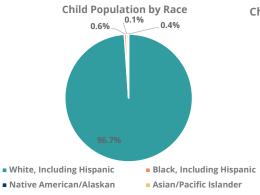
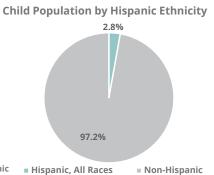
87th CAMPBELL

Population Under 18: 20.2%







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ECONOMIC WELL-BEING 74TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 25.3%	78th	25.0%	78th
Severe housing cost burden 10.1%	61st	9.2%	31st
Child care cost burden 26.5%	74 th	25.0%	79th
EDUCATION 83RD	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 27.1%	73rd	19.5%	81st
3rd to 8th grade math proficiency 26.4%	70th	20.7%	72nd
Youth graduating high school on time 86.9%	87th	90.2%	69th
HEALTH 61ST	Rank	Previous Percent/Rate	Previous Rank
HEALTH 61ST Children who are food insecure 17.8%	Rank 85th		
		Percent/Rate	Rank
Children who are food insecure 17.8%	85th	Percent/Rate 21.1%	Rank 80th
Children who are food insecure 17.8% Children who lack health insurance 5.0%	85th 9th	Percent/Rate 21.1% 4.8%	80th 30th
Children who are food insecure 17.8% Children who lack health insurance 5.0% Babies born at a low birthweight 9.1%	85th 9th 64th	Percent/Rate 21.1% 4.8% 10.2% Previous	80th 30th 79th
Children who are food insecure 17.8% Children who lack health insurance 5.0% Babies born at a low birthweight 9.1% FAMILY & COMMUNITY 93RD	85th 9th 64th	Percent/Rate 21.1% 4.8% 10.2% Previous Percent/Rate	80th 30th 79th Previous Rank

Campbell County	Number	Rate	Tennessee Rate	County Rate as a percentage of State Rate	County Rank
Dem	ographic		Kate	State Nate	Kank
Fotal population (state value is number not rate)	39,571	NA	6,975,170	0.6%	40
Population under 18 years of age (percent of total population)	8,011	20.2%	22.0%	92.0%	59
Econom	ic Well-B	Being			
outh unemployment	82	12.9%	12.9%	100.0%	58
er capita personal income (state value is dollars not rate)	\$42,471	NA	\$56,560	75.1%	56
Median home sales price (state value is dollars not rate)	\$184,950	NA	\$283,410	65.3%	48
hildren receiving Families First grants (TANF)	274	3.4%	1.5%	229.1%	91
Children receiving Supplemental Nutrition Assistance (SNAP)	2,735	34.1%	24.0%	142.2%	84
Fair market rent (percent of monthly median household income)	\$964	26.1%	21.1%	123.9%	77
Ed	ucation				
School age special education services	858	17.1%	12.2%	140.6%	86
EIS participation (percent of children age 0 to 2)	27	2.0%	3.8%	53.7%	27
Cohort high school dropouts (percent of class cohort)	10	2.7%	6.7%	40.8%	26
vent high school dropouts (percent of students grade 9 to 12)	41	2.6%	4.0%	64.7%	69
conomically disadvantaged students	2,206	44.0%	30.0%	146.7%	87
chool suspensions	327	6.6%	5.1%	129.0%	69
Graduating seniors scoring 21 or better on the ACT at least once	65	19.5%	35.3%	55.2%	84
oung adult college enrollment (percent of graduating seniors)	1,191	46.9%	52.8%	88.8%	65
ŀ	lealth				
Neonatal abstinence syndrome (per 1,000 live births)	15	35.63	6.6	540.1%	40
Births to mothers who smoked during pregnancy	107	25.7%	9.1%	282.7%	89
Children on TennCare (Medicaid)	6,910	74.1%	55.3%	134.1%	89
otal TennCare (Medicaid) enrollees	14,055	35.5%	24.9%	142.7%	90
Births covered by TennCare (Medicaid)	320	76.0%	55.1%	138.0%	86
Children qualified for Medicaid/CHIP but uninsured	215	4.2%	7.6%	55.3%	2
nfant mortality (per 1,000 live births)	*	*	6.2	*	*
Neonatal death (per 1,000 live births)	*	*	3.2	*	*
Child deaths (per 100,000 children age 1 to 14)	*	*	20.7	*	*
een violent deaths (per 100,000 youth age 15 to 19)	*	*	69.7	*	*
Adequate prenatal care	343	82.9%	73.9%	112.1%	16
Pediatric physicians (per 100,000 children)	0	0.0	76.5	0.0%	57
Public school students measured as overweight/obese	NA	45.1%	42.8%	105.5%	54
eens with STDs (per 1,000 youth age 15 to 17)	11	8.2	16.6	49.6%	22
VIC participation (percent of children under 5)	1,159	52.5%	31.7%	165.6%	77
Dentists by county (per 100,000 residents)	8	20.2	41.4	48.8%	58
Family 8	k Commi	unity			
Reported child abuse cases	540	6.7%	4.6%	146.9%	83
Commitment to state custody (per 1,000 children)	63	7.1	2.8	252.7%	85
		12.7	5.3	240.1%	90
	113		٥.٥	Z+U. 1 /U	20
Remaining in state custody (per 1,000 children)	113			/1 10/	
Remaining in state custody (per 1,000 children) uvenile court referrals	59	0.7%	1.8%	41.1% 105.7%	21
Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents)	59 278	0.7% 7.0	1.8% 6.6	105.7%	21 33
Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents)	59 278 99	0.7% 7.0 2.5	1.8% 6.6 3.2	105.7% 77.7%	21 33 17
Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents) 'oung driver accidents (percent of age 15-24 driver's licenses)	59 278 99 303	0.7% 7.0 2.5 9.6%	1.8% 6.6 3.2 12.3%	105.7% 77.7% 77.7%	21 33 17 67
Remaining in state custody (per 1,000 children) uvenile court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents) Young driver accidents (percent of age 15-24 driver's licenses) Regulated child care spaces (percent of children age 0 to 12) Child care assistance (per 1,000 children age 0 to 12)	59 278 99	0.7% 7.0 2.5	1.8% 6.6 3.2	105.7% 77.7%	21 33 17

Campbell

Overall

At 87th, Campbell County is in the near the bottom of Tennessee counties in child well-being. The county's strongest area was Health.

Strengths

Campbell's strongest indicator is the percent of children without health insurance, where the county ranks 8th. The county also performs well in the percent of households experiencing a severe housing cost burden at 10.1%.

Opportunities

The county's biggest challenge is the number of children who were victims of abuse or neglect, where it ranks 89th. There are opportunities for improvement in the percent of high school students graduating on time 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.

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.

Making high school students aware of the community college and technical school benefits available to them through Tennessee Promise can encourage on-time high school graduation. Having counselors available to work with students with personal challenges staying in school can also decrease dropout rates. Studies have found that school climate can play a significant role in students' academic success. Communities can conduct school climate surveys addressing topics such as academics, community, safety, and institutional environment to better gauge a student's experience.

Indicator Definitions and History

Children living in poverty - Percent of children living in a household below the federal poverty line. Source: US Census Bureau Small Area Income and Poverty Estimates (2021).

Severe housing cost burden - Percent of households spending 50% or more of their income on housing. Source: American Community Survey, 5-year estimates (2017-2021). New to the county profiles, it replaces Fair Market Rent. It is more closely aligned to a KIDS COUNT national indicator, does not apply only to rental housing, and is a rate rather than a dollar value.

Child care cost burden - Child care costs for a household with two children as a percent of median household income. Source: Produced by the University of Wisconsin Population Health Institute using The Living Wage Calculator (2022) and Small Area Income and Poverty Estimates (2021). This is new to the rankings and replaces Median Household Income (MHI). We wanted an indicator expressed as a percentage rather than a dollar amount as well as one that related to a common family expense. Income is already somewhat measured in poverty estimates. In addition, this indicator uses MHI in its calculation.

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 (2021-22).

3rd to 8th grade math proficiency - Percent of third- to eighth-grade students who scored "on-track" or "mastered" on the Tennessee Comprehensive Assessment program (TCAP) math test. Source: Tennessee Department of Education (2021-22).

Youth graduating high school on time - Percent of ninth-grade cohort that graduates in four years. Source: Tennessee Department of Education (2021-22).

Children who are food insecure - Percent of children who sometimes lack access to adequate food. Source: Map the Meal Gap (2021). This is new to the rankings and replaces child and teen death rates, which, because the Department of Health has tightened its data suppression rules, is no longer available for all counties. We did not have an indicator for all counties to line up with overweight/obesity data in the national ranking, so we searched for an one related to nutrition and healthy eating.

Children who lack health insurance - Percent of children who lack health insurance. Source: US Census Bureau Small Area Health Insurance Estimates (2020).

Babies born at a low birthweight - Percent of live births where baby weighs less than 2,500 grams (5.5 pounds), averaged over three years. Source: Tennessee Department of Health (2019-21), with three counties estimated using American Community Survey 5-year data (2015-19, 2016-20, 2017-21). It has been in our county profiles from the beginning, though it was previously just one-year data. The Department of Health has tightened its data suppression rules, and dozens of counties' data were unavailable with one-year numbers. Three-year numbers still left three counties suppressed. Those were estimated from 5-year American Community Survey data.

Children living in single parent families - Single-parent households as a percent of all households with children. Source: American Community Survey, 5-year estimates (2017-2021). New to the county profiles, it replaces births to unmarried females, which in turn replaced teen births. As the Tennessee Department of Health tightened its data suppression rules, teen birth data was no longer available for all counties. Children born to unmarried females was always an attempt to roughly estimate teen births using different data. In moving from actual counts to ACS 5-year estimates, we decided to use this indicator over teen births as it affects families with parents of all ages.

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 (2021-22). New to the county profiles, it replaces school suspensions, which have suppressed data for many counties.

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. Children with multiple cases during the year are counted only once. The rate is per 1,000 children. Source: Tennessee Department of Children's Services (2021). This has been in our county rankings from the beginning, but we have moved to counting children rather than cases.