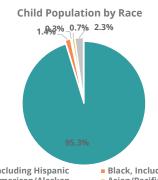
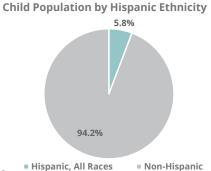
76th GRAINGER

Population Under 18: 19.2%



FOUNDMIC WELL-REING 78TH





Previous

■ White, Including Hispanic ■ Native American/Alaskan

Asian/Pacific Islander Other/Unknown

Black, Including Hispanic

Published July 2024

Previous

ECUNUMIC WELL-BEING /81H	Rank	Percent/Rate	Rank
Children living in poverty 23.3%	70th	23.1%	63rd
Severe housing cost burden 11.0%	79th	12.5%	88th
Child care cost burden 35.9% FY2022-23	79th	35.0%	89th
EDUCATION 41ST	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 33.4%	50th	32.7%	57th
3rd to 8th grade math proficiency 32.5%	64th	33.5%	58th
Youth graduating high school on time 97.6%	11th	91.7%	66th
HEALTH 80TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 80TH Kindergarten full immunization series 92.7% 2022-23	Rank 72nd		
Kindergarten full immunization series 92.7%		Percent/Rate	Rank
Kindergarten full immunization series 92.7% Children who lack health insurance 5.7%	72nd	Percent/Rate	Rank 8th
Kindergarten full immunization series 92.7% 2022-23 Children who lack health insurance 5.7% 2021 Babies born at a low birth weight 10.3%	72nd 72nd	97.7% 7.6%	Rank 8th 83rd
Kindergarten full immunization series 92.7% 2022-23 Children who lack health insurance 5.7% 2021 Babies born at a low birth weight 10.3% 2020-2022	72nd 72nd 85th	97.7% 7.6% 11.0% Previous	Rank 8th 83rd 90th
Kindergarten full immunization series 92.7% 2022-23 Children who lack health insurance 5.7% 2021 Babies born at a low birth weight 10.3% 2020-2022 FAMILY & COMMUNITY 76TH Youth Crime Rate Per 1,000 14.5	72nd 72nd 85th	97.7% 7.6% 11.0% Previous Percent/Rate	8th 83rd 90th Previous Rank

Grainger County			Tennessee	County		
	Number	Rate	Rate	Rank	Year	
Demographics						
Total population (state value is number not rate)	24,681	NA	7,126,489	60	2023	
Population under 18 years of age (percent of total population)	4,738	19.2%	22.0%	74	2023	
Economic Well-Being						
Median Household Income	\$51,951	NA	\$65,231.00	66	2022	
Youth unemployment	25	4.7%	9.8%	20	2023	
Per capita personal income (state value is dollars not rate)	\$42,408	NA	\$58,292	56	2022	
Median home sales price (state value is dollars not rate)	\$262,132	NA 1.00/	\$325,000	45	2022	
Children receiving Families First grants (TANF)	88	1.9%	1.5%	59	FY23	
Children receiving Supplemental Nutrition Assistance (SNAP) Fair market rent (percent of monthly median household income)	1,191 \$1,008	25.1% 23.3%	22.4% 21.4%	59 41	FY23 FY23	
WIC participation (percent of children under 5)	573	47.6%	29.0%	83	FY23	
		17.070				
Education						
School age special education services (age 3 to 21)	603	12.2%	8.0%	87	2022-23	
TEIS participation (percent of children age 0 to 4)	58	4.8%	4.4%	60	2022-23	
Economically disadvantaged students	1,049	35.0%	30.2%	56	2022-23	
School suspensions	44	1.5%	4.6%	20	2022-23	
Graduating seniors scoring 21 or better on the ACT at least once	51	21.1%	35.4%	81	2022-23	
Young adult college enrollment (percent of graduating seniors)	NA	44.9%	54.3%	79	2022	
Health						
Neonatal abstinence syndrome (per 1,000 live births)	*	*	7.1	*	2022	
Births to mothers who smoked during pregnancy Children on TennCare (Medicaid)	48	18.6% 64.0%	9.1% 53.1%	69	2021	
Total TennCare (Medicaid) enrollees	3,449 6,561	26.6%	23.0%	68 59	Dec-23 Dec-23	
Births covered by TennCare (Medicaid)	162	67.2%	54.5%	64	2022	
Children qualified for Medicaid/CHIP but uninsured	190	6.7%	6.1%	70	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)	*	*	20.7	*	2021	
Teen violent deaths (per 100,000 youth age 15 to 19)	*	*	69.7	*	2021	
Adequate prenatal care	220	83.3%	73.9%	14	2021	
Pediatric physicians (per 100,000 children)	0	0.0	76.1	59	2022-23	
Children who are food insecure	930	20.2%	17.9%	33	2022	
Teens with STDs (per 1,000 youth age 15 to 17)	*	*	16.1	*	2022	
Confirmed elevated blood lead level (per 1,000 screened)	8	6.8%	4.7%	69	2019-23	
Breastfeeding initiation at birth Individuals scoring for severe depression (all ages) PHQ-9 (per 100K)	189	78.4%	83.3%	55 27	2022	
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K)	35 30	36.4 31.2	44.8 43.6	37 31	2020-23 2020-23	
Individuals reporting frequent suicidal idealion (all ages) PTQ-9 (per 100K)	25	26.0	22.1	73	2020-23	
Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K)	27	28.1	27.7	55	2020-23	
Family & Community						
Reported child abuse cases	209	4.4%	4.2%	28	FY23	
Commitment to state custody (per 1,000 children)	16	3.1	2.5	45	FY23	
Remaining in state custody (per 1,000 children) Juvenile court referrals	43	8.3	5.1	63	FY23	
Child restriant use in crashes (age 0 -12)	51 NA	1.1% 97.1%	1.8% NA	31 31	2022	
Regulated child care spaces (percent of children age 0 to 12)	345	10.8%	29.8%	92	FY23	
G	2.3	. 3.370		J-	5	

Grainger

Overall

At 76th, Grainger County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Education.

Strengths

Grainger's strongest indicator is the percent of high school students graduating on time, where the county ranks 11th. The county also performs well in the rate of youth crime per 1,000 at 23rd.

Opportunities

The county's biggest challenge is the percent of babies who were born at a low birthweight, where it ranks 85th. There are opportunities for improvement in the number of children who were victims of abuse or neglect 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.

Babies are born at a low birthweight either because they are born too early or they did not grow as much as they should. Ensuring women of childbearing age have access to treatment for chronic physical and mental health and substance abuse conditions creates an environment for healthy pregnancies. While the state has not expanded TennCare to close some of these access gaps, improving outreach to ensure those who do qualify are aware of those benefits, as well as others such as SNAP, WIC and TANF, contributes to general good health prior to pregnancy. Once a woman is pregnant, access to regular prenatal care is key. Preexisting risks are properly managed and unexpected complications are found and treated early when pregnant women receive regular care. Community-based doulas have been shown to improve health outcomes for babies, including reducing the number of babies born at a low birthweight.

Two-generation programs such as evidence-based home visiting have been shown to reduce instances of child abuse and neglect. Ensuring quality child care and offering preschool programs with family enrichment continues this support. Helping families access services for addiction and mental health challenges may also reduce stresses that can cause family dysfunction, as will strengthening economic supports through family-friendly work policies. Changing social norms to promote positive parenting through public engagement and education campaigns can help parents find alternatives to physical discipline that can go too far. Taking corporal punishment out of schools may contribute to a changing mindset. When abuse and neglect do occur, intervention to lessen harms and prevent future risk through enhanced primary care, behavioral parent training programs and treatment is important. Programs in schools and communities aimed at creating positive childhood experiences and improving resiliency also help mitigate effects.

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).