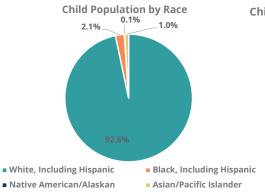
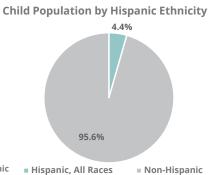
13th LEWIS

Population Under 18: 22.0%







Published May 2023

ECONOMIC WELL-BEING 34TH	Rank	Previous Percent/Rate	Previous Rank
Children living in poverty 22.0%	50th	20.7%	47th
Severe housing cost burden 8.8%	25th	5.5%	2nd
Child care cost burden 23.3%	38th	21.9%	40th
EDUCATION 13TH	Rank	Previous Percent/Rate	Previous Rank
3rd to 8th grade reading proficiency 36.1%	31st	26.5%	47th
3rd to 8th grade math proficiency 44.1%	10th	34.0%	24th
Youth graduating high school on time 96.3%	20th	98.1%	4th
HEALTH 31ST	Rank	Previous Percent/Rate	Previous Rank
HEALTH 31ST Children who are food insecure 14.2%	Rank 61st		
		Percent/Rate	Rank
Children who are food insecure 14.2%	61st	Percent/Rate	Rank 55th
Children who are food insecure 14.2% Children who lack health insurance 5.9%	61st 38th	Percent/Rate 18.1% 4.8%	55th 30th
Children who are food insecure 14.2% Children who lack health insurance 5.9% Babies born at a low birthweight 7.9%	61st 38th 24th	Percent/Rate 18.1% 4.8% 7.4% Previous	South 19th Previous
Children who are food insecure 14.2% Children who lack health insurance 5.9% Babies born at a low birthweight 7.9% FAMILY & COMMUNITY 21ST	61st 38th 24th	Percent/Rate 18.1% 4.8% 7.4% Previous Percent/Rate	55th 30th 19th Previous Rank

Lewis County	Number	Rate	Tennessee Rate	County Rate as a percentage of State Rate	County Rank
Demo	ographic				
Fotal population (state value is number not rate)	12,861	NA	6,975,170	0.2%	84
Population under 18 years of age (percent of total population)	2,828	22.0%	22.0%	99.9%	29
Economi	ic Well-B	eing			
outh unemployment	49	16.4%	12.9%	127.1%	74
Per capita personal income (state value is dollars not rate)	\$41,476	NA	\$56,560	73.3%	64
Median home sales price (state value is dollars not rate)	\$174,500	NA	\$283,410	61.6%	58
Children receiving Families First grants (TANF)	32	1.1%	1.5%	75.5%	20
Children receiving Supplemental Nutrition Assistance (SNAP)	655	23.2%	24.0%	96.4%	26
Fair market rent (percent of monthly median household income)	\$865	20.6%	21.1%	97.7%	11
Edi	ucation				
school age special education services	191	12.0%	12.2%	98.9%	16
TEIS participation (percent of children age 0 to 2)	3	0.7%	3.8%	18.7%	4
Cohort high school dropouts (percent of class cohort)	0	0.0%	6.7%	0.0%	1
Event high school dropouts (percent of students grade 9 to 12)	1	0.2%	4.0%	5.4%	3
conomically disadvantaged students	413	26.0%	30.0%	86.7%	20
ichool suspensions	36	2.3%	5.1%	44.5%	28
Graduating seniors scoring 21 or better on the ACT at least once	29	28.4%	35.3%	80.4%	57
oung adult college enrollment (percent of graduating seniors)	328	45.5%	52.8%	86.2%	71
F	lealth				
Neonatal abstinence syndrome (per 1,000 live births)	*	*	6.6	*	*
Births to mothers who smoked during pregnancy	22	18.5%	9.1%	203.2%	68
Children on TennCare (Medicaid)	1,955	59.8%	55.3%	108.2%	42
otal TennCare (Medicaid) enrollees	3,601	28.0%	24.9%	112.5%	52
Births covered by TennCare (Medicaid)	85	70.8%	55.1%	128.6%	74
Children qualified for Medicaid/CHIP but uninsured	102	6.1%	7.6%	80.3%	25
nfant mortality (per 1,000 live births)	*	*	6.2	*	
Veonatal death (per 1,000 live births)					*
and the same than the same that the same tha	0	0.00	3.2	0.0%	* 1
·	0 *	0.00	3.2 20.7	0.0%	
Child deaths (per 100,000 children age 1 to 14)					1
Child deaths (per 100,000 children age 1 to 14) Feen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care	*	*	20.7	*	1
Child deaths (per 100,000 children age 1 to 14) Feen violent deaths (per 100,000 youth age 15 to 19)	*	*	20.7 69.7	*	1 * *
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children)	* * 81	* * 67.5%	20.7 69.7 73.9%	* * 91.3%	1 * *
Child deaths (per 100,000 children age 1 to 14) Even violent deaths (per 100,000 youth age 15 to 19) Eved dequate prenatal care Eved deaths (per 100,000 children) Even deaths (per 100,000 as overweight/obese	* * 81 0	* * 67.5% 0.0	20.7 69.7 73.9% 76.5	* * 91.3% 0.0%	1 * * 83 57
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17)	* * 81 0 NA	* * 67.5% 0.0 *	20.7 69.7 73.9% 76.5 42.8%	* * 91.3% 0.0% *	1 * * 83 57 *
child deaths (per 100,000 children age 1 to 14) feen violent deaths (per 100,000 youth age 15 to 19) sidequate prenatal care rediatric physicians (per 100,000 children) sublic school students measured as overweight/obese feens with STDs (per 1,000 youth age 15 to 17) VIC participation (percent of children under 5)	* * 81 0 NA <5	* * 67.5% 0.0 * *	20.7 69.7 73.9% 76.5 42.8% 16.6	* * 91.3% 0.0% * *	1 * * 83 57 *
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5)	* * 81 0 NA <5 304 2	* * 67.5% 0.0 * * 42.3% 15.6	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7%	* * 91.3% 0.0% * * 133.6%	1 * 83 57 * *
Child deaths (per 100,000 children age 1 to 14) Feen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Feens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents) Family &	*	* 67.5% 0.0 * 42.3% 15.6	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* * 91.3% 0.0% * * 133.6% 37.5%	1 * * 83 57 * * 53 76
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents) Family & Reported child abuse cases	* * * 81 0 NA <5 304 2 ** Commu	* 67.5% 0.0 * 42.3% 15.6	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* * 91.3% 0.0% * * 133.6% 37.5%	1 * * 83 57 * * 53 76
Child deaths (per 100,000 children age 1 to 14) Geen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Geens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Dentists by county (per 100,000 residents) Family & Reported child abuse cases Commitment to state custody (per 1,000 children)	* * * 81 0 NA <5 304 2 * * * * * * * * * * * * * * * * * *	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	* * 91.3% 0.0% * * 133.6% 37.5% 103.2% 45.6%	1 * 83 57 * * 53 76
Child deaths (per 100,000 children age 1 to 14) Geen violent deaths (per 100,000 youth age 15 to 19) Gedequate prenatal care Gediatric physicians (per 100,000 children) Gublic school students measured as overweight/obese Geens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Gentists by county (per 100,000 residents) Family & Geported child abuse cases Commitment to state custody (per 1,000 children) Gemaining in state custody (per 1,000 children)	* * * 81 0 NA <5 304 2 COMMU	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3 2.9	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4	*	1 * * 83 57 * * 53 76
Child deaths (per 100,000 children age 1 to 14) Geen violent deaths (per 100,000 youth age 15 to 19) Cadequate prenatal care Cadiatric physicians (per 100,000 children) Cablic school students measured as overweight/obese Geens with STDs (per 1,000 youth age 15 to 17) CANCE participation (percent of children under 5) Cancella Strate County (per 100,000 residents) Calcela Child abuse cases Commitment to state custody (per 1,000 children) Camaining in state custody (per 1,000 children) Calcela County (per 1,000 children)	* * * 81 0 NA <5 304 2 ** ** ** ** ** ** ** ** ** ** ** ** *	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3 2.9 0.2%	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8%	* * 91.3% 0.0% * * 133.6% 37.5% 103.2% 45.6% 54.3% 13.8%	1 * * 83 57 * * 53 76
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Dentists by county (per 100,000 residents) Family & Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Uvenile court referrals Recorded marriages (per 1,000 residents)	* * * 81 0 NA <5 304 2 ** ** ** ** ** ** ** ** ** ** ** ** *	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3 2.9 0.2% 5.9	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6	* * 91.3% 0.0% * * 133.6% 37.5% 103.2% 45.6% 54.3% 13.8% 89.5%	1 * * 83 57 * * 53 76 31 9 15 15 69
Child deaths (per 100,000 children age 1 to 14) Geen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Gediatric physicians (per 100,000 children) Gublic school students measured as overweight/obese Geens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Gentists by county (per 100,000 residents) Reported child abuse cases Commitment to state custody (per 1,000 children) Gemaining in state custody (per 1,000 children) Gewaining in state custody (per 1,000 children) Georded marriages (per 1,000 residents) Gecorded divorces (per 1,000 residents)	* * * 81 0 NA <5 304 2 ** ** ** ** ** ** ** ** ** ** ** ** *	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3 2.9 0.2% 5.9 3.7	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2	* * 91.3% 0.0% * * 133.6% 37.5% 103.2% 45.6% 54.3% 13.8% 89.5% 116.3%	1 * * 83 57 * * 53 76 31 9 15 15 69 65
Child deaths (per 100,000 children age 1 to 14) Teen violent deaths (per 100,000 youth age 15 to 19) Adequate prenatal care Pediatric physicians (per 100,000 children) Public school students measured as overweight/obese Teens with STDs (per 1,000 youth age 15 to 17) WIC participation (percent of children under 5) Pentists by county (per 100,000 residents) Reported child abuse cases Commitment to state custody (per 1,000 children) Remaining in state custody (per 1,000 children) Remaining court referrals Recorded marriages (per 1,000 residents) Recorded divorces (per 1,000 residents)	* * * 81 0 NA <5 304 2 COMMU 134 4 9 7 73 46 78	* * 67.5% 0.0 * 42.3% 15.6 Unity 4.7% 1.3 2.9 0.2% 5.9 3.7 7.4%	20.7 69.7 73.9% 76.5 42.8% 16.6 31.7% 41.4 4.6% 2.8 5.3 1.8% 6.6 3.2 12.3%	* * * 91.3% 0.0% * * 133.6% 37.5% 103.2% 45.6% 54.3% 13.8% 89.5% 116.3% 59.8%	1 * * 83 57 * * 53 76 31 9 15 15 69 65 36
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Lewis

Overall

At 13th, Lewis County is in the top fourth of Tennessee counties in child well-being. The county's strongest area was Education.

Strengths

Lewis's strongest indicator is the percent of students who scored "On Track" or "Mastered" in TCAP Math, where the county ranks 10th. The county also performs well in the percent of students who scored "On Track" or "Mastered" in TCAP Math at 44.1%.

Opportunities

The county's biggest challenge is the number of children who were victims of abuse or neglect, where it ranks 63rd. There are opportunities for improvement in the percent of children in the county who are food insecure 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.

Household food insecurity is driven by both cost and lack of access. It can carry a certain stigma, sometimes preventing individuals from accessing available resources. For those qualified, enrollment in programs such as SNAP, WIC, and TANF is essential. Food pantries play an important role, with some models allowing families to choose just items they need, both reducing waste and improving clients' sense of control over their situation. School breakfast and lunch are important tools as well. Providing free breakfast and lunch for all students reduces administrative burdens associated with finding and serving only those qualified and reduces the stigma students can experience. Community food drives always provide welcome resources, but food banks are often able to make money donations go farther. They work with retailers to pay reduced prices, allowing them to purchase what is most needed with cost efficiency.

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.