



Community Needs Evaluation 2011 Update



Metropolitan Social Services

Planning & Coordination

Metropolitan Government of Nashville and Davidson County

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Urban Housing Solutions

Nashville Career Advancement Center

Tennessee Department of Labor and Workforce Development

Community Needs Evaluation - 2011 Update

Metropolitan Social Services - Planning & Coordination

Metropolitan Government of Nashville and Davidson County



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Message from the Metropolitan Social Services Commission

Frank H. Boehm, M.D., Board Chairman

Metropolitan Social Services is pleased to present its 2011 Community Needs Evaluation Update. When it created its first Community Needs Evaluation in 2009, MSS established a systematic process for gathering, interpreting, and reporting data about social service needs and gaps in Davidson County.

Metropolitan Social Services' Planning & Coordination staff produced this third annual report to provide data and descriptive information about existing and projected unmet social service needs in Davidson County. The MSS Board of Commissioners determined that the focus of Planning & Coordination should be data driven as well as evidence based. Much as the practice of medicine is increasingly utilizing evidence base medicine to help establish appropriate medical treatment, MSS also believes that evidence based social service data is required to help our community make critical decisions on how to help the vulnerable among us.

In February of 2010, Mayor Karl Dean acknowledged the work of Metropolitan Social Services and charged the department to continue "conducting annual community needs assessments and organizing community-wide, public-private partnerships." The 2011 Community Needs Evaluation includes Child Care, Food, Health, Housing, Neighborhood Development and Workforce Development & Economic Opportunity. Because of the increasing number of adults who are disabled or frail elderly, this update also includes a section on Home & Community Based Services for Seniors/Adults.

Special thanks are due to the work of MSS Executive Director Renee Pratt and Planning & Coordination Director Dinah Gregory, as well as the entire Planning and Coordination staff of MSS. The MSS Board of Commissioners is pleased to share this document with Nashville's social service community. Questions should be emailed to MSSPC@nashville.gov.

Sincerely,

Frank H. Boehm

Frank H. Boehm, M.D.
Chairman, Board of Commissioners
Metropolitan Social Services

Overview

With the publication of the 2009 Community Needs Evaluation, Metropolitan Social Services initiated a data-based, replicable process to provide information to the community about the social/human service needs in Davidson County. Annual updates ensure that data is current and that changes in the social, cultural and economic environment are reflected.

The updated 2011 Community Needs Evaluation for Davidson County, Tennessee, is a tool that can enhance the planning, design, coordination, and provision of public and private social services in Davidson County.

The evaluation focuses on issues related to people in need in the seven specific issue areas of Child Care, Food, Health, Home & Community Based Services, Housing, Neighborhood Development and Workforce Development & Economic Opportunity. All three annual Community Needs Evaluations show changes in the magnitude and patterning of poverty and well-being during recent years and among diverse social and demographic groups of Nashvillians.

The Charter of the Metropolitan Government of Nashville and Davidson County's list of powers and duties for Metropolitan Social Services includes making and reporting on social investigations and to engage in study and research regarding the cause of financial dependency and methods of better treating such dependency. The Community Needs Evaluation responds to these provisions of the Metropolitan Charter.



This report also describes the importance of using evidence-based practices, through which programs can be designed to serve both existing and emerging needs by using techniques and strategies that have been demonstrated to be effective. The 2011 Evaluation includes samples of best practice techniques in each section. Many, but not all, initiatives in Davidson County use effective and innovative best practices to maximize effectiveness.

Good quality, relevant data can guide policy makers, advocates, and others toward better decisions, especially in tight economic times.

The Community Needs Evaluation provides an overview of social service needs; discusses the public and private resources available to meet the needs; identifies current and anticipated needs based on trends in the community; provides objective information to help agencies strategically plan their services; and can be used to align social services and philanthropy with the changing needs of Nashvillians.

There are many ways to improve the system of service delivery for social/human services.

These include developing and operating programs to meet identified needs by using demonstrated best practice designs and methods.

By combining these strategies with effective coordination among organizations, gaps in services can be filled, duplications can be prevented and cost efficiencies can be achieved.

Federal, state and local budgets have decreased. In “The 2010 Nonprofit Fundraising Survey,” the Foundation Center reported that among the 1,845 charitable organizations surveyed in February 2011, 33% experienced declines in overall contributions. In addition, the previous year’s survey found that 46% had experienced a decline from the previous year.


Persons who have significant social/human service needs often live in poverty, so it is important to consider the context of poverty and unmet needs together. Identifying and addressing unmet needs is a long-term ongoing process. However, short-term events and situations can affect efforts dedicated to meeting needs and addressing poverty.



KEY FINDINGS




Poverty in Davidson County, Tennessee, increased for all people and families and in all age groups between 2000 and 2010.



During 2006-2010, the rate of poverty varied among Council Districts of the Metropolitan Government of Nashville and Davidson County, ranging from a low of 2.26% in District 35 to a high of 42.9% in District 19.



The greatest number of calls to United Way 2-1-1 since January 2007 were for basic needs, particularly housing/utilities and food/meals.



Unemployment in the U. S. is projected to remain higher than the “natural” rate of unemployment (5.2%) until 2017.



The buying power of \$100 has dropped steadily. In 2011, it would take \$131.76 to purchase what \$100 would have bought in 2000.



The longer children live in disadvantaged neighborhoods, the less likely they are to graduate from high school.

The Status of Davidson County

There is a significant difference in the quality of life and opportunities for Davidson County residents, often depending on demographic, social and socioeconomic characteristics. Nashville is regularly ranked highly as a good place to live, but the number of people whose lives are limited by income and related circumstances increased.

As reported by the U.S. Census Bureau (2000 Census, 2010 American Community Survey):

- Davidson County's poverty rate for all people increased from 13.0% in 2000 to 20.2% in 2010.
- During that same time, the poverty rate for persons under age 18 in Davidson County increased from 19.1% to 32.2%.
- The number of families with incomes below \$15,000 increased from 15,162 in 2000 to 18,410 in 2010, while the number of families with incomes above \$100,000 increased from 20,140 to 30,243.

At 20.2%, the Davidson County poverty rate for all people is higher than the nationwide rate of 15.3%, with poverty rates related to factors such as race, ethnicity and location. While this report primarily focuses broadly on persons in need, there are demographic, social, and economic factors in our community that influence poverty.



There are many ways to evaluate the community in terms of its social/human service needs and services. In taking a comprehensive approach to poverty and human needs, this report presents a broad demographic, social, and economic profile of Nashvillians. The profile was developed from primary and secondary data from a variety of identified sources (related to labor market dynamics, social/human services utilization, and community characteristics).

Primary data was derived from three annual Grassroots Community Surveys. Secondary data sources are the U.S. Census Bureau, the U.S. Bureau of Labor Statistics, the Tennessee Department of Labor and Workforce Development, the Tennessee Department of Human Services, United Way of Metropolitan Nashville 2-1-1 and others.



Methodology

The 2011 Community Needs Evaluation Update focuses on the same issue areas as in 2010: Child Care, Economic Opportunity, Food, Health, Housing, Neighborhood Development and Workforce Development. There are other issues related to quality of life that are beyond the scope of this evaluation, including education, transportation, domestic violence, and others.

Secondary Data

Data was compiled from the U.S. Census Bureau, particularly the 2000 Census and American Community Surveys. Information from the 2010 American Community Survey was used when available because the 2010 Decennial Census did not contain specific poverty data. American Community Surveys are based on sample surveys and have varying margins of error.

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. The tables, charts, and narrative descriptions reflect a wide range of demographic, economic, social, and other characteristics of Davidson County.

At the end of 2010, for the first time, the U. S. Census Bureau released a five-year data set covering the period 2005-2009. In December 2011, the second set of five-year data was released for 2006-2010. The Bureau indicates that the longer reporting period provides more accurate and reliable information than the annual information. However, annual data is more useful to demonstrate trends over time. While much of the data contained is annual, data sets from 3-year and 5-year Census reports were used when appropriate.

Grassroots Community Survey

For the third year, a Grassroots Community Needs Survey was administered in Davidson County, to customers at specific social/human service programs.

- The 2009 Grassroots Survey was conducted 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.

The survey asked Davidson County residents to identify the greatest need in each issue (described later in this document). They also had the opportunity to identify needs other than those included in the category lists. The last question on each survey asked respondents to identify which issue had the largest gap between the services now available and what is needed by the community.

The issues in the 2011 Survey were Food & Nutrition, Health, Home & Community Based Services for Adults/Seniors, Child Care, Housing & Related Assistance, Neighborhood Development, Transportation and Workforce & Economic Development. Charts that show the types of needs identified by respondents for each issue area are contained in the relevant sections.

**For three years (2009, 2010 and 2011) the greatest needs identified
in the Grassroots Community Survey were**

Workforce & Economic Opportunity

Housing & Related Assistance

There was also a selection for “Other” so that participants could write in issues that were not included in the survey. The 2-page survey is at the end of this document.

In addition to the Grassroots Community Surveys, the 2009 Community Needs Evaluation included a survey of Professional/Executives and focus groups, with the results available online.

<http://www.nashville.gov/sservices/planningcoordination/2009cne.asp>

While other questions asked respondents to identify the most important needs from within issue groups, one question asked respondents to choose among the seven issue areas and identify the one with the greatest gap between available services and the needs in the community. Chart 1 below shows that respondents identified the greatest gap in services in Housing & Related Assistance, with the second greatest gap in Workforce & Economic Opportunity and the third greatest gap in Food & Nutrition.

As described later in this document, data from 2-1-1 shows the greatest number of calls since 2007 were for Housing/Utilities, consistent with the greatest gap identified in the Grassroots Community Survey for Housing & Related Assistance.

In comparing the results of the 2009, 2010 and 2011 Grassroots Community Surveys, there were similarities in the gaps and services identified. In 2009 and 2010, Workforce & Economic Opportunity ranked highest, with Housing & Related Assistance ranking second. However, in the 2011 survey (Chart 1) Housing & Related Assistance ranked higher than Workforce & Economic Opportunity. Food & Nutrition ranked third in all three years.



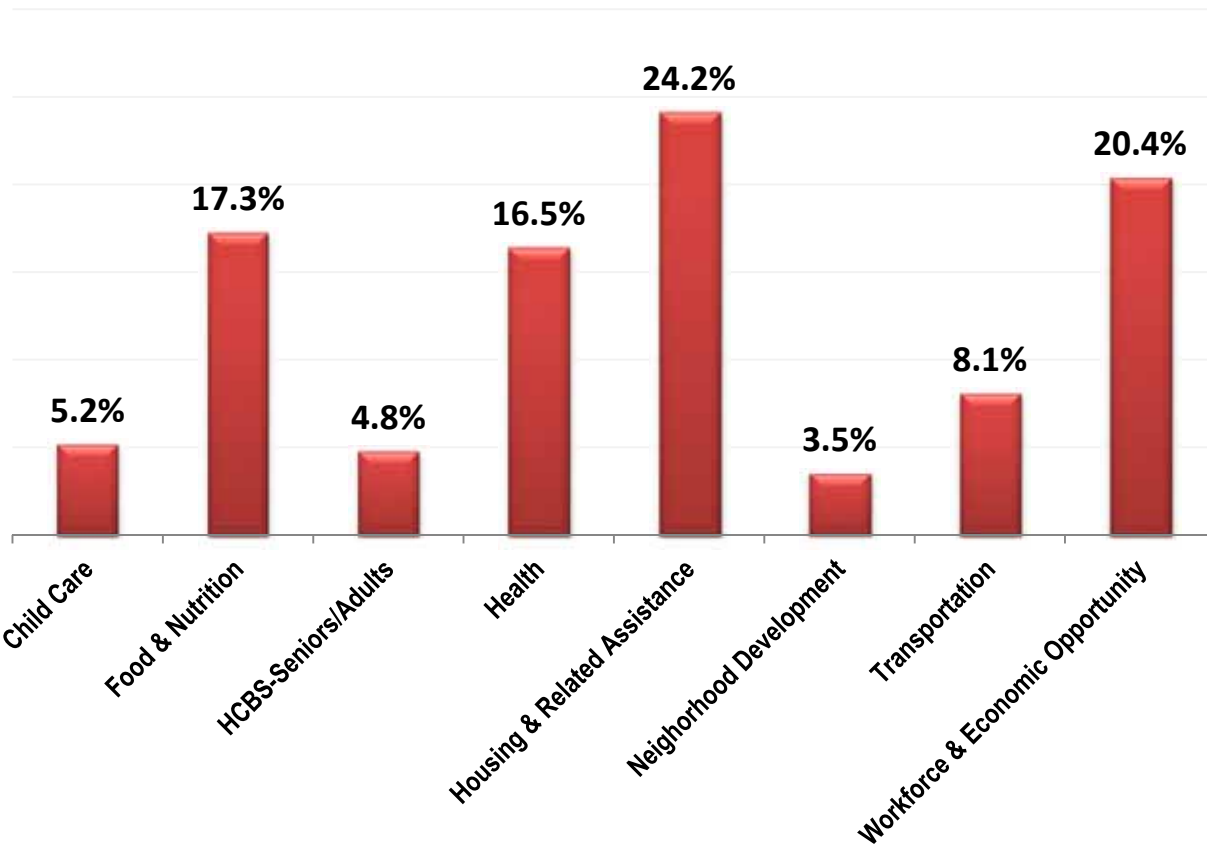
Because there were eight choices for greatest gap in services on the 2011 survey, compared to five in 2009 and 2010, the decrease in Workforce & Economic Opportunity may be related to the additional choices available in 2011 for Health, which ranked fourth, slightly below Food & Nutrition. The consistency in the top three greatest gaps in services identified for three consecutive years suggests reliability of the data.

For all needs, it is important to consider the long-term implications of unmet needs as well as the necessity of using demographic projections to plan for emerging trends. Due to the

interrelatedness of the identified needs, those not among the top three may still be important for addressing the service gaps.

For example, because early childhood education is closely linked to better outcomes for employment, income and health, unmet needs for child care will have long-term implications that will affect Workforce Development, Economic Opportunity, Housing and Health. Another example is with Home & Community Based Services for Seniors/Adults, for which the demand for services will increase in two ways. The number of frail elderly and disabled adults will increase during the coming decades (due to the aging population, as described in the section on Home and Community Based Services for Seniors/Adults). The need for services will also increase because of the increased likelihood of older people having one or more disabilities, increasing their need for services.

Chart 1: Greatest Gap Between Available Services and Needs
Grassroots Community Survey 2011



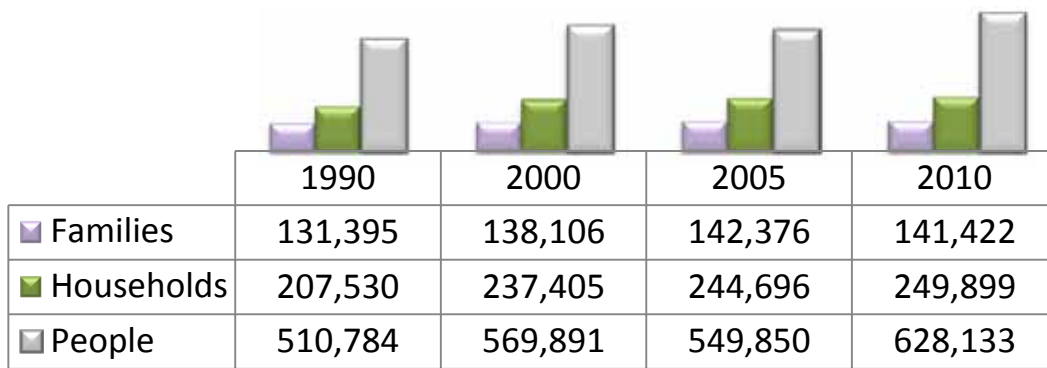
Source: MSS 2011 Grassroots Community Survey



Demographic and Social Profile of Davidson County

Chart 2 shows that between 1990 and 2010, the number of people in Davidson County increased from 510,784 to 628,133. The number of households continued to gradually increase, while the number of families increased until there was a slight decrease from 2005 to 2010.

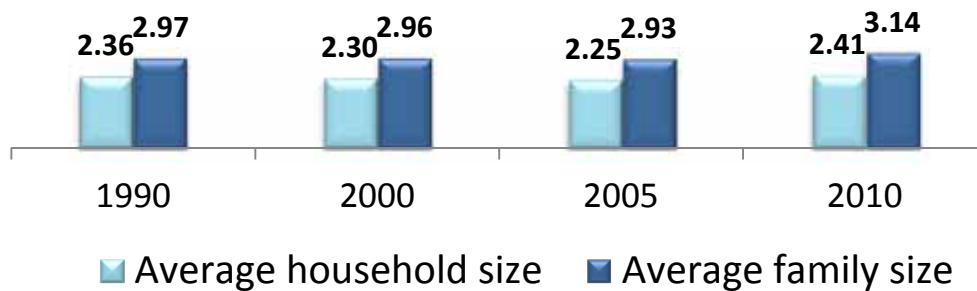
Chart 2: Number of Families, Households and People
Davidson County, 1990, 2000, 2005, 2010



Source: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010, American Community Surveys)

As shown in Chart 3, there has been less of an increase in the average household size during the 20-year period. In 2010, the average household size was 2.63 nationwide and 2.54 in Tennessee, both slightly higher than Davidson County. In 2010, the average family size was 3.23 nationwide and 3.10 in Tennessee.

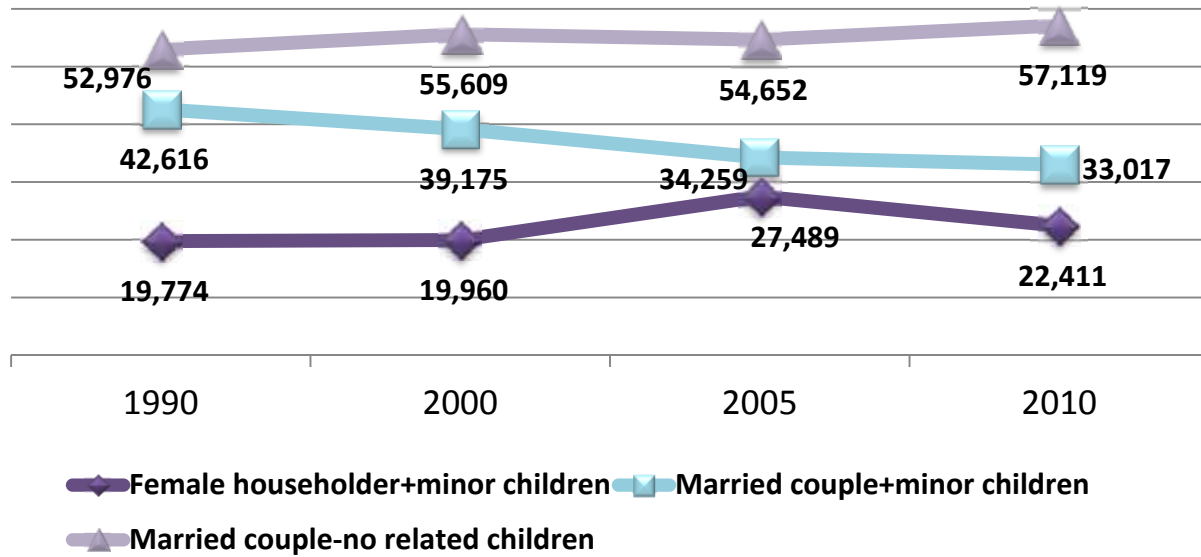
Chart 3: Average Size of Households and Families
Davidson County, 1990, 2000, 2005, 2010



Source: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010 American Community Surveys)

Chart 4 shows that the number of married couples with minor children decreased since 1990, while there was a continued increase in the number of married couples without related children. There have been fluctuations in the number of female householders with minor children that peaked during 2005 and decreased in 2010.

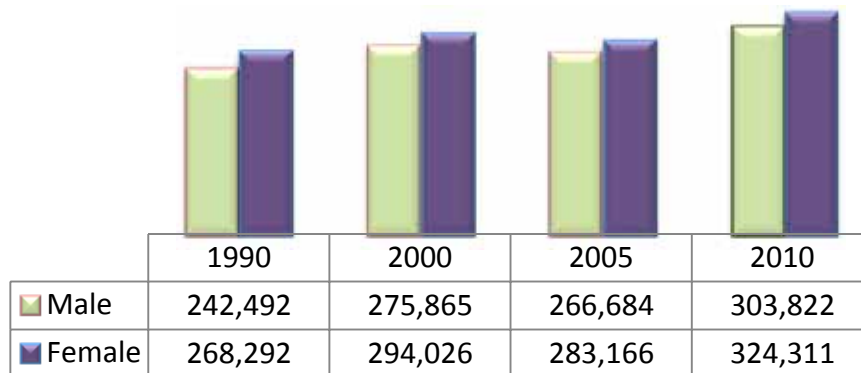
Chart 4: Number of Households by Type
Davidson County, 1990, 2000, 2005, 2010



Source: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010 American Community Surveys)

For each Census and American Community Survey since 1990, there have been consistently more females than males in Davidson County, as shown in Chart 5.

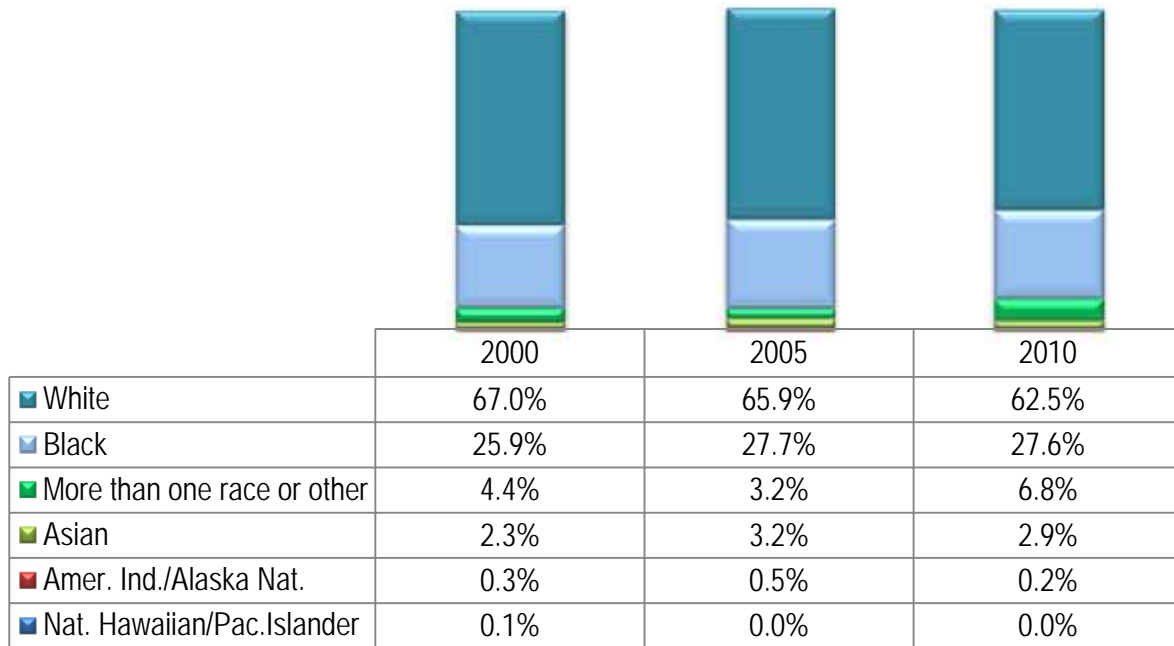
Chart 5: Population by Gender
Davidson County, 1990, 2000, 2005, 2010



Source: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010 American Community Surveys)

As shown in Chart 6, the racial and ethnic characteristics of Davidson County remained relatively consistent from 2000 through 2010.

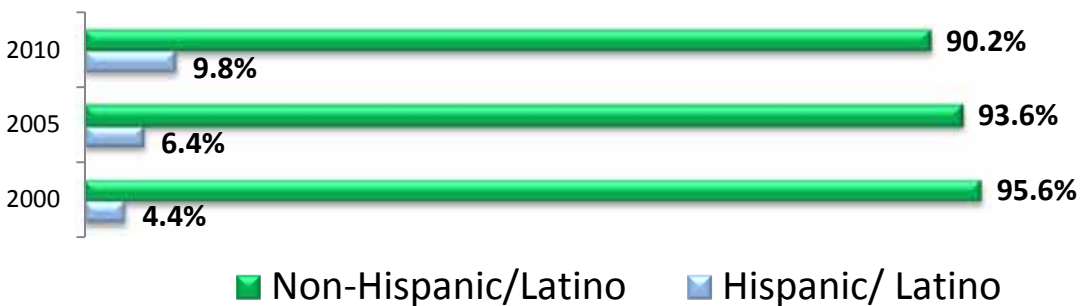
Chart 6 : Racial and Ethnic Composition
Davidson County, 2000, 2005, 2010



Source: U.S. Census Bureau (2000 Census; 2003, 2006, 2009 American Community Surveys)

As shown in Chart 7, the percentage of Hispanic of Latino residents of Davidson County has gradually increased to 9.8%, compared to 4.5% in Tennessee and 16.4% nationwide.

Chart 7: Hispanic/Latino and Non-Hispanic/Latino Population
Davidson County, 2000, 2005, 2010

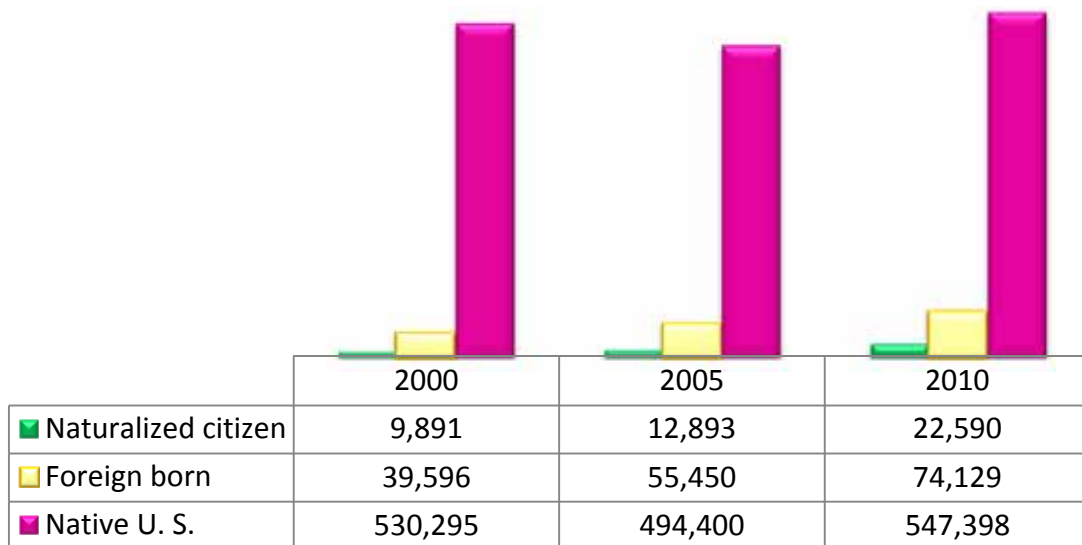


Source: U.S. Census Bureau (2000 Census; 2003, 2006, 2009 American Community Surveys)

The number of native-born, foreign-born and naturalized citizens increased in Davidson County from 2000 to 2010, as shown in Chart 8. In 2010, the percentage of foreign-born Davidson County residents who are naturalized U. S. citizens in Nashvillians was 30.5%, compared with 33.5% in Tennessee and 56.3% nationwide.

The higher proportion of naturalized citizens nationwide may be related to the large number of immigrants who have been in large gateway cities for long periods of time, compared to Davidson County’s more recent arrival of immigrants. Completing the naturalization process usually takes several years, so those who are naturalized citizens have usually been in the U. S. for long periods of time.

Chart 8: Number of Native-Born, Foreign-Born and Naturalized U. S. Citizens, Davidson County, 2000, 2005, 2010



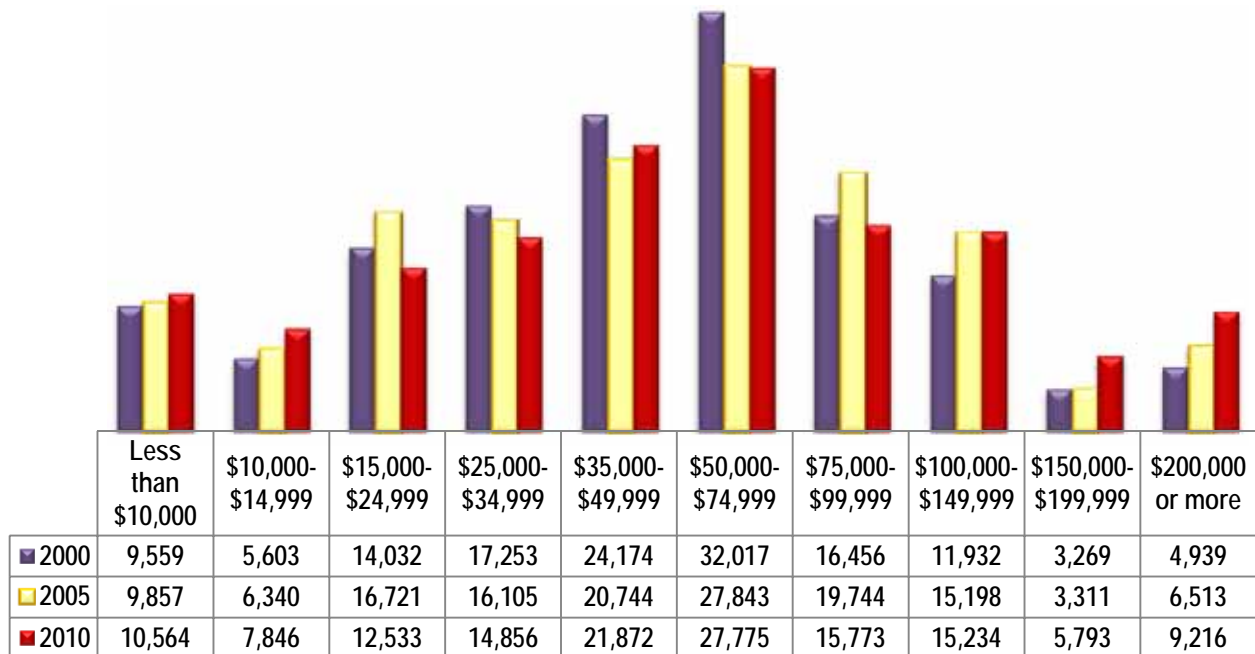
Source: U.S. Census Bureau (2000 Census; 2005, 2010 American Community Surveys)

In 2000, 2005 and 2010, the most frequent place of birth for foreign-born residents of Davidson County was Latin America. Second was Asia, with Africa as the third most often the place of birth.

Socioeconomic Profile of Davidson County

Chart 9 shows the number of Davidson County families by income. The number of families with incomes less than \$10,000 slightly increased between 2000 and 2010. In all categories between \$15,000-\$24,999 and \$75,000-\$99,999, there were fewer families in 2010 than there were in 2005. This suggests that a number of families shifted to lower income categories. However, during the same time period, the number of families with incomes above \$200,000 almost doubled.

Chart 9: Number of Families by Family Income Category
Davidson County, 2000, 2005, 2010



Source: U. S. Census Bureau (2000 Census; 2005, 2010 American Community Surveys)

Charts 10 and 11 report the median income and per capita income, as defined by the U. S. Census Bureau:

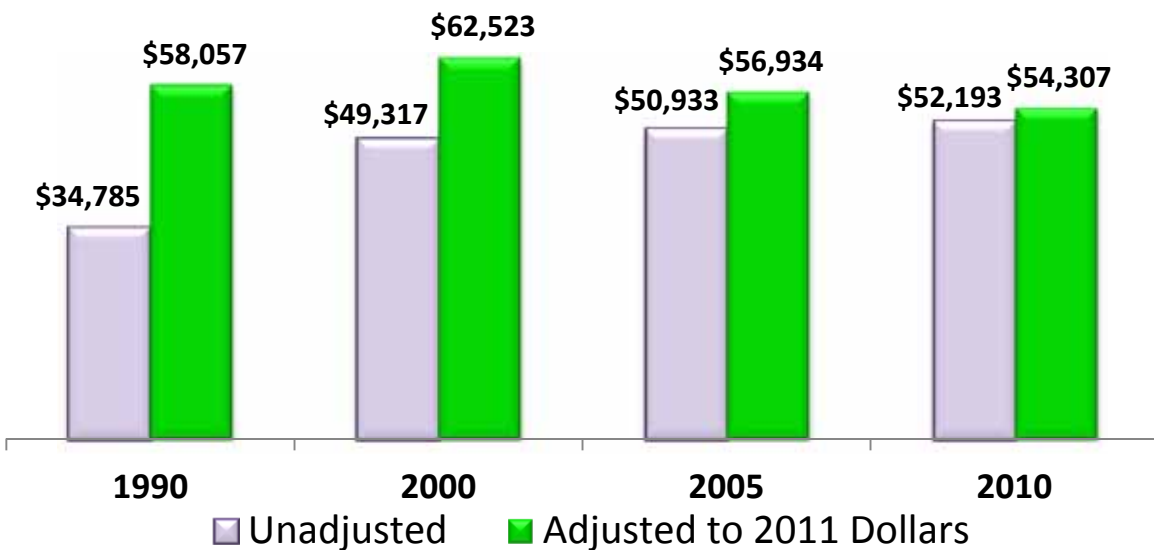
- Median income divides the income distribution into two equal groups, one having incomes above the median, and other having incomes below the median.
- Per capita income is the mean money income received in 1999 computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all

people 15 years old and over in a geographic area by the total population in that area. Note -- income is not collected for people under 15 years old even though those people are included in the denominator of per capita income. This measure is rounded to the nearest whole dollar.

- Mean income is the amount obtained by dividing the total income of a particular statistical universe by the number of units in that universe. Thus, mean household income is obtained by dividing total household income by the total number of households. For the various types of income, the means are based on households having those types of income.
- Money income includes amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.

Although median family income in nominal dollars increased substantially in Nashville between 1990 and 2010, Nashville’s real median family income (adjusted for inflation) has actually decreased during that same period. Chart 10 shows both the unadjusted and adjusted to 2011 dollars median family income, reflecting a decrease in purchasing capacity.

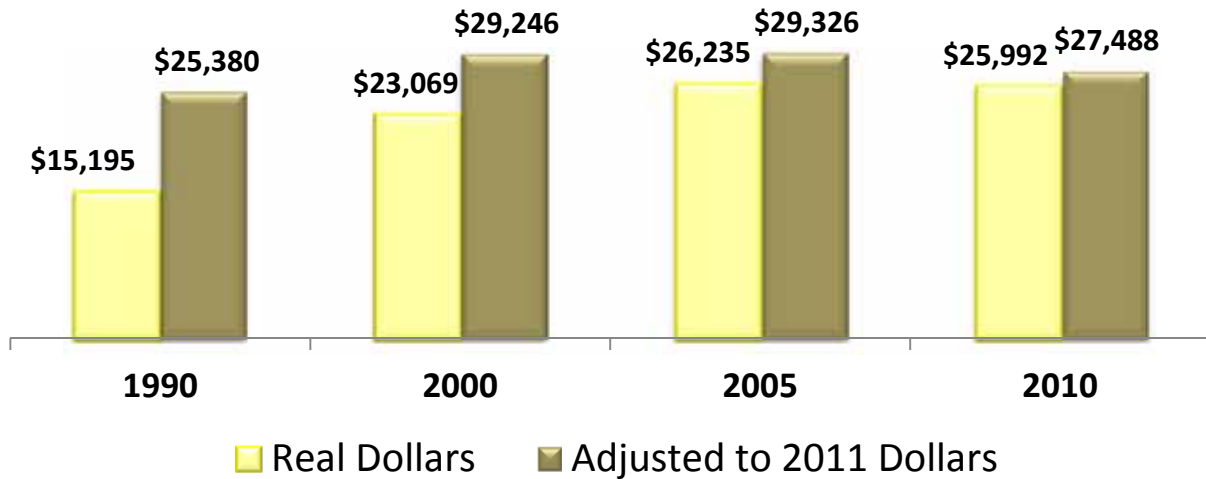
Chart 10 : Median Family Income, Unadjusted and Adjusted to 2011 Dollars
Davidson County, 1990, 2000, 2005, 2010



Sources: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010 American Community Surveys and U.S. Bureau of Labor Statistics (Inflation Calculator)

Chart 11 shows that Davidson County’s unadjusted per capita income rose from 1990 to 2000, remaining stable in 2005. In 2010, there was a slight decrease in both the real dollars and dollars adjusted for inflation.

Chart 11: Per Capita Income, Unadjusted and Adjusted to 2011 Dollars
Davidson County, 1990, 2000, 2005, 2010



Sources: U.S. Census Bureau (1990 and 2000 Census; 2005, 2010 American Community Surveys) and U.S. Bureau of Labor Statistics (Inflation Calculator)

Similar to the trends shown in Charts 10 and 11, Chart 12 shows the continuing decrease in the buying power of \$100 from 1990 to 2010.

Chart 12: Buying Power of \$100 (in 2011 dollars)
Davidson County, TN, 1990-2010

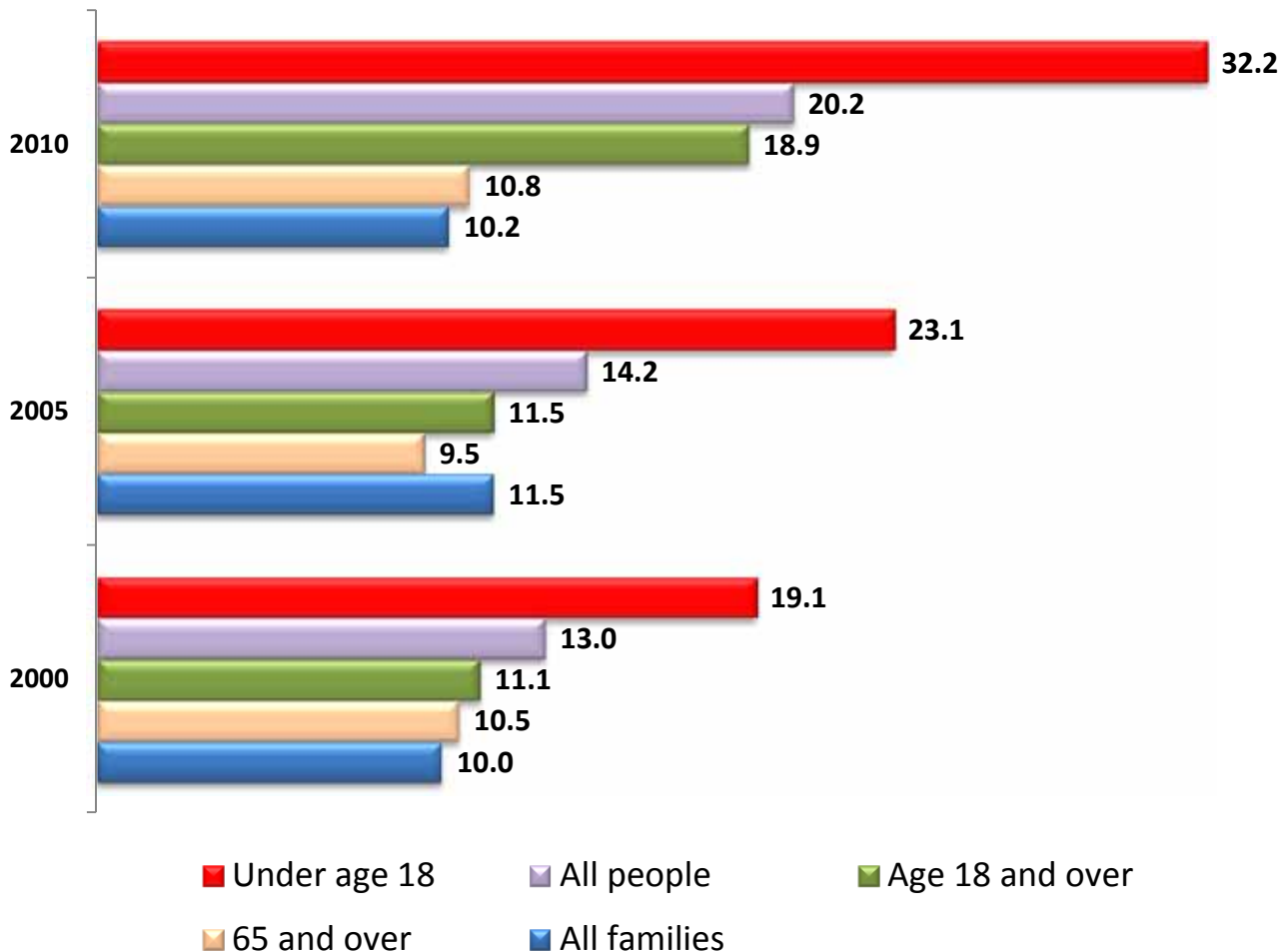


Source: Bureau of Labor Statistics, CPI Inflation Calculator

Chart 13 shows that the poverty rate for all age groups and categories was higher in 2010 than in 2000. In ten years, the poverty rate for all people in Davidson County increased from 13.0% to 20.2%. In comparison, both the 2010 state and federal poverty rates for all people are lower (17.7% in Tennessee and 15.3% nationwide).

This chart shows a pronounced increase in poverty for Davidson County residents who are younger than age 18, from 19.1% in 2000 to 32.2% in 2010. This is somewhat higher than the state rate of 27.5% and much higher than the nationwide rate of 21.6%. It also shows that the younger the age category, the more likely people are to be under the poverty level.

Chart 13: Percentage of People, Families and Age Categories Under Poverty Level
Davidson County, 2000, 2005, 2010



Source: U.S. Census Bureau (2000 Census; 2005, 2010 American Community Surveys)



2010 Flood

It is important to note that the 2010 data includes the time period of the May 2010 flood that caused significant damage in Davidson County and surrounding areas. While it is likely that the flood had some detrimental effect on the rate of poverty, as well as the shortage of affordable housing and unemployment, no data is available from the U. S. Census Bureau to determine specifically how the 2010 flood had an effect on the 2010 data.

The flood occurred during a slow recovery from a major recession, so it is difficult to isolate the impact of the flood from that of the recession. Data from the time periods before and after can be compared, but neither the long-term nor short-term detriment can be shown in exact terms. The web site of the Mayor's Office of Recovery provides this information about the damage and the recovery efforts:

- Rainfall exceeded 17 inches, the highest amount in more than 140 years of recorded history. The Cumberland River crested in Nashville at 51.86 feet, 12 feet above flood stage.
- According to Metro Planning and Metro Codes, the flood resulted in an estimated \$2 billion in damages to private property.
- 11 people died as a result of the flood.
- In the year following the flood, 25,000 volunteers gave more than 330,000 service hours to recovery and rebuilding efforts.
- The Nashville Area Chamber of Commerce reported 2,773 impacted businesses with 14,499 workers at the time of the flood. Of those jobs lost, 1,528 are considered unlikely to return.
- Metro's We Are Home program has awarded more than \$12 million in grants and loans to residents for home rebuilding and repairs.
- FEMA received 20,189 Individual Assistance applications and approved 12,903, totaling more than \$87 million. It also funded 768 Public Assistance projects totaling more than \$53 million. <http://www.nashvillerecovery.com/>

Chart 18 in the section of this document with 2-1-1 Call Center data shows the calls about disaster services reached an especially high peak during May 2010, but dropped rapidly the following month. Gradually the volume of calls about disaster services decreased to pre-flood levels.



Poverty

Income poverty means simply the lack of income or a shortage of material goods, but human poverty means much more. It can include a loss of dignity, a sense of powerlessness, a lack of autonomy and control, and the perception of being marginalized or excluded politically, socially, or psychologically. The deprivation of what most of society considers necessary can result in the diminution of aspirations and achievements, especially for poor children who are very aware of what they are missing.

Poverty Definitions

The U. S. Census Bureau has definitions for subcategories of poverty. For example:

- Chronic or long-term poverty means those who have been in poverty every month for the duration of a longitudinal study (typically 3-4 years).
- Episodic poverty refers to people who were poor in two or more consecutive months in a given time period, which is computed using longitudinal survey data (surveys in which respondents are interviewed multiple times over a period of time).
- Poverty is determined by the money income thresholds that vary by family size and composition (in accordance with OMB Statistical Policy Directive 14) If a family's total income is less than the threshold based on the size of the family, then every individual in that family is considered in poverty. While official poverty thresholds do not vary geographically, they are updated for inflation using Consumer Price Index. The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).
- The poverty rate is the percentage of people (or families) who are below poverty.
- “Federal Poverty Level” has been described by the U. S. Department of Health and Human Services as a phrase that is “ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.”

- Poverty spells are also measured by longitudinal survey data that lasts at least two months and are separated by two or more months of not being in poverty.
- Poverty thresholds are the dollar amounts the Census Bureau uses to determine poverty status. (Eligibility for federally-funded programs may be income at or below 100% of poverty, or some other percent of poverty, as identified in the programs' threshold poverty guidelines.)

The Census Bureau refers to those who are below the identified poverty level as "poor." The term "near poverty" is not well-defined and has been used in various ways, such as to describe those who are less than 125% of poverty or families/households with income of less than \$45,000.

"Working poor" is not an official term used by the Census Bureau, and there are various meanings of working poor: people who worked but their income was below the official definition of poverty; people who were in poverty and had at least one working family member; people who may not meet the official measure of poverty but who fall below some percentage of the poverty level (such as below 200% of poverty, which some other organizations define as working poor).

"Deep poverty" is another term not defined or used by the Census Bureau. Some organizations define it as those who live below 50% of poverty.

<http://www.census.gov/hhes/www/poverty/methods/definitions.html>

<http://aspe.hhs.gov/poverty/faq.shtml>

Poverty is complex and there is no universally accepted definition. Some definitions describe what is lacking that affects the quality of a person's life. Definitions may generally describe what is lacking in money and material possessions, or that persons are unable to afford basic human needs, or they experience a level of material deprivation below which an individual suffers emotionally and socially.

U. S. Poverty Threshold

The Census Bureau's poverty threshold for 2010 is based on calculations that increase depending on the number and age of people in the household and the family's annual income. The poverty threshold for a person under age 65 is \$11,344 and \$10,458 if the person is 65 or older. The threshold is slightly lower, a difference of about \$850 per year, if the householder is age 65 or older, with additional adjustments for each additional minor child.

The thresholds shown below for families of 2-5 people, although the Census Bureau’s complete table shows the threshold up to a family size of up to nine people or more with eight or more children at a maximum of \$42,156. Complete tables for poverty thresholds for 1980 through 2010 are available online:

<http://www.census.gov/hhes/www/poverty/data/threshld/>

<u>Size of Family Unit</u>	<u>Avg. Weighted</u>	<u>Number of Related Minor Children</u>				
	<u>Threshold</u>	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>
Two people	\$14,218					
Householder under 65 years	\$14,676	\$14,602	\$15,030			
Householder 65 years and over	\$13,194	\$13,180	\$14,973			
Three people	\$17,374	\$17,057	\$17,552	\$17,568		
Four people	\$22,314	\$22,491	\$22,859	\$22,113	\$22,190	
Five people	\$26,439	\$27,123	\$27,518	\$26,675	\$26,023	\$25,625

These trends have been well documented for several years and are described in the Urban Institute’s “Transitioning In and Out of Poverty:”

- People are more likely to experience poverty at younger ages.
- The longer a person has been poor, the less likely he or she is to escape poverty.
- People in some demographic categories were more likely to be poor than others, with poverty entry about twice as high for African Americans as whites.
- The likelihood of becoming poor is higher for African Americans, Hispanics, households headed by women, and those with lower levels of education.
- African Americans, Hispanics, households headed by women, and those with limited education spend more time in poverty than other groups.
- On average, poor individuals have a one in three chance of escaping poverty.
- Higher education levels improve the likelihood of leaving poverty.
- About half of those who get out of poverty will become poor again within five years. Of those who were poor for at least five years and then escaped poverty, more than two-thirds will return to poverty within five years.

- Job gains and pay raises most often lift a household out of poverty. For the 50-70% who leave poverty, they do so because a family member got a job or increased earnings.
- Shifts from female-headed to two-parent households and increases in educational attainment help lift households out of poverty.

http://www.urban.org/UploadedPDF/411956_transitioningpoverty.pdf

Davidson County's 2000 data shows that those under age 18 were almost twice as likely to be in poverty than those who were age 65 and over.

In 2010, the increase in poverty for minor children now makes them more than three times as likely to be in poverty than those over 65.

The data used above is from the U. S. Bureau for individual year American Community Surveys and the decennial Census. For the first time at the end of 2010, the U. S. Census Bureau released a five-year data set covering the 5-year period of 2005-2009. Late in 2011, it released the data set for 2006-2010. The Census Bureau indicates that the longer reporting period provides more accurate and reliable data than the annual data. Even though the 5-year data cannot be used to track annual trends and is less current than the annual reports, the greater reliability makes it useful as an overview of longer-term conditions.

An additional advantage to using the 5-year data from the American Community Survey is that it breaks down data into smaller geographic groups (rather than combined countywide data). The 5-year data sets can be used to reflect demographic, economic and social factors by Metropolitan Council District or other geographic areas. Metropolitan Social Services-Planning & Coordination will continue to analyze and report on other 2006-2010 data in future newsletters available at: <http://www.nashville.gov/sservices/newsletter.asp>

According to the 2006-2010 data, this is the percentage of people living in poverty in each District of the Metropolitan Council. (Council Districts are based on similar population sizes, allowing for a better comparison. Zip Codes are used sometimes, but they are based on residential and commercial mail volume and determined by the U. S. Postal Service.)

Council District	Poverty Rate 2006-2010
1	10.2%
2	31.7%
3	18.8%
4	18.5%
5	37.0%
6	32.1%
7	18.9%
8	22.7%
9	26.4%
10	11.3%
11	8.8%
12	10.8%
13	24.9%
14	12.1%
15	15.8%
16	22.6%
17	39.3%
18	13.8%
19	42.9%
20	21.6%
21	40.3%
22	9.5%
23	7.3%
24	13.6%
25	8.7%
26	22.0%
27	21.4%
28	17.5%
29	9.8%
30	21.8%
31	6.8%
32	11.0%
33	11.4%
34	2.7%
35	2.6%

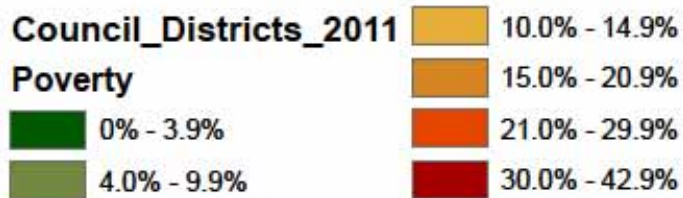
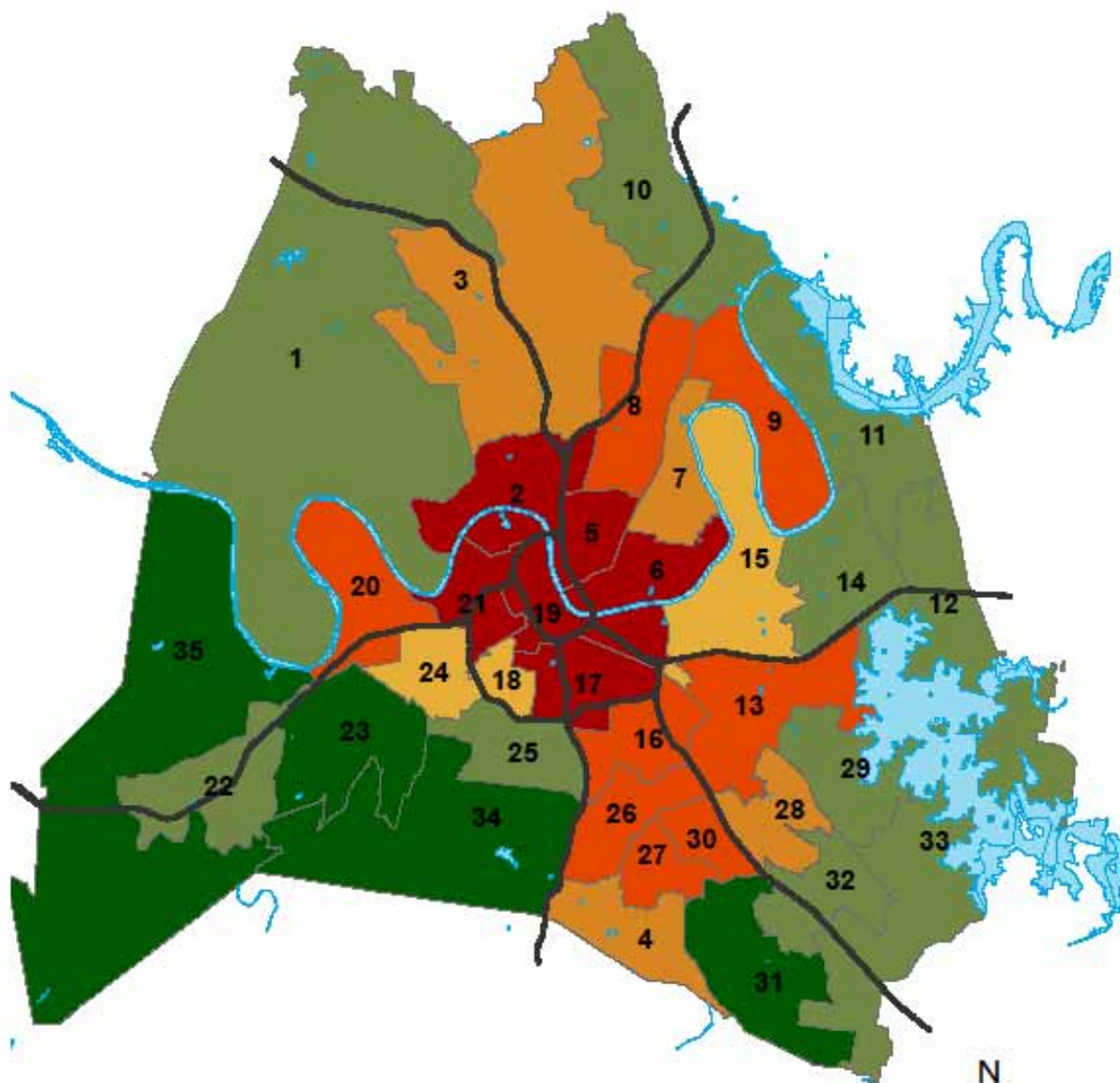


The 2006-2010 data from the American Community Survey reflected disparity in the level of poverty among the 35 Metropolitan Council Districts, ranging from a low of 2.6% in District 35 to a high of 42.9% in District 19.

The map on the following page provides a graphic representation of the poverty rates in Davidson County. For data throughout the U. S., the New York Times provides an interactive map site “Mapping America,” which uses U. S. Census data from 2005-2009. It includes data on race/ethnicity, income, housing, families and educational attainment at the census tract level for the U.S. <http://projects.nytimes.com/census/2010/explorer?ref=censusbureau>

**Percentage of People in Poverty by 2011 Metropolitan Council District
Davidson County, Tennessee, 2006-2010**

Data from U. S. Census Bureau, American Community Survey, 2006-2010; Shapes from Metropolitan Planning Department;
Map by Metropolitan Social Services-Planning & Coordination



Supplemental Poverty Measure

More than 15 years ago, the National Academy of Sciences identified several major weaknesses in the current poverty measure, such as:

- The current measure does not reflect the government policies that alter the disposable income available to families. For example, the in-kind Food Stamp/SNAP programs frees up resources to spend on nonfood items.
- The current measure does not adjust for rising levels and standards of living since 1965. In 1963-1964, the official threshold was approximately equal to half of the median income. However, by 1992, half the median income had increased to more than 120% of the threshold.
- The current measure does not consider necessary work-related expenditures that reduce disposable income (transportation, child care, etc.).
- The current measure does not consider the variation in medical costs due to health status, insurance coverage and the rising share of health care costs.
- The current poverty threshold does not consider the changes in family structure or the effect of these changes on budgets and expenditures (child support or cohabitation among unmarried couples).
- The current poverty thresholds do not consider the differences in prices across the nation, despite the difference in prices in different geographic areas.

After years of discussion about flaws in how poverty is measured by the U. S. Census Bureau, in 2009 the Office of Management and Budget formed an Interagency technical Working Group on Developing a Supplemental Poverty Measure. They subsequently completed a document reporting on their work, "Observations from the Interagency Technical Working Group on Developing a Supplemental Poverty Measure."

On March 2, 2010, the U. S. Census Bureau announced that in 2011 it would develop a new measurement to complement but not replace the existing measure.

On November 7, 2011, the U. S. Census Bureau issued *Current Population Reports-Supplemental Poverty Measure: 2010*, with national and limited regional data to show how and why the rates of

poverty differ from the current standard measure to the more comprehensive Supplemental Poverty Measure.

<http://www.census.gov/prod/2011pubs/p60-241.pdf>

There are differences between the current/standard formula and the new Supplemental Poverty Measure, with all changes designed to reflect a more realistic current understanding of poverty, with the specific differences shown below:

- A different way to define the measurement unit for household
- Change in the expenses included in determining the poverty threshold
- Change in adjustment for household size/age adjustments
- Method of updating to adjust for inflation
- Change in what is considered income/resources

	<i>Official Poverty Measure</i>	<i>Supplemental Poverty Measure</i>
Measurement Units	Families and unrelated individuals	All related individuals who live at the same address, including any co-resident unrelated children who are cared for by the family (such as foster children) and any cohabiters and their children
Poverty Threshold	Three times the cost of the minimum food diet in 1963	The 33 rd percentile of expenditures on food, clothing, shelter and utilities (of consumer units with exactly two children multiplied by 1.2)
Threshold Adjustments	Vary by family size composition and age of householder	Geographic adjustments for differences in housing costs and a three parameter equivalence scale for family size and composition
Updating Thresholds	Consumer Price Index: all items	Five-year moving average of expenditures on food, clothing, shelter and utilities
Resource Measure	Gross before-tax cash income	Sum of cash income, plus in-kind benefits that families can use to meet their need for food, clothing, shelter and utilities; minus taxes (or plus tax credits); minus out-of-pocket medical expenses

While all changes are important, perhaps the most significant in determining the rate of poverty for specific demographic groups are:

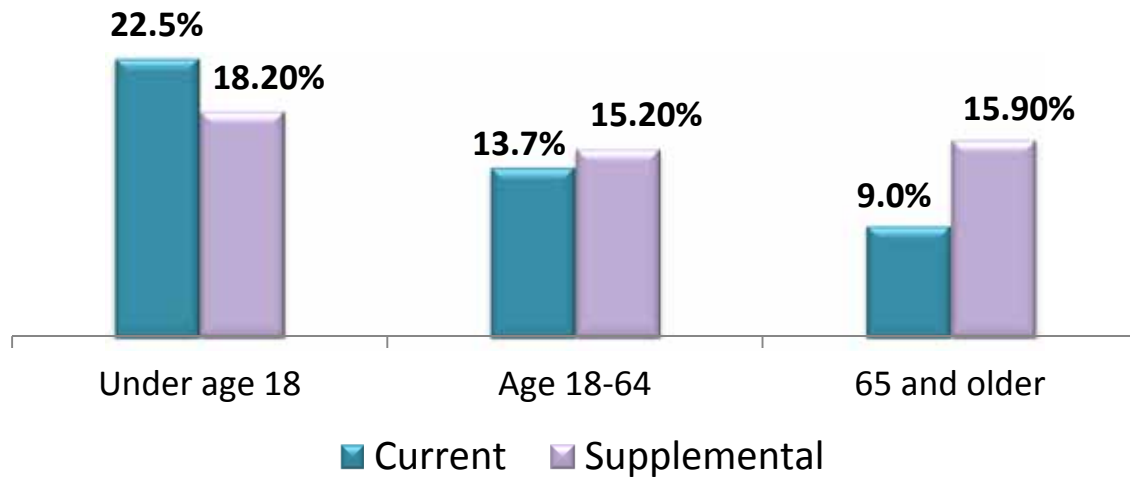
- The Supplemental Poverty Measure's inclusion of other basic expenditures (clothing, shelter, utilities) along with food, to determine poverty.
- The Supplemental Poverty Measure's addition of consideration for the different levels of housing costs depending on whether a household rents or owns their residence, and whether or not there is a mortgage on the residence if it is owned.
- The Supplemental Poverty Measure's change in how resources/income is measured, by adding in-kind benefits that provide food, clothing, shelter or utilities; by subtracting the taxes that are paid from income; and providing consideration for out-of-pocket medical expenses.

The Supplemental Poverty Measure estimates that 15.9% of people over age 65 are in poverty, rather than the 9.0% estimated by the current measure (which does not consider out-of-pocket medical expenses).

Using the more comprehensive measurement of the Supplemental Poverty Measure changes the proportion of people in poverty for different age categories. For example, Chart 15 shows the difference in poverty rates using the current poverty measure and the Supplemental Poverty Measure.

The Supplemental Poverty Measure shows a 4.3% lower rate of poverty for minor children under age 18, which may be due to the consideration of non-cash benefits available to younger recipients (SNAP, WIC, etc.). The 6.9% increase in the rate of poverty for persons aged 65 and over is probably due to the consideration used for out-of-pocket medical expenses (usually higher for older age groups).

Chart 15: Current and Supplemental Poverty Rates by Age Categories
U. S., 2010



Source: U. S. Census Bureau

The report on the Supplemental Poverty Measure also provides estimates on the effect of specific elements (adding non-cash public benefit programs and subtracting taxes, work expenses and out-of-pocket medical expenses). The removal of each element affects different age groups in different ways. For example, if the Earned Income Tax Credit (EITC) were eliminated, the poverty rate for each all age groups combined would be 2% higher (4.2% for under age 18; 1.5% for ages 18-64; and .2% for persons 65 and over). EITC is a refundable income tax credit for low to moderate income working individuals and families that began in 1975.

It is likely that families with children under age 18 are most likely to receive the EITC, because they are more likely to be in the workforce. The least likely to receive EITC are persons over 65 because fewer are in the workforce.

The addition of out-of-pocket medical expenses in the Supplemental Poverty Measure has the largest impact on poverty rate calculations. This impact can be seen when calculating the poverty rate for age categories that traditionally have the highest medical expenditures. Therefore, the poverty rate among persons under age 18 (who generally have fewer medical expenses and are covered by either private insurance or have government subsidized coverage (such as CoverKids) is 3.3% higher when the Supplemental Poverty Measure is applied. By comparison, the poverty rate among persons 65 and over (who tend to have higher out-of-pocket medical expenses) is 7.3% higher when using the Supplemental Poverty Measure.

Income Distribution

In October 2011, the U. S. Congressional Budget Office reported on the effects of the economy on households in “Trends in the Distribution of Household Income Between 1979 and 2007.” They studied household income and found an average income growth of 62%, with a dramatically steeper increase for those in the highest income brackets.

The greatest percentage and amount of growth was in the 1% of the population with the highest income, which grew 275%. This compares to the 20% of the population in the category immediately below that with income in the 81-92 percentile, which grew by 65%. For the 20% of households with the lowest income, the average real after-tax income was about 18% higher in 2007 than it was in 1979. It noted that “As a result of that uneven income growth, the distribution of after-tax household income in the United States was substantially more unequal in 2007 than in 1979: The share of income accruing to higher-income households increased, whereas the share accruing to other households declined.”

<http://www.cbo.gov/ftpdocs/124xx/doc12485/10-25-HouseholdIncome.pdf>

During long-term unemployment, families deplete their assets and resources, which will make it more difficult for them to move out of poverty.

Poverty Projections

While it is generally agreed among economists that the recent recession lasted from December 2007 through June 2009, the recovery has been slower than expected. The economic downturn was not limited to the U. S., but extended to a global economic crisis for many countries.

“An Update to Simulating the Effect of the Great Recession on Poverty” (Center on Children and Families of the Brookings Institution, September 13, 2011) projected the effect of the recession on poverty and unemployment through 2020. It noted that the projections for 2012 and beyond have

become more pessimistic than during the previous year (because of stagnant recovery and more negative unemployment projections).

Brookings based projections on data from both the U. S. Congressional Budget Office (CBO) and the U. S. Office of Management and Budget, which anticipate a similar pattern in the nationwide poverty rate. Both sets of data show the rate of poverty has peaked and that a slight decrease is expected in 2013. Gradual decreases are projected through 2020 (to 14.2-14.3%), although the 2020 poverty rate is expected to be almost as high as it was in 2009 (14.3%), rather than near the 2007 level (12.5%).

The CBO estimates that the “natural” rate of unemployment is 5.2%. The 2011 CBO projection is that unemployment will not reach 5.3% (the approximate natural rate) until 2016, and they project an average 5.2% rate for 2017 through 2021.

The September 13, 2011 “Poverty in the United States” report from the Urban Institute suggests that the rise in poverty does not fully demonstrate the effect of the current unemployment crisis. Unemployment benefits were helpful for many, and the report estimates that if unemployment benefits had not been extended and counted as income, 3.2 million people nationwide would have been in poverty. However, many low-income workers were not eligible for unemployment benefits, and others whose benefits were discontinued when their eligibility period ended.

[Children in Poverty](#)

A joint report from the Center for American Progress and Half in 10, “Penny Wise, Pound Foolish: Why Tackling Child Poverty During the Great Recession Makes Economic Sense,” describes the effects of the disproportionately high rate of poverty for children. While they point out that there is a statistical correlation with the poverty rate, they indicate that some but not all of the causation is related to income:

- Children born and raised in poverty are more likely to be poor and less likely to experience upward mobility across generations.
- When children start to fall behind in academic achievement, they have difficulty catching up.
- Poor children are more likely to attend lower-quality public schools.

- Poor children are more likely to drop out of high school in their teens and less likely to get a college degree.
- Health disparities for poor and less educated children increase into adulthood, resulting in lower levels of employment and earnings over their working lives.
- Those with the lowest levels of employment are more likely to become single parents.
- Those with the lowest levels of employment are more likely to engage in criminal activities and be incarcerated.

“Penny Wise, Pound Foolish” explains the additional long-term effects of the recession on poor children. It notes that because one of the factors in the recession was the housing bubble that burst, nationwide millions of families experienced foreclosure on their home mortgages. The lack of housing increased the number of homeless children, who are more likely to perform poorly in school and have behavioral problems.

“Penny Wise, Pound Foolish” describes how a 1% increase in child poverty could cost the U.S. economy an additional \$28 billion, because it has been consistently demonstrated that children who grow up poor earn less.

“An Update to Simulating the Effect of the Great Recession on Poverty” (Brookings) report suggests an even more negative poverty projection for children. From the 2007 rate of 18.0%, the peak years of slightly more than 24% occur until a gradual decrease begins toward the end of 2013. The 2020 projections are for a children’s poverty rate of 21.6-22.0% rate of poverty.

The Brookings report describes the long-term “scarring” of children who become homelessness and whose parents involuntarily and permanently lose their jobs. While the exact magnitude cannot be estimated, studies show that children with these experiences are more likely to be held back a grade which would increase their likelihood of being a high school drop out. The cumulative detrimental result on the the individuals affected and on the overall economy can last for decades.



Neighborhoods in Poverty

In September 2011, the *American Sociological Review* published “Neighborhood Effects in Temporal Perspective: The Impact of Long-Term Exposure to Concentrated Disadvantage on High School Graduation.” While there was already ample research showing the detrimental affect of poor neighborhoods on academic performance, this research explains the effect of the length of time the child experiences the poor neighborhood and at what point in childhood is he/she most negatively affected.

A longitudinal study was conducted over a 17-year period to estimate the effects of neighborhood disadvantage on high school graduation. They also found that the effects of poor neighborhoods affect children directly (through their own experiences) as well as indirectly (through how the disadvantaged neighborhoods affect their parents). The importance of incorporating a temporal aspect in to the research was important to understand the greater impact of spending more time in poor neighborhoods.

This article provides an extensive review of the literature demonstrating the effects experienced by

This longitudinal data suggests that efforts to improve schools could be more effective when a more comprehensive approach is used to also address poverty in the families and disadvantaged neighborhoods.

children who grow up in poor neighborhoods, but adds the important factor of how the length of time enhances the effect on children. The research focused on the degree to which high school graduation rates are affected by exposure to disadvantaged neighborhoods (characterized by high poverty, unemployment, and welfare receipt; many female-headed households; and few well-educated adults).

Among other significant finds, the report stated that “sustained exposure to disadvantaged neighborhoods throughout the entire childhood life course has a devastating impact on the chances of graduating from high school. . . **Absent more enduring structural changes, concentrated neighborhood poverty will likely continue to hamper the development of future generations of children.**”

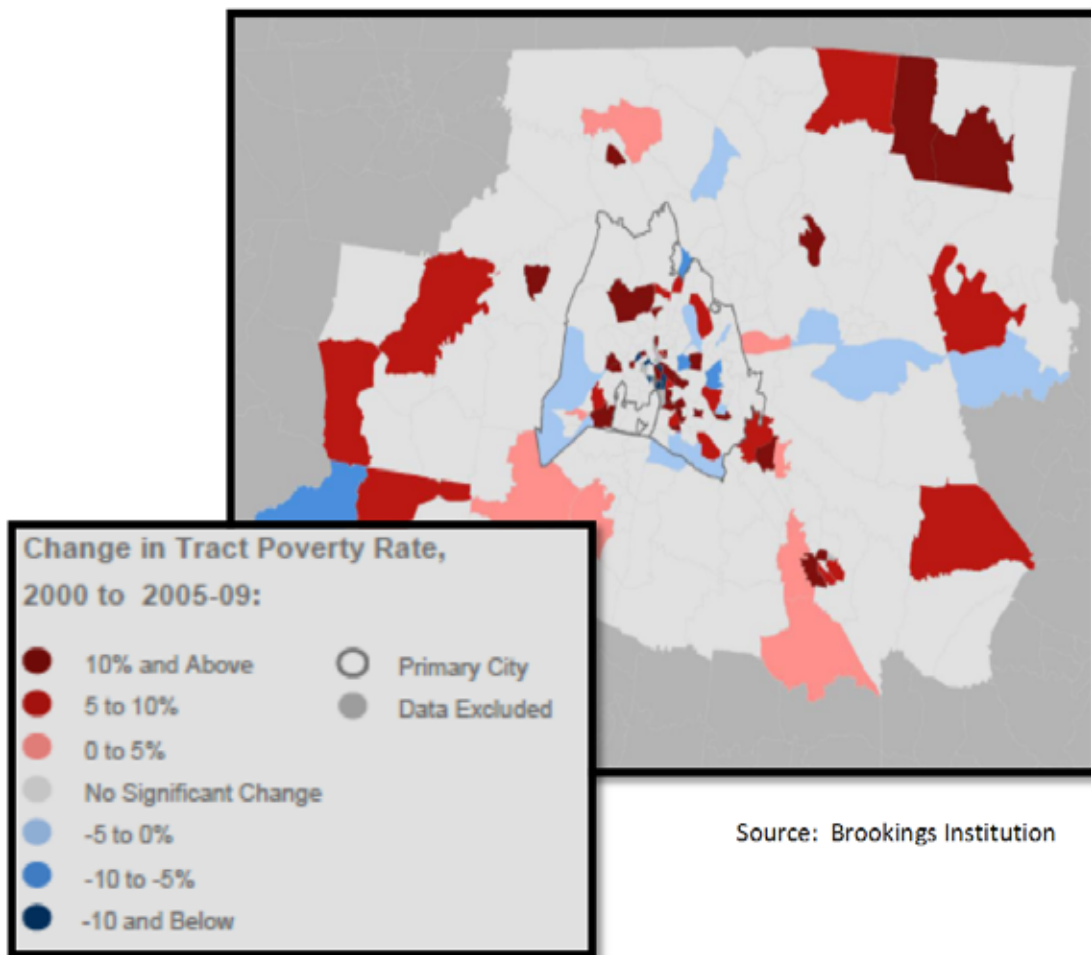
The Metropolitan Policy Program of Brookings Institution created the map below to show the change in Neighborhood Poverty Rates, and compares data from the 2000 Decennial Census with

the combined years of 2005-2009 of the American Community Survey. It reported on the Re-Emergence of Concentrated Poverty (Census tracts with poverty rates of 40% or higher).

The sections in Davidson County shown in dark red experienced an increase in at least 10% in the rate of poverty from the 2000 Census to the 2005-2009 ACS. It further notes that the number in extreme poverty increased more for those in the urban area (4,116) than in the suburbs (1,492).

http://www.brookings.edu/papers/2011/1103_poverty_kneebone_nadeau_berube.aspx

**Map of Davidson County by Change in Poverty Rates, by Census Tracts
2000, 2005-2009**



Source: Brookings Institution

[Social Factors and Death](#)

In the June 2011 *American Journal of Public Health*, “Estimated Deaths Attributable to Social Factors in the United States” used a systematic review of available literature combined with vital statistics data. This article estimates that in the United States in 2000, the number of deaths due to social factors was comparable to the number of deaths from leading pathophysiological causes. Chart 16 shows that more deaths were attributable to Low Education than to Acute Myocardial Infarction, Cerebrovascular Disease or Lung Cancer.

Chart 16: Deaths Attributable to Select Medical and Social Causes
U. S., 2000



Source: *American Journal of Public Health*, “Estimated Deaths Attributable to Social Factors in the United States,” June 2011.



Evidence-Based Practice

Evidence-based practice has been used in many fields, most notably with medicine. An international movement toward evidence-based social work began in the 1970s.

“The use of research evidence to guide practice and develop policies in the human services has become increasingly important given the limited resources and the pressures to document service outcomes. These pressures have emerged from increased scrutiny of public expenditures and the call for information about the impact of interventions on the reduction or elimination of social problems.”

Evidence-Based Practice in the Social Services: Implications for Organizational Change, School of Social Welfare, University of California-Berkeley (February 2005)

http://calswec.berkeley.edu/calswec/EB_0705_2.1_EBP_FinalFeb05.pdf

In the July/August 2009 issue of *Social Work Today*, “Understanding Evidence-Based Practice in Behavioral Health” described issues in regard to using evidence-based practice in social work.

While noting that many earlier practices identified as evidence-based have become common practice, they also described the challenges in defining and measuring what is evidenced-based. For example, they noted that there has been some confusion in the term which was originally applied to the process, but was later used to refer to the practices used rather than the process.

It specifically points out:

- It must be clear what the process/practice is based upon.
- Methods and the level of evidence should be transparent, and researchers should be clear on the specific outcomes they were expecting.
- It is difficult for social work to use the randomized clinical trials used in medical research, and individual differences should also be considered.

- The infrastructure for evidence-based practice is growing in social work/behavioral health, but there are no systematic studies measuring its implementation.
- If efficacy is demonstrated, the challenges of implementation should be addressed, and many social work schools are now teaching evidence-based practice.
- It is critical to know that the interventions do not affect the client negatively and that the likelihood of a positive result is increased.

There are various sources of information about evidence-based practice, including from the Social Work Policy Institute, which stated, “This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely disseminated and will benefit a greater number of people.”

The National Association of Social Workers emphasizes the use of evidence-based interventions, and it is working on Partnerships to Integrate Evidence-Based Treatments into Social Work Training. It emphasizes the importance of identifying and sharing information about models of evidence-based practices.

[Doing What Works](#)

The Center for American Progress has identified the next steps in the report on *Doing What Works: Building a Government That Delivers Greater Value and Results to the American People*. The report focuses on eliminating/redesigning misguided spending programs, boosting government productivity by streamlining management and strengthening operations and building a foundation for smarter decisions by enhancing transparency, performance measurement and evaluation.

Primarily designed for the federal government, it could be applied to other levels of government. It describes ways to save money, produce policy results and improve public confidence in government. It describes how these techniques can be used to produce maximum results:

- Challenge the status quo.
- Measure what works.
- Experiment and innovate.
- Coordinate and consolidate.
- Enlist the public.
- Be ready to execute.

Collective Impact

“Collective Impact,” in the Winter 2011 *Sanford Social Innovation Review*, describes how broad cross-sector coordination could create large-scale social change. However, it points out that most nonprofit sector approaches focus on “isolated impact” which is oriented toward finding and funding a solution within a single organization. The isolated impact approach may presume that somehow effective organizations will grow and replicate to expand the impact, although this is often inaccurate.

The article notes that there is little evidence to suggest that isolated initiatives are the best way to solve social problems in a complex and interdependent world. It describes the instance in which isolation may be more effective – when technical problems are being addressed and the problem is well defined, the answer known in advance and when one or very few organizations have the ability to implement the solution.

Collective impact approaches have been used to improve school performance and address homelessness, and can be applied to any large social issue. Using a collective impact requires a systemic approach that focuses on the relationships between organizations and the progress toward shared objectives. To achieve collective success requires five elements:

No single organization is responsible for any major social problem, nor can any single organization cure it.

1. Common Agenda – all participants share the same vision for change (common understanding of the problem and a joint approach to solving it through agreed upon actions).
2. Shared Measurement System – shared measurement is essential to collective impact (how to measure and report success; holding each other accountable and learning from each other).
3. Mutually Reinforcing Activities – diverse group of stakeholders working together (each working on specific activities to support and coordinate the actions of other stakeholders).
4. Continuous Communication – involves developing trust among participants (may take years to recognize and appreciate common motivation behind different types of efforts; takes

time to believe own interests will be treated fairly; must develop common vocabulary; participants must be personally active leaders).

5. Backbone Support Organizations – dedicated staff with responsibility to create and manage collective impact (providing myriad administrative and logistical types of support separate from the participating organizations).

Effective collective impact initiatives require significant investment, of both time and funding. Collective impact requires that funders support a long-term process of social change without identifying any particular solution in advance, which requires a fundamental difference in how funders see their role. Rather than be funders of specific projects, they could lead a long-term process to social change.

<http://www.fsg.org/tabid/191/ArticleId/211/Default.aspx?srpush=true>



Poverty Reduction/Alleviation Efforts

Nashville's Poverty Reduction Initiative

Following the development of the Nashville Poverty Reduction Plan through an initiative led by the Metropolitan Action Commission and the Nashville Area Chamber of Commerce, Mayor Karl Dean asked Metropolitan Social Services to “monitor and coordinate the initiative’s implementation as well as look at any initiatives that may overlap or be better supported by involving additional resources from existing agencies.”

Seven public-private Implementation Teams were formed (Child Care, Economic Opportunity, Food, Health, Housing, Neighborhood Development, Workforce Development), and the Nashville Poverty Council was formed to support and provide guidance. Metropolitan Social Services is working with the seven public-private Implementation Teams to implement recommended actions from the Poverty Initiative Plan. The first Annual Progress Report is available online.

<http://www.nashville.gov/sservices/docs/poverty/NPC-AnnualReport-FY2010-2011.pdf>

Community Action Agencies

Perhaps the largest and most well-known nationwide poverty reduction initiative is the system of Community Action Agencies (CAA) created as part of the 1964 Economic Opportunity Act to fight poverty by empowering the poor in the United States and its territories, as part of the War on Poverty. There are more than 1,000 public or private nonprofit CAAs nationwide that carry out the Community Action Program (CAP). Community Services Block Grants are provided to CAAs to reduce poverty in their communities.

Services vary among CAAs, although they generally operate some combination of Head Start programs (early childhood development), Low-Income Home Energy Assistance (LIHEAP) utility grants and Weatherization Assistance Program. Metropolitan Action Agency is the Community Action Program for Davidson County and was created by ordinance on August 12, 1964, for the purpose of securing and expending federal grants in accordance with regulations regarding the eradication of poverty.

Catholic Charities USA's Campaign to Reduce Poverty in America

The Campaign to Reduce Poverty in America describes poverty as a moral and social crisis threatening our country. Their campaign addresses the importance of promoting changes to enhance human dignity and the common good, stating, "We must no longer ignore the injustice of poverty and the extreme inequality in America." Catholic Charities USA provides social services to more than 10 million people each year and sponsored a National Poverty Summit in Ft. Worth, Texas, in September 2011.

<http://www.catholiccharitiesusa.org/page.aspx?pid=2286>

Through the work of Catholic Charities USA, on September 1, 2011, the National Opportunity and Community Renewal Act was reintroduced U. S. Senate (S .1565). If approved, it would bring innovative strategies existing in communities throughout the country that will serve to revamp the federal approach to poverty prevention and alleviation.

Half in Ten

One of the national initiatives to decrease poverty is Half in Ten, a campaign to cut poverty in half in ten years, sponsored by the Center for American Progress Action Fund, the Leadership Conference on Civil and Human Rights and the Coalition on Human Needs. The areas in which they

work are Child Care, Child Tax Credit, Earned Income Tax Credit, Foreclosure Prevention, Green Buildings and Green Jobs, Minimum Wage and Unemployment Insurance.

<http://halfinten.org/issues>

Half in Ten recently released a follow-up to their 2007 “From Poverty to Prosperity: A National Strategy to Cut Poverty in Half,” which laid out the policy recommendations that could significantly cut poverty in the United States. Shortly after the 2007 report was released, the Great Recession began which affected programs, services and initiatives needed to decrease poverty. The 2010 “Restoring Shared Prosperity: 2010” describes the current state of poverty and how public policies can be shaped to boost national prosperity and experience economic trends that improve the lives of all Americans.

<http://halfinten.org/indicators/publications/2010report/>

Half in Ten’s October 2011 Tennessee Fact Sheet:

http://test.hit-new.techprogress.org/uploads/support_files/factsheet-2010-TN.pdf

Center for American Progress

The Center for American Progress addresses 21st-century challenges such as energy, national security, economic growth and opportunity, immigration, education, and health care. It is dedicated to improving the lives of Americans through progressive ideas and action, by building on the achievements of progressive pioneers such as Teddy Roosevelt and Martin Luther King. The Center was founded in 2003 to provide long-term leadership and support to a progressive approach that supports the freedom to climb the ladder of economic mobility.

<http://www.americanprogress.org/>

Measuring Human Development

Measuring Human Development

The American Human Development Project recently released its second report, *The Measure of America 2010-2011: Mapping Risks and Resilience* that stated, “In chronicling of the American story, the human development approach seeks to shift focus from the financial sphere of growth and profits to the human sphere of opportunity and freedom.” This report expands the indicators used to assess the quality of life beyond income alone:

- **Health – the capacity to live a long and healthy life;**
- **Education – the access to knowledge;**
- **Income – the capacity to maintain a decent standard of living.**

Out of 50 states and the District of Columbia, Tennessee ranks 44th of 51 on the overall American Human Development Index, ranking 4.33 compared to 5.17 nationwide.

The Human Development Index report ranks various measures by specific geographic areas, with demographic variables including gender, race and ethnicity. This type of data has been used for many years to compare countries and is now available for U. S. Congressional Districts, Zip Codes and states. Both the book and web site have extensive data with breakdowns by multiple factors, considering risks in each measure:

<http://www.measureofamerica.org/the-measure-of-america-2010-2011-book/>

The report notes that the measures used are not necessarily correlated. For example, in their comparison across states, those with higher median income did not necessarily have a longer life expectancy. Washington, DC, New Jersey and Maryland were the top three for income, but ranked 46th, 16th and 33rd, respectively.

Health – A Long and Healthy Life – Overall Measure: Life Expectancy at Birth, with risk factors:

1. Low birth weight (indicator of population health, especially for medical care for women);
2. Diabetes rates (related to obesity and physical inactivity); and
3. Trauma-related deaths (preventable deaths from homicide, suicide and unintentional injury such as car accidents and workplace accidents).

Education – Access to Knowledge – Overall Measure: Educational Attainment (degree attainment and school enrollment for preschool and above), with risk factors:

1. The percentage of 3-4 year olds not enrolled in preschool (an important indicator of school readiness and life chances);
2. Fourth-graders not demonstrating reading proficiency (a strong predictor of school performance);
3. Students who do not graduate from high school on time (higher risk of never graduating).

Income – A Decent Standard of Living – Overall Measure: Median Personal Earnings, with risk factors:

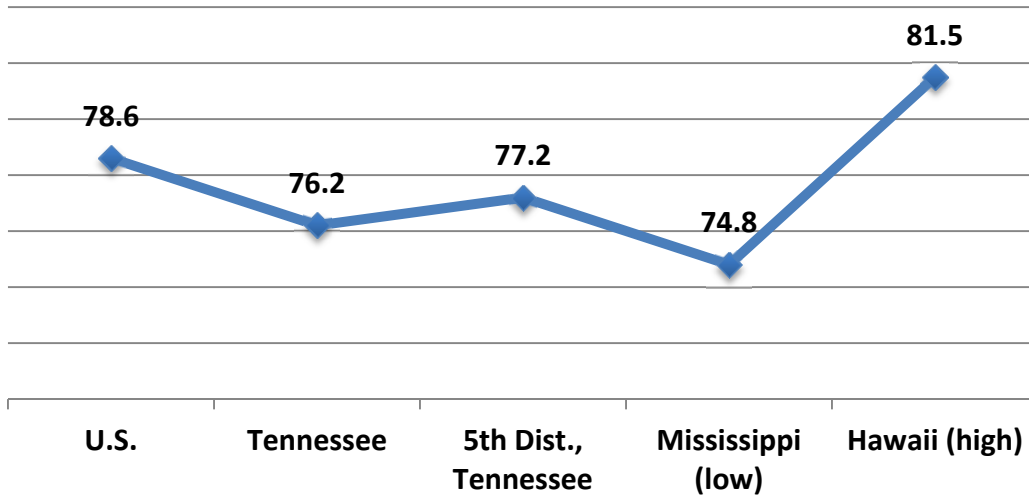
1. Children under age 6 living in households with incomes below the poverty line (vulnerable to a range of health, cognitive and emotional risks; associated with poor outcomes later).
2. Marginally attached workers (available to work but have stopped trying to find employment who have looked for work in the past year but not in the past four weeks who are not included in standard counts of unemployment);
3. Renters with severe housing cost-burdens (spending more than half of their household incomes on rent; at risk of forgoing other essential goods and services);
4. Elderly poverty (face trade-offs in essential areas such as medical care, home-care services, energy consumption and food security).

Charts 17, 18 and 19 show the rankings by the Human Development Index, which show the 5th Congressional District of Tennessee (primarily Davidson County) in context with the statewide and nationwide ranking with the addition of states ranked the lowest and highest in each measure in the chart.

Chart 17 shows that the 5th District-TN ranks higher than Tennessee but lower than the U. S. ranking.

Chart 17: Years of Life Expectancy at Birth by State

U. S., Tenn., 5th Dist.-TN, Lowest and Highest

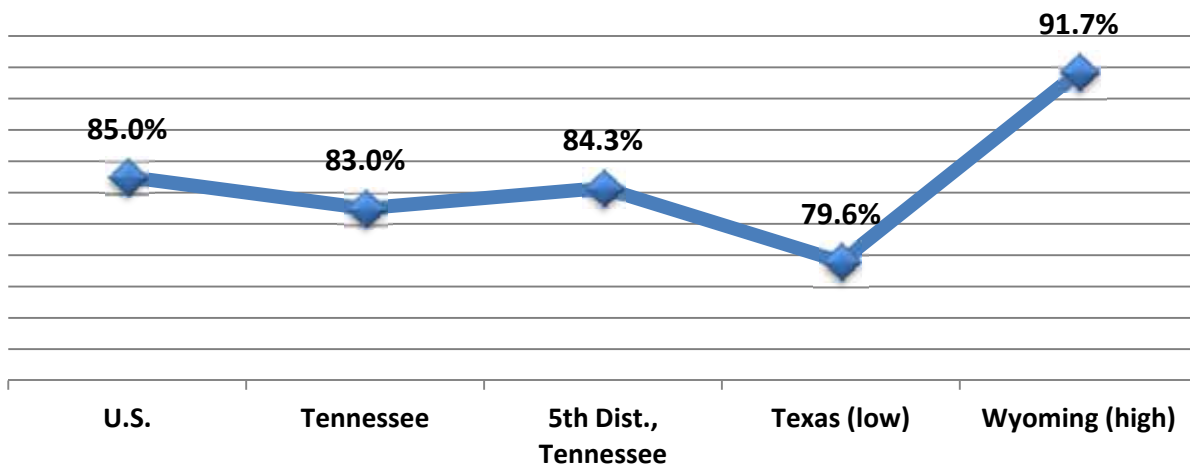


Source: The Measure of American 2010-2011

Similarly, chart 18 shows the ranking of the 5th District-TN higher than Tennessee and lower than the U. S., and considerably lower than the highest-ranking area.

Chart 18: Percentage With At Least a High School Diploma by State

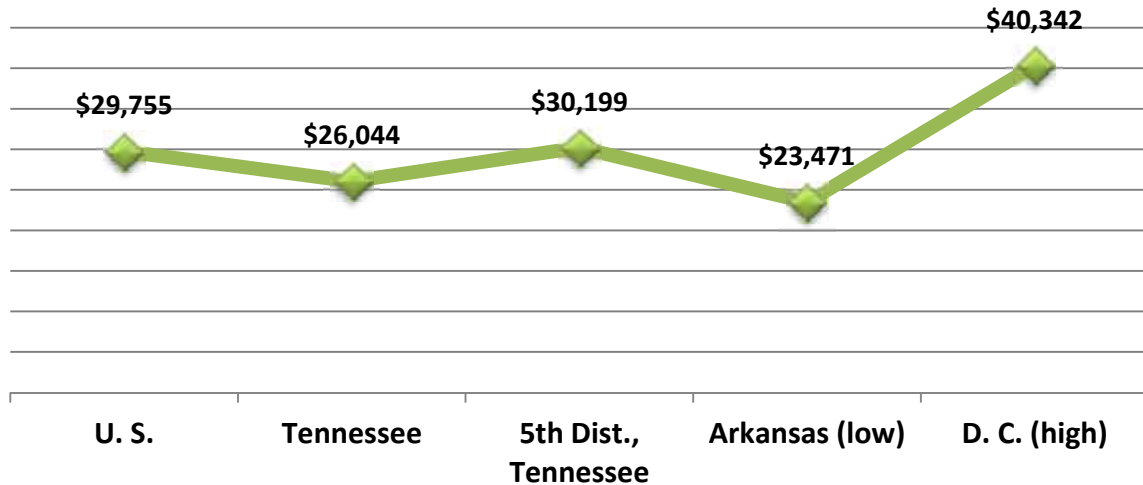
U. S., Tenn., 5th Dist.-TN, Lowest and Highest



Source: The Measure of American 2010-2011

Chart 19 shows that the median income of the 5th District-TN was higher than either statewide or nationwide. However, it is significantly lower than the District of Columbia.

Chart 19: Median Earnings by State
U. S., Tennessee, 5th District-TN, Lowest and Highest States



Source: The Measure of American 2010-2011

To put this in a global context, the Organization for Economic Cooperation and Development uses this same type of information to rank 30 specific countries, primarily advanced countries. While the U. S. ranks in the middle of a number of measures, it often is at one extreme or the other (most positive or most negative). The numerical ranking shows either positive or negative conditions, depending on the category. For example, these are categories in which the U. S. ranks either among the top 3 or the bottom 3.

U. S. Rankings in the Top 3 Among 30 Countries

- 1 Adult Obesity
- 1 New AIDS Cases
- 1 Total Health Expenditures and Total Health Expenditures Per Capita
- 2 Population Living Below 50% of Poverty
- 3 Gross National Product Per Capita
- 3 Infant Mortality

U. S. Rankings in the Bottom 3 Among 30 Countries

- 26 Math Literacy
- 28 Less Than Upper Secondary Education
- 29 Percentage of Population Smoking Daily
- 29 Weeks of Paid Maternity Leave Entitlement



The 2-1-1 Call Center is an initiative of United Way of Metropolitan Nashville, operated through a partnership with Family & Children’s Service. Because of the complexity of the service delivery system and the large number of public and private organizations that provide services, 2-1-1 is an important tool in helping people who need assistance to find what they need.

As noted on the Tennessee Alliance of Information & Referral Systems web page, “One of the easiest ways to get help is by dialing 2-1-1, Tennessee’s community services help line. When you call, you’ll get a real person, one who is trained to help you sort out your needs, and then give you phone numbers and addresses of the closest places where you can get help.”

The 2-1-1 Call Center provides services in multiple languages, with services provided by expert, nationally certified Information & Referral Specialists. Both individuals and agency professionals use 2-1-1 as an effective way to identify specific resources to help those in need. 2-1-1 provides callers with information about resources to meet their social/human service needs. Some people also call to offer donations or other help to those in need. Many organizations also use the online version of 2-1-1. www.211tn.org

Since it began, the 2-1-1 Call Center has amassed a great deal of information that shows the trends in needs for 2-1-1 callers. 2-1-1 is the primary information and referral line in Nashville, although there are others related to specific populations (Disability Pathfinders, Aging and Disability Resource Connection, etc.).

Davidson County’s 2-1-1 began in 2004 and has assisted thousands of callers. In addition, 2-1-1 has a referral database with information on more than 2000 service providers in Davidson County and

nearby areas. 2-1-1 has collected a great deal of information about the type and volume of calls they receive. While the data is not a random sample of needs and does not include calls from people who contact agencies directly, it is an important component of demonstrating the needs of thousands of people who call 2-1-1.

Because of the complexity of the service delivery system, it is important to categorize the numerous services available to the community. The data below uses categories developed by the Alliance of Information & Referral Systems and the same categories are used by most 2-1-1 call centers in the United States. A list of definitions for categories is below.

Category	Definition
Arts, Culture and Recreation	Camps/summer camps, physical fitness, parks
Clothing/Personal/Household Needs	Furniture, clothing, cell phones, fans/AC, diapers, appliances
Disaster Services	Disaster relief/recovery organizations, FEMA, preparedness
Education	GED, adult education, school districts, Head Start, Vocational
Employment	Career centers, career development, Workforce Investment Act programs, job search
Food/Meals	Food pantries, food stamps, meals on wheels, women/infants/children
Health Care	Dental care, prescriptions, sliding scale clinics, health insurance, glasses
Housing/Utilities	Utility payment, rent payment, shelter, subsidized housing, domestic violence shelter
Income Support/Assistance	VITA, unemployment, social security, Medicaid, SSI, credit counseling
Individual, Family and Community Support	Case management, children's protective services, animal control, adult protective services
Information Services	Other 211's, directory assistance, 311, specialized I&R, government hotlines
Legal, Consumer and Public Safety Services	Legal services, child support, police, driver's license
Mental Health/Addictions	Crisis intervention, domestic violence hotlines, counseling, substance abuse, mental health facilities
Other Government/Economic Services	Waste management, streets, building safety, public works

Transportation	Gas money, medical appointment transportation, traveler's aid, greyhound
Volunteers/Donations	Donation pickups, volunteer opportunities

2-1-1 issues monthly reports about the number of calls about each problem/need, the number of calls by county (most are from Davidson County), the number of calls referred to each agency, and a summary of the number and percentage of calls in each category, total calls, and total needs. Since 2004, 2-1-1 has received an average of about 15,000 calls per month. The table below includes a full list of the categories (based on the definitions above) and the cumulative percentage of calls for the period January 1, 2007 through September 30, 2011 for their service area.

Type of Need	% Calls
Education	1.1%
Employment	1.5%
Disaster Services	1.5%
Transportation	1.6%
Volunteers/Donations	1.9%
Mental Health/Addictions	2.7%
Legal, Consumer and Public Safety Services	2.8%
Clothing/Personal/Household	2.9%
Other Government/Economic Services	3.7%
Individual, Family and Community Support	4.5%
Health Care	6.5%
Income Support/Assistance	11.9%
Information Services	14.5%
Food/Meals	15.4%
Housing/Utilities	27.3%

Chart 20 identifies the percentage of cumulative calls to 2-1-1 for the each need that was identified at least 2% of the time, for the period January 1, 2007 through September 30, 2011. The

percentage of calls may vary by month, depending on the environment or other circumstances. For example:

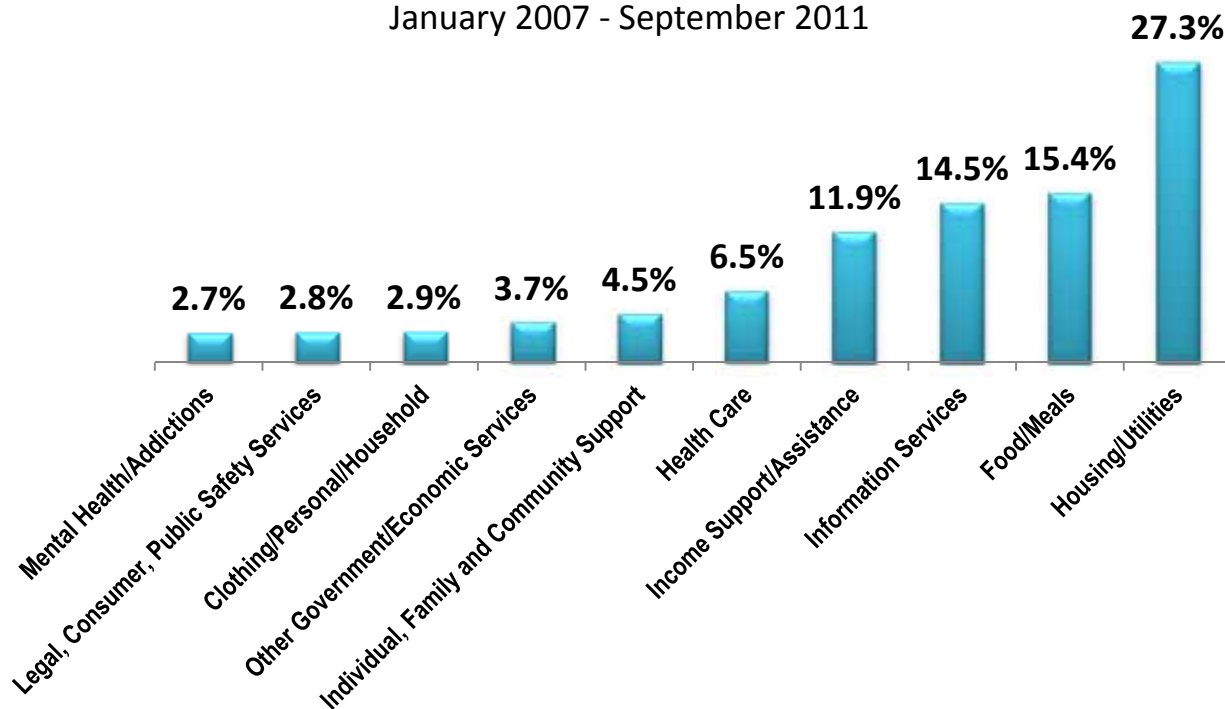
- The number of Disaster Services calls peaked primarily at the time of the May 2010 flood, as other disasters, shown in Chart 18.
- The Family category spikes for calls about Christmas.
- Food requests spikes during the operation of the Food Stamp awareness campaigns.

The top five needs in the 2-1-1 service area since 2007 are shown in Chart 20 as: 1) Housing/Utilities; 2) Food/Meals; 3) Information (Other 211's, directory assistance, 311, specialized Information & Referral sources, government hotlines), 4) Income Support/Assistance and 5) Health Care.

These needs are very similar to the data reported in the 2011 Community Needs Evaluation (which had separate categories for utilities, rent and housing/shelter): 1) Utilities; 2) Food/Food Stamps; 3) Other Financial/Basic Needs; 4) Rent, 5) Information/Service needed, and 6) Housing/Shelter.

Chart 20: Top Ten Needs in 2-1-1 Calls, by Percent

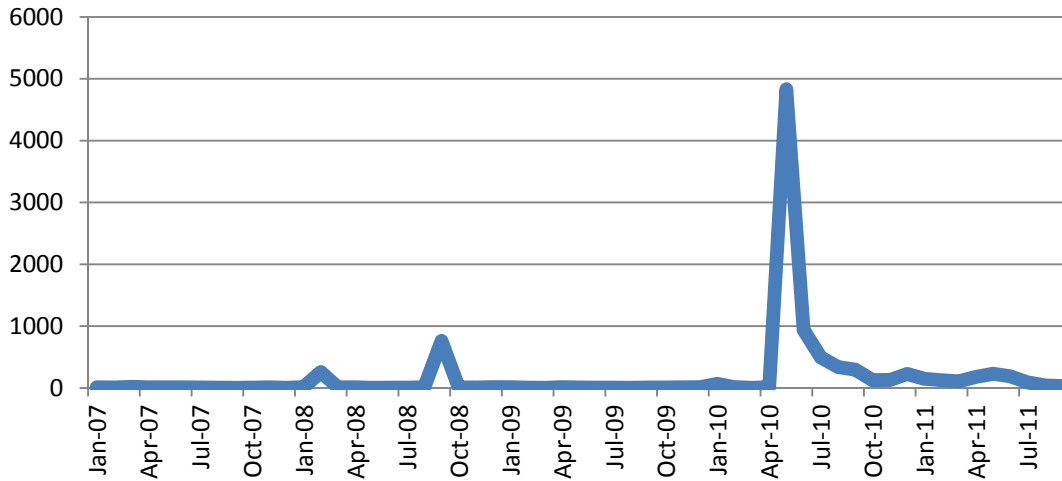
January 2007 - September 2011



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

Chart 21 shows a peak in disaster related calls immediately following the May 2010 Flood.

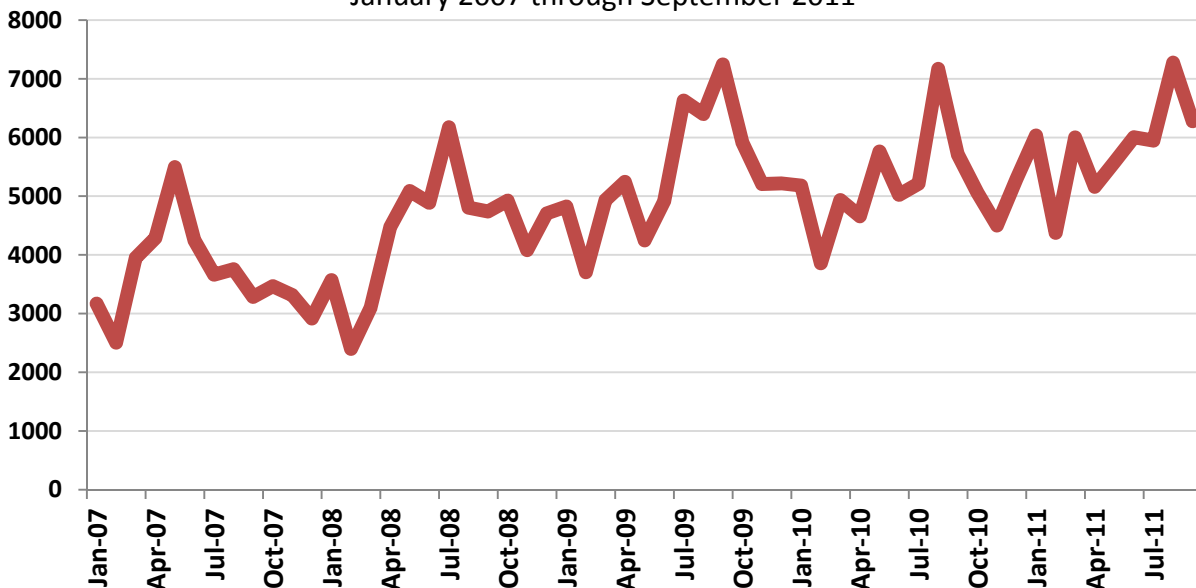
**Chart 21: Calls to 2-1-1 for Disaster Services by Month
January 2007 through September 2011**



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

Chart 22 shows an a continuing high level of calls for basic needs.

**Chart 22: Calls to 2-1-1 for Basic Needs (food, utilities, housing)
January 2007 through September 2011**



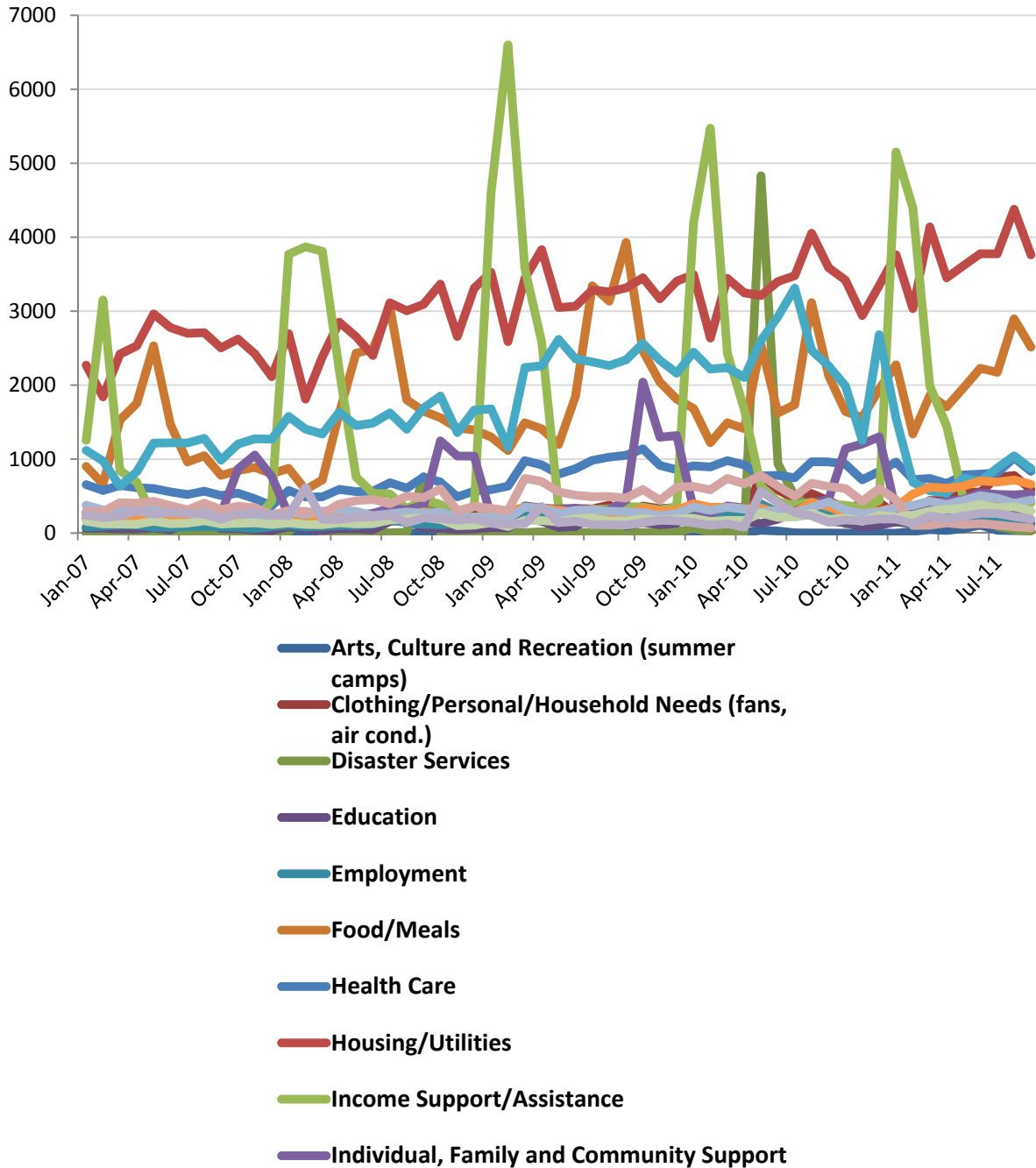
Source: 2-1-1 Call Center, United Way of Metropolitan Nashville

Chart 23 shows all categories of calls to 2-1-1 from January 2007 through September 2011. The highest peaks are for calls about Income Support/Assistance. The calls for Housing/Utilities remain

consistently high, with the percentage of calls almost twice as high as any other category (Chart 17).

Chart 23: Calls to 2-1-1 By Category

January 2007-September 2011



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



CHILD CARE - KEY FINDINGS

- Of 50 states, Tennessee ranked below average as the 44th state in the nation for infant mortality rate and 24th in the nation for the number of child deaths of children ages 1-14.
- Two-thirds of children in poverty are living in working families.
- Almost 11% of the nation's children had at least one unemployed parent in 2010, affecting nearly 8 million children.
- The poorest children are preschool children of color living in female-headed families.
- Black children are roughly 2.5 times more likely than white children to experience poverty and 7 times more likely to be persistently poor.
- The average Families First monthly cash assistance benefit in Davidson County is \$157 per month.
- The cost to the state of Tennessee per incarcerated prisoner is \$14,827 compared to the state's annual expenditure per public school child that is \$7,004.

*"To put the world in order, we must first put the nation in order;
To put the nation in order, we must put the family in order;
To put the family in order, we must first cultivate our personal lives;
We must first set our hearts right." - Confucius*

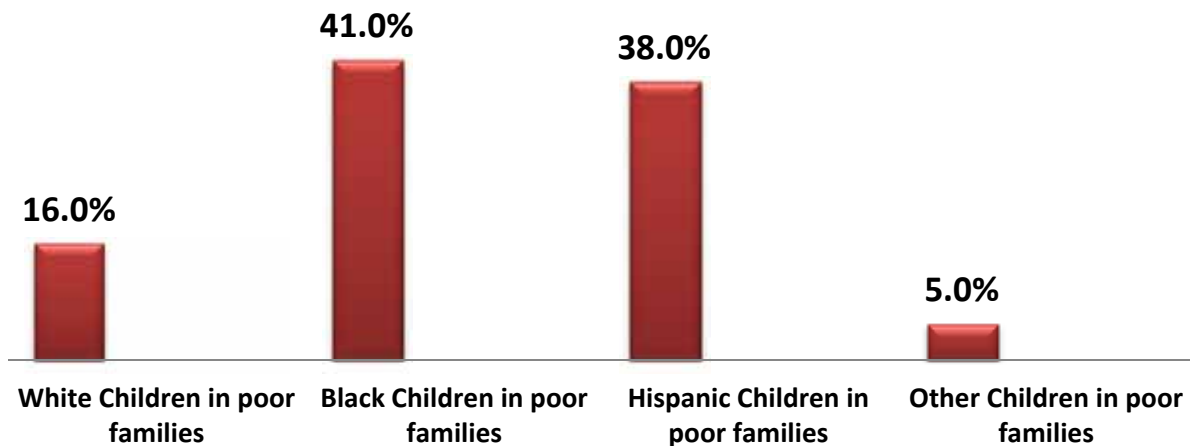
African-American children were nearly twice as likely as white children to have an unemployed parent. Children whose more highly educated parent had only a high school diploma were far more likely to experience parental unemployment than children with a college-educated parent, according to the *2011 KIDS Count Data Book* of the Annie E. Casey Foundation.

Over the past 4 decades, the U.S. child poverty rate has ranged from a low of 15% to a high of 23% as measured annually by the U.S. Census Bureau. The Children's Defense Fund report of *The State of America's Children 2011* revealed that children of color lag behind on most every measure of child well-being. They face multiple risks that put them in jeopardy of entering prison rather than college, productive employment and successful futures. Chart C-1 shows that in Tennessee, there

were more Black and Hispanic children that lived in impoverished families than White and other races of children.

Chart C-1: Percentage Children Living in Poor Families

Tennessee, 2009



Source: National Center for Children in Poverty, 2010

For a family of four, the 2011 federal poverty level is \$22,350 a year, with the exception of adjustment for inflation. The federal poverty level has not been revised since the 1960s, and has been identified as an ineffective measure of a family’s ability to meet their basic needs.

Children Born in Poverty

Children who are poor at birth are significantly more likely to be poor as adults, drop out of high school, and have a teen non-marital birth than those who were not poor at birth according to the *Childhood Poverty Persistence Report* from the Urban Institute. It states that being born into poverty can be a predictor of adult poverty. It describes various possible mechanisms through which adult poverty may occur such as parental income, family functioning and home environment, neighborhood factors, and school quality.



The likelihood of not completing high school is three times greater for individuals who were poor at birth, compared with individuals who were not poor at birth. For persons who were not poor at birth, 7% lack high school diplomas, compared to 22% who lack high school diplomas among those who were poor at birth. Some children have been resilient to childhood poverty and are able to avoid negative outcomes. Understanding the characteristics and experiences of persistently poor children who successfully transition to adulthood could provide important

information about what persistently poor children need and what can help them become successful adults.

According to the Children’s Defense Fund, “*Moments in America’s Children*” (July, 2011) the following challenges exist:

- Every 34 seconds a child is born into poverty.
- Every 18 minutes a baby dies before his or her first birthday.
- Every 2 minutes a child is born at low birth weight that could result in premature death or increased health risks.

The Tennessee Department of Health reported that babies of Black mothers are almost twice as likely as babies of White mothers to be born at low birth weight.

Of children born to parents who lived in poverty, only about 7% of these children will reach a high income level as adults.

The Davidson County risk factors and infant mortality rates noted that the factors that placed children and families at risk of adverse future outcomes were the county poverty rate, number of reported crimes, number of youth arrests, number of domestic violence reports, unemployment rate, the number of reported child abuse rates and the infant mortality rate.

<http://health.state.tn.us/MCH/PDFs/MIECHV%20State%20Plan.pdf>

In September 2010, the Tennessee Statewide Needs Assessment as part of the Tennessee Department of Health’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program ranked all 95 Tennessee counties based on indicators outlined by federal guidelines. The assessment identified and targeted at-risk communities after ranking all 95 Tennessee counties based on indicators of community and individual risk factors through the *Tennessee Statewide Needs Assessment*. Davidson County’s unemployment, crime, and high school dropout rates were specified as social risk factors because they placed children and their families at risk of adverse future outcomes (such as lack of education or less opportunity for economic development).

According to the Economic Mobility Project of the Pew Charitable Trust, in the United States, 36% of children born to parents below the poverty level remain in poverty as adults. For children born to parents in high-income levels, 36% of those children remain in the top income levels as adults. The children born to parents in the middle of the wealth distribution (middle class) have an almost equal likelihood of moving up or moving down income levels as adults.

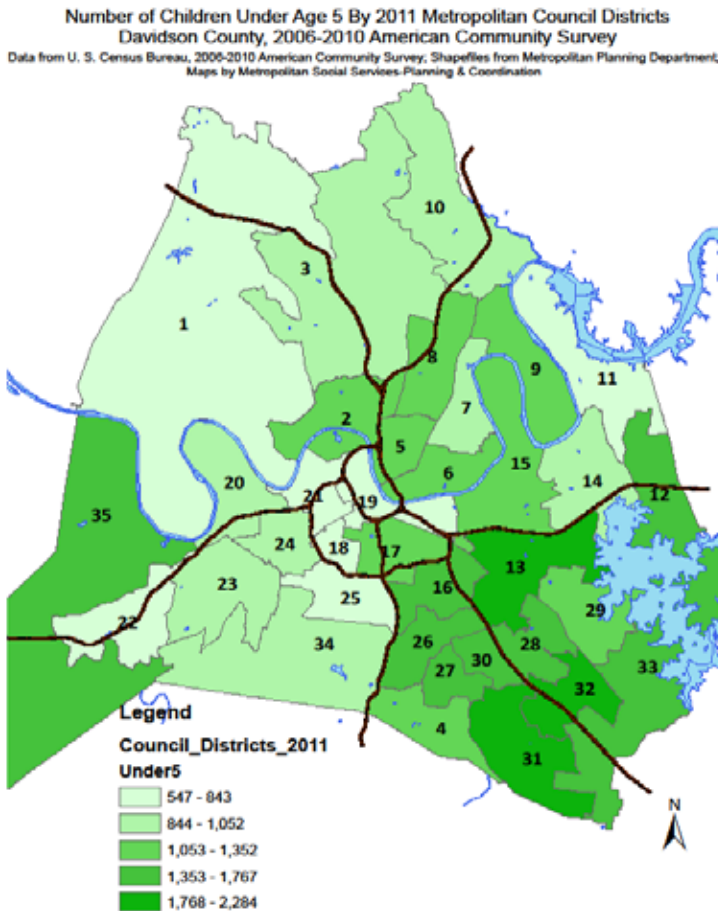
Chart C-2 shows that 34.0 % of Tennessee’s Families First adult caregivers/parents in urban areas received public welfare assistance as children and 16.5% of their parents received assistance for their children.

Chart C-2: Percentage of Families First Children of 2nd and 3rd Generation Recipients
Tennessee Urban Areas



Source: Families First 2010 Case Characteristics Study

The map below shows the number of children under age 5 who lived in Metropolitan Council Districts, according to the 2006-2010 American Community Survey



Council District 13 had the 2nd highest number of children under age 5 (2,282) and the 8th (of 35 Districts) highest rate of poverty at 24.9%.

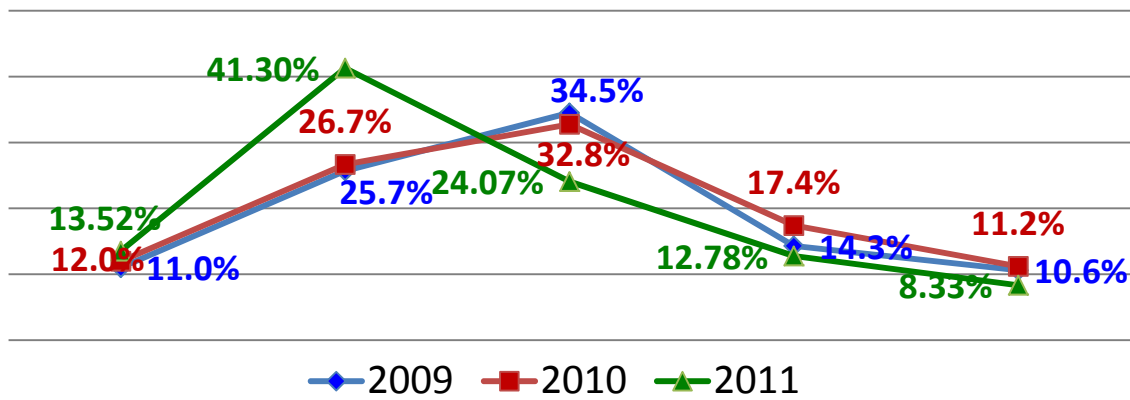
District 30 had the 4th highest number of children under age 5 and the 12th highest rate of poverty at 21.8%.

District 26 had the 9th highest number of children under age 5 and the 11th highest rate of poverty at 22.0%.

Grassroots Community Survey

When asked to identify which of the issue areas had the largest gap between the services now available and what is needed in Home & Community Based Services, which includes child care, consumers who responded to the Grassroots Community survey identified help needed to pay for child care as their greatest need (41.30%). This was a significant increase from 26.7% in 2010 and 25.7% in 2009. The need for child care closer to home and more infant child care were the next greatest needs. (Chart HC-2 is also shown in a subsequent section.)

Chart HC-2: Greatest Need in Home & Community Based Services
Grassroots Community Survey 2009-2011



Source: MSS 2011 Grassroots Community Survey

Child Care System and Costs

In Tennessee, the average annual cost of child care for a four year old in a day care center is \$5,732. *KIDS COUNT: The State of the Child in Tennessee 2010* by the Tennessee Commission on Children and Youth reported that Davidson County had 36,144 regulated child care spaces. According to the Children's Defense Fund, *The State of America's Children 2011*, the annual cost of center-based child care for a four-year old is more than the annual in-state tuition at a four-year college in 33 states and the District of Columbia.

The quality of child care has a direct impact on a child's ability to learn and to build healthy relationships. The critical decision of where to place their child is often difficult and confusing for parents. The quality of child care and a positive future for children depends on parents having the information they need to make informed choices for their family. The Tennessee Department of Human Services helps parents make decisions with the comparative quality information in Tennessee's Child Care Report Card System. The Tennessee Child Care



Report Card System is part of the state’s comprehensive plan to provide more information for parents and improve the quality of child care in Tennessee.

<http://www.tn.gov/humanserv/adfam/ccrcsq.html>

Under the Tennessee's Child Care Report Card System, every licensed child care agency must undergo an annual evaluation and post a report card of the results. Agencies are required to post their report card with their renewal license for parents.

The Report Card system is mandatory for all licensed providers in the state. An agency must be open for at least 1 year before it can be assessed. The Star-Quality Child Care Program is a voluntary program that recognizes child care agencies that exceed minimum licensing standards.

According to the Tennessee Department of Human Services in Tennessee, the average cost for unsubsidized child care for one infant and one four year-old is approximately \$13,000 per year, which is more than the annual median income of \$11,400 for employed adults leaving the TANF/Families First program. For 13,467 families in Davidson County with incomes less than \$15,000, it is challenging for families to pay for child care.

Research through The University of Tennessee Social Work Office of Research and Public Service noted that partnerships of local providers and community programs could help provide parents with access to and availability of child care to meet family child care needs. Collaborative efforts included partnerships to provide full-day care, long-range planning at the local and state levels, assistance and referral to parents for child care resources, training of child care providers in the community, and development support for local providers of extended care for school-age children.

Tennessee Child Care Certificate Program

The Child Care Certificate Program is Tennessee’s assistance program for low-income and at-risk children. Funding for the Certificate Program comes from the federal Families First/Temporary Assistance to Needy Families block grant and the Child Care Development Block Grant (CCDBG). The Child Care Certificate Program is often referred to as subsidized child care.

The primary source of funding for child care assistance is the federal Child Care and Development Block Grant (CCDBG) program. CCDBG funding was \$5.140 billion in FY 2011. This was a decrease from CCDBG funding for FY 2010 even before adjusting for inflation—\$6.044 billion, including the additional \$2 billion in CCDBG funding for states to obligate in FY 2009 and FY 2010 provided

through the American Recovery and Reinvestment Act (ARRA), which assumed \$1 billion of ARRA funds each year for FY 2009 and FY 2010.

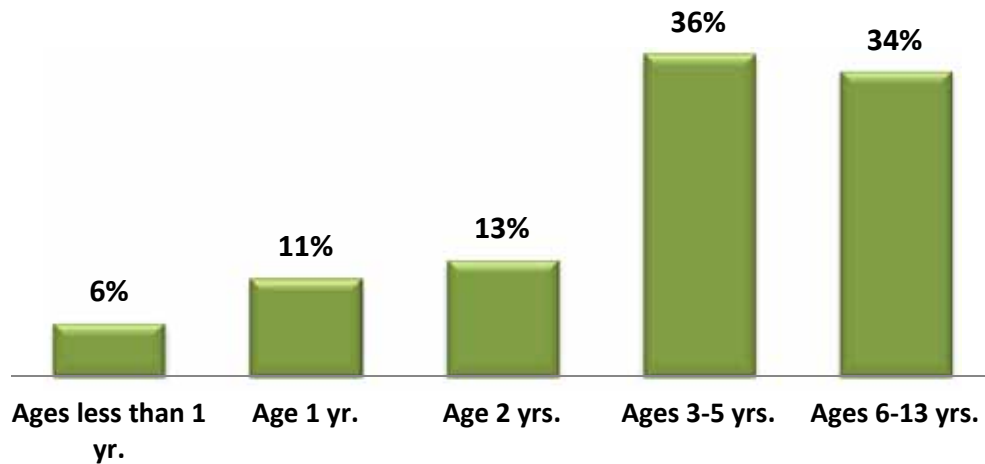


The FY 2010 level represented a peak for CCDBG, exceeding the previous peak for CCDBG funding (\$4.817 billion before adjusting for inflation, and \$5.899 billion in FY 2010 dollars), which occurred in FY 2002. The ARRA funding that contributed to the FY 2010 peak funding level was temporary.

The Tennessee Department of Human Services determines the applicant’s eligibility based on state and federal guidelines. All applicants for child care assistance are required to be a U.S. citizen or legal immigrant and meet Family Assistance eligibility requirements in order to receive child care assistance. An exception provides that the child of an undocumented immigrant may be eligible for child care approved by the Tennessee Department of Children’s Services for child protective situations.

As shown in Chart C-3, infants and toddlers make up over one-third all children served in the Community Child Development Block Grant. Tennessee served 35.0% of infants and children in 2009 through the Community Child Development Block Grant.

Chart C-3: Child Care Funded by the Child Care Development Block Grant U. S., By Age Category, 2009



Source: U. S. Census Bureau; U. S. Department of Health and Human Services

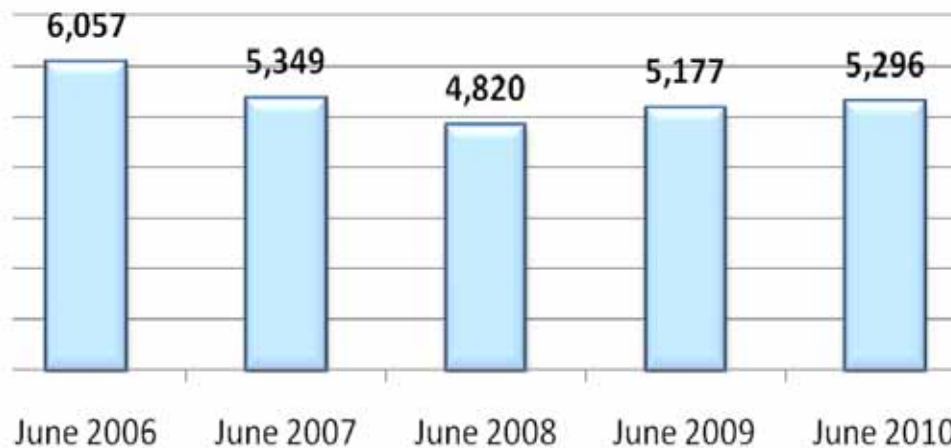
Families First child care certificates are issued for a period not to exceed 12 months. Families First representatives maintain regular contact with parents and their work, they can make changes to child care eligibility as needed based on compliance with the work requirements or other circumstances as ordered by Families First.

Recipients can be temporarily exempted from the work requirement if the parent can demonstrate an inability to locate or access child care due to the distance or unavailability of affordable formal child care.

In Tennessee, there are 357,740 child care spaces across 7,098 participating providers. A total of about 40,000 children receive child care subsidies each year.

Chart C-4 shows the number of Davidson County children in the Tennessee Child Care Certificate Program has fluctuated over the past five years, based on the sample month of June each fiscal year.

Chart C-4: Number of Children Enrolled in Tennessee Child Care Certificate Program
Davidson County, (June) 2006, 2007, 2008, 2009, 2010



Source: Tennessee Department of Human Services

Families First/ TANF (Temporary Assistance to Needy Families)

Families First, Tennessee’s welfare reform program, began in September 1996, under a federal waiver that provided Aid to Families with Dependent Children (AFDC). The Families First program is operated in compliance with the Federal Temporary Assistance for Needy Families (TANF) program.

The Families First program provides temporary cash assistance program and emphasizes work, training, and personal responsibility. As part of the Families First program, each participant must agree to follow a mandatory personal responsibility plan. The personal responsibility plan is a work agreement between the client and Families First that the client will comply with the plan in order to receive assistance.

The Families First caseload data collected and reported by the Center on Budget and Policy Priorities, September 2011 showed that between 2008 and 2009, 38 families participated in Families First for every 100 families in poverty.

Children and Education

Research from the Annie E. Casey Foundation and other organizations have demonstrated that high-quality early childhood development programs for disadvantaged children and their families are cost-effective investments for reducing the negative effects of economic hardship. Findings show that reading proficiency by the third grade is a crucial marker in a child's educational development. Children who fail to read proficiently by the end of third grade are more likely to drop out of high school, reducing their earning potential and chances for success.

In April 2011, Mayor Karl Dean's Advisory Council on Early Childhood Development and Early Education submitted a comprehensive report that described Davidson County programs for early childhood development and early education. The report showed that there is a patchwork of services in Davidson County. The report established a city-wide vision of success for children from birth to 8 years of age and included recommendations to affect outcomes and quality of life for young children, their families and the city.

The report noted that in providing key services and supports to promote early childhood development and education, there are needs and weaknesses in early care and education that must be addressed. A wide variety of service providers exist within the field of early child development and education.



Other relevant data from the report:

- Of Davidson County's approximately 48,285 children ages 0-5, it is estimated that 37% participate in some form of licensed child care or education program.

- Approximately 35% of eligible children who apply for Metro Nashville Public Schools (MNPS) Voluntary Pre-K program are on waiting lists
- While 37% of all children are in some type of care, an estimated 27% of Davidson County's entire 0-5 year old population participates in a high-quality formalized care program.
- There is uncertainty about whether the Tennessee Department of Human Services' 3-star rating system and the Tennessee Voluntary Pre-K oversight processes are sufficient to incentivize and comprehensively measure quality learning and developmental outcomes for children.
- Programs use different standards and assessments that promote and determine a certain set of early childhood programming practices.
- Current and potential funders, both private and public sources, of early child development programs may be unsure of what they are funding (child care or early childhood education).

According to *America's Children: National Indicators of Well-Being, 2011*, during the time after school and on weekends school-age some children spend that time in child care arrangements, and in a variety of other activities such as sports, arts, clubs, academic activities, religious activities, and community service. Other children cared for themselves without adult supervision. In 2010, older children were more likely to care for themselves than their younger counterparts: 2% of children ages 5-8, 11% of children ages 9-11, and 36% of children ages 12-14, were regularly in self-care situations. Other facts that support the need for after school care for children are:

- As many as 15 million children have no place to go after school. (Source: U.S. Census)
- More than 28 million children have parents who work outside the home. (Source: U.S. Department of Labor)
- Parents themselves admit to regularly leaving more than 4 million middle school children under the age of 13 to care for themselves for a few hours each week. (Source: Child Trends)

The Nashville After Zone Alliance in partnership with Metro Nashville Public Schools (MNPS), a coordinated system of afterschool programming for middle school students in Nashville released the following data:

- Fewer than 10% of the 21,500 public middle-school students participate in structured after school programs.

- High-quality providers have long waiting lists. Most after school programs are designed for elementary students and are not appealing to pre-adolescents, ages 9-14.

Head Start

The Head Start program provides 3-4 year old children from low income families with comprehensive early education and support services. In 1994, federal policymakers authorized the Early Head Start program to address the needs of children age 3. Head Start programs use a holistic approach with services such as early education to enhance cognitive, developmental, and socio-emotional needs; medical and dental screenings, referrals and treatment; nutritional services; parental involvement activities; referrals to social service providers for the entire family; and referrals for mental health services, as needed.

The number of children enrolled in Tennessee-funded Head Start programs from 2007-2010 is shown below.

2007	2008	2009	2010
16,855	16,828	16,414	17,683

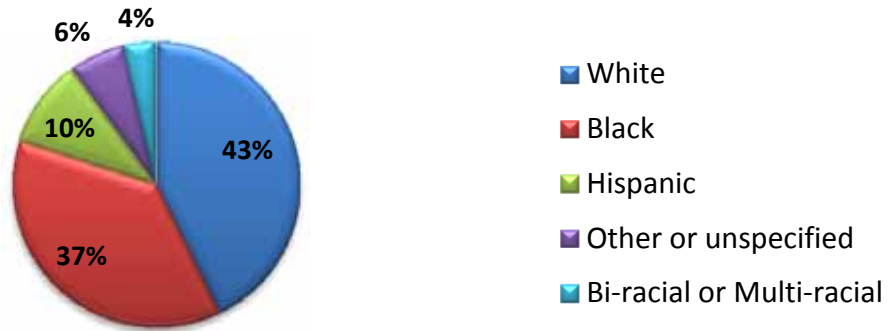
The Head Start Act requires Head Start State Collaboration Offices to conduct statewide needs assessments to support and improve collaboration among Head Start grantees and other early childhood agencies. The needs assessments are used in developing and identifying needs of the early childhood education and child care programs, such as additional hours of child care are often needed beyond the hours of operation for Head Start.



According to *Head Start Program Information Reports* from U.S. Health and Human Services, almost 3 out of 10 Head Start children come from families that speak a primary language other than English, and only 16.0% of Head Start programs serve exclusively English speaking children.

Chart C-5 shows the diversity of races and ethnicities of Tennessee Head Start Enrollees in 2010.

Chart C-5: Race/Ethnicity of Head Start Children Tennessee's Head Start Program, 2010



Source: CLASP, Tennessee Head Start 2010 Profile

Chart C-6 shows the primary languages spoken in the homes of the children enrolled in Head Start in Tennessee in 2010.

Chart C-6: Primary Languages Spoken, Head Start Tennessee, 2010



Source: CLASP, Tennessee Head Start 2010 Profile

Many low-income parents with preschool children participate in training and/or employment, which is mandatory for those who receive assistance through the TANF/Families First program. TANF parents are required to fulfill obligations based on a Personal Responsibility Plan that often requires participation in work or job training.

Tennessee Voluntary Pre-Kindergarten

Tennessee Pre-K is a statewide, voluntary pre-kindergarten program serving more than 18,000 4-year-olds in 934 classrooms. While all 4-year-olds are eligible, current funding does not provide enough slots for all interested families to enroll in the program, and not all schools have Pre-K classrooms. Priority is given to children who are eligible to receive free or reduced price lunch, then to students with disabilities, English language learners and children who are otherwise at-risk.

In Tennessee Pre-K is 100% voluntary, meaning that parents can decide if they want to enroll their child in the Pre-K program or not. Tennessee uses a state approved list of research-based curricula aligned with the Tennessee Early Learning Developmental Standards (lessons are based on what the average child at that age should know or be capable of learning). Tennessee's Voluntary Pre-K Programs have been recognized by the National Institute for Early Education Research as a national model for providing high-quality Pre-K programs.

According to findings in June 2011 by researchers at Vanderbilt University's Peabody Research Institute, quality Pre-kindergarten is a key component of a comprehensive early childhood education system that prepares children to succeed in school and life. Children who attend pre-kindergarten in Tennessee are much better prepared for school, especially in literacy and math. The results show that Pre-k students (typically age 4) have gains over their peers in all subject areas as well as indicators that affect future school performance such as paying attention, love of learning, and following instructions.

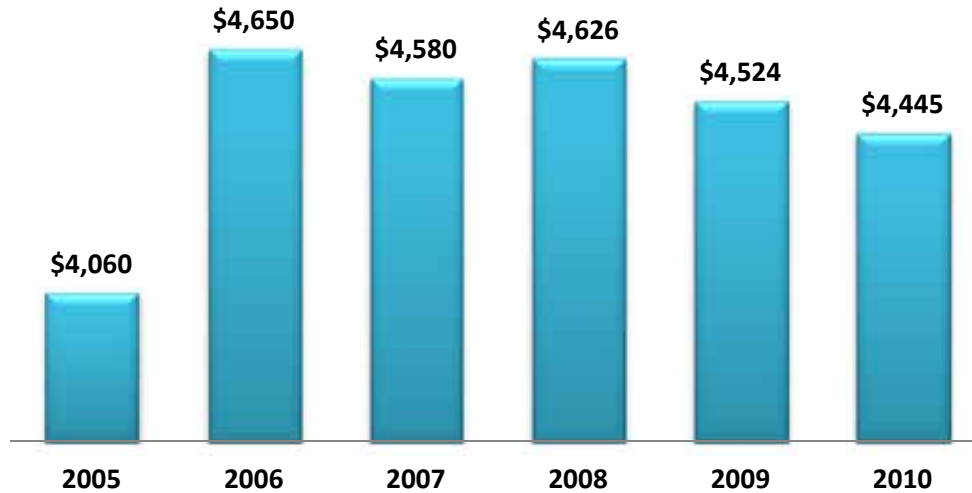
High-quality Pre-K for at-risk children helps to narrow the achievement gap, reduces grade repetition and special education placements, increases high school graduation rates, reduces crime, and leads to greater employment and higher earnings among adults according to researchers from the Annie E. Casey Foundation.

The 2007 *Invest in Kids Tennessee Report* (part of the FIGHT CRIME: Invest in Kids program) described the recommendations from Tennessee law enforcement leaders that all at-risk children should have access to affordable high-quality pre-kindergarten. The Fight Crime program also reported that without access and affordable pre-K communities have risks for increased crime and violence, noting that at-risk children who did not have quality Pre-K were 70% more likely to commit violent crimes for which they were arrested by age 18.

Tennessee had increased state spending for Pre-K from 2005, with some decrease in 2007 then another increase of spending in 2008 but has since shown a gradual decline as seen in Chart C-7 that affected the resources needed to serve more children.

Chart C-7: Funds Spent Per Child in Pre-K

Tennessee, 2005-2010



Source: The State of Preschool 2010, National Institute For Early Education Research

Tennessee Kindergarten Program

In Tennessee, a child must be age 5 before September 30 to enter Kindergarten that school year. Attendance in school is not mandatory until age 6. A child must attend Kindergarten before going to the first grade. In Tennessee, Kindergarten is a full day program.

Each child is required to have a birth certificate, Social Security number, Tennessee School Immunization Certificate, Tennessee Health card, and proof of residence. The immunization certificate and health form are obtained through the child's doctor or health department to demonstrate compliance with vaccination requirements.



Tennessee Department of Education mandates that students be developmentally screened for Kindergarten entry. The purpose of this screening is to serve as a tool for planning an individualized and self-paced program for each child and to determine if further assessment or diagnostic testing is needed.

Unmet Needs and Challenges for Children

Between 1994 and 2000, the child poverty rate fell by nearly 30 percent, according to the Children’s Defense Fund. It was the largest decrease in child poverty since the 1960s, generally mirroring the overall rate of poverty. Since 2000, however, the child poverty rate has increased by 18%, meaning that the economic recession of the past few years effectively wiped out all of the gains made in decreasing child poverty in the late 1990s.

In 2009, 2.4 million more children lived in poverty than in 2000, and many experts predict that the child poverty rate will continue to increase over the next several years.

The 2011 KIDS COUNT Data Book ranks states by 10 indicators that are consistently used across states the U.S. The following chart shows that the 10 KIDS COUNT key indicators show yearly variation in child well-being reflected in other categories that utilize a much larger number of indicators.

<http://datacenter.kidscount.org/databook/2011/>

The 10 Key Indicators of Child Well Being

Key Indicators	National Average	Tennessee Average Based on Kids Count Data
Low Birth Weight Babies	8.2	9.2
Infant Mortality Rate	6.8	8.3
Child Death Rate	19.0	20.0
Teen Death Rate (all causes)	62.0	84.0
Teen Birth Rate	41.0	56.0
Teens who are High School Dropouts	6.0	5.0
Teens Not attending school and not working	9.0	10.0

Children living in families where no parent has full time, year round employment.	31.0	35.0
Percentage of children in poverty	20.0	24.0
Percentage of children in single parent families	34.0	36.0

In January 2011, The Children’s Defense funds ranked Tennessee as 44th of 51 (among 50 states and the District of Columbia) in the percent of babies born at low birth weight (with the best state being Alaska and worst state was Mississippi). Tennessee ranked poorly as 44th among states in its infant mortality rate, with the best state being Washington and the worst was the District of Columbia. (Best states were those with the highest quality and the worst were the poorest of quality).



BEST PRACTICES – Example for Child Care

Evidenced Based Comprehensive Preschool Programs for Low-Income Children and Parents

Description

Evidenced-based preschool programs provide comprehensive educational and family support to economically disadvantaged children and their parents. This comprehensive design is based on verification that a school-based, stable learning environment during preschool scholastic success is likely to follow. An important component is the active and consistent participation of parents in their children's education.

This technique has been used successfully by the Chicago Child-Parent Centers (CPCs) founded in 1967 to serve families in high poverty neighborhoods in Illinois.

- The Centers are part of the Chicago Public School System operating 11 federally funded Title 1 CPC's.
- CPCs provide pre-school programs located in Chicago Public Schools in which parents are active and consistent in their child's education.

Rationale

The 40-year-old CPCs are evidence driven, based on extensive research of early childhood development.

- The philosophy is based on proven outcomes of cognitive readiness, as identified by comparing children who enter the first grade after completion of the outcome-based preschool programs with those who did not attend such programs.
- When they entered school, the CPC's preschool children scored higher on math and reading.
- On a long-term basis, the CPC's preschool group had better outcomes on arrests of any type and high school completion before or by age 21.
- CPC preschool participants' rate of full-time employment was 42.7 %, compared with 36.4% for those not in preschool.
- For each year of preschool, the cost per child is \$5,219, with a cost effective return of \$1.97 for each \$1 invested.

Potential Challenges for Davidson County

- The State of Tennessee would need to support such an endeavor, similar to the way Illinois provided funding including an early childhood block grant for programs from birth to age 5 years.
- The absence of financial backing and legislation to support evidence-based services would be a significant challenge.

Steps to Operation in Davidson County

- To establish an effective comprehensive approach would necessitate the support and financial contributions of both private and public funding. This would involve acknowledgement by policy makers of the need to increase funding for all children, especially low-income children to ensure future economic returns in Davidson County.
- Comprehensive data-driven studies and cost-effective approaches demonstrate the long-term investment and return value of preschool education. Greater awareness could effectively mobilize the support of Investors, businesses, government legislation, educators, community partners and others.
- The programs would need to be incorporated into the Metropolitan Nashville Public School System to receive federal Title I funding.

BEST PRACTICES – Example for Child Care

Empowerment of Low Income Preschool Children and Parents for Return on Investment

Description

The highly respected High/Scope Perry Preschool model is considered a best practice for early childhood development. Children become active learners, continuously involved in a “plan-do-review.” process. This approach involves supportive adults and a stable learning environment to facilitate the activities. In addition to the classroom activities, teachers visited the parents and children in their homes at least once a week for approximately an hour and a half. The home visit

was focused on helping parents in providing support for their child’s intellectual, social, and physical development.

- The High/Scope Perry Preschool Program and Head Start began as a pioneering project in the early 1960s that introduced early childhood education for America’s young children living in poverty. Both programs were created to improve the academic success of low-income children by offering them settings and activities that their home environments could not provide because their families had limited resources and insufficient home accommodations.
- In a longitudinal study comparing former High/Scope Perry Preschool participants at age 27 with nonparticipants, the Preschool participants had had higher earnings, higher rates of employment, higher graduation rates, lower rates of special education, less dropout rates and fewer arrests.

Rationale

- The average cost of the High/Scope Perry Preschool program per participant was \$12,356 (in 1992 dollars), while the average amount of economic benefits was estimated at \$88,433 per participant. The cost effectiveness is that tax dollars invested in early childhood programs saves money in future.
- Preschools of high-quality have greater long-term effects on children than those determined to be of lower quality. The outcomes for participants in high quality preschools include greater likelihood of being in the workforce, being taxpayers, thus contributing to their community and the economy.

Potential Challenges for Davidson County

- Funding is needed to provide educational incentives and opportunities for low income preschool teachers and staff in order to provide quality preschool education
- Community outreach is needed to engage low-income children and their parents for participation in preschool education.
- Community partners will need the support of local and state legislators to work collectively to develop critical elements of a comprehensive state early learning policy.
- Such an initiative would require collaboration between the state government and local government to financially support and endorse early childhood learning as a priority.

Steps to Operation in Davidson County

- Key stakeholders representing public and private organizations, legislators, public educators, and higher education institutions would need to support and endorse a comprehensive early childhood learning policy in the county.
- Nashville Davidson County could lead the state in the investment of early learning of all children especially for low-income children with support and contributions from private and public funds.
- In order to mobilize investors, businesses, local government, lawmakers, there will have to be comprehensive evidence driven data and outcomes measurements that will demonstrate educational effectiveness and economic returns.

BEST PRACTICES – Example for Child Care

Coalition Building, Advocacy and Legislative Impact

Description

Through coalitions, advocacy and legislative policies, New Jersey developed high-quality preschool programs for low-income 3-4 year olds. Their philosophy is based on national studies that have demonstrated that children who attend quality preschool are more likely to succeed in school and in life.

In 1998, the Early Care and Education Coalition came together to ensure that New Jersey children were given quality early childhood education. Today, the coalition has influenced funding representing more than 40 organizations and individual members and nearly 200 constituent supporters, child advocates, child care educators, public educators and higher education academia.

In 2008, the state Legislature approved an expansion of high-quality preschool throughout New Jersey as part of the School Funding Reform Act, spearheaded by the coalition.

Rationale

- Investments in quality early childhood development programs yield high public as well as private returns.

- The quality of life and the contributions a child makes to society as an adult can be traced back to the first 5 years of life when a child undergoes significant growth and change in cognition, language, motor skills, adaptive skills and social-emotional functioning.
- Investment in early childhood development is directly linked for later economic success for individuals that contribute positively to the overall economy.

Potential Challenges for Davidson County

- The model is a State-level endeavor. It would require financial support at the State level. If the State of Tennessee did not adopt such an approach, local funds would be needed to develop a pilot project for Davidson County.
- The Illinois coalition partners and supporters work collectively in developing the critical elements of a comprehensive state policy. While there are multiple coalitions in Davidson County, there appears to be no specific lead entity representing all supporting groups and individuals.

Steps to Operation in Davidson County

- Through enhanced community engagement, along with the support and contributions of both private and public funding, Davidson County could lead the state in the investment of early learning of all children especially low-income children for future economic returns of the city and county.
- To mobilize investors, businesses, government, policy makers and lawmakers, there is need to support comprehensive data-driven and cost effective approaches that are recognized as a long-term investment.

http://www.minneapolisfed.org/publications_papers/studies/earlychild/

<http://www.iff.org/resources/content/3/1/documents/eisummary.pdf>

<http://www.njaccrra.org/documents/publicationsTestimony/NJACCRRRA%20Tesimony%203-10.pdf>

<http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>

FOOD - KEY FINDINGS

- Tennessee ranks 40th in food security out of all 50 states.
- The number of people who receive assistance from the Supplemental Nutrition Assistance Program (SNAP) continues to increase each year in Davidson County. Nationwide, one out of every four children and one out of every six people receive SNAP benefits (Food Stamps).
- The need for emergency food has increased, with Second Harvest Food Bank of Middle Tennessee reporting a 21.5% increase in the number of people who request emergency food boxes in Davidson County between September 2010 and September 2011.
- United Way's 2-1-1 Call Center received more than 24,000 calls for Food/Meals during 2011.
- 72.1% of Metro Nashville Public School students received free or reduced price lunches in 2010.



Hunger and Food Insecurity is a growing problem for low-income families. A good, healthy diet is important in many ways. Without the availability of healthy and nutritious food, people may be at risk of heart disease, hypertension and a potentially shorter life expectancy.

[Hunger in Nashville](#)

Each year, the United States Conference of Mayors produces a status report on 27 cities in the *Hunger and Homelessness Survey*, in which agencies in these cities were surveyed regarding the needs related to food and homelessness. The report indicated that the Nashville agencies surveyed expressed concern about the increased demand for emergency food assistance, which could not be fully met. The survey indicated that the greatest cause of hunger in Nashville for individuals and households with children was unemployment, followed by substance abuse and high housing cost.

The most recent report noted that between 2009 and 2010, Davidson County experienced:

- A 22% increase in requests for emergency food assistance

- About 10% of the overall need for food assistance could not be met, despite a 52% increase in the combined agency budgets for emergency food assistance

Food Assistance Programs

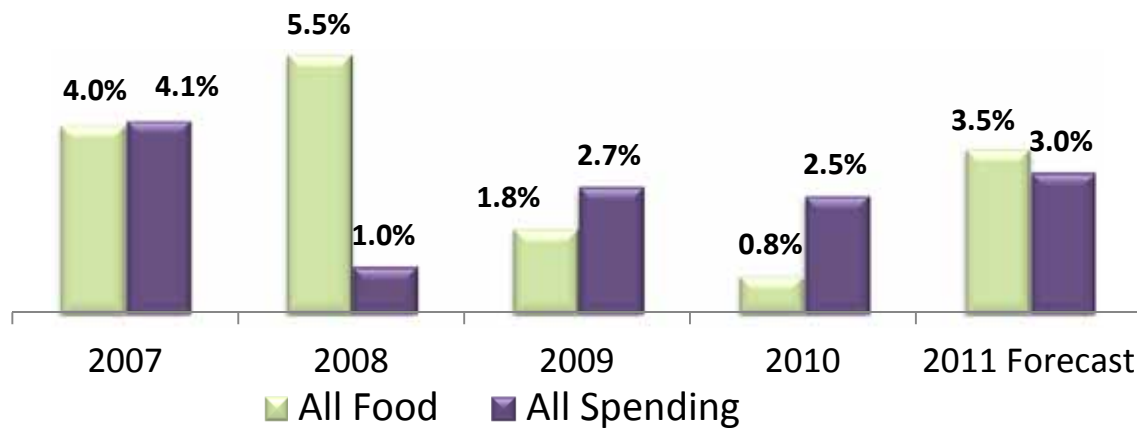
Several initiatives are working to address hunger in Nashville. Community Food Advocates, through the Communities Putting Prevention to Work Grant, developed a Nashville Food Policy Council to increase access to healthy and affordable food. Metropolitan Action Commission opened a new summer food service site in the south Nashville area to serve low-income students when schools were not in session.

Nashville’s Mobile Market, created and operated by Vanderbilt University students, provided fresh fruits and vegetables to the Edgehill and North Nashville communities that were identified as food deserts in Davidson County. The Commodities Food Service program operated by Metropolitan Health Department provided cash vouchers to low-income seniors to enable elderly persons to supplement their regular food boxes with fresh fruits and vegetables. The Community Gardens Program of Community Food Advocates expanded to include over 40 Metro Schools and several new neighborhoods.

Cost of Food

In 2010, Food spending increased by .8% over the previous year. Food spending is projected to increase 3.5% in 2011 over 2010, compared to a 3.0% increase for all spending as shown in Chart F-1. As the food costs increase, families living in poverty have fewer healthier food choices.

**Chart F-1: Cost Food Items and All Spending
2007-2011**



Source: USDA, Economic Research Service, Agricultural Sector Aggregate Indicators; U.S. Department of Labor - Bureau of Labor Statistics Consumer Price Index

Food Security

The U. S. Department of Agriculture defines food security as access to enough nutritious food for an active, healthy life. Food security is closely linked with the amount households spend for food. Access is limited to fresh and healthy foods in several neighborhoods in Nashville (Edgehill, North Nashville, and sections of East Nashville) are considered food deserts. Food deserts are defined as areas in which the primary food options are convenience stores and fast food restaurants, and in which many residents do not have transportation.

The U.S. Department of Agriculture has an online Food Desert Locator to show maps of U. S. food desert areas, based on the Healthy Food Financing Initiative. This initiative identified a food desert as a “low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.”

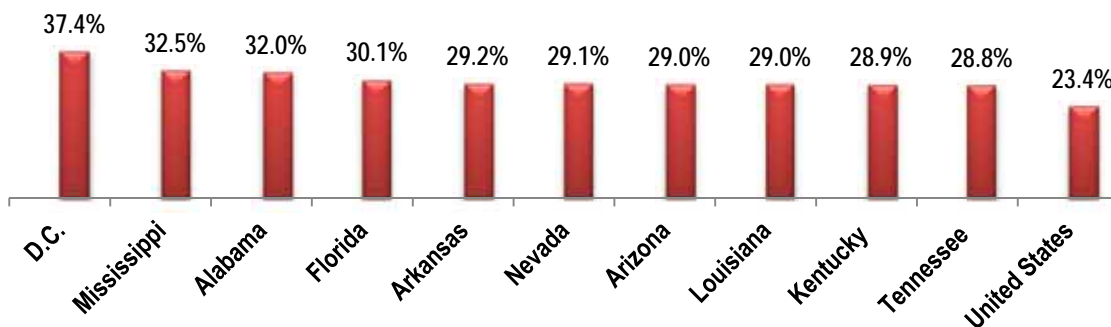
(To qualify as a “low-income community,” a census tract must have either: 1) a poverty rate of 20 percent or higher, or 2) a median family income at or below 80 percent of the area's median family income. To qualify as a “low-access community,” at least 500 people and/or at least 33 percent of the census tract's population must reside more than one mile from a supermarket or large grocery store (for rural census tracts, the distance is more than 10 miles).

<http://www.ers.usda.gov/data/fooddesert/fooddesert.html>

Food Hardship

The Food Research and Action Center's *Food Hardship in America 2010* looked at the rates of food hardships (rates of households that indicated that there were times during that year when they did not have enough money to buy the food needed). As shown in Chart F -2, in 2009-2010 Tennessee ranked tenth in the nation in food hardships for households with children. Tennessee is 5.4% above the national average in Food Hardship Households with Children.

Chart F-2 : Percentage of Food Hardship, Households with Children
Top Ten States and U. S., 2009-2010



Source: *Food Hardships in America 2010 Households with and without Children*

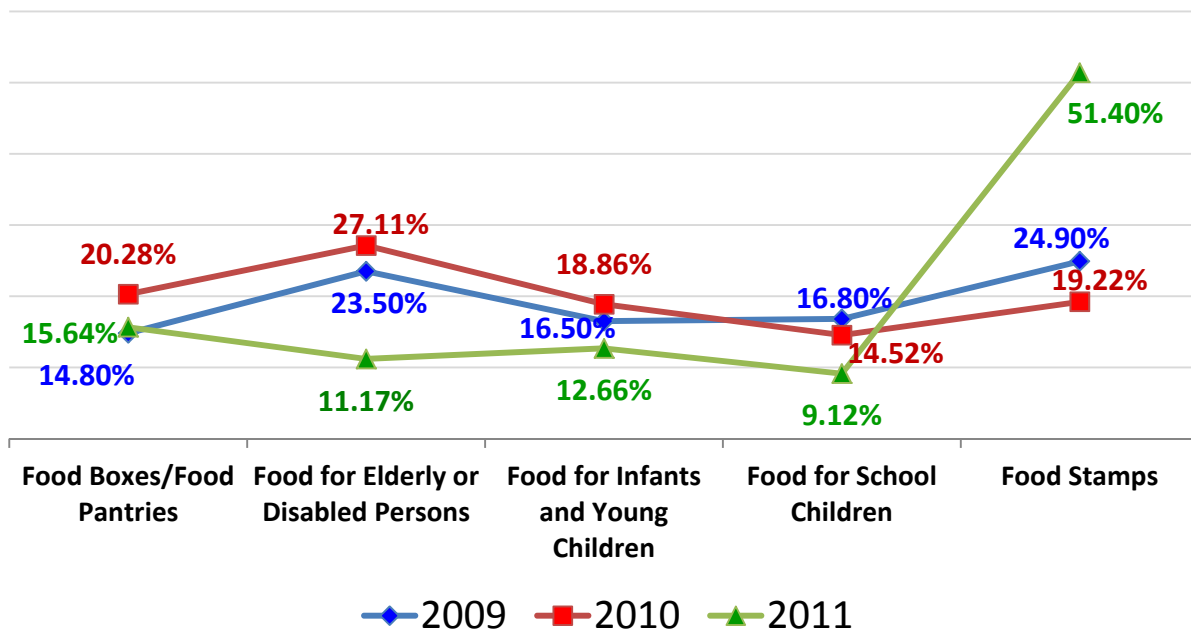
The 2011 *Feeding America Hunger Study* report indicated that in Davidson County, 16.3% of all people (101,260 people) and 24% of children (33,210) were food insecure.

<http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

Grassroots Community Survey

In the Grassroots Community Surveys, the need for Food & Nutrition was the third highest identified need among a selection of 5-8 needs in surveys conducted in 2009, 2010 and 2011. Chart F-3 shows, the greatest need identified in Food & Nutrition from the 2011 Grassroots Community Survey was Food Stamps. In 2011, Food Stamps (SNAP) were identified by 51.4% of the respondents, double the percentage of 24.9% in 2010. In Davidson County, over 100,000 persons received food stamps in the past year, and nationwide a record 46 million Americans are using Food Stamps to help meet their nutrition needs.

Chart F-3 : Greatest Need in Food
Grassroots Community Survey 2009-2011



Source: MSS Grassroots Community Survey, 2009, 2010, 2011

2-1-1 Call Center

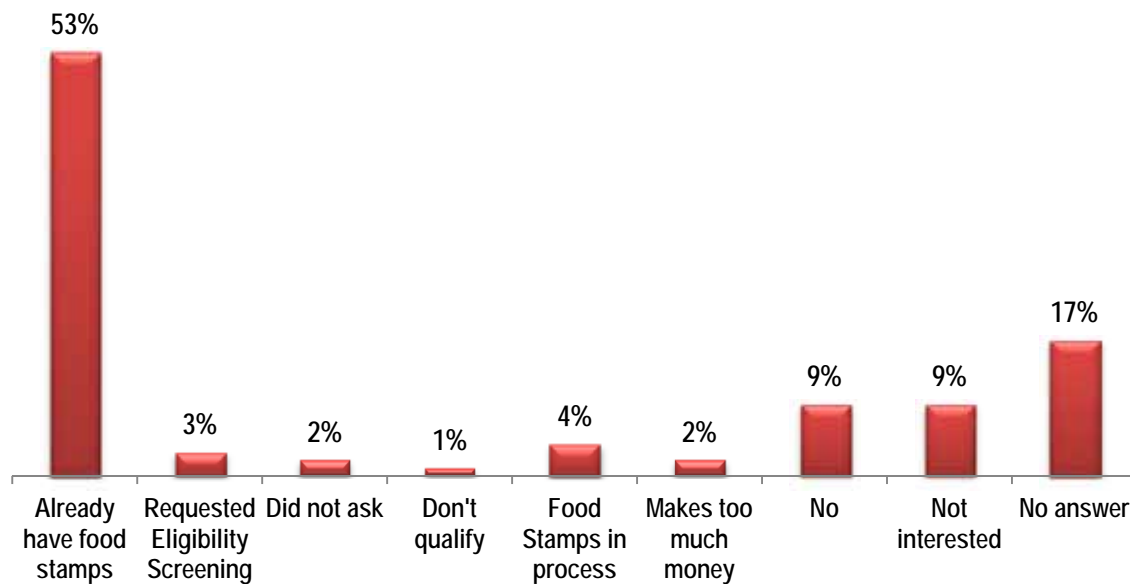
The United Way 2-1-1 Call Center of Middle Tennessee receives calls requesting assistance with social and human service needs. Callers are then referred to the appropriate agency in Middle Tennessee. The calls for assistance with food to the 2-1-1 Call Center increased 2½ times between

January 2007 and September 2011. The number of requests for Food is second only to Housing/Utilities assistance request. There were about 105,000 calls requesting Food/Meals from from the beginning of 2007 through the end of 2011.

Between January-September 2011, callers who requested Food/Meals from 2-1-1 were asked an additional question. During that period, 2-1-1 callers were surveyed regarding SNAP (food stamp) participation.

Chart F-4 shows, the type and volume of responses to a question about whether or not they received Food Stamps and if not, why they were not receiving them.

Chart F-4: 2-1-1 Callers Respons to Question About Food Stamp Use
January - September 2011



Source: 2-1-1 Call Center Survey, January to September 2011

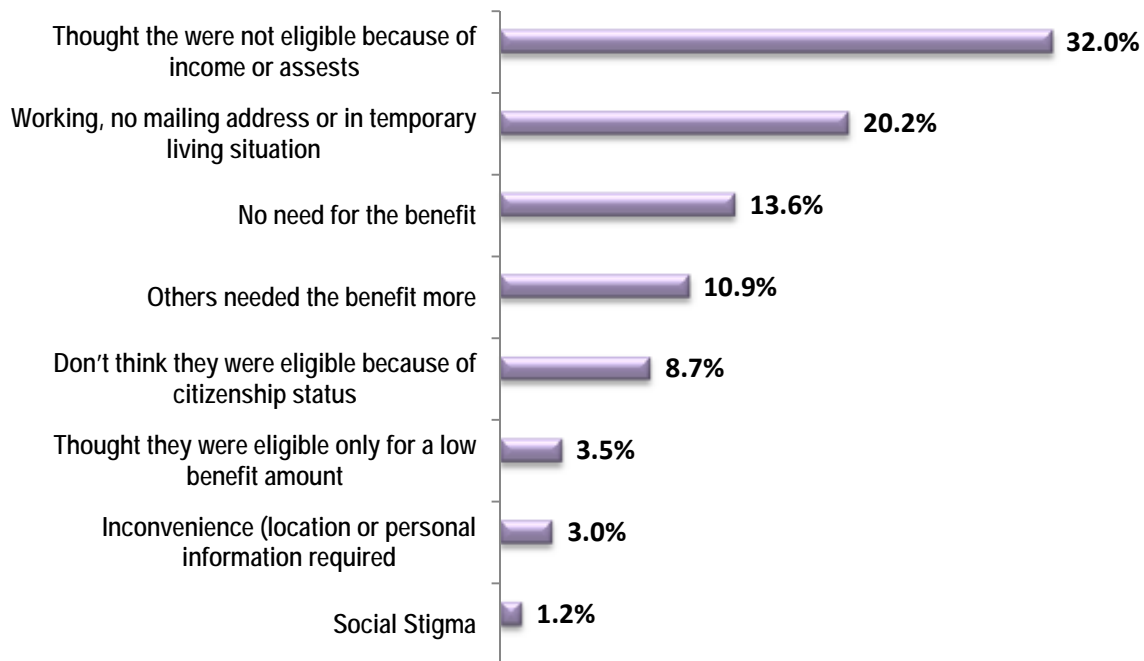
[Second Harvest Survey Food Pantry Recipient SNAP Survey](#)

Tennessee along with Oregon and Michigan has some of the highest food stamp participation rates in the country. Although SNAP (food stamps) is a large and well-established program, not all eligible persons participate for a variety of reasons. In a 2010 survey conducted by Second Harvest Food Bank of Middle Tennessee, consumers were asked why they had not applied for SNAP

benefits. Persons who sought Second Harvest food pantry assistance reported several reasons for not applying.

Chart F-5, shows that 32.0% thought they did not meet the eligibility requirements because of their income or assets.

**Chart F-5: Why Clients of Second Harvest Did Not Apply for SNAP Benefits
Survey of 46 Middle and West Tennessee Counties (2010)**



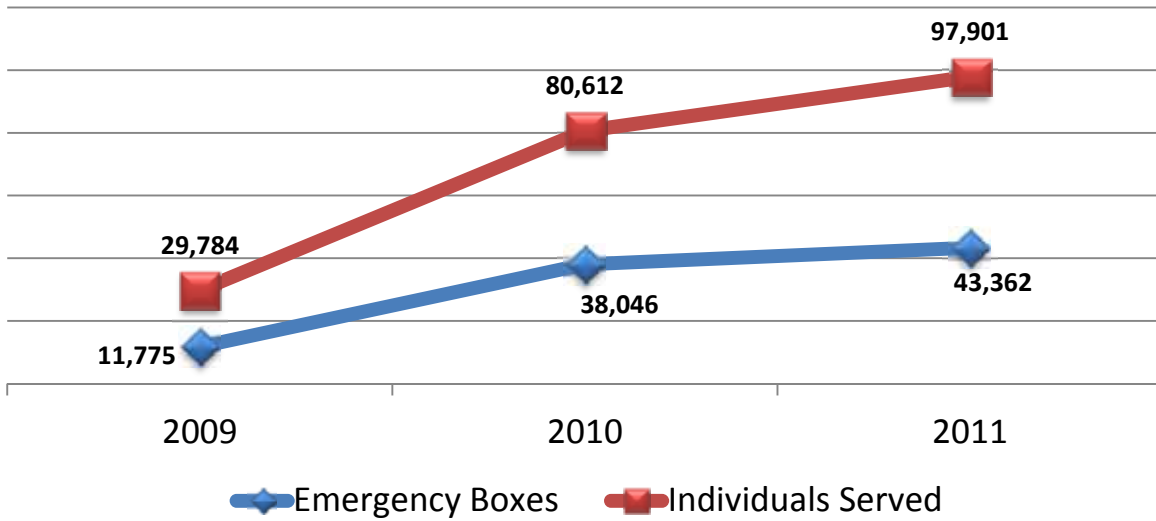
Source: *Hunger in America-2010*, Second Harvest Food Bank of Middle Tennessee Report

Second Harvest Food Bank of Middle Tennessee

Second Harvest Food Bank of Middle Tennessee is the largest emergency food distributor in the 46 county Middle Tennessee areas. Second Harvest Food Bank of Middle Tennessee uses a network of growers, manufacturers, wholesalers, grocery stores and individuals to donate food to their food pantries or partner organizations.

As shown in Chart F-6, there is a significant increase in both emergency food box distribution as well as the number of individuals receiving emergency food, during the sample month of September.

Chart F-6 : Emergency Food Distribution, Second Harvest Food Bank
September 2009, September 2010, September 2011



Source: Second Harvest Food Bank of Middle Tennessee

In addition to the emergency food box distribution sites, Second Harvest Food Bank of Middle Tennessee provides food to homeless shelters, Kids Café program, after school and summer programs and the backpack program that provides meals for needy students when public schools are not in session.

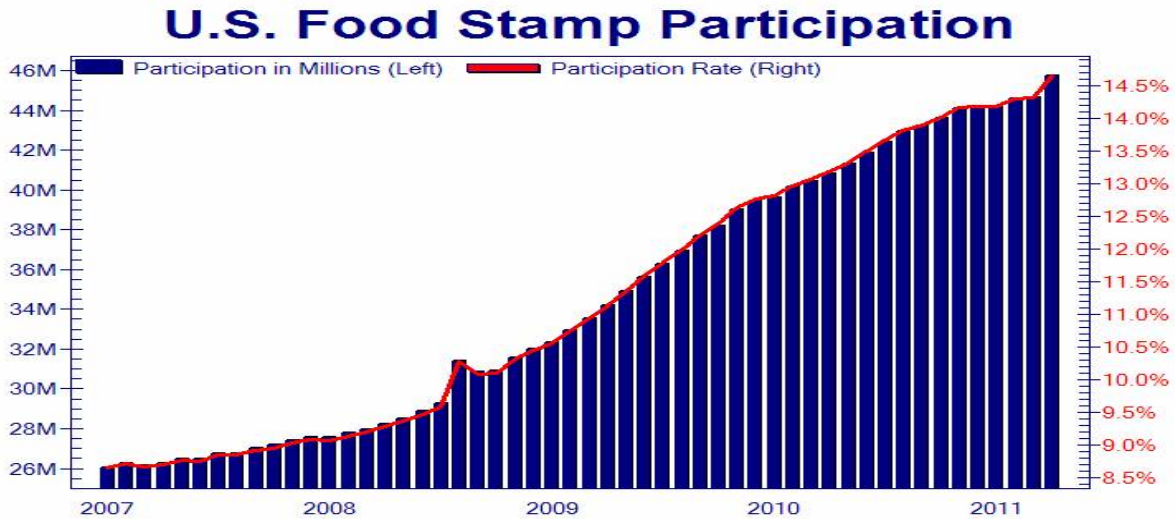
Second Harvest Food Bank recently added a weekly perishable food distribution, rotating to a different location each week throughout different areas of Nashville. By distributing 8-10 pallets of healthy perishable products (produce, dairy and bread), Second Harvest is addressing the need for healthy, fresh food for low-income Davidson County residents.

Supplemental Nutrition Assistance Program (SNAP)

The U. S. Department of Agriculture’s Supplemental Nutrition Assistance Program (SNAP), previously known as the Food Stamp Program, provides food assistance to people in low-income families. The program focuses on better nutrition and putting healthy food within reach for low-income households. SNAP provides nutritional assistance benefits to low-income children and families, the elderly, disabled, unemployed and low-wage working families.

Chart F-7, shows that SNAP utilization is at a record high nationwide, with over 45 million persons (14.5% of the U.S. population) participating in the program in 2011. As noted earlier in this report Tennessee has one of the highest Food Stamp participation rates in the country.

Chart F-7: U.S. Food Stamp Participants and Participation Rate
2011

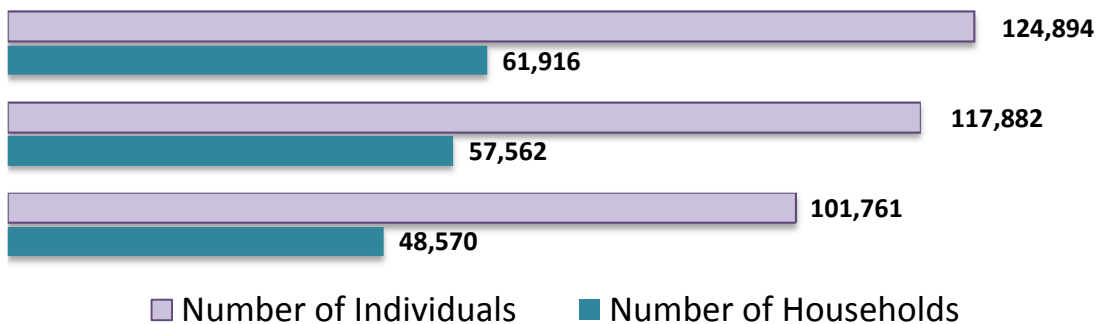


Source: SNAP

Source: U. S. Department of Agriculture

SNAP participation also continued to increase in Davidson County. Charts F-8, shows that when comparing the fiscal years 2008 -2009, 2009-2010 and 2010-2011, the number of Davidson County households and individuals increased steadily.

Chart F-8: Number of Households/Individuals Receiving SNAP Benefits
Davidson County, FY 2008-2009, 2009-2010, 2010-2011



Source: Tennessee Department of Human Services, http://tn.gov/humanserv/adfam/fs_stats.html

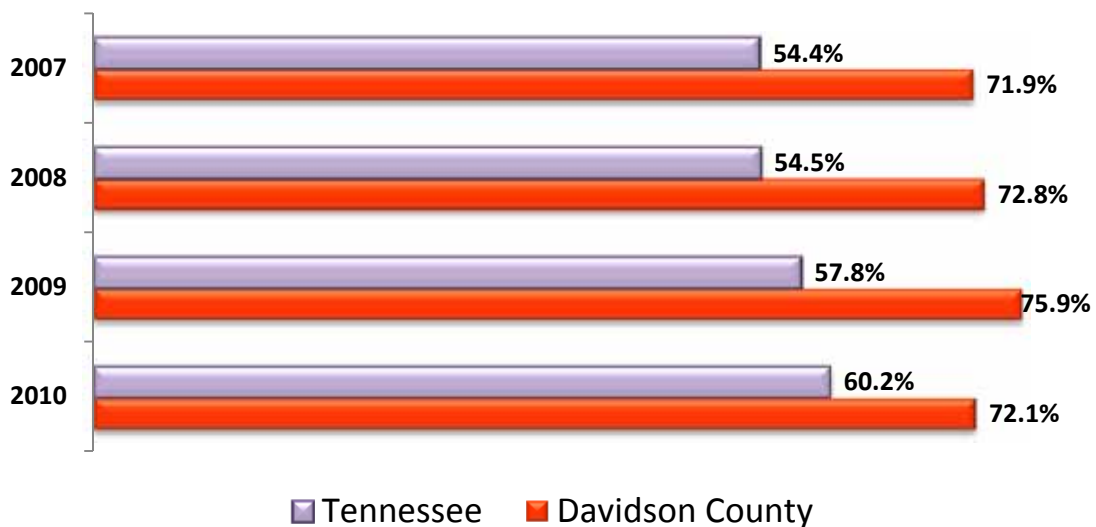
Free or Reduced Cost Lunch for Students

Students in Metro Nashville Public Schools whose families meet federal income guidelines are eligible for free or reduced meals. Students in households receiving SNAP benefits, Families First and most foster care children are eligible for free meals, as well as those whose family income meets federal low-income guidelines. Students whose family income levels fall within the reduced price limit are eligible for significantly reduced meal prices. About 78,000 students attend Metro Nashville Public Schools, the second largest school district in the state, and the majority of students receive free or reduced lunches.



Chart F-9 shows that for the past four years more than 70% of students in Metro Nashville Public Schools received free or reduced price lunches, and that the rate is noticeably higher in Davidson County than for the state as a whole each year. Free or reduced priced lunch rates are used in measuring childhood poverty and used in determining eligibility for other federal assistance meal programs such as Summer Food Service Programs, school breakfast and afterschool meal programs.

Chart F-9: % of Students Receiving Free or Reduced Priced Lunches
Davidson Countyt and Tennessee, 2007-2010



Source: *Tennessee Department of Education 2010 Report Card*

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

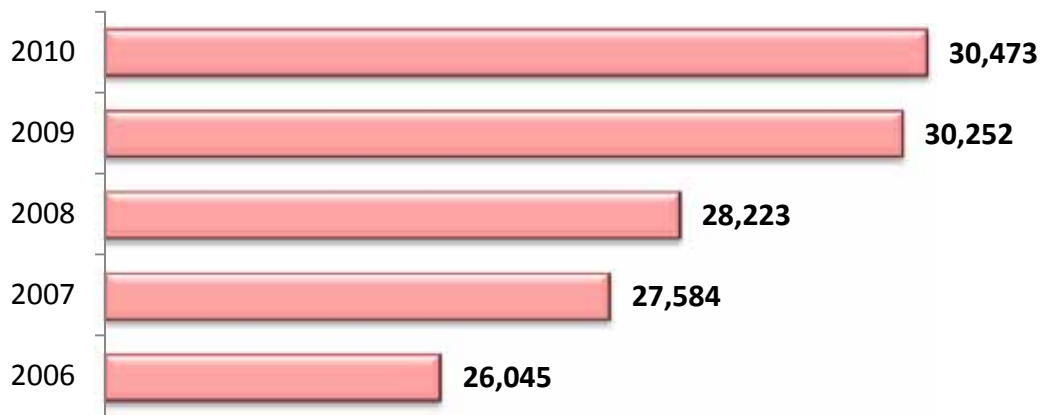
WIC is a supplemental nutrition program that provides nutrition education, breastfeeding promotion and support and healthy food vouchers to program participants. The WIC program is provided through the Metropolitan Public Health Department and is available to pregnant and postpartum women, infants, and children up to the age of five who meet the income requirements.

Between 2009 and 2010, there was a slight increase in the number of WIC participants, which does not reflect the increase in need.

The Metro Health Department reported an increased demand for WIC services that cannot be met, due to limited WIC locations in Davidson County. With 43% of WIC participants living in the southeast part of the county, a new WIC clinic opened to assist with the overcrowding at the other clinics.

Chart F-10 shows WIC participation from 2006 to 2010, which increased each year.

**Chart F-10: Number of WIC Participants
Davidson County, 2006-2010**



Source: Metro Department of Health, Office of Women Infants and Children, 2010

Senior Nutrition Programs

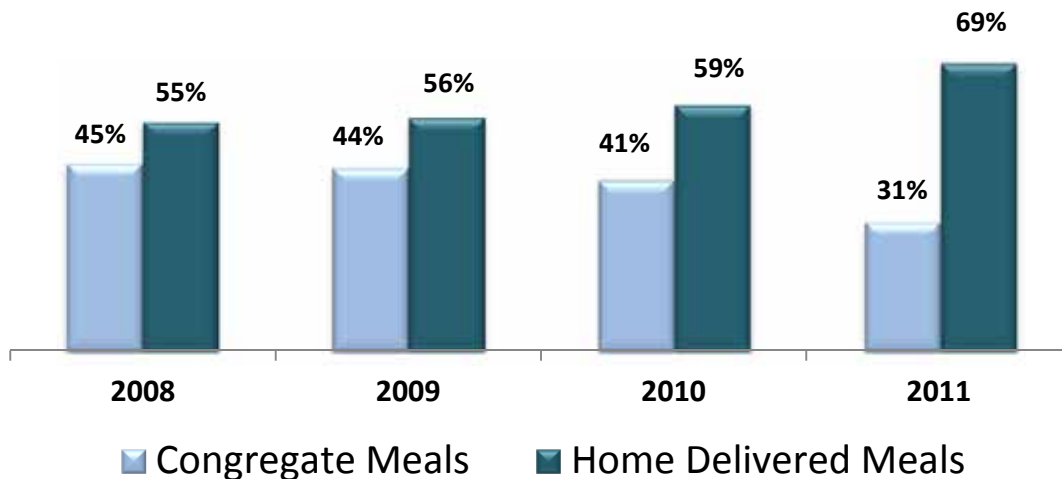
Senior Nutrition Programs consist of congregate and home delivered meals, funded by a variety of sources in Middle Tennessee, including local government, Greater Nashville Regional Council, United Way, grants, faith community and private donations. Senior nutrition programs are

designed to reduce hunger, promote healthy eating and increase socialization opportunities for older adults.

Home delivered meals are provided to persons 60 years and over who have a disability that limits their daily activities. Home delivered meals meet recommended dietary requirements to insure at least one healthy meal is made available for eligible persons.

Reflecting the aging of America’s population, the age of participants in the Senior Nutrition Programs continues to increase. Related to increased age is declining health status and greater likelihood of disability, which would make seniors more likely to need home delivered meals. As Chart F-11 shows, the percentage of people receiving home delivered meals has increased, while the percentage of congregate meal site participants has decreased. As the population continues to age, this trend is likely to continue. The cost of providing home-delivered meals is generally higher than for congregate meals due to transportation cost.

Chart F-11: Senior Nutrition Program
Home Delivered and Congregate Meals, 2008-2011



Source: Greater Nashville Regional Council-SAMS Agency Summary Report

[Commodity Supplemental Food Program for Seniors](#)

The Metropolitan Health Department’s Commodity Supplemental Food Program provides a monthly food box to over 3,000 seniors in Davidson County to assist in meeting their nutritional needs. The Commodity Supplemental Food Program provides nutrition education along with the monthly food boxes for participants who meet income guidelines.

Increasing Access to Fresh Food Through Community Gardens

Description

Community Gardens are formed by individuals and neighborhood groups with an interest in increasing access to fresh, affordable and healthy foods. These groups often are allowed to use vacant land and are provided with technical assistance to grow their own food. Community Gardens can offer neighborhoods a viable solution to lack of access to healthy, affordable food. In some places, community gardens are supported by funding such as the Community Development Block Grant.

- Community gardening is being practiced by a variety of groups and individuals.
- Some gardens are maintained by community groups, sponsored by an organization, developed on public land and supported by local governments (such as at public schools) and many are individually owned and operated.
- Successful community gardens have common features that include cooperation between landowners and gardeners, neighborhood support, technical assistance and committed volunteers.
- Community gardens are not only a community asset, but they can serve as a foundation for other community activities (cooking classes, effective agricultural techniques, etc.).

Rationale

Community gardens offer residents the opportunity to grow their own food. Added benefits may include intergenerational gardening with elderly residents and neighborhood children working together, with the result of saving money spent on food and increasing the quality of their food. As community gardening becomes more popular, it can improve access to fresh food for low-income residents who live in food deserts. While there are successful community gardens in Davidson County (Organized Neighbors of Edgehill, McGruder Family Resource Center, etc.), community gardens are not as frequently used as in some other places.

Potential Challenges for Davidson County

Some of the challenges to Community Gardens include land use policies that prohibit certain types of gardening (particularly in urban areas), lack of awareness of the benefits of community gardens by low income residents, gardening is labor intensive and there is a short growing season.

Steps to Operation in Davidson County

Davidson County has experienced an increase in Community Gardens due in part to local government support, lack of access to affordable fresh fruits and vegetables in food deserts and an increase in the number of farmers markets. Community Gardens offer an opportunity for local growers to market their products in a low cost way. Nashville now has several “farmers markets” that have recently developed allowing community garden operators to share their products with low-income residents. The web site of Metro Nashville Public Schools indicates that there are 47 school-based community gardens.

<http://www.blueshoenashville.com/nashvillegardens.html>

<http://aggie-horticulture.tamu.edu/kinder/commun.html>

<http://www.mnps.org/Page85165.aspx>

BEST PRACTICES – Example for Food

Expanding Summer Youth Food Programs

Description

Summer Youth Food Programs offer low-income students an opportunity to continue receiving at least one balanced meal a day during school breaks. With more than 70% of Metropolitan Nashville Public School students receiving free or reduced price lunches during the school year, their healthy food choices are limited during the summer months and at other times when schools are not in session. Providing healthy food to students during these times is important in their physical and academic growth.

Rationale

During the summer months, students who qualify for free or reduced price lunches during the school year have limited options for healthy meals. The U.S. Department of Agriculture’s (USDA) Food and Nutrition Service Program funds the Summer Food Service Program (SFSP). The SFSP program is designed to provide nutritious meals to children when school is not in session. Metro Nashville Public Schools served over 6.5 million free/reduced cost lunches during the 167 instructional days, about 39,000 per day. During the summer of 2011, Metropolitan Action Commission's SFSP program served more than 232,000 meals in over 100 sites throughout Davidson County. In contrast, during 39 days of operation, this would be about 6,000 a day.

Summer Food Service Programs offer low-income students an opportunity to be in a structured learning environment, since most of these programs are affiliated with summer enrichment activities such as the Boys and Girls Club, YMCA, YWCA and community centers. Davidson County's Summer Food Service Program is operated by the Metropolitan Action Commission. Second Harvest Food Bank also offers summer meals to low-income students through its Kid's Café program. The target population is students who live in low-income areas and qualify for free or reduced price lunches from public schools. All meals must meet USDA nutrition guidelines.

The USDA's Food and Nutrition Service began the "Seamless Summer" Option that would enable school districts to provide the same meal during the summer that is offered during the school year. Expansion of Summer Food Programs will enable more low-income students access to meals during the summer months. The primary difference between the traditional SFSP and the Seamless Summer Option is that local school authorities are now encouraged to provide year around meals to eligible students. The providers of meals can be reimbursed at the same rate as free or reduced price lunches during the school year. In addition to the reimbursement, the Seamless Summer Option reduces the amount of reporting and streamlines the site review process.

Potential Challenges for Davidson County

The Seamless Summer Option would be new to Metro schools and may require additional operating and personnel costs for targeted schools that are not typically open during summer months. The existing Summer Food Service Program is already challenged with ongoing recruitment of new sites and partners to reach the neediest students. Most Metro Schools do not serve as sites for the SFSP.

Steps to Operate in Davidson County

Data from schools and the Metropolitan Action Commission indicates that there are many students who are eligible but do not participate in the summer program. Additional outreach efforts are needed to identify and enroll these students. MAC's Summer Food Service Program requires sites and partners to apply annually to serve meals to their summer camp recipients.

<http://www.summerfood.usda.gov/>

http://www.nashville.gov/mac/summer_lunch.asp

http://www.fns.usda.gov/cnd/Seamless_Summer.htm

http://www.fns.usda.gov/cnd/SFSP_SeamlessComparisonChart.pdf

<http://frac.org/federal-foodnutrition-programs/summer-programs/model-summer-programs/>

HEALTH - KEY FINDINGS

- In County Health Rankings, Davidson County ranks higher than most other Tennessee counties in Clinical Care, Morbidity and Health Behaviors. However, it ranks 92 out of 95 counties in Tennessee for physical environment, based on air pollution, access to healthy foods and access to recreational facilities.
- The leading causes of death in Davidson County are that can be managed by proper primary care and treatment are heart disease, cancer, and stroke. In Davidson County, the leading cause of preventable death is homicide.
- The U. S. Centers on Disease Control (CDC) reported that in Tennessee, suicide is the ninth leading cause of death. For ages 25-34, suicide is the second leading cause of death and third leading cause of death for ages 15-24.
- Nationwide 5.6 million more people are projected to be eligible for subsidized health insurance through Medicaid in 2012 than in 2008, due to job losses and cancellation of insurance by employers.
- The number of uninsured people in Nashville is projected to increase to approximately 98,300 by 2014, a 22.8% increase.



The CDC indicates that in recent decades, the leading causes of death are no longer acute, communicable diseases, but are now chronic diseases. It noted that a combination of genetic and environmental factors cause most disease. With chronic diseases as the leading causes of death and disability, there are nationwide efforts working to prevent the conditions that could be prevented. The Healthy People initiative, not only looks at the measures of health, life expectancy and causes of death, but also assesses well-being (assessing the positive aspects and quality of life).

NashVitality (part of the Communities Putting Prevention to Work initiative of the Metro Nashville Public Health Department) has information to enhance the health and activity level of our community: <http://www.nashvitality.org/>

As mentioned near the beginning of the 2011 Community Needs Evaluation, recent research estimates the deaths attributable to social factors in the United States. The June 2011 American Journal of Public Health's *Estimated Deaths Attributable to Social Factors in the United States* identified correlations between social factors (poverty, low education, area (neighborhood) poverty, low social support, income inequality, etc.

This analysis of deaths that occurred in 2000 identified the portion of deaths projected for each factor. The prevalence of estimated deaths reported in the study included:

- 11.5% related to low education for people aged 25-64
- 7.5% related to racial segregation
- 7.4% related to low education for people age 65 and over
- 6.7% related to poverty for people aged 25-64
- 6.7% related to low social support for people aged 25-64
- 5.4% related to low social support for people 65 and over

[Healthy People 2020](#)

The Healthy People initiative, part of the U.S. Department of Health and Human Services, focuses on interventions to reduce or eliminate illness, disability and premature deaths in the U.S.

It provides a comprehensive set of 10-year national goals and objectives for improving the health of all Americans.

The Healthy People 2020 project contains 42 topic areas with nearly 600 objectives and 1,200 measures. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, were selected to communicate high-priority health issues and actions that can be taken to address them. The Healthy People 2020 Leading Health Indicators emphasizes overcoming challenges to track progress over the course of the decade. The indicators are used to assess the health of the nation, facilitate collaboration across sectors, and motivate action at national, state, and community levels to improve the health of the U.S. population.

The 2010 Tennessee State Health Plan from the State of Tennessee's Division of Health reported that Tennessee was one of the least healthy states, 44th out of 50 states. In 2009, the first edition of the State Health Plan was developed and published as a document to begin a comprehensive and participatory health planning process to coordinate Tennesseans' efforts to improve health.

Numerous factors have contributed to poor health status of Tennesseans, including individual behaviors, culture, the environment, economic and social determinants, and genetics. The state's health status is likely linked to the below average life expectancy of the population. Tennesseans are expected to live on average 3 years less than the average U.S. citizen lives (75 years as compared to 78 years), approximately nine deaths per 1,000 live births, compared to seven deaths per 1,000 live births in Tennessee compared to nationwide.

The Leading Health Indicators from The Healthy People 2020 uses 26 indicators organized under 12 topics:

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants (Environmental Experiences)
- Substance Abuse
- Tobacco



The indicators were selected and organized to measure Health Determinants and Health Outcomes. This approach is intended to draw attention to both physical and social determinants to enhance the understanding on how health is affected by the personal, social, economic and environmental experiences. These affect health status and contribute to health disparities from infancy through old age.

The Social Determinants of Health topic areas in Healthy People 2020 identify ways to create social and physical environments that promote good health for all. This involves establishing policies to positively improve conditions in which we live, learn, work, and play, in order to result in a healthier population, society, and workforce.

Examples of social determinants include: Availability of resources to meet daily needs (such as safe housing and local food markets); Access to educational, economic, and job opportunities; Access to health care services; Quality of education and job training; Availability of community-

based resources in support of community living and opportunities for recreational and leisure-time activities; Transportation options; Public safety; Social support; Social norms and attitudes (discrimination, racism, and distrust of government); Exposure to crime, violence, and social disorder (presence of trash and lack of cooperation in a community); Socioeconomic conditions (concentrated poverty and the stressful conditions that accompany it); Residential segregation, Language/Literacy; Access to mass media and emerging technologies (cell phones, the Internet, and social media) and Culture.

Examples of physical determinants include: natural environment, such as green space (such as trees and grass) or climate change, built environment (buildings, sidewalks, bike lanes, and roads), work places, schools, and recreational settings, housing and community design, exposure to toxic substances and other physical hazards, physical barriers (especially for people with disabilities) and aesthetic elements (good lighting, trees, and benches).

County Health Rankings

The *County Health Rankings* program assesses data and ranks counties in all 50 states by various health measures and outcomes. The

program is a component of the Mobilizing Action Toward Community Health collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute).



In Tennessee, Davidson County ranked 26th out of 95 counties for social and economic factors that included measures of education, employment, income family/social support and community safety. Davidson County ranks 92nd in physical environment, based on factors of air pollution (particulate matter and ozone), access to healthy foods and access to recreational facilities. Davidson County had better rankings in other areas: 8th in Clinical Care, 10th in Morbidity, 15th in Health Behaviors, 16th in Mortality,

The 2011 *County Health Rankings* noted that in Davidson County:

- 9% of adults over age 20 have been diagnosed as diabetic
- 11% adults reported binge drinking in the past 30 days
- 27% adults reported no leisure time physical activity in the past 30 days
- For every 100,000 residents there are 10 liquor stores

- 20% of adults are smokers
- Each month the average number of “poor health days” is 2.9 days
- 21% are estimated to be uninsured in the county

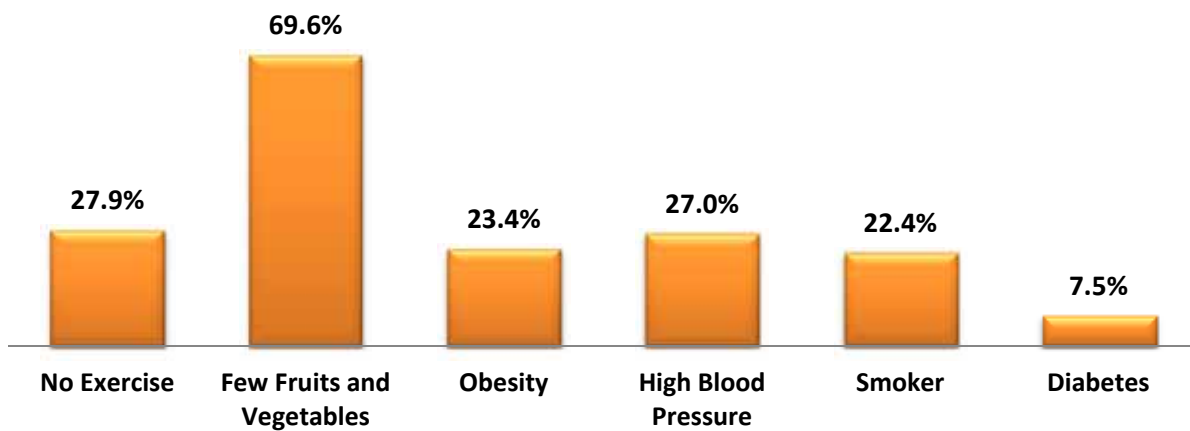
<http://www.countyhealthrankings.org/>

Behavioral Risk Factor Surveillance

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey conducted jointly by States and the CDC. It provides information on the prevalence of adult risk characteristics associated with the leading causes of death. Chart HE-1 show that Davidson County is at risk for heart disease and cancer, the nation’s leading causes of death. The two leading health risks behaviors by Davidson County adults are improper nutrition and lack of exercise.

Chart HE-1: Risks Factors for Premature Death

Davidson County, 2000-2006



Source: CDC Behavioral Risk Factor Surveillance System

Health Disparities

Two recent studies were conducted to review the system of care for uninsured or underinsured people in poverty in Davidson County, the *Nashville Safety Net Assessment* and *Enhancing Health Care Delivery to the Medically Underserved and Indigent of Nashville and Davidson County*.

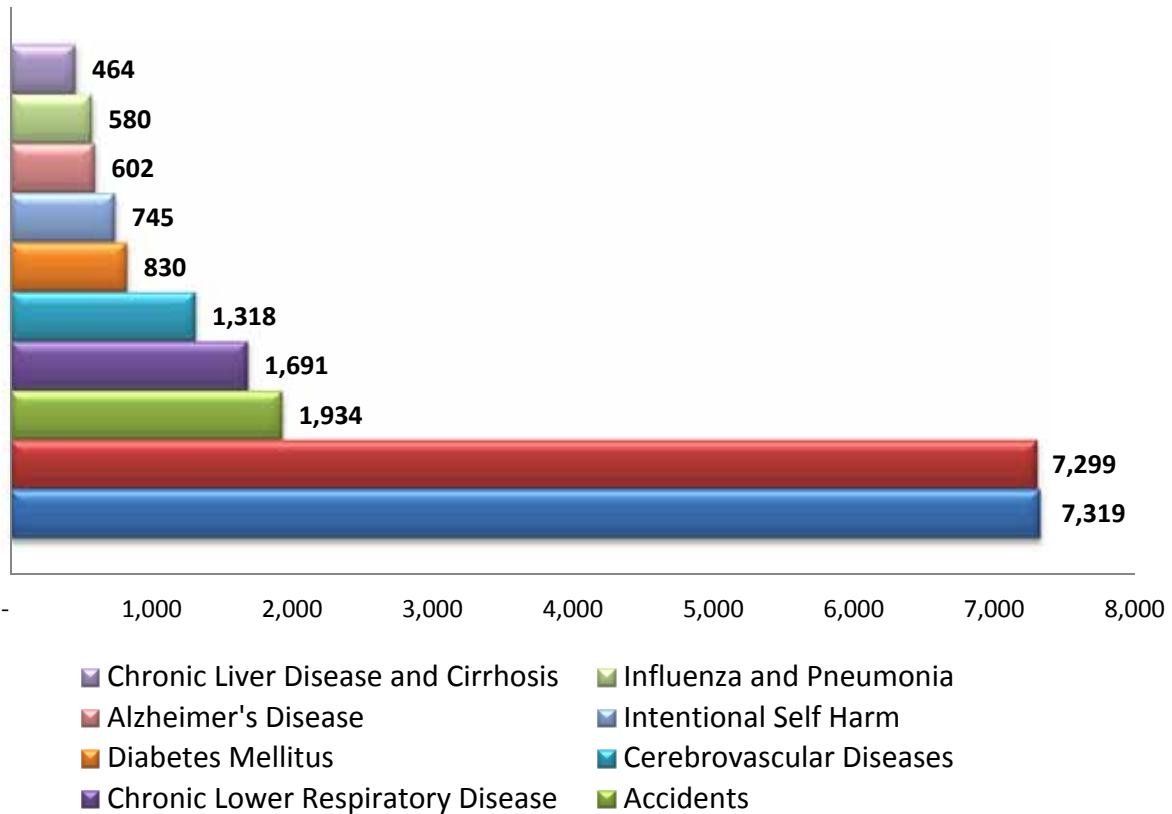


The Clinic Facility Survey from the Nashville Safety Net Assessment reported that the most common diagnoses were high blood pressure, diabetes, mental health issues, substance abuse and heart disease. The most common specific services received were dental services, Pap tests, HIV tests, mammograms and immunizations.

Heart disease and stroke are serious chronic diseases that disproportionately affect racial and ethnic minorities. Heart disease is the leading cause of death among all Americans, but for racial and ethnic minorities in Tennessee, the rate of death from heart disease and stroke is one and a half times the rate of whites.

In October 2010, the Tennessee Health Department reported that diseases of heart and malignant neoplasms accounted for half of all deaths to Tennessee’s male population. While heart disease was the leading cause of death for white males, malignant neoplasms/cancer was the leading cause for black males.

Chart HE-2: Leading Causes of Male Deaths
Tennessee, 2009



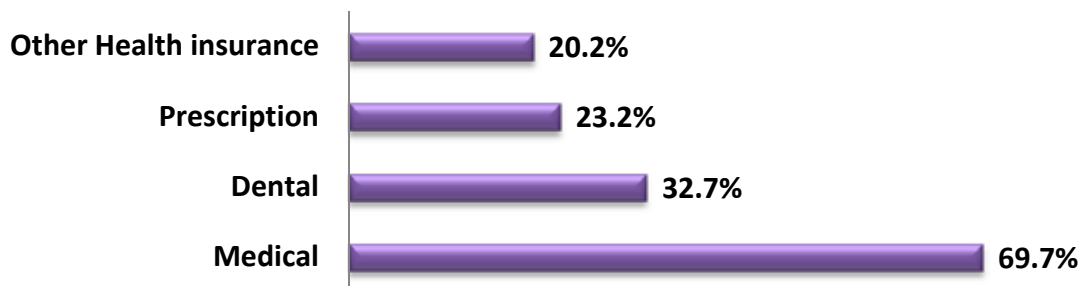
Source: Tennessee Department of Health, October 2010

The Metropolitan Government of Nashville and Davidson County contracted with John Snow, Inc. to assess the delivery of health care to the medically underserved and indigent population and to identify opportunities to enhance services while reducing the annual cost to the Metro Government. *Enhancing Health Care Delivery to the Medically Underserved and Indigent of Nashville and Davidson County* was released in January 2010. It described the Safety Net Consortium of Middle Tennessee, a not-for-profit corporation formed to address the needs of the uninsured residents of Middle Tennessee. The Consortium includes the Metropolitan Public Health Department and other safety net providers who make efforts to address the health care needs of Davidson County's medically underserved and indigent residents.

The local stakeholders (clinics, doctors, and other health care providers) interviewed by John Snow, Inc. agreed that the medically underserved and indigent included those without insurance as well as individuals with TennCare (because of limitations on allowable health care services). The stakeholders also indicated that the number of uninsured has increased along with elevated unemployment rates and recent reductions in TennCare benefits. In addition, some noted that TennCare lacked coordinated and consistent access to health care services, particularly for specialty services, mental health, and adult dental services, due to limited providers and benefit coverage.

In 2010, the *Nashville Safety Net Assessment* was released by the Middle Tennessee Safety Net Consortium and Tennessee State University Center for Health Services, providing data on the uninsured population in Davidson County. The assessment was also used to determine the need for safety net services by the uninsured and estimated need over the next 5-10 years. As shown in Chart HE-3, 20.2% of patients surveyed reported having lost some type of health coverage during the previous year.

Chart HE-3: Patients With Some Loss of Health Coverage
Nashville, 2009-2010 Clinic Survey



Source: Nashville Safety Net Assessment, 2009- 2010

The report noted that in 2002, the Safety Net Consortium established the Bridges to Care program to link medically underserved and indigent Nashville and Davidson County residents to clinics for health care. It further noted that:



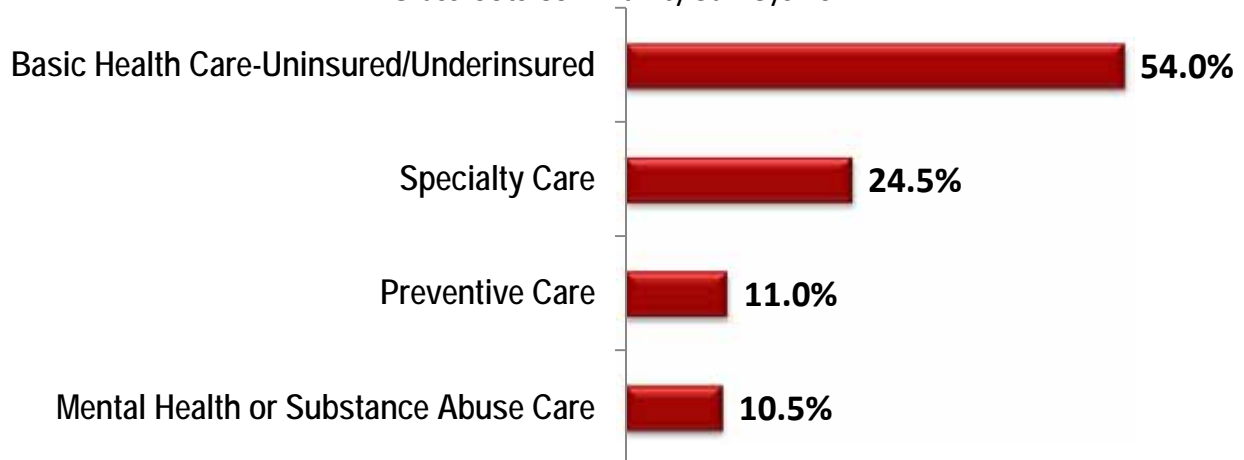
- Davidson County has 4 times as many doctors per capita as the rest of the state.
- Davidson County has 2.6 times as many dentists per capita as the rest of the state.
- Davidson County has 7.1 hospital beds (per 1,000 populations) compared with 4.2 for the state as a whole.
- Davidson County has gaps in health care services for the medically underserved and indigent residents.

Grassroots Community Survey

Grassroots Community Surveys were conducted in 2009, 2010 and 2011. The 2011 included a question asking respondents to identify the greatest need in the health category. Survey respondents indicated the greatest need was basic health care for individuals who were uninsured or had limited health care coverage (underinsured), followed by the need for specialty care (dental, vision, etc.), preventive care and mental health or substance abuse care, as shown in Chart HE-4.

Chart HE-4: Greatest Need in Health

Grassroots Community Surveys 2011

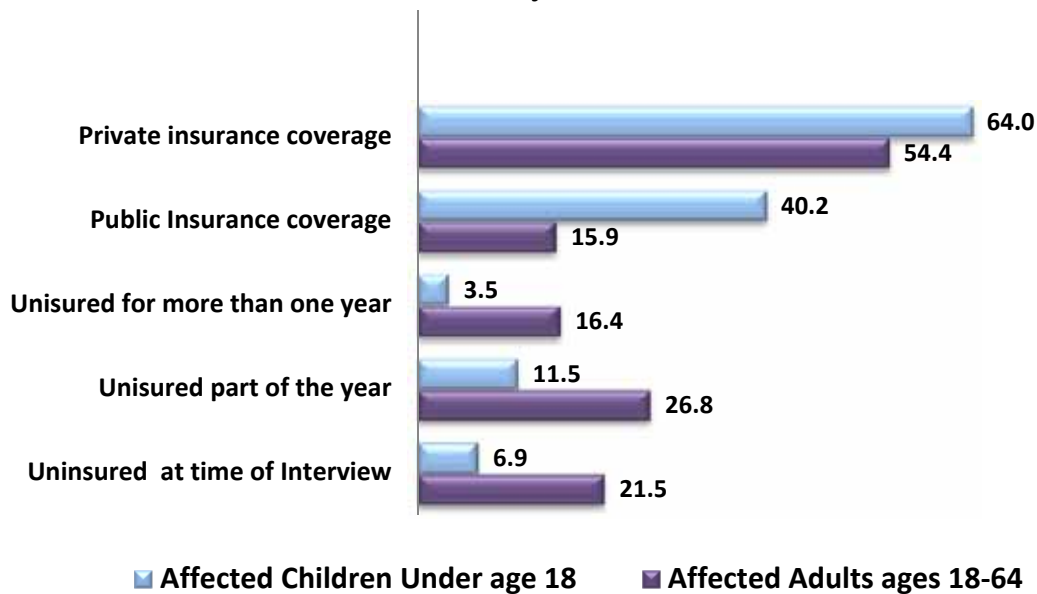


Source: MSS 2011 Grassroots Community Survey

Underserved and Uninsured

The CDC's National Center for Health Statistics (NCHS) released selected estimates of health insurance coverage for the civilian non-institutionalized U.S. population based on data from the 2011 National Health Interview Survey (NHIS). Chart HE-5 shows the responses on the availability and/or type of insurance available, comparing minor children with adults.

Chart HE-5: National Health Survey-Insurance Coverage
January-March 2011



Source: CDC/NCHS, National Health Interview Survey, 2011

Affordable Care Act Update

According to U.S. Department of Health and Human Services (HHS), new insurance market rules under the Affordable Care Act require all new private health plans to cover several evidence-based preventive services like mammograms, colonoscopies, blood pressure checks, and childhood immunizations without charging a copayment, deductible or coinsurance. The Affordable Care Act also made recommended preventive services free for people on Medicare.

On August 1, 2011, the update announcement from HHS noted that insured women have access to a full range of recommended preventive services without cost sharing, including:

- Well-woman visits
- Screening for gestational diabetes

- Human papillomavirus (HPV) DNA testing for women 30 years and older
- Sexually-transmitted infection counseling
- Human immunodeficiency virus (HIV) screening and counseling
- FDA-approved contraception methods and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening and counseling

According to HHS, the Affordable Care Act's reforms helped to reduce premiums and improve accountability of insurance companies. HHS anticipates that \$1.8 billion in the cost of health care would be reduced through 2015.

On September 23, 2010, six months after the Affordable Care Act enacted, a series of reforms went into effect. **Insurance companies would no longer deny coverage based on pre-existing conditions. Insurers would not be able to place lifetime limits on benefits.** (Until last year, insurers could place limitations on the total amount of coverage they provide in a lifetime as well as place low annual limits on coverage.) The Affordable Care Act has ended the practices of the insurance industry to retroactively cancel coverage for a sick patient based on an unintentional mistake in their paperwork.

Small businesses with fewer than 25 full-time equivalent workers qualify for a federal tax credit of up to 35% of the cost of insurance. In 2014, that will increase to 50%. The size of the credit depends on average employee wages and the number of employees. The full credit is available to firms with average wages below \$25,000 and less than 10 full-time equivalent workers. It phases out gradually for companies with average wages between \$25,000 and \$50,000 and for companies with 10 to 25 full-time workers. The Affordable Care Act called for improved use of electronic standards to help to reduce and gradually eliminate paperwork. Reducing medical paperwork is projected to reduce the cost for health care providers, insurance companies and employers.

According to HHS, one million young adults have health insurance because of the new rule that allows young adults up to age 26 to be covered through their parent's private health insurance plan. It further indicate that nearly 19 million senior citizens have already received one or more free preventive services and 1.3 million senior citizens have already received a free annual wellness visit, as a result of the Affordable Care Act. It is now required that insurance companies spend at least 80% of an insured individual's premium dollar on health care.

<http://www.hrsa.gov/about/affordablecareact/index.html>

Other Emerging Health Issues

Mental Health: According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) experience a serious mental illness. Mental health disorders are the leading cause of disability in the U.S., accounting for 25% of all years of life lost to disability and premature mortality. Current research shows that the need for mental health services exceeds availability of services for many parts of the country.

The U.S. Department of Justice's Survey of Inmates in State and Federal Correctional Facilities (2004) and Survey of Inmates in Local Jails (2002) found that fewer than half of inmates who had mental health problems (clinical diagnoses by mental health professional) received treatment prior to being incarcerated. No more than one third of inmates received mental health treatment after they were incarcerated. Inmates in local jails had the highest prevalence of mental problems, with nearly two thirds of jail inmates (64.2%) meeting the criteria for having mental health problems.

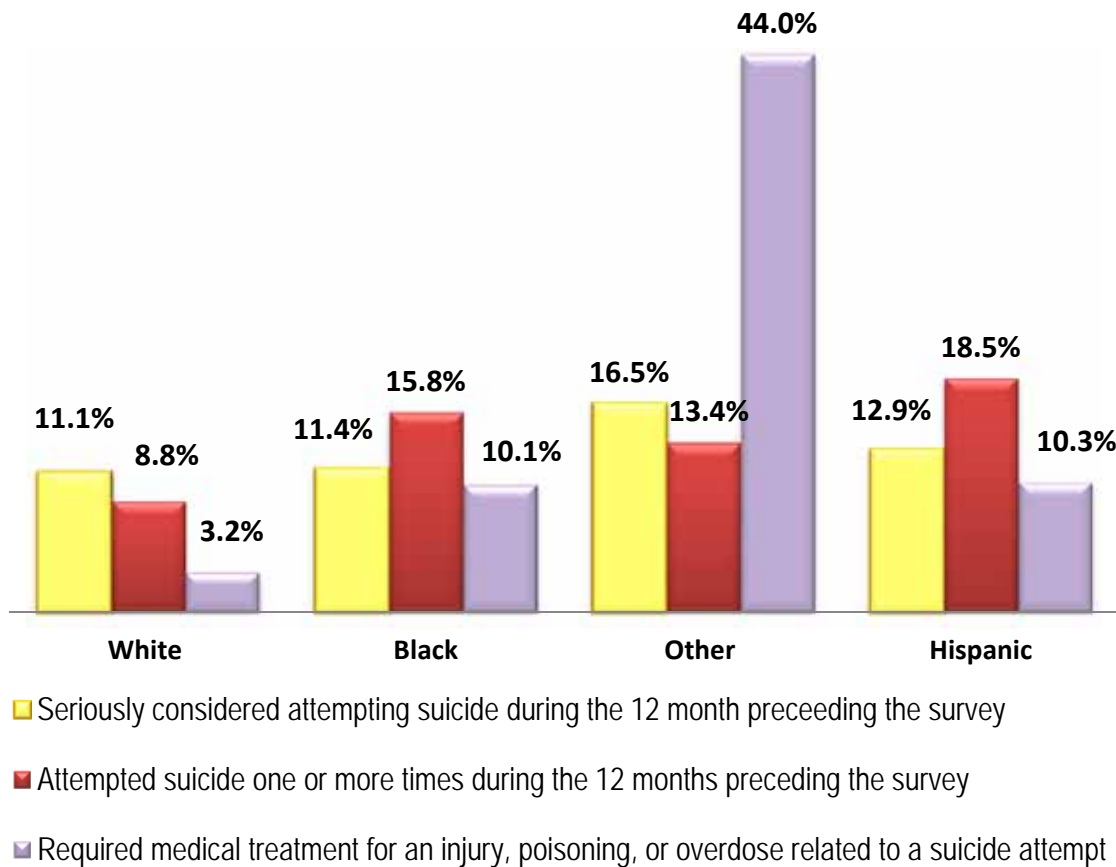
According to *The Psychological Impact of Incarceration and Implications for Post-Prison Adjustment*, a study conducted by the University of California found that adaption to being incarcerated is an extremely intense adaptive process. It explained that prisoners face difficult and problematic transitions after they are released from prison. It also noted that a range of structural and programmatic changes would be needed to address the issues, such as the immediate and longer-term availability of social and psychological programs and resources. For example, it recommended modified prison conditions and practices as well as new programs to provide effective preparation for release, during transitional periods of parole, initial reintegration into society, as well as long-term services to ensure continued successful adjustment. The lives of inmates are unstable which may attribute to the cycle of going in and out of jail. Substance addiction, job and housing instability, mental illness, and health problems are part of the day-today realities according to *Life After Lock up*, produced in 2008 by the Urban Institute, Justice Policy Center.

Suicide: Suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year. Tennessee Suicide Prevention Network (TSPN) is the statewide organization responsible for implementing the Tennessee Strategy for Suicide Prevention. The *Status of Suicide in Tennessee, 2010* for the following age groups, ranked suicide as the:

- 2nd leading cause of death for adults aged 25-34
- 3rd leading cause of death for youth aged 15-24
- 4th leading cause of death for children aged 10-14 and adults aged 35-44

As shown in Chart HE-6, Students of color were especially vulnerable as higher proportions of non-Hispanic black students (12.3%) and students of other racial groups (15.9%) had considered suicide than non-Hispanic White students (11.1%). Also 15.8% of non-Hispanic black students surveyed and 13.4% of other non-white students attempted suicide, compared to 8.8% of non-Hispanic White students.

Chart HE-6: Davidson County Youth Risk-Suicidal Behavior
Behavior Survey, 2007

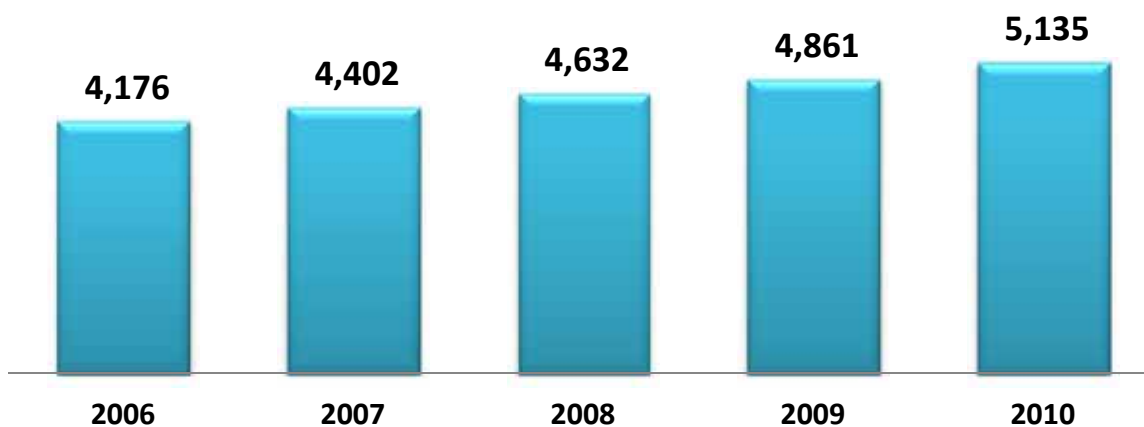


Source: Davidson County Suicide Prevention Task Force

Obesity: Obesity is often a limiting factor in the quality of life and a possible precursor for serious health problems. Obesity is no longer an adult health concern; it is negatively affecting children as well. One of every three children is either obese or overweight, placing them at risk of obesity as adults. National attention is focused on obesity as a serious public health problem. National health and wellness campaigns seek to reverse the trend, so that children may embark on healthy lifestyles to increase the quality and length of life. (*Achieving a State of Healthy Weight*, University of Colorado Denver 2011 and U.S. Department of Health and Human Services)

Sexually Transmitted Diseases: Between 2006 and 2010, there was a 23% increase in the total number of HIV disease cases in Nashville Transitional Grant Area (TGA), which is comprised of 13 counties in Middle Tennessee. TGA's are identified by Part A of the Ryan White HIV/AIDS Program (a national federally funded initiative) as areas of the country that are severely affected by HIV/AIDS. As shown in Chart HE-7, the number of new cases among non-Hispanic blacks and Hispanics increased since 2006 with an 18% increase for non-Hispanic blacks and 33% increase among Hispanics. Related data suggests that the average age of newly diagnosed HIV patients is getting younger. There has been a significant increase in the number of people between the ages of 15 and 24 who were diagnosed with HIV, about a 140% increase from 2006 to 2010.

Chart HE-7: Persons Living With HIV
Nashville/Surrounding Counties, 2006-2010



Source: Metropolitan Health Department, 2011 Transitional Grant Area Needs Assessment

Chlamydia is the most common STD in Davidson County, with nearly 3,500 cases reported in 2010. The number of cases of gonorrhea has decreased each year between 2006 and 2009, but increased slightly in 2010 as required by the Metropolitan Public Health Department.

Alcohol: Centers for Disease Control (CDC) reported that excessive alcohol consumption is the 3rd leading preventable cause of death in the United States. It is associated with multiple adverse health consequences, including liver cirrhosis, various cancers, unintentional injuries and violence. Binge drinking, has been defined by the CDC as having several drinks (4 for women and 5 for men) within 2 hours, which is of concern, especially for people in younger age categories. The typical binge drinker consumes 8 drinks in 2 hours, and younger drinkers generally consume more than 8 drinks. The CDC calculated that binge drinkers account for more than 50% of the 79,000 annual alcohol-related deaths in the U.S. For all of the



alcohol-attributed deaths in the U.S., 6% (4,675 nationwide annually) are caused by people under age 21. Binge drinking is a significant public health problem, with insufficient public awareness about its severity.



Tobacco: More deaths are caused each year by tobacco use than by the combined number of deaths from alcohol use, illegal drug use, motor vehicle injuries, human immunodeficiency virus (HIV), suicides, and murders combined. Smoking cigarettes, pipes, or cigars increases the risk of dying from cancers of the lung, esophagus, larynx, and oral cavity. Smokeless tobacco is also a known cause of human cancer. In addition, the nicotine in smokeless tobacco may increase the risk for sudden death from ventricular arrhythmia, a condition where the heart does not beat properly. *The Nashville Safety Net Assessment* reported that of those who smoked, smokers had higher rates of being uninsured than those who were former smokers and those that have never smoked.

Prescribed and Over-the-Counter Medication: Despite recent reductions in teen use of illegal drugs, particularly marijuana, the number of teenagers who misused or abused prescribed and over-the-counter medications increased. According to the CDC, many teens obtain prescription drugs, from their families, friends, or relatives. Methamphetamine is commonly known as meth, a highly toxic drug made from over the counter medications and household chemicals. Local manufacturing of meth is second only to cocaine trafficking in the state of Tennessee, according to the *Tennessee Alcohol and Drug Abuse Summary* from the U.S. Department of Health and Human Services.



Providing Health Care for the Poor Through a Leading Entity

Description

Most successful health care safety net models are led by a governance board or by the leading entity responsible for development and implementation of a coordinated strategy to address the medically underserved and indigent population needs, across a broad spectrum of health care services. Effective leading entity organizations are identified as committed to the process and visionary in its goals for the health of the medically underserved and indigent community as a whole.

Leading entities have typically been independent non-profit organizations, rather than government agencies. However, the leading entities are accountable to the community at large through board composition that included community members (health care leaders, business community, etc.), reports to the community and public officials. The leading entity addresses the entire safety net system and establishes accountability standards and principles for contracted providers.

Rationale

This approach provides governance and accountability for a safety net system and serves as a payer to the health care safety net providers responsible for rendering health services. It coordinates services, ensures quality care and saves money.

Potential Challenges for Davidson County

- There various safety net providers in Davidson County and a designated lead entity is needed to develop and maintain a coordinated, cohesive, and consistently well-funded safety net system.
- The health care safety net provider organizations in Nashville Davidson County are capable and dedicated, but there is no integrated planning and resource allocation process.

Steps to Operation in Davidson County

- A health care safety net system's lead entity would need fiduciary responsibility for the entire safety net system in the county.

- The system's lead entity should be governed by a group of advisors/board members, consisting of health care leaders and the community's most prominent and influential business people.
- The system's lead entity would need a dedicated public funding stream as part of their revenue.
- The system's lead entity will need to ensure that there are significant investments in information system technology to support their coordinated efforts of governance.
- The system's lead entity should have strong community-based support.

<http://www.rwjf.org/coverage/product.jsp?id=49869>

BEST PRACTICES – Examples for Health

Cost Effective Health Care Coverage for the Uninsured Through Primary Care, Health Education and Peer Review

Description

In Grand Junction, Colorado, health care costs have been among the lowest in the nation for thirty years. In the early 1970s, a group of primary care physicians and specialists founded the physician-run Rocky Mountain Health Plans and the Mesa County Physicians Independent Practice Association. These organizations foster a culture of incentives for cost control, transparency and accountability for the health of the community. The organizations emphasize primary care, health education, and physician peer reviews. Advocates believe the practice has fostered health and managed diseases, resulting in savings on high medical costs. Using such practices decreased premature births, decreased hospitalizations and provided effective management for chronic illnesses. Oversight is through peer reviews by Rocky Mountain and MCPIPA when doctors order an unusual numbers of tests or very expensive tests or procedures and providing oversight.

Grand Junction provides health care to the uninsured through their hospital-affiliated clinic (Marillac). The Marillac clinic receives more than \$1 million of its \$7.5 million annual budget from their affiliate hospital, St. Mary's Regional Hospital. The hospital is located next to the clinic that treats patients for non-emergency care, which decreases the cost for more expensive emergency treatment for non-emergency care in its Emergency Room. Patients (including uninsured) may receive primary care and emergency care at the clinic and the hospital. The convenience of having

one location for primary care, non-emergency care and immediate access to emergency care provide a continuum of care that attracts insured and private pay patients to the clinic and hospital.

Rationale

- The focus on primary and preventive care (rather than on hospitals or specialty care) resulted in decreased health care costs and increased the coverage of the uninsured in Grand Junction.
- Costs, outcomes and effectiveness of treatments are tracked by Rocky Mountain Health Plans and MCPIPA, which promotes evidence-based practices and protocols.
- Physicians receive lower payments at the front end, but can earn bonus payments based on the overall performance of the system (also called bundling).
- When President Obama was promoting what became the Patient Protection and Affordable Care Act (PPACA), he visited Grand Junction in 2009 in recognition of their highly effective system.

Potential Challenges for Davidson County

- In 2010, the population of Grand Junction was 146,723, according to the U. S. Census Bureau, so it is smaller than Davidson County.
- Some critics say the little competition among hospitals and specialists is a major factor that has contributed to keeping down health cost.
- This best practice was implemented in Grand Junction thirty years ago before the onset of managed care.

Steps to Operation in Davidson County

- It would be necessary for the government and providers to agree on a common vision of appropriate and accountable low-cost care for all.

- A required element would be a significant level of cooperation among providers and insurers.
- This practice would need to focus specifically on primary care and health education (including prevention), rather than hospitals and specialty care. [Although this model does not suggest that hospitals and specialty care are unimportant, this model does not include them.]
- A system would be needed to provide peer reviews for quality and utilization regularly and as needed.

<http://marillacclinic.org/>





HOME AND COMMUNITY BASED SERVICES - KEY FINDINGS

- **Persons over 60 years of age are the fastest growing segment of the U.S. Population than other age categories. The 60-64 age group increased by about 55% during the past ten years.**
- **There is an increasing need for Home and Community Based Services for Adults with disabilities and seniors. As the population ages, the number of people who need services will increase.**
- **Most frail elderly or disabled adults prefer to remain in their home rather than going to an institution, but many of them need assistance to continue living in their own homes.**
- **Additional challenges in transportation may arise for people who get older. For example, some older people have less access to a vehicle or may have diminished driving skills.**
- **Home and Community Based Services are generally more affordable than skilled Nursing Home Care. TennCare reimbursement rates for homemaker, personal care and home delivered meals are the same as they were in 2008, while skilled Nursing home care has risen from \$52,000 in 2009 to over \$58,000 in 2011.**

The Baby Boom Generation (persons born between 1946 and 1964) are the fastest growing segment of the United States population. The first wave of Baby Boomers turned 65 in 2011. With the aging of the U.S. population, the need for affordable, quality healthcare options will also increase.



According to the U. S. Census Bureau's 2010 American Community Survey, there are 859,922 persons age 65 and over living in Tennessee, 13.5% of the total population. Davidson County's population includes 66,420 persons over age 65 (10.6%) with 30,570 over age 75.

Home and Community Based Services (HCBS) are designed to assist adults with disabilities and frail seniors to remain in the familiar surroundings of their homes as long as possible, rather than enter

nursing homes or other institutions of care. HCBS covers a range of supportive services such as homemakers, personal care assistance, adult day care, home delivered meals and some forms of transportation. The long-term care system includes a continuum of services, such as assisted living facilities, adult daycare and skilled nursing facilities.

The State of Tennessee has a waiver approved by the Centers for Medicare and Medicaid Services to provide Home and Community Based Services to about 3,700 elderly/disabled persons. This provides cost effective services in the community as an alternative to institutional nursing facility care for individuals who are eligible for level 1 nursing home care (as defined by the Tennessee Department of Health's TennCare Bureau, Chapter 1200-13-6) and who are financially eligible. <http://www.tn.gov/comaging/waiver.html>

Medicaid primarily provides funding for HCBS to those with both medical needs and limited incomes. The Tennessee Commission on Aging and Disability receives funds allocated in accordance with the Older Americans Act Title III program to fund HCBS. Other funding sources for HCBS include state funding, private pay and long-term care insurance. Funds from the State of Tennessee provide services to a limited number of recipients through the Options for Community Living Program by using state appropriations to provide HCBS to persons who do not meet the specific Medicaid income standards.

Fastest Growing Segment of the Population

The U. S. Census Bureau's *Population by Sex and Selected Age Groups: 2000-2010* reported that the U.S. population aged 60-64 produced the largest increase among all age categories from 2000 to 2010. This age group increased by about 55% during the past ten years.

<http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>

The Older Population: 2010 was released in November 2011 by the Census Bureau and includes nationwide breakdowns by age category and gender, as well as comparative information across states and regions in patterns of aging. It noted that the South (including Tennessee) had the largest number of people in older ages, while the Northeast had the largest percentage in older age categories. Between 2000 and 2010, the population of Tennessee grew by 11.5%, while the number of people over age 65 increased by 21.3% and the number of people over 85 increased by 22.7%. Of Tennessee's 95 counties, 82 had greater increases in people over 65 than the U. S. as a whole, and 38 counties had greater increases in people over 85 than the national average. It reported that in 2010 nationwide:

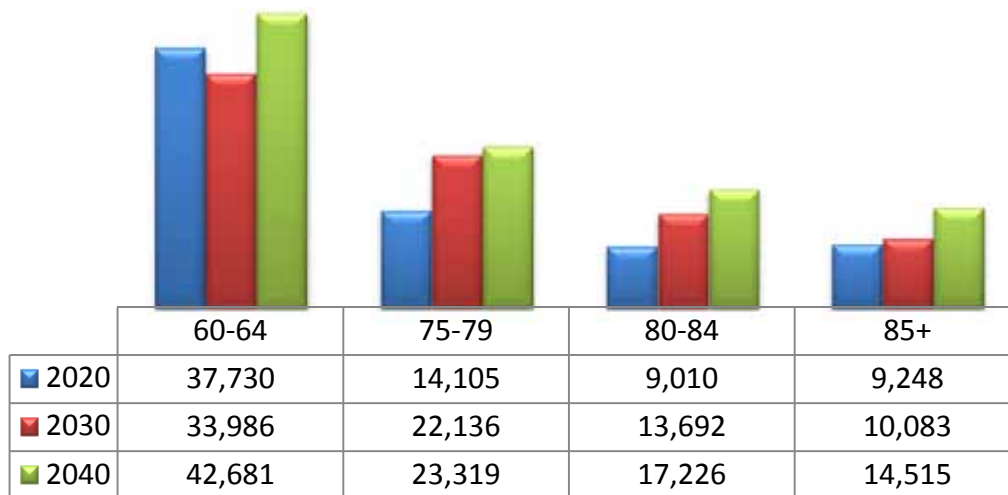
- At age 89, there were twice as many men as there were women.
- 1.3 million (3.1%) of the population over age 65 were in skilled nursing facilities, with men more often in the 75-84 age group and women more often in the 85-94 age category.
- There were 53,364 people at least 100 years of age, a 5.8% increase from 2000. Of the people 100 and over, 82.2% were female.

<http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>

As shown in Chart HC-1, Davidson County’s 65 and over population is projected to continue increasing until at least 2040. Except for the age category 60-64 for 2030, all other age groups’ show projected increases from the previous time periods.

Chart HC-1: Projected Population by Age Category

Davidson County, 2020, 2030, 2040



Source: *Population Projections for Tennessee and Counties by Gender and Age Group, 2015-2040*

<http://cber.bus.utk.edu/>

The 2010 American Community Survey reports that 37.3% of Davidson County’s population has some type of disability with the rate of disabilities increasing with age. As the population ages, so will the number of persons with a disability or disabilities who will require some form of long-term care (home and community based care, assisted living or skilled nursing home care).

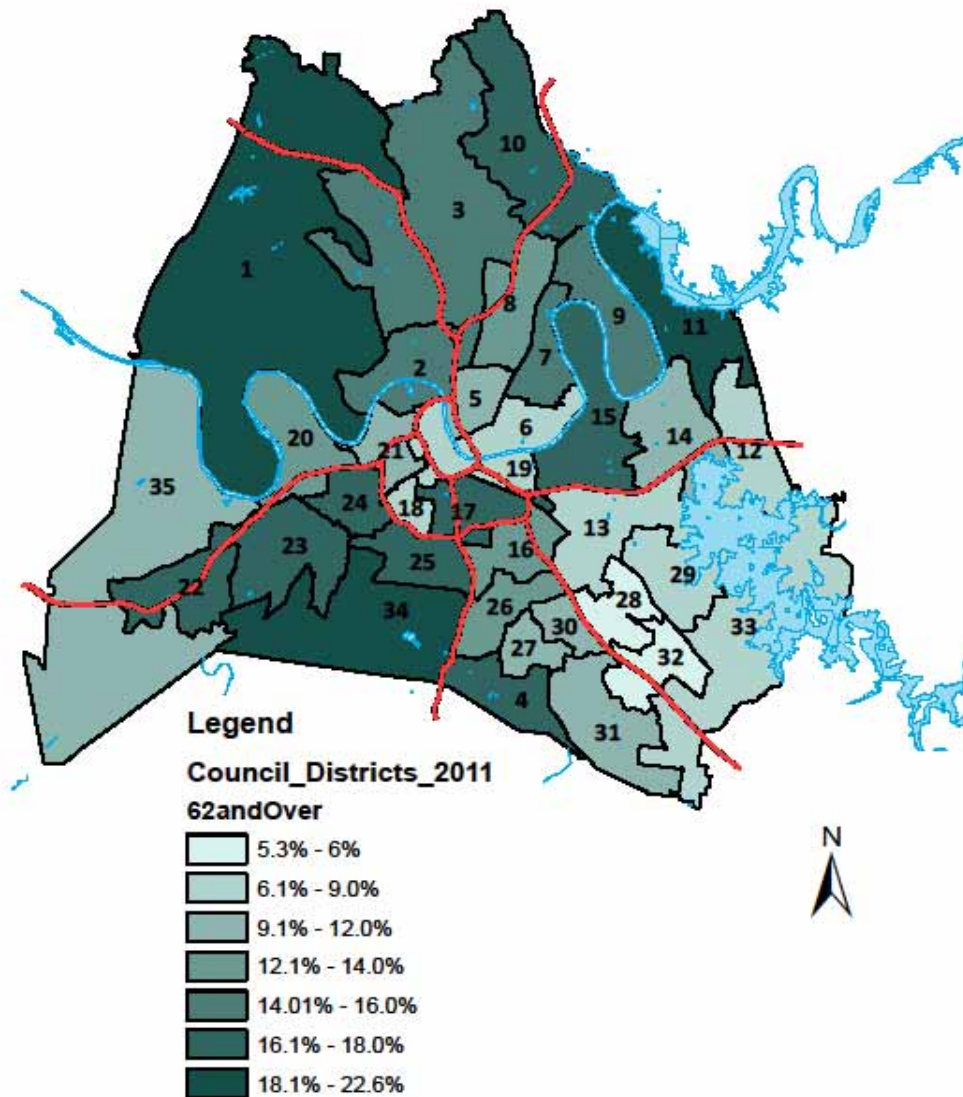
The Population Resource Center’s *Aging of America* report describes how the number of persons age 65 and over will begin to increase rapidly beginning in 2011. In 2011, one in eight Americans is age 65 or over, compared to one in ten in the 1950’s, with this number 65 and over expected to double by 2030. In addition, Americans are living longer, and as life expectancy continues to

increase, the period of time during which elderly and disabled persons will need home and community based services will probably lengthen, while the number needing the services will also increase. http://www.prcdc.org/300million/The_Aging_of_America/

The map below shows the percentage of people age 62 in over by Metropolitan Council District, according to data from the 2006-2010 American Community Survey.

Percentage of People Age 62 and Over by 2011 Council District Davidson County, 2006-2010

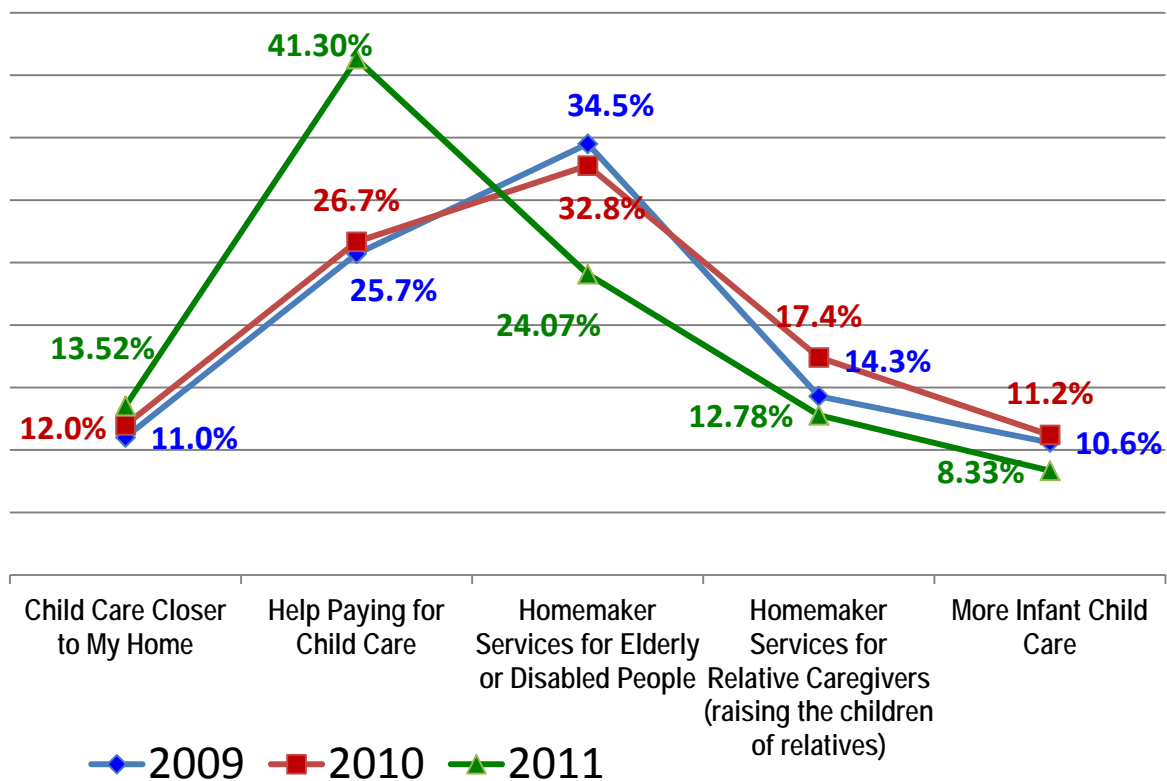
Data from U. S. Census Bureau, 2006-2010 American Community Survey; Shapefiles from Metropolitan Planning Department;
Maps by Metropolitan Social Services



Grassroots Community Survey

The 2011 Grassroots Survey asked respondents to identify the greatest need in Home and Community Based Services. Chart HC-2 shows that 41.3% of the respondents identified help paying for childcare as the greatest need, a significant increase over 2009 and 2010. The need for homemaker services for elderly and disabled people ranked second at 24.07% in 2011, with a decreased percentage from 2009 and 2010.

Chart HC-2: Greatest Need in Home and Community Based Services
Grassroots Community Survey 2009-2011



Source: MSS Grassroots Community Survey, 2009, 2010, 2011

Increasing Need for Home and Community Based Services

According to the U.S. Department of Health and Human Services, by 2020 more than 15 million people in the United States will need some form of long-term care, although less than 3% of the population has purchased private long-term care insurance. Medicaid currently pays for 2/3 of all long-term care services provided in the U.S. Persons who have assets above the Medicaid income guidelines typically have to “spend down” those assets to qualify for Medicaid federally funded

long-term care services. Individuals who have spent years building their assets face the choice of either depleting those assets or paying out of pocket for expensive long-term care services.

It is projected that more than 15 million Americans will need long-term care.

Less than 3% of the population has purchased private long-term care insurance.

According to data from American Families USA, 70% of persons reaching age 65 will need financial assistance with long-term care at some point as they increase in age. Long Term-care services include both institutional care (nursing home or assisted living facilities) and home and community based services (personal care, homemaker and home delivered meals). As Americans increase in age, so will the cost of healthcare services. Medicare and Medicaid expenditures are expected to increase significantly over the next 5–10 years.

For persons affected by age-related frailty or by a disability, home and community based services offer an affordable and more desirable long-term care alternative to nursing home placement. As the numbers of baby boomers increase, the need for Medicaid funded long-term care increases proportionately.

<http://www.familiesusa.org>

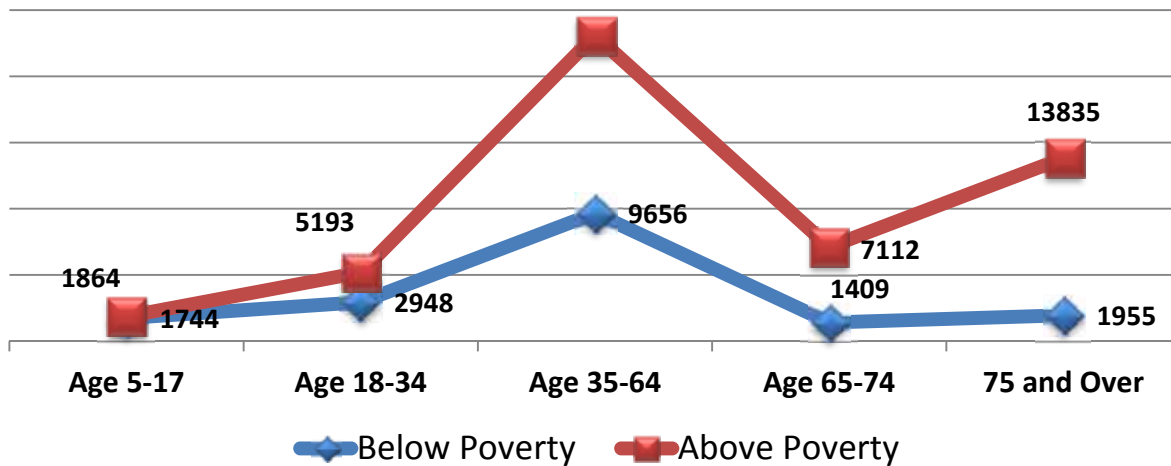
Poverty, Aging and Disability

As shown in Chart HC-3, Davidson County residents with one or more disabilities are most likely to be in poverty. This group has a very low employment rate and most rely on public benefits for income, such as Supplemental Security Income, Social Security Disability Income and TennCare for health services.

The Social Security Administration is responsible for Medicare enrollment. Medicare is for any U.S. citizen age 65 and over as well as persons 65 and younger who have certain disabilities and illnesses. Full eligibility and enrollment information is available at the Medicare web site:

<http://www.cms.gov/>

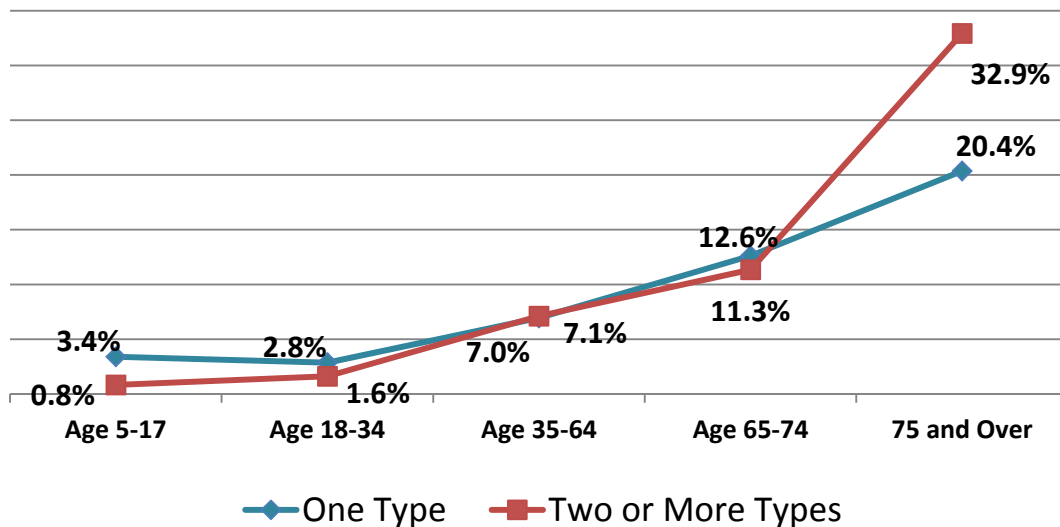
Chart HC-3: Number Above/Below Poverty With Disability, by Age Category
Davidson County, 2010



Source: 2010 American Community Survey

Chart HC-4 shows that as age increases, the rate of disabilities also increases. It is likely that as the population ages, as shown in Chart HC-1, the demand for HCBS will increase accordingly.

Chart HC-4: Age by Number of Disabilities, Ages 5 and Above
Davidson County, 2010



Source: 2010 American Community Survey

Comparative Cost of Home and Community Based Services and Nursing Home Care

Home and Community Based Services are generally less costly than nursing home care. By using HCBS, persons can remain in their home and in familiar surroundings rather than go to nursing homes. The around the clock care in an institutional setting is generally much more costly than

home and community based services. Some estimates range from \$55,000-\$80,000 for annual nursing home care, compared to \$18,000-\$30,000 per year for home and community-based care.

Home and Community Based care is preferred by most individuals and it often encourages more family participation in caregiving. In addition, HCBS may allow family caregivers to remain in the workforce and still care for their relative.



Table HC- 5 shows an average cost comparison of HCBS services with institutional based care both nationally and in Tennessee from surveys by Center for Medicaid and Medicare Services and Private insurers of Long Term Care services.

Table HC-5: HCBS vs. Institutional Care
National Average and Tennessee Average, 2011

	National Average	Tennessee Average
Homemaker (HCBS)	\$19 per hour	\$18 per hour
Adult Day Care (HCBS)	\$70 per day	\$53 per day (avg. 4-6 hours)
Assisted Living (Institutional Care)	\$3,477 monthly	\$3,494 monthly
Semi-Private Nursing home (Institutional Care)	\$214 per day	\$174 per day

Source: *Market Survey of Long-Term Care Cost 2011*

<http://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-market-survey-nursing-home-assisted-living-adult-day-services-costs.pdf>

Source: *Cost of Long-Term Care across the Nation*

http://www.genworth.com/content/products/long_term_care/long_term_care/cost_of_care.html

In 2009, nursing home cost was estimated at \$52,000 for a semi-private room in Tennessee. Cost variations throughout the country show that the costs for these services in Tennessee are in the middle range, when compared with other places in the U. S. Medicaid often does not cover all cost

associated with a nursing home stay, depending upon the level of medical services provided. As a result, there are out-of-pocket expenses for nursing home residents, which may be covered by an individual's Social Security Income or Social Security Disability Income.

Home and Community Based Care Programs

Tennessee consumers have primarily two ways to receive Home and Community Based Care. Options for Community Living Program and TennCare Choices program are available to low-income elderly and disabled persons who prefer to remain in their homes and communities.

OPTIONS FOR COMMUNITY LIVING PROGRAM: The Older Americans Act and State appropriations provides funding for the Options for Community Living Program (Options). The Option program differs from regular Medicaid services in that there is no spend down requirement, the state establishes the type and frequency of services an enrollee receives and how much is allocated to the program. The Options program targets low-income seniors and minorities. Options program services (homemaker, personal care and home delivered meals) are designed to enable seniors and adults with disabilities to remain in their home and communities and avoid unnecessary institutionalization. Options funds are for persons age 60+ and/or persons age 18 and over who have a qualifying disability. A waiting list for enrollment is typical for Options.

According to the Greater Nashville Regional Council Area Agency on Aging and Disability as of September 2010, there was a waiting list of approximately 1,300 applicants for the Options Program services. By October of 2011, there was little change in the number of persons on the waiting list with 1,312 applicants, and a typical wait is 12-14 months. Greater Nashville Regional Council conducts the initial assessment, determines the level of service to be provided for each enrollee, and then authorizes the designated service provider to deliver the approved services. In addition, Greater Nashville Regional Council maintains a waiting list for consumers when funding is unavailable.

TENNCARE CHOICES ACT: In 2008, Tennessee enacted the TennCare Long-Term Care Community Choices Act (commonly known as Choices). TennCare Choices in Long-Term Care allows the state to use existing dollars to offer more options to those in need of long-term care. Choices was designed to rebalance Medicaid Funding to support more home and community based services choices, as well as to increase the number of persons who could successfully transition from a nursing home facility to an appropriate home and community based setting. TennCare's FY 2012 Recommended Budget Presentation reported that before statewide long-term care enrollment, 82% of funding was used for nursing home care with 17.5% on long-term (home and community

based) care (March 1, 2010). By April 1, 2011, the long-term care enrollment had increased to 25.7%, and the nursing home care had decreased to 74.3%.

Choices offers a single point of entry for persons seeking long-term care services compared to the previous system that was fragmented and difficult to navigate. Choices also offered persons who had expressed a desire to live in their community and receive some of their care from families and friends an alternative to institutional care. Participants may receive services up to a cost that would be equivalent to the cost of institutional care. The costs for Choices services are significantly lower than assisted living facilities and skilled care nursing homes. Choices enrollment continues to increase in Tennessee along with the number of providers from which consumers have to choose.

<http://www.tn.gov/tenncare/forms/tenncarebudgetFY12.pdf>

Transportation Options

As the baby boom generation ages, access to affordable and reliable transportation will continue to increase. Seniors prefer to remain in their own homes and communities, so affordable and easily accessible transportation alternatives are needed. Increased age and deteriorating medical/physical conditions may prevent people from driving. Additional transportation alternatives are needed for those who can no longer drive and others who may not have access to a vehicle.

Because some skills and abilities associated with driving tend to diminish with age, viable alternate forms of transportation for the elderly will continue to be an important issue in future years. There are three general types of public transportation alternatives for the frail elderly or disabled adults:

- 1) Door-to-door services are provided through Metropolitan Transit Authority (MTA) Access Ride program. Door-to-door or demand response trips require advance reservations for transportation for seniors and persons with disabilities to a designated location with a scheduled return trip.
- 2) A fixed route system or scheduled services transport elderly persons between designated stops along a route that is typically used by persons other than seniors. An increasing number of fixed route buses are wheelchair accessible.



- 3) The Ridesharing programs, coordinated by the Regional Transportation Authority, coordinates rides for two or more persons with a disability to specific destinations such as medical appointment, senior centers or employment.

Additional information about these transportation options is available:

<http://www.nashvillemta.org/>

<http://www.musiccitystar.org/carpoolrideshare.html>

Future Transportation Needs for Seniors and Persons with Disabilities

In a study, *“Fixing the Mobility Crisis Threatening Baby Boomers”* conducted by Transportation for America a national coalition working on transportation reform. The study surveyed 46 metropolitan areas with 1-3 million people. Nashville was ranked fourth highest in comparable metropolitan areas with populations between 1-3 million persons as having poor transit access for persons age 65-79. Poor access is defined as for a typical senior as the average number of bus, rail or ferry routes within walking distance of their home. For Nashville and comparable cities, that equates to less than two public transit lines within walking distance of the homes of elderly persons. The study estimated that 85% of seniors or over 150,000 persons living in Nashville would have poor transit access by 2015. Three other cities Kansas City Missouri/Kansas, Oklahoma City, Oklahoma and Arlington Texas ranked higher than Nashville as having poorer transit access for seniors.



The study concludes that there is an ongoing need for funding alternative modes of transportation for seniors such as specialized vans, vanpooling, ridesharing, trains and additional public transportation alternatives.

<http://t4america.org/docs/SeniorsMobilityCrisis.pdf>

Money Follows the Person

Introduction

Home and Community Based Services (HCBS) are designed to assist adults with disabilities and frail seniors to remain their homes and communities as long as possible, rather than enter nursing homes. HCBS include a variety of supportive services delivered in community settings or in the homes of those who receive services, such as homemaker, personal care, caregiver respite, adult daycare, case management, transportation to medical appointments and home delivered meals.

People who have greater assets or income may be able to pay for the services they receive, while others have long-term care insurance that pays for these services. For people who need subsidized HCBS, most funding is federal, with less provided by the state. There are some examples of limited funding being provided by local governments or private philanthropic sources.

Best practices in Home and Community Based Services have focused on rebalancing Medicaid dollars between nursing home (institutional) care and home based services for the growing population of seniors. As people age, they are more likely to need either Home and Community Based Services or nursing home care (often funded by Medicaid for people who cannot afford to pay). With the aging of the baby boom population, there is a growing need to find creative ways to best utilize the limited Medicaid dollars. Over the past several years, Congress has funded innovative strategies. One of the effective practices developed is the Money Follows the Person model to strengthen community living.

Description

Money Follows the Person (MFP) programs are designed to allow states to develop strategies for eligible nursing home residents as they transition from institutional care to home based care. Persons leaving institutional care would have more options in determining the types and frequency of medical care they receive under Medicaid. Funds that would have gone to the nursing home could then be used to fund HCBS as directed by the individual. Tennessee was one of 13 additional states to receive funding for this model (29 states had already been using the model). The target populations for MFP funding include persons at least 60 years of age who live in nursing homes, persons under age 60 who are physically disabled and persons who have intellectual disabilities and or mental retardation. The MFP model increases the use of Home and Community Based services while reducing the use of more expensive nursing home care.

Rationale

Under Money Follows the Person model, states would have more flexibility in coordinating care for persons leaving institutional care, assuring that appropriate supportive services are available while they monitor cost-effectiveness of Medicaid funds. This model allows individuals to have greater flexibility in determining their long-term care options and services. In addition, MFP could allow states to serve more persons without incurring additional cost. Elderly persons and persons with disabilities who express a desire to live in the community with appropriate support services can do so with significant cost savings compared to costly institutional care.

Potential Challenges for Tennessee

According to *Money Follows the Person 2010 Evaluation Report* reports by the Center for Medicare and Medicaid Services, some of the states that received initial MFP funding did not have the infrastructure to effectively administer the program. Infrastructure needs include timely payment processing, cooperation with medical providers and protections against fraud and waste. The report also indicated that states needed to have in place effective monitoring procedures, quality assurance controls, financial accountability, consumer satisfaction procedures and consumer education programs for the MFP model to be successful.

Tennessee's challenges in implementing MFP includes, coordinating MFP services TennCare Choices services, developing program oversight procedures and insuring fiscal accountability. Collaborations among nursing homes and home and community based service providers are important in assuring program success in Tennessee.

http://www.mathematica-mpr.com/publications/pdfs/health/MFP_2010_annual.pdf

Steps to Operation in Tennessee

Tennessee received its initial funding for MFP in 2010 from the Center for Medicare and Medicaid Services. The purpose of the funding was to expand HCBS to persons transitioning from nursing home care back into the community. MFP goal of transitioning consumers from nursing home care to home and community-based care is consistent with Tennessee's TennCare Choices program that was implemented in 2010. MFP has the potential to increase the number of frail elderly and disabled adults successfully transition back into the community with the appropriate support services.

Although this description is about the transition from nursing home care to HCBS, this model of using the appropriate combination of coordinated services could be used to decrease costs for other types of services and at other levels of government.

HOUSING - KEY FINDINGS

- During the period 2006-2010, new construction decreased, reflected in the significant drop in the number of building permits issued.
- Between 2006 and 2010, homeowner vacancy rates increased and renter vacancy rates declined.
- Half of homeowners in Davidson County and 54% of renters were housing cost-burdened in 2010, paying more than 30% of their household income for housing and related costs.
- From 2008 to 2010, the percentage of U. S. multi-generational households rose from 5.3% to 6.1% of all households, a faster rate of growth than the previous eight years combined.
- The number of foreclosure filings dropped from 2009 to 2010, for the first time since 2007.
- The 2011 MSS grassroots survey data shows that many people continue to need help with housing-related expenses such as rent payments. More 2010 survey respondents identified the need for Section 8 vouchers than in previous years (the unmet need would be intensified by proposed federal housing budget cuts).



There is nothing more important than a good, safe, secure home.

Rosalynn Carter

Housing Occupancy, Units and Construction

The Census Bureau defines housing unit as a house, apartment, mobile home, group of rooms or single room that is occupied or intended for occupancy as separate living quarters Table H-1 shows changes in housing unit occupancy in Davidson County from 2007-2010. The number of housing units rose from 2007 to 2009 and in 2010, fell to approximately the 2008 level. In 2010, owners accounted for 55.9% of the occupied units, and 44.1% were renter-occupied. The vacancy rate for homeowners was 3.5% and the vacancy rate for renters was 9.2%. Three or more generations lived in 3.47% of households in 2010.

Table H-1: Housing Unit Occupancy
Davidson County 2008-2010

	2007		2008		2009		2010	
Total Housing Units	278,855		283,739		285,187		283,978	
Occupied	250,958	90%	257,193	90.6%	255,290	89.5%	259,499	91.4%
Vacant	27,897	10%	26,546	9.4%	29,879	11.7%	24,479	8.6%

Source: American Community Survey 1-Year estimates, tables PCT14, DP-1 and DP-04

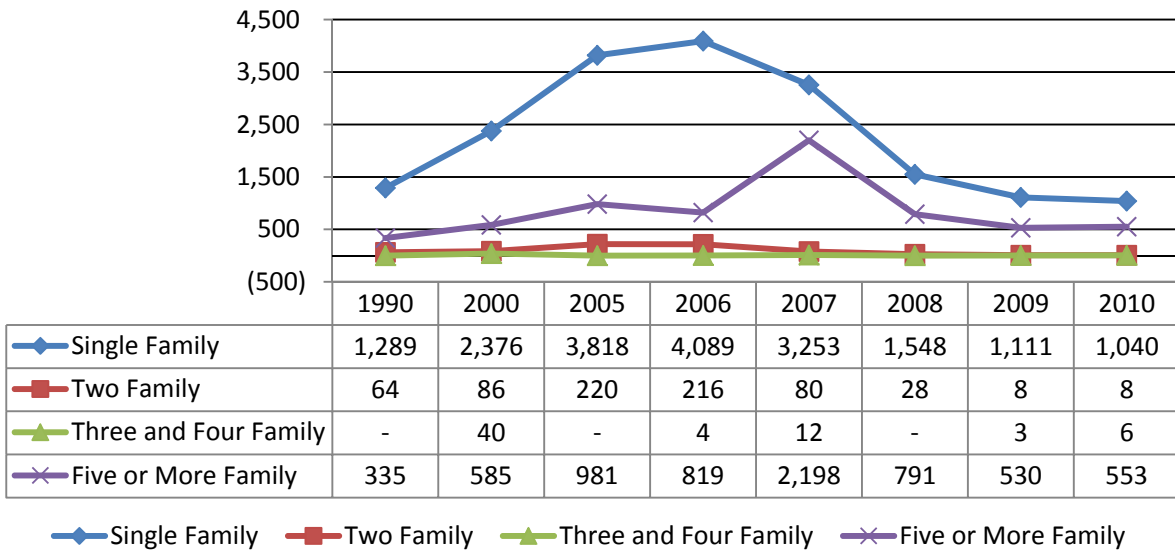
Although less as affected by the housing crisis than some other areas of the country, the Davidson County housing market showed the effects of that situation, as well as for the downturn in the economy and the flood in May 2010.

Helped by the federal tax credit program, U. S. first-time home buyers were 49% of buyers in April 2010, the month the program ended, but by January 2011, they had decreased to 29%. Freddie Mac’s October 2010 30-year mortgage interest rate was 4.23%, the lowest since the series began in 1971. (*State of the Nation’s Housing 2010*, Joint Center for Housing Studies Harvard University) http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Chart H-1 shows the trend in building permits issued in Davidson County from 1990 to 2010. The number of permits issued in 2009 and 2010 are approximately the same as in 1990. The 2000-2006 numbers reflect the housing boom, with the downturn starting in 2006.



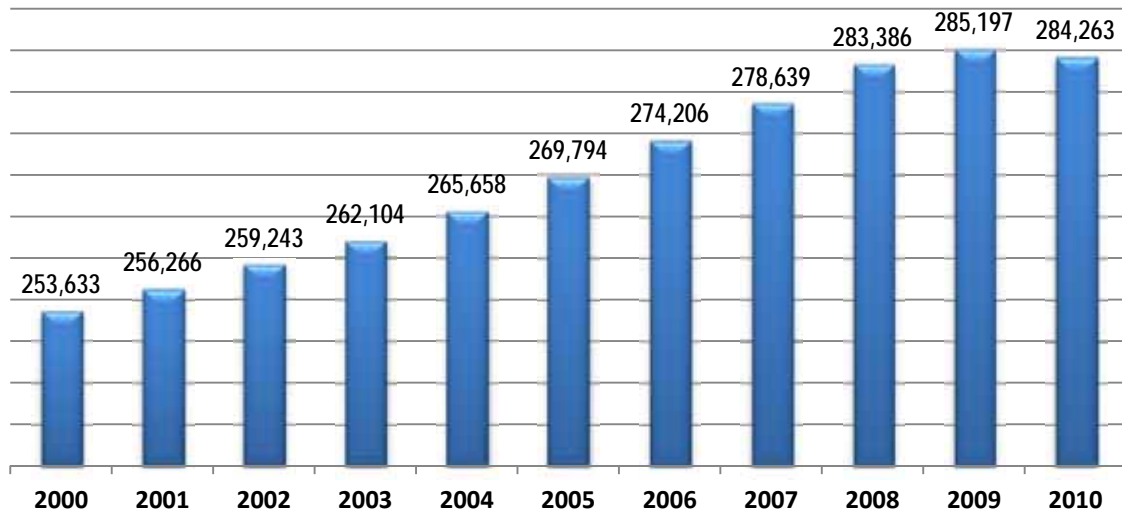
Chart H-1: Number of Building Permits Issued
Davidson County, 1990-2010



Source: Census, Building Permit Estimates - U.S., State, and Metropolitan Areas, CenStats database
<http://censtats.census.gov/bldg/bldgprmt.shtml>

Chart H-2 shows the annual change in the number of existing housing units in Davidson County, reflecting increases until 2009, followed by a decrease for 2010.

Chart H-2: Number of Housing Units
Davidson County, 2001-2010



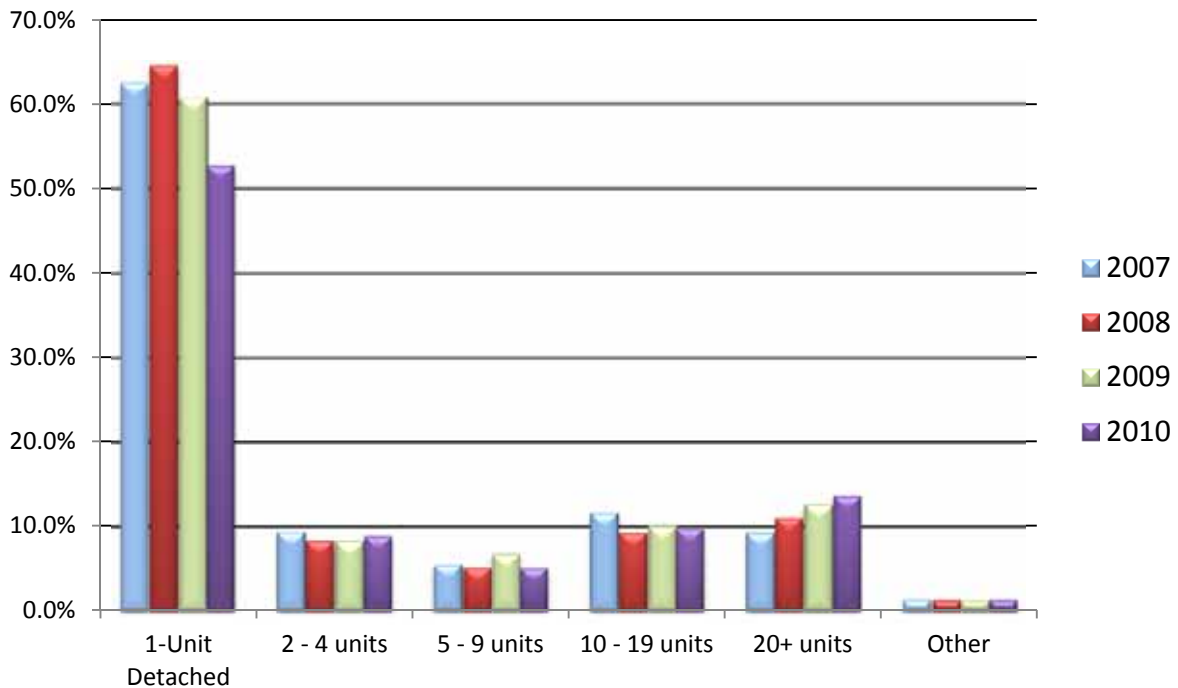
Sources: Census Population Division: Annual Estimates of Housing Units for Counties in Tennessee: April 1, 2000-July 1, 2007; 2008 & 2009 American Community Survey: B25001 Housing Units; 2010 ACS: DP04 Selected Housing Characteristics

As shown in chart H-3, there was a decrease in most types of structures from 2007 to 2010. Structures with 20 or more units showed a slight increase from 2007 to 2010. National data shows completions of rental units in multifamily structures in 2008, dropping to the lowest level in 17 years, according to the *State of the Nation's Housing 2010*, Joint Center for Housing Studies Harvard University.

http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Chart H-3: Number of Units in Structure

Davidson County, 2008-2010



Source: American Community Survey, Table B2504 for 2007-2009; Table DP04 for 2010

As described in the *State of the Nation's Housing 2010* (Joint Center for Housing Studies Harvard University), the U. S. home ownership rate declined for black (3.8%) and Hispanic households (2.1%), more than for white households (1.5%).

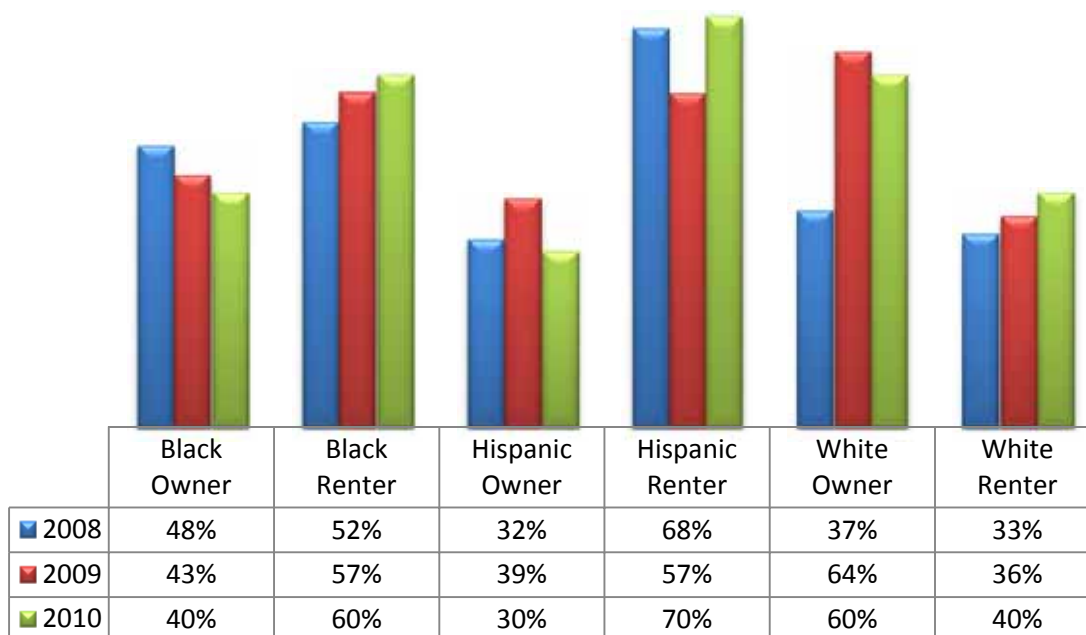
http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Davidson County's home ownership and rental status varied by race and ethnicity, as shown in Chart H-4. This reflects the national trends affected by the housing market and the high unemployment/under-employment: 1) Younger renters were less likely to become



homeowners; and 2) People ages 45–54 were more likely to move from owner to renter, increasing by 42% from 2005 to 2009.

Chart H-4: Owner and Renter Occupied Housing Units by Race/Ethnicity
Davidson County, 2008-2010



Source: 2010 American Community Survey 1-Year Estimates, Occupied Housing Units By Tenure, SB25003 A, B, I

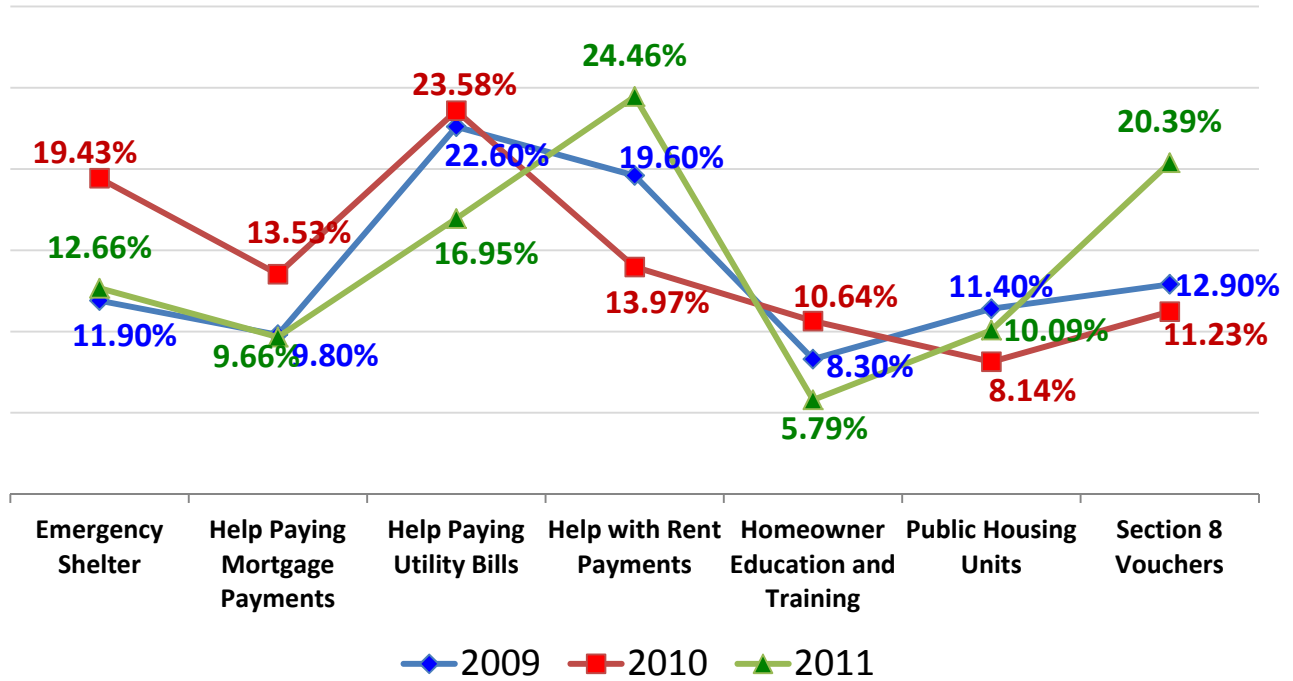
Grassroots Community Surveys

As noted earlier in this document, a survey about social services needs was given to Davidson County residents who were clients of the Department of Human Services and residents of affordable housing operated by Urban Housing Solutions in 2011. When respondents were asked to identify which of five issue areas had the largest gap between the services now available and those that were needed, more respondents (24%) identified Housing & Related Assistance (utilities) than any other issue areas. The next highest gap area identified was Workforce & Economic Opportunity (20.4%). In the 2009 and 2010 Grassroots Community Surveys, Housing & Related Assistance was second only to Workforce & Economic Opportunity.

Within the area of Housing & Related Assistance, the survey respondents indicated that Help With Rent Payments was a greater need than the previous two years, and Help Paying Utility Bills was

identified less as the greatest need (Chart H-5). In 2011, more respondents identified Section 8 Vouchers as the greatest need, and fewer identified Emergency Shelter compared to 2009 and 2010.

Chart H-5: Greatest Need in Housing & Related Assistance
Grassroots Community Survey 2009-2011



Source: MSS Grassroots Community Surveys

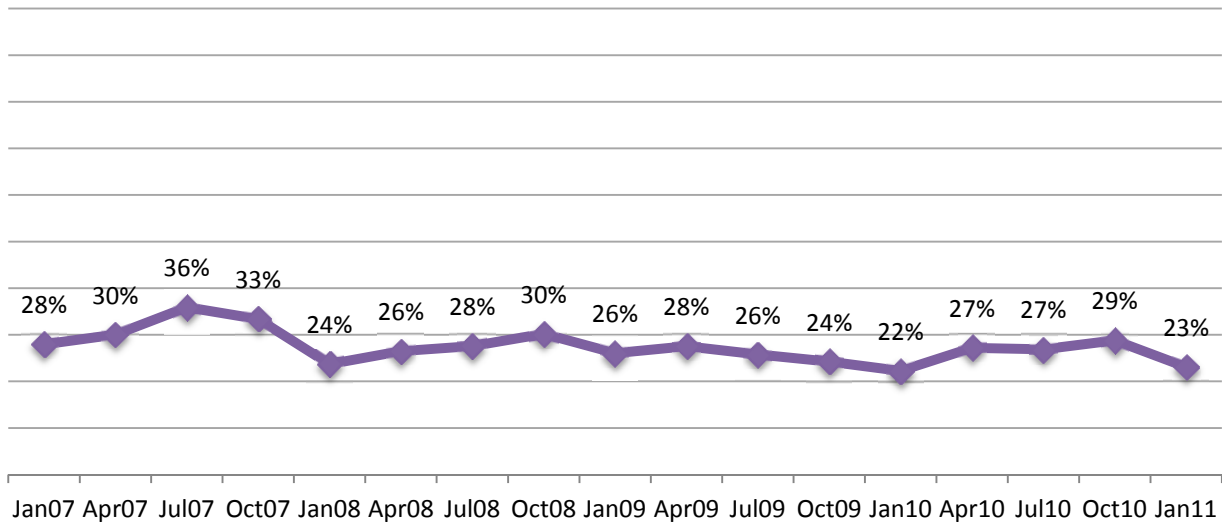
2-1-1 Call Center

The United Way 2-1-1 Call Center for Middle Tennessee receives thousands of requests each month for social/human service resources, and provides referral information to callers about hundreds of programs in the Middle Tennessee area. Calls for Housing & Related Assistance combined continue to outnumber calls for any other type of needs. Housing & Related Assistance calls to 2-1-1 accounted for an average of 28% of the cumulative calls from 2007 to 2011.

The average median number of housing and utilities calls per months for the period was 3,166 with a range of 1,811 (February 2008) to 4,378 (August 2011). Detailed 2-1-1 call information is in a previous section. Chart H-6 shows the quarterly average percentage of all 2-1-1 calls which were for housing and utilities/related assistance. 2-1-1 now uses the same need categories as the

Alliance of Information and Referral Systems (AIRS), and this category includes some housing assistance needs formerly listed individually.

Chart H-6: Quarterly Percent of 2-1-1 Calls for Housing/Utilities
January 2007-January 2011



Source: 2-1-1 Call Center

Housing & Related Assistance continues to be a top need in 2011. TN 2-1-1 data for October 2011 showed that 6,393 calls were received from Davidson County residents. Thirty-two percent (2,046) of Davidson County calls were for help in the Housing & Utilities issue area. Of these callers for housing help, 51.6% needed help with utilities and 21.6% sought help with rent.

Multi-Generational Housing

During the economic downturn period, the number of multigenerational households in the U. S. increased. In 2008, multi-generational households accounted for 5.3% of all households in the U. S. By 2010, 6.1% of all households had three or more generations. This increase is a faster rate of growth than the previous eight years combined, as described in the April 2011 AARP Public Policy Institute’s Fact Sheet 221. <http://assets.aarp.org/rgcenter/ppi/econ-sec/fs221-housing.pdf>

From 2007 to 2010, the share of adults aged 20–29 who were heads of household in the U. S. fell more than 2%. Much of the decrease was due to young adults living with their parents. In 2010, there were 1.6 million more U. S. young adults living in their parents’ home than there were in 2005. (*State of the Nation’s Housing 2010*, Joint Center for Housing Studies Harvard University). http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Related sub-families are people living in a relative's household, *e.g.* a young couple living with parents, or a parent living in adult children's household. National Census data shows that the percentage of sub-families living with relatives has increased over time. The overall percentage has increased from 4.1% in 2000 to 5.5% in 2011. (Census Bureau Current Population Surveys, table FG7). <http://www.census.gov/population/www/socdemo/hh-fam.html>

In Davidson County in 2010, there were 8,994 households with three or more generations. The increase in multi-generational housing is due to multiple factors. "Doubling up" due to the economic downturn, with adult children and their families moving in with parents (or vice-versa), is increasing. Other reasons include adults caring for aging parents, more immigrant multi-generational families, and the rising age at first marriage. Affordable housing for these people is often harder to find because it must accommodate the needs of a variety of ages, from children and youth to working adults and the elderly. (Census 2010 Summary File 1 PCT14, and *Social and Demographic Trends: The Return of the Multi-Generational Family Household*, Pew Research Center, March 18, 2010).

<http://www.pewsocialtrends.org/2010/03/18/the-return-of-the-multi-generational-family-household/>

Foreclosures

Housing contributes to the Gross National Product (GNP) through private residential investment and spending on housing-related goods and services, indicating that the housing crisis had far-reaching consequences, as described by the National Association of Home Builders. Examples of residential investment include not only single-family units but also multifamily units, remodeling, and manufactured homes. Housing services include rent, utilities, and repair costs. They estimate that over time, housing and related services have contributed 17%-18% to the GDP, with residential investment accounting for about 5% and housing services accounting for 12%-13%.



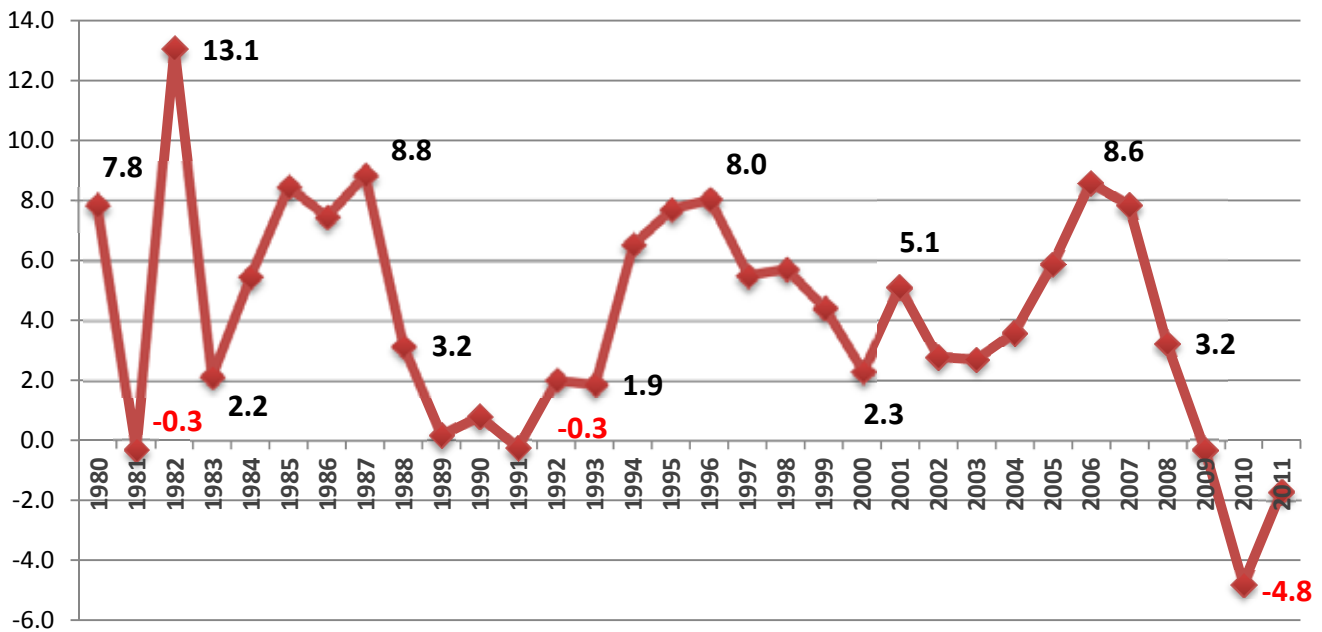
<http://www.nahb.org/generic.aspx?sectionID=784&genericContentID=66226>

The Housing Price Index (HPI) measures single-family house price movement. The HPI is published by the Federal Housing Finance Agency (FHFA) using data about all transactions involving conventional and conforming mortgages on single-family properties that have been purchased or

secured by Fannie Mae or Freddie Mac. It measures average price changes in repeat sales or refinancing on the same properties.

There was a drop in the average annual Housing Price Index for the Nashville/Davidson-Murfreesboro-Franklin Metropolitan Statistical Area from 8.6 in 2006 to negative 4.8 in Quarter 1 of 2010, as shown in Chart H-7.

Chart H-7: Percent Change in Housing Price Index
Nashville-Davidson-Murfreesboro-Franklin MSA, 1980-2011



Source: Federal Housing Finance Agency (FHFA) [Regulator/conservator of Fannie Mae and Freddie Mac and regulator of the Federal Home Loan Banks] <http://www.fhfa.gov/Default.aspx?Page=216>

The lack of affordable housing has been aggravated by recession consequences such as restricted lending, foreclosures, and unemployment. Homeownership has decreased and rentals have increased. Contributing to this trend are the uncertainty related to lower earnings or savings, more restrictive lending requirements (causing many to postpone home buying), as well as unemployment or under-employment, preventing younger people from living on their own and causing families to double-up.

Some people have lost both homes and jobs, increasing homelessness. Homeowners who have gone through foreclosure or simply abandoned their homes have switched to renting; However

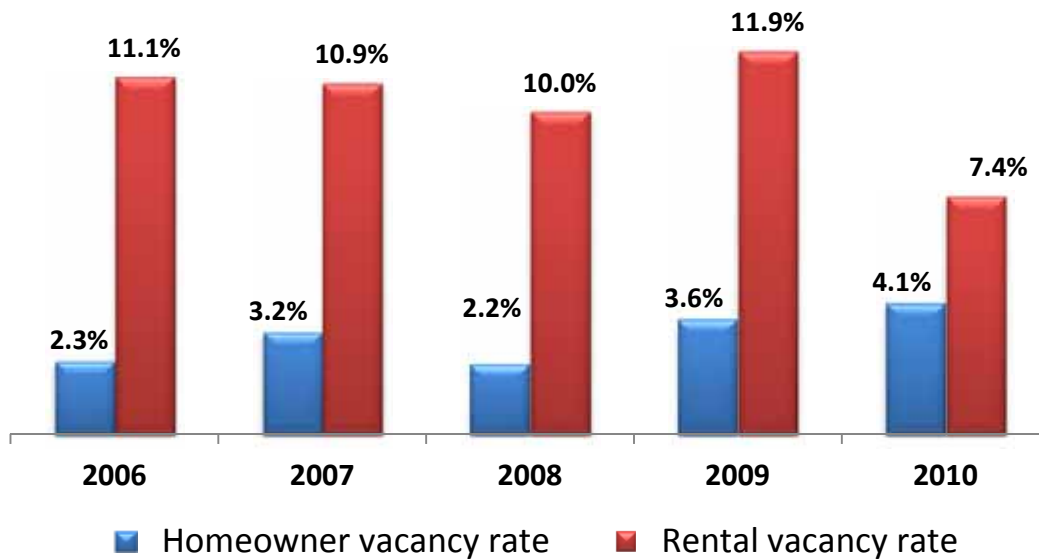
Fair Market Rent continues to rise. (*State of the Nation's Housing 2011*, Joint Center for Housing Studies of Harvard University).

<http://www.jchs.harvard.edu/publications/markets/son2011/index.htm>

Chart H-8 displays homeowner vacancy rates that increased since 2006, and rental vacancy rates that decreased. Rental vacancy rates dramatically decreased from 2009 to 2010, similar to the trends shown in chart H-4.

Chart H-8: Homeowner and Renter Vacancy Trends

Davidson County, 2006-2010



Source: 2010 American Community Survey 1-Year Estimates table CP04, Selected Housing Characteristics

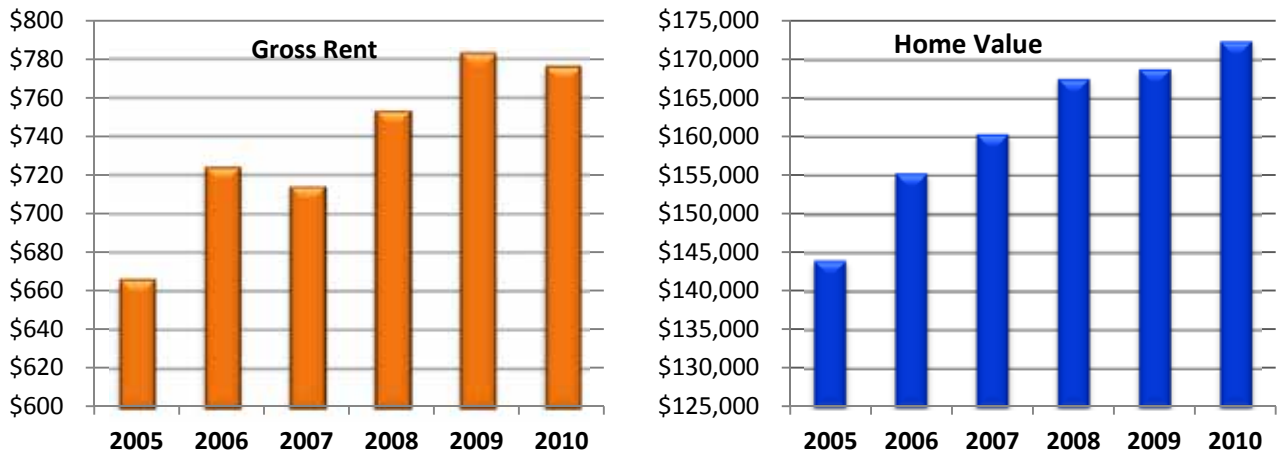


The economic downturn and the 2010 Middle Tennessee flood contributed to the existing shortage of affordable housing. Some middle-income families joined low-income families in their search for this scarce necessity.

Charts H-9 A and B show an increasing value of homes and a general rise in gross rent from 2005 to 2010. The Census Bureau defines gross rent as the contract rent (rent asked) plus the estimated average monthly cost of utilities (electricity, gas, and water

and sewer) and fuels (oil, coal, kerosene, wood). (Home value is the respondent's estimate of how much the property would sell for if it were for sale, often overestimated in a poor housing market.)

Charts H-9 A and B: Gross Rent and Home Value
Davidson County 2005-2010



Sources: American Community Survey, 2005-2010: B25064 and B25077

The bursting of the housing bubble starting in 2006 resulted in single-family home and multi-unit building foreclosures. Combined with lack of new construction, this has resulted in less affordable housing stock, more people looking for affordable rental units, and more homeless individuals and families. Entire neighborhoods are affected, because when multiple foreclosures occur in close proximity, neighborhoods experience real or perceived declining property value due to physical deterioration or crime.

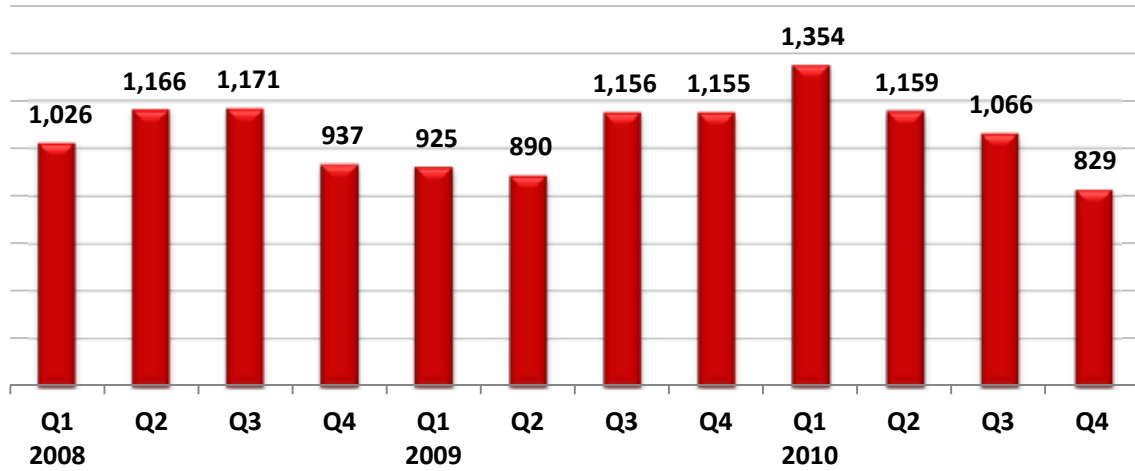
In 2009, 7.2 million U. S. households reported at least one abandoned or vandalized home within 300 feet of their residences, up from 1.5 million in 2007 and 2 million in 2005. (*State of the Nation's Housing 2010*, Joint Center for Housing Studies Harvard University).

http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Older people continue to be in need of affordable housing. The Urban Institute's *Thirteen Ways of Looking at Aging* estimates that in 2030, half the seniors in the U. S. could spend more than a quarter of their income on medical bills and insurance premiums, further reducing the amount they have for housing costs. <http://www.urban.org/publications/412334.html>

Chart H-10 shows the number of Davidson County properties with active foreclosure filings, some long-term, from 2008 through 2010.

Chart H-10: Number of Properties with Foreclosure Filings
Davidson County, 2008-2010



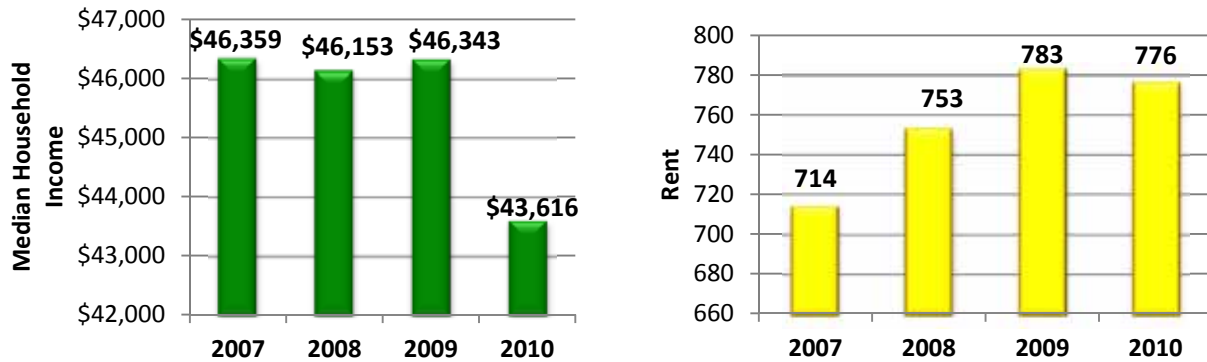
Source: RealtyTrac, <http://www.realtytrac.com/trendcenter/tn-trend.html>

Fair Market Rent and Cost Burden

Charts H-11 and B show the decrease in Davidson County median household income and gross rent from 2007 to 2010, in inflation-adjusted dollars. Income dropped by \$2,727 while rent went down by only \$7. These Davidson County trends are similar to National trends as reported by the National Low Income Housing Coalition’s *Renter’s Growing Pain*.

<http://www.nlihc.org/doc/HousingSpotlight1-1.pdf>

Chart H-11 A & B: Median Household Income and Gross Rent
Davidson County 2007 – 2010

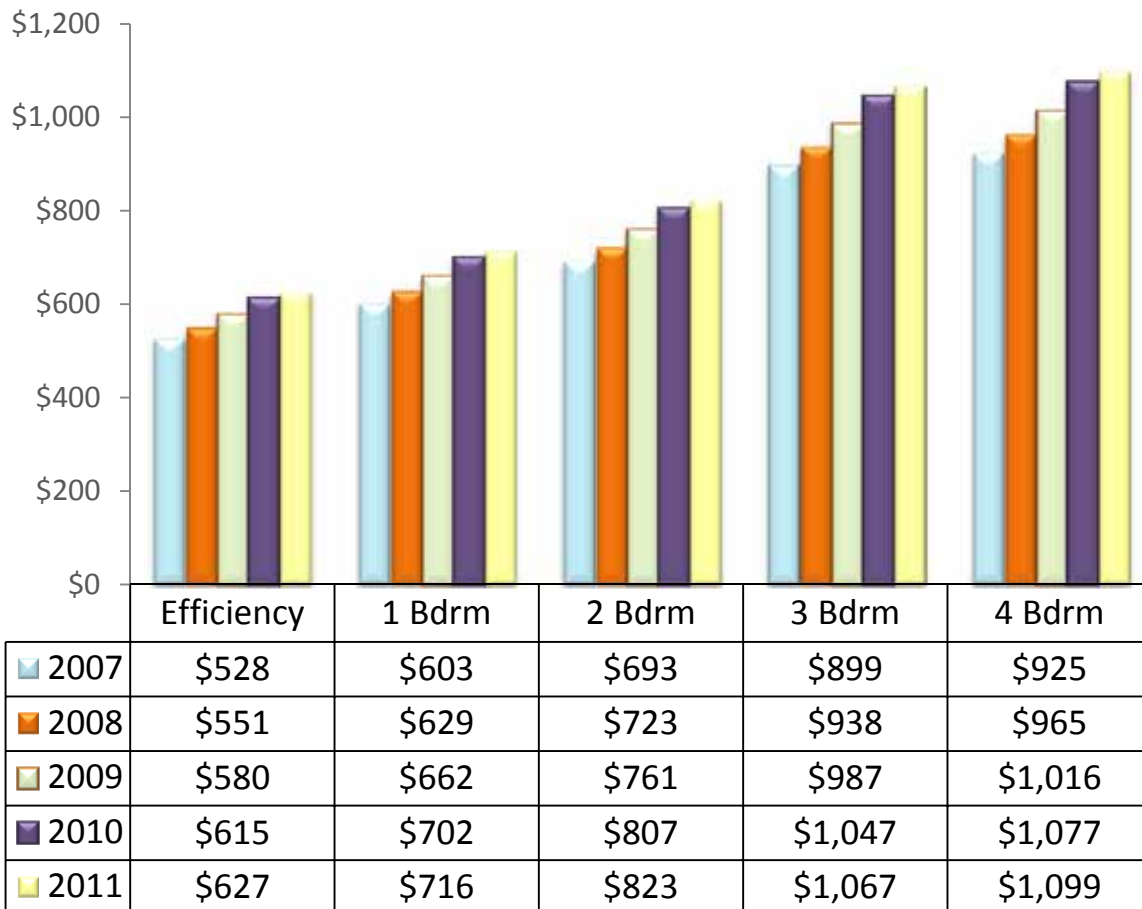


Sources: American Community Survey 1-Year Estimates, tables S0201, GCT1901 & B25064

Families who pay more than 30% of their income for housing are considered to have a housing cost burden, and often must make choices between paying for housing and paying for competing life necessities, such as food, clothing, transportation, and medical care. Families who spend 50% or more of their income for housing are considered severely cost-burdened.

HUD individual area Fair Market Rent (FMR) figures for Davidson County rose each year from 2007 to 2011, as shown in Chart H-12. To afford the 2010 FMR of \$807 without paying more than 30% of income on housing for a two-bedroom unit, a household would have needed to earn at least \$2,690 per month, or \$32,280 per year. The federal poverty guidelines for 2010 indicated \$22,050 per year (\$1,837.50 per month) as the poverty level for a family of four.

Chart: H-12 Fair Market Rent Trends
Davidson County, 2007-2011



Sources: HUDUSER FMR Documentation, <http://www.huduser.org/portal/datasets/fmr.html>; 2010 HHS Poverty Guidelines, <http://aspe.hhs.gov/poverty/11poverty.shtml>

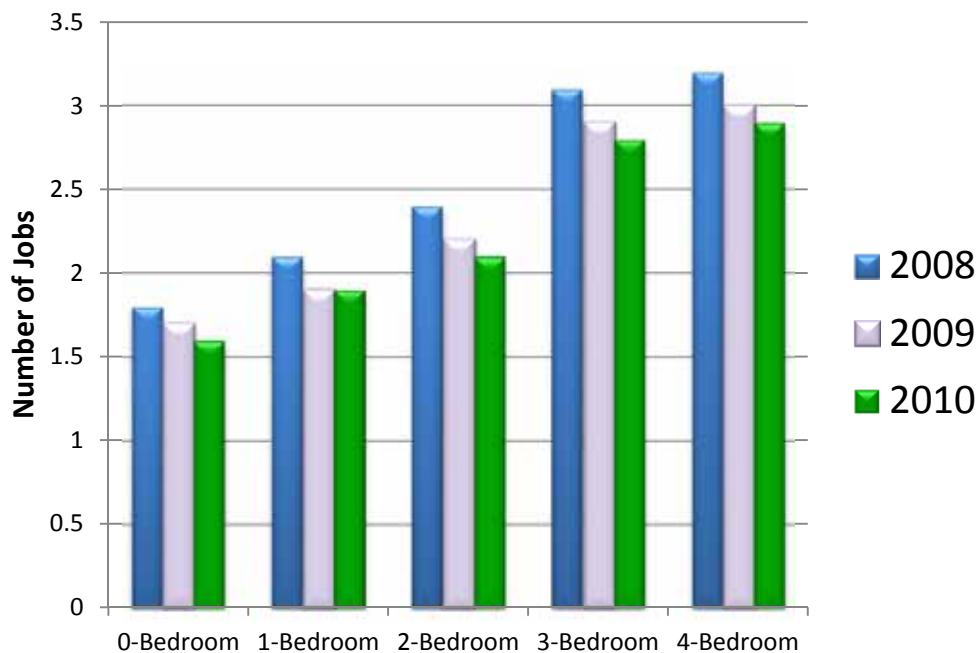
Chart H-13 shows the number of minimum wage (\$7.25 per hour) jobs needed to rent various sizes of apartments at the Fair Market Rent for Davidson County.

The number of jobs needed generally declined from 2008 to 2010. However, to rent a 2-bedroom apartment in 2010 would have required more than two full-time jobs at minimum wage.



<http://www.minimum-wage.org/states.asp?state=Tennessee>

Chart H-13: Number of Jobs Needed to Afford Housing
Davidson County 2008-2010



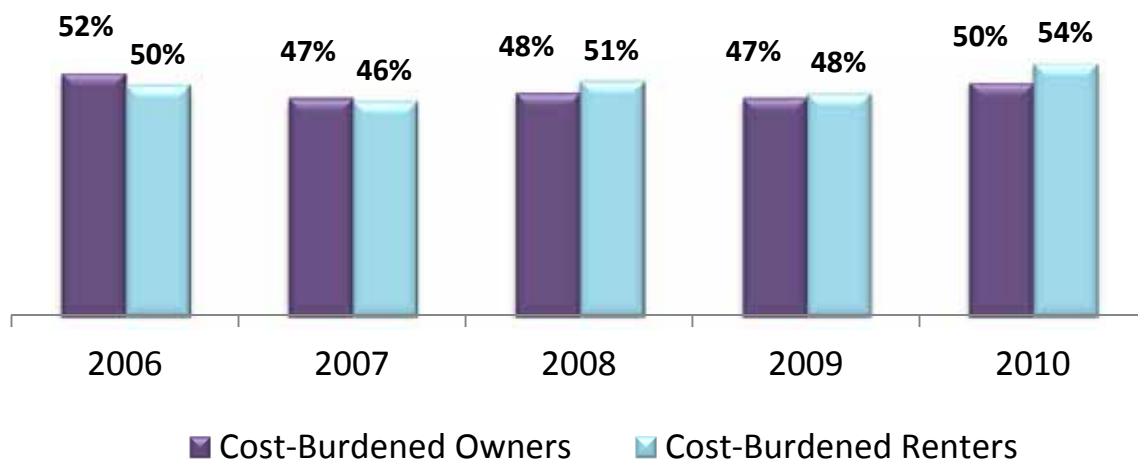
Sources: MinimumWage.org, <http://www.minimum-wage.org/states.asp?state=Tennessee>; *Out of Reach*, National Low Income Housing Coalition (NLIHC), 2008-2011, <http://www.nlihc.org/oor/oor2006/area.cfm?state=TN>

The 2010 American Community Survey indicates that most Davidson County residents spent more than 30% of their income on housing expenses. It is estimated that in 2010 half of homeowners and 54% of renters in Davidson County were in this cost-burdened category.

Nationally, more people of higher income are becoming cost burdened. In 2009, among very low income households with incomes under \$15,000, 66% were severely cost burdened, almost a 5% increase from 2001. These households spent more than half their incomes on housing. There was a 4% increase in severely cost-burdened households earning \$30,000-45,000, increasing to a total of 11.5%. The Joint Center for Housing Studies Harvard University's *State of the Nation's Housing 2010* reported that households with incomes of \$45,000-\$60,000 that were severely cost burdened almost doubled to over 6%. Cost-burden trends for these owners and renters are shown in Chart H-14.

http://www.jchs.harvard.edu/publications/markets/son2011/son2011_fact_sheet.pdf

Chart H-14: Owners and Renters Paying More Than 30% of Income for Housing Costs
Davidson County 2006-2010



Source: American Community Survey 1-year Estimates: CP04 Selected Housing Characteristics

Fair Housing

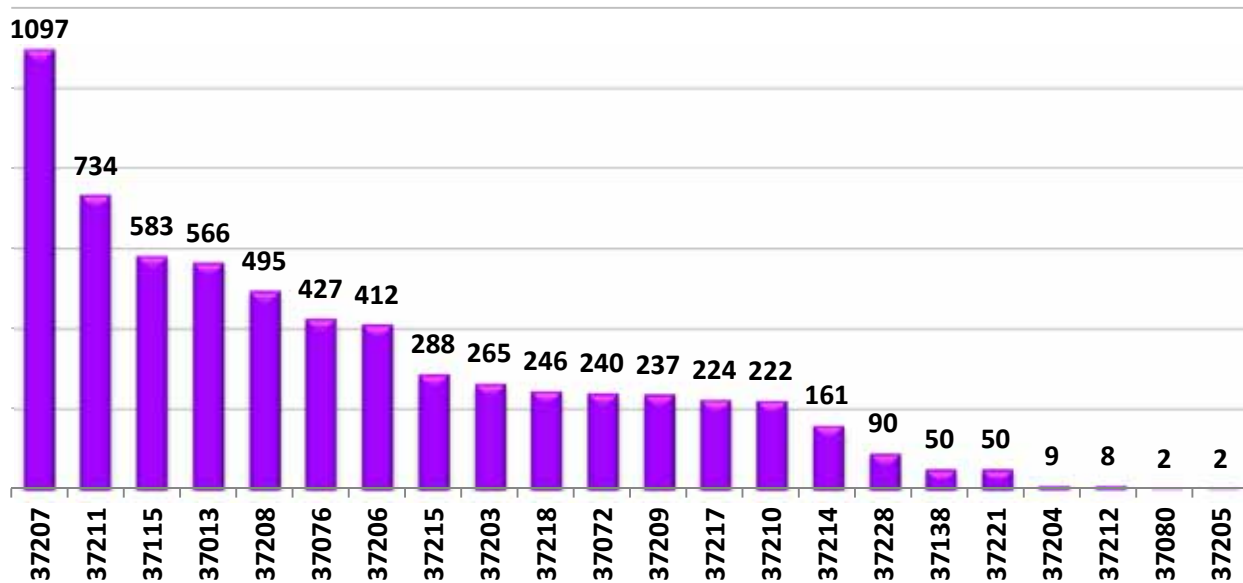
Inadequate housing and undesirable neighborhood surroundings have far-reaching effects beyond the immediate environment. These neighborhoods often have underperforming schools, more crime, more unemployment, and poor-quality or absent full-service grocery stores, banks, and other amenities. Research shows that children who grow up in very poor neighborhoods have more aggressive behavior, get lower grades in school, are more likely to commit crimes, and have higher rates of disease and mortality.

Families do not purposely choose these neighborhoods, but past and continuing discriminatory policies keep disadvantaged persons in selected parts of the city. Employers have moved out of the urban core, taking jobs with them. The geographic scattering of entry-level jobs, the consequent need for cars and the lack of affordable housing in suburban communities continues to concentrate poverty in central city neighborhoods, as described in the Urban Institute's *Reducing Poverty and Economic Distress after ARRA* (July 2010).

<http://www.urban.org/events/upload/Panel-5-Presentation-1.pdf> Accessed September 6, 2011

Chart H-15 shows the distribution of HUD/MDHA Section 8 properties in Nashville by zip code. While the population in zip code areas differs greatly, it still reflects the geographic concentration of Section 8 properties. The Census Bureau's ACS 2005-2009 rate of poverty was 28.23% for 37207, 19.55% for 37211, 20.64% for 37115 (the Zip Codes with the highest number of Section 8 properties).

Chart H-15: Zip Codes with MDHA Section 8 Properties
Davidson County, August 2011



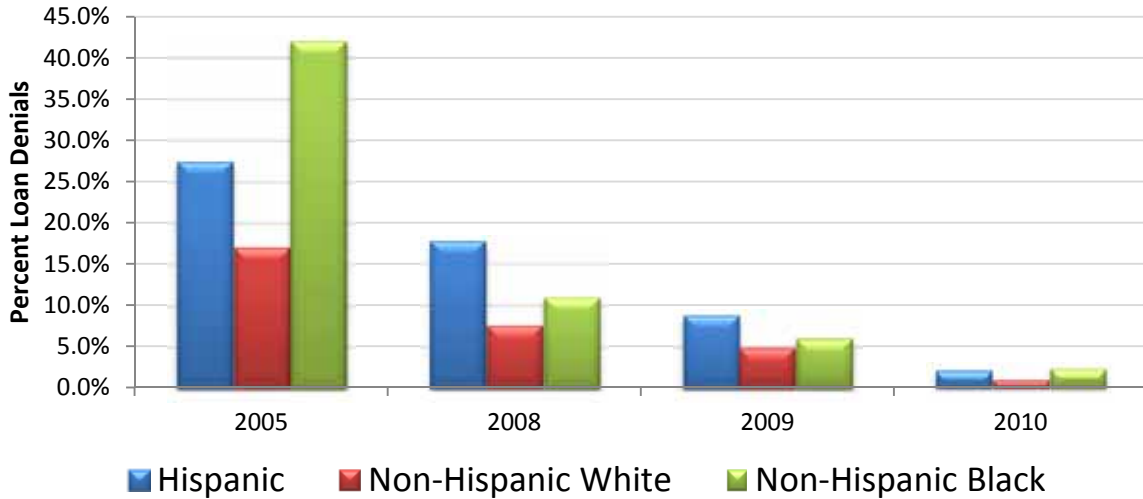
Source: Metropolitan Development and Housing Agency, Rental Assistance Department, August 2011

Income, race and ethnicity are related to the proportion of high-interest loans used to purchase homes. As seen in Chart H-16, in the Nashville/Davidson-Murfreesboro MSA, people living in mostly minority neighborhoods had the greatest share of high-interest loans. Even though the overall percentages decreased from 2005-2009, coinciding with increasing oversight and

regulation, Hispanic and Non-Hispanic Black people continued to have a greater share of high-interest loans and loan denials in each year.

Chart H-16: High Interest Rate Loans as Share of Home Purchase Loans

By Neighborhood Racial/Ethnic Composition, Davidson County MSA 2005, 2008, 2009, 2010

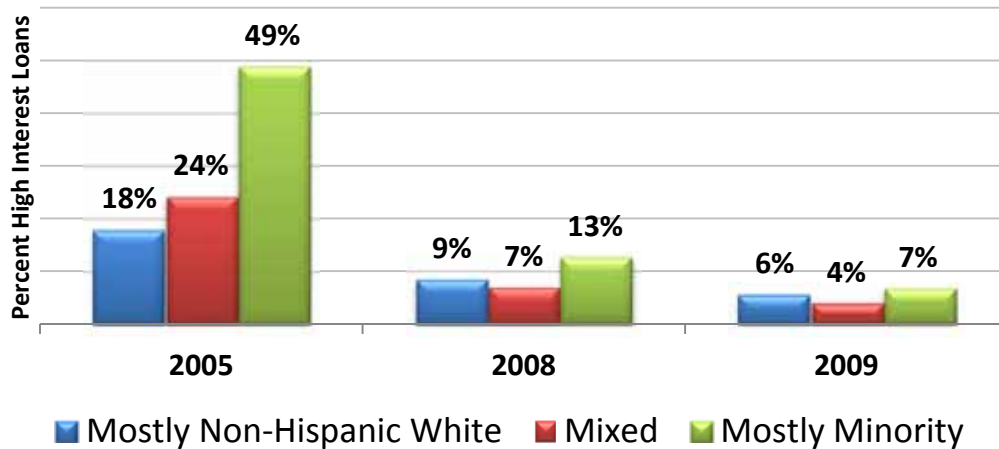


Sources: Division of Research and Statistics, The Mortgage Market in 2010: Highlights from the Data Reported under the Home, Mortgage Disclosure Act, http://federalreserve.gov/pubs/bulletin/2011/pdf/2010_HMDA.pdf; Harvard School of Public Health with Diversitydata.org

Loan denials were disproportionately high for racial and ethnic minorities, as shown in Chart H-17.

Chart H-17: Home Purchase Loan Denial Rate by Neighborhood Race/Ethnicity

Davidson County MSA 2005, 2008, 2009



Source: Harvard School of Public Health with Diversitydata.org
<http://diversitydata.sph.harvard.edu/Data/Profiles/Show.aspx?loc=972¬es=True&rgn=None&cat=1>

Homelessness

In the 2010 Hunger and Homelessness Survey of 27 cities, Nashville service providers' responses indicated that among households with children, the greatest cause of homelessness was unemployment, followed by lack of affordable housing and low wages. Conducted each year by the U. S. Conference of Mayors, the report noted that for individuals the lack of affordable housing was the main reason for homelessness.



When asked what actions were needed to reduce homelessness in the survey cities, the number one response was providing more mainstream assisted housing such as Housing Choice Vouchers. The Housing Choice Voucher program of the U. S. Housing and Urban Development agency allows participants to choose any housing in the private market that meets the requirements of the program, and is not limited to units located in subsidized housing projects.

HUD describes a homeless person as an individual who lacks a fixed, regular and adequate nighttime residence or whose nighttime residence is a supervised publicly or privately operated shelter or an institution that provides temporary residence or a place not designed for a regular sleeping accommodation for human beings.

“The causes of homelessness are complex and multiple. A slide into homelessness is the result of a number of economic and social factors that impact an individual or family at a personal level. No one chooses to be homeless and it can happen to anyone – from a teenager escaping an abusive home to a senior citizen on a fixed income who cannot cover a rent or tax increase, to a child whose parents suddenly become unemployed . . . There are many pathways to homelessness . . . Addressing the root causes is necessary to improve circumstances and foster stability in a person’s life.”

(Homelessness Resource Center, U. S. Substance Abuse and Mental Health Services Administration)

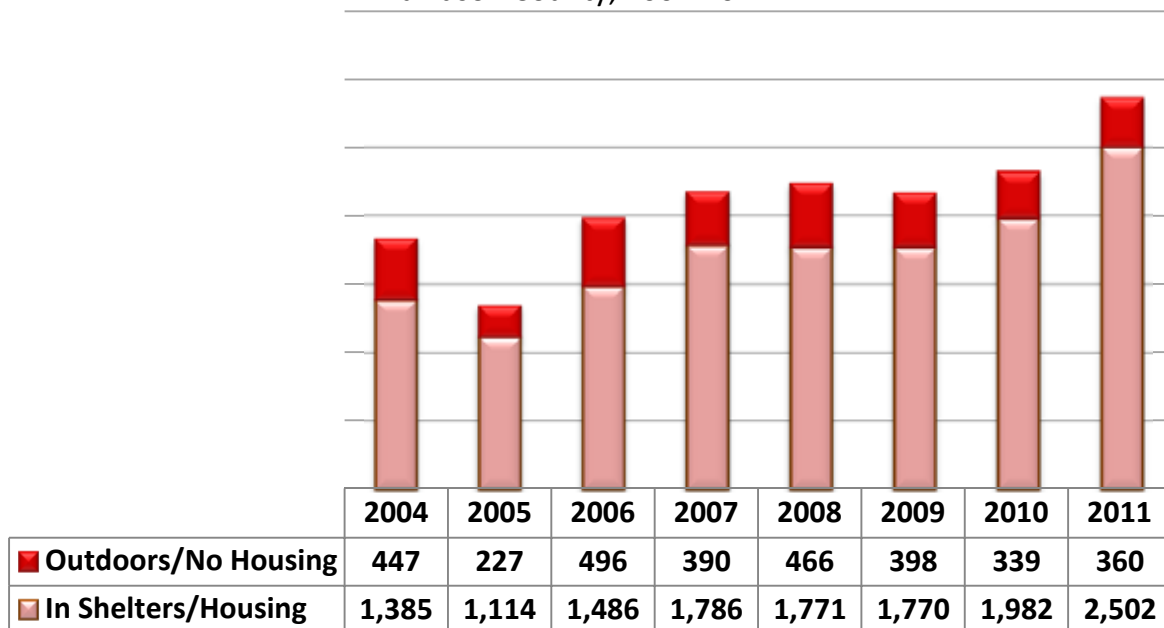
The Metropolitan Government of Nashville and Davidson County has responded to the homeless crisis by establishing the Metropolitan Homeless Commission. It began in 2005, tasked with implementing a 10-year Strategic Plan to End Chronic Homelessness. The Commission has since

expanded its focus to all homeless individuals and families. The Metropolitan Homeless Commission is part of Metropolitan Social Services. Their web site provides additional details about their history and projects, and information from a variety of sources about Nashville’s homeless people, such as:

- Almost one-fourth of chronically homeless people in Nashville are employed. (Needs and Resource Assessment, conducted by the University of Tennessee for the Metropolitan Homelessness Commission, 2007).
- It costs an average of \$46.57 per person per day in Nashville for permanent supportive housing compared to \$50-\$80 per day per person for Metro jail and an estimated \$500-\$1,000 for each visit to a hospital emergency room. (Source: Metropolitan Homelessness Commission, Davidson County Jail, Eckman/Freeman report, 2009).

The annual HUD February Point-In-Time count (conducted during one night) of homeless persons in Nashville found more people living on the streets in 2011 (2,502) than in previous years. The count for people in housing estimated 889 people in emergency shelters and 674 people in transitional housing. Chart H-18 shows the number of homeless persons staying outside and the number living in shelters in the annual counts since 2004.

Chart H-18: Annual Homeless Count
Davidson County, 2004-2011

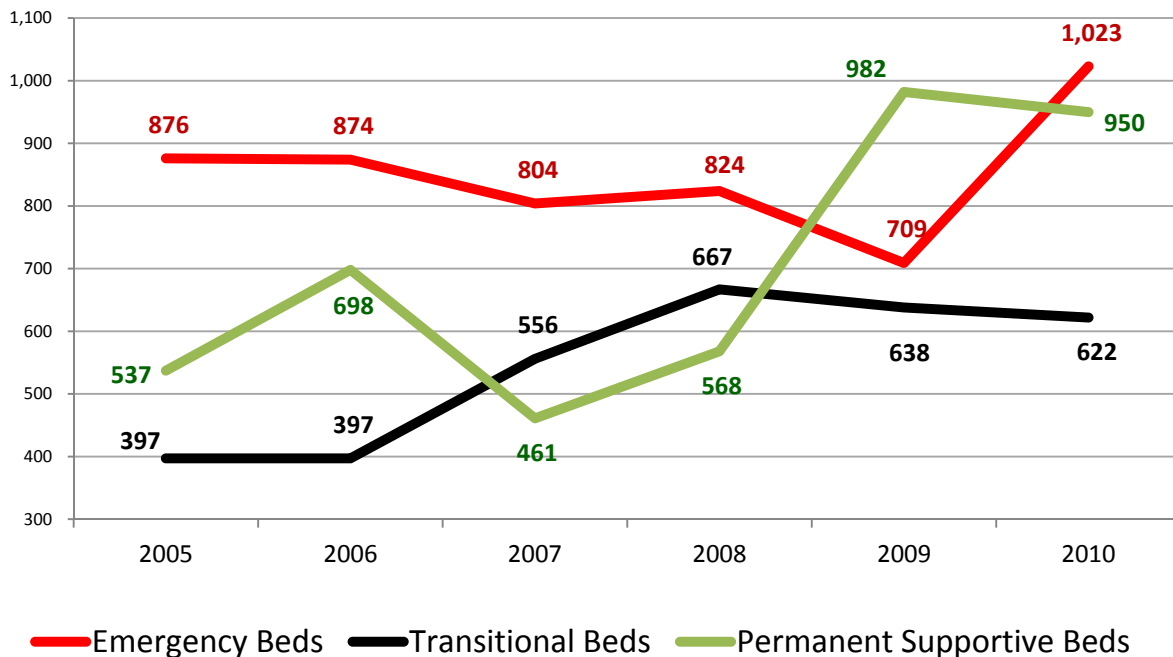


Source: 2011 Nashville HUD Continuum of Care report, Metropolitan Homeless Commission

Chart H-19 indicates that the number of emergency beds has increased, but the number of permanent and transitional housing beds has decreased. The Homeless Emergency and Rapid Transition to Housing Act (HEARTH) emphasizes permanent housing and discourages transitional housing for more than 30 days. The HEARTH Act recognizes the need for emergency shelter beds, but expects that stays would be days rather than weeks in length.



Chart H-19: Year-Round HUD-Funded Continuum of Care Beds for the Homeless Davidson County 2005-2010



Source: 2011 Nashville HUD Continuum of Care Report, Metropolitan Homeless Commission

The Metro Nashville Public Schools (MNPS) Homeless Education Program estimates that there were about 2,000 homeless children in MNPS in the fall of 2011, not counting those in middle and high school who are reluctant to let anyone know that they are homeless. The number has increased from 1,236 in 2009 and 1,497 in 2010. This number includes students whose periods of homelessness varied from short to long periods. Students are included in the count if they were homeless at least part of the year.



Flood Recovery

The Middle Tennessee flood of May 2010 inundated properties in 36 Davidson County zip codes in the “1000-year” flood plain. Over 9,000 residences were affected and more than 10,000 people were forced out of their homes. The Metro Codes department has estimated that hundreds of homes were permanently abandoned, with no plans to repair, rebuild or sell.

After more than a year, there are still residents who are displaced from homes and multi-family apartment buildings and people needing mental health services to cope with on-going post-traumatic stress syndrome. Governmental and private efforts continue to address these needs.

Nashville Flood Recovery data,
<http://www.nashvillerecovery.com/>

Action Plan for Disaster Recovery, Metropolitan
Nashville-Davidson County, December 2010,
<http://www.nashville-mdha.org/pdfs/disaster.pdf>



BEST PRACTICES – Examples for Housing

Inclusionary Zoning

Description

Inclusionary Zoning (IZ) refers to city or county ordinances specifying that a share of new housing construction must be affordable by people with low to moderate incomes. The requirement can be mandatory or voluntary. It is a tool for local governments to encourage a wider range of housing options than the free market produces.

Inclusionary Zoning falls into three broad categories:

1. Mandatory Programs contain government-mandated requirements. An example would be to require that at least 20% of the units in new development be affordable to people earning wages equal to or below the county's area median income.
2. Voluntary IZ programs provide incentives such as allowing greater density, smaller lot sizes, etc., to encourage developer participation when they apply for a building permit. These IZ programs are usually the easiest to employ since participation is voluntary.
3. Conditional Programs require that a property owner request that the property be considered for inclusionary zoning, in order to take advantage of incentives that are defined. These incentives can be negotiated for each property.

Rationale

Montgomery County, Maryland, is widely considered a successful example of Inclusionary Zoning, with its Moderately Priced Dwelling Unit (MPDU) program. In the past 36 years, the program has produced more than 11,000 affordable housing units. This success is even more laudable because the program serves households with a lower percentage of area minimum income than many other programs.

Montgomery County's mandatory program requires residential developments of 50 or more units to make a percentage of the units affordable to low- and moderate-income families. The program includes incentives for developers to provide affordable housing, such as density bonuses (allowing more housing on a property than what would ordinarily be allowed), height allowances and reduced parking requirements.

Potential challenges for Davidson County

A program similar to that of Montgomery County, MD, has been proposed for Davidson County. In December of 2008, a resolution was passed by Metro Council requesting the Metro Planning

Department “to develop a plan for the equitable distribution of affordable housing throughout Metropolitan Nashville and Davidson County” (resolution RS2008-553).

The report notes that successful programs have been funded by Housing Trust Funds in other locations, with goals tailored to the communities. They generally use tax-exempt or general-obligation bonds to provide a dedicated source of funding for housing affordable to low- and moderate-income families.

Steps to Operate in Davidson County

A Planning Department staff member developed a document responding to the resolution. The document recommended several actions:

1. Restructure the zoning code to expand opportunities for mixed use (commercial & residential) and mixed housing (diversity of housing types and prices)
2. Expand the use of accessory apartments (also called “mother-in-law apartments) to provide additional housing in smaller units that would blend into the neighborhood
3. Discourage downzoning, i.e. zoning for only single-family detached units, which results in low-income housing being concentrated in neighborhoods which already allow multiple-family housing (often in lower-income neighborhoods, rarely in middle- or upper-income neighborhoods).
4. Encourage conservation subdivisions, which group homes more closely together while preserving open space around the grouping. This would be an alternative to preserving open space by zoning only large lots.
5. Reduce parking standards/requirements to encourage the use of public transit. The report notes that many dwellers in affordable housing already use public transit, reducing the need for parking space.

http://www.bpichicago.org/documents/impact_iz_development.pdf

http://www.nahb.org/fileUpload_details.aspx?contentTypeID=3&contentID=159814&subContentID=355774

http://www.cues.fau.edu/toolbox/about_us.asp

<http://www.1000fof.org/>

<http://sogweb.sog.unc.edu/blogs/localgovt/?p=3525>

<http://www.inhousing.org/IHwhy.html>

<http://www.nhc.org/publications/Housing-and-Education.html>

<http://www.montgomerycountymd.gov/content/DHCA/community/pdf/rr-ahtf.pdf>

http://www.bocyf.org/children_who_move_burkam_paper.pdf

BEST PRACTICES – Examples for Housing Housing Trust Funds

Description

In Davidson County, the flood of May 2010 and the economic downturn, including the subsequent high unemployment rate, dramatically increased the need for affordable housing. Housing has become less affordable not only for those in poverty, but also for formerly middle-income families whose resources were depleted due to loss of jobs or decreased income.

Housing Trust Funds (HTFs) are specific fund repositories established by local or state governments, funded through dedicated public funding sources for the production and preservation of affordable housing. Housing Trust Funds can receive private donations to augment ongoing government funding. This type of fund was created in the mid-1970s, and the number has since increased greatly since then. The National Association of Realtors has estimated that there are over 650 housing trust funds in cities, counties and states that generate over \$1 billion a year to address housing needs. HTFs most often use new revenue, such as a new tax or fee, which does not take funding from other programs.

Rationale

A permanent Affordable Housing Trust Fund was established in 1993 at the East Tennessee Foundation, with start-up funding provided by the Knoxville Community Development Corporation, the city of Knoxville government and the Cornerstone Foundation. The East Tennessee Foundation (ETF) is a public, nonprofit, community foundation similar to the Community Foundation of Middle Tennessee. The ETF receives money for the HTF, invests and manages that money, and provides funding for eligible agencies and programs.

There are three main reasons this model is advantageous.

1. There is a relatively stable source of funding through local government, augmented by funds from the ETF and other sources.
2. The HTF is managed by an independent corporate [501(c)] entity (the ETF) under the direction of an Advisory Board representing various stakeholders in the community, including representation of local government.
3. This type of HTF can be designed to be flexible in the types of funding it can make available (e.g. grants, deferred loans, rental assistance, incentives to developers) and the purposes for which the funding can be used (e.g. new construction, down payment assistance, housing preservation, emergency repairs, homeless shelters, housing-related services, multifamily building).

Potential challenges for Davidson County

Establishing an Affordable Housing Trust Fund in Davidson County would require political action of policy makers, which would be facilitated by an understanding by the general population of the increasing housing problem and a desire by the community to allocate resources to address the unmet need.

To apply in Davidson County

Such a model could be replicated in Davidson County through an entity like the Community Foundation of Middle Tennessee. It would necessitate funding by local government for start-up and as part of the annual budget. Individuals, companies, and others could donate to The Community Foundation for the Housing Trust Fund. Some combination of dedicated funding mechanisms would be necessary through ordinances, such as taxes or housing-related fees.

www.endhomelessness.org/files/1711_file_brooks.ppt

<http://www.realtor.org/library/library/fg322>,

<http://www.communitychange.org/page/housing-trust-fund>

http://www.housingpolicy.org/toolbox/strategy/policies/housing_trust_funds.html?tierid=55

<http://www.dukakiscenter.org/trust-funds/>

<http://www.charmeck.org/city/charlotte/nbs/housing/Documents/HTF2009AnnualReport.pdf>

<http://charmeck.org/city/charlotte/FocusAreas/HousingandNDev/Documents/April%206,%202011%20Meeting%20Presentation%20-%20Housing%20Trust%20Fund%20Allocations.pdf>

http://www.easttennesseefoundation.org/library/AHTF%20Application_1182519729.pdf

http://www.cityofknoxville.org/development/currentdocs/actionplan_draft_031811.pdf

<http://www.easttennesseefoundation.org/grants/housing.html>



NEIGHBORHOOD DEVELOPMENT - KEY FINDINGS

- Neighborhoods create and form communities that affect the residents and their city.
- 6% of the Nashville population uses public transportation as their primary source of transportation, 18% walk or ride bikes and 74% drive alone or carpool.
- The quality of public amenities like parks and recreation centers, the effectiveness of institutions of public services, and the degree of exposure to violence tend to relate to where one lives.
- Three main qualities attract residents to neighborhoods are social offerings, (entertainment venues and places to meet, openness), safe and welcome atmosphere, and the area's aesthetics (physical beauty, green spaces, etc.).
- Over the past four decades, the percentage of families living in middle-income neighborhoods has declined.
- Residents of poor segregated neighborhoods have less political influence than residents of neighborhoods with more racial and economic diversity.
- Addressing social and economic disparities and improving the conditions in which people are born are essential to improving quality of life.

The U.S. Department of Housing Urban Development (HUD) defines a neighborhood as "a geographic location designated in comprehensive plans, ordinances, or other local government documents as a neighborhood."



The quality of life varies among neighborhood and is related to factors such as poverty. In the *2012 Statistical Abstract of the United States*, the U. S. Census Bureau analyzed 2009 data on occupied housing units nationwide. In general, owners experienced more positive factors than renters, among the general population and particularly in the renters and owners who were below the poverty level.

For example, Bothersome Street Noise or Heavy Traffic was experienced by:

- 19.9% of all owners
- 28.7% of all renters
- 24.2% by owners below poverty level
- 33.3% by renters below poverty level

Another example was for the occurrence of Serious Crime in the Neighborhood during the previous 12 months:

- 15.2% of all owners
- 21.6% of all renters
- 14.8% of owners below poverty level
- 24.1% of renters below poverty level

Unsatisfactory police protection was identified by:

- 6.8% of all owners
- 7.5% of all renters
- 10.0% of owners below poverty level
- 11.0% of renters below poverty level

No vehicles were available for:

- 2.7% of all owners
- 18.9% of all renters
- 11.6% of owners below poverty
- 34.3% of renters below poverty

A major accumulation of trash/litter/junk was reported by:

- 2.3% of all owners
- 3.3% of all renters
- 3.1% of owners below poverty level
- 4.8% of renters below poverty level

Neighborhoods play an integral role in forming community and social networks, and social problems are analyzed in relation to the neighborhoods where they occur. Residents share the same experiences, as described in *Why Neighborhoods Matter: The Importance of Geographic Composition* (Geography and Public Safety Journal, December 2009). The journal article explained how neighborhoods create the background for life stories of the people who live there.

Neighborhoods leave lasting impressions on residents about what life is like in a community, and the time they spend in neighborhoods is related to the degree of the effect on residents.

The neighborhood becomes the focal point for residents, businesses, visitors, and government to take action and resolve problems using immediate and practical solutions. For instance, crime studies use the concept of a neighborhood to help understand why crime occurs more in some places than in others. Nationwide data is available for interactive maps: <http://www.crimemapping.com/about.aspx>



Neighborhood and Community Involvement

Community involvement is a very important aspect of revitalization for any neighborhood, regardless of the geographic area. *Concept 2010: A General Plan for Nashville-Davidson County* was developed by the Metropolitan Planning Department as a general plan for the Metropolitan Government of Nashville and Davidson County to preserve and enhance the local quality of life and coordinate the anticipated growth and development with the city's resources. Concept 2010 described how a good residential environment helps to attract businesses, preserve and enhance the integrity of residential neighborhoods and plan services and amenities for a growing and diverse population. It notes that it is important to balance the demands of the residential areas, businesses, and the natural environment to enhance the overall quality of life for Davidson County residents.

Concept 2010 Plan was initially developed in 1992, with the related Community Character Manual (CCM) created and adopted in 2008 by the Metropolitan Planning Commission as the functional planning component to the Nashville Concept 2010. The CCM expanded the focus of planning from land use and density to a greater emphasis on form and character of development, ranging from orientation and scale of buildings to the location of access and parking.

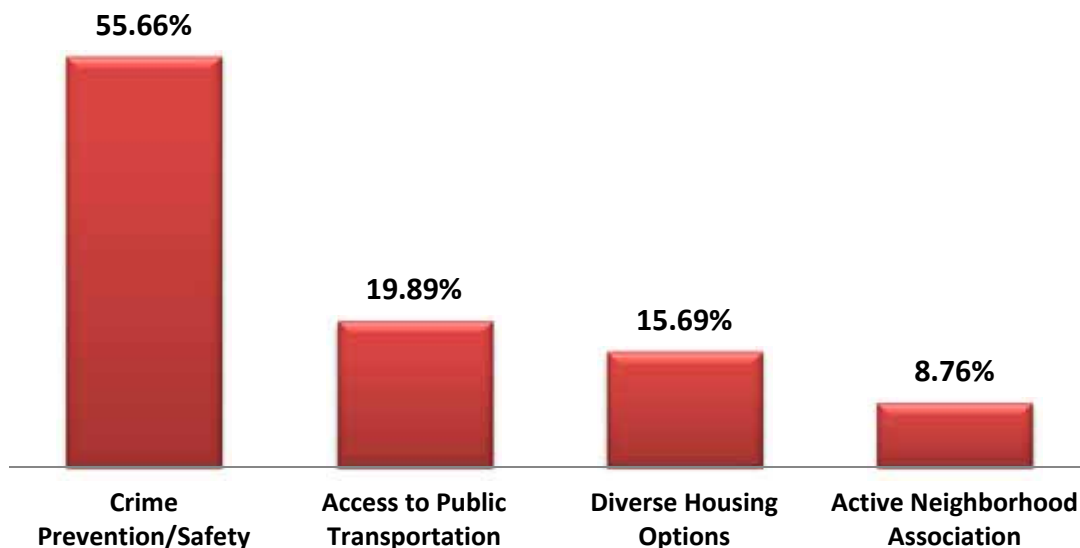
The result of work through the Concept 2010 Plan and CCM was to delineate specific community divisions of Davidson County for planning purposes. Each Community's Plan is updated every 7-10 years through a process that engages community stakeholders (residents, property owners, business owners, institutional representatives, developers and elected officials). The process allows for planning of future growth, development and preservation in Nashville communities.

Concept 2010 incorporated two components of neighborhood quality, transportation and public safety. For transportation, it described a strategy for changing travel behavior to promote effective and efficient use of the Nashville transportation system. The strategy would coordinate the public transit system with passengers, encourage staggered work hours to reduce peak hour demand and encourage ride sharing (carpooling or public transportation). These changes could reduce the number of automobiles on the road, preserve air quality and reduce gasoline demand. In terms of public safety, *Concept 2010 identified* short-term and longer-term needs. The immediate goal was to provide public safety that was adequate and to provide timely responses. The broader goal was to take all reasonable measures to prevent or minimize the occurrence of potential threats or to reduce risks. The plan further recommended the addition of more safety personnel, cars and sector headquarters to improve response time.

Grassroots Community Survey

Grassroots Community Surveys were conducted in 2009, 2010 and 2011. In 2011, the survey added a question related to the greatest needs in Neighborhood Development that was not in the 2009 and 2010 community surveys. As shown in Chart N-1, crime prevention and safety was identified most frequently, followed by access to public transportation at 19.89%.

Chart N-1: Greatest Need in Neighborhood Development
Grassroots Community Survey 2011



Source: MSS Grassroots Community Survey 2011

Neighborhood Diversity

The United States is becoming more diverse, according to *The Changing Demographic Profile of the United States* (U. S. Government Congressional Research Service, March 2011). It was reported that the U.S. population is becoming both racially and ethnically more diverse. It described how immigration has been a major influence on the age structure of the U.S. population. That is because immigrants are often young adults, when people are most likely and willing to assume the risks of moving to a new country.

The publication also noted that the changing demographic profile would affect a range of social and economic issues in the United States such as:

- The increasing financial pressure faced by public pension systems, such as Social Security, which is often attributed to demographic trends that have led to aging populations. However decreasing labor force participation rates have contributed to financial imbalances within pension programs.
- There are persistent differences in household incomes among racial/ethnic groups in the United States (economic inequities). The 2010 American Community Survey has shown that there are persistent income disparities between whites and people of color in the U.S. Poverty is increasing while the median household income is declining.
- The increase in poverty reflects deteriorating economic conditions since the onset of the economic recession in December 2007 and is expected to remain somewhat elevated as the economy recovers.



Urban neighborhood poverty that has been persistent from one generation to the next is impacted by the lack of opportunities found in poor, racially segregated urban neighborhoods, according to The Economic Mobility Project, of the Pew Foundation.

The Urban Institute reported in the article *Broad Improvements Mask Stark Differences in Metropolitan Racial Segregation*, August 2011 that that both cities and suburbs of most metropolitan areas are more diverse. It also reported that historically, public policies played a central role in establishing and enforcing patterns of racial segregation in American

neighborhoods. Discrimination, stereotypes, fears, disparities, and inequities of purchasing power attribute to segregation in neighborhoods.

Gentrification

There is sometimes confusion about gentrification and the various ways it affects communities. As summarized in *Gentrification and Displacement* (Janelle Vandergrift, Calvin College, 2006) various descriptions can be use about gentrification:

- Low-income working class residents may be displaced from their neighborhood (Atkinson).
- Gentrification is a process experienced by deprived inner-city neighborhoods as they evolve with new prestigious residential and consumption areas begin to be occupied by a new class of highly skilled and highly paid residents. The new residents are typically business service professionals who live in small, non-familial households that may displace the neighborhood's initial population. (Van CrieKingen and Decroly)
- Gentrification is a neighborhood evolutionary process in which affluent, usually young, households move into and upgrade distressed neighborhoods, with many of the neighborhood's original residents being displaced. (Bostic and Martin)

Gentrification may be driven by economic change and can involve racial components, as discussed in *New to the Neighborhood* (Wilson Quarterly, Spring, 2011). It also noted that that gentrification is considered as displacement and the impact could affect inner city efforts to revitalize.

Research for the Economic and Social Research Council (ESRC) Council for Neighborhood Research sought to evaluate the impact of gentrification and revealed the following findings:

- The negatives of gentrification compared with benefits for low-income residents were household displacement through increased rent and property prices, community conflict and racial tension, landlord harassment, and lower population densities.
- The positive neighborhood impacts of gentrification cited by the research were boost to city tax revenues, increased property values, increased social mix, improvements to local services, and improvement to the physical environment.

The research findings concluded that there is a danger that gentrification and private sector investment are seen as solutions to the problems of deprived neighborhoods but the research evidence also suggested that it could become socially divisive.

[Not In My Back Yard \(NIMBY\)](#)

The Center for Economic and Civic Opinion at the University of Massachusetts-Lowell administered a study that found that many Americans initially oppose new development in their neighborhood. The 2005 study includes responses from 1,000 people from all parts of the country and found that 73% of respondents said their community was either fine the way it was or that it was already overdeveloped. More than 80% of respondents said they did not want new development in their communities. "Not In My Back Yard" (NIMBY) is not new, but the numbers of people engaging in active protests against new developments represents a shift in activism.

One of things that the Federal Fair Housing Act does is it prohibits housing discrimination based on race, ethnicity, class or disabilities. The lack of safe, decent housing for people with disabilities remains challenging in Tennessee. Group homes have been successful in addressing this problem by providing people with disabilities a safe and permanent place that they can call home. However, the location of group homes sometimes raises concerns among existing neighborhood residents, particularly if the group homes are not operated properly. While community residents may initially have strong negative feelings about their new neighbors, in many cases the previous residents accept well-run group homes as good neighbors.



[Disadvantaged Neighborhoods](#)

As described by the Economic Mobility Project of the Pew Foundation, many sociological studies of urban poverty focus on how poverty from one generation to the next is related to the lack of opportunities found in poor racially segregated urban neighborhoods. They describe the research that indicates that residents of poor and segregated neighborhoods have less political influence than residents of neighborhoods with more racial and economic diversity.

Research also suggests that the geographic locations of jobs and industry affect the likelihood that individuals will be able to find and maintain steady employment. In a similar way, factors that influence the quality of life depend on the geographic environment in which the residents live, such as the availability of recreational centers, libraries, degree of exposure to violence, gangs, toxic soil and polluted air.

The project also reported that when one considers the racial gaps in economic mobility, as well as the racial gaps in exposure to neighborhood poverty, there are connections between race, exposure to different types of neighborhoods, and patterns of economic mobility.

BEST PRACTICE – Example for Neighborhood Development

Measuring Neighborhood Quality With Indicators

Description

The Neighborhood Quality of Life Index was developed to measure neighborhood quality of life by evaluating indicators of social, crime, physical and economic conditions in Charlotte, North Carolina. The indicators from the Quality of Life Index created benchmarks for ongoing monitoring, and/or renewals to address the neighborhoods of Charlotte.

Starting with the publication of the *City Within A City (CWAC) Neighborhood Assessment* in 1993, city leaders and policy makers in Charlotte, had had a mechanism that enabled them to take a detailed look at key issues related to neighborhood vitality. In 1997, they developed the Quality of Life Index and evaluated the quality of life in 73 inner-city neighborhoods by analyzing a wide ranging set of locally determined indicators. In turn, these indicators were aggregated into social, physical, crime, and economic dimensions that comprised quality of life score for each neighborhood.

Individual neighborhoods were labeled *Stable*, *Threatened*, or *Fragile*, based upon the cumulative indicator scores. The data presented resulted in a baseline of information that enabled the city to carry out an ongoing review of neighborhood level quality of life, while measuring the outcomes of initiatives to improve the neighborhoods.

Rationale

Evaluating neighborhood quality using specific indicators from the Quality of Life Index has been used effectively for city planning and renewal in Charlotte. By objectively tracking neighborhood conditions related to crime, physical setting and the economic status, they can target efforts to address the specific problems in each neighborhood.

The index has been an effective tool used to develop action/work plans, determine resource allocation, identify capacity-building opportunities, and inspires disparate groups to work collaboratively on a shared set of goals. Neighborhood associations also use the information to understand their communities and develop their work plans.

Potential Challenges for Davidson County

- The quality of life study uses 20 indicators to evaluate the conditions of the neighborhoods. With the limited data access and time constraints, it may not be feasible to track this number of measures.
- Low-income neighborhoods residents in Davidson County are often not actively involved in the evaluation of their neighborhood needs, development of plans or capacity building with the local government officials. For these areas that may have lower measures of neighborhood quality than other areas, it is important that the residents be involved throughout the process.

Steps to Operate in Davidson County

- Specific and relevant quality of life indicators should be selected that impact social, crime, physical and economic conditions of neighborhoods, especially in low-income areas that have fewer services and amenities.
- Engage universities in developing the process of tracking and measuring neighborhoods.
- Gather data from appropriate government and other sources to analyze the indicators in neighborhoods.
- Engage neighborhood associations, local government and others from the community to develop action plans and capacity building.
- Provide regular monitoring of indicators in neighborhoods to assess progress and identify areas that need additional attention.





WORKFORCE DEVELOPMENT AND ECONOMIC OPPORTUNITY - KEY FINDINGS

- **After the Great Recession, there was a continued employment decline with the longest duration of unemployment since the early 1980s. Some studies suggest that the current economic slowdown is not just cyclical but also structural, in which fundamental changes occur on how we produce goods and services and what is produced.**
- **The local economy is now growing, but it is not accompanied by increased employment that would affect the unemployment rate. The recent recession followed a typical historical pattern of decreased employment in the manufacturing sector and light assembly jobs. While in the past, this type of situation provided job opportunities for the low-skilled, low-income population, it is less likely in the current knowledge economy.**
- **In moving toward global competitiveness and modes of production with advanced technology, it is more challenging for workers who have limited skills to compete. There is a mismatched workforce, where large pools of unemployed workers do not possess the skill sets needed in high-demand high-paying jobs that are available in some leading industries.**
- **Many who live in poverty do not have access to opportunities that would help them acquire these skills, so they remain unprepared for many of the job opportunities that become available. However, a recent shift on policy at the State level calls for more Tennesseans to be better educated and trained, which ties funding to outcomes for higher education institutions.**
- **Those in physically demanding jobs such as manufacturing and construction were also hit harder by the economic downturn than those in professional jobs. Occupations in service sectors have consistently been the leading type of employment in the local economy.**
- **Younger workers of all ages and races have been disproportionately impacted. In comparing racial differences, both male and female African Americans were most seriously affected.**
- **For those with lower incomes, it is important that they be able to use their financial resources in ways that most effectively benefit their financial stability. Financial literacy can help these families avoid exploitive financial alternatives and choose more affordable and appropriate banking services. Better utilization of limited resources is an important step toward financial stability and the opportunity to build assets.**

Economic Recovery

Although the Great Recession was officially over by June of 2009, the nation's economic growth has been sluggish, as has the rate of job growth. According to the Bureau of Economic Analysis of the U.S. Department of Commerce, the national Gross Domestic Product (GDP) is the output of goods and services produced by labor and property located in the United States. The GDP grew only 0.4% in the first quarter and 1.3 percent in the second quarter of this year (seasonally-adjusted annual rates).

A recent report by the Center for Business and Economic Research of University of Tennessee's College of Business Administration, *Fall 2011 Tennessee Business and Economic Outlook*, described the depressed housing market, a labor market that cannot produce meaningful job gains, and uncertainty and anxiety about the future as the sources of the insufficient economic growth of the United States economy.

The report indicates that inflation-adjusted GDP will see only 1.5% percent growth in 2011 and 1.8% growth in 2012, and less than 50% chances of a negative GDP growth.

The national unemployment rate is expected to remain above 9% at least through 2012. The report describes how the growth of Tennessee's economy largely mirrors with that of the nation.



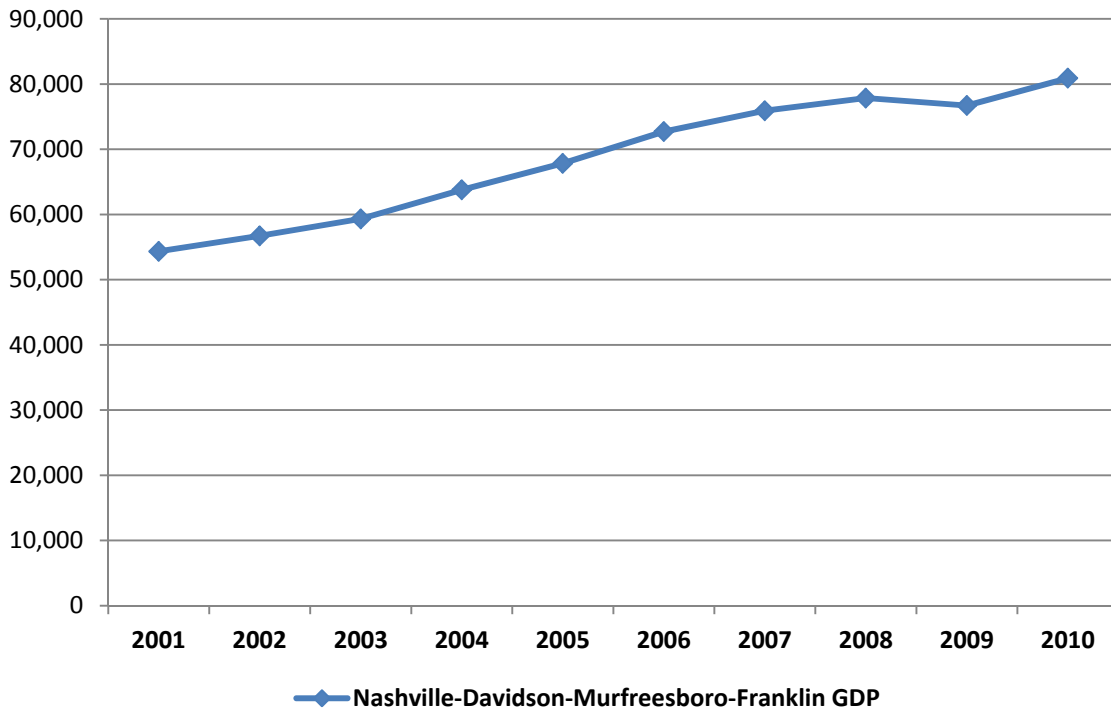
Non-farm employment growth will remain weak, and the unemployment rate will average 9.7% in 2011 and 9.4% next year. However, the report also highlights some positive growth in Tennessee's revenues for this fiscal year. Local governments in Tennessee will continue to struggle to balance their finances for the foreseeable future, as property taxes appear to be suffering from the housing bubble.

<http://cber.utk.edu/tefs/fall11.pdf>

Nashville-Davidson-Murfreesboro-Franklin Metropolitan Statistical Area shows a steady increase of the local GDP in millions of current dollars. As Chart W-1 shows, data from the Bureau of Economic Analysis indicates that from 2009 to 2010 the GDP of this area has increased from about

\$77 to \$81 billion, an increase of 5.2%. However, as we will see in the unemployment section of this evaluation, the growth in the GDP does not translate into job creation.

Chart W-1: Nashville-Davidson-Murfreesboro-Franklin GDP
2001-2010



Source: Bureau of Economic Analysis, GDP by Metropolitan Statistical Area (millions of current dollars)

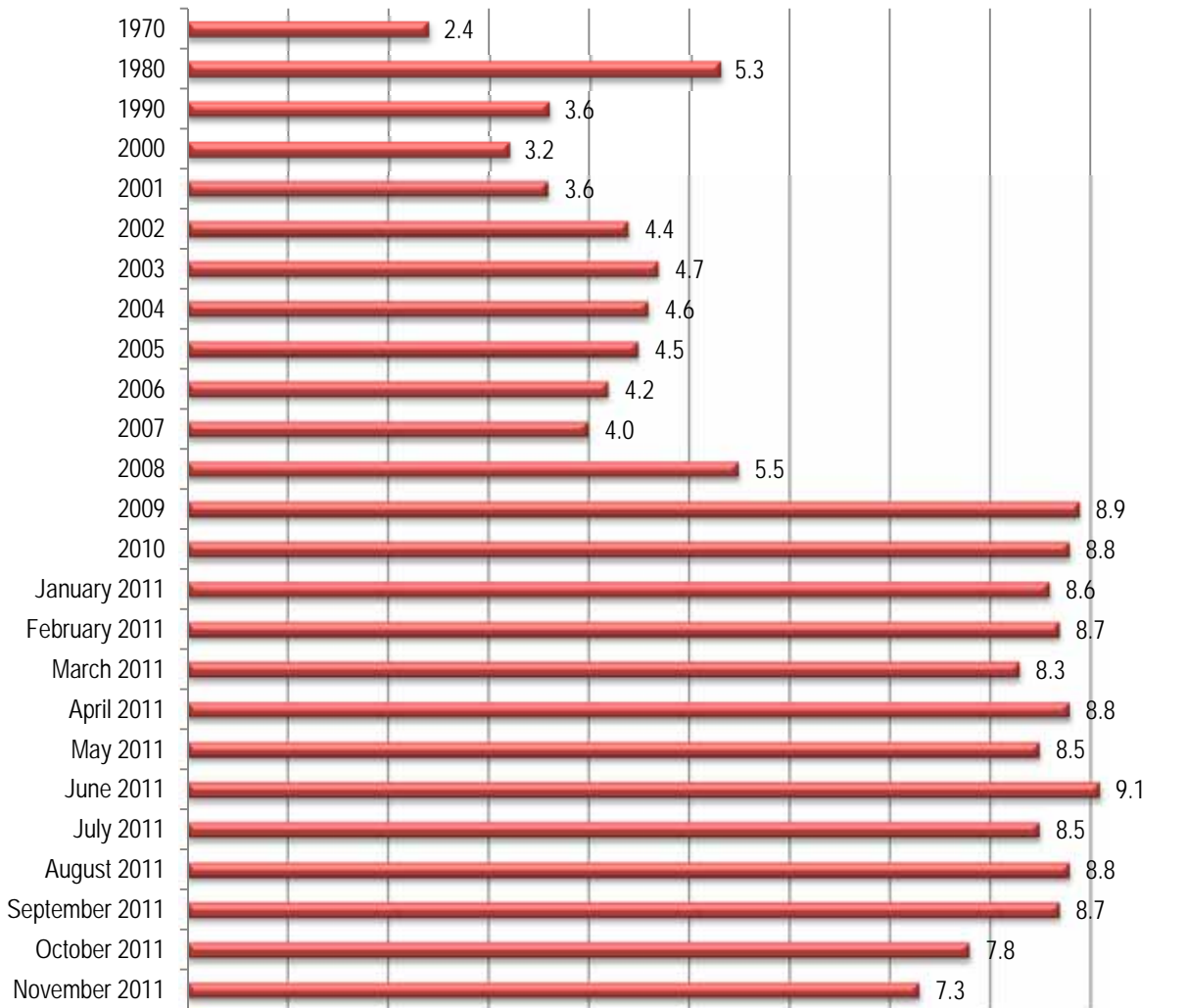
Unemployment

Since the beginning of the Great Recession, the unemployment rate in Davidson County has been mostly over 8% although it declined from 7.8% in October to 7.3% in November of 2011, despite the recession officially ending by June of 2009.

This lingering crisis of local joblessness recovery reflects what is happening both at the national level, where the unemployment rate of November 2011 stands 8.6%, and the state of Tennessee’s is 9.5%. By looking at these trends, it is clear that unemployment has stabilized and stubbornly showing improvement in the last few months but far from employment levels we had before the recession.

As shown in Chart W-2, unemployment still remains high (7.3% in November 2011), and that underscores the extent to which the recession has been deep and the subsequent recovery sluggish.

Chart W- 2: Unemployment Rate
Davidson County, 1970–August 2011



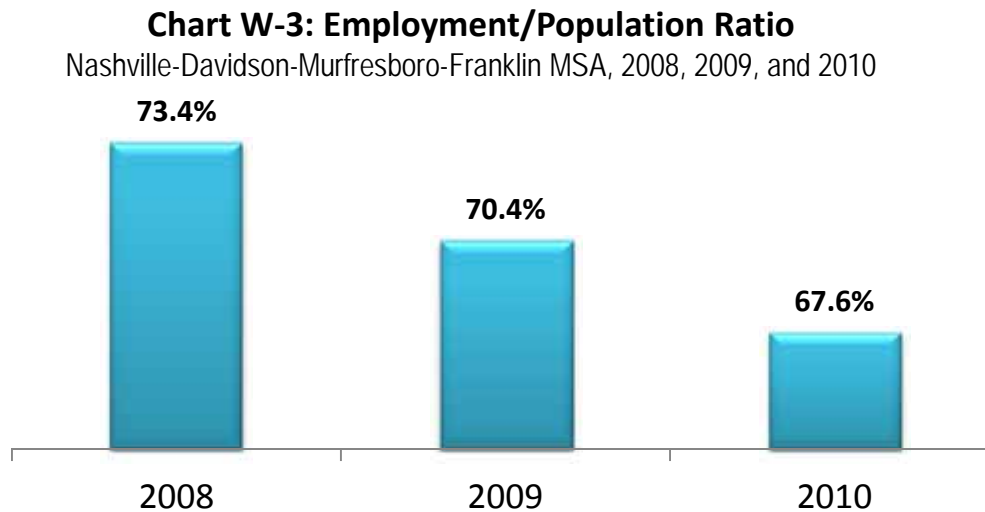
Source: Tennessee Department of Labor and Workforce Development

The American Community Survey Brief, *Employment/Population Ratios for the 50 Largest Metropolitan Statistical Areas: 2008, 2009, and 2010*, shows employment/population ratios for the 50 largest metropolitan areas between 2008 and 2010, with particular emphasis on those metropolitan areas hit hardest by the recent recession. The report indicates that this ratio provides a measure of employment for the entire pool of people who are of working age, including

those who have stopped looking for work unlike the unemployment rate that reflects the number of unemployed people actively looking for work. The ratio, according to the report also provides a more complete picture of the state of the labor market.

<http://www.census.gov/prod/2011pubs/acsbr10-09.pdf>

The employment/population ratio decreases when the working age population grows without a corresponding increase in employment, or when large numbers of those people stop working. As Chart W-3 shows, between 2009 and 2010, Nashville-Davidson-Murfreesboro-Franklin MSA experienced a 2.9% decline in the employment/population ratio, from 70.4% in 2009 to 67.6% in 2010. This area is among eight of the fifty largest metropolitan areas that suffered larger employment/population declines than the nation (1.6%) in the same period. This indicates that Nashville and surrounding communities have yet to reach the level of employment before the Great Recession, even though the economy is more stable.



Source: U.S. Bureau of Labor Statistics

The deep recession has altered the labor market in the nation, although the impact varied by region and types of workers. However, there is a consensus that low-skilled low-educated workers have been disproportionately impacted. For example, many of the Southern states in the U.S. that relied heavily on booming construction and manufacturing were hit hard by the slowing economy. The housing bubble put the brakes on the construction industry and competition from global producers has forced the closure and outsourcing of manufacturing activities.

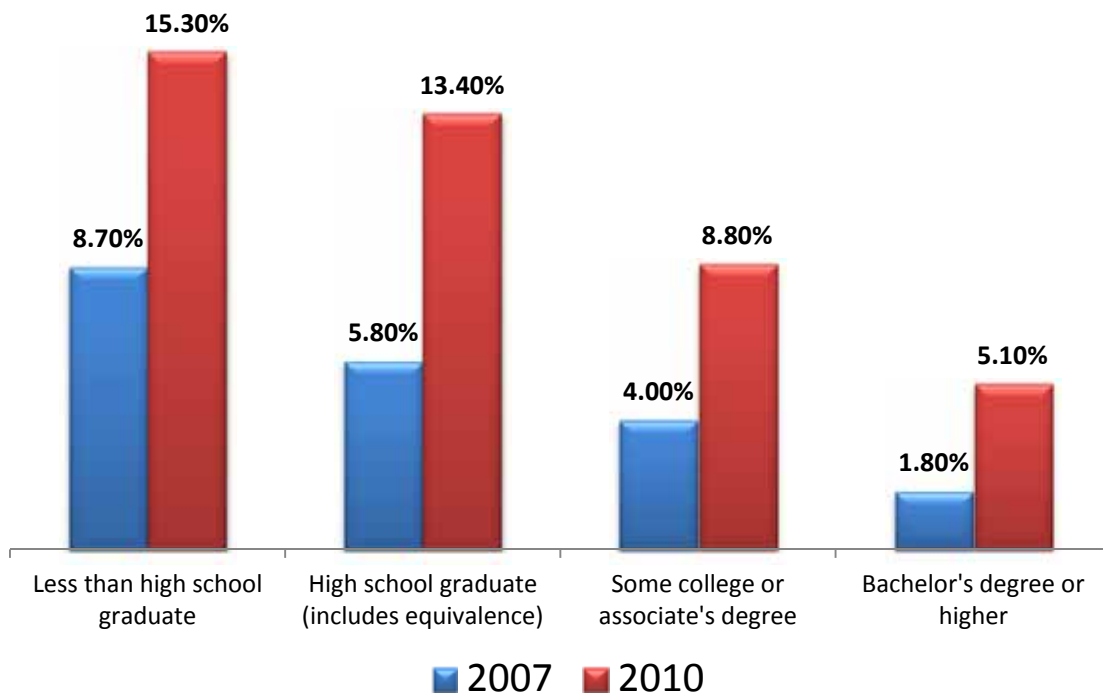
A fact sheet issued by the Urban Institute on October 4, 2011, documents job losses for low-skilled workers by state and puts Tennessee among the states that have the largest relative employment losses for low-skills workers. (The report considers low-skilled for those with high school or lower

education.) The unemployment rate in Davidson County for workers with less than high school increased from 8.7% in 2007 to 15.3% in 2010, and workers with high school education experienced an unemployment rate of 5.8% to 13.4% in the same period.

<http://urban.org/UploadedPDF/412420-Job-Losses-for-Low-Skill-Workers-by-State.pdf>

Chart W-4 compares ACS data before the recession with data after the end of the recession.

Chart W-4: Unemployment and Educational Attainment
Davidson County, 2007 - 2010

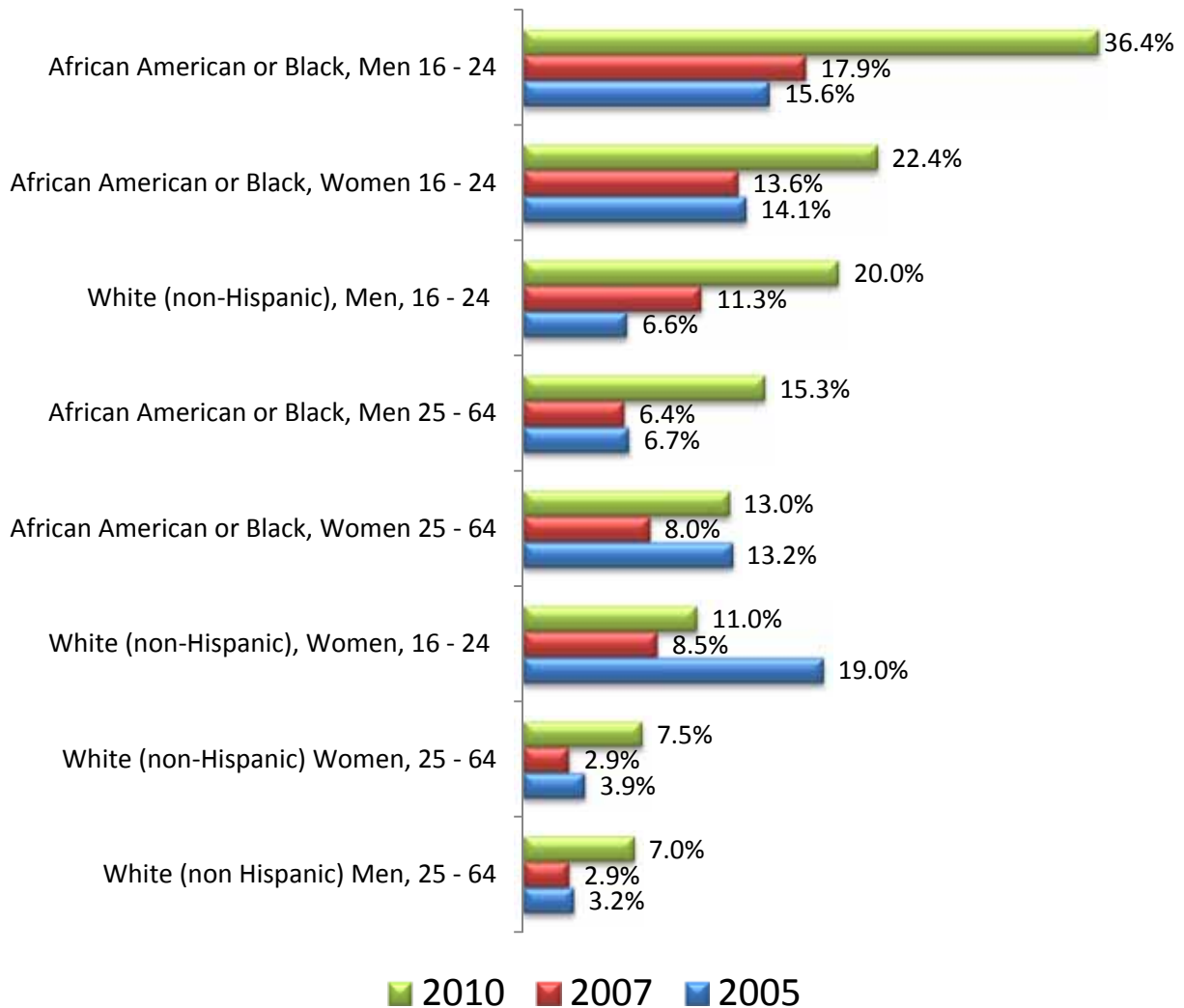


Source: American Community Survey 2007 and 2010

The degree of the job losses and unemployment on demographic groups varied. According to the American Community Survey of 2010, the unemployment rate for black males in Davidson County between the ages of 16-24 is 36.4% and that of black females in the same age group is 22.4%.

As chart W-5 indicates, young people, particularly African Americans of both genders, have been more seriously affected.

Chart W-5: Percentage of Unemployment by Race and Gender
2005, 2007, 2010



Source: The American Community Survey 2005, 2007, and 2010

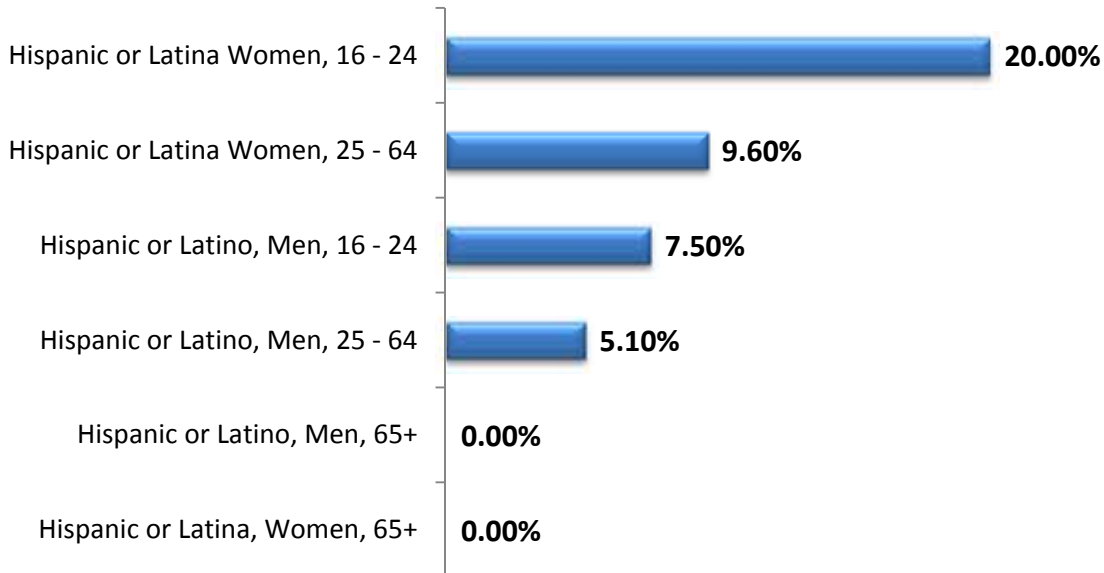
Of particular note is that the unemployment rate in 2010 for African American males age 25-64 was 15.3%, more than twice that of white males in the same age group, 7.0%. African American females aged 25-64 have also experienced an unemployment rate of 13.0%, almost twice that of their white counterparts, at 7.5%.

Among the white population, ages 16-24 have the highest unemployment rate of 11.0% in 2010, which is higher than that of the Davidson County 2010 unemployment rate of 8.8%.

By looking at the unemployment rate for the Davidson County Hispanic population, a different data set was available from the Census Bureau. Chart A-6 shows the 2007-2009 average unemployment for Davison County Hispanic population.

Chart W-6: The Unemployment Rate for Hispanic

Davidson County 2007-2009



Source: U. S. Census Bureau, 2007-2009 American Community Survey

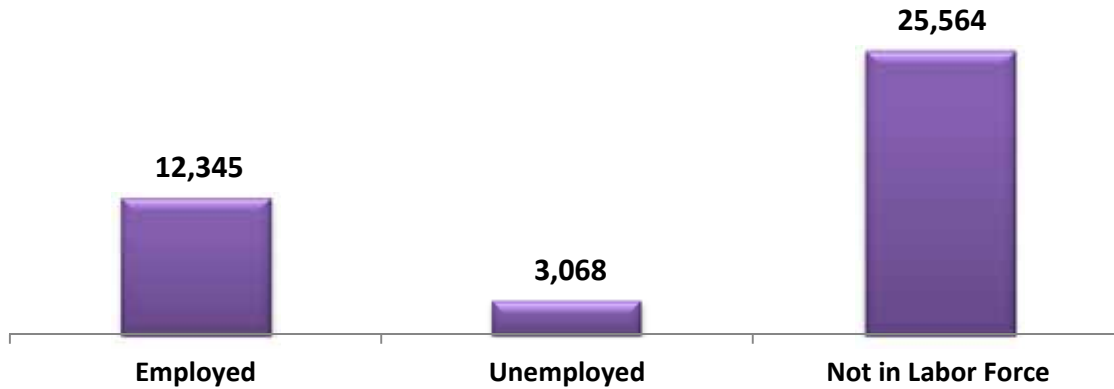
Unemployment rates among the Hispanic population show similar trends, with other minorities the Great Recession affected the worst. All Hispanic workforce-age females and Hispanic men between the ages of 16-24 had above the Nashville Hispanic average unemployment rate of 7.0% during 2007-2009. Hispanic or Latino Women who are 16-24 in age had the highest unemployment rate of 20.0% while that of Hispanic or Latino women who are 25-64 is 9.6%.

As previously described, the local unemployment rate has been high for a lengthy duration. If it remains as high in the near future, many analysts predict that the unemployed workers will have difficulty in regaining employment as the sectors that employ them are shrinking and their skills could become inadequate for a changing economy that requires updated skills.

As Chart W-7 shows, according to the 2010 American Community Survey, there were 40,977 people ages 18-64 with a disability in Davidson County. 12,345 of those or 30% are employed, and 7.5% are unemployed. Almost two-thirds, (62.45%) of those with a disability in Davidson County are not even in the labor force. It is believed that some employers are reluctant to offer employment to applicants who have a disability in order to avoid some of the reasonable accommodations needed, preferring full-time workers rather than part-time, which some job seekers with

disabilities may prefer. Part of this may be the result of concern about loss of benefits if they become fully employed.

**Chart W-7: Employment Status, Ages 18-64, With a Disability
Davidson County, 2010**



Source: American Community Survey 2010

[Who are the Unemployed in Davidson County in September 2011?](#)

According to the Tennessee Department of Labor and Workforce Development, of the 14,623 people in Davidson County who filed for Unemployment benefits in September 2011, 49% had 12 years of education or less, and 51% were females. Of the claimants whose race was identified, 14,087 or 44.5% were black.

[Leading sectors](#)

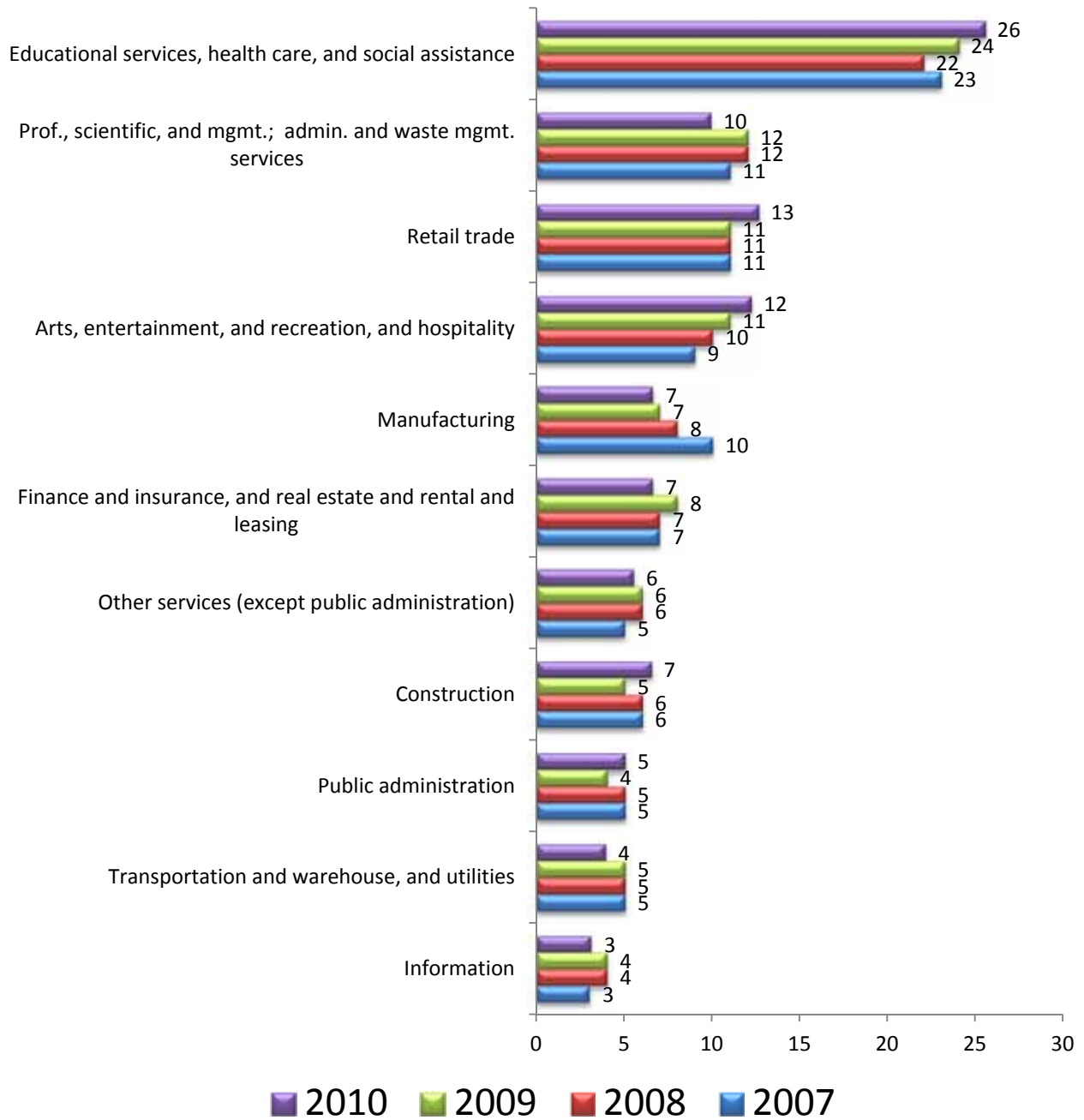
The Nashville-Davidson-Murfreesboro-Franklin MSA has a diversified economy where all sectors contribute to its growth, and it is expected to experience in the same trend of job losses in some industries and gains in others.

As shown in Chart W-8, education, healthcare, and social assistance services were the leading industry category in the last four years in Davidson County. While Retail trade, professional, scientific, management, administrative, and waste management were strong, Arts, entertainment, recreation, and hospitality have been gaining grounds. As has been the case for a while, according to the 2010 American Community Survey, the percentage of people employed by manufacturing was 7%, which is 3% lower than what it was in 2007.

In 2010, according to the American Community Survey, among the more common occupations in the Nashville area were management, professional, and related occupations (37.5%), sales and

office occupations (26.8%); service occupations (18.4%); and production, transportation, and material moving (9.4%).

Chart W-8: Percentage of Employed People 16 Years and Older
By Selected Industry, Davidson County, 2007, 2008, 2009, 2010



Source: American Community Survey 2007, 2008, 2009, and 2010

Economic Opportunity

Many low-income workers spend a higher proportion of their incomes on costly items and services, which presents a significant barrier to the asset building that is necessary for financial stability to improve their lives. Many of them face the overwhelming task of allocating their limited resources to the many competing needs with which they struggle. There are opportunities for wealth-building that could greatly benefit those in need. However, many low-income workers are unable to take advantage of avenues for saving and qualifying for conventional loans. If affordable banking services are available to this demographic group, it could have a positive impact on their financial stability. Many non-traditional banking companies may use exploitive techniques, to the financial detriment of those who use them.

One of the most beneficial programs for low-income working households is the Earned Income Tax Credit (EITC). The Internal Revenue Service (IRS), describes the EITC as a tax credit for certain people who work and have low wages. A tax credit reduces the amount of tax owed, resulting in a greater refund for income-eligible families. Unfortunately, many low-income families who may be eligible for EITC do not claim this tax credit. According to NAFI, many families are unaware that they qualify for this credit. NAFI estimates that each year about \$25 million in EITC refunds are not claimed in Davidson County by eligible filers.

There is a need in the community for financial literacy resources to help low-income persons choose appropriate personal financial opportunities and avoid predatory lending and exploitation. The Nashville Alliance for Financial Independence (NAFI) works with many community partners to increase the number of eligible low-income individuals and families who use this program.

The Nashville Alliance for Financial Independence (NAFI) also coordinates Volunteer Income Tax Assistance (VITA) volunteers who provide free income tax preparation assistance to low-income, elderly, disabled, and limited-English-speaking people. There are several VITA sites throughout Nashville, which helps working families file for the tax credits they have earned, while also saving them money by avoiding the tax preparation fees and instant refund fees of businesses that often use predatory practices.

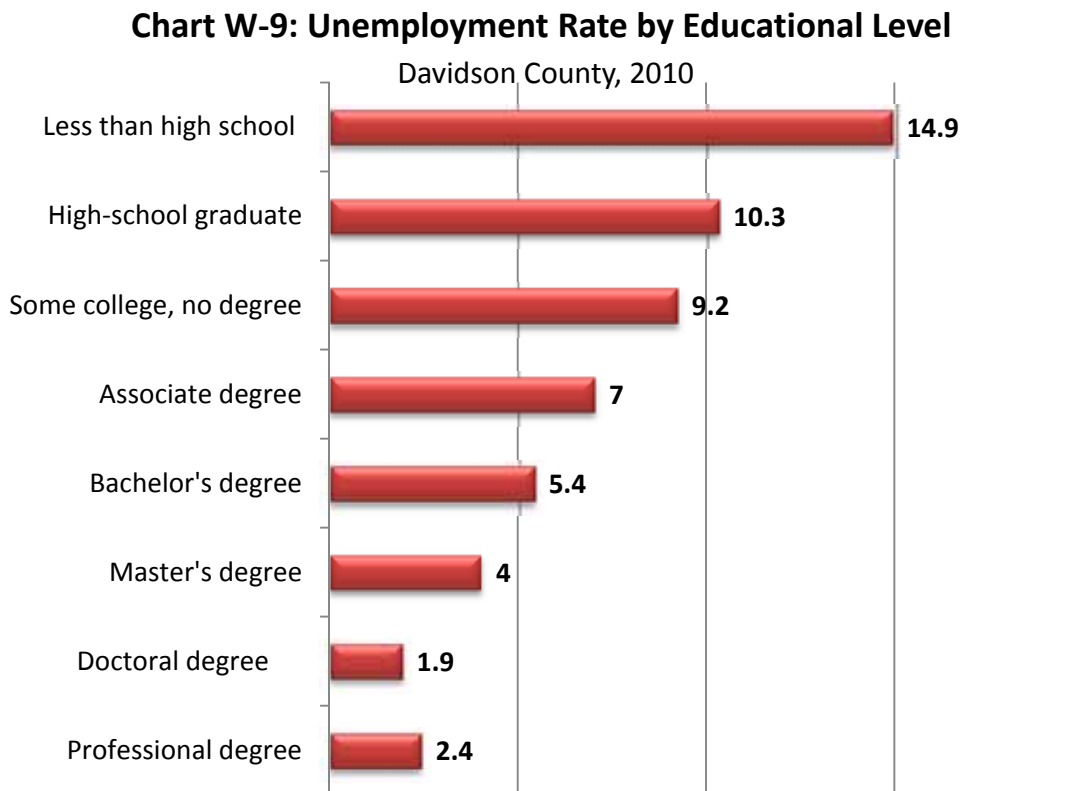


NAFI also provides services through the My Money Plan program. This includes a free, one-on-one, one-hour session with a trained My Money Planner, to provide participants with a realistic budget to help create an action plan and information on additional resources to help you along the way. My Money Planners can meet with participants at a variety of locations in Davidson County, such as nonprofit organizations, banks, and public libraries.

Educational Attainment

There is a clear correlation between higher education and higher earnings. This is especially true in the experience of the Great Recession that kept the unemployment rate high both nationally and locally, as documented in previous sections.

As shown in Chart W-9, the unemployment rate is higher for those with less education. The unemployment rate for those who have not completed high school is significantly higher than those who received more education.



Source: American Community Survey 2010

For a long time, one reason that some low-income persons do not continue their education during adulthood was the policy that limited support to those who attend school full-time. Many low-income students need to maintain full-time employment in order to be self-supporting, thus preventing them from attending school on a fulltime basis. The *Complete College Tennessee Act of 2010* was a comprehensive reform designed to transform public higher education by enhancing educational attainment.

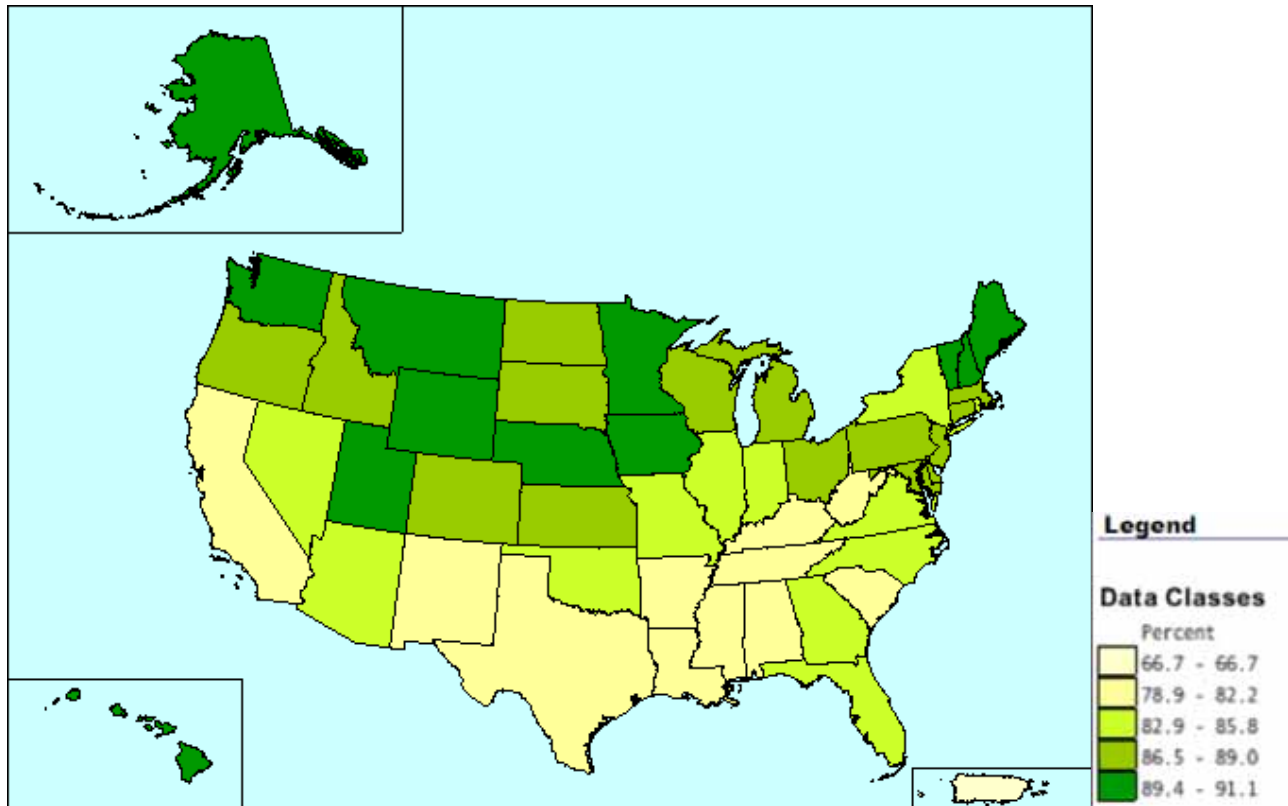
According to the Tennessee Higher Education Commission, the changed policy anticipates that more Tennesseans will be better educated and trained. The new funding formula tied to outcomes and not just enrollment, will force the higher education institutions to align programs to fit the schedule of fulltime workers who intend to pursue educational programs in order to increase the graduation rate.

http://tn.gov/thec/complete_college_tn/ccta_files/ccta/Pub%20Chap%203%20-%201st%20Ex%20Sess.PDF

The U. S. Census Bureau’s map (M1501) shows the percentage of people 25 years and over who have completed high school (or equivalent). Lighter shaded sections have smaller percentages of people with a high school education, becoming darker as the level of education increases. Eleven states, including Tennessee, are in the category with 78.9-82.2% with a high school education. Only Puerto Rico is in a lower category at 66.7%. As darker shadings are used, the categories are 82.9-85.8%, 86.5-89.0%, and 89.4-91.1% for the 12 states with the highest percentage of people with high school educations.

Map M-1501: Percentage of People Over Age 25 With High School or Equivalent

By State, 2005-2009



Source: U. S. Census Bureau, 2005-2009 American Community Survey

Barriers to attending educational programs faced by low-income workers are similar to those for participating in the workforce, such as the need for child care and reliable transportation. The map below shows that the percentage of people who rely on public transportation for commuting to work is usually higher in lower income areas.

Percentage of People Who Used Public Transportation for Commuting By 2011 Metropolitan Council District, Davidson County, 2006-2010

Data from U. S. Census Bureau, 2006-2010 American Community Survey; Shapefiles from Metropolitan Planning Department;
Maps by Metropolitan Social Services-Planning & Coordination

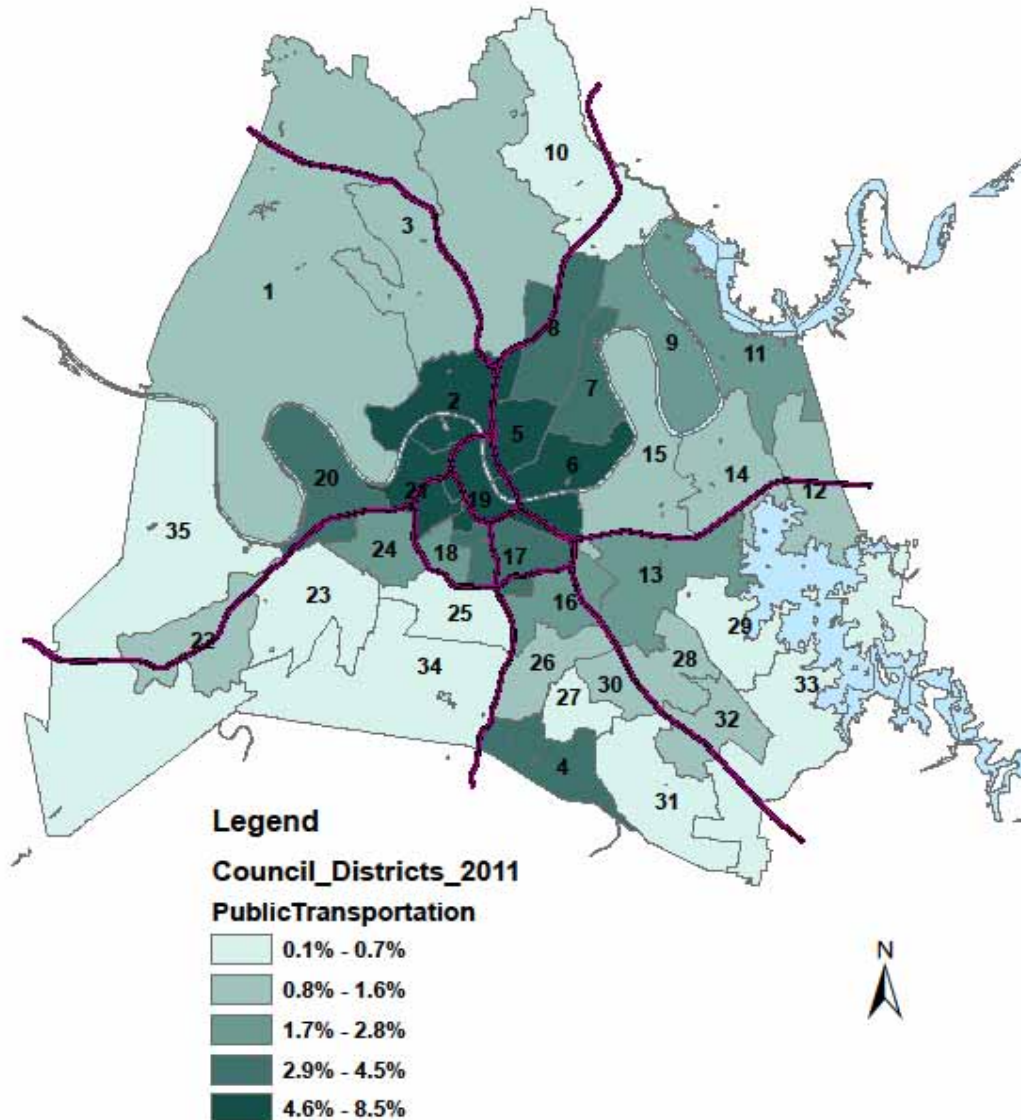
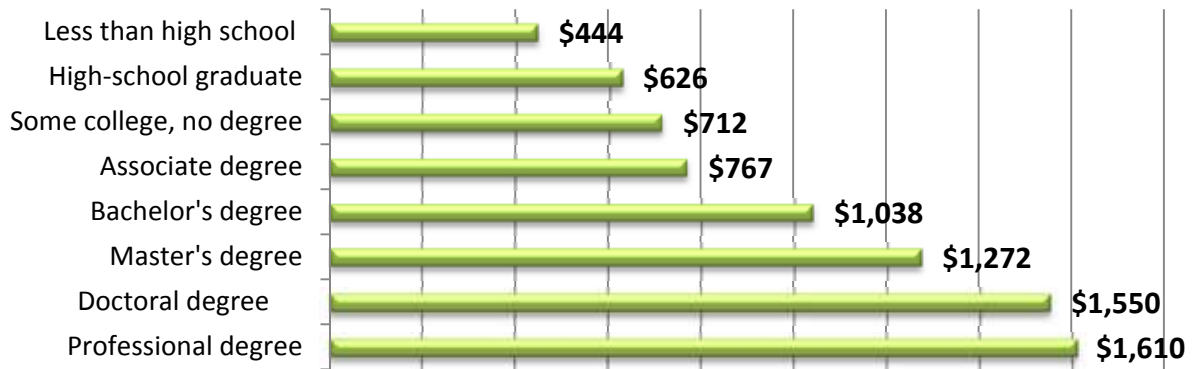


Chart W-10 shows that higher earnings are also directly tied to educational attainment. As a result, median income increases with each level of education.

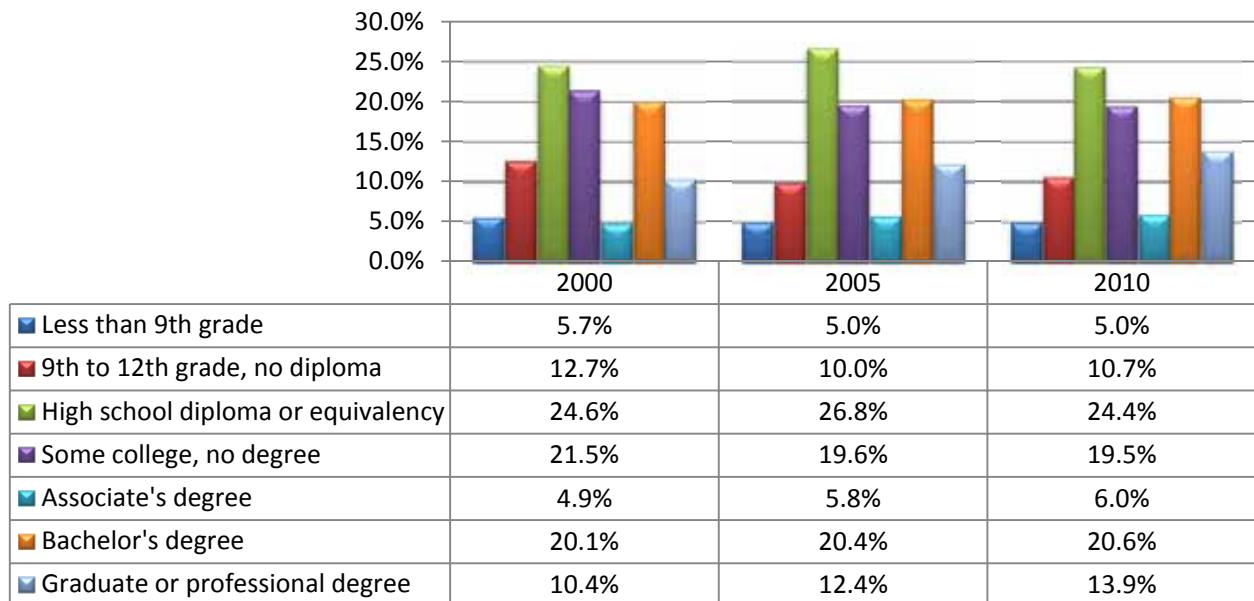
Chart W-10 Median Weekly Earnings
U.S., 2010



Source: U.S. Bureau of Labor Statistics

Chart W-11 compares the percentage of people in Davidson County who have achieved specific levels of education by year. The percentage of people in Davidson County with less than high school diploma decreased from 18.4% in 2000 to 15.7% in 2010. People with a graduate or professional degree have gained the most between 2000 and 2010, and increase of 3.5%.

Chart W-11: Educational Attainment
Davidson County, 2000, 2005, 2010

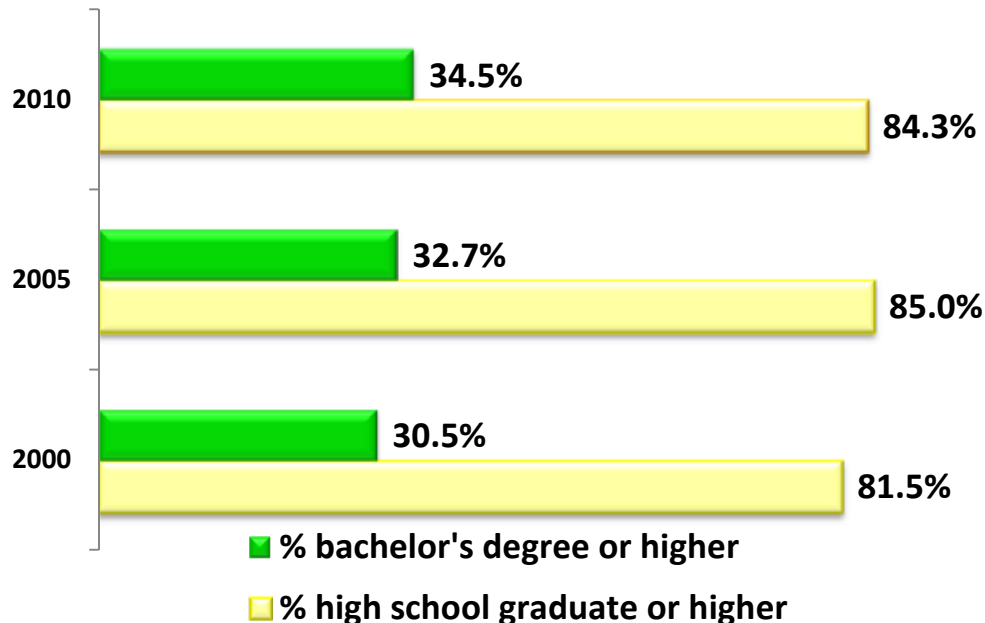


Source: U.S. Census Bureau (2000 Census; 2005–2010 American Community Survey)

Chart W-12 groups the educational levels together to better demonstrate the changes in each category across the ten-year period.

Chart W-11: Educational Attainment

Davidson County, 2000, 2005, and 2010



Source: U.S. Census Bureau (2000 Census; 2005 – 2010 American Community Survey)

Need for Mainstream Financial Transactions

There is a need in the community for banking and other mainstream financial institutions to help low-income persons choose appropriate transactions to avoid misuse of their financial resources and predatory lending. If households do not have transaction accounts offered by mainstream banking systems, they are considered unbanked or underbanked.

A study published by the Federal Reserve Bank of Kansas City, *A study of the Unbanked and Underbanked Consumer in the Tenth Federal Reserve District*, documents several reasons consumers use alternative services, and these include, living paycheck-to-paycheck, past negative experiences with banks, misinformation about bank services and products, retailers are often easy to use than banks, etc. Study participants also expressed a desire to use banks if their perceived needs are met.

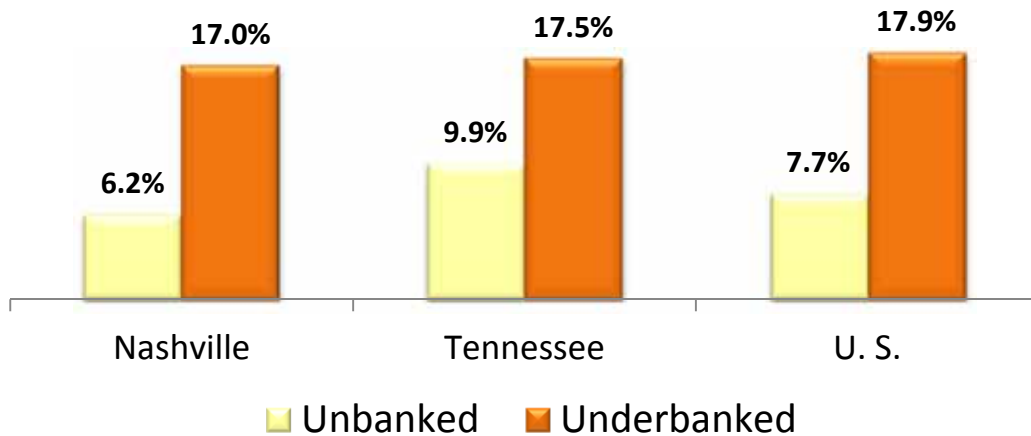
<http://www.kc.frb.org/publicat/research/community/Unbanked.Report.pdf>



As shown in Chart W-13, 23.2% of Nashville MSA households in Davidson County that were unbanked and underbanked compared to 27.4% and 25.6% for Tennessee and nationwide, respectively. It also indicates that they use other alternative, including check cashers, payday loans, pawnshops, etc. for their banking and credit needs. Some studies suggest that unbanked and the underbanked face challenges that constrain their ability to use banks, and have tendency to see alternative services as desirable.

Chart W-13: Percentage of Unbanked and Underbanked

Davidson County MSA, Tennessee, U. S., 2009



Source: Federal Deposit Insurance Corporation (FDIC)

Grassroots Community Survey

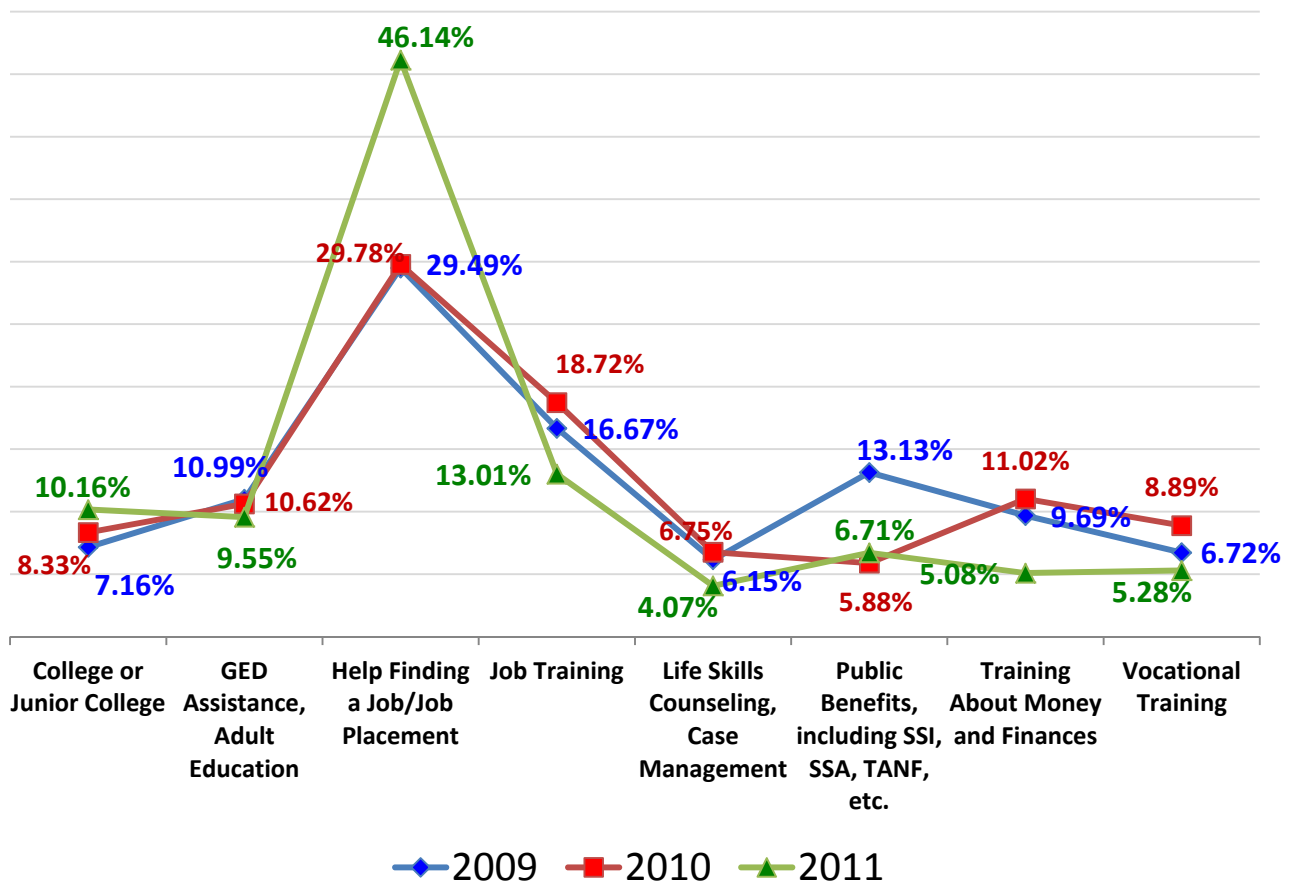
When asked to identify the greatest needs in Workforce and Economic Opportunity, almost half, or 46.14% of respondents to the 2011 Grassroots Community Survey identified Help Finding a Job/Job Placement as the most frequently identified need. As shown in Chart W-14, Help Finding a Job/Job Placement has been the most frequently identified category in each of the three years the survey was completed.

Of particular note, the disproportionate increase of this category in 2011 compared to the previous two years reflects the effects of the Great Recession as many low-income low-skilled workers are out of work and the fear that their long duration of unemployment would make it difficult to return to the workforce.

In part, this may be a response to the need for improving skills at a time a growing number of low-skilled workers are competing for shrinking opportunities. At the same time, employers are introducing new ways to recruit workers, such as websites that put many low-income job seekers at a disadvantage who either do not have the technology to access the websites or may not understand how to use it.

There is a slightly increase in 2011 in the number of respondents who indicated the need for College or junior college, and this could be attributed to the increasing number of occupations that require higher education. When asked to choose among the greatest needs, Workforce and Economic Opportunity ranked either first or second in the 2009, 2010, and 2011 Grassroots Community Surveys.

Chart W-14: Greatest Need in Workforce & Economic Development
Grassroots Community Survey 2009-2011



Source: MSS 2011 Grassroots Community Survey

BEST PRACTICES – Example for Workforce Development

Focusing on Sectoral Employment

Description

With the decline of manufacturing and other low-skilled jobs such as construction, many community-based organizations that assist low-income low-skilled job seekers find it difficult securing jobs for these clients. Even jobs that were once available to people with high school diplomas disappeared because of the recession and global competition. New job opportunities have been created in sectors of the economy, and these usually require skill sets that could be obtained only through specific training in these industries (such as health care and education).

Research describes how this brought attention to sectoral employment, which is defined as training programs that are industry-specific where unemployed and unskilled workers develop skills needed in growth sectors. It is important that accurate assessment of the local labor market information guide the design of the most appropriate employment training programs for each community.

Rationale

The changing economy forced job developers to become more effective in order to show positive outcomes for the low-income workers they assist. They also show the added value for businesses that are looking for skilled workers. Using this approach, job developers use labor market information to design their training programs to meet the needs of local businesses. These sector-focused jobs would help job seekers obtain available jobs, especially those that pay higher wages with benefits, and that can be retained longer periods.

Potential Challenges for Davidson County

The success of this approach depends on the effectiveness of the organizations that provide workforce development and their capacity to adapt to the changing demand for skilled workers by businesses. Organizational flexibility is necessary to create training programs that target the sectors most in demand. Many nonprofit job service providers may lack adequate resources to add this level of capacity.

Steps to Operate in Davidson County

Collaboration is essential among many institutions, including private and public workforce development organizations, community colleges, Career Centers, Nashville Area Chamber of Commerce, and businesses. Although it does not have the resources to address all the unmet

need, the Workforce Implementation Team of the Nashville Poverty Reduction Council created limited collaborations among some businesses and providers through workshops. This could be expanded to reach a larger group of providers and employers to enhance the success of a Sectoral Employment Approach.

BEST PRACTICES – Example for Workforce Development

Employer Engagement

Description

It is important to engage and connect the needs of employers with job service providers and with potential employees. This involves a number of activities intended to meet the needs of employers in meaningful ways, including recruiting skilled workforce and retaining workers. This approach allows job service providers to establish and strengthen their relationships with employers. In this approach, providers ensure that all job seekers are prepared, committed, interested and motivated. It also requires that providers are business-oriented and that they understand the employers as their customers.

Rationale

Employers do not primarily provide job opportunities because they want to do good things for the community. Instead, their businesses require workers who are capable of producing the goods and services expected by their customers and market shares. When businesses work with job developers, they want the relationship to lead to value and profits for their business. By presenting well-prepared job seekers and counseling them when conflicts arise to enhance job retention, job developers have a competitive edge over other job seekers with the employer who has to sort out an unknown number of applicants.

Potential Challenges for Davidson County

The current characteristics of the local economy may be a significant impediment to effectively engaging employers. As a result of the worst recession since the Great Depression, most of the local providers of workforce development are assisting the long-time unemployed who may not have the advanced skills needed. Most job growth in recent years was in the health care and education sectors, with both sectors requiring a higher level of education and training than many unemployed people who may have low educational attainment.

One local provider recently noted that employers in other parts of Middle Tennessee are recruiting workers from Nashville, as the geography for business opportunity has expanded. However, the lack of a reliable transportation system would be a prohibitive factor to those who need to seek jobs farther from their homes.

Steps to Operation in Davidson County

Despite the current economic turndown, the historic relationship between employers and the community organizations that assist job seekers continues to be advantageous arrangement. By surveying area businesses, employment services providers can adapt to the changing modes of production and the skills needed in these growing sectors, so that they can ensure that the partnership remains a valuable one from business perspective.

BEST PRACTICES – Example for Workforce Development

Employer/Provider Networking

Description

This approach brings together workforce providers and employers. Providers not only help job seekers obtain jobs but they also provide support services, such as referrals to childcare, help with public benefits, and other services low-income individuals and families need. They also share valued information about businesses and their recruiting expectations. When providers come together, it serves as a mechanism and venue to share valuable resources, including strategies that work for the unemployed to obtain jobs.

Rationale

Most community employment and training services providers work together and share practices that help their clients obtain jobs. However, most of these informal arrangements are done in a way that focuses on relationships among service providers. Effective practices to enhance employment opportunity for low-skilled workers involves engaging employers and creating official networks to learn more about their prospective job seekers.

When employers attend workshops designed to specifically focus on the population the providers serve (often people with barriers to gainful employment), they become more knowledgeable about their strengths and address stereotypes that further hinder their employment chances. Similarly, providers obtain valuable information about topics such as employer expectations and

area labor market data that affect their services. In many cases, individual organizations may not have the capacity to gather this type of data, which is facilitated by a collective effort.

Potential challenges Davidson County

Not all providers are part of these networks so further outreach is necessary to involve a wider range of providers. Similarly, the number of business available to participate may be limited. There is a need for leadership, because most providers have limited resources, focus on immediate tasks and cater specifically to their own clients, rather than using an initiative that serves everybody.

Steps to Operation in Davidson County

A beginning model of the Employer/Provider Networking Approach was developed through the Workforce Implementation Team of the Nashville Poverty Reduction Initiative. It developed a Workforce Advisory Council, which is at an initial stage of identifying and organizing topics for provider workshops. However, there are demonstrated effective practices in job services that many service providers do have the capacity to provide. Some of these examples would include ongoing on-the-job follow-up, long-term supports to promote longevity in employment and customized services for populations with additional barriers. Additional capacity and enhanced awareness are needed to expand this approach to a larger number of employers and providers and to provide additional services to enhance success of those who are placed in employment.

BEST PRACTICES – Example for Economic Opportunity

Workplace-Based Financial Education

Description

This model is a workplace-based financial education program for adults, which employers can incorporate as part of the workday, so that employees can easily participate and instructors have access to a ready group of participants. The benefit to employers is that it would help them have a financially stable productive workforce that would not be disrupted when their workers face financial problems that affect attendance, productivity, and turnovers. In addition, it is an added expense to employers if they have to enforce child support, wage garnishments or other court orders.

Rationale

This approach provides a well-designed and targeted financial education package to program participants. According to research, it facilitates the delivery of the three critical components of successful financial education programs, which involve:

- Competent trainers experienced in teaching financial education to adults
- Certified financial planners to help households develop financial goals and plans
- Program delivery in the workplace

Potential challenge for Davidson County

The planners of the financial education have to have all the three components of the program in place if it is to succeed. Many programs fail because they are based on the idea of “one size fits all,” rather than customizing a sustainable delivery method. Therefore, a public-private partnership is essential in order to commit to the longevity for a successful financial education program.

Steps to Operation in Davidson County

One successful local initiative involved a business (a large meat processing company) that hosted a Volunteer Income Tax Assistance filing site. The employer also is part of the Advisory Council of NAFI (Nashville Alliance for Financial Independence), and allowed the site to be used for workplace financial education practice. This was an effective way to provide an additional benefit to the employees, with a convenient way to file their income tax returns and receive knowledge to enhance their economic stability. Such benefits could enhance job stability and satisfaction for greater retention of workers.

There is widespread need for financial education, especially among those who have limited incomes. Certified financial planners could be identified to design specific programs targeted to different types of participants. Financial planners would be beneficial in presenting some segments, but other trained personnel could present other segments. The programs would be an ongoing series to address the various issues in the program. Outreach and encouragement to employers is also needed in order to create additional workplace venues for this model to occur.

<http://www.economist.com/node/21526915>

http://www.ppv.org/ppv/publication.asp?section_id=26&search_id=0&publication_id=327

<http://www.aspenwsi.org/Publications/11-020.pdf>

<http://www.kc.frb.org/publicat/cap/carwp09-01.pdf>

Community Needs Survey – Davidson County, Tennessee

YOUR OPINION IS IMPORTANT TO US

Metropolitan Social Services wants to know what people think are the greatest social/human service needs in Nashville. We are asking people throughout the community to take this survey. The results of surveys will be used in an ongoing system of evaluating and planning for effective social/human services for Davidson County.

All answers are confidential, so please don't write your name on the survey. We appreciate your ideas. Please choose one answer for each question and fill in the circle next to your answer. Thank you.

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 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? _____