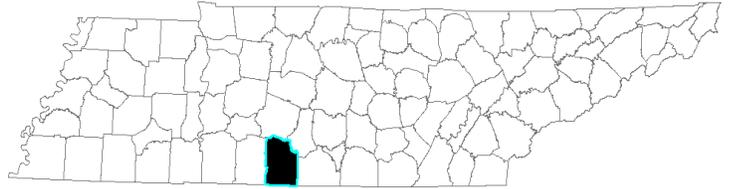
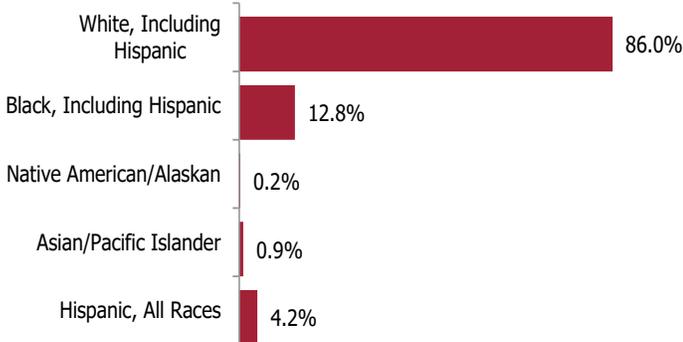


# Giles

## TCCY Index Rank 51



### Child Population by Race/Ethnicity



### HEALTH



Low birth-weight babies

9.7%

Rank: 63

Rank: 78

Children without health insurance

4.6%

Rank: 63

Child and teen deaths

61 per 100,000

Rank: 81

### ECONOMIC WELL-BEING

Rank: 13

Child Poverty

21.1%

Rank: 27

Median Household Income

\$47,838

Rank: 31

Fair Market Rent

\$830

Rank: 29

### FAMILY and COMMUNITY

Rank: 42

School suspension rate

4.0%

Rank: 68

Teen pregnancy

9.1 per 1,000

Rank: 25

Substantiated Abuse and Neglect

5.3 per 1,000

Rank: 39

### EDUCATION

Rank: 55



28.5%

Third to eighth grade reading proficiency

Rank: 68

37.5%

Third to eighth grade math proficiency

Rank: 37

92.5%

High school graduation rate

Rank: 55

# Giles County

Published 10/2019

Demographics 	Giles County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Total population (state comparison is number not rate)	29,401	NA	6,715,862	0.4%	50
Population under 18 years of age	6,181	21.0%	22.4%	94.0%	52
Economic Well-Being 	Giles County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Youth unemployment	110	17.7%	12.0%	147.5%	68
Per capita personal income (state is dollars not rate)	\$38,181	NA	\$45,517	83.9%	36
Children receiving Families First grants (TANF)	132	2.1%	3.2%	67.1%	14
Children receiving SNAP	1,808	29.2%	31.8%	92.0%	19
Children under five receiving WIC	484	28.7%	29.6%	97.0%	20
Education 	Giles County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
School age special education services	387	10.2%	11.9%	85.7%	6
TEIS participation (per 1,000 in age group)	14	13.69	23.4	58.4%	9
Cohort high school dropouts	24	6.9%	5.5%	125.5%	80
Event high school dropouts	28	2.1%	2.6%	80.8%	76
Economically disadvantaged students	1,424	37.1%	34.7%	106.9%	49
School expulsions (per 1,000 students)	0	0.0	2.0	0.0%	1
Chronic absenteeism	401	10.6%	13.6%	77.9%	30
Health 	Giles County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Neonatal abstinence syndrome (per 1,000 live births)	1	3.24	13.5	23.9%	18
Births to mothers who smoked during pregnancy	83	26.9%	12.7%	211.8%	83
Children on TennCare (Medicaid)	3,618	49.9%	48.4%	103.1%	28
Total TennCare (Medicaid) enrollees	6,534	22.2%	21.8%	102.0%	34
Births covered by TennCare (Medicaid)	187	60.5%	52.3%	115.8%	33
Children qualified for Medicaid/CHIP but uninsured	210	5.4%	5.5%	98.2%	65
Infant mortality (per 1,000 live births)	0	0.00	7.4	0.0%	1
Neonatal death (per 1,000 live births)	0	0.00	4.6	0.0%	1
Child deaths (per 100,000 children age 1 to 14)	1	21.10	22.4	94.2%	48
Teen violent deaths (per 100,000 children age 15 to 19)	2	109.80	52.5	209.1%	84
Adequate prenatal care	196	63.4%	57.4%	110.5%	35
Children under age six screened for lead poisoning	339	16.8%	17.7%	95.2%	52
Public school students measured as overweight/obese	NA	34.5%	39.2%	88.0%	7
Teens with STDs (per 1,000 children age 15 to 17)	10	9.1	17.3	52.5%	38
Medical doctors by county (per 100,000 residents)	14	47.6	239.2	19.9%	51
Dentists by county (per 100,000 residents)	11	37.4	49.0	76.3%	23
Family & Community 	Giles County		Tennessee Rate	County Rate as a percentage of State Rate	County Rank
	Number	Rate			
Reported child abuse cases	317	5.1%	4.9%	105.7%	31
Commitment to state custody (per 1,000 children)	45	6.5	3.9	167.3%	71
Remaining in state custody (per 1,000 children)	70	10.1	5.1	199.2%	80
Juvenile court referrals	374	6.1%	4.3%	142.0%	65
Recorded marriages (per 1,000 residents)	285	9.7	8.2	118.3%	6
Recorded divorces (per 1,000 residents)	108	3.7	3.6	102.8%	42
Births to unmarried females	147	47.6%	43.6%	109.2%	73
Regulated child care spaces (state is number not rate)	891	NA	307,218	0.3%	51

## Giles County

At 51<sup>st</sup>, Giles County is in the bottom half of Tennessee counties in child well-being. The county's best rankings reflect a relatively low rate of rate of pregnancies among girls age 15 to 17 and of children who live in poverty. Though it is still a higher number than one would hope, Giles County's 21.1 percent child poverty rate is better than most counties in Tennessee. The county's biggest challenges are low rate of 3<sup>rd</sup> to 8<sup>th</sup> grade students rated as proficient in reading on TNReady reading tests and a high rate of child and teen deaths.

Additional strengths include low housing costs and a comparatively low rate of substantiated cases of child abuse and neglect.

Additional opportunities for improvement include relatively high rates of children without health insurance and 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.

- Increased access to pre-K can help reading proficiency in later grades. Early assessment of reading skills coupled with appropriate interventions where needed can improve reading proficiency in 3<sup>rd</sup> to 8<sup>th</sup> grade.
- 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.
- Most uninsured children in Tennessee qualify for either TennCare or CoverKids, so high rates of uninsured children can be improved with outreach to make sure that families are aware of these insurance opportunities. According to Census Bureau estimates, Giles County has over 200 children who qualify for these health insurance programs but who nonetheless lack insurance.
- 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. Expanding services through Family Resource Centers can help reach these vulnerable populations.