NA
Suicide	0	0	1.3	9
Homicide (Reported figure- actually much higher)	2.6	7	1.3	9

Child Death Rate Per 100,000 Children Ages 1-14, 1990

Note: This rate is Per 100,000, NOT percent.



County	Child Deaths	
	Number	Rate
Anderson	5	39.2
Bedford	2	33.0
Benton	0	0.0
Bledsoe	1	56.9
Blount	3	19.7
Bradley	3	21.2
Campbell	1	14.6
Cannon	2	97.0
Carroll	3	58.5
Carter	3	34.4
Cheatham	4	66.7
Chester	1	42.4
Claiborne	1	19.6
Clay	0	0.0
Cocke	3	56.3
Coffee	2	24.4
Crockett	0	0.0
Cumberland	0	0.0
Davidson	40	43.5
Decatur	0	0.0
Dekalb	0	0.0
Dickson	3	40.0
Dyer	3	43.3
Fayette	3	50.3
Fentress	2	68.4
Franklin	2	30.5
Gibson	2	23.1
Giles	4	80.2
Grainger	1	31.2
Greene	4	40.9
Grundy	0	0.0
Hamblen	3	32.6
Hamilton	22	40.9

County	Child Deaths	
	Number	Rate
Hancock	0	0.0
Hardeman	2	38.1
Hardin	3	69.1
Hawkins	1	12.4
Haywood	2	44.7
Henderson	2	46.6
Henry	0	0.0
Hickman	1	32.1
Houston	0	0.0
Humphreys	1	32.5
Jackson	0	0.0
Jefferson	3	55.2
Johnson	1	41.5
Knox	20	33.8
Lake	0	0.0
Lauderdale	0	0.0
Lawrence	1	13.9
Lewis	2	103.2
Lincoln	0	0.0
Loudon	0	0.0
McMinn	2	25.0
McNairy	0	0.0
Macon	1	31.7
Madison	8	49.5
Marion	1	19.9
Marshall	1	23.6
Maury	4	35.1
Meigs	1	64.6
Monroe	1	16.9
Montgomery	3	14.2
Moore	0	0.0
Morgan	1	29.6
Obion	2	33.6

County	Child Deaths	
	Number	Rate
Overton	2	61.4
Perry	0	0.0
Pickett	2	226.2
Polk	1	41.1
Putnam	1	11.4
Rhea	1	21.2
Roane	4	46.7
Robertson	5	55.5
Rutherford	10	39.7
Scott	1	23.9
Sequatchie	0	0.0
Sevier	1	10.6
Shelby	76	42.4
Smith	0	0.0
Stewart	1	61.3
Sullivan	8	32.6
Sumner	7	31.6
Tipton	5	54.6
Trousdale	1	88.4
Unicoi	3	110.1
Union	0	0.0
Van Buren	1	99.1
Warren	1	15.4
Washington	2	12.8
Wayne	1	36.5
Weakley	1	18.1
White	2	53.9
Williamson	4	21.3
Wilson	5	34.0

Tennessee	**333**	**35.0**
U.S.A.*		**32.4**

Source: Tennessee's Health - Picture of the Present, Part Two, Health Planning Commission, 1992.
Note: The population ages 1-14 is calculated from the tables provided by the Center for Business and Economic Research, College of Business Administration, The University of Tennessee, Knoxville, 1992.
*U.S. rate is for 1989.

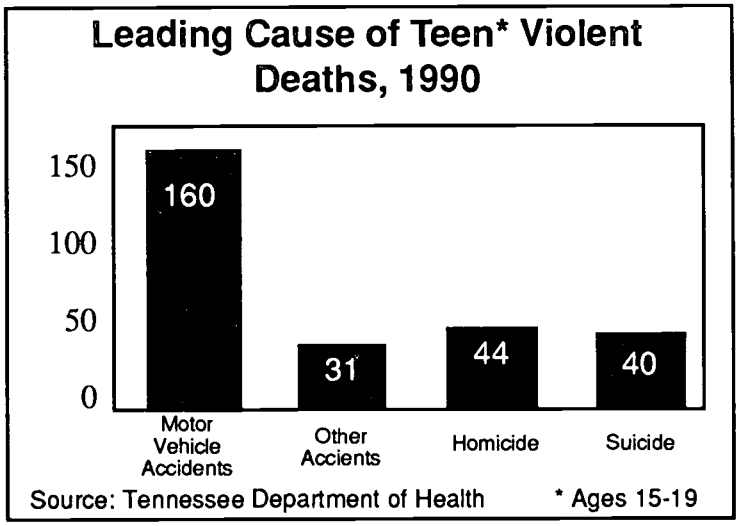
TEEN VIOLENT DEATHS

Each year 14,000 American teens die as a result of homicide, suicide, or accident. It is no wonder that 1991 American high school students worried more about crime and violence than any other social problem.[94] Tennessee teens rank fairly well compared with the rest of the nation, with 33 states reporting a higher teen violent death rate. However, the Tennessee rate has increased from 67.3 per 100,000 in 1984 to 75.8 per 100,000 in 1989.[95]

Where and how do these violent teen deaths occur? Some Tennessee teens die at the hands of other teens, contributing to the rising teen violent death rate.

In 1990, 275 teens died by violent means, placing Tennessee's teen violent death rate at 75 deaths per 100,000. The map and table on the accompanying page show the breakdown of Tennessee violent teen deaths by county. Although the highest numbers of deaths occur in urban counties, the highest rates occur elsewhere. For example, Lewis County, with a population of only 2,482, yielded the highest teen violent death rate.

Accidental deaths, not suicides and homicides, account for most teen deaths. An automobile accident involving several teens in a sparsely populated county would dramatically inflate the county's teen violent death rate.



Violent deaths of teens share common elements, regardless of the cause. Weapons and drugs are frequently implicated in these violent deaths, with one in five American high school students sometimes carrying a weapon [96] and 40 percent of American households in 1991 possessing at least one gun.[97] The most popular drug among students is alcohol, and one in two students consume alcohol at least occasionally. [98] As weapons and drugs become more and more accessible to teenagers, the combination of the two serves to heighten emotions and escalate violence, resulting in a deadly synergism.

Two other factors in teen violent deaths are gender and race. Male teens are much more likely to die violently than female teens. White male teenagers are the most likely to die in accidents and by suicide, while homicide is more prevalent among African-American male teens.[99] In fact, the firearm ate nationwide for African-American teen males was 2.8 times the rate for natural causes in 1988.[100] In Tennessee, African-American homicide firearm deaths in 1990 were almost triple those in 1980.[101]

Teen violent deaths result primarily from teens' own behavior which is influenced by the home environment and the broader community. Researchers understand little about the reasons that some teens engage in risk-taking behavior while others do not. However, the literature on teen behavior suggests three key factors:

- family influences—communication breakdowns and lack of nurturing resulting from financial and social stress.
- peer group influences—pressure from peers to carry a weapon, to drink, and even to commit suicide.
- alcohol and drug use—alcohol is a factor in as many as 60 per cent of teen homicides [102] and in about half of teen motor vehicle fatalities.

Communities can play an important role in supporting teens. Parents, churches, and community organizations can provide alternatives to drinking and driving and hanging out on the streets. Schools can help prevent violence by fostering social competence - the "ability to successfully achieve social goals in a manner that is mutually rewarding to the child and to others."[103]

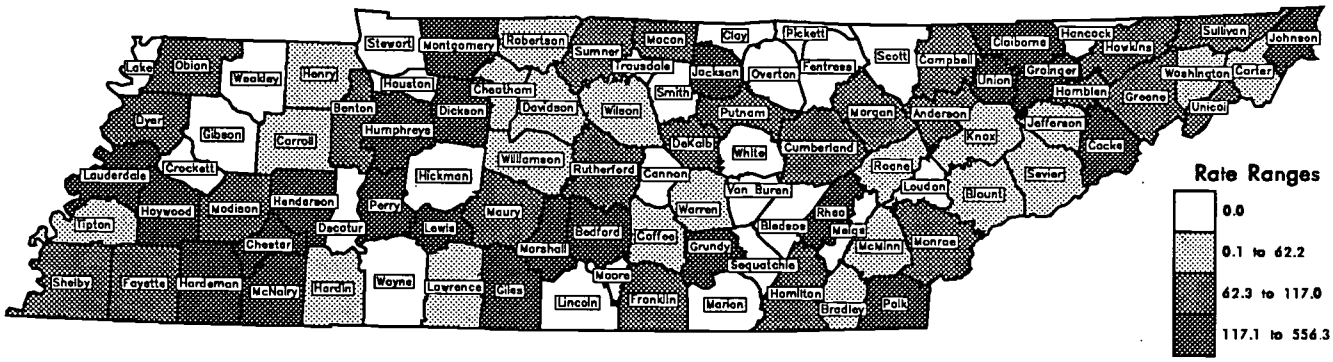
Teen violent deaths can be prevented by changing teen behavior through positive approaches. These include:

- developing social skills, especially conflict resolution skills;
- opportunities to apply those skills;
- positive role models;
- monitoring of guns and other weapons;
- enforcement of minimum drinking age laws and drunken driving laws;
- access to such services as counseling and drug rehabilitation.

Although prevention initiatives in the community and in the public schools make good sense, prevention specialist Jack Pransky warned, "While it can be proved that prevention works, this proof is not known by the general public or by its policy makers ... preventing something doesn't have the dramatic appeal of tragedies or disasters, or the political appeal of prisons and enforcement."[104] Community acceptance and support of preventive measures are necessary to curb the rising tide of violent deaths among teens.

Teen Violent Death Rate (Per 100,000 Teens 15-19), 1990

Note: This rate is Per 100,000, NOT percent.



County	Violent Death	
	Number	Rate
Anderson	4	86.3
Bedford	4	177.5
Benton	1	100.4
Bledsoe	0	0.0
Blount	2	33.0
Bradley	1	16.8
Campbell	2	69.3
Cannon	0	0.0
Carroll	1	50.6
Carter	2	51.1
Cheatham	1	51.5
Chester	3	242.5
Claiborne	3	134.6
Clay	0	0.0
Cocke	3	132.4
Coffee	1	35.4
Crockett	0	0.0
Cumberland	2	79.1
Davidson	19	54.7
Decatur	0	0.0
Dekalb	1	97.9
Dickson	4	150.8
Dyer	3	116.2
Fayette	2	94.3
Fentress	0	0.0
Franklin	3	102.2
Gibson	0	0.0
Giles	3	148.8
Grainger	2	151.5
Greene	4	96.9
Grundy	3	259.1
Hamblen	3	74.8
Hamilton	13	62.9

County	Violent Death	
	Number	Rate
Hancock	0	0.0
Hardeman	5	282.0
Hardin	1	59.0
Hawkins	4	117.0
Haywood	2	133.6
Henderson	4	260.4
Henry	1	54.6
Hickman	0	0.0
Houston	0	0.0
Humphreys	4	346.0
Jackson	3	459.4
Jefferson	1	33.8
Johnson	2	189.8
Knox	8	32.1
Lake	0	0.0
Lauderdale	4	239.2
Lawrence	1	38.3
Lewis	4	556.3
Lincoln	0	0.0
Loudon	0	0.0
McMinn	2	62.2
McNairy	2	128.2
Macon	1	89.0
Madison	5	82.8
Marion	0	0.0
Marshall	3	191.0
Maury	4	106.7
Meigs	0	0.0
Monroe	2	76.4
Montgomery	10	127.1
Moore	0	0.0
Morgan	1	70.3
Obion	2	79.3

County	Violent Death	
	Number	Rate
Overton	0	0.0
Perry	1	215.1
Pickett	0	0.0
Polk	4	349.7
Putnam	4	85.4
Rhea	3	144.7
Roane	1	28.4
Robertson	1	34.5
Rutherford	7	71.1
Scott	0	0.0
Sequatchie	0	0.0
Sevier	2	53.8
Shelby	55	85.7
Smith	0	0.0
Stewart	0	0.0
Sullivan	12	114.2
Sumner	6	75.0
Tipton	1	34.7
Trousdale	0	0.0
Unicoi	1	84.4
Union	4	389.1
Van Buren	0	0.0
Warren	1	41.6
Washington	2	27.9
Wayne	0	0.0
Weakley	0	0.0
White	0	0.0
Williamson	2	34.3
Wilson	2	40.6

Tennessee	**275**	**75.0**
U.S.A.*		**69.3**

Source: Data provided by Tennessee Department of Health, 1992.
Note: * U.S. rate is for 1989.

Health **Fact Sheet**

- Every year nearly 800 babies born in Tennessee die before their first birthdays.
- Medicaid pays for half of all births in Tennessee.
- A third of the women who have babies in Tennessee don't get adequate prenatal care.
- More than 6,000 babies born in Tennessee each year weigh less than 5.5 pounds.
- More than 300 children ages 1 to 14 died in Tennessee 1990.
- More than a third of Tennessee children are eligible for Medicaid.
- More than 6 percent of all Tennessee girls ages 15 to 17 get pregnant every year.
- An average of 17 girls get pregnant in Tennessee every day of the week.
- Almost half of 9th graders in Tennessee report they have had sex.
- Motor vehicle accidents kill more teenagers than all other causes combined.

Section III

EDUCATION

The "strength of Tennessee's economic development and quality of life are dependent on the development and maintenance of a first-class educational system."[1]

Attempts to improve the quality of education in the state are hampered by two factors: the legacies of adult illiteracy; and a tax structure which has led to inadequate and inequitable funding of education.

ADULT ILLITERACY

Although the future is in the hands of our children, "our children must be guided by the adults who are now present. Adults determine the quality of the present which in turn determines the quality of the future."[2]

Many adults either do not, or cannot provide adequate educational guidance for their children. The 1990 census revealed that in Tennessee, 500,929 adults 25 and older had less than a ninth-grade education. "About half of Tennessee's adults with less than a high school diploma live in poverty and illiteracy. A third of Tennessee's school children live with those adults."[3]

Children living with adults having low educational attainment levels may live in precarious, unpredictable circumstances.

These children spend every weekend and at least 16 hours of each weekday in environments generally "antithetical to success in school. They have few if any positive adult role models, and no places to study. There is family instability, much physical and psychological abuse, all the characteristics generally associated with producing social alienation and dependency. A more destructive set of characteristics could hardly be planned to guarantee failure. Our attention is riveted on the children ... But many of us still don't know that we don't know that custodial parents determine the quality of the children's *present,* that the quality of the present is perhaps the most important factor in determining the quality of the future."[4]

These adults usually experience "a myriad of social and economic pressures: unemployment; high personal debt and its related consequences; unreliable transportation; personal and family health problems; inadequate, substandard and sometimes unsafe housing."[5]

Eventually, these adults become the "largest consumers of social services, the largest percentage of the indigent and incarcerated. And their illiteracy, like their poverty, breeds illiteracy."[6]

Illiteracy is a complex problem that is not unique to Tennessee. "We are a nation . . . with an increasing national educational morbidity rate. And of course, we are not alone. All 'first world' countries, those with high technology . . . are experiencing similar problems. Adults who have learned to read, who have acquired basic numeracy skills, who have achieved a sense of self-direction, who are motivated to maintain their on-the-job skill levels and who have developed a lifelong learning habit, do well in such complex societies. Adults who do not have such skills and attributes actually regress in such societies."[7]

State efforts to address literacy attainment for adults are an important part of recent educational reform in Tennessee, the 21st Century Schools Plan. One goal of the plan is for 90 percent of the Tennessee adult population to be literate by the year 2000.

The five objectives developed by the Tennessee Department of Education to meet this goal of literacy attainment for adults are to:

1. Establish year-round literacy programs with full-time coordinators in each of the state's 95 counties.
2. Initiate workplace literacy programs in businesses and industries based on cooperative efforts between state government and the private sector.
3. Increase the percent of returning school dropouts who enroll in and complete the General Equivalency Diploma (GED) Program.
4. Encourage and support development of adult high schools in existing facilities where needed across the state.
5. Place literacy programs in learning centers in urban housing developments

EDUCATION FUNDING

The method Tennessee uses to fund its public schools system is unconstitutional and must be changed to guarantee "educational opportunities provided by the system of free public schools be substantially equal" in all school districts, the Tennessee Supreme Court ruled March 22, 1993.

In its ruling in *Tennessee Small School Systems. et al. v. Ned Ray McWherter, et al.*, the court, quoting a lower court ruling, said the Tennessee General Assembly must change the existing funding method because it "has produced a great disparity in the revenues available to the different school districts."

"There is a 'direct correlation between dollars expended and the quality of education a student receives,' " the court said, further quoting the trial court's ruling.

"However," the court continued, "... many factors other than funding affect the quality of education provided ... Consequently, all relevant factors may be considered by the General Assembly in the design, implementation, and maintenance of a public school system that meets constitutional standards."

The state supreme court held that the current funding scheme, which makes local government provide 45 percent of the funding for schools, violates the educational and equal protection clauses of the Tennessee Constitution because "small" school systems can't raise enough money to adequately fund their schools.

Citing examples, the court said, "many schools in the poorer school districts have decaying physical plants, and ... some school buildings are not adequately heated and have non-functioning showers, buckling floors, and leaking roofs. ... Still other schools engage in almost constant fund-raising by students to provide needed materials."

The reason small communities cannot raise enough money, the court said, is their necessary reliance on local taxes such as sales and property taxes.

"Economic activity has moved from small communities to larger retail centers" in urban areas, the court said, so sales and property tax revenue are "concentrated in those same communities rather than distributed more evenly throughout the entire state."

The result, the court said, is "a funding scheme based on place of collection rather than need."

In April 1993, the chancellor to whom the supreme court remanded the case said he would wait until after the General Assembly ended its session to take further action. In May, the General Assembly made the additional half-cent sales tax permanent, which could fund equalization in five years.

Tennessee 51st In Nation In School Funding

Tennessee ranked 51st among all states and Washington D.C. in per-capita expenditures of state and local governments for public elementary and secondary schools in 1988-89.[8] This situation was caused by Tennessee's tax structure which relies overwhelmingly on the state sales tax for revenue.

In addition to being inadequate, Tennessee's school funding is unevenly distributed. Currently, the state pays a portion of the money needed for local governments to run public schools. The local governments are required to generate the rest of the funds, primarily through the local tax portion of the sales tax and through property taxes.

There are huge differences in the amount of taxes that counties collect. Wealthy urban and suburban districts can raise a great deal more than poor rural districts. Based on average daily attendance, the average school district's expenditure per pupil in 1992 was $3,683. The Oak Ridge School System in Anderson County, however, spent $5,312 per pupil while the Richard City School System in Marion County spent $2,417.

Also, there is anecdotal evidence of large differences in educational quality among Tennessee's counties.

SCHOOL DROPOUTS

During the 1990-91 school year, 15,223 students in grades 9-12 dropped out of Tennessee schools. Of this group, approximately one in four students who remain out of school will be marginally literate and virtually unemployable, according to a national report.[9]

Students drop out for many reasons related to their families, personal problems, and problems inherent in school systems.

Many students at risk of dropping come from single-parent families. Their families may be poor and/or large. Their parents may be poorly educated or unemployed. Due to unstable home lives, many students transfer frequently from school to school. Many are handicapped or are in poor health. Their parents may not place any value on schooling.

Some students drop out of school because they cannot conform to the rigid structure of many classrooms which ignore individual differences. As a result, they are not interested in school. They get behind their studies, fail subjects and are kept from being promoted to the next grade.

Long before they drop out, students develop behavior patterns which further hinder their education. They disrupt classes, skip school, work long hours on a job, abuse drugs or alcohol, or become pregnant. Dropping out is the last stage in a process which may go on for years.

A leading educator says that anonymity and irrelevance are two important elements that may account for such large numbers of students quitting school. "Many high schools are so large that students dropped out because no one noticed they dropped in ... Many students fail to see any relevance between what they are studying and the world they live in."[10] A recent national study reported that nearly 7 percent of 1990 8th graders who dropped out between 8th and 10th grades said they left school because they did not like it, could not keep up with classes, and felt they did not belong.[11]

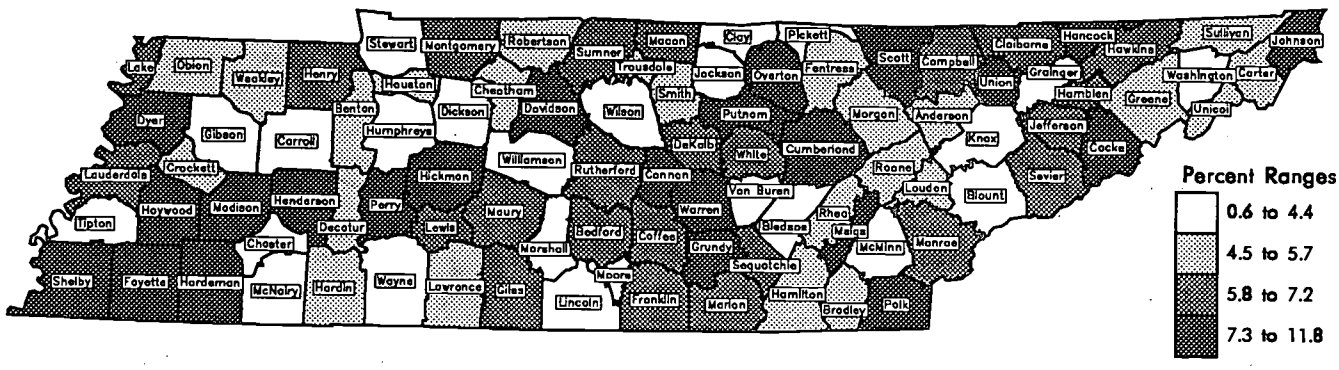
One way to help students at risk of dropping out is to help them early in their school years to be interested and motivated to learn. Seventy percent of potential dropouts could be identified by the third grade, according to research at the University of Tennessee. [12] The characteristics of a potential dropout is a young child "who has low expectations, with low grades, who creates discipline problems, and who is truant . . . A child with these traits can be identified as a potential dropout, at any level, kindergarten through 12."[13]

Early intervention for potential dropouts is the goal of many dropout prevention programs initiated by the Tennessee Department of Education. These programs identify potential dropouts at an early age, provide more individualized instruction, and after-school tutoring, if needed.

Meeting the needs of children at risk of dropping out of school demands nothing less than the support of all local and state agencies, community groups, parents and businesses.[14] As Lyndon B. Johnson cautioned during his educational message to the U.S. Congress in 1965:

> "Every child must be encouraged to get as much education as he or she has the ability to take. We want this not only for his or her sake - but for the nation's sake. Nothing matters more to the future of our country: not our military preparedness - for armed might is worthless if we lack the brain power to build a world of peace; not our productive economy - for we cannot sustain growth without trained manpower; not our democratic system of government - for freedom is fragile if citizens are ignorant."

Percent of High School (Grades 9-12) Dropouts, 1990-1991



County	Dropouts	
	Number	Percent
Anderson	205	5.6
Bedford	106	6.7
Benton	39	4.7
Bledsoe	17	4.0
Blount	172	3.9
Bradley	215	5.7
Campbell	145	7.2
Cannon	38	7.6
Carroll	45	3.0
Carter	145	5.3
Cheatham	82	5.5
Chester	25	4.0
Claiborne	90	6.5
Clay	6	1.5
Cocke	186	11.7
Coffee	132	5.8
Crockett	34	5.3
Cumberland	176	9.5
Davidson	1,840	10.5
Decatur	27	4.9
Dekalb	46	5.9
Dickson	12	0.6
Dyer	234	11.8
Fayette	118	8.4
Fentress	11	4.8
Franklin	112	6.5
Gibson	99	3.9
Giles	88	6.5
Grainger	42	4.4
Greene	153	5.2
Grundy	81	10.0
Hamblen	201	7.2
Hamilton	618	5.1

County	Dropouts	
	Number	Percent
Hancock	33	9.8
Hardeman	109	7.6
Hardin	53	4.6
Hawkins	169	7.0
Haywood	97	8.1
Henderson	87	7.5
Henry	101	7.0
Hickman	80	9.4
Houston	22	4.9
Humphreys	32	3.7
Jackson	19	3.9
Jefferson	120	7.1
Johnson	59	7.8
Knox	501	3.0
Lake	21	6.2
Lauderdale	82	6.4
Lawrence	103	5.7
Lewis	38	7.2
Lincoln	46	3.4
Loudon	84	4.6
McMinn	77	3.4
McNairy	46	3.7
Macon	51	6.1
Madison	416	10.3
Marion	96	7.0
Marshall	42	3.7
Maury	194	6.8
Meigs	35	7.7
Monroe	134	7.2
Montgomery	349	7.2
Moore	6	2.3
Morgan	50	4.6
Obion	88	4.5

County	Dropouts	
	Number	Percent
Overton	86	9.2
Perry	38	11.0
Pickett	3	1.4
Polk	72	9.3
Putnam	179	7.3
Rhea	70	5.4
Roane	122	5.1
Robertson	95	4.6
Rutherford	387	5.8
Scott	95	7.9
Sequatchie	36	7.1
Sevier	181	6.6
Shelby	3,123	8.0
Smith	34	4.5
Stewart	20	4.0
Sullivan	363	4.7
Sumner	372	6.1
Tipton	66	3.1
Trousdale	16	5.1
Unicoi	45	5.2
Union	49	7.5
Van Buren	4	1.8
Warren	167	9.1
Washington	167	3.9
Wayne	31	3.9
Weakley	76	5.1
White	58	5.9
Williamson	161	3.9
Wilson	127	3.6

Tennessee	**15,223**	**6.3**

Source: 1990-1991 Annual Report of Dropouts, Tennessee Department of Education, January 31, 1992.

EDUCATION REFORM

Tennessee has taken steps toward improving its schools by passing the Education Improvement Act of 1992. Also known as the 21st Century Schools Plan, it is comprehensive and complex. The plan seeks to address the individual child in the classroom. By narrowing the focus on the individual child, it is hoped that better access to educational success will result.

The 21st Century Schools Plan was initiated to:
(1) help all children enter school healthy and well-developed;
(2) increase student/teacher interaction by reducing the maximum number of children allowed in a classroom;
(3) initiate classroom improvements such as: improved curriculum and textbooks; increased instructional resources; and using new technologies to make education more relevant to students;
(4) improve and expand adult literacy programs;
(5) require that all high school seniors take an exit exam before leaving high school to determine their readiness for college, the workplace, or post-secondary vocational education;
(6) mandate that an annual "report card" be made public for each school system which reports class and school state-mandated test results, high school exit exam results, school dropout rates, and other pertinent measures of each system's performance;
(7) implement a stronger vocational education program which adequately addresses the competencies required for students to effectively compete in the job market; and
(8) promote parent and community involvement in the schools.

To enhance parent and community involvement, family resource centers are being introduced as part of the 21st Century Schools Plan. The family resource center concept has proven to be effective in 12 other states by providing early intervention solutions to problems that have prevented successful delivery of educational services and other child/family services.

The specific services and service delivery network provided through family resource centers vary depending upon the many differences in demographics of populations served, services provided, and service delivery systems used. In spite of these differences, these varied programs share common assumptions:

- All families need information and social support, but not all families need the same level of support.
- The first few years of a child's life are of critical importance in later intellectual and social development.
- Parents constitute the most important influence on a child's life, and if parents are under stress, it undermines their capacity to protect, nurture, and guide their children.
- Most parents want to help their children develop into responsible, competent adults.
- Providing families with education, resources, and emotional support is the best approach to strengthening families and preventing serious child and family problems. [15]

The cornerstone of the 21st Century Schools Plan is accountability. To make sure that educational reform occurs, measurable performance standards have been identified and will be assessed for each school system. These performance standards target five areas: student learning; proficiency skills; graduation; promotion; and attendance.

STUDENT LEARNING

Test Results on Grade-Level Skills

Many Tennessee students are not mastering grade-level skills, according to the 1991-92 Tennessee Comprehensive Assessment Program (TCAP) test results. This indicates that many students are promoted, yet are unprepared for the next grade.

The part of TCAP that measures grade-level skills, the criterion-referenced portion, reflects the Tennessee math and language arts curricula, includes only grade-level test items, and was developed specifically for Tennessee students in grades 2 through 8.

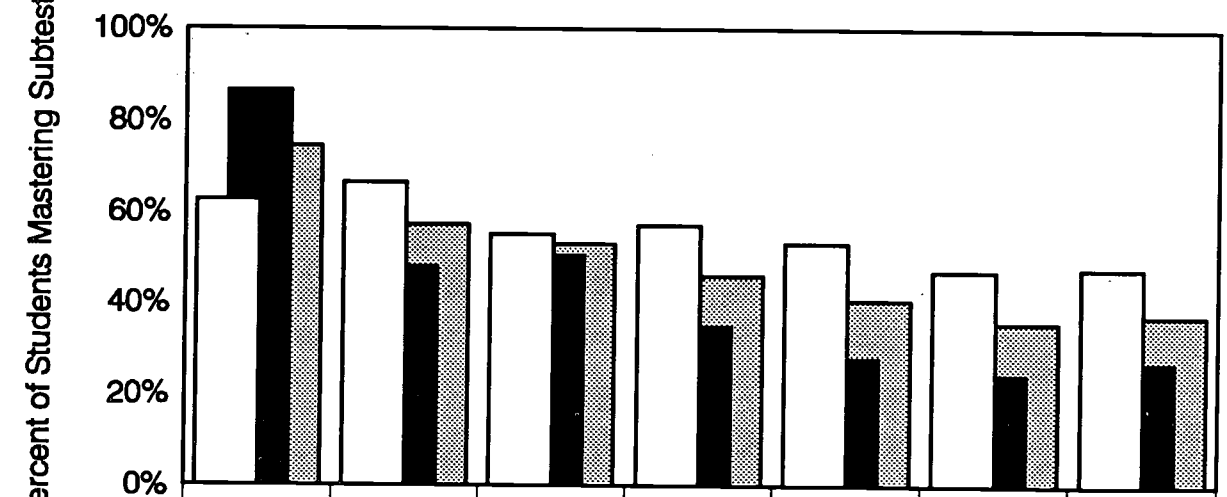
An important trend in the 1991-92 test results is that students in the early elementary grades outperformed students in the middle-school grades. For example, only 37.2 percent of eighth graders mastered grade-level math and language skills while 74.4 percent of second graders mastered grade-level math and language skills.

A comparison of the younger students' and older students' scores on the math subtests is especially troubling. There was a dramatic decline in the percent of students who mastered their grade-level math skills from grade 2 to grade 8. Of second grade students, 86.4 percent mastered their math skills, while less than half of the students in grades 3, 5, 6, 7, and 8 mastered their math skills. Fourth graders' mastery was not much better, with only 50.5 percent of the students mastering their grade-level math skills.

One of the goals of the 21st Century Schools Plan for student learning is for all students to perform at grade level. Achieving this goal will require continuing to refine the state curriculum. Also, TCAP

Tennessee Comprehensive Assessment Program, 1991-92

Statewide Criterion-Referenced Test Results



	2nd Grade	3rd Grade	4th Grade	5th Grade	6th Grade	7th Grade	8th Grade
Language	62.4%	66.3%	55%	57%	53%	46.9%	47.4%
Math	86.4%	47.9%	50.5%	34.8%	28%	24.3%	27%
Both	74.4%	57.1%	52.8%	45.9%	40.5%	35.6%	37.2%

Source: Tennessee State Testing and Evaluation Center (1992). Tennessee Student Test Results 1991-92

STUDENT LEARNING ... Continued

results should be analyzed to ensure that it is a reliable and valid measure of what students have learned from the state curriculum. Consideration should be given to how and when the test is given.

Test Results For National Comparison

Overall, Tennessee students are performing within the average range compared to other students in the nation, according to the 1991-92 TCAP results.

The portion of TCAP that is used for national comparison is the norm-referenced test for students in grades 2 through 8 and 10. It reflects as comprehensively as possible the curricula of schools throughout the country.

Norm-referenced test items include those at grade level as well as those above and below grade level. This portion of TCAP assesses knowledge in science, social studies, study skills, language arts, and math.

Compared to other students in the nation, Tennessee students' norm-referenced test results were in the average range. In technical terms, the scores clustered in the fifth stanine, the average range. (Stanine scores of 1, 2, and 3 are considered below average; 4, 5, and 6, are average; and 7, 8, and 9 are above average.)[16]

A goal of the 21st Century Schools for student learning is to achieve an average gain in reading, language, math, science, and social studies equal to or greater than the average national gain in these subjects on standard achievement tests. To attain this goal, efforts must be made to ensure that students master grade-level skills as well as the other skills tested on the norm-reference portion of TCAP.

To resolve the dilemma of many students performing at an average level nationally yet failing to master grade-level skills on TCAP, the Tennessee Department of Education (TDOE) recommends that educators use the TCAP scores for each child to detect deficiencies. After the deficiencies are noted, lessons can be planned to help each student overcome these problem areas.

For teachers to follow TDOE's recommendation, they must be well-trained in using TCAP scores as diagnostic tools. Class size must be held to the minimum. With smaller classes, teachers are better able to individualize instruction. By providing teachers with good training in using test scores and smaller classes that are more manageable, each child may have a greater opportunity to master important grade-level skills.

PROFICIENCY SKILLS

Students must pass the Tennessee Proficiency Test to receive a regular high school diploma. The proficiency requirement was established in 1981 by the Tennessee State Board of Education and endorsed by the General Assembly to ensure that students who graduate from public high schools with regular high school diplomas have demonstrated competency in a common set of minimum basic skills.[17]

The General Assembly amended the proficiency requirement in 1988 to allow, with State Board of Education approval, fulfillment of this requirement through satisfactory performance on specific math and language arts test items in the criterion-referenced component of the eighth grade TCAP Achievement Test.[18]

Fewer students passed the Tennessee Proficiency Test (TPT) in 1992 compared to 1991. Eighty-six percent of ninth grade students passed the math proficiency requirement in 1992 compared to 91 percent in 1991. Eighty-two percent passed the language arts proficiency requirement in 1992 and 86 percent passed it in 1991.

Although fewer students passed in 1992, the TPT is being revised to include more advanced skills, and new cutoff standards will be established in 1993-94. [19] Performance goals for the new test will be set by 1995-96.

The goal of the 21st Century Schools is to achieve 90 percent student mastery of math and language arts skills on the TPT.[20] Since the TPT will assess more advanced skills in the future, concerted efforts must be made to help students master these essential skills.

GRADUATION

The statewide graduation rate in Tennessee was 69.6 percent for 1989 - the same as the national rate, according to the National Center for Educational Statistics. This figure includes students who receive regular or honor diplomas and students 19 years old and under who graduated from an adult high school or received the General Equivalency Diploma (GED).

The goal of the 21st Century Schools Plan is to achieve a high school completion rate of 90 percent.[24] To attain this goal, much work needs to be done by parents, teachers, administrators, and school systems to stimulate and motivate students who are at risk of dropping out.

PROMOTION

In Tennessee during the 1991-92 school year, 95.6 percent of students were promoted to the next grade level.[25] The goal of the 21st Century Schools Plan is to achieve an average student promotion rate of at least 97 percent for grades kindergarten through 8. Fifty percent of Tennessee's school systems currently meet this standard. More work must be done to keep students from being held back a grade. Students who have been held back one grade or more are at risk of dropping out.

ATTENDANCE

The current state rate for attendance for K-6 is 94.7 percent and 92.1 percent for grades 7-12.[27] The goal of the 21st Century Schools Plan is to achieve an overall average attendance rate of at least 95 percent for grades K-6 and 93 percent for grades 7-12.

Tennessee Student Population in the 1991-92 School Year

Public Schools	893,272 Students
State Special Schools	1,482 Students
Nonpublic Schools	64,825 Students
Home Schools	1,238 Students
Total	959,579 Students

Source: Tennessee Department of Education

SPECIAL EDUCATION

The Individuals with Disabilities Education Act, or IDEA (20 U.S.C. Chapter 33), as amended by Education of the Handicapped Act Amendments (Public Law 101-476) in 1990, is the current law governing special education requirements. The previous landmark special education legislation was the 1970 Education of the Handicapped Act (Public Law 94-142) which replaced Title VI of the Elementary and Secondary Education Act.

The most critical changes in the law address the needs for pre-school-age children and adolescents. Special education services are now extended to children aged birth - three. Adolescents receiving special education services must now have an individualized transition program to address their vocational needs.

IDEA was created to guarantee individuals with disabilities "free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of children with disabilities and their parents or guardians are protected, to assist States and localities to provide for the education of all children with disabilities, and to assess and assure the effectiveness of efforts to educate children with disabilities."[25]

Special education services range from adaptive efforts within the regular classroom all the way to hospitalization. The following categories of children are served under IDEA:

- Mentally Retarded
- Speech/Language Impaired
- Hearing Impaired
- Visually Impaired
- Physically Impaired
- Health Impaired
- Other Health Impaired (Austistic)
- Specific Learning Disability
- Seriously Emotionally Disturbed
- Multi-handicapped
- Traumatic Brain Injury
- Other, which includes Developmentally Delayed and Functionally Delayed.

Special Education Students

By Placement, 12/1/91

Placement	Number
Regular Class	55,289 children
Resource Room	29,956 children
Separate Class	19,931 children
Public Separate Facility	1,248 children
Private Separate Facility	644 children
Public Residential Facility	664 children
Private Residential Facility	17 children
Hospital	1,276 children
Total	109,025 children

Source: Tennessee Department of Education

A total of 140,967 public school students in Tennessee received special education services during the 1990-1991 school year. These services were offered by regular classroom teachers as well as by 5,149 special education teachers.

Intellectually gifted students are included in this total with 17,279 students receiving special education.

A child whose intellectual abilities and potential for achievement are so outstanding that special provisions are required to meet the established educational needs is considered intellectually gifted.

Giftedness may be identified in children at a very early age. Memory and abstract thinking are key indicators of giftedness. A three-year-old child may be gifted if he or she recalls an event that happened a year ago or remembers the way to get to a location visited only once.

Parents can help their children develop their abilities by providing a variety of interesting educational opportunities and experiences.

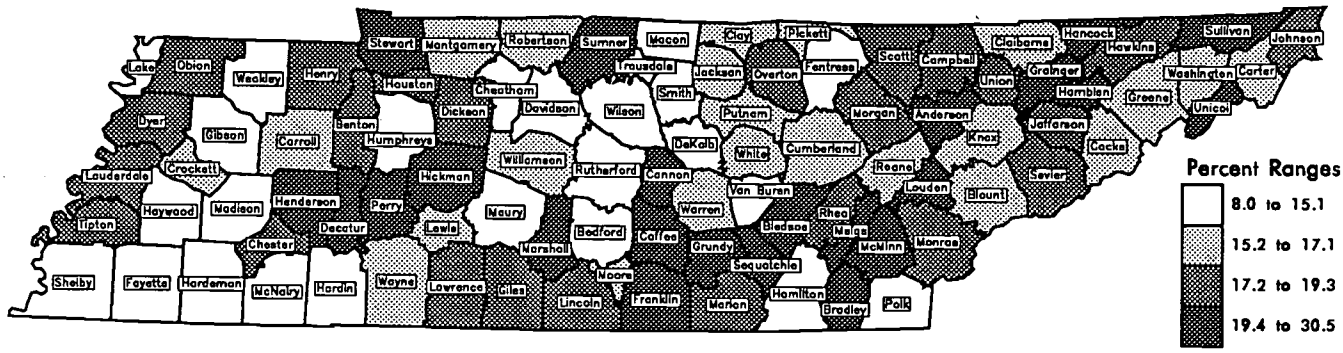
Children Receiving Special Education Services 1990-'91

By Handicapping Condition (Excluding Intellectually Gifted)

Condition	Number	Percent *
Mentally Retarded	13,819 children	11.2%
Speech or Language Impaired	33,627 children	27.2%
Hearing Impaired	1,277 children	2.4%
Visually Handicapped	882 children	0.7%
Physically Handicapped	1,375 children	1.1%
Health Impaired	2,984 children	2.4%
Other Health Impaired	322 children	0.3%
Specific Learning Disabilities	61,973 children	50.1%
Seriously Emotionally Disturbed	2,922 children	2.4%
Multi-Handicapped	1,762 children	1.4%
Deaf-Blind	56 children	0.0%
Other	2,709 children	2.2%

Source: Tennessee Department of Education * Of Children Who Receive Special Education Services

Percent of Students Receiving Special Education, 1990-1991



County	Special Education	
	Number	Percent
Anderson	3,501	27.1
Bedford	796	13.9
Benton	494	18.4
Bledsoe	430	25.1
Blount	2,386	15.5
Bradley	2,716	19.8
Campbell	1,201	17.7
Cannon	367	19.8
Carroll	866	16.3
Carter	1,460	16.5
Cheatham	752	12.7
Chester	426	19.0
Claiborne	834	16.8
Clay	208	15.2
Cocke	932	16.4
Coffee	2,012	24.2
Crockett	365	15.4
Cumberland	1,046	17.0
Davidson	9,527	13.6
Decatur	410	21.5
Dekalb	356	13.0
Dickson	1,372	19.1
Dyer	1,259	18.2
Fayette	695	13.4
Fentress	371	15.0
Franklin	1,296	21.2
Gibson	1,292	14.6
Giles	809	17.2
Grainger	651	21.0
Greene	1,498	15.9
Grundy	771	28.9
Hamblen	2,075	21.6
Hamilton	7,065	15.1

County	Special Education	
	Number	Percent
Hancock	385	30.5
Hardeman	755	14.1
Hardin	553	13.5
Hawkins	1,431	18.4
Haywood	511	12.0
Henderson	861	20.7
Henry	917	18.0
Hickman	588	19.9
Houston	252	18.4
Humphreys	347	11.5
Jackson	250	15.9
Jefferson	973	17.6
Johnson	474	19.3
Knox	9,110	15.6
Lake	167	14.2
Lauderdale	904	17.6
Lawrence	1,177	18.5
Lewis	296	15.7
Lincoln	941	18.1
Loudon	1,149	19.5
McMinn	1,934	23.7
McNairy	616	14.5
Macon	355	11.4
Madison	2,208	14.6
Marion	961	18.5
Marshall	857	20.3
Maury	1,713	14.6
Meigs	392	25.2
Monroe	1,078	17.4
Montgomery	3,105	17.0
Moore	152	15.7
Morgan	630	18.2
Obion	1,145	17.9

County	Special Education	
	Number	Percent
Overton	571	17.9
Perry	248	21.5
Pickett	127	15.8
Polk	372	14.3
Putnam	1,497	16.9
Rhea	808	17.2
Roane	1,335	16.6
Robertson	1,473	17.1
Rutherford	3,644	15.1
Scott	757	17.5
Sequatchie	510	29.1
Sevier	1,829	19.2
Shelby	18,270	11.9
Smith	226	8.0
Stewart	379	22.8
Sullivan	4,924	20.0
Sumner	4,158	20.4
Tipton	1,695	19.2
Trousdale	172	14.4
Unicoi	638	22.6
Union	454	18.5
Van Buren	119	14.7
Warren	1,031	16.2
Washington	2,291	15.9
Wayne	465	16.6
Weakley	770	14.3
White	547	15.7
Williamson	2,597	16.6
Wilson	1,634	12.2

Tennessee	**140,967**	**16.0**

Source: Tennessee Department of Education.

Education Fact Sheet

- Tennessee is *worst* in the nation in per capita public education expenditures.

- Less than 70 percent of Tennessee high school students graduate.

- More than 15,000 drop out of school in Tennessee each year.

- More than half a million adults in Tennessee have less than a 9th grade education.

- More than 120,000 Tennessee children are in special education - excluding those in gifted programs.

- The Tennessee Supreme Court has ruled that Tennessee's education funding system is unconstitutional.

- The Oak Ridge school system spends $5,312 per pupil and the Richard City school system spends $2,417 per pupil.

- The older Tennessee students get, the less likely they are to master the grade-level skills.

- About 86 percent of Tennessee 2nd graders master 2nd grade math skills.

- About 27 percent of Tennessee 8th graders master 8th grade math skills.

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Glossary

Availability of Child Care is the capacities of child care agencies measured by number of spaces per 100 children under 13 years old.

Births Lacking Adequate Prenatal Care is the percent of births which have inadequate or intermediate prenatal care measured by the Kessner Index. Kessner Index is a scale of adequacy of prenatal care based on standards of the American College of Obstetricians and Gynecologists. This index of adequacy of prenatal care is based on the number of prenatal visits adjusted for gestational age.

Child Abuse and Neglect Rate is the number of cases per 1,000 children under 18 years old in which someone causes foreseeable and avoidable injury or impairment to a child or contributes to the unreasonable prolonging or worsening of an existing injury or impairment in a child.

Child Death Rate is the number of deaths per 100,000 children aged 1-14 from all causes. The data are reported by residence. (This rate may appear excessively high in counties with small populations although few child deaths occurred.)

Children Receiving AFDC is the percent of children under 18 years old who received financial support from Aid to Families with Dependent Children (AFDC) which provides subsistence-level income for children and families.

Children Referred to Juvenile Courts is the percent of children under 18 years old who are referred to a juvenile court which has jurisdiction over matters involving juveniles. The reasons for referral include offenses against persons, offenses against property, illegal conduct, violation proceedings, and status offenses. The reasons for referral also consist of two other non-offense categories: one is dependency and neglect issues which affect the safety and well-being of the referred child, such as abuse, dependency, neglect, termination of parental rights, etc.; another is special proceedings which are judicial actions taken on behalf of the child or upon request of the child and parent/guardian.

Children in State Care are children under 21 years old who have been committed by a juvenile court to the custody of the Department of Education (Tennessee Preparatory School), the Department of Human Services, the Department of Mental Health and Mental Retardation, or the Department of Youth Development, or who have been voluntarily placed with the Department of Human Services or the Department of Mental Health and Mental Retardation.

Children under 18 in Poverty is the percent of related children, including the family head's children by birth, marriage, or adoption, as well as other persons under 18 years old related to the family head, who live in families with incomes below the U.S. poverty threshold, as defined by the Bureau of the Census. In 1989, the poverty threshold for a family of four persons was $12,675.

Children under 18 in Single-Parent Families is the percent of related children under age 18 who live in families headed by a person without a spouse present in the home. "Related children" include the head of household's children by birth, marriage, or adoption, as well as other persons under age 18 who are related to the head of family.

High School (Grade 9-12) Dropouts is the number of dropouts per 100 students of grades 9-12 in a calendar year from June to June (the school year and preceding summer) divided by net enrollment at the end of school year. The number of dropouts is collected and reported by school systems utilizing the Tennessee School Register (TSR).

Infant Mortality Rate is the number of deaths of per 1,000 live births of infant under one year of age. The data are reported by residence.

Low-Birth-Weight Babies is the percent of live births recorded as low-birth-weight babies who weigh under 2,500 grams (5.5 pounds) at birth.

Minority Population is the percent of the total population that is non-white, including African-Americans, Hispanics, Native Americans, Asian Americans, and others.

Minority Population under 18 is the percent of population under the age of 18 years and identified as non-whites, including African Americans, Hispanics, Asian Americans, Native Americans, and other races.

Number of Family Violence Cases are the family violence statistics collected and reported by every law enforcement agency in Tennessee for planning purposes, according to requirements of Tennessee Code Annotated 40-7-103.

Per Capita Income by County is the per capita personal income for a county.

Population is the number of persons living in a statistical unit, such as a state or a county.

Population Receiving Food Stamps is the percent of the population who participated in the Food Stamp Program, which is federally funded and provides food coupons to eligible individuals and families.

Population under 18 is the percent of total resident population under the age of 18 years, including dependents of Armed Forces personnel stationed in the defined areas.

Population under 21 Years Eligible for Medicaid is the percent of persons under 21 years old who are eligible for Medicaid, a government program financed by federal, state, and local funds, for hospitalization and medical insurance for people within certain income limits.

Sexually Transmitted Disease Rate is the number per 100,000 of teens ages 15-17 who were diagnosed with sexually transmitted diseases.

Students in Special Education is the percent of students in Tennessee school systems who received special education services. This group includes gifted children and those with disabling conditions such as mentally retarded, language impaired, deaf-blind, and physically handicapped, etc.

Students Participating in Child Nutrition Breakfast Program is the percent of students who received free-or reduced-price breakfasts because their family income met certain criteria based on U.S. poverty levels.

Students Participating in Child Nutrition Lunch Program is the percent of students who received free- or reduced-price lunches because their family incomes met certain criteria based on U.S. poverty levels.

Teen Pregnancy Rate is the number of live births, reported fetal deaths, and induced terminations of pregnancy per 1,000 women aged 15-17.

Teen Violent Death Rate is the number of deaths from homicide, suicide, and accidents per 100,000 teens aged 15-19.

Unemployment Rate is the percent of unemployed persons in the labor force. Unemployed persons are those 16 years old and older who: a) were not working during the survey week (the calendar week containing the 12th day of the month), made specific efforts to find a job during the preceding four weeks, and were available for work during the survey week; b) were on layoff and waiting to be recalled; or c) were waiting to report to a new job within thirty days.

Youth Unemployment Rate is percent of the unemployed youth who are 16-19 years old and not enrolled in schools.

Acknowledgments

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Special thanks to: Judy Weitz, National KIDS COUNT Coordinator, for her assistance; and the state departments' staff members who provided information for this publication.

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Tennessee KIDS COUNT is funded by The Annie E. Casey Foundation, whose KIDS COUNT grants are administered by The Center for the Study of Social Policy.

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