

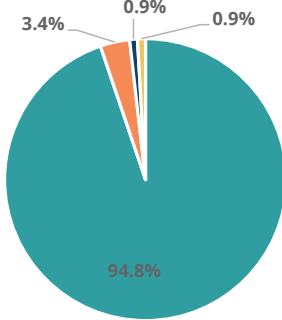


Family & Community

Rank: 66

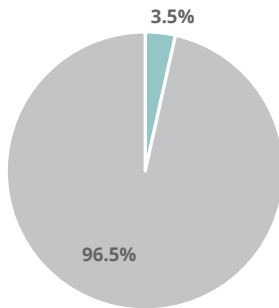
Lewis Rank: 52

Child Population by Race

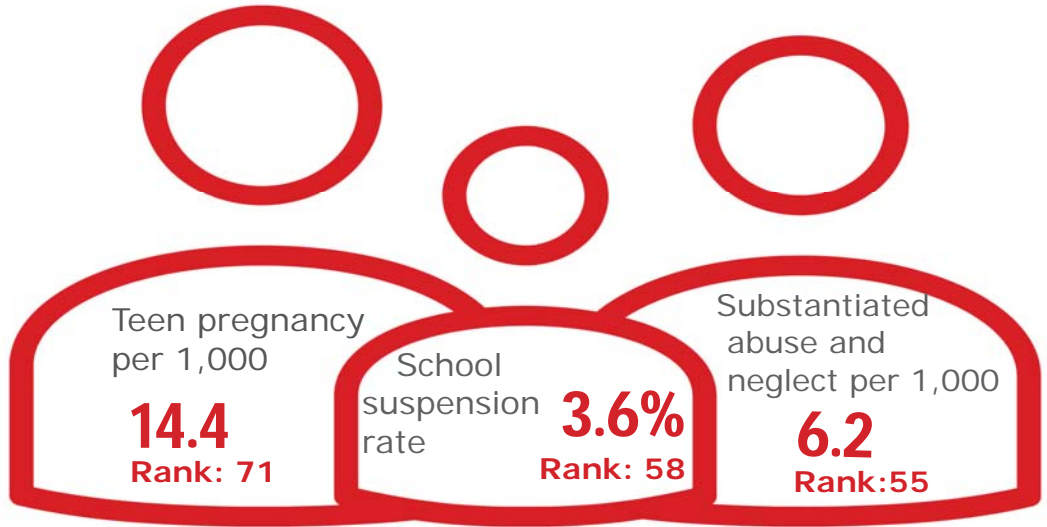


- White, Including Hispanic
- Black, Including Hispanic
- Native American/Alaskan
- Asian/Pacific Islander

Child Population by Hispanic Ethnicity



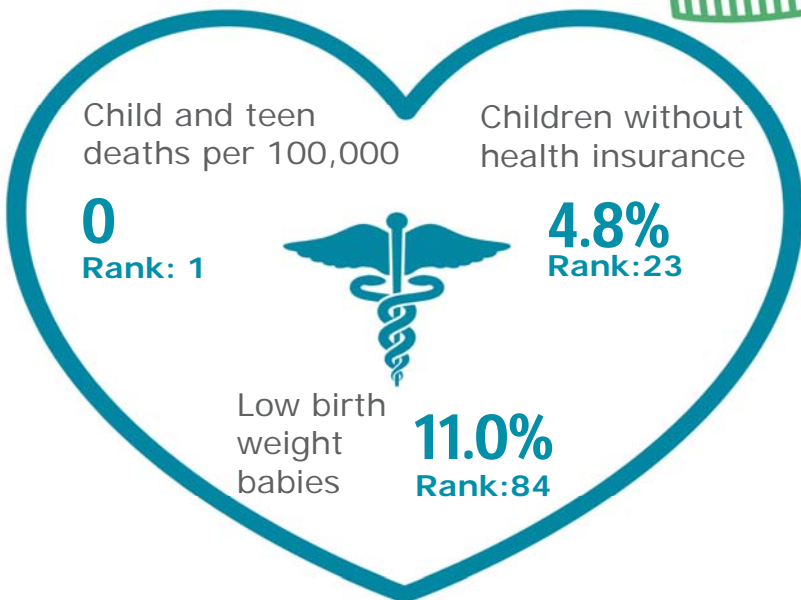
- Hispanic, All Races
- Non-Hispanic



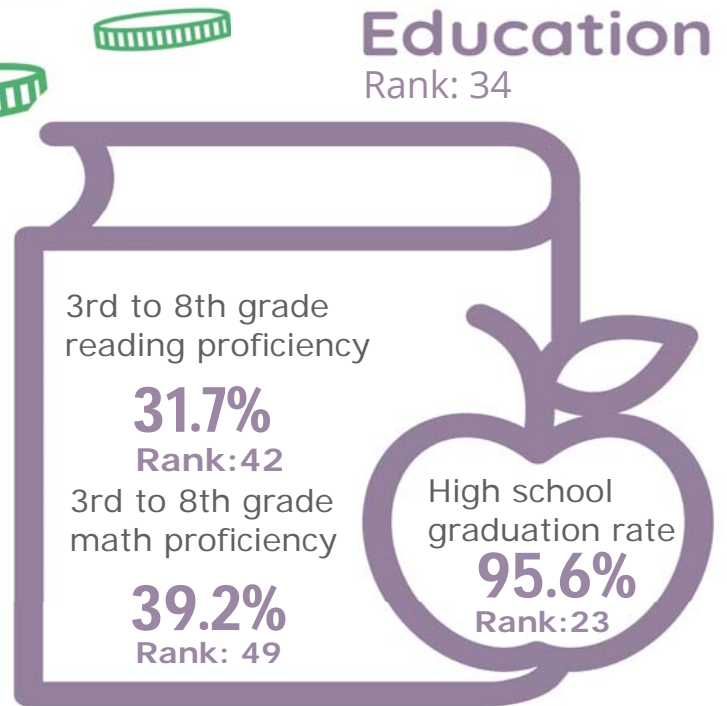
Economic Well-Being Rank: 64



Health Rank: 42








Education Rank: 34



Lewis County

Published 1/2021

Demographics 	Lewis County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	12,092	NA	6,769,975	0.2%	84
Population under 18 years of age	2,574	21.3%	22.2%	95.9%	41
Economic Well-Being 	Lewis County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	62	28.1%	11.2%	250.9%	94
Per capita personal income (state is dollars not rate)	\$34,432	NA	\$46,900	73.4%	60
Median home sales price (state is dollars not rate)	\$125,000	NA	\$146,000	85.6%	57
Children receiving Families First grants (TANF)	63	2.4%	2.7%	90.1%	37
Children receiving SNAP	710	27.6%	28.2%	98.0%	28
Children under five receiving WIC	289	42.7%	30.6%	139.4%	59
Education 	Lewis County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	198	12.1%	12.3%	98.5%	23
TEIS participation (per 1,000 in age group)	8	19.42	27.9	69.6%	13
Cohort high school dropouts	15	13.4%	8.3%	161.4%	92
Event high school dropouts	11	2.4%	2.2%	109.1%	90
Economically disadvantaged students	1,296	79.7%	65.1%	122.4%	67
School expulsions (per 1,000 students)	0	0.0	2.0	0.0%	1
Chronic absenteeism	253	15.6%	13.3%	117.3%	73
Young adult college enrollment/completion rate	NA	52.6%	62.5%	84.2%	86
Health 	Lewis 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	34	22.1%	12.1%	182.6%	58
Children on TennCare (Medicaid)	1,556	52.1%	44.7%	116.4%	53
Total TennCare (Medicaid) enrollees	2,779	23.0%	19.9%	115.5%	53
Births covered by TennCare (Medicaid)	127	82.5%	65.5%	126.0%	63
Children qualified for Medicaid/CHIP but uninsured	95	5.5%	6.5%	84.6%	25
Infant mortality (per 1,000 live births)	1	6.50	6.9	94.2%	53
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)	0	0.00	20.5	0.0%	1
Teen violent deaths (per 100,000 children age 15 to 19)	0	0.00	55.7	0.0%	1
Adequate prenatal care	92	59.7%	58.8%	101.5%	59
Children under age six screened for lead poisoning	132	16.3%	17.1%	95.2%	60
Public school students measured as overweight/obese	NA	46.6%	39.3%	118.6%	79
Teens with STDs (per 1,000 children age 15 to 17)	<5	*	19.0	#VALUE!	*
Medical doctors by county (per 100,000 residents)	3	24.8	229.1	10.8%	81
Dentists by county (per 100,000 residents)	4	33.1	50.1	66.1%	33
Family & Community 	Lewis County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	153	5.9%	4.7%	127.4%	64
Commitment to state custody (per 1,000 children)	15	5.3	4.1	129.3%	53
Remaining in state custody (per 1,000 children)	33	11.6	5.2	222.5%	83
Juvenile court referrals	0	0.0%	3.5%	0.0%	1
Recorded marriages (per 1,000 residents)	76	6.3	8.0	78.8%	46
Recorded divorces (per 1,000 residents)	67	5.5	3.5	157.1%	90

Lewis County

At 52nd, Lewis County ranks in the bottom half of Tennessee counties in child well-being. Some of the county's strongest rankings include no child or teen deaths and a relatively low rate of children who lack health insurance. The county's biggest opportunities for improvement are high rates of babies born at a low birth weight and pregnancy among girls age 15 to 17.

Additional strengths include low housing costs and an above-average high school graduation rate.

Additional challenges include a low median household income and almost a quarter of children are living in poverty.

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

- 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.
- 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
- Counties can support children in low income families by 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. Expanding services through Family Resource Centers can also help reach these vulnerable populations.