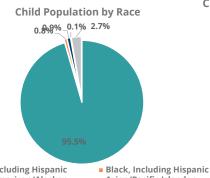
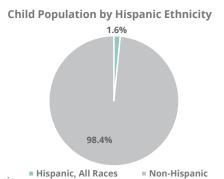
84th **HANCOCK**

Population Under 18: 21.0%







White, Including HispanicNative American/Alaskan

Other/Unknown

Asian/Pacific Islander

Published July 2024

ECONOMIC WELL-BEING 92ND	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 36.8%	94th	42.6%	95th
Severe housing cost burden 10.5%	70th	11.3%	78th
Child care cost burden 49.1% FY2022-23	90th	36.3%	91st
EDUCATION 82ND	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 26.4% 2023 -24	82nd	22.1%	90th
3rd to 8th grade math proficiency 29.0% 2023-24	76th	22.4%	86th
Youth graduating high school on time 90.5%	74 th	89.0%	82nd
HEALTH 5TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 5TH Kindergarten full immunization series 91.6% 2022-23	Rank 83rd		
Kindergarten full immunization series 91.6%		Percent/Rate	Rank
Kindergarten full immunization series 91.6% Children who lack health insurance 3.4%	83rd	Percent/Rate	Rank 1st
Kindergarten full immunization series 91.6% 2022-23 Children who lack health insurance 3.4% 2021 Babies born at a low birth weight 8.0%	83rd 2nd	100.0% 5.3%	Rank 1st 17th
Kindergarten full immunization series 91.6% 2022-23 Children who lack health insurance 3.4% 2021 Babies born at a low birth weight 8.0% 2020-2022	83rd 2nd 26th	Percent/Rate 100.0% 5.3% 10.8% Previous	Rank 1st 17th 89th
Kindergarten full immunization series 91.6% 2022-23 Children who lack health insurance 3.4% 2021 Babies born at a low birth weight 8.0% 2020-2022 FAMILY & COMMUNITY 73RD Youth Crime Rate Per 1,000 20.3	83rd 2nd 26th	Percent/Rate 100.0% 5.3% 10.8% Previous Percent/Rate	1st 17th 89th Previous Rank

Hancock County			Tennessee	County	
· ·	Number	Rate	Rate	Rank	Year
Demographics	S				
Total population (state value is number not rate)	6,956	NA	7,126,489	91	2023
Population under 18 years of age (percent of total population)	1,460	21.0%	22.0%	44	2023
Economic Well-Bo	eing				
Median Household Income	\$38,024	NA	\$65,231.00	95	2022
Youth unemployment	6	7.8%	9.8%	37	2023
Per capita personal income (state value is dollars not rate)	\$31,828	NA	\$58,292	94	2022
Median home sales price (state value is dollars not rate)	\$142,274	NA	\$325,000	91	2022
Children receiving Families First grants (TANF)	63	4.3%	1.5%	95	FY23
Children receiving Supplemental Nutrition Assistance (SNAP)	640	43.8%	22.4%	94	FY23
Fair market rent (percent of monthly median household income)	\$909	28.7%	21.4%	85	FY23
WIC participation (percent of children under 5)	210	60.0%	29.0%	94	FY23
Education					
School age special education services (age 3 to 21)	253	16.8%	8.0%	93	2022-23
TEIS participation (percent of children age 0 to 4)	35	10.0%	4.4%	95	2022-23
Economically disadvantaged students	429	48.0%	30.2%	93	2022-23
School suspensions	18	2.0%	4.6%	32	2022-23
Graduating seniors scoring 21 or better on the ACT at least once	12	17.9%	35.4%	89	2022-23
Young adult college enrollment (percent of graduating seniors)	NA	52.3%	54.3%	41	2022
Health					
Neonatal abstinence syndrome (per 1,000 live births)	*	*	7.1	*	2022
Births to mothers who smoked during pregnancy	20	35.1%	9.1%	92	2021
Children on TennCare (Medicaid)	1,242	75.9%	53.1%	92	Dec-23
Total TennCare (Medicaid) enrollees	2,473	35.6%	23.0%	94	Dec-23
Births covered by TennCare (Medicaid)	48	75.0%	54.5%	83	2022
Children qualified for Medicaid/CHIP but uninsured	40	3.7%	6.1%	3	2021
Infant mortality (per 1,000 live births)	0	0.00	6.2	1	2021
Neonatal death (per 1,000 live births)	0	0.00	3.2	1	2021
Child deaths (per 100,000 children age 1 to 14)	0	0.00	20.7	1	2021
Feen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care	0	0.0	69.7	1 *	2021
Pediatric physicians (per 100,000 children)	0	0.0	73.9% 76.1	59	2021 2022-23
Children who are food insecure	410	29.2%	17.9%	9	2022-23
Feens with STDs (per 1,000 youth age 15 to 17)	*	∠9.∠70 *	16.1	*	2022
Confirmed elevated blood lead level (per 1,000 screened)	3	9.0%	4.7%	87	2019-23
Breastfeeding initiation at birth	45	70.3%	83.3%	81	2022
		61.8	44.8	85	2020-23
	13			05	2020 23
ndividuals scoring for severe depression (all ages) PHQ-9 (per 100K)	13 7			4 1	2020-23
ndividuals scoring for severe depression (all ages) PHQ-9 (per 100K) ndividuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K)	7	33.3	43.6	41 *	
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K) Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K)		33.3		41 * *	2020-23
ndividuals scoring for severe depression (all ages) PHQ-9 (per 100K) ndividuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) ndividuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K)	7 0 0	33.3 *	43.6 22.1	*	2020-23
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K) Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K) Family & Commu	nity	33.3 * *	43.6 22.1 27.7	*	2020-23 2020-23
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K) Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K) Family & Commu	7 0 0 1nity	33.3 * * 4.9%	43.6 22.1 27.7 4.2%	* * 45	2020-23 2020-23 2020-23
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K) Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K) Family & Communication Communication (per 1,000 children)	7 0 0 1nity	33.3 * * 4.9% 25.3	43.6 22.1 27.7 4.2% 2.5	* * 45 95	2020-23 2020-23 FY23 FY23
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K) Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) Individuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) Individuals scoring at risk for psychotic-like experiences PQ-B (per 100K) Family & Communication of the provided state of the prov	7 0 0 1nity 72 40 3	33.3 * * 4.9% 25.3 1.9	43.6 22.1 27.7 4.2% 2.5 5.1	* * 45 95 5	2020-23 2020-23 FY23 FY23 FY23
ndividuals scoring for severe depression (all ages) PHQ-9 (per 100K) ndividuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K) ndividuals scoring positive for PTSD (all ages) PTSD Screeen (per 100K) ndividuals scoring at risk for psychotic-like experiences PQ-B (per 100K) Family & Commu Reported child abuse cases Commitment to state custody (per 1,000 children)	7 0 0 1nity	33.3 * * 4.9% 25.3	43.6 22.1 27.7 4.2% 2.5	* * 45 95	2020-23 2020-23 FY23 FY23

Hancock

Overall

At 84th, Hancock County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Health.

Strengths

Hancock's strongest indicator is the percent of children without health insurance, where the county ranks 2nd. The county also performs well in the percent of babies who were born at a low birthweight at 26th.

Opportunities

The county's biggest challenge is the percent of chlidren living below the federal poverty line, where it ranks 94th. There are opportunities for improvement in child care cost burden 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.

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.

Reducing the cost of child care is a difficult project for many local governments to launch. The best option may be to encourage unlicensed local child care businesses to pursue licensure by the Tennessee Department of Human Resources, as they have multiple programs supporting child care businesses, educators and client families associated with licensed facilities. Additionally, many individuals may be aware they are eligible for Smart Steps. Community events to provide education about the program and assist in enrollment can help reduce some of the cost burden. Beyond that, providing supervised recreation activities for older children during out-of-school hours and developing parent-led afterschool care programs can provide lower cost alternatives for families. Businesses interested in supporting families with child care cost burden can offer Dependent Flexible Spending Accounts. Businesses that provide on-site child care, partner with a third party to provide care or facilitate employees finding care are eligible for a federal tax credit of up to \$150,000 per year

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).