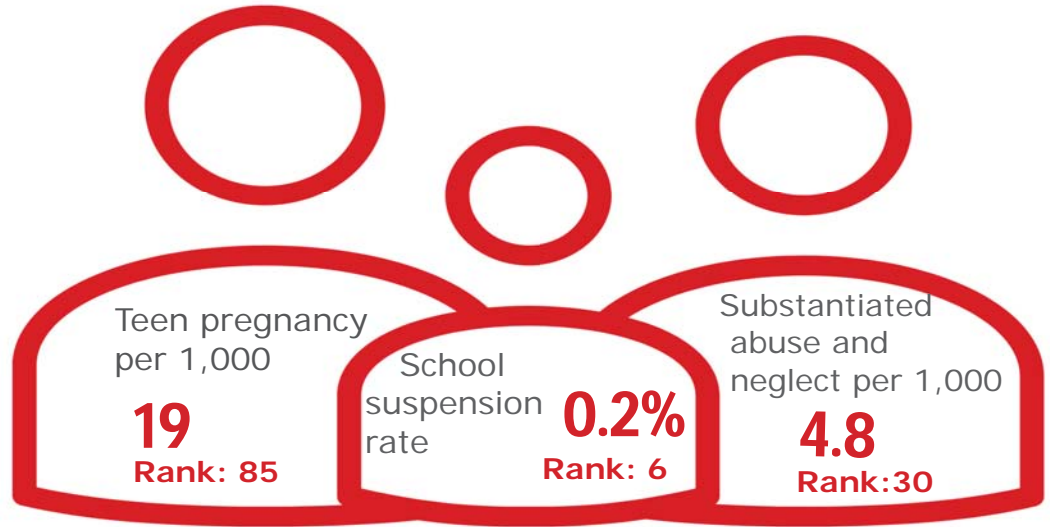


# Family & Community

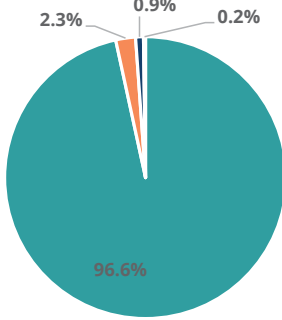
Rank: 32

# Jackson

Rank: 73



Child Population by Race

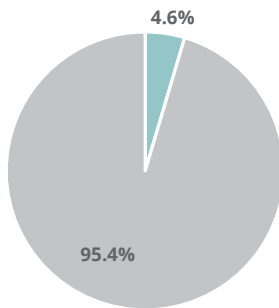


- White, Including Hispanic
- Black, Including Hispanic
- Native American/Alaskan
- Asian/Pacific Islander

# Economic Well-Being

Rank: 81

Child Population by Hispanic Ethnicity

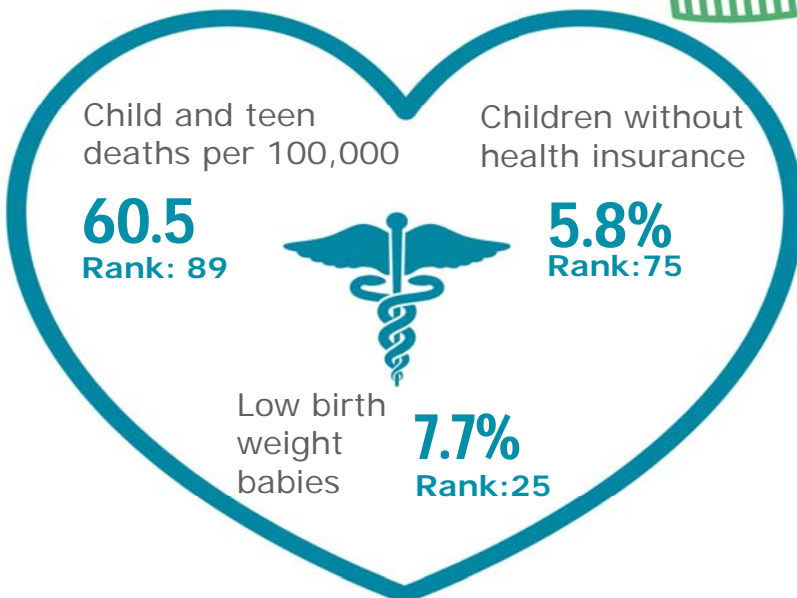


- Hispanic, All Races
- Non-Hispanic



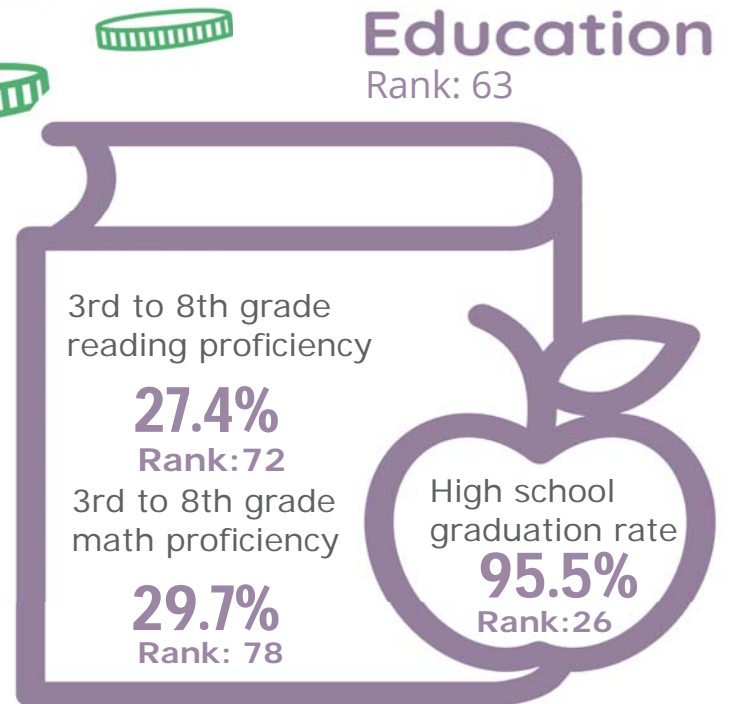
# Health

Rank: 83








# Education

Rank: 63



# Jackson County

Published 1/2021

Demographics 	Jackson County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	11,756	NA	6,769,975	0.2%	85
Population under 18 years of age	2,095	17.8%	22.2%	80.3%	89
Economic Well-Being 	Jackson County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	29	27.4%	11.2%	244.6%	93
Per capita personal income (state is dollars not rate)	\$31,189	NA	\$46,900	66.5%	83
Median home sales price (state is dollars not rate)	\$93,600	NA	\$146,000	64.1%	82
Children receiving Families First grants (TANF)	88	4.2%	2.7%	155.0%	85
Children receiving SNAP	698	33.3%	28.2%	118.3%	64
Children under five receiving WIC	243	43.6%	30.6%	142.5%	63
Education 	Jackson County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	247	17.2%	12.3%	140.1%	89
TEIS participation (per 1,000 in age group)	12	36.14	27.9	129.6%	65
Cohort high school dropouts	9	8.3%	8.3%	100.0%	83
Event high school dropouts	2	0.5%	2.2%	22.7%	15
Economically disadvantaged students	1,220	86.1%	65.1%	132.3%	76
School expulsions (per 1,000 students)	0	0.0	2.0	0.0%	1
Chronic absenteeism	138	9.8%	13.3%	73.7%	26
Young adult college enrollment/completion rate	NA	63.0%	62.5%	100.8%	33
Health 	Jackson County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	*	*	11.5	*	*
Births to mothers who smoked during pregnancy	25	27.5%	12.1%	227.3%	88
Children on TennCare (Medicaid)	1,405	57.7%	44.7%	129.1%	81
Total TennCare (Medicaid) enrollees	2,689	22.9%	19.9%	115.0%	51
Births covered by TennCare (Medicaid)	70	76.9%	65.5%	117.5%	38
Children qualified for Medicaid/CHIP but uninsured	96	6.2%	6.5%	95.4%	49
Infant mortality (per 1,000 live births)	0	0.00	6.9	0.0%	1
Neonatal death (per 1,000 live births)	0	0.00	4.4	0.0%	1
Child deaths (per 100,000 children age 1 to 14)	1	60.50	20.5	295.1%	89
Teen violent deaths (per 100,000 children age 15 to 19)	0	0.00	55.7	0.0%	1
Adequate prenatal care	62	68.1%	58.8%	115.8%	26
Children under age six screened for lead poisoning	39	5.8%	17.1%	33.9%	93
Public school students measured as overweight/obese	NA	43.8%	39.3%	111.5%	56
Teens with STDs (per 1,000 children age 15 to 17)	<5	*	19.0	#VALUE!	*
Medical doctors by county (per 100,000 residents)	3	25.5	229.1	11.1%	80
Dentists by county (per 100,000 residents)	5	42.5	50.1	84.9%	16
Family & Community 	Jackson County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	93	4.4%	4.7%	95.1%	23
Commitment to state custody (per 1,000 children)	24	10.4	4.1	254.7%	86
Remaining in state custody (per 1,000 children)	34	14.7	5.2	282.4%	92
Juvenile court referrals	34	1.6%	3.5%	45.9%	14
Recorded marriages (per 1,000 residents)	83	7.1	8.0	88.8%	30
Recorded divorces (per 1,000 residents)	16	1.4	3.5	40.0%	3

## Jackson County

At 73<sup>rd</sup>, Jackson County is in the bottom third of Tennessee counties in child well-being. The county's strongest rankings come from having very few school suspensions in 2018-19 and a relatively low percentage of babies born at a low birth weight. The county's biggest challenges are a high rate of child and teen deaths and a low median household income.

Additional strengths for Jackson County are an above-average high school graduation rate and a relatively low rate of substantiated cases of child abuse and neglect.

Additional opportunities for improvement include a high rate of pregnancy rate among girls age 15-17 and an above-average rate of children without health insurance.

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

- Child and teen deaths can be reduced with consistent enforcement of safety measures like proper car seat and seat belt use, bicycle helmet use and life preserver use around water. The fastest-growing cause of child and teen deaths in recent years has been homicide and suicide, often involving a firearm. Families who own firearms can reduce the risk to children and teens by following safe storage practices.
- With a low median household income, improving outreach to those who may qualify to receive SNAP, WIC and TennCare 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. Expanding services through Family Resource Centers can also 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.
- Most uninsured children in Tennessee qualify for either TennCare or CoverKids, so high rates of uninsured children can be improved with outreach to make sure that families are aware of these insurance opportunities. According to Census Bureau estimates, Jackson County has almost 100 children who qualify for these health insurance programs but who nonetheless lack insurance.