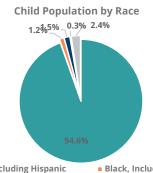
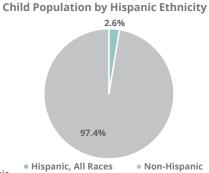
69th CLAIBORNE

Population Under 18: 19.1%







White, Including HispanicNative American/Alaskan

Native American/AlaskanOther/Unknown

Black, Including HispanicAsian/Pacific Islander

Published July 2024

ECONOMIC WELL-BEING 59TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 25.7%	83rd	24.5%	71st
Severe housing cost burden 9.5% 2018-2022	56th	9.8%	56th
Child care cost burden 22.2% FY2022-23	11th	25.9%	51st
EDUCATION 66TH	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 29.2% 2023-24	75th	31.4%	62nd
3rd to 8th grade math proficiency 28.3%	77th	32.5%	61st
Youth graduating high school on time 95.4%	30th	92.3%	57th
HEALTH 23RD	Rank	Previous Percent/Rate	Previous Rank
HEALTH 23RD Kindergarten full immunization series 94.1% 2022-23	Rank 46th		
Kindergarten full immunization series 94.1%		Percent/Rate	Rank
Kindergarten full immunization series 94.1% 2022-23 Children who lack health insurance 3.8%	46th	Percent/Rate	Rank 51st
Kindergarten full immunization series 94.1% 2022-23 Children who lack health insurance 3.8% 2021 Babies born at a low birth weight 8.6%	46th 9th	94.6% 4.7%	Fank 51st 5th
Kindergarten full immunization series 94.1% 2022-23 Children who lack health insurance 3.8% 2021 Babies born at a low birth weight 8.6% 2020-2022	46th 9th 50th	94.6% 4.7% 7.9% Previous	Sank 51st 5th 25th Previous
Kindergarten full immunization series 94.1% 2022-23 Children who lack health insurance 3.8% 2021 Babies born at a low birth weight 8.6% 2020-2022 FAMILY & COMMUNITY 85TH Youth Crime Rate Per 1,000 6.2	46th 9th 50th	Percent/Rate 94.6% 4.7% 7.9% Previous Percent/Rate	51st 5th 25th Previous Rank
Kindergarten full immunization series 94.1% 2022-23 Children who lack health insurance 3.8% 2021 Babies born at a low birth weight 8.6% 2020-2022 FAMILY & COMMUNITY 85TH Youth Crime Rate Per 1,000 6.2 2022 Children who are chronically absent 30.6%	46th 9th 50th Rank 8th	94.6% 4.7% 7.9% Previous Percent/Rate 11.2	51st 5th 25th Previous Rank 19th

Claiborne County			Tennessee	County			
	Number	Rate	Rate	Rank	Year		
Demographics							
Total population (state value is number not rate)	32,654	NA	7,126,489	47	2023		
Population under 18 years of age (percent of total population)	6,230	19.1%	22.0%	76	2023		
Economic Well-Being							
Median Household Income	\$41,087	NA	\$65,231.00	93	2022		
Youth unemployment	44	8.6%	9.8%	47	2023		
Per capita personal income (state value is dollars not rate)	\$42,082	NA	\$58,292	59	2022		
Median home sales price (state value is dollars not rate)	\$243,727	NA	\$325,000	53	2022		
Children receiving Families First grants (TANF) Children receiving Supplemental Nutrition Assistance (SNAP)	190 1,719	3.1% 27.6%	1.5% 22.4%	87 67	FY23 FY23		
Fair market rent (percent of monthly median household income)	\$983	28.7%	22.4%	86	FY23		
WIC participation (percent of children under 5)	602	37.9%	29.0%	61	FY23		
Education							
Education							
School age special education services (age 3 to 21)	643	9.2%	8.0%	46	2022-23		
TEIS participation (percent of children age 0 to 4)	60	3.8%	4.4%	32	2022-23		
Economically disadvantaged students	1,291	33.0%	30.2%	49	2022-23		
School suspensions	146	3.7%	4.6%	47	2022-23		
Graduating seniors scoring 21 or better on the ACT at least once	91	34.2%	35.4%	32	2022-23		
Young adult college enrollment (percent of graduating seniors)	NA	56.2%	54.3%	24	2022		
Health							
Neonatal abstinence syndrome (per 1,000 live births)	11	34.06	7.1	37	2022		
Births to mothers who smoked during pregnancy Children on TennCare (Medicaid)	65 4,883	20.8% 65.5%	9.1% 53.1%	80 77	2021 Dec-23		
Total TennCare (Medicaid) enrollees	9,864	30.2%	23.0%	84	Dec-23		
Births covered by TennCare (Medicaid)	212	65.6%	54.5%	59	2022		
Children qualified for Medicaid/CHIP but uninsured	162	4.0%	6.1%	6	2021		
Infant mortality (per 1,000 live births)	*	*	6.2	*	2021		
Neonatal death (per 1,000 live births)	*	*	3.2	*	2021		
Child deaths (per 100,000 children age 1 to 14)	0	0.00	20.7	1	2021		
Teen violent deaths (per 100,000 youth age 15 to 19)	0	0.0	69.7	1	2021		
Adequate prenatal care	252	81.0%	73.9%	25	2021		
Pediatric physicians (per 100,000 children)	2	32.1	76.1	36	2022-23		
Children who are food insecure	1,230	20.3%	17.9%	44	2022		
Teens with STDs (per 1,000 youth age 15 to 17)	*	*	16.1	*	2022		
Confirmed elevated blood lead level (per 1,000 screened)	7	4.2%	4.7%	35	2019-23		
Breastfeeding initiation at birth	230	71.4%	83.3%	80	2022		
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K)	55	40.5	44.8	53	2020-23		
Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K)	59	43.5	43.6	70 34	2020-23		
Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individals scoring at risk for psychotic-like experiences PQ-B (per 100K)	29 37	21.4 27.3	22.1 27.7	48	2020-23 2020-23		
Family & Community							
Reported child abuse cases	301	4.8%	4.2%	43	FY23		
Commitment to state custody (per 1,000 children)	34	4.8	2.5	66	FY23		
Remaining in state custody (per 1,000 children)	85	12.0	5.1	87	FY23		
Juvenile court referrals	195	3.1%	1.8%	76	2022		
Child restriant use in crashes (age 0 -12)	NA 1.450	91.9%	NA 20.8%	60	2023		
Regulated child care spaces (percent of children age 0 to 12)	1,459	34.4%	29.8%	13	FY23		

Claiborne

Overall

At 69th, Claiborne County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Health.

Strengths

Claiborne's strongest indicator is the rate of youth crime per 1,000, where the county ranks 8th. The county also performs well in the percent of children without health insurance at 9th.

Opportunities

The county's biggest challenge is the percent of chronic absenteeism among public school students, where it ranks 92nd. There are opportunities for improvement in the percent of chlidren living below the federal poverty line as well.

Policy/Practice/Program Options to Improve Outcomes

Many of these policies have multiple models for delivery, including public-private partnership, non-profit partners and community engagement.

Evidence-based strategies to address chronic absenteeism begin with early warning prevention and intervention systems, identifying students before their absences hit chronic levels and looking for underlying causes. Implementing positive and supportive engagement strategies to improve students' attendance at, connection to and success in school can help, while counselors who address individual students' challenges with regular attendance improve outcomes. Disciplinary measures that take students out of the classroom are a contributor to chronic absenteeism and not a solution.

With a high rate of child poverty, improving outreach to those who may qualify to receive SNAP and WIC benefits to be sure they are aware of these services can help ensure basic needs are met. Additionally, nutrition programs that provide food for school-age children to take home can contribute to food security. In the last year, the Community Eligibility Provision threshold expanded making more LEAs eligible for providing free school lunch and breakfast for all. Providing free breakfast and lunch at school can assure children are fed, reduce household expense, and streamlines the administrative process ensuring no child falls through the cracks. Expanding services through Family Resource Centers can also help reach families living in poverty. Making parents aware of opportunities to receive education and training through Tennessee Reconnect can also boost household incomes over the longer term. Many neighborhoods with a high concentration of poverty are also food deserts, lacking access to affordable healthy options. Community gardens can provide fresh produce and help mitigate some of the negative health implications of child poverty.

Indicator Definitions and History

Children living in poverty - Percent of children living in a household below the federal poverty line. In 2022, the federal poverty level for a family of 3 was \$23,030. Source: US Census Bureau Small Area Income and Poverty Estimates (2022).

Severe housing cost burden - Percent of households (including rented, owned and mortgaged) spending 50% or more of their income on housing. Source: American Community Survey, 5-year estimates (2018-2022). Table B25140.

Child care cost burden - Child care cost burden reflects the average estimate market-rate price for care for full-time care of an infant and 2+ year old but less than school age child as a percentage of the county's estimated median household income. The market-rate is calculated by taking an average of the median market-rate fee for licensed providers in the county. When available, this includes Child Care Centers, Group Homes, and Family Homes. In instances where the county does not have all three, the providers existing in the county averaged. In instances where there are no licensed providers providing care to that age group in the county, the statewide average of Tier 2 market-rates are used. This average rate for infant care and 2+ care is then combined to get the total cost of care. Source: Determining Child Care Market Rates in the State of Tennessee (FY2022-23).

3rd to 8th grade reading proficiency - Percent of third- to eighth-grade students who scored "ontrack" or "mastered" on the Tennessee Comprehensive Assessment Program (TCAP) reading and language test.

Source: Tennessee Department of Education (2023-24).

3rd to 8th grade math proficiency - Percent of third- to eighth-grade students who scored "ontrack" or "mastered" on the Tennessee Comprehensive Assessment program (TCAP) math test. Source: Tennessee Department of Education (2023-24).

Youth graduating high school on time - Percent of ninth-grade cohort that graduates in four years. Source: Tennessee Department of Education (2022-23).

Kindergarten Immunization - Percent of public-school kindergarten students fully immunized for all required vaccine series at the time of survey completion. Required series includes: Diphtheria-Tetanus-Pertussis vaccine (DTaP), Measles, Mumps, Rubella vaccine (MMR), Hepatitis A Virus vaccine (HAV)2 Hepatitis B Virus vaccine (HBV), Poliomyelitis vaccine (IPV or OPV), and Varicella (chickenpox) vaccine/credible history of disease. Source: Tennessee Department of Health Vaccine-Preventable Diseases and Immunization Program. Kindergarten Immunization Compliance Assessment. (2022-23).

Children who lack health insurance - Percent of children who lack health insurance. Source: US Census Bureau Small Area Health Insurance Estimates (2021).

Babies born at a low birth weight - Percent of live births where baby weighs less than 2,500 grams (5.5 pounds), averaged over three years. Source: Tennessee Department of Health (2020-22).

Youth Crime Rate Per 1,000- Rate of reported crimes alleged to have been committed by someone under 18 to county population of youth 12 to 17. Source: Tennessee Bureau of Investigation, Tennessee Incident Based Reporting System (2022). Accessed May 28, 2024.

Children who are chronically absent - Children who are absent 10 percent or more of school days for any reason, including excused/unexcused absences and out-of-school suspensions. Source: Tennessee Department of Education (2022-23).

Victims of abuse or neglect per 1,000 - Child victims of abuse or neglect. In cases with multiple children each child is counted individually. The total is the number of children associated with substantiated cases of severe abuse and of determinations of "Services Court Ordered" or "Services Needed" in cases of non-severe abuse or neglect. The rate is per 1,000 children. Source: Tennessee Department of Children's Services (FY2022-23).