

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Special Data Report on Children



SHELBY COUNTY, TENNESSEE | LE BONHEUR CHILD HEALTH ADVOCACY INSTITUTE

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Introduction

Le Bonheur Children's Hospital and the University of Tennessee Health Science Center (UTHSC) Department of Pediatrics strive to achieve healthier lives for all children. Efforts contained within the hospital, clinics and community programs alone are not sufficient to achieve sustainable community change to meet this goal. Le Bonheur and UTHSC have a responsibility to be a strong voice advocating for the well-being of children and families in our community. The future success and health of children in our community depends on our actions and policies today.

Social factors that impact health are defined by The U.S. Department of Health and Human Services as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

These factors can drive as much as 80 percent of health outcomes as opposed to the 20 percent influenced by medical care, according to the Robert Wood Johnson Foundation.

Le Bonheur and UTHSC have the influence, ability, expertise and resources to speak up for children. We must communicate in a constructive manner to educate our community about the issues impacting our children in addition to proven, effective health and prevention strategies to help them grow up healthy, safe and well.

This report is a data report focused on children. The information comes from the Methodist Le Bonheur Healthcare Community Health Needs Assessment that is completed every three years as required of not-for-profit health systems by the federal government.

The intent of this report is to:

- Disseminate knowledge to the community
- To compile a large amount of children's data in one place
- Serve as a tool for medical professionals to use in informed decision making
- To engage the conversation of what is working, or needs improvement, in serving the children of Shelby County and beyond.

Summary

According to the Tennessee Commission on Children and Youth, out of the 95 Tennessee counties, Shelby County ranks 93rd in Economic Wellbeing, 91st in Education, 93rd in Health, and 74th in Family and Community. The leading causes of death in children, teens, and young adults in Tennessee and Shelby County are accidental injuries, homicides, cancer and suicide.

According to the State of Tennessee 2023 Child Fatality Report, firearm deaths were the leading external cause of death among Tennessee children. While the rate of child deaths has remained the same across Tennessee, the rate in Shelby County has increased over the same 5-year period. The greatest health issues Tennessee children face include poverty, community violence, lead poisoning, mental health, inadequate prenatal care, nutrition, obesity and unintentional injury.

Poverty. Poverty and health-related social needs negatively impact many aspects of physical, mental, social and emotional health, as well as educational attainment and more. A quarter of the residents of Shelby County are children under age 18, and a quarter of those children are living in poverty. Of the children living in Shelby County, 60% are African American. There is a significant racial disparity with a 38% of all African American children and 34% of Hispanic children living in poverty compared to 7% of White children in Shelby County.

Prenatal Care. Pregnant women living in poverty are less likely to get adequate prenatal care (regularly beginning in the first trimester). In Shelby County, just over half (58%) of African American women get adequate prenatal care compared to 66% of White women. Inadequate prenatal care can lead to poor infant health outcomes such as prematurity, low birth weight, infant mortality and negative outcomes for mothers. African American babies are two times more likely to be born with low birth weight and 1.5 times more likely to be born premature compared to White babies. Since 2017, the percentage of women getting prenatal care has increased noticeably from 54%, to 61 % in 2021. During this same time, the infant mortality rate has decreased from 10 per 1,000 live births in 2017, to 8.8 per 1,000 live births in 2021. While we celebrate a decrease, a significant racial disparity persists between African American and White infant mortality. African American babies die in infancy at a rate more than two times that of White babies.

Nutrition and Obesity. In 2021, 22% of children under 18 years of age face food insecurity in Shelby County. Although Shelby County has typically had comparable rates to the state average, in 2020 (year of the COVID-19 pandemic), the rate of food insecurity in children under 18 increased dramatically to 27% compared to the state average of 20%. In 2022, supplemental nutrition assistance was provided to 34% of all children under 18, while a quarter of all children under age 5 received WIC services. WIC and the Supplemental Assistance program provide nutritional education and support to their clients. The 2021 CDC's Youth Risk Behavior Surveillance Survey (YRBSS) found that in Shelby County, 18.5% of surveyed high school students were overweight and 23.5% were obese.¹

Community Violence. Homicide and violent crime rates are indicators of poor community safety, which leads to premature deaths. According to the State of Tennessee 2023 Child

Fatality Report, firearm deaths were the leading external cause of death among Tennessee children. The rate of firearm death was 5.5 deaths per 100,000 children. Between 2017 and 2021, the rate of homicide among Tennessee children increased by 18.9%.² Shelby County has a violent crime rate that is double that of Tennessee and triple that of the United States. Since 2016, the homicide rate for Shelby County has more than doubled. The rate of aggravated assaults has increased by 46% and the rate of gun related incidents has increased by 42%. Unfortunately, our children are not immune to this violence. In 2021, Tennessee had among the highest rates of all states in both under 18 homicide victims (10th) and under-18 homicides using a firearm (7th).

As a Level 1 Trauma Center, Le Bonheur treats children and teens with gunshot wounds. The number of children treated at Le Bonheur for gunshot wounds has nearly tripled from 68 in 2018 to 180 in 2023. Across the county, nearly 20% of assaults in which a firearm was used to perpetrate the crime involved children under the age of 18. The racial disparity between victims of assault is great. African American children are 10 times more likely to be a victim than White children are.

Lead Poisoning: Childhood lead exposure impacts early development by damaging the brain and nervous system and can result in lifelong health, behavioral, social, and economic challenges. Childhood lead exposure is associated with attention deficit problems and increased incidence of problematic behavior or justice system involvement. The focus of lead poisoning prevention efforts should be on reducing the most common sources of lead exposure which are lead-based paint and dust in the home, water service lines and lead in the soil. There is no safe level of lead in a child's blood. Even a slightly elevated lead level can lead to problems in the future – which is why protective measures like cleaning to remove lead dust from floors or using filtered water to make baby formula if a home has lead water lines are vitally important to reduce the risk of exposure.

In the past decade, Tennessee has seen a significant increase in lead screening and reduction in the burden of lead poisoning among children under six years of age. The aggregate screening rate (the number of children who had at least one blood lead test prior to age six divided by the under six population estimate for the last year in the aggregate time interval) increased from 59% in 2011–2015 to 66% in 2016–2020. The annual rate of elevated blood lead levels above ≥ 5 micrograms per deciliter dropped from 4% in 2011 to 1.1% in 2020, the lowest in a decade.³ However, from 2019 to 2020, the annual screening rate (the number of children screened for blood lead in a year divided by the under six population) across Tennessee decreased by nearly 10% from 2019 to 2020. This could be a function of the COVID-19 pandemic, decreased well-child visits, incomplete reporting and changing screening recommendations.

Early intervention programs and nutritional support can help mitigate the behavioral and developmental impacts of lead exposure if identified by proper screening and referred to services. Lead levels higher than 3.5 micrograms per deciliter automatically qualify a child for TN Early Intervention services, which provides support for children with or at risk for developmental delays. Families also qualify for services from Shelby County Health Department and the City of Memphis.

Teen Sexual Health. Shelby County's five-year annual average birth rate for females ages 15-19 is 34.8 per 1,000 females, which is greater than the rate for both Tennessee (27.2 per 1,000 females) and the United States (19.3 per 1,000 females).⁴ There is great racial disparity among teen births. The birth rate for African American teens is four times greater than that for White teens. The birth rate for Hispanics is six times greater than the rate for Whites. The rate of males and females ages 15-17 with sexually transmitted infections (STIs) is two times greater than the state rate. Shelby County ranks 74th of all Tennessee Counties for teens with STDs.

Unintentional Injuries. Unintentional injuries is a broad category and encompasses injuries such as motor vehicle crashes, falls, and sport accidents. Motor vehicle crashes are the leading cause of unintentional injury death in children. Shelby County ranks 95th in the state's counties for teen drivers who were involved in a vehicle crash. Teens ages 16-17 are involved in 17% of all motor vehicle crashes. The rate of teen and young adult drivers involved in crashes has increased every year and is much greater than the rate for Tennessee. The percentage of restraint and seat belt use for children involved in motor vehicle crashes has increased dramatically since 2018. Of children aged 0-12 involved in crashes, 97% were restrained.

In 2021, Tennessee saw the highest number and rate of unintentional infant deaths due to suffocation since before 1999, according to the Tennessee Commission on Children and Youth (TCCY) State of the Child report.

According to the TCCY State of Child Report, from 2018 - 2021 in Tennessee there were 502 unintentional deaths among children ages 1-17:

- 47 percent (237 deaths) were from Motor Vehicle Traffic Accidents
- 15 percent were from Drowning (75 deaths)
- Eight percent were from Poisoning (41 deaths)
- Six percent were from Fire/Flame (28 deaths)
- Four percent were from Suffocation (19 deaths)

In 2021, Tennessee had the 13th highest rate of in unintentional deaths. Tennessee had the 11th highest rate of Unintentional Motor Vehicle Deaths. Children in Tennessee are at the

greatest risk for unintentional motor vehicle deaths between age 15 to 17 and age 2 to 4. The unintentional death rate among children ages 1 to 17 between 2018 and 2021 increased from 3.7 to 4.8 per 100,000, with an increase of 1.0 per 100,000 just between 2020 and 2021.⁵

Mental Health. In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, Children’s Hospital Association, and more than 130 health organizations called for a national emergency declaration in children’s mental health citing “soaring rates of depression, anxiety, trauma, loneliness and suicidality.”⁶ According to the Tennessee Department of Health, for Tennessee children ages 1 to 14, suicide is the fifth leading cause of death, and the second leading cause of death for teens and young adults ages 15 to 24. (2022).

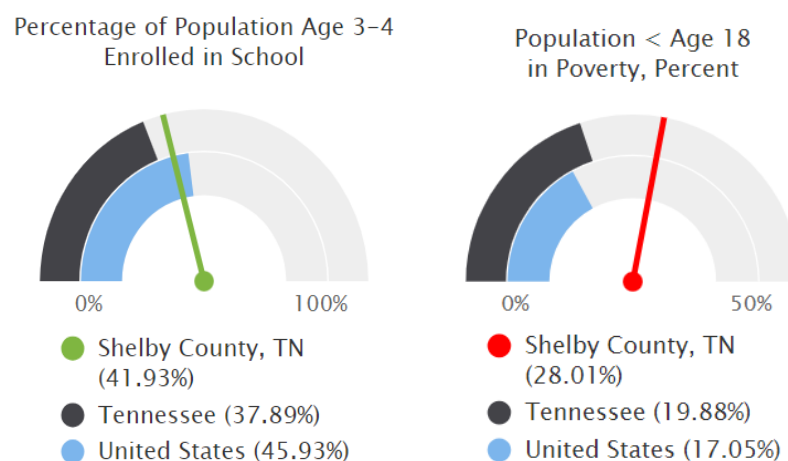
These issues impact children across the entire state. Rural communities often have fewer resources to adequately address mental health concerns, though there are extreme strains in urban areas as well. Tennessee’s children’s hospitals are at the front line of helping all of Tennessee’s children – rural and urban – who are dealing with the most severe medical and behavioral health issues. In Tennessee, 50.7% of children, ages 3 to 17, with a diagnosed mental/behavioral condition are not receiving treatment (2020-21).

How to Read the Dashboards

The dashboards in this report serve as visual representation to demonstrate how certain health outcomes of Shelby County compare to the state and national rates.

To differentiate among the various health ratings among the national, state, and local data:

- National health rates are displayed within the inner blue arc of the dashboard.
- State health rates (Tennessee) are displayed within the outer, black arc of the dashboard.
- The speedometer gauge stick displays the county health rates, demonstrating how the county health rate compares to the national and state rates. If a county's health measurement is equal to or less than its state rate, the speedometer gauge stick will appear green. (See below on left); However, if the county's rate is greater than that of its state rate, the speedometer gauge stick will appear red. (See below on right.)



Understanding Rates

Throughout the report, all rates are age adjusted. Age adjusted death rates facilitate the comparison of death rates in populations with different age structures. These rates are calculated with statistical methods of standardizing rates to U.S. population datasets. For example, most diseases or illnesses occur at different rates within each age group. Older people get cancer and heart disease more often than younger people. A community with a very large number of older citizens may have more cases of cancer or heart disease and therefore a larger rate of these diseases. To be able to compare the rate of diseases with other communities such as ones with smaller populations of older citizens, adjustments of the rates are done based on statistical calculations within each age grouping and disease or illness. The authors of this

Community Health Needs Assessment reported rates that were already calculated and reported in source material as referenced.

Demographics of Service Area

Shelby County, Tennessee has a total population of 916,371 residents with 25% of the population being under the age of 18 years according to the US Census Bureau (2022)⁷. The racial composition of those under the age of 18 as of 2020-2021 consist of 36% White, 60% African Americans, and 12% Hispanic or Latino (includes White and African Americans with Hispanic ethnicity).⁸ American Community Survey population one-year estimates indicate that there were 61,997 children ages 0-5 in Shelby County in 2021, 64,882 in 2019, and 64,983 in 2018.⁹

TABLE 1: POPULATION OF CHILDREN UNDER AGE 18 BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2019	231,756	24.7	1,506,706	22.1
2020	230,999	24.7	1,507,344	21.9
2021	230,187	24.9	1,532,871	22.0

Note: Data are from sources¹⁰.

TABLE 2: RACIAL COMPOSITION OF SHELBY COUNTY, TENNESSEE (18 AND UNDER), 2020-2021

Race	White		African American		Asian		Hispanic or Latino	
	#	%	#	%	#	%	#	%
Shelby Co	83,741	36.0	139,774	60.2	7,353	3.2	27,617	12.0
Tennessee	1,138,483	75.2	324,576	21.4	39,838	2.6	164,174	10.7

Note: Data are from source⁸.

Children in Poverty

From 2019-2021, the rate of children ages 5-17 living in families in poverty has decreased by 1.6 percentage points with a slight increase in rates in 2020 (year of the COVID-19 pandemic). The percentage of children in poverty in Shelby County is 1.3 times higher than the state average.¹¹

TABLE 3: CHILDREN AGES 5-17 IN FAMILIES LIVING IN POVERTY BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2019	40,330	24.6	194,183	18.0
2020	42,468	25.9	187,030	17.4
2021	38,270	23.0	196,884	17.7

Note: Data are from sources ¹¹.

Poverty Location

The top five zip codes experiencing the highest levels of poverty are 38126, 38127, 38108, 38106, and 38105.¹²

The 2023 poverty sheet ranks these top five zip codes for child poverty: 38126, 38106, 38108, 38127, and 38118. These top five zip codes account for 37,707 or 16.5% of all children in Shelby County. There are 233,920 children living in Shelby County per ACS 2021 reference below.

Population estimates are from the US Census specifically the American Community Survey, 2021 5-year estimate for Shelby County, Tennessee.

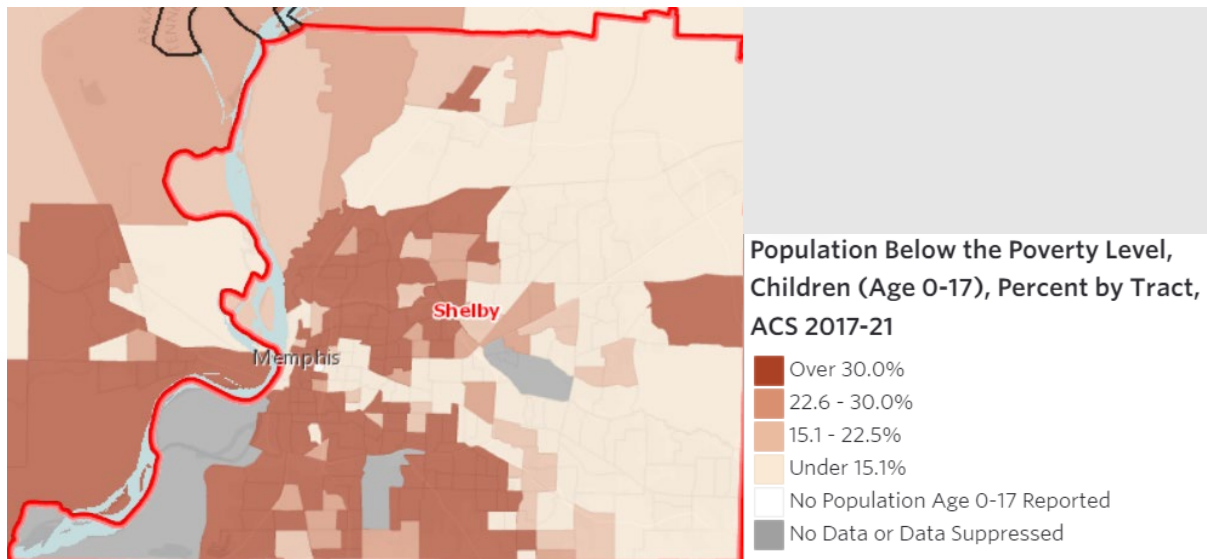


FIGURE 1: MAP OF CHILDREN IN POVERTY FOR SHELBY COUNTY, 2017-2021 ¹³

Racial Disparity

There is a large racial disparity among children in poverty in Shelby County. African American children in Shelby County, compared to White children, are 5.4 times more likely to live in poverty. Hispanic children in Shelby County are 4.8 times more likely than Whites to live in poverty as well.

TABLE 4: SHELBY COUNTY CHILDREN AGES 0-17 IN POVERTY BY RACE, 2017-2021

Race/Ethnicity	Shelby County Number	Shelby County Percentage
All	64,494	28.0
White	4,095	7.0
African American	50,318	38.0
Hispanic	8,714	33.6

Note: Data are from source ¹⁴.

Ages 5 and Younger

Within Shelby County, 36.6% of all children under age 5 are living in poverty (2016-2020). Half of all African American children under age 5 are living in poverty, and 40% of all Hispanic children under age 5 are living in poverty compared to only 8.6% of White children under the age of 5.⁴

Childcare and Early Intervention Services

Tennessee Early Intervention Services (TEIS) helps families with children who have disabilities and developmental delays obtain the services and support they need for their children. In October of 2022, the eligible age for children to receive services increased from ages 0-3 to 0-4 and is projected to increase to age 5 in 2024. Children 0-5 with an eligible diagnosis receive these services at no cost to their families. The benefits of receiving services early can reduce services needed at school age, as well as increase parental satisfaction. Receiving services early can help children start kindergarten with minimal or no special education supports.¹⁵

TABLE 5: CHILDREN AGES 0-2 RECEIVING TENNESSEE EARLY INTERVENTION SERVICES BY LOCATION AND YEAR

Location		2018	2019	2020	2021	2022
Shelby Co	Number	900	1,032	1,148	1,174	1,207
	Rate	23.2	26.6	29.6	30.5	32.7
Tennessee	Number	6,800	7,656	8,323	8,754	8,995
	Rate	27.9	31.2	33.9	35.9	37.6

Note: Data are from source ¹⁰. Rate is per 1,000 population of the same age group.

Available, affordable, and quality early childcare allows guardians to go to work or to school, which allows them to support their children and families. The number of childcare spaces for which the Tennessee Department of Human Services (DHS) has official monitoring responsibility has decreased since 2018. Data includes DHS licensed and Department of Education approved capacity. As of 2022 there were 59,920 regulated childcare spaces across Shelby County, covering 35.8% of children ages 0-12. This rate remains higher than the state of TN rate of 28.9%. ¹⁶

Education

Preschool Enrollment

From 2017 to 2021, Shelby County has had a total population of 27,009 children ages 3-4, of which 11,324 are enrolled in preschool (42%). This is higher than the state average of 38%, but lower than the national average of 46% enrollment.¹⁷

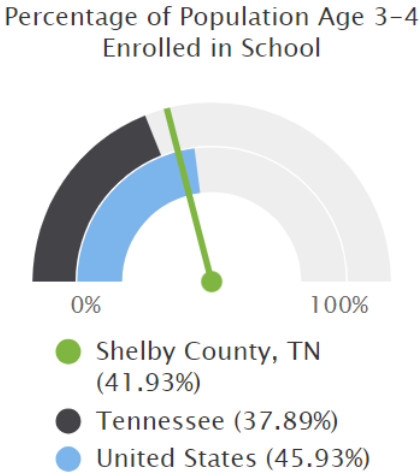


FIGURE 2: PERCENTAGE OF CHILDREN AGES 3-4 ENROLLED IN PRE-SCHOOL, 2017-2021 ¹⁷

K-12 Enrollment

The rate of enrolled students (K-12th grade) in Memphis Shelby County Public Schools (MSCS) has gradually decreased from 82.9% in 2018 to 79.5% in 2022. This is slightly higher than the state percentage of enrollment in 2022 at 79.1%, which has also declined from state enrollment in 2018 of 82.5%. The rate is the percentage of students ages 5-18 years enrolled in public school.¹⁸

TABLE 6: ENROLLMENT IN PUBLIC SCHOOLS BY LOCATION AND YEAR

Year	Shelby Number	Shelby Percentage	Tennessee Number	Tennessee Percentage
2018	148,575	82.9	971,315	82.5
2019	149,752	83.8	971,956	82.3
2020	151,745	85.0	980,533	82.9
2021	148,460	83.3	948,652	80.1

2022	143,921	79.5	962,987	79.1
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Note: Data are from source ¹⁸.

Special Education

In 2019, before the COVID-19 pandemic, the rate of students in Shelby County receiving services for learning disabilities was 32.5 per 1,000 students enrolled. The rate decreased to 22.5 in 2022. In 2019, the rate for all Tennessee students receiving learning disabilities services was 38.6. The rate decreased to 34.1 in 2022. While the rate for Tennessee and Shelby County both decreased since 2019, it is unclear as to why there is such a large difference between the county and state rate since most of the other county and states rates are similar.¹⁰

In Shelby County, the rate of students receiving services for language impairments is much lower than the rate for Tennessee students receiving the same services. Between 2019 and 2022 the rate for Shelby County students receiving this service was 19 to 20 per 1,000 students enrolled. For this same period the rate of students in Tennessee, receiving language services was 31 to 33.¹⁰

TABLE 7: STUDENTS AGES 3-21 RECEIVING SPECIAL EDUCATION SERVICES BY LOCATION AND YEAR

Services		2019	2020	2021	2022
Learning disability	Shelby	32.5	-	25.6	22.5
	Tennessee	38.6	-	35.3	34.1
Language impaired	Shelby	19.7	-	19.2	18.9
	Tennessee	32.9	-	31.0	31.1
Health impaired	Shelby	19.6	-	20.9	20.8
	Tennessee	19.3	-	20.5	20.9
Developmental delay	Shelby	13.7	-	14.1	13.4
	Tennessee	12.6	-	13.3	13.4
Intellectual disability	Shelby	12.5	-	13.5	13.5

	Tennessee	8.9	-	8.9	8.8
Autism	Shelby	12.4	-	14.5	15.8
	Tennessee	12.9	-	14.3	15.4
Emotionally disturbed	Shelby	3.0	-	3.3	3.0
	Tennessee	3.3	-	3.2	3.1
Other disability	Shelby	4.7	-	3.9	3.8
	Tennessee	4.7	-	4.7	4.6

Note: Data are from source ¹⁰. Rate is per 1,000 net enrollments in school.

Reading Proficiency

Shelby County ranks 80th in the state for 3rd to 8th grade reading proficiency. Only 28% of children scored either “on-track” or “mastered” on their TNReady test scores for reading.¹⁹ The data table below represents the number and percentage of students from 3rd to 8th grade who achieved “on-track” or “mastered” score in English Language Arts (ELA) during a school year.⁸

TABLE 8: THIRD TO EIGHTH GRADE TNREADY ENGLISH LANGUAGE ARTS SCORE BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2017	17,259	37.4	149,183	33.8
2018	18,046	37.4	149,755	33.9
2019	17,792	37.7	149,563	33.7
2020	-	-	-	-
2021	12,710	20.0	118,942	28.3
2022	17,891	27.7	151,004	35.1

Note: Data are from source ⁸.

Math Proficiency

Shelby County ranks 88th in the state for 3rd to 8th grade math proficiency in 2021 where students received a score of “on-track” or “mastered” on TNReady test scores.¹⁹ Data below represents the number and percentage of students from 3rd to 8th grade who achieved “on-track” or “mastered” score in math during 2017-2022 school years. Shelby County peak performance occurred between 2018-2019 with 41-43% of students scoring “on-track” or “mastered.” However, in 2021 (year after the COVID-19 pandemic), the recorded percentage of children scoring the same proficiency dropped to 16.8%.¹⁸

TABLE 9: THIRD TO EIGHTH-GRADE TNREADY MATH SCORE BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2017	18,581	29.7	168,561	38.0
2018	19,476	40.9	165,240	37.3
2019	22,257	43.4	176,638	40.8
2020	-	-	-	-
2021	10,812	16.8	116,948	28.5
2022	14,720	23.2	143,649	34.1

Note: Data are from source ¹⁸.

High School Graduation

The below table shows the number and percentage of students graduating within four years of entering Shelby County public high schools. From 2019-2022, there is a racial disparity for graduation between African American and Hispanic students compared to White students. In 2022, the rate of White cohorts graduating on-time is much greater than that of African American and Hispanic students despite the African American cohort size being over 3 times larger than the White cohort.¹⁸ The number is based on the size of the cohort for the given year, and the rate is the percentage of that cohort that graduated high school on time.

TABLE 10: SHELBY COUNTY HIGH SCHOOL GRADUATION COHORT BY RACE AND YEAR

Race	2019		2020		2021		2022	
	#	%	#	%	#	%	#	%
All	8,933	81.4	8,939	79.7	8,807	81.4	8,883	82.4
White	1,878	91.8	1,861	90.7	1,813	89.7	1,819	92.1
African American	5,893	79.2	5,917	77.9	5,696	77.5	5,653	80.4
Hispanic	777	71.8	831	69.3	942	74.0	1,050	75.8

Note: Data are from source ¹⁸.

The percentage of event high school dropouts in Shelby County has more than doubled from 5.3% in 2019 to 11.8% in 2021. Data for 2020 is not available due in part to the COVID-19 pandemic. According to the Intercultural Development Research Association,²⁰ an event high school dropout is defined as a percentage of private and public-school students who stopped attending at some point during the school year without receiving a diploma. Shelby County High School event dropout rates were 2.6 times greater than the state rate pre-COVID-19 and increased to 2.9 times greater than the state rate post-COVID-19.

TABLE 11: EVENT HIGH SCHOOL DROPOUTS BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2017	3,723	6.7	8,927	2.6
2018	2,525	5.9	6,412	2.2
2019	2,220	5.3	5,958	2.0
2020	-	-	-	-
2021	5,042	11.8	11,836	4.0

Note: Data are from source ¹⁸. Rate is percent of event dropout enrollment. Data for 2020 is not available.

School Suspensions

The rate of school suspensions in Shelby County shows a disparity between White and African American students. In 2019, only 3.7% of students who identified as White enrolled in Shelby County schools were suspended (out-of-school) compared to the 14.5% for black students. This trend is consistent from 2016-2019 for both Shelby County and the state.⁸

TABLE 12: SCHOOL SUSPENSIONS BY LOCATION, RACE AND YEAR

Location and Race	2016		2017		2018		2019	
	#	%	#	%	#	%	#	%
Shelby County								
All	21,180	16.1	19,230	14.5	15,411	9.9	17,439	10.8
White	925	4.8	852	3.8	798	2.7	1,949	3.7
African American	19,304	19.3	17,397	17.5	13,768	13.2	15,567	14.5
Tennessee								
All	63,507	6.4	60,097	6.0	54,232	5.4	57,751	5.7
White	20,961	3.3	20,417	3.2	19,478	3.1	25,849	3.4
African American	38,087	15.8	35,164	14.6	30,252	12.5	32,625	13.1

Note: Data are from source ⁸.

Opportunity Youth

Opportunity Youth, sometimes referred to as disconnected youth, are between the ages of 16 and 24 and are neither in school nor working. Data shows large disparities for opportunity youth between African American and White children. Eleven percent of all teens, ages 16-19, are not in school and not employed. This percentage is 1.5 times greater than the percentage of opportunity youth across Tennessee.

In Shelby County, 80% of African Americans graduate high school compared to 92% of Whites. The percentage of high school dropouts more than doubled from 2019 to 2021, during the COVID-19 pandemic. The lack of a high school degree and a criminal record affects ability to be gainfully employed at a living wage. The rate of African American youth who have been convicted of a crime is three times greater than the rate for Whites. Between 2017 and 2021,

the population of Shelby County ages 16-19 years who are unemployed and not in school is about 11%, which is 1.5 times the state average, and 1.6 times the national average.¹³

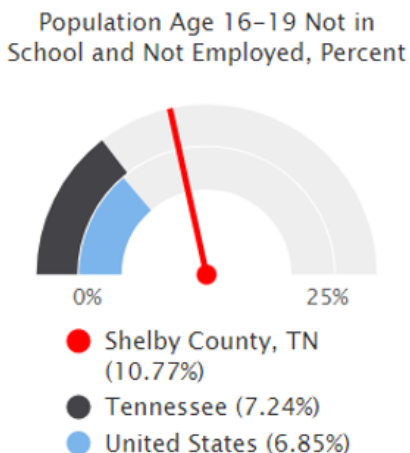


FIGURE 3: PERCENTAGE OF TEENS AGES 16-19 NOT IN SCHOOL AND UNEMPLOYED, 2017-2021¹³

Lead Poisoning

Lead damages the health of older children and adults, but the greatest damage is posed to children ages 0-6 whose brains are vulnerable to neurological damage from lead. Childhood lead exposure slows development, damages the brain and nervous system, and can result in lifelong health, behavioral, social and economic challenges and deficits.²¹ The National Toxicology Program has concluded children with higher blood lead levels generally have lower scores on IQ tests and reduced academic achievement. Research has increasingly focused on the effects of lead on behavior. Childhood lead exposure is associated with attention-related behavioral problems and increased incidence of problem behaviors such as delinquency and criminal behaviors. No level of lead exposure has been identified that is without risk of deleterious health effects.²² For the purposes of public health efforts, a blood lead level of ≥ 3.5 mcg/dL is considered elevated.

While lead poisoning is seen throughout the United States, it is particularly severe in Shelby County. Shelby County has 11 of the top 20 zip codes in the state for lead poisoned children 2015-2021.²³ In Shelby County between 2010 and 2017, approximately 300 children annually were identified with elevated blood lead levels (EBLLs) of ≥ 3.5 mcg/dL according to Shelby County Health Department data. The majority are African American children who live in older homes (built before 1978 when lead paint was banned) and low-income ZIP codes.^{24,25}

Across the state, the aggregate screening rate (the number of children who had at least one blood lead test prior to age six divided by the under six population estimate for the last year in the aggregate time interval) increased from 59% in 2011-2015 to 66% in 2016-2020. The

annual rate of elevated blood lead levels above ≥ 5 micrograms per deciliter dropped from 4% in 2011 to 1.1% in 2020, the lowest in a decade.³ However, from 2019 to 2020, the annual screening rate (the number of children screened for blood lead in a year divided by the under six population) across Tennessee decreased by nearly 10% from 2019 to 2020. This could be a function of the COVID-19 pandemic, decreased well-child visits, incomplete reporting and changing screening recommendations.

Testing of young children for lead by pediatricians, though recommended, is still not a universal practice. Nuances around the measurement of screening rates among children create challenges and inconsistencies with data reporting. Available data shows that by 2021 in Shelby County, lead screenings decreased by 36% below the 2015 total (from 15,891 to 10,160).²⁴

In Tennessee, it is recommended that children be screened at 12 and 24 months, leading to decreased screening rates for children 3 – 5 years old. However, children in this age range may still be at risk for lead poisoning. It is vitally important that parents and pediatricians properly assess the risk factors present for individual children and screen for lead accordingly. There has been a lack of awareness of the scope of the problem.

Research shows that black, brown, and low-income children are at greatest risk for lead poisoning. This is due to the higher levels of environmental lead present in older homes and marginalized communities. In fact, there was a statistically significant moderate positive correlation between Shelby County EBLL rates (2015-2021) and the 2019 Shelby County poverty level estimates. The greater the poverty, the higher the percentage of children with elevated blood lead levels (EBLLs). Of the 10 zip codes with the highest EBLs in Shelby County, nine have at least 27% of all their houses built before 1950.²⁴

Children with elevated blood levels of ≥ 3.5 mcg/dL or higher and their families are eligible for follow up nutritional counseling and other services from the Shelby County Health Department’s Child Lead Poisoning Prevention Program. Also, potential services are available from Shelby County and City of Memphis housing lead prevention programs. Many children with high EBLs go undiagnosed and unserved due to lack of screening and/or lack of action when identified. Lead poisoning disproportionately affects children of color and is therefore a health equity issue.

TABLE 16: CHILDREN UNDER AGE 6 SCREENED FOR LEAD POISONING BY LOCATION AND YEAR

Location	2018	2019	2020	2021	2022
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Shelby Co	Number	13,310	12,879	10,381	10,158	12,284
	Percentage	17.0	16.5	13.4	13.6	16.4
Tennessee	Number	84,205	91,857	84,957	80,123	81,789
	Percentage	17.2	18.7	17.3	16.5	16.9

Note: Data are from source.¹⁰

Food Insecurity

In Shelby County, the rate of children under age 18 years facing food insecurity is 22% according to the latest data in 2021. Although Shelby County has typically had a rate comparable to the state average, in 2020 (year of the COVID-19 pandemic), the rate of food insecurity in children under age 18 increased dramatically compared to the state.⁸

TABLE 13: FOOD INSECURITY IN CHILDREN UNDER AGE 18 BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2016	51,500	22	295,570	20
2017	49,410	21	285,770	19
2018	44,120	19	267,110	18
2019	45,888	20	235,046	16
2020	61,415	27	298,328	20
2021	50,850	22	197,490	13

Note: Data are from source⁸.

Nutrition Assistance

The Women, Infant, and Children program is a federally funded program whereby services are provided through the Tennessee Department of Health for low-income, Tennessee residents,

who are medically or nutritionally at-risk. A Special Supplemental Nutrition Program for WIC provides supplemental food assistance and nutrition education to low-income pregnant, postpartum, and breastfeeding women, infants, and children until age five. In addition to providing healthy supplemental foods, nutrition education, and breastfeeding support, the program also provides referrals to other health, welfare, and community-based services. WIC has proven to be effective in preventing and improving nutrition related health problems.²⁶ The WIC Program is available for pregnant, breastfeeding and postpartum women, infants and children to age 5 years. Applicants must meet all eligibility requirements, present proofs of identity, gross income and residency, as well as be determined to be at “nutritional risk” by a health professional. For more information or to enroll, please contact the Shelby County Health Department Public Health Clinic Information and Appointment line at (901) 222-9980.

In addition, the percentage of the Shelby County population receiving Supplemental Nutrition Assistance Program (SNAP) benefits is almost double compared to the state and national averages in 2020.²⁷

TABLE 14: CHILDREN UNDER AGE 5 RECEIVING WOMEN, INFANT, AND CHILDREN BENEFITS BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2019	16,656	25.6	112,736	27.7
2020	15,239	23.6	109,985	27.0
2021	14,997	24.1	107,394	26.7
2022	15,343	24.7	127,415	31.7

Note: Data are from source ⁸.

TABLE 15: POPULATION RECEIVING SNAP BENEFITS BY LOCATION, 2020

Area	Population Receiving SNAP Number	Population Receiving SNAP Percent
Shelby County	195,433	21.1
Tennessee	884,297	12.8
United States	41,829,366	12.6

Note: Data are from source ²⁷.

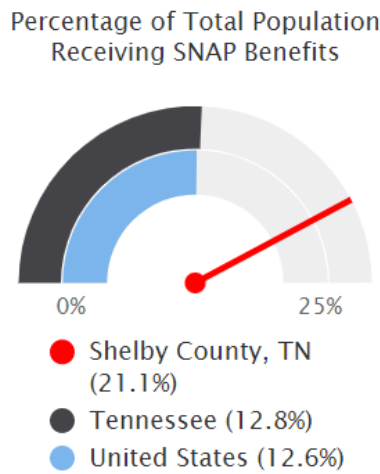


FIGURE 4: PERCENTAGE OF SHELBY COUNTY RECEIVING SNAP BENEFITS, 2020²⁷

TABLE 16: CHILDREN UNDER AGE 18 RECEIVING SNAP BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2019	99,304	42.8	420,947	27.9
2020	96,239	41.7	401,350	26.6
2021	93,263	40.4	391,571	26.0
2022	87,874	38.2	368,162	24.0

Note: Data are from source ¹⁰.

Food Deserts

The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.²⁷ The table below represents the number of neighborhoods that meet the food desert criteria and their populations in 2019.

TABLE 17: FOOD DESERT CENSUS TRACTS BY LOCATION, 2019

Location	Population*	Neighborhoods in Food Deserts	Population in Food Deserts Number	Population in Food Deserts Percentage
Shelby County	929,178	51	231,087	25%
Tennessee	6,859,497	266	1,134,333	17%
United States	329,725,481	9,293	39,074,974	12%

Note: Data are from source ²⁷. *Population estimates are from the American Community Survey 5-year estimates 2017-2021.

Many of the recorded food deserts, as defined by the USDA, are located primarily in North and South Shelby County. This coincides with patterns of poverty in the Memphis/Shelby County area, with the poorest zip codes being 38126, 38105, 38108, and 38106.²⁸

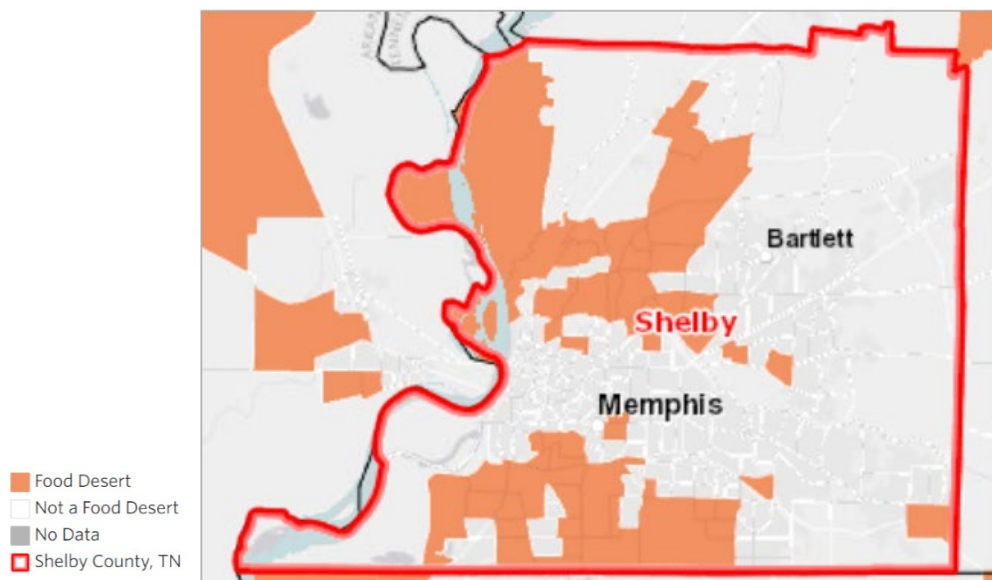


FIGURE 5: MAP OF FOOD DESERT CENSUS TRACTS IN SHELBY COUNTY, 2019²⁷

Childhood Obesity

The table below represents the percentage of children enrolled in public schools in Shelby County and Tennessee that were identified as overweight or obese. From 2016-2020, the rate of childhood obesity for Shelby County was slightly less than the state average. Most recently in 2022, Shelby County saw a rate of 50.1% compared to Tennessee rate of 42.8%.

TABLE 18: PERCENTAGE OF PUBLIC SCHOOL STUDENTS OVERWEIGHT OR OBESE BY LOCATION AND YEAR

Location	2016	2017	2018	2019	2020	2022
Shelby County	34.3	38.9	37.6	39.3	38.8	50.1
Tennessee	38.4	39.2	39.3	39.5	39.7	42.8

Note: Data are from source ⁸.

In 2018, the rate of children with obesity in Shelby County enrolled in WIC was 11.6% compared to 22.2% in 2022. Likewise, the percentage in Tennessee has increased from 13.7% to its largest spike in 2021 at 21.3%, and slightly declining to 17.7% in 2022. The percentage of children with obesity in Shelby County (22.2%) surpassed the state percentage of children with obesity (17.7%) for the first time in five years.

TABLE 19: CHILDREN WITH OBESITY ENROLLED IN WOMEN, INFANTS, AND CHILDREN'S PROGRAM BY LOCATION AND YEAR

Location		2018	2019	2020	2021	2022
Shelby Co	Number	788	609	625	832	1,079
	Percentage	11.6	11.1	12.7	19.7	22.2
Tennessee	Number	7,087	6,412	6,599	7,071	7,141
	Percentage	13.7	13.4	14.8	21.3	17.7

Note: Data are from source ⁸. Refers to children ages 2-4 enrolled in WIC.

Insured/Uninsured Mothers and Children

The rate of residents under 21 in Shelby County on TennCare has increased by 12.5 percentage points from 2018 to 2022. In 2022, 67% of all residents under the age of 21 were on Tennessee’s Medicaid Program. Shelby County has a higher percentage of children on TennCare than the state of Tennessee in 2022, with 67% compared to Tennessee’s 55.3% overall.⁸

In Shelby County, there are 9,763 children under the age of 19 that qualified for the Children’s Health Insurance Plan (CHIP) Medicaid programs. About 7.5% of all children in this age group living in poverty in 2020, which is slightly less than the state of Tennessee which had 58,928 (7.6%) children in the same age group and economic status who qualified for these programs. These numbers only include those children who currently do not hold any health insurance.

TABLE 20: UNINSURED CHILDREN AND YOUTH THAT QUALIFY FOR MEDICAID BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2017	6,704	4.5	41,502	4.7
2018	7,125	4.9	47,199	5.5
2019	10,028	6.9	55,719	6.5
2020	8,241	6.0	53,059	6.5
2021	9,763	7.5	58,928	7.6

Note: Data are from source ⁸. Number based on children under 19 below the poverty line.

In 2020, almost 64% of all live births in Shelby County were to mothers enrolled with TennCare or Medicaid at the time of birth, which is 1.2 times higher than the state average of 55.1%.

TABLE 21: MOTHERS ENROLLED IN TENNCARE OR MEDICAID WHEN GIVING BIRTH BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2017	7,708	58.5	42,358	52.3
2018	8,230	62.7	44,881	55.6
2019	8,408	65.7	46,428	57.7
2020	8,481	67.4	46,267	58.8
2021	7,929	63.8	44,991	55.1

Note: Data are from source ⁸. Mothers who were enrolled to the TennCare or Medicaid insurance at the time of birth. The rate is the percentage of live births.

In 2020, the number of children above and below the poverty line who are uninsured is 14,108 in Shelby County and 92,098 in the state of Tennessee. This translates to 6.2% of children of all income levels in Shelby County without insurance, which is slightly worse than the state average of 6% uninsured children of all income levels.

TABLE 22: UNINSURED CHILDREN AND YOUTH UNDER AGE 19 BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2016	8,925	3.7	56,887	3.7
2017	9,701	4.1	67,303	4.3
2018	13,240	5.6	78,797	5.1
2019	11,299	4.8	76,835	4.9
2020	14,108	6.2	92,098	6.0

Note: Data are from source ⁸. Refers to all income levels.

TABLE 23: YOUTH ON TENNCARE BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2018	146,618	54.6	787,920	44.7
2019	153,463	57.3	836,413	47.4
2020	163,516	61.3	898,051	50.9
2021	172,470	64.9	953,454	53.1
2022	178,056	67.0	993,788	55.3

Note: Data are from source ⁸. Number of residents under age 21 who are enrolled on TennCare.

Infant and Maternal Health

Teen Births

In Shelby County, the average annual birth rate for females ages 15 – 19 for the years 2014-2020 was 34.8 per every 1,000 females aged 15 to 19.⁴ Shelby County’s teen birth rate was 1.3 times greater than Tennessee and 1.8 times greater than the rate for the United States. The Shelby County teen birth rate for African Americans was 4.3 times greater than for Whites. The teen birth rate for Hispanics in Shelby County was 6 times greater than Whites.⁸

Teen birth rate per 1,000 female population, ages 15-19

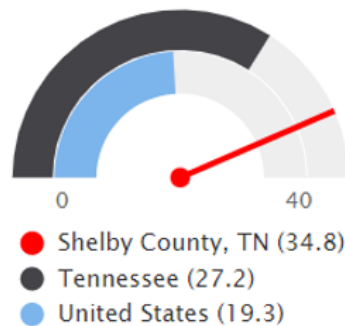


FIGURE 6: TEEN BIRTH RATE PER 1,000 FEMALES AGES 15-19 IN SHELBY COUNTY, 2014-2020⁴

TABLE 24: RATE OF TEEN BIRTHS BY LOCATION AND RACE, 2014-2020

Race/Ethnicity	Shelby County	Tennessee
All	34.8	27.2
White	10.4	22.9
African American	44.5	36.5
Hispanic	62.4	47.0

Note: Data are from source ⁴. Rates are per 1,000 females ages 15-19.

Low Birth Weight

Low birth weight is the second leading cause of infant deaths across the US, with birth defects being the first.²⁹ Shelby County has a rate of low birth weight babies 1.4 times worse than the rate for the US and 1.3 times worse than Tennessee. From 2019-2021, the percentage of low birth weight babies in Shelby County has remained the same, with 12% of all live births born low weight.⁸

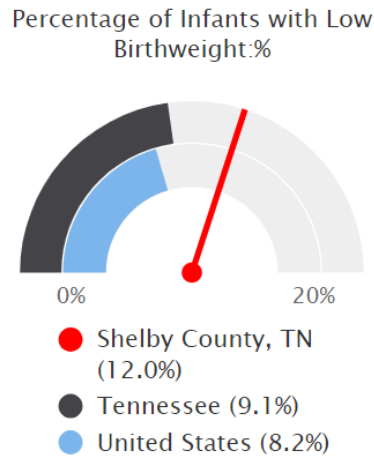


FIGURE 7: PERCENTAGE OF LOW BIRTH WEIGHT BIRTHS BY LOCATION, 2014-2020 ⁴

From 2014 to 2020, the rate of low birth weight babies born in Shelby County remained greater than the state average, with African American children being over two times more likely to be born at low birth weight than their White counterparts are. This disparity is reflected across the state and the US at the same rate.

TABLE 25: PERCENT OF BABIES BORN WITH LOW BIRTH WEIGHT BY LOCATION AND RACE, 2014-2020

Race/Ethnicity	Shelby County	Tennessee	United States
All	12.0	9.0	-
White	7.0	7.8	6.9
African American	15.0	14.8	13.6
Hispanic	7.0	7.1	7.3

Note: Data are from source ³⁰.

Premature Births

The rate of premature birth in Shelby County and the state of Tennessee shows a racial disparity between White and African American births. African American babies are 1.5 times more likely to be born premature than White babies. The overall rate of premature births in Shelby County is greater than the state average.

TABLE 26: PERCENT OF PREMATURE BIRTHS BY LOCATION AND RACE, 2019-2021

Race/Ethnicity	Shelby County	Tennessee
All	12.2	9.1
White	9.5	8.0
African American	14.3	14.0

Note: Data are from sources ^{8,31,32,18}.

Adequate Prenatal Care

Access and utilization of adequate prenatal care helps to reduce the risk of complications before, during, and after pregnancy. Adequate prenatal care is defined as regularly occurring prenatal care starting in the first trimester and continuing until the end of the pregnancy. Lack of prenatal care contributes to disorders of short gestation and low birth weight, which is the second leading cause of death for infants nationwide. Lack of prenatal care also contributes to maternal complications, which is the 5th leading cause of death for infants nationally from 2019-2020.²⁹

The percentage of women receiving adequate prenatal care in Shelby County has increased from 36.1% in 2016 to 61.1% in 2020. While the numbers are increasing, the percentage is still lower than Tennessee’s 72.9% of women receiving adequate prenatal care. In 2020, 58% of African American women received adequate prenatal care compared to 66% of White women.⁸

TABLE 27: PERCENTAGE OF MOTHERS RECEIVING ADEQUATE PRENATAL CARE BY LOCATION, RACE AND YEAR

Location	Race	2017	2018	2019	2020	2021
Shelby Co	All	54.1	54.8	60.1	61.1	61.1
	White	64.3	62.5	63.1	65.6	65.8
	African American	47.9	49.8	57.7	57.7	57.8
Tennessee	All	57.4	58.8	74.2	72.9	73.9
	White	59.9	61.2	77.0	75.1	76.2
	African American	49.3	51.5	65.0	65.3	65.4

Note: Data are from source ⁸.

Infant Mortality

Although Shelby County’s infant mortality rate has improved from 9.3 per 1,000 babies in 2016 to 7.1 in 2020, the rate remains higher than Tennessee’s 6.3 rate. In Shelby County, the rate of infant death before their first birthday was 1.4 times higher than the state average in 2021.⁸ There exists a racial disparity for infant mortality in Shelby County. African American babies in Shelby County die at a rate 2.2 times higher than White babies.

TABLE 28: RATE OF INFANT MORTALITY BY LOCATION, RACE AND YEAR

Location	Race	2017	2018	2019	2020	2021
Shelby Co	All	10.0	8.7	9.8	7.1	8.8
	White	6.6	4.7	5.8	-	-
	African American	12.6	11.4	12.8	-	-
Tennessee	All	7.4	6.9	7.0	6.3	6.2
	White	5.9	5.6	5.3	-	-

African American	12.9	12.3	13.5	-	-
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Note: Data are from source ⁸. Rate is per 1,000 live births.

TABLE 29: NUMBER OF INFANT MORTALITY BY LOCATION, RACE AND YEAR

Location	Race	2017	2018	2019	2020	2021
Shelby Co	All	132	114	126	89	109
	White	31	23	27	-	-
	African American	98	88	98	-	-
Tennessee	All	597	559	563	495	505
	White	361	343	322	-	-
	African American	213	206	227	-	-

Note: Data are from source ⁸.

TABLE 30: SLEEP-RELATED DEATH RATES BY RACE, TENNESSEE, 2017 - 2021

Location	Race	2017	2018	2019	2020	2021
Tennessee	All	1.8	1.6	1.3	1.5	1.7
	White	1.4	1.4	0.8	1.2	1.2
	African American	3.0	2.5	3.0	2.6	3.4

Note: Data are from source ².

Maternal Mortality

Shelby County has the highest rate of maternal mortality due to pregnancy related complications in the state of Tennessee with African American women having a 2.5 times higher risk than that of their White counterparts.³³ The leading cause of pregnancy related deaths in non-Hispanic African American women was cardiovascular and coronary conditions which could have been prevented with adequate screening and prenatal care. It is determined by the CDC (Centers for Disease Control), that 23% of these pregnancy related deaths were directly associated with discrimination and structural racism in the medical setting.³³ Shelby County has the highest rate of pregnancy related deaths in the state of Tennessee with a rate of 135.4 per 100,000 live births.

Immunizations

Flu

The percentage of children ages 2-3 in Shelby County receiving flu immunizations has increased from 14% at the end of December 2019 to 15% at the end of December in 2022, which is 6 percentage points less than the same age group for the state of Tennessee (21% at the end of December 2022).³⁴

TABLE 31: PERCENTAGE OF FLU IMMUNIZATIONS FOR CHILDREN AGES 2-3 BY LOCATION AND YEAR

Location	Month	2019	2020	2021	2022	2023
Shelby County	January	14	15	18	17	15
	December	14	17	17	15	--
Tennessee	January	25	26	27	24	21
	December	25	26	25	21	--

Note: Data are from tables in source ³⁴.

The percentage of teens ages 11-17 in Shelby County receiving flu immunizations has increased from 38% at the end of December 2019, to 60% at the end of December in 2022. The percentage for the same age group is slightly less than the Tennessee average of 62% at the end of December 2022.³⁴

TABLE 32: AVERAGE PERCENTAGE OF FLU IMMUNIZATIONS FOR TEENS AGES 11-17 BY LOCATION AND YEAR

Location	2019	2020	2021	2022	2023
Shelby County	14.6	18.6	18.3	16.6	17.3
Tennessee	20.5	24.4	22.4	19.1	18.6

Note: Data are from tables in source ³⁴.

Human Papillomavirus (HPV)

The percentage of teens ages 11-17 in Shelby County who were up to date on HPV series vaccinations has greatly increased from an average of 24.6% in 2019, to 37.1% in 2023 which is more than the state average of 35.6%. Our community partner, St. Jude Children’s Research Hospital, is making great strides in HPV research, and we encourage you to see their 2022 - 2024 Community Health Needs Assessment for more information on HPV vaccination and education in Shelby County.

TABLE 33: AVERAGE PERCENTAGE OF HPV IMMUNIZATIONS FOR TEENS AGES 11-17 BY LOCATION AND YEAR

Location	2019	2020	2021	2022	2023
Shelby County	24.6	28.1	31.1	34.5	37.1
Tennessee	28.5	31.8	33.4	34.8	35.6

Note: Data are from tables in source ³⁴.

COVID-19

The percentage of people vaccinated for COVID-19 in Shelby County as of April 2023 shows a large disparity between age groups. While teens ages 18-20 show the highest rate of immunization for the primary series (Moderna, Pfizer, Johnson and Johnson) at 46.1%, only 19.1% ages 5-11 have completed the initial series, and only 1.9% of children ages 0-4 years have completed the initial series or received the monovalent booster dose.³⁵

TABLE 34: PERCENTAGE OF SHELBY COUNTY POPULATION RECEIVING COVID-19 VACCINATION BY AGE

Age	Initiated	Completed/Monovalent Booster	Bivalent Booster
0-4	3.4	1.9	0
5-11	4.3	19.1	1.9
12-17	6.9	44.6	4
18-24	10.6	46.1	3

Note: Data from tables in source ³⁵. As of April 29, 2023.

In Shelby County, Tennessee, the total pediatric cases of COVID-19 (18 years and younger) from 2020-2023 have disproportionately affected African American children, making up 43.9% of all pediatric cases compared to only 19.4% of total cases among White children. African American children are 1.4 times more likely to contract COVID-19 than White children.³⁵

TABLE 35: CUMULATIVE PEDIATRIC COVID-19 CASES BY RACE FOR SHELBY COUNTY

Race	Number	Percentage	Rate per 100,000
African American	26,157	43.9	18,704
White	11,537	19.4	13,628
Other	5,350	9.0	--
Missing	16,499	27.7	--
Total	49,543	100.0	25,582

Note: Data from tables in source ³⁵. Rate per 100,000 population. As of April 29, 2023.

Child Mortality

The child mortality rate in Tennessee continues to be above the national rate, at 60.4 deaths per 100,000 children compared to 48.5 deaths per 100,000 children.²² Specific leading causes of death for children are not reported by county. They are aggregated across counties and reported at the state-level. Across Tennessee, the top leading causes of death of children ages 1-14 is unintentional injuries, homicide, and cancer. For more detailed information on child deaths in Tennessee, please refer to the most recent Child Fatality Annual Report produced by the Tennessee Department of Health, Division of Family Health, and Wellness.

Currently, firearms are the leading cause of death among Tennessee children 17 years old and younger.³⁶ Motor vehicle crashes and other transportation related deaths were the second leading causes of external death.

TABLE 36: LEADING CAUSES OF CHILD DEATHS AGES 1-14 TENNESSEE, 2020

Rank	Cause of Death	Number	Rate
1	Unintentional Injuries	27	2.3
2	Homicide	18	1.5
3	Cancer	16	1.4
4	Congenital Anomalies	16	1.4
5	Suicide	10	0.9

Note: Data are from source ³⁷. Rate per 100,000.

TABLE 37: FIREARM-RELATED RATES OF DEATH PER 100,000 CHILDREN (AGES 0-17 YEARS), TENNESSEE, 2017-2021

Location	2017	2018	2019	2020	2021
Tennessee	4.7	4.3	3.1	4.6	5.5
United States	2.5	2.4	2.4	3.1	3.5

Note: Data are from source ².

The child mortality rate for Shelby County is 80 deaths per 100,000 children, a rate which is higher than the mortality rate across Tennessee of 60 deaths per 100,000 children. Also in Shelby County, African American children have a mortality rate of 110 deaths per 100,000 and die at a rate 2.8 times greater than the rate of White children. Hispanic children die at a rate 1.5 times greater than White children.³⁰

TABLE 38: AVERAGE CHILD MORTALITY RATES BY LOCATION AND RACE, 2014-2020

Race/Ethnicity	Shelby County	Tennessee
All	80	60
White	40	-
African American	110	-
Hispanic	60	-

Note: Data are from source ³⁰. Rate per 100,000 children under age 18.

Mortality rates for children ages 1-14 in Shelby County were 1.7 times higher than the mortality rate across Tennessee in 2021. The rate of child deaths in Shelby County has steadily increased since 2017 with 26 per 100,000 compared to 36 per 100,000 in 2021. While the rate for child deaths across Tennessee has fluctuated slightly over the same timeframe, from 22 in 2017 to 21 in 2021.⁸

TABLE 39: CHILD MORTALITY AGES 1-14 BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Rate	Tennessee Number	Tennessee Rate
2017	48	26	261	22
2018	49	27	239	21

2019	56	31	229	20
2020	45	25	220	19
2021	65	36	247	21

Note: Data are from source ⁸. Rates are per 100,000 of population in the same age group.

Teen Mortality

Teens ages 15-19 in Shelby County die at a rate much higher than teens in Tennessee. In 2020 the rate in Shelby County (113.0) was almost 2 times (1.8) greater than Tennessee (61.7).⁸

TABLE 40: RATE OF ALL TEEN DEATHS AGES 15-19 BY LOCATION AND YEAR

Location	2016	2017	2018	2019	2020
Shelby County	69.8	64.2	93.4	60.1	113.0
Tennessee	50.6	52.5	55.7	48.3	61.7

Note: Data are from source ⁸. Rate per 100,000 children.

The top three leading causes of death for teens ages 15-19 include unintentional injuries, homicide, and suicides.

TABLE 41: LEADING CAUSES OF TEEN AND YOUNG ADULT DEATHS AGES 15-24, TENNESSEE, 2020

Rank	Cause of Death	Number	Rate
1	Unintentional Injuries	470	54.0
2	Homicide	191	22.0
3	Suicide	134	15.4
4	Diseases of the Heart	25	2.9
5	Cancer	22	2.5
6	Congenital Anomalies	13	1.5

Note: Data are from source ³⁷. Rate per 100,000.

Teens ages 15-19 in Shelby County are 1.7 times more likely to die from an accident, homicide, or suicide than teens across the state in 2021. This has drastically increased from the rate in 2017 in which teens in Shelby County were 1.2 times more likely than teens throughout the state rate to die in the same category.

TABLE 42. TEEN DEATHS AGES 15-19 BY ACCIDENT, HOMICIDE, OR SUICIDE BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Rate	Tennessee Number	Tennessee Rate
2017	40	64	223	53
2018	57	93	237	56
2019	36	60	205	48
2020	67	113	261	62
2021	70	117	305	70

Note: Data are from source ⁸. Rate is relative to age group. Rates are per 100,000.

Motor Vehicle Accidents

In 2020, young adults ages 18-20 were involved in 4 times as many motor vehicle accidents as children 16-17 years old in Shelby County, and 2.5 times more accidents in the state of Tennessee in the same age group.

TABLE 43: SHELBY COUNTY CHILDREN AND TEENS INVOLVED IN MOTOR VEHICLE ACCIDENTS BY AGE AND YEAR

Year	15 or younger		16 to 17		18 to 20	
	Number	Percent	Number	Percent	Number	Percent
2017	94	4.4	1,680	16.3	5,042	19.3
2018	68	3.4	1,559	16.5	4,961	19.6
2019	95	4.7	1,610	17.3	5,034	20.6
2020	99	5.6	1,185	13.9	4,627	20.0

2021	108	3.6	1,497	17.3	4,844	24.7
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Note: Data are from source ¹¹. Number and percentage of all traffic crashes in a given year.

TABLE 44: TENNESSEE CHILDREN AND TEENS INVOLVED IN MOTOR VEHICLE ACCIDENTS BY AGE AND YEAR

Year	15 or younger		16 to 17		18 to 20	
	Number	Percent	Number	Percent	Number	Percent
2017	599	2.2	14,727	13.8	30,525	14.1
2018	548	2.1	13,732	13.4	29,576	13.7
2019	586	2.2	13,333	13.0	28,789	13.4
2020	626	2.5	10,666	10.7	25,115	11.8
2021	648	5.1	12,457	16.2	27,026	19.2

Note: Data are from source ¹¹. Number and percentage of all traffic crashes in a given year.

The rate of teen and young adult drivers ages 15-24 in Shelby County involved in motor vehicle crashes is considerably higher than that of Tennessee. The rate in Shelby County has increased steadily over the last four years, but the rate for Tennessee has decreased. In 2018, 192 per 1,000 licensed drivers were involved in crashes in Shelby County compared to 134 for Tennessee. In 2021, the rate for Shelby County increased to 207 per 1,000 licensed drivers compared to 122 for Tennessee.

TABLE 45: DRIVERS AGES 15-24 INVOLVED IN A MOTOR VEHICLE CRASH BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Rate	Tennessee Number	Tennessee Rate
2018	13,891	192.6	81,183	134.0
2019	14,016	181.0	78,903	117.8
2020	12,671	189.3	67,280	112.6
2021	13,705	207.2	74,444	122.9

Note: Data are from source ¹⁰. Rate is the number of crashes per 1,000 licensed drivers of the same age group.

The use of restraints and seatbelts for children ages 0-12 has increased considerably since 2018. In 2018, only 42% of young children in motor vehicle crashes were restrained. In 2021, 97% of young children were restrained during a crash.

TABLE 46: RESTRAINT USE BY CHILDREN AGES 0-12 INVOLVED IN MOTOR VEHICLE CRASHES BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Percentage	Tennessee Number	Tennessee Percentage
2018	6,781	42.2	35,163	70.7
2019	6,795	88.0	34,372	94.3
2020	5,049	87.7	24,994	93.9
2021	5,752	97.1	29,211	97.7

Note: Data are from source ¹⁰. Number and percentage of children restrained with a seatbelt or car seat during a crash.

Sexually Transmitted Diseases (STDs)

Overall

In 2021, the rate for teens with STDs in Shelby County was 39 for every 1,000 teens. The Shelby County rate was 2.3 times greater than the rate of teens across Tennessee with an STD, which was 16.6.⁸ The rate of Shelby County teens with STDs has consistently been 2 times greater than the rate for Tennessee since 2016.

TABLE 47: RATE OF TEENS AGES 15-17 WITH STDs BY LOCATION AND YEAR

Location	2016	2017	2018	2019	2020	2021
Shelby County	33.9	39.0	47.3	51.1	42.2	39.4
Tennessee	16.0	17.3	19.0	20.5	18.6	16.6

Note: Data are from source ⁸. Rate per 1,000 teens.

Chlamydia

In Shelby County in 2020, there were over 2,500 cases of chlamydia for teens ages 15-19 and another 3,000 cases for young adults ages 20-24. The rate of chlamydia for the 15-19 and 20-24 age groups were almost twice the rate for those age groups across Tennessee. The rate for ages 15-19 is 2.4 times that for Tennesseans of the same age.³⁸

TABLE 48: CHLAMYDIA BY AGE GROUP AND LOCATION, 2020

Age Group	Shelby County Number	Shelby County Rate	Tennessee Rate	United States Rate
Under 15	100	51.1	22.5	24.1
15-19	2,556	4,312.1	2,384.5	1,795.3
20-24	3,210	5,205.3	3,077.9	2,681.0
25-29	1,718	2,327.6	1,448.7	1,304.3

Note: Data are from sources^{39,40}. Rates are per 100,000 people.

Gonorrhea

In Shelby County in 2020, there were over 1,000 cases of gonorrhea for teens ages 15-19 and another 1,000 cases for young adults ages 20-24. The rate of gonorrhea for teens ages 15-19 was 2.3 times higher than for the same age across Tennessee and 3.7 times greater than the US. The rate for young adults ages 20-24 was 1.8 times higher than for the same age groups in Tennessee.³⁷

TABLE 49: GONORRHEA BY AGE GROUP AND LOCATION, 2020

Age Group	Shelby County Number	Shelby County Rate	Tennessee Rate	United States Rate
Under 15	55	28.1	7.9	7.3
15-19	1,041	1,756.2	744.3	480.2
20-24	1,377	2,232.9	1,205.2	851.9
25-29	913	1,236.9	809.1	639.4

Note: Data are from source^{39,40}. Rates are per 100,000 people.

HIV/AIDS

In 2020, the rate of HIV cases for those ages 13 and older (including adults of all ages) in Shelby County is over 2.6 times higher than the state rate, and 2.5 times higher per 100,000 than the national rate.⁴¹

TABLE 50: PREVALENCE OF HIV AMONG PEOPLE AGES 13 AND OLDER BY LOCATION, 2020

Location	Population Age 13+ Number	Population with HIV/AIDS Number	Population with HIV/AIDS Rate
Shelby County	766,824	6,283	819.4
Tennessee	5,806,801	18,207	313.5
United States	277,596,976	1,054,159	379.7

Note: Data are from source⁴¹. Rates are per 100,000 people.

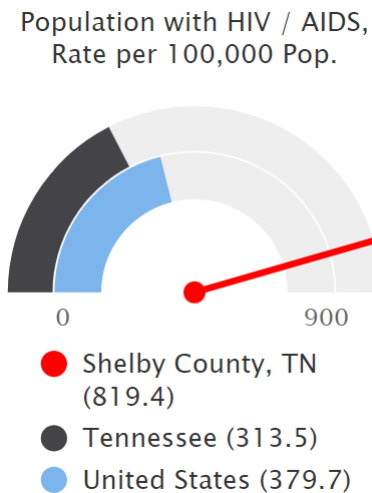


FIGURE 8: RATE OF POPULATION AGED 13+ WITH HIV/AIDS BY LOCATION, 2020⁴¹

There exists a large racial disparity for individuals over the age of 13 living with HIV in Shelby County. The rate of African Americans with HIV is 6 times greater than the rate of Whites with HIV. Hispanics over age 13 are also 2.2 times more likely than Whites to contract HIV.

TABLE 51: HIV PREVALENCE AMONG PEOPLE AGE 13 AND OLDER BY RACE/ETHNICITY AND LOCATION, 2020

Location	Non-Hispanic White	Non-Hispanic African American	Hispanic or Latino
Shelby County	205.8	1,277.7	462.9
Tennessee	140.4	1,039.1	353.3
United States	1,004.4	1,252.9	499.9

Note: Data are from source ⁴¹. Rates per 100,000 of same race/ethnicity.

Crime and Violence

Youth Offenders

The tables below show the rate of juvenile court referrals by race for both Shelby County and the state of Tennessee for both African Americans and Whites under age 18 years. From 2016 to 2020, in Shelby County, the rate of African Americans referrals to juvenile court are over three times that of White children under age 18. In the most recent data for 2020, African Americans are referred to juvenile court at a rate of 19.1 per 1,000 individuals in the same age group compared to a rate of 6.1 for Whites. Likewise, in the state of Tennessee, African American referrals to juvenile court are 1.6 times greater than the rate of White referrals. ⁸

TABLE 52: SHELBY COUNTY JUVENILE COURT REFERRALS BY RACE AND YEAR

Year	White Number	White Rate	African American Number	African American Rate
2016	1,192	14.1	5,886	41.2
2017	840	10.0	3,911	27.6
2018	675	8.0	3,464	24.7
2019	696	8.2	3,526	25.2
2020	508	6.1	2,674	19.1

Note: Data are from source ⁸. Rate per 1,000 of same age group of same race category.

TABLE 53: TENNESSEE JUVENILE COURT REFERRALS BY RACE AND YEAR

Year	White Number	White Rate	African American Number	African American Rate
2016	43,261	38.2	16,700	51.6
2017	41,646	36.6	14,648	45.2
2018	34,431	30.3	12,586	39.0
2019	29,276	25.7	11,742	36.4
2020	18,999	16.7	8,720	26.9

Note: Data are from source ⁸. Rate per 1,000 of same age group of same race category.

Homicides

According to a Memphis Crime Commission report, the Shelby County unadjusted rate of homicides per 100,000 people has increased 120%; the homicide rates were 5.3 in 2016, 7.0 in 2021, 6.6 in 2022, and 11.7 for the first half of 2023.⁴² Shelby County has a 5-year annual average adjusted rate of 26.5 deaths from homicide per 100,000 people. This is a homicide rate 2.8 times greater than the U.S.⁴¹

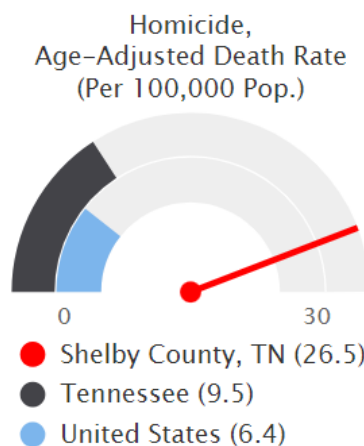


FIGURE 9: HOMICIDE AGE-ADJUSTED DEATH RATE PER 100,000, 2016-2020⁴¹

There is a stark racial disparity between homicide victims in Shelby County. In Shelby County, African Americans are 8.2 times more likely than Whites to die from homicide. Males in Shelby County are 7.2 times more likely to die from homicide than females.⁴

TABLE 54. HOMICIDE RATES BY LOCATION AND RACE, 2016-2020

Race/Ethnicity	Shelby County	Tennessee	United States
All	26.5	9.5	6.4
White	5.0	4.1	2.9
African American	40.9	31.2	24.1
Hispanic	20.9	8.2	5.3

Note: Data are from sources ⁴. Rates are per 100,000 people. **TABLE 55. HOMICIDE RATES BY GENDER AND LOCATION, 2016-2020**

Gender	Shelby County	Tennessee	United States
Males	47.7	15.4	10.3
Females	6.6	3.7	2.5

Note: Data are from sources ⁴. Rates are per 100,000 people.

There were 320 homicides in Shelby County in 2020. Of these murders, 176 involved the use of a firearm. In 2021, there were 342 homicides in Shelby County, and 314 involved the use of a firearm.⁴³

Firearms

Across the United States in 2020, the firearm homicide rate was 5.9 deaths per 100,000 persons, with 19,384 dying by firearms.⁴⁴ The annual average firearm fatality rate between 2016-2020 for Shelby County was 31 deaths per 100,000, which was 1.6 times greater than the rate of 19 for Tennessee.³⁰ The firearm fatality rate includes all fatalities by firearms, including suicides and homicides.

In 2021, the rate of firearm death in Tennessee (ages 0-17 years) was 5.5 deaths per 100,000.² These include deaths due to firearms, homicide, and suicide. This rate is a 17.0% increase since

2017 and a 36.4% higher rate than the 2021 national average. Evidence from the review of firearm deaths shows that most (93%) firearm child deaths were preventable.²

There were 15,955 incidents of violent crime in 2020 in Shelby County. Of those incidents, 73% were committed with the use of a firearm. Of those incidents, 20% were between intimate partners or family members. Incidents of violent crime increased in 2021, when there were 16,366 incidences. Of those crimes, 76% involved the use of a firearm and 20% were between intimate partners or family members.⁴³ According to the Memphis Crime Commission, gun-related violent incidents have increased 42% since 2016. In 2016, there were 1,262 incidents. There were 1,565 in 2021, 1,617 in 2022, and 1,793 in the first half of 2023.⁴²

In Shelby County, the average annual death rate due to firearms for the years 2018-2020 was 33.6. Males (rate 61.5) died from firearms at a rate 7.6 times greater than females (rate 8.1). African Americans had a death rate of 45.6, which is 2.7 times greater than Whites, who had a rate of firearms deaths of 16.9. Hispanics in Shelby County had a death rate of 26.7 per 100,000, which was 1.6 times greater than Whites.³¹

The rate of death due to firearms has been increasing over time. For the years 2015-2017, the rate was 24.4 compared to the 33.6 rate for 2018-2020. The firearm rate of death for Shelby County was 2.8 times greater than for the United States (rate of 12.0) and 1.8 times greater than for Tennessee (rate of 18.5).³¹

Juvenile Victims

Homicide is leading cause of death for children ages 1 to 14 and teens and young adults ages 15 to 25 in 2020.³⁷ In 2021, 67 Tennessee children died by homicide. Between 2017 and 2021, the rate of homicide among Tennessee children increased by 18.9%.²² The burden of homicide among Tennessee children is higher among Blacks, males, and children aged 15 to 17 years, with firearms being the leading means of lethality.

In 2021 in Shelby County, there were 1,341 children under the age of 10 and 1,542 children ages 10-17 that were victims of assault where a firearm was used in the perpetration of the crime. Of all assaults where a firearm was used (14,591), 19.8% involved victims under the age of 18.⁴³

African American children are 10.2 times more likely to be victims of aggravated assault than White children. In 2021, 2,643 African American children under age 18 were victims of aggravated assault compared to 260 White children.⁴³

The tables below are the latest data from the Le Bonheur Trauma Services V5 Trauma Registry for children who were admitted for gunshot wounds (GSW) and death by GSW. Since 2018, the number of children from Shelby County treated for gunshot wounds at Le Bonheur Children’s Hospital has increased from 68 in 2018 to 180 in 2023.

TABLE 56: NUMBER OF CHILDREN TREATED FOR GUN SHOT WOUNDS UNDER AGE 18 BY YEAR

Year	Shelby County
2018	68
2019	90
2020	134
2021	158
2022	150
2023	180

Note: Data are from source ⁴⁵.

TABLE 57: NUMBER OF DEATHS OF CHILDREN UNDER AGE 18 FROM GUN SHOT WOUNDS BY YEAR

Year	Shelby County
2018	3
2019	7
2020	10
2021	7
2022	7
2023	9

Note: Data are from source ⁴⁵.

Child Abuse

Across Shelby County and Tennessee, the number and rate of child abuse and neglect cases have decreased over the last several years. While the reason for this decrease is unclear, there are ongoing county and statewide campaigns by Child Advocacy Centers to increasing participants' knowledge of child sexual abuse and changing child protective behaviors, specifically. Child Advocacy Centers across the state have been utilizing Stewards of Children; an evidence-informed child sexual abuse prevention program developed by Darkness to Light that teaches adults how to protect children from sexual abuse.

As of June 30, 2022, the Memphis Child Advocacy Center (MCAC) has trained 35,323 adults in Stewards of Children, of which 28,245 (80%) were unique individuals, and 7,078 (20%) repeated the course. Over the past four years, the MCAC has trained over 25% of the total adults trained in Stewards of Children across the state of Tennessee. They have trained more adults in any other Tennessee county; 2018 (30%), 2019 (28%), 2020 (27%), and 2021 (26%).⁴⁶

TABLE 58: SUBSTANTIATED CHILD ABUSE AND NEGLECT BY LOCATION AND YEAR

Year	Shelby County Number	Shelby County Rate	Tennessee Number	Tennessee Rate
2019	920	4.0	7,445	4.9
2020	770	3.3	6,916	4.6
2021	747	3.2	5,569	3.7
2022	845	3.7	5,415	3.5

Note: Data are from source ¹⁰. Rate per 1,000 children under age 18.

The tables below are the latest data from the Le Bonheur Trauma Services V5 Trauma Registry for children who were admitted for child abuse in Shelby County from 2018-2022. The rate of hospital admittance for child abuse remains steady with an average of about 43 children for the last 5 years.

TABLE 59: NUMBER OF CHILDREN ADMITTED FOR CHILD ABUSE BY YEAR

Year	Count
2018	52

2019	38
2020	43
2021	38
2022	44

Note: Data are from source ⁴⁵, Le Bonheur Trauma Center.

Mental Health

The 2023 Tennessee Child Health Poll, organized by researchers at the Vanderbilt Center for Child Health Policy in the fall of 2022, found that more than 50% of parents of children who have been diagnosed with a mental health condition reported their children do not receive mental health services.⁴⁷

The data below from the Pediatric Health Information System (PHIS) Mental Health Population Analysis Report shows the 2021 Le Bonheur Children’s Hospital emergency department, inpatient and observation discharge encounters for children admitted for mental health conditions. In 2021, 750 patients were treated in the ED for a mental health-related issue. There were 309 individuals admitted, and 441 individuals were evaluated and referred for outpatient treatment. The most common primary mental health diagnoses in this time frame were suicide or self-injury, anxiety disorders, substance related or addictive disorders, and “other” mental health symptoms. In addition, “anxiety disorders” have the highest 30-day return rate to the hospital after being discharged (15.4%).⁴⁸

Challenges to providing mental health treatment include competition from other states, loss of hospital beds and ED boarding times. Patients experience challenges such as access to care, amount of mental health providers available, and payment.

We have seen this devastating reality up close in Tennessee:

- According to the Tennessee Department of Health, for Tennessee children ages 1 to 14, suicide is the fifth leading cause of death, and the second leading cause of death for teens and young adults ages 15 to 24. (2022)
- Children are not receiving the help they need. In Tennessee, 50.7% of children, ages 3 to 17, with a diagnosed mental/behavioral condition are not receiving treatment (2020-21).

- Children’s hospitals reported a 45% increase in reported cases of self-injury and suicide in children ages 5-17 in the first half of 2021, compared to the same period in 2019.⁴⁹
- More than half of adults with children in their household say they are concerned about the mental state of their children.⁴⁹
- Youth with mental and behavioral health conditions are less likely to receive treatment in Tennessee than most other states, and about half do not receive any specialized treatment. For parents who felt their child had an unmet need for mental health services, the top reasons cited for not receiving care were cost, conflicting work schedules, and providers not accepting their insurance.⁵⁰

TABLE 60: DISCHARGES WITH A PRIMARY MENTAL HEALTH DIAGNOSIS, LE BONHEUR, 2021

Performance Indicators	Inpatient/Observation	ED Treat and Discharge
Number of cases	309	441
30-day return percentage	9.0	9.3

Note: Filtered to show Le Bonheur Children’s Hospital data only ⁴⁸.

TABLE 61: MOST COMMON PRIMARY MENTAL HEALTH DIAGNOSES FOR ED TREAT-AND-RELEASE, 2021

Diagnosis	Count	Qualified Count	30-Day Return
Suicide or self-injury	142	44	2.3%
Anxiety disorders	103	91	15.4%
Substance related and addictive disorders	45	39	2.6%
Mental health symptoms	34	23	13.0%

Note: Filtered to show Le Bonheur Children’s Hospital data only ⁴⁸. Compares all cause returns.

Adverse Childhood Experiences

Chronic childhood trauma, or adverse childhood experiences (ACEs), can disrupt a child's brain-building process. ACEs are toxic to brain development and can compromise the brain's development. Left unaddressed, ACEs and their effects may make it more difficult for a child to succeed in school, live a healthy life and contribute to the community's future prosperity. However, positive childhood experiences (PCEs) are experiences during childhood that promote safe, stable and nurturing relationships and environments. PCEs can help children develop a sense of belonging, connectedness and build resilience.⁵¹ PCEs can protect children from ACEs by buffering the negative effects of ACEs that have occurred and work to prevent future ACEs.

In 2014, Shelby County conducted a confidential, randomized survey of 1506 residents by telephone. The survey revealed that 52% of individuals reported at least 1 ACE and 12% reported 4 or more ACEs. The most prevalent ACEs were substance abuse, emotional abuse, and violence between adults in the home. Those living in poverty and those with less than a high school education were more likely to report 4 or more ACEs.⁵²

Clients in Le Bonheur's Family Resilience Initiative provided a snapshot of the most common ACEs in children. (May 2018 – June 2023):⁵³

- 1,034 clients enrolled
 - 605 reported 1 or more ACEs
 - Average of 1.2 ACEs per child
 - Number of ACEs ranged from 0 to 11
- Most common ACEs:
 - Your child's parents or guardians were separated or divorced (**59.3%**)
 - Your child lived with a household member who was depressed, mentally ill, or attempted suicide (**15.7%**)
 - Your child lived with a household member who served time in jail or prison (**9.6%**)
 - Your child often saw or heard violence in the neighborhood or the school neighborhood (**9.2%**)
 - Your child had a serious medical procedure or life-threatening illness (**7.5%**)

PCEs, or Positive Childhood Experiences, are experiences that serve as buffers to ACEs. The seven PCEs, as identified by Dr. Christine Bethell at John Hopkins, are as follows:⁵⁴

- The ability to talk with family about feelings.
- The sense that family is supportive during difficult times.
- The enjoyment of participation in community traditions.
- Feeling a sense of belonging in high school.

- Feeling supported by friends.
- Having at least two non-parent adults who genuinely cared.
- Feeling safe and protected by an adult in the home.

Conclusion

It is important to acknowledge the assistance many families were able to receive during the COVID-19 pandemic. Support like pandemic assistance programs, tax credits and TennCare deadline extensions lifted many families with children out of poverty and provided them very necessary resources during a time of extraordinary crisis. Although the impact made on families should not be overlooked, it is also important to note that these assistance measures have expired. Families now face losing health insurance coverage and historically high rates of homelessness in communities that have still not recovered from the COVID-19 pandemic.

The goal of this document is to highlight the greatest health issues and burdens faced by our community's children. These issues include poverty, community violence, lead poisoning, mental health and inadequate prenatal care. Since its establishment, Le Bonheur Children's Hospital has worked diligently to meet families and children and provide resources and programs that help address these identified health issues and more. Collaboration with likeminded community partners has allowed our community programs to reach every zip code in Shelby County and expand outward into Arkansas, Mississippi and Tennessee.

In addition to building awareness of the issues our children face, this report serves as a vehicle for Le Bonheur, UTHSC and other community partners to showcase the work currently underway to improve the health of children and families. Le Bonheur Children's and UTHSC want to educate the community about these issues to bring about action and facilitate advocacy for expanded focus and funding on issues that directly impact our communities.

The expert team assembled this data report from existing data reports and available information. They acknowledge the need for and call for more streamlined and readily accessible data and information with consistency in age ranges and definitions around the health and safety of children and young people. Once we as a community understand the issues facing our children, we can work together on proven and effective interventions to improve children's lives.

In this inaugural report, we have learned a lot about what information is readily available and what gaps we have. We are committed to showcasing this information in the years to come and continuing to share what Le Bonheur and other key community stakeholders are doing to help our children grow up healthy, safe and well.

Learn more about the work Le Bonheur, UTHSC and their partners are doing in the community:

www.lebonheur.org/community

Request information or medical expert interviews:

lchai@lebonheur.org

This report is a publication of Le Bonheur and UTHSC's Child Health Advocacy Institute. The goal of the Institute is to define and understand the issues impacting children in the community and collaborate with community partners to work together on issues that impact children's health and well-being.

Visit www.lebonheur.org/community or more information.

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End of Data Report