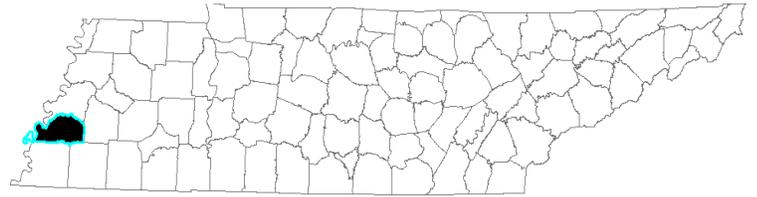
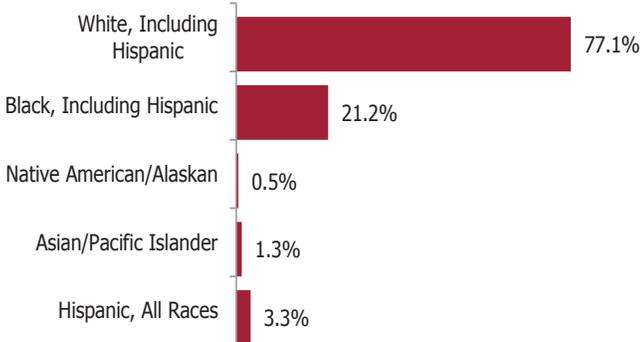


Tipton

TCCY Index Rank 22



Child Population by Race/Ethnicity



HEALTH



Low birth-weight babies

9.70%

Rank: 36

Rank: 61

Children without health insurance

3.00%

Rank: 5

Child and teen deaths

41.6 per 100,000

Rank: 78

ECONOMIC WELL-BEING

Rank: 45

Child Poverty

23.30%

Rank: 32

Median Household Income

\$54,748

Rank: 11

Fair Market Rent

\$1,128

Rank: 83

FAMILY and COMMUNITY

Rank: 54

School suspension rate

6.90%

Rank: 86

Teen pregnancy

12.2 per 1,000

Rank: 48

Substantiated Abuse and Neglect

3.8 per 1,000

Rank: 16

EDUCATION

Rank: 15



34.90%

Third to eighth grade reading proficiency

Rank: 25

44.10%

Third to eighth grade math proficiency

Rank: 21

96.50%

High school graduation rate

Rank: 9

Tipton County

| Demographics  | Tipton County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
|--|---------------|-------|----------------|---|-------------|
| | Number | Rate | | | |
| Total population (state comparison is number not rate) | 61,306 | NA | 6,651,120 | 0.9% | 22 |
| Population under 18 years of age | 15,124 | 24.7% | 22.5% | 109.9% | 7 |
| Economic Well-Being  | Tipton County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Youth unemployment | 240 | 21.2% | 15.5% | 136.8% | 66 |
| Per capita personal income (state is dollars not rate) | \$36,192 | NA | \$43,326 | 83.5% | 37 |
| Children receiving Families First grants (TANF) | 438 | 2.8% | 3.8% | 75.2% | 26 |
| Children receiving SNAP | 4,870 | 31.5% | 32.3% | 97.5% | 28 |
| Children under five receiving WIC | 900 | 24.1% | 33.7% | 71.4% | 6 |
| Education  | Tipton County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| School age special education services | 1,351 | 12.3% | 11.9% | 103.1% | 37 |
| TEIS participation (per 1,000 in age group) | 62 | 28.30 | 20.6 | 137.4% | 79 |
| Cohort high school dropouts | 7 | 0.8% | 5.6% | 14.3% | 8 |
| Event high school dropouts | 13 | 0.3% | 2.7% | 11.1% | 4 |
| Economically disadvantaged students | 3,930 | 35.9% | 35.7% | 100.7% | 46 |
| School expulsions (per 1,000 students) | 0 | 0.0 | 2.0 | 0.0% | 1 |
| Chronic absenteeism | 1,901 | 15.9% | 15.8% | 100.6% | 51 |
| Health  | Tipton County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Neonatal abstinence syndrome (per 1,000 live births) | 3 | 4.15 | 13.2 | 31.4% | 16 |
| Births to mothers who smoked during pregnancy | 106 | 14.7% | 13.4% | 109.7% | 16 |
| Children on TennCare (Medicaid) | 8,563 | 48.5% | 51.7% | 93.8% | 16 |
| Total TennCare (Medicaid) enrollees | 14,293 | 23.3% | 23.4% | 99.5% | 28 |
| Births covered by TennCare (Medicaid) | 414 | 57.3% | 52.9% | 108.3% | 20 |
| Children qualified for Medicaid/CHIP but uninsured | 319 | 3.8% | 4.7% | 80.9% | 15 |
| Infant mortality (per 1,000 live births) | 6 | 8.30 | 7.4 | 112.2% | 62 |
| Neonatal death (per 1,000 live births) | 4 | 5.50 | 4.2 | 131.0% | 66 |
| Child deaths (per 100,000 children age 1 to 14) | 5 | 42.70 | 21.8 | 195.9% | 78 |
| Teen violent deaths (per 100,000 children age 15 to 19) | 3 | 67.40 | 50.5 | 133.5% | 74 |
| Adequate prenatal care | 335 | 46.3% | 52.4% | 88.4% | 86 |
| Children under age six screened for lead poisoning | 589 | 13.0% | 18.5% | 69.9% | 78 |
| Public school students measured as overweight/obese | NA | 39.6% | 38.4% | 103.1% | 24 |
| Teens with STDs (per 1,000 children age 15 to 17) | 39 | 14.4 | 16.0 | 90.0% | 52 |
| Medical doctors by county (per 100,000 residents) | 25 | 40.8 | 240.0 | 17.0% | 55 |
| Dentists by county (per 100,000 residents) | 14 | 22.8 | 49.3 | 46.2% | 49 |
| Family & Community  | Tipton County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Reported child abuse cases | 754 | 4.9% | 4.9% | 100.0% | 28 |
| Commitment to state custody (per 1,000 children) | 37 | 2.1 | 3.8 | 55.3% | 6 |
| Remaining in state custody (per 1,000 children) | 26 | 1.5 | 4.8 | 31.3% | 4 |
| Juvenile court referrals | 576 | 3.8% | 4.5% | 84.4% | 35 |
| Recorded marriages (per 1,000 residents) | 292 | 4.8 | 8.6 | 55.8% | 94 |
| Recorded divorces (per 1,000 residents) | 540 | 8.8 | 3.8 | 231.6% | 94 |
| Births to unmarried females | 350 | 48.4% | 43.6% | 111.0% | 78 |
| Regulated child care spaces (state is number not rate) | 2,564 | NA | 381,686 | 0.7% | 26 |

Tipton County

At 22nd, Tipton County ranks in the top fourth of Tennessee counties in child wellbeing. The county's best rankings include a low rate of children without health insurance and a strong high school graduation rate. The county's biggest opportunities for improvement include an above average rate of students suspended from school and high housing costs.

Additional strengths include a high median household income and a low rate of substantiated cases of child abuse and neglect.

Additional challenges include a high child and teen death rate and an above average rate of babies born at a low birthweight.

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

- 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.
- Pro-active housing policy that helps ensure affordable housing is available for people to live where they work can improve negative outcomes related to high housing costs.
- 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. Most child and teen deaths are the result of accidents, especially motor vehicle accidents.
- Low birthweight 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. Expanding services through Family Resource Centers can help reach these vulnerable populations.