

Increasing Opportunities for Children to Succeed: Connecting the Dots with KIDS COUNT

Family Re-Union 12
Families and Education
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Tennessee Commission on Children and Youth

KIDS COUNT

- Annie E. Casey Foundation: Annual *KIDS COUNT Data Book* – 10 indicators of child well-being and comparative state-to-state rankings.
- *KIDS COUNT: The State of the Child in Tennessee* – the best available county-by-county data and state-level data when county data is not available.

Why Program Data Cannot be Ranked State-to-State

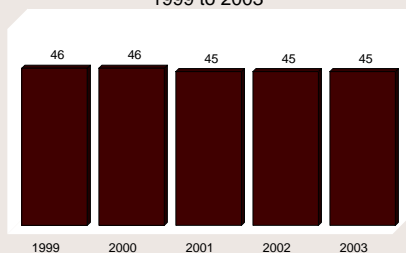
- Program eligibility criteria vary from state to state.
- Level of state funding may impact the availability of resources and consequently the number of recipients.
- Program data often better reflect outreach efforts than need.

Why Program Data Cannot be Ranked State-to-State

- Program data more accurately reflects program performance rather than actual need or actual events.
- Program data does not necessarily reflect “better” or “worse.”
- Program data measures “more” or “less” recipients of services rather than need or outcomes.

Tennessee Rankings on Percent Low Birthweight Babies

1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Low-Birthweight Babies: 45th

- 9.4 percent - Tennessee rate in 2003
- 7.9 percent - National rate in 2003
- 7,380 babies were low-birthweight in 2003
- 2,647 fewer low-birthweight babies for Tennessee to rank number one
- 1,148 fewer low-birthweight babies for Tennessee to be ranked at the national average
- Shelby 1,523; Davidson 845; Knox 469; Hamilton 454; Rutherford 293; Montgomery 207

2005 KIDS COUNT Major Findings Maternal and Child Health

- In 2003, only 73.9 percent of babies were born to mothers who received adequate prenatal care.
- More than one in four pregnant mothers did not begin prenatal care during their first trimester.
- Healthy People 2000 and 2010 goals are 90 percent.

Infant Mortality

Leading causes of infant deaths:

1. Congenital malformations, deformities and chromosomal abnormalities.
2. Short gestation period and/or low birthweight.
3. Sudden Infant Death Syndrome (SIDS)
4. Accidents

Infant Mortality Risk Factors

A woman is at higher risk for infant mortality:

- If she has no prenatal care
- If she smokes or drinks
- If she is in her forties
- If she gives birth to twins (or more)
- If she does not finish high school
- If she lives in an urban environment

Infant Mortality

- Mothers with no prenatal visits have an infant mortality rate more than seven times those with one or more prenatal visits.
- The African-American infant mortality rate is two and one half times higher than the White rate.
- Single mothers have an infant mortality rate two times higher than married mothers.
- Mothers who did not finish high school have an infant mortality rate two and one half times higher than college graduates.

Strategies to Reduce Infant Mortality

Improved pre-pregnancy health:

- Better nutrition, more exercise, less obesity
- Folic Acid Campaign
- Avoid substance use
- Smoking Cessation

Reduce teen pregnancy

Reduce premature/pre-term births

Baby Back to Sleep Awareness

Shaken Baby Syndrome Awareness

Nurse Home Visiting Programs

- Use trained nurses
- Implement a variety of program models
- Begin visits during pregnancy
- Continue visitation after birth for varying periods of time

Nurse Family Partnership Model

- First pregnancy through first two years of child's life.
- Focuses on the mother's health, quality of caregiving and life-course developments.
- Involves the mother's support system and helps families use other services they need.
- Utilizes a *Clinical Information System* to collect data.

Nurse Family Partnership Outcomes

- Improved prenatal health
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved childhood injuries
- Improved school readiness

Nurse Family Partnership Outcomes at Child Age 15

Benefits to Children:

- 48% reduction in child abuse and neglect
- 59% reduction in arrests
- 90% reduction in adjudications for incorrigible behavior

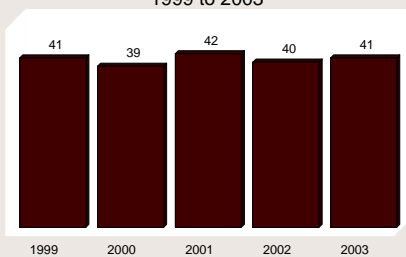
Nurse Family Partnership Outcomes at Child Age 15

Benefits to Mothers:

- 61% fewer arrests
- 72% fewer convictions
- 98% fewer days in jail

Tennessee Rankings on the Teen Birth Rate

1999 to 2003



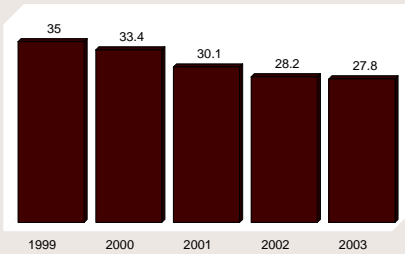
Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Teen Births: 41st

- 53 per 1,000 females ages 15-19 - Tennessee rate in 2003
- 42 per 1,000 - National rate in 2003
- 10,198 teen births in 2003
- 6,735 fewer teen births for Tennessee to rank number one
- 2,117 fewer teen births for Tennessee to be ranked at the national average
- Shelby 777; Davidson 319; Hamilton 169; Knox 154; Rutherford 78; Sullivan 69

Birth Rate for Teens

1999 to 2003



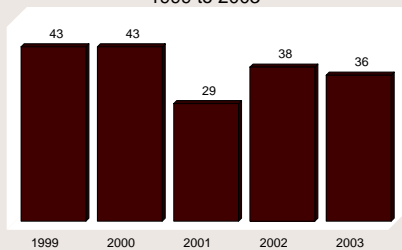
Source: Tennessee Department of Health

Strategies to Reduce Teen Pregnancy

- Family Life Curriculum
- “Baby Think It Over”
- Information regarding transmission of sexually transmitted diseases
- Access to family planning and birth control
- Hope for the future

Tennessee Rankings on Child Death Rate

1999 to 2003



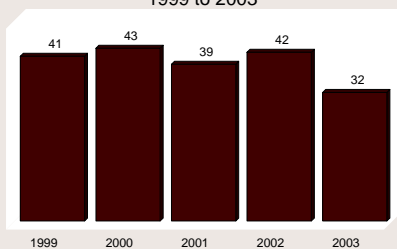
Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Child Death Rate: 36th

- 25 per 100,000 children ages 1-14 - Tennessee rate in 2003
- 12 per 100,000 - Top National rate in 2003
- 268 children died in 2003
- 139 fewer child deaths for Tennessee to rank number one
- 43 fewer child deaths for Tennessee to be ranked at the national average
- Shelby 62; Hamilton 16; Knox 15; Rutherford 15; Davidson 13; Montgomery 8.

Tennessee Rankings on Teen Deaths From All Causes

1999 to 2003



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Teen Death Rate: 32nd

- 76 per 100,000 teen ages 15-19 - Tennessee rate in 2003
- 40 per 100,000 - Top National rate in 2003
- 297 Tennessee teens died in 2003
- 141 fewer teen deaths for Tennessee to rank number one
- 39 fewer teen deaths for Tennessee to be ranked at the national average
- Shelby 27; Davidson 17; Knox 14; Hamilton 12; Rutherford 9; Sullivan 8.

Note! Tennessee Counties represent only teens who died from violent causes.

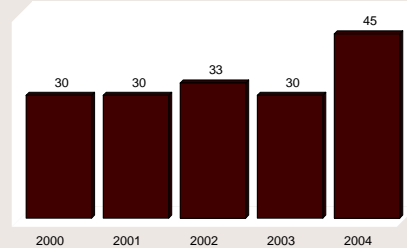
Reducing Child and Teen Deaths

Accident prevention strategies:

- Child restraint devices
- Seat belts
- Bicycle helmets
- Life preservers
- Poison prevention, including substance use/abuse
- Graduated driver licensing

Tennessee Rankings on the Percent of Teens Who are High School Dropouts

2000 to 2004



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Percent High School Dropouts: 45th

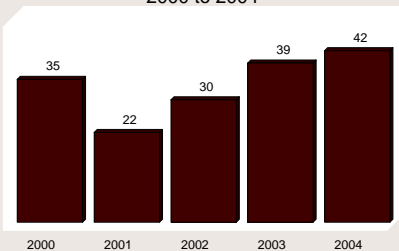
- 11 - Tennessee rate in 2004
- 8 - National rate in 2004
- 30,000 high school dropouts in 2004
- 21,818 fewer high school dropouts for Tennessee to rank number one
- 8,182 fewer high school dropouts for Tennessee to be ranked at the national average

High School Graduation Rankings

- Manhattan Institute for Policy Research: 48th nationally between 1991-2002
- U.S. Census Bureau: 42nd nationally in percent of population over 25 with a high school diploma
- Education Week: 40th nationally
- Education Policy Analysis Archives: 46th
- Education Policy Center, The Urban Institute: 46th
- National Center for Education Statistics: 44th

Tennessee Rankings on Percent Teens Not Attending School and Not Working

2000 to 2004

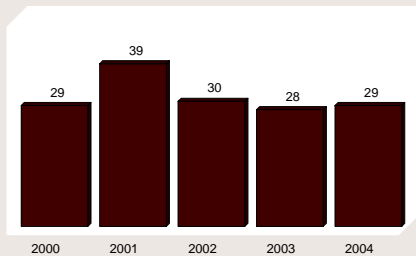


Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Strategies to Reduce High School Dropout Rates

- Start with prenatal care, early literacy and early childhood education.
- Create healthy school environments.
- Keep children in school; minimize suspension/expulsion.
- Provide quality after school programs.
- Improve transition from middle school to high school.
- Provide credit "catch-up" opportunities.

Tennessee Rankings on the Percent of Children Living in Families Where No Parent Has Full Time Year-Round Employment. 2000 to 2004

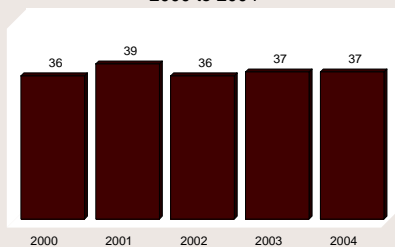


Source: Annie E. Casey Foundation, National KIDS COUNT Project.

Percent Children with Parents without Full Time Year Round Employment: 29th

- 35 - Tennessee rate in 2004
- 33 - National rate in 2004
- 483,000 children in 2004
- 151,800 fewer children with parents not working full time for Tennessee to rank number one
- 27,600 fewer children with parents not working full time for Tennessee to be ranked at the national average

Tennessee Rankings on Children Living in Single Parent Families 2000 to 2004

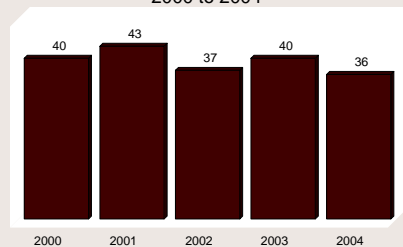


Source: Annie E. Casey Foundation, National KIDS COUNT Project

Percent Children in Single Parent Families: 37th

- 34 - Tennessee rate in 2004
- 31 - National rate in 2004
- 435,000 children in 2004
- 200,400 fewer children in single parent families for Tennessee to rank number one
- 7,200 fewer children in single parent families for Tennessee to be ranked at the national average

Tennessee Rankings on the Percent of Children Living in Poverty 2000 to 2004



Source: Annie E. Casey Foundation, National KIDS COUNT Project.

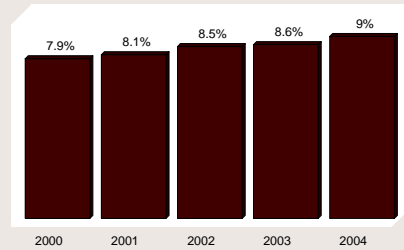
Percent Children in Poverty: 36th

- 21 percent - Tennessee rate in 2004
- 18 percent - National rate in 2004
- 286,000 children in poverty in 2004
- 148,000 fewer children in poverty for Tennessee to rank number one
- 37,600 fewer children in poverty for Tennessee to be ranked at the national average

2006 KIDS COUNT Major Findings Economic Security

- KIDS COUNT ranked Tennessee 36th worst nationally in the percent of children living in poverty in 2004.
- In 2004, 10% of Tennessee children lived in extreme poverty (income below 50% of poverty level), compared to 8% nationally.
- In 2004, 24% of children under age 6 in Tennessee lived in poverty compared to 21% nationally.
- Tennessee recently ranked 10th in the percentage grandparent-led families in 2004.

Percent of Children Receiving Families First Grants 2000 to 2004



Source: Tennessee Department of Human Services

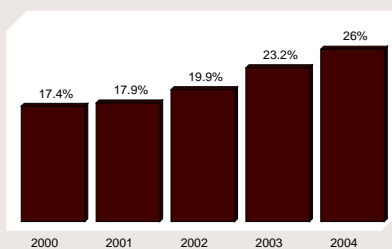
Families First

- 129,667 children covered by Families First.
- Counties with the highest number of children covered by Families First: Shelby 50,279; Davidson 18,686; Hamilton 7,784; Knox 6,313; Madison 3,030; Rutherford 2,942.
- Counties with the highest percent of children covered by Families First: Lauderdale 12.0%; Madison 12.5%; Davidson 14.5%; Lake 15.0%; Hancock 15.1%; Shelby 19.6%.

2005 KIDS COUNT Major Findings Economic Security

- 9 percent of Tennessee children under age 18 receive monthly support from Families First/TANF dollars in 2004.
- The maximum payment for a mother and two children, the typical Families First case, is \$185 per month.
- A worker would have to work more than 80 hours a week at minimum wage (\$5.15 per hour) to meet the housing cost (one third of total monthly income) for an average fair market rental at \$578 per month in Tennessee.

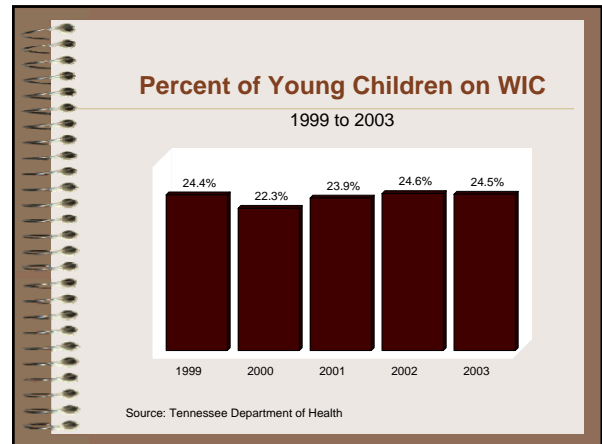
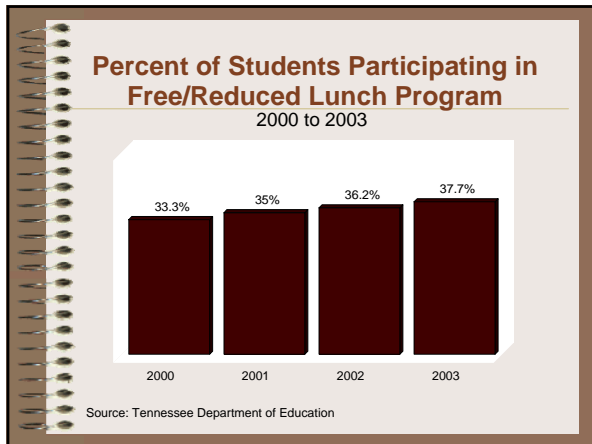
Percent of Children Receiving Food Stamps 2000 to 2004



Source: Tennessee Department of Human Services

Food Stamps

- 373,071 children receiving Food Stamps.
- Counties with the highest number of children receiving Food Stamps: Shelby 92,130; Davidson 36,753; Hamilton 17,588; Knox 17,448; Rutherford 7,917; Sullivan 7,886.
- Counties with the highest percent of children receiving Food Stamps: Fentress 40.1%; Cocke 40.3%; Campbell 41.7%; Lake 42.4%; Hancock 43.8%; Scott 44.8%.



- ### Free and Reduced-Price Lunch
- 320,747 children received free and reduced-price lunch.
 - Counties with the highest number of children receiving free and reduced price lunch: Shelby 74,953; Davidson 26,079; Hamilton 13,898; Knox 13,662; Montgomery 6,979; Madison 6,604.
 - Counties with highest percent of children receiving free and reduced-price lunch: Fentress 63.8%; Grundy 65.4%; Hancock 65.6%; Fayette 67.0%; Scott 67.3%; Haywood 68.1%.

- ### 2005 KIDS COUNT Major Findings Nutrition
- 1 in 4 Tennessee children lives in a family that receives food stamps.
 - 50 percent or more students receive free or reduced price lunches in 21 Tennessee counties.
 - A 1998-2000 report ranked Tennessee 10th among the 50 states in prevalence of hunger and 13th in food insecurity with as many as 273,000 Tennessee children living in families affected by food insecurity and hunger.

- ### Child Trends Sociodemographic Risk Index
- Poverty
 - Single-parent family
 - Parents or parent with low level of education
 - Large family
 - Family not able to own or buy a home

- ### Child Trends Sociodemographic Risk Index
- Low Risk –no risk factors, 38% or only one risk factor, 26%
 - Medium Risk – 29% - two (18%) or three (11%) risk factors
 - High Risk – 7% - four (5%) or all five (2%) risk factors

High Risk Impact

Children at High Risk are more likely to:

- Be suspended or expelled from school
- Have behavior problems
- Be in poor health
- Be less engaged in schoolwork

And less likely to participate in out-of-school time activities

High Risk Impact

Parents of children at High Risk are more likely to:

- Experience symptoms of poor mental health
- Have more frequent feelings of aggravation
- Have more worries about being able to provide the basics, such as food

Strategies to Increase Opportunity for All Students

Coordinated System of Care

A coordinated system of care requires the participation of families and the community at large. A healthy and stable family and home environment is important for all children. When children have additional or special needs, supportive, community-based systems of care enhance opportunities for successful outcomes.

SYSTEM OF CARE Values

Source: Stroul & Friedman

- Child-centered/Family-focused
- Community-based
- Culturally Competent

SYSTEM OF CARE Principles

Source: Stroul & Friedman

- Comprehensive array of services.
- Individualized services based on need.
- Least restrictive environment.
- Families as full partners.
- Integrated and coordinated services.

SYSTEM OF CARE Principles

Source: Stroul & Friedman

- Early identification and intervention.
- Smooth transition to adult services.
- Advocacy.
- Culturally competent services.
- Accountable.

System of Care Framework



Children's Mental Health

- Provide appropriate services and supports for children who have mental health treatment needs.
- Approximately one in ten American children and youth experience a behavioral, emotional or mental health disorder that could be identified and treated.
- Stigma associated with mental illness can dissuade young people and their families from seeking help.
- Help erase the stigma regarding mental health treatment.

Increasing Opportunity for Children in the Child Welfare System

- Do not stigmatize children in custody.
- Help children transition to a new school.
- Provide school staff to participate in child and family team meetings.
- Help adolescents develop a long term connection with a caring adult.
- Encourage adolescents to stay in school and obtain a high school diploma.
- Encourage adolescents to pursue post-secondary education.

Special Needs Students

- Improve "Child Find" and access to quality early intervention through TEIS and other strategies.
- Provide quality, individualized special education services.
- Provide intensive language services for English Language Learners – and their parents through adult and community education

Coordinated School Health Program Components

- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Health Promotion for Staff
- Counseling and Psychological Services
- Healthy School Environment
- Parent/Community Involvement

Coordinated School Health Program Outcomes

- Increased physical activity
- Enhanced nutritional services
- Reduced obesity
- Improved academic performance

Coordinated School Health Program Opportunities

- Develop local partnerships to expand Coordinated School Health Programs
- \$14.9 Million appropriated to expand Coordinated School Health Programs

Bullying Prevention Programs

- Take bullying prevention seriously.
- In response to the 2005 legislative mandate, implement bullying prevention programs with demonstrated effectiveness.
- Bullying prevention programs improve school climate and school safety.

Impact of Bullying Prevention

- Significant reductions in student reports of being bullied and bullying others.
- Significant reductions in student reports of general antisocial behavior (e.g., vandalism, fighting, theft and truancy).
- Significant improvements in classroom order and discipline.
- More positive attitude toward schoolwork and school.

Early Childhood Education

- Brain research indicates children must master a large number of skills to be “ready” for school.
- From age 3 to 6, the brain grows from 75 percent to 90 percent of its adult size.
- Early experiences have a direct effect on the way the brain is wired, and research confirms the at-risk child is more likely to miss those quality experiences that promote brain development.
- The average cost of one year of child care in Tennessee is 1½ times more than one year of tuition at a state university. Yet when it comes to paying for child care, most families are on their own.

Income Level and Early Language

- Many four year olds do not have the early learning and language experiences that children from sufficient socioeconomic environments are bringing with them to school.
- Hart and Risley (1995) identified the differences in the quantity and quality of words heard in homes of three different income levels.

Actual Differences in Quantity of Words Heard	
In a typical hour, the average child would hear:	
Welfare:	616 words
Working Class:	1,251 words
Professional:	2,153 words
Actual Differences in Quality of Words Heard	
Welfare	5 affirmations, 11 prohibitions
Working Class:	12 affirmations, 7 prohibitions
Professional:	32 affirmations, 5 prohibitions

(Hart and Risley, 1995)

Early Childhood Education in Tennessee

- In Tennessee an estimated 38,000 four-year-old children are at risk of school failure because of low family income.
- These children need access to quality language, literacy, physical, and social early learning experiences essential to succeed in school and beyond.
- Without a quality preschool experience, children from low income backgrounds face a bleak future.

Economic Benefits of Quality Early Childhood Education

Every dollar spent on quality early education for high risk children saves \$7 to \$17 in future expenditures for negative outcomes further down the road:

- Need for special education services;
- School dropouts;
- Juvenile delinquency;
- Teen pregnancy;
- Long-term welfare dependency.

Economic Benefits of Quality Early Childhood Education

High Scope/Perry Preschool Study: in each group of 20 low income children without quality preschool:

- 9 will be identified in need of special education with an IQ of 85 or less.
- 11 will repeat one or more grades.
- 11 will not graduate from high school.
- 16 will not have the skills necessary for post secondary education.
- 7 will be destined to commit 5 or more crimes and require incarceration.

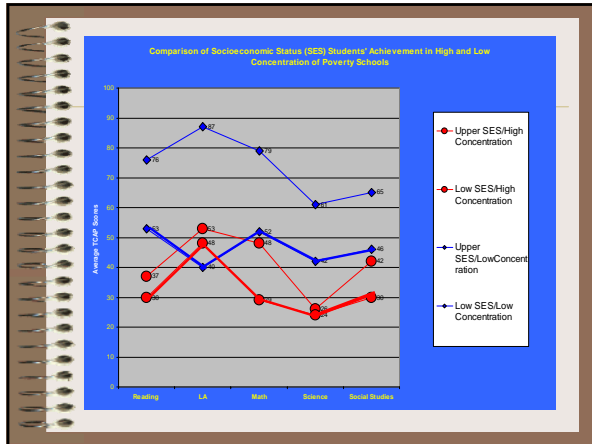
Educational Benefits of Quality Early Childhood Education

Children who experience quality early childhood education have:

- Better language and math skills;
- Better classroom social and thinking skills;
- Better cognitive and social skills;
- Better relationships with peers; and
- Even better results for children with less educated mothers.

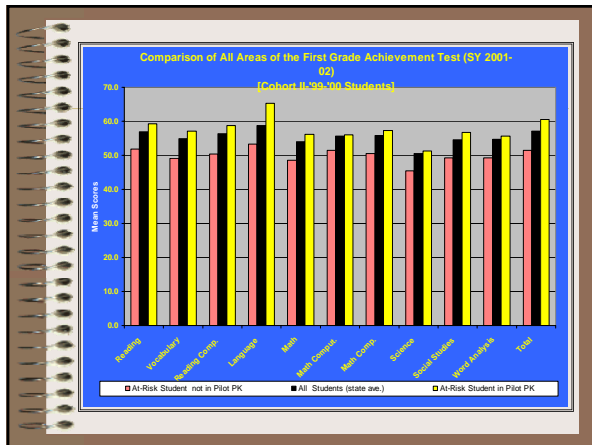
Benefits of Quality Early Childhood Education

- Low socioeconomic status has more impact on cognition scores than any of the other factors, such as race, ethnicity, home reading, family educational expectations, etc. (Economic Policy Institute, 2002)
- Poverty's impact is reflected in the achievement test scores of Tennessee's elementary students.
- Children with low socioeconomic status, whether attending a school with high or low concentrations of poverty simply start out behind and stay behind.



Benefits of Quality Early Childhood Education

- Quality early childhood education can alter the potential negative outcomes.
- In Tennessee, at-risk students who participated in a full year of preschool scored significantly higher than their socioeconomic peers without preschool AND scored higher than the state average for all students.



The Future of Children – Fall 2006

- Stagnating incomes for the middle class together with rising income inequality have raised questions about whether the United States remains the land of opportunity celebrated in the nation's history and public philosophy.

Closing the Gap

- Requires attention to the multiple influences on early child development, including the contributions of family and neighborhood, home environments related to language and literacy, parenting practices, health status, health behaviors, child care and early education.

Closing the Gap

- The growing racial, ethnic, linguistic, and cultural diversity of young children requires that health, mental health, early childhood and education programs periodically reassess their appropriateness and effectiveness for the wide variety of families they serve.

Early Literacy

- A growing body of evidence shows that early learning experiences are linked with later school achievement, emotional and social well-being, fewer grade retentions, and reduced incidences of juvenile delinquency and that these outcomes are all factors associated with later adult productivity. Other research has identified key predictors for reading and school success.

Early Literacy

- Oral language is the foundation for literacy development.
- Children's experiences with the world greatly influence their ability to comprehend what they read.
- Learning to read and write starts long before first grade and has long lasting effects.
- Children's experiences with books and print greatly influence their ability to comprehend what they read.

The Future of Children – Fall 2006

- In many respects, the U.S. education systems tend to reinforce rather than compensate for differences in family background. Strengthening opportunity requires greater, and more effective, investments in education, especially for America's youngest children.

The Future of Children – Fall 2006

- The highest priority in education should be preparing very young children from poor families for school.
- The most important ingredients for success appear to be intervening as early as possible and maintaining the quality of what is offered as more children are served.

The Future of Children – Fall 2006

- Of all the preschool programs available to directly serve children, only center-based programs in which children attend classrooms or individual tutoring sessions improve cognitive development.
- A reasonable conclusion is that auspices per se have little to do with program effectiveness, once goals, standards, and resources are taken into account.

The Future of Children – Fall 2006

- In those areas where preschool may raise social mobility the most – criminal tendency, welfare receipt, and fertility – it may also benefit the children of the preschoolers.
- Because many low-income children and minority children are already enrolled in Head Start and other programs, another way to raise social mobility would be to upgrade the existing program.

The Future of Children – Fall 2006

- Economic studies broadly agree that teacher quality matters, though they agree much less about what makes a high-quality teacher.
- One measure of teacher quality is teaching experience, and it is telling that schools serving poorer students are likely to have fewer experienced teachers.

The Future of Children – Fall 2006

- Findings from both economics and psychology suggest that teacher expectations may indeed help explain why family background affects student achievement.
- Rather than encouraging upward mobility, U.S. public schools tend to reinforce the transmission of low socioeconomic status from parents to children.

The Future of Children – Fall 2006

- Lower income children experience a broader set of specific health problems than do children from higher-income households.
- Chronic health conditions also put children at higher risk for poorer educational outcomes.

The Future of Children – Fall 2006

- The meals of children who participate in the national school lunch program are higher in nutrients than those of children who do not, although these benefits may be offset in part by the quality of nutrition received out of school.
- An intriguing, relatively new, line of research hypothesizes that poor nutrition in utero leads to greater risk of chronic disease, particularly cardiovascular disease and non-insulin-dependent diabetes, in middle age and later.

School Readiness: Closing the Gap in School Achievement

- Studies show at least half the educational achievement gaps already exist at kindergarten entry.
- Children from low-income families are more likely to start school with limited language skills, health problems, and social and emotional problems that interfere with learning.
- The larger the gap at school entry, the harder it is to close.

Ready or not?

- The first five years of life are critical to a child's lifelong development.
- Young children's earliest experiences and environments set the stage for future development and success in school and in life.
- Early experiences actually influence brain development, establishing the neural connections that provide the foundation for language, reasoning, problem solving, social skills, behavior and emotional health.

Ready or not?

- Families and communities play critical roles in helping children get ready for school.
- Children from families that are economically secure and have healthy relationships are more likely to succeed in school.

Ready or not?

- Infants and young children thrive when parents and families are able to surround them with love and support and opportunities to learn and explore their world.
- Communities are vibrant when they provide social support for parents, learning opportunities for children, and services for families in need.

Ready or not?

- Schools can improve the readiness of young children by making connections with local child care providers and preschools and by creating policies that ensure smooth transitions to kindergarten.
- Schools must be ready to address the diverse needs of the children and families in their community and be committed to the success of every child.

Ready or not?

- Schools can improve the readiness of young children by making connections with local child care providers and preschools and by creating policies that ensure smooth transitions to Pre-K or kindergarten.
- Schools must be ready to address the diverse needs of the children and families in their community and be committed to the success of every child.

Ready or not?

- The strongest effects of high quality early childhood programs are found with at-risk children – children from homes with the fewest resources and under social and economic stress.
- Studies show at least half the educational achievement gaps between poor and non-poor children already exist at kindergarten entry.

Ready or not?

- Children from low-income families are more likely to start school with limited language skills, health problems, and social and emotional problems that interfere with learning.
- If we want all children to read proficiently by fourth grade – and to grow into healthy teens and productive adults – then we must make wise investments in the early years.

The Ready Child Equation

- Ready Families
- + Ready Communities
- + Ready Services
- + Ready Schools
- = Children Ready for School

The Ready Child Equation

- Ready Families: Describes the children's family context and home environment.
- Ready Communities: Describes the community resources and supports available to families with young children.
- Ready Services: Describes the availability, quality and affordability of proven programs that influence child development and school readiness.
- Ready Schools: Describes critical elements of schools that influence child development and school success.

Domains of School Readiness

There is consensus, based upon a wealth of research, that a child's readiness for school should be measured and addressed across five distinct but connected domains:

- Physical well-being and motor development.
- Social and emotional development.
- Approaches to learning.
- Language development.
- Cognition and general knowledge.

Domains of School Readiness

- The need for children to develop across all five domains is supported by kindergarten teachers.
- They agree that physical well-being, social development, and curiosity are very important for kindergarten readiness.

Domains of School Readiness

- Teachers want kindergartners to be able to communicate needs, wants, and thoughts and to be enthusiastic and curious when approaching new activities.
- Teachers also place significant importance on skills such as the ability to follow directions, not being disruptive in class, and being sensitive to other children's feelings.

Criteria for Core Indicators

- Each of the four core indicators had been selected as a high priority school readiness indicator by multiple states involved in the School Readiness Indicators Initiative.
- The core indicators reflect conditions that can be altered through state policy actions.
- A change in one or more of the core indicators will influence children's school readiness.
- Each of the core indicators is currently measurable using state and local data.

Ready Children: Core Indicators

- Physical well-being and motor development
- Social and emotional development
- Approaches to learning (following directions)
- Language development
- Cognition and general knowledge (basic shapes)

Ready Families: Core Indicators

- Mother's educational level
- Births to teens
- Child abuse and neglect
- Children in foster care

Ready Communities: Core Indicators

- Young children in poverty
- Supports for families with infants and toddlers
- Lead poisoning

Ready Services – Health: Core Indicators

- Health insurance
- Low birthweight babies
- Access to prenatal care
- Immunizations

Ready Services – Early Care and Education: Core Indicators

- Children enrolled in an early education program
- Early education teacher credentials
- Accredited child care centers
- Accredited family child care homes
- Access to child care subsidies

Ready Schools: Core Indicators

- Class size
- Fourth grade reading scores

Emerging Indicators

Ready Children:

- Assessment of skills and behaviors for preschoolers
- Mathematical skills

Ready Families:

- Family reading to young children
- Maternal depression

Emerging Indicators

Ready Communities:

- Housing
- Homeless children
- Neighborhood conditions

Ready Services – Health:

- Well-child visits
- Developmental screening and assessment
- Developmental assessment of young children in the child welfare system

Emerging Indicators

Ready Services – Early Care and Education:

- High-quality child care and early education programs
- Parent involvement in early care and education programs

Ready Schools:

- Transition practices between pre-school and school
- Special education and early intervention

Sources/Resources

- KIDS COUNT, The Annie E. Casey Foundation: www.aecf.org
- KIDS COUNT: The State of the Child in Tennessee, Tennessee Commission on Children and Youth: www.tennessee.gov/tccy
- *The Future of Children – Opportunity in America: The Role of Education*, Princeton-Brookings, Fall 2006: www.futureofchildren.org
- *Getting Ready: National School Readiness Indicators Initiative*: February 2005: www.GettingReady.org

Sources/Resources

- *Early Literacy: Policy and Practice in the Preschool Years*, Preschool Policy Brief, National Institute for Early Education Research, April 2006: www.nieer.org
- Nurse-Family Partnerships, www.nursefamilypartnership.org
- *New National Research: Perceptions of Depression, ADHD, and Stigma among Youth 8-18*, <http://www.harrisinteractive.com/news/>, http://www.harrisinteractive.com/news/newsletters/k12news/HI_Trends&TudesNews2006_v5_iss08.pdf

Sources/Resources

- Tennessee Department of Education: Office of School Health Programs, Coordinated School Health Program: www.tennessee.gov/education/schoolhealth/
- Centers for Disease Control and Prevention, Coordinated School Health Program: www.cdc.gov/HealthyYouth/CSHP/index.htm

Sources/Resources

- Oleweus Bullying Prevention Program:
www.clemson.edu/olweus/
- *Bullying Prevention Is Crime Prevention*, Fight Crime: Invest in Kids:
www.fightcrime.org/reports/BullyingReport.pdf
- *Cumulative Risks Among American Children*, Child Trends:
www.childtrends.org/Files?CumulativeRisksRTRRB.pdf

TCCY Legislative Information

- All reports are available at the TCCY website:
<http://www.tennessee.gov/tccy/legislat.html>.
- Or to receive reports by e-mail:
- Go to <http://www.tennessee.gov/tccy/listserv.html> and click on listserv@listserv.state.tn.us or type listserv@listserv.state.tn.us in the "To:" area of a new e-mail message.
- Leave the subject line blank.
- In the message area type: Subscribe TCCY First Name Last Name. (But use your own first and last name instead of the typed words "First Name Last Name.")
- This should connect you directly to the list-serve account.
- You will receive a confirmation message verifying that you are enrolled.
- If you have questions or need assistance you can call Steve Petty at (615) 532-1685 or e-mail him at Steve.Petty@state.tn.us, or 1-800-264-0904.

Public Expenditures Impact on Child Outcomes

- An extra \$1,000 spent on education is associated with:
- 10 percent reduction in low math and reading scores.
 - 15 percent reduction in the high school dropout rate.
 - 10 percent reduction in the teen birth rate.

(Center for Research on Child Wellbeing, March 2003)

Public Expenditures Impact on Child Outcomes

- Public expenditures are related to better child outcomes across a wide range of indicators, including measures of child mortality, elementary-school test scores, and adolescent behavior outcomes.
- States that spend more on children have better outcomes even after taking into account potential confounding influences.

(Center for Research on Child Wellbeing, March 2003)

Primary State Ranking Sources

- United Health Foundation: *America's Health Rankings* – 18 indicators in three categories of risk and one of outcomes with an overall statewide ranking.
- Governing: *Annual State & Local Source Book* – Data from and rankings for nine public sector categories, including education and social services

United Health Foundation

- United Health Foundation: *America's Health Rankings* – 18 indicators in three categories of risk and one of outcomes with an overall statewide ranking.
- Tennessee ranked 48th overall in the United Health Foundation rankings.

United Health Foundation

Risk Factors - Personal Behaviors

- 48th Prevalence of smoking (percent of population)
- 38th Motor vehicle deaths (deaths per 1,000,000 miles driven)
- 47th Prevalence of Obesity (percent of population)
- 47th High School Graduation (percent of incoming ninth graders)

United Health Foundation

Risk Factors – Community Environment

- 47th Violent crime (offenses per 100,000 population)
- 23rd Lack of health insurance (percent without health insurance)
- 36th Infectious Diseases (cases per 100,000 population)
- 40th Children in poverty (percent of persons under age 18)
- 26th Occupational Fatalities (deaths per 100,000 workers)

United Health Foundation

Risk Factors – Health Policies

- 43rd Per capita public health spending (\$ per person)
- 21st Adequacy of prenatal care (percent of pregnant women)
- 20th Immunization coverage (percent of children age 29-35 months)

United Health Foundation

Outcomes

- 38th Limited Activity Days (days in previous 30 days)
- 48th Cardiovascular deaths (deaths per 100,000 population)
- 45th Cancer deaths (deaths per 100,000 population)

United Health Foundation

Outcomes (continued)

- 46th Total mortality (deaths per 100,000 population)
- 48th Infant Mortality (deaths per 1,000 live births)
- 46th Premature death (years lost per 100,000 population)

Governing Source Book 2006

- *Governing: Annual State & Local Source Book* – Data from and rankings for nine public sector categories, including education and social services

Public Employees

- State government employees: 39th per 10,000 population
- Local government employees: 35th per 10,000 population
- State public employees salary rank: 41st
- Local average salary rank: 34th

Governing Source Book 2006

Social Services

- Welfare spending: 11th per capita; 11th as % of personal income (includes TennCare)
- Welfare recipients: 1st per 10,000
- Health & Hospital spending: 12th per capita; 10th % of personal income
- Health insurance: 27th % uninsured
- Total Medicaid eligibles: 2 per 1,000

Governing Source Book 2006

Economic Development

- 9th Highest Unemployment Rate nationally
- 45th in Labor Force as percent of the population

Environment

- Total state and local spending per capita: 50th; 44th % of personal income
- Total toxic chemical releases: 8th most

Governing Source Book 2006

Higher Education Rankings

- Higher Education spending: 47th per capita; 42nd % of personal income
- Higher Education enrollment as a % of the total population: 48th

Public Safety

- Corrections spending per capita: 41st
- Prisoners per 100,000 population: 18th

Governing Source Book 2006

K-12 Education Rankings

- K-12 Education spending: 50th per capita; 50th % of personal income
- K-12 public school enrollment as a % of the total population: 36th
- Pupil Teacher Ratio: 31st (15.7 -1)
- Classroom Spending per pupil: 45th
- Average Teacher Salary: 30th (\$41,527)

State Rankings: Statistical Abstract of the United States

- 39th Median household income, (\$40,674) 2003
- 15th Most persons below poverty line, 2003
- 3rd Highest infant mortality rate, 2002
- 37th Most persons 25 years and older with a bachelor's degree or more, 2004
- 4th Highest violent crime per 100,000 population, 2004

Campaign for Tobacco-Free Kids

Includes the District of Columbia with 51 rankings:

- 48th Adult smoking rate
- 36th Pregnant smoking rate
- 48th Cigarette tax (cents per pack)
- 51st Tobacco control percent of CDC recommended minimum
- 6 States have a higher rate of youth smoking reported

Making the Grade on Women's Health

- Overall State Ranking: 42nd
 - State Grade: Unsatisfactory
- Major components of the rankings are based on:
- Access to health insurance
 - Requiring insurance to pay for tests such as mammograms, pap smears, and colorectal cancer screening.
 - Access to reproductive services such as contraception, emergency contraception, and abortion.
 - Economic security issues such as minimum wage, paid family leave, and child support.

Center on Budget and Policy Priorities

- 3rd Greatest income inequality between the top and the bottom, early 2000s
- 4th Greatest income inequality between the top and the middle, early 2000s