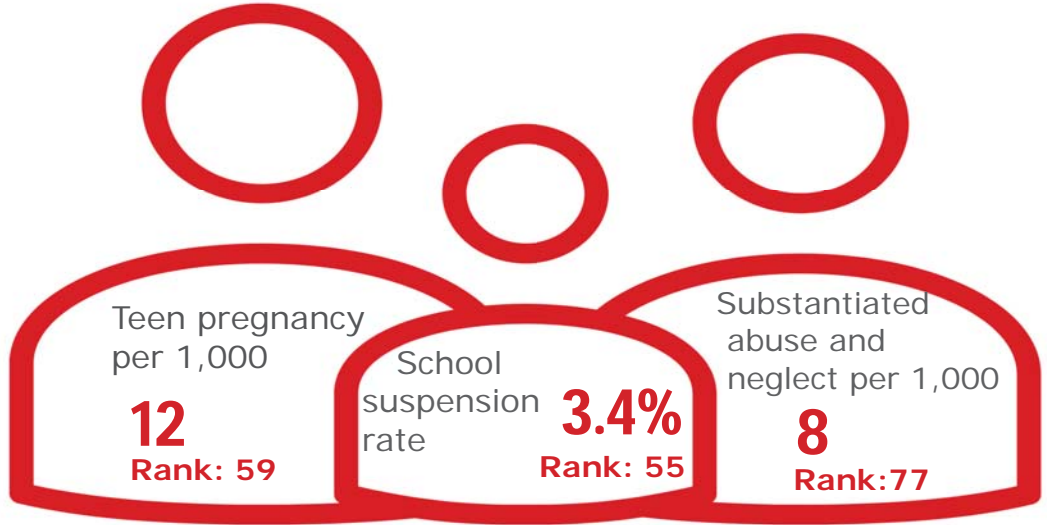


# Family & Community

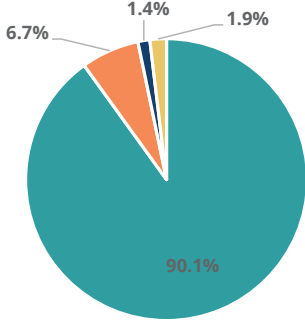
Rank: 77

# Hamblen

Rank: 64



Child Population by Race

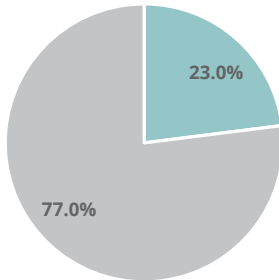


- White, Including Hispanic
- Black, Including Hispanic
- Native American/Alaskan
- Asian/Pacific Islander

# Economic Well-Being

Rank: 58

Child Population by Hispanic Ethnicity

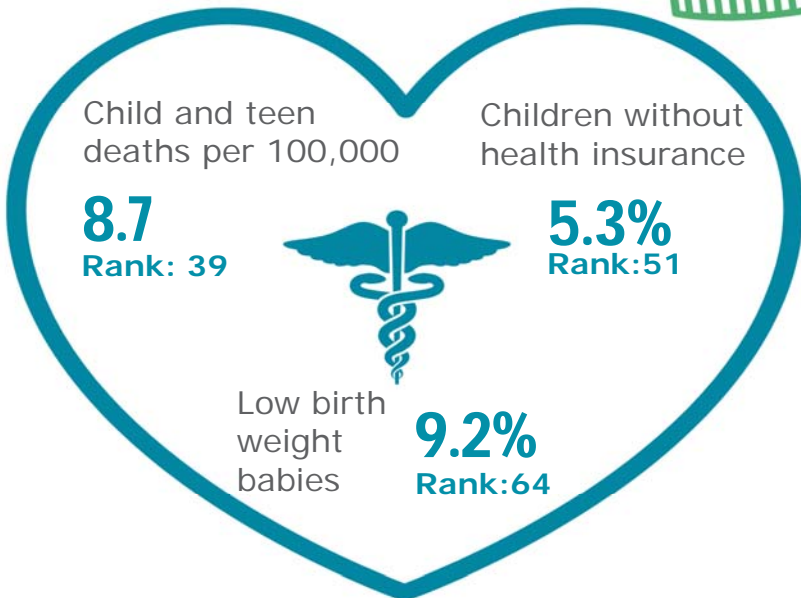


- Hispanic, All Races
- Non-Hispanic



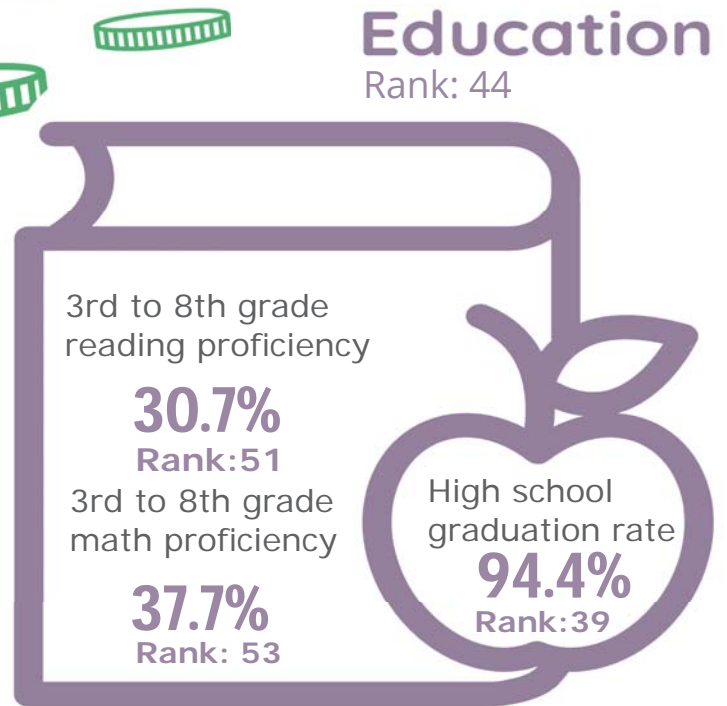
# Health

Rank: 45








# Education

Rank: 44



# Hamblen County

Published 1/2021

Demographics 	Hamblen County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	64,570	NA	6,769,975	1.0%	21
Population under 18 years of age	14,710	22.8%	22.2%	102.6%	22
Economic Well-Being 	Hamblen County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	134	10.8%	11.2%	96.4%	40
Per capita personal income (state is dollars not rate)	\$36,636	NA	\$46,900	78.1%	49
Median home sales price (state is dollars not rate)	\$145,000	NA	\$146,000	99.3%	38
Children receiving Families First grants (TANF)	391	2.7%	2.7%	98.1%	46
Children receiving SNAP	4,750	32.3%	28.2%	114.7%	57
Children under five receiving WIC	1,747	46.0%	30.6%	150.3%	67
Education 	Hamblen County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	1,328	12.9%	12.3%	105.2%	46
TEIS participation (per 1,000 in age group)	75	33.66	27.9	120.7%	57
Cohort high school dropouts	24	3.6%	8.3%	43.4%	33
Event high school dropouts	29	0.9%	2.2%	40.9%	46
Economically disadvantaged students	7,020	68.6%	65.1%	105.4%	49
School expulsions (per 1,000 students)	32	3.0	2.0	150.0%	90
Chronic absenteeism	0	0.0%	13.3%	0.0%	NA
Young adult college enrollment/completion rate	NA	61.3%	62.5%	98.1%	43
Health 	Hamblen County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	25	30.98	11.5	269.8%	47
Births to mothers who smoked during pregnancy	162	20.1%	12.1%	166.1%	46
Children on TennCare (Medicaid)	9,604	56.4%	44.7%	126.1%	77
Total TennCare (Medicaid) enrollees	15,652	24.2%	19.9%	121.8%	65
Births covered by TennCare (Medicaid)	614	76.1%	65.5%	116.2%	36
Children qualified for Medicaid/CHIP but uninsured	599	6.3%	6.5%	96.9%	58
Infant mortality (per 1,000 live births)	9	11.20	6.9	162.3%	81
Neonatal death (per 1,000 live births)	6	7.40	4.4	168.2%	80
Child deaths (per 100,000 children age 1 to 14)	1	8.70	20.5	42.4%	39
Teen violent deaths (per 100,000 children age 15 to 19)	5	123.50	55.7	221.7%	80
Adequate prenatal care	457	56.6%	58.8%	96.3%	68
Children under age six screened for lead poisoning	869	18.9%	17.1%	110.4%	39
Public school students measured as overweight/obese	NA	46.9%	39.3%	119.3%	85
Teens with STDs (per 1,000 children age 15 to 17)	32	13.0	19.0	68.1%	44
Medical doctors by county (per 100,000 residents)	76	117.7	229.1	51.4%	13
Dentists by county (per 100,000 residents)	24	37.2	50.1	74.2%	24
Family & Community 	Hamblen County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	682	4.6%	4.7%	99.4%	27
Commitment to state custody (per 1,000 children)	116	7.1	4.1	175.2%	72
Remaining in state custody (per 1,000 children)	164	10.1	5.2	193.9%	80
Juvenile court referrals	960	6.5%	3.5%	184.7%	75
Recorded marriages (per 1,000 residents)	472	7.3	8.0	91.3%	27
Recorded divorces (per 1,000 residents)	308	4.8	3.5	137.1%	85

## Hamblen County

At 64<sup>th</sup>, Hamblen County is just in the bottom third of Tennessee counties in child well-being. The county's best rankings include a relatively low child and teen death rate and an above-average high school graduation rate. The county's biggest challenges are a high rate of substantiated cases of abuse or neglect and a high percentage of babies born at a low birth weight.

An additional strength is below-average housing costs.

Additional opportunities for improvement include a relatively high rate of pregnancy among girls 15-17 and a high rate of school suspensions.

*Policy/Practice/Program Options to Improve Outcomes.* Many of these policies have multiple models for delivery, including public-private partnership and non-profit leadership.

- Two-generation programs such as evidence-based home visiting have been shown to reduce instances of child abuse and neglect.
- Low birth weight is a persistent and difficult problem, but improvements can occur when care is made available for chronic physical and mental health and substance abuse conditions for women of childbearing age, as well as improving outreach to those who may qualify to receive SNAP, WIC and/or TennCare benefits to be sure they are aware of these services. Additionally, nutrition programs that provide food for school-age children to take home can contribute to nutritionally sound diets for women in their childbearing years. Expanding services through Family Resource Centers can help reach these vulnerable populations.
- Comprehensive sex education classes that include both encouragement of abstinence and information on birth control have been shown to reduce the number of teen pregnancies.
- Suspension rates can be reduced through clear definitions of what constitutes suspendable behavior and a focus on restorative discipline practices that aim to improve behavior while keeping children in school.