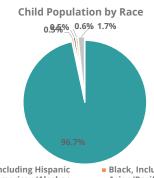
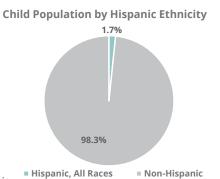
55th SCOTT

Population Under 18: 23.1%







White, Including Hispanic
 Native American/Alaskan
 Other/Unknown

Black, Including Hispanic

 Asian/Pacific Islander

Published July 2024

ECONOMIC WELL-BEING 74TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 26.9%	85th	29.2%	88th
Severe housing cost burden 9.5% 2018-2022	55th	9.2%	36th
Child care cost burden 33.7% FY2022-23	72nd	25.1%	41st
EDUCATION 45TH	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 33.0%	55th	33.1%	54th
3rd to 8th grade math proficiency 34.2%	58th	32.6%	60th
Youth graduating high school on time 96.5%	23rd	93.6%	45th
HEALTH 66TH	Rank	Previous Percent/Rate	Previous Rank
HEALTH 66TH Kindergarten full immunization series 95.8% 2022-23	Rank 15th		
Kindergarten full immunization series 95.8%		Percent/Rate	Rank
Kindergarten full immunization series 95.8% Children who lack health insurance 4.6%	15th	Percent/Rate 97.5%	Rank 11th
Kindergarten full immunization series 95.8% 2022-23 Children who lack health insurance 4.6% 2021 Babies born at a low birth weight 9.4%	15th 34th	97.5% 5.2%	Rank 11th 12th
Kindergarten full immunization series 95.8% 2022-23 Children who lack health insurance 4.6% 2021 Babies born at a low birth weight 9.4% 2020-2022	15th 34th 73th	97.5% 5.2% 9.9% Previous	Rank 11th 12th 79th Previous
Kindergarten full immunization series 95.8% 2022-23 Children who lack health insurance 4.6% 2021 Babies born at a low birth weight 9.4% 2020-2022 FAMILY & COMMUNITY 22ND Youth Crime Rate Per 1,000 5.7	15th 34th 73th	97.5% 5.2% 9.9% Previous Percent/Rate	11th 12th 79th Previous Rank

Scott County	Number	Rate	Tennessee Rate	County Rank	Year
Demographic			- 1000		
Total population (state value is number not rate)	22,171	NA	7,126,489	63	2023
Population under 18 years of age (percent of total population)	5,120	23.1%	22.0%	16	2023
Economic Well-Bo	eing				
Median Household Income	\$44,599	NA	\$65,231.00	85	2022
Youth unemployment	31	6.7%	9.8%	29	2023
Per capita personal income (state value is dollars not rate)	\$37,462	NA	\$58,292	86	2022
Median home sales price (state value is dollars not rate)	\$175,063	NA	\$325,000	81	2022
Children receiving Families First grants (TANF)	129	2.5%	1.5%	81	FY23
Children receiving Supplemental Nutrition Assistance (SNAP)	1,678	32.8%	22.4%	85	FY23
Fair market rent (percent of monthly median household income)	\$1,062	28.6%	21.4%	84	FY23
WIC participation (percent of children under 5)	629	47.5%	29.0%	82	FY23
Education					
Ladeation					
School age special education services (age 3 to 21)	565	10.4%	8.0%	74	2022-23
TEIS participation (percent of children age 0 to 4)	43	3.2%	4.4%	18	2022-23
Economically disadvantaged students	1,408	37.6%	30.2%	72	2022-23
School suspensions	15	0.4%	4.6%	4	2022-23
Graduating seniors scoring 21 or better on the ACT at least once	55	20.2%	35.4%	84	2022-23
Young adult college enrollment (percent of graduating seniors)	NA	46.0%	54.3%	74	2022
Health					
Neonatal abstinence syndrome (per 1,000 live births)	*	*	7.1	*	2022
Births to mothers who smoked during pregnancy Children on TennCare (Medicaid)	46	17.5% 73.2%	9.1% 53.1%	61 90	2021
Total TennCare (Medicaid)	4,330 8,130	36.7%	23.0%	95	Dec-23 Dec-23
Births covered by TennCare (Medicaid)	207	78.4%	54.5%	89	2022
Children qualified for Medicaid/CHIP but uninsured	160	4.5%	6.1%	15	2022
Infant mortality (per 1,000 live births)	*	4.5% *	6.2	*	2021
	*	*		*	
Neonatal death (per 1,000 live births) Child deaths (per 100,000 children age 1 to 14)	*	*	3.2 20.7	*	2021
Teen violent deaths (per 100,000 youth age 15 to 19)					2021
	0	0.0	69.7	1	2021
Adequate prenatal care	217	82.8%	73.9%	17	2021
Pediatric physicians (per 100,000 children) Children who are food insecure	0	0.0	76.1	59	2022-23
Teens with STDs (per 1,000 youth age 15 to 17)	1,400	26.9% *	17.9%	49 *	2022
			16.1		2022
Confirmed elevated blood lead level (per 1,000 screened)	3	3.1%	4.7%	21	2019-23
Breastfeeding initiation at birth	200	75.8%	83.3%	67	2022
Individuals scoring for severe depression (all ages) PHQ-9 (per 100K)	30	36.0	44.8	36	2020-23
Individuals reporting frequent suicidal ideation (all ages) PHQ-9 (per 100K)	32	38.5	43.6	61	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)	22 26	26.4 31.2	22.1 27.7	76 63	2020-23 2020-23
		J L			
Family & Commu	nity				
Reported child abuse cases	287	5.6%	4.2%	72	FY23
Commitment to state custody (per 1,000 children)	14	2.5	2.5	37	FY23
Remaining in state custody (per 1,000 children)	37	6.6	5.1	48	FY23
Juvenile court referrals	106	2.1%	1.8%	55	2022
Child restriant use in crashes (age 0 -12)	NA	87.5%	NA	75	2023
Regulated child care spaces (percent of children age 0 to 12)	1,103	30.7%	29.8%	24	FY23

Scott

Overall

At 55th, Scott County is in the bottom half of Tennessee counties in child well-being. The county's strongest area was Family & Community.

Strengths

Scott's strongest indicator is the rate of youth crime per 1,000, where the county ranks 6th. The county also performs well in the percent of public school kindergartenders with the full immunization series at 15th.

Opportunities

The county's biggest challenge is the percent of chlidren living below the federal poverty line, where it ranks 85th. There are opportunities for improvement in the percent of babies who were born at a low birthweight 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.

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.

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).