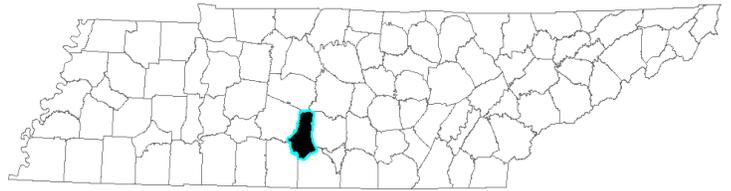
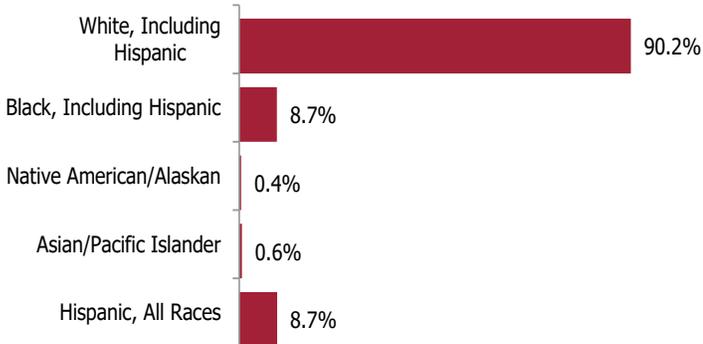


Marshall

TCCY Index Rank 19



Child Population by Race/Ethnicity



HEALTH



Low birth-weight babies

9.3%

Rank: 55 Rank: 56

Children without health insurance

4.3%

Rank: 44

Child and teen deaths

37.3 per 100,000

Rank: 59

ECONOMIC WELL-BEING

Rank: 3

Child Poverty

15.8%

Rank: 8

Median Household Income

\$52,415

Rank: 15

Fair Market Rent

\$873

Rank: 52

FAMILY and COMMUNITY

Rank: 35

School suspension rate

3.3%

Rank: 61

Teen pregnancy

10.8 per 1,000

Rank: 38

Substantiated Abuse and Neglect

5 per 1,000

Rank: 33

EDUCATION

Rank: 25

32.4%

Third to eighth grade reading proficiency

Rank: 42

41.6%

Third to eighth grade math proficiency

Rank: 20

95.0%

High school graduation rate

Rank: 27



Marshall County

Published 10/2019

| Demographics  | Marshall County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
|--|-----------------|-------|----------------|---|-------------|
| | Number | Rate | | | |
| Total population (state comparison is number not rate) | 32,933 | NA | 6,715,862 | 0.5% | 45 |
| Population under 18 years of age | 7,610 | 23.1% | 22.4% | 103.4% | 20 |
| Economic Well-Being  | Marshall County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Youth unemployment | 60 | 11.1% | 12.0% | 92.5% | 35 |
| Per capita personal income (state is dollars not rate) | \$36,759 | NA | \$45,517 | 80.8% | 44 |
| Children receiving Families First grants (TANF) | 208 | 2.7% | 3.2% | 85.5% | 32 |
| Children receiving SNAP | 2,074 | 27.3% | 31.8% | 85.8% | 14 |
| Children under five receiving WIC | 636 | 31.5% | 29.6% | 106.3% | 29 |
| Education  | Marshall County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| School age special education services | 569 | 10.6% | 11.9% | 89.1% | 9 |
| TEIS participation (per 1,000 in age group) | 20 | 16.58 | 23.4 | 70.8% | 17 |
| Cohort high school dropouts | 15 | 3.7% | 5.5% | 67.3% | 53 |
| Event high school dropouts | 20 | 1.0% | 2.6% | 38.5% | 35 |
| Economically disadvantaged students | 1,556 | 28.9% | 34.7% | 83.3% | 16 |
| School expulsions (per 1,000 students) | 0 | 0.0 | 2.0 | 0.0% | 1 |
| Chronic absenteeism | 818 | 15.3% | 13.6% | 112.5% | 67 |
| Health  | Marshall County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Neonatal abstinence syndrome (per 1,000 live births) | 3 | 7.33 | 13.5 | 54.3% | 30 |
| Births to mothers who smoked during pregnancy | 83 | 20.3% | 12.7% | 159.8% | 48 |
| Children on TennCare (Medicaid) | 4,174 | 47.3% | 48.4% | 97.9% | 23 |
| Total TennCare (Medicaid) enrollees | 7,009 | 21.3% | 21.8% | 97.7% | 22 |
| Births covered by TennCare (Medicaid) | 224 | 54.8% | 52.3% | 104.8% | 18 |
| Children qualified for Medicaid/CHIP but uninsured | 232 | 5.1% | 5.5% | 92.7% | 34 |
| Infant mortality (per 1,000 live births) | 3 | 7.30 | 7.4 | 98.6% | 56 |
| Neonatal death (per 1,000 live births) | 2 | 4.90 | 4.6 | 106.5% | 65 |
| Child deaths (per 100,000 children age 1 to 14) | 1 | 17.00 | 22.4 | 75.9% | 39 |
| Teen violent deaths (per 100,000 children age 15 to 19) | 2 | 93.50 | 52.5 | 178.1% | 78 |
| Adequate prenatal care | 283 | 69.2% | 57.4% | 120.6% | 14 |
| Children under age six screened for lead poisoning | 467 | 19.2% | 17.7% | 108.8% | 35 |
| Public school students measured as overweight/obese | NA | 41.7% | 39.2% | 106.4% | 40 |
| Teens with STDs (per 1,000 children age 15 to 17) | 16 | 12.2 | 17.3 | 70.4% | 53 |
| Medical doctors by county (per 100,000 residents) | 10 | 30.4 | 239.2 | 12.7% | 77 |
| Dentists by county (per 100,000 residents) | 5 | 15.2 | 49.0 | 31.0% | 78 |
| Family & Community  | Marshall County | | Tennessee Rate | County Rate as a percentage of State Rate | County Rank |
| | Number | Rate | | | |
| Reported child abuse cases | 415 | 5.5% | 4.9% | 112.4% | 45 |
| Commitment to state custody (per 1,000 children) | 59 | 7.0 | 3.9 | 179.4% | 78 |
| Remaining in state custody (per 1,000 children) | 74 | 8.8 | 5.1 | 172.3% | 75 |
| Juvenile court referrals | 434 | 5.7% | 4.3% | 133.8% | 63 |
| Recorded marriages (per 1,000 residents) | 251 | 7.6 | 8.2 | 92.7% | 27 |
| Recorded divorces (per 1,000 residents) | 138 | 4.2 | 3.6 | 116.7% | 72 |
| Births to unmarried females | 173 | 42.3% | 43.6% | 97.0% | 41 |
| Regulated child care spaces (state is number not rate) | 967 | NA | 307,218 | 0.3% | 49 |

Marshall County

At 19th, Marshall County is just at the top fifth of Tennessee counties in child well-being. Some of the county's strongest rankings include a low rate of child poverty (15.8 percent is still too high, but better than most Tennessee counties) and a high median household income. The county's biggest opportunities for improvement are high rates of students suspended from school and of child and teen deaths.

Additional strengths include a strong high school graduation rate and a high percentage of 3rd to 8th grade students demonstrating proficiency on TNReady math tests.

An additional challenge is a high percentage 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.
- 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.
- 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, as well as 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 for women in their childbearing years. Expanding services through Family Resource Centers can help reach these vulnerable populations.