

2026-2029

EARLY CHILDHOOD & EDUCATION

STRATEGIC ACTION PLAN



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ADDRESSING THE UPPER CUMBERLAND

Exciting things are happening in the Upper Cumberland!

The Upper Cumberland region of Tennessee is experiencing a surge of initiatives aimed at enhancing early childhood education, reflecting a community-wide commitment to supporting young learners and their families. Community investment in early education is crucial because it lays the foundation for a child's lifelong success and strengthens the fabric of the entire community. Investing in early education supports children's brain development and long-term success, strengthens families and their opportunities to engage with their children, boosts the economy, enhances workforce readiness, and promotes equity by ensuring every child has access to high-quality learning opportunities from the start. With the Upper Cumberland Bright Start Plan, we are building a comprehensive, equitable, and high-quality continuum of care for children from birth through third grade across all counties in the Upper Cumberland region.

This document represents the result of countless hours of research, collaboration, thoughtful planning, and shared vision across the 14 counties in the Upper Cumberland. We extend our deepest gratitude to the parents, teachers, providers, caregivers, and community leaders who generously contributed their time, insights, and experiences to help shape this action plan.

Special thanks to those who participated in focus groups and community meetings, sharing personal stories, voicing challenges, and advocating for the children in their areas. Your voices brought this plan to life and grounded it in the real experiences of those who raise, educate, and care for young children in our region. This report would not exist without your willingness to educate, inform, and speak up for the future of our youngest citizens.

Whether driven by moral responsibility or backed by clear data, one truth remains: today's children will become the nurses, welders, mechanics, pilots, mayors, and teachers of tomorrow. With continued community investment, this three-year plan has the power to transform the future of our region.

Our children are our most valuable asset, and we are deeply committed to implementing this plan with care, diligence, and unwavering attention. Together, we can achieve a bold vision that ensures every child in the Upper Cumberland has a brighter start and future. Let's make it happen—together.

Sincerely,

The Bright Start Upper Cumberland Steering Committee



BRIGHT START STEERING COMMITTEE MEMBERS

Cephus Albakoua, Director of Education (WCTE)
Amanda Asberry, Pre-K Teacher (Baxter Primary School)
Jill Bouldin, Homeless Navigator (Van Buren County Schools)
Pam Burris, Director (Kids on the Rise)
Heather Cathey, DNP, FNP-BC, CPNP-PC Assistant Professor (Tennessee Tech University)
Megan Choate, Economic Development Director (UCDD) **Steering Committee Chair**
Julia Clark, Regional Coordinator (Childcare TN)
Jason Clopton, OD, Optometrist (Center of Vision)
Natasha Copeland, First Grade Teacher (Van Buren County Schools)
Ryan Dalton, Special Ed. Teacher/Social Worker (Avery Trace Middle School)
Mark Farley, Executive Director (UCDD-UCHRA)
Janna Farris, Director/Owner (Cumberland Childcare)
Susan Freitag, LPC-MHSP, Co-owner of Grove Healing Collective)
Rebecca Garrett, Education Consultant (State of Tennessee)
Kimberly Hale, PhD, BC, Behavior Analyst/ Executive Director (Wellspring, LLC)
Gary Howard, Community Service Director (Cumberland County Sheriff's Dept.)
Martha Howard, PhD, Professor at Tennessee Tech University
Steve Jones, Mayor-Macon County
Elizabeth Kent, Teacher (Park View Elementary School)
Tommy Lee, Deputy Director (UCDD)
Kelly Lewis, Coordinated School Health Director (Van Buren County Schools)
Jerry Lowery, Mayor-City of Sparta
Jessie Lusk, Empower Resource Coordinator (UCDD)
Rebekah Marcum, PhD, Lecturer, Early Childhood (Tennessee Tech University)
Karri Matthews, WIC Director, (TN. Dept. of Health)
Kristin McCloud, Team Lead (TN Dept. of Labor & Workforce Development)
Jacqueline Miller, Pre-K Teacher (Van Buren County Schools)
Allison Painter, Pre-K Coordinator (Putnam County School System)
Kristi Paling, Commission on Children & Youth (State of Tennessee)
Darek Potter, STEM Center Director (Tennessee Tech University)
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Katlyn Ray, Empower Resource Coordinator (UCDD)
Jonathan Scoonover, Philanthropy Advisor (Knoxville Metro Area)
Angie Smith, Child Development Lab Director (Tennessee Tech University) **Steering Committee Co-Chair**
Rosa Smith, Economic Development Assistant Director (UCDD)
Melissa Spaulding, LPC-MHSP, Co-owner of Grove Healing Collective
Jessica Thompson, Pre-K Teacher (Burks Elementary)
Denise Whittenburg, Special Projects (Van Buren County Schools)
Kathryn Wisinger, Director of Putnam County Library
Diana Wood, Ed.D., PK-4 Curriculum Supervisor (Putnam County School System)

A heartfelt thank you to the Bright Start Upper Cumberland Steering Committee for their visionary leadership and unwavering commitment to serving all children in our region with equity and care!



BRIGHT START WORKING GROUPS

FAMILIES & COMMUNITIES

Jill Bouldin (Co-Chair)
Gary Howard
Pam Burris
Janna Farris
Katelyn Steakley

Katina Simmons
Ryan Dalton
Robert Owens
April Bryant
Michelle Smith

Katherine Wisinger
Denise Whittenburg
Kristi Paling
Lori Strode Jackson
Kelly Lewis

EARLY LEARNING ENVIRONMENTS

Rebekah Marcum (Co-Chair)
Elizabeth Kent
Jessica Thompson
Julia Clark
Lisa Uhrick

Linda Stephens
Cindy Putman
Natasha Copeland
Amanda Asberry
Diana Wood

Jacqueline Miller
Krist Jones
Darcy Emerson
Allison Painter

HEALTH & DEVELOPMENT

Heather Cathey (Co-Chair)
Kim Hale
Melissa Spaulding
Rebecca Garrett

Karri Matthews
Jason Clopton
Susan Freitag
Krystal Kennedy

Kelly Lewis
Kids Kare Pediatrics
TTU Nursing Students



A WORD FROM OUR CHAMPIONS



The Upper Cumberland Region is committed to reducing poverty and fostering economic mobility for both young and old alike! Focusing on early childhood development and strong family engagement forms a powerful foundation for this crucial work. Investing in the earliest years lays the groundwork for future success in education, health, and economic well-being. When communities unite and families are actively involved in supporting their children, the impact is amplified. Ensuring that all children, regardless of their circumstances, have access to quality resources and opportunities is not only a matter of fairness but also a strategic imperative for building a thriving and prosperous Upper Cumberland for generations to come.

Mark Farley, UCDD-UCHRA Executive Director



Children today, just like children from 25 years ago, face the same difficulties in childhood although those difficulties may look a little different. Children who grow up in small rural communities do not have the same opportunities or programs available to them as children from bigger cities/communities. Early childhood development opportunities are not as prevalent in small rural communities due to lack of availability to childcare and/or early educational opportunities prior to kindergarten. Rural communities do not have the availability of a lot of resources to children or families to build strong community bonds and supports. In bigger cities/communities there are a lot more organizations that have the means to provide resources for family activities, counseling services if needed, assistance with food, clothing, and housing. In small rural communities there is a great need for equitable opportunities for children and families to have the same opportunities within their county without having to travel to neighboring counties to have resources, opportunities for services, and to have a job to be able to provide for their families.

Jill Bouldin, Homeless Navigator (Families & Communities Co-Chair)



The foundation of lifelong health and success begins with childhood growth and development from birth to three years of age. It is a critical time for children physically, cognitively, emotionally, and socially. Adequate physical health in early childhood promotes brain development, establishes healthy behavioral habits, and fosters practices that often continue throughout adulthood. Children and families deserve equitable opportunities and access to services that support them during this pivotal time. Support for early childhood development is much more than preparing children for school, it is setting the stage for them to have the best start in life possible.

Heather Cathey FNP-BC, CPNP-PC, (Health & Development Co-Chair)



A WORD FROM OUR CHAMPIONS

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High-quality learning environments are essential for young children's physical, social-emotional, cognitive, and communication development. We believe that our Upper Cumberland communities care about young children's well-being, and should be supported in connecting families and educators to the resources they need. Decades of research supports that children receive lifelong benefits when they have early opportunities to grow in homes, childcare centers, and school environments that are developmentally appropriate and consistent. We are committed to connecting families to the services they need in their communities and to developing partnerships among existing and new services, educators, and professionals in the early childhood education field.

Rebekah Marcum, PhD; Early Learning Environments Co-Chair

”

“

Early education is a cornerstone of long-term economic vitality in rural Tennessee. When paired with strong community partnerships and thoughtful implementation, early learning efforts not only support today's workforce by providing parents with reliable, high-quality care- they also strengthen economic stability by helping families stay engaged and productive. Just as importantly, these investments lay the foundation for the next generation, equipping children with the critical thinking, creativity, and social skills needed to thrive not only in traditional jobs but also as future entrepreneurs and innovators. Investing in early education is investing in the resilience, adaptability, and economic diversity of the region.

Megan Choate, UCDD Director of Lending & Economic Development; Steering Committee Chair

”

“

To maintain and improve third-grade math and reading proficiency in the Upper Cumberland region, it is critical to invest in a comprehensive and coordinated early childhood education system. This includes increasing access to high-quality preschool programs, expanding affordable and reliable child care options, and ensuring early literacy and numeracy interventions are embedded in all early learning environments. Support is also needed for professional development and retention of early childhood educators, who are foundational to preparing children for long-term academic success. Strengthening family engagement and support services; such as developmental screenings, home visiting programs, and wraparound services; can further ensure children enter kindergarten ready to learn. With targeted investments and a focus on equity, the Upper Cumberland region can build a pipeline of educational success that begins at birth and helps ensure all children are reading on grade level and mastering foundational math skills by third grade.

Rosa Smith, UCDD Empower Assistant Director

”

ACKNOWLEDGEMENTS

This Early Care and Education Action Plan is the result of a collaborative, community-centered effort grounded in the principles of collective impact—a purposeful approach to solving systemic challenges tackled through broad-based coordination and communication. While Bright Start Upper Cumberland served as the convener of this initiative, the plan itself is both owned and powered by community voices.

We extend our sincere gratitude to Tennesseans for Quality Early Education (TQEE) for their generous support of the statewide network of Bright Start Fellows, their provision of technical assistance and data, and their continued investment in Tennessee’s children through bold, forward-thinking strategies.

We also honor the many individuals who have long worked, often without recognition, in the field of early care and education. The progress envisioned in this action plan stands on the strong foundation laid by their dedication and decades of service.



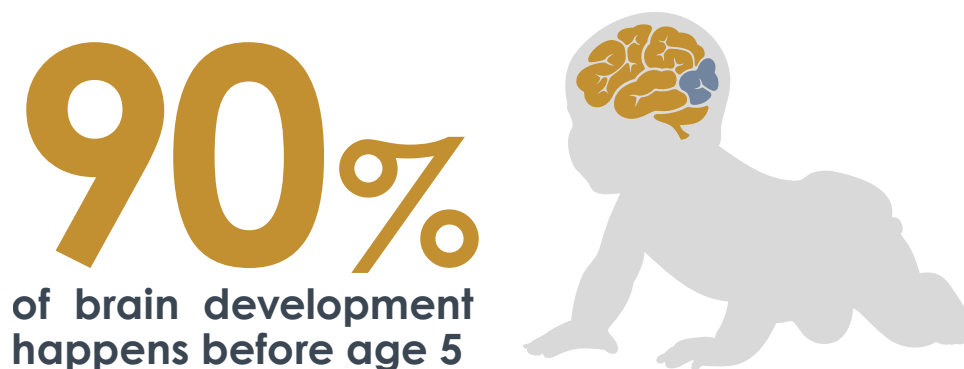
THE FOUNDATIONAL FIRST YEARS

Brains are built, not born

In the words of Harvard University pediatrician Jack Shonkoff, “Brains are built, not born.” Brain scientists have discovered that during children’s earliest years, their experiences are built into their bodies, shaping the brain’s architecture and creating the foundation for future learning. Everything a child experiences from birth impacts that child’s ability to fulfill his or her potential.⁷ Positive early childhood experiences make a difference.

- Child development is a dynamic, interactive process that is not predetermined. It occurs in the context of relationships, experiences, and environments.⁷ Just like building a house, what comes first builds a foundation for all that comes later.
- Early childhood programs are wise investments.³ Every experience a baby has forms a neural connection in the brain at a rate of more than a million synapses per second in the early years.¹ Not all will last. Connections that get used more strengthen, and those used less fade.⁵
- Early brain development sets the stage for the ongoing acquisition of reading and math proficiency.⁶ Aligned with the Bright Start TN initiative, we recognize that social-emotional development, particularly executive functioning skills such as self-regulation, cooperation, attention, and working memory, is a critical, though often overlooked, factor in academic achievement. These foundational skills are strongly linked to success in both math and reading.
- Many families, especially in the Upper Cumberland region, face significant barriers to quality early childhood experiences due to high costs, limited access, and lack of transportation. These challenges are heightened for low-income and rural families, contributing to systemic opportunity gaps that affect both children and the broader community.

The early years are critically formative. By age eight (8), a child’s third-grade outcomes can reliably predict future academic achievement and career potential. Decades of research show that strong brain development depends on three key factors: healthy growth from birth, supportive families and communities, and access to high-quality, consistent learning environments from birth through age eight (8).¹



THE ECONOMICS OF HUMAN POTENTIAL

Return on investment in high-quality early care and education

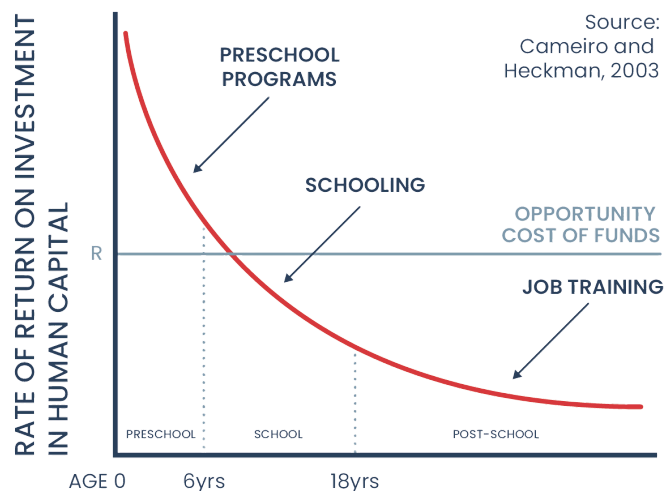
Given the outsized role of early childhood in human development, it's not surprising that economists have documented a significant return on investment in high-quality early care and education programs. Nobel-prizewinning economist James Heckman's graph depicts what he calls "the economics of human potential."

A broad set of skills, from language to soft skills, start developing in children's first months of life and form the foundation for acquiring additional higher-level skills later. For example, a child develops early language skills beginning in infancy, which help her learn to read a few years later, which in turn equips her to read to learn throughout her lifetime.

Similarly, in their earliest years children develop executive function and self-regulation, which enable skills like persevering on a task, solving problems, building relationships, and managing emotions and impulses. These skills are crucial to later school and work success.⁵

Noble prize-winning economist James Heckman's graph depicts what he calls "the economics of human potential."

As Heckman concludes in *The Productivity Argument for Investing in Young Children*, "[r]eturns are highest for investments made at younger ages" while "remedial investments are often prohibitively costly."⁶



Economists Art Rolnick and Rob Grunewald at the Federal Reserve Bank of Minneapolis also found that investments in early childhood result in better academic outcomes; improved public health; less crime; and more educated, skilled workers.

In calculating the economic impact of those societal benefits, they found a public return of up to 16 percent per year.⁷



IDENTIFYING THE NEED

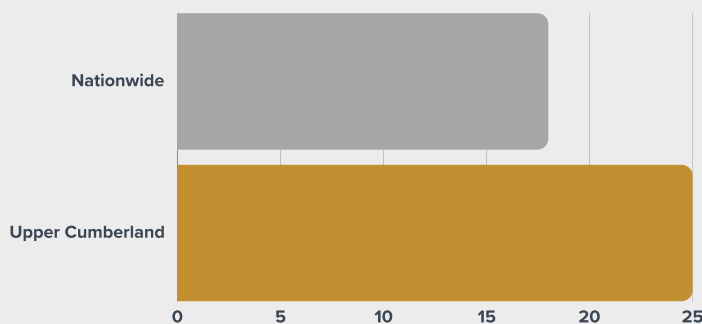
Achieving and maintaining learning proficiency

In Tennessee, more than one in five Tennesseans are under the age of 18, as noted from the 2024 State of the Child report. According to statistics shared by TQEE, a little more than 40 percent of the Upper Cumberland region's students are on track in reading (40.8 percent) and math (43 percent) proficiency by the third grade.⁸ For students who are economically disadvantaged, the number is 32 percent in both subjects.⁸ One in four children in the Upper Cumberland region, approximately 24.6 percent, are living in or near poverty; significantly higher than the national child poverty rate of 17.8 percent. These statistics underscore a critical truth: our children are not only our greatest responsibility, they are our legacy and our greatest hope for the future.

Despite the concerted efforts of educators, policymakers, and community stakeholders, the growing gap in students' academic preparedness has emerged as a critical issue with far-reaching consequences. Empirical research indicates that children who do not attain grade-level proficiency by the end of third grade are significantly more likely to experience adverse long-term outcomes, including diminished lifetime earnings, compromised health, elevated high school dropout rates, and increased risk of incarceration. Investing in early childhood education is a vital step toward closing this gap, equipping children in rural communities with the foundational skills and knowledge they need to thrive in school and in life.

To address these challenges, our objective is to expand access to high-quality child care by increasing availability, enhancing affordability, and prioritizing support for low-income families, young children with disabilities, and working-class households. We are committed to ensuring that families have access to the essential services and supports needed to promote the health and well-being of young children; that schools are equipped with the resources and training necessary to effectively support all students; and that the broader needs of our communities are addressed to create conditions in which all families can thrive.

The Upper Cumberland currently outpaces the national average of children living in or near poverty.



"Children's early experiences and relationships set the stage for later learning and health. School readiness is not solely about literacy and numeracy – it also encompasses physical health, emotional well-being, and social competence."

From Neurons to Neighborhoods: The Science of Early Childhood Development



IDENTIFYING THE NEED

Achieving and maintaining learning proficiency

System Name	Subject	Below	Approaching	Met Expectations	Exceeded Expectations
White County	ELA	16%	35%	37%	12%
Van Buren County	ELA	15%	37%	29%	19%
Putnam County	ELA	18%	35%	29%	18%
Smith County	ELA	19%	35%	32%	14%
Jackson County	ELA	18%	40%	28%	14%
Macon County	ELA	20%	40%	30%	11%
Fentress County	ELA	20%	40%	30%	10%
Overton County	ELA	19%	42%	30%	9%
Cumberland County	ELA	22%	39%	28%	10%
Clay County	ELA	17%	44%	30%	9%
DeKalb County	ELA	28%	37%	25%	10%
Pickett County	ELA	25%	48%	25%	
Warren County	ELA	28%	37%	26%	9%
Cannon County	ELA	35%	42%	16%	7%

Bright Start TN Dashboard

Percent of 3rd grade children proficient in reading and math


Year 2024


Map Selector Region

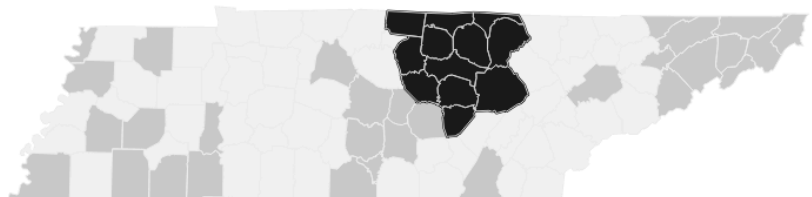
Subject ELA

Student Group All Students

By Region (Upper Cumberland)

 **40.8%** of 3rd grade
are proficient in **ELA**.

 **43.0%** of 3rd graders
are proficient in **Math**.



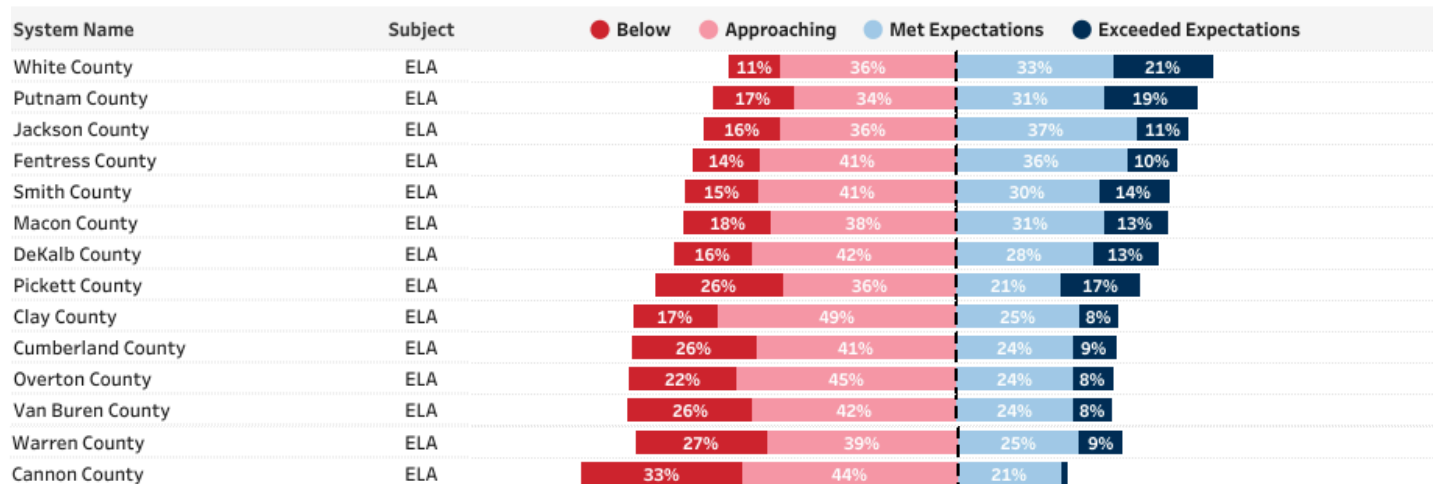
● Bright Start Community ● Not a Bright Start Community

System Name	Subject	Below	Approaching	Met Expectations	Exceeded Expectations
Jackson County	Math	15%	26%	33%	26%
White County	Math	16%	30%	35%	19%
Putnam County	Math	17%	31%	34%	19%
Macon County	Math	16%	32%	31%	21%
Smith County	Math	18%	34%	33%	15%
Van Buren County	Math	13%	40%	32%	15%
Overton County	Math	18%	38%	30%	14%
Cumberland County	Math	19%	38%	28%	14%
Fentress County	Math	29%	41%	26%	
DeKalb County	Math	35%	36%	23%	6%
Clay County	Math	29%	44%	25%	
Pickett County	Math	27%	58%	14%	
Warren County	Math	34%	35%	23%	8%
Cannon County	Math	36%	41%	13%	10%

IDENTIFYING THE NEED

Achieving and maintaining learning proficiency

2025 DATA



Bright Start TN Dashboard

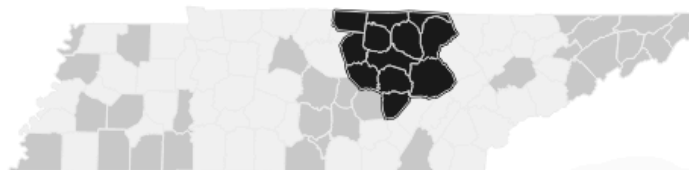
Percent of 3rd grade children proficient in reading and math

Year 2025 Map Selector Region Subject ELA Student Group All Students

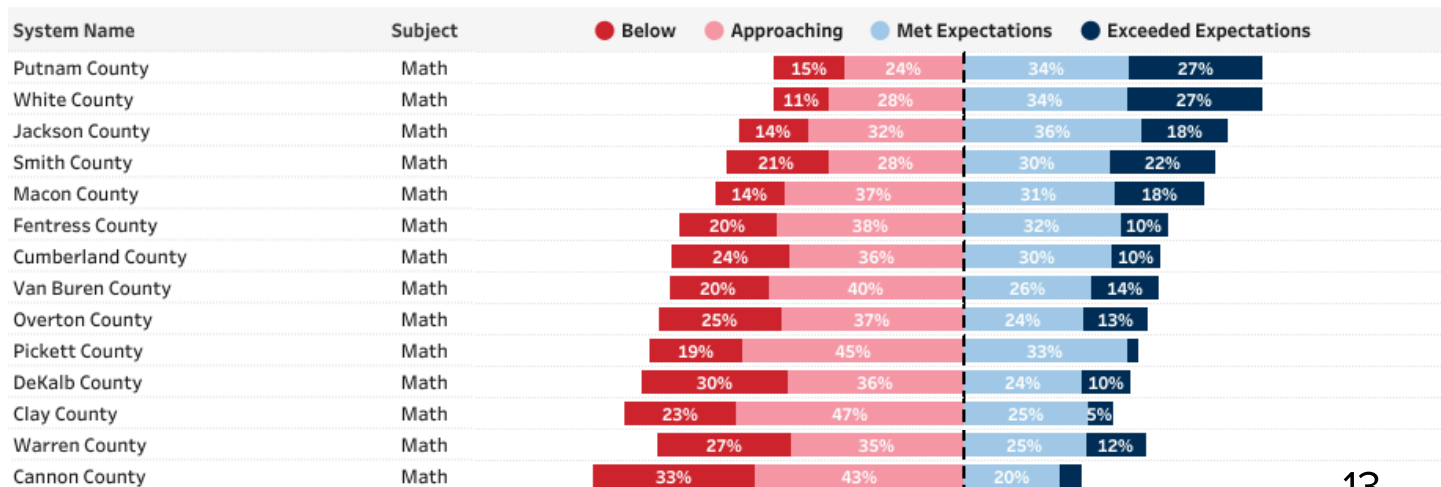
By Region (Upper Cumberland)

43.4% of 3rd graders are proficient in ELA.

49.3% of 3rd graders are proficient in Math.



● Bright Start Community ● Not a Bright Start Community



BRIGHT START TN NETWORK



Bright starts finish strong.

A nonpartisan coalition of advocates for Tennessee's youngest learners.

In 2021, Bright Start TN, an initiative of TQEE, set out to harness the strength of communities across Tennessee to collaboratively design, implement, and expand high-quality early care and education (ECE) systems at the local level, while also shaping and advocating for supportive state policies for children and families.

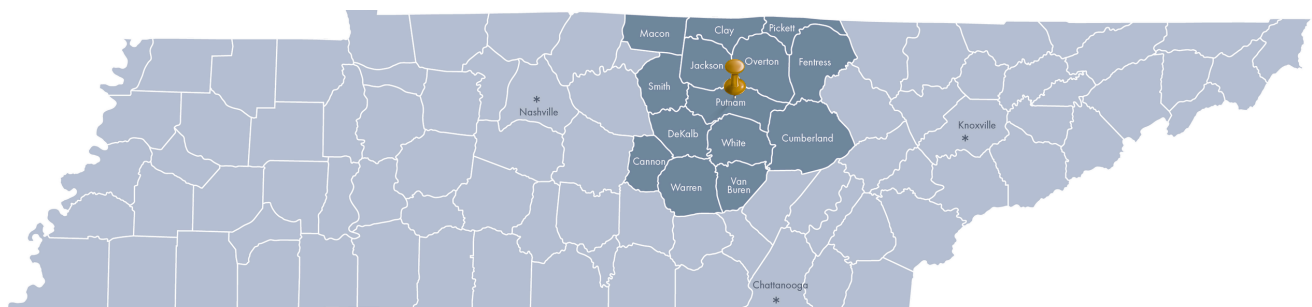
Their mission is to drive state policies and practices that guarantee all Tennessee children, from birth through third grade, have access to high-quality early education, laying the foundation for a stronger future for our state.

- **STATEWIDE NETWORK**
- **COMMUNITY PARTNERSHIPS**
- **CLOSING ACHIEVEMENT AND OPPORTUNITY GAPS**
- **CHILDREN BIRTH THROUGH THIRD GRADE**



As one (1) of eight (8) inaugural Bright Start TN partnerships statewide, we've harnessed the strength of local community members, including civic and business leaders, child care providers, nonprofits, schools, families, and others, to develop and begin implementing our early childhood success plan.

The Upper Cumberland Development District (UCDD) locally leads the Upper Cumberland partnership.



OUR VISION

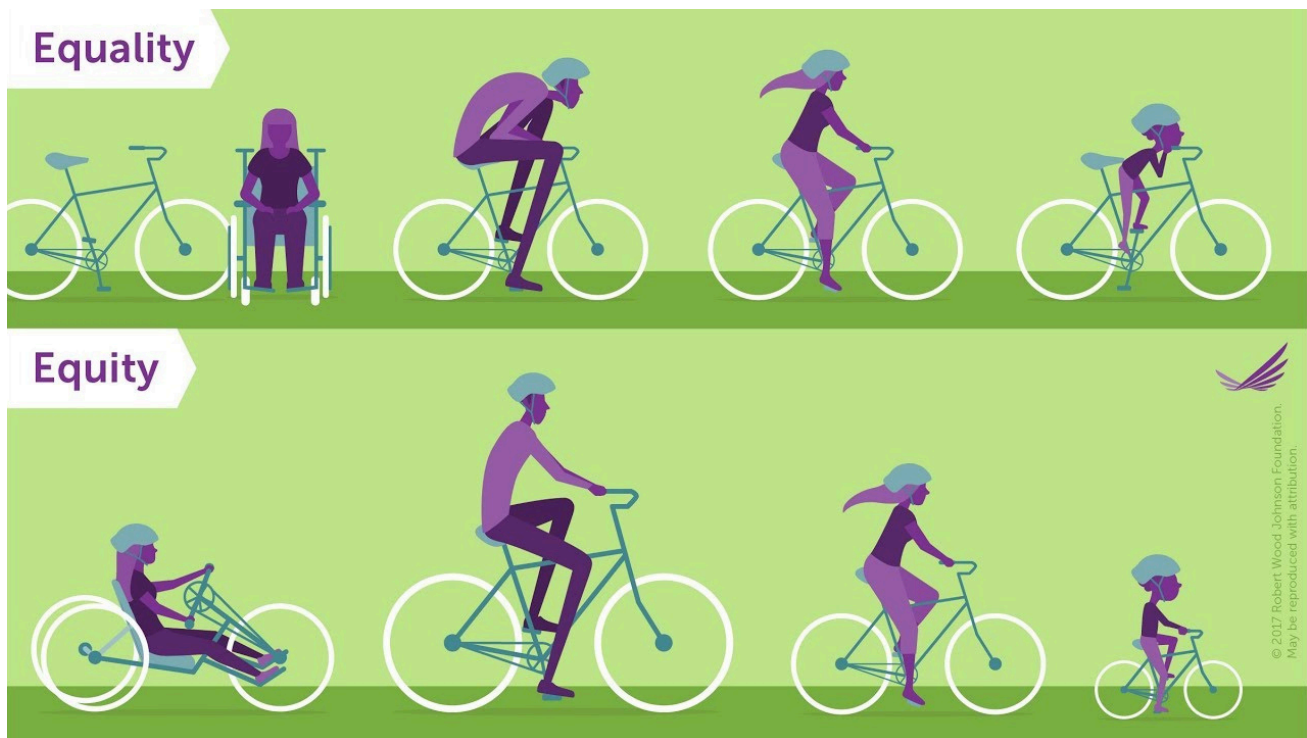
Increasing proficiency

As community leaders, our goal is to ensure every child receives the individualized support they need to thrive. While no single test score can fully capture a child's well-being, it's essential to track progress through meaningful indicators. To measure the collective impact of current efforts and the new strategies in this action plan, we will focus on third-grade math and English Language Arts (ELA) scores, kindergarten readiness, and child well-visit rates.

Bright Start TN Primary Shared Goal:

Our vision includes providing access to ELA instruction, supportive services, and resources to families and children outside of school hours, ensuring learning and development opportunities extend beyond the traditional classroom day. By the end of the 2029 school year, Bright Start Upper Cumberland aims to have influenced test scores by providing needed resources and increasing Early Childhood Education slots for children 0-3 years of age.

This target includes an annual increase of five (5) percentage points in both subjects over the following three (3) years of implementation. While all progress will be celebrated, special attention will be given to ensuring these gains are equitably shared, particularly among students from historically underserved groups.



OUR VISION

Increasing proficiency

To increase the number of children who are on grade level by the third grade, we must address all three of these domains:

1

High-Quality Learning Environments (Birth to Age Three)

Children need consistent, culturally responsive education from birth through age three (3). High-quality child care, preschool, and early elementary settings support school readiness by being developmentally appropriate and focused on social-emotional growth. The Upper Cumberland region currently needs an estimated 7,000 more childcare slots available for the opportunity for all of our youth to have access to an ECE program. By 2029, we aim to expand access to high-quality early childhood education by five (5) percent, increasing the percentage of available slots for children under age six (6) with all parents in the workforce from 41 percent to 46 percent and steadily increase this each year.

2

Supportive & Supported Families & Communities

An old saying reminds us that parents are a child's first teachers, and the home is their first classroom. Supportive families and communities are vital for lifelong learning. Nurturing relationships with caregivers help children thrive in school, while toxic stress can hinder brain development and learning.⁵ Empowering families is key to children's healthy growth and lasting success. By the end of 2029, we plan to expand the percentage of parents that feel they have adequate support and resources with little to no difficulty paying for necessities from 53- to 60 percent.

3

Health and Development

Good physical, mental, oral, and emotional health lays the foundation for children's success as learners, readers, and thinkers. Early development, starting before birth, is critical for future achievement. Healthy children are better prepared for kindergarten, have higher school attendance, and achieve more academically. In contrast, those who frequently experience illness, poor dental health, or chronic physical or behavioral conditions are less likely to meet grade-level expectations.

Our goal is not only to improve overall child health but also to ensure equitable access to resources that support every child's ability to thrive.⁴ Over the next three (3) years, increase by 25 percent the percentage of children ages 0-5 who receive timely developmental screenings, wellness check-ups, and vaccinations within a 12-month period. Additionally, raise awareness of Adverse Childhood Experiences (ACEs) and Protective and Compensatory Experiences (PACEs) by offering educational resources to parents, educators, and community organizations.

TARGETED POPULATION

Supporting economically-disadvantaged children

For this plan, the Bright Start Upper Cumberland Steering Committee has chosen to focus on evidence-based interventions that support economically disadvantaged children, especially those who belong to additional subgroups as defined by the Tennessee Department of Education. This category includes children who are directly certified for specific state and federal assistance programs, as well as those identified as homeless, migrants, runaways, or in foster care. Direct certification applies to families participating in programs such as the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Head Start.

In selecting this target population, the steering committee conducted an in-depth review of a wide range of disaggregated data. This included third-grade reading and math performance from the Tennessee State Report Card; population, income, and health data from the U.S. Census and TQEE; local child care and resource deserts; elementary school health screening results from county school systems; and the percentage of students with Individualized Education Programs (IEPs).

Across every dataset reviewed, a consistent and troubling pattern emerged: children classified as economically disadvantaged are persistently the most behind in critical indicators of academic readiness, health, and overall well-being.

Everyone, including families, teachers, service providers, faith leaders, and elected officials, has a role in building resilience in our county's children. Providers can nurture the whole child and their family by fostering supportive environments both inside and outside the classroom. These factors help buffer stress, reduce risk, and strengthen social and emotional skills for lifelong success.



LOCAL DATA SNAPSHOTS

Taking a closer look at the Upper Cumberland

Bright Start TN Dashboard

Supports for Families

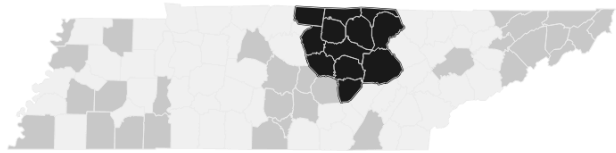


Year 2023

By Region (Upper Cumberland)



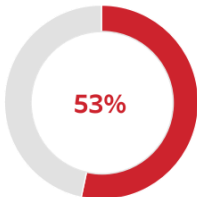
53% of parents/caregivers of children under 9 in TN report either no difficulty paying for usual household expenses or report access to sufficient social supports (WIC, SNAP, TennCare, food pantries, etc.)



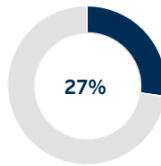
● Bright Start Community ● Not a Bright Start Community

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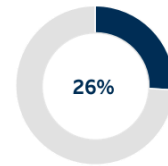
Total
% Parents



Parents with children under 9 report no difficulty paying for..



Parents with children under 9 report access to sufficient social supports..



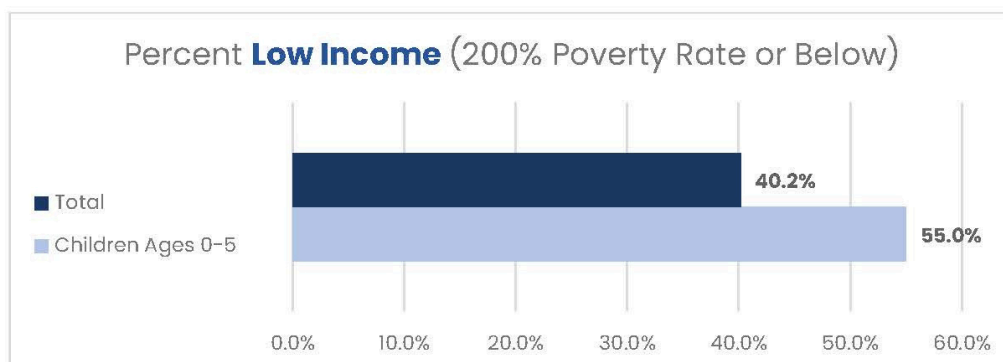
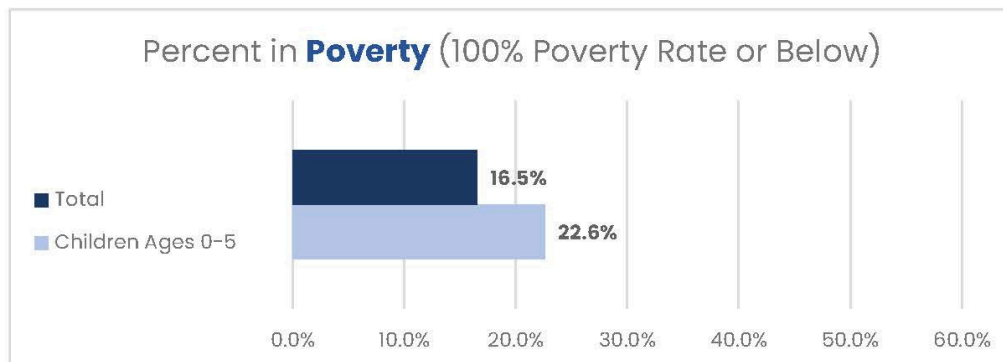
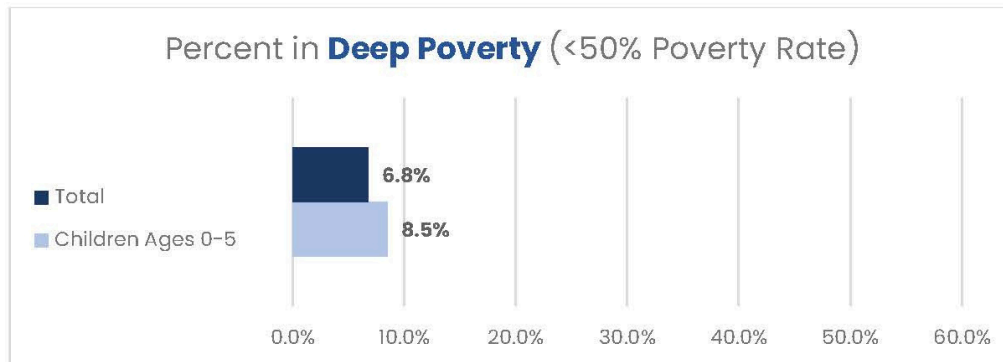
LOCAL DATA SNAPSHOTS

Taking a closer look at the Upper Cumberland



Bright Start TN

Powered by **TQEE**



Upper Cumberland Region
Children Ages 0-5

State of Tennessee

LOCAL DATA SNAPSHOTS

Taking a closer look at the Upper Cumberland



Bright Start TN

Powered by **TQEE**

Health and Wellbeing

Indicator	Regional Count	Regional Rate	TN Rate
Reported Child Abuse Cases	4,528	6.0%	4.4%
Children on Medicaid	56,629	63.0%	55.3%
Eligible but uninsured	2,909	6.1%	6.1%
TEIS Participation (rate per 1000 children ages 0-2)	269	23.2	37.6
Child Food Insecurity	9,760	13.0%	12.8%
Dentists (rate per 100,000 residents)	91	24.5	46.1
Low birth weight*	NA	NA	9.3%

*Regional calculation is unavailable due to suppression at the county level.

Care and Education

High Quality Care and Education

Indicator	Regional Rate	TN Rate
Percentage of high-quality* child care capacity for children (under age 6) with all parents in the labor force	43.9%	51.9%
Number of children per each licensed high quality* child care slot	2.3	1.9

*While there is not currently any uniform nationally adopted or state-adopted definitions for quality in the context of child care, for the purpose of this table, high-quality refers to one of three things:

- Tennessee Department of Human Services (TDHS) licensed child care with a 3-star rating on the Quality Rating Improvement System (QRIS).
- Tennessee Department of Education (TDOE) Voluntary Pre-K classrooms
- Head Start or Early Head Start classrooms

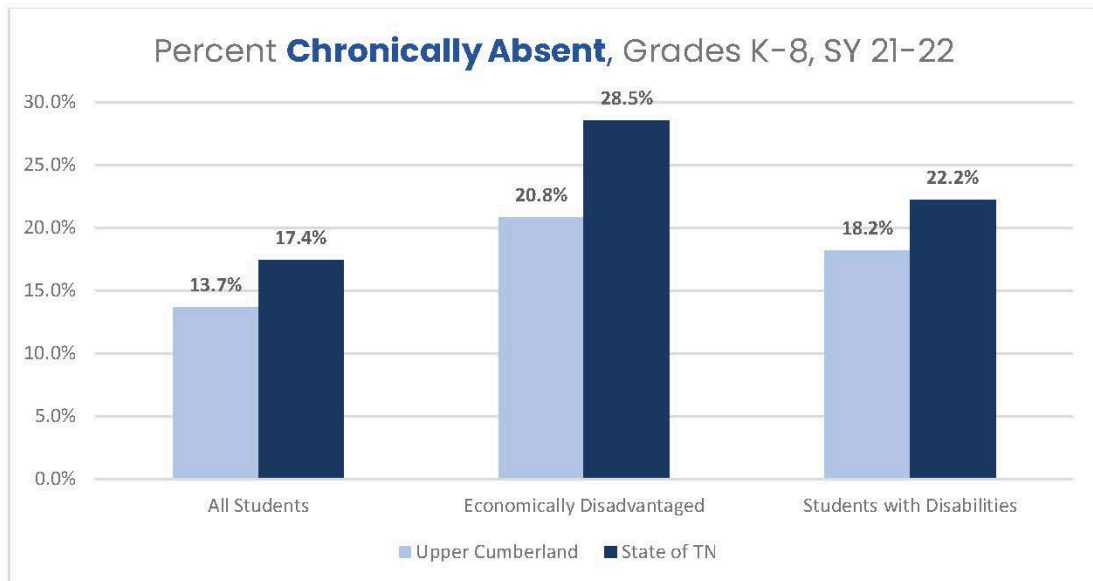
LOCAL DATA SNAPSHOTS

Taking a closer look at the Upper Cumberland



Bright Start TN

Powered by **TQEE**



LOCAL DATA SNAPSHOTS

Taking a closer look at the Upper Cumberland

Bright Start TN Dashboard

Reading with Children

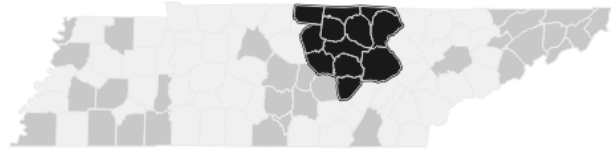


Year 2023

By Region (Upper Cumberland)



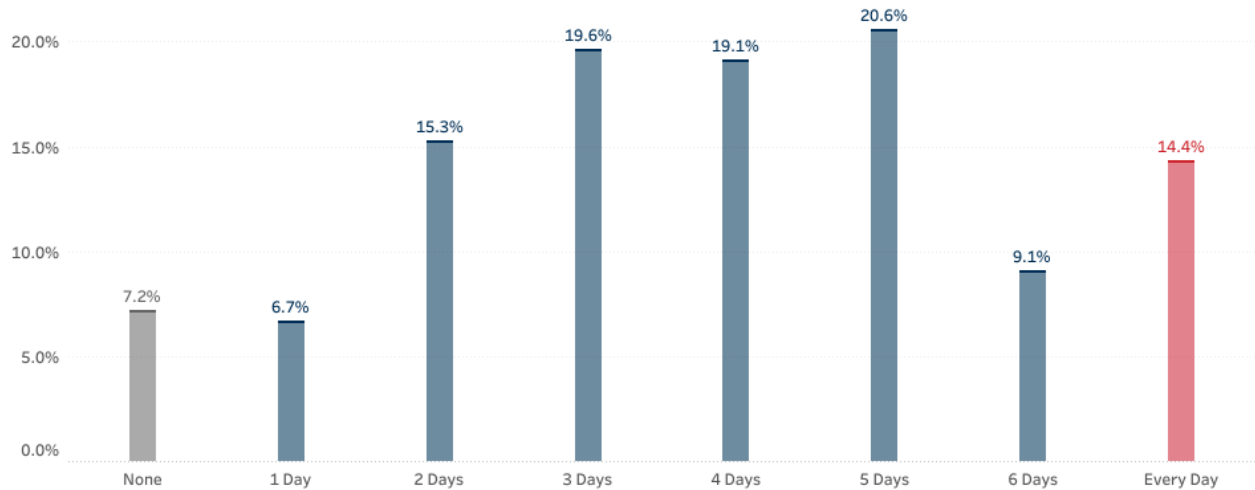
14.4% of families reported reading with their children every day in a typical week.



● Bright Start Community ● Not a Bright Start Community

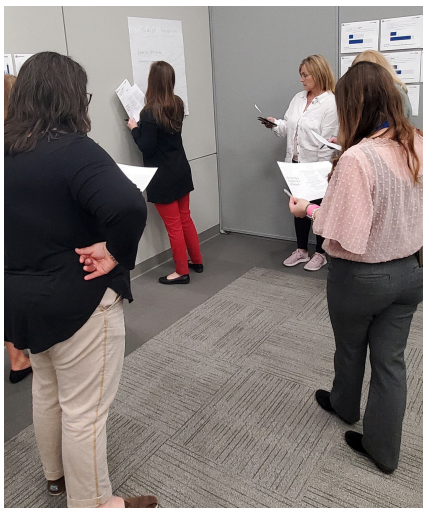
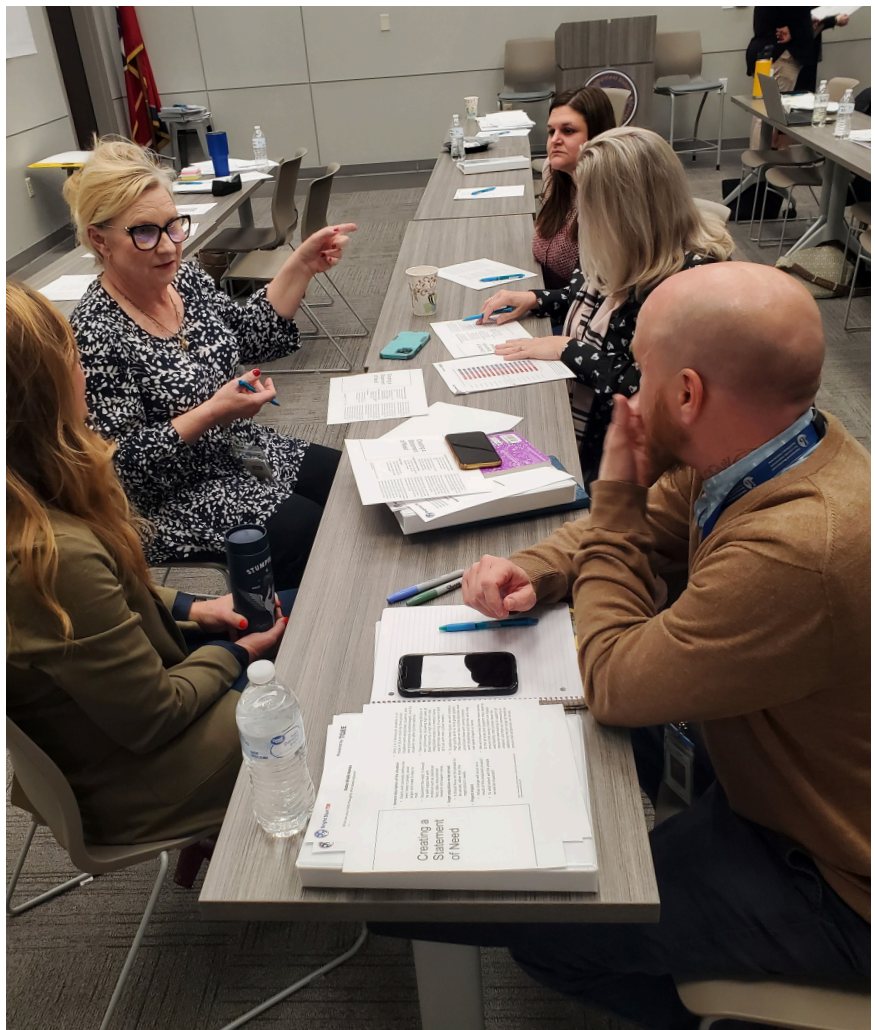
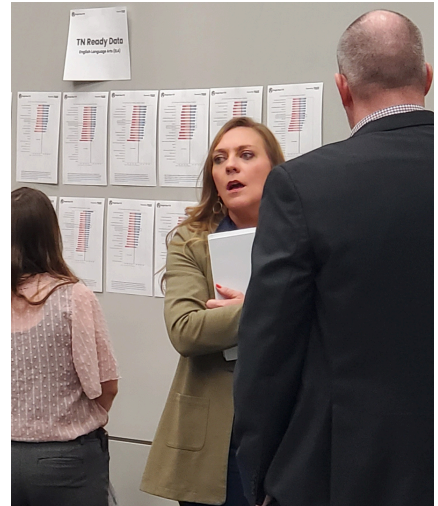
Click to filter

% of Families That Read With Their Children (Under Age 9) In The Past Week



COMMUNITY & STAKEHOLDER ENGAGEMENT

Determining effective strategies



COMMUNITY & STAKEHOLDER ENGAGEMENT

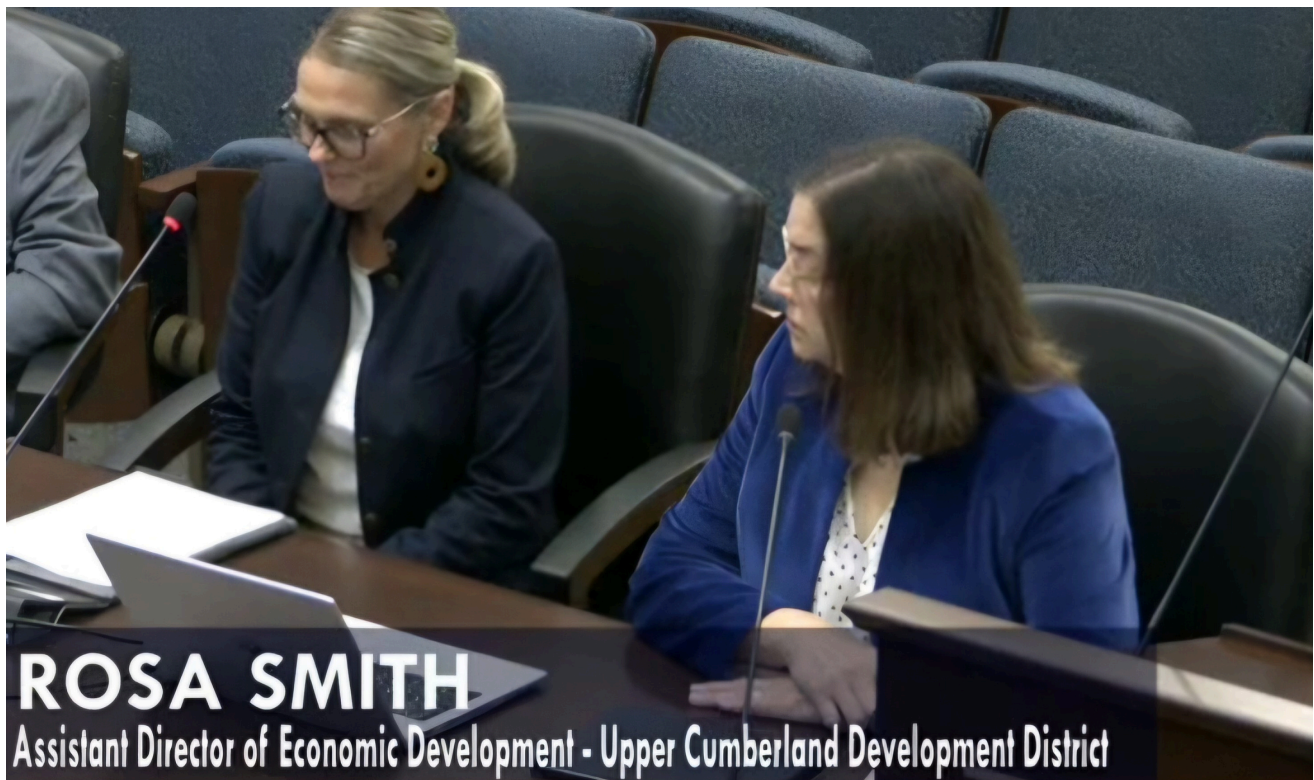
Expanding our Understanding of Efforts Beyond the Region



COMMUNITY & STAKEHOLDER ENGAGEMENT

Advocating for Policy Change

Rosa Smith, Assistant Director of Economic Development, shared her insights on both the Align Summit Panel and the Tennessee Advisory Commission on Intergovernmental Relations (TACIR) Panel, highlighting the impactful work in advancing policy change for Early Childhood Education facilities.



COMMUNITY & STAKEHOLDER ENGAGEMENT

Empower Upper Cumberland - Circles USA



These joyful faces reflect the power of family engagement made possible through Empower Upper Cumberland's Circles USA program. This initiative fosters meaningful peer relationships and connects families within the program to support each other in overcoming barriers and achieving lasting success.



COMMUNITY & STAKEHOLDER ENGAGEMENT

Meeting with legislators to drive policy changes



GOALS & MEASUREMENTS

Supporting economically-disadvantaged children

HIGH-QUALITY LEARNING ENVIRONMENTS

- 1 Expand the Upper Cumberland assistance website (ucassist.org) to include a dedicated Child and Family Services Hub, featuring improved and more accurate county-specific resources tailored to user search needs.

Goal: Increase the number of resources for families provided on the UC Assist website by 30 percent by end of 2029.

- 2 Expanding Early Childhood Education (ECE) Facilities Serving Children Ages 0-5.

Goal: Provide 800 families within our 14 counties the access and community support by creating Community Collaboration groups in each county with county officials, childcare providers, teachers, and parents by end of 2029.

SUPPORTIVE AND SUPPORTED FAMILIES & COMMUNITIES

- 3 Adopting classrooms and schools to provide additional resources for teachers, students, and families—continuing and expanding efforts in partnership with established community organizations already doing impactful work. These efforts will focus on reducing language barriers through bilingual materials, culturally responsive resources, and language access support, ensuring all children and families can fully engage in and benefit from these initiatives

Goal: Provide 10 classrooms serving approximately 200 children with resources and classroom essentials through this program every year beginning in 2026.



These strategies align to benefit the community because they address foundational factors that influence long-term well-being, such as access to education, healthcare, and support systems, which collectively strengthen family stability, improve child development outcomes, and contribute to a healthier, more resilient population.



GOALS & MEASUREMENTS

Supporting economically-disadvantaged children

HEALTH & DEVELOPMENT STRATEGIES

4 Autism Spectrum Disorder (ASD) Supports

Goal: Increase access to ASD diagnostics by adding 2-3 diagnosticians since we currently have 0 in the Upper Cumberland region. Explore and research pediatric clinics that may be willing to partner by providing diagnosticians within their existing clinical setting. Furthermore, increasing ASD services and supports by providing training resources and an education program for caregivers, daycare employees, healthcare providers, and community organizations.

5 Expand access to mental health services across the Upper Cumberland by integrating mental health liaisons into communities and delivering education on mental health awareness and resource opportunities for youth.

Goal: Provide mental health awareness by bringing awareness to Adverse Childhood Experiences (ACEs) and Protective and Compensatory Experiences (PACEs) to 60 percent of children by the end of the 2029 school year.

6 Mobile health clinic/local health screenings for rural counties such as appropriate developmental screenings, wellness examinations, and vaccinations.

Goal: Increase the percentage of children, birth to five years old, who have received these services within the previous year by 10 percent by the end of 2029, with a steady increase each year following.

7 Nutrition/obesity prevention for children: Increase access, support, and education on health and nutrition by offering wrap-around services beyond regular school hours.

Goal: Improve health and nutrition in our schools through exercise programs and nutritional content by 10 percent by the end of the first year of implementation within the school system by the end of May 2029.

Goal: Reduce the prevalence of childhood obesity in the Upper Cumberland by 15 percent by the end of 2029.

8 Fighting for Stronger Starts: Addressing Pre-term and Low Birth Weight Disparities in the Upper Cumberland

Goal: By the end of 2029, reduce pre-term births and low birth weight infants in the Upper Cumberland region by 10 percent through partnerships with local health departments, schools, and evidence-based home visiting programs. Our efforts include educating families on the importance of early prenatal care, providing wrap-around services, and conducting targeted outreach to high-risk populations. These strategies aim to increase access to care, improve birth outcomes, enhance maternal health, and support the social-emotional development of children across the region.

OBJECTIVES TO ACHIEVE

1 Strategy One: Expand the Upper Cumberland resource website (UC Assist 2.0) to include resources for children and family services.

What We Heard:

Currently, our UC Assist website (www.ucassist.org) offers a searchable list of resources by category and county. However, the system can be difficult to navigate, and many of the resources listed are referrals that may direct users to out-of-county providers—services that technically serve the selected area but are not located within it.

We've found that the majority of users searching for resources, such as food, housing, or transportation, are doing so urgently. When the search process leads to a confusing trail of referrals or dead ends, people often become frustrated and abandon their search.

To better meet these needs, our goal is to simplify the platform by making resources easier to navigate and more directly aligned with what users are searching for. We also aim to provide clear points of contact so that individuals can access the help they need quickly and efficiently.

What We Heard:

Our daycare providers occasionally face unexpected closures—either of entire facilities or individual classrooms—due to staffing shortages. These unplanned disruptions often leave parents scrambling to find last-minute care or missing work entirely. To help address this issue, we propose the development of a resource platform that connects providers with qualified substitute staff who can be contacted on short notice.

This solution would help minimize unplanned closures, supporting consistent operations for providers while offering peace of mind to parents and stability for the children. The platform would maintain a vetted list of certified substitutes available to fill in as needed, allowing providers to maintain full operational capacity.

In rural areas, where childcare options are already limited and often expensive, ensuring access to dependable early learning facilities is essential. Our goal is to include this resource as part of our support system for daycare providers.

What We Heard:

Across our 14 rural counties, many families face challenges in locating licensed child care facilities and often struggle to navigate the Tennessee Department of Human Services (DHS) website to find providers in their area. While the DHS site lists providers by county, it does not offer real-time information on current vacancies or available slots.

To address this gap, we aim to enhance UC Assist by including a feature that connects parents with child care providers who have open slots, along with details on the age groups they currently accept. This would not only simplify the search process for families in need of care but also support providers in filling available openings more efficiently.

How Will Data be Collected & Evaluated?

UCDD's IT team can track website visits and see which resources are viewed most often and which counties visitors are coming from.

OBJECTIVES TO ACHIEVE

2 Strategy Two: Expand Early Childhood Education (ECE) Facilities Serving Children Ages 0-5.

What We Heard:

The importance of Early Childhood Education (ECE) facilities in rural areas cannot be overstated. These facilities play a critical role in shaping the cognitive, emotional, social, and physical development of young children, especially in communities where access to quality education and healthcare may be limited. ECE facilities are key to breaking cycles of poverty, improving educational outcomes, and ensuring equitable development. They offer a powerful, cost-effective intervention with long-term benefits for children, families, and the wider community.

Collaboration ensures these solutions are holistic and sustainable. Engaging a diverse range of stakeholders, including parents, childcare providers, educators, and community leaders, fosters trust, transparency, and shared ownership of initiatives. When individuals feel their perspectives are valued and reflected in the planning process, they are more likely to actively support and participate in implementation efforts.

Additionally, a unified coalition amplifies advocacy efforts, enhancing our collective ability to influence policy, secure funding, and raise public awareness more effectively than any single organization could achieve alone.

How Will Data be Collected & Evaluated?

Our mission is to support 800 families across all 14 counties by increasing access to essential resources and services. To ensure that local needs are accurately represented, we will host quarterly meetings with designated committee chairs from each county. These chairs will serve as advocates for their communities, providing valuable insight into the most pressing challenges and areas for improvement.

This county-specific feedback will guide our efforts and help shape targeted, meaningful solutions that reflect the unique needs of each population we serve. The quarterly meetings will be documented through detailed meeting minutes. Attendance will be tracked using a sign-in sheet, along with the date and location of each meeting. This ensures that anyone who is new to the group or unable to attend a meeting can stay informed about the discussions.



OBJECTIVES TO ACHIEVE

3

Strategy Three: School/Classroom Adoption

What We Heard:

School/classroom adoption programs are initiatives where community members, businesses, or organizations “adopt” a school, grade level, or individual classroom to provide ongoing support throughout the academic year.

These programs offer both tangible and intangible benefits for students, educators, and the broader community. In collaboration with established community partners already engaged in this work, we aim to expand and strengthen access to resources and extend our reach to more schools. By partnering with organizations already doing this critical work in local areas, we are able to align efforts, avoid duplication, and maximize impact across the region. Our goal is to ensure access to these wrap-around services outside of school hours.

Benefits of these programs include:

- **Enhanced Student Support**
 - *Provides students with access to needed supplies, technology, and learning materials.*
 - *Offers mentorship opportunities that boost student confidence and engagement.*
 - *Encourages real-world connections between academics and careers through guest speakers or field trips.*
- **Teacher Empowerment**
 - *Helps educators offset out-of-pocket expenses for classroom materials.*
 - *Creates a sense of community backing and appreciation, which can improve morale and reduce burnout.*
 - *Gives teachers more flexibility to innovate and enrich instruction.*
- **Community Engagement**
 - *Encourages local businesses, faith groups, and civic organizations to invest in education.*
 - *Strengthens relationships between schools and the broader community.*
 - *Builds a shared sense of responsibility for student success.*
- **Exposure to Real-World Experiences**
 - *Adoptive partners can provide job shadowing, internships, or workshops that prepare students for future careers.*
 - *Creates a broader support network for both academic and personal growth.*
- **Positive School Culture**
 - *Fosters a more inclusive and supportive learning environment.*
 - *Promotes equity by ensuring that all classrooms, regardless of zip code or funding, have access to key resources.*

OBJECTIVES TO ACHIEVE

3 Strategy Three: School/Classroom Adoption, continued

It is essential to eliminate language barriers that prevent meaningful participation. This involves translating key materials and signage into commonly spoken languages, offering interpreter services at public meetings and events, and using culturally responsive communication strategies. When families can access information in their preferred language, it builds trust and increases meaningful engagement with local programs and services. Our goal is to ensure access to these wrap-around services outside of school hours

In the Upper Cumberland region, where many families depend on vital community resources such as childcare, healthcare, education, transportation, and employment, language accessibility is especially important. Without it, families may struggle to navigate services, missing out on essential support and opportunities to engage in civic life.

Given the limited availability of services in many rural areas, reducing language barriers ensures that:

- Health and education outcomes improve across diverse populations
- Trust is strengthened between families and service providers
- All residents can actively contribute to and benefit from their communities
- No one is excluded due to limited English proficiency

Language inclusion is not just about communication. It's about equity, access, and community connection. Through these efforts, every child and family can benefit from the hands-on efforts and be a part of something great.



OBJECTIVES TO ACHIEVE

3

Strategy Three: School/Classroom Adoption, continued

Conduct a Language Needs Assessment

Identify the most commonly spoken languages in your community using school data, census information, or intake forms from local agencies.

Translate Core Materials

Ensure that essential documents, flyers, signage, and website content are available in the top 2-3 languages spoken in your region.

Offer Interpreter Services

Provide in-person or virtual interpretation at public meetings, workshops, and events, especially in health, education, and family support settings.

Use Visual Communication Tools

Incorporate universally understood symbols, diagrams, and visual guides to support comprehension for all literacy levels.

Partner with Multilingual Volunteers and Community Leaders

Engage bilingual community members to act as liaisons or outreach ambassadors during events and programs.

How Will Data be Collected & Evaluated?

Our goal is to fulfill classroom requests through partnerships with local sponsors for at least 10 classrooms serving approximately 200 children each year over the next three years along with assisting 40 families with limited English proficiency in accessing essential services.

In partnership with local school systems, faith-based communities, and non-profit organizations, the Upper Cumberland Bright Start vision is to ensure families across the region have access to services and supports through comprehensive wrap-around care.

By partnering with regional and community stakeholders, health departments, school systems, faith-based organizations, and non-profits, we can gather the insights needed to provide effective wrap-around services.

To measure impact, participating families will be asked to complete a brief survey evaluating the usefulness and frequency of the services provided in each area. In addition, we plan to develop multilingual FAQ documents and assess the feasibility of scheduling in-person interpreters in each county on designated days each week.

OBJECTIVES TO ACHIEVE

4

Strategy Four: Autism Spectrum Disorder (ASD) Services & Supports

What We Heard:

Autism Spectrum Disorder (ASD) supports and services refer to a range of interventions, resources, and assistance designed to help individuals with autism, and their families, lead more successful, independent, and fulfilling lives.

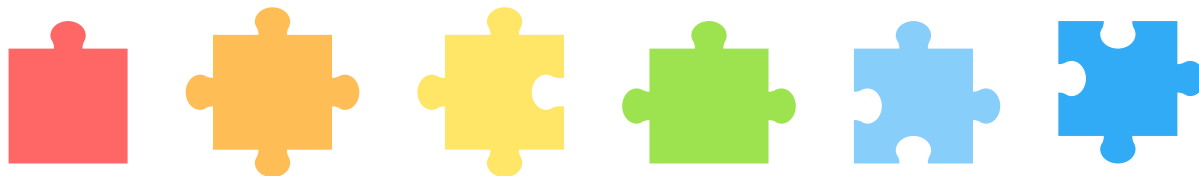
This includes, but is not limited to: early intervention programs, speech and language therapy, behavioral therapy, social skills training, educational support services, etc. We aim to increase the availability of qualified assessment specialists to reduce wait times for autism evaluations.

Throughout our 14 counties, these resources are very limited and the waitlists are incredibly long and hours away from our communities, but the need is ever-growing.

Our goal is to increase access to ASD diagnostics by adding 2-3 clinicians, as we currently have 0 in the Upper Cumberland region. Explore and research pediatric clinics that may be willing to partner by providing these providers within their existing clinical setting:

- Developmental specialists
- Neurodevelopmental evaluators
- Psychological evaluators
- Pediatric diagnostic teams
- Behavioral health assessors

By 2029, statewide autism prevalence among children was estimated at 3.4 percent (1 in 29). A collaboration with successful partners and hospitals are being evaluated and efforts are in progress to hopefully fulfill this regional need.



How Will Data be Collected & Evaluated?

Data will be gathered through our ongoing partnership with Tennessee Tech University and TRIAD (Treatment and Research Institute for Autism Spectrum Disorders) through the Vanderbilt Kennedy Center.

OBJECTIVES TO ACHIEVE

5

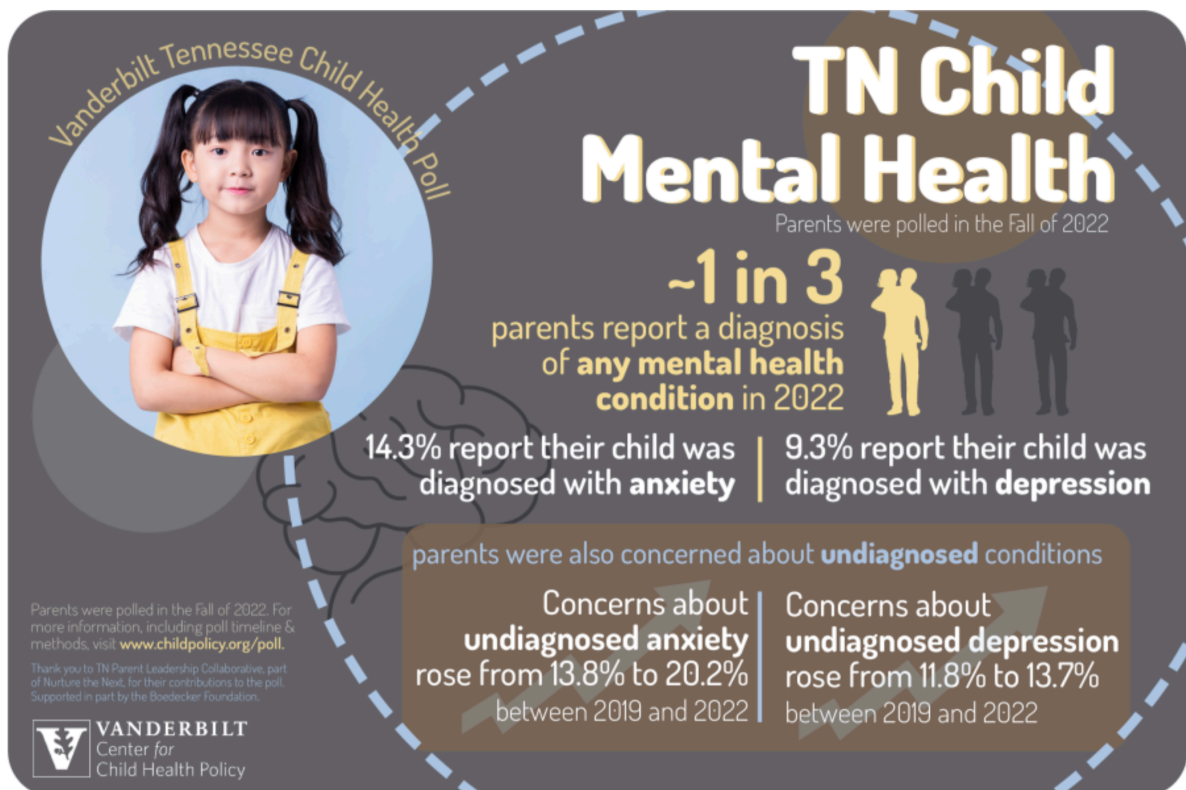
Strategy Five: Child Mental Health

What We Heard:

Addressing child mental health is vital for the well-being and development of Tennessee's youth. Early intervention and access to appropriate care can prevent the escalation of mental health issues, improve educational outcomes, and reduce the risk of suicide.

Efforts to enhance mental health services, increase awareness, and reduce stigma are essential steps toward supporting the mental health of children in Tennessee.

According to the Vanderbilt University Medical Center's child health poll, more than 20 percent of Tennessee parents report concerns that their child has undiagnosed anxiety, and nearly 14 percent are concerned about undiagnosed depression.¹⁰



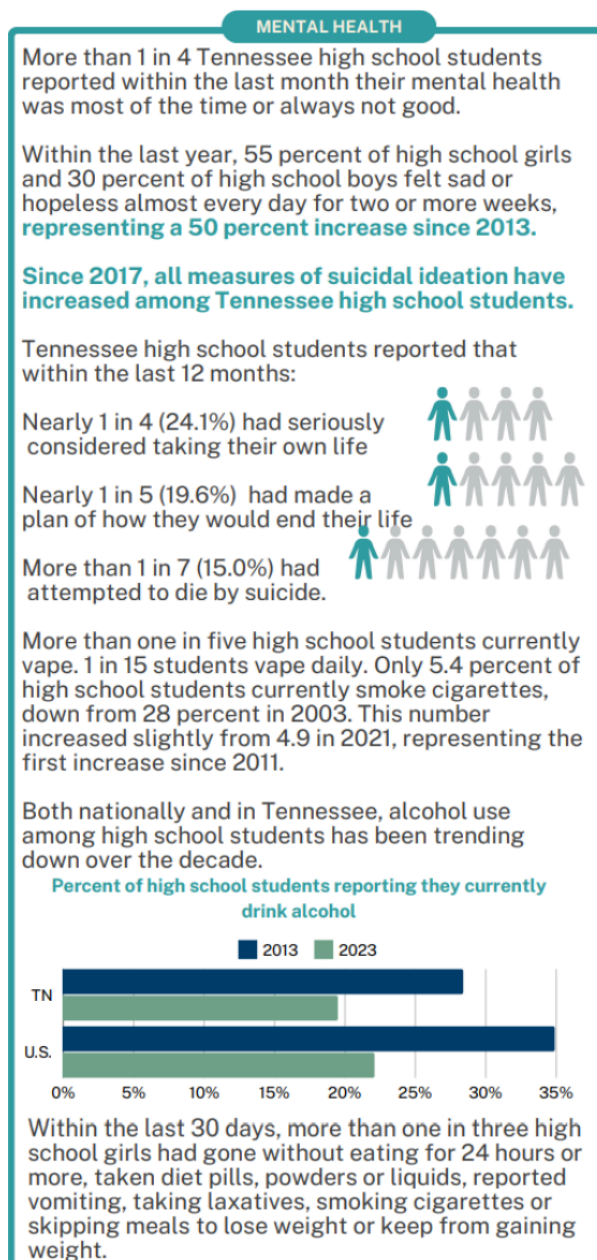
OBJECTIVES TO ACHIEVE

5

Strategy Five: Child Mental Health, continued

What We Heard:

Mental well-being is essential for community well-being because the health of a community depends not just on physical conditions or infrastructure, but also on the emotional, psychological, and social health of its residents.¹¹



Abuse, neglect, and household dysfunction, core components of Adverse Childhood Experiences (ACEs), are strongly linked to negative mental health outcomes. These early traumatic experiences can significantly impact a child's development, both neurologically and emotionally. When a child is exposed to chronic stress or trauma during key developmental stages, it can alter the brain's architecture, particularly in areas related to emotion regulation, decision-making, and impulse control.¹⁴

Additionally, the body's stress response system can become overactive or dysregulated, leading to heightened anxiety, difficulty coping with everyday challenges, and increased vulnerability to mental health disorders such as depression, PTSD, and substance use disorders later in life. Without proper intervention and support, these impacts can persist into adulthood, affecting relationships, academic achievement, physical health, and overall quality of life.¹⁴

Image at left from TN.Gov The State of the Child 2024 data highlights

OBJECTIVES TO ACHIEVE

5

Strategy Five: Child Mental Health, continued

What We Heard:

Key Treatment Gaps in the Upper Cumberland

- **Limited Access to Services in Rural Areas**
 - Many counties within the Upper Cumberland lack sufficient mental health providers, making it difficult for residents to access timely and appropriate care. This scarcity is especially pronounced in more remote areas, where transportation barriers further hinder access.
- **Shortage of Mental Health Professionals**
 - The region faces a shortage of qualified mental health professionals, including psychiatrists, psychologists, and licensed counselors. This deficit leads to longer wait times for appointments and reduced availability of specialized services.
- **Financial Barriers**
 - Many residents encounter financial obstacles when seeking mental health care.
- **Uninsured and Underinsured Populations**
 - A substantial number of Tennesseans lack adequate health insurance coverage, limiting their access to mental health services. Even among those with insurance, high deductibles and co-pays can deter individuals from seeking necessary care.
- **High Out-of-Pocket Costs**
 - The expense of mental health services, including therapy and medication, can be prohibitive. Without financial assistance or sliding scale options, many individuals forgo treatment due to cost concerns.
- **Limited Availability of Low-Cost Services**
 - Rural regions often have fewer mental health providers, and those available may not offer affordable services. This scarcity disproportionately affects low-income residents who cannot travel long distances for care.
- **Stigma and Cultural Barriers**
 - Stigma surrounding mental health issues persists in the region, discouraging individuals from seeking help. Cultural beliefs and a lack of mental health education contribute to this stigma, further exacerbating treatment gaps.

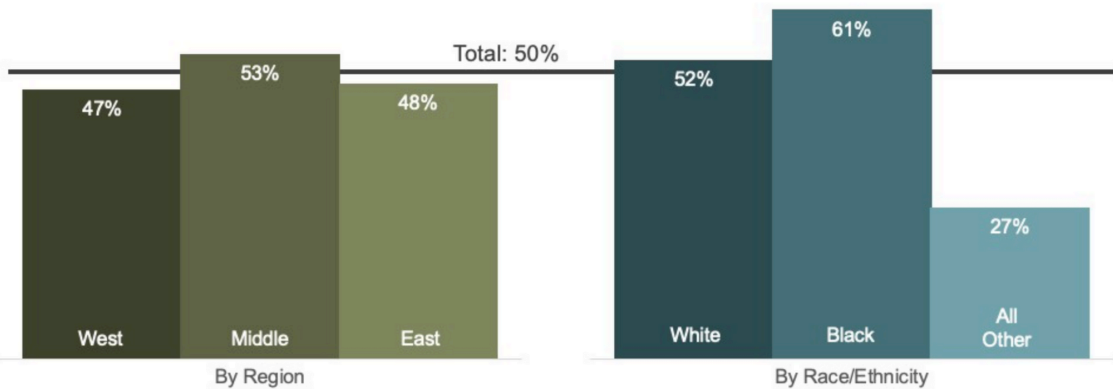
OBJECTIVES TO ACHIEVE

5

Strategy Five: Child Mental Health, continued

Half of Tennessee Youth with Mental and Behavioral Health Conditions Do Not Receive Mental Health Services

% of TN Youth Ages 6-17 with Diagnosed Behavioral Health Conditions Not Receiving Mental Health Services (2022)

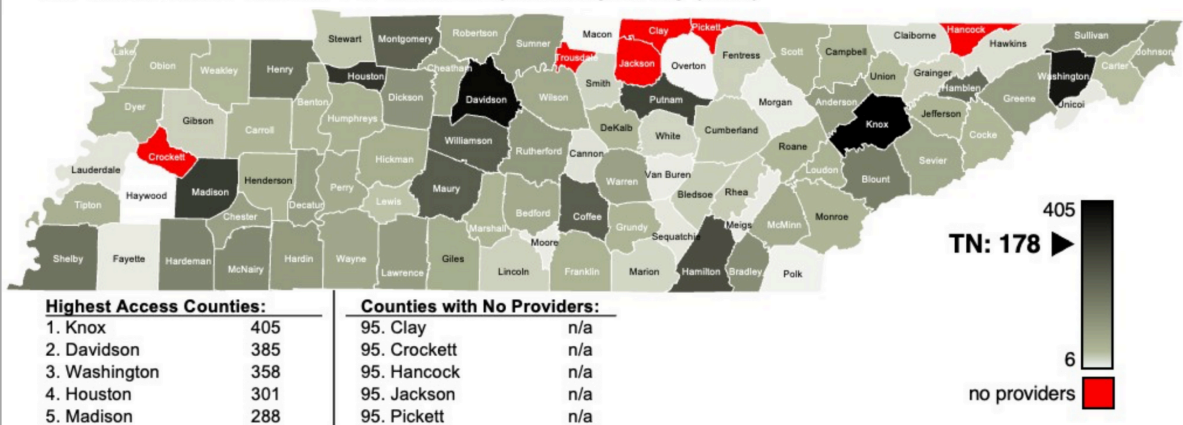


Note: Parents or guardians respond on behalf of the child or adolescent. Regions refer to Tennessee's Grand Divisions. * Includes one or more of the following 11 conditions: ADD/ADHD, anxiety, depression, ASD, self-harm, bipolar disorder, substance use disorder, suicidal thoughts or intentions, oppositional defiant disorder (ODD), post-traumatic stress disorder (PTSD), and eating disorders. Source: Vanderbilt Child Health Poll

SycamoreTN.org

Tennessee's Most Populous Counties Tend to Have More Mental Health Providers Per Resident

of Mental Health Providers* Per 100,000 Population by County (2022)



*Includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care

Source: County Health Rankings' analysis of 2022 CMS National Provider Identification data

SycamoreTN.org

OBJECTIVES TO ACHIEVE

5

Strategy Five: Child Mental Health, continued

Initiatives Addressing Mental Health Barriers

- **Behavioral Health Safety Net (BHSN):** Administered by the Tennessee Department of Mental Health and Substance Abuse Services, BHSN provides essential outpatient mental health services to uninsured and underinsured individuals. In Fiscal Year 2023, the program served over 32,000 adults and 1,300 children statewide.¹²
- **Volunteer Behavioral Health Systems (VBHS):** VBHS offers BHSN services in the Upper Cumberland region, partnering with local governments to enhance access to mental health care for financially disadvantaged residents. Providing a full range of mental health services for adults, children, and families, including treatment for depression, anxiety, ADHD, and co-occurring substance use disorders, Volunteer Behavioral Health (VBH) follows a No-Wrong-Door approach. This model ensures individuals can quickly access the help they need, often within 24 hours.
- **TRUE Addiction and Behavioral Health (Cookeville):** Provides Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) for individuals dealing with depression, trauma, anxiety, and addiction. Their holistic approach integrates therapy, wellness education, and family support.



OBJECTIVES TO ACHIEVE

5 Strategy Five: Child Mental Health, continued

Supportive and Supported Services

- In partnership with mental health facilities, counselors, health departments, and school systems, we will provide educational and resource opportunities and wrap-around services outside of school hours. This initiative includes training teachers on available resources to better support student well-being.
- Raise awareness of ACEs and PACEs by launching an educational program targeting parents, teachers, healthcare providers, and community organizations. This program will include workshops for daycare providers and staff focused on managing behavioral challenges using evidence-based strategies and promoting the development of essential daily life skills. A partnership is currently being developed with a local mental health counseling facility to gather feedback from providers participating in the Trauma-Informed Training workshops. Recognizing and addressing ACEs early, through trauma-informed care, safe environments, and supportive adult relationships, can significantly improve long-term outcomes and foster resilience in children.

How Will Data be Collected & Evaluated?

Evaluate outcomes and expand services to additional counties in the region.



OBJECTIVES TO ACHIEVE

6

Strategy Six: Pop-Up Health Clinic (Mobile Clinic)

What We Heard:

A mobile pediatric clinic provides a wide range of benefits, especially in underserved or rural communities like those in the Upper Cumberland region of Tennessee. Pop-up clinics act as a bridge between families and the healthcare system—helping reduce disparities, improve outcomes, and build healthier communities.¹⁷

Key advantages include:

- **Improved Access to Care**
 - Reaches underserved areas with limited or no pediatric providers.
 - Reduces transportation barriers for families without reliable vehicles or those living far from medical centers.
 - Allows care to be brought directly to schools, community centers, or neighborhoods.
- **Timely and Preventive Health Services**
 - Provides routine check-ups, vaccinations, screenings, and early intervention.
 - Helps identify developmental delays or chronic conditions before they worsen.
 - Supports consistent well-child visits for populations that might otherwise delay or miss care.
- **Reduced Financial Burden**
 - Often operates with low- or no-cost to families.
 - Saves families money on transportation, time off work, and co-pays.
 - Can connect uninsured or underinsured families with additional resources or coverage assistance.
- **Integrated Mental and Behavioral Health Support**
 - Can include mental health professionals or screenings for anxiety, depression, ADHD, and trauma.
 - Helps reduce stigma by making mental health services part of normal pediatric care.

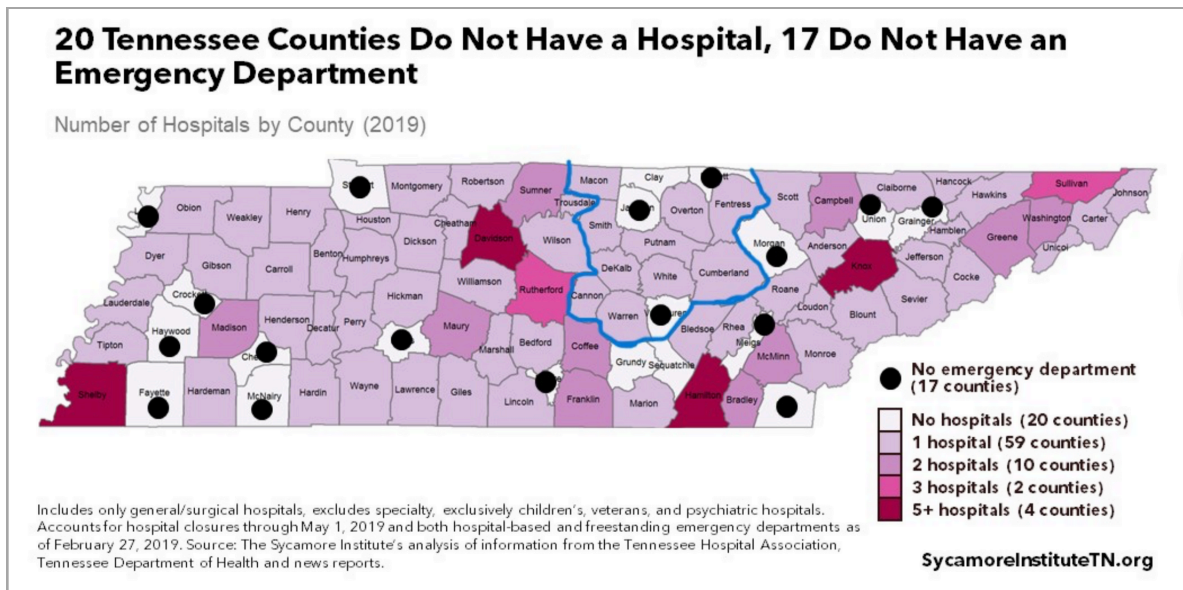
By collaborating with local providers, communities can be consistently served, encouraging continued engagement with available healthcare services. When accessible resources are in place, utilization increases—leading to improved health outcomes by addressing both physical and mental health needs, while also strengthening community connections.



OBJECTIVES TO ACHIEVE

6 Strategy Six: Pop-Up Health Clinic (Mobile Clinic), continued

What We Heard:



According to the data from Sycamore Institute, 20 counties in the state of Tennessee do not have hospitals; four (4) of these counties are in the Upper Cumberland region.¹⁵ As shown above.

Counties without hospitals often have lower capacities for primary care and mental health services. For example, Clay and Jackson counties, both in the Upper Cumberland region, are among the bottom 10 counties in Tennessee for the number of residents per primary care physician and mental health provider.¹⁵

In alignment with our mission to expand access to essential healthcare services, we aim to partner with local healthcare providers across the Upper Cumberland region to host pop-up medical clinics in underserved counties. These clinics will focus on offering mental health evaluations, vision screenings, and dental checkups, addressing some of the most pressing unmet needs in these communities.

This initiative will mirror the successful model of the Remote Area Medical (RAM) clinic held annually in Putnam County, but will be adapted to serve multiple rural locations throughout the region. By collaborating with local providers, we not only ensure the quality and relevance of care, but also strengthen regional healthcare networks and foster ongoing relationships between communities and service organizations.

OBJECTIVES TO ACHIEVE

6 Strategy Six: Pop-Up Health Clinic (Mobile Clinic), continued

How Will Data be Collected & Evaluated?

To ensure the effectiveness and sustainability of the initiative, comprehensive data tracking will be implemented. Metrics will include the total number of individuals served, the specific services delivered, the most frequently requested or utilized services, and participant intentions to return the following year. This data will help assess community needs, improve service offerings, and guide long-term planning.

To support service delivery, we will recruit and train a volunteer workforce, with a strong emphasis on engaging students from local institutions such as Tennessee Tech University, regional community colleges, the Tennessee Colleges of Applied Technology (TCAT), and other regional partners. These student volunteers, particularly those pursuing careers in healthcare, public health, and social work, will receive hands-on training and structured opportunities to gain real-world experience under professional supervision.

In addition to meeting critical community needs, this model also functions as a pipeline for workforce development. Participating students will earn valuable volunteer hours while gaining clinical and community-based experience, enhancing both their résumés and educational outcomes. Our long-term goal is to retain these emerging professionals in the Upper Cumberland region post-graduation, addressing both immediate service gaps and the ongoing provider shortage in rural Tennessee.



OBJECTIVES TO ACHIEVE

7

Strategy Seven: Addressing Nutrition/Obesity Prevention

What We Heard:

Nutrition and obesity prevention are critically important for youth in the Upper Cumberland region—and rural communities more broadly—for several interconnected health, social, and economic reasons:

Long-Term Health Outcomes

- Early poor nutrition and obesity are directly linked to chronic conditions like type 2 diabetes, heart disease, and high blood pressure—even during adolescence.
- Youth who are overweight are more likely to become obese adults, facing lifelong health complications.

The Upper Cumberland Faces Higher Risk

- The Upper Cumberland is a rural region with higher rates of poverty, food insecurity, and limited access to healthcare.
- Children in rural Tennessee are more likely to consume ultra-processed, low-nutrient foods and have fewer opportunities for physical activity due to fewer parks, walkable neighborhoods, or school-based programs.

Academic and Cognitive Development

- Nutrition plays a direct role in brain development, attention span, and academic performance.
- Poor diet and obesity have been associated with lower test scores, higher absenteeism, and increased behavioral issues in schools.

Economic Impact

- Preventable childhood obesity leads to increased healthcare costs, both for families and the state.
- Long-term, it contributes to lower workforce productivity and economic strain on public services.

Social and Emotional Wellbeing

- Children with obesity often face bullying, low self-esteem, and social isolation.¹⁶
- Addressing nutrition and wellness helps promote confidence, inclusion, and mental health in school-aged youth.¹⁶

Preventing obesity through school meals, nutrition education, active living programs, and community-based health services, can reverse these trends. Investing in youth health today sets the foundation for a healthier, more resilient future in our region.

Youth obesity rates are notably high, with a significant increase observed in students as they progress to higher grade levels. These trends underscore the need for targeted nutrition and physical activity interventions in the Upper Cumberland region to address and mitigate obesity-related health risks.

OBJECTIVES TO ACHIEVE

7 Strategy Seven: Addressing Nutrition/Obesity Prevention, continued

What We Heard:

Addressing youth obesity requires a multi-faceted approach that accounts for both the child's biological predispositions and the environmental pressures they face.¹⁶

Effective interventions should involve families, schools, healthcare providers, and policymakers. Biological predispositions don't guarantee obesity, but they increase susceptibility, especially when combined with an unhealthy environment. Understanding these factors helps shape more effective prevention and treatment strategies.

Biological Predispositions:

- *Genetics: Children of obese parents are more likely to become obese themselves, even when raised in different environments.*
 - *Genes can affect:*
 - *Appetite control (e.g., feeling full or hungry)*
 - *Fat storage patterns*
 - *Energy metabolism (how efficiently calories are burned)*
- *Metabolism: Some children naturally have a slower resting metabolic rate, meaning they burn fewer calories at rest. Differences in how the body uses and stores energy can predispose a child to gain fat more easily.*
- *Hormonal Imbalances:*
 - *Leptin resistance: Leptin is a hormone that signals fullness. If the brain doesn't respond to it, the child may continue eating even when full.*
 - *Insulin resistance: Leads to poor blood sugar regulation and increased fat storage.*
 - *Cortisol, the stress hormone, can promote fat accumulation when elevated for long periods.*
- *Prenatal and Early Life Factors:*
 - *Maternal obesity or gestational diabetes during pregnancy increases a child's risk of obesity later in life.*
 - *Low birth weight followed by rapid weight gain in infancy can also raise risk.*
 - *Feeding practices, like early formula feeding or early introduction of solid foods, may affect metabolism and fat storage.*
- *Sleep Deficiency: Short or poor-quality sleep affects hormones like ghrelin (increases hunger) and leptin (signals satiety), leading to increased appetite and overeating.*
- *Neurological Factors: Differences in reward system activity in the brain may make some children more prone to overeating, especially in response to high-fat, high-sugar foods.*



OBJECTIVES TO ACHIEVE

7 Strategy Seven: Addressing Nutrition/Obesity Prevention, continued

Environmental Pressures on Obesity

- *Food Environment*
 - *Abundant availability of unhealthy foods (fast food, processed snacks, sugary drinks)*
 - *Food deserts: areas with limited access to grocery stores offering fresh fruits and vegetables*
 - *Food swamps: areas saturated with convenience stores and fast food outlets*
 - *Aggressive food marketing, especially toward children, promotes high-calorie, low-nutrient foods*
- *Built Environment*
 - *Lack of sidewalks, bike paths, or parks discourages physical activity*
 - *Unsafe neighborhoods may prevent children from playing outside*
 - *Suburban sprawl often requires driving instead of walking*
- *Socioeconomic Factors*
 - *Lower-income families may face barriers to affording healthy food or gym memberships*
 - *Parents with multiple jobs may have less time to cook or supervise activity*
 - *Stress and financial insecurity can lead to emotional eating or reliance on low-cost, high-calorie foods*
- *Cultural Norms and Media Influence*
 - *Portion sizes in restaurants and at home have grown significantly over time*
 - *Media often glorifies sedentary behaviors (e.g., binge-watching, gaming)*
 - *Cultural perceptions of body weight and food can influence behavior and self-image*

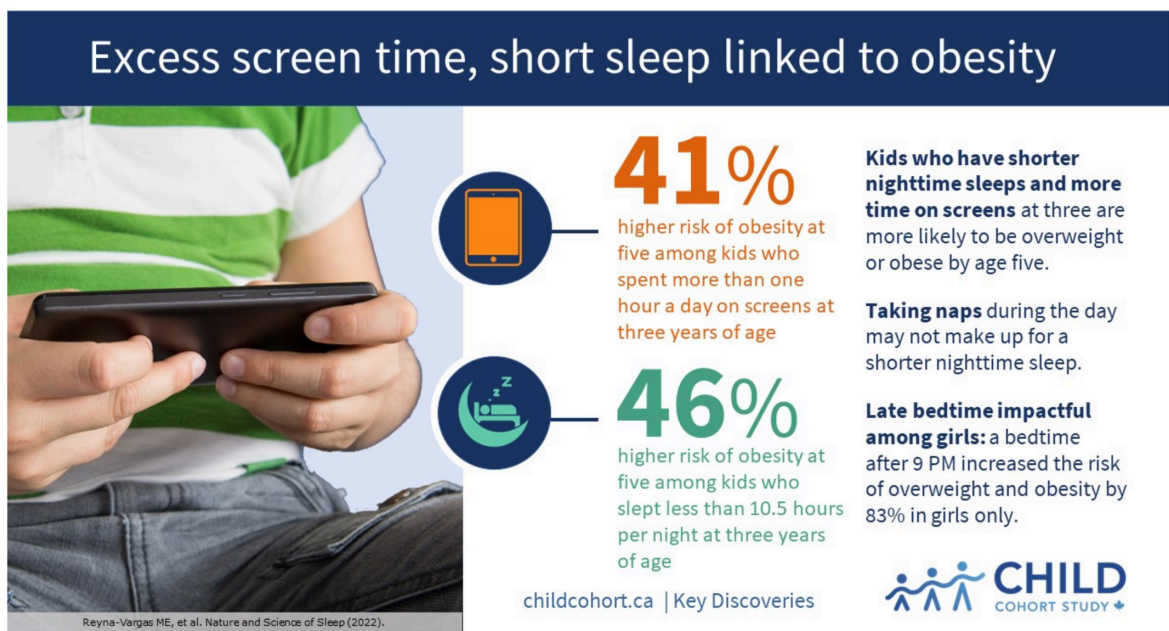


OBJECTIVES TO ACHIEVE

7 Strategy Seven: Addressing Nutrition/Obesity Prevention, continued

Environmental Pressures on Obesity, continued

- **Technology and Screen Time**
 - Increased screen use (TV, phones, gaming) results in more sedentary time
 - Less time spent outdoors or in active play
 - Exposure to food advertising heavily influences children's cravings and preferences



Children and teens are exposed to screens more than ever before through smartphones, tablets, TVs, laptops, and gaming consoles.

According to the American Academy of Pediatrics, kids ages 8-18 now spend an average of seven-plus hours per day on screens for entertainment alone, not including schoolwork.

By enhancing health and nutrition in our schools through expanded physical activity programs and improved dietary education, we aim to significantly reduce childhood obesity across the Upper Cumberland. Our goal is to lower the region's obesity rate by 15 percent and promote a 10 percent increase in mindful eating habits by the year 2026.

OBJECTIVES TO ACHIEVE

7

Strategy Seven: Addressing Nutrition/Obesity Prevention, continued

How Will Data be Collected & Evaluated?

After-school activity programs have consistently collected yearly data on student participation and physical health outcomes. This valuable information can be used to track progress over time and identify areas where additional initiatives could be beneficial.

We plan to partner with targeted school districts to pilot these new initiatives, focusing on areas with the greatest need or opportunity for impact. Throughout the pilot phase, we will evaluate participation, engagement, and health outcomes to measure effectiveness.

Based on this evaluation, we will refine the programs and strategically expand them to additional schools and districts across the Upper Cumberland. The ultimate goal is to foster a culture of movement, wellness, and health awareness among children and their families, creating long-term positive health outcomes.



OBJECTIVES TO ACHIEVE

8

Strategy Eight: Fighting for Stronger Starts: Pre-term & Low Birth Weight Disparities in the Upper Cumberland

What We Heard:

The Upper Cumberland is among the highest-risk areas for teen pregnancy in the state. With this being said, high teen pregnancy rates are strongly associated with increased rates of low birth weight and preterm births.

In 2023, Tennessee had 11.3 percent of babies born preterm. The highest percentage since 2008.²⁰ In 2023, Tennessee had the sixth highest teen birth rate in the country, 21.0 per 1,000 females age (15-19).¹⁹ Nationally it was 13.9 per 1,000.¹⁹

Out of the 14 counties of the Upper Cumberland, nine (9) have a higher rate of preterm births than the state average.

Our goal is to reduce the rate of preterm births and low birth weight (LBW) infants by 10 percent by end of 2029. Achieving this requires a proactive approach to maternal and child health, beginning with early and consistent prenatal care. We are working to improve outcomes by partnering with local health departments through Community Health Access and Navigation in Tennessee (CHANT) and Child Health and Development (CHAD) programs, engaging schools, and supporting evidence-based home visiting services.

Healthy birth weights are critical indicators of a newborn's immediate and long-term well-being. Babies born at a healthy weight are less likely to experience complications such as respiratory distress, infections, and developmental delays. In the long run, they are more likely to meet developmental milestones, perform better academically, and experience fewer chronic health issues.

By promoting early prenatal care, we aim to identify and manage health risks sooner, provide nutritional and emotional support for expectant mothers, and build strong foundations for both maternal and infant health. Ultimately, our efforts will help foster healthier pregnancies, stronger social-emotional development in children, and improved quality of life for families across our communities.



OBJECTIVES TO ACHIEVE

8

Strategy Eight: Fighting for Stronger Starts: Pre-term & Low Birth Weight Disparities in the Upper Cumberland, continued

Health Benefits

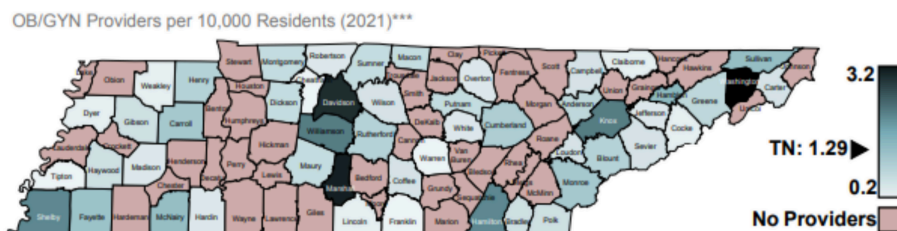
- Reduced risk of pregnancy-related complications, identify and manage health risks sooner, such as: gestational diabetes, high blood pressure, and mental health concerns
- Lower rates of maternal and infant mortality
- Empowerment through Education: Improved physical and mental health outcomes for expectant mothers, and knowing how to care for themselves during and after pregnancy promotes long-term family wellness
- Stronger developmental outcomes: “Healthy-weight infants are more likely to hit physical, cognitive, and emotional milestones on time and less likely to have health complications, such as respiratory distress syndrome, jaundice, and infections.”²²

Economic Benefits

- We want to strengthen public health equity. Rural and underserved areas often face higher LBW rates.
- A reduction in low birth weight and preterm births significantly eases the economic strain on healthcare and social service systems, primarily through fewer neonatal intensive care unit (NICU) admissions and decreased long-term medical costs.

Community Benefits

- Reduced cycle of poverty and intergenerational disadvantage
- Strengthened community health and social cohesion



According to the 2021 data presented above, eight (8) of the 14 counties in our region have no practicing obstetricians or gynecologists (OB/GYNs). This shortage presents a critical challenge for individuals seeking reproductive health services, particularly for pregnant adolescents and women in need of consistent prenatal care. The lack of local providers means that many residents must travel long distances to receive basic medical attention, which can lead to delays in care, missed appointments, and increased health risks for both mothers and infants. This disparity underscores the urgent need for expanded healthcare access and provider recruitment in underserved rural areas.

OBJECTIVES TO ACHIEVE

8 Strategy Eight: Fighting for Stronger Starts: Pre-term & Low Birth Weight Disparities in the Upper Cumberland, continued

According to the USDA, the cost of raising a child born in 2015 is \$233,610 for a middle-income family, not including the cost of a college education and also stopping any expense by the age of 18.¹⁸

These numbers are even more-so now, 10 years later.



Our mission is to empower youth with the knowledge and skills needed to break the cycle of poverty by promoting long-term planning, financial literacy, and emotional well-being. We emphasize the importance of creating a stable home environment and understanding the responsibilities that come with raising a child. Through education, we guide young people in balancing self-sufficiency with parenthood, setting realistic goals, and managing essential needs for themselves and their families. We believe smart choices today shape strong families tomorrow.

OBJECTIVES TO ACHIEVE

8

Strategy Eight: Fighting for Stronger Starts: Pre-term & Low Birth Weight Disparities in the Upper Cumberland, continued

How Will Data be Collected & Evaluated?

The Health and Development Working Group is committed to understanding and addressing adolescent pregnancy trends across the Upper Cumberland region. By analyzing county-level data on adolescent (ages 15-19) birth rates, we aim to identify specific target populations and geographic areas experiencing higher-than-average rates of teen pregnancies.

Through this analysis, we will:

- Pinpoint counties in the region where adolescent birth rates exceed the Tennessee state average.
- Map available resources such as public health departments, Title X clinics, school-based health centers, and community outreach programs in those areas.
- Identify gaps in preventive services, sexual health education, and contraceptive access.

To carry out this work effectively, we are partnering with a wide range of stakeholders, including:

- Local public health departments
- Pregnancy Centers
- Pediatricians and family medicine providers
- School health services and district nurses
- Parents, caregivers, and youth-serving organizations

Together, we are gathering both quantitative data (e.g., teen birth rates, contraceptive usage, healthcare access) and qualitative insights (e.g., perceived barriers, cultural considerations, youth voices) to guide a comprehensive response.

This data-informed, equity-driven approach will serve as a foundation for building more responsive, inclusive, and effective adolescent reproductive health strategies across the region.

By implementing these targeted strategies, we are not just creating a plan; we are shaping a bold, data-driven vision for the future of our region's children. In communities where families face complex health, educational, and economic challenges, this roadmap offers a pathway to real, lasting change. It's more than a commitment to early education; it's an investment in building stronger, healthier, and more equitable communities for generations to come.

This is our moment to close the gap, break cycles of disadvantage, and uplift every child and family with the support they need to thrive. Together, we can lay the foundation for transformative economic impact—and a brighter, more just future for all.

OBJECTIVES TO ACHIEVE

8 Strategy Eight: Fighting for Stronger Starts: Pre-term & Low Birth Weight Disparities in the Upper Cumberland, continued

Summary:

Our overarching goals include:

- Reducing barriers to contraception by improving access, affordability, and education
- Expanding outreach and awareness efforts through schools, clinics, and community groups
- Promoting positive reproductive health choices by fostering open communication and informed decision-making among youth

By doing so, we aim to support:

- Healthier birth outcomes (including lower rates of preterm births and low birth weight)
- Improved maternal and infant health
- Stronger social-emotional outcomes for children born to adolescent parents



CURRENT POLICY CHANGES IN PLACE

1 Statewide Classroom Changes in Place

- *House Bill 932/HB 13, signed by Gov. Bill Lee on March 28, 2025: mandates all public and charter schools to prohibit student use of cell phones, tablets, smartwatches, and similar devices during instructional time, with exceptions for educational use, emergency contact, and IEP/504 accommodations.*
- *Districts must also develop parent-notification procedures in emergencies (e.g. lockdowns)*

2 Expansion of School Choice via Education Savings Accounts (ESA)

- *In a special session, Tennessee enacted the Education Freedom Scholarship Program (2025-26), offering 20,000 ESA vouchers (up to ~\$7,075 each) prioritizing low- and moderate-income students and those with disabilities; expandable annually*
- *Senate Bill 151 (filed early 2025): would require schools to display the Ten Commandments, Declaration of Independence, and Preamble to the U.S. Constitution in school common areas. The cost would be covered via private donations.*

3 Tennessee House Bill 1175 (HB 1175) - Senate Bill 1379 (SB 1379)

- *Tennessee House Bill 1175 (HB 1175), also known as Senate Bill 1379 (SB 1379), was enacted as Public Chapter 276 on April 29, 2025. This legislation introduces several reforms aimed at enhancing child care accessibility and efficiency within the state. Representative Ryan Williams and Senator Bo Watson*

4 Tennessee House Bill 2317 (HB 2317)

- *The Tennessee House Bill 2317 (HB 2317) and its companion Senate Bill 2374 (SB 2374), enacted as Public Chapter 938 in 2024, mandated TACIR to conduct a comprehensive study on the laws, regulations, and rules affecting the start-up, operation, and expansion of child care businesses in Tennessee*

5 23-49 Rule

- *Since we began our journey of satisfying the rules and regulations in a strategic way, we found that DHS was enforcing Rule 23 from a State Fire Ruling. We looked deeper into these guidelines and verified that they were not Federal Regulations. This meant that 49 children could be in one place at a time and the building would still be able to be exempt from a fire-sprinkler system. This milestone allowed Childcare Centers to build capacity and as a result double their profits.*

6 Tennessee State Loan Repayment Program (TSLRP)

- *The TSLRP offers educational loan repayment to qualified primary care practitioners who commit to serving in federally designated Health Professional Shortage Areas (HPSAs), which include many counties in the Upper Cumberland region. This program aims to attract and retain healthcare providers in underserved areas. While loan repayment programs exist, there is a need for expanded rural residency and training programs in the Upper Cumberland region to encourage healthcare providers to practice in these areas.*

WHAT CAN YOU DO?

Support Local Families

- Share resources (childcare info, food assistance, health clinics) with parents who may not know about them.
- Offer to help neighbors with transportation, babysitting, or after-school needs.

Engage in Schools & Early Learning

- Volunteer at schools, childcare centers, or libraries.
- Donate classroom supplies or sponsor classroom projects.
- Read with children at home, libraries, or community programs.

Promote Health & Wellness

- Encourage healthy eating and physical activity in your home and neighborhood.
- Share information about free health screenings, vaccinations, or wellness events.
- Support local food pantries, community gardens, and nutrition programs.

Build Strong Communities

- Attend community meetings or Bright Start events.
- Advocate for childcare and early education funding with local leaders.
- Welcome and support families from diverse cultural or language backgrounds.

Encourage Early Childhood Development

- Talk, read, and sing with young children daily.
- Limit screen time and encourage active play.
- Celebrate children's milestones and positive behavior.

Support Mental Health & Resilience

- Learn about ACEs and how to reduce toxic stress.
- Be a supportive, consistent adult in a child's life.
- Share resources for counseling or parenting support groups.

Advocate & Spread Awareness

- Share Bright Start resources like ucassist.org.
- Use social media to raise awareness about childcare, education, and health needs.
- Encourage others to get involved in mentoring, volunteering, or policy advocacy.



AVAILABLE ASSISTANCE

Smart Steps & Certificate Program

The state's Smart Steps program and Child Care Certificate assist families who are working or in post-secondary education—teaming with TANF programs to reduce childcare costs.

- https://www.tn.gov/humanservices/news/2019/6/14/tennessee-offers-new-incentives-to-provide-equal-access-to-child-care.html?utm_source=chatgpt.com

Impact: Enables parents to work or study by offsetting early learning costs.

Tennessee Early Childhood Apprenticeship (TECTA)

Teaching Assistant-registered apprenticeship program for early childhood roles that combine paid work and training, a career pathway with Workforce Innovation and Opportunity Act (WIOA) support.

Impact: Offers parents (or prospective early education staff) a way to earn while learning, building caregiving capacity and workforce skills.

RESOURCES

Small Business Development Center (SBDC)

The SBDC at UCDD serves the 14-county Upper Cumberland region and provides small business start-up services, including, but not limited to: business plan development, financial planning assistance, marketing plan development, sources of capital, and social media guidance.

Impact: The SBDC can help individuals start or expand childcare businesses by assisting with business plans, financials, and marketing. This increases access to affordable, quality childcare in the region.

The Biz Foundry

The Biz Foundry is a non-profit organization offering free and affordable resources and business coaching to entrepreneurs at all stages of business.

Impact: If a nonprofit focuses on helping solve community issues (like increasing childcare availability, reducing poverty, or addressing mental illness), the Biz Foundry can help you empower entrepreneurs to launch businesses that directly tackle those needs.



DATA SOURCES

The following preliminary target population data was provided by TQEE to participating Bright Start TN communities.

Data sources include:

Tennessee Department of Education Report Card Data
(<https://www.tn.gov/education/families/report-card.html>)

County Health Rankings
(<https://www.countyhealthrankings.org>)

Tennessee Commission on Children and Youth's County Profiles
(<https://www.tn.gov/tccy/data-and-research/county-profiles.html>)

Annie E. Casey Foundation's Kids Count Data Center
(<https://datacenter.aecf.org>)

American Community Survey Demographic and Housing Estimates
(<https://www.census.gov/programs-surveys/acs.html>)

These target population indicators help identify where early care and education (ECE) interventions may be needed to support the development and academic success of children ages 0-8, with the goal of achieving grade-level proficiency in reading and math by third grade.

Note: Indicators marked with an asterisk () and labeled "NA" reflect suppressed data for one or more counties, making it impossible to calculate a regional average. For county-level details on these indicators, please refer to the TQEE Data Dashboard (<https://tqee.org>).*



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APPENDIX

OVERALL RANK
36

2024 KIDS COUNT® DATA PROFILE
TENNESSEE


THE ANNIE E. CASEY
FOUNDATION

ECONOMIC WELL-BEING						RANK
						34
	UNITED STATES			TENNESSEE		
Children in poverty US 11,583,000 TN 266,000	17% 2019	16% 2022	↓ BETTER	20% 2019	18% 2022	↓ BETTER
Children whose parents lack secure employment US 18,635,000 TN 436,000	26% 2019	26% 2022	= SAME	28% 2019	28% 2022	= SAME
Children living in households with a high housing cost burden US 21,807,000 TN 403,000	30% 2019	30% 2022	= SAME	26% 2019	26% 2022	= SAME
Teens not in school and not working US 1,149,000 TN 26,000	6% 2019	7% 2022	↑ WORSE	6% 2019	7% 2022	↑ WORSE

EDUCATION						RANK
						32
	UNITED STATES			TENNESSEE		
Young children (ages 3 and 4) not in school US 4,328,000 TN 102,000	52% 2013-17	54% 2018-22	↑ WORSE	60% 2013-17	61% 2018-22	↑ WORSE
Fourth graders not proficient in reading US N.A. TN N.A.	66% 2019	68% 2022	↑ WORSE	65% 2019	70% 2022	↑ WORSE
Eighth graders not proficient in math US N.A. TN N.A.	67% 2019	74% 2022	↑ WORSE	69% 2019	75% 2022	↑ WORSE
High school students not graduating on time* US N.A. TN N.A.	14% 2018-19	14% 2020-21	= SAME	10% 2018-19	11% 2020-21	↑ WORSE

N.A.: Not available *Graduation data may not be comparable across time due to the impact of the COVID-19 pandemic.

Explore data on children and families at datacenter.aecf.org.

APPENDIX

HEALTH						RANK
						38
	UNITED STATES			TENNESSEE		
Low birth-weight babies US 315,288 TN 7,367	8.3% 2019	8.6% 2022	↑ WORSE	9.2% 2019	9.0% 2022	↓ BETTER
Children without health insurance US 3,932,000 TN 86,000	6% 2019	5% 2022	↓ BETTER	5% 2019	5% 2022	= SAME
Child and teen deaths per 100,000 US 23,140 TN 626	25 2019	30 2022	↑ WORSE	32 2019	39 2022	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese** US N.A. TN N.A.	N.A. N.A.	33% 2021-22	N.A.	N.A. N.A.	35% 2021-22	N.A.

FAMILY AND COMMUNITY						RANK
						39
	UNITED STATES			TENNESSEE		
Children in single-parent families US 23,331,000 TN 519,000	34% 2019	34% 2022	= SAME	37% 2019	36% 2022	↓ BETTER
Children in families where the household head lacks a high school diploma US 8,015,000 TN 144,000	12% 2019	11% 2022	↓ BETTER	11% 2019	9% 2022	↓ BETTER
Children living in high-poverty areas US 5,682,000 TN 129,000	12% 2013-17	8% 2018-22	↓ BETTER	13% 2013-17	8% 2018-22	↓ BETTER
Teen births per 1,000 US 143,789 TN 4,502	17 2019	14 2022	↓ BETTER	24 2019	21 2022	↓ BETTER

N.A.: Not available **Overweight or obese data are not comparable across time due to methodology changes.

The Sycamore Institute | www.sycamoretn.org | 615.680.0047

Find additional data on this state's children and families at datacenter.aecf.org/TN.

Learn about child well-being and state rankings at www.aecf.org/databook.

