

2016
Community Needs Evaluation
8th Annual Edition



Metropolitan Social Services
Planning, Coordination and Social Data Analysis



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Cover photo, courtesy of Russ Anthony.

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2016 COMMUNITY NEEDS EVALUATION
METROPOLITAN SOCIAL SERVICES
PLANNING, COORDINATION AND SOCIAL DATA ANALYSIS

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ONLINE RESOURCES

Metropolitan Social Services - <http://www.nashville.gov/Social-Services.aspx>

Previous Community Needs Evaluations - <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Community-Needs.aspx>

MSS Planning, Coordination & Social Data Analysis - <http://www.nashville.gov/Social-Services/Planning-And-Coordination.aspx>

MSS Adult and Family Support Services - <http://www.nashville.gov/Social-Services/Adult-and-Family-Support-Services.aspx>

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



MEGAN BARRY
MAYOR

OFFICE OF THE MAYOR
METROPOLITAN COURTHOUSE
NASHVILLE, TENNESSEE 37201
PHONE: (615) 862-6000
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April 7, 2017

Dear Friends,

It is my pleasure to present to you the 2016 Community Needs Evaluation.

As Mayor of Nashville, I am excited to see the growth and economic prosperity our city is experiencing. However, not all residents have equally benefited from the growth and development of Nashville in recent years. Too many of our residents struggle to make ends meet; pay household bills, and afford basic needs like housing and food. We have much work to do to prepare workers with the skills needed in today's workplaces so that jobs lead to increased wages and economic mobility.

The annual *Community Needs Evaluation* (CNE), produced by Metro Social Services (MSS), provides a clear description of current demographic, social, and socioeconomic characteristics of the people who live in Davidson County. I see this document as a baseline diagnosis of the economic opportunity in our community. It can also serve as a roadmap to improve services and address financial inclusion, aging and disability, food and nutrition, health, housing and workforce development.

I have asked my Office of Economic Opportunity and Empowerment (OEOE) to work closely with MSS on the CNE announcement event. OEOE is also working diligently with each of you, our Metro departments, and community-based organizations to address the disparities that continue to exist in Nashville.

For the first time, the CNE features a section on Disparities. It provides local data on economic disparities that people experience because of age, gender, race/ethnicity and other factors. Additionally, it describes national trends in disparities that continue to exist across our nation.

Toxic Stress and Poverty is another new section that focuses on how Adverse Childhood Experiences (neglect, abuse, poverty, community violence, etc.) cause lasting emotional, intellectual, and physical damage, especially to young children. This section describes recent findings about how neural connections form most quickly in infants and toddlers. Children with adverse experiences are often living in a multi-generational cycle of poverty. OEOE and many other public and private organizations are working hard to address and prevent this kind of toxic stress.

Further, Nashville has a rich history of public health leadership, as home to Meharry Medical College, Metro General Hospital at Meharry, and several world-class hospital facilities. Nashville's impressive array of health care leadership and infrastructure can be and will be an asset in this work.

As the city continues to prosper and grow, it is imperative that we ensure equitable access to opportunity so that all Nashvillians can participate in and experience Nashville's success.

Sincerely,

A handwritten signature in blue ink, appearing to read "Megan Barry".

Megan Barry
Mayor of Nashville



EGAN BARRY
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES
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Message from the Metropolitan Social Services Commission

Pastor William Harris, Board Chair

Metropolitan Social Services is pleased to present the 2016 Community Needs Evaluation, the eighth annual report with data to provide current and objective information to demonstrate social, demographic and socioeconomic trends. The Community Needs Evaluation continues to provide a systematic document to describe existing and projected unmet social/human service needs in Davidson County, with data about the increased need for housing that is affordable. For the 6th year, it includes examples of evidence-based practices (Smart Solutions).

The 2016 Community Needs Evaluation report uses a broad approach to describe complex factors related to poverty and unmet needs, including sections on Food & Nutrition, Health & Human Development, Housing & Neighborhoods, Aging & Disability and Workforce & Economic Opportunity. This year, the Metropolitan Department of Public Health provided the section on Health.

The section on *Disparity* is new this year and focuses attention on the pervasive and continuing level of disparity, in Davidson County and nationwide. The data shows disparity by characteristics (age, gender, disability status and especially race/ethnicity).

Another new section, *Toxic Stress and Poverty*, was added because of the increasing scientific evidence about the damaging effects of Toxic Stress caused by Adverse Childhood Experiences. The emotional, intellectual and physical damage can last throughout the lives of children who have experiences such as abuse, neglect, family members who are mentally ill or incarcerated, living in poverty, or experiencing community violence and bullying. The damage sustained likely contributes to generational poverty.

Special thanks are due the work of the Metro Social Services Executive Director, Renee Pratt, Planning & Coordination/Social Data Analyst Director Dinah Gregory, and Social Data Analysts Abdelghani Barre, Lee Stewart and Julius Witherspoon. The Metro Social Services Board of Commissioners is pleased to share this document with Davidson County. Questions or comments may be emailed to MSSPC@nashville.gov.

Sincerely,

William Harris

Board Chair
Metropolitan Social Services

MEGAN BARRY
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



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Message from the Metropolitan Social Services Executive Director

Renee Pratt

As a service to our community, Metropolitan Social Services is honored to provide the 2016 Community Needs Evaluation. With the most recent information available, the Community Needs Evaluation uses objective data to create a detailed profile of the people who live in Davidson County. This can provide the information that can lead to better, more informed and effective decisions. MSS is pleased to share this with the public and private sector, including service providers, funders, community leaders, elected officials and other decision makers can use.

Organizations use the Community Needs Evaluation for establishing priorities, program design and development, raising funds, strategic planning and identifying partnerships. The process of collecting, organizing, analyzing and disseminating data gives Davidson County a powerful tool that can increase awareness and knowledge of issues, needs and challenges for the low-income residents. The information can be used to strategically direct resources toward needs that have already been documented. As we have noted before, no single organization can meet the needs alone and it is important for many to work together. MSS is grateful for the community partners it has, all who work together to enhance the quality of life for Nashville's most disadvantaged people.

The customers served by the Family Support Program of Metro Social Services are among the poorest residents of Davidson County. These customers represent the populations that are most likely to be disadvantaged – primarily female, black or African American and single. Many experience poverty that results in struggles with the necessities of food and shelter.

As described in the Local Information section, about 1/4 of them have no income at all. Almost 1/3 of these customers were employed (typically at low paying jobs) and approximately 1/3 were on a fixed income from the Social Security Administration (SSI, disability or retirement benefits). About 60% of these customers live on incomes of \$10,000 or less per year. Customers in other programs are either elderly and/or frail (Senior Nutrition Program) or indigent (Burial and Cremation Program).

Metro Social Services appreciates the opportunity to serve those who are most in need as well as to provide the annual Community Needs Evaluation to demonstrate broader social/human service needs across Davidson County.

Sincerely,

Renee Pratt

Executive Director
Metropolitan Social Services

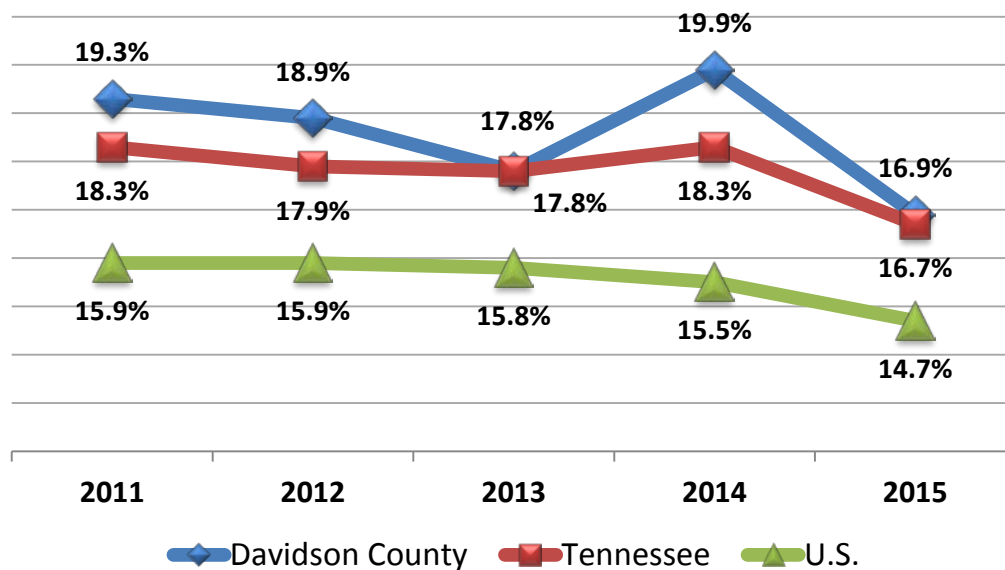
Status of Davidson County

Nashville is a growing, thriving and successful city. However, many residents continue to experience problems with unaffordable housing and low-wage jobs that often result in poverty. As described in detail later in this document, there is disparity related to age, disability status, gender, race/ethnicity and geographic location of residence.

As recovery from the Great Recession continued, Davidson County experienced a decrease in poverty that was characterized by the U.S. Census Bureau as significant. As shown in Chart 1, this was consistent with a decrease throughout most of the country, with the U.S. poverty rate for all people decreasing from 15.9% in 2011 to 14.7% in 2015, according to the American Community Surveys for 2011 through 2015.

Despite the decrease, Davidson County's poverty rate remains higher than Tennessee and the U.S. In 2014, Davidson County had 129,057 people who lived in poverty, compared to 111,230 in 2015. These Nashvillians and others who are near poverty experience daily struggles to meet their basic needs. A table showing the 2016 poverty guidelines is in the Socioeconomic Profile that indicates the poverty level is \$11,880 for one person, \$16,020 for two, \$20,160 for three, etc.

Chart 1: All People in Poverty by Location
Davidson County, Tennessee, U.S.; 2011-2015



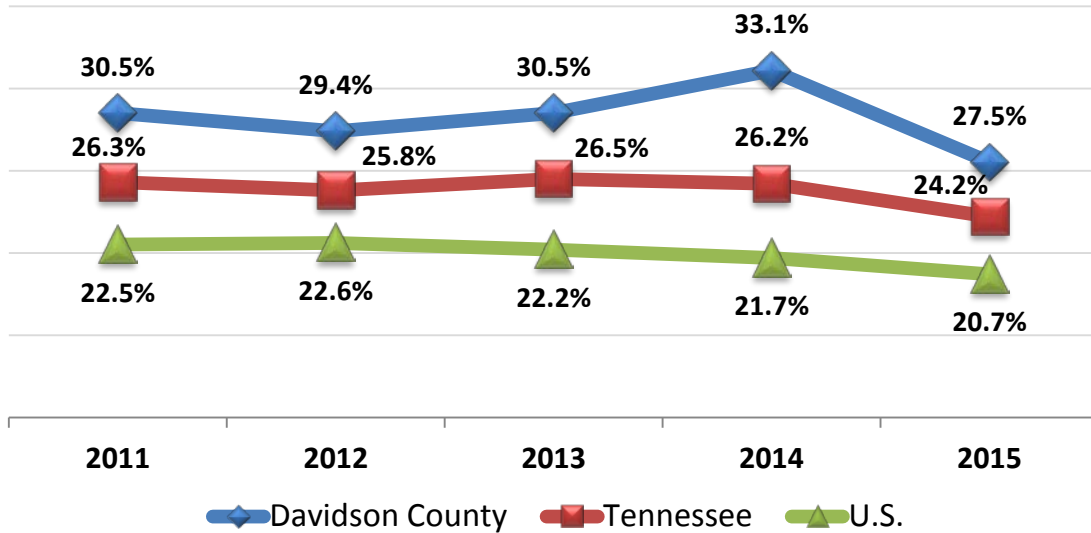
Source: 2011-2015 American Community Surveys

The most vulnerable in Davidson County's population are the youngest residents in lower income families, who are susceptible to long-lasting emotional, intellectual and physical damage through Adverse Childhood Experiences (ACEs) and toxic stress. Information is in the section on Toxic Stress and Poverty explaining that the living in poverty can damage a child's body and brain in a way similar to various types of abuse or neglect. It also shows that prevention or intervention for such damage should be done as early as possible.

Using data from the American Community Survey, Chart 2 shows that Davidson County's child poverty rate has experienced a decrease, from 30.5% in 2011 to 27.5% in 2015. It also shows that Davidson County's rate continues to be higher than Tennessee and the United States.

Chart 2: All People Under Age 18 in Poverty by Location

Davidson County, Tennessee, U.S.; 2011-2015



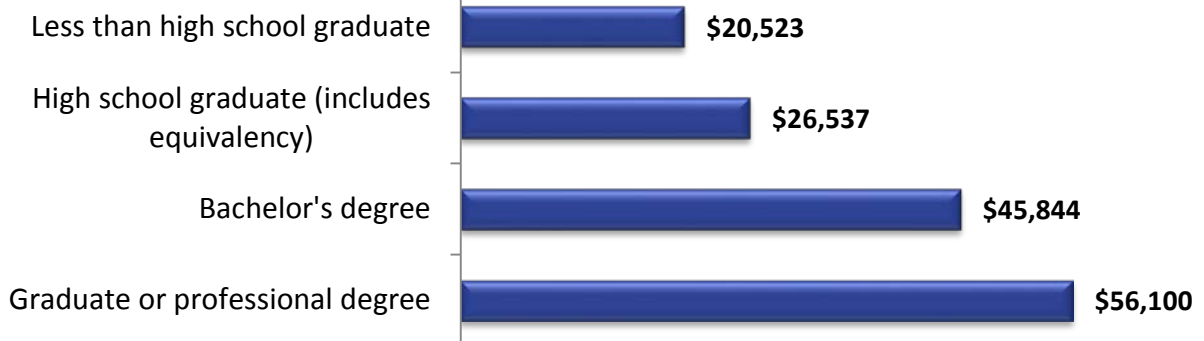
Source: 2011-2015 American Community Surveys

Davidson County's unemployment rate is low, as is the pay for many. Low pay keeps many workers in poverty, including some who work more than one job. Half of all workers in Davidson County earn less than \$31,035, although there is a wide variation by characteristics.

Chart 3 shows that earnings varied by the level of educational attainment. In 2015, Davidson County residents who had received a Bachelor's degree made more than twice as much as those who were not high school graduates. Gender combined with educational attainment had even greater variation. In 2015, every level of educational attainment reflected a gap in earnings. For example, females age 25 and over without graduating from high school had median earnings of \$17,137 compared to males at \$22,443. Among those who were 25 or older with a Bachelor's degree, median earnings for females were \$40,085, compared to males at \$51,660.

Chart 3: Median Earnings by Educational Attainment

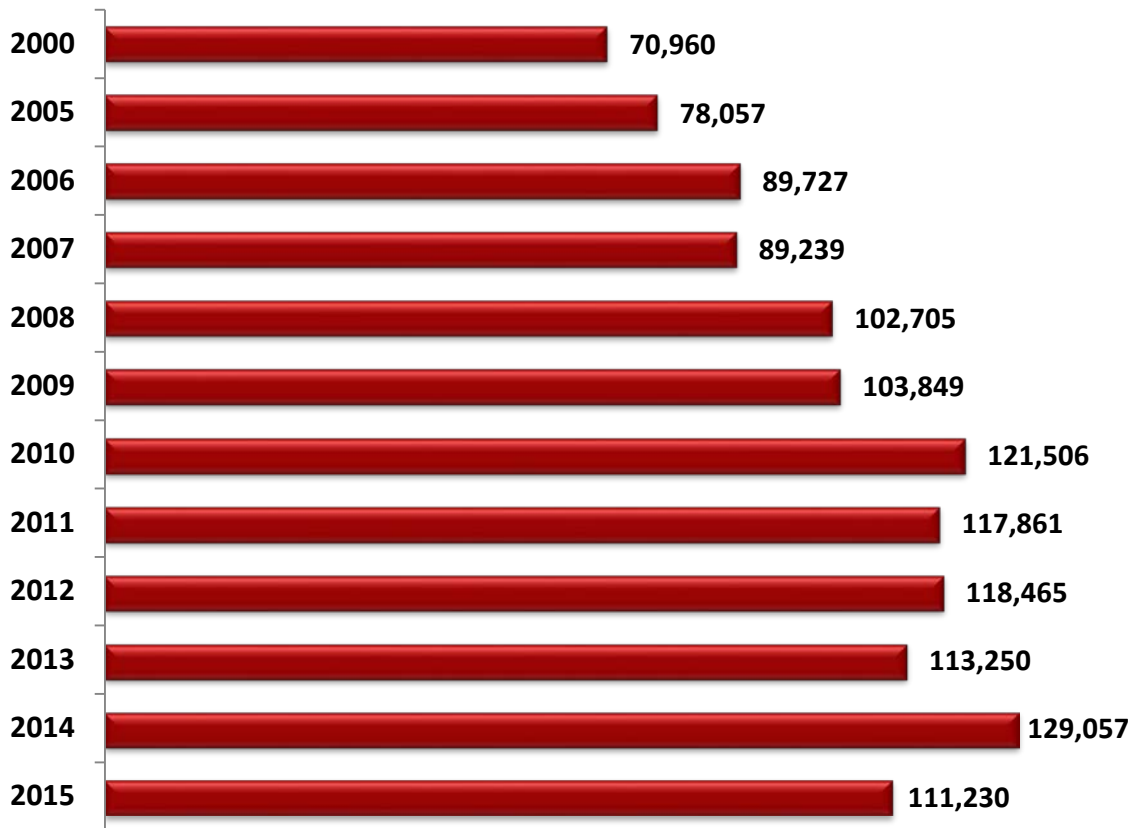
Davidson County, 2015



Source: 2011-2015 American Community Surveys

The number of people and the percent of poverty have increased significantly since 2000. Chart 4 reflects the increase in the number of Davidson County residents who live in poverty. In 2000, the poverty rate was 13.0%, compared to 14.2% in 2005 and 19.9% in 2014. While there are fewer Nashvillians who live in poverty than in other years since 2010, there were more Davidson County residents in poverty in 2015 than in 2009 and the years before. This reflects both an improvement as well as a challenge to work toward additional decreases in poverty and enhancement of services that will enhance the quality of life for those in the population who struggle to survive.

Chart 4: Number of Davidson County Residents in Poverty by Year
2000-2015



Source: U.S. Census Bureau

The Socioeconomic Profile includes maps by census tracts with Metro Council Districts also shown that reflect the Davidson County residents who live in “extreme” poverty (40% or more in any particular census tract). Among Davidson County’s 161 census tracts are 17 with extreme poverty for all people and 43 census tracts where minor children live in extreme poverty. As explained in the section on Toxic Stress and Poverty, the emotional, intellectual and physical damage created by poverty for minor children will have lasting effects.

In addition to the damage caused by the Adverse Childhood Experiences of abuse and neglect, newer scientific findings indicate that similar damage occurs to children from living in poverty, experiencing bullying and being in proximity with community violence. The result of such damage can impair school performance, create chronic health problems and cause early death in extreme circumstances. Prevention is the best way to address such Adverse Childhood Experiences and the earliest possible intervention is most effective because the brain develops so quickly during the early years of life.

Methodology

The Metropolitan Charter assigns Metro Social Services (MSS) a number of powers and duties. These include direct services that include administering general assistance to residents of Davidson County, the duty of making social investigations, engaging in study and research regarding the cause of financial dependency and methods of treating such dependency. Metropolitan Social Services-Planning, Coordination and Social Data Analysis gathers and analyzes social data and reports on poverty and related issues through its annual Community Needs Evaluations, issue papers, newsletters, social media, presentations and consultations.

MSS produces the Community Needs Evaluations to increase awareness about Davidson County residents, with demographic, social and socioeconomic data and data about unmet need in the areas of AGING & DISABILITY, FOOD & NUTRITION, HEALTH & HUMAN DEVELOPMENT, HOUSING & NEIGHBORHOODS and WORKFORCE & ECONOMIC OPPORTUNITY. This year, sections are also included about DISPARITY and TOXIC STRESS AND POVERTY. The need in Nashville is great and it takes many organizations working together to address these issues.

Increased knowledge can provide guidance for the policy makers for social/human service needs in Nashville, as well as for public and private funding sources. Some organizations have used previous editions of the Community Needs Evaluation to increase their awareness and understanding of the people they serve and their potential service recipients, to provide staff training and community outreach, to provide information that facilitates interagency collaboration, for funding applications and reports, as well as strategic planning and program development.

MSS increases the awareness of poverty, identifies current and emerging social/human service needs and disseminates information. Data can be a powerful tool that can result in better decisions. The availability of current, objective and relevant data is provided to help policy makers, funders and service providers create an effective and coordinated social/human service delivery system for Davidson County.

No organization can do it all and no organization can do it alone. Improving the system of social/human services for people in need requires the coordinated efforts of multiple entities. The effectiveness of a planning, coordination and implementation strategy depends on the engagement of local, state and federal agencies, along with the private sector, working together in a concerted manner. This process provides Davidson County with the opportunity to make lasting and meaningful improvements in the way services help persons in need.

The needs evaluation again contains updated data about the demographic, social and socioeconomic trends in the U. S., Tennessee and Davidson County. As noted in previous editions, there are other issues related to quality of life that are beyond the scope of this evaluation, including education, crime and justice, domestic violence and others.

Primary Data

For the eighth year, primary research was conducted through a Grassroots Community Needs Survey administered in Davidson County, to customers at specific social/human service programs. From 2009 through

2016, more than 7,700 respondents participated in the survey to identify the greatest unmet needs in Davidson County. Data from the Grassroots Community Survey is discussed in each relevant section of this evaluation.

- The first Grassroots Community Survey was conducted in 2009 with customers of the Tennessee Department of Human Services (Davidson County Office), Catholic Charities, the Nashville Career Advancement Center, Second Harvest Food Bank, Siloam Family Health Center, the Metropolitan Action Commission, and Metropolitan Social Services, with 1,737 respondents.
- In 2010, the same Grassroots Community Needs Survey was administered to participants of the Volunteer Income Tax Assistance sites, operated by the Nashville Alliance for Financial Independence (an initiative of United Way), with 1,787 respondents. (This survey was completed prior to Davidson County's May 2010 flood.)
- In 2011, the Grassroots Survey was slightly modified to add questions about Health and Neighborhood Development. It was conducted primarily with customers of the Tennessee Department of Human Services (Davidson County Office) and with some residents at Urban Housing Solutions, with a total of 768 respondents.
- In 2012, the Grassroots Survey was administered to 475 customers from a variety of social service organizations, including Catholic Charities of Tennessee, The Next Door, Siloam Clinic, Goodwill Industries, Conexion Americas, McGruder Family Resource Center, Christian Women's Job Corps, the Opportunities Industrialization Center, Metropolitan Action Commission and Metropolitan Social Services.
- In 2013, the Grassroots Community Survey was conducted with 1,729 participants of the Volunteer Income Tax Assistance sites, operated by the Nashville Alliance for Financial Independence (an initiative of United Way).
- The 2014 Grassroots Community Survey was conducted with 360 customers from social service organizations, including Goodwill Industries, Habitat for Humanity, Metro Nashville Health Department, Nashville CARES and Project Return.
- In 2015, the 852 Grassroots Community Survey participants were participants in programs of the Metropolitan Action Commission.
- For 2016, the 360 respondents were service recipients at Rooftop Foundation, NeedLink of Nashville and Metropolitan Social Services

Secondary Data

The tables, charts, and narrative descriptions in this evaluation reflect a wide range of demographic, economic, social, and other characteristics of Davidson County. Data was compiled from the U.S. Census Bureau, particularly the 2015 American Community Survey (released September 2016) and the 2011-2015 American Community Surveys 5-year Estimates (released December 2016), as well as from other government and private research sources.

American Community Surveys, both annual and multiyear, are estimates, based on samples of the population and have varying margins of error, as specified by the Census Bureau. The Census Bureau indicates that the

longer reporting periods provide more accurate and reliable information than the annual information. However, annual data is more useful to demonstrate trends over time.

The 5-year ACS summaries included the geographic areas smaller than county level, so these are used in maps comparing data across 35 Metropolitan Council Districts and 161 census tracts in Davidson County. Metro Council Districts are much larger in population than census tracts. By using census tracts, the extremes and highest concentrations of characteristics are shown more specifically.

Some data from the Current Population Survey (CPS) of the U. S. Census Bureau was also used. The Supplemental Poverty Measure data from the CPS was used, which compared the official poverty measure with the supplemental poverty measure.

New data products are regularly released by the U. S. Census Bureau and other agencies, and future updates of this report will include data as it becomes available. Additional information is available online and more will be added when available. All Census data includes a margin of error, which varies by the type of data. The U. S. Census Bureau identifies on the margin of error for specific data. The margins of error are not included in the Community Needs Assessment and are available online from the U. S. Census Bureau in each table and dataset.

The Local Studies and Information section demonstrates the types of unmet needs in Nashville, using data from a variety of sources. As in past years, United Way's 2-1-1 data, Grassroots Community Survey data and Metro Social Services program services data was used.

The combined local data and the data from the U.S. Census and other sources demonstrate an unmet need that many Nashvillians have for financial assistance for basic needs, particularly rental payments and utility bills. In addition, many people are underemployed at low-wage, low-skill jobs and need specific training and employment services. The good things of Nashville should be celebrated, while the things that are not as good should be improved.

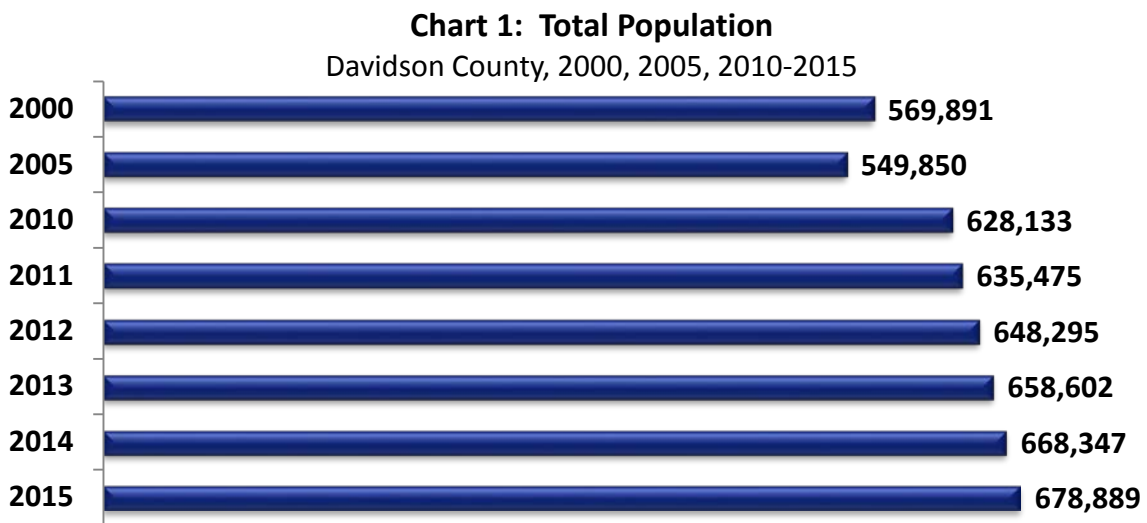


Demographic and Social Profile

Population

This section includes demographic and social data from the U.S. Census Bureau. Single year data comes from the 2015 and previous American Community Surveys for U.S., Tennessee and Davidson County data. Smaller area data (Council District, census tracts, etc.) comes from the 2011-2015 American Community Survey 5-Year Summary.

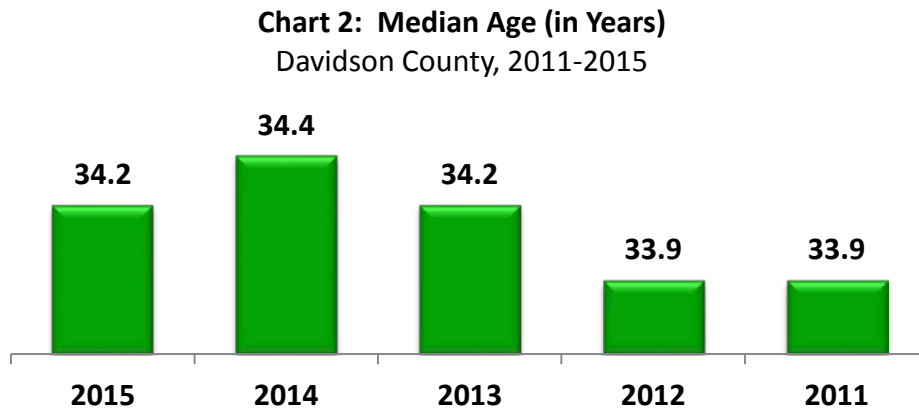
Chart 1 shows that Davidson County's total population has a generally consistent upward trend, increasing by approximately 10,000 people annually during recent years.



Source: U. S. Census Bureau, 2000 Census, 2005, 2010-2015 American Community Surveys

Age

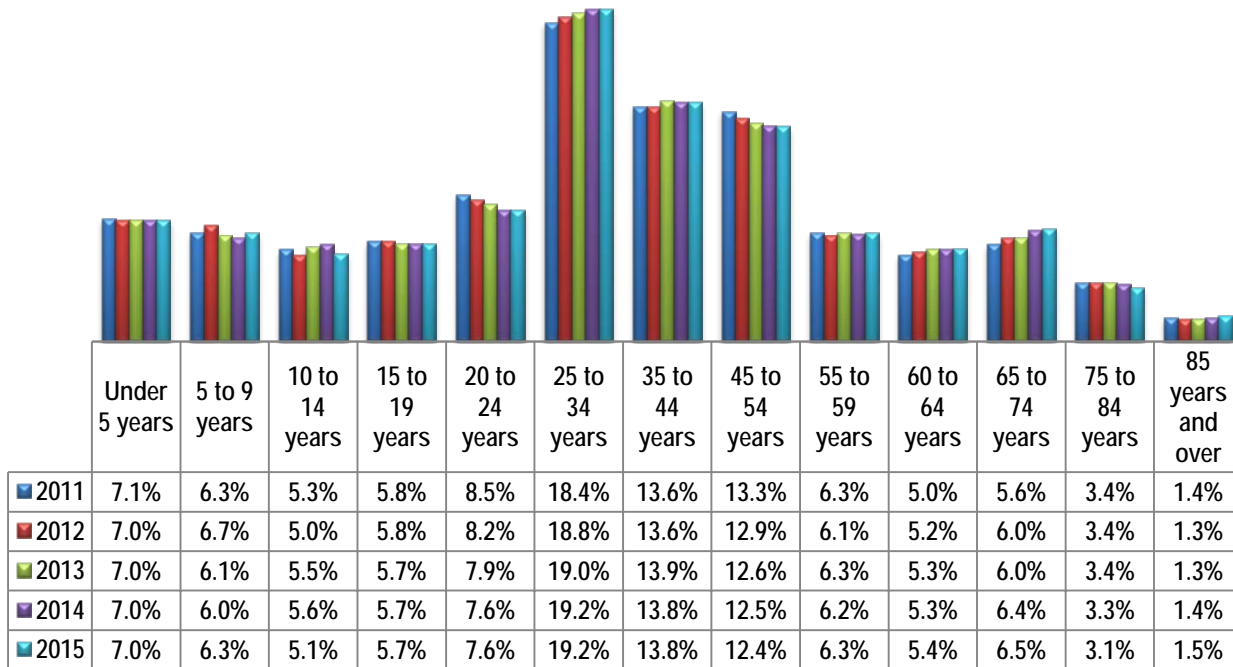
The median age in Davidson County has remained consistent during the past 5 years, with a slight increase from 33.9 in 2011 to 34.2 in 2015.



Source: U. S. Census Bureau, 2011-2015 American Community Surveys

The 5-year trends by age categories are shown in Chart 3, with consistency in most age categories. During each of these years, the largest percent of people were in the 25-34 area.

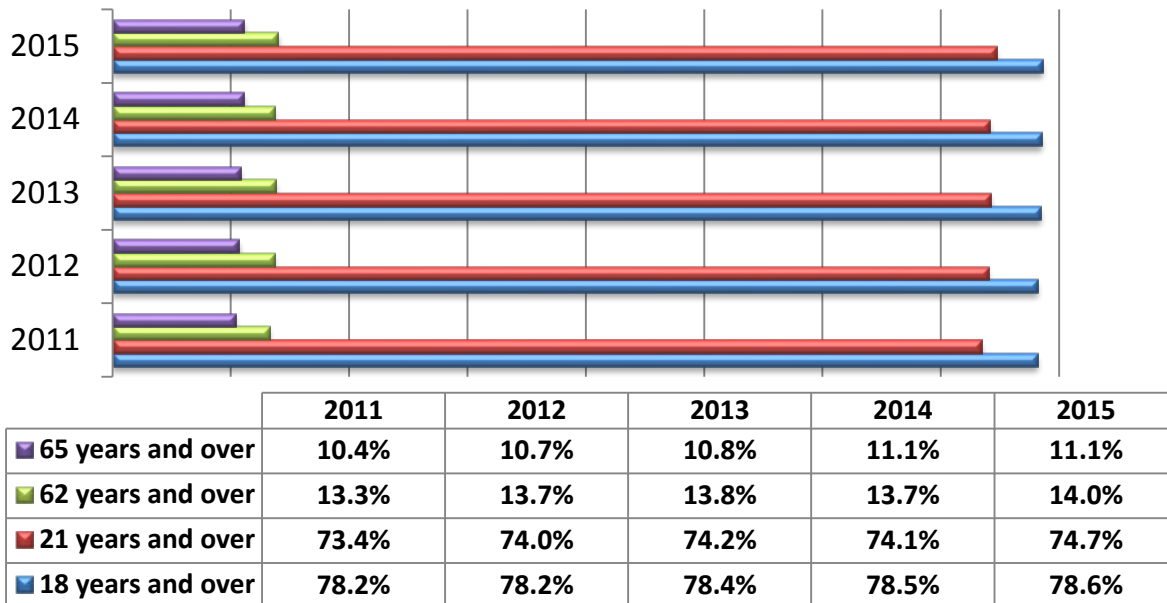
Chart 3: Percent by Age Category
Davidson County, 2011-2015



Source: U. S. Census Bureau, 2011-2015 American Community Surveys

Chart 4 shows four age categories for the past 5 years, also showing consistency during this period.

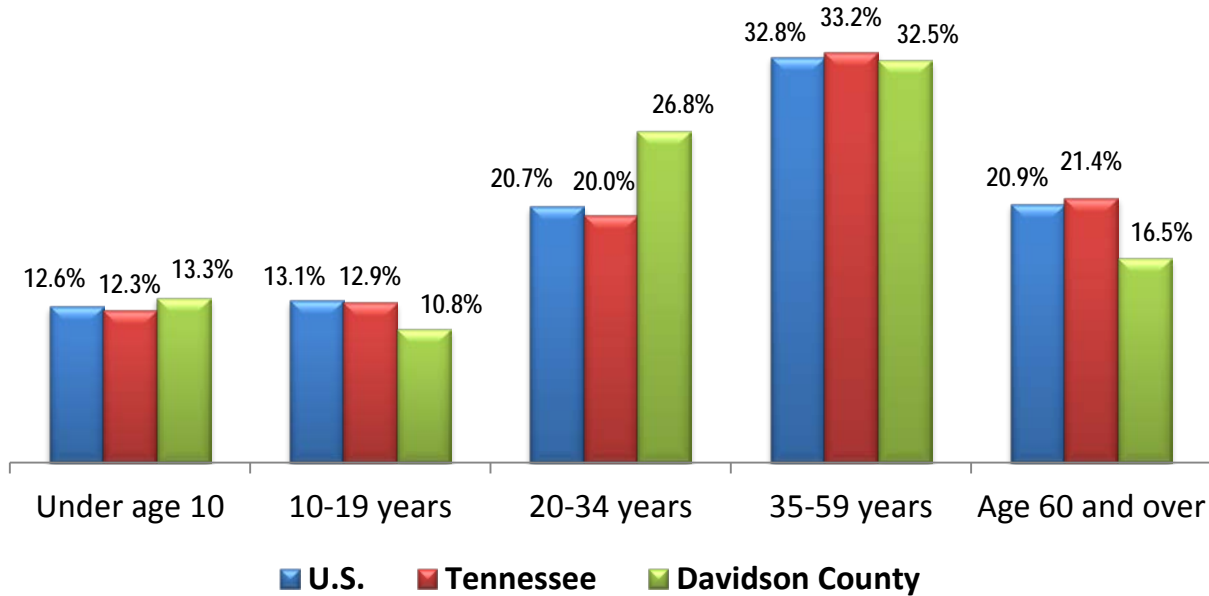
Chart 4: Age Categories
Davidson County, 2011-2015



Source: U. S. Census Bureau, 2011-2015 American Community Surveys

Chart 5 compares age categories for the U.S., Tennessee and Davidson County, showing that Davidson County had a higher percentage of people from ages 20 to 34 than the U.S. or Tennessee. Davidson County had a lower percentage of people age 60 and over than Tennessee and the U.S.

Chart 5: Age Groups by Location
U.S., Tennessee, Davidson County, 2015

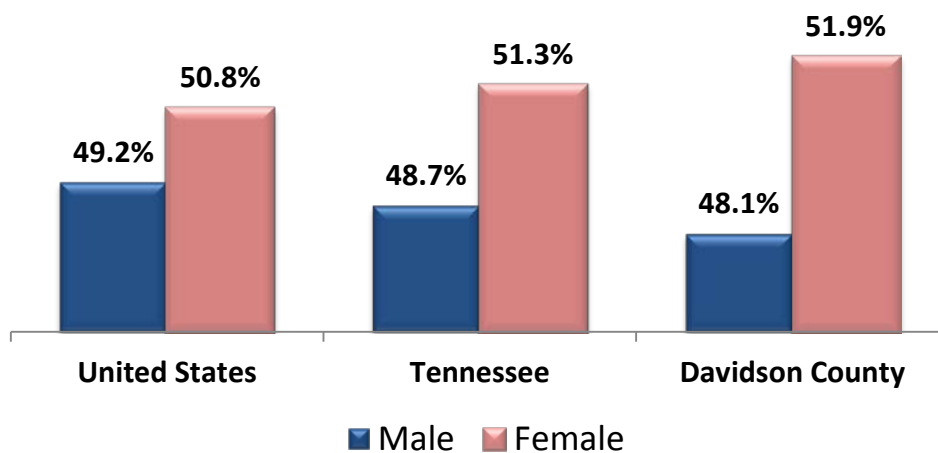


Source: U. S. Census Bureau, 2015 American Community Survey

Gender

In Davidson County for 2015, there were 51.9% females, consistent with 2014 at 52.0%. Chart 6 shows consistency also across the geographic areas of Davidson County, Tennessee and the U.S.

Chart 6: Gender by Location
U.S., Tennessee, Davidson County, 2015

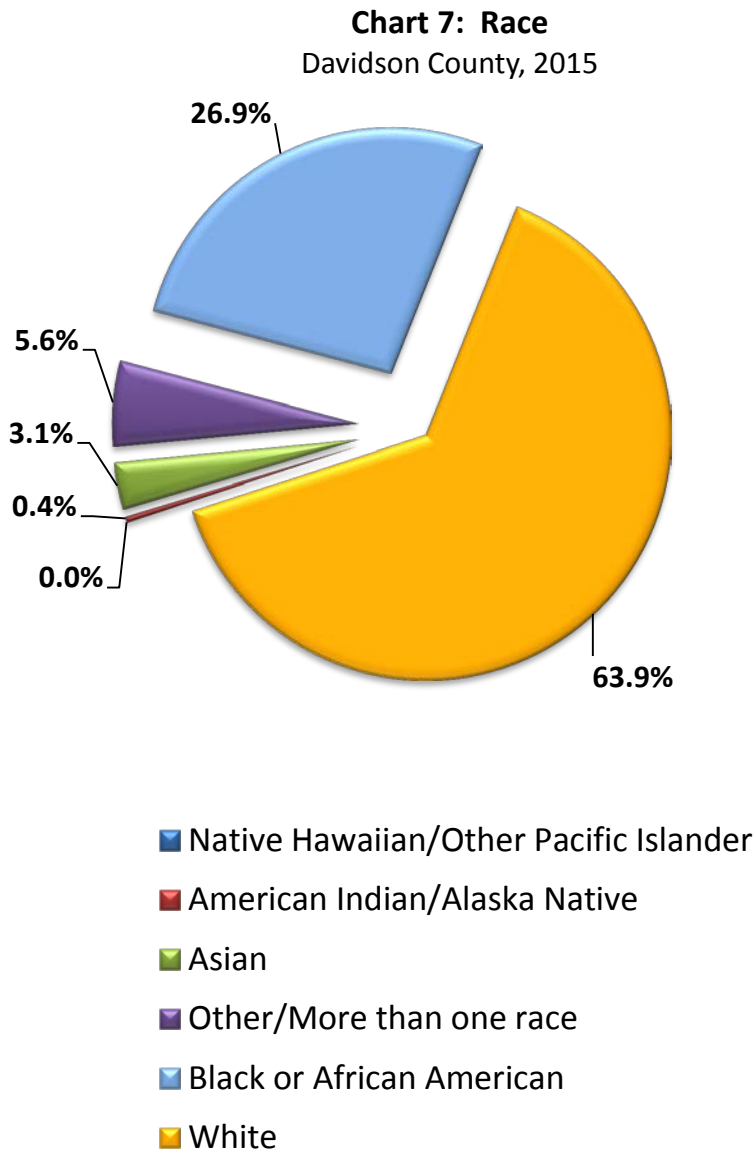


Source: U. S. Census Bureau, 2015 American Community Survey

Race/Ethnicity

Chart 7 shows the racial composition of Davidson County in 2015, which has remained consistent. Between 2010 and 2015, the range for white was between 61.3% and 63.9%, with the range for black or African American from 26.9% to 28.0%.

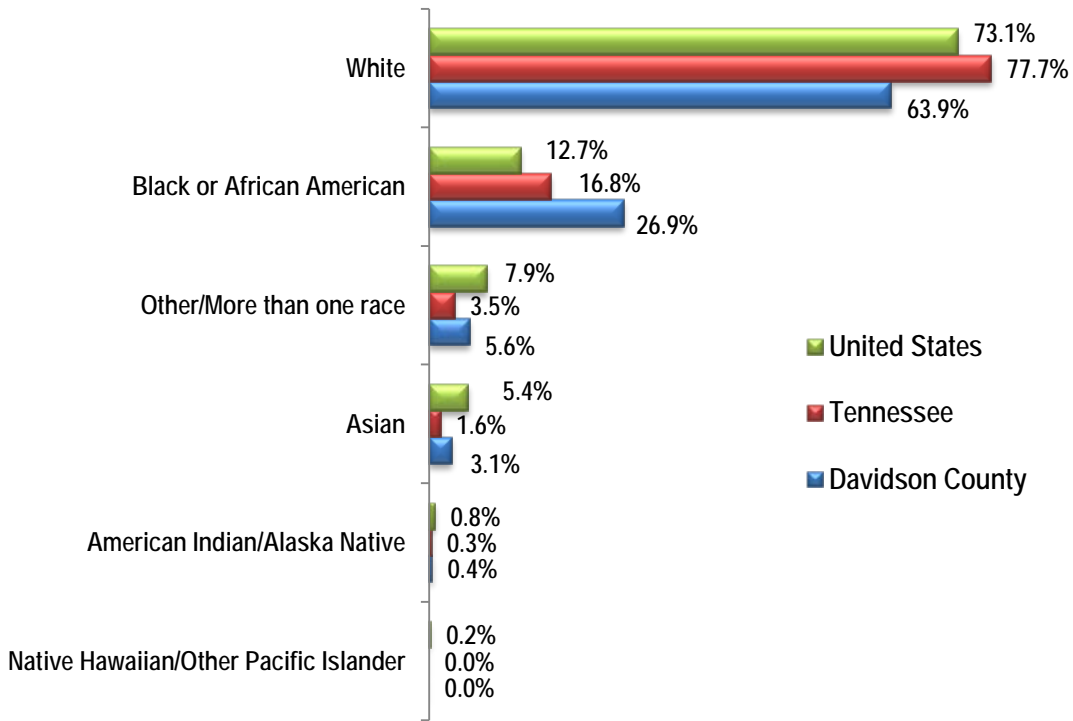
In Davidson County, 97.2% of people were reported as one race, with 2.8% reported as two or more races, with another 2.8% reported as some other race (unidentified). Within the 2.8% with more than one race, 1.2% were white and black/African American; 0.2% white and American Indian/Alaska Native; and 0.6% were white and Asian (variation due to mathematical rounding).



Source: U. S. Census Bureau, 2015 American Community Survey

As shown in Chart 8, the percentage of black or African American residents is higher in Davidson County at 26.9% than either Tennessee (16.8%) or the U.S. (12.7%). Davidson County had a smaller percentage of white residents at 63.9% than Tennessee (77.7%) or the U.S. (12.7%).

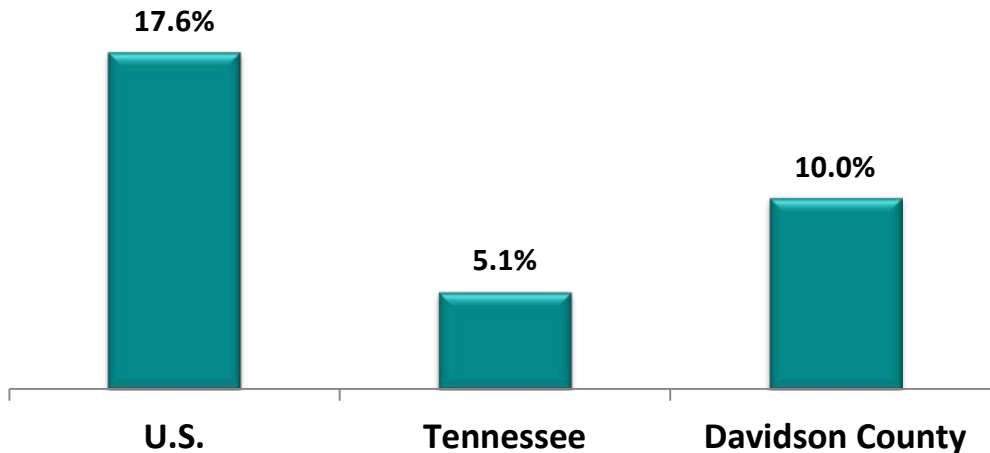
Chart 8: Race by Location
U.S., Tennessee, Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

Davidson County had a higher percentage of Hispanic/Latino residents (10.0%) than Tennessee (5.1%) and lower than the U.S. at 17.6%. This is consistent with the previous year with 9.9% Hispanic/Latino residents in Davidson County, 4.9% in Tennessee and 17.3% for the U.S., as shown in Chart 9. Among Davidson County's 2015 foreign-born population, 37,782 were born in Latin America.

Chart 9: Hispanic/Latino Ethnicity by Location
U.S., Tennessee, Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

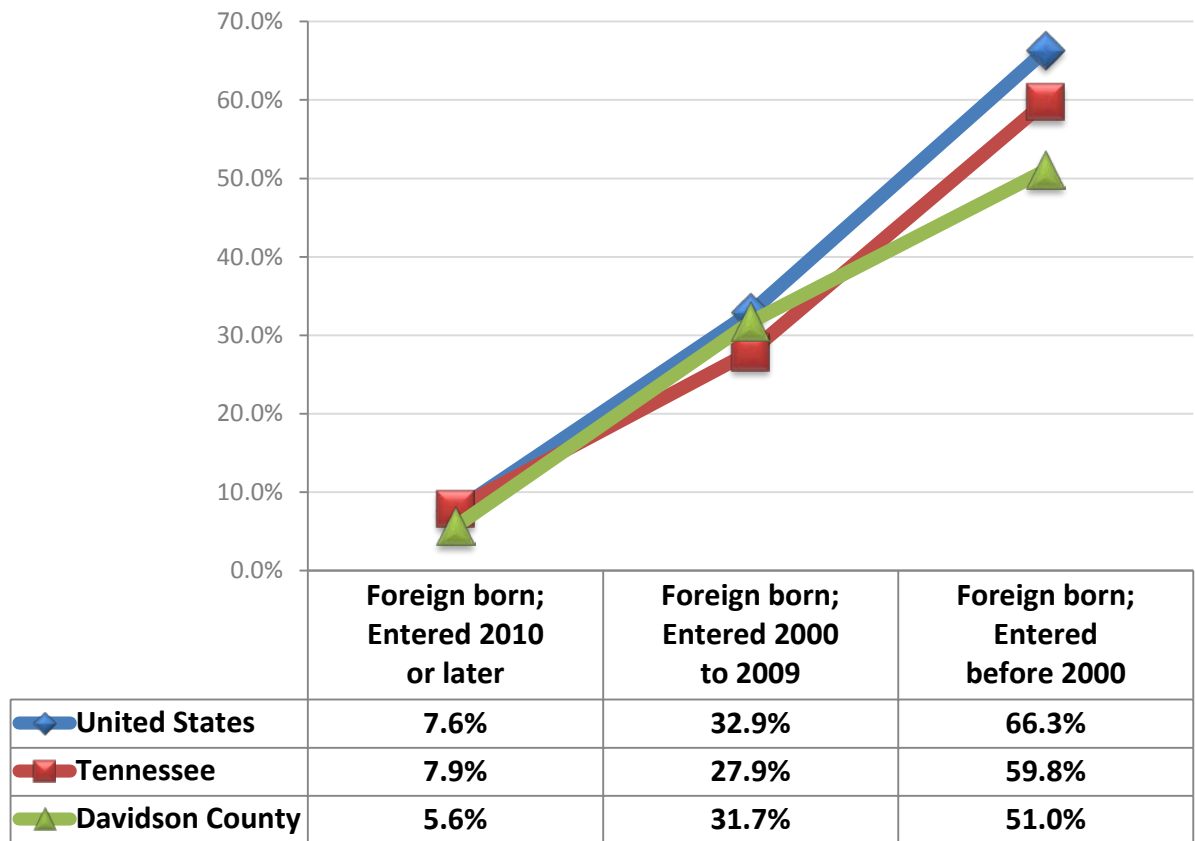
Foreign-Born Population

In 2015, Davidson County’s foreign-born population reached 90,051, according to the American Community Survey. Chart 10 compares the percent of foreign-born Davidson County residents who were naturalized citizens in 2015 by year of entry.

Becoming a citizen is a lengthy process, requiring years of residency before a foreign-born person can apply for citizenship. As a result, few foreign-born people who entered the U.S. after 2010 had become citizens (5.6% Davidson County, 7.9% Tennessee and 7.6% U.S.).

Among those who entered the U.S. prior to the year 2000, most had become naturalized citizens. However, the rate of citizenship was lower in Davidson County at 51.0% than Tennessee at 59.8% or the U.S. at 66.3%.

Chart 10: Percent of Foreign-Born - Naturalized Citizens by Entry Date
U.S., Tennessee, Davidson County, 2015

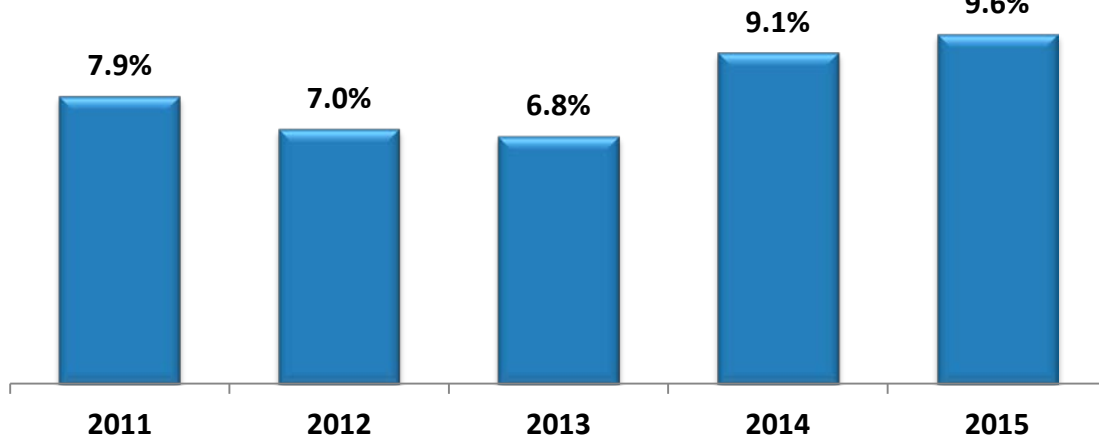


Source: U. S. Census Bureau, 2015 American Community Survey

In Davidson County, the percent of the foreign-born residents who speak English less than very well increased from 7.9% in 2011 to 9.6%, as shown in Chart 11. This indicates that most foreign-born residents speak English very well. Those who do not speak English very well are considered to have Limited English Proficiency and are

entitled to meaningful access for language assistance services by government agencies and organizations that receive federal funds to provide services.

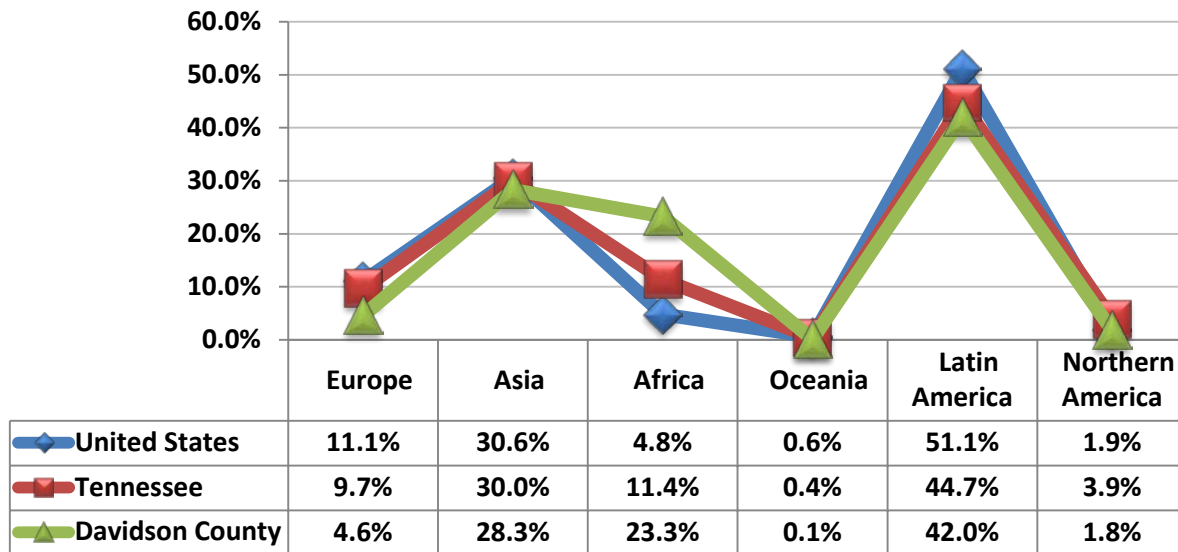
Chart 11: Percent of Foreign Born Population 5 Years and Over who Speak English Less Than Very Well
Davidson County, 2011-2015



Source: U. S. Census Bureau, 2011-2015 American Community Surveys

Chart 12 compares the world region of birth for foreign-born residents in Davidson County, Tennessee and the U.S. The pattern is similar, except that Davidson County has a higher percent of people born in Africa and a lower percent of people born in Latin America and Europe than either Tennessee or the U.S.

Chart 12: World Region of Birth for Foreign Born
U.S., Tennessee, Davidson County, 2015

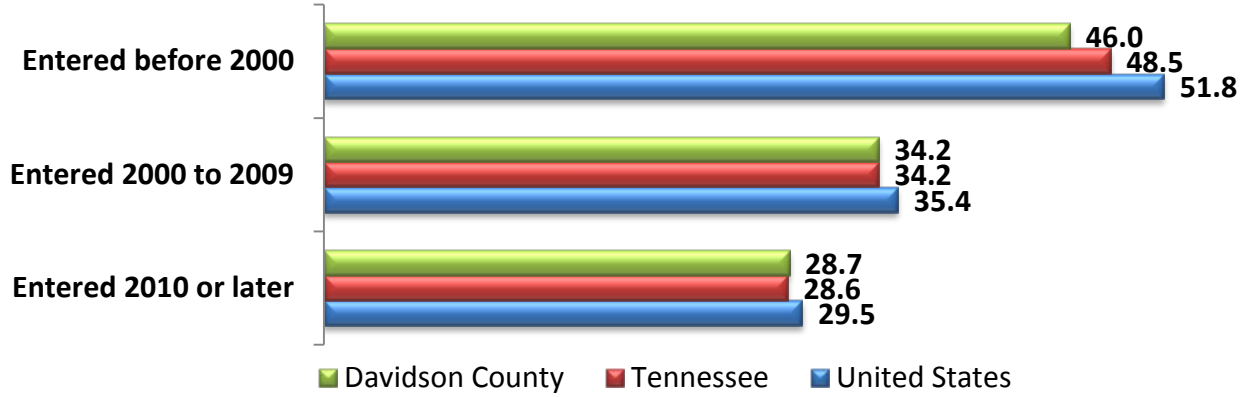


Source: U. S. Census Bureau, 2015 American Community Survey

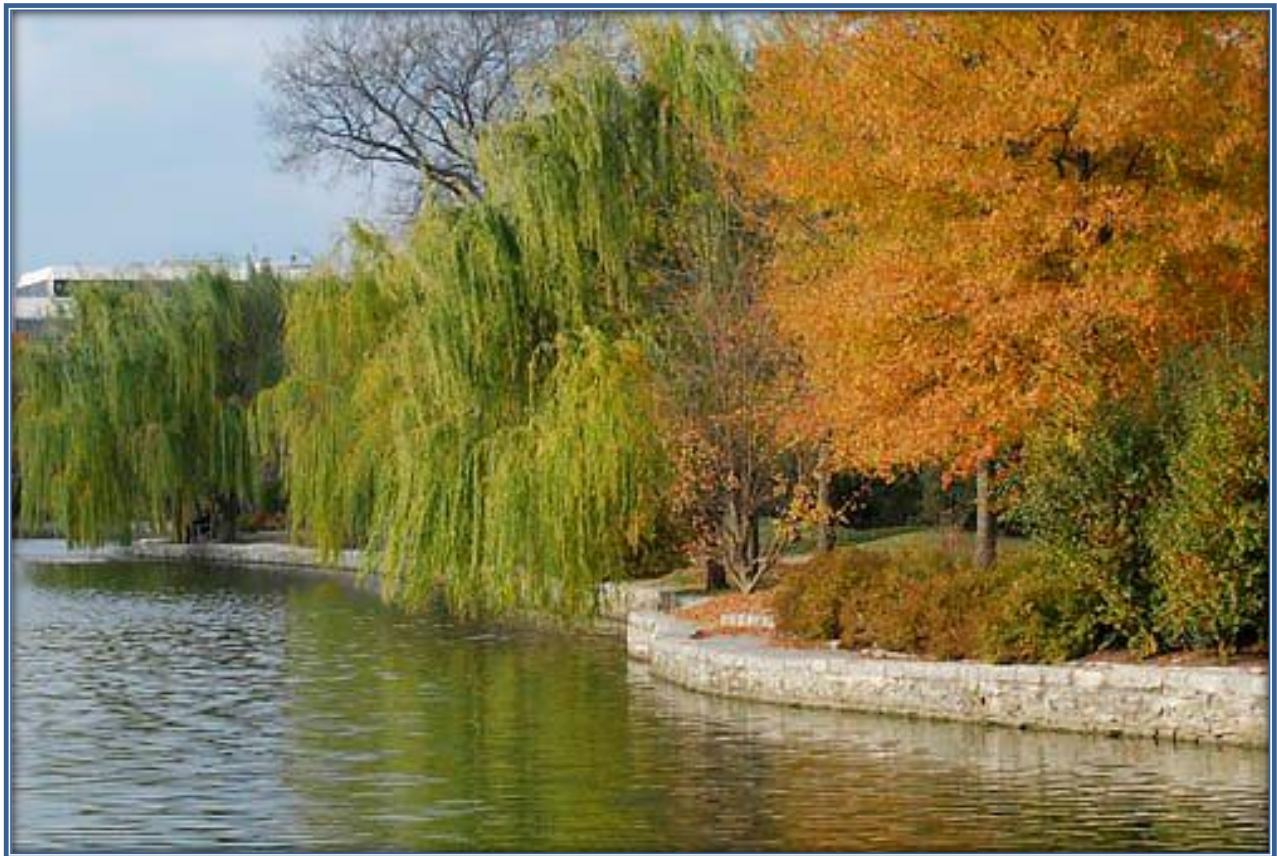
The median age of the foreign-born population in Davidson County is 36.4, compared to 38.1 for Tennessee, both somewhat lower than the median age of 43.9% for the U.S. This is related to the smaller proportion of immigrants that were in Tennessee and Davidson County before 2000, as shown in Chart 13.

The median age of foreign-born residents of both Davidson County and Tennessee were younger than for those in the U.S., particularly for those who entered before the year 2000, at 46.0 and 48.5 years, respectively, compared to 51.8 for the U.S.

Chart 13: Median Age of Foreign Born Population by Year of Entry
U.S., Tennessee, Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey



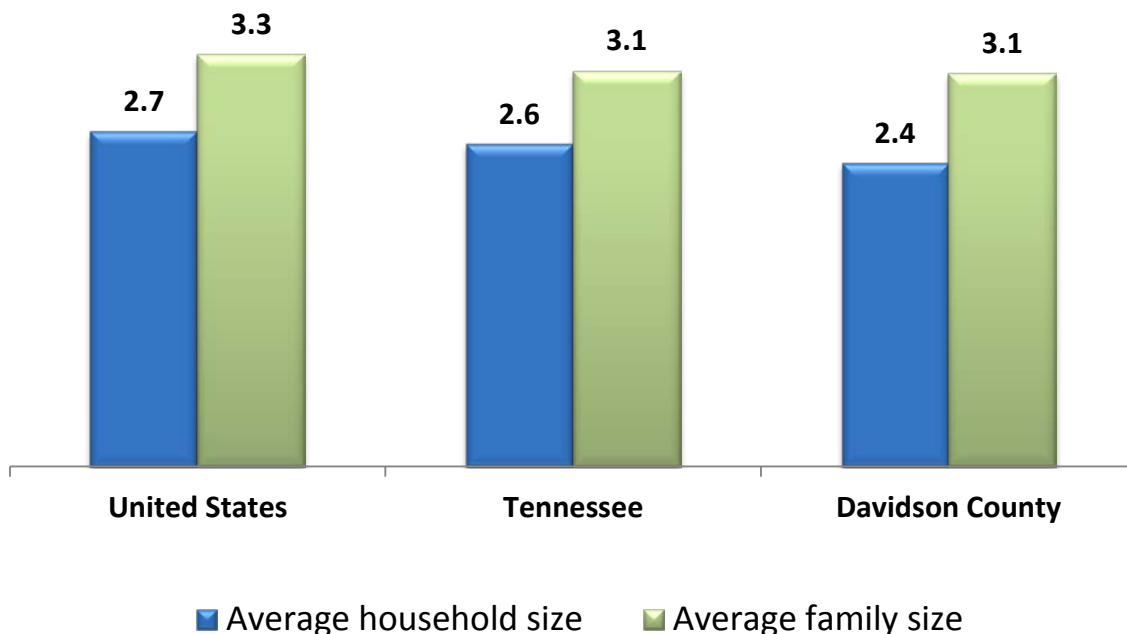
Households/Families

Definitions

- **Households** include all persons who live in the housing unit, whether family or not.
- **Family households** are maintained by householders who are in a family but can also include subfamily members or other persons living there.
- **Nonfamily households** include people who live alone or live with people who are not related.

Chart 14 shows the average size of households and families in Davidson County, Tennessee and the U.S. in 2015, with consistency in both categories.

Chart 14: Average Household/Average Family Size
U.S., Tennessee, Davidson County, 2015

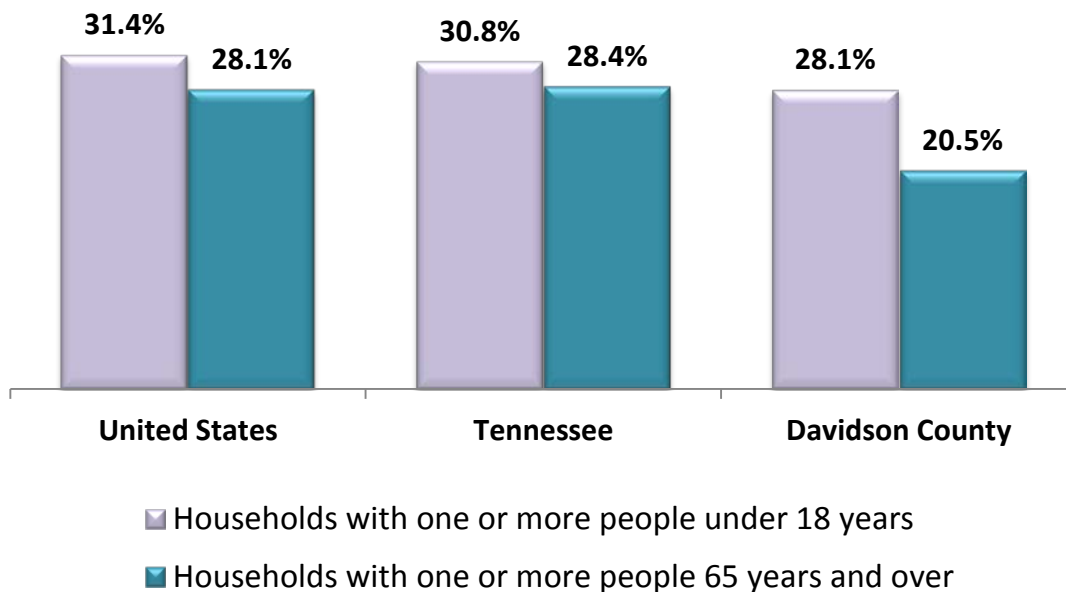


Source: U. S. Census Bureau, 2015 American Community Survey

As reflected in Chart 15, Davidson County was less likely to have households with one or more persons under age 18 (28.1%) than Tennessee (30.8%) and the U.S. (31.4%). It was also less likely to have households that

include one or more people age 65 or over (20.5%), compared to Tennessee (28.4%) and the U.S. (28.1%). This results in a larger percent of workforce age residents in Davidson County (18-64).

Chart 15: Households with Under 18/65 and Over
U.S., Tennessee, Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

Below are tables with 2015 social data about types of households, household relationships and marital status for Davidson County, Tennessee and the U.S. A few differences to note:

- Davidson County's was less likely to have family households than Tennessee or the U.S. Davidson County.
- Davidson County is more likely to have nonfamily households than Tennessee or the U.S., including householders who live alone.
- Davidson County is less likely to have householders age 65 and over living alone than Tennessee or the U.S.
- Davidson County's households were slightly more likely to include unmarried partners and less likely to include a child than Tennessee or the U.S.
- The percent of both males and females who have never married is higher in Davidson County than Tennessee or the U.S.

The table for households by type uses data from the 2015 American Community Survey for Davidson County, Tennessee and the U.S. It provides data that allows comparison by percent across these three geographic locations. For example, in family households (families, related by blood, marriage or adoption), the percentage of Davidson County families is smaller at 56.4% than Tennessee at 66.2% or the U.S. at 65.6%. Each item of

data (one per line) shows comparative data for locations in the columns at right and would not be expected to total 100%.

Households by Type	Davidson County	Tennessee	United States
Total households	274,187	2,530,260	118,208,250
Family households (families)	56.4%	66.2%	65.6%
With own children of the householder under 18 years	25.2%	26.7%	27.9%
Married-couple family	38.1%	47.9%	48.0%
With own children of the householder under 18 years	15.8%	17.3%	18.8%
Male householder, no wife present, family	4.5%	4.7%	4.8%
With own children of the householder under 18 years	1.6%	2.3%	2.3%
Female householder, no husband present, family	13.8%	13.6%	12.8%
With own children of the householder under 18 years	7.8%	7.1%	6.8%
Nonfamily households	43.6%	33.8%	34.4%
Householder living alone	33.4%	28.0%	27.9%
65 years and over	8.8%	10.5%	10.5%

The Relationships table below also uses data from the 2015 American Community Survey to categorize people by their role within households. The percentage of children in households is lower in Davidson County at 26.6% than in Tennessee at 29.3% or the U.S. at 30.4%.

These are proportions of the total for households within each geographic location and would total approximately 100% (depending on mathematical rounding).

RELATIONSHIP	Davidson County	Tennessee	United States
Population in households	658,681	6,446,573	313,347,925
Householder	41.6%	39.2%	37.7%
Spouse	15.9%	18.8%	18.1%
Child	26.6%	29.3%	30.4%
Other relatives	7.2%	7.2%	7.6%
Nonrelatives	8.8%	5.5%	6.3%
Unmarried partner	2.9%	2.2%	2.4%

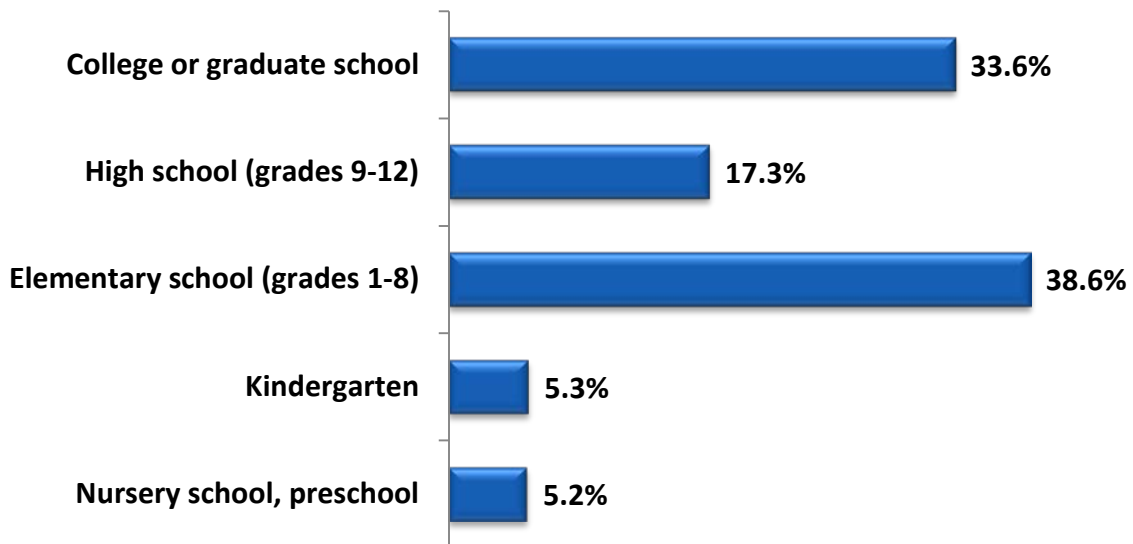
Below is a table that shows marital status for 2015, by gender and by geographic location for residents 15 years of age and over. For example, for both males and females, Davidson County has a higher percent of people who have never been married than either Tennessee or the U.S. Davidson County also has a lower percent of males and females who are now married, except separated, than either Tennessee or the U.S. Like the relationship table, the marital status table reflects the distribution across categories by location and would total approximately 100% (depending on mathematical rounding).

MARITAL STATUS	Davidson County	Tennessee	United States
Males 15 years and over	264,411	2,586,068	127,013,406
Never married	41.5%	33.0%	36.7%
Now married, except separated	43.3%	50.6%	49.2%
Separated	1.5%	1.8%	1.7%
Widowed	1.9%	2.8%	2.6%
Divorced	11.9%	11.8%	9.7%
Females 15 years and over	289,444	2,777,189	133,401,746
Never married	38.2%	27.4%	30.5%
Now married, except separated	38.8%	46.6%	45.9%
Separated	2.1%	2.5%	2.3%
Widowed	7.0%	9.8%	8.9%
Divorced	14.0%	13.7%	12.3%

Education

The number of Davidson County residents age 3 and over who were enrolled in school was 157,751 in 2015. As shown in Chart 16, the largest percentage of those were in grades 1-8 at 38.6%, closely followed by enrollment in college or graduate school at 33.6%.

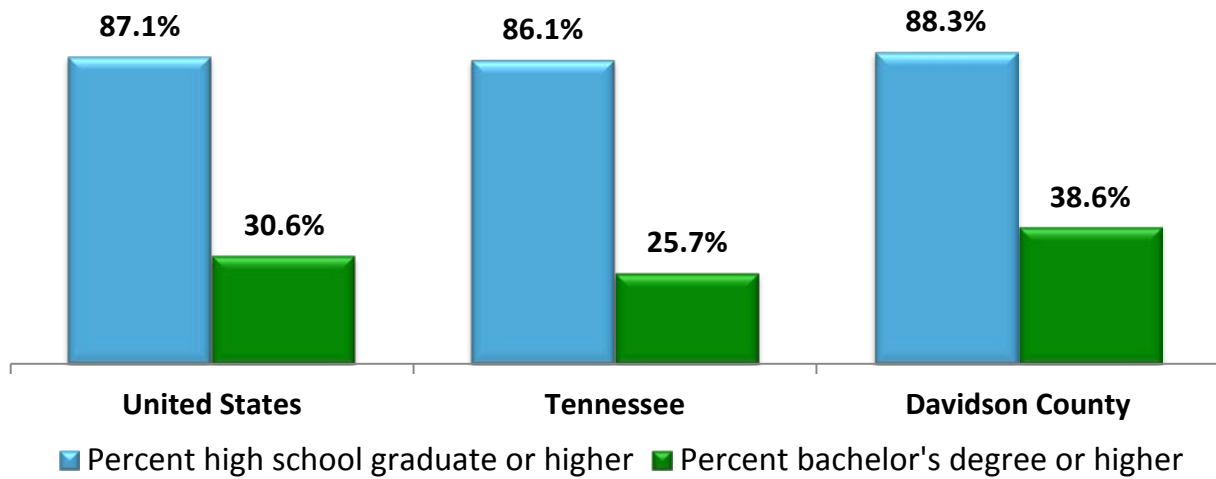
Chart 16: Percent of School Enrollment by Grade
Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

As shown in Chart 17 for 2015, Davidson County had a slightly higher percent of the population over age 25 at 88.3% than Tennessee (86.1%) or the U.S. (87.1%). However, there were more than 54,000 people over age 25 in Davidson County who were not high school graduates (with diploma or equivalent).

Chart 17: Percent of High School Graduates/Bachelor's Degrees
For Population Age 25 or Over. U.S., Tennessee, Davidson County, 2015

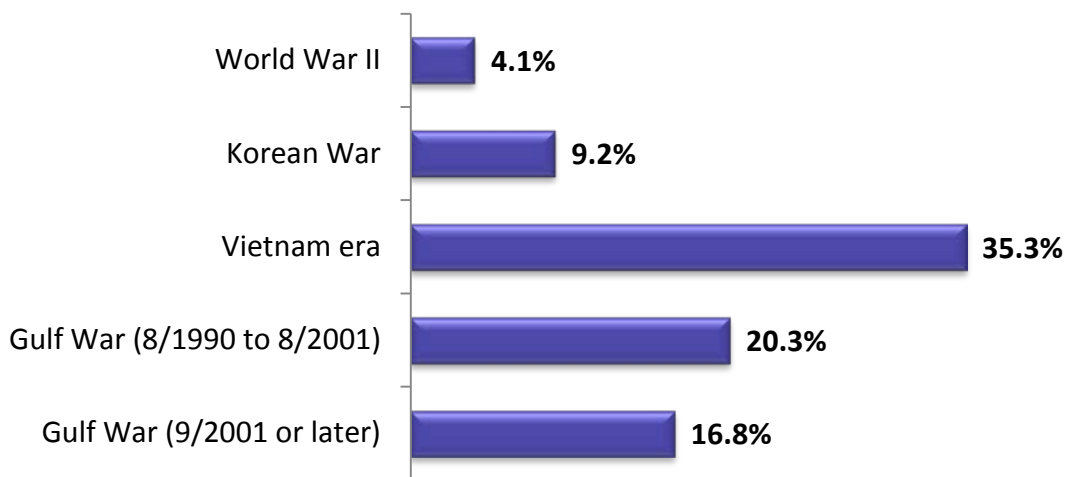


Source: U. S. Census Bureau, 2015 American Community Survey

Veterans

Davidson County’s population included 29,244 veterans in 2015, 5.5% of the total population. Of these, 85.7% served during a period of war or conflict. As shown in Chart 18, most Davidson County veterans served either in the Gulf Wars or during the Vietnam era.

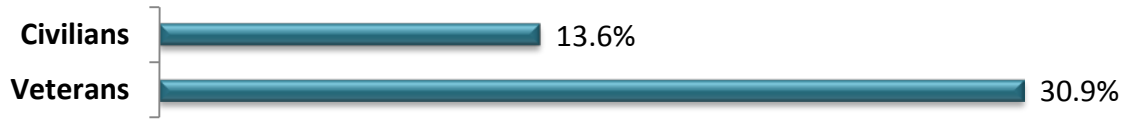
Chart 18: Percent of War Veterans by Era of Service
Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

In 2015, Davidson County's veteran population was more than twice as likely to have a disability as civilians, as shown in Chart 15.

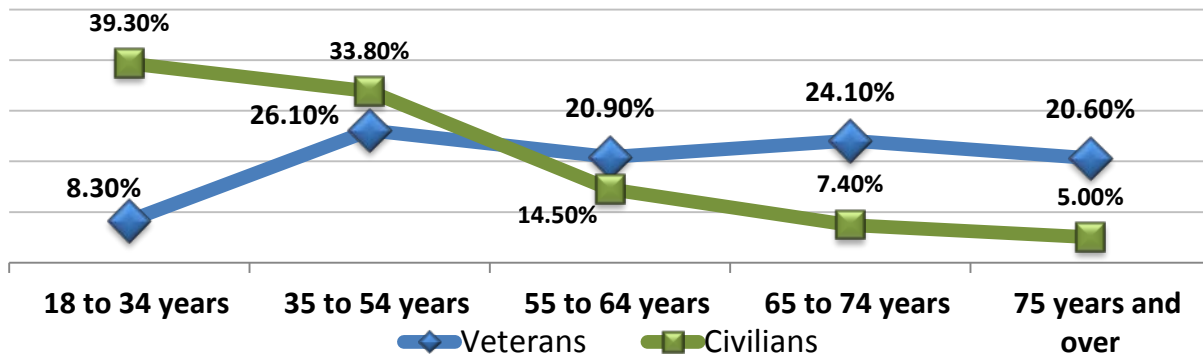
Chart 15: Percent with Any Disability, Veterans/Civilians
Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

As shown in Chart 16, there were higher percentages of veterans in older age categories in 2015 (20.9% for 55-64, 24.1% for 65-74 and 20.6% for 75 and over) than for civilians. It shows the reverse for younger age categories, with 8.3% veterans age 18-34 and 26.1% for age 35-54.

Chart 16: Age Categories by Veterans/Civilians
Davidson County, 2015

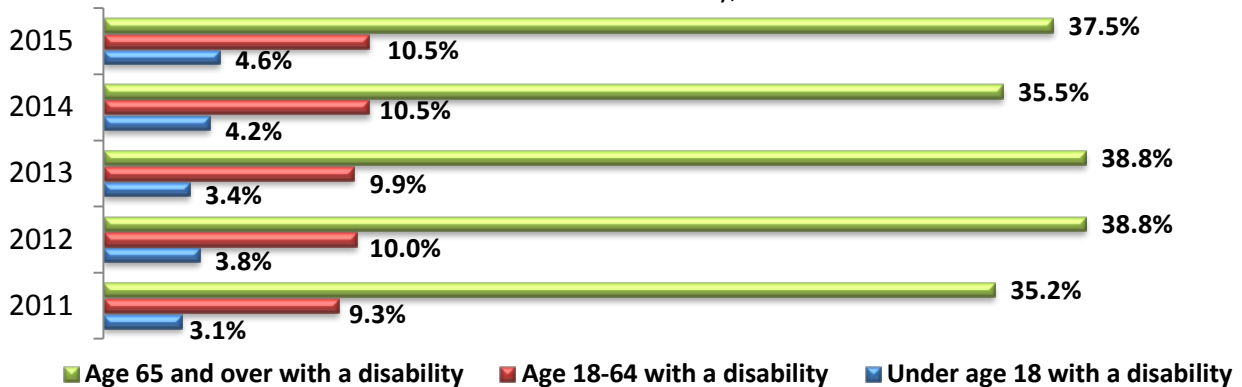


Source: U. S. Census Bureau, 2015 American Community Survey

Disabilities

In 2015, there were 82,077 Davidson County residents with a disability or 12.2% of the population. There has been a slight trend upward since 2010 when 10.6% had a disability. Chart 17 shows people age 65 and are more than 3 ½ times as likely to have a disability as those aged 18-64.

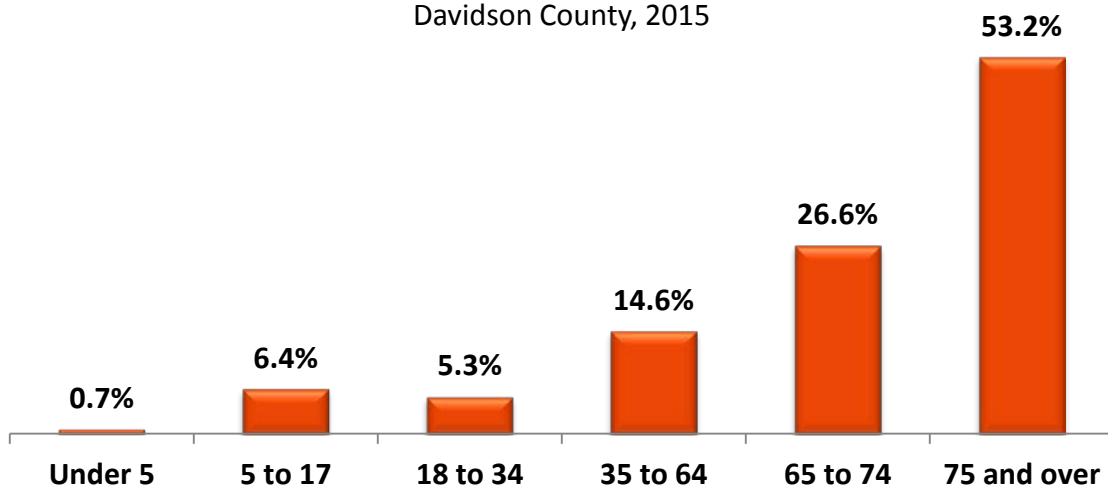
Chart 17: Percent with a Disability by Age
Davidson County, 2015



Source: U. S. Census Bureau, 2011-2015 American Community Surveys

Chart 18 shows the likelihood of disability by additional age categories, showing that the Davidson County residents 75 years of age and older were much more likely to have a disability than any other age category, about twice the rate of people 65-74 years and more than 3 ½ times that of people aged 35-64.

Chart 18: Percent with a Disability by Age Categories
Davidson County, 2015



Source: U. S. Census Bureau, 2015 American Community Survey

The detailed tables below for Davidson County from the 2015 American Community Survey show the likelihood of a disability by age categories for difficulties in areas of hearing, vision, cognitive, ambulatory, self-care and independent living.

A person with a self-care disability has a mental, physical or emotional condition that lasts at least six months and has difficulty in dressing, bathing or getting around inside the home. An independent living disability means a person would have difficulty doing errands alone, such as shopping or going to a doctor’s office because of a physical, mental or emotional condition. These tables show the number and percent of people within age categories who have a disability and would not be expected to total 100%.

Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With a hearing difficulty	20,083	3.0%
Population under 18 years	628	0.4%
Population under 5 years	46	0.1%
Population 5 to 17 years	582	0.6%
Population 18 to 64 years	9,041	2.0%
Population 18 to 34 years	966	0.5%
Population 35 to 64 years	8,075	3.2%
Population 65 years and over	10,414	14.1%
Population 65 to 74 years	3,359	7.7%
Population 75 years and over	7,055	23.3%

Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With a vision difficulty	20,074	3.0%
Population under 18 years	2,201	1.5%
Population under 5 years	307	0.7%
Population 5 to 17 years	1,894	1.9%
Population 18 to 64 years	12,127	2.7%
Population 18 to 34 years	3,082	1.5%
Population 35 to 64 years	9,045	3.6%
Population 65 years and over	5,746	7.8%
Population 65 to 74 years	2,112	4.9%
Population 75 years and over	3,634	12.0%

Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With a cognitive difficulty	31,359	5.0%
Population under 18 years	4,194	4.3%
Population 18 to 64 years	19,172	4.2%
Population 18 to 34 years	4,956	2.5%
Population 35 to 64 years	14,216	5.6%
Population 65 years and over	7,993	10.8%
Population 65 to 74 years	3,068	7.1%
Population 75 years and over	4,925	16.3%

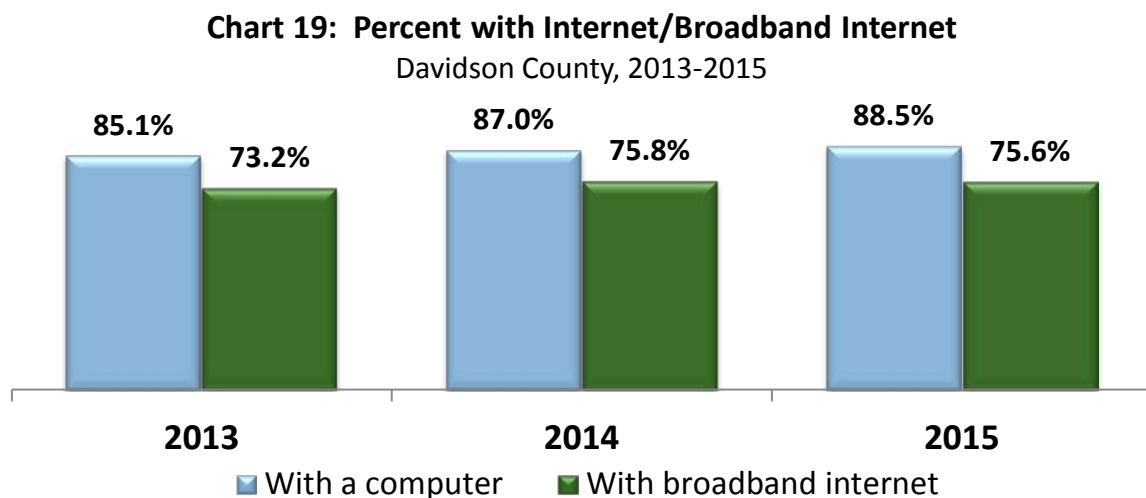
Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With an ambulatory difficulty	44,078	7.0%
Population under 18 years	1,720	1.8%
Population 18 to 64 years	23,580	5.2%
Population 18 to 34 years	2,627	1.3%
Population 35 to 64 years	20,953	8.2%
Population 65 years and over	18,778	25.5%
Population 65 to 74 years	7,986	18.4%
Population 75 years and over	10,792	35.7%

Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With a self-care difficulty	16,233	2.6%
Population under 18 years	1,587	1.6%
Population 18 to 64 years	7,064	1.6%
Population 18 to 34 years	1,203	0.6%
Population 35 to 64 years	5,861	2.3%
Population 65 years and over	7,582	10.3%
Population 65 to 74 years	2,681	6.2%
Population 75 years and over	4,901	16.2%

Disability Type by Detailed Age	Number with a Disability	Percent with a Disability
With an independent living difficulty	24,203	4.6%
Population 18 to 64 years	11,843	2.6%
Population 18 to 34 years	3,113	1.6%
Population 35 to 64 years	8,730	3.4%
Population 65 years and over	12,360	16.8%
Population 65 to 74 years	4,520	10.4%
Population 75 years and over	7,840	25.9%

Internet Access

Chart 19 shows that there has been a slight annual increase from 2013 to 2015 in Davidson County's availability of a computer in the household and broadband internet access.



Source: U. S. Census Bureau, 2015 American Community Survey

Socioeconomic Profile

The Socioeconomic Profile provides data on various economic indicators related to income and poverty status. The U. S. Census Bureau described the change in poverty shown in the 2015 American Community Survey as a “statistically significant decrease in poverty,” for Davidson County and for the U.S. However, as shown in this section and the section on Disparity, the data shows that noticeable disparity remains. Unless otherwise indicated, all data in this section is from the U.S. Census Bureau, which adjusts data for income, benefits and inflation.

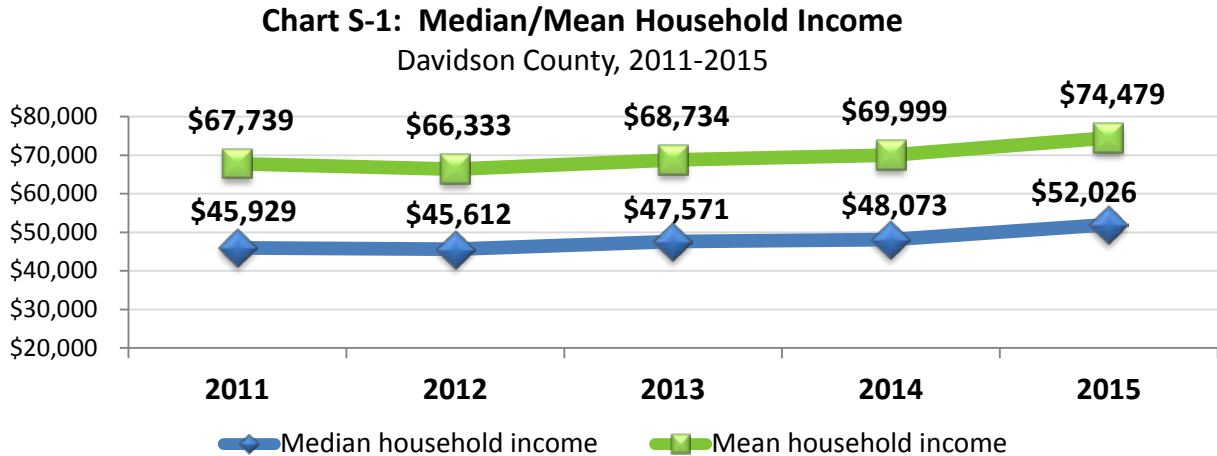
Definitions

- **Median** – the value for which half of the distribution is above and half is below this point.
- **Mean** – arithmetic average of a set of numbers, derived by dividing the total by the number of items in that group.
- **Earnings** – wage or salary income, or net income (gross receipts minus expenses) from self-employment, or Armed Forces pay, commissions, tips, etc.; earnings represent the amount of income received regularly before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.
- **Income** – “money income” is income received on a regular basis (excluding capital gains and lump sum payments) before payment of personal income taxes, Social Security, union dues, Medicare deductions, etc.; includes income from earnings (see above definition) plus interest, dividends, net rental income, royalty income, Supplemental Security Income, retirement/survivor/disability benefits; and any other sources of regular payment including Veterans’ payments, unemployment benefits, worker’s compensation, child support and alimony.
- **Household Income** – total of the income of all people age 15 and over who live in the household; includes related family and unrelated people; household also includes people living alone or with a group of unrelated people.
- **Family Income** – total of the income of all family members age 15 and over who live in the household; two or more people (including the householder) related by birth, marriage or adoption and who reside together.
- **Per Capita Income** – mean income for every man, woman and child in a particular group, derived by dividing the total income of a particular group by the total population.

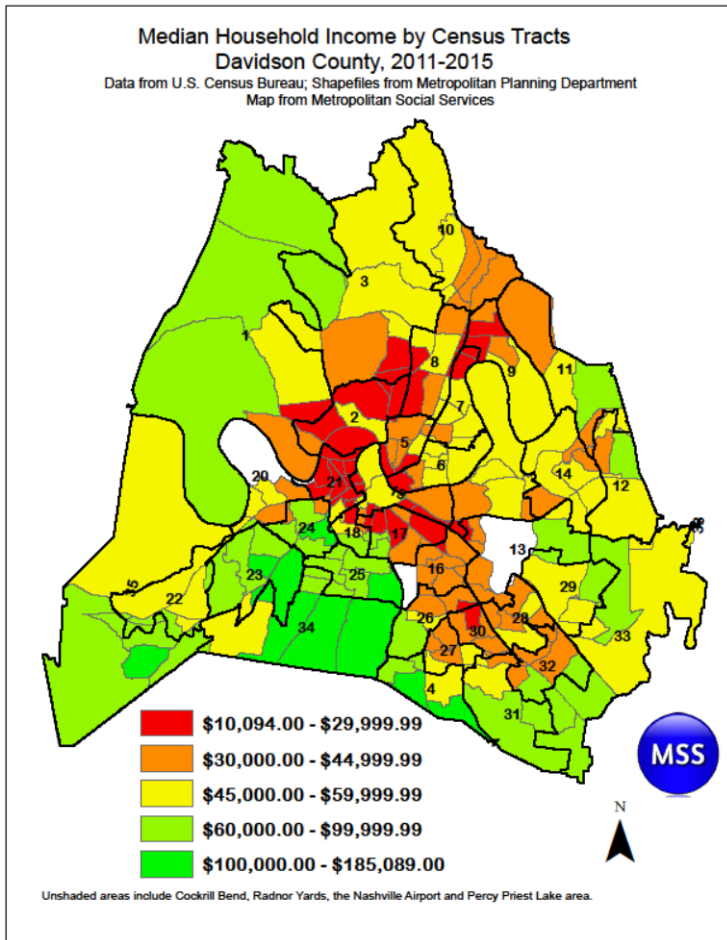
Additional definitions are available in the Online Glossary from the U.S. Census Bureau – <https://www.census.gov/glossary/>

Income

Chart S-1 shows that both the median and mean household income for Davidson County was higher than for previous years, with data from the 2011 through 2015 American Community Surveys. This increase has been a local and national trend because of recovery that occurred in the years following the Great Recession. For example, the 2015 median income was \$74,479, compared to \$67,739 in 2011. It was higher than the income in Davidson County of \$40,652 in 2005 and \$39,797 in 2000.



Source: 2011-2015 American Community Surveys



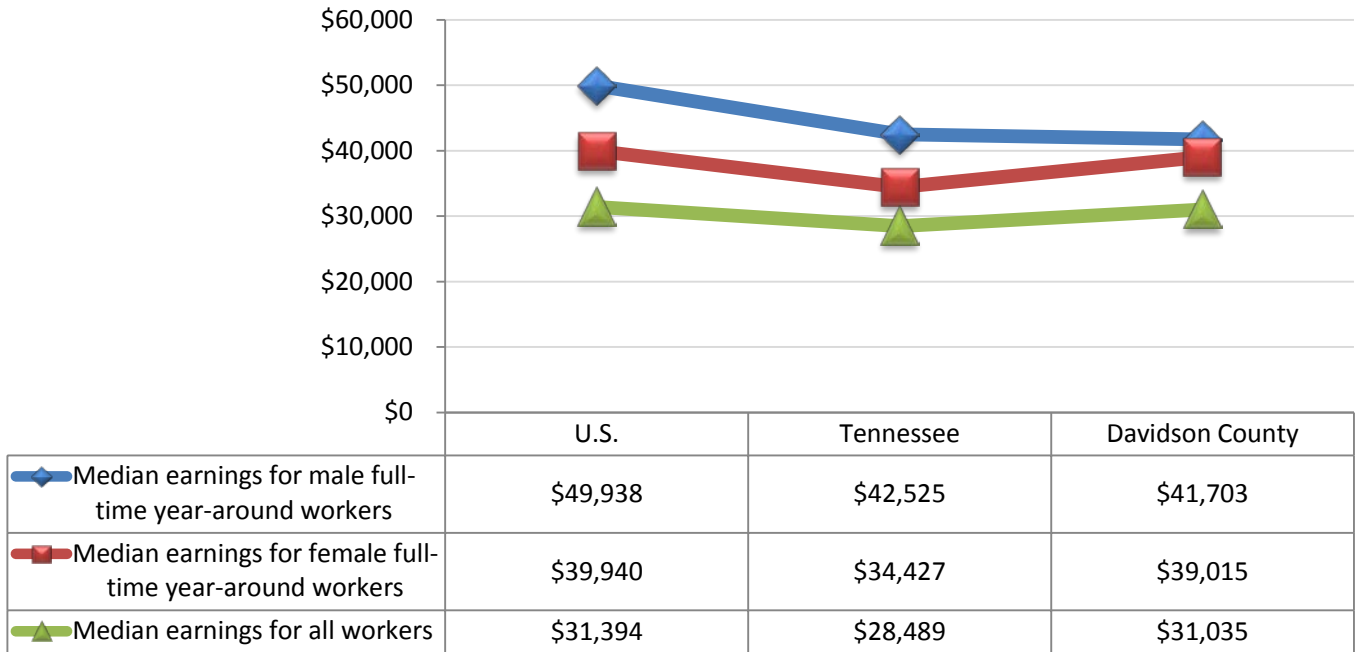
The map at left shows categories of median household income by census tracts, with the boundaries of Metro Council Districts shown as well. The map uses data from the 2011-2015 American Community Survey 5-Year Summary to show the differences in income levels across Davidson County.

Among the 161 census tracts, the lowest one had a median household income of \$10,094, compared to \$185,989 in the highest census tract.

All maps in the 2016 Community Needs Evaluation use data from the 2011-2015 5-Year Summary, which is the latest data available (released by the Census Bureau in December 2016). While multiple year data does not reflect trends quickly, the Census Bureau indicates that it is more reliable than single year census data.

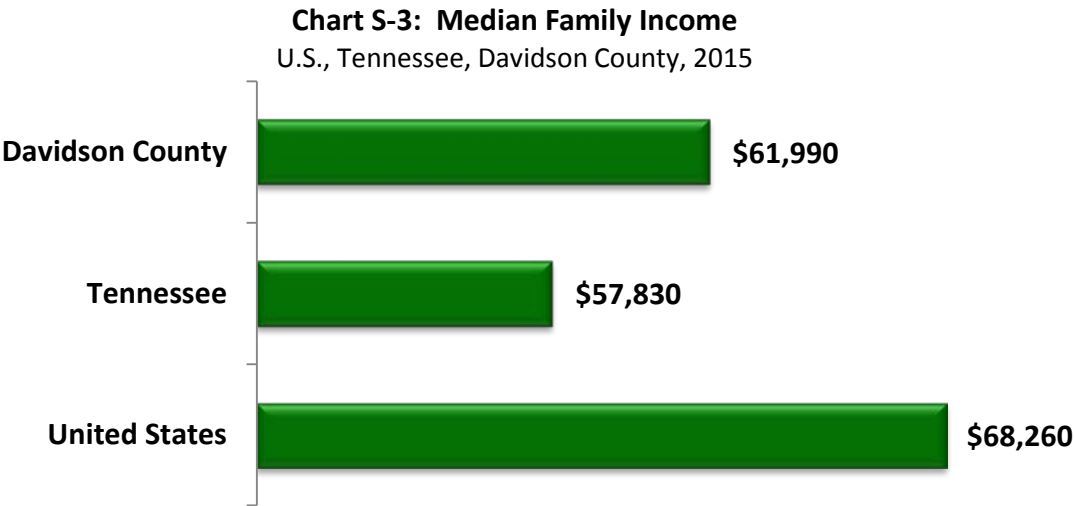
The median earnings for all Davidson County's 2015 workers were \$31,035, as shown in Chart S-2. The median earnings for full-time, year around workers was higher for both males and females (respectively \$41,703 and \$39,015), according to the 2015 American Community Survey. Median earnings were lower for full-time, year around male workers in Davidson County than in Tennessee or the U.S., but were higher than Tennessee for female full-time, year around workers and all workers.

Chart S-2: Earnings for Workers, All Workers and Full-Time/Year Around by Gender
Davidson County, Tennessee, U.S.



Source: 2015 American Community Survey

Following the same pattern as many economic indicators, Davidson County's 2015 median family income of \$61,990 was higher than for Tennessee (\$57,830) but lower than for the U.S. (\$68,260), as reflected in Chart S-3.

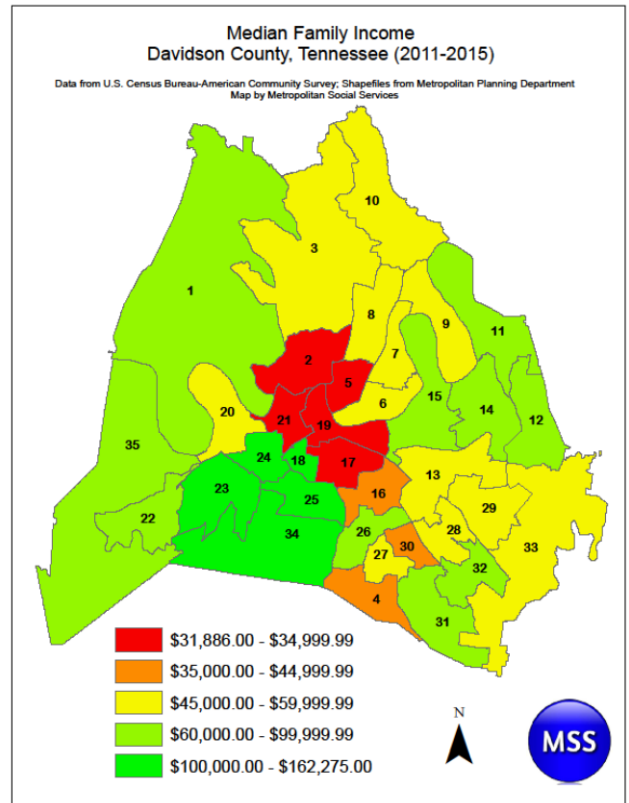


Source: 2015 American Community Survey

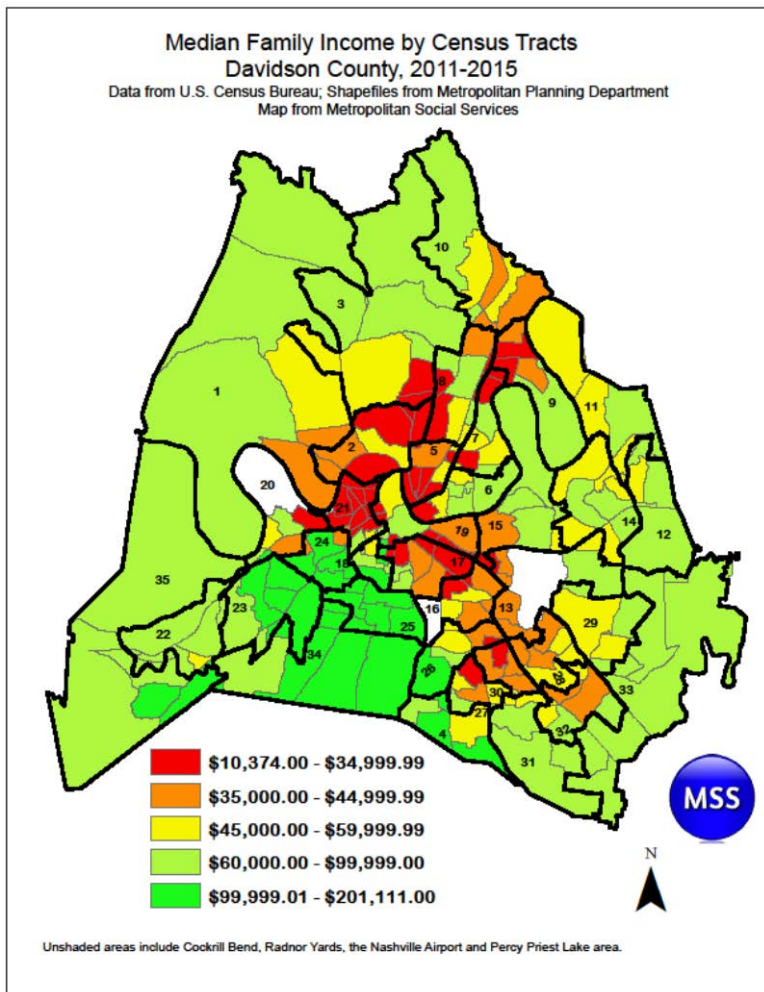
Maps show the geographic distribution of income levels.

The map at right shows the median family income by the 35 Metro Council Districts for 2011-2015. It shows that five Metro Council Districts have median family incomes below \$35,000.

The map below shows the median family income by 161 census tracts in Davidson County. Using data for smaller geographic areas more clearly shows more detailed variation for income distribution across various Council Districts.



The map at left also shows that parts of the five Council Districts with median family incomes below \$35,000 have areas where income is higher. It also shows that parts of other Council Districts have areas with similar variation within the District, where some areas have median family incomes in other categories (higher and/or lower).

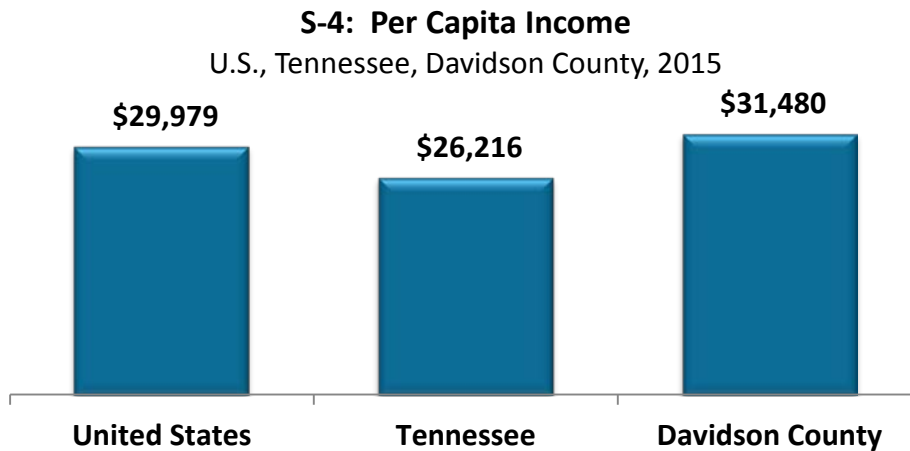


Using census tracts also shows more details about the upper and lower extremes of income. For example, Council District data shows that the lowest family income is \$31,886, while the lowest family income for a census tract is \$10,374. The highest median family income for a Council District is \$162,275, compared to \$201,111 for the highest for a census tract.

For convenience, the table below summarizes the 2015 income categories for Davidson County, Tennessee and the U.S., some that are also shown in charts and/or maps.

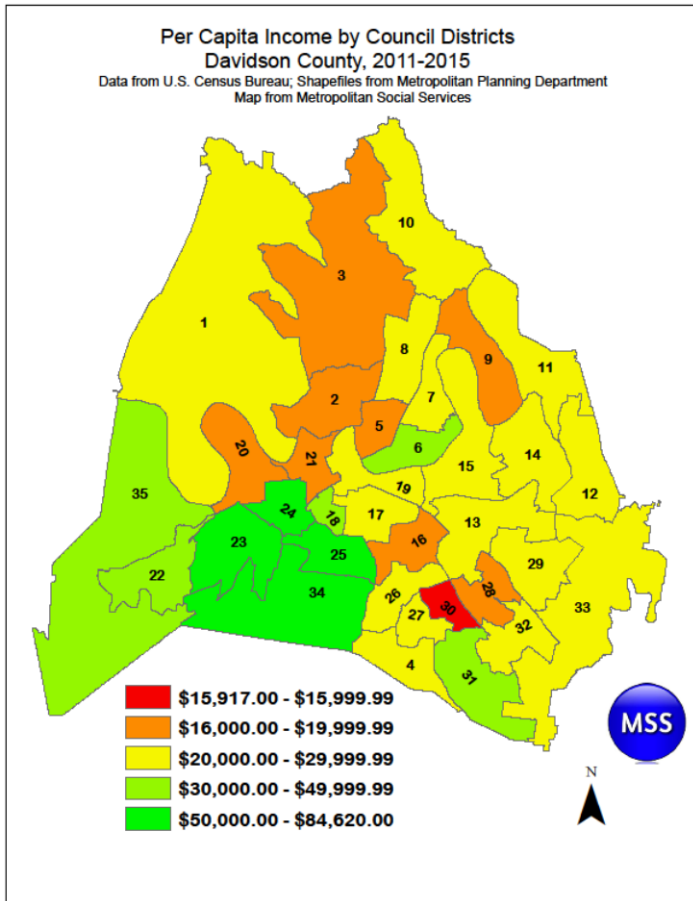
2015 Income	United States	Tennessee	Davidson County
Median household income	\$ 55,775	\$ 47,275	\$ 52,026
Mean household income	\$ 78,378	\$ 66,009	\$ 74,479
Mean household earnings	\$ 79,909	\$ 67,479	\$ 73,231
Mean Social Security income	\$ 18,292	\$ 18,102	\$ 18,137
Mean household retirement income	\$ 24,945	\$ 21,884	\$ 24,927
Mean household SSI	\$ 9,448	\$ 9,409	\$ 9,996
Mean cash public assistance income	\$ 3,083	\$ 2,569	\$ 2,940
Median family income	\$ 68,260	\$ 57,830	\$ 61,990
Mean family income	\$ 91,561	\$ 77,498	\$ 89,925
Per capita income	\$ 29,979	\$ 26,216	\$ 31,480
Median nonfamily income	\$ 33,617	\$ 27,858	\$ 40,351
Mean nonfamily income	\$ 49,834	\$ 41,143	\$ 52,063
Median earnings for workers	\$ 31,394	\$ 28,489	\$ 31,035
Median earnings for male full-time, year-round workers	\$ 49,938	\$ 42,525	\$ 41,703
Median earnings for female full-time, year-round workers	\$ 39,940	\$ 34,427	\$ 39,015

One category of income that does not reflect the typical pattern of comparison with the U.S. is per capita income, shown in Chart S-4. Davidson County's per capita income in recent years has been higher than either Tennessee or the U.S.



Source: 2015 American Community Survey

The maps below show the distribution of income levels for per capita income. One map shows the distribution across the 35 Metro Council Districts, while the other shows the distribution across 161 census tracts in Davidson County.

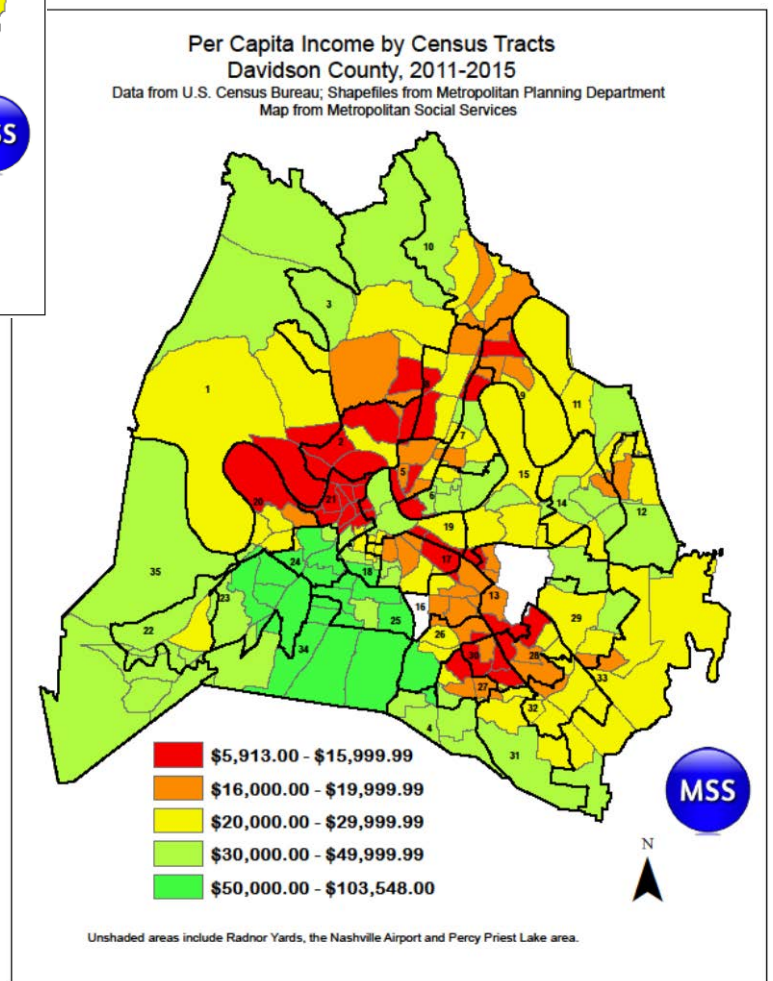


The map at left by Metro Council Districts shows that District 30 has per capita income below \$16,000, with 8 additional Districts having per capita income below \$20,000

The map at right shows per capita income by the 161 census tracts of Davidson County. By using the smaller measurement areas, several other census tracts are shown with less than \$16,000 per capita income, which are located in various other Council Districts.

While the lowest per capita income for a Council District was \$15,917, the lowest per capita income for a census tract was \$5,913.

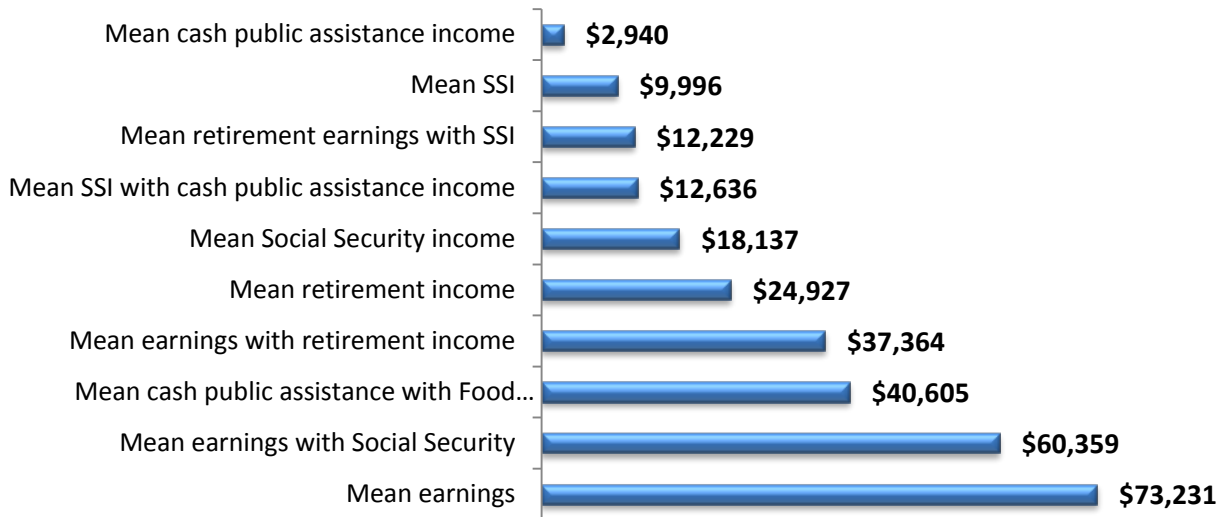
In some Council Districts, there are census tracts with per capita income in four of the five categories in the map legend.



As shown above in Chart S-2, the mean household earnings for Davidson County in 2015 were \$73,231. Chart S-5 shows the type and mean amount of earnings income. For example, among those who receive Social Security income, the mean received was \$18,138, almost twice the mean for those who receive SSI of \$9,996.

During 2015 in Davidson County, 227,356 residents received earnings; 60,359 received Social Security; 18,137 received SSI and 37,364 received retirement income.

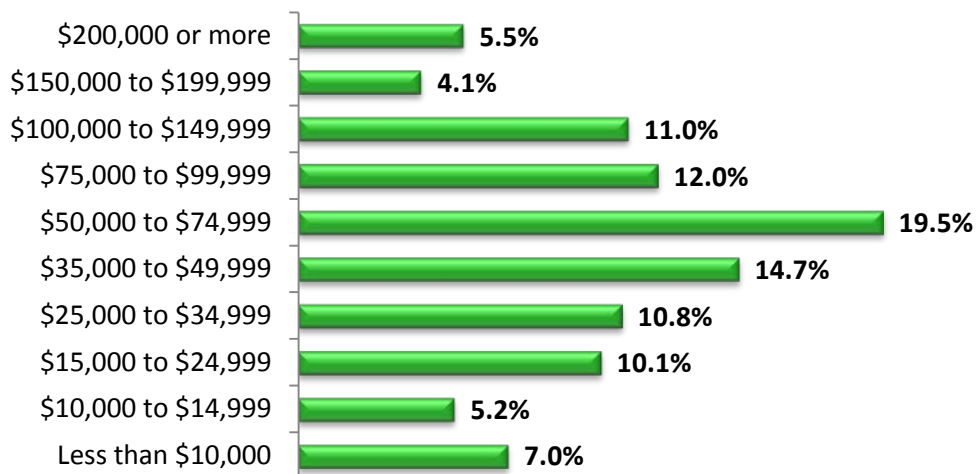
Chart S-5: Mean Earnings/Income by Type of Income
Davidson County, 2015



Source: 2015 American Community Survey

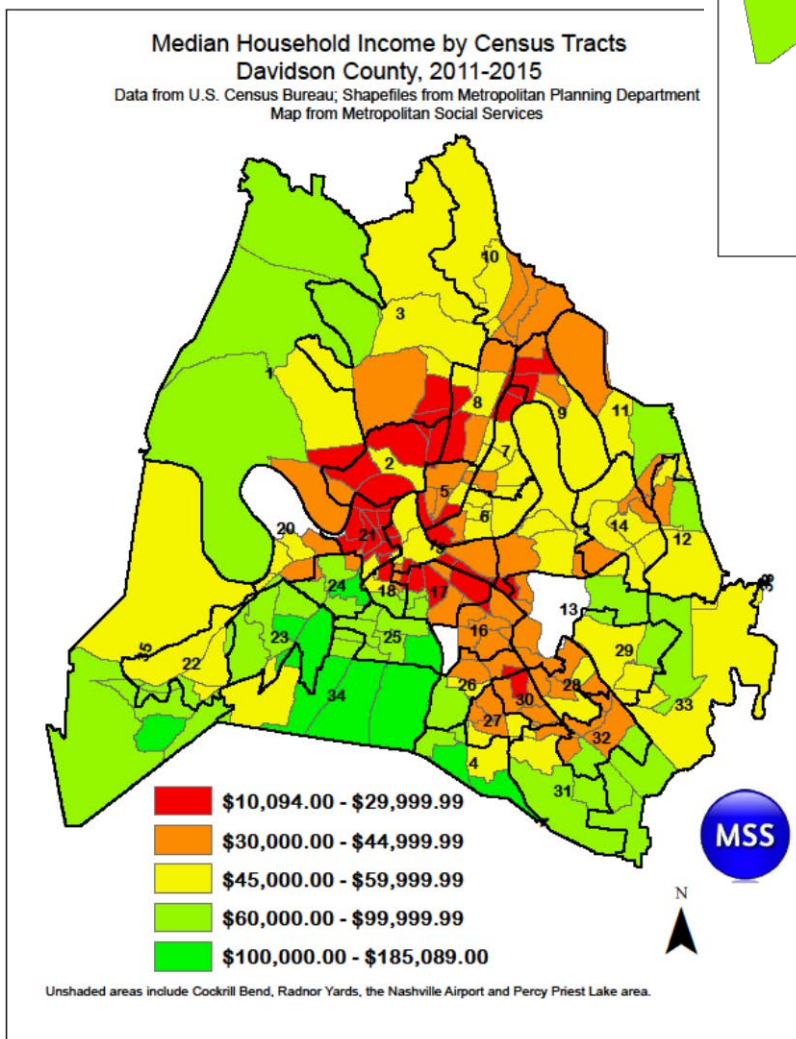
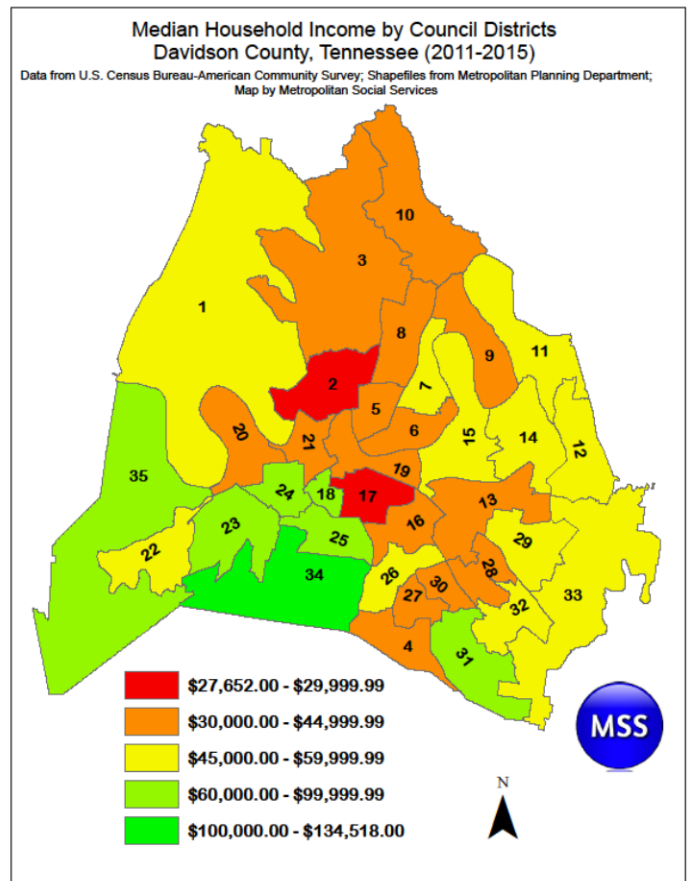
Among Davidson County's 274,187 total households, Chart S-6 shows the percent of households by categories of income. There were 56,658 households with incomes more than \$100,000, including 15,073 households with incomes more than \$200,000. There were 33,382 households with incomes less than \$15,000, including 19,115 below \$10,000.

Chart S-6: Median Household Income
Davidson County, 2015



Source: 2015 American Community Survey

The map at right shows the median household income by Council Districts. It shows that two Council Districts have median household income below \$30,000. It also shows that the lowest median household income for any district was \$27,652.



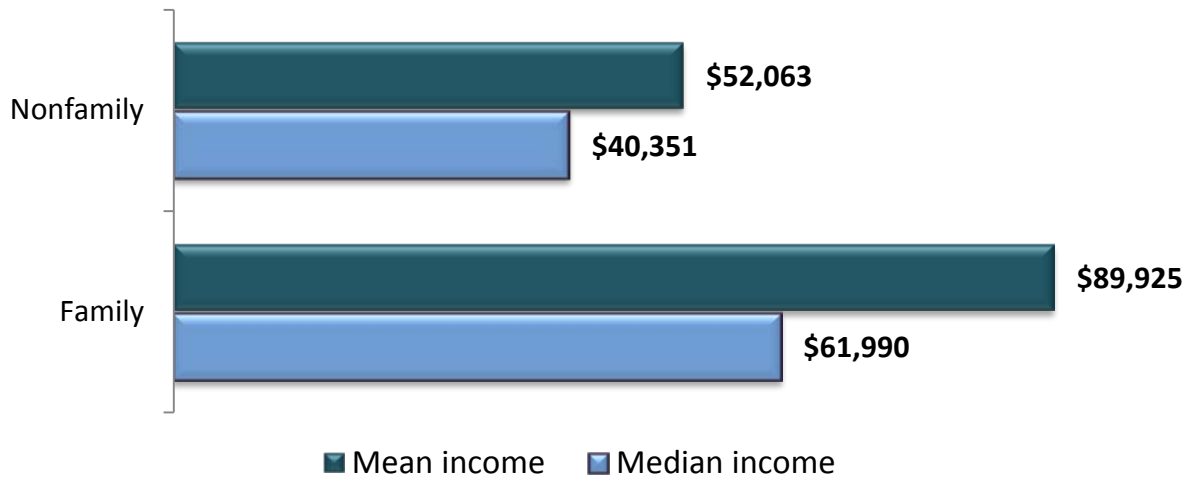
Using the geographically smaller census tracts in the map at left shows several other Metro Council Districts with sections in which the median household income less than \$30,000.

In addition, the lowest median household income for a census tract is \$10,094.

The highest income for a census tract was \$185,089, compared to \$134,518 for a Council District.

Chart S-7 shows that households composed of family members (all related by blood, marriage, adoption, etc.) had higher mean and median incomes than households of nonfamily (householder living alone or with people with whom the householder is not related).

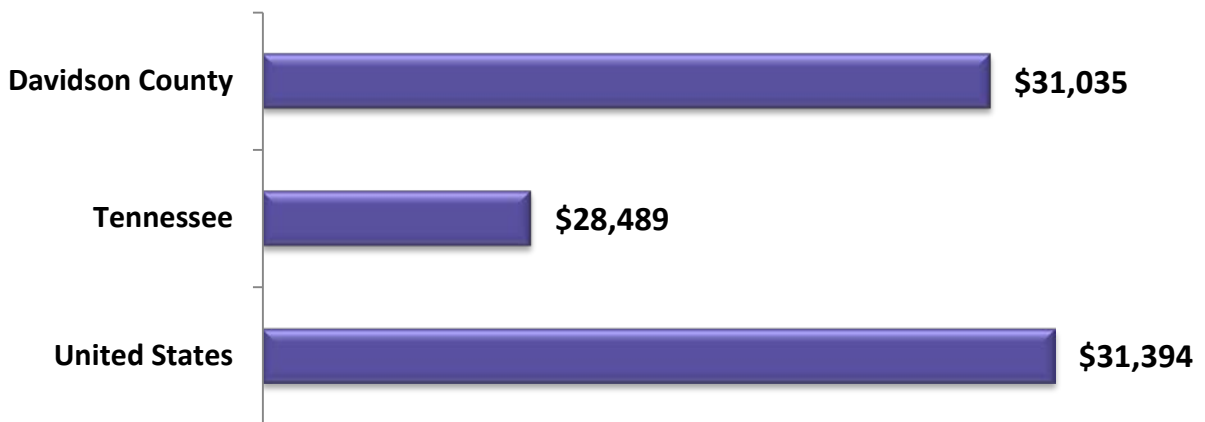
Chart S-7: Mean/Median Income by Family or Nonfamily Household
Davidson County, 2015



Source: 2015 American Community Survey

Chart S-8 shows that median earnings for Davidson County workers of \$31,384 were slightly below U.S. workers (\$31,394) but higher than for Tennessee workers (\$28,498). This includes people who regularly work fewer hours than full-time or whose work is seasonal (including teachers who are not paid 12 months of the year).

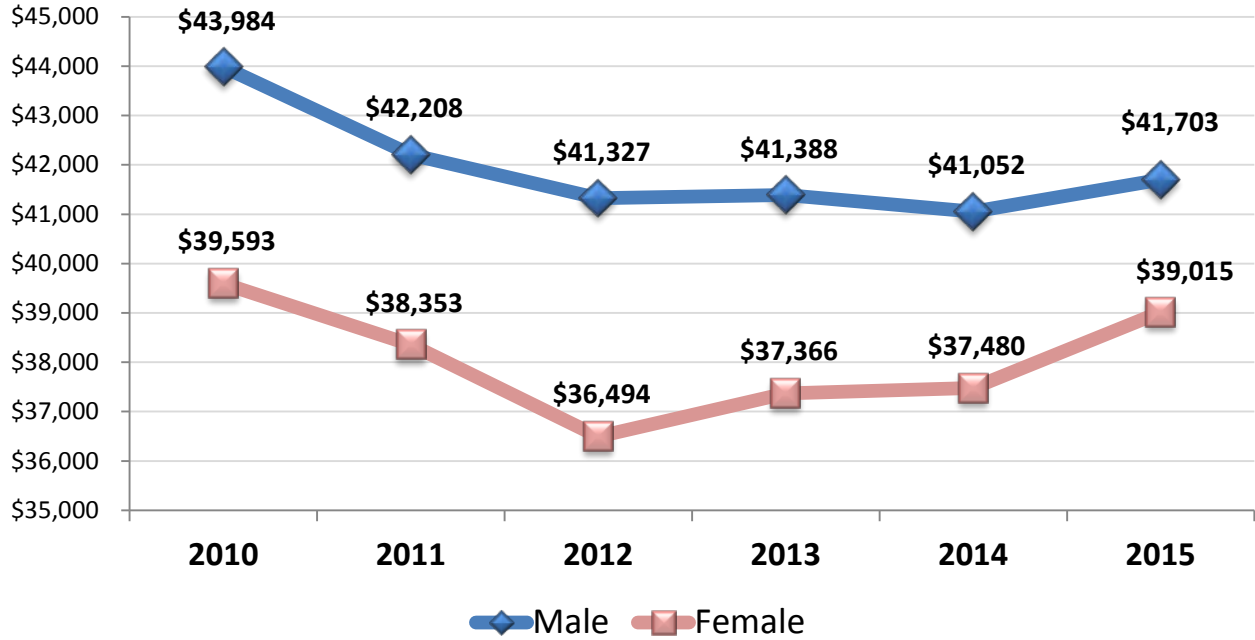
Chart S-8: Median Earnings for All Workers
U.S., Tennessee, Davidson County, 2015



Source: 2015 American Community Survey

Among full-time, year-round workers, Chart S-9 shows a gap in wages for females in 2015 at \$39,015, compared to males at \$41,703.

Chart S-9: Median Earnings Full-Time, Year-Round Workers by Gender
Davidson County, 2010-2015

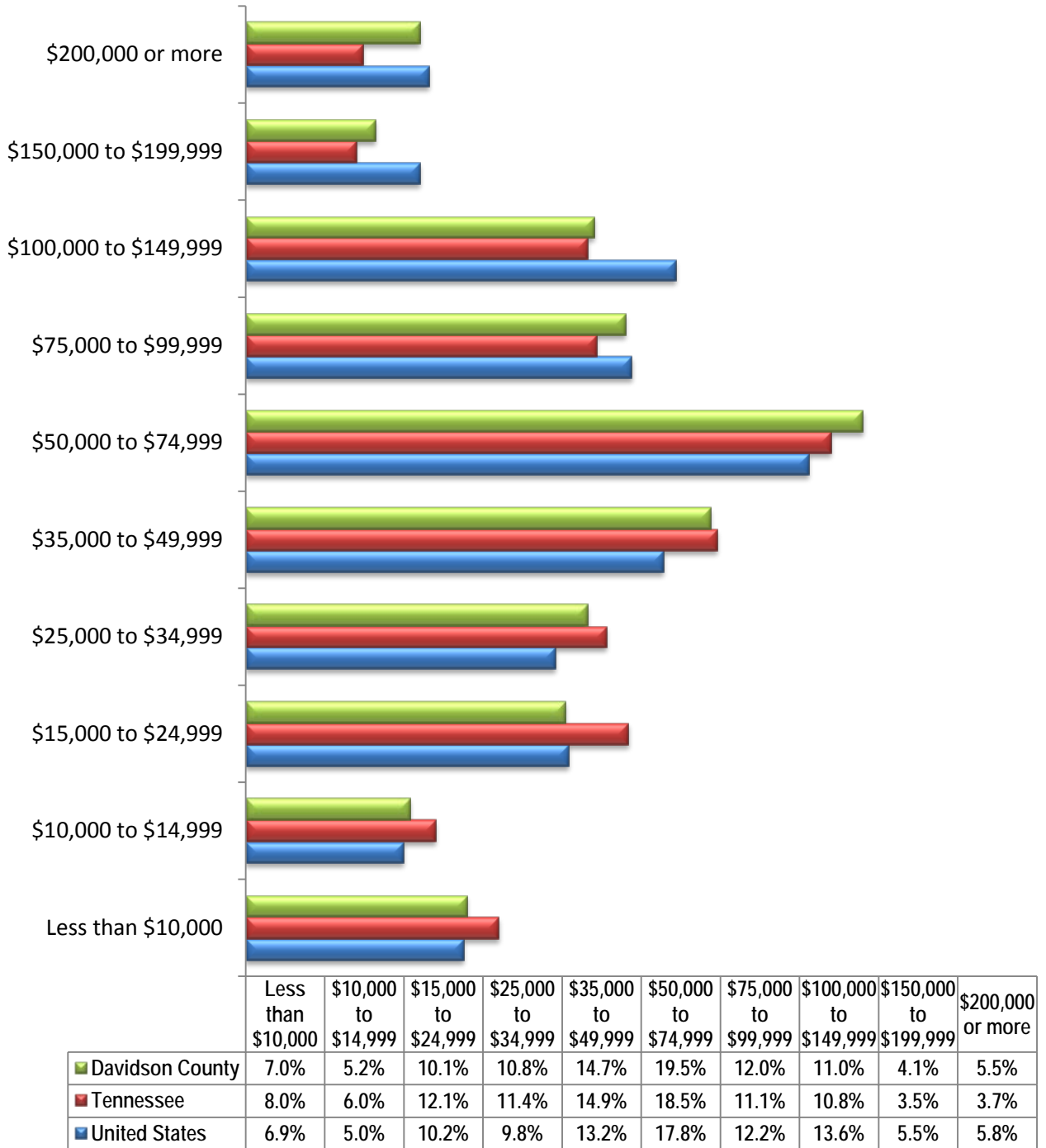


Source: 2015 American Community Survey



Chart S-10 shows the percent of households by income category for Davidson County, Tennessee and the U. S. for 2015. Among Davidson County's 274,187 households, 61,034 have household incomes less than \$25,000, including 33,382 with household incomes below \$15,000.

Chart S-10: Percent of Household Income by Category and Location
U.S., Tennessee, Davidson County, 2015



Source: 2015 American Community Survey

Poverty

The U. S. Census Bureau updates the poverty threshold each year, providing a statistical measure to estimate the number of people in poverty. Poverty thresholds since 1973 are available online. Poverty thresholds are the same through the continental United States and are used to calculate all official poverty population statistics.

Poverty guidelines are a simplified version of the poverty thresholds and are used for administrative purposes, including eligibility requirements for federally funded programs.

<https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty#What>

Additional resources on poverty measurement, poverty lines and their history are available.

<http://www.census.gov/topics/income-poverty/poverty.html>

<https://aspe.hhs.gov/further-resources-poverty-measurement-poverty-lines-and-their-history>

<http://www.census.gov/topics/income-poverty/poverty/about/history-of-the-poverty-measure.html>

The table below shows the 2016 poverty guidelines developed by the U. S. Department of Health & Human Services.

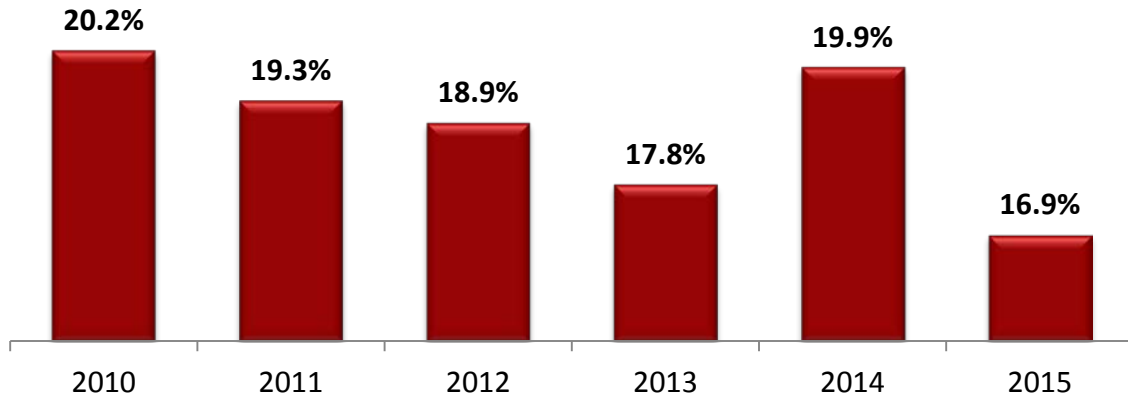
<https://aspe.hhs.gov/poverty-guidelines>

People in Household	2016 Poverty Guideline
1	\$ 11,880
2	\$ 16,020
3	\$ 20,160
4	\$ 24,300
5	\$ 28,440
6	\$ 32,580
7	\$ 36,730
8	\$ 40,890

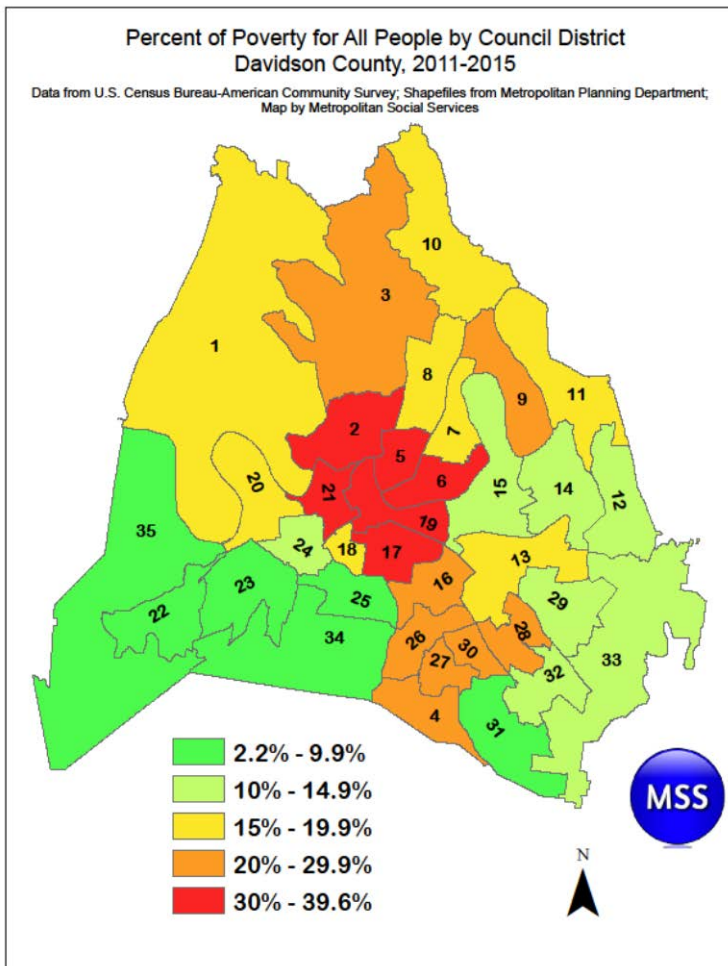
As shown in Chart P-1, the rate of poverty for all people in Davidson County decreased from 19.9% in 2014 to 16.9% in 2015. This appeared to be a widespread trend, as evidenced by the decrease in the poverty rate in Tennessee from 18.3% in 2014 to 16.7% and the decrease for the U.S., from 15.5% in 2014 to 14.7%. This

brings poverty throughout most of the U.S. to a point as low as or lower than during the recession, as there was an increase in income that resulted in a decrease in poverty.

Chart P-1: Poverty Rate, All People
Davidson County, 2010-2015



Source: 2015 American Community Survey



The map at left shows the percent of people in each Council District who live in poverty (based on the guidelines shown in the previous page). The percent of people in each Council District who live in poverty ranges from 2.2% to 39.6%.

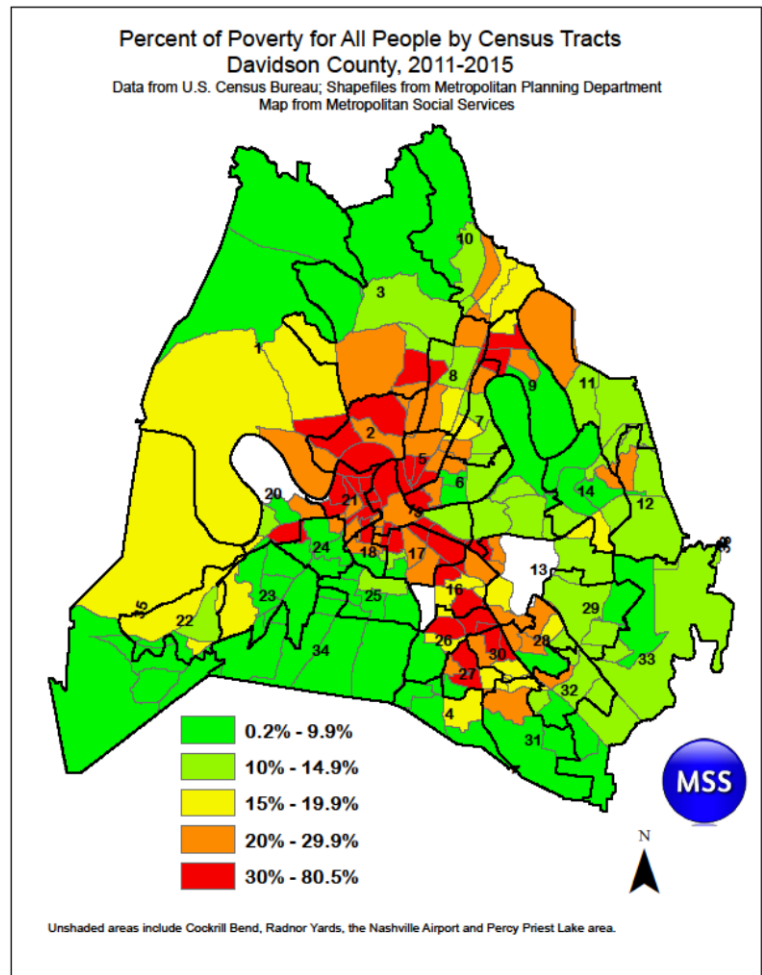
The red areas indicate where 30% or more of the residents live in poverty, which includes six Metro Council Districts. However, the map below shows that there are higher concentrations of poverty in other Council Districts.

The highest percent of people who are in poverty for a Council District was 39.6%, compared to 80.5% for census tracts, as shown in the map below.

The poverty map at right shows the percent of people who live in poverty by census tract.

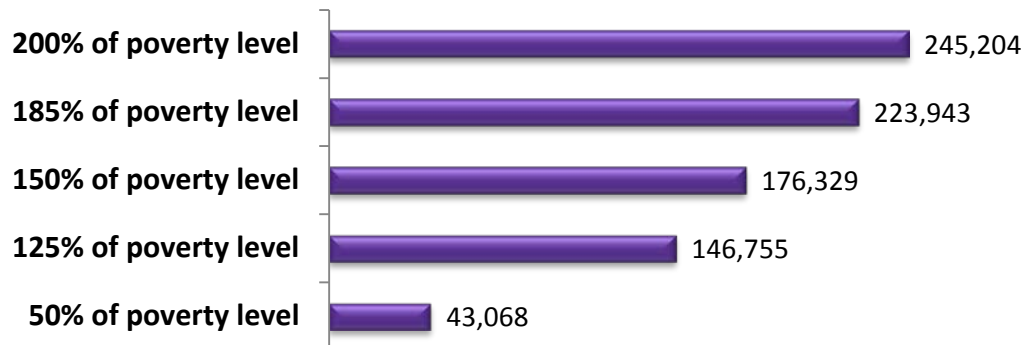
This map shows that there are census tract areas with poverty rates at 30% or more in several other Council Districts.

It also shows that for the six Council Districts with 30% or more in poverty, some census tracts within those districts have lower percentages of poverty for residents.



Data is available on the number of people at various percentages of the poverty guidelines, which are sometimes be used for eligibility guidelines for government funded or other programs. Among Davidson County’s total population of 678,899, Chart P-2 shows that 43,068 live at 50% or below poverty (“deep poverty”), or 6.5% of the population. About 37.2% of Davidson County residents live at 200% of poverty. The poverty rates referred to in this section are for people who are at or below 100% of poverty.

Chart P-2: People at Select Ratios of Poverty
Davidson County, 2015



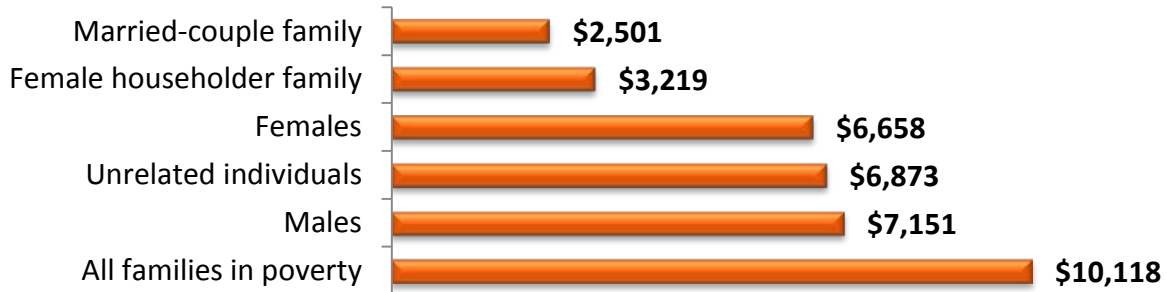
Source: 2015 American Community Survey

The U.S. Census Bureau defines income deficit as how many dollars an individual or family’s income is below their poverty threshold, which is the number of dollars necessary to raise income to the poverty threshold.

Income and Poverty in the United States: 2015 with data from the Current Population Reports (September 2016) estimates that the mean income deficit for people by family/household structure, as shown in Chart P-3. The amount of the income deficit estimated for each unrelated individual in Davidson County is \$6,836 according to the 2015 American Community Survey.

The American Community Survey also reports that the aggregate income deficit for 2015 in Davidson County was more than \$193.2 million. Aggregate deficits for specific household structures for 2015 in Davidson County include about \$64.2 million for married couples, \$16.6 million for male householders with no wife present and \$112.4 million for female householders with no husband present.

Chart P-3: Income Deficit from Poverty Threshold
U.S., 2015



Source: 2015 American Community Survey

<https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>

The table below from the *Income and Poverty in the United States: 2015* reflects the income deficit (or surplus) of families and unrelated individuals by poverty status (numbers shown in thousands). The data is consistent with the previous year.

Characteristic	Total	Size of deficit or surplus								Average deficit or surplus (dollars)		Deficit or surplus per capita (dollars)	
		Under \$1,000	\$1,000 to \$2,499	\$2,500 to \$4,999	\$5,000 to \$7,499	\$7,500 to \$9,999	\$10,000 to \$12,499	\$12,500 to \$14,999	\$15,000 or more	Estimate	Margin of error ¹ (±)	Estimate	Margin of error ¹ (±)
Below Poverty Threshold, Deficit													
All families	8,589	482	836	1,304	1,184	886	806	840	2,251	10,118	178	2,907	54
Married-couple families	3,245	242	376	556	410	339	239	350	732	9,456	303	2,501	83
Families with a female householder, no husband present	4,404	180	339	603	637	448	484	423	1,290	10,759	236	3,219	73
Families with a male householder, no wife present	939	60	121	145	138	99	82	66	230	9,402	611	3,041	180
Unrelated individuals	12,671	1,312	1,985	2,347	1,209	897	4,921	Z	Z	6,873	110	6,873	110
Above Poverty Threshold, Surplus													
All families	73,610	621	903	1,568	1,659	1,851	1,909	1,805	63,295	32,483	938	26,603	333
Married-couple families	57,013	307	456	725	920	1,057	1,139	1,141	51,267	92,683	1,162	29,509	397
Families with a female householder, no husband present	11,225	242	341	672	543	568	574	475	7,811	42,299	1,212	14,057	434
Families with a male householder, no wife present	5,372	72	106	171	196	226	196	189	4,217	58,203	2,792	20,326	1,059
Unrelated individuals	46,317	1,064	1,426	3,171	2,469	2,963	2,252	2,834	30,139	37,608	780	37,608	780

Z Represents or rounds to zero.

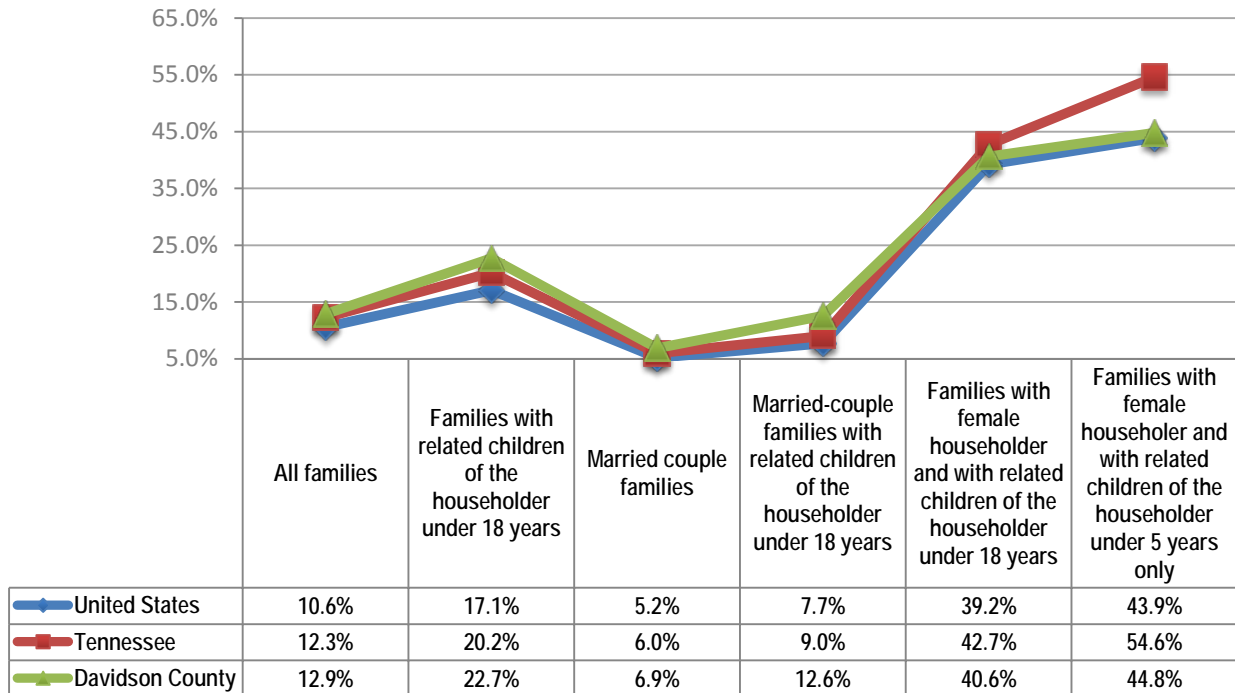
¹ A margin of error is a measure of an estimate's variability. The larger the margin of error in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. Margins of error shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-256sa.pdf>.

Note: Details may not sum to totals because of rounding.

Source: U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement.

Chart P-4 shows that the rate of poverty varies by family structure throughout the U.S., including Davidson County. Married-couple families have the lowest rate of poverty, while single female householders with children under age 5 have the highest rate of poverty.

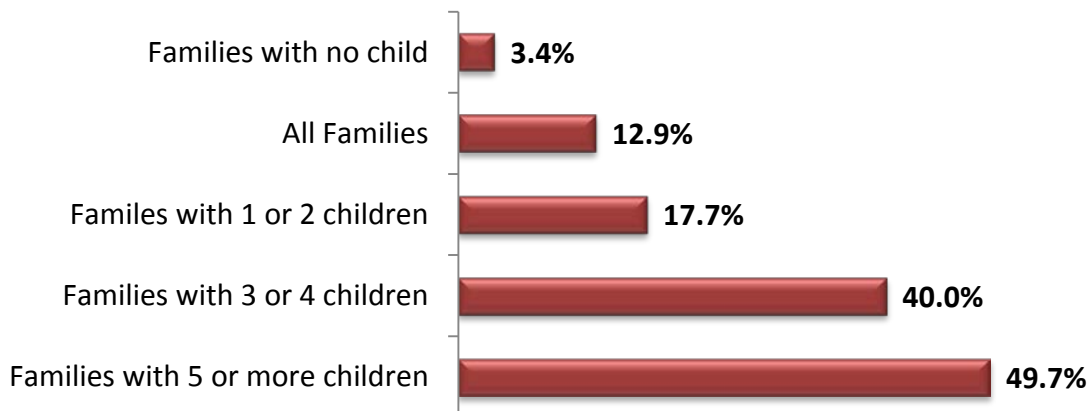
Chart P-4: Percentage in Poverty by Family Structure
U.S., Tennessee, Davidson County, 2015



Source: 2015 American Community Survey

As shown in Chart P-5 the more children a family had increased the likelihood that they would live below poverty. Families with 5 or more children are almost three times as likely to live in poverty as families with 1 or 2 children. During 2015, 19,929 families of Davidson County's 154,555 lived in poverty (12.9%).

Chart P-5: Family Poverty by Number of Children
Davidson County, 2015

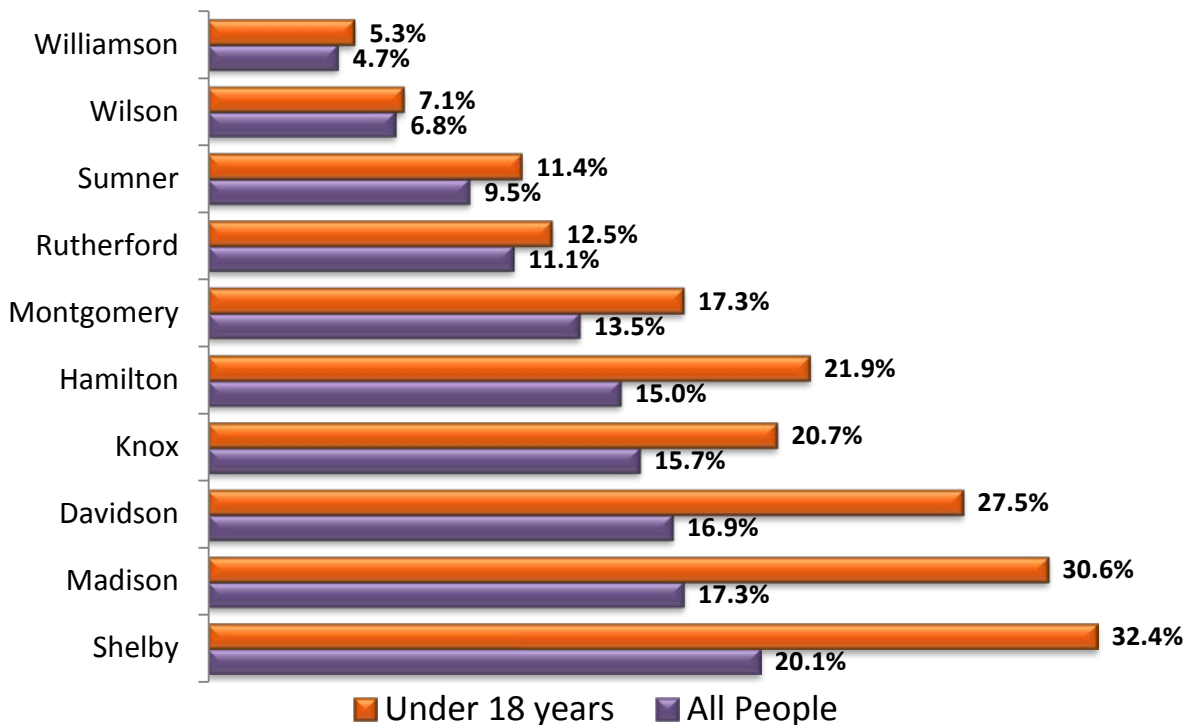


Source: 2015 American Community Survey

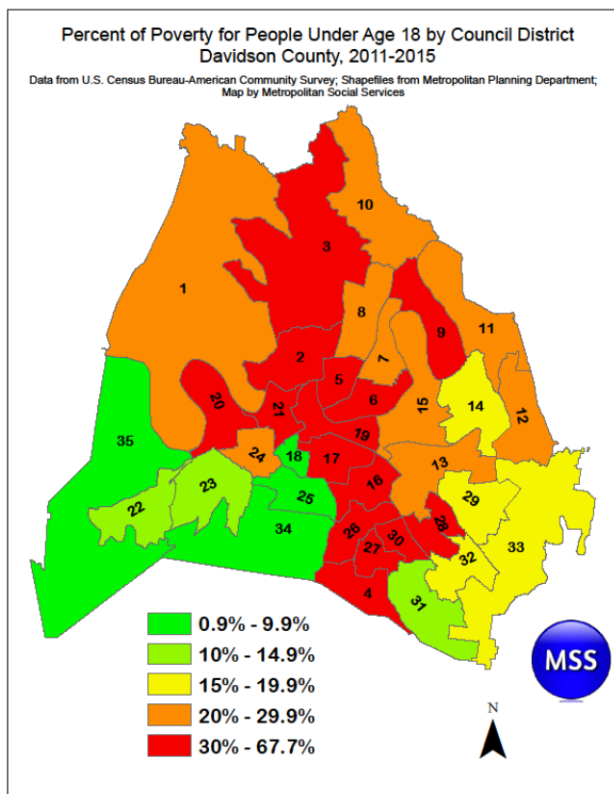
Chart P-6 shows that the poverty rate varies across other larger counties in Tennessee and other counties in Middle Tennessee, especially for minor children.

Chart P-6: Percent of Poverty for All People and Under Age 18

Select Tennessee Counties, 2015



Source: 2015 American Community Survey

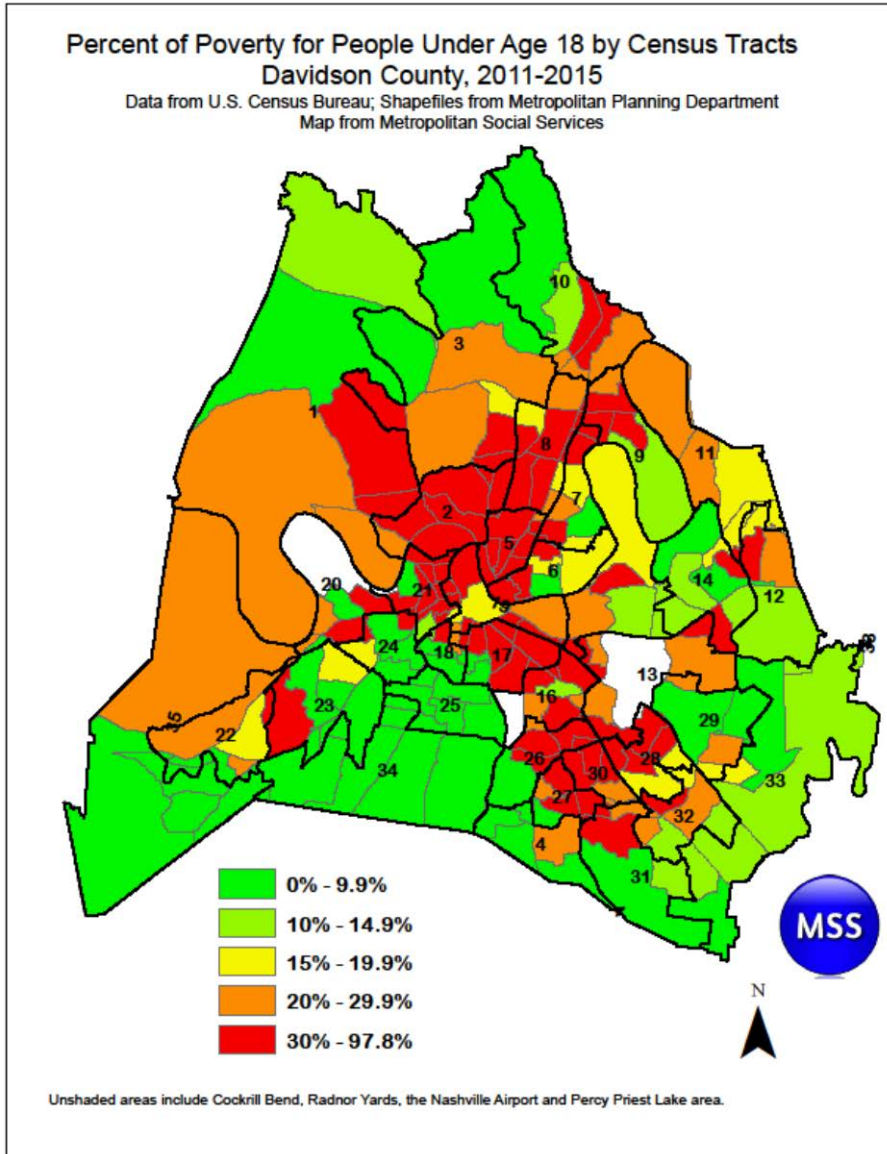


The map at left shows the percent of people under age 18 who live in poverty by Metro Council District. More than a dozen Council Districts have 30% or more of the minor children who live in poverty.

The range of minor children who live in poverty ranges from 0.9% to 67.7% across Council Districts.

The higher the rate of poverty in the community, the greater the likelihood of homelessness, hunger and other negative outcomes. According to the American Psychological Association (APA), "Psychological research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of our nation's children. Poverty impacts children within their various contexts at home, in school, and in their neighborhoods and communities."

<http://www.apa.org/pi/families/poverty.aspx>

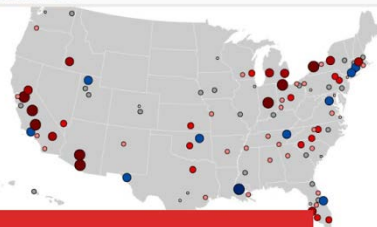


The map at left shows the percent of minor children who live in poverty by census tract. There are census tracts in several Council Districts where 30% or more of minor children live in poverty.

As explained in the section on Toxic Stress and Poverty, the youngest in poverty experience the greatest level of emotional, intellectual and physical damage.

The rate of poverty across Davidson County's census tracts ranges from 0.0% to 97.8%.

BROOKINGS



REPORT
U.S. concentrated poverty in the wake of the Great Recession

A report from Brookings, *U.S. concentrated poverty in the wake of the Great Recession* (March 31, 2016), explained that after the end of the Great Recession there continues to be an elevated level of people living in poverty. It noted the geographic shift during the previous decade in which poverty spread from historic locations, resulting in the suburbs becoming the fastest growing poor population.

The intersection between poverty and place matters.

Poor neighborhoods come with an array of challenges that negatively affect both the people who live in those neighborhoods—whether they themselves are poor or not—as well as the larger regions in which those neighborhoods are located.

Residents of poor neighborhoods face higher crime rates and exhibit poorer physical and mental health outcomes.

They tend to go to poor-performing neighborhood schools with higher dropout rates.

Their job-seeking networks tend to be weaker and they face higher levels of financial insecurity.

~ U.S. concentrated poverty in the wake of the Great Recession, Brookings

U.S. concentrated poverty describes how pockets of deep neighborhood poverty can detrimentally affect everyone who lives there. However, the problems are even greater for families in poverty who have not only low incomes but also have fewer housing and neighborhood options available to them. Racial/ethnic minority populations are especially disadvantaged in these ways. The report noted that the concentrations of poverty have increased more for the black or African American population and for those of Hispanic/Latino ethnicity.

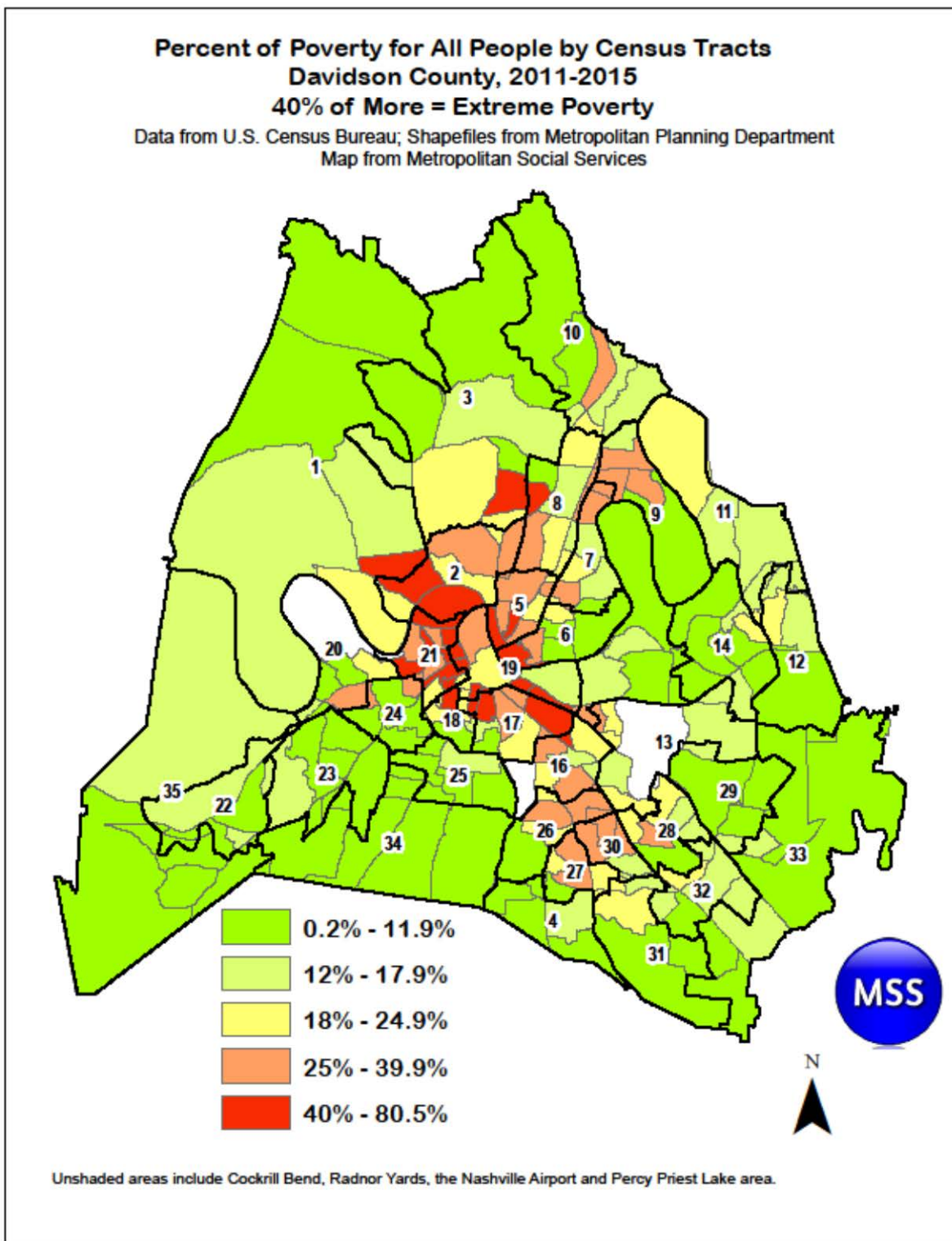
The report describes findings that when the concentration of poverty is greater than 20%, negative factors increase, such as crime, elevated high school dropout rates and the duration of poverty. These negative outcomes continue to increase through 40%, at which time they are at their maximum effect. It analyzed the 100 largest U.S. metropolitan areas, noting that in the American Community Survey data shows that the Nashville-Davidson-Murfreesboro-Franklin MSA, between the year 2000 and the period 2010-2014, the number of census tracts that increased with at least 20% of the population in poverty was 61, with 11 at 40% or more.

In terms of the number of residents, the increase was 23% for tracts with at least 20% in poverty and 4% for tracts with at least 40% in poverty. Out of 100 MSAs, the Nashville-Davidson-Murfreesboro-Franklin MSA ranked 19th highest for increase of the percent of poor residents living in census tracts with 20% or more in poverty.

<https://www.brookings.edu/research/u-s-concentrated-poverty-in-the-wake-of-the-great-recession/>

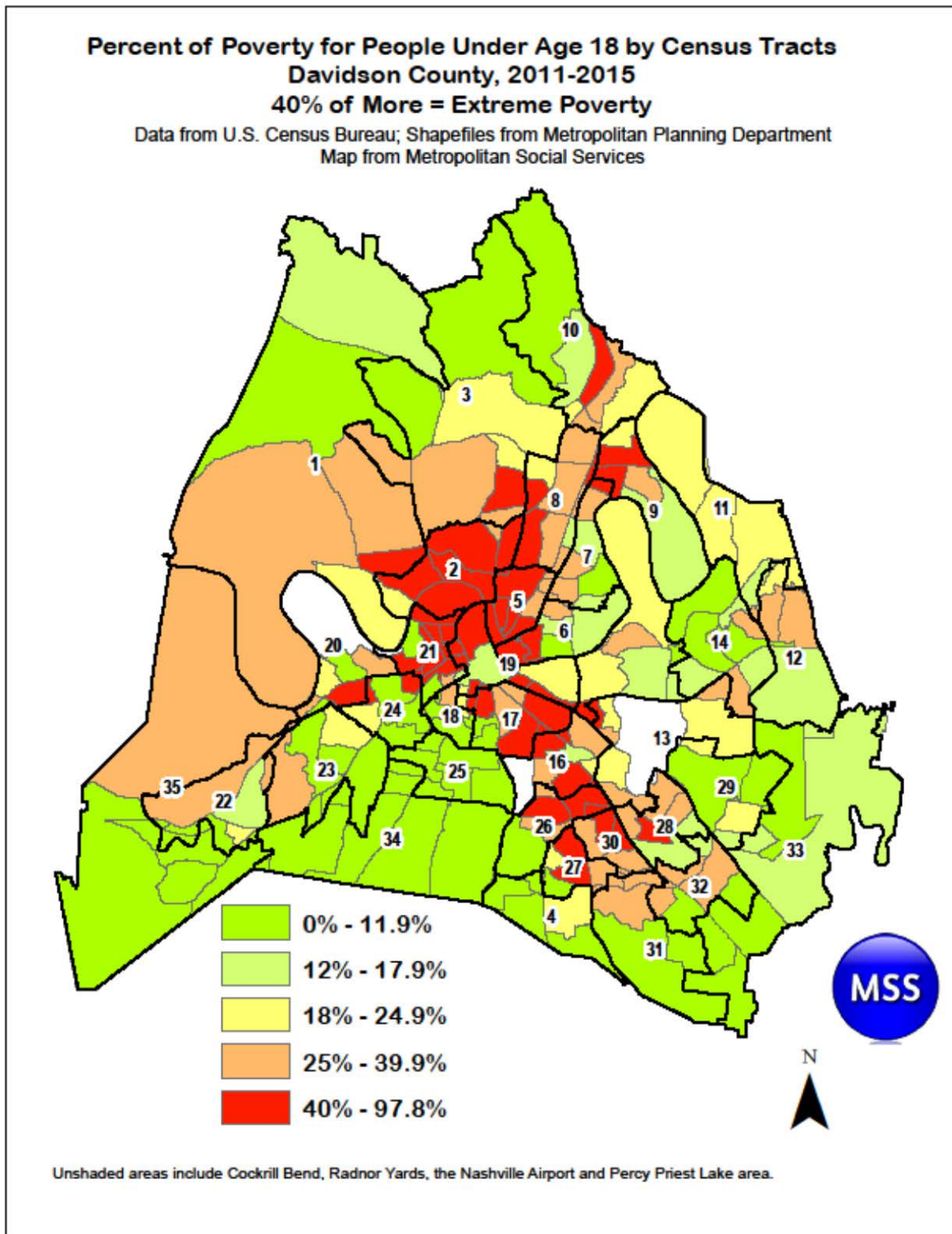
The U.S. Census Bureau has characterized an “extreme poverty area” as a census tract or census blocks in which 40% or more of residents were poor. Among Davidson County’s 161 census tracts, 17 of them have extreme poverty with more than 40% of the residents living in poverty, 3 census tracts over 50%.

The map below shows the census tracts with more than 40% of residents in poverty in red, using data from the 2011-2015 American Community Survey.



Among minor children (under age 18), concentrations of extreme poverty are even more prevalent, as shown in the map below. Among Davidson County census tracts, 43 of them are in "extreme poverty" of 40% or more.

In 32 census tracts, more than half of the children live in poverty. Even worse is that in 18 census tracts, there are more than 60% or more of the children who live in poverty. The map below shows the census tracts in Davidson County in which at least 40% of the minor children live in poverty, according to the 2011-2015 American Community Survey.



Disparity

Definitions

Different - not of the same kind; partly or totally unlike; not the same.

Disparate - containing or made up of fundamentally different and often incongruous (not agreeing with or unusual) elements; markedly distinct in quality or character.

Inequity – lack of fairness; unfair treatment; something that is unfair.

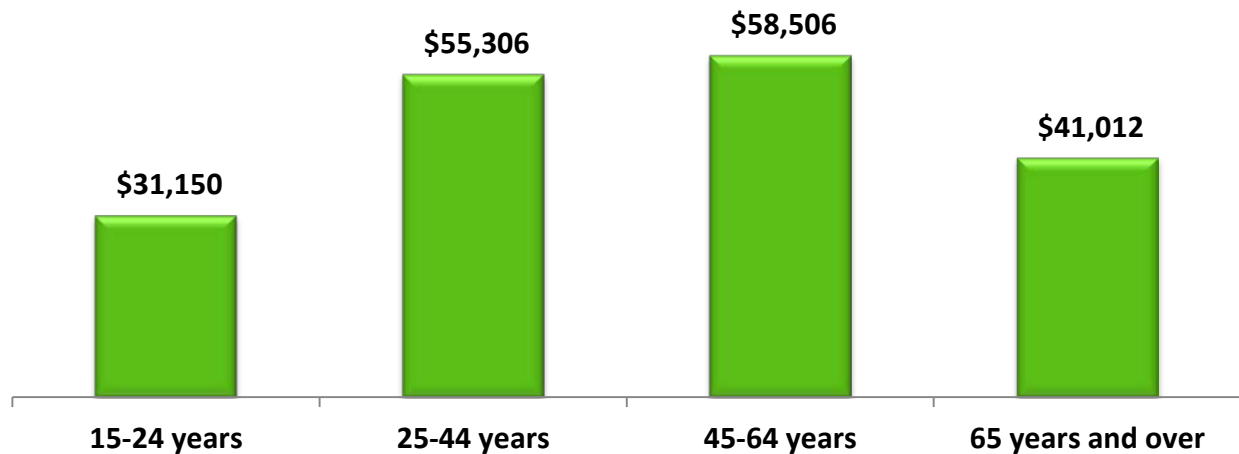
Unjust – not fair or deserved; not just.

~ Merriam-Webster Dictionary

Income

As Chart D-1 shows, the median household income was highest for households between age 45 and 64 among the 274,187 households in Davidson County. The lowest age category reported was ages 15 through 24 years at \$31,150.

Chart D-1: Median Household Income by Age Category of Householder
Davidson County, 2015



Source: 2015 American Community Survey

The highest median incomes were for married-couple families (\$79,051) and families that had no minor children in the household (\$72,151). Those with the lowest median household income are nonfamily living alone, families with female householders with no husband present (often single mothers or grandmothers) at \$32,577 and other nonfamily living alone at \$31,277.

A family includes a householder and one or more people who live there and are related to the householder by birth, marriage or adoption. A family household may include people who are not related, but they are not included as part of the householder's family in census tabulations.

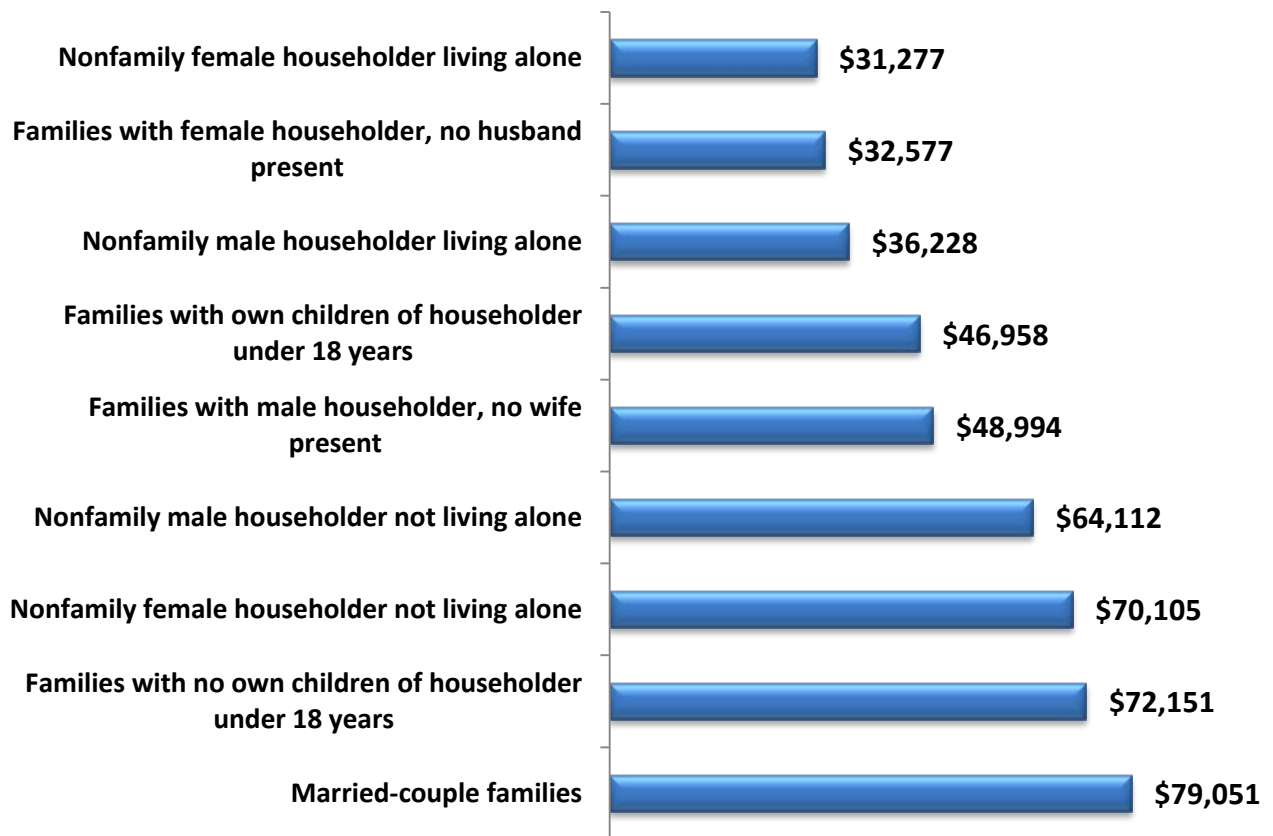
https://www.census.gov/glossary/#term_Familyhousehold

A nonfamily household consists of a householder living alone (a one-person household) or where the householder shares the home only with people to whom he/she is not related (e.g., a roommate).

https://www.census.gov/glossary/#term_Nonfamilyhousehold

Chart D-2 shows the median income by household and family structure from the 2015 American Community Survey. The median household income was \$61,990 for all families, considerably higher than the \$40,351 for nonfamily households.

Chart D-2: Median Household Income by Household/Family Structure
Davidson County, 2015



Source: 2015 American Community Survey

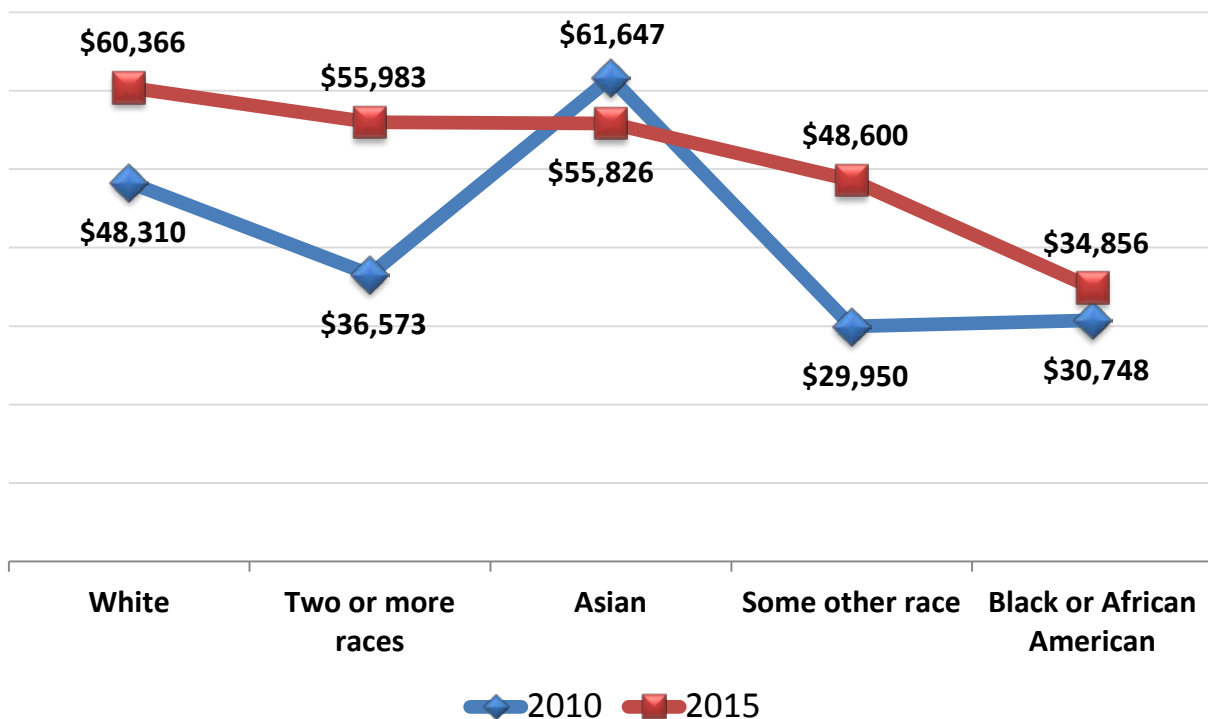
As reflected in Chart D-3, the highest median household income is for the white Davidson County residents at \$60,366, with two or more races (\$55,983) and Asian (\$55,825) slightly below that. The median household income for some other race was \$48,600, with black or African American with the lowest median household income at \$34,856. The median household income of black or African Americans was 57.7% of the income of whites.

Among Davidson County's 274,187 households in 2015, 67.5% were white, 26.4% were black or African American, 2.4% were Asian and 1.7% were two or more races. The American Community Survey reported that the data was not available for American Indian and Alaska Native and Native Hawaiian and Other Pacific Islander because the sample size was too small.

Between the two largest racial groups, there continues to be noticeable disparity between the white population and the black or African American population. During the 5-year period from 2010 to 2016, the median household income for the white population increased from \$48,310 to \$60,366, a difference of \$12,056.

For the black or African American population, the median household income increased from \$30,748 to \$34,856, a difference of \$4,108. The increase in the median household income for the black or African American population was 34.1% of the amount of the increase for whites.

Chart D-3: Median Household Income by Race
Davidson County, 2010, 2015

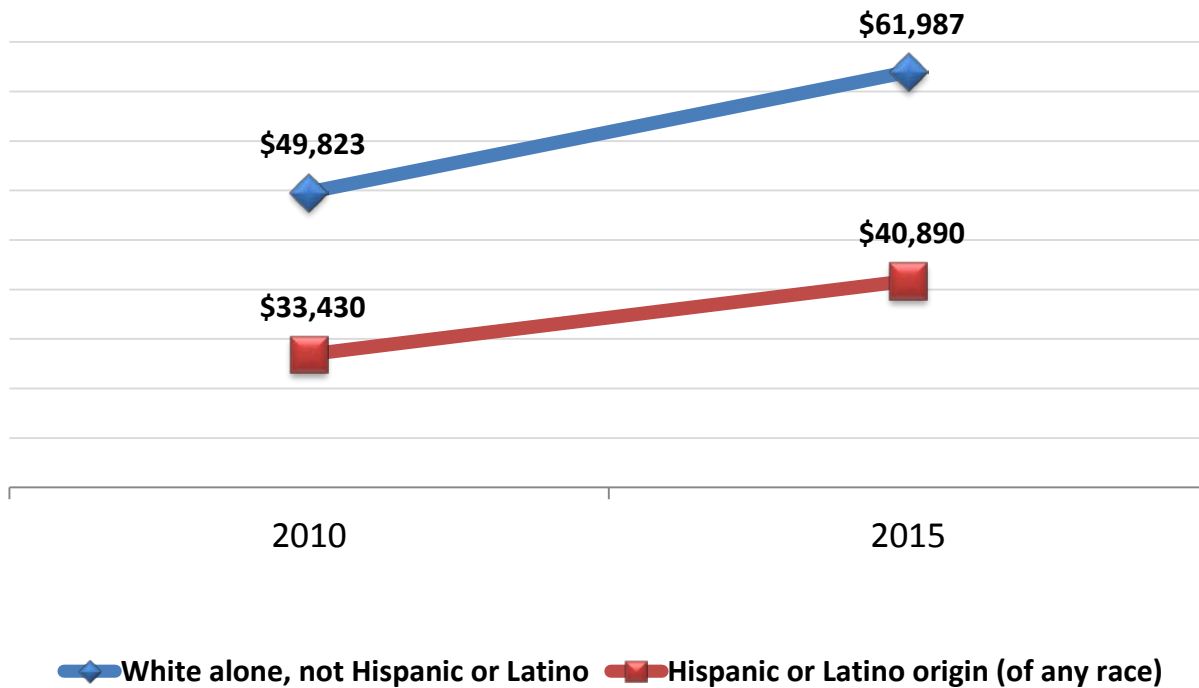


Source: 2010, 2015 American Community Surveys

In addition to the racial disparity shown in Chart D-3 above, there was also ethnic disparity. Chart D-4 shows a difference between the median household income for Hispanic or Latino Davidson County residents (\$40,890), which was 60.1% of that for residents who were not Hispanic or Latino (\$61,987), reflected in Chart D-4.

In 2010, the median household income white only, not Hispanic or Latino was \$16,393 higher than for the Hispanic/Latino population. In 2015, the difference was even greater at \$21,097. As noted in the Demographic Profile, the Hispanic/Latino population in Davidson County was 10.0%.

Chart D-4: Median Household Income by Ethnicity
Davidson County, 2010, 2015



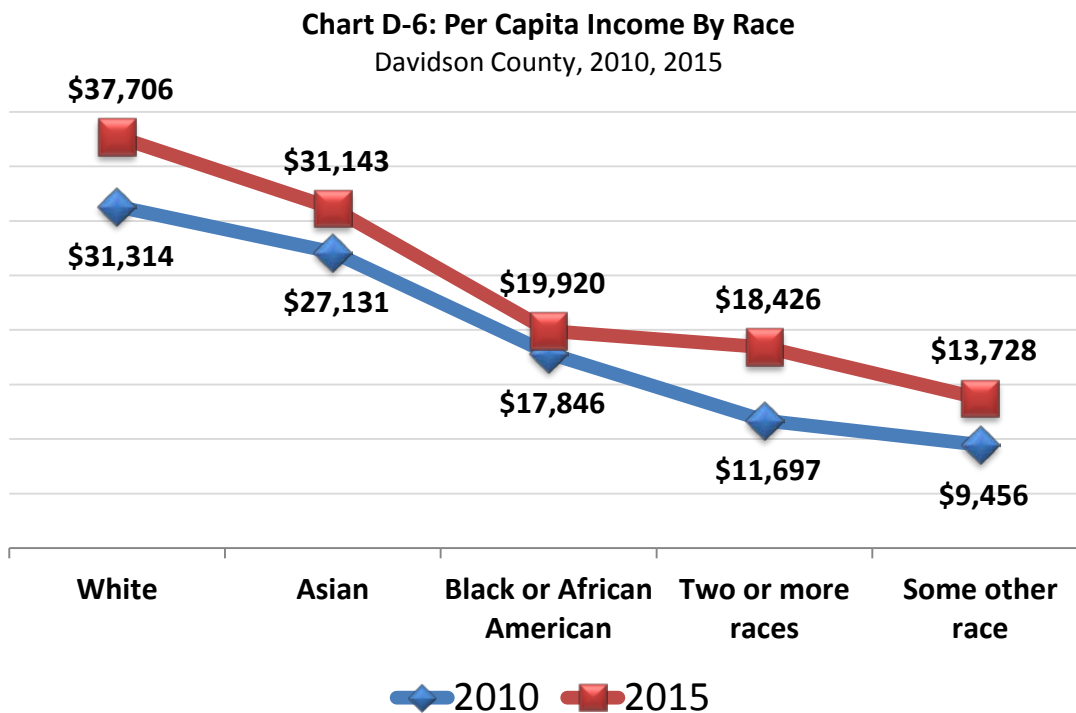
Source: 2010, 2015 American Community Survey

Per capita income for Davidson County’s population of 678,889 was \$31,480 for all residents. Chart D-5 shows the differences in the per capita income of Davidson County by race, with the highest per capita income for the white population (63.9%) at \$37,706. The much smaller Asian population (3.1%) was second highest at \$31,143, much higher than for the black or African American population (26.9%) at \$19,920.

The per capita income for two or more races and some other race were even lower at \$18,426 and \$13,728, respectively, although there were fewer residents in either of those two categories (5.6% for the two categories combined). In comparing per capita income, the racial and ethnic disparity is just as evident as household income.

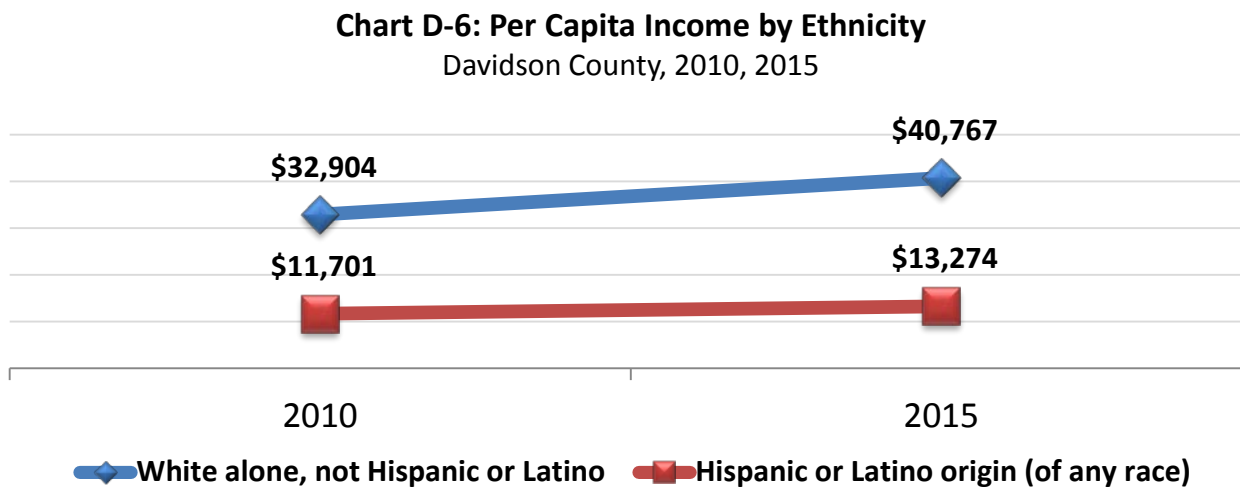
In 2010, the per capita income for the white population was \$13,468 higher than for the black or African American population in Davidson County, with the Asian population approximately halfway between them. The disparity is even more striking in 2015 when the per capita income for the white population was \$17,768 higher for the white population in Davidson County than for the black or African American population. This

means that the per capita income for the black or African American population in Davidson County is only 52.8% of that for the white population.



Source: 2010, 2015 American Community Survey

Chart D-6 shows a dramatic difference between the per capita incomes by ethnicity. The per capita income for people who were of Hispanic or Latino ethnicity was lower at \$13,274 or about 1/3 of that among people who were not Hispanic or Latino (\$40,767). In 2015, the per capita income for the Hispanic/Latino population was 32.6% of the white alone, not Hispanic or Latino population.

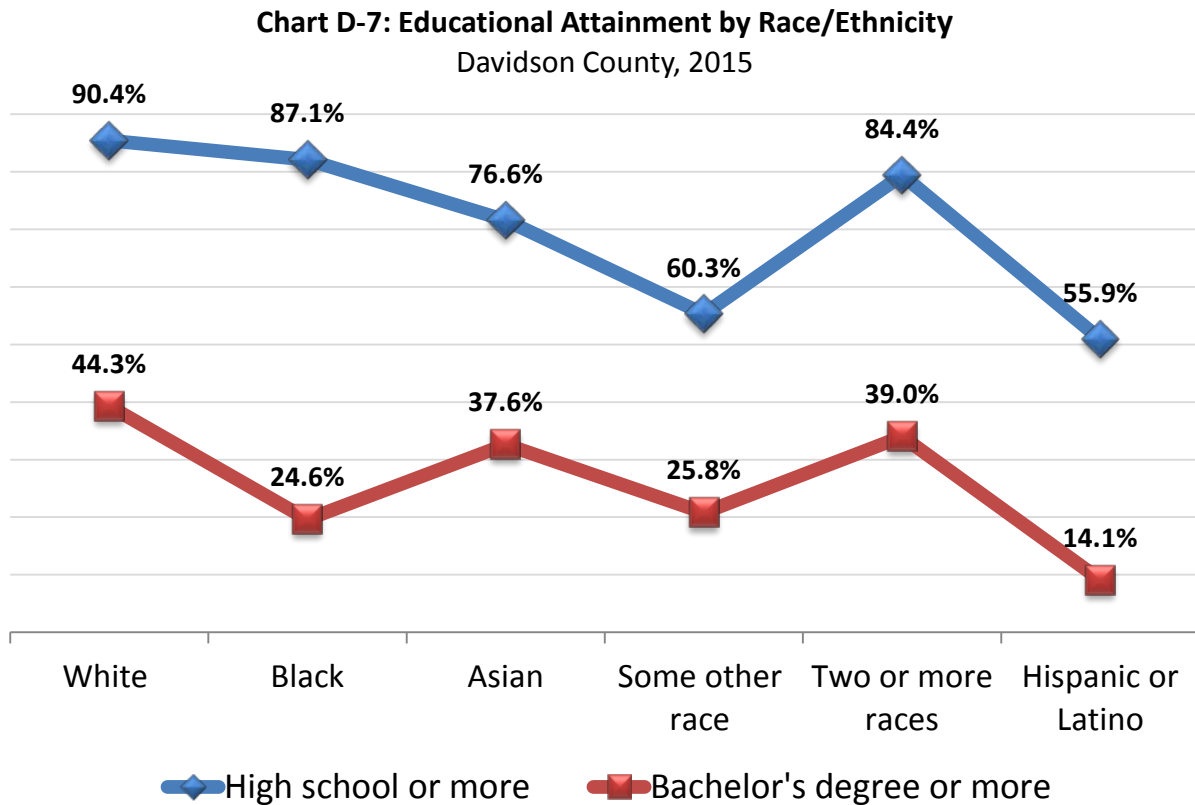


Source: 2010, 2015 American Community Survey

Educational Attainment

As shown in Chart D-7 there is racial and ethnic disparity in the level of educational attainment, particularly at the bachelor's degree or above level. Those who are white have a higher level of educational attainment at 90.4% for high school or more and 44.3% for a bachelor's degree or higher.

In terms of ethnicity, Hispanic/Latinos were the least likely to be either a high school graduate or have a bachelor's degree. The white population were more than three times as likely to have a bachelor's degree than the Hispanic/Latino population and almost twice as likely as the black or African American population.



Source: 2015 American Community Survey

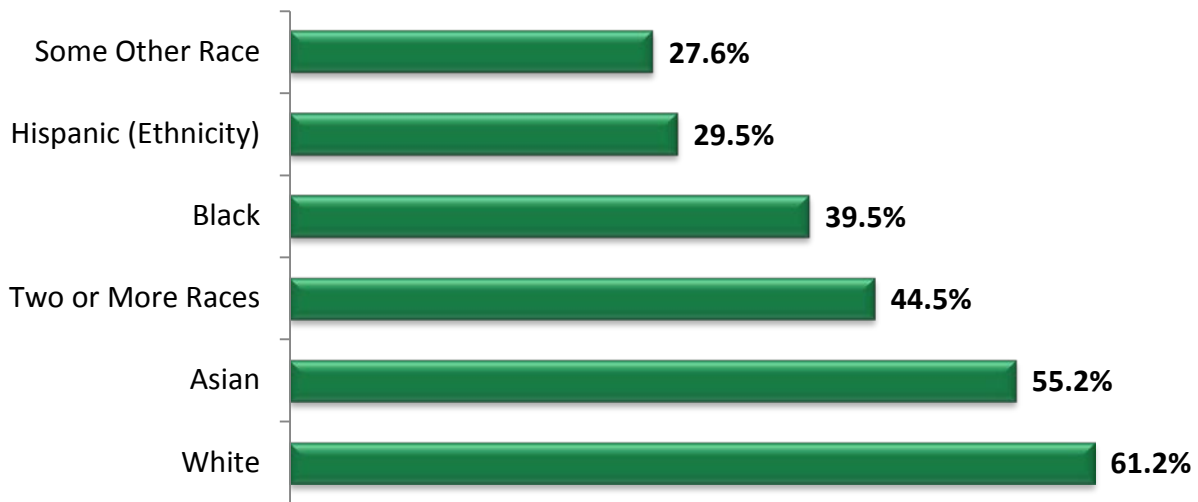
Homeownership

Homeownership is often considered a positive economic factor, usually accumulating equity for the homeowner. The rate of owner occupied homes, as shown in Chart D-8, is highest in the white population at 61.1% (or 113,340 housing units), followed by 55.2% among Davidson County's Asian residents (or 3,596 housing units).

For the black or African American population, 39.5% had owner occupied housing units, or a total of 28,571 people. Two or more races included 5,078 residents with a rate of owner occupied units of 44.5% and some other race included 1,243 owner occupied units or 27.6%.

Chart D-8 also shows that the percent of owner occupied housing for the Hispanic ethnicity is 29.5%.

Chart D-8: Percent of Owner Occupied Housing Units by Race/Ethnicity
Davidson County, 2015



Source: 2015 American Community Survey

Poverty

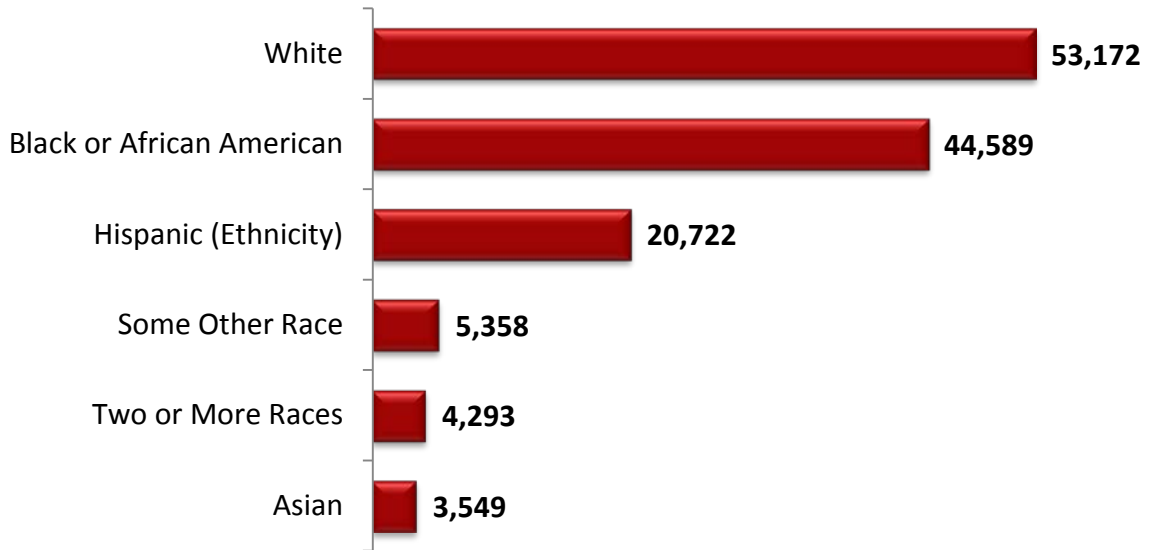
According to the 2015 American Community Survey, Davidson County's poverty rate and number in poverty by race are as follows:

- In the white population of 420,336, 12.6% lived in poverty, including 4.4% who lived below 50% of poverty.
- In the black or African American population of 178,503, 25.0% lived in poverty, including 10.6% who lived below 50% of poverty.
- In the Asian population of 20,299, 17.5% lived in poverty, including 9.9% who lived below 50% of poverty.
- In the 18,879 population of two or more races, 23.2% lived in poverty, including 9.6% who lived below 50% of poverty.
- In the 18,879 population of some other race, 28.4% lived in poverty, including 8.6% who lived below 50% of poverty.
- In the American Indian and Alaska Native population of 2,724, 9.9% lived in poverty, including 7.5% who lived below 50% of poverty.
- In the Native Hawaii and Other Pacific Islander population of 76, there were none identified below poverty.

Among the 420,366 white residents in Davidson County, 12.6% are in poverty, compared to the black or African American population at 25.0%, about twice as high. Chart D-9 shows the number of people living below poverty by race and ethnicity, according to the 2015 American Community Survey.

Chart D-9: Number of People Below Poverty by Race/Ethnicity

Davidson County, 2015

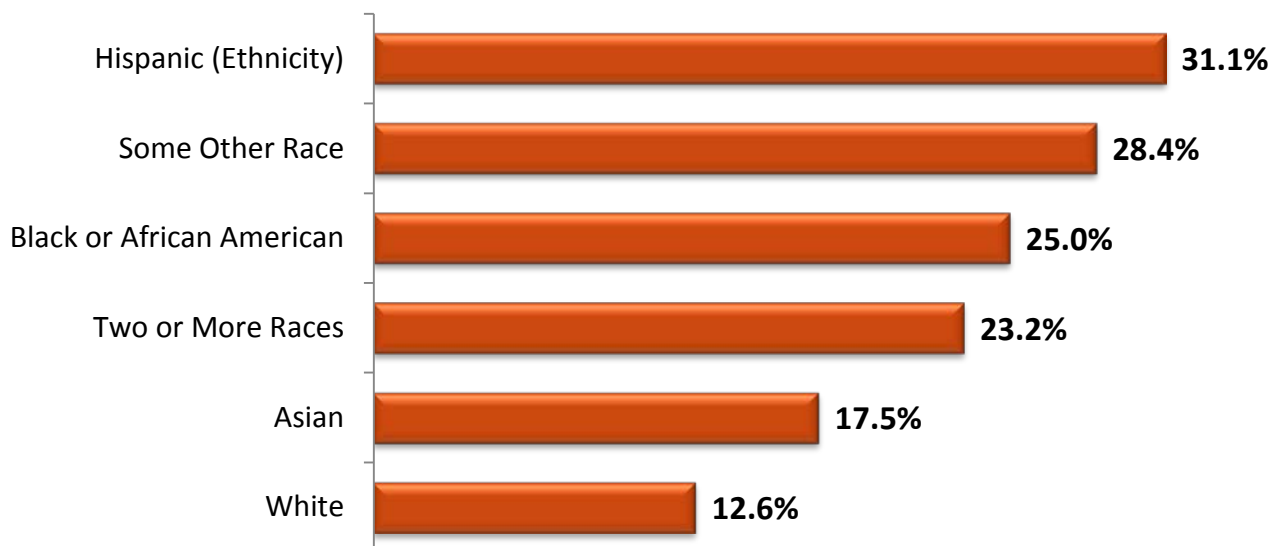


Source: 2015 American Community Survey

Using data for families, the poverty rate for black or African American families was highest at 28.7% among racial categories (slightly higher than the 25.0% for individuals), more than three times as high as the 8.6% for white families, as shown in Chart D-10. However, when including ethnicity (Hispanic) with racial categories, the percent for Hispanic is even higher than the black or African American population.

Chart D-10: Percent of Families Below Poverty by Race/Ethnicity

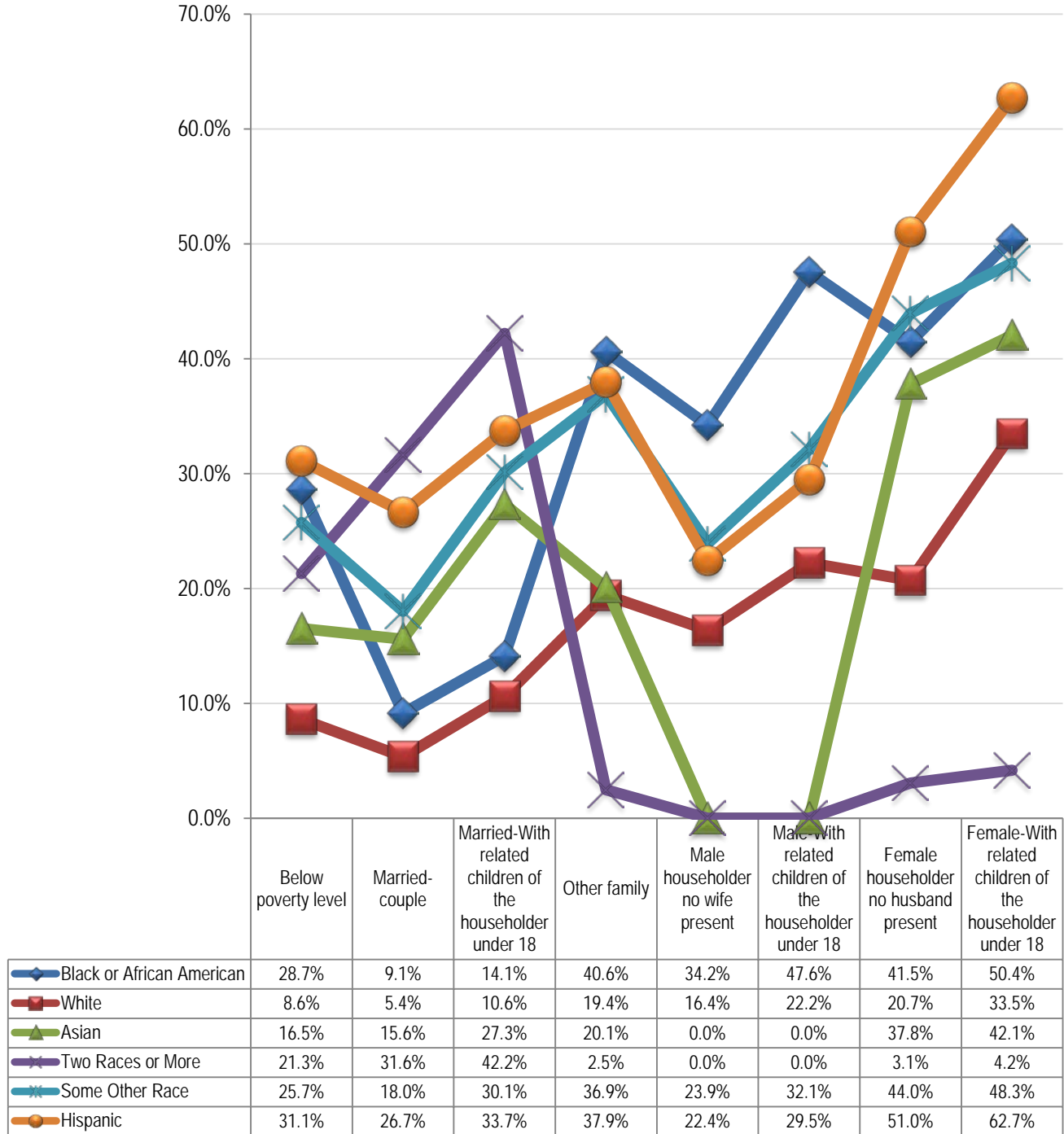
Davidson County, 2015



Source: 2015 American Community Survey

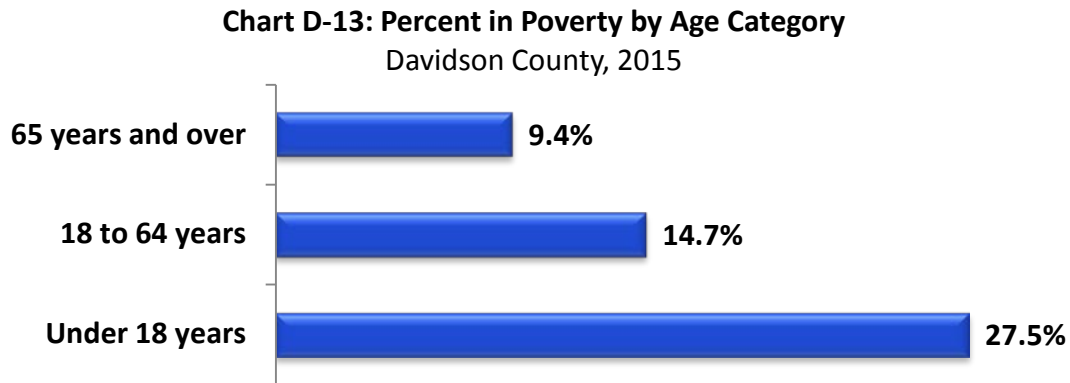
Chart D-12 shows the percent below poverty by household structure and race/ethnicity, according to the 2015 American Community Survey. For most race/ethnicity categories, the highest level of poverty was reported for single female headed households with children under age 18. For most household structures, higher poverty rates were reported for black or African American and Hispanic.

Chart D-12: Percent Below Poverty by Household Structure and Race/Ethnicity
Davidson County, 2015



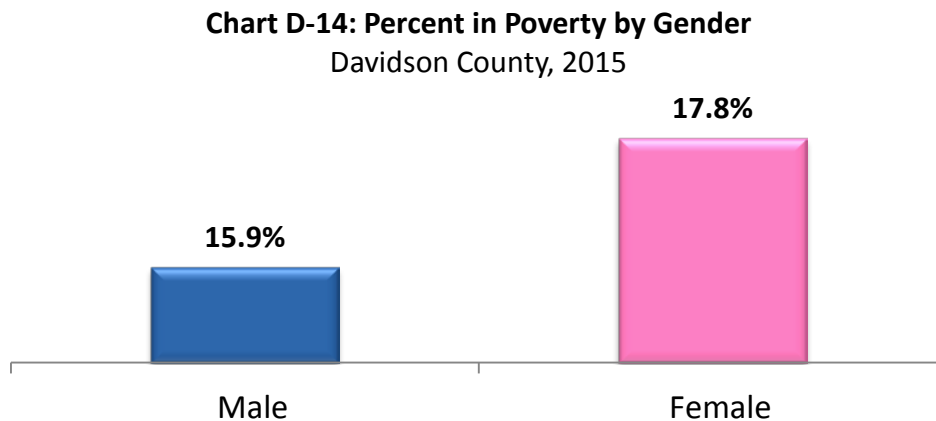
Source: 2015 American Community Survey

Chart D-13 shows the disparity in age for poverty. As in previous years, in Davidson County as well as across the U.S., the largest percent of the youngest people were living in poverty. For those under 18 years of age, in 2015 the poverty rate was 27.5%, almost three times as high as for people age 65 and over.



Source: 2015 American Community Survey

As shown in Chart D-14 the rate of poverty for males in Davidson County for 2015 was 15.9%, below the poverty rate for all people of 16.9%. However, the rate of poverty for females was higher at 17.8%.



Source: 2015 American Community Survey

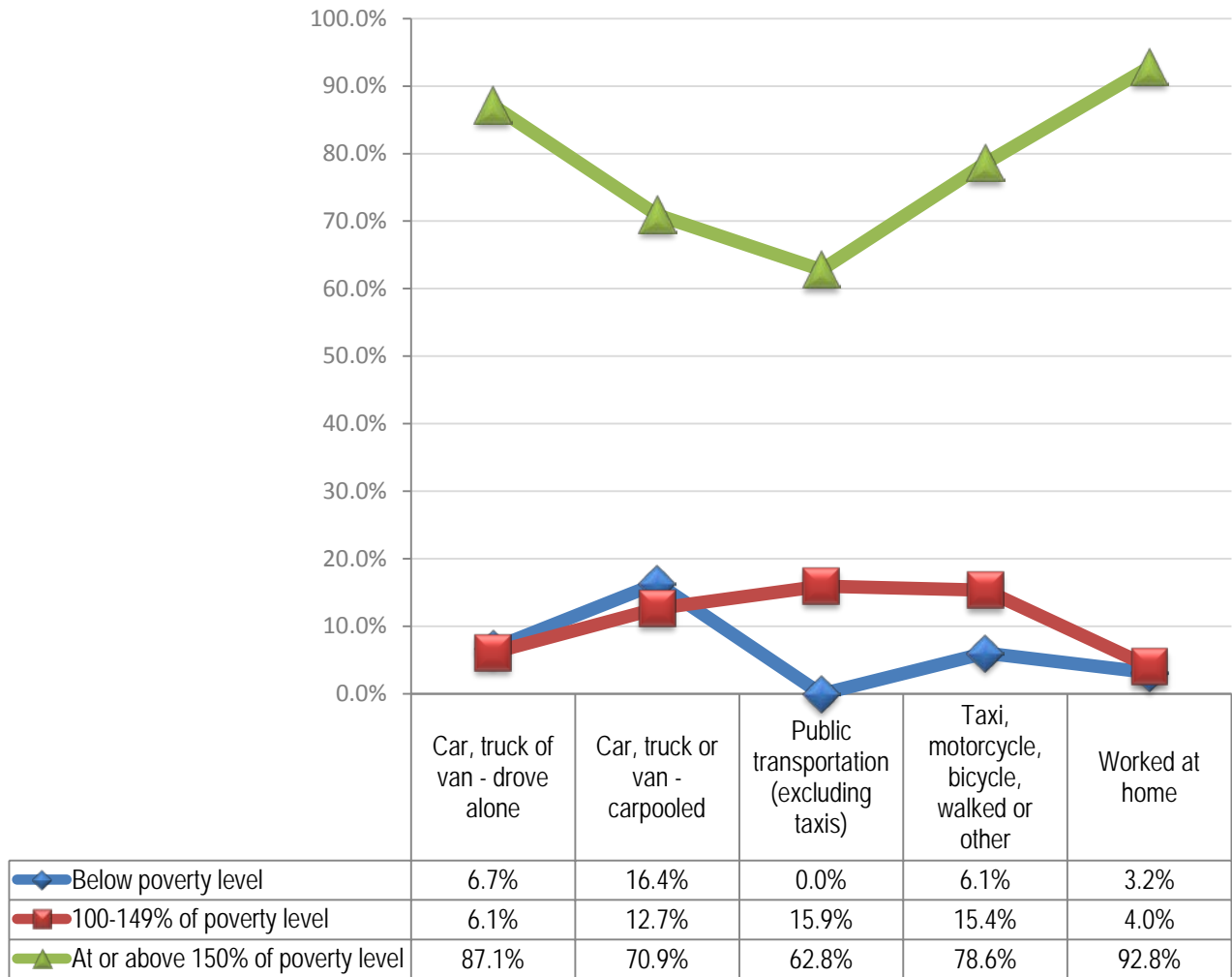
Transportation

Among the 352,268 people who used one of the identified transportation means to work, the 2015 American Community Survey indicated that 8.0% of them were below the poverty level. Possible explanations for this is that those below the poverty level either did not work (unemployed or out of the labor force) or they had no usual means of transportation to report (catching rides with people or using public transportation when they could afford the cost of bus tickets or used a combination of these).

Economic disparity is reflected in the type of transportation people use to go to work. For example, in Davidson County in 2015, 24.3% of workers with incomes of less than \$10,000 used public transportation, compared to 0.9% of workers with incomes of \$75,000 or more. It is likely that the workers with low incomes did not have access to a vehicle.

Chart D-15 that compares the means of transportation to work for those below poverty, 100-149% of poverty and at or above 150% of poverty. People who commuted to work who were at or above 150% of poverty far more frequently used all modes of transportation indicated.

Chart D-15: Transportation to Work by Poverty Level Categories
Davidson County, 2015



Source: 2015 American Community Survey

Crime

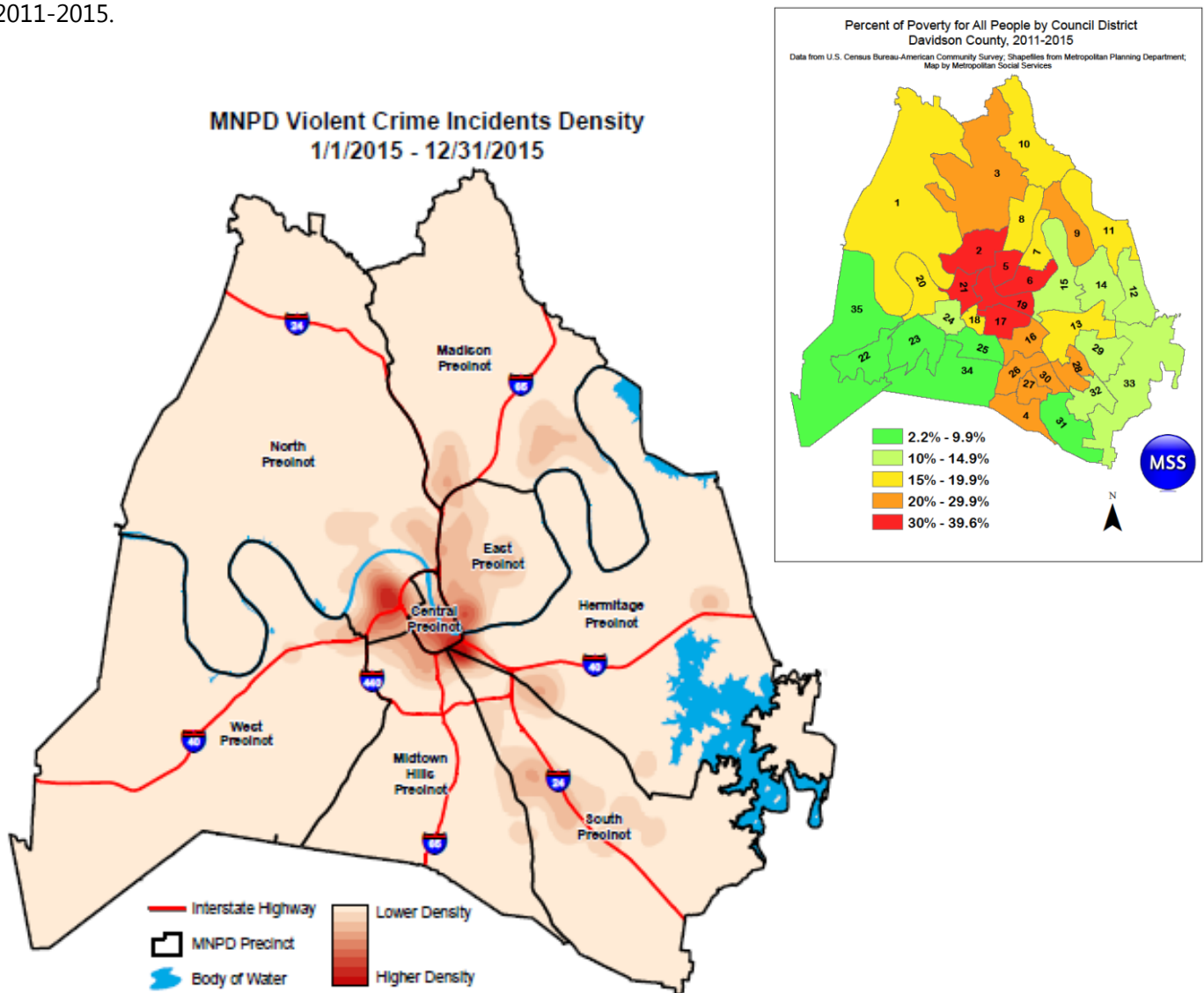
In a Violent Crime Meeting with the Metro Council, the Metro Police Department provided a report with maps and data showing the distribution of service calls, homicides, gunshot injuries, street robberies, aggravated assaults and more for the calendar year 2015. Throughout the report, data shows that people who were black were both suspects and victims at a rate higher than the percent they represent of Davidson County’s general population (about 27%).

The table below from the report shows that 65.7% of suspects were black and that 49.9% were white for violent crimes during 2015. Data was also provided related to additional crimes that typically reflected a disproportionate representation of people who were black. These include aggravated assault incidents (56.8%

black victims, 60.5% black suspects); street robbery incidents (39.7% victims, 76.1% suspects); gunshot injury incidents (79.8% victims, 70.3% suspects); and homicide incidents (67.3% victims, 62.5% suspects).

	Total	White	Black	Race Other	Race Unk	% White	% Black	% Race Other	% Race Unk
Victims	7,519	3,438	3,752	66	263	45.7%	49.9%	0.9%	3.5%
Suspects	9,808	2,495	6,444	52	817	25.4%	65.7%	0.5%	8.3%

Below is a map that reflects the density for violent crimes across Davidson County. The area with the highest concentration has a similar distribution to the concentration of poverty across Davidson County for the period 2011-2015.



<https://www.nashville.gov/Portals/0/SiteContent/Police/docs/Media/Misc/Density%20Maps.pdf>

The Color of Justice: Racial and Ethnic Disparity in State Prisons was released by the Sentencing Project on June 14, 2016. It explains that the black or African American population is incarcerated in state prisons across the U.S. at least five times the rate of the white population, with some states having an even greater difference. This is particularly noticeable because, according to the 2015 American Community Survey, the population of the U.S. includes 13.9% black or African American residents and 75.8% white residents.



The Color of Justice reports that the racial composition by incarceration rates for all (male plus female) in Tennessee is 316 white, 1,166 black and 180 of Hispanic ethnicity. That means that more than 3 ½ times as many blacks are incarcerated as whites.

This report suggests that possible reason for these racial disparities might include biased decision making in the criminal justice system, as well as individual factors of poverty, educational attainment, unemployment and criminal history. It indicates that there is more disparity for drug crimes than for more serious crimes like homicide. It further explains that the dramatic increase in incarceration began in 1973, when harsher drug laws were implemented and imprisonment increased particularly for drug offenses.

It reports that data from 1995 to 2005 shows that the black or African American population made up about 13% of drug users, but 36% of drug arrests and 46% of drug convictions. Such initiatives that were part of the war on drugs have been identified as ineffective in decreasing either crime or drug addiction, but resulted in greater racial disparities in incarceration.

<http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>

The Equal Justice Initiative has reported on disparity in administration of the death penalty. It notes that 42% of the 2,905 people on death row are black or African American, a much larger percent than they represent in the general population. Since 1976, 35% of the people executed were black, and in more than 75% of the cases, the victim was white. However, only about half of the murder victims are white. Typically, the chief prosecutors in death penalty cases are white, with only about 1% who were black.

The Equal Justice Initiative explains that although many states have suspended or decreased capital punishment, most Southern states continue to convict, condemn and execute a disproportionate number of people who were poor or racial minorities.

<http://eji.org/death-penalty>

The Death Penalty Information Center reports that 31 states continue to use the death penalty, including Tennessee. Since 1976, the State of Texas has executed the most prisoners on death row (539) and Tennessee has executed 6. However, it notes that the number of death sentences has dropped dramatically since 1998 (295) through 2015 (49), the last year for which data was available.

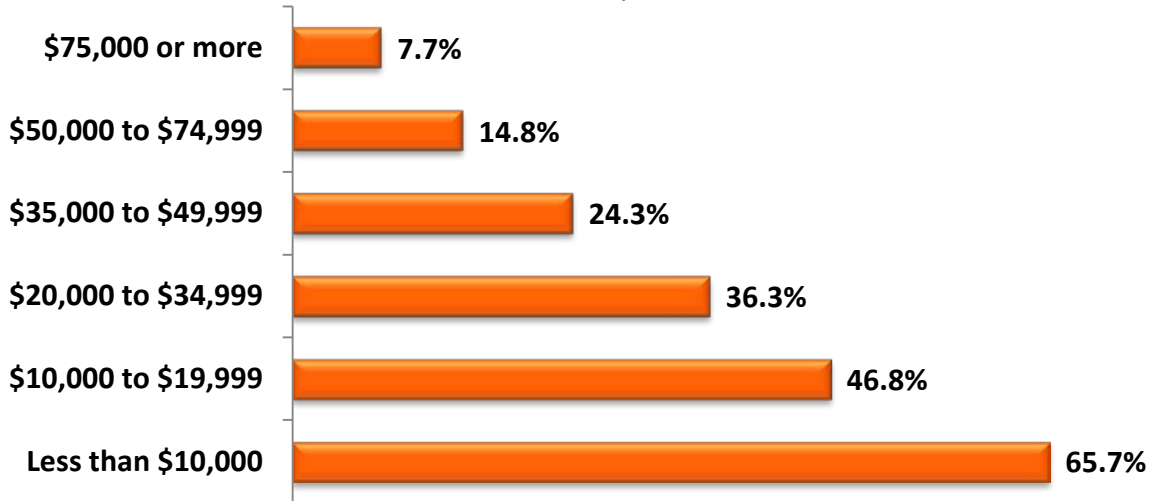
Since 1976, it notes that the black or African American Population was executed at almost three times the rate that race populates the U.S., with an even greater disparity of inmates on death row (42% black).

<http://www.deathpenaltyinfo.org/documents/FactSheet.pdf>

Computer/Internet Access

As noted in Chart 24 in the Demographic Profile, in 2015, 88.5% of Davidson County households had a computer and 75.6% had broadband internet. Chart D-16 shows how income is related to household internet subscription.

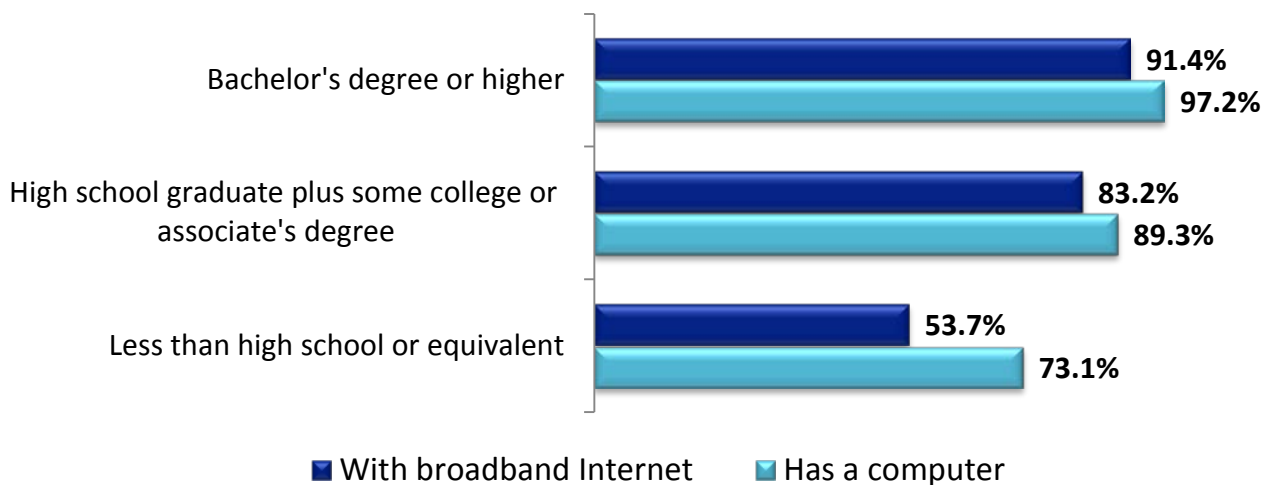
Chart D-16: No Internet Subscription by Income Category
Davidson County, 2015



Source: 2015 American Community Survey

Chart D-17 shows the percent of households with a computer and with broadband internet by the level of educational attainment. Among Davidson County's 267,952, 233,152 are estimated to have a computer and 200,965 have broadband internet.

Chart D-17: Percent with a Computer/Broadband Internet by Educational Attainment
Davidson County, 2015



Source: 2015 American Community Survey

National Trends in Disparity



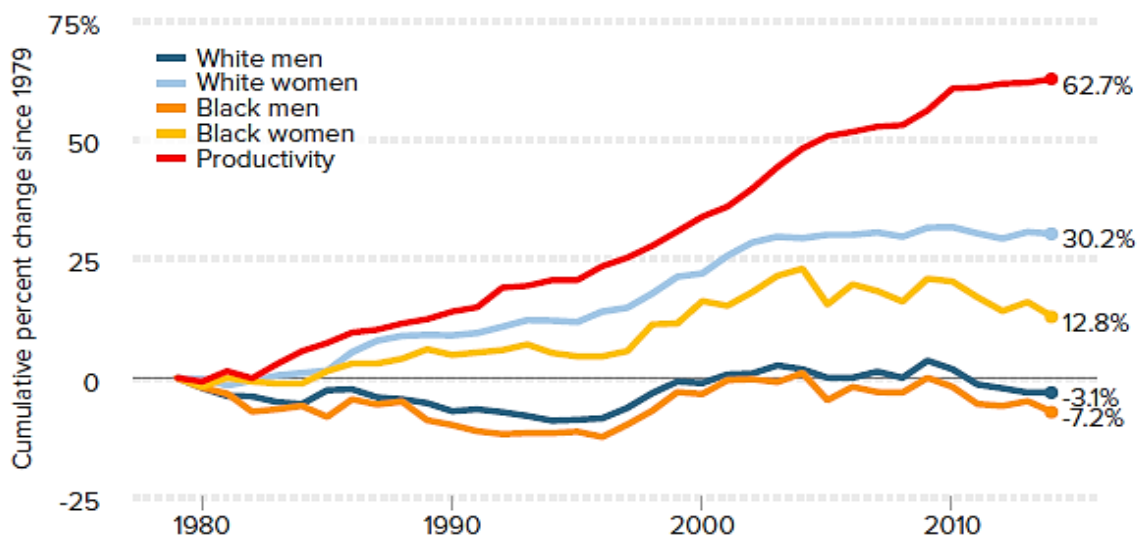
Black-white wage gaps expand with rising wage inequality (Economic Policy Institute, September 2016) said, "Black-white wage gaps are larger today than they were in 1979." It explains that the wage gap increased in the early 1980s because of rising unemployment, declining union participation, lax enforcement of anti-discrimination laws and the low minimum wage. During periods of very low unemployment, increases in the minimum wage and better enforcement of anti-discrimination laws, the wage gap shrank in the late 1990s.

Black-white wage gaps noted that the wage gap has grown since 2000. It indicated that in 2015, based on hourly wages of white men with comparable education, experience and region of residence, black men make 22.0% less and black women make 34.2% less. Black women earn 11.7% less than white women, and younger black women with less than 10 years of experience have been hardest hit since 2000.

Productivity usually reflects the potential or wage growth, but wages for the vast majority of workers grew more slowly than productivity. However, *Black-white wage gaps* report indicates that the wage growth for the top 1% in income has exceeded the rate of productivity growth. Because a disproportionate share of the increase in productivity went to the top earners, other workers did not receive their share of the economic rewards they helped to create in recent decades.

Chart D-20 shows that productivity has continued to rise steadily for 35 years, while the hourly wage growth has experienced fluctuations and leveling off.

**Chart D-20: Hourly Median Wage Growth by Gender, Race and Ethnicity
With Economy-Wide Productivity Growth**
U.S., 1979-2014



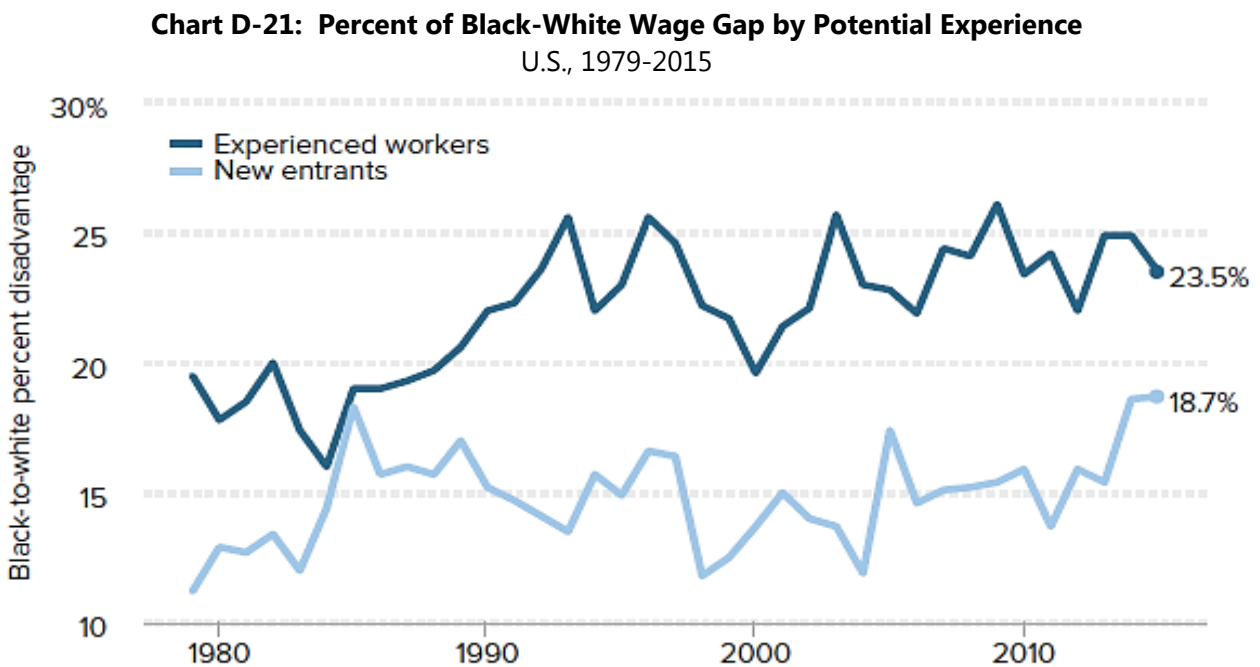
Note: Race/ethnicity categories are mutually exclusive (i.e., white non-Hispanic, black non-Hispanic, and Hispanic any race).

Source: EPI analysis of unpublished Total Economy Productivity data from Bureau of Labor Statistics Labor Productivity and Costs program, and Current Population Survey Outgoing Rotation Group microdata

The Economic Policy Institute's report also found:

- The black-white wage gap remains larger for men than for women. The hourly wages for black men were 22.2% lower than for white men in 1979, compared to 31% in 2015.
- In 1979, there was a 6.5% wage gap between black and white women that increased to 19.0% in 2015.
- With about a quarter of the black-white gap for men and about a third of the gap for women explained by education and experience levels, almost three-quarters are not attributed to these differences.
- Patterns are also reflected by age and level of experience, particularly for college graduates and black men overall.
- Among less-educated workers, black-white wage inequality is now less regional and is a greater problem for Americans overall. After 1979, black-white gaps across regions converged at even higher levels of inequality.

Chart D-21 shows the black-white wage gaps for men, comparing new workers with experienced workers. It shows that since 1980, the wage gap has typically been greater for experienced workers and was 23.5% for experienced workers and 18.7% for new entrants in 2015.



Note: Experienced workers have 11 to 20 years of experience. New entrants have 0 to 10 years of experience. Gaps are of adjusted average hourly wages.

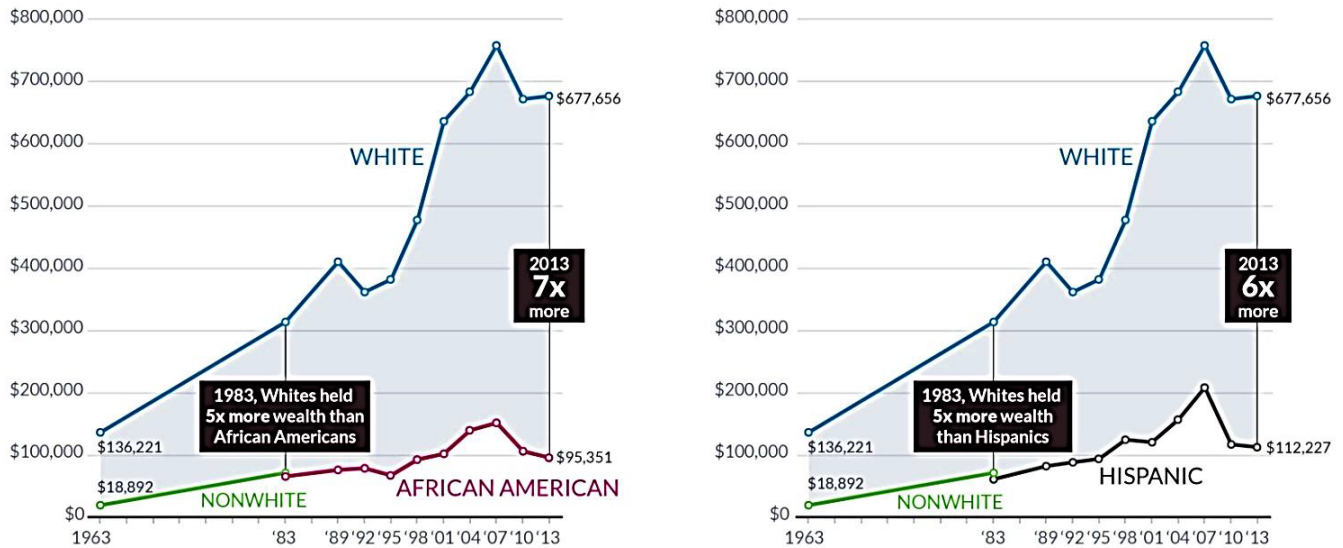
Source: EPI analysis of Current Population Survey (CPS) Outgoing Rotation Group microdata

<http://www.epi.org/publication/black-white-wage-gaps-expand-with-rising-wage-inequality/>

The Urban Institute described how racial and ethnic wealth disparities have increased in the U.S. It noted that in 1963, the average wealth of white families was \$117,000 higher than the average wealth of nonwhite

families. However, by 2013, the average wealth of white families was more than \$500,000 than the average wealth of African American families (\$95,000) and Hispanic families (\$112,000), as shown in Chart D-22.

Chart D-22: Average Family Wealth by Race/Ethnicity
U.S., 1963-2013



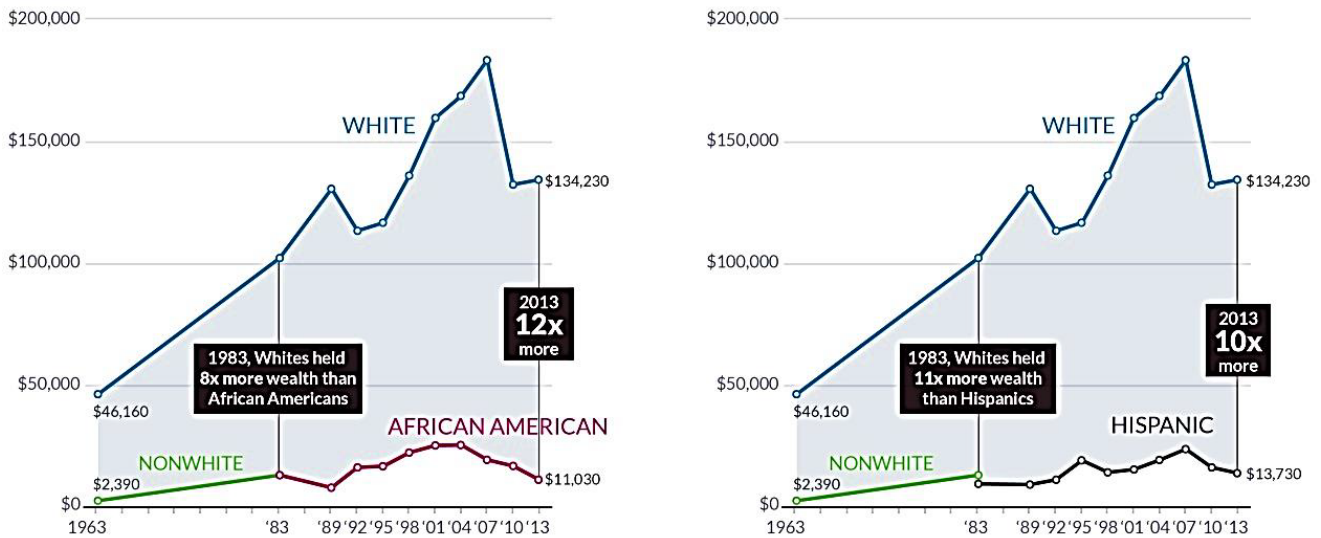
Sources: Urban Institute calculations from Survey of Financial Characteristics of Consumers 1962 (December 31), Survey of Changes in Family Finances 1963, and Survey of Consumer Finances 1983-2013.

Notes: 2013 dollars. No comparable data are available between 1963 and 1983. African American/Hispanic distinction within nonwhite population available only in 1983 and later.

URBAN INSTITUTE

Chart D-23 shows the median family wealth by race/ethnicity for the same period, reflecting the same trend in disparity between family wealth by race/ethnicity.

Chart D-23: Median Family Wealth by Race/Ethnicity
U.S., 1963-2013



Sources: Urban Institute calculations from Survey of Financial Characteristics of Consumers 1962 (December 31), Survey of Changes in Family Finances 1963, and Survey of Consumer Finances 1983-2013.

Notes: 2013 dollars. No comparable data are available between 1963 and 1983. African American/Hispanic distinction within nonwhite population available only in 1983 and later.

URBAN INSTITUTE

Living in a poor neighborhood changes everything about your life (Vox, January 12, 2017) describes decades of discriminatory housing practices of federal agencies that contributed to the proliferation of poor/distressed neighborhoods across the U.S.

One example from 1940 was the U.S. Federal Housing Administration's refusal to back the loan of a white developer because the proposed development was too close to an "inharmonious racial group," which was black or African American residents in Detroit. After the developer built a 6' half-mile wall between the new development and the black residents, the FHA approved the loan. In addition, at that time, the FHA refused to back loans to black people or to people who lived near black people because they considered the loans "too risky."

Among the younger generation, the same number of black children continued to grow up in the very poorest neighborhoods.

Nothing had changed. This study showed there is very little intergenerational mobility in black families. If you're black and your parents grew up in a poor neighborhood, then you probably ended up in a poor neighborhood too.

From Living in a poor neighborhood changes everything about your life

Census tracts that have at least 40% of residents living at or below the level of poverty are considered "extreme poverty." Recent findings indicate that the number of census tracts with extreme poverty more than doubled from the year 2000 to the period 2010-2014. The number of these extreme poverty tracts went from 1,988 (2.4%) to 4,102 (4.4%) during that time.

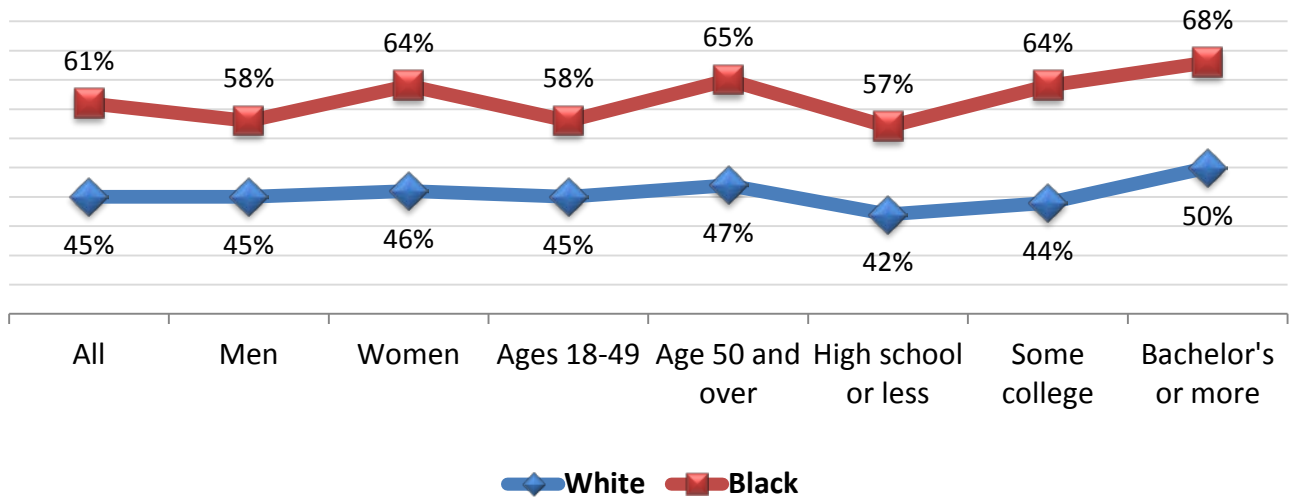
Living in a poor neighborhood describes how poverty can cause lasting damage to children, which can last throughout adulthood. A disproportionate number of poor neighborhoods include primarily people who are of racial minorities. It describes a recent survey that included a question about how happy respondents were the previous day, and those who lived in distressed neighborhoods (with poverty, unemployment and lower educational attainment) were far more unhappy than those in neighborhoods with advantages were.

<http://www.vox.com/2016/6/6/11852640/cartoon-poor-neighborhoods>

On June 26, 2016, the Pew Research Center released *On Views of Race and Inequality, Blacks and Whites are Worlds Apart*. Even before the November 2016 election, blacks were much more likely than whites to say that the U.S. needs to continue making changes for blacks to have equal rights (88% compared to 53% of whites who said this). *On Views of Race and Inequality* explained that there are "widely different perceptions" among black and white adults about what life in the U.S. is like for black residents.

Chart D-24 shows the findings from the Pew Research Center on how many respondents indicated, "Race Relations in the U.S. are Generally Bad," by gender, age, race and educational attainment. Overall, the perception by black or African Americans was significantly more negative than for white respondents.

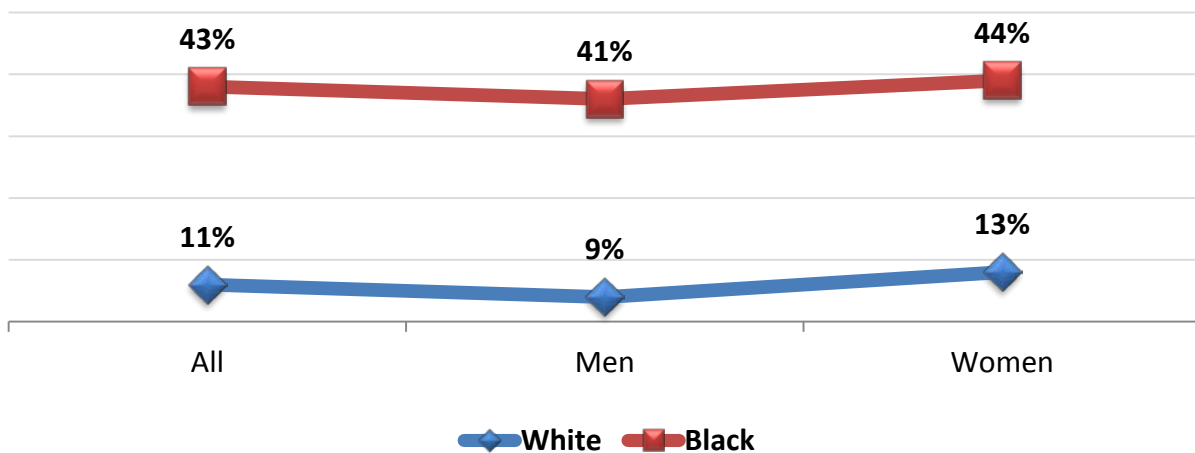
Chart D-24: Percent Indicating "Race Relations in the U.S. are Generally Bad"
U.S., 2015



Source: Pew Research Center

As shown in Chart D-2, the percent of respondents who indicated, "Our country will not make the changes needed to give blacks equal rights with whites" was dramatically different between black or African American respondents and white respondents.

Chart D-25: Percent Indicating "Our country will not make the changes needed to give blacks equal rights with whites"
U.S., 2015



Source: Pew Research Center

<http://www.pewsocialtrends.org/2016/06/27/on-views-of-race-and-inequality-blacks-and-whites-are-worlds-apart/>

Among the detrimental results of mass incarceration is how it has impaired the children in the families of the incarcerated. *Mass incarceration and children's outcomes* (Economic Policy Institute, December 15, 2016) explains how mass incarceration has lowered various cognitive and other outcomes that affect children's performance in schools.

As an identified Adverse Childhood Experience (ACE), there is neuroscientific evidence that demonstrates the multiple types of brain and body damage caused by ACEs. Because black parents are disproportionately incarcerated, there has been greater impairment to the education and achievement of black children.

The U.S. is the modern world's leader in incarceration, with approximately 700 incarcerated out of every 100,000 residents. The only other country even close to this number is Turkmenistan with 600. El Salvador and Cuba have 500 each, followed by Thailand and the Russian Federation at 450. With far fewer incarcerations are the United Kingdom (England and Wales) and Spain at 150, with Canada and France at 100. The Sentencing Project notes that the U.S. spends \$80 billion on prisons and jails each year.

The United States spends
\$80 
BILLION
annually on
prisons and jails

Mass incarceration and children's outcomes describes an ironic situation in which nationwide crime rates have continued to decline during the 1990s, while incarceration increased. It explains that previous research had indicated that one of the reasons for a decrease in crime after that period was the removal of lead from gasoline in the 1970s. The young men born before that time were found more likely to commit crimes, related to greater exposure to lead that is correlated with cognitive behavioral impairment and increased criminal behavior. There were additional factors that contributed to the decrease in crime such as an aging population, decreased alcohol consumption, income grown and decreased unemployment.

The report pointed out that there is no evidence to indicate whether the high imprisonment levels do more to deter crime or more to breed additional crime. When prisoners are released, they face additional challenges in employability in the legal economy, which could increase crime in the long term.

As described elsewhere in this section, it also emphasizes the enhanced sentencing for drug related offences, including severe mandatory sentences for less serious offenses, with no evidence that imprisonment resulted in any decrease in the rate of drug use in this country. The effect has been exacerbated because of released offenders who have been returned to prison for technical probation violations or inability to pay increased fines and court fees.

Children with incarcerated parents are more likely to experience mental and physical problems. When children have incarcerated fathers, they are 72% more likely to have Post-Traumatic Stress Disorder than other children, 51% more likely to have anxiety, 31% more likely to have high cholesterol, 30% more likely to have asthma and 26% more likely to have migraine headaches.

Key findings from *Mass incarceration and children's outcomes* include:

- A black or African American child is six times as likely as a white child to have or have had an incarcerated parent. A growing share of African Americans have been arrested for drug crimes, yet African Americans are no more likely than whites to sell or use drugs.

- Independent of other social and economic characteristics, children of incarcerated parents are more likely to:
 - Drop out of school or develop learning disabilities, including attention deficit hyperactivity disorder (ADHD)
 - Misbehave in school
 - Suffer from migraines, asthma, high cholesterol, depression, anxiety, post-traumatic stress disorder, and homelessness

The report concludes that the war on drugs and its subsequent mass incarceration has created damage to children, who are more likely to be black or African American because of the disproportionate arrest, conviction and incarceration pattern in the U.S. When there are low-income minority neighborhoods where children with incarcerated parents are concentrated, the effects are even more detrimental.

Because of the clear interaction the war on drugs and mass incarceration has had with the impairment of educational attainment, it is an issue that should have attention in school reform. Unfortunately, policymakers have not typically understood the connection between actions of the criminal justice system on children, allowing the damage to continue.

<http://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/>



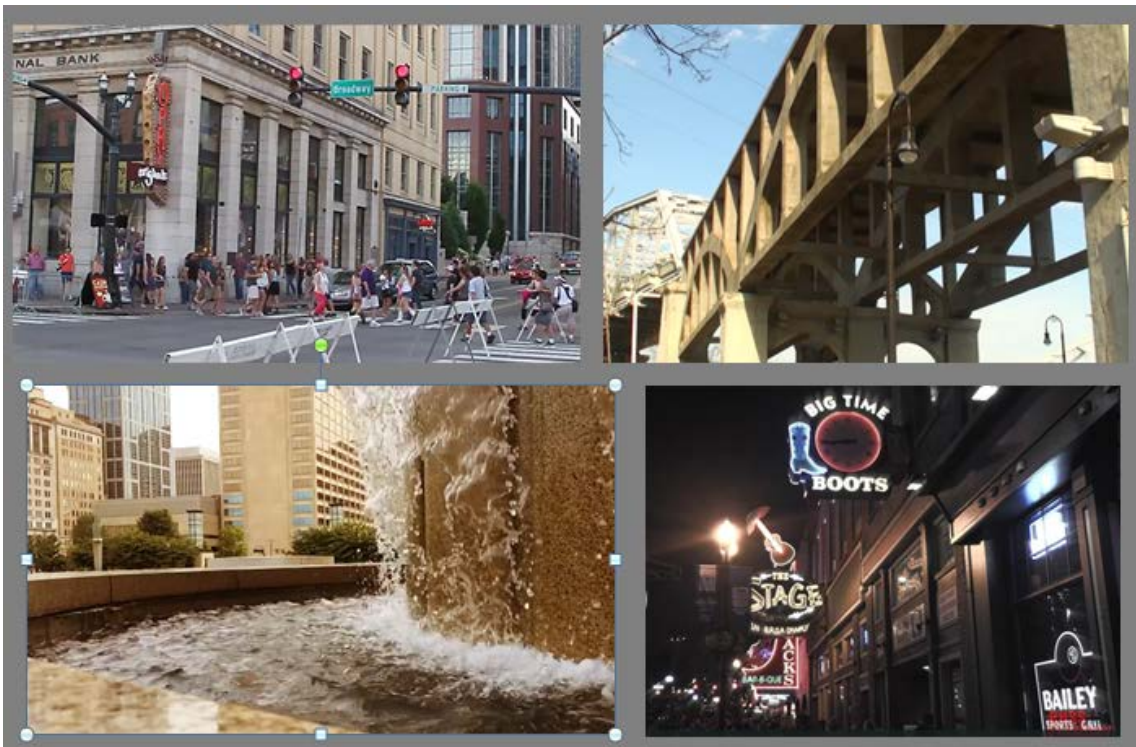
Images from Google Maps (Davidson County)

Local Information

The Local Information section includes data gathered about Davidson County residents by Davidson County organizations.

It includes data from the Grassroots Community Survey (described in the Methodology section), data about direct service customers of Metropolitan Social Services, United Way's 2-1-1 calls, and an update about the Financial Assistance Coalition headed by Rooftop Foundation and NeedLink of Nashville.

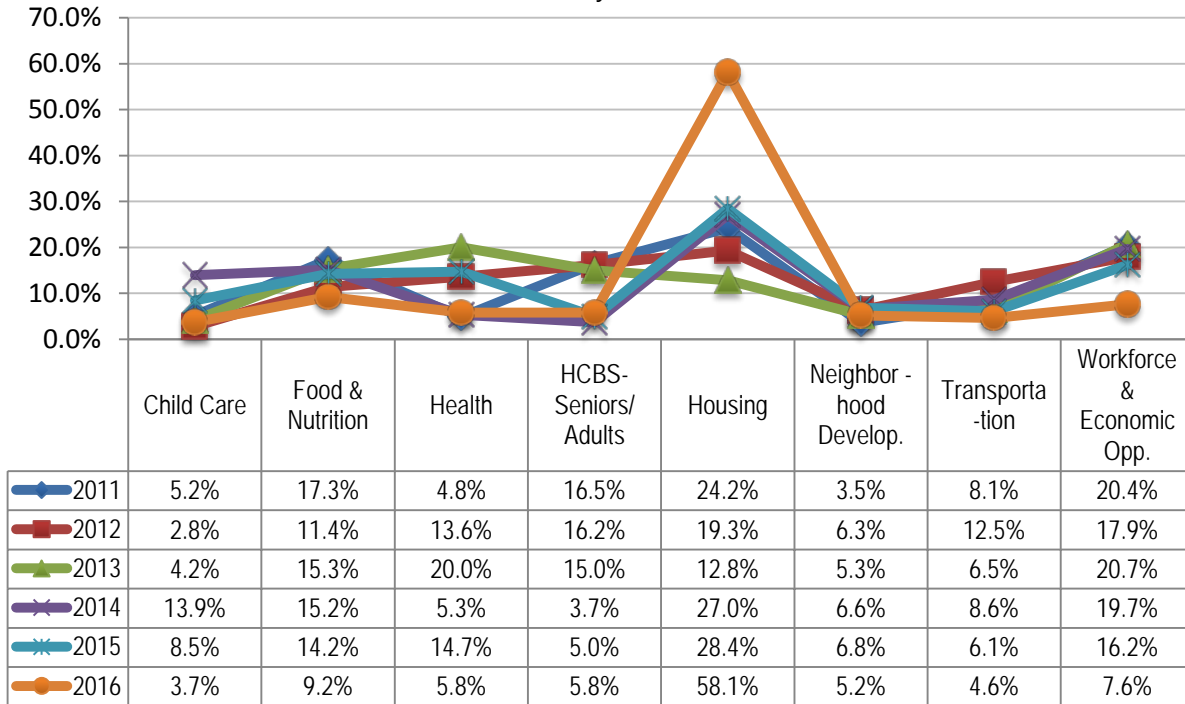
Data from all these sources suggest a continuing need for financial assistance for basic necessities, especially for the housing needs of rent and utility assistance.



Grassroots Community Survey

Chart L-1 shows the responses to the question, "Which social/human service need has the largest gap between the services now available and what is needed?" In most years, respondents indicated a greater level of gaps in housing assistance that peaked in 2016 at a level far higher than in previous years. Help with Rent Payments was identified most frequently in 2016, closely followed by Help with Utility Bills. Workforce & Economic Opportunity was consistently identified as having a high need in most years, with Help Finding a Job/Job Placement ranking highest, followed by Job Training. Additional information is provided in topical sections. A sample of the Grassroots Community Survey form is in the Appendix.

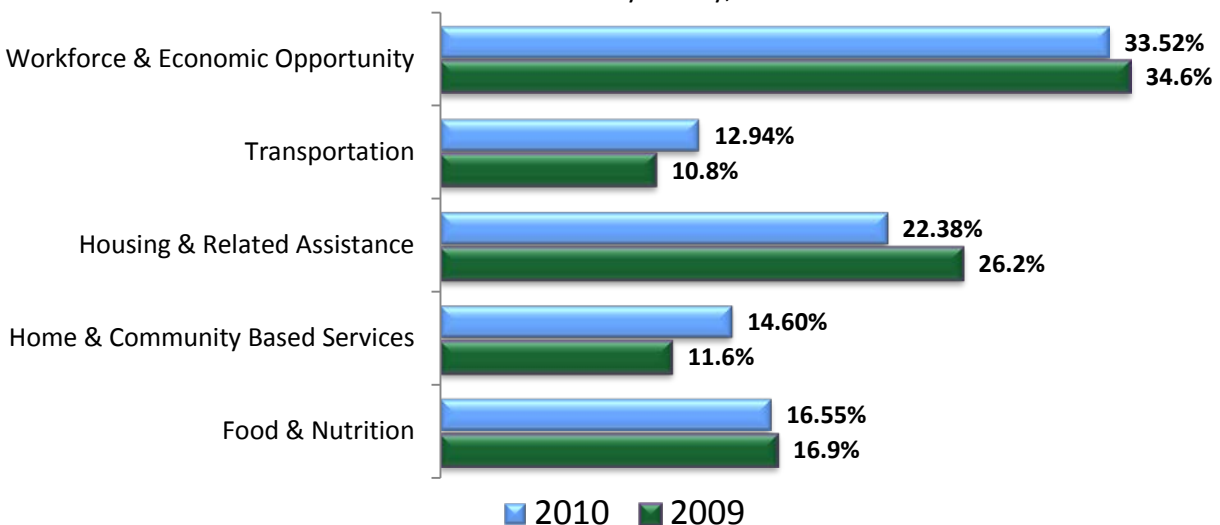
Chart L-1: Largest Gap in Services
Grassroots Community Services, 2011-2016



Source: MSS Grassroots Community Surveys, 2011-2016

In 2009 and 2010, the Grassroots Community Survey used categories that differed from those used beginning in 2011. For that reason, direct comparisons were not used, but in both those years, the greatest gap in services was identified as Workforce & Economic Opportunity gaps in services, followed by Housing & Related Assistance. Chart L-2 shows the findings for the question of the largest gap for the 2009 and 2010 Grassroots Community Survey.

Chart L-2: Largest Gap in Services
Grassroots Community Survey, 2009-2010



Source: MSS Grassroots Community Surveys, 2009-2010



Metropolitan Social Services Direct Services Customer Data

Metropolitan Social Services provides a range of services to help Davidson County residents who are most in need. Services are designed to promote positive change for individuals and families in times of crisis and economic hardship. In addition to Planning, Coordination and Social Data Analysis, a number of direct services are available and are described below.

<http://www.nashville.gov/Social-Services.aspx>



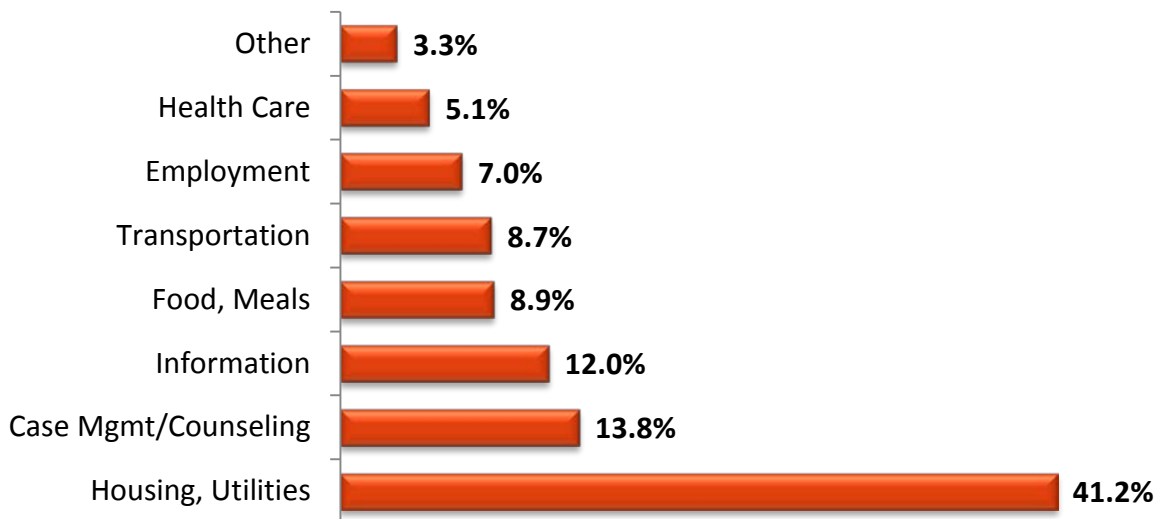
Front Desk Survey

From July 1, 2013 through October 31, 2016, people who visited Metropolitan Social Services to request assistance were asked to identify their needs through a voluntary and anonymous survey. The 3,380 people who completed a survey during that time identified a total of 6,762 needs. A few respondents left the form blank, while many others indicated multiple needs.

Chart MSS-1 shows the percent of identified needs by category of need. By far, the greatest need identified was for assistance with housing/utilities at 41.2%, which was almost three times the percent of the second most identified need. The second most often identified need was for case management/counseling at 13.8%, followed by information at 12.0%. Other needs were identified less than 10% of the time. Housing/utilities assistance has been consistently identified by more than 40%, across multiple years.

Chart MSS-1: Percent of Needs Identified by Category

MSS Front Desk Survey, July 2013-October 2016

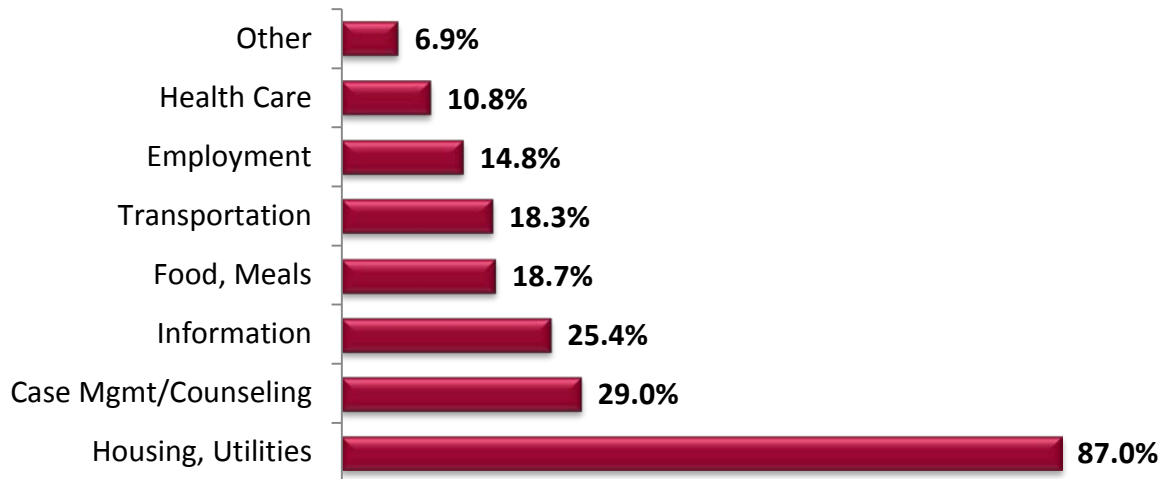


Source: MSS Front Desk Survey

Among all survey respondents, 87.0% of them identified a need for help with housing and/or utility bills. Because MSS has no direct access to housing, the department works with a number of community partners to facilitate delivery of service to MSS clients. Clients who agree to participate in longer-term case management receive help navigating the affordable and subsidized housing systems.

MSS-2: Percent of People Who Identified Specific Needs

MSS Front Desk Survey, 2013-2016



Source: MSS Front Desk Survey

Family Support Services Program

Many of the core services of Metro Social Services are provided through the Family Support Services Program, either through Case Management or Information and Resources Assistance.

Definitions

Case Management Services - an ongoing collaborative process of assessing, planning, coordinating, and advocating for options and services to meet an individual’s and family’s comprehensive needs. This could include assistance with a variety of needs, providing assistance with housing related needs, food assistance, clothing, employment, accessing health care and helping customers navigate service delivery systems.

Information and Resource Assistance – services that provide information about community services, where to find resources or other brief-encounter assistance.

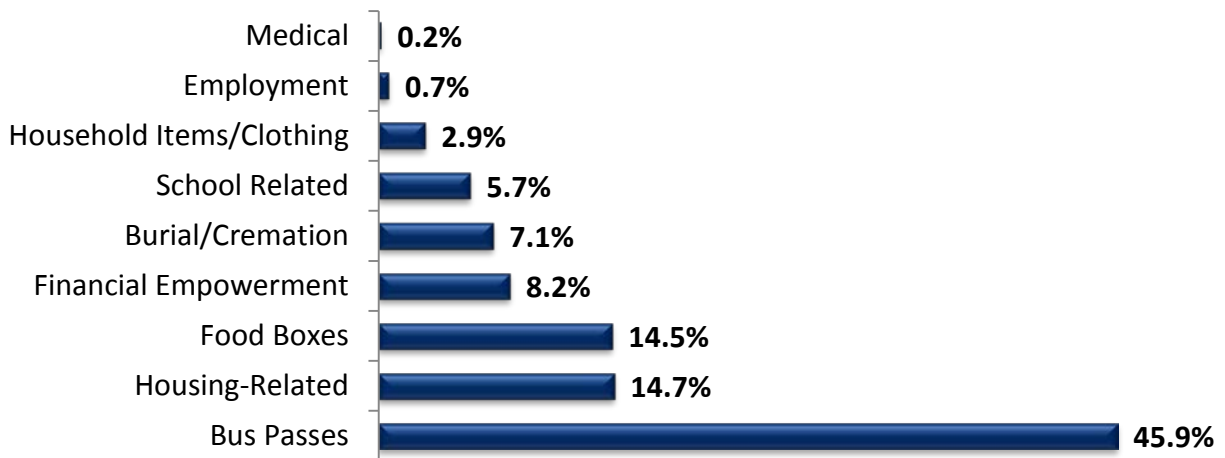
The primary type of service through Information and Resources is information and brief guidance, while Case Management is for those who need more extensive information, assessment, counseling and other case management services.

Many of the individuals and families identify multiple needs when they request assistance or information. During the previous fiscal year (July 1, 2015-June 30, 2016), there were 8,475 requests, made by a total of 2,396 individuals/families.

Among the services provided by Metro Social Services is through the Burial/Cremation program that coordinates and funds the burials/cremation of deceased persons who did not leave sufficient resources to cover final expenses. Among the requests for assistance were for burials and cremations for indigent residents of Davidson County. There were 115 burials provided and 26 cremations provided during FY 2015-2016.

Chart MSS-3 shows the percentage by general category for the 2,112 services provided through Case Management for FY 2015-2016.

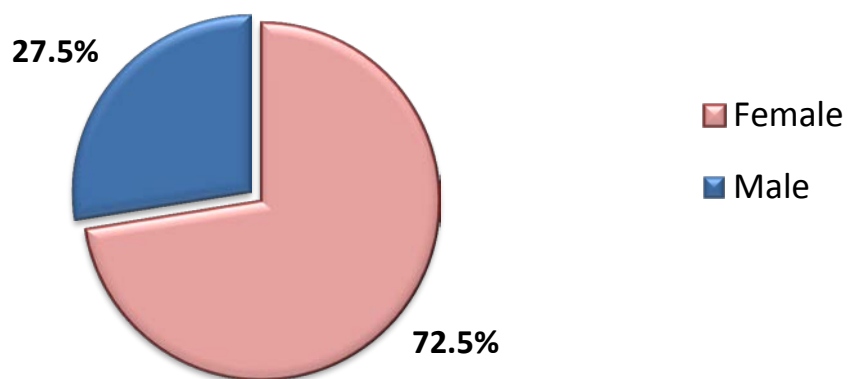
Chart MSS-3: Categories of Case Management Services Provided
FY 2015-2016



Source: MSS Direct Service Programs

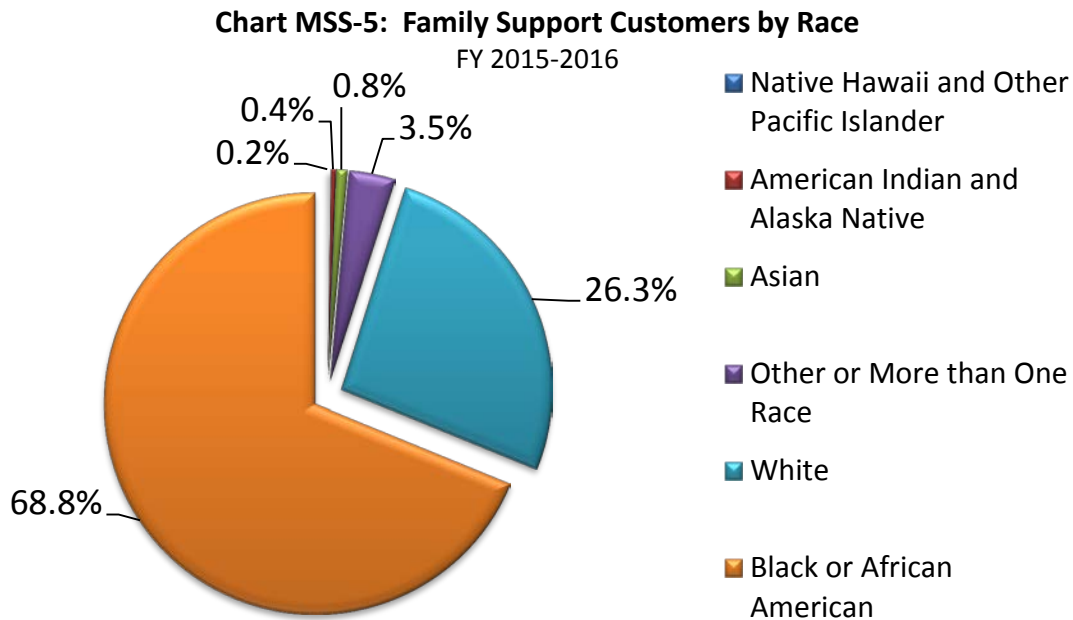
Below is demographic data for the 2,396 individuals and families, including 1,182 who received Case Management and 1,214 who received Information and Resources. Chart MSS-4 shows that most Family Support Services customers were female (72.5%).

Chart MSS-4: Family Support Customers by Gender
FY 2015-2016



Source: MSS Direct Service Programs

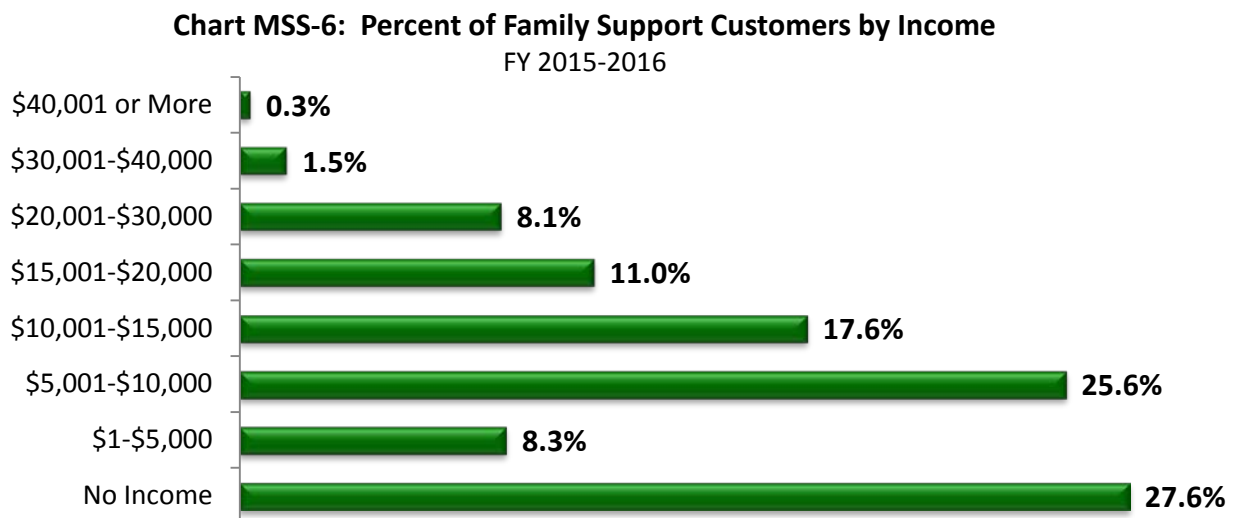
Chart MSS-5 shows that the largest racial category served by the Family Support Services Program were black or African American (68.8%), followed by white 26.3%.



Source: MSS Direct Service Programs

The primary source of income for Family Support Services customers was from the Social Security Administration, through retirement, disability or SSI benefits, followed by the customer’s income from employment. More than 1/4 of Family Support customers had no income.

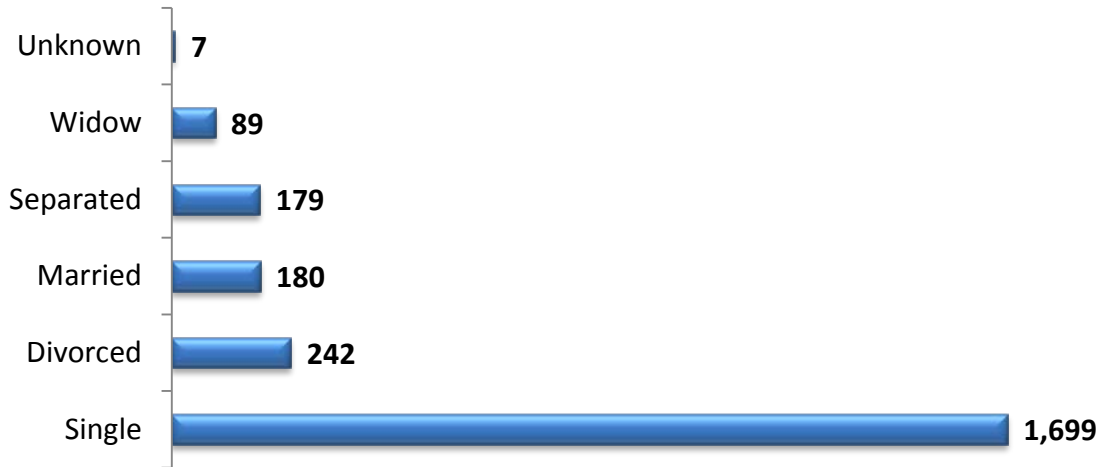
The largest percentage of Family Support customers (individuals/families) had no income (27.6%), followed closely by those with \$5,001 to \$10,000. There were 61.5% of MSS Family Support customers who had incomes below \$15,000, as shown in Chart MSS-6. About 60% of these customers reported less than \$15,000 in income per year.



Source: MSS Direct Service Programs

Chart MSS-7 show that most Family Support customers were single.

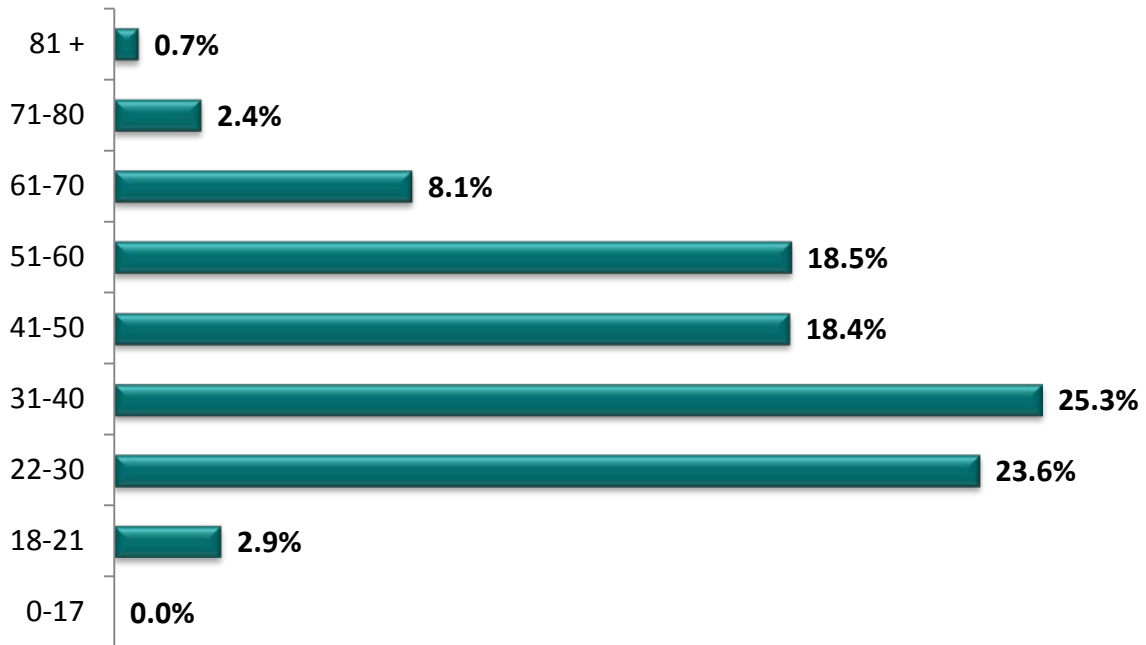
Chart MSS-7: Family Support Customers by Marital Status
FY 2015-2016



Source: MSS Direct Service Programs

Chart MSS-8 shows the age category distribution for Family Support customers, with 51.8% between 18 and 40 years of age.

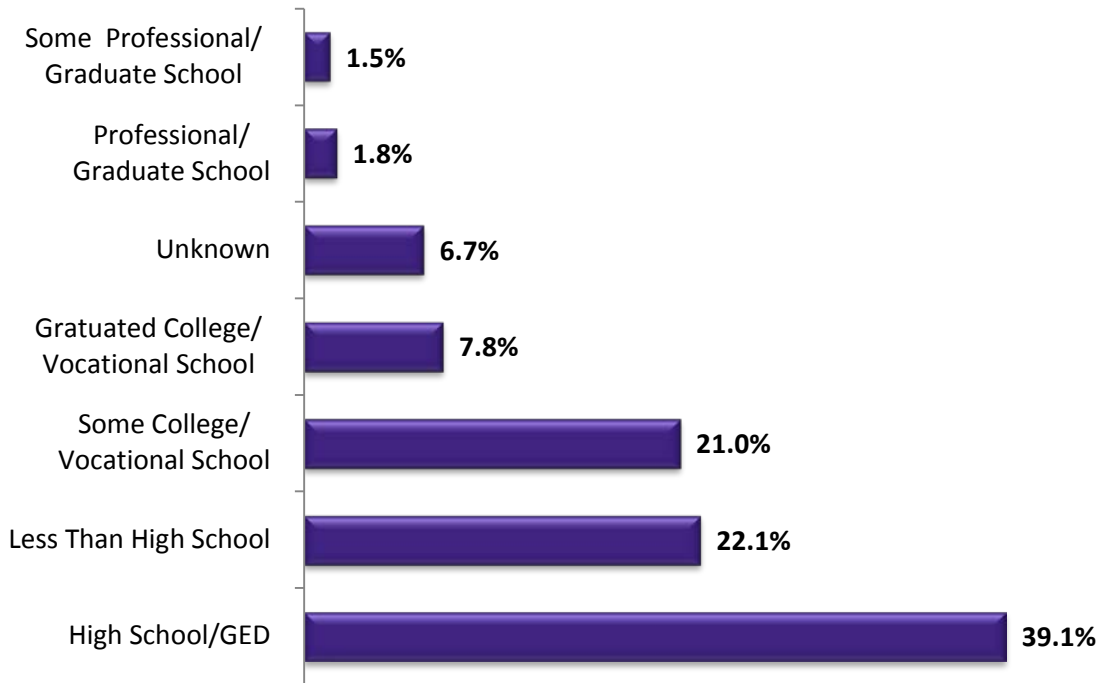
Chart MSS-8: Family Support Customers by Age Category
FY 2015-2016



Source: MSS Direct Service Programs

The largest educational attainment category for Family Support customers was 39.1% who had high school education or equivalent, as shown in Chart MSS-9.

Chart MSS-9: Percent of MSS Customers by Educational Attainment
FY 2015-2016



Source: MSS Direct Service Programs

Senior Nutrition Program

MSS provides nutritionally sound meals to eligible seniors and disabled persons. The program provides Congregate Meals in strategically located centers in Davidson County. It also provides Home Delivered Meals to older and disabled adults who do not have the ability to prepare nutritious meals for themselves. A total of 11,238 meals were provided to older residents in Davidson County during FY 2015-2016. The program is funded by both Metro funds and grant funds.

The Senior Nutrition Program promotes better health through improved nutrition, reducing isolation of the elderly while helping them continue living independently in the community. In addition to nutritious meals, participants also had educational and enrichment activities.

During FY 2015-2016, the Senior Nutrition Program served a total of 937 senior residents of Davidson County, an average of 196 meals per person during the fiscal year's weekdays.

Homemaker Services Program

The Homemaker Services Program provided 10,415 hours of Homemaker and personal care services to 96 customers. The number of customers and the number of hours were considerably fewer than in previous years. After several years of operation, the Homemaker Services Program transitioned to a close at the end of 2016.

United Way of Metropolitan Nashville

LIVE UNITED



United Way of Metropolitan Nashville

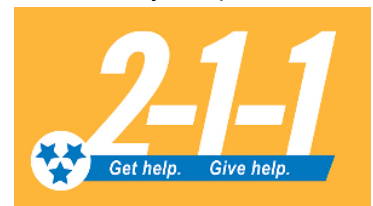
United Way of Metropolitan Nashville works to make Nashville better by creating strategic, scalable solutions that focus on education, financial stability and health. Its goal is to create long lasting changes to prevent problems from happening in the first place.

These are the building blocks for a good life – a quality education that leads to a stable job, enough income to support a family through retirement, and good health. Creating solutions in these areas moves people from dependence to independence.

~United Way of Metropolitan Nashville

United Way’s 2-1-1 Helpline serves Davidson County and 41 other regional counties. It includes a comprehensive database of community, educational and health services provided through government, nonprofit, community, civic, faith and other organizations. 2-1-1 is a 24-hour a day information and assistance help line that provides clients with resources to meet their needs. Information is available by telephone, text, chat, email, and there is also an online directory. All contact methods are available at <http://uw211.org>

2-1-1 continues to track needs identified by callers and referrals made to organization that could provide assistance.

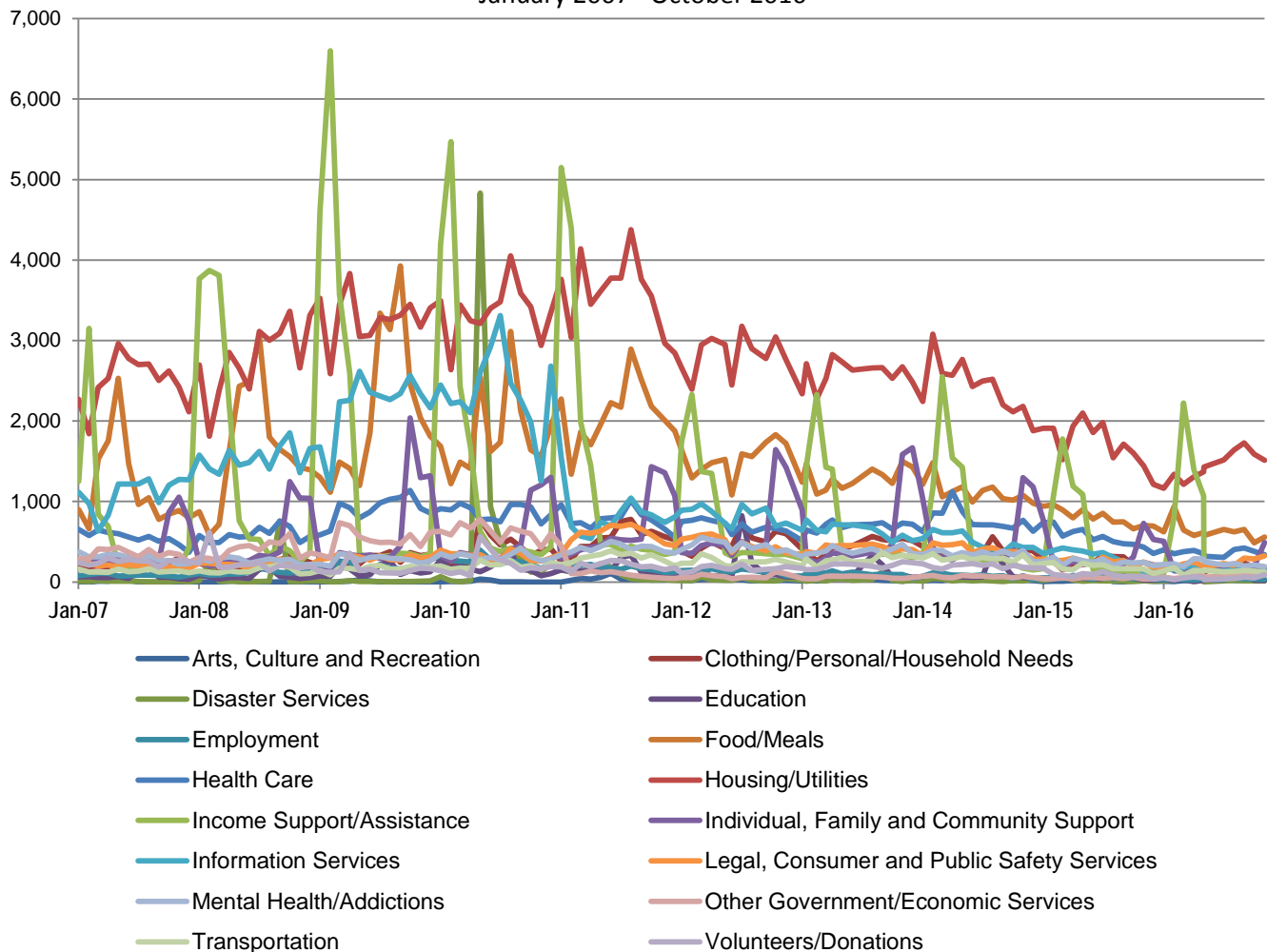


Category	Resources Included
Arts, Culture, and Recreation	Camps, computer and technology classes, cooking classes, parks, recreational facilities, youth enrichment programs
Clothing/Personal/Household Needs	Air conditioners, appliances, cell phones, clothing, diapers, furniture
Disaster Services	Cold weather shelters, Disaster relief/recovery organizations, FEMA
Education	Adult education, English as a Second Language, Head Start, High School Equivalency, local school boards, school supplies
Employment	Career centers, training and employment programs, vocational rehabilitation
Food/Meals	Food pantries, Meals on Wheels, SNAP/Food Stamps, WIC
Health Care	Dental care, glasses, health insurance, hospitals, public health, sliding-scale clinics
Housing	Affordable housing, homebuyer counseling, mortgage and rent assistance, temporary shelter, transitional housing
Income Support/Assistance	Credit counseling, Free tax preparation (VITA), Medicaid/TennCare, Social Security, TANF, Unemployment

Individual, Family and Community Support	Adult day programs, Adult Protective Services, case management, Children's Protective Services, holiday assistance programs, parenting classes
Information Services	2-1-1 providers, 3-1-1, government hotlines, libraries, specialized information and referral
Legal, Consumer and Public Safety Services	9-1-1, child support assistance/enforcement, driver licenses, legal services, police
Mental Health/Addictions	Crisis intervention, domestic violence hotlines, mental health facilities
Other Government/Economic Services	Public works, waste management
Utility Assistance	Discounted telephone service, utility service payment assistance
Transportation	Gas money, medical appointment transportation, travelers assistance
Volunteers/Donations	Donation pickups, volunteer opportunities

As shown in Chart UW-1, between January 2007 and October 2016, there were times in which the call volume spiked, particularly during the recession and recovery and the flood in 2010.

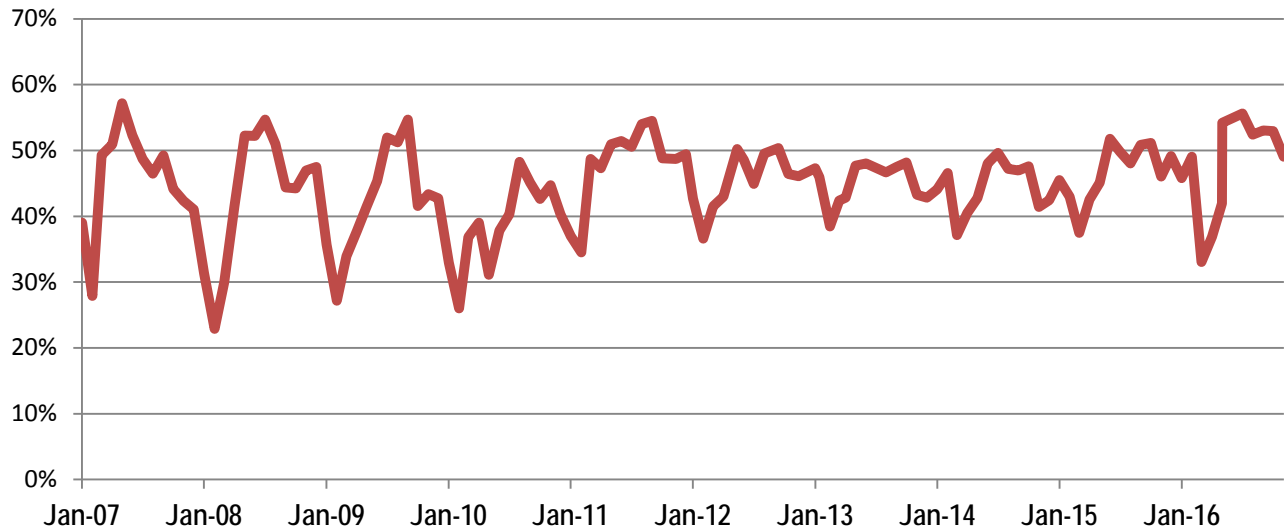
Chart UW-1: Calls to 2-1-1 by Need
January 2007 - October 2016



Source: United Way of Metropolitan Nashville

Basic needs include food, housing and utilities. The percent of calls that request one or more of these basic needs is usually high, with calls more than half of all calls in some months, as shown in Chart UW-2.

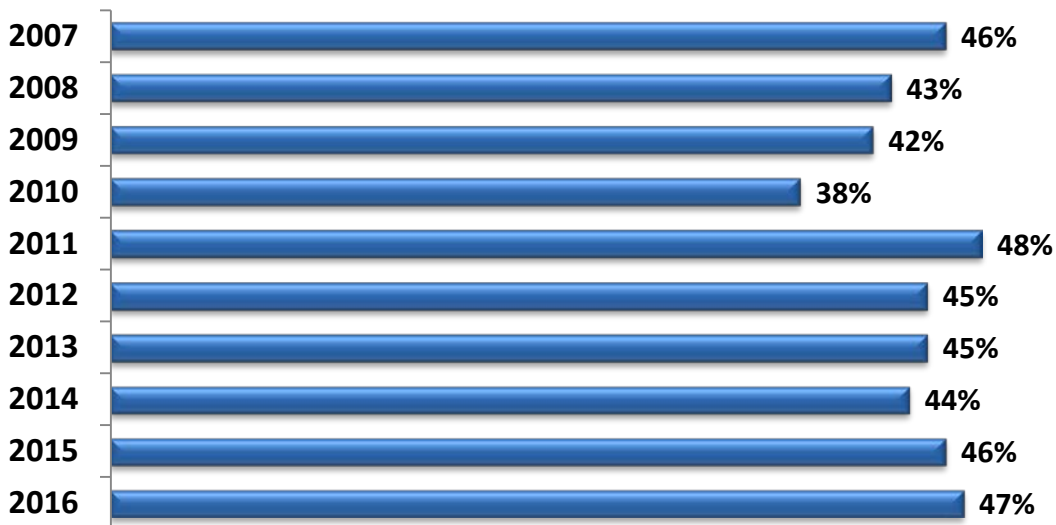
**Chart UW-2: Basic Needs as Percent of All Needs
(Food, Housing, Utilities)
January 2007 - October 2016**



Source: United Way of Metropolitan Nashville

Chart UW-3 reflects the percent of basic needs calls by year. The data for the last ten years is very consistent in showing the magnitude of food, housing and utility assistance needs. The only year in which the percent was below 42% of all needs was the year the flood occurred and there was a high volume of disaster assistance calls.

**Chart UW-3: Basic Needs as a Percent of All Needs
(Food, Housing, Utilities)
2007-2016**

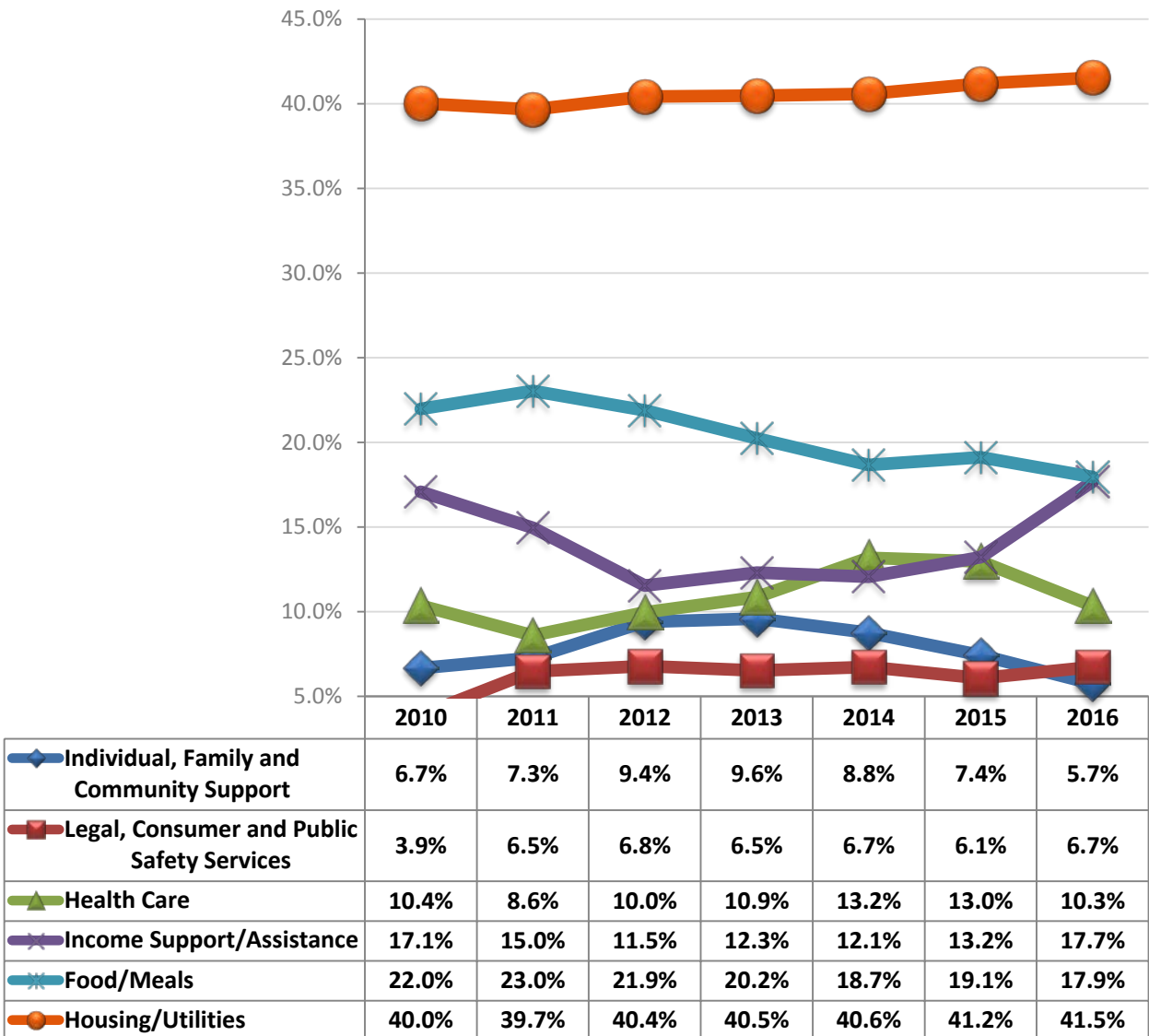


Source: United Way of Metropolitan Nashville

When comparing the top six categories for percent of 2-1-1 calls, Chart UW-4 shows a continuing need for assistance with housing and utilities. In most years, the percent of calls for housing/utilities was twice as high as the second highest need of food.

Since 2011, the percent of identified housing/utility has slightly increased each year until it was at its peak of 41.5% for January-October 2016.

Chart UW-4: Percent of 2-1-1 Calls - Top 6 Categories
2010-2016

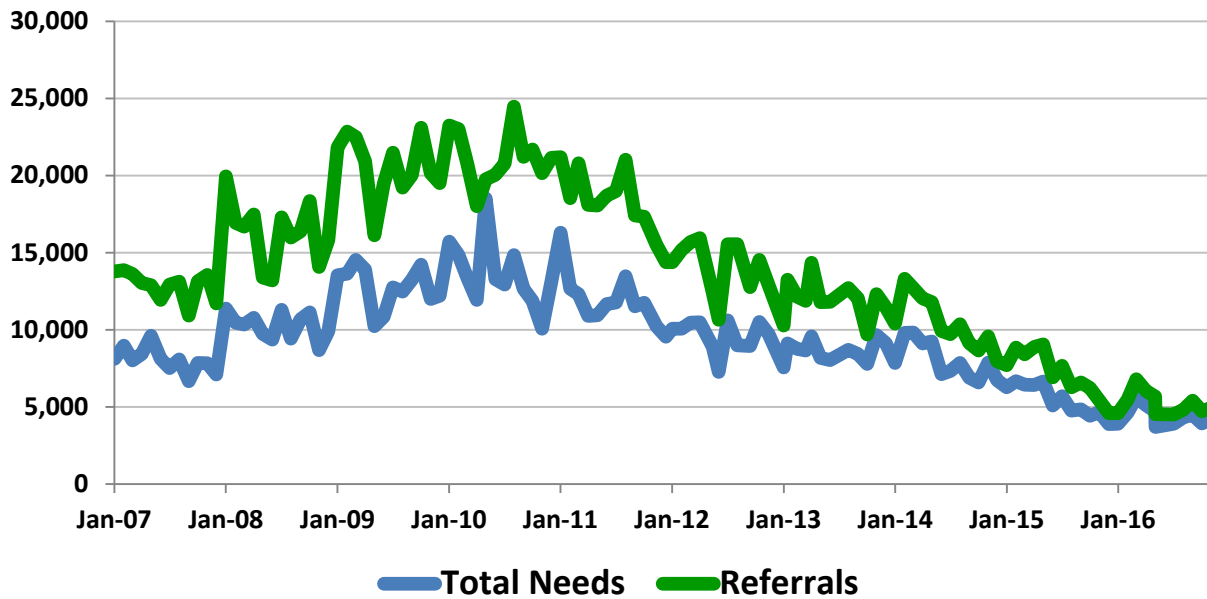


Source: United Way of Metropolitan Nashville

After the recession, the number of calls increased, as did the number of referrals. More recently, the number of referrals was closer to one per identified need.

Chart UW-5 shows the number of calls received and the number of referrals made by month.

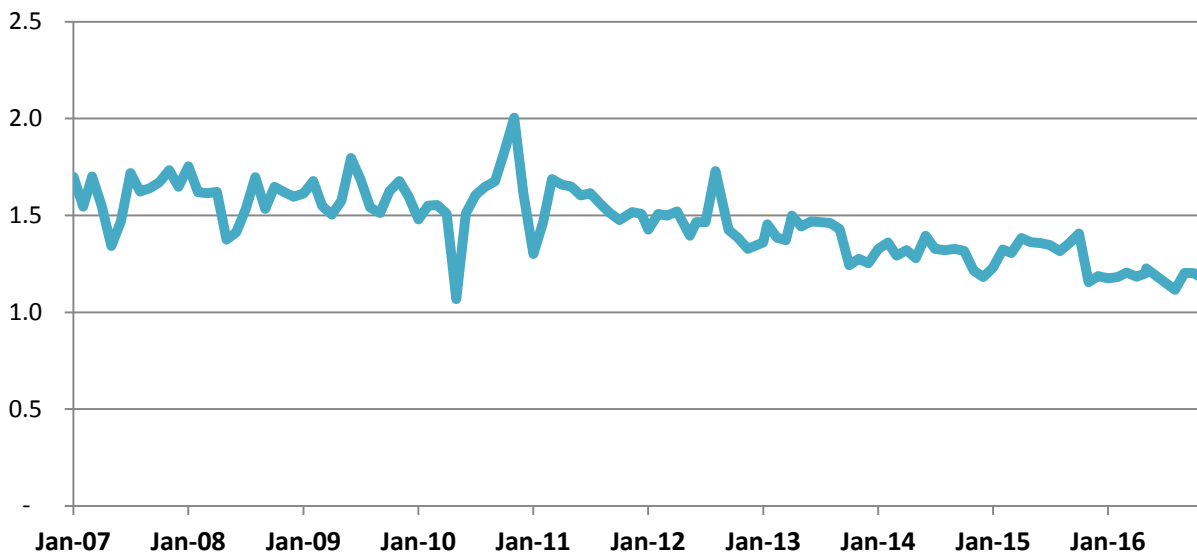
Chart UW-5: Number of Calls to 2-1-1, by Needs and Referrals
January 2007 - October 2016



Source: United Way of Metropolitan Nashville

Similar to the data reflected in Chart UW-4, Chart UW-5 shows that the number of referrals per need has decreased from about 2 to slightly over 1 referral per need.

Chart UW-5: Referrals Per Need
January 2007 - October 2016



Source: United Way of Metropolitan Nashville

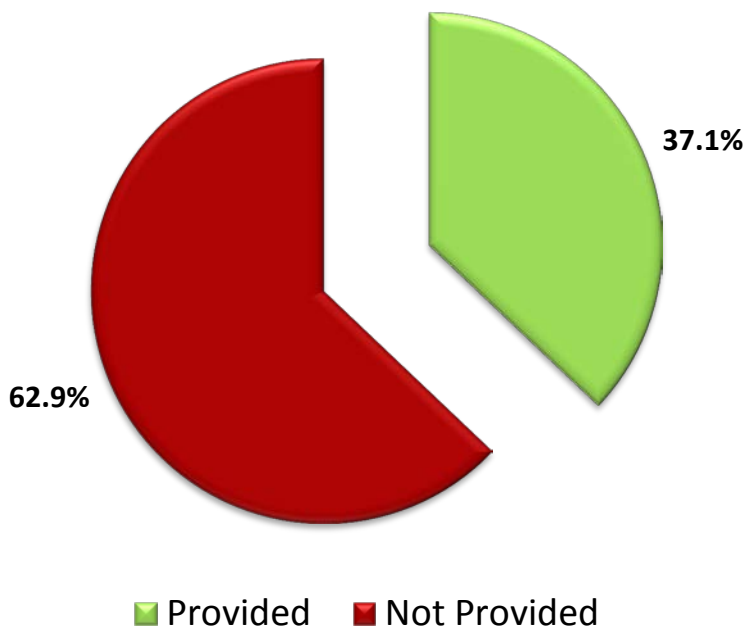
Financial Assistance Coalition

The Financial Assistance Coalition was created to bring together organizations that serve people who are in need. The agencies in the Coalition generally provide financial assistance to low-income people in Nashville. <http://www.nashville.gov/Social-Services/Planning-And-Coordination/Financial-Assistance-Coalition.aspx>

The 2014 Community Needs Evaluation reported on a data collection project that compiled data from six participating organizations that provide most of the financial assistance to Davidson County residents in need (described on page 64). It indicated that the need for financial assistance was greater than the resources available. Metropolitan Action Commission participated in the 2014 data collection. While they provide the greatest amount of financial assistance to Davidson County residents, they are bound by strict federal guidelines that exclude many who need assistance and allow assistance to be provided only once during a year to customers. http://www.nashville.gov/Portals/0/SiteContent/SocialServices/docs/plann_coord/FullCNE-2014.pdf

In 2016, a data update was prepared on the four nonprofit organizations that provide the most assistance to Davidson County residents in poverty – Rooftop Nashville, NeedLink Nashville, Project Return and St. Luke’s Community House. During the period January through June in 2016, a combined total of 4,630 requests were made to these four organizations for a combined total of about \$750,000. As shown in Chart L-3, only 37.1% of these funds were provided, primarily because the agencies did not have sufficient funds to meet the needs.

Chart L-3: Percent of Funds Provided/Not Provided
Rooftop, NeedLink, Project Return, St. Luke's
January-June, 2016



Source: Financial Assistance Coalition

Toxic Stress and Poverty

Last year's 2015 Community Needs Evaluation included a section on Consequences of Poverty in Childhood and Beyond (beginning on page 129). Because of the significant research findings about how toxic stress impairs the cognitive development of children, the 2016 Community Needs Evaluation will explore in detail how toxic stress in childhood is related to a variety of negative experiences, including poverty.

Adverse Childhood Experiences (ACEs) create toxic stress in minor children that can result in serious health, emotional and intellectual problems throughout adulthood. Recent research builds on the initial research in the research by the U. S. Centers for Disease Control and Kaiser Permanente in the mid-1990s to enhance the scientific knowledge on this multifaceted issue.

<https://www.cdc.gov/violenceprevention/acestudy/>

What PARENTS should know:

All young children need regular, frequent, ongoing positive interactions with their parents and other caregivers. Parents and other caregivers can protect children from the damage of toxic stress, by being loving and supportive. They can reassure the child and help them heal afterwards. Positive relationships (that are safe, stable and nurturing) can cushion the blow of toxic stress to children. Most damage to children through neglect because infants and toddlers need frequent positive interaction. Parents have many distractions (cell phones, television, etc.) that can interfere with interaction with their children to create long-lasting damage.

Children can handle some stress, especially if it is for short periods or results from less intense events. When the stress happens for a long period of time or is from very intense experiences, it can cause lasting damage to children. With toxic stress, the brain and body functions may not develop as they should, resulting in later emotional, mental, behavioral and physical problems.

Parents may have been affected by toxic stress when they were growing up, and may have difficulties created by their childhood experiences. Parents who suffered from toxic stress may have difficulty when they face stressful situations – losing their temper, having health problems or experiencing depression. Some may use unhealthy ways to calm down – yelling at their partners or children, smoking, drinking, using drugs, etc.

Parents can use healthy ways to cope with stress, including mental health treatment, physical exercise, keeping a positive attitude, meditation and talking to peers. These can help parents protect their children from Adverse Childhood Experiences. Parents need to take care of themselves so they will be able to help their children (being a positive influence for the children, modeling good behavior, praising children for good things you see them do, etc.

<https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/When-Things-Arent-Perfect-Caring-for-Yourself-Your-Children.aspx>

Additional information from the American Academy of Pediatrics, *When Things Aren't Perfect: Caring for Yourself and Your Children* - https://www.aap.org/en-us/Documents/ttb_caring_for_yourself.pdf

What **POLICY MAKERS** should know:

1. While babies are born with most of their brain cells (neurons), the synapses they need for everything (coordination, analytic ability, etc.) form in early childhood – influenced by environment and relationship with parents/caregivers. *Investment in early childhood improves critical connections needed for success in later life.*
2. Stress changes the brain and toxic stress (severe or repeating) can impair the child's brain permanently. Brain structure is damaged, often resulting in poor long-term health, social and educational outcomes. *Investments to prevent and address sources of toxic stress early in life improve long-term outcomes for children.*
3. Harmful exposures (toxic chemicals) can also change the brain that may result in negative neurological and behavioral outcomes. *Investments can prevent and reduce exposure to harm from built, consumer and natural environments.*
4. Positive relationships are essential and protective. Just one caring and consistent relationship with an adult can protect children against damage from toxic stress, whether it is with a parent, relative, professional or other caregiver. *Investments can promote and ensure positive relationships for children with caregivers, at home, in neighborhoods and at school.*
5. Timing is crucial because there are limited "windows of opportunity" for children to develop necessary skills, including language acquisition. For example, at six months a child can distinguish an array of sounds that will mostly disappear by the first birthday. There are additional windows during adolescence and early adulthood related to impulse control and decision making. *Investments made early achieve maximum effects on brain development. By working with young parents, interventions can catch critical periods for both parent and child to promote healthy development and counter stress.*

<http://live-penn-impact.pantheonsite.io/wp-content/uploads/2016/2015/06/Why-Invest-New-Brain-Research.pdf>

Current programs often focus on disadvantaged adults – job training, adult literacy, prisoner rehabilitation, education programs, etc. As discussed in *The Case for Investing in Disadvantaged Young Children* (Big Ideas for Children: Investing in Our Nation's Future, 2008), the skills needed for successful completion of such programs depends on foundations developed as children. Without earlier intervention, the abilities of adults who experienced toxic stress because of Adverse Childhood Experiences are often compromised.

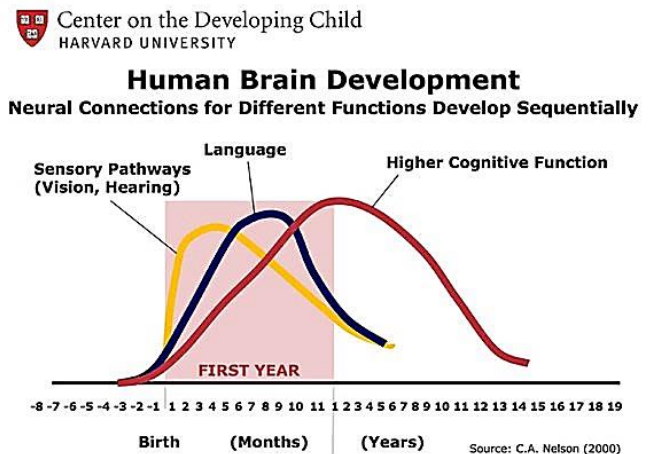
The report shows investments in programs that reach children early are far more cost-effective than waiting until later, with the highest return per dollar in programs for children under age 3. Earlier intervention programs, particularly pre-school programs not only save money but also prevent other types of potential problems that may arise.

<http://heckmanequation.org/content/resource/case-investing-disadvantaged-young-children>

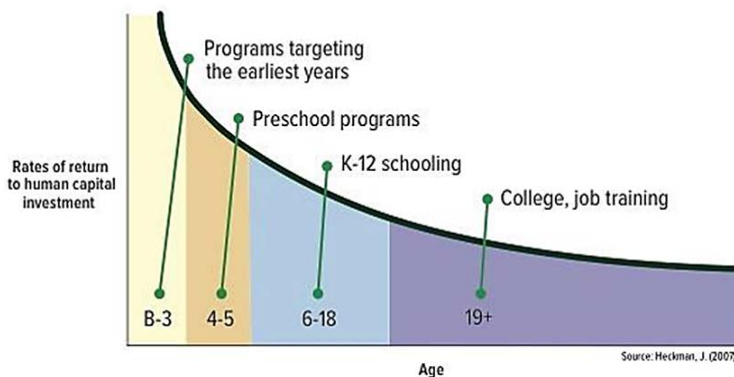
What **EVERYONE** should know:

1. The damage caused by toxic stress and Adverse Childhood Experiences can be severe, with some research showing up to a 6% smaller brain and up to a drop of 13 points in IQ.
2. The changes a child's brain development often have a wide range of negative consequences, including poor health, emotional/behavioral problems, higher high school dropout rates, and early death.
3. Of particularly consequence is the impairment to the executive function, which can affect inhibitory control, working memory and cognitive flexibility. These skills would allow focused attention, problem solving, planning ahead, impulse control and adjusting to new circumstances. Without these skills, it would be difficult to function at school, at work and in society.
4. The time frame for developing specific functions is short. As shown in the graphic below, the development of sensory pathways peaks at about 3 months of age, dramatically decreasing by age 6. Language capacity peaks around 9 months of age, dropping rapidly through about age 6. Even the higher cognitive function development becomes minimal by the time a child becomes a teenager, since it peaks around 1 year of age.
5. If the development of the specific brain function does not occur during the most active developmental periods, some level of function will be lost permanently – with devastating results that will cost the person in physical, intellectual, mental and behavioral capacity.

The graphic at right shows that peak learning occurs within the first year of life. Language and sensory pathways have dropped noticeably by the time a child begins school. Higher cognitive function begins to decline around the time a child begins school and continues decreasing until about age 14. As a result, it is far more difficult to teach children at younger ages, when they are most able to learn.



Early Intervention Is More Effective in Producing Favorable Outcomes Than Later Remediation



The graphic at left shows that early interventions are far more cost effective than those provided in later years. The age at which interventions are most likely to produce favorable outcomes occur from birth through age three. As the children get older, interventions become less effective, although most spending occurs during later years.

The economic burden of child maltreatment in the United States and implications for prevention (ScienceDirect, February 1, 2012) explained the financial cost for child neglect and abuse.

The estimated lifetime cost for someone who was a victim of child maltreatment, the lifetime cost in 2010 dollars was estimated to be \$210,012. This included \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. The average lifetime cost per death for child maltreatment was \$1,272,900, for \$14,100 in medical costs and \$1,258,000 in productivity costs.

The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be up to \$585 billion.

Conclusions: **Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment.**

~*The economic burden of child maltreatment in the United States and implications for prevention* (ScienceDirect)

<http://www.sciencedirect.com/science/article/pii/S0145213411003140>

Toxic stress can be caused by adverse experiences (neglect, abuse, poverty, etc.), particularly at younger ages if the experiences are severe or prolonged. It can affect these individuals in a way that is similar to how traumatic experiences can result in Post-Traumatic Stress Disorder (PTSD), with extreme cases often observed in combat veterans. The body of knowledge about PTSD continues to grow, having been first identified in 1980. Subsequent research has identified and expanded the understanding of causes and manifestations of PTSD.

<http://www.ptsd.va.gov/>

The Center for Child Counseling explains that "Childhood trauma isn't something you just get over when you grow up." It describes how children who grow up with ongoing exposure to violence, abuse and neglect (without caring relationships to buffer the damage) remain at risk for a multitude of problems throughout their lives.

<http://www.centerforchildcounseling.org/news/latest-news/>

His score is 4

Without Intervention he is
4.7 times as likely to use DRUGS and
7.4 times as likely to be an ALCOHOLIC
when he grows up





According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), "Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Unfortunately, trauma is common, with 61% of men and 51% of women reporting exposure to at least one traumatic event during their lives. Among clients in public behavioral health care settings, 90% report they have experienced trauma.

SAMHSA also provides information about various types of trauma and violence. These may include sexual abuse/assault, physical abuse/assault, emotional abuse/psychological maltreatment, neglect, serious accident/illness/medical procedure, victim or witness to domestic violence/community violence, historical trauma, school violence, bullying, natural/manmade disasters, forced displacement, war/terrorism/political violence, military trauma, victim/witness to extreme personal/interpersonal violence, traumatic grief/separation or system-induced trauma and retraumatization.

Without intervention, people with mental illnesses and addictions would likely have poor physical health outcomes, further impairing their recovery by ignoring trauma. SAMHSA encourages the use of trauma-informed care that recognizes the widespread and severe impact of trauma, how it can affect recovery and the signs and symptoms in clients, families, staff and others involved in the service delivery system. Services should fully integrate knowledge about trauma into organizational policies, procedures, processes and practices, in order to actively prevent re-traumatization.

A variety of SAMHSA publications describe coping with traumatic events, with resources for children, parents, educators and other professionals.

http://www.integration.samhsa.gov/clinical-practice/trauma#trauma_informed_care

In order to diminish the cycle of poverty, it is important to understand and address the factors that continue to perpetuate poverty and disparity.

The National Scientific Council on the Developing Child was established in 2003 as a "multidisciplinary, multi-university collaboration committed to closing the gap between what we know and what we do to promote successful learning, adaptive behavior, and sound physical and mental health for all young children." This evidence-based innovation communicates the science from research findings and recognizes the complementary responsibilities of the elements that can promote child well-being, including family, community, workplace and government.

<http://developingchild.harvard.edu/science/national-scientific-council-on-the-developing-child/>

The Council conducts, analyzes and integrates scientific knowledge to promote knowledge about the rapid advances in the science of early childhood development and the underlying neurobiology. One of its publications, *A Decade of Science Informing Policy* (December 2014) describes how "a diverse group of distinguished scientists has worked to translate complex research about early brain development into language that is scientifically accurate, highly credible, understandable to nonscientists, and useful to public decision makers." These findings have helped change the conversation about the importance of young children having "a healthy, safe, and nurturing start in life."

<http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2015/09/A-Decade-of-Science-Informing-Policy.pdf>

Working with Harvard University's Center on the Developing Child, the Council presents other publications, including those that describe these implications to help policymakers, elected officials and the general public identify policies and programs to ensure future opportunities for children.
<http://developingchild.harvard.edu/resources/>



Children may be exposed to a wide range of adverse experiences that often create toxic stress. Adult capabilities can be built to improve outcomes for children.
https://www.youtube.com/watch?v=urU-a_FsS5Y

Many public and private organizations recognize the critical importance of recent neuroscientific findings. Both the **State of Tennessee** (Building Strong Brains) and the **Metropolitan Government of Nashville and Davidson County** (ACE Nashville) have initiatives to bring attention to and address the damage that affects children through toxic stress often caused by Adverse Childhood Experiences.
<https://www.tn.gov/tccy/article/tccy-ace-aces-trauma-toxic-stress>
<https://www.facebook.com/AllChildrenExcel/>

 **Center on the Developing Child**
 HARVARD UNIVERSITY

The Center on the Developing Child was established at Harvard University in 2006, with a mission "to generate, translate, and apply scientific knowledge that would close the gap between what we know and what we do to improve the lives of children facing adversity." As the Center embraced a scientific foundation to improve outcomes for children, its mission evolved – "Our current mission is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity.

The five key concepts that are the building blocks of the science of child development are shown below. Of



these, brain architecture is the foundation for all future learning, behavior and health. If the foundation is weak and compromised, early adverse experiences can damage brain architecture in a lasting way.

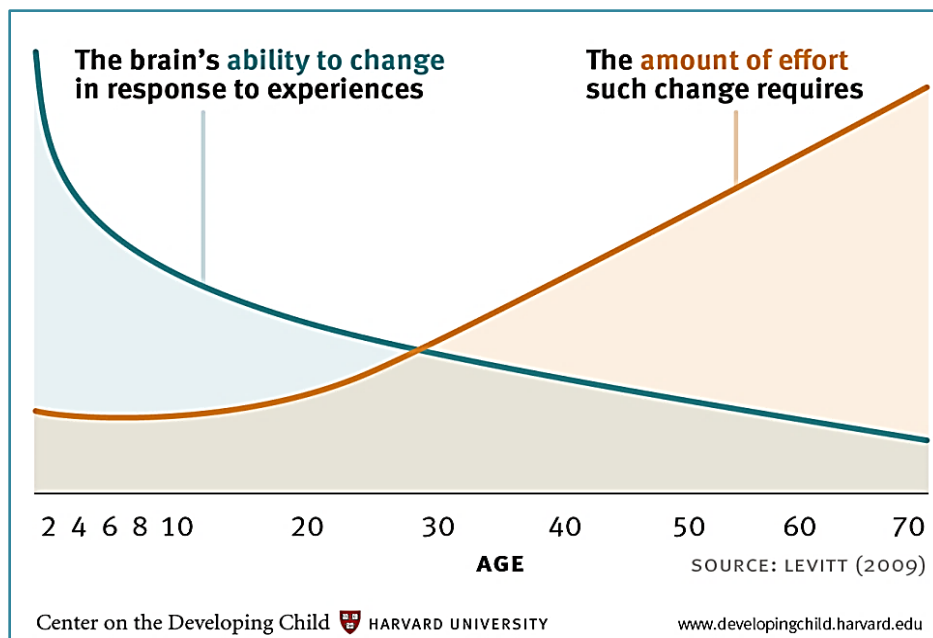
Brain Architecture

Early experiences affect the development of brain architecture, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.

~ Center on the Developing Child, Harvard University

Brains are built over time, from the bottom up. The process begins before birth and continues until adulthood. During the first few years, 700-1,000 new neural connections are formed every second, with many eventually are pruned (eliminated) to help brain circuits be more efficient.

- There are billions of connections across individual neurons in different parts of the brain, with lightning fast connections. During the early years, neural development is most active. These connections provide the foundation for later connections, with the foundation weak or strong depending on the young child's experiences.
- Genes and experiences interact and shape the developing brain, with circuits reinforced by repeated use. The "serve and return process" (described later in this document) refer to the interaction between infants and young children and their parents or other adult caregivers. As individuals age, the brain's ability to change decreases and the effort needed to make changes increases, as shown in the graphic below. This demonstrates why the earliest possible efforts are most effective. For example, the ability the brain has to change is much higher for a 2 year old than a 70 year old, while the amount of effort that would be minimal for a 2 year old would be tremendously increased for a 60 or 70 year old.



- Cognitive, emotional and social capacities are interwoven throughout life, and brain functions coordinate with each of these. Emotional well-being and social competence strengthen the foundation for cognitive development. Success in school (and later in the community and the workplace) depends on emotional and physical health, social skills and cognitive-linguistic capabilities.
- Toxic stress weakens the development of the brain that can lead to lifelong problems in learning, behavior, physical health and mental health. Some stress is positive, but higher levels of stress for longer periods, especially when there are no supportive relationships to ameliorate the damage, can lead to a range of detrimental effects from toxic stress including the impairment of neural connections.

<http://developingchild.harvard.edu/science/key-concepts/brain-architecture/>

Toxic Stress

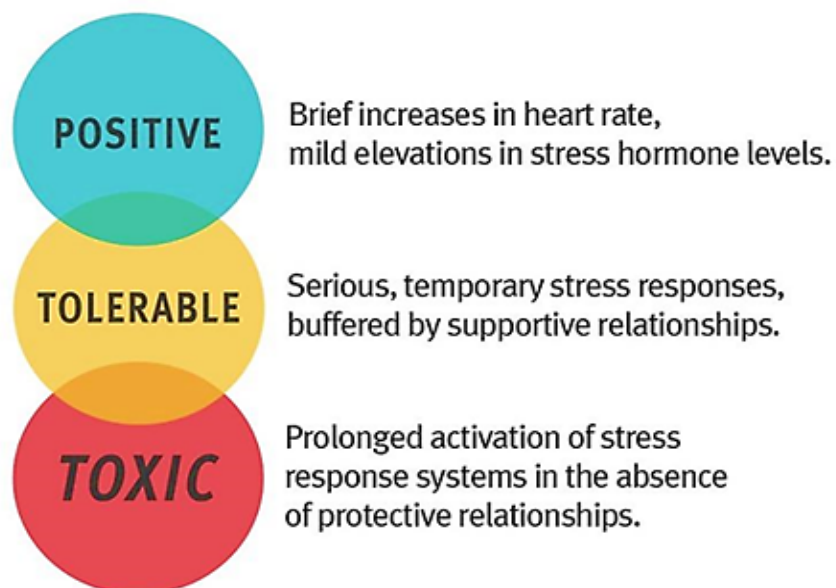
Everyone experiences stress, but healthy development can be impaired by excessive or prolonged activation of stress response systems in the body and brain. It is important that children learn how to cope with adversity within an environment of supportive relationships with adults. The positive relationships buffer the physiological responses to stress (increased heart rate, blood pressure and stress hormones).

Positive stress response is part of normal development, reflected in temporary increases in heart rate and hormone levels. Examples would be the first day with a new caregiver or an injection of an immunization.

Tolerable stress response elicit a stronger response in the body's alert systems, due to a more severe or longer-lasting negative circumstances. Examples include an injury, natural disaster or loss of a loved one.

Toxic stress response is the result of a child's frequent, more intense or prolonged adversity, to the level that it can disrupt the development of brain architecture and other physical/cognitive development.

Examples of toxic stress include physical or emotional abuse, continuing neglect, exposure to caregiver substance abuse or mental illness, exposure to violence or the burden of family economic hardship – without adequate adult support.



The future of any society depends on its ability to foster the healthy development of the next generation. Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Such toxic stress can have damaging effects on learning, behavior, and health across the lifespan.

~ Center on the Developing Child, Harvard University

Without supportive relationships, or when the stress is extreme and continuing, the stress becomes toxic, damaging the child's brain architecture. An individual's biological response is also a factor in how he or she would respond to various levels of stress, influenced by the person's genetic factors. The combination of genes with the duration, intensity, timing and context of the stressful experience determine magnitude of the effect on an individual.

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Harvard's JPB Research Network was created in 2015, bringing together scientists, physicians and community leaders to address these objectives:

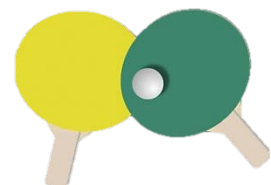
1. Develop measures to identify evidence of toxic stress, appropriate for use in community settings and acceptable to parents.
2. Conduct basic research on neuroplasticity (potential for the brain to reorganize and adapt), critical periods in development and individual differences in susceptibility to stress.
3. Build a community-based infrastructure to apply new scientific insights and rigorous measures to promote more effective intervention strategies for children and families who face significant adversity.

<http://developingchild.harvard.edu/science/the-jpb-research-network-on-toxic-stress/>

Serve and Return

The serve and return interactions between very young children and their parents or other caregivers allow neural connections in the brain that support communication and social skills to strengthen. The "serve" is when the very young child babbles, gestures or cries, and the "return" occurs when the adult makes an appropriate response, such as eye contact, words or a hug. The serve and return process (described in the next section) helps to build resilience to protect against and mitigate damage to the child.

The serve and return interface is similar to the back-and-forth action of tennis, volleyball or ping-pong.



Adults may not appropriately respond, sometimes because they are stressed because of some or all of the following problems: financial problems, chronic health issues or lack social connections. If an adult fails to respond or responds in an inappropriate way, the child's brain circuits may not develop, creating a serious

threat to a child's development and well-being. Such neglect can impair subsequent learning, behavior and health.

Serve and return interactions are among the most essential experiences that shape brain architecture. When an adult responds appropriately to sounds or movements of a baby, neural connections are built and strengthened in the child's brain to support the development of communication and social skills.

Although chronic neglect can result in an even wider range of damage than active abuse, it receives far less attention in policy and practice. For all child maltreatment in the U.S.:

- 78% is from neglect
- 17% from physical abuse
- 9% for sexual abuse
- 8% for psychological abuse

The research findings demonstrate that deprivation/neglect:

- Disrupt how children's brains develop and process information (creating attentional, emotional, cognitive and behavioral disorders)
- Alters the development of biological systems to respond to stress (increasing the likelihood of later anxiety, depression, cardiovascular problems and other chronic health problems later)
- Increases the risk of emotional and interpersonal difficulties (high levels of negativity, poor impulse control, personality disorders (lowering enthusiasm, confidence and assertiveness))
- Is associated with significant risk for learning difficulties and attention (low IQ scores, poor reading skills and elevated dropout rates)

<http://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/>

The Center's *The Science of Neglect* explains that sometimes the damage is permanent, while other times intensive interventions can reduce the detrimental effects of neglect. Not only must the child be removed from a nonresponsive environment, children who experience severe neglect typically need therapeutic intervention and highly supportive care.

In neglectful situations, prevention and very early intervention can minimize the damage to very young children. The graphic below shows a continuum on which degrees of neglect may occur, indicating that the degree and length of the neglect determines the type and intensity of intervention needed.

Science Helps to Differentiate Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
Features	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	“Warehouse-like” conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
Effects	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
Action	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

Recent advances in science should result in a modernized understanding and approaches to the identification, prevention, reduction and mitigation of neglect and its profound consequences, especially during the early years of life.

<http://developingchild.harvard.edu/resources/inbrief-the-science-of-neglect/>

Yale University’s *Yale Nursing Matters* (Fall 2015) describes how a mother’s response to her baby’s cries can “make a big difference in the child’s ability to learn, develop and thrive.” Exposure to toxic stress in childhood linked to risky behavior and adult disease explains that a warm, supportive response from the mother calms the baby and helps the baby feel more secure, a response that fails to nurture (distant or angry) leaves the child to cope alone in a scary world. If this neglect continues, it can create the type of toxic stress that can create damage that lasts throughout the child’s life.

It notes that advances in neuroscience, epigenetics and other fields have led to attention that focuses on the significant effect of toxic stress, noting that it is a rapidly evolving field.

<http://news.yale.edu/2015/11/19/exposure-toxic-stress-childhood-linked-risky-behavior-and-adult-disease>

Additional information about what happens when there is a failure in the serve and return process is described in *Understanding the Effects of Maltreatment on Brain Development* (April 2015) from the U. S. Department of Health & Human Services-Child Welfare Information Gateway. It describes how toxic stress, including neglect/child maltreatment can affect different parts of the brain, potentially damaging learning, memory, communication, motor function, executive development, and more.

https://www.childwelfare.gov/pubPDFs/brain_development.pdf

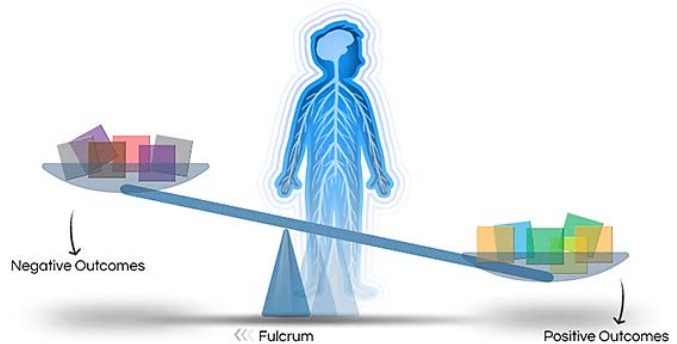
Resilience

Resilience is the capacity to positively adapt to significant adversity and how people can be “protected” from damage after experiencing adverse experiences. Resilience is an adaptive response to serious hardship that can diminish the damage to the development of children.

Harvard’s Center for the Developing Child indicates that reducing the negative effects of significant adversity on the development of children is essential to progress and prosperity of society. They note that some children do well despite adverse early experiences while others do not, and that a better understanding of this variation can inform policies and programs that could be more effective in helping children reach their potential.

Resiliency can develop through supportive relationships and the opportunity for skill building. The development of resilience can be visualized as a balance scale or seesaw, as shown in the graphic from Harvard’s Center on the Developing Child. “Tipping the Scales” is a resilience game available online.

<http://developingchild.harvard.edu/resilience-game/>



Negative experiences and adversity build up on one side that could be offset by positive outcomes, also affected to some extent by genetic predisposition. Positive influences, if operating effectively, stack the scale with positive outcomes and optimize resilience through:

- Facilitating supportive adult-child relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
- Mobilizing sources of faith, hope, and cultural traditions.

There are additional influences on how children are affected by adverse experience. Protective factors also include a combination of biology and environment, which is more difficult to quantify. It is unlikely that either individual biological influences or social environments are powerful enough to result in positive outcomes for children who experience prolonged toxic stress.

Children may experience “manageable stress,” in which supportive adults teach them how to deal with stress (since not all stress is harmful). As children gradually learn how to manage stressors, their brains are more likely to perceive these events as manageable and they learn how to deal with them. When the level of adversity is overwhelming and there are no supportive relationships to help, stress can become toxic.

As positive experiences continue to build up, people build the skills to cope with physical and mental obstacles and hardships. Building resilience is easiest during early life and builds a foundation for a wide range of resilient behaviors. However, some resilience can still be built through positive experiences (physical exercise, stress reduction practices and specific age-appropriate/health-promoting activities). Adults who strengthen their own skills can model more positive behaviors for their children, creating a generational impact.

<http://developingchild.harvard.edu/science/key-concepts/resilience/>

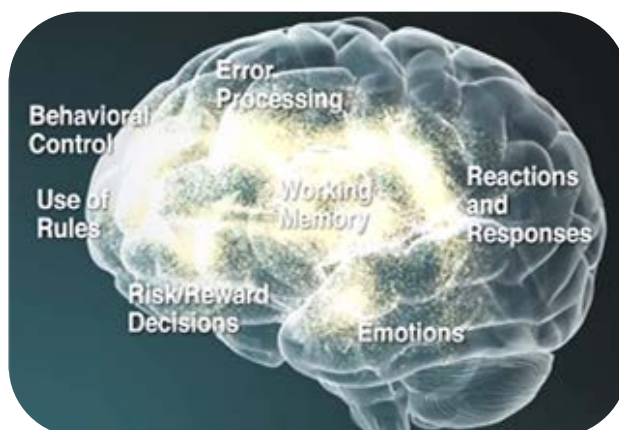
Executive Function and Self-Regulation

The skills in executive function and self-regulation allow people to plan, focus attention, remember instructions and juggle multiple tasks. The Harvard's Center for the Developing Child compares the role of executive function and self-regulation to an air traffic control system at a busy airport, which manages arrivals/departures of numerous airplanes on multiple runways. These skills are needed for the brain to filter distractions, prioritize tasks, set and achieve goals and to control impulses.

Executive function and self-regulation skills allow people to learn, develop, exhibit positive behavior and make healthy choices for ourselves and our families. The three brain operations required for executive function and self-regulation are interrelated and coordinated and include:

- 1) Working memory - ability to retain and use distinct pieces of information over short periods of time
- 2) Mental flexibility - helps individuals to sustain or shift attention, responding to different demand and to be able to apply different rules in different settings
- 3) Self-control – allows people to establish priorities and resist impulsive actions or responses

The graphic of the brain shows the various types of executive function skills that relate to other functions.



Babies are not born with these skills but have the potential to develop them. However, executive function and self-regulation skills would develop only if children receive what they need from their relationship with adults. In environments with toxic stress (neglect, abuse, violence, etc.), the development of these skills is delayed or impaired.

Environments that meet the child's needs promote growth and create the foundation for them to practice the skills with nurturing adults before they can perform them alone as they grow up. The development of a child's executive function and self-regulation can be enhanced by adults who establish routines, model positive social behavior and create supportive, reliable relationships. Children develop their skills through activities that promote creative play and social connections, teach them coping skills and involve exercise.

Children also need the opportunity to direct their own actions with decreasing levels of adult supervision. It is essential that young children develop these skills at home, in early child care or educational settings and in any other environment they experience regularly.

Executive function and self-regulation skills are the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. Just as an air traffic control system at a busy airport safely manages the arrivals and departures of many aircraft on multiple runways, the brain needs this skill set to filter distractions, prioritize tasks, set and achieve goals, and control impulses.

<http://developingchild.harvard.edu/science/key-concepts/executive-function/>

Self Regulation and the Executive Functions: The Self as a Controlling Agent (prepared for *Social psychology: Handbook of Basic Principles* (2013, University of Minnesota) describes examples of what happens when people lack effective self-regulation:

“A man squanders his money on gambling. A woman beats her child. A drunk driver causes a crash that destroys three cars and injures several people. A student postpones studying until the night before the test and gets a bad grade. A young couple engages in unprotected sex and creates an unwanted pregnancy. A delinquent shoots an acquaintance during an argument. A dieter eats seven donuts and a pint of ice cream at one sitting. An athlete trains off and on for a year without any improvement in performance. A girl breaks a promise and betrays a friend’s confidence. An old man again neglects to take his daily dose of insulin and goes into diabetic shock.”

Self Regulation also notes that most societal and personal problems have the failure of self-regulation as a root cause. Without these skills, people lack impulse control, resulting in problems such as substance abuse, unsafe sexual behavior, eating disorders, etc. It notes that self-regulation may also be connected to criminality, money problems, and lack of academic achievement.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.451.3484&rep=rep1&type=pdf>

Newer research findings show little evidence to support older poverty theories. Older theories have suggested that economically disadvantaged people have some kind of deficit or that they have a culture of poverty or lack information about how to move out of poverty (blaming the people who are poor). Recent scientific evidence shows there are physical changes that occur in childhood that can result in a range of cognitive losses throughout a lifetime.

Children who have adverse experiences, including poverty and toxic stress, can grow up with impairments to opportunities throughout their lifetimes. They are less likely to achieve in school, more likely to have additional health problems and face challenges developing the skills needed for work, as described by Harvard’s Center for the Developing Child.

Research demonstrates that poverty can damage neurobehavioral development, as discussed in the American Psychological Association's *Neurobehavioral effects of poverty* (January 2013). Unfortunately, the need for services to address neurobehavioral problems is typically not identified. Data collected from 1997-2008 found that the children in families living in poverty were more likely to have developmental disabilities, learning disabilities and intellectual disabilities.

When long-term poverty results in chronic stress, specific areas of the brain are smaller (hippocampus and amygdala) that can result in impaired working memory. Another part of the brain (prefrontal cortex) is also affected that lessens the brain's executive function capacity.

<http://www.apa.org/pi/ses/resources/indicator/2013/01/poverty-behaviors.aspx>

At birth, babies do not have executive function and self-regulation skills but do have the potential to develop them up through early adulthood. This involves three types of brain function.

1. Working Memory
2. Mental Flexibility
3. Self-Control

Executive function skills are important throughout life and can benefit the individual and their community. The benefits shown in the graphic promote the well-being of individuals in order to create gains for society (better educated population, stable communities/social cohesion, healthier people and a competent and flexible workforce).



There are important ways that children develop these skills:

- Relationships (at home, teachers, professionals, peers, etc.)
- Activities (to promote emotional, social, cognitive and physical development)
- Places (at home and elsewhere, children need to feel and be safe, have space for exploration and exercise, and be economically and socially stable to reduce anxiety, stress and fear)

If children experience toxic stress from their relationships or environments, their skill development could be significantly impaired or delayed. It is easier and more effective to promote development of these skills at the earliest possible age. Even if they do not develop their executive function capacity early, there is some opportunity to enhance it until early adulthood.

To prevent future generations from experiencing these preventable cognitive impairments, it is important to establish policies that are more effective. For example, policies should emphasize literacy instruction and incorporate professional training in the development of executive functional skills in teachers of young children.

Policies should give special attention to young children who face severe adversity, to both reduce sources of toxic stress and promote executive function. These policies should address ways to reduce/prevent abuse, neglect, community violence and persistent poverty and embrace proven interventions (home visitation, parent education and family support programs).

Parents and other adult caregivers need appropriate skills to enhance development in children. These adults can benefit from programs to build their own executive function and self-regulation ability, resulting in greater economic security, improve their ability to model and support such skills in children.

<http://developingchild.harvard.edu/resources/inbrief-executive-function/>

The section above on Toxic Stress and Poverty describes the lasting damage that can result when children experience adverse events and circumstances, such as abuse, neglect and poverty. Social/human service providers can use trauma informed techniques for most types of services provided to improve outcomes.

The perpetuation of poverty becomes generational when the detrimental effects on young children (lower IQ, impaired cognitive development, inability to master age-appropriate developmental tasks in early childhood, increasing maladaptive social and emotional functioning in childhood and high risk behaviors in adolescence) eventually carry forward to future generations. The Columbia University's Mailman School of Public Health issue brief, *Helping the Most Vulnerable Infants, Toddlers, and Their Families* (National Center for Children in Poverty, January 2006) notes that, "Helping the most vulnerable infants, toddlers, and parents is not easy, but if we fail to do so, the consequences will most surely spill over into the next generation."

Helping the Most Vulnerable Infants explains the importance of two-generation supports for higher-risk family circumstances. It emphasized the importance of identifying risks in health care and other settings that serve women and young children. It provides a number of potential strategies to help improve outcomes for young children and families who are at risk.

http://www.nccp.org/publications/pdf/text_669.pdf

Additional information is available online, including the following examples.

Harvard's Center on the Developing Child - <http://developingchild.harvard.edu/>
<http://developingchild.harvard.edu/science/deep-dives/>

Robert Wood Johnson Foundation - <http://www.rwjf.org/en/library/collections/aces.html>

Center for Youth Wellness - <http://www.centerforyouthwellness.org/adverse-childhood-experiences-aces/>

ACEs Too High - <https://acestoohigh.com/>

American Academy of Pediatrics - https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf

Ted Talks/How childhood trauma affects health across a lifetime/Dr. Nadine Burke Harris - <https://www.youtube.com/watch?v=95ovIJ3dsNk>

Aging and Disability

Key Findings

- One in five households in Davidson County has at least one adult 65 years or older.
- One-third of non-retired adults had no savings for retirement.
- Over 82,000 Davidson County residents had some type of disability.
- Persons with a disability earn less than persons without a disability.
- One in six of Davidson County residents age 65 and over lives in poverty.
- Enrollment in TennCare Choices Home and Community Based Services for frail elderly people with low incomes continues to increase.

Aging

According to the 2015 American Community Survey from the U. S. Census Bureau, 75,338 (or 11.4%) of Davidson County's total population (658,889) was age 65 or over.

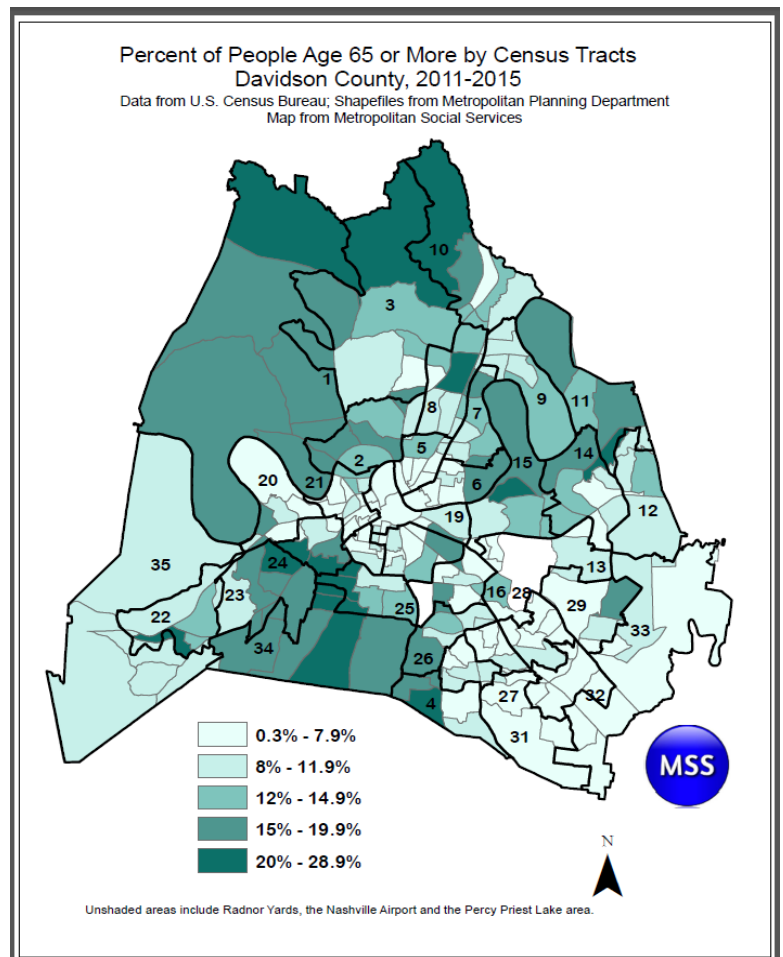


Where Older Adults Live

Davidson County residents age 65 and over are projected to nearly double from 75,199 in 2015 to 150,484 by the year 2050.

The map at right shows the geographic distribution of where Davidson County's residents who were age 65 or more lives by census tracts, with Metro Council Districts also shown, according to the U.S. Census Bureau's 2011-2015 5-Year Summary.

The darkest areas on the map have more than 20% of residents who were age 65 or older.



The percentage of households in Davidson County with at least one older adult age 65 and over was 20.5%, somewhat lower than for the U.S. and Tennessee, as indicated by Chart AD-1, according to the 2015 American Community Survey.

Chart AD-1: Percent of Households with at Least One Person Age 65 and Over
U.S., Tennessee, Davidson County 2015

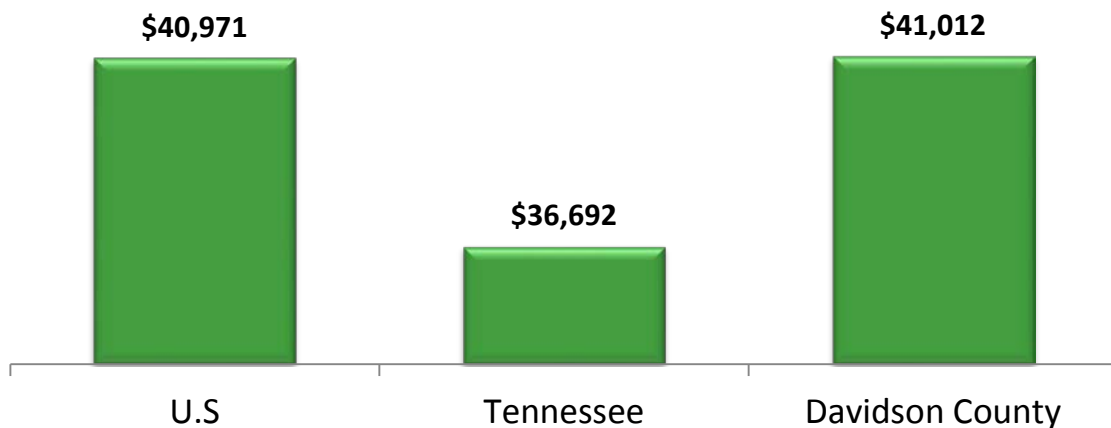


Source: 2015 American Community Survey

Median Household Income for Older Adults

As shown in Chart AD-2, the median household income for persons age 65 for Davidson County (\$41,012) was higher than for the United States and Tennessee. For Davidson County residents age 65 and over, median household income was nearly 11% higher than for Tennesseans in the same age category. However, for the overall population in Davidson County, the median household income was \$52,026, which was significantly higher than for the households with one or more people age 65 and over. The median household income for persons age 65 and over in Davidson County is \$41,012.

Chart AD-2: Median Household Income for Persons Age 65 and Over
U.S, Tennessee, Davidson County 2015



Source: 2015 American Community Survey

Aging and Retirement

Having enough income during retirement continues to be a growing concern for older adults. *Report on the Economic Well-Being of U.S. Households in 2015* (Board of Governors of the Federal Reserve System, May 2016) indicated that many people had experienced slight improvements, but others continue to have financial challenges.



Respondents to the third annual *Survey of Household Economics and Decision-Making* were adults in various age ranges, not specifically older persons or those who had retired. This helps to show how prepared people may be as they reach retirement age in the coming years. The report highlighted the increased economic challenges for racial/ethnic minorities, less education and lower incomes, as well as providing specific information for those aged 60 and over.

In surveys conducted in October-November 2015, the findings were:

- 69% indicated they were living comfortably or doing okay (up from 65% the previous year)
- 31% were struggling to get by or just getting by
- 68% of non-retired saved at least some of their income in a prior year. However, those with lower incomes expressed concern for income volatility (varies month to month).
- 46% of adults said they could not cover an emergency expense costing \$400 or would cover it by selling something or borrowing money
- 22% experienced a major unexpected medical expense that they had to pay out of pocket in the prior year, with 46% of those still owing debt on that expense

Specific findings on retirement included:

- 31% of non-retired respondents reported they had no retirement savings or pension
- 27% of non-retired respondents age 60 or over reported no retirement savings or pension
- 49% of adults with self-directed retirement accounts were not confident or slightly confident in their ability to make the right investment decisions

When retirement savings are categorized by race, ethnicity and income category, households with incomes below \$40,000 were far less likely to have retirement savings (48% White, 34% Black, and 40% Hispanic). Most likely to have retirement savings were households with more than \$100,000 income (94% White, 95% Black, 95% Hispanic).

When asked to identify a financial area of concern, 11% of respondents with family incomes less than \$40,000 identified retirement. With family incomes between \$40,000 and \$100,000, 16% identified retirement as a concern, compared with 23% concern for family incomes greater than \$100,000.

Among respondents age 60 or older, 91% expected to receive Social Security during retirement, compared to 42% for those under age 40. Among respondents age 60 and older, only 10% expected their income to increase during the coming year, likely due to the announcement that there would be no increase in Social Security during 2016.

In terms of job market skills, the table below shows the younger age groups primarily indicated the need for more education, the age 60 and over age group were more likely (38.5%) to indicate their skills were out of date. Those between age 45 and 59 were more likely (39.1%) to indicate the job market was changing faster than they could keep up. The level of confidence increased along with the level of educational attainment.

For example, among those with a bachelor’s or graduate degree, 50.2% indicated they were very confident, compared to 29.0% for high school and 15.1% for those with less than a high school education.

Reasons for lack of confidence in job market skills (by age)	18-29	30-44	45-59	60+	Overall
Need more education	64.9%	58.9%	38.3%	32.3%	52.0%
Need more job training	49.3%	37.7%	29.4%	19.7%	37.2%
Skills are out of date	11.6%	30.0%	33.3%	38.5%	25.8%
Job market changing faster than I can keep up	15.4%	22.9%	39.1%	31.8%	26.2%
The kind of job I’m qualified for is not available	14.4%	15.4%	17.1%	25.3%	16.6%

The report found that nearly half of adults were not prepared for a financial emergency. For people who were at least 60 years of age, working in low-skilled, low-wage jobs who did not offer employer sponsored retirement plans, the likelihood of having little or no retirement savings was even higher.

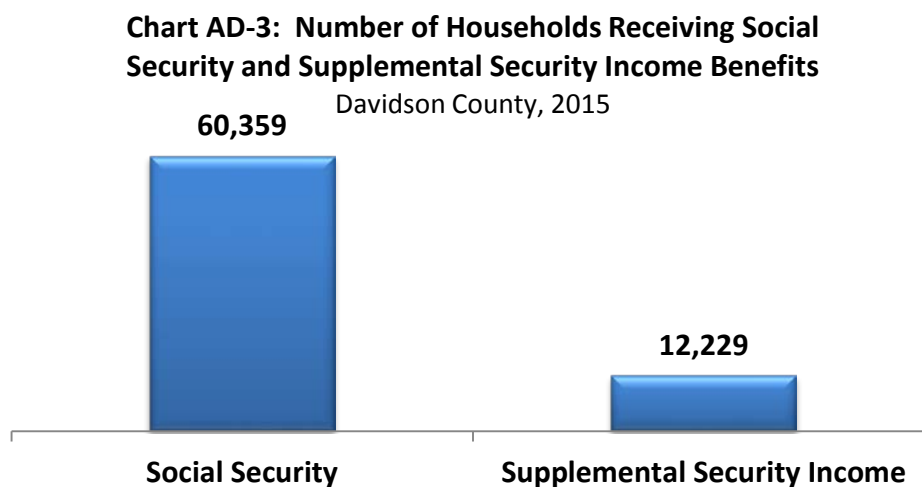
<http://www.federalreserve.gov/2015-report-economic-well-being-us-households-201605.pdf>

Social Security and Poverty

According to a report by the Center on Budget and Policy Priorities, *Social Security Keeps 22 Million Americans Out of Poverty: A State-By-State Analysis*, without Social Security benefits, 15 million people age 65 and over would have incomes below the federal poverty level. The report indicates that without Social Security elderly women, African Americans and Latinos would have higher poverty rates.

<http://www.cbpp.org/research/social-security/social-security-keeps-22-million-americans-out-of-poverty-a-state-by-state>

As shown in Chart AD-3, Davidson County has more than 60,000 households that received Social Security benefits and an additional 12,229 that received Supplemental Security Income in 2015.



Source: 2015 American Community Survey

Social Security Benefit Increases

Many older adult households depend on Social Security benefits as their primary source of income. This income covers basic living expenses including housing, food, transportation and medical expenses. As shown by Chart AD-4, in 2015, there was not a Social Security benefit increase. The increase for 2016 was 0.3% and

the same amount 0.3% was planned for 2017. As a result older adults who rely solely on Social Security as their primary income will struggle to meet basic living expenses.

The estimated average monthly Social Security benefits for a retired worker in 2016 was \$1,355. With the recently announced annual cost of living adjustments of 0.3%, many Social Security recipients will continue to face financial challenges with a likely increase in medical costs and other living expenses. This is particularly true for Davidson County's SSI recipients whose mean monthly income was \$833, according to the 2015 American Community Survey. For those who received SSI and cash public assistance, their monthly income was about \$1,053.

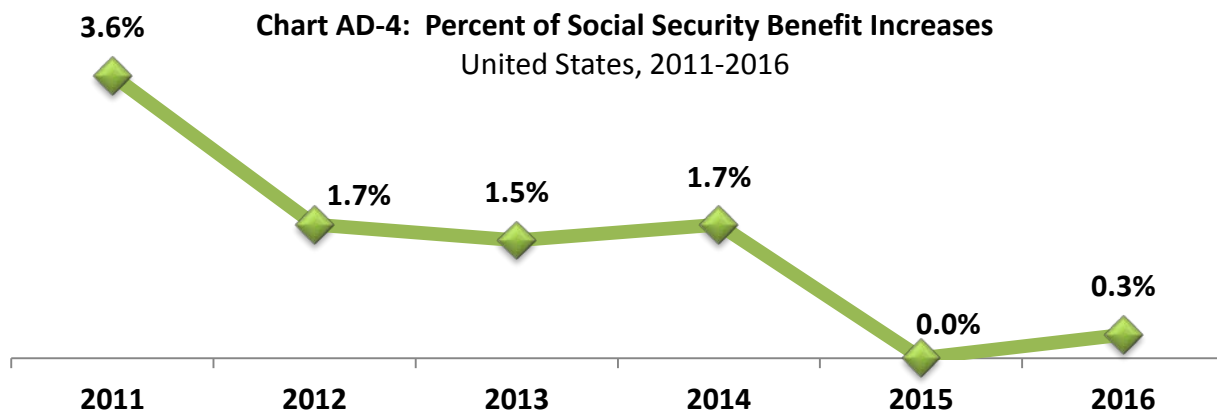
Other categories of eligible Social Security beneficiaries include:

- Dependents and spouse of a retired worker
- Surviving spouse and children of deceased retired worker
- Dependent parent of deceased worker
- Disabled worker and eligible spouse and children

<https://www.ssa.gov/oact/progdata/types.html>

According to the Elder Index measure, it would take \$1,856 in monthly income for a single elderly renter to live independently in Davidson County in 2015. Additional information about the Elder Index measure can be found at the end of this section.

<http://www.basiceconomicsecurity.org/EI/>



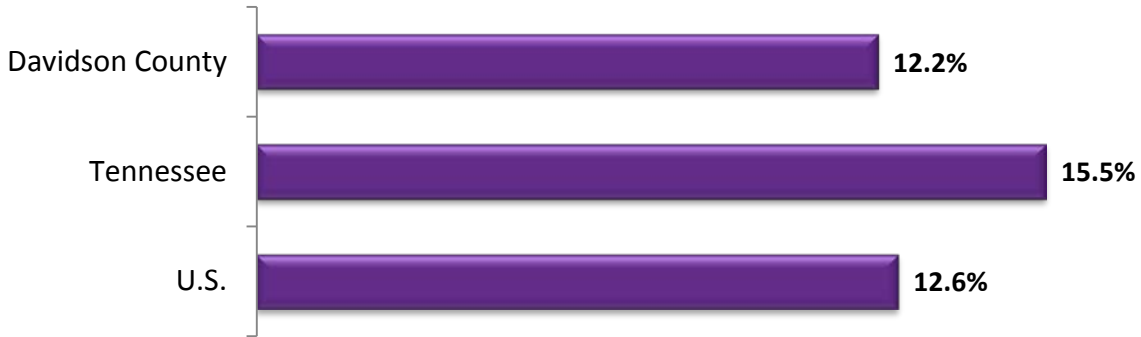
<https://www.ssa.gov/news/press/factsheets/colafacts2017.pdf>

Disability

The 2015 American Community Survey reports that 82,032 Davidson County residents had some type of disability, an increase from 78,745 in 2014. African Americans disability rates 13.0% were slightly higher than whites 12.1% were. Females (12.7%) were slightly more likely to have a disability than males (11.7%).

As shown in Chart AD-5, Tennesseans age 65 and older had higher disability rates than Davidson County residents and older adults in the United States.

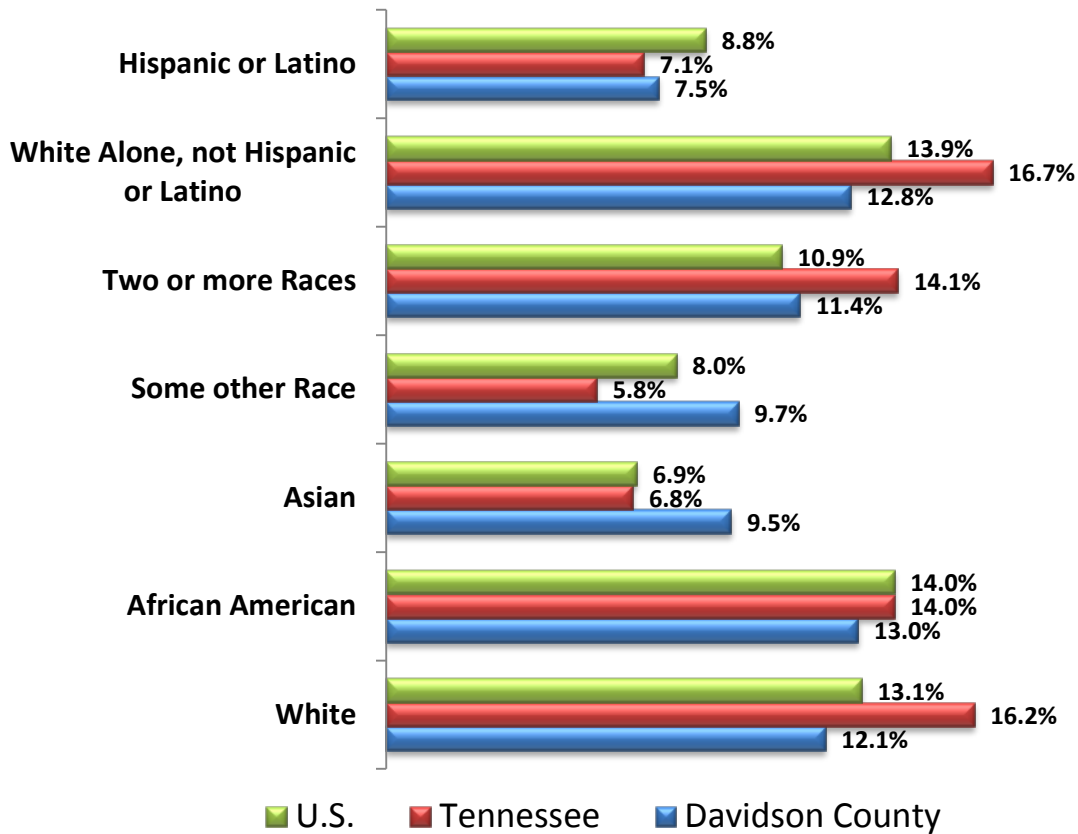
Chart AD-5: Percentage of Persons Age 65 and Over with a Disability
U.S., Tennessee, Davidson County 2015



Source: 2015 American Community Survey Table S0103

In 2015, African Americans had higher disability rates than any other race in Davidson County as indicated by Chart AD-6. White and White Alone, not Hispanic or Latino had higher disability rates in Tennessee than both Davidson County and the U.S.

Chart AD-6: Percent of Persons with a Disability by Race and Ethnicity
U.S., Tennessee, Davidson County 2015



Source: 2015 American Community Survey

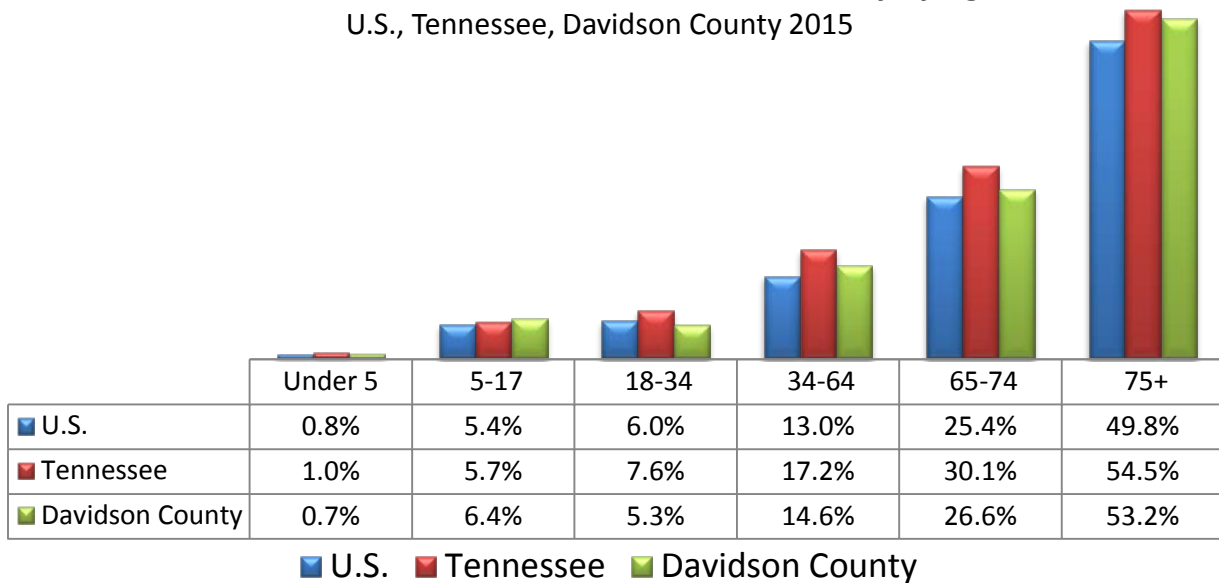
Disability Increases with Age

As persons age, the likelihood of having a disability increases. Disabilities in hearing, vision, cognitive ability, self-care and independent living increases with age. Ambulatory (walking) difficulties were the most common type of disability with people in older age categories. Davidson County has 82,032 residents with a disability.

As shown in Chart AD-7, the percentage of people age 75 or more with a disability in Davidson County was 53.2%, slightly lower than for Tennessee and slightly higher than for the U.S. The percentage of people who have a disability was significantly higher for the two oldest categories than for the younger categories.

Chart AD-7: Percent of Persons with a Disability by Age

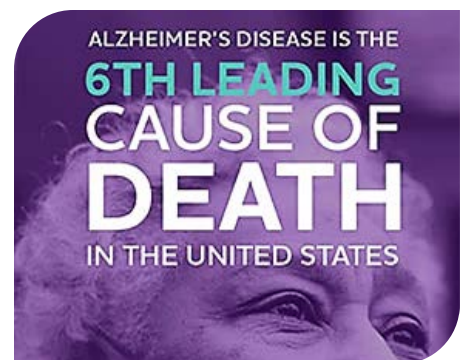
U.S., Tennessee, Davidson County 2015



Source: 2015 American Community Survey

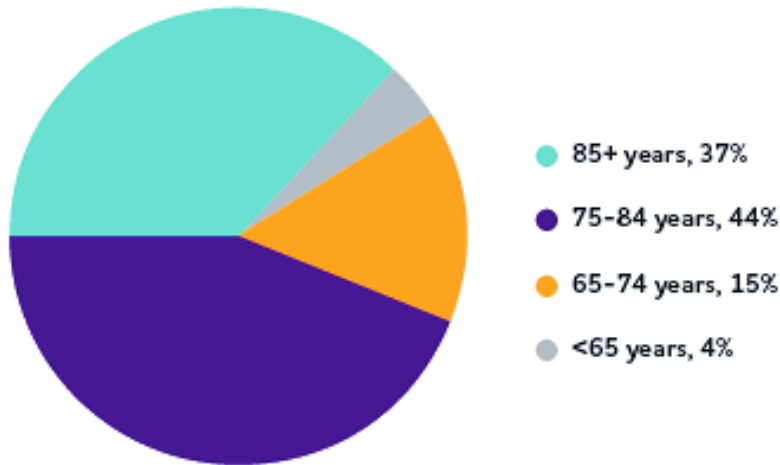
Dementia

Dementia, including Alzheimer’s disease, has continued to increase in recent years, with more people affected in the U. S. and in Tennessee, as well as dramatic rises in unpaid care and higher health care costs. *2016 Alzheimer’s Disease Facts and Figures* (Alzheimer’s Association) describes Alzheimer’s disease as “a degenerative brain disease and the most common cause of dementia . . . characterized by a decline in memory, language, problem-solving and other cognitive skills that affect a person’s ability to perform everyday activities.” The report explains that as more neurons become damaged, a person loses the ability to carry out basic bodily functions, are bed-bound in the final states and that Alzheimer’s is ultimately fatal.



The report explains that 15-20% of people age 65 or older have Mild Cognitive Impairment (MCI), which can be an early warning sign of Alzheimer’s disease or can sometimes occur for another reason. It explains that recent findings suggest that about 1/3 of the individuals with MCA develop Alzheimer’s disease within 5 years, creating a significant number of potential Alzheimer’s patients.

The primary risk factor for Alzheimer’s disease is age. While it is possible for people younger than 65 to develop Alzheimer’s disease, it is far less likely. In 2016, an estimated 5.4 million Americans had Alzheimer’s disease, including about 200,000 people under age 65. The graphic below shows the breakdown of the ages of people with Alzheimer’s disease in the United States for 2016. The report estimates that there are 110,000 people in Tennessee with Alzheimer’s, expected to increase to 140,000 by 2025 (an increase of 27.3%).



Percent with Alzheimer’s Disease by Age

U.S., 2016



Created from data from Hebert et al.^{33,44}

Medical advances, social and environmental conditions will probably extend the lifespan of more Americans into their 80s, 90s and beyond. The Baby Boom generation is reaching the age at which the risk for dementia is higher, and as America continues to age, the new and existing cases of Alzheimer’s disease will increase.

Alzheimer’s disease has a detrimental financial impact throughout the family. For example, those who contribute to the care (financially and/or personal care) of someone with Alzheimer’s, are 28% more likely than non-care contributors “to struggle with having enough money for proper meals.”

In a survey conducted among care contributors, they spent about \$5,155 of their own money (out of pocket) each year to take care of their friend or relative with dementia, although costs ranged from \$1,000 to more than \$100,000. Care contributors indicated they cut back on spending (48%), cut back on savings (43%), spent general savings (30%), spent retirement savings (20%), borrowed money from friend or family (15%), sold assets (13%) or took a loan (5%).

Despite the enormity of the potential wave of Alzheimer’s patients, there is lack of information in the public. For example, in the survey, 37% believed that Medicare paid for nursing home care (it does not), although it pays for inpatient hospital care and post-hospitalization skilled nursing care at a physician-certified inpatient rehabilitation facility, but not custodial care in nursing homes. It is important that the public, especially those who are aging, learn more about issues that are associated with increasing age, such as dementia.

http://www.alz.org/documents_custom/2016-facts-and-figures.pdf



Alzheimer's: Every Minute Counts premiered on PBS on January 27, 2017 and described, "the national threat posed by Alzheimer's disease." It describes Alzheimer's disease as "the biggest epidemic we have in this country," and as "a crisis coming down the pike that we can see." It explains that a new case of Alzheimer's is diagnosed every minute in America and every 4 seconds across the world.



It explains that because Alzheimer's disease is presently considered incurable, it can potentially bring down the health care system in the U.S., especially without dramatic increases in funding and research. The anticipated increase in Alzheimer's was described as a profound human and economic tragedy. There is potential for the number of patients to triple in the coming years, which would cost \$1.1 trillion to care for them.

This "tsunami" of Alzheimer's will not only be a profound human tragedy, but an overwhelming economic one as well. Due to the length of time people live with the illness and need care, it is the most expensive medical condition in the U.S. Future costs for Alzheimer's threaten to bankrupt Medicare, Medicaid, and the life savings of millions of Americans. It is estimated that if the number of patients triples as projected in the years ahead, the costs to care for them will exceed \$1.1 trillion.



~Alzheimer's: Every Minute Counts (PBS, January 25, 2016)



While many people may be personally aware of someone who has experienced Alzheimer's disease, most are unaware of the existing or projected magnitude. The incidence of Alzheimer's is expected to increase by 55% by 2030. By 2050, the number of people living with Alzheimer's could be up to 14 million in the U.S., with the cost of care far beyond the current capacity.

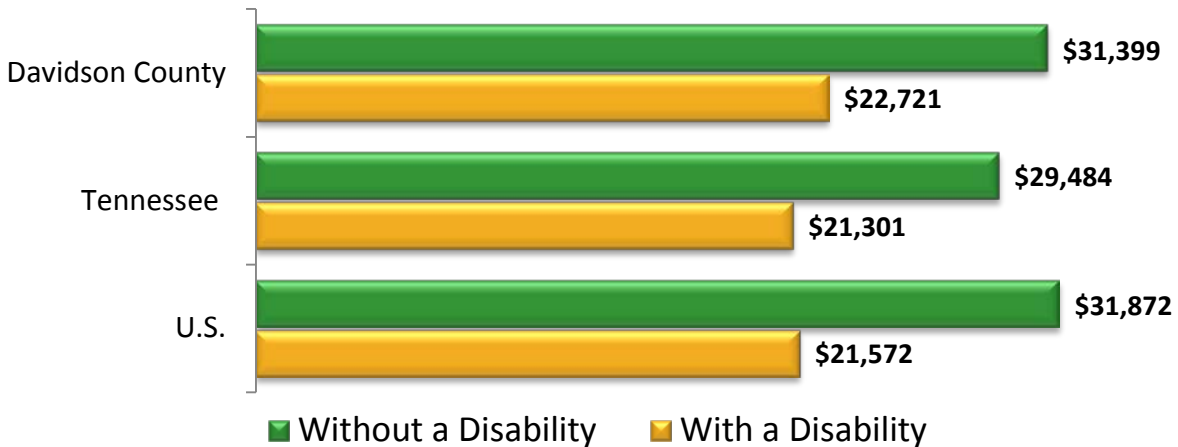
<http://www.pbs.org/video/2365941501/>



Disability Earnings

Persons with a disability were likely to earn less than those without a disability. Nationwide the gap was nearly \$10,000 less between persons with a disability when compared to workers without a disability. As shown in Chart AD-8, there was an income gap between persons who had a disability and those who did not for Tennessee, Davidson County and the U.S in 2015.

Chart AD-8: Median Annual Earnings for Persons with a Disability
U.S., Tennessee, Davidson County 2015



Source: 2015 American Community Survey

Aging and Poverty

According to the United States Census Bureau, there were 6,924 persons age 65 and above living below the poverty level in Davidson County in 2015. Living below the poverty level for people age 65 and over was increasingly difficult, due to higher than normal medical expenses, stagnant incomes and high housing costs.

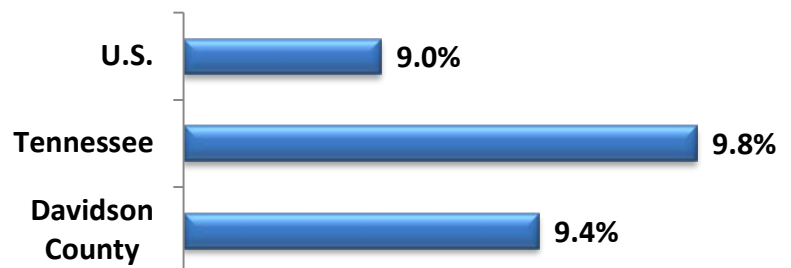
A National Council on Aging report, *Economic Security for Seniors Facts* indicates that these low-income older adults struggle to meet basic living expenses, rely on Social Security as their primary source of income and have little or no retirement savings.

<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/economic-security-facts/>

As shown in Chart AD-9, there were minor variations in the rate of poverty by location. Davidson County's percentage of persons age 65 and over in poverty, (9.4%) was slightly higher than the U.S. (9.0%) but lower than for Tennessee (9.8%).

Source: 2015 American Community Survey
Table S0103

Chart AD-9: Percent of Persons Age 65 and over by Poverty and Location
U.S., Tennessee, Davidson County 2015

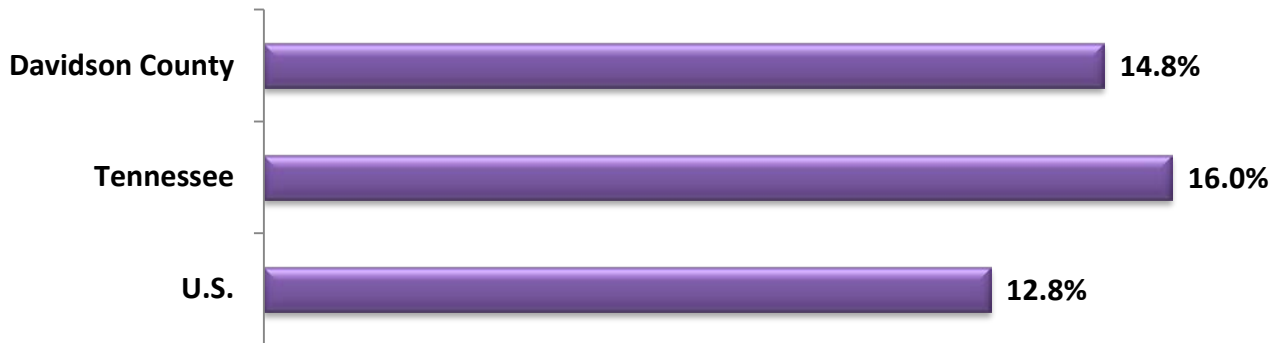


Aging and Supplemental Nutrition Assistance Program (SNAP)

Low-income older adults rely on federal nutrition assistance programs to supplement their income and meet basic living needs. In Davidson County one out of every seven persons age 65 and over receive Supplemental Nutrition Assistance Program benefits (SNAP) formerly food stamps, to meet their monthly nutritional needs. As show in Chart AD-10 (14.8%), of Davidson County residents age 65 and over receive SNAP benefits, which were lower than the same age group in Tennessee (16.0%) but higher than the United States (12.8%) population age 65 and over.

Chart AD-10: Percent of Persons Age 65 and Over Receiving SNAP Benefits

U.S., Tennessee, Davidson County 2015



Source: 2015 American Community Survey

TennCare Choices

TennCare Choices Long-Term Services and Supports were implemented in 2005 to encourage the use of Home and Community Based Services (HCBS) to eligible older adults and persons with a disability. TennCare Choices services provide supportive services that will enable eligible persons to remain in their home and community. TennCare Choices supportive services include homemaker services, home delivered meals, personal care services and home modifications.

Eligibility for TennCare Choices is based on a functional and financial assessment. The following link provides additional information on who qualifies for TennCare Choices and how to apply for TennCare Choices services. TennCare Choices are available for those who choose this alternative to being in a nursing home because they can receive in-home care instead.

<https://tn.gov/tenncare/article/to-qualify-for-choices>

Some consumers have reported delays and challenges in the application process for CHOICES. The Tennessee Justice Center provides additional about the three different levels of CHOICES.

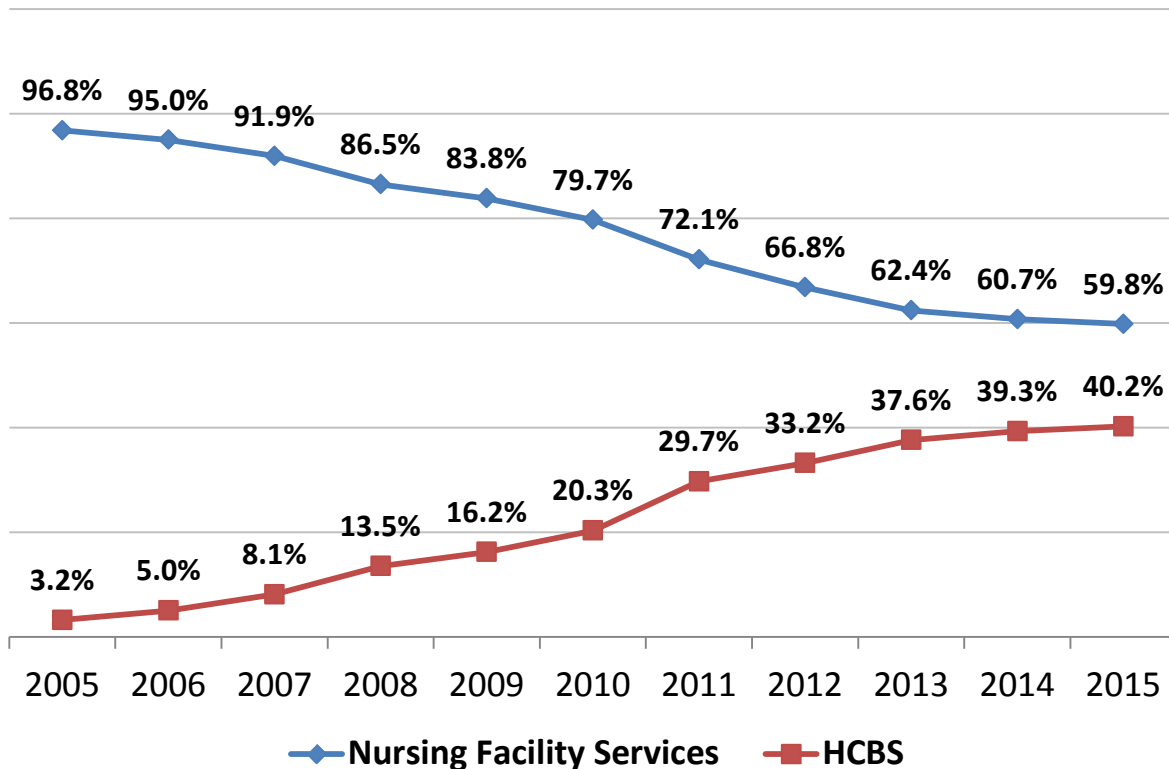
<https://www.tnjustice.org/help/choices/>

Paying for nursing home or home and community-based care with the CHOICES program from the Legal Aid Society of Middle Tennessee and the Cumberland (July 2014) explains the specific requirements and guidelines for TennCare CHOICES, which include eligibility limitations on income, property/money/assets and any money or property sold, traded or given away during the 5 years before application.

<http://www.sitemason.com/files/c25qso/CHOICES814.pdf>

TennCare Choices funds Nursing Home Care and Home and Community Based Services for persons who meet the eligibility requirements. As shown in Chart AD-11, Nursing Facility Services and Home and Community Based Care (HCBS) enrollment has become more balanced since TennCare Choices inception.

Chart AD-11: Percentage of TennCare Choice Enrollment by Service Category
2005-2015



Source: Tennessee Department of Finance & Administration, TennCare
<https://tn.gov/tenncare/topic/ltss-governors-dashboard-graphs>

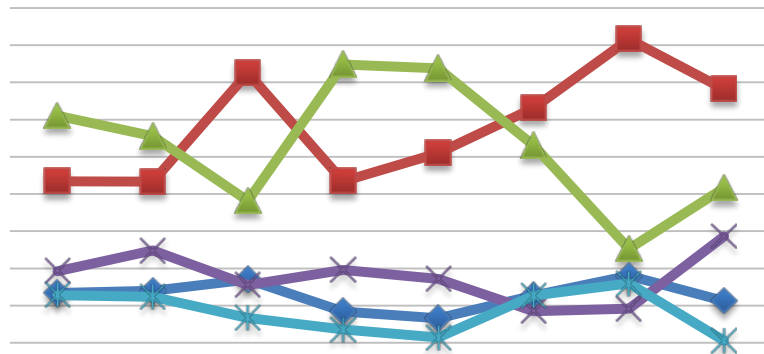
Grassroots Community Survey

Each year, the Community Needs Evaluation has included data collected through the Grassroots Community Survey conducted by Metropolitan Social Services. Within the Home and Community Based Services area, the identified need has fluctuated between Help Paying for Child Care and Homemaker Services for Elderly or Disabled Persons.

Each year, the other three categories (Child Care Closer to My Home, Homemaker Services for Relative Caregivers and More Infant Care) have been consistently lower than the top two categories. Chart AD-12 shows the greatest unmet needs identified by the Grassroots Community Survey respondents for Home and Community Based Services (care for children, disabled or elderly). In 2016, the greatest identified unmet need in Home and Community Based Services was help paying for childcare (39.1%). Survey respondents indicated

that for 2016 Homemaker Services for the elderly or disabled ranked second (25.8%) and homemaker services for Relative Caregivers (raising the children of relatives) ranked third (19.3%).

Chart AD-12: Greatest Unmet Need in Home & Community Based Services
Grassroots Community Survey, 2009-2016



	2009	2010	2011	2012	2013	2014	2015	2016
◆ Child Care Closer to My Home	11.7%	12.0%	13.5%	9.2%	8.3%	11.3%	14.0%	10.6%
■ Help Paying for Child Care	26.7%	26.7%	41.3%	26.7%	30.5%	36.6%	45.8%	39.1%
▲ Homemaker Services for Elderly or Disabled People	35.5%	32.8%	24.1%	42.4%	41.9%	31.5%	17.6%	25.8%
✕ Homemaker Services for Relative Caregivers (raising the children of relatives)	14.6%	17.4%	12.8%	14.8%	13.6%	9.2%	9.6%	19.3%
✱ More Infant Child Care	11.4%	11.2%	8.3%	6.8%	5.7%	11.3%	13.0%	5.3%

Source: Metropolitan Social Services, Grassroots Community Survey 2009-2016

Well-Being of Older Americans

Federal Interagency Forum on Aging Related Statistics released a report, *2016 Older Americans Key Indicators of Well-Being*, to provide a profile of people age 65. It describes how they are faring in the United States. The report identifies forty-one indicators to determine the well-being of older adults. To access the complete list of indicators follow this link.

<https://agingstats.gov/docs/LatestReport/Older-Americans-2016-Key-Indicators-of-WellBeing.pdf>

Population

The report found that older men were much more likely than older women to be married.

Education

85 percent of older men and 83 percent of older women had at least a high school diploma. Older Asians had the highest proportion with at least a Bachelor's degree.

Income

Older adults age 65 and over received two-thirds of their income from retirement savings including Social Security.

Veterans

There were approximately 9.9 million veterans age 65 and over in the United States. Almost half of all men age 65 and over in 2015 were veterans. More than 95% of veterans age 65 and over were male.

Chronic Health Conditions

Women age 65 and over reported higher levels of asthma and arthritis than men. Men age 65 and over reported higher levels of heart disease, cancer, and diabetes than women.

Future Housing Needs for People Age 65 and Over

According to a report by the Joint Center for Housing Studies of Harvard University, *Projections and Implications for Housing a Growing Population: Older Households 2015-2035*, by the year 2035 1/3 of all U.S. households will be headed by someone age 65 and older (a total of about 50 million nationwide). With an aging population, the number of older adults is projected to increase from 29.9 million in 2015 to 49.6 million in 2035, housing needs will be important for persons to live independently and remain in their community.

Along with additional housing units, a greater level of services will be needed. There will be a need for an “increase the need for affordable, accessible housing that is well-connected to services far beyond what current supply can meet.” As more people seek to remain in their current dwellings combined with an increasing likelihood of disabilities and health challenges, it would be more effective to address preparation before physical or financial needs make the situation urgent.

As the Baby Boomer generation continue to age significant increases for this population is expected in home ownership rates, older renters, older adults living with family, skilled nursing facility enrollments, the need for housing for persons with a disability for the next twenty to thirty years.

For low-income adults age 65 and over, housing and medical costs will be important factors in their quality of life. Low-income older adults were more likely to be housing cost-burdened (spending 30% or more on housing), had fewer assets and were more dependent on government assistance for help with rising medical cost.

The *Projections and Implications for Housing a Growing Population report* identified some elements necessary to address the housing needs of tomorrow’s adults age 65 and over that require innovative partnerships between housing, health care and other areas.

- Increase accessible housing (tax credits, financial incentives for modifications, ordinances to encourage accessibility features, etc.)
- Assistance to owners age 65 and over with housing cost burdens (property tax relief, higher efficiency heating and cooling systems, solar panels, weatherization programs with tax incentives and grants for initial installation, and various other ways to make it feasible to age in place)
- Increase subsidies to older renters (federal housing assistance of public housing, unit-based assistance, vouchers and Section 202 units will need to be dramatically increased to keep pace with the need, and the estimated 4.9 million who would be unserved by 2035)

- Stronger ties between health care and housing (more intensive and frequent care for those projected to have disabilities for self-care or multiple disabilities; increased need means additional funding and service delivery will be needed)
- Increased public awareness (older adults need to consider potential housing needs earlier in life and public officials need to be more aware of the imminent growth and escalating needs in order to make policy changes and investments)
- Expand housing options (new, accessible housing in town centers within walking distance of services in their existing communities, including necessary zoning changes)

http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/harvard_jchs_housing_growing_population_execsum.pdf

Older Americans and Economic Security

A research report by the University of Massachusetts Boston Center identified challenges faced by people who are age 65 or more to meet basic living expenses. The *Living Below the Line: Economic Insecurity and Older Americans Insecurity in the States 2016* report indicates that many older adults do not have financial resources to achieve or maintain economic security.

The Elder Index, created by the Institute for Women’s Policy Research, estimates the income a retired older adult needs to meet basic living expenses without public or private assistance. The Elder Index measures basic expenses for persons age 65 and older living in the community. The Elder Index specifically estimates the income needed for a single older adult and for an older adult couple based on whether they rent or own a home with a mortgage.

For Davidson County’s residents who are 65 or over, the Elder Index indicates that an annual income of \$28,572 would be needed to meet basic living expenses for a single elderly person with a home mortgage. This would be difficult for some groups because the Davidson County per capita income of \$13,274 for Hispanics, \$19,920 for black or African Americans; and \$37,706 for whites (2015 American Community Survey). As a result, only the white per capita income would be adequate to meet the basic living expenses as calculated by the Elder Index. For an elderly couple with a mortgage, the income needed increases to \$38,688. (Couple data is not available from the Census. Family and Household data is available but may also include other family or household members in addition to a couple.)

Expenses/Monthly and Yearly Totals	Tennessee, Davidson County					
	Single Elder			Elder Couple		
	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	\$458	\$734	\$1,259	\$458	\$734	\$1,259
Food	\$256	\$256	\$256	\$470	\$470	\$470
Transportation	\$253	\$253	\$253	\$391	\$391	\$391
Health Care (Good)	\$350	\$350	\$350	\$700	\$700	\$700
Miscellaneous	\$263	\$263	\$263	\$404	\$404	\$404
Index Per Month	\$1,580	\$1,856	\$2,381	\$2,423	\$2,699	\$3,224
Index Per Year	\$18,960	\$22,272	\$28,572	\$29,076	\$32,388	\$38,688

<http://www.basiceconomicsecurity.org/EI/location.aspx>

The national income needed to meet basic living expenses for a single elderly person with a mortgage was \$30,972 and \$41,484 for an elderly couple with a mortgage.

<http://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1012&context=demographyofaging>

Toward a Dignified Retirement for All from the Center for American Progress (November 15, 2016) describes how record levels of Americans are unprepared for retirement, which puts the future generations of aging Americans at greater risk. It describes how funding decisions make choices about which population to underserve, creating even more negative outcomes for the population not chosen. For example, there is increasing need among the elderly but funding decisions pit the elderly against children and other needs in the community. It notes that the outdated poverty measure fails to capture the economic insecurity experienced by the elderly and other populations.

It suggests a sense of urgency in that the United States has 10,000 people who turn 65 each day. Combined with the rising economic vulnerability threatens the wellbeing of the elderly and is likely to result in significant challenges for families, communities and society at large. Without policy changes and other actions, there is no assurance that people would be able to retire with dignity and security.

In addition to those who live at or below poverty, there are many more seniors who are near poverty (150% of poverty), as shown in the table below. It indicates that with increasing age, the likelihood of poverty and near-poverty increases.

Elderly poverty rates in 2015, by age

Share of seniors falling below different levels of poverty

	Share below 200 percent of poverty	Share below 150 percent of poverty	Share below 125 percent of poverty	Share below 100 percent of poverty
65 and older	31.1%	19.6%	13.8%	8.8%
65- to 74-years-old	26.6%	16.8%	12.0%	8.0%
75 and older	37.6%	23.7%	16.4%	10.0%

Source: Bureau of the Census, Current Population Survey (U.S. Department of Commerce, 2016), Annual Social and Economic Supplement, available at http://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-01.2015.html#par_textimage_30.



There are factors in addition to income (the number in the household and the cash income are the only considerations for determining poverty. There is material hardship that may not be reflected in the poverty measure. For example, a person with a disability may need more income to meet their basic needs, but there is no consideration in determining poverty. Different types of hardship occur when income does not meet a person's material needs.

- Shelter hardship – unable to pay rent/mortgage; evicted; unable to pay utilities or lost utilities through inability to make payment.
- Housing deficiency – household with problems such as pests, leaks, broken windows, exposed electrical wires, inoperative plumbing, holes in walls, ceiling or floor.
- Health care hardship – household member could not afford to see a doctor or dentist when ill.
- Food hardship- household has to skip meals, ate less than needed, unable to afford balanced meals, did not eat, etc.

Toward a dignified retirement reports that elderly women were more likely than elderly men to be in near-poverty (below 150% of poverty), at 22.8% compared to 15.7%. Older women of color were more than twice as likely as white men to have near-poor incomes. The disparity for elderly women often results from “a lifetime of inequities in income and employment, assets and savings, and health and longevity.” The table below shows the difference by age category, race and ethnicity, with black or African American and Hispanic seniors at almost twice the rate of being near poor than the white population.

Elderly poverty rate in 2015, by race and ethnicity

Share of seniors falling below 150 percent of the official poverty line

	All	White	African American	Hispanic
65 and older	19.6%	16.2%	34.9%	33.2%
65- to 74-years-old	16.8%	13.2%	32.1%	30.7%
75 and older	23.7%	20.2%	39.4%	37.3%

Source: Bureau of the Census, Current Population Survey (U.S. Department of Commerce, 2016), Annual Social and Economic Supplement, available at http://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-01.2015.html#par_textimage_30.

The report describes the financial damage created by the Great Recession on the population age 50-65. It caused many of them to lose their home equity or their homes, at a time when they were approaching retirement. Data shows that people in this age category were more likely to have lost their jobs and were not able to return to the workforce after the recession.

Every American deserves to retire in dignity after decades of hard work. The policies mentioned above are but a few of the steps that policymakers can take to surmount the barriers that pose a threat to economic security in old age.

~Toward a dignified retirement for all (Center for American Progress)

The social insurance and assistance programs (Social Security, SSI, SNAP and Medicare) helped to fight against senior hardship. However, *Toward a Dignified Retirement* explains that these programs have become weaker or have not been able to keep up with the changing population. The report provides an array of policy recommendations that would promote dignity current and future older Americans (expand Social Security, modernize SSI, boost nutritional aid, strengthen EITC, reduce Medicare costs, limit skyrocketing medication prices, ensure access to long-term care, increase access to affordable, accessible housing, etc.

<https://www.americanprogress.org/issues/poverty/reports/2016/11/15/292351/toward-a-dignified-retirement-for-all/>

Smart Solutions

SRVS – Memphis Tennessee

SRVS (formerly the Sheltered Occupational Shop, Inc.) is a non-profit agency that serves people with disabilities in the Memphis Shelby County region. SRVS provides a number of programs including Community Living, Learning Center, SRVS Kids and Families, Community Employment Services, Family Support and Elderly and Adult Disability Services

SRVS partners with area employers to offer employment opportunities for people with a disability in the community. SRVS assisted people with a disability prepare for community employment by providing resume writing, dressing appropriately, handling conflict and developing work ethics. SRVS also provides supportive services for individuals and employers once they have been employed.

In partnership with Tennessee's Vocational Rehabilitation agency people with a disability can receive additional employment and skills training customized to their cognitive and functional ability and career choices. Local foundations and corporations have provided funding and employment opportunities that were not previously available to people with a disability. Participants can now earn competitive wages, improve their skills for future employment and increase their involvement in the larger community.

<http://www.srvs.org/history>

https://acl.gov/NewsRoom/blog/2016/2016_07_28.aspx

Senior SNAP Enrollment Initiative

The National Council on Aging (NCOA) in partnership with the Wal-Mart Foundation provides training and technical assistance to individuals and agencies working with adults age 60 and over. Grants are awarded to organizations to assist eligible seniors with SNAP application and enrollment assistance. Over 30 community-based organizations are currently funded to provide SNAP assistance for older adults. Knoxville-Knox County Community Action Committee is a grant recipient.

In addition to the grants, NCOA provides a BenefitsCheckUp website for individuals and organizations to assist older adults with applying for other federal and state benefits they may be eligible to receive.

<https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-hunger-snap/>

https://www.benefitscheckup.org/getsnap/?_ga=1.55943395.97217539.1483717014

Food & Nutrition

Key Findings

- Lack of adequate nutrition in children delays normal growth and development, contributes to emotional and behavioral problems and can impair the child's ability to function in school.
- Without good nutrition, adults can acquire chronic medical conditions, stress and premature death.
- The U.S. Conference of Mayor's *2016 Report on Homelessness and Hunger* identified the primary causes of hunger:
 - ✓ Low Wages
 - ✓ High Housing Cost
 - ✓ Poverty
- In 2015, 12.7% of all U.S. households were considered food insecure.
- One in 5 children in America struggled with hunger.
- In the U.S., low food security for black or African American households was twice as high as for white households.
- SNAP benefits helped over 4.6 million people out of poverty.
- Racial and ethnic minorities typically have lower incomes. Because of these disparities, these are more likely to have an increased threat of hunger for older adults.



Definitions

Food Security is defined as access to enough food for an active and healthy life. If this is lacking for a person or a household, it is considered food insecurity.

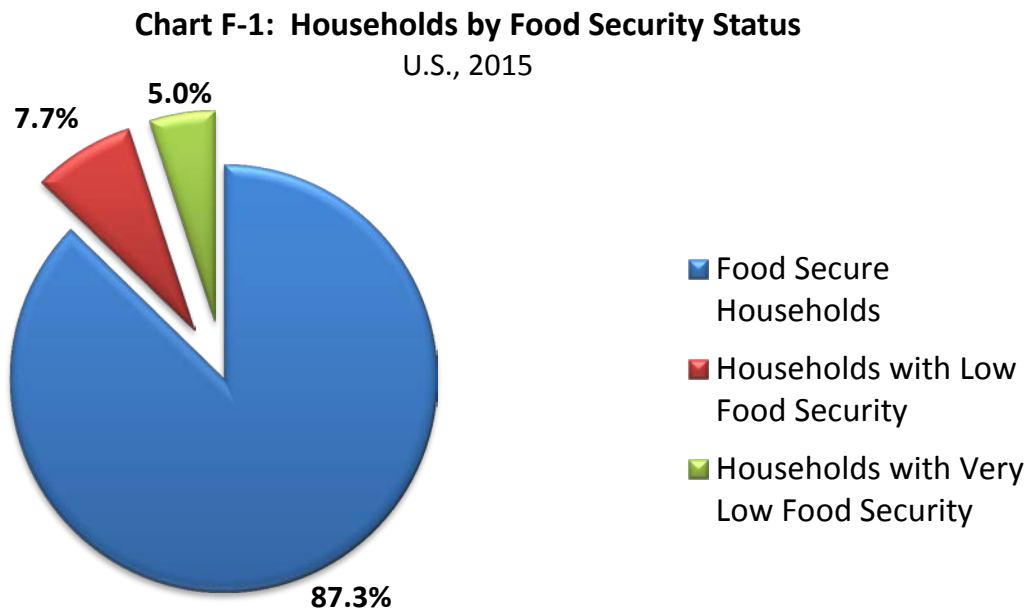
Hunger is defined as a lack of food and nutrition that affects physiological functions for individuals and affects their growth and development throughout life.

Hunger differs from food insecurity in that hunger has physiological impacts on growth and development due to a lack of food while food insecurity means lack of access to and affordability of nutritious food. Hunger is a craving or urgent need for food and nutrients while food insecurity is the uncertainty of how to pay for and/or the ability to obtain food.

Food Security/Food Insecurity

According to a report by the United States Department of Agriculture (USDA), *Food Security Status of U.S. Households in 2015*, the percent of U.S. households that were food insecure declined from 14.0% in 2014 to 12.7% in 2015.

Chart F-1 indicates that among the U.S. households experiencing food insecurity, 7.7% were classified as low food secure households and 5% were very low foods secure households. Low food security indicates a reduced quality, variety, or desirability of diet. Very low food security includes disrupted eating patterns and reduced food intake. Food insecurity has been linked to mental and physical health problems for infants, children and pregnant women.



Source: USDA, Economic Research Service

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

No Kid Hungry is a public-private national partnership that reports that one of every five children in the U.S. does not get the food they need. They promote the end of child hunger in the U.S. No Kid Hungry explains that food security was substantially higher than the national average for households with incomes near or below the federal poverty measure, among single parent families and in black and Hispanic households.

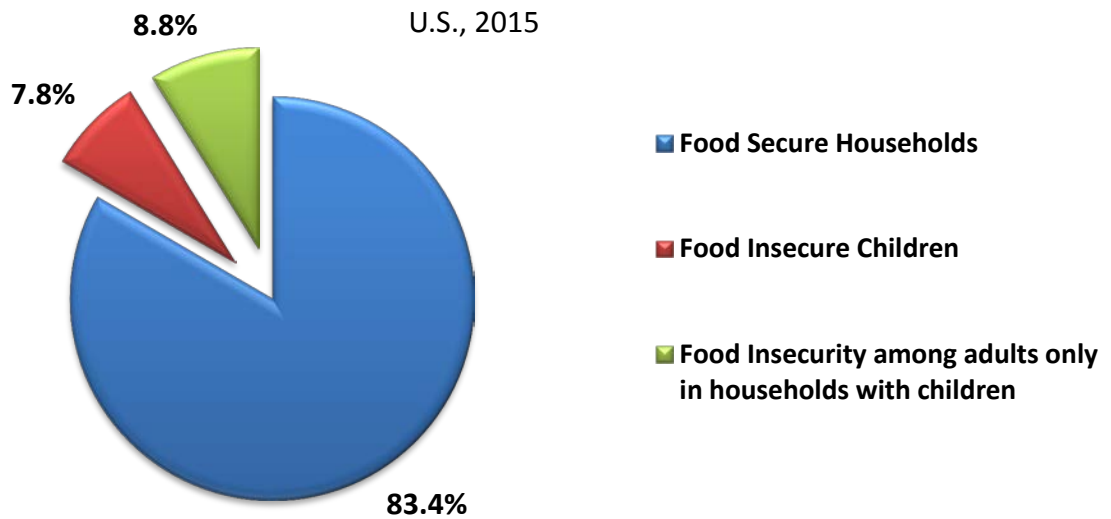
<https://www.nokidhungry.org/>



U.S. Households with children showed a decline of food insecurity from 19.2% in 2014 to 16.6% in 2015. Households with food-insecure children and adults also showed an annual decline from 9.4% to 7.8% as shown in Chart F-2. In 7.8% of households, both children and

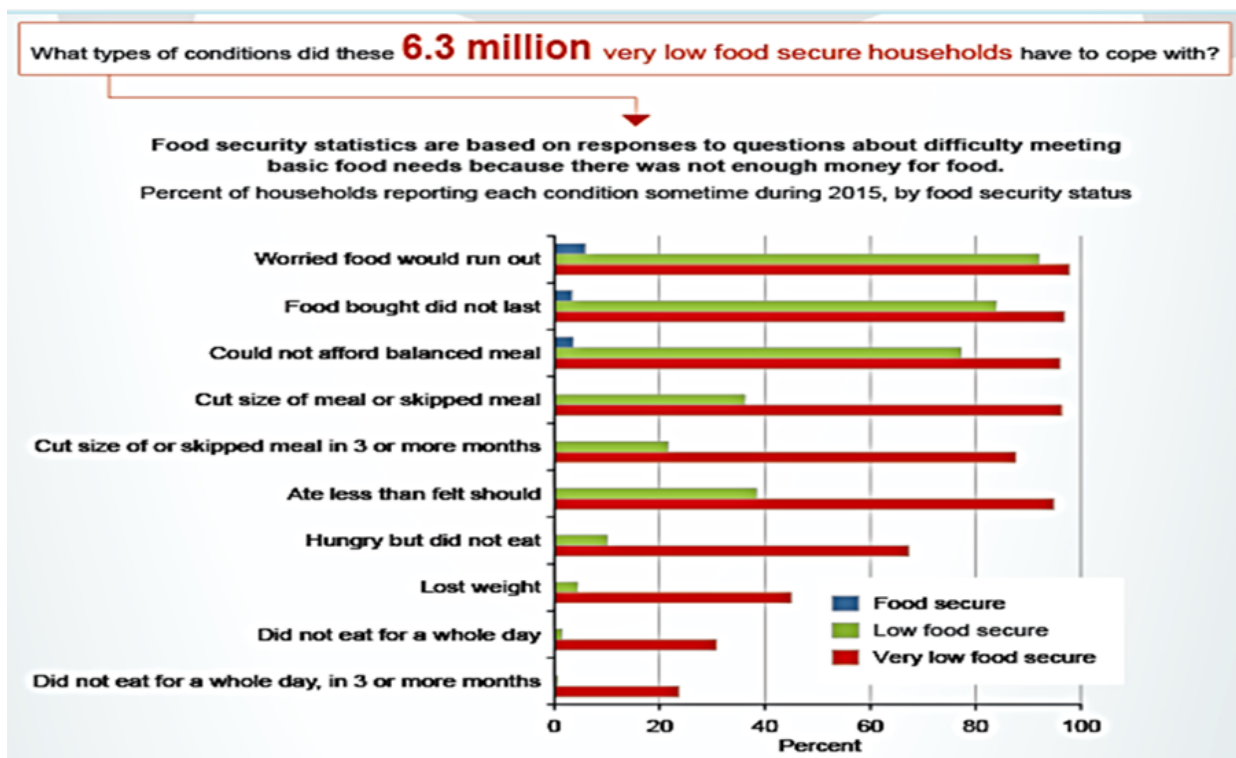
adults were food insecure. In 8.8% of households, only the adults were food insecure according to the United States Department of Agriculture, *Food Security Status of U.S. Households in 2015* report.

Chart F-2: Households with Children By Food Security Status of Adults and Children



Source: USDA

The graphic below from USDA shows what low and very low food secure households face, including skipping meals, feeling hunger, could not afford balanced meals, etc.



Source: Food Security Status of U.S. Households in 2015

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

According to the report *Child Development: The Potential Consequences of Food Insecurity for Children*, food insecurity for children can have long-term consequences through adulthood. Infants who do not get enough nutritious food were susceptible to delayed physical development and increased hospitalization. Toddlers and preschool age children may experience learning difficulties, delayed development, oral health problems and are at higher risk for chronic health conditions. Food insecure school age children are more likely to have behavioral problems, difficulties with socialization, truancy and school tardiness.

<http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html>

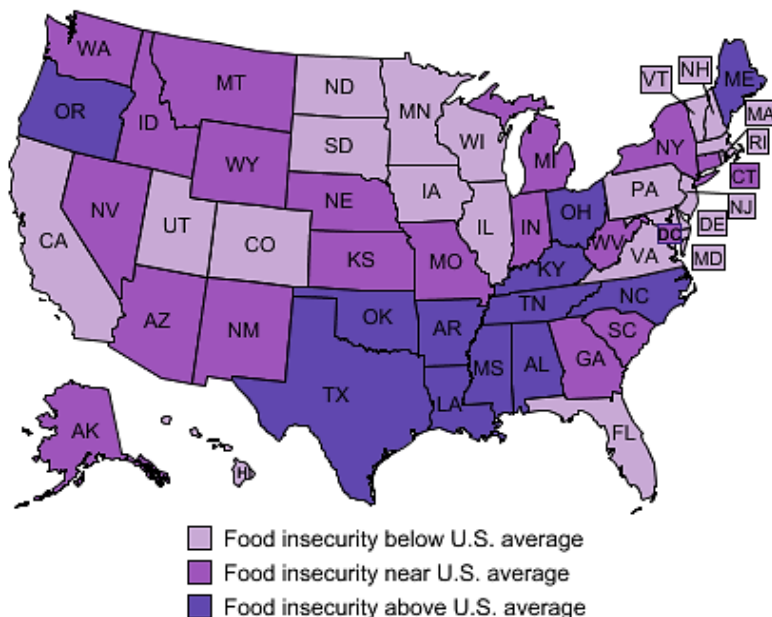
Food Insecurity was higher for renters, African Americans and persons with a disability. Both U.S. Census Bureau data and a recent USDA survey show that renters are more likely to experience food insecurity than persons who own their homes. The American Housing Survey indicates that renters were three times (15.5%) as likely to be food insecure when compared to homeowners (4.9%).

Additional data from the 2015 U.S. Department of Housing and Urban Development and the U.S. Census Bureau report, *Renters More Likely to Be Food Insecure than Homeowners*, shows that the percentage of black or African-American households that were food insecure was twice the rate (16.9%) for white food insecure households (7.5%). Persons with a disability also had higher food insecurity rates than persons without a disability, 16.6% and 6.9% respectively.

<http://census.gov/newsroom/press-releases/2016/cb16-193.html>

The United States Department of Agriculture report *Food Security Status of U.S. Households in 2015*, shows black or African American and Hispanic households were more likely to experience low and very low food security status compared to whites.

Prevalence of food insecurity, average 2013-15



The map at right from the USDA shows that 12 states, including Tennessee, have higher food insecurity than the U.S. average for 2013-2015.

Source: Food Security Status of U.S. Households in 2015, USDA

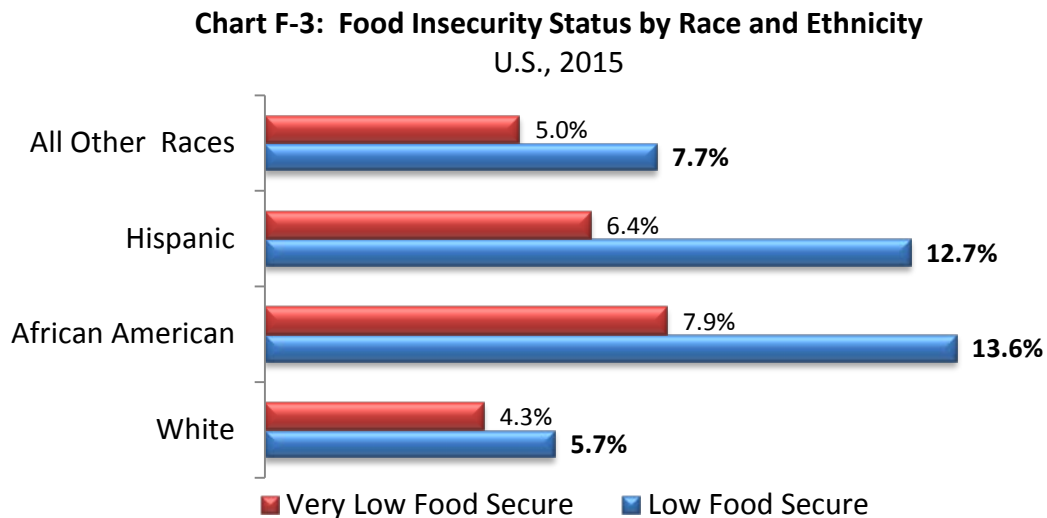
<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

Source: Calculated by ERS, USDA, using data from the December 2013, 2014, and 2015 Current Population Survey Food Security Supplements.

A Brookings Institution study, *Time for Justice: Tackling Race Inequalities in Health and Housing*, reports that fast food restaurants and convenience stores are more prevalent in African American communities. Supermarkets that carry fresh produce and healthier food options are less likely to be found in these communities, resulting in greater food insecurity for minority populations. The report suggests that a comprehensive national food policy could streamline and coordinate existing food, health, environmental and economic objectives, now spread across at least 10 different agencies.

<https://www.brookings.edu/research/time-for-justice-tackling-race-inequalities-in-health-and-housing/>

As indicated by Chart F-3, food insecurity status by race and ethnicity is higher for African American than other racial or ethnic groups. The percentage of African Americans with low food security (13.6%) is more than double that of whites with low food security (5.7%).



Source: Food Security Status of U.S. Households in 2015

<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

Race, Income and Diet-Related Diseases

Diabetes rates have almost quadrupled over the past thirty years, according to *The Devastating Consequences of Unequal Food Access: The Role of Race and Income in Diabetes* from the Union of Concerned Scientists. The report explains that Type 2 diabetes is generally diet-related and preventable.

Diabetes affects African Americans and Latinos at nearly twice the rate as Whites. Food Deserts were more likely to be found in low-income African American and Latino communities, making access to healthy and nutritious food more difficult and increasing the risk of diabetes. With limited access to healthy affordable food, persons living in these low food access areas were prone to purchase fast foods that are high in sugar and fats, increasing the risk of diet-related chronic diseases that include obesity, diabetes and heart disease. <http://www.ucsusa.org/sites/default/files/attach/2016/04/ucs-race-income-diabetes-2016.pdf>

Food Deserts Mar the Land of Plenty (Diabetes Forecast, September 2013) described the difficulties experienced by people who lack access to grocery stores, both in urban and rural communities. Supermarkets have a large variety of healthy, nourishing foods that help people thrive and that are needed by people with

diabetes. It noted that food desert areas are typically populated by many racial and ethnic minorities, creating imbalanced nutrition and further risk for obesity and Type 2 diabetes.

<http://www.diabetesforecast.org/2013/sep/food-deserts-mar-the-land-of-plenty.html>

According to the American Diabetic Association, prediabetes is the primary risk factor for Type 2 diabetes, which presents as high blood glucose levels and insulin resistance. It also suggests that contributing factors could be genetic influences that affect the glucokinase “thermostat” or exposure to environmental pollutants.

<http://www.diabetesforecast.org/2012/apr/untangling-one-cause-of-prediabetes.html>

Nutrition

The USDA dietary guidelines encourage good nutrition and health maintenance to reduce the risk of chronic diseases. USDA guidelines emphasize including more fruits and vegetables along with whole grains in meals. The 2015-2020 *Dietary Guidelines for Americans* can be a useful tool in helping low-income families eat on a budget while maintaining proper nutrition.

The guidelines stress the importance of following healthy eating patterns, limiting sugars and saturated fat products, choosing healthier foods and beverages along with including a variety of foods from all food groups. The graphic shows healthy eating patterns that can reduce the risk of chronic diseases and what foods to avoid to maintain a nutritional balance.

According to the 2015-2020 *Dietary Guidelines for Americans* report, nearly one-half of all adults in America have one or more preventable diet-related chronic diseases including Type 2 diabetes, obesity and cardiovascular disease.

<https://health.gov/dietaryguidelines/2015/guidelines/executive-summary/>

<https://www.cnpp.usda.gov/2015-2020-dietary-guidelines-americans>

The recommended calorie intake amounts for children vary by age and gender. The recommendation takes into account children who lead active and sedentary lifestyles. A [White House Task Force on Childhood Obesity Report to the President](#) recommends at least sixty minutes of moderate exercise daily for preschool and school age children.

<http://www.letsmove.gov/white-house-task-force-childhood-obesity-report-president>

According to a report by the Mayo Clinic *Nutrition for Kids: Guidelines for a Healthy Diet* the recommended calorie intake for children ages 1-18 years of age is based on their level of physical activity and gender. The recommended calorie intake supports normal growth and development based on age. A nutritious diet and exercise can prevent chronic diseases in children such as obesity, heart problems and developmental delays.

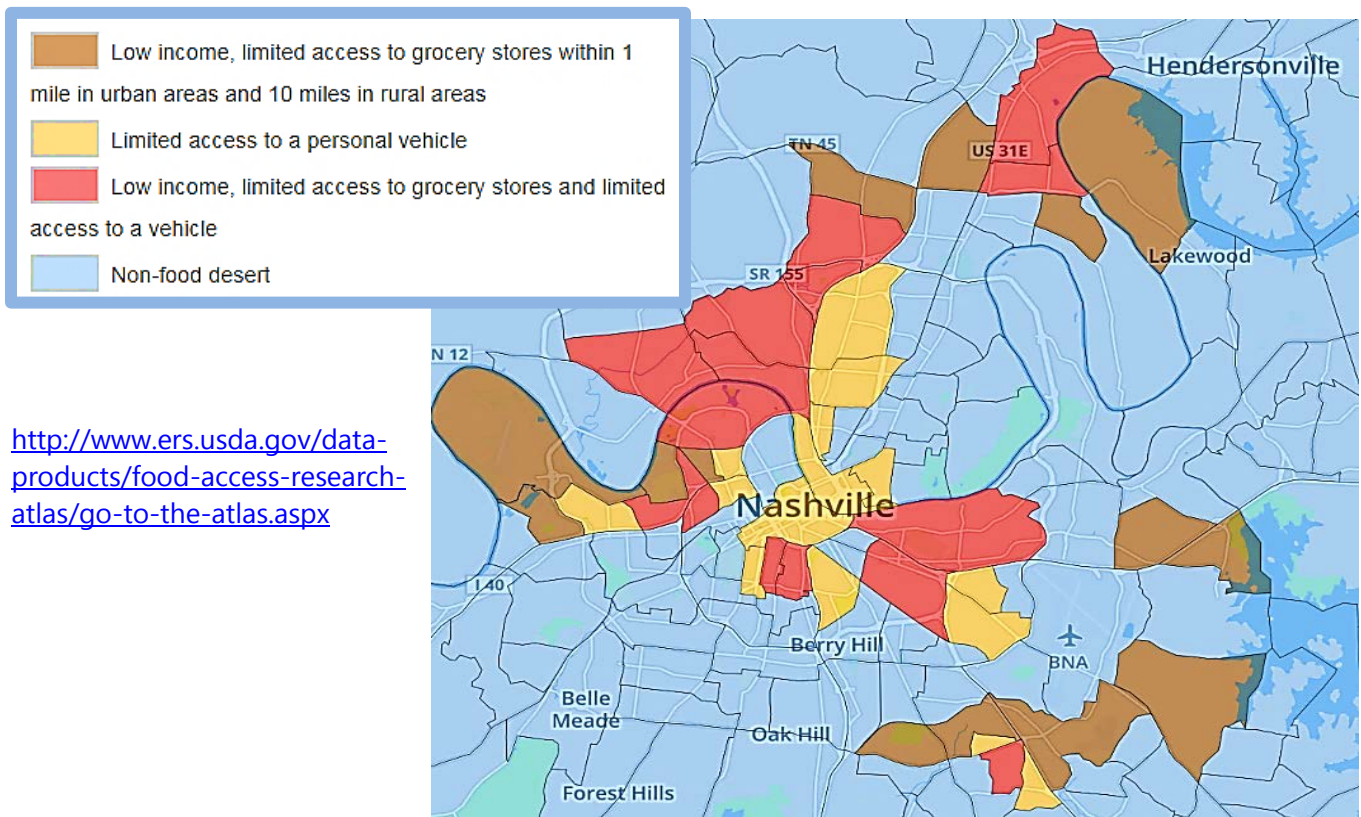
<http://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/nutrition-for-kids/art-20049335>



Food Deserts /Food Choices

Food deserts are geographic areas in which affordable and nutritious foods are difficult to obtain, particularly for persons without access to a vehicle. Persons living in food deserts typically do not have access to grocery stores, farmers markets or any other healthy food providers. The map below by USDA indicates food deserts in Davidson County, which include limited grocery store access and low-income persons who have limited access to vehicles to secure fresh affordable nutritious food.

The Davidson County map below, from the U.S. Department of Agriculture Food Research Atlas shows in red the census tracts that were low-income with limited access to a grocery store and limited access to a vehicle. Persons living in brown census tracts have limited access to a grocery store within 1 mile of their residence. Census tracts highlighted in yellow indicate households with limited access to a personal vehicle.



<http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

Even where there are supermarkets with a variety of foods, consumers should be aware of marketing techniques that may encourage the consumption of unhealthy food. In *8 Ways Supermarkets Make You Buy More*, the Center for Science in the Public Interest describes ways that supermarkets encourage people to buy things other than fresh, healthy food. Examples include designs to facilitate specific foot traffic patterns, with tempting foods in the path. Some may give out free samples that may or may not be healthy, while store bakeries have scents that encourage people to buy bread, cupcakes or other baked goods. Sugary cereals often have packages that attract children, especially when stores put them at children's eye level to encourage children to notice and request these foods. Other techniques that are used include putting good they want to promote at end caps of store aisles, whether or not the prices are reduced, or buy one and get one free promotions.

<https://cspinet.org/protecting-our-health/nutrition/unhealthy-checkout/8-ways-supermarkets-make-you-buy-more>

Race and Obesity

Obesity rates have steadily increased in adults and children over the past four decades for all Americans. According to a report by the Food Research and Action Center *Obesity in the U.S.*, 37.7% of adults in the U.S. are obese, including 7.7% who are severely obese. Among children and adolescents, 17.0% are obese, including 5.8% who are severely obese. Among low-income preschoolers, 14.9% are obese, including 2.1% who are severely obese.

There are disparities for race and ethnicity, gender, age, geographic region and socioeconomic status. The obesity rate for people and communities of color obesity has increased at a faster rate than for whites. Obesity rates for both African American men and women were higher than for whites.

Childhood obesity can result in serious physiological, psychological and social consequences, including some that manifest later in life. These include diabetes, high blood pressure, gall bladder disease, liver disease, asthma, allergies, orthopedic complications, depression, anxiety, low self-esteem, substance abuse, behavior problems, poor academic performance and more.

In adults, obesity can also result in serious economic consequences because it is estimated to increase medical costs up to 21%. Consequences of adult obesity include diabetes, heart disease, stroke, high blood pressure, liver/gall bladder/kidney disease, asthma, sleep apnea, chronic back pain, mobility limitations, some types of cancer, depression, substance abuse, anxiety, social discrimination, work impairment, etc.

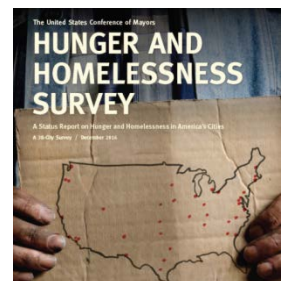
<http://frac.org/initiatives/hunger-and-obesity/obesity-in-the-us/>



Hunger in Davidson County

The U.S. Conference of Mayors publishes an annual *Hunger and Homelessness Survey/ A Status Report on Homelessness and Hunger in America's Cities*. The 2016 report included surveys of 17 cities, including Nashville. The 2016 report indicates that the primary causes of hunger in the cities surveyed were:

1. Low Wages
2. High Housing Costs
3. Poverty



The 2016 *Survey* reported that Nashville had 6% increase in the number of pounds of food distributed over the past year, as well as a 6% increase in the amount of money budgeted for emergency food assistance. The report indicated that the number of requests for emergency food assistance stayed the same in Davidson County. Of the persons requesting emergency food assistance in Nashville, the report showed:

- 70% were families
- 20% were elderly
- 40% were employed
- 6% were homeless

<https://endhomelessness.atavist.com/mayorsreport2016>



Second Harvest Food Bank of Middle Tennessee

Second Harvest Food Bank of Middle Tennessee's mission is to feed hungry people and work to solve hunger issues in our community. In 2015 / 2016, Second Harvest distributed more than 30 million pounds of food to 490 Partner Agencies, providing more than 25 million meals of food to hungry children, families and seniors throughout the 46-county service area. Second Harvest partners with growers, manufacturers, wholesalers, grocery stores and individuals to collect and distribute food to food pantries, soup kitchens, and other nonprofit partner organizations.

Second Harvest addresses hunger in Davidson County with a variety of programs, including 15 Emergency Food Box sites, 27 School Food Pantries, weekly Perishable Food Distributions, Backpack Programs, Kids Cafes and Afterschool Meal Programs. Second Harvest distributed more than 6 million pounds of food throughout Davidson County in 2015 / 2016. Second Harvest also provides SNAP (Food Stamp) outreach, prescreening, and application assistance to people in need.

Feeding America, the parent organization of Second Harvest, publishes an annual report, *Map the Meal Gap*, which provides hunger information for Davidson County:

- 17.3% of Davidson County residents (112,050 people) are food insecure.
- 21.6% of children in Davidson County (30,390 children) are food insecure.

<http://map.feedingamerica.org/county/2014/overall>

According to Feeding America's *African American Hunger Fact Sheet*, African Americans are disproportionately affected by poverty, food insecurity and unemployment. In fact, African American Households are more than twice as likely to be food insecure as white, non-Hispanic households.



One in four African American children live in food-insecure households as compared to one in seven Caucasian children. Ninety-six percent of counties with a majority African American population fall into the top 10 percent of counties with the highest rates of food insecurity. Feeding America reports that African Americans are three times as likely to receive charitable food assistance through the food bank network as their Caucasian peers.

<http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/african-american-hunger/african-american-hunger-fact-sheet.html>

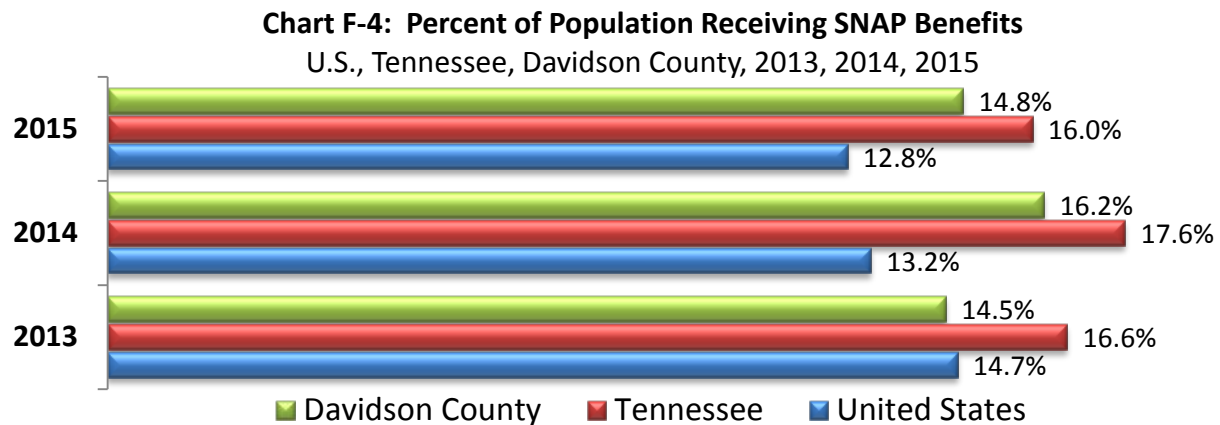
Federal Food and Nutrition Assistance Programs

The U.S. Department of Agriculture’s Food and Nutrition Service administers an array of programs to promote access to healthy food and nutrition. National programs include:

- Supplemental Nutrition Assistance Program (SNAP) formerly called Food Stamps
- National School Breakfast and Lunch Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

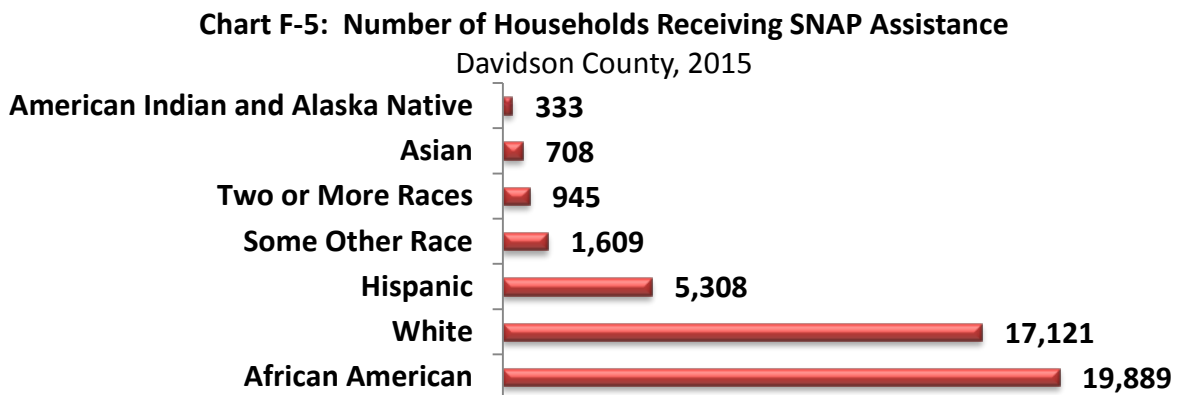
Supplemental Nutrition Assistance Program (SNAP)

Chart F-4 shows the percentage of the population receiving SNAP benefits in Davidson County, Tennessee and the U.S. for the years 2013-2015. The percent of persons receiving SNAP benefits declined in the U.S., Tennessee and Davidson County from 2014 to 2015. The nationwide decline in the number of SNAP beneficiaries was from 13.2% to 12.8% from 2014-2015. However, the percentage of the population receiving SNAP benefits in 2015 was still higher than 2013. As shown by the chart below the decline in Tennessee from 2014 to 2015 was from 17.6% to 16.0%. For Davidson County, the decline was 16.2% to 14.8%.



Source: U.S. Census Bureau, 2015 American Community Survey (Table S2201)

Chart F-5 shows the number of households by race that receives SNAP benefits. As shown in other sections of this report, African Americans typically have lower incomes and higher unemployment nationwide and in Tennessee. The use of SNAP benefits for this population is consistent for Davidson County’s African American residents.

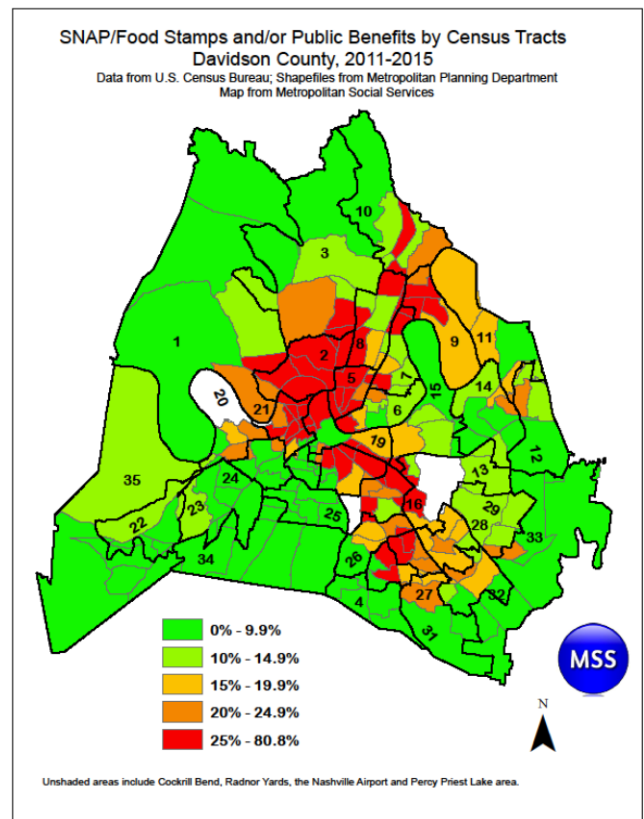


Source: 2015 American Community Survey

SNAP/Food Stamps benefits by Davidson County Council Districts

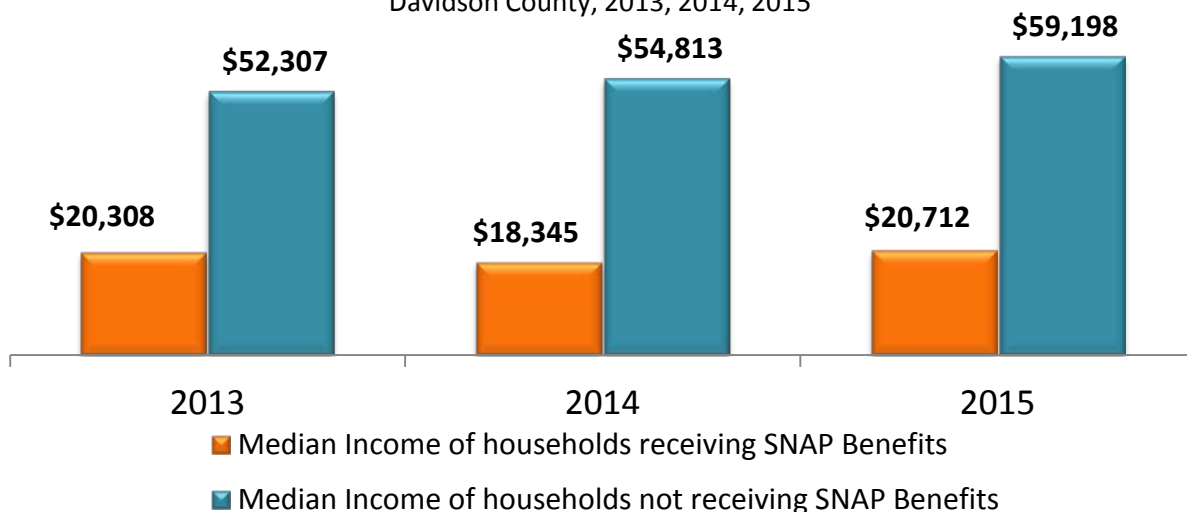
According to the U.S. Census Bureau 2011-2015 American Community Survey Davidson County had 40, 318 households receiving SNAP/Food Stamp benefits, slightly down from the 2010-2014 number of households 40,717.

The map at right shows the percentage of households by Census Tracts receiving SNAP/Food Stamp benefits. The areas shaded in red shows the higher percentage of households by census tracts receiving SNAP/Food Stamp benefits.



As shown in Chart F-6 the median income of households in Davidson County receiving SNAP benefits was significantly less than households that do not receive SNAP benefits. The median household income of SNAP recipients in 2015 was \$20,712, compared to \$59,198 for households that did not receive SNAP. Considering the typical cost of living, the median income would likely not cover basic expenses, particularly when Davidson County’s average household size was 2.4 persons.

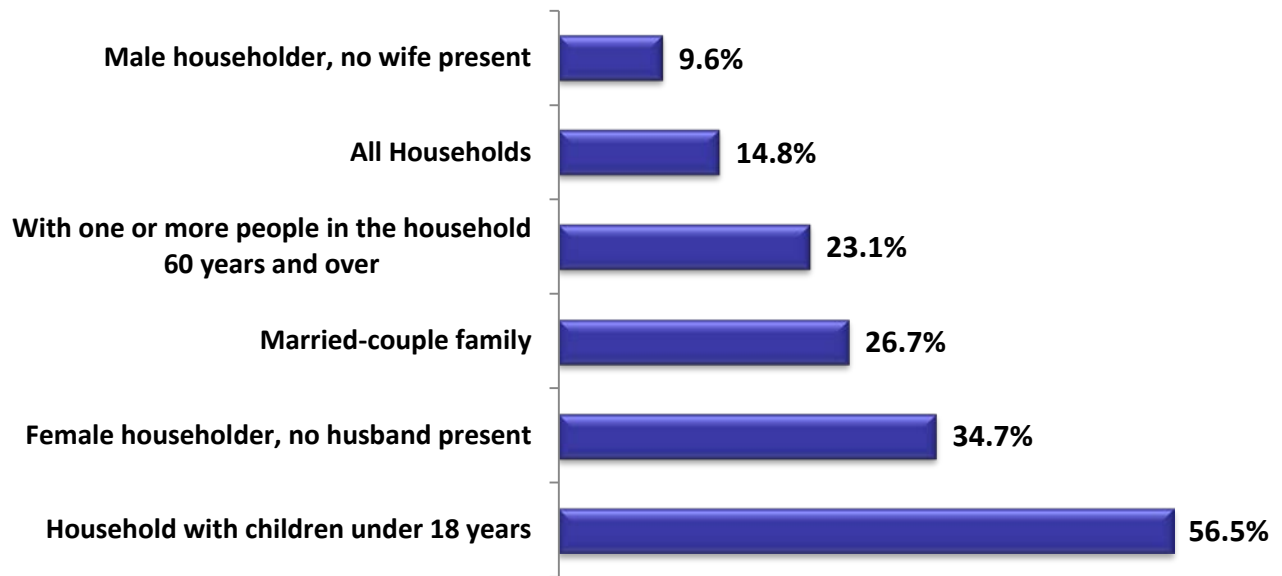
Chart F-6: Median Income of Households Receiving and Not Receiving SNAP Benefits
Davidson County, 2013, 2014, 2015



Source: 2015 American Community Survey Table S2201

Chart F-7 shows the percent of Davidson County SNAP recipients by selected characteristics. Among households with children under 18, 56.5% of them received SNAP benefits.

Chart F-7: Percent of SNAP Recipients by Selected Characteristics
Davidson County, 2015



Source: 2015 American Community Survey

Additional Benefits of SNAP Assistance

By lifting families out of poverty, SNAP has long-term benefits for low-income families. A 2015 report by the White House, *Long-Term Benefits of the Supplemental Nutrition Assistance Program*, highlighted other benefits of SNAP that include reducing hunger, improvement in health and academic performance, educational attainment and economic self-sufficiency.

https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/SNAP_report_final_nonembargo.pdf

The Unintended Consequences of SNAP Asset Limits

A report by the Urban Institute, *The Unintended Consequences of Asset Limits*, indicates that states with restrictive asset limits to SNAP eligibility often have detrimental effects on recipients. The report indicates that restrictive asset limits have resulted in families being discouraged from contributing to a savings account, opening bank accounts with mainstream financial institutions, and contributes to families having to re-enroll in the SNAP program as their financial situation changes. Home equity, vehicles ownership, bank and savings accounts are considered assets when applying for SNAP benefits and can adversely affected eligibility.

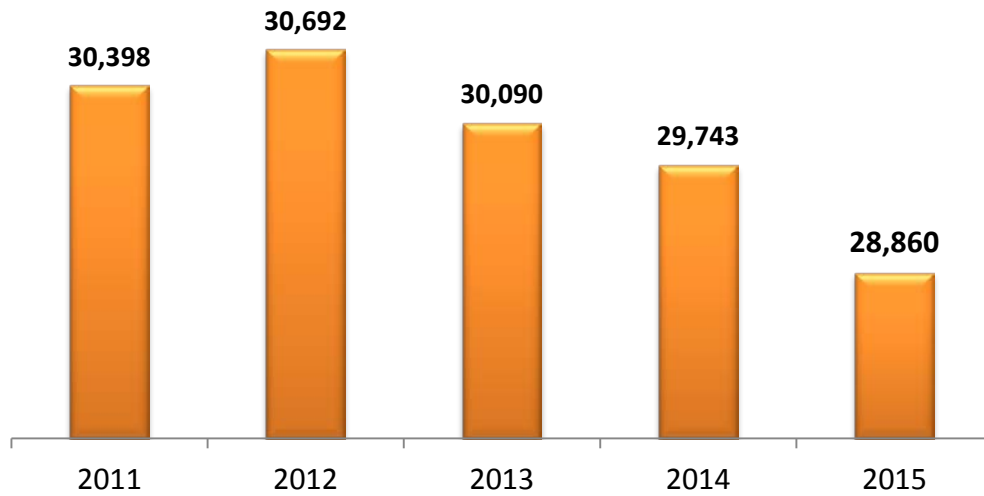
http://www.urban.org/research/publication/unintended-consequences-snap-asset-limits?utm_source=iContact&utm_medium=email&utm_campaign=Opportunity%20and%20Ownership%20Initiative&utm_content=Opportunity+and+Ownership+-+July+2016

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC participation in Davidson County has declined the past three years as indicated by Chart F-8. Declining birth rates nationally, statewide and in Davidson County may contribute to the slight decline in WIC participation rates. The Metropolitan Public Health Department administers WIC services to pregnant and post-partum women, infants and children up to age five who meets income guidelines. In addition, WIC

services include breastfeeding education, counseling, nutrition education and referrals to other healthcare and social service agencies.

Chart F-8: Number of WIC Unduplicated Participants
Davidson County, 2011-2015



Source: Metropolitan Health Department Women, Infant and Children Supplemental Food Program

National School Lunch and Breakfast Program – Community Eligibility Provision

Community Eligibility Provision (CEP) is a program under the National School Lunch Program that permits eligible districts and schools to provide meal service to all students at no charge regardless family income. Davidson County public schools have been CEP eligible the past two years. Prior to applying for and being approved for CEP, nearly 75% of Davidson County Public School students were eligible free or reduced price lunches.

CEP was designed to streamline school districts eligibility and reporting procedures as well as remove the stigma associated with receiving free or reduced price lunches. Nationwide over 6 million students benefitted from CEP, and in Davidson County 77,000 students were eligible to receive free or reduced price breakfast and lunches.



A report by the Food Research & Action Center (FRAC) *Facts Community Eligibility Provision* concluded that school districts that have implemented Community Eligibility Provision have demonstrated increase in school meal participation, increased student achievement, improvements in student behavior, reduced food insecurity and fewer poverty related hardships in low-income communities.

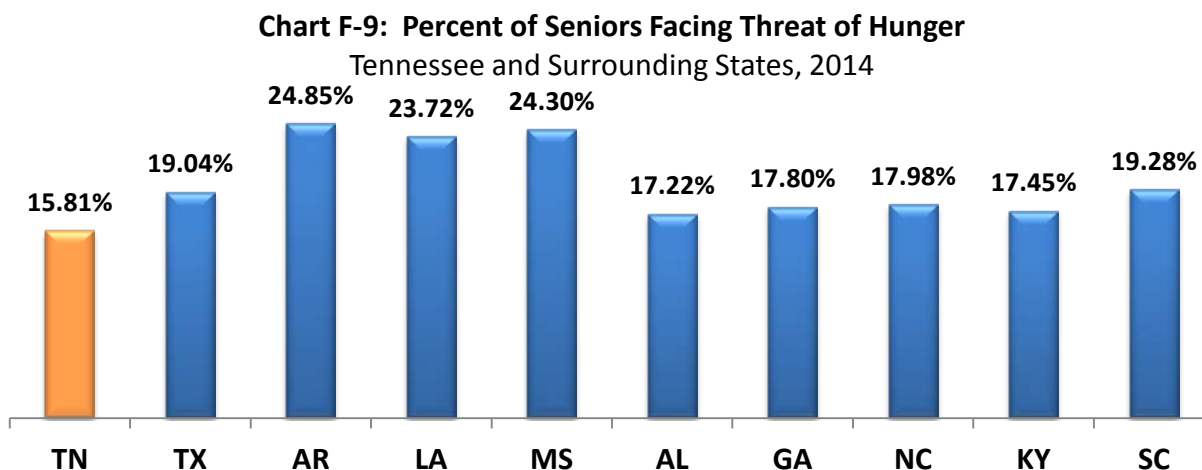
http://www.frac.org/wp-content/uploads/2016/10/community_eligibility_amazing_new_option_schools.pdf
<http://www.fns.usda.gov/programs-and-services>

Senior Hunger

Senior Hunger continues to be a concern for older adults. Race, ethnicity and low incomes are contributing factors to older adults facing the threat of hunger. Older adults typically have higher medical costs and increased living expenses, while incomes remain stagnant. Low-income seniors have to make difficult choices between purchasing food, home maintenance, paying medical bills and transportation costs.

According to a report by the National Foundation to End Senior Hunger, *Percent of Seniors Facing the Threat of Hunger by State – Worst to Best 2014*, Tennessee ranks 20th of the 50 states for seniors facing the threat of hunger.

Chart F-9 shows the percentage of seniors in Tennessee and surrounding states facing the threat of hunger as shown in the National Foundation to End Senior Hunger report.



Source: *Percent of Seniors Facing the Threat of Hunger by State*

<http://www.nfesh.org/wp-content/uploads/2013/03/2014-Worst-List.pdf>

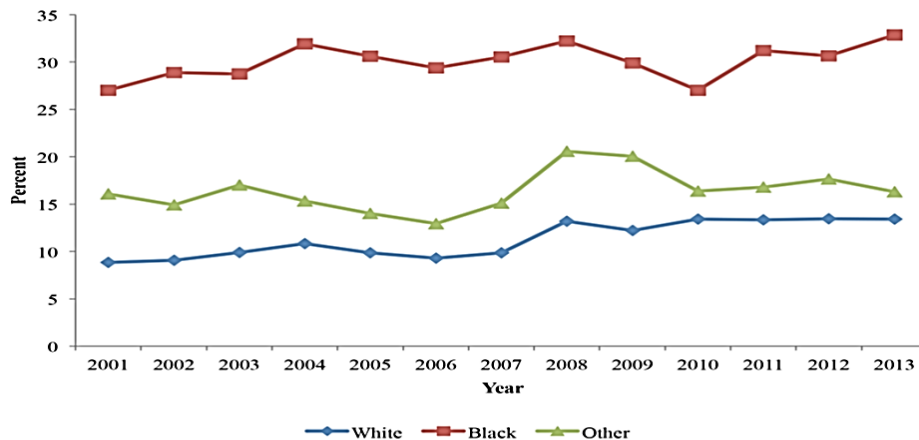
Disparities in Senior Hunger

According to a report *The State of Senior Hunger in America 2013*, senior hunger was more prevalent for African Americans than for whites or other ethnic groups. This disparity can be attributed to a number of factors including African Americans working in historically low-wage jobs, high housing costs, increased medical costs due to chronic diseases, high likelihood of living in food desert areas and increased food cost.

Chart F-10: Threat of Senior Hunger by Race
U.S., 2001-2013

Source: *The State of Senior Hunger in America 2013*

<http://www.nfesh.org/wp-content/uploads/2015/04/State-of-Senior-Hunger-in-America-2013.pdf>



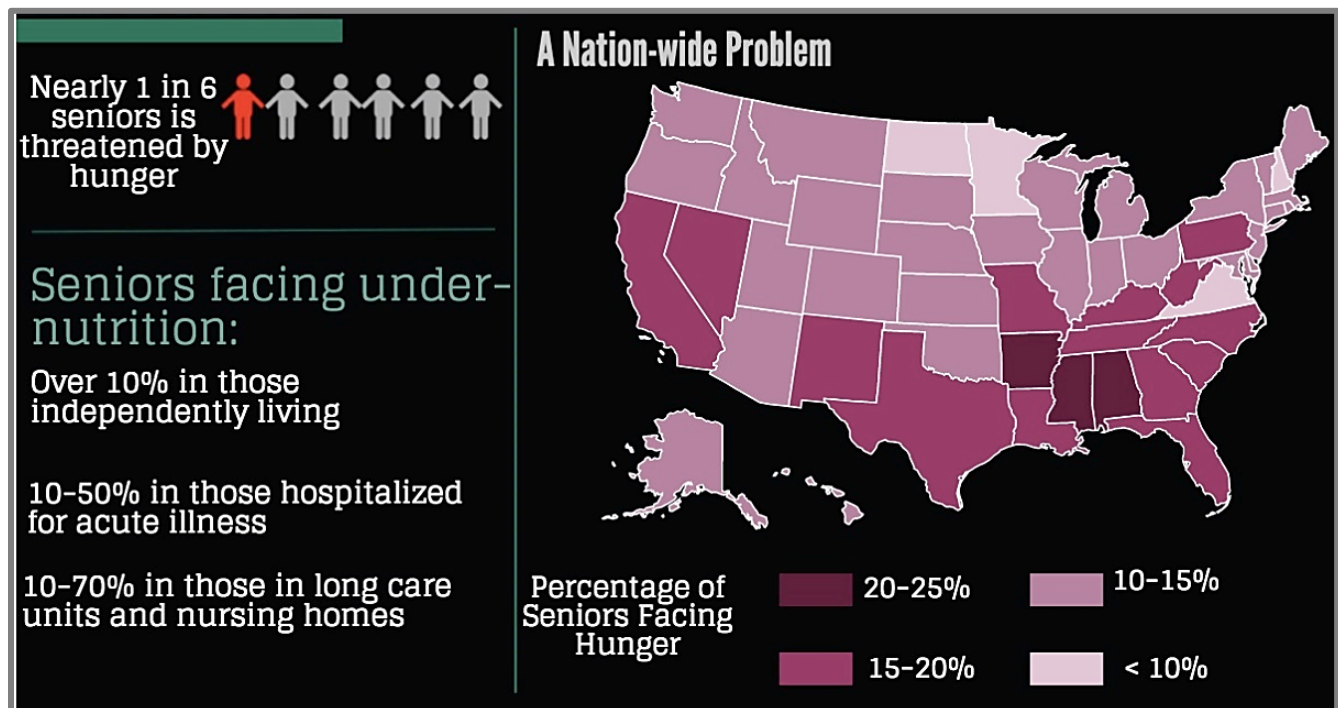
Malnutrition in Older Adults

Not only do older adults face the threat of hunger, but they are also more likely to experience malnutrition. Malnutrition is described as a lack of proper nutrition caused by not having enough to eat to provide adequate calories and protein for normal growth and development. Malnutrition in this population segment has increasing. Contributing factors include:

- Limited income
- Depression
- Dietary restrictions
- Reduced social contact
- Alcohol consumption

The graphic below indicates which states have a higher percentage of older adults facing the threat of hunger and malnutrition. According to the report *Malnutrition in the Elderly Population*, malnutrition affects older adults not only those who live independently but also those in nursing homes, hospitals and long-term care facilities.

Malnutrition weakens the immune system, making older adults more susceptible to infections, weakens muscles that can lead to falls and broken bones, causes confusion and disorientation and higher future medical costs.



Source: Malnutrition in the Elderly Population

<https://www.openplacement.com/community/blog/malnutrition-elderly-population/>

Food Safety and Older Adults

Older adults' immune systems are more susceptible to food-borne illnesses than other segments of the population. Food safety and proper food handling procedures are important factors for older adults who often have medical conditions that can be affected by food borne illnesses. For older adults who receive home delivered meals, it is important that safe food handling procedures are followed and meal preparation instructions are given. The USDA provides suggested guidelines in its publication *Older Adults and Food Safety* to prevent food borne illnesses through safe food handling and cooking food at safe temperatures. http://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/at-risk-populations/older-adults-and-food-safety/ct_index

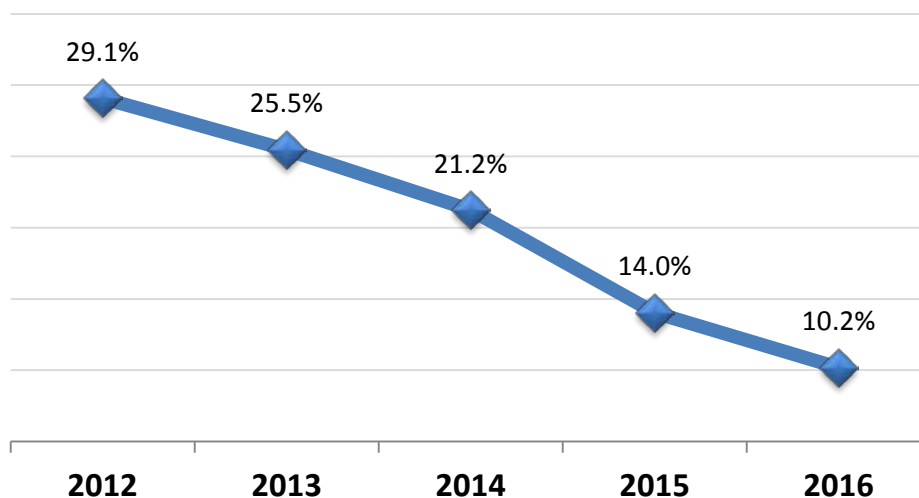
Local Agency Data

United Way's 2-1-1 Call Center

The 2-1-1 Call Center provides information about social and human service needs. In 2016 Food/Meals was the second most requested service through the Call Center. Housing/Utilities assistance continues to be the most requested service. Food/Meals requests are defined as referrals to food pantries, Supplemental Nutrition Assistance Program, Meals on Wheels and the Women Infant and Children program.

Chart F-11 shows the percentage of calls to United Way's 2-1-1 Call Center for Food/Meals between 2012 and 2016. The decline in calls for food/meals may reflect successful outreach efforts by local organizations in providing food/meals to needy people. The decline may have resulted from an elevated number of calls during this period that requested assistance with housing.

Chart F-11: Percent of 2-1-1 Calls for Food/Meals
2012-2016

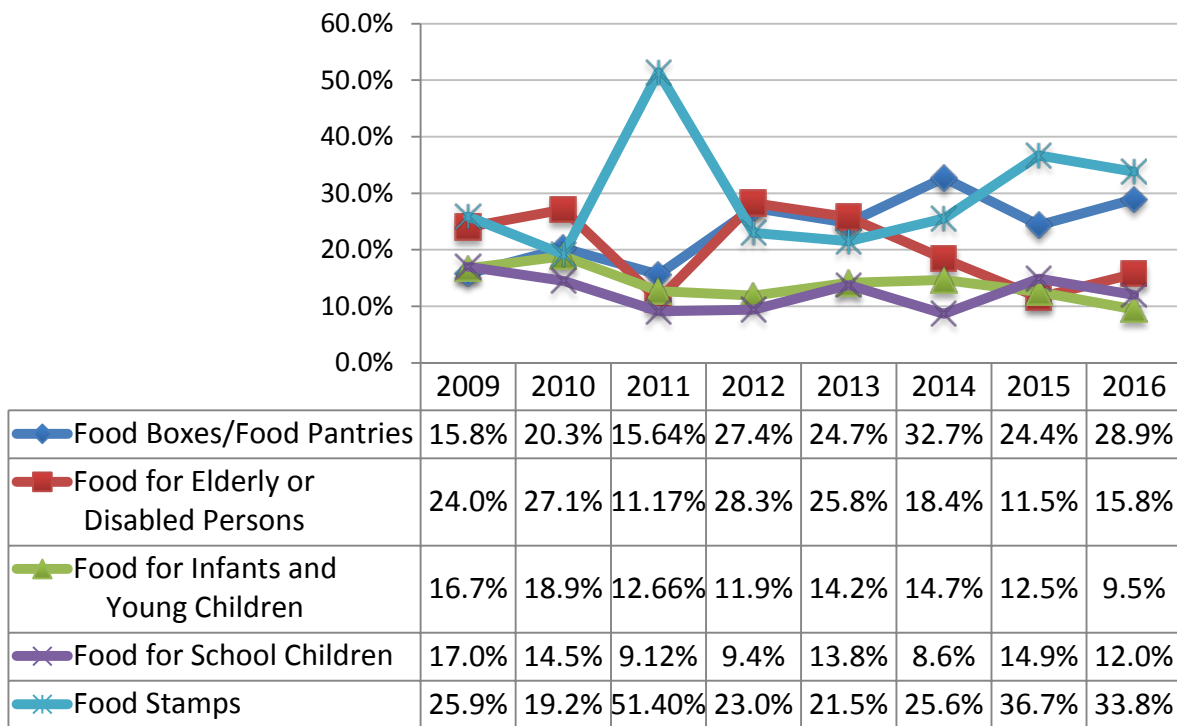


Source: United Way of Metropolitan Nashville, 2-1-1 Call Center

Grassroots Community Survey

In the Grassroots Community Survey conducted by Metro Social Services each year, beginning in 2009, survey respondents indicated their greatest need in Food and Nutrition. Among respondents in 2016, the highest percent (33.8%) indicated that Food Stamps were the greatest need in Food and Nutrition. The second highest was food boxes/food pantries at 28.9%. These identified needs ranked the same in 2015. Chart F-12 shows the trends for Food and Nutrition from 2009-2016.

Chart F-12 : Greatest Unmet Need in Food & Nutrition
Grassroots Community Survey, 2009-2016



Source: Metropolitan Social Services, Grassroots Community Survey

Food insecurity as a symptom of a social disease (Canadian Family Physician, April 2016) describes the increase in food security in developed countries, with consequences that are relevant to family physicians. It explains that certain events in recent decades contributed to this problem, including economic recessions during the past 30 years, decreasing welfare programs and the lack of affordable housing. *Food insecurity* encourages family physicians to be aware that food security is an important social determinant of health and related to social, physical and mental health.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830644/pdf/0620291.pdf>

Smart Solutions

How a Supermarket Changed a Food Desert in one Pittsburgh Community

A low-income food desert in Pittsburgh, Pennsylvania, experienced positive changes after a full service grocery store located in the community. A study, *The Surprising Ways That a Supermarket Changed a Food Desert* by the national research firm, Rand Corporation, on the effects the grocery store had on the community, identified improvements in the physical and psychological health of community residents.

The study identified the positive effects of the grocery store that resulted in a new public investment in the community with the building of a community center and private investments in new home construction within walking distance of the grocery store.

<https://www.rand.org/blog/rand-review/2016/02/the-surprising-ways-that-a-supermarket.html>

San Francisco California - Leah's Pantry Food Smarts Training Program

Leah's Pantry provide training for persons interested in teaching cooking to low-income persons along with nutrition workshops. The curriculum is United States Department of Agriculture Food and Nutrition Services approved. The trainings are free for area residents and agencies working with low-income families. In addition to the certified training's Leah's Pantry provides Food Smart workshop for children, adults and seniors to improve their food selection choices.

<http://leahspantrysf.org/fsw/>

Philadelphia Pennsylvania – Greater Philadelphia Coalition Against Hunger

The coalition connects individuals and families to food pantries and feeding programs along with assisting with obtaining SNAP benefits and advocates for policies and programs to promote long-term relief for hungry persons. The coalition sponsors the Victory in Partnership (VIP) Project that supports food pantries in the Philadelphia region. The VIP program provides funding, technology, workshops and equipment to food pantries to improve food services to low-income families.

<https://www.hungercoalition.org/vip-project>

Health

Defining and Addressing Health Equity in Nashville

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HEALTH SECTION OUTLINE

Nashville's Strategic Health Priorities

- I. Leading 10 Causes of Death: Adult & Infant Mortality
 - 1.1 Death Informs Health
 - 1.2 Ten Leading Causes of Death in Davidson County
 - 1.3 Infant Mortality as a Measure of Health
 - 1.4 Primary prevention as an influencer of mortality
- II. The 2016 SocioNeeds Index
 - 2.1 The SocioNeeds Index
 - 2.2 Index Limitation and Opportunities
- III. The Impacts of Neighborhood Conditions on Health
- IV. Health Care Access
 - 4.1 Health Care Access for Everyone
 - 4.2 Affordable Health Care Access for Everyone
 - 4.3 The Affordable Care Act & Health Equity
- V. NashvilleNext: Planning for Health Equity
- VI. Conclusion

Many thanks to the Metropolitan Department of Public Health for preparing this section on Health.

Nashville's Strategic Health Priorities

In 2013, the Metro Public Health Department (MPHD) and the Healthy Nashville Leadership Council (HNLC) led a robust **Community Health Assessment (CHA)** process. Partners in this effort included representatives from 17 Metro Government Agencies and 34 other organizations across Davidson County. A community health assessment systematically evaluates a population to identify key health problems as well as assets – answering the big questions: *where are we, where do we want to go, and how do we get there.* Figure 1.1 illustrates the assessment process, a collaborative, systematic review of information followed by evidence-based planning designed to achieve the greatest collective impact. Thousands of Nashvillians offered their insights and expertise to guide our community to a healthier place.

The results of the **Mobilizing for Action through Planning and Partnerships**¹ (MAPP) process and the **CHA**² led to the development of the 2015 – 2019 **Community Health Improvement Plan**³ (CHIP). Three strategic health priorities emerged in the CHIP that leaders believed the Nashville community should work on over the next five years: **advancing health equity**, **maximizing built and natural environments**, and **supporting mental and emotional health**.
<http://www.healthynashville.org/>
http://assets.thehcn.net/content/sites/nashville/cha_FINAL.pdf

The focus on health equity led to a community conversation at the 2015 Healthy Nashville Summit themed on health equity, which coincided with the release of the report, **Health Equity in Nashville**.⁴ This is a novel examination of health equity in Nashville using local data from a variety of sources. Both the report and the summit were specific objectives of the CHIP. Over 130 people from diverse health and non-health related organizations were present. The transparent and engaging conversation led to the following working definition of health equity for Nashville:

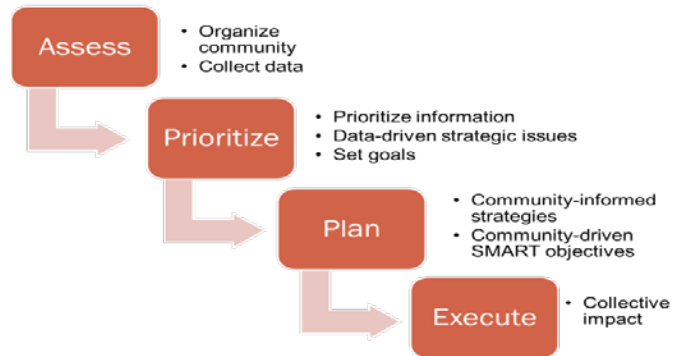
*Healthy equity in Nashville is the societal and systematic understanding and appreciation of differences among individuals and populations; where everyone is valued and has the opportunity to achieve optimal health and well-being.*⁵

Figure ii
Community Health Assessment Priority Areas
Nashville/Davidson County, 2015-2019



Other accomplishments of the CHIP include a pilot survey of local employers to determine access to and awareness of the safety net medical services available to the Nashville workforce and a presentation on access to and navigation of safety net services at the Chamber of Commerce Small Business Expo. The most recent accomplishment was the dissemination of a position statement prepared by the HNLC on the health benefits of mixed-income housing to the Metro Board of Health, Metro Planning Commission, and Metro Council. The HNLC Chair and Vice-Chair testified on the issue before the Metro Council Housing subcommittee and influenced the language include in the Metro Council ordinance on inclusionary zoning.

Figure i
The CHA/CHIP Process using the MAPP Framework,
Nashville/Davidson County, 2013-2014



A healthy community is Nashville’s goal and all residents should have the opportunity to live a long and healthy life. Equity in health is more than medical care access. It requires attention to health in relation to places of work, live, learn and play. Understanding the issues that face our residents is an important first step. However, awareness is not enough. Support for agencies like Metro Social Services that offer programs for our homeless neighbors, those in need of counseling, short-term financial assistance or nutritional supplements, or other resource support will “*promote positive change for individuals and families in times of crisis.*”⁶

The *Health* chapter will examine MPHD and our stakeholder’s efforts to address health equity as it relates to disease, health, and health care access. For more information on the Community Health Assessment and the Community Health Improvement Plan, visit the [Healthy Nashville](#) website.

I. **Leading Causes of Death: Adults & Infant Mortality**

Measuring the number of people who die, and why they die, each year is one of the most important ways for assessing the effectiveness of a community’s health system and services.⁷ Cause-of-death statistics guide health professionals to focus public health activities and financial resources.

1.1 **Death Informs Health**

Consistent, dependable and timely statistics on the leading causes of death, and how these data are changing, is a critical point in health policy debates and program planning.⁷ This important characteristic of a community needs assessment ascertains disease burden by the most prevalent causes of mortality. This relatively direct method provides insight to where limited resources may be focused to have the greatest impact. For example, several chronic diseases are linked to poor food choices or the limited availability of reasonably priced healthy options such as fresh fruits and vegetables.⁸ Addressing the leading causes of death and the link between these causes and nutritional deficits is important for the Metro Social Services Senior Nutrition Program that seeks to impact the health of our senior and disabled residents through the sale of nutritional and food supplements prescribed by a physician.⁹ Improved nutrition can improve health. Improvements in health will eventually be recognized as the leading causes of death change or the impact of a specific cause becomes less burdensome for the community. Better nutritional habits earlier in life can prolong healthy years and delay the development of some diseases.

Table 1.1 - Top 10 Leading Causes of Death, Years of Potential Life Lost (YPLL) & Age-Adjusted Mortality Rates Davidson County - Measures of Mortality Tennessee and the United States, 2014

10 Leading Causes of Death	Number of Deaths	YPLL	Davidson County Mortality Rates ¹	US Mortality Rates ²
Heart Disease	1,191	8,295.0	196.6	167.0
Cancer	1,175	10,227.5	186.5	161.2
Accidents	378	7,242.0	57.8	40.5
Stroke	270	1,366.0	45.2	36.5
Chronic Lower Respiratory Diseases	248	15,84.5	41.6	40.5
Alzheimer's Disease	208	70.5	37.1	25.4
Diabetes Mellitus	134	1,381.0	21.5	20.9
Influenza & Pneumonia	95	648.5	16.5	15.1
Suicide	88	2,363.5	12.7	13.0
Chronic Liver Disease/ Cirrhosis	68	1,125.5	9.7	10.4

1 Data from the Davidson County Mortality Files provided by the Tennessee Department of Health,

2 Data from National Center for Health Statistics, Centers for Disease Control & Prevention; all rates are adjusted for age.

A ranking of the leading causes of death by the number of events of each is often accompanied by a mortality rate that is adjusted for age at death. Age-adjustment applies a statistical operation that allows comparisons between groups. Utilizing rates allows comparisons to be made between locations where populations differ in size and composition. While nearly 1,200 heart disease deaths are considerable for Davidson County, that same number of deaths would be very low for a city like Atlanta or New York City or any place with a vastly larger population. The comparison of frequencies could be misleading, but rates can be compared directly regardless of the population differences. Another measure known as Years of Potential Life Lost (YPLL) can be presented with the leading causes of death as a complimentary statistic. YPLL for a particular cause of death is the sum of the years each person died before age 75. For example, someone experiencing a fatal stroke at age 70 would contribute 5 years to this summation while a person dying from a stroke at age 80 would contribute nothing to the calculation. This measure highlights the societal loss from someone dying prematurely (before age 75). Both of these statistics provide unique information that help health professionals better understand the impact of death and disease on the community. They allow communities to be compared to one another and demonstrate the premature loss of productive members of society.

1.2 Ten Leading Causes of Death in Davidson County

The top 10 leading causes of death accounted for 3,787 (73.1%) of the 5,181 deaths among Davidson County residents in 2014 (Table 2.1). These same causes also account for 34,304 years of potential life lost (YPLL) from individuals dying before reaching age 75. The Davidson County age-adjusted mortality rates for all of the causes included in this list exceeded the corresponding U.S. rates with the exceptions of suicide and chronic liver disease/cirrhosis. Additionally, there are nearly four times as many cases of heart disease and cancer as there are accidents. Finally, it is noteworthy that while there were sixteen more heart disease deaths than cancer deaths, there were 1,932.5 more YPLL due to cancer.

Looking at the leading causes of death in 2014 by race reveals that while heart disease and cancer are at the top of the list for non-Hispanic whites (NHW) and non-Hispanic blacks (NHB), the rates per 100,000 population are much higher among our NHB neighbors--(heart disease: 275.9 vs 183.1 and cancer: 219.0 vs. 181.3). Similarly, rates for heart disease and cancer are much higher in males than females--(heart disease: 229.5 vs 170.5 and cancer: 248.3 vs. 145.0).

When race and ethnicity are combined, we see that for cancer, males have higher rates per 100,000 than females and non-Hispanic blacks have higher rates than their non-Hispanic white counterparts do. The highest cancer rates are among non-Hispanic black males (358.2), followed by non-Hispanic white males (242.5), non-Hispanic black females (166.0), and finally non-Hispanic white females (139.1). With regard to heart disease, the highest rate per 100,000 is again among non-Hispanic black males (356.2), followed by non-Hispanic black females (242.7), non-Hispanic white males (219.4) and non-Hispanic white females (153.5). These two diseases claim the top two spots for all these racial categories.

When we look at the leading causes of death in 2014 by age groups, we see the causes move around in their rank order. For example, among 15-24 year olds, homicide is the most common cause of death followed by accidents and suicide. Among 25-34 year olds, accidents were the most common cause followed by suicide, and heart disease. Heart disease claimed the top spot for the first time among 35-44 year olds. Cancer then claimed the top spot for those 45-84 years old followed in each group by heart disease. Then in those 85 and older, heart disease becomes the first leading cause of death followed by cancer.

1.3 Infant Mortality as a Measure of Health

Infant mortality, the number of infants who die within the first year of birth, continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy."¹⁰

The overall infant mortality rate for Davidson County in 2015 was 7.3 per 1,000 live births. This is slightly higher than the 2014 rate across Tennessee of 6.9 per 1,000 live births, and down from 7.7 in 2013. The infant mortality rate over the past 10 years was as high as of 9.3 in 2006. Davidson County saw a higher rate than the U.S. in 2013 when the overall rate across the country was 6.0 per 1,000 live births, which is also the Healthy People 2020 target.

II. The 2016 SocioNeeds Index

Health professionals utilize indicators, such mortality, morbidity or disease prevalence, to describe health in a population. A health index, generally a singular measure, summarizes multiple indicators to quantify health characteristics and allows for comparisons across communities, counties or states. MPHD employs multiple indices to describe health, disease burden and well-being in Nashville and Davidson County.

2.1 The SocioNeeds Index

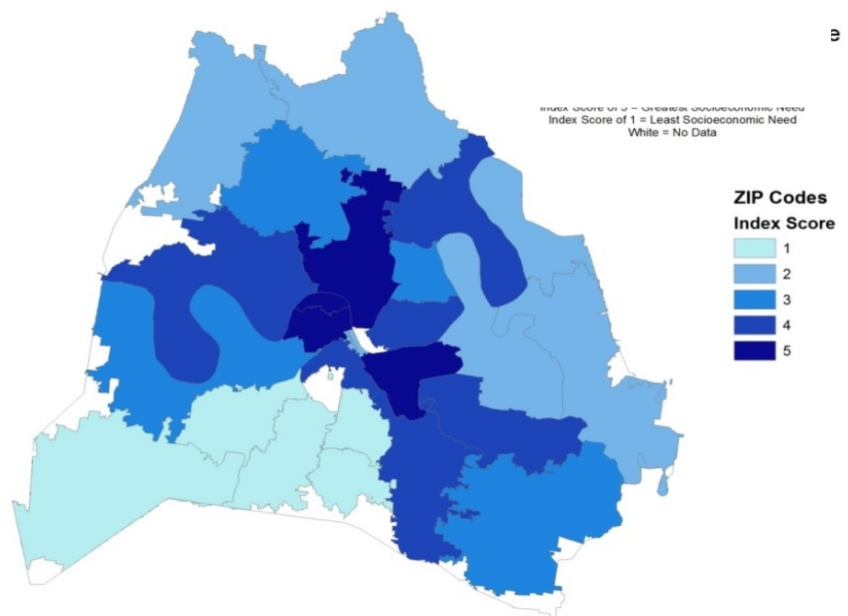
The 2016 SocioNeeds Index is now included on the Healthy Nashville website – www.healthynashville.org. This index, developed by the Healthy Communities Institute, includes data for six indicators – poverty, income, unemployment, occupation, education, and language.¹¹

The index is correlated with preventable hospitalization rates and premature death at the zip code and county level, respectively. Nielsen Claritas Pop-Facts estimates the six indicators for 2016.¹² Each zip code in the U.S. was scored on this index from zero to 100 where higher scores were indicative of greater need. The scores were then converted to a 5-point scale to help visualize where there is currently the most need in a specific community.¹³ “As a single indicator, the index can serve as a concise way to explain which areas are of highest need and why you may be focusing your efforts on those areas.”¹⁴ Using an index like this is important because resources are limited. To improve the health of our neighbors who live in neighborhoods identified as being ‘high need’, public health and social services must act upon this information for prioritizing investments to deliver quality programs to the community.

The map of Davidson County in Figure 2.1 depicts the SocioNeeds Index rating of each zip code. Areas of the city “in need” of more than average resources are due north of downtown and slightly southeast of downtown. Specifically, these areas are within zip codes 37208, 37228, 37210, and 37207. Each of these zip codes has an index score of 91.6 or higher giving them a rank of 5 out of 5 for socioeconomic need.

At the opposite end of the scale are zip codes 37215, 37220, 37205, 37204, 37211, and 37212. These zip codes have an index score of 15.1 or less which earned them a rank of 1 out of 5 making them the least needy areas. Figure 2.1 illustrates zip codes areas of potential need, based on the six selected

Figure 2.1
Davidson County Social Indicators by Zip Code
The SocioNeeds Index, 2016



indicators. The darkest blue areas, closest to downtown Nashville indicate communities to direct employment and higher education opportunities, that would directly influence income and poverty levels. With targeted intervention and resources, we would expect to see these areas “lighten” over time.

2.2 Index Limitations and Opportunities

Only 2016 estimates are available for the SocioNeeds Index although future estimates are planned, according to the Healthy Communities Institute. Future iterations will allow us to monitor changes and efforts to implement change over time. As always, monitoring changes over time should be done with caution ensuring the indicators are consistent between years. Understand the changing landscape of the community we serve is critical to effective and efficient service. The SocioNeeds Index provides a comprehensive, yet concise view. Any questions or comments regarding the SocioNeeds Index can be directed to MPHD.

III. The Impacts of Neighborhood Conditions on Health

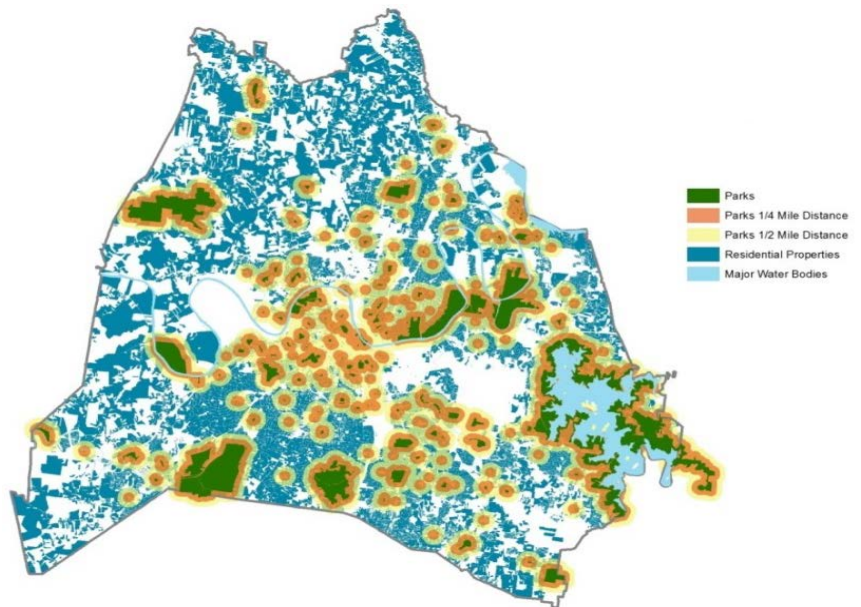
The concept of geography and neighborhood correlating with health outcomes originates in public health, specifically epidemiology. This comes in light of understanding that individual behaviors do not fully explain ill health or capture important disease determinants. Additionally, patterns in social and racial/ethnic inequalities are observed geographically. Our neighborhoods possess physical and social attributes that influence health and well-being. Recognizing approaches to enhance and develop neighborhoods will influence and improve residents’ health.

Where a person lives is a strong predictor of health. Neighborhoods have both physical characteristics (such as buildings, parks, sidewalks, streets, and trees) and social characteristics (including neighborhood gatherings, homeowner associations, interactions with people on the street or in parks, and feelings of safety and community), all of which can impact health.

Figure 3.1

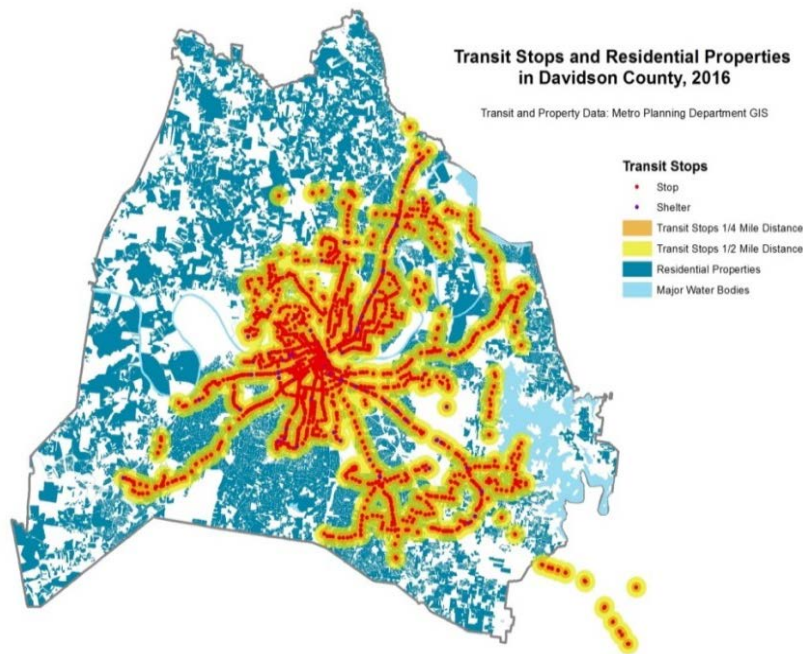
Parks and Residences, Davidson County, Tennessee
Metro Planning Department Data, 2016

Several research studies support the relationship between health and our built environment – man-made surroundings that provide opportunity for interaction - including housing, sidewalks, parks, transportation infrastructure, the height and density of buildings, and land use, among others. Neighborhood amenities related to diet, exercise, and social life create opportunities for improved health.



Shared spaces such as parks, recreation areas, streets and sidewalks are places for both exercise and for social interaction that can lead to improved health outcomes. Nashville's neighborhoods and associated built-environment vary widely.

Figure 3.2
Transit Stops & Residential Properties,
Davidson County, Tennessee
Metro Planning Department Data, 2016



Approximately 64% of residential units in Davidson County are within ½ mile of a park, however these parks are not evenly distributed across the county and many residents need a vehicle to access them. Further, just over half (54%) of the city's residential units are within ¼ mile of a public transit stop - a reasonable walking distance. Residents who live near parks have better mental health outcomes¹⁵ and have higher levels of physical activity.¹⁶ In addition, residents who live near grocery stores and other stores that sell healthy foods tend to have a healthier diet.¹⁷

When neighborhoods are designed with health in mind, they encourage a healthy lifestyle. However, the concentration of conditions such as poverty and environmental pollution, as well as limited access to goods and services can create stressful and unhealthy conditions. When multiple difficulties and hindrances exist in a neighborhood, residents are at greater risk for poor health outcomes. Unequal access to educational, recreational, and employment opportunities across neighborhoods negatively impacts the health of low-income and minority residents and ultimately produces or reinforces health inequities.¹⁸⁻²¹ Conversely, some Nashville neighborhoods are additionally exposed to environmental risks, including hazardous waste, air and water pollution, noise and crowding, poor housing quality, poor work environments, and generally poor neighborhood conditions.²² Research reveals a neighborhood's physical and social conditions may influence residents' rates of obesity and diabetes,²³ smoking,^{24, 25} homicide,^{26, 27} and premature mortality.²⁸ Stores with affordable, fresh produce, "walkable" areas, clean air and water, and reliable transit are achievable changes that will yield positive changes in health related outcomes.

IV. Health Care Access

The World Health Organization (WHO) postulates, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."²⁹ This definition broadens health to include not only the medical context of health but the mental and social aspects as well. However, a disproportionate number of people do not experience 'complete' health due to economic, environmental and social conditions that limit access to quality and affordable health care.

4.1 Health Care Access for Everyone

Health access encompasses the ability and opportunity to gain access to health care, both preventive and diagnostic. Barriers to quality health care are multidimensional, encompassing economic, organizational, social and cultural factors, such as lack of health insurance, lack of financial resources, irregular source of care, structural, cultural and linguistic, and geographic. According to the Small Area Health Insurance Estimates, an estimated 93,801 persons did not have health insurance in Davidson County in 2014.³⁰ Likewise, research suggests those with limited access are likely to postpone or miss needed medical care, which exacerbates chronic conditions.

Taking Action for Access

Ann, 26, was 8 ½ months pregnant when she came to MPHD, frightened, searching for a new doctor. Her OBGYN wanted to schedule her delivery early, citing she was going to lose her health care coverage soon. MPHD staff jumped into action, confirmed TennCare eligibility and an appointment with another doctor two days later. She delivered a healthy, full term baby with no complications.

The Affordable Care Act (ACA) was created to address access issues. When the law was passed in 2010, the expectation was that all would be covered by Medicare, Medicaid, Veterans, employer coverage or the new offerings available to individuals through the Marketplace or an expanded version of Medicaid. The ACA focused on several key changes to the insurance marketplace, some of which affected all citizens, including:

- no exclusion due to pre-existing conditions;
- no annual or lifetime cap on any covered individual;
- mental health benefits;
- preventive measures with free annual physical and associated screening tests appropriate by age and sex;
- at least 80% of insurance company premiums must be spent on benefits, only 20% for administration;
- same benefits on all policies and allowing direct comparison of premiums, deductibles, out-of-pocket maximums and co-payments, and;
- a “responsibility penalty” requiring all to have health insurance to avoid an individual marketplace dominated by sick people forcing high insurance costs.

When the Supreme Court decided in 2012 that each state would weigh-in on the decision to expand Medicaid, the Tennessee legislature and governor initially rejected the option, despite 100% federal funding for all new Medicaid enrollees for the first three years of operation through fiscal year 2015-16. This decision created a disparity in health access for the most vulnerable in our state. Many who would have been eligible for Medicaid remain without insurance coverage options.

4.2 Affordable Health Care Access for Everyone

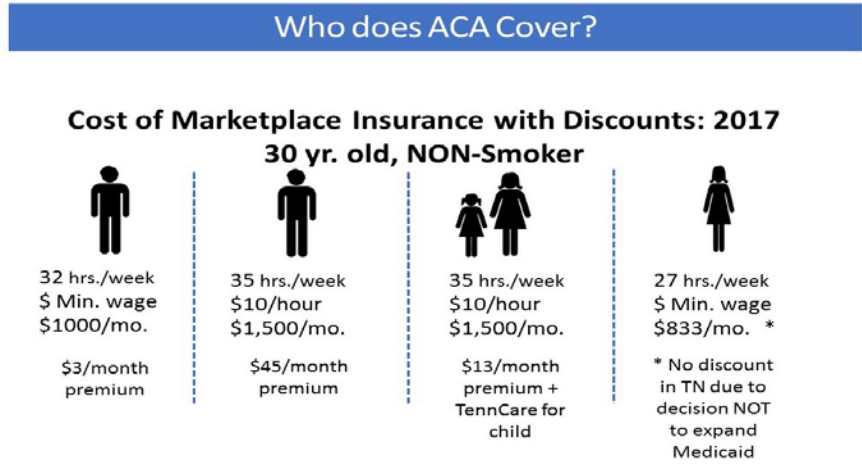
Most recently, in Tennessee, the Marketplace provided insurance plans for 234,222 individuals in 2016. Of those, 99,482 individuals enrolled in health coverage through The Nashville Designated Market Area.³¹ For individuals without insurance in Davidson County, and the nation, paying the full cost of insurance with no employer contribution is not an option. A sliding scale of advanced tax credits is available for any tax filing entity whose income is below 400% of the federal poverty level. The scale assumes that the household can pay

approximately 8% of their income for health insurance, with the balance available as an advanced tax credit based on projected income for the current year and reconciled on the tax return when filed at the end of the year.

As Tennessee has not expanded Medicaid, regardless of income and household configuration (as occurs in 35 other states), individuals are uncertain and confused about health coverage options. Specifically, an estimated 400,000 Tennesseans do not qualify for health insurance. However, those with income over the 100% poverty level qualify for the Affordable Care Act insurance at affordable rates. It takes considerable coordination and support to identify who falls into each of the respective categories.

Figure 4.1
Affordable Care Act Coverage and Costs
Davidson County, 2017

Figure 4.1 illustrates premium examples based on weekly and monthly income. Despite significant news coverage of a major increase, for 80% of the people using the Affordable Care Act, costs went down or up slightly due to the adjustment of the discounts that are based on family size and household income.



For the remaining 20% of the population, ineligible for discounts, costs rose considerably. In addition, for individuals whose income is below 250% of the federal poverty level, insurance companies are required to reduce deductibles and maximum out-of-pocket proportionately to the level of poverty. The law requires that those between 100% and 150% of poverty, for example, pay no more than 94% of the actuarial cost of care during the year. This means that most who sign up in this category of income experience no deductible and a modest out-of-pocket maximum, if they pay a premium at an actuarial 80% of the cost of care.

Table 4.1
Insurance Enrollment in Tennessee

Enroll America Uninsured Estimates for Tennessee		Public Enrollment Data for Tennessee	
2016 Estimated Uninsured Rate for 18 to 64 year olds:	10.6%	2016 Marketplace Plan Selections ^[1]	268,867
		Effectuated Marketplace Enrollment, March 2016 ^[2]	231,705
2013 Estimated Uninsured Rate for 18 to 64 year olds:	16.4%	Marketplace Enrollee with Financial Help	85%
		Medicaid and CHIP Enrollment, August 2016 ^[3]	1,624,284
Decrease from 2013 to 2016:	5.8%	Increase in Medicaid/CHIP Enrollment Since OE1	31%

[1] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, March 2016. Available online at: <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>

[2] Centers for Medicare & Medicaid Services, March 31, 2016 Effectuated Enrollment Snapshot, June 2016. Available online at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>.

[3] Centers for Medicare & Medicaid Services, Medicaid & CHIP: August 2016 Monthly Applications, Eligibility Determinations and Enrollment Report, November 2016. Available online at: <https://www.medicaid.gov/medicaid/program-information>

In Tennessee, as of March 31, 2016, according to the U.S. Department of Health and Human Services: 87.7% of individuals with a Marketplace plan selection had the option with a deduction of the cost with an average of \$299 per month for all TN enrollees. In addition, 59.7% had a substantially reduced reduction in deductibles and out-of-pocket maximums. An estimated 81% of enrollees were eligible for a plan for \$75 or less per month. Enroll America and Civis Analytics estimated the uninsured rates of non-elderly Americans in Tennessee from 2013 to 2016. Table 4.1 below depicts their findings. There has been a decrease of uninsured in Tennessee by 5.8% between 2013 and 2016.³²

Tennessee did not fare as well as Arkansas or Kentucky in reducing uninsured rates, due to lack of expansion of Medicaid.³³ However, the rate did decrease from 16.8% to 15.1% from 2013 to 2014. It is estimated by the Kaiser Family Foundation that Tennessee has enrolled 40% of its potential marketplace eligible population, as of February 2015. In addition, another 100,000 people submitted applications in Tennessee to begin the process to apply for Medicaid/ Children’s Health Insurance Program; of these, the Marketplace found 40,000 to be eligible.

4.3 The Affordable Care Act & Health Equity

There were changes in 2016 to the Affordable Care Act (ACA) that created new challenges in Tennessee. Specifically, BlueCross BlueShield of Tennessee and United Health care no longer offered plans through the ACA Marketplace. Providers, consumers, and existing insurers made significant adjustments to accommodate the changes within short timeframes. While many people had become accustomed to allowing the Marketplace to ‘roll-over’ their plan from one year to the next, with insurers leaving the Marketplace they either had to actively choose a new plan or allow for ‘auto-enrollment’ to a similar plan from a different company. The new plan did not automatically include existing physicians and consumer confusion has occurred.

A stable marketplace is most helpful, especially for consumers challenged by income resources and a lack of familiarity with using an insurance plan. While these challenges were not unique to Davidson County, they were substantial with large numbers losing an existing insurance carrier. Estimates put the number of people impacted by providers pulling out of the market to range between 50,000 and 60,000. Changes like these result in the loss of continuity of care and the established relationship between the patient and physician.

Jennifer, a single mom, cares for other children for a living at a local day care center. She and her son received health coverage through ACA and CoverKids. With the tax credits, she was able to afford health care coverage, not affordable through her job – despite having pre-existing conditions. With health care coverage, she successfully manages her health, enjoys her job and continues to raise her family.

natural and rural areas; restore degraded natural features to health; ensure that everyone in the county has access to green places; encourage new development in walkable centers and corridors; de-concentrate poverty by minimizing displacement in redeveloping areas and building new homes in high opportunity areas; and create a high capacity transit network that is competitive with car travel to sustain high ridership.

Throughout the process, NashvilleNext participants were asked demographic information. This allowed the planning team to see who participated, so that gaps in participation could be addressed. Throughout each phase of NashvilleNext, the Community Engagement Committee, staff, and consultants monitored progress in reaching all Nashvillians. As gaps in participation and problems in outreach were identified, this group worked to find new ways of connecting to these communities to bring them into the process.

The community has discussed the opportunities and challenges the future brings with increased population; a population that is more diverse in terms of race, ethnicity, age and country of origin; an evolving educational system and economy; and an increasing awareness of the beauty, protection and economic advantages that our open space and natural features provide to our community. Changes are an opportunity to rebuild and reinvent the county in critical places. Doing so will give people more choice in where to live, where to work, and how to get around. Improving access to safe, healthy neighborhoods improves the quality of life for Nashvillians. Including new homes, businesses, and services carefully can sustain and enhance the character of the neighborhoods that Nashvillians cherish.

Nashville today will leave an indelible mark on its children, including their safety, education, preparation for becoming adults, and their health and welfare. Our built and natural environment, our transportation system, and our housing market all shape children's lives. Children are the most susceptible to health problems created by a built environment that does not support healthy lifestyles. A lack of sidewalks and places to go, limit how much exercise youth get in their daily lives. Proximity to schools, with safe routes to and from, is especially important. Concerns with violence in neighborhoods and parks can also drive parents to keep children inside. While adults can opt out of their immediate surroundings by driving to another part of the city, children must rely on others to get around.

Providing transportation options and making a city more walkable is good for the health of all its citizens and their quality of life. The built environment plays a key role in the decisions people make on whether to walk, to bike, to ride public transit, or to drive their own cars. A combination of direct routes (typically through an interconnected street grid pattern which allows for an abundance of intersections) with appropriate facilities (like sidewalks), higher population density, and greater mixed land use creates areas with housing, employment, recreation, services and shopping all within walking distance.

Walkability's two primary parts – places to walk to and features that make walking safe and pleasant – both change based on context (urban, suburban, rural). The increasing concerns over our individual health and related issues show the need for the design of our communities to create additional opportunities for exercise, open space, and a public realm that is inviting and welcoming for everyone. Creating a high-capacity transit network is also critical to managing this change. Re-imagining and rebuilding our key corridors and centers supports a balanced approach to transportation that improves streets for pedestrians, cyclists, transit riders, and drivers. The transit network becomes the framework for where and how places in Nashville become more dense and vibrant. Giving priority to infill development allows us to preserve more of Nashville's remaining natural and rural areas. Reducing development on sensitive features like steep slopes and floodplains minimizes hazards to life and property.

Our physical and mental health is also tied to our natural environment. Conserving portions of the county's land and natural resources also conserves water, helps protect air and water quality, promotes agriculture and local food production, establishes additional parks and greenways, increases the tree canopy, protects our city's character, and makes us more resilient to weather extremes.

Nashville's work to achieve equity and inclusion for all its residents must always remain on the forefront. Disparities persist in access to opportunity, infrastructure, and services. As Nashville thrives, the mandate to ensure that all Nashvillians share in and have meaningful access to the benefits of its growth is even more compelling. Nashville's strength as a city depends upon shared opportunity and the participation of all community members in decision-making for its future. The Nashville Next process has shown the strength and creativity that voices often not at the table can bring to community decision-making. It has also shown the necessity of evaluating measurable benchmarks to ensure that inequities are not created or perpetuated by policymaking.

Continuing processes like NashvilleNext will ensure that Nashville makes its commitment to equity and inclusion a reality for all Nashvillians, today and tomorrow. The responsibility to ensure that opportunity and inclusion are hallmarks of Nashville's future does not fall only to its government—although government can and should set the example. We will live up to our ideals only if we engage in deliberate collaborations across Nashville's many communities to achieve this goal. All sectors of our city—government, business, nonprofits, educational institutions, faith communities, residents and more—must take on this challenge together. In 2040, we will know we have stayed true to our welcoming values if all Nashville's residents have access to affordable, safe housing; efficient transportation to get to work, school, and all the city has to offer; high-quality public education; and the opportunity and encouragement to participate fully in civic life.

Learn more about [NashvilleNext](http://www.nashville.gov/Government/NashvilleNext.aspx) and view the plan at:
<http://www.nashville.gov/Government/NashvilleNext.aspx>

VI. Conclusion

Working toward a healthy community means assuring that everyone can interact reach his/her optimal level of health. Human and financial resources are always limited, but by knowing where the needs are in our community and being able to identify specific needs, allows for health and social service agencies to work together to promote the health and well-being of all residents, regardless of where a person may live, work, or play. Focusing on health equity is a tool that helps us reach this community goal.

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Housing

Key Findings

- 2015 Census Data show racial and ethnic differences for the rate of both owner occupied housing and renter occupied housing. Davidson County white homeownership has averaged 61% and black homeownership has averaged 38%. For the same period, the race averages were reversed; white renter average was 39% and black renter average was 62%. In 2015, there were 16,911 Hispanic/Latino households, of which 31.5% (5,333) were owners and 68.5% (11,578) were renters.
- In-migration to Davidson County has been greater than the natural population increase since 2011.
- A public-private partnership between the Metropolitan Development and Housing Agency and Sanderling Dialysis Clinic resulted in a first-of-its-kind dialysis clinic in public housing.
- The Metropolitan Housing Trust Fund Commission oversees the Barnes Fund for Affordable Housing and has leveraged over \$5,000,000 in local and public funding to preserve or build affordable housing. The 2016 round of funding included the ability to request Metro surplus real property and funding for operational support for capacity building by non-profits.
- The How's Nashville initiative of almost 50 advocates, nonprofit organizations, business leaders and local government collaborating entities is coordinated by the Metropolitan Homelessness Commission under the auspices of the Metro Department of Social Services. According to How's Nashville, from January of 2015 through October 2016 the partners housed 1,194 chronically homeless people, including 456 veterans, an average of 79 people in permanent housing per month.
- Since July of 2013, 54.4% of the Metro Social Services clients surveyed indicated a need for case management, and 87% stated a need for help with housing and related expenses, the top two categories in the client survey.
- Davidson County rental vacancy rates for 2015 remained low but increased slightly to 5.1% in 2015 from 3.7% in 2014. Low-income residents continued to have difficulty finding safe affordable housing. Median gross rent has been consistently rising, to \$924 in 2015. Increasing rents may have contributed to families moving out of Davidson County.

I want to be very clear. There is no social or moral justification, no justification whatsoever for lack of housing.

Pope Francis – September 24, 2015, address to clients of Catholic Charities of the Archdiocese of Washington

Introduction and Background

This Housing section provides information about some successful and innovative local affordable housing efforts along with data about housing need including local housing demographics and trends, surveys of need, housing market data, barriers to affordable housing, etc. Descriptions of some local legislation and programs addressing affordable housing are in the Nashville Housing Efforts segment later in this section. Additional information is available at the links provided.

Housing construction in Nashville is booming, led by many multi-family apartment and condominium buildings. Colliers International, a commercial real estate services company, publishes *Research & Forecast Reports*. They reported that for the second quarter of 2015, Nashville's multi-family development was among the most active in the nation. The report credits job growth, new or expanded businesses, and the in-migration of young adults for market pressure for multi-family units. Reporting on the 4th quarter, Colliers reported, *2015 Another Record-Setting year for Nashville Multifamily Market*. This report provides key insights and charts of market and sub-market data.

[http://www.colliers.com/-](http://www.colliers.com/-/media/files/united%20states/markets/nashville/market%20reports/2015%202q/2q%202015_multifamily.pdf?la=en-US)

[/media/files/united%20states/markets/nashville/market%20reports/2015%202q/2q%202015_multifamily.pdf?la=en-US](http://www.colliers.com/-/media/files/united%20states/markets/nashville/market%20reports/2015%202q/2q%202015_multifamily.pdf?la=en-US)

[http://www.colliers.com/-](http://www.colliers.com/-/media/files/united%20states/markets/nashville/market%20reports/2015%204q/4q%202015_multifamily.pdf)

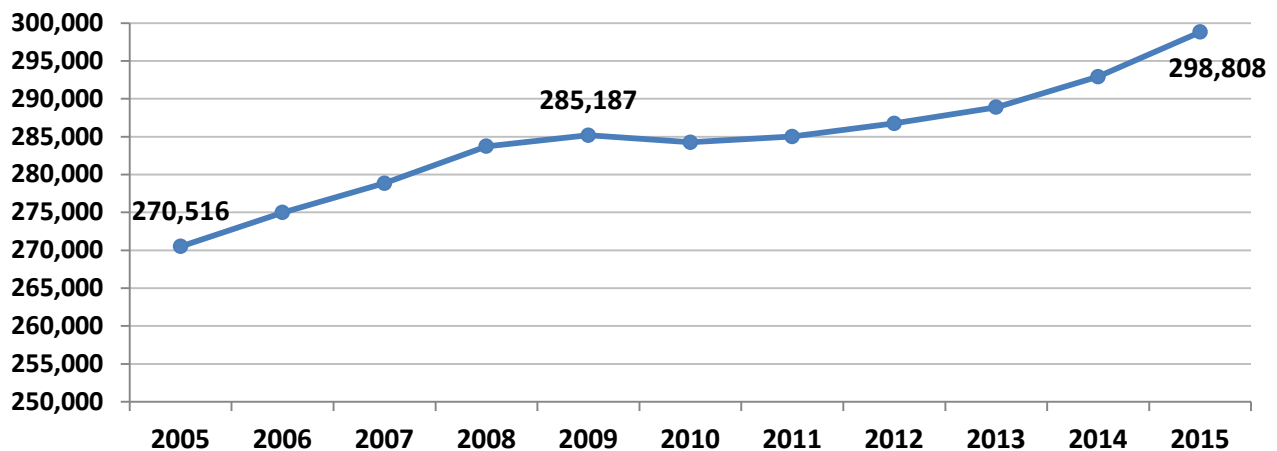
[/media/files/united%20states/markets/nashville/market%20reports/2015%204q/4q%202015_multifamily.pdf](http://www.colliers.com/-/media/files/united%20states/markets/nashville/market%20reports/2015%204q/4q%202015_multifamily.pdf)

Throughout the nation, barriers still exist for people who want to buy homes. It is especially difficult for minorities, people with low incomes, women of childbearing age, graduating college students with high debt, people who are self-employed and people with uncertain income such as sales people on commission and seasonal workers.

Housing Demographics

Chart H-1 shows the number of housing units in Davidson County by year. The Census Bureau's American Community Survey (ACS) estimated that there were 298,808 total housing units in 2015. Housing units include not only single-family homes but also units in multi-family buildings and other kinds of housing if occupied as someone's usual place of residence.

Chart H-1: Number of Housing Units
Davidson County, 2005-2015



Source: 2015 American Community Survey Table B25001

The number of various types of housing units in Davidson County is shown in the table below. The number of 1-unit attached and 2-unit structures decreased by 1% each, 3- and 4-unit structures increased by 1%, 10–19-unit buildings increased by 2%, and the other categories remained the same. The totals may be different from 100% due to rounding. The most common type of housing unit in Davidson County is 1-unit, detached, followed by 20 or more units.

Table H-1: Housing Units by Type
Davidson County, 2011-2015

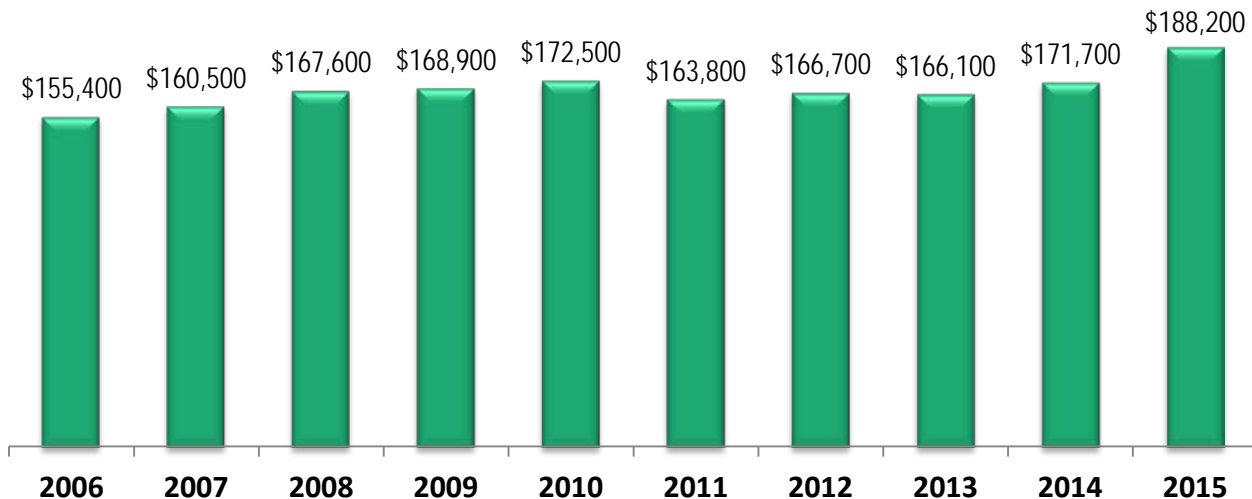
	2011	2012	2013	2014	2015
1-unit, detached	52.0%	53.0%	54.0%	53.0%	52.6%
1-unit, attached	9.0%	8.0%	8.0%	8.0%	6.2%
2 units	5.0%	5.0%	5.0%	7.0%	5.8%
3 or 4 units	3.0%	4.0%	4.0%	3.0%	3.8%
5 to 9 units	7.0%	8.0%	7.0%	6.0%	6.8%
10 to 19 units	9.0%	10.0%	10.0%	9.0%	10.8%
20 or more units	13.0%	11.0%	11.0%	13.0%	12.5%
Mobile home	2.0%	2.0%	2.0%	1.0%	1.4%

Source: 2015 American Community Survey Table DP04

According to the 2015 American Community Survey, of the 298,808 total housing units in Davidson County, 274,187 (91.8%) were occupied. There were 149,048 owner-occupied units and 125,139 renter-occupied units. The homeowner vacancy rate for 2015 was 2% and the renter vacancy rate was 5%. There were slightly more homeowners and fewer renters in 2015 compared with 2014.

Chart H-2 shows the value of homes in Davidson County from 2006 through 2015. "Value is the respondent's estimate of how much the property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. For vacant units, value was the price asked for the property," as defined by the Census Bureau.

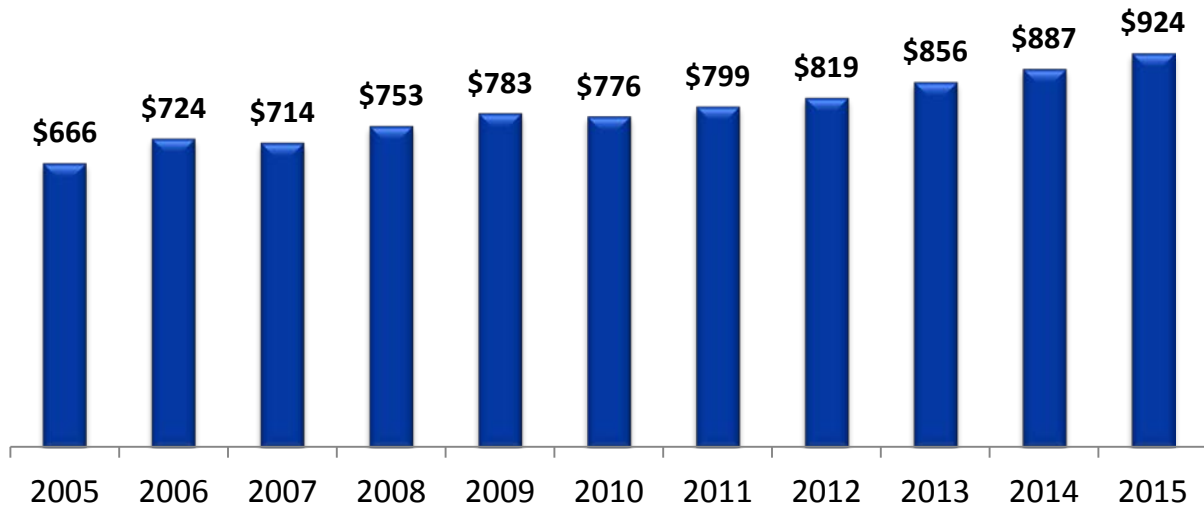
Chart H-2: Reported Home Values
Davidson County, 2006-2015



Source: 2015 American Community Survey Table DP04

The growth in median gross rent in Davidson County is shown in Chart H-3. From 2010-2015, the gross rent that increased by 19% and gross rent also includes utilities and heating/cooling fuel.

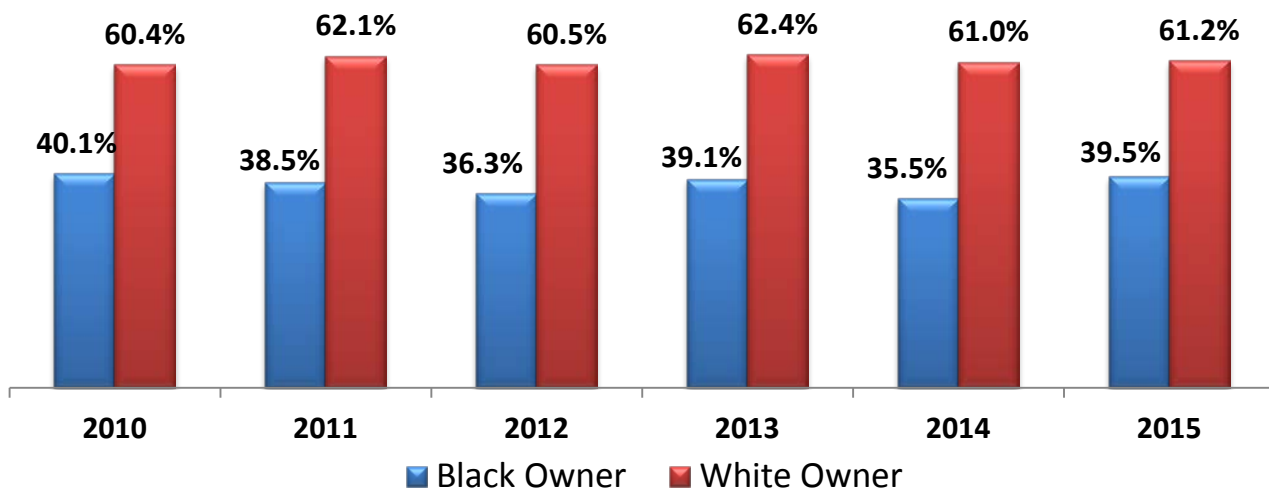
Chart H-3: Gross Rent by Year
Davidson County, 2006-2015



Source: 2015 American Community Survey Table B25064

Charts H-4 and H-5 show the percentages of owners and renters by race for the two most numerous races in Davidson County. Other racial groups comprised much smaller numbers. For example, in 2015, the owners of all other Census race categories comprised less than 5% of total owners, ranging from too small to calculate to just over 2.4% for Asian Alone. The other numerically small Census race categories set are Some Other Race, Two or More Races, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native. In terms of ethnicity, 31.5% of the Hispanic or Latino population were owners.

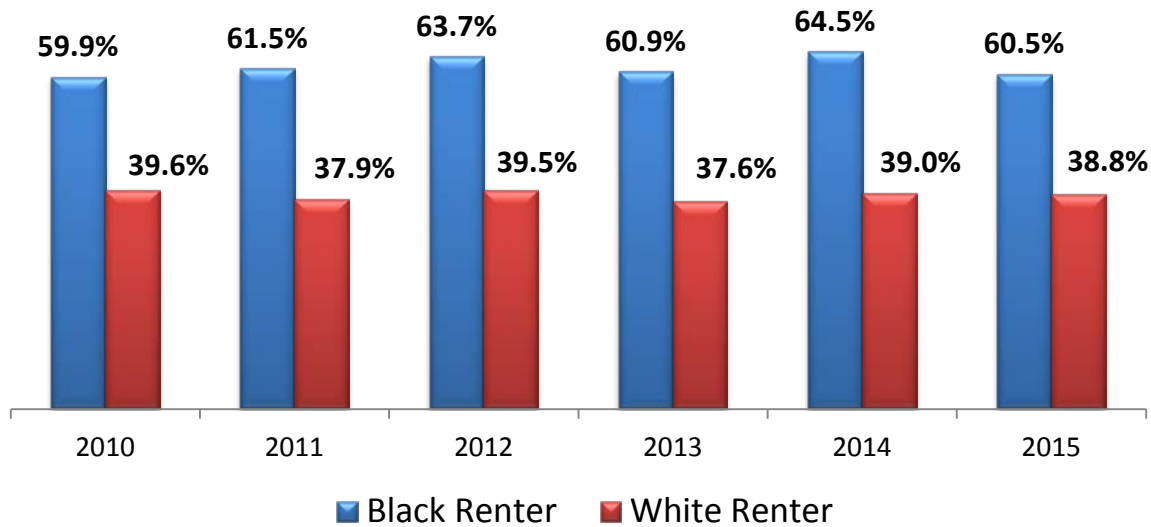
Chart H-4: Owners by Race
Davidson County, 2010-2015



Source: 2015 American Community Survey Tables B25003A-G

Chart H-5 shows renters by race for the two most numerous races in Davidson County. Other racial groups comprised much smaller numbers. In 2015, the total renters of all other Census race categories comprised less than 8% of total renters, ranging from too small to calculate to 2.6% for Some Other Race. In the Hispanic or Latino population, 68.4% were renters.

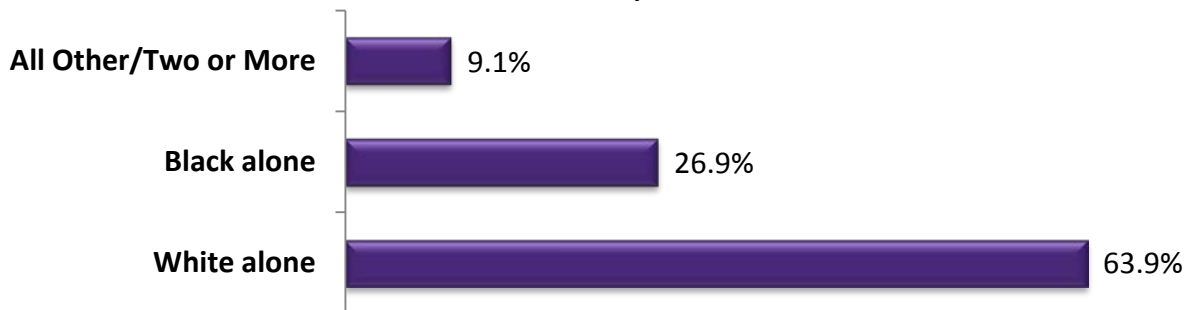
Chart H-5: Renters by Race
Davidson County, 2010-2015



Source: 2015 American Community Survey Tables B25003A-G

The diversity of residents in Davidson County is reflected in the total number of householders by race, shown in Chart H-6. The All Other category includes Census respondents who self-identified as American Indian and Alaska Native alone, Asian alone, some other race alone, two races including Some Other race, two races excluding Some Other race, and three or more races. Those who self-identified as some race other than white comprised 36% of total householders. According to the 2015 American Community Survey, there were 16,911 Davidson County households with a householder who was Hispanic or Latino, of which 31.5% (5,333) were owner households and 68.5% (11,578) were renter households. Hispanic/Latino households comprised 6.2% of all Davidson County households.

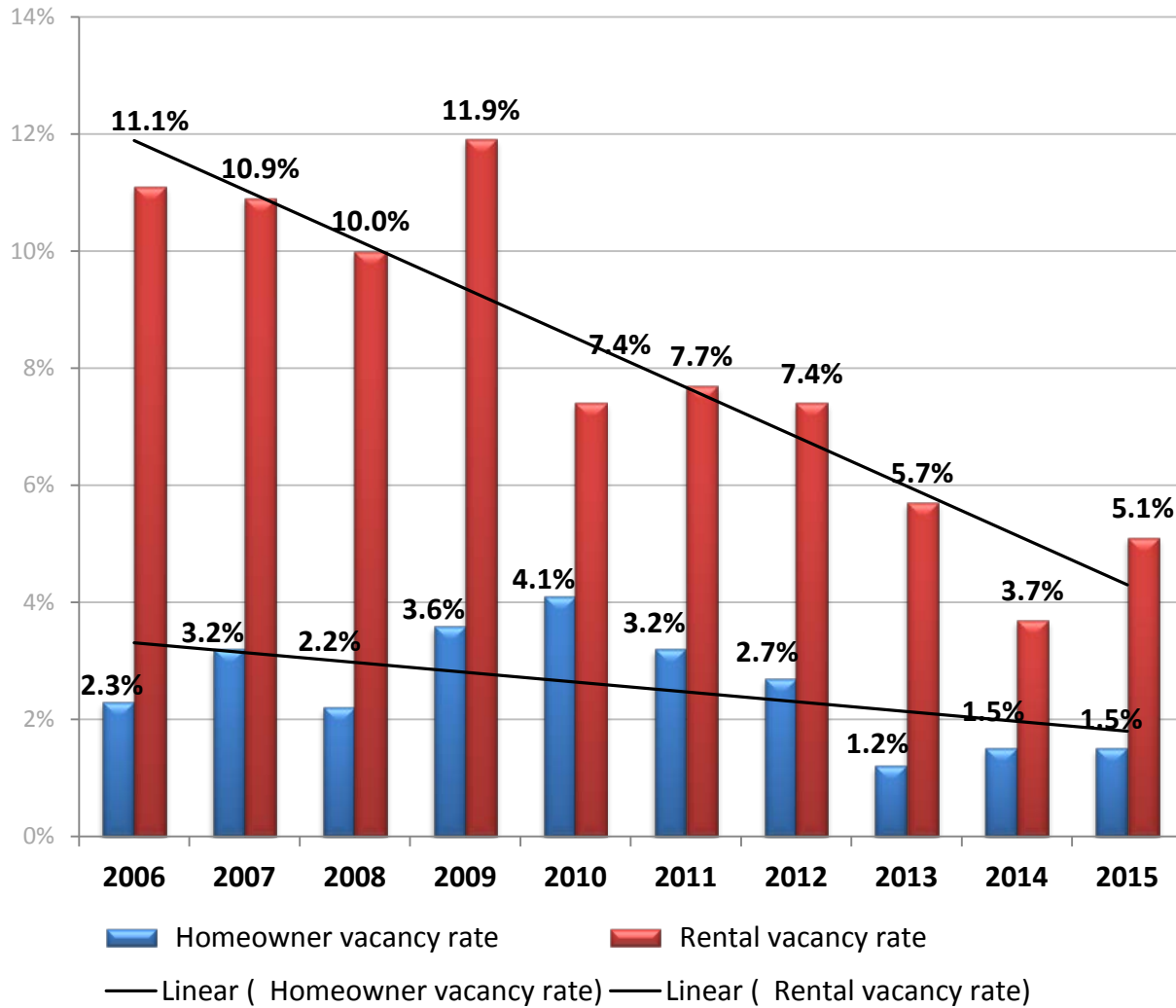
Chart H-6: Householder by Census Race Categories
Davidson County, 2015



Source: 2015 American Community Survey Tables B1101A-I

Chart H-7 shows that rental vacancies increased while homeowner vacancies remained the same from 2014-2015. The increased number of vacancies indicates a slight easing of the rental market, in part due to the number of new multi-family buildings and increased homeownership.

Chart H-7: Homeowner and Renter Vacancy Rates
Davidson County, 2006-2015



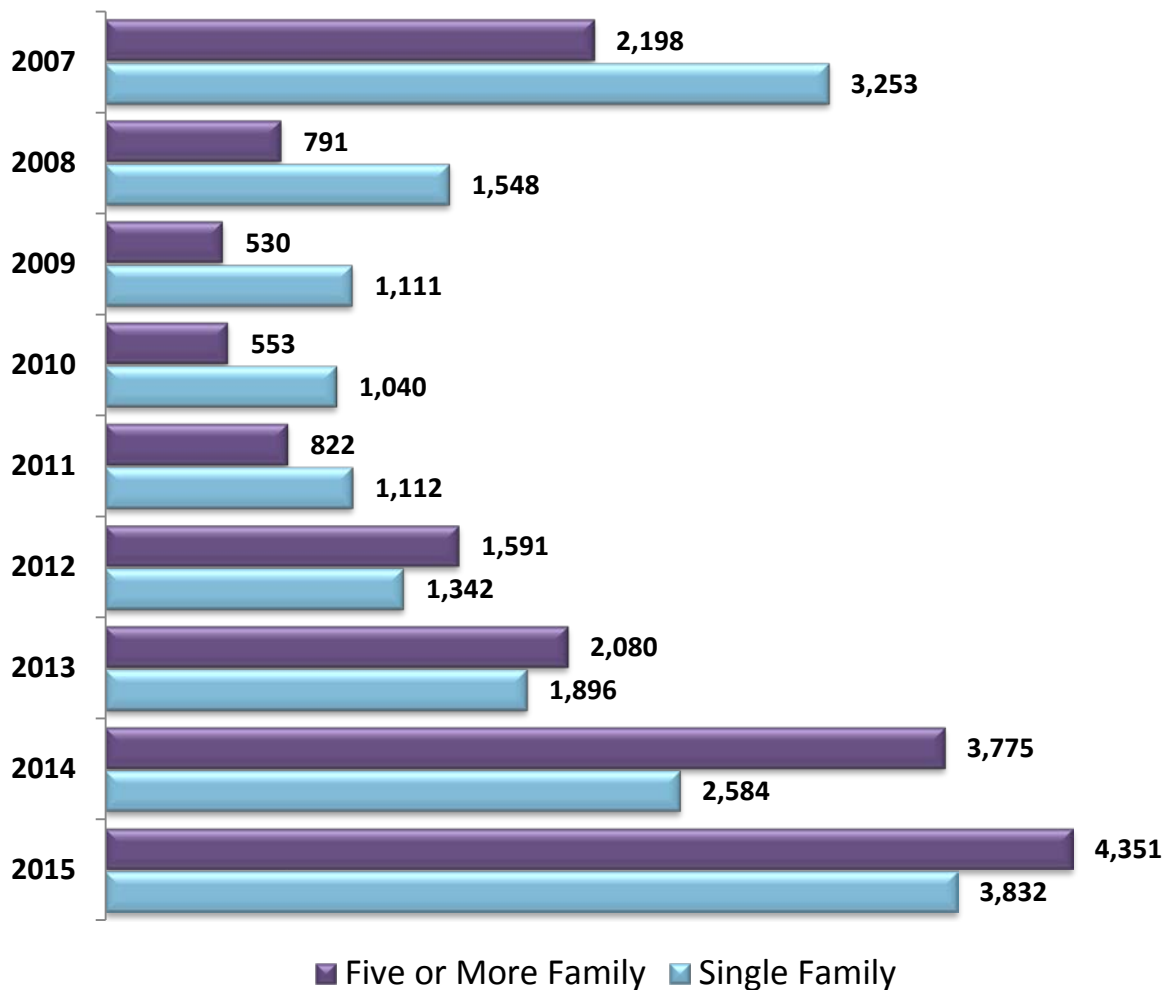
Source: 2015 American Community Survey Table CP04

Building permits issued in Davidson County increased in 2015. Reported permits for both single-family and multi-family buildings were greater in 2015 than the previous year, with single-family numbers increasing proportionately more than structures with five or more units. Before 2012, more permits were issued for single-family units. Beginning in 2012, more permits were issued for building five or more family unit structures.

Although multi-family rental construction continued in 2015, private sector builders continued to have difficulty finding skilled workers, and there was a limited new supply of finished lots ready to build. Both the shortage of skilled workers and available lots are factors that increased construction costs, resulting in rents that are out of reach for families with low and moderate incomes.

Chart H-8 shows the number of reported building permits issued in Davidson County for single-family units and for five or more family units.

Chart H-8: Number of Building Permits for Structures by Type
Davidson County, 2007-2015



Source: U.S. Census Bureau

<http://censtats.census.gov/bldg/bldgprmt.shtml>

Another resource for reported building permits is the *State of the Cities* (SOCDS) database at the link below, provided by the U. S. Department of Housing & Urban Development (HUD). Some recent data at this database are published as preliminary and may differ from the numbers at the above Censtats site:

<http://socds.huduser.gov/permits/index.html>

Additional data about construction is available at the Census Building Permits Survey site:

<http://www.census.gov/construction/bps/>

More demographic data about the Nashville Metro area can be found in a summary report by the National Housing Conference Center for Housing Policy of *Housing Landscape 2016* at the web address below.

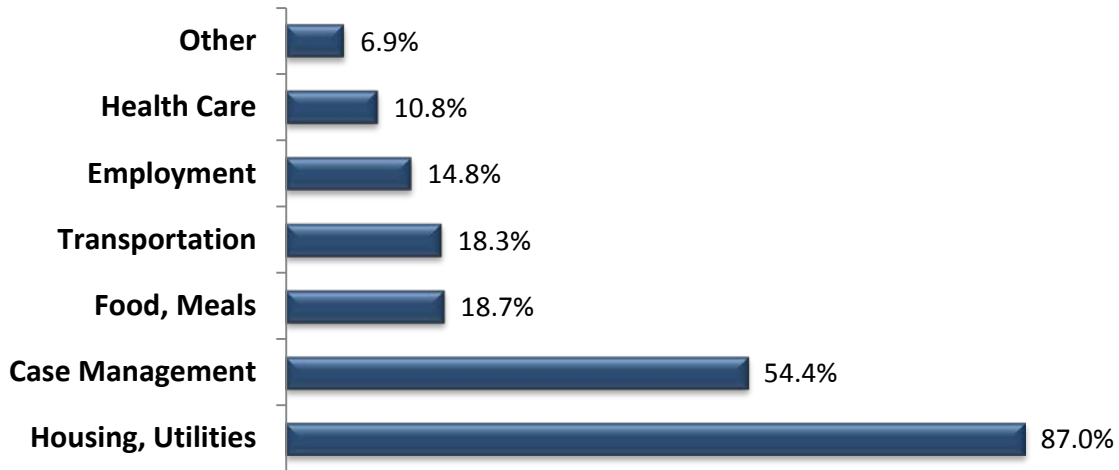
http://media.wix.com/ugd/19cfbe_eaa2c301a0fb46a6b6207f158f690a55.pdf

Housing Need

Clients who come to Metro Social Services (MSS) are asked to indicate their needs on a short anonymous checklist of service categories. As of October 31, 2016, 3,380 clients responded to this reception desk survey. Of those respondents, 87% checked the Housing and Related Expenses category, indicating that category as one of their need areas, and 54.4% indicated a need for Case Management (which includes counseling and information about resources). Chart H-9 shows the percentages of people choosing each need category. The percentages total more than 100% because respondents could choose more than one category.

Chart H-9: MSS Front Desk Survey of Client Needs

Davidson County, July 2013- October 2016

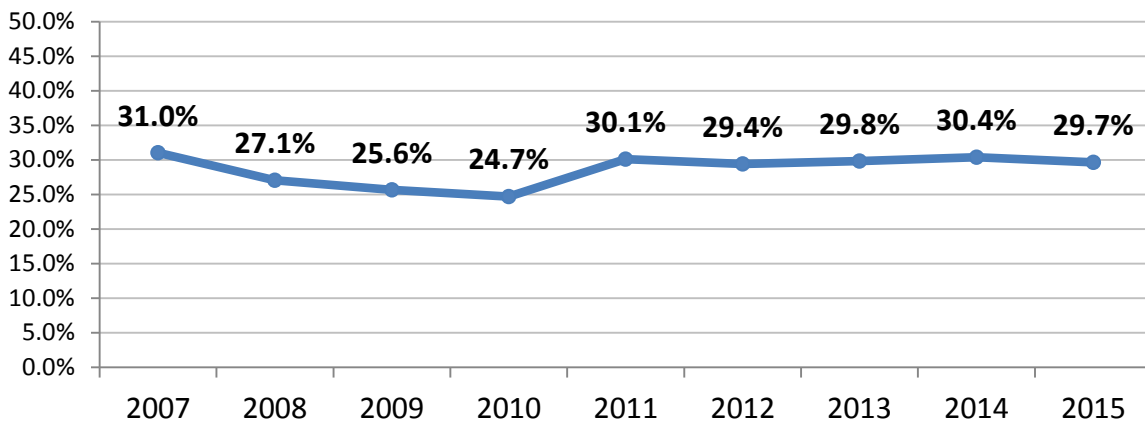


Source: Metropolitan Social Services

The Middle Tennessee 2-1-1 Call Center, an initiative of United Way of Metropolitan Nashville, receives thousands of calls from residents in 42 counties who are seeking information about services. Chart UW-4 earlier in this report shows the number of calls for the top six 2-1-1 need categories, with Housing and Utilities being consistently greater than other categories since 2007. Chart H-10 below shows the number of calls about Housing and Utilities, demonstrating a continued elevated need because of the recession, shortage of affordable housing and reduced calls for assistance as the region recovered.

Chart H-10: Number of 2-1-1 Calls for Housing and Utilities

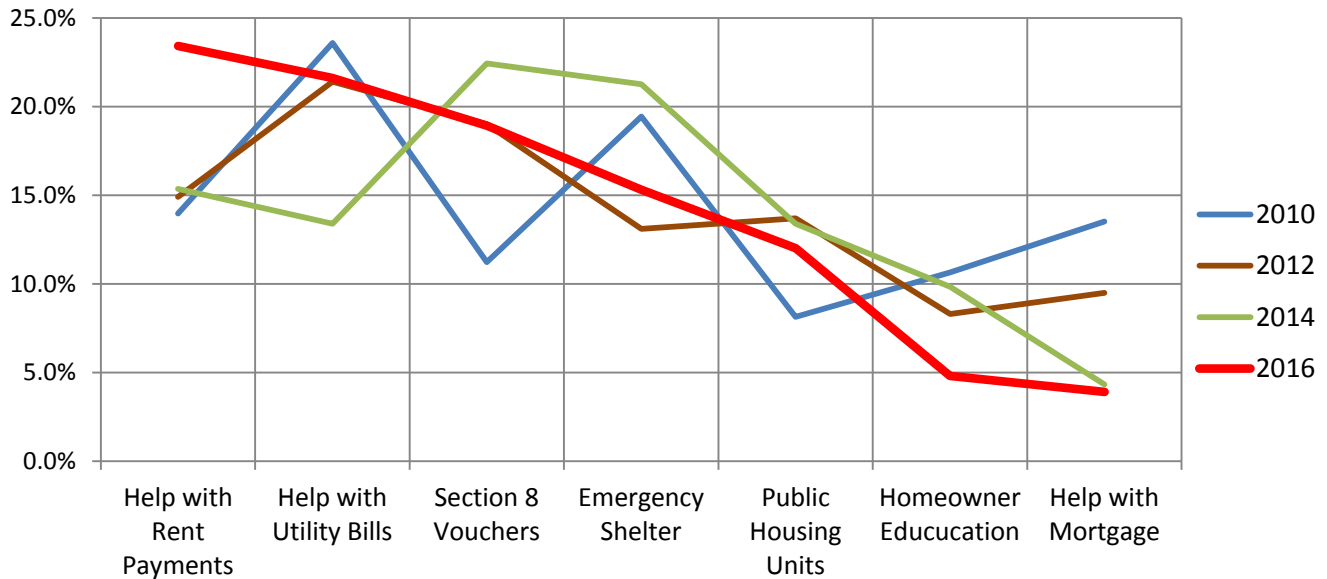
Middle Tennessee, 2007-2015



Source: United Way of Middle Tennessee

The 2016 Grassroots Community Survey was completed by clients of NeedLink, Rooftop and MSS. There were 360 total respondents to the question about greatest need in the area of Housing and Related Expenses. Chart H-11 shows the percentage of respondents selecting each housing need category. Again this year, Help with Rent and Help with Utility Bills ranked highest.

Chart H-11: Grassroots Community Survey Ranking of Housing Needs
Davidson County, 2010-2016 (Even Years)



Source: Metro Social Services Grassroots Community Survey

Housing Market

In Nashville, as in most parts of the country, there has been a continuing lack of inventory of finished homes for sale. There is strong competition among buyers that keep home prices high and out of reach of many potential homeowners. There are various explanations proposed for the shortage of affordable homes for sale, including owners who owe more on their mortgages than they can sell the home for, the number of homes off the market in foreclosure, the post-recession lack of new construction and a large number of single-family homes bought by investors for the rental market.

A detailed discussion of U.S. rental housing demand and supply, market conditions, policy challenges and more can be found in a December 2015 publication of the Harvard Joint Center for Housing Studies titled *America's Rental Housing: Expanding Options for Diverse and Growing Demand*.

<http://www.jchs.harvard.edu/americas-rental-housing>

The Nashville area housing market continued to be attractive to investors and developers because of the tight house market and high rents. In March 2016, for the second year in a row, Forbes named the Nashville MSA market as a Best Buy for investing in single-family homes. In July 2016, Forbes also named Nashville as number four in the top 20 cities in the U.S. for investing in real estate rentals.

<http://www.forbes.com/forbes/welcome/?toURL=http://www.forbes.com/sites/erincarlyle/2016/03/31/the-best-markets-for-investing-in-single-family-homes-right-now/&refURL=&referrer=#52e17c2f3674>

<http://www.forbes.com/sites/ingowinzer/2016/07/29/top-20-markets-for-investing-in-real-estate-rentals/#6bb85107a63d>

In the August 2016 edition of the Realpage *Market Research Blog*, Central Nashville was named as number four in a list of the ten busiest submarkets for construction. At the link below are this article and others about Nashville’s rental market rent growth, property revenue growth and more. The tight housing market in Davidson County is applauded by property owners but keeps housing out of reach for many low- and moderate-income families. Realpage is a part of MPF Research, a housing market information company for the multifamily industry.

<https://www.realpage.com/mpf-research/category/nashville/>

Market Trends – Young Adults

Much has been written about the Millennial generation’s effects on the housing market. A July 2016 *Governing* online magazine article, *Millennials and Homeownership: The uncertainty of where they will live is creating new challenges*, stated that U.S. Millennials’ incomes have been stagnant and their student debt is at about \$1 trillion, three times that of 10 years ago.



At a rate higher than previous generations, Millennials live with parents and family, delaying both marriage and establishing households of their own. However, the article states that polls show this group is positive about homeownership and that they expect to own a home. This attitude may be due to more education, a dropping unemployment rate and marriage for an increasing number of older Millennials.

<http://www.governing.com/columns/potomac-chronicle/gov-millennials-homeownership.html>

The composition of households has also changed. In 2015, fewer young adults lived with a spouse or partner and more continued to live with parents or family. *For First Time in Modern Era, Living With Parents Edges Out Other Living Arrangements for 18- to 34-Year-Olds*, from Pew research Center (May 24, 2016) describes the U.S. history of young adult living arrangements

<http://www.pewsocialtrends.org/2016/05/24/for-first-time-in-modern-era-living-with-parents-edges-out-other-living-arrangements-for-18-to-34-year-olds/>

In November 2016, the Census Bureau reported that the percent of Americans moving over a one-year period decreased to an historic low of 11.2% in 2016. It also stated that the South had the greatest number of people moving into and out of the region – 940,000 moving in and 901,000 moving out (not a statistically significant difference).

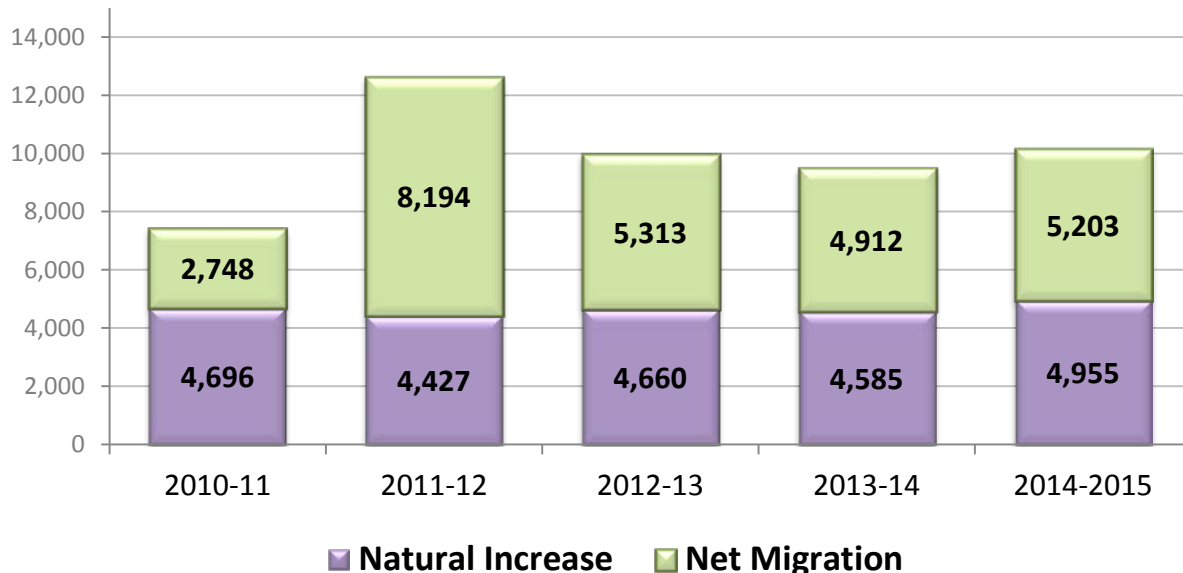
In-migration to Davidson County was a factor in the increasing need for housing and a factor in multi-family building activity. Natural increase is the net difference between births and deaths. The numbers of people age 18 and over moving in 2015 to Davidson County from within the U.S. were the following:

- Moved within the County 62,508
- Moved From different Tennessee County 15,016
- Moved from a Different State 23,251

http://www.census.gov/data/tables/2016/demo/geographic-mobility/cps-2016.html?eml=gd&utm_medium=email&utm_source=govdelivery

Chart H-12 shows the share of migration into Davidson County since 2011 has been greater than the natural population increase.

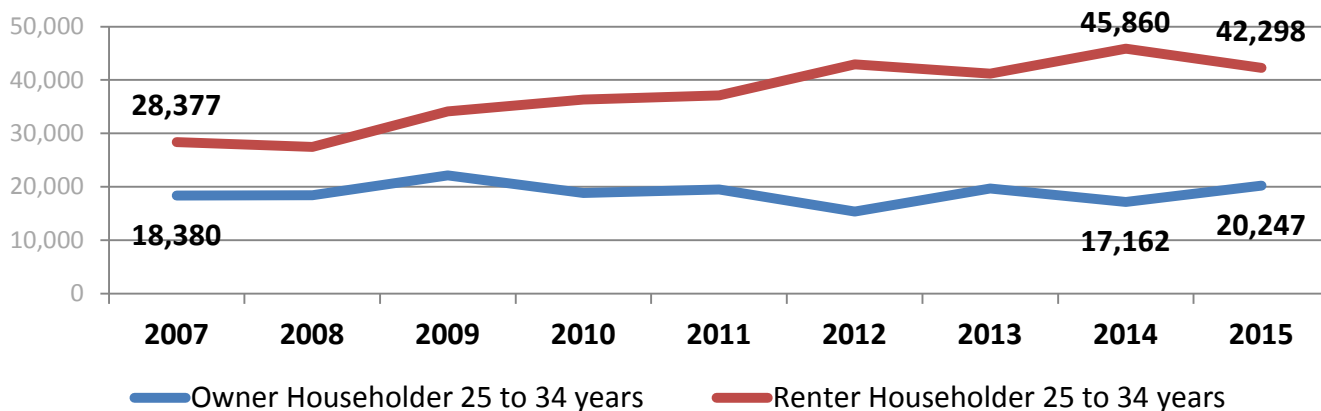
Chart H-12: Components of Population Change
Davidson County, 2010-2015



Source: American Community Survey, PEPTCOMP Estimates of the Components of Resident Population Change
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPTCOMP&prodType=table

Chart H-13 shows that from 2007-2014, the share of renters age 25-34 in Davidson County has been increasingly greater than homeowners of the same age. The 2015 numbers show a slight decrease in renters and increase in homeowners.

Chart H-13: Number of Renters and Owners Age 25-34
Davidson County 2007-2015



Source: 2015 American Community Survey Table B25007

Additional data is available at these web sites:

Census.gov People and Households <http://www.census.gov/hhes/families/>

Census Bureau Current Population Survey Annual Social; and Economic Supplement, 1967-2014:
<http://blogs.census.gov/2015/07/13/singles-mingles-and-wedding-jingles-partnerships-and-living-arrangements-from-1967-to-2014/>

<https://www.huduser.gov/portal/sites/default/files/pdf/National-Summary-2Q16.pdf>

<https://www.nahb.org/en/news-and-publications/Press-Releases/2016/01/millennials-to-shape-housing-preferences-once-they-start-buying.aspx>



Google Maps Images, Davidson County, Tennessee

Housing Barriers

Definitions

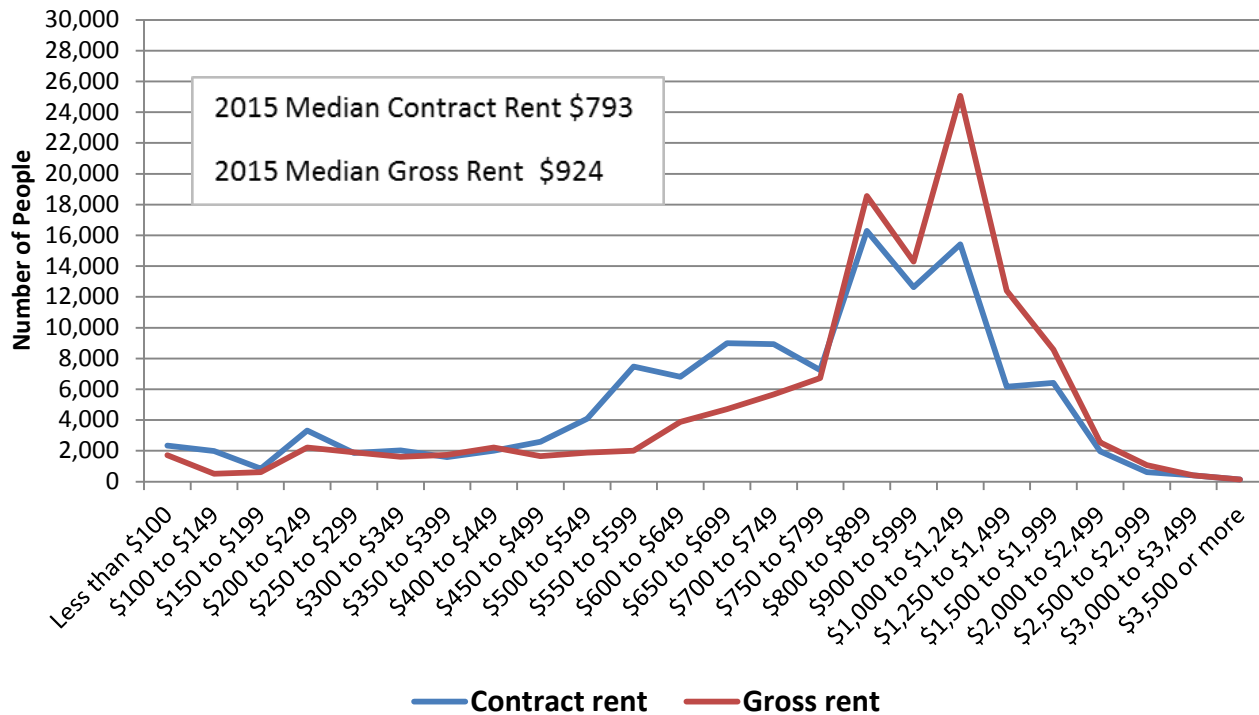
Gross Rent - The amount of the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid for by the renter (or paid for the renter by someone else). Gross rent is intended to eliminate differentials that result from varying practices with respect to the inclusion of utilities and fuels as part of the rental payment.

Contract Rent - The monthly rent agreed to or contracted for, regardless of any furnishings, utilities, fees, meals, or services that may be included. For vacant units, it is the monthly rent asked for the rental unit at the time of interview."

Affordability

Chart H-14 below shows the rent paid by people in Davidson County in 2015 in two ways – without utilities (contract) and with utilities (gross).

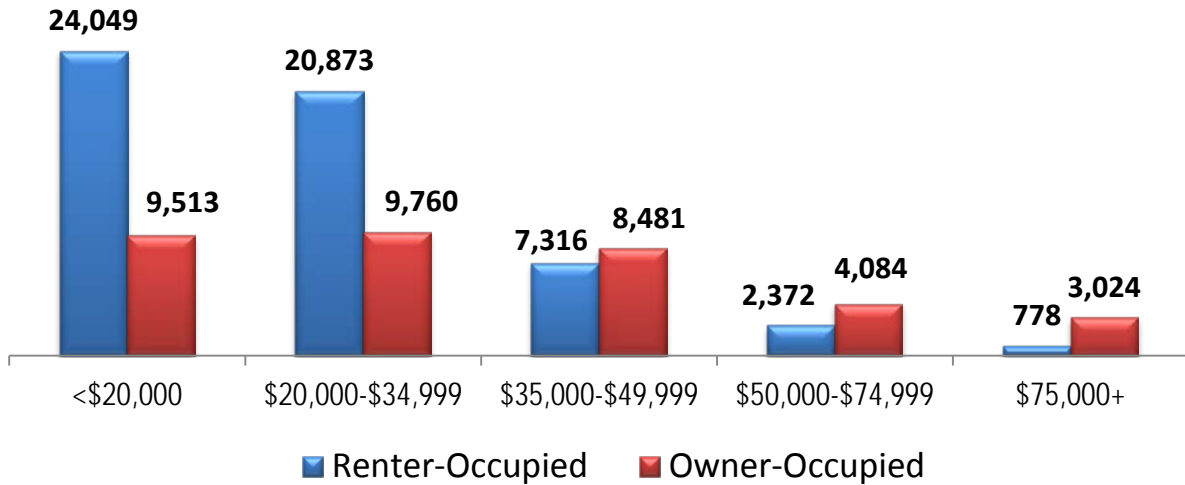
Chart H-14: Number of People Paying Rent by Contract and Gross Rent Monthly Amounts
Davidson County, 2015



Source: 2015 American Community Survey Tables B2508, B25056, B25056, B25063

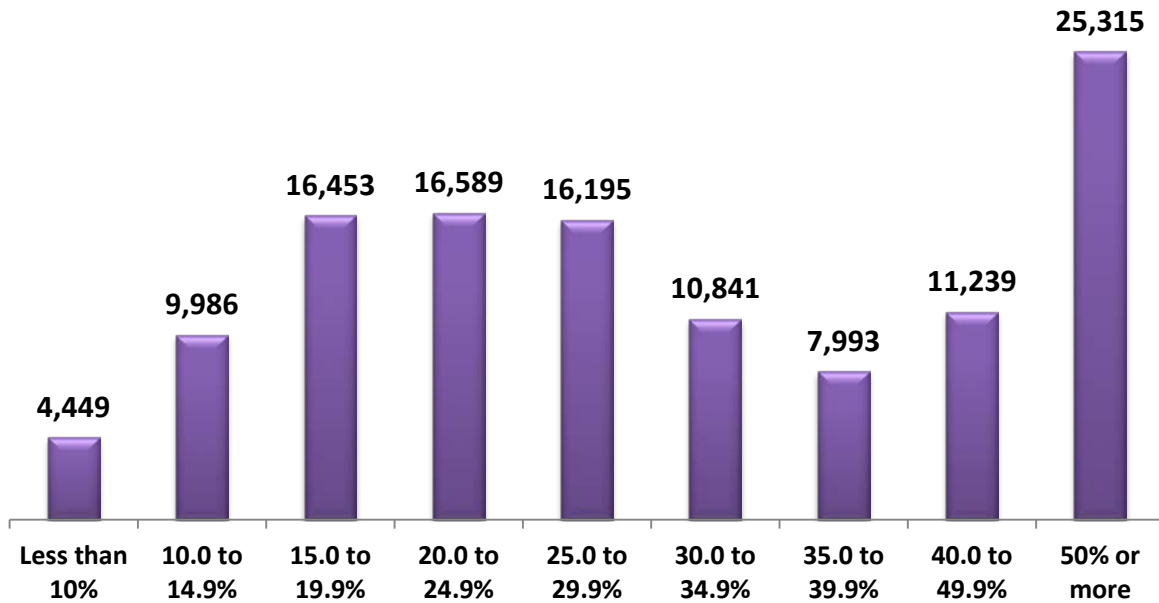
In 2015, 90,250 households in Davidson County were cost burdened, paying more than 30% of their income for housing expenses. Chart H-15 reflects the combined totals of 55,388 renters and 34,862 owners identified as cost burdened in Census household income categories.

Chart H-15: Number of Cost Burdened Households by Income Category
Davidson County, 2015



Source: 2015 American Community Survey Table B25106
Chart H-16 shows the number paying various percentages of household income for housing expenses.

Chart H-16: Number of Households by Percentage of Income for Housing Expenses
Davidson County, 2015



Source: 2015 American Community Survey Table B25070

The National Low Income Housing Coalition publishes an annual report titled *Out Of Reach* with extensive information about rental affordability and specifics for states and smaller areas. The 2016 report stated that the 2-bedroom rental unit (minimum) Housing Wage for the Nashville MSA was \$17.79. Their Housing Wage number represents the hourly wage that a household must earn (working 40 hours a week, 52 weeks a year) in order to afford the Fair Market Rent for a two-bedroom rental unit, without paying more than 30% of their income. The data about the Davidson County area is shown in Table H-2.

Table H-2: Income Needed to Rent a 2-Bedroom Unit
Nashville-Davidson–Murfreesboro–Franklin HUD Fair Market Area, 2016

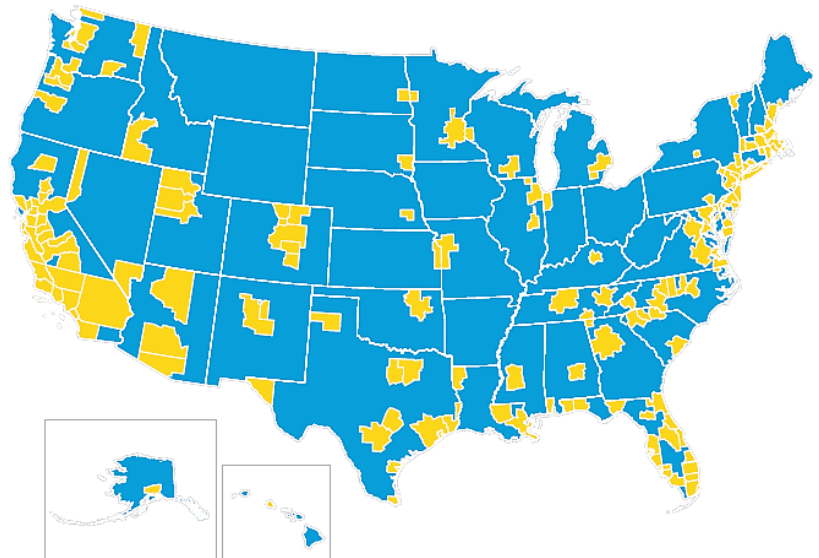
2016 FAIR MARKET RENT	\$925
Hourly Wage Needed	\$17.79
Annual Income Needed	\$37,000
Full-Time Jobs Needed	2.5
30% of AMI	\$20,550
Affordable Rent at 30% AMI	\$514

http://nlihc.org/sites/default/files/oor/OOR_2016_Housing-Wage-Map.pdf
http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf

The National Housing Council’s 2016 *Paycheck-To-Paycheck* interactive database allows users to select areas and occupations to look at area median incomes compared to housing costs. The Nashville MSA data shows that employees in many occupations essential to the business community and citizens’ quality of life have difficulty finding housing that does not cost 30% or more of their household income.

Some households have only one worker in the household, while others have additional workers. In households that have more than one person but only one of them works, the reasons could range from caregiving responsibilities to job loss or disabilities that impair the ability to work. In addition, the report notes that about 10% of households were single parents raising children and about 30% of households were single adults living alone. Even in two income households, many struggled to cover the cost of adequate housing.

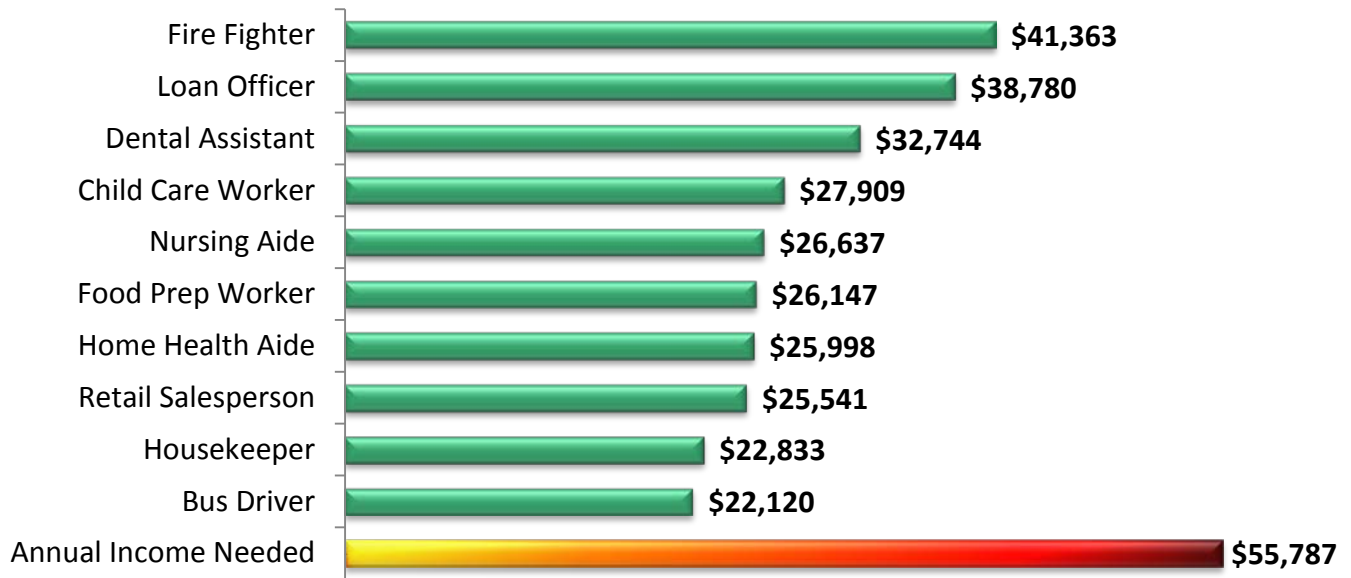
The map at right shows metropolitan areas in which homeowner costs are unaffordable at 80% of the Area Median Income.



<http://www.nhc.org/paycheck>

The cost of home ownership and a sample of occupations and salaries in the Nashville MSA are shown below in Chart H-17. Many of these occupations are necessary for our community’s economic sustainability and are disproportionately held by minorities. The annual income needed to afford the Nashville MSA median house cost as calculated in the *Paycheck-To-Paycheck* database is shown in red in the chart below.

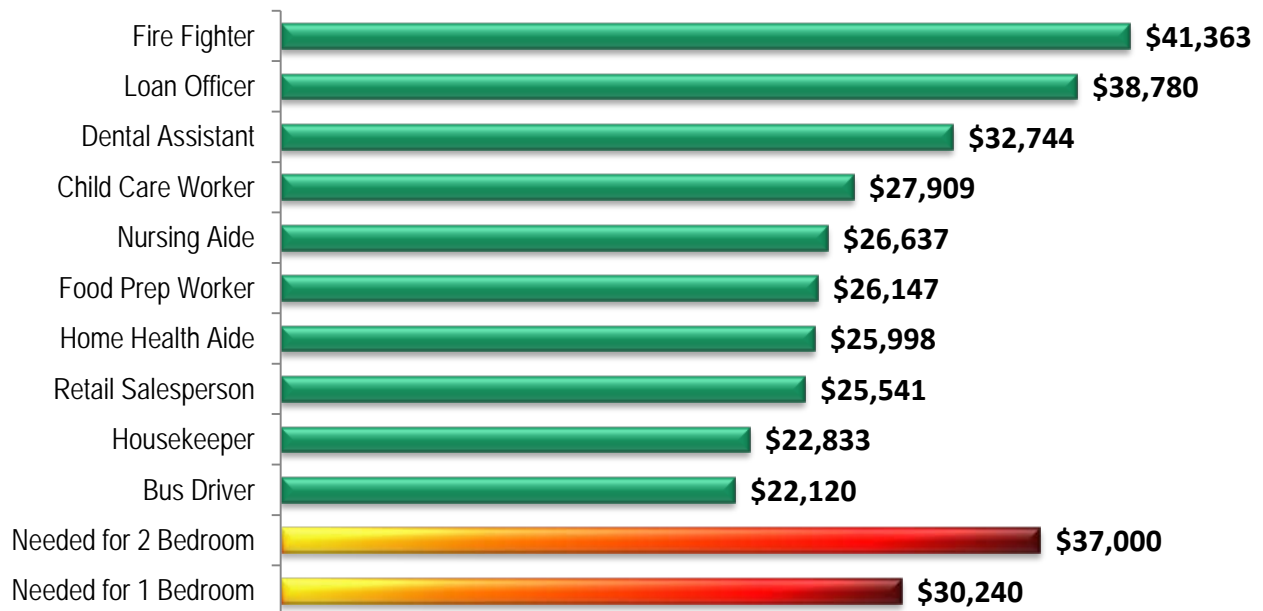
Chart H-17: Median House Cost and Median Salaries for Various Jobs
Nashville MSA, 2016



Source: Paycheck-To-Paycheck

Chart H-18 shows the median rental cost of a 1- and 2-bedroom apartment and the median area wages for the same jobs as in Chart H-17 above.

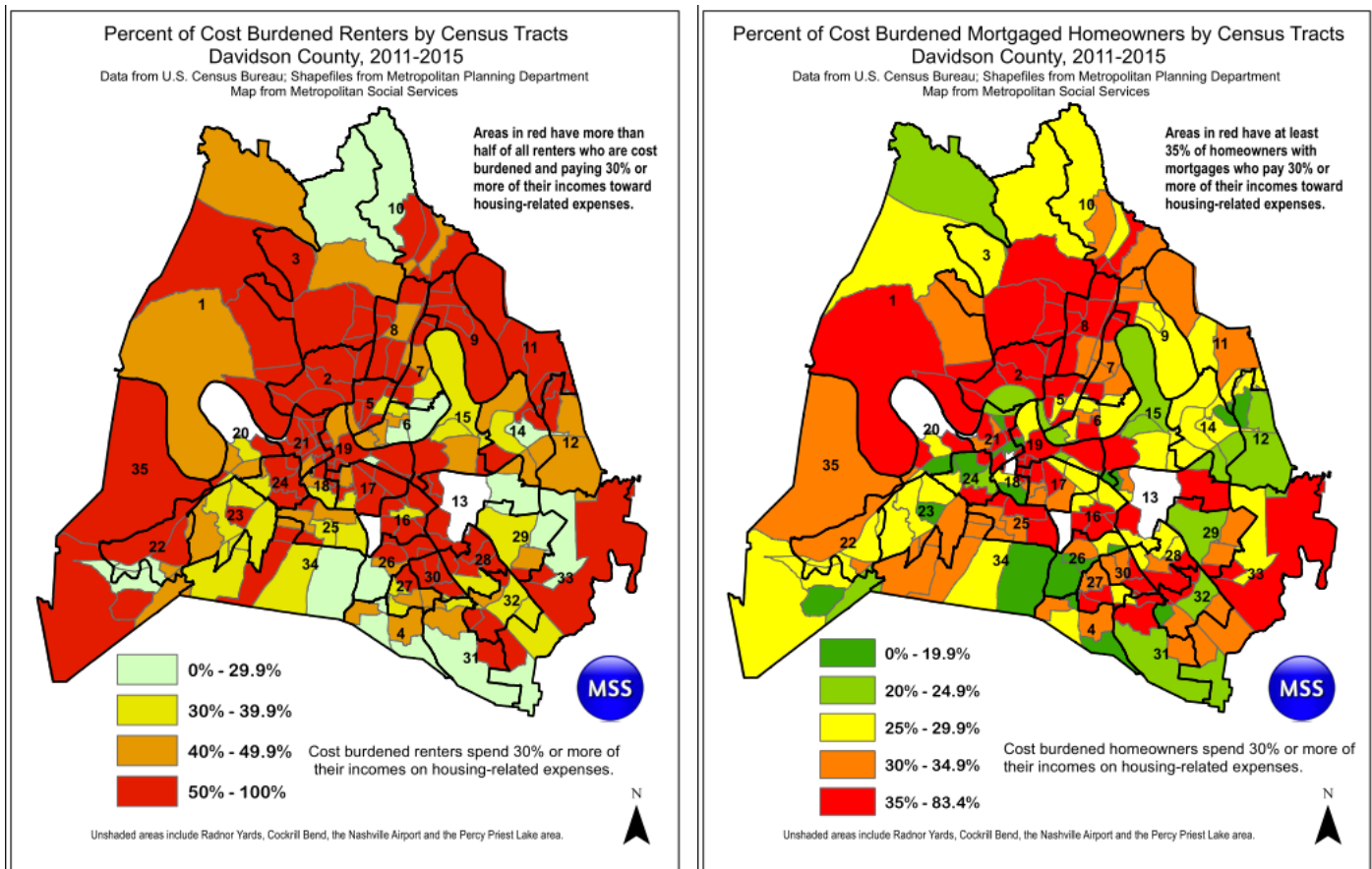
Chart H-18: Median Rental Cost and Median Salaries for Various Jobs
Nashville MSA, 2016



Source: Paycheck-To-Paycheck

The map below at left shows the location of cost burdened renters in Davidson County using the 2011-2015 American Community Survey 5-Year Summary Community Survey, and the map below at right shows the same information for homeowners. The 5-year estimates are not averages, but are determined by sophisticated statistics to be the ACS estimate that most closely reflects the actual numbers. An explanation of when to use 5-year and 1-year estimates is at this Census web site address: <http://www.census.gov/programs-surveys/acs/guidance/estimates.html>.

Cost Burdened Renters and Homeowners by Census Tract Davidson County, 2011-2015



Additional information about addressing affordable housing, poverty and related issues is available from the Center for American Progress, in reports such as *Creating Safe and Healthy Living Environments for Low-Income Families*, *Three Strategies for Building Equitable and Resilient Communities*.

<https://cdn.americanprogress.org/wp-content/uploads/2016/07/14065816/SafeAndHealthyHomes-report.pdf>

<https://www.americanprogress.org/issues/poverty/view/>

Racial and Ethnic Barriers

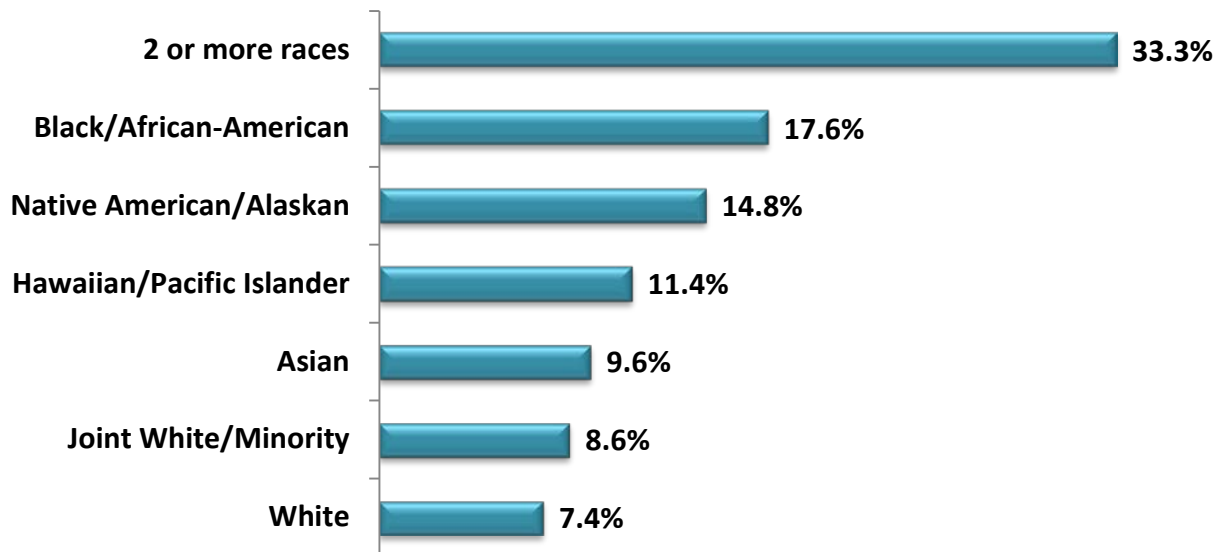
Discrimination in lending remains a problem for the racial and ethnic minorities that are typically underserved. Families of color continue to experience greater difficulty getting home loans from lending institutions or are offered loan products with higher interest rates. The HUD user blog *Evidence Matters* (Spring 2016) stated, "Even as the housing market recovers, lenders are implementing strict credit standards that exclude creditworthy borrowers, particularly members of traditionally underserved populations."

<https://www.huduser.gov/portal/sites/default/files/pdf/EM-Newsletter-spring-2016.pdf>

A Pew Research Center survey published an article on June 17, 2016, describes differences in opinions about the prevalence of discrimination between whites and blacks in a variety of life situations. In *On Views of Race and Inequality, Blacks and Whites Are Worlds Apart*, one of the findings was that about two-thirds of black adults say that blacks are treated less fairly than whites when applying for a loan or mortgage (66%). The article contains survey results on topics such as economic well-being, personal experiences, and views of community life, family life, and finances. <http://www.pewsocialtrends.org/2016/06/27/on-views-of-race-and-inequality-blacks-and-whites-are-worlds-apart/>

A June 2016 Home Mortgage Disclosure Act (HMDA) report shows loan information reported by institutions in the Nashville MSA. The data were aggregated by the Federal Financial Institutions Council (FFIEC) and published as *Aggregate table 4-2: Disposition of Applications for Conventional Home-Purchase Loans*. Chart H-19 shows the percentage of 2015 loan applications received and denied for conventional home-purchase loans by race of applicant. The disparity in the rate or loan approvals is likely to cause decrease in-home purchases by minorities. The rule-writing authority for the HMDA resides with the U.S. Consumer Financial Protection Bureau (CFPB), and requires lending institutions to report public loan data. For more information, go to the FFIEC HMDA web site listed below.

Chart H-19: Percent of Loan Applications Denied by Race
Nashville/Davidson-Murfreesboro-Franklin, 2015



In 2015, 616 loan applications were received by banking institutions in the Nashville MSA by Latino/Hispanic applicants. Of these, 140 were denied (22.7%).

<https://www.ffiec.gov/hmdaadwebreport/aggwelcome.aspx>
<https://www.ffiec.gov/hmdaadwebreport/AggTableList.aspx>

Please refer to the 2015 CNE, page 20, for local resources about housing and other discrimination complaints in Nashville, including the Tennessee Fair Housing Council, Legal Aid Society of Middle Tennessee and the Cumberland, Metro Human Relations Commission, and the Tennessee Human Rights Commission.
<http://www.nashville.gov/Social-Services/Planning-And-Coordination/Community-Needs.aspx>

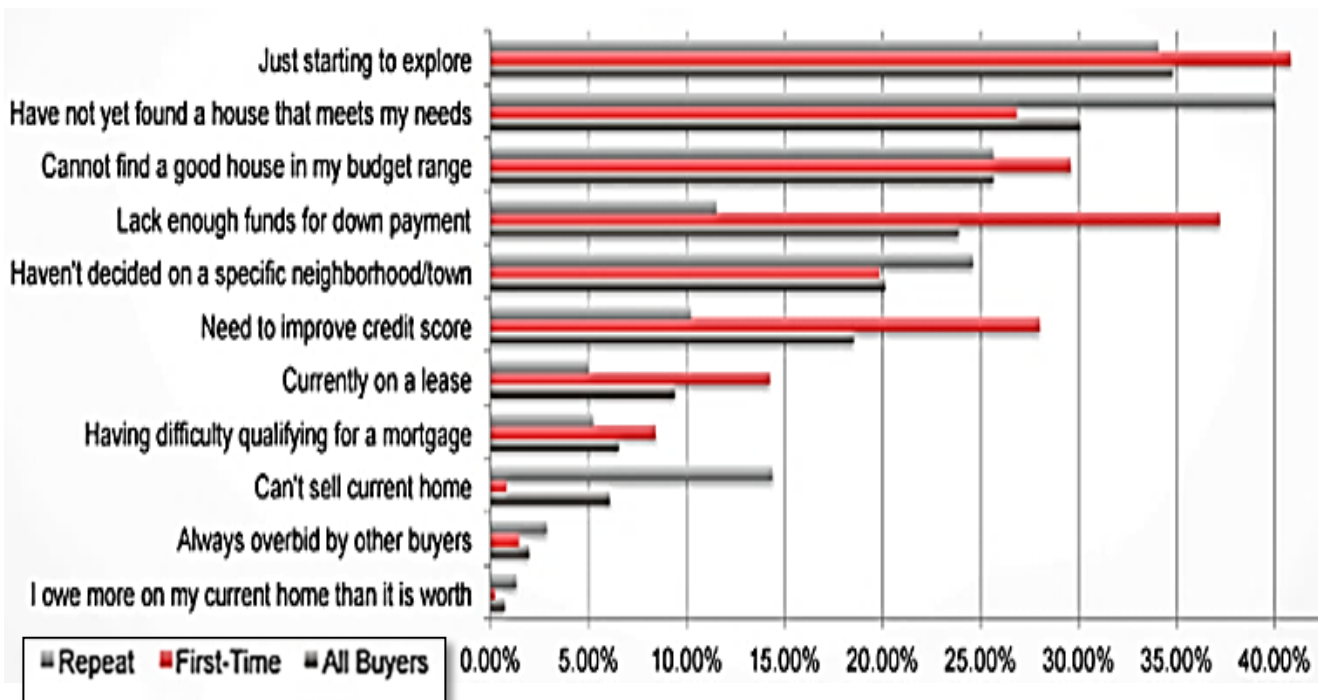
Example of Generational Categories – The years for generation name boundaries vary among sources, but generally are similar to these below. Specific age ranges used by various sources of data are specified in this CNE.

- Gen Z, iGen, Centennials were born in 2000 and after
- Millennials (Gen Y, Echo Boomers) were born between 1981 and 2000
- Generation X were born between 1965 and 1980
- Baby Boomers were born between 1946 and 1964
- Seniors were born between 1927 and 1945
- Greatest Generation were born between 1900 and 1927

Generational Barriers

Realtor.com® has identified impediments to buying a home, showing that U.S. first-time buyers often cite financial reasons for delaying the purchase of a home, as shown in Chart H-20. Budget, down payment, and credit score are among the top reasons for delay among surveyed first-time buyers.

Chart H-20: Reasons Impeding First Home Purchase
U.S., 2016



Source: Survey of Buyer Traffic, September 2016 presentation to Greater Nashville Association of Realtors®, used with permission of Realtor.com®; ©2016 Move, Inc.

<http://research.realtor.com/event/greater-nashville-association-event-2016/>

Criminal History Barriers

“We do not allow people convicted of felonies to live here.”

“If it’s a drug conviction, that’s zero tolerance.”

“Anyone who has a criminal record with any sort of violence or drug-related crimes is pretty much excluded from getting housing.”

When Discretion Means Denial: A National Perspective on Criminal Records Barriers to Federally Subsidized Housing, Shriver Center.

<http://povertylaw.org/sites/default/files/images/publications/WDMD-final.pdf>

The Fair Housing Act prohibits intentional discrimination, and in 2015 the Supreme Court ruled that discrimination may occur even if unintentional, in the case of the Texas Department of Housing and Community Affairs, et. al., Petitioners, v. The Inclusive Communities Project, Inc. (No. 13-1371). The Court decided that a housing provider might be liable if a practice has a disparate or disproportionate impact on one of the seven protected classes (race, color, religion, national origin, sex, disability, and familial status).

In April 2016, the Office of the General Counsel of HUD issued guidance to public housing and other funding recipients about this issue titled *Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions*. This report included the rationale for new rules about using criminal history and specific guidance about policies and procedures to use for compliance. Some examples of practices and policies that might allow consideration of criminal history include consideration of convictions only, avoidance of categorical exclusions (e.g. “everyone with a conviction for X”), age at the time of conviction, rehabilitation evidence such as stable employment, and others.

The U.S. Interagency Council on Homelessness has stated that the background of a person is not a good predictor of whether the person would be a good tenant, but examination of an applicant’s criminal history is still used to varying degrees by affordable and subsidized housing agencies. The Sargent Shriver National Center on Poverty Law published a report by Marie Claire Tran-Leung in 2015 titled, *When Discretion Means Denial: A National Perspective on Criminal Records Barriers to Federally Subsidized Housing*. This report describes a review of criminal records of public housing Section 8 individual voucher recipients and projects in Illinois. The report includes appendices with admissions policies used by the examined public housing agencies, and a copy of a matrix used by the Richmond Redevelopment and Housing Authority of Virginia whose policy is given in great level of detail.

The Shriver Center Report has the following recommendations for HUD and public housing agencies:

1. Eliminate unreasonable look-back periods
2. Abandon the use of arrests as conclusive proof of criminal activity
3. Replace overbroad categories of criminal activity with clear and narrowly tailored standards for reviewing criminal history

4. Ensure that applicants can overcome criminal records barriers by presenting evidence of mitigating circumstances

Realtor.com has published a clear do's-and-don'ts list about this court decision and the HUD guidance for its members titled *What the Latest Fair Housing Guidance on Criminal Background Checks Means for Real Estate*.

https://www.usich.gov/resources/uploads/asset_library/PHA_TenantScreening.pdf

<http://povertylaw.org/sites/default/files/images/publications/WDMD-final.pdf>

https://portal.hud.gov/hudportal/documents/huddoc?id=hud_ogcguidappfhandcr.pdf

<https://www.nar.realtor/news-releases/2016/05/what-the-latest-fair-housing-guidance-on-criminal-background-checks-means-for-real-estate#!/login>

Connections to Housing

Education

A March 2016 report from Metro Human Relations Commission provides a wealth of data that describes the continuing challenges to student equity in Metro Nashville Public Schools (MNPS). MNPS is not unusual in this respect, with similar challenges as in many other U.S. school systems.

<http://www.nashville.gov/Portals/0/SiteContent/Human%20Realations%20Commission/docs/IncluCivicsMNPS-FINAL-Web-032316.pdf>

The How Housing Matters website provides research through the Urban Institute, supported by the John D. and Catherine T. MacArthur Foundation. In the Education section there are several articles about the "...profound effect on a child's education" that housing and neighborhoods can have. Some key recommendations from research findings are featured on the initial site page and are similar to results of other researchers' findings:

- *Reduce Childhood Moves – Frequent or unplanned childhood moves reduce achievement and can set whole classrooms behind.*
- *Expand Opportunities – Inclusionary zoning can strengthen low-income children's education by opening access to economically diverse schools.*
- *Any move during childhood was associated with nearly one-half of a year loss in educational attainment.*

A December 2016 article on the How Housing Matters site from the Urban Institute, *Stabilizing Children: The Intersecting Roles of People, Place, and Housing*, discusses cross-domain research. It explains that the effects of housing, social networks, neighborhoods, schools and more on children's educational attainment affects them throughout their lives. The article contains several links to other research about housing instability, eviction, among other relevant topics.

<http://howhousingmatters.org/category/education/>

<http://howhousingmatters.org/articles/stabilizing-children-intersecting-roles-people-place-housing/>

The Center for Housing Policy of the National Housing Conference published an article titled *The Impacts of Affordable Housing on Education: A Research Summary* in November 2014. This article updates previous literature reviews about the ways that affordable housing production and rehabilitation affects children's educational outcomes. Some of their conclusions are the following:

- Residential moves—especially moves that are frequent, during key educational time periods, or by non-intact families—have also been shown to negatively affect students. Impoverished children who move three or more times prior to turning six years old demonstrate increased behavior and attention problems.
- While frequent moves appear to have a negative impact on educational achievement, moves to stronger school systems may have an independent positive impact on educational achievement.
- Many affordable housing developments provide on-site resident services, such as afterschool programs. Research has found that high-quality afterschool programs can have a positive impact on children’s educational achievement by increasing attendance in school and improving work habits and task persistence.

<http://www.nhc.org/2014-impacts-of-aff-housing-education>



Google Maps Images, Davidson County, Tennessee

Closed waiting lists and long waits for housing assistance make clear that we must expand housing resources for our nation’s lowest income renters.

National Low Income Housing Coalition Housing Spotlight, Fall 2016

http://nlihc.org/sites/default/files/HousingSpotlight_6-1.pdf

Public Housing and Homelessness

The Metropolitan Development Housing Agency (MDHA) is Nashville’s HUD Public Housing Agency and plays a major role in housing low-income and homeless people. MDHA operates 56,399 units in 20 public housing properties. In addition, MDHA manages Housing Choice (Section 8) Vouchers that are a form of HUD housing subsidy that residents may use to find apartments of their choice.

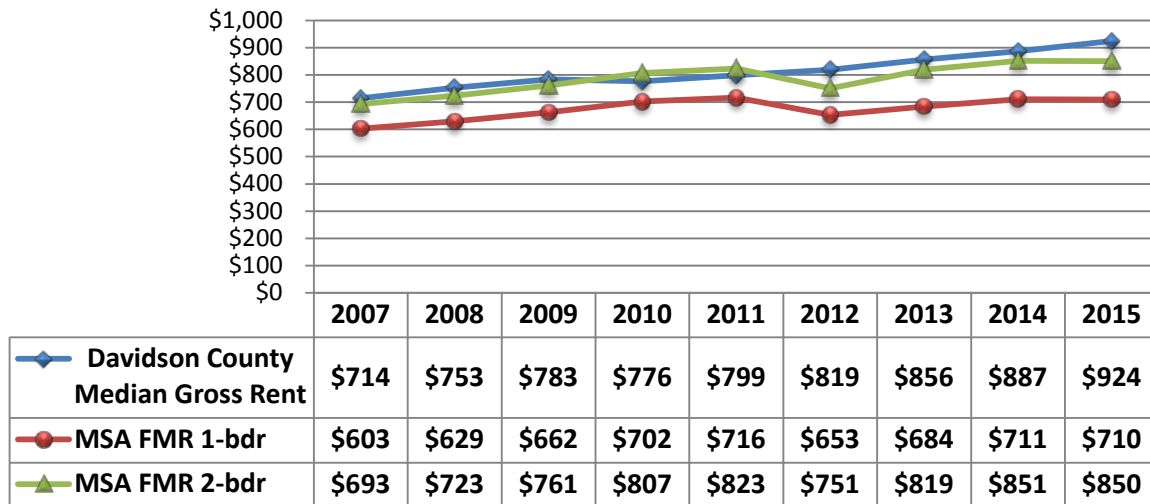
Section 8 is one of the federal government's major programs for assisting very low-income families, the elderly, and people with disabilities to afford decent, safe, and sanitary housing in the private marketplace. In 2015, MDHA provided rental help to over 7,000 households. There were 1,062 property owners who participated in the voucher program and 1,899 vouchers were issued April 1, 2015-March 31, 2016. In 2015, there were over 13,000 households on the waiting list to receive vouchers.

<http://www.nashville-mdha.org/wp-content/uploads/2015/01/2015-2016-CAPER.pdf>

Many apartments in Davidson County continued to be more expensive than the maximum amount that Section 8 vouchers could pay in 2015, so it was still difficult for renters with vouchers to find affordable apartments. Due to the tight rental market, property owners are able to charge more rent on the open market than they could get accepting vouchers. HUD determines Fair Market Rents for geographic areas as one of the determinants of housing supports it provides to agencies and individuals.

As shown in Chart H-22, the Median Gross Rent for Nashville has exceeded HUD's Nashville MSA Fair Market Rent for a 1-bedroom unit since 2007, and exceeded the MSA 2-bedroom Fair Market Rent since 2012.

Chart H-22: Median Gross Rent and Fair Market Value
Davidson County, Nashville Metropolitan Statistical Area, 2007-2015



Source: Source: 2015 American Community Survey Table B25064 and

<https://www.huduser.gov/portal/datasets/Fair Market Rent.html>

HUD provides additional information about Fair Market Rent:

- Definition of Fair Market Rent and the Federal Office of Management and Budget (OMB) metropolitan area definitions
<https://www.huduser.gov/periodicals/ushmc/winter98/summary-2.html>
<https://www.whitehouse.gov/sites/default/files/omb/bulletins/2015/15-01.pdf>
- HUD Utility Allowances for Tenant-Furnished Utilities and Other Services
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/ph/phecc/allowances
- Section 8 Income Guidelines Davidson County MSA FY 2015
http://www.huduser.gov/portal/datasets/il/il15/FY2015_IL_tn.pdf
- Fair Market Rents by year and location
<https://www.huduser.gov/portal/datasets/Fair Market Rent.html>

The Metropolitan Housing and Development Agency (MDHA) provides coordination assistance to the local agencies that collectively are Nashville’s homeless-services Continuum of Care (COC), including helping coordinate the annual HUD Point-In-Time (PIT) count. The HUD 2015 PIT count as reported by the Nashville/Davidson (COC) gives the following statistics about people experiencing homelessness in Davidson County:

Total Homeless People	2,154
Sheltered	1,684
Unsheltered	470
People in Families	394
Chronically Homeless	661
Veterans	236
Unaccompanied Youth (<25)	206

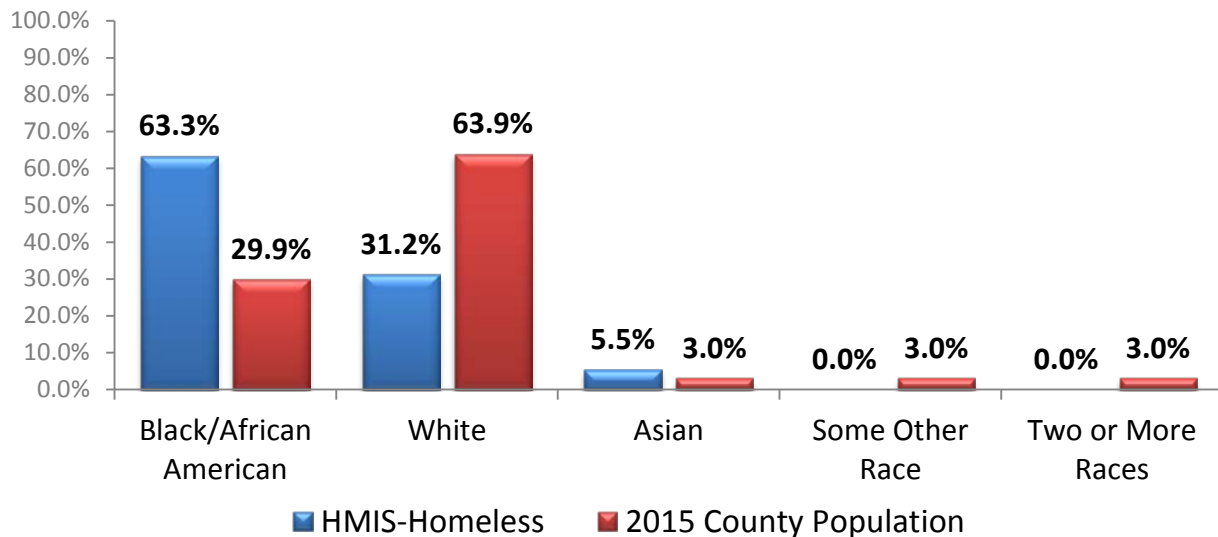
<https://www.hudexchange.info/resources/.../2007-2015-PIT-Counts-by-CoC.xlsx>

HUD’s Continuum of Care (COC) homeless programs Housing Inventory Count Reports give summary data about the number of beds and units available. The 2016 report published in early January 2017 includes data about beds dedicated to sub-populations of persons for the Nashville/Davidson County COC.

https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=0e62123571-2016+CoC+HIC+Reports+Posted&utm_medium=email&utm_term=0_f32b935a5f-0e62123571-19228901
https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_TN_2016.pdf

As part of their assistance, MDHA also manages the Homeless Management Information System (HMIS), a database into which agencies enter services data. Chart H-23 shows the percentage of these individuals served by Nashville COC agencies by race. American Community Survey 1-year estimates of the 2015 total population in Davidson County are shown for comparison.

Chart H-23: Percent of Homeless Clients Reported to HMIS by Race
 Davidson County, June-November 2016



Sources: Metropolitan Development and Housing Agency; 2015 American Community Survey Table B02001

Nashville Community Housing Efforts

There are on-going and new efforts in Nashville to address the need for affordable housing.

Mayor Megan Barry's Housing Priorities and Action Plan - On April 11, 2016, Mayor Megan Barry released a housing priorities and action plan for 2016-2017. It calls for city resources to focus on funding, building and preserving affordable and workforce housing in Davidson County. Mayor Barry committed to an annual budgetary \$10 million investment in the Barnes Fund for Affordable Housing and announced a public-private partnership to create and preserve workforce housing.

<http://www.nashville.gov/News-Media/News-Article/ID/5140/Barry-Releases-Plan-to-Increase-Housing-Options-in-Nashville.aspx>

<http://www.nashville.gov/Portals/0/SiteContent/MayorsOffice/AffordableHousing/docs/HousingPrioritiesandActionPlan.pdf>

Tax Increment Financing (TIF) – In April 2016, the Metropolitan Council passed an ordinance on third reading to amend how Tax Increment Financing (TIF) would be used by MDHA. The ordinance clarified that TIF revenue will remain within the Metro Government's general fund after the loan is paid off by developers. It requires that the debt service portion of taxes remain with the Metro Government and requires regular reports about TIF loans.

http://www.nashville.gov/mc/ordinances/term_2015_2019/bl2016_157.htm

Metropolitan Governments Can Convey Surplus Real Property to Nonprofits - In 2015 a state law was successfully changed to authorize county Metropolitan governments to convey surplus real property by grant or donation to a nonprofit organization for the purpose of constructing affordable or workforce housing (Amendment to TCA Title 7, Chapter 3, Part 3 and Title 67, Chapter 5, Part 25).

<http://www.tn.gov/sos/acts/109/pub/pc0410.pdf>

Short Term Rental Property - Metro enacted two ordinances in 2014 to regulate and tax short-term rental property, such as the private homes advertised on the Airbnb web site as vacation rentals. Short Term Rental Property (STRP) is defined in the Ordinances as a residential dwelling unit, containing not more than four sleeping rooms that is used and/or advertised for transient occupancy. In 2015, Metro Ordinance BL2015-1056 was enacted to dedicate a portion of the transient occupancy privilege taxes generated by short-term rental properties to the Barnes Fund for Affordable Housing.

http://www.nashville.gov/mc/ordinances/term_2011_2015/bl2015_1056.htm

Barnes Affordable Housing Trust Fund - In July 2013, Metro Nashville government established the Barnes Affordable Housing Trust Fund, and a 7-member Metro Housing Trust Fund Commission to oversee the fund. The same Metro Ordinance allocated \$2,279,040 as initial funding for the Trust. Since 2013, the Barnes Fund has invested over \$4 million in affordable housing with Barnes funds and leveraged federal and private money. In addition to the \$10 million per year Mayor Megan Barry has committed to funding in her budget, the Barnes Fund is to be the recipient of \$5 million from the sale of the old downtown convention center. The 2016 round of funding with \$10 million available in the Barnes Fund will include the ability to request support for operational support for capacity building by non-profits in addition to the preservation or creation of affordable housing.

<https://www.nashville.gov/Mayors-Office/Economic-Opportunity-and-Empowerment/Affordable-Housing/Barnes-Fund.aspx>

http://www.nashville.gov/mc/ordinances/term_2011_2015/bl2013_487.htm

Public Housing Dialysis Clinic - A public-private partnership resulted in an innovative service to public housing residents in Historic Preston Taylor Apartments. MDHA and Sanderling Renal Services opened a dialysis clinic to enhance the quality of life of residents. Some residents were going to a dialysis clinic for 14 hours per day, three days per week. A dialysis clinic on-site will not only be a great service to the residents, but it is estimated that it will create approximately 100 new jobs for MDHA residents. As of December 2016, four residents had already been hired as dialysis technician trainees. At the ribbon cutting, the HUD Nashville field office director said, "To our knowledge, this dialysis clinic is the first of its kind in public housing...". <http://www.nashville-mdha.org/2016/12/15/new-dialysis-clinic-provides-health-care-and-career-opportunities-to-mdha-residents/>

COMMUNITY COALITIONS

How's Nashville – The Metropolitan Homelessness Commission coordinates various entities concerned with homelessness, including advocates, nonprofit organizations, for-profit business leaders, government agencies, and the public.



The MHC started an effort in 2013 to increase collaboration called How's Nashville. Dozens of local non-profit and private organizations participate in workgroups about Housing, Data and Cost-savings, and Outreach and Support Services, coordinated by the Homelessness Commission. Their principles include using mainstream resources, making data-driven decisions, and housing people as soon as possible in permanent supportive housing. They indicate that from January of 2015 through October 2016, the partners housed 1,194 chronically homeless people, including 456 veterans, an average of 79 people in permanent housing per month.

<http://www.nashville.gov/Social-Services/Homelessness-Commission.aspx>

<http://howsnashville.org/>

<http://howsnashville.org/outcomes/>

Sudden Housing Loss Coalition - An alliance was formed by social service, fair housing, and low-income housing provider agencies to give emergency and longer-term help for residents faced with sudden housing loss. The Sudden Housing Loss Coalition comes together when necessary to assist groups of low-income residents who are facing abrupt loss of their housing.

Recent examples include the notice of eviction to residents when the owners of a large apartment building did not renew their property-based Section 8 contract, and the abrupt notice of closure due to Metro Codes violations of a motel occupied by low-income families. Both events required the residents to find alternative housing quickly. When informed of a sudden housing loss situation, a participating provider agency reports it to the Director of Programs at Metro Social Services who then coordinates Coalition response.

Smart Solutions

Employer Assisted Housing (EAH)

This type of private investment in affordable housing has been and is currently used by large companies, manufacturers, universities and other entities that want a stable workforce that does not have long commutes. At one time in the late 1800s, the U.S. had about 2,500 company towns built and owned by a single company, often located near coal mines and lumber mills. Some were developed with churches, schools, libraries, etc., and others in remote areas with one employer forced workers be dependent on the company for everything, and were often fenced preventing workers from leaving. Most of these company towns were gone by the 1920s, due to increasing general wealth of people and transportation by car or mass transit. Types that are more recent have emerged around an industry where most of the residents work, and the area's economy were very dependent on a single industry in the area. Tennessee examples in Tennessee include Alcoa, and Old Hickory, a suburb of Nashville.

<http://www.socialwelfarehistory.com/programs/housing/company-towns-1890s-to-1935/>

<http://www.dictionary.com/browse/company-town>

The idea of paying for workers' homes lost momentum during the recession but may be re-emerging as an employer strategy. There is a growing mismatch between where the jobs are and where the workers can afford to live, especially when the cost of transportation is included as part of housing costs. A report by the Harvard Joint Center for Housing Studies cites examples of healthcare corporations and universities that have been able to implement employer Assisted Housing with little or no assistance. Smaller businesses can collaborate with non-profits and local government, and regional businesses can combine efforts to subsidize affordable housing near mass transit. In the report, a variety of ways the private sector and local government can be part of financing EAH are described.

http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/mpill_w00-8.pdf

In January 2015, New York Representative Nydia Velázquez introduced a bill in Congress that would provide tax credit of 50-100% on employer dollars used to provide renter help or down-payment assistance. This assistance would not be included in employees' gross income, helping lower tax bills for low-income and middle-income workers. The measure also authorizes grants for local government and nonprofit housing groups. On January 31, 2017 this bill was referred to the House Financial Services committee. (A free subscription is required to access reports. Bloomberg BNA is a subsidiary of Bloomberg L.P. and is a source of legal, tax, regulatory, and business information for professionals.)

<https://velazquez.house.gov/media-center/press-releases/velazquez-bill-would-help-address-housing-costs>

<http://www.bna.com/news/#!page=1>

In 2014, the Greater Minnesota Housing Fund (GMHF) published *Employer-Assisted Housing Resource Guide: A primer of employers and community leaders*. It includes 14 examples of Employer Assisted Housing in Minnesota listing the employer, the employers' methods of contributing, the total amounts, and extensive descriptions of each. The report also gives a method of calculating the appropriate housing cost numbers for local communities and gives a calculation example.

http://www.gmhf.com/downloads/publications-research-reports/eah/GMHF_EAH.pdf

Value of Housing Counseling – Research Update

The 1968 Housing and Urban Development (HUD) Act allowed HUD to authorize public and private organizations to provide housing counseling, because Congress thought that this was necessary for lower income families to use new mortgage insurance programs. As reported in the 2015 CNE, research has shown that housing counseling like that provided by HUD-certified agencies, leads to better outcomes for homebuyers.

As reported in the online magazine *Evidence Matters* in the spring of 2016, The U.S. Department of Housing and Urban Development (HUD) commissioned a randomized demonstration experiment titled *First-Time Homebuyer Education and Counseling Demonstration*. The early findings are in the June 2016 report, *The First-Time Homebuyer Education and Counseling Demonstration: Early Insights*. Participants were randomly assigned to groups for online education and telephone counseling, in-person group classes, individual counseling, and a no-treatment control group. Early outcomes indicated that access to homebuyer education and counseling could help sustain long-term homeownership. There will be three future reports with potentially increased specificity of results about the impact of housing counseling and education services.

<https://www.huduser.gov/portal/pdredge/pdr-edge-research-071116.html>

<https://www.huduser.gov/portal/periodicals/em/spring16/highlight2.html>

http://www.nhc.org/media/files/Role_of_Housing_Counseling_in_Preventing_Foreclosure.pdf

<http://www.philadelphiafed.org/community-development/homeownership-counseling-study/2014/homeownership-counseling-study-042014.pdf>

Nashville has several HUD approved Housing Counseling Agencies and nonprofits organizations that offer specialized counseling and education. A list of HUD-approved agencies as of November 2016 can be found online.

<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?searchstate=TN&filterLng=&filterSvc=&filterMultiState=&searchName=&searchCity=Nashville&searchZip=&searchService=&searchLang=&searchAffiliation=&webListAction=Search>



Workforce & Economic Opportunity

Key Findings

- The unemployment rate in Davidson County continued to trend down, and at 3.5% in November 2016, it has made a significant recovery from the peak points of the Great Recession. Despite these historic lower rates, there are those still struggling to find employment aligned with the skills employers are looking for or jobs that pay a living wage.
- Unemployment is higher among the Black or African American population than for either White or Hispanic/Latino population of any race. An unemployment rate of 9.3% is still almost three times that of whites at 3.4% in 2015.
- At 15% unemployment rate, young black females and males between the ages 16-24 still experience higher unemployment rates than any other demographics in Davidson County.
- In 2015, workers with less education continued to experience a higher unemployment rate than those with more education.
- At 12% unemployment rate, people with disabilities still experience an unemployment rate about three times higher than that of people with no disabilities.
- Declining labor force participation rate for prime-age male workers (25-54) is seen as a contributing factor to poverty and increasing inequality.
- Incarceration overwhelmingly affects people of color, poor individuals, and individuals with high rates of mental illness and substance abuse. An estimated 516,900 black males were in state or federal prison at yearend 2014, accounting for 37% of the male prison population. Having a felony record significantly lowers employment prospects of the formerly incarcerated people, particularly people of color.
- High growth occupations are persistently low-wage jobs, with future job growth expected in sectors with low wages.
- 36.7% of Tennessee workers earn less than \$12 an hour, while 50.8% earn less than \$15 an hour. It is also important mentioning that 45.5% of African-Americans and 56.6% of Hispanics in Tennessee earn less than \$12 an hour, while 60.0% and 71.1% earn less than \$15 an hour respectively.
- Ethnic and racial minorities, single parents, and those with lower incomes and educational attainment are more likely to experience a condition of financial instability.



Definitions

The U.S. Bureau of Labor Statistics (BLS) uses statistics from two major surveys, the Current Population Survey (CPS; household survey) and the Current Employment Statistics survey (CES; establishment survey) in order to release monthly information about the employment status of the country. According to BLS, the household survey provides information on the labor force, employment, and unemployment. It is a sample survey of about 60,000 eligible households conducted by the U.S. Census Bureau for the U.S. Bureau of Labor Statistics.

The establishment survey provides information on employment, hours, and earnings of employees on nonfarm payrolls. In their monthly news release, the Bureau provides the following definitions:

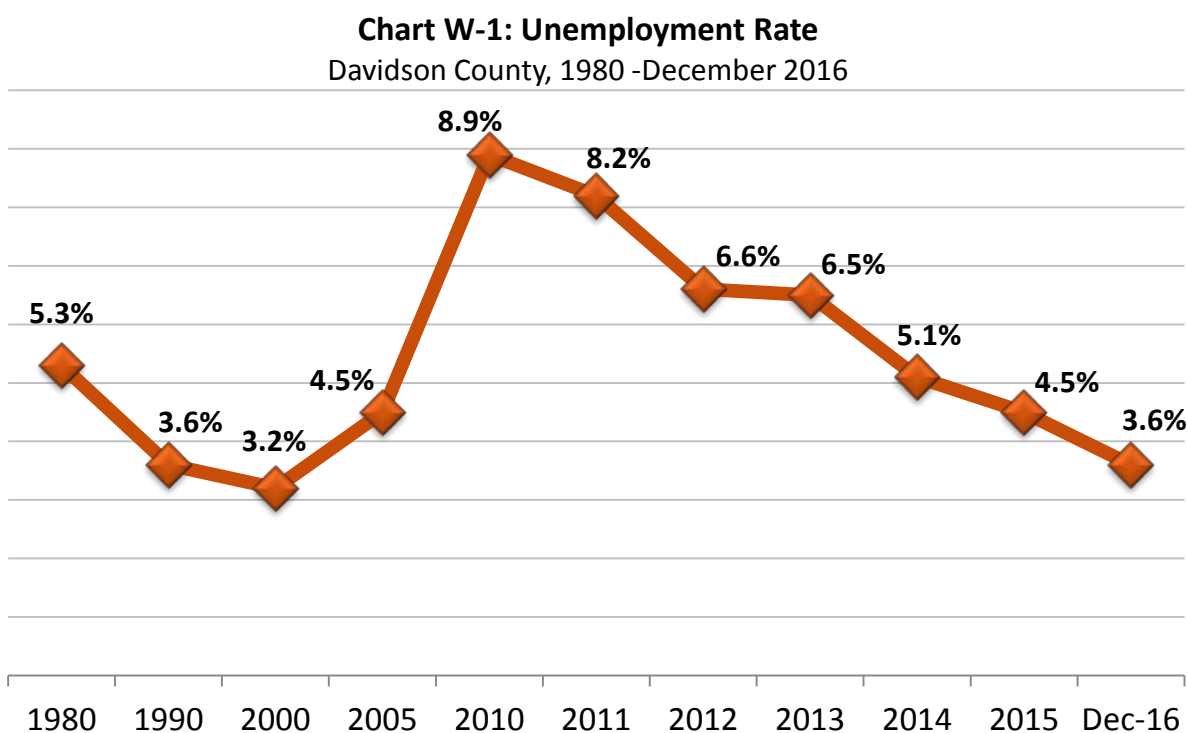
- **Employed** are those who did any work at all as paid employees during the week in which the survey is conducted; worked in their own business, profession, or on their own farm; or worked without pay at least 15 hours in a family business or farm. People are also counted as employed if they were temporarily absent from their jobs because of illness, bad weather, vacation, labor-management disputes, or personal reasons.
- **Unemployed** if they meet all of the following criteria:
 1. Had no employment during the week in which the survey is conducted;
 2. They were available for work at that time; and
 3. They made specific efforts to find employment sometime during the 4-week period ending with the reference week. Persons laid-off from a job and expecting recall need not be looking for work to be counted as unemployed.
- The **civilian labor force** is the sum of employed and unemployed persons.
- The **unemployment rate** is the number unemployed as a percent of the labor force.

Unemployment

The unemployment rate measures the share of workers in the labor force of an economy who are currently unemployed but are actively looking for work.

As shown in Chart W-1, unemployment rate in Davidson County continued to trend down, and at 3.6% in December 2016, it has made a significant recovery from the peak points of the Great Recession. Despite these historic lower rates, there are those still struggling to find employment aligned with the skills employers are looking for or jobs that pay a living wage.

According to the Tennessee Department of Labor and Workforce Development, 13,330 individuals in Davidson County were looking for work in November 2016.



Source: Tennessee Department of Labor and Workforce Development

Although it is a commonly used measure of the strength of the economy, the unemployment rate counts only for those out of work and actively seeking employment. It does not count those who left the workforce because they believe that there are no job opportunities that suit their abilities or interests.

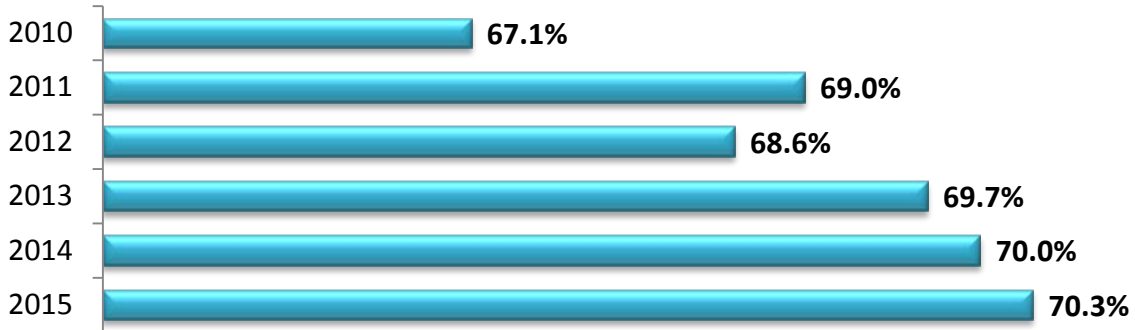
As a result, the unemployment rate may not reveal the actual weaknesses of the labor market. In those conditions, the labor force participation would be another useful measure to consider since it represents the relative amount of labor resources available to an economy.

In Davidson County, there has been an insignificant increase in the percent of the population who were in the labor force in 2015. As shown in Chart W-2 below, the 2015 labor force participation rate for Davidson County

was 70.3%, compared to 70.0% in 2014. However, it has improved much compared to during the peak of the Great Recession when it stood at 67.1% in 2010.

In 2015, the U.S. labor force participation rate was 63.1% while the rate in Tennessee was 61.0%.

Chart W-2: Percent in Labor Force
Davidson County, 2010-2015

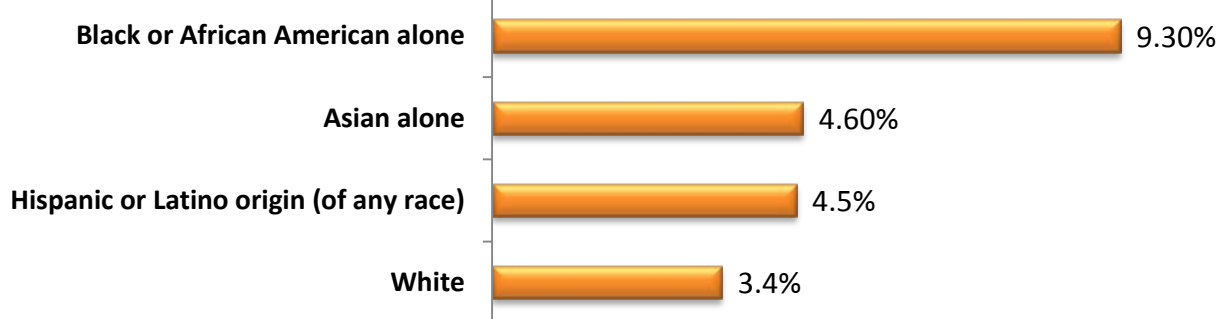


Source: 2010-2015 American Community Surveys

The U.S. economy in general and the labor market in particular have improved much better than they were in the Great Recession but that recovery has not been equally shared across the population by race and ethnicity compared to the year before.

As Chart W-3 shows, unemployment is higher among the Black or African American population than for Asian, White, and Hispanic/Latino population of any race. Despite blacks experiencing the biggest annual unemployment rate decline, their unemployment rate of 9.3% is still almost three times that of whites at 3.4% in 2015.

Chart W- 3 Unemployment by Race/Ethnicity
Davidson County, 2015



Source: 2015 American Community Survey

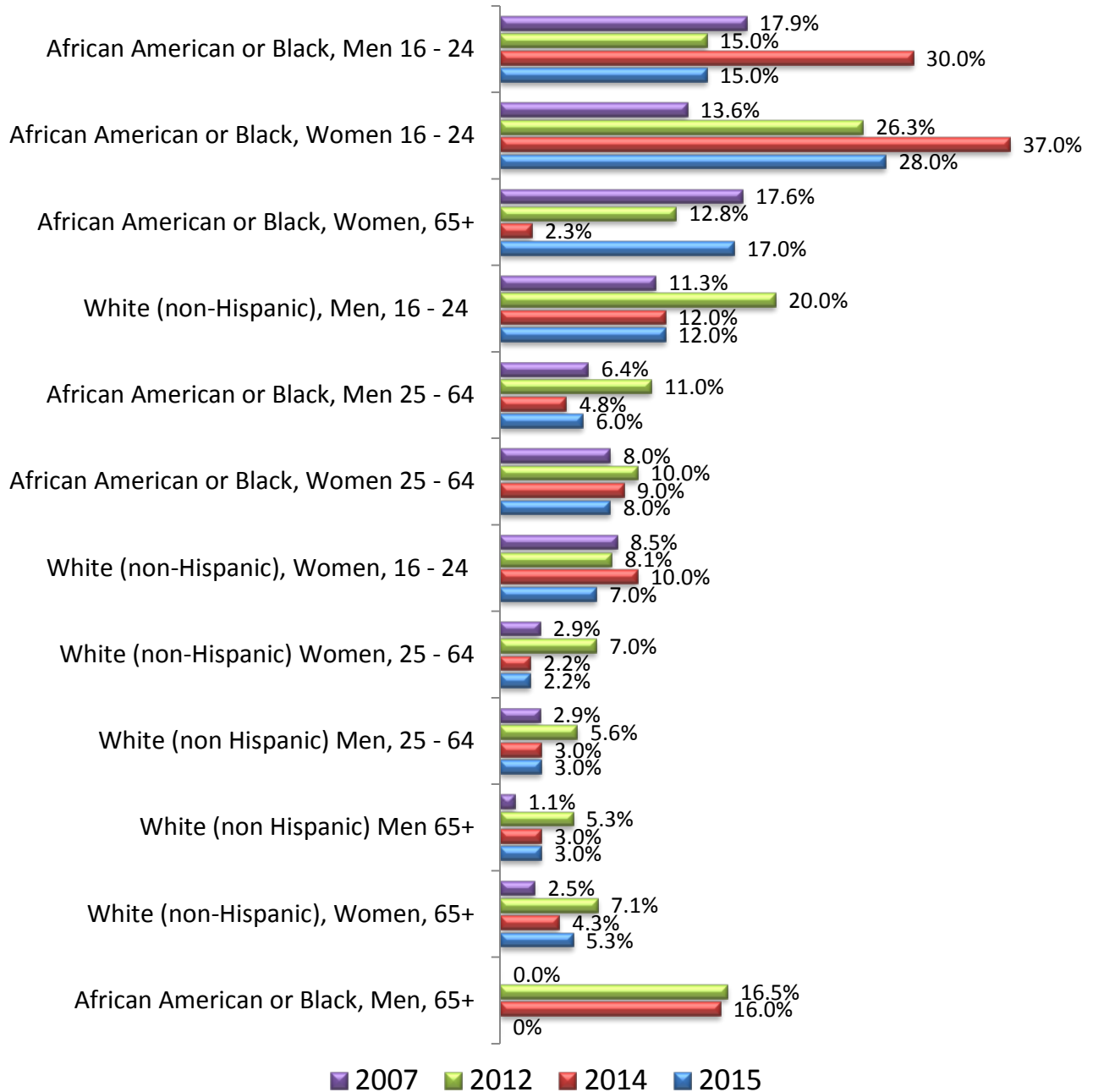
According to the U.S. Census Bureau’s 2015 American Community Survey data, young black females and males between the ages 16-24 still experience higher unemployment rates than any other demographics despite significant rate declines compared to the year before.

The unemployment rate for black males in Davidson County between the ages of 16-24 was 15%, half of what it was in 2014, a substantial reduction.

As for black females in the same age group, the unemployment rate was 28%, a reduction of 9 percentage points from 2014. By comparison, the unemployment rates for whites of all ages have changed little over the year except white females ages 16-24, which saw a 3 percentage point decline.

Consistent with data reported in previous Community Needs Evaluations, unemployment rates vary for different demographic groups in Davidson County, as Chart W-4 shows. Unemployment rates continued to decline for most of the major race and ethnicity groups.

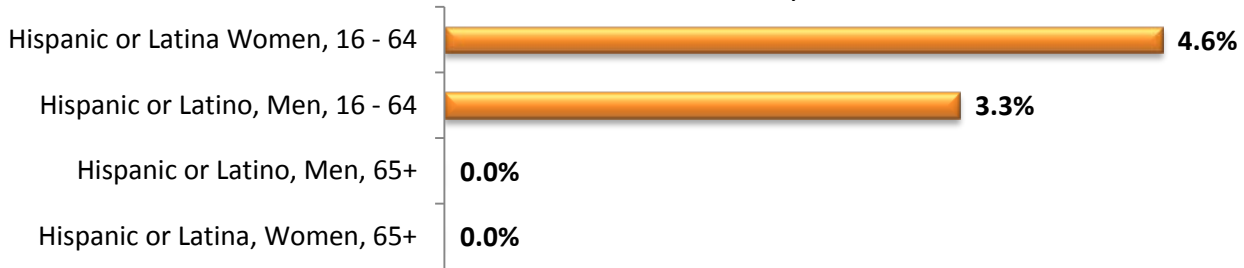
Chart W-4: Percentage of Unemployment by Race and Gender
Davidson County, 2007, 2012, 2014, and 2015



Source: 2007, 2012, 2014, 2015 American Community Surveys

As for the Davidson County Hispanic population, a different set of data from the annual American Community Survey was available at the county level. As Chart W-5 shows, according to the American Community Survey, Hispanic or Latina women between the ages of 16-64 unemployment rate went down significantly in 2015 to 4.6% compared to the previous year at 11.8%, 7.2 percentage points. In the same period, the unemployment rate for Hispanic men ages 16-64 stood at 3.3%, slightly lower than it was in 2014 at 3.7%.

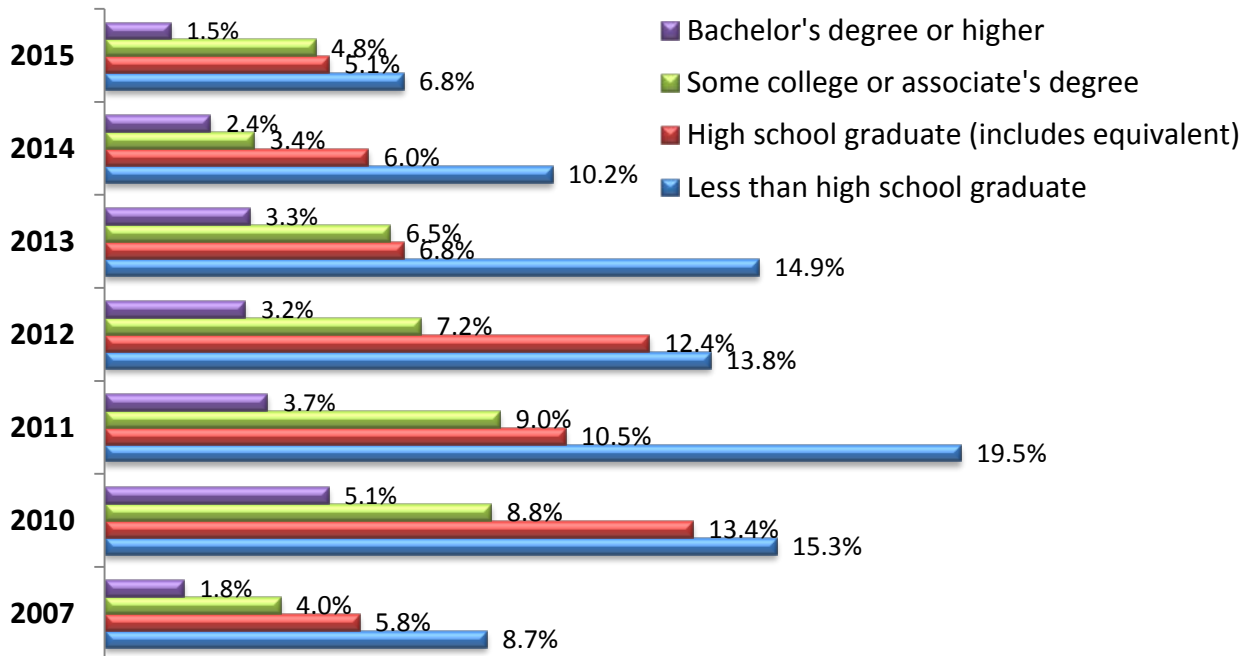
Chart W-5: Unemployment rate for Hispanics by Age and Gender
Davidson County 2015



Source: 2015 American Community Survey

Disparity in unemployment rates was not limited to age, ethnicity, and race. In 2015, workers with less education continued to experience a higher unemployment rate than those with more education. Higher levels of educational attainment more often than not lead to greater labor force participation and higher employment rates. Chart W-6 shows that the unemployment rate of workers with less than high school diploma declined by 3.4% to 6.8%, in 2015, and the rate for some with college or associate degree increased by 1.4% to 4.8%. The unemployment rate for those with at least a bachelor's degree declined to 1.5%.

Chart W-6: Unemployment and Educational Attainment
Davidson County, 2007, 2010-2015



Source: 2007, 2010–2015 American Community Survey

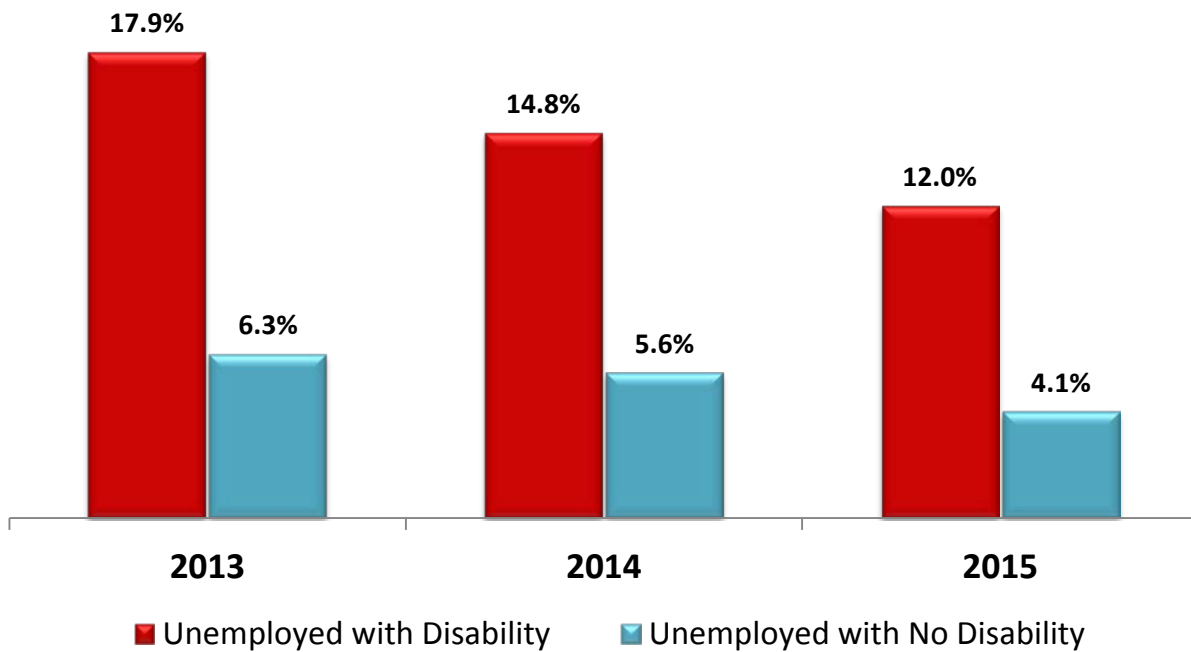
In addition to ethnic minorities, youth, and people with low educational attainment, persons with disabilities are more likely to experience higher unemployment rate than people who do not have disabilities.

As chart W-7 shows, the unemployment rate for people with disabilities in Davidson County edged down to 12.0%, a decline of 2.8 percentage points in 2015. In 2015, the unemployment rate for people without a disability declined by 1.5 percentage points to 4.1%. However, people with disabilities still experience an unemployment rate about three times higher than that of people with no disabilities in the same period.

An annual analysis issued in June 2016 by the U.S. Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics – 2015*, suggests factors such as higher proportion of age 65 and over among people with disabilities, lower employment-population ratio, and barriers to employment may contribute to the higher unemployment rates among people with a disability.

<http://www.bls.gov/news.release/pdf/disabl.pdf>

Chart W-7: Percent Unemployed by Disability Status
Davidson County, 2013, 2014, and 2015

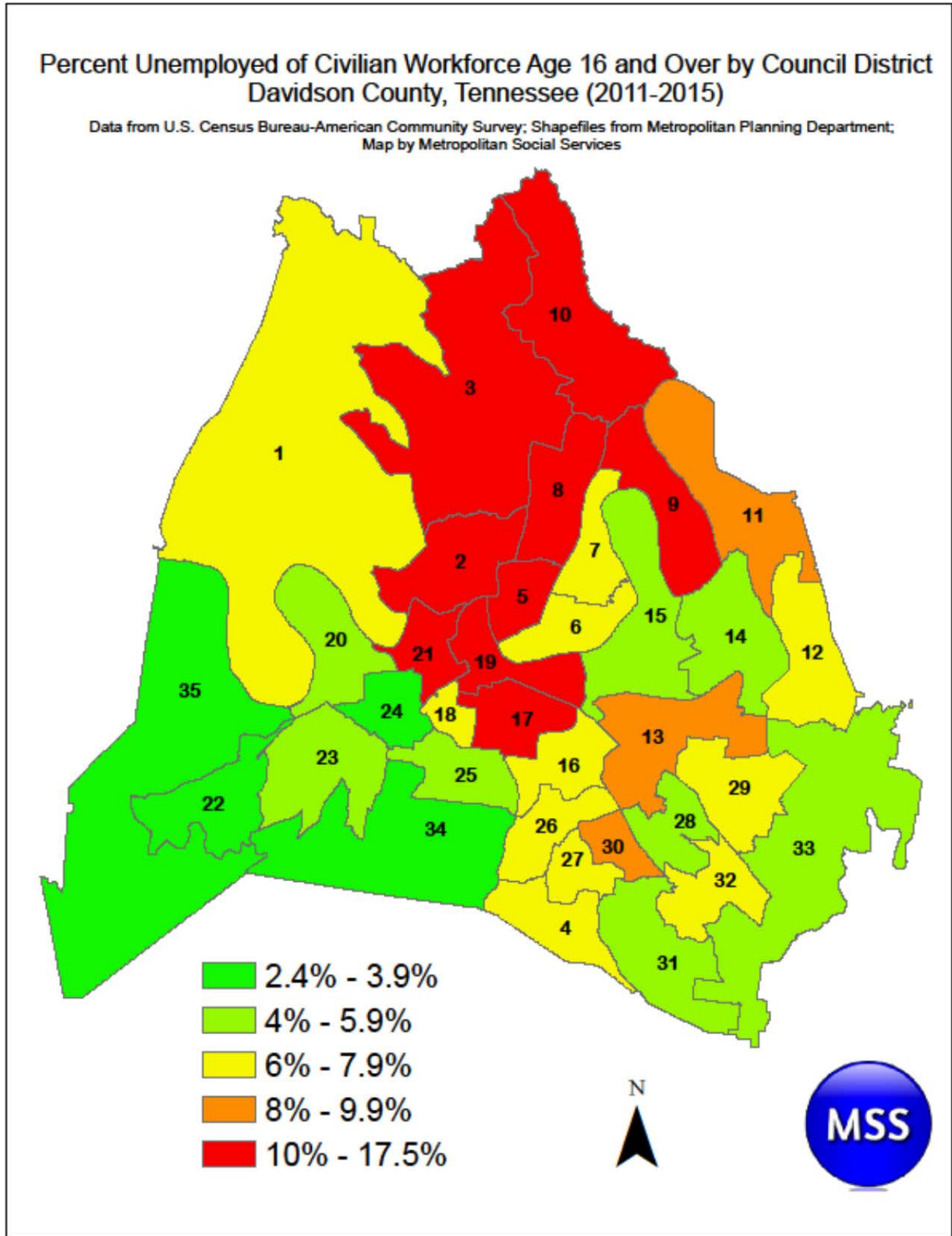


Source: U. S. Census Bureau, American Community Survey 2013, 2014, and 2015

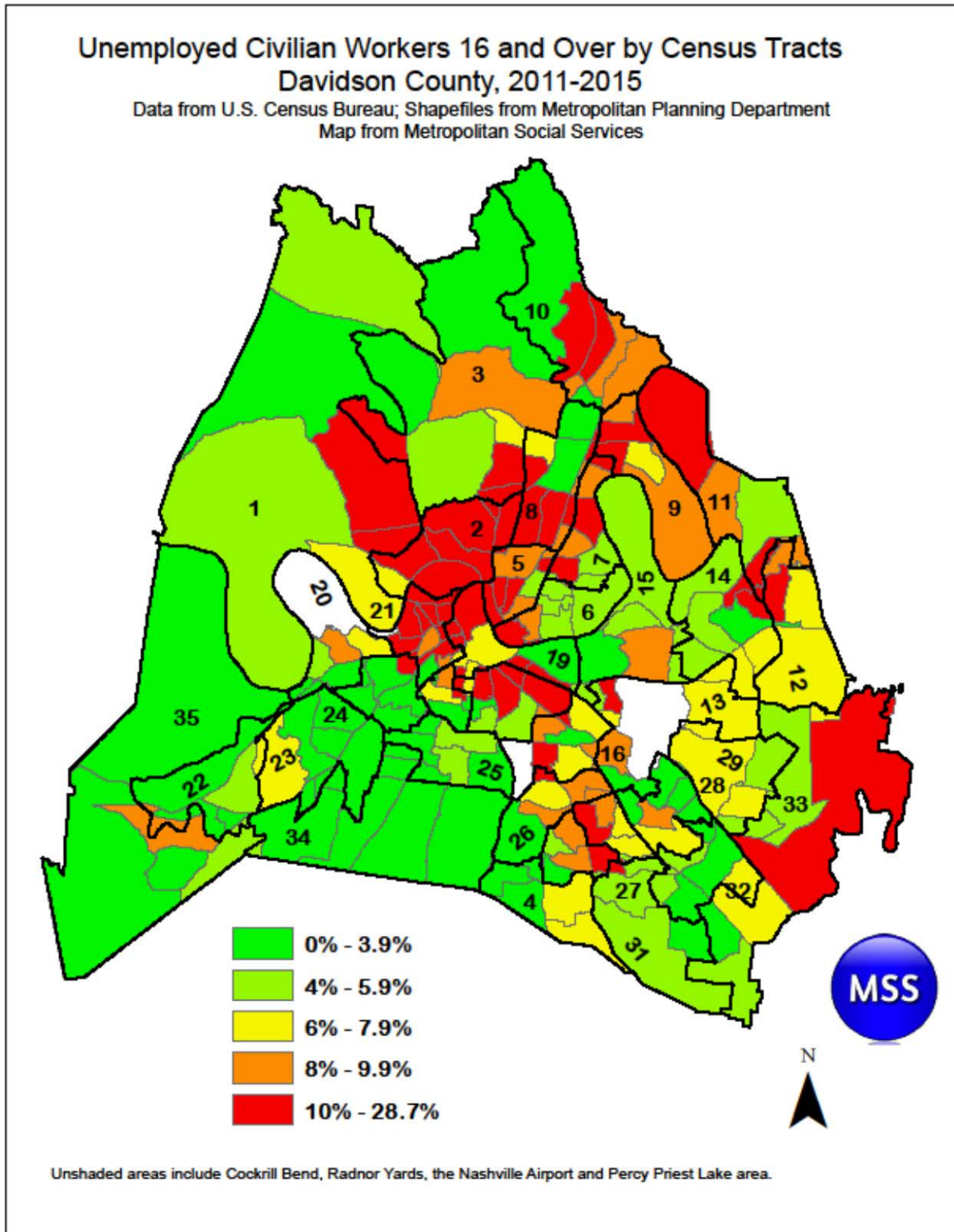
In Davidson County, unemployment rates vary among Metropolitan Council Districts. As shown in the map below, using data from the 2011-2015 American Community Survey five year summary, there is a wide geographic variation in the percentage of unemployed by Metropolitan Council Districts. Unemployment ranges from 2.4% in Metro Council District 34 and up to 17.5% in District 2. These same two Districts occupied similar ranking compared to the previous five-year summary (2010-2014).



Nine Districts (2, 21, 5, 19, 8, 3, 17, 9, and 10 in decreasing order) have unemployment rates greater than 10%. Districts that have higher unemployment rates are no longer confined near the central city area. Four Districts have unemployment rates lower than 4.0%.



Although the map of unemployment by Metro Council Districts shows that the highest percentage of unemployed people is 17.5% in any district, the map below shows that in some Census tracts unemployment is even higher. The range of unemployment ranges from 0.0% to 28.7% in the Census Tract with the highest unemployment.



National Trends

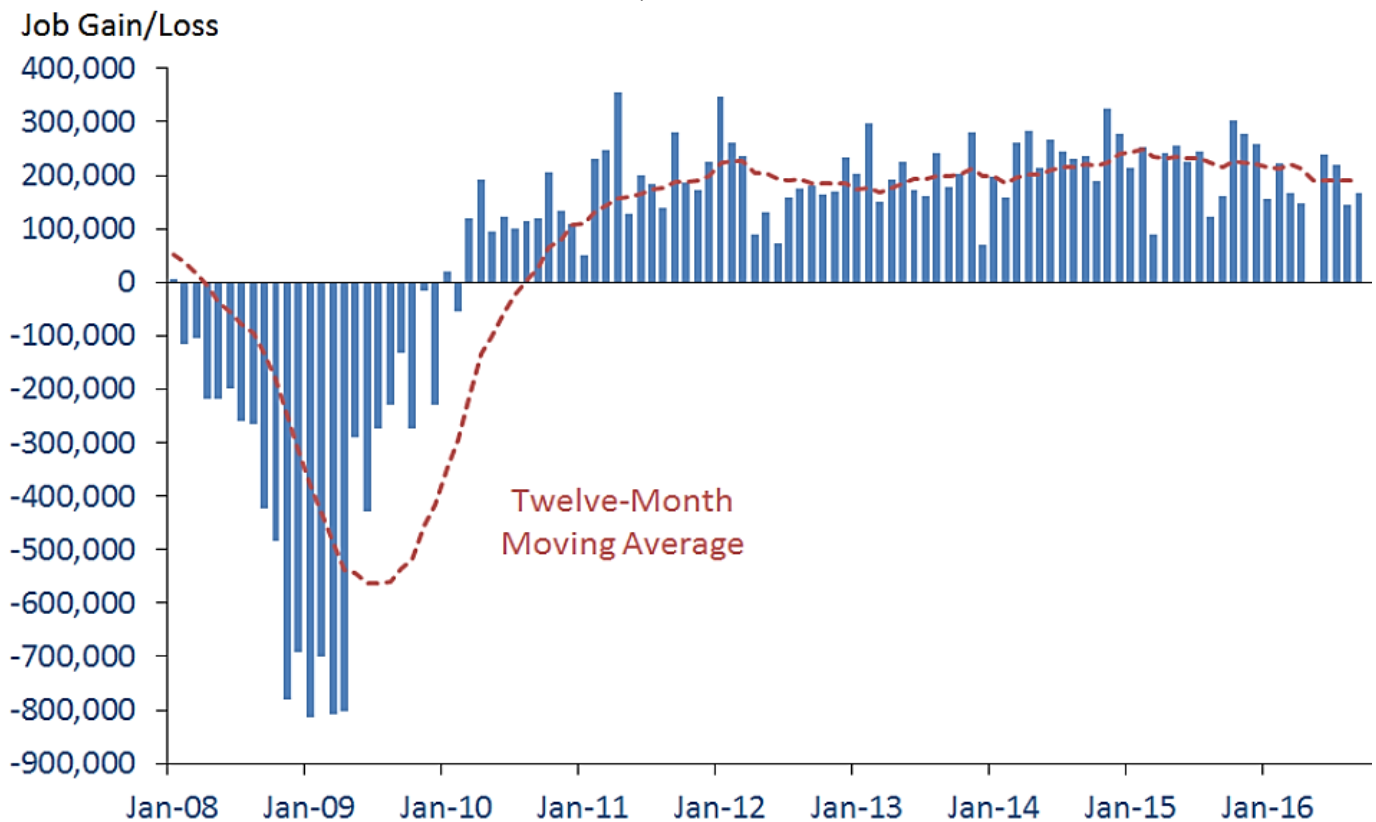
Despite the stable recovery over the past several years, the Great Recession's devastating impact on the labor market can still be felt when you look at the slow job growth the nation is experiencing.

According to the U.S. Bureau of Labor Statistics, the total non-farm payroll employment increased by 156,000 in September 2016, and the nation's unemployment rate stood at 5.0%.

<http://www.bls.gov/news.release/pdf/empsit.pdf>

Chart W-8 reflects the increase of 15.3 million jobs since early 2010, as reported by the White House Council of Economic Advisers.

Chart W-8: Private Sector Payroll Employment – Job Gain/Loss (Thousands)
Monthly Change, Seasonally Adjusted
U.S., 2008-2016



Source: Bureau of Labor Statistics, Current Employment Statistics; CEA calculations.

<https://www.whitehouse.gov/blog/2016/10/07/employment-situation-september>

Another measure of the labor market is the ratio of unemployed persons per job opening. As reported in the *Job Openings and Labor Turnover Survey Highlights July 2016*, the U.S. Bureau of Labor Statistics noted that the ratio of unemployed persons per job openings was 1.3 in July 2016; another indication of steadily improving labor market.

As Chart W-9 shows, the ratio between unemployed persons and job opening changes over time. When the most recent recession began (December 2007), the ratio of unemployed persons per job opening was 1.9. The ratio peaked at 6.6 unemployed persons per job opening in July 2009 and has trended downward since.

Chart W-9: Number of Unemployed Persons per Job Opening
U.S., 2006-2016



Source: Bureau of Labor Statistics, Current Population Survey and Job Openings and Labor Turnover Survey, September 7, 2016

http://www.bls.gov/jlt/jlt_labstatgraphs_jul2016.pdf

Declining Labor Force Participation

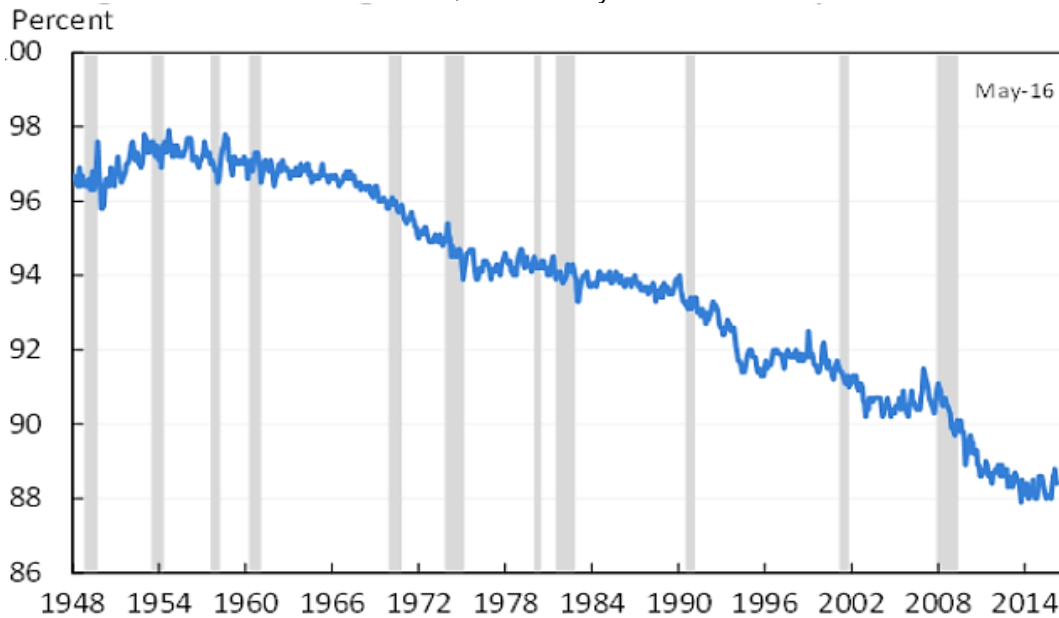
The labor market has considerably improved since the end of the Great Recession and the economy is nearing full employment. However, there are millions of people who are no longer in the labor force. This declining labor force participation rate is likely to increase the level of poverty and increasing inequality. What is more revealing is that the rate of participation for prime-age male workers (25 to 54) has been falling for decades.

A number of studies suggest reasons for this decline. Factors attributed to the decline include:

- Younger workers are staying in school longer and pushing down the labor force participation rate.
- The absence of family-friendly policies for women reduced their participation.
- Reductions in the demand for lower-skilled men.
- The rapid rise in incarceration, especially affecting low-skilled men and people of color.

As Chart W-10 shows, according to the White House’s Council of Economic Advisers, participation rate among prime-age men peaked to about 98.0% in 1954. The rate has been steadily declining since then, and it stood at 88.4% as of May 2016.

Chart W-10: Prime-Age Men Labor Force Participation Rate
U.S, 2008 – May 2016



Source: Bureau of Labor Statistics, Current Population Survey; CEA calculations.

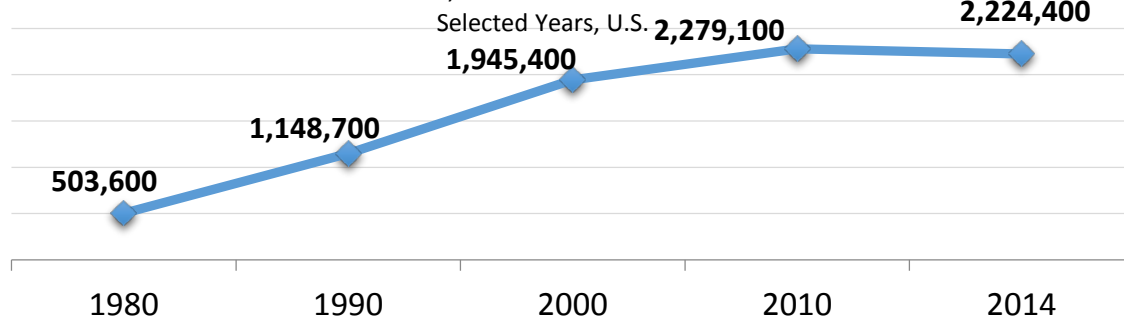
https://www.whitehouse.gov/sites/default/files/page/files/20160620_cea_primeage_male_lfp.pdf
<http://equitablegrowth.org/research-analysis/declining-labor-force-participation-rate-causes-consequences-path-forward/>

Impact of Incarceration on Employment

In the last three and half decades, there has been a dramatic increase in the number of prisoners in the United States. As Chart W-11 shows, there were 503,600 people in prisons or jails at the federal, state and local level in 1980.

By the end of 2014, this number had expanded to 2,224,400, and an estimated 6,851,000 persons were under the supervision of U.S. adult correctional systems.

Chart W-11: Total Incarcerated Population
Combined Local, State and Federal Institutions



Source: Bureau of Justice Statistics

Incarceration overwhelmingly affects people of color, poor individuals, and individuals with high rates of mental illness and substance abuse. A report by E. Ann Carson, a statistician at the Bureau of Justice Statistics states that, at yearend 2014, 6% of all black males ages 30 to 39 were in prison, compared to 2% of Hispanic and 1% of white males in the same age group. As the table below shows, an estimated 516,900 black males were in state or federal prison at yearend 2014, accounting for 37% of the male prison population. White males made up 32% of the male prison population (453,500 prison inmates), followed by Hispanics (308,700 prison inmates or 22%).

Percent of sentenced prisoners under jurisdiction of state or federal correctional authorities, by age, sex, race, and Hispanic origin, December 31, 2014

Age group	Total ^a	Male					Female				
		All male ^a	White ^b	Black ^b	Hispanic	Other ^b	All female ^a	White ^b	Black ^b	Hispanic	Other ^b
Total ^c	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
18-19	1.0%	1.0%	0.5%	1.3%	1.1%	1.7%	0.6%	0.4%	0.9%	1.1%	0.0%
20-24	11.3	11.4	8.3	13.0	12.3	14.8	10.0	8.3	11.5	12.4	8.6
25-29	15.5	15.4	13.5	15.8	17.2	16.9	17.5	17.3	16.8	19.7	18.0
30-34	16.6	16.5	15.2	16.4	18.5	17.4	18.6	18.8	16.8	20.8	18.8
35-39	14.2	14.2	13.1	14.4	15.8	13.5	14.7	14.7	13.7	15.7	14.8
40-44	12.2	12.2	12.6	11.9	12.4	11.4	12.8	13.4	12.8	11.2	13.3
45-49	10.5	10.4	11.8	10.3	9.1	9.1	10.9	11.1	12.4	9.0	10.9
50-54	8.5	8.5	10.5	8.2	6.4	6.7	7.7	8.1	8.4	5.6	7.8
55-59	5.1	5.2	6.6	4.9	3.7	4.4	3.9	4.0	4.4	2.8	3.9
60-64	2.7	2.7	3.7	2.2	1.9	2.1	1.8	2.1	1.8	1.1	1.6
65 or older	2.3	2.3	3.9	1.3	1.5	1.9	1.2	1.5	0.9	0.6	1.6
Number of sentenced prisoners ^d	1,508,636	1,402,404	453,500	516,900	308,700	123,300	106,232	53,100	22,600	17,800	12,800

Note: Counts based on prisoners with sentences of more than 1 year under the jurisdiction of state or federal correctional officials. Alaska did not submit 2014 data to the National Prisoner Statistics (NPS), so totals include imputed counts for this state. See *Methodology*.

^aIncludes American Indians and Alaska Natives; Asians, Native Hawaiians, and other Pacific Islanders; and persons of two or more races.

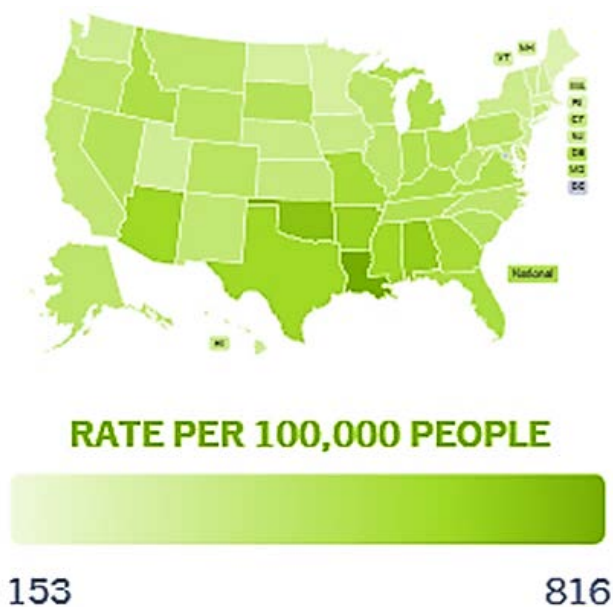
^bExcludes persons of Hispanic or Latino origin.

^cIncludes persons age 17 or younger.

^dRace totals are rounded to the nearest 100 to accommodate differences in data collection techniques between jurisdictions.

Sources: Bureau of Justice Statistics, National Prisoner Statistics, 2014; Federal Justice Statistics Program, 2014; National Corrections Reporting Program, 2013; and Survey of Inmates in State and Federal Correctional Facilities, 2004.

<https://www.bjs.gov/content/pub/pdf/p14.pdf>



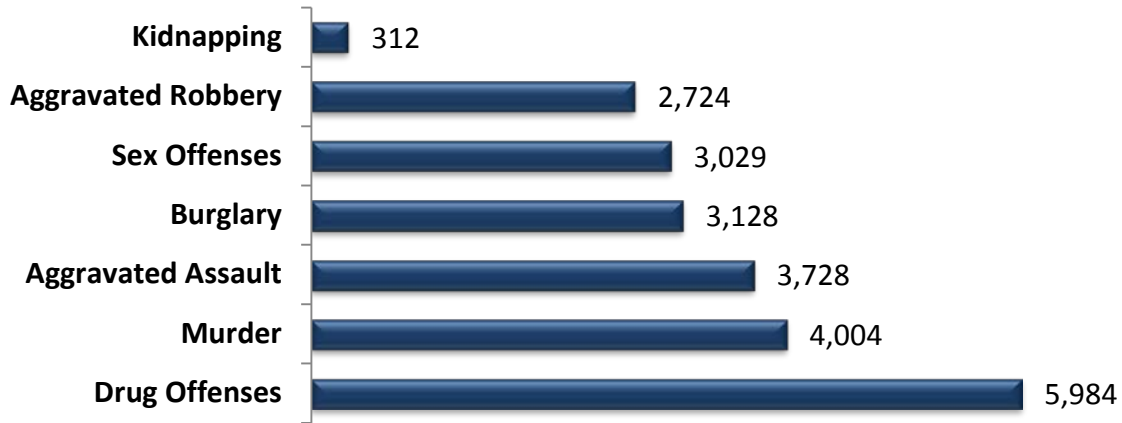
The Sentencing Project compiles state-level criminal justice data, as shown in the map at left. It reports that in 2014, Tennessee had the 19th (among states) highest imprisonment rate, or 437 people per 100,000 residents.

<http://www.sentencingproject.org/>

The Tennessee Department of Correction's *FY 2016 Annual Report* indicates a total of 29,955 people incarcerated during FY 2016, for the categories of offenses in Chart W-12 below. The largest numbers of people were in Tennessee prisons for drug offenses, followed by murder, aggravated assault, burglary, etc.

Chart W-12: Number of Inmates/Incarcerated Felons

Tennessee, FY 2016



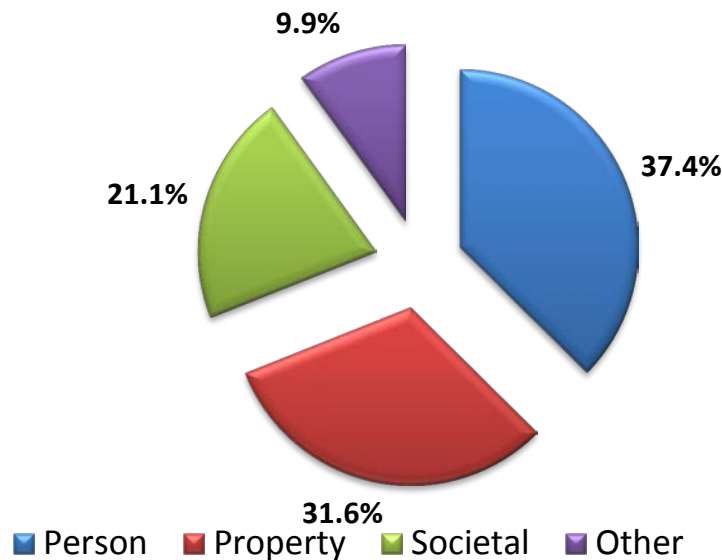
Source: Tennessee Department of Corrections

The report identified the FY 2016 budget as about \$926.4 million, with the largest expenditures for payroll, payments to local governments and professional services. Among the felony inmate population, 55% were white, 43% were black and 2% were other, with 90% male and 10% female.

The FY 2016 Annual Report also categorized the major offense types of incarcerated felons, with the largest two types of 37.4% for crimes against persons and 31.6% crimes against property, as shown in Chart W-13.

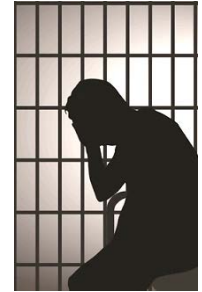
Chart W-13: Major Offense Types of Incarcerated Felons

Tennessee, FY 2016



Source: Tennessee Department of Corrections

The adverse impact incarceration and other criminal justice policies have on labor force participation are undeniable. It has been well documented that people who have a felony record have significantly lower employment prospects, particularly people of color.



Numerous studies document the substantial negative impact a felony conviction or time behind bars can have on future job prospects. For example, it has been determined that incarceration can have an adverse effect on interpersonal skills necessary for succeeding at the workplace such as reporting to work on time and interactions with customers. Felony convictions can also be a stigma that makes employers less likely to hire ex-offenders.

<http://cepr.net/documents/publications/ex-offenders-2010-11.pdf>

A report by the Center for Economic and Policy Research, *The Price We Pay: Economic Costs of Barriers to Employment for Former Prisoners and People Convicted of Felonies*, estimates that there were between 14 and 15.8 million working-age people with felony convictions in 2014, of which 6.1 to 6.9 million were former prisoners. The report states that in 2014, there were an estimated 1.7 to 1.9 million working-age population out of the labor force, which resulted in a loss to the economy of somewhere between \$78 billion and \$87 billion in annual GDP.

<http://cepr.net/images/stories/reports/employment-prisoners-felonies-2016-06.pdf?v=5>

Low-Wage Jobs

Another concern policy makers have about the unequal recovery that is contributing to poverty and inequality is the proliferation of low-wage jobs. Many high growth occupations are persistently low-wage jobs, and future job growth is expected to be concentrating in sectors with low wages. Many workers employed in these occupations struggle to earn enough to support themselves and their families.

An analysis by the National Employment Law Project found that the 10 occupations projected to grow the most by 2022 would account for nearly 25% of net new jobs. As the table below shows, five of the 10 highest-growth occupations pay median hourly wages below \$12. These include personal care aides, retail salespeople, home health aides, food prep and serving workers (including fast food), and janitors and cleaners.

Occupation	Total Employment, 2014	Projected Net Job Growth by 2022	Median Hourly Wage, 2014	Minimum Number of Workers Earning Less than \$12 per hour
Personal care aides	1,257,000	580,800	\$9.83	942,750
Registered nurses	2,687,310	526,900	\$32.04	--
Retail salespersons	4,562,160	434,700	\$10.29	2,281,080
Home health aides	799,080	424,200	\$10.28	599,310
Combined food prep and serving workers, including fast food	3,131,390	421,900	\$8.85	2,818,250
Nursing assistants	1,427,750	312,200	\$12.07	356,940
Secretaries and administrative assistants, except legal, medical, and executive	2,207,220	307,900	\$15.98	220,720
Customer service representatives	2,511,130	298,600	\$15.00	627,780
Janitors and cleaners, except maids and housekeeping cleaners	2,137,730	280,000	\$10.98	1,068,870
Construction laborers	852,870	259,900	\$14.95	213,220
Total		3,846,900		9,128,920

Source: NELP analysis of Bureau of Labor Statistics, Employment by detailed occupation, 2012 and projected 2022, and Occupational Employment Statistics, May 2014.

<http://www.raisetheminimumwage.com/blog/entry/data-points-many-of-the-highest-growth-occupations-are-low-wage-jobs/>

A joint report by the Economic Policy Institute and Oxfam America, *Few Rewards: An Agenda to Give America's Working Poor a Raise*, documents industries dominated by low-wages, demographics of the low-wage workers, and the proportion living in each state.

According to the report, using data from 2014 American Community Survey, 58.3 million workers or 43.7% in the U.S. earn less than \$15 an hour, while 41.7 million or 31.3% earn below \$12 an hour. When it comes to gender, 48.5% of working women earn under \$15 an hour, while 35.2% earn under \$12 an hour.

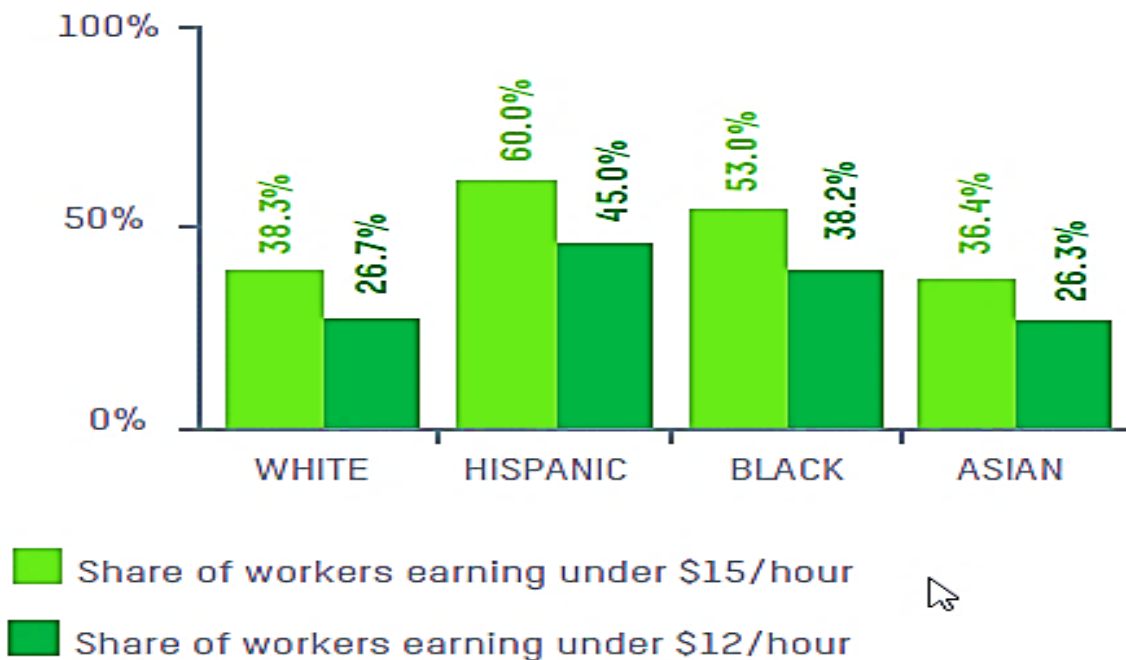


Low-wage workers are present in every state, and the state of Tennessee is ranked number 8. 36.7% of Tennessee workers earn less than \$12 an hour, while 50.8% earn less than \$15 an hour. It is also important mentioning that 45.5% of African-Americans and 56.6% of Hispanics in Tennessee earn less than \$12 an hour, while 60.0% and 71.1% earn less than \$15 an hour respectively.

https://www.oxfamamerica.org/static/media/files/Few_Rewards_Report_2016_web.pdf

The report also states that while the majority of low-wage workers are white, people of color are disproportionately concentrated in low-wage jobs. As Chart W-14 shows, nationwide more than half, 53% of black workers and 60% of Hispanic workers earn under \$15 an hour.

Chart W-14: Low-Wage Work Across Race and Ethnicity
U.S. 2014



<https://policy-practice.oxfamamerica.org/work/poverty-in-the-us/low-wage-map/>
<http://www.census.gov/programs-surveys/acs/news/data-releases/2014/release.html>

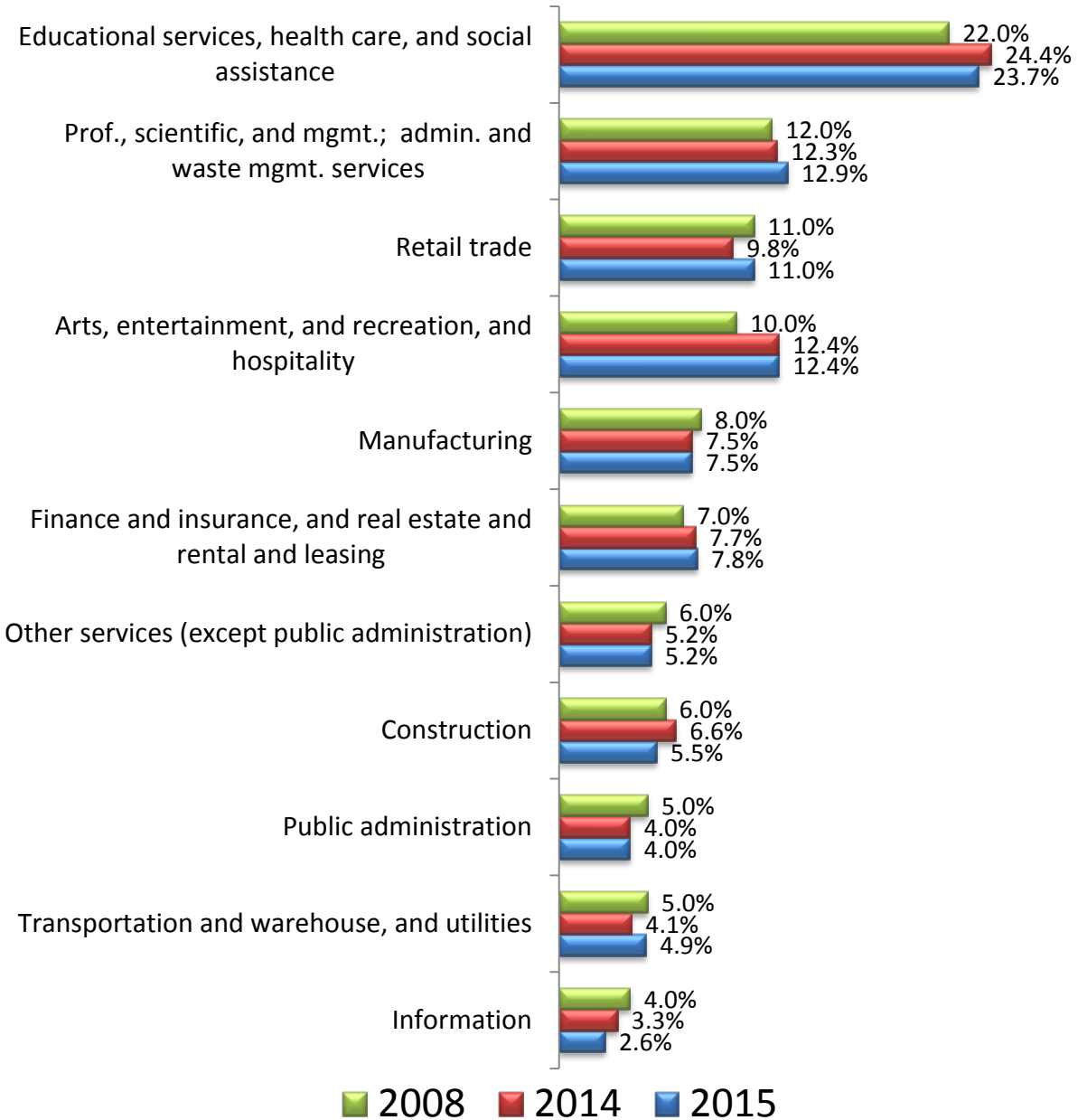
Employment Leading Sectors

The Nashville business environment continues to have a diversified economy that supports a balanced employment in all its sectors, and all of them contribute to the area's growth.

Chart W-15 shows that in 2015, education, health care and social assistance continued to be the leading industry categories, continuing since the Great Recession in Davidson County at 23.7%.

Chart W-15: Percent of Employed People 16 years and Older

By Selected industry, Davidson County, 2008, 2014, and 2015



Source: U.S. Census Bureau, 2008, 2014, and 2015 American Community Survey

According to the 2015 American Community survey, among the more common occupations for the civilian employed population 16 years and over in Davidson County were management, business, science, and arts occupations (39.9%), sales and office occupations (23.9%), service occupations (16.7%), and production, transportation, and material moving occupations (11.8%).

Economic Opportunity

When it comes to financial stability, many households in the United States are showing continued improvement in their well-being compared to the prior year. A survey by the Federal Reserve Board’s Division of Consumer and Community Affairs in October and November of 2015, *Survey of Household Economics and Decisionmaking*, found that a combined 69% of respondents are either living comfortably or doing okay, an increase of 4% percentage points from 2014. Despite this improvement, close to one-third (31.4%) report that they are finding it difficult to get by or just getting by.

The table below shows that some demographic groups are likely to be in more precarious financial situations than other groups. In particular, ethnic and racial minorities, single parents, and those with lower incomes and educational attainment are more likely to experience a condition of financial instability. It indicates the Overall Well-Being (by family income, race, ethnicity, education, marital, and parental status) by percent.

Characteristic	Finding it difficult to get by	Just getting by	Doing okay	Living comfortably
Family income				
Less than \$40,000	17.7	31.6	38.5	12.1
\$40,000–\$100,000	4.4	19.4	47.3	28.8
Greater than \$100,000	1.8	7.9	36.6	53.7
Race/ethnicity				
White, non-Hispanic	8.5	20.3	40.7	30.3
Black, non-Hispanic	10.3	28.3	40.9	20.4
Hispanic	12.3	24.7	42.6	20.5
Education				
High school degree or less	12.9	25.9	41.2	19.8
Some college or associate degree	8.9	25.1	42.1	23.9
Bachelor’s degree or more	5.7	13.8	39.5	40.9
Marital and parental status				
Unmarried, no children under 18	12.1	25.0	41.7	21.0
Married, no children under 18	5.6	15.3	42.5	36.7
Unmarried, children under 18	18.7	34.3	33.7	13.3
Married, children under 18	6.9	22.2	39.9	31.0
Overall	9.4	22.0	41.0	27.6

Source: the Federal Reserve Board, 2015 Survey of Household Economics and DecisionMaking

In terms of economic preparedness, the Federal Reserve survey found out that nearly half (46%) of adults say they either could not cover an emergency expense costing \$400, or would cover it by selling something or borrowing money.

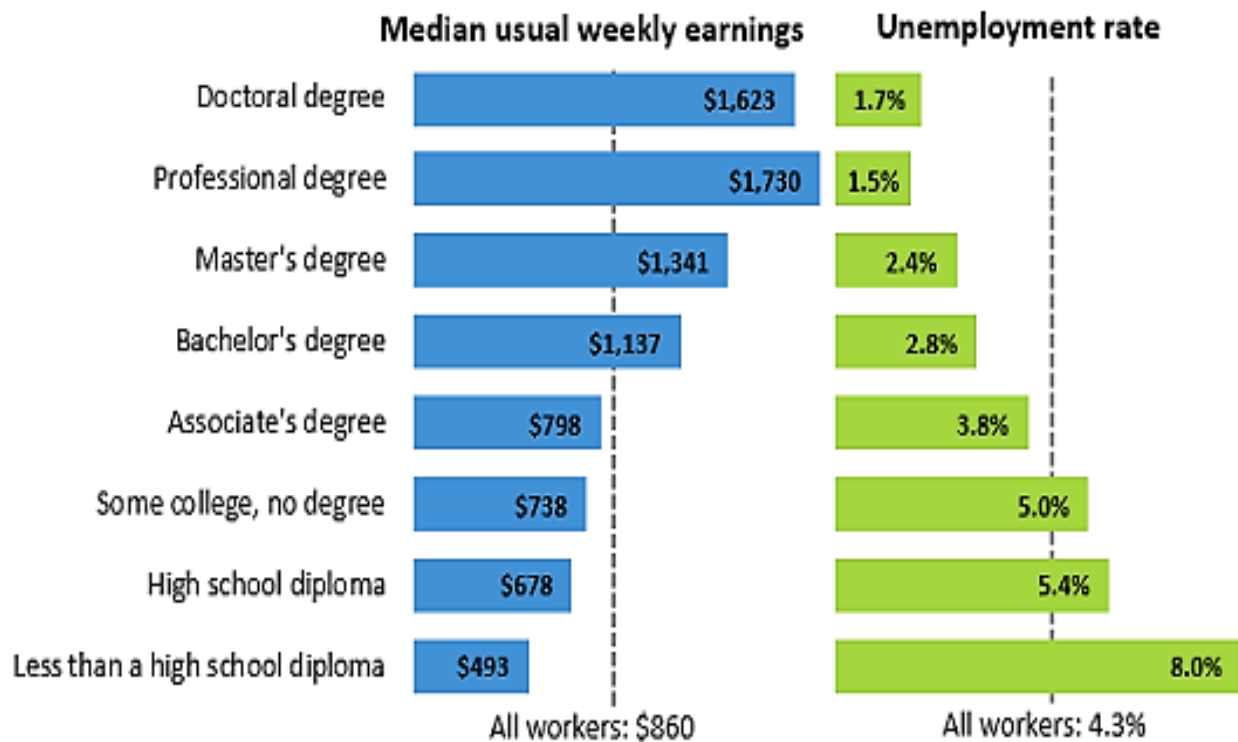
<http://www.federalreserve.gov/2015-report-economic-well-being-us-households-201605.pdf>

Incomes and wages rise when educational attainment is improved. The higher the level of education, the greater the typical pay. Those who have higher levels of education earn more because it enhances the likelihood of obtaining high-paying jobs that require greater skills and knowledge.

Chart W-14 shows that, according to the Bureau of Labor Statistics, people in 2015 with the highest educational attainment were the least likely to be unemployed and were more likely to attain higher earnings. For example, the unemployment rate for people with less than high school diploma was 8.0%, compared to the rate for those with a bachelor’s degree was 2.8%.

Because higher educational attainment is usually linked to higher earnings, it enhances the likelihood for economic success. Chart W-16 shows the variation in median weekly earnings by level of educational attainment for workers aged 25 and older. In addition to the lower unemployment rate, median weekly earnings are higher for those with more education. The lowest median weekly earnings ranged from \$493 for workers with less than high school, to the highest of \$1,730 for those with professional degree.

Chart W-16: Earning and Unemployment Rates by Educational Attainment
U.S., 2015

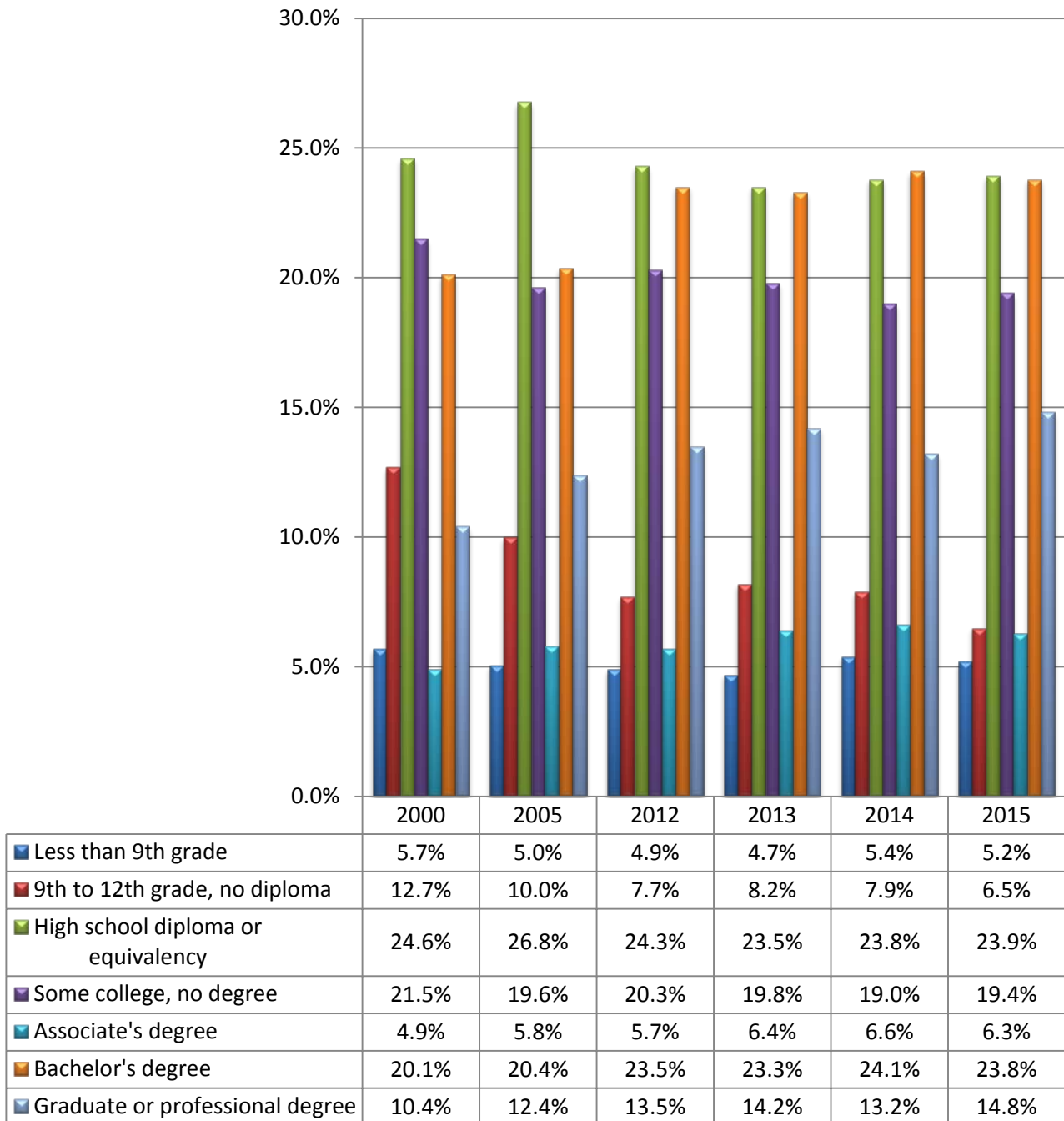


Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.
Source: U.S. Bureau of Labor Statistics, Current Population Survey

Chart W-17 compares the percentage of people in Davidson County who attained specific levels of education by year. There was a decline in the percent of Davidson County residents who had less than a high school diploma from 18.4% in 2000 to 13.7% in 2015.

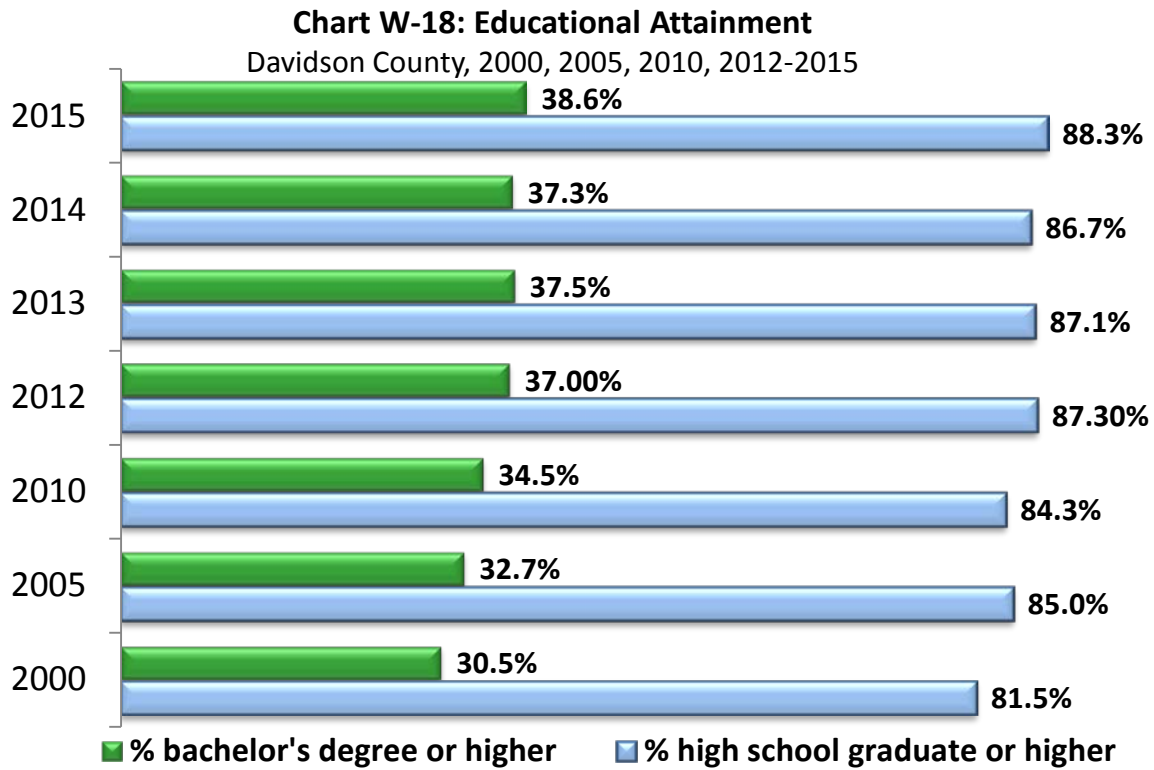
The percentage of people with a bachelor's degree and higher increased from 30.5% to 38.6% from 2000 to 2014, which is the group that gained the most, an increase of 8.1%.

Chart W-17: Educational Attainment
Davidson County, 2000, 2005, 2012-2015



Source: 2000 Census; 2005, 2012, 2013, 2014, 2015 American Community Surveys

Chart W-18 groups the educational levels together to compare the difference between high school graduates and college graduates to demonstrate the changes the years of 2000, 2005, 2010, 2012, 2013, 2014, and 2015.



Source: 2000 Census; 2005, 2010, 2012, 2013, 2014, 2015 American Community Surveys

Enhancing the skills and educational attainment of low-income households that would lead to higher earnings should be a priority. Emphasis should be placed on efforts that assist these low-income households to maximize the utilization of public benefits and other programs to help these households escape from poverty.



Predatory and Discriminatory Lending

Predatory debt can create economic instability for low-income families, as described in *How Predatory Debt Traps Threaten Vulnerable Families* from the Center for American Progress. Payday loans and auto title loans are marketed particularly to families that have precarious financial situations and are usually clustered in lower income areas. These loans cost consumers far more than standard financial products, creating financial harm to families that are already in need.

Often consumers cannot repay the loan and may become trapped in a cycle of taking out another loan to pay for the initial loan. Because of high interests and even higher fees (sometimes 10-20 times as high as typical credit cards), borrowers may pay 300% or more and spend money they do not have to spare.



Predatory Debt explains that stagnant wages and a growing wealth gap have contributed to lack of financial stability for workers, who may not be able to meet basic, immediate expenses or save for the future. It notes that among borrowers of payday and auto title loans are typically women and racial or ethnic minorities – 52% of borrowers are women, with African Americans twice as likely to take out one of these loans compared to other racial categories.

<https://www.americanprogress.org/issues/economy/reports/2016/10/06/145629/how-predatory-debt-traps-threaten-vulnerable-families/>

According to a fact sheet from the Pew Charitable Trusts, *Payday Loan Facts and the CFPB's Impact*, 12 million Americans take out payday loans each year, and spend \$9 billion on loan fees.

When borrowers agree to take a loan, they agree to pay the entire amount plus a single flat fee at the end of the loan term, which normally is two weeks since they are tied to the borrower's pay cycle.

To ensure the lenders get back their money, the borrowers give the lenders access to their bank account with a postdated check so the loan can be collected before all other expenses and creditors. However, many borrowers are unable to pay the loans and interest charges on time. As a result, most borrowers roll the outstanding loan into a new one. This action of rolling the debt into a new loan is what consumer advocates call a debt trap because most borrowers pay more in fees than the loan they originally obtained.

http://www.pewtrusts.org/~media/assets/2016/06/payday_loan_facts_and_the_cfpbs_impact.pdf

According to the Consumer Financial Protection Bureau (CFPB), a payday loan is a short-term loan, often for \$500 or less, that is typically due on your next payday. A borrower who takes \$100 two week payday loan and agrees to a \$15 fee, would equate to an annual percentage rate (APR) of almost 400 percent.

To prevent this debt trap, the Bureau proposed a rule that, among other things, would require lenders to determine whether borrowers can repay the loan and make it harder for borrowers to roll the unpaid loan into new ones. Consumer advocates would hope that this rule would impact debt traps.

http://files.consumerfinance.gov/f/documents/CFPB_Proposes_Rule_End_Payday_Debt_Traps.pdf

The payday loans and other discriminatory lending practices have a negative impact on communities and local economies. According to the Tennessee Citizen Action, a consumer rights organization, payday and car title loans cost Tennesseans more than \$400 million in fees and interest charges in 2015.

http://d31hzhk6di2h5.cloudfront.net/20160603/0f/73/ae/a6/8b62e7edacd84338ecd7bd54/SPP-TN_FINAL_1_.pdf



Besides predatory lending, minority communities experience disproportionate discriminatory lending practices when it comes to access to credit. A recent report by the Brookings Institute, *Time for justice: Tackling race inequalities in health and housing*, states that African-Americans continue to be denied affordable credit, and steered towards sub-prime mortgage loans.

<https://www.brookings.edu/research/time-for-justice-tackling-race-inequalities-in-health-and-housing/>



Payday Mayday: Visible and Invisible Payday Lending Defaults (Center for Responsible Lending, March 2015) explains, "Payday loans are small, expensive loans that are marketed as quick credit but often create long-term debt traps." Such loans increase the distress that borrowers face by creating expectations for low-wage earners that they cannot reasonably fulfill. Low pay and life circumstances often result in unwise choices that consumers make when their income cannot meet their basic needs (food, shelter, transportation, etc.).

A large proportion of payday loan borrowers take out a new loan shortly after paying the previous loan (known as "loan chum"), which results in re-borrowing the principal and paying the fees repeatedly. In 2013, the loan chum process created more than \$2.6 billion in fees for the payday lending companies. Defaults are also high, resulting in additional fees and charges that can double the cost of loans.

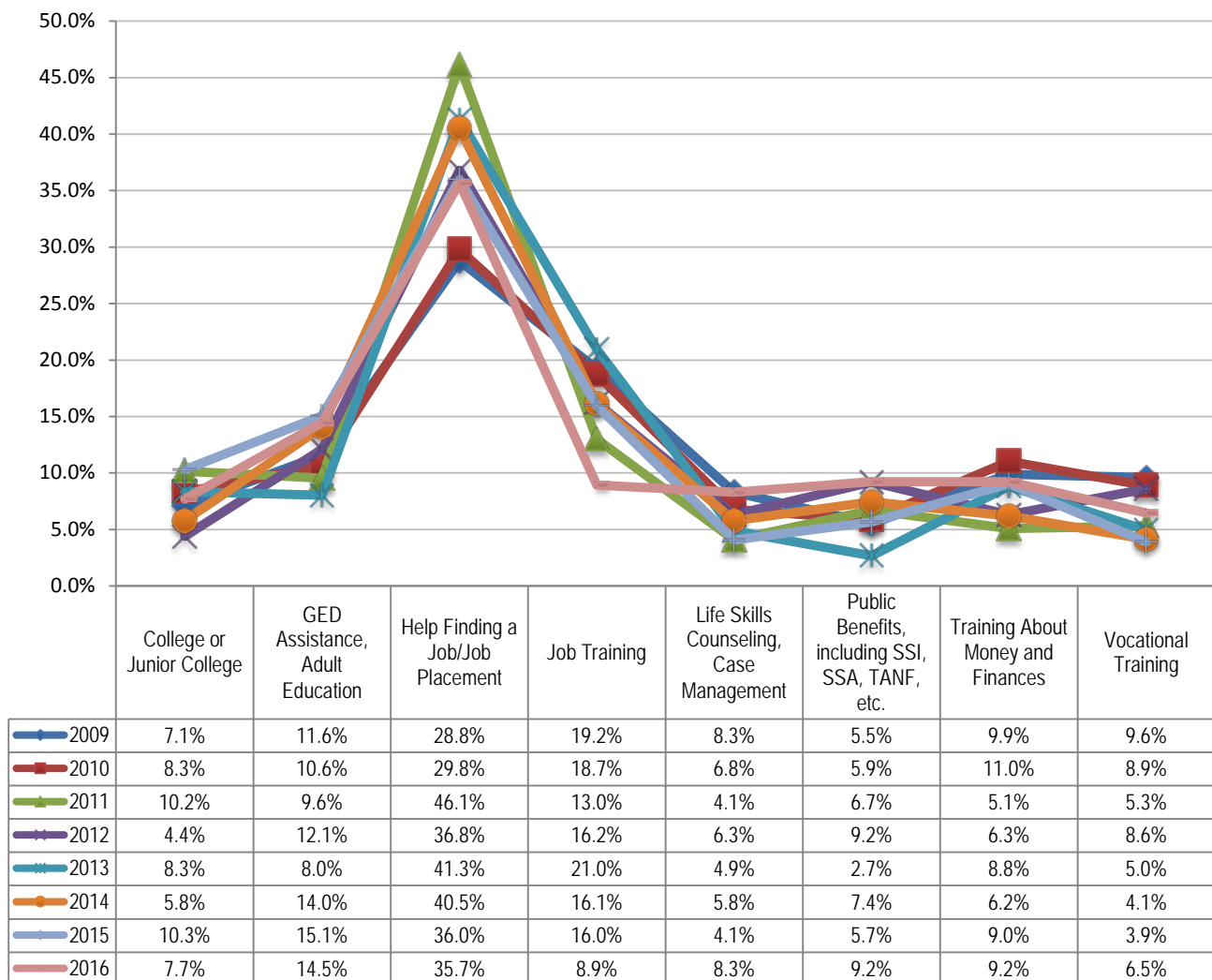
http://www.responsiblelending.org/sites/default/files/nodes/files/research-publication/finalpaydaymayday_defaults.pdf

Grassroots Community Survey

Help finding a job/job placement has been the most frequently identified category in the Workforce and Economic Opportunity section of the Grassroots Community Survey since its inception. This is not unusual, as many low-income households who receive social services assistance prefer to have a gainful employment that can enhance their chances of going beyond ends meet.

As shown in Chart W-19, 35.7% of respondents to the 2016 Grassroots Community Survey, when asked to identify the greatest needs in the Workforce and Economic Opportunity, chose Help Finding a Job/job Placement, slightly lower than last year.

Chart W-19: Greatest Unmet Need in Workforce & Economic Opportunity
Grassroots Community Survey, 2009-2016



Source: 2010-2016 Metro Social Services Grassroots Community Survey

Smart Solutions

Described below are promising and solutions-oriented workforce development practices being used.

Wisconsin Regional Training Partnership (WRTP)

WRTP/BIG STEP is a Milwaukee, Wisconsin, based nonprofit organization dedicated to helping candidates find opportunities in the construction and manufacturing sectors by adopting sectoral employment approach, which engages and solicits feedback from employers about which skills they need to fill and prepares people for those jobs.

The training programs the partnership offers are intended to link low-skilled workers to gainful employment for positions that pay well beyond minimum wages dominating many entry-level jobs. The program also prepares for positions in jobs that pay nicely and are in demand but many employers are struggling to fill to due to lack of qualified workers.

The program is evaluated by Public/Private Ventures (P/PV), a national leader in creating and strengthening programs that improve lives in low-income communities. The evaluation found that:

- Program participants earned significantly more income.
- They were significantly more likely to work in higher-wage jobs.
- Both African American and women participants earned significantly more than their counterpart controls.
- Formerly incarcerated program participants also saw earnings gains.

<http://www.wrtp.org/career-services/>

<http://www.aspenwsi.org/wordpress/wp-content/uploads/TuningIntoLocalLaborMarkets.pdf>

Certificate of Employability

Many formerly incarcerated individuals find it difficult to obtain employment after serving a prison sentence. They also have lower skill sets, education, and almost non-existent work history. Lack of a job is considered an important factor that increases recidivism.

In acknowledgement of this challenge to a successful re-entry, some state legislatures have created certificates of employment. These certificates remove occupational licensing restrictions (such as real estate licenses) and protect employers from claims of negligent hiring to facilitate employment decisions about certificate-holders that are made on a case-by-case basis.

As of July 1, 2014, Tennessee law provides persons with a felony conviction ability to petition the courts for a certificate of employability for use in obtaining employment. The petition is available online.

<http://www.tsc.state.tn.us/administration/judicial-resources/forms-documents/court-forms>

An Experimental Study of the Effectiveness of Certificates of Recovery was carried out by the University of South Carolina Department of Criminology and Criminal Justice, and results show that certificates of employment may be an effective avenue for lessening the stigma of a criminal record for ex-offenders seeking employment.

http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2782622

Compass Financial Stability and Savings Program

Compass Working Capital (“Compass”) is a nonprofit financial services organization with according to their mission statement, “to empower working, low-income families to build assets and financial capabilities as a pathway out of poverty”. Compass provides incentive-based asset-building interventions that help low-income families access opportunities and achieve their financial desires and economic security.

Compass Working Capital has piloted one such approach in New England by reimagining an existing federal housing program – the U.S. Department of Housing and Urban Development’s (HUD) Family Self-Sufficiency (FSS) program – as a vehicle for low-income families to build assets and financial capabilities.

The HUD Family Self-Sufficiency (FSS) program was enacted by Congress in 1990 and is designed to help families living in public housing and those using Housing Choice Vouchers (HCV, formerly known as Section 8) progress toward self-sufficiency.

While incorporating the basic elements of the FSS program, Compass seeks to also align FSS with key asset development strategies. Major additional program features include:

- Outreach
- Financial Education Workshops
- Financial Coaching
- Asset Development

The program is evaluated by Institute on Assets and Social Policy (IASP), Brandeis University. The Institute attributes to the success of this program mainly due to its effective outreach and participant recruitment and its unique asset building strategies. For example, Compass was able to enroll 21 percent of eligible participants, where nationwide only 1 percent benefits from HUD’s FSS programs. Initial outcomes of the program sites are promising, with a majority of enrolled families experiencing earnings gains, debt reductions, credit score increases, and asset growth.

www.compassworkingcapital.org

www.iasp.brandeis.edu

Year Up

Year Up’s mission is to close the Opportunity Divide by providing urban young adults with the skills, experience, and support that will enable them to reach their potential through professional careers and higher educational attainment.

Year Up is a non-profit in Boston that provides one-year, intensive training program that provides low-income young adults, ages 18-24, with a combination of hands-on skill development, college credits, corporate internships, and support.

The training emphasizes academic excellence and emphasizes higher standards for quality of work and professional behavior. A strong structure guides students through the steps necessary for achieving success in the classroom and the workplace to reach their potential.

For the first six months of the program, students develop technical and professional skills in the classroom. Students then apply those skills during the second six months on an internship at one of Year Up's corporate partners. Students earn college credits and a weekly stipend, and are supported by staff advisors, professional mentors, dedicated social services staff, and a powerful network of community-based partners.

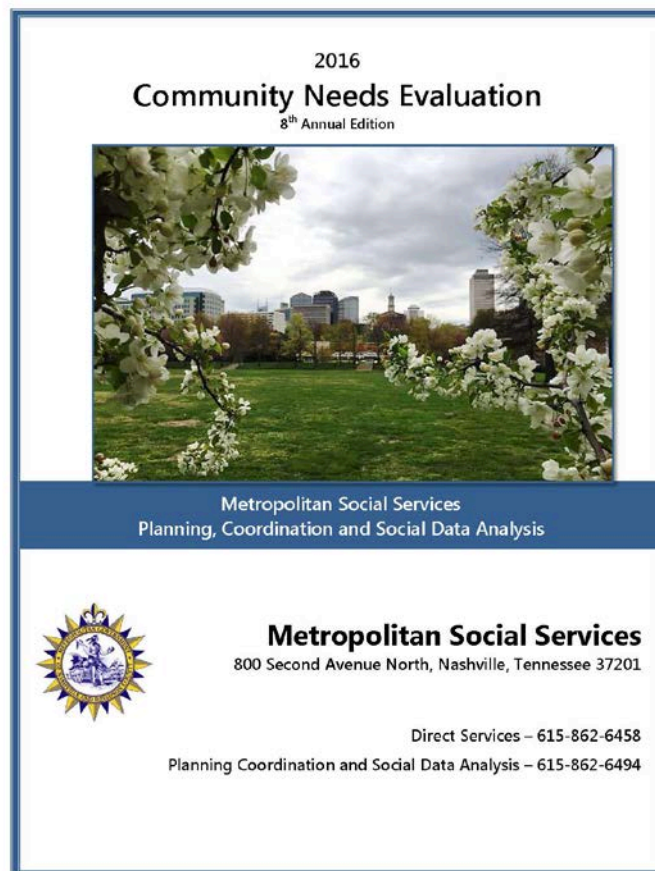
Year Up's continued impact on young adult's career success and earnings is summarized as follows:

- 100% placement of qualified Year Up students into internships
- Participants' earnings were 32 percent greater than those of the control group.
- These earnings gains were driven primarily by the higher wages paid to Year Up participants
- 85% of graduates are employed or attending college full-time within four months of completing the program.

Year Up's results are evaluated by the Economic Mobility Corporation.

<http://www.yearup.org/>

<http://economicmobilitycorp.org/index.php>



2016 Community Needs Evaluation
8th Edition

APPENDIX



Community Needs Survey – Davidson County, Tennessee

YOUR OPINION IS IMPORTANT TO US

Metropolitan Social Services wants to know what you think are the greatest social service needs in Nashville. We're asking a lot of people in Nashville to take this survey, and the results will be used for evaluating and planning social services for Davidson County, and will be shared with community leaders and on our web site. All answers are confidential, so please do not write your name on the survey. Choose one answer for each question and fill in the circle next to your answer. Thank you!

Please fill in circles like this: ● NOT with an X or a ✓

1. Please indicate the ZIP CODE where you live: _____

2. Please mark Nashville's greatest need in FOOD & NUTRITION.

- Food Boxes/Food Pantries
- Food for Elderly or Disabled Persons
- Food for Infants and Young Children
- Food for School Children
- Food Stamps
- Other (please specify) _____

3. Please mark Nashville's greatest need in HOUSING & RELATED ASSISTANCE.

- Emergency Shelter
- Help Paying Mortgage Payments
- Help Paying Utility Bills
- Help with Rent Payments
- Homeowner Education and Training
- Public Housing Units
- Section 8 Vouchers
- Other (please specify) _____

4. Please mark Nashville's greatest need in HEALTH.

- Preventive Care
- Basic Health Care for Uninsured and Underserved
- Specialty Care (dental, vision, etc.)
- Mental Health Care or Substance Abuse Treatment
- Other (please specify) _____

Please turn this page over. A few more questions are on the back. THANK YOU.

5. Please mark Nashville's greatest need in WORKFORCE & ECONOMIC OPPORTUNITY.

- College or Junior College
- GED Assistance, Adult Education
- Help Finding a Job/Job Placement
- Job Training
- Life Skills Counseling, Case Management
- Public Benefits, including SSI, SSA, TANF, etc.
- Training About Money and Finances
- Vocational Training
- Other (please specify) _____

6. Please mark Nashville's greatest need in HOME & COMMUNITY BASED SERVICES.

- Child Care Closer to My Home
- Help Paying for Child Care
- Homemaker Services for Elderly or Disabled People
- Homemaker Services for Relative Caregivers (raising the children of relatives)
- More Infant Child Care
- Other (please specify) _____

7. Please mark Nashville's greatest need in NEIGHBORHOOD DEVELOPMENT.

- Crime Prevention/Public Safety
- Diverse Housing Options
- Access to Public Transportation
- Active Neighborhood Associations
- Other (please specify) _____

8. Which social/human service need has the largest gap between the services now available and what is needed?

- Food & Nutrition
- Health
- Home & Community Based Services for Adults/Seniors
- Child Care
- Housing & Related Assistance
- Neighborhood Development
- Transportation
- Workforce & Economic Development
- Other (please specify) _____

Other Comments?

Have Needs? Metro Social Services has help.



Family Support
Housing
Food Assistance
Employment
Life Management Skills
Burial Assistance

Metropolitan Social Services

Metropolitan Social Services (MSS) provides a range of services to help Davidson County residents who are in need. These services promote positive change for individuals and families in times of crisis.

Appointments are available Monday through Friday, from 8 am to 4:30 pm. Services are available to walk-in customers from 8 am to 3 pm.

Family Support Services

615-862-6458

Burial Assistance

615-862-6458

Senior Nutrition and Nutritional Supplements

615-880-2292

Planning and Coordination

615-862-6494

Homelessness Commission

615-880-2360

Community Locations

Metro Nashville Downtown Public Library

Paul Ramsey or Wandria Webb, Tuesdays, 9am-1pm

Salvation Army-Paragon Mills

Luz Belleza-Binns, Mondays, 1pm-4:30pm



www.nashville.gov/Social-Services.aspx
www.facebook.com/MetroSocialServices
www.twitter.com/NashvilleMSS

Metropolitan Social Services

800 Second Avenue North, Nashville, TN 37201

Telephone **615-862-6432** Fax **615-880-2535**

Have Needs?



Housing
Food Assistance
Employment
Counseling

Metropolitan Social Services has help.

Intensive Case Management

Supportive Case Management

Information and Referral Services

Partners with Financial Empowerment Center

Life Management Skills Classes

Community Locations

Metro Nashville Downtown Public Library

Paul Ramsey or Wandria Webb, Tuesdays, 9am-1pm

Salvation Army Paragon Mills

Luz Belleza-Binns, Mondays, 1pm-4:30pm

www.nashville.gov/Social-Services.aspx

www.facebook.com/MetroSocialServices

www.twitter.com/NashvilleMSS

Metropolitan Social Services

800 Second Avenue North, Nashville, TN 37201

Telephone **615-862-6432**

Fax **615-880-2535**

Family Support Services Program

The Family Support Services Program addresses the needs of individuals and families, assists customers in developing or improving their life skills, increasing independence and improving family stability.

The program assists people who are homeless or at imminent risk of becoming homeless by providing supportive services and coordinating direct services with partner agencies. Case management helps people find housing and jobs.

Although the program provides no direct financial assistance, Information & Referral services help customers find the resources they need through the social service agencies in the community.

Residents of Davidson County who are at least 18 years of age are eligible for services, including individuals, families and extended families, elderly and disabled persons.

Appointments are available Monday through Friday from 8:00am to 4:30pm. Services are available to walk-in customers Monday through Friday from 8:00am to 3:00pm.

Coming soon!

Know Your Community

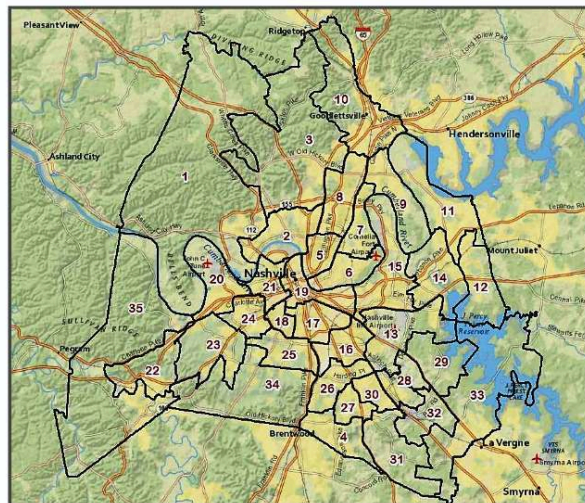
2nd Annual Edition

In June 2016, Metropolitan Social Services-Planning, Coordination & Social Data Analysis released its first *Know Your Community*.

This booklet included a range of specific data about each of the Metropolitan Government's 35 Council Districts. This objective data was from the U. S. Census Bureau's American Community Survey (2010-2014) and covered an array of topics, including age, race/ethnicity, employment, housing school, poverty and more.

The 2011-2015 data is now available and Know Your Community will be updated and released in mid-2017. Know Your Community will continue to provide detailed information about the people who live in each Metro Council District and reflect the similarities and difference across the 35 Districts.

Know Your Community



Data and Maps
Metro Council Districts
Davidson County, Tennessee

<http://www.nashville.gov/Social-Services/Planning-And-Coordination/Know-Your-Community.aspx>