

# 2009 Community Needs Evaluation Report



## Metropolitan Social Services Planning & Coordination

Metropolitan Government of Nashville & Davidson County

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# 2009 Community Needs Evaluation Report

## Metropolitan Social Services

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KARL F. DEAN  
MAYOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



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*Message from the Metropolitan Social Services Commission*  
Howard Gentry, Board Chairman

In January of 2009, the Metropolitan Social Services (MSS) Board of Commissioners approved recommendations submitted to it by an Ad Hoc Committee on Planning and Coordination. The Committee recommended that MSS Planning & Coordination establish a systematic process for gathering, interpreting, and reporting data about service gaps in Davidson County and that an annual report on existing and projected social service gaps in Nashville be issued.

The Board determined that a current needs evaluation was important to objectively identifying current needs and priorities. This evaluation would build on the broader efforts to enhance the quality of life in Nashville, such as the Poverty Reduction Initiative, Nashville's Agenda and others.

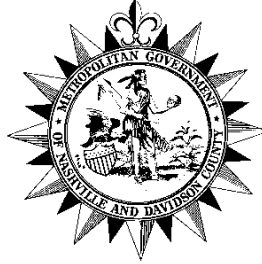
The MSS Board determined that the focus of Planning & Coordination should be data driven and that data shall be procured by utilizing available information on pertinent and related social service issues as well as establishing selected focus groups to determine the Nashville community's opinions on social service needs. It further indicated that the initial Community Needs Evaluation would be limited to scope to the issues of Food & Nutrition, Workforce Development & Economic Opportunity, Housing & Related Assistance and Home & Community Based Care (Child Care and Seniors), with Transportation added later since access to services was identified as a continuing need.

The Board's Ad Hoc Committee on Planning & Coordination, chaired by Commissioner Frank Boehm, works closely with MSS Planning & Coordination. Commissioner Boehm organized a Community Evaluation Subcommittee which involved wide public and private community participation. Dan Cornfield, Professor of Sociology at Vanderbilt University, served as subcommittee chairman. Commissioner Boehm and Professor Cornfield were instrumental in providing the leadership which made the development of this report possible.

We also commend the work of MSS Interim Executive Director Renee Pratt, Planning & Coordination Director Dinah Gregory, and Coordinators Abdelghani Barre, Lee Stewart and Brenda Venson on the completion of the 2009 Community Needs Evaluation report. This will allow MSS to move forward to work with the community to develop a long-term social services plan, followed by implementation of the plan to meet current needs while also anticipating future needs.

The MSS Board of Commissioners is pleased to present this document to the community. If members of the community have comments or suggestions for the next update, please email them to [MSSPC@nashville.gov](mailto:MSSPC@nashville.gov).

Sincerely,  
*Howard Gentry*  
Howard Gentry, Chairman  
Metropolitan Social Services  
Board of Commissioners



## Metropolitan Social Services

In addition to Planning & Coordination which developed the 2009 Community Needs Evaluation, Metropolitan Social Services has an array of programs designed to help persons who are most in need.

**Family Support Program** (615-862-6432) provides assistance to eligible Davidson County residents to help them develop or improve their life skills, increase independence and to improve family stability. Family-Centered Casework is used to strengthen and enhance families by addressing the needs of individual family members and the dynamics of the family, and by enhancing interaction and communication within the family. Services include:

- Life Management Skills
- Information and Referrals
- Family Centered Casework
- Short Term Solution Oriented Counseling
- Direct service to individuals, families, elderly, disabled and extended families
- Intensive Case Management with a individualized service plan with specific goals and outcomes

**Adult & Children's Homemaker Program** (615-862-6480) serves elderly and mentally and physically challenged adults who need help with household tasks and/or personal care. The Children's Homemaker Program works with families who are at risk of losing custody of their children and to relative caregivers who are raising the children of other family member (such as grandchildren). This program helps the primary caregiver to ensure that the children's needs are met and that they are in a safe, healthy and clean environment.

Trained paraprofessionals (homemakers) provide nurturing assistance and support to enable program participants to live independently in their own home, rather than in an institution. Professional staff provides casework service to the client and their families, assessing and reassessing their needs every six months and attending team meetings when required. In addition, they help clients manage issues with other family members, service workers, property owners, creditors, doctors, etc.

Services include:

- Sweeping, mopping, vacuuming, washing dishes, and laundering clothing
- Personal care: bathing, showering assistance, sponge bath, grooming hair
- Grocery shopping, preparing meals
- Assisting with simple health care routines such as reminders to maintain diet restrictions, medication regimen and recommended exercises
- Give emotional support and encouragement during periods of loneliness, depression, and bereavement

**Homeless Program** (615-880-2526) addresses the needs of homeless individuals and families by providing supportive services and coordinating direct services with partner agencies, providing case management to help participants obtain housing and employment. This program also assists customers to maintain housing when they are at risk of becoming homeless. The program partners with the Rooftop Foundation, collaboration of faith congregations in Nashville, to provide emergency rental assistance to individuals and so they can maintain stable housing.

Services include:

- Information regarding affordable housing in Nashville
- Intensive Case Management with an individualized service plan with specific goals and outcomes
- Information regarding temporary housing and transitional living
- Referrals to other agencies for health services, prescriptions, mental health services, alcohol and drug treatment, employment assistance, veterans services, and assistance for past felons
- Information regarding how to obtain a driver's license and/or birth certificate
- Referrals to the Metropolitan Action Commission for deposits for homeless customers who have located permanent housing
- Limited bus passes for the purpose of obtaining and maintaining housing

**Intake & Burial Program** (615-862-6458) links individuals and families with services, reducing the need in daily life emergencies, helping stabilize crisis situations, or promoting opportunities for growth. Services are available to Davidson County residents who need social, financial or resource assistance and who face a variety of problems and need access to coordinated social services. Services include:

- Information and Referral Services to help participants identify and obtain community resources to assist them with immediate goals. Follow-up is provided on referrals and intensive case management is available
- Indigent Burial Assistance pays the burial/cremation costs for people who lived or died in Davidson County and who did not leave sufficient resources to cover the cost of expenses

- Short –Term Support Services is provided to individuals and families who would like additional services from us to resolve problems or work toward personal and family goals
- Community Coordination builds awareness of our program, increase our accessibility, link our services with other community partners and support community activities

**Senior Nutrition Program** (615-880-2292) provides nutritionally sound meals to eligible seniors (60 or older) and disabled persons (under 60 only if they live in a high rise) in Davidson County. The program provides both Congregate Meals in strategically located centers in Davidson County and delivers meals to eligible persons. The Senior Nutrition Program promotes better health through improved nutrition, reducing isolation of the elderly while helping them continue living independently in the community. Since 1976, MSS has provided nutrition services to the community and is Davidson County’s largest provider of congregate and home delivered meals to diverse seniors throughout Nashville.

**Congregate Nutrition Sites**

- Meals at provided at community centers and other convenient locations in Davidson County
- Sites are open about four hours each weekday to provide a hot mid-day meal containing at least one-third of the required daily nutritional allowance (RDA)
- Educational and socialization opportunities are also provided at sites.

**Home Delivered Meals - Eligibility Requirements**

- Confined to the home (illness, incapacitation or disability)
- Unable to prepare own meals
- Inability to receive nutritious meals from family, friends, or other resources
- Referrals must be made by a health care provider (physician’s office, home health care agency, hospital, etc.) to the Senior Nutrition Program

**Metropolitan Social Services Board of Commissioners**

Howard Gentry, Chair  
 Barbara Toms, Vice Chair  
 Gwen Harris  
 Dr. Frank Boehm  
 Mary Kate Mouser  
 Bishop George Price  
 Patrick Willard



## Executive Summary

### 2009 Community Needs Evaluation

#### Metropolitan Social Services

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Metropolitan Social Services has been identified by Mayor Karl Dean as the agency which will take the lead in social services planning and coordination. This involves assessing current social service needs in the community, identifying service gaps, and coordinating the communitywide effort to address unmet needs. The Community Needs Evaluation is a comprehensive data-based resource for the planning and coordination of social services to meet the needs of Davidson County residents who live in poverty.

The Metropolitan Social Services (MSS) Board of Commissioners directed MSS Planning & Coordination to develop a Community Needs Evaluation in the policy areas of Workforce & Economic Opportunity, Food & Nutrition, Housing, Home & Community Based Services and Transportation. The 2009 Community Needs Evaluation provides an overview of social service needs, discusses the resources available to meet the needs (public and private resources) and identifies current and anticipated needs based on trends in the community. This report shows changes in the magnitude and patterning of poverty and well-being in recent years and among diverse social and demographic groups of Nashvillians. This information can be used to anticipate service needs and maximize the availability of social services among Nashvillians. The report, developed through a consensus process, is designed to guide policy makers, professional practitioners, advocates and philanthropists in their efforts to alleviate poverty.

This inaugural 2009 needs evaluation launches a data-based process of monitoring and reporting that the MSS Planning & Coordination Unit will replicate on a regular basis in order

to involve the public and private sectors in the on-going communitywide effort to identify and address the needs of Davidson County residents who are most in need.

This report uses a multi-faceted approach, including primary research conducted in Davidson County during 2009, with surveys of more than 1,700 members of the grassroots community, more than 600 professionals and agency representatives and a series of focus groups of female and male grassroots participants of diverse ethnic and racial backgrounds. The report also includes secondary data from the Tennessee Department of Labor & Workforce Development, U.S. Census Bureau, the U.S. Bureau of Labor Statistics, and other government and private organizational sources.

Developing this report involved a wide range of community participation, including the participation of the following in the Community Evaluation Subcommittee: Tennessee Department of Human Services, Vanderbilt University, Tennessee State University, Nashville Area Chamber of Commerce, United Way, Community Foundation of Middle Tennessee, Catholic Charities, Southeast Family Resource Center, Metropolitan Action Commission, Office of the Mayor, Conexion Americas and the 2-1-1 Center.

In order to develop policy implications of the findings in this report, a Community Planning Subcommittee has been formed to work with MSS Planning & Coordination (MSS-P&C) in creating a long-term social/human service plan with goals, strategies and timelines for Nashville. Long-range planning will help the public and private sector meet the needs of the customers and community stakeholders by defining objectives and creating strategies to attain those objectives.

MSS-P&C will engage a wide range of local, public and private organizations in long-term social services planning for Davidson County, and it is expected that the initial long-term plan will be completed by early 2010. Community leaders will be identified to implement strategies for meeting objectives of the plan.

Several factors affect Nashville's families in need in a variety of ways, particularly:

- The general economic downturn, including the rise in unemployment, with both the short-term and long-term consequences.
- The increasing age of the population and how that should be considered in the design and delivery of services. The median age is expected to continue to rise for about two more decades, due to the birth pattern from the baby boom generation.



- The increasing social complexity that accompanies immigration to Nashville.
- The changing industry mix of a local economy that is increasingly based in high-skill services.
- The necessity of adopting a comprehensive approach to alleviating poverty by addressing needs in the community.

Because of its diverse economy, Nashville has fared well in many areas. It has been affected less than those of some other areas by the economic downturn and its unemployment rate is lower than some other metropolitan areas. Nonetheless, almost 23,000 families in Nashville, amounting to about 73,000 people had incomes less than \$25,000 in 2007. The real median family income (adjusted for inflation) increased only by 4.2% between 1990 and 2007.

Poverty is related to family structure and age. Families with young children and people under age 18 were at greatest risk of being poor. The percentage of people living in poverty in Davidson County in 2007 was:

- 10.4% of all families
- 24.7% of all families with related children under age 18
- 34.6% of families with related children under age 5
- 14.9% of all people
- 11.8% of people age 18 and over
- 10.0% of people age 65 and over
- 24.7% of people under age 18

The risk of poverty also varies by ethnicity and race. In Nashville, African-Americans and Hispanics were over twice as likely as non-Hispanic whites to be poor in 2007.

Needs identified by requests for help to the 2-1-1 Call Center reflect many of the findings of the surveys and focus groups conducted for the 2009 Community Needs Evaluation. The top five needs identified by callers during cumulative period 2006 through May 2009 are:

- 17.1% Utility Bills
- 16.9% Food+Food Stamps
- 11.8% Other Financial/Basic Need
- 10.2% Rent
- 9.4% Tie between Housing/Shelter and Information/Service Needed

Community-wide collaboration, like the collaboration that produced this report, is essential for our subsequent planning efforts. Planning and implementation efforts must be broad-based and must address coordination among public and private organizations. Cooperative efforts are necessary to improve social/human services for Davidson County. The findings in this report will be instrumental in convening social service providers in the areas of Food & Nutrition, Housing & Related Assistance, Workforce & Economic Development, Home & Community Based Services and Transportation.

The complexity of social/human service needs requires that specific identified needs be considered in context with all identified needs. While the data may suggest that some needs are greater than others, all of these needs are important and will receive thoughtful consideration. By working together, Davidson County's service providers, advocates and other organizations can improve the effectiveness of service delivery systems and organizational roles.

## Food & Nutrition

Good nutrition contributes to lower infant mortality, better health for children of all ages and improved school performance of children and adults. Survey participants were asked to identify needs related to Food Stamps, Food for Elderly or Disabled Persons, Food for School Children, Food for Infants and Young Children, and Food Boxes/Food Pantries.

In ranking needs related to Food & Nutrition, Grassroots Community Survey participants identified Food Stamps (24.9%) as the greatest need, with Food for Elderly/Disabled Persons (23.5%) a close second. Professional/Agency Most Professional/Agency Survey participants indicated that generally food needs were adequately met, but indicated that among food needs, Food for Elderly & Disabled (28.9%) ranked as the highest category not adequately met. However, when Professional/Agency categories are combined into those used by the Grassroots survey, only 6.1% of Professional/Agency participants identified issues in Food & Nutrition as the greatest unmet need.

In Davidson County, for 2007, there were 12,934 households below the poverty level receiving Food Stamps, 8,933 families not below the poverty level receiving Food Stamps. However, there were 18,818 families below the poverty level which were not receiving Food Stamps. Some comments in the survey and information from workers in the field suggest that public awareness is needed to help people know they are eligible as well as that the amount per family is not sufficient due to inflation.

Even though there was no specific question about food quality, there were many comments in the surveys and from focus group participants regarding the need for healthy food. Comments included the need for increasing affordable fresh food for low-income persons and related issues. They indicated that the food available is often not fresh or healthy, and that it is difficult to purchase fresh food in certain areas of Davidson County.

## Workforce & Economic Opportunity

Being able to get and keep appropriate employment is important to family-self sufficiency. Low –income persons often face barriers to gainful employment that would provide them with enough income to support themselves and their families.

Survey participants were asked to identify needs related to job training, placement, public benefits, financial education, life skills counseling/case management, and adult and vocational education. In ranking needs related to Workforce & Economic Opportunity, Grassroots Community Survey participants most frequently identified the need for Help Finding a Job/Job Placement, with the second choice as Job Training, with fewer responses for other answer options.

Professional/Agency Survey participants more frequently selected as not adequately met Public Benefits (SSI, TANF, etc.), followed closely by Adult Education and Vocational Training. Grassroots Community Survey participants may have identified the need for services which would produce a more immediate result, while Professional/Agency Survey participants looked also at services which could have a greater long-term gain.

When asked to identify the greatest single need among issue areas, the Grassroots Community Survey participants identified Workforce & Economic Development (34.6%) as the number one need among gaps in services, above Housing & Related Assistance (26.2%), Food & Nutrition (16.9%), Home & Community Based Services (11.6%) and Transportation (10.8%).

The Professional/Agency Survey participants identified the issue area with the greatest unmet need as Housing Financial Supports (14.9%). However, if the categories of

Economic Opportunity (14.0%) and Workforce Development (11.2%) are combined, the combined category (25.2%) far exceeds Housing Financial Supports.

Survey and focus groups included comments related to the importance of access to and availability of healthy/fresh food and food for special populations (those who are elderly, have medical problems, children, etc.).

Davidson County's rate of unemployment has risen from 3.2% in 2000 to 9.4% in June 2009. The rate of unemployment is even higher for African-Americans and Hispanics.

The level of educational attainment is an important predictor of income. For example, the national median weekly earnings (2005, latest available) for those with some high school and no diploma were \$409, compared to \$583 for high school graduates, \$937 for those with a bachelor's degree, \$1,129 with a master's degree, \$1,370 with a professional degree and \$1,421 with a doctoral degree. In Davidson County in 2007, 33.4% had a bachelor's degree or higher, while 41.2% had only a high school diploma or less.

## Housing & Related Assistance

Safe, affordable and stable housing is important to the quality of life. Survey participants were asked to identify the greatest needs among assistance with rent, utility bills, mortgages, housing (emergency shelter, Section 8 vouchers, public housing) and homeowner education and training.

There was a significant difference between Grassroots Community Survey participants and Professional/Agency survey participants in the highest ranked need. Respondents to the Grassroots Community Survey most frequently identified Help Paying Utility Bills (22.6%) and Help with Rent Payments (19.6%) as the greatest gap in services. These types of assistance are often related and sometimes provided by the same agency. If these two needs were categorized together, more than 42% of respondents identified this need. Professional/Agency Survey participants identified Help Paying Mortgages (50.6%) was most frequently identified as Not Adequately Met (next to last among choices by Grassroots Community Survey participants).

An increasing number of people are seeking assistance with paying rent and utilities in order to maintain a stable household, but survey and focus group participants and 2-1-1 calls indi-

cate that there are not enough resources available to meet the needs. In addition, current eligibility requirements do not allow some low-income working people to access the assistance they need.

Survey responses and focus group participants often noted the lack of affordable housing. Comments discussed the need for affordable housing for low-income families generally, as well as for specific populations such as immigrants, grandparents raising grandchildren, etc. There were numerous comments about the need for housing and related assistance for persons who are homeless (emergency shelter for families, supported and independent living).

## Home & Community Based Services

### **Child Care**

High quality child care can provide benefits including higher scores for school readiness, improved social skills and fewer behavioral problems when the child starts school.

Grassroots Community Survey participants indicated that financial assistance to help pay for child care (25.7%) was the second greatest need in Home & Community Based Services, ranking much higher than either child care close to home or infant child care.

Professional/Agency Survey participants indicated that the number of child care subsidies (38.3%) does not adequately meet the need, closely followed by those who indicated that child care locations throughout Nashville was not adequately met (35.1%). A large number (39.5%) responded that they did not know if child care for infants was or was not adequately met.

Comments on the surveys and in focus groups reiterated the need for assistance for low-income families in financial crisis, need for additional Head Start, etc. They suggest the need for strong standards, tax breaks and subsidies for good facilities. Comments also noted that child care is essential for parents to work and support their families, especially for single mothers.

Based on the number of children in low-income families, quality licensed care is often unaffordable for low-income families. In addition, based on the number of young children who live in poverty, Nashville's Head Start current capacity of 1,485 is not adequate to serve the number of children who are eligible.

## **Adult/Senior Services**

Home & Community Based Services for Adults/Seniors are important because they help people to remain in their homes rather than be in institutions. There is an array of services in this category which are designed to support independent living, including personal care, chore assistance, homemaker services, adult day services, transportation to medical appointments and home delivered meals.

The increase in the number of seniors is expected to continue to increase for the next two decades because of the aging pattern of baby boomers. For example, the median age in Davidson County has increased from 34.1 in 2000 to 36.5 in 2007. The population growth rate in Davidson County between 2000 and 2007 is highest in these age categories: ages 55-59, ages 45-54 and ages 85 and over.

Grassroots Community Surveys participants indicated that Homemaker Services for Elderly & Disabled Persons (34.5%) are the greatest gap in services among Home & Community Based Services, with Homemaker Services for Relative Caregivers ranked much lower (14.3%).

Almost half (49.3%) of the Professional/Agency Survey responses indicated Homemaker Services for Elderly and Disabled Persons were Somewhat or Adequately Met. They most frequently identified the greatest unmet need as Homemaker Services for Relative Caregivers (32.0%), higher than Homemaker Services for Elderly & Disabled Persons (22.5%).

Comments from surveys and focus groups indicated that many people do not know about the variety of services available for elderly or disabled adults. In addition, eligibility restrictions for publicly supported programs prevent many in need from qualifying (due to income and resource limits, functioning level deficit requirements, etc.). These sources and relevant agencies indicate that services are often unavailable due to long waiting lists for subsidized in-home.

## Transportation

Lack of transportation can serve as a barrier to training/education, employment, social/human services, etc. While transportation was rarely identified as the greatest need (10.8% by Grassroots Community Survey participants and 8.1% of Professional/Agency

Survey participants), the importance of transportation was acknowledged both by survey and focus group participants.

Customer Survey participants was identified as the greatest need by 10.8% of participants, who ranked the greatest gaps as Lower Cost Bus Tickets (36.7%), More or Different Bus Routes (35.4%), and Special Transportation for Disabled People (23.9%).

Among Professional/Agency Survey participants, the need for low cost/affordable bus tickets (48.3%) was identified most frequently as not adequately met, compared to Sufficient Bus Routes (35.9%) and Special Transportation for Disabled People (28.7%).

Both surveys and focus groups commented that the current public transportation system does not provide access to all neighborhoods in the county, and operating hours do not accommodate job access for some low-income workers or job seekers. They noted that walking access to bus stops is reduced due to sidewalks being missing or in need of repair. Some people indicated that they are reluctant to use public transportation in some neighborhoods due concerns about personal safety while waiting for a bus. There were numerous comments supporting alternative transportation programs to supplement the existing public transit system.

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The 2009 Community Needs Evaluation includes detailed information about the surveys and focus groups which were conducted, along with a wealth of secondary data from government and other sources.

Because this report will be updated annually, Metropolitan Social Services invites you to send your suggestions and ideas to: [MSSPC@nashville.gov](mailto:MSSPC@nashville.gov).

## Next Steps

To provide ongoing Planning & Coordination services to the community, Metropolitan Social Services will provide annual updates to the Community Needs Assessment to ensure that the information remains timely. It will supplement the information in this report to reflect new data, such as from the U. S. Census Bureau's American Community Survey and additional primary research through other surveys.

This report could not have been developed without authentic community involvement, which included the Community Evaluation Subcommittee, The Ad Hoc Committee on Planning & Coordination, the MSS Board of Commissioners and other concerned residents of Davidson County. Similarly, development of a plan to address the identified needs must involve an array of organizations in the community. To develop a structure and process to effectively use the information in this report to develop a long-term social/human service plan for Nashville, a Community Planning Subcommittee has been developed, with Lewis Lavine (President of the Center for Nonprofit Management) and Eric Dewey (President and CEO of United Way of Metropolitan Nashville) serving as Co-Chairmen.

Long-range planning will increase the effectiveness of the public and private sectors as they serve the needs of customers and/or stakeholders in the community by defining objectives and creating strategies to attain those objectives. Unlike immediate actions with current resources, a long-term plan of action is designed to achieve improvements in the overall system of services. If indicated by the updated Community Needs Evaluation, the long-term Community Plan for Social/Human Services will be updated to reflect Nashville's emerging needs.

The Community Planning initiative will involve a wide variety of public and private organizations, including those on the Community Planning Subcommittee and others throughout Davidson County. It will focus on broad areas of need such as those in this report, and will address the social/human service needs of Davidson County. A collaborative approach will encourage objective consideration of those who are most in need in Nashville, as well as provide the opportunity for creative and innovative approaches to improve service capacity. It is anticipated that the first Community Plan for Social/Human services will be completed by early 2010.

At that time, a Plan Implementation Subcommittee comprised of community leaders will identify and lead the effort to achieve the goals identified in the long-term plan. The success of the planning and implementation initiative depends on the engagement of local, state and federal agencies, along with nonprofit organizations, working together in concerted manner. Improving the system of social/human services for those in need requires the coordinated efforts of multiple entities because no organization can do it all and no organization can do it alone. This process provides Davidson County with the opportunity to make lasting and meaningful improvements in the way services are provided to persons in need.



# Acknowledgements

This initial 2009 Community Needs Evaluation is a result of a coordinated community effort. It was developed with contributions from many individuals and organizations throughout the community. We express our appreciation and thanks to all those who were involved. We wish to give special acknowledgement to those listed below.

## Community Evaluation Subcommittee

- Chairman, Dan Cornfield, Professor of Sociology, Vanderbilt University
- Cynthia Croom, Executive Director, Metropolitan Action Commission
- Kaki Friskics-Warren, Director, Dan & Margaret Maddox Charitable Trust, formerly with Community Foundation of Middle Tennessee
- Garrett Harper, Research Director, Chamber of Commerce
- Kelvin Meeks, Davidson County Director, Tennessee Department of Human Services
- Oscar Miller, Department Head, Sociology Department, Tennessee State University
- Kimberly Newcomb, former Director of the South Nashville Family Resource Center
- Phil Orr, Vice President, United Way of Metropolitan Nashville
- Scott Payne, Director, 2-1-1 Call Center, Family & Children's Services
- William Sinclair, Executive Director, Catholic Charities
- Renata Soto, Co-Founder/Executive Director, Conexión Américas
- Tarver Smith, Program Manager, Family Support Services, MSS
- Hershell Warren, Office of the Mayor
- Abdelghani Barre, Coordinator, Planning & Coordination, MSS
- Lee Stewart, Coordinator, Planning & Coordination, MSS
- Brenda Venson, Coordinator, Planning & Coordination, MSS
- Gloria Nance, Office Support, Planning & Coordination, MSS
- Dinah Gregory, Director, Planning & Coordination, MSS

## Ad Hoc Committee on Planning & Coordination

- MSS Commissioner Frank Boehm, Chairman
- MSS Commissioner Gwen Harris
- MSS Commissioner Barbara Toms
- MSS Commissioner Mary Kate Mouser
- Dan Cornfield, Professor of Sociology, Vanderbilt University
- Elder Roderick Glatt, Pastor, Mt. Gilead Missionary Baptist Church
- Renee Pratt, Interim Executive Director, MSS
- Giovanni Achoe, Program Manager, MSS Homeless Service Program
- Dinah Gregory, Director, MSS Planning & Coordination

### Research Advisors

- Dan Cornfield, Professor of Sociology, Vanderbilt University
- Oscar Miller, Department Head, Sociology Department, Tennessee State University

### Focus Groups

#### Facilitation:

- Steven Meinbresse, Tennessee Housing Development Agency
- Kelvin Jones, Metropolitan Human Relations Commission
- Shirley Sims-Saldana, Metropolitan Human Relations Commission
- Leoncio Dominguez, Metropolitan Water Services, formerly with Metropolitan Human Relations Commission
- Carol McCullough, Neighborhoods Resource Center
- Chuck Jaeger, Council on Aging of Greater Nashville volunteer.

#### Transcription:

- Judy Tackett, Tackett Communications International
- David Morales, Consultant, Interpretation/Translation

### Survey Distribution

- Tennessee Department of Human Services
- National Association of Social Workers
- Catholic Charities of Tennessee
- Tennessee Conference on Social Welfare
- United Way of Metropolitan Nashville
- Center for Nonprofit Management
- Community Foundation of Middle Tennessee
- Metropolitan Action Commission
- Siloam Health Center, Nashville Career Advancement Center

### Data Assistance

- Tennessee Department of Labor & Workforce Development
- Tennessee Department of Human Services
- Nashville Career Advancement Center
- 2-1-1 Call Center
- Nashville Alliance for Financial Independence
- Metropolitan Development & Housing Agency

- Metropolitan Health Department
- Sexual Assault Center
- Tennessee Housing Development Agency
- Tennessee Suicide Prevention Network

We gratefully acknowledge the efforts of previous and ongoing community initiatives and the citizens and professionals who continue to work on areas of need in our city. Several of these are discussed in this report, including the Poverty Initiative, Nashville’s Agenda, etc.

We also acknowledge the help of those who participated in the survey, as well as focus group members who “put a face on the issues” by sharing the details of their lives.

Finally, we express appreciation to the numerous professional colleagues, friends and family who provided input, advice, technical support and other invaluable assistance.

*For additional information about the 2009 Community Needs Evaluation, please contact:*

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# 2009 Community Needs Evaluation

## Introduction

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The 2009 Community Needs Evaluation of Davidson County, Tennessee, is presented by Metropolitan Social Services (MSS) to enhance planning, coordination and provision of public and private social services in Nashville. In order to anticipate service needs, and to maximize the availability of social services among Nashvillians, this needs evaluation reports shows changes in the magnitude and patterning of poverty and well-being in recent years and among diverse social and demographic groups of Nashvillians. This inaugural 2009 needs evaluation also launches a data-based process of monitoring and reporting that the MSS Planning & Coordination Unit will replicate on a regular basis in order to involve the public and private sectors in the on-going communitywide effort to identify and address the needs of Davidson County residents who are most in need.

Metropolitan Social Services has been identified by Mayor Karl Dean as the agency which will take the lead in assessing the current social service needs in the community, the services available, and will coordinate the development of programs where there are unmet needs. In addition to the array of direct services provided by MSS, its Planning & Coordination Program works to identify community needs and provide long-term community planning and coordination.

There are many ways to evaluate the community in terms of its social/human service needs and services. The issue areas in this report were identified by the Metropolitan Social Services Board of Commissioners early in 2009. At that time, they approved the recommendation of the Ad Hoc committee on Planning & Coordination for Planning & Coordination of MSS to complete a community needs evaluation.

To develop the 2009 Community Needs Evaluation, the MSS Planning & Coordination Unit worked with a Community Evaluation Subcommittee to identify the needs and priorities of social/human service needs in Nashville. The Subcommittee developed an assessment methodology to generate comprehensive profile of poverty, needs and social well-being in Nashville. It gathered data from the perspectives of grassroots community members and professional social service providers, as well as statistical data from the U.S. Census Bureau, the U.S. Bureau of Labor Statistics, and other government and private organizational sources.

This subcommittee included participation from the Tennessee Department of Human Services, Vanderbilt University, Tennessee State University, Nashville Area Chamber of Commerce, United Way, Community Foundation of Middle Tennessee, Catholic Charities, Southeast Family Resource Center, Metropolitan Action Commission, Office of the Mayor, Conexion Americas

and Family & Children's Service/2-1-1 Center. As a result of using this multi-method approach to data collection, this report contains a current snapshot of social services needs gathered and compiled from focus group discussions with ethnically diverse female and male grassroots community members, an original questionnaire survey that was administered to hundreds of grassroots community members and professional social service providers, and statistical findings about trends and patterns in poverty and social well-being.

The 2009 Community Needs Evaluation focuses on the specific issue areas of Workforce & Economic Opportunity, Food & Nutrition, Housing, Home & Community Based Services and Transportation. It provides an overview of social service needs; discusses the resources available to meet the needs (public and private resources); identifies current and anticipated needs based on trends in the community; provides objective information to help agencies strategically plan their services; and provides information developed by a consensus process to guide policy makers, advocates and other organizations.

To develop policy implications of the findings in this report, a Community Planning Subcommittee has been formed to work with MSS Planning & Coordination (MSS-P&C) to create a long-term social/human service plan with goals, strategies and timelines for Nashville. Long-range planning will help the public and private sector meet the needs of the customers and/or stakeholders in the community by defining objectives and creating strategies to attain those objectives. Unlike immediate actions with current resources, a long-term plan of action is designed to achieve improvements in the overall system of social services.

MSS-P&C will engage a wide range of local, public and private organizations in long-term social services planning for Davidson County. Consistent with the planning efforts of most other cities, MSS-P&C will collaborate with local and state government agencies, United Way, Community Foundation, Center for Nonprofit Management, business and civic leaders, service providers, academic institutions, faith leaders and others. During the development of the plan, individuals and organizations will be identified to implement strategies for meeting objectives of the plan.

To continuously update and realign social services and philanthropy with the changing needs of Nashvillians, Metropolitan Social Services will replicate the needs evaluation annually and revise its report and long-term social services plan accordingly. As we move to the future, it is important to recognize Nashville's significant history of helping persons who are in need, through government, nonprofit and private efforts. This report complements and supplements other efforts that are focusing on an array of community issues (Poverty Initiative, Nashville's Agenda, Creating Livable Communities, etc.). The 2009 Community Needs Evaluation addresses specific social/human service issues for those who are in need.

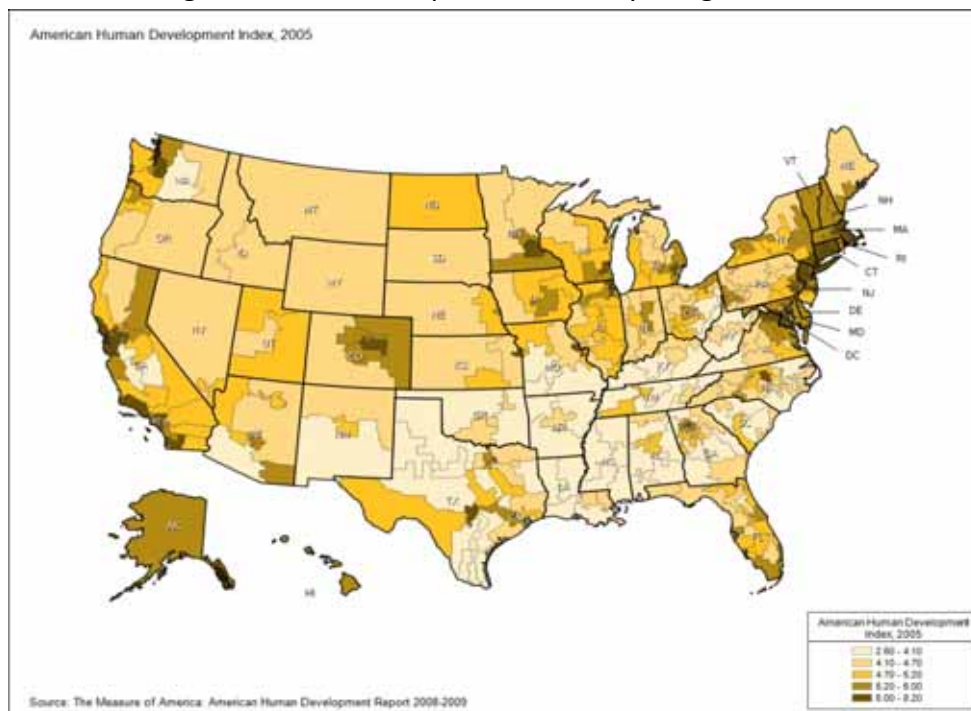
## Measuring Human Development

The concept of indexing and ranking human development has been used for many years for comparing differences between demographic groups or geographical locations (see, for example, the recent report of the Social Science Research Council, “The Measure of America, American Human Development Report 2008-2009”). The purpose of the human development index is to describe human development and socioeconomic status of individuals in terms of their health, access to education, and standard of living. These indicators were considered along with geography, gender, race and ethnicity to develop the index, which uses official United States government sources and data (2005 was used because it was the most recent year for which all data was available).

A human development index is important because well-being cannot be measured by gross domestic product alone. The index is a tool for assessing the relative socioeconomic progress of groups of individuals as well as geographic areas. The index also sets a standard by which to evaluate progress in the future.

According to the Social Science Research Council, Tennessee’s human development index of 4.10 ranked 45<sup>th</sup> lowest of the 50 states, based on life expectancy at birth, education and median earnings. The human development index of the 5<sup>th</sup> Congressional District of Tennessee, primarily Davidson County, ranked 253 of 436 U. S. Congressional Districts. (See additional comparative maps in Appendix.)

Table 1: Ranking of Human Development Index, by Congressional District, 2005



The ranking of the United States for the human development index dropped from number two among countries in 1980 to 12 by 2005. This report suggests that the United States has fallen behind other nations because they were more efficient and effective in transforming income and economic resources into positive educational and health outcomes. [Burd-Sharps, Sarah & Lewis, Kristen & Martins, Eduardo Borges (2008). *The Measure of America: American Human Development Report 2008-2009*. New York: Columbia University Press]

The Social Science Research Council points out that our capabilities for what we can be and do expand not only through our own efforts but also through the institutions and conditions of society. Even though most poor people in the United States have a material living standard exceeding that of many Third World countries (or even the standard of the United States many decades ago) poverty still exists: “Most poverty in America is not absolute; it is relative, meaning deprivation based on what is considered necessary by most of society.” This relative poverty makes poor children aware of what they are missing and can result in a limitation on their aspirations and achievements.

This report about Nashville’s needs takes a multi-faceted approach to poverty and the quality of life. *Human poverty* differs from *income poverty*. Human poverty is a lack of basic human capabilities for sustaining a tolerable life and it can relate to much more than a lack of money and material goods, and can extend to a loss of dignity, a sense of powerlessness, lack of autonomy and control, and perception of being marginalized or excluded politically, socially, or psychologically. Income poverty means the lack of income or a shortage of material goods, which is much easier to measure than human poverty. Taking a multi-faceted approach to poverty encourages consideration of a wide range of strategies and interventions for alleviating and reducing poverty.

## The Status of Davidson County, Tennessee

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As a place to live and work, Nashville has been highly ranked compared to other U. S. cities, based on a variety of factors. Among these rankings are Kiplinger's ranking of Nashville as #1 in the list of Smart Places to live in 2006, Money Magazine's ranking as #79 of top places to live in 2007, and Forbes' 2009 ranking of Nashville as 25<sup>th</sup> among Best Places for Business and Careers. Additional ranking information is available from the Nashville Area Chamber of Commerce at: <http://www.nashvilleareainfo.com/Default.aspx?Page=RecentRankings>

At the same time, opportunities and access to a decent quality of life in Nashville vary over time and across demographic groups. As reported by the U. S. Census Bureau (2000 Census, 2002-2007 American Community Survey):

- Davidson County's poverty rate for all people increased from 13% in 2000 to 14.9% in 2007.
- During that same time period, the poverty rate for persons under age 18 in Davidson County increased from 19.1% to 24.7%.
- Although the number of Davidson County families with incomes over \$100,000 increased from 20,140 to 30,809 in 2007, 22,838 families had annual incomes of less than \$25,000.

Nashville's poverty rate varies by race and ethnicity. The poverty rate of 15.1% for all Nashvillians is similar to the rate for all native-born people in the United States of 15.9%. In Nashville, the poverty rate for all whites is 10.3%, 9.5% for non-Hispanic whites 22.7% for Hispanics, and 26.7% for African-Americans.

Ethnic and racial disparities in poverty rates necessitate a focus on the demographic, social and economic factors in our community that influence poverty. In taking a comprehensive approach to poverty and human needs, the 2009 Community Needs Evaluation Report presents a broad demographic, social, and economic profile of Nashvillians. The profile is developed from primary and secondary data. Primary data derive from two surveys and six focus groups conducted by MSS. Secondary data sources include the U. S. Census Bureau, U. S. Bureau of Labor Statistics, Tennessee Department of Labor & Workforce Development, Tennessee Department of Human Services, the 2-1-1 Call Center, the Community Foundation of Middle Tennessee and United Way.



The Metropolitan Social Service Community Needs Evaluation is based on a compilation of secondary data, along with original surveys of social service professionals and grassroots community members, and a series of focus groups with residents of Davidson County.

### Secondary Data

MSS-P&C compiled data from the U. S. Census Bureau, particularly the 2000 Census and the 2002-2007 American Community Surveys. The 2008 data will be released by the U. S. Census Bureau later in 2009 and will be added to the next update of the Community Needs Evaluation. Information from the analysis of U. S. Census Bureau data is used throughout this report to track statistical trends. The tables, charts and narrative descriptions reflect a wide range of demographic, economic, social and other characteristics of Davidson County.

Data sources for labor market dynamics, social/human services utilization and community resources included the U. S. Bureau of Labor Statistics, Tennessee Department of Labor & Workforce Development, Tennessee Department of Human Services, the 2-1-1 Call Center, Community Foundation of Middle Tennessee, United Way of Metropolitan Nashville, and other sources with attribution in this report. Other data sources related to quality of life issues for Nashville include the Poverty Symposium/Initiative, Nashville's Agenda, United Way's 2003 Community Needs Assessment, and others.

As data was gathered for this report, we learned that some types of information are more readily available than other types of information. For example, information about program services was usually available, while information about organizational revenue was more difficult to obtain. While some of the revenue information is publicly available (such as IRS Form 990s that are on the GivingMatters.com web site), the differences in how organizations categorize their services make the information difficult to use.

### Professional/Agency Community Needs Survey

In April 2009, Metropolitan Social Services fielded an online survey to professionals in the social work field, organizational representatives, elected officials, and other community leaders. Surveys were also sent to multiple Nashville contact lists including:

- National Association of Social Workers-Tennessee Chapter
- Tennessee Conference of Social Workers
- Metropolitan Nashville Public School Social Workers
- United Way of Metropolitan Nashville

- Community Foundation of Middle Tennessee
- Center for Nonprofit Management
- Senior Services Providers
- Bridges to Care Providers
- Pastors/Faith Leaders
- Metropolitan Council and Metro Department Heads
- Davidson County General Sessions and Trial Court Judges
- Poverty Symposium/Initiative Participants
- Employees of various nonprofit and government service providers

The 627 persons who completed the Professional/Agency Survey also responded to the open-ended items below by sharing hundreds of online comments:

- Identify the greatest unmet social/human service need in Nashville;
- Indicate how they expect social/human service needs in Nashville will change during next five years;
- Describe the changes needed in the system of social/human services to better meet Nashville's future needs; and
- Provide ideas about how organizations (both public and private) can work effectively together to meet Nashville's social/human service needs.

This survey asked participants to provide input on how well specific needs are now being met in Nashville. They were asked to indicate whether the needs within subcategories are currently met. Answer choices were Adequately Met, Somewhat Met, Not Adequately Met, and N/A or Don't Know. The issue areas and categories are listed below, and the survey instrument is in the Appendix.

#### Food & Nutrition

- Food Boxes/Food Pantries
- Food for Elderly and Disabled Persons
- Food for Infants and Young Children
- Food for School Children
- Food Stamps

#### Housing & Related Assistance

- Emergency Shelter
- Help Paying Mortgages
- Help Paying Rent
- Help Paying Utility Bills
- Homeowner Education and Training
- Public Housing
- Section 8 Vouchers

### Workforce & Economic Opportunity

- Adult Education
- Financial Education
- Job Placement and Related Services
- Job Training
- Junior College or College
- Life Skills Counseling/Case Management
- Public Benefits (SSI, TANF, etc.)
- Vocational Training

### Home & Community Based Services (Child Care and Senior Services)

- Amount per Child Care Subsidy
- Child Care for Infants
- Child Care Locations Throughout Nashville
- Homemaker Services for Elderly & Disabled Persons
- Homemaker Services for Relative Caregivers (raising children of relatives)
- Number of Child Care Subsidies

### Transportation

- Low/Affordable Cost Bus Tickets
- Special Transportation for Disabled People
- Sufficient Bus Route Locations

### Grassroots Community Survey

Also in April 2009, a shorter grassroots Community Needs Survey was administered throughout Nashville. In addition to the 261 surveys taken online, 1,476 paper surveys were completed, for a total of 1,737 respondents. This captures a snapshot in time of how social service consumers perceive community needs. While the Professional/Agency Survey participants were typically professional social workers, organizational leaders and others described in the section above, most Grassroots Survey participants were clients of the agencies listed below, along with other members of the community who are not engaged in social work practice and related fields.

The link to the online grassroots Community Needs Surveys was shared with a variety of service providers (Family Resource Centers, etc.) which were invited to distribute the survey to their customers or others involved with their organizations. There were 261 grassroots community members who completed the online survey.

Paper grassroots Community Needs Surveys were distributed to customers of various agencies, including the Tennessee Department of Human Services-Davidson County Office, Catholic

Charities, Nashville Career Advancement Center, Second Harvest Food Bank, Siloam Clinic, Metropolitan Action Commission, and Metropolitan Social Services.

These surveys asked participants to identify the greatest need in each issue based on the same categories as in the Professional/Agency Survey. Participants also had the opportunity to identify needs other than those included in the category lists. They were also asked to identify which item had the largest gap between the services now available and what is needed by the community from the issue areas of Food & Nutrition, Housing & Related Assistance, Workforce & Economic Opportunity, Home & Community Based Services and Transportation. The specific issues are identical to most categories in the Professional/Agency Survey. The survey instrument is the Appendix.

### Focus Groups

To gain additional perspectives from the community, six focus groups were held in Nashville. MSS collaborated with multiple social service agencies (Family Resource Centers, Catholic Charities, Conexion Americas, the Salvation Army and other service providers) in Nashville to recruit focus group participants.

In order to discern variations in needs by race-ethnicity and gender, focus groups were conducted with demographically homogenous groups (African-American males, African-American females, Hispanic males, Hispanic females, white males and white females). The Hispanic groups were conducted in Spanish. Each focus group lasted 1½-2 hours and had an average of 17 participants. The focus groups were conducted confidentially, and each participant received a small monetary incentive for participating.

Focus group participants had an opportunity to discuss their personal perspectives on the issues and categories. The focus groups also provided a forum for participants to identify different and additional needs, as well as to explore their priorities of importance in social services. The focus group interview script and summaries are in the Appendix.

While the tracking of the number of calls and referrals by 2-1-1 is not the same as a needs assessment, it provides valuable information about what people are identifying as needs. 2-1-1 has amassed a great deal of information, which shows the monthly trends in needs for 2-1-1 callers since the program began in 2004. 2-1-1 is the primary information and referral line in Nashville, although there are others related to specific populations (Disability Pathfinders, Aging & Disability Resource Connection, etc.). 2-1-1 has a referral database with more than 2000 service providers in Davidson County and nearby areas.

The 2-1-1 Call Center is an initiative of United Way of Metropolitan Nashville, operated through a contract with Family & Children's Service. United Way points out that, "People make eight calls on average before finding the right program to help them! Many people give up before they find the help they need. They call local agencies, government, faith congregations, 9-1-1, 4-1-1, etc. United Way has worked with a variety of local partners to offer a solution – dial 2-1-1."

Since it began in 2006, people have been able to call 2-1-1 to identify resources to meet their social/human service needs, and others call to offer donations or other help to those in need. The 2-1-1 Call Center has capability of providing services in multiple languages, and services are provided by expert, nationally certified, Information & Referral Specialists.

Both individuals and agency professionals use 2-1-1 as an effective way to identify the specific resources to help those in need. Many organizations also use the online version of 2-1-1.

Because of the complexity of the service delivery system, it is important to categorize the numerous services available to the community. Like many other call centers, it uses the AIRS/211 LA County Taxonomy, which has been identified by the Alliance of Information and Referral Systems (AIRS) as the international standard for indexing and accessing human services resource databases. AIRS is a professional organization which has a professional credentialing program for individuals working within the I&R sector of human services to assure competencies and performance criteria for the I&R field.

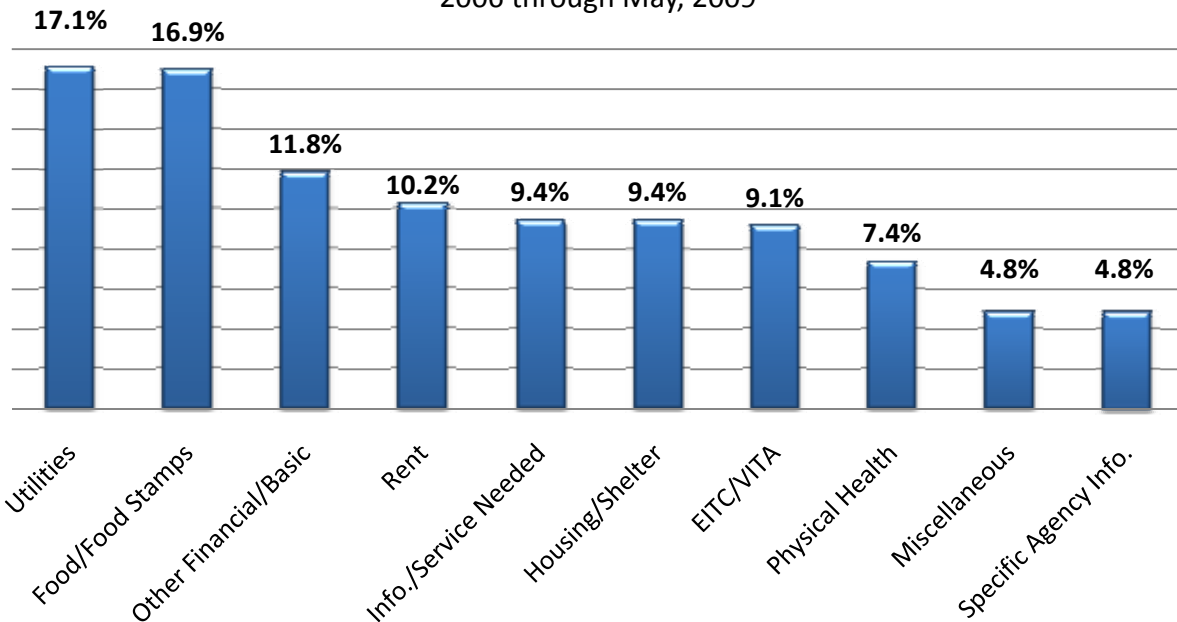
The Taxonomy provides a structure for information, identifies the information contained and how to find it (similar to the way the Dewey Decimal System is used by libraries to catalog books. As a result, each classification and term has designated specific meanings. For example, the Information or Services Needed category includes immigration and refugee services, crime victim services, animal/veterinary services and those services on which callers requested specific information.

Each month, 2-1-1 issues a report which includes 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. During the course of a typical month, 2-1-1 will receive more than 12,000 calls and will make referrals to more than 1,000 agencies.

As they note on their reports, “Total needs category does not equal the number of calls because one caller often has multiple needs.” They also note the services requested which are not available: “Often agencies are out of funds for basic needs. Rent and utility assistance are examples of unmet need.” Vita/EITC (Volunteer Income Tax Assistance/Earned Income Tax Credit) calls occur mostly in the months of January – March, and have been increasing, especially during the tax season of 2009, due to increased publicity about 2-1-1 as a referral resource for the EITC and VITA tax return sites for low-income residents.

Table 2 identifies the percentage of cumulative calls to 2-1-1 for the top ten identified needs, during the time 2-1-1 has been in operation. Data from 2-1-1 indicated that resources are inadequate for rent and utility assistance, while these needs increase. The top five needs are utility bills, food/Food Stamps, other financial/basic needs, rent, information/service needed, and housing/shelter. The types of requests received by 2-1-1 reflect much of the same need pattern described in other data throughout this report.

**Table 2: Top Ten Needs from 2-1-1 Cumulative Calls, 2006 through May, 2009**



Source: 2-1-1 Call Center

During 2008, the 2-1-1 Call Center made 112,917 referrals to various organizations. Below is a list of the ten organizations that received the greatest number of referrals during 2008. The Appendix contains a list of Nashville agencies that received 100 calls or more during 2008, in order starting the greatest number of referrals.

<u>Agency</u>	<u># 2008 Referrals</u>
Metropolitan Action Commission - MAC	11,457
Nashville Alliance for Financial Independence	10,651
Salvation Army, The	6,790
Tenn. Department of Human Services	6,497
Ladies of Charity Welfare Agency, Inc.	6,431
Second Harvest Food Bank	5,598
Big Brothers of Nashville, Inc.	5,372
Catholic Charities of Tennessee, Inc.	3,470
Campus For Human Development	2,622
Churches (various/combined)	2,009

Requests for Assistance; Volunteer Income Tax Assistance/Earned Income Tax Credit

Table 3 compares the percentage of 2-1-1 calls by category and by years. As noted above, the requests for EITC/VITA assistance is seasonal during income tax season, which is the reason for the spike in calls during the first part of the year.

The VITA program helps low-income families file income tax returns and claim the Earned Income Tax Credit refunds to which they are entitled. Services are generally provided during January-April, so that the requests for services fell within the five-month period included for 2009. During the peak VITA referral time, the total calls to 2-1-1 increased, which means that the percentage in other categories decreased, although the call volume did not decrease.

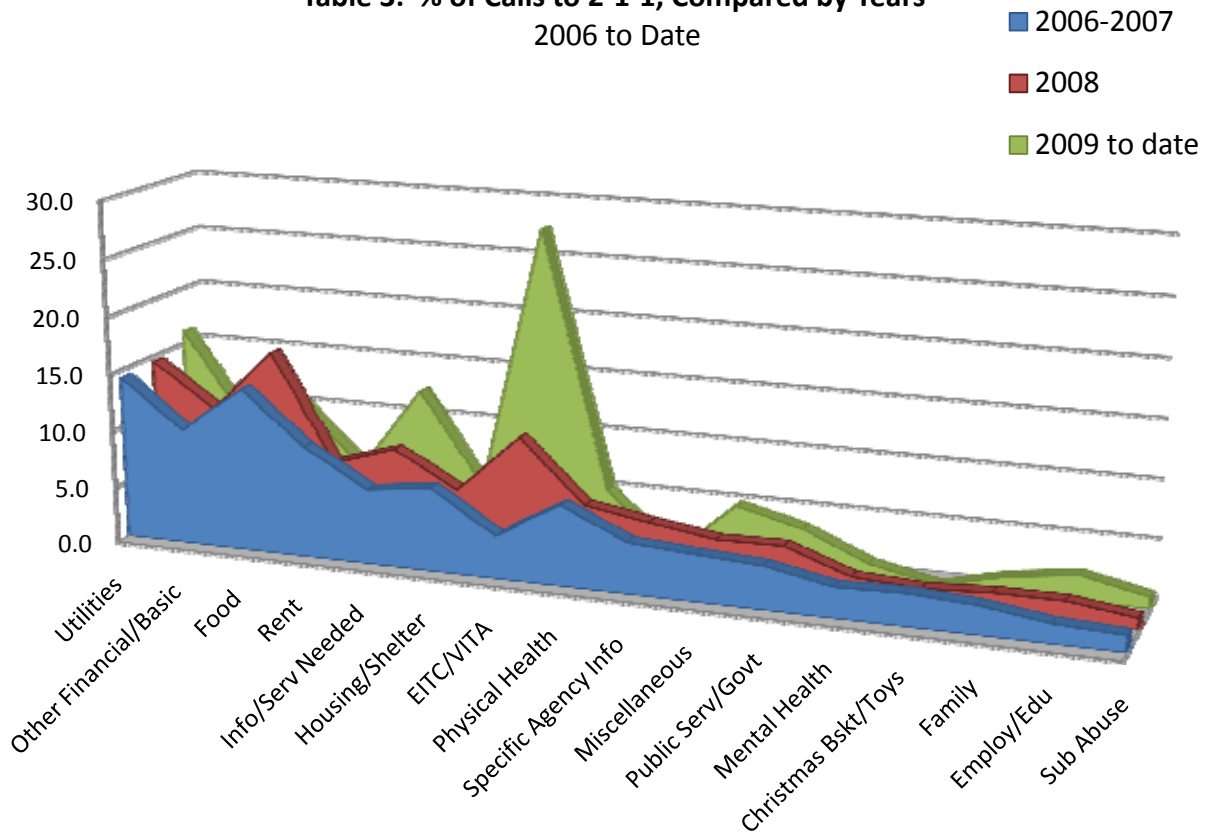
In 2006, Vanderbilt University completed an economic impact study (the State of the Earned Income-Income Tax Credit in Nashville) measuring the effects of the Earned Income Tax Credit (EITC) on the Nashville economy. Using data from tax year 2004, this study states that health and social services industry received the greatest local output gain from total EITC induced-output. This data indicates that EITC-earners spend their EITC refund more on health and social services than any other industry, including retail.

The Center on Budget and Policy Priorities (Earned Income tax Credit: Boosting Employment, Aiding the Poor) has similar findings, stating that many families that receive the EITC use it to pay for basic necessities like housing, utilities, food, and basic household appliances.

The research also suggests that some families use their EITC to make purchases or investments that can help them maintain their jobs and their homes or to improve their employability so they have a better chance of moving into the middle class. Findings also indicate that a significant share of families use part of their EITC to repair or replace a car needed to get to work, to make essential but costly repairs to a home such as repairing a leaking roof, or to pay for more education or job training.

For example, in 2009, VITA calls decreased from 19% in March to 0% in May. The number of calls for food assistance was higher in March than in May, although food calls represented 10% in March and 12% in May. In other words, the volume of calls regarding needs other than VITA remained high during the peak VITA months, even though the relative percentage decreased.

**Table 3: % of Calls to 2-1-1, Compared by Years**  
2006 to Date



Source: 2-1-1 Call Center, Family & Children's Service



## Related Issues

Because of time and resource limitations, some related issues that affect the quality of life for Davidson County were not specifically included in this report. Issues such as education, health and mental health are interrelated with social services, although the services are usually provided by organizations that specialize in those areas, rather than through general social/human service agencies.

While personal safety and crime affect the quality of life for Nashville residents, generally it is not directly considered in connection with social/human services, except for some issues like domestic violence. While they were not included in the needs evaluation, these issues are related and are acknowledged as important in affecting the quality of life for Nashville's residents:

### **Education**

The level and quality of education a person receives has a great influence on opportunities for later success in life. As described in the section on Workforce & Economic Opportunity, educational attainment has a significant effect on income level and unemployment rates. Post-secondary education is an important component but is not addressed in this document.

After the creation of the Metropolitan Government of Nashville and Davidson County in 1963, the city and county school systems were unified, governed by the Metropolitan Board of Education, which held its first meeting July 1, 1964. Metropolitan Nashville Public Schools (MNPS) is now the 49th largest urban school district in the nation. The consolidated city-county district covers Davidson County, an area of approximately 525 square miles. There are 136 schools, including 74 elementary schools, 35 middle schools, 17 high schools, 3 alternative schools, 4 special education schools, and 3 charter schools. MNPS serves 74,733 students and employs 5,786 teachers and certificated staff, as well as 4,227 support staff.

In addition to Metro Schools, other initiatives support and enhance the education of children in Davidson County. One important example formed in recent years is Alignment Nashville (AN). AN was formed to bring community organizations and resources into alignment so their coordinated support to Nashville's youth would have a greater positive impact on public school success and the success of our community as a whole.

AN uses a multi-faceted collaborative process to ensure all the services children need are provided for them in an effective and efficient way to complement their education and the goals of the public schools. AN focuses on the children who are most in need of support and uses a holistic approach.

### **Health**

The issue of health care was not specifically included in the 2009 Community Needs Evaluation. However, health status, health care and health coverage are important issues in Nashville, especially for the customers MSS serves. For example, calls to Nashville's 2-1-1 information

center related to physical health have averaged approximately 7% of the total calls since the 2-1-1 Center began operation at the beginning of 2006. The 2-1-1 center also receives calls about related concerns, such as mental health (averaging 2.6% of calls) and substance abuse (1.4%).

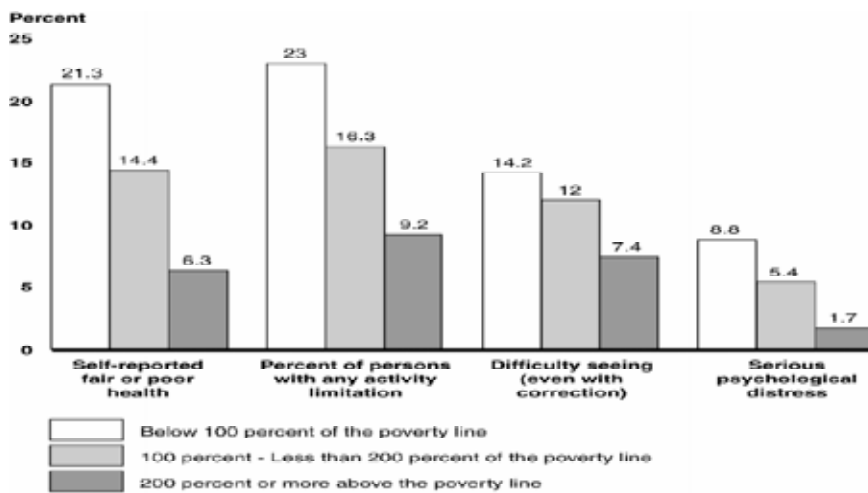
The 2002 Metropolitan Department of Public Health report on Health in Nashville corroborates national research that income disparity often affects health disparity.

- Socioeconomic status is one of the strongest predictors of health and longevity. Researchers have found that at each step down the socioeconomic ladder, health is poorer on average and people die younger.
- The public policy implications of this research loom larger with the growing disparity between rich and poor. Every policy decision, whether national or local, that affects social, educational and financial status also affects health.
- Poverty and near-poverty create special health risks. In a December 1997 New England Journal of Medicine study, older people who reported being "disadvantaged" (at or below 200 percent of the poverty line) on three occasions, had a three to four times greater risk of physical dysfunction than those who reported never living below the "disadvantaged" threshold.

An increase in preventive medicine and advancing medical technology has resulted in increased life expectancy and overall health for most Americans, but not for some disadvantaged groups. Due to health disparities, segments of the population continue to experience poor health status, often due to economic status, race, and gender.

As shown in Table 4, those who live below the poverty line are more likely to report negative health factors.

Table 4: Comparison of Health Status by Poverty Status, U. S., 2006



Source: National Center for Health Statistics, *Health, United States, 2006 with Chartbook on Trends in the Health of Americans* (Hyattsville, Maryland: 2006).

In Davidson County, low-income persons without health insurance have access to primary care clinics located throughout the county, with a concentration in the urban core. These clinics provide high quality primary health care services on a sliding fee scale based on family income and size. Most do charge a minimum fee for each service provided, so some cash is needed at the time of service. Even without these funds, many will work with the patient to ensure that they have primary care. Services to homeless persons are provided at no charge at the Downtown Clinic for the Homeless operated by United Neighborhood Health Services. These primary care clinics generally have access to specialists who are willing to treat their clients for a nominal fee.

Nashville is fortunate to have the Bridges to Care Plus program, operated by the Nashville Academy of Medicine under contract with the Safety Net Consortium of Middle Tennessee. This program has more than 500 specialists who serve the poor (under 200% of federal poverty line) for a \$10 charge per visit. The program also provides diagnostic tests, outpatient surgery, and hospital inpatient care in many cases at no charge to the patient when requested by the specialist. Generic prescription medicine is also provided through a contract with Kroger for a \$5 fee per filled prescription. In addition to the Bridges to Care Plus program, some of the primary care clinics have their own network of specialists who will treat their poor patients for a significantly reduced fee. (The Consortium has contracted with TSU to conduct a comprehensive assessment of the service system for uninsured Nashville residents, which will be available by early 2010.)

A limited formulary of generic medications is available through Bridges to Care for \$7 per one-month supply for patients at most of the "safety net clinics." Another program, the Dispensary of Hope fills prescriptions for \$3 for the poor and uninsured (which are brand name samples collected from private physicians and from pharmaceutical manufacturers). Some of the primary care clinics also have pharmacies that fill prescriptions or have samples that they can distribute, and chain pharmacies now have many generic medications available at a cost of \$4 per month supply. Some patients are able to receive free medicines through pharmacy manufacturer's prescription assistance programs, although these involve time and paperwork for doctors and their clerical staffs.

Because of various initiatives in Nashville (Bridges to Care, Siloam Clinic, Metro Public Health Department, United Neighborhood Health Services, etc.), Nashville's poor have access to some primary and specialized care. However, among the most significant unmet health care needs for the poor and uninsured are dental care, vision care, and behavioral health care.

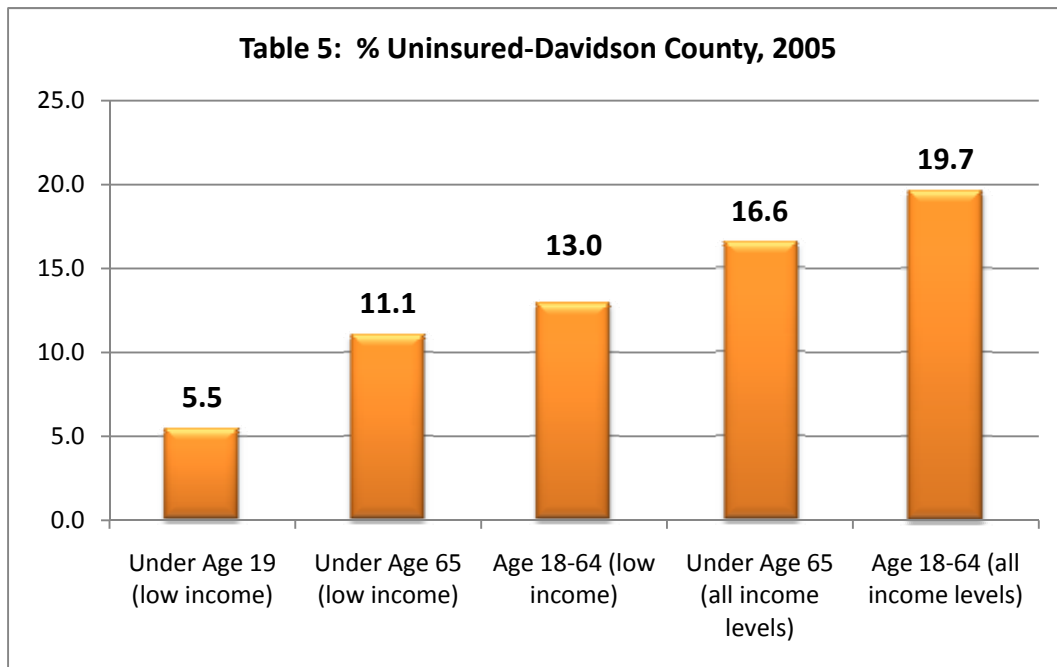
There is very limited availability for adults to have emergency dental work, teeth cleaning, treatment for periodontal disease, and restoration of damaged teeth. Homeless persons can

receive some dental care at the Downtown Clinic for the Homeless. There is very limited organized availability of vision care for the poor and uninsured in Nashville. There are a few clinics but the waiting lines are usually long, and often minimum payments are required in advance.

Obtaining behavioral health care has also been identified as a challenge. While a few alcohol and drug treatment programs receive state grants to serve the poor, the supply of services available are inadequate to meet the demand. Treatment for addiction is available for the homeless through the Downtown Clinic for the Homeless. Outpatient, non-emergency, mental health treatment is practically unavailable for the uninsured in Nashville.

The rate of insurance coverage in Davidson County varies widely according to factors such as age and income levels. As shown in Table 5, the rate of people who were uninsured was significantly lower for low-income children (18 and younger) than for other age group.

In future years, additional data will be available because beginning with the 2008 American Community Survey, the U. S. Census bureau began tracking information about health insurance coverage. During the fall of 2009, the information from the first year of data collection will be available.



Source: U. S. Census, Small Area Health Insurance Estimates

## **Mental Health**

The lack of medical insurance coverage for low-income people affects accessibility to mental health services. Nashville has an array of service providers, including the multi-state Centerstone. It also has the Mental Health Association of Middle Tennessee (MHAMT), which promotes mental health for all through education, advocacy, and service. As community resource, MHAMT can identify important mental health needs in Middle Tennessee and often facilitate the development of programs to meet those needs or enhance resources to address service gaps. As described by MHAMT, mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines. They point out that mental health problems may be related to excessive stress due to a particular situation or series of events (physical as well as emotional and psychological factors), which can be effectively treated.

The Mental Health Cooperative provides intensive case management, psychiatric/clinic services and 24-hour emergency psychiatric services through an integrated system of care. Their services help children and adults who have a serious mental illness to live successful and satisfying lives in the community. There are other needs related to mental health services, including substance abuse and its treatment. These services are available in the community, including coordination through the Alcohol & Drug Council of Middle Tennessee, which focuses on information, prevention and recover services.

In addition, related to mental health is suicide. Information provided by the Tennessee Suicide Prevention Network indicates that suicide was the ninth-leading cause of death in Tennessee in 2006, claiming more lives than such higher-profile causes of death like homicide, Parkinson's disease, HIV and congenital anomalies. Suicide was the third-leading cause of death within the 10-24 age group (98 deaths reported) the second-leading cause within adults aged 25-34 (116), and the fourth-leading cause within adults 35-54 (414).

It is likely that the number of suicides is underreported because some families are not willing to acknowledge that a family member died by suicide. There were 874 recorded suicide deaths in Tennessee during 2006, although it is likely that many other suicides were classified as something else (accidental overdose, etc.). Suicides and suicide attempts take not only a human and emotional toll, they also take a financial toll because it is estimated that suicide attempts and completions cost Tennessee about \$1 billion each year. According to the Suicide Prevention Resource Center, the average suicide death costs Tennessee \$4,094 in medical costs (attempts at resuscitation, transport to medical facilities, etc.) and \$1,133,919 in lost wages and productivity, based on 874 deaths and 4,157 hospitalizations. The average non-fatal suicide attempt costs \$8,336 in medical costs and \$9,968 in lost work.

Nashville addresses the complex issues from suicide prevention to services for those who survive loved ones who commit suicide. Nashville is served by the Crisis Intervention Center (CIC), located within Family and Children's Services (FCS) that answers both the federally subsidized National Suicide Prevention Lifeline (1-800-273-TALK) and the National Hopeline Network (1-800-SUICIDE).

Although CIC has operated for years on a 24-hour basis, recent funding issues resulted in limited hours for a period of time, although the 24-hour operation recently resumed. Nashville and other cities have also has Survivors of Suicide (SOS) support groups, usually meeting weekly at no cost to participants. There is also a multi-week course tailored to the Christian perspective, which charges a fee for materials. There is also and a self-help program for Survivors of Suicide Attempts.

### **Domestic Violence**

Domestic violence and sexual assault are related both to crime/safety and social services, although services are often provided by specialized providers. For example, the Sexual Assault Center provides services to end sexual violence and provide healing for children, adults and families affected by sexual assault through counseling and education. Since 1978, they have counseled more than 17,000 Middle Tennessee children and adults, and provide educational programs each year to over 120,000. They provided the following data regarding the incidence/impact of domestic violence on individuals and families in Davidson County (Metro Nashville Police Department and Tennessee Bureau of Investigation, 2008):

- There were 858 sexual assaults reported.
- There were 381 reports of forcible rape or statutory rape in Metro Nashville.
- There were 12,148 reported victims of domestic violence (ranging from murder to abduction).

It is likely that the number is much greater than reported, with the Rape, Abuse & Incest National Network indicating that sexual assault is one of the most underreported crimes, with at least 60% unreported. It is further estimated that one out of every six American women will be the victim of sexual assault in her lifetime, and that one of every four girls and one in every six boys will be sexually assaulted by age 18.

The personal nature of this crime increases the emotional toll on victims, since 85-90% sexual abuse incidents involve a perpetrator who is known to the child; offenders are more likely to be

relatives or someone the victim knows; and about 40% of sexual assaults take place in the survivor's home and about 20% occur in the home of a friend, neighbor, or relative.

There are many long-term and short-term effects on victims such as:

- 3 times more likely to suffer from depression
- 6 times more likely to suffer from post-traumatic stress disorder
- 13 times more likely to abuse alcohol
- 26 times more likely to abuse drugs
- 4 times more likely to contemplate suicide

To enhance and coordinate efforts, the Tennessee Coalition Against Domestic & Sexual Violence works to end violence in the lives of Tennesseans through public policy, advocacy, education and activities that increase the capacity of programs and communities to address violence. It is a nonprofit organization composed of diverse community leaders and program members who share a common vision of ending domestic and sexual violence in the lives of Tennesseans and to change societal attitudes and institutions that promote and condone violence. Service providers include:

- Sexual Assault Center
- Nashville Children's Alliance
- Department of Children's Services
- YWCA Domestic Violence Shelter

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## Other Initiatives

As mentioned earlier in this document, the 2009 Community Needs Evaluation is designed to complement initiatives to enhance the quality of life, some of which are discussed below. Work continues in these initiatives, and the purpose of the 2009 Community Needs Evaluation is to provide specific information about social service needs and gaps in services to supplement these efforts.

United Way: When United Way of Metropolitan Nashville conducted a Davidson County Needs Assessment in 2003 (through a contract with the Tennessee State University's Office of Business and Economic Research), which focused on seven priorities:

- Assisting Seniors
- Caring for Children

- Helping People in Crisis
- Promoting Health and Healing
- Strengthening Youth and Families
- Supporting Work and Independence, and
- Building Strong Neighborhoods

They surveyed community participants and service providers. Like the 2009 MSS Surveys, they found some differences in needs rankings when comparing service providers and community participants. Unlike the MSS countywide approach, the report also focused attention on some specific subareas. Below is a chart summarizing the gaps in services identified in the United Way Report.

### Community Survey\* Gap Results

Needs Not as Well Met minus Needs Better Met = GAP  
(In percentages)

#### Assisting Seniors

Coordinated Transportation	22.7	-	26.8	=	-4.1
Home Care, Respite, Adult	24.4	-	20.7	=	3.7
Mental and Emotional Health	25.4	-	11.5	=	13.9

#### Caring for Children

Early Intervention for Babies	17.9	-	29.8	=	-11.9
Early Intervention for Young Child	17.3	-	26.2	=	-8.9
Quality Childcare	24.4	-	22.0	=	2.4

#### Helping People in Crisis

Financial/Emergency Assistance	32.8	-	17.5	=	15.3
Food	21.2	-	17.9	=	3.3
Shelter	24.5	-	21.2	=	3.3

#### Promoting Health and Healing

Healing/Abuse, Neglect, Violence	26.8	-	19.7	=	7.1
Mental Health	27.2	-	16.2	=	11.0
Physical Health	29.5	-	19.2	=	10.3
Recovering/Alcohol, Drugs	29.8	-	19.0	=	10.8

#### Strengthening Youth and Families

Comprehensive Youth	28.8	-	18.5	=	10.3
Healthy Behaviors in Children	28.8	-	19.5	=	9.3
Safe and Nurturing Families	19.6	-	18.6	=	1.0



Programs That Prepare Children For School and to Advance	22.4	-	23.1	=	-0.7
Programs that Help Children Advance thru School and Graduate	25.8	-	21.0	=	4.8
<u>Supporting Work and Independence</u>					
Adult Literacy	19.7	-	17.6	=	2.1
Job Training	24.7	-	19.0	=	5.7
Employment Services	26.4	-	16.6	=	9.8
Disabled Services	23.1	-	23.1	=	0.0
Support Services	24.2	-	17.7	=	6.5
Transitional/Permanent Housing	26.2	-	20.4	=	5.8
<u>Building Strong Neighborhoods</u>					
Empowering Neighborhood Residents	33.9	-	18.3	=	15.6
Strengthening Neighborhood Participation	32.7	-	18.0	=	14.7
Safe Neighborhoods	30.3	-	18.7	=	11.6

\*The total number of respondents for the community survey is 302. However, the total number did not respond to each question every time. The percentages do not total to 100% because other responses were possible.

Nashville Neighborhood Alliance/Neighborhoods Resource Center: In 2006, the Future of Neighborhoods report was issued as a collaborative project of the Nashville Neighborhoods Resource Center. The process involved community leaders, including leadership of numerous neighborhood associations and organizations. The report described the process that participants used to develop a vision of Nashville's neighborhoods identified ways that Nashville's residents could work together. The Future of Neighborhoods report focused on:

- Accountability – Government, Institutions & Neighborhoods
- Business & Economic Development
- Education – Public & Private
- Environment & Public Health
- Government & Citizen Participation
- Housing – Including Affordable Housing & Revitalization
- Human Relations & Diversity
- Neighborhood Condition – Codes, Health Dept., Public Works, Beautification, Stormwater, Animal Control
- Neighborhood Interactions and Connections
- Public Parks, Public Spaces, Public Facilities, Private Cultural Arts and Entertainment Institutions
- Planning, Zoning and Development
- Public Safety – Criminal Justice System

- Youth & Seniors

Nashville's Agenda: In 2007, Nashville's Agenda invited wide community participation through community meetings (Woodbine, Bordeaux, West Meade, East Nashville and downtown) and surveys, for the purpose of making Nashville the best it can be. This was a follow-up to work which began in 1993, identifying ambitious goals for the future. The 2007 report identifies the issues that participants considered most in need of attention now. It also includes Ideas for Actions in the following areas:

- Education
- Youth
- Immigration
- Economic and Community Development
- Housing
- Health
- Safety
- Poverty and Homelessness
- Environment
- Transportation

Nashville Area Chamber of Commerce/Metropolitan Action Commission: In 2008, Nashville's Poverty Reduction Initiative started with a Poverty Reduction Symposium. This was followed by the formation, training, and efforts of various Action Teams, which addressed:

- Housing
- Economic Opportunity
- Child Care
- Food
- Healthcare
- Workforce Development
- Neighborhood Development

The Poverty Initiative released a Poverty Reduction Initiative Plan in 2009, which included reports from each of the action teams. The report described the actions needed to reduce poverty, how the actions will reduce poverty, lead organizations and timelines. Throughout the 2009 Community Needs Evaluation, references are made to relate this report to the work done through the Poverty Reduction Initiative.

## **Insert information about Creating Livable Communities**

**(not released yet; waiting for information)**

Other initiatives focused on specific populations or issues including:

- Immigrant Community Assessment: The Metropolitan Government of Nashville and Davidson County contracted with a collaboration of local universities (Vanderbilt University, Tennessee State University and Meharry Medical College) to conduct research to better understand the needs of Nashville's immigrants, to gauge the integration of immigrants in the Nashville area, to assess the availability of social welfare and economic services to and to obtain a comprehensive assessment of immigrant service accessibility status. The 2003 report provided detailed information about Nashville's immigrant populations and identified recommendations to enhance immigrant integration.
- Council on Aging Advisory Council Transportation Report – In 2006, the Council on Aging of Middle Tennessee issued a report on the critical issue of transportation facing the Nashville area. The study was conducted to better understand both current transportation issues and perceptions regarding current and encourages a collaborative effort of offering new initiatives to meet the mobility needs of older adults.
- Mayor's Bicycle & Pedestrian Advisory Committee – To promote and encourage safe bicycling and walking to further Nashville's goal of becoming a bicycle/pedestrian-friendly city, of benefit in various ways (transportation, health, economic, environmental, etc.).
- 2008 Workforce Study: The Nashville Area Chamber of Commerce, in conjunction with the Nashville Career Advancement Center and the Tennessee Department of Labor and Workforce Development, has contracted with the Center for Regional Economic Competitiveness for a comprehensive study of Middle Tennessee's workforce characteristics and conditions. It examined workforce supply and demand situations

through 2017; occupational, education and skill matches with area programs in higher education; career pathways data; and changing dynamics of jobs and industry sectors. The study also incorporates insight on emerging career fields, demographic changes and current migration and commuting patterns.

- 16th Annual Education Report Card/2007-2008 School Year: Nashville Area Chamber of Commerce reviewed performance, made recommendations, identified challenges and accomplishments, and identified ways the community can work together to continue improving the Metropolitan Nashville Public School system.
- Green Ribbon Committee on Environmental Sustainability – Created by Mayor Karl Dean to assure that Nashville continues to be a livable city with clean air, clean water, open spaces, transportation infrastructure and an energy use profile necessary to provide a prosperous community for current and future generations. The committee presented a summary report of 16 goals and 71 recommendations in April 2009.

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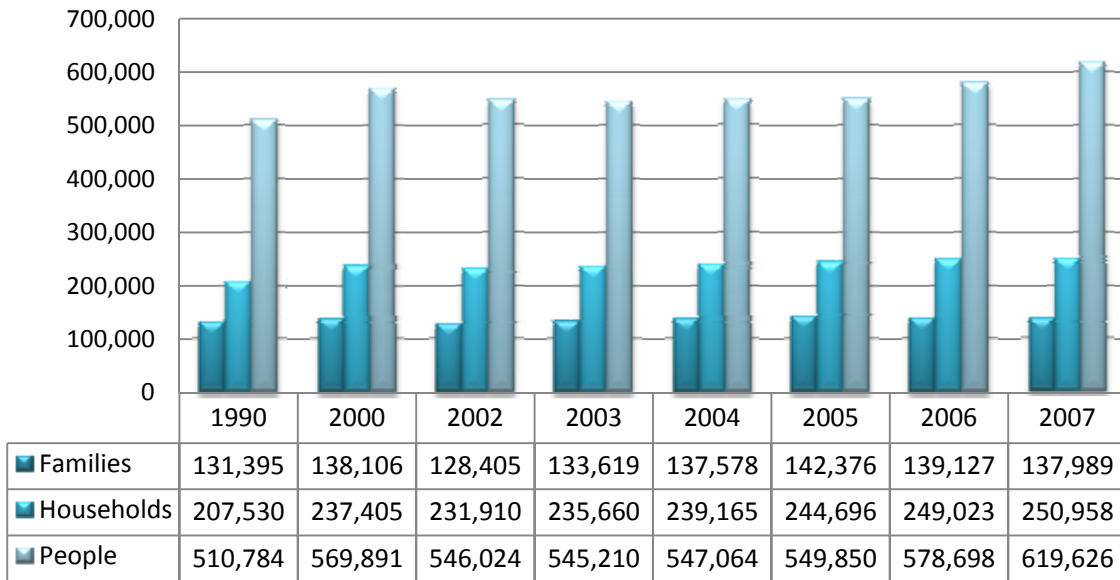
## **The Changing Demographic and Social Profile of Davidson County, Tennessee**

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- Number of Families, Households, People
- Average Size of Families and Households
- Number of Households by Type
- Household Status
- Gender Distribution
- Racial Composition
- Foreign-Born/Naturalized Citizens/Areas of Origin
- Median Age
- Population by Age

The numbers of families, households and people in Davidson County increased gradually between 1990 through 2007. As shown in Table 6, between 1990 and 2007, the number of people in Davidson County increased from 510,784 to 619,626, with a higher rate of increase after 2005.

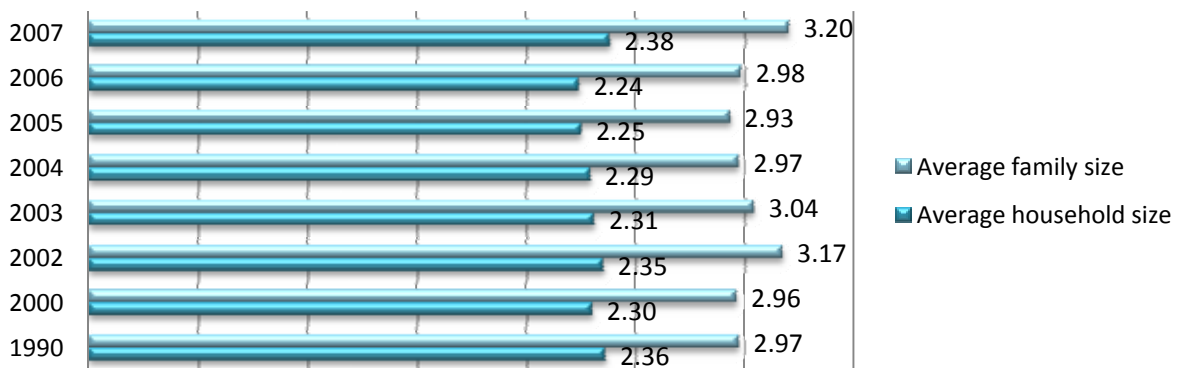
**Table 6: # Families, Households, People**  
Davidson County, 1990-2007



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

The number of families is only slightly larger in 2007 than in 1990, suggesting that the increase in the overall population was through an increase in the number of people per household, which grew from 2.97 to 3.20 during that same time, as shown in Table 7.

**Table 7: Average Family Size, Household Size**  
Davidson County, TN, 1990-2007

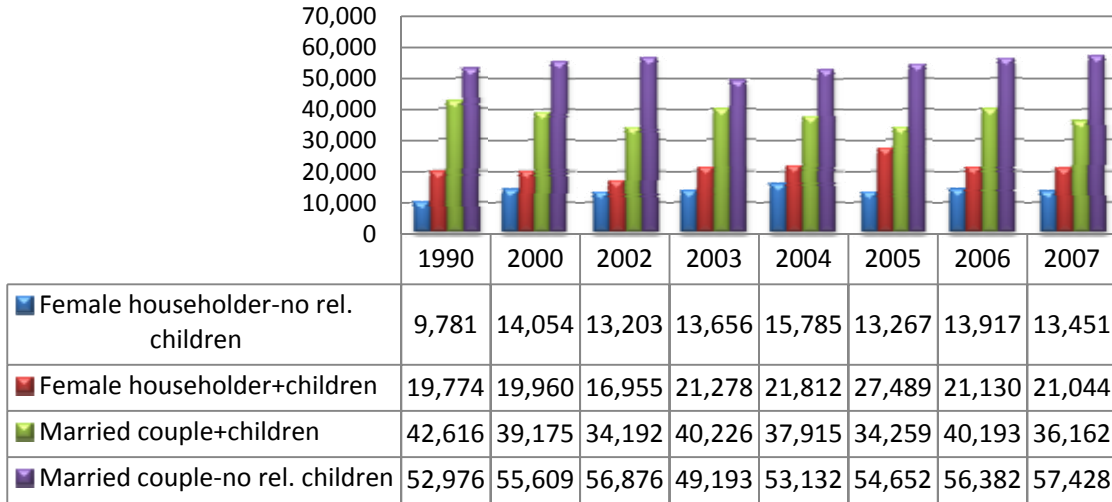


Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

The number and proportion of households by type—the marital status of household head and the presence of children-- has remained stable in Davidson County since 1990, with the exception of the number of female householders. As shown in Table 8, the most significant growth was in the

number of female households with no related children present, which increased from 9,781 in 1990 to 13,451 in 2007.

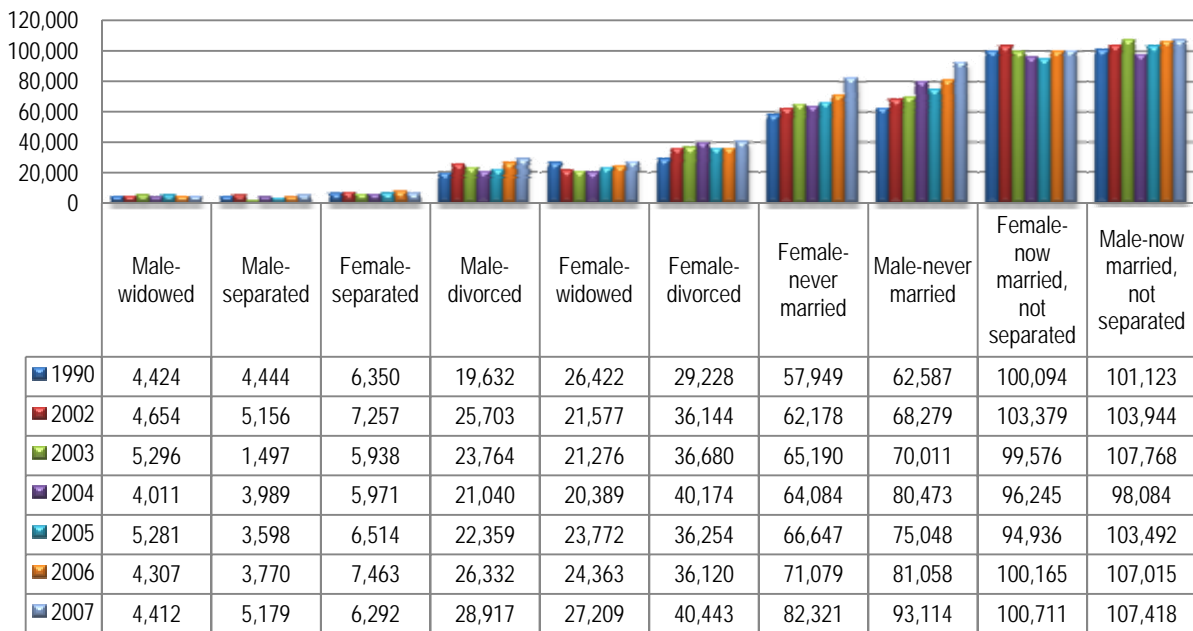
**Table 8: Number of Households by Type**  
Davidson County, TN, 1990-2007



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

The marital status of Nashvillians has changed since 1990. As shown in Table 9, the numbers of widowed and married people remained stable, while the numbers of divorced, separated and never-married people increased between 1990 and 2007.

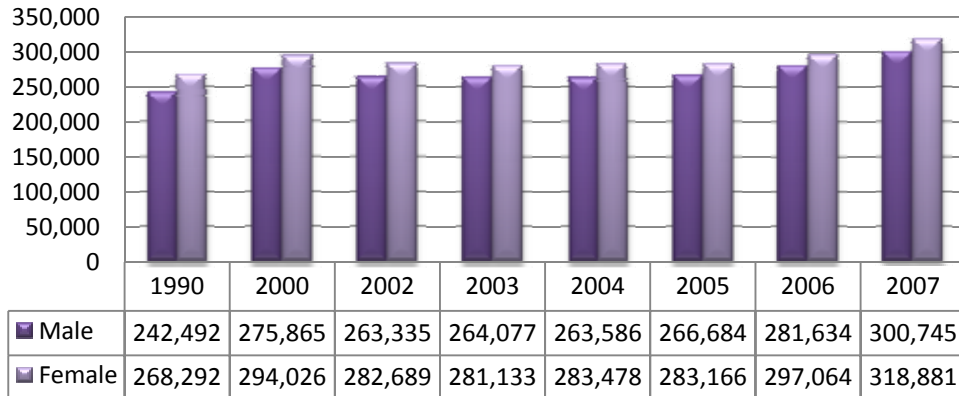
**Table 9: Household Status (Age 15 and above)**  
Davidson County, TN, 1990-2007



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

For each year of the U. S. Census and American Community Survey since 1990, there have been consistently more females than males in Davidson County, an average of 51.7% over that time period (see Table 10).

**Table 10: Population by Gender**  
Davidson County, TN, 1990-2007



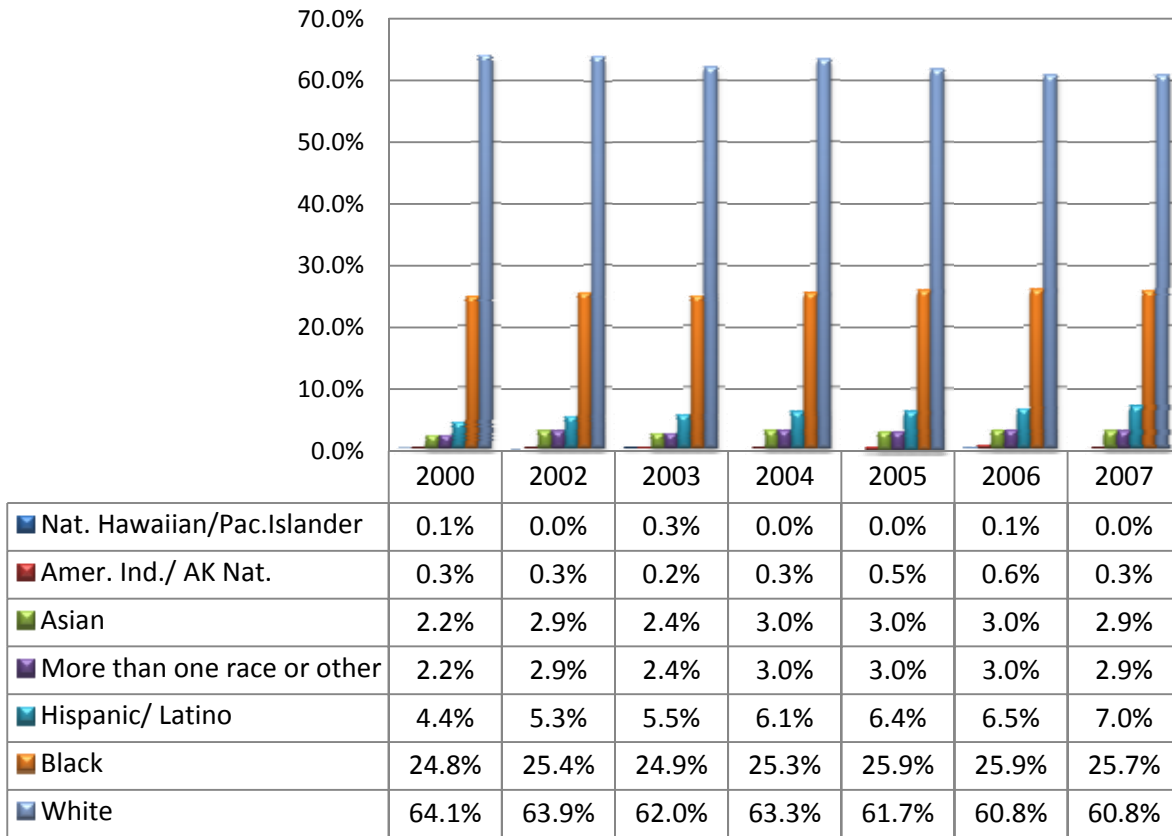
Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

From 2000-2007, the mean percentages by race/ethnicity for Davidson County were:

- 65.1% White
- 22.9% Black
- 0.4% American Indian/Alaskan Native
- 2.7% Asian
- 0.1% Native Hawaiian/Pacific Islander
- 3.3% More than on race or Other
- 5.5% Hispanic

As shown in Table 11, the racial and ethnic characteristics of Davidson County have remained stable with the exception of the large increase in the percentage who are Hispanic or Latino. Between 2000 and 2007, the percentage who are Hispanic or Latino increased from 4.4% to 7.0%.

**Table 11: Racial and Ethnic Composition**  
Davidson County, TN, 2000-2007



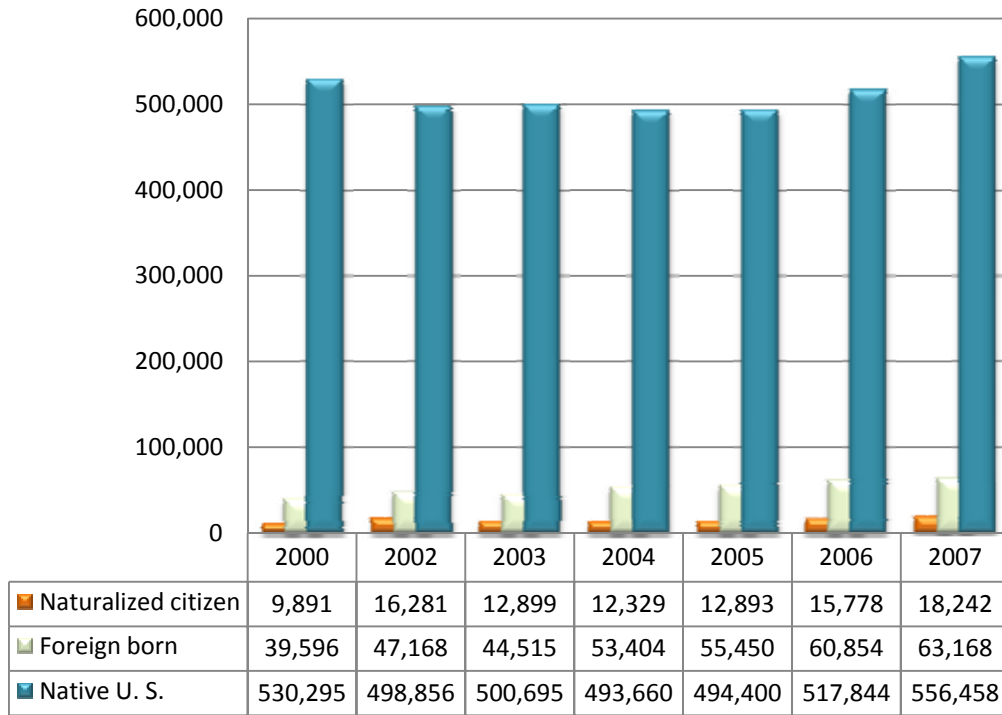
Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

The percentage of Nashvillians who are foreign-born increased dramatically since 2000. Between 2000 and 2007, the number of native U.S.-born Nashvillians increased from 530,295 to 556,458, an increase of 4.9%; in contrast, the number of foreign-born residents increased by 59.5% over the same period of time (see Table 12).

As a result, the percentage of Nashvillians who are foreign-born increased from 7% in 2000 to 10% in 2007. The proportion of foreign-born residents who are naturalized citizens has ranged from 23.1% to 34.5%, with an mean of 27.1%.



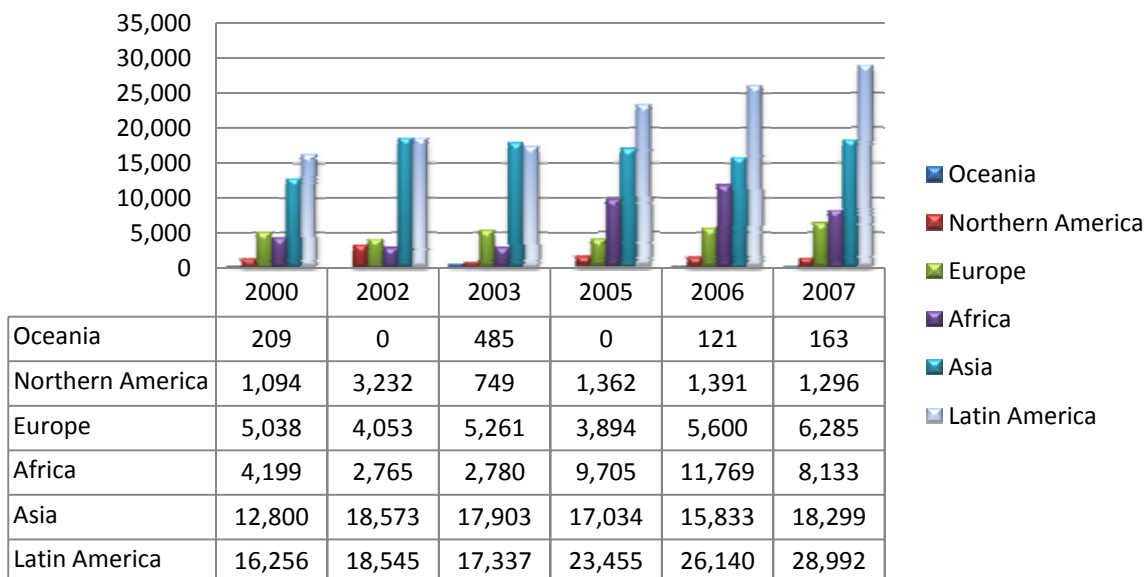
**Table 12: Number of Native Born U.S., Foreign Born, and Naturalized Citizens, Davidson County, TN, 2000-2007**



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

Between 2000 and 2007, 42.1% of foreign-born residents of Davidson County were from Latin America, 32.3% from Asia, 12.7% from Africa, 9.7% from Europe, 2.9% from North America and .3% from Oceania (see Table 13).

**Table 13: Place of Birth for Foreign Born Residents**  
Davidson County, TN, 2000-2007 (2004 Not Available)



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

The median age in Davidson County has increased each year since 2000, with the exception of 2004. In seven years, the median age has increased 2.4%, as shown in Table 14. This is primarily due to aging patterns for the baby boom generation. It is projected that the median age will increase for at least two more decades.

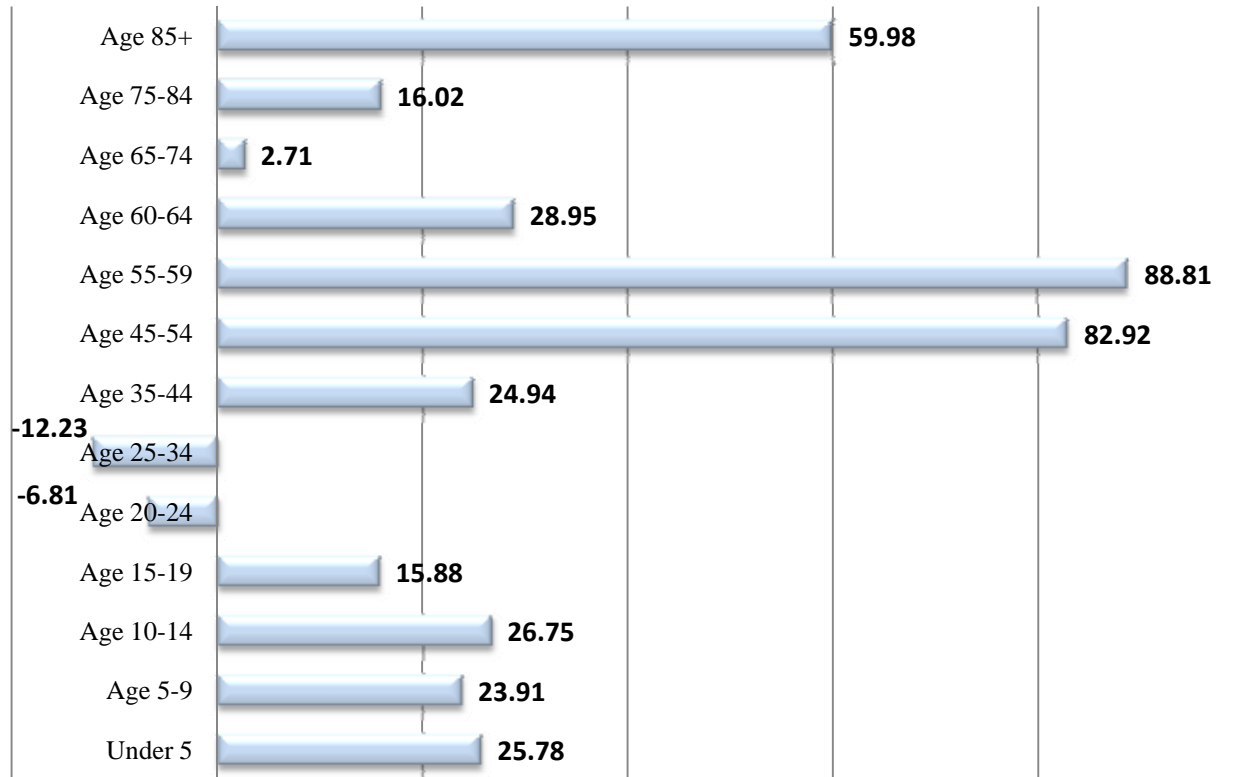
**Table 14: Median Age-Davidson County, TN, 2000-2007**



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

Table 15 demonstrates the trends in the population age structure in Davidson County. It compares the population growth rate by age category, showing a larger increase in most categories above age 35.

**Table 15: Population Growth Rate %, by Age Category, Davidson County, 1990-2007**



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

In various types of family structures, family members assume responsibility for the care of other family members. These include relative caregivers who take care of children (such as grandchildren), parents who take care of adult children with disabilities, adults who take care of their frail/aging parents or other family members, etc. Assistance is available only to those who meet financial and other eligibility guidelines.

The Greater Nashville Regional Council’s Area Agency on Aging and Disability provides Family Caregiver Services. Through their program, respite services are available to caregivers over 60 caring for an elderly spouse or grandchild (under 18), or an individual under 60 caring for someone over 60. Services that may be included are respite care, adult day care, support groups, and education. In addition, limited funding may also be available for home modifications, assisted devices and medical supplies. Community resources such as the

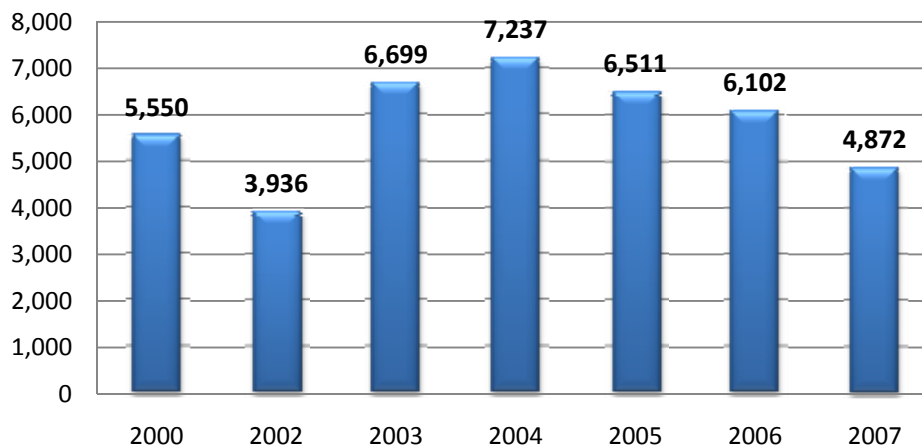
Alzheimer’s Association local chapter, the Tennessee Respite Coalition, the Living at Home Coalition and others provide various in-home respite, sitter and homemaker-type services to caregivers.

Throughout Tennessee, the number of people who provide care for their elderly/disabled family members is a significant number. According to the Family Caregiver Alliance (National Center on Caregiving) Tennessee, ranked 16<sup>th</sup> among states for family caregivers who cared for disabled person over age 65 in 2004 (the last date for which data was available). This was based on an estimate of 591,666 family caregivers in Tennessee and the 634,000,000 hours of caregiving by family members. At market value, these Tennessee family members contributed \$6,287,000,000 of caregiving to their family members.

The Children of Aging Parents Society noted that many people (including those who are also seniors themselves) would be called on as caregivers of family members. They pointed out that as the baby boomers enter their 60s, it is likely that many will spend more years caring for their elderly parents than they did raising children. In addition, many are the “sandwich generation,” by giving simultaneous support to both parents and children.

As shown in Table 16, the number of grandparents who are responsible for their grandchildren decreased in Davidson County from a high of 7,237 in 2004 to 4,872 in 2007.

**Table 16: Grandparents responsible for grandchildren**  
Davidson County, TN, 2000-2007



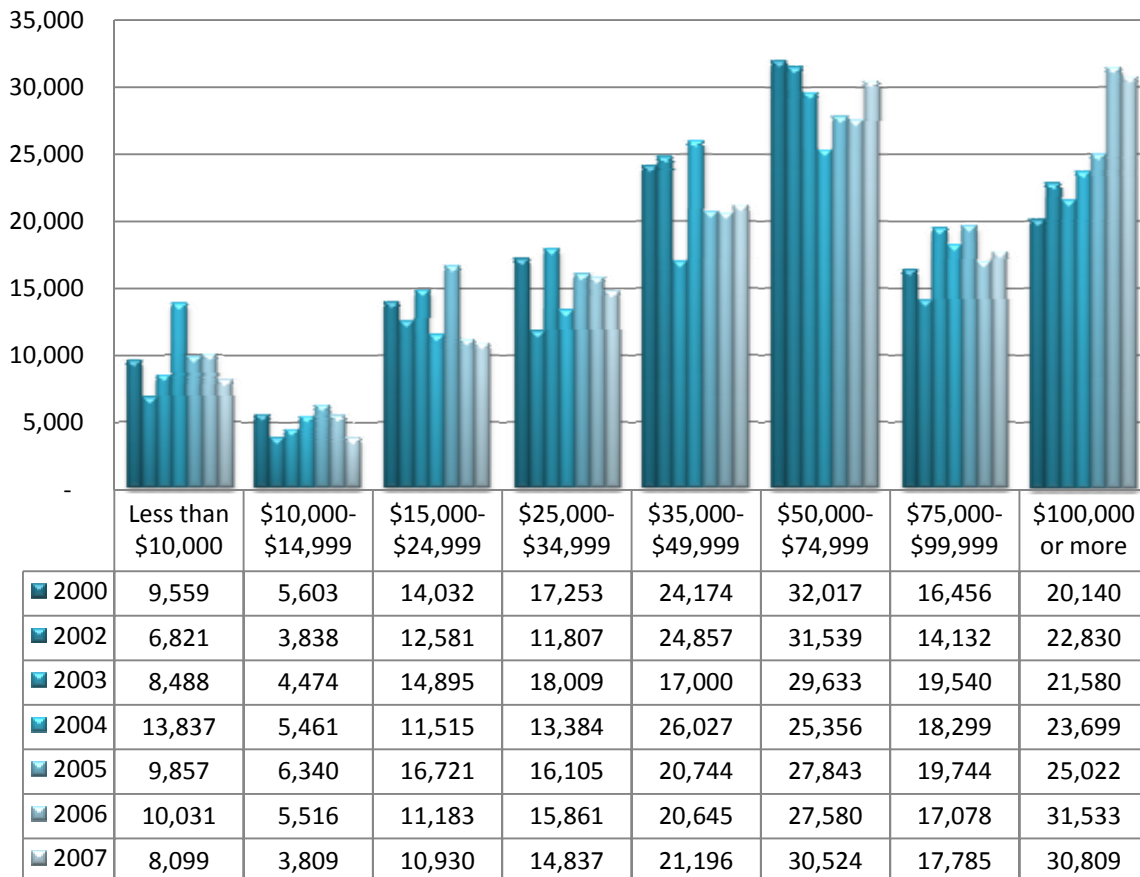
Source: U. S. Census Bureau, 2000 Census, American Community Survey 2002-2007

## The Changing Socioeconomic Profile of Davidson County, Tennessee

- Number of Families by Income Category
- Median Household Income
- Per Capita Income
- People/Families Under Poverty Level
- Below Poverty Level by Age

Table 17 shows the number of Davidson County families by income. It indicates that more than three times as many families in Davidson County have income of at least \$100,000 as those who have an income of \$10,000 or less. Although there has been a decrease in the number of families in the lowest category (less than \$10,000), Davidson County still had 8,099 families the lowest category in 2007, with almost 31,000 families having income of more than \$100,000.

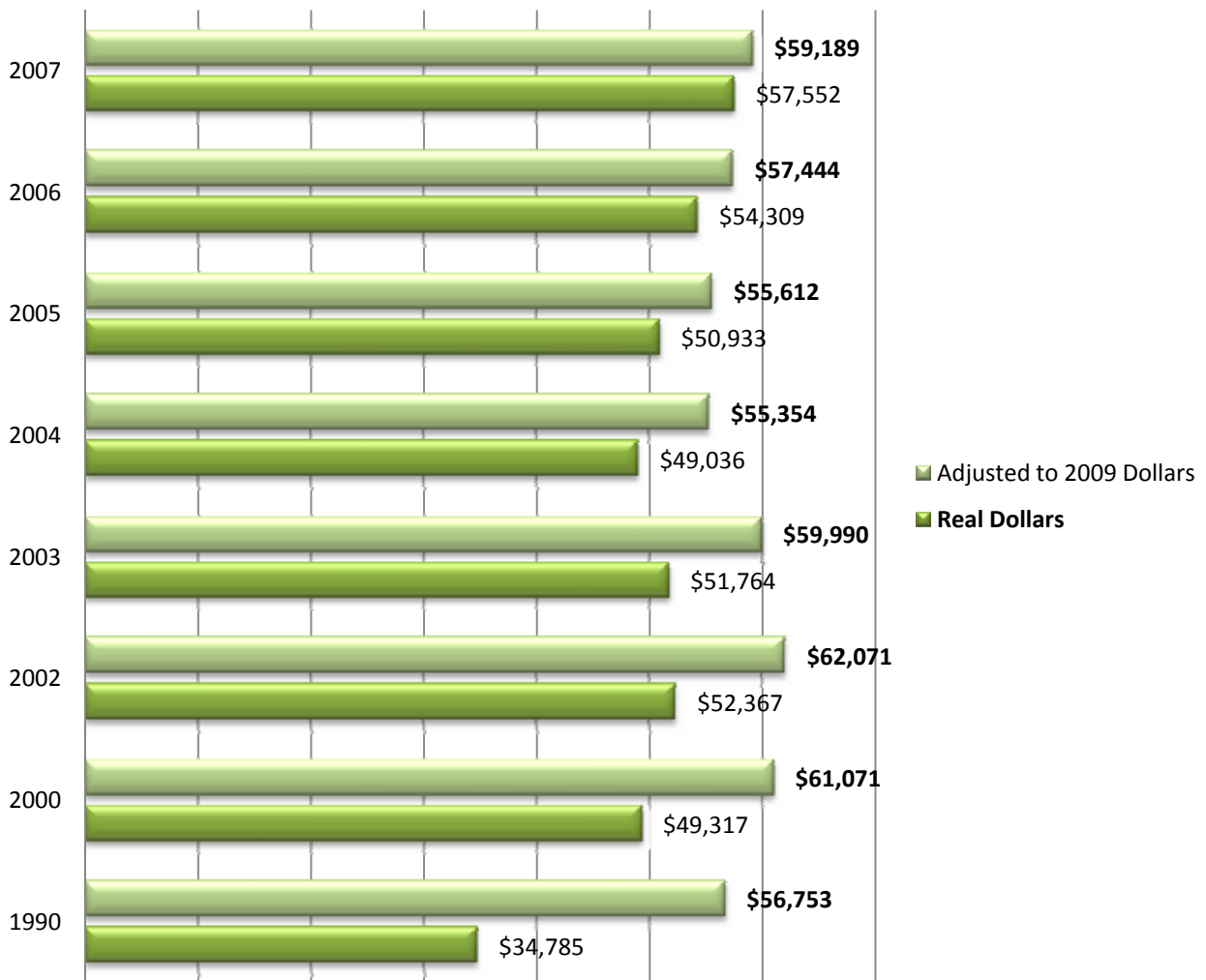
**Table 17: Number of Families by Income Categories - Family Income**  
Davidson County, 2000-2007



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey

Although median family income in nominal dollars increased substantially in Nashville between 1990 and 2007, Nashville’s real median family income (adjusted for inflation) changed little during this period. As shown in Table 18, real family median income fluctuated along an even keel, ranging between a minimum of \$55,354 in 2004 and a maximum of \$62,071 in 2002.

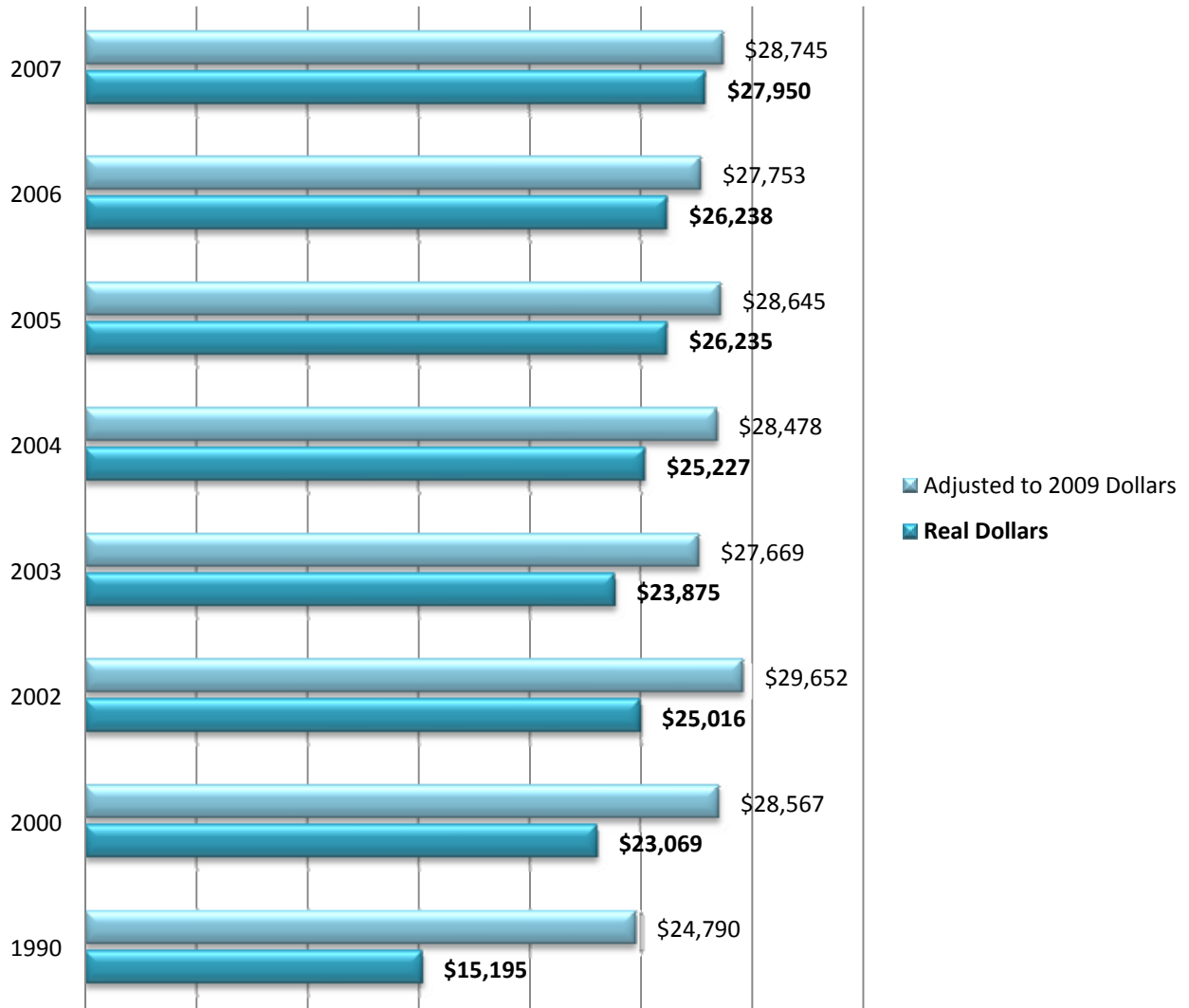
**Table 18: Median Family Income and Real Dollars (Adjusted to 2009 Dollars)**  
Davidson County, TN, 1990-2007



Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey  
U. S. Bureau of Labor Statistics, Inflation Calculator

Table 19 shows Davidson County’s per capita income, comparing real dollars to dollars adjusted for inflation.

**Table 19: Per Capita Income and Real Dollars (Adjusted to 2009 Dollars)**  
Davidson County, TN, 1990-2007

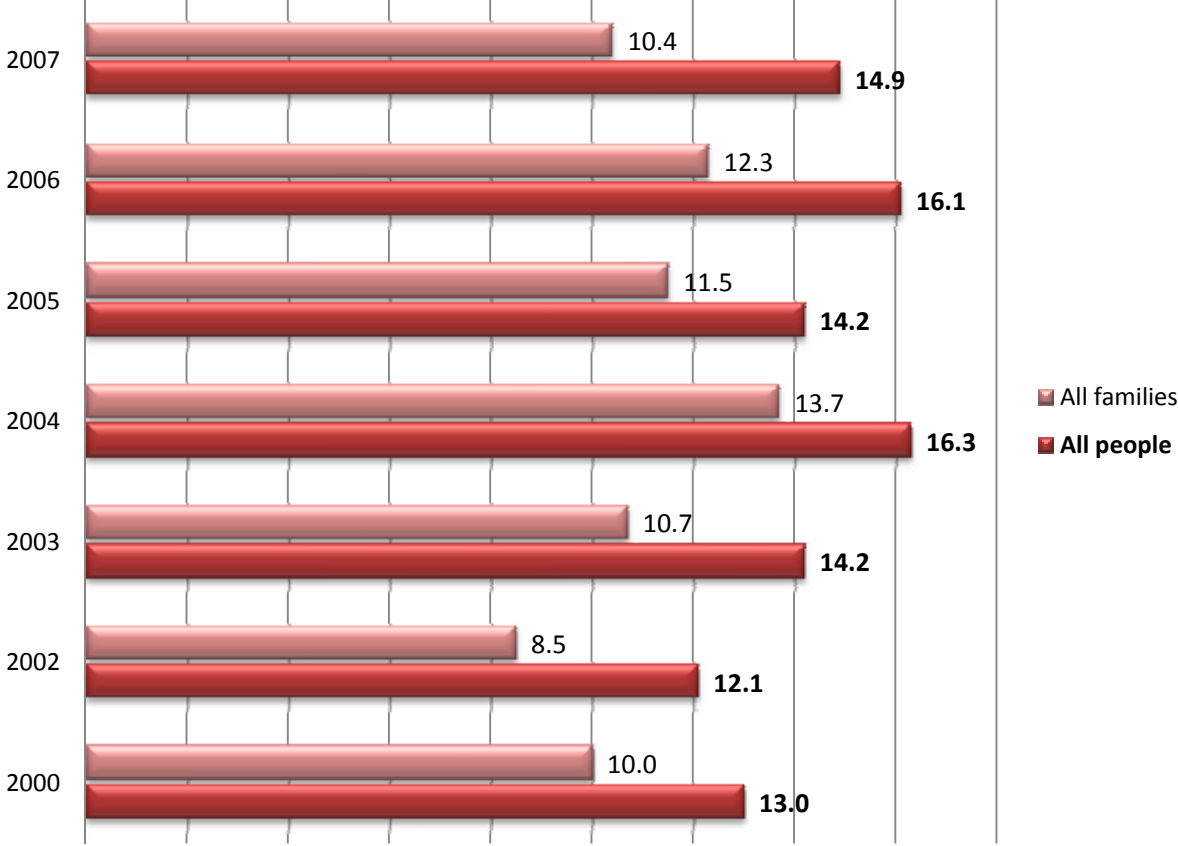


Source: U. S. Census Bureau, 1990 and 2000 Census, 2002-2007 American Community Survey  
U. S. Bureau of Labor Statistics, Inflation Calculator

Since 2000, Nashville’s poverty rate for people increased, while the family poverty rate remained relatively stable. Between 2000 and 2007, the poverty rate for people increased from 13.0% to 14.9%.

The family poverty rate fluctuated between a minimum of 8.5% in 2002 and a maximum of 13.7% in 2004 (see Table 20). Between 2000 and 2007, the mean percentage of families in poverty was 11.0%, while the mean percentage of people in poverty was 14.4%.

**Table 20: Percentage of People and Families Under Poverty Level**  
Davidson County, TN, 2000-2007

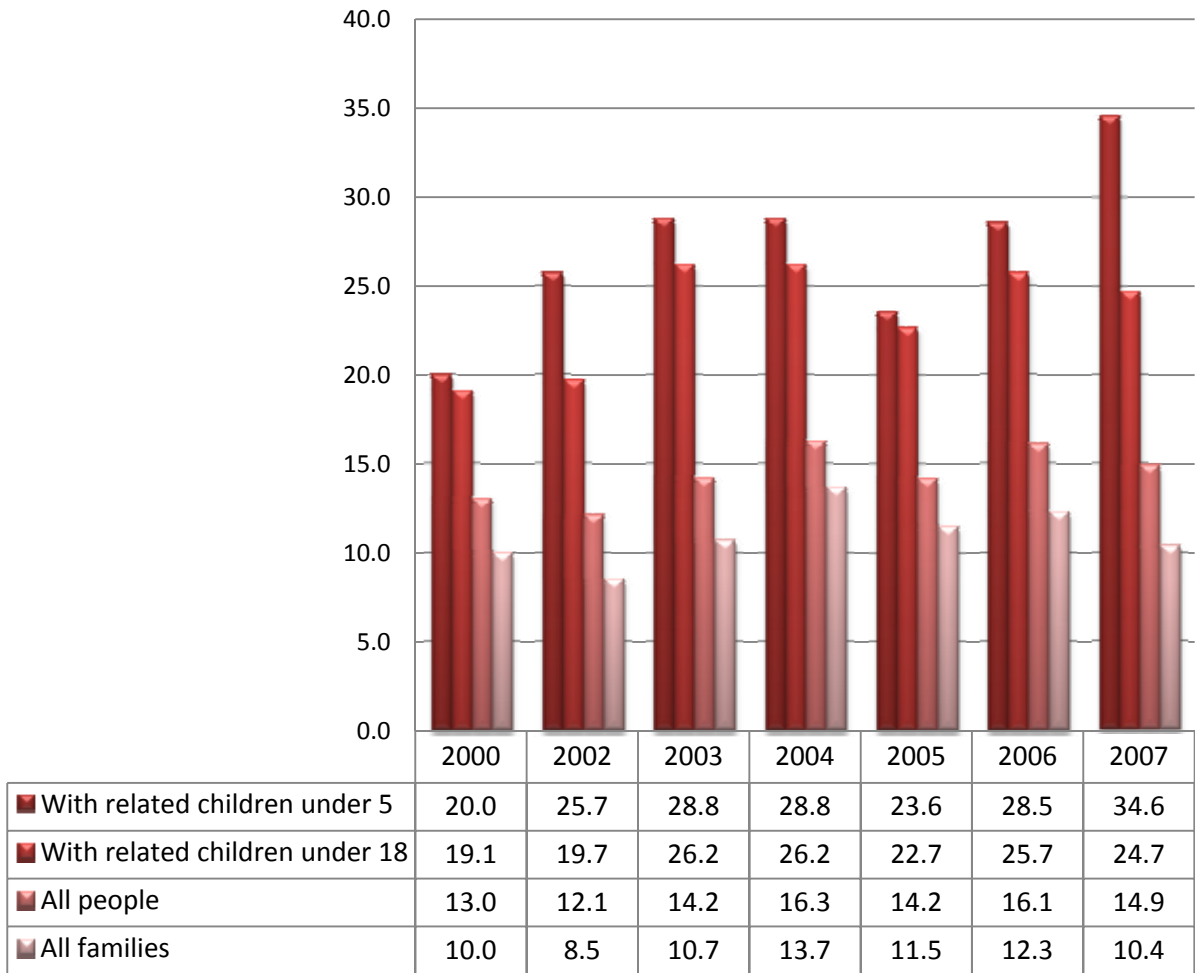


Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey



During most years, families with young children have had the highest poverty rates in Nashville (see Table 21). In each year between 2000 and 2007, the poverty rate for families with children under age 5 exceeded that for families with children under age 18 and that for all families. The poverty rate for families with children under age 5 is two to three times greater than the poverty rate for all families.

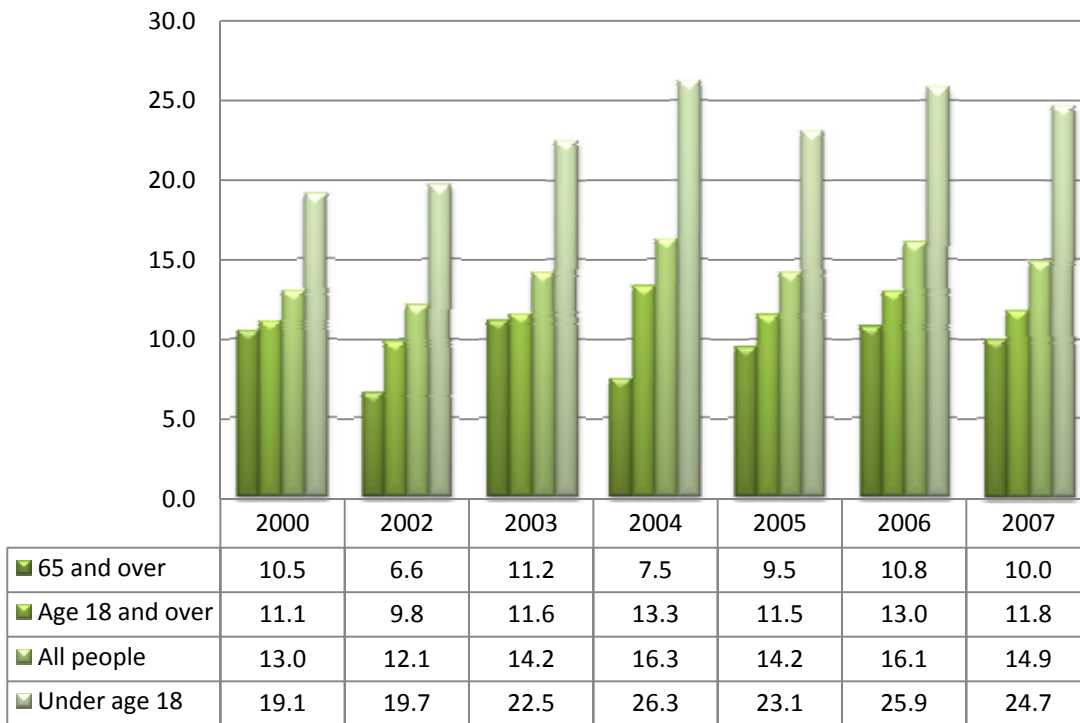
**Table 21: Percentage of Families Below Poverty Level**  
Davidson County, TN, 2000-2007



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

Young Nashvillians have the greatest likelihood of being poor (see Table 22). Not only did the poverty rate of people under age 18 increase from 19.1% to 24.7% between 2000 and 2007, but in each year young people were two to three times more likely than people age 65 and older to be poor.

**Table 22: Percent of People Below Poverty Level By Age Category**  
Davidson County, TN, 2000-2007



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

## Food & Nutrition

Sufficient and nutritious food is important because it can improve health and be a factor in preventing disease. Good nutrition contributes to lowering infant mortality, better health for people of all ages, and improves school performance of children and adults.

Poor nutrition has been linked in low-income populations to increased rates of obesity, heart disease, and diabetes. Low-income people, including elderly people on fixed incomes, spend a greater percentage of their resources for necessities like food, but often live in places where fresh nutritious food is not readily available.

### **Key Points:**

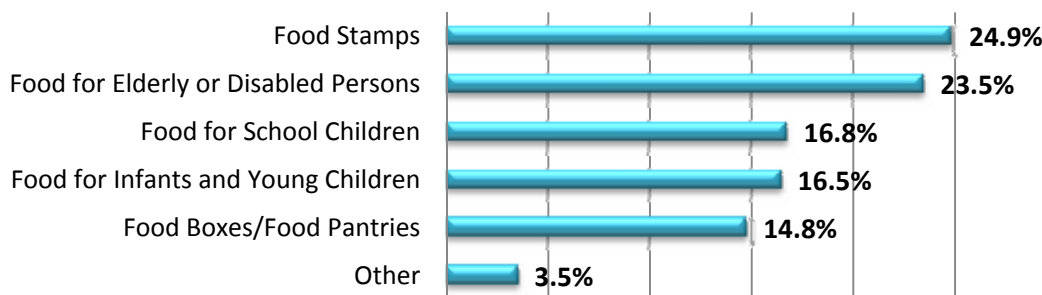
An increasing number of households in Davidson County, including those with wage earners, are experiencing food insecurity (some for the first time) and are relying on outside sources for assistance.

The Poverty Initiative's Food & Nutrition Action Group addressed issues related to food security for our residents. They identified the need to research current needs for food and food access, increase the capacity of food pantries and emergency food services for immediate needs, increase sustainable food access for long-term solutions, and advocate for better school food. The Health Care Action Group also noted the need to create incentives for grocery stores to locate in low-income neighborhoods.

### **Grassroots Community Survey**

Table F-1 shows the responses for the greatest need in Food & Nutrition from the MSS 2009 Grassroots Community Survey. Participants identified Food Stamps as the greatest need, with Food for Elderly/Disabled Persons a close second. The survey also asked for comments about other food and nutrition needs, and there were several comments related to the need for healthy/fresh foods and the need for additional food sources for low-income, elderly and/or disabled persons.

**Table F-1: Greatest Need in Food & Nutrition,  
Grassroots Community Survey**

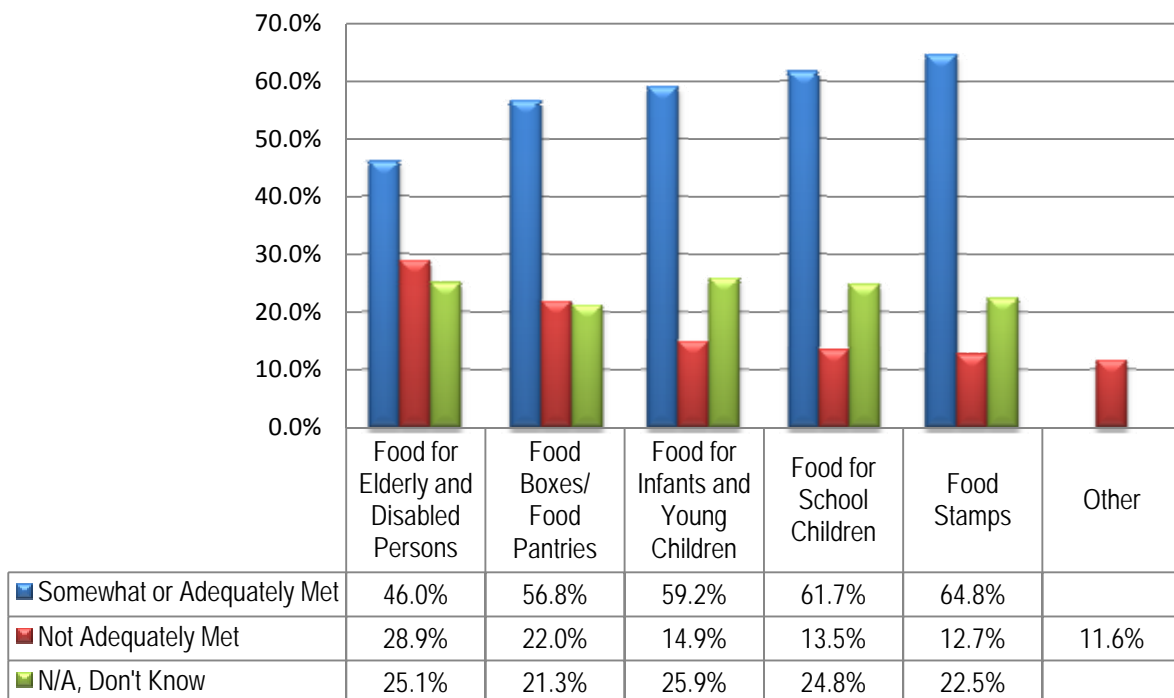


Source: MSS 2009 Grassroots Community Survey

**Professional/Agency Survey**

As seen in Table F-2, responses from the Professional/Agency Survey identified Food for Elderly & Disabled as the highest category not adequately met, which was second highest in the Grassroots Community. However, the greatest unmet need in the Grassroots Community Survey (Food Stamps) was identified by Professional/Agency Survey participants as somewhat or adequately met. Comments included the need for increasing affordable fresh food for low-income persons and related issues.

**Table F-2: Greatest Needs in Food & Nutrition, Professional/Agency Needs Survey**



Source: MSS 2009 Professional/Agency Survey

**Survey Comparison**

There were differences between the two survey groups regarding the relative needs of food & nutrition. The Grassroots Community Survey indicated greatest needs in food stamps and food for elderly and disabled people. Most respondents to the Professional/Agency Survey indicated that food needs were adequately met, including the needs identified by the Grassroots Community Survey as the greatest needs. Comments from both surveys on the questions related to food are found in the Appendix. Most comments from the Grassroots Community Survey were either about the need for healthy/fresh food or the lack of accessibility to food from some locations.

## **Focus Groups**

While some differences were noted among the gender/race/ethnicity groups, other concerns were common across gender, race and ethnicity. These concerns were discussed in all focus groups:

- Low quality of food given out by programs like food banks. The need for more fresh food was specifically mentioned.
- Concern that low-quality food is not suited to people with special dietary needs, like diabetics.
- Need for better quality of food for children, in schools and after-school programs, and from food programs and food banks.

Common themes from African-American and White groups, of both genders, were the following:

- Elderly and disabled people should have priority for food programs and Food Stamps
- Transportation is a barrier in accessing food sources and in carrying groceries home
- Food stamp amounts are not sufficient for those with special diets, disabilities or low-income jobs (suggesting that the benefit scale may need revision)
- Food programs, such as emergency food, feeding programs, don't have food for people with special diets, e.g. diabetes

White males mentioned the need for more community awareness about existing programs. Both African-American and White female groups mentioned the need for more fresh food and better quality food from programs and in schools.

Representative comments from participants:

- “Most (seniors) are on certain diets. They can’t eat the food in the food boxes.”
- That some of the food they receives was expired or that expiration dates were not visible.
- “We should set up and target the elderly more with Food Stamps.”

The Hispanic focus groups had some similar concerns with additional issues related to their ethnicity and/or legal status. Themes emerging in both male and female groups were the following:

- Poor service, long waits and complicated requirements for Food Stamps.
- Food banks offer unhealthy selection of foods.
- Need for documentation of legal status at food banks and programs.
- Unhealthy food of low quality served in schools.
- Concern that Hispanics are sometimes discriminated against by social workers.

- Delays in scheduling appointments with WIC and long waits when they arrived for their appointments.

Representative quotes from participants:

- “Many times they [food banks] give out junk food, so the nutritional needs are not being met.”
- “Does the government tell its workers to reject Hispanics? By the way, they treat us, it appears so. Sometimes they shout at the applicants.”
- “Schools are not providing healthy food to our children. They offer too much spaghetti, pizza and junk food, and they are cutting down on the food.”

### **Supplemental Information**

Community food security is a condition in which all community members are able to consume a fresh, local, healthy diet through a sustainable food system that maximizes community self-reliance and social justice. An increasing number of households in the nation, Tennessee and Davidson County are experiencing food insecurity (some for the first time) and now rely on outside sources for assistance.

According to the U. S. Department of Agriculture, “a healthy diet is one that provides enough of each essential nutrient, contains a variety of foods from all of the basic food groups, provides adequate energy to maintain a healthy weight, and does not contain excess fat, sugar, salt or alcohol.” Optimum nutrition can ensure proper development for children as well as to help prevent disease.

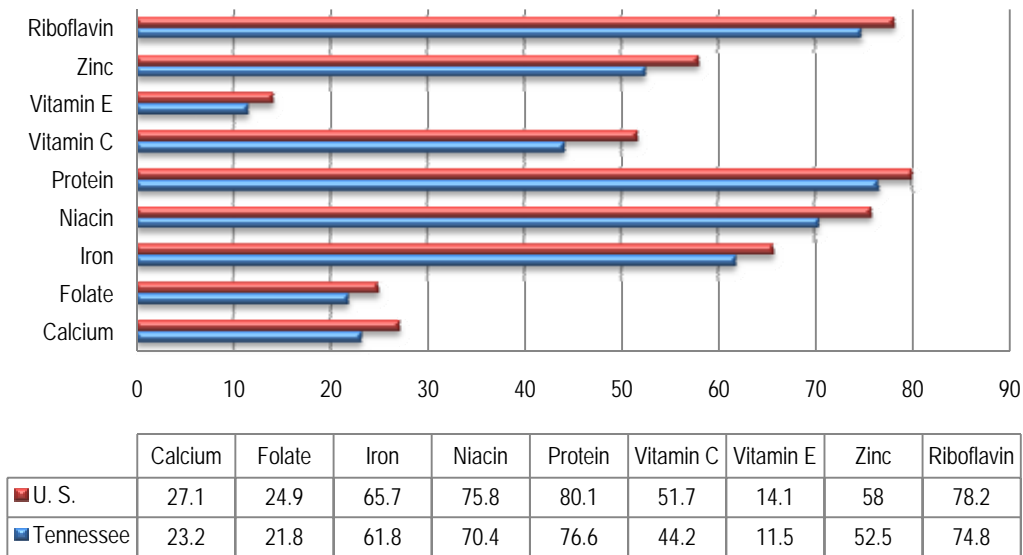
Various entities in the federal government acknowledge the importance of adequate nutrition (Division of Nutrition Research Coordination, National Institutes of Health, Centers for Disease Control, etc.), as well as state and local initiatives. These initiatives also encourage the support of nutrition research and training to better define the role of nutrition in the promotion and maintenance of health and in the prevention and treatment of disease.

Food provides the energy and nutrients needed to be healthy. For low-income families, it may be difficult to afford the cost of nutritious food, while also struggling to pay for the increasing cost of other necessities. Particularly for those who rely on public benefits or others who have lost employment, it is especially difficult to provide adequate nutrition for their families.

For example, Table F-3 shows that USDA ranked Tennessee lower than the U. S. as a whole for receiving daily requirements for all nutrients studied, including those on the chart as well as others such as Selenium, Thiamin, Vitamins A, B-6, B-12, Magnesium, Fiber, etc.

Table F-3: Comparison of Tennessee and U. S. % receiving daily requirement

% receiving daily requirement-Tennessee/U. S.  
USDA (April 2009)



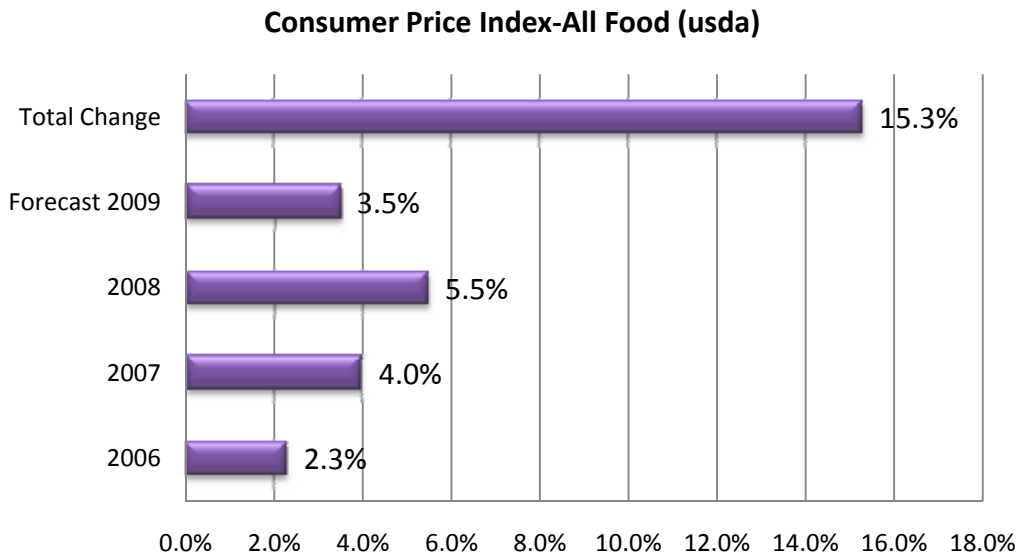
Source: U. S. Department of Agriculture

In Davidson County, many low-income families live in “food deserts,” where nutritious food is not available. In many low-income areas, families have much greater access to tobacco and alcohol in small corner markets than they have to grocery stores with fresh food and vegetables.

In addition to lack of access to nutritious food, general food insecurity is increasing in Davidson County, causing some residents to seek food assistance who have never before done so. Some studies show that as many as 40% have reported they often skip meals or worried about food. Food Stamp usage, for free- and reduced-cost meals in schools, and Department of Health food vouchers in the Women-Infants-Children (WIC) program are all increasing.

As shown in the two charts below, the cost of food is increasing, making it even more difficult for families in poverty. Table F-4 shows an all-food Consumer Price Index increase of 5.5% between 2007 and 2008 (the highest annual increase since 1990). The cost of food is expected to continue to rise at least through 2015. Table F-5 reflects the increasing cost of food consumed at home and away from home.

Table F-4: Consumer Price Index-All Food Items, 2006 through 2009 Forecast

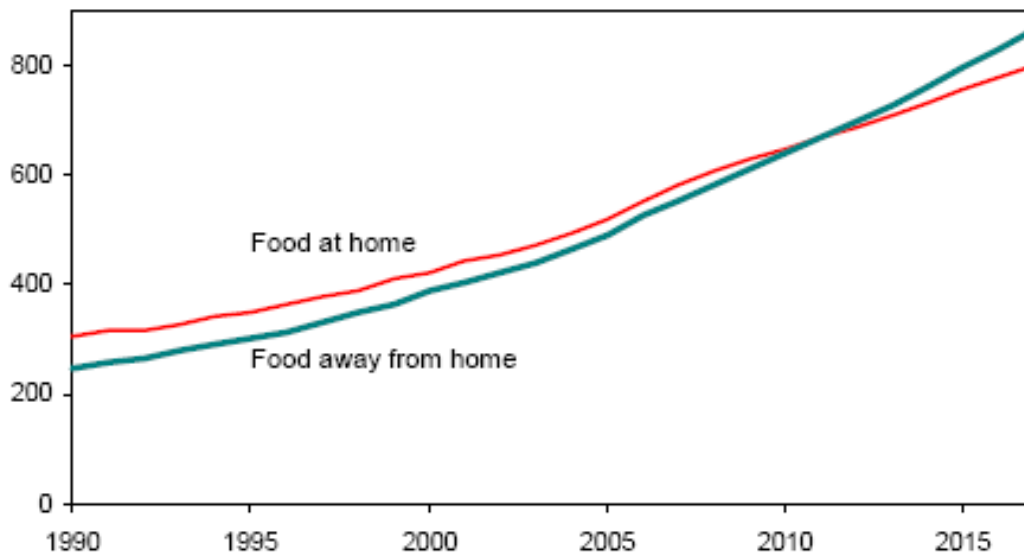


Source: U.S. Dept. of Agriculture, Economic Research Service, Agricultural Sector Aggregate Indicators, February 2009

Table F-5: Cost of Food at Home and Food Away from Home, 1990 projected through 2015

**U.S. food expenditures**

Billion dollars



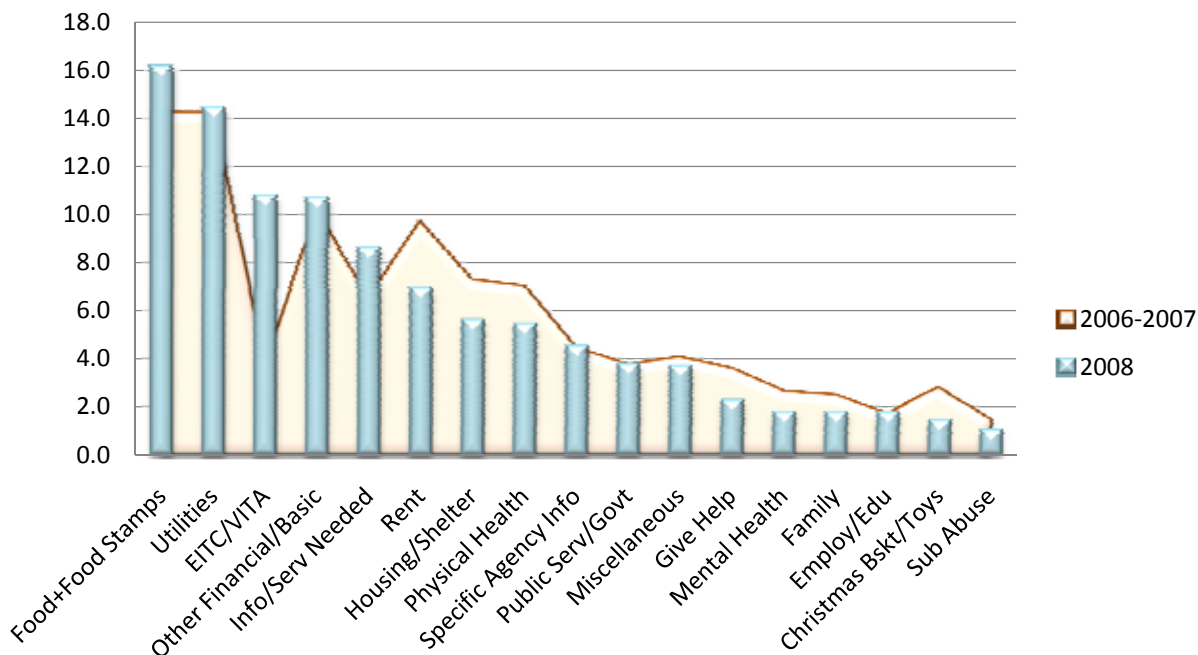
Source: U.S. Dept. of Agriculture, Economic Research Service, U.S. Agricultural Sector Aggregate Indicators, February 2009.



Following the economic downturn, calls to 2-1-1 (Nashville’s community resource hotline) have reached record call volume. As shown in Table F-6, in February 2009, total calls increased 35% over February 2008, while calls about resources for food were up 90%. The chart shows that calls to 2-1-1 from 2006-2008 about Food and/or Food Stamps combined were second in frequency only to the calls regarding assistance for utility bills.

The combined category of Food+Food Stamps received the largest number of calls in 2008. The large number of calls in 2008 and 2009 about EITC/VITA resulted from a seasonal outreach campaign by the Nashville Alliance for Financial Independence that directed people to 2-1-1 for information about VITA sites.)

**Table F-6: Calls to 2-1-1 by Category, 2006-2007, 2008,**  
Categories over 1% of calls, ranked by %



Source: 2-1-1 Call Center

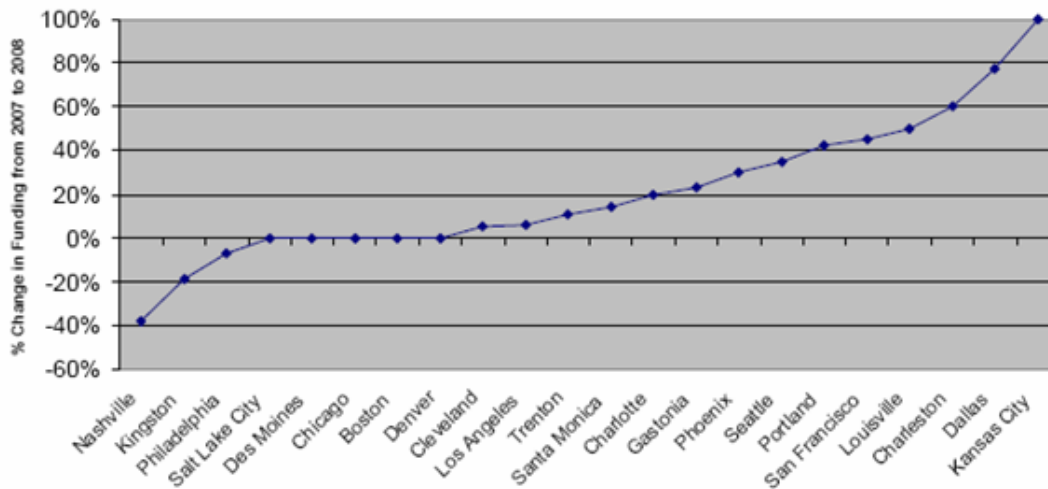
Each year, the U.S. Conference of Mayor’s Task Force on Hunger and Homelessness develops a Status Report on Hunger and Homelessness, comparing cities in the U. S. In their survey of Nashville and 24 other cities about emergency food assistance and homeless services provided between October 1, 2007 and September 30, 2008, they found:

- All 21 participating cities with available data cited an increase in the number of persons requesting food assistance for the first time, particularly among working families.
- 95% of participating cities reported an increase in the demand for emergency food assistance.

- Cities reported an 18% average increase in the demand for emergency food but only a 5% average increase in the quantity of food distributed. The increase in demand for food assistance exceeded the increase in the amount of food distributed in 80% of the cities surveyed.
- Nine cities reported making significant changes to the types of food they purchased over the last year because of increases in food prices. Thirteen cities reported that food pantries had to turn people away, and sixteen cities reported that food pantries were reducing the amount of food clients could receive at each visit.
- When asked to anticipate their biggest challenges for 2009, nearly every city cited an expected increase in demand resulting from the weak economy coupled with high prices for food and fuel.

The survey noted that Nashville has seen a 13% increase in emergency food assistance requests and a 40% decrease in the total quantity of food distributed, as shown in Table F-7. During the same period, there was a 38% decrease in the total budget for emergency food purchases. Nashville reported an increase both in the number of persons requesting food assistance for the first time and in the frequency of persons visiting food pantries or emergency kitchens each month. The survey estimates that 40% of the overall demand for emergency food assistance in the Nashville area during the past year went unmet.

Table F-7: Change in Funding for Food Assistance, October 2007-September 2008



Source: U.S. Conference of Mayors 2008 Status Report on Hunger & Homelessness: A Status Report on Hunger and Homelessness in America's Cities - A 25-City Survey. December 2008.

The Second Harvest Food Bank of Middle Tennessee is a non-profit agency that provides significant levels of various food services to low-income people in Davidson and other counties. They provide emergency food boxes to families, perishable and non-perishable food to other agencies, meals for children in after-school programs (including shelf stable meals for the weekend), a mobile food pantry, prepared food rescue, disaster relief, and other food services.

In 2006-2007, over 39,800 emergency food boxes were requested and distributed to people in dire need in Davidson County. Nashville’s Second Harvest reported that 49% of those receiving their services were children. Second Harvest indicates that the need for food continued to rise into 2008: Requests for food assistance increased by 10% in August 2008, 13% in September and 21% in October. The total number of requests for emergency food boxes in Davidson County increased by 3.5% from July 1, 2007 to June 30, 2008.

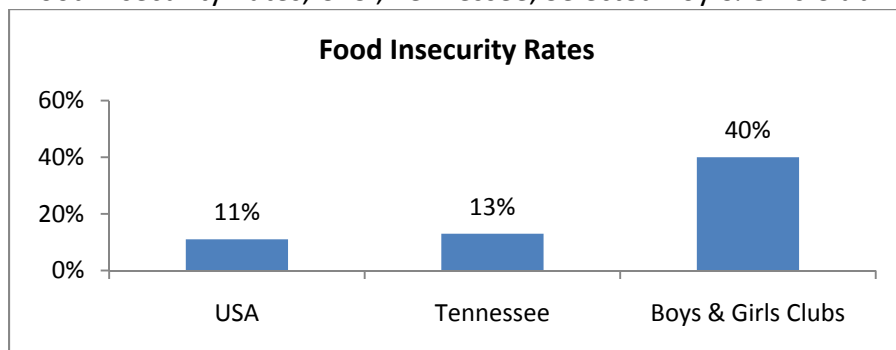
A 2005-2007 child hunger report sponsored by the ConAgra Foundation, Boston Medical Center reported in “*Child Food Insecurity in the United States 2005 – 2007*” that more than 20% of all children in Tennessee lived in food-insecure households, which means they do not always know where they will find their next meal. Tennessee had the seventh highest rate of child food insecurity in the nation. In the United States overall, one out of six children in small towns and big cities lived in a food insecure household.

Food Security Partners of Middle Tennessee (FSP) is a program of the Vanderbilt University Institute for Public Policy Studies. It is an informal alliance of more than 70 organizations and hundreds of individuals, who have joined together “to create a more healthy, just and sustainable food system for Middle Tennessee.” Initiatives for 2009 include *Re/Storing Nashville*, to bring fresh food to low-income neighborhoods, and Growing Healthy Kids, to get more fresh fruits and vegetables into school lunches and snacks.

FSP conducted a survey, which found that people living in urban Nashville had an 80-90% rate of access to tobacco and alcohol products, compared to only a 25% rate of access to fresh produce. A total of 82 people completed this survey about their food security status, with data collected from a convenience sample of people living near or affiliated with three Boys & Girls Clubs in Nashville, Tennessee. As shown in Table F-8, food insecurity rates were dramatically higher among this sample than for the United States and Tennessee. In 2007, the food insecurity rate for the United States was approximately 11% and for Tennessee, the rate was slightly higher at 13% (Census, ACS 2007).

The survey found over 40% of the participants near the Boys & Girls Clubs were food insecure during the past 12 months. These individuals reported that they skipped meals and/or worried about food sometimes or often in the past year.

Table F-8: Food Insecurity Rates, U. S., Tennessee, Selected Boy & Girls Club Areas, 2008



Source: Darcy Freedman and Bethany Bell, University of South Carolina, High Rates of Food Insecurity Near Three Boys and Girls Clubs in Nashville TN, March 2008.

The Center on Budget & Policy Priorities indicated that the purchasing power of most households' food stamp benefits is eroding in value each year in *"Families' Food Stamp Benefits Purchase Less Food Each Year."* It projected that by 2017, the food stamp value received in a year by a typical working parent of two will be less than current value by more than one and a half months' worth.

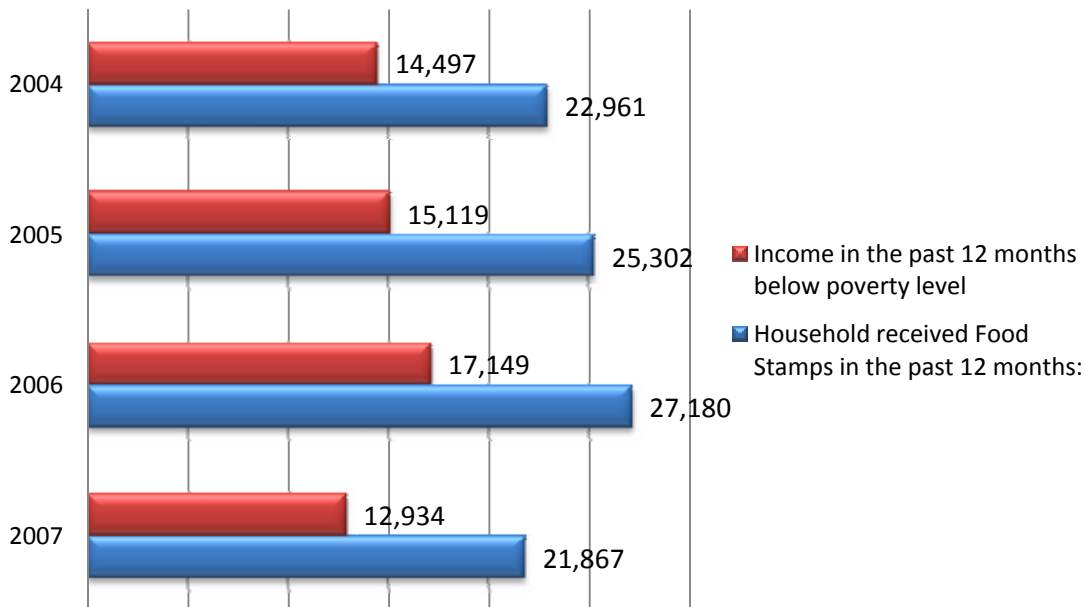
Food Stamps

Formerly known as the federal Food Stamp Program, USDA's Supplemental Nutrition Assistance Program (SNAP) focuses on nutrition and putting healthy food within reach for low-income households. Nationwide they put healthy food on the table for 28 million people each month. In Tennessee, Tennessee Department of Human Services administers the program.

Table F-9 shows that over half of Davidson County's households with children under age 18 (59%) and almost 20% of households with someone over age 60 receive food stamps.

Table F-9: Receipt of Food Stamps, Below Poverty Level and Income, 2004-2007

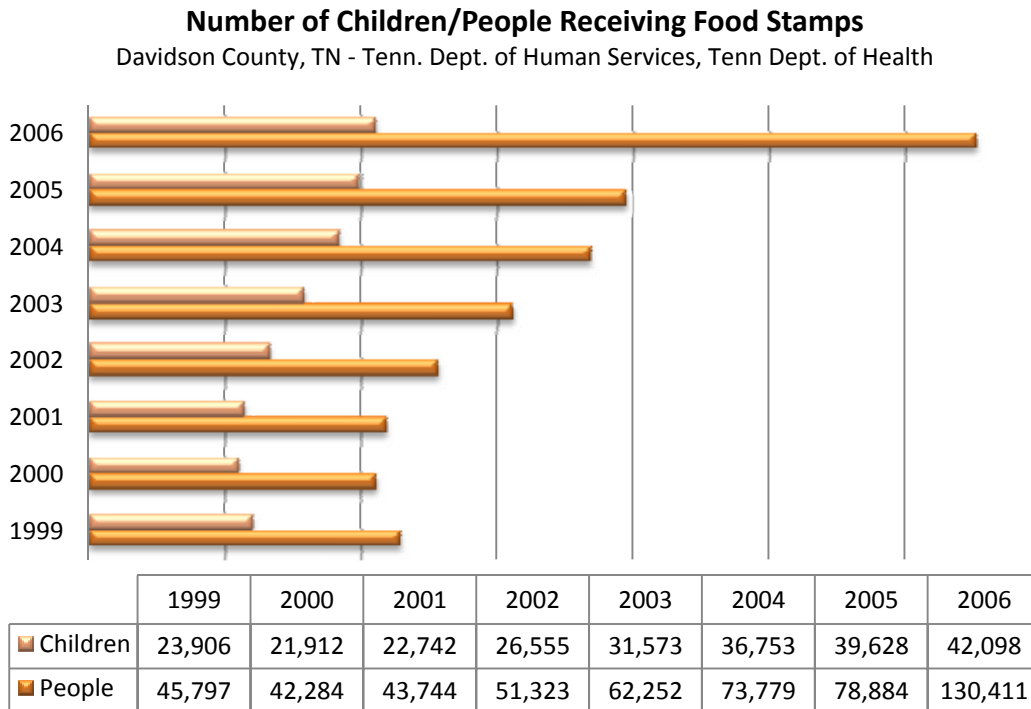
**Table F-9: Receipt of Food Stamps-Poverty Status-# Households**  
2004-2007, Davidson County, TN - U. S. Census/ACS



Sources: Census, ACS 2007; TN Department of Human Services

While there has been a steady increase in the number of people in Davidson County who receive Food Stamps, the number of children who receive Food Stamps has increased dramatically, based on the most current data available, as shown in Table F-10.

Table F-10: Children/People Receiving Food Stamps, Davidson County, Below Poverty Level and Income, 2004-2007



Sources: Census, ACS 2007; TN Department of Human Services, TN Department of Health.

The National School Lunch Program (NSLP) is a federally assisted meal program, established in 1948, which provides nutritionally balanced, low-cost or free lunches to children each school day. School districts may get cash subsidies and donated commodities from the U.S. Department of Agriculture (USDA) for each meal they serve. In return, they must serve lunches that meet Federal requirements, and offer free or reduced price lunches to eligible children.

Any child at a participating school may purchase a meal, but children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. (For the period July 1, 2008, through June 30, 2009, 130% of the poverty level was \$27,560 for a family of four; 185% was \$39,220).

Table F-11 reflects the increase in the number of children in Nashville who are eligible for free or reduced-cost meals in school. With more than 75,000 students, Metropolitan Nashville Public Schools (MNPS) is the 46th largest school district in the United States. According to MNPS, in school year 2008-09, 72% of the students qualified for free- and reduced-price school lunches.

Children spend the majority of their waking hours at school and many eat breakfast, lunch, and snacks at school, consuming 35-50% of their daily caloric intake. At the 2008 Food Security Summit, the Tennessee School Nutrition Director reported that for many Tennessee children the only meals they eat are the ones they receive at school.

Table F-11: Students Using Free/Reduced Lunch Program, Davidson County, 1999-2006

2002	2003	2004	2005	2006
25, 254 (39.1%)	26,079 (40.5%)	31,832 (48.7%)	32,877 (49.5%)	32, 392 (48%)

Source: Tennessee Commission on Children & Youth, Kids Count Division; Kids Count Data Center, Data by State, Profile for Davidson County

**Women-Infants-Children (WIC) Program**

USDA operates the WIC Program to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk. WIC provides nutritious foods to supplement diets, information on healthy eating, and referrals to health care. The WIC Division & Division of Health Statistics of the Tennessee Department of Health report that approximately one-fifth of Davidson County children are eligible to receive food assistance through the Women-Infants-Children program for low-income mothers. Table F-12 shows the number of children under age 6 who were eligible for this program.

Table F-12: Percentage of Children Under Age 6 Eligible for WIC Program, 2002-2006

2002	2003	2004	2005	2006
9,649 (21%)	9,892 (21.3%)	9,789 (20.8%)	10,201 (21.4%)	10,047 (21%)

Source: Tennessee Commission on Children & Youth, Kids Count Division; Kids Count Data Center, Data by State, Profile for Davidson County

**Food & Nutrition Resources**

It was not possible to do an exhaustive review of Food & Nutrition resources available to low-income people in Davidson County during the initial Community Needs Evaluation project. Because of the number of providers with different eligibility requirements, funding streams and reporting systems/formats, it will be difficult to develop a complete catalog of resources. Below are examples of programs that do not reflect the total investment in services in Davidson County. As a result, the specific gap between available resources and identified need is not quantifiable because of the lack of complete information. The Appendix contains lists of food distribution locations listed in the Appendix.

There are significant efforts being made in Davidson County to address the needs of low-income families, whose well-being is important to the quality of life and economy for our community.

## Examples of Program Resources

### Food Stamp Program

Since the nationwide implementation of the national Food Stamp program in 1964, malnutrition has been virtually eliminated; however, hunger and food insecurity continues to exist in every state. The Food Stamp program provides nutritional assistance benefits to children and families, the elderly, the disabled, unemployed and working families. Benefits are 100 percent federally funded. Since the nationwide implementation of the Food Stamp program in 1964, malnutrition has been virtually eliminated; however, hunger and food insecurity continues to exist in every state.

Over \$143 million worth of food stamps are issued in a year in Tennessee. Additional information about statewide use during a six-month period (December 2008-May 2009) is available from the Tennessee Department of Human Services, Food Stamp Program.

[http://www.tennessee.gov/humanserv/adfam/fs\\_stats.html](http://www.tennessee.gov/humanserv/adfam/fs_stats.html)

Food Stamp use in Davidson County in 2007 is shown in given in Table F-11 below.

Table F-11: Food Stamp Usage, by Category	Totals	Households receiving food stamps	Households not receiving food stamps
HOUSEHOLDS	250,958	21867 (9%)	229091 (91%)
With one or more people 60 years and over	26.10%	19.70%	26.70%
With children under 18 years	27.10%	59.00%	24.10%
Poverty Status in the Past 12 Months			
Below poverty level	12.70%	59.10%	8.20%
Disability Status			
With one or more people with a disability	22.80%	49.40%	20.20%
Race/Origin Of Householder			
White	69.40%	40.10%	72.20%
Black or African American	25.90%	55.10%	23.10%
American Indian and Alaska Native	0.60%	0.80%	0.60%
Asian	2.20%	1.00%	2.30%
Native Hawaiian and Other Pacific Islander	N	N	N
Some other race	1.50%	2.20%	1.50%
Two or more races	0.30%	0.70%	0.30%
Hispanic or Latino origin (of any race)	4.50%	8.40%	4.10%
White alone, not Hispanic or Latino	66.60%	35.00%	69.60%
Household Median Income In The Past 12 Months (In 2007 Inflation-Adjusted Dollars)	\$46,359	\$13,030	\$50,279
No workers in past 12 months	11.20%	26.80%	9.30%

Source: 2007 American Community Survey 1-Year Estimates; Davidson County; Table S2201-Food Stamps

### Nutrition Programs for Elderly Residents

All states received American Recovery and Reinvestment Act (ARRA) Funding Distribution for Nutrition Services to States, from the U. S. Administration on Aging (AOA), for nutrition services for people age 60 and over.

AoA Title III senior nutrition program funding for Middle Tennessee is distributed by the Greater Nashville Regional Council Area Agency on Aging & Disability (GNRC AAAD). Their annual report indicates that more than \$2 million was provided for congregate and home-delivered meals in FY 07-08.

Information provided by GNRC AAAD indicates that senior nutrition funds for fiscal year 2007-2009 in Davidson County were distributed in this way:

	<u>People Served</u>	<u># Meals</u>	<u>Expenditure</u>
Congregate Meals	1,677	119,563	\$589,066
Home Delivered Meals	1,648	264,986	\$1,449,145

About 70% of participants were female and the remaining 30% were male. Approximately 30% of program participants lived in poverty. Although Title III services are prioritized by income and minority status, eligibility is not based on income alone

Metro Social Services is the major provider of elderly nutrition services in Davidson County. MSS is a contractor for home-delivered meals under the AoA and Waiver Programs through GNRC AAAD.

About half of the Senior Nutrition Program budget is from local government funds. In Fiscal Year 2007-2008, Metro Social Services spent \$908,996.90 for nutrition services. Federal pass-through funding from GNRC was 50% percent of the total (\$851,669), 47% percent was local funding from Metro government, and 3% percent (\$69,718.81) was from voluntary contributions by participants and others.

According to a July 2009 report to the MSS Board of Commissioners, the Nutrition Program served 263,633 meals to seniors, and funded and managed 18,748 trips on MTA AccessRide to seniors in the congregate meal program. During the same period, MSS provided 149 emergency food boxes to families. Also in 2008, MSS became a provider of meals under the HCBS Waiver, which serves the neediest of our residents.

### Metropolitan Nashville Public Schools (MNPS)

The number of children in poverty Metro Schools who participate in the USDA Free or Reduced Lunch Program has been steadily increasing (Table F-12):



Table F-12: Number & Percent of Students Participating in Free/Reduced Lunch Program - Davidson County

1999	2000	2001	2002	2003	2004	2005	2006
24,469	24,078	23,651	25,254	26,079	31,832	32,877	32,392
38.0%	37.5%	37.0%	39.1%	40.5%	48.7%	49.5%	48.0%

Data Source: Tennessee Department of Education, Division of School Nutrition - Calculations by KIDS COUNT Division of the TENNESSEE Commission on Children and Youth.

### Food for Women & Children (WIC)

The rates of women participating in the WIC program, Administered by Metro Public Health Department, have increased since 1999, but have been about the same from 2001 – 2006 (Table F-13):

Table F-13: Number & Percent of Young Children <6 eligible for WIC - Davidson County

1999	2000	2001	2002	2003	2004	2005	2006
8,717	8,387	9,320	9,649	9,892	9,789	10,201	10,047
18.1%	17.2%	20.8%	21.0%	21.3%	20.8%	21.4%	21.0%

Source: The Annie E. Casey Foundation, Kids Count Data Center, Data by State, Percent of Young Children on WIC

### Metropolitan Action Commission (MAC)

MAC prepares and distributes meals in the summer to nearly 100 summer camps, churches and other locations in Davidson County. Approved local organizations receive training and inspections to be a food site for youth. The goal of the program is to provide nutritionally balanced meals for children during the summer months that otherwise would go without a healthy meal during the day. The program targets facilities located in or near low-income areas where at least 51% of the population qualifies for free or reduced meals during the regular school season. In 2008, MAC supplied meals to 92 sites, and provided 170,221 lunches and 41,332 breakfast meals.

Metro Action receives federal funding for the Summer Food Service Program (SFSP) from the United States Department of Agriculture (USDA) Food and Nutrition Service through a grant with the Tennessee Department of Human Services. The SFSP is the single largest Federal resource available for local organizations that want to combine a feeding program with a summer activity program for children. MAC also provides special dietary supplements (*e.g.* Ensure<sup>®</sup>), for elderly residents. Senior citizens age 65 years or older, whose income is under 130% of poverty, is eligible to receive assistance with special diet foods that are prescribed by a medical doctor. Additional information is available at [http://www.nashville.gov/mac/comm\\_progs.htm](http://www.nashville.gov/mac/comm_progs.htm)

### Food Bank Programs

The Second Harvest Food Bank of Middle Tennessee is a non-profit agency with an annual budget of over \$31 million, which provides several food services to low-income people in Davidson and other counties (counties served varies by program). They provide emergency food boxes to families, perishable and non-perishable food to other agencies, meals for children in

after-school programs (including shelf stable meals for the weekend), a mobile food pantry, prepared food rescue, disaster relief, and other food services. In their 2006-2007 annual report, Nashville's Second Harvest reported that 49% of those receiving their services were children. Over 39,800 Emergency Food Boxes were distributed to people in dire need in Davidson County through 16 affiliated sites. The Appendix contains a list of distribution sites. Second Harvest programs include:

- The Kids Cafe® weekly evening-meal program serves children from low-income families, providing evening meals in a safe environment. In the 2007/2008 fiscal year, Kids Cafe® served 186,546 meals and 288,993 snacks to children in need at 15 sites in Davidson County. During the summer, Second Harvest also serves breakfast daily to more than 2,500 children at 25 sites in Metropolitan Nashville.
- The Backpack Program provides chronically hungry children with nutritious, easy-to-prepare food to take home on weekends and school vacations. These programs are located at schools and after-school programs with high levels of student poverty. In Fiscal Year 2007-2008, this program served approximately 100 children per week, providing more than 37,000 backpacks to hungry children throughout Middle Tennessee.
- The Grocery Rescue program picks up excess perishable products, including meat, produce, dairy items, bread and dry items, from participating grocery stores and re-distributes the food to agencies in Second Harvest's service area. As of July 2008, 40 stores had generated 100,000 pounds of servable food per month, which translates into 1,200,000 pounds per year.
- The Nashville's Table program rescues excess perishable food from restaurants, bakers, and grocery stores and redistributes this food to not-for-profit partner agencies. During Fiscal Year 2007 – 2008, Nashville's Table delivered approximately 1.3 million pounds of food from 170 food donors, to 100 agencies in four Middle Tennessee counties: Davidson, Rutherford, Sumner, and Williamson.
- The Mobile Pantry delivers food directly to non-profit agencies and churches, especially those that lack adequate storage for large quantities. The Faith Community, schools, businesses, and other civic organizations finance the distribution and provide the volunteers to manage it. During Fiscal Year 2007 – 2008, Second Harvest's Mobile Pantry distributed 1.7 million pounds of food to 35,000 households.
- Second Harvest also produces shelf-stable products such as soups, stews, and sauces through its Project Preserve®. It is the first food bank in the country to manufacture food under its own label and first food bank in the United States with an in-house cook/chill operation. Second Harvest produces over 1,000,000 cook/chill meals per year, available to 372 agencies in 46 Middle and West Tennessee counties.

Angel Food Ministries is a nonprofit, non-denominational organization providing grocery relief and financial support to communities throughout the United States. Anyone may purchase an unlimited number of boxes of Angel Food by placing an order with a local Angel Food host site.

Angel Food Ministries participates in the Food Stamp Program, to help low-income families buy the food they need for good nutrition. Food is available in a quantity that can fit into a medium-sized box at \$30 per unit (which would serve a family of four for about a week), with an approximate retail value of \$60, with both fresh and frozen items

Food Security Partners of Middle Tennessee hosts an internet-based Food Map which (<http://www.foodsecurityparTennesseeers.org/fsp-hungermap.php>) shows the locations of a variety of food & nutrition providers in Middle Tennessee. Davidson County has over 130 food distribution sites of various types.

- 17 Community Gardens
- 90 Emergency Food Providers
- 7 WIC Sites
- 14 Metro Social Services Senior Meal Sites
- 9 Farmers' Markets

Examples of Funding Resources

United Way of Metropolitan Nashville provided a total of \$194,304.90 to seven agencies for ten food programs for Meeting Basic Needs in Fiscal Year 2008-2009. Decisions for the 2008-2011 funding cycle are based upon the work of four Strategy Teams that focused on Children, Income (financial stability and basic needs including food) and Health and Neighborhoods.

FY 08-09 UWMN funding provided for food programs was as follows:

Bethlehem Centers of Nashville, Greater Charlotte Hot Lunch Cooperative	\$13,877.69
Catholic Charities of Tennessee, Inc.	
• Loaves and Fishes-Community Meals for the Hungry	\$5,154.40
• Catholic Charities of Tenn. Inc., Emergency Food Box	\$7,200.00
Ladies of Charity Welfare Agency, Inc., Food Assistance	\$7,268.64
Martha O'Bryan Center, Inc., Meals on Wheels	\$11,172.79
Nashville CARES, Home Meals Delivery	\$16,571.05
Old Hickory Christian Community Outreach Emergency Food	\$4,365.60
Second Harvest Food Bank of Middle Tennessee	
• Emergency Food Box Program	\$66,907.20
• Kids Cafe	\$7,797.22
• Nashville's Table	\$53,990.31

Additional programs funded may have included some food or meals provided, but the specific amounts are not obtainable at this time. Examples of programs which may have used part of

their funding for food for participants include Family Resource Centers, Adult Day Programs, In-home Services programs, residential program, etc.

Through its Community Enhancement Fund, Metropolitan Government allocates funds for services which are awarded on a competitive basis to nonprofit organizations for services 1) not currently provided by Metro Nashville Government and 2) services which enhance those already provided by Metro Nashville Government. Under state law (TCA §7-3-314 and TCA §6-54-111), Metro may fund non-profit, charitable or civic organizations. To be eligible, Metro has a variety of requirements, including registration with the Tennessee Secretary of State Office of Charitable Solicitation, at least three years' operation, a voluntary agency listing on GivingMatters.com, an audit, and attendance at grant application training. Agencies may request no more than 35% of their total revenues of the prior fiscal year. Funding is provided for programs only, not for general operating expenses.

In Fiscal Year 2008-2009, funds were awarded in the areas of Domestic Violence, Education/Aftercare and Community Services. Second Harvest was awarded \$202,500 for fiscal year 2008-2009 and \$80,000 for fiscal year 2009-2010, in the category of Community Services.

## Workforce and Economic Opportunity

Appropriate employment for the poor is a primary ingredient to promote self-sufficiency instead of perpetual poverty. However, the many low-income individuals and families in our communities face barriers to obtaining gainful employment that would provide them with enough income to support themselves and their families.

### **Key Points**

In order to obtain and maintain appropriate employment, potential employees need adequate levels of education, basic job skills, credentials, development of interpersonal and other life skills, access to work-related support services, such as child care and reliable affordable transportation. Workforce preparation is essential to many low-income job seekers as they develop the capacity to earn adequate income through employment. There may also be other circumstances that make stable employment more difficult, such as substance abuse, domestic violence, lack of employment background, insufficient credentials or past criminal convictions, etc.

At the same time efforts are made to help people in poverty pursue opportunities for employment, our nation is going through an economic slowdown that has not been experienced since the Great Depression. Economic history shows that when economic growth slows and businesses reduce their workforce, those with limited skills are the first to lose their jobs.

As our local economy continues to move into global competitiveness, it becomes more challenging for workers who have limited skills to compete in the “knowledge economy.” The knowledge economy would require employees to have reading, writing, basic math skills and the ability to use computers. Many who live in poverty do not have access to opportunities that would help them acquire these skills.

To better understand how to increase employment opportunities for the poor, it is important to identify the industries that are experiencing job growth. This will allow efforts to ensure that those who are unemployed and underemployed to develop the skill sets needed to meet the workforce needs of these industries.

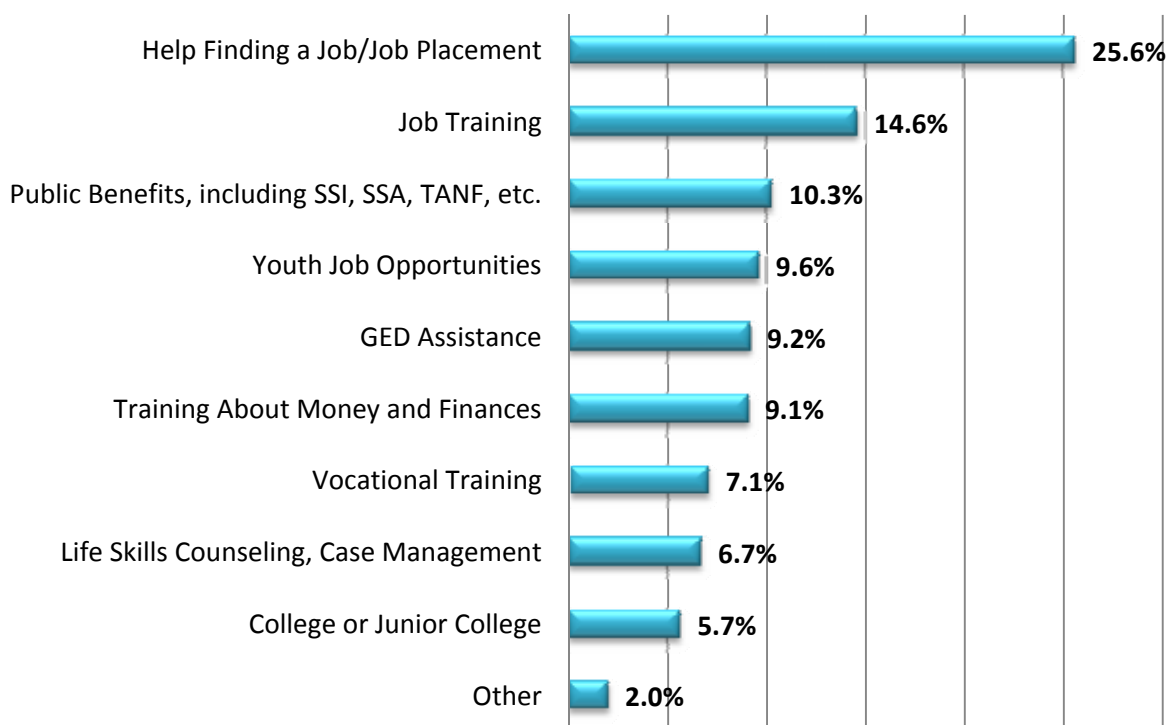
The Workforce Development Action Committee of Nashville’s Poverty Initiative found many job seekers face barriers that make it difficult to attain gainful employment. However, low-income persons often face additional challenges such as fewer skills. It is important for job developers to assess promising job sectors, provide customer-friendly job development services, and identify businesses that are supportive to disadvantaged adults, including those with fewer skills and ex-offenders.

The Committee also identified the need to help job seekers, service providers, and businesses create pathways to better jobs, through enhancing the availability of statistical information on employment and training opportunities, an accessible catalog of resources for job training, life navigation skills, education, job readiness, and promote promising practices.

### **Grassroots Community Survey**

When asked to identify the greatest type of service gaps among Workforce & Economic Opportunity needs, respondents to the Grassroots Community Survey most frequently identified Help Finding a Job/Job Placement (25.6%). As shown in Table W-1, the second choice was Job Training (14.6%), with other responses spread among a number of other answer options.

**Table W-1: Greatest Need in Workforce & Economic Opportunity,  
Grassroots Community Survey**

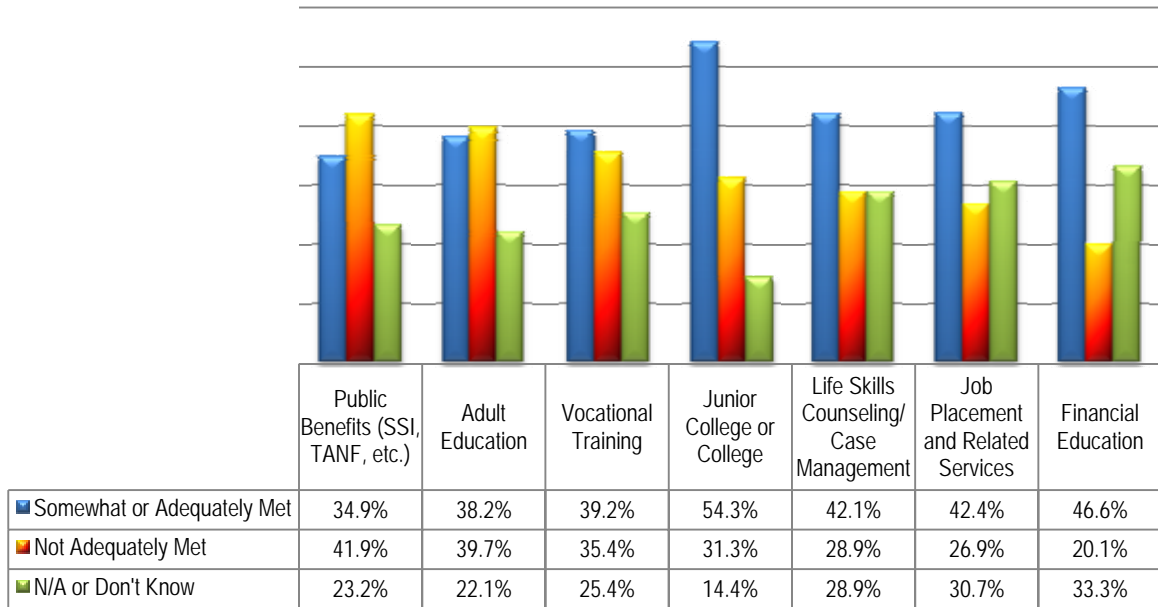


Source: MSS 2009 Grassroots Community Survey

### **Professional/Agency Survey**

Table W-2 shows that the most frequently identified need was for Public Benefits (SSI, TANF, etc.) at 41.9%, followed by 39.7% for Adult Education and 35.4% for Vocational Training. Respondents to this survey were more likely to identify as Somewhat or Adequately Met, Junior College or College (54.3%), Financial Education (46.6%), Job Placement and Related Services (42.4%).

**Table W-2: Greatest Need in Workforce & Economic Opportunity**  
Professional/Agency Survey

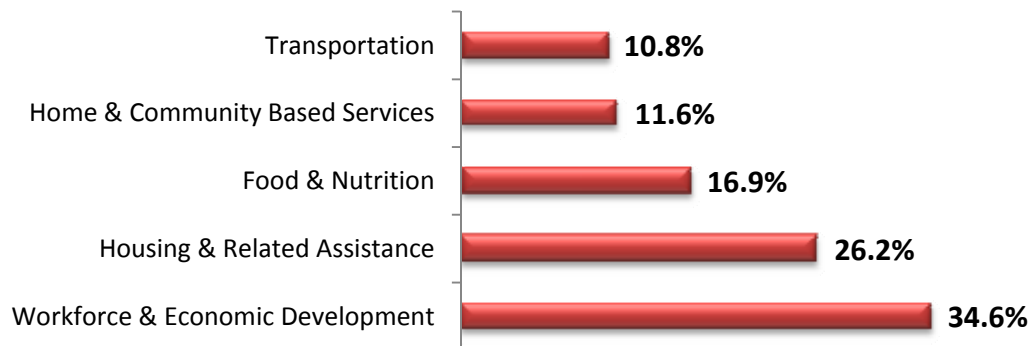


Source: MSS 2009 Professional/Agency Survey

### Survey Comparison

Table W-3 shows that respondents to the Grassroots Community Survey identified Workforce & Economic Development as the number one need among gaps in services from all identified categories.

**Table W-3: Gaps in Services (All Categories)**  
Grassroots Community Survey

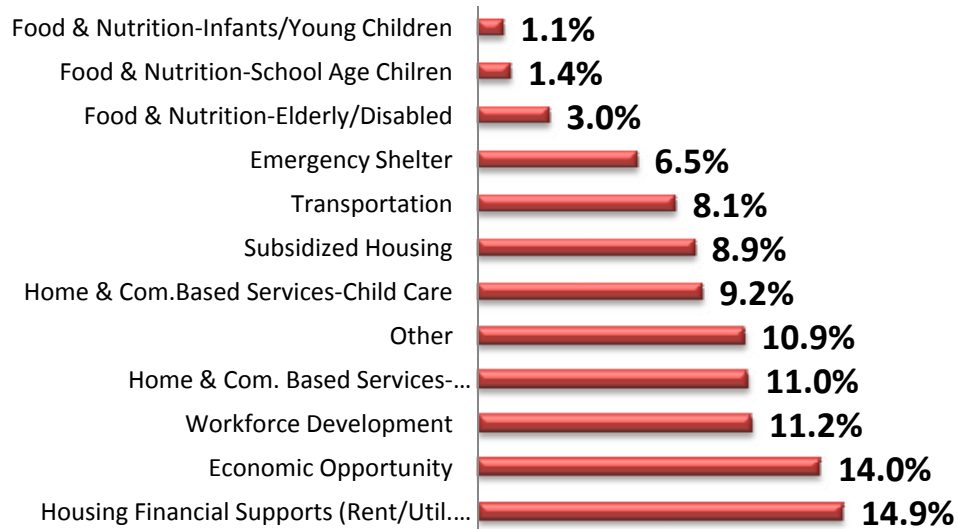


Source: MSS 2009 Grassroots Community Survey

Table W-4 shows that respondents to the Professional/Agency Survey identified Economic Opportunity as the second greatest unmet need, with Workforce Development as the third

greatest need. If Workforce Opportunity & Economic Development were combined, as in the Grassroots Community Survey, that would have ranked as the greatest unmet need at 23.2%, far above other needs identified.

**Table W-4: Greatest Unmet Need (All Categories),  
Professional/Agency Survey**



Source: MSS 2009 Professional/Agency Survey

### **Focus Groups**

While there were recurring themes across gender, racial and ethnic groups, different concerns were sometimes emphasized. Throughout the focus groups, transportation was seen as major barrier both when seeking employment and while trying to keep a job after being hired. They discussed the need for more convenient and affordable public transportation as a way to use services and to remain employed. Both Hispanic male and female groups discussed documentation issues for immigrants.

Lack of support services, including job training and placement for ex-offenders are seen as tremendous barriers for achieving social and economic stability. One participant stated, “Employers may say that they are felony friendly, but what happens is the potential employee just never hears back from the employer.”

Participants in the African-American female group also expressed these concerns:

- Medical issues, child care and transportation can be barriers to employment.
- Married low-income people are not usually eligible for education and job assistance programs.



African-American male participants also noted that:

- Even if programs provide bus passes for job seeking, usually the number of passes is not sufficient.
- More education is needed to secure a job.
- “One stop shop” would be ideal for service delivery.

Participants in the White female group also mentioned the need for:

- Greater community awareness about existing services (list of available jobs, housing, etc., with better coordination and information-sharing among providers).
- Free or affordable licensed day care to help working mothers, including nights and weekends
- More classes, tutoring, budgeting, job training.

White male participants discussed:

- Need for better-paying jobs (not day labor), interviews, as well as the need for bus service earlier and later, and in more locations.
- The high unemployment rate and current lack of jobs makes it harder for homeless persons and ex-felons to work.
- Career training is good. They noted that there are good programs (Salvation Army life skills program, Nashville Career Advancement Center, Project Return, Goodwill, Campus for Human Development, etc.), but many people are not aware of the programs available and often the programs cannot serve enough people to meet the needs.

Common themes in both Hispanic groups included the challenge in accessing adult education, job training and post secondary education due to lack of legal immigration status. The language barrier was also described as an impediment to accessing many services available in the community. Participants noted the importance of learning English, which is more difficult due to lack of sufficient educational opportunities.

Hispanic females noted that:

- Access to GED is open to everybody.
- It is difficult and expensive to get a college education.
- Access to ELL (English Language Learner) classes is limited, but necessary.
- Undocumented students have very limited opportunities for education after high school.

Hispanic Male participants discussed:

- Training opportunities and community colleges generally require a Social Security number, which undocumented immigrants do not have. Many children who were born in other countries and came here as children cannot continue their education past high school, even though they grew up in Nashville.
- Learning English is very important.

- Public schools offer training, but typically not programs, which provide certification or licensure.
- There are good training programs available (such as Conexión Américas) but not enough for everyone to participate.
- Community colleges are too expensive.
- Training services for seniors are needed.

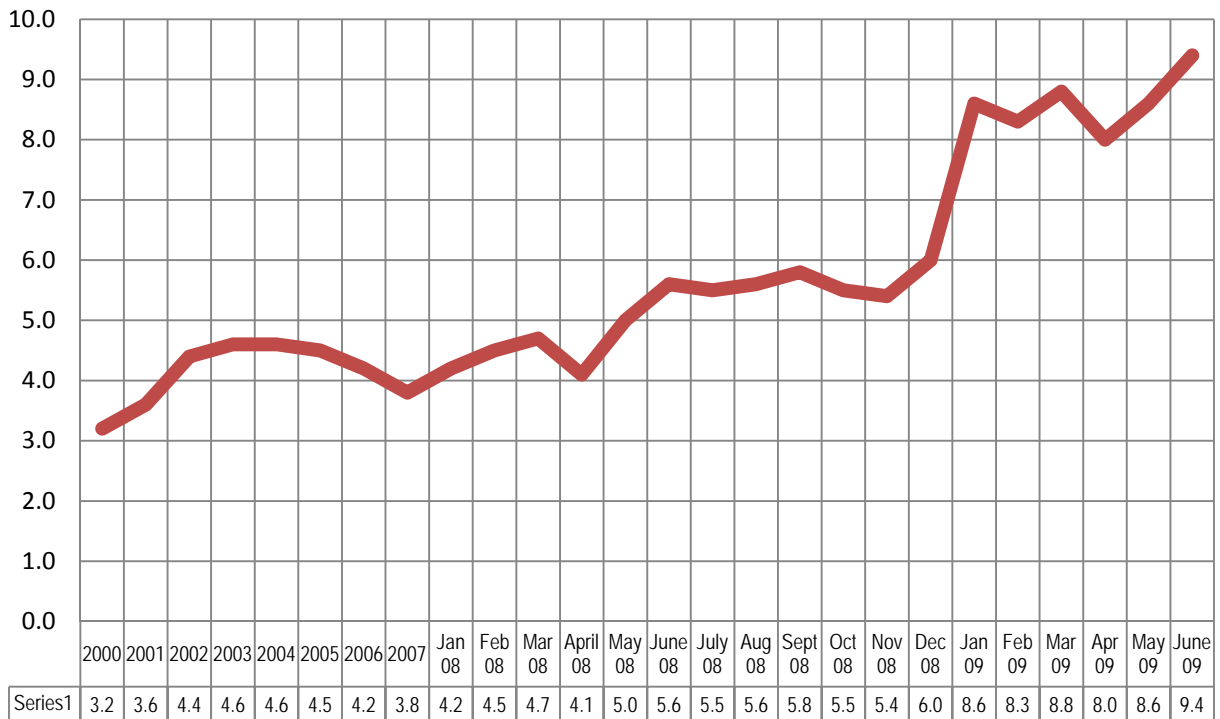
### **Supplemental Information**

#### **Leading Employment Sectors – Davidson County**

A recent study by Center for Regional Economic Competitiveness (sponsored by the Nashville Chamber of Commerce, Tennessee Department of Labor & Workforce Development and the Nashville Career Advancement Center) found that Nashville has enjoyed long-term continuous employment growth due in large part to its economic diversity. Davidson County’s unemployment rate has been low and stable until the recent global financial crisis.

As Table W-5 shows, the unemployment rate in Nashville has been edging up. This is reflected in the latest data available that shows Nashville has the highest unemployment in several years at 9.4% for June 2009. The slowing economy and increased unemployment rate is generally being experienced throughout Tennessee and the rest of the nation.

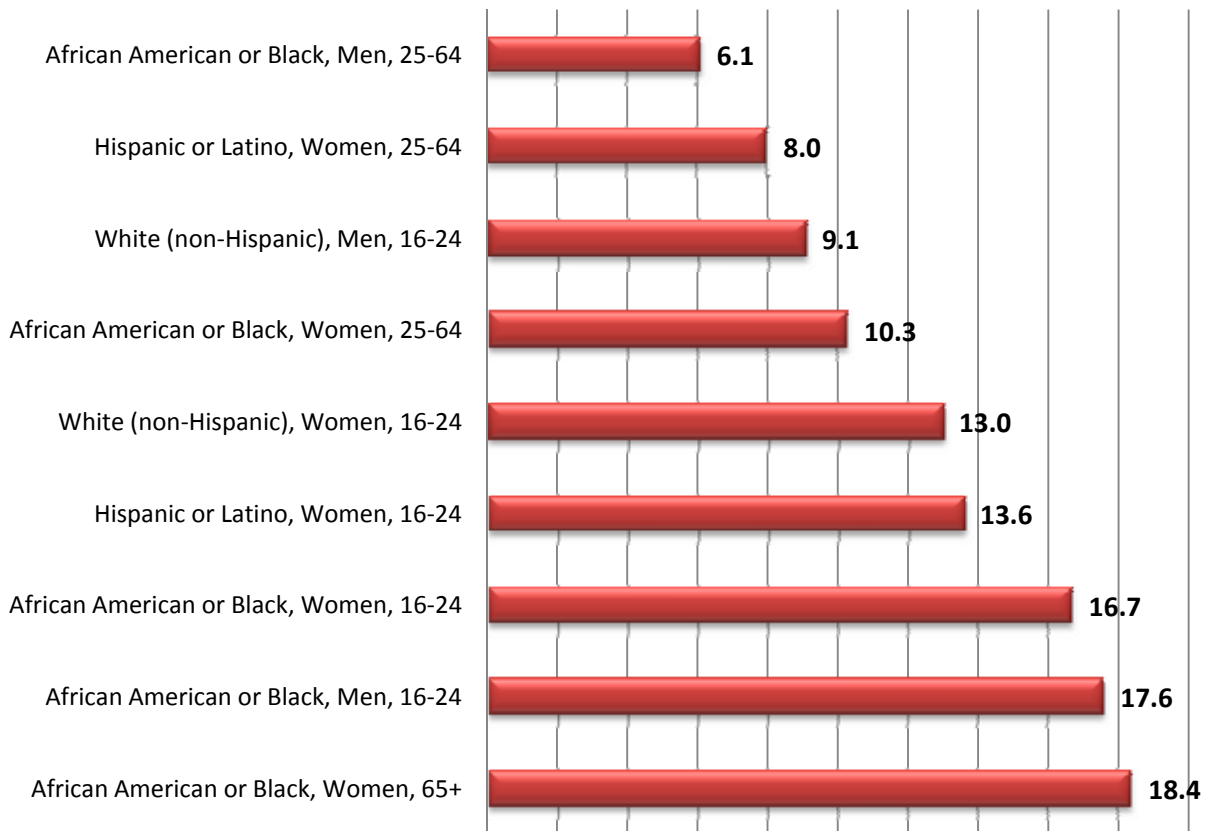
**Table W-5: % Unemployment Rate, Davidson County, 1999-June, 2009**



Source: U. S. Bureau of Labor Statistics

Consistent with the demographic patterns of poverty rates, Nashville unemployment rates vary by age, race-ethnicity, and sex. We calculated the 2005-2007 average unemployment rates for 18 “demographic subgroups” distinguished simultaneously by age (three age groups), race-ethnicity (three race-ethnic groups), and gender (two groups), shown in Table W-6. The average 2005-2007 unemployment rate is 6.0%. Nine of the demographic subgroups have above-average unemployment rates, and nine have below-average unemployment rates.

**Table W-6: Above-Average Unemployment Rates, Demographic Subgroups, Davidson County, 2005-2007**



Source: U.S. Census Bureau, 2005-2007 American Community Survey, 3-Year Estimates

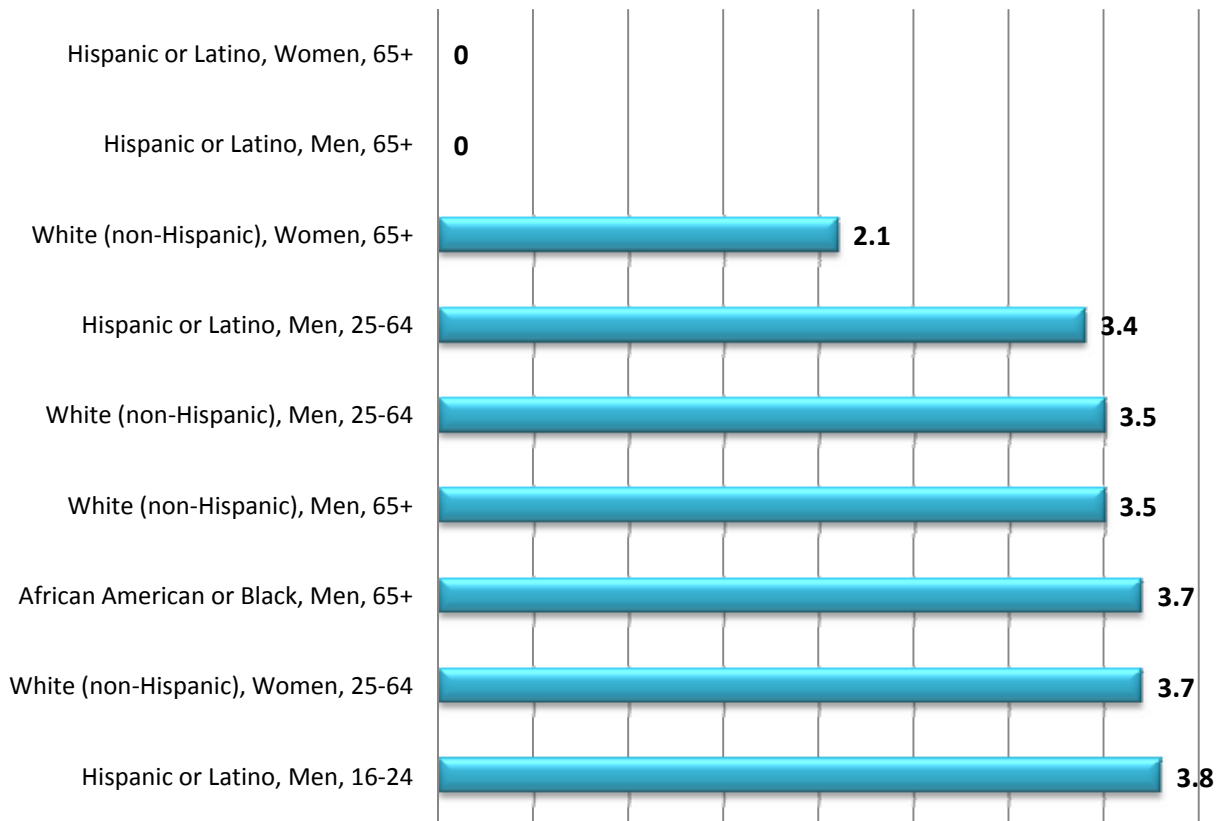
Unemployment rates vary by age and are highest for 16- to 24-year olds, the youngest age group in Table W-6. Workers who are 16-24 in age of both sexes and all race-ethnic backgrounds have above-average unemployment rates (except Hispanic or Latino men).

In terms of race-ethnicity, African Americans or Blacks are at greatest risk of being unemployed. African Americans or Blacks of both sexes and all age groups (except men who are 65 years or older) have above-average unemployment rates. Among Hispanics or Latinos, women under age

65 have above-average unemployment rates. Among whites (non-Hispanic), workers age 16-24 of both sexes have above-average unemployment rates.

By gender, women of color tend to be at greatest risk of being unemployed. African American or Black women of all ages, Hispanic or Latino women under age 65, and White (non-Hispanic) women age 16-24 have above-average unemployment rates. Table W-7 shows below average unemployment rates, by demographic subgroups.

**Table W-7: Below-Average Unemployment Rates, Demographic Subgroups, Davidson County, 2005-2007**



Source: U.S. Census Bureau, 2005-2007 American Community Survey, 3-Year Estimates

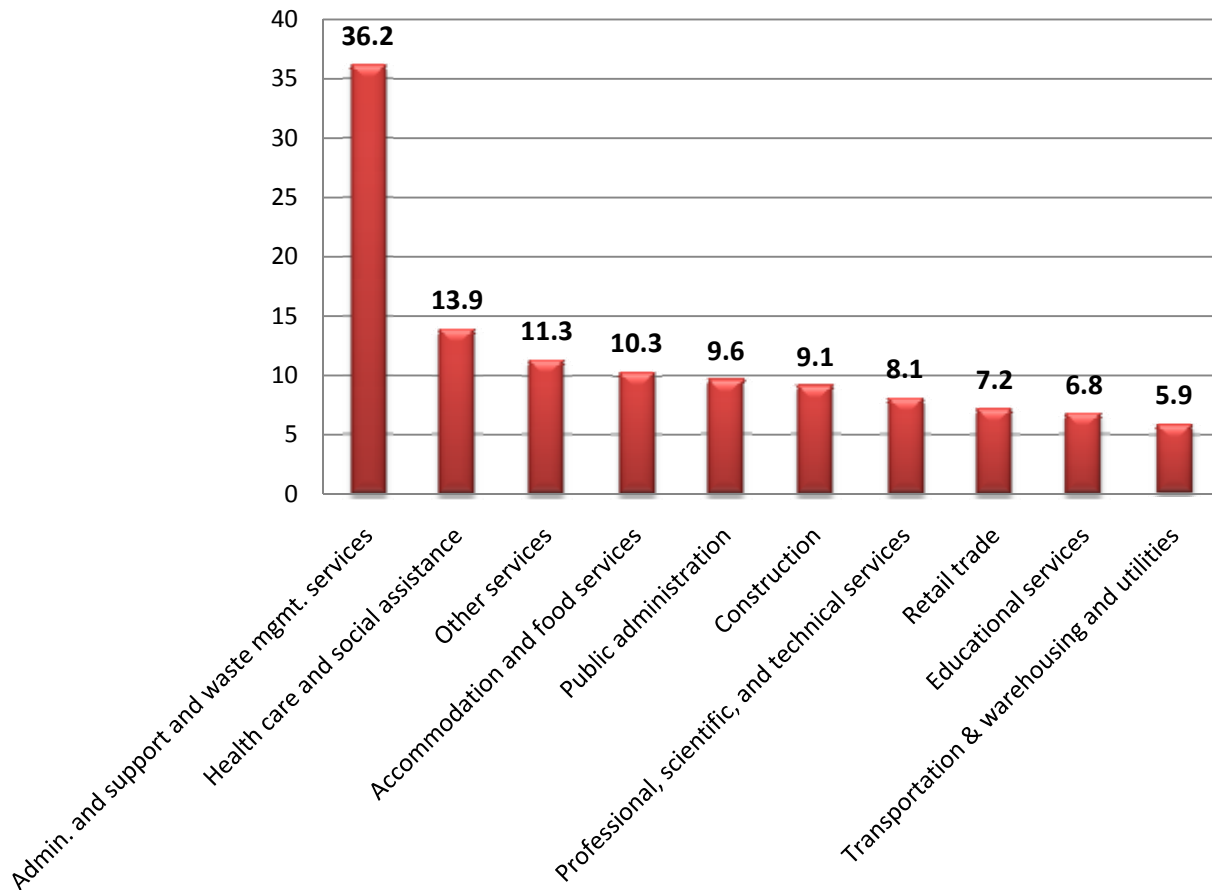
The link between unemployment, poverty, and social services needs is highlighted earlier in this report in the findings from the grassroots focus groups and surveys of professional practitioners and grassroots residents. The grassroots residents and professional practitioners expressed a strong demand for a range of employment-placement, job training, and other employment-preparation services, among other services.

In order to address the challenge of unemployment, unemployed Nashvillians will need to be trained, prepared for, and placed in, jobs in the growth sectors of the local economy. We

calculated the 2000-2007 employment growth rates by industry, with above-average industry growth rates in Table W-7 and below-average in Table W-8.

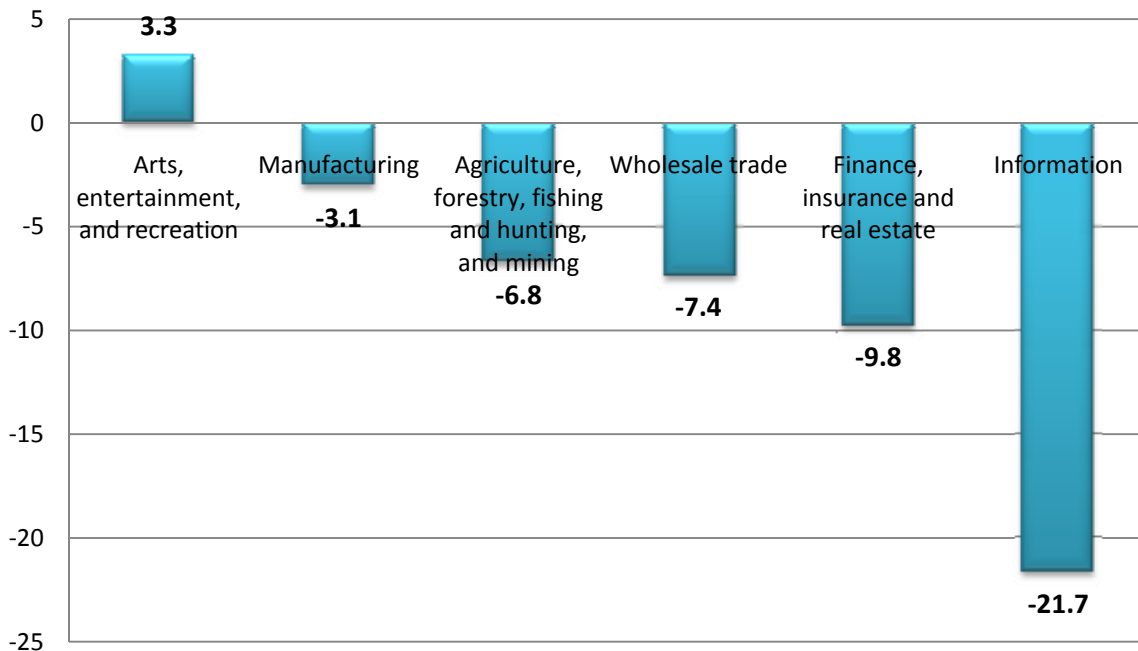
Sixteen industries account for all employment, which increased on the average by 5.3% between 2000 and 2005/7 (the latter year is the Census Bureau’s 3-year estimate which is a more reliable measure of employment than the 2007 estimate). Ten of the sixteen industries have above-average employment growth rates, and six industries have below-average growth rates. The ten industries with above-average employment growth rates account for three-fourths of Nashville employment and are a skill-diverse sector of services, construction, and retail trade.

**Table W-8: Above-Average Employment Growth Rates, by Industry**  
Davidson County, 2000-2007



Source: U.S. Census Bureau, 2000 Census, 2005-2007 American Community Survey/3-Year Estimates

**Table W-9: Below-Average Employment Growth Rates, by Industry, Davidson County, 2000-2007**



Source: U.S. Census Bureau, 2000 Census, 2005-2007 American Community Survey/3-Year Estimates

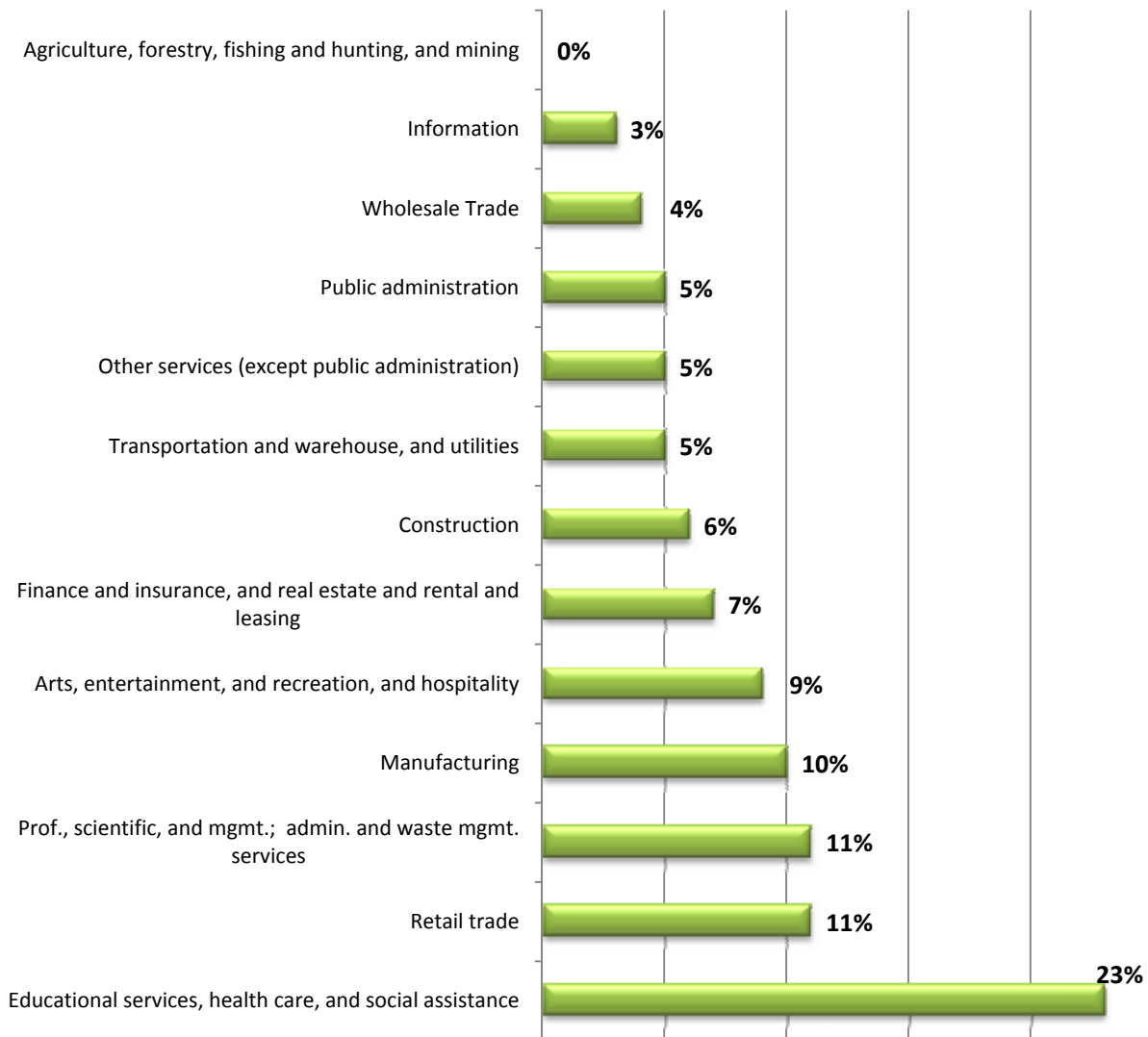
Nashville/Davidson County Leading Occupations and Type of Employer

The 2008 Nashville Economic Market Area Labor Market Report projects that education; health services, leisure/hospitality services, and wholesale and retail trade are expected to account for two-thirds of the net new job growth between 2007 and 2017. The report indicates that the Nashville market has a significant portion of new jobs being created in high-demand, high-paying jobs in industries such as colleges, universities, professional schools, office of physicians, management of companies and enterprises, insurance related activities, and accounting and bookkeeping services. About 85% of these high demand occupations require at least some college experience, and about 69% require a four year college degree or higher.

As shown in Table W-10, Davidson County’s leading industry category was education, health services, and social assistance. Tied for second place were retail trade and those in professional, scientific, management, administrative and waste management.

In 2007, according to the American Community Survey, the leading occupations in the Nashville market were management, professional, and related occupations 35%; sales and office occupations 28%; service occupations 16%; production, transportation and material moving 12%. Of all persons employed in Nashville, 80% were private wage and salary workers, 12% government workers, and 7% was self-employment.

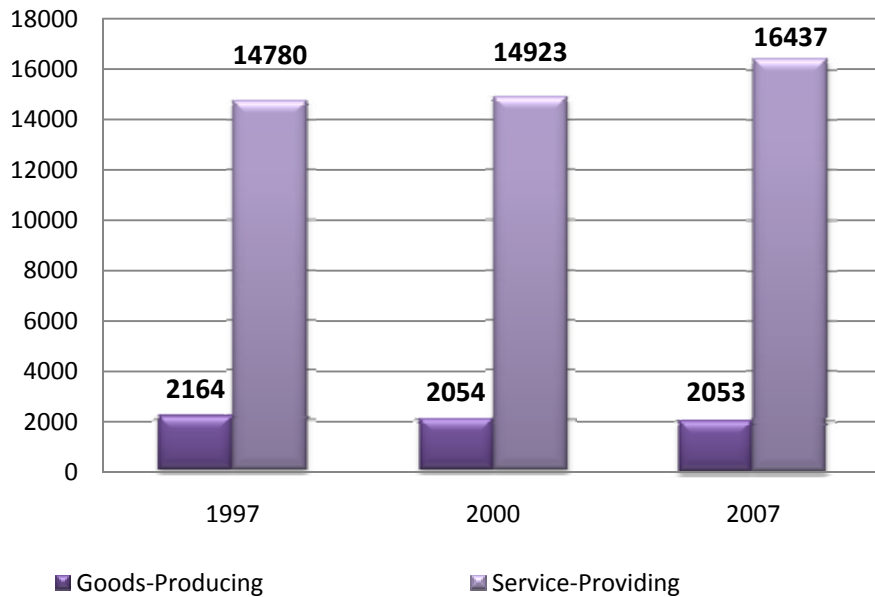
**Table W-10: Percentage of employed people 16 years and over,  
by Industry, Davidson County, TN**



Source: American Community Survey 2007

From 1997-2007 the Tennessee Department of Labor and Workforce Development data indicates that Nashville's economy has been moving from a goods-producing economy to more of a service economy, as shown in Table W-11. This is consistent with data from many places where the communities lost factories that were the primary employers, which were then replaced by businesses that produce services. For example, according to this data, the number of people employed in manufacturing has decreased about 31%, from 37,725 in 1997 to 25,890 in 2007, while those employed in education and health services has risen about 33%, from 60,765 to 80,592.

**Table W-11: Total (Workplace) Establishments,  
Davidson County, TN**



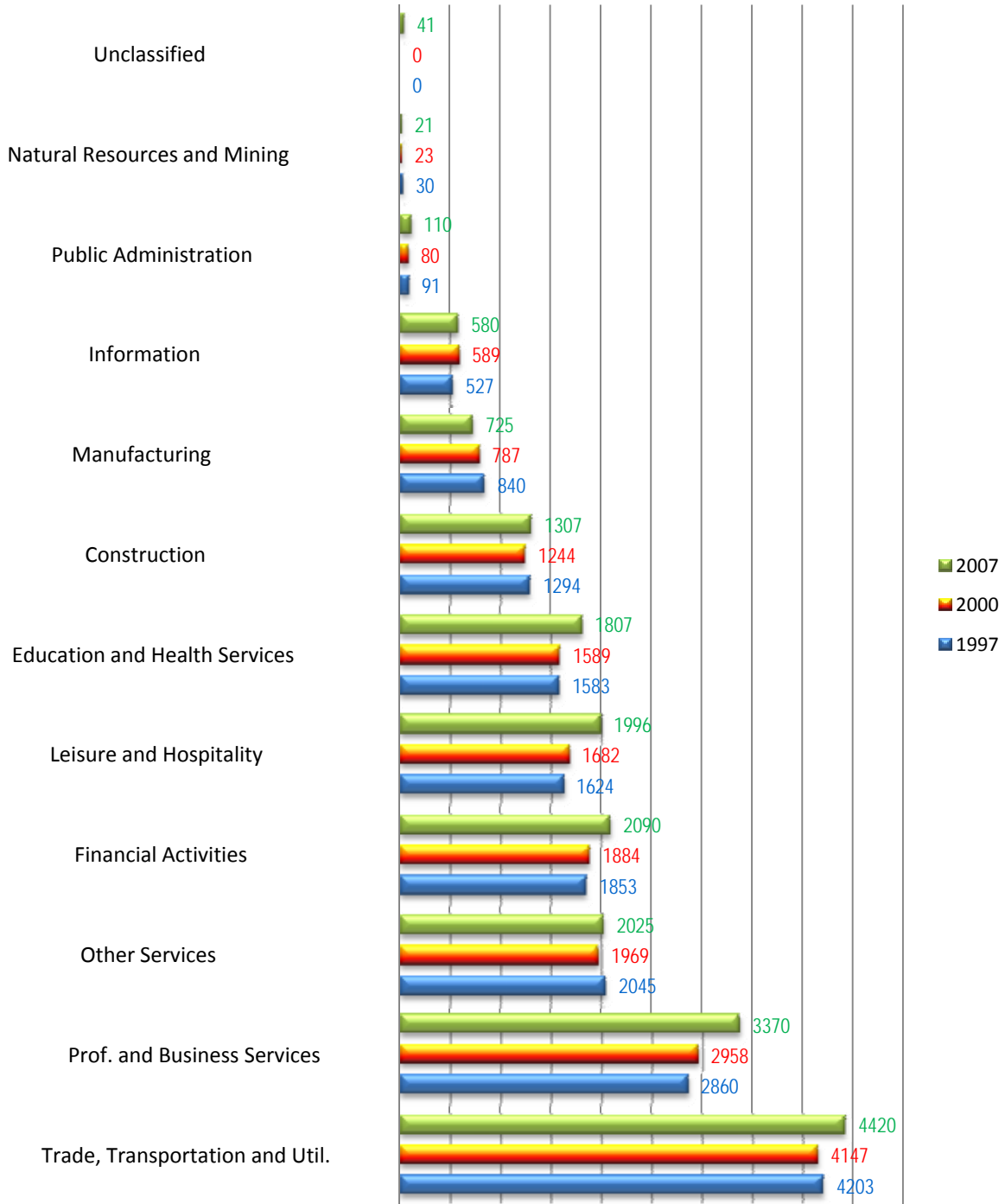
Source: Tennessee Department of Labor and Workforce Development

Nashville’s employment patterns and leading sectors are growing in the areas of health care, education, and professional and business services. In health care, these include Therapeutic Services, Diagnostic Services, Health Informatics, Support Services, and Biotechnology Research and Development. These require a highly skilled work force for the increasing share of new employment growth.

There are various opportunities to obtain these skills through the State of Tennessee’s commitment to prepare a workforce capable to meet the needs of job creating sectors. To make it easier to select career possibilities, the job market has been divided into clusters. According to Tennessee Board of Regency, career clusters are occupations that are grouped together because persons employed in these professions have been shown to share similar interest and strengths. As shown in Table W-12 and W-13, both the total number of traditional manufacturing establishments and jobs continue to decline.

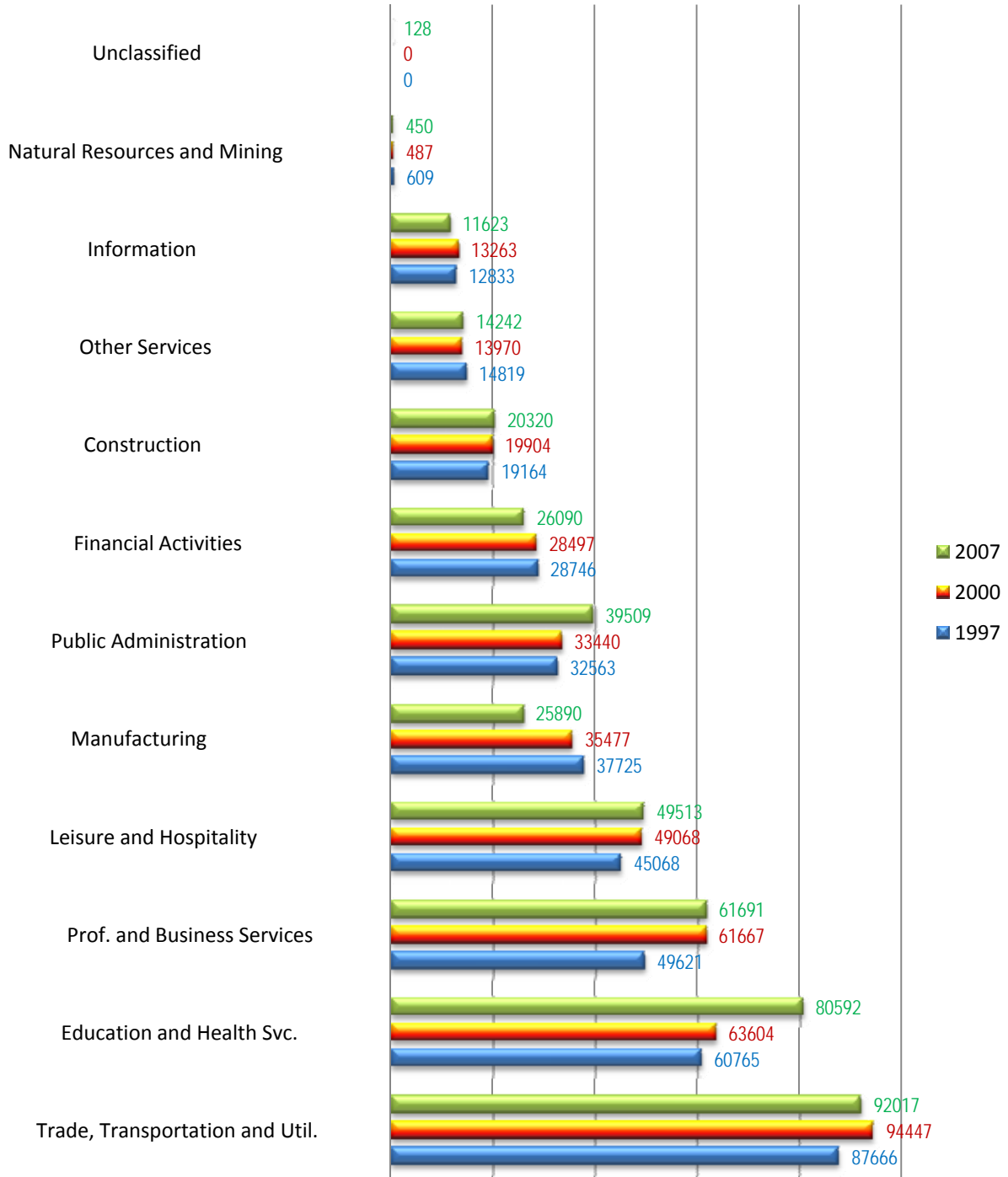


**Table W-12: Number of (Workplace) Establishments, by Type, 1997, 2000, 2007, Davidson County, TN**



Source: Tennessee Department of Labor and Workforce Development

**Table W-13: Number of Employees by Industry, 1997, 2000, 2007, Davidson County, TN**



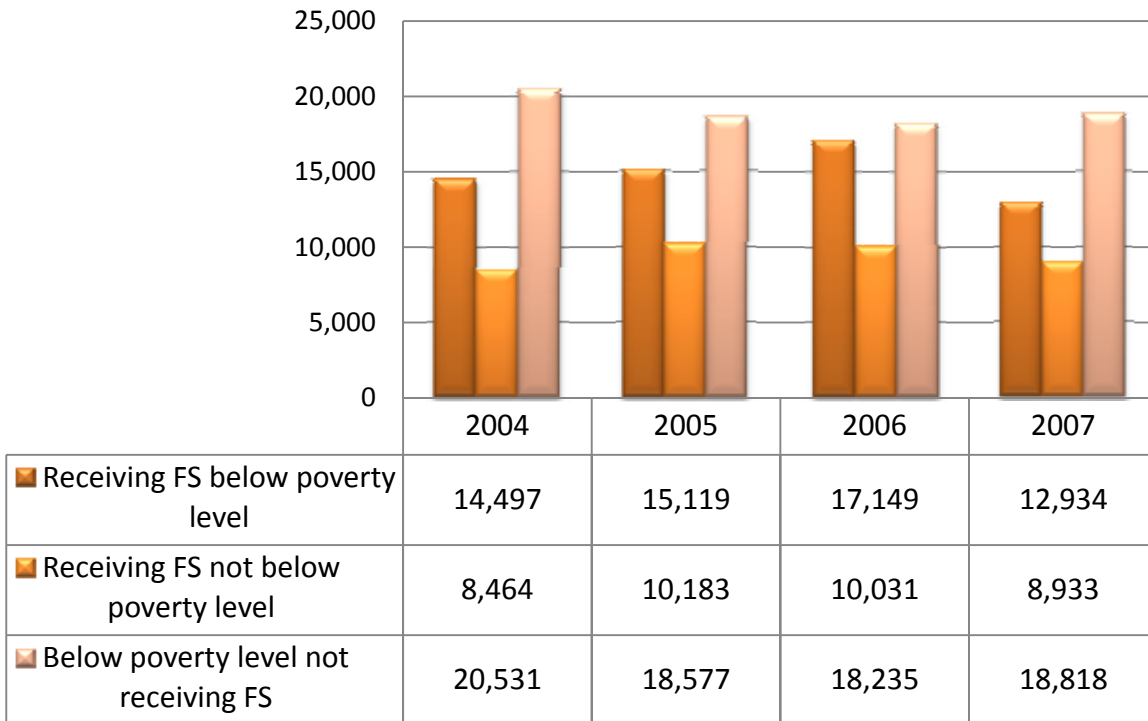
Source: Tennessee Department of Labor and Workforce Development

Public Benefits

For many low-income families, public benefits supplement the gap between what they earn or have and the income needed to meet their basic needs. Eligibility guidelines determine the amount of benefits an applicant would receive, and many low-income families receive and rely on these benefits.

A widely used public benefit is the Food Stamp program (renamed in 2008 as the Supplemental Nutrition Assistance Program). The American Community Survey of 2007 estimates that 21,867 households in Davidson County received Food Stamps in that year, and 12,934 of those had incomes below the poverty level. However, there were 18,818 households with income below the poverty level that did not receive Food Stamps (Table W-14).

**Table W-14: Households Receiving/Not Receiving Food Stamps, Above/Below Poverty Line, 2002-2007, Davidson County, TN**



Source: U. S. Census Bureau, 2004-2007 American Community Survey

It is unclear why those with such low incomes did not receive Food Stamps. There may be procedural reasons why some persons with income below the poverty level would not be eligible for food stamps, such as excess resources, failure to comply with work activity, etc. However, most people with income below the poverty level are eligible. According to advocates, many people who are eligible for small amounts of Food Stamp benefits decide it is not worth the trouble to go through the application and eligibility verification process. Others may have difficulty in complying with requirements (verifying their unemployment, documentation of living at a specific address, documenting the amount in a checking account etc.), while others choose not to apply due to the perceived stigma of using public benefits or their pride.

### Financial Stability

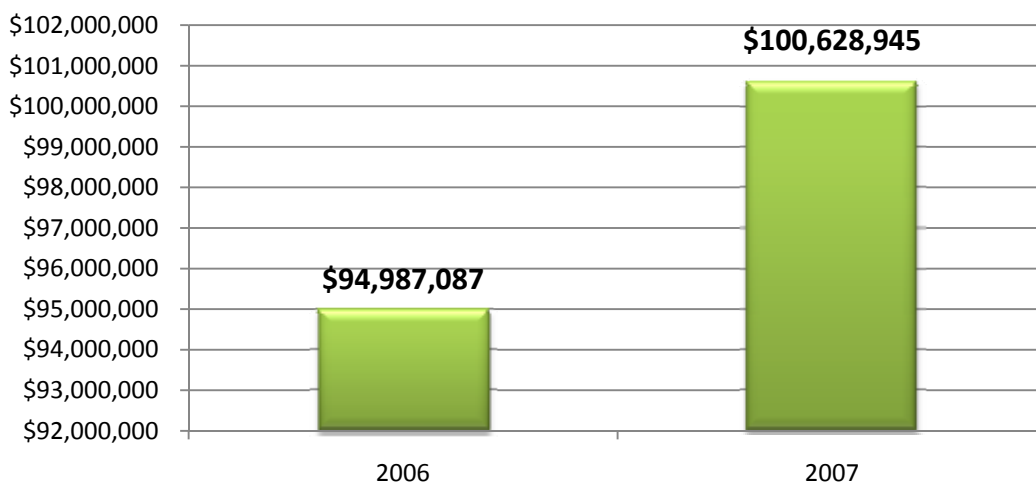
For many low-income families the challenge is both related to how much they earn and to how they utilize their money and whether they would be able to save and build assets to improve their lives. One of the most beneficial programs for low-income households is the Earned Income Tax Credit (EITC). According to the Internal Revenue Service (IRS), The EITC is 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.

The Nashville Alliance for Financial Independence (NAFI) 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 sites throughout Nashville. The 2-1-1 Call Center provides information and referral for VITA to connect persons who are in need to file their income taxes. VITA ensures that Nashville's working families are filing for the tax credits they have earned and helps them save money by avoiding tax preparation fees and instant refunds, which often use predatory practices.

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 unclaimed in Davidson County by eligible filers.

Table W-15 shows that in 2006, 51,863 Davidson County filers claimed the EITC for which they were eligible, amounting to \$94,987,087. In 2007, the number of filers increased to 53,083, an increase of 2.35% and a total of \$100,628,945 provided to low-income families.

**Table W-15: Amount of EITC Received, 2006-2007,  
Davidson County, TN**



Source: Nashville Alliance for Financial Independence. (Only 2006 and 2007 available)

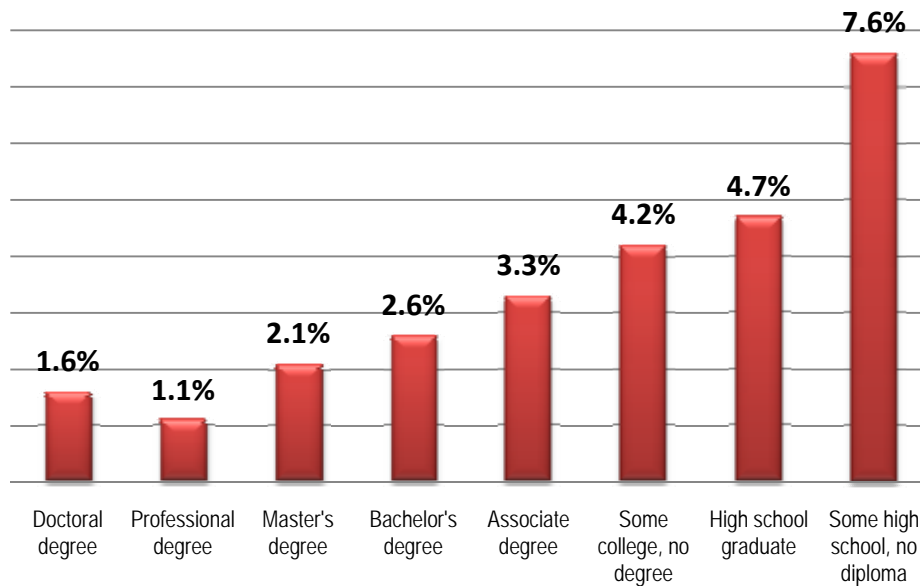
### Child Support

Another source of income for some low-income people is through payment of child support by the noncustodial parent. According to child support collection information provided by the contractor to Tennessee Department of Human Services, the amount collected from 2003 to March 2009 is \$134,875,002.15 while the due arrears as of March 2009 are \$310,171,655.74.

### Educational Attainment

One of the most effective ways to increase family income is through higher education of the parents, since data shows a correlation between higher educational attainment and higher earnings. As shown in Table W-16, 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 have received more education.

**Table W-16: National Unemployment Rate by Educational Level (2005)**

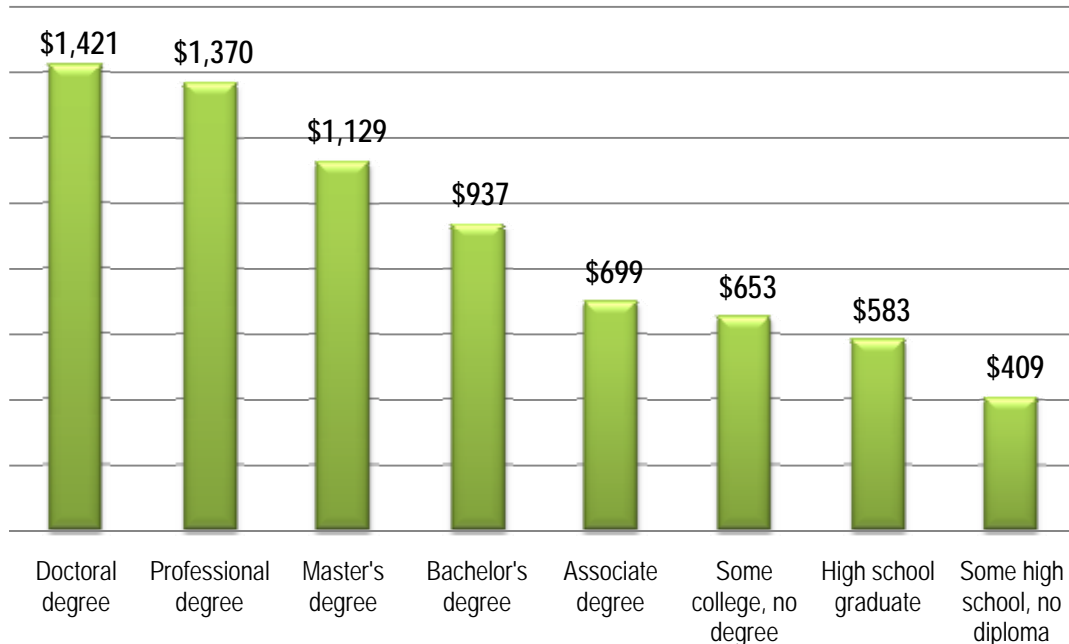


Source: U. S. Bureau of Labor Statistics

A possible reason that some low-income persons do not continue their education during adulthood is the current policy that provides support to those who attend school full-time. However, most of the low-income students would need to maintain a fulltime job in order to be self-supporting, and this prevents them from attending school on a fulltime basis. As a result, full-time employees may lack the financial resources to attend additional educational or training programs.

Table W-17 shows that median income increases with each level of education.

**Table W-17: National median weekly earnings (2005)**



Source: U. S. Bureau of Labor Statistics

As noted in a 2007 report from the National Center for Children in Poverty (“Parents’ Low Education Leads to Low Income, Despite Full-Time Employment”), indicates that parents who have less education have been losing ground financially for more than two decades. Increasing the level of education for parents provides them with the opportunity for lasting economic security. For parents with low education levels, full-time employment does not necessarily prevent them from having low earnings.

The report notes that the majority of children in low-income families have parents without any college education:

- 25% of children in low-income families, almost 7.2 million, have parents with less than a high school diploma.
- 36% or over 10.3 million have parents with a high school diploma, but no college education.
- 39% or over 11.0 million have parents who have at least some college education or more.

The report confirms other data which shows that higher education leads to higher earnings:

- 82% of children whose parents have less than a high school diploma live in low-income families.
- 57% of children whose parents have a high school diploma, but no college education, live in low-income families.
- Only 24% of children whose parents have some college education or more live in low-income families.

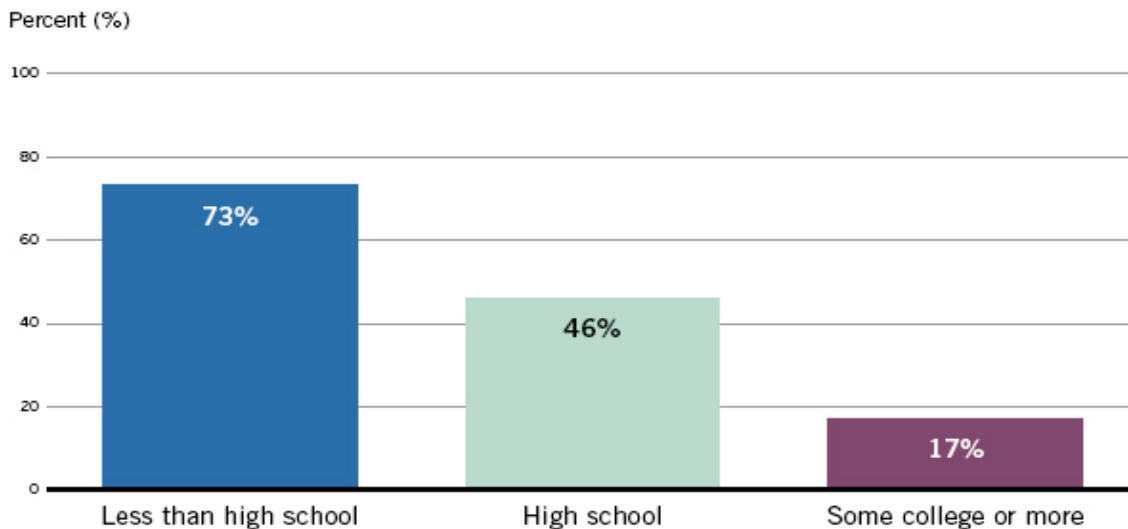
Over the past two decades, children with parents employed full-time are increasingly likely to be low income if their parents do not have at least a college education, as seen in Table W-18.

Among children whose parents work full-time and year-round:

- The percent of children in low-income families increased from 65% to 73% if parents had less than a high school diploma.
- The percent of children in low-income families increased from 34% to 46% if parents had a high school diploma, but no college.
- The percent of children in low-income families increased from 15% to 17% if parents had some college education or more.

Table W-18: Percent of Low-Income Children in Households with Parents Employed Full Time, by Educational Attainment

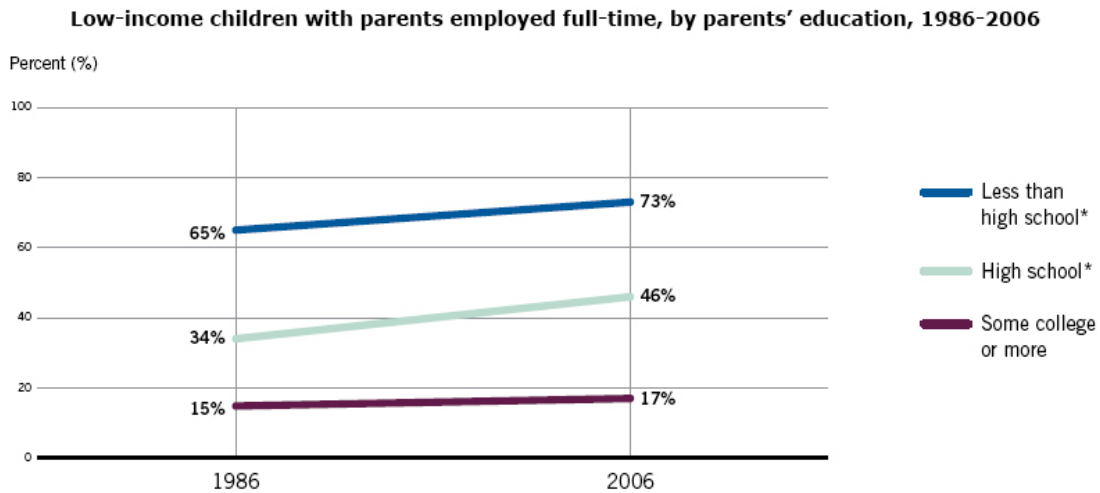
**Low-income children with parents employed full-time, by parents' education, 2006**



© National Center for Children in Poverty ([www.nccp.org](http://www.nccp.org))  
Parents' Low Education Leads to Low Income, Despite Full-Time Employment

Over the past two decades, children with parents employed full-time are increasingly likely to be low income if their parents do not have at least a college education. Table W-19 compares change in the percentage of low-income children by educational attainment of their parents.

Table W-19: Percent of Low-Income Children with Parents Employed Full Time, by Educational Attainment, 1986-2006



\* Changes in the percent of low income are statistically significant at the 0.1 level for parental education level.

© National Center for Children in Poverty (www.nccp.org)  
 Parents' Low Education Leads to Low Income, Despite Full-Time Employment

The report also notes that the benefit of beginning education early and that participation in Head Start by low-income children improves the likelihood that these children will complete high school and attend college.

However, Head Start programs do not have the resources to serve a sufficient number of children in need. For example in Nashville, the Metropolitan Action Commission reports that the Head Start program serves 1,485 children, while looking at the 2005-2007 American Community Survey three year estimates, there were 45, 319 children under the age of 5 in Davidson County, and the poverty rate for those 5 and under is 28.8%, therefore those who could be income eligible to attend Head Start would be 13, 023.

Barriers to attending educational programs are similar to those for participating in the workforce, such as the need for child care and transportation.

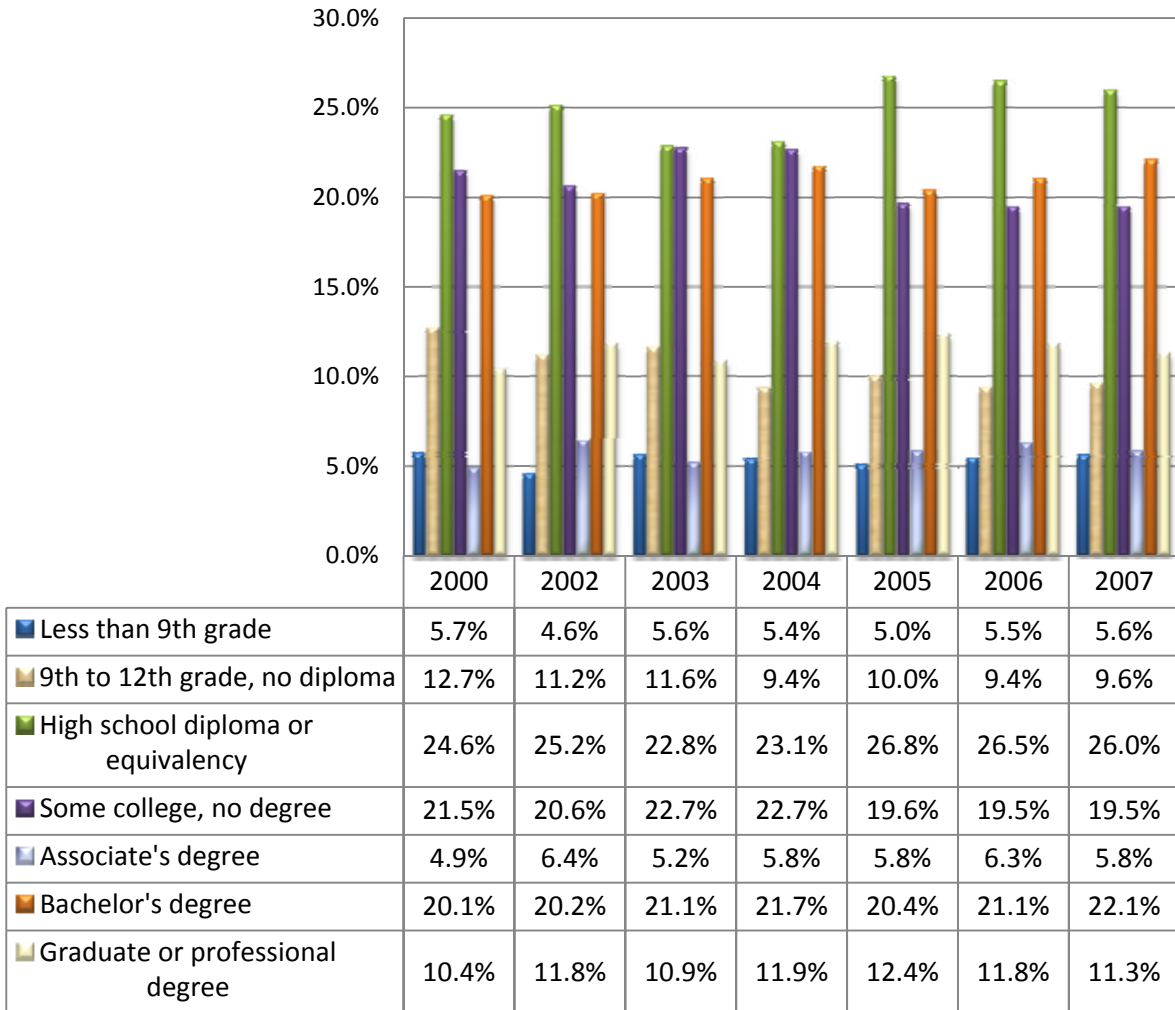
Table W-20 compares the percentage of people who have achieved specific levels of education by year. The percentage of people in Davidson County with less than a 9<sup>th</sup> grade education has remained consistent from 2000-2007 (mean 5.3%). There has been a decrease in the number of



people who had no diploma but had 9-12 years of education (down from a high of 12.7% in 2000 to 9.6% in 2007).

The 2007 rate for those with a high school diploma or equivalent is slightly higher at 25% than the 26% mean for the seven year period. There has been slight fluctuation in the number of people with some college, an associate's degree, bachelor's degree and graduate or professional degree, but they are slightly higher in 2007 than in 2000.

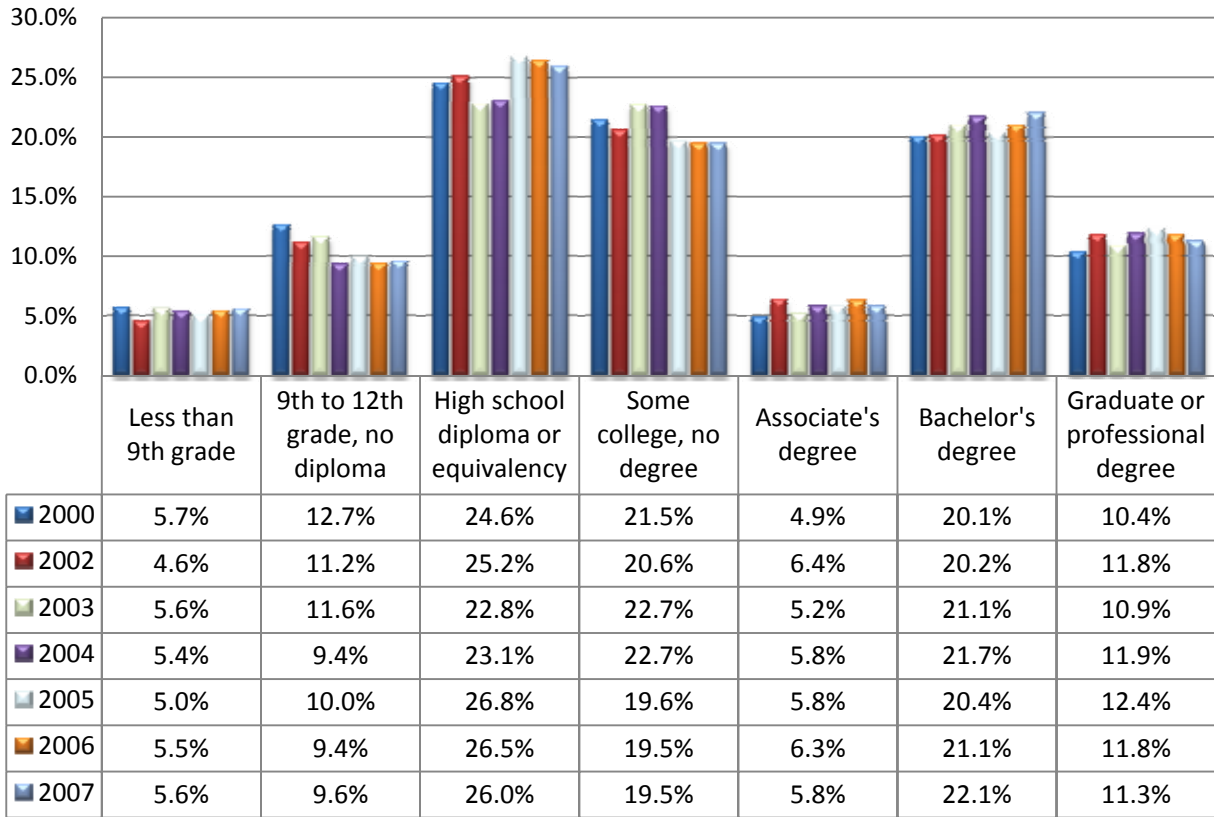
**Table W-20: Educational Attainment, Davidson County, 200-2007**



Source: U. S. Census Bureau, 2000 Census, 2002-2007 American Community Survey

Table W-21 groups the educational levels together to better demonstrate the changes in each category during the seven year period.

**Table W-21: Educational Attainment, Davidson County, 2000-2007**



**Special Populations**

There are special populations which may experience additional barriers to employment. Some of these have been mentioned above, including people who are homeless, ex-offenders, immigrants, seniors, etc. There are many other populations with similar barriers which may need additional supportive services, including victims of domestic violence and youth aging out of foster care.

According to a recent study by Cutler Consulting funded by Jim Casey Youth opportunities, youth aging out of foster care lag behind their non-foster care peers in a number of youth outcomes, including high school graduation, teen pregnancy, and incarceration. Job training programs combined with lifeskills activities are essential investments to reverse these trends. Sustaining employment is key to helping youth exiting foster care avoid poverty and to potentially achieve improved outcomes.

## **Workforce and Employment Resources**

For many low-income families and individuals, obtaining gainful employment is the most life-changing intervention to help them develop the ability to meet basic essentials for life. Many studies report that it is a challenging process for people with relatively low levels of skills and education to obtain employment. As a result, they usually have lower income levels.

The process of obtaining and maintaining employment would present an unfamiliar challenge to many in this population. It is important that job seekers have the information and interpersonal skills needed to secure the jobs that are available in their communities. They need job hunting skills, ability to assess their goals and skills and to understand the role of the labor market trends on their job search efforts. However, many low-income job seekers do not have the leisure for a lengthy job search campaign. These job seekers may only commit to pursuing activities that would lead to immediate job placement to help meet their immediate financial needs.

There are various employment-related resources available to help low-income persons address their barriers to employment to help them become self-sufficient. For those who are seeking jobs, there are different kinds of community resources available to help them develop career interests, provide soft skills/improve interpersonal skills and other things that improve their chances of being placed in jobs and help them maintain it.

By reviewing employment resources in the Nashville area, it would be desirable to divide them into three main categories:

- Workforce Development
- Job Services
- Employment Support services (soft skills)

Workforce Development involves working with individuals to explore career options, decide on a direction, target a career or industry then strategize and market oneself for the job search. The following are the components of workforce development:

- Career planning consists of activities and actions that achieve individual career goals. The process includes, exploring interests and abilities, strategically planning career goals, and designing action plans that help achieve identified goals. It also includes a comprehensive assessment that will review the skills, education and abilities of the job seeker. This analysis will help determine the type of employment that may be obtained and the ability to retain jobs and become upwardly mobile.
- Career coaching involves research specific occupations, choose a new career, or analyze skills to find a suitable occupation by networking, workshops, and support services. These activities provide insight and knowledge about the world of work from career and job search experts, resume writing assistance and mock interviews, and guidance to help marketing the skills of job seekers to potential employers.

- Training involves the process of developing or enhancing skills sets through Workforce Investment Act training funds for customers who lack the necessary skills needed by leading job growth industries. The services include find a suitable training or educational program, as well as information on training providers and schools. Tennessee Higher Education Commission administers training programs that help workers advance their careers. More information on these resources is available to this link:  
<http://www.state.tn.us/thec/>

The Nashville Career Advancement Center is the county designated agency for workforce development by operating the Workforce Investment Act resources from the U. S. Department of Labor. The fiscal year of July 2007-June 2008 included total program expenditures for Adult and Dislocated Workers (dislocated workers are those who lost their jobs through no fault of their own due to circumstances such as company closings or downsizing resulting in layoffs). A significant amount of these funds were spent on training for participants:

Adult Participant Training & Support	\$1,850,469
Dislocated Worker Participant Training & Support	\$1,911,335

Job Services are provided through the Tennessee Career Centers to the residents of Davidson County. Employers can find the workers they need, while job seekers can get assistance and career information. Most of these services are not intended to be long-term activities that involve training, but instead are for immediate placement for those who need assistance. Long-term career building is also available for those who would like to pursue it. Participants will have access to comprehensive job listings and referrals to employers. It also offers job readiness services that include resume writing, job searching, and interviewing skills. There are two centers in Nashville – 2200 Rosa L. Parks Boulevard and 3763 Nolensville Road.

Employment Support Services are not funded by the U. S. Department of Labor, and are primarily provided through community-based organizations. These services assist many of the low-income who receive other support services to meet their health and human services needs. The employment support services are designed to place clients in employment relatively quickly and of great benefit to those who have had limited work experience. Employment support services provides information, encouragement and assistance to low-income job seekers (usually with limited education and skills) obtain employment that would develop their capacity to support themselves and their families.

In addition to other qualifications, soft skills are increasingly sought out by employers who need employees who understand teamwork, problem-solving, engage others, effectively work with diverse cultures, etc. Training improves the job seekers' interpersonal skills at the workplace and marketable skills to make them satisfactory job candidates for prospective employers. The Appendix contains a list of agencies that provide employment support and related career services in Nashville, although some of the providers limit services to specific populations.

## Housing & Related Assistance

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Adequate and affordable housing is essential to all residents regardless of income and marital status. In our society, we expect that everyone would have the opportunity to live in a decent home they can afford, live in a place that they want to live in for the present as well as in the future, and live in a community that promotes opportunity and a better quality of life in a secure and attractive environment.

### **Key Points:**

- There is an insufficient supply of housing available to low income households.
- In Davidson County, between March 2007 and March 2008, the number of foreclosures doubled. Between March 2008 and March 2009, the number of foreclosures doubled again. The strain on the economy affects both homeowners and renters.
- A significant cost burden for housing has affected 35% of owners with a mortgage, 11% owners without mortgages, and 44% of renters, who spent 30% or more of their household income on housing.
- There are long waiting lists to meet the demand for public housing, Section 8 housing, and Contemporary Housing (formerly known as Hope VI), ranging from approximately 500 to over 3,000.
- There is a lack of safe and secure locations for emergency housing for married couples with children, women, and women with children under the age of 10 years to meet the emergency need for shelter in a safe and secure location.
- More emergency funds are needed to assist with household utility bills and rent. The demand for financial assistance has drained programs and customers are sometimes placed on waiting lists for three or more months.

High demand for housing and a lack of its supply for affordability have become an issue for many parts of the country and Nashville is no exception. With an increase of female householders with families as the largest family-type living in poverty and an increasing aging population in Nashville, it is imperative that these housing issues be addressed.

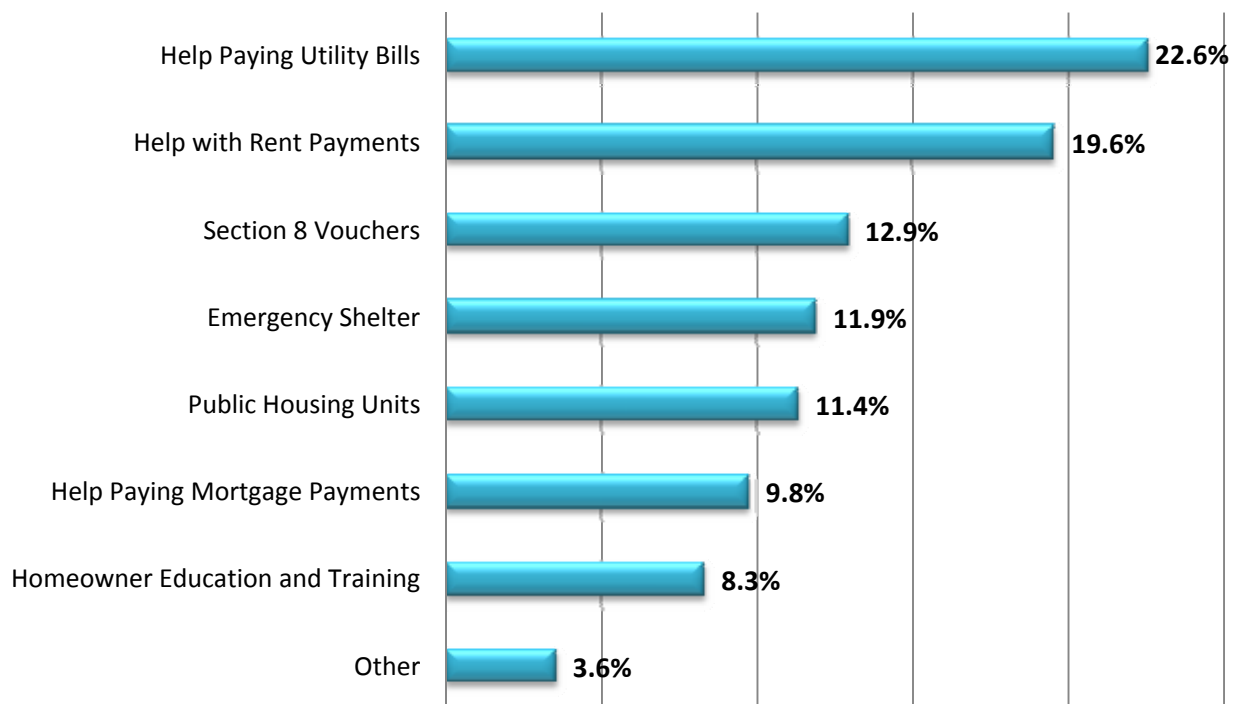
Emergency shelters that are safe and secure are also in short supply as the demand for temporary housing increases, particularly for women and women with children. According to a report released in December, 2008 from Nashville's "Profile of the Homeless Population," one of the reasons households with children were experiencing homelessness was a lack of affordable housing.

Nashville's Poverty Initiative included a Housing Action Committee, which reviewed trends in the composition of the homeless population, noting an increase in the number of women and women with children. They also pointed out an increase in the number of disabled women, and in women with children who have lost Families First benefits who are seeking shelter and child care.

### **Grassroots Community Survey**

As shown in Table H-1, respondents to the Grassroots Community Survey most frequently identified Help Paying Utility Bills and Help with Rent Payments as the greatest unmet need. These types of assistance are often related and sometimes provided by the same agency. If these two needs were categorized together, more than 42% of respondents identified this need.

**Table H-1: Greatest Need in Housing & Related Assistance,  
2009 Grassroots Community Survey**

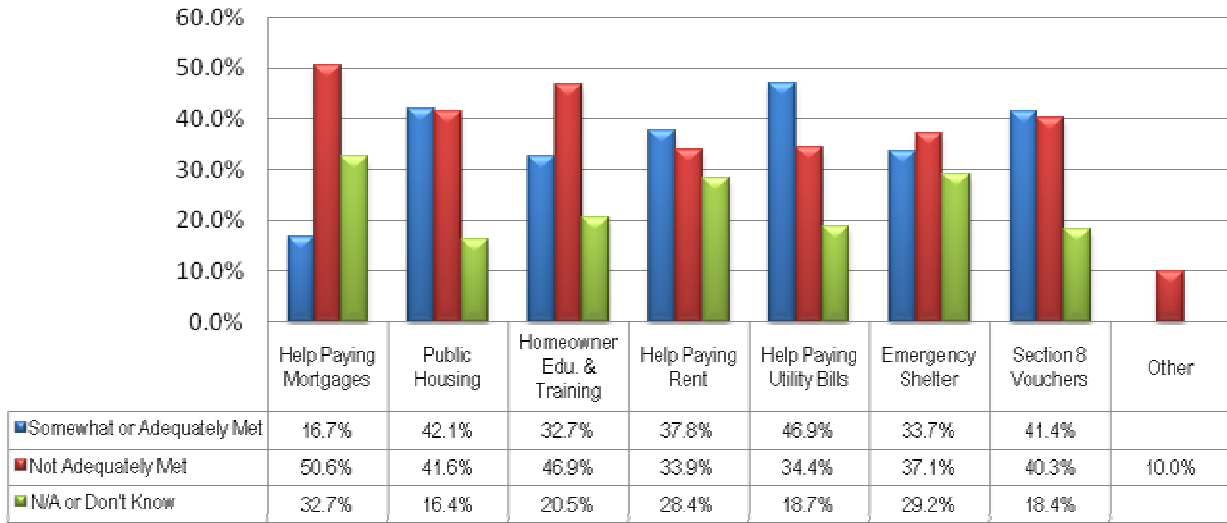


Source: 2009 MSS Grassroots Community Survey

### **Professional/Agency Survey**

Table H-2 shows the responses to the Professional/Agency Survey, which found that Help Paying Mortgages was most frequently identified as Not Adequately Met. More than 46% of respondents indicated that Help Paying Utility Bills was Somewhat or Adequately Met.

**Table H-2: Greatest Need in Housing & Related Assistance,  
2009 Professional/Agency Survey**



Source: 2009 MSS Professional/Agency Survey

### **Survey Comparison**

Although both surveys indicated that there are gaps in financial assistance, there were noticeable differences in how needs were ranked, suggesting that consumers and agency professionals have different perspectives on what is needed. For example, while most (50.6%) Professional/Agency respondents identified Help Paying Mortgages as the greatest need, only 9.8% of Grassroots Community responses identified that as the greatest gap in services. Another marked difference is that Help Paying Rent (33.9%) and Help Paying Utility Bills (34.4%) were identified as adequately met by Professional/Agency respondents, but these were ranked highest as service gaps by Grassroots Community Survey participants (19.6% and 22.6% respectively). When comparing survey results, it is important to consider the differences in the number of categories related to rental housing, homeownership and related supportive services.

### **Focus Groups**

The following are some comments on needed services in housing from the six focus groups, with many comments consistent with other data contained in this report.

African American males shared their concerns that churches and non-profit assistance programs routinely run out of money.

- “Now we have five kids. I was making \$10 [per hour]. Our rent was \$785. In making \$10, Section 8 was cutting us way back. I have to pay water, electricity, and so on. When I get paid, there is nothing there. The kids need shoes and clothes. I have to borrow from Peter to pay Paul. Most of the time, money for programs and churches runs out. There is just not enough resources available for all the need that is out there.”

- There should be a “Rainy Day Fund” that would be available to use that would “tide you over so that you could keep your house.”

In the African American female group:

- There’s a lack of knowledge as to where to go for resources/support.
- A general concensus of the group was summarized by a participant: “Utilities help is not working. They said I made \$1 too much to help me. You have to have income to get help and then when you have income, you’re still not getting help.”

In the White male group:

- There is a need for updated lists of affordable places—outreach and publicity.
- There was concern about long waiting lists due to a shortage of affordable housing, and that while boarding homes could be a solution, described as “only interested in rent money and don’t provide any services”.
- Because of eligibility restrictions, ex-felons they cannot locate affordable housing (Section 8 or subsidized housing).

The White female group talked about the physical environment for themselves and families by stating, “We need more clean, safe shelter space for women, children, domestic violence victims and be allowed to stay longer.”

The Latino group participants had concerns regarding legal status. When they do find services, language is a barrier. Also, it was reported that there’s a general lack of knowledge about housing services.

- A lot of people need help to pay the rent or the mortgage, but they don’t seek it because they think there’re going to be rejected or because this help is not available for undocumented people.
- Information on how to be able to buy a house is needed.
- We need an information campaign about the services Latinos can access.
- Sometimes they limit access to these services, although the family has a child who is a citizen.
- “There are emergency shelters for women and families. The problem is that they don’t have any people who can speak Spanish. These centers are open to anybody, regardless of legal status.”



**Supplemental Information**

Finding affordable housing for low-income persons in Davidson County was a challenge long before the recent downturn in the economy. Finding and keeping adequate housing continues to be a great challenge confronting low-income households. There is an insufficient supply of housing available to low-income households at a cost within their means.

The U. S. Department of Housing & Urban Development indicates that the economic expansion of the 1990s obscured certain trends and statistics that point to an increased, not decreased, need for affordable housing. The generally accepted definition of affordability is a household that pays no more than 30% of its annual income on housing. Families who pay more than 30% of their income for housing are considered “cost burdened” and often have difficulty affording necessities such as food, clothing, transportation and medical care. Nationwide, an estimated 12 million renter and homeowner households now pay more than 50% of their annual incomes for housing, and a family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States. The lack of affordable housing is a significant hardship for low-income households that prevents them from meeting their other basic needs, such as nutrition and health care, or saving for their future and that of their families.

The National Low Income Housing Coalition (NLIHC) works to assure people with the lowest incomes in the United States have affordable and decent homes and provides data regarding housing issues. They indicated that the Fair Market Rent (FMR) in Tennessee for 2008 for a two-bedroom apartment was \$644. To afford this rental fee and utilities without paying more than 30% of income on housing, the household would need to earn \$2,146 per month, or \$25,750 per year. The FMR for Davidson County is even higher, at \$39 more than the state FMR.

Table H-3 shows the increase in the FMR in Davidson County, Murfreesboro-Franklin (the 39<sup>th</sup> largest Metropolitan Statistical Area in the U. S.) during the past three years.

Table H-3: Fair Market Rent, for All Bedroom Sizes, FOR NASHVILLE-DAVIDSON-MURFREESBORO-FRANKLIN, TN MSA, 2007-2009

	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2007	\$528	\$603	\$693	\$899	\$925
2008	\$551	\$629	\$723	\$938	\$965
2009	\$580	\$662	\$761	\$987	\$1,016

Source: U. S. Department of Housing & Urban Development

Many individuals and couples live on a fixed income such as Supplemental Security Income (SSI), which helps aged, blind, and disabled people who have little or no income. SSI is paid

through the Social Security Administration with general tax funds. For many, SSI is the sole source of an individual’s income. SSI payment rates are shown in Table H-4.

Table H-4: SSI Payment Rates, 2008-2009



Essential Person refers to someone who is needed in the home to care for an eligible person receiving SSI. The essential person must have lived continuously with the eligible person since January 1974.

Source: U. S. Social Security Administration

The 2007 American Community Survey of the U. S. Census Bureau reports that many Davidson County residents spent more than 30% of their income on housing expenses. It is estimated that 35% of owners with mortgages and 44% of renters in Davidson County were in this cost-burdened category. It is likely that many of these are families with children, since Table G-18 in a previous section notes that the highest family poverty rates were for families with related children under age five (34.6%).

### Federally Funded Housing

The U. S. Department of Housing & Urban Development has programs to increase access to affordable housing, as well as other efforts to increase homeownership and support community development. In Davidson County, HUD provides funds to the Metropolitan Development and Housing Agency (MDHA), which is the designated public housing authority. MDHA is responsible for managing the public housing system in Davidson County and administers the Section 8 Program that provides housing choice vouchers that allow very low-income families to obtain affordable privately-owned rental housing.

MDHA reports that they currently have:

- 5,399 public housing units and 125 fair market units (some of these are designated for disabled/elderly as described below)
- 3,000 on waiting list\*
- 119 units in a Single Room Occupancy Program for homeless individuals
- 230 units through the Shelter Plus Care Program, a program targeted to homeless people with disabilities

\*The length of time someone remains on the waiting list varies greatly depending on where a person is on the list and availability of a unit. As a result, it is difficult to determine the period of time that would elapse between the completion of an application and obtaining housing.

For the Section 8 Rental Assistance Program, MDHA has:

- Allocation of 6,200 units (2008 same as 2009)\*
- The program operates at 100% capacity.
- 3,400 on waiting list for Section 8\*\*
- No applications for Section 8 vouchers have been accepted since December 22, 2008, because of the lengthy waiting list

\*There are 5,791 vouchers available for individuals and families, with the remaining 409 going to housing such as Shelter Plus Care, Single Room Occupancy, and Veterans Affairs Supportive Housing (VASH), which is HUD approved with a partnership between MDHA and the Veteran's Administration.

\*\*It is anticipated that names from the current waiting list will not be contacted until November 2009 and after that, applicants will be pulled from the waiting list based on turnover and date of application. Affordable housing continues to be in great demand with an extremely long waiting list.

MDHA collaborates with Affordable Housing Resources, Inc. to facilitate a transition from Section 8 Rental Assistance to the opportunity of homeownership. Since October 2000, more than 140 families have closed on the purchase of a home and are currently receiving homeownership assistance.

#### Housing for the Elderly and Disabled

There is an increasing number of seniors in Davidson County, as shown previously in Table G-10, with about 11% of the population over age 65 as of 2007.

According to the HUD Multifamily Housing Program Center, HUD's Section 8 Program provides 3,025 units for the elderly and 141 units for the disabled available through privately owned, subsidized housing for a total of 3,166 units designed to meet the needs of this population.

Low-Income Housing Tax Credits (LIHTC) are credits against federal income tax liability each year for 10 years for owners of and investors in affordable rental housing. The amount of tax credits is based on reasonable costs of development, as determined by THDA, and the number of qualified affordable units. Maximum rents are established for each size of a unit, not to exceed 30% of the area maximum income for specified household sizes, and the developments must remain restricted to income eligible residents for as long as 30 years. An advantage for tenants in these developments is protection against eviction or large rent increases. Also known as Section 42, there are 649 units available for the elderly and 108 for the disabled for a combined total of 757 available units funded in part with LIHTC.

The following list identifies the housing developments that used the tax credits and the number of units designated for the elderly and disabled. Note that the following information is subject to change over time, based on the extension of existing developments, or added properties.

<b><i>Development Name</i></b>	<b><i># of Units Targeted for the Elderly</i></b>	<b><i># of Units Targeted for Disabled</i></b>	<b><i>Total # of Units for Both</i></b>
Millennium Apartments	5	5	10
Ellington View Apartments	32	0	32
Dandridge Towers	152	0	152
Terrace Park II	0	2	2
Old Hickory Towers	204	0	204
Cobblestone Corners	20	41	61
Nashwood Park Apartments	20	20	40
Argyle Avenue Senior Apartments	80	0	80
The Granstaff Apartments	18	18	36
Bellewood Park Apartments	20	22	42
The Park At Hillside	58	0	58
Skyview Apartments	40	0	40
<b>Total</b>	<b>649</b>	<b>108</b>	<b>757</b>

Source: THDA

MDHA has 450 housing units designed “Elderly Only” through MDHA:

- Gernert Studio Apartments with 176 units. At the present time, renovations are underway with 143 filled units and less than 10 on the waiting list.
- Edgefield Manor has 220 units with renovation work at this time. There is no waiting list reported.
- Carleen Batson Waller Manor has 54 units (waiting list information not available).

MDHA operates 880 housing units for elderly/disabled:

- Madison Towers has 211 units with a waiting list of approximately 20.
- Vine Hill Towers has 220 units with a waiting list of approximately 12-13.
- Parthenon Towers has 295 units (waiting list information not available).
- Hadley Park Towers has 154 units (waiting list information not available).

### Contemporary Housing

MDHA also operates the Contemporary Housing Program, formerly known as Hope VI. This HUD-funded initiative works with the most distressed public housing properties to create mixed-income developments. The Contemporary Housing units are available only to those with good credit and no police record who also are elderly, disabled or have at least one year of work history.

Residents of Contemporary Housing have other requirements, including timely payment of rent and following rules and regulations of the housing property, and participation in their Resident's Association. Residents who are not elderly/disabled are expected to work at least 32 hours per week (for head of households who are verified students, 25 hours of work per week). Social workers assist residents on reaching educational or other personal goals, compatible with an eventual goal of home ownership.

Current developments include:

- Preston Taylor Homes with 134 units, 22 for the elderly and disabled (waiting list of 409)
- Sam Levy Homes with 226 units, 17 for the elderly and disabled (waiting list not available)
- John Henry Hale Homes with 228 units, 21 for the elderly and disabled (approximately 800 on waiting list)
- Vine Hill Homes with 162 units, 12 for the elderly and disabled (waiting list of 286)

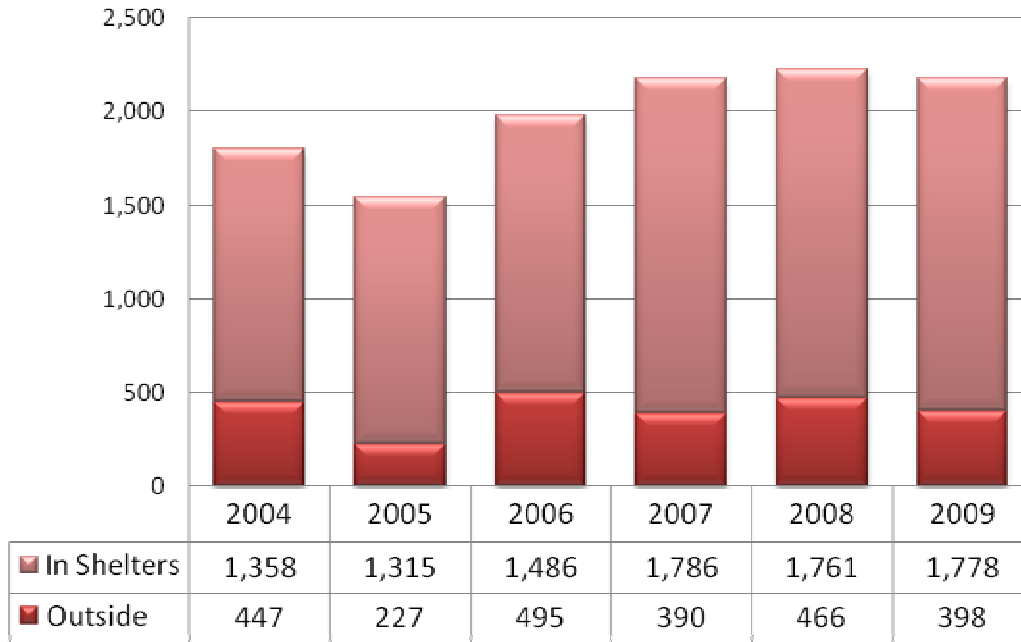
### Homelessness

The lack of funds to pay utilities, rent or mortgages is likely to further increase the number of homeless individuals and families. According to the 2008 U. S. Mayor's Report on Hunger and Homelessness, during the past year the total number of people experiencing homelessness had increased by 6%.

Three primary reasons individuals reported as the reasons for being homeless were mental illness, low-paying jobs, and substance abuse. Families with children reported that the primary reasons for homelessness were a lack of affordable housing, low paying jobs, and substance abuse.

For many years, community volunteers have conducted an annual count of individuals and families living on the streets of Nashville and staying in shelters. Table H-9 shows the number of the homeless persons staying outside and the number living in shelters since 2004. The Metropolitan Homelessness Commission is an initiative of the Metropolitan Government to address the complex issues of homelessness and work toward the reduction of homelessness.

**Table H-9: Nashville's Annual Homeless Count, 2004-2009**



Source: Metropolitan Homelessness Commission

Below is information about housing agencies in Davidson County that offer housing to the homeless, including those who are chronically homeless.

Urban Housing Solutions has 600+ apartments throughout Nashville with about a third of the apartments having income-based rent, although most of the apartments are below market rent for the residents. Housing is primarily for:

- Homeless people
- Mentally ill and physically disabled people
- Individuals living with HIV/AIDS, and people in recovery from drug and alcohol addiction
- There were 17 vacancies as of April, 2009

Park Center Housing Solution receives over 120 housing referrals each year from agencies throughout Middle Tennessee and surrounding counties. Approximately 99% of those served in this agency are low income, receiving SSI, SSDI, or have no income. The doors of Park Center were opened in 1987 offering affordable and safe residential housing to individuals diagnosed with a major mental illness.

Currently, there are three levels of housing available:

- Independent Housing

- 8 units classified for adults with co-occurring diagnosis
- 14 units HUD 811 (supporting housing with persons having disabilities)
- 15 Shelter Plus Care units for the homeless
- 4 units for single mothers with children under 12
- Supported (Group) Housing
  - Residents live in a group setting with staff on duty. At present, there are 4 units with a total of 29 beds
- Safe Havens
  - This is immediate, temporary housing for the homeless. Individuals remain until they can transition to more permanent housing. There are two units with a total of 16 beds.

Haley's Park opened in 2008 and is Park Center's first apartment complex with fourteen one-bedroom apartments.

The Metropolitan Homelessness Commission launched a pilot housing initiative in December, 2006 called Housing First. The concept of Housing First centers on moving homeless individuals into permanent housing quickly and then providing comprehensive wrap-around case management services to help individuals become as self-sufficient as possible. Nashville's Housing First Pilot Program has a retention rate of 92%. The Housing First model has been used successfully throughout the country and helps people obtain and keep stable housing.

Since the Metropolitan Homelessness Commission was created in 2005, a total of 252 low-income affordable housing units have been created in Nashville for homeless clients. An estimated 52 units are schedule to become available in the near future. The Homelessness Commission found that by moving people quickly from the street into housing reduces overall homelessness and improves the quality of life of those who have been moved into housing.

### Emergency Shelters

For families and individuals who have no housing available to them, one option is to temporarily live in emergency shelters. Agency representatives provided the information below. There may be specialized (such as domestic violence) and other shelters which are not listed.

- Safe Haven Family Shelter provides shelter to homeless families with children along with some social services. Safe Haven is the only shelter that houses single parent and two-parent families with children of any age. Between September 2008 and May 2009, Safe Haven received 450 calls for shelter requests for homeless families. Capacity is five rooms, with the number of beds based on the number of family members. In addition, there are six transitional houses but all families living in that type housing must first go through the shelter. Although there is a waiting list, entries into the shelter are based on availability of beds to meet the family's need.
- The Red Shield Men's Lodge (Salvation Army) provides shelter for homeless men, with program capacity of 40 per night.

- Nashville Rescue Mission (for men) offers food, clothing and shelter to the homeless and recovery program to those in need. A dormitory is reserved for homeless men with mental illness under medical supervision who need short term housing. There are 485 beds, generally at 100% occupancy, with no waiting list due to a first-come, first-served policy.
- OASIS Center provides shelter for youth between the ages of 13-17 years, and has a capacity of 12 beds with two allocated for emergencies. Between June 2006 and July 2008, the agency served approximately 328 teens with shelter beds.
- Campus for Human Development is a religious non-profit organization formed in 1995 with the merger of three other organizations. Two of their programs provide emergency shelter:
  - Room in The Inn Program operates from November 1-March 31 (winter months) for a total of 150 days. Through local congregations involving more than 5,000 volunteers, shelter and meals are provided. During this past year, (November 1, 2008-March 31, 2009) an average of 200 beds were provided per night. There was approximately a 10%-15% increase since November 1, 2007-March 31, 2008.
  - Guest House is available to individuals who have nowhere else to go when publicly intoxicated and picked up by the police.

The Tennessee Housing Development Agency has a free online listing of housing resource organizations, searchable by county. It has introductory descriptions, contact information and web links to housing resource agencies.

[http://www.socialserve.com/sw/ServiceBrowser.html?city\\_id=49195&state\\_id=4085&ch=TNR](http://www.socialserve.com/sw/ServiceBrowser.html?city_id=49195&state_id=4085&ch=TNR)

### **Related Housing Assistance**

Individuals and families are sometimes faced with economic hardships due to circumstances out of their control, such as a loss of income due to job layoffs or illness. When these situations occur, people struggle with the cost of their housing. “Related assistance” is a broad category of program supports to ease the housing cost burden, including financial aid as well as other supports that people need to obtain or remain in stable housing.

Some of the agencies and services that assist individuals and families threatened with the loss of their housing are listed below.

The Metropolitan Action Commission (MAC) is the designated Community Action Agency for Davidson County since 1964 and administers a variety of programs to help indigent individuals and families improve the quality of their lives by advocating for the needs of the poor. Most of MAC’s funding is from the federal government and includes the programs for low-income persons described below, as well as others such as Head Start or educational programs. All programs offered by MAC are for income-eligible families. Table H-10 shows household income guidelines based on the 2009-10 Federal Income Guidelines. Failure to meet the income requirements results in a rejection for services.



Table H-10: Income Eligibility, LIHEAP and CSBG

Energy Assistance (Low Income Home Energy Assistance Program-LIHEAP)

Members in Household	Monthly Limit	Annual Limit
1	\$1,128.13	\$13,537.50
2	\$1,517.71	\$18,212.50
3	\$1,907.29	\$22,887.50
4	\$2,296.88	\$27,562.50
5	\$2,686.46	\$32,237.50
6	\$3,076.04	\$36,912.50
7	\$3,465.63	\$41,587.50
8	\$3,855.21	\$46,262.50

All other programs (Rent, Mortgage, Property Taxes, Medical Supplies and Equipment, Water Payments and utility deposits, prescriptions) must meet the following guideline

(Community Service Block Grant-CSBG):

Household size	Yearly Limit
1	\$21,660
2	29,140
3	36,620
4	44,100
5	51,580
6	59,060
7	66,540
8	74,020

In addition to these income guidelines, other requirements include Davidson County residency and a limitation of assistance only one time during the July-June fiscal year. Unless applicants meet all requirements (income, residency status, usage of approved services, and program-specific qualifications) they cannot receive services.

Through the Community Services Block Grant (CSBG), MAC served 1,319 individuals or families during the first eight months of Fiscal Year 2008-2009 with one or more of these services:

- Emergency Assistance – Assistance with loss of home, living arrangements, income or other financial resources such as mortgage, rent, water, prescriptions, special diet food, and delinquent property taxes. Loss of income must be within the last 60 days from the time the customer seeks the service.
- Homeless Program – Assistance with rent, electric and water deposits to individuals who have secured housing after being homeless or staying with relatives or friends due to some unforeseen financial circumstance. Service is denied if seeking assistance with “final bills” owed to the utility company, and the customer must be referred from an agency, church or another program or individuals knowledgeable about the situation. Documentation of the referral is required.

- **Hardship Program** – Must be ineligible for general assistance and experiencing a financial crisis. Eligible families can receive up to two months assistance depending on their situation, as determined by a MAC Eligibility Counselor.

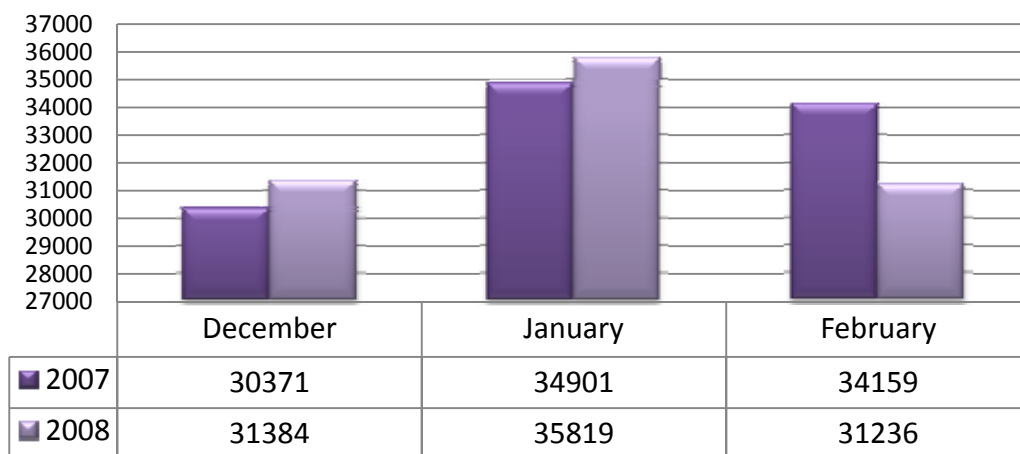
Through the Community Services Assistance Program, 881 were served during the eight-month period beginning in July of 2008 with assistance in paying rent, mortgage, water, or delinquent property tax, because of loss of income (illness, involuntary work hour reduction within the past 30-60 days, layoff or other unexpected crisis). This program also receives \$347,800 of local funds.

The Low Income Home Energy Assistance Program (LIHEAP)-\$5,339,534, served 8,797 as of February 2009. Based on the customer’s need, MAC can provide up to \$400 for rent, and \$550 for property taxes. MAC continues to have funds for LIHEAP, but customers seeking funds through the Community Services Assistance Program (financial assistance with their rent, mortgage, water, prescriptions, deposits, and property taxes for seniors) were on a waiting list. In March 2009, there were 115 applicants requesting those services who were on the waiting list until the beginning of the fiscal year on July 1, 2009. Since July, eligible persons have been served without being placed on a waiting list. During the latter part of the fiscal year, applicants are often placed on a waiting list because funds are exhausted.

Piedmont/Nashville Gas began the “Share the Warmth” Round-Up Program on July 1, 2009. Participating customers have agreed to “round-up” payments on their gas bills to the nearest dollar, providing a donation for this program. The funds are being administered by Metro Action Commission in accordance with federal LIHEAP guidelines.

Nashville Electric Service (NES) reports that during winter months in the past two years, about 10% of their 312,000 residential customers requested payment arrangements because they were unable to pay their electric bills by the date they were due. As shown in Table H-11, the highest number of requests came in January 2009.

**Table H-11: Number of Payment Arrangements by Residential Customers, Nashville Electric Service, Dec.-Feb. 2008-2009**



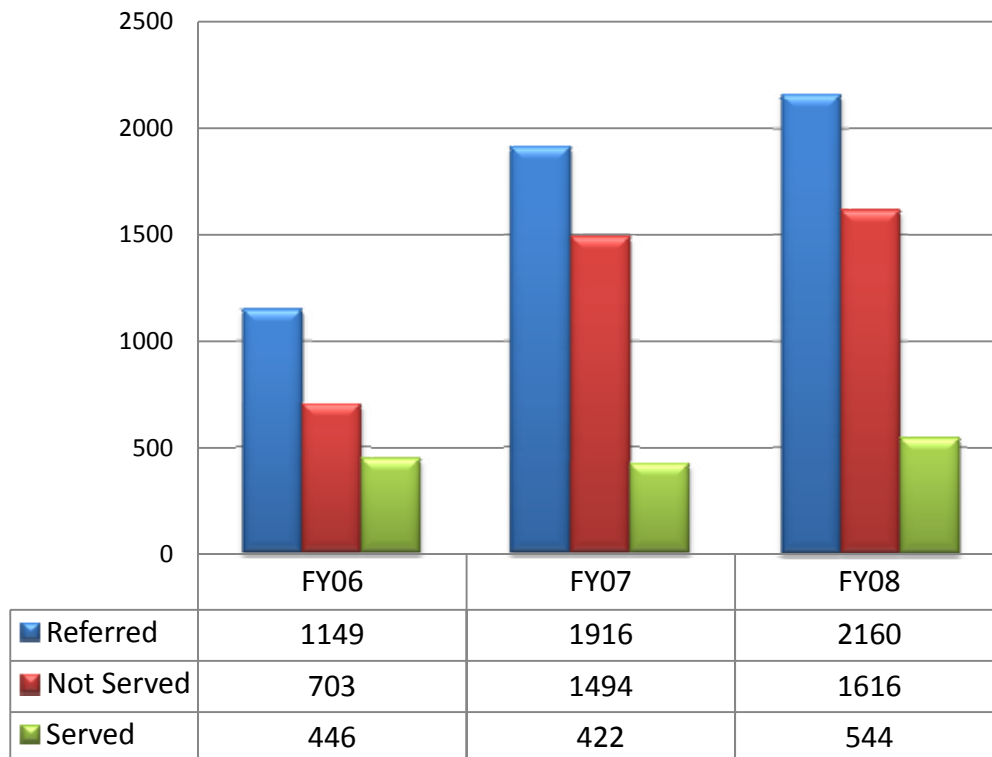
Source: Nashville Electric Service

The **Rooftop Foundation** is a faith-based partnership of congregations in Metropolitan Nashville created in 2006 to provide rental assistance to individuals and families in need of emergency funds to maintain stable housing and prevent homelessness. In July 2005, a similar program that had been operated by MSS was transferred to MAC. Currently MSS works in collaboration with Rooftop by conducting assessments and determining eligibility for persons who request financial assistance. This benefits the congregations involved in Rooftop with a professional screening and tracking system to ensure that funds are distributed in the most effective way.

Because of limited resources, Rooftop funds are restricted to situations in which the amount of funding through Rooftop would create a positive result. They do not provide funds in situations where funds needed are substantially in excess of what Rooftop can pay.

As shown in Table H-12, the number of requests for assistance continues to increase, and the number in need is far greater than the capacity to provide assistance. Despite the limitation in resources, Rooftop provides funds to assist families, which may not be eligible for other programs, helping them to obtain and/or maintain stable households.

**Table H-12: Rooftop Foundation Housing Assistance, Davidson County estimates**



Source: Rooftop Foundation

**Big Brothers of Nashville** was incorporated in 1920 and provides services to needy individuals and families by providing emergency assistance, clothing, food, information and referral on a non-recurring basis. There are several programs offered through this organization, including those described below.

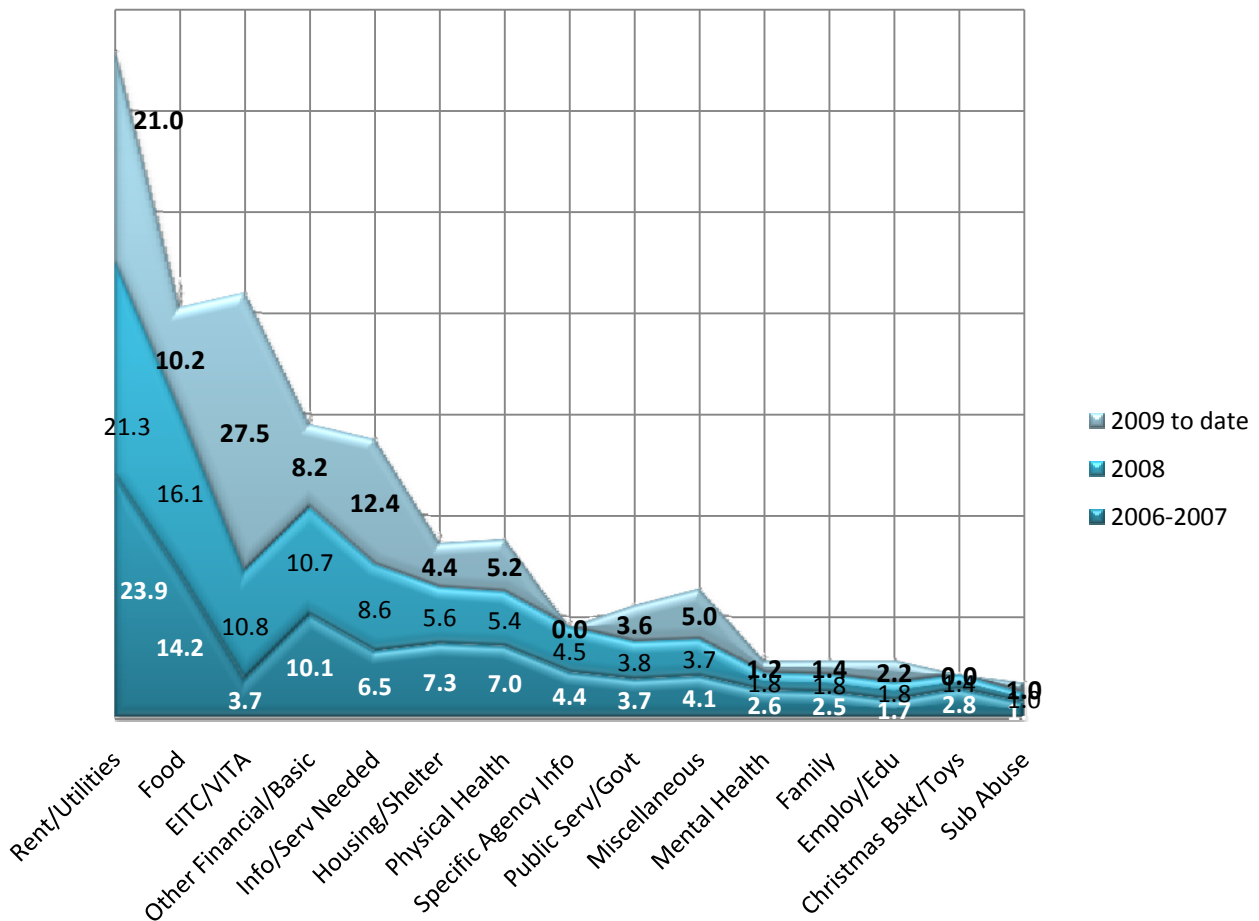
- Project Help provided \$153,114.47 in utility assistance for 2007-08, helping 791 families by preventing interruption of electric service due to nonpayment. Priority is given to persons 60 years of age and older, families with disabled adults or children, and single mothers with minor children. Funds are donated by NES customers to help the needy with their electric bills. Participating customers donate an additional dollar or more to their regular bill.
- Emergency Utility Assistance provides payment for rental or utility assistance to families in financial crisis, limited to one time during a year. Payments of up to \$600 can often keep families in their home and not on the streets. There were 378 families served in 2007-2008 receiving rental and utility assistance totaling \$104,482.
- The Mt. Zion Baptist Church contracts with Big Brothers to assist in administering their benevolence fund. \$5,500.00 per month is received to assist referred clients with rental, utility and mortgage needs. The program began in March 2008 and 84 families were served from March-June 2008. The total in assistance was \$16,294.

The **2-1-1 Call Center** receives thousands of requests for social/human service needs each month and they provide referral information about hundreds of programs in the Middle Tennessee area.

A total of 15,240 calls were for requests for “help with basic needs” in 2008. From January 2008 to January 2009, phone calls to 211 increased by 63%, and during April 2009 the highest volume of telephone calls for help were requests for utility assistance.

Table G-24 shows the percentage of calls ranked by most frequent identification of need. This table combines the need requests for rental assistance with requests for utility assistance, because the category of Housing & Related Assistance includes both types of needs. When these needs are combined, they rank higher than all other needs identified.

**Table H-13: 2-1-1 Calls by % Need, 2006 to Date**  
(Rent+Utility Calls Combined)

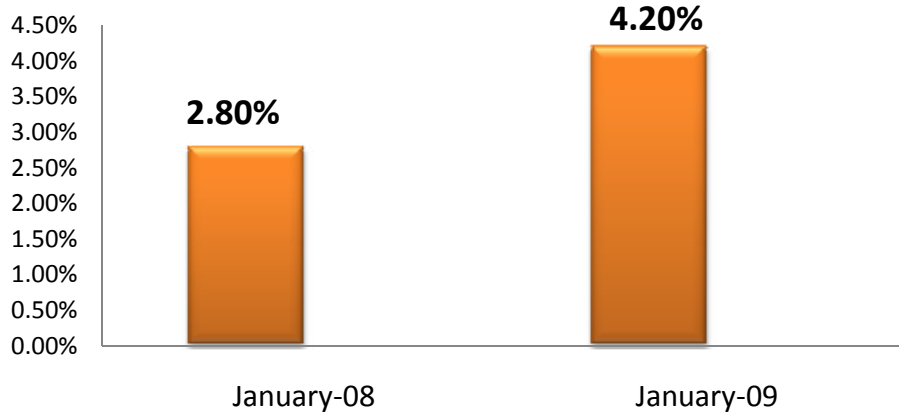


Source: 211 Call Center

Foreclosures

Table H-1 shows the increase in Davidson County’s past due home loan rate comparing January 2009 with the preceding January. The increasing delinquency rate is a trend experienced across much of the United States.

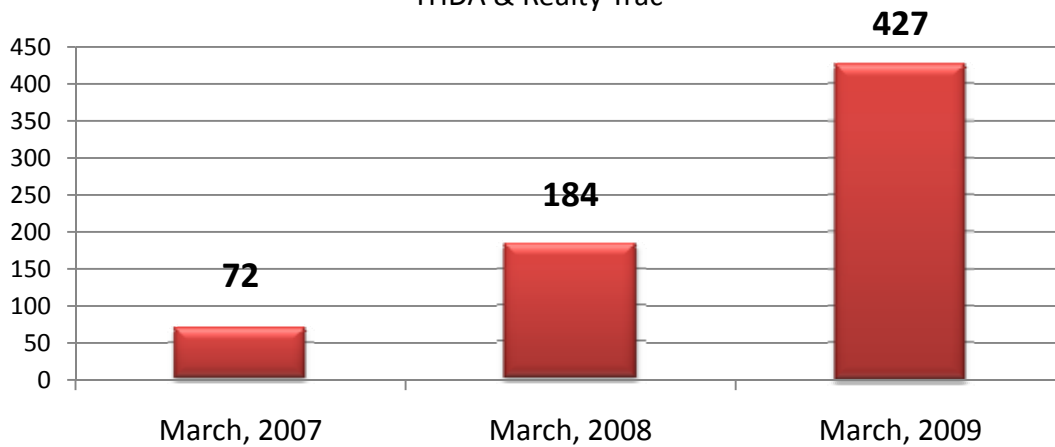
**Table H-14: Past Due Home Loans, Davidson County, January 2008, January 2009 - 90 day or more delinquency rate**



Source: First American Care Logic

According to THDA, Tennessee’s foreclosure filings rose 70% in 2008, making it the 12<sup>th</sup> highest state in the country for foreclosure rate. The state reported 44,153 filings in 2008, an increase from 26,000 in 2007. Among the country’s metro areas, Nashville was 52<sup>nd</sup> with almost 300 more foreclosure filings than in the previous year. Table H-8 reflects the increase from a representative month compared to two previous years.

**Table H-15: # Properties with Foreclosure Filings-Davidson County, TN**  
THDA & Realty Trac



Source: Tennessee Housing & Development Agency and Realty Trac

Foreclosures affect renters as well as homeowners. A recent Urban Institute publication reported that renters throughout the country are also being affected by foreclosures if the house, condominium, or apartment where they live undergoes foreclosure. Typically, the owner of the particular housing facing foreclosure is the first to be notified of this problem. Unfortunately, renters are not always informed of the foreclosure until later in the process, when they face the risk of imminent eviction.

The Urban Institute, in a May 2009 publication, reported that children could be more affected than adults when families face foreclosures. This impact on children involves moving into a new neighborhood, with additional disruptions such as attending a different school, loss of friendships, changes in daily routines, and stress within the family. The report notes that the elderly are particularly vulnerable to such factors as financial, physical and emotional disruptions that may call for different support strategies than those of younger families.

When there are adverse circumstances causing family disruptions due to a considerable number of foreclosures, neighborhoods and communities are also affected. These neighborhoods and communities that were once thriving can now be seen as declining in property value due to physical deterioration, crime, social disorder, and population turnover. Local governments depend on property taxes to help operate the government, and when property values decrease, property taxes and local revenues also go down.

An April through June 2008, survey of city finance officers by the National League of Cities (NLC) found:

- 64% reported that their cities were less able to meet fiscal needs in 2008 compared to fiscal year 2007.
- Predicted that during 2008, revenues would decrease by 4.3% and spending would decrease by 1.5%.
- Estimated that by the end of 2008, property tax revenues were expected to decline by 3.6%.

The Metropolitan Government of Nashville and Davidson County has a balanced budget for fiscal year 2010 while sustaining a 2.24% decrease in revenue. Mayor Karl Dean in his May 2009 letter to citizens of Nashville indicated that he was pleased that there was not an increase in property taxes during an appraisal year, and the priorities of education and public safety were protected. The administration and Metropolitan Council worked to minimize negative impact on services to Nashville residents, and noted “This year our government will have to find ways to do more with less. We must also continue to strive for increased efficiency and effectiveness.”

Even though there has been a decrease in the number of home sales and prices, homeowners find it a “blessing” to own their homes. The Pew Research Center conducted a Social and Demographic Trends Survey (October 3-19, 2008) which polled a nationally representative sample of 2,260 adults, including 1,625 homeowners. Their findings indicated that 90% of homeowners found comfort in their homes, with 6% reporting that their home was a burden, and 4% reported that their home was both a comfort and burden.

Across the country, in all demographic regions, many sources report that it is a bad time to sell a home but a good time to purchase one. Regionally, homeowners in the south (18%) were more likely to report that it was a good time to sell compared to residents in other parts of the country. Americans with higher levels of education and income were found to report, “It’s a buyer’s market in their area.”

#### American Recovery and Reinvestment Act, 2009 (ARRA)

According to a release from U.S. Department of Housing and Urban Development, HUD is offering almost \$1 billion to make substantial improvements to public housing units throughout the United States through the Public Housing Capital funds provided through ARRA.

These funds are available to over 3,100 public housing agencies (like MDHA) to improve public housing and create safer, more livable environments for lower income residents. In Tennessee, the ARRA Capital Fund is \$12,271,958. HUD is also making an additional \$1 billion available to be awarded through a competitive process. The Secretary of HUD stated, “The funding in the Recovery Act signed by President Obama will give local housing agencies the resources they need to provide quality housing, especially to the elderly and persons living with disabilities. These funds will also help to transform distressed public housing projects, improve energy efficiency and lower the operating costs for housing authorities.”

An increasing number of individuals and families find they are unable to meet the basic need of clean and safe housing. They also deal with ongoing financial struggles to meet their other basic needs (utilities, food and other basic needs). Since the situation has been exacerbated by the economic downturn, many agencies known to assist individuals with housing or utilities now find themselves seeing their resources drained. Many of these agencies are turning people in need away as these agencies are unable to provide assistance, thus creating long waiting lists with no immediate relief. Funds through the ARRA stimulus package may provide an opportunity to improve the housing situation for low-income persons.

#### Housing & Related Assistance Resources

It is difficult to obtain information about financial resources (organizational revenue) from many service providers. In addition, information provided by sources is reported in different ways and formats, making it difficult to compare available financial resources across issue areas or even within an individual issue area. For services which have waiting lists or which are often out of funds to provide assistance, the capacity appears to exceed the resources available. Below is information that was obtained related to Housing & Related Assistance.

The Metropolitan Development & Housing Agency (MDHA) is the agency in Davidson County with the primary responsibility of operating housing for low-income individuals and families. While full revenue information was not available, it is estimated that the Section 8 Program receives more than \$2 million per month to use for housing assistance.



### Emergency Shelters

The following information is taken from each agency's IRS Form 990 for 2007 or 2008 or from GivingMatters.com.

#### Program Service Expenditures

• Safe Haven Family Shelters	\$665,799
• Nashville Rescue Mission	\$6,763,511
• Urban Housing Solutions	\$3,058,202
• OASIS Center	\$1,122,545
• Big Brothers of Nashville	\$320,439
• Campus for Human Development/Room in the Inn	\$241,721
• Campus for Human Development/Guest House	\$811,446

### Metropolitan Action Commission

Community Services Block Grant (CSBG)	\$378,073
Low Income Home Energy Assistance Program (LIHEAP)	\$5,339,534
Community Services Assistance Program (local funds)	\$347,800

Metropolitan Social Services provided services to help individuals and families remain stable in the community. While MSS does not provide financial assistance, it partners with other organizations which provide limited financial support to customers.

- During fiscal year 2008-2009, the MSS Homeless Program served 916 unduplicated customers, with a program budget of \$461,340.46.
- The Family Support Program (including the Intake and Assessment Unit) is designed to address the financial hardships of families and individuals by coordinating related housing services such as rental and utility assistance with community partners providing financial support. During fiscal year 2008-2009, the program budget was \$1,146,774.30.

### Rooftop Foundation

During fiscal year 2008-09, Rooftop used donations from a faith-based partnership of local congregations in the amount of \$180,144 to assist customers who were assessed by Metropolitan Social Services. These funds were used for rental assistance to individuals and families in need of emergency financial help in order to maintain housing stability and/or prevent homelessness.

## Home & Community Based Services-Child Care

High quality child care has a positive effect on children. It uses engaging, appropriate activities to facilitate healthy growth and development and enhance school success. There are many factors which affect the quality of care, such as adult-child ratios, group or class size, education and training of providers, use of developmentally appropriate activities in the setting and responsive relationships with the provider.

The most beneficial care for children is safe, healthy, nurturing, cognitively stimulating, culturally appropriate and sensitive to individual needs. High quality care should be available, accessible, and affordable to all parents regardless of income. Parents who are in the workforce or in school to prepare themselves for employment need to become informed and knowledgeable about child care choices that can provide positive experiences to their children. This report focuses on young children, age 6 weeks until they enter kindergarten at about age 5.

In describing the benefits of quality early childhood programs, the Tennessee Department of Education summarized the following relevant findings about children who participate in quality early childhood programs:

- They develop better language skills, score higher in school-readiness tests and have better social skills and fewer behavioral problems once they enter school.
- They are 40% less likely to need special education or be held back a grade.
- Children from low-income families who participate in high-quality early childhood education programs show the most benefits - they repeat fewer grades and learn at higher levels.

Regarding longer-term effects, they also cite research findings that indicate that if a child enters school reading below grade level, that child has only a 12.5% chance of catching up. In addition, adults who participated in high-quality early childhood education programs during their preschool years are more likely to be literate and enrolled in post-secondary education and are less likely to be school dropouts, dependent on welfare or arrested for criminal activity.

### **Key Points:**

- Child Care can be expensive and out of reach for low-income families.
- Infant and toddler child care is limited throughout Nashville regardless of income status.
- In 2007, almost 50% of families with female-householders lived below the poverty level and had children under the age of 5 years.
- The number of unregulated child care receiving DHS reimbursements has increased.
- More Black families use subsidized child care than White families due to income disparities.
- Low-income families need high quality child care that is available, affordable and accessible.

The Urban Institute, which provides nonpartisan economic and social policy research, has calculated that 2.7 million people could be lifted out of poverty if child care assistance were provided to all families with children whose incomes are below 200% of the federal poverty guidelines. In 2008, 200% of the Federal Poverty Line (FPL) was \$35,200 for a family of three. In 2003, they reported in Snapshots of American Families, 72.8% of children under age 5 whose mothers work are in some type of nonparental care. They noted that children in low-income families were more likely to be in relative care (29.5% low income compared to 23.9% from higher income).

High quality child care for young children ages 6 weeks to young 5 year olds is vital to a child's total development. In "Starting Points: Meeting the Needs of Our Youngest Children" the Carnegie Corporation reported that positive learning experiences during the early years in a child's life are essential components in preparing children to enter school. They noted that children who have irregularities in learning experiences are more likely to lag behind their counterparts in language, reading, cognitive and social skills. In an earlier study (1998), the RAND Corporation, a non-profit institution that addresses the challenges facing the public and private sectors, described the benefit of developmental activities. It found that when children are exposed to age appropriate activities, children could develop a sense of well-being, which can reduce a cycle of crime, school dropout rates, and welfare dependency.

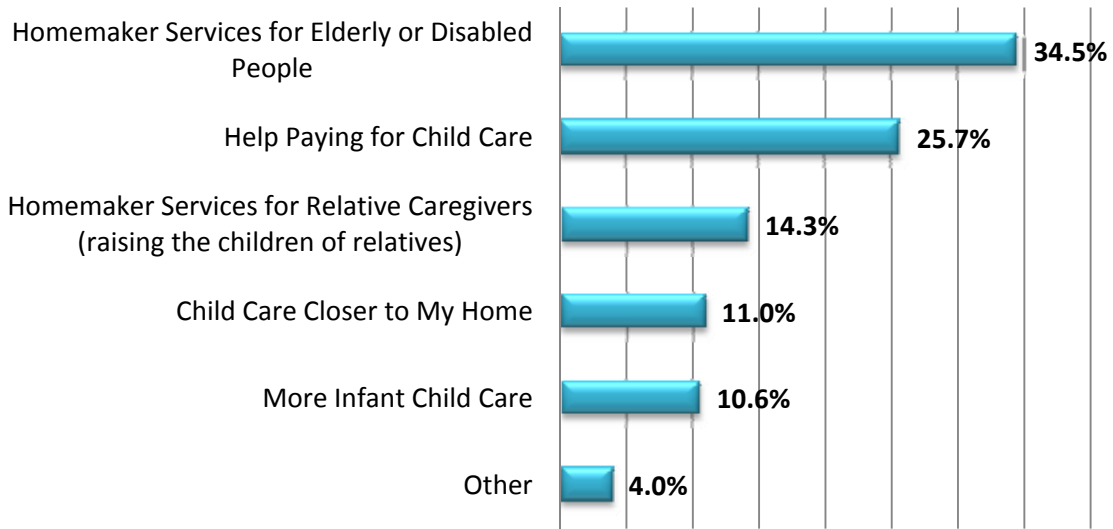
According to the 2008 Kids Count Data Book, 13.4% of Davidson County's children live in families that receive Families First benefits. The Poverty Initiative's Child Care Action Committee noted a lack of community awareness and support surrounding the need for affordable child care, as well as a lack of knowledge among low income families about resources. The Committee focused on the importance of high quality care for low-income families, noting that regulated child care is often unaffordable for families with limited financial resources.

### **Grassroots Community Survey**

As shown in Table HC-1, respondents to the Grassroots Community Survey indicated that financial assistance to help pay for child care was the second greatest need in Home & Community Based Services. Of respondents, 25.7% indicated that the greatest need was help paying for child care, significantly higher than ranking for either child care close to home or infant child care. It is possible that because there are fewer infants than other age groups of young children, resulting in fewer responses that identified the need for more infant care. Another possible reason is that some parents of infants prefer a smaller, more intimate setting, and when possible may choose a close family member than out of home care such as in a child care center.

Comments are in the Appendix and included suggestions such as the need for strong standards, tax breaks and subsidies for good facilities. They also noted that child care is essential for parents to work and support their families, especially for single mothers.

**Table HC-1: Greatest Need in Home & Community Based Services, Grassroots Community Survey**



Source: 2009 MSS Grassroots Community Survey

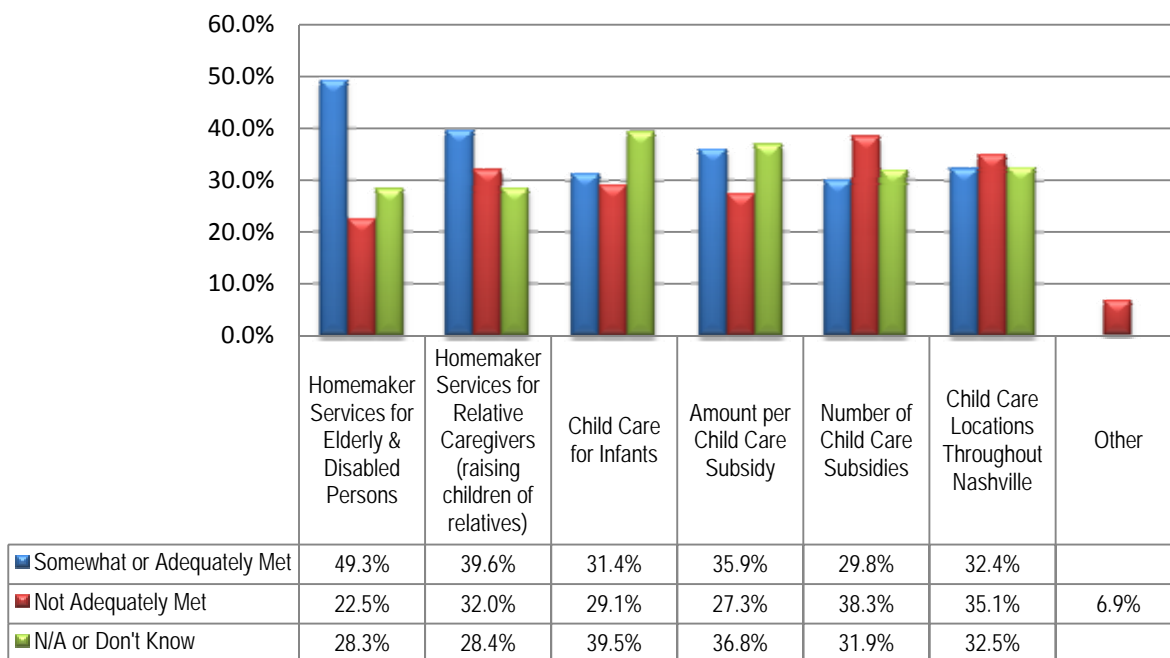
**Professional/Agency Survey**

The Professional/Agency Survey used four categories instead of three used in the Grassroots Community Survey. Since respondents to this survey were more likely to be familiar with the terms and benefits for subsidized child care, categories differentiated between the need for higher subsidy benefits for each child for whom care is subsidized and the total number of subsidies available

Table HC-2 shows that 38.3% of survey participants indicated that the need for child care subsidies is not adequately met, closely followed by 35.1% who indicated that child care locations throughout Nashville was not adequately met. Fewer identified child care for infants (29.1%) and amount per child care subsidy (27.3%) as not adequately met. However, 39.5% responded that they did not know if child care for infants was or was not adequately met. Comments reiterated the need for assistance for low-income families in financial crisis, need for additional Head Start, etc.

**Table HC-2: Greatest Need in Home & Community Based Services**

Professional/Agency Needs Survey



Source: 2009 MSS Professional/Agency Survey

### Survey Comparison

The highest ranked needs in the Grassroots Community Survey were Homemaker Services for Elderly or Disabled People (34.5%), although that need was identified least frequently as the greatest unmet need in the Professional/Agency Survey. A likely reason for the difference is that child care needs were divided up into additional categories. When all child care categories are combined, they rank higher in both surveys than Homemaker Services for Elderly or Disabled Persons. In comparing survey data, it is important to consider not only the percentage identified but also the relative number of category choices, since more choices will result in fewer choices for each category.

### Focus Groups

The general theme from all groups was concern about the cost of child care.

African American males did not have much input in this area. However, one male, raising several boys with his wife stated:

- “Services do help, but it’s like a Catch 22-they don’t help overcome poverty.”

- “We dealt with day care. Once again, you run into the same problem. Once you make a certain amount, they up the cost of day care....basically, if they see you with a dollar trying to make things work, they take 95 cents of it.”

African American females generally agreed that child care is expensive, one participant shared with the group that due to an increase in fees, she had to remove her children from a center and had the older siblings care for the younger ones. Another participant discussed community safety for older children attending community centers. She stated, “Kids don’t like to attend the community centers because of the bullying that takes place.” Those who had older children agreed with the statement.

The White male group decided that none of them had anything to contribute on this topic. Women from the White group stated:

- There is a need for help with cost of child care (subsidies, waive fees for DHS certified child care).
- More quality, affordable child care programs with educational components are needed.

The Hispanic men discussed these issues:

- Child care centers could be staffed by senior citizens as a way of reducing cost.
- There is a high cost of care and some believed that non-professionals are often used as a means to offset that cost.
- It is difficult to find care for children older than 3 years, and there is only limited care for children who are 3 years old age.

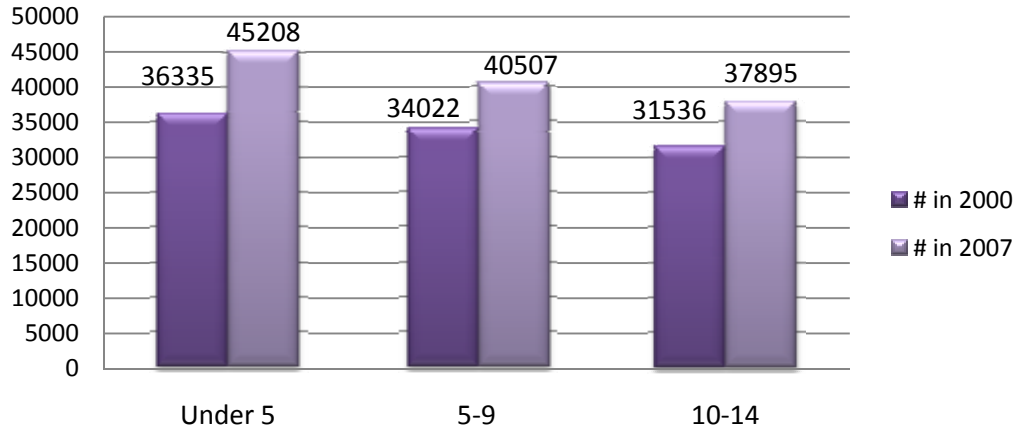
The Hispanic women discussed information that had not been mentioned in the other groups:

- Waiting lists were too long.
- “Head Start has a program for children, but there are too many children on waiting list. My child has been on the waiting list for a year and a half, and has not been accepted.”
- Undocumented people do not have access to public child care services.
- “It is important that we help the children of undocumented people. Like it or not, they are the new citizens.”
- The scarcity of affordable child care centers has a direct impact on the child’s development because babysitters do not cover the early stimulation needs of a child.

**Supplemental Information**

As shown in Table HC-3, the number of children increased in all census age groups from 2000 to 2007, particularly for children under age 5. The number of children under 5 years of age in Davidson County is projected to be 45,268 in 2008.

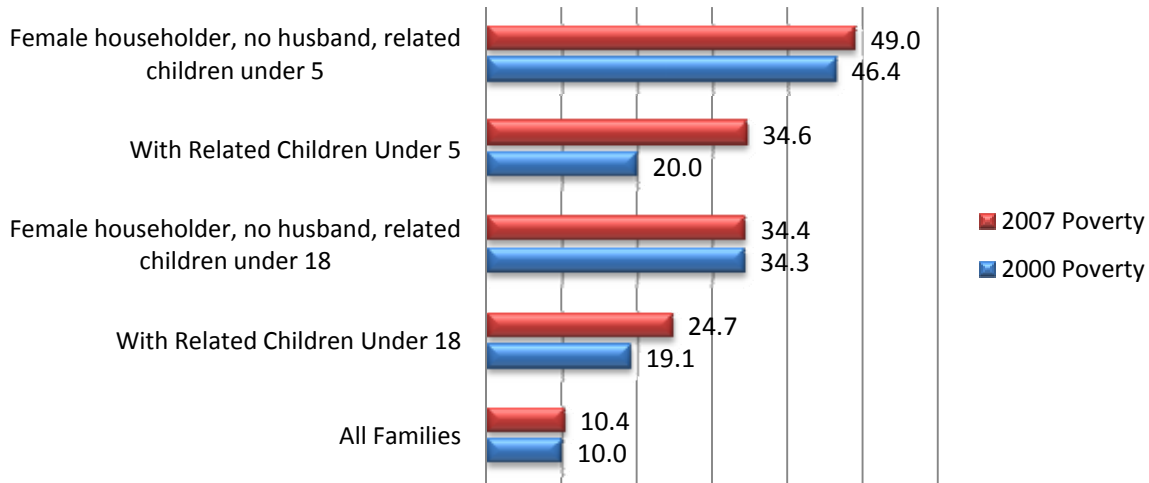
**Table HC-3: Number of Children by Age Category**  
Davidson County, 2000, 2007



Source: U. S. Census Bureau, 2000 Census, 2007 American Community Survey

During the years 2000 and 2007, the rate of family poverty has increased for all families as well as for specific family arrangements. Among all categories used, the highest rate of poverty was for female householders who had related children under age 5. As shown in Table HC-4, almost half of female-headed households with children under age 5 were below the poverty level.

**Table HC-4: Percent of Families Below Poverty Level, by Family Structure/Children, 2000-2007**



Source: U. S. Census Bureau, 2000 Census, 2007 American Community Survey

The Children's Defense Fund, founded in 1973, is a national proponent of policies and programs that provide children with the resources they need to succeed. They advocate for America's children by supporting policies to raise children out of poverty, protect them from abuse and neglect, and promote access to health care, quality education and a moral and spiritual foundation. They report that:

- Funding for child care assistances does not meet the needs of low-income families.
- 65% of mothers with children under age 6 are working (compared with 79% of mothers with children ages 6-13).
- Nationwide more than 12 million preschoolers are in child care.
- Research has shown that early childhood programs significantly increase a child's chances of school success.
- Most low-income families are unable to receive help paying for child care.
- Nationally, about 900,000 children are enrolled in Head Start programs, which is about ½ to 2/3 of children eligible. In 2005-2006, 16,397 children were enrolled in Head Start and Early Head Start (children under the age of 3 years) in Tennessee.
- Young children are more likely than school-age children to live in extreme poverty (half of the poverty level, or a household income below \$10,600 for a family of four).
- There are more poor White, non-Hispanic children than Black children. However, Hispanic and Black children are about three times more likely to live in poverty than White, non-Hispanic children.
- Children under age 6 years are more likely to be poor than school-age children.
- A child is born into poverty in Tennessee every 35 minutes.

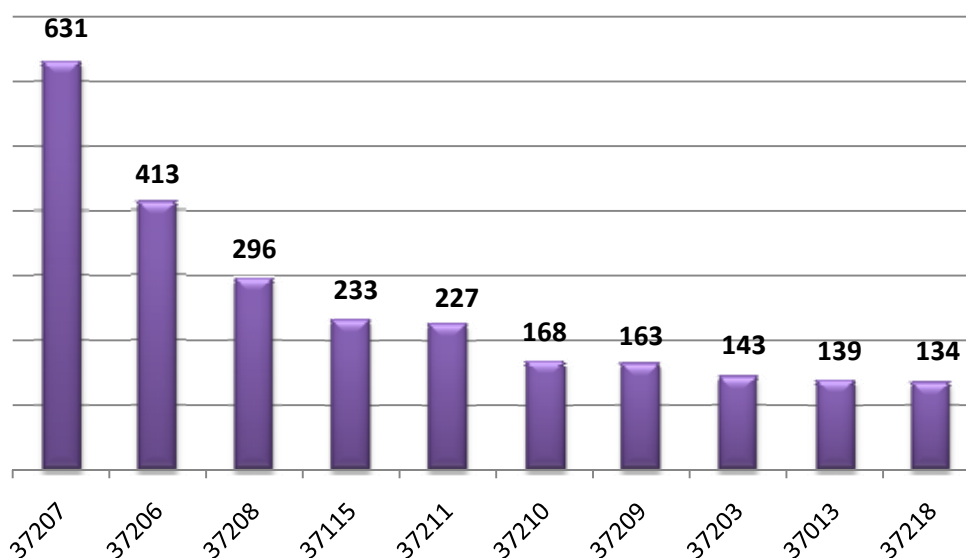
The Children's Defense Fund also reported that between 2000 and 2007, more than 2.5 million grandparents were raising their grandchildren. Almost 80% of grandparents have been caring for their grandchildren for a year or longer with 60% of them in the labor force and about 1 in 5 is poor. As shown in Table G-7 of the Changing Demographic and Social Profile section, the number of Davidson County grandparents responsible for the grandchildren has decreased each year beginning in 2004



## Child Care Programs and Issues

As shown in Table HC-5, a larger number of child care programs are located in 37207 than in Davidson County's other zip code areas. According to the 2000 U. S. Census, the top three zip codes listed (37207, 37206 and 37208), are areas that have extremely high rates of poverty.

Table HC-5: Child Care Assistance Subsidies,  
in High Usage Zip Codes, Davidson County , 2008



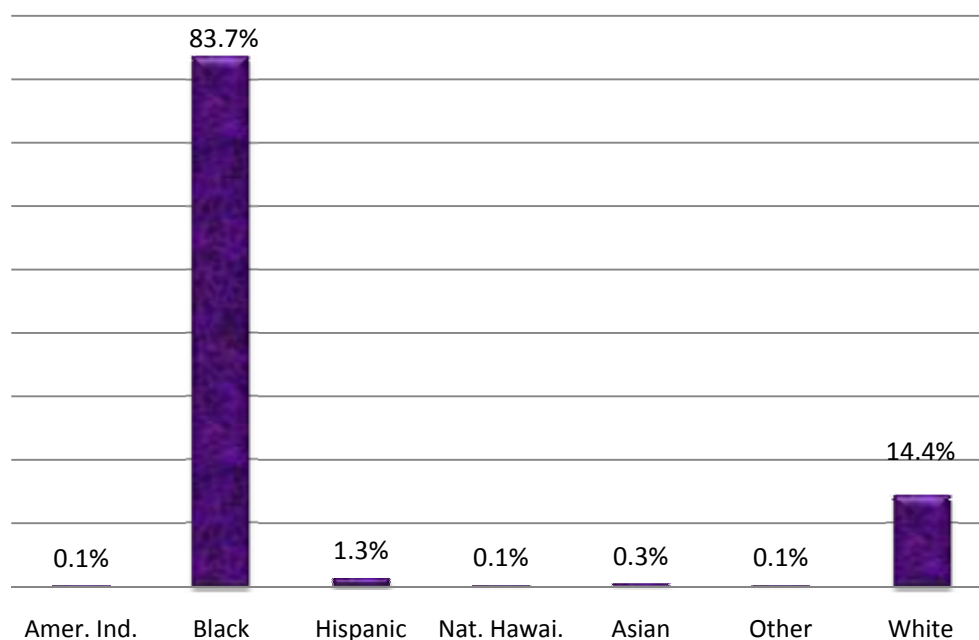
Source: Tennessee Department of Human Services

Some low income families receive child care assistance in the form of vouchers which help pay for child care. These include families whose incomes are at or below 50% of the state median income, who are working and/or attending a DHS approved training or educational program. For example, reimbursements through the State are based on the age of the child and can range from \$132 to \$158 (for infant care) based on the quality of care received and full time care.

Race and ethnicity are related to usage of child care assistance. City-data.com indicates that the 2007 median household income for White families was \$52,031 and \$31,815 for Black families. As a result, Black families in need of child care were more likely than White families to receive DHS subsidies, as shown in Table HC-6.

**Table HC-6: Child Care Assistance by Race/Ethnicity**

Davidson County, 2008



Source: Tennessee Department of Human Services

The cost of child care can be very expensive and out of reach for low income families. The 2009 National Association of Child Care Resource and Referral Agencies (NACCRRA) reports:

- Average annual fees paid for full-time center care for an infant is \$6,252 in Tennessee and \$4,560-\$15,895 in the U.S. (which compares to the average cost of annual tuition and fees paid for four-year state college \$5,684-\$6,585 respectively).
- Average annual fees paid for full-time center care for a four-year old is \$5,732 in Tennessee, compared to annual tuition of \$4,056 at a state college.

There is limited availability of care for infants/toddlers for families at all income levels. In Tennessee, more than half of the requests for child care is for infant and toddler care (under age 3).

According to ACS 2007, the median annual family income of a single, female headed household with children under 18 years is \$20,295, and there are 113,375 children ages birth through 4 years living below the poverty in Tennessee. DHS reported in May 2009 that Davidson County has an infant/toddler capacity of 20,332. Throughout the Nashville child care community, it has recognized that infant and toddler slots are in great demand. Due to required low adult to child ratios (the State requires one adult for every four infants), the cost to run a program with infants and toddlers can be very expensive to operate, even with subsidies.

In May 2009, a telephone survey was taken with approximately fifteen centers throughout the Nashville area known to have an infant/toddler program. Findings result in an overall 30%-50% increase within the last 6-12 months for infant/toddler care. Bethlehem Center reported being able to increase their toddler capacity over 50% due to community partnerships which provide space. McNeilly Center for Children's Junior League of Nashville Infant and Toddler Program provides care to 58 children and reported about a 30% increase in child care requests for that age group during the last 6 months. Some child care programs have such a demand for these age groups that they no longer maintain a waiting list because they generally operate at full capacity. (See Appendix for additional infant and toddler capacity information for family and group homes, and centers; total capacity breakdown for family and group homes, and centers.)

There has been an increased emphasis on improving provider quality (such as professional training, small classroom ratios, and increased salaries for staff, etc.). A child care program receiving 3-stars (the highest rating of quality care in a child care setting in Tennessee) 7 years ago was reimbursed \$126 per week for a full time child under the age of two. Today, the State reimburses a provider offering that same type of high quality care \$158 per week, an increase of \$32.

The Tennessee Department of Human Services licenses child care providers who operate in the state. There are different types of facilities, which have varying licensure requirements:

- Family Home = care for 5-7 children
- Group Home = care for 8-12 children
- Center Care = care for 13 or more children
- Drop-in Centers = 15 or more children not to exceed 14 hours per week, and can provide up to 6 additional hours per week during evening care (after 6 p.m.)
- Alternative Child Care is the only child care program of its kind in the Nashville, Davidson County area and can be used for back-up care.

DHS does not regulate or license child care providers who care for four or fewer children. Since there is a shortage of affordable center-based care, there is a greater need for informal providers (unregulated child care providers are adults who are relatives, neighbors, or friends who take care of children while the parent is out of the home for a portion of the day such as at work or attending school).

Parents who choose an informal provider can receive DHS reimbursement if they are eligible. The informal provider is required to obtain an occupancy permit from the Metropolitan Codes Department, which is the only requirement for these providers. After the permit is issued, the provider can care for a maximum of four children. Through the occupancy permits issued, DHS can track the location of these providers. The reimbursement rate for informal care providers is based on the age of the child, generally about \$70 (for infant care) to \$53 (school aged children) per week. The payment for informal child care providers is generally 44% of the amount, which would be received by licensed child care providers.

DHS currently provides reimbursement subsidies to 157 unregulated informal providers, primarily in low-income areas of Davidson County. It is estimated that hundreds, maybe thousands of informal providers are caring for children who do not receive child care subsidies, and therefore unknown to DHS. As a result, there is no effective way to identify or count the number of these providers who care for children.

The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States, and the Foundation has been extensively involved in research, program development and funding for programs to benefit children. Their 2006 report noted that:

- When children have experiences and opportunities to develop language and reading skills, they demonstrate greater success upon entering school.
- Informal child care providers often lack resources and training available to center-based providers and have fewer opportunities for interactions in educational experiences and professional experiences that could benefit the children in their care.
- Among infant and toddlers, 31% of those from low-income families were in relative care, compared with 25.8% from higher income families.

As discussed above, quality child care that provides a safe, supportive and nurturing environment provides positive benefits for years to come. Similarly, the lack of affordable, appropriate child care can result in children who are not prepared to succeed in school with negative outcomes, which can follow throughout their lives.

### **Child Care Resources**

There are numerous types of revenue involved in providing child care services, including parent fees, fundraising events, donations, and through the State of Tennessee. It is difficult to obtain information about financial resources (organizational revenue) for several reasons, including that information is reported in different ways and formats. The following information focuses on the estimated federal/state resources used to support subsidized child care.

Tennessee Department of Human Services is the designated agency responsible for licensing all child care centers and homes, with the goal of ensuring that all children in care are in a safe and nurturing environment. It supports a variety of child care programs, providing such care to children ages 6 weeks-12 years of age. Although programs may vary based on the age groups served and needs in the community, the programs aim to provide high quality care supervision and learning experiences.

The 2009 Child Care in the State of Tennessee (NACCRRRA) reports that 40,400 children received subsidized child care statewide, with 7,098 participating providers and a total of 357,740 child care spaces. The State Plan for Child Care Development Fund (CCDF) identifies these annual amounts:

CCDF	\$114,252,400
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Federal TANF Transfer to CCDF	\$54,000,000
Direct Federal TANF Spending on Child Care	\$16,446,000
State CCDF Maintenance of Effort Funds	\$18,975,882
State Matching Funds	\$18,052,612

A listing of all child care programs in Tennessee is available at this link, sorted by county and by Zip Code, with more than 400 providers in Davidson County. This DHS data base includes provider names, addresses, contact information, star rating, capacity, ages served, hours of operation, etc. <http://www.state.tn.us/humanserv/childcare/providers-map.htm>

### Head Start

Head Start is a nationwide program that promotes school readiness to 3-4 year olds by enhancing social and cognitive development as well as other services for enrolled children and their families. It focuses on children from low-income families. More than 1/3 of them come from families without an employed adult and almost 2/3 of the children come from single-parent homes. The annual nationwide cost for fiscal year 2008 was \$120,514,189 of federal actual spending. <http://nieer.org/yearbook/pdf/appendices.pdf#page=88>

In Nashville, MAC's Head Start Program of Nashville provides pre-school education for children ages 3-5 years old. There are eight Head Start Centers and seven partner sites throughout Nashville, serving 1,485 children. Although Head Start is the largest provider of early childhood education in Davidson County, the number of eligible children who need services exceeds the capacity of Head Start.

## Home & Community Based Services-Senior/Adult

Home and Community-Based Services (HCBS) include a variety of supportive services delivered in community settings or in a person's home. These services are designed to help older persons and adults with disabilities remain living at home. Examples of HCBS include personal care with bathing, chore assistance, adult day services, transportation to medical appointments, and home-delivered meals. The needs of HCBS related to Child Care are in a separate section of this report.

**Key Points:** The aging of our population, the expressed desire of people to age at home, and the lower cost of home-based services compared to institution-based services, all contribute to the need for increased home and community-based services for people who are elderly and/or disabled:

- There is a need for increasing funding for these services to keep pace with the increasing need.
- Due to increasing rates of retirement of the Baby-Boom generation, aging services provided by governments and private agencies will experience workforce shortages.

The importance of HCBS is growing in low-to-middle income families because of the increase in aging/disabled family members. Depending on the specific services rendered and on the type of service provider, hourly rates for homemaker and personal care services range from under \$20 to more than \$50, or even more if special skills are required.

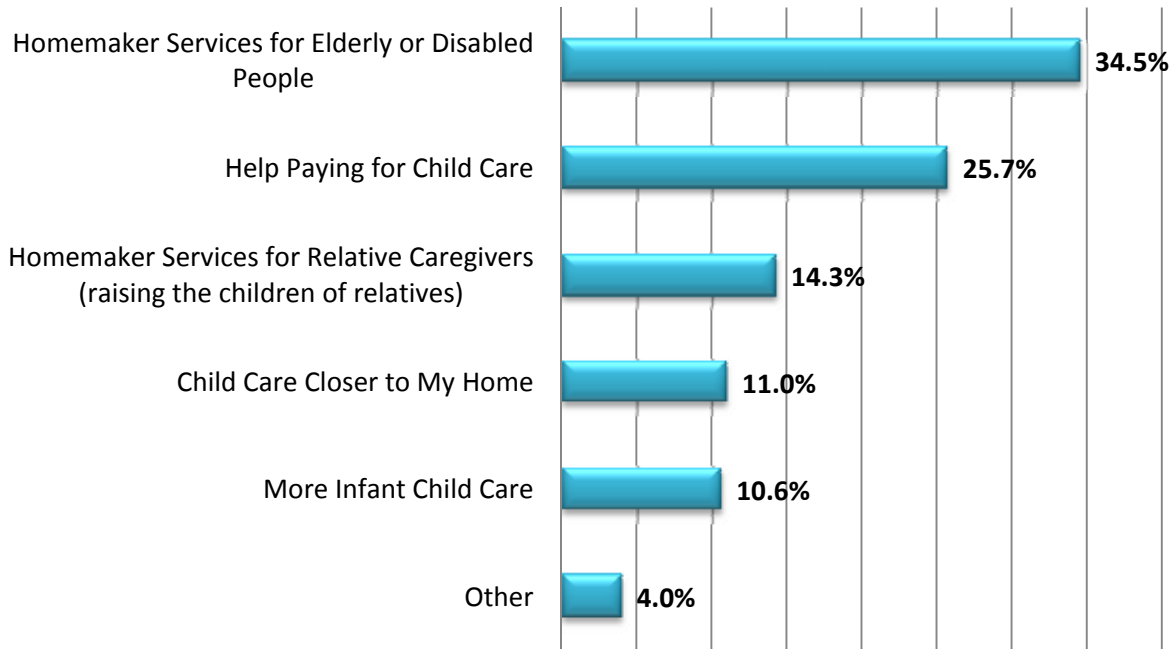
For persons who meet the income and other stringent eligibility guidelines, there is some government-funded in-home care. Since there is not enough care for those who are eligible, there are long waiting lists. There are many others who do not meet the income or other guidelines who cannot afford to pay for private agency in-home services. The results are that some people must quit work to take care of family members, some people go into nursing homes which are more expensive for the state to fund and some people are living alone at home unsafely.

There is a correlation between HCBS-Seniors/Adults and the Poverty Initiative's Health Care Action Group. Their recommendations included improving preventive care by working through community agencies, increasing access to health care for the underserved through advocacy and increased public information efforts about existing community resources, and promoting healthy behaviors.

### **Grassroots Community Surveys**

As shown in Table HS-1, grassroots community survey participants indicated that Homemaker services for people who are elderly and/or disabled ranks as the greatest HCBS need in Davidson County. Comments are in the Appendix and identified specific in-home services for elderly and disabled people, as well as adult day care/day activities, health/fitness activities, and employment help for people with disabilities.

**Table HC-1: Greatest Need in Home & Community Based Services,  
Grassroots Community Survey**

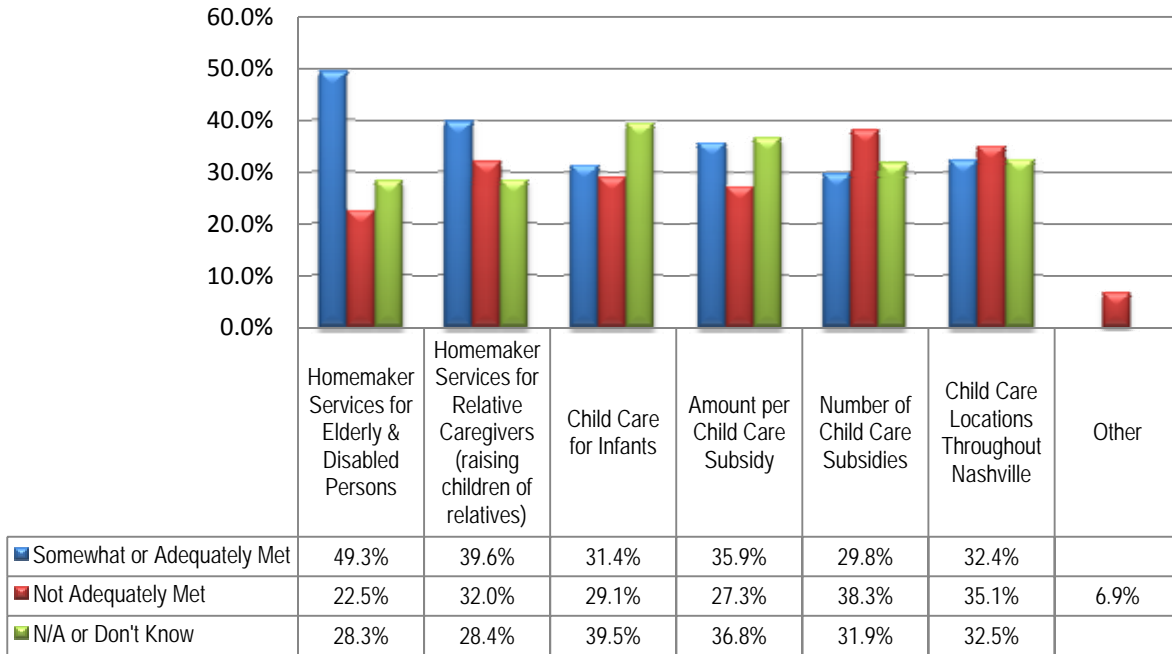


Source: MSS 2009 Grassroots Community Survey

**Professional/Agency Survey**

While the results of the Grassroots Community identified homemaker services for elderly or disabled people as the greatest need, the Professional/Agency Survey responses indicated that those were more likely to be somewhat or adequately met. As shown in Table HS-2, almost half of the agency professionals surveyed indicated that homemaker services for people who are elderly and/or disabled were being adequately provided. Comments discussed the general need for more in-home services and that eligibility for some programs may be too restrictive for some populations.

**Table HC-2: Greatest Need in Home & Community Based Services**  
Professional/Agency Needs Survey



Source: MSS 2009 Professional/Agency Survey

### **Focus Groups**

A common theme from all groups was the need for more services in the community, and the need for more publicity about existing programs and services.

African-American females indicated concerns about the lack of information about services, and help for grandparent caregivers.

White females mentioned the need for more home-based healthcare.

African-American males expressed the need to raise income eligibility limits for people who are working because when people get jobs and make some money, co-pays for services are increased. The men agreed that they cannot make progress out of poverty if costs increase whenever their pay increases. Some of the African-American men expressed their frustrations this way:

- “It’s a Catch 22. Services help, but they don’t help overcome poverty”.
- “Basically, if they see you with a dollar trying to making things work they take 95 cents of it.”
- “You never quite get over the hump and you’re penalized trying to get over.”



- “And if you’re asking for assistance, it’s like, if they give you a little bit, they take a little more.”

White males were in agreement that they had little knowledge of this area, and that it did not affect them at this time.

A common theme from the Hispanic focus groups was the need for more publicity or information about services for seniors and people with disabilities, and about support networks.

Females mentioned that medical care for recently arrived seniors who have not “adjusted their status” are very expensive and hard to get.

Males made suggestions about improvements in services for seniors, including the following:

- “Maybe there could be an association of senior citizens that could work in a special child care institution, with government support and food assistance. It would cover the child care needs of children older than 3. It would be a double benefit.”
- “We know there are services for seniors and handicapped people, but we don’t have access to that information.”

## **Supplemental Information**

In 2009, 39 million Americans, 13% of the U.S. population, are ages 65 and older, compared to 4% in 1900. The growing age of the population is caused at least in part by dramatic advances in medical science and public health, and declines in fertility rates. Pew Research projects that by 2050, about 1 in 5 Americans will be over age 65, and about 5% will be ages 85 and older. They reported, “These ratios will put the U.S. at mid-century roughly where Japan, Italy and Germany – the three “oldest” large countries in the world – are today.” (*Growing Old in America: Expectations vs. Reality*, Pew Research Center Publications, June 29, 2009)

There is increasing pressure from the public to use public funding for home- and community-based services (HCBS) as alternatives to nursing homes because people want to “age in place”, which generally means to continue to live in their own homes or with family. For some time, professionals and researchers have been advocating more HCBS for the associated health benefits to individuals.

The 2005 White House Conference on Aging recognized this shift in public opinion and best practices – the Conference’s number two resolution (of 50 total, with re-authorization of the Older American Act as #1) was to Develop a Coordinated, Comprehensive Long-Term Care Strategy by Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery, and the Paid and Unpaid Workforce. Other Conference resolutions about HCBS included increased number and capacity quality of geriatrics workforce (#6 & #9), promoting innovative models of non-institutional long-term care (#7) and improving state- & local-based integrated delivery systems for aging in place (#10).

The aging of the population means an increasing number of older people seeking services. At the same time, the workforce of county service providers is also aging, creating additional stress on county governments as seasoned workers retire – the “Brain Drain.” In short, counties are being forced to provide more services for an aging population with fewer experienced public servants.

Home and Community-Based Services cost less than institutional-base services. In Tennessee, estimates of average annual costs of nursing home care range from \$40,000 - \$50,000. HCBS could serve two or three persons (who do not need 24-hour care) in the community for the same amount which would serve only one in a nursing home.

Thirteen kinds of services are currently offered in Tennessee through the U. S. Administration on Aging, the Tennessee Options Program and the HCBS Waiver funded through TennCare. Services available depend on the funding source and the needs of each individual person, and include non-medical personal care help, homemaking, home-delivered meals, adult day care, personal care aides and attendants, personal emergency response systems, minor home modification, chore services, caregiver respite, assistive technology, partial assisted living facility funding, and case management.

According to a study by the Jefferson Center for Applied Research on Aging and Health (Thomas Jefferson University, Philadelphia, 2009), home and community based services are desired by older persons and their families and also have measurable health benefits. Their four year study of a home-based program for seniors (occupational and physical therapy, as well as some minor home modifications), concluded that the program helped people live longer. The study provided in-home and telephone call follow-ups to the intervention group, whose members gained an average 3.5 years of lifespan compared to the control group.

Aging of Our Population: It is unlikely that enough institutional facilities can be developed to take care of all the people who will need some help with activities of daily living. In 2009, there were 20 nursing homes in Davidson County listed on Medicare.gov *Nursing Home Compare*, and the average resident population was 121. If just 10% of the over-65 population in 2025 needed nursing home care, we would need 100 facilities to serve them.

The terms activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are used to describe a person's level of functioning in performing everyday tasks. Agencies and facilities assess a person's abilities to perform ADLs and IADLs to establish program eligibility and to determine level of care needed.

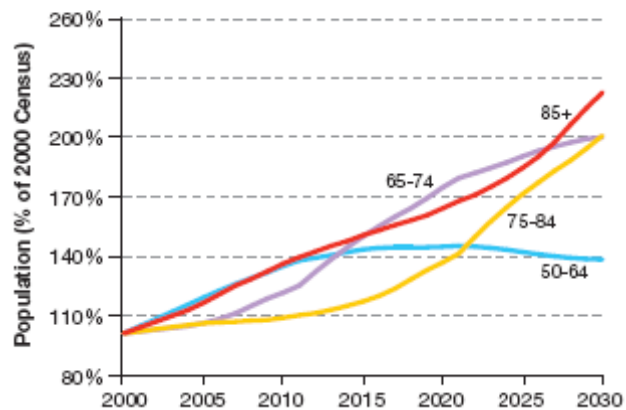
ADL categories are hygiene, continence, dressing, feeding one's self, ability to use a restroom, standing up, and getting in/out of bed. IADLs are more nuanced and complex social activities and can include things such as looking up phone numbers, making and keeping doctor's appointments, driving or arranging travel, preparing meals, shopping, housework, managing medication and managing finances.

Table HS-7 demonstrates the rate at which Tennessee's population is growing older. It shows that between 2000 and 2030, the rate of people ages 65-74, 75-84 and 85% will increase about 200%, with ages 60-65 increasing about 140%.

Table HC-7: Population Increase by Age Group

Source: AARP "Across the States: Profiles of Long term Care and Independent Living," Ari Houser, Wendy Fox-Grage & Mary Jo Gibson, 2009

Projected Growth in the Older Population in Tennessee as a Percentage of 2000 Census, by Age Group, 2000-2030



Projections are that the population age 65 and over in Davidson County will increase from 63,444 in 2000 to 110,951 by 2025, according to the Tennessee Advisory Committee on Intergovernmental Relations (TACIR). *Population Projections for the State of Tennessee, 2005-2025, Demographic Information on Age-Gender Composition.*

People are aging in place throughout Davidson County. According to the 2000 U. S. Census, Nashville’s suburbs were ranked 13th for a combination of the greatest growth in the 35-and-over population (27.7%) with the greatest decline in the 35-and-under population (50.3%). As people in the suburbs grow older, it is anticipated that there will be an increased need for transportation for them to reach services. An alternative is for social, health and other programs for the elderly may need to plan for satellite suburban locations.

Table HC-8 shows the projected population trend of aging, by race and Hispanic ethnicity for Davidson County.

**Table HC-8: Trends by Age for Davidson County, Projected to 2018**

Source: Nashville Demographics: The Road Ahead to 2030. Nashville Area Chamber of Commerce, Dr. Garrett Harper, Chris

	Davidson County, TN										
	2000 Census	%	Index to US	2008 estimate	%	Index to US	2013 projection	%	Index to US	2018 projection	%
Total Population	569,891			624,892			651,711			675,378	
<b>Population by Single Race Classification</b>											
White Alone	381,783			397,889			403,018			406,645	
Age 65 and over	51,601	13.52	121	57,333	14.41	120	66,337	16.5	117	78,888	19.35
Black or African American Alone	147,696			166,659			169,694			185,864	
Age 65 and over	10,713	7.25	96	12,583	7.55	95	13,779	8.12	95	19,107	10.28
American Indian and Alaska Native Alone	1,679			2,562			2,704			3,512	
Age 65 and over	75	4.47	111	55	2.13	91	90	3.33	89	147	4.19
Asian Alone	13,275			18,059			18,320			25,192	
Age 65 and over	489	3.68	102	1,055	5.84	113	1,270	6.93	112	2,035	8.08
Native Hawaiian and Other Pacific Islander Alone	403			687			729			1,013	
Age 65 and over	19	4.71	98	32	4.66	104	41	5.62	106	71	6.99
Some Other Race Alone	13,816			22,746			28,338			30,122	
Age 65 and over	124	0.90	90	298	1.31	91	442	1.56	91	895	2.97
Two or More Races	11,239			16,310			17,929			23,030	
Age 65 and over	423	3.76	86	670	4.11	95	873	4.87	91	1,444	6.27
<b>Population by Hispanic or Latino</b>											
Hispanic or Latino	26,091			48,348			59,204			72,043	
Age 65 and over	377	1.44	78	860	1.95	86	1,415	2.39	86	3,033	4.21
Not Hispanic or Latino	543,800			576,544			592,507			603,335	
Age 65 and over	63,067	11.60	110	70,396	12.21	108	81,173	13.70	105	96,051	15.92

Cotton; January 2009

Desire for In-Home Services: In a recent statewide needs survey conducted by the Tennessee Commission on Aging & Disability, six of the top ten needs indicated by respondents were for home and community based services. This 2008-2009 Comprehensive Needs Assessment ranked these as the top needs, based on availability and importance (conducted by the University Of Tennessee College Of Social Work, Office of Research and Public Service):

- 1) Rural Transportation
- 2) Silver Alert program (for dementia wanderers)
- 3) Adult Day Care
- 4) Adult Foster Homes
- 5) Dental, Vision, Hearing Services
- 6) Programs for people with income above eligibility levels
- 7) Caregiver Respite
- 8) Walkable Communities
- 9) Lower Staff Turnover
- 10) Aging Training for Legal, Police, Medical, Social Workers, etc.

Older people and people with disabilities increasingly rely on and want home care. Employment of personal and home care aides is expected to grow by 27% in Tennessee by the year 2016. By 2014, there will be as many as 16,070 Home Care Aides in Tennessee, representing an annual average growth rate of 2.5%, faster than the 1.5% growth rate for all occupations in Tennessee, as noted in the May 2008 Workforce Issues, "Growth plus replacement needs for Personal and Homemaker Services."

The Metropolitan Public Health Department reported in the 2001 Adult Behavior Risk factor Survey Data that in the Metro Council districts with the highest levels of household poverty according to the 2000 Census, many residents are also caregivers, who need help in their homes to take care of loved ones:

- Almost 25% provide some care for a person age 65 or older.
- About 42% assist with personal care needs such as eating or bathing for a family member or friend who is 60 years of age or older.

The cost-effectiveness of home care for elderly or disabled persons is well-documented. Research consistently shows that home care cost-effective for individuals recuperating from a hospital stay and for those who, because of a functional or cognitive disability, are unable to take care of themselves. Examples of such research include patients with COPD, terminally ill veterans, psychiatric care patients, and patients with congestive heart failure. As noted by the National Association for Home Care & Hospice in its 2007 update of Basic Statistics About Home Care, in addition to being more cost-effective, home care supports the care provided by family members and friends, maintains the recipient's dignity and independence, and allows patients to take an active role in their care.

Increasing Need for In-Home Services: The U. S. Administration on Aging (AoA) was created through funding from the 1965 Older Americans Act to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost-effective systems of long-term care, and livable communities across the United States.

AoA provides funding through the National Aging Services Network, which includes State Units on Aging, regional Area Agencies on Aging, and local providers in all states and U. S. Territories. The network provides services to more than 10 million seniors, including three million who receive intensive services and almost one million family caregivers each year. Services provided include case management, home-delivered meals, transportation, and case management, non-medical personal care, chore help, homemaking, and center-based services such as congregate meals, adult day care, and respite care.

An Administration on Aging report, “Modernizing Older Americans Act Programs 2007,” included results of a consumer survey that found the following:

- 84% of caregivers say services allow them to care for the elderly longer.
- 43% of elderly transportation recipients rely on the service for virtually all of their transportation needs.
- 97% of transportation clients rated services as “excellent” or “very good.”
- 86% of new clients receiving home-delivered meals eat more balanced meals as a result of the program.
- 93% of home-delivered meals clients report that receiving meals enabled them to continue living at home.
- 83% of information seekers report they the information they received should help them resolve their issue.
- 94% of information seekers said their call was answered within five rings.

Tennessee was one of nine states with the smallest per capita increase in Medicaid expenditures community-based long term services between FY 1999 and FY 2006. During that time period, Tennessee increased its HCBS expenditures by just over one dollar per person (\$1.16). Source: Gold, Steve, Some Post Olmstead Anniversary Data. Information Bulletin #252, June 2008.

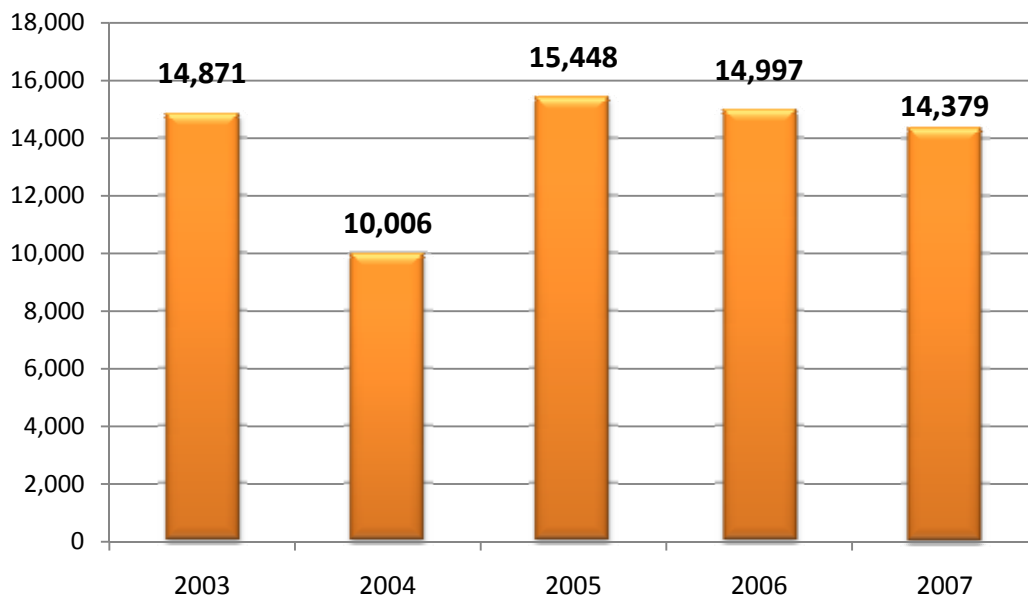
However, in June of 2008, Tennessee’s governor signed the Long-Term Care Choices Act, which fundamentally re-balanced long-term care funding to expand alternatives to nursing homes for elderly and physically disabled residents. TennCare reports that in the fall of 2008 they implemented an expansion of home and community services to 2,300 additional people, bringing the number of people to be served annually to 6,000. When fully implemented, the new program will expand eligibility for in-home services and include increased family-directed services.

The need continues to grow. According to the Greater Nashville Council’s Area Agency on Aging & Disability, as of March 23, 2009, 671 people were on the waiting list for Federal- & State- funded in-home services in 13 Middle Tennessee counties. People in need services may wait for more than two years. These services, including homemaking, non-medical personal care, home-delivered meals, personal emergency response systems, caregiver respite, minor home modification, and case management, are provided through state contracts with Metro Social Services and approximately 50 other local providers in Nashville (such as Community Ties of America Inc., Mid-Cumberland Human Resource Agency, Centennial Adult Care Center, Healthcare Staffers LLC, CareAll Home Services, Kelly Home Care Services).

Table HC-9 shows the number of adults with at least one self-care disability in Davidson County from 2003-2007. People who now need or can be expected to need long-term care include those who need skilled nursing help and people who have difficulties with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (levels of functioning in performing everyday tasks).

Medical diagnoses and assessments of ADLs and IADLs are used to determine eligibility for institutional care in nursing homes and assisted living facilities, and for in-home services (HCBS). Although the level of deficits in functioning required for eligibility varies by program, people with a self-care disability are more likely to be eligible for HCBS.

**Table HC-9: Number of People age 21 and over with at least one self-care disability-Davidson County, TN**



Source: U.S. Census Bureau, 2005-2007 American Community Survey

Table HC-10 shows the expected trend of increase in the number of people age 65 in Davidson County. It appears that as the population ages, even with medical and therapeutic advances, disabilities will also increase and the need for Home and Community Based services will not diminish.

**Table HC-10: Disability Trends by Age for Davidson County, TN**

Senior Disability	Davidson County						
	Total	%	Population 65 and over	%	65 and over Disabled		
2000 Census Mobility and Disability Civilian Non-Institutionalized Persons Age 16 and over					2008 est	2013 proj	2018 proj
<b>65 and over Total Population</b>			63,444		71,488	82,376	102,387
<b>Total Disability</b>	141,474		58,371		65,769	75,786	94,196
Sensory Disability	19,282	13.63%	9,240	15.83%	10,411	11,997	14,911
Physical Disability	44,834	31.69%	19,664	33.69%	22,157	25,532	31,735
Mental Disability	23,915	16.90%	7,979	13.67%	8,991	10,360	12,877
Self-Care Disability	14,695	10.39%	7,078	12.13%	7,978	9,193	11,426
Go-Outside-Home Disability	38,748	27.39%	14,410	24.69%	16,238	18,712	23,257

Source: Nashville Demographics: The Road Ahead to 2030. Nashville Area Chamber of Commerce, Dr. Garrett Harper, Chris Cotton; January 2009

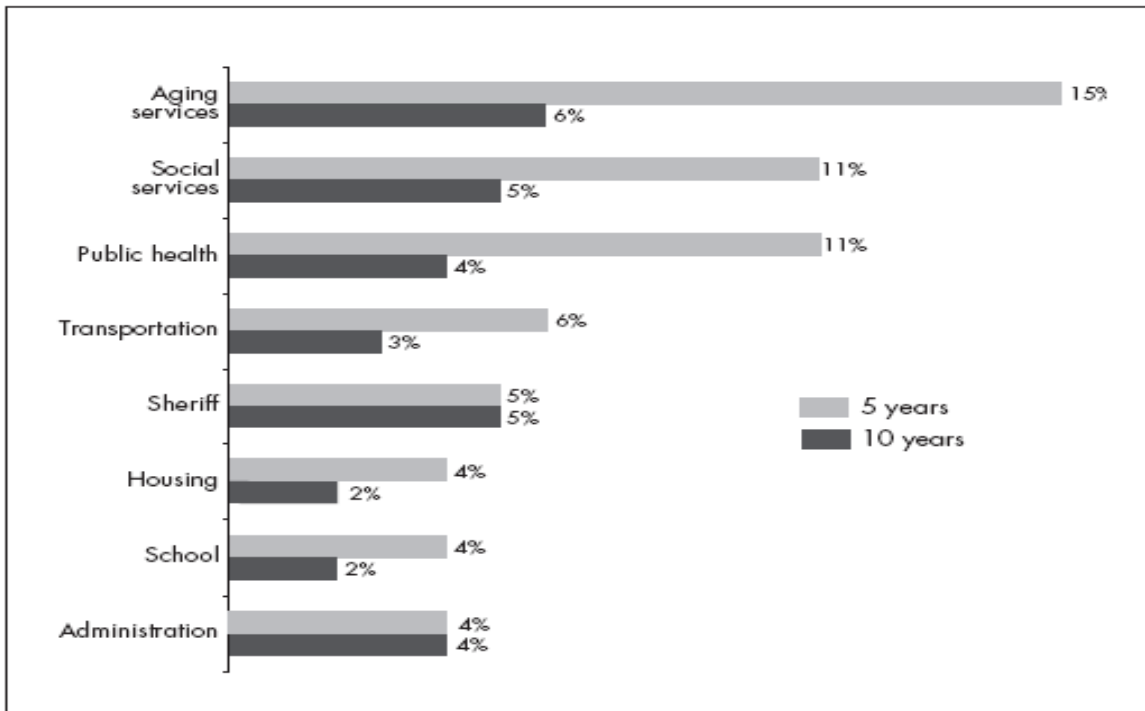
Longer Waits for County Services: The National Association of Counties and other agencies commissioned a survey of 706 counties about anticipated workforce shortages due to the increasing retirement of Baby-Boomer workers.

Table HC-11 shows the areas of anticipated shortage in 5 and 10 years reported by county officials. The highest shortages are anticipated in aging services, social services and health



services. Tennessee counties represented in the data include Haywood, Hickman, Montgomery, Obion and Smith, along with counties from other southeastern states.

Table HC-11: Projected Shortages in Services – 5, 10 years



Source: *Counties Face the Senior Boom*. Richard L. Clark, prepared for The National Association of Counties by the National Center for the Study of Counties (NCSC), Carl Vinson Institute of Government, University of Georgia, February 2004.

### **Home & Community Based Services-Adults/Senior Resources**

An array of services is provided through numerous service providers, most which use multiple funding sources. As a result, it is difficult to provide details about the financial resources used for this array of services. Information provided by some sources is reported in different ways and formats, making it difficult to compare available financial resources across issue areas or even within an individual issue area, with other information was not readily available. Below is information that was obtained related to Home & Community Based Services for Adults/Seniors.

#### Examples of Public Program Resources (Long-Term Care and Residential Options:

In 2008, there were 319 nursing homes in Tennessee and 20 in Davidson County, according to the Medicare.gov web site.

<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/ProximitySearch2.asp#county1>

Until recently, Tennessee has ranked among the lowest of states in the amount of funding to support Home and Community Based Services for our eldest or disabled, and has had one of the highest levels of funding allocated for nursing home care. The Long-Term Care Choices Act of 2008 fundamentally restructures the state’s long-term care system, providing more consumer

choice and increasing access to home and community based care. The Act will allow \$1.2 billion in TennCare funds to be more evenly divided between traditional nursing homes and home- and community-based service providers. Before this legislation, 98% of long-term care funding in Tennessee went to traditional nursing homes. Additional information is available at the TennCare web site: <http://www.tn.gov/tenncare/long-transformation.html>.

According to their annual report, GNRC AAAD spent in excess of \$5,000,000 for services in its 13-county Middle Tennessee service area. Pass-through of federal funds amounted to \$4,189,937.90. Another \$84,000+ in Federal AoA Title III and State Options funding was distributed, and about 32% of this funding went to in-home services. Approximately \$1,449,000 was distributed by the AAAD for in-home services in Davidson County in FY07-08.

In Fiscal Year 2008-2009, MSS provided 37,229 hours of in-home homemaker and personal care services to 398 residents. A total of \$1,794,894.44 was budgeted for these services, from state /federal sources (\$403,982 or 22.5%) and Metro government (\$1,794,894.44 or 77.5%).

As of July 2008, more than a hundred agencies provided in-home care in Davidson County. Several of these provide some services to low-income persons who cannot afford to pay. These services are at no cost to the consumer because they are subsidized by government agencies. There are many other people in need for whom subsidized services are unavailable, usually either because they do not meet the stringent state/federal guidelines or because there are waiting lists for services.

Most agencies, which provide in-home care, are private companies, for which proprietary financial information is unavailable. Private agencies which provide in-home services are licensed as Personal Support Services Agencies (PSSA) by the Division of Licensure of the Tennessee Department of Mental Health, as are public agencies such as MSS or nonprofit agencies such as Mid-Cumberland Human Resource Agency (both which provide large subsidized programs for eligible persons). Some private agencies provide subsidized services, for which they are reimbursed, as well as private pay services, ranging from a cost to consumers of \$20 per hour to much more (the rates are even higher if health related services are involved). Some indirect information about the volume of services at private agencies indicates that a great deal of private funds are involved. For example, a single private provider in Nashville has a series of television advertisements which state that they have 1,000 direct service workers and anticipate hiring another 1,000 in the future.

Approximately 41 of the local private agencies are approved vendors, which contracted with the state to provide in-home services in FY 08-09. Under standard contracts, they receive government reimbursement rates of approximately \$23 per hour for providing homemaker and similar services to eligible participants through programs such as the Options Program, and the TennCare HCBS Waiver for seniors and people with disabilities (designed for low-income residents). A list of authorized providers is available through the Tennessee Commission on Aging & Disability at <http://www.state.tn.us/comaging/provider/SWWDAVIDSON.pdf>

If applicants cannot afford to pay the full cost of care and are not eligible for subsidized services, no services are available. Applicants are either eligible for subsidized services (and would be

placed on a waiting list) or they are not eligible for any assistance for these services (sliding scales are generally not involved).

In addition to income guidelines, there are other eligibility requirements. Generally, low-income persons must have deficiencies in at least two Activities of Daily Living (ADLs) to receive state-subsidized services, although locally-supported services through government or non-profit agencies may have additional requirements, such as being excluded if they live in the same household as an able bodied person who can provide care. As a result, people in these circumstances would not receive subsidized in-home services: low-income families that care for disabled parents or other family members in the home; persons whose income even slightly exceeds the income requirements; those who seek services which are already at capacity and who are placed on indefinite waiting lists.

The number of services providers and the estimated volume of service for those who can pay the full cost for services suggests that there may be a similar magnitude of need for others who cannot afford to pay the full cost of service and do not qualify for subsidized in-home services.

#### Examples of Community Funding Resources

Neither the Community Foundation nor Metro Government's Community Enhancement Fund provided support, which was specifically identified for HCBS-Adult/Senior programs for FY 08-09.

United Way of Metropolitan Nashville invested \$423,648.00 for Fiscal Year 2008-2009 in eight HCBS programs for adults as defined in this Needs Evaluation, primarily for elder residents. Program services funded included adult day care, a foster grandparent program, a program for refugee elders, and in-home services for seniors. Other programs funded by UWMN may include some HCBS components, but financial information was not specifically available for these.

Lack of transportation is an important issue for those in need because it is a barrier to employment, adult training/education, and social services. Fewer low-income people have access to private transportation – so affordable, dependable, accessible public transportation is important for employment, medical, family and other trips.

Davidson County’s residents who lack access to an automobile or the ability to drive may become isolated and may not have access to programs or services to enhance the quality of their lives, or even to meet their basic needs. Some of these needs are identifiable and can be specifically addressed to ensure appropriate access for people who are low-income, elderly and/or disabled.

### **Key Points**

Despite increases in the amount and accessibility of public transportation in Davidson County, it remains inadequate. Several factors contribute to the increasing pressure on our community for more transportation alternatives, including the aging of the population, increased ridership due to the economic downturn and increasing public interest in alternatives to commuting in cars.

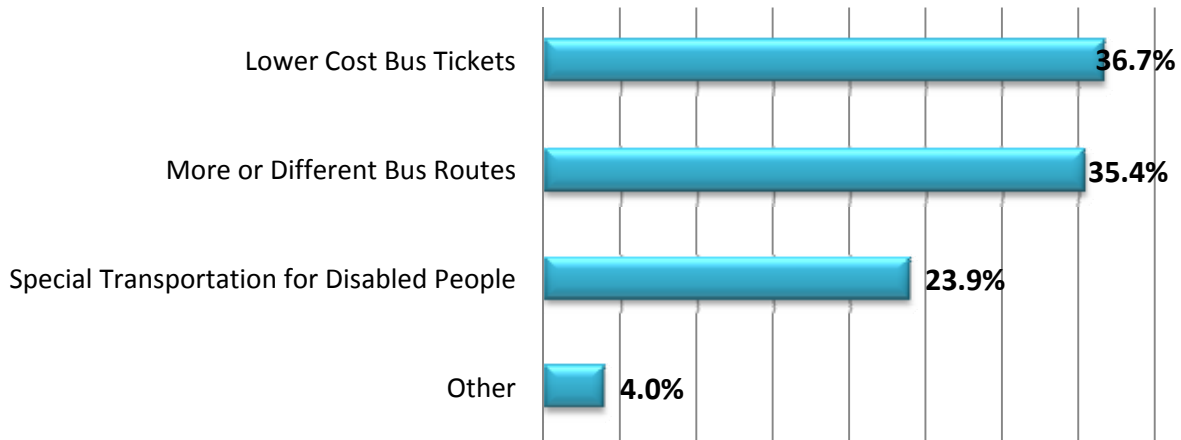
The Neighborhood Development Action Group of the recent Nashville Poverty Initiative noted that transportation improvement is needed by neighborhoods. They identified the important goal of increasing access to transportation for isolated populations, and greater walkability to promote neighborhood interconnectivity. They identified specific needs for development of a cohesive transportation system (discounted bus fares for low-income or unemployed residents, carpooling networks, and a bicycle-sharing program) plus a functional sidewalk system. These issues are consistent with the overall need for better transportation for low-income residents, mobility-challenged people, and the general population as discussed below.

### **Grassroots Customer Survey**

Of the five issues areas, transportation was the need area with the fewest number of people identifying it as the greatest need (10.8%) in the grassroots customer survey. As shown in Table T-1, when ranking which was the greatest gap in transportation services, the most frequent choice was Lower Cost Bus Tickets at 36.7%, closely followed by More or Different Bus Routes at 35.4%.

There were additional comments (shown in the Appendix) which discuss the cost of gasoline, rail use, and bus route specifics (to outlying areas, senior housing, and underserved areas, and cross-county line or cross-town routes).

**Table T-1: Greatest Need in Transportation,  
Grassroots Community Survey**

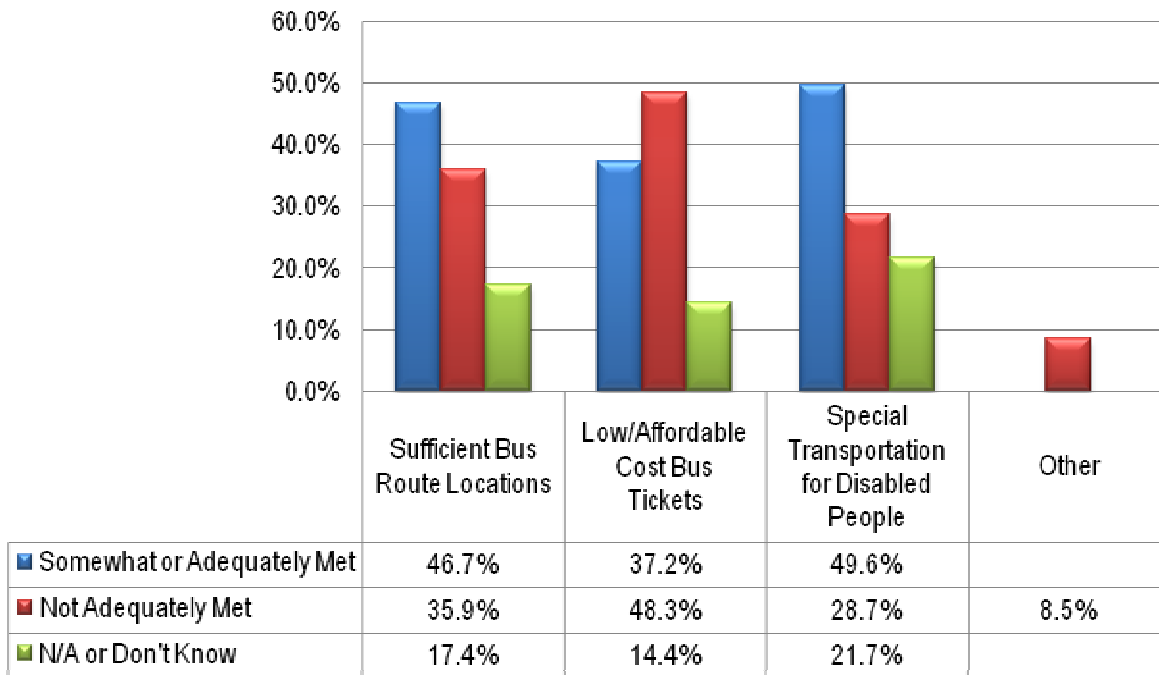


Source: 2009 MSS Grassroots Community Survey

**Professional/Agency Survey**

Among professionals who answered the agency stakeholder survey, only the cost of bus tickets was deemed a need not adequately met by a greater number of respondents. Table T-2 shows that the need most often identified as not adequately met was Low Cost/Affordable Bus Tickets.

**Table T-2: Greatest Need in Food & Nutrition,  
Professional/Agency Survey**



Source: 2009 MSS Professional/Agency Survey

### Survey Comparison

The need for Low Cost/Affordable Bus Tickets was identified by the Grassroots Community Survey as the greatest gap in transportation services, as well as the greatest unmet need by the Professional/Agency Survey. However, respondents in both surveys noted in their comments that bus routing was an important issue (routes to outlying and underserved areas of the county, more access to buses from senior and public housing, and cross-town routes with destinations other than downtown).

### Focus Groups

All gender, racial and ethnic groups convened identified the common themes that transportation is a barrier to finding and getting to and from jobs, and that bus service should be more frequent, hours of operation need to be extended, and routes need to serve more areas.

White males mentioned the need for more community awareness about existing services such as programs, which provide free bus passes, help with gas for cars, and help with the cost of getting driver licenses reinstated.

African-American females mentioned that transportation is a barrier to parent involvement in schools.

White females mentioned the need for emergency transportation, *e.g.* to pick up medicine for a sick child late at night.

Representative comments from participants included:

- “When I could walk to where my little boys were [in school], I could volunteer and get involved. Now I can’t.”
- “Bus services are a problem.”
- A male participant used the example of the need to end the focus group earlier than originally planned so that participants riding the bus could catch the last one leaving the area at 5:30 p.m.

One man expressed concern that since Nashville discontinued transfers and use only one-way fares, so it now costs him \$6 each day to get back and forth to work.

In the two Hispanic focus groups, both males and females commented on:

- Need more bus routes, especially within neighborhoods and to important public places like schools, hospitals
- Need more bus frequency
- Problems arising from not having a driver's license or no car insurance, resulting on continuing dependence on public transportation for all activities

Hispanic males discussed the need to improve bus stops and for more publicity/information about the bus system, routes, *etc.* The female group expressed concern that taxis are too expensive and unreliable, and that the MTA AccessRide services is unreliable and requires a social security number.

Hispanic participants' comments included:

- “Bus stops need to be improved. Frequently they are just a sign at the side of the road, and the bus just stops in the middle of the road.”
- The services are good, but we need more routes and better frequency.
- If we could get a driver's license, we could get insurance and everybody would be protected. The government would also know who we are.
- “Taxis are lousy. They frequently take a long time to come and are expensive. Sometimes they just don't come.”
- Perhaps we could have smaller buses covering local routes within neighborhoods, to go to the main routes.
- The bus stops on busy roads should have bays for the buses to pull in, off the traffic lanes.

### **Supplemental Information**

The need for public transportation and alternatives to individual automobile travel will continue to increase. Low-income workers, aging Baby-Boomers, school children, workers and shoppers in areas with limited parking, environmentally-concerned citizens, and people trying to cut back on purchases of increasingly costly gasoline...all will need and expect transportation alternatives. Some of these needs are bike lanes, walkable neighborhoods with amenities, more bus service to all areas of the county, special transportation services for those who cannot use the regular buses, regional (cross-county-line) bus and rail service, downtown circulator buses or trolleys with increased park-and-ride facilities and others.

#### Aging Drivers

Despite increases in the amount and accessibility of public transportation in Davidson County, it is not adequate to meet the growing needs. Several factors, including the aging of the population, increased ridership due to the economic downturn and increasing public interest in alternatives to commuting in cars, have put pressure on our community for more transportation alternatives.

The U. S Department of Transportation (DOT) estimates that within the next 25 years, the U.S. population is estimated to grow to 364 million, up from 282 million in 2000. Vehicle miles of travel (VMT) are projected to increase by approximately 60% by 2030, leading to much higher numbers of highway crashes and fatalities. Significant increases in the older population (the number of people between the ages of 65 and 84 will increase by 114% from 2000 to 2050) will pose highway and motor vehicle safety challenges, whether older Americans are drivers or passengers. Highway congestion is likely to increase, as retirees take to the road for recreational travel. In addition, the steady influx of immigrants from around the world will add complexity to the traffic safety challenge. As noted in the DOT Strategic Plan 2006-2011, this requires that DOT be innovative in adapting safety strategies, materials, and approaches to reach these cultures.

In 2006, MSS assisted the Council on Aging of Middle Tennessee of Nashville with a survey conducted of seniors about transportation. This Advisory Council Transportation Report indicates that about 22% use some form of transportation daily. How often a person uses transportation services can be a characteristic of personal mobility and can measure how connected older adults are to their communities. The survey found that slightly more than half used a transportation service, and that some were unable to go anywhere for nonessential trips. When asked, “How do you usually get to the following places?” with a list of destination options, over 11% indicated “Don’t Go;” 22% indicated they relied on family or friends; 10% said they used the fixed route bus or AccessRide paratransit for transportation.

Other findings from the survey confirmed the need for transportation for seniors:

- 63.4% did not have a family member to transport them
- 48.6% did not drive themselves anywhere
- 75.5% did not have friends who drove them anywhere
- 82.4% did not use the bus
- 13.7% did not visit people
- 19.6% did not go anywhere for recreation

Worker Transportation

Older people who no longer drive and many younger workers and public assistance recipients do not have convenient, accessible, reliable sources of transportation. The Census American Community Survey 2005-2007 data indicate that over 7,500 worker households in Davidson County have no vehicle available – These workers must walk or rely on public transportation and carpools.

A greater percentage of African-American workers use public transportation or carpooled to get to work than white workers:

Table T-3: Transportation to Work by Race, 2004-2007

	Black 2007	White 2007	Black 2006	White 2006	Black 2005	White 2005	Black 2004	White 2004
Car, truck, or van - drove alone	80.5%	82.5%	80.2%	83.2%	83.3%	82.6%	81.2%	81.7%
Car, truck, or van - carpooled	8.6%	8.3%	10.7%	8.2%	9.0%	8.8%	9.2%	9.0%
Public transportation (excluding taxicab)	4.8%	1.4%	3.0%	1.1%	3.6%	0.7%	3.4%	1.1%

Source: American Community Survey, 2004-2007.

Low-Income Families

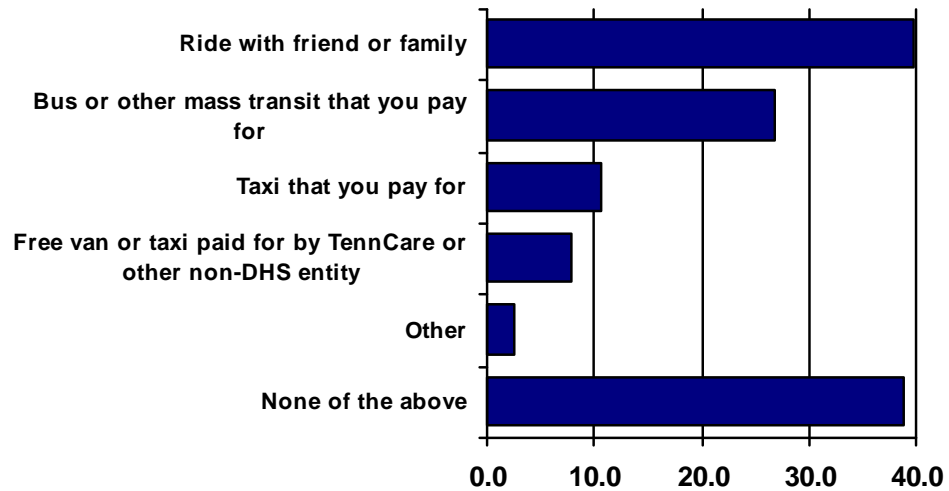
MSS contracted with the University of Tennessee’s Center for Business and Economic Research to conduct a 2006 study (Non-Parent Caretakers of Child-Only Families First Cases: Evidence from Tennessee and Davidson County) of Families First DHS customers. The study shows that participants rely heavily on informal sources of transportation. As shown in Table T-4, most ride with a friend or family member; others use a mass transit system, and some use paid or free taxi and/or van service.

Table T-4: % of Families First recipient survey respondents,



by types of transportation used, 2006, Davidson County

Source: Center for Business and Economic Research, University of Non-Parent Caretakers of Child-Only Families First Cases: Evidence from Tennessee and Davidson County, 2006.



As shown in Table T-5, income is inversely related to availability of vehicles – Low-income households were more likely to have no vehicle available or only one vehicle.

Table T-5: Distribution of Households by Number of Household Vehicles, by Income Class, 2001, U. S.

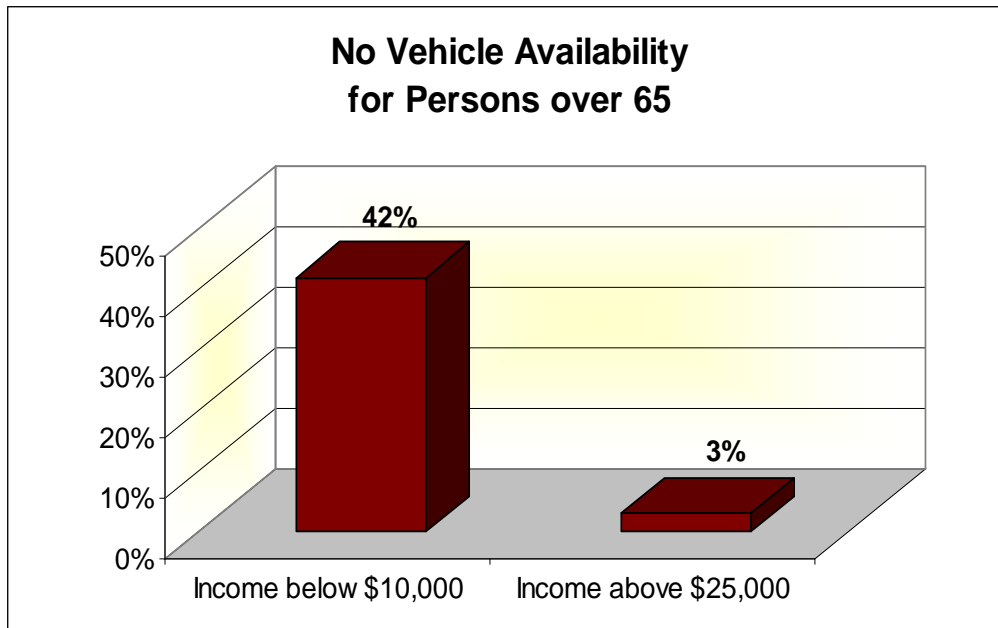
Household Income Class	Number of Household Vehicles				Total
	0 Vehicles	1 Vehicle	2 Vehicles	3+ Vehicles	
\$0-\$24,999	19.50%	47.90%	22.20%	10.40%	100.00%
\$25,000-\$49,999	3.30%	33.70%	40.60%	22.50%	100.00%
\$50,000-\$74,999	1.40%	20.60%	45.70%	32.40%	100.00%
\$75,000-\$99,999	0.80%	11.80%	47.90%	39.50%	100.00%
\$100,000 +	1.30%	9.60%	48.20%	40.90%	100.00%
All Incomes	7.20%	30.80%	37.70%	24.30%	100.00%

Source: Commission Briefing Paper 4A – Implications of Rising Household Income on Passenger Travel Demand, prepared for National Surface Transportation Policy and Revenue Study Commission, January 16, 2007.

[http://transportationfortomorrow.org/final\\_report/pdf/volume\\_3/technical\\_issue\\_papers/paper4a\\_06.pdf](http://transportationfortomorrow.org/final_report/pdf/volume_3/technical_issue_papers/paper4a_06.pdf)

Table T-6 shows the likelihood of vehicle availability for persons over age 65, comparing those with incomes below \$10,000 with those with incomes over \$25,000. Persons over age 65 with incomes less than \$10,000 were fourteen times more likely to have no vehicle available to them than those with more than \$25,000 income.

Table T-6: Vehicle Availability for Persons Over Age 65,  
Income Below \$10,000 and Above \$25,000 (2001)



Source:  
National Center  
for Transit  
Research, 2001

### Public Transportation

The Metropolitan Transportation Authority (MTA) is the publicly chartered bus company for Davidson County. On any given weekday, MTA operates approximately 100 fully accessible fixed-route buses, including hybrid vehicles.

MTA provided over 8 million rides in FY07-08, and over 9 million rides in FY08-09. They evaluate ridership on all bus routes and makes adjustments to routes two times per year, changing, adding or deleting routes, changing frequency of buses on routes, *etc.*, based on changing needs.

As with most public transportation companies, much of the funding MTA is from governmental sources rather than from fare and advertising revenue. Fares are comparable to cities such as Charlotte, North Carolina, and Indianapolis, Indiana. Fares continue to increase, and are a burden for low-income residents, including elderly people on fixed incomes.

In 1990, the Americans with Disabilities Act (ADA) enacted to protect the rights of all people without regard to their physical and/or cognitive disabilities. A requirement of the ADA is that all individuals have a right to be able to use available public transportation, and requires that individuals not able to independently ride public buses be provided with an equivalent, complementary service for their transportation needs within the established service area.

MTA's ADA alternative service is AccessRide. This specialized van service is for persons with disabilities who are unable to use regular fixed-route buses. AccessRide currently operates with a fleet of 64 vehicles. The cost of operation varies depending on trip length and number of passengers, but is estimated at \$11-\$30 per trip, with an average cost per trip of about \$13-\$15. In FY 08-09, AccessRide provided 325,297 trips.

In FY 08-09, AccessRide provided 325,297 trips. The MTA fleet of fixed-route buses is now 100% accessible, and MTA hopes this will slow the increase of AccessRide trips that are more costly, and increase in number each year.

## **Transportation Resources**

### ***Public Resources***

#### **Metropolitan Transportation Authority**

The MTA currently operates a fleet of 167 fixed-route buses and 64 smaller vehicles for its paratransit service, AccessRide. In their July 2009 Strategic Transit Master Plan Draft Final Report, MTA estimates that about 60% of households and 80% of employers and employees are within ½ mile of MTA routes ([www.nashvillemta.org](http://www.nashvillemta.org)).

MTA provided over 8 million rides in FY07-08, and over 9 million rides in FY08-09. The current standard fare is \$1.60 per trip. There are discounted fares for seniors and people with disabilities, and multiple-ride passes at reduced prices.

MTA also provides some additional services funded by grants, such as the Travel Training Program, and the Madison Bus Link circulator and the #72 Edmondson Pike cross-town service, both funded by federal Jobs Access Reverse Commute grants. Bus Rapid Transit routes and cross-county-line routes have recently been inaugurated.

As shown below, much of the funding for MTA is from governmental sources. MTA budget from Metro Government's online Citizens' Guide to the Budget, Budget by Function Fiscal Year 2009 is shown below.

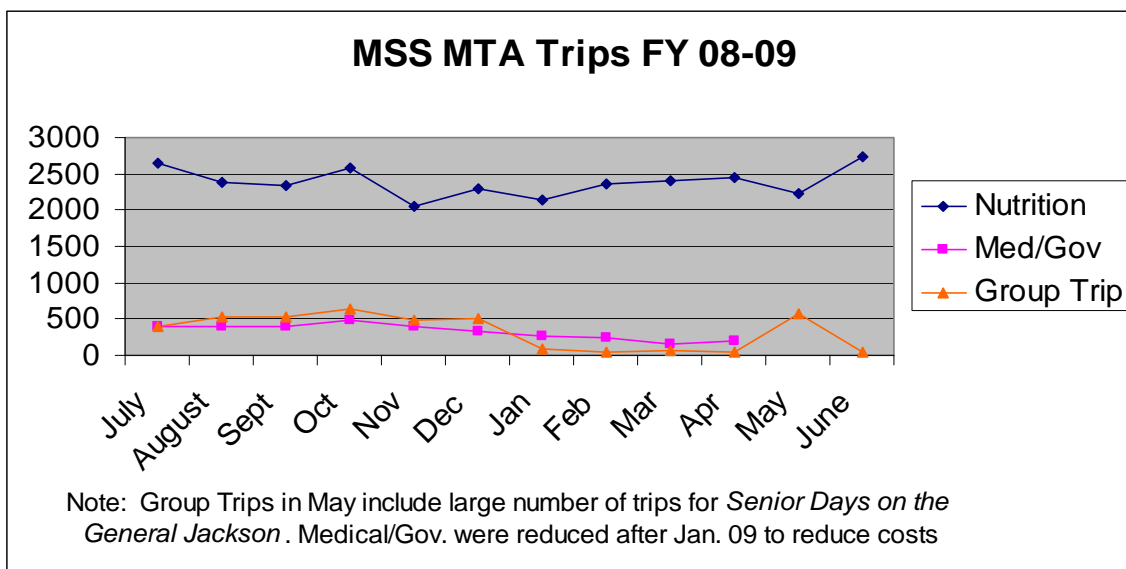
<b>Budget Summary</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
<b>Expenditures and Transfers:</b>			
MTA Component Unit Fund	\$36,660,600	\$39,426,600	\$43,498,000
<b>Total Expenditures and Transfers</b>	<b>\$36,660,600</b>	<b>\$39,426,600</b>	<b>\$43,498,000</b>
<b>Revenues and Transfers:</b>			
Program Revenue			
Charges, Commissions, and Fees	\$ 8,709,500	\$ 9,309,000	\$12,583,400
Other Governments and Agencies	10,122,000	10,788,500	12,502,000
Other Program Revenue	0	0	0
<b>Total Program Revenue</b>	<b>\$18,831,500</b>	<b>\$20,097,500</b>	<b>\$25,085,400</b>
Non-program Revenue	0	0	0
Transfers From Other Funds and Units	17,829,100	19,329,100	18,412,600
<b>Total Revenues</b>	<b>\$36,660,600</b>	<b>\$39,426,600</b>	<b>\$43,498,000</b>

### Metropolitan Social Services

Metropolitan Social Services (MSS) provides transportation for some congregate site senior nutrition customers through the use of MTA's AccessRide, by buying and distributing tickets. MSS provides tickets for rides to and from the nutrition sites, and also for needed trips to medical appointments and to government offices.

The following chart shows the number of trips to/from MSS congregate sites in the Senior Nutrition Program. MSS paid MTA to provide these rides for eligible participants.

Table T-7: MSS-funded Trips to Congregate Meal Sites provided by MTA, by month, Fiscal Year 2008-2009



### ***Private Resources***

#### Taxicabs

According to the web site of the local licensing authority, the Transportation Licensing Commission, four Nashville taxi companies offer accessible cabs: Allied Cab & Nashville Cab (same ownership), Checker Cab and Yellow Cab Inc. There are currently 12 accessible cabs operating, which have been inspected for accessibility by staff of the Metro General Services ADA Office. There are an unknown number of private transportation alternatives available for a fee, which are not licensed or monitored by the Commission.

#### Neighborhood Transportation Alternatives

Currently, two neighborhood transportation programs are operating, one using volunteer drivers, and the other using contracted services with volunteers as rider assistants. Both are federally funded with New Freedom formula grants. The New Freedom program supports new public transportation services and public transportation alternatives that go beyond the ADA.

The Senior Shuttle is a grant-funded 3-year project of the Jefferson Street United Merchants Partnership (JUMP), which uses volunteers to provide door-through-door service to elderly residents. The funding is \$68,000 Federal and \$68,000 state and local combined. Another community effort is the Bellevue Transportation Project that uses volunteer drivers to provide transportation elderly residents to the local senior center and grocery stores, and to provide grocery pick-up and delivery. This project is also funded by a three-year grant.

### Other Initiatives

- The Council on Aging of Greater Nashville (COA) obtained two grants totaling \$30,000 from the Frist and the HCA Foundations, to fund a part-time person to provide technical assistance to collaborative groups to provide neighborhood transportation.
- The Madison Senior Mobilizers, team of church and agency people, has a goal of developing a door-through-door program using volunteer drivers and helpers for area veterans and older residents.
- As a result of an initiative of COA, the Tennessee Department of Transportation will be distributing materials statewide about older driver safety in FY 2010.
- Vanderbilt Home Care is partnering with COA to produce a video/DVD training segment for volunteer drivers, demonstrating safe ways to provide door-through-door assistance.
- Many churches provide transportation to and from services for elderly and disabled congregants, but there is no current list of these programs.
- Various individual rehabilitation centers, social services programs, membership organizations, etc. provide some sort of transportation to their clients or members, but there is no comprehensive list of these resources.
- COA has applied for federal funding under the federal Coordinated Transit Services program to provide technical assistance to these senior transportation initiatives, and also to support development of new door-through-door transportation services. The targets areas include Madison and selected low-income neighborhoods in Nashville.

### **Funding Resource Information**

The federal government provides funding for transportation primarily through the U. S. Department of Transportation (DOT), Federal Transit Administration (FTA). The legislative authority is the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), enacted August 10, 2005. One of the programs under SAFETEA-LU is the New Freedom formula grant program.

The New Freedom program seeks to reduce barriers to transportation services and expand the transportation mobility options available to people with disabilities, including older people with mobility challenges, beyond the requirements of the Americans with Disabilities Act (ADA) of 1990. [http://www.fta.dot.gov/funding/grants/grants\\_financing\\_3549.html](http://www.fta.dot.gov/funding/grants/grants_financing_3549.html)).

U. S. DOT's Federal Transit Administration Budget also includes money from the American Recovery and Reinvestment Act.

<http://www.dot.gov/budget/2010/bib2010.htm#fta>

The Tennessee Department of Transportation (TDOT) manages pass-through funding from the federal government, and administers funding from the state budget, including from the state gasoline tax, about 37% of which goes to cities and counties.

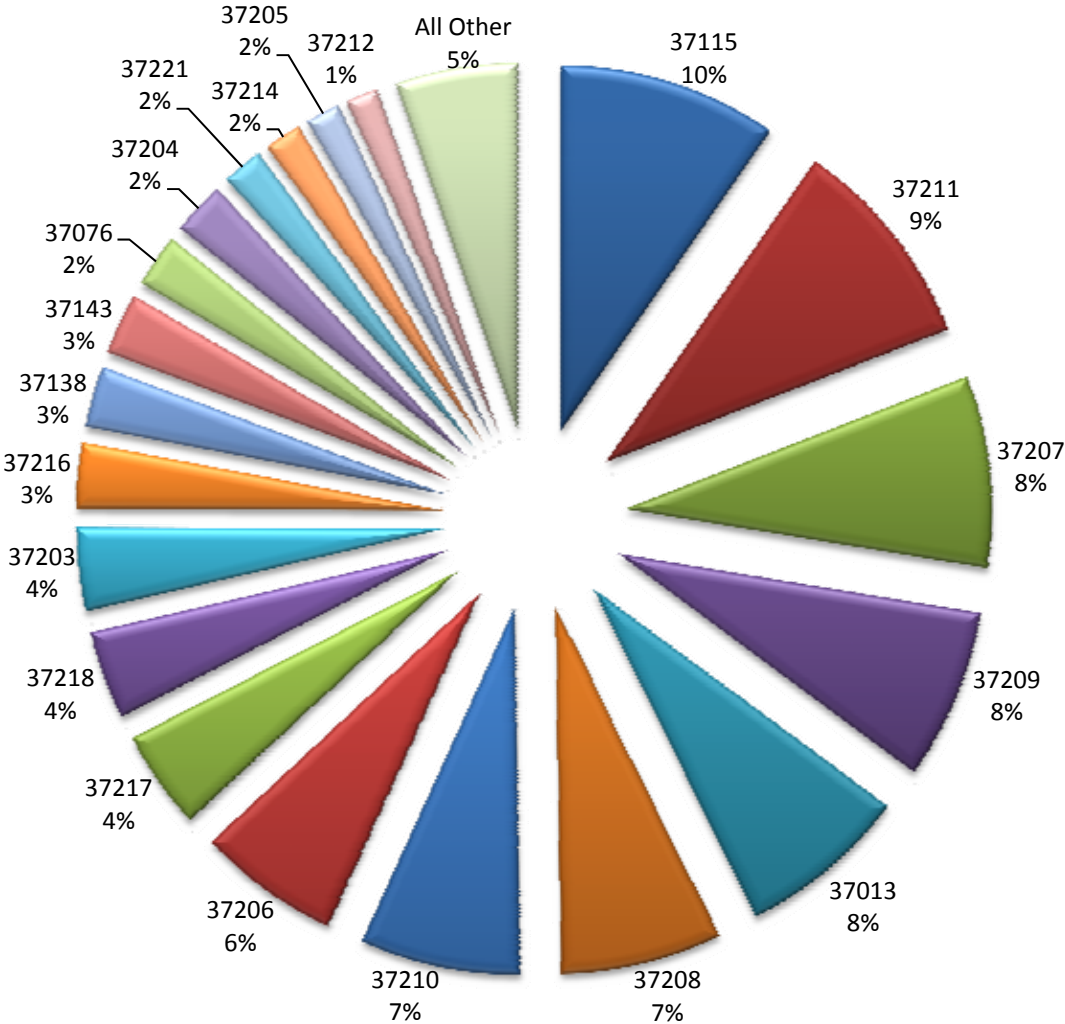
<http://www.tdot.state.tn.us/GasTax/default.htm>

Three major local community funding resources, Community Foundation, United Way, and the Metro government Community Enhancement Fund, all provide support to some community programs that include transportation as part of their services. None of these three resources funded specific transportation programs in fiscal year 2008-2009.

Grassroots Community Survey and Professional/Agency Survey

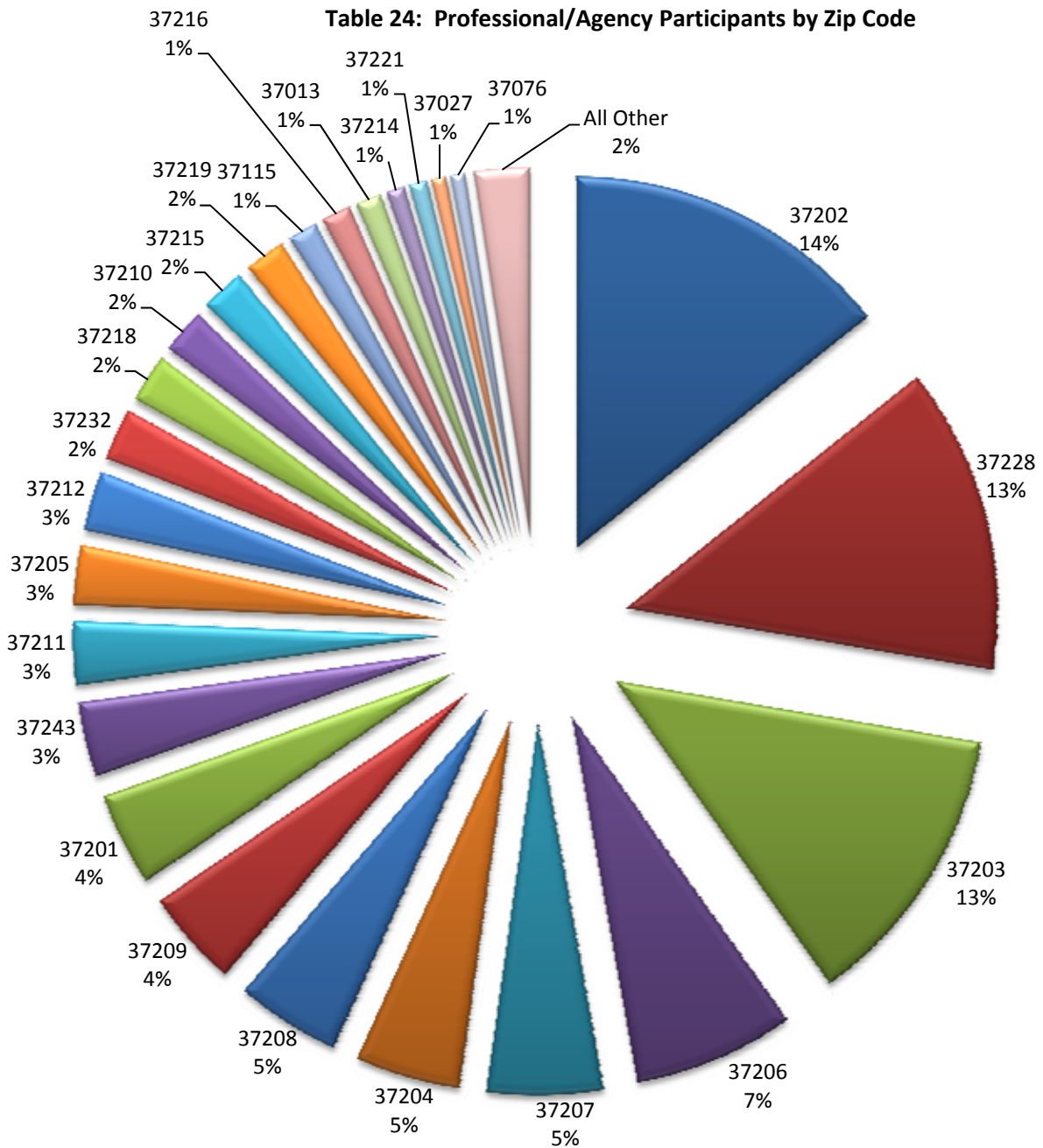
Many Davidson County Zip Codes were represented in survey participation. The source of information for Tables in this section are the Grassroots Community Survey and the Professional/Agency Survey conducted by MSS in 2009. Table 23 shows the Zip Codes identified as home zip codes by participants of the Grassroots Community Needs Survey. Some of the more frequent Zip Codes are in areas with higher poverty levels, while others represent a larger number of residents than others. For example, the 37211 Zip Code has more residents than other Zip Codes in Davidson County.

Table 23: Grassroots Survey Participants by Zip Code



The Professional/Agency Survey did not ask for home Zip Codes, but asked participants to identify the Zip Code for where they agency is located or where they are generally located.

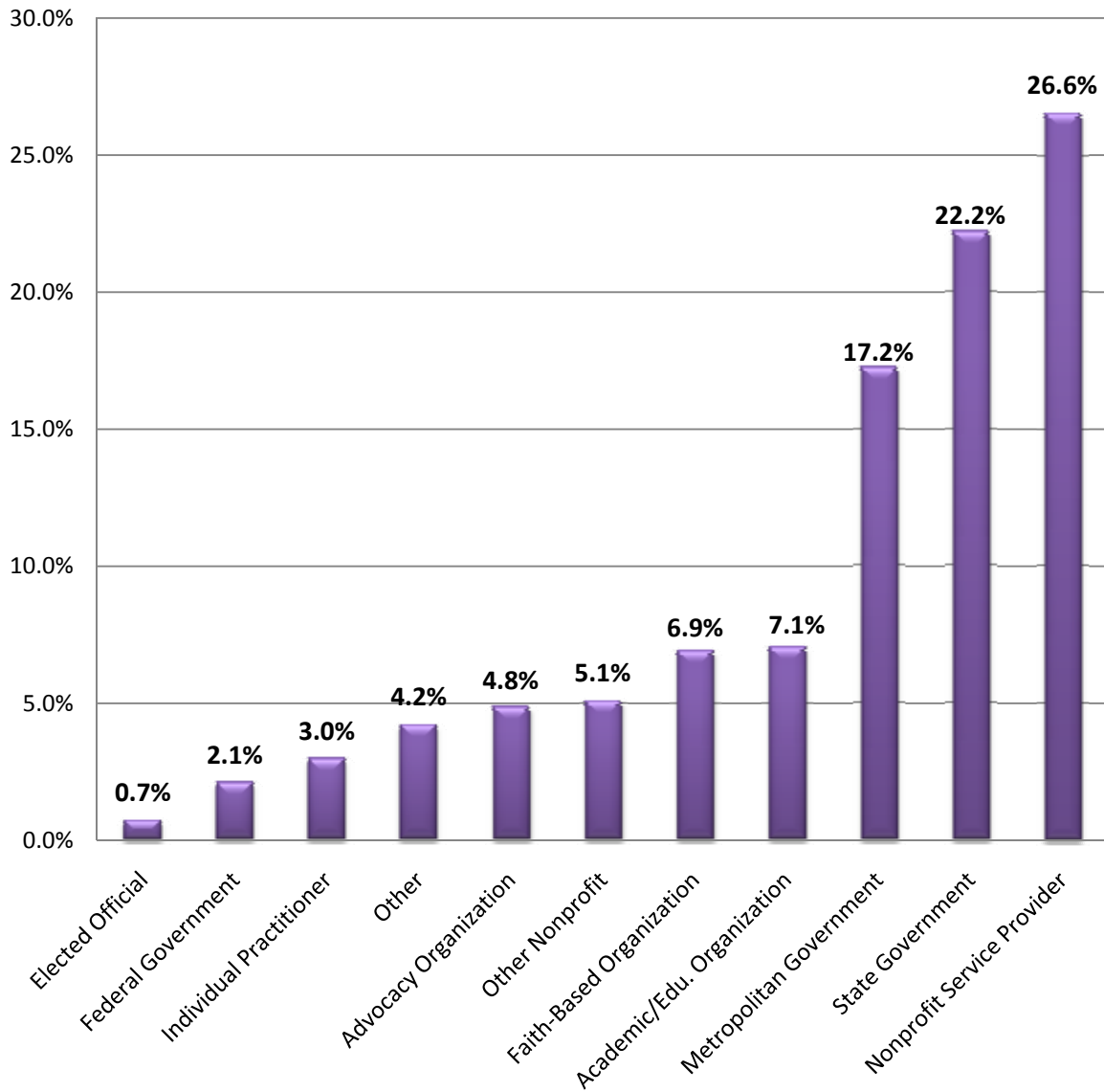
Many organizations are located hear the downtown area, which includes 37202 and 37203, and MetroCenter which is 37228, as shown in Table S-2.





Participants in the Professional/Agency Survey were asked to identify their organizational affiliations, which are shown in Table 25.

**Table 25: % Organizational Affiliation,  
Professional/Agency Survey**



*All verbatim comments from both surveys are in the Appendix, except for Question 7 which is described below.*

## **Comparison of Grassroots Community and Professional/Agency Surveys Results - Question 7**

This section contains information about the level of congruence between the Grassroots Community Survey and the Professional/Agency Survey. Question 7 is a particularly important question because it asked participants to choose one priority from among five issue areas. The Grassroots Community Survey asked participants to select the largest gap in service between what is needed and what is currently available, while the Professional/Agency Survey participants were asked to identify the greatest unmet need in Nashville.

Rankings on both surveys were discussed in sections about Food & Nutrition, Workforce & Economic Opportunity, Housing & Related Assistance, Home & Community Based Services and Transportation. This section includes additional information about similarities and differences between responses to the surveys. This section includes comments from respondents to both surveys. Some comments were related to the issues in the report, while others provide perspectives on other needs in the community.

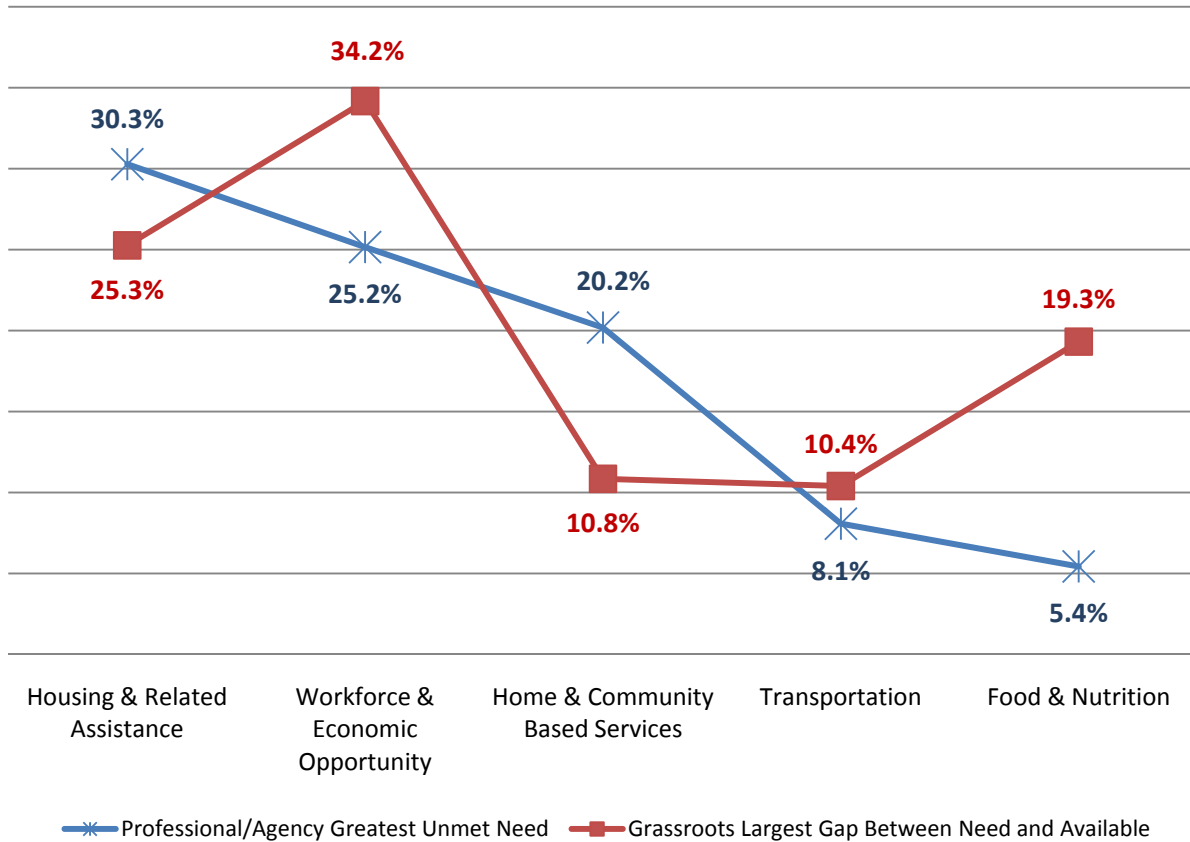
As shown in Table 26, there was congruence between needs identification when comparing specific issue areas on the two surveys:

- The top two needs identified in both surveys were Housing & Related Assistance and Workforce & Economic Opportunity (each was first in one of the surveys while each one was second in the other survey).
- There was a difference of only 2.3 percentage points for Transportation, which was ranked fourth on both surveys.
- There was a difference of 5 percentage points in those who chose Housing & Related Assistance, ranked among top two in both surveys.

As the table shows, there was less congruence when comparing other issues areas on both surveys:

- There was a moderate difference of 9 percentage points for Workforce & Economic Opportunity, ranked among top two in both surveys.
- There was a moderate difference of 9.4 percentage points in Home & Community Based Services, and both surveys ranked that category third highest.
- There was a noticeable difference of 13.9 percentage points for Food & Nutrition.
- Food & Nutrition was ranked fifth (lowest ranking) by Professional/Agency participants and third by Grassroots Community participants.

Table 26: Comparison of Grassroots Survey Gaps in Services (All Categories) with Professional/Agency Survey Greatest Unmet Needs (Combined Categories)

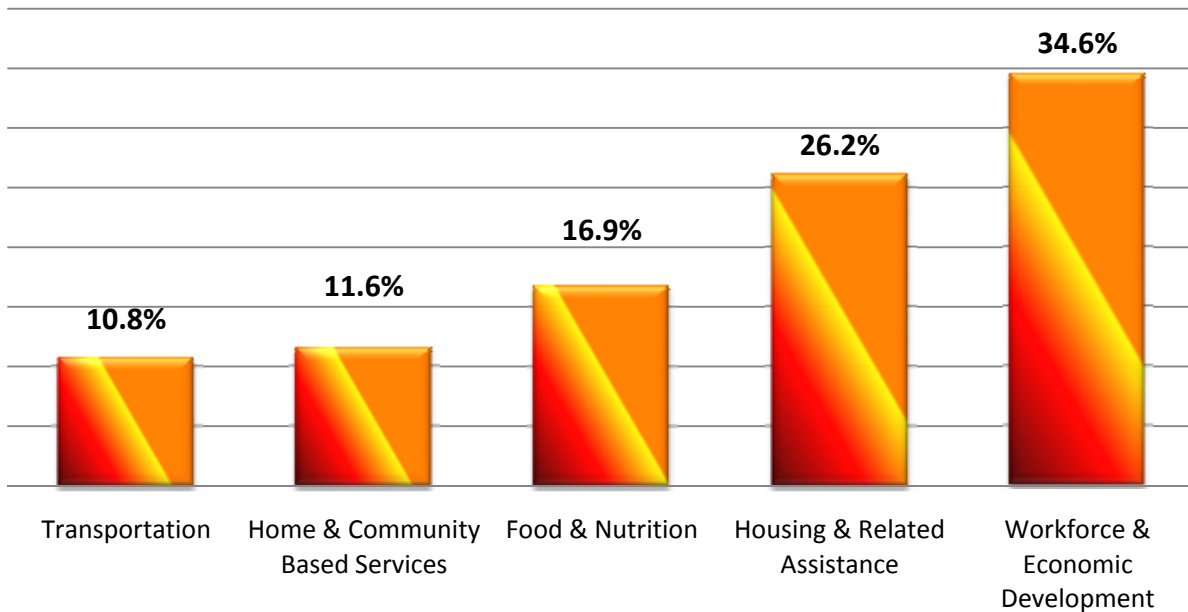


***Grassroots Community Survey, Question 7: There are many important social service needs. Which one has the largest gap between the services now available and what is needed by the community?***

Participants could choose one of these categories as largest one gap in services: Food & Nutrition, Housing & Related Assistance, Workforce & Economic Development, Home & Community Based Services and Transportation.

From the answer choices, the issue most frequently selected as having the largest gap in services was Workforce & Economic Opportunity (34.6%), as shown in Table 27. The second highest was Housing & Related Assistance (26.2%), with others ranking considerably lower.

Table 27: Largest Gap in Services  
Grassroots Community Survey



While there was no specific “other” category choice, space was provided for comments under “other.” Some comments reiterated the categories provided or multiple categories, while others mentioned issues not specifically listed. Below are the verbatim comments, grouped by theme, with duplicative answers removed.

#### Workforce

- The gap in workforce development is a lack in opportunities. By focusing more on local economy, we can create new jobs and develop transportation, green jobs and improve food/nutrition/health standards.
- Jobs
- Nashville has one of the lowest unemployment benefits rate. It is almost impossible to survive off their benefits.
- Workforce & Economic Development
- Tell all the people at DHS that don't have job to get one.
- EBT certification
- Business stimulus ideas
- Health
- There are thousands of Nashvillians in need of Alcohol and Drug Treatment and Services... none available @ affordable prices
- EXECPT case management; way too much of it is not accountable for the money what spent on it

- Health Care
- Help with Medical expenses

### Homelessness

- The person/applicant has been sick & homeless for 18 months. He cannot afford prescription bills, doctors' bills and even car insurance in which he stayed. He was working very good but he didn't have health insurance. He does not have benefits anywhere/ the mention in this paper. [Name and address deleted.]
- Making known to the homeless the services, which are available to them. It would be a good idea to go around town to areas where there are known to be homeless people and make them aware of the services which are available to them. If this is already being done, then it needs to be done even more.
- Housing for the moderately mentally ill

### Housing & Related Assistance

- Housing is the biggest gap and spills into many other problems. We have many household paying 50% of their income on housing ... which means less for food, transit, etc.
- Some of the housing now provided is unsafe and does not help pull people out of poverty.
- Housing & related assistance/We don't like having to depend on public support but if we make a little too much then the help is completely cut off. Help me find suitable work & a home won't need other services.
- housing & related assistance
- There are too many foreclosures (ruining one's credit) and the number continues to rise.
- housing related assistance
- housing & related assistance
- M.D.H.A

### Multiple Issues

- Access to the city internet, emergency planning, access to buildings and services for people with disabilities
- All
- all of them/ we as a state need people who generally cares about us and our needs who can set up programs real programs for us instead of bogus programs at not only the taxpayers' expense but the expense for us because as you can see it affects all of us \*bogus-false, an upset, bull crap, not getting anywhere
- All the above
- Food & Nutrition, and transportation

- Food & Nutrition, Home & community based services, and transportation, Jobs-Discrimination
- food & nutrition, and transportation, housing & related assistance
- Food & Nutrition, Housing & related assistance
- Food & Nutrition, Housing & related assistance, and transportation
- Food & Nutrition, Housing & related assistance, Home & community based services, and transportation
- Food & Nutrition, Housing & related assistance, Home & community based services
- Food & Nutrition, Housing & related assistance, transportation
- Food & Nutrition, transportation
- food & nutrition/I can't pay my bill from Hospital emergency/ I need help /I need TennCare
- Home & Community based services, food & nutrition, Housing & related assistance, transportation
- Home & Community based services, food & nutrition, transportation
- Home & Community based services, Housing & Related Assistance
- Housing & related assistance and workforce & economic development
- housing & related assistance, food & nutrition
- housing & related assistance, food & nutrition, transportation
- housing & related assistance, transportation
- housing & related assistance, transportation, food & nutrition
- housing & related assistance, transportation, home & community based services, food & nutrition
- housing & related assistance, transportation, home & community based services
- Loss of job, there are a lot of people that does not have anywhere to live.
- Our elected officials continue to pursue politically expedient approaches to complex issues rather than including prevention in any serious strategy to fix our schools and make our community safer. There are many strong resources in this community that with some investment, could assist Metro and the State in making this a better place for all. If we do NOT include investment in prevention-oriented approaches as well as the typical band-aid stuff, we will NEVER "fix" our schools.
- services for undocumented immigrants -- also issue w/ jails; US population = 5% of world; prison population = 20 to 25% something is wrong; pay for jail or pay for school
- This year, a pilot that offered supplemental federal funding for DHS certificates terminated and the threshold at which one qualified for assistance changed. A parent making the same income this year as last suddenly made "too much income" to qualify. At the least, this has resulted in parents withdrawing their children from quality, accredited programs, and at the worst those parents now quitting work or school to stay home with children. The reduced enrollment of children with DHS certificates in quality childcare programs may result in the ultimate failure of these precious community

resources. We need to assess and respond to the crisis in funding early childhood education or we run the risk of not only short-term tragedies for children and families, but a sustained economic and social crisis for Nashville.

### Transportation

- Transportation, Food & Nutrition, Housing & Related Assistance, Home & community based services
- We are a big city...we need better public transportation
- If we could increase the driving of private cars and use buses and trains across Nashville that will be swell
- Transportation
- Transportation, not sure

### Additional Comments

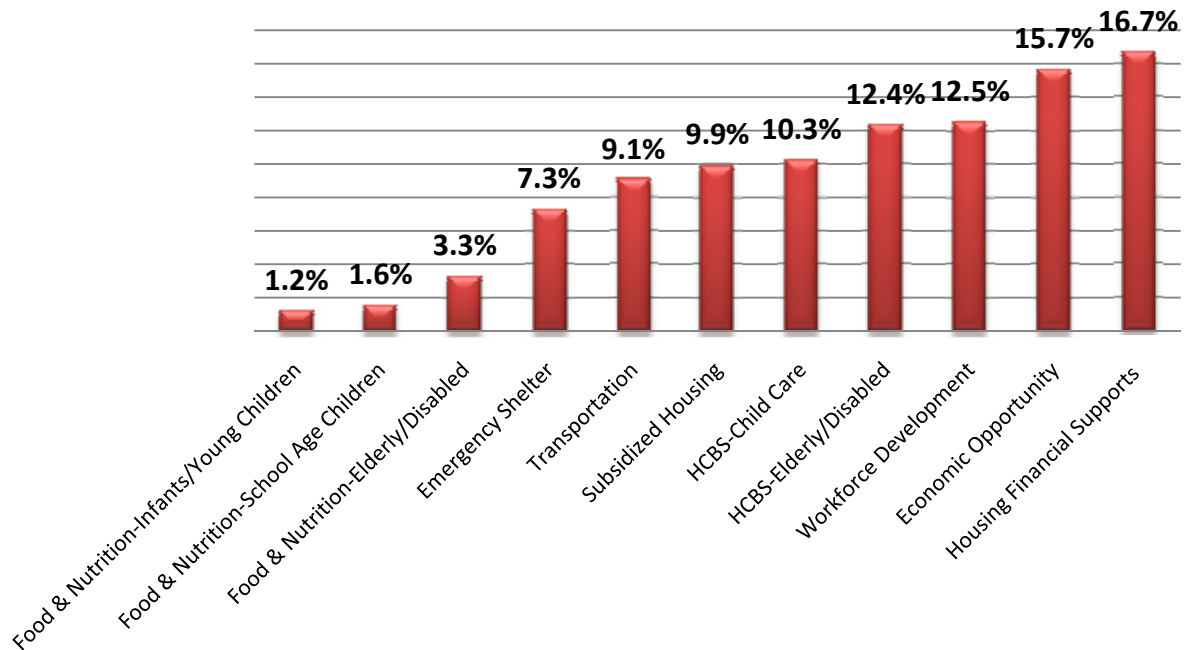
- I think the family first check should go up because \$142 is not enough to provide for a child.
- For all of these, people need to know whom to contact. People who've never used social services before don't have any idea what is available or how to access the services. A blitz of publicity about 211 is needed. Thanks for asking!
- All but Food & Nutrition
- All of the above
- your neighbor
- DHS has low quality employees, very in procedures. Lack of efficient communication between employee & client. Workers tend to be lack luster in their positions. This whole process could be streamlined! To be more beneficial to the client.
- Open another DHS office in Davidson County
- Another DHS
- support for early childhood education
- All but housing & related assistance
- The altered qualifying thresholds for DHS certificates have significantly impacted families as well as child care facilities in our community.
- Substance abuse, mental illness & co-occurring disorders
- preventative services for children and families (to prevent child entering state's custody)
- Not enough adult ESL classes for people who cannot afford to pay for them; Families First program is almost impossible for a non-English speaker to comply with
- Education system

**Professional/Agency Survey, Question 7:** *There are many unmet social/human service needs in Nashville. If you had to identify the greatest unmet need in Nashville, what would it be? (Please choose only one.)*

Question 7 on the Professional/Agency Survey is similar to Grassroots Community Survey in identifying the greatest unmet need. The Professional/Agency survey provided additional detailed categories used for clarification. Participants could choose from these categories: Food & Nutrition-Infants/Young Children, Food & Nutrition-School Age Children, Food & Nutrition-Elderly/Disabled, Transportation, Emergency Shelter, Subsidized Housing, Housing Financial Supports (Rental/Utility Assistance, etc.), Home & Community Based Services-Children, Home & Community Based Services-Elderly/Disabled, Economic Opportunity and Workforce Development.

Question 7 is the only question on the survey, which asks respondents to identify unmet needs. Other questions ask for either a comparative ranking of how well needs are met or ask for comments to open-ended questions. Instead of being asked to identify only the level of need which exists (regardless of whether the need is being met through current services), the question asked participants to specifically select needs which are unmet. One reason for a lower ranking could be that it is the perception of respondents that those needs are already being met largely than those ranked higher. Table 28 shows the ranking of greatest unmet need, in order by frequency of mention.

**Table 28: Greatest Unmet Need by Category**  
Professional Agency Survey





When issues are condensed into the identical categories used for the Grassroots Community Needs Survey, the results are as shown in Table 29. It shows the ranking by percentage for the Professional/Agency Survey when all choice categories are combined (so that Grassroots and Professional/Agency categories are the same). Because some questions had more choices than other questions, this table is not provided to show the rankings. However, it does show that even for needs which were ranked relatively low, there were participants who saw that as a need in the community.

**Table 29: Greatest Unmet Need  
(Combined Categories)**  
Professional/Agency Survey



This question did not have an answer choice for “other,” although space was provided for “other” comments. The verbatim comments are listed below, grouped by theme, and identical duplicative answers were removed.

#### Workforce

- Creating un safety place for those people they are looking jobs in the street in Murfreesboro Pike ant Thompson PL
- education/skill training coupled with a living wage
- Employment opportunities that pay a livable wage.
- Jobs. People need jobs that can maintain self-sufficiency.
- NEED BETTER PAYING JOBS
- Offender Reentry

#### Health

- Access to affordable and comprehensive health care!
- Access to affordable physical health and mental health care.

- Access to health care and medications
- Adequate and comprehensive healthcare for all
- affordable dental care
- Dental Care
- Health Care
- Health care for people that do not qualify for Medicaid
- Healthcare needs
- Mental Health and Alcohol and Substance Abuse Services for the uninsured
- Mental Health care for the elderly - the hospitalization system is not adequately funded/coordinated.
- mental health care for the uninsured
- mental health services for the poor and unemployed
- My field is access to health care. I'm really surprised that Health Care is not considered a human/social service. Is that because the Health Dept. is a separate entity?
- services to the underinsured or uninsured
- Specialist medical care and medications. It is very difficult to arrange free specialist medical care, particularly surgeries, fast enough for optimum health, if at all.
- Treatment for alcohol and drug abuse
- Vision and dental for adults of all ages

### Housing/Homelessness

- Affordable Accessible single-family housing for Elderly and people with disabilities...
- Affordable housing
- Affordable housing for working class ages ( 50-60) who fall between the guideline for regular assistance
- affordable housing options - rental, purchase, "workforce" housing for those @ 80% - 120% of median income
- available housing for low income and homeless with pets
- Emergency Shelter for Families,
- Financial support for pet care in case of homelessness.
- homeless medical and housing needs
- Marked increase in evictions, which impact children's stability in school as well
- Nashville is in need of a emergency shelter that is run by metro or a non-church affiliated non-profit
- safe subsidized housing to be more specific
- Supported Drug and Alcohol Free Recovery Family Friendly Housing
- Utility assistance is a tremendous load for all Social Service Agencies.

## Education

- More Sources of Financial Assistance for Post-Secondary Education/Training
- Parenting classes, more support groups, educational programs.
- Educational special services: gifted children, pre and after school programs, college courses in high school
- Good educational opportunities for all children's.
- transportation to and from after school programs
- Appropriate spending on education, after school care, class sizes, these are crucial problems in Nashville.
- Afterschool Programs
- Public Education: Too few teachers, overcrowded schools & classrooms, outdated models & organizational structures for delivering effective public education

## Additional Comments

- A number of the services are available but underutilized. What is the existing capacity and if fully utilized.
- Adequate coordination from agencies to move persons to self sustainability
- Also think there is a need to reach elderly for home care, Youth workforce development. Summer jobs. Mentoring of at risk youth by successful companies and even city departments. All departments should have a summer job opportunity in social work, water management, government, etc. to give hope and \$ to at risk youth.
- Animal Welfare Legislation; Animal Investigation/Control; Senate should pass the Commercial Breeder Act!
- Child care specifically birth-30 months.
- counseling programs in Spanish
- Each of these needs relate so much to each other, but really come down to one thing adequate, well provided, and direct education to all individuals who have struggles with the above issues and others not listed. If individuals could have appropriate and well-provided education on issues they face as well as support and some financial assistance then they could be on their way to being self sufficient and civically minded citizens.
- Excellent low or no cost child care with an educational component
- EXPANSION OF ALL OF THE ABOVE SO AS NOT TO EXCLUDE TEENS, ELDERLY AND LOW AND MIDDLE CLASS WORKING FAMILIES.
- Financial support is needed for Elderly/Disabled Caregivers.
- Integration assistance for refugees and immigrants (increased ESL, interpreter services, targeted services)
- Language skills, the growing immigrant populations remain isolated because of language barriers. Metro needs to provide/require improved language skills training so that immigrants can become more self-sufficient.

- one-stop assistance; most individuals and families have multiple needs; system is too complex
  - Prevention. In Nashville there is not enough thought and energy vested into prevention
  - Problem solving counseling
  - Support for developing strong parenting skills, also integration of immigrant families into the wider Nashville community
  - To say what is the greatest need was difficult. There are more than the one.
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## **Question 8 – Comments Summary - Professional/Agency Surveys**

Question 8 of the Professional/Agency Survey asked, “During the next five years, how do you think the social/human service needs in Nashville will change?” The following is a representative selection of answers related to Improved Economic Circumstances, Coordination/Collaboration, Funding, Health Care, Housing, Policy, Service Design and Delivery, Specific Populations, Technology, Transportation, Greater Challenges, Workforce and Other.

For topics on which there were more comments, a greater number of representative comments is included below. The full list of comments, grouped by theme, appears in the Appendix.

### Improved Economic Circumstances

- It's a good possible that things will definitely change, better job training, educated on specific issues related to their jobs.
- Due to the efforts of the mayor's Symposium on Poverty and the establishment of Action Committees, I believe social/human service needs will be better met in Nashville.
- I think it will change for the better, compared to 5 years ago things are running a lot smoother due to advances in technology, changes in management, and career development.
- I hope things will change for the better once the recession subsides. With our new President, I am hopeful of this. I think that more attention has been given to the social/human needs of Nashvillians by organizations/ agencies that truly care, so I believe that within the next five years more programs will be developed to meet unmet needs & programs that already exist will be improved.

### Coordination/Collaboration

- Consolidation of services; increased use of technology to create efficiencies
- I think the need for greater private and public sector cooperation will become apparent and that's the way folks will figure on delivering such services.
- Coordination will be for the better. Coordination and links between organizations are key to more effective and efficient services.

- Coordination and resources coupled with training and education.
- There will be more of a demand for these services. Social/human Service agency will need to look at ways of partnering, sharing resources, and or merging. As always, these service agencies will need funding support from the philanthropic community in order to be sustainable.

### Funding

- It seems that the desire to increase services is there, but not the money to do so. More money should be available.
- The need continues to increase, so I think it will only change through government growth and funding, as well as the government's support of non-profits who are trying to meet these needs.
- depends on the available funding sources to expand on current or add new services
- Hopefully there will be a more common sense approach to how they determine eligibility for the different programs.
- If the economy continues to worsen, social service agencies will continue to be stretched and will not have the means to serve their clients.
- Prayerfully we can have a state income tax or more evenly distribution of wealth
- Lately, Human Services is servicing an extreme amount of clients and are under staffed and under paid.

### Housing

- I think there will be more housing needs, i.e.: low rent housing, housing assistance
- The needs in Nashville will continue to grow over the next five years, especially in the area of housing if changes are not made.
- Need for more emergency income related services--help with paying bills, rent, buying food because there is not sufficient income in the household to do so. Significantly more older people needing services as well
- Hopefully there will be more mortgage assistance for middle class homes and programs for the middle class that do not qualify for the programs available for low income.
- Of course an increased need in low-income housing and emergency shelters. Economic opportunity will be less until our nation begins to rise out of a recession.

### Health Care

- Healthcare changes at the national level will impact the way the industry does business and way individuals access the system.
- There will be more mental health needs
- improve infant mortality
- I think more help will be needed in regards to health care.
- More health care needs

## Policy

- The focus needs to shift from seeing social services/programs as a safety net to ensure a cohesive society to promote the next generation of workers and gatekeepers. We can invest now in productive citizens or pay later when they victimize their own communities (i.e., prisons, homicide, etc.).
- How will they change or how do they need to change? I hope that there will be a larger scale of collaboration, but I'm afraid that services providers are in too much competition with one another financially.
- I think that if providing services is the only agenda for local organizations and the government, more people will be in need of assistance, because the root of the problems will not be solved.
- We will have to become proactive rather than reactive.
- Agencies must be more proactive, clearly define their missions and avoid duplication of services. There are enough "opportunities" to make a positive change in our community.
- Increase as the domino effect of the recession as it continues- also an exodus from the harder hit northern communities
- I think the needs will grow significantly because of the ever increasing gap between the "haves" and "have nots" and the erosion of the middle class; it will be a challenge for social service agencies to keep up with the demand for services

## Service Design and Delivery

- Create more one-stop shops to include services throughout all communities.
- People will expect more "services" and become more dependent upon "government" for various kinds of public assistance, with lessening of personal/individual responsibilities
- Government and funders are going to expect higher sophistication in all areas: Intake, referral, outcomes, tracking, non-duplication of services, more wrap around services, integration of treatment, all while being more cost-effective!
- More customer friendly and educate public on available services.
- Within the next five years, the downtown areas of Nashville will be redeveloped pushing the lower socioeconomic status individuals further away from the downtown area due to affordable housing and various other factors. The social services will need to adjust to this change and be prepared to be more versatile with service provision and location.
- Typically in hard economic times, prevention services are discontinued despite their need. I fear we will see many agencies struggle despite their providing needed services and many people, especially the working poor will fall through the cracks.
- We need to look more at the needs of the people and make sure the agencies are in place to help

## Specific Populations

- Our elderly population will definitely grow because of the baby boomers. We definitely need to be gearing up for more in home services, and more long-term care options.

- I don't know how they will change, but I would like to see our children become a priority as the changes are made.
- More help with utilities and rent for people who have been laid off and/or in poverty
- There will be an increasing need for job training, adult education and job placement services because such a large number of individuals each year drop out of school.
- There will be a greater need for emergency housing and shelter programs for people to get back on their feet when going through financial crisis.
- We will have more homeless families and children with unmet needs.
- There will be a greater need for basic services such as food and shelter. There will also be a greater need for vocational services as people are displaced from their current jobs.
- There will be a greater need for homeless and marginally employed assistance
- The population will continue to age, with more needs for elderly and disabled in-home services, medical services, transportation services, etc. We will need more community based adult day cares for elderly and disabled so that they can remain in the home with family caregivers who work during the day. Respite services for family caregivers as well.
- More services will be needed for refugee and immigrant population. More translation services are needed now. Currently, there is more demand for rent, utilities, medical, and transportation assistance. I don't see this changing until the unemployment decline reverses.

### Technology

- More use of technology in coordination of care for the total family
- Centralized data base to prevent duplication of services
- Updated database; MSS will have its own Family Resource Center.
- Computer system with all customers in it for all programs to see

### Transportation

- Bus routes and walking routes should be geared towards helping people use them...while people have fewer job opportunities currently, their access to cars may decrease, increasing the need to have alternative transportation means
- Already we are experiencing a dynamic shift in the demand for more services. We'll be in recovery for some time. Accessible and wide-ranging transportation is vital to people being able to take advantage of work and service opportunities.

### Greater Challenges

- The needs will only grow; the question is will our resources be able to keep up with the growth.

- I believe the needs for the services will greatly increase, but without having the infrastructure you will see others either turn to crime or return to crime to make ends meet if we do not get a handle on the situation today
- With the prospect of continuing difficult economic conditions, it is certain that more individuals and families will find themselves in need of assistance from social programs.
- Will need more of everything due to the rippling effect of rising unemployment.
- I think if we do not work quickly to bridge the gaps with resources; then it will have a drastic impact in relations to seeing an increase in homelessness, crime, and poverty. This will of course impact whether big businesses would be willing to relocate to Nashville. This will impact the culture of Nashville and how we are seen in the country. People need a chance to work for a "livable" wage.
- Economic challenges will require agencies and providers to make the difficult decision to provide a little resource for a greater number or more resources to less people. Ultimately in that process those in need will either be forced to go to greater lengths to prove worthiness for help or not get needed help.
- They are increasing steadily, it seems. More families are unable to maintain housing due to job loss. Once this happens, they seem to get caught in a cycle of poverty.
- If anything, it will be harder to maintain even current service levels. Nonprofit partners are struggling to meet needs. Many are reducing services as donations decline. It is a very stressful climate right now.
- As economic conditions worsen, the public will require greater assistance in meeting basic needs such as food, clothing, housing, and help with paying utilities.

### Workforce

- More people will need decent jobs
- More emphasis on job training and work force development.
- Hopefully we would have more individuals working and earning a reasonable wage that they could be more independent and depend less on the social system. This could encourage more pride and improved self-concept in our citizens and less "poverty" based problems.
- If people can't find adequate employment that pays a decent wage above \$7.50 per hour and some of the issues pertaining to discrimination amongst minority groups aren't properly addressed, there is going to be a much greater need for social programs, which will be a burden on the taxpayer and the government.
- More unemployment
- increased need for adult education and job skills training
- It depends on the economy, and job availability

### Other

- Do not know. Depends upon adequate taxation to meet needs stemming from this current recession.



- I pray a lot will change but I cannot see the future
  - Not sure
  - I don't know.
  - It is my hope that adequate coordination will allow these needs to reduce over the next five years.
  - I think that it will all depend on the economic standpoint of the United States to answer this question.
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## **Question 9 – Comments Summary - Professional/Agency Surveys**

Question 9 of the Professional/Agency Survey asks, “To meet Nashville’s future social/human service needs, what changes are needed in the system of service delivery?” The following is a representative selection of answers that address Barriers to Services, Community Education, Coordination/Collaboration, Enhance Organizational Capacity, Funding, Needs, Policies, Service Delivery/Design, Specific Populations, Technology and Transportation. The full list of responses, grouped by theme, appears in the Appendix.

### Barriers to Services

- Accessibility is the key. What is the use of having a variety of services if they are not easily accessible to those in need?
- Qualified and caring individuals who answer the phones when people call for assistance and having resources available will be most helpful I believe.
- Better access and incentives for your workers connected to customer service/care rather than numbers. Put the care of people back into social services.

### Community Education

- There needs to be better education of the community about what services are available and how they can be accessed.
- Information needs to be available and easily accessible for those who do not have computers.
- People need to know what Metro services are available. I think many people in the community don't have a clue where to find answers or seek help.

### Coordination/Collaboration

- Open communication between the services. Client, agency linkage, full on wraparound services, a clearinghouse of service agencies and database of who has received these services.

- Communication between the public and private sectors must improve to connect solutions with problems.
- Duplication of services must stop. How many case managers can one person have?
- The social service sector in Nashville is resistant to change and will need strategic, coordinated leadership to make it happen. Metro Government, major area funders as well as nonprofit leaders will need to work together.
- Improved integration and coordinated. Focus on preparing people for the workforce that includes improving availability and access to supportive services such as daycare, eldercare, and public transportation.
- The system should be developed to holistically identify and address the needs of the family by effective service providers. This should be coordinated by a central agency such as MSS which will create collaboration and avoid duplication and ineffective service. Family mentoring should be included as necessary service for families. Time limits should be developed and enforced to motivate transition to self-sufficiency.
- Team up with more local nonprofits, work collaboratively. Offer more financial assistance/contracts so that the nonprofits providing the services can function

#### Enhance Organizational Capacity

- More advocacy for all social services. There has got to be a larger social conscience that we are all in this together and when someone hurts we all hurt
- Give access, training, resources, funding to new organization to provide services.
- You need to hire people who are highly efficient in what they do and utilize staffing services to meet interim needs.

#### Funding

- Resources will be needed to meet the growing need and possibly reallocating what available resources there are.
- When you call the numbers given, there is no money to disburse. Sometimes it is too small or not any at all. Sometimes you do not even get to speak to anyone.
- Funding needs to be driven by choices of family members. Often when families are given choices, placed in a system of checks and balances, services end up fulfilling the need and are cheaper than standard services.

#### Needs

- A different way of determining need is need because a lot of people accepting services may not need them.
- After these surveys are reviewed, more focus need to go on the problems in which the surveyors see there a great need for improvement, without eliminating those that are beneficial.
- I think an assessment, like this one, is needed to see where the gaps in service are and address the needs.

## Policy

- More efficient and effective public policy along with a case management that would begin move persons toward self-sustainability specifically those that are low income.
- The delivery of services need to be fact based and innovative instead of running on outdated models of service. The research need to be completed and programs developed accordingly.
- More hand up assistance than hand out assistance. Current handouts are only creating greater dependence and expectations for more and more assistance with less and less personal responsibility for personal choices that impact personal needs.
- To move from a post-civil rights era to an international model.
- We need to do a better job of including those served in the decision making process in planning and program development.
- A review of those folks caught in the middle. We have a large population who do not meet 'poverty' requirements but do not have the money to privately pay for home and community based services.
- Everything needs to work together to better society not punish one because they are getting ahead a little but still need help... they still need help to be able to get to the next level.

## Service Design and Delivery

- Future systems need to be creative and flexible.
- Service delivery structure needs to be changed and streamlined to meet the actual gaps in service and support the services that are working well and serving the needs of people in need.
- A central hub with satellite offices
- We must make efforts to come to the people and have the services available that are needed. Cut the bureaucracy and the red tape to prevent people from obtaining the services that they have paid for, for many years.
- We need to meet people where they are and help provide them services that actually helps them help themselves.

## Specific Populations

- Increased case management and networking services for high-risk populations, increased transportation and in-home supports.
- There needs to be a broader range of assistance to meet the needs of all Davidson County residents. There needs to be several human service offices countywide. More sites for food distribution for needy families.
- More translators of foreign languages needed in all parts of city government to effectively deliver services to all residents.

## Technology

- The use of technology in sharing of information among agencies in order to track clients, provide services and prevention.
- Centralized data base to prevent duplication of services. We need to have a database where all Social Services are listed. Easy to navigate by category and open communication extremely necessary.
- We need a better city-wide data/research collection of existing social/human service needs and distribution methods to determine a more effective collaboration of all for-profit and non-profit organizations. Currently, there is too much redundancy with various organizations --- our energies could be better utilized through awareness, consolidation, and collaboration.

### Transportation

- Transportation is a key. I believe that services exist that people cannot access. We are constantly trying to raise money to help people with the cost of getting around.
- One-stop shopping for people in need of these services. Transportation and time can be issues and running all over town to go to the various agencies that they need to see can be difficult.
- Special transportation services for persons that are not eligible or that do have TennCare even if they don't have the income to afford insurance and or the means to pay for transportation.